

# Medicaid (Title XIX and Title XXI)

STATE REPORTS – FY 2007

TENNESSEE

American Academy of Pediatrics

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### **General Information about CMS/MSIS2082, main data source of this report:**

*[Based on Center for Medicare and Medicaid Services(CM) description of Medical Statistical Information System(MSIS) data]*

**CMS/MSIS2082 data** represent people on the Medicaid rolls, recipients of Medicaid services and the payments for claims adjudicated during the year. The data reflected bills adjudicated, or processed, during the year rather than the services used during the year. States submit individual eligibility and claims data tapes to CMS on a quarterly basis via MSIS (the Medicaid Statistical Information System).

**Starting FFY1999**, CMS started reporting Title XXI funded Medicaid expansion enrollment and expenditures data on MSIS2082 reports. As a result, use caution when comparing FFY1999 and later Medicaid State Reports to prior years.

### **Caveats:**

The general quality of the data is only as reliable as the data submitted to CMS by States. Federal edits are performed to validate individual data elements, check consistency between data elements and verify reasonableness of distributions between reporting periods.

Payments, or vendor payments, from MSIS include dollars for all claims adjudicated during the fiscal year. Vendor payments reported include capitated payments for managed care plans. MSIS payments do not agree with the CMS-64 financial figures because they do not include payments made outside the claims processing system (e.g., payments made to disproportionate share (DSH) hospitals) and differences in accounting time lags.

MSIS slightly understates reporting for children under age 1. Many children born in August and September are omitted from MSIS because these newborns may not be added to the State eligibility file until after the end of the fiscal year.

State-only SCHIP enrollees are excluded from the tables. There are no Medicaid dollars associated with these individuals while they are in the separate SCHIP program.

**Hawaii** data is based on FFY2006. FFY 2007 data was unavailable for Hawaii as of publication of this report. **Maine** data is based on FFY2004. Starting with 2005, ME has been unable to submit any usable MSIS claims files as they do not have a functioning MMIS (Medicaid Management Information System). The system is supposed to be corrected in 2010 when they expect to be able to submit the MSIS claims.

Refer to CMS document titled “**MSIS State Anomalies/Issues: All States**” (accessible from URL: [http://www.cms.hhs.gov/MedicaidDataSourcesGenInfo/02\\_MSISData.asp](http://www.cms.hhs.gov/MedicaidDataSourcesGenInfo/02_MSISData.asp) ) for details on state specific data anomalies and other data issues.

### **CONTACT INFORMATION**

Contact Suk-fong Tang, Department of Practice, with comments about the report; contact Dan Walter, Division of State Government Affairs, for Medicaid questions and advocacy advice. FY1994 to FY2005 Medicaid State Reports are also available in Adobe Acrobat PDF format on the AAP Web site, at <http://www.aap.org/research/medicaid.htm>



# Medicaid State Report

FY 2007\* (October 1, 2006 - September 30, 2007)

## I. MEDICAID ENROLLEES AND EXPENDITURES\*

## TENNESSEE

AL, KY, MS & TN are included in the East South Central Region

<b>A. Federal Medical Assistance Percentage (FMAP)**</b>	63.7%, 74.6% (FY07 FMAP, Enhanced)	64.3%, 75.0% (FY09 FMAP, Enhanced)	
<b>B. FY 2007 Total Medicaid Enrollment and Expenditures***</b>	1,478,032 / \$5,919M		
<b>C. Total Medicaid Managed Care^ Enrollment, 06/30/2007</b> ( % of Total Medicaid Enrollment, 12/31/2006)	1,182,221 (100.0% of 1,182,221^)		
<b>D. Percent of Births Paid for by Medicaid, 2002-3 Average^^^</b>	46.9%		
<b>E. FY 2007 and FY 2003-2007 Averaged DSH## Payment</b>	\$85.4M / \$17.1M		
<b>F. Enrollee through Age 20, FY 2007</b>	<u>Enrollees</u>	<u>(as Proportion of Population)</u>	
<b>Through Age 20</b>	<b>781,801</b>	<b>( 45.7% of 1,712,396 )</b>	
<b>Through Age 18</b>	<b>722,619</b>	<b>( 46.7% of 1,547,784 )</b>	
Through Age 5	276,415	( 57.0% of 484,822 )	
Infants	48,732	( 60.3% of 80,781 )	
Ages 1 through 5	227,683	( 56.4% of 404,041 )	
Ages 6 through 18	446,204	( 42.0% of 1,062,962 )	
Ages 6 through 14	314,945	( 43.8% of 719,474 )	
Ages 15 through 18	131,259	( 38.2% of 343,488 )	
Ages 19 and 20	59,182	( 36.0% of 164,612 )	
<b>G. Enrollment, Expenditures*** and Per-enrollee Payment, by Age Group, FY 2007</b>	<u>% Total Enrollees~</u>	<u>% Total Expenditures~</u>	<u>Per Enrollee Payment</u>
<b>Through Age 20</b>	<b>52.9%</b>	<b>28.4%</b>	<b>\$2,150</b>
<b>Through Age 18</b>	<b>48.9%</b>	<b>25.4%</b>	<b>\$2,082</b>
Through Age 5	18.7%	10.2%	\$2,188
Infants	3.3%	2.3%	\$2,841
Ages 1 through 5	15.4%	7.9%	\$2,049
Ages 6 through 18	30.2%	15.2%	\$2,016
Ages 6 through 14	21.3%	9.4%	\$1,759
Ages 15 through 18	8.9%	5.8%	\$2,632
Ages 19 and 20	4.0%	3.0%	\$2,988
<b>Age 21 or Older</b>	<b>47.1%</b>	<b>70.3%</b>	<b>\$5,976</b>
Age 65 or Older	10.1%	18.1%	\$7,160
<b>H. Non-Blind/Disabled Enrollees: Enrollment and Per-enrollee Payment** FY2007</b>	<u>Number of Enrollees</u>	<u>Per Enrollee Payment</u>	
<b>Through Age 20</b>	<b>736,544</b>	<b>\$1,699</b>	
Through Age 18	683,488	\$1,648	

