

Nebraska Medicaid Facts

Nebraska Medicaid Program

Program Definition:

The Nebraska Medical Assistance Program, also known as the Medicaid Program, pays for medical services for low-income persons meeting specific eligibility requirements. It is jointly funded by the State and the federal government.

To be Useful Information Must:

- ◆ Describe the content and composition of the program
- ◆ Trace growth of eligibles and expenditures
- ◆ Identify needs of Nebraska's population
- ◆ Be comprehensive
- ◆ Provide both consolidated and detailed information
- ◆ Be compared to national data and trends

A Comprehensive Picture of Medicaid Must:

- ◆ Start with Medical Assistance - Budget Program 348
- ◆ Include Children's Health Insurance Program (CHIP) - Program 344
- ◆ Include other Budget Programs that provide state Medicaid match
 - ◆ Program 38 Behavioral Health Aid
 - ◆ Program 365 Regional Centers
 - ◆ Program 421 Beatrice State Developmental Center
 - ◆ Program 424 Developmental Disabilities

A Consolidated Picture of Medicaid Eligibility Consists of:

- ◆ Children through age 18 (both ADC children and others, e.g. CHIP)
- ◆ ADC Adults (pregnant women, parent or caretaker of ADC child)
- ◆ Blind or Disabled
- ◆ Aged (age 65 and older)

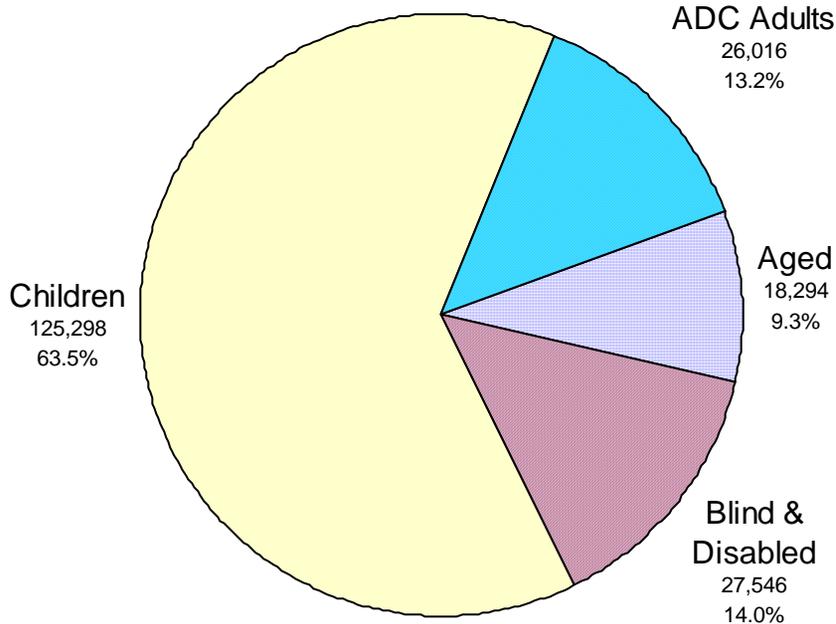
Challenges Comparing to National Data and Trends

- ◆ Multiple sources and ways of deriving data
- ◆ No consistent definitions of data content
- ◆ Available national data are often 2-5 years old

NEBRASKA MEDICAID AVERAGE MONTHLY ELIGIBLE PERSONS BY CATEGORY

State Fiscal Year 2004

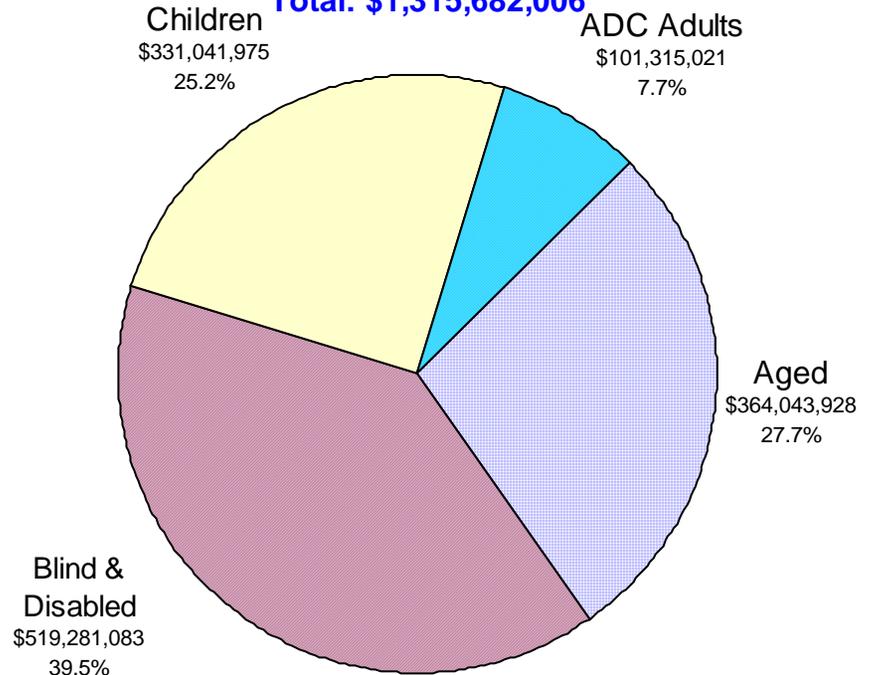
Total: 197,154



NEBRASKA MEDICAID VENDOR EXPENDITURES BY ELIGIBILITY

State Fiscal Year 2004

Total: \$1,315,682,006



| |
|---|
| \$1,315,682,006 Vendor Payments |
| 30,979,784 DSH/Rate Adjustments |
| 17,964,700 Medicare Premiums |
| 51,946,216 Intergovernmental Transfer (IGT) |
| 59,389,057 Other Payments (MC, Transport, FICA) |
| (53,437,158) Rebates/Refunds |
| (78,305,364) GF Paid in Other Budget Programs |
| \$1,344,219,241 Net Program 344/348 Expenditures |

