

Medicaid

STATE REPORTS – FY 1997

Washington

 Division of
Health Policy Research

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Medicaid State Report

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

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Health Policy Research

I. MEDICAID ENROLLEES AND EXPENDITURES			WASHINGTON			PACIFIC REGION~			UNITED STATES		
A. Federal Medical Assistance Percentage (FMAP)*	50.5% (FY97)	52.5% (FY99)	66.7% (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)	730,052 (100.0% of 730,052 **)			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***	43.0%			42.5%			38%				
D. FY 1997 and FY 1994-97 Averaged DSH^ Payment	\$364 M		\$261 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	907,542		100.0%	7,929,642		100.0%	40,327,268		100.0%		
Children Under Age 21	561,023		61.8%	4,414,728		55.7%	22,729,432		56.4%		
Under Age 6	211,474		23.3%	1,702,851		21.5%	9,643,356		23.9%		
Infants	33,177		3.7%	269,528		3.4%	2,112,346		5.2%		
Age 1 Through 5	178,297		19.6%	1,433,323		18.1%	7,531,010		18.7%		
Age 6 Through 20	349,549		38.5%	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	907,542	\$1,944 M	\$2,142	7,929,642	\$18,175 M	\$2,292	40,327,268	\$137,720 M	\$3,415		
Children^^^	57.5%	23.3%	\$865	52.2%	21.2%	\$923	51.4%	16.7%	\$1,132		
Categorically Needy - Cash	21.7%	9.7%	\$950	24.6%	10.5%	\$970	21.4%	6.6%	\$1,081		
Categorically Needy - Noncash	16.5%	6.7%	\$866	5.7%	2.4%	\$969	15.4%	4.2%	\$950		
Medically Needy	0.0%	0.0%	\$1,875	11.8%	4.3%	\$833	5.3%	1.8%	\$1,199		
Other	19.3%	6.9%	\$767	10.0%	3.9%	\$887	9.3%	4.0%	\$1,510		
Adults	22.4%	19.5%	\$1,863	26.1%	17.7%	\$1,533	20.6%	10.9%	\$1,844		
Categorically Needy - Cash	12.7%	11.7%	\$1,963	11.4%	8.1%	\$1,615	10.2%	5.4%	\$1,834		
Categorically Needy - Noncash	2.3%	2.4%	\$2,206	3.2%	2.8%	\$1,957	3.6%	2.4%	\$2,271		
Medically Needy	0.0%	0.0%	\$4,808	4.4%	2.7%	\$1,372	2.6%	1.4%	\$1,798		
Other	7.4%	5.5%	\$1,582	7.1%	4.1%	\$1,311	4.1%	1.8%	\$1,523		
Blind and Disabled	13.0%	29.9%	\$4,921	13.3%	40.3%	\$6,858	16.6%	43.4%	\$9,152		
Aged	7.0%	27.3%	\$8,329	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 80.4% 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.

