

Medicaid

STATE REPORTS – FY 1998

Texas



Division of
Health Policy Research

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Medicaid State Report

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



I. MEDICAID ENROLLEES AND EXPENDITURES				TEXAS			WEST SOUTH CENTRAL REGION~			UNITED STATES		
A. Federal Medical Assistance Percentage (FMAP)*	62.3% (FY98)	61.4% (FY00)	73.0% (Enhanced)	68.9% (FY98)	68.9% (FY00)	78.2% (Enhanced)	60.7% (FY98)	60.7% (FY00)	72.5% (Enhanced)			
B. Total Medicaid Managed Care Enrollment, 06/30/1998 (% of Total Medicaid Enrollment)	437,898 (25.5% of 1,719,249 **)			819,112 (26.3% of 3,115,299)			15,760,205 (52.5% of 30,009,674)					
C. Percent of Births Paid for by Medicaid, 1997***	49%			49%			35%					
D. FY 1998 and FY 1994-98 Averaged DSH^ Payment	\$1,439 M \$1,328 M			\$2,202 M \$2,248 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	2,680,583 100.0%			4,290,097 100.0%			40,377,603 100.0%					
Children Under Age 21	1,689,961 63.0%			2,356,753 54.9%			22,331,022 56.4%					
Under Age 6	789,615 29.5%			1,078,133 25.1%			9,220,363 22.8%					
Infants	162,406 6.1%			236,673 5.5%			2,014,962 5.0%					
Age 1 Through 5	627,209 23.4%			841,460 19.6%			7,205,401 17.8%					
Age 6 Through 20	900,346 33.6%			1,278,620 29.8%			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	2,680,583	\$7,140 M	\$2,664	4,290,097	\$12,077 M	\$2,815	40,377,603	\$142,058 M	\$3,518			
Children^^^	58.4%	20.2%	\$921	55.0%	18.9%	\$999	50.6%	16.4%	\$1,130			
Categorically Needy - Cash	15.3%	4.4%	\$775	15.2%	4.3%	\$826	18.4%	6.0%	\$1,137			
Categorically Needy - Noncash	32.0%	8.8%	\$731	29.2%	8.0%	\$796	17.4%	4.6%	\$910			
Medically Needy	0.4%	0.5%	\$2,891	0.8%	0.6%	\$2,127	4.5%	1.7%	\$1,294			
Other	10.7%	6.5%	\$1,622	9.8%	6.0%	\$1,785	10.2%	4.2%	\$1,418			
Adults	17.0%	12.2%	\$1,912	17.0%	10.9%	\$1,859	21.8%	10.7%	\$1,704			
Categorically Needy - Cash	7.0%	4.1%	\$1,551	6.6%	3.6%	\$1,589	8.8%	4.5%	\$1,796			
Categorically Needy - Noncash	5.4%	4.9%	\$2,406	5.9%	4.4%	\$2,179	5.6%	3.2%	\$1,987			
Medically Needy	1.4%	1.3%	\$2,552	1.3%	1.1%	\$2,461	2.6%	1.3%	\$1,717			
Other	3.3%	2.0%	\$1,600	3.2%	1.7%	\$1,569	4.8%	1.6%	\$1,199			
Blind and Disabled	12.0%	34.8%	\$7,744	15.4%	39.3%	\$7,446	17.5%	43.6%	\$8,680			
Aged	12.6%	32.8%	\$6,918	12.6%	30.9%	\$7,136	10.2%	29.3%	\$9,968			

