

Utah Health Status Update:

Who Does Medicaid Serve?

January 2012

Medicaid serves as the primary source of health insurance coverage for vulnerable populations. To qualify for federal matching payments to help cover Medicaid costs, states agree to cover certain groups of individuals at minimum income levels (mandatory groups). These groups include low-income children and pregnant women.

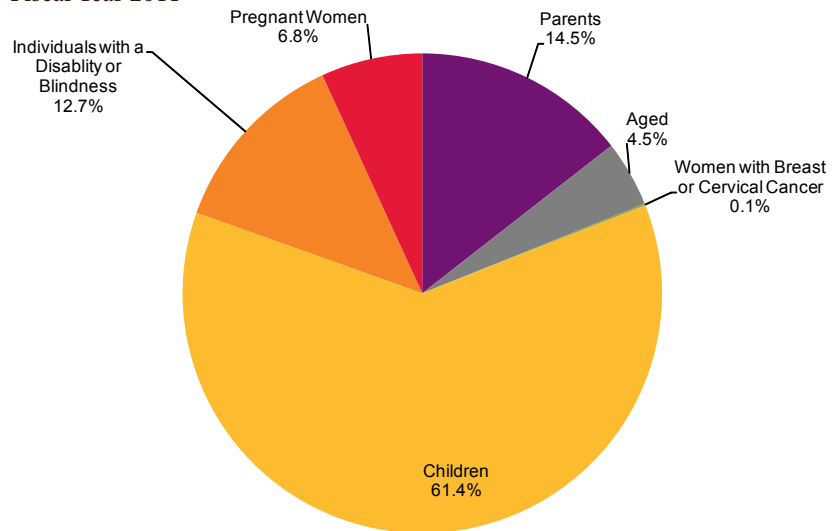
States can also receive federal matching payments to cover additional (optional) qualifying groups of individuals. One optional group covered in Utah is the “Medically Needy”. Medically Needy individuals have income above Medicaid income levels, but are unable to afford vital medical care. They must pay their extra income towards their medical bills or give it to Medicaid in order to qualify for the program.

Medicaid always considers household income when determining program eligibility and most eligibility groups limit the assets that an individual or a family may have in order to qualify. Although many people believe

- Medicaid serves as the primary source of health insurance coverage for vulnerable populations.
- The majority of Medicaid clients, approximately 61.4 percent, are children.
- Since the downturn of the economy in 2007, children’s coverage has also been the fastest growing enrollment category.
- Although children make up 61.4 percent of the Medicaid recipients, they only account for 24.1 percent of the total Medicaid expenditures.
- Individuals with disabilities account for 12.7 percent of enrollment but 38.6 percent of total Medicaid expenditures.
- Last year, more than 388,000 Utahns received services financed by the Utah Medicaid program.

Medicaid Enrollees

Figure 1. Percentage of all Enrollees by Major Eligibility Categories, Utah, Fiscal Year 2011



Source: Utah Department of Health Medicaid and Health Financing Data

Medicaid provides health care services for all low-income people, the program actually only covers individuals that fit in one of the designated qualifying groups. There are more than 30 Medicaid groups, each with varying eligibility requirements and varying benefits. These groups can be classified into the following major eligibility categories:

- Children (individuals under age 19)
- Parents (adults in families with dependent children)
- Pregnant women
- Individuals with a disability or blindness
- Aged (individuals age 65 or older)
- Women with breast or cervical cancer

Figure 1 illustrates enrollment in the major eligibility categories and their percentage of the total for State Fiscal Year (SFY) 2011. The majority of Medicaid clients, approximately 61.4 percent, are children. Since the downturn of the economy in 2007, children’s coverage has also been the fastest growing enrollment category. With Utah families struggling to make ends meet due to job losses and declining home values, Medicaid has been a tremendous resource to parents, so they don’t have to choose between paying for groceries or paying for their child’s health coverage. Medicaid also serves as a health safety net when unexpected life challenges arise.