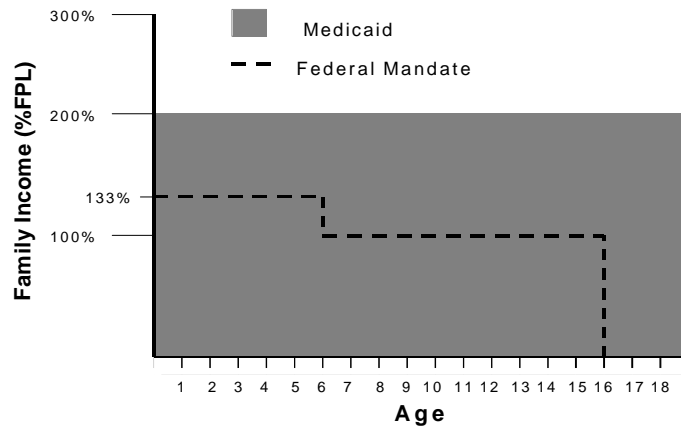
I. CONTINUED	WASHINGTON				PACIFIC REGION				UNITED STATES			
	CHILDREN Under 21		ADULTS		CHILDREN Under 21		ADULTS		CHILDREN Under 21		ADULTS	
#G. FFS* Payments by Age and Type of Service												
Physician Services	1.9%	4.9%	2.0%	5.3%	2.1%	3.6%						
Dental Services	2.4%	2.0%	0.4%	0.2%	0.5%	0.3%						
Other Practitioners	1.4%	0.4%	0.4%	0.5%	0.4%	0.4%						
EPSDT**	0.0%	0.0%	2.0%	0.0%	1.3%	0.0%						
Family Planning Services	0.0%	0.3%	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%	2.1%	1.0%	2.4%	1.0%	2.4%						
Outpatient Hospital	1.2%	4.7%	1.0%	2.4%	1.6%	3.4%						
Inpatient Hospital	4.3%	13.8%	5.8%	14.9%	6.3%	12.2%						
Nursing Home/Intermediate Care	0.1%	35.3%	0.6%	23.3%	0.7%	32.1%						
Mental/Psychiatric Hospital Care	0.0%	0.4%	0.3%	0.1%	0.9%	0.7%						
Home Health Care	0.0%	0.4%	0.9%	9.8%	1.4%	8.6%						
Lab and X-Ray	0.2%	0.8%	0.5%	1.5%	0.2%	0.6%						
Drug	1.0%	13.7%	1.4%	10.0%	1.4%	8.3%						
Other Services***	2.8%	4.4%	3.6%	8.7%	3.5%	5.5%						
Total	16.8%	83.2%	20.4%	79.6%	21.5%	78.5%						
#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	\$201	23.5%	\$386	51.0%	\$187	35.7%	\$430	50.6%	\$248	45.7%	\$428	57.9%
Dental Services	\$234	25.6%	\$336	24.1%	\$243	5.2%	\$317	3.2%	\$166	17.5%	\$191	11.0%
Other Practitioners	\$527	6.7%	\$83	19.7%	\$204	6.8%	\$113	18.2%	\$264	8.1%	\$151	18.3%
EPSDT**	\$64	1.2%	\$61	0.2%	\$299	22.4%	\$44	1.6%	\$255	27.5%	\$115	0.6%
Family Planning Services	\$67	1.4%	\$109	9.7%	\$106	1.8%	\$149	8.2%	\$123	2.6%	\$233	8.4%
Rural Health Clinics	\$126	0.5%	\$182	0.6%	\$249	2.9%	\$371	2.8%	\$202	3.6%	\$233	3.3%
Other Clinics	\$263	11.9%	\$539	15.6%	\$378	9.0%	\$800	12.5%	\$552	9.9%	\$1,266	13.5%
Outpatient Hospital	\$325	9.4%	\$638	29.4%	\$168	19.8%	\$324	30.5%	\$304	28.0%	\$591	39.8%
Inpatient Hospital	\$6,874	1.6%	\$5,526	10.0%	\$5,977	3.2%	\$4,779	12.8%	\$4,628	7.3%	\$5,029	16.9%
Nursing Home/Intermediate Care	\$30,939	0.0%	\$20,738	6.8%	\$47,623	0.0%	\$20,399	4.7%	\$58,410	0.1%	\$23,922	9.3%
Mental/Psychiatric Hospital Care		0.0%	\$4,407	0.4%	\$30,693	0.0%	\$7,275	0.0%	\$19,642	0.3%	\$31,204	0.2%
Home Health Care	\$579	0.1%	\$1,533	1.1%	\$5,352	0.6%	\$5,632	7.2%	\$3,554	2.1%	\$7,582	7.8%
Lab and X-Ray	\$41	10.2%	\$106	29.2%	\$83	19.9%	\$189	32.8%	\$60	20.6%	\$122	34.3%
Drug	\$137	18.8%	\$1,017	54.0%	\$120	37.3%	\$748	54.7%	\$165	45.4%	\$984	58.9%
Other Services***	\$358	19.2%	\$494	35.9%	\$533	22.3%	\$946	37.7%	\$818	22.7%	\$1,172	32.4%
All Services	\$678	61.2%	\$4,053	82.4%	\$975	68.5%	\$4,181	78.3%	\$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	WASHINGTON			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	463,479	82.6%		1,538,229	34.8%		9,292,048	40.9%	
Ages 0 Through 5	175,814	37.9%		558,274	36.3%		3,943,710	42.4%	
Ages 6 Through 20	287,665	62.1%		979,955	63.7%		5,348,339	57.6%	
Non-hispanic Black	38,088	6.8%		538,056	12.2%		6,626,394	29.2%	
Ages 0 Through 5	13,483	35.4%		189,597	35.2%		2,640,572	39.8%	
Ages 6 Through 20	24,605	64.6%		348,459	64.8%		3,985,823	60.2%	
Hispanic	16,457	2.9%		1,853,609	42.0%		4,699,339	20.7%	
Ages 0 Through 5	7,992	48.6%		811,786	43.8%		2,201,446	46.8%	
Ages 6 Through 20	8,465	51.4%		1,041,823	56.2%		2,497,893	53.2%	
Other	42,999	7.7%		484,834	11.0%		2,111,649	9.3%	
Ages 0 Through 5	14,185	33.0%		143,194	29.5%		857,628	40.6%	
Ages 6 Through 20	28,814	67.0%		341,640	70.5%		1,254,021	59.4%	
II. POPULATION AND CHILD HEALTH DATA									
A. Total Population, 1997	5,608,588	100.0%		42,619,312	100.0%		267,645,341	100.0%	
Under Age 21	1,672,960	29.8%		13,550,941	31.8%		80,988,943	30.3%	
Under Age 6	464,920	8.3%		4,176,013	9.8%		23,259,546	8.7%	
Infants	76,139	1.4%		701,494	1.6%		3,810,851	1.4%	
Age 1 Through 5	388,781	6.9%		3,474,519	8.2%		19,448,695	7.3%	
Age 6 Through 20	1,208,040	21.5%		9,374,928	22.0%		57,729,397	21.6%	
Age 21 and Older	3,935,628	70.2%		29,068,371	68.2%		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	6.0	5.6	8.0	5.9	5.5	7.8	7.3	6.1	12.1
Neonatal Mortality	3.7	3.6	4.3	3.8	3.5	4.7	4.8	4.0	7.8
Postneonatal Mortality	2.3	2.0	3.7	2.1	2.0	3.2	2.5	2.1	4.3
% Low Birth Weight Infants									
Under 2500 Grams	5.6%	5.3%	7.3%	6.0%	5.4%	8.4%	7.4%	6.3%	11.5%
Under 1500 Grams	1.0%	1.0%	1.4%	1.1%	1.0%	1.5%	1.4%	1.1%	2.5%
% Not Receiving Prenatal Care									
In First Trimester	16.8%	15.9%	22.6%	19.1%	19.0%	19.3%	18.1%	16.0%	26.7%
Until Third Trimester or Not At All	3.6%	3.2%	6.4%	3.8%	3.8%	3.9%	4.0%	3.3%	6.7%
C. % Population Without Access to Primary Care Provider, 1996		11.5%			10.9%			16.3%	
D. Counties Designated Medically Underserved Areas*, 1996		27	(69.2%)		113	(69.3%)		2,470	(82.3%)
E. Counties Designated Health Professional Shortage Areas*, 1996		27	(69.2%)		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 (50% FPL for the state of Washington, an equivalent of \$6940 for a family of 3 in 1999).

