

Medicaid

STATE REPORTS – FY 1998

Oklahoma

 Division of
Health Policy Research

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Medicaid State Report

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

I. MEDICAID ENROLLEES AND EXPENDITURES	OKLAHOMA			WEST SOUTH CENTRAL REGION-			UNITED STATES		
A. Federal Medical Assistance Percentage (FMAP)*	70.5% (FY98)	71.1% (FY00)	79.8% (Enhanced)	NA (FY98)	68.9% (FY00)	78.2% (Enhanced)	NA (FY98)	60.7% (FY00)	72.5% (Enhanced)
B. Total Medicaid Managed Care Enrollment, 06/30/1998 (% of Total Medicaid Enrollment)	154,270 (49.7% of 310,494 **)			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***	na			49%			35%		
D. FY 1998 and FY 1994-98 Averaged DSH^ Payment	\$23 M \$20 M			\$2,202 M \$2,248 M			\$14,958 M \$14,276 M		
# E. Enrollee, by Age, FY 1998	<u>Enrollees</u>	<u>Percent</u>		<u>Enrollees</u>	<u>Percent</u>		<u>Enrollees</u>	<u>Percent</u>	
All Enrollees	459,570	100.0%		4,290,097	100.0%		40,377,603	100.0%	
Children Under Age 21	253,374	57.4%		2,356,753	54.9%		22,331,022	56.4%	
Under Age 6	116,661	26.4%		1,078,133	25.1%		9,220,363	22.8%	
Infants	34,156	7.7%		236,673	5.5%		2,014,962	5.0%	
Age 1 Through 5	82,505	18.7%		841,460	19.6%		7,205,401	17.8%	
Age 6 Through 20	136,713	31.0%		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	459,570	\$1,178 M	\$2,563	4,290,097	\$12,077 M	\$2,815	40,377,603	\$142,058 M	\$3,518
Children^^^	52.3%	20.1%	\$888	55.0%	18.9%	\$999	50.6%	16.4%	\$1,130
Categorically Needy - Cash	28.4%	7.8%	\$631	15.2%	4.3%	\$826	18.4%	6.0%	\$1,137
Categorically Needy - Noncash	13.6%	5.0%	\$856	29.2%	8.0%	\$796	17.4%	4.6%	\$910
Medically Needy	1.8%	1.2%	\$1,471	0.8%	0.6%	\$2,127	4.5%	1.7%	\$1,294
Other	8.4%	6.1%	NA	9.8%	6.0%	\$1,785	10.2%	4.2%	\$1,418
Adults	22.2%	8.4%	\$878	17.0%	10.9%	\$1,859	21.8%	10.7%	\$1,704
Categorically Needy - Cash	10.8%	2.7%	NA	6.6%	3.6%	\$1,589	8.8%	4.5%	\$1,796
Categorically Needy - Noncash	1.6%	0.7%	NA	5.9%	4.4%	\$2,179	5.6%	3.2%	\$1,987
Medically Needy	1.0%	0.6%	\$1,360	1.3%	1.1%	\$2,461	2.6%	1.3%	\$1,717
Other	8.8%	4.4%	NA	3.2%	1.7%	\$1,569	4.8%	1.6%	\$1,199
Blind and Disabled	14.2%	39.5%	\$6,458	15.4%	39.3%	\$7,446	17.5%	43.6%	\$8,680
Aged	11.4%	32.0%	\$6,481	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 70.3% 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.

