

AMERICAN INDIAN AND ALASKA NATIVE

MEDICAID PROGRAM AND POLICY DATA

March 2010

MEDICAID & CHIP

Enrollment

Service Use & Payments

**For the
Centers for Medicare & Medicaid Services
&
Tribal Technical Advisory Group**

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Funded by

The Centers for Medicare and Medicaid (CMS) through the National Indian Health Board pursuant to an award from the Indian Health Service (IHS), following an intra-departmental delegation of authority (IDDA) between the CMS and the IHS (CMS IDDA-09-50 and IHS 2-RAP-09-0080-DA).

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Summary

In this report we provide findings from Medicaid and Children's Health Insurance Program (CHIP) data for American Indians and Alaska Natives (AIAN). We present the data in separate profiles for each of the 12 Indian Health Service (IHS) Areas organized around geopolitical boundaries of tribal lands and service areas of IHS healthcare delivery system providers. In addition we present Medicaid and CHIP data for AIAN in an analytical service area of the counties served by Urban Indian Health Organizations in the IHS healthcare delivery system.

We tabulate and chart data from 35 of the Medicaid Analytical Extract (MAX) Person Summary state data files for 2004. The MAX Person Summary data files were selected because Medicaid and CHIP eligibility and paid claims files within each state are combined for each enrollee so that enrollment, service use and payment information are collected in a single enrollee record. Findings are presented separately for enrollees in Medicaid and CHIP programs in the report. Only Medicaid expansion CHIP programs (M-CHIP), and not State-only (S-CHIP) programs, were required to report data for individual enrollees, and therefore only M-CHIP data is presented. Since some people enroll in both Medicaid and M-CHIP in different months, data for these people is presented separately.

We demonstrate in the report how the MAX Person Summary data files can be used to analyze the characteristics of Medicaid and CHIP enrollment, service use and payments for:

- AIAN with racial and ethnic data
- AIAN who are recipients of IHS Program services from IHS or Tribal providers, and whom we label 'IHS AIAN'
- 12 IHS Areas using IHS Contract Health Service Delivery Area counties, and zip codes within the 14 counties split between two IHS Areas service use and payment
- An Urban Consolidated Service Area of counties served by all but one of the Urban Indian Health Organizations
- Managed care HMO, Dental, Behavioral Health and Long-term Care prepaid plans for each Area
- Fee-for-service and capitated managed care for 'racial AIAN,' 'IHS AIAN' and for IHS Program services through IHS or Tribal providers for each Area

We use the findings to evaluate the strengths and limitations of the MAX Person Summary data for representing Racial AIAN, IHS AIAN, and IHS Program data. We demonstrate how the data can be used to develop and validate indicators to track the impact of Medicaid and CHIP program planning and policy on Racial AIAN, IHS AIAN, and IHS Program providers. Finally we recommend highest priority strategies to improve MAX data for use in Medicaid and CHIP program planning and policy analysis.

Introduction

Background

This report was commissioned to investigate Medicaid and Child Health Insurance Program (CHIP) enrollment and utilization data available for American Indian and Alaska Native (AIAN) using criteria set out in the Center for Medicare and Medicaid Services (CMS) AIAN Strategic Plan of 2006-2010 (Center for Medicare and Medicaid Services, 2005). In the previous AIAN Medicaid and CHIP Summary Report in 2009 we used online data from the Medicaid State Information System for 2005 (Crouch, et al., 2009a). We demonstrated that a major limitation of online data, however, was that it could only be analyzed for states. The findings could not be analyzed or presented for the Indian Health Service (IHS) regional healthcare delivery areas into which IHS, Tribal and Urban providers and the AIAN populations they serve are organized.

In this report we analyze electronic data files instead of online data. Using electronic data files we are able to present AIAN Medicaid and CHIP data by IHS Area instead of state-by-state. IHS Areas more closely reflect areas on or near tribal lands where IHS funded health care facilities exist. IHS funded health care are organized for administrative purposes into 12 IHS Areas. These 12 areas can be represented as aggregates of counties (or parts of counties) in one or more states. Because tribal lands do not necessarily follow state and county geopolitical borders however, some states have counties belonging to more than one IHS Area, and some counties are shared between two IHS Areas. The availability of county and zip code level data in electronic data files allowed the transformation of Medicaid state data to IHS Area data. Because Medicaid state programs differ in the extent to which they implement enrollment and service features of the Medicaid program that are optional, and some even develop their own programmatic features, it is also important to characterize IHS Area data at the state level within the IHS Areas.

By analyzing electronic data files as opposed to online data we are able to aggregate records for individual enrollees in Medicaid and CHIP in ways that are most relevant to preparing for analysis of programmatic and policy impact of Medicaid and CHIP on AIAN. We develop in this report a systematic characterization of enrollment, services and payments for AIAN enrolled in Medicaid and CHIP. This systematic information is being used to develop indicators of the extent of AIAN enrollment, use of healthcare services, and the payments being paid to IHS health care delivery system and other providers for the services they provide to AIAN. These indicators once validated can then be tracked over time and across IHS Areas for the impact of changes of Medicaid and CHIP programs and policies on AIAN.

Key Criteria for AIAN Program and Policy Data

AIAN

The CMS AIAN Strategic Plan provides three relevant definitions of AIAN populations for whom data was needed for CMS program planning and policy analysis: these included ‘racial AIAN’ (called ‘Census AIAN’ in the Plan), ‘IHS AIAN’ and ‘tribal AIAN’ (Table 1).

Table 1

CMS AIAN Strategic Plan Definitions of American Indians and Alaska Natives (AIAN)

Definition	Who is Included	In MAX Data?
‘Racial AIAN’	Race is AIAN either as the only Race, or in addition to any other Races, regardless of Hispanic Ethnicity	Yes, but: AIAN must be the only Race, & there can be no Hispanic Ethnicity
Indian Health Service ‘IHS AIAN’	Member of federally recognized Tribe or their descendants who use an IHS funded provider facility	Yes, but: limited to ‘Racial AIAN’ with at least one IHS Program paid claim
‘Tribal AIAN’	Member of federally recognized Tribe	No

The group of AIAN defined in the Medicaid electronic data files (Medicaid Analytical eXtract or MAX data) is a racial group that was defined in the Medicaid Statistical Information System (MSIS) Summary online data:

- AIAN in MAX data are ‘racial AIAN,’ but the AIAN are included only if ‘AIAN’ is their only race specified in the MSIS original electronic data files, and no Hispanic ethnicity was specified

This MAX data racial grouping differs from the desired AIAN Strategic Plan ‘racial AIAN’ definition by excluding self-declared AIAN who specified an additional race or who also specified their Hispanic ethnicity (Table 1).

- MAX data has a racial category for ‘Mixed Race’ that CMS created from multiple racial data fields in the MSIS original electronic data files. The problem is that in the ‘Mixed Race’ category, AIAN may not have been one of the races specified. Another problem is that the collection of multiple race data by states is not done uniformly. How well multiple race data is collected relative to federal data collection standards (such as Office of the Management of the Budget) is not known.
- MAX data has a racial category for ‘Hispanic’ that CMS created from combining the racial and ethnicity data specified on the MSIS original electronic data files. The problem is that in the ‘Hispanic’ category, AIAN may not have been the race, or one of the races, specified.

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MAX data can be used to define an 'IHS AIAN' group that is similar to the IHS AIAN definition in Table 1.

- MAX data has IHS Program claims and payment data. Once analyses are restricted to 'racial AIAN' enrollees who have IHS Program claims their status as AIAN is similar to that in the 'IHS AIAN' definition in the AIAN Strategic Plan. These AIAN used an IHS funded facility, and were identified to state Medicaid and CHIP programs through IHS Area data exchanges with the states, and are therefore supposed to be members of federally recognized tribes or their descendants with IHS or Tribal healthcare delivery system providers.
- There is no information on 'Tribal AIAN' in MAX data.

IHS, Tribal and Urban Providers of Healthcare

The CMS AIAN Strategic Plan provides definitions for three of the relevant providers of healthcare to AIAN for whom data was needed for CMS program planning and policy analysis: these included IHS direct service providers (I), Tribally operated health programs (T), and Urban Indian Health Organizations (U) (Table 2).

Table 2

CMS AIAN Strategic Plan Definitions of IHS Healthcare Delivery System I/T/U providers

Definition	Providers Included	Services	In MAX Data?
Indian Health Service (I)	IHS Direct Service Providers	Primary Care (Medical, Dental, Vision), Ancillary (laboratory, pathology, imaging, emergency transportation), Behavioral Health, Limited Hospital and some Specialty services	'IHS Program'
Tribal (T)	Tribally Operated Health Programs	Primary Care (Medical, Dental), Ancillary (Limited laboratory, pathology, emergency transportation), Behavioral Health, Tribal Hospital may have some Specialty services	'IHS Program'
Urban Indian (U)	Urban Indian Health Organizations (Most are in IHS system, some are also FQHC)	Primary Care, Ancillary (Limited laboratory, pathology), Behavioral Health	No

There is data for the I/T providers of the I/T/U groups in the 'IHS Program' data of the Medicaid electronic data files. 'IHS Program' data in the MAX data is defined as it was in the MSIS online data:

- I/T provider data is combined in IHS Program data in MAX files.

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- IHS Program data is supposed to be restricted to IHS AIAN and to services covered by the IHS agency since it is these enrollees and services that are supposed to be covered 100% by the federal Medicaid and CHIP programs.
 - Racial AIAN data undercounts the IHS AIAN the I/T providers serve to the extent that the AIAN race is underreported in Medicaid and CHIP enrollment processes. *Data for Non-AIAN who use I/T providers is not included in this report.*
 - Racial AIAN data over counts the IHS AIAN the I/T providers serve to the extent that IHS AIAN is a more restricted definition of AIAN, including only those entitled to IHS funded services.

IHS Program data in MAX data differs from that in the MSIS online data because:

- In IHS Program data in MAX files, Medicaid and CHIP data can be analyzed separately.

Not all of the 35 IHS Area states provide Medicaid IHS Program data yet. In the MSIS online data for 2004 only 24 of the 35 states had IHS Program data (Crouch, et al., 2007).

‘U’ urban provider data is not included in the IHS Program data. We provide in this report data for Racial AIAN in a ‘consolidated Urban Service Area’ of 97 of the 98 counties served by the 34 Urban Indian Health Organizations (Crouch, et al., 2009b). Cook County in Illinois could not be included because Illinois is not one of the 35 states in the IHS Healthcare delivery system since it is based on the IHS and Tribal (I/T) provider types.

Purpose of this Report

In this report we provide findings from the analysis of the MAX Person Summary data file for 2004 with the following aims:

- Analyze Medicaid, CHIP and IHS Program data for Racial AIAN.
- Present findings for all IHS Administrative Areas and a consolidated Urban Service Area.
- Include enrollment data describing the basis of Medicaid and CHIP eligibility and the maintenance assistance status of enrollees for each Area.
- Include service use and payment data for fee-for-service, managed care and IHS Program data for each Area.
- Evaluate the strengths and limitations of the enrollment and utilization data for identifying AIAN and I/T/U groups, and for developing indicators to track the impact of Medicaid and CHIP program planning and policy.
- Recommend highest priority strategies that could improve Medicaid and CHIP data for use in program planning and policy analysis through coordinated actions of the CMS and IHS.

Methods

In this section we describe the MAX data and the analyses done to prepare the data for the analyses that would evaluate its strengths, limitations and applications. The information provided in this section is meant to describe the data items in MAX data we found applicable to achieve the aims of this study, and how we applied them in the analyses. The information in this section should allow anyone reading the Findings section of the report that follows to understand how the findings were arrived at. This section does not have to be read before the Findings section, but can be used as a reference to check how Findings were determined.

MAX Data

MAX data files include extensive information on the characteristics of Medicaid enrollees and the services they use during a calendar year. MAX is an extract from the national MSIS system of data reported by all states from their Medicaid enrollment (eligibility) and paid claims files (Title XIX). CHIP is included in MSIS for those states with Medicaid expansion CHIP programs (Title XXI). The MAX data extracted from the MSIS data is organized by the date of service use during one calendar year, regardless of when the claim to Medicaid was paid. In this way the highly variable lag in time between service use and payment is taken out of the source MSIS data which is organized by the date of the paid claim. MAX enables the examination of Medicaid service use and payment data at the individual enrollee level, unlike the MSIS claims level data. MAX is designed to use in health services and policy research.

The MAX Person Summary file contains data for individuals enrolled in Medicaid and CHIP that is combined from a state's monthly enrollment and paid claims files reported to the national MSIS but reorganized at the level of the experience of individual people with Medicaid and CHIP over the 12-month period. In this report we focus on AIAN in the MAX Person Summary file for 2004.

Enrollment data is tracked month to month for individuals in the MAX Person Summary file and a person's enrollment can change between enrolled and not enrolled, Medicaid and CHIP, Managed Care and Fee-for-Service benefits, and other characteristics of enrollment. Enrollment changes that are reported late to MSIS are incorporated retroactively in MAX monthly enrollment measures. MSIS enrollment information is also reorganized in MAX to correct coding inconsistencies where possible. MAX enrollment information has been linked to the Medicare Enrollment Data Base to help identify people dually enrolled in Medicare and Medicaid.

Service utilization data for an enrollee in MAX is a summary of services used for the year as documented on the claims paid by Medicaid or CHIP. Final service event records are created in MAX Person Summary files from MAX claims files: Inpatient, Long-term Care, Other (outpatient, clinic, physician, laboratory, etc) and Prescription. Separate claims for a single service event (positive or negative adjustments, voided claims, etc) are combined in MAX. Type-of-service information is reorganized to reflect the kind of detail likely to be helpful in finding answers to health services and policy research questions.

Payment data in MAX is more closely tied to service use and enrollees because of the way MAX is extracted. Unlike Medicaid expenditure data reported in MSIS and CMS Form-64 financial data, MAX enables the examination of service use and payment data at the individual enrollee level.

Medicaid Program Data

Enrollment

Medicaid program data from MAX data is presented separately from Child Health Insurance Program (CHIP) data because of the particular importance of CHIP programs and policies to AIAN populations. Enrollees who are enrolled in both Medicaid and CHIP in different months of 2004 are included in *both* the Medicaid and CHIP sections of this report. Stated another way, if an individual was enrolled in Medicaid for one month or more, then the individual is categorized as a Medicaid enrollee. Some individuals were enrolled for one month or more in Medicaid and another month (or more) in a Medicaid expansion CHIP program. This is a small percent of Medicaid enrollees but can be a substantial percent of CHIP enrollees and so we present their enrollment data in the CHIP part of this report. To separate Medicaid and CHIP enrollee data completely would require month-by-month analyses of enrollment and claims data which are recommended for the future.

Basis of Eligibility. Medicaid Basis of Eligibility (BOE) groups are determined using the age and disability status of the enrollee, and the employment status of adults. MAX data provides nine BOE eligibility codes which for purposes of presentation are combined into four broad eligibility groups in Medicaid statistical summaries (Wenzlow, et al., 2007). There are very small numbers of AIAN in certain BOE eligibility groups in which states have an option to include or not in their Medicaid programs (such as Children and Adults defined in Section §1931 of Title XIX legal code and people with positive test results in public Cancer screening programs) (Crouch, et al., 2007). Therefore the categories of Children, Children of Unemployed or other ‘§1931’ Adults and Foster Children were combined in a broad group labeled ‘Children.’ Adults and Unemployed Adults are combined in a broad group labeled ‘Adults.’ Aged and Disabled categories are not changed, and the Cancer category is not included (there were only 152 AIAN in 50 states in 2004) (Crouch, et al., 2007). More specific eligibility groups within these large eligibility groups are listed in the text of our previous report (Crouch, et al., 2009a) and in (Schneider, et al., July 2002). There were no codes for these more specific eligibility groups within the BOE and MAS assistance categories in MAX.

The following terms generally describe the enrollees eligible for Medicaid either mandatorily or optionally in each of the four broad BOE eligibility groups:

1. Children (BOE: Children, Children of Unemployed or other ‘§1931’ Adults, Foster Children)
2. Adults (BOE: Adults, Unemployed or other ‘§1931’ Adults)
3. Aged (65 years of age & over)
4. Disabled of any age

More detailed descriptions of the four BOE eligibility groups are given in the first section of the Findings: “Findings for All IHS Areas” below. Enrollees for whom the BOE was unknown (*MAX Uniform Eligibility Code* =99, less than 0.1%) are not included in Findings either in the Figures for BOE or Appendix B and C Tables.

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Maintenance Assistance Status. The Maintenance Assistance Status (MAS) categories of enrollees reflect the primary financial criteria met by the enrollee. The five MAS assistance categories coded in MAX were included in this report without modification:

1. Cash Assistance (people in federal TANF, SSI or state income assistance programs)
2. Medically Needy (higher income people whose medical expenditures lower effective income)
3. Poverty Related (people with incomes above FPL, but insufficient for health insurance)
4. 1115 Waiver (people in managed care programs established with 1115 waivers to Title XIX)
5. Other (any of a long list of codes for Medicaid/CHIP entitlement) (Crouch, et al., 2009a)

Enrollees for whom the MAS was unknown (*MAX Uniform Eligibility Code 99*, less than 0.1%) are not included in Findings either in the Figures for MAS or Appendix B Tables.

Medicare Eligible (Dual) Enrollment Groups

People enrolled in both Medicaid and Medicare in the same month are called ‘Dual Enrollees.’ In MAX data Dual Enrollees are defined as those in the Medicaid (MSIS) eligibility data file who are “entitled to Medicare” and those in the Medicaid (MSIS) eligibility data file for whom a match was found when the Medicare EDB data file was linked to the MSIS file. The former we refer to as ‘Medicaid’ Dual Enrollees, and the latter as ‘Medicare’ Dual Enrollees. The distinction is only technical at this stage of MAX data development to test whether the data from the two sources is biased in any way with respect to the BOE eligibility groups and MAS assistance categories. Both are combined to enumerate the total Dual Enrollees in an analytical subgroup. Among the Dual Enrollees there are a number of income and resource categories with different levels of restriction on Medicaid benefits. We therefore provide more detail and analyze Dual Enrollees the following groups in the Findings section.

1. Qualified Medicare Beneficiary (QMB) have incomes less than 100% of the FPL, resources that do not exceed twice the limit for SSI eligibility (Benefits: Medicare premiums, copayments, deductibles and usually full Medicaid benefits)
2. Specified Low income Medicare Beneficiary (SLMB) have incomes between 100% and 120% of the FPL, resources that do not exceed twice the limit for SSI eligibility (Benefits: Medicare premiums and sometimes full Medicaid benefits)
3. Medicare Qualifying Individuals 1 (QI1) have incomes between 120% and 135% of the , resources that do not exceed twice the limit for SSI eligibility (Benefits: Medicare premiums only)
4. Other more detailed, but small groups of low income Medicare enrollees with Medicaid benefits. There were no AIAN who were in the category of Qualified Disabled and Working Individuals (QDWI) who have lost their Medicare Part A benefits due to their return to work (Crouch, et al., 2007).

