

Medicaid

STATE REPORTS – FY 1997

Montana

 Division of
Health Policy Research

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Medicaid State Report

MONTANA, FY 1997 (October 1, 1996 - September 30, 1997)

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I. MEDICAID ENROLLEES AND EXPENDITURES				MONTANA			MOUNTAIN REGION~			UNITED STATES		
A. Federal Medical Assistance Percentage (FMAP)*	69.0% (FY97)	71.7% (FY99)	80.2% (Enhanced)	62.8% (FY97)	64.6% (FY99)	75.2% (Enhanced)	56.6% (FY97)	60.7% (FY99)	72.5% (Enhanced)			
B. Total Medicaid Managed Care Enrollment, 06/30/1997 (% of Total Medicaid Enrollment)	62,004 (87.6% of 70,821 **)			887,072 (67.7% of 1,309,381 **)			14,642,500 (47.5% of 30,813,957 **)					
C. Percent of Births Paid for by Medicaid, 1996***	38.0%			37.0%			38%					
D. FY 1997 and FY 1994-97 Averaged DSH^ Payment	\$0 M \$0 M			\$391 M \$393 M			\$15,937 M \$14,105 M					
# E. Enrollee, by Age, FY 1997	<u>Enrollees</u>		<u>Percent</u>	<u>Enrollees</u>		<u>Percent</u>	<u>Enrollees</u>		<u>Percent</u>			
All Enrollees	94,999		100.0%	1,935,600		100.0%	40,327,268		100.0%			
Children Under Age 21	53,019		55.8%	1,221,397		63.1%	22,729,432		56.4%			
Under Age 6	21,823		23.0%	557,364		28.8%	9,643,356		23.9%			
Infants	3,909		4.1%	130,961		6.8%	2,112,346		5.2%			
Age 1 Through 5	17,914		18.9%	426,403		22.0%	7,531,010		18.7%			
Age 6 Through 20	31,196		32.8%	664,033		34.3%	13,086,076		32.4%			
## F. Percent Enrollees and Expenditures^^ by Eligibility Category, FY 1997	<u>Enrollees</u>	<u>Expenditures</u>	<u>\$Per Enrollee</u>	<u>Enrollees</u>	<u>Expenditures</u>	<u>\$Per Enrollee</u>	<u>Enrollees</u>	<u>Expenditures</u>	<u>\$Per Enrollee</u>			
All Enrollees	94,999	\$318 M	\$3,345	1,935,600	\$4,965 M	\$2,565	40,327,268	\$137,720 M	\$3,415			
Children^^^	52.0%	15.4%	\$955	56.9%	20.9%	\$1,109	51.4%	16.7%	\$1,132			
Categorically Needy - Cash	23.4%	5.9%	\$809	18.5%	5.7%	\$929	21.4%	6.6%	\$1,081			
Categorically Needy - Noncash	12.5%	2.0%	\$515	20.9%	7.6%	\$1,101	15.4%	4.2%	\$950			
Medically Needy	0.0%	0.0%	\$566	0.1%	0.0%	\$379	5.3%	1.8%	\$1,199			
Other	16.0%	7.5%	\$1,511	17.3%	7.5%	\$1,319	9.3%	4.0%	\$1,510			
Adults	21.5%	10.5%	\$1,575	19.0%	12.1%	\$1,919	20.6%	10.9%	\$1,844			
Categorically Needy - Cash	11.8%	5.1%	\$1,390	9.0%	5.3%	\$1,770	10.2%	5.4%	\$1,834			
Categorically Needy - Noncash	3.3%	2.4%	\$2,311	5.5%	4.1%	\$2,228	3.6%	2.4%	\$2,271			
Medically Needy	0.0%	0.0%	\$2,999	0.1%	0.1%	\$2,079	2.6%	1.4%	\$1,798			
Other	6.5%	3.1%	\$1,529	4.3%	2.6%	\$1,829	4.1%	1.8%	\$1,523			
Blind and Disabled	17.0%	39.7%	\$7,534	15.2%	40.8%	\$8,118	16.6%	43.4%	\$9,152			
Aged	9.5%	34.4%	\$11,697	8.8%	26.3%	\$9,000	11.4%	29.0%	\$8,917			