Notes: \* Includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. Data for ME based on FY2004. Data for HI based on FY2006 \*\* Regional and US averages of FMAPs are weighted by FY2007 Title XIX and Title XXI Medicaid expenditures reported in the CMS64. \*\*\* Expenditures include Medicaid vendor payments, health plan premiums, capitation and HMO payments reported by the states to CMS. All expenditures include federal and state shares. ^ Includes Primary Care Case Management. ^^ Point-in-time enrollment on 06/30/2007, at 1.2M, was 80.0% of 1.5M total annual enrollment state(s) reported to CMS for FY 2007. ^^ Data for NJ, NM, NV and TX are based on 2002 only. ## Disproportionate Share Hospital Payments. ~Percents may not sum up to 100% due to missing age information for some beneficiaries and unassigned claims.

II. MEDICAID* SERVICE UTILIZATION		TENNESSEE			
<b>A. Payments by Age and Type of Service**</b>		<b><u>CHILDREN Under 21</u></b>		<b><u>ADULTS</u></b>	
Physician Services		3.4%		4.8%	
Dental Services		2.2%		0.1%	
Clinic Services		0.3%		0.9%	
Other Practitioner Services		0.2%		0.2%	
Outpatient Hospital		3.2%		4.5%	
Inpatient Hospital		3.9%		6.1%	
Intermediate Care Facilities (ICF-MRs)^		0.1%		4.0%	
Nursing Home		<.05%		15.4%	
Mental Health Facility Services		<.05%		<.05%	
Personal Care Services		0.4%		1.1%	
Home Health Services		1.9%		12.1%	
Lab and X-Ray		0.5%		1.5%	
Prescribed Drugs		4.6%		6.7%	
Capitated Payment		7.0%		11.2%	
Primary Care Case Management Services		0.0%		0.0%	
Sterilization Services		<.05%		0.2%	
Other Care Services~		0.5%		1.4%	
<b>Total~~</b>		<b>28.4%</b>		<b>70.3%</b>	
<b>B. Average Payments per User of Service and Percent of Enrollees Using Each Service**</b>		<b><u>CHILDREN Under 21</u></b>		<b><u>ADULTS</u></b>	
		Per-user	%Use+	Per-user	%Use+
Physician Services		\$427	60.7%	\$960	42.7%
Dental Services		\$458	36.6%	\$925	0.9%
Clinic Services		\$217	11.4%	\$857	9.3%
Other Practitioner Services		\$138	12.4%	\$232	7.9%
Outpatient Hospital		\$671	36.5%	\$1,032	37.2%
Inpatient Hospital		\$8,385	3.6%	\$5,303	9.6%
Intermediate Care Facilities (ICF-MRs)^		\$152,672	<.05%	\$195,003	0.2%
Nursing Home		\$30,571	<.05%	\$28,545	4.6%
Mental Health Facility Services		\$2,436	<.05%	\$1,234	<.05%
Personal Care Services		\$263	11.0%	\$980	9.2%
Home Health Services		\$22,562	0.6%	\$36,387	2.8%
Lab and X-Ray		\$88	46.5%	\$339	38.1%
Prescribed Drugs		\$554	62.8%	\$1,232	46.5%
Capitated Payment		\$570	92.6%	\$1,068	89.1%
Primary Care Case Management Services		NA	0.0%	NA	0.0%
Sterilization Services		\$1,125	<.05%	\$1,191	1.4%
Other Care Services~		\$545	7.3%	\$816	14.7%
<b>Total</b>		<b>\$2,320</b>	<b>92.7%</b>	<b>\$6,620</b>	<b>90.3%</b>

\* Includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. Data for ME based on FY2004. Data for HI based on FY2006 \*\* Services included in each service category are defined in the CMS document: MSIS Tape Specifications and Data Dictionary, p156 (URL: <http://www.cms.hhs.gov/MSIS/Downloads/msisdd05.pdf>). Effective FY1999, services provided under EPSDT are broken out by type of service as listed on IIA-B of this report. ~ may include, but are not limited to, Home and Community Waiver, prosthetic devices and eyeglasses. ~~ Expenditures do not sum to 100% due to unassigned claims and missing service recipient data. + Sum of percents may exceed 100% since enrollees may use multiple services. ^ for the mentally-retarded. 'na' Data unavailable. 'NA' Not applicable.



## SOURCES:

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