

# Medicaid (Title XIX and Title XXI)

STATE REPORTS – FY 1999

Georgia

 Division of  
Health Policy Research

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## **General Information about the MSIS-2082, data source of this report:**

(Available from CMS at URL: <http://cms.hhs.gov/medicaid/msis/mstats.asp>)

**Up to FY 1998** - The HCFA-2082 was an annual State submitted report designed to collect aggregated statistical data on eligibles, recipients, services and expenditures during a Federal fiscal year (i.e., October 1 through September 30). The data reported for each year represented people on the Medicaid rolls, recipients of Medicaid services and the payments for claims adjudicated during the year. The data reflected bills adjudicated, or processed, during the year rather than the services used during the year. States summarized and reported the data processed through their own Medicaid claims processing and payment operations unless they opted to participate in MSIS and the 2082 report was produced by CMS. **Beginning in FY 1999** - As a result of legislation enacted from the Balanced Budget Act of 1997, States are required to submit all their eligibility and claims data on a quarterly basis through the Medicaid Statistical Information System (MSIS). States submit individual eligibility and claims data tapes to CMS on a quarterly basis. The State requirement for the HCFA-Form 2082 has been eliminated.

## **FY 1999 MSIS Caveats and Data Limitations**

(Available from CMS at URL: <http://www.cms.gov/medicaid/msis/caveat99.asp>)

### **GENERAL**

Starting with FFY 1999, states are required to submit all their eligibility and claims data on a quarterly basis through the Medicaid Statistical Information System (MSIS). The State requirement for the HCFA-Form 2082 has been eliminated. Also starting FFY1999, CMS started reporting Title XXI funded Medicaid expansion enrollment and expenditures data on MSIS2082 reports. As a result, use caution when comparing FFY1999 and later Medicaid State Reports to prior years.

The Medicaid Statistical Information System (MSIS) changed significantly in States that had already implemented MSIS in the past year. For many other states, it was a new system in FY 1999. Allowances were made for States unable to provide some data during the first year.

The general quality of the data is only as reliable as the data submitted to CMS by States. Federal edits are performed to validate individual data elements, check consistency between data elements and verify reasonableness of distributions between reporting periods.

Some year-to-year shifts from one Maintenance Assistance Status(MAS) to another MAS or one Basis of Eligibility(BOE) to another BOE could be the result of improved data quality reviews by CMS and their contractor.

There are significant shifts in the service categories because of the addition of a new data element, program type. Some types of service have been moved to program types (i.e., HCBWs, rural and Indian Health clinics and family planning).

Payments, or vendor payments, from MSIS include dollars for all claims adjudicated during the fiscal year. Vendor payments reported include capitated payments for managed care plans.

MSIS payments do not agree with the CMS-64 financial figures because they do not include payments made outside the claims processing system (e.g., payments made to disproportionate share (DSH) hospitals) and differences in accounting time lags.

MSIS slightly understates reporting for children under age 1. Many children born in August and September are omitted from MSIS because these newborns may not be added to the State eligibility file until after the end of the fiscal year.

Some States show more beneficiaries than eligibles for certain cells. This can be a result of expansion of beneficiary counts for services rendered prior to the reporting year or shifts from the unknown categories.

... *to be continued*

**(Continued) FY 1999 MSIS Caveats and Data Limitations** (Available from CMS, at URL: <http://www.cms.gov/medicaid/msis/caveat99.asp>)

Significant shifts in eligibility groupings (MAS and/or BOE) from prior years may have occurred because of improved data reporting and more rigorous data quality reviews.

All separate, or State only, SCHIP enrollees are excluded from the tables. There are no Medicaid dollars associated with these individuals while they are in the separate SCHIP program.

#### **STATE-SPECIFIC**

**New York** submitted three quarters of MSIS data and a hard-copy Form 2082 in lieu of full-year MSIS data for FY 1999. Their annual statistics were estimated by projecting the three-quarter MSIS numbers to the annual hard-copy report totals. MSIS claims records not associated with an eligibility record were excluded from the estimate.

**Maine's** FY 1999 vendor payments have increased 61 percent, or \$458 million, from FY 1998. The most significant increases were in Inpatient services, \$125M, Outpatient and Drugs, \$24M each, and Other Care at \$176M.

**Mississippi's** data system has an age sort problem between poverty-related children and adults. Therefore the proportions of adults and children are inaccurate.