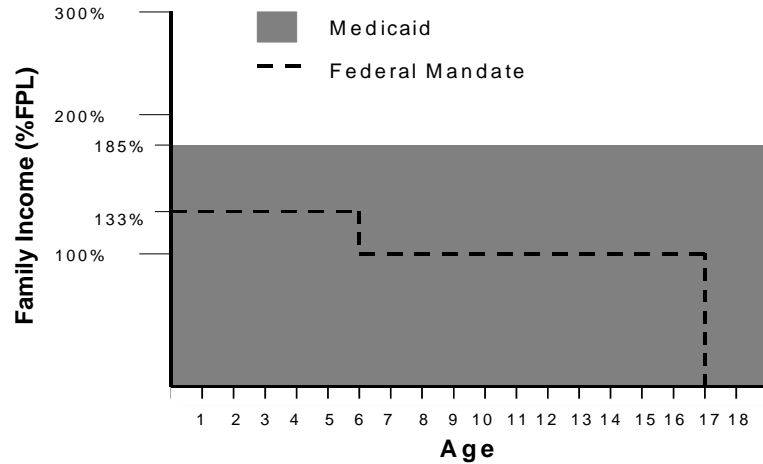
I. CONTINUED	OKLAHOMA				WEST SOUTH CENTRAL REGION				UNITED STATES			
	<u>CHILDREN Under 21</u>		<u>ADULTS</u>		<u>CHILDREN Under 21</u>		<u>ADULTS</u>		<u>CHILDREN Under 21</u>		<u>ADULTS</u>	
G. Payments by Age and Type of Service#												
Physician Services	2.7%		3.7%		3.8%		3.4%		1.5%		1.8%	
Dental Services	0.4%		0.0%		0.2%		0.0%		0.4%		0.2%	
Other Practitioners	1.0%		0.5%		0.4%		0.3%		0.2%		0.2%	
EPSDT*	0.4%		0.0%		4.6%		0.5%		0.9%		0.1%	
Family Planning Services	0.1%		0.2%		0.1%		0.1%		0.1%		0.1%	
Clinic Services	na		na		0.9%		0.6%		0.9%		1.1%	
Outpatient Hospital	4.3%		2.6%		1.9%		2.6%		1.3%		1.8%	
Inpatient Hospital	8.4%		7.0%		10.1%		7.6%		5.1%		6.4%	
Nursing Home/Intermediate Care	1.2%		35.3%		1.2%		23.7%		0.6%		24.5%	
Mental Health Facility Services	3.2%		0.2%		0.6%		0.3%		0.8%		1.3%	
Personal Care / Home Health Services	na		na		0.8%		4.9%		2.1%		4.7%	
Lab and X-Ray	0.3%		0.2%		0.5%		0.5%		0.2%		0.3%	
Prescribed Drugs	1.8%		8.0%		2.9%		7.2%		1.2%		6.1%	
Prepaid Health Care	na		na		0.0%		0.0%		6.2%		4.3%	
Primary Care Case Management Services	na		na		0.0%		0.0%		0.1%		0.0%	
Other Services**	3.2%		4.3%		0.6%		1.2%		1.6%		2.0%	
Reporting Variance~	0.0%		0.0%		0.0%		16.8%		0.2%		20.0%	
All Services	28.7%		71.3%		28.7%		71.3%		23.3%		76.7%	
H. Average Payments per User of Service and Percent of Enrollees Using Each Service#	<u>CHILDREN Under 21</u>		<u>ADULTS</u>		<u>CHILDREN Under 21</u>		<u>ADULTS</u>		<u>CHILDREN Under 21</u>		<u>ADULTS</u>	
	Per-user	%Use+	Per-user	%Use+	Per-user	%Use+	Per-user	%Use+	Per-user	%Use+	Per-user	%Use+
Physician Services	\$207	52.7%	\$302	65.9%	\$273	66.3%	\$473	66.3%	\$242	39.3%	\$384	37.8%
Dental Services	\$126	12.8%	\$100	0.6%	\$161	6.8%	\$169	1.7%	\$172	13.7%	\$204	7.7%
Other Practitioners	\$272	14.7%	\$282	10.6%	\$139	12.2%	\$115	18.8%	\$179	6.7%	\$110	13.2%
EPSDT*	\$109	15.0%	\$60	0.0%	\$359	60.2%	\$495	7.7%	\$224	26.1%	\$308	3.5%
Family Planning Services	\$85	2.9%	\$177	7.6%	\$120	4.2%	\$115	6.3%	\$159	2.6%	\$141	3.3%
Clinic Services	na	na	na	na	\$423	10.0%	\$524	9.0%	\$469	11.4%	\$874	9.7%
Outpatient Hospital	\$453	38.1%	\$380	37.0%	\$258	35.1%	\$593	33.6%	\$333	24.7%	\$582	24.6%
Inpatient Hospital	\$2,821	12.1%	\$1,842	20.7%	\$3,951	12.1%	\$3,078	18.6%	\$4,826	6.5%	\$4,807	10.5%
Nursing Home/Intermediate Care	\$61,034	0.1%	\$12,272	15.7%	\$55,695	0.1%	\$17,678	10.2%	\$63,002	0.1%	\$21,867	8.9%
Mental Health Facility Services	\$13,630	1.0%	\$26,459	0.0%	\$17,352	0.2%	\$8,991	0.2%	\$18,105	0.3%	\$28,065	0.4%
Personal Care / Home Health Services	na	na	na	na	\$605	6.0%	\$1,929	19.2%	\$1,752	7.3%	\$3,125	11.9%
Lab and X-Ray	\$43	26.3%	\$66	20.0%	\$77	32.2%	\$136	27.0%	\$66	17.6%	\$119	18.7%
Prescribed Drugs	\$150	48.3%	\$666	65.2%	\$197	70.1%	\$1,026	52.7%	\$188	41.0%	\$1,205	40.3%
Prepaid Health Care	na	na	na	na	\$16	6.1%	\$18	5.2%	\$771	50.0%	\$1,286	26.5%
Primary Care Case Management Services	na	na	na	na	\$23	7.9%	\$21	2.9%	\$28	12.2%	\$43	4.2%
Other Services**	\$1,532	8.3%	\$1,092	21.6%	\$474	6.2%	\$545	16.2%	\$799	12.2%	\$799	19.6%
All Services	\$1,518	76.3%	\$4,433	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 Oklahoma was 35% 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' nor available. 'NA' Not applicable.

