

Medicaid

STATE REPORTS – FY 1998

Alaska

 Division of
Health Policy Research

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Medicaid State Report

ALASKA, FY 1998 (October 1, 1997 - September 30, 1998)

Division of Health Policy Research

I. MEDICAID ENROLLEES AND EXPENDITURES				ALASKA			PACIFIC REGION~			UNITED STATES		
A. Federal Medical Assistance Percentage (FMAP)*	59.8% (FY98)	59.8% (FY00)	71.9% (Enhanced)	54.9% (FY98)	54.9% (FY00)	68.4% (Enhanced)	60.7% (FY98)	60.7% (FY00)	72.5% (Enhanced)			
B. Total Medicaid Managed Care Enrollment, 06/30/1998 (% of Total Medicaid Enrollment)	0 (0.0% of 65,936 **)			3,396,016 (54.3% of 6,257,916)			15,760,205 (52.5% of 30,009,674)					
C. Percent of Births Paid for by Medicaid, 1997***	42%			39%			35%					
D. FY 1998 and FY 1994-98 Averaged DSH^ Payment	\$15 M \$7 M			\$2,826 M \$2,482 M			\$14,958 M \$14,276 M					
E. Enrollees, by Age, FY 1998#	<u>Enrollees</u> <u>Percent</u>			<u>Enrollees</u> <u>Percent</u>			<u>Enrollees</u> <u>Percent</u>					
All Enrollees	87,873 100.0%			7,914,281 100.0%			40,377,603 100.0%					
Children Under Age 21	52,428 59.7%			4,406,554 55.7%			22,331,022 56.4%					
Under Age 6	20,887 23.8%			1,681,932 21.3%			9,220,363 22.8%					
Infants	3,974 4.5%			275,926 3.5%			2,014,962 5.0%					
Age 1 Through 5	16,913 19.2%			1,406,006 17.8%			7,205,401 17.8%					
Age 6 Through 20	31,541 35.9%			2,724,622 34.4%			13,110,659 32.5%					
F. Percent Enrollees and Expenditures^^ by Eligibility Category, FY 1998##	<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	87,873	\$330 M	\$3,760	7,914,281	\$18,496 M	\$2,337	40,377,603	\$142,058 M	\$3,518			
Children^^^	55.3%	29.0%	\$1,967	51.3%	21.4%	\$951	50.6%	16.4%	\$1,130			
Categorically Needy - Cash	30.1%	12.2%	\$1,527	22.0%	10.6%	\$1,108	18.4%	6.0%	\$1,137			
Categorically Needy - Noncash	14.4%	8.2%	\$2,138	7.5%	2.6%	\$805	17.4%	4.6%	\$910			
Medically Needy	NA	NA	NA	10.2%	3.9%	\$884	4.5%	1.7%	\$1,294			
Other	10.9%	8.6%	\$2,951	11.7%	4.1%	\$810	10.2%	4.2%	\$1,418			
Adults	27.3%	18.7%	\$2,565	25.3%	17.8%	\$1,604	21.8%	10.7%	\$1,704			
Categorically Needy - Cash	17.8%	12.3%	\$2,595	9.8%	7.5%	\$1,746	8.8%	4.5%	\$1,796			
Categorically Needy - Noncash	4.6%	5.1%	\$4,112	3.2%	3.4%	\$2,409	5.6%	3.2%	\$1,987			
Medically Needy	NA	NA	NA	3.9%	2.4%	\$1,382	2.6%	1.3%	\$1,717			
Other	4.8%	1.3%	\$976	8.3%	4.4%	\$1,225	4.8%	1.6%	\$1,199			
Blind and Disabled	10.9%	35.0%	\$12,011	14.7%	40.4%	\$6,303	17.5%	43.6%	\$8,680			
Aged	6.5%	17.3%	\$9,983	8.7%	20.5%	\$5,408	10.2%	29.3%	\$9,968			