**Nebraska** is transitioning to a new State eligibility system and therefore overreported eligibles in the unknown category.

**North Carolina's** refugees are in unknown MAS/BOE.

**Oklahoma** reports all foster care children in the "children" category.

**Texas'** Dental services increased from \$2 million in FY 1998 for 7,000 beneficiaries to \$135 million for 618,000 beneficiaries in FY 1999. The FY 1999 numbers are more consistent with the dental statistics from the rest of the nation. Texas believes their financial statistics may be understated. The State is investigating the difference.

**Notes:** CMS staff also communicated to AAP Research staff about a number of reporting problems pertaining to PCCM and Capitation payments. For example, some states did not report PCCM payments, while some others stated that PCCM payments were made only for enrollees whose provider actually does case management. There were indications that New York was under reporting capitation payments and including their AIDS case management payments (which included a bundle of services and were much more expensive) as PCCM capitation. Also, the first 3 quarters of North Carolina's FY1999 reports had capitation claims that ranged from \$2-\$101. Starting in the 4<sup>th</sup> quarter of FY1999, they were reporting just over 2 million PCCM cap claims per quarter that were all for \$3 per claim.



# Medicaid State Report

GEORGIA, FY 1999\* (October 1, 1998 - September 30, 1999)



I. MEDICAID* ENROLLEES AND EXPENDITURES	GEORGIA			SOUTH ATLANTIC REGION#			UNITED STATES		
A. Federal Medical Assistance Percentage (FMAP)**	60.5% (FY99)	59.0% (FY02)	71.3% (Enhanced)	59.4% (FY99)	60.3% (FY02)	72.2% (Enhanced)	56.6% (FY99)	60.4% (FY02)	72.3% (Enhanced)
B. FY 1999 Total Medicaid Enrollment, Expenditures***	1,236,780, \$3,232M			7,214,806, \$24,214M			41,046,846, \$153,479M		
C. Total Medicaid Managed Care^ Enrollment, 06/30/1999 (% of Total Medicaid Enrollment, 06/30/1999)	638,082 ( 75.2% of 848,618 ^^)			3,158,431 ( 61.7% of 5,120,035 )			16,992,535 ( 55.6% of 31,940,188 )		
D. Percent of Births Paid for by Medicaid, 1998^^^	43.0%			41.1%			35.8%		
E. FY 1999 and FY 1995-99 Averaged DSH## Payment	\$411 M \$401 M			\$2,015 M \$1,704 M			\$16,160 M \$14,795 M		
F. Enrollee through Age 20, FY 1999, %Population	<u>Enrollees</u>	<u>%Population</u>		<u>Enrollees</u>	<u>%Population</u>		<u>Enrollees</u>	<u>%Population</u>	
Through Age 20	<b>780,977</b>	<b>34.2%</b>		<b>4,138,893</b>	<b>30.7%</b>		<b>22,864,566</b>	<b>29.1%</b>	
Through Age 18	<b>741,209</b>	<b>36.2%</b>		<b>3,918,604</b>	<b>32.3%</b>		<b>21,613,080</b>	<b>30.6%</b>	
Through Age 5	344,176	52.0%		1,663,407	42.9%		8,956,926	39.0%	
Infants	79,072	73.7%		344,036	54.4%		1,748,441	46.1%	
Ages 1 through 5	265,104	47.8%		1,319,371	40.7%		7,208,485	37.6%	
Ages 6 through 18	397,033	28.7%		2,255,197	27.4%		12,656,155	26.6%	
Ages 6 through 14	300,744	28.8%		1,708,053	27.5%		9,572,426	26.7%	
Ages 15 through 18	96,289	28.2%		547,144	27.0%		3,083,729	26.2%	
Ages 19 and 20	39,768	16.9%		220,289	16.1%		1,251,486	15.8%	
G. Enrollment, Expenditures*** and Per-enrollee Payment, by Age, FY 1999	<u>% Total Enrollees~</u>	<u>% Total Expenditures~</u>	<u>Per Enrollee Payment</u>	<u>% Total Enrollees~</u>	<u>% Total Expenditures~</u>	<u>Per Enrollee Payment</u>	<u>% Total Enrollees~</u>	<u>% Total Expenditures~</u>	<u>Per Enrollee Payment</u>
All Ages	100.0%	100.0%	\$2,613	100.0%	100.0%	\$3,356	100.0%	100.0%	\$3,739
Through Age 20	63.1%	29.8%	\$1,233	57.4%	25.3%	\$1,480	55.7%	22.8%	\$1,533
Through Age 18	59.9%	27.2%	\$1,187	54.3%	23.3%	\$1,437	52.7%	20.9%	\$1,483
Through Age 5	27.8%	15.4%	\$1,443	23.1%	10.5%	\$1,527	21.8%	8.5%	\$1,463
Infants	6.4%	6.1%	\$2,513	4.8%	3.3%	\$2,354	4.3%	2.4%	\$2,134
Ages 1 through 5	21.4%	9.2%	\$1,124	18.3%	7.1%	\$1,311	17.6%	6.1%	\$1,300
Ages 6 through 18	32.1%	11.9%	\$965	31.3%	12.8%	\$1,371	30.8%	12.4%	\$1,498
Ages 6 through 14	24.3%	7.7%	\$832	23.7%	8.4%	\$1,185	23.3%	8.3%	\$1,325
Ages 15 through 18	7.8%	4.1%	\$1,381	7.6%	4.4%	\$1,948	7.5%	4.1%	\$2,033
Ages 19 and 20	3.2%	2.6%	\$2,095	3.1%	2.0%	\$2,238	3.0%	1.9%	\$2,388
Age 21 or Older	36.9%	68.5%	\$4,857	42.6%	70.3%	\$5,537	44.1%	73.7%	\$6,249