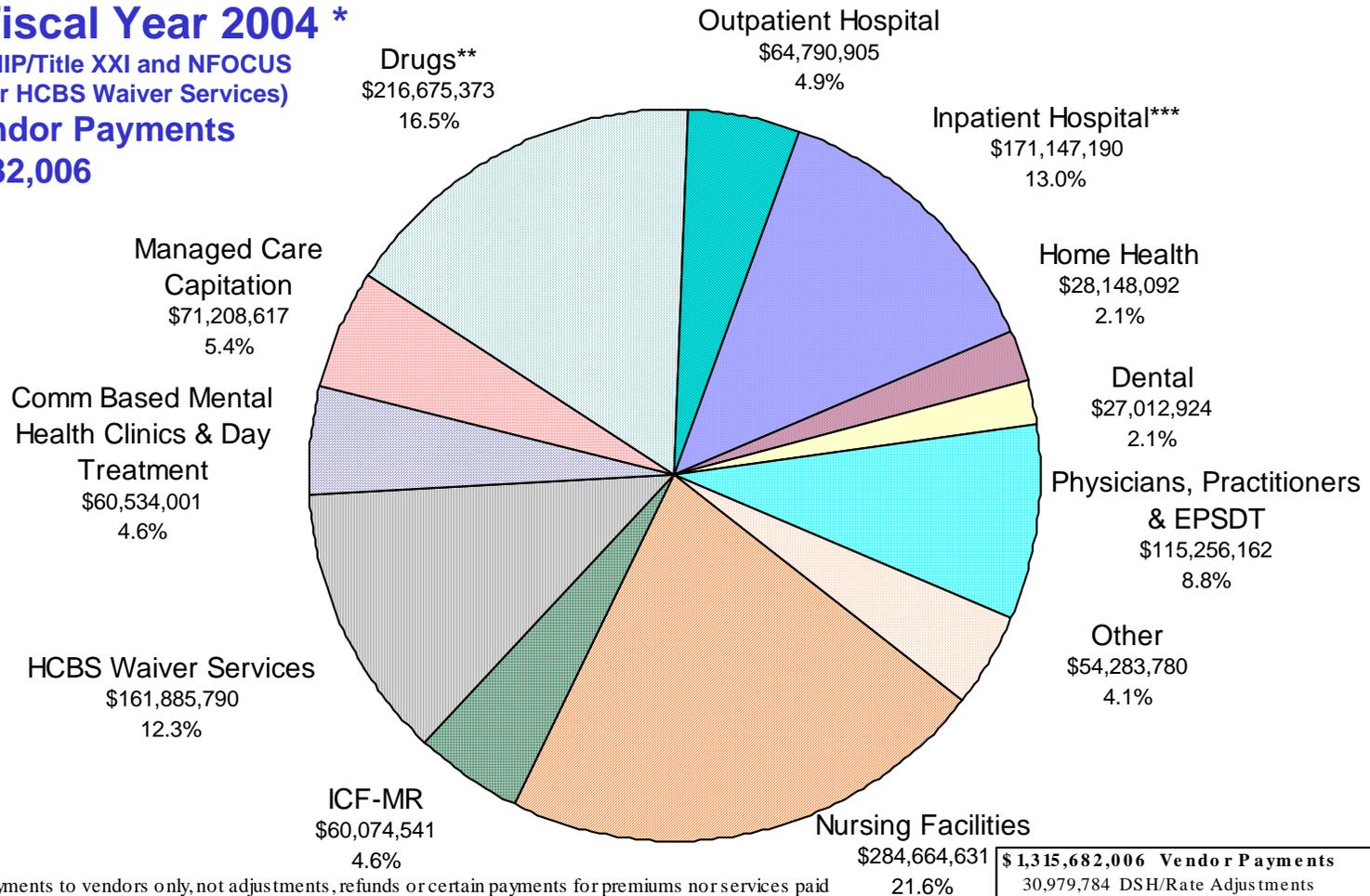
Nebraska Medicaid Vendor Expenditures by Service

State Fiscal Year 2004 *

(Includes CHIP/Title XXI and NFOCUS Payments for HCBS Waiver Services)

Total Vendor Payments

\$1,315,682,006



*Includes payments to vendors only, not adjustments, refunds or certain payments for premiums nor services paid outside the Medicaid Payment System (MMS) or NFOCUS.

(Payments for certain Waiver services are made through NFOCUS)

**\$45.8 million in offsetting drug rebates received from manufacturers is not reflected in the Drug expenditures of \$216,675,373

Expenditures may not sum due to rounding.