Managed Care Plans

In MAX data for every enrollee there is information on how many months a Medicaid enrollee was also enrolled in any of three general types of prepaid managed care plans:

1. Health Maintenance Organizations (HMO, including Health Insuring Organizations) – cover most medical services, and may cover other services

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2. Prepaid Health Plans (PHP) – cover specific types of service: Dental, Behavioral, etc
3. Primary Care Case Management (PCCM) – cover just case management of primary care

HMO and PHP are typically limited to special services and the scope of benefits vary by plan. For AIAN the PHP in the IHS Areas included only Behavioral Health, Dental, and Long-term Care PHP. MAX data on PHP also included codes for months a Medicaid enrollee was in a Program of All-inclusive Care for the Elderly (PACE) or Prenatal PHP, but we found essentially no AIAN enrollees in the IHS Areas with any months of eligibility for these PHP. PCCM covers only case management services for the primary care of the enrollees covered, and the other medical services of the PCCM enrollees are provided on a *fee-for-service* basis. An enrollee in HMO, PCCM or fee-for-service medical care can be enrolled in any or all types of the PHP for the specialized services.

Service Use and Payments

Capitated Care

Services. MAX data contains a number of measures of volume of service in managed care prepaid plans: 1) number of recipients with at least one month of enrollment (Capitated Care Recipients), 2) average number of months a Recipient is enrolled (Average Months per year), 3) number of monthly premium claims paid (Capitated Care Claims Paid). Because not all enrollees are covered by managed care for the entire year, for any capitated care it is more complete to multiply the number of Recipients times the Average Months per year to determine the person-months or person-years of managed care coverage. The volume of monthly premium claims for all types of prepaid plans (PPAY) was analyzed first for all months of enrollment (MOS_ELIG) (Appendix Table 1 for each IHS Area). Then the volumes for each type of plan (HMOCLMS, PHPCLMS, PCCMCLMS) for specific months of enrollment (MO_HMO, MO_PHP, MO_PCCM) were analyzed (Appendix Table 2 for each IHS Area). For PHP months of coverage, only Dental, Behavioral and Long-term Care months of enrollment were included in months of PHP eligibility ($MO_PHP = MO_DNLT + MO_BH + MO_LTC$) since other types of PHP were not found in the data for AIAN. Recipients with claims data but no data for months of enrollment were excluded from analyses to prevent biasing the averages calculated. Encounter information provided in MAX data and used for Type of Service analysis. See Appendix C, Table 2 for each IHS Area.

Payments. MAX data contains a number of measures of payments in managed care prepaid plans: 1) amount paid for monthly premiums each type of managed care (Capitated Care Total Payment), 2) average amount paid for 12 months of managed care monthly premiums (Capitated Care Payment per Recipient-Year), 3) average payment per monthly premium claim (Capitated Care Claims Paid). The total amount for monthly premiums for all types of prepaid plans (PPAY_PD) was analyzed first (Appendix Table 1 for each IHS Area) and then the payment amounts for each type of plan (HMOAMT, PHPAMT, PCCMAMT) (Appendix Table 2 for each IHS Area). For the first measure the total amount paid was used (PPAY_PD, HMOAMT, PHPAMT, PCCMAMT). For the second the total amount paid was divided by the product of the number of recipients and their months of enrollment in Capitated Care plans and divided by 12 months per year (MOS_ELIG , MOS_HMO , $MOS_PHP = MOS_DNLT + MOS_BH + MOS_LT$ and MOS_PCCM). For the third measure the average payment per monthly premium was determined by dividing the total amount paid for premiums by the number of premium claims (HMOCLMS, PHPCLMS, and PCCMCLMS). The third measure cannot simply be multiplied by 12 months per year to obtain the second measure because there are

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fewer than 12 claims per year paid for Capitated Care enrollees. See Appendix C, Table 2 for each IHS Area.

Payment Type Enrollee Groups. Capitated Care includes two enrollee groups, one that receives services through Capitated Care only and one that receives services through a combination of Capitated and FFS Care. This occurs because Medicaid enrollees can obtain medical care through HMO or FFS care with or without PCCM. In addition enrollees in HMO medical care can obtain Dental, Behavioral Health or Long-term Care through their HMO, special PHP, or FFS care. MAX data includes a Recipient Indicator that distinguishes enrollees by whether they have Capitated Care premium claims or encounters only, or both Capitated and FFS Care claims or encounters. For analyses of all types of prepaid plans we used the Recipient Indicator to exclude Capitated Care enrollees with no premium claims and enrollees with only FFS claims. Capitated Care enrollees who are included have Recipient Indicator codes for Capitated Care monthly premium claims or encounter records (codes =2, 3 and 5), and the Capitated and FFS Care group has Recipient Indicator codes 4, 6 and 7 (Appendix Table 1 for each IHS Area). For analyses of each type of plan (HMO, PHP, PCCM) the Capitated Care Only group has only Recipient Indicator codes 2 and 5 and months of enrollment in each type of plan must be at least one month. The Capitated and FFS Care group, on the other hand, still has Recipient Indicator codes 4, 6 and 7 but the months of enrollment in each type of plan must still be at least one month. See Appendix C, Table 2 for each IHS Area.

Fee-For Service

Services. MAX data contains a number of measures of volume of services used in FFS paid care: 1) number of recipients with FFS service claims (Recipient Indicator =1, 4, 6 & 7; FFS Recipients), 2) average number of months a Recipient is enrolled in Medicaid (Average Months per year), 3) number of service claims paid (FFS Claims Paid). Because not all enrollees are enrolled in Medicaid for the entire year, it is customary to multiply the number of Recipients times the average months per year to determine the person-months (or person-years) of Medicaid coverage. See Appendix C, Table 1 for each IHS Area.

Payments. MAX data contains a number of measures of FFS payments for care: 1) amount paid for all FFS claims (Total Payment), 2) average amount paid for 12 months coverage of claims (Payment per Recipient-Year), 3) average payment per claim (Payment per Claim). See Appendix C, Table 1 for each IHS Area.

Payment Types for Enrollee Groups. FFS Care includes two enrollee groups, one that receives services through FFS Care only and one that receives services through a combination of Capitated and FFS Care. This occurs for the reasons pointed out above in the Capitated Care section paragraph on 'Payment Type Enrollee Groups.' The Recipient Indicator was used to distinguish enrollees that had FFS Care only (indicator code = 1), or Capitated and FFS Care volume data (indicator codes 4, 6 and 7). See Appendix Table 1 for each IHS Area.

IHS Program Data

For services utilized through IHS and Tribal system providers (I/T) the MAX Person Summary file contains 'IHS Program' data. A limited amount of service use and payment data is provided in MAX for IHS Program utilization. Medicaid and CHIP Claims are combined, but the service event numbers

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and the combined payment amounts can be determined separately for Medicaid enrollees (of at least one month) and CHIP enrollees (of at least one month) for each of the following broad service types:

- Inpatient hospital records: number and payment total
- Long-term care records: number and payment total
- Other service records: number and payment total
- Prescription Drug records: number and payment total

In this report we only analyze IHS program data for ‘Racial AIAN.’ Not all states report IHS program data (Crouch, et al., 2009a), and not all states that report IHS Program data identify it in the same way. We will show the variation in the IHS data by Area as a function of the IHS AIAN Active Users in the Area to investigate both how to improve and how to utilize IHS Program data reporting in MAX.

Services. MAX data contains only two measures of volume of services used in IHS Program care: 1) number of recipients with IHS service claims (at least one IHS paid claim), 2) number of service claims paid. Because not all enrollees are enrolled in Medicaid for the entire year, it is customary to multiply the number of Recipients times the average months per year to determine the person-months (or person-years) of Medicaid coverage. See Appendix C, Table 3 for each IHS Area.

Payments. MAX data contains a number of measures of IHS Program payments for care: 1) amount paid for all IHS Program claims (Total Payment), 2) average amount paid for 12 months coverage of claims (Payment per Recipient-Year), 3) average payment per claim (Payment per Claim). See Appendix C, Table 3 for each IHS Area.

CHIP Program Data

In this report Children’s Health Insurance Program (CHIP) data for low income uninsured children is presented separately from Medicaid data, because of the importance of CHIP programmatic and policy considerations for AIAN (Appendix D). The CHIP program provides enhanced funding for states to expand Medicaid coverage for children up to age 21 and family incomes 250% FPL (or higher in some circumstances). AIAN have disproportionate numbers of children, and low income and uninsured families with income and assets just above their state’s Medicaid requirements.

CHIP was renamed the Children’s Health Insurance Program (CHIP) program in 2009 when it became a mandated federal Medicaid program expansion, and not just a state option for Medicaid expansion. We retain the label CHIP for this report because the program name in 2004 was CHIP and there were still state-only CHIP programs in a number of the states of the IHS health care delivery system (Crouch, et al., 2009a).

MAX data includes primarily CHIP data for enrollees in Medicaid expansion programs (M-CHIP), and only limited data for enrollees of separate state-only CHIP programs (S-CHIP). M-CHIP programs must report enrollment and utilization data to MSIS, but S-CHIP programs are not required to report to MSIS. Since S-CHIP programs do not report data uniformly to the MSIS data system their data cannot be representative of the S-CHIP programs and therefore is excluded in this report as in our earlier report (*Crouch, et al., 2009a*).

Methods

M-CHIP enrollees need to be divided into two groups for MAX data analysis because M-CHIP and Medicaid are both monthly enrollment programs. Some M-CHIP enrollees met Medicaid eligibility requirements during at least one month of the year because they had lower income and asset conditions in that month (or months). The MAX Person Summary data file provides month-by-month data for M-CHIP and Medicaid enrollment, but other key information in the data (such as eligibility group, service use and payment data) is defined only once for the entire year. At this stage of analysis we therefore provide analyses for the entire year. To represent annual M-CHIP enrollment, service use and payment data we must present the findings separately for M-CHIP enrollees enrolled only in M-CHIP at least one month during the year, and for M-CHIP enrollees who were also enrolled in Medicaid at least one other month during the year. For the latter group there were tabulated cells with 5 or fewer enrollees in some Areas. This occurred because of Medicaid eligibility or maintenance assistance categories rather than M-CHIP eligibility or maintenance assistance categories and therefore these enrollees (fewer than 5 per Area) were excluded from tabulations of M-CHIP data.

Service Areas

IHS Service Areas

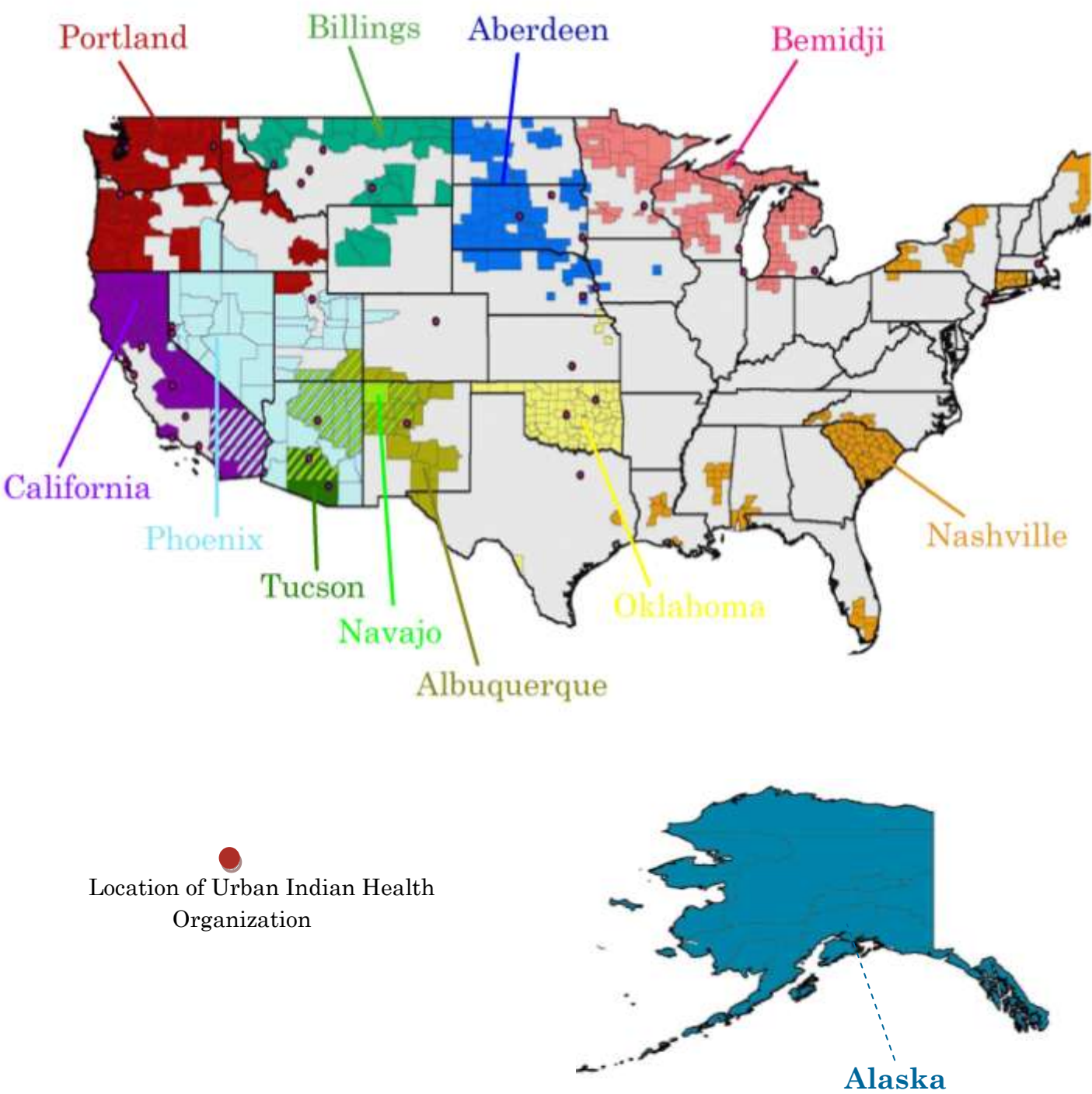
To approximate service areas for the 12 IHS Areas for IHS and Tribal (I/T providers) for 35 states we used Contract Health Service Area (CHSDA) county data, and for 14 CHSDA counties split between two IHS Areas we used zip code data. We described the methods used to assign states, counties and zip codes to IHS Areas in detail in our previous report presenting Medicare data by IHS Area (Crouch, et al., 2009b). As we pointed out in that report IHS Areas are built around tribal lands, and they frequently cross state, county and zip code boundaries. The Areas served by I/T providers can be approximated by CHSDA counties, but I/T providers do provide direct services (not contract services) to IHS AIAN living on or near the tribal lands who do not live in CHSDA counties. IHS AIAN who do not live in the CHSDA counties are not included in Medicaid and CHIP data in this report because Racial AIAN data available from each of the 35 state files was restricted to that from CHSDA counties to keep the data files manageable. The number and source of AIAN assigned from each state and county to each IHS Area are described in Appendix F.

Urban Consolidated Service Area

To approximate a service area for Urban Indian Health Organization providers (U providers) we used the counties that the programs themselves report as their service areas. The master list of Urban Indian Health Organizations of the Urban Indian Health Institute (UIHI) was used to designate all potential ‘U’ providers in any given year, and a recently published list of the counties each ‘U’ provider serves was used to designate all potential 98 counties of the Urban Service Area (Urban Indian Health Institute, 2008). Whether or not each urban provider had IHS funding through Title V in a particular year was determined from the IHS website for the National Council for Urban Indian Health (NCUIH) and consultations with IHS (National Council for Urban Indian Health, 2009). Some of the counties partially served by ‘U’ providers are CHSDA counties partially served by non-Urban I/T providers. Although an attempt was made to subdivide these counties by zip code, the IHS has not established criteria within such counties were Urban provider communities and which were not. Therefore an Urban Service Area that did not include any CHSDA counties of the 12 IHS Administrative Areas could not be established.

Findings for All IHS Areas Combined

Map 1. 12 IHS Administrative Areas



Medicaid

Enrollment

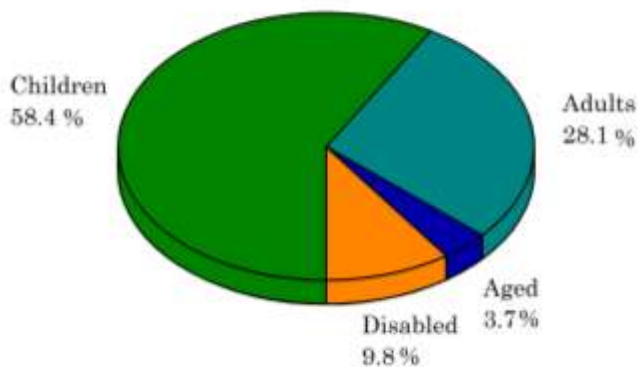
In MAX data there were nearly 600,000 Medicaid program enrollees in the AIAN racial category in 2004 (598,882 enrollees) in the 12 IHS Areas. This enrollment number excludes enrollees in MAX data who were only enrolled in CHIP during the year. It also excludes enrollees in the thirteenth Urban Area constructed for analysis (see ‘Urban Consolidated Area Findings’ section). This enrollment number is about 72% of the 835,000 Medicaid enrollees in the AIAN racial category in 50 states (Crouch, et al., 2007), and 82% of the 736,000 Medicaid enrollees in the AIAN racial category in the 35 states of the 12 IHS Areas in 2005 (Crouch, et al., 2009a).

Medicaid enrollees are categorized as a combination of two characteristics: Basis of Eligibility) and their Maintenance Assistance Status (598,775 enrollees). Basis of Eligibility (BOE) refers primarily to age, disability and family status of an eligible enrollee. Maintenance Assistance Status (MAS) refers primarily to an eligible enrollee’s income type and level. There are a large number of combinations of BOE groups and MAS categories, and therefore it is difficult to present all data categories (Crouch, et al., 2009a). We focus, as CMS generally does, on four broad BOE eligibility groups and the five MAS assistance categories in which they are included.

Basis of Eligibility

Medicaid is available to people within four broad BOE eligibility groups based on their age, disability status, family income and material assets (means testing): Children, Adults, the Aged, and the Disabled of any age. The proportions of the AIAN in MAX data in each of the eligibility groups are presented in Figure 1. Comparable proportions for annual enrollment in 2004 for the entire Medicaid program (excluding CHIP) (Centers for Medicare and Medicaid Services, 2007)(CMS Table 11) are detailed in the following text. Compared to the entire Medicaid program, more AIAN are in Child and Adult eligibility groups and fewer are in Aged and Disabled eligibility groups.

Figure 1. Basis of Eligibility for AIAN enrollees in all IHS Areas combined.



Children. The BOE Children eligibility group included 58.4% of all AIAN Medicaid enrollees in the IHS Areas (Figure 1). The comparable figure in 2004 for the entire Medicaid program was 49.7%. This group is mainly composed of children under 18, but states can include optional eligibility groups to include adolescents up to age 21. This group includes Children whom the federal government mandates be included in state plans, such as children Under Age 6 in families with incomes less than 133% of poverty (the federal poverty level, FPL), and those Ages 6 to 19 in families with incomes less than 100% of the FPL.

States can choose whether to include optional groups of Children: Under Age 6 in families with incomes between 133% and 200% of the FPL, Ages 6 to 19 in families with income between 100% and 133% of the FPL, and Medically Needy those whose medical costs bring their family income below a

All IHS Areas Combined

state-determined level (see MAS category, Medically Needy, below). CHIP is also a State- optional Children's eligibility group, and here they are reported under a separate section (see CHIP Program Enrollment below), because of the special importance of the CHIP program to AIAN

Adults. The Adult eligibility group made up 28.1% of all AIAN Medicaid enrollees in the IHS Areas. The comparable figure for the entire Medicaid program was 26.0%. Federally mandated categories of enrollees in the Adult group are pregnant women (and their newborns) in households with incomes less than 133% of the FPL, and Adults with dependent children meeting state's welfare requirements with or without Cash Assistance: Temporary Aid to Needy Families (TANF). Optional categories are pregnant women (and their newborns) in households with incomes between 133% and 200% of the FPL. States can also choose whether to include Medically Needy because an adult's medical costs bring their family income below a state-determined level (see MAS category, Medically Needy, below).

