

# Medicaid

STATE REPORTS – FY 1997

Oregon

 Division of  
Health Policy Research

SUK-FONG S. TANG, PhD  
BETH K. YUDKOWSKY, MPH  
SANDRA C. TOMANY, MS

American Academy of Pediatrics



Division of Health Policy Research  
Department of Pediatric Practice  
141 Northwest Point Blvd  
Elk Grove Village, IL 60007

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# Medicaid State Report

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

Division of  
Health Policy Research

I. MEDICAID ENROLLEES AND EXPENDITURES				OREGON			PACIFIC REGION~			UNITED STATES		
A. Federal Medical Assistance Percentage (FMAP)*	60.5% (FY97)	60.5% (FY99)	72.4% (Enhanced)	51.4% (FY97)	54.9% (FY99)	68.4% (Enhanced)	56.6% (FY97)	60.7% (FY99)	72.5% (Enhanced)			
B. Total Medicaid Managed Care Enrollment, 06/30/1997 (% of Total Medicaid Enrollment)	312,345 ( 83.0% of 376,345 **)			3,031,891 ( 49.3% of 6,151,850 **)			14,642,500 ( 47.5% of 30,813,957 **)					
C. Percent of Births Paid for by Medicaid, 1996***	34.0%			42.5%			38%					
D. FY 1997 and FY 1994-97 Averaged DSH^ Payment	\$26 M		\$13 M	\$2,511 M		\$2,397 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	552,272		100.0%	7,929,642		100.0%	40,327,268		100.0%			
<b>Children Under Age 21</b>	<b>262,650</b>		<b>47.6%</b>	<b>4,414,728</b>		<b>55.7%</b>	<b>22,729,432</b>		<b>56.4%</b>			
Under Age 6	115,632		20.9%	1,702,851		21.5%	9,643,356		23.9%			
Infants	32,292		5.8%	269,528		3.4%	2,112,346		5.2%			
Age 1 Through 5	83,340		15.1%	1,433,323		18.1%	7,531,010		18.7%			
Age 6 Through 20	147,018		26.6%	2,711,877		34.2%	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	552,272	\$2,020 M	\$3,658	7,929,642	\$18,175 M	\$2,292	40,327,268	\$137,720 M	\$3,415			
Children^^^	42.5%	25.3%	\$2,177	52.2%	21.2%	\$923	51.4%	16.7%	\$1,132			
Categorically Needy - Cash	10.7%	6.5%	\$2,220	24.6%	10.5%	\$970	21.4%	6.6%	\$1,081			
Categorically Needy - Noncash	25.2%	10.7%	\$1,560	5.7%	2.4%	\$969	15.4%	4.2%	\$950			
Medically Needy	0.0%	0.0%	\$1,018	11.8%	4.3%	\$833	5.3%	1.8%	\$1,199			
Other	6.6%	8.0%	\$4,465	10.0%	3.9%	\$887	9.3%	4.0%	\$1,510			
Adults	42.0%	21.5%	\$1,869	26.1%	17.7%	\$1,533	20.6%	10.9%	\$1,844			
Categorically Needy - Cash	4.8%	3.2%	\$2,472	11.4%	8.1%	\$1,615	10.2%	5.4%	\$1,834			
Categorically Needy - Noncash	34.5%	17.1%	\$1,807	3.2%	2.8%	\$1,957	3.6%	2.4%	\$2,271			
Medically Needy	NA	NA	NA	4.4%	2.7%	\$1,372	2.6%	1.4%	\$1,798			
Other	2.7%	1.2%	\$1,591	7.1%	4.1%	\$1,311	4.1%	1.8%	\$1,523			
Blind and Disabled	9.1%	35.7%	\$14,322	13.3%	40.3%	\$6,858	16.6%	43.4%	\$9,152			
Aged	6.4%	17.5%	\$10,067	8.4%	20.8%	\$5,605	11.4%	29.0%	\$8,917			

Notes: ~ Includes AK, CA, HI, OR & WA. \* US averages of FY97 FMAP are weighted by FY97 expenditures. FY99 and Enhanced FMAPs are unweighted. \*\* Enrollment on 06/30/97 was 68.1% 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.

