

Medicaid

STATE REPORTS – FY 1997

Ohio

 Division of
Health Policy Research

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Medicaid State Report

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

Division of Health Policy Research

I. MEDICAID ENROLLEES AND EXPENDITURES				OHIO			EAST NORTH CENTRAL REGION~			UNITED STATES		
A. Federal Medical Assistance Percentage (FMAP)*	59.3% (FY97)	58.3% (FY99)	70.8% (Enhanced)	56.1% (FY97)	56.2% (FY99)	69.3% (Enhanced)	56.6% (FY97)	60.7% (FY99)	72.5% (Enhanced)			
B. Total Medicaid Managed Care Enrollment, 06/30/1997 (% of Total Medicaid Enrollment)	352,833 (32.2% of 1,095,268 **)			1,830,838 (41.5% of 4,409,395 **)			14,642,500 (47.5% of 30,813,957 **)					
C. Percent of Births Paid for by Medicaid, 1996***	35.0%			37.1%			38%					
D. FY 1997 and FY 1994-97 Averaged DSH^ Payment	\$682 M		\$592 M	\$1,443 M		\$1,280 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	1,490,994		100.0%	5,902,204		100.0%	40,327,268		100.0%			
Children Under Age 21	820,116		55.0%	3,393,410		57.5%	22,729,432		56.4%			
Under Age 6	333,311		22.4%	1,481,517		25.1%	9,643,356		23.9%			
Infants	59,444		4.0%	331,858		5.6%	2,112,346		5.2%			
Age 1 Through 5	273,867		18.4%	1,149,659		19.5%	7,531,010		18.7%			
Age 6 Through 20	486,805		32.6%	1,911,893		32.4%	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	1,490,994	\$6,321 M	\$4,239	5,902,204	\$21,098 M	\$3,575	40,327,268	\$137,720 M	\$3,415			
Children^^^	46.9%	15.3%	\$1,387	51.5%	15.2%	\$1,045	51.4%	16.7%	\$1,132			
Categorically Needy - Cash	25.0%	9.3%	\$1,570	22.0%	7.0%	\$1,130	21.4%	6.6%	\$1,081			
Categorically Needy - Noncash	18.9%	4.7%	\$1,055	13.6%	3.2%	\$839	15.4%	4.2%	\$950			
Medically Needy				4.8%	1.1%	\$788	5.3%	1.8%	\$1,199			
Other	3.0%	1.4%	\$1,937	11.1%	3.9%	\$1,238	9.3%	4.0%	\$1,510			
Adults	25.7%	12.6%	\$2,077	22.3%	11.0%	\$1,745	20.6%	10.9%	\$1,844			
Categorically Needy - Cash	14.7%	8.3%	\$2,399	11.2%	6.6%	\$2,066	10.2%	5.4%	\$1,834			
Categorically Needy - Noncash	9.7%	3.9%	\$1,702	4.0%	2.2%	\$1,931	3.6%	2.4%	\$2,271			
Medically Needy	NA	NA	NA	3.8%	1.2%	\$1,068	2.6%	1.4%	\$1,798			
Other	1.3%	0.4%	\$1,204	3.2%	1.1%	\$1,194	4.1%	1.8%	\$1,523			
Blind and Disabled	16.2%	38.1%	\$9,971	17.3%	45.7%	\$9,299	16.6%	43.4%	\$9,152			
Aged	11.3%	34.0%	\$12,777	8.9%	28.1%	\$11,119	11.4%	29.0%	\$8,917			

Notes: ~ Includes IL, IN, MI, OH & WI. * US averages of FY97 FMAP are weighted by FY97 expenditures. FY99 and Enhanced FMAPs are unweighted. ** Enrollment on 06/30/97 was 73.5% 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.

