

Medicaid

STATE REPORTS – FY 1998

Alabama

 Division of
Health Policy Research

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Medicaid State Report

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

Division of Health Policy Research

I. MEDICAID ENROLLEES AND EXPENDITURES	ALABAMA			EAST SOUTH CENTRAL REGION~			UNITED STATES		
A. Federal Medical Assistance Percentage (FMAP)*	69.3% (FY98)	69.6% (FY00)	78.7% (Enhanced)	70.0% (FY98)	70.0% (FY00)	79.0% (Enhanced)	60.7% (FY98)	60.7% (FY00)	72.5% (Enhanced)
B. Total Medicaid Managed Care Enrollment, 06/30/1998 (% of Total Medicaid Enrollment)	362,272 (70.9% of 510,847 **)			2,109,836 (78.7% of 2,682,515)			15,760,205 (52.5% of 30,009,674)		
C. Percent of Births Paid for by Medicaid, 1997***	47%			47%			35%		
D. FY 1998 and FY 1994-98 Averaged DSH^ Payment	\$394 M		\$344 M	\$772 M		\$719 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	628,220		100.0%	3,263,176		100.0%	40,377,603		100.0%
Children Under Age 21	364,832		58.1%	1,667,788		51.1%	22,331,022		56.4%
Under Age 6	164,959		26.3%	658,669		20.2%	9,220,363		22.8%
Infants	33,381		5.3%	123,064		3.8%	2,014,962		5.0%
Age 1 Through 5	131,578		20.9%	535,605		16.4%	7,205,401		17.8%
Age 6 Through 20	199,873		31.8%	1,009,119		30.9%	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	628,220	\$1,902 M	\$3,028	3,263,176	\$8,937 M	\$2,739	40,377,603	\$142,058 M	\$3,518
Children^^^	52.7%	15.0%	\$627	44.1%	16.8%	\$935	50.6%	16.4%	\$1,130
Categorically Needy - Cash	9.2%	1.7%	\$401	9.9%	4.1%	\$1,004	18.4%	6.0%	\$1,137
Categorically Needy - Noncash	34.8%	11.0%	\$694	26.0%	8.6%	\$809	17.4%	4.6%	\$910
Medically Needy	NA	NA	NA	2.0%	1.0%	\$1,234	4.5%	1.7%	\$1,294
Other	8.6%	2.3%	\$597	6.1%	3.1%	\$1,256	10.2%	4.2%	\$1,418
Adults	8.7%	2.3%	\$581	22.2%	12.8%	\$1,416	21.8%	10.7%	\$1,704
Categorically Needy - Cash	3.4%	1.0%	\$648	4.4%	3.0%	\$1,668	8.8%	4.5%	\$1,796
Categorically Needy - Noncash	1.9%	0.7%	\$768	11.6%	6.8%	\$1,440	5.6%	3.2%	\$1,987
Medically Needy	NA	NA	NA	2.7%	1.3%	\$1,219	2.6%	1.3%	\$1,717
Other	3.3%	0.6%	\$404	3.5%	1.7%	\$1,170	4.8%	1.6%	\$1,199
Blind and Disabled	26.4%	43.1%	\$3,601	24.6%	42.7%	\$4,260	17.5%	43.6%	\$8,680
Aged	12.2%	39.7%	\$7,171	9.2%	27.8%	\$7,432	10.2%	29.3%	\$9,968

