

Medicaid

STATE REPORTS – FY 1998

Minnesota

 Division of
Health Policy Research

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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.

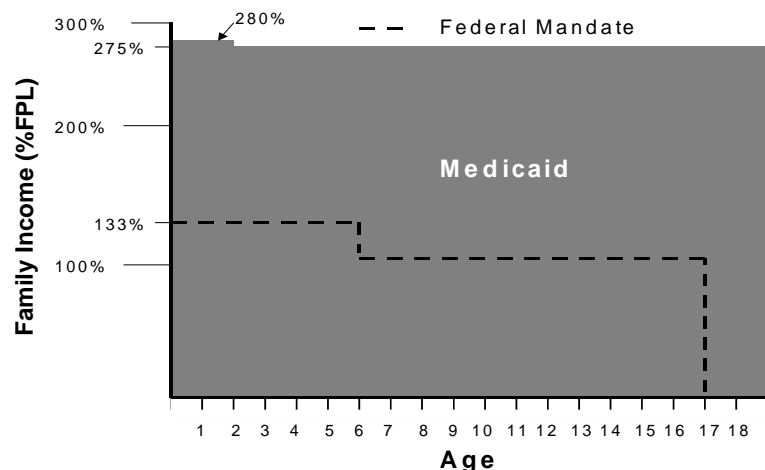
I. CONTINUED	MINNESOTA		WEST NORTH CENTRAL REGION		UNITED STATES	
I. Enrollees Under Age 21, by Race and Age, FY 1998#	<u>Enrollees</u>	<u>Percent</u>	<u>Enrollees</u>	<u>Percent</u>	<u>Enrollees</u>	<u>Percent</u>
Non-hispanic White	192,244	57.7%	870,583	65.2%	8,942,666	40.0%
Ages 0 Through 5	67,421	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>'.

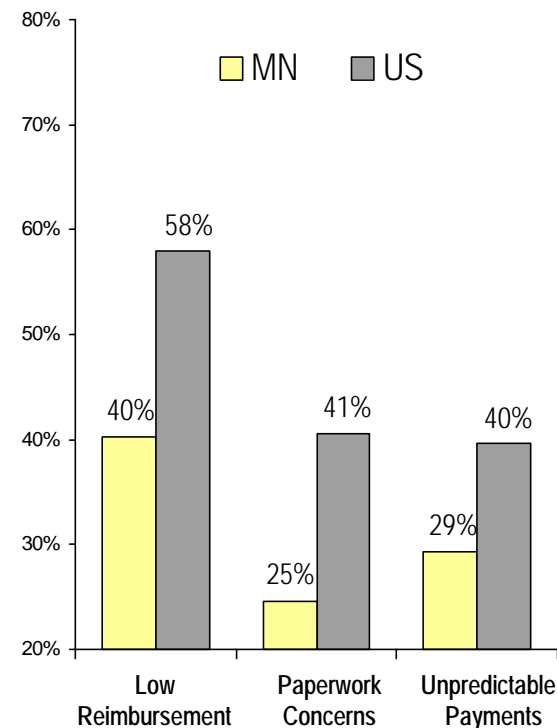
B. Title XXI Medicaid/SCHIP Program Eligibility

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>'.

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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.