Washington expanded its Title XIX Medicaid program to 200% FPL for pregnant women, infants and children through age 18. [41] The Medically Needy were covered to 62% FPL in 1997. [34] Brackets ([]) indicate total number of states with expansions or Medically Needy programs.

An estimated 54.5% of 131K uninsured children under age 19 in the state of Washington 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'.

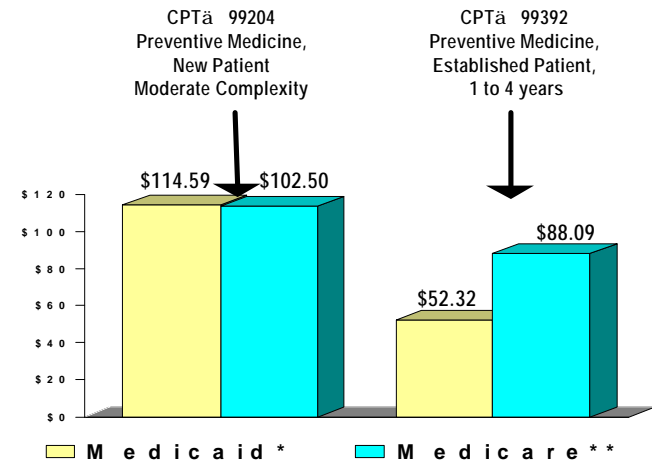
B. Title XXI Medicaid/SCHIP Program Eligibility:

Washington has submitted a Title XXI plan to create a separate state program for children through age 18 up to 250% 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 Washington 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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- 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> .