

Medicaid

STATE REPORTS – FY 1997

Virginia

 Division of
Health Policy Research

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Medicaid State Report

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

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I. MEDICAID ENROLLEES AND EXPENDITURES			VIRGINIA			SOUTH ATLANTIC REGION~			UNITED STATES		
A. Federal Medical Assistance Percentage (FMAP)*	51.5% (FY97)	51.6% (FY99)	66.1% (Enhanced)	59.0% (FY97)	60.6% (FY99)	72.4% (Enhanced)	56.6% (FY97)	60.7% (FY99)	72.5% (Enhanced)		
B. Total Medicaid Managed Care Enrollment, 06/30/1997 (% of Total Medicaid Enrollment)	306,052 (58.6% of 522,080 **)			2,747,679 (54.8% of 5,014,939 **)			14,642,500 (47.5% of 30,813,957 **)				
C. Percent of Births Paid for by Medicaid, 1996***	41.8%			38%							
D. FY 1997 and FY 1994-97 Averaged DSH^ Payment	\$159 M		\$141 M	\$1,920 M		\$1,465 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	714,026		100.0%	6,924,497		100.0%	40,327,268		100.0%		
Children Under Age 21	431,054		60.4%	3,976,740		57.4%	22,729,432		56.4%		
Under Age 6	186,924		26.2%	1,722,524		24.9%	9,643,356		23.9%		
Infants	46,661		6.5%	407,666		5.9%	2,112,346		5.2%		
Age 1 Through 5	140,263		19.6%	1,314,858		19.0%	7,531,010		18.7%		
Age 6 Through 20	244,130		34.2%	2,254,216		32.6%	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	714,026	\$2,045 M	\$2,865	6,924,497	\$20,652 M	\$2,982	40,327,268	\$137,720 M	\$3,415		
Children^^^	53.5%	16.4%	\$881	51.6%	17.4%	\$1,001	51.4%	16.7%	\$1,132		
Categorically Needy - Cash	19.0%	4.9%	\$739	20.9%	6.3%	\$894	21.4%	6.6%	\$1,081		
Categorically Needy - Noncash	26.2%	7.0%	\$766	21.9%	6.8%	\$916	15.4%	4.2%	\$950		
Medically Needy	0.2%	0.1%	\$1,783	0.7%	0.7%	\$2,815	5.3%	1.8%	\$1,199		
Other	8.0%	4.4%	\$1,568	8.1%	3.7%	\$1,354	9.3%	4.0%	\$1,510		
Adults	16.2%	10.1%	\$1,792	19.5%	12.4%	\$1,892	20.6%	10.9%	\$1,844		
Categorically Needy - Cash	8.4%	4.9%	\$1,673	10.0%	5.4%	\$1,601	10.2%	5.4%	\$1,834		
Categorically Needy - Noncash	5.9%	4.4%	\$2,139	4.9%	4.2%	\$2,543	3.6%	2.4%	\$2,271		
Medically Needy	0.0%	0.0%	\$2,479	1.1%	0.9%	\$2,503	2.6%	1.4%	\$1,798		
Other	1.9%	0.8%	\$1,233	3.4%	1.9%	\$1,615	4.1%	1.8%	\$1,523		
Blind and Disabled	17.6%	43.0%	\$7,017	18.5%	44.0%	\$7,091	16.6%	43.4%	\$9,152		
Aged	12.8%	30.4%	\$6,802	10.4%	26.2%	\$7,480	11.4%	29.0%	\$8,917		

Notes: ~ Includes DC, DE, FL, GA, MD, NC, SC, VA & WV. * US averages of FY97 FMAP are weighted by FY97 expenditures. FY99 and Enhanced FMAPs are unweighted. ** Enrollment on 06/30/97 was 73.1% 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.

