

# Medicaid

STATE REPORTS – FY 1997

Nebraska



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# Medicaid State Report

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

Division of  
Health Policy Research

I. MEDICAID ENROLLEES AND EXPENDITURES			NEBRASKA			WEST NORTH CENTRAL REGION~			UNITED STATES		
A. Federal Medical Assistance Percentage (FMAP)*	59.1% (FY97)	61.5% (FY99)	73.0% (Enhanced)	58.6% (FY97)	62.1% (FY99)	73.5% (Enhanced)	56.6% (FY97)	60.7% (FY99)	72.5% (Enhanced)		
B. Total Medicaid Managed Care Enrollment, 06/30/1997 (% of Total Medicaid Enrollment)	93,085 ( 64.5% of 144,238 **)			775,459 ( 46.4% of 1,670,492 **)			14,642,500 ( 47.5% of 30,813,957 **)				
C. Percent of Births Paid for by Medicaid, 1996***	30.0%			35.2%			38%				
D. FY 1997 and FY 1994-97 Averaged DSH^ Payment	\$0 M \$4 M			\$835 M \$666 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	199,153		100.0%	2,295,244		100.0%	40,327,268		100.0%		
<b>Children Under Age 21</b>	<b>124,091</b>		<b>62.3%</b>	<b>1,354,869</b>		<b>59.0%</b>	<b>22,729,432</b>		<b>56.4%</b>		
Under Age 6	56,981		28.6%	544,122		23.7%	9,643,356		23.9%		
Infants	18,233		9.2%	106,547		4.6%	2,112,346		5.2%		
Age 1 Through 5	38,748		19.5%	437,575		19.1%	7,531,010		18.7%		
Age 6 Through 20	67,110		33.7%	810,747		35.3%	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	199,153	\$696 M	\$3,496	2,295,244	\$8,383 M	\$3,652	40,327,268	\$137,720 M	\$3,415		
Children^^^	59.3%	19.7%	\$1,158	54.4%	15.2%	\$1,015	51.4%	16.7%	\$1,132		
Categorically Needy - Cash	22.6%	5.6%	\$866	19.5%	4.7%	\$888	21.4%	6.6%	\$1,081		
Categorically Needy - Noncash	30.3%	8.9%	\$1,032	22.1%	4.0%	\$656	15.4%	4.2%	\$950		
Medically Needy	2.3%	0.8%	\$1,150	0.7%	0.4%	\$1,943	5.3%	1.8%	\$1,199		
Other	4.2%	4.4%	\$3,666	12.2%	6.1%	\$1,815	9.3%	4.0%	\$1,510		
Adults	16.4%	7.7%	\$1,654	19.0%	7.5%	\$1,431	20.6%	10.9%	\$1,844		
Categorically Needy - Cash	11.6%	5.6%	\$1,673	10.1%	4.0%	\$1,431	10.2%	5.4%	\$1,834		
Categorically Needy - Noncash	0.0%	0.0%	\$0	2.8%	1.3%	\$1,639	3.6%	2.4%	\$2,271		
Medically Needy	4.4%	2.1%	\$1,697	0.8%	0.4%	\$1,663	2.6%	1.4%	\$1,798		
Other	0.3%	0.0%	\$495	5.3%	1.9%	\$1,287	4.1%	1.8%	\$1,523		
Blind and Disabled	13.4%	37.4%	\$9,728	14.9%	41.0%	\$10,001	16.6%	43.4%	\$9,152		
Aged	10.9%	35.2%	\$11,318	11.6%	36.3%	\$11,422	11.4%	29.0%	\$8,917		

Notes: ~ Includes IA, KS, MN, MO, ND, NE & SD. \* US averages of FY97 FMAP are weighted by FY97 expenditures. FY99 and Enhanced FMAPs are unweighted. \*\* Enrollment on 06/30/97 was 72.4% 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.

