

Medicaid

STATE REPORTS – FY 1998

Indiana



Division of
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Medicaid State Report

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



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%			
<i>Infants</i>	33,629		5.5%	296,576		5.2%	2,014,962		5.0%			
<i>Age 1 Through 5</i>	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.

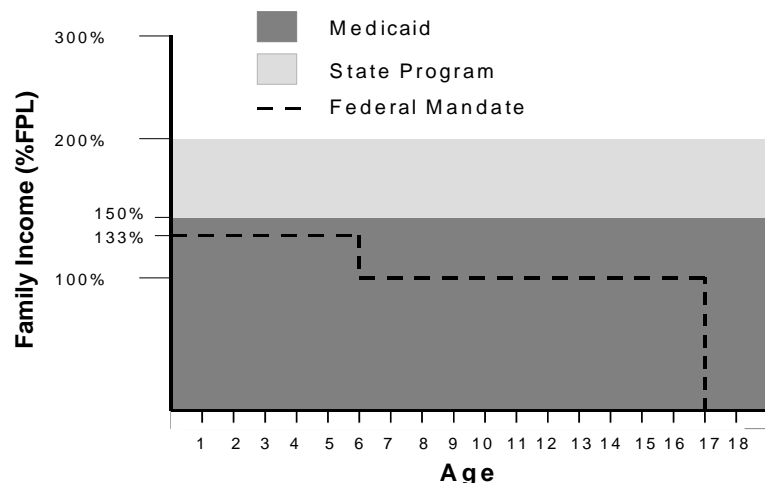
I. CONTINUED	INDIANA		EAST NORTH CENTRAL REGION		UNITED STATES	
	<u>Enrollees</u>	<u>Percent</u>	<u>Enrollees</u>	<u>Percent</u>	<u>Enrollees</u>	<u>Percent</u>
I. Enrollees Under Age 21, by Race and Age, FY 1998#						
Non-hispanic White	243,726	65.5%	1,551,657	47.1%	8,942,666	40.0%
Ages 0 Through 5	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>'.

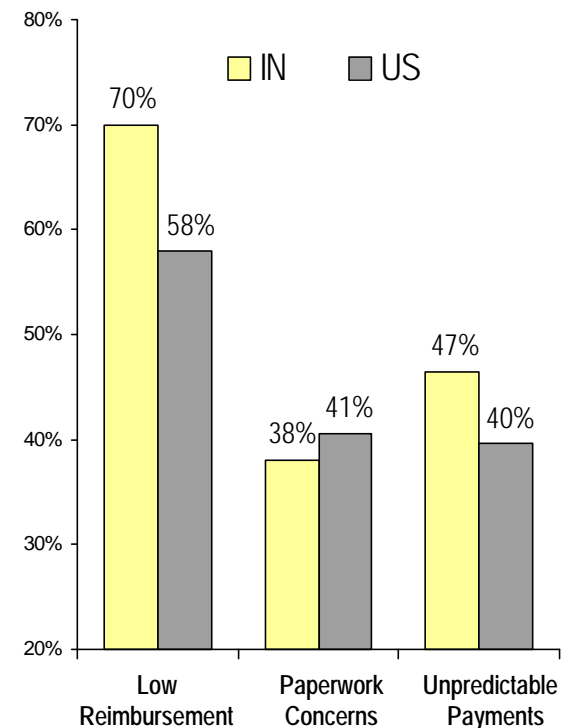
B. Title XXI Medicaid/SCHIP Program Eligibility

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>'.

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- II A. Population Estimates for the US and States by Single Year of Age and Sex: July 1, 1998. Population Division, US Census Bureau. Downloadable from <http://www.census.gov/population/estimates/state/stats/st-99-11.txt>.
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- III A-B. "Medicaid and SCHIP Income Eligibility Guidelines for Children" and "Title XXI Medicaid Expansion Population and Date of Implementation", reports published by the Department of Chapter and State Affairs, American Academy of Pediatrics, August 2000. Medically Needy Income Limits and Resource Limits for Aged, Blind, and Disabled People. The Urban Institute, October 1998. Downloadable from <http://newfederalism.urban.org/pdf/discussion99-09.pdf>. American Academy of Pediatrics analysis of 1999 March Demographic File, Current Population Survey.

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