

Medicaid

STATE REPORTS – FY 1998

 Division of
Health Policy Research

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Dear Colleague:

For nearly two decades, the American Academy of Pediatrics (AAP) has monitored and evaluated the Medicaid program through its **Medicaid State Reports** and other health policy reports. Medicaid, a jointly funded federal-state program, finances health care for certain low-income and needy people and serves as a vital safety net for almost three out of ten of America's children.

The Division of Health Policy Research has produced the **Medicaid State Reports, FY 1998**. These reports are an essential advocacy tool providing a comprehensive look at the Medicaid program at the state, regional, and national level. The reports detail: (1) Medicaid program characteristics; (2) Medicaid enrollees, recipients and expenditure data; (3) children's health status such as infant mortality rates, low birthweight, and prenatal care; and (4) Medicaid and State Child Health Insurance Program (SCHIP) eligibility levels.

New this year, in Section IV of the Reports, are results from the 2000 AAP survey on Pediatrician Participation in Medicaid/SCHIP. Nearly 70% of 13,000 AAP Fellows who received the survey responded, citing low reimbursement and paperwork concerns as the two most important reasons for limiting their participation in the programs. Nearly one-third of pediatricians reported they would accept more Medicaid patients if reimbursement were increased. Unpredictable and delayed payments were also rated as important barriers to participation in the Medicaid program.

These findings are not surprising; a recent study of Medicaid physician fees¹ showed that growth in Medicaid fees lagged behind the general rate of inflation between 1993 and 1998. As states are aiming to enroll an estimated 7 million Medicaid and SCHIP eligible children into their programs, efforts to monitor the negative impact of low reimbursement on access to physician services by Medicaid/SCHIP enrollees are even more critically needed than before.

We welcome written comments and questions related to this report. Please send your comments to Suk-fong S. Tang, PhD, at the American Academy of Pediatrics, 141 Northwest Point Blvd, Elk Grove Village, IL, 60007.

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Sincerely,

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¹ Norton, Stephen. Recent Trends in Medicaid Physician Fees, 1993-1998. Urban Institute, September 1999.



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#	<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	\$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.

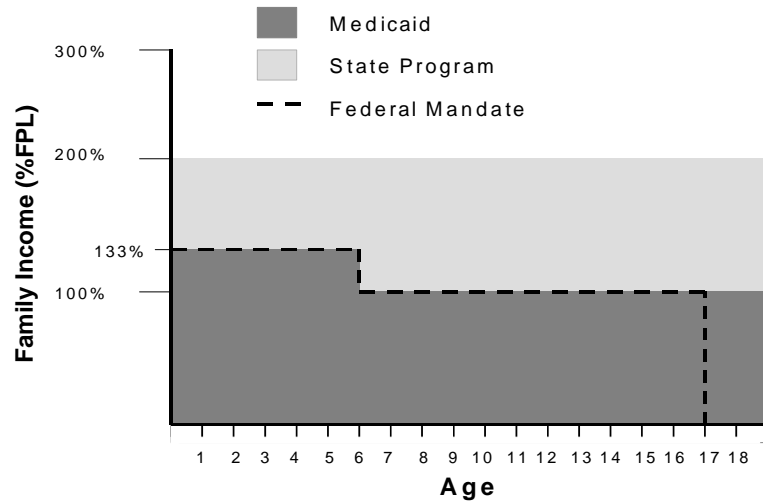
I. CONTINUED	ALABAMA		EAST SOUTH CENTRAL REGION		UNITED STATES	
I. Enrollees Under Age 21, by Race and Age, FY 1998#	<u>Enrollees</u>	<u>Percent</u>	<u>Enrollees</u>	<u>Percent</u>	<u>Enrollees</u>	<u>Percent</u>
Non-hispanic White	146,298	40.1%	910,288	54.6%	8,942,666	40.0%
Ages 0 Through 5	70,783	48.4%	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>'.

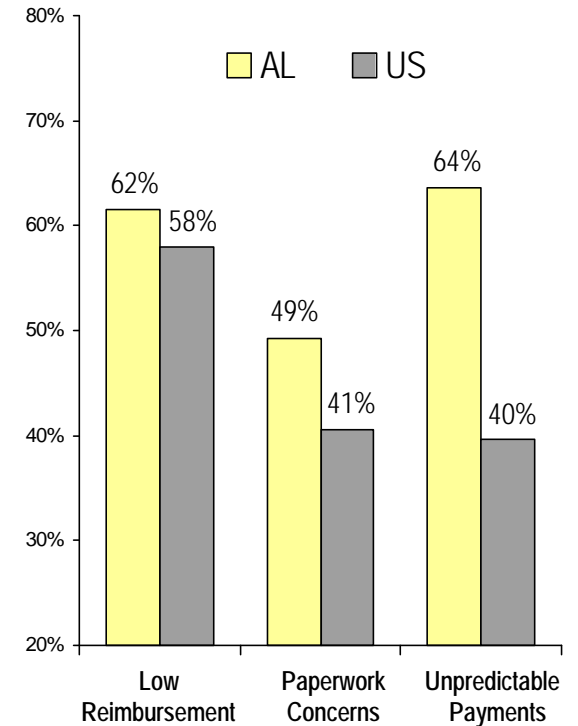
B. Title XXI Medicaid/SCHIP Program Eligibility

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>'.



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.

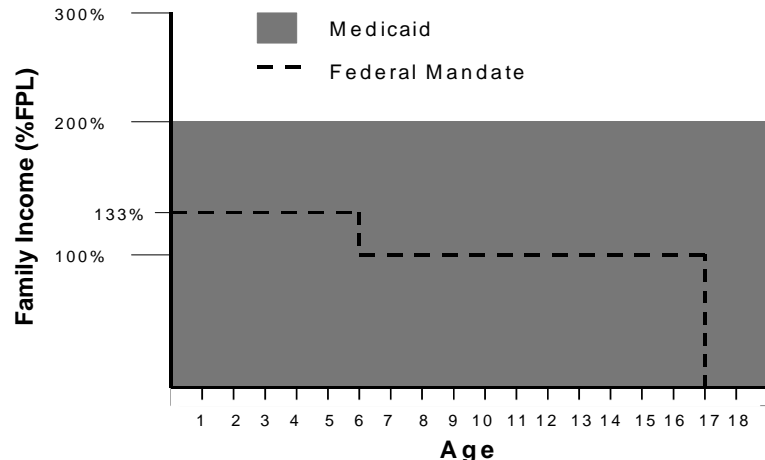
I. CONTINUED	ALASKA		PACIFIC REGION		UNITED STATES	
	<u>Enrollees</u>	<u>Percent</u>	<u>Enrollees</u>	<u>Percent</u>	<u>Enrollees</u>	<u>Percent</u>
I. Enrollees Under Age 21, by Race and Age, FY 1998#						
Non-hispanic White	21,066	40.2%	1,438,377	32.6%	8,942,666	40.0%
Ages 0 Through 5	8,250	39.2%	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>			<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			7.2	6.0	11.8
Neonatal Mortality	3.5	3.0	na			3.8	3.6	4.7			4.8	4.0	7.7
Postneonatal Mortality	4.0	3.8	na			2.1	1.9	2.8			2.5	2.0	4.0
% Low Birth Weight Infants													
Under 2500 Grams	6.0	5.6	6.7			6.1	5.6	8.4			7.6	6.5	11.6
Under 1500 Grams	1.2	1.2	1.3			1.1	1.0	1.6			1.4	1.1	2.6
% Not Receiving Prenatal Care													
In First Trimester	18.6	16.5	22.9			17.6	17.6	18.0			17.2	15.2	24.9
Until Third Trimester or Not At All	4.5	3.7	6.2			3.6	3.6	3.8			3.9	3.3	6.3
C. Pediatrician and Other Child Health Physician Ratios, 1998													
<i>Children living in Health Service Areas* with:</i>	<u>Total</u>	<u>% Child Population⁺</u>				<u>Total</u>	<u>% Child Population⁺</u>				<u>Total</u>	<u>% Child Population⁺</u>	
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>'.

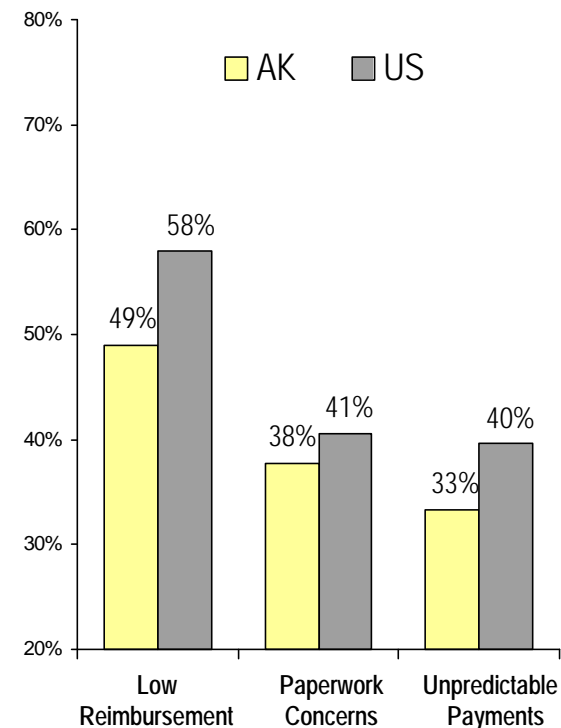
B. Title XXI Medicaid/SCHIP Program Eligibility

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>'.



Medicaid State Report

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

Division of Health Policy Research

I. MEDICAID ENROLLEES AND EXPENDITURES				ARIZONA			MOUNTAIN REGION~			UNITED STATES		
A. Federal Medical Assistance Percentage (FMAP)*	65.3% (FY98)	65.9% (FY00)	76.1% (Enhanced)	64.5% (FY98)	64.7% (FY00)	75.3% (Enhanced)	60.7% (FY98)	60.7% (FY00)	72.5% (Enhanced)			
B. Total Medicaid Managed Care Enrollment, 06/30/1998 (% of Total Medicaid Enrollment)	368,344 (85.1% of 432,809 **)			1,023,187 (78.7% of 1,299,506)			15,760,205 (52.5% of 30,009,674)					
C. Percent of Births Paid for by Medicaid, 1997***	44%			37%			35%					
D. FY 1998 and FY 1994-98 Averaged DSH^ Payment	\$123 M \$124 M			\$348 M \$384 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	649,302		100.0%	1,926,532		100.0%	40,377,603		100.0%			
Children Under Age 21	412,367		63.5%	1,208,942		62.8%	22,331,022		56.4%			
Under Age 6	193,980		29.9%	541,627		28.1%	9,220,363		22.8%			
Infants	60,354		9.3%	134,324		7.0%	2,014,962		5.0%			
Age 1 Through 5	133,626		20.6%	407,303		21.1%	7,205,401		17.8%			
Age 6 Through 20	218,387		33.6%	667,315		34.6%	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	649,302	\$1,644 M	\$2,532	1,926,532	\$6,004 M	\$3,116	40,377,603	\$142,058 M	\$3,518			
Children^^^	56.5%	25.5%	\$1,146	57.1%	23.8%	\$1,260	50.6%	16.4%	\$1,130			
Categorically Needy - Cash	19.3%	6.9%	\$900	16.0%	5.6%	\$1,062	18.4%	6.0%	\$1,137			
Categorically Needy - Noncash	23.5%	9.9%	\$1,068	20.7%	7.9%	\$1,154	17.4%	4.6%	\$910			
Medically Needy	NA	NA	NA	0.1%	0.0%	\$605	4.5%	1.7%	\$1,294			
Other	13.6%	8.8%	\$1,627	20.3%	10.3%	\$1,527	10.2%	4.2%	\$1,418			
Adults	24.7%	17.5%	\$1,796	20.4%	12.9%	\$1,900	21.8%	10.7%	\$1,704			
Categorically Needy - Cash	8.1%	5.2%	\$1,609	7.4%	4.4%	\$1,813	8.8%	4.5%	\$1,796			
Categorically Needy - Noncash	7.2%	5.7%	\$2,018	6.1%	4.5%	\$2,222	5.6%	3.2%	\$1,987			
Medically Needy	NA	NA	NA	0.1%	0.1%	\$2,292	2.6%	1.3%	\$1,717			
Other	9.4%	6.6%	\$1,788	6.8%	3.8%	\$1,699	4.8%	1.6%	\$1,199			
Blind and Disabled	13.8%	37.0%	\$6,790	14.8%	39.4%	\$8,014	17.5%	43.6%	\$8,680			
Aged	5.0%	19.9%	\$9,994	7.6%	23.9%	\$9,417	10.2%	29.3%	\$9,968			

Notes: ~ Includes AR, LA, OK & TX. * Regional and US averages of FY98 FMAP are weighted by FY98 expenditures. FY00 and Enhanced FMAPs are unweighted. ** Enrollment on 06/30/98 was 66.7% 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	ARIZONA				MOUNTAIN 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	0.5%	0.4%	1.7%	1.4%	1.5%	1.8%						
Dental Services	0.2%	0.0%	0.6%	0.3%	0.4%	0.2%						
Other Practitioners	0.0%	0.0%	0.1%	0.1%	0.2%	0.2%						
EPSDT*	0.2%	0.0%	0.3%	0.0%	0.9%	0.1%						
Family Planning Services	0.0%	0.0%	0.0%	0.0%	0.1%	0.1%						
Clinic Services	0.3%	0.5%	0.9%	0.8%	0.9%	1.1%						
Outpatient Hospital	0.2%	0.2%	1.2%	1.0%	1.3%	1.8%						
Inpatient Hospital	1.9%	1.5%	4.9%	3.8%	5.1%	6.4%						
Nursing Home/Intermediate Care	0.0%	0.9%	0.4%	15.6%	0.6%	24.5%						
Mental Health Facility Services	0.0%	0.0%	0.3%	0.2%	0.8%	1.3%						
Personal Care / Home Health Services	0.0%	0.1%	1.6%	3.2%	2.1%	4.7%						
Lab and X-Ray	0.0%	0.0%	0.1%	0.1%	0.2%	0.3%						
Prescribed Drugs	0.0%	0.1%	0.9%	3.8%	1.2%	6.1%						
Prepaid Health Care	35.5%	37.6%	17.6%	15.0%	6.2%	4.3%						
Primary Care Case Management Services	0.0%	0.0%	0.1%	0.0%	0.1%	0.0%						
Other Services**	1.5%	1.1%	3.3%	2.9%	1.6%	2.0%						
Reporting Variance~	0.0%	17.2%	0.0%	16.4%	0.2%	20.0%						
All Services	40.3%	59.7%	34.2%	65.8%	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	\$63	32.6%	\$128	24.4%	\$226	37.3%	\$345	37.3%	\$242	39.3%	\$384	37.8%
Dental Services	\$33	18.4%	\$3	5.4%	\$167	18.0%	\$243	8.5%	\$172	13.7%	\$204	7.7%
Other Practitioners	\$6	4.1%	\$4	3.9%	\$118	5.1%	\$124	8.8%	\$179	6.7%	\$110	13.2%
EPSDT*	\$13	58.3%	\$10	28.4%	\$51	30.4%	\$21	10.6%	\$224	26.1%	\$308	3.5%
Family Planning Services	\$9	2.0%	\$8	3.3%	\$70	1.6%	\$76	2.6%	\$159	2.6%	\$141	3.3%
Clinic Services	\$155	7.7%	\$528	6.6%	\$437	10.5%	\$585	11.2%	\$469	11.4%	\$874	9.7%
Outpatient Hospital	\$23	26.1%	\$61	20.4%	\$232	24.8%	\$410	20.1%	\$333	24.7%	\$582	24.6%
Inpatient Hospital	\$596	12.4%	\$1,025	9.9%	\$2,474	9.7%	\$3,047	10.3%	\$4,826	6.5%	\$4,807	10.5%
Nursing Home/Intermediate Care	\$909	0.0%	\$1,051	5.8%	\$39,817	0.0%	\$14,712	8.7%	\$63,002	0.1%	\$21,867	8.9%
Mental Health Facility Services	\$29	0.2%	\$21	0.1%	\$9,769	0.1%	\$8,932	0.2%	\$18,105	0.3%	\$28,065	0.4%
Personal Care / Home Health Services	\$35	3.2%	\$98	6.3%	\$1,444	5.4%	\$3,042	8.6%	\$1,752	7.3%	\$3,125	11.9%
Lab and X-Ray	\$5	17.3%	\$12	20.5%	\$43	14.3%	\$73	16.7%	\$66	17.6%	\$119	18.7%
Prescribed Drugs	\$7	4.6%	\$33	11.2%	\$165	27.2%	\$1,005	31.3%	\$188	41.0%	\$1,205	40.3%
Prepaid Health Care	na	0.0%	na	0.0%	\$1,756	48.6%	\$4,388	28.1%	\$771	50.0%	\$1,286	26.5%
Primary Care Case Management Services	NA	0.0%	NA	0.0%	\$29	14.8%	\$33	5.8%	\$28	12.2%	\$43	4.2%
Other Services**	\$324	18.7%	\$372	21.3%	\$1,338	12.1%	\$1,217	19.4%	\$799	12.2%	\$799	19.6%
All Services	\$2,072	77.5%	\$5,219	79.4%	\$1,855	89.6%	\$5,897	91.8%	\$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 Arizona in 1997 was 54% 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.

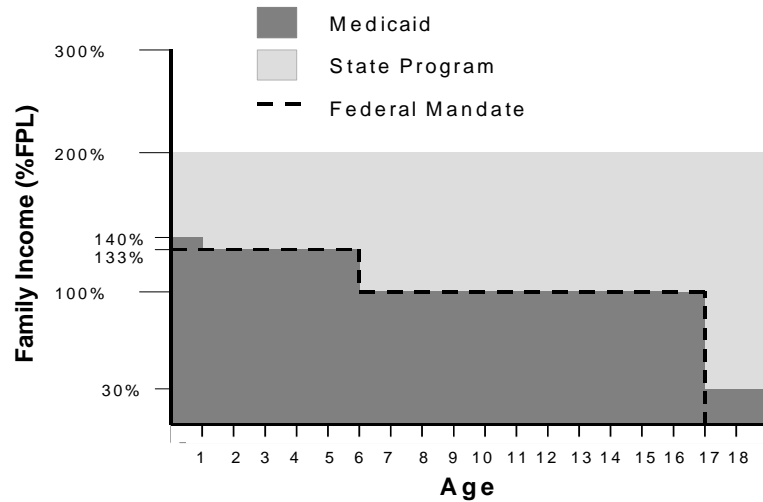
I. CONTINUED	ARIZONA		MOUNTAIN REGION		UNITED STATES	
I. Enrollees Under Age 21, by Race and Age, FY 1998#	<u>Enrollees</u>	<u>Percent</u>	<u>Enrollees</u>	<u>Percent</u>	<u>Enrollees</u>	<u>Percent</u>
Non-hispanic White	138,732	33.6%	535,503	44.3%	8,942,666	40.0%
Ages 0 Through 5	63,339	45.7%	242,037	45.2%	3,674,647	41.1%
Ages 6 Through 20	75,393	54.3%	293,466	54.8%	5,268,019	57.6%
Non-hispanic Black	29,156	7.1%	76,347	6.3%	6,572,457	29.4%
Ages 0 Through 5	11,917	40.9%	30,428	39.9%	2,493,510	37.9%
Ages 6 Through 20	17,239	59.1%	45,919	60.1%	4,078,947	62.1%
Hispanic	178,880	43.4%	440,474	36.4%	4,814,500	21.6%
Ages 0 Through 5	92,115	51.5%	209,347	47.5%	2,211,872	45.9%
Ages 6 Through 20	86,765	48.5%	231,127	52.5%	2,602,628	54.1%
Other	65,599	15.9%	156,618	13.0%	2,001,399	9.0%
Ages 0 Through 5	26,609	40.6%	59,815	38.2%	840,334	42.0%
Ages 6 Through 20	38,990	59.4%	96,803	61.8%	1,161,065	58.0%

II. POPULATION AND CHILD HEALTH DATA

A. Total Population, 1998	4,574,980	100.0%	16,930,477	100.0%	270,002,354	100.0%
Under Age 21	1,472,658	32.2%	5,488,612	32.4%	81,664,866	30.2%
Under Age 6	421,804	9.2%	1,517,790	9.0%	23,078,513	8.5%
Infants	68,728	1.5%	248,517	1.5%	3,800,560	1.4%
Age 1 Through 5	353,076	7.7%	1,269,273	7.5%	19,277,953	7.1%
Age 6 Through 20	1,050,854	23.0%	3,970,822	23.5%	58,586,353	21.7%
Age 21 and Older	3,102,322	67.8%	11,441,865	67.6%	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	7.1	6.8	9.1	6.6	6.4	9.0
Neonatal Mortality	4.5	4.5	5.1	4.1	4.0	5.0
Postneonatal Mortality	2.5	2.3	4.0	2.5	2.3	4.0
% Low Birth Weight Infants						
Under 2500 Grams	6.8	6.6	8.3	7.3	7.1	9.1
Under 1500 Grams	1.1	1.1	1.6	1.1	1.1	1.7
% Not Receiving Prenatal Care						
In First Trimester	24.9	24.0	30.8	22.3	21.2	31.2
Until Third Trimester or Not At All	7.2	6.9	9.1	5.7	5.4	8.9
C. Pediatrician and Other Child Health Physician Ratios, 1998						
<i>Children living in Health Service Areas* with:</i>	<u>Total</u>	<u>% Child Population</u> ⁺	<u>Total</u>	<u>% Child Population</u> ⁺	<u>Total</u>	<u>% Child Population</u> ⁺
Fewer than 55 Pediatricians per 100K Children ~	988,743	79%	3,273,292	70%	34,317,300	50%
Fewer than 82 Child Health Physician per 100K Children ~	988,743	79%	3,498,004	74%	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 (30% FPL for Arizona, an equivalent of \$4,245 for a family of 3 in 2000).

Arizona expanded its Title XIX Medicaid program to 140% FPL for pregnant women and infants. 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 382K uninsured children under age 19 in Arizona 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>'.

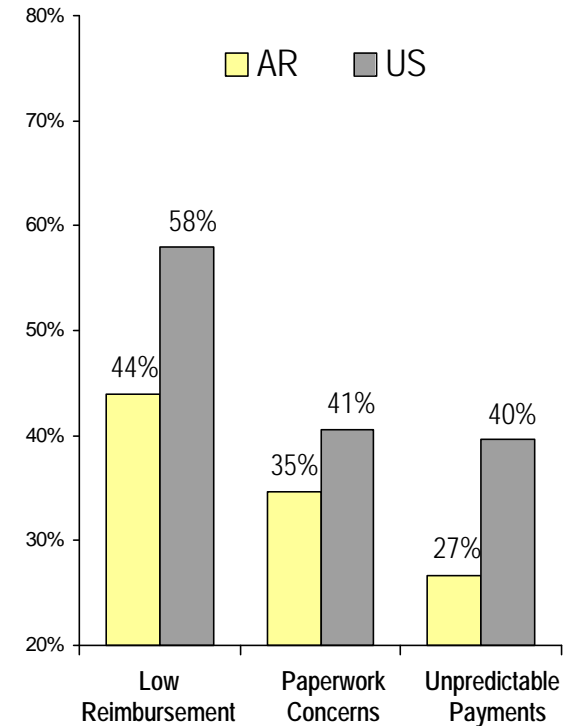
B. Title XXI Medicaid/SCHIP Program Eligibility

Arizona's Title XXI state program covers infants and children through age 18 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>'.



Medicaid State Report

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



I. MEDICAID ENROLLEES AND EXPENDITURES				ARKANSAS			WEST SOUTH CENTRAL REGION~			UNITED STATES		
A. Federal Medical Assistance Percentage (FMAP)*		72.8% (FY98)	72.8% (FY00)	81.0% (Enhanced)		68.9% (FY98)	68.9% (FY00)	78.2% (Enhanced)		60.7% (FY98)	60.7% (FY00)	72.5% (Enhanced)
B. Total Medicaid Managed Care Enrollment, 06/30/1998 (% of Total Medicaid Enrollment)		186,215 (56.0% of 332,809 **)				819,112 (26.3% of 3,115,299)				15,760,205 (52.5% of 30,009,674)		
C. Percent of Births Paid for by Medicaid, 1997***		45%				49%				35%		
D. FY 1998 and FY 1994-98 Averaged DSH^ Payment		\$2 M	\$3 M			\$2,202 M	\$2,248 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		426,080		100.0%		4,290,097		100.0%		40,377,603		100.0%
Children Under Age 21		236,727		55.6%		2,356,753		54.9%		22,331,022		56.4%
Under Age 6		92,029		21.6%		1,078,133		25.1%		9,220,363		22.8%
<i>Infants</i>		17,345		4.1%		236,673		5.5%		2,014,962		5.0%
<i>Age 1 Through 5</i>		74,684		17.5%		841,460		19.6%		7,205,401		17.8%
Age 6 Through 20		144,698		34.0%		1,278,620		29.8%		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		426,080	\$1,376 M	\$3,229		4,290,097	\$12,077 M	\$2,815		40,377,603	\$142,058 M	\$3,518
Children^^^		44.6%	18.1%	\$1,533		55.0%	18.9%	\$999		50.6%	16.4%	\$1,130
Categorically Needy - Cash		8.3%	3.2%	\$1,445		15.2%	4.3%	\$826		18.4%	6.0%	\$1,137
Categorically Needy - Noncash		29.1%	9.8%	\$1,277		29.2%	8.0%	\$796		17.4%	4.6%	\$910
Medically Needy		4.2%	1.9%	\$1,743		0.8%	0.6%	\$2,127		4.5%	1.7%	\$1,294
Other		3.0%	3.2%	\$3,937		9.8%	6.0%	\$1,785		10.2%	4.2%	\$1,418
Adults		19.5%	6.2%	\$1,199		17.0%	10.9%	\$1,859		21.8%	10.7%	\$1,704
Categorically Needy - Cash		3.3%	1.4%	\$1,586		6.6%	3.6%	\$1,589		8.8%	4.5%	\$1,796
Categorically Needy - Noncash		12.2%	3.0%	\$919		5.9%	4.4%	\$2,179		5.6%	3.2%	\$1,987
Medically Needy		2.5%	1.2%	\$1,786		1.3%	1.1%	\$2,461		2.6%	1.3%	\$1,717
Other		1.4%	0.6%	\$1,679		3.2%	1.7%	\$1,569		4.8%	1.6%	\$1,199
Blind and Disabled		24.0%	49.1%	\$7,736		15.4%	39.3%	\$7,446		17.5%	43.6%	\$8,680
Aged		11.9%	26.7%	\$8,470		12.6%	30.9%	\$7,136		10.2%	29.3%	\$9,968

Notes: ~ Includes AZ, CO, ID, MT, NM, NV, UT & WY. * Regional and US averages of FY98 FMAP are weighted by FY98 expenditures. FY00 and Enhanced FMAPs are unweighted. ** Enrollment on 06/30/98 was 78.1% 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	ARKANSAS				WEST 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	2.9%	3.3%	3.8%	3.4%	1.5%	1.8%						
Dental Services	0.5%	0.1%	0.2%	0.0%	0.4%	0.2%						
Other Practitioners	0.2%	0.2%	0.4%	0.3%	0.2%	0.2%						
EPSDT*	3.4%	0.2%	4.6%	0.5%	0.9%	0.1%						
Family Planning Services	0.2%	0.2%	0.1%	0.1%	0.1%	0.1%						
Clinic Services	3.7%	2.3%	0.9%	0.6%	0.9%	1.1%						
Outpatient Hospital	0.7%	1.3%	1.9%	2.6%	1.3%	1.8%						
Inpatient Hospital	9.7%	4.3%	10.1%	7.6%	5.1%	6.4%						
Nursing Home/Intermediate Care	2.6%	25.5%	1.2%	23.7%	0.6%	24.5%						
Mental Health Facility Services	3.3%	1.4%	0.6%	0.3%	0.8%	1.3%						
Personal Care / Home Health Services	1.4%	4.2%	0.8%	4.9%	2.1%	4.7%						
Lab and X-Ray	0.2%	0.4%	0.5%	0.5%	0.2%	0.3%						
Prescribed Drugs	2.0%	6.1%	2.9%	7.2%	1.2%	6.1%						
Prepaid Health Care	0.1%	0.1%	0.0%	0.0%	6.2%	4.3%						
Primary Care Case Management Services	0.3%	0.1%	0.0%	0.0%	0.1%	0.0%						
Other Services**	1.0%	4.1%	0.6%	1.2%	1.6%	2.0%						
Reporting Variance~	0.0%	14.2%	0.0%	16.8%	0.2%	20.0%						
All Services	32.0%	68.0%	28.7%	71.3%	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	\$325	60.4%	\$533	53.4%	\$273	66.3%	\$473	66.3%	\$242	39.3%	\$384	37.8%
Dental Services	\$211	15.7%	\$211	3.0%	\$161	6.8%	\$169	1.7%	\$172	13.7%	\$204	7.7%
Other Practitioners	\$101	13.8%	\$84	21.0%	\$139	12.2%	\$115	18.8%	\$179	6.7%	\$110	13.2%
EPSDT*	\$567	41.4%	\$473	4.1%	\$359	60.2%	\$495	7.7%	\$224	26.1%	\$308	3.5%
Family Planning Services	\$153	7.9%	\$153	9.7%	\$120	4.2%	\$115	6.3%	\$159	2.6%	\$141	3.3%
Clinic Services	\$1,526	16.5%	\$1,216	15.9%	\$423	10.0%	\$524	9.0%	\$469	11.4%	\$874	9.7%
Outpatient Hospital	\$133	33.9%	\$334	32.5%	\$258	35.1%	\$593	33.6%	\$333	24.7%	\$582	24.6%
Inpatient Hospital	\$5,243	12.6%	\$2,155	17.3%	\$3,951	12.1%	\$3,078	18.6%	\$4,826	6.5%	\$4,807	10.5%
Nursing Home/Intermediate Care	\$113,373	0.2%	\$19,151	11.4%	\$55,695	0.1%	\$17,678	10.2%	\$63,002	0.1%	\$21,867	8.9%
Mental Health Facility Services	\$19,272	1.2%	\$15,969	0.8%	\$17,352	0.2%	\$8,991	0.2%	\$18,105	0.3%	\$28,065	0.4%
Personal Care / Home Health Services	\$1,672	5.7%	\$2,698	13.4%	\$605	6.0%	\$1,929	19.2%	\$1,752	7.3%	\$3,125	11.9%
Lab and X-Ray	\$65	17.1%	\$104	31.3%	\$77	32.2%	\$136	27.0%	\$66	17.6%	\$119	18.7%
Prescribed Drugs	\$235	59.2%	\$1,012	51.7%	\$197	70.1%	\$1,026	52.7%	\$188	41.0%	\$1,205	40.3%
Prepaid Health Care	\$16	60.4%	\$18	40.7%	\$16	6.1%	\$18	5.2%	\$771	50.0%	\$1,286	26.5%
Primary Care Case Management Services	\$23	79.0%	\$21	22.4%	\$23	7.9%	\$21	2.9%	\$28	12.2%	\$43	4.2%
Other Services**	\$481	13.7%	\$998	35.3%	\$474	6.2%	\$545	16.2%	\$799	12.2%	\$799	19.6%
All Services	\$2,200	99.7%	\$5,868	99.2%	\$1,508	89.9%	\$5,890	91.6%	\$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 Arkansas in 1997 was 35% 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.

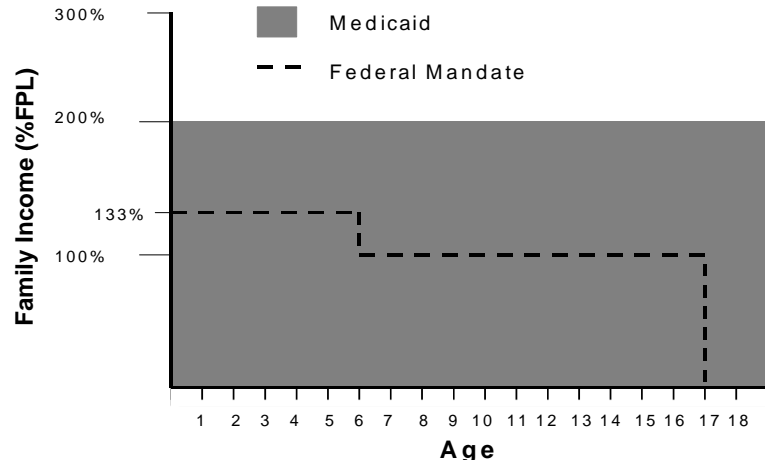
I. CONTINUED	ARKANSAS		WEST SOUTH CENTRAL REGION		UNITED STATES	
	<u>Enrollees</u>	<u>Percent</u>	<u>Enrollees</u>	<u>Percent</u>	<u>Enrollees</u>	<u>Percent</u>
I. Enrollees Under Age 21, by Race and Age, FY 1998#						
Non-hispanic White	139,077	58.7%	624,802	26.5%	8,942,666	40.0%
Ages 0 Through 5	54,653	39.3%	283,059	45.3%	3,674,647	41.1%
Ages 6 Through 20	84,424	60.7%	341,743	54.7%	5,268,019	57.6%
Non-hispanic Black	86,697	36.6%	716,127	30.4%	6,572,457	29.4%
Ages 0 Through 5	32,266	37.2%	293,587	41.0%	2,493,510	37.9%
Ages 6 Through 20	54,431	62.8%	422,540	59.0%	4,078,947	62.1%
Hispanic	4,309	1.8%	936,953	39.8%	4,814,500	21.6%
Ages 0 Through 5	2,489	57.8%	454,326	48.5%	2,211,872	45.9%
Ages 6 Through 20	1,820	42.2%	482,627	51.5%	2,602,628	54.1%
Other	6,644	2.8%	78,871	3.3%	2,001,399	9.0%
Ages 0 Through 5	2,621	39.4%	47,161	59.8%	840,334	42.0%
Ages 6 Through 20	4,023	60.6%	31,710	40.2%	1,161,065	58.0%

II. POPULATION AND CHILD HEALTH DATA

A. Total Population, 1998	2,574,419	100.0%				29,864,875	100.0%				270,002,354	100.0%	
Under Age 21	766,138	29.8%				9,747,068	32.6%				81,664,866	30.2%	
Under Age 6	205,379	8.0%				2,743,611	9.2%				23,078,513	8.5%	
Infants	33,399	1.3%				449,107	1.5%				3,800,560	1.4%	
Age 1 Through 5	171,980	6.7%				2,294,504	7.7%				19,277,953	7.1%	
Age 6 Through 20	560,759	21.8%				7,003,457	23.5%				58,586,353	21.7%	
Age 21 and Older	1,808,281	70.2%				20,117,807	67.4%				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>			<u>Total</u>	<u>White</u>	<u>Other</u>
Infant Mortality per 1,000 Live Births	8.7	7.4	12.8			7.1	6.2	11.0			7.2	6.0	11.8
Neonatal Mortality	5.2	4.2	8.6			4.3	3.7	6.8			4.8	4.0	7.7
Postneonatal Mortality	3.5	3.2	4.3			2.9	2.5	4.2			2.5	2.0	4.0
% Low Birth Weight Infants Under 2500 Grams	8.9	7.5	13.4			7.9	6.8	12.3			7.6	6.5	11.6
Under 1500 Grams	1.7	1.4	2.6			1.5	1.2	2.7			1.4	1.1	2.6
% Not Receiving Prenatal Care													
In First Trimester	22.2	19.3	32.0			20.5	19.3	25.5			17.2	15.2	24.9
Until Third Trimester or Not At All	5.1	4.3	8.1			5.1	4.8	6.2			3.9	3.3	6.3
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> ⁺	
Children living in Health Service Areas* with:													
Fewer than 55 Pediatricians per 100K Children ~	491,044	75%				7,351,145	89%				34,317,300	50%	
Fewer than 82 Child Health Physician per 100K Children ~	491,044	75%				7,485,573	90%				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 (29% FPL for Arkansas, an equivalent of \$4,104 for a family of 3 in 2000).

Arkansas expanded its Title XIX Medicaid program to 200% to children through age 18. The Medically Needy were covered up to 24% FPL 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 75% of 133K uninsured children under age 19 in Arkansas 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>'.

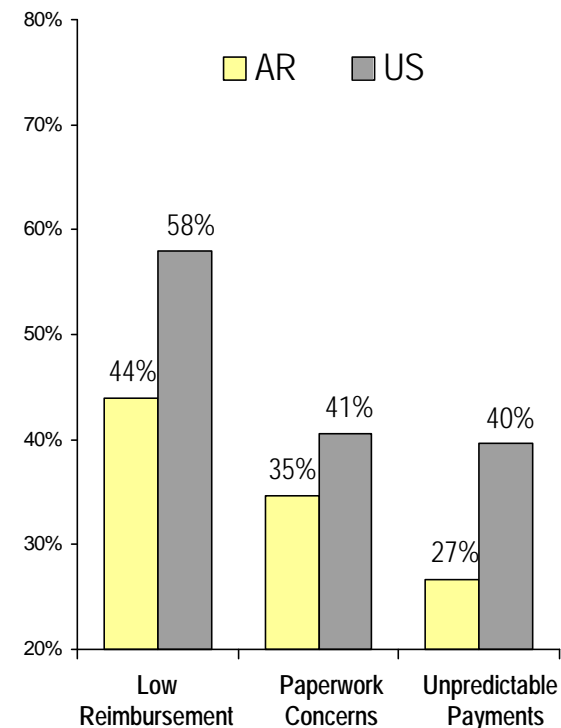
B. Title XXI Medicaid/SCHIP Program Eligibility

Arkansas has submitted a SCHIP plan to the federal DHHS that will allow the state to claim Title XXI funds for children covered by the Medicaid expansion 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>'.



Medicaid State Report

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



I. MEDICAID ENROLLEES AND EXPENDITURES	CALIFORNIA			PACIFIC REGION~			UNITED STATES		
A. Federal Medical Assistance Percentage (FMAP)*	51.2% (FY98)	51.7% (FY00)	66.2% (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)	2,246,406 (45.8% of 4,901,159 **)			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***	40%			39%			35%		
D. FY 1998 and FY 1994-98 Averaged DSH^ Payment	\$2,451 M \$2,177 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	6,191,269		100.0%	7,914,281		100.0%	40,377,603		100.0%
Children Under Age 21	3,438,056		55.5%	4,406,554		55.7%	22,331,022		56.4%
Under Age 6	1,311,818		21.2%	1,681,932		21.3%	9,220,363		22.8%
Infants	208,178		3.4%	275,926		3.5%	2,014,962		5.0%
Age 1 Through 5	1,103,640		17.8%	1,406,006		17.8%	7,205,401		17.8%
Age 6 Through 20	2,126,238		34.3%	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	6,191,269	\$14,237 M	\$2,299	7,914,281	\$18,496 M	\$2,337	40,377,603	\$142,058 M	\$3,518
Children^^^	52.2%	20.7%	\$902	51.3%	21.4%	\$951	50.6%	16.4%	\$1,130
Categorically Needy - Cash	23.6%	11.1%	\$1,073	22.0%	10.6%	\$1,108	18.4%	6.0%	\$1,137
Categorically Needy - Noncash	4.9%	1.2%	\$580	7.5%	2.6%	\$805	17.4%	4.6%	\$910
Medically Needy	12.7%	4.9%	\$884	10.2%	3.9%	\$884	4.5%	1.7%	\$1,294
Other	11.0%	3.4%	\$701	11.7%	4.1%	\$810	10.2%	4.2%	\$1,418
Adults	24.4%	15.3%	\$1,422	25.3%	17.8%	\$1,604	21.8%	10.7%	\$1,704
Categorically Needy - Cash	10.0%	7.1%	\$1,621	9.8%	7.5%	\$1,746	8.8%	4.5%	\$1,796
Categorically Needy - Noncash	0.9%	0.8%	\$2,058	3.2%	3.4%	\$2,409	5.6%	3.2%	\$1,987
Medically Needy	4.9%	3.0%	\$1,382	3.9%	2.4%	\$1,382	2.6%	1.3%	\$1,717
Other	8.7%	4.4%	\$1,152	8.3%	4.4%	\$1,225	4.8%	1.6%	\$1,199
Blind and Disabled	14.4%	43.6%	\$6,885	14.7%	40.4%	\$6,303	17.5%	43.6%	\$8,680
Aged	9.0%	20.4%	\$5,163	8.7%	20.5%	\$5,408	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 79.2% 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 HM 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	CALIFORNIA				PACIFIC REGION				UNITED STATES				
	G. 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		1.4%		2.1%		1.3%		2.0%		1.5%		1.8%	
Dental Services		0.1%		0.0%		0.3%		0.1%		0.4%		0.2%	
Other Practitioners		0.2%		0.3%		0.2%		0.3%		0.2%		0.2%	
EPSDT*		0.3%		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		0.8%		1.3%		0.8%		1.2%		0.9%		1.1%	
Outpatient Hospital		0.7%		1.0%		0.7%		1.1%		1.3%		1.8%	
Inpatient Hospital		5.1%		7.6%		4.5%		6.7%		5.1%		6.4%	
Nursing Home/Intermediate Care		0.6%		15.3%		0.5%		15.9%		0.6%		24.5%	
Mental Health Facility Services		0.0%		0.0%		0.3%		0.1%		0.8%		1.3%	
Personal Care / Home Health Services		2.3%		6.7%		2.2%		5.4%		2.1%		4.7%	
Lab and X-Ray		0.4%		0.8%		0.4%		0.7%		0.2%		0.3%	
Prescribed Drugs		1.1%		7.2%		1.0%		6.8%		1.2%		6.1%	
Prepaid Health Care		11.3%		6.3%		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**		1.8%		3.2%		1.7%		2.4%		1.6%		2.0%	
Reporting Variance~		0.0%		21.8%		0.6%		23.0%		0.2%		20.0%	
All Services		26.3%		73.7%		26.4%		73.6%		23.3%		76.7%	
H. 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	\$184	31.6%	\$324	33.5%	\$194	28.4%	\$331	28.4%	\$242	39.3%	\$384	37.8%	
Dental Services	\$234	1.8%	\$232	0.2%	\$241	5.9%	\$331	2.3%	\$172	13.7%	\$204	7.7%	
Other Practitioners	\$153	5.8%	\$112	14.2%	\$176	5.8%	\$111	12.8%	\$179	6.7%	\$110	13.2%	
EPSDT*	\$67	17.5%	\$58	1.5%	\$67	14.4%	\$59	1.3%	\$224	26.1%	\$308	3.5%	
Family Planning Services	\$112	1.6%	\$114	2.2%	\$219	2.7%	\$186	2.6%	\$159	2.6%	\$141	3.3%	
Clinic Services	\$303	10.5%	\$787	8.4%	\$373	9.2%	\$819	7.4%	\$469	11.4%	\$874	9.7%	
Outpatient Hospital	\$152	18.1%	\$277	18.3%	\$178	15.9%	\$336	17.0%	\$333	24.7%	\$582	24.6%	
Inpatient Hospital	\$6,479	3.3%	\$4,826	8.1%	\$6,449	2.9%	\$4,907	7.1%	\$4,826	6.5%	\$4,807	10.5%	
Nursing Home/Intermediate Care	\$52,651	0.0%	\$18,251	4.3%	\$50,912	0.0%	\$18,866	4.4%	\$63,002	0.1%	\$21,867	8.9%	
Mental Health Facility Services	\$15,512	0.0%	\$16,407	0.0%	\$28,747	0.0%	\$30,055	0.0%	\$18,105	0.3%	\$28,065	0.4%	
Personal Care / Home Health Services	\$2,284	4.2%	\$3,218	10.6%	\$2,136	4.2%	\$2,968	9.5%	\$1,752	7.3%	\$3,125	11.9%	
Lab and X-Ray	\$85	18.5%	\$230	17.1%	\$109	16.2%	\$218	15.8%	\$66	17.6%	\$119	18.7%	
Prescribed Drugs	\$139	33.6%	\$994	37.0%	\$145	29.5%	\$1,016	35.0%	\$188	41.0%	\$1,205	40.3%	
Prepaid Health Care	\$481	96.3%	\$460	70.4%	\$516	91.0%	\$550	62.3%	\$771	50.0%	\$1,286	26.5%	
Primary Care Case Management Services	\$83	0.9%	\$275	0.4%	\$76	0.8%	\$192	0.5%	\$28	12.2%	\$43	4.2%	
Other Services**	\$293	25.1%	\$656	25.0%	\$315	22.4%	\$540	23.0%	\$799	12.2%	\$799	19.6%	
All Services	\$1,079	100.0%	\$3,774	100.0%	\$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 California in 1997 was 65% 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.

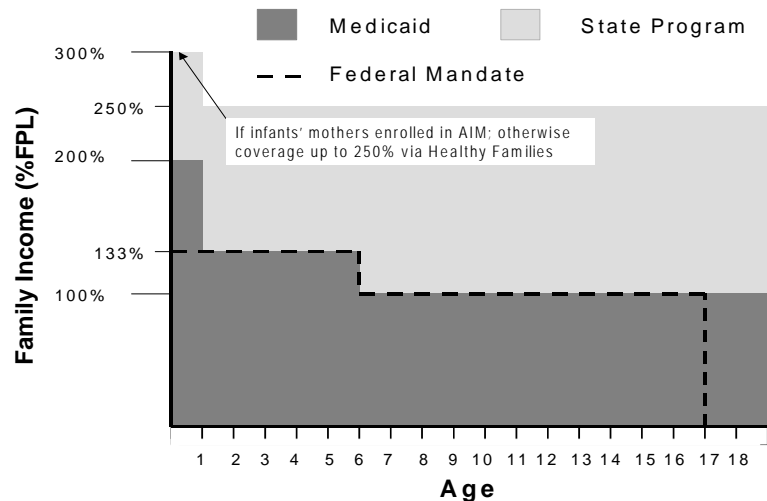
I. CONTINUED	CALIFORNIA		PACIFIC REGION		UNITED STATES	
I. Enrollees Under Age 21, by Race and Age, FY 1998#	<u>Enrollees</u>	<u>Percent</u>	<u>Enrollees</u>	<u>Percent</u>	<u>Enrollees</u>	<u>Percent</u>
Non-hispanic White	810,142	23.6%	1,438,377	32.6%	8,942,666	40.0%
Ages 0 Through 5	271,305	33.5%	497,862	34.6%	3,674,647	41.1%
Ages 6 Through 20	538,837	66.5%	940,515	65.4%	5,268,019	57.6%
Non-hispanic Black	465,752	13.5%	521,818	11.8%	6,572,457	29.4%
Ages 0 Through 5	156,755	33.7%	176,397	33.8%	2,493,510	37.9%
Ages 6 Through 20	308,997	66.3%	345,421	66.2%	4,078,947	62.1%
Hispanic	1,773,638	51.6%	1,898,031	43.1%	4,814,500	21.6%
Ages 0 Through 5	774,124	43.6%	836,209	44.1%	2,211,872	45.9%
Ages 6 Through 20	999,514	56.4%	1,061,822	55.9%	2,602,628	54.1%
Other	388,524	11.3%	548,328	12.4%	2,001,399	9.0%
Ages 0 Through 5	109,634	28.2%	171,464	31.3%	840,334	42.0%
Ages 6 Through 20	278,890	71.8%	376,864	68.7%	1,161,065	58.0%

II. POPULATION AND CHILD HEALTH DATA

A. Total Population, 1998	32,100,018	100.0%	42,954,373	100.0%	270,002,354	100.0%
Under Age 21	10,492,658	32.7%	13,721,050	31.9%	81,664,866	30.2%
Under Age 6	3,235,052	10.1%	4,134,264	9.6%	23,078,513	8.5%
Infants	549,878	1.7%	698,825	1.6%	3,800,560	1.4%
Age 1 Through 5	2,685,174	8.4%	3,435,439	8.0%	19,277,953	7.1%
Age 6 Through 20	7,257,606	22.6%	9,586,786	22.3%	58,586,353	21.7%
Age 21 and Older	21,607,360	67.3%	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	5.9	5.6	7.4	5.9	5.5	7.5
Neonatal Mortality	3.9	3.7	4.9	3.8	3.6	4.7
Postneonatal Mortality	2.0	1.8	2.6	2.1	1.9	2.8
% Low Birth Weight Infants						
Under 2500 Grams	6.2	5.7	8.7	6.1	5.6	8.4
Under 1500 Grams	1.1	1.0	1.7	1.1	1.0	1.6
% Not Receiving Prenatal Care						
In First Trimester	17.6	17.6	17.6	17.6	17.6	18.0
Until Third Trimester or Not At All	3.6	3.7	3.6	3.6	3.6	3.8
C. Pediatrician and Other Child Health Physician Ratios, 1998						
<i>Children living in Health Service Areas* with:</i>	<u>Total</u>	<u>% Child Population</u> ⁺	<u>Total</u>	<u>% Child Population</u> ⁺	<u>Total</u>	<u>% Child Population</u> ⁺
Fewer than 55 Pediatricians per 100K Children ~	2,634,090	30%	3,960,087	35%	34,317,300	50%
Fewer than 82 Child Health Physician per 100K Children ~	2,371,582	27%	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 (86% FPL for California, an equivalent of \$12,169 for a family of 3 in 2000).

California expanded MediCal, its Title XIX Medicaid program, to 200% FPL for pregnant women and infants. The Medically Needy were covered up to 104% FPL 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 2,025K uninsured children under age 19 in California 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>'.

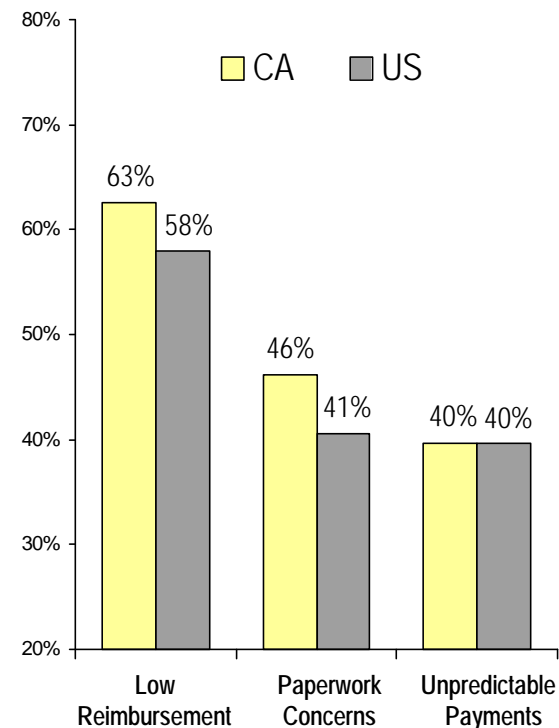
B. Title XXI Medicaid/SCHIP Program Eligibility

Title XXI funds the AIM program to cover infants from 250% to 300% FPL and MediCal to cover children ages 17 through 18 from 86% to 100% FPL. Healthy Families covers remaining children through age 18 to 250% 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>'.



Medicaid State Report

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



I. MEDICAID ENROLLEES AND EXPENDITURES				COLORADO			MOUNTAIN REGION~			UNITED STATES		
A. Federal Medical Assistance Percentage (FMAP)*	52.0% (FY98)	50.0% (FY00)	65.0% (Enhanced)	64.5% (FY98)	64.7% (FY00)	75.3% (Enhanced)	60.7% (FY98)	60.7% (FY00)	72.5% (Enhanced)			
B. Total Medicaid Managed Care Enrollment, 06/30/1998 (% of Total Medicaid Enrollment)	215,936 (99.0% of 218,104 **)			1,023,187 (78.7% of 1,299,506)			15,760,205 (52.5% of 30,009,674)					
C. Percent of Births Paid for by Medicaid, 1997***	31%			37%			35%					
D. FY 1998 and FY 1994-98 Averaged DSH^ Payment	\$135 M \$169 M			\$348 M \$384 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	346,928 100.0%			1,926,532 100.0%			40,377,603 100.0%					
Children Under Age 21	200,408 57.8%			1,208,942 62.8%			22,331,022 56.4%					
Under Age 6	90,696 26.1%			541,627 28.1%			9,220,363 22.8%					
Infants	20,123 5.8%			134,324 7.0%			2,014,962 5.0%					
Age 1 Through 5	70,573 20.3%			407,303 21.1%			7,205,401 17.8%					
Age 6 Through 20	109,712 31.6%			667,315 34.6%			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	346,928	\$1,439 M	\$4,149	1,926,532	\$6,004 M	\$3,116	40,377,603	\$142,058 M	\$3,518			
Children^^^	50.0%	18.0%	\$1,444	57.1%	23.8%	\$1,260	50.6%	16.4%	\$1,130			
Categorically Needy - Cash	14.4%	3.5%	\$985	16.0%	5.6%	\$1,062	18.4%	6.0%	\$1,137			
Categorically Needy - Noncash	17.3%	5.1%	\$1,196	20.7%	7.9%	\$1,154	17.4%	4.6%	\$910			
Medically Needy	NA	NA	NA	0.1%	0.0%	\$605	4.5%	1.7%	\$1,294			
Other	18.4%	9.3%	\$2,038	20.3%	10.3%	\$1,527	10.2%	4.2%	\$1,418			
Adults	19.3%	9.0%	\$1,862	20.4%	12.9%	\$1,900	21.8%	10.7%	\$1,704			
Categorically Needy - Cash	6.8%	3.0%	\$1,782	7.4%	4.4%	\$1,813	8.8%	4.5%	\$1,796			
Categorically Needy - Noncash	6.6%	4.0%	\$2,443	6.1%	4.5%	\$2,222	5.6%	3.2%	\$1,987			
Medically Needy	NA	NA	NA	0.1%	0.1%	\$2,292	2.6%	1.3%	\$1,717			
Other	5.9%	1.9%	\$1,303	6.8%	3.8%	\$1,699	4.8%	1.6%	\$1,199			
Blind and Disabled	18.5%	41.7%	\$9,071	14.8%	39.4%	\$8,014	17.5%	43.6%	\$8,680			
Aged	12.1%	31.4%	\$10,409	7.6%	23.9%	\$9,417	10.2%	29.3%	\$9,968			

Notes: ~ Includes AZ, CO, ID, MT, NM, NV, UT & WY. * Regional and US averages of FY98 FMAP are weighted by FY98 expenditures. FY00 and Enhanced FMAPs are unweighted. ** Enrollment on 06/30/98 was 62.9% 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	COLORADO				MOUNTAIN REGION				UNITED STATES				
	G. 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		1.7%		1.3%		1.7%		1.4%		1.5%		1.8%	
Dental Services		0.6%		0.1%		0.6%		0.3%		0.4%		0.2%	
Other Practitioners		0.1%		0.2%		0.1%		0.1%		0.2%		0.2%	
EPSDT*		0.2%		0.0%		0.3%		0.0%		0.9%		0.1%	
Family Planning Services		0.0%		0.0%		0.0%		0.0%		0.1%		0.1%	
Clinic Services		0.7%		0.9%		0.9%		0.8%		0.9%		1.1%	
Outpatient Hospital		1.4%		1.0%		1.2%		1.0%		1.3%		1.8%	
Inpatient Hospital		5.1%		4.8%		4.9%		3.8%		5.1%		6.4%	
Nursing Home/Intermediate Care		0.1%		23.8%		0.4%		15.6%		0.6%		24.5%	
Mental Health Facility Services		0.3%		0.3%		0.3%		0.2%		0.8%		1.3%	
Personal Care / Home Health Services		1.6%		7.3%		1.6%		3.2%		2.1%		4.7%	
Lab and X-Ray		0.2%		0.2%		0.1%		0.1%		0.2%		0.3%	
Prescribed Drugs		0.9%		5.1%		0.9%		3.8%		1.2%		6.1%	
Prepaid Health Care		8.6%		5.8%		17.6%		15.0%		6.2%		4.3%	
Primary Care Case Management Services		0.0%		0.0%		0.1%		0.0%		0.1%		0.0%	
Other Services**		4.5%		6.3%		3.3%		2.9%		1.6%		2.0%	
Reporting Variance~		0.0%		16.7%		0.0%		16.4%		0.2%		20.0%	
All Services		26.1%		73.9%		34.2%		65.8%		23.3%		76.7%	
H. 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	\$309	38.8%	\$358	34.5%	\$226	37.3%	\$345	37.3%	\$242	39.3%	\$384	37.8%	
Dental Services	\$186	22.5%	\$190	6.7%	\$167	18.0%	\$243	8.5%	\$172	13.7%	\$204	7.7%	
Other Practitioners	\$109	3.5%	\$238	8.4%	\$118	5.1%	\$124	8.8%	\$179	6.7%	\$110	13.2%	
EPSDT*	\$81	18.6%	\$50	1.7%	\$51	30.4%	\$21	10.6%	\$224	26.1%	\$308	3.5%	
Family Planning Services	\$154	1.4%	\$141	1.8%	\$70	1.6%	\$76	2.6%	\$159	2.6%	\$141	3.3%	
Clinic Services	\$407	11.9%	\$366	24.0%	\$437	10.5%	\$585	11.2%	\$469	11.4%	\$874	9.7%	
Outpatient Hospital	\$415	23.9%	\$611	16.1%	\$232	24.8%	\$410	20.1%	\$333	24.7%	\$582	24.6%	
Inpatient Hospital	\$7,375	4.9%	\$8,953	5.2%	\$2,474	9.7%	\$3,047	10.3%	\$4,826	6.5%	\$4,807	10.5%	
Nursing Home/Intermediate Care	\$41,928	0.0%	\$17,885	12.7%	\$39,817	0.0%	\$14,712	8.7%	\$63,002	0.1%	\$21,867	8.9%	
Mental Health Facility Services	\$13,426	0.2%	\$18,477	0.1%	\$9,769	0.1%	\$8,932	0.2%	\$18,105	0.3%	\$28,065	0.4%	
Personal Care / Home Health Services	\$6,872	1.7%	\$7,056	9.8%	\$1,444	5.4%	\$3,042	8.6%	\$1,752	7.3%	\$3,125	11.9%	
Lab and X-Ray	\$72	15.1%	\$116	13.6%	\$43	14.3%	\$73	16.7%	\$66	17.6%	\$119	18.7%	
Prescribed Drugs	\$197	32.9%	\$1,203	40.6%	\$165	27.2%	\$1,005	31.3%	\$188	41.0%	\$1,205	40.3%	
Prepaid Health Care	\$648	92.8%	\$894	61.6%	\$1,756	48.6%	\$4,388	28.1%	\$771	50.0%	\$1,286	26.5%	
Primary Care Case Management Services	NA	0.0%	NA	0.0%	\$29	14.8%	\$33	5.8%	\$28	12.2%	\$43	4.2%	
Other Services**	\$3,674	8.6%	\$2,477	24.4%	\$1,338	12.1%	\$1,217	19.4%	\$799	12.2%	\$799	19.6%	
All Services	\$1,871	97.4%	\$7,040	100.0%	\$1,855	89.6%	\$5,897	91.8%	\$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 Colorado in 1997 was 47% 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.

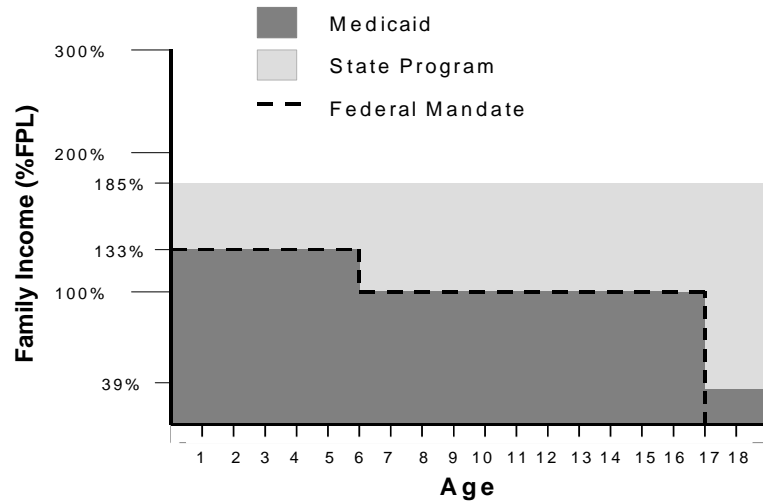
I. CONTINUED	COLORADO		MOUNTAIN REGION		UNITED STATES	
I. Enrollees Under Age 21, by Race and Age, FY 1998#	<u>Enrollees</u>	<u>Percent</u>	<u>Enrollees</u>	<u>Percent</u>	<u>Enrollees</u>	<u>Percent</u>
Non-hispanic White	89,358	44.6%	535,503	44.3%	8,942,666	40.0%
Ages 0 Through 5	40,381	45.2%	242,037	45.2%	3,674,647	41.1%
Ages 6 Through 20	48,977	54.8%	293,466	54.8%	5,268,019	57.6%
Non-hispanic Black	18,457	9.2%	76,347	6.3%	6,572,457	29.4%
Ages 0 Through 5	7,033	38.1%	30,428	39.9%	2,493,510	37.9%
Ages 6 Through 20	11,424	61.9%	45,919	60.1%	4,078,947	62.1%
Hispanic	76,815	38.3%	440,474	36.4%	4,814,500	21.6%
Ages 0 Through 5	37,262	48.5%	209,347	47.5%	2,211,872	45.9%
Ages 6 Through 20	39,553	51.5%	231,127	52.5%	2,602,628	54.1%
Other	15,778	7.9%	156,618	13.0%	2,001,399	9.0%
Ages 0 Through 5	6,020	38.2%	59,815	38.2%	840,334	42.0%
Ages 6 Through 20	9,758	61.8%	96,803	61.8%	1,161,065	58.0%

II. POPULATION AND CHILD HEALTH DATA

A. Total Population, 1998	4,009,419	100.0%	16,930,477	100.0%	270,002,354	100.0%
Under Age 21	1,202,785	30.0%	5,488,612	32.4%	81,664,866	30.2%
Under Age 6	328,420	8.2%	1,517,790	9.0%	23,078,513	8.5%
Infants	53,872	1.3%	248,517	1.5%	3,800,560	1.4%
Age 1 Through 5	274,548	6.8%	1,269,273	7.5%	19,277,953	7.1%
Age 6 Through 20	874,365	21.8%	3,970,822	23.5%	58,586,353	21.7%
Age 21 and Older	2,806,634	70.0%	11,441,865	67.6%	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	7.0	6.7	10.2	6.6	6.4	9.0
Neonatal Mortality	4.7	4.5	6.4	4.1	4.0	5.0
Postneonatal Mortality	2.3	2.2	na	2.5	2.3	4.0
% Low Birth Weight Infants Under 2500 Grams	8.6	8.3	11.8	7.3	7.1	9.1
Under 1500 Grams	1.3	1.3	2.1	1.1	1.1	1.7
% Not Receiving Prenatal Care						
In First Trimester	17.8	17.3	23.4	22.3	21.2	31.2
Until Third Trimester or Not At All	4.3	4.1	6.3	5.7	5.4	8.9
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 ~	443,779	43%	3,273,292	70%	34,317,300	50%
Fewer than 82 Child Health Physician per 100K Children ~	386,298	38%	3,498,004	74%	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 (37% FPL for Colorado, an equivalent of \$5,236 for a family of 3 in 2000).

Colorado 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 43% of 125K uninsured children under age 19 in Colorado 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>'.

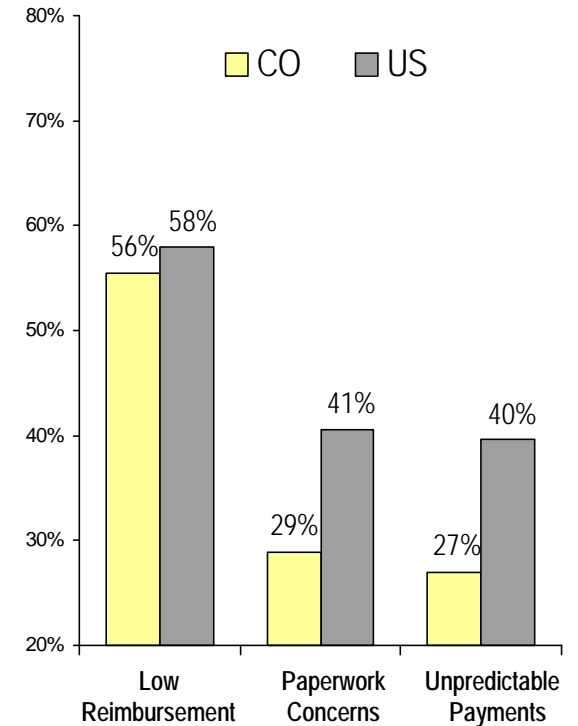
B. Title XXI Medicaid/SCHIP Program Eligibility

Child Health Plan Plus covers all Medicaid ineligible infants and children through age 18 to 185% FPL. Federally legislated maximum Title XXI program eligibility for Colorado is 200% FPL for all infants and children through age 18.

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>'.



Medicaid State Report

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

I. MEDICAID ENROLLEES AND EXPENDITURES				CONNECTICUT			NEW ENGLAND REGION~			UNITED STATES		
A. Federal Medical Assistance Percentage (FMAP)*	50.0% (FY98)	50.0% (FY00)	65.0% (Enhanced)	55.2% (FY98)	55.4% (FY00)	68.8% (Enhanced)	60.7% (FY98)	60.7% (FY00)	72.5% (Enhanced)			
B. Total Medicaid Managed Care Enrollment, 06/30/1998 (% of Total Medicaid Enrollment)	220,803 (71.9% of 307,243 **)			904,036 (56.2% of 1,609,878)			15,760,205 (52.5% of 30,009,674)					
C. Percent of Births Paid for by Medicaid, 1997***	24%			23%			35%					
D. FY 1998 and FY 1994-98 Averaged DSH^ Payment	\$370 M \$339 M			\$1,196 M \$1,191 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	402,547		100.0%	1,930,631		100.0%	40,377,603		100.0%			
Children Under Age 21	213,695		53.1%	1,072,838		55.6%	22,331,022		56.4%			
Under Age 6	76,930		19.1%	533,536		27.6%	9,220,363		22.8%			
Infants	13,284		3.3%	260,991		13.5%	2,014,962		5.0%			
Age 1 Through 5	63,646		15.8%	272,545		14.1%	7,205,401		17.8%			
Age 6 Through 20	136,765		34.0%	539,302		27.9%	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	402,547	\$2,421 M	\$6,014	1,930,631	\$9,654 M	\$5,000	40,377,603	\$142,058 M	\$3,518			
Children^^^	51.5%	12.7%	\$1,478	49.2%	13.3%	\$1,348	50.6%	16.4%	\$1,130			
Categorically Needy - Cash	21.1%	4.9%	\$1,392	18.8%	5.2%	\$1,390	18.4%	6.0%	\$1,137			
Categorically Needy - Noncash	12.4%	3.3%	\$1,612	14.5%	3.5%	\$1,194	17.4%	4.6%	\$910			
Medically Needy	1.5%	0.2%	\$982	7.5%	1.6%	\$1,077	4.5%	1.7%	\$1,294			
Other	16.5%	4.2%	\$1,531	8.4%	3.0%	\$1,763	10.2%	4.2%	\$1,418			
Adults	21.2%	7.3%	\$2,061	20.9%	7.9%	\$1,875	21.8%	10.7%	\$1,704			
Categorically Needy - Cash	10.7%	3.3%	\$1,845	9.1%	3.5%	\$1,947	8.8%	4.5%	\$1,796			
Categorically Needy - Noncash	1.6%	0.4%	\$1,405	2.7%	0.8%	\$1,462	5.6%	3.2%	\$1,987			
Medically Needy	1.2%	0.4%	\$1,992	4.5%	1.7%	\$1,918	2.6%	1.3%	\$1,717			
Other	7.8%	3.2%	\$2,502	4.6%	1.8%	\$1,937	4.8%	1.6%	\$1,199			
Blind and Disabled	13.6%	36.8%	\$16,306	18.2%	43.7%	\$11,954	17.5%	43.6%	\$8,680			
Aged	13.7%	43.3%	\$18,973	11.7%	35.2%	\$14,984	10.2%	29.3%	\$9,968			

Notes: ~ Includes CT, MA, ME, NH, RI & VT. * Regional and US averages of FY98 FMAP are weighted by FY98 expenditures. FY00 and Enhanced FMAPs are unweighted. ** Enrollment on 06/30/98 was 76.3% of total annual enrollment state reported to HCFA on Form 2082 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	CONNECTICUT				NEW ENGLAND 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	0.1%	1.3%	0.8%	1.5%	1.5%	1.8%	0.1%	1.3%	0.8%	1.5%	1.5%	1.8%
Dental Services	0.0%	0.2%	0.4%	0.3%	0.4%	0.2%	0.0%	0.2%	0.4%	0.3%	0.4%	0.2%
Other Practitioners	0.9%	0.2%	0.3%	0.1%	0.3%	0.2%	0.0%	0.1%	0.2%	0.1%	0.2%	0.2%
EPSDT*	0.0%	0.0%	0.1%	0.0%	0.1%	0.1%	0.0%	0.0%	0.9%	0.1%	0.9%	0.1%
Family Planning Services	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%	0.1%	0.1%	0.1%
Clinic Services	0.0%	0.4%	0.6%	0.9%	0.6%	0.9%	0.0%	0.9%	0.9%	0.9%	1.1%	1.1%
Outpatient Hospital	0.1%	1.5%	1.0%	1.7%	1.0%	1.7%	0.0%	1.7%	1.3%	1.3%	1.8%	1.8%
Inpatient Hospital	1.1%	3.5%	2.5%	5.2%	2.5%	5.2%	0.0%	5.2%	5.1%	5.1%	6.4%	6.4%
Nursing Home/Intermediate Care	0.1%	38.9%	0.2%	31.2%	0.2%	31.2%	0.0%	31.2%	0.6%	0.6%	24.5%	24.5%
Mental Health Facility Services	0.8%	0.6%	0.8%	0.6%	0.8%	0.6%	0.0%	0.6%	0.8%	0.8%	1.3%	1.3%
Personal Care / Home Health Services	0.4%	3.0%	1.2%	3.3%	1.2%	3.3%	0.0%	3.3%	2.1%	2.1%	4.7%	4.7%
Lab and X-Ray	0.0%	0.1%	0.0%	0.1%	0.0%	0.1%	0.0%	0.1%	0.2%	0.2%	0.3%	0.3%
Prescribed Drugs	0.1%	5.2%	0.8%	6.2%	0.8%	6.2%	0.0%	6.2%	1.2%	1.2%	6.1%	6.1%
Prepaid Health Care	10.2%	2.5%	5.9%	2.5%	5.9%	2.5%	0.0%	2.5%	6.2%	6.2%	4.3%	4.3%
Primary Care Case Management Services	0.0%	0.0%	0.1%	0.0%	0.1%	0.0%	0.0%	0.0%	0.1%	0.1%	0.0%	0.0%
Other Services**	0.2%	7.5%	2.7%	3.2%	2.7%	3.2%	0.0%	3.2%	1.6%	1.6%	2.0%	2.0%
Reporting Variance~	0.0%	20.8%	0.0%	21.0%	0.0%	21.0%	0.0%	21.0%	0.2%	0.2%	20.0%	20.0%
All Services	14.2%	85.8%	17.6%	82.4%	17.6%	82.4%	0.0%	82.4%	23.3%	23.3%	76.7%	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	\$226	6.1%	\$440	36.5%	\$247	29.9%	\$399	29.9%	\$242	39.3%	\$384	37.8%
Dental Services	\$153	1.5%	\$177	15.5%	\$170	23.1%	\$209	17.6%	\$172	13.7%	\$204	7.7%
Other Practitioners	\$1,694	6.3%	\$117	23.0%	\$460	6.5%	\$90	18.2%	\$179	6.7%	\$110	13.2%
EPSDT*	\$77	2.4%	\$58	0.3%	\$74	11.5%	\$54	2.2%	\$224	26.1%	\$308	3.5%
Family Planning Services	\$85	0.4%	\$229	0.6%	\$115	2.9%	\$132	4.0%	\$159	2.6%	\$141	3.3%
Clinic Services	\$210	1.9%	\$842	6.2%	\$675	8.3%	\$1,010	10.6%	\$469	11.4%	\$874	9.7%
Outpatient Hospital	\$316	5.3%	\$764	25.3%	\$418	21.6%	\$634	30.8%	\$333	24.7%	\$582	24.6%
Inpatient Hospital	\$7,524	1.6%	\$5,044	8.9%	\$6,339	3.6%	\$5,447	10.7%	\$4,826	6.5%	\$4,807	10.5%
Nursing Home/Intermediate Care	\$72,843	0.0%	\$32,638	15.3%	\$47,481	0.0%	\$22,737	15.4%	\$63,002	0.1%	\$21,867	8.9%
Mental Health Facility Services	\$58,795	0.2%	\$56,234	0.1%	\$40,347	0.2%	\$32,060	0.2%	\$18,105	0.3%	\$28,065	0.4%
Personal Care / Home Health Services	\$5,594	0.9%	\$2,716	14.3%	\$2,300	4.6%	\$4,016	9.4%	\$1,752	7.3%	\$3,125	11.9%
Lab and X-Ray	\$82	1.0%	\$125	10.7%	\$43	8.3%	\$98	12.9%	\$66	17.6%	\$119	18.7%
Prescribed Drugs	\$269	5.1%	\$1,709	39.3%	\$206	35.6%	\$1,346	51.8%	\$188	41.0%	\$1,205	40.3%
Prepaid Health Care	\$1,246	92.7%	\$1,446	22.3%	\$741	71.6%	\$1,028	27.6%	\$771	50.0%	\$1,286	26.5%
Primary Care Case Management Services	NA	0.0%	NA	0.0%	\$34	14.8%	\$39	6.5%	\$28	12.2%	\$43	4.2%
Other Services**	\$2,052	1.1%	\$3,607	26.5%	\$1,546	15.9%	\$1,174	30.5%	\$799	12.2%	\$799	19.6%
All Services	\$1,694	94.9%	\$11,648	94.4%	\$1,898	83.3%	\$9,585	96.7%	\$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 Connecticut in 1997 was 53% 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.

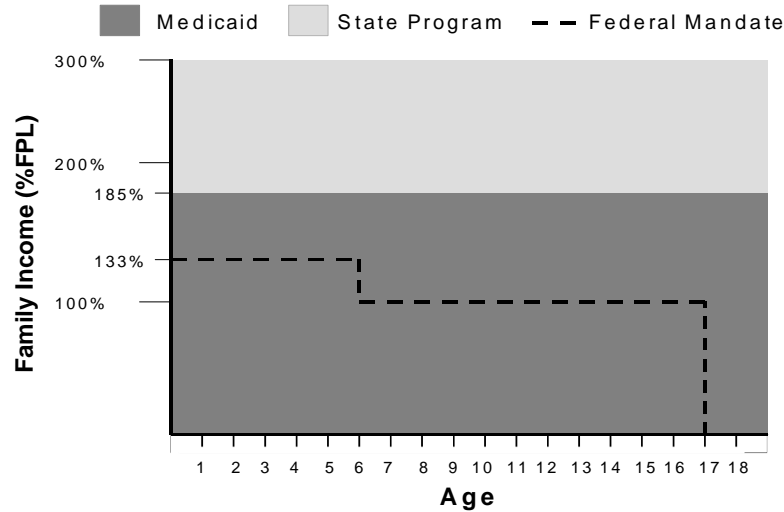
I. CONTINUED	CONNECTICUT		NEW ENGLAND REGION		UNITED STATES	
I. Enrollees Under Age 21, by Race and Age, FY 1998#	<u>Enrollees</u>	<u>Percent</u>	<u>Enrollees</u>	<u>Percent</u>	<u>Enrollees</u>	<u>Percent</u>
Non-hispanic White	75,429	35.3%	482,893	45.0%	8,942,666	40.0%
Ages 0 Through 5	28,411	37.7%	232,119	48.1%	3,674,647	41.1%
Ages 6 Through 20	47,018	62.3%	250,774	51.9%	5,268,019	57.6%
Non-hispanic Black	61,936	29.0%	141,551	13.2%	6,572,457	29.4%
Ages 0 Through 5	21,585	34.9%	62,930	44.5%	2,493,510	37.9%
Ages 6 Through 20	40,351	65.1%	78,621	55.5%	4,078,947	62.1%
Hispanic	72,314	33.8%	196,236	18.3%	4,814,500	21.6%
Ages 0 Through 5	25,501	35.3%	92,809	47.3%	2,211,872	45.9%
Ages 6 Through 20	46,813	64.7%	103,427	52.7%	2,602,628	54.1%
Other	4,016	1.9%	252,158	23.5%	2,001,399	9.0%
Ages 0 Through 5	1,433	35.7%	145,678	57.8%	840,334	42.0%
Ages 6 Through 20	2,583	64.3%	106,480	42.2%	1,161,065	58.0%

II. POPULATION AND CHILD HEALTH DATA

A. Total Population, 1998	3,281,639	100.0%		13,481,173	100.0%		270,002,354	100.0%	
Under Age 21	916,571	27.9%		3,790,807	28.1%		81,664,866	30.2%	
Under Age 6	262,334	8.0%		1,055,754	7.8%		23,078,513	8.5%	
Infants	43,146	1.3%		176,175	1.3%		3,800,560	1.4%	
Age 1 Through 5	219,188	6.7%		879,579	6.5%		19,277,953	7.1%	
Age 6 Through 20	654,237	19.9%		2,735,053	20.3%		58,586,353	21.7%	
Age 21 and Older	2,365,068	72.1%		9,690,366	71.9%		188,337,488	69.8%	
B. Infant Mortality, Low Birth Weight and Prenatal Care, 1997	Total	White	Other	Total	White	Other	Total	White	Other
Infant Mortality per 1,000 Live Births	7.2	6.3	12.0	5.8	5.4	8.4	7.2	6.0	11.8
Neonatal Mortality	5.6	4.9	9.4	4.4	4.2	6.2	4.8	4.0	7.7
Postneonatal Mortality	1.6	1.4	na	1.4	1.3	2.1	2.5	2.0	4.0
% Low Birth Weight Infants									
Under 2500 Grams	7.8	7.0	11.8	7.0	6.5	10.2	7.6	6.5	11.6
Under 1500 Grams	1.7	1.4	3.3	1.4	1.2	2.4	1.4	1.1	2.6
% Not Receiving Prenatal Care									
In First Trimester	12.0	10.7	19.2	11.0	9.9	18.9	17.2	15.2	24.9
Until Third Trimester or Not At All	3.0	2.8	4.2	2.4	2.1	4.5	3.9	3.3	6.3
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 ~	0	0%		499,891	16%		34,317,300	50%	
Fewer than 82 Child Health Physician per 100K Children ~	0	0%		636,670	20%		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 (81% FPL for Connecticut, an equivalent of \$11,462 for a family of 3 in 2000).

Connecticut expanded its Title XIX Medicaid program to 185% for pregnant women, infants and children through age 13. The Medically Needy were covered up to 71% FPL 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 64% of 97K uninsured children under age 19 in Connecticut 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>'.

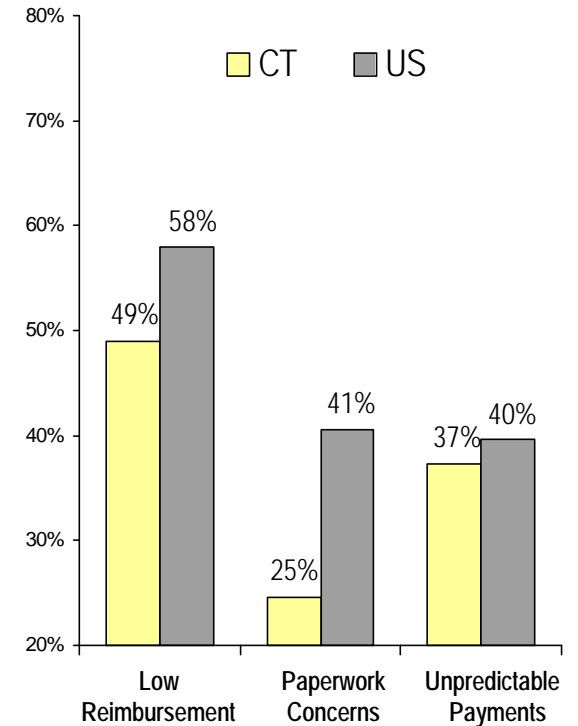
B. Title XXI Medicaid/SCHIP Program Eligibility

Connecticut's HUSKY Part A (Title XXI Medicaid) covers children ages 17 through 18 to 185% FPL. HUSKY Part B covers all infants and children through age 18 from 185% to 300% 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>'.



Medicaid State Report

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

Division of Health Policy Research

I. MEDICAID ENROLLEES AND EXPENDITURES	DELAWARE			SOUTH ATLANTIC REGION~			UNITED STATES		
A. Federal Medical Assistance Percentage (FMAP)*	50.0% (FY98)	50.0% (FY00)	65.0% (Enhanced)	60.6% (FY98)	60.6% (FY00)	72.4% (Enhanced)	60.7% (FY98)	60.7% (FY00)	72.5% (Enhanced)
B. Total Medicaid Managed Care Enrollment, 06/30/1998 (% of Total Medicaid Enrollment)	62,010 (76.7% of 80,794 **)			3,014,061 (60.1% of 5,016,687)			15,760,205 (52.5% of 30,009,674)		
C. Percent of Births Paid for by Medicaid, 1997***	32%			45%			35%		
D. FY 1998 and FY 1994-98 Averaged DSH^ Payment	\$8 M		\$4 M	\$1,939 M		\$1,560 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	105,153		100.0%	7,032,022		100.0%	40,377,603		100.0%
Children Under Age 21	58,513		55.6%	4,023,395		57.2%	22,331,022		56.4%
Under Age 6	22,683		21.6%	1,670,802		23.8%	9,220,363		22.8%
Infants	4,017		3.8%	370,561		5.3%	2,014,962		5.0%
Age 1 Through 5	18,666		17.8%	1,300,241		18.5%	7,205,401		17.8%
Age 6 Through 20	35,830		34.1%	2,352,593		33.5%	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	105,153	\$420 M	\$3,992	7,032,022	\$21,733 M	\$3,091	40,377,603	\$142,058 M	\$3,518
Children^^^	49.1%	16.7%	\$1,344	52.0%	17.7%	\$1,024	50.6%	16.4%	\$1,130
Categorically Needy - Cash	14.2%	4.9%	\$1,358	18.6%	5.8%	\$945	18.4%	6.0%	\$1,137
Categorically Needy - Noncash	28.2%	10.0%	\$1,400	23.8%	7.4%	\$930	17.4%	4.6%	\$910
Medically Needy	NA	NA	NA	0.6%	0.5%	\$2,280	4.5%	1.7%	\$1,294
Other	6.8%	1.8%	\$1,082	9.0%	4.0%	\$1,343	10.2%	4.2%	\$1,418
Adults	29.4%	13.2%	\$1,775	18.7%	10.5%	\$1,689	21.8%	10.7%	\$1,704
Categorically Needy - Cash	5.4%	3.0%	\$2,235	8.9%	4.7%	\$1,584	8.8%	4.5%	\$1,796
Categorically Needy - Noncash	20.0%	8.5%	\$1,679	5.1%	4.2%	\$2,464	5.6%	3.2%	\$1,987
Medically Needy	NA	NA	NA	0.8%	0.5%	\$2,000	2.6%	1.3%	\$1,717
Other	4.1%	1.7%	\$1,638	3.9%	1.1%	\$841	4.8%	1.6%	\$1,199
Blind and Disabled	14.2%	47.2%	\$13,138	18.9%	45.5%	\$7,250	17.5%	43.6%	\$8,680
Aged	7.2%	22.9%	\$12,596	10.5%	26.3%	\$7,568	10.2%	29.3%	\$9,968

Notes: ~ Includes DC, DE, FL, GA, MD, NC, SC, VA & WV. * Regional and US averages of FY98 FMAP are weighted by FY98 expenditures. FY00 and Enhanced FMAPs are unweighted. ** Enrollment on 06/30/98 was 76.8% of total annual enrollment state reported to HCFA on Form 2082 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	DELAWARE				SOUTH ATLANTIC 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	0.2%		0.9%		2.5%		2.7%		1.5%		1.8%	
Dental Services	0.4%		0.1%		0.7%		0.3%		0.4%		0.2%	
Other Practitioners	2.0%		0.5%		0.2%		0.3%		0.2%		0.2%	
EPSDT*	0.0%		0.0%		0.9%		0.1%		0.9%		0.1%	
Family Planning Services	0.0%		0.0%		0.1%		0.1%		0.1%		0.1%	
Clinic Services	4.4%		2.5%		1.1%		0.9%		0.9%		1.1%	
Outpatient Hospital	0.2%		0.4%		2.5%		2.3%		1.3%		1.8%	
Inpatient Hospital	1.4%		1.3%		6.5%		7.0%		5.1%		6.4%	
Nursing Home/Intermediate Care	0.6%		22.5%		0.5%		22.6%		0.6%		24.5%	
Mental Health Facility Services	1.4%		1.7%		0.7%		0.7%		0.8%		1.3%	
Personal Care / Home Health Services	2.8%		2.6%		3.0%		3.9%		2.1%		4.7%	
Lab and X-Ray	0.0%		0.0%		0.2%		0.3%		0.2%		0.3%	
Prescribed Drugs	1.9%		4.8%		1.8%		7.8%		1.2%		6.1%	
Prepaid Health Care	12.6%		8.7%		4.2%		3.4%		6.2%		4.3%	
Primary Care Case Management Services	0.0%		0.0%		0.2%		0.1%		0.1%		0.0%	
Other Services**	1.8%		4.2%		1.1%		1.6%		1.6%		2.0%	
Reporting Variance~	0.0%		19.7%		-0.5%		18.3%		0.2%		20.0%	
All Services	29.8%		70.2%		25.7%		74.3%		23.3%		76.7%	
H. 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	\$163	9.1%	\$438	18.0%	\$277	48.5%	\$437	48.5%	\$242	39.3%	\$384	37.8%
Dental Services	\$217	13.7%	\$226	2.1%	\$174	22.0%	\$210	9.1%	\$172	13.7%	\$204	7.7%
Other Practitioners	\$440	33.3%	\$336	14.4%	\$155	7.0%	\$151	12.3%	\$179	6.7%	\$110	13.2%
EPSDT*	\$66	2.4%	\$54	0.1%	\$149	30.3%	\$117	3.6%	\$224	26.1%	\$308	3.5%
Family Planning Services	\$102	2.6%	\$103	3.2%	\$194	3.2%	\$151	3.9%	\$159	2.6%	\$141	3.3%
Clinic Services	\$9,114	3.5%	\$7,949	2.9%	\$486	12.0%	\$712	9.4%	\$469	11.4%	\$874	9.7%
Outpatient Hospital	\$359	3.9%	\$351	11.0%	\$446	29.4%	\$546	30.2%	\$333	24.7%	\$582	24.6%
Inpatient Hospital	\$5,778	1.8%	\$2,716	4.4%	\$4,368	7.8%	\$3,594	13.7%	\$4,826	6.5%	\$4,807	10.5%
Nursing Home/Intermediate Care	\$116,352	0.0%	\$28,567	7.1%	\$59,984	0.0%	\$19,921	8.0%	\$63,002	0.1%	\$21,867	8.9%
Mental Health Facility Services	\$13,740	0.7%	\$31,941	0.5%	\$7,409	0.5%	\$8,143	0.6%	\$18,105	0.3%	\$28,065	0.4%
Personal Care / Home Health Services	\$3,801	5.2%	\$4,866	4.9%	\$1,055	15.2%	\$1,828	15.2%	\$1,752	7.3%	\$3,125	11.9%
Lab and X-Ray	\$53	0.8%	\$49	8.4%	\$57	20.1%	\$111	19.4%	\$66	17.6%	\$119	18.7%
Prescribed Drugs	\$212	63.1%	\$1,109	39.3%	\$197	49.4%	\$1,162	47.3%	\$188	41.0%	\$1,205	40.3%
Prepaid Health Care	\$1,000	90.5%	\$2,174	36.1%	\$660	33.5%	\$2,159	11.1%	\$771	50.0%	\$1,286	26.5%
Primary Care Case Management Services	NA	0.0%	NA	0.0%	\$22	43.5%	\$27	16.5%	\$28	12.2%	\$43	4.2%
Other Services**	\$1,060	12.2%	\$2,741	13.7%	\$808	7.0%	\$660	17.5%	\$799	12.2%	\$799	19.6%
All Services	\$2,215	96.5%	\$6,563	96.1%	\$1,447	93.8%	\$5,628	93.1%	\$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 Delaware was not reported in the FY 1997 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.

