

Medicaid

STATE REPORTS – FY 1998

New Mexico

 Division of
Health Policy Research

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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%
Infants		15,914		4.7%		134,324		7.0%		2,014,962		5.0%
Age 1 Through 5		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			
	<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%		1.7%		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#												
	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.

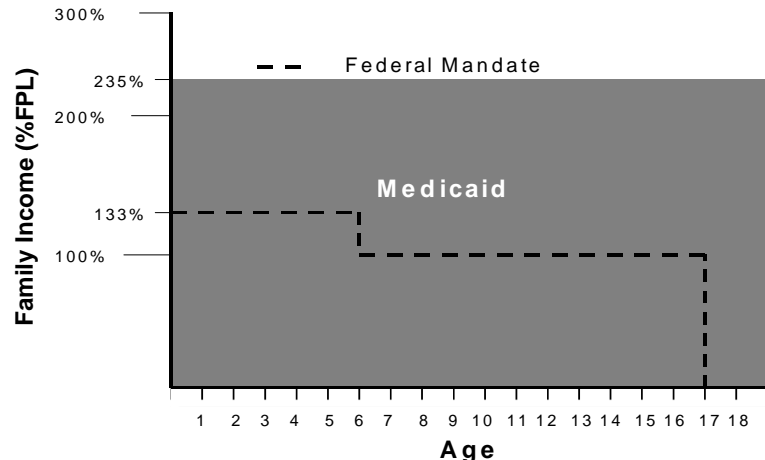
I. CONTINUED	NEW MEXICO		MOUNTAIN REGION		UNITED STATES	
I. Enrollees Under Age 21, by Race and Age, FY 1998#	<u>Enrollees</u>	<u>Percent</u>	<u>Enrollees</u>	<u>Percent</u>	<u>Enrollees</u>	<u>Percent</u>
Non-hispanic White	52,750	22.8%	535,503	44.3%	8,942,666	40.0%
Ages 0 Through 5	19,518	37.0%	242,037	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>	<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	7.2	6.0	11.8
Neonatal Mortality	3.3	3.1	na	4.1	4.0	5.0	4.8	4.0	7.7
Postneonatal Mortality	2.8	2.5	na	2.5	2.3	4.0	2.5	2.0	4.0
% Low Birth Weight Infants									
Under 2500 Grams	7.6	7.7	7.1	7.3	7.1	9.1	7.6	6.5	11.6
Under 1500 Grams	1.1	1.1	0.9	1.1	1.1	1.7	1.4	1.1	2.6
% Not Receiving Prenatal Care									
In First Trimester	32.4	30.9	40.4	22.3	21.2	31.2	17.2	15.2	24.9
Until Third Trimester or Not At All	8.5	7.9	11.6	5.7	5.4	8.9	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 ~	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>'.

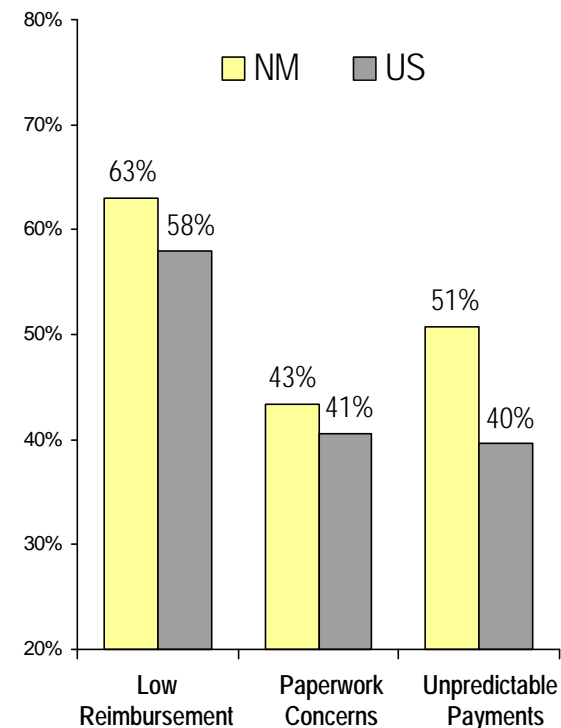
B. Title XXI Medicaid/SCHIP Program Eligibility

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>'.

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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.