

Medicaid

STATE REPORTS – FY 1998

West 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

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

Division of Health Policy Research

I. MEDICAID ENROLLEES AND EXPENDITURES	WEST VIRGINIA			SOUTH ATLANTIC REGION~			UNITED STATES		
A. Federal Medical Assistance Percentage (FMAP)*	73.7% (FY98)	74.8% (FY00)	82.3% (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)	131,349 (42.5% of 308,910 **)			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***	55%			45%			35%		
D. FY 1998 and FY 1994-98 Averaged DSH^ Payment	\$22 M		\$29 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	373,090		100.0%	7,032,022		100.0%	40,377,603		100.0%
Children Under Age 21	209,341		56.1%	4,023,395		57.2%	22,331,022		56.4%
Under Age 6	80,706		21.6%	1,670,802		23.8%	9,220,363		22.8%
Infants	15,738		4.2%	370,561		5.3%	2,014,962		5.0%
Age 1 Through 5	64,968		17.4%	1,300,241		18.5%	7,205,401		17.8%
Age 6 Through 20	128,635		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	373,090	\$1,243 M	\$3,332	7,032,022	\$21,733 M	\$3,091	40,377,603	\$142,058 M	\$3,518
Children^^^	50.5%	16.6%	\$986	52.0%	17.7%	\$1,024	50.6%	16.4%	\$1,130
Categorically Needy - Cash	16.9%	5.5%	\$975	18.6%	5.8%	\$945	18.4%	6.0%	\$1,137
Categorically Needy - Noncash	0.3%	0.0%	\$429	23.8%	7.4%	\$930	17.4%	4.6%	\$910
Medically Needy	0.0%	0.0%	\$1,655	0.6%	0.5%	\$2,280	4.5%	1.7%	\$1,294
Other	33.3%	11.0%	\$995	9.0%	4.0%	\$1,343	10.2%	4.2%	\$1,418
Adults	18.8%	9.1%	\$1,446	18.7%	10.5%	\$1,689	21.8%	10.7%	\$1,704
Categorically Needy - Cash	12.5%	5.0%	\$1,196	8.9%	4.7%	\$1,584	8.8%	4.5%	\$1,796
Categorically Needy - Noncash	2.0%	2.0%	\$3,096	5.1%	4.2%	\$2,464	5.6%	3.2%	\$1,987
Medically Needy	0.3%	0.4%	\$3,560	0.8%	0.5%	\$2,000	2.6%	1.3%	\$1,717
Other	4.0%	1.7%	\$1,255	3.9%	1.1%	\$841	4.8%	1.6%	\$1,199
Blind and Disabled	21.9%	42.3%	\$5,797	18.9%	45.5%	\$7,250	17.5%	43.6%	\$8,680
Aged	8.7%	32.1%	\$11,016	10.5%	26.3%	\$7,568	10.2%	29.3%	\$9,968