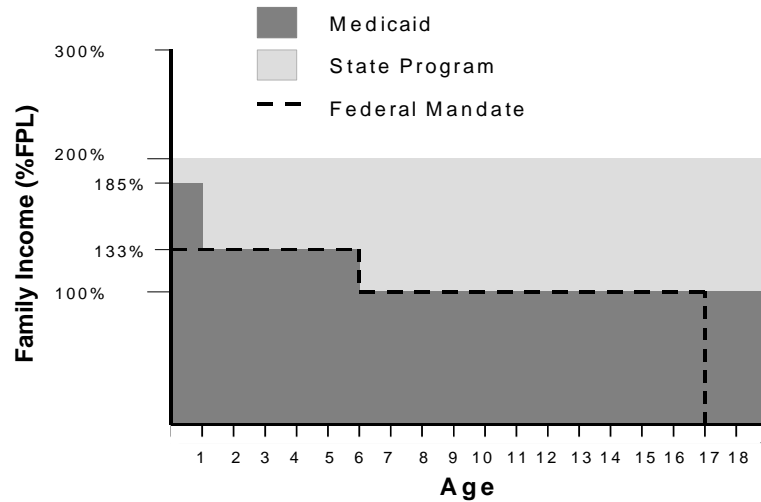
I. CONTINUED	DELAWARE		SOUTH ATLANTIC REGION		UNITED STATES	
I. Enrollees Under Age 21, by Race and Age, FY 1998#	<u>Enrollees</u>	<u>Percent</u>	<u>Enrollees</u>	<u>Percent</u>	<u>Enrollees</u>	<u>Percent</u>
Non-hispanic White	22,014	37.6%	1,531,128	38.1%	8,942,666	40.0%
Ages 0 Through 5	8,782	39.9%	653,253	42.7%	3,674,647	41.1%
Ages 6 Through 20	13,232	60.1%	877,875	57.3%	5,268,019	57.6%
Non-hispanic Black	28,941	49.5%	1,953,927	48.6%	6,572,457	29.4%
Ages 0 Through 5	10,164	35.1%	736,600	37.7%	2,493,510	37.9%
Ages 6 Through 20	18,777	64.9%	1,217,327	62.3%	4,078,947	62.1%
Hispanic	5,365	9.2%	341,932	8.5%	4,814,500	21.6%
Ages 0 Through 5	2,641	49.2%	174,997	51.2%	2,211,872	45.9%
Ages 6 Through 20	2,724	50.8%	166,935	48.8%	2,602,628	54.1%
Other	2,193	3.7%	196,408	4.9%	2,001,399	9.0%
Ages 0 Through 5	1,096	50.0%	105,952	53.9%	840,334	42.0%
Ages 6 Through 20	1,097	50.0%	90,456	46.1%	1,161,065	58.0%

II. POPULATION AND CHILD HEALTH DATA

A. Total Population, 1998	748,840	100.0%	48,928,149	100.0%	270,002,354	100.0%
Under Age 21	218,078	29.1%	14,000,712	28.6%	81,664,866	30.2%
Under Age 6	61,165	8.2%	3,906,606	8.0%	23,078,513	8.5%
Infants	10,066	1.3%	633,689	1.3%	3,800,560	1.4%
Age 1 Through 5	51,099	6.8%	3,272,917	6.7%	19,277,953	7.1%
Age 6 Through 20	156,913	21.0%	10,094,106	20.6%	58,586,353	21.7%
Age 21 and Older	530,762	70.9%	34,927,437	71.4%	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	7.8	5.7	13.6	8.3	6.1	13.5
Neonatal Mortality	5.2	3.6	9.5	5.8	4.2	9.5
Postneonatal Mortality	2.6	na	na	2.6	2.0	4.0
% Low Birth Weight Infants						
Under 2500 Grams	8.4	6.2	14.1	8.5	6.7	12.5
Under 1500 Grams	1.7	1.1	3.4	1.7	1.2	3.0
% Not Receiving Prenatal Care						
In First Trimester	16.6	13.6	24.8	15.4	11.8	23.7
Until Third Trimester or Not At All	3.6	2.7	5.8	3.3	2.3	5.7
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 ~	66,304	36%	4,873,224	42%	34,317,300	50%
Fewer than 82 Child Health Physician per 100K Children ~	66,304	36%	4,550,267	39%	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 (31% FPL for Delaware, an equivalent of \$4,386 for a family of 3 in 2000).

Delaware expanded its Title XIX Medicaid program to 185% FPL for pregnant women and infants and to 100% FPL for children ages 17 through 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 41K uninsured children under age 19 in Delaware 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>'.

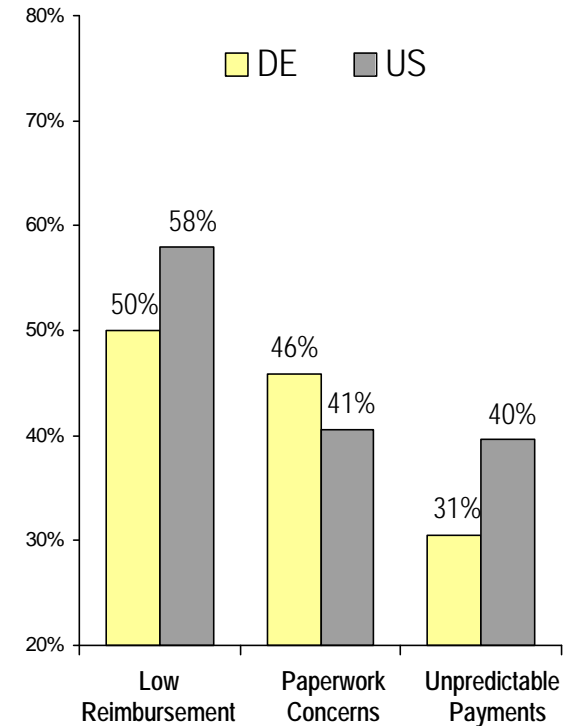
B. Title XXI Medicaid/SCHIP Program Eligibility

Delaware's Title XXI state program covers infants and children through age 18 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>'.



Medicaid State Report

DIST. COLUMBIA, FY 1998 (October 1, 1997 - September 30, 1998)

I. MEDICAID ENROLLEES AND EXPENDITURES				DIST OF COLUMBIA			SOUTH ATLANTIC REGION~			UNITED STATES		
A. Federal Medical Assistance Percentage (FMAP)*	70.0% (FY98)	70.0% (FY00)	79.0% (Enhanced)	60.6% (FY98)	60.6% (FY00)	72.4% (Enhanced)	60.7% (FY98)	60.7% (FY00)	72.5% (Enhanced)			
B. Total Medicaid Managed Care Enrollment, 06/30/1998 (% of Total Medicaid Enrollment)	51,022 (45.3% of 112,645 **)			3,014,061 (60.1% of 5,016,687)			15,760,205 (52.5% of 30,009,674)					
C. Percent of Births Paid for by Medicaid, 1997***	NA			45%			35%					
D. FY 1998 and FY 1994-98 Averaged DSH^ Payment	\$33 M \$38 M			\$1,939 M \$1,560 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	138,722 100.0%			7,032,022 100.0%			40,377,603 100.0%					
Children Under Age 21	76,525 55.2%			4,023,395 57.2%			22,331,022 56.4%					
Under Age 6	29,631 21.4%			1,670,802 23.8%			9,220,363 22.8%					
Infants	3,743 2.7%			370,561 5.3%			2,014,962 5.0%					
Age 1 Through 5	25,888 18.7%			1,300,241 18.5%			7,205,401 17.8%					
Age 6 Through 20	46,894 33.8%			2,352,593 33.5%			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	138,722	\$731 M	\$5,272	7,032,022	\$21,733 M	\$3,091	40,377,603	\$142,058 M	\$3,518			
Children^^^	49.6%	14.6%	\$1,385	52.0%	17.7%	\$1,024	50.6%	16.4%	\$1,130			
Categorically Needy - Cash	35.8%	8.7%	\$1,137	18.6%	5.8%	\$945	18.4%	6.0%	\$1,137			
Categorically Needy - Noncash	4.1%	1.0%	\$1,173	23.8%	7.4%	\$930	17.4%	4.6%	\$910			
Medically Needy	6.4%	2.3%	\$1,703	0.6%	0.5%	\$2,280	4.5%	1.7%	\$1,294			
Other	3.3%	2.6%	\$3,699	9.0%	4.0%	\$1,343	10.2%	4.2%	\$1,418			
Adults	22.0%	8.3%	\$1,769	18.7%	10.5%	\$1,689	21.8%	10.7%	\$1,704			
Categorically Needy - Cash	16.4%	5.4%	\$1,535	8.9%	4.7%	\$1,584	8.8%	4.5%	\$1,796			
Categorically Needy - Noncash	0.5%	0.4%	\$3,208	5.1%	4.2%	\$2,464	5.6%	3.2%	\$1,987			
Medically Needy	3.7%	1.8%	\$2,262	0.8%	0.5%	\$2,000	2.6%	1.3%	\$1,717			
Other	1.3%	0.7%	\$2,730	3.9%	1.1%	\$841	4.8%	1.6%	\$1,199			
Blind and Disabled	21.1%	53.7%	\$11,985	18.9%	45.5%	\$7,250	17.5%	43.6%	\$8,680			
Aged	7.3%	23.4%	\$15,051	10.5%	26.3%	\$7,568	10.2%	29.3%	\$9,968			

Notes: ~ Includes DC, DE, FL, GA, MD, NC, SC, VA & WV. * Regional and US averages of FY98 FMAP are weighted by FY98 expenditures. FY00 and Enhanced FMAPs are unweighted. ** Enrollment on 06/30/98 was 81.2% of total annual enrollment state reported to HCFA on Form 2082 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	DIST OF COLUMBIA				SOUTH ATLANTIC 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	0.5%	1.2%	2.5%	2.7%	1.5%	1.8%	0.5%	1.2%	2.5%	2.7%	1.5%	1.8%
Dental Services	0.1%	0.1%	0.7%	0.3%	0.4%	0.2%	0.1%	0.1%	0.7%	0.3%	0.4%	0.2%
Other Practitioners	0.0%	0.9%	0.2%	0.3%	0.2%	0.2%	0.9%	0.1%	0.2%	0.3%	0.2%	0.2%
EPSDT*	0.0%	0.0%	0.9%	0.1%	0.9%	0.1%	0.0%	0.0%	0.9%	0.1%	0.9%	0.1%
Family Planning Services	0.0%	0.0%	0.1%	0.1%	0.1%	0.1%	0.0%	0.0%	0.1%	0.1%	0.1%	0.1%
Clinic Services	0.8%	0.5%	1.1%	0.9%	0.9%	1.1%	0.8%	0.5%	0.9%	0.9%	0.9%	1.1%
Outpatient Hospital	1.1%	2.8%	2.5%	2.3%	1.3%	1.8%	1.1%	2.8%	2.5%	2.3%	1.3%	1.8%
Inpatient Hospital	7.4%	14.0%	6.5%	7.0%	5.1%	6.4%	7.4%	14.0%	6.5%	7.0%	5.1%	6.4%
Nursing Home/Intermediate Care	0.4%	27.1%	0.5%	22.6%	0.6%	24.5%	0.4%	27.1%	0.5%	22.6%	0.6%	24.5%
Mental Health Facility Services	0.1%	0.3%	0.7%	0.7%	0.8%	1.3%	0.1%	0.3%	0.7%	0.7%	0.8%	1.3%
Personal Care / Home Health Services	1.2%	2.3%	3.0%	3.9%	2.1%	4.7%	1.2%	2.3%	3.0%	3.9%	2.1%	4.7%
Lab and X-Ray	0.0%	0.1%	0.2%	0.3%	0.2%	0.3%	0.0%	0.1%	0.2%	0.3%	0.2%	0.3%
Prescribed Drugs	0.6%	3.7%	1.8%	7.8%	1.2%	6.1%	0.6%	3.7%	1.8%	7.8%	1.2%	6.1%
Prepaid Health Care	5.5%	0.7%	4.2%	3.4%	6.2%	4.3%	5.5%	0.7%	4.2%	3.4%	6.2%	4.3%
Primary Care Case Management Services	0.1%	0.0%	0.2%	0.1%	0.1%	0.0%	0.1%	0.0%	0.2%	0.1%	0.1%	0.0%
Other Services**	3.4%	4.3%	1.1%	1.6%	1.6%	2.0%	3.4%	4.3%	1.1%	1.6%	1.6%	2.0%
Reporting Variance~	0.0%	20.7%	-0.5%	18.3%	0.2%	20.0%	0.0%	20.7%	-0.5%	18.3%	0.2%	20.0%
All Services	21.3%	78.7%	25.7%	74.3%	23.3%	76.7%	21.3%	78.7%	25.7%	74.3%	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	\$219	21.3%	\$484	25.9%	\$277	48.5%	\$437	48.5%	\$242	39.3%	\$384	37.8%
Dental Services	\$79	15.0%	\$203	3.1%	\$174	22.0%	\$210	9.1%	\$172	13.7%	\$204	7.7%
Other Practitioners	\$79	1.9%	\$1,029	9.1%	\$155	7.0%	\$151	12.3%	\$179	6.7%	\$110	13.2%
EPSDT*	\$311	0.9%	\$252	0.3%	\$149	30.3%	\$117	3.6%	\$224	26.1%	\$308	3.5%
Family Planning Services	\$92	1.4%	\$93	1.8%	\$194	3.2%	\$151	3.9%	\$159	2.6%	\$141	3.3%
Clinic Services	\$1,317	5.1%	\$1,675	3.1%	\$486	12.0%	\$712	9.4%	\$469	11.4%	\$874	9.7%
Outpatient Hospital	\$394	24.9%	\$1,099	26.8%	\$446	29.4%	\$546	30.2%	\$333	24.7%	\$582	24.6%
Inpatient Hospital	\$11,009	5.9%	\$11,355	13.1%	\$4,368	7.8%	\$3,594	13.7%	\$4,826	6.5%	\$4,807	10.5%
Nursing Home/Intermediate Care	\$57,895	0.1%	\$43,169	6.7%	\$59,984	0.0%	\$19,921	8.0%	\$63,002	0.1%	\$21,867	8.9%
Mental Health Facility Services	\$5,646	0.1%	\$17,746	0.2%	\$7,409	0.5%	\$8,143	0.6%	\$18,105	0.3%	\$28,065	0.4%
Personal Care / Home Health Services	\$1,891	5.4%	\$3,669	6.6%	\$1,055	15.2%	\$1,828	15.2%	\$1,752	7.3%	\$3,125	11.9%
Lab and X-Ray	\$39	8.6%	\$143	11.1%	\$57	20.1%	\$111	19.4%	\$66	17.6%	\$119	18.7%
Prescribed Drugs	\$165	32.7%	\$1,161	34.1%	\$197	49.4%	\$1,162	47.3%	\$188	41.0%	\$1,205	40.3%
Prepaid Health Care	\$788	60.6%	\$644	11.7%	\$660	33.5%	\$2,159	11.1%	\$771	50.0%	\$1,286	26.5%
Primary Care Case Management Services	\$91	8.0%	\$142	1.7%	\$22	43.5%	\$27	16.5%	\$28	12.2%	\$43	4.2%
Other Services**	\$3,530	8.3%	\$2,331	19.8%	\$808	7.0%	\$660	17.5%	\$799	12.2%	\$799	19.6%
All Services	\$2,124	87.2%	\$10,100	83.2%	\$1,447	93.8%	\$5,628	93.1%	\$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 Dist of Columbia in 1997 was 49% 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.

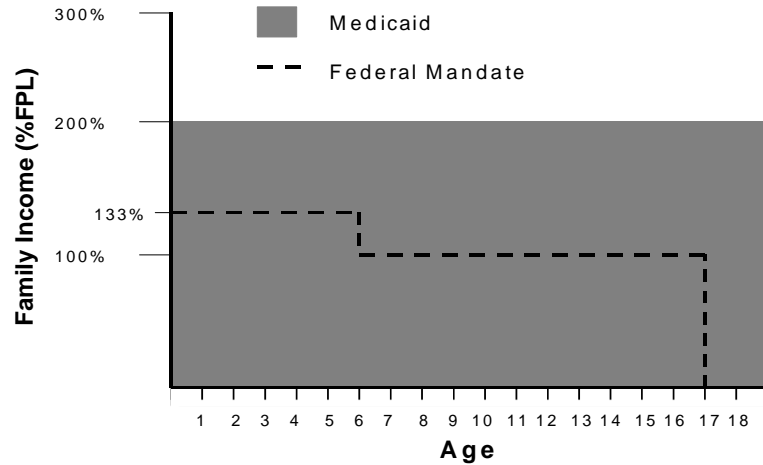
I. CONTINUED	DIST. COLUMBIA		SOUTH ATLANTIC REGION		UNITED STATES	
I. Enrollees Under Age 21, by Race and Age, FY 1998#	<u>Enrollees</u>	<u>Percent</u>	<u>Enrollees</u>	<u>Percent</u>	<u>Enrollees</u>	<u>Percent</u>
Non-hispanic White	297	0.4%	1,531,128	38.1%	8,942,666	40.0%
Ages 0 Through 5	137	46.1%	653,253	42.7%	3,674,647	41.1%
Ages 6 Through 20	160	53.9%	877,875	57.3%	5,268,019	57.6%
Non-hispanic Black	71,176	93.0%	1,953,927	48.6%	6,572,457	29.4%
Ages 0 Through 5	26,707	37.5%	736,600	37.7%	2,493,510	37.9%
Ages 6 Through 20	44,469	62.5%	1,217,327	62.3%	4,078,947	62.1%
Hispanic	3,458	4.5%	341,932	8.5%	4,814,500	21.6%
Ages 0 Through 5	2,057	59.5%	174,997	51.2%	2,211,872	45.9%
Ages 6 Through 20	1,401	40.5%	166,935	48.8%	2,602,628	54.1%
Other	1,594	2.1%	196,408	4.9%	2,001,399	9.0%
Ages 0 Through 5	730	45.8%	105,952	53.9%	840,334	42.0%
Ages 6 Through 20	864	54.2%	90,456	46.1%	1,161,065	58.0%

II. POPULATION AND CHILD HEALTH DATA

A. Total Population, 1998	531,517	100.0%		48,928,149	100.0%		270,002,354	100.0%	
Under Age 21	146,710	27.6%		14,000,712	28.6%		81,664,866	30.2%	
Under Age 6	43,694	8.2%		3,906,606	8.0%		23,078,513	8.5%	
Infants	8,429	1.6%		633,689	1.3%		3,800,560	1.4%	
Age 1 Through 5	35,265	6.6%		3,272,917	6.7%		19,277,953	7.1%	
Age 6 Through 20	103,016	19.4%		10,094,106	20.6%		58,586,353	21.7%	
Age 21 and Older	384,807	72.4%		34,927,437	71.4%		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>	<u>Total</u>	<u>White</u>	<u>Other</u>
Infant Mortality per 1,000 Live Births	13.2	na	16.5	8.3	6.1	13.5	7.2	6.0	11.8
Neonatal Mortality	9.7	na	12.1	5.8	4.2	9.5	4.8	4.0	7.7
Postneonatal Mortality	3.5	na	4.4	2.6	2.0	4.0	2.5	2.0	4.0
% Low Birth Weight Infants									
Under 2500 Grams	13.1	5.9	15.7	8.5	6.7	12.5	7.6	6.5	11.6
Under 1500 Grams	3.0	0.8	3.8	1.7	1.2	3.0	1.4	1.1	2.6
% Not Receiving Prenatal Care									
In First Trimester	28.0	15.2	32.8	15.4	11.8	23.7	17.2	15.2	24.9
Until Third Trimester or Not At All	10.2	5.0	12.2	3.3	2.3	5.7	3.9	3.3	6.3
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 ~	0	0%		4,873,224	42%		34,317,300	50%	
Fewer than 82 Child Health Physician per 100K Children ~	0	0%		4,550,267	39%		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 (36% FPL for the District of Columbia, an equivalent of \$5,094 for a family of 3 in 2000).

The District of Columbia expanded its Title XIX Medicaid program to 185% FPL for pregnant women and infants. The Medically Needy were covered up to 56% FPL 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 69% of 19K uninsured children under age 19 in the District of Columbia 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>.

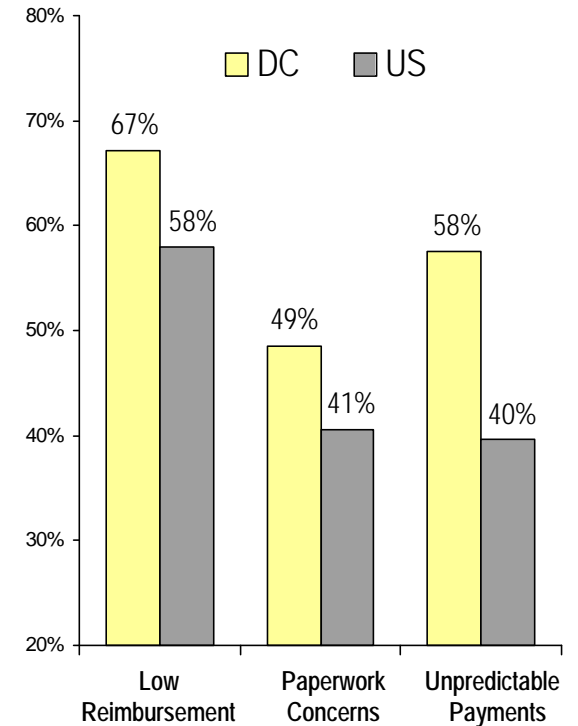
B. Title XXI Medicaid/SCHIP Program Eligibility

The District of Columbia's Medicaid expansion under Title XXI covers infants from 185% to 200% FPL, and children ages 1 through 5 from 133% to 200% FPL, ages 6 through 16 from 100% to 200% FPL and ages 17 through 18 from 36% 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>.



Medicaid State Report

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



I. MEDICAID ENROLLEES AND EXPENDITURES	FLORIDA			SOUTH ATLANTIC REGION~			UNITED STATES		
A. Federal Medical Assistance Percentage (FMAP)*	55.6% (FY98)	56.5% (FY00)	69.6% (Enhanced)	60.6% (FY98)	60.6% (FY00)	72.4% (Enhanced)	60.7% (FY98)	60.7% (FY00)	72.5% (Enhanced)
B. Total Medicaid Managed Care Enrollment, 06/30/1998 (% of Total Medicaid Enrollment)	915,554 (64.6% of 1,417,854 **)			3,014,061 (60.1% of 5,016,687)			15,760,205 (52.5% of 30,009,674)		
C. Percent of Births Paid for by Medicaid, 1997***	45%			45%			35%		
D. FY 1998 and FY 1994-98 Averaged DSH^ Payment	\$371 M		\$254 M	\$1,939 M		\$1,560 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	2,040,541		100.0%	7,032,022		100.0%	40,377,603		100.0%
Children Under Age 21	1,137,381		55.7%	4,023,395		57.2%	22,331,022		56.4%
Under Age 6	458,310		22.5%	1,670,802		23.8%	9,220,363		22.8%
Infants	84,616		4.1%	370,561		5.3%	2,014,962		5.0%
Age 1 Through 5	373,694		18.3%	1,300,241		18.5%	7,205,401		17.8%
Age 6 Through 20	679,071		33.3%	2,352,593		33.5%	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	2,040,541	\$5,687 M	\$2,787	7,032,022	\$21,733 M	\$3,091	40,377,603	\$142,058 M	\$3,518
Children^^^	50.2%	15.9%	\$876	52.0%	17.7%	\$1,024	50.6%	16.4%	\$1,130
Categorically Needy - Cash	24.6%	7.0%	\$789	18.6%	5.8%	\$945	18.4%	6.0%	\$1,137
Categorically Needy - Noncash	17.8%	3.7%	\$571	23.8%	7.4%	\$930	17.4%	4.6%	\$910
Medically Needy	0.8%	0.4%	\$1,484	0.6%	0.5%	\$2,280	4.5%	1.7%	\$1,294
Other	7.1%	4.8%	\$1,876	9.0%	4.0%	\$1,343	10.2%	4.2%	\$1,418
Adults	19.6%	9.7%	\$1,372	18.7%	10.5%	\$1,689	21.8%	10.7%	\$1,704
Categorically Needy - Cash	12.3%	5.0%	\$1,136	8.9%	4.7%	\$1,584	8.8%	4.5%	\$1,796
Categorically Needy - Noncash	4.2%	3.3%	\$2,195	5.1%	4.2%	\$2,464	5.6%	3.2%	\$1,987
Medically Needy	1.4%	0.7%	\$1,349	0.8%	0.5%	\$2,000	2.6%	1.3%	\$1,717
Other	1.7%	0.7%	\$1,096	3.9%	1.1%	\$841	4.8%	1.6%	\$1,199
Blind and Disabled	20.2%	47.0%	\$6,452	18.9%	45.5%	\$7,250	17.5%	43.6%	\$8,680
Aged	9.9%	27.5%	\$7,665	10.5%	26.3%	\$7,568	10.2%	29.3%	\$9,968

Notes: ~ Includes DC, DE, FL, GA, MD, NC, SC, VA & WV. * Regional and US averages of FY98 FMAP are weighted by FY98 expenditures. FY00 and Enhanced FMAPs are unweighted. ** Enrollment on 06/30/98 was 69.5% of total annual enrollment state reported to HCFA on Form 2082 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	FLORIDA				SOUTH ATLANTIC 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	1.5%		1.2%		2.5%		2.7%		1.5%		1.8%	
Dental Services	1.1%		0.4%		0.7%		0.3%		0.4%		0.2%	
Other Practitioners	0.0%		0.5%		0.2%		0.3%		0.2%		0.2%	
EPSDT*	0.5%		0.0%		0.9%		0.1%		0.9%		0.1%	
Family Planning Services	0.0%		0.0%		0.1%		0.1%		0.1%		0.1%	
Clinic Services	1.1%		0.7%		1.1%		0.9%		0.9%		1.1%	
Outpatient Hospital	2.2%		2.5%		2.5%		2.3%		1.3%		1.8%	
Inpatient Hospital	7.1%		7.0%		6.5%		7.0%		5.1%		6.4%	
Nursing Home/Intermediate Care	0.4%		24.6%		0.5%		22.6%		0.6%		24.5%	
Mental Health Facility Services	0.0%		0.3%		0.7%		0.7%		0.8%		1.3%	
Personal Care / Home Health Services	2.5%		3.6%		3.0%		3.9%		2.1%		4.7%	
Lab and X-Ray	0.2%		0.3%		0.2%		0.3%		0.2%		0.3%	
Prescribed Drugs	2.0%		10.1%		1.8%		7.8%		1.2%		6.1%	
Prepaid Health Care	4.9%		4.5%		4.2%		3.4%		6.2%		4.3%	
Primary Care Case Management Services	0.2%		0.1%		0.2%		0.1%		0.1%		0.0%	
Other Services**	0.3%		1.2%		1.1%		1.6%		1.6%		2.0%	
Reporting Variance~	0.0%		19.1%		-0.5%		18.3%		0.2%		20.0%	
All Services	24.0%		76.0%		25.7%		74.3%		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	\$212	34.1%	\$276	27.0%	\$277	48.5%	\$437	48.5%	\$242	39.3%	\$384	37.8%
Dental Services	\$201	27.5%	\$246	9.5%	\$174	22.0%	\$210	9.1%	\$172	13.7%	\$204	7.7%
Other Practitioners	\$67	2.2%	\$344	8.6%	\$155	7.0%	\$151	12.3%	\$179	6.7%	\$110	13.2%
EPSDT*	\$111	22.5%	\$76	1.3%	\$149	30.3%	\$117	3.6%	\$224	26.1%	\$308	3.5%
Family Planning Services	\$80	0.0%	\$82	0.0%	\$194	3.2%	\$151	3.9%	\$159	2.6%	\$141	3.3%
Clinic Services	\$735	7.2%	\$631	6.7%	\$486	12.0%	\$712	9.4%	\$469	11.4%	\$874	9.7%
Outpatient Hospital	\$429	25.5%	\$605	26.0%	\$446	29.4%	\$546	30.2%	\$333	24.7%	\$582	24.6%
Inpatient Hospital	\$6,207	5.7%	\$3,420	12.8%	\$4,368	7.8%	\$3,594	13.7%	\$4,826	6.5%	\$4,807	10.5%
Nursing Home/Intermediate Care	\$70,776	0.0%	\$19,322	8.0%	\$59,984	0.0%	\$19,921	8.0%	\$63,002	0.1%	\$21,867	8.9%
Mental Health Facility Services	\$764	0.0%	\$73,962	0.0%	\$7,409	0.5%	\$8,143	0.6%	\$18,105	0.3%	\$28,065	0.4%
Personal Care / Home Health Services	\$1,179	10.7%	\$2,456	9.1%	\$1,055	15.2%	\$1,828	15.2%	\$1,752	7.3%	\$3,125	11.9%
Lab and X-Ray	\$43	19.5%	\$105	16.4%	\$57	20.1%	\$111	19.4%	\$66	17.6%	\$119	18.7%
Prescribed Drugs	\$246	40.3%	\$1,466	43.3%	\$197	49.4%	\$1,162	47.3%	\$188	41.0%	\$1,205	40.3%
Prepaid Health Care	\$508	48.4%	\$1,715	16.6%	\$660	33.5%	\$2,159	11.1%	\$771	50.0%	\$1,286	26.5%
Primary Care Case Management Services	\$21	51.4%	\$24	18.5%	\$22	43.5%	\$27	16.5%	\$28	12.2%	\$43	4.2%
Other Services**	\$238	5.9%	\$430	18.0%	\$808	7.0%	\$660	17.5%	\$799	12.2%	\$799	19.6%
All Services	\$1,275	93.7%	\$5,209	91.6%	\$1,447	93.8%	\$5,628	93.1%	\$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 Florida in 1997 was 55% 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.

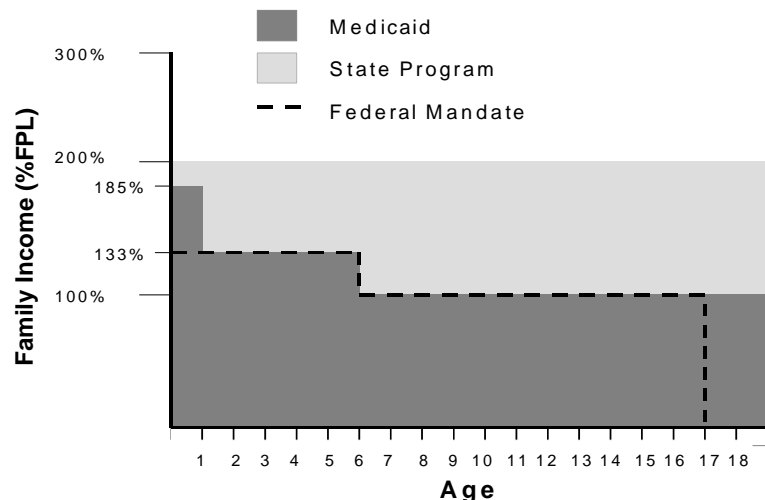
I. CONTINUED	FLORIDA		SOUTH ATLANTIC REGION		UNITED STATES	
I. Enrollees Under Age 21, by Race and Age, FY 1998#	<u>Enrollees</u>	<u>Percent</u>	<u>Enrollees</u>	<u>Percent</u>	<u>Enrollees</u>	<u>Percent</u>
Non-hispanic White	402,900	35.4%	1,531,128	38.1%	8,942,666	40.0%
Ages 0 Through 5	168,687	41.9%	653,253	42.7%	3,674,647	41.1%
Ages 6 Through 20	234,213	58.1%	877,875	57.3%	5,268,019	57.6%
Non-hispanic Black	459,018	40.4%	1,953,927	48.6%	6,572,457	29.4%
Ages 0 Through 5	169,856	37.0%	736,600	37.7%	2,493,510	37.9%
Ages 6 Through 20	289,162	63.0%	1,217,327	62.3%	4,078,947	62.1%
Hispanic	223,409	19.6%	341,932	8.5%	4,814,500	21.6%
Ages 0 Through 5	99,885	44.7%	174,997	51.2%	2,211,872	45.9%
Ages 6 Through 20	123,524	55.3%	166,935	48.8%	2,602,628	54.1%
Other	52,054	4.6%	196,408	4.9%	2,001,399	9.0%
Ages 0 Through 5	19,882	38.2%	105,952	53.9%	840,334	42.0%
Ages 6 Through 20	32,172	61.8%	90,456	46.1%	1,161,065	58.0%

II. POPULATION AND CHILD HEALTH DATA

A. Total Population, 1998	14,812,157	100.0%		48,928,149	100.0%		270,002,354	100.0%	
Under Age 21	4,012,174	27.1%		14,000,712	28.6%		81,664,866	30.2%	
Under Age 6	1,116,678	7.5%		3,906,606	8.0%		23,078,513	8.5%	
Infants	180,244	1.2%		633,689	1.3%		3,800,560	1.4%	
Age 1 Through 5	936,434	6.3%		3,272,917	6.7%		19,277,953	7.1%	
Age 6 Through 20	2,895,496	19.5%		10,094,106	20.6%		58,586,353	21.7%	
Age 21 and Older	10,799,983	72.9%		34,927,437	71.4%		188,337,488	69.8%	
B. Infant Mortality, Low Birth Weight and Prenatal Care, 1997	Total	White	Other	Total	White	Other	Total	White	Other
Infant Mortality per 1,000 Live Births	7.1	5.7	11.4	8.3	6.1	13.5	7.2	6.0	11.8
Neonatal Mortality	4.6	3.6	7.6	5.8	4.2	9.5	4.8	4.0	7.7
Postneonatal Mortality	2.5	2.0	3.8	2.6	2.0	4.0	2.5	2.0	4.0
% Low Birth Weight Infants									
Under 2500 Grams	8.1	6.8	11.8	8.5	6.7	12.5	7.6	6.5	11.6
Under 1500 Grams	1.6	1.2	2.6	1.7	1.2	3.0	1.4	1.1	2.6
% Not Receiving Prenatal Care									
In First Trimester	16.4	13.1	26.1	15.4	11.8	23.7	17.2	15.2	24.9
Until Third Trimester or Not At All	3.5	2.6	6.3	3.3	2.3	5.7	3.9	3.3	6.3
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 ~	759,683	23%		4,873,224	42%		34,317,300	50%	
Fewer than 82 Child Health Physician per 100K Children ~	807,351	24%		4,550,267	39%		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 (29% FPL for Florida, an equivalent of \$4,104 for a family of 3 in 2000).

Florida expanded its Title XIX Medicaid program to 185% FPL for pregnant women and infants. The Medically Needy were covered up to 27% FPL 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 46% of 653K uninsured children under age 19 in Florida 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>'.

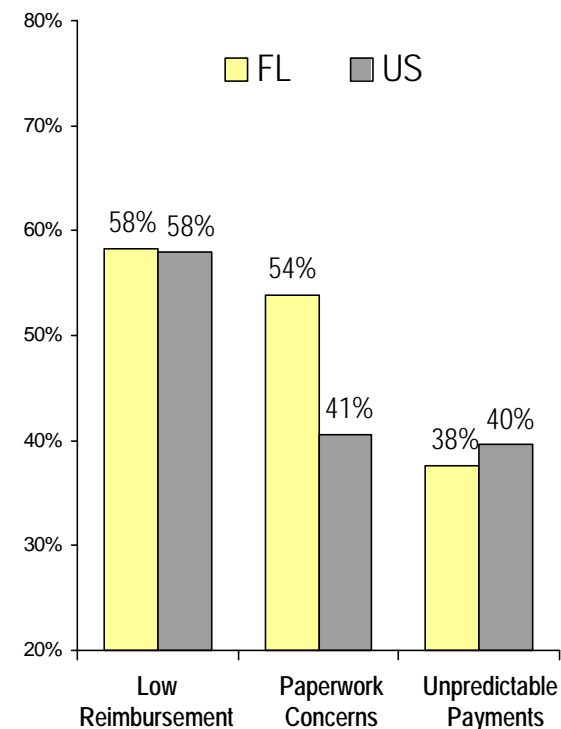
B. Title XXI Medicaid/SCHIP Program Eligibility

Florida's Title XXI Medicaid program covers children ages 17 through 18 from 29% to 100% FPL. Healthy Kids, its Title XXI state program, covers infants from 185% to 200% FPL, children ages 1 through 5 from 133% to 200% FPL, and children 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>'.



Medicaid State Report

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



I. MEDICAID ENROLLEES AND EXPENDITURES				GEORGIA			SOUTH ATLANTIC REGION~			UNITED STATES		
A. Federal Medical Assistance Percentage (FMAP)*		60.8% (FY98)	59.9% (FY00)	71.9% (Enhanced)		60.6% (FY98)	60.6% (FY00)	72.4% (Enhanced)		60.7% (FY98)	60.7% (FY00)	72.5% (Enhanced)
B. Total Medicaid Managed Care Enrollment, 06/30/1998 (% of Total Medicaid Enrollment)		673,528 (76.3% of 882,636 **)				3,014,061 (60.1% of 5,016,687)				15,760,205 (52.5% of 30,009,674)		
C. Percent of Births Paid for by Medicaid, 1997***		52%				45%				35%		
D. FY 1998 and FY 1994-98 Averaged DSH^ Payment		\$410 M		\$390 M		\$1,939 M		\$1,560 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		1,223,439		100.0%		7,032,022		100.0%		40,377,603		100.0%
Children Under Age 21		746,845		61.0%		4,023,395		57.2%		22,331,022		56.4%
Under Age 6		325,487		26.6%		1,670,802		23.8%		9,220,363		22.8%
Infants		70,643		5.8%		370,561		5.3%		2,014,962		5.0%
Age 1 Through 5		254,844		20.8%		1,300,241		18.5%		7,205,401		17.8%
Age 6 Through 20		421,358		34.4%		2,352,593		33.5%		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		1,223,439	\$3,012 M	\$2,462		7,032,022	\$21,733 M	\$3,091		40,377,603	\$142,058 M	\$3,518
Children^^^		56.8%	20.5%	\$873		52.0%	17.7%	\$1,024		50.6%	16.4%	\$1,130
Categorically Needy - Cash		12.1%	4.8%	\$963		18.6%	5.8%	\$945		18.4%	6.0%	\$1,137
Categorically Needy - Noncash		34.7%	12.6%	\$881		23.8%	7.4%	\$930		17.4%	4.6%	\$910
Medically Needy		0.0%	0.0%	\$3,528		0.6%	0.5%	\$2,280		4.5%	1.7%	\$1,294
Other		10.0%	3.0%	\$732		9.0%	4.0%	\$1,343		10.2%	4.2%	\$1,418
Adults		17.1%	15.5%	\$2,191		18.7%	10.5%	\$1,689		21.8%	10.7%	\$1,704
Categorically Needy - Cash		4.3%	4.5%	\$2,527		8.9%	4.7%	\$1,584		8.8%	4.5%	\$1,796
Categorically Needy - Noncash		8.1%	9.3%	\$2,772		5.1%	4.2%	\$2,464		5.6%	3.2%	\$1,987
Medically Needy		0.0%	0.0%	\$2,160		0.8%	0.5%	\$2,000		2.6%	1.3%	\$1,717
Other		4.7%	1.7%	\$871		3.9%	1.1%	\$841		4.8%	1.6%	\$1,199
Blind and Disabled		18.6%	47.4%	\$6,180		18.9%	45.5%	\$7,250		17.5%	43.6%	\$8,680
Aged		7.5%	16.7%	\$5,350		10.5%	26.3%	\$7,568		10.2%	29.3%	\$9,968

Notes: ~ Includes DC, DE, FL, GA, MD, NC, SC, VA & WV. * Regional and US averages of FY98 FMAP are weighted by FY98 expenditures. FY00 and Enhanced FMAPs are unweighted. ** Enrollment on 06/30/98 was 72.1% of total annual enrollment state reported to HCFA on Form 2082 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	GEORGIA				SOUTH ATLANTIC 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	5.0%		4.9%		2.5%		2.7%		1.5%		1.8%	
Dental Services	0.9%		0.3%		0.7%		0.3%		0.4%		0.2%	
Other Practitioners	0.5%		0.2%		0.2%		0.3%		0.2%		0.2%	
EPSDT*	0.8%		0.1%		0.9%		0.1%		0.9%		0.1%	
Family Planning Services	0.1%		0.1%		0.1%		0.1%		0.1%		0.1%	
Clinic Services	1.2%		1.5%		1.1%		0.9%		0.9%		1.1%	
Outpatient Hospital	3.5%		3.7%		2.5%		2.3%		1.3%		1.8%	
Inpatient Hospital	8.5%		8.7%		6.5%		7.0%		5.1%		6.4%	
Nursing Home/Intermediate Care	0.4%		21.0%		0.5%		22.6%		0.6%		24.5%	
Mental Health Facility Services	0.0%		0.0%		0.7%		0.7%		0.8%		1.3%	
Personal Care / Home Health Services	2.7%		2.4%		3.0%		3.9%		2.1%		4.7%	
Lab and X-Ray	0.1%		0.2%		0.2%		0.3%		0.2%		0.3%	
Prescribed Drugs	2.5%		7.8%		1.8%		7.8%		1.2%		6.1%	
Prepaid Health Care	0.9%		0.6%		4.2%		3.4%		6.2%		4.3%	
Primary Care Case Management Services	0.5%		0.2%		0.2%		0.1%		0.1%		0.0%	
Other Services**	0.6%		3.0%		1.1%		1.6%		1.6%		2.0%	
Reporting Variance~	0.0%		17.0%		-0.5%		18.3%		0.2%		20.0%	
All Services	28.3%		71.7%		25.7%		74.3%		23.3%		76.7%	
H. 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	\$313	64.1%	\$481	63.6%	\$277	48.5%	\$437	48.5%	\$242	39.3%	\$384	37.8%
Dental Services	\$147	24.6%	\$149	11.3%	\$174	22.0%	\$210	9.1%	\$172	13.7%	\$204	7.7%
Other Practitioners	\$197	10.0%	\$96	14.0%	\$155	7.0%	\$151	12.3%	\$179	6.7%	\$110	13.2%
EPSDT*	\$89	36.9%	\$67	6.1%	\$149	30.3%	\$117	3.6%	\$224	26.1%	\$308	3.5%
Family Planning Services	\$97	5.1%	\$111	7.7%	\$194	3.2%	\$151	3.9%	\$159	2.6%	\$141	3.3%
Clinic Services	\$1,749	2.7%	\$1,714	5.6%	\$486	12.0%	\$712	9.4%	\$469	11.4%	\$874	9.7%
Outpatient Hospital	\$377	37.7%	\$565	41.5%	\$446	29.4%	\$546	30.2%	\$333	24.7%	\$582	24.6%
Inpatient Hospital	\$4,698	7.2%	\$3,394	16.2%	\$4,368	7.8%	\$3,594	13.7%	\$4,826	6.5%	\$4,807	10.5%
Nursing Home/Intermediate Care	\$32,611	0.0%	\$15,693	8.4%	\$59,984	0.0%	\$19,921	8.0%	\$63,002	0.1%	\$21,867	8.9%
Mental Health Facility Services		0.0%		0.0%	\$7,409	0.5%	\$8,143	0.6%	\$18,105	0.3%	\$28,065	0.4%
Personal Care / Home Health Services	\$631	16.9%	\$626	24.3%	\$1,055	15.2%	\$1,828	15.2%	\$1,752	7.3%	\$3,125	11.9%
Lab and X-Ray	\$57	9.0%	\$83	12.4%	\$57	20.1%	\$111	19.4%	\$66	17.6%	\$119	18.7%
Prescribed Drugs	\$167	60.7%	\$849	57.3%	\$197	49.4%	\$1,162	47.3%	\$188	41.0%	\$1,205	40.3%
Prepaid Health Care	\$471	7.5%	\$1,265	2.8%	\$660	33.5%	\$2,159	11.1%	\$771	50.0%	\$1,286	26.5%
Primary Care Case Management Services	\$24	86.9%	\$33	42.1%	\$22	43.5%	\$27	16.5%	\$28	12.2%	\$43	4.2%
Other Services**	\$276	8.4%	\$1,076	17.7%	\$808	7.0%	\$660	17.5%	\$799	12.2%	\$799	19.6%
All Services	\$1,159	97.8%	\$4,502	100.0%	\$1,447	93.8%	\$5,628	93.1%	\$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 Georgia in 1997 was 41% 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.

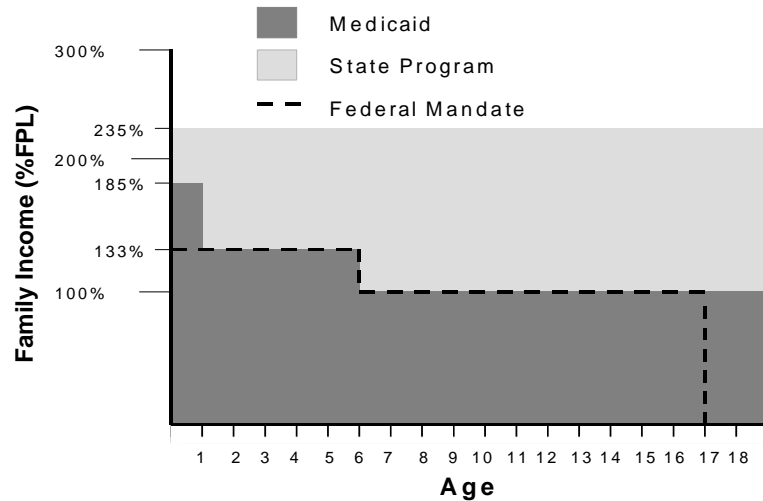
I. CONTINUED	GEORGIA		SOUTH ATLANTIC REGION		UNITED STATES	
I. Enrollees Under Age 21, by Race and Age, FY 1998#	<u>Enrollees</u>	<u>Percent</u>	<u>Enrollees</u>	<u>Percent</u>	<u>Enrollees</u>	<u>Percent</u>
Non-hispanic White	243,130	32.6%	1,531,128	38.1%	8,942,666	40.0%
Ages 0 Through 5	107,381	44.2%	653,253	42.7%	3,674,647	41.1%
Ages 6 Through 20	135,749	55.8%	877,875	57.3%	5,268,019	57.6%
Non-hispanic Black	420,851	56.4%	1,953,927	48.6%	6,572,457	29.4%
Ages 0 Through 5	156,610	37.2%	736,600	37.7%	2,493,510	37.9%
Ages 6 Through 20	264,241	62.8%	1,217,327	62.3%	4,078,947	62.1%
Hispanic	33,469	4.5%	341,932	8.5%	4,814,500	21.6%
Ages 0 Through 5	21,868	65.3%	174,997	51.2%	2,211,872	45.9%
Ages 6 Through 20	11,601	34.7%	166,935	48.8%	2,602,628	54.1%
Other	49,395	6.6%	196,408	4.9%	2,001,399	9.0%
Ages 0 Through 5	39,628	80.2%	105,952	53.9%	840,334	42.0%
Ages 6 Through 20	9,767	19.8%	90,456	46.1%	1,161,065	58.0%

II. POPULATION AND CHILD HEALTH DATA

A. Total Population, 1998	7,616,086	100.0%	48,928,149	100.0%	270,002,354	100.0%
Under Age 21	2,359,018	31.0%	14,000,712	28.6%	81,664,866	30.2%
Under Age 6	663,024	8.7%	3,906,606	8.0%	23,078,513	8.5%
Infants	106,593	1.4%	633,689	1.3%	3,800,560	1.4%
Age 1 Through 5	556,431	7.3%	3,272,917	6.7%	19,277,953	7.1%
Age 6 Through 20	1,695,994	22.3%	10,094,106	20.6%	58,586,353	21.7%
Age 21 and Older	5,257,068	69.0%	34,927,437	71.4%	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	8.6	6.1	13.1	8.3	6.1	13.5
Neonatal Mortality	6.0	4.2	9.1	5.8	4.2	9.5
Postneonatal Mortality	2.7	1.9	4.0	2.6	2.0	4.0
% Low Birth Weight Infants						
Under 2500 Grams	8.5	6.4	12.3	8.5	6.7	12.5
Under 1500 Grams	1.8	1.1	2.9	1.7	1.2	3.0
% Not Receiving Prenatal Care						
In First Trimester	13.6	10.0	20.0	15.4	11.8	23.7
Until Third Trimester or Not At All	2.8	1.9	4.2	3.3	2.3	5.7
C. Pediatrician and Other Child Health Physician Ratios, 1998						
<i>Children living in Health Service Areas* with:</i>	<u>Total</u>	<u>% Child Population</u> ⁺	<u>Total</u>	<u>% Child Population</u> ⁺	<u>Total</u>	<u>% Child Population</u> ⁺
Fewer than 55 Pediatricians per 100K Children ~	1,198,129	60%	4,873,224	42%	34,317,300	50%
Fewer than 82 Child Health Physician per 100K Children ~	1,198,129	60%	4,550,267	39%	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 (39% FPL for Georgia, an equivalent of \$5,518 for a family of 3 in 2000).

Georgia expanded its Title XIX Medicaid program to 185% FPL for pregnant women and infants and to 100% FPL for children ages 17 through 18. The Medically Needy were covered up to 35% FPL 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 57% of 426K uninsured children under age 19 in Georgia 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>'.

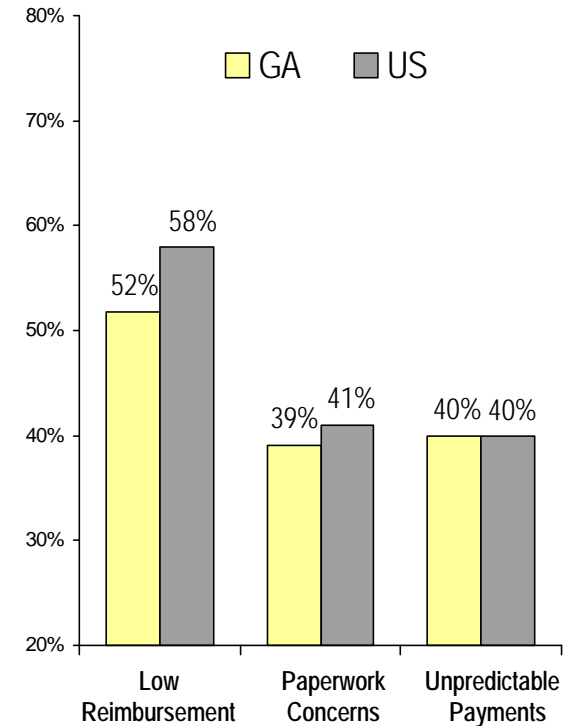
B. Title XXI Medicaid/SCHIP Program Eligibility

Georgia's Title XXI state program covers infants from 185% to 235% FPL, children ages 1 through 5 from 133% to 235% FPL, and children ages 6 through 18 from 100% to 235% 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>'.



Medicaid State Report

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

I. MEDICAID ENROLLEES AND EXPENDITURES	HAWAII			PACIFIC REGION~			UNITED STATES		
A. Federal Medical Assistance Percentage (FMAP)*	50.0% (FY98)	51.0% (FY00)	65.7% (Enhanced)	NA (FY98)	54.9% (FY00)	68.4% (Enhanced)	NA (FY98)	60.7% (FY00)	72.5% (Enhanced)
B. Total Medicaid Managed Care Enrollment, 06/30/1998 (% of Total Medicaid Enrollment)	131,761 (80.5% of 163,721)			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***	na			39%			35%		
D. FY 1998 and FY 1994-98 Averaged DSH^ Payment	\$0 M		\$6 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	182,460	100.0%		7,914,281	100.0%		40,377,603	100.0%	
Children Under Age 21	87,249	47.8%		4,406,554	55.7%		22,331,022	56.4%	
Under Age 6	36,743	20.1%		1,681,932	21.3%		9,220,363	22.8%	
Infants	10,481	5.7%		275,926	3.5%		2,014,962	5.0%	
Age 1 Through 5	26,262	14.4%		1,406,006	17.8%		7,205,401	17.8%	
Age 6 Through 20	50,506	27.7%		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	182,460	\$507 M	\$2,781	7,914,281	\$18,496 M	\$2,337	40,377,603	\$142,058 M	\$3,518
Children^^^	27.1%	0.4%	\$46	51.3%	21.4%	\$951	50.6%	16.4%	\$1,130
Categorically Needy - Cash	0.0%	0.0%	NA	22.0%	10.6%	\$1,108	18.4%	6.0%	\$1,137
Categorically Needy - Noncash	0.0%	0.0%	NA	7.5%	2.6%	\$805	17.4%	4.6%	\$910
Medically Needy	27.1%	0.4%	\$46	10.2%	3.9%	\$884	4.5%	1.7%	\$1,294
Other	0.0%	0.0%	NA	11.7%	4.1%	\$810	10.2%	4.2%	\$1,418
Adults	27.0%	1.1%	\$142	25.3%	17.8%	\$1,604	21.8%	10.7%	\$1,704
Categorically Needy - Cash	0.0%	0.0%	NA	9.8%	7.5%	\$1,746	8.8%	4.5%	\$1,796
Categorically Needy - Noncash	0.0%	0.0%	NA	3.2%	3.4%	\$2,409	5.6%	3.2%	\$1,987
Medically Needy	27.0%	1.1%	\$142	3.9%	2.4%	\$1,382	2.6%	1.3%	\$1,717
Other	0.0%	0.0%	NA	8.3%	4.4%	\$1,225	4.8%	1.6%	\$1,199
Blind and Disabled	21.3%	37.8%	\$6,134	14.7%	40.4%	\$6,303	17.5%	43.6%	\$8,680
Aged	24.7%	60.8%	\$8,510	8.7%	20.5%	\$5,408	10.2%	29.3%	\$9,968

Notes: Combined fee-for-service and Quest data were reported for HI. ~ Includes AK, CA, HI, OR & WA. * Regional and US averages of FY98 FMAP are weighted by FY98 expenditures. FY00 and Enhanced FMAPs are unweighted. *** 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	HAWAII				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	0.4%		9.1%		1.3%		2.0%		1.5%		1.8%	
Dental Services	0.0%		0.6%		0.3%		0.1%		0.4%		0.2%	
Other Practitioners	0.0%		0.4%		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	na		na		0.8%		1.2%		0.9%		1.1%	
Outpatient Hospital	0.2%		4.1%		0.7%		1.1%		1.3%		1.8%	
Inpatient Hospital	1.7%		9.4%		4.5%		6.7%		5.1%		6.4%	
Nursing Home/Intermediate Care	0.3%		59.0%		0.5%		15.9%		0.6%		24.5%	
Mental Health Facility Services	na		na		0.3%		0.1%		0.8%		1.3%	
Personal Care / Home Health Services	na		na		2.2%		5.4%		2.1%		4.7%	
Lab and X-Ray	0.0%		0.8%		0.4%		0.7%		0.2%		0.3%	
Prescribed Drugs	0.4%		9.8%		1.0%		6.8%		1.2%		6.1%	
Prepaid Health Care	na		na		11.4%		6.6%		6.2%		4.3%	
Primary Care Case Management Services	na		na		0.0%		0.0%		0.1%		0.0%	
Other Services**	0.3%		2.6%		1.7%		2.4%		1.6%		2.0%	
Reporting Variance~	0.0%		0.0%		0.6%		23.0%		0.2%		20.0%	
All Services	24.9%		75.1%		26.4%		73.6%		23.3%		76.7%	
H. 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	\$480	9.6%	\$789	55.9%	\$194	28.4%	\$331	28.4%	\$242	39.3%	\$384	37.8%
Dental Services	\$122	1.9%	\$198	14.7%	\$241	5.9%	\$331	2.3%	\$172	13.7%	\$204	7.7%
Other Practitioners	\$234	0.7%	\$153	11.5%	\$176	5.8%	\$111	12.8%	\$179	6.7%	\$110	13.2%
EPSDT*	\$104	1.3%	\$104	0.0%	\$67	14.4%	\$59	1.3%	\$224	26.1%	\$308	3.5%
Family Planning Services	\$85	0.1%	\$74	0.4%	\$219	2.7%	\$186	2.6%	\$159	2.6%	\$141	3.3%
Clinic Services	na	na	na	na	\$373	9.2%	\$819	7.4%	\$469	11.4%	\$874	9.7%
Outpatient Hospital	\$805	3.6%	\$762	26.1%	\$178	15.9%	\$336	17.0%	\$333	24.7%	\$582	24.6%
Inpatient Hospital	\$12,625	1.6%	\$9,010	5.1%	\$6,449	2.9%	\$4,907	7.1%	\$4,826	6.5%	\$4,807	10.5%
Nursing Home/Intermediate Care	\$69,403	0.1%	\$36,154	7.9%	\$50,912	0.0%	\$18,866	4.4%	\$63,002	0.1%	\$21,867	8.9%
Mental Health Facility Services	na	na	na	na	\$28,747	0.0%	\$30,055	0.0%	\$18,105	0.3%	\$28,065	0.4%
Personal Care / Home Health Services	na	na	na	na	\$2,136	4.2%	\$2,968	9.5%	\$1,752	7.3%	\$3,125	11.9%
Lab and X-Ray	\$98	3.9%	\$119	33.9%	\$109	16.2%	\$218	15.8%	\$66	17.6%	\$119	18.7%
Prescribed Drugs	\$891	5.1%	\$910	52.2%	\$145	29.5%	\$1,016	35.0%	\$188	41.0%	\$1,205	40.3%
Prepaid Health Care	na	na	na	na	\$516	91.0%	\$550	62.3%	\$771	50.0%	\$1,286	26.5%
Primary Care Case Management Services	na	na	na	na	\$76	0.8%	\$192	0.5%	\$28	12.2%	\$43	4.2%
Other Services**	\$1,465	2.2%	\$706	17.9%	\$315	22.4%	\$540	23.0%	\$799	12.2%	\$799	19.6%
All Services	\$1,325	100.0%	\$4,309	97.9%	\$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 Hawaii was 60% 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' nor available. 'NA' Not applicable.

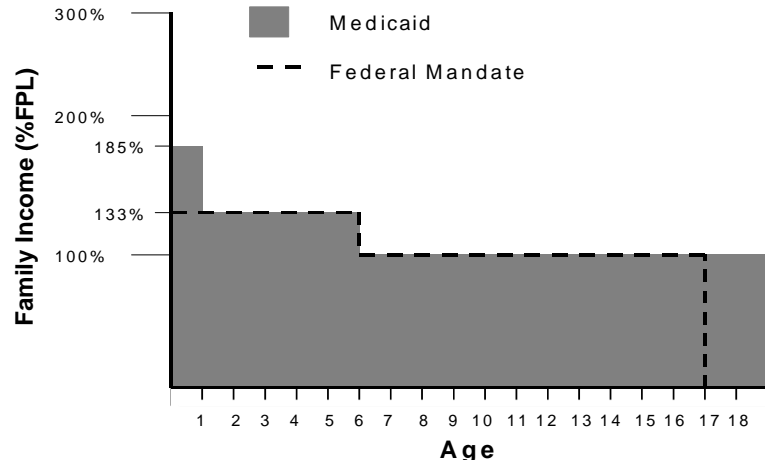
I. CONTINUED	HAWAII		PACIFIC REGION		UNITED STATES	
	<u>Enrollees</u>	<u>Percent</u>	<u>Enrollees</u>	<u>Percent</u>	<u>Enrollees</u>	<u>Percent</u>
I. Enrollees Under Age 21, by Race and Age, FY 1998#						
Non-hispanic White	8,856	10.2%	1,438,377	32.6%	8,942,666	40.0%
Ages 0 Through 5	2,878	32.5%	497,862	34.6%	3,674,647	41.1%
Ages 6 Through 20	5,978	67.5%	940,515	65.4%	5,268,019	57.6%
Non-hispanic Black	797	0.9%	521,818	11.8%	6,572,457	29.4%
Ages 0 Through 5	295	37.0%	176,397	33.8%	2,493,510	37.9%
Ages 6 Through 20	502	63.0%	345,421	66.2%	4,078,947	62.1%
Hispanic	2,194	2.5%	1,898,031	43.1%	4,814,500	21.6%
Ages 0 Through 5	878	40.0%	836,209	44.1%	2,211,872	45.9%
Ages 6 Through 20	1,316	60.0%	1,061,822	55.9%	2,602,628	54.1%
Other	75,402	86.4%	548,328	12.4%	2,001,399	9.0%
Ages 0 Through 5	32,692	43.4%	171,464	31.3%	840,334	42.0%
Ages 6 Through 20	42,710	56.6%	376,864	68.7%	1,161,065	58.0%

II. POPULATION AND CHILD HEALTH DATA

A. Total Population, 1998	1,227,747	100.0%	42,954,373	100.0%	270,002,354	100.0%
Under Age 21	369,379	30.1%	13,721,050	31.9%	81,664,866	30.2%
Under Age 6	116,019	9.4%	4,134,264	9.6%	23,078,513	8.5%
Infants	19,855	1.6%	698,825	1.6%	3,800,560	1.4%
Age 1 Through 5	96,164	7.8%	3,435,439	8.0%	19,277,953	7.1%
Age 6 Through 20	253,360	20.6%	9,586,786	22.3%	58,586,353	21.7%
Age 21 and Older	858,368	69.9%	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	6.6	na	7.7	5.9	5.5	7.5
Neonatal Mortality	4.2	na	5.0	3.8	3.6	4.7
Postneonatal Mortality	2.4	na	2.8	2.1	1.9	2.8
% Low Birth Weight Infants Under 2500 Grams	7.5	6.2	7.9	6.1	5.6	8.4
Under 1500 Grams	1.4	1.2	1.4	1.1	1.0	1.6
% Not Receiving Prenatal Care						
In First Trimester	14.6	9.8	16.1	17.6	17.6	18.0
Until Third Trimester or Not At All	3.1	2.1	3.4	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> ⁺
Children living in Health Service Areas* with:						
Fewer than 55 Pediatricians per 100K Children ~	0	0%	3,960,087	35%	34,317,300	50%
Fewer than 82 Child Health Physician per 100K Children ~	0	0%	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 (57% FPL for Hawaii, an equivalent of \$9,274 for a family of 3 in 2000).

Eligibility for Hawaii's Quest, its Title XIX Medicaid program, was rolled back from 300% to what was in place in December 1997 (Medicaid expansion to 185% FPL for pregnant women and infants and to 100% for children through age 18). The Medically Needy were covered up to 54% FPL 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 14% of 32K uninsured children under age 19 in Hawaii 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>'.

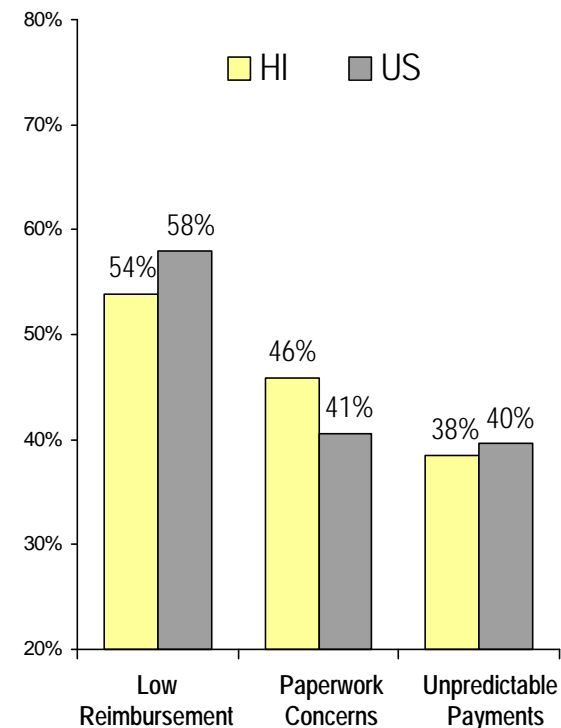
B. Title XXI Medicaid/SCHIP Program Eligibility

Hawaii's Title XXI Medicaid expansion was approved but not implemented as of July 2000. Federally legislated maximum Title XXI SCHIP/Medicaid program eligibility for Hawaii is not yet determined due to the rollback in Hawaii's Title XIX Medicaid program eligibility.

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>".



Medicaid State Report

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



I. MEDICAID ENROLLEES AND EXPENDITURES				IDAHO			MOUNTAIN REGION~			UNITED STATES		
A. Federal Medical Assistance Percentage (FMAP)*	69.6% (FY98)	70.2% (FY00)	79.1% (Enhanced)	64.5% (FY98)	64.7% (FY00)	75.3% (Enhanced)	60.7% (FY98)	60.7% (FY00)	72.5% (Enhanced)			
B. Total Medicaid Managed Care Enrollment, 06/30/1998 (% of Total Medicaid Enrollment)	30,866 (34.8% of 88,658 **)			1,023,187 (78.7% of 1,299,506)			15,760,205 (52.5% of 30,009,674)					
C. Percent of Births Paid for by Medicaid, 1997***	32%			37%			35%					
D. FY 1998 and FY 1994-98 Averaged DSH^ Payment	\$2 M \$3 M			\$348 M \$384 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	116,718 100.0%			1,926,532 100.0%			40,377,603 100.0%					
Children Under Age 21	74,589 63.9%			1,208,942 62.8%			22,331,022 56.4%					
Under Age 6	34,292 29.4%			541,627 28.1%			9,220,363 22.8%					
Infants	6,340 5.4%			134,324 7.0%			2,014,962 5.0%					
Age 1 Through 5	27,952 23.9%			407,303 21.1%			7,205,401 17.8%					
Age 6 Through 20	40,297 34.5%			667,315 34.6%			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	116,718	\$425 M	\$3,637	1,926,532	\$6,004 M	\$3,116	40,377,603	\$142,058 M	\$3,518			
Children^^^	57.8%	14.1%	\$803	57.1%	23.8%	\$1,260	50.6%	16.4%	\$1,130			
Categorically Needy - Cash	2.1%	0.8%	\$1,239	16.0%	5.6%	\$1,062	18.4%	6.0%	\$1,137			
Categorically Needy - Noncash	8.9%	2.4%	\$889	20.7%	7.9%	\$1,154	17.4%	4.6%	\$910			
Medically Needy	NA	NA	NA	0.1%	0.0%	\$605	4.5%	1.7%	\$1,294			
Other	46.8%	10.9%	\$767	20.3%	10.3%	\$1,527	10.2%	4.2%	\$1,418			
Adults	15.4%	9.8%	\$2,108	20.4%	12.9%	\$1,900	21.8%	10.7%	\$1,704			
Categorically Needy - Cash	1.0%	1.2%	\$4,070	7.4%	4.4%	\$1,813	8.8%	4.5%	\$1,796			
Categorically Needy - Noncash	4.5%	2.7%	\$1,958	6.1%	4.5%	\$2,222	5.6%	3.2%	\$1,987			
Medically Needy	NA	NA	NA	0.1%	0.1%	\$2,292	2.6%	1.3%	\$1,717			
Other	9.9%	6.0%	\$1,985	6.8%	3.8%	\$1,699	4.8%	1.6%	\$1,199			
Blind and Disabled	15.8%	43.7%	\$9,080	14.8%	39.4%	\$8,014	17.5%	43.6%	\$8,680			
Aged	11.0%	32.4%	\$9,689	7.6%	23.9%	\$9,417	10.2%	29.3%	\$9,968			

Notes: ~ Includes IA, KS, MN, MO, ND, NE & SD. * Regional and US averages of FY98 FMAP are weighted by FY98 expenditures. FY00 and Enhanced FMAPs are unweighted. ** Enrollment on 06/30/98 was 76.0% 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	IDAHO				MOUNTAIN 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	3.1%		2.2%		1.7%		1.4%		1.5%		1.8%	
Dental Services	1.1%		0.6%		0.6%		0.3%		0.4%		0.2%	
Other Practitioners	0.2%		0.2%		0.1%		0.1%		0.2%		0.2%	
EPSDT*	1.0%		0.1%		0.3%		0.0%		0.9%		0.1%	
Family Planning Services	0.0%		0.0%		0.0%		0.0%		0.1%		0.1%	
Clinic Services	0.5%		0.4%		0.9%		0.8%		0.9%		1.1%	
Outpatient Hospital	1.4%		1.7%		1.2%		1.0%		1.3%		1.8%	
Inpatient Hospital	7.2%		5.0%		4.9%		3.8%		5.1%		6.4%	
Nursing Home/Intermediate Care	1.8%		25.4%		0.4%		15.6%		0.6%		24.5%	
Mental Health Facility Services	0.2%		0.1%		0.3%		0.2%		0.8%		1.3%	
Personal Care / Home Health Services	2.8%		5.5%		1.6%		3.2%		2.1%		4.7%	
Lab and X-Ray	0.2%		0.3%		0.1%		0.1%		0.2%		0.3%	
Prescribed Drugs	2.1%		7.6%		0.9%		3.8%		1.2%		6.1%	
Prepaid Health Care	0.0%		0.0%		17.6%		15.0%		6.2%		4.3%	
Primary Care Case Management Services	0.3%		0.1%		0.1%		0.0%		0.1%		0.0%	
Other Services**	2.4%		3.8%		3.3%		2.9%		1.6%		2.0%	
Reporting Variance~	0.1%		22.6%		0.0%		16.4%		0.2%		20.0%	
All Services	24.4%		75.6%		34.2%		65.8%		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	\$269	64.2%	\$379	56.8%	\$226	37.3%	\$345	37.3%	\$242	39.3%	\$384	37.8%
Dental Services	\$229	26.5%	\$373	16.8%	\$167	18.0%	\$243	8.5%	\$172	13.7%	\$204	7.7%
Other Practitioners	\$90	12.6%	\$87	21.3%	\$118	5.1%	\$124	8.8%	\$179	6.7%	\$110	13.2%
EPSDT*	\$190	27.9%	\$292	3.2%	\$51	30.4%	\$21	10.6%	\$224	26.1%	\$308	3.5%
Family Planning Services	\$82	2.2%	\$84	3.9%	\$70	1.6%	\$76	2.6%	\$159	2.6%	\$141	3.3%
Clinic Services	\$239	11.7%	\$322	11.3%	\$437	10.5%	\$585	11.2%	\$469	11.4%	\$874	9.7%
Outpatient Hospital	\$251	30.6%	\$524	31.3%	\$232	24.8%	\$410	20.1%	\$333	24.7%	\$582	24.6%
Inpatient Hospital	\$4,377	9.1%	\$3,659	13.4%	\$2,474	9.7%	\$3,047	10.3%	\$4,826	6.5%	\$4,807	10.5%
Nursing Home/Intermediate Care	\$52,804	0.2%	\$19,426	12.8%	\$39,817	0.0%	\$14,712	8.7%	\$63,002	0.1%	\$21,867	8.9%
Mental Health Facility Services	\$21,051	0.0%	\$20,973	0.1%	\$9,769	0.1%	\$8,932	0.2%	\$18,105	0.3%	\$28,065	0.4%
Personal Care / Home Health Services	\$1,473	10.5%	\$3,318	16.3%	\$1,444	5.4%	\$3,042	8.6%	\$1,752	7.3%	\$3,125	11.9%
Lab and X-Ray	\$65	19.7%	\$94	31.0%	\$43	14.3%	\$73	16.7%	\$66	17.6%	\$119	18.7%
Prescribed Drugs	\$187	61.8%	\$1,280	58.1%	\$165	27.2%	\$1,005	31.3%	\$188	41.0%	\$1,205	40.3%
Prepaid Health Care	NA	0.0%	NA	0.0%	\$1,756	48.6%	\$4,388	28.1%	\$771	50.0%	\$1,286	26.5%
Primary Care Case Management Services	\$29	48.0%	\$28	23.5%	\$29	14.8%	\$33	5.8%	\$28	12.2%	\$43	4.2%
Other Services**	\$798	16.7%	\$1,369	27.3%	\$1,338	12.1%	\$1,217	19.4%	\$799	12.2%	\$799	19.6%
All Services	\$1,460	92.2%	\$7,394	100.0%	\$1,855	89.6%	\$5,897	91.8%	\$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 Idaho in 1997 was 35% 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.

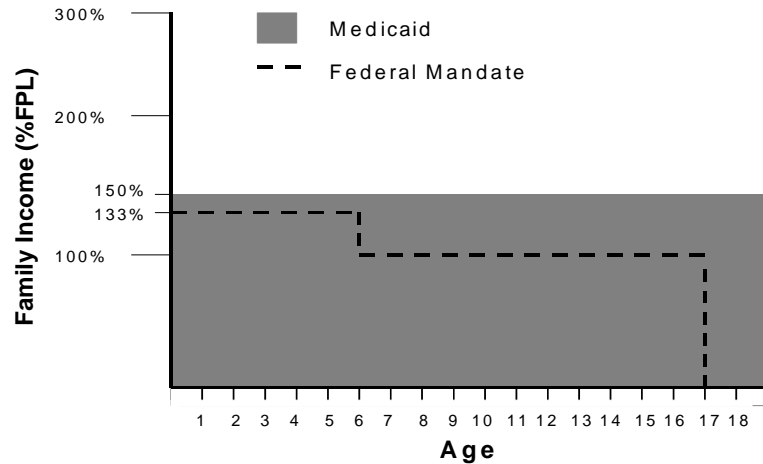
I. CONTINUED	IDAHO		MOUNTAIN REGION		UNITED STATES	
	<u>Enrollees</u>	<u>Percent</u>	<u>Enrollees</u>	<u>Percent</u>	<u>Enrollees</u>	<u>Percent</u>
I. Enrollees Under Age 21, by Race and Age, FY 1998#						
Non-hispanic White	61,618	82.6%	535,503	44.3%	8,942,666	40.0%
Ages 0 Through 5	28,318	46.0%	242,037	45.2%	3,674,647	41.1%
Ages 6 Through 20	33,300	54.0%	293,466	54.8%	5,268,019	57.6%
Non-hispanic Black	411	0.6%	76,347	6.3%	6,572,457	29.4%
Ages 0 Through 5	149	36.3%	30,428	39.9%	2,493,510	37.9%
Ages 6 Through 20	262	63.7%	45,919	60.1%	4,078,947	62.1%
Hispanic	10,926	14.6%	440,474	36.4%	4,814,500	21.6%
Ages 0 Through 5	5,302	48.5%	209,347	47.5%	2,211,872	45.9%
Ages 6 Through 20	5,624	51.5%	231,127	52.5%	2,602,628	54.1%
Other	1,634	2.2%	156,618	13.0%	2,001,399	9.0%
Ages 0 Through 5	523	32.0%	59,815	38.2%	840,334	42.0%
Ages 6 Through 20	1,111	68.0%	96,803	61.8%	1,161,065	58.0%

II. POPULATION AND CHILD HEALTH DATA

A. Total Population, 1998	1,276,159	100.0%	16,930,477	100.0%	270,002,354	100.0%
Under Age 21	430,290	33.7%	5,488,612	32.4%	81,664,866	30.2%
Under Age 6	113,796	8.9%	1,517,790	9.0%	23,078,513	8.5%
Infants	18,296	1.4%	248,517	1.5%	3,800,560	1.4%
Age 1 Through 5	95,500	7.5%	1,269,273	7.5%	19,277,953	7.1%
Age 6 Through 20	316,494	24.8%	3,970,822	23.5%	58,586,353	21.7%
Age 21 and Older	845,869	66.3%	11,441,865	67.6%	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	6.8	6.9	na	6.6	6.4	9.0
Neonatal Mortality	4.3	4.3	na	4.1	4.0	5.0
Postneonatal Mortality	2.6	2.6	na	2.5	2.3	4.0
% Low Birth Weight Infants						
Under 2500 Grams	6.0	6.0	5.3	7.3	7.1	9.1
Under 1500 Grams	1.0	1.0	1.5	1.1	1.1	1.7
% Not Receiving Prenatal Care						
In First Trimester	21.3	20.9	33.6	22.3	21.2	31.2
Until Third Trimester or Not At All	4.4	4.3	7.8	5.7	5.4	8.9
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 ~	367,593	100%	3,273,292	70%	34,317,300	50%
Fewer than 82 Child Health Physician per 100K Children ~	338,555	92%	3,498,004	74%	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 (27% FPL for Idaho, an equivalent of \$3,820 for a family of 3 in 2000).

Idaho 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 46% of 72K uninsured children under age 19 in Idaho 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>'.

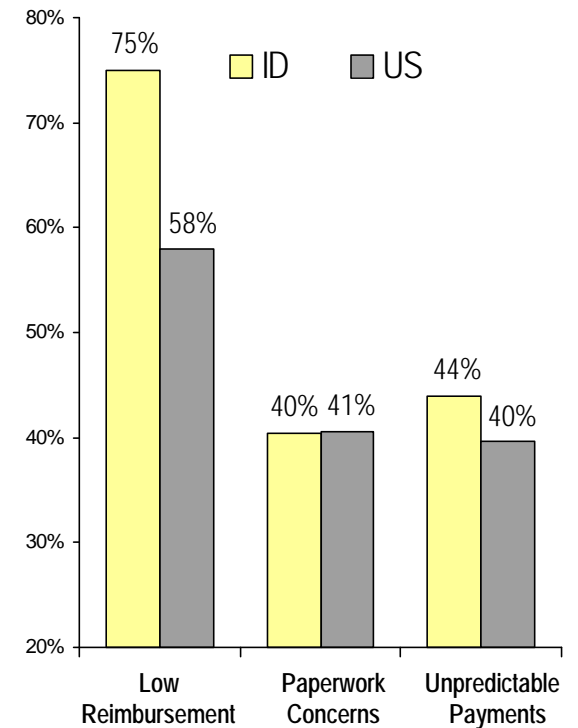
B. Title XXI Medicaid/SCHIP Program Eligibility

Idaho expanded its Title XXI Medicaid program to children through age 18 to 150% FPL. Federally legislated maximum Title XXI SCHIP/Medicaid program eligibility for Idaho is 200% FPL for all infants and children through age 18.

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>".



Medicaid State Report

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

I. MEDICAID ENROLLEES AND EXPENDITURES				ILLINOIS			EAST NORTH CENTRAL REGION~			UNITED STATES		
A. Federal Medical Assistance Percentage (FMAP)*	50.0% (FY98)	50.0% (FY00)	65.0% (Enhanced)	56.4% (FY98)	56.9% (FY00)	69.8% (Enhanced)	60.7% (FY98)	60.7% (FY00)	72.5% (Enhanced)			
B. Total Medicaid Managed Care Enrollment, 06/30/1998 (% of Total Medicaid Enrollment)	175,649 (13.4% of 1,308,582 **)			1,648,975 (38.8% of 4,248,748)			15,760,205 (52.5% of 30,009,674)					
C. Percent of Births Paid for by Medicaid, 1997***	39%			35%			35%					
D. FY 1998 and FY 1994-98 Averaged DSH^ Payment	\$270 M		\$273 M	\$1,452 M		\$1,314 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	1,784,159		100.0%	5,689,616		100.0%	40,377,603		100.0%			
Children Under Age 21	1,045,873		58.6%	3,294,275		57.9%	22,331,022		56.4%			
Under Age 6	477,296		26.8%	1,380,844		24.3%	9,220,363		22.8%			
Infants	122,734		6.9%	296,576		5.2%	2,014,962		5.0%			
Age 1 Through 5	354,562		19.9%	1,084,268		19.1%	7,205,401		17.8%			
Age 6 Through 20	568,577		31.9%	1,913,431		33.6%	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	1,784,159	\$6,173 M	\$3,460	5,689,616	\$21,409 M	\$3,763	40,377,603	\$142,058 M	\$3,518			
Children^^^	53.5%	18.1%	\$1,172	49.5%	15.1%	\$1,129	50.6%	16.4%	\$1,130			
Categorically Needy - Cash	22.2%	6.2%	\$957	19.1%	5.7%	\$1,102	18.4%	6.0%	\$1,137			
Categorically Needy - Noncash	11.7%	3.1%	\$906	16.5%	4.0%	\$901	17.4%	4.6%	\$910			
Medically Needy	6.5%	2.2%	\$1,153	2.5%	1.1%	\$1,613	4.5%	1.7%	\$1,294			
Other	13.1%	6.7%	\$1,787	11.3%	4.3%	\$1,399	10.2%	4.2%	\$1,418			
Adults	23.4%	11.1%	\$1,645	23.8%	9.8%	\$1,515	21.8%	10.7%	\$1,704			
Categorically Needy - Cash	9.8%	5.5%	\$1,935	11.7%	5.2%	\$1,632	8.8%	4.5%	\$1,796			
Categorically Needy - Noncash	2.3%	1.7%	\$2,615	5.1%	2.3%	\$1,669	5.6%	3.2%	\$1,987			
Medically Needy	8.1%	2.7%	\$1,162	3.5%	1.5%	\$1,554	2.6%	1.3%	\$1,717			
Other	3.2%	1.2%	\$1,289	3.6%	0.8%	\$876	4.8%	1.6%	\$1,199			
Blind and Disabled	16.2%	52.9%	\$11,264	17.8%	46.7%	\$9,677	17.5%	43.6%	\$8,680			
Aged	6.9%	17.9%	\$9,032	8.9%	28.4%	\$11,833	10.2%	29.3%	\$9,968			

Notes: ~ Includes AZ, CO, ID, MT, NM, NV, UT & WY. * Regional and US averages of FY98 FMAP are weighted by FY98 expenditures. FY00 and Enhanced FMAPs are unweighted. ** Enrollment on 06/30/98 was 73.3% 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	ILLINOIS				EAST NORTH 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	1.4%		1.5%		1.2%		1.6%		1.5%		1.8%	
Dental Services	0.0%		0.0%		0.3%		0.1%		0.4%		0.2%	
Other Practitioners	0.4%		0.1%		0.3%		0.2%		0.2%		0.2%	
EPSDT*	1.0%		0.1%		0.5%		0.1%		0.9%		0.1%	
Family Planning Services	0.0%		0.0%		0.0%		0.0%		0.1%		0.1%	
Clinic Services	0.3%		0.4%		0.8%		0.8%		0.9%		1.1%	
Outpatient Hospital	1.1%		1.3%		1.0%		1.5%		1.3%		1.8%	
Inpatient Hospital	9.4%		11.0%		6.0%		7.3%		5.1%		6.4%	
Nursing Home/Intermediate Care	0.7%		23.1%		0.6%		28.6%		0.6%		24.5%	
Mental Health Facility Services	3.5%		3.3%		1.4%		1.2%		0.8%		1.3%	
Personal Care / Home Health Services	0.4%		0.5%		1.1%		1.9%		2.1%		4.7%	
Lab and X-Ray	0.2%		0.3%		0.1%		0.2%		0.2%		0.3%	
Prescribed Drugs	1.2%		5.7%		1.1%		6.6%		1.2%		6.1%	
Prepaid Health Care	2.3%		0.5%		4.9%		2.5%		6.2%		4.3%	
Primary Care Case Management Services	0.0%		0.0%		0.0%		0.0%		0.1%		0.0%	
Other Services**	3.9%		4.8%		2.6%		2.9%		1.6%		2.0%	
Reporting Variance~	0.0%		21.6%		0.0%		20.6%		0.2%		20.0%	
All Services	25.8%		74.2%		22.1%		77.9%		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	\$175	46.3%	\$351	35.1%	\$201	39.1%	\$371	39.1%	\$242	39.3%	\$384	37.8%
Dental Services	\$101	0.1%	\$111	0.1%	\$135	12.7%	\$126	9.8%	\$172	13.7%	\$204	7.7%
Other Practitioners	\$476	4.8%	\$135	3.9%	\$281	6.6%	\$121	13.4%	\$179	6.7%	\$110	13.2%
EPSDT*	\$134	45.4%	\$204	6.1%	\$111	26.4%	\$117	3.8%	\$224	26.1%	\$308	3.5%
Family Planning Services	\$87	2.4%	\$88	3.6%	\$85	1.8%	\$84	2.6%	\$159	2.6%	\$141	3.3%
Clinic Services	\$215	7.8%	\$418	7.1%	\$405	13.1%	\$633	11.5%	\$469	11.4%	\$874	9.7%
Outpatient Hospital	\$204	31.7%	\$413	25.6%	\$246	27.0%	\$478	27.7%	\$333	24.7%	\$582	24.6%
Inpatient Hospital	\$8,730	6.3%	\$10,479	8.8%	\$5,565	6.9%	\$6,287	10.2%	\$4,826	6.5%	\$4,807	10.5%
Nursing Home/Intermediate Care	\$46,846	0.1%	\$18,037	10.7%	\$55,339	0.1%	\$20,257	12.4%	\$63,002	0.1%	\$21,867	8.9%
Mental Health Facility Services	\$70,999	0.3%	\$117,295	0.2%	\$32,279	0.3%	\$49,450	0.2%	\$18,105	0.3%	\$28,065	0.4%
Personal Care / Home Health Services	\$1,104	2.0%	\$1,378	3.2%	\$1,738	4.1%	\$1,841	9.2%	\$1,752	7.3%	\$3,125	11.9%
Lab and X-Ray	\$46	24.6%	\$100	27.1%	\$49	16.8%	\$98	22.3%	\$66	17.6%	\$119	18.7%
Prescribed Drugs	\$147	48.9%	\$1,234	38.8%	\$178	40.0%	\$1,376	42.2%	\$188	41.0%	\$1,205	40.3%
Prepaid Health Care	\$1,318	10.4%	\$1,994	2.2%	\$790	39.4%	\$1,450	15.0%	\$771	50.0%	\$1,286	26.5%
Primary Care Case Management Services	\$43	1.6%	\$41	0.3%	\$23	6.5%	\$21	1.3%	\$28	12.2%	\$43	4.2%
Other Services**	\$1,208	19.1%	\$1,818	22.1%	\$1,233	13.6%	\$1,097	23.1%	\$799	12.2%	\$799	19.6%
All Services	\$2,047	74.3%	\$7,825	79.3%	\$1,631	86.3%	\$7,465	91.7%	\$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 Illinois in 1997 was 73% 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.

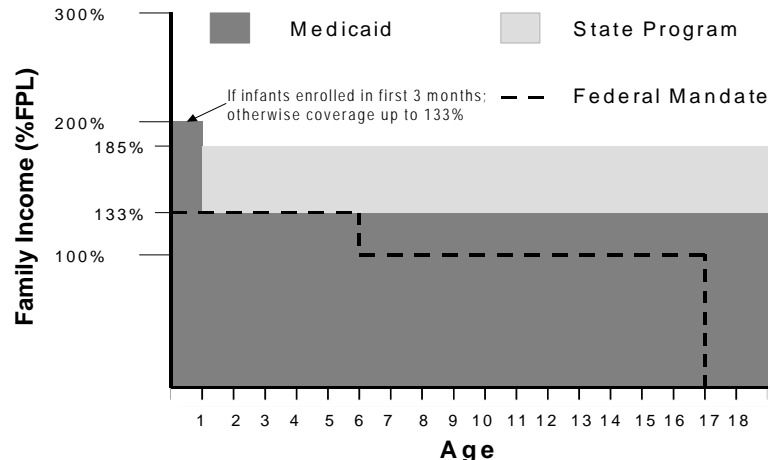
I. CONTINUED	ILLINOIS		EAST NORTH CENTRAL REGION		UNITED STATES	
	<u>Enrollees</u>	<u>Percent</u>	<u>Enrollees</u>	<u>Percent</u>	<u>Enrollees</u>	<u>Percent</u>
I. Enrollees Under Age 21, by Race and Age, FY 1998#						
Non-hispanic White	361,653	34.6%	1,551,657	47.1%	8,942,666	40.0%
Ages 0 Through 5	178,606	49.4%	679,771	43.8%	3,674,647	41.1%
Ages 6 Through 20	183,047	50.6%	871,886	56.2%	5,268,019	57.6%
Non-hispanic Black	487,297	46.6%	1,263,879	38.4%	6,572,457	29.4%
Ages 0 Through 5	191,653	39.3%	481,800	38.1%	2,493,510	37.9%
Ages 6 Through 20	295,644	60.7%	782,079	61.9%	4,078,947	62.1%
Hispanic	179,438	17.2%	256,188	7.8%	4,814,500	21.6%
Ages 0 Through 5	98,522	54.9%	134,187	52.4%	2,211,872	45.9%
Ages 6 Through 20	80,916	45.1%	122,001	47.6%	2,602,628	54.1%
Other	17,485	1.7%	222,551	6.8%	2,001,399	9.0%
Ages 0 Through 5	8,515	48.7%	85,086	38.2%	840,334	42.0%
Ages 6 Through 20	8,970	51.3%	137,465	61.8%	1,161,065	58.0%

II. POPULATION AND CHILD HEALTH DATA

A. Total Population, 1998	11,965,736	100.0%	44,063,020	100.0%	270,002,354	100.0%
Under Age 21	3,650,018	30.5%	13,262,206	30.1%	81,664,866	30.2%
Under Age 6	1,070,810	8.9%	3,692,514	8.4%	23,078,513	8.5%
Infants	175,434	1.5%	605,250	1.4%	3,800,560	1.4%
Age 1 Through 5	895,376	7.5%	3,087,264	7.0%	19,277,953	7.1%
Age 6 Through 20	2,579,208	21.6%	9,569,692	21.7%	58,586,353	21.7%
Age 21 and Older	8,315,718	69.5%	30,800,814	69.9%	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	8.4	6.4	15.1	8.0	6.4	14.7
Neonatal Mortality	5.6	4.4	9.7	5.3	4.4	9.5
Postneonatal Mortality	2.8	2.0	5.4	2.6	2.0	5.3
% Low Birth Weight Infants Under 2500 Grams	8.0	6.4	13.2	7.7	6.5	12.9
Under 1500 Grams	1.6	1.2	2.9	1.5	1.2	2.8
% Not Receiving Prenatal Care						
In First Trimester	17.3	14.3	27.3	16.5	14.0	27.8
Until Third Trimester or Not At All	3.9	2.8	7.4	3.8	2.9	8.0
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 ~	1,325,457	43%	6,199,188	54%	34,317,300	50%
Fewer than 82 Child Health Physician per 100K Children ~	1,263,688	41%	5,767,403	51%	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 (46% FPL for Illinois, an equivalent of \$6,509 for a family of 3 in 2000).