One Utah baby, born with a heart condition, initially spent time in the newborn intensive care unit and then met weekly with specialists until he was finally strong enough to undergo open heart surgery at eight months old. “All in all, we were only enrolled in Medicaid for less than

a year,” said his mother, Jana. “But I’m so grateful we had that coverage. The enormous cost of Tanner’s medical care would have bankrupted us and kept us from becoming the financially independent family we are today.” Today Tanner is healthy and the whole family is insured through employer-sponsored health insurance.

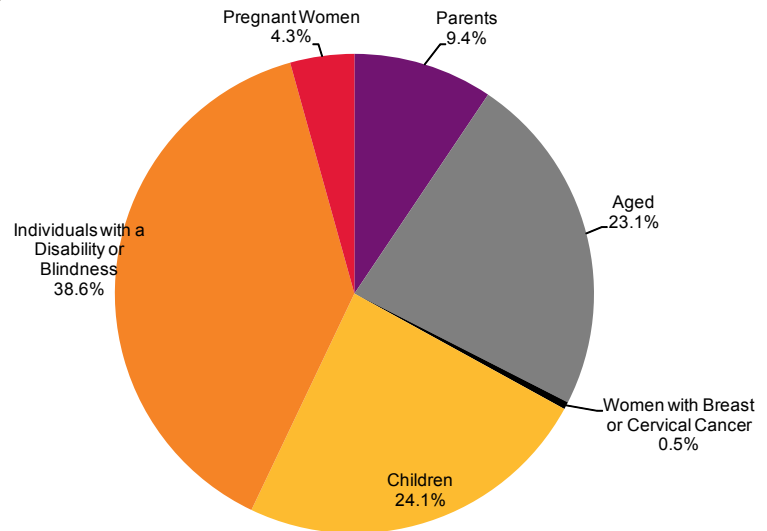
Fortunately, children overall are cheaper to cover than the other eligibility categories. Although children make up 61.4 percent of the Medicaid recipients, they only account for 24.1 percent of the total Medicaid expenditures (Figure 2). In contrast, individuals with disabilities or blindness account for 12.7 percent of enrollment but 38.6 percent of total Medicaid expenditures.

One Medicaid client, Josh Rhees, is able to live a normal life because of a Medicaid waiver program that encourages people with disabilities to work and live independently. Josh has had a severe case of cerebral palsy since birth and must use his wheelchair to get around. He has no motor skills and relies on home health care to assist with the activities of daily living, like showering and dressing. Medicaid also provides Josh with transportation resources to and from work, which have helped him achieve a productive and fulfilling life.

With spending of \$1.9 billion in SFY 2011, Medicaid is the second largest program in the State after public education. Last year, more than 388,000 Utahns received services financed by the Utah Medicaid program. In addition, as depicted in Figure 3, Medicaid enrollment has been rising at an unprecedented pace. If the State hopes to continue to provide needed services to those on Medicaid, it must find a way to transform the current program. In this effort, the Utah Department of Health continues to be an innovator in developing healthcare delivery and payment reform efforts that improve the health of Medicaid clients while keeping expenditure growth at a sustainable level.

Medicaid Expenditures

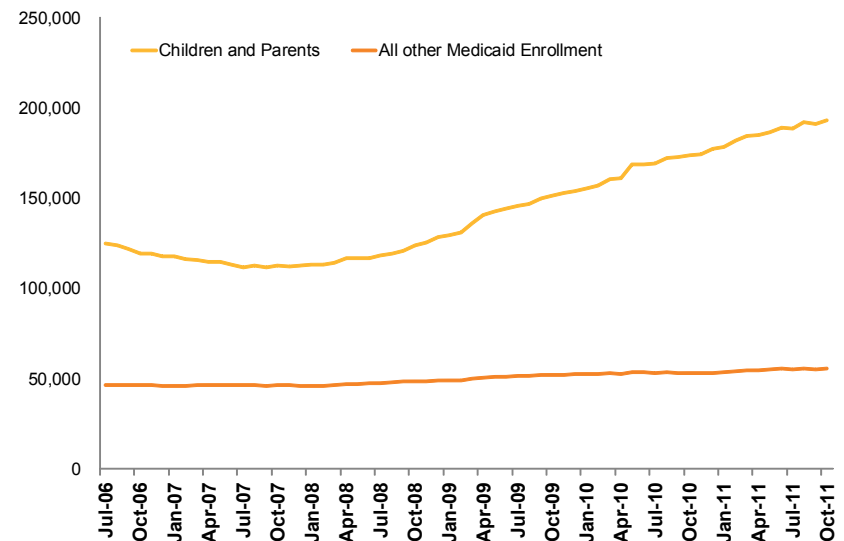
Figure 2. Percentage of Total Medicaid Expenditures by Major Eligibility Categories, Utah, Fiscal Year 2011