Notes: ~ Includes AL, KY, MS & TN. * Regional and US averages of FY98 FMAP are weighted by FY98 expenditures. FY00 and Enhanced FMAPs are unweighted. ** Enrollment on 06/30/98 was 75.0% of total annual enrollment state reported to HCFA on Form2082 for FY 1998. *** Data for GA and MT are from 1996 and not included in regional and state averages. Data unavailable for DC, HI and VA. ^ Disproportionate Share Hospital Payments. # Age breakdowns for OK are from FY 1996 and not included in regional and US averages. ## Eligibility category breakdowns for HI and OK are from FY 1996 and not included in regional and US averages. ^^ 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	ALASKA				PACIFIC REGION				UNITED STATES			
	<u>CHILDREN Under 21</u>		<u>ADULTS</u>		<u>CHILDREN Under 21</u>		<u>ADULTS</u>		<u>CHILDREN Under 21</u>		<u>ADULTS</u>	
G. Payments by Age and Type of Service#												
Physician Services	5.1%	2.9%	1.3%	2.0%	1.5%	1.8%						
Dental Services	2.0%	0.6%	0.3%	0.1%	0.4%	0.2%						
Other Practitioners	0.1%	0.1%	0.2%	0.3%	0.2%	0.2%						
EPSDT*	0.0%	0.0%	0.2%	0.0%	0.9%	0.1%						
Family Planning Services	0.0%	0.0%	0.1%	0.1%	0.1%	0.1%						
Clinic Services	7.9%	3.9%	0.8%	1.2%	0.9%	1.1%						
Outpatient Hospital	2.6%	2.2%	0.7%	1.1%	1.3%	1.8%						
Inpatient Hospital	8.2%	4.8%	4.5%	6.7%	5.1%	6.4%						
Nursing Home/Intermediate Care	0.1%	12.9%	0.5%	15.9%	0.6%	24.5%						
Mental Health Facility Services	4.1%	1.7%	0.3%	0.1%	0.8%	1.3%						
Personal Care / Home Health Services	1.1%	2.0%	2.2%	5.4%	2.1%	4.7%						
Lab and X-Ray	0.4%	0.6%	0.4%	0.7%	0.2%	0.3%						
Prescribed Drugs	1.7%	4.6%	1.0%	6.8%	1.2%	6.1%						
Prepaid Health Care	0.0%	0.0%	11.4%	6.6%	6.2%	4.3%						
Primary Care Case Management Services	0.0%	0.0%	0.0%	0.0%	0.1%	0.0%						
Other Services**	4.1%	6.4%	1.7%	2.4%	1.6%	2.0%						
Reporting Variance~	0.0%	19.7%	0.6%	23.0%	0.2%	20.0%						
All Services	37.5%	62.5%	26.4%	73.6%	23.3%	76.7%						
H. Average 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	\$595	53.4%	\$785	34.2%	\$194	28.4%	\$331	28.4%	\$242	39.3%	\$384	37.8%
Dental Services	\$421	29.8%	\$494	11.1%	\$241	5.9%	\$331	2.3%	\$172	13.7%	\$204	7.7%
Other Practitioners	\$109	8.1%	\$107	12.8%	\$176	5.8%	\$111	12.8%	\$179	6.7%	\$110	13.2%
EPSDT*	\$115	2.0%	\$81	0.3%	\$67	14.4%	\$59	1.3%	\$224	26.1%	\$308	3.5%
Family Planning Services	\$244	0.7%	\$263	1.1%	\$219	2.7%	\$186	2.6%	\$159	2.6%	\$141	3.3%
Clinic Services	\$3,273	15.2%	\$3,301	11.1%	\$373	9.2%	\$819	7.4%	\$469	11.4%	\$874	9.7%
Outpatient Hospital	\$476	33.8%	\$696	29.5%	\$178	15.9%	\$336	17.0%	\$333	24.7%	\$582	24.6%
Inpatient Hospital	\$5,471	9.5%	\$5,021	8.9%	\$6,449	2.9%	\$4,907	7.1%	\$4,826	6.5%	\$4,807	10.5%
Nursing Home/Intermediate Care	\$52,933	0.0%	\$52,386	2.3%	\$50,912	0.0%	\$18,866	4.4%	\$63,002	0.1%	\$21,867	8.9%
Mental Health Facility Services	\$22,060	1.2%	\$20,131	0.8%	\$28,747	0.0%	\$30,055	0.0%	\$18,105	0.3%	\$28,065	0.4%
Personal Care / Home Health Services	\$810	8.5%	\$2,048	9.0%	\$2,136	4.2%	\$2,968	9.5%	\$1,752	7.3%	\$3,125	11.9%
Lab and X-Ray	\$102	26.5%	\$229	25.4%	\$109	16.2%	\$218	15.8%	\$66	17.6%	\$119	18.7%
Prescribed Drugs	\$254	42.0%	\$1,270	33.8%	\$145	29.5%	\$1,016	35.0%	\$188	41.0%	\$1,205	40.3%
Prepaid Health Care	NA	0.0%	NA	0.0%	\$516	91.0%	\$550	62.3%	\$771	50.0%	\$1,286	26.5%
Primary Care Case Management Services	NA	0.0%	NA	0.0%	\$76	0.8%	\$192	0.5%	\$28	12.2%	\$43	4.2%
Other Services**	\$1,267	20.3%	\$2,053	29.0%	\$315	22.4%	\$540	23.0%	\$799	12.2%	\$799	19.6%
All Services	\$2,963	79.7%	\$6,524	89.2%	\$1,108	98.5%	\$3,870	98.8%	\$1,571	92.3%	\$6,493	93.7%