Notes: ~ Includes AZ, CO, ID, MT, NM, NV, UT & WY. * US averages of FY97 FMAP are weighted by FY97 expenditures. FY99 and Enhanced FMAPs are unweighted. ** Enrollment on 06/30/97 was 74.5% of total annual enrollment reported to HCFA on Form 2082 for FY 1997. *** Data unavailable for HI and VA. Data for AR, CT, GA, MT, NH & WV are from 1995 and not included in region and US averages. ^ Disproportionate Share Hospital Payments. # Enrollee by age data for HI are from FY 1996 and did not include managed care enrollees. ## Enrollees and expenditures by eligibility category data for AZ, HI, OK and TN are from FY 1996 and not included in regional and US averages. HI did not report managed care enrollee and expenditures data on Form HCFA-2082 in FY 1996. ^^ Includes Medicaid vendor payments, health plan premiums, capitation and HMO payments reported by the states to HCFA on Form HCFA-2082. ^^ As defined by HCFA based on age and other factors. 'na' Data unavailable. 'NA' Not Applicable.

I. CONTINUED

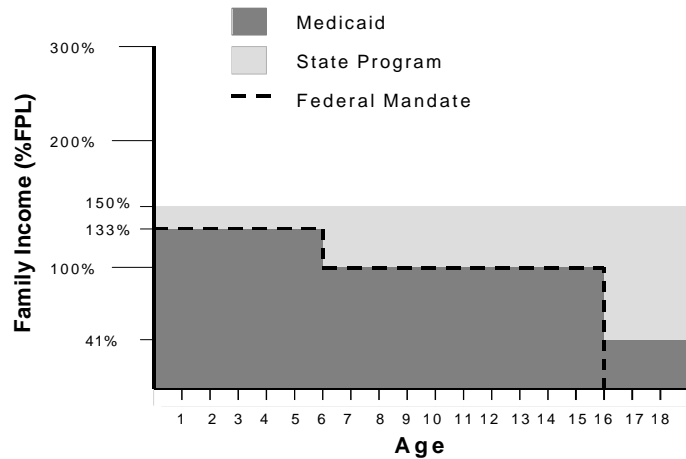
	MONTANA				MOUNTAIN REGION				UNITED STATES			
#G. FFS* Payments by Age and Type of Service	<u>CHILDREN Under 21</u>		<u>ADULTS</u>		<u>CHILDREN Under 21</u>		<u>ADULTS</u>		<u>CHILDREN Under 21</u>		<u>ADULTS</u>	
Physician Services	3.4%		5.1%		3.5%		4.8%		2.1%		3.6%	
Dental Services	0.9%		0.6%		0.9%		0.5%		0.5%		0.3%	
Other Practitioners	0.9%		0.5%		0.4%		0.5%		0.4%		0.4%	
EPSDT**	0.5%		0.0%		0.6%		0.0%		1.3%		0.0%	
Family Planning Services	0.0%		0.3%		0.1%		0.3%		0.1%		0.3%	
Rural Health Clinics	0.0%		0.0%		0.1%		0.1%		0.1%		0.1%	
Other Clinics	0.5%		0.9%		1.2%		1.8%		1.0%		2.4%	
Outpatient Hospital	3.0%		3.9%		2.7%		3.2%		1.6%		3.4%	
Inpatient Hospital	6.1%		8.8%		8.7%		11.4%		6.3%		12.2%	
Nursing Home/Intermediate Care	0.1%		35.0%		0.6%		27.2%		0.7%		32.1%	
Mental/Psychiatric Hospital Care	1.2%		0.0%		0.9%		0.1%		0.9%		0.7%	
Home Health Care	0.0%		0.0%		1.3%		8.5%		1.4%		8.6%	