***Does not include DSH payments of \$30.9 million

| \$ 1,315,682,006 Vendor Payments | |
|----------------------------------|---|
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Medicaid Services

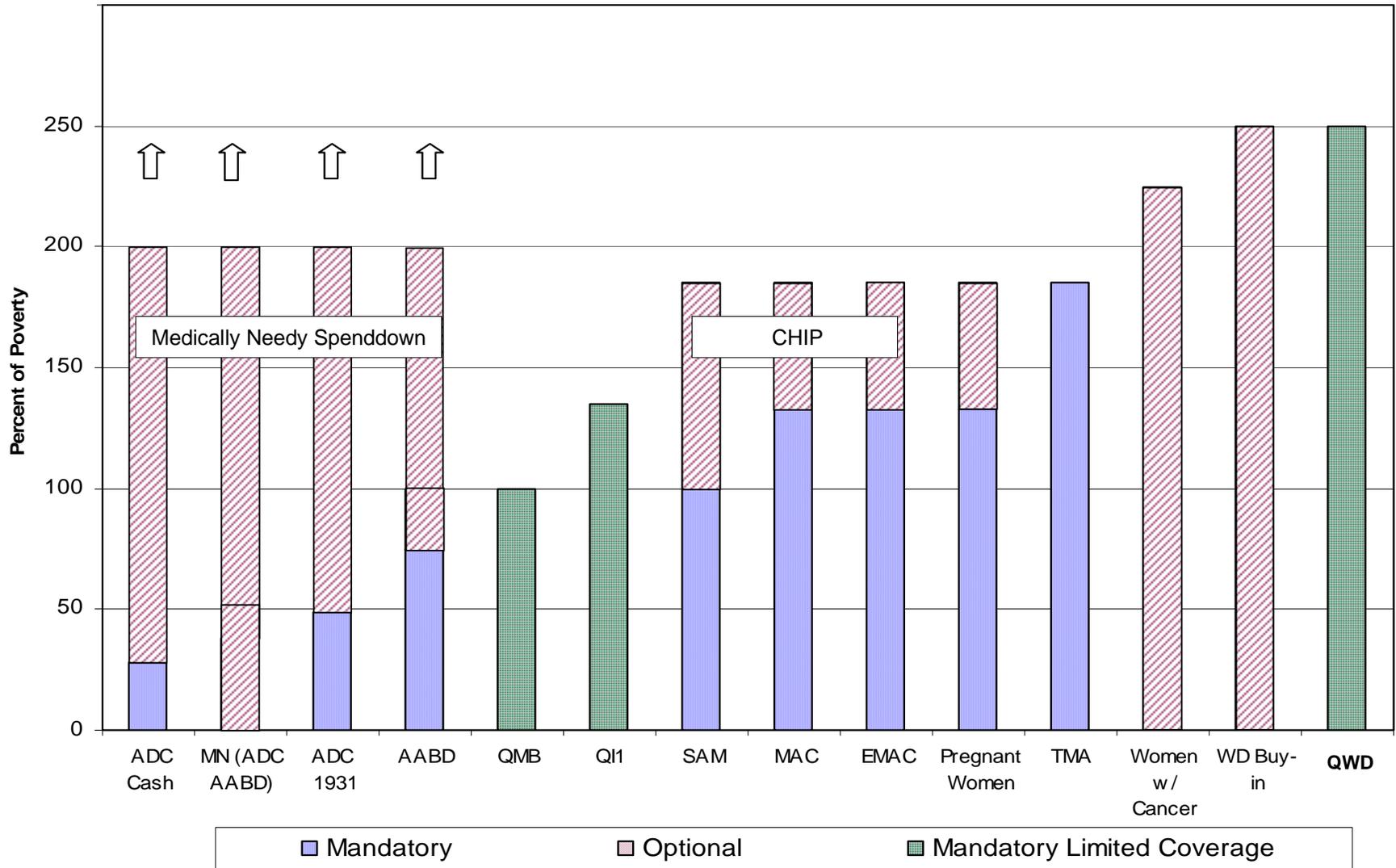
Mandatory Services

The federal government requires State Medical programs to cover certain medical services in order to obtain federal matching funds. Hospital care, physician services and nursing facility care are examples of mandatory services.

