

Medicaid

STATE REPORTS – FY 1998

Pennsylvania

 Division of
Health Policy Research

SUK-FONG S. TANG, PhD
ALICIA M. SISTON, MPH
BETH K. YUDKOWSKY, MPH

American Academy of Pediatrics





Medicaid State Report

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



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.

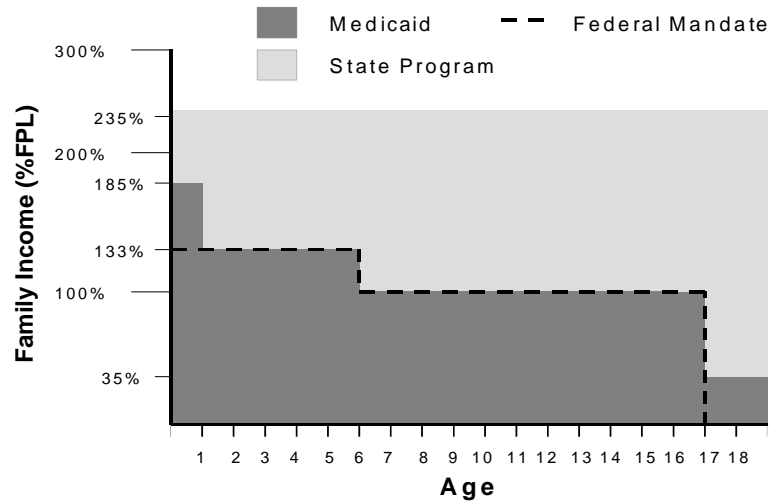
I. CONTINUED	PENNSYLVANIA		MID ATLANTIC REGION		UNITED STATES	
I. Enrollees Under Age 21, by Race and Age, FY 1998#	<u>Enrollees</u>	<u>Percent</u>	<u>Enrollees</u>	<u>Percent</u>	<u>Enrollees</u>	<u>Percent</u>
Non-hispanic White	489,913	55.5%	997,435	33.6%	8,942,666	40.0%
Ages 0 Through 5	177,921	36.3%	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	<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	6.0	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						
<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 ~	1,290,041	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>.

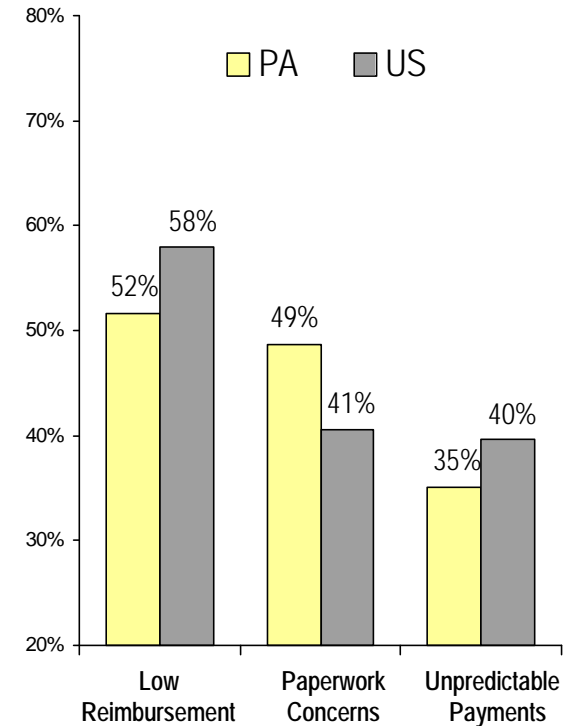
B. Title XXI Medicaid/SCHIP Program Eligibility

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).

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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.