

# Medicaid

STATE REPORTS – FY 1998

Virginia

 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

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

Division of Health Policy Research

I. MEDICAID ENROLLEES AND EXPENDITURES				VIRGINIA			SOUTH ATLANTIC REGION~			UNITED STATES		
A. Federal Medical Assistance Percentage (FMAP)*		51.5% (FY98)	51.7% (FY00)	66.2% (Enhanced)		60.6% (FY98)	60.6% (FY00)	72.4% (Enhanced)		60.7% (FY98)	60.7% (FY00)	72.5% (Enhanced)
B. Total Medicaid Managed Care Enrollment, 06/30/1998 (% of Total Medicaid Enrollment)		299,266 ( 60.0% of 498,626 **)				3,014,061 ( 60.1% of 5,016,687 )				15,760,205 ( 52.5% of 30,009,674 )		
C. Percent of Births Paid for by Medicaid, 1997***		NA				45%				35%		
D. FY 1998 and FY 1994-98 Averaged DSH^ Payment		\$161 M		\$145 M		\$1,939 M		\$1,560 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		689,571		100.0%		7,032,022		100.0%		40,377,603		100.0%
<b>Children Under Age 21</b>		<b>412,235</b>		<b>59.8%</b>		<b>4,023,395</b>		<b>57.2%</b>		<b>22,331,022</b>		<b>56.4%</b>
Under Age 6		174,661		25.3%		1,670,802		23.8%		9,220,363		22.8%
<i>Infants</i>		46,016		6.7%		370,561		5.3%		2,014,962		5.0%
<i>Age 1 Through 5</i>		128,645		18.7%		1,300,241		18.5%		7,205,401		17.8%
Age 6 Through 20		237,574		34.5%		2,352,593		33.5%		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		<b>689,571</b>	<b>\$2,118 M</b>	<b>\$3,072</b>		<b>7,032,022</b>	<b>\$21,733 M</b>	<b>\$3,091</b>		<b>40,377,603</b>	<b>\$142,058 M</b>	<b>\$3,518</b>
Children^^^		52.9%	16.3%	\$947		52.0%	17.7%	\$1,024		50.6%	16.4%	\$1,130
Categorically Needy - Cash		16.3%	4.0%	\$745		18.6%	5.8%	\$945		18.4%	6.0%	\$1,137
Categorically Needy - Noncash		27.9%	7.4%	\$812		23.8%	7.4%	\$930		17.4%	4.6%	\$910
Medically Needy		0.2%	0.2%	\$2,233		0.6%	0.5%	\$2,280		4.5%	1.7%	\$1,294
Other		8.5%	4.8%	\$1,746		9.0%	4.0%	\$1,343		10.2%	4.2%	\$1,418
Adults		15.4%	9.5%	\$1,893		18.7%	10.5%	\$1,689		21.8%	10.7%	\$1,704
Categorically Needy - Cash		7.0%	4.0%	\$1,771		8.9%	4.7%	\$1,584		8.8%	4.5%	\$1,796
Categorically Needy - Noncash		5.9%	4.3%	\$2,247		5.1%	4.2%	\$2,464		5.6%	3.2%	\$1,987
Medically Needy		0.0%	0.0%	\$2,544		0.8%	0.5%	\$2,000		2.6%	1.3%	\$1,717
Other		2.5%	1.1%	\$1,390		3.9%	1.1%	\$841		4.8%	1.6%	\$1,199
Blind and Disabled		18.5%	44.1%	\$7,319		18.9%	45.5%	\$7,250		17.5%	43.6%	\$8,680
Aged		13.2%	30.1%	\$7,010		10.5%	26.3%	\$7,568		10.2%	29.3%	\$9,968