Lab and X-Ray	0.5%		1.2%		0.2%		0.5%		0.2%		0.6%	
Drug	1.6%		9.6%		1.5%		7.3%		1.4%		8.3%	
Other Services***	3.6%		11.9%		6.4%		4.6%		3.5%		5.5%	
Total	22.3%		77.7%		29.2%		70.8%		21.5%		78.5%	
#H. Average FFS* Payments per User of Service and Percent of Enrollees Using Each Service	<u>CHILDREN Under 21</u>		<u>ADULTS</u>		<u>CHILDREN Under 21</u>		<u>ADULTS</u>		<u>CHILDREN Under 21</u>		<u>ADULTS</u>	
	Per-user	%Use+	Per-user	%Use+	Per-user	%Use+	Per-user	%Use+	Per-user	%Use+	Per-user	%Use+
Physician Services	\$241	84.5%	\$475	81.1%	\$220	49.8%	\$417	62.4%	\$248	45.7%	\$428	57.9%
Dental Services	\$210	26.4%	\$202	21.0%	\$153	19.1%	\$220	12.4%	\$166	17.5%	\$191	11.0%
Other Practitioners	\$489	11.4%	\$152	26.4%	\$182	7.2%	\$176	14.2%	\$264	8.1%	\$151	18.3%
EPSDT**	\$118	25.1%	\$65	0.7%	\$55	33.0%	\$59	1.1%	\$255	27.5%	\$115	0.6%
Family Planning Services	\$113	2.1%	\$336	7.4%	\$83	2.0%	\$192	8.8%	\$123	2.6%	\$233	8.4%
Rural Health Clinics	NA	0.0%	NA	0.0%	\$85	3.3%	\$112	2.6%	\$202	3.6%	\$233	3.3%
Other Clinics	\$479	6.4%	\$835	7.7%	\$374	10.1%	\$611	15.9%	\$552	9.9%	\$1,266	13.5%
Outpatient Hospital	\$460	38.5%	\$604	48.4%	\$286	29.6%	\$465	36.7%	\$304	28.0%	\$591	39.8%
Inpatient Hospital	\$3,416	10.6%	\$3,647	18.3%	\$2,762	9.9%	\$3,372	18.2%	\$4,628	7.3%	\$5,029	16.9%
Nursing Home/Intermediate Care	\$17,715	0.0%	\$18,749	14.1%	\$38,444	0.1%	\$14,972	9.8%	\$58,410	0.1%	\$23,922	9.3%
Mental/Psychiatric Hospital Care	\$20,013	0.3%		0.0%	\$12,832	0.2%	\$5,816	0.1%	\$19,642	0.3%	\$31,204	0.2%
Home Health Care		0.0%		0.0%	\$3,578	1.2%	\$8,162	5.6%	\$3,554	2.1%	\$7,582	7.8%
Lab and X-Ray	\$111	27.0%	\$265	34.0%	\$42	18.6%	\$85	34.6%	\$60	20.6%	\$122	34.3%
Drug	\$167	56.6%	\$960	75.8%	\$139	33.3%	\$801	48.8%	\$165	45.4%	\$984	58.9%
Other Services***	\$675	32.2%	\$1,811	49.5%	\$1,283	15.6%	\$838	29.5%	\$818	22.7%	\$1,172	32.4%
All Services	\$1,369	97.4%	\$5,787	100.0%	\$1,747	52.3%	\$6,364	59.9%	\$1,523	76.5%	\$6,352	86.5%