Source: Utah Department of Health Medicaid and Health Financing Data

Medicaid Enrollment Totals

Figure 3. Number of Persons Enrolled in Medicaid by Grouped Eligibility Categories, Utah, Fiscal Year 2011



Source: Utah Department of Health Medicaid and Health Financing Data

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Breaking News, January 2012

Use and costs of imaging services among commercial health plan enrollees, 2010

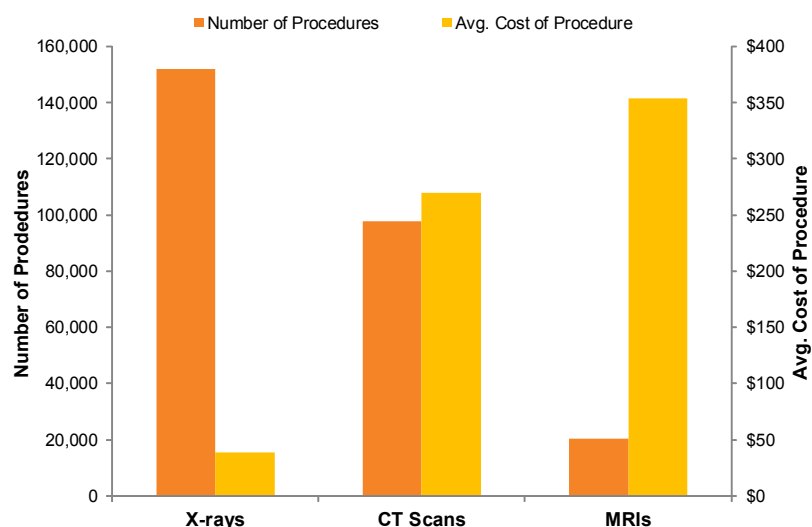
Numerous articles in the popular press and medical journals document the growing concern about the overuse of imaging studies. Overuse is defined as care that does not improve diagnosis or contribute to the health of the patient. Several factors have been considered as contributors to overuse: patient requests, medical uncertainty, and physician self-referral.

We examined imaging services among commercial health plans that submit data to Utah's All Payer Claims Database. We included three types of imaging: x-ray, MRI, and CT. The data come from eight commercial payers covering 1.3 million Utahans in 2010. A total of 271,430 imaging procedures were done. Fifty-six percent of them were x-rays, 7% were MRIs, and 36% were CT scans.

X-rays were the least expensive test with each costing an average of \$39 (i.e., paid by the health plan to the provider). MRIs were the most expensive; each test cost an average of \$354. CT scans cost an average of \$270 each.

Some studies conclude that a third of advanced medical imaging studies are unnecessary, so it is important to examine the overall costs of such procedures. Reduction in the number of imaging procedures in Utah would produce cost savings in the millions. However, it is equally important that this does not result in decreased quality of care.