Aged. The Aged eligibility group made up 3.7% of all AIAN Medicaid enrollees in the IHS Areas. The comparable figure for the entire Medicaid program was 9.0%. States are Mandated to include in this group people over age 65 receiving Supplemental Security Income (SSI) (except in states with more restrictive requirements including: Connecticut, Minnesota, Indiana North Dakota and Oklahoma from the 35 states in this report); and low income Medicare Beneficiaries (described in 'Dual Eligibles' Section below). States may opt to include other groups including the Medically Needy because an Aged person's medical costs bring their family income below a state-determined level and those institutionalized in nursing homes and other institutions with incomes up to 300% of the SSI income standard.

Disabled. The Disabled eligibility group made up 9.8% of all AIAN Medicaid enrollees in the IHS Areas. The comparable figure for the entire Medicaid program was 15.3%. States are Mandated to include in the Disabled group disabled people receiving Supplemental Security Income (SSI) (except in states with more restrictive requirements including: Connecticut, Minnesota, Indiana North Dakota and Oklahoma from the 35 states in this report); and low income Medicare Beneficiaries (described in 'Dual Eligibles' Section below). States may opt to include other groups including the Medically Needy because an Aged person's medical costs bring their family income below a state-determined level and those institutionalized in nursing homes and other institutions with incomes up to 300% of the SSI income standard.

Maintenance Assistance Status

The Maintenance Assistance Status (MAS) categories of enrollees reflect the primary financial criteria met by the enrollees in the four BOE eligibility groups. Generally, enrollees must have family incomes below specified threshold values, and not have material assets above other threshold values (means testing). Family income thresholds are stated relative to the federal poverty level (FPL). States have broad discretion in determining which groups are covered by their Medicaid programs as well as the financial criteria for Medicaid eligibility. Greater detail on the criteria people in these categories must meet are outlined in our prior report on AIAN Medicaid State Data (Crouch, et al., 2009a).

All IHS Areas Combined

Receiving Cash. The most common MAS assistance category among enrollees in Medicaid is that of individuals Receiving Cash assistance. The MAS Receiving Cash Assistance group included nearly half (46.9%) of all AIAN Medicaid enrollees in the IHS Areas (Figure 2). The comparable figure in 2004 for the entire Medicaid program was lower, 35.7% (Crouch, et al., 2007). This category includes enrollees who receive Supplemental Security Income (SSI) cash benefits and persons who would have qualified for welfare cash benefits in the Aid to Families with Dependent Children (AFDC) in 1996 when welfare reform (Temporary Assistance to Needy Families, TANF) was modified to allow certain low income people to continue Medicaid even after welfare cash benefits ended.

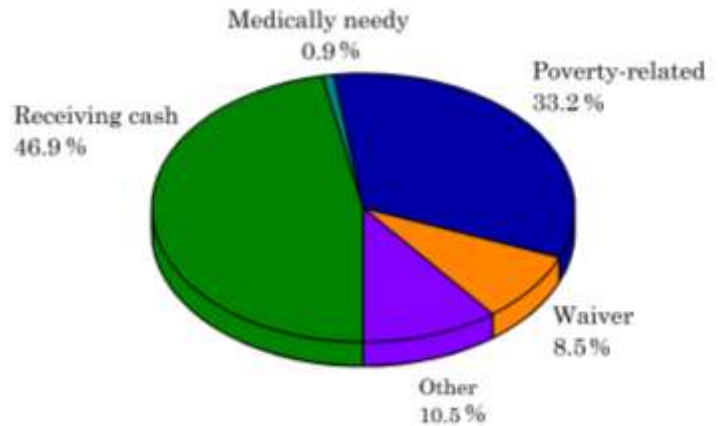
Poverty Related. The second most common MAS assistance category is that of individuals in categories that are Poverty Related. The MAS Poverty Related category included a third (33.2%) of all AIAN Medicaid enrollees in the IHS Areas (Figure 2). The figure for the entire Medicaid program was similar, but lower

(30.5%) in 2004 (Crouch, et al., 2007). This category of enrollees expanded as Medicaid income thresholds were raised above poverty after 1987. The Poverty Related category includes, but is not limited to 5 groups: 1) Children made eligible with more liberal income and resource limits than those for cash assistance programs; 2) Children made eligible by M-CHIP Medicaid Expansion (Title XXI); 3) Medicare eligibles with low incomes and assets and therefore eligible for QMB, SLMB, QI, QDWI and other Dual Eligible programs described above under Medicare; 4) Pregnant and post-partum women made eligible with more liberal income and resource limits than those for cash assistance programs and 5) Women under age 65 with breast or cervical cancer, or pre-cancerous conditions. This group also includes the low income aged and disabled Medicare beneficiaries with incomes above poverty (QMB, SLMB and QI groups described below in 'Dual Eligibles').

Medically Needy. Only 0.9% of all AIAN Medicaid enrollees in the IHS Areas are in the Medically Needy MAS group. This category is optional for every state, and many states choose not to make this group of people eligible for their Medicaid program. There are proportionately 6 times as many Medicaid enrollees nationally in the Medically Needy category (5.8%) as there are AIAN. Even for AIAN nationally 3.4% of enrollees are in the Medically Needy group (Crouch, et al., 2007). Thus it appears that either the states of the IHS Healthcare delivery system are less likely to include Medically Needy or to include AIAN enrollees in the Medically Needy route to eligibility. Analytical comparisons of AIAN enrollment rates with those of other enrollees for the same states would help to resolve the question of whether it is the former or the latter issue.

People become Medically Needy as their income and resources are 'spent down' by medical bill payments. The Medically Needy are enrollees who have income and assets that preclude Medicaid eligibility unless their medical bills or managed care costs are considered. The Medically Needy enrollees can be in the Children, Adult, Aged or Disabled eligibility groups.

Figure 2. MAS maintenance assistance categories of AIAN enrollees in all Areas combined.



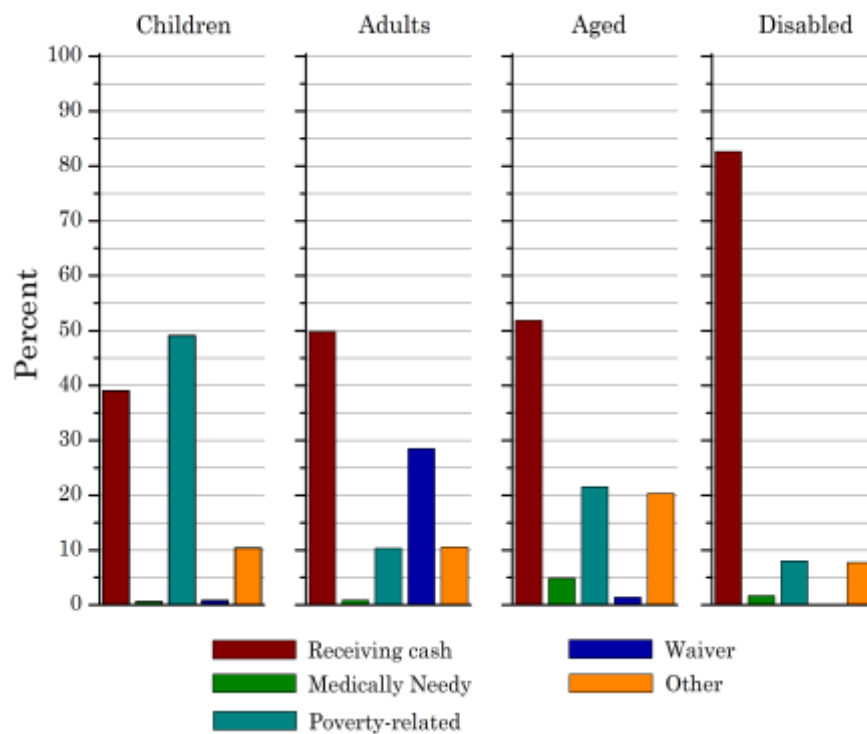
1115 Waiver. The ‘Section 1115 Waiver’ MAS managed care group included 8.5% of all AIAN Medicaid enrollees in the IHS Areas. The comparable figure in 2004 for the entire Medicaid program was similar, but higher (11.0%) (Crouch, et al., 2007). The rate for AIAN in the IHS Areas is comparable to that for AIAN enrollees nationally (9.4%).

This ‘Waiver’ category of enrollees includes persons who participate in ‘1115 Waiver’ managed care and other demonstration projects: States successful in their applications for demonstration waivers under Section 1115 of the Social Security Act extend Medicaid coverage to groups that would not otherwise be covered, such as childless adults or higher income adults who are parents. The category includes but is not limited to Children, Adults, Aged, and Disabled enrollees. The proportion of AIAN eligibles enrolled in the Waiver category is 8.5% , whereas it is 11% for all eligibles enrolled

Other. The Other MAS group includes all the rest of the maintenance assistance possibilities and accounted for 10.5% of all AIAN Medicaid enrollees in the IHS Areas (Figure 2). This category includes a mixture of groups not reported in the MAS groups listed above. Many of these enrollees are Aged and Disabled enrollees with stays in Nursing Facilities, Intermediate Care Facilities, and Long Stay Hospitals. People who qualify through Hospice, Home and community-based Waivers are also included (Mandated and Optional Categories).

Maintenance Assistance Status varies in the Eligibility Groups

Figure 3. Percent of AIAN Medicaid enrollees in MAS assistance categories for each BOE eligibility group for all IHS Areas combined.



The distributions of enrollees in the MAS maintenance assistance categories vary among the BOE eligibility groups (Figure 3). Proportionately more Disabled enrollees are Receiving Cash assistance (83%), than enrollees in the Aged (52%) or Adult (50%) groups. The Children eligibility group has proportionately the fewest enrollees receiving cash assistance (39%) and the highest proportion in the Poverty Related category (49%). There are more Adults (28%) in the managed care Waiver category than Children (1%), Aged (1%) or Disabled (0%). Aged enrollees have the highest

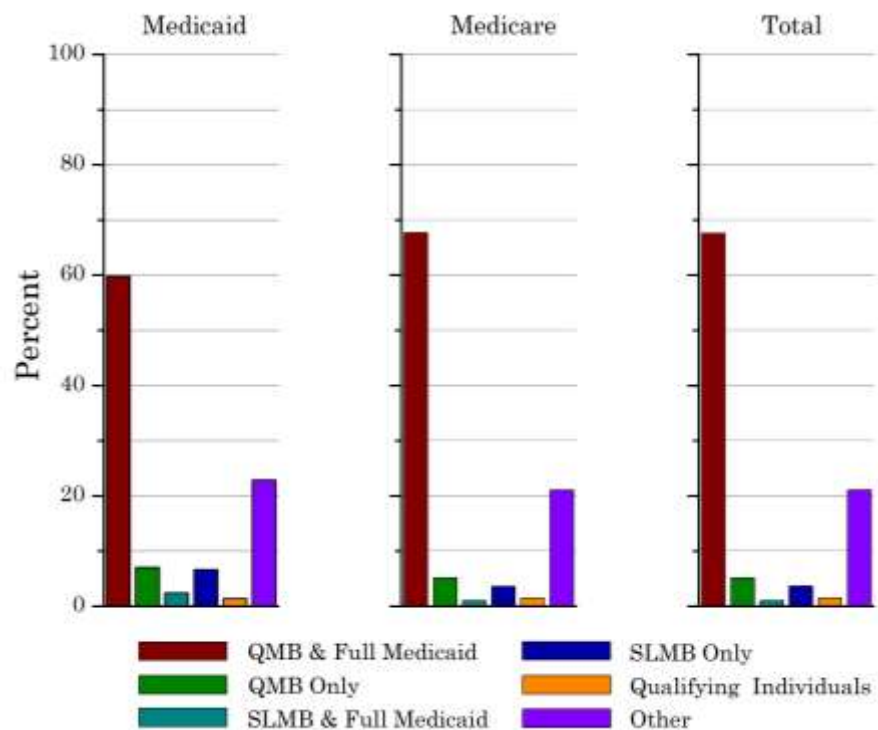
proportion in the Other MAS assistance category (20%), with smaller portions of Adults (11%), Children (10%) and the Disabled (8%). The Aged eligibility group also had the highest percent of Medically Needy enrollees, but that was only 5% of the Aged enrollees.

Dual Enrollees

Most Aged and many Disabled Medicaid enrollees are dually eligible for both Medicaid and Medicare. In MAX data Dual Enrollees are defined as those identified in Medicaid eligibility data files as Dual Enrollees ('Medicaid,' in Figure 4) and those identified in Medicare enrollment data files as Dual Enrollees for whom a record in the Medicaid file was found as well ('Medicare,' in Figure 4). The distinction is a technical distinction but in this section we graph the AIAN data identified by the two routes to determine if the two groups differ in their distributions of the income and resource categories described above.

Of all AIAN Dual Enrollees in MAX data 98.5% (44,527 enrollees) were identified in Medicare enrollment data files as Dual Enrollees and then a Medicaid record was found for them in the Medicaid MSIS eligibility data. Only 666 AIAN were identified in Medicaid eligibility data files as Dual Enrollees. Given the very different sizes of the Medicaid and Medicare Dual Enrollee groups, the distribution among the different income and resource groups is remarkably similar (Figure 4).

Figure 4. Income and resource groups of Dual Enrollees identified through either Medicaid or Medicare eligibility data files for all IHS Areas combined.



Within the Medicaid and Medicare Dual Enrollees there are a number of categories with different associated income and resource eligibility requirements, and Medicaid benefits (Crouch, et al., 2007). Two-thirds (68%) of Dual Enrollees from the Medicare data source are in the QMB category with full

Medicaid benefits and three-fifths (60%) from the Medicaid data source. A little over a fifth of the Dual Enrollees from both groups are in the next largest category, Other Dual Enrollees.

Qualified Medicare Beneficiary (QMB). QMB are individuals with incomes less than 100% of the FPL and resources that do not exceed twice the limit for SSI eligibility, who are also entitled to Medicare Part A (Hospital) coverage. Medicaid pays any share of costs for Part A benefits. QMB are usually covered with full Medicaid benefits as well (68% of the Aged and 72% of the Disabled AIAN enrollees, Appendix Table B.0.4). For QMB Dual Enrollees without full Medicaid benefits (5% of the Aged and of the Disabled), Medicaid pays their Medicare Medical (Part B) premiums, as well as any share of costs they are assessed for services.

Specified Low income Medicare Beneficiary (SLMB). SLMB are individuals with incomes between 100% and 120% of the FPL and resources that do not exceed twice the limit for SSI eligibility, who are also entitled to Medicare Hospital Coverage (Part A). This category is eligible for Medicare Medical (physician, clinics, laboratory, etc) Coverage with Medicaid payment of premiums, but not cost sharing and only sometimes full Medicaid benefits (1% of AIAN Aged and Disabled Dual Enrollees, Appendix Table B.0.4). For SLMB Dual Enrollees without full Medicaid benefits (5% of Aged and 3% of Disabled), Medicaid pays their Medicare Medical (Part B) premiums.

Qualifying Individuals (QI). QI represent only 2% of all AIAN Dual Enrollees (Appendix Table B.0.4). QI have incomes of 120 -135% FPL, though they still have resources that do not exceed twice the limit for SSI eligibility, and who are entitled to Medicare Part A, but they are not otherwise eligible for Medicaid. Medicaid pays their Medicare Part B premiums. There is an annual cap on the amount of money available, which may limit the number of individuals in the group.

Other Duals. Other Dual Enrollees represent nearly a fifth (18% of Aged and Disabled Dual Enrollees) but do not have a single defining categorizations. They are entitled to Medicare Part A or Part or both, and are eligible for one or more Medicaid benefits including (until 2006) prescription drug coverage but do not meet QMB, SLMB, or QI requirements. Typically, these individuals need to spend down to qualify for Medicaid or fall into a Medicaid poverty group that exceeds the limits listed above.

The numbers of AIAN Dual Enrollees in each IHS Area, and their distribution among the income and resource categories above are provided for each Area and all Areas combined in Appendix B. We do not provide figures with the detail of Figure 4 however for all the Areas in the sections that follow because the numbers of AIAN per Area who are Dual Enrollees were too small to be compared reliably: less than 4,000 Dual Enrollees for all Areas except Navajo (11,302 Dual Enrollees) and Oklahoma (7,543 Dual Enrollees) Areas (Appendix B).

Managed Care Enrollees

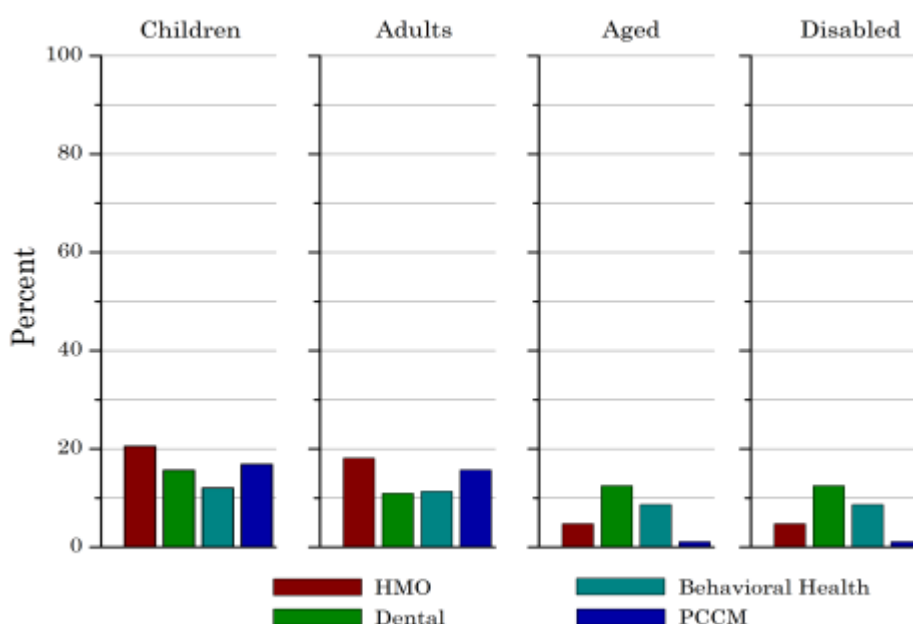
Medicaid managed care includes prepaid (capitated) plans with a defined scope of services. There are three general types of plans: 1) Health Maintenance Organizations (HMO, including Health Insuring Organizations), 2) Prepaid Health Plans (PHP), and 3) Primary Care Case Management (PCCM). HMO cover most health services for their enrollees. PHP are typically limited in the scope of benefits and vary by plan (Behavioral Health, Dental, and Long-term Care). PCCM cover only case management of the enrollees and even though care provided is managed care most services are

All IHS Areas Combined

provided on a fee-for-service basis. MAX data included codes for PACE and Prenatal PHP as well, but we found essentially no AIAN enrollees in the IHS Areas in these groups.