Illinois did not expand its Title XIX Medicaid program beyond the federal mandate. The Medically Needy were covered up to 42% FPL 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 38% of 554K uninsured children under age 19 in Illinois 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>'.

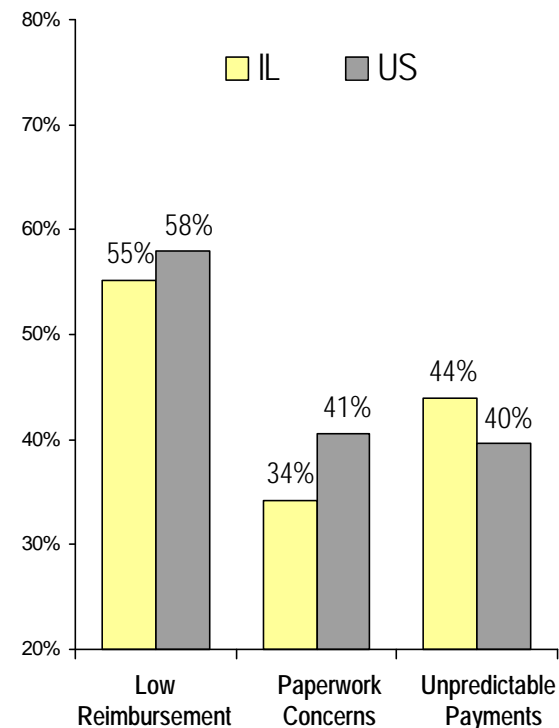
B. Title XXI Medicaid/SCHIP Program Eligibility

Illinois's Title XXI Medicaid program covers infants who enrolled in the first 3 months from birth to 200% FPL, children ages 6 through 16 from 100% to 133% FPL and children ages 17 through 18 from 46% to 133% FPL. Its state program, currently run with state funds only, covers remaining children through age 18 to 185% FPL. Federally legislated maximum Title XXI SCHIP/Medicaid program eligibility for Illinois is 200% FPL through age 18.

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>'.



Medicaid State Report

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

Division of Health Policy Research

I. MEDICAID ENROLLEES AND EXPENDITURES				INDIANA			EAST NORTH CENTRAL REGION~			UNITED STATES		
A. Federal Medical Assistance Percentage (FMAP)*	61.4% (FY98)	61.7% (FY00)	73.2% (Enhanced)	56.4% (FY98)	56.9% (FY00)	69.8% (Enhanced)	60.7% (FY98)	60.7% (FY00)	72.5% (Enhanced)			
B. Total Medicaid Managed Care Enrollment, 06/30/1998 (% of Total Medicaid Enrollment)	233,065 (57.7% of 404,000 **)			1,648,975 (38.8% of 4,248,748)			15,760,205 (52.5% of 30,009,674)					
C. Percent of Births Paid for by Medicaid, 1997***	36%			35%			35%					
D. FY 1998 and FY 1994-98 Averaged DSH^ Payment	\$195 M \$132 M			\$1,452 M \$1,314 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	610,146 100.0%			5,689,616 100.0%			40,377,603 100.0%					
Children Under Age 21	371,973 61.0%			3,294,275 57.9%			22,331,022 56.4%					
Under Age 6	163,451 26.8%			1,380,844 24.3%			9,220,363 22.8%					
Infants	33,629 5.5%			296,576 5.2%			2,014,962 5.0%					
Age 1 Through 5	129,822 21.3%			1,084,268 19.1%			7,205,401 17.8%					
Age 6 Through 20	208,522 34.2%			1,913,431 33.6%			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	610,146	\$2,564 M	\$4,202	5,689,616	\$21,409 M	\$3,763	40,377,603	\$142,058 M	\$3,518			
Children^^^	56.4%	16.6%	\$1,228	49.5%	15.1%	\$1,129	50.6%	16.4%	\$1,130			
Categorically Needy - Cash	16.6%	3.2%	\$796	19.1%	5.7%	\$1,102	18.4%	6.0%	\$1,137			
Categorically Needy - Noncash	29.5%	6.5%	\$925	16.5%	4.0%	\$901	17.4%	4.6%	\$910			
Medically Needy	NA	NA	NA	2.5%	1.1%	\$1,613	4.5%	1.7%	\$1,294			
Other	10.3%	6.9%	\$2,788	11.3%	4.3%	\$1,399	10.2%	4.2%	\$1,418			
Adults	16.6%	6.9%	\$1,731	23.8%	9.8%	\$1,515	21.8%	10.7%	\$1,704			
Categorically Needy - Cash	9.7%	3.4%	\$1,434	11.7%	5.2%	\$1,632	8.8%	4.5%	\$1,796			
Categorically Needy - Noncash	2.3%	1.7%	\$2,977	5.1%	2.3%	\$1,669	5.6%	3.2%	\$1,987			
Medically Needy	NA	NA	NA	3.5%	1.5%	\$1,554	2.6%	1.3%	\$1,717			
Other	4.5%	1.9%	\$1,729	3.6%	0.8%	\$876	4.8%	1.6%	\$1,199			
Blind and Disabled	15.4%	42.6%	\$11,547	17.8%	46.7%	\$9,677	17.5%	43.6%	\$8,680			
Aged	11.6%	33.9%	\$12,201	8.9%	28.4%	\$11,833	10.2%	29.3%	\$9,968			

Notes: ~ Includes IL, IN, MI, OH & WI. * Regional and US averages of FY98 FMAP are weighted by FY98 expenditures. FY00 and Enhanced FMAPs are unweighted. ** Enrollment on 06/30/98 was 66.2% 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	INDIANA				EAST NORTH 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	1.6%		1.9%		1.2%		1.6%		1.5%		1.8%	
Dental Services	0.6%		0.2%		0.3%		0.1%		0.4%		0.2%	
Other Practitioners	0.8%		0.7%		0.3%		0.2%		0.2%		0.2%	
EPSDT*	0.3%		0.0%		0.5%		0.1%		0.9%		0.1%	
Family Planning Services	0.0%		0.0%		0.0%		0.0%		0.1%		0.1%	
Clinic Services	0.4%		0.3%		0.8%		0.8%		0.9%		1.1%	
Outpatient Hospital	0.8%		1.6%		1.0%		1.5%		1.3%		1.8%	
Inpatient Hospital	6.2%		6.3%		6.0%		7.3%		5.1%		6.4%	
Nursing Home/Intermediate Care	1.0%		31.4%		0.6%		28.6%		0.6%		24.5%	
Mental Health Facility Services	0.6%		0.4%		1.4%		1.2%		0.8%		1.3%	
Personal Care / Home Health Services	2.2%		2.5%		1.1%		1.9%		2.1%		4.7%	
Lab and X-Ray	0.2%		0.4%		0.1%		0.2%		0.2%		0.3%	
Prescribed Drugs	1.5%		8.7%		1.1%		6.6%		1.2%		6.1%	
Prepaid Health Care	3.3%		2.3%		4.9%		2.5%		6.2%		4.3%	
Primary Care Case Management Services	0.2%		0.0%		0.0%		0.0%		0.1%		0.0%	
Other Services**	1.2%		2.6%		2.6%		2.9%		1.6%		2.0%	
Reporting Variance~	0.0%		19.9%		0.0%		20.6%		0.2%		20.0%	
All Services	20.8%		79.2%		22.1%		77.9%		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	\$231	47.2%	\$423	47.6%	\$201	39.1%	\$371	39.1%	\$242	39.3%	\$384	37.8%
Dental Services	\$255	16.8%	\$204	12.7%	\$135	12.7%	\$126	9.8%	\$172	13.7%	\$204	7.7%
Other Practitioners	\$373	14.5%	\$249	28.4%	\$281	6.6%	\$121	13.4%	\$179	6.7%	\$110	13.2%
EPSDT*	\$75	23.5%	\$12	9.6%	\$111	26.4%	\$117	3.8%	\$224	26.1%	\$308	3.5%
Family Planning Services	\$88	1.6%	\$94	2.5%	\$85	1.8%	\$84	2.6%	\$159	2.6%	\$141	3.3%
Clinic Services	\$213	13.0%	\$226	14.0%	\$405	13.1%	\$633	11.5%	\$469	11.4%	\$874	9.7%
Outpatient Hospital	\$206	27.2%	\$531	32.9%	\$246	27.0%	\$478	27.7%	\$333	24.7%	\$582	24.6%
Inpatient Hospital	\$4,110	10.3%	\$4,569	14.8%	\$5,565	6.9%	\$6,287	10.2%	\$4,826	6.5%	\$4,807	10.5%
Nursing Home/Intermediate Care	\$51,144	0.1%	\$17,692	19.0%	\$55,339	0.1%	\$20,257	12.4%	\$63,002	0.1%	\$21,867	8.9%
Mental Health Facility Services	\$8,348	0.5%	\$12,309	0.3%	\$32,279	0.3%	\$49,450	0.2%	\$18,105	0.3%	\$28,065	0.4%
Personal Care / Home Health Services	\$1,476	10.1%	\$2,202	12.3%	\$1,738	4.1%	\$1,841	9.2%	\$1,752	7.3%	\$3,125	11.9%
Lab and X-Ray	\$56	23.2%	\$109	36.3%	\$49	16.8%	\$98	22.3%	\$66	17.6%	\$119	18.7%
Prescribed Drugs	\$241	43.7%	\$1,850	50.3%	\$178	40.0%	\$1,376	42.2%	\$188	41.0%	\$1,205	40.3%
Prepaid Health Care	\$603	37.1%	\$575	43.3%	\$790	39.4%	\$1,450	15.0%	\$771	50.0%	\$1,286	26.5%
Primary Care Case Management Services	\$21	53.5%	\$19	12.4%	\$23	6.5%	\$21	1.3%	\$28	12.2%	\$43	4.2%
Other Services**	\$749	11.0%	\$897	31.1%	\$1,233	13.6%	\$1,097	23.1%	\$799	12.2%	\$799	19.6%
All Services	\$1,531	93.3%	\$8,500	100.0%	\$1,631	86.3%	\$7,465	91.7%	\$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 Indiana in 1997 was 32% 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.

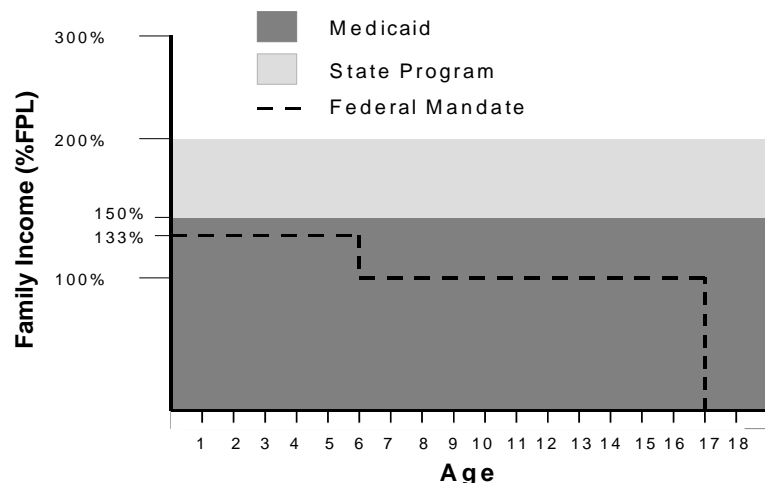
I. CONTINUED	INDIANA		EAST NORTH CENTRAL REGION		UNITED STATES	
	<u>Enrollees</u>	<u>Percent</u>	<u>Enrollees</u>	<u>Percent</u>	<u>Enrollees</u>	<u>Percent</u>
I. Enrollees Under Age 21, by Race and Age, FY 1998#						
Non-hispanic White	243,726	65.5%	1,551,657	47.1%	8,942,666	40.0%
Ages 0 Through 5	110,356	45.3%	679,771	43.8%	3,674,647	41.1%
Ages 6 Through 20	133,370	54.7%	871,886	56.2%	5,268,019	57.6%
Non-hispanic Black	105,188	28.3%	1,263,879	38.4%	6,572,457	29.4%
Ages 0 Through 5	41,370	39.3%	481,800	38.1%	2,493,510	37.9%
Ages 6 Through 20	63,818	60.7%	782,079	61.9%	4,078,947	62.1%
Hispanic	18,691	5.0%	256,188	7.8%	4,814,500	21.6%
Ages 0 Through 5	9,494	50.8%	134,187	52.4%	2,211,872	45.9%
Ages 6 Through 20	9,197	49.2%	122,001	47.6%	2,602,628	54.1%
Other	4,368	1.2%	222,551	6.8%	2,001,399	9.0%
Ages 0 Through 5	2,231	51.1%	85,086	38.2%	840,334	42.0%
Ages 6 Through 20	2,137	48.9%	137,465	61.8%	1,161,065	58.0%

II. POPULATION AND CHILD HEALTH DATA

A. Total Population, 1998	5,954,019	100.0%	44,063,020	100.0%	270,002,354	100.0%
Under Age 21	1,774,408	29.8%	13,262,206	30.1%	81,664,866	30.2%
Under Age 6	488,000	8.2%	3,692,514	8.4%	23,078,513	8.5%
Infants	79,272	1.3%	605,250	1.4%	3,800,560	1.4%
Age 1 Through 5	408,728	6.9%	3,087,264	7.0%	19,277,953	7.1%
Age 6 Through 20	1,286,408	21.6%	9,569,692	21.7%	58,586,353	21.7%
Age 21 and Older	4,179,611	70.2%	30,800,814	69.9%	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	8.2	7.3	14.6	8.0	6.4	14.7
Neonatal Mortality	5.3	4.8	9.0	5.3	4.4	9.5
Postneonatal Mortality	2.9	2.6	5.6	2.6	2.0	5.3
% Low Birth Weight Infants						
Under 2500 Grams	7.9	7.2	12.8	7.7	6.5	12.9
Under 1500 Grams	1.4	1.2	2.7	1.5	1.2	2.8
% Not Receiving Prenatal Care						
In First Trimester	20.1	18.4	32.8	16.5	14.0	27.8
Until Third Trimester or Not At All	4.0	3.5	7.8	3.8	2.9	8.0
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 ~	1,202,872	79%	6,199,188	54%	34,317,300	50%
Fewer than 82 Child Health Physician per 100K Children ~	1,126,623	74%	5,767,403	51%	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 (28% FPL for Indiana, an equivalent of \$3,962 for a family of 3 in 2000).

Indiana 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 35% of 250K uninsured children under age 19 in Indiana 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>'.

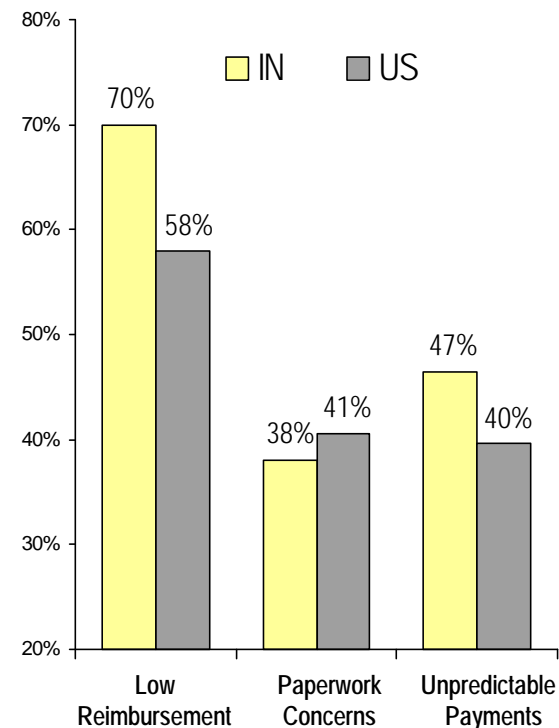
B. Title XXI Medicaid/SCHIP Program Eligibility

Indiana's Title XXI Medicaid program covers children ages 1 through 5 from 133% to 150% FPL and ages 6 through 18 from 100% to 150% FPL. Indiana's Title XXI state program covers infants and children through age 18 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>'.



Medicaid State Report

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

Division of Health Policy Research

I. MEDICAID ENROLLEES AND EXPENDITURES				IOWA			WEST NORTH CENTRAL REGION~			UNITED STATES		
A. Federal Medical Assistance Percentage (FMAP)*	63.7% (FY98)	63.1% (FY00)	74.1% (Enhanced)	62.2% (FY98)	62.2% (FY00)	73.5% (Enhanced)	60.7% (FY98)	60.7% (FY00)	72.5% (Enhanced)			
B. Total Medicaid Managed Care Enrollment, 06/30/1998 (% of Total Medicaid Enrollment)	190,692 (92.1% of 206,981 **)			929,209 (55.6% of 1,670,689)			15,760,205 (52.5% of 30,009,674)					
C. Percent of Births Paid for by Medicaid, 1997***	30%			33%			35%					
D. FY 1998 and FY 1994-98 Averaged DSH^ Payment	\$20 M \$12 M			\$795 M \$692 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	321,119 100.0%			2,253,058 100.0%			40,377,603 100.0%					
Children Under Age 21	172,238 53.6%			1,335,291 59.3%			22,331,022 56.4%					
Under Age 6	69,583 21.7%			525,359 23.3%			9,220,363 22.8%					
Infants	13,467 4.2%			107,361 4.8%			2,014,962 5.0%					
Age 1 Through 5	56,116 17.5%			417,998 18.6%			7,205,401 17.8%					
Age 6 Through 20	102,655 32.0%			809,932 35.9%			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	321,119	\$1,289 M	\$4,013	2,253,058	\$9,149 M	\$4,061	40,377,603	\$142,058 M	\$3,518			
Children^^^	45.8%	15.4%	\$1,346	55.0%	16.9%	\$1,238	50.6%	16.4%	\$1,130			
Categorically Needy - Cash	2.1%	4.8%	\$9,349	15.4%	4.9%	\$1,296	18.4%	6.0%	\$1,137			
Categorically Needy - Noncash	14.4%	3.5%	\$964	23.8%	5.0%	\$856	17.4%	4.6%	\$910			
Medically Needy	0.3%	0.2%	\$2,676	0.8%	0.3%	\$1,514	4.5%	1.7%	\$1,294			
Other	29.1%	6.9%	\$954	15.1%	6.6%	\$1,768	10.2%	4.2%	\$1,418			
Adults	25.2%	10.4%	\$1,655	17.8%	7.3%	\$1,651	21.8%	10.7%	\$1,704			
Categorically Needy - Cash	1.8%	4.6%	\$10,141	7.2%	3.9%	\$2,193	8.8%	4.5%	\$1,796			
Categorically Needy - Noncash	3.8%	2.0%	\$2,104	2.9%	1.3%	\$1,825	5.6%	3.2%	\$1,987			
Medically Needy	1.0%	0.6%	\$2,554	0.7%	0.2%	\$1,026	2.6%	1.3%	\$1,717			
Other	18.6%	3.2%	\$680	7.0%	1.9%	\$1,084	4.8%	1.6%	\$1,199			
Blind and Disabled	16.4%	38.1%	\$9,290	15.4%	41.3%	\$10,836	17.5%	43.6%	\$8,680			
Aged	12.5%	36.1%	\$11,529	11.7%	34.5%	\$11,899	10.2%	29.3%	\$9,968			

Notes: ~ Includes IL, IN, MI, OH & WI. * Regional and US averages of FY98 FMAP are weighted by FY98 expenditures. FY00 and Enhanced FMAPs are unweighted. ** Enrollment on 06/30/98 was 64.5% 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	IOWA				WEST NORTH 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	1.9%	2.0%	1.0%	1.2%	1.5%	1.8%						
Dental Services	0.6%	0.4%	0.3%	0.2%	0.4%	0.2%						
Other Practitioners	0.1%	0.2%	0.2%	0.2%	0.2%	0.2%						
EPSDT*	0.4%	0.0%	0.7%	0.2%	0.9%	0.1%						
Family Planning Services	0.1%	0.1%	0.0%	0.0%	0.1%	0.1%						
Clinic Services	0.3%	0.3%	0.6%	0.7%	0.9%	1.1%						
Outpatient Hospital	1.4%	1.9%	1.1%	1.6%	1.3%	1.8%						
Inpatient Hospital	4.1%	4.5%	4.0%	3.9%	5.1%	6.4%						
Nursing Home/Intermediate Care	2.4%	29.5%	0.6%	26.8%	0.6%	24.5%						
Mental Health Facility Services	1.4%	0.5%	0.4%	0.3%	0.8%	1.3%						
Personal Care / Home Health Services	1.4%	2.3%	2.4%	4.1%	2.1%	4.7%						
Lab and X-Ray	0.0%	0.0%	0.1%	0.2%	0.2%	0.3%						
Prescribed Drugs	2.0%	7.0%	1.2%	6.2%	1.2%	6.1%						
Prepaid Health Care	4.4%	1.9%	6.3%	2.5%	6.2%	4.3%						
Primary Care Case Management Services	0.1%	0.0%	0.1%	0.1%	0.1%	0.0%						
Other Services**	4.9%	5.2%	2.1%	2.4%	1.6%	2.0%						
Reporting Variance~	0.0%	18.6%	2.0%	23.6%	0.2%	20.0%						
All Services	25.6%	74.4%	23.0%	77.0%	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	57.0%	\$395	42.7%	\$223	31.9%	\$333	31.9%	\$242	39.3%	\$384	37.8%
Dental Services	\$145	29.2%	\$220	17.7%	\$161	12.7%	\$188	10.7%	\$172	13.7%	\$204	7.7%
Other Practitioners	\$78	13.1%	\$82	22.4%	\$155	7.2%	\$107	15.7%	\$179	6.7%	\$110	13.2%
EPSDT*	\$92	34.3%	\$36	6.9%	\$266	17.5%	\$429	4.0%	\$224	26.1%	\$308	3.5%
Family Planning Services	\$121	3.7%	\$125	4.2%	\$95	2.0%	\$104	2.8%	\$159	2.6%	\$141	3.3%
Clinic Services	\$230	11.1%	\$234	9.2%	\$234	17.5%	\$341	19.9%	\$469	11.4%	\$874	9.7%
Outpatient Hospital	\$349	29.9%	\$579	28.9%	\$341	21.2%	\$617	26.4%	\$333	24.7%	\$582	24.6%
Inpatient Hospital	\$5,308	5.8%	\$3,879	10.1%	\$4,766	5.7%	\$4,296	9.0%	\$4,826	6.5%	\$4,807	10.5%
Nursing Home/Intermediate Care	\$63,739	0.3%	\$15,598	16.3%	\$53,819	0.1%	\$19,096	13.9%	\$63,002	0.1%	\$21,867	8.9%
Mental Health Facility Services	\$21,477	0.5%	\$16,693	0.3%	\$24,837	0.1%	\$31,180	0.1%	\$18,105	0.3%	\$28,065	0.4%
Personal Care / Home Health Services	\$2,249	4.8%	\$2,039	9.9%	\$2,279	7.2%	\$2,328	17.4%	\$1,752	7.3%	\$3,125	11.9%
Lab and X-Ray	\$40	7.6%	\$57	5.9%	\$56	10.9%	\$82	18.8%	\$66	17.6%	\$119	18.7%
Prescribed Drugs	\$242	61.3%	\$1,248	48.2%	\$232	34.3%	\$1,407	43.5%	\$188	41.0%	\$1,205	40.3%
Prepaid Health Care	\$367	90.1%	\$506	31.8%	\$774	55.7%	\$1,114	22.6%	\$771	50.0%	\$1,286	26.5%
Primary Care Case Management Services	\$13	34.0%	\$12	6.5%	\$68	15.1%	\$213	4.8%	\$28	12.2%	\$43	4.2%
Other Services**	\$2,023	18.1%	\$1,721	26.1%	\$1,707	8.3%	\$1,178	20.3%	\$799	12.2%	\$799	19.6%
All Services	\$1,988	96.3%	\$6,468	99.3%	\$1,662	94.7%	\$7,755	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 Iowa in 1997 was 84% 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.

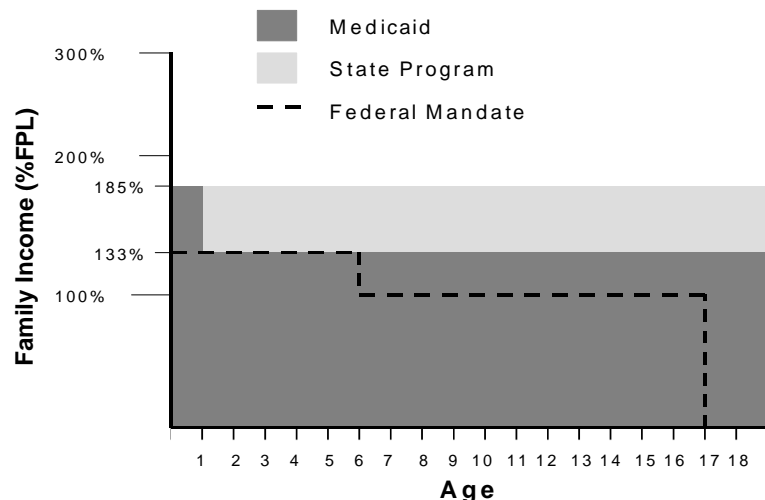
I. CONTINUED	IOWA		WEST NORTH CENTRAL REGION		UNITED STATES	
I. Enrollees Under Age 21, by Race and Age, FY 1998#	<u>Enrollees</u>	<u>Percent</u>	<u>Enrollees</u>	<u>Percent</u>	<u>Enrollees</u>	<u>Percent</u>
Non-hispanic White	141,985	82.4%	870,583	65.2%	8,942,666	40.0%
Ages 0 Through 5	56,786	40.0%	347,691	39.9%	3,674,647	41.1%
Ages 6 Through 20	85,199	60.0%	522,892	60.1%	5,268,019	57.6%
Non-hispanic Black	18,039	10.5%	287,559	21.5%	6,572,457	29.4%
Ages 0 Through 5	6,785	37.6%	103,802	36.1%	2,493,510	37.9%
Ages 6 Through 20	11,254	62.4%	183,757	63.9%	4,078,947	62.1%
Hispanic	8,762	5.1%	66,083	4.9%	4,814,500	21.6%
Ages 0 Through 5	4,728	54.0%	34,416	52.1%	2,211,872	45.9%
Ages 6 Through 20	4,034	46.0%	31,667	47.9%	2,602,628	54.1%
Other	3,452	2.0%	111,066	8.3%	2,001,399	9.0%
Ages 0 Through 5	1,284	37.2%	39,450	35.5%	840,334	42.0%
Ages 6 Through 20	2,168	62.8%	71,616	64.5%	1,161,065	58.0%

II. POPULATION AND CHILD HEALTH DATA

A. Total Population, 1998	2,877,763	100.0%	18,800,925	100.0%	270,002,354	100.0%
Under Age 21	844,641	29.4%	5,720,526	30.4%	81,664,866	30.2%
Under Age 6	219,989	7.6%	1,519,387	8.1%	23,078,513	8.5%
Infants	36,375	1.3%	250,090	1.3%	3,800,560	1.4%
Age 1 Through 5	183,614	6.4%	1,269,297	6.8%	19,277,953	7.1%
Age 6 Through 20	624,652	21.7%	4,201,139	22.3%	58,586,353	21.7%
Age 21 and Older	2,033,122	70.6%	13,080,399	69.6%	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	6.2	5.9	12.0	6.9	5.9	13.9
Neonatal Mortality	4.0	3.8	na	4.4	3.8	8.4
Postneonatal Mortality	2.2	2.1	na	2.5	2.1	5.4
% Low Birth Weight Infants						
Under 2500 Grams	6.4	6.2	10.1	6.7	6.2	10.8
Under 1500 Grams	1.2	1.1	2.8	1.3	1.1	2.4
% Not Receiving Prenatal Care						
In First Trimester	12.7	12.1	22.7	14.5	12.8	27.4
Until Third Trimester or Not At All	2.4	2.2	5.1	2.8	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 ~	632,468	87%	3,416,588	70%	34,317,300	50%
Fewer than 82 Child Health Physician per 100K Children ~	632,468	87%	3,041,842	62%	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 (37% FPL for Iowa, an equivalent of \$5,236 for a family of 3 in 2000).

Iowa expanded its Title XIX Medicaid program to 185% FPL for pregnant women and infants. The Medically Needy were covered up to 72% FPL 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 73% of 58K uninsured children under age 19 in Iowa 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>'.

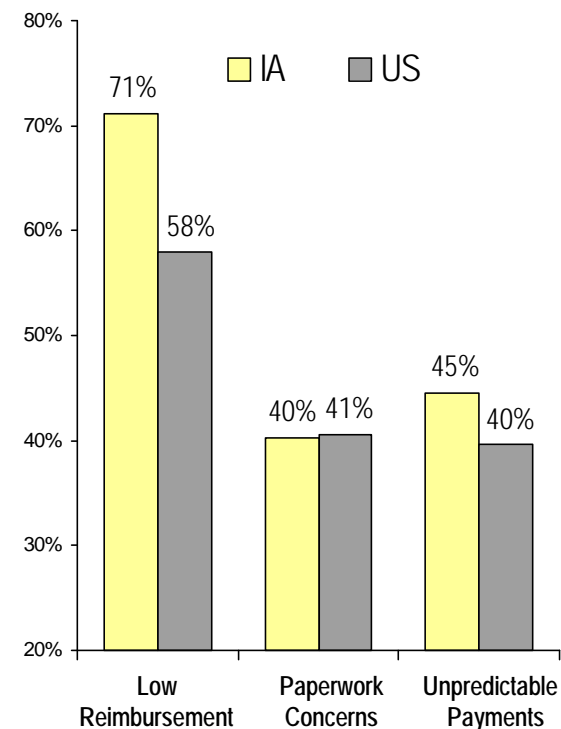
B. Title XXI Medicaid/SCHIP Program Eligibility

Title XXI funds Iowa's Medicaid program from 100% to 133% FPL for children ages 6 through 16, and from 37% to 133% FPL for children ages 17 through 18. Hawk-I, Iowa's SCHIP program, covers children ages 1 through 18 from 133% to 185% FPL. (Iowa expanded eligibility with a 20% income disregard for earned income.) Federally legislated maximum Title XXI SCHIP/ Medicaid program eligibility for Iowa is 235% FPL for all infants and 200% FPL for children through age 18.

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>".



Medicaid State Report

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



I. MEDICAID ENROLLEES AND EXPENDITURES				KANSAS			WEST NORTH CENTRAL REGION~			UNITED STATES		
A. Federal Medical Assistance Percentage (FMAP)*	59.7% (FY98)	60.0% (FY00)	72.0% (Enhanced)	62.2% (FY98)	62.2% (FY00)	73.5% (Enhanced)	60.7% (FY98)	60.7% (FY00)	72.5% (Enhanced)			
B. Total Medicaid Managed Care Enrollment, 06/30/1998 (% of Total Medicaid Enrollment)	84,437 (49.4% of 170,990 **)			929,209 (55.6% of 1,670,689)			15,760,205 (52.5% of 30,009,674)					
C. Percent of Births Paid for by Medicaid, 1997***	25%			33%			35%					
D. FY 1998 and FY 1994-98 Averaged DSH^ Payment	\$45 M \$26 M			\$795 M \$692 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	246,598 100.0%			2,253,058 100.0%			40,377,603 100.0%					
Children Under Age 21	144,723 58.7%			1,335,291 59.3%			22,331,022 56.4%					
Under Age 6	60,421 24.5%			525,359 23.3%			9,220,363 22.8%					
Infants	11,944 4.8%			107,361 4.8%			2,014,962 5.0%					
Age 1 Through 5	48,477 19.7%			417,998 18.6%			7,205,401 17.8%					
Age 6 Through 20	84,302 34.2%			809,932 35.9%			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	246,598	\$916 M	\$3,716	2,253,058	\$9,149 M	\$4,061	40,377,603	\$142,058 M	\$3,518			
Children^^^	52.4%	15.4%	\$1,078	55.0%	16.9%	\$1,238	50.6%	16.4%	\$1,130			
Categorically Needy - Cash	11.5%	3.2%	\$1,015	15.4%	4.9%	\$1,296	18.4%	6.0%	\$1,137			
Categorically Needy - Noncash	29.8%	7.0%	\$852	23.8%	5.0%	\$856	17.4%	4.6%	\$910			
Medically Needy	1.1%	1.8%	\$5,743	0.8%	0.3%	\$1,514	4.5%	1.7%	\$1,294			
Other	9.9%	3.5%	\$1,299	15.1%	6.6%	\$1,768	10.2%	4.2%	\$1,418			
Adults	16.9%	6.6%	\$1,429	17.8%	7.3%	\$1,651	21.8%	10.7%	\$1,704			
Categorically Needy - Cash	7.3%	2.9%	\$1,466	7.2%	3.9%	\$2,193	8.8%	4.5%	\$1,796			
Categorically Needy - Noncash	4.8%	2.7%	\$2,111	2.9%	1.3%	\$1,825	5.6%	3.2%	\$1,987			
Medically Needy	0.1%	0.0%	\$1,013	0.7%	0.2%	\$1,026	2.6%	1.3%	\$1,717			
Other	4.8%	0.9%	\$698	7.0%	1.9%	\$1,084	4.8%	1.6%	\$1,199			
Blind and Disabled	18.8%	49.9%	\$9,722	15.4%	41.3%	\$10,836	17.5%	43.6%	\$8,680			
Aged	11.9%	28.0%	\$8,654	11.7%	34.5%	\$11,899	10.2%	29.3%	\$9,968			

Notes: ~ Includes IA, KS, MN, MO, ND, NE & SD. * Regional and US averages of FY98 FMAP are weighted by FY98 expenditures. FY00 and Enhanced FMAPs are unweighted. ** Enrollment on 06/30/98 was 69.3% 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	KANSAS				WEST NORTH 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	1.5%		1.4%		1.0%		1.2%		1.5%		1.8%	
Dental Services	0.9%		0.2%		0.3%		0.2%		0.4%		0.2%	
Other Practitioners	0.1%		0.1%		0.2%		0.2%		0.2%		0.2%	
EPSDT*	0.9%		0.3%		0.7%		0.2%		0.9%		0.1%	
Family Planning Services	0.1%		0.1%		0.0%		0.0%		0.1%		0.1%	
Clinic Services	1.9%		1.4%		0.6%		0.7%		0.9%		1.1%	
Outpatient Hospital	0.5%		0.5%		1.1%		1.6%		1.3%		1.8%	
Inpatient Hospital	5.2%		4.5%		4.0%		3.9%		5.1%		6.4%	
Nursing Home/Intermediate Care	0.4%		23.1%		0.6%		26.8%		0.6%		24.5%	
Mental Health Facility Services	0.5%		0.4%		0.4%		0.3%		0.8%		1.3%	
Personal Care / Home Health Services	0.5%		1.4%		2.4%		4.1%		2.1%		4.7%	
Lab and X-Ray	0.1%		0.2%		0.1%		0.2%		0.2%		0.3%	
Prescribed Drugs	1.9%		8.5%		1.2%		6.2%		1.2%		6.1%	
Prepaid Health Care	1.4%		0.4%		6.3%		2.5%		6.2%		4.3%	
Primary Care Case Management Services	1.3%		1.0%		0.1%		0.1%		0.1%		0.0%	
Other Services**	5.7%		12.8%		2.1%		2.4%		1.6%		2.0%	
Reporting Variance~	-0.6%		21.4%		2.0%		23.6%		0.2%		20.0%	
All Services	22.3%		77.7%		23.0%		77.0%		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	\$168	54.8%	\$283	43.3%	\$223	31.9%	\$333	31.9%	\$242	39.3%	\$384	37.8%
Dental Services	\$253	22.8%	\$318	7.0%	\$161	12.7%	\$188	10.7%	\$172	13.7%	\$204	7.7%
Other Practitioners	\$81	11.3%	\$88	12.4%	\$155	7.2%	\$107	15.7%	\$179	6.7%	\$110	13.2%
EPSDT*	\$111	51.2%	\$245	12.7%	\$266	17.5%	\$429	4.0%	\$224	26.1%	\$308	3.5%
Family Planning Services	\$107	3.4%	\$110	4.8%	\$95	2.0%	\$104	2.8%	\$159	2.6%	\$141	3.3%
Clinic Services	\$405	30.1%	\$654	19.6%	\$234	17.5%	\$341	19.9%	\$469	11.4%	\$874	9.7%
Outpatient Hospital	\$106	30.5%	\$205	22.2%	\$341	21.2%	\$617	26.4%	\$333	24.7%	\$582	24.6%
Inpatient Hospital	\$3,713	8.8%	\$4,516	9.0%	\$4,766	5.7%	\$4,296	9.0%	\$4,826	6.5%	\$4,807	10.5%
Nursing Home/Intermediate Care	\$50,867	0.0%	\$12,407	16.7%	\$53,819	0.1%	\$19,096	13.9%	\$63,002	0.1%	\$21,867	8.9%
Mental Health Facility Services	\$16,804	0.2%	\$17,564	0.2%	\$24,837	0.1%	\$31,180	0.1%	\$18,105	0.3%	\$28,065	0.4%
Personal Care / Home Health Services	\$1,011	3.1%	\$1,362	9.0%	\$2,279	7.2%	\$2,328	17.4%	\$1,752	7.3%	\$3,125	11.9%
Lab and X-Ray	\$36	22.0%	\$59	26.4%	\$56	10.9%	\$82	18.8%	\$66	17.6%	\$119	18.7%
Prescribed Drugs	\$218	54.6%	\$1,345	56.3%	\$232	34.3%	\$1,407	43.5%	\$188	41.0%	\$1,205	40.3%
Prepaid Health Care	\$348	24.8%	\$619	5.3%	\$774	55.7%	\$1,114	22.6%	\$771	50.0%	\$1,286	26.5%
Primary Care Case Management Services	\$135	60.6%	\$380	23.4%	\$68	15.1%	\$213	4.8%	\$28	12.2%	\$43	4.2%
Other Services**	\$1,976	18.1%	\$3,737	30.7%	\$1,707	8.3%	\$1,178	20.3%	\$799	12.2%	\$799	19.6%
All Services	\$1,464	95.8%	\$7,009	99.3%	\$1,662	94.7%	\$7,755	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 Kansas in 1997 was 67% 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.

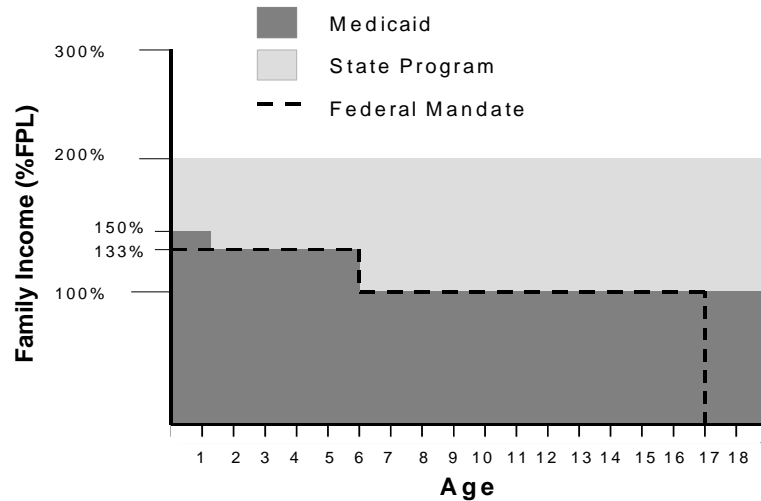
I. CONTINUED	KANSAS		WEST NORTH CENTRAL REGION		UNITED STATES	
	<u>Enrollees</u>	<u>Percent</u>	<u>Enrollees</u>	<u>Percent</u>	<u>Enrollees</u>	<u>Percent</u>
I. Enrollees Under Age 21, by Race and Age, FY 1998#						
Non-hispanic White	92,100	63.6%	870,583	65.2%	8,942,666	40.0%
Ages 0 Through 5	37,730	41.0%	347,691	39.9%	3,674,647	41.1%
Ages 6 Through 20	54,370	59.0%	522,892	60.1%	5,268,019	57.6%
Non-hispanic Black	30,863	21.3%	287,559	21.5%	6,572,457	29.4%
Ages 0 Through 5	11,797	38.2%	103,802	36.1%	2,493,510	37.9%
Ages 6 Through 20	19,066	61.8%	183,757	63.9%	4,078,947	62.1%
Hispanic	15,542	10.7%	66,083	4.9%	4,814,500	21.6%
Ages 0 Through 5	8,114	52.2%	34,416	52.1%	2,211,872	45.9%
Ages 6 Through 20	7,428	47.8%	31,667	47.9%	2,602,628	54.1%
Other	6,218	4.3%	111,066	8.3%	2,001,399	9.0%
Ages 0 Through 5	2,780	44.7%	39,450	35.5%	840,334	42.0%
Ages 6 Through 20	3,438	55.3%	71,616	64.5%	1,161,065	58.0%

II. POPULATION AND CHILD HEALTH DATA

A. Total Population, 1998	2,628,276	100.0%				18,800,925	100.0%				270,002,354	100.0%	
Under Age 21	817,777	31.1%				5,720,526	30.4%				81,664,866	30.2%	
Under Age 6	220,313	8.4%				1,519,387	8.1%				23,078,513	8.5%	
Infants	36,059	1.4%				250,090	1.3%				3,800,560	1.4%	
Age 1 Through 5	184,254	7.0%				1,269,297	6.8%				19,277,953	7.1%	
Age 6 Through 20	597,464	22.7%				4,201,139	22.3%				58,586,353	21.7%	
Age 21 and Older	1,810,499	68.9%				13,080,399	69.6%				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>			<u>Total</u>	<u>White</u>	<u>Other</u>
Infant Mortality per 1,000 Live Births	7.4	6.6	13.7			6.9	5.9	13.9			7.2	6.0	11.8
Neonatal Mortality	4.7	4.2	9.2			4.4	3.8	8.4			4.8	4.0	7.7
Postneonatal Mortality	2.7	2.5	na			2.5	2.1	5.4			2.5	2.0	4.0
% Low Birth Weight Infants Under 2500 Grams	7.0	6.5	11.3			6.7	6.2	10.8			7.6	6.5	11.6
Under 1500 Grams	1.4	1.3	2.5			1.3	1.1	2.4			1.4	1.1	2.6
% Not Receiving Prenatal Care													
In First Trimester	14.2	13.3	22.3			14.5	12.8	27.4			17.2	15.2	24.9
Until Third Trimester or Not At All	2.8	2.5	5.1			2.8	2.3	6.7			3.9	3.3	6.3
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> ⁺	
Children living in Health Service Areas* with:													
Fewer than 55 Pediatricians per 100K Children ~	544,672	79%				3,416,588	70%				34,317,300	50%	
Fewer than 82 Child Health Physician per 100K Children ~	541,003	78%				3,041,842	62%				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 (40% FPL for Kansas, an equivalent of \$5,660 for a family of 3 in 2000).

Kansas expanded its Title XIX Medicaid program to 150% FPL for pregnant women and infants and to 100% FPL for children ages 17 through 18. The Medically Needy were covered up to 71% FPL 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 29% of 60K uninsured children under age 19 in Kansas 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>'.

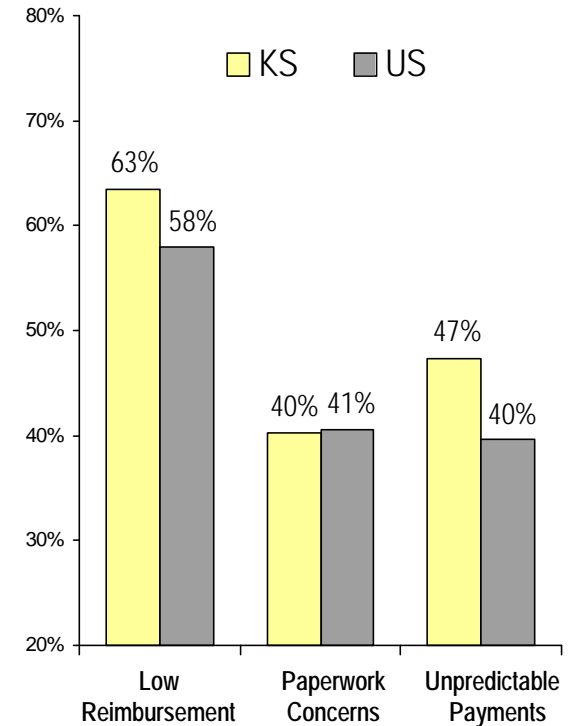
B. Title XXI Medicaid/SCHIP Program Eligibility

Health Wave, Kansas's Title XXI state program, covers infants from 150% to 200% FPL, children ages 1 through 5 from 133% to 200% FPL and children 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>'.



Medicaid State Report

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



I. MEDICAID ENROLLEES AND EXPENDITURES	KENTUCKY			EAST SOUTH CENTRAL REGION~			UNITED STATES		
A. Federal Medical Assistance Percentage (FMAP)*	70.4% (FY98)	70.6% (FY00)	79.4% (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)	325,233 (62.7% of 518,467 **)			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***	42%			47%			35%		
D. FY 1998 and FY 1994-98 Averaged DSH^ Payment	\$195 M		\$166 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	653,553		100.0%	3,263,176		100.0%	40,377,603		100.0%
Children Under Age 21	335,619		51.4%	1,667,788		51.1%	22,331,022		56.4%
Under Age 6	134,948		20.6%	658,669		20.2%	9,220,363		22.8%
Infants	24,325		3.7%	123,064		3.8%	2,014,962		5.0%
Age 1 Through 5	110,623		16.9%	535,605		16.4%	7,205,401		17.8%
Age 6 Through 20	200,671		30.7%	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	653,553	\$2,425 M	\$3,711	3,263,176	\$8,937 M	\$2,739	40,377,603	\$142,058 M	\$3,518
Children^^^	44.4%	17.8%	\$1,484	44.1%	16.8%	\$935	50.6%	16.4%	\$1,130
Categorically Needy - Cash	14.4%	6.3%	\$1,608	9.9%	4.1%	\$1,004	18.4%	6.0%	\$1,137
Categorically Needy - Noncash	21.5%	7.2%	\$1,232	26.0%	8.6%	\$809	17.4%	4.6%	\$910
Medically Needy	4.4%	2.0%	\$1,720	2.0%	1.0%	\$1,234	4.5%	1.7%	\$1,294
Other	4.0%	2.3%	\$2,133	6.1%	3.1%	\$1,256	10.2%	4.2%	\$1,418
Adults	16.4%	9.9%	\$2,241	22.2%	12.8%	\$1,416	21.8%	10.7%	\$1,704
Categorically Needy - Cash	7.0%	4.6%	\$2,462	4.4%	3.0%	\$1,668	8.8%	4.5%	\$1,796
Categorically Needy - Noncash	4.5%	3.4%	\$2,794	11.6%	6.8%	\$1,440	5.6%	3.2%	\$1,987
Medically Needy	2.7%	1.4%	\$1,822	2.7%	1.3%	\$1,219	2.6%	1.3%	\$1,717
Other	2.1%	0.5%	\$891	3.5%	1.7%	\$1,170	4.8%	1.6%	\$1,199
Blind and Disabled	28.6%	48.1%	\$6,211	24.6%	42.7%	\$4,260	17.5%	43.6%	\$8,680
Aged	10.6%	24.1%	\$8,396	9.2%	27.8%	\$7,432	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 79.3% 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	KENTUCKY				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	2.3%		2.9%		2.9%		3.6%		1.5%		1.8%	
Dental Services	0.6%		0.2%		0.3%		0.1%		0.4%		0.2%	
Other Practitioners	0.2%		0.1%		0.1%		0.1%		0.2%		0.2%	
EPSDT*	2.5%		1.1%		1.2%		0.4%		0.9%		0.1%	
Family Planning Services	0.0%		0.1%		0.0%		0.0%		0.1%		0.1%	
Clinic Services	1.7%		1.5%		1.4%		1.0%		0.9%		1.1%	
Outpatient Hospital	2.4%		3.8%		1.3%		1.7%		1.3%		1.8%	
Inpatient Hospital	3.5%		5.2%		2.8%		3.6%		5.1%		6.4%	
Nursing Home/Intermediate Care	0.4%		20.7%		0.6%		27.1%		0.6%		24.5%	
Mental Health Facility Services	1.7%		0.7%		0.8%		0.6%		0.8%		1.3%	
Personal Care / Home Health Services	1.0%		3.2%		0.8%		2.5%		2.1%		4.7%	
Lab and X-Ray	0.3%		0.5%		0.2%		0.2%		0.2%		0.3%	
Prescribed Drugs	1.5%		8.8%		1.3%		6.7%		1.2%		6.1%	
Prepaid Health Care	6.8%		3.8%		9.2%		10.2%		6.2%		4.3%	
Primary Care Case Management Services	0.0%		0.0%		0.0%		0.0%		0.1%		0.0%	
Other Services**	1.9%		3.5%		0.8%		0.8%		1.6%		2.0%	
Reporting Variance~	0.0%		17.0%		0.7%		16.1%		0.2%		20.0%	
All Services	26.9%		73.1%		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	\$278	59.8%	\$429	51.8%	\$387	36.4%	\$488	36.4%	\$242	39.3%	\$384	37.8%
Dental Services	\$173	23.2%	\$160	9.4%	\$158	8.7%	\$154	2.9%	\$172	13.7%	\$204	7.7%
Other Practitioners	\$117	12.3%	\$74	14.5%	\$100	4.3%	\$64	5.5%	\$179	6.7%	\$110	13.2%
EPSDT*	\$1,577	11.4%	\$12,174	0.7%	\$328	17.5%	\$1,093	1.7%	\$224	26.1%	\$308	3.5%
Family Planning Services	\$120	3.0%	\$126	3.1%	\$113	1.5%	\$118	1.4%	\$159	2.6%	\$141	3.3%
Clinic Services	\$585	20.7%	\$740	15.1%	\$505	13.1%	\$699	7.3%	\$469	11.4%	\$874	9.7%
Outpatient Hospital	\$471	37.1%	\$829	35.2%	\$290	21.5%	\$616	14.1%	\$333	24.7%	\$582	24.6%
Inpatient Hospital	\$3,688	6.9%	\$2,674	14.9%	\$3,828	3.5%	\$2,340	7.8%	\$4,826	6.5%	\$4,807	10.5%
Nursing Home/Intermediate Care	\$55,079	0.0%	\$18,362	8.6%	\$53,867	0.1%	\$16,816	8.1%	\$63,002	0.1%	\$21,867	8.9%
Mental Health Facility Services	\$10,157	1.2%	\$8,426	0.7%	\$8,674	0.4%	\$12,137	0.2%	\$18,105	0.3%	\$28,065	0.4%
Personal Care / Home Health Services	\$807	9.0%	\$1,507	16.0%	\$917	4.2%	\$1,802	6.9%	\$1,752	7.3%	\$3,125	11.9%
Lab and X-Ray	\$56	33.0%	\$162	23.6%	\$55	14.2%	\$121	9.0%	\$66	17.6%	\$119	18.7%
Prescribed Drugs	\$186	59.6%	\$1,357	49.6%	\$182	35.5%	\$1,205	28.0%	\$188	41.0%	\$1,205	40.3%
Prepaid Health Care	\$1,451	34.0%	\$1,814	16.0%	\$943	46.9%	\$1,449	35.4%	\$771	50.0%	\$1,286	26.5%
Primary Care Case Management Services	NA	0.0%	NA	0.0%	\$0	0.0%	\$0	0.0%	\$28	12.2%	\$43	4.2%
Other Services**	\$428	32.2%	\$979	27.2%	\$382	9.9%	\$473	8.7%	\$799	12.2%	\$799	19.6%
All Services	\$2,008	96.5%	\$5,594	99.5%	\$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 Kentucky in 1997 was 16% 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.

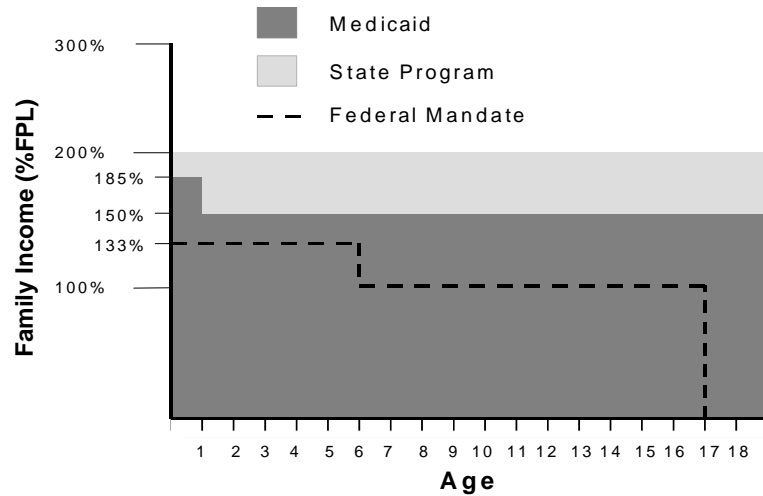
I. CONTINUED	KENTUCKY		EAST SOUTH CENTRAL REGION		UNITED STATES	
	<u>Enrollees</u>	<u>Percent</u>	<u>Enrollees</u>	<u>Percent</u>	<u>Enrollees</u>	<u>Percent</u>
I. Enrollees Under Age 21, by Race and Age, FY 1998#						
Non-hispanic White	273,435	81.5%	910,288	54.6%	8,942,666	40.0%
Ages 0 Through 5	109,573	40.1%	357,170	39.2%	3,674,647	41.1%
Ages 6 Through 20	163,862	59.9%	553,118	60.8%	5,268,019	57.6%
Non-hispanic Black	53,196	15.9%	700,923	42.0%	6,572,457	29.4%
Ages 0 Through 5	20,718	38.9%	273,800	39.1%	2,493,510	37.9%
Ages 6 Through 20	32,478	61.1%	427,123	60.9%	4,078,947	62.1%
Hispanic	2,807	0.8%	18,488	1.1%	4,814,500	21.6%
Ages 0 Through 5	1,596	56.9%	10,522	56.9%	2,211,872	45.9%
Ages 6 Through 20	1,211	43.1%	7,966	43.1%	2,602,628	54.1%
Other	6,181	1.8%	38,089	2.3%	2,001,399	9.0%
Ages 0 Through 5	3,061	49.5%	17,177	45.1%	840,334	42.0%
Ages 6 Through 20	3,120	50.5%	20,912	54.9%	1,161,065	58.0%

II. POPULATION AND CHILD HEALTH DATA

A. Total Population, 1998	3,943,397	100.0%				16,590,436	100.0%				270,002,354	100.0%	
Under Age 21	1,143,421	29.0%				4,925,912	29.7%				81,664,866	30.2%	
Under Age 6	307,941	7.8%				1,349,145	8.1%				23,078,513	8.5%	
Infants	49,990	1.3%				217,706	1.3%				3,800,560	1.4%	
Age 1 Through 5	257,951	6.5%				1,131,439	6.8%				19,277,953	7.1%	
Age 6 Through 20	835,480	21.2%				3,576,767	21.6%				58,586,353	21.7%	
Age 21 and Older	2,799,976	71.0%				11,664,524	70.3%				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>			<u>Total</u>	<u>White</u>	<u>Other</u>
Infant Mortality per 1,000 Live Births	7.3	7.0	10.0			8.9	6.9	14.1			7.2	6.0	11.8
Neonatal Mortality	4.5	4.3	6.4			5.5	4.3	8.8			4.8	4.0	7.7
Postneonatal Mortality	2.8	2.7	na			3.4	2.7	5.3			2.5	2.0	4.0
% Low Birth Weight Infants													
Under 2500 Grams	8.1	7.6	12.7			9.1	7.5	13.4			7.6	6.5	11.6
Under 1500 Grams	1.6	1.5	2.7			1.8	1.3	3.1			1.4	1.1	2.6
% Not Receiving Prenatal Care													
In First Trimester	13.6	12.7	21.1			16.5	12.2	28.0			17.2	15.2	24.9
Until Third Trimester or Not At All	2.5	2.3	4.0			3.5	2.3	6.7			3.9	3.3	6.3
C. Pediatrician and Other Child Health Physician Ratios, 1998													
<i>Children living in Health Service Areas* with:</i>	<u>Total</u>	<u>% Child Population⁺</u>				<u>Total</u>	<u>% Child Population⁺</u>				<u>Total</u>	<u>% Child Population⁺</u>	
Fewer than 55 Pediatricians per 100K Children ~	654,549	66%				2,587,072	61%				34,317,300	50%	
Fewer than 82 Child Health Physician per 100K Children ~	654,549	66%				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 (33% FPL for Kentucky, an equivalent of \$4,670 for a family of 3 in 2000).

Kentucky expanded its Title XIX Medicaid program to 185% FPL for pregnant women and infants. The Medically Needy were covered up to 32% FPL 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 47% of 138K uninsured children under age 19 in Kentucky 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>'.

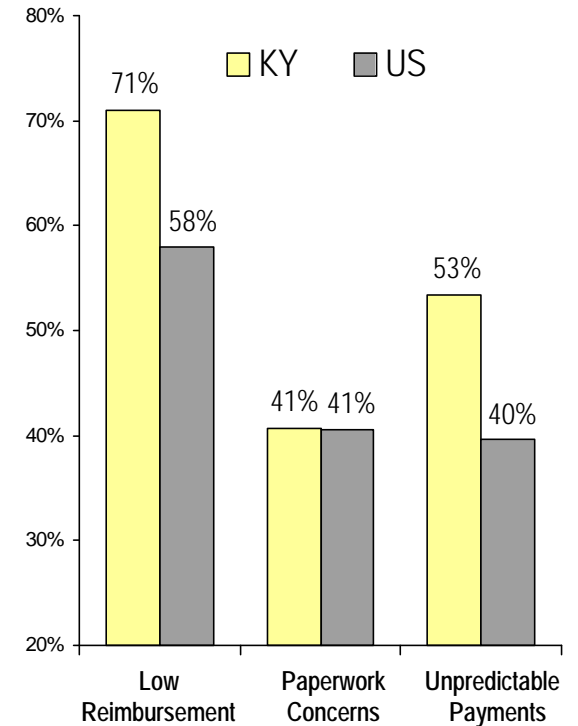
B. Title XXI Medicaid/SCHIP Program Eligibility

Kentucky's Title XXI Medicaid program covers children ages 1 through 5 from 133% to 150% FPL, ages 6 through 16 from 100% to 150% FPL, and ages 17 through 18 from 33% to 150% FPL. Kentucky's state program began covering children through age 18 to 200% in November 1999.

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>'.



Medicaid State Report

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



I. MEDICAID ENROLLEES AND EXPENDITURES	LOUISIANA			WEST SOUTH CENTRAL REGION~			UNITED STATES		
A. Federal Medical Assistance Percentage (FMAP)*	70.0% (FY98)	70.3% (FY00)	79.2% (Enhanced)	68.9% (FY98)	68.9% (FY00)	78.2% (Enhanced)	60.7% (FY98)	60.7% (FY00)	72.5% (Enhanced)
B. Total Medicaid Managed Care Enrollment, 06/30/1998 (% of Total Medicaid Enrollment)	40,729 (5.4% of 752,747 **)			819,112 (26.3% of 3,115,299)			15,760,205 (52.5% of 30,009,674)		
C. Percent of Births Paid for by Medicaid, 1997***	50%			49%			35%		
D. FY 1998 and FY 1994-98 Averaged DSH^ Payment	\$738 M		\$897 M	\$2,202 M		\$2,248 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	723,864		100.0%	4,290,097		100.0%	40,377,603		100.0%
Children Under Age 21	430,065		59.4%	2,356,753		54.9%	22,331,022		56.4%
Under Age 6	196,489		27.1%	1,078,133		25.1%	9,220,363		22.8%
<i>Infants</i>	56,922		7.9%	236,673		5.5%	2,014,962		5.0%
<i>Age 1 Through 5</i>	139,567		19.3%	841,460		19.6%	7,205,401		17.8%
Age 6 Through 20	233,576		32.3%	1,278,620		29.8%	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	723,864	\$2,384 M	\$3,293	4,290,097	\$12,077 M	\$2,815	40,377,603	\$142,058 M	\$3,518
Children^^^	48.6%	15.6%	\$1,060	55.0%	18.9%	\$999	50.6%	16.4%	\$1,130
Categorically Needy - Cash	19.0%	4.7%	\$820	15.2%	4.3%	\$826	18.4%	6.0%	\$1,137
Categorically Needy - Noncash	19.0%	4.4%	\$766	29.2%	8.0%	\$796	17.4%	4.6%	\$910
Medically Needy	0.3%	0.1%	\$1,169	0.8%	0.6%	\$2,127	4.5%	1.7%	\$1,294
Other	10.4%	6.4%	\$2,035	9.8%	6.0%	\$1,785	10.2%	4.2%	\$1,418
Adults	15.5%	10.0%	\$2,129	17.0%	10.9%	\$1,859	21.8%	10.7%	\$1,704
Categorically Needy - Cash	7.1%	3.7%	\$1,727	6.6%	3.6%	\$1,589	8.8%	4.5%	\$1,796
Categorically Needy - Noncash	4.2%	4.2%	\$3,253	5.9%	4.4%	\$2,179	5.6%	3.2%	\$1,987
Medically Needy	0.4%	0.5%	\$3,770	1.3%	1.1%	\$2,461	2.6%	1.3%	\$1,717
Other	3.8%	1.6%	\$1,445	3.2%	1.7%	\$1,569	4.8%	1.6%	\$1,199
Blind and Disabled	22.9%	46.2%	\$6,684	15.4%	39.3%	\$7,446	17.5%	43.6%	\$8,680
Aged	13.0%	28.2%	\$7,202	12.6%	30.9%	\$7,136	10.2%	29.3%	\$9,968

Notes: ~ Includes AR, LA, OK & TX. * Regional and US averages of FY98 FMAP are weighted by FY98 expenditures. FY00 and Enhanced FMAPs are unweighted. ** Enrollment on 06/30/98 was 104.0% 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	LOUISIANA				WEST 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	4.0%		3.0%		3.8%		3.4%		1.5%		1.8%	
Dental Services	0.7%		0.1%		0.2%		0.0%		0.4%		0.2%	
Other Practitioners	0.1%		0.1%		0.4%		0.3%		0.2%		0.2%	
EPSDT*	1.8%		0.2%		4.6%		0.5%		0.9%		0.1%	
Family Planning Services	0.1%		0.1%		0.1%		0.1%		0.1%		0.1%	
Clinic Services	0.3%		0.8%		0.9%		0.6%		0.9%		1.1%	
Outpatient Hospital	2.5%		2.3%		1.9%		2.6%		1.3%		1.8%	
Inpatient Hospital	9.1%		9.1%		10.1%		7.6%		5.1%		6.4%	
Nursing Home/Intermediate Care	1.6%		24.8%		1.2%		23.7%		0.6%		24.5%	
Mental Health Facility Services	0.3%		0.4%		0.6%		0.3%		0.8%		1.3%	
Personal Care / Home Health Services	0.9%		1.6%		0.8%		4.9%		2.1%		4.7%	
Lab and X-Ray	0.7%		0.7%		0.5%		0.5%		0.2%		0.3%	
Prescribed Drugs	2.8%		9.5%		2.9%		7.2%		1.2%		6.1%	
Prepaid Health Care	0.0%		0.0%		0.0%		0.0%		6.2%		4.3%	
Primary Care Case Management Services	0.0%		0.0%		0.0%		0.0%		0.1%		0.0%	
Other Services**	1.4%		1.8%		0.6%		1.2%		1.6%		2.0%	
Reporting Variance~	0.0%		19.0%		0.0%		16.8%		0.2%		20.0%	
All Services	26.5%		73.5%		28.7%		71.3%		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	\$270	82.4%	\$398	61.6%	\$273	66.3%	\$473	66.3%	\$242	39.3%	\$384	37.8%
Dental Services	\$145	28.6%	\$156	6.7%	\$161	6.8%	\$169	1.7%	\$172	13.7%	\$204	7.7%
Other Practitioners	\$61	9.8%	\$59	9.0%	\$139	12.2%	\$115	18.8%	\$179	6.7%	\$110	13.2%
EPSDT*	\$156	64.8%	\$208	7.0%	\$359	60.2%	\$495	7.7%	\$224	26.1%	\$308	3.5%
Family Planning Services	\$90	5.7%	\$99	7.0%	\$120	4.2%	\$115	6.3%	\$159	2.6%	\$141	3.3%
Clinic Services	\$321	5.8%	\$620	10.2%	\$423	10.0%	\$524	9.0%	\$469	11.4%	\$874	9.7%
Outpatient Hospital	\$291	48.0%	\$545	34.7%	\$258	35.1%	\$593	33.6%	\$333	24.7%	\$582	24.6%
Inpatient Hospital	\$5,395	9.4%	\$2,466	30.0%	\$3,951	12.1%	\$3,078	18.6%	\$4,826	6.5%	\$4,807	10.5%
Nursing Home/Intermediate Care	\$47,789	0.2%	\$16,544	12.2%	\$55,695	0.1%	\$17,678	10.2%	\$63,002	0.1%	\$21,867	8.9%
Mental Health Facility Services	\$10,381	0.2%	\$4,198	0.7%	\$17,352	0.2%	\$8,991	0.2%	\$18,105	0.3%	\$28,065	0.4%
Personal Care / Home Health Services	\$599	8.8%	\$701	18.3%	\$605	6.0%	\$1,929	19.2%	\$1,752	7.3%	\$3,125	11.9%
Lab and X-Ray	\$67	55.8%	\$122	48.0%	\$77	32.2%	\$136	27.0%	\$66	17.6%	\$119	18.7%
Prescribed Drugs	\$206	74.3%	\$1,314	58.6%	\$197	70.1%	\$1,026	52.7%	\$188	41.0%	\$1,205	40.3%
Prepaid Health Care	NA	0.0%	NA	0.0%	\$16	6.1%	\$18	5.2%	\$771	50.0%	\$1,286	26.5%
Primary Care Case Management Services	NA	0.0%	NA	0.0%	\$23	7.9%	\$21	2.9%	\$28	12.2%	\$43	4.2%
Other Services**	\$541	14.2%	\$667	22.5%	\$474	6.2%	\$545	16.2%	\$799	12.2%	\$799	19.6%
All Services	\$1,483	98.9%	\$5,966	100.0%	\$1,508	89.9%	\$5,890	91.6%	\$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 Louisiana in 1997 was 93% 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.

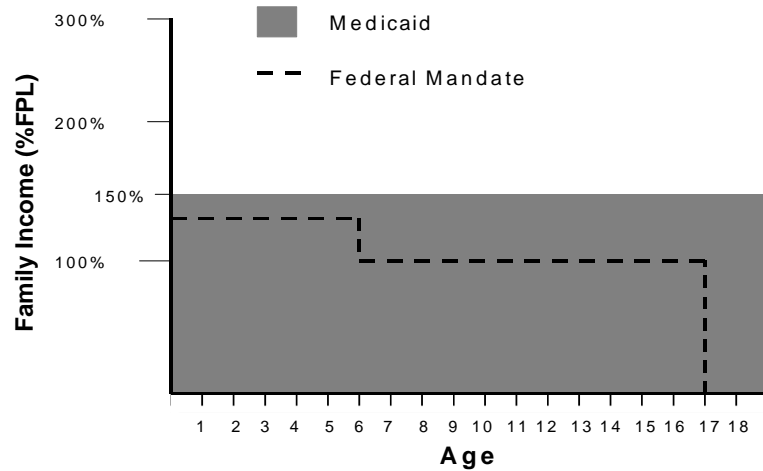
I. CONTINUED	LOUISIANA		WEST SOUTH CENTRAL REGION		UNITED STATES	
I. Enrollees Under Age 21, by Race and Age, FY 1998#	<u>Enrollees</u>	<u>Percent</u>	<u>Enrollees</u>	<u>Percent</u>	<u>Enrollees</u>	<u>Percent</u>
Non-hispanic White	124,265	28.9%	624,802	26.5%	8,942,666	40.0%
Ages 0 Through 5	62,020	49.9%	283,059	45.3%	3,674,647	41.1%
Ages 6 Through 20	62,245	50.1%	341,743	54.7%	5,268,019	57.6%
Non-hispanic Black	285,285	66.3%	716,127	30.4%	6,572,457	29.4%
Ages 0 Through 5	124,736	43.7%	293,587	41.0%	2,493,510	37.9%
Ages 6 Through 20	160,549	56.3%	422,540	59.0%	4,078,947	62.1%
Hispanic	0	0.0%	936,953	39.8%	4,814,500	21.6%
Ages 0 Through 5	0	#Error	454,326	48.5%	2,211,872	45.9%
Ages 6 Through 20	0	#Error	482,627	51.5%	2,602,628	54.1%
Other	20,515	4.8%	78,871	3.3%	2,001,399	9.0%
Ages 0 Through 5	9,733	47.4%	47,161	59.8%	840,334	42.0%
Ages 6 Through 20	10,782	52.6%	31,710	40.2%	1,161,065	58.0%

II. POPULATION AND CHILD HEALTH DATA

A. Total Population, 1998	4,391,343	100.0%		29,864,875	100.0%		270,002,354	100.0%	
Under Age 21	1,440,102	32.8%		9,747,068	32.6%		81,664,866	30.2%	
Under Age 6	392,403	8.9%		2,743,611	9.2%		23,078,513	8.5%	
Infants	64,698	1.5%		449,107	1.5%		3,800,560	1.4%	
Age 1 Through 5	327,705	7.5%		2,294,504	7.7%		19,277,953	7.1%	
Age 6 Through 20	1,047,699	23.9%		7,003,457	23.5%		58,586,353	21.7%	
Age 21 and Older	2,951,241	67.2%		20,117,807	67.4%		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>	<u>Total</u>	<u>White</u>	<u>Other</u>
Infant Mortality per 1,000 Live Births	9.5	6.6	13.4	7.1	6.2	11.0	7.2	6.0	11.8
Neonatal Mortality	6.2	4.2	8.8	4.3	3.7	6.8	4.8	4.0	7.7
Postneonatal Mortality	3.3	2.4	4.6	2.9	2.5	4.2	2.5	2.0	4.0
% Low Birth Weight Infants									
Under 2500 Grams	10.1	7.0	14.3	7.9	6.8	12.3	7.6	6.5	11.6
Under 1500 Grams	2.1	1.2	3.3	1.5	1.2	2.7	1.4	1.1	2.6
% Not Receiving Prenatal Care									
In First Trimester	17.8	10.6	27.4	20.5	19.3	25.5	17.2	15.2	24.9
Until Third Trimester or Not At All	3.9	1.8	6.8	5.1	4.8	6.2	3.9	3.3	6.3
C. Pediatrician and Other Child Health Physician Ratios, 1998									
<i>Children living in Health Service Areas* with:</i>	<u>Total</u>	<u>% Child Population⁺</u>		<u>Total</u>	<u>% Child Population⁺</u>		<u>Total</u>	<u>% Child Population⁺</u>	
Fewer than 55 Pediatricians per 100K Children ~	801,820	65%		7,351,145	89%		34,317,300	50%	
Fewer than 82 Child Health Physician per 100K Children ~	936,248	75%		7,485,573	90%		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 (12% FPL for Louisiana, an equivalent of \$1,698 for a family of 3 in 2000).

Louisiana did not expand its Title XIX Medicaid program beyond the federal mandate. The Medically Needy were covered up to 21% FPL 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 46% of 223K uninsured children under age 19 in Louisiana 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>'.

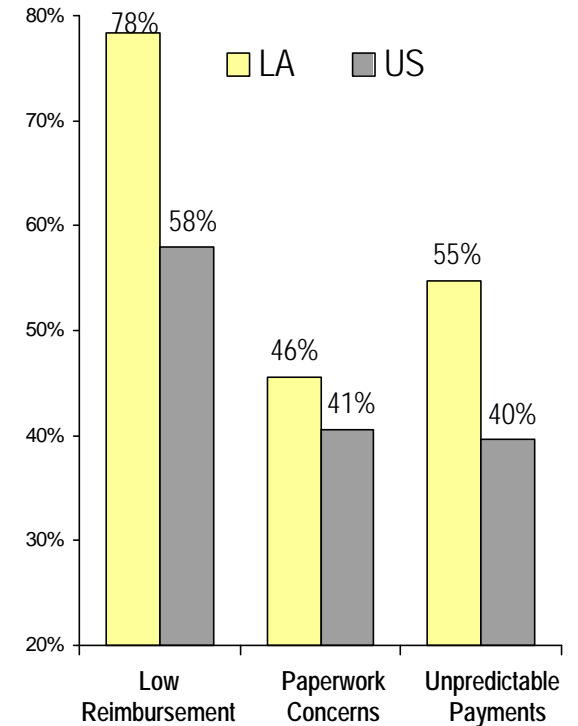
B. Title XXI Medicaid/SCHIP Program Eligibility

Louisiana's Title XXI Medicaid program covers infants and children through age 5 from 133% to 150%, children ages 6 through 16 from 100% to 150% FPL, and ages 17 through 18 from 12% to 150% FPL. Louisiana will expand (LACHIP) Medicaid to 200% FPL on January 1, 2001.

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>'.



Medicaid State Report

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



I. MEDICAID ENROLLEES AND EXPENDITURES				MAINE			NEW ENGLAND REGION~			UNITED STATES		
A. Federal Medical Assistance Percentage (FMAP)*		66.0% (FY98)	66.2% (FY00)	76.4% (Enhanced)		55.2% (FY98)	55.4% (FY00)	68.8% (Enhanced)		60.7% (FY98)	60.7% (FY00)	72.5% (Enhanced)
B. Total Medicaid Managed Care Enrollment, 06/30/1998 (% of Total Medicaid Enrollment)		16,295 (10.7% of 153,047 **)			904,036 (56.2% of 1,609,878)			15,760,205 (52.5% of 30,009,674)				
C. Percent of Births Paid for by Medicaid, 1997***		34%			23%			35%				
D. FY 1998 and FY 1994-98 Averaged DSH^ Payment		\$122 M	\$128 M		\$1,196 M	\$1,191 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		195,839		100.0%	1,930,631		100.0%	40,377,603		100.0%		
Children Under Age 21		95,689		48.9%	1,072,838		55.6%	22,331,022		56.4%		
Under Age 6		30,719		15.7%	533,536		27.6%	9,220,363		22.8%		
Infants		5,469		2.8%	260,991		13.5%	2,014,962		5.0%		
Age 1 Through 5		25,250		12.9%	272,545		14.1%	7,205,401		17.8%		
Age 6 Through 20		64,970		33.2%	539,302		27.9%	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		195,839	\$747 M	\$3,814	1,930,631	\$9,654 M	\$5,000	40,377,603	\$142,058 M	\$3,518		
Children^^^		45.6%	16.7%	\$1,377	49.2%	13.3%	\$1,348	50.6%	16.4%	\$1,130		
Categorically Needy - Cash		14.7%	4.6%	\$1,177	18.8%	5.2%	\$1,390	18.4%	6.0%	\$1,137		
Categorically Needy - Noncash		15.6%	3.9%	\$930	14.5%	3.5%	\$1,194	17.4%	4.6%	\$910		
Medically Needy		0.3%	0.1%	\$1,791	7.5%	1.6%	\$1,077	4.5%	1.7%	\$1,294		
Other		15.1%	8.1%	\$2,026	8.4%	3.0%	\$1,763	10.2%	4.2%	\$1,418		
Adults		21.5%	6.0%	\$1,041	20.9%	7.9%	\$1,875	21.8%	10.7%	\$1,704		
Categorically Needy - Cash		7.6%	3.5%	\$1,716	9.1%	3.5%	\$1,947	8.8%	4.5%	\$1,796		
Categorically Needy - Noncash		1.9%	0.8%	\$1,610	2.7%	0.8%	\$1,462	5.6%	3.2%	\$1,987		
Medically Needy		0.1%	0.1%	\$2,085	4.5%	1.7%	\$1,918	2.6%	1.3%	\$1,717		
Other		11.7%	1.5%	\$495	4.6%	1.8%	\$1,937	4.8%	1.6%	\$1,199		
Blind and Disabled		20.5%	44.8%	\$8,204	18.2%	43.7%	\$11,954	17.5%	43.6%	\$8,680		
Aged		12.5%	32.6%	\$9,782	11.7%	35.2%	\$14,984	10.2%	29.3%	\$9,968		

Notes: ~ Includes CT, MA, ME, NH, RI & VT. * Regional and US averages of FY98 FMAP are weighted by FY98 expenditures. FY00 and Enhanced FMAPs are unweighted. ** Enrollment on 06/30/98 was 78.1% of total annual enrollment state reported to HCFA on Form 2082 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.

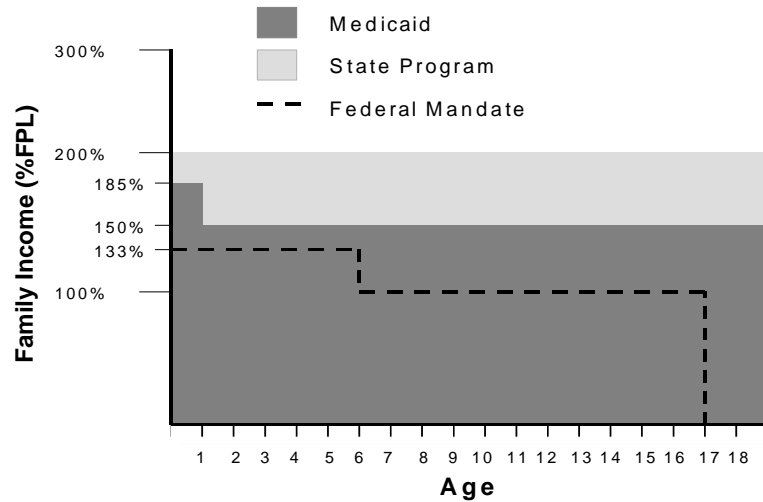
I. CONTINUED	MAINE				NEW ENGLAND REGION				UNITED STATES			
	<u>CHILDREN Under 21</u>		<u>ADULTS</u>		<u>CHILDREN Under 21</u>		<u>ADULTS</u>		<u>CHILDREN Under 21</u>		<u>ADULTS</u>	
G. Payments by Age and Type of Service#												
Physician Services	1.0%		1.1%		0.8%		1.5%		1.5%		1.8%	
Dental Services	0.4%		0.2%		0.4%		0.3%		0.4%		0.2%	
Other Practitioners	0.2%		0.2%		0.3%		0.1%		0.2%		0.2%	
EPSDT*	0.4%		0.1%		0.1%		0.0%		0.9%		0.1%	
Family Planning Services	0.1%		0.1%		0.0%		0.0%		0.1%		0.1%	
Clinic Services	0.5%		0.3%		0.6%		0.9%		0.9%		1.1%	
Outpatient Hospital	0.9%		0.9%		1.0%		1.7%		1.3%		1.8%	
Inpatient Hospital	1.9%		3.1%		2.5%		5.2%		5.1%		6.4%	
Nursing Home/Intermediate Care	0.6%		23.4%		0.2%		31.2%		0.6%		24.5%	
Mental Health Facility Services	2.6%		1.3%		0.8%		0.6%		0.8%		1.3%	
Personal Care / Home Health Services	2.2%		2.1%		1.2%		3.3%		2.1%		4.7%	
Lab and X-Ray	0.2%		0.3%		0.0%		0.1%		0.2%		0.3%	
Prescribed Drugs	1.8%		10.0%		0.8%		6.2%		1.2%		6.1%	
Prepaid Health Care	0.4%		0.1%		5.9%		2.5%		6.2%		4.3%	
Primary Care Case Management Services	0.0%		0.0%		0.1%		0.0%		0.1%		0.0%	
Other Services**	10.2%		15.5%		2.7%		3.2%		1.6%		2.0%	
Reporting Variance~	0.0%		18.0%		0.0%		21.0%		0.2%		20.0%	
All Services	23.5%		76.5%		17.6%		82.4%		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	\$172	46.7%	\$254	33.0%	\$247	29.9%	\$399	29.9%	\$242	39.3%	\$384	37.8%
Dental Services	\$144	22.2%	\$198	7.6%	\$170	23.1%	\$209	17.6%	\$172	13.7%	\$204	7.7%
Other Practitioners	\$114	16.5%	\$90	14.5%	\$460	6.5%	\$90	18.2%	\$179	6.7%	\$110	13.2%
EPSDT*	\$73	47.7%	\$47	9.7%	\$74	11.5%	\$54	2.2%	\$224	26.1%	\$308	3.5%
Family Planning Services	\$129	3.1%	\$135	3.1%	\$115	2.9%	\$132	4.0%	\$159	2.6%	\$141	3.3%
Clinic Services	\$251	16.8%	\$229	9.6%	\$675	8.3%	\$1,010	10.6%	\$469	11.4%	\$874	9.7%
Outpatient Hospital	\$351	19.6%	\$541	11.7%	\$418	21.6%	\$634	30.8%	\$333	24.7%	\$582	24.6%
Inpatient Hospital	\$5,962	2.5%	\$1,963	11.6%	\$6,339	3.6%	\$5,447	10.7%	\$4,826	6.5%	\$4,807	10.5%
Nursing Home/Intermediate Care	\$30,448	0.2%	\$19,095	9.1%	\$47,481	0.0%	\$22,737	15.4%	\$63,002	0.1%	\$21,867	8.9%
Mental Health Facility Services	\$38,254	0.5%	\$35,736	0.3%	\$40,347	0.2%	\$32,060	0.2%	\$18,105	0.3%	\$28,065	0.4%
Personal Care / Home Health Services	\$901	18.8%	\$1,290	12.0%	\$2,300	4.6%	\$4,016	9.4%	\$1,752	7.3%	\$3,125	11.9%
Lab and X-Ray	\$41	28.8%	\$88	21.6%	\$43	8.3%	\$98	12.9%	\$66	17.6%	\$119	18.7%
Prescribed Drugs	\$231	62.0%	\$1,363	54.5%	\$206	35.6%	\$1,346	51.8%	\$188	41.0%	\$1,205	40.3%
Prepaid Health Care	\$439	7.2%	\$526	1.4%	\$741	71.6%	\$1,028	27.6%	\$771	50.0%	\$1,286	26.5%
Primary Care Case Management Services	NA	0.0%	NA	0.0%	\$34	14.8%	\$39	6.5%	\$28	12.2%	\$43	4.2%
Other Services**	\$3,231	24.6%	\$4,138	27.8%	\$1,546	15.9%	\$1,174	30.5%	\$799	12.2%	\$799	19.6%
All Services	\$2,132	85.9%	\$6,575	86.4%	\$1,898	83.3%	\$9,585	96.7%	\$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 Maine in 1997 was 60% 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	MAINE			NEW ENGLAND 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	0	0.0%		482,893	45.0%		8,942,666	40.0%	
Ages 0 Through 5	0	0.0%		232,119	48.1%		3,674,647	41.1%	
Ages 6 Through 20	0	0.0%		250,774	51.9%		5,268,019	57.6%	
Non-hispanic Black	0	0.0%		141,551	13.2%		6,572,457	29.4%	
Ages 0 Through 5	0	0.0%		62,930	44.5%		2,493,510	37.9%	
Ages 6 Through 20	0	0.0%		78,621	55.5%		4,078,947	62.1%	
Hispanic	0	0.0%		196,236	18.3%		4,814,500	21.6%	
Ages 0 Through 5	0	0.0%		92,809	47.3%		2,211,872	45.9%	
Ages 6 Through 20	0	0.0%		103,427	52.7%		2,602,628	54.1%	
Other	95,689	100.0%		252,158	23.5%		2,001,399	9.0%	
Ages 0 Through 5	30,719	32.1%		145,678	57.8%		840,334	42.0%	
Ages 6 Through 20	64,970	67.9%		106,480	42.2%		1,161,065	58.0%	
II. POPULATION AND CHILD HEALTH DATA									
A. Total Population, 1998	1,252,376	100.0%		13,481,173	100.0%		270,002,354	100.0%	
Under Age 21	347,818	27.8%		3,790,807	28.1%		81,664,866	30.2%	
Under Age 6	90,368	7.2%		1,055,754	7.8%		23,078,513	8.5%	
Infants	15,127	1.2%		176,175	1.3%		3,800,560	1.4%	
Age 1 Through 5	75,241	6.0%		879,579	6.5%		19,277,953	7.1%	
Age 6 Through 20	257,450	20.6%		2,735,053	20.3%		58,586,353	21.7%	
Age 21 and Older	904,558	72.2%		9,690,366	71.9%		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>	<u>Total</u>	<u>White</u>	<u>Other</u>
Infant Mortality per 1,000 Live Births	5.1	5.3	na	5.8	5.4	8.4	7.2	6.0	11.8
Neonatal Mortality	3.4	3.5	na	4.4	4.2	6.2	4.8	4.0	7.7
Postneonatal Mortality	1.8	1.8	na	1.4	1.3	2.1	2.5	2.0	4.0
% Low Birth Weight Infants									
Under 2500 Grams	5.8	5.8	7.1	7.0	6.5	10.2	7.6	6.5	11.6
Under 1500 Grams	1.0	1.0	0.8	1.4	1.2	2.4	1.4	1.1	2.6
% Not Receiving Prenatal Care									
In First Trimester	11.1	10.9	19.2	11.0	9.9	18.9	17.2	15.2	24.9
Until Third Trimester or Not At All	1.7	1.7	3.6	2.4	2.1	4.5	3.9	3.3	6.3
C. Pediatrician and Other Child Health Physician Ratios, 1998									
Children living in Health Service Areas* with:	<u>Total</u>	<u>% Child Population</u> ⁺		<u>Total</u>	<u>% Child Population</u> ⁺		<u>Total</u>	<u>% Child Population</u> ⁺	
Fewer than 55 Pediatricians per 100K Children ~	223,726	72%		499,891	16%		34,317,300	50%	
Fewer than 82 Child Health Physician per 100K Children ~	171,061	55%		636,670	20%		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 (51% FPL for Maine, an equivalent of \$7,216 for a family of 3 in 2000).

Maine expanded its Title XIX Medicaid program to 185% FPL for pregnant women and infants and to 125% FPL for children ages 6 through 18. The Medically Needy were covered up to 47% FPL 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 50% of 36K uninsured children under age 19 in Maine 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>'.