Number and Average Cost of Selected Imaging Procedures, Utah, 2010



Community Health Indicators Spotlight, January 2012

Flu Vaccines Among Pregnant Women

Pregnant women suffer increased morbidity and mortality from seasonal influenza. However, the trivalent inactivated vaccine can effectively protect pregnant women from influenza and its complications.¹ Vaccination during pregnancy also significantly reduces the chance of influenza illness among infants up to six months of age, who are too young to be vaccinated themselves.² Nevertheless, before 2009, pregnant women had the lowest rates of seasonal influenza vaccination among all adult priority groups, and in 2009, only about half of pregnant women received the influenza vaccine.³

The good news is that providers can help increase rates of influenza vaccination among pregnant women by recommending and providing influenza vaccine to their patients. Utah PRAMS (Pregnancy Risk Assessment Monitoring System) data demonstrate that prenatal health care providers play a critical role in the acceptance of influenza vaccine. In fact, pregnant and postpartum women who were either recommended or offered influenza vaccine by their health care providers were nearly three times more likely to be vaccinated than women who were not recommended or offered the vaccine (70.0% vs. 24.5%).

Although prenatal health care providers are uniquely positioned to influence influenza vaccination among pregnant women, all general practice providers can help increase influenza vaccination rates by discussing flu vaccines with their patients. Among PRAMS respondents who did not get an influenza vaccination, 82.1% reported that they did not get vaccinated because "I don't normally get a flu shot." All health care providers can help reduce that percentage.

1. Dodd L, McNeil SA, Fell DB, et al. Impact of influenza exposure on rates of hospital admission and physician visits because of respiratory illness among pregnant women. *CMAJ* 2007;176(4):463-468.

2. CDC. Prevention and Control of Seasonal Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices (ACIP), 2009. *MMWR*. 2009;58(RR08):1-52.

3. Benowitz I, Esposito DB, Gracey KD, Shapiro ED, Vazquez M. Influenza vaccine given to pregnant women reduces hospitalizations due to influenza in their infants. *CID* 2010; 51:1355-1361.

Monthly Health Indicators Report

(Data Through November 2011)

Monthly Report of Notifiable Diseases, November 2011	Current Month # Cases	Current Month # Expected Cases (5-yr average)	# Cases YTD	# Expected YTD (5-yr average)	YTD Standard Morbidity Ratio (obs/exp)
Campylobacteriosis (Campylobacter)	15	20	413	321	1.3
Shiga toxin-producing Escherichia coli (E. coli)	4	7	166	113	1.5
Hepatitis A (infectious hepatitis)	0	1	6	10	0.6
Hepatitis B, acute infections (serum hepatitis)	0	1	7	13	0.6
Influenza*	Weekly updates at http://health.utah.gov/epi/diseases/flu				
Meningococcal Disease	0	1	10	7	1.5
Pertussis (Whooping Cough)	8	27	446	345	1.3
Salmonellosis (Salmonella)	16	24	293	304	1.0
Shigellosis (Shigella)	2	4	51	43	1.2
Varicella (Chickenpox)	13	72	318	630	0.5
Quarterly Report of Notifiable Diseases, 3rd Qtr 2011	Current Quarter # Cases	Current Quarter # Expected Cases (5-yr average)	# Cases YTD	# Expected YTD (5-yr average)	YTD Standard Morbidity Ratio (obs/exp)
HIV/AIDS†	13	25	57	85	0.7
Chlamydia	1,671	1,516	5,089	4,456	1.1
Gonorrhea	77	137	193	434	0.4
Tuberculosis	6	5	29	22	1.3
Medicaid Expenditures (in Millions) for the Month of November 2011	Current Month	Expected/Budgeted‡ for Month	Fiscal YTD	Budgeted‡ Fiscal YTD	Variance - over (under) budget
Capitated Mental Health	\$ 11.3	\$ 10.2	\$ 63.5	\$ 67.1	\$ (3.6)
Inpatient Hospital	\$ 14.6	\$ 11.7	\$ 122.8	\$ 117.5	\$ 5.3
Outpatient Hospital	\$ 4.8	\$ 8.0	\$ 33.3	\$ 37.9	\$ (4.7)
Long Term Care	\$ 13.2	\$ 12.4	\$ 61.7	\$ 58.8	\$ 2.8
Pharmacy§	\$ 13.0	\$ 12.3	\$ 70.4	\$ 58.6	\$ 11.8
Physician/Osteo Services	\$ 7.1	\$ 7.5	\$ 32.4	\$ 35.5	\$ (3.2)
TOTAL HCF MEDICAID	\$138.3	\$ 138.1	\$ 689.1	\$ 695.1	\$ (6.0)