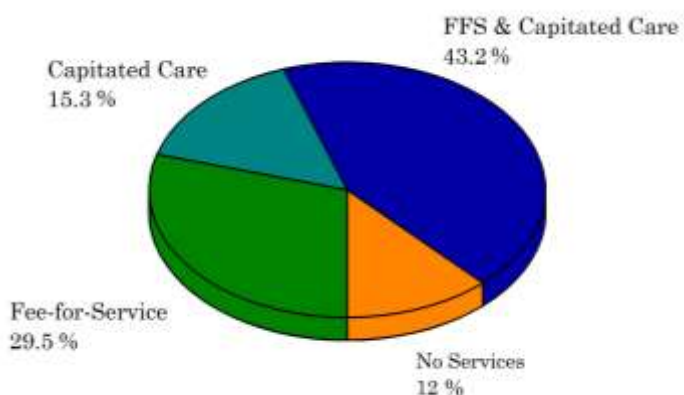
The distribution of Medicaid enrollees among the different managed care types for each of the BOE Eligibility groups are shown for all Areas combined in Figure 5. Nearly a fifth of Children (17%) and Adults (18%) are in HMO, but less than a tenth of Disabled (9%) and a 20th of Aged (4%) enrollees. Between 8% and 14% of enrollees in the eligibility groups are in Dental PHP, and between 9% and 7% in Behavioral PHP. Around 16% of Children and 11% of Adults, but only 1% of Aged and Disabled have case management of their primary care services (PCCM). The numbers of AIAN Medicaid Enrollees in the different types of managed care plans in each IHS Area are provided in Appendix B, Table 5 for each Area.

Figure 5. Percent of Medicaid enrollees in each type of managed care within each eligibility group for all IHS Areas combined.



Service Use & Payments

Figure 6. Medicaid enrollees with services covered by Capitated, Fee-for-Service (FFS) or both types of payment systems.



Not all Medicaid enrollees receive services each year. In 2004, 12% of AIAN enrollees in the IHS Areas did not receive any Medicaid-paid health care. The Medicaid enrollees who received at least one service are called ‘recipients’ much as Medicare enrollees who use a service are called ‘beneficiaries.’ Medicaid recipients receive medical services through either a Capitated or a Fee-For-Service (FFS) payment system. For AIAN enrollees, twice as many received only FFS (29.5%) services as received only Capitated

All IHS Areas Combined

services (15.3%). The largest sector of enrollees received both Capitated and FFS services (43.2%).

Medicaid enrollees can receive both FFS and Capitated Care in a variety of ways. Recipients receiving services through a FFS system may also have their primary care services case managed in a Capitated PCCM system. In addition recipients receiving medical services through a FFS system can be in one or more Capitated PHP for specialized services like Dental or Behavioral Health. Recipients receiving medical services through an HMO system can be in one or more Capitated PHP plans as well. Because the services that recipients use and the payments Medicaid makes for these services depends on whether recipients were are enrolled in Capitated or FFS systems, we analyzed service use and payment data separately for each system.

There were nearly 3.9 million Capitated Care claims paid for monthly premiums of 334,884 recipients with Capitated Care only and with both Capitated and FFS paid care (Appendix Table C.0.1). Total Medicaid capitated payments were \$282,625,000 which averaged to \$73 per monthly premium claim. The average capitated payment was \$1,044 per year of recipient eligibility (Recipient-Year in person-years).

For HMO there were 840,815 monthly premiums paid for 86,772 recipients at \$183 per monthly premium or \$153,802,000 and an average of \$2,690 per year of recipient eligibility (Appendix Table C.0.2). For PHP there were 1,128,000 premiums for 133,348 recipients at an average of \$17 per premium paid or \$19,671,000 and \$180 per year of recipient eligibility (Recipient-Year). There were \$1,250,000 paid at a rate of \$2.7 per monthly premium or \$17 per year of recipient eligibility (Recipient-Year) for PCCM managed care.

For FFS care the total Medicaid claims were nearly 12.6 million and total payments were \$2,065,652,000 (Appendix Table C.0.1). The claims and payments were for services were received by recipients with only FFS and with Capitated and FFS care. The 2004 average FFS payment was \$5,757 per year of recipient eligibility (Recipient-Year).

IHS Program Service Use and Payments

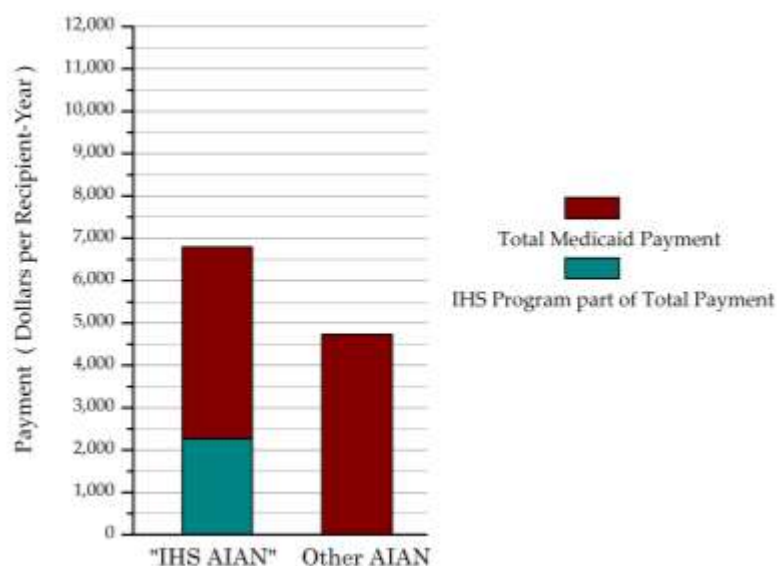
In the data for all IHS Areas combined there were 278,652 AIAN recipients with Medicaid paid claims for care provided through the IHS healthcare delivery system (Table C.0.3). This was 53% of all AIAN recipients in the data. The total IHS Program Medicaid payments in MAX data were \$536,849,000. The average number of months recipients were covered by Medicaid was 10.0 months and the total number of IHS Program claims was 2,432,000. The total IHS payment per person adjusted for the varying number of months that the enrollees were in Medicaid was \$2,303 per year of recipient enrollment (Recipient-Year) (see Figure next page).

MAX data allows us to analyze all claims and payments for AIAN who used the IHS healthcare delivery system, and not just claims and payments for care provided through the IHS healthcare delivery system. This also allows comparison of Medicaid service use and payments of 'IHS AIAN' with the rest of the AIAN. The total Medicaid payments in MAX data for IHS healthcare delivery system users totaled \$1,529,011,000. These 'IHS AIAN' were enrolled longer on average (10.0 months) than other AIAN who were not IHS system users (9.2 months). The total payment per person adjusted for the months that the enrollees were in Medicaid was higher for IHS AIAN \$6,561 per year of

All IHS Areas Combined

recipient enrollment and for other AIAN \$4,315 per year of recipient enrollment (Recipient-Year) (see Figure 7).

Figure 7. Total Medicaid payment and the IHS Program part of the payment for IHS AIAN and other AIAN in all IHS Areas combined.

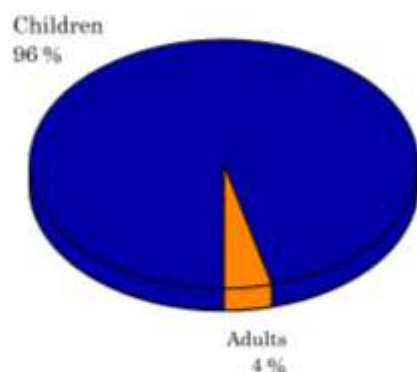


CHIP

Enrollment

As of April 1, 2009 the official name of the State Children's Health Insurance Program (SCHIP) was changed to Children's Health Insurance Program (CHIP). Thus although data from 2004 preceded the name change, we refer to the data as CHIP program data. In MAX data there were 30,611 AIAN enrollees in CHIP Medicaid expansion programs (M-CHIP) in the 12 IHS Areas for 2004. This enrollment excludes enrollees in state only CHIP programs (S-CHIP) because they are not uniformly reported by states to CMS. This AIAN enrollment in the IHS Areas is 2.0% of all 1.5 million enrollees in M-CHIP programs in 50 states in 2004 (Crouch, et al., 2007). Nearly all of the M-CHIP enrollees

Figure 8. Percent of M-CHIP enrollees by eligibility group in all Areas combined.



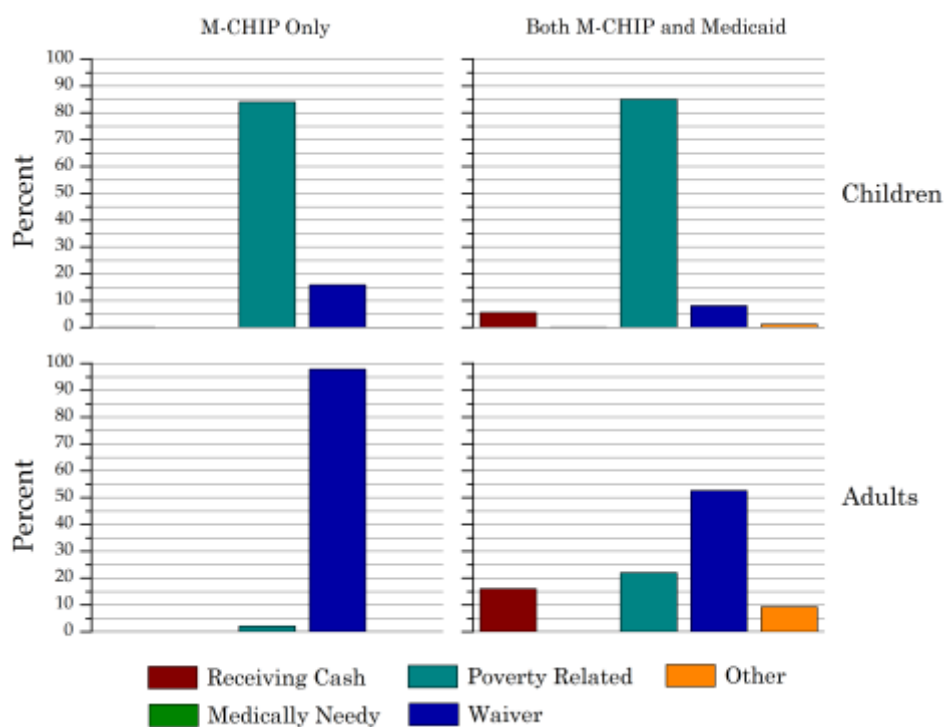
(96%) are in the Children's eligibility group with only 4% in the Adult eligibility group (Appendix D, Figure 8).

The eligibility and maintenance assistance data differed for the M-CHIP enrollees depending on whether they were only enrolled in M-CHIP (39%), or they were enrolled in both M-CHIP and Medicaid programs in different months of the year (61%). More than four-fifths of the 'M-CHIP Only' enrollees in the Children's eligibility group (84%) were in the poverty-related maintenance assistance category (Appendix Table D.0.1, Figure 9). The balance of the group was in the managed care Waiver assistance category (16%). Essentially the entire 'M-CHIP Only' Adult eligibility group was in the managed care Waiver assistance category (98%).

All IHS Areas Combined

There is greater variation in maintenance assistance categories for Children and Adults who were in both M-CHIP and Medicaid programs at different times during the year (see Figure 9). This occurred undoubtedly because in MAX Person Summary data the maintenance assistance category information was taken from the last change in status during the year. Maintenance assistance categories (as well as eligibility group data) for enrollees who were in both M-CHIP and Medicaid programs could have therefore come from the Medicaid rather than the M-CHIP program.

Figure 9. Maintenance assistance and eligibility groups for M-CHIP enrollees who were only enrolled in M-CHIP or who were enrolled in both M-CHIP and Medicaid during the year in all Areas combined.



For the Children eligibility group, the highest percent of M-CHIP-Only enrollees in managed care were in PCCM prepaid plans (18%) which was the same proportion for the M-CHIP and Medicaid enrollees (Appendix Table D.0.2). The same proportions of the two different M-CHIP Children eligibility groups were in HMO prepaid plans (5% respectively). A higher proportion of M-CHIP-Only enrollees were in Dental plans (13%) than the M-CHIP and Medicaid enrollees (9%). Much lower proportions had Behavioral Health prepaid plans (2% and 3% respectively). For the much smaller Adult eligibility group of M-CHIP-Only enrollees, 53% were in HMO plans, but that is the only prepaid plan type they were enrolled in. For the small Adult eligibility group of M-CHIP and Medicaid enrollees, 34% were in HMO, 5% in PCCM and 3% each in Dental and Behavioral Health prepaid plans.

Service Use & Payments

For all 12 IHS Areas combined there were 5,440 M-CHIP-Only recipients in Capitated Care only and both Capitated and FFS systems of care (Appendix Table D.0.3). The total Medicaid capitated payments were \$1,232,000, or \$23 per monthly premium claim. The total payments per person

All IHS Areas Combined

adjusted for the varying number of months that the enrollees were in M-CHIP was \$313 per Recipient-Year (in person-years).

There were 13,863 M-CHIP and Medicaid recipients in Capitated Care only and both Capitated and FFS systems of care. The total Medicaid capitated payments were \$3,167,000, or \$20 per monthly premium claim. The total payments per person adjusted for the months that the enrollees were in M-CHIP was \$267 per Recipient-Year.

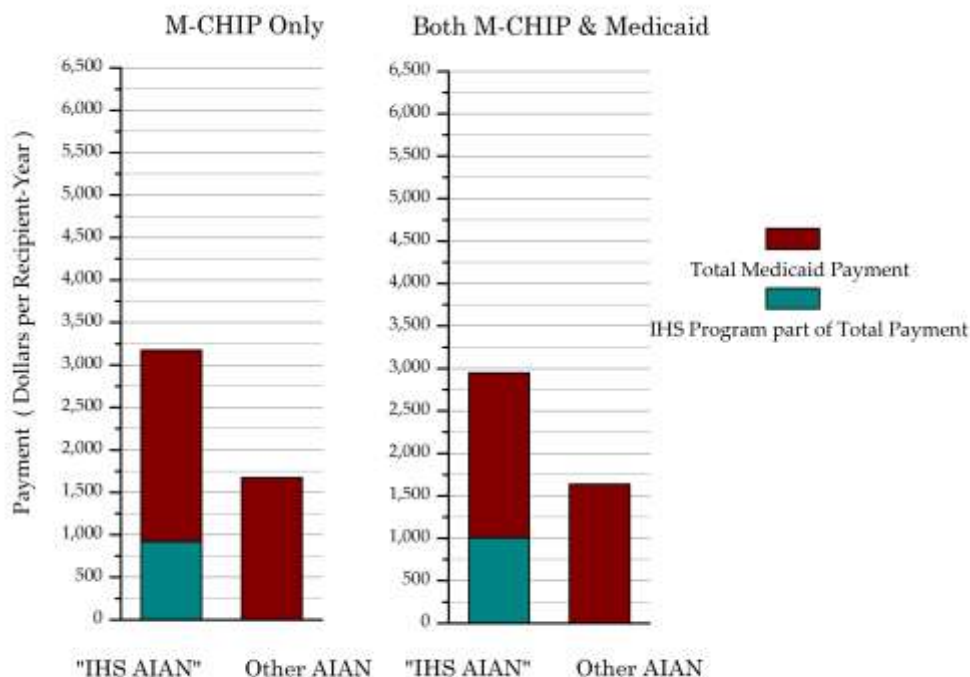
There were 8,700 M-CHIP-Only recipients in FFS only and both Capitated and FFS systems of care. The total FFS payments were \$16,976,000. The total payments per person adjusted for the months that the enrollees were in M-CHIP was \$2,565 per Recipient-Year.

There were 16,389 M-CHIP and Medicaid recipients in FFS only and both Capitated and FFS systems of care. The total FFS payments were \$32,470,000, or \$109 per claim. The total payments per person adjusted for the months that the enrollees were in M-CHIP was \$2,294 per Recipient-Year.

IHS Program Service Use and Payments

In the data combined for all 12 IHS Areas there were 5,269 M-CHIP-Only recipients and 8,948 M-CHIP and Medicaid recipients with Medicaid paid claims for care provided through the IHS healthcare delivery system (Appendix Table D.0.4). The total IHS Program Medicaid payments in MAX data were \$3,703,000 for M-CHIP-Only recipients and \$7,714,000 for M-CHIP and Medicaid recipients. The total IHS payment per person adjusted for the varying number of months that the enrollees were in Medicaid was \$924 per Recipient-Year for M-CHIP-Only recipients and \$1,006 per Recipient-Year for M-CHIP and Medicaid recipients.

Figure 10. Total Medicaid payment and the IHS Program part of the payment for recipients in M-CHIP-Only and in Both M-CHIP and Medicaid.

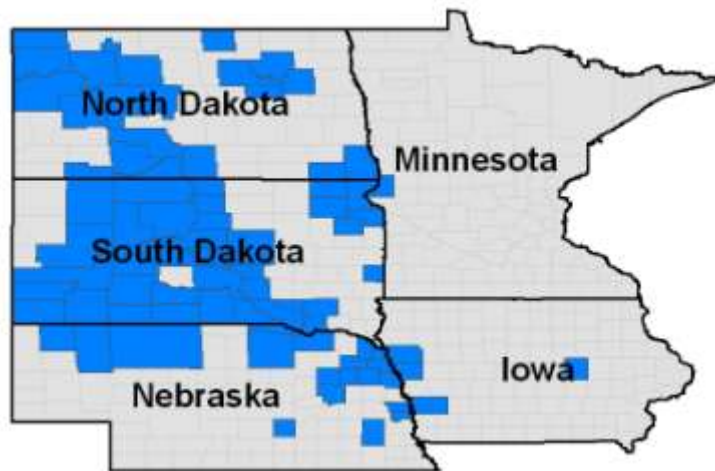


All IHS Areas Combined

The total Medicaid payments in MAX data for M-CHIP-Only recipients who were IHS healthcare delivery system users totaled \$12,735,000. These 'IHS AIAN' were enrolled longer on average (9.1 months) than other AIAN who were not IHS system users (8.2 months). The total payment per person adjusted for the months that the enrollees were in Medicaid was higher for IHS AIAN \$3,177 per Recipient-Year than for other AIAN \$1,673 per Recipient-Year.

The total Medicaid payments in MAX data for M-CHIP and Medicaid recipients who were IHS healthcare delivery system users totaled \$22,590,000. These 'IHS AIAN' were enrolled longer on average (10.3 months) than other AIAN who were not IHS system users (10.2 months). The total payment per person adjusted for the months that the enrollees were in Medicaid was higher for IHS AIAN \$2,947 per Recipient-Year than for other AIAN \$1,636 per Recipient-Year.

Aberdeen Area Findings



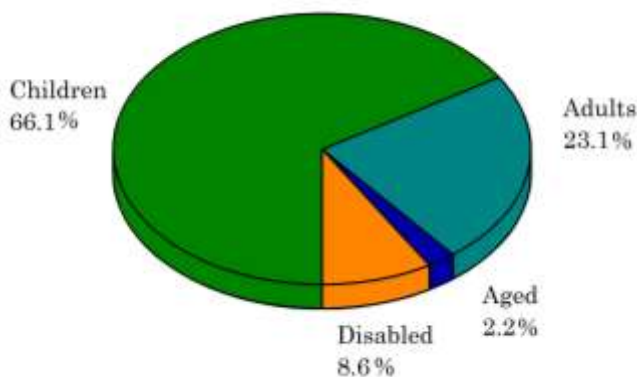
Map 1. Aberdeen Area states & CHSDA counties

Medicaid

Enrollment

In MAX data there were 53,510 Medicaid enrollees in the AIAN racial category living in the Aberdeen Area CHSDA counties in 2004 (Appendix Table B.1.1). There were 1,195 in Iowa, 138 in Minnesota and 6,912 in Nebraska (Appendix Table B.1.2).

