

Medicaid

STATE REPORTS – FY 1998

Idaho

 Division of
Health Policy Research

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Medicaid State Report

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

Division of Health Policy Research

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.

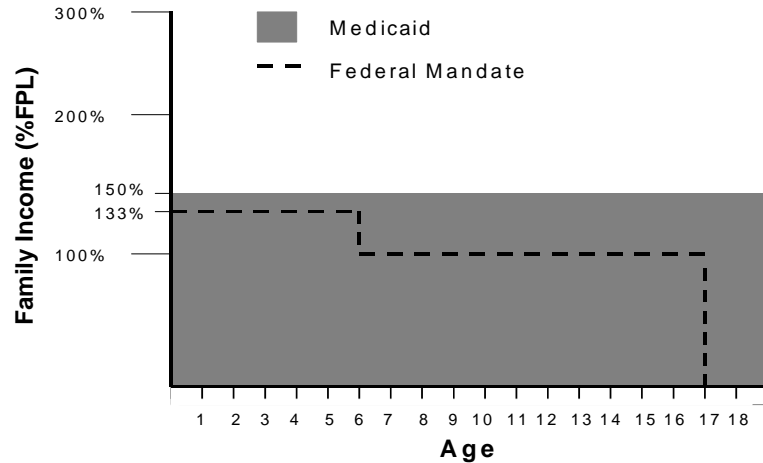
I. CONTINUED	IDAHO		MOUNTAIN REGION		UNITED STATES	
	<u>Enrollees</u>	<u>Percent</u>	<u>Enrollees</u>	<u>Percent</u>	<u>Enrollees</u>	<u>Percent</u>
I. Enrollees Under Age 21, by Race and Age, FY 1998#						
Non-hispanic White	61,618	82.6%	535,503	44.3%	8,942,666	40.0%
Ages 0 Through 5	28,318	46.0%	242,037	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> ⁺
Children living in Health Service Areas* with:						
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>'.

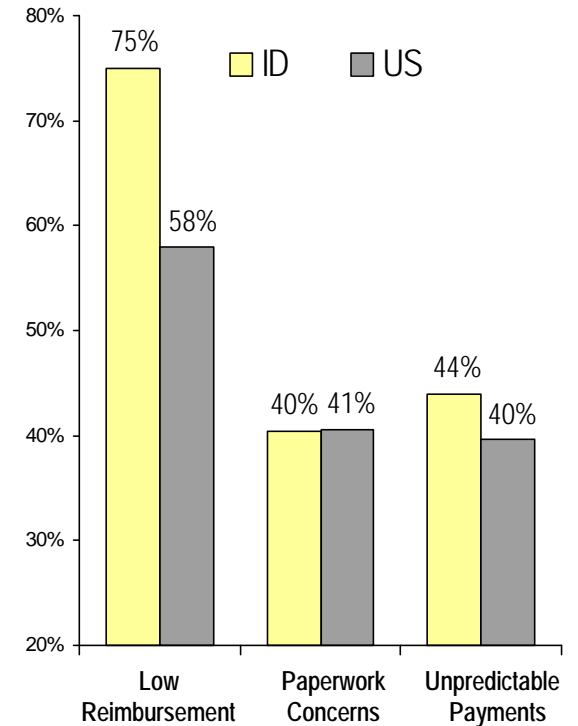
B. Title XXI Medicaid/SCHIP Program Eligibility

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>".

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Medicaid State Reports, FY 1994 through 1998, are available in Adobe Acrobat PDF format on the Research page of the AAP Web site, at <http://www.aap.org/research/medicaid.htm>. Contact Suk-fong Tang, PhD, Division of Health Policy Research, with comments about the report; contact Dan Walter, Department of Chapter and State Affairs, for Medicaid questions and advocacy advice.