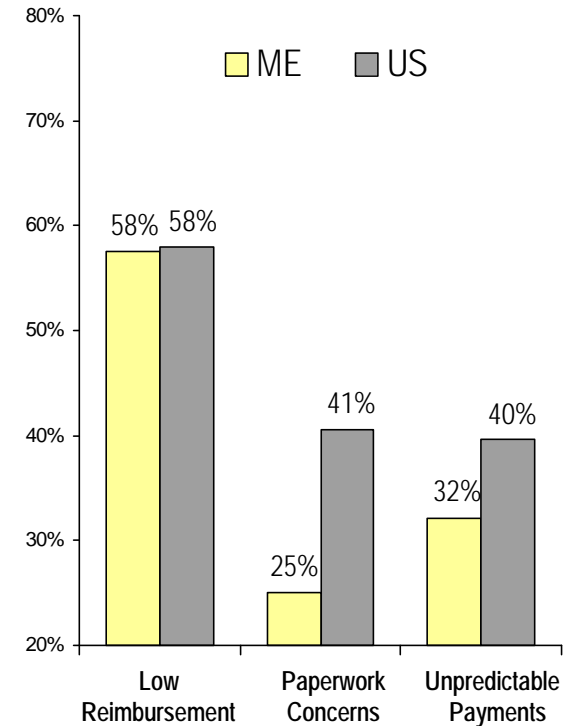
B. Title XXI Medicaid/SCHIP Program Eligibility

Maine's Title XXI Medicaid program covers children ages 1 through 5 from 133% to 150% FPL, and ages 6 through 18 from 125% to 150% FPL. A separate state program covers children through age 18 to 200% FPL. Federally legislated maximum Title XXI SCHIP/Medicaid program eligibility for Maine is 235% FPL for all infants.

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>".



Medicaid State Report

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

Division of Health Policy Research

I. MEDICAID ENROLLEES AND EXPENDITURES	MARYLAND			SOUTH ATLANTIC REGION~			UNITED STATES		
A. Federal Medical Assistance Percentage (FMAP)*	50.0% (FY98)	50.0% (FY00)	65.0% (Enhanced)	60.6% (FY98)	60.6% (FY00)	72.4% (Enhanced)	60.7% (FY98)	60.7% (FY00)	72.5% (Enhanced)
B. Total Medicaid Managed Care Enrollment, 06/30/1998 (% of Total Medicaid Enrollment)	306,474 (67.1% of 456,869 **)			3,014,061 (60.1% of 5,016,687)			15,760,205 (52.5% of 30,009,674)		
C. Percent of Births Paid for by Medicaid, 1997***	34%			45%			35%		
D. FY 1998 and FY 1994-98 Averaged DSH^ Payment	\$136 M		\$82 M	\$1,939 M		\$1,560 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	603,562		100.0%	7,032,022		100.0%	40,377,603		100.0%
Children Under Age 21	338,566		56.1%	4,023,395		57.2%	22,331,022		56.4%
Under Age 6	137,113		22.7%	1,670,802		23.8%	9,220,363		22.8%
Infants	27,373		4.5%	370,561		5.3%	2,014,962		5.0%
Age 1 Through 5	109,740		18.2%	1,300,241		18.5%	7,205,401		17.8%
Age 6 Through 20	201,453		33.4%	2,352,593		33.5%	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	603,562	\$2,489 M	\$4,124	7,032,022	\$21,733 M	\$3,091	40,377,603	\$142,058 M	\$3,518
Children^^^	51.7%	17.4%	\$1,368	52.0%	17.7%	\$1,024	50.6%	16.4%	\$1,130
Categorically Needy - Cash	18.6%	6.7%	\$1,461	18.6%	5.8%	\$945	18.4%	6.0%	\$1,137
Categorically Needy - Noncash	21.1%	5.4%	\$1,047	23.8%	7.4%	\$930	17.4%	4.6%	\$910
Medically Needy	1.7%	1.9%	\$4,603	0.6%	0.5%	\$2,280	4.5%	1.7%	\$1,294
Other	10.3%	3.3%	\$1,327	9.0%	4.0%	\$1,343	10.2%	4.2%	\$1,418
Adults	20.6%	9.7%	\$1,923	18.7%	10.5%	\$1,689	21.8%	10.7%	\$1,704
Categorically Needy - Cash	7.4%	4.4%	\$2,434	8.9%	4.7%	\$1,584	8.8%	4.5%	\$1,796
Categorically Needy - Noncash	7.4%	3.2%	\$1,738	5.1%	4.2%	\$2,464	5.6%	3.2%	\$1,987
Medically Needy	1.2%	0.6%	\$1,978	0.8%	0.5%	\$2,000	2.6%	1.3%	\$1,717
Other	4.6%	1.6%	\$1,381	3.9%	1.1%	\$841	4.8%	1.6%	\$1,199
Blind and Disabled	18.9%	48.3%	\$10,398	18.9%	45.5%	\$7,250	17.5%	43.6%	\$8,680
Aged	8.9%	24.6%	\$11,244	10.5%	26.3%	\$7,568	10.2%	29.3%	\$9,968

Notes: ~ Includes DC, DE, FL, GA, MD, NC, SC, VA & WV. * Regional and US averages of FY98 FMAP are weighted by FY98 expenditures. FY00 and Enhanced FMAPs are unweighted. ** Enrollment on 06/30/98 was 75.7% of total annual enrollment state reported to HCFA on Form 2082 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	MARYLAND				SOUTH ATLANTIC 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	0.4%		1.0%		2.5%		2.7%		1.5%		1.8%	
Dental Services	0.0%		0.0%		0.7%		0.3%		0.4%		0.2%	
Other Practitioners	0.0%		0.0%		0.2%		0.3%		0.2%		0.2%	
EPSDT*	3.0%		0.3%		0.9%		0.1%		0.9%		0.1%	
Family Planning Services	0.0%		0.0%		0.1%		0.1%		0.1%		0.1%	
Clinic Services	0.1%		0.1%		1.1%		0.9%		0.9%		1.1%	
Outpatient Hospital	0.6%		1.0%		2.5%		2.3%		1.3%		1.8%	
Inpatient Hospital	3.8%		5.1%		6.5%		7.0%		5.1%		6.4%	
Nursing Home/Intermediate Care	0.1%		22.5%		0.5%		22.6%		0.6%		24.5%	
Mental Health Facility Services	1.7%		1.6%		0.7%		0.7%		0.8%		1.3%	
Personal Care / Home Health Services	2.0%		2.7%		3.0%		3.9%		2.1%		4.7%	
Lab and X-Ray	0.0%		0.1%		0.2%		0.3%		0.2%		0.3%	
Prescribed Drugs	0.6%		4.0%		1.8%		7.8%		1.2%		6.1%	
Prepaid Health Care	12.9%		12.8%		4.2%		3.4%		6.2%		4.3%	
Primary Care Case Management Services	0.0%		0.0%		0.2%		0.1%		0.1%		0.0%	
Other Services**	0.4%		3.2%		1.1%		1.6%		1.6%		2.0%	
Reporting Variance~	0.0%		19.8%		-0.5%		18.3%		0.2%		20.0%	
All Services	25.7%		74.3%		25.7%		74.3%		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	\$129	23.4%	\$313	30.6%	\$277	48.5%	\$437	48.5%	\$242	39.3%	\$384	37.8%
Dental Services	\$39	2.2%	\$53	0.7%	\$174	22.0%	\$210	9.1%	\$172	13.7%	\$204	7.7%
Other Practitioners	\$158	0.3%	\$47	6.2%	\$155	7.0%	\$151	12.3%	\$179	6.7%	\$110	13.2%
EPSDT*	\$1,649	13.1%	\$1,822	1.6%	\$149	30.3%	\$117	3.6%	\$224	26.1%	\$308	3.5%
Family Planning Services	\$135	1.4%	\$154	1.8%	\$194	3.2%	\$151	3.9%	\$159	2.6%	\$141	3.3%
Clinic Services	\$154	5.0%	\$167	5.0%	\$486	12.0%	\$712	9.4%	\$469	11.4%	\$874	9.7%
Outpatient Hospital	\$438	10.0%	\$505	17.6%	\$446	29.4%	\$546	30.2%	\$333	24.7%	\$582	24.6%
Inpatient Hospital	\$7,791	3.5%	\$6,263	7.6%	\$4,368	7.8%	\$3,594	13.7%	\$4,826	6.5%	\$4,807	10.5%
Nursing Home/Intermediate Care	\$56,468	0.0%	\$24,979	8.4%	\$59,984	0.0%	\$19,921	8.0%	\$63,002	0.1%	\$21,867	8.9%
Mental Health Facility Services	\$28,837	0.4%	\$36,073	0.4%	\$7,409	0.5%	\$8,143	0.6%	\$18,105	0.3%	\$28,065	0.4%
Personal Care / Home Health Services	\$1,088	13.2%	\$3,008	8.2%	\$1,055	15.2%	\$1,828	15.2%	\$1,752	7.3%	\$3,125	11.9%
Lab and X-Ray	\$50	4.3%	\$69	8.4%	\$57	20.1%	\$111	19.4%	\$66	17.6%	\$119	18.7%
Prescribed Drugs	\$259	16.7%	\$1,176	31.9%	\$197	49.4%	\$1,162	47.3%	\$188	41.0%	\$1,205	40.3%
Prepaid Health Care	\$1,063	88.4%	\$3,553	33.6%	\$660	33.5%	\$2,159	11.1%	\$771	50.0%	\$1,286	26.5%
Primary Care Case Management Services	NA	0.0%	NA	0.0%	\$22	43.5%	\$27	16.5%	\$28	12.2%	\$43	4.2%
Other Services**	\$1,149	2.8%	\$2,783	10.5%	\$808	7.0%	\$660	17.5%	\$799	12.2%	\$799	19.6%
All Services	\$2,043	91.6%	\$7,975	86.5%	\$1,447	93.8%	\$5,628	93.1%	\$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 Maryland in 1997 was 66% 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.

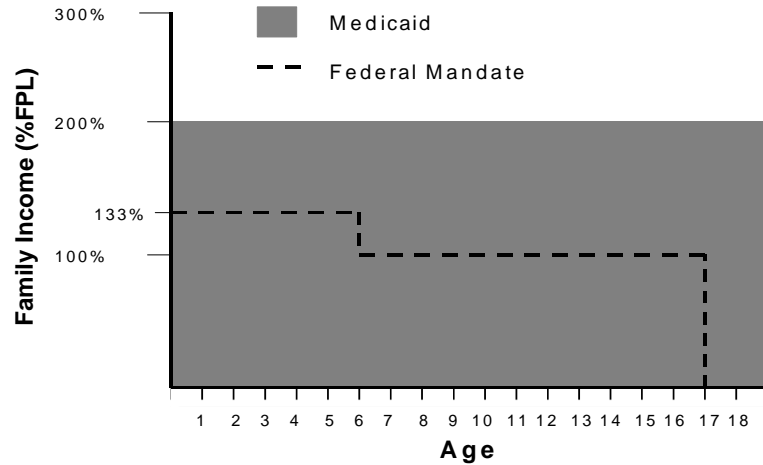
I. CONTINUED	MARYLAND		SOUTH ATLANTIC REGION		UNITED STATES	
I. Enrollees Under Age 21, by Race and Age, FY 1998#	<u>Enrollees</u>	<u>Percent</u>	<u>Enrollees</u>	<u>Percent</u>	<u>Enrollees</u>	<u>Percent</u>
Non-hispanic White	101,733	30.0%	1,531,128	38.1%	8,942,666	40.0%
Ages 0 Through 5	41,447	40.7%	653,253	42.7%	3,674,647	41.1%
Ages 6 Through 20	60,286	59.3%	877,875	57.3%	5,268,019	57.6%
Non-hispanic Black	203,946	60.2%	1,953,927	48.6%	6,572,457	29.4%
Ages 0 Through 5	76,976	37.7%	736,600	37.7%	2,493,510	37.9%
Ages 6 Through 20	126,970	62.3%	1,217,327	62.3%	4,078,947	62.1%
Hispanic	15,691	4.6%	341,932	8.5%	4,814,500	21.6%
Ages 0 Through 5	9,093	58.0%	174,997	51.2%	2,211,872	45.9%
Ages 6 Through 20	6,598	42.0%	166,935	48.8%	2,602,628	54.1%
Other	17,196	5.1%	196,408	4.9%	2,001,399	9.0%
Ages 0 Through 5	9,597	55.8%	105,952	53.9%	840,334	42.0%
Ages 6 Through 20	7,599	44.2%	90,456	46.1%	1,161,065	58.0%

II. POPULATION AND CHILD HEALTH DATA

A. Total Population, 1998	5,189,217	100.0%		48,928,149	100.0%		270,002,354	100.0%	
Under Age 21	1,504,879	29.0%		14,000,712	28.6%		81,664,866	30.2%	
Under Age 6	434,920	8.4%		3,906,606	8.0%		23,078,513	8.5%	
Infants	71,211	1.4%		633,689	1.3%		3,800,560	1.4%	
Age 1 Through 5	363,709	7.0%		3,272,917	6.7%		19,277,953	7.1%	
Age 6 Through 20	1,069,959	20.6%		10,094,106	20.6%		58,586,353	21.7%	
Age 21 and Older	3,684,338	71.0%		34,927,437	71.4%		188,337,488	69.8%	
B. Infant Mortality, Low Birth Weight and Prenatal Care, 1997	Total	White	Other	Total	White	Other	Total	White	Other
Infant Mortality per 1,000 Live Births	8.8	5.1	15.1	8.3	6.1	13.5	7.2	6.0	11.8
Neonatal Mortality	6.3	3.5	11.1	5.8	4.2	9.5	4.8	4.0	7.7
Postneonatal Mortality	2.5	1.6	4.0	2.6	2.0	4.0	2.5	2.0	4.0
% Low Birth Weight Infants									
Under 2500 Grams	8.7	6.4	12.3	8.5	6.7	12.5	7.6	6.5	11.6
Under 1500 Grams	1.8	1.1	3.1	1.7	1.2	3.0	1.4	1.1	2.6
% Not Receiving Prenatal Care									
In First Trimester	12.2	8.5	18.6	15.4	11.8	23.7	17.2	15.2	24.9
Until Third Trimester or Not At All	3.0	1.8	4.9	3.3	2.3	5.7	3.9	3.3	6.3
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 ~	169,613	13%		4,873,224	42%		34,317,300	50%	
Fewer than 82 Child Health Physician per 100K Children ~	169,613	13%		4,550,267	39%		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 (34% FPL for Maryland, an equivalent of \$4,811 for a family of 3 in 2000).

Maryland expanded its Title XIX Medicaid program to 185% FPL for pregnant women and infants, and to 100% FPL for children ages 17 through 18. The Medically Needy were covered up to 52% FPL 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 52% of 228K uninsured children under age 19 in Maryland 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>'.

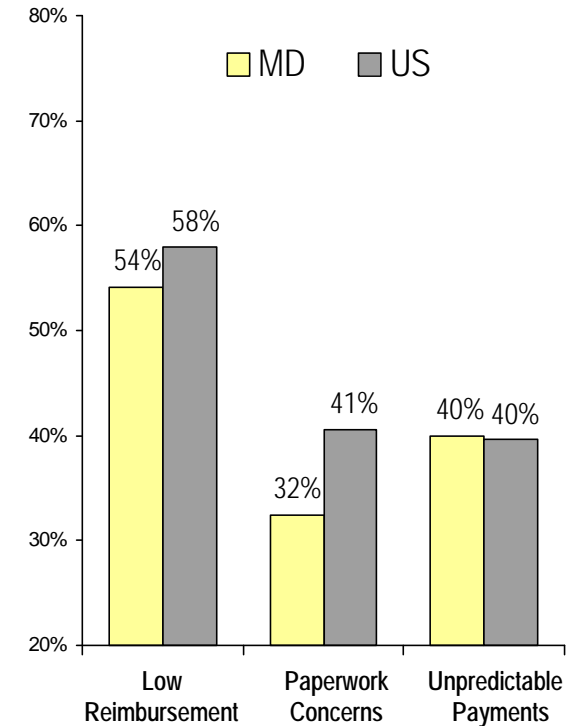
B. Title XXI Medicaid/SCHIP Program Eligibility

Maryland expanded its Title XXI Medicaid program to cover infants from 185% to 200% FPL, children ages 1 through 5 from 133% to 200% FPL, and children 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>'.



Medicaid State Report

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



I. MEDICAID ENROLLEES AND EXPENDITURES				MASSACHUSETTS			NEW ENGLAND REGION~			UNITED STATES		
A. Federal Medical Assistance Percentage (FMAP)*	50.0% (FY98)	50.0% (FY00)	65.0% (Enhanced)	55.2% (FY98)	55.4% (FY00)	68.8% (Enhanced)	60.7% (FY98)	60.7% (FY00)	72.5% (Enhanced)			
B. Total Medicaid Managed Care Enrollment, 06/30/1998 (% of Total Medicaid Enrollment)	532,971 (62.6% of 850,776 **)			904,036 (56.2% of 1,609,878)			15,760,205 (52.5% of 30,009,674)					
C. Percent of Births Paid for by Medicaid, 1997***	21%			23%			35%					
D. FY 1998 and FY 1994-98 Averaged DSH^ Payment	\$497 M		\$465 M	\$1,196 M		\$1,191 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	953,469		100.0%	1,930,631		100.0%	40,377,603		100.0%			
Children Under Age 21	564,560		59.2%	1,072,838		55.6%	22,331,022		56.4%			
Under Age 6	355,522		37.3%	533,536		27.6%	9,220,363		22.8%			
Infants	231,669		24.3%	260,991		13.5%	2,014,962		5.0%			
Age 1 Through 5	123,853		13.0%	272,545		14.1%	7,205,401		17.8%			
Age 6 Through 20	209,038		21.9%	539,302		27.9%	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	953,469	\$4,609 M	\$4,834	1,930,631	\$9,654 M	\$5,000	40,377,603	\$142,058 M	\$3,518			
Children^^^	48.7%	12.2%	\$1,211	49.2%	13.3%	\$1,348	50.6%	16.4%	\$1,130			
Categorically Needy - Cash	18.8%	5.5%	\$1,410	18.8%	5.2%	\$1,390	18.4%	6.0%	\$1,137			
Categorically Needy - Noncash	12.7%	3.1%	\$1,176	14.5%	3.5%	\$1,194	17.4%	4.6%	\$910			
Medically Needy	13.9%	3.1%	\$1,066	7.5%	1.6%	\$1,077	4.5%	1.7%	\$1,294			
Other	3.3%	0.6%	\$825	8.4%	3.0%	\$1,763	10.2%	4.2%	\$1,418			
Adults	19.8%	8.6%	\$2,101	20.9%	7.9%	\$1,875	21.8%	10.7%	\$1,704			
Categorically Needy - Cash	8.6%	3.6%	\$2,032	9.1%	3.5%	\$1,947	8.8%	4.5%	\$1,796			
Categorically Needy - Noncash	0.9%	0.4%	\$2,238	2.7%	0.8%	\$1,462	5.6%	3.2%	\$1,987			
Medically Needy	7.9%	3.2%	\$1,963	4.5%	1.7%	\$1,918	2.6%	1.3%	\$1,717			
Other	2.5%	1.4%	\$2,732	4.6%	1.8%	\$1,937	4.8%	1.6%	\$1,199			
Blind and Disabled	20.8%	47.2%	\$10,940	18.2%	43.7%	\$11,954	17.5%	43.6%	\$8,680			
Aged	10.6%	32.0%	\$14,586	11.7%	35.2%	\$14,984	10.2%	29.3%	\$9,968			

Notes: ~ Includes CT, MA, ME, NH, RI & VT. * Regional and US averages of FY98 FMAP are weighted by FY98 expenditures. FY00 and Enhanced FMAPs are unweighted. ** Enrollment on 06/30/98 was 89.2% of total annual enrollment state reported to HCFA on Form 2082 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	MASSACHUSETTS				NEW ENGLAND REGION				UNITED STATES				
	G. 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	1.3%	1.9%	0.8%	1.5%	1.5%	1.8%	0.8%	1.5%	1.5%	1.8%	0.8%	1.5%	1.8%
Dental Services	0.5%	0.4%	0.4%	0.3%	0.4%	0.2%	0.4%	0.3%	0.4%	0.2%	0.4%	0.3%	0.2%
Other Practitioners	0.0%	0.1%	0.3%	0.1%	0.2%	0.2%	0.3%	0.1%	0.2%	0.2%	0.3%	0.1%	0.2%
EPSDT*	0.1%	0.0%	0.1%	0.0%	0.9%	0.1%	0.1%	0.0%	0.9%	0.1%	0.1%	0.0%	0.1%
Family Planning Services	0.0%	0.1%	0.0%	0.0%	0.1%	0.1%	0.0%	0.0%	0.1%	0.1%	0.0%	0.0%	0.1%
Clinic Services	0.3%	1.0%	0.6%	0.9%	0.9%	1.1%	0.6%	0.9%	0.9%	1.1%	0.6%	0.9%	1.1%
Outpatient Hospital	1.6%	2.1%	1.0%	1.7%	1.3%	1.8%	1.0%	1.7%	1.3%	1.8%	1.0%	1.7%	1.8%
Inpatient Hospital	3.7%	5.5%	2.5%	5.2%	5.1%	6.4%	2.5%	5.2%	5.1%	6.4%	2.5%	5.2%	6.4%
Nursing Home/Intermediate Care	0.2%	30.3%	0.2%	31.2%	0.6%	24.5%	0.2%	31.2%	0.6%	24.5%	0.2%	31.2%	24.5%
Mental Health Facility Services	0.5%	0.5%	0.8%	0.6%	0.8%	1.3%	0.8%	0.6%	0.8%	1.3%	0.8%	0.6%	1.3%
Personal Care / Home Health Services	1.1%	2.5%	1.2%	3.3%	2.1%	4.7%	1.2%	3.3%	2.1%	4.7%	1.2%	3.3%	4.7%
Lab and X-Ray	0.0%	0.1%	0.0%	0.1%	0.2%	0.3%	0.0%	0.1%	0.2%	0.3%	0.0%	0.1%	0.3%
Prescribed Drugs	1.1%	6.3%	0.8%	6.2%	1.2%	6.1%	0.8%	6.2%	1.2%	6.1%	0.8%	6.2%	6.1%
Prepaid Health Care	4.8%	3.1%	5.9%	2.5%	6.2%	4.3%	5.9%	2.5%	6.2%	4.3%	5.9%	2.5%	4.3%
Primary Care Case Management Services	0.1%	0.0%	0.1%	0.0%	0.1%	0.0%	0.1%	0.0%	0.1%	0.0%	0.1%	0.0%	0.0%
Other Services**	2.2%	6.5%	2.7%	3.2%	1.6%	2.0%	2.7%	3.2%	1.6%	2.0%	2.7%	3.2%	2.0%
Reporting Variance~	0.0%	22.3%	0.0%	21.0%	0.2%	20.0%	0.0%	21.0%	0.2%	20.0%	0.0%	21.0%	20.0%
All Services	17.4%	82.6%	17.6%	82.4%	23.3%	76.7%	17.6%	82.4%	23.3%	76.7%	17.6%	82.4%	76.7%
H. 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	\$287	36.5%	\$444	50.7%	\$247	29.9%	\$399	29.9%	\$242	39.3%	\$384	37.8%	
Dental Services	\$166	26.0%	\$221	21.4%	\$170	23.1%	\$209	17.6%	\$172	13.7%	\$204	7.7%	
Other Practitioners	\$70	4.4%	\$63	18.8%	\$460	6.5%	\$90	18.2%	\$179	6.7%	\$110	13.2%	
EPSDT*	\$71	5.9%	\$50	0.7%	\$74	11.5%	\$54	2.2%	\$224	26.1%	\$308	3.5%	
Family Planning Services	\$104	3.7%	\$120	6.4%	\$115	2.9%	\$132	4.0%	\$159	2.6%	\$141	3.3%	
Clinic Services	\$307	7.1%	\$886	12.7%	\$675	8.3%	\$1,010	10.6%	\$469	11.4%	\$874	9.7%	
Outpatient Hospital	\$442	28.8%	\$622	40.6%	\$418	21.6%	\$634	30.8%	\$333	24.7%	\$582	24.6%	
Inpatient Hospital	\$6,608	4.6%	\$5,344	12.2%	\$6,339	3.6%	\$5,447	10.7%	\$4,826	6.5%	\$4,807	10.5%	
Nursing Home/Intermediate Care	\$50,876	0.0%	\$19,307	18.6%	\$47,481	0.0%	\$22,737	15.4%	\$63,002	0.1%	\$21,867	8.9%	
Mental Health Facility Services	\$49,435	0.1%	\$29,192	0.2%	\$40,347	0.2%	\$32,060	0.2%	\$18,105	0.3%	\$28,065	0.4%	
Personal Care / Home Health Services	\$4,151	2.2%	\$4,886	6.0%	\$2,300	4.6%	\$4,016	9.4%	\$1,752	7.3%	\$3,125	11.9%	
Lab and X-Ray	\$44	6.6%	\$93	11.8%	\$43	8.3%	\$98	12.9%	\$66	17.6%	\$119	18.7%	
Prescribed Drugs	\$199	43.6%	\$1,232	60.3%	\$206	35.6%	\$1,346	51.8%	\$188	41.0%	\$1,205	40.3%	
Prepaid Health Care	\$490	79.5%	\$881	42.3%	\$741	71.6%	\$1,028	27.6%	\$771	50.0%	\$1,286	26.5%	
Primary Care Case Management Services	\$34	28.1%	\$39	14.3%	\$34	14.8%	\$39	6.5%	\$28	12.2%	\$43	4.2%	
Other Services**	\$937	18.8%	\$1,750	43.8%	\$1,546	15.9%	\$1,174	30.5%	\$799	12.2%	\$799	19.6%	
All Services	\$1,907	74.5%	\$9,790	100.0%	\$1,898	83.3%	\$9,585	96.7%	\$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 Massachusetts in 1997 was 89% 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.

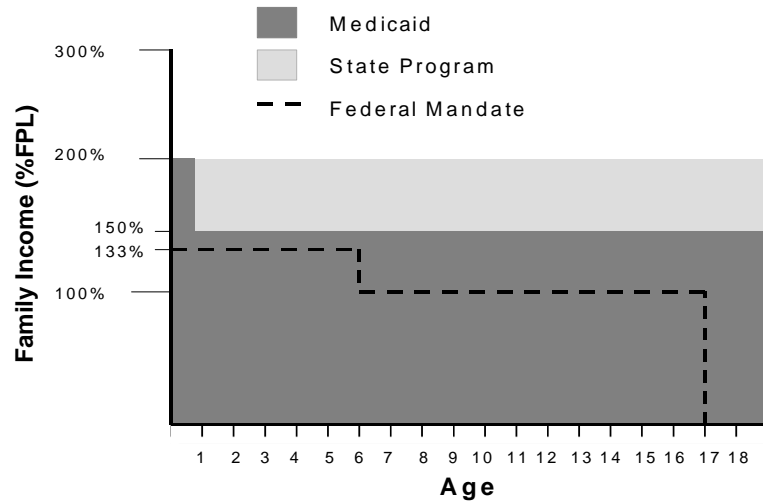
I. CONTINUED	MASSACHUSETTS		NEW ENGLAND REGION		UNITED STATES	
I. Enrollees Under Age 21, by Race and Age, FY 1998#	<u>Enrollees</u>	<u>Percent</u>	<u>Enrollees</u>	<u>Percent</u>	<u>Enrollees</u>	<u>Percent</u>
Non-hispanic White	251,748	44.6%	482,893	45.0%	8,942,666	40.0%
Ages 0 Through 5	150,641	59.8%	232,119	48.1%	3,674,647	41.1%
Ages 6 Through 20	101,107	40.2%	250,774	51.9%	5,268,019	57.6%
Non-hispanic Black	69,286	12.3%	141,551	13.2%	6,572,457	29.4%
Ages 0 Through 5	38,031	54.9%	62,930	44.5%	2,493,510	37.9%
Ages 6 Through 20	31,255	45.1%	78,621	55.5%	4,078,947	62.1%
Hispanic	105,189	18.6%	196,236	18.3%	4,814,500	21.6%
Ages 0 Through 5	60,710	57.7%	92,809	47.3%	2,211,872	45.9%
Ages 6 Through 20	44,479	42.3%	103,427	52.7%	2,602,628	54.1%
Other	138,337	24.5%	252,158	23.5%	2,001,399	9.0%
Ages 0 Through 5	106,140	76.7%	145,678	57.8%	840,334	42.0%
Ages 6 Through 20	32,197	23.3%	106,480	42.2%	1,161,065	58.0%

II. POPULATION AND CHILD HEALTH DATA

A. Total Population, 1998	6,151,179	100.0%		13,481,173	100.0%		270,002,354	100.0%	
Under Age 21	1,718,389	27.9%		3,790,807	28.1%		81,664,866	30.2%	
Under Age 6	484,993	7.9%		1,055,754	7.8%		23,078,513	8.5%	
Infants	81,439	1.3%		176,175	1.3%		3,800,560	1.4%	
Age 1 Through 5	403,554	6.6%		879,579	6.5%		19,277,953	7.1%	
Age 6 Through 20	1,233,396	20.1%		2,735,053	20.3%		58,586,353	21.7%	
Age 21 and Older	4,432,790	72.1%		9,690,366	71.9%		188,337,488	69.8%	
B. Infant Mortality, Low Birth Weight and Prenatal Care, 1997	Total	White	Other	Total	White	Other	Total	White	Other
Infant Mortality per 1,000 Live Births	5.2	5.0	6.7	5.8	5.4	8.4	7.2	6.0	11.8
Neonatal Mortality	4.0	3.9	4.7	4.4	4.2	6.2	4.8	4.0	7.7
Postneonatal Mortality	1.2	1.1	2.0	1.4	1.3	2.1	2.5	2.0	4.0
% Low Birth Weight Infants									
Under 2500 Grams	6.9	6.5	9.2	7.0	6.5	10.2	7.6	6.5	11.6
Under 1500 Grams	1.3	1.2	1.9	1.4	1.2	2.4	1.4	1.1	2.6
% Not Receiving Prenatal Care									
In First Trimester	10.5	9.1	18.7	11.0	9.9	18.9	17.2	15.2	24.9
Until Third Trimester or Not At All	2.4	2.0	4.8	2.4	2.1	4.5	3.9	3.3	6.3
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 ~	157,503	11%		499,891	16%		34,317,300	50%	
Fewer than 82 Child Health Physician per 100K Children ~	327,149	23%		636,670	20%		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 (52% FPL for Massachusetts, an equivalent of \$7,358 for a family of 3 in 2000).

Massachusetts expanded its Title XIX Medicaid program to 185% FPL for pregnant women and infants and to 133% FPL for children ages 6 through 18. The Medically Needy were covered up to 78% FPL 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 40% of 124K uninsured children under age 19 in Massachusetts 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>.

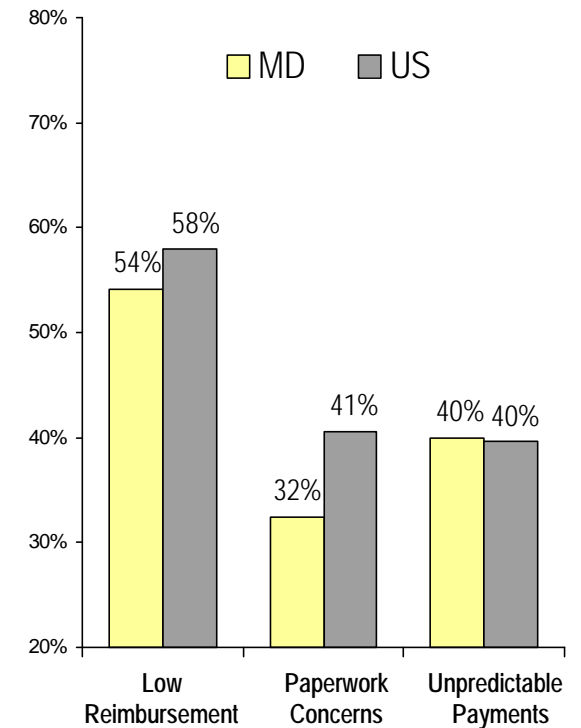
B. Title XXI Medicaid/SCHIP Program Eligibility

Expanded MassHealth Standard (Title XXI Medicaid) covers infants from 185% to 200% FPL, and children ages 1 through 18 from 133% to 150% FPL. A separate state program covers children ages 1 through 18 from 150% 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>.



Medicaid State Report

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



I. MEDICAID ENROLLEES AND EXPENDITURES				MICHIGAN			EAST NORTH CENTRAL REGION~			UNITED STATES		
A. Federal Medical Assistance Percentage (FMAP)*		53.6% (FY98)	55.1% (FY00)	68.6% (Enhanced)		56.4% (FY98)	56.9% (FY00)	69.8% (Enhanced)		60.7% (FY98)	60.7% (FY00)	72.5% (Enhanced)
B. Total Medicaid Managed Care Enrollment, 06/30/1998 (% of Total Medicaid Enrollment)		752,568 (68.0% of 1,106,466 **)				1,648,975 (38.8% of 4,248,748)				15,760,205 (52.5% of 30,009,674)		
C. Percent of Births Paid for by Medicaid, 1997***		30%				35%				35%		
D. FY 1998 and FY 1994-98 Averaged DSH^ Payment		\$320 M \$295 M				\$1,452 M \$1,314 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		1,354,718		100.0%		5,689,616		100.0%		40,377,603		100.0%
Children Under Age 21		781,009		57.7%		3,294,275		57.9%		22,331,022		56.4%
Under Age 6		301,639		22.3%		1,380,844		24.3%		9,220,363		22.8%
<i>Infants</i>		55,629		4.1%		296,576		5.2%		2,014,962		5.0%
<i>Age 1 Through 5</i>		246,010		18.2%		1,084,268		19.1%		7,205,401		17.8%
Age 6 Through 20		479,370		35.4%		1,913,431		33.6%		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		1,354,718	\$4,345 M	\$3,207		5,689,616	\$21,409 M	\$3,763		40,377,603	\$142,058 M	\$3,518
Children^^^		42.1%	14.3%	\$996		49.5%	15.1%	\$1,129		50.6%	16.4%	\$1,130
Categorically Needy - Cash		9.3%	6.1%	\$1,919		19.1%	5.7%	\$1,102		18.4%	6.0%	\$1,137
Categorically Needy - Noncash		18.5%	4.5%	\$706		16.5%	4.0%	\$901		17.4%	4.6%	\$910
Medically Needy		0.6%	2.1%	\$10,567		2.5%	1.1%	\$1,613		4.5%	1.7%	\$1,294
Other		13.7%	1.7%	\$356		11.3%	4.3%	\$1,399		10.2%	4.2%	\$1,418
Adults		30.6%	13.0%	\$1,244		23.8%	9.8%	\$1,515		21.8%	10.7%	\$1,704
Categorically Needy - Cash		18.4%	7.5%	\$1,193		11.7%	5.2%	\$1,632		8.8%	4.5%	\$1,796
Categorically Needy - Noncash		2.8%	2.0%	\$2,066		5.1%	2.3%	\$1,669		5.6%	3.2%	\$1,987
Medically Needy		3.8%	3.4%	\$2,640		3.5%	1.5%	\$1,554		2.6%	1.3%	\$1,717
Other		5.5%	0.1%	\$36		3.6%	0.8%	\$876		4.8%	1.6%	\$1,199
Blind and Disabled		20.2%	49.0%	\$7,117		17.8%	46.7%	\$9,677		17.5%	43.6%	\$8,680
Aged		7.2%	23.7%	\$9,619		8.9%	28.4%	\$11,833		10.2%	29.3%	\$9,968

Notes: ~ Includes IL, IN, MI, OH & WI. * Regional and US averages of FY98 FMAP are weighted by FY98 expenditures. FY00 and Enhanced FMAPs are unweighted. ** Enrollment on 06/30/98 was 81.7% 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	MICHIGAN				EAST NORTH CENTRAL REGION				UNITED STATES				
	G. 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		1.1%		1.2%		1.2%		1.6%		1.5%		1.8%	
Dental Services		0.5%		0.2%		0.3%		0.1%		0.4%		0.2%	
Other Practitioners		0.0%		0.1%		0.3%		0.2%		0.2%		0.2%	
EPSDT*		0.3%		0.0%		0.5%		0.1%		0.9%		0.1%	
Family Planning Services		0.0%		0.0%		0.0%		0.0%		0.1%		0.1%	
Clinic Services		2.9%		2.6%		0.8%		0.8%		0.9%		1.1%	
Outpatient Hospital		1.0%		1.4%		1.0%		1.5%		1.3%		1.8%	
Inpatient Hospital		4.4%		5.2%		6.0%		7.3%		5.1%		6.4%	
Nursing Home/Intermediate Care		0.1%		22.4%		0.6%		28.6%		0.6%		24.5%	
Mental Health Facility Services		0.7%		0.6%		1.4%		1.2%		0.8%		1.3%	
Personal Care / Home Health Services		1.4%		3.3%		1.1%		1.9%		2.1%		4.7%	
Lab and X-Ray		0.1%		0.2%		0.1%		0.2%		0.2%		0.3%	
Prescribed Drugs		1.1%		5.9%		1.1%		6.6%		1.2%		6.1%	
Prepaid Health Care		6.7%		7.0%		4.9%		2.5%		6.2%		4.3%	
Primary Care Case Management Services		0.0%		0.0%		0.0%		0.0%		0.1%		0.0%	
Other Services**		0.9%		4.2%		2.6%		2.9%		1.6%		2.0%	
Reporting Variance~		0.0%		24.3%		0.0%		20.6%		0.2%		20.0%	
All Services		21.3%		78.7%		22.1%		77.9%		23.3%		76.7%	
H. 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	\$171	33.6%	\$275	31.0%	\$201	39.1%	\$371	39.1%	\$242	39.3%	\$384	37.8%	
Dental Services	\$97	24.6%	\$102	14.4%	\$135	12.7%	\$126	9.8%	\$172	13.7%	\$204	7.7%	
Other Practitioners	\$44	4.2%	\$47	10.0%	\$281	6.6%	\$121	13.4%	\$179	6.7%	\$110	13.2%	
EPSDT*	\$70	19.7%	\$37	2.3%	\$111	26.4%	\$117	3.8%	\$224	26.1%	\$308	3.5%	
Family Planning Services	\$73	2.2%	\$68	3.4%	\$85	1.8%	\$84	2.6%	\$159	2.6%	\$141	3.3%	
Clinic Services	\$689	21.2%	\$1,285	14.0%	\$405	13.1%	\$633	11.5%	\$469	11.4%	\$874	9.7%	
Outpatient Hospital	\$225	21.9%	\$463	20.4%	\$246	27.0%	\$478	27.7%	\$333	24.7%	\$582	24.6%	
Inpatient Hospital	\$3,343	6.7%	\$5,506	6.5%	\$5,565	6.9%	\$6,287	10.2%	\$4,826	6.5%	\$4,807	10.5%	
Nursing Home/Intermediate Care	\$60,701	0.0%	\$20,447	7.6%	\$55,339	0.1%	\$20,257	12.4%	\$63,002	0.1%	\$21,867	8.9%	
Mental Health Facility Services	\$16,064	0.2%	\$21,329	0.2%	\$32,279	0.3%	\$49,450	0.2%	\$18,105	0.3%	\$28,065	0.4%	
Personal Care / Home Health Services	\$1,410	5.1%	\$1,677	13.5%	\$1,738	4.1%	\$1,841	9.2%	\$1,752	7.3%	\$3,125	11.9%	
Lab and X-Ray	\$37	17.4%	\$78	20.1%	\$49	16.8%	\$98	22.3%	\$66	17.6%	\$119	18.7%	
Prescribed Drugs	\$162	34.7%	\$1,116	36.9%	\$178	40.0%	\$1,376	42.2%	\$188	41.0%	\$1,205	40.3%	
Prepaid Health Care	\$545	62.3%	\$1,868	26.1%	\$790	39.4%	\$1,450	15.0%	\$771	50.0%	\$1,286	26.5%	
Primary Care Case Management Services	NA	0.0%	NA	0.0%	\$23	6.5%	\$21	1.3%	\$28	12.2%	\$43	4.2%	
Other Services**	\$736	6.5%	\$1,673	17.5%	\$1,233	13.6%	\$1,097	23.1%	\$799	12.2%	\$799	19.6%	
All Services	\$1,161	93.1%	\$5,561	98.1%	\$1,631	86.3%	\$7,465	91.7%	\$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 Michigan in 1997 was 35% 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.

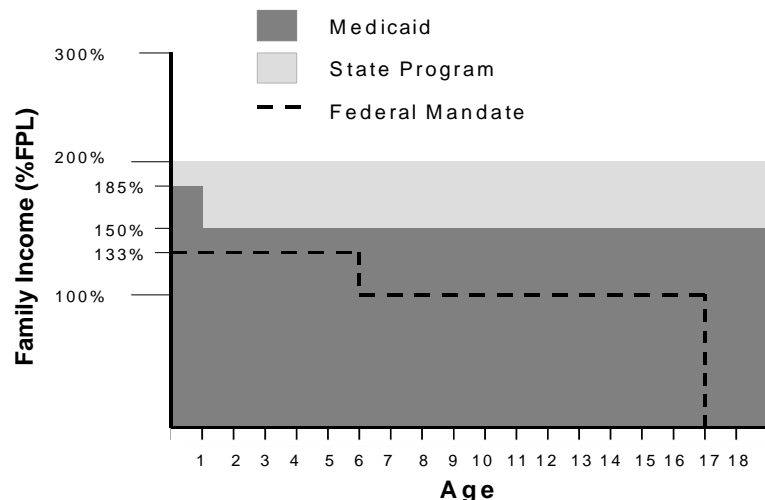
I. CONTINUED	MICHIGAN		EAST NORTH CENTRAL REGION		UNITED STATES	
I. Enrollees Under Age 21, by Race and Age, FY 1998#	<u>Enrollees</u>	<u>Percent</u>	<u>Enrollees</u>	<u>Percent</u>	<u>Enrollees</u>	<u>Percent</u>
Non-hispanic White	388,296	49.7%	1,551,657	47.1%	8,942,666	40.0%
Ages 0 Through 5	155,642	40.1%	679,771	43.8%	3,674,647	41.1%
Ages 6 Through 20	232,654	59.9%	871,886	56.2%	5,268,019	57.6%
Non-hispanic Black	318,435	40.8%	1,263,879	38.4%	6,572,457	29.4%
Ages 0 Through 5	115,257	36.2%	481,800	38.1%	2,493,510	37.9%
Ages 6 Through 20	203,178	63.8%	782,079	61.9%	4,078,947	62.1%
Hispanic	41,271	5.3%	256,188	7.8%	4,814,500	21.6%
Ages 0 Through 5	17,540	42.5%	134,187	52.4%	2,211,872	45.9%
Ages 6 Through 20	23,731	57.5%	122,001	47.6%	2,602,628	54.1%
Other	33,007	4.2%	222,551	6.8%	2,001,399	9.0%
Ages 0 Through 5	13,200	40.0%	85,086	38.2%	840,334	42.0%
Ages 6 Through 20	19,807	60.0%	137,465	61.8%	1,161,065	58.0%

II. POPULATION AND CHILD HEALTH DATA

A. Total Population, 1998	9,634,230	100.0%		44,063,020	100.0%		270,002,354	100.0%	
Under Age 21	2,924,130	30.4%		13,262,206	30.1%		81,664,866	30.2%	
Under Age 6	808,066	8.4%		3,692,514	8.4%		23,078,513	8.5%	
Infants	133,566	1.4%		605,250	1.4%		3,800,560	1.4%	
Age 1 Through 5	674,500	7.0%		3,087,264	7.0%		19,277,953	7.1%	
Age 6 Through 20	2,116,064	22.0%		9,569,692	21.7%		58,586,353	21.7%	
Age 21 and Older	6,710,100	69.6%		30,800,814	69.9%		188,337,488	69.8%	
B. Infant Mortality, Low Birth Weight and Prenatal Care, 1997	Total	White	Other	Total	White	Other	Total	White	Other
Infant Mortality per 1,000 Live Births	8.2	6.1	15.8	8.0	6.4	14.7	7.2	6.0	11.8
Neonatal Mortality	5.6	4.4	10.5	5.3	4.4	9.5	4.8	4.0	7.7
Postneonatal Mortality	2.5	1.8	5.3	2.6	2.0	5.3	2.5	2.0	4.0
% Low Birth Weight Infants									
Under 2500 Grams	7.8	6.4	13.0	7.7	6.5	12.9	7.6	6.5	11.6
Under 1500 Grams	1.5	1.2	2.9	1.5	1.2	2.8	1.4	1.1	2.6
% Not Receiving Prenatal Care									
In First Trimester	15.7	12.9	27.1	16.5	14.0	27.8	17.2	15.2	24.9
Until Third Trimester or Not At All	3.4	2.4	7.3	3.8	2.9	8.0	3.9	3.3	6.3
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 ~	1,307,373	51%		6,199,188	54%		34,317,300	50%	
Fewer than 82 Child Health Physician per 100K Children ~	1,296,774	50%		5,767,403	51%		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 (45% FPL for Michigan, an equivalent of \$6,368 for a family of 3 in 2000).

Michigan expanded its Title XIX Medicaid program to 185% FPL for pregnant women and infants, to 150% FPL for children through age 16, and to 100% FPL for children ages 17 through 18. The Medically Needy were covered up to 61% FPL 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 40% of 341K uninsured children under age 19 in Michigan 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>'.

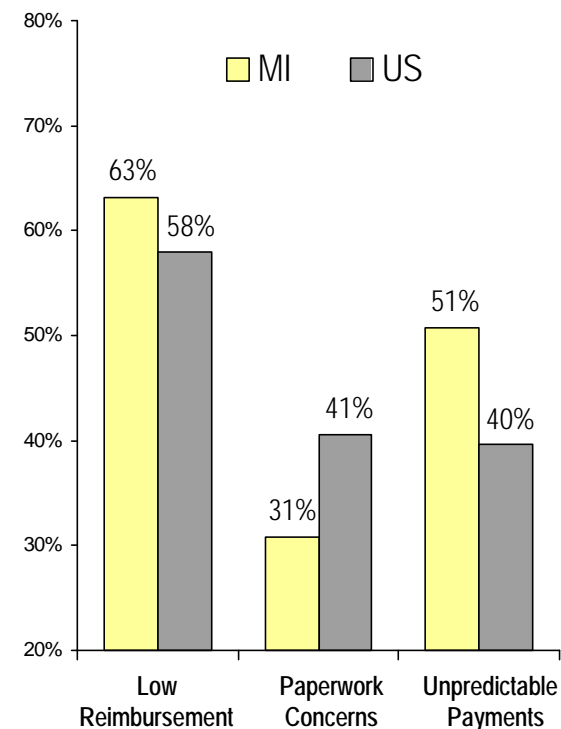
B. Title XXI Medicaid/SCHIP Program Eligibility

Michigan's Title XXI Medicaid program covers children ages 17 through 18 from 100% to 150% FPL. A separate state program, MICHild, covers remaining infants and children 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>'.



Medicaid State Report

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



I. MEDICAID ENROLLEES AND EXPENDITURES				MINNESOTA			WEST NORTH CENTRAL REGION~			UNITED STATES		
A. Federal Medical Assistance Percentage (FMAP)*	52.1% (FY98)	51.5% (FY00)	66.0% (Enhanced)	62.2% (FY98)	62.2% (FY00)	73.5% (Enhanced)	60.7% (FY98)	60.7% (FY00)	72.5% (Enhanced)			
B. Total Medicaid Managed Care Enrollment, 06/30/1998 (% of Total Medicaid Enrollment)	225,498 (52.6% of 428,842 **)			929,209 (55.6% of 1,670,689)			15,760,205 (52.5% of 30,009,674)					
C. Percent of Births Paid for by Medicaid, 1997***	31%			33%			35%					
D. FY 1998 and FY 1994-98 Averaged DSH^ Payment	\$56 M \$41 M			\$795 M \$692 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	557,232 100.0%			2,253,058 100.0%			40,377,603 100.0%					
Children Under Age 21	333,186 59.8%			1,335,291 59.3%			22,331,022 56.4%					
Under Age 6	118,005 21.2%			525,359 23.3%			9,220,363 22.8%					
Infants	19,738 3.5%			107,361 4.8%			2,014,962 5.0%					
Age 1 Through 5	98,267 17.6%			417,998 18.6%			7,205,401 17.8%					
Age 6 Through 20	215,181 38.6%			809,932 35.9%			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	557,232	\$2,924 M	\$5,248	2,253,058	\$9,149 M	\$4,061	40,377,603	\$142,058 M	\$3,518			
Children^^^	56.8%	16.9%	\$1,554	55.0%	16.9%	\$1,238	50.6%	16.4%	\$1,130			
Categorically Needy - Cash	22.0%	5.8%	\$1,362	15.4%	4.9%	\$1,296	18.4%	6.0%	\$1,137			
Categorically Needy - Noncash	12.4%	1.7%	\$731	23.8%	5.0%	\$856	17.4%	4.6%	\$910			
Medically Needy	0.1%	0.1%	\$4,068	0.8%	0.3%	\$1,514	4.5%	1.7%	\$1,294			
Other	22.3%	9.4%	\$2,193	15.1%	6.6%	\$1,768	10.2%	4.2%	\$1,418			
Adults	18.4%	6.8%	\$1,921	17.8%	7.3%	\$1,651	21.8%	10.7%	\$1,704			
Categorically Needy - Cash	10.4%	3.7%	\$1,840	7.2%	3.9%	\$2,193	8.8%	4.5%	\$1,796			
Categorically Needy - Noncash	0.4%	0.2%	\$3,479	2.9%	1.3%	\$1,825	5.6%	3.2%	\$1,987			
Medically Needy	0.0%	0.0%	\$7,126	0.7%	0.2%	\$1,026	2.6%	1.3%	\$1,717			
Other	7.6%	2.8%	\$1,934	7.0%	1.9%	\$1,084	4.8%	1.6%	\$1,199			
Blind and Disabled	13.8%	42.1%	\$15,890	15.4%	41.3%	\$10,836	17.5%	43.6%	\$8,680			
Aged	11.0%	34.2%	\$16,281	11.7%	34.5%	\$11,899	10.2%	29.3%	\$9,968			

Notes: ~ Includes IA, KS, MN, MO, ND, NE & SD. * Regional and US averages of FY98 FMAP are weighted by FY98 expenditures. FY00 and Enhanced FMAPs are unweighted. ** Enrollment on 06/30/98 was 77.0% 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	MINNESOTA				WEST NORTH 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	0.9%		1.2%		1.0%		1.2%		1.5%		1.8%	
Dental Services	0.2%		0.2%		0.3%		0.2%		0.4%		0.2%	
Other Practitioners	0.3%		0.2%		0.2%		0.2%		0.2%		0.2%	
EPSDT*	0.1%		0.0%		0.7%		0.2%		0.9%		0.1%	
Family Planning Services	0.0%		0.0%		0.0%		0.0%		0.1%		0.1%	
Clinic Services	0.2%		0.2%		0.6%		0.7%		0.9%		1.1%	
Outpatient Hospital	0.6%		0.7%		1.1%		1.6%		1.3%		1.8%	
Inpatient Hospital	3.2%		3.2%		4.0%		3.9%		5.1%		6.4%	
Nursing Home/Intermediate Care	0.4%		31.5%		0.6%		26.8%		0.6%		24.5%	
Mental Health Facility Services	0.3%		0.4%		0.4%		0.3%		0.8%		1.3%	
Personal Care / Home Health Services	4.6%		3.3%		2.4%		4.1%		2.1%		4.7%	
Lab and X-Ray	0.1%		0.2%		0.1%		0.2%		0.2%		0.3%	
Prescribed Drugs	0.7%		3.4%		1.2%		6.2%		1.2%		6.1%	
Prepaid Health Care	9.6%		5.6%		6.3%		2.5%		6.2%		4.3%	
Primary Care Case Management Services	0.0%		0.0%		0.1%		0.1%		0.1%		0.0%	
Other Services**	1.9%		7.1%		2.1%		2.4%		1.6%		2.0%	
Reporting Variance~	0.0%		19.8%		2.0%		23.6%		0.2%		20.0%	
All Services	23.0%		77.0%		23.0%		77.0%		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	\$276	28.5%	\$441	34.8%	\$223	31.9%	\$333	31.9%	\$242	39.3%	\$384	37.8%
Dental Services	\$138	11.3%	\$166	13.7%	\$161	12.7%	\$188	10.7%	\$172	13.7%	\$204	7.7%
Other Practitioners	\$341	8.6%	\$207	15.7%	\$155	7.2%	\$107	15.7%	\$179	6.7%	\$110	13.2%
EPSDT*	\$175	5.0%	\$136	0.3%	\$266	17.5%	\$429	4.0%	\$224	26.1%	\$308	3.5%
Family Planning Services	\$65	1.4%	\$74	2.1%	\$95	2.0%	\$104	2.8%	\$159	2.6%	\$141	3.3%
Clinic Services	\$196	6.8%	\$337	6.1%	\$234	17.5%	\$341	19.9%	\$469	11.4%	\$874	9.7%
Outpatient Hospital	\$295	17.0%	\$419	20.8%	\$341	21.2%	\$617	26.4%	\$333	24.7%	\$582	24.6%
Inpatient Hospital	\$6,280	4.4%	\$5,114	8.2%	\$4,766	5.7%	\$4,296	9.0%	\$4,826	6.5%	\$4,807	10.5%
Nursing Home/Intermediate Care	\$40,302	0.1%	\$24,070	17.0%	\$53,819	0.1%	\$19,096	13.9%	\$63,002	0.1%	\$21,867	8.9%
Mental Health Facility Services	\$59,881	0.0%	\$70,310	0.1%	\$24,837	0.1%	\$31,180	0.1%	\$18,105	0.3%	\$28,065	0.4%
Personal Care / Home Health Services	\$2,389	16.8%	\$1,594	26.7%	\$2,279	7.2%	\$2,328	17.4%	\$1,752	7.3%	\$3,125	11.9%
Lab and X-Ray	\$78	15.2%	\$120	24.0%	\$56	10.9%	\$82	18.8%	\$66	17.6%	\$119	18.7%
Prescribed Drugs	\$257	25.2%	\$1,241	35.4%	\$232	34.3%	\$1,407	43.5%	\$188	41.0%	\$1,205	40.3%
Prepaid Health Care	\$1,245	67.2%	\$2,018	36.0%	\$774	55.7%	\$1,114	22.6%	\$771	50.0%	\$1,286	26.5%
Primary Care Case Management Services	NA	0.0%	NA	0.0%	\$68	15.1%	\$213	4.8%	\$28	12.2%	\$43	4.2%
Other Services**	\$2,173	7.5%	\$3,348	27.8%	\$1,707	8.3%	\$1,178	20.3%	\$799	12.2%	\$799	19.6%
All Services	\$2,138	94.3%	\$10,251	97.7%	\$1,662	94.7%	\$7,755	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 Minnesota in 1997 was 25% 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.

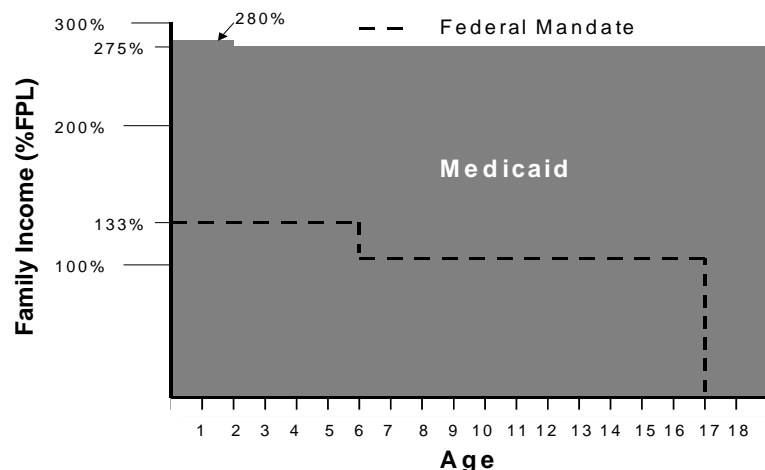
I. CONTINUED	MINNESOTA		WEST NORTH CENTRAL REGION		UNITED STATES	
I. Enrollees Under Age 21, by Race and Age, FY 1998#	<u>Enrollees</u>	<u>Percent</u>	<u>Enrollees</u>	<u>Percent</u>	<u>Enrollees</u>	<u>Percent</u>
Non-hispanic White	192,244	57.7%	870,583	65.2%	8,942,666	40.0%
Ages 0 Through 5	67,421	35.1%	347,691	39.9%	3,674,647	41.1%
Ages 6 Through 20	124,823	64.9%	522,892	60.1%	5,268,019	57.6%
Non-hispanic Black	58,726	17.6%	287,559	21.5%	6,572,457	29.4%
Ages 0 Through 5	21,226	36.1%	103,802	36.1%	2,493,510	37.9%
Ages 6 Through 20	37,500	63.9%	183,757	63.9%	4,078,947	62.1%
Hispanic	23,414	7.0%	66,083	4.9%	4,814,500	21.6%
Ages 0 Through 5	10,984	46.9%	34,416	52.1%	2,211,872	45.9%
Ages 6 Through 20	12,430	53.1%	31,667	47.9%	2,602,628	54.1%
Other	58,802	17.6%	111,066	8.3%	2,001,399	9.0%
Ages 0 Through 5	18,374	31.2%	39,450	35.5%	840,334	42.0%
Ages 6 Through 20	40,428	68.8%	71,616	64.5%	1,161,065	58.0%

II. POPULATION AND CHILD HEALTH DATA

A. Total Population, 1998	4,745,953	100.0%	18,800,925	100.0%	270,002,354	100.0%
Under Age 21	1,457,294	30.7%	5,720,526	30.4%	81,664,866	30.2%
Under Age 6	384,905	8.1%	1,519,387	8.1%	23,078,513	8.5%
Infants	63,034	1.3%	250,090	1.3%	3,800,560	1.4%
Age 1 Through 5	321,871	6.8%	1,269,297	6.8%	19,277,953	7.1%
Age 6 Through 20	1,072,389	22.6%	4,201,139	22.3%	58,586,353	21.7%
Age 21 and Older	3,288,659	69.3%	13,080,399	69.6%	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	5.9	5.1	11.9	6.9	5.9	13.9
Neonatal Mortality	3.8	3.3	7.2	4.4	3.8	8.4
Postneonatal Mortality	2.2	1.8	4.7	2.5	2.1	5.4
% Low Birth Weight Infants						
Under 2500 Grams	5.8	5.4	8.6	6.7	6.2	10.8
Under 1500 Grams	1.0	1.0	1.5	1.3	1.1	2.4
% Not Receiving Prenatal Care						
In First Trimester	15.5	12.9	35.2	14.5	12.8	27.4
Until Third Trimester or Not At All	2.9	2.2	8.0	2.8	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 ~	732,989	58%	3,416,588	70%	34,317,300	50%
Fewer than 82 Child Health Physician per 100K Children ~	444,528	35%	3,041,842	62%	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 (49% FPL for Minnesota, an equivalent of \$6,934 for a family of 3 in 2000).

Minnesota expanded its Title XIX Medicaid program to 275% FPL for pregnant women, infants and children through age 18 with a 1902(r)(2) waiver in 1992. The Medically Needy were covered up to 70% FPL 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 74% of 152K uninsured children under age 19 in Minnesota 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>'.

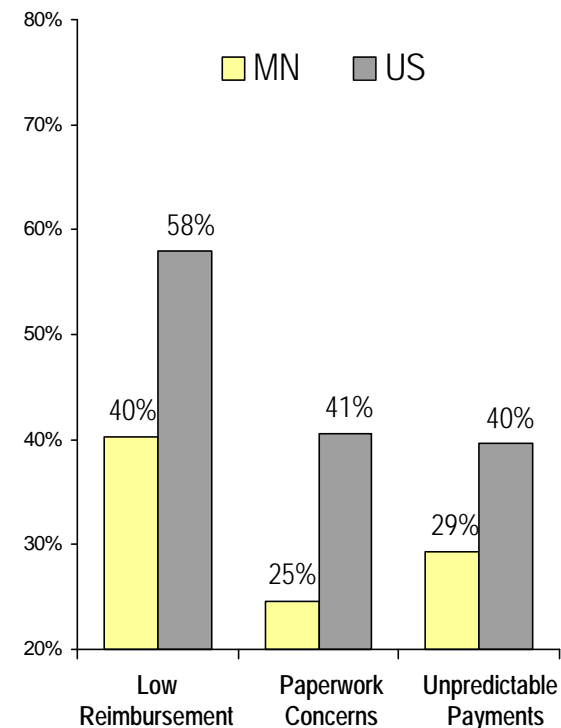
B. Title XXI Medicaid/SCHIP Program Eligibility

Minnesota's Title XXI Medicaid program covers infants and children up to age 2 from 275% to 280% FPL. Federally legislated maximum Title XXI SCHIP/Medicaid program eligibility for Minnesota is 325% FPL for all infants and children through age 18.

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>'.



Medicaid State Report

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

Division of Health Policy Research

I. MEDICAID ENROLLEES AND EXPENDITURES	MISSISSIPPI			EAST SOUTH CENTRAL REGION~			UNITED STATES		
A. Federal Medical Assistance Percentage (FMAP)*	77.1% (FY98)	76.8% (FY00)	83.8% (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)	153,562 (40.0% of 384,432 **)			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***	56%			47%			35%		
D. FY 1998 and FY 1994-98 Averaged DSH^ Payment	\$184 M		\$188 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	526,604		100.0%	3,263,176		100.0%	40,377,603		100.0%
Children Under Age 21	298,274		56.6%	1,667,788		51.1%	22,331,022		56.4%
Under Age 6	130,210		24.7%	658,669		20.2%	9,220,363		22.8%
<i>Infants</i>	29,728		5.6%	123,064		3.8%	2,014,962		5.0%
<i>Age 1 Through 5</i>	100,482		19.1%	535,605		16.4%	7,205,401		17.8%
Age 6 Through 20	168,064		31.9%	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	526,604	\$1,442 M	\$2,739	3,263,176	\$8,937 M	\$2,739	40,377,603	\$142,058 M	\$3,518
Children^^^	49.2%	16.6%	\$920	44.1%	16.8%	\$935	50.6%	16.4%	\$1,130
Categorically Needy - Cash	11.0%	3.7%	\$916	9.9%	4.1%	\$1,004	18.4%	6.0%	\$1,137
Categorically Needy - Noncash	35.8%	11.3%	\$864	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	2.4%	1.6%	\$1,759	6.1%	3.1%	\$1,256	10.2%	4.2%	\$1,418
Adults	11.5%	8.3%	\$1,987	22.2%	12.8%	\$1,416	21.8%	10.7%	\$1,704
Categorically Needy - Cash	5.0%	2.9%	\$1,573	4.4%	3.0%	\$1,668	8.8%	4.5%	\$1,796
Categorically Needy - Noncash	4.1%	3.9%	\$2,586	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	2.3%	1.5%	\$1,813	3.5%	1.7%	\$1,170	4.8%	1.6%	\$1,199
Blind and Disabled	27.0%	46.2%	\$4,672	24.6%	42.7%	\$4,260	17.5%	43.6%	\$8,680
Aged	12.3%	28.9%	\$6,418	9.2%	27.8%	\$7,432	10.2%	29.3%	\$9,968

Notes: ~ Includes IA, KS, MN, MO, ND, NE & SD. * Regional and US averages of FY98 FMAP are weighted by FY98 expenditures. FY00 and Enhanced FMAPs are unweighted. ** Enrollment on 06/30/98 was 73.0% 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	MISSISSIPPI				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	3.5%		7.0%		2.9%		3.6%		1.5%		1.8%	
Dental Services	0.0%		0.1%		0.3%		0.1%		0.4%		0.2%	
Other Practitioners	0.0%		0.0%		0.1%		0.1%		0.2%		0.2%	
EPSDT*	1.4%		0.2%		1.2%		0.4%		0.9%		0.1%	
Family Planning Services	0.0%		0.0%		0.0%		0.0%		0.1%		0.1%	
Clinic Services	2.6%		1.6%		1.4%		1.0%		0.9%		1.1%	
Outpatient Hospital	2.1%		1.7%		1.3%		1.7%		1.3%		1.8%	
Inpatient Hospital	9.3%		9.6%		2.8%		3.6%		5.1%		6.4%	
Nursing Home/Intermediate Care	1.4%		25.3%		0.6%		27.1%		0.6%		24.5%	
Mental Health Facility Services	1.1%		0.4%		0.8%		0.6%		0.8%		1.3%	
Personal Care / Home Health Services	0.3%		1.3%		0.8%		2.5%		2.1%		4.7%	
Lab and X-Ray	0.1%		0.2%		0.2%		0.2%		0.2%		0.3%	
Prescribed Drugs	2.3%		11.3%		1.3%		6.7%		1.2%		6.1%	
Prepaid Health Care	0.8%		0.5%		9.2%		10.2%		6.2%		4.3%	
Primary Care Case Management Services	0.0%		0.0%		0.0%		0.0%		0.1%		0.0%	
Other Services**	0.7%		1.0%		0.8%		0.8%		1.6%		2.0%	
Reporting Variance~	0.0%		14.5%		0.7%		16.1%		0.2%		20.0%	
All Services	25.6%		74.4%		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	\$287	58.6%	\$683	64.3%	\$387	36.4%	\$488	36.4%	\$242	39.3%	\$384	37.8%
Dental Services	\$28	0.0%	\$132	4.5%	\$158	8.7%	\$154	2.9%	\$172	13.7%	\$204	7.7%
Other Practitioners	\$52	0.0%	\$60	1.9%	\$100	4.3%	\$64	5.5%	\$179	6.7%	\$110	13.2%
EPSDT*	\$157	44.6%	\$174	8.4%	\$328	17.5%	\$1,093	1.7%	\$224	26.1%	\$308	3.5%
Family Planning Services	NA	0.0%	NA	0.0%	\$113	1.5%	\$118	1.4%	\$159	2.6%	\$141	3.3%
Clinic Services	\$435	29.1%	\$683	14.3%	\$505	13.1%	\$699	7.3%	\$469	11.4%	\$874	9.7%
Outpatient Hospital	\$267	37.3%	\$567	18.6%	\$290	21.5%	\$616	14.1%	\$333	24.7%	\$582	24.6%
Inpatient Hospital	\$3,930	11.4%	\$2,630	23.0%	\$3,828	3.5%	\$2,340	7.8%	\$4,826	6.5%	\$4,807	10.5%
Nursing Home/Intermediate Care	\$48,241	0.1%	\$18,864	8.5%	\$53,867	0.1%	\$16,816	8.1%	\$63,002	0.1%	\$21,867	8.9%
Mental Health Facility Services	\$6,751	0.8%	\$5,787	0.4%	\$8,674	0.4%	\$12,137	0.2%	\$18,105	0.3%	\$28,065	0.4%
Personal Care / Home Health Services	\$958	1.3%	\$2,009	4.0%	\$917	4.2%	\$1,802	6.9%	\$1,752	7.3%	\$3,125	11.9%
Lab and X-Ray	\$61	10.4%	\$87	11.6%	\$55	14.2%	\$121	9.0%	\$66	17.6%	\$119	18.7%
Prescribed Drugs	\$185	60.7%	\$1,117	64.0%	\$182	35.5%	\$1,205	28.0%	\$188	41.0%	\$1,205	40.3%
Prepaid Health Care	\$1,059	3.7%	\$1,639	2.0%	\$943	46.9%	\$1,449	35.4%	\$771	50.0%	\$1,286	26.5%
Primary Care Case Management Services	NA	0.0%	NA	0.0%	\$0	0.0%	\$0	0.0%	\$28	12.2%	\$43	4.2%
Other Services**	\$315	10.6%	\$659	9.2%	\$382	9.9%	\$473	8.7%	\$799	12.2%	\$799	19.6%
All Services	\$1,441	85.7%	\$4,766	98.6%	\$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 Mississippi in 1997 was 39% 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.

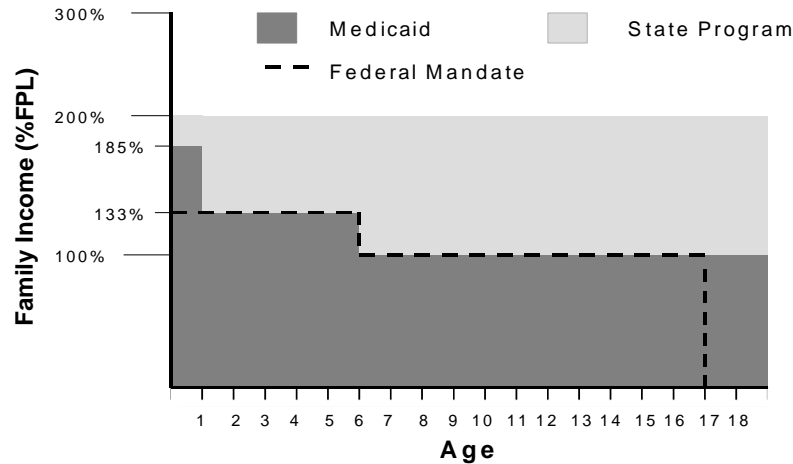
I. CONTINUED	MISSISSIPPI		EAST SOUTH CENTRAL REGION		UNITED STATES	
I. Enrollees Under Age 21, by Race and Age, FY 1998#	<u>Enrollees</u>	<u>Percent</u>	<u>Enrollees</u>	<u>Percent</u>	<u>Enrollees</u>	<u>Percent</u>
Non-hispanic White	80,196	26.9%	910,288	54.6%	8,942,666	40.0%
Ages 0 Through 5	39,505	49.3%	357,170	39.2%	3,674,647	41.1%
Ages 6 Through 20	40,691	50.7%	553,118	60.8%	5,268,019	57.6%
Non-hispanic Black	207,849	69.7%	700,923	42.0%	6,572,457	29.4%
Ages 0 Through 5	86,371	41.6%	273,800	39.1%	2,493,510	37.9%
Ages 6 Through 20	121,478	58.4%	427,123	60.9%	4,078,947	62.1%
Hispanic	1,215	0.4%	18,488	1.1%	4,814,500	21.6%
Ages 0 Through 5	629	51.8%	10,522	56.9%	2,211,872	45.9%
Ages 6 Through 20	586	48.2%	7,966	43.1%	2,602,628	54.1%
Other	9,014	3.0%	38,089	2.3%	2,001,399	9.0%
Ages 0 Through 5	3,705	41.1%	17,177	45.1%	840,334	42.0%
Ages 6 Through 20	5,309	58.9%	20,912	54.9%	1,161,065	58.0%

II. POPULATION AND CHILD HEALTH DATA

A. Total Population, 1998	2,769,865	100.0%		16,590,436	100.0%		270,002,354	100.0%	
Under Age 21	899,061	32.5%		4,925,912	29.7%		81,664,866	30.2%	
Under Age 6	246,763	8.9%		1,349,145	8.1%		23,078,513	8.5%	
Infants	39,708	1.4%		217,706	1.3%		3,800,560	1.4%	
Age 1 Through 5	207,055	7.5%		1,131,439	6.8%		19,277,953	7.1%	
Age 6 Through 20	652,298	23.5%		3,576,767	21.6%		58,586,353	21.7%	
Age 21 and Older	1,870,804	67.5%		11,664,524	70.3%		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>	<u>Total</u>	<u>White</u>	<u>Other</u>
Infant Mortality per 1,000 Live Births	10.6	7.1	14.6	8.9	6.9	14.1	7.2	6.0	11.8
Neonatal Mortality	6.5	4.4	8.9	5.5	4.3	8.8	4.8	4.0	7.7
Postneonatal Mortality	4.1	2.7	5.7	3.4	2.7	5.3	2.5	2.0	4.0
% Low Birth Weight Infants									
Under 2500 Grams	10.1	7.2	13.5	9.1	7.5	13.4	7.6	6.5	11.6
Under 1500 Grams	2.0	1.2	2.9	1.8	1.3	3.1	1.4	1.1	2.6
% Not Receiving Prenatal Care									
In First Trimester	19.4	10.7	29.5	16.5	12.2	28.0	17.2	15.2	24.9
Until Third Trimester or Not At All	4.0	1.7	6.6	3.5	2.3	6.7	3.9	3.3	6.3
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 ~	504,884	65%		2,587,072	61%		34,317,300	50%	
Fewer than 82 Child Health Physician per 100K Children ~	626,529	81%		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 (34% FPL for Mississippi, an equivalent of \$4,811 for a family of 3 in 2000).

Mississippi expanded its Title XIX Medicaid program to 185% FPL for pregnant women and infants. 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 52% of 173K uninsured children under age 19 in Mississippi 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>'.

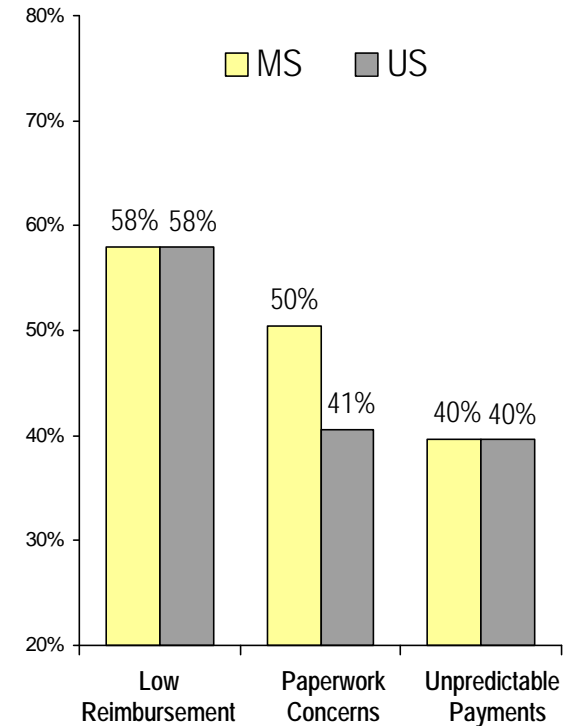
B. Title XXI Medicaid/SCHIP Program Eligibility

Mississippi's Title XXI Medicaid program covers children ages 17 through 18 from 34% to 100% FPL. Its state program covers remaining infants and children through age 18 up to 200% FPL. Federally legislated maximum Title XXI SCHIP/Medicaid program eligibility for Mississippi is 235% FPL for all infants and 200% FPL for children through age 18.

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>'.



Medicaid State Report

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

Division of Health Policy Research

I. MEDICAID ENROLLEES AND EXPENDITURES	MISSOURI			WEST NORTH CENTRAL REGION~			UNITED STATES		
A. Federal Medical Assistance Percentage (FMAP)*	60.7% (FY98)	60.5% (FY00)	72.4% (Enhanced)	62.2% (FY98)	62.2% (FY00)	73.5% (Enhanced)	60.7% (FY98)	60.7% (FY00)	72.5% (Enhanced)
B. Total Medicaid Managed Care Enrollment, 06/30/1998 (% of Total Medicaid Enrollment)	252,097 (41.5% of 607,321 **)			929,209 (55.6% of 1,670,689)			15,760,205 (52.5% of 30,009,674)		
C. Percent of Births Paid for by Medicaid, 1997***	42%			33%			35%		
D. FY 1998 and FY 1994-98 Averaged DSH^ Payment	\$666 M		\$607 M	\$795 M		\$692 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	772,622		100.0%	2,253,058		100.0%	40,377,603		100.0%
Children Under Age 21	467,499		60.5%	1,335,291		59.3%	22,331,022		56.4%
Under Age 6	181,227		23.5%	525,359		23.3%	9,220,363		22.8%
Infants	32,650		4.2%	107,361		4.8%	2,014,962		5.0%
Age 1 Through 5	148,577		19.2%	417,998		18.6%	7,205,401		17.8%
Age 6 Through 20	286,272		37.1%	809,932		35.9%	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	772,622	\$2,570 M	\$3,326	2,253,058	\$9,149 M	\$4,061	40,377,603	\$142,058 M	\$3,518
Children^^^	56.8%	17.9%	\$1,042	55.0%	16.9%	\$1,238	50.6%	16.4%	\$1,130
Categorically Needy - Cash	16.2%	5.0%	\$1,012	15.4%	4.9%	\$1,296	18.4%	6.0%	\$1,137
Categorically Needy - Noncash	31.8%	7.9%	\$823	23.8%	5.0%	\$856	17.4%	4.6%	\$910
Medically Needy	NA	NA	NA	0.8%	0.3%	\$1,514	4.5%	1.7%	\$1,294
Other	8.7%	5.0%	\$1,896	15.1%	6.6%	\$1,768	10.2%	4.2%	\$1,418
Adults	15.8%	6.1%	\$1,282	17.8%	7.3%	\$1,651	21.8%	10.7%	\$1,704
Categorically Needy - Cash	6.6%	3.4%	\$1,718	7.2%	3.9%	\$2,193	8.8%	4.5%	\$1,796
Categorically Needy - Noncash	4.5%	1.9%	\$1,405	2.9%	1.3%	\$1,825	5.6%	3.2%	\$1,987
Medically Needy	NA	NA	NA	0.7%	0.2%	\$1,026	2.6%	1.3%	\$1,717
Other	4.7%	0.8%	\$556	7.0%	1.9%	\$1,084	4.8%	1.6%	\$1,199
Blind and Disabled	15.4%	39.7%	\$8,522	15.4%	41.3%	\$10,836	17.5%	43.6%	\$8,680
Aged	12.0%	36.3%	\$10,008	11.7%	34.5%	\$11,899	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 78.6% 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.

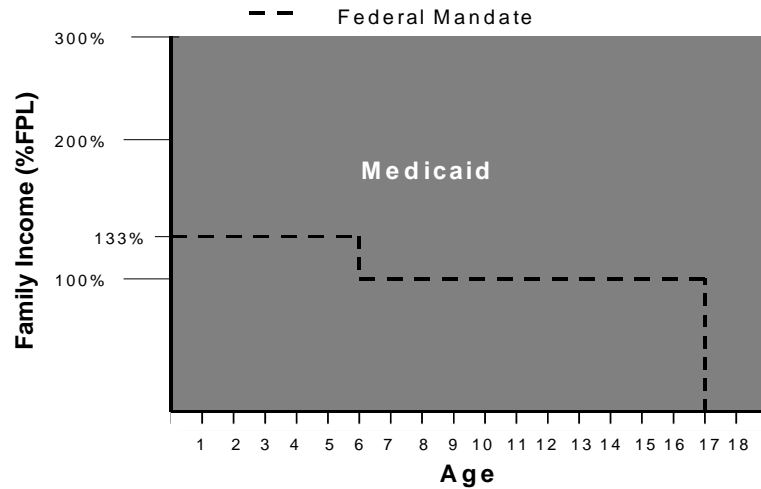
I. CONTINUED	MISSOURI				WEST NORTH CENTRAL REGION				UNITED STATES			
	<u>CHILDREN Under 21</u>		<u>ADULTS</u>		<u>CHILDREN Under 21</u>		<u>ADULTS</u>		<u>CHILDREN Under 21</u>		<u>ADULTS</u>	
G. Payments by Age and Type of Service#												
Physician Services	0.6%		1.0%		1.0%		1.2%		1.5%		1.8%	
Dental Services	0.2%		0.1%		0.3%		0.2%		0.4%		0.2%	
Other Practitioners	0.0%		0.1%		0.2%		0.2%		0.2%		0.2%	
EPSDT*	1.5%		0.4%		0.7%		0.2%		0.9%		0.1%	
Family Planning Services	0.0%		0.0%		0.0%		0.0%		0.1%		0.1%	
Clinic Services	0.8%		1.3%		0.6%		0.7%		0.9%		1.1%	
Outpatient Hospital	1.4%		3.3%		1.1%		1.6%		1.3%		1.8%	
Inpatient Hospital	4.7%		5.0%		4.0%		3.9%		5.1%		6.4%	
Nursing Home/Intermediate Care	0.2%		27.2%		0.6%		26.8%		0.6%		24.5%	
Mental Health Facility Services	0.0%		0.0%		0.4%		0.3%		0.8%		1.3%	
Personal Care / Home Health Services	1.8%		8.7%		2.4%		4.1%		2.1%		4.7%	
Lab and X-Ray	0.0%		0.1%		0.1%		0.2%		0.2%		0.3%	
Prescribed Drugs	1.3%		10.1%		1.2%		6.2%		1.2%		6.1%	
Prepaid Health Care	8.7%		1.6%		6.3%		2.5%		6.2%		4.3%	
Primary Care Case Management Services	0.0%		0.0%		0.1%		0.1%		0.1%		0.0%	
Other Services**	0.2%		2.0%		2.1%		2.4%		1.6%		2.0%	
Reporting Variance~	0.0%		17.5%		2.0%		23.6%		0.2%		20.0%	
All Services	21.5%		78.5%		23.0%		77.0%		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	\$143	22.3%	\$223	38.9%	\$223	31.9%	\$333	31.9%	\$242	39.3%	\$384	37.8%
Dental Services	\$109	8.5%	\$127	9.4%	\$161	12.7%	\$188	10.7%	\$172	13.7%	\$204	7.7%
Other Practitioners	\$47	4.5%	\$61	17.2%	\$155	7.2%	\$107	15.7%	\$179	6.7%	\$110	13.2%
EPSDT*	\$571	14.8%	\$878	3.6%	\$266	17.5%	\$429	4.0%	\$224	26.1%	\$308	3.5%
Family Planning Services	\$89	1.9%	\$104	2.5%	\$95	2.0%	\$104	2.8%	\$159	2.6%	\$141	3.3%
Clinic Services	\$162	27.2%	\$267	40.7%	\$234	17.5%	\$341	19.9%	\$469	11.4%	\$874	9.7%
Outpatient Hospital	\$367	20.4%	\$762	36.0%	\$341	21.2%	\$617	26.4%	\$333	24.7%	\$582	24.6%
Inpatient Hospital	\$4,287	6.0%	\$4,083	10.4%	\$4,766	5.7%	\$4,296	9.0%	\$4,826	6.5%	\$4,807	10.5%
Nursing Home/Intermediate Care	\$42,966	0.0%	\$19,045	12.0%	\$53,819	0.1%	\$19,096	13.9%	\$63,002	0.1%	\$21,867	8.9%
Mental Health Facility Services	\$28,906	0.0%	\$23,859	0.0%	\$24,837	0.1%	\$31,180	0.1%	\$18,105	0.3%	\$28,065	0.4%
Personal Care / Home Health Services	\$2,968	3.4%	\$3,258	22.4%	\$2,279	7.2%	\$2,328	17.4%	\$1,752	7.3%	\$3,125	11.9%
Lab and X-Ray	\$39	6.3%	\$58	21.1%	\$56	10.9%	\$82	18.8%	\$66	17.6%	\$119	18.7%
Prescribed Drugs	\$228	30.9%	\$1,616	52.7%	\$232	34.3%	\$1,407	43.5%	\$188	41.0%	\$1,205	40.3%
Prepaid Health Care	\$818	58.3%	\$794	16.5%	\$774	55.7%	\$1,114	22.6%	\$771	50.0%	\$1,286	26.5%
Primary Care Case Management Services	NA	0.0%	NA	0.0%	\$68	15.1%	\$213	4.8%	\$28	12.2%	\$43	4.2%
Other Services**	\$432	3.1%	\$822	20.2%	\$1,707	8.3%	\$1,178	20.3%	\$799	12.2%	\$799	19.6%
All Services	\$1,279	92.4%	\$6,697	98.7%	\$1,662	94.7%	\$7,755	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 Missouri in 1997 was 53% 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	MISSOURI		WEST NORTH 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	309,180	66.1%	870,583	65.2%	8,942,666	40.0%
Ages 0 Through 5	125,641	40.6%	347,691	39.9%	3,674,647	41.1%
Ages 6 Through 20	183,539	59.4%	522,892	60.1%	5,268,019	57.6%
Non-hispanic Black	158,319	33.9%	287,559	21.5%	6,572,457	29.4%
Ages 0 Through 5	55,586	35.1%	103,802	36.1%	2,493,510	37.9%
Ages 6 Through 20	102,733	64.9%	183,757	63.9%	4,078,947	62.1%
Hispanic	0	0.0%	66,083	4.9%	4,814,500	21.6%
Ages 0 Through 5	0	0.0%	34,416	52.1%	2,211,872	45.9%
Ages 6 Through 20	0	0.0%	31,667	47.9%	2,602,628	54.1%
Other	0	0.0%	111,066	8.3%	2,001,399	9.0%
Ages 0 Through 5	0	0.0%	39,450	35.5%	840,334	42.0%
Ages 6 Through 20	0	0.0%	71,616	64.5%	1,161,065	58.0%
II. POPULATION AND CHILD HEALTH DATA						
A. Total Population, 1998	5,457,181	100.0%	18,800,925	100.0%	270,002,354	100.0%
Under Age 21	1,630,447	29.9%	5,720,526	30.4%	81,664,866	30.2%
Under Age 6	439,461	8.1%	1,519,387	8.1%	23,078,513	8.5%
Infants	72,424	1.3%	250,090	1.3%	3,800,560	1.4%
Age 1 Through 5	367,037	6.7%	1,269,297	6.8%	19,277,953	7.1%
Age 6 Through 20	1,190,986	21.8%	4,201,139	22.3%	58,586,353	21.7%
Age 21 and Older	3,826,734	70.1%	13,080,399	69.6%	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	7.6	6.1	15.0	6.9	5.9	13.9
Neonatal Mortality	4.8	3.8	9.5	4.4	3.8	8.4
Postneonatal Mortality	2.9	2.3	5.5	2.5	2.1	5.4
% Low Birth Weight Infants						
Under 2500 Grams	7.8	6.7	13.2	6.7	6.2	10.8
Under 1500 Grams	1.4	1.1	2.9	1.3	1.1	2.4
% Not Receiving Prenatal Care						
In First Trimester	13.9	11.8	24.4	14.5	12.8	27.4
Until Third Trimester or Not At All	2.9	2.1	6.5	2.8	2.3	6.7
C. Pediatrician and Other Child Health Physician Ratios, 1998						
Children living in Health Service Areas* with:	<u>Total</u>	<u>% Child Population</u> ⁺	<u>Total</u>	<u>% Child Population</u> ⁺	<u>Total</u>	<u>% Child Population</u> ⁺
Fewer than 55 Pediatricians per 100K Children ~	890,241	64%	3,416,588	70%	34,317,300	50%
Fewer than 82 Child Health Physician per 100K Children ~	893,133	64%	3,041,842	62%	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 (27% FPL for Missouri, an equivalent of \$3,820 for a family of 3 in 2000).

Missouri expanded its Title XIX Medicaid program to 185% FPL for pregnant women and infants and to 100% FPL for children ages 17 through 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 45% of 131K uninsured children under age 19 in Missouri 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>'.

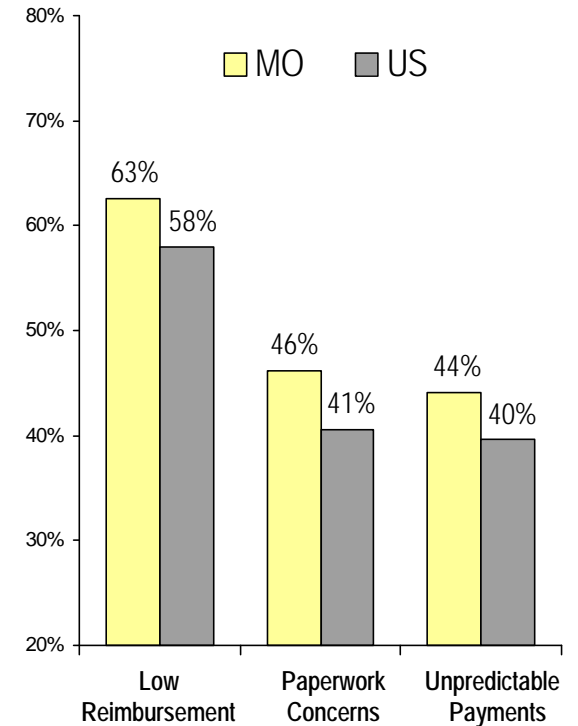
B. Title XXI Medicaid/SCHIP Program Eligibility

Missouri's Title XXI Medicaid program covers infants from 185% to 300% FPL, children ages 1 through 5 from 133% to 300% FPL, and children ages 6 through 18 from 100% to 300% 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>'.