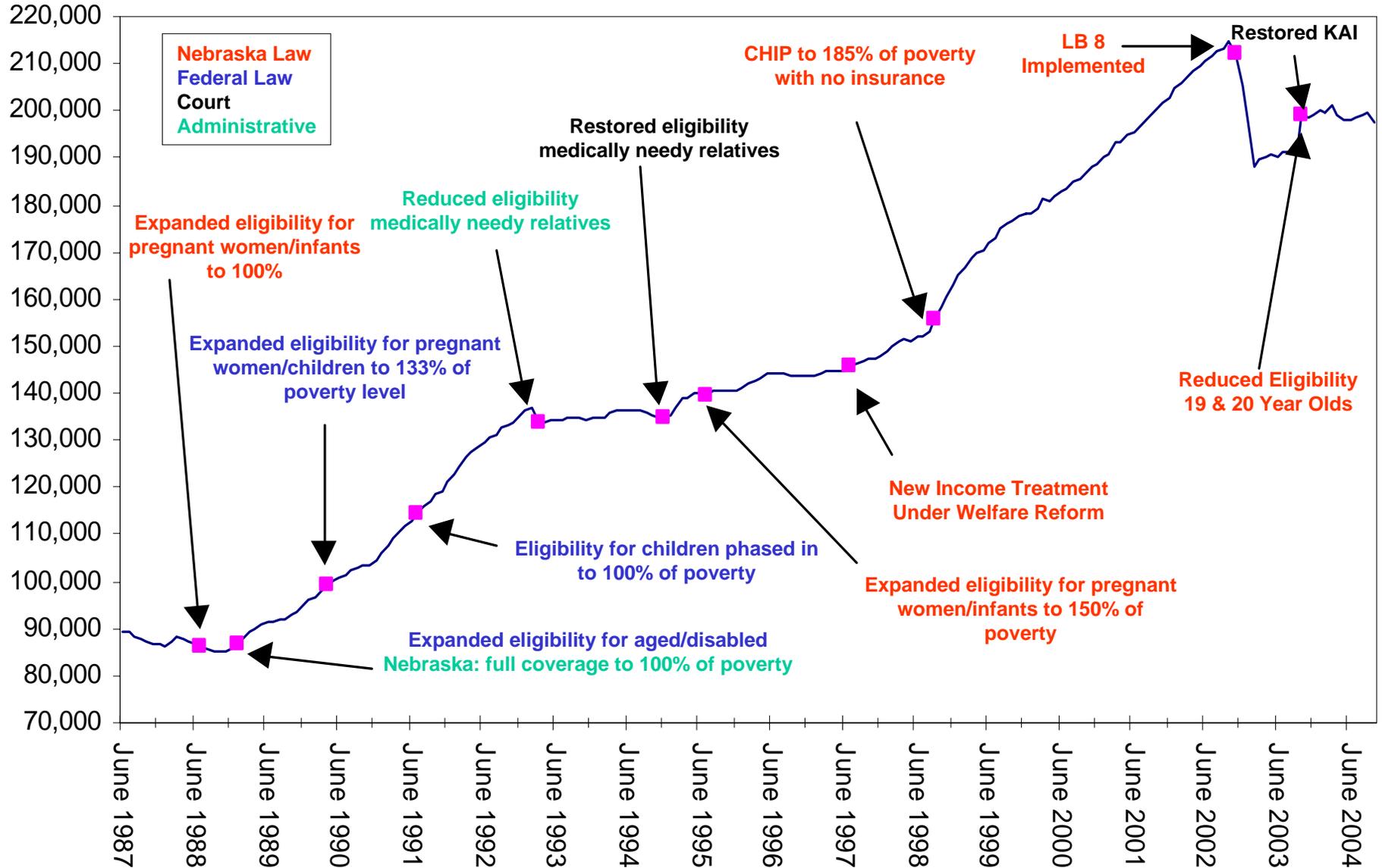
Optional Services

The federal government allows Medicaid programs to cover certain medical services and makes federal matching funds available. Prescribed drugs, dental care, and services provided by chiropractors and podiatrists are examples of optional services.

