

# Medicaid

STATE REPORTS – FY 1998

South Dakota

 Division of  
Health Policy Research

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# Medicaid State Report

SOUTH DAKOTA, FY 1998 (October 1, 1997 - September 30, 1998)



I. MEDICAID ENROLLEES AND EXPENDITURES	SOUTH DAKOTA			WEST NORTH CENTRAL REGION~			UNITED STATES		
A. Federal Medical Assistance Percentage (FMAP)*	67.7% (FY98)	68.7% (FY00)	78.1% (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)	43,834 ( 70.6% of 62,110 **)			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***	33%			33%			35%		
D. FY 1998 and FY 1994-98 Averaged DSH^ Payment	\$1 M		\$1 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	83,111		100.0%	2,253,058		100.0%	40,377,603		100.0%
<b>Children Under Age 21</b>	<b>52,925</b>		<b>63.7%</b>	<b>1,335,291</b>		<b>59.3%</b>	<b>22,331,022</b>		<b>56.4%</b>
Under Age 6	23,494		28.3%	525,359		23.3%	9,220,363		22.8%
Infants	6,417		7.7%	107,361		4.8%	2,014,962		5.0%
Age 1 Through 5	17,077		20.5%	417,998		18.6%	7,205,401		17.8%
Age 6 Through 20	29,431		35.4%	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	83,111	\$356 M	\$4,281	2,253,058	\$9,149 M	\$4,061	40,377,603	\$142,058 M	\$3,518
Children^^^	56.6%	17.1%	\$1,294	55.0%	16.9%	\$1,238	50.6%	16.4%	\$1,130
Categorically Needy - Cash	16.1%	4.6%	\$1,220	15.4%	4.9%	\$1,296	18.4%	6.0%	\$1,137
Categorically Needy - Noncash	28.1%	5.6%	\$855	23.8%	5.0%	\$856	17.4%	4.6%	\$910
Medically Needy	NA	NA	NA	0.8%	0.3%	\$1,514	4.5%	1.7%	\$1,294
Other	12.3%	6.9%	\$2,390	15.1%	6.6%	\$1,768	10.2%	4.2%	\$1,418
Adults	15.2%	7.5%	\$2,126	17.8%	7.3%	\$1,651	21.8%	10.7%	\$1,704
Categorically Needy - Cash	7.3%	3.3%	\$1,949	7.2%	3.9%	\$2,193	8.8%	4.5%	\$1,796
Categorically Needy - Noncash	5.0%	3.0%	\$2,513	2.9%	1.3%	\$1,825	5.6%	3.2%	\$1,987
Medically Needy	NA	NA	NA	0.7%	0.2%	\$1,026	2.6%	1.3%	\$1,717
Other	2.8%	1.3%	\$1,898	7.0%	1.9%	\$1,084	4.8%	1.6%	\$1,199
Blind and Disabled	17.9%	45.2%	\$10,787	15.4%	41.3%	\$10,836	17.5%	43.6%	\$8,680
Aged	10.3%	30.2%	\$12,530	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 74.7% 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	SOUTH DAKOTA				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	2.8%		2.0%		1.0%		1.2%		1.5%		1.8%	
Dental Services	0.0%		0.0%		0.3%		0.2%		0.4%		0.2%	
Other Practitioners	0.2%		0.2%		0.2%		0.2%		0.2%		0.2%	
EPSDT*	1.6%		0.8%		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	0.9%		0.7%		0.6%		0.7%		0.9%		1.1%	
Outpatient Hospital	3.8%		2.6%		1.1%		1.6%		1.3%		1.8%	
Inpatient Hospital	10.8%		5.9%		4.0%		3.9%		5.1%		6.4%	
Nursing Home/Intermediate Care	0.5%		29.9%		0.6%		26.8%		0.6%		24.5%	
Mental Health Facility Services	0.0%		0.8%		0.4%		0.3%		0.8%		1.3%	
Personal Care / Home Health Services	2.5%		1.7%		2.4%		4.1%		2.1%		4.7%	
Lab and X-Ray	0.2%		0.2%		0.1%		0.2%		0.2%		0.3%	
Prescribed Drugs	1.4%		5.2%		1.2%		6.2%		1.2%		6.1%	
Prepaid Health Care	0.8%		0.3%		6.3%		2.5%		6.2%		4.3%	
Primary Care Case Management Services	0.2%		0.0%		0.1%		0.1%		0.1%		0.0%	
Other Services**	2.1%		5.6%		2.1%		2.4%		1.6%		2.0%	
Reporting Variance~	0.0%		16.2%		2.0%		23.6%		0.2%		20.0%	
<b>All Services</b>	<b>27.8%</b>		<b>72.2%</b>		<b>23.0%</b>		<b>77.0%</b>		<b>23.3%</b>		<b>76.7%</b>	
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	\$334	55.6%	\$424	54.7%	\$223	31.9%	\$333	31.9%	\$242	39.3%	\$384	37.8%
Dental Services	\$439	0.0%	\$386	0.1%	\$161	12.7%	\$188	10.7%	\$172	13.7%	\$204	7.7%
Other Practitioners	\$283	3.8%	\$134	18.4%	\$155	7.2%	\$107	15.7%	\$179	6.7%	\$110	13.2%
EPSDT*	\$424	25.8%	\$1,182	7.7%	\$266	17.5%	\$429	4.0%	\$224	26.1%	\$308	3.5%
Family Planning Services	\$68	3.0%	\$79	4.9%	\$95	2.0%	\$104	2.8%	\$159	2.6%	\$141	3.3%
Clinic Services	\$277	21.2%	\$408	19.2%	\$234	17.5%	\$341	19.9%	\$469	11.4%	\$874	9.7%
Outpatient Hospital	\$577	44.3%	\$778	39.1%	\$341	21.2%	\$617	26.4%	\$333	24.7%	\$582	24.6%
Inpatient Hospital	\$5,105	14.2%	\$3,900	17.9%	\$4,766	5.7%	\$4,296	9.0%	\$4,826	6.5%	\$4,807	10.5%
Nursing Home/Intermediate Care	\$59,249	0.1%	\$17,454	20.2%	\$53,819	0.1%	\$19,096	13.9%	\$63,002	0.1%	\$21,867	8.9%
Mental Health Facility Services		0.0%	\$55,270	0.2%	\$24,837	0.1%	\$31,180	0.1%	\$18,105	0.3%	\$28,065	0.4%
Personal Care / Home Health Services	\$1,059	15.7%	\$1,175	16.6%	\$2,279	7.2%	\$2,328	17.4%	\$1,752	7.3%	\$3,125	11.9%
Lab and X-Ray	\$70	19.7%	\$91	32.1%	\$56	10.9%	\$82	18.8%	\$66	17.6%	\$119	18.7%
Prescribed Drugs	\$193	50.1%	\$1,173	52.7%	\$232	34.3%	\$1,407	43.5%	\$188	41.0%	\$1,205	40.3%
Prepaid Health Care	\$500	0.0%	\$42	78.6%	\$774	55.7%	\$1,114	22.6%	\$771	50.0%	\$1,286	26.5%
Primary Care Case Management Services	\$23	59.2%	\$22	19.8%	\$68	15.1%	\$213	4.8%	\$28	12.2%	\$43	4.2%
Other Services**	\$1,105	13.1%	\$2,480	26.5%	\$1,707	8.3%	\$1,178	20.3%	\$799	12.2%	\$799	19.6%
<b>All Services</b>	<b>\$1,871</b>	<b>100.0%</b>	<b>\$8,507</b>	<b>100.0%</b>	<b>\$1,662</b>	<b>94.7%</b>	<b>\$7,755</b>	<b>98.8%</b>	<b>\$1,571</b>	<b>92.3%</b>	<b>\$6,493</b>	<b>93.7%</b>