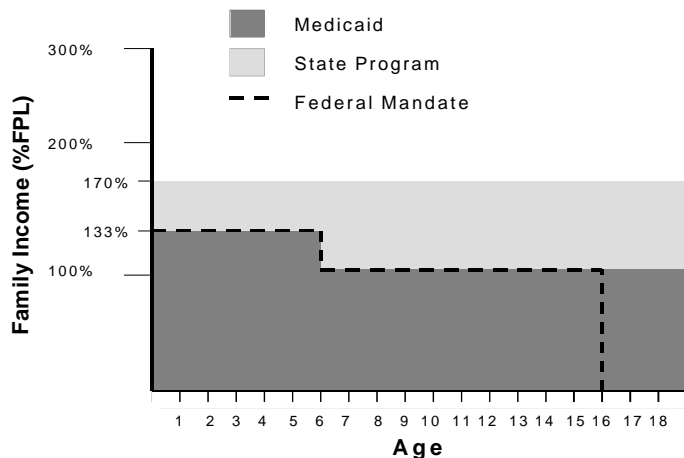
I. CONTINUED	OREGON				PACIFIC REGION				UNITED STATES			
	CHILDREN Under 21		ADULTS		CHILDREN Under 21		ADULTS		CHILDREN Under 21		ADULTS	
#G. FFS* Payments by Age and Type of Service												
Physician Services	0.6%	1.3%	2.0%	5.3%	2.1%	3.6%						
Dental Services	0.1%	0.1%	0.4%	0.2%	0.5%	0.3%						
Other Practitioners	0.0%	0.0%	0.4%	0.5%	0.4%	0.4%						
EPSDT**	16.5%	0.0%	2.0%	0.0%	1.3%	0.0%						
Family Planning Services	0.0%	0.1%	0.1%	0.3%	0.1%	0.3%						
Rural Health Clinics	0.0%	0.0%	0.2%	0.3%	0.1%	0.1%						
Other Clinics	1.3%	2.6%	1.0%	2.4%	1.0%	2.4%						
Outpatient Hospital	0.3%	0.9%	1.0%	2.4%	1.6%	3.4%						
Inpatient Hospital	1.0%	2.4%	5.8%	14.9%	6.3%	12.2%						
Nursing Home/Intermediate Care	0.3%	16.1%	0.6%	23.3%	0.7%	32.1%						
Mental/Psychiatric Hospital Care	1.6%	0.3%	0.3%	0.1%	0.9%	0.7%						
Home Health Care	0.6%	14.4%	0.9%	9.8%	1.4%	8.6%						
Lab and X-Ray	0.0%	0.1%	0.5%	1.5%	0.2%	0.6%						
Drug	0.4%	4.6%	1.4%	10.0%	1.4%	8.3%						
Other Services***	6.3%	28.1%	3.6%	8.7%	3.5%	5.5%						
<b>Total</b>	<b>29.0%</b>	<b>71.0%</b>	<b>20.4%</b>	<b>79.6%</b>	<b>21.5%</b>	<b>78.5%</b>						
#H. Average FFS* Payments per User of Service and Percent of Enrollees Using Each Service												
	Per-user	%Use+	Per-user	%Use+	Per-user	%Use+	Per-user	%Use+	Per-user	%Use+	Per-user	%Use+
Physician Services	\$202	16.1%	\$272	24.7%	\$187	35.7%	\$430	50.6%	\$248	45.7%	\$428	57.9%
Dental Services	\$125	2.3%	\$205	2.2%	\$243	5.2%	\$317	3.2%	\$166	17.5%	\$191	11.0%
Other Practitioners	\$74	1.0%	\$91	1.8%	\$204	6.8%	\$113	18.2%	\$264	8.1%	\$151	18.3%
EPSDT**	\$1,027	90.3%	\$52	0.0%	\$299	22.4%	\$44	1.6%	\$255	27.5%	\$115	0.6%
Family Planning Services	\$107	1.6%	\$127	3.7%	\$106	1.8%	\$149	8.2%	\$123	2.6%	\$233	8.4%
Rural Health Clinics	\$148	0.7%	\$195	0.7%	\$249	2.9%	\$371	2.8%	\$202	3.6%	\$233	3.3%
Other Clinics	\$906	7.8%	\$1,433	9.2%	\$378	9.0%	\$800	12.5%	\$552	9.9%	\$1,266	13.5%
Outpatient Hospital	\$263	7.5%	\$371	12.0%	\$168	19.8%	\$324	30.5%	\$304	28.0%	\$591	39.8%
Inpatient Hospital	\$2,092	2.8%	\$3,224	3.8%	\$5,977	3.2%	\$4,779	12.8%	\$4,628	7.3%	\$5,029	16.9%
Nursing Home/Intermediate Care	\$32,795	0.0%	\$19,290	4.3%	\$47,623	0.0%	\$20,399	4.7%	\$58,410	0.1%	\$23,922	9.3%
Mental/Psychiatric Hospital Care	\$38,824	0.2%	\$40,524	0.0%	\$30,693	0.0%	\$7,275	0.0%	\$19,642	0.3%	\$31,204	0.2%
Home Health Care	\$6,700	0.5%	\$7,626	9.6%	\$5,352	0.6%	\$5,632	7.2%	\$3,554	2.1%	\$7,582	7.8%
Lab and X-Ray	\$53	4.6%	\$68	10.3%	\$83	19.9%	\$189	32.8%	\$60	20.6%	\$122	34.3%
Drug	\$136	15.2%	\$618	37.8%	\$120	37.3%	\$748	54.7%	\$165	45.4%	\$984	58.9%