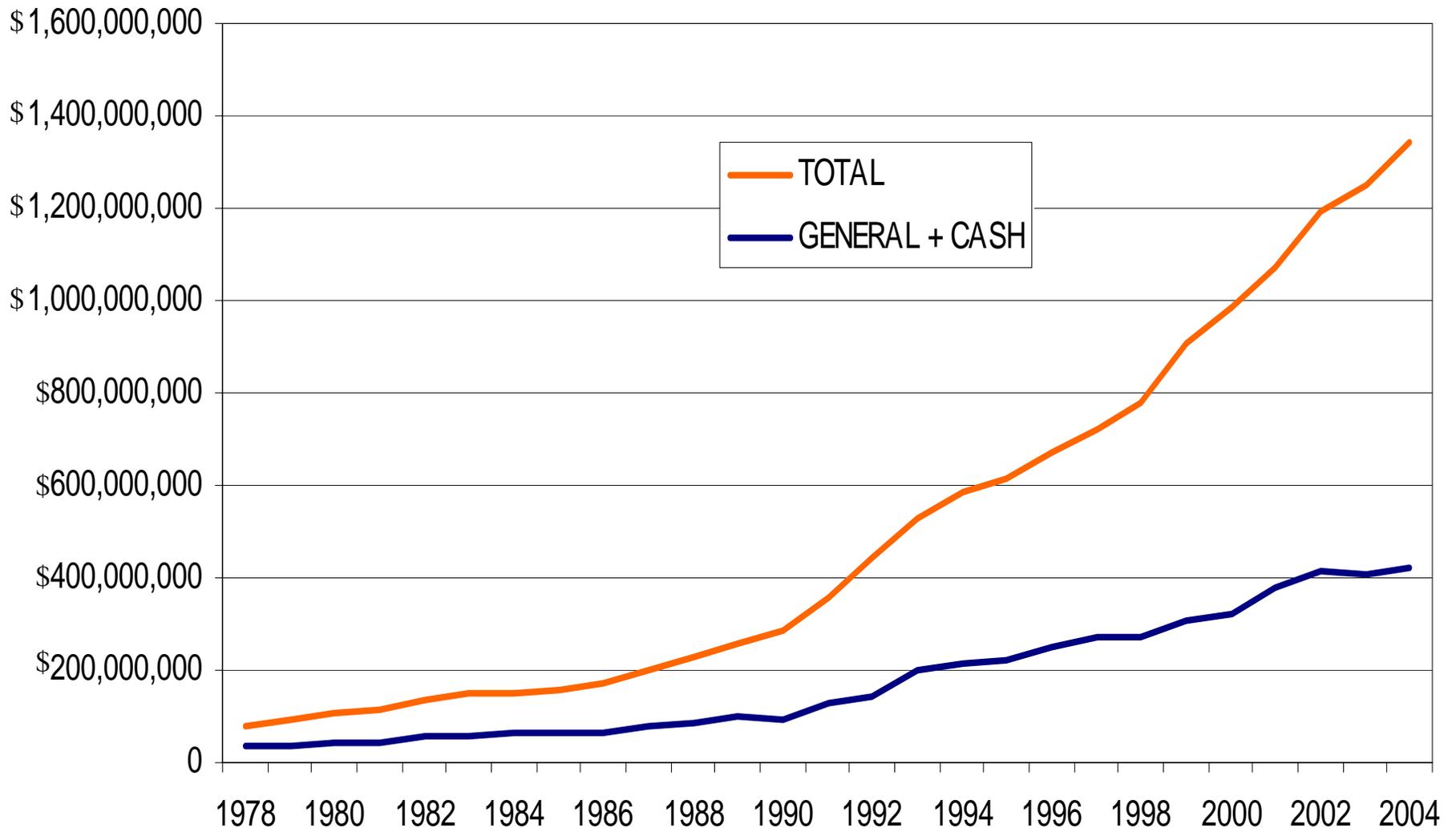
Medicaid Eligibility



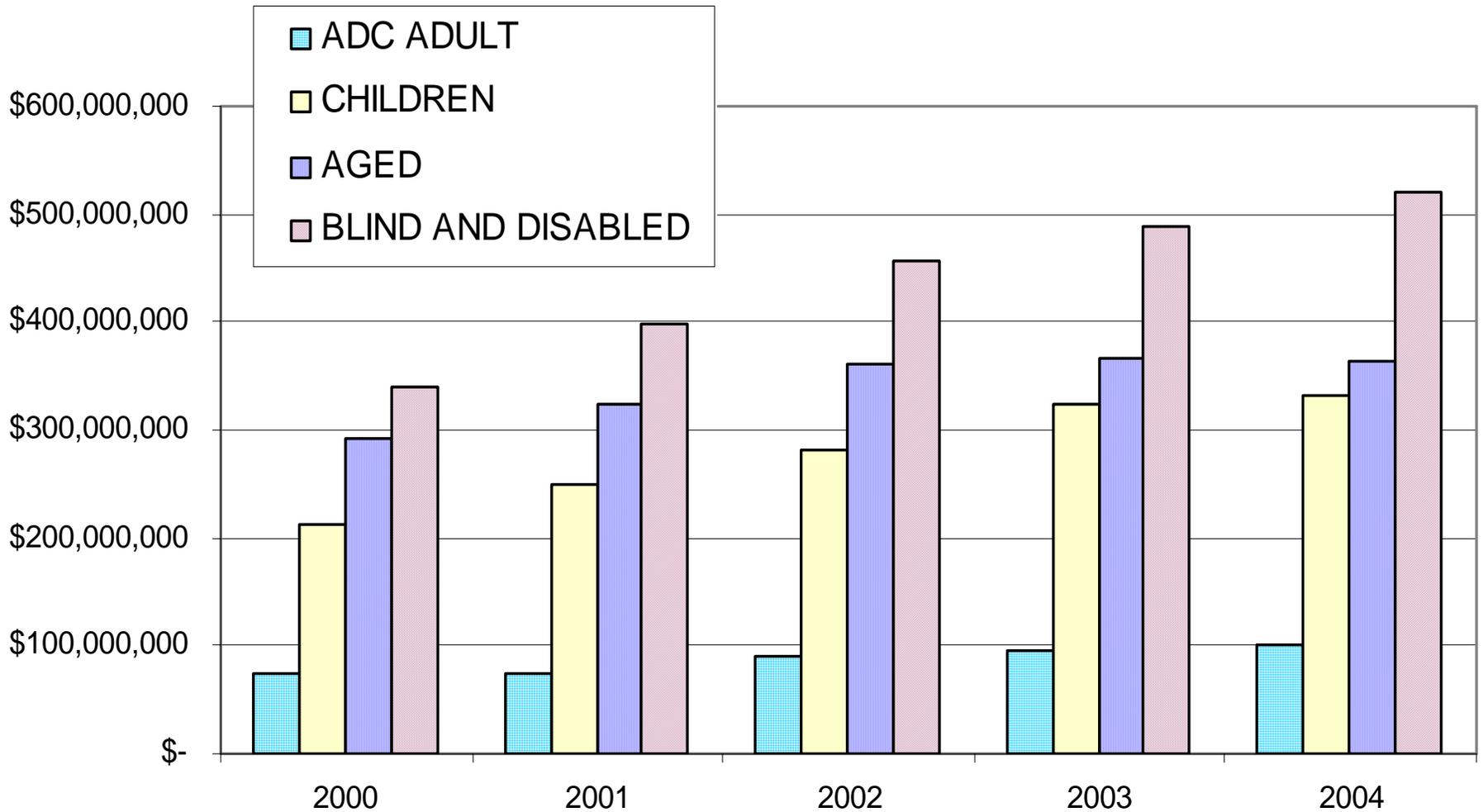
Nebraska Medicaid Eligibles December 2004 - 198,578 Persons