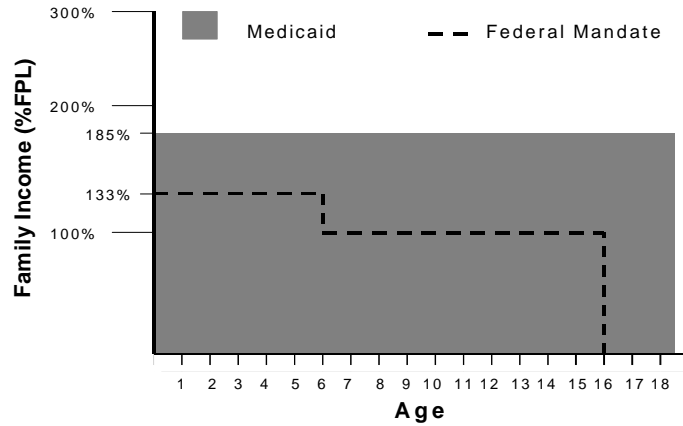
I. CONTINUED	NEBRASKA				WEST NORTH CENTRAL REGION				UNITED STATES			
	#G. FFS* Payments by Age and Type of Service		<u>CHILDREN Under 21</u>	<u>ADULTS</u>	<u>CHILDREN Under 21</u>		<u>ADULTS</u>		<u>CHILDREN Under 21</u>		<u>ADULTS</u>	
Physician Services		3.6%		3.1%		1.6%		2.6%		2.1%		3.6%
Dental Services		0.6%		0.5%		0.4%		0.4%		0.5%		0.3%
Other Practitioners		0.3%		0.7%		0.4%		0.5%		0.4%		0.4%
EPSDT**		0.5%		0.0%		0.9%		0.0%		1.3%		0.0%
Family Planning Services		0.2%		0.3%		0.0%		0.2%		0.1%		0.3%
Rural Health Clinics		0.0%		0.0%		0.2%		0.2%		0.1%		0.1%
Other Clinics		0.4%		0.2%		0.7%		0.9%		1.0%		2.4%
Outpatient Hospital		1.4%		2.6%		1.3%		2.8%		1.6%		3.4%
Inpatient Hospital		6.9%		6.8%		5.3%		7.3%		6.3%		12.2%
Nursing Home/Intermediate Care		0.5%		36.6%		0.8%		39.8%		0.7%		32.1%
Mental/Psychiatric Hospital Care		0.5%		0.1%		0.5%		0.4%		0.9%		0.7%
Home Health Care		0.8%		1.8%		1.8%		10.1%		1.4%		8.6%
Lab and X-Ray		0.3%		0.5%		0.1%		0.4%		0.2%		0.6%
Drug		1.9%		9.5%		1.4%		9.3%		1.4%		8.3%
Other Services***		7.3%		12.1%		3.6%		5.9%		3.5%		5.5%
<b>Total</b>		<b>25.1%</b>		<b>74.9%</b>		<b>19.2%</b>		<b>80.8%</b>		<b>21.5%</b>		<b>78.5%</b>
#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>	<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	\$234	85.3%	\$370	77.8%	\$217	43.2%	\$366	59.3%	\$248	45.7%	\$428	57.9%
Dental Services	\$116	29.0%	\$158	31.0%	\$131	17.6%	\$171	20.2%	\$166	17.5%	\$191	11.0%
Other Practitioners	\$136	12.1%	\$173	35.7%	\$240	10.3%	\$148	25.5%	\$264	8.1%	\$151	18.3%
EPSDT**	\$93	28.4%			\$219	24.0%	\$342	0.6%	\$255	27.5%	\$115	0.6%
Family Planning Services	\$215	4.4%	\$242	10.3%	\$105	2.7%	\$199	8.1%	\$123	2.6%	\$233	8.4%
Rural Health Clinics	NA	0.0%	NA	0.0%	\$178	6.7%	\$200	7.1%	\$202	3.6%	\$233	3.3%
Other Clinics	\$1,041	2.3%	\$343	5.1%	\$259	15.9%	\$339	22.4%	\$552	9.9%	\$1,266	13.5%
Outpatient Hospital	\$253	31.8%	\$509	48.0%	\$301	25.8%	\$562	42.0%	\$304	28.0%	\$591	39.8%
Inpatient Hospital	\$3,697	10.5%	\$3,997	15.8%	\$3,984	7.6%	\$4,134	14.7%	\$4,628	7.3%	\$5,029	16.9%
Nursing Home/Intermediate Care	\$22,654	0.1%	\$12,763	26.6%	\$48,484	0.1%	\$19,523	16.9%	\$58,410	0.1%	\$23,922	9.3%
Mental/Psychiatric Hospital Care	\$12,825	0.2%	\$38,755	0.0%	\$14,386	0.2%	\$16,443	0.2%	\$19,642	0.3%	\$31,204	0.2%
Home Health Care	\$3,099	1.4%	\$4,615	3.6%	\$3,862	2.6%	\$5,873	14.3%	\$3,554	2.1%	\$7,582	7.8%
Lab and X-Ray	\$84	20.8%	\$120	40.3%	\$58	14.4%	\$92	32.0%	\$60	20.6%	\$122	34.3%
Drug	\$154	70.5%	\$1,026	86.0%	\$182	45.0%	\$1,130	68.4%	\$165	45.4%	\$984	58.9%
Other Services***	\$440	93.0%	\$1,508	74.3%	\$1,065	19.3%	\$1,493	32.8%	\$818	22.7%	\$1,172	32.4%
<b>All Services</b>	<b>\$1,358</b>	<b>100.0%</b>	<b>\$7,000</b>	<b>99.2%</b>	<b>\$1,594</b>	<b>69.3%</b>	<b>\$7,554</b>	<b>88.6%</b>	<b>\$1,523</b>	<b>76.5%</b>	<b>\$6,352</b>	<b>86.5%</b>

