

Medicaid

STATE REPORTS – FY 1997

New Jersey



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Medicaid State Report

NEW JERSEY, FY 1997 (October 1, 1996 - September 30, 1997)

Division of
Health Policy Research

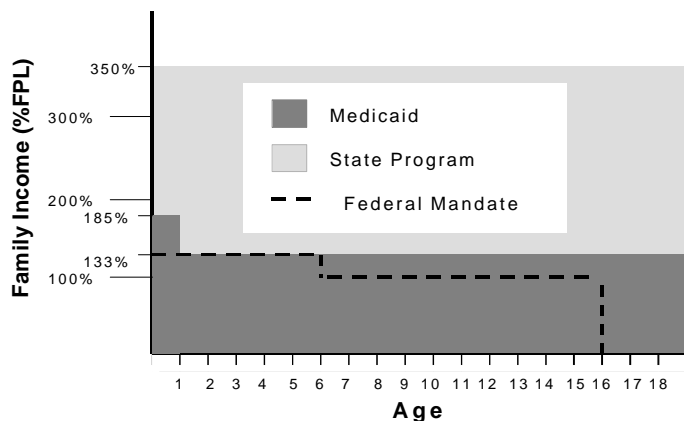
I. MEDICAID ENROLLEES AND EXPENDITURES	NEW JERSEY			MID ATLANTIC REGION~			UNITED STATES		
A. Federal Medical Assistance Percentage (FMAP)*	50.0% (FY97)	50.0% (FY99)	65.0% (Enhanced)	50.5% (FY97)	51.3% (FY99)	65.9% (Enhanced)	56.6% (FY97)	60.7% (FY99)	72.5% (Enhanced)
B. Total Medicaid Managed Care Enrollment, 06/30/1997 (% of Total Medicaid Enrollment)	384,644 (56.2% of 684,880 **)			1,915,734 (41.9% of 4,567,166 **)			14,642,500 (47.5% of 30,813,957 **)		
C. Percent of Births Paid for by Medicaid, 1996***	33.0%			33.2%			38%		
D. FY 1997 and FY 1994-97 Averaged DSH^ Payment	\$1,020 M		\$823 M	\$4,465 M		\$3,749 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	859,279		100.0%	5,813,783		100.0%	40,327,268		100.0%
Children Under Age 21	456,720		53.2%	3,046,167		52.4%	22,729,432		56.4%
Under Age 6	189,139		22.0%	1,243,294		21.4%	9,643,356		23.9%
Infants	30,477		3.5%	266,599		4.6%	2,112,346		5.2%
Age 1 Through 5	158,662		18.5%	976,695		16.8%	7,531,010		18.7%
Age 6 Through 20	267,581		31.1%	1,802,873		31.0%	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	859,279	\$3,813 M	\$4,438	5,813,783	\$31,165 M	\$5,361	40,327,268	\$137,720 M	\$3,415
Children^^^	47.6%	8.4%	\$777	49.5%	13.0%	\$1,411	51.4%	16.7%	\$1,132
Categorically Needy - Cash	22.7%	3.1%	\$612	24.6%	6.0%	\$1,312	21.4%	6.6%	\$1,081
Categorically Needy - Noncash	11.3%	1.5%	\$590	8.1%	1.3%	\$843	15.4%	4.2%	\$950
Medically Needy	0.4%	0.1%	\$612	10.8%	3.5%	\$1,717	5.3%	1.8%	\$1,199
Other	13.2%	3.7%	\$1,223	6.1%	2.3%	\$2,016	9.3%	4.0%	\$1,510
Adults	21.4%	7.2%	\$1,484	19.3%	7.3%	\$2,028	20.6%	10.9%	\$1,844
Categorically Needy - Cash	11.3%	3.7%	\$1,465	11.2%	4.4%	\$2,104	10.2%	5.4%	\$1,834
Categorically Needy - Noncash	3.2%	1.5%	\$2,078	1.7%	0.6%	\$1,821	3.6%	2.4%	\$2,271
Medically Needy	NA	NA	NA	4.1%	1.8%	\$2,348	2.6%	1.4%	\$1,798
Other	6.9%	1.9%	\$1,242	2.4%	0.6%	\$1,278	4.1%	1.8%	\$1,523
Blind and Disabled	18.8%	50.6%	\$11,934	19.0%	45.1%	\$12,744	16.6%	43.4%	\$9,152
Aged	12.2%	33.9%	\$12,279	12.2%	34.5%	\$15,195	11.4%	29.0%	\$8,917