Nebraska Medicaid Expenditures: Total and General + Cash Funds Budget Programs 344 and 348 - SFY 1978-2004

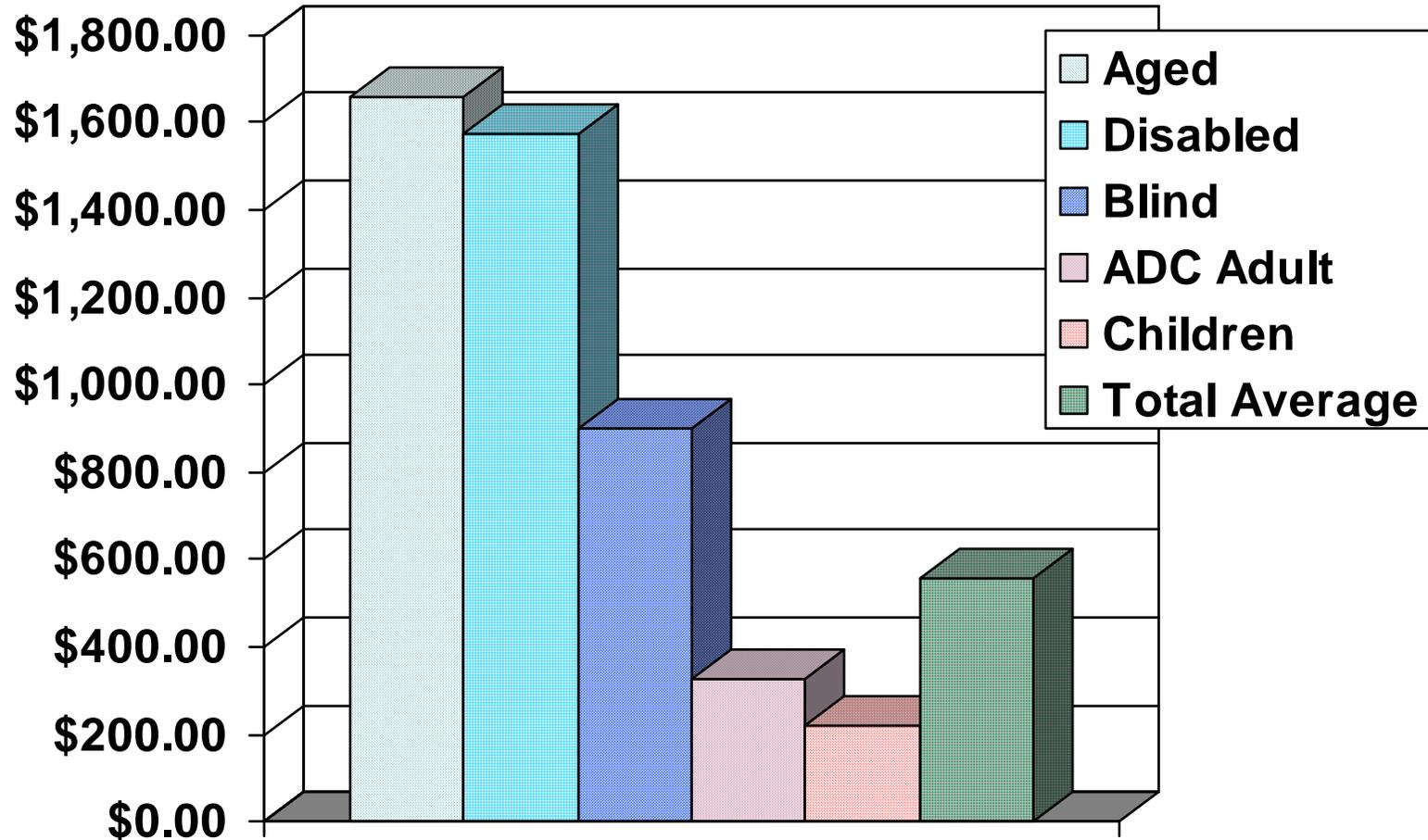


Nebraska Medicaid Expenditures by Eligibility Category SFY 2000-2004

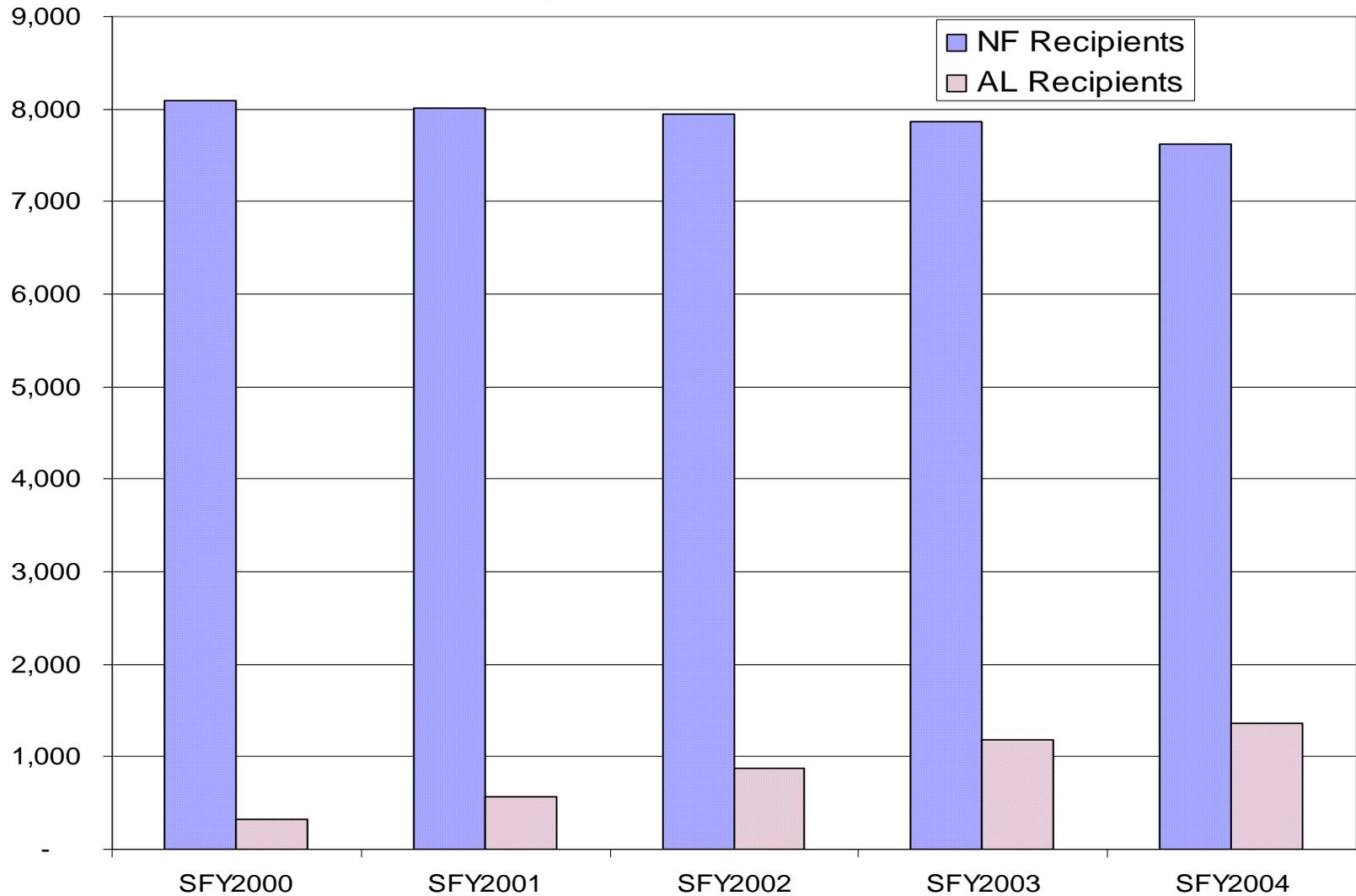


Average Monthly Cost/Eligible

State Fiscal Year 2004

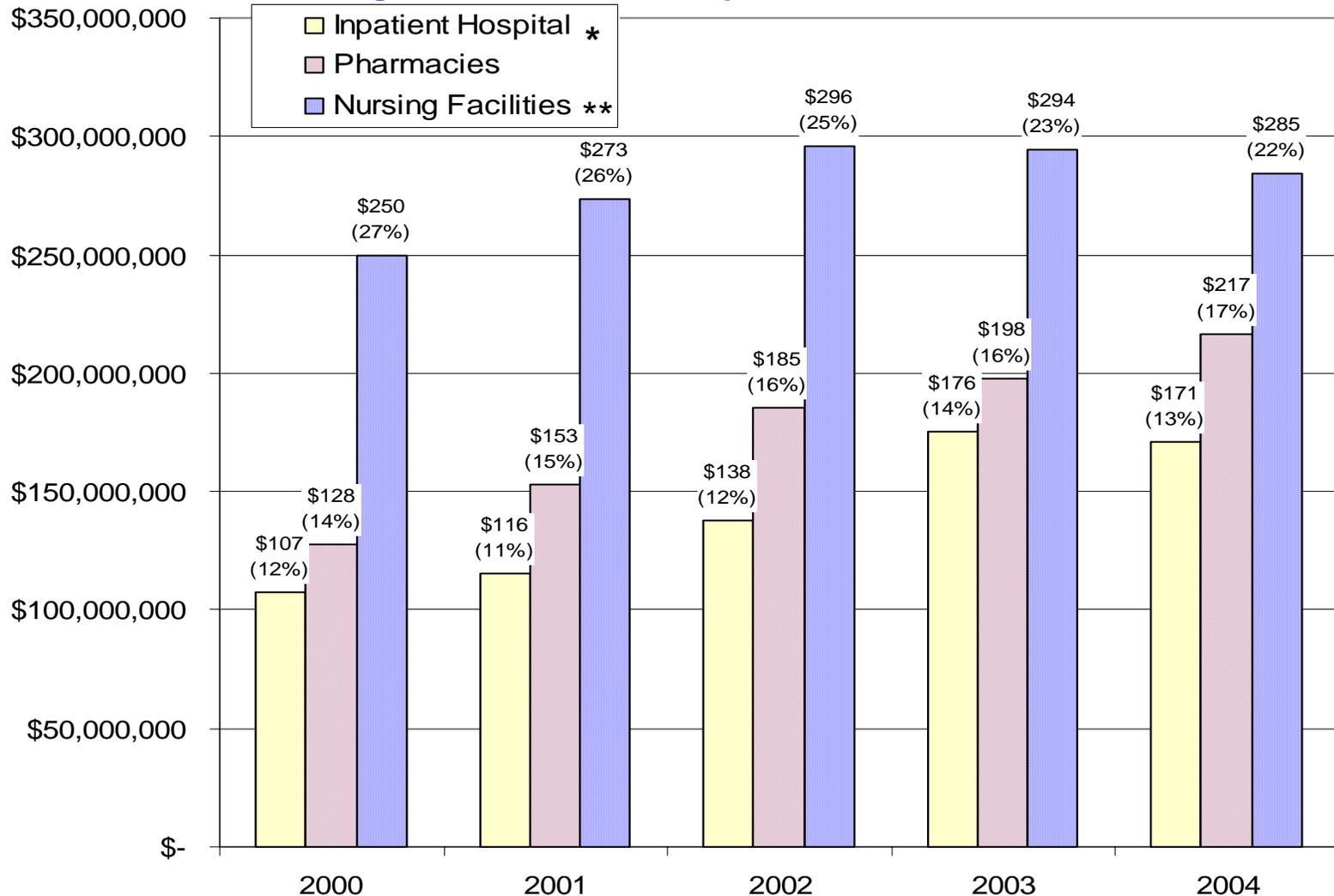


Average Monthly Nursing Facility Recipients vs. Average Monthly Assisted Living Recipients SFY 2000-2004



Nebraska Medicaid Nursing Facility, Inpatient Hospital and Pharmacy Expenditures SFY 2000-2004

Numbers Above Bars Represent Expenditures in Millions of Dollars and Percentage of Total Medicaid Expenditures for that Year.



Comparative Medicaid Expenditures

Fiscal Year 2003

| | <u>NE</u> | <u>US</u> | <u>Ranking</u> |
|--------------------------|-----------|-----------|----------------|
| % of Total State budget* | 18.9% | 21.4% | 27th |
| Per capita expenditures | \$78 | \$92 | 29th |

Sources: National Association of State Budget Officers
Kaiser Family Foundation
Urban Institute
U.S. Census Bureau

* Expenditures include State & Federal

Comparative Expenditures Growth

| | Percent Change From <u>Previous Year</u> | | Cumulative Change |
|------------------------------------|---|--------------|----------------------|
| | <u>FFY02</u> | <u>FFY03</u> | |