Notes: ~ Includes CT, MA, ME, NH, RI & VT. \* Regional and US averages of FY98 FMAP are weighted by FY98 expenditures. FY00 and Enhanced FMAPs are unweighted. \*\* Enrollment on 06/30/98 was 72.3% 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	VIRGINIA				SOUTH 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	3.3%		3.8%		2.5%		2.7%		1.5%		1.8%	
Dental Services	0.5%		0.1%		0.7%		0.3%		0.4%		0.2%	
Other Practitioners	0.2%		0.1%		0.2%		0.3%		0.2%		0.2%	
EPSDT*	0.4%		0.0%		0.9%		0.1%		0.9%		0.1%	
Family Planning Services	0.0%		0.0%		0.1%		0.1%		0.1%		0.1%	
Clinic Services	1.0%		0.8%		1.1%		0.9%		0.9%		1.1%	
Outpatient Hospital	7.8%		2.7%		2.5%		2.3%		1.3%		1.8%	
Inpatient Hospital	6.2%		6.6%		6.5%		7.0%		5.1%		6.4%	
Nursing Home/Intermediate Care	0.6%		20.4%		0.5%		22.6%		0.6%		24.5%	
Mental Health Facility Services	1.1%		2.2%		0.7%		0.7%		0.8%		1.3%	
Personal Care / Home Health Services	0.9%		4.3%		3.0%		3.9%		2.1%		4.7%	
Lab and X-Ray	0.2%		0.3%		0.2%		0.3%		0.2%		0.3%	
Prescribed Drugs	2.1%		8.7%		1.8%		7.8%		1.2%		6.1%	
Prepaid Health Care	4.6%		2.6%		4.2%		3.4%		6.2%		4.3%	
Primary Care Case Management Services	0.1%		0.0%		0.2%		0.1%		0.1%		0.0%	
Other Services**	0.4%		3.3%		1.1%		1.6%		1.6%		2.0%	
Reporting Variance~	-5.5%		19.9%		-0.5%		18.3%		0.2%		20.0%	
<b>All Services</b>	<b>24.1%</b>		<b>75.9%</b>		<b>25.7%</b>		<b>74.3%</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	\$301	56.7%	\$513	57.2%	\$277	48.5%	\$437	48.5%	\$242	39.3%	\$384	37.8%
Dental Services	\$143	18.3%	\$174	4.9%	\$174	22.0%	\$210	9.1%	\$172	13.7%	\$204	7.7%
Other Practitioners	\$159	7.0%	\$78	14.1%	\$155	7.0%	\$151	12.3%	\$179	6.7%	\$110	13.2%
EPSDT*	\$95	20.8%	\$64	1.4%	\$149	30.3%	\$117	3.6%	\$224	26.1%	\$308	3.5%
Family Planning Services	\$88	1.9%	\$90	2.7%	\$194	3.2%	\$151	3.9%	\$159	2.6%	\$141	3.3%
Clinic Services	\$372	13.7%	\$568	10.7%	\$486	12.0%	\$712	9.4%	\$469	11.4%	\$874	9.7%
Outpatient Hospital	\$1,288	31.2%	\$551	36.9%	\$446	29.4%	\$546	30.2%	\$333	24.7%	\$582	24.6%
Inpatient Hospital	\$3,576	9.0%	\$3,278	15.3%	\$4,368	7.8%	\$3,594	13.7%	\$4,826	6.5%	\$4,807	10.5%
Nursing Home/Intermediate Care	\$58,266	0.1%	\$15,346	10.2%	\$59,984	0.0%	\$19,921	8.0%	\$63,002	0.1%	\$21,867	8.9%
Mental Health Facility Services	\$1,891	3.0%	\$3,242	5.2%	\$7,409	0.5%	\$8,143	0.6%	\$18,105	0.3%	\$28,065	0.4%
Personal Care / Home Health Services	\$1,369	3.5%	\$4,476	7.3%	\$1,055	15.2%	\$1,828	15.2%	\$1,752	7.3%	\$3,125	11.9%
Lab and X-Ray	\$39	24.7%	\$105	18.4%	\$57	20.1%	\$111	19.4%	\$66	17.6%	\$119	18.7%
Prescribed Drugs	\$224	48.9%	\$1,316	50.8%	\$197	49.4%	\$1,162	47.3%	\$188	41.0%	\$1,205	40.3%
Prepaid Health Care	\$826	28.7%	\$1,874	10.6%	\$660	33.5%	\$2,159	11.1%	\$771	50.0%	\$1,286	26.5%
Primary Care Case Management Services	\$16	19.4%	\$15	7.6%	\$22	43.5%	\$27	16.5%	\$28	12.2%	\$43	4.2%
Other Services**	\$385	6.0%	\$1,104	23.1%	\$808	7.0%	\$660	17.5%	\$799	12.2%	\$799	19.6%
<b>All Services</b>	<b>\$1,330</b>	<b>93.1%</b>	<b>\$5,968</b>	<b>97.1%</b>	<b>\$1,447</b>	<b>93.8%</b>	<b>\$5,628</b>	<b>93.1%</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 Virginia 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.

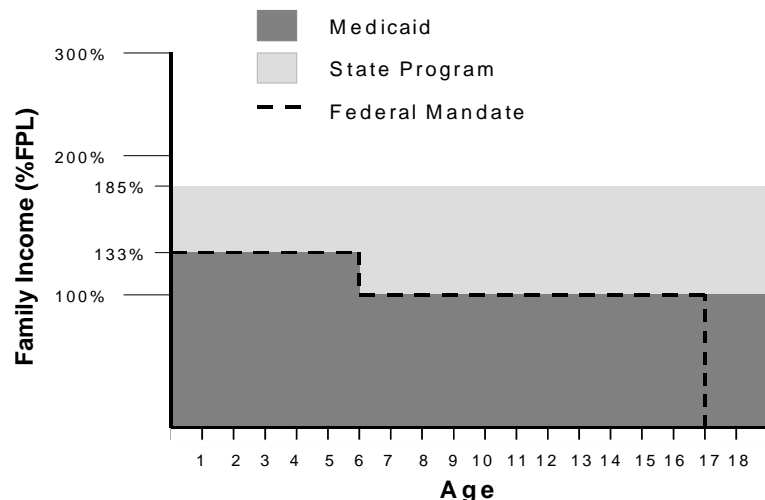
I. CONTINUED	VIRGINIA		SOUTH ATLANTIC REGION		UNITED STATES	
	<u>Enrollees</u>	<u>Percent</u>	<u>Enrollees</u>	<u>Percent</u>	<u>Enrollees</u>	<u>Percent</u>
I. Enrollees Under Age 21, by Race and Age, FY 1998#						
Non-hispanic White	167,936	40.7%	1,531,128	38.1%	8,942,666	40.0%
Ages 0 Through 5	73,311	43.7%	653,253	42.7%	3,674,647	41.1%
Ages 6 Through 20	94,625	56.3%	877,875	57.3%	5,268,019	57.6%
Non-hispanic Black	215,910	52.4%	1,953,927	48.6%	6,572,457	29.4%
Ages 0 Through 5	84,824	39.3%	736,600	37.7%	2,493,510	37.9%
Ages 6 Through 20	131,086	60.7%	1,217,327	62.3%	4,078,947	62.1%
Hispanic	19,967	4.8%	341,932	8.5%	4,814,500	21.6%
Ages 0 Through 5	12,418	62.2%	174,997	51.2%	2,211,872	45.9%
Ages 6 Through 20	7,549	37.8%	166,935	48.8%	2,602,628	54.1%
Other	8,422	2.0%	196,408	4.9%	2,001,399	9.0%
Ages 0 Through 5	4,108	48.8%	105,952	53.9%	840,334	42.0%
Ages 6 Through 20	4,314	51.2%	90,456	46.1%	1,161,065	58.0%