Other Services***	\$2,071	17.0%	\$1,588	90.1%	\$533	22.3%	\$946	37.7%	\$818	22.7%	\$1,172	32.4%
<b>All Services</b>	<b>\$1,700</b>	<b>95.7%</b>	<b>\$3,742</b>	<b>96.6%</b>	<b>\$975</b>	<b>68.5%</b>	<b>\$4,181</b>	<b>78.3%</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	OREGON		PACIFIC 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	197,872	75.3%	1,538,229	34.8%	9,292,048	40.9%
Ages 0 Through 5	82,357	41.6%	558,274	36.3%	3,943,710	42.4%
Ages 6 Through 20	115,515	58.4%	979,955	63.7%	5,348,339	57.6%
Non-hispanic Black	13,230	5.0%	538,056	12.2%	6,626,394	29.2%
Ages 0 Through 5	5,388	40.7%	189,597	35.2%	2,640,572	39.8%
Ages 6 Through 20	7,842	59.3%	348,459	64.8%	3,985,823	60.2%
Hispanic	36,872	14.0%	1,853,609	42.0%	4,699,339	20.7%
Ages 0 Through 5	22,277	60.4%	811,786	43.8%	2,201,446	46.8%
Ages 6 Through 20	14,595	39.6%	1,041,823	56.2%	2,497,893	53.2%
Other	14,676	5.6%	484,834	11.0%	2,111,649	9.3%
Ages 0 Through 5	5,610	38.2%	143,194	29.5%	857,628	40.6%
Ages 6 Through 20	9,066	61.8%	341,640	70.5%	1,254,021	59.4%
<b>II. POPULATION AND CHILD HEALTH DATA</b>						
<b>A. Total Population, 1997</b>	<b>3,247,915</b>	<b>100.0%</b>	<b>42,619,312</b>	<b>100.0%</b>	<b>267,645,341</b>	<b>100.0%</b>
Under Age 21	939,515	28.9%	13,550,941	31.8%	80,988,943	30.3%
Under Age 6	253,001	7.8%	4,176,013	9.8%	23,259,546	8.7%
Infants	41,072	1.3%	701,494	1.6%	3,810,851	1.4%
Age 1 Through 5	211,929	6.5%	3,474,519	8.2%	19,448,695	7.3%
Age 6 Through 20	686,514	21.1%	9,374,928	22.0%	57,729,397	21.6%
Age 21 and Older	2,308,400	71.1%	29,068,371	68.2%	186,656,398	69.7%
<b>B. Infant Mortality, Low Birth Weight and Prenatal Care, 1996</b>	<b><u>Total</u></b>	<b><u>White</u></b>	<b><u>Other</u></b>	<b><u>Total</u></b>	<b><u>White</u></b>	<b><u>Other</u></b>
<b>Infant Mortality per 1,000 Live Births</b>	5.6	5.3	8.7	5.9	5.5	7.8
Neonatal Mortality	3.3	3.1	5.6	3.8	3.5	4.7
Postneonatal Mortality	2.3	2.2	3.1	2.1	2.0	3.2
<b>% Low Birth Weight Infants</b>						
Under 2500 Grams	5.3%	5.2%	7.0%	6.0%	5.4%	8.4%
Under 1500 Grams	0.9%	0.9%	1.3%	1.1%	1.0%	1.5%
<b>% Not Receiving Prenatal Care</b>						
In First Trimester	20.3%	19.7%	27.7%	19.1%	19.0%	19.3%
Until Third Trimester or Not At All	3.9%	3.8%	5.3%	3.8%	3.8%	3.9%
<b>C. % Population Without Access to Primary Care Provider, 1996</b>	11.9%		10.9%		16.3%	
<b>D. Counties Designated Medically Underserved Areas*, 1996</b>	25	( 69.4% )	113	( 69.3% )	2,470	( 82.3% )
<b>E. Counties Designated Health Professional Shortage Areas*, 1996</b>	32	( 88.9% )	134	( 82.2% )	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 (43% FPL for the state of Oregon, an equivalent of \$5968 for a family of 3 in 1999).