Medicaid State Report

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

Division of Health Policy Research

I. MEDICAID ENROLLEES AND EXPENDITURES	MONTANA			MOUNTAIN REGION~			UNITED STATES		
A. Federal Medical Assistance Percentage (FMAP)*	70.6% (FY98)	72.3% (FY00)	80.6% (Enhanced)	64.5% (FY98)	64.7% (FY00)	75.3% (Enhanced)	60.7% (FY98)	60.7% (FY00)	72.5% (Enhanced)
B. Total Medicaid Managed Care Enrollment, 06/30/1998 (% of Total Medicaid Enrollment)	66,331 (98.4% of 67,387 **)			1,023,187 (78.7% of 1,299,506)			15,760,205 (52.5% of 30,009,674)		
C. Percent of Births Paid for by Medicaid, 1997***	38%			37%			35%		
D. FY 1998 and FY 1994-98 Averaged DSH^ Payment	\$0 M		\$0 M	\$348 M		\$384 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	93,298	100.0%		1,926,532	100.0%		40,377,603	100.0%	
Children Under Age 21	51,466	55.2%		1,208,942	62.8%		22,331,022	56.4%	
Under Age 6	20,869	22.4%		541,627	28.1%		9,220,363	22.8%	
Infants	4,200	4.5%		134,324	7.0%		2,014,962	5.0%	
Age 1 Through 5	16,669	17.9%		407,303	21.1%		7,205,401	17.8%	
Age 6 Through 20	30,597	32.8%		667,315	34.6%		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	93,298	\$361 M	\$3,872	1,926,532	\$6,004 M	\$3,116	40,377,603	\$142,058 M	\$3,518
Children^^^	51.3%	17.6%	\$1,310	57.1%	23.8%	\$1,260	50.6%	16.4%	\$1,130
Categorically Needy - Cash	20.4%	7.5%	\$1,392	16.0%	5.6%	\$1,062	18.4%	6.0%	\$1,137
Categorically Needy - Noncash	13.3%	2.7%	\$773	20.7%	7.9%	\$1,154	17.4%	4.6%	\$910
Medically Needy	0.0%	0.0%	\$1,469	0.1%	0.0%	\$605	4.5%	1.7%	\$1,294
Other	17.6%	7.5%	\$1,619	20.3%	10.3%	\$1,527	10.2%	4.2%	\$1,418
Adults	21.4%	10.8%	\$1,931	20.4%	12.9%	\$1,900	21.8%	10.7%	\$1,704
Categorically Needy - Cash	10.2%	4.8%	\$1,781	7.4%	4.4%	\$1,813	8.8%	4.5%	\$1,796
Categorically Needy - Noncash	3.9%	3.1%	\$3,023	6.1%	4.5%	\$2,222	5.6%	3.2%	\$1,987
Medically Needy	0.0%	0.0%	\$2,913	0.1%	0.1%	\$2,292	2.6%	1.3%	\$1,717
Other	7.2%	2.9%	\$1,549	6.8%	3.8%	\$1,699	4.8%	1.6%	\$1,199
Blind and Disabled	17.4%	39.1%	\$8,538	14.8%	39.4%	\$8,014	17.5%	43.6%	\$8,680
Aged	9.9%	32.4%	\$12,492	7.6%	23.9%	\$9,417	10.2%	29.3%	\$9,968

Notes: ~ Includes AZ, CO, ID, MT, NM, NV, UT & WY. * Regional and US averages of FY98 FMAP are weighted by FY98 expenditures. FY00 and Enhanced FMAPs are unweighted. ** Enrollment on 06/30/98 was 72.2% 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	MONTANA				MOUNTAIN 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	3.0%		2.6%		1.7%		1.4%		1.5%		1.8%	
Dental Services	0.9%		0.5%		0.6%		0.3%		0.4%		0.2%	
Other Practitioners	0.5%		0.2%		0.1%		0.1%		0.2%		0.2%	
EPSDT*	0.4%		0.1%		0.3%		0.0%		0.9%		0.1%	
Family Planning Services	0.0%		0.0%		0.0%		0.0%		0.1%		0.1%	
Clinic Services	0.2%		0.1%		0.9%		0.8%		0.9%		1.1%	
Outpatient Hospital	1.4%		1.9%		1.2%		1.0%		1.3%		1.8%	
Inpatient Hospital	5.5%		4.5%		4.9%		3.8%		5.1%		6.4%	
Nursing Home/Intermediate Care	0.1%		27.8%		0.4%		15.6%		0.6%		24.5%	
Mental Health Facility Services	0.1%		0.1%		0.3%		0.2%		0.8%		1.3%	
Personal Care / Home Health Services	0.9%		6.1%		1.6%		3.2%		2.1%		4.7%	
Lab and X-Ray	0.5%		0.6%		0.1%		0.1%		0.2%		0.3%	
Prescribed Drugs	1.7%		7.1%		0.9%		3.8%		1.2%		6.1%	
Prepaid Health Care	9.1%		6.4%		17.6%		15.0%		6.2%		4.3%	
Primary Care Case Management Services	0.3%		0.1%		0.1%		0.0%		0.1%		0.0%	
Other Services**	0.7%		1.6%		3.3%		2.9%		1.6%		2.0%	
Reporting Variance~	0.0%		15.0%		0.0%		16.4%		0.2%		20.0%	
All Services	25.2%		74.8%		34.2%		65.8%		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	\$332	62.7%	\$507	44.3%	\$226	37.3%	\$345	37.3%	\$242	39.3%	\$384	37.8%
Dental Services	\$248	25.5%	\$276	14.5%	\$167	18.0%	\$243	8.5%	\$172	13.7%	\$204	7.7%
Other Practitioners	\$656	4.8%	\$146	13.1%	\$118	5.1%	\$124	8.8%	\$179	6.7%	\$110	13.2%
EPSDT*	\$150	20.5%	\$134	4.5%	\$51	30.4%	\$21	10.6%	\$224	26.1%	\$308	3.5%
Family Planning Services	\$132	2.1%	\$140	2.5%	\$70	1.6%	\$76	2.6%	\$159	2.6%	\$141	3.3%
Clinic Services	\$161	8.6%	\$258	3.7%	\$437	10.5%	\$585	11.2%	\$469	11.4%	\$874	9.7%
Outpatient Hospital	\$327	30.3%	\$641	25.9%	\$232	24.8%	\$410	20.1%	\$333	24.7%	\$582	24.6%
Inpatient Hospital	\$3,724	10.3%	\$3,816	10.2%	\$2,474	9.7%	\$3,047	10.3%	\$4,826	6.5%	\$4,807	10.5%
Nursing Home/Intermediate Care	\$23,183	0.0%	\$19,210	12.4%	\$39,817	0.0%	\$14,712	8.7%	\$63,002	0.1%	\$21,867	8.9%
Mental Health Facility Services	\$23,204	0.0%	\$41,340	0.0%	\$9,769	0.1%	\$8,932	0.2%	\$18,105	0.3%	\$28,065	0.4%
Personal Care / Home Health Services	\$333	17.8%	\$3,521	15.0%	\$1,444	5.4%	\$3,042	8.6%	\$1,752	7.3%	\$3,125	11.9%
Lab and X-Ray	\$119	27.1%	\$300	16.1%	\$43	14.3%	\$73	16.7%	\$66	17.6%	\$119	18.7%
Prescribed Drugs	\$219	53.8%	\$1,287	47.6%	\$165	27.2%	\$1,005	31.3%	\$188	41.0%	\$1,205	40.3%
Prepaid Health Care	\$625	100.0%	\$851	64.9%	\$1,756	48.6%	\$4,388	28.1%	\$771	50.0%	\$1,286	26.5%
Primary Care Case Management Services	\$25	80.8%	\$25	24.2%	\$29	14.8%	\$33	5.8%	\$28	12.2%	\$43	4.2%
Other Services**	\$364	14.0%	\$570	24.3%	\$1,338	12.1%	\$1,217	19.4%	\$799	12.2%	\$799	19.6%
All Services	\$1,762	100.0%	\$6,430	100.0%	\$1,855	89.6%	\$5,897	91.8%	\$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 Montana in 1997 was 86% 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.

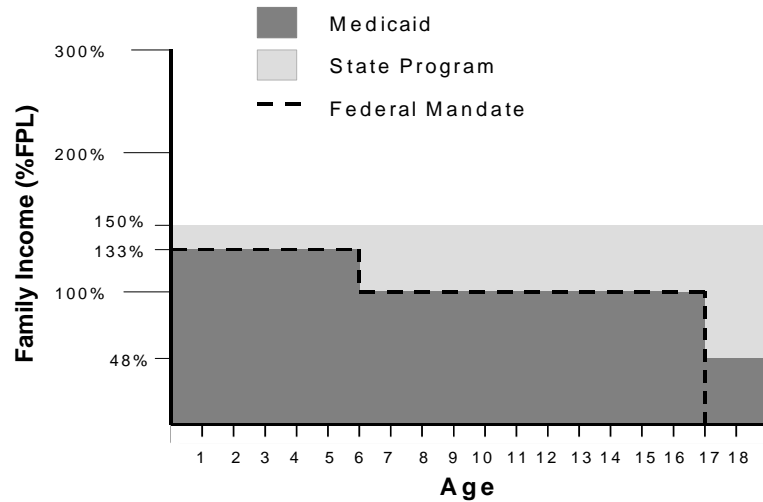
I. CONTINUED	MONTANA		MOUNTAIN REGION		UNITED STATES	
I. Enrollees Under Age 21, by Race and Age, FY 1998#	<u>Enrollees</u>	<u>Percent</u>	<u>Enrollees</u>	<u>Percent</u>	<u>Enrollees</u>	<u>Percent</u>
Non-hispanic White	36,607	71.1%	535,503	44.3%	8,942,666	40.0%
Ages 0 Through 5	15,466	42.2%	242,037	45.2%	3,674,647	41.1%
Ages 6 Through 20	21,141	57.8%	293,466	54.8%	5,268,019	57.6%
Non-hispanic Black	426	0.8%	76,347	6.3%	6,572,457	29.4%
Ages 0 Through 5	174	40.8%	30,428	39.9%	2,493,510	37.9%
Ages 6 Through 20	252	59.2%	45,919	60.1%	4,078,947	62.1%
Hispanic	1,124	2.2%	440,474	36.4%	4,814,500	21.6%
Ages 0 Through 5	449	39.9%	209,347	47.5%	2,211,872	45.9%
Ages 6 Through 20	675	60.1%	231,127	52.5%	2,602,628	54.1%
Other	13,309	25.9%	156,618	13.0%	2,001,399	9.0%
Ages 0 Through 5	4,780	35.9%	59,815	38.2%	840,334	42.0%
Ages 6 Through 20	8,529	64.1%	96,803	61.8%	1,161,065	58.0%

II. POPULATION AND CHILD HEALTH DATA

A. Total Population, 1998	919,348	100.0%		16,930,477	100.0%		270,002,354	100.0%	
Under Age 21	280,041	30.5%		5,488,612	32.4%		81,664,866	30.2%	
Under Age 6	71,435	7.8%		1,517,790	9.0%		23,078,513	8.5%	
Infants	11,814	1.3%		248,517	1.5%		3,800,560	1.4%	
Age 1 Through 5	59,621	6.5%		1,269,273	7.5%		19,277,953	7.1%	
Age 6 Through 20	208,606	22.7%		3,970,822	23.5%		58,586,353	21.7%	
Age 21 and Older	639,307	69.5%		11,441,865	67.6%		188,337,488	69.8%	
B. Infant Mortality, Low Birth Weight and Prenatal Care, 1997	Total	White	Other	Total	White	Other	Total	White	Other
Infant Mortality per 1,000 Live Births	6.9	6.0	na	6.6	6.4	9.0	7.2	6.0	11.8
Neonatal Mortality	3.8	3.8	na	4.1	4.0	5.0	4.8	4.0	7.7
Postneonatal Mortality	3.1	2.2	na	2.5	2.3	4.0	2.5	2.0	4.0
% Low Birth Weight Infants									
Under 2500 Grams	7.0	6.9	7.8	7.3	7.1	9.1	7.6	6.5	11.6
Under 1500 Grams	1.0	1.0	1.6	1.1	1.1	1.7	1.4	1.1	2.6
% Not Receiving Prenatal Care									
In First Trimester	17.7	15.2	35.7	22.3	21.2	31.2	17.2	15.2	24.9
Until Third Trimester or Not At All	3.2	2.4	9.1	5.7	5.4	8.9	3.9	3.3	6.3
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 ~	239,395	100%		3,273,292	70%		34,317,300	50%	
Fewer than 82 Child Health Physician per 100K Children ~	238,322	100%		3,498,004	74%		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 (48% FPL for Montana, an equivalent of \$6,792 for a family of 3 in 2000).

Montana did not expand its Title XIX Medicaid program beyond the federal mandate. The Medically Needy were covered up to 73% FPL 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 49K uninsured children under age 19 in Montana 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>'.

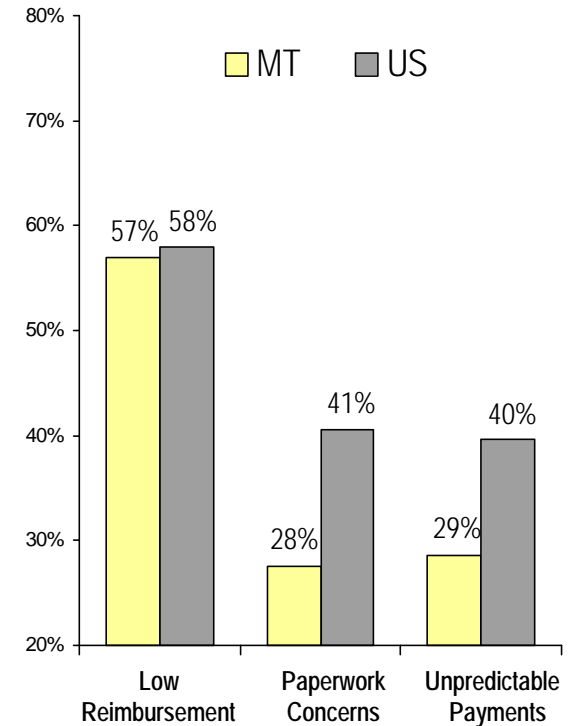
B. Title XXI Medicaid/SCHIP Program Eligibility

Montana's Title XXI state program covers children through age 18 to 150% FPL. Federally legislated maximum Title XXI SCHIP/Medicaid program eligibility for Montana is 200% FPL for all infants and children through age 18.

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>'.



Medicaid State Report

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



I. MEDICAID ENROLLEES AND EXPENDITURES	NEBRASKA			WEST NORTH CENTRAL REGION~			UNITED STATES		
A. Federal Medical Assistance Percentage (FMAP)*	61.2% (FY98)	60.9% (FY00)	72.6% (Enhanced)	62.2% (FY98)	62.2% (FY00)	73.5% (Enhanced)	60.7% (FY98)	60.7% (FY00)	72.5% (Enhanced)
B. Total Medicaid Managed Care Enrollment, 06/30/1998 (% of Total Medicaid Enrollment)	110,606 (72.8% of 151,955 **)			929,209 (55.6% of 1,670,689)			15,760,205 (52.5% of 30,009,674)		
C. Percent of Births Paid for by Medicaid, 1997***	30%			33%			35%		
D. FY 1998 and FY 1994-98 Averaged DSH^ Payment	\$6 M		\$4 M	\$795 M		\$692 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	210,261		100.0%	2,253,058		100.0%	40,377,603		100.0%
Children Under Age 21	132,063		62.8%	1,335,291		59.3%	22,331,022		56.4%
Under Age 6	59,916		28.5%	525,359		23.3%	9,220,363		22.8%
Infants	20,971		10.0%	107,361		4.8%	2,014,962		5.0%
Age 1 Through 5	38,945		18.5%	417,998		18.6%	7,205,401		17.8%
Age 6 Through 20	72,147		34.3%	809,932		35.9%	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	210,261	\$753 M	\$3,582	2,253,058	\$9,149 M	\$4,061	40,377,603	\$142,058 M	\$3,518
Children^^^	62.3%	19.1%	\$1,098	55.0%	16.9%	\$1,238	50.6%	16.4%	\$1,130
Categorically Needy - Cash	19.9%	4.9%	\$889	15.4%	4.9%	\$1,296	18.4%	6.0%	\$1,137
Categorically Needy - Noncash	32.8%	9.2%	\$1,003	23.8%	5.0%	\$856	17.4%	4.6%	\$910
Medically Needy	4.0%	0.0%	\$5	0.8%	0.3%	\$1,514	4.5%	1.7%	\$1,294
Other	5.7%	5.0%	\$3,149	15.1%	6.6%	\$1,768	10.2%	4.2%	\$1,418
Adults	14.4%	8.9%	\$2,205	17.8%	7.3%	\$1,651	21.8%	10.7%	\$1,704
Categorically Needy - Cash	9.4%	7.3%	\$2,775	7.2%	3.9%	\$2,193	8.8%	4.5%	\$1,796
Categorically Needy - Noncash	0.0%	0.0%		2.9%	1.3%	\$1,825	5.6%	3.2%	\$1,987
Medically Needy	4.0%	0.1%	\$58	0.7%	0.2%	\$1,026	2.6%	1.3%	\$1,717
Other	0.9%	1.5%	\$5,705	7.0%	1.9%	\$1,084	4.8%	1.6%	\$1,199
Blind and Disabled	13.1%	36.9%	\$10,119	15.4%	41.3%	\$10,836	17.5%	43.6%	\$8,680
Aged	10.2%	35.1%	\$12,297	11.7%	34.5%	\$11,899	10.2%	29.3%	\$9,968

Notes: ~ Includes DC, DE, FL, GA, MD, NC, SC, VA & WV. * Regional and US averages of FY98 FMAP are weighted by FY98 expenditures. FY00 and Enhanced FMAPs are unweighted. ** Enrollment on 06/30/98 was 72.3% of total annual enrollment state reported to HCFA on Form 2082 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	NEBRASKA				WEST NORTH 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	3.6%		3.1%		1.0%		1.2%		1.5%		1.8%	
Dental Services	0.6%		0.5%		0.3%		0.2%		0.4%		0.2%	
Other Practitioners	0.3%		0.7%		0.2%		0.2%		0.2%		0.2%	
EPSDT*	0.5%		0.0%		0.7%		0.2%		0.9%		0.1%	
Family Planning Services	0.2%		0.3%		0.0%		0.0%		0.1%		0.1%	
Clinic Services	na		na		0.6%		0.7%		0.9%		1.1%	
Outpatient Hospital	1.4%		2.6%		1.1%		1.6%		1.3%		1.8%	
Inpatient Hospital	6.9%		6.8%		4.0%		3.9%		5.1%		6.4%	
Nursing Home/Intermediate Care	0.5%		36.6%		0.6%		26.8%		0.6%		24.5%	
Mental Health Facility Services	0.5%		0.1%		0.4%		0.3%		0.8%		1.3%	
Personal Care / Home Health Services	na		na		2.4%		4.1%		2.1%		4.7%	
Lab and X-Ray	0.3%		0.5%		0.1%		0.2%		0.2%		0.3%	
Prescribed Drugs	1.9%		9.5%		1.2%		6.2%		1.2%		6.1%	
Prepaid Health Care	na		na		6.3%		2.5%		6.2%		4.3%	
Primary Care Case Management Services	na		na		0.1%		0.1%		0.1%		0.0%	
Other Services**	7.3%		12.1%		2.1%		2.4%		1.6%		2.0%	
Reporting Variance~	0.0%		0.0%		2.0%		23.6%		0.2%		20.0%	
All Services	24.7%		75.3%		23.0%		77.0%		23.3%		76.7%	
H. 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	\$234	85.3%	\$370	77.8%	\$223	31.9%	\$333	31.9%	\$242	39.3%	\$384	37.8%
Dental Services	\$116	29.0%	\$158	31.0%	\$161	12.7%	\$188	10.7%	\$172	13.7%	\$204	7.7%
Other Practitioners	\$136	12.1%	\$173	35.7%	\$155	7.2%	\$107	15.7%	\$179	6.7%	\$110	13.2%
EPSDT*	\$93	28.4%	NA	NA	\$266	17.5%	\$429	4.0%	\$224	26.1%	\$308	3.5%
Family Planning Services	\$215	4.4%	\$242	10.3%	\$95	2.0%	\$104	2.8%	\$159	2.6%	\$141	3.3%
Clinic Services	na	na	na	na	\$234	17.5%	\$341	19.9%	\$469	11.4%	\$874	9.7%
Outpatient Hospital	\$253	31.8%	\$509	48.0%	\$341	21.2%	\$617	26.4%	\$333	24.7%	\$582	24.6%
Inpatient Hospital	\$3,697	10.5%	\$3,997	15.8%	\$4,766	5.7%	\$4,296	9.0%	\$4,826	6.5%	\$4,807	10.5%
Nursing Home/Intermediate Care	\$22,654	0.1%	\$12,763	26.6%	\$53,819	0.1%	\$19,096	13.9%	\$63,002	0.1%	\$21,867	8.9%
Mental Health Facility Services	\$12,825	0.2%	\$38,755	0.0%	\$24,837	0.1%	\$31,180	0.1%	\$18,105	0.3%	\$28,065	0.4%
Personal Care / Home Health Services	na	na	na	na	\$2,279	7.2%	\$2,328	17.4%	\$1,752	7.3%	\$3,125	11.9%
Lab and X-Ray	\$84	20.8%	\$120	40.3%	\$56	10.9%	\$82	18.8%	\$66	17.6%	\$119	18.7%
Prescribed Drugs	\$154	70.5%	\$1,026	86.0%	\$232	34.3%	\$1,407	43.5%	\$188	41.0%	\$1,205	40.3%
Prepaid Health Care	na	na	na	na	\$774	55.7%	\$1,114	22.6%	\$771	50.0%	\$1,286	26.5%
Primary Care Case Management Services	na	na	na	na	\$68	15.1%	\$213	4.8%	\$28	12.2%	\$43	4.2%
Other Services**	\$440	93.0%	\$1,508	74.3%	\$1,707	8.3%	\$1,178	20.3%	\$799	12.2%	\$799	19.6%
All Services	\$1,442	97.6%	\$7,257	100.0%	\$1,662	94.7%	\$7,755	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 Nebraska in 1997 was 55% 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' not available. 'NA' Not applicable.

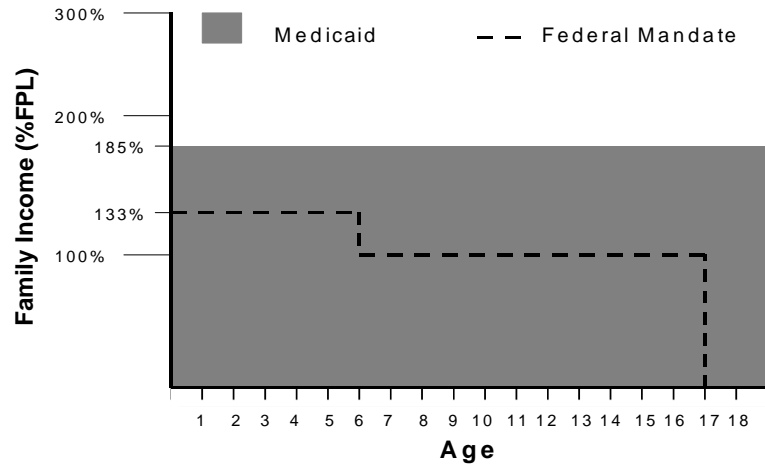
I. CONTINUED	NEBRASKA		WEST NORTH CENTRAL REGION		UNITED STATES	
I. Enrollees Under Age 21, by Race and Age, FY 1998#	<u>Enrollees</u>	<u>Percent</u>	<u>Enrollees</u>	<u>Percent</u>	<u>Enrollees</u>	<u>Percent</u>
Non-hispanic White	85,597	64.8%	870,583	65.2%	8,942,666	40.0%
Ages 0 Through 5	38,113	44.5%	347,691	39.9%	3,674,647	41.1%
Ages 6 Through 20	47,484	55.5%	522,892	60.1%	5,268,019	57.6%
Non-hispanic Black	20,755	15.7%	287,559	21.5%	6,572,457	29.4%
Ages 0 Through 5	8,087	39.0%	103,802	36.1%	2,493,510	37.9%
Ages 6 Through 20	12,668	61.0%	183,757	63.9%	4,078,947	62.1%
Hispanic	17,040	12.9%	66,083	4.9%	4,814,500	21.6%
Ages 0 Through 5	10,020	58.8%	34,416	52.1%	2,211,872	45.9%
Ages 6 Through 20	7,020	41.2%	31,667	47.9%	2,602,628	54.1%
Other	8,671	6.6%	111,066	8.3%	2,001,399	9.0%
Ages 0 Through 5	3,696	42.6%	39,450	35.5%	840,334	42.0%
Ages 6 Through 20	4,975	57.4%	71,616	64.5%	1,161,065	58.0%

II. POPULATION AND CHILD HEALTH DATA

A. Total Population, 1998	1,679,045	100.0%	18,800,925	100.0%	270,002,354	100.0%
Under Age 21	522,148	31.1%	5,720,526	30.4%	81,664,866	30.2%
Under Age 6	138,913	8.3%	1,519,387	8.1%	23,078,513	8.5%
Infants	22,795	1.4%	250,090	1.3%	3,800,560	1.4%
Age 1 Through 5	116,118	6.9%	1,269,297	6.8%	19,277,953	7.1%
Age 6 Through 20	383,235	22.8%	4,201,139	22.3%	58,586,353	21.7%
Age 21 and Older	1,156,897	68.9%	13,080,399	69.6%	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	7.4	6.8	14.4	6.9	5.9	13.9
Neonatal Mortality	5.3	4.8	10.4	4.4	3.8	8.4
Postneonatal Mortality	2.1	1.9	na	2.5	2.1	5.4
% Low Birth Weight Infants						
Under 2500 Grams	6.5	6.2	10.1	6.7	6.2	10.8
Under 1500 Grams	1.3	1.1	2.6	1.3	1.1	2.4
% Not Receiving Prenatal Care						
In First Trimester	16.1	15.1	26.7	14.5	12.8	27.4
Until Third Trimester or Not At All	3.2	2.9	5.7	2.8	2.3	6.7
C. Pediatrician and Other Child Health Physician Ratios, 1998						
<i>Children living in Health Service Areas* with:</i>	<u>Total</u>	<u>% Child Population</u> ⁺	<u>Total</u>	<u>% Child Population</u> ⁺	<u>Total</u>	<u>% Child Population</u> ⁺
Fewer than 55 Pediatricians per 100K Children ~	258,251	58%	3,416,588	70%	34,317,300	50%
Fewer than 82 Child Health Physician per 100K Children ~	172,743	39%	3,041,842	62%	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 (46% FPL for Nebraska, an equivalent of \$6,509 for a family of 3 in 2000).

Nebraska expanded its Title XIX Medicaid program to 150% FPL for pregnant women and infants. The Medically Needy were covered up to 58% FPL 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 52% of 29K uninsured children under age 19 in Nebraska 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>'.

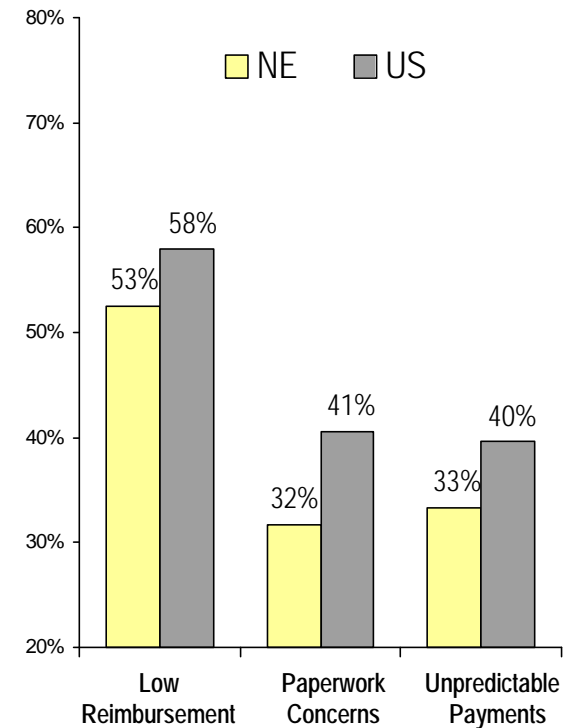
B. Title XXI Medicaid/SCHIP Program Eligibility

Nebraska's Title XXI Medicaid program covers infants from 150% to 185% FPL, children ages 1 through 5 from 133% to 185% FPL, children ages 6 through 16 from 100% to 185% FPL and children ages 17 through 18 from 46% to 185% FPL. Federally legislated maximum Title XXI SCHIP/Medicaid program eligibility for Nebraska is 200% FPL for all infants and children through age 18.

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>'.



Medicaid State Report

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

I. MEDICAID ENROLLEES AND EXPENDITURES				NEVADA			MOUNTAIN REGION~			UNITED STATES		
A. Federal Medical Assistance Percentage (FMAP)*		50.0% (FY98)	50.0% (FY00)	65.0% (Enhanced)		64.5% (FY98)	64.7% (FY00)	75.3% (Enhanced)		60.7% (FY98)	60.7% (FY00)	72.5% (Enhanced)
B. Total Medicaid Managed Care Enrollment, 06/30/1998 (% of Total Medicaid Enrollment)		35,089 (38.7% of 90,585 **)				1,023,187 (78.7% of 1,299,506)				15,760,205 (52.5% of 30,009,674)		
C. Percent of Births Paid for by Medicaid, 1997***		26%				37%				35%		
D. FY 1998 and FY 1994-98 Averaged DSH^ Payment		\$74 M \$74 M				\$348 M \$384 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		130,662		100.0%		1,926,532		100.0%		40,377,603		100.0%
Children Under Age 21		80,747		61.8%		1,208,942		62.8%		22,331,022		56.4%
Under Age 6		38,987		29.8%		541,627		28.1%		9,220,363		22.8%
Infants		9,005		6.9%		134,324		7.0%		2,014,962		5.0%
Age 1 Through 5		29,982		22.9%		407,303		21.1%		7,205,401		17.8%
Age 6 Through 20		41,760		32.0%		667,315		34.6%		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		130,662	\$462 M	\$3,537		1,926,532	\$6,004 M	\$3,116		40,377,603	\$142,058 M	\$3,518
Children^^^		55.8%	27.4%	\$1,646		57.1%	23.8%	\$1,260		50.6%	16.4%	\$1,130
Categorically Needy - Cash		18.9%	6.8%	\$1,205		16.0%	5.6%	\$1,062		18.4%	6.0%	\$1,137
Categorically Needy - Noncash		0.1%	0.2%	\$6,892		20.7%	7.9%	\$1,154		17.4%	4.6%	\$910
Medically Needy		NA	NA	NA		0.1%	0.0%	\$605		4.5%	1.7%	\$1,294
Other		36.9%	20.4%	\$1,856		20.3%	10.3%	\$1,527		10.2%	4.2%	\$1,418
Adults		16.2%	12.0%	\$2,472		20.4%	12.9%	\$1,900		21.8%	10.7%	\$1,704
Categorically Needy - Cash		8.2%	6.0%	\$2,453		7.4%	4.4%	\$1,813		8.8%	4.5%	\$1,796
Categorically Needy - Noncash		0.0%	0.1%	\$92,522		6.1%	4.5%	\$2,222		5.6%	3.2%	\$1,987
Medically Needy		NA	NA	NA		0.1%	0.1%	\$2,292		2.6%	1.3%	\$1,717
Other		8.0%	5.8%	\$2,439		6.8%	3.8%	\$1,699		4.8%	1.6%	\$1,199
Blind and Disabled		16.7%	39.7%	\$7,988		14.8%	39.4%	\$8,014		17.5%	43.6%	\$8,680
Aged		11.2%	20.9%	\$6,241		7.6%	23.9%	\$9,417		10.2%	29.3%	\$9,968

Notes: ~ Includes IA, KS, MN, MO, ND, NE & SD. * Regional and US averages of FY98 FMAP are weighted by FY98 expenditures. FY00 and Enhanced FMAPs are unweighted. ** Enrollment on 06/30/98 was 69.3% 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	NEVADA				MOUNTAIN 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	2.9%	3.6%	1.7%	1.4%	1.5%	1.8%						
Dental Services	1.8%	0.8%	0.6%	0.3%	0.4%	0.2%						
Other Practitioners	0.4%	0.2%	0.1%	0.1%	0.2%	0.2%						
EPSDT*	0.9%	0.0%	0.3%	0.0%	0.9%	0.1%						
Family Planning Services	0.0%	0.1%	0.0%	0.0%	0.1%	0.1%						
Clinic Services	0.2%	0.2%	0.9%	0.8%	0.9%	1.1%						
Outpatient Hospital	2.3%	1.8%	1.2%	1.0%	1.3%	1.8%						
Inpatient Hospital	9.1%	7.3%	4.9%	3.8%	5.1%	6.4%						
Nursing Home/Intermediate Care	1.4%	17.2%	0.4%	15.6%	0.6%	24.5%						
Mental Health Facility Services	2.3%	0.9%	0.3%	0.2%	0.8%	1.3%						
Personal Care / Home Health Services	9.0%	5.5%	1.6%	3.2%	2.1%	4.7%						
Lab and X-Ray	0.1%	0.1%	0.1%	0.1%	0.2%	0.3%						
Prescribed Drugs	1.0%	4.8%	0.9%	3.8%	1.2%	6.1%						
Prepaid Health Care	4.3%	1.2%	17.6%	15.0%	6.2%	4.3%						
Primary Care Case Management Services	0.6%	0.2%	0.1%	0.0%	0.1%	0.0%						
Other Services**	1.0%	2.7%	3.3%	2.9%	1.6%	2.0%						
Reporting Variance~	0.0%	16.1%	0.0%	16.4%	0.2%	20.0%						
All Services	37.2%	62.8%	34.2%	65.8%	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	\$478	32.9%	\$735	44.0%	\$226	37.3%	\$345	37.3%	\$242	39.3%	\$384	37.8%
Dental Services	\$548	18.2%	\$647	10.7%	\$167	18.0%	\$243	8.5%	\$172	13.7%	\$204	7.7%
Other Practitioners	\$294	6.7%	\$159	8.9%	\$118	5.1%	\$124	8.8%	\$179	6.7%	\$110	13.2%
EPSDT*	\$142	33.6%	\$96	2.2%	\$51	30.4%	\$21	10.6%	\$224	26.1%	\$308	3.5%
Family Planning Services	\$248	0.9%	\$348	1.7%	\$70	1.6%	\$76	2.6%	\$159	2.6%	\$141	3.3%
Clinic Services	\$245	5.4%	\$431	3.6%	\$437	10.5%	\$585	11.2%	\$469	11.4%	\$874	9.7%
Outpatient Hospital	\$407	30.5%	\$654	23.8%	\$232	24.8%	\$410	20.1%	\$333	24.7%	\$582	24.6%
Inpatient Hospital	\$4,300	11.6%	\$6,681	9.7%	\$2,474	9.7%	\$3,047	10.3%	\$4,826	6.5%	\$4,807	10.5%
Nursing Home/Intermediate Care	\$62,012	0.1%	\$21,027	7.3%	\$39,817	0.0%	\$14,712	8.7%	\$63,002	0.1%	\$21,867	8.9%
Mental Health Facility Services	\$25,737	0.5%	\$15,252	0.5%	\$9,769	0.1%	\$8,932	0.2%	\$18,105	0.3%	\$28,065	0.4%
Personal Care / Home Health Services	\$3,797	13.0%	\$4,708	10.4%	\$1,444	5.4%	\$3,042	8.6%	\$1,752	7.3%	\$3,125	11.9%
Lab and X-Ray	\$52	7.4%	\$78	14.2%	\$43	14.3%	\$73	16.7%	\$66	17.6%	\$119	18.7%
Prescribed Drugs	\$195	28.7%	\$1,144	37.4%	\$165	27.2%	\$1,005	31.3%	\$188	41.0%	\$1,205	40.3%
Prepaid Health Care	\$436	54.0%	\$1,021	10.9%	\$1,756	48.6%	\$4,388	28.1%	\$771	50.0%	\$1,286	26.5%
Primary Care Case Management Services	\$110	28.4%	\$238	6.0%	\$29	14.8%	\$33	5.8%	\$28	12.2%	\$43	4.2%
Other Services**	\$844	6.4%	\$1,336	18.2%	\$1,338	12.1%	\$1,217	19.4%	\$799	12.2%	\$799	19.6%
All Services	\$2,147	95.1%	\$5,966	93.4%	\$1,855	89.6%	\$5,897	91.8%	\$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 Nevada in 1997 was 77% 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.

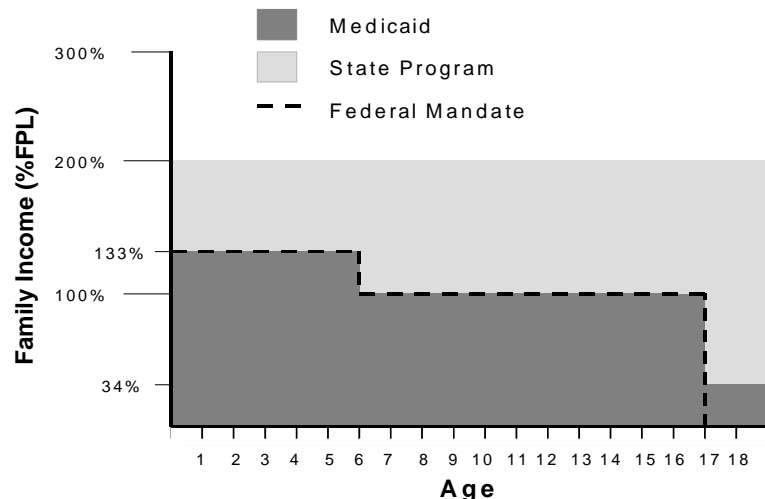
I. CONTINUED	NEVADA		MOUNTAIN REGION		UNITED STATES	
	<u>Enrollees</u>	<u>Percent</u>	<u>Enrollees</u>	<u>Percent</u>	<u>Enrollees</u>	<u>Percent</u>
I. Enrollees Under Age 21, by Race and Age, FY 1998#						
Non-hispanic White	41,430	51.3%	535,503	44.3%	8,942,666	40.0%
Ages 0 Through 5	19,390	46.8%	242,037	45.2%	3,674,647	41.1%
Ages 6 Through 20	22,040	53.2%	293,466	54.8%	5,268,019	57.6%
Non-hispanic Black	17,741	22.0%	76,347	6.3%	6,572,457	29.4%
Ages 0 Through 5	7,198	40.6%	30,428	39.9%	2,493,510	37.9%
Ages 6 Through 20	10,543	59.4%	45,919	60.1%	4,078,947	62.1%
Hispanic	18,034	22.3%	440,474	36.4%	4,814,500	21.6%
Ages 0 Through 5	10,689	59.3%	209,347	47.5%	2,211,872	45.9%
Ages 6 Through 20	7,345	40.7%	231,127	52.5%	2,602,628	54.1%
Other	3,542	4.4%	156,618	13.0%	2,001,399	9.0%
Ages 0 Through 5	1,710	48.3%	59,815	38.2%	840,334	42.0%
Ages 6 Through 20	1,832	51.7%	96,803	61.8%	1,161,065	58.0%

II. POPULATION AND CHILD HEALTH DATA

A. Total Population, 1998	1,744,446	100.0%	16,930,477	100.0%	270,002,354	100.0%
Under Age 21	502,313	28.8%	5,488,612	32.4%	81,664,866	30.2%
Under Age 6	143,610	8.2%	1,517,790	9.0%	23,078,513	8.5%
Infants	22,916	1.3%	248,517	1.5%	3,800,560	1.4%
Age 1 Through 5	120,694	6.9%	1,269,273	7.5%	19,277,953	7.1%
Age 6 Through 20	358,703	20.6%	3,970,822	23.5%	58,586,353	21.7%
Age 21 and Older	1,242,133	71.2%	11,441,865	67.6%	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	6.5	6.2	8.4	6.6	6.4	9.0
Neonatal Mortality	3.9	3.6	5.4	4.1	4.0	5.0
Postneonatal Mortality	2.6	2.5	na	2.5	2.3	4.0
% Low Birth Weight Infants						
Under 2500 Grams	7.6	6.9	11.1	7.3	7.1	9.1
Under 1500 Grams	1.2	1.1	2.2	1.1	1.1	1.7
% Not Receiving Prenatal Care						
In First Trimester	25.4	24.7	29.1	22.3	21.2	31.2
Until Third Trimester or Not At All	7.0	6.8	8.2	5.7	5.4	8.9
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 ~	437,856	100%	3,273,292	70%	34,317,300	50%
Fewer than 82 Child Health Physician per 100K Children ~	437,856	100%	3,498,004	74%	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 (31% FPL for Nevada, an equivalent of \$4,386 for a family of 3 in 2000).

Nevada 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 46% of 130K uninsured children under age 19 in Nevada 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>'.

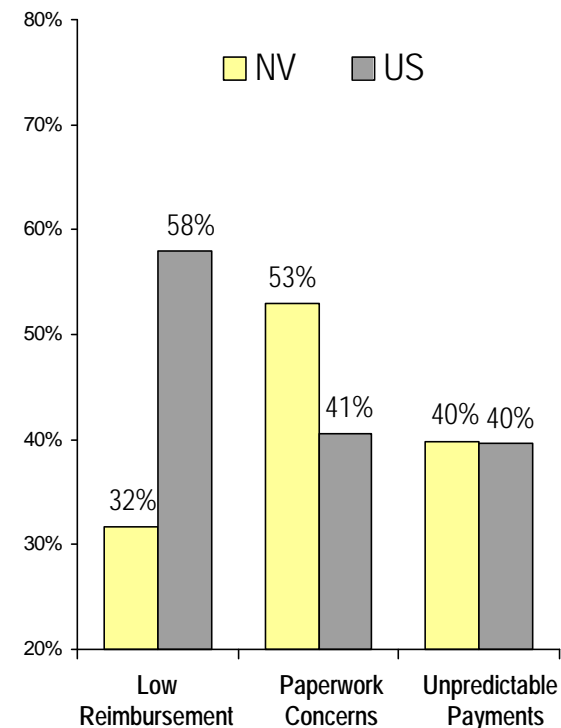
B. Title XXI Medicaid/SCHIP Program Eligibility

Nevada's Title XXI state program covers infants and children through age 18 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>'.



Medicaid State Report

NEW HAMPSHIRE, FY 1998 (October 1, 1997 - September 30, 1998)



I. MEDICAID ENROLLEES AND EXPENDITURES	NEW HAMPSHIRE			NEW ENGLAND REGION~			UNITED STATES		
A. Federal Medical Assistance Percentage (FMAP)*	50.0% (FY98)	50.0% (FY00)	65.0% (Enhanced)	55.2% (FY98)	55.4% (FY00)	68.8% (Enhanced)	60.7% (FY98)	60.7% (FY00)	72.5% (Enhanced)
B. Total Medicaid Managed Care Enrollment, 06/30/1998 (% of Total Medicaid Enrollment)	7,368 (10.1% of 73,036 **)			904,036 (56.2% of 1,609,878)			15,760,205 (52.5% of 30,009,674)		
C. Percent of Births Paid for by Medicaid, 1997***	20%			23%			35%		
D. FY 1998 and FY 1994-98 Averaged DSH^ Payment	\$128 M		\$160 M	\$1,196 M		\$1,191 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	98,340		100.0%	1,930,631		100.0%	40,377,603		100.0%
Children Under Age 21	58,861		59.9%	1,072,838		55.6%	22,331,022		56.4%
Under Age 6	21,271		21.6%	533,536		27.6%	9,220,363		22.8%
Infants	3,012		3.1%	260,991		13.5%	2,014,962		5.0%
Age 1 Through 5	18,259		18.6%	272,545		14.1%	7,205,401		17.8%
Age 6 Through 20	37,590		38.2%	539,302		27.9%	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	98,340	\$606 M	\$6,162	1,930,631	\$9,654 M	\$5,000	40,377,603	\$142,058 M	\$3,518
Children^^^	59.6%	20.3%	\$2,094	49.2%	13.3%	\$1,348	50.6%	16.4%	\$1,130
Categorically Needy - Cash	14.2%	3.7%	\$1,613	18.8%	5.2%	\$1,390	18.4%	6.0%	\$1,137
Categorically Needy - Noncash	33.6%	7.4%	\$1,361	14.5%	3.5%	\$1,194	17.4%	4.6%	\$910
Medically Needy	1.6%	0.4%	\$1,680	7.5%	1.6%	\$1,077	4.5%	1.7%	\$1,294
Other	10.2%	8.7%	\$5,246	8.4%	3.0%	\$1,763	10.2%	4.2%	\$1,418
Adults	16.3%	5.6%	\$2,113	20.9%	7.9%	\$1,875	21.8%	10.7%	\$1,704
Categorically Needy - Cash	6.6%	2.4%	\$2,206	9.1%	3.5%	\$1,947	8.8%	4.5%	\$1,796
Categorically Needy - Noncash	2.9%	1.2%	\$2,525	2.7%	0.8%	\$1,462	5.6%	3.2%	\$1,987
Medically Needy	1.6%	0.6%	\$2,179	4.5%	1.7%	\$1,918	2.6%	1.3%	\$1,717
Other	5.2%	1.5%	\$1,745	4.6%	1.8%	\$1,937	4.8%	1.6%	\$1,199
Blind and Disabled	12.2%	36.6%	\$18,465	18.2%	43.7%	\$11,954	17.5%	43.6%	\$8,680
Aged	11.9%	37.5%	\$19,400	11.7%	35.2%	\$14,984	10.2%	29.3%	\$9,968

Notes: ~ Includes IA, KS, MN, MO, ND, NE & SD. * Regional and US averages of FY98 FMAP are weighted by FY98 expenditures. FY00 and Enhanced FMAPs are unweighted. ** Enrollment on 06/30/98 was 74.3% 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	NEW HAMPSHIRE				NEW ENGLAND 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	1.1%	1.2%	0.8%	1.5%	1.5%	1.8%						
Dental Services	0.7%	0.2%	0.4%	0.3%	0.4%	0.2%						
Other Practitioners	0.3%	0.2%	0.3%	0.1%	0.2%	0.2%						
EPSDT*	0.2%	0.0%	0.1%	0.0%	0.9%	0.1%						
Family Planning Services	0.1%	0.1%	0.0%	0.0%	0.1%	0.1%						
Clinic Services	6.7%	5.2%	0.6%	0.9%	0.9%	1.1%						
Outpatient Hospital	1.5%	1.7%	1.0%	1.7%	1.3%	1.8%						
Inpatient Hospital	1.9%	2.3%	2.5%	5.2%	5.1%	6.4%						
Nursing Home/Intermediate Care	0.3%	31.7%	0.2%	31.2%	0.6%	24.5%						
Mental Health Facility Services	0.2%	0.2%	0.8%	0.6%	0.8%	1.3%						
Personal Care / Home Health Services	1.8%	1.1%	1.2%	3.3%	2.1%	4.7%						
Lab and X-Ray	0.0%	0.1%	0.0%	0.1%	0.2%	0.3%						
Prescribed Drugs	1.2%	5.5%	0.8%	6.2%	1.2%	6.1%						
Prepaid Health Care	1.7%	0.2%	5.9%	2.5%	6.2%	4.3%						
Primary Care Case Management Services	0.0%	0.0%	0.1%	0.0%	0.1%	0.0%						
Other Services**	3.6%	11.0%	2.7%	3.2%	1.6%	2.0%						
Reporting Variance~	0.0%	18.2%	0.0%	21.0%	0.2%	20.0%						
All Services	21.2%	78.8%	17.6%	82.4%	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	\$204	54.4%	\$362	51.8%	\$247	29.9%	\$399	29.9%	\$242	39.3%	\$384	37.8%
Dental Services	\$185	37.3%	\$246	12.7%	\$170	23.1%	\$209	17.6%	\$172	13.7%	\$204	7.7%
Other Practitioners	\$223	14.3%	\$112	24.5%	\$460	6.5%	\$90	18.2%	\$179	6.7%	\$110	13.2%
EPSDT*	\$61	27.4%	\$44	3.5%	\$74	11.5%	\$54	2.2%	\$224	26.1%	\$308	3.5%
Family Planning Services	\$187	4.3%	\$211	5.6%	\$115	2.9%	\$132	4.0%	\$159	2.6%	\$141	3.3%
Clinic Services	\$2,459	28.0%	\$3,551	22.5%	\$675	8.3%	\$1,010	10.6%	\$469	11.4%	\$874	9.7%
Outpatient Hospital	\$433	34.8%	\$705	36.8%	\$418	21.6%	\$634	30.8%	\$333	24.7%	\$582	24.6%
Inpatient Hospital	\$3,087	6.2%	\$3,091	11.2%	\$6,339	3.6%	\$5,447	10.7%	\$4,826	6.5%	\$4,807	10.5%
Nursing Home/Intermediate Care	\$43,137	0.1%	\$25,463	19.1%	\$47,481	0.0%	\$22,737	15.4%	\$63,002	0.1%	\$21,867	8.9%
Mental Health Facility Services	\$7,170	0.3%	\$12,633	0.2%	\$40,347	0.2%	\$32,060	0.2%	\$18,105	0.3%	\$28,065	0.4%
Personal Care / Home Health Services	\$3,702	5.1%	\$1,887	8.8%	\$2,300	4.6%	\$4,016	9.4%	\$1,752	7.3%	\$3,125	11.9%
Lab and X-Ray	\$44	10.1%	\$86	9.2%	\$43	8.3%	\$98	12.9%	\$66	17.6%	\$119	18.7%
Prescribed Drugs	\$197	63.5%	\$1,411	59.9%	\$206	35.6%	\$1,346	51.8%	\$188	41.0%	\$1,205	40.3%
Prepaid Health Care	\$1,104	15.5%	\$1,024	3.1%	\$741	71.6%	\$1,028	27.6%	\$771	50.0%	\$1,286	26.5%
Primary Care Case Management Services	NA	0.0%	NA	0.0%	\$34	14.8%	\$39	6.5%	\$28	12.2%	\$43	4.2%
Other Services**	\$3,679	10.1%	\$5,460	30.8%	\$1,546	15.9%	\$1,174	30.5%	\$799	12.2%	\$799	19.6%
All Services	\$2,398	90.9%	\$12,083	100.0%	\$1,898	83.3%	\$9,585	96.7%	\$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 New Hampshire in 1997 was 93% 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.

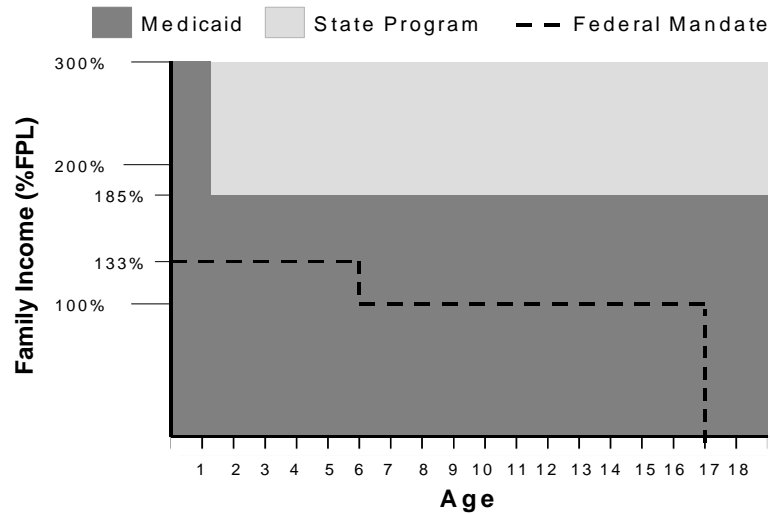
I. CONTINUED	NEW HAMPSHIRE		NEW ENGLAND REGION		UNITED STATES	
I. Enrollees Under Age 21, by Race and Age, FY 1998#	<u>Enrollees</u>	<u>Percent</u>	<u>Enrollees</u>	<u>Percent</u>	<u>Enrollees</u>	<u>Percent</u>
Non-hispanic White	56,541	96.1%	482,893	45.0%	8,942,666	40.0%
Ages 0 Through 5	20,467	36.2%	232,119	48.1%	3,674,647	41.1%
Ages 6 Through 20	36,074	63.8%	250,774	51.9%	5,268,019	57.6%
Non-hispanic Black	658	1.1%	141,551	13.2%	6,572,457	29.4%
Ages 0 Through 5	240	36.5%	62,930	44.5%	2,493,510	37.9%
Ages 6 Through 20	418	63.5%	78,621	55.5%	4,078,947	62.1%
Hispanic	1,151	2.0%	196,236	18.3%	4,814,500	21.6%
Ages 0 Through 5	398	34.6%	92,809	47.3%	2,211,872	45.9%
Ages 6 Through 20	753	65.4%	103,427	52.7%	2,602,628	54.1%
Other	511	0.9%	252,158	23.5%	2,001,399	9.0%
Ages 0 Through 5	166	32.5%	145,678	57.8%	840,334	42.0%
Ages 6 Through 20	345	67.5%	106,480	42.2%	1,161,065	58.0%

II. POPULATION AND CHILD HEALTH DATA

A. Total Population, 1998	1,196,667	100.0%		13,481,173	100.0%		270,002,354	100.0%	
Under Age 21	350,325	29.3%		3,790,807	28.1%		81,664,866	30.2%	
Under Age 6	93,898	7.8%		1,055,754	7.8%		23,078,513	8.5%	
Infants	15,640	1.3%		176,175	1.3%		3,800,560	1.4%	
Age 1 Through 5	78,258	6.5%		879,579	6.5%		19,277,953	7.1%	
Age 6 Through 20	256,427	21.4%		2,735,053	20.3%		58,586,353	21.7%	
Age 21 and Older	846,342	70.7%		9,690,366	71.9%		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>	<u>Total</u>	<u>White</u>	<u>Other</u>
Infant Mortality per 1,000 Live Births	4.3	4.3	na	5.8	5.4	8.4	7.2	6.0	11.8
Neonatal Mortality	3.2	3.2	na	4.4	4.2	6.2	4.8	4.0	7.7
Postneonatal Mortality	na	na	na	1.4	1.3	2.1	2.5	2.0	4.0
% Low Birth Weight Infants									
Under 2500 Grams	5.7	5.6	9.0	7.0	6.5	10.2	7.6	6.5	11.6
Under 1500 Grams	1.1	1.1	2.0	1.4	1.2	2.4	1.4	1.1	2.6
% Not Receiving Prenatal Care									
In First Trimester	10.3	10.2	16.2	11.0	9.9	18.9	17.2	15.2	24.9
Until Third Trimester or Not At All	1.9	1.9	4.6	2.4	2.1	4.5	3.9	3.3	6.3
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>	
Children living in Health Service Areas* with:									
Fewer than 55 Pediatricians per 100K Children ~	51,851	18%		499,891	16%		34,317,300	50%	
Fewer than 82 Child Health Physician per 100K Children ~	102,836	35%		636,670	20%		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 (51% FPL for New Hampshire, an equivalent of \$7,216 for a family of 3 in 2000).

New Hampshire expanded its Title XIX Medicaid program to 185% FPL for pregnant women, infants and children through age 18. The Medically Needy were covered up to 76% FPL 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 62% of 36K uninsured children under age 19 in New Hampshire 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>.

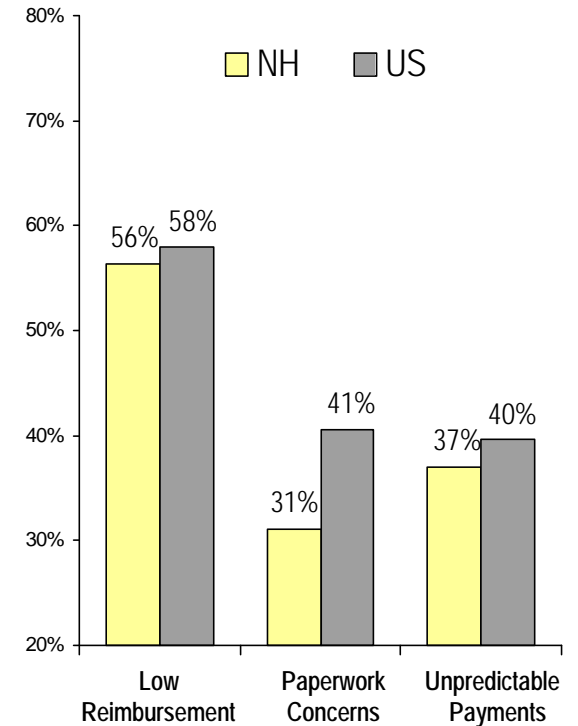
B. Title XXI Medicaid/SCHIP Program Eligibility

New Hampshire's Title XXI Medicaid program covers infants to 300%FPL. A separate state program covers children ages 1 through 18 from 185% to 300% 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>.



Medicaid State Report

NEW JERSEY, FY 1998 (October 1, 1997 - September 30, 1998)



I. MEDICAID ENROLLEES AND EXPENDITURES				NEW JERSEY			MID ATLANTIC REGION~			UNITED STATES		
A. Federal Medical Assistance Percentage (FMAP)*	50.0% (FY98)	50.0% (FY00)	65.0% (Enhanced)	51.1% (FY98)	51.3% (FY00)	65.9% (Enhanced)	60.7% (FY98)	60.7% (FY00)	72.5% (Enhanced)			
B. Total Medicaid Managed Care Enrollment, 06/30/1998 (% of Total Medicaid Enrollment)	376,839 (58.6% of 643,120 **)			1,915,773 (46.6% of 4,108,436)			15,760,205 (52.5% of 30,009,674)					
C. Percent of Births Paid for by Medicaid, 1997***	33%			39%			35%					
D. FY 1998 and FY 1994-98 Averaged DSH^ Payment	\$1,020 M		\$863 M	\$3,427 M		\$3,685 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	857,898		100.0%	6,078,190		100.0%	40,377,603		100.0%			
Children Under Age 21	460,440		53.7%	2,965,186		48.8%	22,331,022		56.4%			
Under Age 6	185,097		21.6%	1,149,461		18.9%	9,220,363		22.8%			
Infants	30,492		3.6%	209,486		3.4%	2,014,962		5.0%			
Age 1 Through 5	154,605		18.0%	939,975		15.5%	7,205,401		17.8%			
Age 6 Through 20	275,343		32.1%	1,815,725		29.9%	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	857,898	\$4,219 M	\$4,918	6,078,190	\$34,598 M	\$5,692	40,377,603	\$142,058 M	\$3,518			
Children^^^	48.1%	12.6%	\$1,287	46.3%	12.6%	\$1,544	50.6%	16.4%	\$1,130			
Categorically Needy - Cash	18.9%	4.7%	\$1,224	21.5%	5.6%	\$1,473	18.4%	6.0%	\$1,137			
Categorically Needy - Noncash	13.2%	3.2%	\$1,180	8.9%	1.7%	\$1,097	17.4%	4.6%	\$910			
Medically Needy	0.2%	0.0%	\$654	9.2%	2.8%	\$1,721	4.5%	1.7%	\$1,294			
Other	15.8%	4.7%	\$1,463	6.6%	2.5%	\$2,127	10.2%	4.2%	\$1,418			
Adults	19.9%	8.8%	\$2,168	23.8%	8.4%	\$2,022	21.8%	10.7%	\$1,704			
Categorically Needy - Cash	9.9%	4.9%	\$2,425	9.2%	3.6%	\$2,253	8.8%	4.5%	\$1,796			
Categorically Needy - Noncash	3.4%	1.8%	\$2,562	7.8%	2.7%	\$1,963	5.6%	3.2%	\$1,987			
Medically Needy	0.0%	0.0%	\$2,818	4.1%	1.6%	\$2,192	2.6%	1.3%	\$1,717			
Other	6.7%	2.2%	\$1,588	2.7%	0.5%	\$1,143	4.8%	1.6%	\$1,199			
Blind and Disabled	19.3%	47.0%	\$11,951	17.9%	45.1%	\$14,315	17.5%	43.6%	\$8,680			
Aged	12.7%	31.5%	\$12,181	12.0%	33.9%	\$16,060	10.2%	29.3%	\$9,968			

Notes: ~ Includes CT, MA, ME, NH, RI & VT. * 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 Form 2082 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	NEW JERSEY				MID ATLANTIC REGION				UNITED STATES			
	CHILDREN Under 21		ADULTS		CHILDREN Under 21		ADULTS		CHILDREN Under 21		ADULTS	
G. 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	0.3%		1.2%		0.4%		0.8%		1.5%		1.8%	
Dental Services	0.1%		0.2%		0.3%		0.2%		0.4%		0.2%	
Other Practitioners	0.0%		0.1%		0.0%		0.1%		0.2%		0.2%	
EPSDT*	0.0%		0.0%		0.8%		0.2%		0.9%		0.1%	
Family Planning Services	0.0%		0.0%		0.0%		0.1%		0.1%		0.1%	
Clinic Services	0.4%		1.5%		0.7%		1.6%		0.9%		1.1%	
Outpatient Hospital	1.6%		3.0%		1.1%		2.0%		1.3%		1.8%	
Inpatient Hospital	2.2%		5.0%		3.9%		6.8%		5.1%		6.4%	
Nursing Home/Intermediate Care	0.6%		29.9%		0.7%		26.3%		0.6%		24.5%	
Mental Health Facility Services	1.4%		1.3%		1.2%		3.3%		0.8%		1.3%	
Personal Care / Home Health Services	2.1%		5.1%		2.9%		7.6%		2.1%		4.7%	
Lab and X-Ray	0.1%		0.2%		0.0%		0.1%		0.2%		0.3%	
Prescribed Drugs	0.9%		6.8%		0.7%		4.3%		1.2%		6.1%	
Prepaid Health Care	8.8%		2.5%		4.9%		3.9%		6.2%		4.3%	
Primary Care Case Management Services	0.0%		0.0%		0.0%		0.0%		0.1%		0.0%	
Other Services**	0.6%		4.2%		0.9%		1.4%		1.6%		2.0%	
Reporting Variance~	0.0%		19.9%		0.0%		20.4%		0.2%		20.0%	
All Services	18.9%		81.1%		18.8%		81.2%		23.3%		76.7%	
H. 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	\$132	17.5%	\$334	37.2%	\$154	31.3%	\$267	31.3%	\$242	39.3%	\$384	37.8%
Dental Services	\$102	5.4%	\$150	13.8%	\$177	18.6%	\$225	12.3%	\$172	13.7%	\$204	7.7%
Other Practitioners	\$92	2.6%	\$81	17.8%	\$102	5.1%	\$77	14.4%	\$179	6.7%	\$110	13.2%
EPSDT*	\$60	2.4%	\$48	0.3%	\$431	22.8%	\$639	2.9%	\$224	26.1%	\$308	3.5%
Family Planning Services	\$113	2.1%	\$121	4.0%	\$190	2.5%	\$174	3.8%	\$159	2.6%	\$141	3.3%
Clinic Services	\$608	5.7%	\$1,949	8.2%	\$795	10.6%	\$1,924	9.4%	\$469	11.4%	\$874	9.7%
Outpatient Hospital	\$983	14.7%	\$1,236	25.8%	\$518	25.1%	\$896	24.9%	\$333	24.7%	\$582	24.6%
Inpatient Hospital	\$7,871	2.6%	\$4,946	10.8%	\$6,217	7.3%	\$8,381	9.3%	\$4,826	6.5%	\$4,807	10.5%
Nursing Home/Intermediate Care	\$80,187	0.1%	\$26,596	11.9%	\$106,473	0.1%	\$34,786	8.6%	\$63,002	0.1%	\$21,867	8.9%
Mental Health Facility Services	\$40,175	0.3%	\$40,419	0.3%	\$22,703	0.6%	\$43,407	0.9%	\$18,105	0.3%	\$28,065	0.4%
Personal Care / Home Health Services	\$4,284	4.4%	\$6,506	8.3%	\$3,586	9.6%	\$7,062	12.3%	\$1,752	7.3%	\$3,125	11.9%
Lab and X-Ray	\$52	9.2%	\$97	26.5%	\$35	15.4%	\$71	21.7%	\$66	17.6%	\$119	18.7%
Prescribed Drugs	\$419	19.4%	\$1,696	42.3%	\$203	38.0%	\$1,348	36.4%	\$188	41.0%	\$1,205	40.3%
Prepaid Health Care	\$1,006	80.0%	\$995	26.9%	\$1,146	50.2%	\$2,794	15.9%	\$771	50.0%	\$1,286	26.5%
Primary Care Case Management Services	NA	0.0%	NA	0.0%	\$156	0.0%	\$169	0.0%	\$28	12.2%	\$43	4.2%
Other Services**	\$1,683	3.5%	\$2,081	21.6%	\$1,133	9.3%	\$795	19.4%	\$799	12.2%	\$799	19.6%
All Services	\$1,849	93.6%	\$9,033	95.1%	\$2,361	92.8%	\$10,587	87.2%	\$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 New Jersey in 1997 was 4% 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.

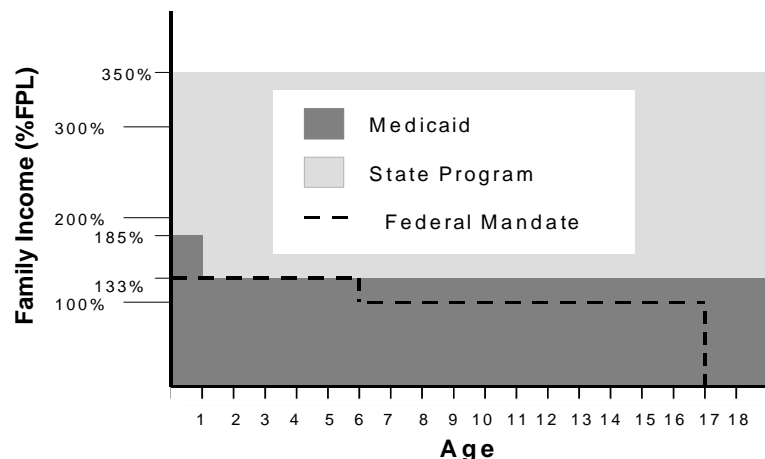
I. CONTINUED	NEW JERSEY		MID ATLANTIC REGION		UNITED STATES	
I. Enrollees Under Age 21, by Race and Age, FY 1998#	<u>Enrollees</u>	<u>Percent</u>	<u>Enrollees</u>	<u>Percent</u>	<u>Enrollees</u>	<u>Percent</u>
Non-hispanic White	104,517	22.7%	997,435	33.6%	8,942,666	40.0%
Ages 0 Through 5	42,883	41.0%	381,685	38.3%	3,674,647	41.1%
Ages 6 Through 20	61,634	59.0%	615,750	61.7%	5,268,019	57.6%
Non-hispanic Black	195,910	42.5%	910,326	30.7%	6,572,457	29.4%
Ages 0 Through 5	72,020	36.8%	334,166	36.7%	2,493,510	37.9%
Ages 6 Through 20	123,890	63.2%	576,160	63.3%	4,078,947	62.1%
Hispanic	133,732	29.0%	660,115	22.3%	4,814,500	21.6%
Ages 0 Through 5	58,997	44.1%	265,059	40.2%	2,211,872	45.9%
Ages 6 Through 20	74,735	55.9%	395,056	59.8%	2,602,628	54.1%
Other	26,281	5.7%	397,310	13.4%	2,001,399	9.0%
Ages 0 Through 5	11,197	42.6%	168,551	42.4%	840,334	42.0%
Ages 6 Through 20	15,084	57.4%	228,759	57.6%	1,161,065	58.0%

II. POPULATION AND CHILD HEALTH DATA

A. Total Population, 1998	8,090,964	100.0%	38,388,926	100.0%	270,002,354	100.0%
Under Age 21	2,293,350	28.3%	11,007,973	28.7%	81,664,866	30.2%
Under Age 6	672,263	8.3%	3,159,442	8.2%	23,078,513	8.5%
Infants	109,962	1.4%	521,201	1.4%	3,800,560	1.4%
Age 1 Through 5	562,301	6.9%	2,638,241	6.9%	19,277,953	7.1%
Age 6 Through 20	1,621,087	20.0%	7,848,531	20.4%	58,586,353	21.7%
Age 21 and Older	5,797,614	71.7%	27,380,953	71.3%	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	6.3	4.9	10.5	6.9	5.6	10.7
Neonatal Mortality	4.5	3.7	6.9	4.8	4.0	7.3
Postneonatal Mortality	1.8	1.2	3.6	2.1	1.6	3.4
% Low Birth Weight Infants Under 2500 Grams	8.0	6.7	11.8	7.8	6.6	11.4
Under 1500 Grams	1.6	1.2	2.8	1.5	1.2	2.6
% Not Receiving Prenatal Care						
In First Trimester	18.4	14.5	29.7	17.7	14.4	28.3
Until Third Trimester or Not At All	4.6	3.0	9.1	4.4	3.2	8.2
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 ~	169,906	9%	2,156,813	24%	34,317,300	50%
Fewer than 82 Child Health Physician per 100K Children ~	169,906	9%	2,273,631	25%	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 (38% FPL for New Jersey, an equivalent of \$5,377 for a family of 3 in 2000).

New Jersey expanded its Title XIX Medicaid program to 185% FPL for pregnant women and infants. The Medically Needy were covered up to 55% FPL 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 34% of 297K uninsured children under age 19 in New Jersey 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>'.

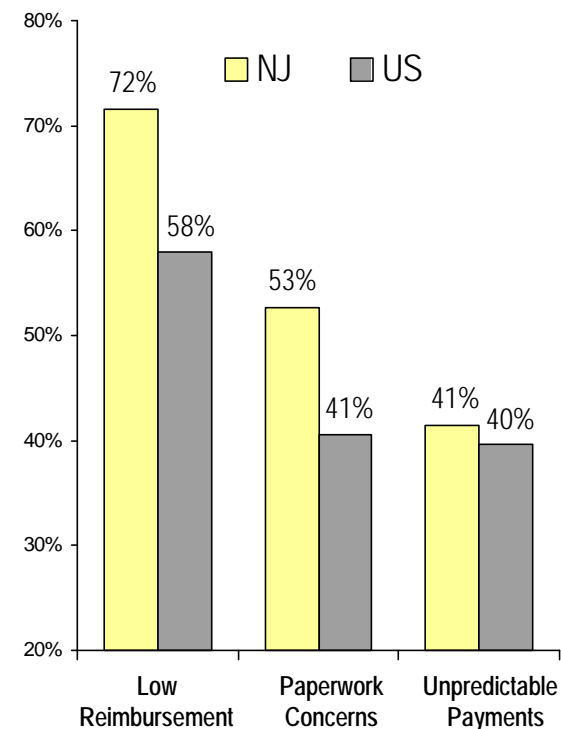
B. Title XXI Medicaid/SCHIP Program Eligibility

New Jersey's Title XXI Medicaid program covers children ages 6 through 16 from 100% to 133% FPL, and children ages 17 through 18 from 38% to 133% FPL. A separate state program covers remaining infants and children to 350% 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>'.



Medicaid State Report

NEW MEXICO, FY 1998 (October 1, 1997 - September 30, 1998)



I. MEDICAID ENROLLEES AND EXPENDITURES				NEW MEXICO			MOUNTAIN REGION~			UNITED STATES		
A. Federal Medical Assistance Percentage (FMAP)*	72.6% (FY98)	73.3% (FY00)	81.3% (Enhanced)	64.5% (FY98)	64.7% (FY00)	75.3% (Enhanced)	60.7% (FY98)	60.7% (FY00)	72.5% (Enhanced)			
B. Total Medicaid Managed Care Enrollment, 06/30/1998 (% of Total Medicaid Enrollment)	193,818 (79.7% of 243,059 **)			1,023,187 (78.7% of 1,299,506)			15,760,205 (52.5% of 30,009,674)					
C. Percent of Births Paid for by Medicaid, 1997***	51%			37%			35%					
D. FY 1998 and FY 1994-98 Averaged DSH^ Payment	\$9 M \$9 M			\$348 M \$384 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	339,527 100.0%			1,926,532 100.0%			40,377,603 100.0%					
Children Under Age 21	231,378 68.1%			1,208,942 62.8%			22,331,022 56.4%					
Under Age 6	86,320 25.4%			541,627 28.1%			9,220,363 22.8%					
<i>Infants</i>	15,914 4.7%			134,324 7.0%			2,014,962 5.0%					
<i>Age 1 Through 5</i>	70,406 20.7%			407,303 21.1%			7,205,401 17.8%					
Age 6 Through 20	145,058 42.7%			667,315 34.6%			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	339,527	\$862 M	\$2,539	1,926,532	\$6,004 M	\$3,116	40,377,603	\$142,058 M	\$3,518			
Children^^^	65.7%	34.5%	\$1,326	57.1%	23.8%	\$1,260	50.6%	16.4%	\$1,130			
Categorically Needy - Cash	17.4%	9.2%	\$1,334	16.0%	5.6%	\$1,062	18.4%	6.0%	\$1,137			
Categorically Needy - Noncash	42.6%	22.3%	\$1,317	20.7%	7.9%	\$1,154	17.4%	4.6%	\$910			
Medically Needy	NA	NA	NA	0.1%	0.0%	\$605	4.5%	1.7%	\$1,294			
Other	5.7%	3.1%	\$1,366	20.3%	10.3%	\$1,527	10.2%	4.2%	\$1,418			
Adults	14.4%	12.2%	\$2,143	20.4%	12.9%	\$1,900	21.8%	10.7%	\$1,704			
Categorically Needy - Cash	8.9%	6.6%	\$1,878	7.4%	4.4%	\$1,813	8.8%	4.5%	\$1,796			
Categorically Needy - Noncash	5.5%	5.6%	\$2,574	6.1%	4.5%	\$2,222	5.6%	3.2%	\$1,987			
Medically Needy	NA	NA	NA	0.1%	0.1%	\$2,292	2.6%	1.3%	\$1,717			
Other	0.0%	0.0%	\$0	6.8%	3.8%	\$1,699	4.8%	1.6%	\$1,199			
Blind and Disabled	13.7%	36.2%	\$6,669	14.8%	39.4%	\$8,014	17.5%	43.6%	\$8,680			
Aged	6.2%	17.0%	\$6,910	7.6%	23.9%	\$9,417	10.2%	29.3%	\$9,968			

Notes: ~ Includes NJ, NY & PA. * Regional and US averages of FY98 FMAP are weighted by FY98 expenditures. FY00 and Enhanced FMAPs are unweighted. ** Enrollment on 06/30/98 was 71.6% of total annual enrollment state reported to HCFA on Form 2082 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	NEW MEXICO				MOUNTAIN REGION				UNITED STATES			
	CHILDREN Under 21		ADULTS		CHILDREN Under 21		ADULTS		CHILDREN Under 21		ADULTS	
G. 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	1.7%		1.7%		1.7%		1.4%		1.5%		1.8%	
Dental Services	0.2%		0.2%		0.6%		0.3%		0.4%		0.2%	
Other Practitioners	0.1%		0.2%		0.1%		0.1%		0.2%		0.2%	
EPSDT*	0.2%		0.0%		0.3%		0.0%		0.9%		0.1%	
Family Planning Services	0.0%		0.0%		0.0%		0.0%		0.1%		0.1%	
Clinic Services	1.2%		0.6%		0.9%		0.8%		0.9%		1.1%	
Outpatient Hospital	1.9%		1.4%		1.2%		1.0%		1.3%		1.8%	
Inpatient Hospital	4.6%		4.1%		4.9%		3.8%		5.1%		6.4%	
Nursing Home/Intermediate Care	0.2%		16.5%		0.4%		15.6%		0.6%		24.5%	
Mental Health Facility Services	0.2%		0.1%		0.3%		0.2%		0.8%		1.3%	
Personal Care / Home Health Services	0.1%		0.7%		1.6%		3.2%		2.1%		4.7%	
Lab and X-Ray	0.0%		0.1%		0.1%		0.1%		0.2%		0.3%	
Prescribed Drugs	0.6%		3.4%		0.9%		3.8%		1.2%		6.1%	
Prepaid Health Care	25.9%		14.6%		17.6%		15.0%		6.2%		4.3%	
Primary Care Case Management Services	0.1%		0.0%		0.1%		0.0%		0.1%		0.0%	
Other Services**	7.7%		5.1%		3.3%		2.9%		1.6%		2.0%	
Reporting Variance~	0.0%		6.4%		0.0%		16.4%		0.2%		20.0%	
All Services	44.9%		55.1%		34.2%		65.8%		23.3%		76.7%	
H. 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	\$215	29.8%	\$316	41.7%	\$226	37.3%	\$345	37.3%	\$242	39.3%	\$384	37.8%
Dental Services	\$173	4.7%	\$242	6.9%	\$167	18.0%	\$243	8.5%	\$172	13.7%	\$204	7.7%
Other Practitioners	\$115	4.4%	\$122	12.8%	\$118	5.1%	\$124	8.8%	\$179	6.7%	\$110	13.2%
EPSDT*	\$107	7.7%	\$58	0.9%	\$51	30.4%	\$21	10.6%	\$224	26.1%	\$308	3.5%
Family Planning Services	\$84	0.8%	\$85	1.5%	\$70	1.6%	\$76	2.6%	\$159	2.6%	\$141	3.3%
Clinic Services	\$239	18.2%	\$334	14.0%	\$437	10.5%	\$585	11.2%	\$469	11.4%	\$874	9.7%
Outpatient Hospital	\$344	20.9%	\$556	19.8%	\$232	24.8%	\$410	20.1%	\$333	24.7%	\$582	24.6%
Inpatient Hospital	\$1,809	9.3%	\$1,583	20.4%	\$2,474	9.7%	\$3,047	10.3%	\$4,826	6.5%	\$4,807	10.5%
Nursing Home/Intermediate Care	\$33,444	0.0%	\$17,940	7.3%	\$39,817	0.0%	\$14,712	8.7%	\$63,002	0.1%	\$21,867	8.9%
Mental Health Facility Services	\$5,901	0.1%	\$4,318	0.2%	\$9,769	0.1%	\$8,932	0.2%	\$18,105	0.3%	\$28,065	0.4%
Personal Care / Home Health Services	\$324	1.5%	\$1,167	4.5%	\$1,444	5.4%	\$3,042	8.6%	\$1,752	7.3%	\$3,125	11.9%
Lab and X-Ray	\$60	2.8%	\$77	6.1%	\$43	14.3%	\$73	16.7%	\$66	17.6%	\$119	18.7%
Prescribed Drugs	\$98	22.7%	\$826	32.7%	\$165	27.2%	\$1,005	31.3%	\$188	41.0%	\$1,205	40.3%
Prepaid Health Care	\$1,087	88.3%	\$2,396	48.5%	\$1,756	48.6%	\$4,388	28.1%	\$771	50.0%	\$1,286	26.5%
Primary Care Case Management Services	\$7	34.1%	\$7	16.9%	\$29	14.8%	\$33	5.8%	\$28	12.2%	\$43	4.2%
Other Services**	\$3,663	7.8%	\$2,089	19.5%	\$1,338	12.1%	\$1,217	19.4%	\$799	12.2%	\$799	19.6%
All Services	\$1,722	96.5%	\$4,509	97.0%	\$1,855	89.6%	\$5,897	91.8%	\$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 New Mexico in 1997 was 30% 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.

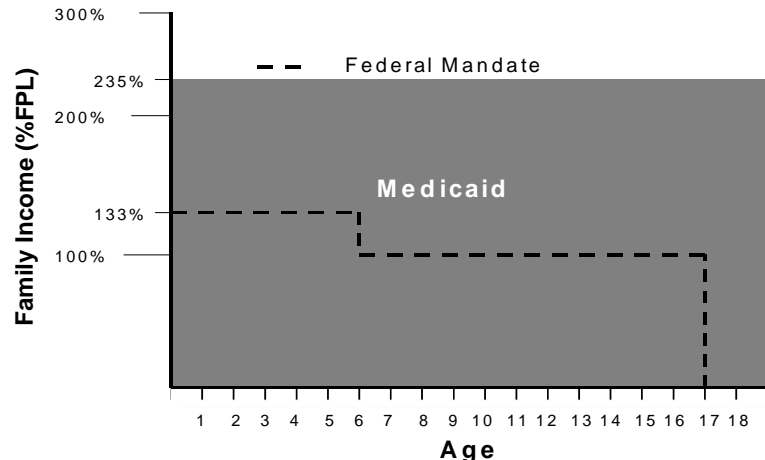
I. CONTINUED	NEW MEXICO		MOUNTAIN REGION		UNITED STATES	
I. Enrollees Under Age 21, by Race and Age, FY 1998#	<u>Enrollees</u>	<u>Percent</u>	<u>Enrollees</u>	<u>Percent</u>	<u>Enrollees</u>	<u>Percent</u>
Non-hispanic White	52,750	22.8%	535,503	44.3%	8,942,666	40.0%
Ages 0 Through 5	19,518	37.0%	242,037	45.2%	3,674,647	41.1%
Ages 6 Through 20	33,232	63.0%	293,466	54.8%	5,268,019	57.6%
Non-hispanic Black	6,376	2.8%	76,347	6.3%	6,572,457	29.4%
Ages 0 Through 5	2,284	35.8%	30,428	39.9%	2,493,510	37.9%
Ages 6 Through 20	4,092	64.2%	45,919	60.1%	4,078,947	62.1%
Hispanic	130,446	56.4%	440,474	36.4%	4,814,500	21.6%
Ages 0 Through 5	50,391	38.6%	209,347	47.5%	2,211,872	45.9%
Ages 6 Through 20	80,055	61.4%	231,127	52.5%	2,602,628	54.1%
Other	41,806	18.1%	156,618	13.0%	2,001,399	9.0%
Ages 0 Through 5	14,127	33.8%	59,815	38.2%	840,334	42.0%
Ages 6 Through 20	27,679	66.2%	96,803	61.8%	1,161,065	58.0%

II. POPULATION AND CHILD HEALTH DATA

A. Total Population, 1998	1,791,656	100.0%	16,930,477	100.0%	270,002,354	100.0%
Under Age 21	601,751	33.6%	5,488,612	32.4%	81,664,866	30.2%
Under Age 6	171,507	9.6%	1,517,790	9.0%	23,078,513	8.5%
Infants	28,125	1.6%	248,517	1.5%	3,800,560	1.4%
Age 1 Through 5	143,382	8.0%	1,269,273	7.5%	19,277,953	7.1%
Age 6 Through 20	430,244	24.0%	3,970,822	23.5%	58,586,353	21.7%
Age 21 and Older	1,189,905	66.4%	11,441,865	67.6%	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	6.1	5.6	8.9	6.6	6.4	9.0
Neonatal Mortality	3.3	3.1	na	4.1	4.0	5.0
Postneonatal Mortality	2.8	2.5	na	2.5	2.3	4.0
% Low Birth Weight Infants						
Under 2500 Grams	7.6	7.7	7.1	7.3	7.1	9.1
Under 1500 Grams	1.1	1.1	0.9	1.1	1.1	1.7
% Not Receiving Prenatal Care						
In First Trimester	32.4	30.9	40.4	22.3	21.2	31.2
Until Third Trimester or Not At All	8.5	7.9	11.6	5.7	5.4	8.9
C. Pediatrician and Other Child Health Physician Ratios, 1998						
<i>Children living in Health Service Areas* with:</i>	<u>Total</u>	<u>% Child Population</u> ⁺	<u>Total</u>	<u>% Child Population</u> ⁺	<u>Total</u>	<u>% Child Population</u> ⁺
Fewer than 55 Pediatricians per 100K Children ~	247,436	49%	3,273,292	70%	34,317,300	50%
Fewer than 82 Child Health Physician per 100K Children ~	247,436	49%	3,498,004	74%	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 (36% FPL for New Mexico, an equivalent of \$5,094 for a family of 3 in 2000).

New Mexico expanded its Title XIX Medicaid program to 185% FPL for pregnant women, infants and 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 62% of 93K uninsured children under age 19 in New Mexico 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>'.

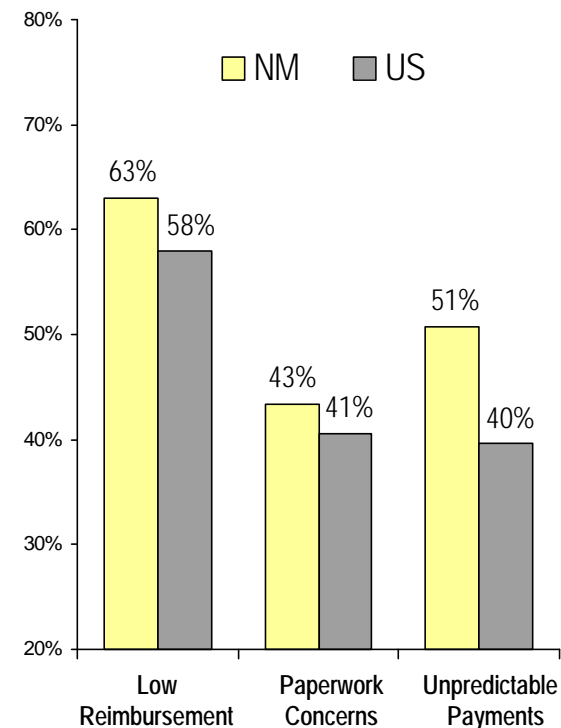
B. Title XXI Medicaid/SCHIP Program Eligibility

New Mexico's Title XXI Medicaid program covers infants and children from 185% to 235%.

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>".