Notes: ~ Includes IL, IN, MI, OH & WI. * Regional and US averages of FY98 FMAP are weighted by FY98 expenditures. FY00 and Enhanced FMAPs are unweighted. ** Enrollment on 06/30/98 was 82.8% 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	WEST 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	3.0%	4.0%	2.5%	2.7%	1.5%	1.8%						
Dental Services	1.4%	0.4%	0.7%	0.3%	0.4%	0.2%						
Other Practitioners	0.6%	0.3%	0.2%	0.3%	0.2%	0.2%						
EPSDT*	0.7%	0.1%	0.9%	0.1%	0.9%	0.1%						
Family Planning Services	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%						
Clinic Services	1.5%	1.2%	1.1%	0.9%	0.9%	1.1%						
Outpatient Hospital	1.5%	2.4%	2.5%	2.3%	1.3%	1.8%						
Inpatient Hospital	3.1%	5.9%	6.5%	7.0%	5.1%	6.4%						
Nursing Home/Intermediate Care	0.3%	23.6%	0.5%	22.6%	0.6%	24.5%						
Mental Health Facility Services	1.7%	1.0%	0.7%	0.7%	0.8%	1.3%						
Personal Care / Home Health Services	5.0%	6.6%	3.0%	3.9%	2.1%	4.7%						
Lab and X-Ray	0.2%	0.2%	0.2%	0.3%	0.2%	0.3%						
Prescribed Drugs	2.1%	7.8%	1.8%	7.8%	1.2%	6.1%						
Prepaid Health Care	0.0%	0.0%	4.2%	3.4%	6.2%	4.3%						
Primary Care Case Management Services	0.0%	0.0%	0.2%	0.1%	0.1%	0.0%						
Other Services**	1.5%	6.6%	1.1%	1.6%	1.6%	2.0%						
Reporting Variance~	0.0%	17.0%	-0.5%	18.3%	0.2%	20.0%						
All Services	22.7%	77.3%	25.7%	74.3%	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	\$299	54.3%	\$559	49.6%	\$277	48.5%	\$437	48.5%	\$242	39.3%	\$384	37.8%
Dental Services	\$234	31.4%	\$281	10.7%	\$174	22.0%	\$210	9.1%	\$172	13.7%	\$204	7.7%
Other Practitioners	\$182	17.5%	\$134	15.8%	\$155	7.0%	\$151	12.3%	\$179	6.7%	\$110	13.2%
EPSDT*	\$124	29.0%	\$110	3.6%	\$149	30.3%	\$117	3.6%	\$224	26.1%	\$308	3.5%
Family Planning Services	\$98	4.6%	\$99	5.7%	\$194	3.2%	\$151	3.9%	\$159	2.6%	\$141	3.3%
Clinic Services	\$319	24.8%	\$473	17.9%	\$486	12.0%	\$712	9.4%	\$469	11.4%	\$874	9.7%
Outpatient Hospital	\$224	36.9%	\$471	34.6%	\$446	29.4%	\$546	30.2%	\$333	24.7%	\$582	24.6%
Inpatient Hospital	\$2,353	7.2%	\$3,801	10.8%	\$4,368	7.8%	\$3,594	13.7%	\$4,826	6.5%	\$4,807	10.5%
Nursing Home/Intermediate Care	\$74,661	0.0%	\$24,698	6.6%	\$59,984	0.0%	\$19,921	8.0%	\$63,002	0.1%	\$21,867	8.9%
Mental Health Facility Services	\$14,510	0.6%	\$13,676	0.5%	\$7,409	0.5%	\$8,143	0.6%	\$18,105	0.3%	\$28,065	0.4%
Personal Care / Home Health Services	\$1,577	17.2%	\$2,388	19.2%	\$1,055	15.2%	\$1,828	15.2%	\$1,752	7.3%	\$3,125	11.9%
Lab and X-Ray	\$51	16.0%	\$96	16.1%	\$57	20.1%	\$111	19.4%	\$66	17.6%	\$119	18.7%
Prescribed Drugs	\$173	66.7%	\$1,031	51.8%	\$197	49.4%	\$1,162	47.3%	\$188	41.0%	\$1,205	40.3%
Prepaid Health Care	NA	0.0%	NA	0.0%	\$660	33.5%	\$2,159	11.1%	\$771	50.0%	\$1,286	26.5%
Primary Care Case Management Services	NA	0.0%	NA	0.0%	\$22	43.5%	\$27	16.5%	\$28	12.2%	\$43	4.2%
Other Services**	\$2,553	3.2%	\$2,949	15.5%	\$808	7.0%	\$660	17.5%	\$799	12.2%	\$799	19.6%
All Services	\$1,441	84.9%	\$6,097	87.4%	\$1,447	93.8%	\$5,628	93.1%	\$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 West Virginia in 1997 was 60% 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.

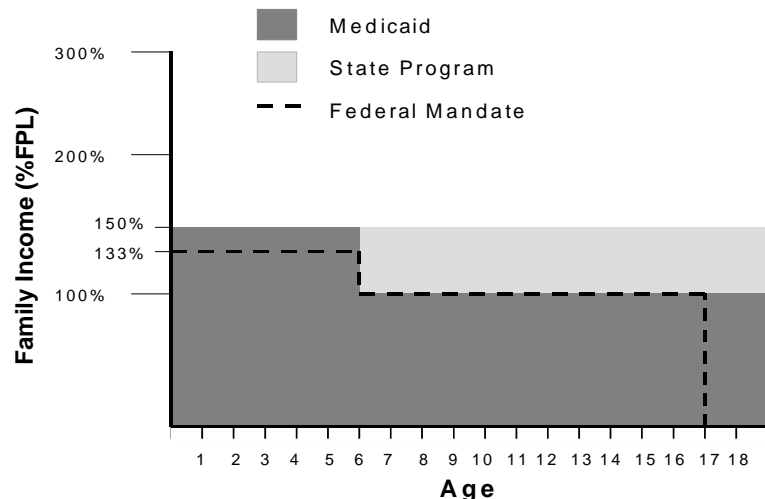
I. CONTINUED	WEST VIRGINIA		SOUTH ATLANTIC REGION		UNITED STATES	
I. Enrollees Under Age 21, by Race and Age, FY 1998#	<u>Enrollees</u>	<u>Percent</u>	<u>Enrollees</u>	<u>Percent</u>	<u>Enrollees</u>	<u>Percent</u>
Non-hispanic White	191,014	91.2%	1,531,128	38.1%	8,942,666	40.0%
Ages 0 Through 5	73,798	38.6%	653,253	42.7%	3,674,647	41.1%
Ages 6 Through 20	117,216	61.4%	877,875	57.3%	5,268,019	57.6%
Non-hispanic Black	11,536	5.5%	1,953,927	48.6%	6,572,457	29.4%
Ages 0 Through 5	4,513	39.1%	736,600	37.7%	2,493,510	37.9%
Ages 6 Through 20	7,023	60.9%	1,217,327	62.3%	4,078,947	62.1%
Hispanic	499	0.2%	341,932	8.5%	4,814,500	21.6%
Ages 0 Through 5	213	42.7%	174,997	51.2%	2,211,872	45.9%
Ages 6 Through 20	286	57.3%	166,935	48.8%	2,602,628	54.1%
Other	6,292	3.0%	196,408	4.9%	2,001,399	9.0%
Ages 0 Through 5	2,182	34.7%	105,952	53.9%	840,334	42.0%
Ages 6 Through 20	4,110	65.3%	90,456	46.1%	1,161,065	58.0%