Oregon expanded its Title XIX Medicaid program to 100% FPL for children ages 16 through 18. [41] The Medically Needy were covered to 57% FPL in 1997. [34] Brackets ( [ ] ) indicate total number of states with expansions or Medically Needy programs.

An estimated 57.0% of 100K uninsured children under age 19 in the state of Oregon 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'.

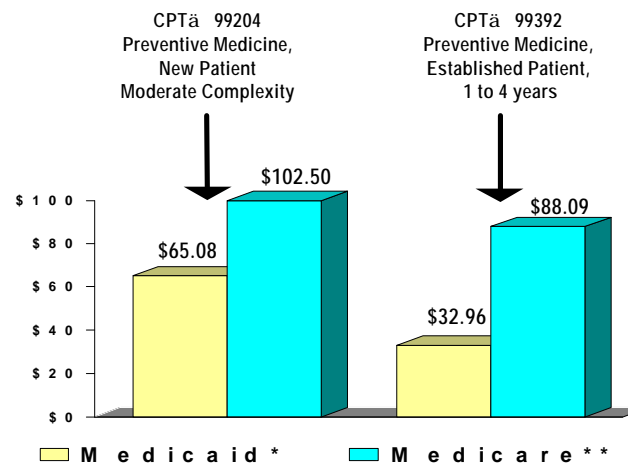
**B. Title XXI Medicaid/SCHIP Program Eligibility:**

Oregon's Title XXI state program covers infants and children through age 18 to 170% FPL. Federally legislated maximum Title XXI SCHIP/Medicaid program eligibility for Oregon 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 Oregon 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 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.
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- 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> .