Figure 11. BOE eligibility groups of AIAN Medicaid enrollees in the Aberdeen Area.



In the Aberdeen Area data two-thirds of AIAN Medicaid enrollees are Children (66.1%), excluding CHIP enrollees (see Figure at left). This is a greater fraction than the 58.4% for all AIAN Medicaid enrollees in all IHS Areas (Figure 1). Only Oklahoma Area ranks higher in the proportion of enrollees who are Children. Nearly a quarter of enrollees in the Aberdeen Area are Adults (23.1%). The Adult eligibility group made up 28.1% of enrollees in the IHS Areas. The Aged eligibility group made up 2.2% of enrollees in the Aberdeen Area. The comparable figure for all IHS Areas was 3.7%. The Disabled eligibility group made up 8.6% of AIAN enrollees in the

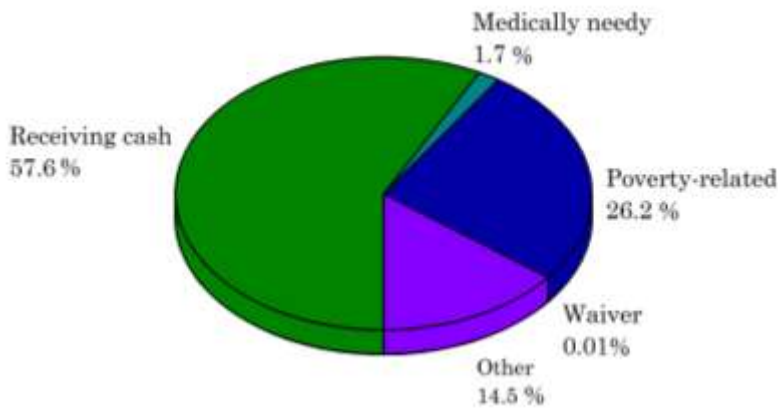
Aberdeen Area. The comparable figure for all IHS Areas was 9.8%.

In the Aberdeen Area data more than half of the Medicaid enrollees are Receiving Cash assistance (57.6%) This is proportionately greater than the figure (49.6%) for all AIAN enrollees in the IHS Areas

Aberdeen Area

(Figure 2). About a quarter of enrollees were in Poverty Related income categories (26.2%) in the Area. The comparable figure for all IHS Areas was a third (33.2%).

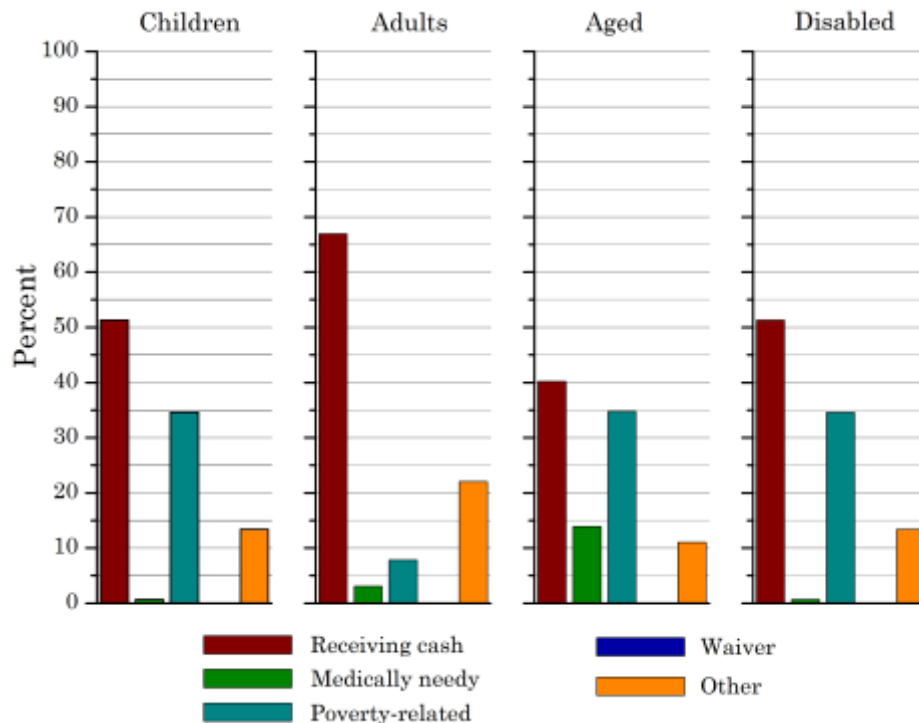
Figure 12. MAS assistance categories of AIAN enrollees in Medicaid in the Aberdeen Area.



AIAN in the Medically Needy category, which is an optional category for states to include, made up 1.7% of the AIAN enrollees in the Area. The comparable figure for all IHS Areas was 0.9%. The Waiver category was essentially empty with only 0.01% of all AIAN enrollees. The comparable figure for all IHS Areas was 8.5%. AIAN enrollees in the Other maintenance assistance category included 14.5% of the enrollees in the Area. The Other MAS group accounted for 10.5% of enrollees for all IHS Areas.

The distributions of enrollees in maintenance assistance (MAS) categories vary among the eligibility groups (BOE, Figure 8). Proportionately more Adults are Receiving Cash than are Children, Disabled or Aged in the Aberdeen Area. Similar proportions of enrollees are in the Poverty Related category for

Figure 13. Maintenance assistance categories for the BOE eligibility groups in the Aberdeen Area.



Aberdeen Area

Children, Aged and Disabled, but proportionately few adults. The Medically Needy are primarily an Aged eligibility group. There are essentially no enrollees in the managed care Waiver category. Proportionately more Adults are in the Other MAS assistance category than are Children, Disabled or Aged.

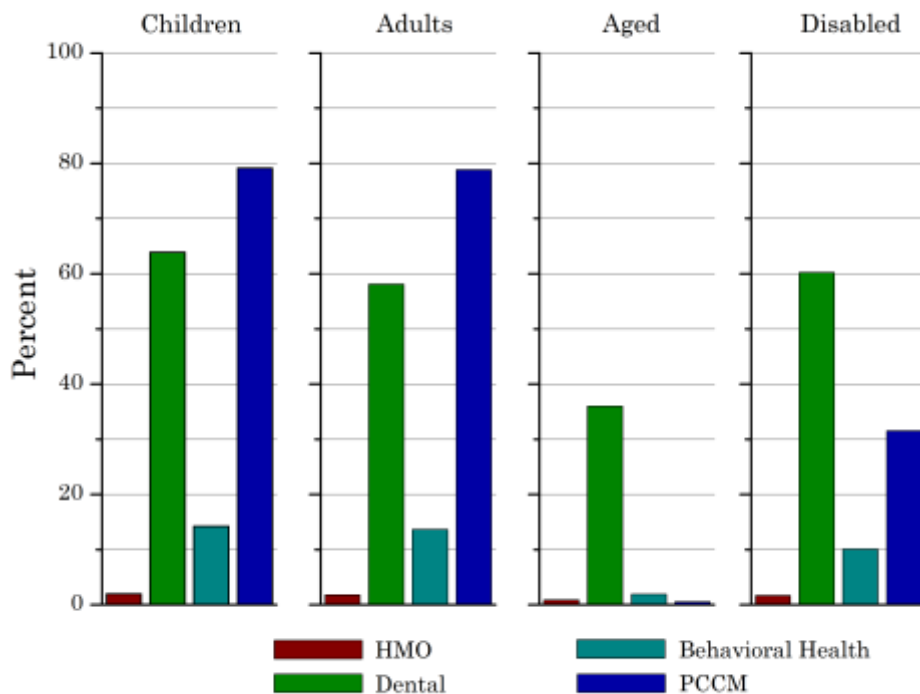
Dual Enrollees

In the Aberdeen Area data there were 2,727 enrollees enrolled in both Medicaid and Medicare at least one month in 2004 (Appendix B.1.3 and B.1.4). Less than a third (30%) of Aged and more than a half of the Disabled (55%) Dual Enrollees are in the QMB category with full Medicaid benefits. Nearly four-tenths (38%) of Aged and more than a quarter of the Disabled (26%) Dual Enrollees are in the next largest category, 'Other Duals.'

Managed Care

In the Aberdeen Area data the high proportions of Medicaid enrollees are enrolled in Dental PHP and have PCCM especially the Children and Adult eligibility groups (Figure below, Appendix B Table B.1.5). HMO have made little penetration of the Aberdeen Area (1% of Aged and 2% of all other BOE Eligibility groups. Dental Health Plans however have had a large penetration with 64% of Children and 58% of Adults in Dental Plans. Among the Aged 36% were enrolled in Dental Plans and among the Disabled the percentage was 60%.

Figure 14. Percent of Medicaid enrollees in each type of managed care for the BOE eligibility groups in the Aberdeen Area.



Service Use & Payments

In the Aberdeen Area data there was Medicaid service use and payment information for 53,521 AIAN enrollees. Only 4.4% of the enrollees received no services at all.

Figure 15. Medicaid enrollees with Capitated, FFS or both types of care in the Aberdeen Area.



Two-thirds of enrollees (67.3%) received services in both Capitated and FFS payment systems. Over a tenth of enrollees (11.8%) received only Capitated services, and 16.5% received only FFS services.

There were 447,560 monthly premiums paid for 42,357 recipients in Capitated Care only and both Capitated and FFS systems of care (Appendix Table C.1.1). The total Medicaid capitated payments were \$4,059,000, or \$9 per monthly premium claim. The total payments per person adjusted for the varying number of months that the enrollees are in Medicaid is \$121 per year of recipient enrollment (Recipient-Year in person-years, see Methods).

For HMO there were 7,566 monthly premiums paid for 1,003 recipients at \$185 per monthly premium or \$1,439,000 and an average of \$2,082 per year of recipient eligibility (Appendix Table C.1.2). For the two types of PHP in the Aberdeen Area (Dental and Behavioral Health) there were 322,005 premiums for 35,934 recipients at an average of \$7 per month or \$2,323,000 and \$82 per year of recipient enrollment (Recipient-Year) of coverage. For PCCM services to recipients not in HMO but in FFS for primary medical care there were 117,158 premiums for 35,315 recipients at \$3 per monthly premium or \$291,000 and \$11 per year of recipient eligibility.

For FFS services the total Medicaid payments in MAX data were \$163,686,000 for 44,841 recipients (Appendix Table C.3.1). The payments were for services received by both the enrollees with only FFS and the enrollees with Capitated and FFS services. The total FFS payment per person adjusted for the varying number of months that the enrollees were in Medicaid was \$4,429 per year of recipient enrollment (Recipient-Year) (Appendix Table C.1.1).

IHS Program Service Use and Payments

In the Aberdeen Area data there were 27,873 AIAN recipients with Medicaid paid claims for care provided through the IHS healthcare delivery system. This was 54% of all Aberdeen Area AIAN recipients in the data. Since there were 115,812 IHS Active Users in the Area in FFY2004, this is a ratio of about 24 IHS AIAN Medicaid recipients per 100 AIAN Active Users for the Area.

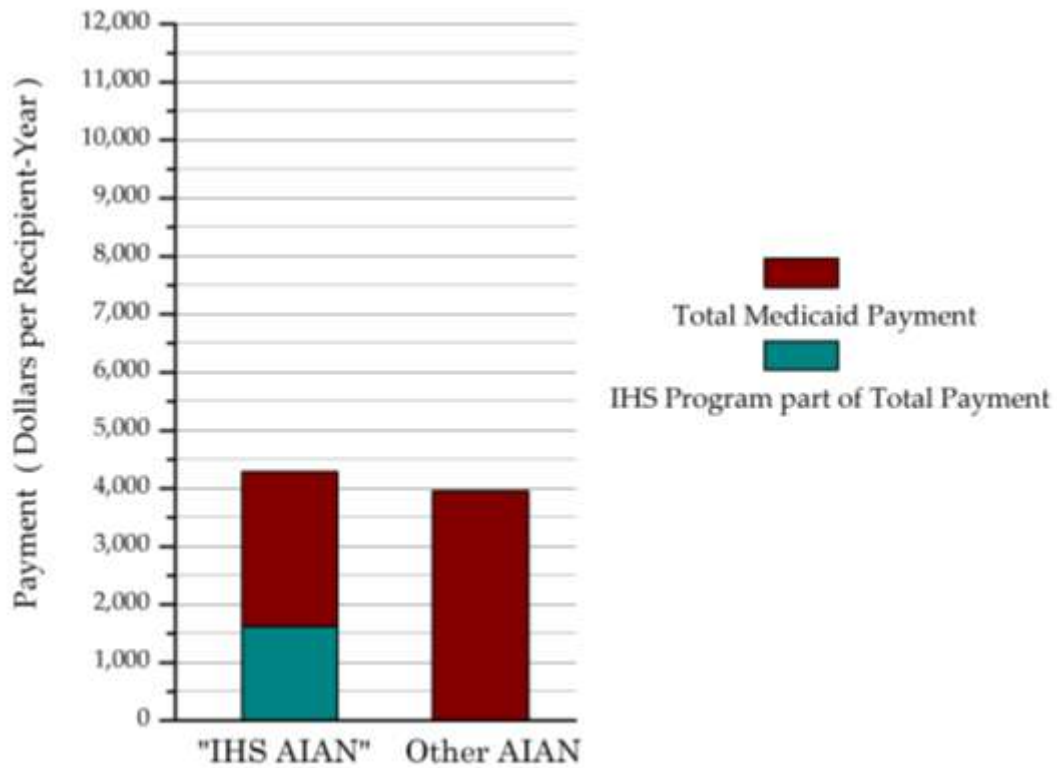
The total IHS Program Medicaid payments in MAX data were \$37,880,000. The average number of months recipients were covered by Medicaid was 10.1 months and the total number of IHS Program claims was 160,516. The total IHS payment per person adjusted for the varying number of months that the enrollees were in Medicaid was \$1,621 per year of recipient enrollment (Recipient-Year).

The total Medicaid payments in MAX data for IHS healthcare delivery system users totaled \$100,167,000. These 'IHS AIAN' were enrolled longer on average (10.1 months) than other AIAN who

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were not IHS system users (8.4 months). The total payment per person adjusted for the months that the enrollees were in Medicaid was higher for IHS AIAN \$4,286 per year of recipient enrollment and for other AIAN \$3,733 per year of recipient enrollment (Recipient-Year).

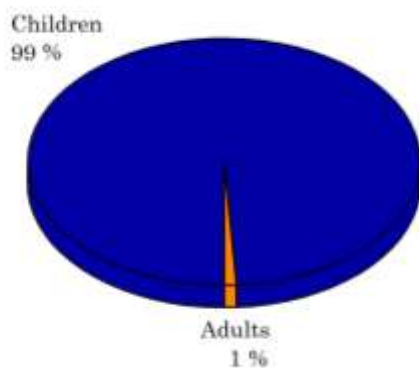
Figure 16. Total Medicaid and the IHS Program part of the payment per Recipient-Year for IHS AIAN and Other AIAN in the Aberdeen Area.



CHIP

Enrollment

Figure 17. Percent of M-CHIP enrollees by eligibility group in the Aberdeen Area.

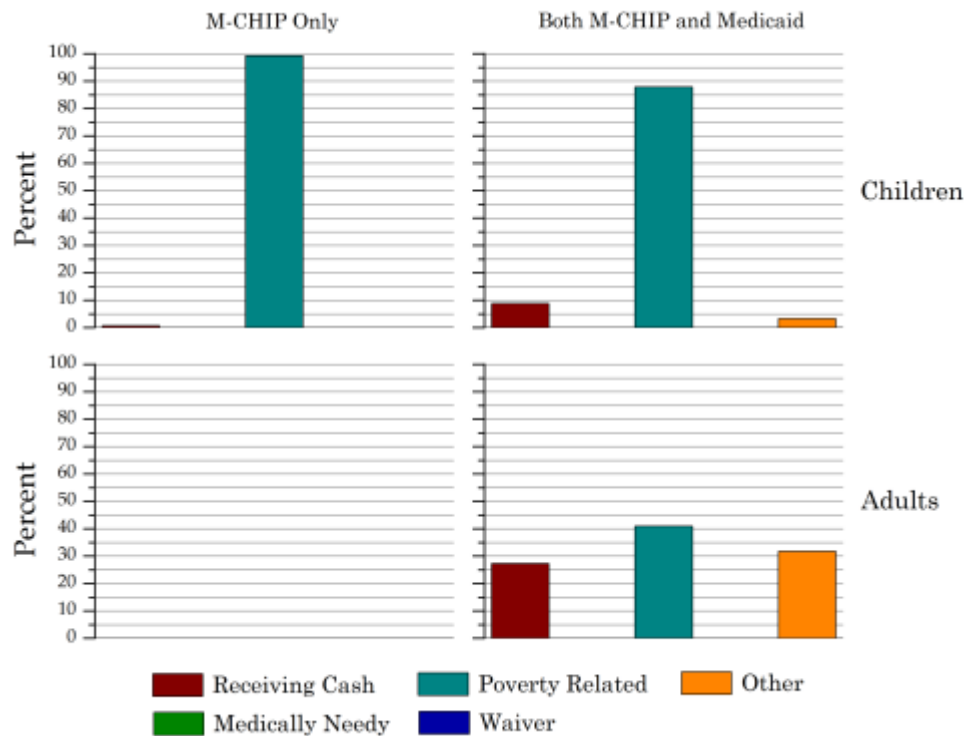


In the Aberdeen data there were 3,658 M-CHIP enrollees in the AIAN racial category in 2004. Essentially all of the enrollees were Children (99%) (see Figure at left). The eligibility and maintenance assistance data differed for the enrollees depending on whether they were only enrolled in M-CHIP (47%), or they were enrolled in both M-CHIP and Medicaid programs in different months of the year (53%) (Appendix Table D.1.1). Nearly the entire M-CHIP-Only Children group (99%) was in the Poverty-related maintenance assistance category (see Figure below). The greater variation in maintenance assistance categories for those in both M-CHIP and Medicaid programs was undoubtedly because in MAX data the

Aberdeen Area

maintenance assistance category information was taken from the last change in status during the year, and the maintenance assistance categories are more numerous for Medicaid than for any M-CHIP program.

Figure 18. Maintenance assistance and eligibility groups for M-CHIP enrollees who were enrolled only in M-CHIP or in both M-CHIP and Medicaid in the Aberdeen Area.



For the Children eligibility group, more than four-fifths (82%) of M-CHIP-Only enrollees and 69% of M-CHIP and Medicaid enrollees were also enrolled in managed care Dental prepaid plans (Appendix Table D.1.2). Similar proportions of each M-CHIP Children eligibility group had PCCM prepaid plan coverage (80% and 74% respectively). Much lower proportions had Behavioral Health prepaid plans (14% and 29% respectively). For the small Adult eligibility group of M-CHIP and Medicaid enrollees, 82% were enrolled in managed care Dental prepaid plans, and 91% had PCCM prepaid plan coverage.

Service Use & Payments

There were 1,511 M-CHIP-Only recipients in Capitated Care only and both Capitated and FFS systems of care (Appendix Table D.1.3). The total Medicaid capitated payments were \$100,000, or \$6 per monthly premium claim. The total payments per person adjusted for the varying number of months that the enrollees were in M-CHIP was \$90 per Recipient-Year (in person-years).