Notes: ~ Includes NJ, NY & PA. * US averages of FY97 FMAP are weighted by FY97 expenditures. FY99 and Enhanced FMAPs are unweighted. ** Enrollment on 06/30/97 was 79.7% 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	NEW JERSEY				MID ATLANTIC 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	0.4%	1.8%	0.6%	1.5%	2.1%	3.6%							
Dental Services	0.1%	0.4%	0.4%	0.4%	0.5%	0.3%							
Other Practitioners	0.4%	0.2%	0.4%	0.3%	0.4%	0.4%							
EPSDT**	0.0%	0.0%	1.2%	0.0%	1.3%	0.0%							
Family Planning Services	0.0%	0.2%	0.1%	0.2%	0.1%	0.3%							
Rural Health Clinics	0.0%	0.0%	0.0%	0.0%	0.1%	0.1%							
Other Clinics	0.4%	2.4%	0.8%	3.7%	1.0%	2.4%							
Outpatient Hospital	2.1%	6.3%	1.4%	3.7%	1.6%	3.4%							
Inpatient Hospital	2.9%	9.6%	5.0%	12.9%	6.3%	12.2%							
Nursing Home/Intermediate Care	0.6%	41.3%	0.9%	35.5%	0.7%	32.1%							
Mental/Psychiatric Hospital Care	1.3%	0.4%	1.3%	1.6%	0.9%	0.7%							
Home Health Care	1.0%	12.6%	2.8%	12.8%	1.4%	8.6%							
Lab and X-Ray	0.0%	0.4%	0.1%	0.3%	0.2%	0.6%							
Drug	1.0%	9.4%	0.8%	6.0%	1.4%	8.3%							
Other Services***	2.4%	2.5%	2.4%	3.0%	3.5%	5.5%							
Total	12.6%	87.4%	18.0%	82.0%	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	\$117	24.0%	\$312	51.9%	\$150	36.6%	\$285	56.8%	\$248	45.7%	\$428	57.9%	
Dental Services	\$112	7.4%	\$168	18.7%	\$169	21.4%	\$201	21.5%	\$166	17.5%	\$191	11.0%	
Other Practitioners	\$761	3.6%	\$87	21.9%	\$633	6.2%	\$189	20.1%	\$264	8.1%	\$151	18.3%	
EPSDT**	\$55	4.2%	\$47	0.6%	\$454	24.9%	\$308	0.2%	\$255	27.5%	\$115	0.6%	
Family Planning Services	\$114	2.3%	\$182	8.4%	\$179	2.8%	\$262	10.0%	\$123	2.6%	\$233	8.4%	
Rural Health Clinics	NA	0.0%	NA	0.0%	\$246	1.2%	\$288	1.1%	\$202	3.6%	\$233	3.3%	
Other Clinics	\$506	6.3%	\$1,267	16.7%	\$776	10.2%	\$2,259	17.9%	\$552	9.9%	\$1,266	13.5%	
Outpatient Hospital	\$833	19.7%	\$1,380	40.4%	\$467	28.7%	\$903	44.7%	\$304	28.0%	\$591	39.8%	
Inpatient Hospital	\$7,534	3.0%	\$5,319	15.9%	\$6,425	7.6%	\$8,450	16.7%	\$4,628	7.3%	\$5,029	16.9%	
Nursing Home/Intermediate Care	\$81,574	0.1%	\$28,187	13.0%	\$98,400	0.1%	\$37,793	10.3%	\$58,410	0.1%	\$23,922	9.3%	
Mental/Psychiatric Hospital Care	\$41,340	0.2%	\$38,715	0.1%	\$21,236	0.6%	\$51,540	0.3%	\$19,642	0.3%	\$31,204	0.2%	
Home Health Care	\$5,591	1.4%	\$11,747	9.5%	\$3,792	7.1%	\$13,460	10.5%	\$3,554	2.1%	\$7,582	7.8%	
Lab and X-Ray	\$31	12.2%	\$88	39.5%	\$34	18.3%	\$74	37.8%	\$60	20.6%	\$122	34.3%	
Drug	\$295	25.5%	\$1,459	57.1%	\$187	41.3%	\$1,171	56.3%	\$165	45.4%	\$984	58.9%	
Other Services***	\$2,663	6.9%	\$938	23.9%	\$840	27.9%	\$984	33.9%	\$818	22.7%	\$1,172	32.4%	
All Services	\$2,158	45.6%	\$9,544	81.1%	\$2,345	74.8%	\$9,973	90.1%	\$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.

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 (38% FPL for the state of New Jersey, an equivalent of \$5274 for a family of 3 in 1999).

New Jersey expanded its Title XIX Medicaid program to 185% FPL for pregnant women and infants. [41] The Medically Needy were covered to 52% FPL in 1997. [34] Brackets ([]) indicate total number of states with expansions or Medically Needy programs.

An estimated 21.0% of 336K uninsured children under age 19 in the state of New Jersey 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'.

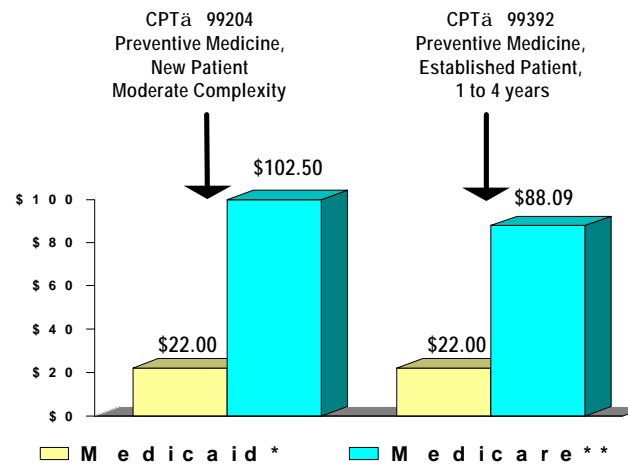
B. Title XXI Medicaid/SCHIP Program Eligibility:

New Jersey's Title XXI Medicaid program covers children ages 6 through 15 from 100% to 133% FPL, and children ages 16 through 18 from 38% to 133% FPL. A separate state program covers remaining infants and children to 350% FPL. 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'.

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 New Jersey 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".

REFERENCES:

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- I E-I. Medicaid Statistical File, FY 1996- 1997. Health Care Financing Administration.

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- 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.

ORDERING INFORMATION

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> .