Notes: ~ Includes AR, LA, OK & TX. * Regional and US averages of FY98 FMAP are weighted by FY98 expenditures. FY00 and Enhanced FMAPs are unweighted. ** Enrollment on 06/30/98 was 64.1% 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	TEXAS				WEST SOUTH 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	4.0%		3.5%		3.8%		3.4%		1.5%		1.8%	
Dental Services	0.0%		0.0%		0.2%		0.0%		0.4%		0.2%	
Other Practitioners	0.5%		0.4%		0.4%		0.3%		0.2%		0.2%	
EPSDT*	5.8%		0.7%		4.6%		0.5%		0.9%		0.1%	
Family Planning Services	0.1%		0.1%		0.1%		0.1%		0.1%		0.1%	
Clinic Services	0.4%		0.2%		0.9%		0.6%		0.9%		1.1%	
Outpatient Hospital	2.0%		3.0%		1.9%		2.6%		1.3%		1.8%	
Inpatient Hospital	10.5%		7.8%		10.1%		7.6%		5.1%		6.4%	
Nursing Home/Intermediate Care	0.8%		23.0%		1.2%		23.7%		0.6%		24.5%	
Mental Health Facility Services	0.0%		0.0%		0.6%		0.3%		0.8%		1.3%	
Personal Care / Home Health Services	0.6%		6.2%		0.8%		4.9%		2.1%		4.7%	
Lab and X-Ray	0.6%		0.4%		0.5%		0.5%		0.2%		0.3%	
Prescribed Drugs	3.2%		6.6%		2.9%		7.2%		1.2%		6.1%	
Prepaid Health Care	0.0%		0.0%		0.0%		0.0%		6.2%		4.3%	
Primary Care Case Management Services	0.0%		0.0%		0.0%		0.0%		0.1%		0.0%	
Other Services**	0.3%		2.8%		0.6%		1.2%		1.6%		2.0%	
Reporting Variance~	0.0%		16.7%		0.0%		16.8%		0.2%		20.0%	
All Services	28.6%		71.4%		28.7%		71.3%		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	\$268	63.0%	\$488	51.9%	\$273	66.3%	\$473	66.3%	\$242	39.3%	\$384	37.8%
Dental Services	\$228	0.0%	\$367	0.0%	\$161	6.8%	\$169	1.7%	\$172	13.7%	\$204	7.7%
Other Practitioners	\$160	12.6%	\$128	21.2%	\$139	12.2%	\$115	18.8%	\$179	6.7%	\$110	13.2%
EPSDT*	\$394	61.7%	\$566	8.6%	\$359	60.2%	\$495	7.7%	\$224	26.1%	\$308	3.5%
Family Planning Services	\$121	3.3%	\$108	5.5%	\$120	4.2%	\$115	6.3%	\$159	2.6%	\$141	3.3%
Clinic Services	\$186	10.2%	\$198	7.3%	\$423	10.0%	\$524	9.0%	\$469	11.4%	\$874	9.7%
Outpatient Hospital	\$265	32.0%	\$655	33.5%	\$258	35.1%	\$593	33.6%	\$333	24.7%	\$582	24.6%
Inpatient Hospital	\$3,498	12.7%	\$3,628	15.5%	\$3,951	12.1%	\$3,078	18.6%	\$4,826	6.5%	\$4,807	10.5%
Nursing Home/Intermediate Care	\$44,279	0.1%	\$17,772	9.3%	\$55,695	0.1%	\$17,678	10.2%	\$63,002	0.1%	\$21,867	8.9%
Mental Health Facility Services		0.0%		0.0%	\$17,352	0.2%	\$8,991	0.2%	\$18,105	0.3%	\$28,065	0.4%
Personal Care / Home Health Services	\$448	5.3%	\$2,158	20.6%	\$605	6.0%	\$1,929	19.2%	\$1,752	7.3%	\$3,125	11.9%
Lab and X-Ray	\$83	28.4%	\$155	20.0%	\$77	32.2%	\$136	27.0%	\$66	17.6%	\$119	18.7%
Prescribed Drugs	\$190	70.5%	\$932	51.2%	\$197	70.1%	\$1,026	52.7%	\$188	41.0%	\$1,205	40.3%
Prepaid Health Care	NA	0.0%	NA	0.0%	\$16	6.1%	\$18	5.2%	\$771	50.0%	\$1,286	26.5%
Primary Care Case Management Services	NA	0.0%	NA	0.0%	\$23	7.9%	\$21	2.9%	\$28	12.2%	\$43	4.2%
Other Services**	\$390	3.1%	\$1,449	13.7%	\$474	6.2%	\$545	16.2%	\$799	12.2%	\$799	19.6%
All Services	\$1,404	86.2%	\$5,869	87.6%	\$1,508	89.9%	\$5,890	91.6%	\$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 Texas in 1997 was 54% 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.

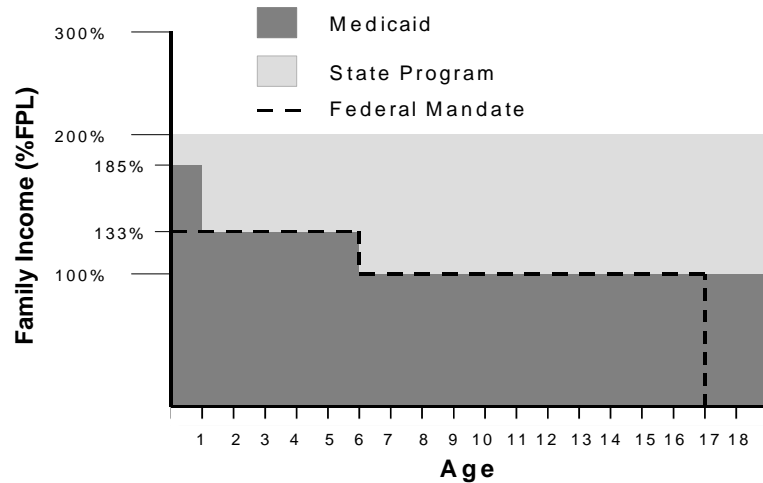
I. CONTINUED	TEXAS		WEST SOUTH CENTRAL REGION		UNITED STATES	
	<u>Enrollees</u>	<u>Percent</u>	<u>Enrollees</u>	<u>Percent</u>	<u>Enrollees</u>	<u>Percent</u>
I. Enrollees Under Age 21, by Race and Age, FY 1998#						
Non-hispanic White	361,460	21.4%	624,802	26.5%	8,942,666	40.0%
Ages 0 Through 5	166,386	46.0%	283,059	45.3%	3,674,647	41.1%
Ages 6 Through 20	195,074	54.0%	341,743	54.7%	5,268,019	57.6%
Non-hispanic Black	344,145	20.4%	716,127	30.4%	6,572,457	29.4%
Ages 0 Through 5	136,585	39.7%	293,587	41.0%	2,493,510	37.9%
Ages 6 Through 20	207,560	60.3%	422,540	59.0%	4,078,947	62.1%
Hispanic	932,644	55.2%	936,953	39.8%	4,814,500	21.6%
Ages 0 Through 5	451,837	48.4%	454,326	48.5%	2,211,872	45.9%
Ages 6 Through 20	480,807	51.6%	482,627	51.5%	2,602,628	54.1%
Other	51,712	3.1%	78,871	3.3%	2,001,399	9.0%
Ages 0 Through 5	34,807	67.3%	47,161	59.8%	840,334	42.0%
Ages 6 Through 20	16,905	32.7%	31,710	40.2%	1,161,065	58.0%