Notes: # FFS payments by type of service data for HI, OK and TN are from FY 1996 and not included in regional and US averages. Utilization by type of service data for HI, OK and TN are from FY 1996 and not included in regional and US averages. When less than 0.05% of expenditures is accounted for by a type of service, it is rounded to 0.0%. * FFS (fee-for-service) payments. Except for Tennessee, which appears to be reporting capitation payments as Vendor Payments for Other services, payments in Sections G and H do not include i) DSH payments(15.9 Billion), and ii) health plan premiums, capitation and HMO payments(14.1 Billion). FFS payments totaled \$124 Billion nationally in FY 1997. ** EPSDT services are known to be under-reported in many states due to complexities in the reporting process. *** Any other medical or remedial care recognized under state law and specified by the Secretary, including but not limited to transportation, physical and occupational therapy, dentures, prosthetic devices, rehabilitative and hospice services. Note that Tennessee includes capitation, HMO and plan premium payments as expenditures for Other Services. + Percents may sum to exceed 100 because enrollees may use multiple services. Service recipients in managed care plans may not be counted. 'na' Data unavailable. 'NA' Not applicable.

I. CONTINUED	MONTANA		MOUNTAIN REGION		UNITED STATES	
# I. Enrollee Under Age 21, by Race and Age, FY 1997	<u>Enrollees</u>	<u>Percent</u>	<u>Enrollees</u>	<u>Percent</u>	<u>Enrollees</u>	<u>Percent</u>
Non-hispanic White	38,061	71.8%	546,582	44.8%	9,292,048	40.9%
Ages 0 Through 5	16,218	42.6%	252,121	46.1%	3,943,710	42.4%
Ages 6 Through 20	21,843	57.4%	294,461	53.9%	5,348,339	57.6%
Non-hispanic Black	436	0.8%	78,728	6.4%	6,626,394	29.2%
Ages 0 Through 5	183	42.0%	32,539	41.3%	2,640,572	39.8%
Ages 6 Through 20	253	58.0%	46,189	58.7%	3,985,823	60.2%
Hispanic	1,190	2.2%	444,876	36.4%	4,699,339	20.7%
Ages 0 Through 5	473	39.7%	213,129	47.9%	2,201,446	46.8%
Ages 6 Through 20	717	60.3%	231,747	52.1%	2,497,893	53.2%
Other	13,332	25.1%	151,211	12.4%	2,111,649	9.3%
Ages 0 Through 5	4,949	37.1%	59,575	39.4%	857,628	40.6%
Ages 6 Through 20	8,383	62.9%	91,636	60.6%	1,254,021	59.4%
II. POPULATION AND CHILD HEALTH DATA						
A. Total Population, 1997	903,310	100.0%	16,511,471	100.0%	267,645,341	100.0%
Under Age 21	278,748	30.9%	5,386,166	32.6%	80,988,943	30.3%
Under Age 6	70,697	7.8%	1,511,454	9.2%	23,259,546	8.7%
Infants	11,585	1.3%	243,668	1.5%	3,810,851	1.4%
Age 1 Through 5	59,112	6.5%	1,267,786	7.7%	19,448,695	7.3%
Age 6 Through 20	208,051	23.0%	3,874,712	23.5%	57,729,397	21.6%
Age 21 and Older	624,562	69.1%	11,125,305	67.4%	186,656,398	69.7%
B. Infant Mortality, Low Birth Weight and Prenatal Care, 1996	<u>Total</u>	<u>White</u>	<u>Other</u>	<u>Total</u>	<u>White</u>	<u>Other</u>
Infant Mortality per 1,000 Live Births	7.0	6.8	8.4	6.8	6.5	9.5
Neonatal Mortality	4.4	4.2	6.1	4.4	4.2	5.7
Postneonatal Mortality	2.6	2.6	2.3	2.4	2.3	3.8
% Low Birth Weight Infants						
Under 2500 Grams	6.4%	6.2%	7.5%	7.3%	7.0%	10.0%
Under 1500 Grams	1.1%	1.1%	1.2%	1.1%	1.1%	1.7%
% Not Receiving Prenatal Care						
In First Trimester	17.3%	15.6%	29.7%	22.1%	21.0%	32.5%
Until Third Trimester or Not At All	3.2%	2.5%	7.9%	5.6%	5.2%	9.4%
C. % Population Without Access to Primary Care Provider, 1996	22.9%		14.3%		16.3%	
D. Counties Designated Medically Underserved Areas*, 1996	29	(50.9%)	166	(59.1%)	2,470	(82.3%)
E. Counties Designated Health Professional Shortage Areas*, 1996	30	(52.6%)	195	(69.4%)	1,925	(65.4%)

Notes: # Race may not be reported consistently across state. Maine, for example, reported all enrollees as 'Other'. Data for HI are from FY 1996, do not include managed care enrollees and are not included in regional and US summaries. * Defined by the Bureau of Primary Health Care. Procedures and criteria for designation are available at " <http://www.bphc.hrsa.dhhs.gov/dsd/dsd11.htm#contents>".

III. MEDICAID AND SCHIP PROGRAM ELIGIBILITY BASED ON FAMILY INCOME AS A PERCENTAGE OF THE FEDERAL POVERTY LEVEL (%FPL), AUGUST 1999



A. Title XIX Medicaid Eligibility and Expansions

By federal mandate, all states must cover pregnant women and children to age 6 to 133% of the Federal Poverty Level (FPL) and children through age 15 up to 100% FPL, as of October 1, 1998.

In addition, 1996 federal welfare legislation requires states to use the AFDC income eligibility levels in effect as of July 16, 1996 to determine Medicaid eligibility. This establishes a state specific minimum eligibility level for poor children ages 16 through 18 (41% FPL for the state of Montana, an equivalent of \$5690 for a family of 3 in 1999).

Montana did not expand its Title XIX Medicaid program beyond the federal mandate. [41] The Medically Needy were covered to 46% FPL in 1997. [34] Brackets ([]) indicate total number of states with expansions or Medically Needy programs.

An estimated 34.0% of 46K uninsured children under age 19 in the state of Montana were Medicaid eligible but unenrolled during 1997. A full report of Medicaid and SCHIP eligibility of uninsured children in the states can be downloaded from '<http://www.aap.org/advocacy/stateelg99.htm>'.