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	NEBRASKA			WEST NORTH CENTRAL 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	82,347	66.4%		890,023	65.7%		9,292,048	40.9%	
Ages 0 Through 5	37,446	45.5%		363,521	40.8%		3,943,710	42.4%	
Ages 6 Through 20	44,901	54.5%		526,503	59.2%		5,348,339	57.6%	
Non-hispanic Black	19,644	15.8%		288,412	21.3%		6,626,394	29.2%	
Ages 0 Through 5	7,894	40.2%		108,063	37.5%		2,640,572	39.8%	
Ages 6 Through 20	11,750	59.8%		180,350	62.5%		3,985,823	60.2%	
Hispanic	14,174	11.4%		64,889	4.8%		4,699,339	20.7%	
Ages 0 Through 5	8,283	58.4%		32,912	50.7%		2,201,446	46.8%	
Ages 6 Through 20	5,891	41.6%		31,977	49.3%		2,497,893	53.2%	
Other	7,926	6.4%		111,543	8.2%		2,111,649	9.3%	
Ages 0 Through 5	3,358	42.4%		39,626	35.5%		857,628	40.6%	
Ages 6 Through 20	4,568	57.6%		71,917	64.5%		1,254,021	59.4%	
<b>II. POPULATION AND CHILD HEALTH DATA</b>									
A. Total Population, 1997	<b>1,665,353</b>	<b>100.0%</b>		<b>18,654,024</b>	<b>100.0%</b>		<b>267,645,341</b>	<b>100.0%</b>	
Under Age 21	520,228	31.2%		5,698,900	30.6%		80,988,943	30.3%	
Under Age 6	138,594	8.3%		1,522,952	8.2%		23,259,546	8.7%	
Infants	22,729	1.4%		249,942	1.3%		3,810,851	1.4%	
Age 1 Through 5	115,865	7.0%		1,273,010	6.8%		19,448,695	7.3%	
Age 6 Through 20	381,634	22.9%		4,175,948	22.4%		57,729,397	21.6%	
Age 21 and Older	1,145,125	68.8%		12,955,124	69.4%		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>	<u>Total</u>	<u>White</u>	<u>Other</u>
<b>Infant Mortality per 1,000 Live Births</b>	8.7	8.4	11.8	7.1	6.1	13.7	7.3	6.1	12.1
Neonatal Mortality	5.8	5.8	6.7	4.3	3.7	8.5	4.8	4.0	7.8
Postneonatal Mortality	2.9	2.6	5.1	2.8	2.4	5.1	2.5	2.1	4.3
<b>% Low Birth Weight Infants</b>									
Under 2500 Grams	6.3%	6.0%	8.9%	6.6%	6.0%	11.2%	7.4%	6.3%	11.5%
Under 1500 Grams	1.2%	1.2%	1.8%	1.2%	1.2%	1.7%	1.4%	1.1%	2.5%
<b>% Not Receiving Prenatal Care</b>									
In First Trimester	15.5%	14.6%	25.6%	15.0%	13.2%	28.7%	18.1%	16.0%	26.7%
Until Third Trimester or Not At All	2.6%	2.3%	5.9%	2.9%	2.3%	7.2%	4.0%	3.3%	6.7%
C. % Population Without Access to Primary Care Provider, 1996	18.4%			13.9%			16.3%		
D. Counties Designated Medically Underserved Areas*, 1996	73	( 78.5% )		466	( 75.4% )		2,470	( 82.3% )	
E. Counties Designated Health Professional Shortage Areas*, 1996	48	( 51.6% )		315	( 51.0% )		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 (46% FPL for the state of Nebraska, an equivalent of \$6384 for a family of 3 in 1999).

Nebraska expanded its Title XIX Medicaid program to 150% FPL for pregnant women and infants. [41] The Medically Needy were covered to 45% FPL in 1997. [34] Brackets ( [ ] ) indicate total number of states with expansions or Medically Needy programs.

An estimated 14.6%<sup>^</sup> of 48K uninsured children under age 19 in the state of Nebraska 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:**

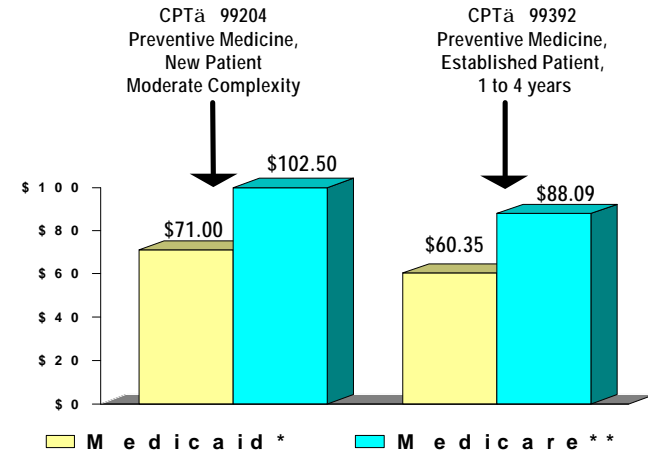
Nebraska's Title XXI Medicaid program covers infants from 150% to 185% FPL, children ages 1 through 5 from 133% to 185% FPL, children ages 6 through 15 from 100% to 185% FPL and children ages 16 through 18 from 46% to 185% FPL. Federally legislated maximum Title XXI SCHIP/Medicaid program eligibility for Nebraska 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/98stateleg rpt.pdf'.

<sup>^</sup> Standard error is greater than 20% of estimate due to small state sample. Interpret with caution.

**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 Nebraska 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 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.
  
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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> .