Medicaid State Report

NEW YORK, FY 1998 (October 1, 1997 - September 30, 1998)



I. MEDICAID ENROLLEES AND EXPENDITURES	NEW YORK			MID ATLANTIC REGION~			UNITED STATES		
A. Federal Medical Assistance Percentage (FMAP)*	50.0% (FY98)	50.0% (FY00)	65.0% (Enhanced)	51.1% (FY98)	51.3% (FY00)	65.9% (Enhanced)	60.7% (FY98)	60.7% (FY00)	72.5% (Enhanced)
B. Total Medicaid Managed Care Enrollment, 06/30/1998 (% of Total Medicaid Enrollment)	634,233 (29.6% of 2,140,104 **)			1,915,773 (46.6% of 4,108,436)			15,760,205 (52.5% of 30,009,674)		
C. Percent of Births Paid for by Medicaid, 1997***	46%			39%			35%		
D. FY 1998 and FY 1994-98 Averaged DSH^ Payment	\$1,860 M		\$2,381 M	\$3,427 M		\$3,685 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	3,500,292		100.0%	6,078,190		100.0%	40,377,603		100.0%
Children Under Age 21	1,621,869		46.3%	2,965,186		48.8%	22,331,022		56.4%
Under Age 6	648,954		18.5%	1,149,461		18.9%	9,220,363		22.8%
Infants	124,586		3.6%	209,486		3.4%	2,014,962		5.0%
Age 1 Through 5	524,368		15.0%	939,975		15.5%	7,205,401		17.8%
Age 6 Through 20	972,915		27.8%	1,815,725		29.9%	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	3,500,292	\$24,299 M	\$6,942	6,078,190	\$34,598 M	\$5,692	40,377,603	\$142,058 M	\$3,518
Children^^^	45.0%	11.1%	\$1,708	46.3%	12.6%	\$1,544	50.6%	16.4%	\$1,130
Categorically Needy - Cash	24.6%	5.0%	\$1,422	21.5%	5.6%	\$1,473	18.4%	6.0%	\$1,137
Categorically Needy - Noncash	3.6%	0.8%	\$1,546	8.9%	1.7%	\$1,097	17.4%	4.6%	\$910
Medically Needy	14.3%	3.7%	\$1,802	9.2%	2.8%	\$1,721	4.5%	1.7%	\$1,294
Other	2.5%	1.5%	\$4,215	6.6%	2.5%	\$2,127	10.2%	4.2%	\$1,418
Adults	26.4%	8.6%	\$2,260	23.8%	8.4%	\$2,022	21.8%	10.7%	\$1,704
Categorically Needy - Cash	10.1%	3.3%	\$2,288	9.2%	3.6%	\$2,253	8.8%	4.5%	\$1,796
Categorically Needy - Noncash	11.0%	3.2%	\$2,044	7.8%	2.7%	\$1,963	5.6%	3.2%	\$1,987
Medically Needy	5.4%	2.0%	\$2,648	4.1%	1.6%	\$2,192	2.6%	1.3%	\$1,717
Other	0.0%	0.0%	\$0	2.7%	0.5%	\$1,143	4.8%	1.6%	\$1,199
Blind and Disabled	17.9%	47.9%	\$18,613	17.9%	45.1%	\$14,315	17.5%	43.6%	\$8,680
Aged	10.7%	32.4%	\$21,086	12.0%	33.9%	\$16,060	10.2%	29.3%	\$9,968

Notes: ~ Includes AZ, CO, ID, MT, NM, NV, UT & WY. * Regional and US averages of FY98 FMAP are weighted by FY98 expenditures. FY00 and Enhanced FMAPs are unweighted. ** Enrollment on 06/30/98 was 61.1% 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	NEW YORK				MID ATLANTIC 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	0.4%	0.7%	0.4%	0.8%	1.5%	1.8%						
Dental Services	0.3%	0.3%	0.3%	0.2%	0.4%	0.2%						
Other Practitioners	0.0%	0.1%	0.0%	0.1%	0.2%	0.2%						
EPSDT*	0.5%	0.1%	0.8%	0.2%	0.9%	0.1%						
Family Planning Services	0.0%	0.1%	0.0%	0.1%	0.1%	0.1%						
Clinic Services	0.8%	1.9%	0.7%	1.6%	0.9%	1.1%						
Outpatient Hospital	1.2%	2.1%	1.1%	2.0%	1.3%	1.8%						
Inpatient Hospital	4.3%	7.9%	3.9%	6.8%	5.1%	6.4%						
Nursing Home/Intermediate Care	0.8%	23.5%	0.7%	26.3%	0.6%	24.5%						
Mental Health Facility Services	1.3%	4.3%	1.2%	3.3%	0.8%	1.3%						
Personal Care / Home Health Services	3.7%	9.9%	2.9%	7.6%	2.1%	4.7%						
Lab and X-Ray	0.0%	0.1%	0.0%	0.1%	0.2%	0.3%						
Prescribed Drugs	0.5%	3.5%	0.7%	4.3%	1.2%	6.1%						
Prepaid Health Care	2.1%	2.5%	4.9%	3.9%	6.2%	4.3%						
Primary Care Case Management Services	0.0%	0.0%	0.0%	0.0%	0.1%	0.0%						
Other Services**	1.0%	4.1%	0.9%	1.4%	1.6%	2.0%						
Reporting Variance~	0.0%	22.0%	0.0%	20.4%	0.2%	20.0%						
All Services	17.2%	82.8%	18.8%	81.2%	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	\$157	37.4%	\$257	35.4%	\$154	31.3%	\$267	31.3%	\$242	39.3%	\$384	37.8%
Dental Services	\$195	25.7%	\$262	14.7%	\$177	18.6%	\$225	12.3%	\$172	13.7%	\$204	7.7%
Other Practitioners	\$36	5.3%	\$74	16.1%	\$102	5.1%	\$77	14.4%	\$179	6.7%	\$110	13.2%
EPSDT*	\$217	31.1%	\$198	3.7%	\$431	22.8%	\$639	2.9%	\$224	26.1%	\$308	3.5%
Family Planning Services	\$220	3.1%	\$178	4.8%	\$190	2.5%	\$174	3.8%	\$159	2.6%	\$141	3.3%
Clinic Services	\$873	14.3%	\$2,183	11.6%	\$795	10.6%	\$1,924	9.4%	\$469	11.4%	\$874	9.7%
Outpatient Hospital	\$567	30.7%	\$979	28.4%	\$518	25.1%	\$896	24.9%	\$333	24.7%	\$582	24.6%
Inpatient Hospital	\$6,391	10.2%	\$10,244	10.3%	\$6,217	7.3%	\$8,381	9.3%	\$4,826	6.5%	\$4,807	10.5%
Nursing Home/Intermediate Care	\$120,158	0.1%	\$42,008	7.5%	\$106,473	0.1%	\$34,786	8.6%	\$63,002	0.1%	\$21,867	8.9%
Mental Health Facility Services	\$32,517	0.6%	\$49,057	1.2%	\$22,703	0.6%	\$43,407	0.9%	\$18,105	0.3%	\$28,065	0.4%
Personal Care / Home Health Services	\$3,678	15.0%	\$7,593	17.4%	\$3,586	9.6%	\$7,062	12.3%	\$1,752	7.3%	\$3,125	11.9%
Lab and X-Ray	\$28	20.0%	\$64	23.2%	\$35	15.4%	\$71	21.7%	\$66	17.6%	\$119	18.7%
Prescribed Drugs	\$170	48.4%	\$1,246	37.7%	\$203	38.0%	\$1,348	36.4%	\$188	41.0%	\$1,205	40.3%
Prepaid Health Care	\$898	35.8%	\$4,093	8.3%	\$1,146	50.2%	\$2,794	15.9%	\$771	50.0%	\$1,286	26.5%
Primary Care Case Management Services	\$156	0.0%	\$169	0.0%	\$156	0.0%	\$169	0.0%	\$28	12.2%	\$43	4.2%
Other Services**	\$1,383	11.2%	\$2,331	23.7%	\$1,133	9.3%	\$795	19.4%	\$799	12.2%	\$799	19.6%
All Services	\$2,767	92.9%	\$12,851	86.6%	\$2,361	92.8%	\$10,587	87.2%	\$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 New York in 1997 was 90% 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.

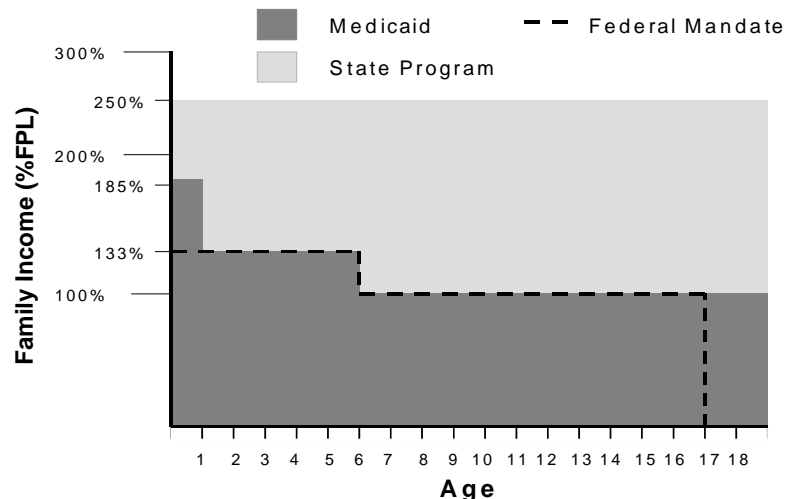
I. CONTINUED	NEW YORK		MID ATLANTIC REGION		UNITED STATES	
I. Enrollees Under Age 21, by Race and Age, FY 1998#	<u>Enrollees</u>	<u>Percent</u>	<u>Enrollees</u>	<u>Percent</u>	<u>Enrollees</u>	<u>Percent</u>
Non-hispanic White	403,005	24.8%	997,435	33.6%	8,942,666	40.0%
Ages 0 Through 5	160,881	39.9%	381,685	38.3%	3,674,647	41.1%
Ages 6 Through 20	242,124	60.1%	615,750	61.7%	5,268,019	57.6%
Non-hispanic Black	427,481	26.4%	910,326	30.7%	6,572,457	29.4%
Ages 0 Through 5	163,357	38.2%	334,166	36.7%	2,493,510	37.9%
Ages 6 Through 20	264,124	61.8%	576,160	63.3%	4,078,947	62.1%
Hispanic	444,355	27.4%	660,115	22.3%	4,814,500	21.6%
Ages 0 Through 5	176,873	39.8%	265,059	40.2%	2,211,872	45.9%
Ages 6 Through 20	267,482	60.2%	395,056	59.8%	2,602,628	54.1%
Other	347,028	21.4%	397,310	13.4%	2,001,399	9.0%
Ages 0 Through 5	147,843	42.6%	168,551	42.4%	840,334	42.0%
Ages 6 Through 20	199,185	57.4%	228,759	57.6%	1,161,065	58.0%

II. POPULATION AND CHILD HEALTH DATA

A. Total Population, 1998	18,139,840	100.0%	38,388,926	100.0%	270,002,354	100.0%
Under Age 21	5,322,072	29.3%	11,007,973	28.7%	81,664,866	30.2%
Under Age 6	1,562,996	8.6%	3,159,442	8.2%	23,078,513	8.5%
Infants	259,738	1.4%	521,201	1.4%	3,800,560	1.4%
Age 1 Through 5	1,303,258	7.2%	2,638,241	6.9%	19,277,953	7.1%
Age 6 Through 20	3,759,076	20.7%	7,848,531	20.4%	58,586,353	21.7%
Age 21 and Older	12,817,768	70.7%	27,380,953	71.3%	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	6.7	5.7	9.2	6.9	5.6	10.7
Neonatal Mortality	4.7	4.1	6.3	4.8	4.0	7.3
Postneonatal Mortality	2.0	1.7	3.0	2.1	1.6	3.4
% Low Birth Weight Infants Under 2500 Grams	7.8	6.7	10.8	7.8	6.6	11.4
Under 1500 Grams	1.5	1.2	2.4	1.5	1.2	2.6
% Not Receiving Prenatal Care						
In First Trimester	18.8	15.6	27.7	17.7	14.4	28.3
Until Third Trimester or Not At All	4.8	3.7	8.0	4.4	3.2	8.2
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 ~	696,866	16%	2,156,813	24%	34,317,300	50%
Fewer than 82 Child Health Physician per 100K Children ~	803,343	19%	2,273,631	25%	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 (87% FPL for New York, an equivalent of \$12,310 for a family of 3 in 2000).

New York expanded its Title XIX Medicaid program to 185% FPL for pregnant women and infants. The Medically Needy were covered up to 94% FPL 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 51% of 720K uninsured children under age 19 in New York 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>'.

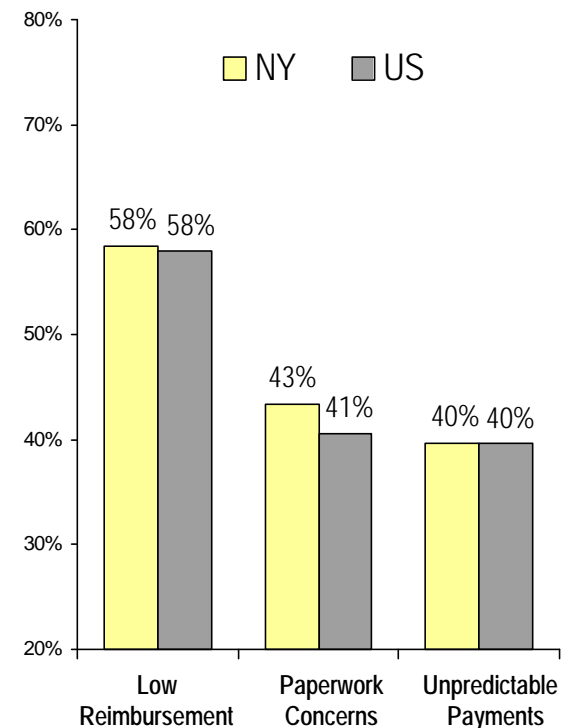
B. Title XXI Medicaid/SCHIP Program Eligibility

New York's Title XXI Medicaid program covers children ages 17 through 18 to 100% FPL. Child Health Plus, its Title XXI state program, covers children through age 18 to 208% FPL(after income-disregard, equivalent to 250% FPL before income-disregard).

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>'.



Medicaid State Report

NORTH CAROLINA, FY 1998 (October 1, 1997 - September 30, 1998)

Division of Health Policy Research

I. MEDICAID ENROLLEES AND EXPENDITURES	NORTH CAROLINA			SOUTH ATLANTIC REGION~			UNITED STATES		
A. Federal Medical Assistance Percentage (FMAP)*	63.1% (FY98)	62.5% (FY00)	73.7% (Enhanced)	60.6% (FY98)	60.6% (FY00)	72.4% (Enhanced)	60.7% (FY98)	60.7% (FY00)	72.5% (Enhanced)
B. Total Medicaid Managed Care Enrollment, 06/30/1998 (% of Total Medicaid Enrollment)	559,035 (68.6% of 815,359 **)			3,014,061 (60.1% of 5,016,687)			15,760,205 (52.5% of 30,009,674)		
C. Percent of Births Paid for by Medicaid, 1997***	44%			45%			35%		
D. FY 1998 and FY 1994-98 Averaged DSH^ Payment	\$354 M	\$202 M		\$1,939 M	\$1,560 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	1,201,681		100.0%	7,032,022		100.0%	40,377,603		100.0%
Children Under Age 21	674,006		56.1%	4,023,395		57.2%	22,331,022		56.4%
Under Age 6	299,374		24.9%	1,670,802		23.8%	9,220,363		22.8%
Infants	88,252		7.3%	370,561		5.3%	2,014,962		5.0%
Age 1 Through 5	211,122		17.6%	1,300,241		18.5%	7,205,401		17.8%
Age 6 Through 20	374,632		31.2%	2,352,593		33.5%	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	1,201,681	\$4,014 M	\$3,340	7,032,022	\$21,733 M	\$3,091	40,377,603	\$142,058 M	\$3,518
Children^^^	52.7%	19.0%	\$1,201	52.0%	17.7%	\$1,024	50.6%	16.4%	\$1,130
Categorically Needy - Cash	21.4%	6.4%	\$996	18.6%	5.8%	\$945	18.4%	6.0%	\$1,137
Categorically Needy - Noncash	29.5%	11.0%	\$1,252	23.8%	7.4%	\$930	17.4%	4.6%	\$910
Medically Needy	0.7%	0.3%	\$1,581	0.6%	0.5%	\$2,280	4.5%	1.7%	\$1,294
Other	1.1%	1.2%	\$3,503	9.0%	4.0%	\$1,343	10.2%	4.2%	\$1,418
Adults	15.8%	9.9%	\$2,097	18.7%	10.5%	\$1,689	21.8%	10.7%	\$1,704
Categorically Needy - Cash	10.9%	5.7%	\$1,756	8.9%	4.7%	\$1,584	8.8%	4.5%	\$1,796
Categorically Needy - Noncash	3.5%	2.9%	\$2,777	5.1%	4.2%	\$2,464	5.6%	3.2%	\$1,987
Medically Needy	1.2%	1.1%	\$3,115	0.8%	0.5%	\$2,000	2.6%	1.3%	\$1,717
Other	0.3%	0.2%	\$2,689	3.9%	1.1%	\$841	4.8%	1.6%	\$1,199
Blind and Disabled	17.5%	41.4%	\$7,917	18.9%	45.5%	\$7,250	17.5%	43.6%	\$8,680
Aged	14.0%	29.7%	\$7,070	10.5%	26.3%	\$7,568	10.2%	29.3%	\$9,968

Notes: ~ Includes AZ, CO, ID, MT, NM, NV, UT & WY. * Regional and US averages of FY98 FMAP are weighted by FY98 expenditures. FY00 and Enhanced FMAPs are unweighted. ** Enrollment on 06/30/98 was 67.9% 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	NORTH CAROLINA				SOUTH ATLANTIC 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	3.2%		3.6%		2.5%		2.7%		1.5%		1.8%	
Dental Services	0.5%		0.4%		0.7%		0.3%		0.4%		0.2%	
Other Practitioners	0.1%		0.1%		0.2%		0.3%		0.2%		0.2%	
EPSDT*	0.8%		0.0%		0.9%		0.1%		0.9%		0.1%	
Family Planning Services	0.1%		0.1%		0.1%		0.1%		0.1%		0.1%	
Clinic Services	0.4%		0.6%		1.1%		0.9%		0.9%		1.1%	
Outpatient Hospital	1.6%		2.4%		2.5%		2.3%		1.3%		1.8%	
Inpatient Hospital	6.9%		6.3%		6.5%		7.0%		5.1%		6.4%	
Nursing Home/Intermediate Care	1.2%		22.0%		0.5%		22.6%		0.6%		24.5%	
Mental Health Facility Services	0.4%		0.4%		0.7%		0.7%		0.8%		1.3%	
Personal Care / Home Health Services	5.7%		6.7%		3.0%		3.9%		2.1%		4.7%	
Lab and X-Ray	0.5%		0.7%		0.2%		0.3%		0.2%		0.3%	
Prescribed Drugs	1.8%		7.5%		1.8%		7.8%		1.2%		6.1%	
Prepaid Health Care	1.8%		0.5%		4.2%		3.4%		6.2%		4.3%	
Primary Care Case Management Services	0.2%		0.1%		0.2%		0.1%		0.1%		0.0%	
Other Services**	1.7%		4.3%		1.1%		1.6%		1.6%		2.0%	
Reporting Variance~	0.0%		17.4%		-0.5%		18.3%		0.2%		20.0%	
All Services	27.0%		73.0%		25.7%		74.3%		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	\$312	61.3%	\$484	55.8%	\$277	48.5%	\$437	48.5%	\$242	39.3%	\$384	37.8%
Dental Services	\$176	17.2%	\$224	13.1%	\$174	22.0%	\$210	9.1%	\$172	13.7%	\$204	7.7%
Other Practitioners	\$70	7.8%	\$58	17.2%	\$155	7.0%	\$151	12.3%	\$179	6.7%	\$110	13.2%
EPSDT*	\$80	57.2%	\$24	9.3%	\$149	30.3%	\$117	3.6%	\$224	26.1%	\$308	3.5%
Family Planning Services	\$150	3.9%	\$158	4.7%	\$194	3.2%	\$151	3.9%	\$159	2.6%	\$141	3.3%
Clinic Services	\$149	15.5%	\$370	11.5%	\$486	12.0%	\$712	9.4%	\$469	11.4%	\$874	9.7%
Outpatient Hospital	\$324	30.3%	\$508	35.7%	\$446	29.4%	\$546	30.2%	\$333	24.7%	\$582	24.6%
Inpatient Hospital	\$3,390	12.0%	\$4,200	11.4%	\$4,368	7.8%	\$3,594	13.7%	\$4,826	6.5%	\$4,807	10.5%
Nursing Home/Intermediate Care	\$66,391	0.1%	\$20,643	8.1%	\$59,984	0.0%	\$19,921	8.0%	\$63,002	0.1%	\$21,867	8.9%
Mental Health Facility Services	\$9,082	0.3%	\$12,180	0.3%	\$7,409	0.5%	\$8,143	0.6%	\$18,105	0.3%	\$28,065	0.4%
Personal Care / Home Health Services	\$1,011	33.5%	\$1,766	28.8%	\$1,055	15.2%	\$1,828	15.2%	\$1,752	7.3%	\$3,125	11.9%
Lab and X-Ray	\$77	42.5%	\$134	41.1%	\$57	20.1%	\$111	19.4%	\$66	17.6%	\$119	18.7%
Prescribed Drugs	\$183	59.3%	\$1,124	50.8%	\$197	49.4%	\$1,162	47.3%	\$188	41.0%	\$1,205	40.3%
Prepaid Health Care	\$351	31.0%	\$837	4.9%	\$660	33.5%	\$2,159	11.1%	\$771	50.0%	\$1,286	26.5%
Primary Care Case Management Services	\$22	64.0%	\$21	20.4%	\$22	43.5%	\$27	16.5%	\$28	12.2%	\$43	4.2%
Other Services**	\$1,324	7.5%	\$1,597	20.5%	\$808	7.0%	\$660	17.5%	\$799	12.2%	\$799	19.6%
All Services	\$1,637	98.1%	\$5,782	96.1%	\$1,447	93.8%	\$5,628	93.1%	\$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 North Carolina in 1997 was 50% 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.

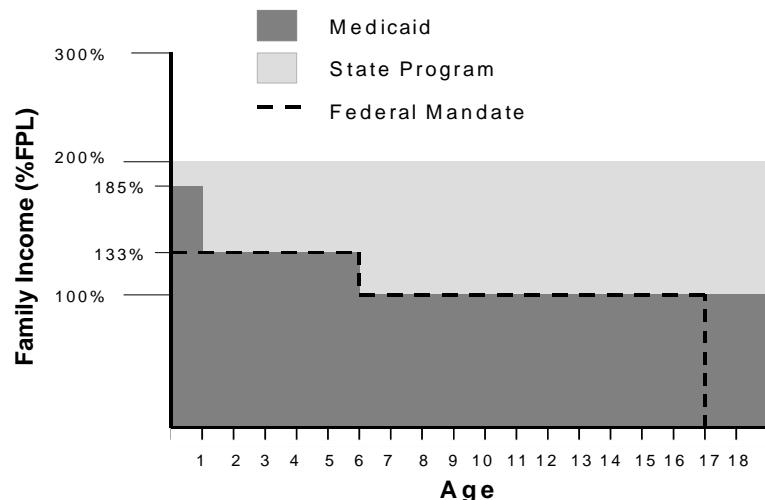
I. CONTINUED	NORTH CAROLINA		SOUTH ATLANTIC REGION		UNITED STATES	
I. Enrollees Under Age 21, by Race and Age, FY 1998#	<u>Enrollees</u>	<u>Percent</u>	<u>Enrollees</u>	<u>Percent</u>	<u>Enrollees</u>	<u>Percent</u>
Non-hispanic White	271,089	40.2%	1,531,128	38.1%	8,942,666	40.0%
Ages 0 Through 5	124,113	45.8%	653,253	42.7%	3,674,647	41.1%
Ages 6 Through 20	146,976	54.2%	877,875	57.3%	5,268,019	57.6%
Non-hispanic Black	316,857	47.0%	1,953,927	48.6%	6,572,457	29.4%
Ages 0 Through 5	126,631	40.0%	736,600	37.7%	2,493,510	37.9%
Ages 6 Through 20	190,226	60.0%	1,217,327	62.3%	4,078,947	62.1%
Hispanic	36,079	5.4%	341,932	8.5%	4,814,500	21.6%
Ages 0 Through 5	24,521	68.0%	174,997	51.2%	2,211,872	45.9%
Ages 6 Through 20	11,558	32.0%	166,935	48.8%	2,602,628	54.1%
Other	49,981	7.4%	196,408	4.9%	2,001,399	9.0%
Ages 0 Through 5	24,109	48.2%	105,952	53.9%	840,334	42.0%
Ages 6 Through 20	25,872	51.8%	90,456	46.1%	1,161,065	58.0%

II. POPULATION AND CHILD HEALTH DATA

A. Total Population, 1998	7,554,195	100.0%	48,928,149	100.0%	270,002,354	100.0%
Under Age 21	2,191,088	29.0%	14,000,712	28.6%	81,664,866	30.2%
Under Age 6	597,644	7.9%	3,906,606	8.0%	23,078,513	8.5%
Infants	95,679	1.3%	633,689	1.3%	3,800,560	1.4%
Age 1 Through 5	501,965	6.6%	3,272,917	6.7%	19,277,953	7.1%
Age 6 Through 20	1,593,444	21.1%	10,094,106	20.6%	58,586,353	21.7%
Age 21 and Older	5,363,107	71.0%	34,927,437	71.4%	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	9.2	6.9	14.9	8.3	6.1	13.5
Neonatal Mortality	6.5	4.8	10.6	5.8	4.2	9.5
Postneonatal Mortality	2.7	2.1	4.4	2.6	2.0	4.0
% Low Birth Weight Infants						
Under 2500 Grams	8.8	7.0	13.2	8.5	6.7	12.5
Under 1500 Grams	1.9	1.3	3.4	1.7	1.2	3.0
% Not Receiving Prenatal Care						
In First Trimester	15.5	11.9	24.4	15.4	11.8	23.7
Until Third Trimester or Not At All	2.9	2.0	5.2	3.3	2.3	5.7
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 ~	1,021,331	57%	4,873,224	42%	34,317,300	50%
Fewer than 82 Child Health Physician per 100K Children ~	999,300	56%	4,550,267	39%	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 (50% FPL for North Carolina, an equivalent of \$7,075 for a family of 3 in 2000).

North Carolina expanded its Title XIX Medicaid program to 185% FPL for pregnant women and infants and to 100% FPL for children ages 17 through 18. The Medically Needy were covered up to 36% FPL 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 56% of 260K uninsured children under age 19 in North Carolina 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>.

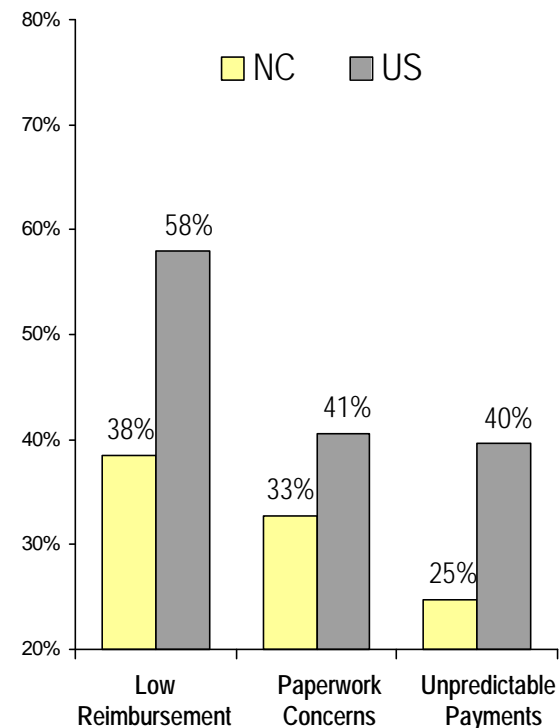
B. Title XXI Medicaid/SCHIP Program Eligibility

North Carolina's Title XXI state program covers children through age 18 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>.



Medicaid State Report

NORTH DAKOTA, FY 1998 (October 1, 1997 - September 30, 1998)

I. MEDICAID ENROLLEES AND EXPENDITURES	NORTH DAKOTA			WEST NORTH CENTRAL REGION~			UNITED STATES		
A. Federal Medical Assistance Percentage (FMAP)*	70.4% (FY98)	70.4% (FY00)	79.3% (Enhanced)	62.2% (FY98)	62.2% (FY00)	73.5% (Enhanced)	60.7% (FY98)	60.7% (FY00)	72.5% (Enhanced)
B. Total Medicaid Managed Care Enrollment, 06/30/1998 (% of Total Medicaid Enrollment)	22,045 (51.9% of 42,490 **)			929,209 (55.6% of 1,670,689)			15,760,205 (52.5% of 30,009,674)		
C. Percent of Births Paid for by Medicaid, 1997***	23%			33%			35%		
D. FY 1998 and FY 1994-98 Averaged DSH^ Payment	\$1 M		\$1 M	\$795 M		\$692 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	62,115		100.0%	2,253,058		100.0%	40,377,603		100.0%
Children Under Age 21	32,657		52.6%	1,335,291		59.3%	22,331,022		56.4%
Under Age 6	12,713		20.5%	525,359		23.3%	9,220,363		22.8%
Infants	2,174		3.5%	107,361		4.8%	2,014,962		5.0%
Age 1 Through 5	10,539		17.0%	417,998		18.6%	7,205,401		17.8%
Age 6 Through 20	19,944		32.1%	809,932		35.9%	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	62,115	\$341 M	\$5,490	2,253,058	\$9,149 M	\$4,061	40,377,603	\$142,058 M	\$3,518
Children^^^	49.1%	12.9%	\$1,435	55.0%	16.9%	\$1,238	50.6%	16.4%	\$1,130
Categorically Needy - Cash	13.2%	3.2%	\$1,331	15.4%	4.9%	\$1,296	18.4%	6.0%	\$1,137
Categorically Needy - Noncash	15.7%	3.0%	\$1,041	23.8%	5.0%	\$856	17.4%	4.6%	\$910
Medically Needy	7.4%	1.6%	\$1,164	0.8%	0.3%	\$1,514	4.5%	1.7%	\$1,294
Other	12.9%	5.1%	\$2,177	15.1%	6.6%	\$1,768	10.2%	4.2%	\$1,418
Adults	18.8%	6.8%	\$1,966	17.8%	7.3%	\$1,651	21.8%	10.7%	\$1,704
Categorically Needy - Cash	5.5%	2.6%	\$2,537	7.2%	3.9%	\$2,193	8.8%	4.5%	\$1,796
Categorically Needy - Noncash	2.4%	1.2%	\$2,816	2.9%	1.3%	\$1,825	5.6%	3.2%	\$1,987
Medically Needy	4.4%	1.4%	\$1,761	0.7%	0.2%	\$1,026	2.6%	1.3%	\$1,717
Other	6.4%	1.5%	\$1,289	7.0%	1.9%	\$1,084	4.8%	1.6%	\$1,199
Blind and Disabled	14.8%	41.4%	\$15,204	15.4%	41.3%	\$10,836	17.5%	43.6%	\$8,680
Aged	17.3%	38.8%	\$12,245	11.7%	34.5%	\$11,899	10.2%	29.3%	\$9,968

Notes: ~ Includes NJ, NY & PA. * Regional and US averages of FY98 FMAP are weighted by FY98 expenditures. FY00 and Enhanced FMAPs are unweighted. ** Enrollment on 06/30/98 was 68.4% of total annual enrollment state reported to HCFA on Form 2082 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	NORTH DAKOTA				WEST NORTH 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	1.7%		1.6%		1.0%		1.2%		1.5%		1.8%	
Dental Services	0.6%		0.5%		0.3%		0.2%		0.4%		0.2%	
Other Practitioners	0.1%		0.1%		0.2%		0.2%		0.2%		0.2%	
EPSDT*	0.0%		0.0%		0.7%		0.2%		0.9%		0.1%	
Family Planning Services	0.0%		0.0%		0.0%		0.0%		0.1%		0.1%	
Clinic Services	1.3%		1.7%		0.6%		0.7%		0.9%		1.1%	
Outpatient Hospital	2.6%		2.3%		1.1%		1.6%		1.3%		1.8%	
Inpatient Hospital	3.9%		3.3%		4.0%		3.9%		5.1%		6.4%	
Nursing Home/Intermediate Care	1.6%		37.7%		0.6%		26.8%		0.6%		24.5%	
Mental Health Facility Services	0.4%		1.1%		0.4%		0.3%		0.8%		1.3%	
Personal Care / Home Health Services	1.7%		1.4%		2.4%		4.1%		2.1%		4.7%	
Lab and X-Ray	0.2%		0.3%		0.1%		0.2%		0.2%		0.3%	
Prescribed Drugs	1.0%		5.4%		1.2%		6.2%		1.2%		6.1%	
Prepaid Health Care	0.2%		0.1%		6.3%		2.5%		6.2%		4.3%	
Primary Care Case Management Services	0.1%		0.0%		0.1%		0.1%		0.1%		0.0%	
Other Services**	1.8%		7.5%		2.1%		2.4%		1.6%		2.0%	
Reporting Variance~	0.1%		19.5%		2.0%		23.6%		0.2%		20.0%	
All Services	17.5%		82.5%		23.0%		77.0%		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	\$309	58.5%	\$438	40.9%	\$223	31.9%	\$333	31.9%	\$242	39.3%	\$384	37.8%
Dental Services	\$232	26.2%	\$310	19.0%	\$161	12.7%	\$188	10.7%	\$172	13.7%	\$204	7.7%
Other Practitioners	\$82	15.5%	\$75	16.7%	\$155	7.2%	\$107	15.7%	\$179	6.7%	\$110	13.2%
EPSDT*	\$58	0.1%	\$58	0.0%	\$266	17.5%	\$429	4.0%	\$224	26.1%	\$308	3.5%
Family Planning Services	\$117	3.0%	\$132	3.0%	\$95	2.0%	\$104	2.8%	\$159	2.6%	\$141	3.3%
Clinic Services	\$443	29.7%	\$1,126	17.7%	\$234	17.5%	\$341	19.9%	\$469	11.4%	\$874	9.7%
Outpatient Hospital	\$691	38.9%	\$908	29.0%	\$341	21.2%	\$617	26.4%	\$333	24.7%	\$582	24.6%
Inpatient Hospital	\$3,808	10.8%	\$3,679	10.5%	\$4,766	5.7%	\$4,296	9.0%	\$4,826	6.5%	\$4,807	10.5%
Nursing Home/Intermediate Care	\$60,228	0.3%	\$22,795	19.1%	\$53,819	0.1%	\$19,096	13.9%	\$63,002	0.1%	\$21,867	8.9%
Mental Health Facility Services	\$19,377	0.2%	\$29,846	0.4%	\$24,837	0.1%	\$31,180	0.1%	\$18,105	0.3%	\$28,065	0.4%
Personal Care / Home Health Services	\$1,955	8.9%	\$1,962	8.2%	\$2,279	7.2%	\$2,328	17.4%	\$1,752	7.3%	\$3,125	11.9%
Lab and X-Ray	\$68	31.8%	\$113	29.4%	\$56	10.9%	\$82	18.8%	\$66	17.6%	\$119	18.7%
Prescribed Drugs	\$194	54.9%	\$1,288	48.6%	\$232	34.3%	\$1,407	43.5%	\$188	41.0%	\$1,205	40.3%
Prepaid Health Care	\$717	3.6%	\$1,463	0.6%	\$774	55.7%	\$1,114	22.6%	\$771	50.0%	\$1,286	26.5%
Primary Care Case Management Services	\$15	74.4%	\$14	15.2%	\$68	15.1%	\$213	4.8%	\$28	12.2%	\$43	4.2%
Other Services**	\$863	22.2%	\$2,484	34.8%	\$1,707	8.3%	\$1,178	20.3%	\$799	12.2%	\$799	19.6%
All Services	\$1,875	96.9%	\$9,618	99.0%	\$1,662	94.7%	\$7,755	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 North Dakota in 1997 was 37% 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.

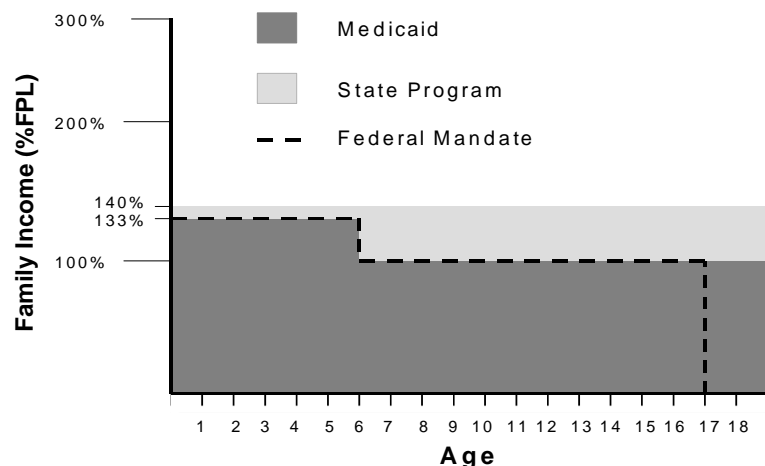
I. CONTINUED	NORTH DAKOTA		WEST NORTH CENTRAL REGION		UNITED STATES	
I. Enrollees Under Age 21, by Race and Age, FY 1998#	<u>Enrollees</u>	<u>Percent</u>	<u>Enrollees</u>	<u>Percent</u>	<u>Enrollees</u>	<u>Percent</u>
Non-hispanic White	20,876	63.9%	870,583	65.2%	8,942,666	40.0%
Ages 0 Through 5	8,506	40.7%	347,691	39.9%	3,674,647	41.1%
Ages 6 Through 20	12,370	59.3%	522,892	60.1%	5,268,019	57.6%
Non-hispanic Black	741	2.3%	287,559	21.5%	6,572,457	29.4%
Ages 0 Through 5	299	40.4%	103,802	36.1%	2,493,510	37.9%
Ages 6 Through 20	442	59.6%	183,757	63.9%	4,078,947	62.1%
Hispanic	1,258	3.9%	66,083	4.9%	4,814,500	21.6%
Ages 0 Through 5	543	43.2%	34,416	52.1%	2,211,872	45.9%
Ages 6 Through 20	715	56.8%	31,667	47.9%	2,602,628	54.1%
Other	9,782	30.0%	111,066	8.3%	2,001,399	9.0%
Ages 0 Through 5	3,365	34.4%	39,450	35.5%	840,334	42.0%
Ages 6 Through 20	6,417	65.6%	71,616	64.5%	1,161,065	58.0%

II. POPULATION AND CHILD HEALTH DATA

A. Total Population, 1998	653,937	100.0%		18,800,925	100.0%		270,002,354	100.0%	
Under Age 21	202,408	31.0%		5,720,526	30.4%		81,664,866	30.2%	
Under Age 6	51,025	7.8%		1,519,387	8.1%		23,078,513	8.5%	
Infants	8,536	1.3%		250,090	1.3%		3,800,560	1.4%	
Age 1 Through 5	42,489	6.5%		1,269,297	6.8%		19,277,953	7.1%	
Age 6 Through 20	151,383	23.1%		4,201,139	22.3%		58,586,353	21.7%	
Age 21 and Older	451,529	69.0%		13,080,399	69.6%		188,337,488	69.8%	
B. Infant Mortality, Low Birth Weight and Prenatal Care, 1997	Total	White	Other	Total	White	Other	Total	White	Other
Infant Mortality per 1,000 Live Births	6.2	5.9	na	6.9	5.9	13.9	7.2	6.0	11.8
Neonatal Mortality	3.6	3.9	na	4.4	3.8	8.4	4.8	4.0	7.7
Postneonatal Mortality	2.6	na	na	2.5	2.1	5.4	2.5	2.0	4.0
% Low Birth Weight Infants									
Under 2500 Grams	6.5	6.5	6.9	6.7	6.2	10.8	7.6	6.5	11.6
Under 1500 Grams	1.3	1.3	1.7	1.3	1.1	2.4	1.4	1.1	2.6
% Not Receiving Prenatal Care									
In First Trimester	14.4	12.7	27.1	14.5	12.8	27.4	17.2	15.2	24.9
Until Third Trimester or Not At All	2.5	1.9	7.5	2.8	2.3	6.7	3.9	3.3	6.3
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 ~	149,589	87%		3,416,588	70%		34,317,300	50%	
Fewer than 82 Child Health Physician per 100K Children ~	149,589	87%		3,041,842	62%		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 (48% FPL for North Dakota, an equivalent of \$6,792 for a family of 3 in 2000).

North Dakota expanded its Title XIX Medicaid program to 100% FPL for children ages 16 through 17. The Medically Needy were covered up to 60% FPL 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 60% of 24K uninsured children under age 19 in North Dakota 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>'.

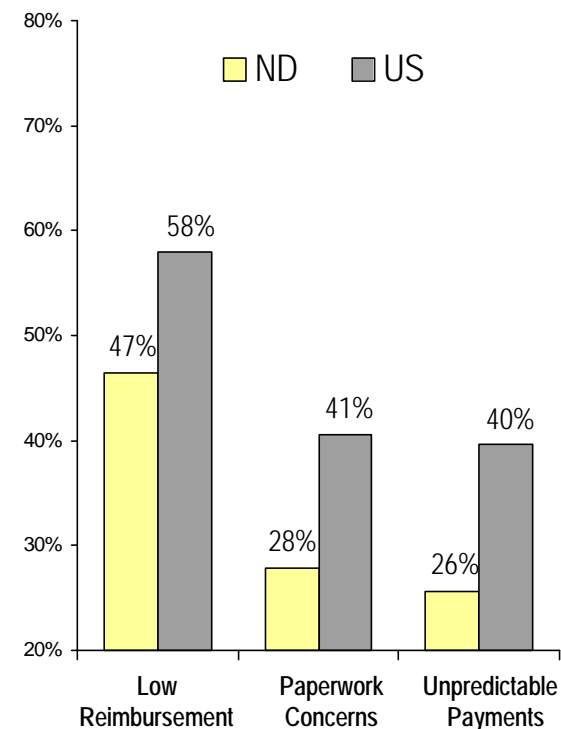
B. Title XXI Medicaid/SCHIP Program Eligibility

North Dakota's Title XXI Medicaid program covers children age 18 from 48% to 100% FPL. Its state program covers remaining infants and children through age 18 up to 140% FPL. Federally legislated maximum Title XXI SCHIP/Medicaid program eligibility for North Dakota is 200% FPL for all infants and children through age 18.

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>'.



Medicaid State Report

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

Division of Health Policy Research

I. MEDICAID ENROLLEES AND EXPENDITURES				OHIO			EAST NORTH CENTRAL REGION~			UNITED STATES		
A. Federal Medical Assistance Percentage (FMAP)*		58.1% (FY98)	58.7% (FY00)	71.1% (Enhanced)		56.4% (FY98)	56.9% (FY00)	69.8% (Enhanced)		60.7% (FY98)	60.7% (FY00)	72.5% (Enhanced)
B. Total Medicaid Managed Care Enrollment, 06/30/1998 (% of Total Medicaid Enrollment)		292,819 (28.4% of 1,032,405 **)				1,648,975 (38.8% of 4,248,748)				15,760,205 (52.5% of 30,009,674)		
C. Percent of Births Paid for by Medicaid, 1997***		35%				35%				35%		
D. FY 1998 and FY 1994-98 Averaged DSH^ Payment		\$657 M	\$605 M			\$1,452 M	\$1,314 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		1,402,364		100.0%		5,689,616		100.0%		40,377,603		100.0%
Children Under Age 21		796,056		56.8%		3,294,275		57.9%		22,331,022		56.4%
Under Age 6		311,775		22.2%		1,380,844		24.3%		9,220,363		22.8%
Infants		58,716		4.2%		296,576		5.2%		2,014,962		5.0%
Age 1 Through 5		253,059		18.0%		1,084,268		19.1%		7,205,401		17.8%
Age 6 Through 20		484,281		34.5%		1,913,431		33.6%		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		1,402,364	\$6,121 M	\$4,365		5,689,616	\$21,409 M	\$3,763		40,377,603	\$142,058 M	\$3,518
Children^^^		49.0%	12.7%	\$1,129		49.5%	15.1%	\$1,129		50.6%	16.4%	\$1,130
Categorically Needy - Cash		27.4%	6.7%	\$1,067		19.1%	5.7%	\$1,102		18.4%	6.0%	\$1,137
Categorically Needy - Noncash		18.4%	4.4%	\$1,047		16.5%	4.0%	\$901		17.4%	4.6%	\$910
Medically Needy		NA	NA	NA		2.5%	1.1%	\$1,613		4.5%	1.7%	\$1,294
Other		3.2%	1.6%	\$2,119		11.3%	4.3%	\$1,399		10.2%	4.2%	\$1,418
Adults		23.9%	9.1%	\$1,651		23.8%	9.8%	\$1,515		21.8%	10.7%	\$1,704
Categorically Needy - Cash		10.2%	5.2%	\$2,218		11.7%	5.2%	\$1,632		8.8%	4.5%	\$1,796
Categorically Needy - Noncash		12.8%	3.6%	\$1,217		5.1%	2.3%	\$1,669		5.6%	3.2%	\$1,987
Medically Needy		NA	NA	NA		3.5%	1.5%	\$1,554		2.6%	1.3%	\$1,717
Other		1.0%	0.3%	\$1,439		3.6%	0.8%	\$876		4.8%	1.6%	\$1,199
Blind and Disabled		16.5%	41.6%	\$11,001		17.8%	46.7%	\$9,677		17.5%	43.6%	\$8,680
Aged		10.5%	36.7%	\$15,220		8.9%	28.4%	\$11,833		10.2%	29.3%	\$9,968

Notes: ~ Includes IL, IN, MI, OH & WI. * Regional and US averages of FY98 FMAP are weighted by FY98 expenditures. FY00 and Enhanced FMAPs are unweighted. ** Enrollment on 06/30/98 was 73.6% 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	OHIO				EAST NORTH 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	1.4%	2.1%	1.2%	1.6%	1.5%	1.8%	1.5%	1.8%	1.5%	1.8%	1.5%	1.8%
Dental Services	0.2%	0.2%	0.3%	0.1%	0.4%	0.2%	0.4%	0.2%	0.4%	0.2%	0.4%	0.2%
Other Practitioners	0.1%	0.2%	0.3%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%
EPSDT*	0.2%	0.0%	0.5%	0.1%	0.9%	0.1%	0.9%	0.1%	0.9%	0.1%	0.9%	0.1%
Family Planning Services	0.0%	0.0%	0.0%	0.0%	0.1%	0.1%	0.1%	0.0%	0.1%	0.1%	0.1%	0.1%
Clinic Services	0.2%	0.3%	0.8%	0.8%	0.9%	1.1%	0.9%	0.8%	0.9%	1.1%	0.9%	1.1%
Outpatient Hospital	1.2%	1.8%	1.0%	1.5%	1.3%	1.8%	1.3%	1.5%	1.3%	1.8%	1.3%	1.8%
Inpatient Hospital	4.7%	6.4%	6.0%	7.3%	5.1%	6.4%	5.1%	6.4%	5.1%	6.4%	5.1%	6.4%
Nursing Home/Intermediate Care	0.8%	33.8%	0.6%	28.6%	0.6%	24.5%	0.6%	28.6%	0.6%	24.5%	0.6%	24.5%
Mental Health Facility Services	0.1%	0.0%	1.4%	1.2%	0.8%	1.3%	0.8%	1.2%	0.8%	1.3%	0.8%	1.3%
Personal Care / Home Health Services	0.8%	1.3%	1.1%	1.9%	2.1%	4.7%	2.1%	1.9%	2.1%	4.7%	2.1%	4.7%
Lab and X-Ray	0.0%	0.1%	0.1%	0.2%	0.2%	0.3%	0.2%	0.2%	0.2%	0.3%	0.2%	0.3%
Prescribed Drugs	1.0%	6.9%	1.1%	6.6%	1.2%	6.1%	1.2%	6.6%	1.2%	6.1%	1.2%	6.1%
Prepaid Health Care	5.2%	1.3%	4.9%	2.5%	6.2%	4.3%	6.2%	2.5%	6.2%	4.3%	6.2%	4.3%
Primary Care Case Management Services	0.0%	0.0%	0.0%	0.0%	0.1%	0.0%	0.1%	0.0%	0.1%	0.0%	0.1%	0.0%
Other Services**	3.6%	6.5%	2.6%	2.9%	1.6%	2.0%	1.6%	2.9%	1.6%	2.0%	1.6%	2.0%
Reporting Variance~	0.0%	19.5%	0.0%	20.6%	0.2%	20.0%	0.2%	20.6%	0.2%	20.0%	0.2%	20.0%
All Services	19.6%	80.4%	22.1%	77.9%	23.3%	76.7%	23.3%	77.9%	23.3%	76.7%	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	\$248	41.8%	\$457	46.0%	\$201	39.1%	\$371	39.1%	\$242	39.3%	\$384	37.8%
Dental Services	\$128	15.0%	\$133	13.1%	\$135	12.7%	\$126	9.8%	\$172	13.7%	\$204	7.7%
Other Practitioners	\$81	8.6%	\$89	21.5%	\$281	6.6%	\$121	13.4%	\$179	6.7%	\$110	13.2%
EPSDT*	\$104	15.7%	\$71	1.2%	\$111	26.4%	\$117	3.8%	\$224	26.1%	\$308	3.5%
Family Planning Services	\$120	0.5%	\$124	0.6%	\$85	1.8%	\$84	2.6%	\$159	2.6%	\$141	3.3%
Clinic Services	\$196	8.4%	\$722	4.6%	\$405	13.1%	\$633	11.5%	\$469	11.4%	\$874	9.7%
Outpatient Hospital	\$308	30.1%	\$533	34.5%	\$246	27.0%	\$478	27.7%	\$333	24.7%	\$582	24.6%
Inpatient Hospital	\$4,823	7.5%	\$4,821	13.3%	\$5,565	6.9%	\$6,287	10.2%	\$4,826	6.5%	\$4,807	10.5%
Nursing Home/Intermediate Care	\$72,420	0.1%	\$23,724	14.4%	\$55,339	0.1%	\$20,257	12.4%	\$63,002	0.1%	\$21,867	8.9%
Mental Health Facility Services	\$5,738	0.1%	\$5,996	0.1%	\$32,279	0.3%	\$49,450	0.2%	\$18,105	0.3%	\$28,065	0.4%
Personal Care / Home Health Services	\$3,156	2.0%	\$2,808	4.7%	\$1,738	4.1%	\$1,841	9.2%	\$1,752	7.3%	\$3,125	11.9%
Lab and X-Ray	\$62	4.1%	\$91	8.8%	\$49	16.8%	\$98	22.3%	\$66	17.6%	\$119	18.7%
Prescribed Drugs	\$190	38.6%	\$1,531	45.6%	\$178	40.0%	\$1,376	42.2%	\$188	41.0%	\$1,205	40.3%
Prepaid Health Care	\$932	42.9%	\$1,453	8.9%	\$790	39.4%	\$1,450	15.0%	\$771	50.0%	\$1,286	26.5%
Primary Care Case Management Services	NA	0.0%	NA	0.0%	\$23	6.5%	\$21	1.3%	\$28	12.2%	\$43	4.2%
Other Services**	\$1,868	15.0%	\$2,159	30.6%	\$1,233	13.6%	\$1,097	23.1%	\$799	12.2%	\$799	19.6%
All Services	\$1,685	89.4%	\$8,502	95.5%	\$1,631	86.3%	\$7,465	91.7%	\$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 Ohio in 1997 was 44% 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.

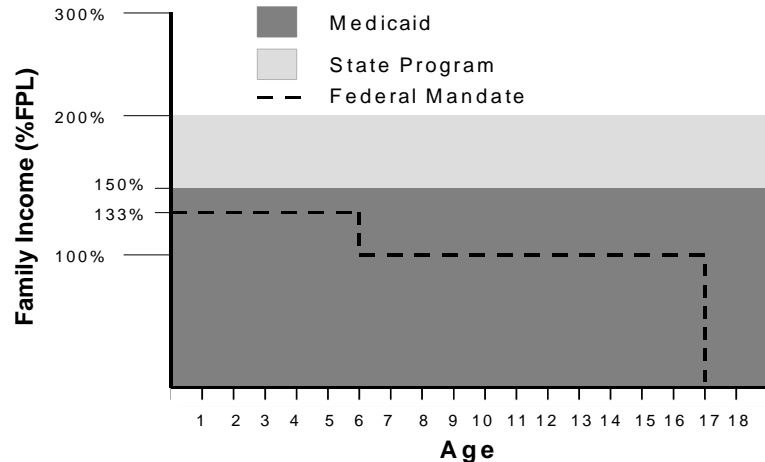
I. CONTINUED	OHIO		EAST NORTH CENTRAL REGION		UNITED STATES	
I. Enrollees Under Age 21, by Race and Age, FY 1998#	<u>Enrollees</u>	<u>Percent</u>	<u>Enrollees</u>	<u>Percent</u>	<u>Enrollees</u>	<u>Percent</u>
Non-hispanic White	463,770	58.3%	1,551,657	47.1%	8,942,666	40.0%
Ages 0 Through 5	187,229	40.4%	679,771	43.8%	3,674,647	41.1%
Ages 6 Through 20	276,541	59.6%	871,886	56.2%	5,268,019	57.6%
Non-hispanic Black	294,684	37.0%	1,263,879	38.4%	6,572,457	29.4%
Ages 0 Through 5	109,167	37.0%	481,800	38.1%	2,493,510	37.9%
Ages 6 Through 20	185,517	63.0%	782,079	61.9%	4,078,947	62.1%
Hispanic	731	0.1%	256,188	7.8%	4,814,500	21.6%
Ages 0 Through 5	208	28.5%	134,187	52.4%	2,211,872	45.9%
Ages 6 Through 20	523	71.5%	122,001	47.6%	2,602,628	54.1%
Other	36,871	4.6%	222,551	6.8%	2,001,399	9.0%
Ages 0 Through 5	15,171	41.1%	85,086	38.2%	840,334	42.0%
Ages 6 Through 20	21,700	58.9%	137,465	61.8%	1,161,065	58.0%

II. POPULATION AND CHILD HEALTH DATA

A. Total Population, 1998	11,259,682	100.0%	44,063,020	100.0%	270,002,354	100.0%
Under Age 21	3,324,936	29.5%	13,262,206	30.1%	81,664,866	30.2%
Under Age 6	910,985	8.1%	3,692,514	8.4%	23,078,513	8.5%
Infants	149,423	1.3%	605,250	1.4%	3,800,560	1.4%
Age 1 Through 5	761,562	6.8%	3,087,264	7.0%	19,277,953	7.1%
Age 6 Through 20	2,413,951	21.4%	9,569,692	21.7%	58,586,353	21.7%
Age 21 and Older	7,934,746	70.5%	30,800,814	69.9%	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	7.8	6.5	14.4	8.0	6.4	14.7
Neonatal Mortality	5.2	4.5	9.1	5.3	4.4	9.5
Postneonatal Mortality	2.6	2.1	5.3	2.6	2.0	5.3
% Low Birth Weight Infants						
Under 2500 Grams	7.7	6.7	12.7	7.7	6.5	12.9
Under 1500 Grams	1.5	1.3	2.7	1.5	1.2	2.8
% Not Receiving Prenatal Care						
In First Trimester	14.5	12.4	25.4	16.5	14.0	27.8
Until Third Trimester or Not At All	4.2	3.1	9.8	3.8	2.9	8.0
C. Pediatrician and Other Child Health Physician Ratios, 1998						
<i>Children living in Health Service Areas* with:</i>	<u>Total</u>	<u>% Child Population</u>⁺	<u>Total</u>	<u>% Child Population</u>⁺	<u>Total</u>	<u>% Child Population</u>⁺
Fewer than 55 Pediatricians per 100K Children ~	1,536,102	54%	6,199,188	54%	34,317,300	50%
Fewer than 82 Child Health Physician per 100K Children ~	1,316,081	46%	5,767,403	51%	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 (32% FPL for Ohio, an equivalent of \$4,528 for a family of 3 in 2000).

Ohio 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 41% of 283K uninsured children under age 19 in Ohio 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>'.

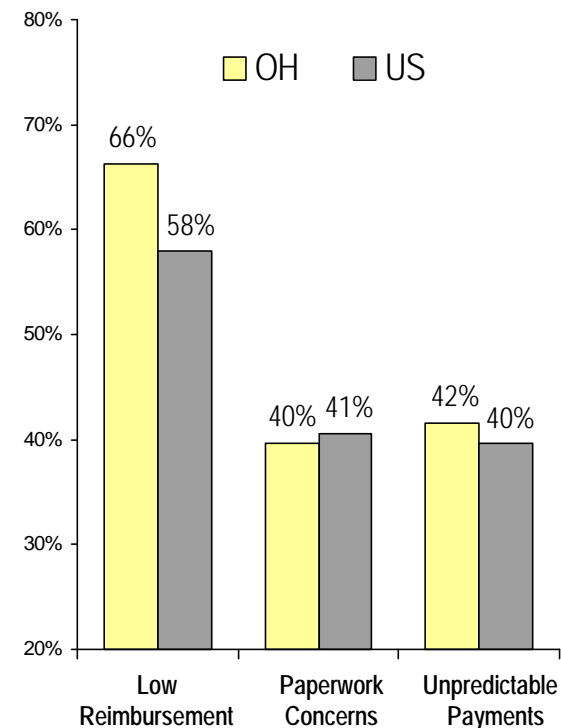
B. Title XXI Medicaid/SCHIP Program Eligibility

Ohio's Title XXI Medicaid program covers infants and children through age 5 from 133% to 200% FPL, children ages 6 through 16 from 100 to 200% FPL and children ages 17 through 18 from 32% 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>".



Medicaid State Report

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

I. MEDICAID ENROLLEES AND EXPENDITURES	OKLAHOMA			WEST SOUTH CENTRAL REGION-			UNITED STATES		
A. Federal Medical Assistance Percentage (FMAP)*	70.5% (FY98)	71.1% (FY00)	79.8% (Enhanced)	NA (FY98)	68.9% (FY00)	78.2% (Enhanced)	NA (FY98)	60.7% (FY00)	72.5% (Enhanced)
B. Total Medicaid Managed Care Enrollment, 06/30/1998 (% of Total Medicaid Enrollment)	154,270 (49.7% of 310,494 **)			819,112 (26.3% of 3,115,299)			15,760,205 (52.5% of 30,009,674)		
C. Percent of Births Paid for by Medicaid, 1997***	na			49%			35%		
D. FY 1998 and FY 1994-98 Averaged DSH^ Payment	\$23 M \$20 M			\$2,202 M \$2,248 M			\$14,958 M \$14,276 M		
# E. Enrollee, by Age, FY 1998	<u>Enrollees</u>	<u>Percent</u>		<u>Enrollees</u>	<u>Percent</u>		<u>Enrollees</u>	<u>Percent</u>	
All Enrollees	459,570	100.0%		4,290,097	100.0%		40,377,603	100.0%	
Children Under Age 21	253,374	57.4%		2,356,753	54.9%		22,331,022	56.4%	
Under Age 6	116,661	26.4%		1,078,133	25.1%		9,220,363	22.8%	
Infants	34,156	7.7%		236,673	5.5%		2,014,962	5.0%	
Age 1 Through 5	82,505	18.7%		841,460	19.6%		7,205,401	17.8%	
Age 6 Through 20	136,713	31.0%		1,278,620	29.8%		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	459,570	\$1,178 M	\$2,563	4,290,097	\$12,077 M	\$2,815	40,377,603	\$142,058 M	\$3,518
Children^^^	52.3%	20.1%	\$888	55.0%	18.9%	\$999	50.6%	16.4%	\$1,130
Categorically Needy - Cash	28.4%	7.8%	\$631	15.2%	4.3%	\$826	18.4%	6.0%	\$1,137
Categorically Needy - Noncash	13.6%	5.0%	\$856	29.2%	8.0%	\$796	17.4%	4.6%	\$910
Medically Needy	1.8%	1.2%	\$1,471	0.8%	0.6%	\$2,127	4.5%	1.7%	\$1,294
Other	8.4%	6.1%	NA	9.8%	6.0%	\$1,785	10.2%	4.2%	\$1,418
Adults	22.2%	8.4%	\$878	17.0%	10.9%	\$1,859	21.8%	10.7%	\$1,704
Categorically Needy - Cash	10.8%	2.7%	NA	6.6%	3.6%	\$1,589	8.8%	4.5%	\$1,796
Categorically Needy - Noncash	1.6%	0.7%	NA	5.9%	4.4%	\$2,179	5.6%	3.2%	\$1,987
Medically Needy	1.0%	0.6%	\$1,360	1.3%	1.1%	\$2,461	2.6%	1.3%	\$1,717
Other	8.8%	4.4%	NA	3.2%	1.7%	\$1,569	4.8%	1.6%	\$1,199
Blind and Disabled	14.2%	39.5%	\$6,458	15.4%	39.3%	\$7,446	17.5%	43.6%	\$8,680
Aged	11.4%	32.0%	\$6,481	12.6%	30.9%	\$7,136	10.2%	29.3%	\$9,968

Notes: - Includes AR, LA, OK & TX. * Regional and US averages of FY98 FMAP are weighted by FY98 expenditures. FY00 and Enhanced FMAPs are unweighted. ** Enrollment on 06/30/98 was 70.3% of total annual enrollment state reported to HCFA on Form 2082 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.

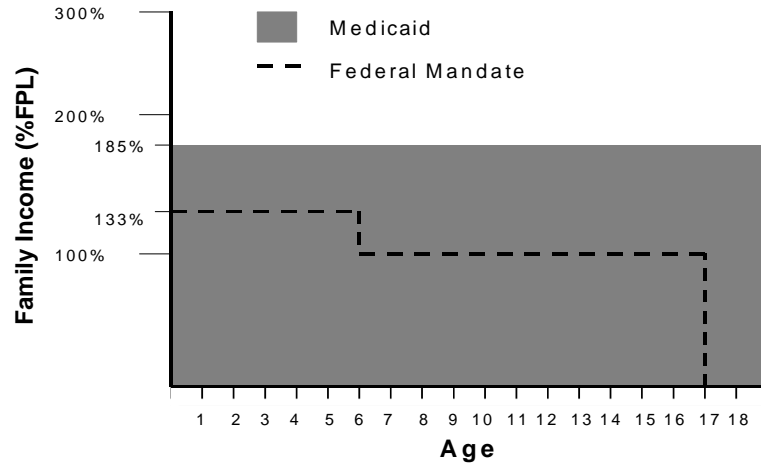
I. CONTINUED	OKLAHOMA				WEST SOUTH CENTRAL REGION				UNITED STATES			
	<u>CHILDREN Under 21</u>		<u>ADULTS</u>		<u>CHILDREN Under 21</u>		<u>ADULTS</u>		<u>CHILDREN Under 21</u>		<u>ADULTS</u>	
G. Payments by Age and Type of Service#												
Physician Services	2.7%		3.7%		3.8%		3.4%		1.5%		1.8%	
Dental Services	0.4%		0.0%		0.2%		0.0%		0.4%		0.2%	
Other Practitioners	1.0%		0.5%		0.4%		0.3%		0.2%		0.2%	
EPSDT*	0.4%		0.0%		4.6%		0.5%		0.9%		0.1%	
Family Planning Services	0.1%		0.2%		0.1%		0.1%		0.1%		0.1%	
Clinic Services	na		na		0.9%		0.6%		0.9%		1.1%	
Outpatient Hospital	4.3%		2.6%		1.9%		2.6%		1.3%		1.8%	
Inpatient Hospital	8.4%		7.0%		10.1%		7.6%		5.1%		6.4%	
Nursing Home/Intermediate Care	1.2%		35.3%		1.2%		23.7%		0.6%		24.5%	
Mental Health Facility Services	3.2%		0.2%		0.6%		0.3%		0.8%		1.3%	
Personal Care / Home Health Services	na		na		0.8%		4.9%		2.1%		4.7%	
Lab and X-Ray	0.3%		0.2%		0.5%		0.5%		0.2%		0.3%	
Prescribed Drugs	1.8%		8.0%		2.9%		7.2%		1.2%		6.1%	
Prepaid Health Care	na		na		0.0%		0.0%		6.2%		4.3%	
Primary Care Case Management Services	na		na		0.0%		0.0%		0.1%		0.0%	
Other Services**	3.2%		4.3%		0.6%		1.2%		1.6%		2.0%	
Reporting Variance~	0.0%		0.0%		0.0%		16.8%		0.2%		20.0%	
All Services	28.7%		71.3%		28.7%		71.3%		23.3%		76.7%	
H. 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	\$207	52.7%	\$302	65.9%	\$273	66.3%	\$473	66.3%	\$242	39.3%	\$384	37.8%
Dental Services	\$126	12.8%	\$100	0.6%	\$161	6.8%	\$169	1.7%	\$172	13.7%	\$204	7.7%
Other Practitioners	\$272	14.7%	\$282	10.6%	\$139	12.2%	\$115	18.8%	\$179	6.7%	\$110	13.2%
EPSDT*	\$109	15.0%	\$60	0.0%	\$359	60.2%	\$495	7.7%	\$224	26.1%	\$308	3.5%
Family Planning Services	\$85	2.9%	\$177	7.6%	\$120	4.2%	\$115	6.3%	\$159	2.6%	\$141	3.3%
Clinic Services	na	na	na	na	\$423	10.0%	\$524	9.0%	\$469	11.4%	\$874	9.7%
Outpatient Hospital	\$453	38.1%	\$380	37.0%	\$258	35.1%	\$593	33.6%	\$333	24.7%	\$582	24.6%
Inpatient Hospital	\$2,821	12.1%	\$1,842	20.7%	\$3,951	12.1%	\$3,078	18.6%	\$4,826	6.5%	\$4,807	10.5%
Nursing Home/Intermediate Care	\$61,034	0.1%	\$12,272	15.7%	\$55,695	0.1%	\$17,678	10.2%	\$63,002	0.1%	\$21,867	8.9%
Mental Health Facility Services	\$13,630	1.0%	\$26,459	0.0%	\$17,352	0.2%	\$8,991	0.2%	\$18,105	0.3%	\$28,065	0.4%
Personal Care / Home Health Services	na	na	na	na	\$605	6.0%	\$1,929	19.2%	\$1,752	7.3%	\$3,125	11.9%
Lab and X-Ray	\$43	26.3%	\$66	20.0%	\$77	32.2%	\$136	27.0%	\$66	17.6%	\$119	18.7%
Prescribed Drugs	\$150	48.3%	\$666	65.2%	\$197	70.1%	\$1,026	52.7%	\$188	41.0%	\$1,205	40.3%
Prepaid Health Care	na	na	na	na	\$16	6.1%	\$18	5.2%	\$771	50.0%	\$1,286	26.5%
Primary Care Case Management Services	na	na	na	na	\$23	7.9%	\$21	2.9%	\$28	12.2%	\$43	4.2%
Other Services**	\$1,532	8.3%	\$1,092	21.6%	\$474	6.2%	\$545	16.2%	\$799	12.2%	\$799	19.6%
All Services	\$1,518	76.3%	\$4,433	87.6%	\$1,508	89.9%	\$5,890	91.6%	\$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 Oklahoma was 35% 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' nor available. 'NA' Not applicable.

I. CONTINUED	OKLAHOMA			WEST 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	152,434	60.2%		624,802	26.5%		8,942,666	40.0%	
Ages 0 Through 5	71,227	46.7%		283,059	45.3%		3,674,647	41.1%	
Ages 6 Through 20	81,207	53.3%		341,743	54.7%		5,268,019	57.6%	
Non-hispanic Black	55,100	21.7%		716,127	30.4%		6,572,457	29.4%	
Ages 0 Through 5	23,881	43.3%		293,587	41.0%		2,493,510	37.9%	
Ages 6 Through 20	31,219	56.7%		422,540	59.0%		4,078,947	62.1%	
Hispanic	12,956	5.1%		936,953	39.8%		4,814,500	21.6%	
Ages 0 Through 5	6,715	51.8%		454,326	48.5%		2,211,872	45.9%	
Ages 6 Through 20	6,241	48.2%		482,627	51.5%		2,602,628	54.1%	
Other	32,884	13.0%		78,871	3.3%		2,001,399	9.0%	
Ages 0 Through 5	14,838	45.1%		47,161	59.8%		840,334	42.0%	
Ages 6 Through 20	18,046	54.9%		31,710	40.2%		1,161,065	58.0%	
II. POPULATION AND CHILD HEALTH DATA									
A. Total Population, 1998	3,333,830	100.0%		29,864,875	100.0%		270,002,354	100.0%	
Under Age 21	1,020,522	30.6%		9,747,068	32.6%		81,664,866	30.2%	
Under Age 6	268,067	8.0%		2,743,611	9.2%		23,078,513	8.5%	
Infants	44,123	1.3%		449,107	1.5%		3,800,560	1.4%	
Age 1 Through 5	223,944	6.7%		2,294,504	7.7%		19,277,953	7.1%	
Age 6 Through 20	752,455	22.6%		7,003,457	23.5%		58,586,353	21.7%	
Age 21 and Older	2,313,308	69.4%		20,117,807	67.4%		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>	<u>Total</u>	<u>White</u>	<u>Other</u>
Infant Mortality per 1,000 Live Births	7.5	6.7	10.4	7.1	6.2	11.0	7.2	6.0	11.8
Neonatal Mortality	4.6	4.2	6.0	4.3	3.7	6.8	4.8	4.0	7.7
Postneonatal Mortality	2.9	2.5	4.4	2.9	2.5	4.2	2.5	2.0	4.0
% Low Birth Weight Infants									
Under 2500 Grams	7.2	6.6	9.2	7.9	6.8	12.3	7.6	6.5	11.6
Under 1500 Grams	1.3	1.3	1.5	1.5	1.2	2.7	1.4	1.1	2.6
% Not Receiving Prenatal Care									
In First Trimester	21.4	19.3	29.2	20.5	19.3	25.5	17.2	15.2	24.9
Until Third Trimester or Not At All	5.1	4.5	7.0	5.1	4.8	6.2	3.9	3.3	6.3
C. Pediatrician and Other Child Health Physician Ratios, 1998									
Children living in Health Service Areas* with:	<u>Total</u>	<u>% Child Population</u> ⁺		<u>Total</u>	<u>% Child Population</u> ⁺		<u>Total</u>	<u>% Child Population</u> ⁺	
Fewer than 55 Pediatricians per 100K Children ~	869,624	100%		7,351,145	89%		34,317,300	50%	
Fewer than 82 Child Health Physician per 100K Children ~	869,624	100%		7,485,573	90%		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 (48% FPL for Oklahoma, an equivalent of \$6,792 for a family of 3 in 2000).

Oklahoma expanded its Title XIX Medicaid program to 150% FPL for pregnant women and infants. The Medically Needy were covered up to 39% FPL 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 31% of 169K uninsured children under age 19 in Oklahoma 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>'.

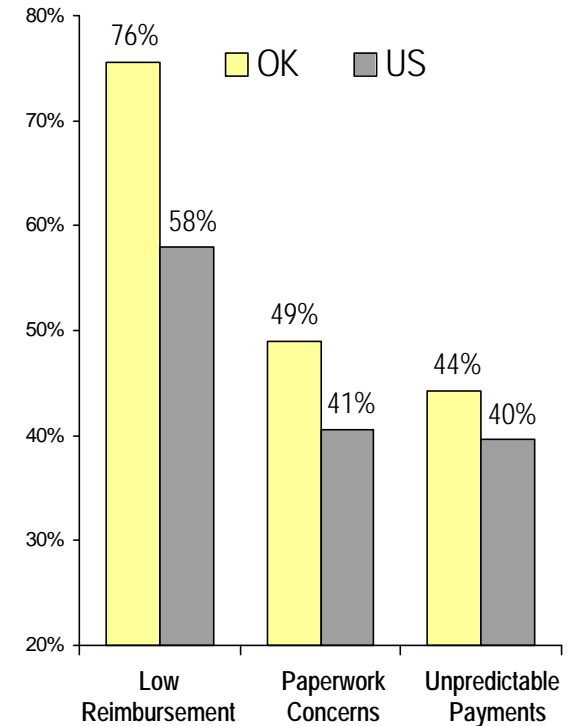
B. Title XXI Medicaid/SCHIP Program Eligibility

Oklahoma's Title XXI Medicaid program covers infants and children through age 18 to 185% FPL. Federally legislated maximum Title XXI SCHIP/Medicaid program eligibility for Oklahoma is 200% FPL for all infants and children through age 18.

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>'.



Medicaid State Report

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



I. MEDICAID ENROLLEES AND EXPENDITURES				OREGON			PACIFIC REGION~			UNITED STATES		
A. Federal Medical Assistance Percentage (FMAP)*	61.5% (FY98)	60.0% (FY00)	72.0% (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)	299,826 (88.7% of 338,178 **)			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***	31%			39%			35%					
D. FY 1998 and FY 1994-98 Averaged DSH^ Payment	\$27 M \$16 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	537,465	100.0%		7,914,281	100.0%		40,377,603	100.0%				
Children Under Age 21	255,894	47.6%		4,406,554	55.7%		22,331,022	56.4%				
Under Age 6	103,799	19.3%		1,681,932	21.3%		9,220,363	22.8%				
Infants	19,886	3.7%		275,926	3.5%		2,014,962	5.0%				
Age 1 Through 5	83,913	15.6%		1,406,006	17.8%		7,205,401	17.8%				
Age 6 Through 20	152,095	28.3%		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	537,465	\$1,378 M	\$2,563	7,914,281	\$18,496 M	\$2,337	40,377,603	\$142,058 M	\$3,518			
Children^^^	28.7%	29.6%	\$2,617	51.3%	21.4%	\$951	50.6%	16.4%	\$1,130			
Categorically Needy - Cash	8.2%	10.9%	\$3,379	22.0%	10.6%	\$1,108	18.4%	6.0%	\$1,137			
Categorically Needy - Noncash	14.0%	12.3%	\$2,221	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	6.4%	6.4%	\$2,513	11.7%	4.1%	\$810	10.2%	4.2%	\$1,418			
Adults	42.7%	42.4%	\$2,511	25.3%	17.8%	\$1,604	21.8%	10.7%	\$1,704			
Categorically Needy - Cash	6.0%	7.6%	\$3,210	9.8%	7.5%	\$1,746	8.8%	4.5%	\$1,796			
Categorically Needy - Noncash	31.4%	31.0%	\$2,503	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	5.3%	3.7%	\$1,762	8.3%	4.4%	\$1,225	4.8%	1.6%	\$1,199			
Blind and Disabled	20.9%	19.7%	\$2,383	14.7%	40.4%	\$6,303	17.5%	43.6%	\$8,680			
Aged	7.7%	8.3%	\$2,733	8.7%	20.5%	\$5,408	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 62.9% 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	OREGON				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	0.3%	0.4%	1.3%	2.0%	1.5%	1.8%						
Dental Services	0.0%	0.0%	0.3%	0.1%	0.4%	0.2%						
Other Practitioners	0.9%	0.2%	0.2%	0.3%	0.2%	0.2%						
EPSDT*	0.0%	NA	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	0.2%	0.2%	0.8%	1.2%	0.9%	1.1%						
Outpatient Hospital	0.3%	0.5%	0.7%	1.1%	1.3%	1.8%						
Inpatient Hospital	0.2%	0.3%	4.5%	6.7%	5.1%	6.4%						
Nursing Home/Intermediate Care	0.3%	15.3%	0.5%	15.9%	0.6%	24.5%						
Mental Health Facility Services	2.1%	1.3%	0.3%	0.1%	0.8%	1.3%						
Personal Care / Home Health Services	4.1%	2.4%	2.2%	5.4%	2.1%	4.7%						
Lab and X-Ray	0.0%	0.1%	0.4%	0.7%	0.2%	0.3%						
Prescribed Drugs	0.5%	3.8%	1.0%	6.8%	1.2%	6.1%						
Prepaid Health Care	18.0%	17.8%	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**	0.5%	9.0%	1.7%	2.4%	1.6%	2.0%						
Reporting Variance~	0.0%	21.3%	0.6%	23.0%	0.2%	20.0%						
All Services	27.5%	72.5%	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	\$157	10.8%	\$232	8.2%	\$194	28.4%	\$331	28.4%	\$242	39.3%	\$384	37.8%
Dental Services	\$110	0.5%	\$169	0.3%	\$241	5.9%	\$331	2.3%	\$172	13.7%	\$204	7.7%
Other Practitioners	\$651	7.4%	\$454	1.8%	\$176	5.8%	\$111	12.8%	\$179	6.7%	\$110	13.2%
EPSDT*	NA	0.0%	NA	NA	\$67	14.4%	\$59	1.3%	\$224	26.1%	\$308	3.5%
Family Planning Services	\$135	1.0%	\$134	0.9%	\$219	2.7%	\$186	2.6%	\$159	2.6%	\$141	3.3%
Clinic Services	\$270	4.9%	\$328	2.5%	\$373	9.2%	\$819	7.4%	\$469	11.4%	\$874	9.7%
Outpatient Hospital	\$288	6.3%	\$405	5.8%	\$178	15.9%	\$336	17.0%	\$333	24.7%	\$582	24.6%
Inpatient Hospital	\$1,995	0.5%	\$5,954	0.3%	\$6,449	2.9%	\$4,907	7.1%	\$4,826	6.5%	\$4,807	10.5%
Nursing Home/Intermediate Care	\$36,747	0.0%	\$18,694	4.0%	\$50,912	0.0%	\$18,866	4.4%	\$63,002	0.1%	\$21,867	8.9%
Mental Health Facility Services	\$43,928	0.3%	\$47,425	0.1%	\$28,747	0.0%	\$30,055	0.0%	\$18,105	0.3%	\$28,065	0.4%
Personal Care / Home Health Services	\$1,945	11.3%	\$1,186	9.7%	\$2,136	4.2%	\$2,968	9.5%	\$1,752	7.3%	\$3,125	11.9%
Lab and X-Ray	\$51	5.1%	\$76	4.6%	\$109	16.2%	\$218	15.8%	\$66	17.6%	\$119	18.7%
Prescribed Drugs	\$171	14.5%	\$806	22.7%	\$145	29.5%	\$1,016	35.0%	\$188	41.0%	\$1,205	40.3%
Prepaid Health Care	\$1,072	89.8%	\$1,793	48.4%	\$516	91.0%	\$550	62.3%	\$771	50.0%	\$1,286	26.5%
Primary Care Case Management Services	\$18	1.6%	\$24	2.0%	\$76	0.8%	\$192	0.5%	\$28	12.2%	\$43	4.2%
Other Services**	\$801	3.2%	\$2,828	15.5%	\$315	22.4%	\$540	23.0%	\$799	12.2%	\$799	19.6%
All Services	\$1,594	92.5%	\$3,760	93.9%	\$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 Oregon in 1997 was 43% 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.

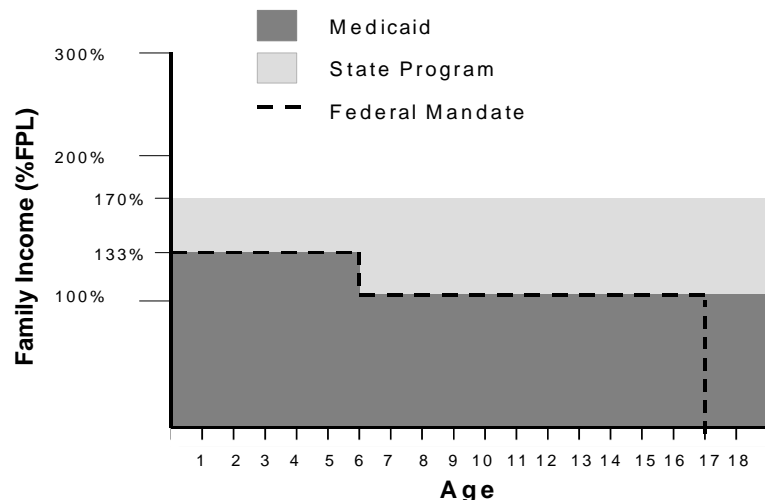
I. CONTINUED	OREGON		PACIFIC REGION		UNITED STATES	
I. Enrollees Under Age 21, by Race and Age, FY 1998#	<u>Enrollees</u>	<u>Percent</u>	<u>Enrollees</u>	<u>Percent</u>	<u>Enrollees</u>	<u>Percent</u>
Non-hispanic White	189,519	74.1%	1,438,377	32.6%	8,942,666	40.0%
Ages 0 Through 5	71,672	37.8%	497,862	34.6%	3,674,647	41.1%
Ages 6 Through 20	117,847	62.2%	940,515	65.4%	5,268,019	57.6%
Non-hispanic Black	12,733	5.0%	521,818	11.8%	6,572,457	29.4%
Ages 0 Through 5	4,677	36.7%	176,397	33.8%	2,493,510	37.9%
Ages 6 Through 20	8,056	63.3%	345,421	66.2%	4,078,947	62.1%
Hispanic	38,775	15.2%	1,898,031	43.1%	4,814,500	21.6%
Ages 0 Through 5	22,050	56.9%	836,209	44.1%	2,211,872	45.9%
Ages 6 Through 20	16,725	43.1%	1,061,822	55.9%	2,602,628	54.1%
Other	14,867	5.8%	548,328	12.4%	2,001,399	9.0%
Ages 0 Through 5	5,400	36.3%	171,464	31.3%	840,334	42.0%
Ages 6 Through 20	9,467	63.7%	376,864	68.7%	1,161,065	58.0%

II. POPULATION AND CHILD HEALTH DATA

A. Total Population, 1998	3,299,080	100.0%	42,954,373	100.0%	270,002,354	100.0%
Under Age 21	945,305	28.7%	13,721,050	31.9%	81,664,866	30.2%
Under Age 6	253,157	7.7%	4,134,264	9.6%	23,078,513	8.5%
Infants	41,362	1.3%	698,825	1.6%	3,800,560	1.4%
Age 1 Through 5	211,795	6.4%	3,435,439	8.0%	19,277,953	7.1%
Age 6 Through 20	692,148	21.0%	9,586,786	22.3%	58,586,353	21.7%
Age 21 and Older	2,353,775	71.3%	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	5.8	5.7	7.0	5.9	5.5	7.5
Neonatal Mortality	3.6	3.7	na	3.8	3.6	4.7
Postneonatal Mortality	2.3	2.1	na	2.1	1.9	2.8
% Low Birth Weight Infants Under 2500 Grams	5.4	5.2	7.2	6.1	5.6	8.4
Under 1500 Grams	0.9	0.9	1.1	1.1	1.0	1.6
% Not Receiving Prenatal Care						
In First Trimester	19.8	19.6	22.3	17.6	17.6	18.0
Until Third Trimester or Not At All	3.8	3.7	4.8	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 ~	467,974	56%	3,960,087	35%	34,317,300	50%
Fewer than 82 Child Health Physician per 100K Children ~	731,475	88%	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 (43% FPL for Oregon, an equivalent of \$6,084 for a family of 3 in 2000).

Oregon expanded its Title XIX Medicaid program to 100% FPL for children ages 16 through 18. The Medically Needy were covered up to 100% FPL 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 48% of 109K uninsured children under age 19 in Oregon 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>'.

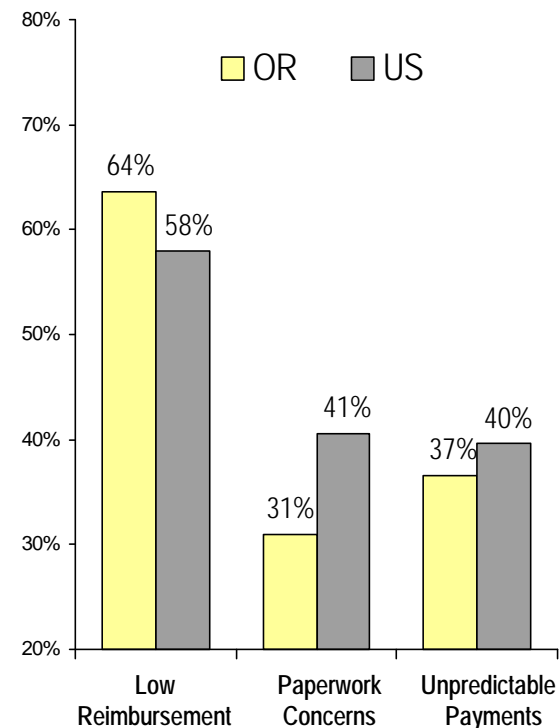
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Oregon's Title XXI state program covers infants and children through age 18 to 170% FPL. Federally legislated maximum Title XXI SCHIP/Medicaid program eligibility for Oregon is 200% FPL for all infants and children through age 18.

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>'.



Medicaid State Report

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

Division of Health Policy Research

I. MEDICAID ENROLLEES AND EXPENDITURES	PENNSYLVANIA			MID ATLANTIC REGION~			UNITED STATES		
A. Federal Medical Assistance Percentage (FMAP)*	53.4% (FY98)	53.8% (FY00)	67.7% (Enhanced)	51.1% (FY98)	51.3% (FY00)	65.9% (Enhanced)	60.7% (FY98)	60.7% (FY00)	72.5% (Enhanced)
B. Total Medicaid Managed Care Enrollment, 06/30/1998 (% of Total Medicaid Enrollment)	904,701 (68.3% of 1,325,212 **)			1,915,773 (46.6% of 4,108,436)			15,760,205 (52.5% of 30,009,674)		
C. Percent of Births Paid for by Medicaid, 1997***	26%			39%			35%		
D. FY 1998 and FY 1994-98 Averaged DSH^ Payment	\$546 M		\$441 M	\$3,427 M		\$3,685 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	1,720,000		100.0%	6,078,190		100.0%	40,377,603		100.0%
Children Under Age 21	882,877		51.3%	2,965,186		48.8%	22,331,022		56.4%
Under Age 6	315,410		18.3%	1,149,461		18.9%	9,220,363		22.8%
Infants	54,408		3.2%	209,486		3.4%	2,014,962		5.0%
Age 1 Through 5	261,002		15.2%	939,975		15.5%	7,205,401		17.8%
Age 6 Through 20	567,467		33.0%	1,815,725		29.9%	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	1,720,000	\$6,080 M	\$3,535	6,078,190	\$34,598 M	\$5,692	40,377,603	\$142,058 M	\$3,518
Children^^^	48.0%	18.5%	\$1,359	46.3%	12.6%	\$1,544	50.6%	16.4%	\$1,130
Categorically Needy - Cash	16.5%	8.3%	\$1,766	21.5%	5.6%	\$1,473	18.4%	6.0%	\$1,137
Categorically Needy - Noncash	17.6%	4.4%	\$878	8.9%	1.7%	\$1,097	17.4%	4.6%	\$910
Medically Needy	3.4%	1.0%	\$1,054	9.2%	2.8%	\$1,721	4.5%	1.7%	\$1,294
Other	10.6%	4.8%	\$1,620	6.6%	2.5%	\$2,127	10.2%	4.2%	\$1,418
Adults	20.2%	7.5%	\$1,316	23.8%	8.4%	\$2,022	21.8%	10.7%	\$1,704
Categorically Needy - Cash	7.1%	4.1%	\$2,032	9.2%	3.6%	\$2,253	8.8%	4.5%	\$1,796
Categorically Needy - Noncash	3.5%	1.2%	\$1,160	7.8%	2.7%	\$1,963	5.6%	3.2%	\$1,987
Medically Needy	3.4%	0.7%	\$737	4.1%	1.6%	\$2,192	2.6%	1.3%	\$1,717
Other	6.2%	1.6%	\$904	2.7%	0.5%	\$1,143	4.8%	1.6%	\$1,199
Blind and Disabled	17.4%	32.7%	\$6,639	17.9%	45.1%	\$14,315	17.5%	43.6%	\$8,680
Aged	14.3%	41.3%	\$10,170	12.0%	33.9%	\$16,060	10.2%	29.3%	\$9,968

Notes: ~ Includes NJ, NY & PA. * Regional and US averages of FY98 FMAP are weighted by FY98 expenditures. FY00 and Enhanced FMAPs are unweighted. ** Enrollment on 06/30/98 was 77.0% of total annual enrollment state reported to HCFA on Form 2082 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	PENNSYLVANIA				MID ATLANTIC 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	0.6%	0.9%	0.4%	0.8%	1.5%	1.8%						
Dental Services	0.2%	0.1%	0.3%	0.2%	0.4%	0.2%						
Other Practitioners	0.2%	0.1%	0.0%	0.1%	0.2%	0.2%						
EPSDT*	3.0%	0.7%	0.8%	0.2%	0.9%	0.1%						
Family Planning Services	0.0%	0.0%	0.0%	0.1%	0.1%	0.1%						
Clinic Services	0.5%	0.5%	0.7%	1.6%	0.9%	1.1%						
Outpatient Hospital	0.6%	0.8%	1.1%	2.0%	1.3%	1.8%						
Inpatient Hospital	3.3%	4.1%	3.9%	6.8%	5.1%	6.4%						
Nursing Home/Intermediate Care	0.5%	34.8%	0.7%	26.3%	0.6%	24.5%						
Mental Health Facility Services	0.6%	1.0%	1.2%	3.3%	0.8%	1.3%						
Personal Care / Home Health Services	0.6%	0.6%	2.9%	7.6%	2.1%	4.7%						
Lab and X-Ray	0.1%	0.2%	0.0%	0.1%	0.2%	0.3%						
Prescribed Drugs	0.9%	5.9%	0.7%	4.3%	1.2%	6.1%						
Prepaid Health Care	13.4%	10.4%	4.9%	3.9%	6.2%	4.3%						
Primary Care Case Management Services	0.0%	0.0%	0.0%	0.0%	0.1%	0.0%						
Other Services**	0.6%	0.7%	0.9%	1.4%	1.6%	2.0%						
Reporting Variance~	0.0%	14.2%	0.0%	20.4%	0.2%	20.0%						
All Services	25.2%	74.8%	18.8%	81.2%	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	\$153	27.3%	\$252	24.5%	\$154	31.3%	\$267	31.3%	\$242	39.3%	\$384	37.8%
Dental Services	\$125	12.3%	\$114	6.4%	\$177	18.6%	\$225	12.3%	\$172	13.7%	\$204	7.7%
Other Practitioners	\$215	5.8%	\$82	9.1%	\$102	5.1%	\$77	14.4%	\$179	6.7%	\$110	13.2%
EPSDT*	\$1,126	18.2%	\$2,161	2.3%	\$431	22.8%	\$639	2.9%	\$224	26.1%	\$308	3.5%
Family Planning Services	\$134	1.5%	\$209	1.7%	\$190	2.5%	\$174	3.8%	\$159	2.6%	\$141	3.3%
Clinic Services	\$561	6.4%	\$645	5.2%	\$795	10.6%	\$1,924	9.4%	\$469	11.4%	\$874	9.7%
Outpatient Hospital	\$206	20.2%	\$343	16.7%	\$518	25.1%	\$896	24.9%	\$333	24.7%	\$582	24.6%
Inpatient Hospital	\$5,022	4.6%	\$4,638	6.4%	\$6,217	7.3%	\$8,381	9.3%	\$4,826	6.5%	\$4,807	10.5%
Nursing Home/Intermediate Care	\$70,408	0.0%	\$27,169	9.3%	\$106,473	0.1%	\$34,786	8.6%	\$63,002	0.1%	\$21,867	8.9%
Mental Health Facility Services	\$5,462	0.8%	\$15,302	0.5%	\$22,703	0.6%	\$43,407	0.9%	\$18,105	0.3%	\$28,065	0.4%
Personal Care / Home Health Services	\$1,814	2.3%	\$1,327	3.1%	\$3,586	9.6%	\$7,062	12.3%	\$1,752	7.3%	\$3,125	11.9%
Lab and X-Ray	\$51	10.4%	\$73	16.1%	\$35	15.4%	\$71	21.7%	\$66	17.6%	\$119	18.7%
Prescribed Drugs	\$227	28.5%	\$1,391	30.6%	\$203	38.0%	\$1,348	36.4%	\$188	41.0%	\$1,205	40.3%
Prepaid Health Care	\$1,510	60.9%	\$2,779	27.1%	\$1,146	50.2%	\$2,794	15.9%	\$771	50.0%	\$1,286	26.5%
Primary Care Case Management Services	NA	0.0%	NA	0.0%	\$156	0.0%	\$169	0.0%	\$28	12.2%	\$43	4.2%
Other Services**	\$441	8.9%	\$469	10.8%	\$1,133	9.3%	\$795	19.4%	\$799	12.2%	\$799	19.6%
All Services	\$1,881	92.1%	\$6,416	84.7%	\$2,361	92.8%	\$10,587	87.2%	\$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 Pennsylvania in 1997 was 43% 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.