Notes: ~ Includes AK, CA, HI, OR & WA. * Regional and US averages of FY98 FMAP are weighted by FY98 expenditures. FY00 and Enhanced FMAPs are unweighted. ** Enrollment on 06/30/98 was 81.3% 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	ALABAMA				EAST SOUTH CENTRAL 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	3.9%		3.2%		2.9%		3.6%		1.5%		1.8%	
Dental Services	0.7%		0.1%		0.3%		0.1%		0.4%		0.2%	
Other Practitioners	0.2%		0.1%		0.1%		0.1%		0.2%		0.2%	
EPSDT*	1.1%		0.0%		1.2%		0.4%		0.9%		0.1%	
Family Planning Services	0.1%		0.1%		0.0%		0.0%		0.1%		0.1%	
Clinic Services	2.3%		1.7%		1.4%		1.0%		0.9%		1.1%	
Outpatient Hospital	1.1%		1.6%		1.3%		1.7%		1.3%		1.8%	
Inpatient Hospital	0.4%		1.9%		2.8%		3.6%		5.1%		6.4%	
Nursing Home/Intermediate Care	0.5%		39.2%		0.6%		27.1%		0.6%		24.5%	
Mental Health Facility Services	0.3%		1.7%		0.8%		0.6%		0.8%		1.3%	
Personal Care / Home Health Services	1.9%		4.4%		0.8%		2.5%		2.1%		4.7%	
Lab and X-Ray	0.4%		0.2%		0.2%		0.2%		0.2%		0.3%	
Prescribed Drugs	2.7%		11.6%		1.3%		6.7%		1.2%		6.1%	
Prepaid Health Care	na		na		9.2%		10.2%		6.2%		4.3%	
Primary Care Case Management Services	na		na		0.0%		0.0%		0.1%		0.0%	
Other Services**	0.5%		3.1%		0.8%		0.8%		1.6%		2.0%	
Reporting Variance~	3.8%		11.4%		0.7%		16.1%		0.2%		20.0%	
All Services	19.7%		80.3%		24.3%		75.7%		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	\$253	57.8%	\$321	53.6%	\$387	36.4%	\$488	36.4%	\$242	39.3%	\$384	37.8%
Dental Services	\$141	18.6%	\$158	2.5%	\$158	8.7%	\$154	2.9%	\$172	13.7%	\$204	7.7%
Other Practitioners	\$76	8.4%	\$52	14.0%	\$100	4.3%	\$64	5.5%	\$179	6.7%	\$110	13.2%
EPSDT*	\$122	33.1%	\$50	2.3%	\$328	17.5%	\$1,093	1.7%	\$224	26.1%	\$308	3.5%
Family Planning Services	\$107	3.9%	\$111	4.5%	\$113	1.5%	\$118	1.4%	\$159	2.6%	\$141	3.3%
Clinic Services	\$513	17.1%	\$661	13.6%	\$505	13.1%	\$699	7.3%	\$469	11.4%	\$874	9.7%
Outpatient Hospital	\$127	33.7%	\$311	27.1%	\$290	21.5%	\$616	14.1%	\$333	24.7%	\$582	24.6%
Inpatient Hospital	\$3,648	0.4%	\$1,061	9.3%	\$3,828	3.5%	\$2,340	7.8%	\$4,826	6.5%	\$4,807	10.5%
Nursing Home/Intermediate Care	\$41,645	0.0%	\$22,919	9.1%	\$53,867	0.1%	\$16,816	8.1%	\$63,002	0.1%	\$21,867	8.9%
Mental Health Facility Services	\$6,207	0.2%	\$27,792	0.3%	\$8,674	0.4%	\$12,137	0.2%	\$18,105	0.3%	\$28,065	0.4%
Personal Care / Home Health Services	\$730	9.7%	\$1,232	18.8%	\$917	4.2%	\$1,802	6.9%	\$1,752	7.3%	\$3,125	11.9%
Lab and X-Ray	\$53	26.0%	\$69	16.0%	\$55	14.2%	\$121	9.0%	\$66	17.6%	\$119	18.7%
Prescribed Drugs	\$176	57.8%	\$1,127	54.4%	\$182	35.5%	\$1,205	28.0%	\$188	41.0%	\$1,205	40.3%
Prepaid Health Care	na	na	na	na	\$943	46.9%	\$1,449	35.4%	\$771	50.0%	\$1,286	26.5%
Primary Care Case Management Services	na	na	na	na	\$0	0.0%	\$0	0.0%	\$28	12.2%	\$43	4.2%
Other Services**	\$275	7.0%	\$987	16.5%	\$382	9.9%	\$473	8.7%	\$799	12.2%	\$799	19.6%
All Services	\$930	80.6%	\$4,798	88.6%	\$1,272	92.0%	\$3,907	97.4%	\$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 Alabama in 1997 was 74% 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.

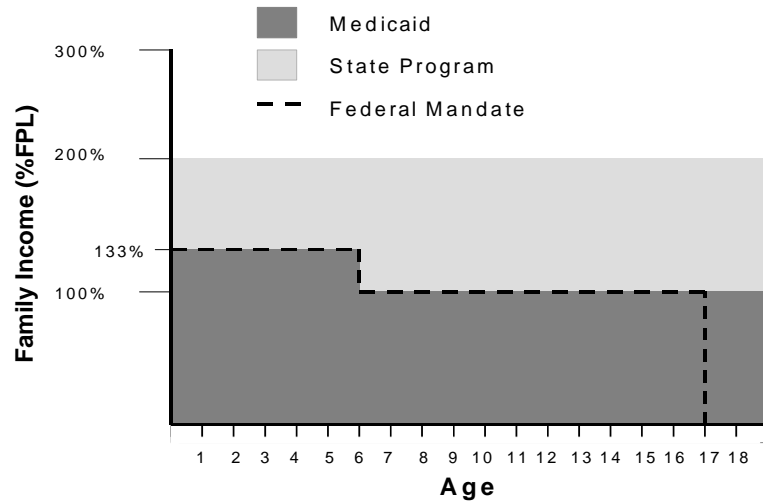
I. CONTINUED	ALABAMA		EAST SOUTH CENTRAL REGION		UNITED STATES	
I. Enrollees Under Age 21, by Race and Age, FY 1998#	<u>Enrollees</u>	<u>Percent</u>	<u>Enrollees</u>	<u>Percent</u>	<u>Enrollees</u>	<u>Percent</u>
Non-hispanic White	146,298	40.1%	910,288	54.6%	8,942,666	40.0%
Ages 0 Through 5	70,783	48.4%	357,170	39.2%	3,674,647	41.1%
Ages 6 Through 20	75,515	51.6%	553,118	60.8%	5,268,019	57.6%
Non-hispanic Black	207,020	56.7%	700,923	42.0%	6,572,457	29.4%
Ages 0 Through 5	87,634	42.3%	273,800	39.1%	2,493,510	37.9%
Ages 6 Through 20	119,386	57.7%	427,123	60.9%	4,078,947	62.1%
Hispanic	4,878	1.3%	18,488	1.1%	4,814,500	21.6%
Ages 0 Through 5	3,226	66.1%	10,522	56.9%	2,211,872	45.9%
Ages 6 Through 20	1,652	33.9%	7,966	43.1%	2,602,628	54.1%
Other	6,636	1.8%	38,089	2.3%	2,001,399	9.0%
Ages 0 Through 5	3,316	50.0%	17,177	45.1%	840,334	42.0%
Ages 6 Through 20	3,320	50.0%	20,912	54.9%	1,161,065	58.0%