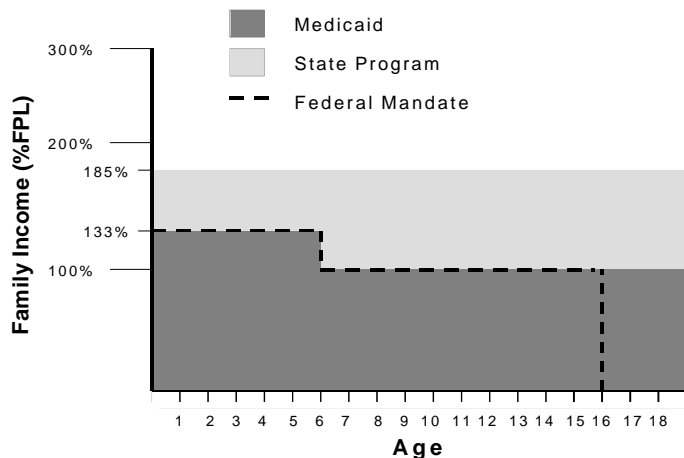
I. CONTINUED	VIRGINIA				SOUTH ATLANTIC REGION				UNITED STATES			
	#G. FFS* Payments by Age and Type of Service	<u>CHILDREN Under 21</u>		<u>ADULTS</u>	<u>CHILDREN Under 21</u>		<u>ADULTS</u>	<u>CHILDREN Under 21</u>		<u>ADULTS</u>		
Physician Services	4.3%		6.4%		3.7%		5.4%		2.1%		3.6%	
Dental Services	0.5%		0.0%		0.8%		0.3%		0.5%		0.3%	
Other Practitioners	0.3%		0.2%		0.3%		0.3%		0.4%		0.4%	
EPSDT**	0.5%		0.0%		1.0%		0.0%		1.3%		0.0%	
Family Planning Services	0.0%		0.1%		0.1%		0.3%		0.1%		0.3%	
Rural Health Clinics	0.2%		0.1%		0.2%		0.1%		0.1%		0.1%	
Other Clinics	2.3%		7.8%		1.3%		2.4%		1.0%		2.4%	
Outpatient Hospital	2.1%		4.5%		2.3%		3.9%		1.6%		3.4%	
Inpatient Hospital	6.3%		11.0%		8.2%		13.1%		6.3%		12.2%	
Nursing Home/Intermediate Care	0.8%		27.7%		0.6%		28.1%		0.7%		32.1%	
Mental/Psychiatric Hospital Care	0.4%		0.8%		0.6%		0.3%		0.9%		0.7%	
Home Health Care	0.9%		5.3%		1.2%		6.1%		1.4%		8.6%	
Lab and X-Ray	0.3%		0.5%		0.3%		0.7%		0.2%		0.6%	
Drug	2.2%		11.2%		1.9%		9.9%		1.4%		8.3%	
Other Services***	0.5%		2.9%		3.0%		3.7%		3.5%		5.5%	
Total	21.5%		78.5%		25.4%		74.6%		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	\$261	70.4%	\$543	76.8%	\$301	59.6%	\$516	69.9%	\$248	45.7%	\$428	57.9%
Dental Services	\$129	18.0%	\$153	0.2%	\$161	23.4%	\$200	8.5%	\$166	17.5%	\$191	11.0%
Other Practitioners	\$186	7.2%	\$91	15.8%	\$148	8.5%	\$118	17.4%	\$264	8.1%	\$151	18.3%
EPSDT**	\$97	21.2%	\$43	0.0%	\$149	33.1%	\$85	0.1%	\$255	27.5%	\$115	0.6%
Family Planning Services	\$78	2.2%	\$112	5.2%	\$130	3.9%	\$249	9.3%	\$123	2.6%	\$233	8.4%
Rural Health Clinics	\$224	2.9%	\$241	3.9%	\$258	3.1%	\$175	3.2%	\$202	3.6%	\$233	3.3%
Other Clinics	\$638	15.8%	\$2,899	17.7%	\$561	11.5%	\$1,493	10.6%	\$552	9.9%	\$1,266	13.5%
Outpatient Hospital	\$278	32.4%	\$577	51.4%	\$346	32.9%	\$582	45.0%	\$304	28.0%	\$591	39.8%
Inpatient Hospital	\$3,045	8.9%	\$3,194	22.6%	\$4,534	8.9%	\$4,084	21.4%	\$4,628	7.3%	\$5,029	16.9%
Nursing Home/Intermediate Care	\$56,218	0.1%	\$17,399	10.5%	\$52,853	0.1%	\$21,327	8.8%	\$58,410	0.1%	\$23,922	9.3%
Mental/Psychiatric Hospital Care	\$6,607	0.2%	\$12,400	0.4%	\$15,989	0.2%	\$6,028	0.3%	\$19,642	0.3%	\$31,204	0.2%
Home Health Care	\$5,859	0.7%	\$5,519	6.3%	\$3,387	1.7%	\$6,316	6.5%	\$3,554	2.1%	\$7,582	7.8%
Lab and X-Ray	\$45	25.8%	\$130	27.2%	\$59	25.9%	\$131	37.9%	\$60	20.6%	\$122	34.3%
Drug	\$194	49.7%	\$1,140	64.5%	\$174	53.5%	\$993	66.4%	\$165	45.4%	\$984	58.9%
Other Services***	\$281	7.2%	\$733	25.5%	\$546	26.7%	\$714	34.4%	\$818	22.7%	\$1,172	32.4%
All Services	\$1,169	79.5%	\$5,768	89.3%	\$1,472	84.9%	\$5,550	89.0%	\$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	VIRGINIA			SOUTH ATLANTIC 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	178,321	41.4%		1,558,380	39.2%		9,292,048	40.9%	
Ages 0 Through 5	79,344	44.5%		695,162	44.6%		3,943,710	42.4%	
Ages 6 Through 20	98,977	55.5%		863,218	55.4%		5,348,339	57.6%	
Non-hispanic Black	222,469	51.6%		1,908,378	48.0%		6,626,394	29.2%	
Ages 0 Through 5	89,837	40.4%		760,588	39.9%		2,640,572	39.8%	
Ages 6 Through 20	132,632	59.6%		1,147,790	60.1%		3,985,823	60.2%	
Hispanic	21,007	4.9%		335,689	8.4%		4,699,339	20.7%	
Ages 0 Through 5	13,238	63.0%		172,329	51.3%		2,201,446	46.8%	
Ages 6 Through 20	7,769	37.0%		163,360	48.7%		2,497,893	53.2%	
Other	9,257	2.1%		174,293	4.4%		2,111,649	9.3%	
Ages 0 Through 5	4,505	48.7%		94,445	54.2%		857,628	40.6%	
Ages 6 Through 20	4,752	51.3%		79,848	45.8%		1,254,021	59.4%	
II. POPULATION AND CHILD HEALTH DATA									
A. Total Population, 1997	6,778,579	100.0%		48,298,892	100.0%		267,645,341	100.0%	
Under Age 21	1,929,357	28.5%		13,832,075	28.6%		80,988,943	30.3%	
Under Age 6	555,331	8.2%		3,941,570	8.2%		23,259,546	8.7%	
Infants	90,427	1.3%		635,443	1.3%		3,810,851	1.4%	
Age 1 Through 5	464,904	6.9%		3,306,127	6.8%		19,448,695	7.3%	
Age 6 Through 20	1,374,026	20.3%		9,890,505	20.5%		57,729,397	21.6%	
Age 21 and Older	4,849,222	71.5%		34,466,817	71.4%		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>
Infant Mortality per 1,000 Live Births	7.7	6.1	12.1	8.3	6.2	13.5	7.3	6.1	12.1
Neonatal Mortality	5.3	4.0	8.7	5.5	4.0	9.3	4.8	4.0	7.8
Postneonatal Mortality	2.4	2.1	3.4	2.8	2.2	4.2	2.5	2.1	4.3
% Low Birth Weight Infants									
Under 2500 Grams	7.7%	6.3%	11.4%	8.4%	6.6%	12.5%	7.4%	6.3%	11.5%
Under 1500 Grams	1.5%	1.1%	2.8%	1.7%	1.1%	2.9%	1.4%	1.1%	2.5%
% Not Receiving Prenatal Care									
In First Trimester	15.5%	11.6%	26.1%	16.2%	12.2%	25.9%	18.1%	16.0%	26.7%
Until Third Trimester or Not At All	3.3%	2.2%	6.4%	3.4%	2.3%	6.2%	4.0%	3.3%	6.7%
C. % Population Without Access to Primary Care Provider, 1996	16.6%			21.8%			16.3%		
D. Counties Designated Medically Underserved Areas*, 1996	95	(93.1%)		501	(89.9%)		2,470	(82.3%)	
E. Counties Designated Health Professional Shortage Areas*, 1996	50	(49.0%)		365	(65.5%)		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 (22% FPL for the state of Virginia, an equivalent of \$3053 for a family of 3 in 1999).