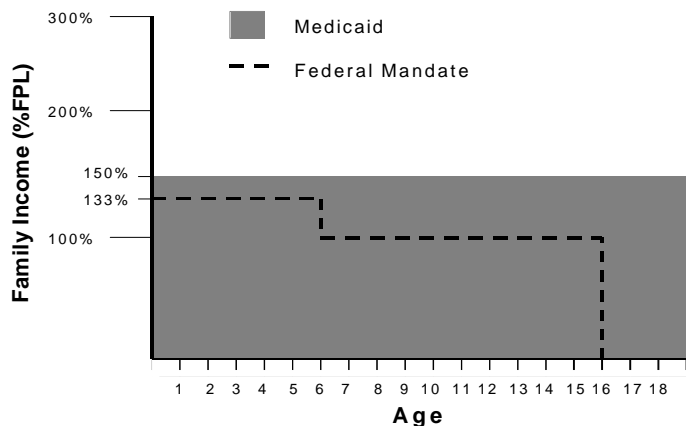
I. CONTINUED	OHIO				EAST NORTH CENTRAL REGION				UNITED STATES			
	#G. FFS* Payments by Age and Type of Service	<u>CHILDREN Under 21</u>		<u>ADULTS</u>	<u>CHILDREN Under 21</u>		<u>ADULTS</u>	<u>CHILDREN Under 21</u>		<u>ADULTS</u>		
Physician Services	1.5%	3.6%	1.5%	3.1%	2.1%	3.6%						
Dental Services	0.3%	0.4%	0.3%	0.3%	0.5%	0.3%						
Other Practitioners	0.3%	0.4%	0.5%	0.6%	0.4%	0.4%						
EPSDT**	0.3%	0.0%	0.5%	0.0%	1.3%	0.0%						
Family Planning Services	0.0%	0.3%	0.0%	0.2%	0.1%	0.3%						
Rural Health Clinics	0.0%	0.0%	0.1%	0.1%	0.1%	0.1%						
Other Clinics	1.7%	2.5%	1.5%	3.0%	1.0%	2.4%						
Outpatient Hospital	1.3%	3.3%	1.3%	3.1%	1.6%	3.4%						
Inpatient Hospital	4.9%	10.4%	6.5%	13.4%	6.3%	12.2%						
Nursing Home/Intermediate Care	0.8%	38.0%	0.7%	36.5%	0.7%	32.1%						
Mental/Psychiatric Hospital Care	0.1%	0.8%	1.5%	1.2%	0.9%	0.7%						
Home Health Care	0.8%	4.4%	0.7%	4.4%	1.4%	8.6%						
Lab and X-Ray	0.0%	0.1%	0.1%	0.5%	0.2%	0.6%						
Drug	0.9%	9.0%	1.2%	9.0%	1.4%	8.3%						
Other Services***	6.4%	7.4%	3.7%	4.7%	3.5%	5.5%						
Total	19.3%	80.7%	20.0%	80.0%	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	\$231	47.5%	\$479	66.2%	\$196	42.8%	\$398	59.0%	\$248	45.7%	\$428	57.9%
Dental Services	\$115	16.6%	\$177	20.9%	\$116	13.1%	\$138	15.5%	\$166	17.5%	\$191	11.0%
Other Practitioners	\$227	10.0%	\$130	29.4%	\$408	7.6%	\$248	18.7%	\$264	8.1%	\$151	18.3%
EPSDT**	\$109	17.6%	\$63	0.0%	\$110	24.2%	\$83	0.3%	\$255	27.5%	\$115	0.6%
Family Planning Services	\$139	0.5%	\$1,019	2.4%	\$83	1.9%	\$254	7.5%	\$123	2.6%	\$233	8.4%
Rural Health Clinics	\$139	0.8%	\$207	0.5%	\$161	2.7%	\$197	2.9%	\$202	3.6%	\$233	3.3%
Other Clinics	\$1,068	11.4%	\$1,708	12.8%	\$642	13.1%	\$1,232	18.9%	\$552	9.9%	\$1,266	13.5%
Outpatient Hospital	\$271	34.0%	\$550	52.7%	\$240	30.2%	\$507	47.1%	\$304	28.0%	\$591	39.8%
Inpatient Hospital	\$4,229	8.2%	\$4,875	18.5%	\$4,849	7.6%	\$6,114	16.8%	\$4,628	7.3%	\$5,029	16.9%
Nursing Home/Intermediate Care	\$69,564	0.1%	\$23,626	14.0%	\$54,462	0.1%	\$21,154	13.2%	\$58,410	0.1%	\$23,922	9.3%
Mental/Psychiatric Hospital Care	\$5,473	0.1%	\$50,187	0.1%	\$31,815	0.3%	\$107,944	0.1%	\$19,642	0.3%	\$31,204	0.2%
Home Health Care	\$2,104	2.6%	\$5,884	6.5%	\$2,674	1.4%	\$5,256	6.4%	\$3,554	2.1%	\$7,582	7.8%
Lab and X-Ray	\$50	4.4%	\$84	13.4%	\$45	17.5%	\$100	35.8%	\$60	20.6%	\$122	34.3%
Drug	\$156	42.6%	\$1,204	65.1%	\$155	43.8%	\$1,078	64.2%	\$165	45.4%	\$984	58.9%
Other Services***	\$817	55.7%	\$1,292	50.2%	\$820	25.4%	\$986	36.3%	\$818	22.7%	\$1,172	32.4%
All Services	\$1,480	92.9%	\$7,452	94.4%	\$1,504	75.2%	\$7,017	87.4%	\$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	OHIO			EAST 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	480,754	58.6%		1,622,295	47.8%		9,292,048	40.9%	
Ages 0 Through 5	201,708	42.0%		749,940	46.2%		3,943,710	42.4%	
Ages 6 Through 20	279,046	58.0%		872,355	53.8%		5,348,339	57.6%	
Non-hispanic Black	300,561	36.6%		1,275,317	37.6%		6,626,394	29.2%	
Ages 0 Through 5	115,785	38.5%		504,501	39.6%		2,640,572	39.8%	
Ages 6 Through 20	184,776	61.5%		770,816	60.4%		3,985,823	60.2%	
Hispanic	750	0.1%		256,596	7.6%		4,699,339	20.7%	
Ages 0 Through 5	219	29.2%		134,823	52.5%		2,201,446	46.8%	
Ages 6 Through 20	531	70.8%		121,773	47.5%		2,497,893	53.2%	
Other	38,051	4.6%		239,202	7.0%		2,111,649	9.3%	
Ages 0 Through 5	15,599	41.0%		92,253	38.6%		857,628	40.6%	
Ages 6 Through 20	22,452	59.0%		146,949	61.4%		1,254,021	59.4%	
II. POPULATION AND CHILD HEALTH DATA									
A. Total Population, 1997	11,226,707	100.0%		43,872,432	100.0%		267,645,341	100.0%	
Under Age 21	3,326,474	29.6%		13,237,443	30.2%		80,988,943	30.3%	
Under Age 6	919,483	8.2%		3,722,587	8.5%		23,259,546	8.7%	
Infants	150,626	1.3%		609,121	1.4%		3,810,851	1.4%	
Age 1 Through 5	768,857	6.8%		3,113,466	7.1%		19,448,695	7.3%	
Age 6 Through 20	2,406,991	21.4%		9,514,856	21.7%		57,729,397	21.6%	
Age 21 and Older	7,900,233	70.4%		30,634,989	69.8%		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>
Infant Mortality per 1,000 Live Births	7.7	6.3	15.3	8.2	6.4	15.8	7.3	6.1	12.1
Neonatal Mortality	5.1	4.1	10.2	5.3	4.3	10.0	4.8	4.0	7.8
Postneonatal Mortality	2.6	2.2	5.1	2.9	2.1	5.8	2.5	2.1	4.3
% Low Birth Weight Infants									
Under 2500 Grams	7.5%	6.5%	12.6%	7.6%	6.4%	12.9%	7.4%	6.3%	11.5%
Under 1500 Grams	1.4%	1.1%	2.9%	1.4%	1.1%	2.8%	1.4%	1.1%	2.5%
% Not Receiving Prenatal Care									
In First Trimester	14.6%	12.4%	26.3%	16.8%	14.2%	28.8%	18.1%	16.0%	26.7%
Until Third Trimester or Not At All	3.4%	2.7%	7.7%	3.6%	2.7%	7.5%	4.0%	3.3%	6.7%
C. % Population Without Access to Primary Care Provider, 1996		12.6%			12.0%			16.3%	
D. Counties Designated Medically Underserved Areas*, 1996		54	(61.4%)		284	(65.0%)		2,470	(82.3%)
E. Counties Designated Health Professional Shortage Areas*, 1996		48	(54.5%)		237	(54.2%)		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 (32% FPL for the state of Ohio, an equivalent of \$4441 for a family of 3 in 1999).