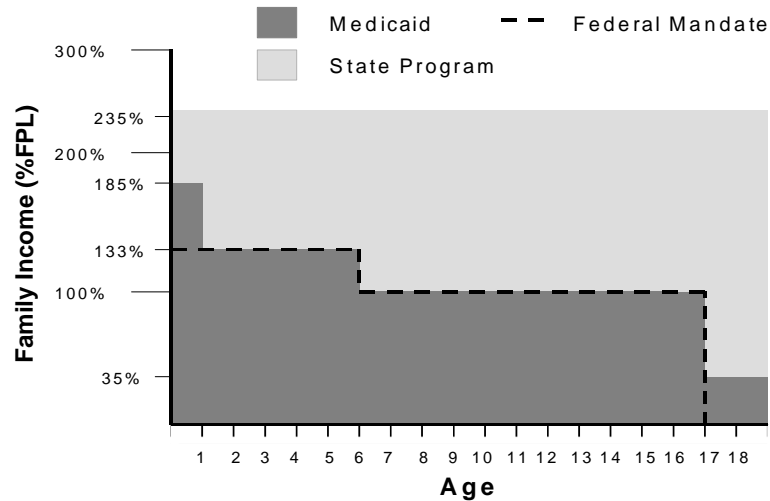
I. CONTINUED	PENNSYLVANIA		MID ATLANTIC REGION		UNITED STATES	
I. Enrollees Under Age 21, by Race and Age, FY 1998#	<u>Enrollees</u>	<u>Percent</u>	<u>Enrollees</u>	<u>Percent</u>	<u>Enrollees</u>	<u>Percent</u>
Non-hispanic White	489,913	55.5%	997,435	33.6%	8,942,666	40.0%
Ages 0 Through 5	177,921	36.3%	381,685	38.3%	3,674,647	41.1%
Ages 6 Through 20	311,992	63.7%	615,750	61.7%	5,268,019	57.6%
Non-hispanic Black	286,935	32.5%	910,326	30.7%	6,572,457	29.4%
Ages 0 Through 5	98,789	34.4%	334,166	36.7%	2,493,510	37.9%
Ages 6 Through 20	188,146	65.6%	576,160	63.3%	4,078,947	62.1%
Hispanic	82,028	9.3%	660,115	22.3%	4,814,500	21.6%
Ages 0 Through 5	29,189	35.6%	265,059	40.2%	2,211,872	45.9%
Ages 6 Through 20	52,839	64.4%	395,056	59.8%	2,602,628	54.1%
Other	24,001	2.7%	397,310	13.4%	2,001,399	9.0%
Ages 0 Through 5	9,511	39.6%	168,551	42.4%	840,334	42.0%
Ages 6 Through 20	14,490	60.4%	228,759	57.6%	1,161,065	58.0%

II. POPULATION AND CHILD HEALTH DATA

A. Total Population, 1998	12,158,122	100.0%	38,388,926	100.0%	270,002,354	100.0%
Under Age 21	3,392,551	27.9%	11,007,973	28.7%	81,664,866	30.2%
Under Age 6	924,183	7.6%	3,159,442	8.2%	23,078,513	8.5%
Infants	151,501	1.2%	521,201	1.4%	3,800,560	1.4%
Age 1 Through 5	772,682	6.4%	2,638,241	6.9%	19,277,953	7.1%
Age 6 Through 20	2,468,368	20.3%	7,848,531	20.4%	58,586,353	21.7%
Age 21 and Older	8,765,571	72.1%	27,380,953	71.3%	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	7.6	6.0	15.6	6.9	5.6	10.7
Neonatal Mortality	5.3	4.1	11.1	4.8	4.0	7.3
Postneonatal Mortality	2.3	1.9	4.5	2.1	1.6	3.4
% Low Birth Weight Infants						
Under 2500 Grams	7.6	6.6	12.6	7.8	6.6	11.4
Under 1500 Grams	1.5	1.2	2.9	1.5	1.2	2.6
% Not Receiving Prenatal Care						
In First Trimester	15.2	12.7	28.0	17.7	14.4	28.3
Until Third Trimester or Not At All	3.5	2.7	7.7	4.4	3.2	8.2
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 ~	1,290,041	46%	2,156,813	24%	34,317,300	50%
Fewer than 82 Child Health Physician per 100K Children ~	1,300,382	46%	2,273,631	25%	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 (37% FPL for Pennsylvania, an equivalent of \$5,236 for a family of 3 in 2000).

Pennsylvania expanded its Title XIX Medicaid program to 185% FPL for pregnant women and infants. The Medically Needy were covered up to 63% FPL 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 42% of 279K uninsured children under age 19 in Pennsylvania 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>.

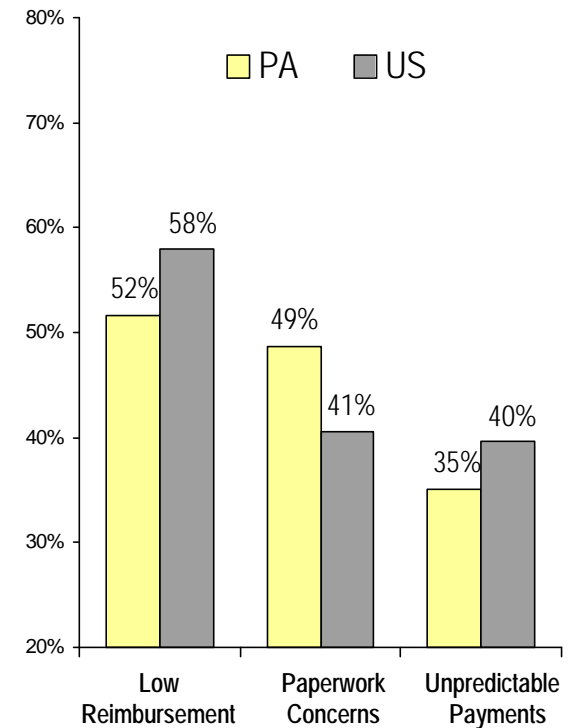
B. Title XXI Medicaid/SCHIP Program Eligibility

Pennsylvania's Title XXI state program covers children through age 18 to 235% 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"](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"](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"](http://www.aap.org/research).



Medicaid State Report

RHODE ISLAND, FY 1998 (October 1, 1997 - September 30, 1998)



I. MEDICAID ENROLLEES AND EXPENDITURES				RHODE ISLAND			NEW ENGLAND REGION~			UNITED STATES		
A. Federal Medical Assistance Percentage (FMAP)*	53.2% (FY98)	53.8% (FY00)	67.6% (Enhanced)	55.2% (FY98)	55.4% (FY00)	68.8% (Enhanced)	60.7% (FY98)	60.7% (FY00)	72.5% (Enhanced)			
B. Total Medicaid Managed Care Enrollment, 06/30/1998 (% of Total Medicaid Enrollment)	74,446 (63.2% of 117,800 **)			904,036 (56.2% of 1,609,878)			15,760,205 (52.5% of 30,009,674)					
C. Percent of Births Paid for by Medicaid, 1997***	33%			23%			35%					
D. FY 1998 and FY 1994-98 Averaged DSH^ Payment	\$56 M \$76 M			\$1,196 M \$1,191 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	148,797 100.0%			1,930,631 100.0%			40,377,603 100.0%					
Children Under Age 21	77,751 52.3%			1,072,838 55.6%			22,331,022 56.4%					
Under Age 6	29,383 19.7%			533,536 27.6%			9,220,363 22.8%					
Infants	4,717 3.2%			260,991 13.5%			2,014,962 5.0%					
Age 1 Through 5	24,666 16.6%			272,545 14.1%			7,205,401 17.8%					
Age 6 Through 20	48,368 32.5%			539,302 27.9%			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	148,797	\$919 M	\$6,179	1,930,631	\$9,654 M	\$5,000	40,377,603	\$142,058 M	\$3,518			
Children^^^	47.0%	10.5%	\$1,356	49.2%	13.3%	\$1,348	50.6%	16.4%	\$1,130			
Categorically Needy - Cash	28.2%	6.1%	\$1,317	18.8%	5.2%	\$1,390	18.4%	6.0%	\$1,137			
Categorically Needy - Noncash	11.5%	1.9%	\$1,015	14.5%	3.5%	\$1,194	17.4%	4.6%	\$910			
Medically Needy	0.0%	0.0%	\$2,179	7.5%	1.6%	\$1,077	4.5%	1.7%	\$1,294			
Other	7.3%	2.4%	\$2,039	8.4%	3.0%	\$1,763	10.2%	4.2%	\$1,418			
Adults	20.9%	6.5%	\$1,898	20.9%	7.9%	\$1,875	21.8%	10.7%	\$1,704			
Categorically Needy - Cash	14.8%	4.6%	\$1,906	9.1%	3.5%	\$1,947	8.8%	4.5%	\$1,796			
Categorically Needy - Noncash	4.1%	1.1%	\$1,703	2.7%	0.8%	\$1,462	5.6%	3.2%	\$1,987			
Medically Needy	1.0%	0.3%	\$1,662	4.5%	1.7%	\$1,918	2.6%	1.3%	\$1,717			
Other	1.1%	0.5%	\$2,747	4.6%	1.8%	\$1,937	4.8%	1.6%	\$1,199			
Blind and Disabled	20.2%	50.1%	\$15,151	18.2%	43.7%	\$11,954	17.5%	43.6%	\$8,680			
Aged	11.9%	32.9%	\$16,797	11.7%	35.2%	\$14,984	10.2%	29.3%	\$9,968			

Notes: ~ Includes CT, MA, ME, NH, RI & VT. * Regional and US averages of FY98 FMAP are weighted by FY98 expenditures. FY00 and Enhanced FMAPs are unweighted. ** Enrollment on 06/30/98 was 79.2% of total annual enrollment state reported to HCFA on Form 2082 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	RHODE ISLAND				NEW ENGLAND 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	0.1%	0.5%	0.8%	1.5%	1.5%	1.8%						
Dental Services	0.5%	0.3%	0.4%	0.3%	0.4%	0.2%						
Other Practitioners	0.0%	0.1%	0.3%	0.1%	0.3%	0.2%						
EPSDT*	0.0%	0.0%	0.1%	0.0%	0.1%	0.1%						
Family Planning Services	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%						
Clinic Services	0.1%	0.2%	0.6%	0.9%	0.9%	1.1%						
Outpatient Hospital	0.4%	1.1%	1.0%	1.7%	1.3%	1.8%						
Inpatient Hospital	1.7%	12.5%	2.5%	5.2%	5.1%	6.4%						
Nursing Home/Intermediate Care	0.4%	25.6%	0.2%	31.2%	0.6%	24.5%						
Mental Health Facility Services	1.3%	0.5%	0.8%	0.6%	0.8%	1.3%						
Personal Care / Home Health Services	2.3%	11.8%	1.2%	3.3%	2.1%	4.7%						
Lab and X-Ray	0.0%	0.1%	0.0%	0.1%	0.2%	0.3%						
Prescribed Drugs	0.3%	4.7%	0.8%	6.2%	1.2%	6.1%						
Prepaid Health Care	7.4%	2.0%	5.9%	2.5%	6.2%	4.3%						
Primary Care Case Management Services	0.0%	0.0%	0.1%	0.0%	0.1%	0.0%						
Other Services**	2.8%	3.0%	2.7%	3.2%	1.6%	2.0%						
Reporting Variance~	0.0%	20.2%	0.0%	21.0%	0.2%	20.0%						
All Services	17.4%	82.6%	17.6%	82.4%	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	\$142	10.2%	\$214	27.7%	\$247	29.9%	\$399	29.9%	\$242	39.3%	\$384	37.8%
Dental Services	\$183	35.1%	\$200	21.9%	\$170	23.1%	\$209	17.6%	\$172	13.7%	\$204	7.7%
Other Practitioners	\$276	2.0%	\$91	11.1%	\$460	6.5%	\$90	18.2%	\$179	6.7%	\$110	13.2%
EPSDT*	\$57	4.5%	\$58	0.7%	\$74	11.5%	\$54	2.2%	\$224	26.1%	\$308	3.5%
Family Planning Services	\$111	0.5%	\$183	0.7%	\$115	2.9%	\$132	4.0%	\$159	2.6%	\$141	3.3%
Clinic Services	\$160	5.8%	\$470	5.6%	\$675	8.3%	\$1,010	10.6%	\$469	11.4%	\$874	9.7%
Outpatient Hospital	\$430	11.0%	\$547	26.8%	\$418	21.6%	\$634	30.8%	\$333	24.7%	\$582	24.6%
Inpatient Hospital	\$8,518	2.4%	\$15,149	10.6%	\$6,339	3.6%	\$5,447	10.7%	\$4,826	6.5%	\$4,807	10.5%
Nursing Home/Intermediate Care	\$90,782	0.0%	\$21,525	15.3%	\$47,481	0.0%	\$22,737	15.4%	\$63,002	0.1%	\$21,867	8.9%
Mental Health Facility Services	\$41,774	0.4%	\$27,066	0.2%	\$40,347	0.2%	\$32,060	0.2%	\$18,105	0.3%	\$28,065	0.4%
Personal Care / Home Health Services	\$2,011	13.3%	\$10,531	14.5%	\$2,300	4.6%	\$4,016	9.4%	\$1,752	7.3%	\$3,125	11.9%
Lab and X-Ray	\$40	7.2%	\$91	17.2%	\$43	8.3%	\$98	12.9%	\$66	17.6%	\$119	18.7%
Prescribed Drugs	\$353	8.9%	\$1,443	42.3%	\$206	35.6%	\$1,346	51.8%	\$188	41.0%	\$1,205	40.3%
Prepaid Health Care	\$990	87.5%	\$1,430	18.4%	\$741	71.6%	\$1,028	27.6%	\$771	50.0%	\$1,286	26.5%
Primary Care Case Management Services	NA	0.0%	NA	0.0%	\$34	14.8%	\$39	6.5%	\$28	12.2%	\$43	4.2%
Other Services**	\$1,517	21.9%	\$2,891	13.2%	\$1,546	15.9%	\$1,174	30.5%	\$799	12.2%	\$799	19.6%
All Services	\$2,061	99.3%	\$10,643	100.0%	\$1,898	83.3%	\$9,585	96.7%	\$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 Rhode Island in 1997 was 72% 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.

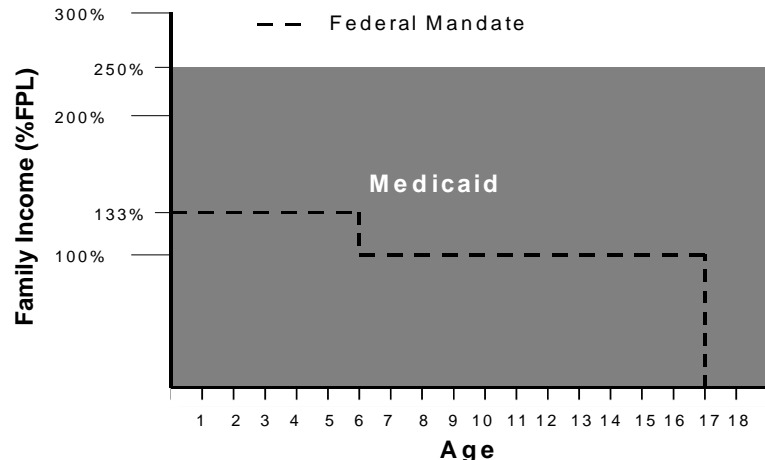
I. CONTINUED	RHODE ISLAND		NEW ENGLAND REGION		UNITED STATES	
I. Enrollees Under Age 21, by Race and Age, FY 1998#	<u>Enrollees</u>	<u>Percent</u>	<u>Enrollees</u>	<u>Percent</u>	<u>Enrollees</u>	<u>Percent</u>
Non-hispanic White	37,697	48.5%	482,893	45.0%	8,942,666	40.0%
Ages 0 Through 5	13,113	34.8%	232,119	48.1%	3,674,647	41.1%
Ages 6 Through 20	24,584	65.2%	250,774	51.9%	5,268,019	57.6%
Non-hispanic Black	9,258	11.9%	141,551	13.2%	6,572,457	29.4%
Ages 0 Through 5	2,956	31.9%	62,930	44.5%	2,493,510	37.9%
Ages 6 Through 20	6,302	68.1%	78,621	55.5%	4,078,947	62.1%
Hispanic	17,480	22.5%	196,236	18.3%	4,814,500	21.6%
Ages 0 Through 5	6,174	35.3%	92,809	47.3%	2,211,872	45.9%
Ages 6 Through 20	11,306	64.7%	103,427	52.7%	2,602,628	54.1%
Other	13,316	17.1%	252,158	23.5%	2,001,399	9.0%
Ages 0 Through 5	7,140	53.6%	145,678	57.8%	840,334	42.0%
Ages 6 Through 20	6,176	46.4%	106,480	42.2%	1,161,065	58.0%

II. POPULATION AND CHILD HEALTH DATA

A. Total Population, 1998	994,333	100.0%		13,481,173	100.0%		270,002,354	100.0%	
Under Age 21	282,064	28.4%		3,790,807	28.1%		81,664,866	30.2%	
Under Age 6	78,695	7.9%		1,055,754	7.8%		23,078,513	8.5%	
Infants	13,281	1.3%		176,175	1.3%		3,800,560	1.4%	
Age 1 Through 5	65,414	6.6%		879,579	6.5%		19,277,953	7.1%	
Age 6 Through 20	203,369	20.5%		2,735,053	20.3%		58,586,353	21.7%	
Age 21 and Older	712,269	71.6%		9,690,366	71.9%		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>	<u>Total</u>	<u>White</u>	<u>Other</u>
Infant Mortality per 1,000 Live Births	7.0	7.0	na	5.8	5.4	8.4	7.2	6.0	11.8
Neonatal Mortality	5.5	5.5	na	4.4	4.2	6.2	4.8	4.0	7.7
Postneonatal Mortality	na	na	na	1.4	1.3	2.1	2.5	2.0	4.0
% Low Birth Weight Infants									
Under 2500 Grams	7.6	7.1	10.9	7.0	6.5	10.2	7.6	6.5	11.6
Under 1500 Grams	1.7	1.5	2.9	1.4	1.2	2.4	1.4	1.1	2.6
% Not Receiving Prenatal Care									
In First Trimester	10.3	9.1	19.7	11.0	9.9	18.9	17.2	15.2	24.9
Until Third Trimester or Not At All	1.5	1.3	3.5	2.4	2.1	4.5	3.9	3.3	6.3
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 ~	18,949	8%		499,891	16%		34,317,300	50%	
Fewer than 82 Child Health Physician per 100K Children ~	18,949	8%		636,670	20%		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 (51% FPL for Rhode Island, an equivalent of \$7,216 for a family of 3 in 2000).

Title XIX funds Rite Care, Rhode Island's Medicaid program to 250% FPL for pregnant women, infants and children through age 7. The Medically Needy were covered up to 83% FPL 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 61% of 19K uninsured children under age 19 in Rhode Island 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>'.

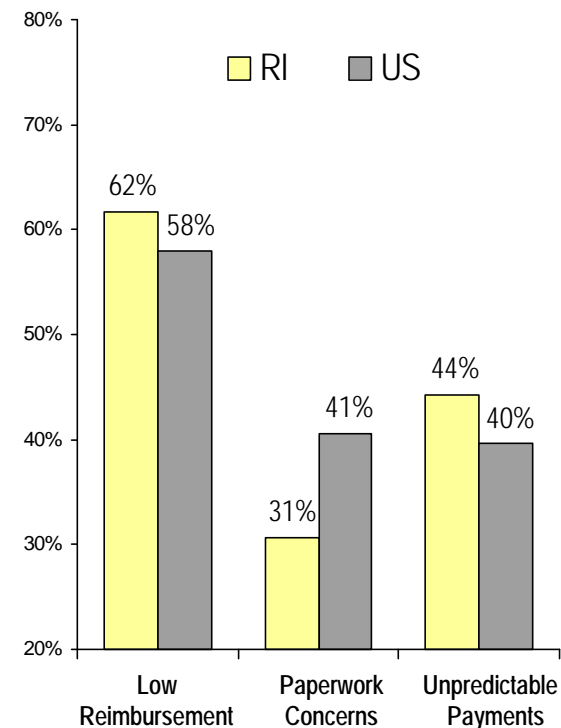
B. Title XXI Medicaid/SCHIP Program Eligibility

Title XXI funds Rite Care to cover children ages 8 through 16 from 100% to 250% FPL, and ages 17 through 18 from 51% to 250% FPL. The state plans to expand Rite Care to 300% for children through age 18. Federally legislated maximum Title XXI SCHIP/Medicaid program eligibility for infants and children through age 7 in Rhode Island is 300% 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>'.



Medicaid State Report

SOUTH CAROLINA, FY 1998 (October 1, 1997 - September 30, 1998)

I. MEDICAID ENROLLEES AND EXPENDITURES				SOUTH CAROLINA			SOUTH ATLANTIC REGION~			UNITED STATES		
A. Federal Medical Assistance Percentage (FMAP)*	70.2% (FY98)	70.0% (FY00)	79.0% (Enhanced)	60.6% (FY98)	60.6% (FY00)	72.4% (Enhanced)	60.7% (FY98)	60.7% (FY00)	72.5% (Enhanced)			
B. Total Medicaid Managed Care Enrollment, 06/30/1998 (% of Total Medicaid Enrollment)	15,823 (3.6% of 442,994 **)			3,014,061 (60.1% of 5,016,687)			15,760,205 (52.5% of 30,009,674)					
C. Percent of Births Paid for by Medicaid, 1997***	47%			45%			35%					
D. FY 1998 and FY 1994-98 Averaged DSH^ Payment	\$446 M		\$416 M	\$1,939 M		\$1,560 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	656,263		100.0%	7,032,022		100.0%	40,377,603		100.0%			
Children Under Age 21	369,983		56.4%	4,023,395		57.2%	22,331,022		56.4%			
Under Age 6	142,837		21.8%	1,670,802		23.8%	9,220,363		22.8%			
Infants	30,163		4.6%	370,561		5.3%	2,014,962		5.0%			
Age 1 Through 5	112,674		17.2%	1,300,241		18.5%	7,205,401		17.8%			
Age 6 Through 20	227,146		34.6%	2,352,593		33.5%	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	656,263	\$2,019 M	\$3,076	7,032,022	\$21,733 M	\$3,091	40,377,603	\$142,058 M	\$3,518			
Children^^^	48.3%	20.3%	\$1,124	52.0%	17.7%	\$1,024	50.6%	16.4%	\$1,130			
Categorically Needy - Cash	7.2%	3.1%	\$1,157	18.6%	5.8%	\$945	18.4%	6.0%	\$1,137			
Categorically Needy - Noncash	26.5%	11.0%	\$1,107	23.8%	7.4%	\$930	17.4%	4.6%	\$910			
Medically Needy	NA	NA	NA	0.6%	0.5%	\$2,280	4.5%	1.7%	\$1,294			
Other	14.6%	6.2%	\$1,138	9.0%	4.0%	\$1,343	10.2%	4.2%	\$1,418			
Adults	23.1%	9.2%	\$1,070	18.7%	10.5%	\$1,689	21.8%	10.7%	\$1,704			
Categorically Needy - Cash	3.3%	2.4%	\$1,973	8.9%	4.7%	\$1,584	8.8%	4.5%	\$1,796			
Categorically Needy - Noncash	3.0%	4.6%	\$4,079	5.1%	4.2%	\$2,464	5.6%	3.2%	\$1,987			
Medically Needy	NA	NA	NA	0.8%	0.5%	\$2,000	2.6%	1.3%	\$1,717			
Other	16.8%	2.2%	\$348	3.9%	1.1%	\$841	4.8%	1.6%	\$1,199			
Blind and Disabled	16.9%	43.3%	\$6,878	18.9%	45.5%	\$7,250	17.5%	43.6%	\$8,680			
Aged	11.7%	27.2%	\$6,226	10.5%	26.3%	\$7,568	10.2%	29.3%	\$9,968			

Notes: ~ Includes DC, DE, FL, GA, MD, NC, SC, VA & WV. * Regional and US averages of FY98 FMAP are weighted by FY98 expenditures. FY00 and Enhanced FMAPs are unweighted. ** Enrollment on 06/30/98 was 67.5% of total annual enrollment state reported to HCFA on Form 2082 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	SOUTH CAROLINA				SOUTH ATLANTIC 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	3.4%		3.6%		2.5%		2.7%		1.5%		1.8%	
Dental Services	0.9%		0.3%		0.7%		0.3%		0.4%		0.2%	
Other Practitioners	0.2%		0.1%		0.2%		0.3%		0.2%		0.2%	
EPSDT*	0.4%		0.0%		0.9%		0.1%		0.9%		0.1%	
Family Planning Services	0.8%		0.4%		0.1%		0.1%		0.1%		0.1%	
Clinic Services	3.4%		2.7%		1.1%		0.9%		0.9%		1.1%	
Outpatient Hospital	1.4%		1.1%		2.5%		2.3%		1.3%		1.8%	
Inpatient Hospital	7.4%		8.2%		6.5%		7.0%		5.1%		6.4%	
Nursing Home/Intermediate Care	0.5%		20.9%		0.5%		22.6%		0.6%		24.5%	
Mental Health Facility Services	1.8%		1.0%		0.7%		0.7%		0.8%		1.3%	
Personal Care / Home Health Services	2.8%		2.0%		3.0%		3.9%		2.1%		4.7%	
Lab and X-Ray	0.2%		0.3%		0.2%		0.3%		0.2%		0.3%	
Prescribed Drugs	1.9%		7.4%		1.8%		7.8%		1.2%		6.1%	
Prepaid Health Care	0.2%		0.7%		4.2%		3.4%		6.2%		4.3%	
Primary Care Case Management Services	0.0%		0.0%		0.2%		0.1%		0.1%		0.0%	
Other Services**	3.4%		6.7%		1.1%		1.6%		1.6%		2.0%	
Reporting Variance~	0.0%		15.9%		-0.5%		18.3%		0.2%		20.0%	
All Services	28.8%		71.2%		25.7%		74.3%		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	\$270	60.2%	\$435	51.0%	\$277	48.5%	\$437	48.5%	\$242	39.3%	\$384	37.8%
Dental Services	\$142	28.8%	\$163	9.7%	\$174	22.0%	\$210	9.1%	\$172	13.7%	\$204	7.7%
Other Practitioners	\$85	11.1%	\$57	14.8%	\$155	7.0%	\$151	12.3%	\$179	6.7%	\$110	13.2%
EPSDT*	\$73	29.2%	\$43	2.1%	\$149	30.3%	\$117	3.6%	\$224	26.1%	\$308	3.5%
Family Planning Services	\$372	10.8%	\$223	11.1%	\$194	3.2%	\$151	3.9%	\$159	2.6%	\$141	3.3%
Clinic Services	\$410	39.5%	\$806	20.7%	\$486	12.0%	\$712	9.4%	\$469	11.4%	\$874	9.7%
Outpatient Hospital	\$169	39.3%	\$325	21.2%	\$446	29.4%	\$546	30.2%	\$333	24.7%	\$582	24.6%
Inpatient Hospital	\$2,835	12.4%	\$2,074	24.4%	\$4,368	7.8%	\$3,594	13.7%	\$4,826	6.5%	\$4,807	10.5%
Nursing Home/Intermediate Care	\$59,405	0.0%	\$21,148	6.1%	\$59,984	0.0%	\$19,921	8.0%	\$63,002	0.1%	\$21,867	8.9%
Mental Health Facility Services	\$24,076	0.4%	\$20,418	0.3%	\$7,409	0.5%	\$8,143	0.6%	\$18,105	0.3%	\$28,065	0.4%
Personal Care / Home Health Services	\$1,383	9.8%	\$1,305	9.7%	\$1,055	15.2%	\$1,828	15.2%	\$1,752	7.3%	\$3,125	11.9%
Lab and X-Ray	\$51	20.2%	\$101	17.0%	\$57	20.1%	\$111	19.4%	\$66	17.6%	\$119	18.7%
Prescribed Drugs	\$156	58.1%	\$921	49.2%	\$197	49.4%	\$1,162	47.3%	\$188	41.0%	\$1,205	40.3%
Prepaid Health Care	\$260	3.9%	\$5,628	0.8%	\$660	33.5%	\$2,159	11.1%	\$771	50.0%	\$1,286	26.5%
Primary Care Case Management Services	NA	0.0%	NA	0.0%	\$22	43.5%	\$27	16.5%	\$28	12.2%	\$43	4.2%
Other Services**	\$1,280	12.5%	\$1,650	24.9%	\$808	7.0%	\$660	17.5%	\$799	12.2%	\$799	19.6%
All Services	\$1,573	87.1%	\$4,971	88.3%	\$1,447	93.8%	\$5,628	93.1%	\$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 South Carolina in 1997 was 44% 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.

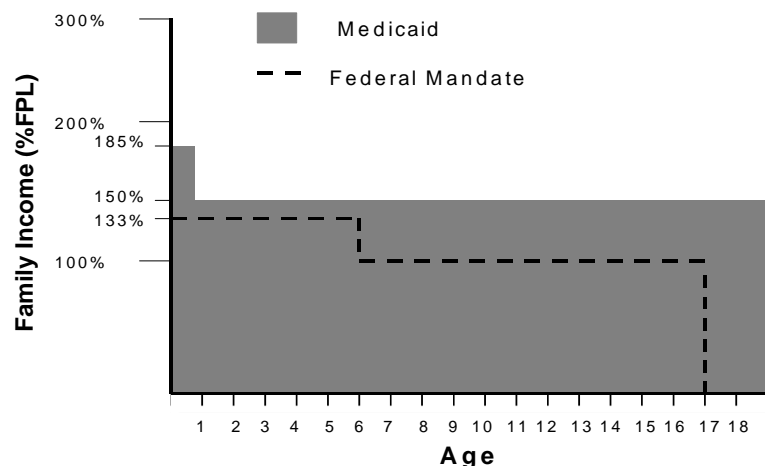
I. CONTINUED	SOUTH CAROLINA		SOUTH ATLANTIC REGION		UNITED STATES	
I. Enrollees Under Age 21, by Race and Age, FY 1998#	<u>Enrollees</u>	<u>Percent</u>	<u>Enrollees</u>	<u>Percent</u>	<u>Enrollees</u>	<u>Percent</u>
Non-hispanic White	131,015	35.4%	1,531,128	38.1%	8,942,666	40.0%
Ages 0 Through 5	55,597	42.4%	653,253	42.7%	3,674,647	41.1%
Ages 6 Through 20	75,418	57.6%	877,875	57.3%	5,268,019	57.6%
Non-hispanic Black	225,692	61.0%	1,953,927	48.6%	6,572,457	29.4%
Ages 0 Through 5	80,319	35.6%	736,600	37.7%	2,493,510	37.9%
Ages 6 Through 20	145,373	64.4%	1,217,327	62.3%	4,078,947	62.1%
Hispanic	3,995	1.1%	341,932	8.5%	4,814,500	21.6%
Ages 0 Through 5	2,301	57.6%	174,997	51.2%	2,211,872	45.9%
Ages 6 Through 20	1,694	42.4%	166,935	48.8%	2,602,628	54.1%
Other	9,281	2.5%	196,408	4.9%	2,001,399	9.0%
Ages 0 Through 5	4,620	49.8%	105,952	53.9%	840,334	42.0%
Ages 6 Through 20	4,661	50.2%	90,456	46.1%	1,161,065	58.0%

II. POPULATION AND CHILD HEALTH DATA

A. Total Population, 1998	3,786,257	100.0%	48,928,149	100.0%	270,002,354	100.0%
Under Age 21	1,127,335	29.8%	14,000,712	28.6%	81,664,866	30.2%
Under Age 6	309,989	8.2%	3,906,606	8.0%	23,078,513	8.5%
Infants	50,920	1.3%	633,689	1.3%	3,800,560	1.4%
Age 1 Through 5	259,069	6.8%	3,272,917	6.7%	19,277,953	7.1%
Age 6 Through 20	817,346	21.6%	10,094,106	20.6%	58,586,353	21.7%
Age 21 and Older	2,658,922	70.2%	34,927,437	71.4%	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	9.6	6.4	15.0	8.3	6.1	13.5
Neonatal Mortality	6.9	4.7	10.6	5.8	4.2	9.5
Postneonatal Mortality	2.7	1.7	4.4	2.6	2.0	4.0
% Low Birth Weight Infants						
Under 2500 Grams	9.5	7.1	13.8	8.5	6.7	12.5
Under 1500 Grams	2.0	1.3	3.2	1.7	1.2	3.0
% Not Receiving Prenatal Care						
In First Trimester	18.6	12.8	28.7	15.4	11.8	23.7
Until Third Trimester or Not At All	4.2	2.3	7.4	3.3	2.3	5.7
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 ~	636,799	65%	4,873,224	42%	34,317,300	50%
Fewer than 82 Child Health Physician per 100K Children ~	473,665	48%	4,550,267	39%	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 (50% FPL for South Carolina, an equivalent of \$7,075 for a family of 3 in 2000).

South Carolina expanded its Title XIX Medicaid program to 185% FPL for pregnant women and infants. 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 52% of 167K uninsured children under age 19 in South Carolina 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>'.

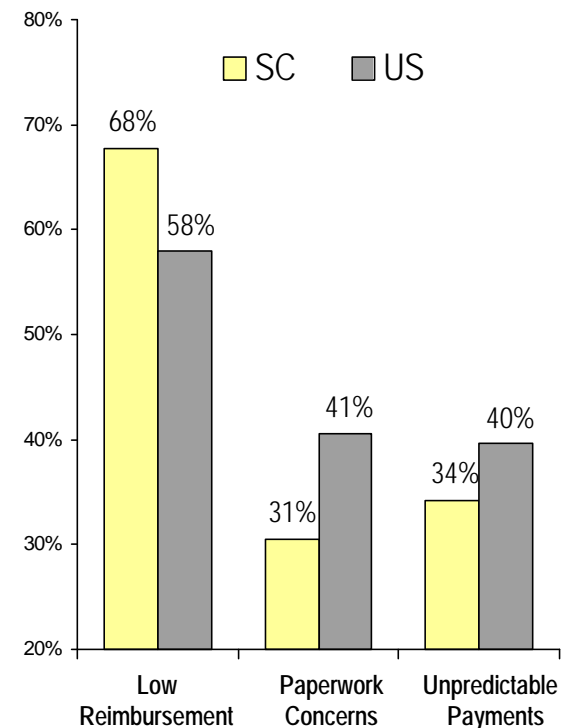
B. Title XXI Medicaid/SCHIP Program Eligibility

South Carolina's Title XXI Medicaid program covers children ages 1 through 5 from 133% to 150% FPL, ages 6 through 16 from 100% to 150% FPL, and ages 17 through 18 from 50% to 150% FPL. Federally legislated maximum Title XXI SCHIP/Medicaid program eligibility for South Carolina is 235% FPL for all infants and 200% FPL for children through age 18.

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>".



Medicaid State Report

SOUTH DAKOTA, FY 1998 (October 1, 1997 - September 30, 1998)



I. MEDICAID ENROLLEES AND EXPENDITURES	SOUTH DAKOTA			WEST NORTH CENTRAL REGION~			UNITED STATES		
A. Federal Medical Assistance Percentage (FMAP)*	67.7% (FY98)	68.7% (FY00)	78.1% (Enhanced)	62.2% (FY98)	62.2% (FY00)	73.5% (Enhanced)	60.7% (FY98)	60.7% (FY00)	72.5% (Enhanced)
B. Total Medicaid Managed Care Enrollment, 06/30/1998 (% of Total Medicaid Enrollment)	43,834 (70.6% of 62,110 **)			929,209 (55.6% of 1,670,689)			15,760,205 (52.5% of 30,009,674)		
C. Percent of Births Paid for by Medicaid, 1997***	33%			33%			35%		
D. FY 1998 and FY 1994-98 Averaged DSH^ Payment	\$1 M		\$1 M	\$795 M		\$692 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	83,111		100.0%	2,253,058		100.0%	40,377,603		100.0%
Children Under Age 21	52,925		63.7%	1,335,291		59.3%	22,331,022		56.4%
Under Age 6	23,494		28.3%	525,359		23.3%	9,220,363		22.8%
Infants	6,417		7.7%	107,361		4.8%	2,014,962		5.0%
Age 1 Through 5	17,077		20.5%	417,998		18.6%	7,205,401		17.8%
Age 6 Through 20	29,431		35.4%	809,932		35.9%	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	83,111	\$356 M	\$4,281	2,253,058	\$9,149 M	\$4,061	40,377,603	\$142,058 M	\$3,518
Children^^^	56.6%	17.1%	\$1,294	55.0%	16.9%	\$1,238	50.6%	16.4%	\$1,130
Categorically Needy - Cash	16.1%	4.6%	\$1,220	15.4%	4.9%	\$1,296	18.4%	6.0%	\$1,137
Categorically Needy - Noncash	28.1%	5.6%	\$855	23.8%	5.0%	\$856	17.4%	4.6%	\$910
Medically Needy	NA	NA	NA	0.8%	0.3%	\$1,514	4.5%	1.7%	\$1,294
Other	12.3%	6.9%	\$2,390	15.1%	6.6%	\$1,768	10.2%	4.2%	\$1,418
Adults	15.2%	7.5%	\$2,126	17.8%	7.3%	\$1,651	21.8%	10.7%	\$1,704
Categorically Needy - Cash	7.3%	3.3%	\$1,949	7.2%	3.9%	\$2,193	8.8%	4.5%	\$1,796
Categorically Needy - Noncash	5.0%	3.0%	\$2,513	2.9%	1.3%	\$1,825	5.6%	3.2%	\$1,987
Medically Needy	NA	NA	NA	0.7%	0.2%	\$1,026	2.6%	1.3%	\$1,717
Other	2.8%	1.3%	\$1,898	7.0%	1.9%	\$1,084	4.8%	1.6%	\$1,199
Blind and Disabled	17.9%	45.2%	\$10,787	15.4%	41.3%	\$10,836	17.5%	43.6%	\$8,680
Aged	10.3%	30.2%	\$12,530	11.7%	34.5%	\$11,899	10.2%	29.3%	\$9,968

Notes: ~ Includes IA, KS, MN, MO, ND, NE & SD. * Regional and US averages of FY98 FMAP are weighted by FY98 expenditures. FY00 and Enhanced FMAPs are unweighted. ** Enrollment on 06/30/98 was 74.7% 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	SOUTH DAKOTA				WEST NORTH 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	2.8%		2.0%		1.0%		1.2%		1.5%		1.8%	
Dental Services	0.0%		0.0%		0.3%		0.2%		0.4%		0.2%	
Other Practitioners	0.2%		0.2%		0.2%		0.2%		0.2%		0.2%	
EPSDT*	1.6%		0.8%		0.7%		0.2%		0.9%		0.1%	
Family Planning Services	0.0%		0.0%		0.0%		0.0%		0.1%		0.1%	
Clinic Services	0.9%		0.7%		0.6%		0.7%		0.9%		1.1%	
Outpatient Hospital	3.8%		2.6%		1.1%		1.6%		1.3%		1.8%	
Inpatient Hospital	10.8%		5.9%		4.0%		3.9%		5.1%		6.4%	
Nursing Home/Intermediate Care	0.5%		29.9%		0.6%		26.8%		0.6%		24.5%	
Mental Health Facility Services	0.0%		0.8%		0.4%		0.3%		0.8%		1.3%	
Personal Care / Home Health Services	2.5%		1.7%		2.4%		4.1%		2.1%		4.7%	
Lab and X-Ray	0.2%		0.2%		0.1%		0.2%		0.2%		0.3%	
Prescribed Drugs	1.4%		5.2%		1.2%		6.2%		1.2%		6.1%	
Prepaid Health Care	0.8%		0.3%		6.3%		2.5%		6.2%		4.3%	
Primary Care Case Management Services	0.2%		0.0%		0.1%		0.1%		0.1%		0.0%	
Other Services**	2.1%		5.6%		2.1%		2.4%		1.6%		2.0%	
Reporting Variance~	0.0%		16.2%		2.0%		23.6%		0.2%		20.0%	
All Services	27.8%		72.2%		23.0%		77.0%		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	\$334	55.6%	\$424	54.7%	\$223	31.9%	\$333	31.9%	\$242	39.3%	\$384	37.8%
Dental Services	\$439	0.0%	\$386	0.1%	\$161	12.7%	\$188	10.7%	\$172	13.7%	\$204	7.7%
Other Practitioners	\$283	3.8%	\$134	18.4%	\$155	7.2%	\$107	15.7%	\$179	6.7%	\$110	13.2%
EPSDT*	\$424	25.8%	\$1,182	7.7%	\$266	17.5%	\$429	4.0%	\$224	26.1%	\$308	3.5%
Family Planning Services	\$68	3.0%	\$79	4.9%	\$95	2.0%	\$104	2.8%	\$159	2.6%	\$141	3.3%
Clinic Services	\$277	21.2%	\$408	19.2%	\$234	17.5%	\$341	19.9%	\$469	11.4%	\$874	9.7%
Outpatient Hospital	\$577	44.3%	\$778	39.1%	\$341	21.2%	\$617	26.4%	\$333	24.7%	\$582	24.6%
Inpatient Hospital	\$5,105	14.2%	\$3,900	17.9%	\$4,766	5.7%	\$4,296	9.0%	\$4,826	6.5%	\$4,807	10.5%
Nursing Home/Intermediate Care	\$59,249	0.1%	\$17,454	20.2%	\$53,819	0.1%	\$19,096	13.9%	\$63,002	0.1%	\$21,867	8.9%
Mental Health Facility Services		0.0%	\$55,270	0.2%	\$24,837	0.1%	\$31,180	0.1%	\$18,105	0.3%	\$28,065	0.4%
Personal Care / Home Health Services	\$1,059	15.7%	\$1,175	16.6%	\$2,279	7.2%	\$2,328	17.4%	\$1,752	7.3%	\$3,125	11.9%
Lab and X-Ray	\$70	19.7%	\$91	32.1%	\$56	10.9%	\$82	18.8%	\$66	17.6%	\$119	18.7%
Prescribed Drugs	\$193	50.1%	\$1,173	52.7%	\$232	34.3%	\$1,407	43.5%	\$188	41.0%	\$1,205	40.3%
Prepaid Health Care	\$500	0.0%	\$42	78.6%	\$774	55.7%	\$1,114	22.6%	\$771	50.0%	\$1,286	26.5%
Primary Care Case Management Services	\$23	59.2%	\$22	19.8%	\$68	15.1%	\$213	4.8%	\$28	12.2%	\$43	4.2%
Other Services**	\$1,105	13.1%	\$2,480	26.5%	\$1,707	8.3%	\$1,178	20.3%	\$799	12.2%	\$799	19.6%
All Services	\$1,871	100.0%	\$8,507	100.0%	\$1,662	94.7%	\$7,755	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 South Dakota in 1997 was 48% 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.

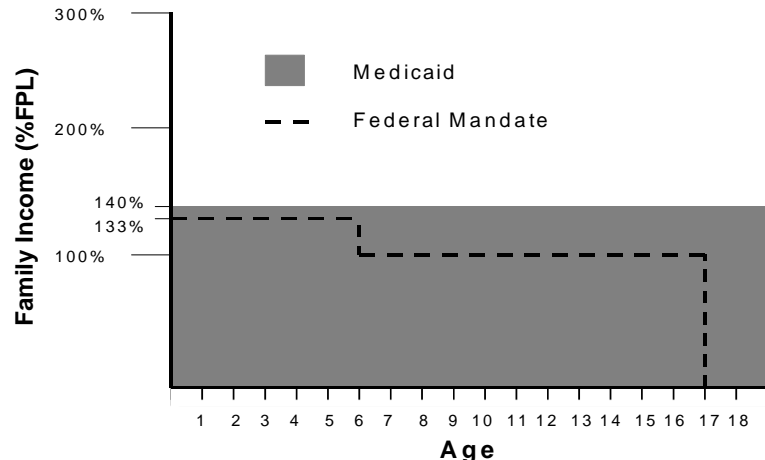
I. CONTINUED	SOUTH DAKOTA		WEST NORTH CENTRAL REGION		UNITED STATES	
I. Enrollees Under Age 21, by Race and Age, FY 1998#	<u>Enrollees</u>	<u>Percent</u>	<u>Enrollees</u>	<u>Percent</u>	<u>Enrollees</u>	<u>Percent</u>
Non-hispanic White	28,601	54.0%	870,583	65.2%	8,942,666	40.0%
Ages 0 Through 5	13,494	47.2%	347,691	39.9%	3,674,647	41.1%
Ages 6 Through 20	15,107	52.8%	522,892	60.1%	5,268,019	57.6%
Non-hispanic Black	116	0.2%	287,559	21.5%	6,572,457	29.4%
Ages 0 Through 5	22	19.0%	103,802	36.1%	2,493,510	37.9%
Ages 6 Through 20	94	81.0%	183,757	63.9%	4,078,947	62.1%
Hispanic	67	0.1%	66,083	4.9%	4,814,500	21.6%
Ages 0 Through 5	27	40.3%	34,416	52.1%	2,211,872	45.9%
Ages 6 Through 20	40	59.7%	31,667	47.9%	2,602,628	54.1%
Other	24,141	45.6%	111,066	8.3%	2,001,399	9.0%
Ages 0 Through 5	9,951	41.2%	39,450	35.5%	840,334	42.0%
Ages 6 Through 20	14,190	58.8%	71,616	64.5%	1,161,065	58.0%

II. POPULATION AND CHILD HEALTH DATA

A. Total Population, 1998	758,770	100.0%	18,800,925	100.0%	270,002,354	100.0%
Under Age 21	245,811	32.4%	5,720,526	30.4%	81,664,866	30.2%
Under Age 6	64,781	8.5%	1,519,387	8.1%	23,078,513	8.5%
Infants	10,867	1.4%	250,090	1.3%	3,800,560	1.4%
Age 1 Through 5	53,914	7.1%	1,269,297	6.8%	19,277,953	7.1%
Age 6 Through 20	181,030	23.9%	4,201,139	22.3%	58,586,353	21.7%
Age 21 and Older	512,959	67.6%	13,080,399	69.6%	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	7.7	5.3	18.9	6.9	5.9	13.9
Neonatal Mortality	3.8	3.2	na	4.4	3.8	8.4
Postneonatal Mortality	3.8	na	12.0	2.5	2.1	5.4
% Low Birth Weight Infants						
Under 2500 Grams	5.8	5.7	6.3	6.7	6.2	10.8
Under 1500 Grams	1.2	1.0	1.7	1.3	1.1	2.4
% Not Receiving Prenatal Care						
In First Trimester	17.3	13.4	34.9	14.5	12.8	27.4
Until Third Trimester or Not At All	3.2	1.8	9.8	2.8	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 ~	208,378	100%	3,416,588	70%	34,317,300	50%
Fewer than 82 Child Health Physician per 100K Children ~	208,378	100%	3,041,842	62%	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 (47% FPL for South Dakota, an equivalent of \$6,650 for a family of 3 in 2000).

South Dakota expanded its Title XIX Medicaid program to 100% FPL for 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 32% of 24K uninsured children under age 19 in South Dakota 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>'.

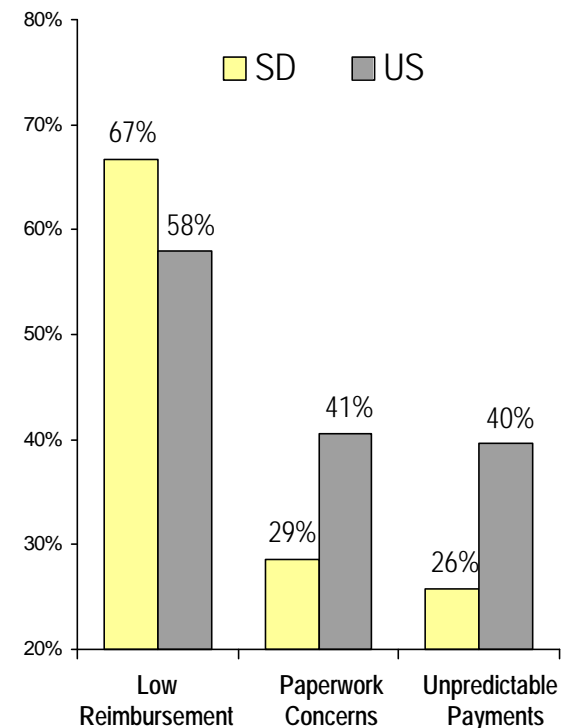
B. Title XXI Medicaid/SCHIP Program Eligibility

South Dakota's Title XXI Medicaid program covers children through age 18 up to 140% FPL. Federally legislated maximum Title XXI SCHIP/Medicaid program eligibility for South Dakota is 200% FPL for all infants and children through age 18.

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>'.



Medicaid State Report

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



I. MEDICAID ENROLLEES AND EXPENDITURES				TENNESSEE			EAST SOUTH CENTRAL REGION~			UNITED STATES		
A. Federal Medical Assistance Percentage (FMAP)*	63.4% (FY98)	63.1% (FY00)	74.2% (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)	1,268,769 (100.0% of 1,268,769 **)			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***	48%			47%			35%					
D. FY 1998 and FY 1994-98 Averaged DSH^ Payment	\$0 M \$21 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	1,454,799 100.0%			3,263,176 100.0%			40,377,603 100.0%					
Children Under Age 21	669,063 46.0%			1,667,788 51.1%			22,331,022 56.4%					
Under Age 6	228,552 15.7%			658,669 20.2%			9,220,363 22.8%					
Infants	35,630 2.4%			123,064 3.8%			2,014,962 5.0%					
Age 1 Through 5	192,922 13.3%			535,605 16.4%			7,205,401 17.8%					
Age 6 Through 20	440,511 30.3%			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	1,454,799	\$3,167 M	\$2,177	3,263,176	\$8,937 M	\$2,739	40,377,603	\$142,058 M	\$3,518			
Children^^^	38.4%	16.9%	\$839	44.1%	16.8%	\$935	50.6%	16.4%	\$1,130			
Categorically Needy - Cash	7.8%	3.5%	\$857	9.9%	4.1%	\$1,004	18.4%	6.0%	\$1,137			
Categorically Needy - Noncash	20.7%	7.2%	\$662	26.0%	8.6%	\$809	17.4%	4.6%	\$910			
Medically Needy	2.6%	1.1%	\$857	2.0%	1.0%	\$1,234	4.5%	1.7%	\$1,294			
Other	7.3%	5.1%	\$1,315	6.1%	3.1%	\$1,256	10.2%	4.2%	\$1,418			
Adults	34.5%	22.9%	\$1,261	22.2%	12.8%	\$1,416	21.8%	10.7%	\$1,704			
Categorically Needy - Cash	3.4%	2.5%	\$1,433	4.4%	3.0%	\$1,668	8.8%	4.5%	\$1,796			
Categorically Needy - Noncash	21.7%	14.3%	\$1,259	11.6%	6.8%	\$1,440	5.6%	3.2%	\$1,987			
Medically Needy	4.8%	2.7%	\$1,065	2.7%	1.3%	\$1,219	2.6%	1.3%	\$1,717			
Other	4.6%	3.3%	\$1,352	3.5%	1.7%	\$1,170	4.8%	1.6%	\$1,199			
Blind and Disabled	21.1%	35.8%	\$3,235	24.6%	42.7%	\$4,260	17.5%	43.6%	\$8,680			
Aged	6.1%	24.4%	\$7,641	9.2%	27.8%	\$7,432	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 87.2% 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	TENNESSEE				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	2.7%		2.6%		2.9%		3.6%		1.5%		1.8%	
Dental Services	0.0%		0.0%		0.3%		0.1%		0.4%		0.2%	
Other Practitioners	0.0%		0.0%		0.1%		0.1%		0.2%		0.2%	
EPSDT*	0.0%		NA		1.2%		0.4%		0.9%		0.1%	
Family Planning Services	0.0%		0.0%		0.0%		0.0%		0.1%		0.1%	
Clinic Services	0.0%		0.0%		1.4%		1.0%		0.9%		1.1%	
Outpatient Hospital	0.0%		0.0%		1.3%		1.7%		1.3%		1.8%	
Inpatient Hospital	0.0%		0.0%		2.8%		3.6%		5.1%		6.4%	
Nursing Home/Intermediate Care	0.5%		27.7%		0.6%		27.1%		0.6%		24.5%	
Mental Health Facility Services	0.0%		0.0%		0.8%		0.6%		0.8%		1.3%	
Personal Care / Home Health Services	0.4%		1.6%		0.8%		2.5%		2.1%		4.7%	
Lab and X-Ray	0.0%		0.0%		0.2%		0.2%		0.2%		0.3%	
Prescribed Drugs	0.0%		0.0%		1.3%		6.7%		1.2%		6.1%	
Prepaid Health Care	20.2%		25.9%		9.2%		10.2%		6.2%		4.3%	
Primary Care Case Management Services	0.0%		0.0%		0.0%		0.0%		0.1%		0.0%	
Other Services**	0.0%		0.0%		0.8%		0.8%		1.6%		2.0%	
Reporting Variance~	0.0%		18.4%		0.7%		16.1%		0.2%		20.0%	
All Services	23.8%		76.2%		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	\$3,817	2.9%	\$521	17.6%	\$387	36.4%	\$488	36.4%	\$242	39.3%	\$384	37.8%
Dental Services	\$0	0.0%	\$0	0.0%	\$158	8.7%	\$154	2.9%	\$172	13.7%	\$204	7.7%
Other Practitioners	\$18	0.0%	\$18	0.0%	\$100	4.3%	\$64	5.5%	\$179	6.7%	\$110	13.2%
EPSDT*	\$0	0.0%	NA	0.0%	\$328	17.5%	\$1,093	1.7%	\$224	26.1%	\$308	3.5%
Family Planning Services	\$0	0.0%	\$0	0.0%	\$113	1.5%	\$118	1.4%	\$159	2.6%	\$141	3.3%
Clinic Services	\$78	0.0%	\$253	0.0%	\$505	13.1%	\$699	7.3%	\$469	11.4%	\$874	9.7%
Outpatient Hospital	\$0	0.0%	\$0	0.0%	\$290	21.5%	\$616	14.1%	\$333	24.7%	\$582	24.6%
Inpatient Hospital	\$0	0.0%	\$1,519	0.0%	\$3,828	3.5%	\$2,340	7.8%	\$4,826	6.5%	\$4,807	10.5%
Nursing Home/Intermediate Care	\$74,955	0.0%	\$12,980	7.5%	\$53,867	0.1%	\$16,816	8.1%	\$63,002	0.1%	\$21,867	8.9%
Mental Health Facility Services	\$0	0.0%	\$0	0.0%	\$8,674	0.4%	\$12,137	0.2%	\$18,105	0.3%	\$28,065	0.4%
Personal Care / Home Health Services	\$28,052	0.1%	\$29,378	0.2%	\$917	4.2%	\$1,802	6.9%	\$1,752	7.3%	\$3,125	11.9%
Lab and X-Ray	\$0	0.0%	\$0	0.0%	\$55	14.2%	\$121	9.0%	\$66	17.6%	\$119	18.7%
Prescribed Drugs	\$0	0.0%	\$36	0.0%	\$182	35.5%	\$1,205	28.0%	\$188	41.0%	\$1,205	40.3%
Prepaid Health Care	\$853	98.2%	\$1,411	64.7%	\$943	46.9%	\$1,449	35.4%	\$771	50.0%	\$1,286	26.5%
Primary Care Case Management Services	\$0	0.0%	\$0	0.0%	\$0	0.0%	\$0	0.0%	\$28	12.2%	\$43	4.2%
Other Services**	\$70	0.0%	\$131	0.0%	\$382	9.9%	\$473	8.7%	\$799	12.2%	\$799	19.6%
All Services	\$999	98.8%	\$2,708	99.2%	\$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 Tennessee in 1997 was 32% 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.

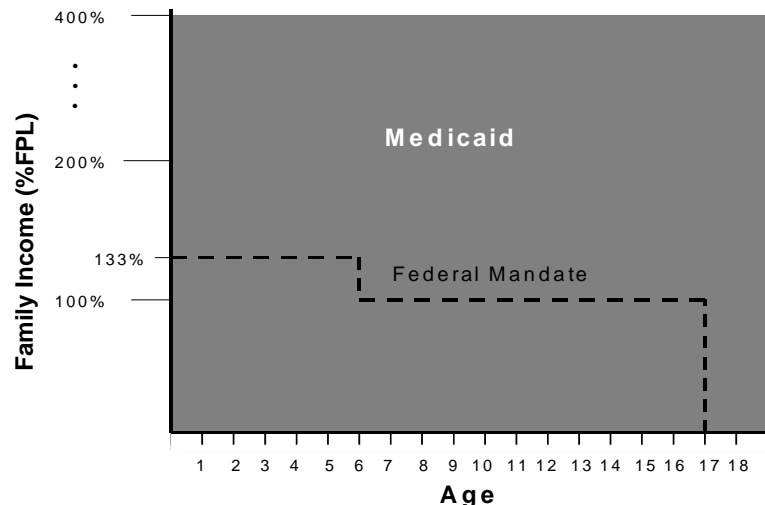
I. CONTINUED	TENNESSEE		EAST SOUTH CENTRAL REGION		UNITED STATES	
I. Enrollees Under Age 21, by Race and Age, FY 1998#	<u>Enrollees</u>	<u>Percent</u>	<u>Enrollees</u>	<u>Percent</u>	<u>Enrollees</u>	<u>Percent</u>
Non-hispanic White	410,359	61.3%	910,288	54.6%	8,942,666	40.0%
Ages 0 Through 5	137,309	33.5%	357,170	39.2%	3,674,647	41.1%
Ages 6 Through 20	273,050	66.5%	553,118	60.8%	5,268,019	57.6%
Non-hispanic Black	232,858	34.8%	700,923	42.0%	6,572,457	29.4%
Ages 0 Through 5	79,077	34.0%	273,800	39.1%	2,493,510	37.9%
Ages 6 Through 20	153,781	66.0%	427,123	60.9%	4,078,947	62.1%
Hispanic	9,588	1.4%	18,488	1.1%	4,814,500	21.6%
Ages 0 Through 5	5,071	52.9%	10,522	56.9%	2,211,872	45.9%
Ages 6 Through 20	4,517	47.1%	7,966	43.1%	2,602,628	54.1%
Other	16,258	2.4%	38,089	2.3%	2,001,399	9.0%
Ages 0 Through 5	7,095	43.6%	17,177	45.1%	840,334	42.0%
Ages 6 Through 20	9,163	56.4%	20,912	54.9%	1,161,065	58.0%

II. POPULATION AND CHILD HEALTH DATA

A. Total Population, 1998	5,503,671	100.0%	16,590,436	100.0%	270,002,354	100.0%
Under Age 21	1,593,214	28.9%	4,925,912	29.7%	81,664,866	30.2%
Under Age 6	437,418	7.9%	1,349,145	8.1%	23,078,513	8.5%
Infants	70,423	1.3%	217,706	1.3%	3,800,560	1.4%
Age 1 Through 5	366,995	6.7%	1,131,439	6.8%	19,277,953	7.1%
Age 6 Through 20	1,155,796	21.0%	3,576,767	21.6%	58,586,353	21.7%
Age 21 and Older	3,910,457	71.1%	11,664,524	70.3%	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	8.6	6.5	15.4	8.9	6.9	14.1
Neonatal Mortality	5.1	3.8	9.2	5.5	4.3	8.8
Postneonatal Mortality	3.5	2.6	6.2	3.4	2.7	5.3
% Low Birth Weight Infants						
Under 2500 Grams	9.1	7.6	14.0	9.1	7.5	13.4
Under 1500 Grams	1.7	1.2	3.1	1.8	1.3	3.1
% Not Receiving Prenatal Care						
In First Trimester	15.9	12.7	26.5	16.5	12.2	28.0
Until Third Trimester or Not At All	3.6	2.5	7.4	3.5	2.3	6.7
C. Pediatrician and Other Child Health Physician Ratios, 1998						
<i>Children living in Health Service Areas* with:</i>	<u>Total</u>	<u>% Child Population</u> ⁺	<u>Total</u>	<u>% Child Population</u> ⁺	<u>Total</u>	<u>% Child Population</u> ⁺
Fewer than 55 Pediatricians per 100K Children ~	593,125	45%	2,587,072	61%	34,317,300	50%
Fewer than 82 Child Health Physician per 100K Children ~	791,752	59%	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 (54% FPL for Tennessee, an equivalent of \$7,641 for a family of 3 in 2000).

Tennessee expanded TennCare, its Title XIX Medicaid program, to all pregnant women, infants and children through age 18 to 400% FPL. The Medically Needy were covered up to 26% FPL 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 94% of 162K uninsured children under age 19 in Tennessee 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>'.

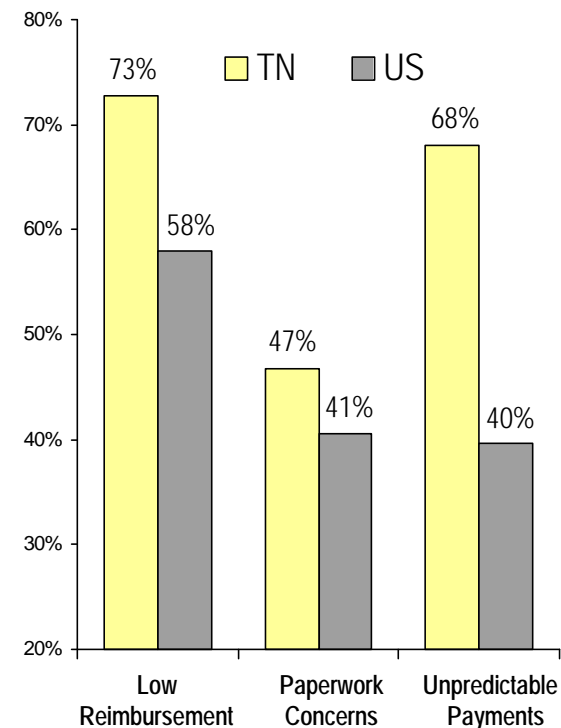
B. Title XXI Medicaid/SCHIP Program Eligibility

Tennessee's Title XXI program has not been approved.

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>".



Medicaid State Report

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



I. MEDICAID ENROLLEES AND EXPENDITURES				TEXAS			WEST SOUTH CENTRAL REGION~			UNITED STATES		
A. Federal Medical Assistance Percentage (FMAP)*	62.3% (FY98)	61.4% (FY00)	73.0% (Enhanced)	68.9% (FY98)	68.9% (FY00)	78.2% (Enhanced)	60.7% (FY98)	60.7% (FY00)	72.5% (Enhanced)			
B. Total Medicaid Managed Care Enrollment, 06/30/1998 (% of Total Medicaid Enrollment)	437,898 (25.5% of 1,719,249 **)			819,112 (26.3% of 3,115,299)			15,760,205 (52.5% of 30,009,674)					
C. Percent of Births Paid for by Medicaid, 1997***	49%			49%			35%					
D. FY 1998 and FY 1994-98 Averaged DSH^ Payment	\$1,439 M \$1,328 M			\$2,202 M \$2,248 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	2,680,583 100.0%			4,290,097 100.0%			40,377,603 100.0%					
Children Under Age 21	1,689,961 63.0%			2,356,753 54.9%			22,331,022 56.4%					
Under Age 6	789,615 29.5%			1,078,133 25.1%			9,220,363 22.8%					
Infants	162,406 6.1%			236,673 5.5%			2,014,962 5.0%					
Age 1 Through 5	627,209 23.4%			841,460 19.6%			7,205,401 17.8%					
Age 6 Through 20	900,346 33.6%			1,278,620 29.8%			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	2,680,583	\$7,140 M	\$2,664	4,290,097	\$12,077 M	\$2,815	40,377,603	\$142,058 M	\$3,518			
Children^^^	58.4%	20.2%	\$921	55.0%	18.9%	\$999	50.6%	16.4%	\$1,130			
Categorically Needy - Cash	15.3%	4.4%	\$775	15.2%	4.3%	\$826	18.4%	6.0%	\$1,137			
Categorically Needy - Noncash	32.0%	8.8%	\$731	29.2%	8.0%	\$796	17.4%	4.6%	\$910			
Medically Needy	0.4%	0.5%	\$2,891	0.8%	0.6%	\$2,127	4.5%	1.7%	\$1,294			
Other	10.7%	6.5%	\$1,622	9.8%	6.0%	\$1,785	10.2%	4.2%	\$1,418			
Adults	17.0%	12.2%	\$1,912	17.0%	10.9%	\$1,859	21.8%	10.7%	\$1,704			
Categorically Needy - Cash	7.0%	4.1%	\$1,551	6.6%	3.6%	\$1,589	8.8%	4.5%	\$1,796			
Categorically Needy - Noncash	5.4%	4.9%	\$2,406	5.9%	4.4%	\$2,179	5.6%	3.2%	\$1,987			
Medically Needy	1.4%	1.3%	\$2,552	1.3%	1.1%	\$2,461	2.6%	1.3%	\$1,717			
Other	3.3%	2.0%	\$1,600	3.2%	1.7%	\$1,569	4.8%	1.6%	\$1,199			
Blind and Disabled	12.0%	34.8%	\$7,744	15.4%	39.3%	\$7,446	17.5%	43.6%	\$8,680			
Aged	12.6%	32.8%	\$6,918	12.6%	30.9%	\$7,136	10.2%	29.3%	\$9,968			

Notes: ~ Includes AR, LA, OK & TX. * Regional and US averages of FY98 FMAP are weighted by FY98 expenditures. FY00 and Enhanced FMAPs are unweighted. ** Enrollment on 06/30/98 was 64.1% 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	TEXAS				WEST 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	4.0%		3.5%		3.8%		3.4%		1.5%		1.8%	
Dental Services	0.0%		0.0%		0.2%		0.0%		0.4%		0.2%	
Other Practitioners	0.5%		0.4%		0.4%		0.3%		0.2%		0.2%	
EPSDT*	5.8%		0.7%		4.6%		0.5%		0.9%		0.1%	
Family Planning Services	0.1%		0.1%		0.1%		0.1%		0.1%		0.1%	
Clinic Services	0.4%		0.2%		0.9%		0.6%		0.9%		1.1%	
Outpatient Hospital	2.0%		3.0%		1.9%		2.6%		1.3%		1.8%	
Inpatient Hospital	10.5%		7.8%		10.1%		7.6%		5.1%		6.4%	
Nursing Home/Intermediate Care	0.8%		23.0%		1.2%		23.7%		0.6%		24.5%	
Mental Health Facility Services	0.0%		0.0%		0.6%		0.3%		0.8%		1.3%	
Personal Care / Home Health Services	0.6%		6.2%		0.8%		4.9%		2.1%		4.7%	
Lab and X-Ray	0.6%		0.4%		0.5%		0.5%		0.2%		0.3%	
Prescribed Drugs	3.2%		6.6%		2.9%		7.2%		1.2%		6.1%	
Prepaid Health Care	0.0%		0.0%		0.0%		0.0%		6.2%		4.3%	
Primary Care Case Management Services	0.0%		0.0%		0.0%		0.0%		0.1%		0.0%	
Other Services**	0.3%		2.8%		0.6%		1.2%		1.6%		2.0%	
Reporting Variance~	0.0%		16.7%		0.0%		16.8%		0.2%		20.0%	
All Services	28.6%		71.4%		28.7%		71.3%		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	\$268	63.0%	\$488	51.9%	\$273	66.3%	\$473	66.3%	\$242	39.3%	\$384	37.8%
Dental Services	\$228	0.0%	\$367	0.0%	\$161	6.8%	\$169	1.7%	\$172	13.7%	\$204	7.7%
Other Practitioners	\$160	12.6%	\$128	21.2%	\$139	12.2%	\$115	18.8%	\$179	6.7%	\$110	13.2%
EPSDT*	\$394	61.7%	\$566	8.6%	\$359	60.2%	\$495	7.7%	\$224	26.1%	\$308	3.5%
Family Planning Services	\$121	3.3%	\$108	5.5%	\$120	4.2%	\$115	6.3%	\$159	2.6%	\$141	3.3%
Clinic Services	\$186	10.2%	\$198	7.3%	\$423	10.0%	\$524	9.0%	\$469	11.4%	\$874	9.7%
Outpatient Hospital	\$265	32.0%	\$655	33.5%	\$258	35.1%	\$593	33.6%	\$333	24.7%	\$582	24.6%
Inpatient Hospital	\$3,498	12.7%	\$3,628	15.5%	\$3,951	12.1%	\$3,078	18.6%	\$4,826	6.5%	\$4,807	10.5%
Nursing Home/Intermediate Care	\$44,279	0.1%	\$17,772	9.3%	\$55,695	0.1%	\$17,678	10.2%	\$63,002	0.1%	\$21,867	8.9%
Mental Health Facility Services		0.0%		0.0%	\$17,352	0.2%	\$8,991	0.2%	\$18,105	0.3%	\$28,065	0.4%
Personal Care / Home Health Services	\$448	5.3%	\$2,158	20.6%	\$605	6.0%	\$1,929	19.2%	\$1,752	7.3%	\$3,125	11.9%
Lab and X-Ray	\$83	28.4%	\$155	20.0%	\$77	32.2%	\$136	27.0%	\$66	17.6%	\$119	18.7%
Prescribed Drugs	\$190	70.5%	\$932	51.2%	\$197	70.1%	\$1,026	52.7%	\$188	41.0%	\$1,205	40.3%
Prepaid Health Care	NA	0.0%	NA	0.0%	\$16	6.1%	\$18	5.2%	\$771	50.0%	\$1,286	26.5%
Primary Care Case Management Services	NA	0.0%	NA	0.0%	\$23	7.9%	\$21	2.9%	\$28	12.2%	\$43	4.2%
Other Services**	\$390	3.1%	\$1,449	13.7%	\$474	6.2%	\$545	16.2%	\$799	12.2%	\$799	19.6%
All Services	\$1,404	86.2%	\$5,869	87.6%	\$1,508	89.9%	\$5,890	91.6%	\$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 Texas in 1997 was 54% 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.

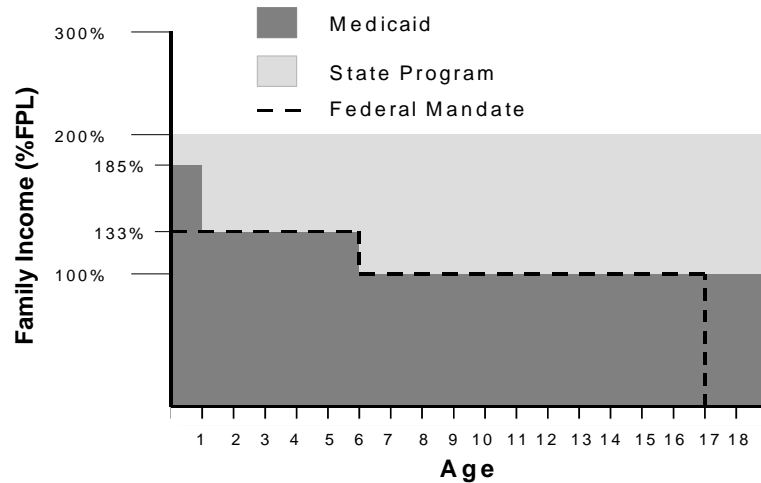
I. CONTINUED	TEXAS		WEST SOUTH CENTRAL REGION		UNITED STATES	
	<u>Enrollees</u>	<u>Percent</u>	<u>Enrollees</u>	<u>Percent</u>	<u>Enrollees</u>	<u>Percent</u>
I. Enrollees Under Age 21, by Race and Age, FY 1998#						
Non-hispanic White	361,460	21.4%	624,802	26.5%	8,942,666	40.0%
Ages 0 Through 5	166,386	46.0%	283,059	45.3%	3,674,647	41.1%
Ages 6 Through 20	195,074	54.0%	341,743	54.7%	5,268,019	57.6%
Non-hispanic Black	344,145	20.4%	716,127	30.4%	6,572,457	29.4%
Ages 0 Through 5	136,585	39.7%	293,587	41.0%	2,493,510	37.9%
Ages 6 Through 20	207,560	60.3%	422,540	59.0%	4,078,947	62.1%
Hispanic	932,644	55.2%	936,953	39.8%	4,814,500	21.6%
Ages 0 Through 5	451,837	48.4%	454,326	48.5%	2,211,872	45.9%
Ages 6 Through 20	480,807	51.6%	482,627	51.5%	2,602,628	54.1%
Other	51,712	3.1%	78,871	3.3%	2,001,399	9.0%
Ages 0 Through 5	34,807	67.3%	47,161	59.8%	840,334	42.0%
Ages 6 Through 20	16,905	32.7%	31,710	40.2%	1,161,065	58.0%

II. POPULATION AND CHILD HEALTH DATA

A. Total Population, 1998	19,565,283	100.0%				29,864,875	100.0%			270,002,354	100.0%	
Under Age 21	6,520,306	33.3%				9,747,068	32.6%			81,664,866	30.2%	
Under Age 6	1,877,762	9.6%				2,743,611	9.2%			23,078,513	8.5%	
Infants	306,887	1.6%				449,107	1.5%			3,800,560	1.4%	
Age 1 Through 5	1,570,875	8.0%				2,294,504	7.7%			19,277,953	7.1%	
Age 6 Through 20	4,642,544	23.7%				7,003,457	23.5%			58,586,353	21.7%	
Age 21 and Older	13,044,977	66.7%				20,117,807	67.4%			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>		<u>Total</u>	<u>White</u>	<u>Other</u>
Infant Mortality per 1,000 Live Births	6.4	5.9	9.4			7.1	6.2	11.0		7.2	6.0	11.8
Neonatal Mortality	3.8	3.5	5.5			4.3	3.7	6.8		4.8	4.0	7.7
Postneonatal Mortality	2.7	2.5	3.9			2.9	2.5	4.2		2.5	2.0	4.0
% Low Birth Weight Infants Under 2500 Grams	7.4	6.7	11.6			7.9	6.8	12.3		7.6	6.5	11.6
Under 1500 Grams	1.3	1.1	2.6			1.5	1.2	2.7		1.4	1.1	2.6
% Not Receiving Prenatal Care												
In First Trimester	20.7	20.4	22.5			20.5	19.3	25.5		17.2	15.2	24.9
Until Third Trimester or Not At All	5.3	5.2	5.5			5.1	4.8	6.2		3.9	3.3	6.3
C. Pediatrician and Other Child Health Physician Ratios, 1998												
Children living in Health Service Areas* with:	<u>Total</u>	<u>% Child Population</u> ⁺				<u>Total</u>	<u>% Child Population</u> ⁺			<u>Total</u>	<u>% Child Population</u> ⁺	
Fewer than 55 Pediatricians per 100K Children ~	5,188,657	94%				7,351,145	89%			34,317,300	50%	
Fewer than 82 Child Health Physician per 100K Children ~	5,188,657	94%				7,485,573	90%			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 (17% FPL for Texas, an equivalent of \$2,406 for a family of 3 in 2000).

Texas expanded its Title XIX Medicaid program to 185% FPL for pregnant women and infants. The Medically Needy were covered to 25% FPL 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 43% of 1,572K uninsured children under age 19 in Texas 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>'.

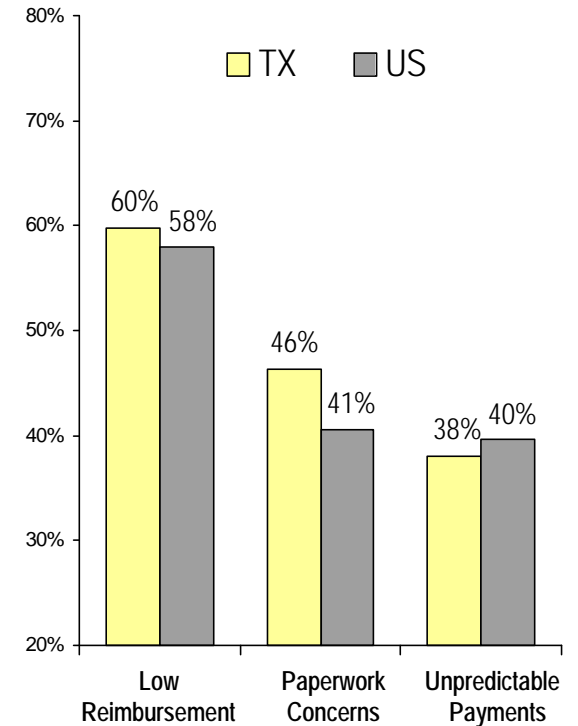
B. Title XXI Medicaid/SCHIP Program Eligibility

Texas expanded its Title XXI Medicaid program to children ages 17 through 18 from 17% to 100% FPL. Texas' state program covers infants and children through age 18 to 200% FPL. Federally legislated maximum Title XXI SCHIP/Medicaid program eligibility for Texas is 235% FPL for all infants.

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>'.



Medicaid State Report

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



I. MEDICAID ENROLLEES AND EXPENDITURES				UTAH			MOUNTAIN REGION~			UNITED STATES		
A. Federal Medical Assistance Percentage (FMAP)*	72.6% (FY98)	71.6% (FY00)	80.1% (Enhanced)	64.5% (FY98)	64.7% (FY00)	75.3% (Enhanced)	60.7% (FY98)	60.7% (FY00)	72.5% (Enhanced)			
B. Total Medicaid Managed Care Enrollment, 06/30/1998 (% of Total Medicaid Enrollment)	112,803 (91.3% of 123,572 **)			1,023,187 (78.7% of 1,299,506)			15,760,205 (52.5% of 30,009,674)					
C. Percent of Births Paid for by Medicaid, 1997***	30%			37%			35%					
D. FY 1998 and FY 1994-98 Averaged DSH^ Payment	\$4 M \$4 M			\$348 M \$384 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	198,730		100.0%	1,926,532		100.0%	40,377,603		100.0%			
Children Under Age 21	126,290		63.5%	1,208,942		62.8%	22,331,022		56.4%			
Under Age 6	62,101		31.2%	541,627		28.1%	9,220,363		22.8%			
Infants	15,377		7.7%	134,324		7.0%	2,014,962		5.0%			
Age 1 Through 5	46,724		23.5%	407,303		21.1%	7,205,401		17.8%			
Age 6 Through 20	64,189		32.3%	667,315		34.6%	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	198,730	\$619 M	\$3,113	1,926,532	\$6,004 M	\$3,116	40,377,603	\$142,058 M	\$3,518			
Children^^^	60.2%	27.5%	\$1,258	57.1%	23.8%	\$1,260	50.6%	16.4%	\$1,130			
Categorically Needy - Cash	12.6%	4.3%	\$933	16.0%	5.6%	\$1,062	18.4%	6.0%	\$1,137			
Categorically Needy - Noncash	3.0%	1.3%	\$1,148	20.7%	7.9%	\$1,154	17.4%	4.6%	\$910			
Medically Needy	1.2%	0.3%	\$604	0.1%	0.0%	\$605	4.5%	1.7%	\$1,294			
Other	43.4%	21.7%	\$1,377	20.3%	10.3%	\$1,527	10.2%	4.2%	\$1,418			
Adults	23.9%	14.5%	\$1,673	20.4%	12.9%	\$1,900	21.8%	10.7%	\$1,704			
Categorically Needy - Cash	6.8%	4.4%	\$1,783	7.4%	4.4%	\$1,813	8.8%	4.5%	\$1,796			
Categorically Needy - Noncash	8.2%	5.1%	\$1,719	6.1%	4.5%	\$2,222	5.6%	3.2%	\$1,987			
Medically Needy	1.2%	1.0%	\$2,290	0.1%	0.1%	\$2,292	2.6%	1.3%	\$1,717			
Other	7.8%	4.1%	\$1,438	6.8%	3.8%	\$1,699	4.8%	1.6%	\$1,199			
Blind and Disabled	10.8%	41.5%	\$10,547	14.8%	39.4%	\$8,014	17.5%	43.6%	\$8,680			
Aged	5.1%	16.5%	\$8,883	7.6%	23.9%	\$9,417	10.2%	29.3%	\$9,968			

Notes: ~ Includes AZ, CO, ID, MT, NM, NV, UT & WY. * Regional and US averages of FY98 FMAP are weighted by FY98 expenditures. FY00 and Enhanced FMAPs are unweighted. ** Enrollment on 06/30/98 was 62.2% 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	UTAH				MOUNTAIN 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	1.7%	0.8%	1.7%	0.8%	1.7%	1.4%	1.5%	1.8%				
Dental Services	1.0%	0.5%	0.6%	0.3%	0.4%	0.2%	0.2%	0.2%				
Other Practitioners	0.1%	0.1%	0.1%	0.1%	0.2%	0.2%	0.2%	0.2%				
EPSDT*	0.1%	0.0%	0.3%	0.0%	0.9%	0.1%	0.1%	0.1%				
Family Planning Services	0.0%	0.0%	0.0%	0.0%	0.1%	0.1%	0.1%	0.1%				
Clinic Services	4.5%	3.0%	0.9%	0.8%	0.9%	1.1%	0.9%	1.1%				
Outpatient Hospital	1.2%	1.2%	1.2%	1.0%	1.3%	1.8%	1.3%	1.8%				
Inpatient Hospital	7.7%	3.7%	4.9%	3.8%	5.1%	6.4%	5.1%	6.4%				
Nursing Home/Intermediate Care	0.9%	17.5%	0.4%	15.6%	0.6%	24.5%	0.6%	24.5%				
Mental Health Facility Services	0.0%	0.0%	0.3%	0.2%	0.8%	1.3%	0.8%	1.3%				
Personal Care / Home Health Services	1.8%	1.0%	1.6%	3.2%	2.1%	4.7%	2.1%	4.7%				
Lab and X-Ray	0.1%	0.1%	0.1%	0.1%	0.2%	0.3%	0.2%	0.3%				
Prescribed Drugs	2.3%	6.1%	0.9%	3.8%	1.2%	6.1%	1.2%	6.1%				
Prepaid Health Care	9.3%	4.8%	17.6%	15.0%	6.2%	4.3%	6.2%	4.3%				
Primary Care Case Management Services	0.0%	0.0%	0.1%	0.0%	0.1%	0.0%	0.1%	0.0%				
Other Services**	3.2%	4.8%	3.3%	2.9%	1.6%	2.0%	1.6%	2.0%				
Reporting Variance~	0.2%	22.3%	0.0%	16.4%	0.2%	20.0%	0.2%	20.0%				
All Services	34.1%	65.9%	34.2%	65.8%	23.3%	76.7%	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	\$235	32.1%	\$299	22.5%	\$226	37.3%	\$345	37.3%	\$242	39.3%	\$384	37.8%
Dental Services	\$192	23.6%	\$265	15.9%	\$167	18.0%	\$243	8.5%	\$172	13.7%	\$204	7.7%
Other Practitioners	\$107	4.2%	\$103	9.3%	\$118	5.1%	\$124	8.8%	\$179	6.7%	\$110	13.2%
EPSDT*	\$60	4.0%	\$45	0.2%	\$51	30.4%	\$21	10.6%	\$224	26.1%	\$308	3.5%
Family Planning Services	\$68	1.6%	\$78	3.0%	\$70	1.6%	\$76	2.6%	\$159	2.6%	\$141	3.3%
Clinic Services	\$2,787	7.3%	\$3,357	7.4%	\$437	10.5%	\$585	11.2%	\$469	11.4%	\$874	9.7%
Outpatient Hospital	\$326	16.1%	\$608	15.7%	\$232	24.8%	\$410	20.1%	\$333	24.7%	\$582	24.6%
Inpatient Hospital	\$5,022	6.9%	\$5,909	5.2%	\$2,474	9.7%	\$3,047	10.3%	\$4,826	6.5%	\$4,807	10.5%
Nursing Home/Intermediate Care	\$45,030	0.1%	\$18,557	7.8%	\$39,817	0.0%	\$14,712	8.7%	\$63,002	0.1%	\$21,867	8.9%
Mental Health Facility Services		0.0%	\$10	0.0%	\$9,769	0.1%	\$8,932	0.2%	\$18,105	0.3%	\$28,065	0.4%
Personal Care / Home Health Services	\$936	8.7%	\$1,191	7.3%	\$1,444	5.4%	\$3,042	8.6%	\$1,752	7.3%	\$3,125	11.9%
Lab and X-Ray	\$35	14.6%	\$60	15.5%	\$43	14.3%	\$73	16.7%	\$66	17.6%	\$119	18.7%
Prescribed Drugs	\$173	59.9%	\$1,140	44.5%	\$165	27.2%	\$1,005	31.3%	\$188	41.0%	\$1,205	40.3%
Prepaid Health Care	\$527	80.3%	\$1,062	37.3%	\$1,756	48.6%	\$4,388	28.1%	\$771	50.0%	\$1,286	26.5%
Primary Care Case Management Services	NA	0.0%	NA	0.0%	\$29	14.8%	\$33	5.8%	\$28	12.2%	\$43	4.2%
Other Services**	\$2,506	5.9%	\$3,360	11.8%	\$1,338	12.1%	\$1,217	19.4%	\$799	12.2%	\$799	19.6%
All Services	\$1,617	95.5%	\$5,565	98.4%	\$1,855	89.6%	\$5,897	91.8%	\$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 Utah in 1997 was 75% 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.

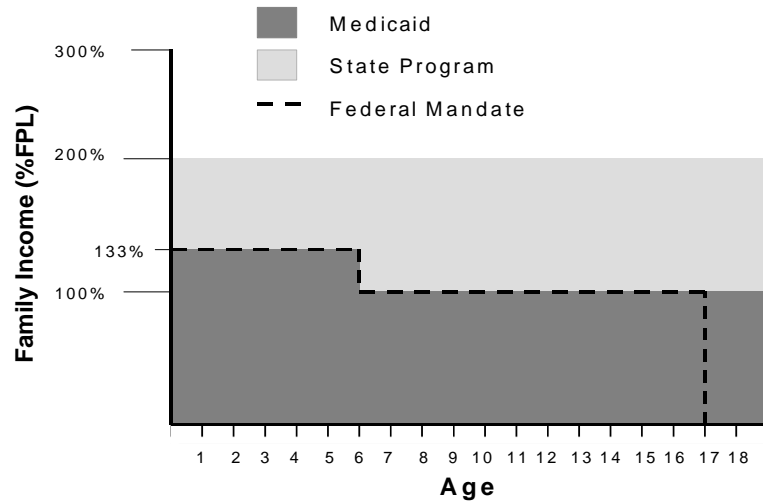
I. CONTINUED	UTAH		MOUNTAIN REGION		UNITED STATES	
	<u>Enrollees</u>	<u>Percent</u>	<u>Enrollees</u>	<u>Percent</u>	<u>Enrollees</u>	<u>Percent</u>
I. Enrollees Under Age 21, by Race and Age, FY 1998#						
Non-hispanic White	90,782	71.9%	535,503	44.3%	8,942,666	40.0%
Ages 0 Through 5	44,387	48.9%	242,037	45.2%	3,674,647	41.1%
Ages 6 Through 20	46,395	51.1%	293,466	54.8%	5,268,019	57.6%
Non-hispanic Black	3,006	2.4%	76,347	6.3%	6,572,457	29.4%
Ages 0 Through 5	1,316	43.8%	30,428	39.9%	2,493,510	37.9%
Ages 6 Through 20	1,690	56.2%	45,919	60.1%	4,078,947	62.1%
Hispanic	20,799	16.5%	440,474	36.4%	4,814,500	21.6%
Ages 0 Through 5	11,515	55.4%	209,347	47.5%	2,211,872	45.9%
Ages 6 Through 20	9,284	44.6%	231,127	52.5%	2,602,628	54.1%
Other	11,703	9.3%	156,618	13.0%	2,001,399	9.0%
Ages 0 Through 5	4,883	41.7%	59,815	38.2%	840,334	42.0%
Ages 6 Through 20	6,820	58.3%	96,803	61.8%	1,161,065	58.0%

II. POPULATION AND CHILD HEALTH DATA

A. Total Population, 1998	2,107,375	100.0%				16,930,477	100.0%				270,002,354	100.0%	
Under Age 21	836,307	39.7%				5,488,612	32.4%				81,664,866	30.2%	
Under Age 6	225,990	10.7%				1,517,790	9.0%				23,078,513	8.5%	
Infants	37,799	1.8%				248,517	1.5%				3,800,560	1.4%	
Age 1 Through 5	188,191	8.9%				1,269,273	7.5%				19,277,953	7.1%	
Age 6 Through 20	610,317	29.0%				3,970,822	23.5%				58,586,353	21.7%	
Age 21 and Older	1,271,068	60.3%				11,441,865	67.6%				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>			<u>Total</u>	<u>White</u>	<u>Other</u>
Infant Mortality per 1,000 Live Births	5.8	5.8	na			6.6	6.4	9.0			7.2	6.0	11.8
Neonatal Mortality	3.6	3.6	na			4.1	4.0	5.0			4.8	4.0	7.7
Postneonatal Mortality	2.2	2.2	na			2.5	2.3	4.0			2.5	2.0	4.0
% Low Birth Weight Infants													
Under 2500 Grams	6.7	6.6	8.6			7.3	7.1	9.1			7.6	6.5	11.6
Under 1500 Grams	1.0	1.0	1.6			1.1	1.1	1.7			1.4	1.1	2.6
% Not Receiving Prenatal Care													
In First Trimester	17.9	17.1	34.5			22.3	21.2	31.2			17.2	15.2	24.9
Until Third Trimester or Not At All	4.1	3.7	10.4			5.7	5.4	8.9			3.9	3.3	6.3
C. Pediatrician and Other Child Health Physician Ratios, 1998													
<i>Children living in Health Service Areas* with:</i>	<u>Total</u>	<u>% Child Population</u> ⁺				<u>Total</u>	<u>% Child Population</u> ⁺				<u>Total</u>	<u>% Child Population</u> ⁺	
Fewer than 55 Pediatricians per 100K Children ~	408,688	55%				3,273,292	70%				34,317,300	50%	
Fewer than 82 Child Health Physician per 100K Children ~	739,324	100%				3,498,004	74%				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 (53% FPL for Utah, an equivalent of \$7,500 for a family of 3 in 2000).