II. POPULATION AND CHILD HEALTH DATA

A. Total Population, 1998	4,373,503	100.0%	16,590,436	100.0%	270,002,354	100.0%
Under Age 21	1,290,216	29.5%	4,925,912	29.7%	81,664,866	30.2%
Under Age 6	357,023	8.2%	1,349,145	8.1%	23,078,513	8.5%
Infants	57,585	1.3%	217,706	1.3%	3,800,560	1.4%
Age 1 Through 5	299,438	6.8%	1,131,439	6.8%	19,277,953	7.1%
Age 6 Through 20	933,193	21.3%	3,576,767	21.6%	58,586,353	21.7%
Age 21 and Older	3,083,287	70.5%	11,664,524	70.3%	188,337,488	69.8%
B. Infant Mortality, Low Birth Weight and Prenatal Care, 1997	Total	White	Other	Total	White	Other
Infant Mortality per 1,000 Live Births	9.5	7.5	13.6	8.9	6.9	14.1
Neonatal Mortality	6.2	4.8	8.9	5.5	4.3	8.8
Postneonatal Mortality	3.4	2.7	4.7	3.4	2.7	5.3
% Low Birth Weight Infants						
Under 2500 Grams	9.3	7.3	13.2	9.1	7.5	13.4
Under 1500 Grams	2.0	1.3	3.3	1.8	1.3	3.1
% Not Receiving Prenatal Care						
In First Trimester	17.6	11.7	29.5	16.5	12.2	28.0
Until Third Trimester or Not At All	3.9	2.3	7.0	3.5	2.3	6.7
C. Pediatrician and Other Child Health Physician Ratios, 1998	Total	% Child Population⁺	Total	% Child Population⁺	Total	% Child Population⁺
<i>Children living in Health Service Areas* with:</i>						
Fewer than 55 Pediatricians per 100K Children ~	834,514	75%	2,587,072	61%	34,317,300	50%
Fewer than 82 Child Health Physician per 100K Children ~	834,514	75%	2,907,344	69%	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 (15% FPL for Alabama, an equivalent of \$2,122 for a family of 3 in 2000).

Alabama did not expand its Title XIX Medicaid program beyond the federal mandate. 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 37% of 189K uninsured children under age 19 in Alabama 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>'.

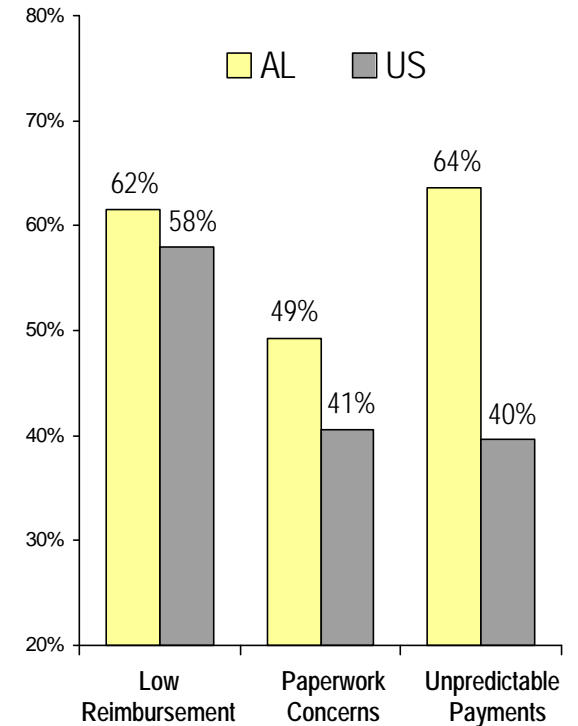
B. Title XXI Medicaid/SCHIP Program Eligibility

Alabama's Title XXI Medicaid program covers children ages 17 through 18 from 15% to 100% FPL. Its state program covers children from birth through age 5 from 133% to 200% and ages 6 through 18 from 100% 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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- 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 2000. Medically Needy Income Limits and Resource Limits for Aged, Blind, and Disabled People. The Urban Institute, October 1998. Downloadable from <http://newfederalism.urban.org/pdf/discussion99-09.pdf>. American Academy of Pediatrics analysis of 1999 March Demographic File, Current Population Survey.

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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.