II. POPULATION AND CHILD HEALTH DATA

A. Total Population, 1998	19,565,283	100.0%				29,864,875	100.0%			270,002,354	100.0%	
Under Age 21	6,520,306	33.3%				9,747,068	32.6%			81,664,866	30.2%	
Under Age 6	1,877,762	9.6%				2,743,611	9.2%			23,078,513	8.5%	
Infants	306,887	1.6%				449,107	1.5%			3,800,560	1.4%	
Age 1 Through 5	1,570,875	8.0%				2,294,504	7.7%			19,277,953	7.1%	
Age 6 Through 20	4,642,544	23.7%				7,003,457	23.5%			58,586,353	21.7%	
Age 21 and Older	13,044,977	66.7%				20,117,807	67.4%			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	6.4	5.9	9.4			7.1	6.2	11.0		7.2	6.0	11.8
Neonatal Mortality	3.8	3.5	5.5			4.3	3.7	6.8		4.8	4.0	7.7
Postneonatal Mortality	2.7	2.5	3.9			2.9	2.5	4.2		2.5	2.0	4.0
% Low Birth Weight Infants Under 2500 Grams	7.4	6.7	11.6			7.9	6.8	12.3		7.6	6.5	11.6
Under 1500 Grams	1.3	1.1	2.6			1.5	1.2	2.7		1.4	1.1	2.6
% Not Receiving Prenatal Care												
In First Trimester	20.7	20.4	22.5			20.5	19.3	25.5		17.2	15.2	24.9
Until Third Trimester or Not At All	5.3	5.2	5.5			5.1	4.8	6.2		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> ⁺	
Children living in Health Service Areas* with:												
Fewer than 55 Pediatricians per 100K Children ~	5,188,657	94%				7,351,145	89%			34,317,300	50%	
Fewer than 82 Child Health Physician per 100K Children ~	5,188,657	94%				7,485,573	90%			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 (17% FPL for Texas, an equivalent of \$2,406 for a family of 3 in 2000).

Texas expanded its Title XIX Medicaid program to 185% FPL for pregnant women and infants. The Medically Needy were covered to 25% 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 43% of 1,572K uninsured children under age 19 in Texas 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>'.

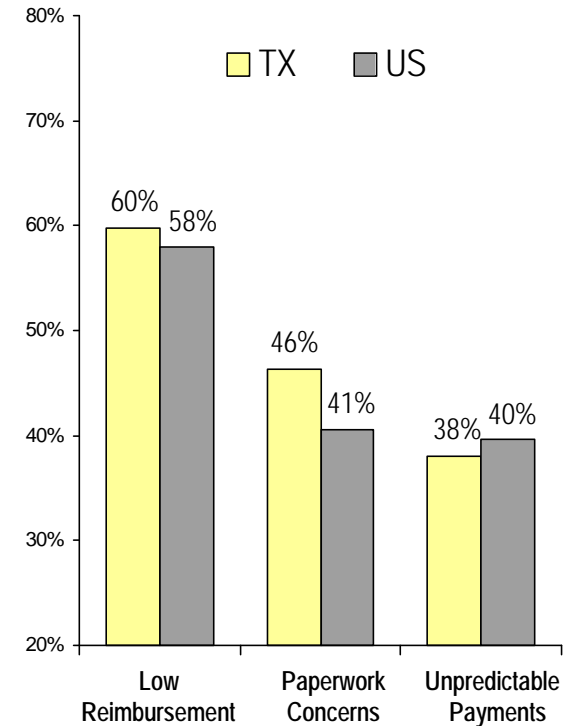
B. Title XXI Medicaid/SCHIP Program Eligibility

Texas expanded its Title XXI Medicaid program to children ages 17 through 18 from 17% to 100% FPL. Texas' state program covers infants and children through age 18 to 200% FPL. Federally legislated maximum Title XXI SCHIP/Medicaid program eligibility for Texas is 235% FPL for all infants.

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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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.