II. POPULATION AND CHILD HEALTH DATA

A. Total Population, 1998	<b>6,853,704</b>	<b>100.0%</b>	<b>48,928,149</b>	<b>100.0%</b>	<b>270,002,354</b>	<b>100.0%</b>
Under Age 21	1,952,151	28.5%	14,000,712	28.6%	81,664,866	30.2%
Under Age 6	552,652	8.1%	3,906,606	8.0%	23,078,513	8.5%
Infants	89,749	1.3%	633,689	1.3%	3,800,560	1.4%
Age 1 Through 5	462,903	6.8%	3,272,917	6.7%	19,277,953	7.1%
Age 6 Through 20	1,399,499	20.4%	10,094,106	20.6%	58,586,353	21.7%
Age 21 and Older	4,901,553	71.5%	34,927,437	71.4%	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>
<b>Infant Mortality per 1,000 Live Births</b>	7.8	6.0	12.5	8.3	6.1	13.5
Neonatal Mortality	5.5	4.2	9.0	5.8	4.2	9.5
Postneonatal Mortality	2.3	1.8	3.5	2.6	2.0	4.0
<b>% Low Birth Weight Infants</b>						
Under 2500 Grams	7.9	6.4	11.8	8.5	6.7	12.5
Under 1500 Grams	1.7	1.2	2.8	1.7	1.2	3.0
<b>% Not Receiving Prenatal Care</b>						
In First Trimester	14.8	11.2	24.0	15.4	11.8	23.7
Until Third Trimester or Not At All	3.3	2.3	5.7	3.3	2.3	5.7
C. Pediatrician and Other Child Health Physician Ratios, 1998	<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 ~	708,638	43%	4,873,224	42%	34,317,300	50%
Fewer than 82 Child Health Physician per 100K Children ~	548,987	33%	4,550,267	39%	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 (22% FPL for Virginia, an equivalent of \$3,113 for a family of 3 in 2000).

Virginia expanded its Title XIX Medicaid program to 100% FPL for children ages 16 through 18. The Medically Needy were covered up to 37% 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 224K uninsured children under age 19 in Virginia 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>'.

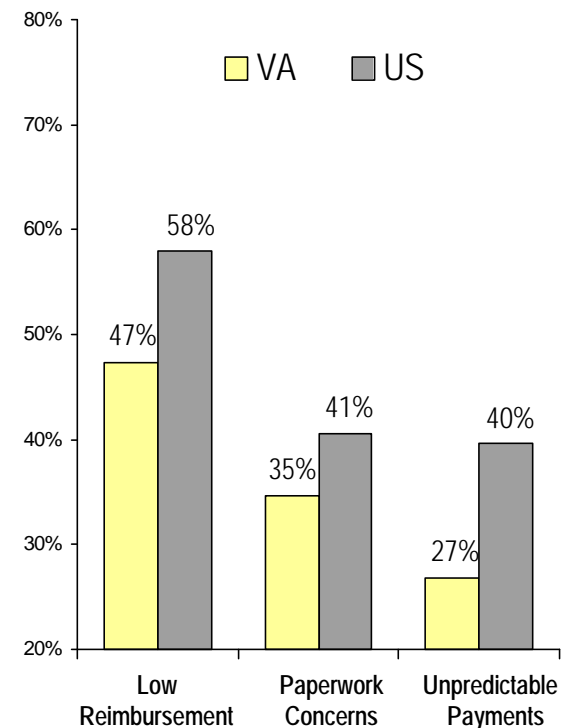
**B. Title XXI Medicaid/SCHIP Program Eligibility**

Virginia's Title XXI state program covers infants and children through age 18 to 185% FPL. Federally legislated maximum Title XXI SCHIP/Medicaid program eligibility for Virginia 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.