

Medicaid

STATE REPORTS – FY 1998

Washington

 Division of
Health Policy Research

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Medicaid State Report

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



I. MEDICAID ENROLLEES AND EXPENDITURES	WASHINGTON			PACIFIC REGION~			UNITED STATES		
A. Federal Medical Assistance Percentage (FMAP)*	52.1% (FY98)	51.8% (FY00)	66.3% (Enhanced)	54.9% (FY98)	54.9% (FY00)	68.4% (Enhanced)	60.7% (FY98)	60.7% (FY00)	72.5% (Enhanced)
B. Total Medicaid Managed Care Enrollment, 06/30/1998 (% of Total Medicaid Enrollment)	718,023 (91.0% of 788,922 **)			3,396,016 (54.3% of 6,257,916)			15,760,205 (52.5% of 30,009,674)		
C. Percent of Births Paid for by Medicaid, 1997***	43%			39%			35%		
D. FY 1998 and FY 1994-98 Averaged DSH^ Payment	\$333 M		\$275 M	\$2,826 M		\$2,482 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	915,214		100.0%	7,914,281		100.0%	40,377,603		100.0%
Children Under Age 21	572,927		62.6%	4,406,554		55.7%	22,331,022		56.4%
Under Age 6	208,685		22.8%	1,681,932		21.3%	9,220,363		22.8%
Infants	33,407		3.7%	275,926		3.5%	2,014,962		5.0%
Age 1 Through 5	175,278		19.2%	1,406,006		17.8%	7,205,401		17.8%
Age 6 Through 20	364,242		39.8%	2,724,622		34.4%	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	915,214	\$2,044 M	\$2,234	7,914,281	\$18,496 M	\$2,337	40,377,603	\$142,058 M	\$3,518
Children^^^	58.6%	19.0%	\$677	51.3%	21.4%	\$951	50.6%	16.4%	\$1,130
Categorically Needy - Cash	18.5%	6.7%	\$753	22.0%	10.6%	\$1,108	18.4%	6.0%	\$1,137
Categorically Needy - Noncash	20.7%	5.1%	\$511	7.5%	2.6%	\$805	17.4%	4.6%	\$910
Medically Needy	0.0%	0.0%	\$1,839	10.2%	3.9%	\$884	4.5%	1.7%	\$1,294
Other	19.4%	7.2%	\$779	11.7%	4.1%	\$810	10.2%	4.2%	\$1,418
Adults	21.2%	18.5%	\$1,824	25.3%	17.8%	\$1,604	21.8%	10.7%	\$1,704
Categorically Needy - Cash	10.6%	9.7%	\$1,913	9.8%	7.5%	\$1,746	8.8%	4.5%	\$1,796
Categorically Needy - Noncash	2.7%	2.9%	\$2,252	3.2%	3.4%	\$2,409	5.6%	3.2%	\$1,987
Medically Needy	0.0%	0.0%	\$392	3.9%	2.4%	\$1,382	2.6%	1.3%	\$1,717
Other	8.0%	6.0%	\$1,566	8.3%	4.4%	\$1,225	4.8%	1.6%	\$1,199
Blind and Disabled	13.1%	32.6%	\$5,189	14.7%	40.4%	\$6,303	17.5%	43.6%	\$8,680
Aged	7.1%	29.9%	\$8,819	8.7%	20.5%	\$5,408	10.2%	29.3%	\$9,968