There were 1,543 M-CHIP and Medicaid recipients in Capitated Care only and both Capitated and FFS systems of care (Appendix Table D.1.3). The total Medicaid capitated payments were \$152,000, or \$7 per monthly premium claim. The total payments per person adjusted for the months that the enrollees were in M-CHIP was \$107 per Recipient-Year.

Aberdeen Area

There were 1,732 M-CHIP-Only recipients in FFS only and both Capitated and FFS systems of care (Appendix Table D.1.3). The total FFS payments were \$2,146,000. The total payments per person adjusted for the months that the enrollees were in M-CHIP was \$1,963 per Recipient-Year.

There were 1,749 M-CHIP and Medicaid recipients in FFS only and both Capitated and FFS systems of care (Appendix Table D.1.3). The total FFS payments were \$3,280,000, or \$127 per monthly premium claim. The total payments per person adjusted for the months that the enrollees were in M-CHIP was \$2,041 per Recipient-Year.

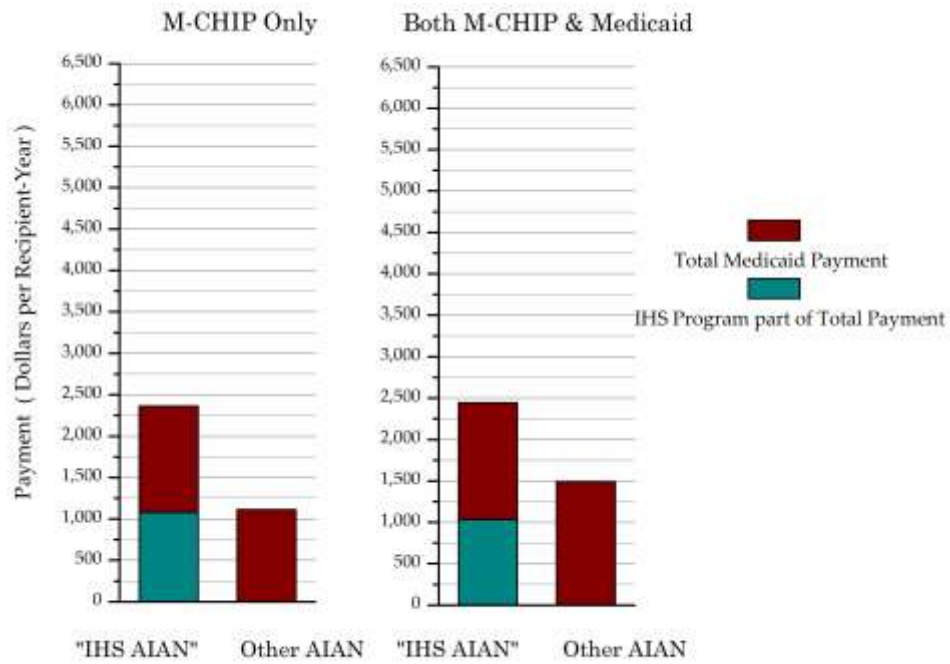
IHS Program Service Use and Payments

In the Aberdeen Area data there were 868 M-CHIP-Only recipients and 985 M-CHIP and Medicaid recipients with Medicaid paid claims for care provided through the IHS healthcare delivery system (Appendix Table D.1.4). The total IHS Program Medicaid payments in MAX data were \$762,000 for M-CHIP-Only recipients and \$935,000 for M-CHIP and Medicaid recipients. The total IHS payment per person adjusted for the months that enrollees were in Medicaid was \$622 per Recipient-Year for M-CHIP-Only recipients and \$656 per Recipient-Year for M-CHIP and Medicaid recipients.

The total Medicaid payments in MAX data for M-CHIP-Only recipients who were IHS healthcare delivery system users totaled \$1,668,000. These 'IHS AIAN' were enrolled longer on average (9.8 months) than other AIAN who were not IHS system users (7.9 months). The total payment per person adjusted for the months that the enrollees were in Medicaid was higher for IHS AIAN \$2,363 per Recipient-Year and for other AIAN \$1,113 per Recipient-Year.

The total Medicaid payments in MAX data for M-CHIP and Medicaid recipients who were IHS healthcare delivery system users totaled \$2,445,000. These 'IHS AIAN' were enrolled longer on average (11.0 months) than other AIAN who were not IHS system users (7.9 months). The total payment per person adjusted for the months that the enrollees were in Medicaid was higher for IHS AIAN \$2,445 per Recipient-Year and for other AIAN \$1,489 per Recipient-Year.

Figure 19. Total Medicaid payment and the IHS Program part of the payment for recipients in M-CHIP-Only and in Both M-CHIP and Medicaid.



Alaska Area Findings



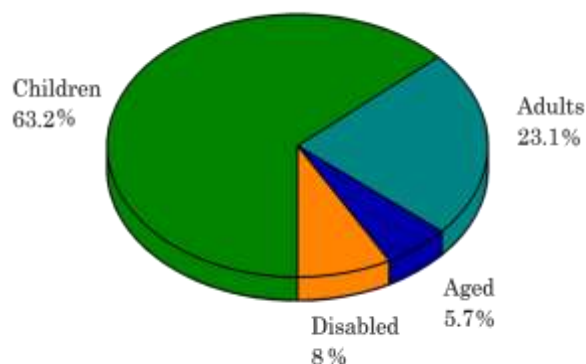
Map 2. Alaska Area CHSDA counties

Medicaid

Enrollment

In MAX data there were nearly 44,797 Medicaid enrollees in the AIAN racial category living in the Alaska Area CHSDA counties in 2004 (Appendix Table B.2.1).

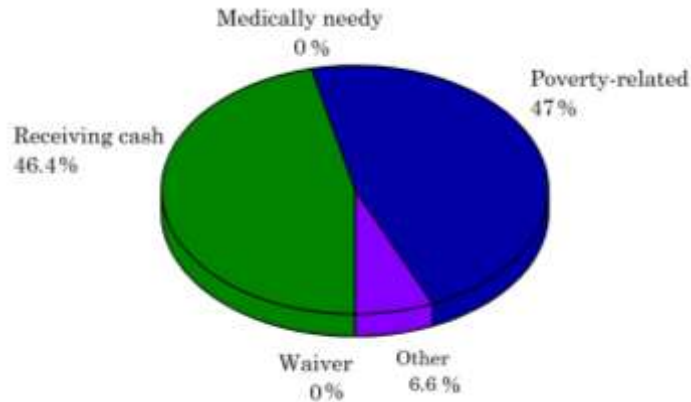
Figure 20. BOE eligibility groups of AIAN enrollees in Medicaid in the Alaska Area.



In the Alaska Area two-thirds of AIAN Medicaid enrollees are Children (63.2%), excluding CHIP enrollees (see Figure to the left) . This is proportionately greater than the 58.4% for all AIAN Medicaid enrollees in the IHS Areas (Figure 1). Nearly a quarter of enrollees in the Area are Adults (23.1%). The Adult eligibility group made up 28.1% of enrollees in the IHS Areas. The Aged eligibility group made up 5.7% of enrollees in the Area. The comparable figure for all IHS Areas was 3.7%. The Disabled eligibility group made up 8.0% of enrollees in the Area. The comparable figure for all IHS Areas was 9.8%.

Figure 21. MAS assistance categories of AIAN enrollees in Medicaid in the Alaska Area.

Alaska Area

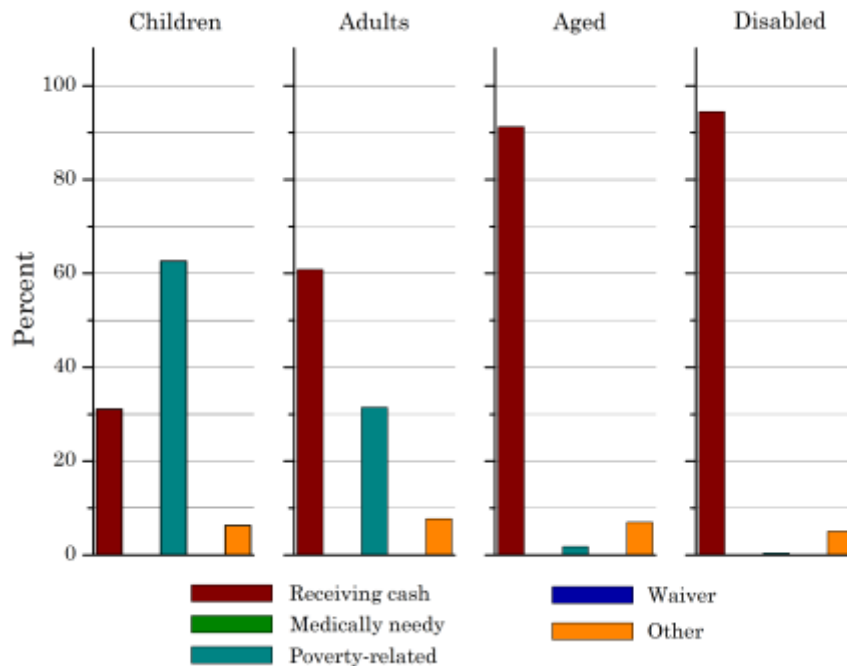


In the Alaska Area similar fractions of Medicaid enrollees were in the Receiving Cash assistance (46.4%) and Poverty Related income categories (47.0%) (see Figure below). The comparable value for those receiving cash was similar to that for all IHS Areas (46.9%, Figure 2), but the value for those in Poverty Related income categories was much lower (33.2%). There were no enrollees in the Medically Needy category, an optional category for states to include. The comparable value for all IHS Areas was 0.9%. There were no enrollees in the

Waiver managed care category. The comparable figure for all IHS Areas was 8.5%. AIAN enrollees in the Other maintenance assistance category included 6.6% of the enrollees in the Area. The Other MAS group accounted for 10.5% of AIAN Medicaid enrollees across all IHS Areas.

The distribution of enrollees in the different MAS maintenance assistance categories vary among the BOE eligibility groups. Proportionately more Aged and Disabled enrollees are Receiving Cash assistance, and higher proportions of Adults than Children are Receiving Cash. Proportionately more Children and Adults are in the Poverty Related MAS assistance category. The Medically Needy and managed care Waiver categories are nearly empty of enrollees. Similar small proportions of the BOE eligibility groups are in the Other MAS assistance category.

Figure 22. MAS assistance categories for the BOE eligibility groups in the Alaska Area.



Dual Enrollees

In the Alaska Area data there were 3,822 enrollees enrolled in both Medicaid and Medicare at least one month in 2004 (Appendix B.2.3 and B.2.4). Over three-quarters (78%) of Aged and two-thirds of the Disabled (66%) Dual Enrollees are in the QMB category with full Medicaid benefits. A fifth (20%) of Aged and a third of the Disabled (33%) Dual Enrollees are in the next largest category, 'Other Duals.'

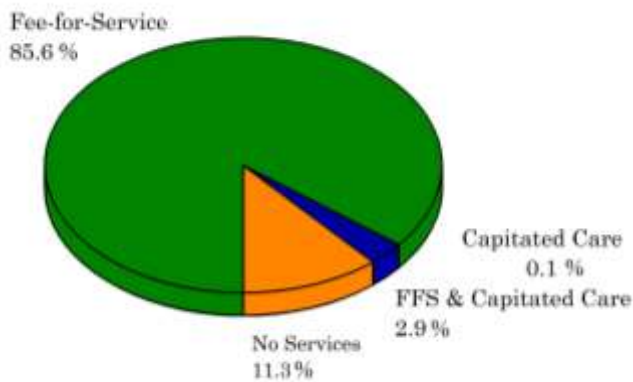
Managed Care

In the Alaska Area there were no AIAN enrollees who were enrolled in managed care plans (no Figure, see Appendix Table B.2.5).

Service Use & Payments

In the Alaska Area data there was service use and payment information for 44,802 enrollees.

Figure 23. Medicaid enrollees with services covered by Capitated, FFS or both types of payment systems in the Alaska Area.



More than a tenth (11.3%) of AIAN enrollees received no services. There was essentially no Capitated care in Alaska so 85.6% received only FFS services. About 3% of enrollees (2.9%) received both Capitated and FFS services during the year.

There were no Capitated Care claims or payments for monthly premiums (Appendix Table C.2.1).

For FFS care the total volume of claims was 827,816 and payments were \$358,832,000 (Appendix Table C.3.1). The total FFS payments

per person adjusted for the varying number of months that the enrollees are in Medicaid was \$4,840 per recipient per year of enrollment (Recipient Year in person-years).

IHS Program Service Use and Payments

In the Alaska Area data there were 27,737 AIAN recipients with Medicaid paid claims and payments for care provided through the IHS healthcare delivery system. This was 70% of all Alaska Area AIAN recipients in the data. Since there were 125,759 IHS Active Users in the Alaska Area in FFY2004, this is a ratio of about 22 IHS AIAN Medicaid recipients per 100 AIAN Active Users for the Area.

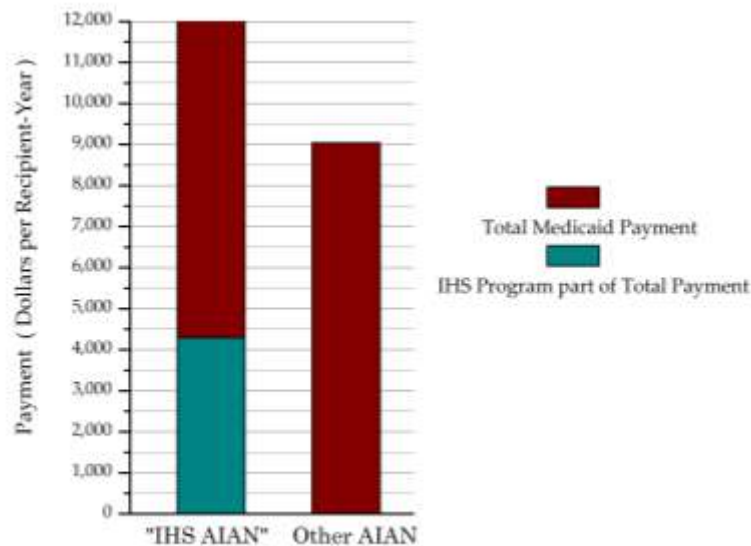
The total IHS Program Medicaid payments in MAX data were \$94,216,000. The average number of months that they were enrolled was 9.5 months and the total number of claims by IHS system providers was 360,202. The total IHS payment per person adjusted for the varying number of months that the enrollees were in Medicaid was \$4,293 per year of recipient enrollment (Recipient-Year).

The total Medicaid payment in MAX data for IHS healthcare delivery system users totaled \$280,044,000. These 'IHS AIAN' were enrolled longer on average (9.5 months) than other AIAN who were not IHS system users (7.9 months). The total payment per person adjusted for the months that

Alaska Area

the enrollees were in Medicaid was higher for IHS AIAN \$12,761 per year of recipient enrollment and for other AIAN \$7,043 per year of recipient enrollment (Recipient-Year).

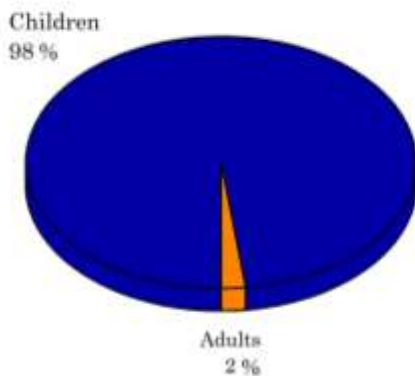
Figure 24. Total Medicaid payment and the IHS Program part of the payment per Recipient-Year for IHS AIAN and Other AIAN in the Alaska Area.



CHIP

Enrollment

Figure 25. Percent of M-CHIP enrollees by eligibility group in the Alaska Area.



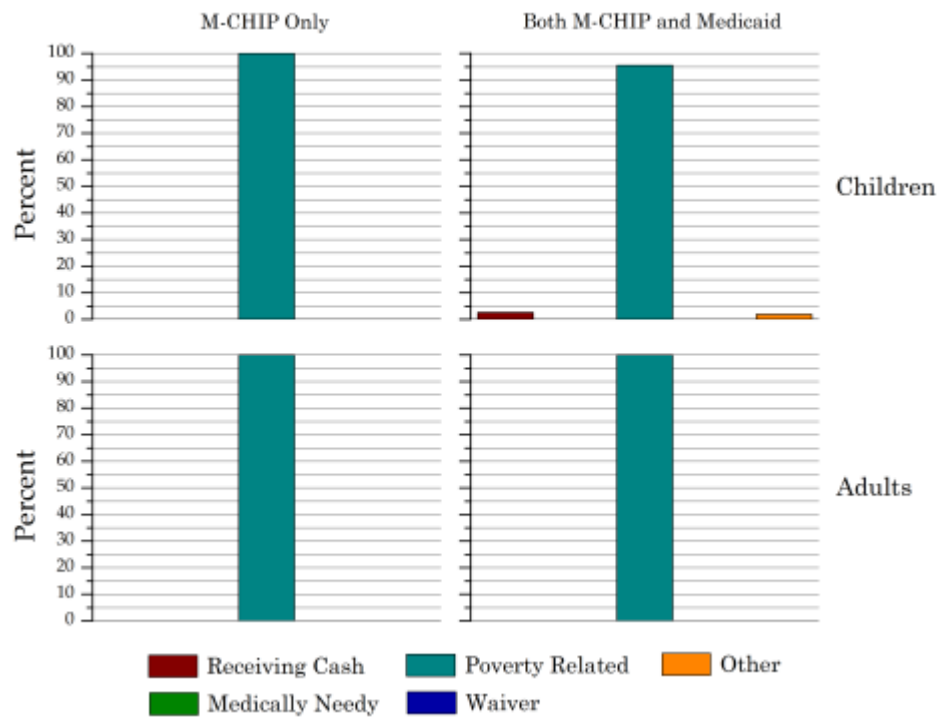
In the Alaska data there were 5,742 M-CHIP enrollees in the AIAN racial category in 2004. Of the enrollees 98% were in the Children's eligibility group (see Figure at left). The eligibility and maintenance assistance data differed for the enrollees depending on whether they were only enrolled in M-CHIP (61%), or they were enrolled in both M-CHIP and Medicaid programs in different months of the year (39%) (Appendix Table D.2.1). The entire M-CHIP-Only group whether Children (100%) or Adults (100%) were in the Poverty-related maintenance assistance category (see Figure below). The greater variation in maintenance assistance categories for those in both M-CHIP and Medicaid programs was undoubtedly because in MAX data the maintenance assistance

category information was taken from the last change in status during the year, and the range of allowable maintenance assistance categories is greater in Medicaid than in the M-CHIP program

In the Alaska Area there were no M-CHIP enrollees who were enrolled in managed care plans (no Figure, see Appendix Table D.2.2).

Alaska Area

Figure 26. Maintenance assistance and eligibility groups for M-CHIP enrollees who were only enrolled in M-CHIP or who were enrolled in both M-CHIP and Medicaid in the Alaska Area.



Service Use & Payments

There were 2,962 M-CHIP-Only recipients in FFS systems of care (Appendix Table D.2.3). The total Medicaid FFS payments were \$9,286,000. The total payments per person adjusted for the months that the enrollees were in M-CHIP was \$4,106 per Recipient-Year.