Utah expanded its Title XIX Medicaid program to 100% FPL for children ages 16 through 18. The Medically Needy were covered up to 55% FPL 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 47% of 82K uninsured children under age 19 in Utah 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>'.

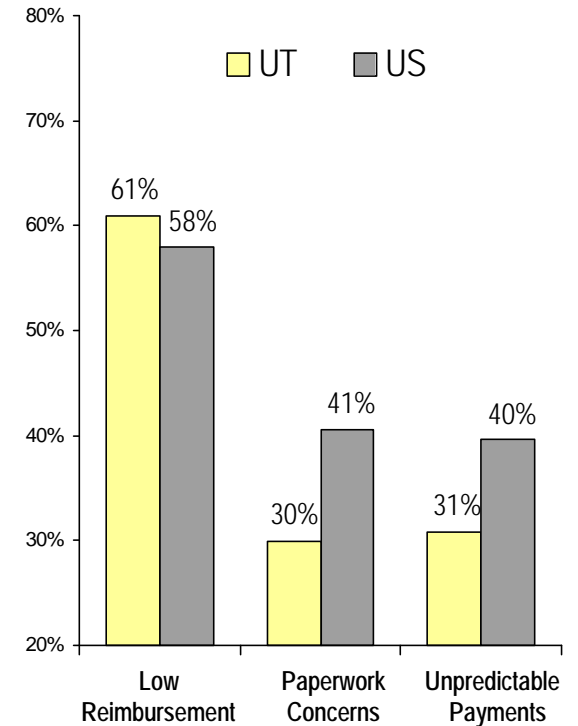
B. Title XXI Medicaid/SCHIP Program Eligibility

Utah's Title XXI state program covers infants and children through age 18 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>".



Medicaid State Report

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



I. MEDICAID ENROLLEES AND EXPENDITURES				VERMONT			NEW ENGLAND REGION~			UNITED STATES		
A. Federal Medical Assistance Percentage (FMAP)*		62.2% (FY98)	62.2% (FY00)	73.6% (Enhanced)		55.2% (FY98)	55.4% (FY00)	68.8% (Enhanced)		60.7% (FY98)	60.7% (FY00)	72.5% (Enhanced)
B. Total Medicaid Managed Care Enrollment, 06/30/1998 (% of Total Medicaid Enrollment)		52,153 (48.3% of 107,976 **)			904,036 (56.2% of 1,609,878)			15,760,205 (52.5% of 30,009,674)				
C. Percent of Births Paid for by Medicaid, 1997***		32%			23%			35%				
D. FY 1998 and FY 1994-98 Averaged DSH^ Payment		\$22 M \$23 M			\$1,196 M \$1,191 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		131,639 100.0%			1,930,631 100.0%			40,377,603 100.0%				
Children Under Age 21		62,282 47.3%			1,072,838 55.6%			22,331,022 56.4%				
Under Age 6		19,711 15.0%			533,536 27.6%			9,220,363 22.8%				
<i>Infants</i>		2,840 2.2%			260,991 13.5%			2,014,962 5.0%				
<i>Age 1 Through 5</i>		16,871 12.8%			272,545 14.1%			7,205,401 17.8%				
Age 6 Through 20		42,571 32.3%			539,302 27.9%			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		131,639	\$351 M	\$2,669	1,930,631	\$9,654 M	\$5,000	40,377,603	\$142,058 M	\$3,518		
Children^^^		45.3%	20.1%	\$1,181	49.2%	13.3%	\$1,348	50.6%	16.4%	\$1,130		
Categorically Needy - Cash		11.0%	6.4%	\$1,534	18.8%	5.2%	\$1,390	18.4%	6.0%	\$1,137		
Categorically Needy - Noncash		20.8%	5.6%	\$721	14.5%	3.5%	\$1,194	17.4%	4.6%	\$910		
Medically Needy		3.1%	1.4%	\$1,223	7.5%	1.6%	\$1,077	4.5%	1.7%	\$1,294		
Other		10.4%	6.7%	\$1,717	8.4%	3.0%	\$1,763	10.2%	4.2%	\$1,418		
Adults		30.4%	13.4%	\$1,169	20.9%	7.9%	\$1,875	21.8%	10.7%	\$1,704		
Categorically Needy - Cash		5.0%	3.7%	\$1,955	9.1%	3.5%	\$1,947	8.8%	4.5%	\$1,796		
Categorically Needy - Noncash		19.5%	7.5%	\$1,029	2.7%	0.8%	\$1,462	5.6%	3.2%	\$1,987		
Medically Needy		3.2%	1.2%	\$1,009	4.5%	1.7%	\$1,918	2.6%	1.3%	\$1,717		
Other		2.7%	0.9%	\$899	4.6%	1.8%	\$1,937	4.8%	1.6%	\$1,199		
Blind and Disabled		12.4%	38.8%	\$8,303	18.2%	43.7%	\$11,954	17.5%	43.6%	\$8,680		
Aged		11.9%	27.8%	\$6,227	11.7%	35.2%	\$14,984	10.2%	29.3%	\$9,968		

Notes: ~ Includes DC, DE, FL, GA, MD, NC, SC, VA & WV. * Regional and US averages of FY98 FMAP are weighted by FY98 expenditures. FY00 and Enhanced FMAPs are unweighted. ** Enrollment on 06/30/98 was 82.0% of total annual enrollment state reported to HCFA on Form 2082 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	VERMONT				NEW ENGLAND 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	0.5%	1.3%	0.8%	1.5%	1.5%	1.8%	0.8%	1.5%	1.5%	1.8%	0.8%	1.5%
Dental Services	1.5%	0.6%	0.4%	0.3%	0.4%	0.2%	0.4%	0.3%	0.4%	0.2%	0.4%	0.2%
Other Practitioners	0.9%	0.4%	0.3%	0.1%	0.3%	0.2%	0.3%	0.1%	0.2%	0.2%	0.3%	0.2%
EPSDT*	0.5%	0.1%	0.1%	0.0%	0.1%	0.1%	0.1%	0.0%	0.9%	0.1%	0.1%	0.1%
Family Planning Services	0.1%	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%	0.1%	0.1%	0.1%
Clinic Services	0.5%	0.6%	0.6%	0.9%	0.6%	1.1%	0.6%	0.9%	0.9%	1.1%	0.9%	1.1%
Outpatient Hospital	0.6%	1.6%	1.0%	1.7%	1.0%	1.8%	1.0%	1.7%	1.3%	1.8%	1.3%	1.8%
Inpatient Hospital	1.5%	2.4%	2.5%	5.2%	2.5%	6.4%	2.5%	5.2%	5.1%	6.4%	5.1%	6.4%
Nursing Home/Intermediate Care	0.2%	20.9%	0.2%	31.2%	0.2%	24.5%	0.2%	31.2%	0.6%	24.5%	0.6%	24.5%
Mental Health Facility Services	0.3%	0.2%	0.8%	0.6%	0.8%	1.3%	0.8%	0.6%	0.8%	1.3%	0.8%	1.3%
Personal Care / Home Health Services	1.1%	1.3%	1.2%	3.3%	1.2%	4.7%	1.2%	3.3%	2.1%	4.7%	2.1%	4.7%
Lab and X-Ray	0.1%	0.2%	0.0%	0.1%	0.0%	0.3%	0.1%	0.1%	0.2%	0.3%	0.2%	0.3%
Prescribed Drugs	0.9%	8.8%	0.8%	6.2%	0.8%	6.1%	0.8%	6.2%	1.2%	6.1%	1.2%	6.1%
Prepaid Health Care	6.1%	4.8%	5.9%	2.5%	5.9%	4.3%	5.9%	2.5%	6.2%	4.3%	6.2%	4.3%
Primary Care Case Management Services	0.0%	0.0%	0.1%	0.0%	0.1%	0.0%	0.1%	0.0%	0.1%	0.0%	0.1%	0.0%
Other Services**	10.1%	13.3%	2.7%	3.2%	2.7%	2.0%	3.2%	2.7%	1.6%	2.0%	1.6%	2.0%
Reporting Variance~	0.1%	18.4%	0.0%	21.0%	0.0%	20.0%	0.0%	21.0%	0.2%	20.0%	0.2%	20.0%
All Services	25.1%	74.9%	17.6%	82.4%	17.6%	76.7%	82.4%	17.6%	23.3%	76.7%	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	\$109	28.1%	\$250	26.7%	\$247	29.9%	\$399	29.9%	\$242	39.3%	\$384	37.8%
Dental Services	\$190	44.3%	\$204	15.0%	\$170	23.1%	\$209	17.6%	\$172	13.7%	\$204	7.7%
Other Practitioners	\$596	8.4%	\$169	11.1%	\$460	6.5%	\$90	18.2%	\$179	6.7%	\$110	13.2%
EPSDT*	\$93	30.8%	\$78	5.6%	\$74	11.5%	\$54	2.2%	\$224	26.1%	\$308	3.5%
Family Planning Services	\$123	4.8%	\$126	4.4%	\$115	2.9%	\$132	4.0%	\$159	2.6%	\$141	3.3%
Clinic Services	\$223	12.9%	\$304	9.8%	\$675	8.3%	\$1,010	10.6%	\$469	11.4%	\$874	9.7%
Outpatient Hospital	\$224	16.2%	\$426	19.3%	\$418	21.6%	\$634	30.8%	\$333	24.7%	\$582	24.6%
Inpatient Hospital	\$4,402	1.9%	\$2,398	5.0%	\$6,339	3.6%	\$5,447	10.7%	\$4,826	6.5%	\$4,807	10.5%
Nursing Home/Intermediate Care	\$56,698	0.0%	\$19,590	5.4%	\$47,481	0.0%	\$22,737	15.4%	\$63,002	0.1%	\$21,867	8.9%
Mental Health Facility Services	\$9,053	0.2%	\$7,385	0.1%	\$40,347	0.2%	\$32,060	0.2%	\$18,105	0.3%	\$28,065	0.4%
Personal Care / Home Health Services	\$1,042	6.1%	\$1,089	5.9%	\$2,300	4.6%	\$4,016	9.4%	\$1,752	7.3%	\$3,125	11.9%
Lab and X-Ray	\$35	17.0%	\$99	9.8%	\$43	8.3%	\$98	12.9%	\$66	17.6%	\$119	18.7%
Prescribed Drugs	\$157	34.0%	\$1,140	39.1%	\$206	35.6%	\$1,346	51.8%	\$188	41.0%	\$1,205	40.3%
Prepaid Health Care	\$577	59.1%	\$1,165	20.9%	\$741	71.6%	\$1,028	27.6%	\$771	50.0%	\$1,286	26.5%
Primary Care Case Management Services	NA	0.0%	NA	0.0%	\$34	14.8%	\$39	6.5%	\$28	12.2%	\$43	4.2%
Other Services**	\$2,318	24.5%	\$2,954	22.8%	\$1,546	15.9%	\$1,174	30.5%	\$799	12.2%	\$799	19.6%
All Services	\$1,535	92.0%	\$4,038	93.8%	\$1,898	83.3%	\$9,585	96.7%	\$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 Vermont in 1997 was 60% 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.

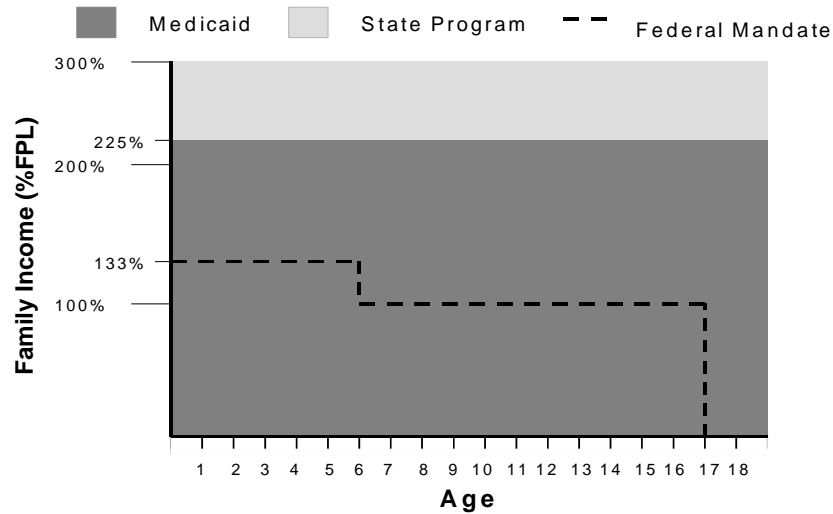
I. CONTINUED	VERMONT		NEW ENGLAND REGION		UNITED STATES	
	<u>Enrollees</u>	<u>Percent</u>	<u>Enrollees</u>	<u>Percent</u>	<u>Enrollees</u>	<u>Percent</u>
I. Enrollees Under Age 21, by Race and Age, FY 1998#						
Non-hispanic White	61,478	98.7%	482,893	45.0%	8,942,666	40.0%
Ages 0 Through 5	19,487	31.7%	232,119	48.1%	3,674,647	41.1%
Ages 6 Through 20	41,991	68.3%	250,774	51.9%	5,268,019	57.6%
Non-hispanic Black	413	0.7%	141,551	13.2%	6,572,457	29.4%
Ages 0 Through 5	118	28.6%	62,930	44.5%	2,493,510	37.9%
Ages 6 Through 20	295	71.4%	78,621	55.5%	4,078,947	62.1%
Hispanic	102	0.2%	196,236	18.3%	4,814,500	21.6%
Ages 0 Through 5	26	25.5%	92,809	47.3%	2,211,872	45.9%
Ages 6 Through 20	76	74.5%	103,427	52.7%	2,602,628	54.1%
Other	289	0.5%	252,158	23.5%	2,001,399	9.0%
Ages 0 Through 5	80	27.7%	145,678	57.8%	840,334	42.0%
Ages 6 Through 20	209	72.3%	106,480	42.2%	1,161,065	58.0%

II. POPULATION AND CHILD HEALTH DATA

A. Total Population, 1998	604,979	100.0%	13,481,173	100.0%	270,002,354	100.0%
Under Age 21	175,640	29.0%	3,790,807	28.1%	81,664,866	30.2%
Under Age 6	45,466	7.5%	1,055,754	7.8%	23,078,513	8.5%
Infants	7,542	1.2%	176,175	1.3%	3,800,560	1.4%
Age 1 Through 5	37,924	6.3%	879,579	6.5%	19,277,953	7.1%
Age 6 Through 20	130,174	21.5%	2,735,053	20.3%	58,586,353	21.7%
Age 21 and Older	429,339	71.0%	9,690,366	71.9%	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	6.1	6.1	na	5.8	5.4	8.4
Neonatal Mortality	4.2	4.3	na	4.4	4.2	6.2
Postneonatal Mortality	na	na	na	1.4	1.3	2.1
% Low Birth Weight Infants						
Under 2500 Grams	6.5	6.5	4.7	7.0	6.5	10.2
Under 1500 Grams	1.4	1.4	0.0	1.4	1.2	2.4
% Not Receiving Prenatal Care						
In First Trimester	12.6	12.5	22.0	11.0	9.9	18.9
Until Third Trimester or Not At All	2.0	2.0	3.7	2.4	2.1	4.5
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 ~	47,862	32%	499,891	16%	34,317,300	50%
Fewer than 82 Child Health Physician per 100K Children ~	16,675	11%	636,670	20%	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 Vermont, an equivalent of \$8,348 for a family of 3 in 2000).

Vermont expanded its Title XIX portion of Dr Dinosaur, Vermont's Medicaid program, to 225% FPL for pregnant women, infants and children through age 18. The Medically Needy were covered up to 110% FPL 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 62% of 11K uninsured children under age 19 in Vermont 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>'.

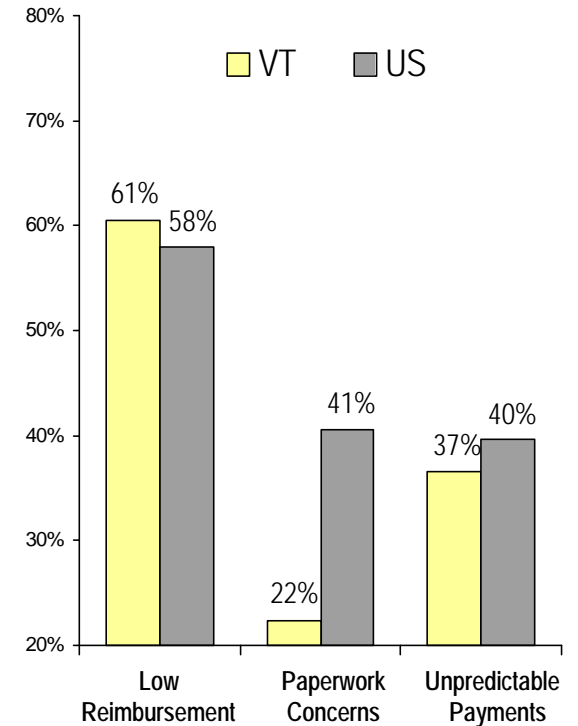
B. Title XXI Medicaid/SCHIP Program Eligibility

Vermont's Title XXI state program covers infants and children through age 18 to 300% 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>'.



Medicaid State Report

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



I. MEDICAID ENROLLEES AND EXPENDITURES				VIRGINIA			SOUTH ATLANTIC REGION~			UNITED STATES		
A. Federal Medical Assistance Percentage (FMAP)*	51.5% (FY98)	51.7% (FY00)	66.2% (Enhanced)	60.6% (FY98)	60.6% (FY00)	72.4% (Enhanced)	60.7% (FY98)	60.7% (FY00)	72.5% (Enhanced)			
B. Total Medicaid Managed Care Enrollment, 06/30/1998 (% of Total Medicaid Enrollment)	299,266 (60.0% of 498,626 **)			3,014,061 (60.1% of 5,016,687)			15,760,205 (52.5% of 30,009,674)					
C. Percent of Births Paid for by Medicaid, 1997***	NA			45%			35%					
D. FY 1998 and FY 1994-98 Averaged DSH^ Payment	\$161 M		\$145 M	\$1,939 M		\$1,560 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	689,571		100.0%	7,032,022		100.0%	40,377,603		100.0%			
Children Under Age 21	412,235		59.8%	4,023,395		57.2%	22,331,022		56.4%			
Under Age 6	174,661		25.3%	1,670,802		23.8%	9,220,363		22.8%			
Infants	46,016		6.7%	370,561		5.3%	2,014,962		5.0%			
Age 1 Through 5	128,645		18.7%	1,300,241		18.5%	7,205,401		17.8%			
Age 6 Through 20	237,574		34.5%	2,352,593		33.5%	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	689,571	\$2,118 M	\$3,072	7,032,022	\$21,733 M	\$3,091	40,377,603	\$142,058 M	\$3,518			
Children^^^	52.9%	16.3%	\$947	52.0%	17.7%	\$1,024	50.6%	16.4%	\$1,130			
Categorically Needy - Cash	16.3%	4.0%	\$745	18.6%	5.8%	\$945	18.4%	6.0%	\$1,137			
Categorically Needy - Noncash	27.9%	7.4%	\$812	23.8%	7.4%	\$930	17.4%	4.6%	\$910			
Medically Needy	0.2%	0.2%	\$2,233	0.6%	0.5%	\$2,280	4.5%	1.7%	\$1,294			
Other	8.5%	4.8%	\$1,746	9.0%	4.0%	\$1,343	10.2%	4.2%	\$1,418			
Adults	15.4%	9.5%	\$1,893	18.7%	10.5%	\$1,689	21.8%	10.7%	\$1,704			
Categorically Needy - Cash	7.0%	4.0%	\$1,771	8.9%	4.7%	\$1,584	8.8%	4.5%	\$1,796			
Categorically Needy - Noncash	5.9%	4.3%	\$2,247	5.1%	4.2%	\$2,464	5.6%	3.2%	\$1,987			
Medically Needy	0.0%	0.0%	\$2,544	0.8%	0.5%	\$2,000	2.6%	1.3%	\$1,717			
Other	2.5%	1.1%	\$1,390	3.9%	1.1%	\$841	4.8%	1.6%	\$1,199			
Blind and Disabled	18.5%	44.1%	\$7,319	18.9%	45.5%	\$7,250	17.5%	43.6%	\$8,680			
Aged	13.2%	30.1%	\$7,010	10.5%	26.3%	\$7,568	10.2%	29.3%	\$9,968			

Notes: ~ Includes CT, MA, ME, NH, RI & VT. * Regional and US averages of FY98 FMAP are weighted by FY98 expenditures. FY00 and Enhanced FMAPs are unweighted. ** Enrollment on 06/30/98 was 72.3% of total annual enrollment state reported to HCFA on Form 2082 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	VIRGINIA				SOUTH ATLANTIC 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	3.3%		3.8%		2.5%		2.7%		1.5%		1.8%	
Dental Services	0.5%		0.1%		0.7%		0.3%		0.4%		0.2%	
Other Practitioners	0.2%		0.1%		0.2%		0.3%		0.2%		0.2%	
EPSDT*	0.4%		0.0%		0.9%		0.1%		0.9%		0.1%	
Family Planning Services	0.0%		0.0%		0.1%		0.1%		0.1%		0.1%	
Clinic Services	1.0%		0.8%		1.1%		0.9%		0.9%		1.1%	
Outpatient Hospital	7.8%		2.7%		2.5%		2.3%		1.3%		1.8%	
Inpatient Hospital	6.2%		6.6%		6.5%		7.0%		5.1%		6.4%	
Nursing Home/Intermediate Care	0.6%		20.4%		0.5%		22.6%		0.6%		24.5%	
Mental Health Facility Services	1.1%		2.2%		0.7%		0.7%		0.8%		1.3%	
Personal Care / Home Health Services	0.9%		4.3%		3.0%		3.9%		2.1%		4.7%	
Lab and X-Ray	0.2%		0.3%		0.2%		0.3%		0.2%		0.3%	
Prescribed Drugs	2.1%		8.7%		1.8%		7.8%		1.2%		6.1%	
Prepaid Health Care	4.6%		2.6%		4.2%		3.4%		6.2%		4.3%	
Primary Care Case Management Services	0.1%		0.0%		0.2%		0.1%		0.1%		0.0%	
Other Services**	0.4%		3.3%		1.1%		1.6%		1.6%		2.0%	
Reporting Variance~	-5.5%		19.9%		-0.5%		18.3%		0.2%		20.0%	
All Services	24.1%		75.9%		25.7%		74.3%		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	\$301	56.7%	\$513	57.2%	\$277	48.5%	\$437	48.5%	\$242	39.3%	\$384	37.8%
Dental Services	\$143	18.3%	\$174	4.9%	\$174	22.0%	\$210	9.1%	\$172	13.7%	\$204	7.7%
Other Practitioners	\$159	7.0%	\$78	14.1%	\$155	7.0%	\$151	12.3%	\$179	6.7%	\$110	13.2%
EPSDT*	\$95	20.8%	\$64	1.4%	\$149	30.3%	\$117	3.6%	\$224	26.1%	\$308	3.5%
Family Planning Services	\$88	1.9%	\$90	2.7%	\$194	3.2%	\$151	3.9%	\$159	2.6%	\$141	3.3%
Clinic Services	\$372	13.7%	\$568	10.7%	\$486	12.0%	\$712	9.4%	\$469	11.4%	\$874	9.7%
Outpatient Hospital	\$1,288	31.2%	\$551	36.9%	\$446	29.4%	\$546	30.2%	\$333	24.7%	\$582	24.6%
Inpatient Hospital	\$3,576	9.0%	\$3,278	15.3%	\$4,368	7.8%	\$3,594	13.7%	\$4,826	6.5%	\$4,807	10.5%
Nursing Home/Intermediate Care	\$58,266	0.1%	\$15,346	10.2%	\$59,984	0.0%	\$19,921	8.0%	\$63,002	0.1%	\$21,867	8.9%
Mental Health Facility Services	\$1,891	3.0%	\$3,242	5.2%	\$7,409	0.5%	\$8,143	0.6%	\$18,105	0.3%	\$28,065	0.4%
Personal Care / Home Health Services	\$1,369	3.5%	\$4,476	7.3%	\$1,055	15.2%	\$1,828	15.2%	\$1,752	7.3%	\$3,125	11.9%
Lab and X-Ray	\$39	24.7%	\$105	18.4%	\$57	20.1%	\$111	19.4%	\$66	17.6%	\$119	18.7%
Prescribed Drugs	\$224	48.9%	\$1,316	50.8%	\$197	49.4%	\$1,162	47.3%	\$188	41.0%	\$1,205	40.3%
Prepaid Health Care	\$826	28.7%	\$1,874	10.6%	\$660	33.5%	\$2,159	11.1%	\$771	50.0%	\$1,286	26.5%
Primary Care Case Management Services	\$16	19.4%	\$15	7.6%	\$22	43.5%	\$27	16.5%	\$28	12.2%	\$43	4.2%
Other Services**	\$385	6.0%	\$1,104	23.1%	\$808	7.0%	\$660	17.5%	\$799	12.2%	\$799	19.6%
All Services	\$1,330	93.1%	\$5,968	97.1%	\$1,447	93.8%	\$5,628	93.1%	\$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 Virginia in 1997 was 48% 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.

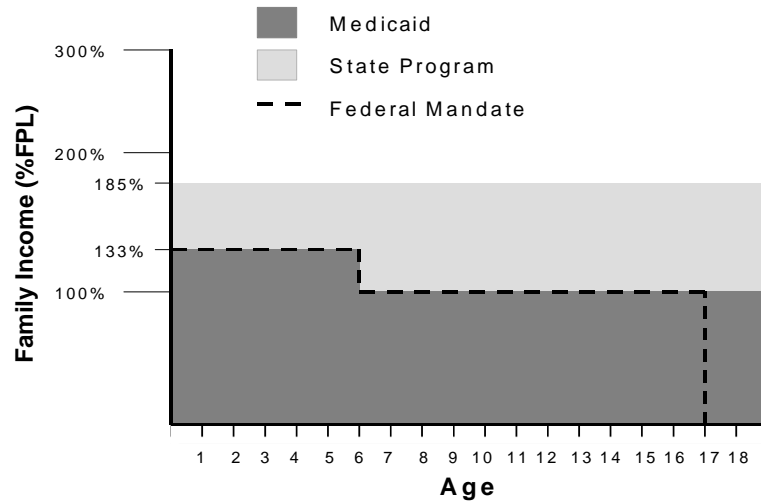
I. CONTINUED	VIRGINIA		SOUTH ATLANTIC REGION		UNITED STATES	
	<u>Enrollees</u>	<u>Percent</u>	<u>Enrollees</u>	<u>Percent</u>	<u>Enrollees</u>	<u>Percent</u>
I. Enrollees Under Age 21, by Race and Age, FY 1998#						
Non-hispanic White	167,936	40.7%	1,531,128	38.1%	8,942,666	40.0%
Ages 0 Through 5	73,311	43.7%	653,253	42.7%	3,674,647	41.1%
Ages 6 Through 20	94,625	56.3%	877,875	57.3%	5,268,019	57.6%
Non-hispanic Black	215,910	52.4%	1,953,927	48.6%	6,572,457	29.4%
Ages 0 Through 5	84,824	39.3%	736,600	37.7%	2,493,510	37.9%
Ages 6 Through 20	131,086	60.7%	1,217,327	62.3%	4,078,947	62.1%
Hispanic	19,967	4.8%	341,932	8.5%	4,814,500	21.6%
Ages 0 Through 5	12,418	62.2%	174,997	51.2%	2,211,872	45.9%
Ages 6 Through 20	7,549	37.8%	166,935	48.8%	2,602,628	54.1%
Other	8,422	2.0%	196,408	4.9%	2,001,399	9.0%
Ages 0 Through 5	4,108	48.8%	105,952	53.9%	840,334	42.0%
Ages 6 Through 20	4,314	51.2%	90,456	46.1%	1,161,065	58.0%

II. POPULATION AND CHILD HEALTH DATA

A. Total Population, 1998	6,853,704	100.0%	48,928,149	100.0%	270,002,354	100.0%
Under Age 21	1,952,151	28.5%	14,000,712	28.6%	81,664,866	30.2%
Under Age 6	552,652	8.1%	3,906,606	8.0%	23,078,513	8.5%
Infants	89,749	1.3%	633,689	1.3%	3,800,560	1.4%
Age 1 Through 5	462,903	6.8%	3,272,917	6.7%	19,277,953	7.1%
Age 6 Through 20	1,399,499	20.4%	10,094,106	20.6%	58,586,353	21.7%
Age 21 and Older	4,901,553	71.5%	34,927,437	71.4%	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	7.8	6.0	12.5	8.3	6.1	13.5
Neonatal Mortality	5.5	4.2	9.0	5.8	4.2	9.5
Postneonatal Mortality	2.3	1.8	3.5	2.6	2.0	4.0
% Low Birth Weight Infants						
Under 2500 Grams	7.9	6.4	11.8	8.5	6.7	12.5
Under 1500 Grams	1.7	1.2	2.8	1.7	1.2	3.0
% Not Receiving Prenatal Care						
In First Trimester	14.8	11.2	24.0	15.4	11.8	23.7
Until Third Trimester or Not At All	3.3	2.3	5.7	3.3	2.3	5.7
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 ~	708,638	43%	4,873,224	42%	34,317,300	50%
Fewer than 82 Child Health Physician per 100K Children ~	548,987	33%	4,550,267	39%	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 (22% FPL for Virginia, an equivalent of \$3,113 for a family of 3 in 2000).

Virginia expanded its Title XIX Medicaid program to 100% FPL for children ages 16 through 18. The Medically Needy were covered up to 37% FPL 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 42% of 224K uninsured children under age 19 in Virginia 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>'.

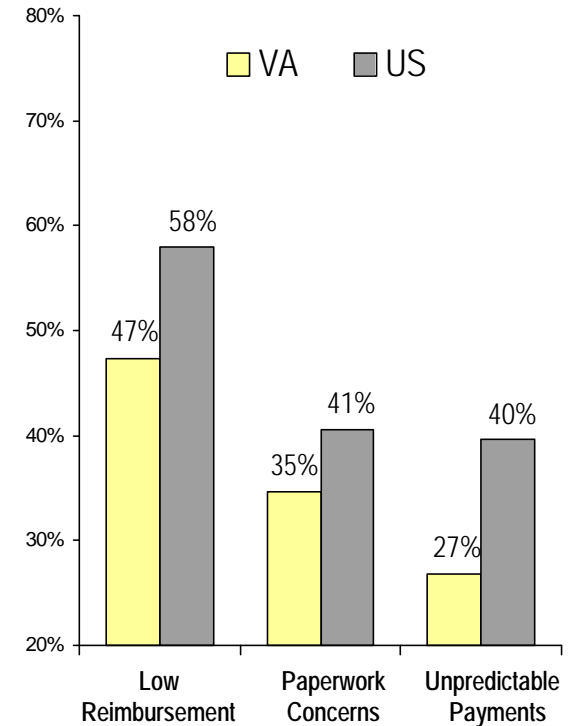
B. Title XXI Medicaid/SCHIP Program Eligibility

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.

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>'.



Medicaid State Report

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



I. MEDICAID ENROLLEES AND EXPENDITURES	WASHINGTON			PACIFIC REGION~			UNITED STATES		
A. Federal Medical Assistance Percentage (FMAP)*	52.1% (FY98)	51.8% (FY00)	66.3% (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)	718,023 (91.0% of 788,922 **)			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***	43%			39%			35%		
D. FY 1998 and FY 1994-98 Averaged DSH^ Payment	\$333 M		\$275 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	915,214		100.0%	7,914,281		100.0%	40,377,603		100.0%
Children Under Age 21	572,927		62.6%	4,406,554		55.7%	22,331,022		56.4%
Under Age 6	208,685		22.8%	1,681,932		21.3%	9,220,363		22.8%
Infants	33,407		3.7%	275,926		3.5%	2,014,962		5.0%
Age 1 Through 5	175,278		19.2%	1,406,006		17.8%	7,205,401		17.8%
Age 6 Through 20	364,242		39.8%	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	915,214	\$2,044 M	\$2,234	7,914,281	\$18,496 M	\$2,337	40,377,603	\$142,058 M	\$3,518
Children^^^	58.6%	19.0%	\$677	51.3%	21.4%	\$951	50.6%	16.4%	\$1,130
Categorically Needy - Cash	18.5%	6.7%	\$753	22.0%	10.6%	\$1,108	18.4%	6.0%	\$1,137
Categorically Needy - Noncash	20.7%	5.1%	\$511	7.5%	2.6%	\$805	17.4%	4.6%	\$910
Medically Needy	0.0%	0.0%	\$1,839	10.2%	3.9%	\$884	4.5%	1.7%	\$1,294
Other	19.4%	7.2%	\$779	11.7%	4.1%	\$810	10.2%	4.2%	\$1,418
Adults	21.2%	18.5%	\$1,824	25.3%	17.8%	\$1,604	21.8%	10.7%	\$1,704
Categorically Needy - Cash	10.6%	9.7%	\$1,913	9.8%	7.5%	\$1,746	8.8%	4.5%	\$1,796
Categorically Needy - Noncash	2.7%	2.9%	\$2,252	3.2%	3.4%	\$2,409	5.6%	3.2%	\$1,987
Medically Needy	0.0%	0.0%	\$392	3.9%	2.4%	\$1,382	2.6%	1.3%	\$1,717
Other	8.0%	6.0%	\$1,566	8.3%	4.4%	\$1,225	4.8%	1.6%	\$1,199
Blind and Disabled	13.1%	32.6%	\$5,189	14.7%	40.4%	\$6,303	17.5%	43.6%	\$8,680
Aged	7.1%	29.9%	\$8,819	8.7%	20.5%	\$5,408	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 86.2% 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 HM 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			
	<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	1.2%	2.2%	1.3%	2.0%	1.5%	1.8%						
Dental Services	2.2%	1.2%	0.3%	0.1%	0.4%	0.2%						
Other Practitioners	0.1%	0.2%	0.2%	0.3%	0.2%	0.2%						
EPSDT*	0.1%	0.0%	0.2%	0.0%	0.9%	0.1%						
Family Planning Services	1.0%	0.5%	0.1%	0.1%	0.1%	0.1%						
Clinic Services	0.6%	0.8%	0.8%	1.2%	0.9%	1.1%						
Outpatient Hospital	0.9%	2.4%	0.7%	1.1%	1.3%	1.8%						
Inpatient Hospital	2.9%	6.6%	4.5%	6.7%	5.1%	6.4%						
Nursing Home/Intermediate Care	0.1%	25.1%	0.5%	15.9%	0.6%	24.5%						
Mental Health Facility Services	0.0%	0.0%	0.3%	0.1%	0.8%	1.3%						
Personal Care / Home Health Services	0.1%	0.5%	2.2%	5.4%	2.1%	4.7%						
Lab and X-Ray	1.1%	0.5%	0.4%	0.7%	0.2%	0.3%						
Prescribed Drugs	0.8%	8.4%	1.0%	6.8%	1.2%	6.1%						
Prepaid Health Care	12.1%	3.2%	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**	2.0%	2.5%	1.7%	2.4%	1.6%	2.0%						
Reporting Variance~	0.0%	20.7%	0.6%	23.0%	0.2%	20.0%						
All Services	25.2%	74.8%	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	\$206	18.9%	\$363	33.6%	\$194	28.4%	\$331	28.4%	\$242	39.3%	\$384	37.8%
Dental Services	\$228	31.5%	\$332	20.5%	\$241	5.9%	\$331	2.3%	\$172	13.7%	\$204	7.7%
Other Practitioners	\$44	5.4%	\$66	13.6%	\$176	5.8%	\$111	12.8%	\$179	6.7%	\$110	13.2%
EPSDT*	\$65	5.6%	\$68	1.1%	\$67	14.4%	\$59	1.3%	\$224	26.1%	\$308	3.5%
Family Planning Services	\$312	11.2%	\$353	7.7%	\$219	2.7%	\$186	2.6%	\$159	2.6%	\$141	3.3%
Clinic Services	\$553	3.6%	\$880	4.9%	\$373	9.2%	\$819	7.4%	\$469	11.4%	\$874	9.7%
Outpatient Hospital	\$373	7.7%	\$714	19.1%	\$178	15.9%	\$336	17.0%	\$333	24.7%	\$582	24.6%
Inpatient Hospital	\$7,417	1.3%	\$5,670	6.5%	\$6,449	2.9%	\$4,907	7.1%	\$4,826	6.5%	\$4,807	10.5%
Nursing Home/Intermediate Care	\$24,509	0.0%	\$20,925	6.7%	\$50,912	0.0%	\$18,866	4.4%	\$63,002	0.1%	\$21,867	8.9%
Mental Health Facility Services		0.0%	\$3,624	0.0%	\$28,747	0.0%	\$30,055	0.0%	\$18,105	0.3%	\$28,065	0.4%
Personal Care / Home Health Services	\$245	0.9%	\$910	3.1%	\$2,136	4.2%	\$2,968	9.5%	\$1,752	7.3%	\$3,125	11.9%
Lab and X-Ray	\$424	9.0%	\$155	16.8%	\$109	16.2%	\$218	15.8%	\$66	17.6%	\$119	18.7%
Prescribed Drugs	\$176	15.3%	\$1,277	36.9%	\$145	29.5%	\$1,016	35.0%	\$188	41.0%	\$1,205	40.3%
Prepaid Health Care	\$492	82.1%	\$607	29.9%	\$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**	\$363	18.8%	\$531	26.3%	\$315	22.4%	\$540	23.0%	\$799	12.2%	\$799	19.6%
All Services	\$899	93.4%	\$4,406	94.9%	\$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 Washington in 1997 was 21% 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.

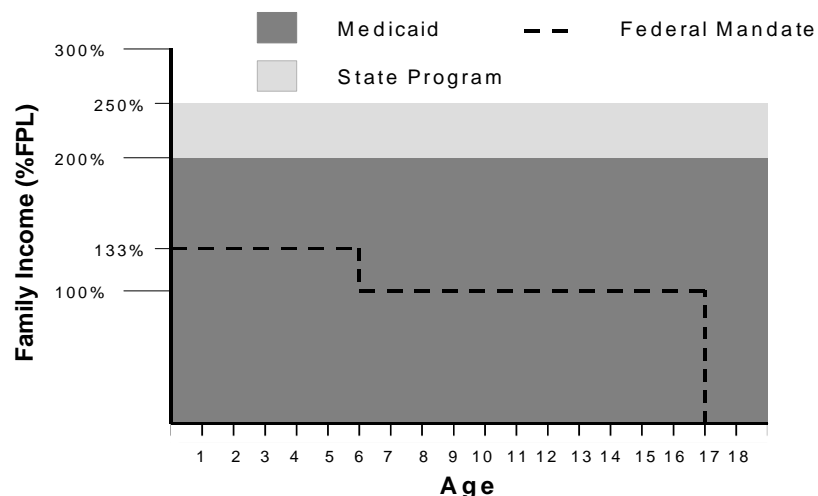
I. CONTINUED	WASHINGTON		PACIFIC REGION		UNITED STATES	
I. Enrollees Under Age 21, by Race and Age, FY 1998#	<u>Enrollees</u>	<u>Percent</u>	<u>Enrollees</u>	<u>Percent</u>	<u>Enrollees</u>	<u>Percent</u>
Non-hispanic White	408,794	71.4%	1,438,377	32.6%	8,942,666	40.0%
Ages 0 Through 5	143,757	35.2%	497,862	34.6%	3,674,647	41.1%
Ages 6 Through 20	265,037	64.8%	940,515	65.4%	5,268,019	57.6%
Non-hispanic Black	38,859	6.8%	521,818	11.8%	6,572,457	29.4%
Ages 0 Through 5	13,197	34.0%	176,397	33.8%	2,493,510	37.9%
Ages 6 Through 20	25,662	66.0%	345,421	66.2%	4,078,947	62.1%
Hispanic	81,532	14.2%	1,898,031	43.1%	4,814,500	21.6%
Ages 0 Through 5	38,352	47.0%	836,209	44.1%	2,211,872	45.9%
Ages 6 Through 20	43,180	53.0%	1,061,822	55.9%	2,602,628	54.1%
Other	43,742	7.6%	548,328	12.4%	2,001,399	9.0%
Ages 0 Through 5	13,379	30.6%	171,464	31.3%	840,334	42.0%
Ages 6 Through 20	30,363	69.4%	376,864	68.7%	1,161,065	58.0%

II. POPULATION AND CHILD HEALTH DATA

A. Total Population, 1998	5,693,485	100.0%	42,954,373	100.0%	270,002,354	100.0%
Under Age 21	1,687,661	29.6%	13,721,050	31.9%	81,664,866	30.2%
Under Age 6	464,343	8.2%	4,134,264	9.6%	23,078,513	8.5%
Infants	76,418	1.3%	698,825	1.6%	3,800,560	1.4%
Age 1 Through 5	387,925	6.8%	3,435,439	8.0%	19,277,953	7.1%
Age 6 Through 20	1,223,318	21.5%	9,586,786	22.3%	58,586,353	21.7%
Age 21 and Older	4,005,824	70.4%	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	5.6	5.3	7.7	5.9	5.5	7.5
Neonatal Mortality	3.4	3.3	4.1	3.8	3.6	4.7
Postneonatal Mortality	2.3	2.1	3.6	2.1	1.9	2.8
% Low Birth Weight Infants						
Under 2500 Grams	5.7	5.4	7.9	6.1	5.6	8.4
Under 1500 Grams	1.1	1.0	1.8	1.1	1.0	1.6
% Not Receiving Prenatal Care						
In First Trimester	17.0	16.4	21.7	17.6	17.6	18.0
Until Third Trimester or Not At All	3.2	2.9	5.1	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 ~	671,956	46%	3,960,087	35%	34,317,300	50%
Fewer than 82 Child Health Physician per 100K Children ~	752,640	51%	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 (50% FPL for Washington, an equivalent of \$7,075 for a family of 3 in 2000).

Washington expanded its Title XIX Medicaid program to 200% FPL for pregnant women, infants and children through age 18. The Medically Needy were covered up to 78% FPL 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 40% of 151K uninsured children under age 19 in Washington 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>'.

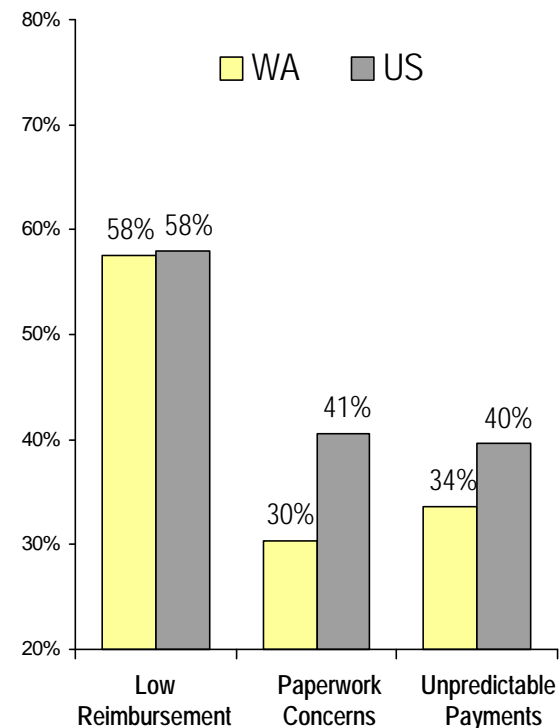
B. Title XXI Medicaid/SCHIP Program Eligibility

Washington's state program covers infants and children through age 18 to 250% 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>".



Medicaid State Report

WEST VIRGINIA, FY 1998 (October 1, 1997 - September 30, 1998)

I. MEDICAID ENROLLEES AND EXPENDITURES	WEST VIRGINIA			SOUTH ATLANTIC REGION~			UNITED STATES		
A. Federal Medical Assistance Percentage (FMAP)*	73.7% (FY98)	74.8% (FY00)	82.3% (Enhanced)	60.6% (FY98)	60.6% (FY00)	72.4% (Enhanced)	60.7% (FY98)	60.7% (FY00)	72.5% (Enhanced)
B. Total Medicaid Managed Care Enrollment, 06/30/1998 (% of Total Medicaid Enrollment)	131,349 (42.5% of 308,910 **)			3,014,061 (60.1% of 5,016,687)			15,760,205 (52.5% of 30,009,674)		
C. Percent of Births Paid for by Medicaid, 1997***	55%			45%			35%		
D. FY 1998 and FY 1994-98 Averaged DSH^ Payment	\$22 M		\$29 M	\$1,939 M		\$1,560 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	373,090		100.0%	7,032,022		100.0%	40,377,603		100.0%
Children Under Age 21	209,341		56.1%	4,023,395		57.2%	22,331,022		56.4%
Under Age 6	80,706		21.6%	1,670,802		23.8%	9,220,363		22.8%
Infants	15,738		4.2%	370,561		5.3%	2,014,962		5.0%
Age 1 Through 5	64,968		17.4%	1,300,241		18.5%	7,205,401		17.8%
Age 6 Through 20	128,635		34.5%	2,352,593		33.5%	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	373,090	\$1,243 M	\$3,332	7,032,022	\$21,733 M	\$3,091	40,377,603	\$142,058 M	\$3,518
Children^^^	50.5%	16.6%	\$986	52.0%	17.7%	\$1,024	50.6%	16.4%	\$1,130
Categorically Needy - Cash	16.9%	5.5%	\$975	18.6%	5.8%	\$945	18.4%	6.0%	\$1,137
Categorically Needy - Noncash	0.3%	0.0%	\$429	23.8%	7.4%	\$930	17.4%	4.6%	\$910
Medically Needy	0.0%	0.0%	\$1,655	0.6%	0.5%	\$2,280	4.5%	1.7%	\$1,294
Other	33.3%	11.0%	\$995	9.0%	4.0%	\$1,343	10.2%	4.2%	\$1,418
Adults	18.8%	9.1%	\$1,446	18.7%	10.5%	\$1,689	21.8%	10.7%	\$1,704
Categorically Needy - Cash	12.5%	5.0%	\$1,196	8.9%	4.7%	\$1,584	8.8%	4.5%	\$1,796
Categorically Needy - Noncash	2.0%	2.0%	\$3,096	5.1%	4.2%	\$2,464	5.6%	3.2%	\$1,987
Medically Needy	0.3%	0.4%	\$3,560	0.8%	0.5%	\$2,000	2.6%	1.3%	\$1,717
Other	4.0%	1.7%	\$1,255	3.9%	1.1%	\$841	4.8%	1.6%	\$1,199
Blind and Disabled	21.9%	42.3%	\$5,797	18.9%	45.5%	\$7,250	17.5%	43.6%	\$8,680
Aged	8.7%	32.1%	\$11,016	10.5%	26.3%	\$7,568	10.2%	29.3%	\$9,968

Notes: ~ Includes IL, IN, MI, OH & WI. * Regional and US averages of FY98 FMAP are weighted by FY98 expenditures. FY00 and Enhanced FMAPs are unweighted. ** Enrollment on 06/30/98 was 82.8% 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	WEST VIRGINIA				SOUTH ATLANTIC 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	3.0%	4.0%	2.5%	2.7%	1.5%	1.8%						
Dental Services	1.4%	0.4%	0.7%	0.3%	0.4%	0.2%						
Other Practitioners	0.6%	0.3%	0.2%	0.3%	0.2%	0.2%						
EPSDT*	0.7%	0.1%	0.9%	0.1%	0.9%	0.1%						
Family Planning Services	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%						
Clinic Services	1.5%	1.2%	1.1%	0.9%	0.9%	1.1%						
Outpatient Hospital	1.5%	2.4%	2.5%	2.3%	1.3%	1.8%						
Inpatient Hospital	3.1%	5.9%	6.5%	7.0%	5.1%	6.4%						
Nursing Home/Intermediate Care	0.3%	23.6%	0.5%	22.6%	0.6%	24.5%						
Mental Health Facility Services	1.7%	1.0%	0.7%	0.7%	0.8%	1.3%						
Personal Care / Home Health Services	5.0%	6.6%	3.0%	3.9%	2.1%	4.7%						
Lab and X-Ray	0.2%	0.2%	0.2%	0.3%	0.2%	0.3%						
Prescribed Drugs	2.1%	7.8%	1.8%	7.8%	1.2%	6.1%						
Prepaid Health Care	0.0%	0.0%	4.2%	3.4%	6.2%	4.3%						
Primary Care Case Management Services	0.0%	0.0%	0.2%	0.1%	0.1%	0.0%						
Other Services**	1.5%	6.6%	1.1%	1.6%	1.6%	2.0%						
Reporting Variance~	0.0%	17.0%	-0.5%	18.3%	0.2%	20.0%						
All Services	22.7%	77.3%	25.7%	74.3%	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	\$299	54.3%	\$559	49.6%	\$277	48.5%	\$437	48.5%	\$242	39.3%	\$384	37.8%
Dental Services	\$234	31.4%	\$281	10.7%	\$174	22.0%	\$210	9.1%	\$172	13.7%	\$204	7.7%
Other Practitioners	\$182	17.5%	\$134	15.8%	\$155	7.0%	\$151	12.3%	\$179	6.7%	\$110	13.2%
EPSDT*	\$124	29.0%	\$110	3.6%	\$149	30.3%	\$117	3.6%	\$224	26.1%	\$308	3.5%
Family Planning Services	\$98	4.6%	\$99	5.7%	\$194	3.2%	\$151	3.9%	\$159	2.6%	\$141	3.3%
Clinic Services	\$319	24.8%	\$473	17.9%	\$486	12.0%	\$712	9.4%	\$469	11.4%	\$874	9.7%
Outpatient Hospital	\$224	36.9%	\$471	34.6%	\$446	29.4%	\$546	30.2%	\$333	24.7%	\$582	24.6%
Inpatient Hospital	\$2,353	7.2%	\$3,801	10.8%	\$4,368	7.8%	\$3,594	13.7%	\$4,826	6.5%	\$4,807	10.5%
Nursing Home/Intermediate Care	\$74,661	0.0%	\$24,698	6.6%	\$59,984	0.0%	\$19,921	8.0%	\$63,002	0.1%	\$21,867	8.9%
Mental Health Facility Services	\$14,510	0.6%	\$13,676	0.5%	\$7,409	0.5%	\$8,143	0.6%	\$18,105	0.3%	\$28,065	0.4%
Personal Care / Home Health Services	\$1,577	17.2%	\$2,388	19.2%	\$1,055	15.2%	\$1,828	15.2%	\$1,752	7.3%	\$3,125	11.9%
Lab and X-Ray	\$51	16.0%	\$96	16.1%	\$57	20.1%	\$111	19.4%	\$66	17.6%	\$119	18.7%
Prescribed Drugs	\$173	66.7%	\$1,031	51.8%	\$197	49.4%	\$1,162	47.3%	\$188	41.0%	\$1,205	40.3%
Prepaid Health Care	NA	0.0%	NA	0.0%	\$660	33.5%	\$2,159	11.1%	\$771	50.0%	\$1,286	26.5%
Primary Care Case Management Services	NA	0.0%	NA	0.0%	\$22	43.5%	\$27	16.5%	\$28	12.2%	\$43	4.2%
Other Services**	\$2,553	3.2%	\$2,949	15.5%	\$808	7.0%	\$660	17.5%	\$799	12.2%	\$799	19.6%
All Services	\$1,441	84.9%	\$6,097	87.4%	\$1,447	93.8%	\$5,628	93.1%	\$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 West Virginia in 1997 was 60% 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.

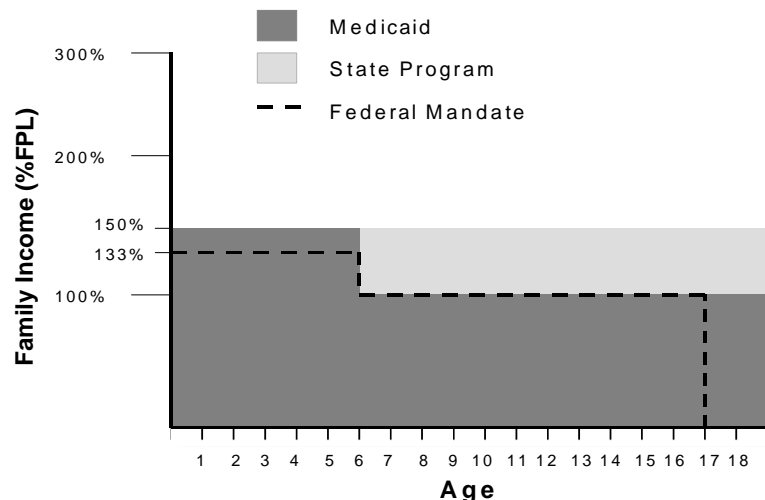
I. CONTINUED	WEST VIRGINIA		SOUTH ATLANTIC REGION		UNITED STATES	
I. Enrollees Under Age 21, by Race and Age, FY 1998#	<u>Enrollees</u>	<u>Percent</u>	<u>Enrollees</u>	<u>Percent</u>	<u>Enrollees</u>	<u>Percent</u>
Non-hispanic White	191,014	91.2%	1,531,128	38.1%	8,942,666	40.0%
Ages 0 Through 5	73,798	38.6%	653,253	42.7%	3,674,647	41.1%
Ages 6 Through 20	117,216	61.4%	877,875	57.3%	5,268,019	57.6%
Non-hispanic Black	11,536	5.5%	1,953,927	48.6%	6,572,457	29.4%
Ages 0 Through 5	4,513	39.1%	736,600	37.7%	2,493,510	37.9%
Ages 6 Through 20	7,023	60.9%	1,217,327	62.3%	4,078,947	62.1%
Hispanic	499	0.2%	341,932	8.5%	4,814,500	21.6%
Ages 0 Through 5	213	42.7%	174,997	51.2%	2,211,872	45.9%
Ages 6 Through 20	286	57.3%	166,935	48.8%	2,602,628	54.1%
Other	6,292	3.0%	196,408	4.9%	2,001,399	9.0%
Ages 0 Through 5	2,182	34.7%	105,952	53.9%	840,334	42.0%
Ages 6 Through 20	4,110	65.3%	90,456	46.1%	1,161,065	58.0%

II. POPULATION AND CHILD HEALTH DATA

A. Total Population, 1998	1,836,176	100.0%	48,928,149	100.0%	270,002,354	100.0%
Under Age 21	489,279	26.6%	14,000,712	28.6%	81,664,866	30.2%
Under Age 6	126,840	6.9%	3,906,606	8.0%	23,078,513	8.5%
Infants	20,798	1.1%	633,689	1.3%	3,800,560	1.4%
Age 1 Through 5	106,042	5.8%	3,272,917	6.7%	19,277,953	7.1%
Age 6 Through 20	362,439	19.7%	10,094,106	20.6%	58,586,353	21.7%
Age 21 and Older	1,346,897	73.4%	34,927,437	71.4%	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	9.6	9.1	na	8.3	6.1	13.5
Neonatal Mortality	6.4	6.1	na	5.8	4.2	9.5
Postneonatal Mortality	3.1	3.0	na	2.6	2.0	4.0
% Low Birth Weight Infants						
Under 2500 Grams	8.0	7.8	12.6	8.5	6.7	12.5
Under 1500 Grams	1.5	1.4	2.8	1.7	1.2	3.0
% Not Receiving Prenatal Care						
In First Trimester	16.3	15.8	28.2	15.4	11.8	23.7
Until Third Trimester or Not At All	2.6	2.5	4.8	3.3	2.3	5.7
C. Pediatrician and Other Child Health Physician Ratios, 1998						
<i>Children living in Health Service Areas* with:</i>	<u>Total</u>	<u>% Child Population</u>⁺	<u>Total</u>	<u>% Child Population</u>⁺	<u>Total</u>	<u>% Child Population</u>⁺
Fewer than 55 Pediatricians per 100K Children ~	312,727	73%	4,873,224	42%	34,317,300	50%
Fewer than 82 Child Health Physician per 100K Children ~	286,918	67%	4,550,267	39%	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 (24% FPL for West Virginia, an equivalent of \$3,396 for a family of 3 in 2000).

West Virginia expanded its Title XIX Medicaid program to 100% FPL for children ages 17 through 18 to 100% FPL. The Medically Needy were covered up to 30% FPL 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 54% of 39K uninsured children under age 19 in West Virginia 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>'.

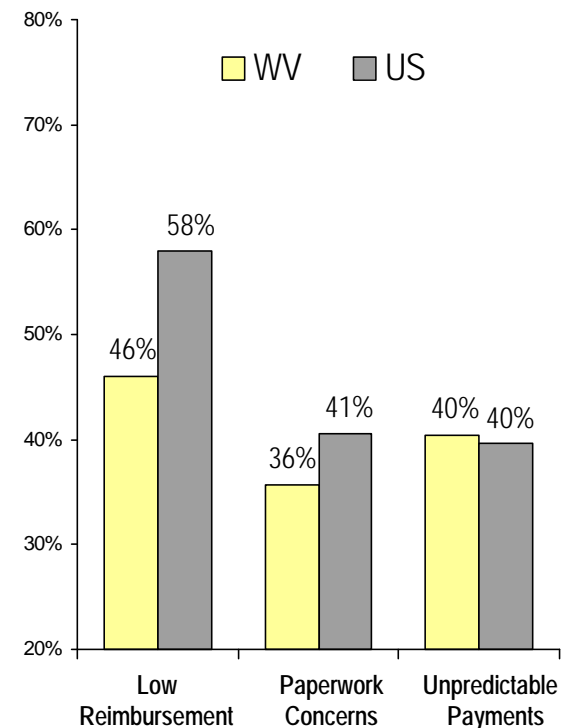
B. Title XXI Medicaid/SCHIP Program Eligibility

West Virginia's Title XXI Medicaid program covers infants and children through age 5 from 133% to 150% FPL. A separate state program covers children ages 6 through 18 from 100% to 150% FPL. Federally legislated maximum Title XXI SCHIP/Medicaid program eligibility for West Virginia is 200% FPL for all infants and children through age 18.

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>".



Medicaid State Report

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



I. MEDICAID ENROLLEES AND EXPENDITURES	WISCONSIN			EAST NORTH CENTRAL REGION~			UNITED STATES		
A. Federal Medical Assistance Percentage (FMAP)*	58.8% (FY98)	58.8% (FY00)	71.2% (Enhanced)	56.4% (FY98)	56.9% (FY00)	69.8% (Enhanced)	60.7% (FY98)	60.7% (FY00)	72.5% (Enhanced)
B. Total Medicaid Managed Care Enrollment, 06/30/1998 (% of Total Medicaid Enrollment)	194,874 (49.0% of 397,295 **)			1,648,975 (38.8% of 4,248,748)			15,760,205 (52.5% of 30,009,674)		
C. Percent of Births Paid for by Medicaid, 1997***	34%			35%			35%		
D. FY 1998 and FY 1994-98 Averaged DSH^ Payment	\$11 M		\$9 M	\$1,452 M		\$1,314 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	538,229		100.0%	5,689,616		100.0%	40,377,603		100.0%
Children Under Age 21	299,364		55.6%	3,294,275		57.9%	22,331,022		56.4%
Under Age 6	126,683		23.5%	1,380,844		24.3%	9,220,363		22.8%
Infants	25,868		4.8%	296,576		5.2%	2,014,962		5.0%
Age 1 Through 5	100,815		18.7%	1,084,268		19.1%	7,205,401		17.8%
Age 6 Through 20	172,681		32.1%	1,913,431		33.6%	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	538,229	\$2,206 M	\$4,099	5,689,616	\$21,409 M	\$3,763	40,377,603	\$142,058 M	\$3,518
Children^^^	48.0%	13.2%	\$1,126	49.5%	15.1%	\$1,129	50.6%	16.4%	\$1,130
Categorically Needy - Cash	15.2%	4.1%	\$1,092	19.1%	5.7%	\$1,102	18.4%	6.0%	\$1,137
Categorically Needy - Noncash	8.1%	2.1%	\$1,043	16.5%	4.0%	\$901	17.4%	4.6%	\$910
Medically Needy	3.6%	0.6%	\$722	2.5%	1.1%	\$1,613	4.5%	1.7%	\$1,294
Other	21.0%	6.4%	\$1,252	11.3%	4.3%	\$1,399	10.2%	4.2%	\$1,418
Adults	16.2%	5.6%	\$1,411	23.8%	9.8%	\$1,515	21.8%	10.7%	\$1,704
Categorically Needy - Cash	7.1%	2.1%	\$1,230	11.7%	5.2%	\$1,632	8.8%	4.5%	\$1,796
Categorically Needy - Noncash	3.1%	1.7%	\$2,173	5.1%	2.3%	\$1,669	5.6%	3.2%	\$1,987
Medically Needy	0.5%	0.3%	\$2,160	3.5%	1.5%	\$1,554	2.6%	1.3%	\$1,717
Other	5.5%	1.5%	\$1,141	3.6%	0.8%	\$876	4.8%	1.6%	\$1,199
Blind and Disabled	23.4%	44.3%	\$7,755	17.8%	46.7%	\$9,677	17.5%	43.6%	\$8,680
Aged	12.3%	37.0%	\$12,337	8.9%	28.4%	\$11,833	10.2%	29.3%	\$9,968

Notes: ~ Includes DC, DE, FL, GA, MD, NC, SC, VA & WV. * Regional and US averages of FY98 FMAP are weighted by FY98 expenditures. FY00 and Enhanced FMAPs are unweighted. ** Enrollment on 06/30/98 was 73.8% of total annual enrollment state reported to HCFA on Form 2082 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	WISCONSIN				EAST NORTH 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	0.3%	0.7%	1.2%	1.6%	1.5%	1.8%						
Dental Services	0.3%	0.2%	0.3%	0.1%	0.4%	0.2%						
Other Practitioners	0.5%	0.2%	0.3%	0.2%	0.2%	0.2%						
EPSDT*	0.1%	0.0%	0.5%	0.1%	0.9%	0.1%						
Family Planning Services	0.0%	0.0%	0.0%	0.0%	0.1%	0.1%						
Clinic Services	0.9%	1.0%	0.8%	0.8%	0.9%	1.1%						
Outpatient Hospital	0.8%	1.4%	1.0%	1.5%	1.3%	1.8%						
Inpatient Hospital	2.9%	4.3%	6.0%	7.3%	5.1%	6.4%						
Nursing Home/Intermediate Care	0.5%	37.5%	0.6%	28.6%	0.6%	24.5%						
Mental Health Facility Services	1.5%	0.9%	1.4%	1.2%	0.8%	1.3%						
Personal Care / Home Health Services	2.1%	4.4%	1.1%	1.9%	2.1%	4.7%						
Lab and X-Ray	0.2%	0.4%	0.1%	0.2%	0.2%	0.3%						
Prescribed Drugs	0.8%	7.1%	1.1%	6.6%	1.2%	6.1%						
Prepaid Health Care	9.7%	3.2%	4.9%	2.5%	6.2%	4.3%						
Primary Care Case Management Services	0.0%	0.0%	0.0%	0.0%	0.1%	0.0%						
Other Services**	0.9%	1.9%	2.6%	2.9%	1.6%	2.0%						
Reporting Variance~	0.0%	15.3%	0.0%	20.6%	0.2%	20.0%						
All Services	21.4%	78.6%	22.1%	77.9%	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	\$170	11.5%	\$243	25.0%	\$201	39.1%	\$371	39.1%	\$242	39.3%	\$384	37.8%
Dental Services	\$146	15.0%	\$101	17.1%	\$135	12.7%	\$126	9.8%	\$172	13.7%	\$204	7.7%
Other Practitioners	\$879	3.9%	\$100	15.3%	\$281	6.6%	\$121	13.4%	\$179	6.7%	\$110	13.2%
EPSDT*	\$82	10.0%	\$63	1.4%	\$111	26.4%	\$117	3.8%	\$224	26.1%	\$308	3.5%
Family Planning Services	\$83	2.2%	\$83	2.8%	\$85	1.8%	\$84	2.6%	\$159	2.6%	\$141	3.3%
Clinic Services	\$286	22.7%	\$262	34.1%	\$405	13.1%	\$633	11.5%	\$469	11.4%	\$874	9.7%
Outpatient Hospital	\$389	15.3%	\$453	29.4%	\$246	27.0%	\$478	27.7%	\$333	24.7%	\$582	24.6%
Inpatient Hospital	\$6,168	3.5%	\$3,789	10.6%	\$5,565	6.9%	\$6,287	10.2%	\$4,826	6.5%	\$4,807	10.5%
Nursing Home/Intermediate Care	\$43,328	0.1%	\$19,818	17.5%	\$55,339	0.1%	\$20,257	12.4%	\$63,002	0.1%	\$21,867	8.9%
Mental Health Facility Services	\$18,320	0.6%	\$16,626	0.5%	\$32,279	0.3%	\$49,450	0.2%	\$18,105	0.3%	\$28,065	0.4%
Personal Care / Home Health Services	\$2,418	6.5%	\$1,601	25.4%	\$1,738	4.1%	\$1,841	9.2%	\$1,752	7.3%	\$3,125	11.9%
Lab and X-Ray	\$82	14.3%	\$112	32.5%	\$49	16.8%	\$98	22.3%	\$66	17.6%	\$119	18.7%
Prescribed Drugs	\$281	22.1%	\$1,347	49.1%	\$178	40.0%	\$1,376	42.2%	\$188	41.0%	\$1,205	40.3%
Prepaid Health Care	\$969	73.9%	\$1,967	15.0%	\$790	39.4%	\$1,450	15.0%	\$771	50.0%	\$1,286	26.5%
Primary Care Case Management Services	\$366	0.0%	\$338	0.0%	\$23	6.5%	\$21	1.3%	\$28	12.2%	\$43	4.2%
Other Services**	\$533	12.2%	\$543	33.0%	\$1,233	13.6%	\$1,097	23.1%	\$799	12.2%	\$799	19.6%
All Services	\$1,684	93.9%	\$7,528	96.6%	\$1,631	86.3%	\$7,465	91.7%	\$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 Wisconsin in 1997 was 51% 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.

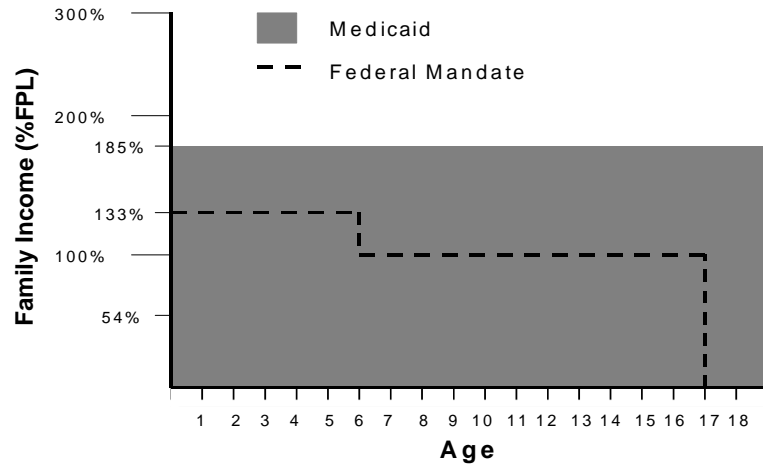
I. CONTINUED	WISCONSIN		EAST NORTH CENTRAL REGION		UNITED STATES	
I. Enrollees Under Age 21, by Race and Age, FY 1998#	<u>Enrollees</u>	<u>Percent</u>	<u>Enrollees</u>	<u>Percent</u>	<u>Enrollees</u>	<u>Percent</u>
Non-hispanic White	94,212	31.5%	1,551,657	47.1%	8,942,666	40.0%
Ages 0 Through 5	47,938	50.9%	679,771	43.8%	3,674,647	41.1%
Ages 6 Through 20	46,274	49.1%	871,886	56.2%	5,268,019	57.6%
Non-hispanic Black	58,275	19.5%	1,263,879	38.4%	6,572,457	29.4%
Ages 0 Through 5	24,353	41.8%	481,800	38.1%	2,493,510	37.9%
Ages 6 Through 20	33,922	58.2%	782,079	61.9%	4,078,947	62.1%
Hispanic	16,057	5.4%	256,188	7.8%	4,814,500	21.6%
Ages 0 Through 5	8,423	52.5%	134,187	52.4%	2,211,872	45.9%
Ages 6 Through 20	7,634	47.5%	122,001	47.6%	2,602,628	54.1%
Other	130,820	43.7%	222,551	6.8%	2,001,399	9.0%
Ages 0 Through 5	45,969	35.1%	85,086	38.2%	840,334	42.0%
Ages 6 Through 20	84,851	64.9%	137,465	61.8%	1,161,065	58.0%

II. POPULATION AND CHILD HEALTH DATA

A. Total Population, 1998	5,249,353	100.0%		44,063,020	100.0%		270,002,354	100.0%	
Under Age 21	1,588,714	30.3%		13,262,206	30.1%		81,664,866	30.2%	
Under Age 6	414,653	7.9%		3,692,514	8.4%		23,078,513	8.5%	
Infants	67,555	1.3%		605,250	1.4%		3,800,560	1.4%	
Age 1 Through 5	347,098	6.6%		3,087,264	7.0%		19,277,953	7.1%	
Age 6 Through 20	1,174,061	22.4%		9,569,692	21.7%		58,586,353	21.7%	
Age 21 and Older	3,660,639	69.7%		30,800,814	69.9%		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>	<u>Total</u>	<u>White</u>	<u>Other</u>
Infant Mortality per 1,000 Live Births	6.5	5.7	11.0	8.0	6.4	14.7	7.2	6.0	11.8
Neonatal Mortality	4.4	4.0	7.0	5.3	4.4	9.5	4.8	4.0	7.7
Postneonatal Mortality	2.1	1.8	4.0	2.6	2.0	5.3	2.5	2.0	4.0
% Low Birth Weight Infants									
Under 2500 Grams	6.5	5.7	11.7	7.7	6.5	12.9	7.6	6.5	11.6
Under 1500 Grams	1.2	1.0	2.4	1.5	1.2	2.8	1.4	1.1	2.6
% Not Receiving Prenatal Care									
In First Trimester	15.7	13.0	33.0	16.5	14.0	27.8	17.2	15.2	24.9
Until Third Trimester or Not At All	3.4	2.7	7.7	3.8	2.9	8.0	3.9	3.3	6.3
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 ~	827,384	61%		6,199,188	54%		34,317,300	50%	
Fewer than 82 Child Health Physician per 100K Children ~	764,237	56%		5,767,403	51%		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 (54% FPL for Wisconsin, an equivalent of \$7,641 for a family of 3 in 2000).

Wisconsin expanded its Title XIX Medicaid program to 185% FPL for pregnant women and infants. The Medically Needy were covered up to 86% FPL 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 30% of 125K uninsured children under age 19 in Wisconsin 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>'.

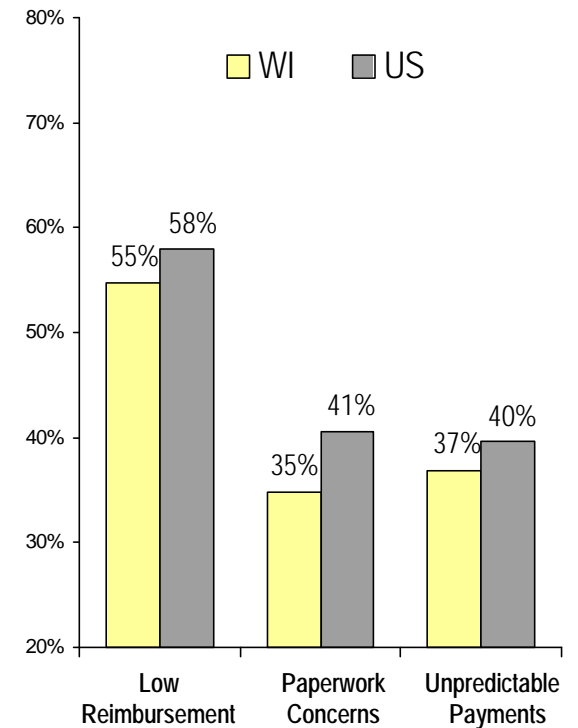
B. Title XXI Medicaid/SCHIP Program Eligibility

BadgerCare, Wisconsin's Title XXI Medicaid program covers children ages 6 through 16 from 100% to 185% FPL, and ages 17 through 18 from 54% to 185% FPL. Families remain eligible until income exceeds 200% FPL. Federally legislated maximum Title XXI SCHIP/Medicaid program eligibility for Wisconsin is 235% FPL for all infants and children through age 5 and 200% FPL for children age 6 through 18.

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>'.



Medicaid State Report

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

I. MEDICAID ENROLLEES AND EXPENDITURES	WYOMING			MOUNTAIN REGION~			UNITED STATES		
A. Federal Medical Assistance Percentage (FMAP)*	63.0% (FY98)	64.0% (FY00)	74.8% (Enhanced)	64.5% (FY98)	64.7% (FY00)	75.3% (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 35,332 **)			1,023,187 (78.7% of 1,299,506)			15,760,205 (52.5% of 30,009,674)		
C. Percent of Births Paid for by Medicaid, 1997***	45%			37%			35%		
D. FY 1998 and FY 1994-98 Averaged DSH^ Payment	\$0 M		\$0 M	\$348 M		\$384 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	51,367		100.0%	1,926,532		100.0%	40,377,603		100.0%
Children Under Age 21	31,697		61.7%	1,208,942		62.8%	22,331,022		56.4%
Under Age 6	14,382		28.0%	541,627		28.1%	9,220,363		22.8%
Infants	3,011		5.9%	134,324		7.0%	2,014,962		5.0%
Age 1 Through 5	11,371		22.1%	407,303		21.1%	7,205,401		17.8%
Age 6 Through 20	17,315		33.7%	667,315		34.6%	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	51,367	\$192 M	\$3,738	1,926,532	\$6,004 M	\$3,116	40,377,603	\$142,058 M	\$3,518
Children^^^	55.8%	16.7%	\$1,114	57.1%	23.8%	\$1,260	50.6%	16.4%	\$1,130
Categorically Needy - Cash	5.0%	2.0%	\$1,512	16.0%	5.6%	\$1,062	18.4%	6.0%	\$1,137
Categorically Needy - Noncash	23.0%	3.9%	\$629	20.7%	7.9%	\$1,154	17.4%	4.6%	\$910
Medically Needy	NA	NA	NA	0.1%	0.0%	\$605	4.5%	1.7%	\$1,294
Other	27.8%	10.8%	\$1,443	20.3%	10.3%	\$1,527	10.2%	4.2%	\$1,418
Adults	20.7%	11.4%	\$2,052	20.4%	12.9%	\$1,900	21.8%	10.7%	\$1,704
Categorically Needy - Cash	1.6%	1.2%	\$2,852	7.4%	4.4%	\$1,813	8.8%	4.5%	\$1,796
Categorically Needy - Noncash	7.4%	6.5%	\$3,276	6.1%	4.5%	\$2,222	5.6%	3.2%	\$1,987
Medically Needy	NA	NA	NA	0.1%	0.1%	\$2,292	2.6%	1.3%	\$1,717
Other	11.7%	3.6%	\$1,164	6.8%	3.8%	\$1,699	4.8%	1.6%	\$1,199
Blind and Disabled	14.9%	43.7%	\$10,915	14.8%	39.4%	\$8,014	17.5%	43.6%	\$8,680
Aged	8.6%	28.2%	\$12,262	7.6%	23.9%	\$9,417	10.2%	29.3%	\$9,968

Notes: ~ Includes AZ, CO, ID, MT, NM, NV, UT & WY. * Regional and US averages of FY98 FMAP are weighted by FY98 expenditures. FY00 and Enhanced FMAPs are unweighted. ** Enrollment on 06/30/98 was 68.8% of total annual enrollment state reported to HCFA on Form 2082 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	WYOMING				MOUNTAIN REGION				UNITED STATES				
	G. 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	4.5%	2.4%	1.7%	1.4%	1.5%	1.8%							
Dental Services	1.0%	0.2%	0.6%	0.3%	0.4%	0.2%							
Other Practitioners	0.3%	0.1%	0.1%	0.1%	0.2%	0.2%							
EPSDT*	0.5%	0.0%	0.3%	0.0%	0.9%	0.1%							
Family Planning Services	0.1%	0.1%	0.0%	0.0%	0.1%	0.1%							
Clinic Services	0.7%	0.5%	0.9%	0.8%	0.9%	1.1%							
Outpatient Hospital	1.6%	0.7%	1.2%	1.0%	1.3%	1.8%							
Inpatient Hospital	7.7%	4.2%	4.9%	3.8%	5.1%	6.4%							
Nursing Home/Intermediate Care	0.1%	26.2%	0.4%	15.6%	0.6%	24.5%							
Mental Health Facility Services	0.0%	0.0%	0.3%	0.2%	0.8%	1.3%							
Personal Care / Home Health Services	2.6%	2.0%	1.6%	3.2%	2.1%	4.7%							
Lab and X-Ray	0.5%	0.5%	0.1%	0.1%	0.2%	0.3%							
Prescribed Drugs	1.9%	5.1%	0.9%	3.8%	1.2%	6.1%							
Prepaid Health Care	0.0%	0.0%	17.6%	15.0%	6.2%	4.3%							
Primary Care Case Management Services	0.0%	0.0%	0.1%	0.0%	0.1%	0.0%							
Other Services**	3.4%	9.1%	3.3%	2.9%	1.6%	2.0%							
Reporting Variance~	0.0%	24.0%	0.0%	16.4%	0.2%	20.0%							
All Services	24.9%	75.1%	34.2%	65.8%	23.3%	76.7%							
H. 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	\$384	71.6%	\$520	45.6%	\$226	37.3%	\$345	37.3%	\$242	39.3%	\$384	37.8%	
Dental Services	\$243	26.0%	\$300	7.7%	\$167	18.0%	\$243	8.5%	\$172	13.7%	\$204	7.7%	
Other Practitioners	\$123	13.7%	\$92	10.2%	\$118	5.1%	\$124	8.8%	\$179	6.7%	\$110	13.2%	
EPSDT*	\$119	25.7%	\$76	1.6%	\$51	30.4%	\$21	10.6%	\$224	26.1%	\$308	3.5%	
Family Planning Services	\$96	3.6%	\$98	5.7%	\$70	1.6%	\$76	2.6%	\$159	2.6%	\$141	3.3%	
Clinic Services	\$460	9.0%	\$866	5.8%	\$437	10.5%	\$585	11.2%	\$469	11.4%	\$874	9.7%	
Outpatient Hospital	\$243	38.7%	\$390	17.0%	\$232	24.8%	\$410	20.1%	\$333	24.7%	\$582	24.6%	
Inpatient Hospital	\$3,349	13.9%	\$3,298	12.3%	\$2,474	9.7%	\$3,047	10.3%	\$4,826	6.5%	\$4,807	10.5%	
Nursing Home/Intermediate Care	\$24,893	0.0%	\$19,563	13.0%	\$39,817	0.0%	\$14,712	8.7%	\$63,002	0.1%	\$21,867	8.9%	
Mental Health Facility Services		0.0%	\$9,117	0.0%	\$9,769	0.1%	\$8,932	0.2%	\$18,105	0.3%	\$28,065	0.4%	
Personal Care / Home Health Services	\$736	21.1%	\$935	21.0%	\$1,444	5.4%	\$3,042	8.6%	\$1,752	7.3%	\$3,125	11.9%	
Lab and X-Ray	\$79	37.1%	\$138	33.5%	\$43	14.3%	\$73	16.7%	\$66	17.6%	\$119	18.7%	
Prescribed Drugs	\$189	60.9%	\$1,153	43.3%	\$165	27.2%	\$1,005	31.3%	\$188	41.0%	\$1,205	40.3%	
Prepaid Health Care	NA	0.0%	NA	0.0%	\$1,756	48.6%	\$4,388	28.1%	\$771	50.0%	\$1,286	26.5%	
Primary Care Case Management Services	NA	0.0%	NA	0.0%	\$29	14.8%	\$33	5.8%	\$28	12.2%	\$43	4.2%	
Other Services**	\$3,144	6.6%	\$7,567	11.7%	\$1,338	12.1%	\$1,217	19.4%	\$799	12.2%	\$799	19.6%	
All Services	\$1,707	88.0%	\$8,081	90.6%	\$1,855	89.6%	\$5,897	91.8%	\$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 Wyoming in 1997 was 53% 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.

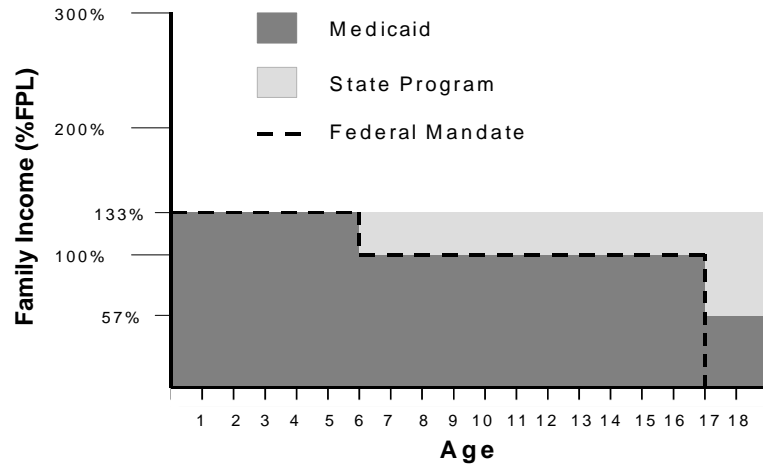
I. CONTINUED	WYOMING		MOUNTAIN REGION		UNITED STATES	
	<u>Enrollees</u>	<u>Percent</u>	<u>Enrollees</u>	<u>Percent</u>	<u>Enrollees</u>	<u>Percent</u>
I. Enrollees Under Age 21, by Race and Age, FY 1998#						
Non-hispanic White	24,226	76.4%	535,503	44.3%	8,942,666	40.0%
Ages 0 Through 5	11,238	46.4%	242,037	45.2%	3,674,647	41.1%
Ages 6 Through 20	12,988	53.6%	293,466	54.8%	5,268,019	57.6%
Non-hispanic Black	774	2.4%	76,347	6.3%	6,572,457	29.4%
Ages 0 Through 5	357	46.1%	30,428	39.9%	2,493,510	37.9%
Ages 6 Through 20	417	53.9%	45,919	60.1%	4,078,947	62.1%
Hispanic	3,450	10.9%	440,474	36.4%	4,814,500	21.6%
Ages 0 Through 5	1,624	47.1%	209,347	47.5%	2,211,872	45.9%
Ages 6 Through 20	1,826	52.9%	231,127	52.5%	2,602,628	54.1%
Other	3,247	10.2%	156,618	13.0%	2,001,399	9.0%
Ages 0 Through 5	1,163	35.8%	59,815	38.2%	840,334	42.0%
Ages 6 Through 20	2,084	64.2%	96,803	61.8%	1,161,065	58.0%

II. POPULATION AND CHILD HEALTH DATA

A. Total Population, 1998	507,094	100.0%	16,930,477	100.0%	270,002,354	100.0%
Under Age 21	162,467	32.0%	5,488,612	32.4%	81,664,866	30.2%
Under Age 6	41,228	8.1%	1,517,790	9.0%	23,078,513	8.5%
Infants	6,967	1.4%	248,517	1.5%	3,800,560	1.4%
Age 1 Through 5	34,261	6.8%	1,269,273	7.5%	19,277,953	7.1%
Age 6 Through 20	121,239	23.9%	3,970,822	23.5%	58,586,353	21.7%
Age 21 and Older	344,627	68.0%	11,441,865	67.6%	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	5.8	5.6	na	6.6	6.4	9.0
Neonatal Mortality	3.1	na	na	4.1	4.0	5.0
Postneonatal Mortality	na	na	na	2.5	2.3	4.0
% Low Birth Weight Infants						
Under 2500 Grams	8.9	8.8	10.5	7.3	7.1	9.1
Under 1500 Grams	1.2	1.1	1.6	1.1	1.1	1.7
% Not Receiving Prenatal Care						
In First Trimester	18.7	17.8	32.2	22.3	21.2	31.2
Until Third Trimester or Not At All	4.1	3.8	8.9	5.7	5.4	8.9
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 ~	139,802	100%	3,273,292	70%	34,317,300	50%
Fewer than 82 Child Health Physician per 100K Children ~	121,470	87%	3,498,004	74%	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 (52% FPL for Wyoming, an equivalent of \$7,358 for a family of 3 in 2000).

Wyoming 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 43% of 24K uninsured children under age 19 in Wyoming 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>'.

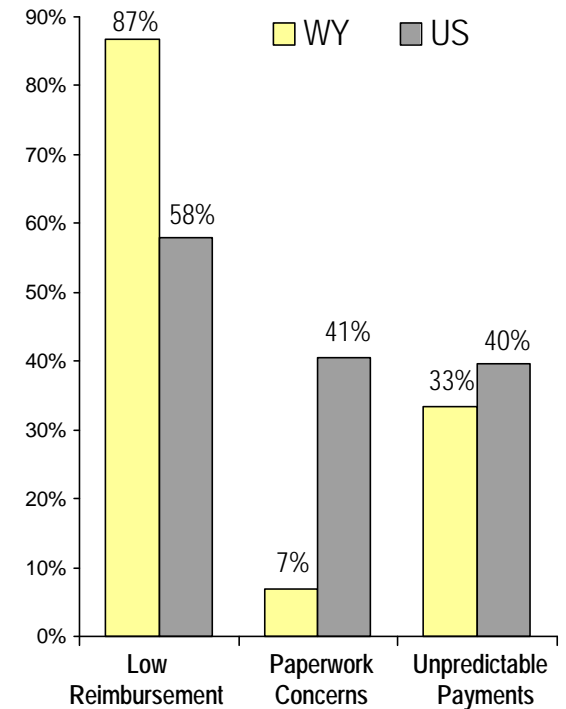
B. Title XXI Medicaid/SCHIP Program Eligibility

Wyoming's state program covers infants and children through age 18 to 133% FPL. Federally legislated maximum Title XXI SCHIP/Medicaid program eligibility for Wyoming is 200% FPL for all infants and children through age 18.

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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- 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.

- IV. 2000 Pediatrician Participation Survey. American Academy of Pediatrics, 2000.

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.