Notes: When less than 0.05% of expenditures is accounted for by a type of service, it is rounded to 0.0%. # Data for HI and OK are from FY 1996. Breakdowns by Type of Service for NE are from FY 1997. These are not included in regional and US totals. DSH payments not included. * EPSDT services are known to be under-reported on the HCFA2082 in many states due to complexities in the reporting process. EPSDT participation rate for Alaska in 1997 was 31% according to the HCFA416. ** Include Home and Community Waiver, and 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. ~ A positive variance reflects expenditures not reported as any service type. A negative variance indicates that expenditures for all service types sum to exceed total expenditures state reported for age group. +Percents may sum to exceed 100 since enrollees may use multiple services. 'na' Data unavailable. 'NA' Not applicable.

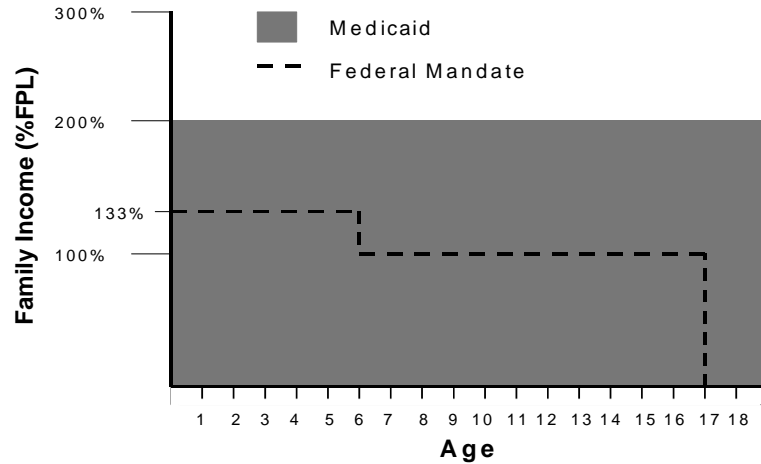
I. CONTINUED	ALASKA		PACIFIC REGION		UNITED STATES	
	<u>Enrollees</u>	<u>Percent</u>	<u>Enrollees</u>	<u>Percent</u>	<u>Enrollees</u>	<u>Percent</u>
I. Enrollees Under Age 21, by Race and Age, FY 1998#						
Non-hispanic White	21,066	40.2%	1,438,377	32.6%	8,942,666	40.0%
Ages 0 Through 5	8,250	39.2%	497,862	34.6%	3,674,647	41.1%
Ages 6 Through 20	12,816	60.8%	940,515	65.4%	5,268,019	57.6%
Non-hispanic Black	3,677	7.0%	521,818	11.8%	6,572,457	29.4%
Ages 0 Through 5	1,473	40.1%	176,397	33.8%	2,493,510	37.9%
Ages 6 Through 20	2,204	59.9%	345,421	66.2%	4,078,947	62.1%
Hispanic	1,892	3.6%	1,898,031	43.1%	4,814,500	21.6%
Ages 0 Through 5	805	42.5%	836,209	44.1%	2,211,872	45.9%
Ages 6 Through 20	1,087	57.5%	1,061,822	55.9%	2,602,628	54.1%
Other	25,793	49.2%	548,328	12.4%	2,001,399	9.0%
Ages 0 Through 5	10,359	40.2%	171,464	31.3%	840,334	42.0%
Ages 6 Through 20	15,434	59.8%	376,864	68.7%	1,161,065	58.0%