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 South Dakota in 1997 was 48% 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.

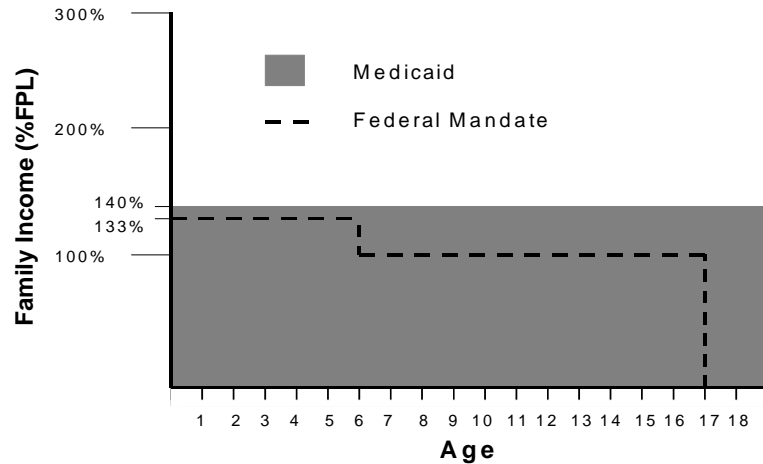
I. CONTINUED	SOUTH DAKOTA		WEST NORTH CENTRAL REGION		UNITED STATES	
I. Enrollees Under Age 21, by Race and Age, FY 1998#	<u>Enrollees</u>	<u>Percent</u>	<u>Enrollees</u>	<u>Percent</u>	<u>Enrollees</u>	<u>Percent</u>
Non-hispanic White	28,601	54.0%	870,583	65.2%	8,942,666	40.0%
Ages 0 Through 5	13,494	47.2%	347,691	39.9%	3,674,647	41.1%
Ages 6 Through 20	15,107	52.8%	522,892	60.1%	5,268,019	57.6%
Non-hispanic Black	116	0.2%	287,559	21.5%	6,572,457	29.4%
Ages 0 Through 5	22	19.0%	103,802	36.1%	2,493,510	37.9%
Ages 6 Through 20	94	81.0%	183,757	63.9%	4,078,947	62.1%
Hispanic	67	0.1%	66,083	4.9%	4,814,500	21.6%
Ages 0 Through 5	27	40.3%	34,416	52.1%	2,211,872	45.9%
Ages 6 Through 20	40	59.7%	31,667	47.9%	2,602,628	54.1%
Other	24,141	45.6%	111,066	8.3%	2,001,399	9.0%
Ages 0 Through 5	9,951	41.2%	39,450	35.5%	840,334	42.0%
Ages 6 Through 20	14,190	58.8%	71,616	64.5%	1,161,065	58.0%