There were 2,063 M-CHIP and Medicaid recipients in FFS systems of care (Appendix Table D.2.3). The total Medicaid FFS payments were \$9,284,000. The total payments per person adjusted for the months that the enrollees were in M-CHIP was \$5,578 per Recipient-Year.

IHS Program Service Use and Payments

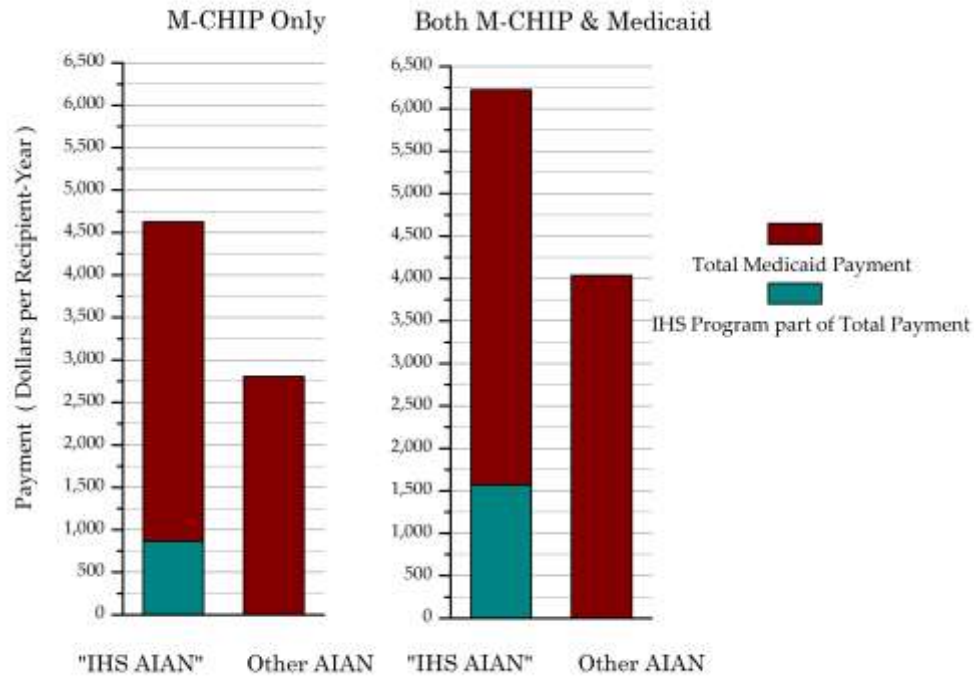
There were 2,041 M-CHIP-Only recipients and 1,434 M-CHIP and Medicaid recipients with Medicaid paid claims for care provided through the IHS healthcare delivery system (Appendix Table D.2.4). The total IHS Program Medicaid payments in MAX data were \$1,399,000 for M-CHIP-Only recipients and \$1,832,000 for M-CHIP and Medicaid recipients. The total IHS payment per person adjusted for the varying number of months that the enrollees were in Medicaid was \$868 per Recipient-Year for M-CHIP-Only recipients and \$1,570 per Recipient-Year for M-CHIP and Medicaid recipients (see Figure next page).

The total Medicaid payments in MAX data for M-CHIP-Only recipients who were IHS healthcare delivery system users totaled \$9,286,000. These 'IHS AIAN' were enrolled longer on average (9.5 months) than other AIAN who were not IHS system users (8.5 months). The total payment per person adjusted for the months that the enrollees were in Medicaid was higher for IHS AIAN \$4,627 per Recipient-Year than for other AIAN \$2,805 per Recipient-Year.

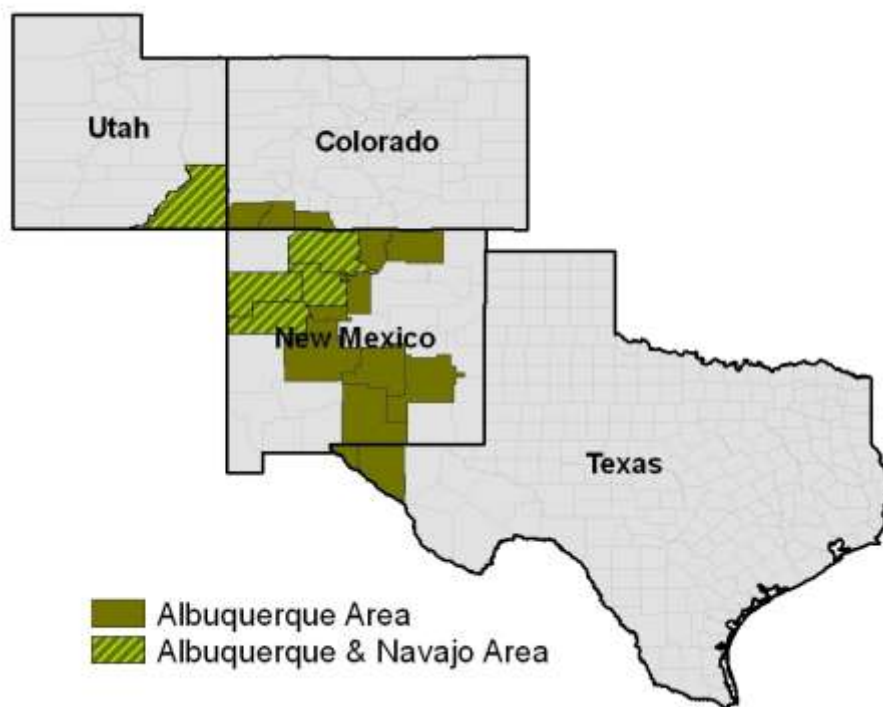
Alaska Area

The total Medicaid payments in MAX data for M-CHIP and Medicaid recipients who were IHS healthcare delivery system users totaled \$7,259,000. These 'IHS AIAN' were enrolled longer on average (9.8 months) than other AIAN who were not IHS system users (8.5 months). The total payment per person adjusted for the months that the enrollees were in Medicaid was higher for IHS AIAN \$6,221 per Recipient-Year than for other AIAN \$4,036 per Recipient-Year.

Figure 27. Total Medicaid payment and the IHS Program part of the payment for recipients in M-CHIP-Only and in Both M-CHIP and Medicaid



Albuquerque Area Findings



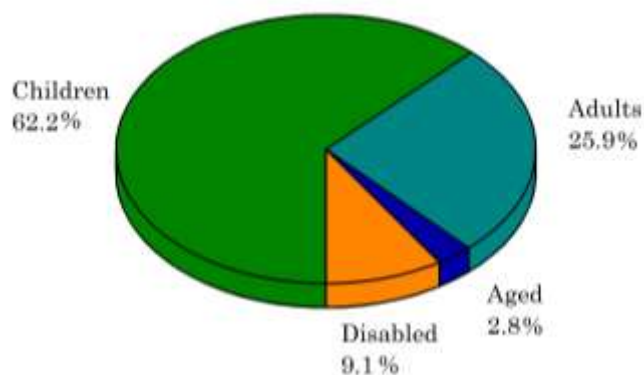
Map 3. Albuquerque Area states and CHSDA counties including those split with Navajo Area.

Medicaid

Enrollment

In MAX data there were nearly 41,121 Medicaid enrollees in the AIAN racial category living in the Albuquerque Area CHSDA counties in 2004 (Appendix Table B.3.1). There were 1,442 in Colorado, 39,297 in New Mexico, 382 in Texas and none in Utah's San Juan County which is split with the Navajo Area (Appendix Table B.3.2). In Albuquerque Area there are counties whose IHS Service

Figure 28. BOE eligibility groups of AIAN enrollees in Medicaid in the Albuquerque Area.



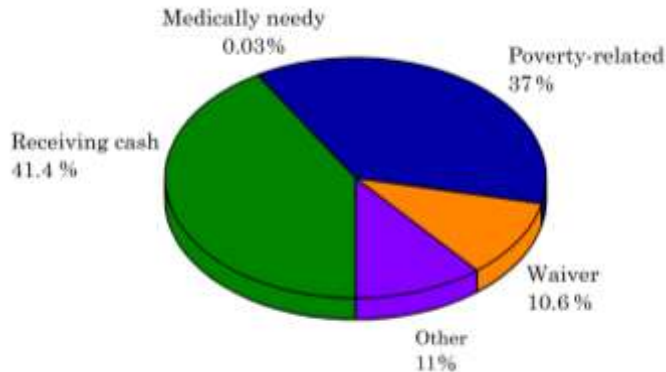
Population is 'split' with the Navajo Area. AIAN Medicaid enrollees have been assigned to the two Areas using a protocol described in the Methods section (with results described in Appendix F).

In the Albuquerque Area two-thirds of Medicaid enrollees are Children (62.2%), excluding CHIP enrollees (see Figure to left). This is greater than the 58.4% for all AIAN Medicaid enrollees in the IHS Areas (Figure 1). Nearly a quarter of Medicaid enrollees in the Area are Adults (25.9%). The Adult eligibility group made up 28.1% of AIAN Medicaid

Albuquerque Area

enrollees in the IHS Areas. The Aged eligibility group made up 2.8% of AIAN enrollees in the Area. The comparable figure for all IHS Areas was 3.7%. The Disabled eligibility group made up 9.1% of all AIAN Medicaid enrollees in the Area. The comparable figure for all IHS Areas was 9.8%.

Figure 29. MAS assistance categories of AIAN enrollees in Medicaid in the Albuquerque Area.



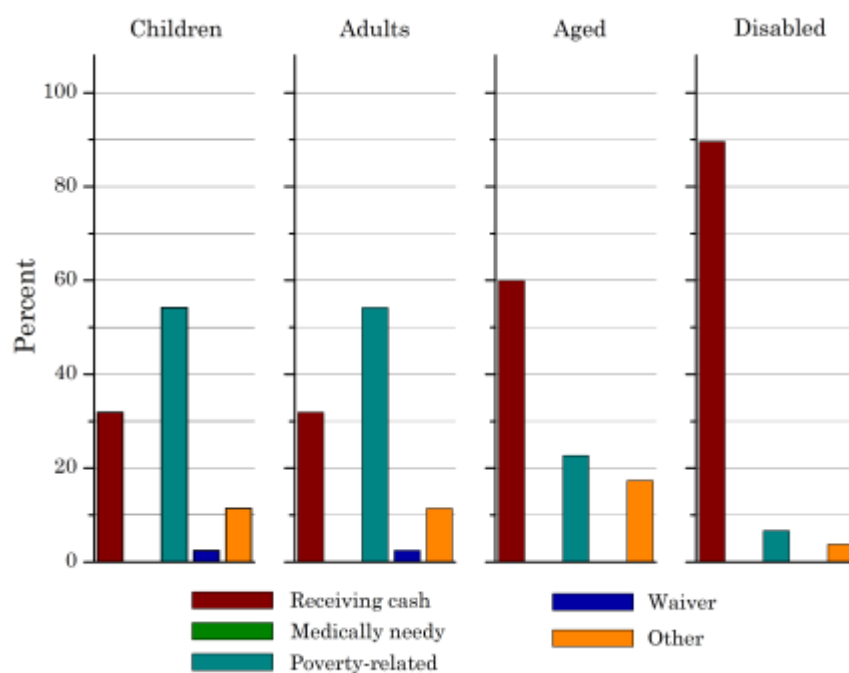
In the Albuquerque Area two-fifths of Medicaid enrollees (41.4%) were Receiving Cash assistance. The comparable value for all IHS Areas was 46.9% (Figure 2). Nearly two-fifths of enrollees were in the Poverty Related income category (37.0%). The value for all enrollees in the IHS Areas was lower (33.2%). There were only 0.03% enrollees in the Medically Needy category, an optional category for states to include. The comparable value for all IHS Areas was 0.9%. There were 10.6% of the enrollees were in the Waiver managed care category. The comparable figure for all IHS Areas was 8.5%.

AIAN enrollees in Other maintenance assistance category included 11.0% of the enrollees in the Area which was similar to the figure of 10.5% of enrollees for all IHS Areas.

Proportionately more Disabled enrollees are Receiving Cash assistance than Aged enrollees. Proportionately more Children and Adults are in the Poverty Related MAS assistance category. The Medically Needy and managed care Waiver categories are nearly empty of enrollees. The Aged group has the highest proportion of enrollees in the Other MAS assistance category followed by Adults, Children and Disabled.

Albuquerque Area

Figure 30. MAS assistance categories for the BOE eligibility groups in the Albuquerque Area.



Dual Enrollees

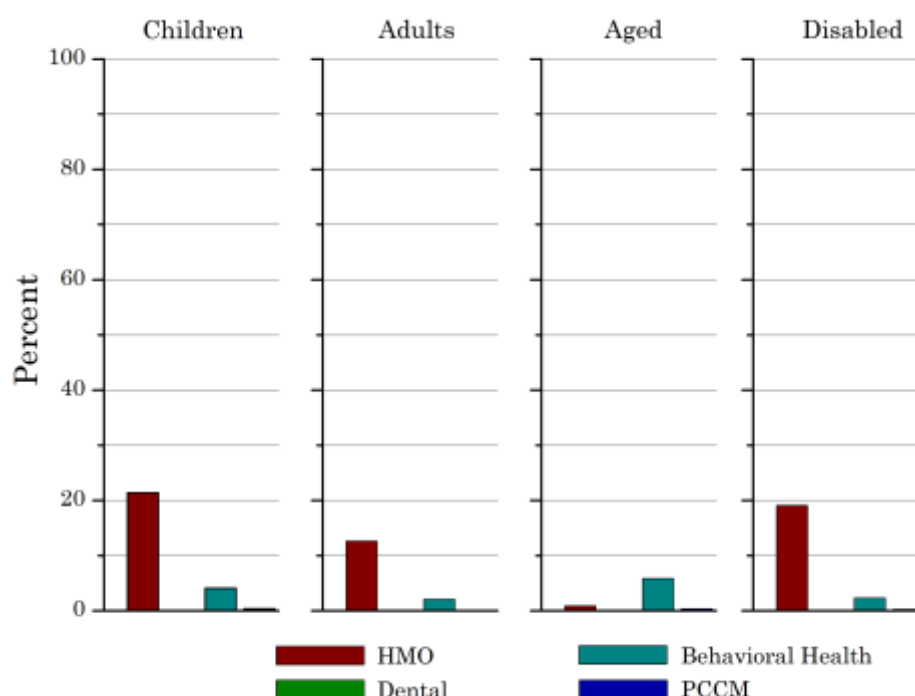
In the Albuquerque Area data there were 2,554 enrollees enrolled in both Medicaid and Medicare at least one month in 2004 (Appendix B.3.3 and B.3.4). Nearly two-thirds (64%) of Aged and four-fifths of the Disabled (79%) Dual Enrollees are in the QMB category with full Medicaid benefits. Nearly one-fifth (18%) of Aged and one-seventh of the Disabled (14%) Dual Enrollees are in the next largest category, 'QMB Only' without full benefits.

Managed Care

In the Albuquerque Area Medicaid enrollees are in HMO and Behavioral Health Plans (Figure below, Appendix Table B.3.5). Children (21%), Disabled (19%) and Adult (13%) enrollees were in HMO. More of the Aged (6%) were in the Behavioral Health plans than Children (4%), Disabled (2%) and Adult (2%).

Albuquerque Area

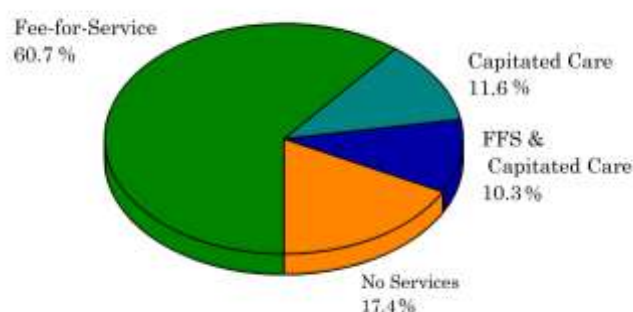
Figure 31. Medicaid enrollees in managed care by BOE Eligibility group in the Albuquerque Area.



Service Use & Payments

In the Albuquerque Area data there was service use and payment information for 44,135 enrollees.

Figure 32. Medicaid enrollees with services covered by Capitated, FFS or both types of payment systems in the Albuquerque Area.



In the Albuquerque Area, 17.4% of Medicaid enrollees did not receive any Medicaid-paid health care. For the AIAN, three-fifths received only FFS (60.7%), while a tenth received only Capitated Care (11.6%). Another tenth of the enrollees received both Capitated and FFS services (10.3%).

There were 129,030 monthly premiums paid for 9,007 recipients in Capitated Care and FFS and Capitated Care (Appendix Table C.3.1). The total Medicaid capitated payments were \$24,486,000, or \$190 per premium claim.

The 2004 average payment per person adjusted for the varying number of months that the enrollees were in Medicaid was \$3,245 per recipient year of eligibility (person-years, see Appendix Table C.3.1).

For HMO there were 116,039 monthly premiums paid for 7,500 recipients at \$206 per monthly premium or \$23,881,000 and an average of \$4,760 per year of recipient eligibility (Appendix Table C.3.2). For the only type of PHP in the Albuquerque Area (Behavioral Health) there were 12,090 premiums for 1,399 recipients at an average of \$35 per premium paid or \$422,000 and \$413 per year

Albuquerque Area

of recipient eligibility (Recipient-Year) of coverage. For PCCM primary medical care management services to recipients in FFS care, there were only 648 premiums paid for 124 recipients at \$3 per monthly premium or \$1,940 and \$22 per year of recipient eligibility.

For FFS services the total Medicaid payments in MAX data were \$119,968,000 for 29,220 recipients (Appendix Table C.3.1). The payments were for services received by both the enrollees with only FFS and the enrollees with Capitated and FFS services. The 2004 average FFS payment per person was \$4,840 per recipient year of eligibility (person-years) (Appendix Table C.1.1).

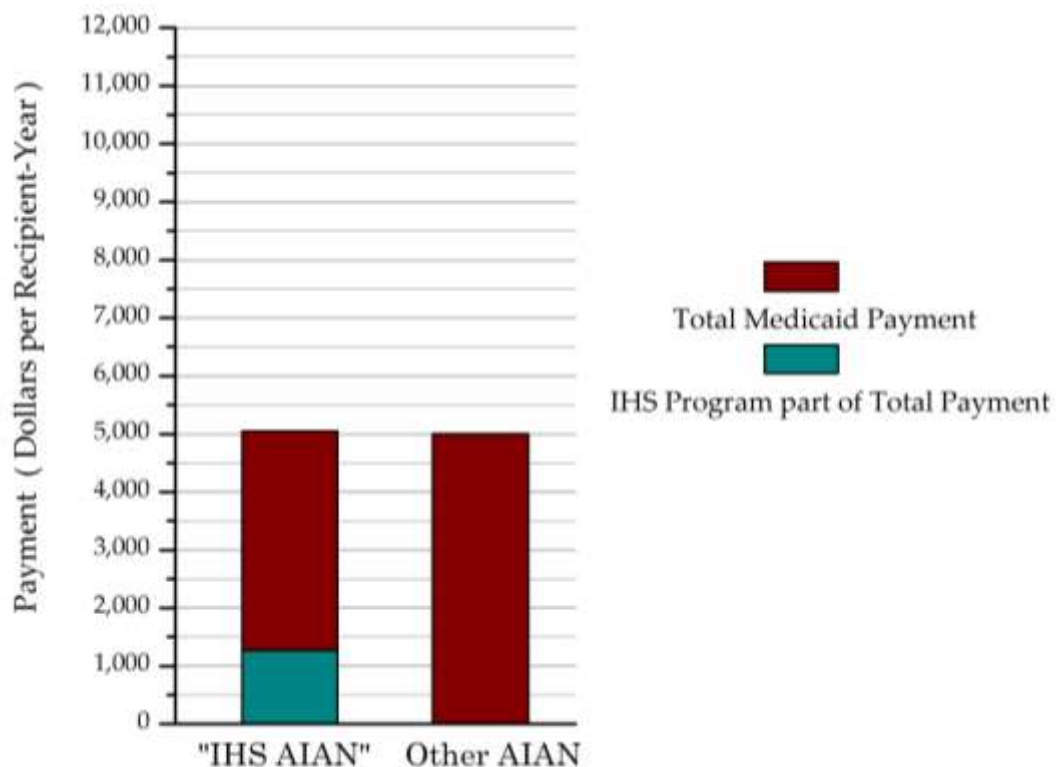
IHS Program Service Use and Payments

In the Albuquerque Area data there were 24,892 'IHS AIAN' recipients with Medicaid paid claims and payments for care provided through the IHS healthcare delivery system. This was 60% of all AIAN recipients in the Albuquerque Area data. Since there were 86,624 IHS Active Users in the Albuquerque Area in FFY2004, this is a ratio of about 29 IHS AIAN Medicaid recipients per 100 AIAN Active Users for the Area.