II. POPULATION AND CHILD HEALTH DATA

A. Total Population, 1998	1,836,176	100.0%	48,928,149	100.0%	270,002,354	100.0%
Under Age 21	489,279	26.6%	14,000,712	28.6%	81,664,866	30.2%
Under Age 6	126,840	6.9%	3,906,606	8.0%	23,078,513	8.5%
Infants	20,798	1.1%	633,689	1.3%	3,800,560	1.4%
Age 1 Through 5	106,042	5.8%	3,272,917	6.7%	19,277,953	7.1%
Age 6 Through 20	362,439	19.7%	10,094,106	20.6%	58,586,353	21.7%
Age 21 and Older	1,346,897	73.4%	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>
Infant Mortality per 1,000 Live Births	9.6	9.1	na	8.3	6.1	13.5
Neonatal Mortality	6.4	6.1	na	5.8	4.2	9.5
Postneonatal Mortality	3.1	3.0	na	2.6	2.0	4.0
% Low Birth Weight Infants						
Under 2500 Grams	8.0	7.8	12.6	8.5	6.7	12.5
Under 1500 Grams	1.5	1.4	2.8	1.7	1.2	3.0
% Not Receiving Prenatal Care						
In First Trimester	16.3	15.8	28.2	15.4	11.8	23.7
Until Third Trimester or Not At All	2.6	2.5	4.8	3.3	2.3	5.7
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 ~	312,727	73%	4,873,224	42%	34,317,300	50%
Fewer than 82 Child Health Physician per 100K Children ~	286,918	67%	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 (24% FPL for West Virginia, an equivalent of \$3,396 for a family of 3 in 2000).

West Virginia expanded its Title XIX Medicaid program to 100% FPL for children ages 17 through 18 to 100% FPL. The Medically Needy were covered up to 30% 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 54% of 39K uninsured children under age 19 in West 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>'.

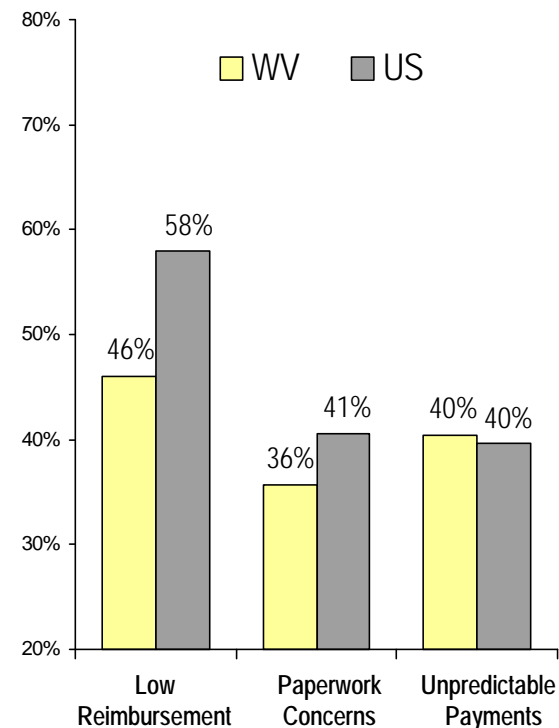
B. Title XXI Medicaid/SCHIP Program Eligibility

West Virginia's Title XXI Medicaid program covers infants and children through age 5 from 133% to 150% FPL. A separate state program covers children ages 6 through 18 from 100% to 150% FPL. Federally legislated maximum Title XXI SCHIP/Medicaid program eligibility for West 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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- 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.