| Nebraska Medicaid (SFY) | +11.0% | +4.3% | +16% |
| National Medicaid Average (FFY) | +12.8% | +9.3% | +23% |
| Private Insurance Average | +12.9% | +13.9% | +27% |

Sources: National Academy for State Health Policy
Nebraska Health and Human Services System – Finance & Support

Nebraska Demographic Data

| | <u>Nebraska</u> | <u>National Average</u> |
|---|-----------------|-------------------------|
| % of population age 85+ | 2.0% | 1.5% |
| % of population age 65+ | 13.6% | 12.4% |
| % of population age 0-17 | 26.3% | 25.7% |
| Birth Rate (# of live births per 1,000 population) | 14.7 | 13.9 |
| % of population below poverty level - 2003 | 9.8% | 12.5% |
| % of population 65+ below poverty level - 2003 | 10.8% | 10.2% |

Sources: Kaiser Family Foundation
U.S. Census Bureau, Current Population Survey 2002-2004 Annual Social and Economic Supplement

Nebraska Insurance Coverage

| | <u>NE</u> | <u>U.S.</u> |
|---|-----------|-------------|
| % of persons under age 65 without health insurance | 11.3% | 15.6% |
| % of private employers offering health insurance | 43.6% | 57.2% |
| % of single premium coverage paid by employee | 21.1% | 17.7% |
| % of family premium coverage paid by employee | 26.2% | 23.5% |

Sources: Agency for Healthcare Research and Quality, 2002 Medical Expenditure Panel Survey – Insurance Component