I. CONTINUED	OKLAHOMA		WEST SOUTH 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	152,434	60.2%	624,802	26.5%	8,942,666	40.0%
Ages 0 Through 5	71,227	46.7%	283,059	45.3%	3,674,647	41.1%
Ages 6 Through 20	81,207	53.3%	341,743	54.7%	5,268,019	57.6%
Non-hispanic Black	55,100	21.7%	716,127	30.4%	6,572,457	29.4%
Ages 0 Through 5	23,881	43.3%	293,587	41.0%	2,493,510	37.9%
Ages 6 Through 20	31,219	56.7%	422,540	59.0%	4,078,947	62.1%
Hispanic	12,956	5.1%	936,953	39.8%	4,814,500	21.6%
Ages 0 Through 5	6,715	51.8%	454,326	48.5%	2,211,872	45.9%
Ages 6 Through 20	6,241	48.2%	482,627	51.5%	2,602,628	54.1%
Other	32,884	13.0%	78,871	3.3%	2,001,399	9.0%
Ages 0 Through 5	14,838	45.1%	47,161	59.8%	840,334	42.0%
Ages 6 Through 20	18,046	54.9%	31,710	40.2%	1,161,065	58.0%
II. POPULATION AND CHILD HEALTH DATA						
A. Total Population, 1998	3,333,830	100.0%	29,864,875	100.0%	270,002,354	100.0%
Under Age 21	1,020,522	30.6%	9,747,068	32.6%	81,664,866	30.2%
Under Age 6	268,067	8.0%	2,743,611	9.2%	23,078,513	8.5%
Infants	44,123	1.3%	449,107	1.5%	3,800,560	1.4%
Age 1 Through 5	223,944	6.7%	2,294,504	7.7%	19,277,953	7.1%
Age 6 Through 20	752,455	22.6%	7,003,457	23.5%	58,586,353	21.7%
Age 21 and Older	2,313,308	69.4%	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>
Infant Mortality per 1,000 Live Births	7.5	6.7	10.4	7.1	6.2	11.0
Neonatal Mortality	4.6	4.2	6.0	4.3	3.7	6.8
Postneonatal Mortality	2.9	2.5	4.4	2.9	2.5	4.2
% Low Birth Weight Infants						
Under 2500 Grams	7.2	6.6	9.2	7.9	6.8	12.3
Under 1500 Grams	1.3	1.3	1.5	1.5	1.2	2.7
% Not Receiving Prenatal Care						
In First Trimester	21.4	19.3	29.2	20.5	19.3	25.5
Until Third Trimester or Not At All	5.1	4.5	7.0	5.1	4.8	6.2
C. Pediatrician and Other Child Health Physician Ratios, 1998						
Children living in Health Service Areas* with:	<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 ~	869,624	100%	7,351,145	89%	34,317,300	50%
Fewer than 82 Child Health Physician per 100K Children ~	869,624	100%	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 (48% FPL for Oklahoma, an equivalent of \$6,792 for a family of 3 in 2000).

Oklahoma expanded its Title XIX Medicaid program to 150% FPL for pregnant women and infants. The Medically Needy were covered up to 39% 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 31% of 169K uninsured children under age 19 in Oklahoma 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>'.

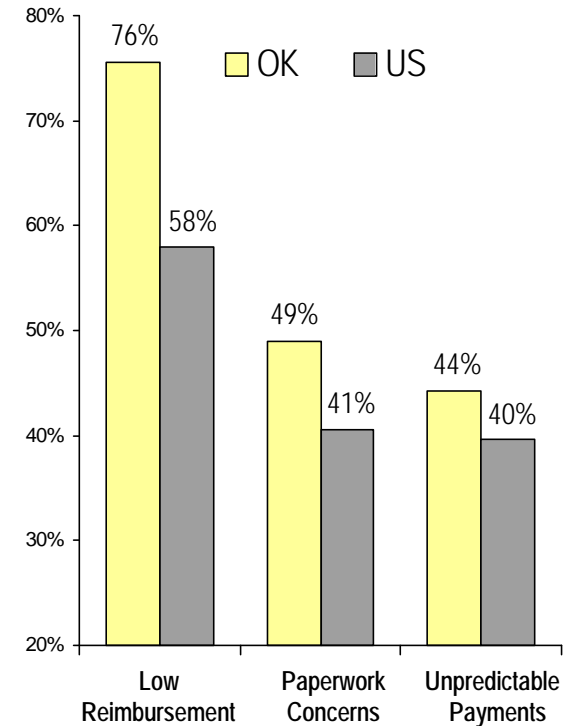
B. Title XXI Medicaid/SCHIP Program Eligibility

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