II. POPULATION AND CHILD HEALTH DATA

A. Total Population, 1998	634,043	100.0%	42,954,373	100.0%	270,002,354	100.0%
Under Age 21	226,047	35.7%	13,721,050	31.9%	81,664,866	30.2%
Under Age 6	65,693	10.4%	4,134,264	9.6%	23,078,513	8.5%
Infants	11,312	1.8%	698,825	1.6%	3,800,560	1.4%
Age 1 Through 5	54,381	8.6%	3,435,439	8.0%	19,277,953	7.1%
Age 6 Through 20	160,354	25.3%	9,586,786	22.3%	58,586,353	21.7%
Age 21 and Older	407,996	64.3%	29,233,323	68.1%	188,337,488	69.8%
B. Infant Mortality, Low Birth Weight and Prenatal Care, 1997	<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	7.5	6.8	8.9	5.9	5.5	7.5
Neonatal Mortality	3.5	3.0	na	3.8	3.6	4.7
Postneonatal Mortality	4.0	3.8	na	2.1	1.9	2.8
% Low Birth Weight Infants						
Under 2500 Grams	6.0	5.6	6.7	6.1	5.6	8.4
Under 1500 Grams	1.2	1.2	1.3	1.1	1.0	1.6
% Not Receiving Prenatal Care						
In First Trimester	18.6	16.5	22.9	17.6	17.6	18.0
Until Third Trimester or Not At All	4.5	3.7	6.2	3.6	3.6	3.8
C. Pediatrician and Other Child Health Physician Ratios, 1998	<u>Total</u>	<u>% Child Population</u> ⁺	<u>Total</u>	<u>% Child Population</u> ⁺	<u>Total</u>	<u>% Child Population</u> ⁺
<i>Children living in Health Service Areas* with:</i>						
Fewer than 55 Pediatricians per 100K Children ~	186,067	100%	3,960,087	35%	34,317,300	50%
Fewer than 82 Child Health Physician per 100K Children ~	186,067	100%	4,041,764	35%	34,202,498	50%

Notes: # Race categories may be inconsistent across state. Maine, for example, reported all enrollees as 'Other'. # Data for OK are from FY1996 and not included in regional and state totals. * Counties are grouped into Health Service Areas(HSAs, developed by the National Center for Health Statistics) based on commuting patterns within and across counties. ~ Median ratio for US. + Percents less than 0.5% are rounded to 0%. 'na' Data unavailable.