Notes: \* Includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions starting FY1999. Use caution when comparing to prior years. # Includes DC, DE, FL, GA, MD, NC, SC, VA & WV. \*\* Regional and US averages of FY99 FMAP are weighted by FY99 expenditures. FY02 and Enhanced FMAPs are unweighted. \*\*\* Expenditures include Medicaid vendor payments, health plan premiums, capitation and HMO payments reported by the states to CMS. See also CMS document 'FY1999 MSIS Caveats and Data Limitations' on FY1999 AAP Medicaid State Reports Web page. ^ Includes Primary Care Case Management. ^^ Point-in-time enrollment on 06/30/99 was 68.6% of total annual enrollment state reported to CMS for FY 1999. ^^ Data unavailable for CO, DC, HI, MS, NE, NJ, OK and VA. ## Disproportionate Share Hospital Payments. ~Percents may not sum up to 100% due to missing age information for some service beneficiaries. 'na' Data unavailable.

II. MEDICAID* SERVICE UTILIZATION	GEORGIA				SOUTH ATLANTIC REGION				UNITED STATES			
A. 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	5.1%		6.8%		2.7%		3.8%		1.6%		2.5%	
Dental Services	1.0%		0.2%		0.8%		0.2%		0.5%		0.3%	
Clinic Services	2.1%		2.1%		2.0%		2.1%		1.1%		2.1%	
Other Practitioner Services	0.4%		0.1%		0.2%		0.1%		0.1%		0.2%	
Outpatient Hospital	3.9%		5.6%		1.9%		3.2%		1.2%		2.7%	
Inpatient Hospital	9.9%		11.2%		5.8%		9.4%		4.3%		8.9%	
Nursing Home/Intermediate Care	0.2%		22.9%		0.5%		23.8%		0.6%		27.0%	
Mental Health Facility Services	0.0%		0.0%		0.6%		0.3%		0.7%		0.3%	
Personal Care Services	2.3%		1.2%		2.1%		3.2%		2.3%		4.5%	
Home Health Services	0.2%		2.0%		0.6%		1.6%		0.4%		1.5%	
Lab and X-Ray	0.1%		0.3%		0.2%		0.6%		0.2%		0.6%	
Prescribed Drugs	2.9%		11.4%		2.1%		11.6%		1.4%		9.4%	
Capitated Payment***	0.4%		0.5%		4.1%		5.0%		6.7%		7.2%	
Primary Care Case Management Services***	0.5%		0.2%		0.3%		0.1%		0.2%		0.1%	
Sterilization Services	0.0%		0.0%		<.05%		0.1%		<.05%		0.1%	
Other Care Services--	0.8%		4.1%		1.4%		5.1%		1.6%		6.4%	
<b>All Services--</b>	<b>29.8%</b>		<b>68.5%</b>		<b>25.3%</b>		<b>70.3%</b>		<b>22.8%</b>		<b>73.7%</b>	
B. Average 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	\$328	63.9%	\$617	78.6%	\$302	53.2%	\$496	53.2%	\$290	37.8%	\$434	48.6%
Dental Services	\$184	23.4%	\$146	8.2%	\$216	20.5%	\$249	7.8%	\$205	16.3%	\$233	10.1%
Clinic Services	\$224	38.0%	\$1,367	11.2%	\$431	27.2%	\$921	17.7%	\$476	15.4%	\$1,063	16.5%
Other Practitioner Services	\$189	9.7%	\$67	12.1%	\$148	7.5%	\$74	13.4%	\$158	6.1%	\$98	13.9%
Outpatient Hospital	\$442	36.5%	\$732	53.9%	\$342	31.7%	\$584	42.9%	\$330	23.7%	\$654	35.1%
Inpatient Hospital	\$3,471	11.8%	\$3,489	22.4%	\$3,905	8.7%	\$3,725	19.9%	\$4,582	6.2%	\$5,071	14.9%