Program Enrollment for the Month of November 2011	Current Month	Previous Month	% Change¶ From Previous Month	1 Year Ago	% Change¶ From 1 Year Ago
Medicaid	248,731	248,463	+0.1%	227,325	+9.4%
PCN (Primary Care Network)	11,715	14,900	-21.4%	14,402	-18.7%
CHIP (Children's Health Ins. Plan)	37,468	37,563	-0.3%	37,224	+0.7%
Health Care System Measures	Annual Visits		Annual Charges		
Health Care System Measures	Number of Events	Rate per 100 Population	% Change¶ From Previous Year	Total Charges in Millions	% Change¶ From Previous Year
Overall Hospitalizations (2010)	274,576	9.0%	-2.6%	\$ 5,416.2	+5.9%
Non-maternity Hospitalizations (2010)	167,340	5.3%	-0.9%	\$ 4,552.5	+5.9%
Emergency Department Encounters (2009)	684,176	23.3%	-1.1%	\$ 1,081.4	+22.9%
Outpatient Surgery (2009)	311,442	10.6%	+1.9%	\$ 1,465.7	+14.7%
Annual Community Health Measures	Current Data Year	Number Affected	Percent/Rate	% Change¶ From Previous Year	State Rank# (1 is best)
Obesity (Adults 18+)	2010	454,700	23.1%	-4.0%	11 (2010)
Cigarette Smoking (Adults 18+)	2010	180,100	9.1%	-6.9%	1 (2010)
Influenza Immunization (Adults 65+)	2010	175,900	68.2%	-0.8%	23 (2010)
Health Insurance Coverage (Uninsured)	2010	301,900	10.6%	-5.6%	n/a
Motor Vehicle Traffic Crash Injury Deaths	2009	227	8.1 / 100,000	-16.6%	15 (2007)
Poisoning Deaths	2009	543	19.4 / 100,000	+7.0%	49 (2007)
Suicide Deaths	2009	445	15.9 / 100,000	+15.3%	n/a
Diabetes Prevalence (Adults 18+)	2010	128,000	6.5%	+0.2%	15 (2010)
Poor Mental Health (Adults 18+)	2010	296,100	15.0%	+6.8%	17 (2010)
Coronary Heart Disease Deaths	2009	1,469	52.5 / 100,000	-4.4%	1 (2007)
All Cancer Deaths	2009	2,543	90.8 / 100,000	+1.1%	1 (2007)
Stroke Deaths	2009	734	26.2 / 100,000	-2.2%	14 (2007)
Births to Adolescents (Ages 15-17)	2009	992	16.5 / 1,000	-10.6%	19 (2008)
Early Prenatal Care	2009	38,562	71.6%	-9.6%	n/a
Infant Mortality	2009	285	5.3 / 1,000	+11.4%	4 (2007)
Childhood Immunization (4:3:1:3:3:1)	2009	41,500	76.6%	+4.1%	16 (2009)

* Influenza activity remains minimal in Utah. Influenza-like illness activity is below baseline statewide. As of November 16, 2011, 1 influenza-associated hospitalization has been reported to the UDOH. More information can be found at <http://health.utah.gov/epi/diseases/flu>.

† Diagnosed HIV infections, regardless of AIDS diagnosis.

‡ Budget has been revised to include supplemental funding from 2011 General Session.

§ Only includes the gross pharmacy costs. Pharmacy Rebate and Pharmacy Part-D amounts are excluded from this line item.

¶ % Change could be due to random variation.

State rank based on age-adjusted rates.

Notes: Data for notifiable diseases are preliminary and subject to change upon the completion of ongoing disease investigations. Active surveillance for West Nile virus has ended until the 2012 season.