Kaiser Family Foundation

United Health Foundation: “America’s Health: State Health Rankings – 2004 Edition”

Glossary

Nebraska Health
and Human
Services System

| | |
|-----------|--|
| AABD | Aid to the Aged, Blind and Disabled |
| ADC | Aid to Dependent Children |
| CHIP | Children's Health Insurance Program |
| DSH | Disproportionate Share Hospital |
| E-MAC | Enhanced Medical Assistance for Children |
| FICA | Federal Insurance Contribution Act |
| FY | Fiscal Year |
| GF | General Fund |
| HCBS | Home and Community Based Waivers |
| ICF-MR | Intermediate Care Facilities for the Mentally Retarded |
| IGT | Intergovernmental Transfer |
| MAC | Medical Assistance for Children |
| MC | Managed Care |
| MMIS | Medicaid Management Information System |
| MN | Medically Needy |
| N-FOCUS | Nebraska Family Online Client User System |
| QI1 | Qualified Individuals 1 |
| QMB | Qualified Medicare Beneficiary |
| SAM | School Age Medical |
| SE-MAC | Special Enhanced Medical Assistance for Children |
| SFY | State Fiscal Year |
| SLIMB | Special Low Income Medicare Beneficiary |
| Title XIX | Title XIX of the Social Security Act - Medicaid |
| Title XXI | Title XXI of the Social Security Act - Children's Health Insurance Program |
| TMA | Transitional Medical Assistance |