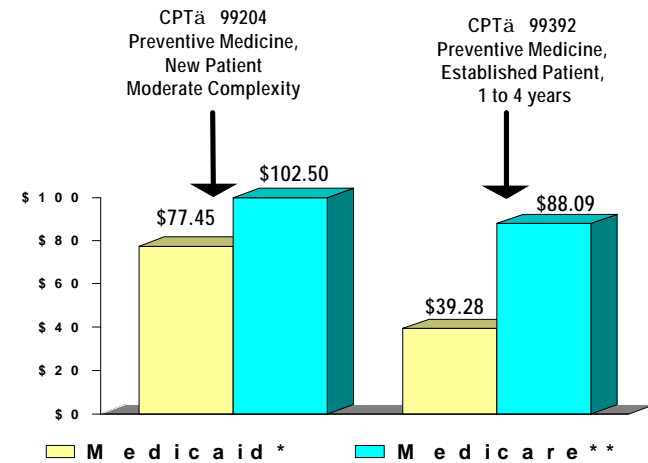
B. Title XXI Medicaid/SCHIP Program Eligibility:

Montana's Title XXI state program covers children through age 18 to 150% FPL. Federally legislated maximum Title XXI SCHIP/Medicaid program eligibility for Montana is 200% FPL for all infants and children through age 18. Dec 98 - Jun 99 Title XXI program enrollment figures are available by state on the Kaiser Family Foundation website, at '<http://207.22.102.105/content/1999/2153/>'.

More information about Medicaid and SCHIP activities in the states are available from reports published by the AAP's Department of Chapter and State Affairs: the SCHIP Update, available at '<http://www.aap.org/advocacy/schiprep.htm>', and the Access Issues section of the 1998 State Legislation Report, available at '<http://www.aap.org/advocacy/98statelegprpt.pdf>'.

IV. MEDICAID SERVICES REIMBURSEMENT

Comparison of 1998/1999 Medicaid* and Medicare Reimbursement Rates for Two Services Commonly Used by Pediatricians**



* State level data reported by Montana to the AAP in the 1998/1999 Medicaid Reimbursement Survey. ** Medicare Payment Schedule™ Physician's Current Procedural Terminology (CPT) five-digit codes, nomenclature and other data are copyright 1998 American Medical Association (AMA). All Rights Reserved. No fee schedules, basic unit, relative values or related listings are included in CPT. The American Academy of Pediatrics and the AMA assume no liability for the data contained herein.

A report compiled by the AAP's Division of Health Policy Research documents state reimbursement rates for more than 100 services commonly used by pediatricians. This report shows that services provided under Medicaid are typically reimbursed at 20 to 50 percent less than the same services provided under Medicare. The full report can be downloaded from '<http://www.aap.org/research/medreim.htm>'.

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- II A. Population Estimates for the US and States by Single Year of Age and Sex: July 1, 1997. Population Division, US Census Bureau. Downloadable from <http://www.census.gov/population/estimates/state/stats/ag9798.txt> .
- II B. Monthly Vital Statistics Report, Vol. 46, No. 11(S), September 11, 1997. National Vital Statistics Report, Vol. 47, No. 9, November 10, 1998. National Center for Health Statistics, Center for Disease Control. Additional statistics provided by staff from the NCHS Mortality and Natality Statistics Branches.
- II C-E. HRSA State Profiles. Health Resources and Services Administration, April 1999. Downloadable from <http://www.hrsa.gov/profiles.htm> .

- III A-B. "Medicaid and SCHIP Income Eligibility Guidelines for Children" and "Title XXI Medicaid Expansion Population and Date of Implementation", reports published by the Department of Chapter and State Affairs, American Academy of Pediatrics, August 1999. State Facts: Health Needs and Medicaid Financing. The Kaiser Commission on Medicaid and the Uninsured, February 1998. American Academy of Pediatrics analysis of March Demographic File, Current Population Survey, 1998.

- IV. 1998/1999 Medicaid Reimbursement Survey, American Academy of Pediatrics, 1999.

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Complete sets of the state reports can be purchased by contacting the American Academy of Pediatrics, Division of Health Policy Research, 141 Northwest Point Blvd., PO. Box 927, Elk Grove Village, Illinois, 60007; (800) 433-9016, extension 7627. Contact Suk-fong Tang, PhD, Division of Health Policy Research, with comments about the report; contact Jean Cilik, Department of Chapter and State Affairs, for Medicaid questions and advocacy advice. FY1994 to FY 1997 Medicaid State Reports are also available in Adobe Acrobat PDF format on the Research page of the AAP Web site, at <http://www.aap.org/research/medicaid.htm> .