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

An estimated 26.5% of 338K uninsured children under age 19 in the state of Ohio 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'.

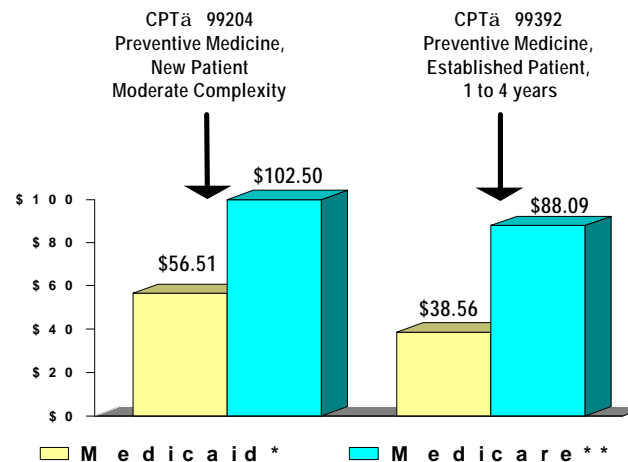
B. Title XXI Medicaid/SCHIP Program Eligibility:

Ohio's Title XXI Medicaid program covers infants and children through age 5 from 133% to 150% FPL, children ages 6 through 15 from 100 to 150% FPL and children ages 16 through 18 from 32% to 150% FPL. Federally legislated maximum Title XXI SCHIP/Medicaid program eligibility for Ohio 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 Ohio 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.

- 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> .