Notes: ~ Includes AK, CA, HI, OR & WA. * Regional and US averages of FY98 FMAP are weighted by FY98 expenditures. FY00 and Enhanced FMAPs are unweighted. ** Enrollment on 06/30/98 was 86.2% 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 HM 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	WASHINGTON				PACIFIC 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	1.2%		2.2%		1.3%		2.0%		1.5%		1.8%	
Dental Services	2.2%		1.2%		0.3%		0.1%		0.4%		0.2%	
Other Practitioners	0.1%		0.2%		0.2%		0.3%		0.2%		0.2%	
EPSDT*	0.1%		0.0%		0.2%		0.0%		0.9%		0.1%	
Family Planning Services	1.0%		0.5%		0.1%		0.1%		0.1%		0.1%	
Clinic Services	0.6%		0.8%		0.8%		1.2%		0.9%		1.1%	
Outpatient Hospital	0.9%		2.4%		0.7%		1.1%		1.3%		1.8%	
Inpatient Hospital	2.9%		6.6%		4.5%		6.7%		5.1%		6.4%	
Nursing Home/Intermediate Care	0.1%		25.1%		0.5%		15.9%		0.6%		24.5%	
Mental Health Facility Services	0.0%		0.0%		0.3%		0.1%		0.8%		1.3%	
Personal Care / Home Health Services	0.1%		0.5%		2.2%		5.4%		2.1%		4.7%	
Lab and X-Ray	1.1%		0.5%		0.4%		0.7%		0.2%		0.3%	
Prescribed Drugs	0.8%		8.4%		1.0%		6.8%		1.2%		6.1%	
Prepaid Health Care	12.1%		3.2%		11.4%		6.6%		6.2%		4.3%	
Primary Care Case Management Services	0.0%		0.0%		0.0%		0.0%		0.1%		0.0%	
Other Services**	2.0%		2.5%		1.7%		2.4%		1.6%		2.0%	
Reporting Variance~	0.0%		20.7%		0.6%		23.0%		0.2%		20.0%	
All Services	25.2%		74.8%		26.4%		73.6%		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	\$206	18.9%	\$363	33.6%	\$194	28.4%	\$331	28.4%	\$242	39.3%	\$384	37.8%
Dental Services	\$228	31.5%	\$332	20.5%	\$241	5.9%	\$331	2.3%	\$172	13.7%	\$204	7.7%
Other Practitioners	\$44	5.4%	\$66	13.6%	\$176	5.8%	\$111	12.8%	\$179	6.7%	\$110	13.2%
EPSDT*	\$65	5.6%	\$68	1.1%	\$67	14.4%	\$59	1.3%	\$224	26.1%	\$308	3.5%
Family Planning Services	\$312	11.2%	\$353	7.7%	\$219	2.7%	\$186	2.6%	\$159	2.6%	\$141	3.3%
Clinic Services	\$553	3.6%	\$880	4.9%	\$373	9.2%	\$819	7.4%	\$469	11.4%	\$874	9.7%
Outpatient Hospital	\$373	7.7%	\$714	19.1%	\$178	15.9%	\$336	17.0%	\$333	24.7%	\$582	24.6%
Inpatient Hospital	\$7,417	1.3%	\$5,670	6.5%	\$6,449	2.9%	\$4,907	7.1%	\$4,826	6.5%	\$4,807	10.5%
Nursing Home/Intermediate Care	\$24,509	0.0%	\$20,925	6.7%	\$50,912	0.0%	\$18,866	4.4%	\$63,002	0.1%	\$21,867	8.9%
Mental Health Facility Services		0.0%	\$3,624	0.0%	\$28,747	0.0%	\$30,055	0.0%	\$18,105	0.3%	\$28,065	0.4%
Personal Care / Home Health Services	\$245	0.9%	\$910	3.1%	\$2,136	4.2%	\$2,968	9.5%	\$1,752	7.3%	\$3,125	11.9%
Lab and X-Ray	\$424	9.0%	\$155	16.8%	\$109	16.2%	\$218	15.8%	\$66	17.6%	\$119	18.7%
Prescribed Drugs	\$176	15.3%	\$1,277	36.9%	\$145	29.5%	\$1,016	35.0%	\$188	41.0%	\$1,205	40.3%
Prepaid Health Care	\$492	82.1%	\$607	29.9%	\$516	91.0%	\$550	62.3%	\$771	50.0%	\$1,286	26.5%
Primary Care Case Management Services	NA	0.0%	NA	0.0%	\$76	0.8%	\$192	0.5%	\$28	12.2%	\$43	4.2%
Other Services**	\$363	18.8%	\$531	26.3%	\$315	22.4%	\$540	23.0%	\$799	12.2%	\$799	19.6%
All Services	\$899	93.4%	\$4,406	94.9%	\$1,108	98.5%	\$3,870	98.8%	\$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 Washington in 1997 was 21% 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.

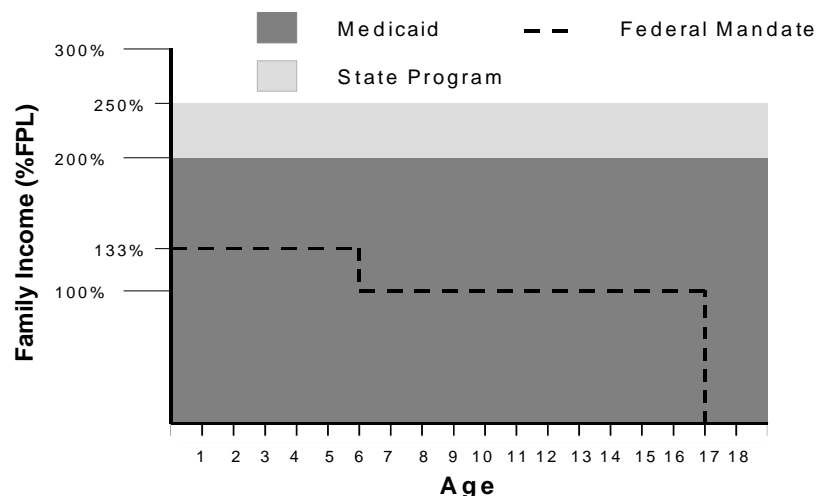
I. CONTINUED	WASHINGTON		PACIFIC REGION		UNITED STATES	
I. Enrollees Under Age 21, by Race and Age, FY 1998#	<u>Enrollees</u>	<u>Percent</u>	<u>Enrollees</u>	<u>Percent</u>	<u>Enrollees</u>	<u>Percent</u>
Non-hispanic White	408,794	71.4%	1,438,377	32.6%	8,942,666	40.0%
Ages 0 Through 5	143,757	35.2%	497,862	34.6%	3,674,647	41.1%
Ages 6 Through 20	265,037	64.8%	940,515	65.4%	5,268,019	57.6%
Non-hispanic Black	38,859	6.8%	521,818	11.8%	6,572,457	29.4%
Ages 0 Through 5	13,197	34.0%	176,397	33.8%	2,493,510	37.9%
Ages 6 Through 20	25,662	66.0%	345,421	66.2%	4,078,947	62.1%
Hispanic	81,532	14.2%	1,898,031	43.1%	4,814,500	21.6%
Ages 0 Through 5	38,352	47.0%	836,209	44.1%	2,211,872	45.9%
Ages 6 Through 20	43,180	53.0%	1,061,822	55.9%	2,602,628	54.1%
Other	43,742	7.6%	548,328	12.4%	2,001,399	9.0%
Ages 0 Through 5	13,379	30.6%	171,464	31.3%	840,334	42.0%
Ages 6 Through 20	30,363	69.4%	376,864	68.7%	1,161,065	58.0%