**II. POPULATION AND CHILD HEALTH DATA**

<b>A. Total Population, 1998</b>	<b>758,770</b>	<b>100.0%</b>	<b>18,800,925</b>	<b>100.0%</b>	<b>270,002,354</b>	<b>100.0%</b>
Under Age 21	245,811	32.4%	5,720,526	30.4%	81,664,866	30.2%
Under Age 6	64,781	8.5%	1,519,387	8.1%	23,078,513	8.5%
Infants	10,867	1.4%	250,090	1.3%	3,800,560	1.4%
Age 1 Through 5	53,914	7.1%	1,269,297	6.8%	19,277,953	7.1%
Age 6 Through 20	181,030	23.9%	4,201,139	22.3%	58,586,353	21.7%
Age 21 and Older	512,959	67.6%	13,080,399	69.6%	188,337,488	69.8%
<b>B. Infant Mortality, Low Birth Weight and Prenatal Care, 1997</b>	<u>Total</u>	<u>White</u>	<u>Other</u>	<u>Total</u>	<u>White</u>	<u>Other</u>
<b>Infant Mortality per 1,000 Live Births</b>	7.7	5.3	18.9	6.9	5.9	13.9
Neonatal Mortality	3.8	3.2	na	4.4	3.8	8.4
Postneonatal Mortality	3.8	na	12.0	2.5	2.1	5.4
<b>% Low Birth Weight Infants</b>						
Under 2500 Grams	5.8	5.7	6.3	6.7	6.2	10.8
Under 1500 Grams	1.2	1.0	1.7	1.3	1.1	2.4
<b>% Not Receiving Prenatal Care</b>						
In First Trimester	17.3	13.4	34.9	14.5	12.8	27.4
Until Third Trimester or Not At All	3.2	1.8	9.8	2.8	2.3	6.7
<b>C. Pediatrician and Other Child Health Physician Ratios, 1998</b>	<u>Total</u>	<u>% Child Population</u> <sup>+</sup>	<u>Total</u>	<u>% Child Population</u> <sup>+</sup>	<u>Total</u>	<u>% Child Population</u> <sup>+</sup>
<i>Children living in Health Service Areas* with:</i>						
Fewer than 55 Pediatricians per 100K Children ~	208,378	100%	3,416,588	70%	34,317,300	50%
Fewer than 82 Child Health Physician per 100K Children ~	208,378	100%	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 (47% FPL for South Dakota, an equivalent of \$6,650 for a family of 3 in 2000).

South Dakota expanded its Title XIX Medicaid program to 100% FPL for 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 32% of 24K uninsured children under age 19 in South Dakota 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>'.

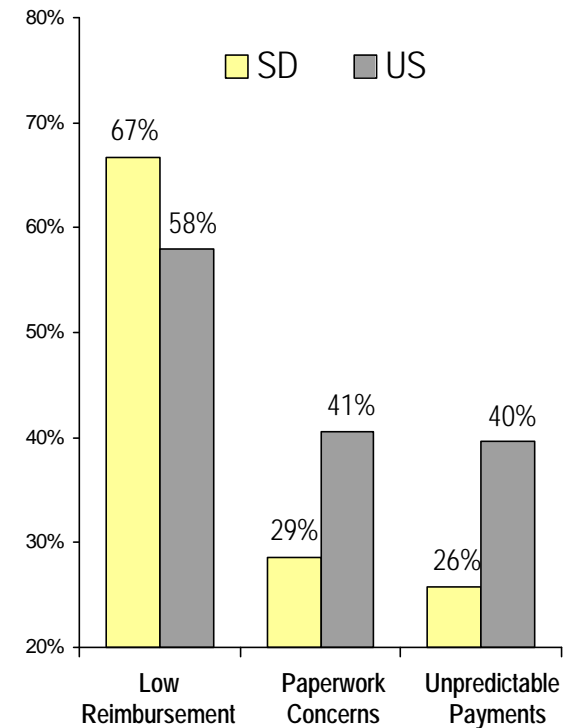
**B. Title XXI Medicaid/SCHIP Program Eligibility**

South Dakota's Title XXI Medicaid program covers children through age 18 up to 140% FPL. Federally legislated maximum Title XXI SCHIP/Medicaid program eligibility for South Dakota 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.