Virginia expanded its Title XIX Medicaid program to 100% FPL for children ages 16 through 18. [41] The Medically Needy were covered to 33% FPL in 1997. [34] Brackets ([]) indicate total number of states with expansions or Medically Needy programs.

An estimated 33.7% of 211K uninsured children under age 19 in the state of Virginia 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'.

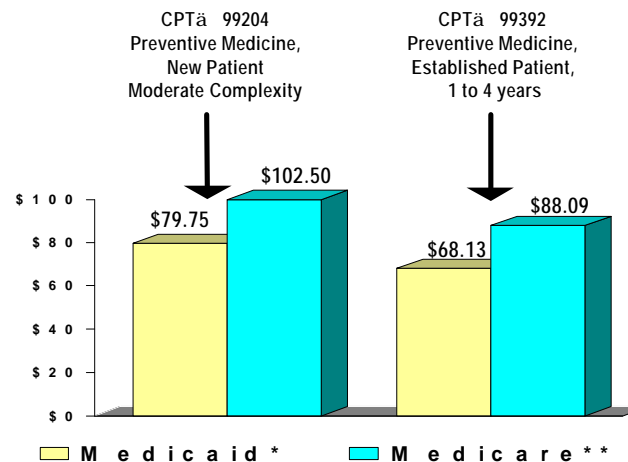
B. Title XXI Medicaid/SCHIP Program Eligibility:

Virginia's Title XXI state program covers infants and children through age 18 to 185% FPL. Federally legislated maximum Title XXI SCHIP/Medicaid program eligibility for Virginia 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 Virginia 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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- IV. 1998/1999 Medicaid Reimbursement Survey, American Academy of Pediatrics, 1999.

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