Nursing Home/Intermediate Care	\$53,501	<.05%	\$19,064	8.5%	\$68,499	<.05%	\$23,357	8.0%	\$68,063	0.1%	\$26,447	8.7%
Mental Health Facility Services	NA	0.0%	NA	0.0%	\$17,343	0.2%	\$26,599	0.1%	\$19,071	0.3%	\$15,054	0.2%
Personal Care Services	\$647	14.6%	\$453	18.8%	\$1,252	9.9%	\$2,109	9.9%	\$1,702	9.0%	\$3,619	10.6%
Home Health Services	\$3,747	0.2%	\$3,628	4.0%	\$2,659	1.3%	\$3,742	3.4%	\$3,142	0.9%	\$3,835	3.3%
Lab and X-Ray	\$65	8.2%	\$100	21.7%	\$56	22.8%	\$129	34.8%	\$66	17.7%	\$153	30.9%
Prescribed Drugs	\$194	61.5%	\$1,087	74.1%	\$237	51.3%	\$1,409	65.0%	\$228	40.2%	\$1,411	56.5%
Capitated Payment***	\$532	3.2%	\$1,873	1.9%	\$778	30.9%	\$2,333	16.9%	\$840	53.3%	\$1,503	40.6%
Primary Care Case Management Services***	\$24	88.3%	\$29	45.9%	\$43	43.6%	\$25	20.7%	\$121	12.3%	\$119	5.5%
Sterilization Services	NA	0.0%	NA	0.0%	\$672	<.05%	\$1,002	0.8%	\$737	<.05%	\$975	0.6%
Other Care Services--	\$346	9.4%	\$1,381	21.1%	\$563	14.9%	\$1,621	24.8%	\$669	15.7%	\$2,115	25.8%
<b>All Services</b>	<b>\$1,281</b>	<b>96.3%</b>	<b>\$5,151</b>	<b>94.3%</b>	<b>\$1,610</b>	<b>91.9%</b>	<b>\$6,344</b>	<b>87.3%</b>	<b>\$1,698</b>	<b>90.3%</b>	<b>\$7,005</b>	<b>89.2%</b>

\* Includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions starting FY 1999. Use caution when comparing to prior years. \*\* Services included in each service category are defined in the CMS document: MSIS Tape Specifications and Data Dictionary, pp152-159 (URL: <http://www.cms.gov/medicaid/msis/msisdd99.pdf>). Effective FY 1999, services provided under EPSDT are coded by type of service (as listed on II.A-B of this report). CMS no longer provides EPSDT expenditures and utilization as its own category in MSIS2082 reports. See also CMS document 'FY1999 Caveats and Data Limitations' on FY1999 AAP Medicaid State Reports Web page. \*\*\* See Notes in 'FY1999 Caveats and Data Limitations' on FY1999 AAP Medicaid State Reports Web page. - May include, but are not limited to, Home and Community Waiver, prosthetic devices and eyeglasses. -- Expenditures may not sum to 100% because of missing age and type of service data associated with reported payments. + Sum of percents may exceed 100% since enrollees may use multiple services. 'na' Data unavailable. 'NA' Not applicable.

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## CONTACT INFORMATION

Contact Suk-fong Tang, PhD, Division of Health Policy Research, with comments about the report; contact Dan Walter, Division of State Government Affairs, for Medicaid questions and advocacy advice. FY1994 to FY1998 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> .