II. POPULATION AND CHILD HEALTH DATA

A. Total Population, 1998	5,693,485	100.0%	42,954,373	100.0%	270,002,354	100.0%
Under Age 21	1,687,661	29.6%	13,721,050	31.9%	81,664,866	30.2%
Under Age 6	464,343	8.2%	4,134,264	9.6%	23,078,513	8.5%
Infants	76,418	1.3%	698,825	1.6%	3,800,560	1.4%
Age 1 Through 5	387,925	6.8%	3,435,439	8.0%	19,277,953	7.1%
Age 6 Through 20	1,223,318	21.5%	9,586,786	22.3%	58,586,353	21.7%
Age 21 and Older	4,005,824	70.4%	29,233,323	68.1%	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	5.6	5.3	7.7	5.9	5.5	7.5
Neonatal Mortality	3.4	3.3	4.1	3.8	3.6	4.7
Postneonatal Mortality	2.3	2.1	3.6	2.1	1.9	2.8
% Low Birth Weight Infants						
Under 2500 Grams	5.7	5.4	7.9	6.1	5.6	8.4
Under 1500 Grams	1.1	1.0	1.8	1.1	1.0	1.6
% Not Receiving Prenatal Care						
In First Trimester	17.0	16.4	21.7	17.6	17.6	18.0
Until Third Trimester or Not At All	3.2	2.9	5.1	3.6	3.6	3.8
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 ~	671,956	46%	3,960,087	35%	34,317,300	50%
Fewer than 82 Child Health Physician per 100K Children ~	752,640	51%	4,041,764	35%	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 (50% FPL for Washington, an equivalent of \$7,075 for a family of 3 in 2000).

Washington expanded its Title XIX Medicaid program to 200% FPL for pregnant women, infants and children through age 18. The Medically Needy were covered up to 78% 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 40% of 151K uninsured children under age 19 in Washington 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>'.

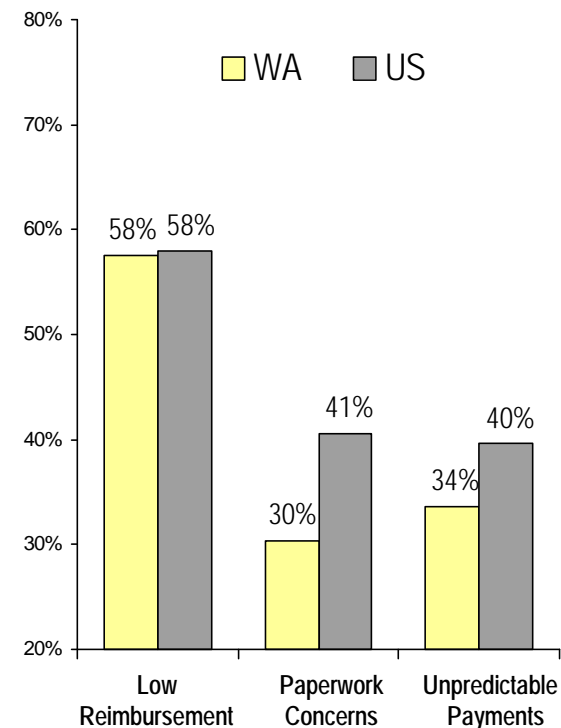
B. Title XXI Medicaid/SCHIP Program Eligibility

Washington's state program covers infants and children through age 18 to 250% 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>'. 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>.
- II B. National Vital Statistics Report, Vol. 47, No. 18, April 29, 1999. National Vital Statistics Report, Vol. 47, No. 19, June 30, 1999. National Vital Statistics Report, Vol. 48, No. 3, March 28, 2000. National Center for Health Statistics, Centers for Disease Control and Prevention. Additional statistics provided by staff from the NCHS Mortality and Natality Statistics Branches.
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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.