III. MEDICAID AND SCHIP PROGRAM ELIGIBILITY BASED ON FAMILY INCOME AS A PERCENTAGE OF THE FEDERAL POVERTY LEVEL (%FPL), June 2000



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 16 up to 100% FPL, as of October 1, 1999. 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 17 through 18 (59% FPL for Alaska, an equivalent of \$10,437 for a family of 3 in 2000).

Alaska expanded its Title XIX Medicaid program to 100% to children through age 18. The Medically Needy were not covered in 1998. As of 1998, there were a total of 41 states with Title XIX Medicaid expansions and 38 states covered the Medically Needy.

An estimated 49% of 18K uninsured children under age 19 in Alaska were Medicaid eligible but unenrolled during 1998. Reports of children's health insurance status and Medicaid and SCHIP eligibility of uninsured children in the states can be downloaded from '<http://www.aap.org/advocacy/schipef.htm>'.

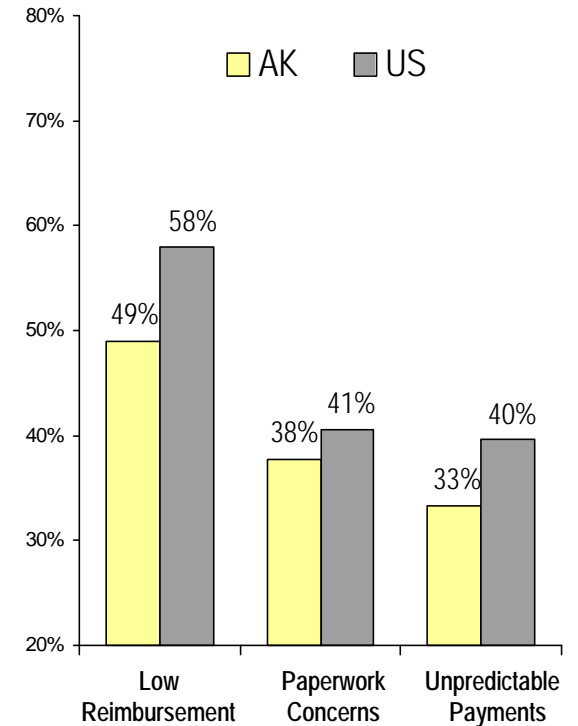
B. Title XXI Medicaid/SCHIP Program Eligibility

Alaska's Title XXI Medicaid program covers children from birth through age 16 from 133% to 200% FPL, and ages 17 through 18 from 59% to 200% FPL.

More information about SCHIP activities in the states, including the SCHIP Update, are available from reports published by the AAP's Department of Chapter and State Affairs, available at '<http://www.aap.org/advocacy/schip.htm>'. An information clearinghouse on SCHIP program evaluation can be accessed at '<http://www.aap.org/advocacy/evaluation.htm>'.

IV. BARRIERS TO PEDIATRICIAN PARTICIPATION IN MEDICAID, AAP SURVEY, 2000

Percent Pediatricians Rating Reason "Very Important" for Limiting Medicaid Participation



A survey sent to a random sample of 13,000 Fellows of the American Academy of Pediatrics in early 2000 found that low reimbursement, paperwork concerns, and unpredictable payments were the top 3 reasons pediatricians cited for limiting participation in the Medicaid program. Complete state reports of this survey and other studies conducted by the AAP Division of Health Policy Research can be accessed from the AAP Research page at '<http://www.aap.org/research>'.

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- II A. Population Estimates for the US and States by Single Year of Age and Sex: July 1, 1998. Population Division, US Census Bureau. Downloadable from <http://www.census.gov/population/estimates/state/stats/st-99-11.txt>.
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Medicaid State Reports, FY 1994 through 1998, are available in Adobe Acrobat PDF format on the Research page of the AAP Web site, at <http://www.aap.org/research/medicaid.htm>. Contact Suk-fong Tang, PhD, Division of Health Policy Research, with comments about the report; contact Dan Walter, Department of Chapter and State Affairs, for Medicaid questions and advocacy advice.