The total IHS Program Medicaid payments in MAX data were \$27,102,000. The average number of months that they were covered by Medicaid was 10.3 months and the total number of IHS Program claims was 189,819. The total FFS payment per person adjusted for the varying number of months that the enrollees were in Medicaid was \$1,273 per year of recipient enrollment (Recipient-Year).

The total Medicaid payment in MAX data for IHS healthcare delivery system users totaled \$107,573,000. These 'IHS AIAN' were enrolled longer on average (10.3 months) than other AIAN who were not IHS system users (8.7 months). The total payment per person adjusted for the months that the enrollees were in Medicaid was higher for IHS AIAN \$5,052 per year of recipient enrollment and for other AIAN \$3,112 per year of recipient enrollment (Recipient-Year).

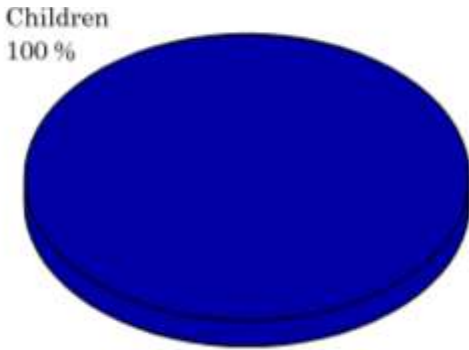
Figure 33. Total Medicaid payment and the IHS Program part of the payment per Recipient-Year for IHS AIAN and other AIAN in the Albuquerque Area.



CHIP

Enrollment

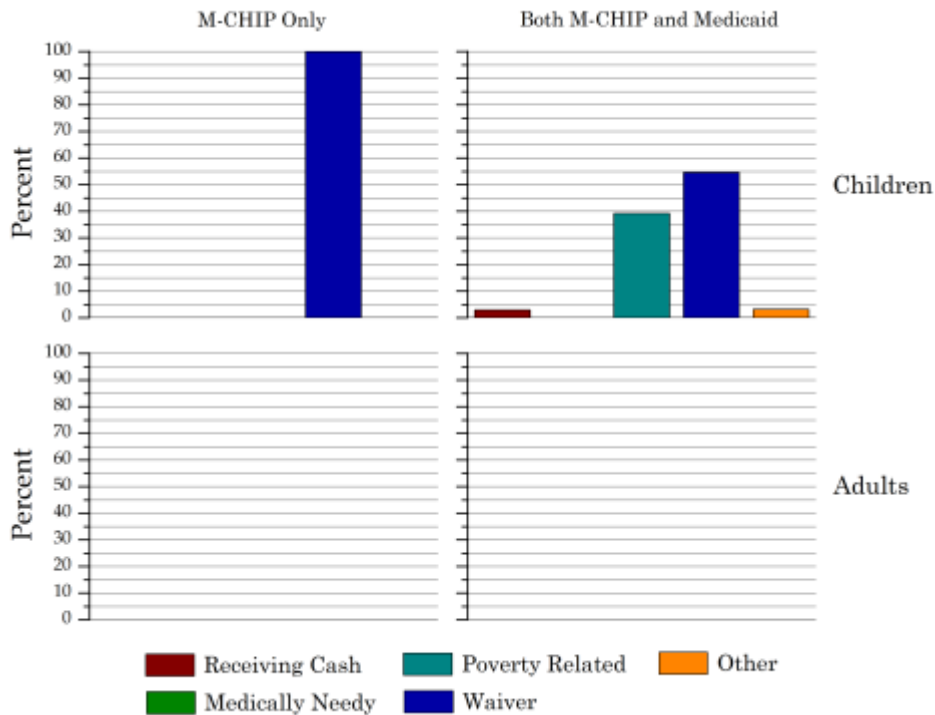
Figure 34. Percent of M-CHIP enrollees by eligibility group in the Albuquerque Area.



In the Albuquerque data there were 1,884 M-CHIP enrollees in the AIAN racial category in 2004. Of these enrollees 100% were in the Children's eligibility group. The eligibility and maintenance assistance data differed for the enrollees depending on whether they were only enrolled in M-CHIP (39%), or they were enrolled in both M-CHIP and Medicaid programs in different months of the year (61%) (Appendix Table D.3.1). The 'M-CHIP Only' enrollees were all in the managed care Waiver assistance category (100%, see Figure below). Enrollees in both M-CHIP and Medicaid programs were in a variety of maintenance assistance categories because in MAX data the maintenance assistance category information was

taken from the last change in status during the year, and there are more maintenance assistance categories in the Medicaid than in the M-CHIP program.

Figure 35. Maintenance assistance and eligibility groups for M-CHIP enrollees who were enrolled only in M-CHIP or in both M-CHIP and Medicaid in the Albuquerque Area.



For the Children Eligibility group, 28% of enrollees in M-CHIP Only during the year were in an HMO, and 28% of enrollees in M-CHIP and Medicaid were in an HMO (Appendix Table D.3.2).

Service Use & Payments

There were 205 M-CHIP-Only recipients in Capitated Care only and both Capitated and FFS systems of care (Appendix Table D.1.3). The total Medicaid capitated payments were \$343,000, or \$114 per monthly premium claim. The total payments per person adjusted for the varying number of months that the enrollees were in M-CHIP was \$2,161 per Recipient-Year (in person-years).

There were 312 M-CHIP and Medicaid recipients in Capitated Care only and both Capitated and FFS systems of care. The total Medicaid capitated payments were \$659,000, or \$119 per monthly premium claim. The total payments per person adjusted for the months that the enrollees were in M-CHIP was \$2,315 per Recipient-Year.

There were 464 M-CHIP-Only recipients in FFS only and both Capitated and FFS systems of care. The total FFS payments were \$650,000. The total payments per person adjusted for the months that the enrollees were in M-CHIP was \$1,840 per Recipient-Year.

There were 855 M-CHIP and Medicaid recipients in FFS only and both Capitated and FFS systems of care. The total FFS payments were \$1,753,000, or \$131 per monthly premium claim. The total payments per person adjusted for the months that the enrollees were in M-CHIP was \$2,334 per Recipient-Year.

IHS Program Service Use and Payments

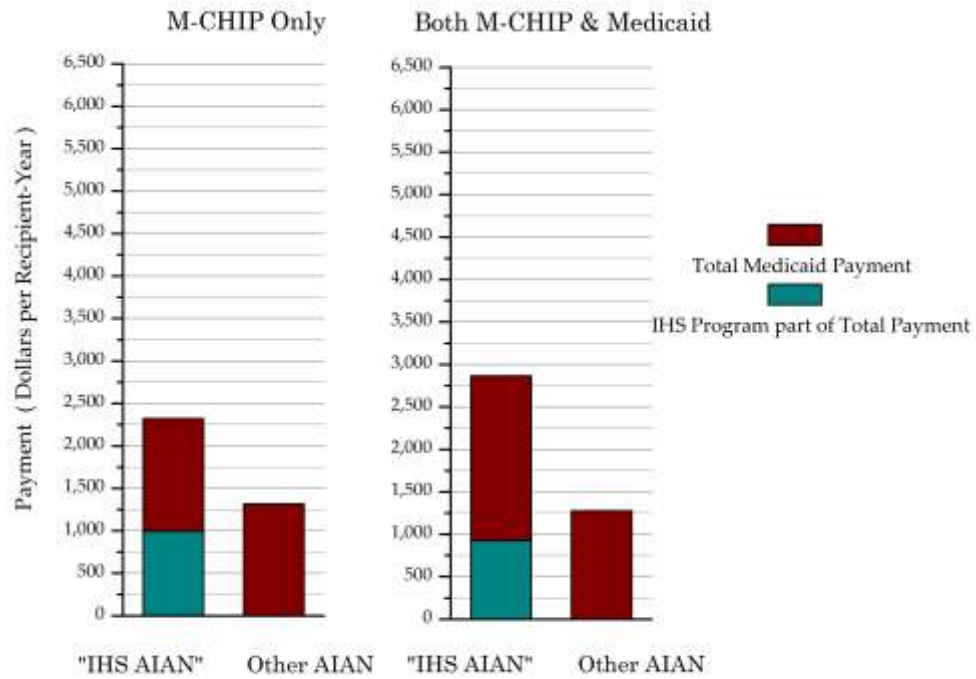
There were 495 M-CHIP-Only recipients and 863 M-CHIP and Medicaid recipients with Medicaid paid claims for care provided through the IHS healthcare delivery system (Appendix Table D.3.4). The total IHS Program Medicaid payments in MAX data were \$375,000 for M-CHIP-Only recipients and \$707,000 for M-CHIP and Medicaid recipients. The total IHS payment per person adjusted for the varying number of months that the enrollees were in Medicaid was \$997 per Recipient-Year for M-CHIP-Only recipients and \$925 per Recipient-Year for M-CHIP and Medicaid recipients.

The total Medicaid payments in MAX data for M-CHIP-Only recipients who were IHS healthcare delivery system users totaled \$993,000. These 'IHS AIAN' were enrolled longer on average (9.1 months) than other AIAN who were not IHS system users (8.9 months). The total payment per person adjusted for the months that the enrollees were in Medicaid was higher for IHS AIAN \$2,323 per Recipient-Year than for other AIAN \$1,318 per Recipient-Year.

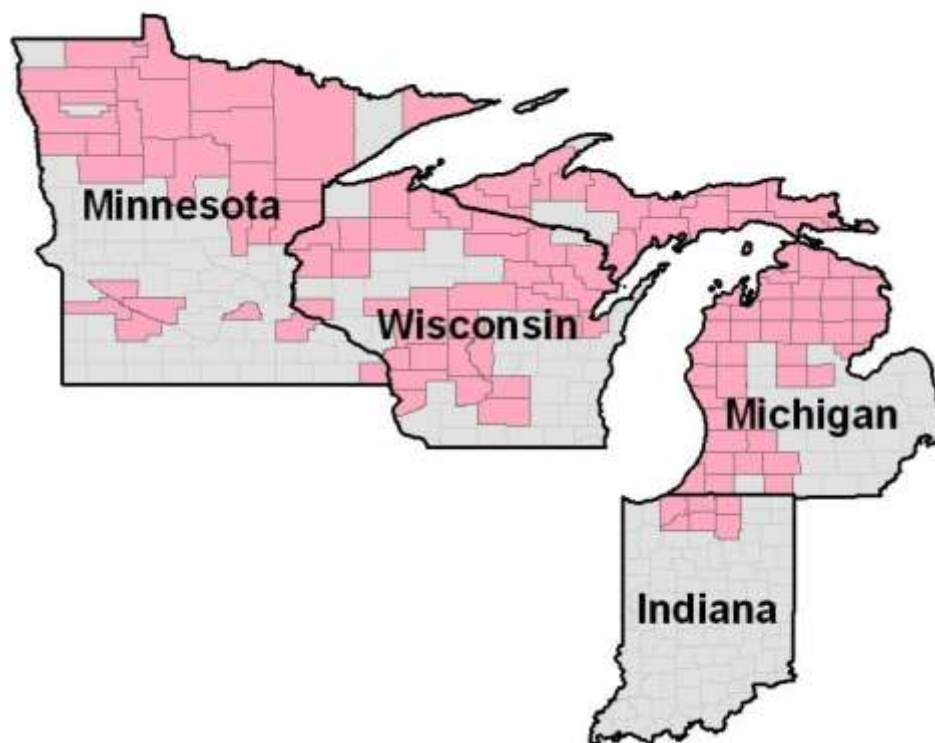
The total Medicaid payments in MAX data for M-CHIP and Medicaid recipients who were IHS healthcare delivery system users totaled \$2,189,000. These 'IHS AIAN' were enrolled longer on average (10.6 months) than other AIAN who were not IHS system users (8.9 months). The total payment per person adjusted for the months that the enrollees were in Medicaid was higher for IHS AIAN \$2,865 per Recipient-Year than for other AIAN \$1,277 per Recipient-Year.

Albuquerque Area

Figure 36. Total Medicaid payment and the IHS Program part of the payment for recipients in M-CHIP-Only and in Both M-CHIP and Medicaid.



Bemidji Area Findings



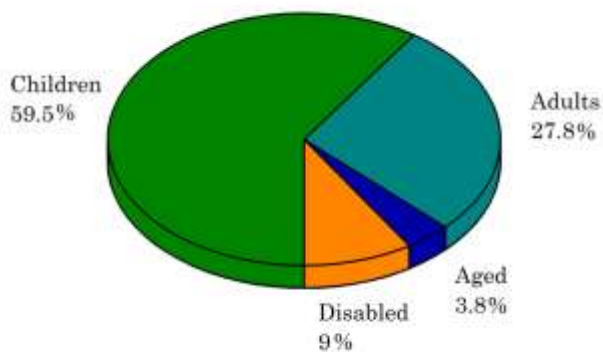
Map 4. Bemidji Area states and CHSDA counties

Medicaid

Enrollment

In MAX data there were 35,161 Medicaid enrollees in the AIAN racial category living in the Bemidji Area CHSDA counties in 2004 (Appendix Table B.4.1). There were 105 in Indiana, 6,813 in Michigan, 17,578 in Minnesota and 10,664 in Wisconsin (Appendix Table B.4.2).

Figure 37. BOE eligibility groups of AIAN enrollees in Medicaid in the Bemidji Area.

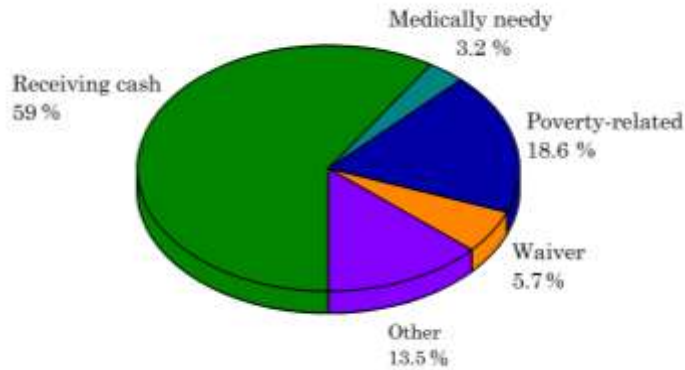


In the Bemidji Area data the distribution of Medicaid enrollees across the four broad eligibility groups is nearly identical to that for all IHS Areas combined (the mean). Three-fifths of Medicaid enrollees are Children (59.5%), excluding CHIP enrollees. This is essentially the same as the 58.4% for all AIAN Medicaid enrollees in the IHS Areas (Figure 1). More than a quarter of Medicaid enrollees in the Area are Adults (27.8%). The Adult eligibility group made up 28.1% of AIAN Medicaid enrollees in the IHS Areas. The Aged eligibility group made up 3.8% of AIAN enrollees in the Area. The

Bemidji Area

comparable figure for all IHS Areas was 3.7%. The Disabled eligibility group made up 9.0% of all AIAN Medicaid enrollees in the Area. The comparable figure for all IHS Areas was 9.8%.

Figure 38. MAS assistance categories of AIAN enrollees in Medicaid in the Bemidji Area.

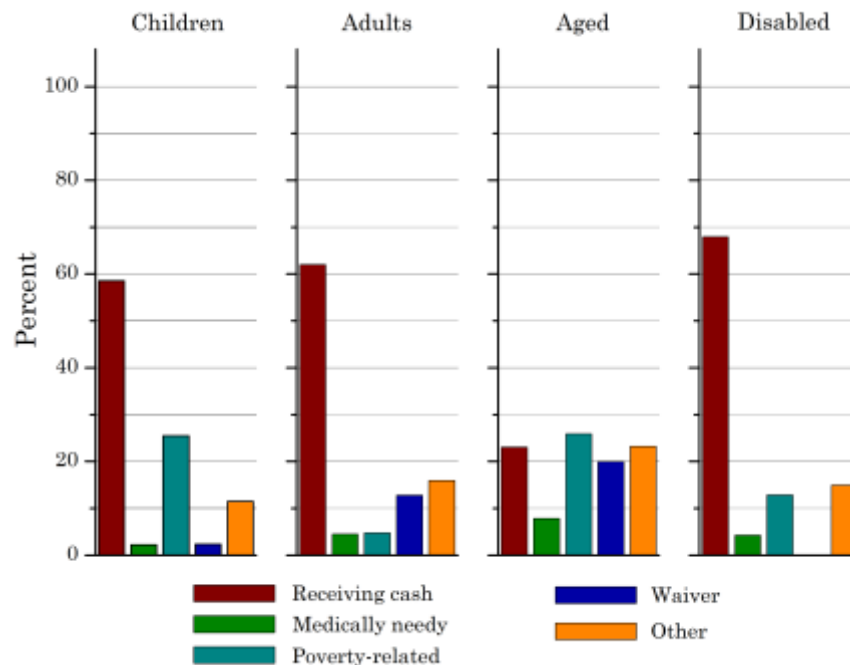


In the Bemidji Area three-fifths of Medicaid enrollees (59.0%) were Receiving Cash assistance. The comparable value for enrollees in the IHS Areas was 46.9% (Figure 2). Less than one-fifth of AIAN Medicaid enrollees were in the Poverty Related income category (18.6%). The value for enrollees in all IHS Areas was lower (33.2%). There were only 3.2% AIAN enrollees in the Medically Needy category, an optional category for states to include. The comparable value for all IHS Areas was 0.9%. There were 5.7% of the enrollees in

the Waiver managed care category. The comparable figure for all IHS Areas was 8.5%. The Other maintenance assistance category included 13.5% of the enrollees in the Area. The comparable figure was 10.5% of the enrollees for all IHS Areas.

In Bemidji the distributions of Medicaid enrollees in the different MAS maintenance assistance categories vary among the BOE eligibility groups. Proportionately fewer Aged enrollees are Receiving Cash assistance than Disabled, Adults and Children in that order. Children and Aged groups have.

Figure 39. MAS assistance categories for the BOE eligibility groups in Bemidji Area.



proportionately more enrollees in the Poverty Related category than Adults and Disabled groups. The Medically Needy category is low for all groups. The managed care Waiver group has the highest

Bemidji Area

percent of enrollees in the Aged group, fewer in the adults and very few in the Children's group. The Aged group also has the highest proportion of enrollees in the Other MAS assistance category

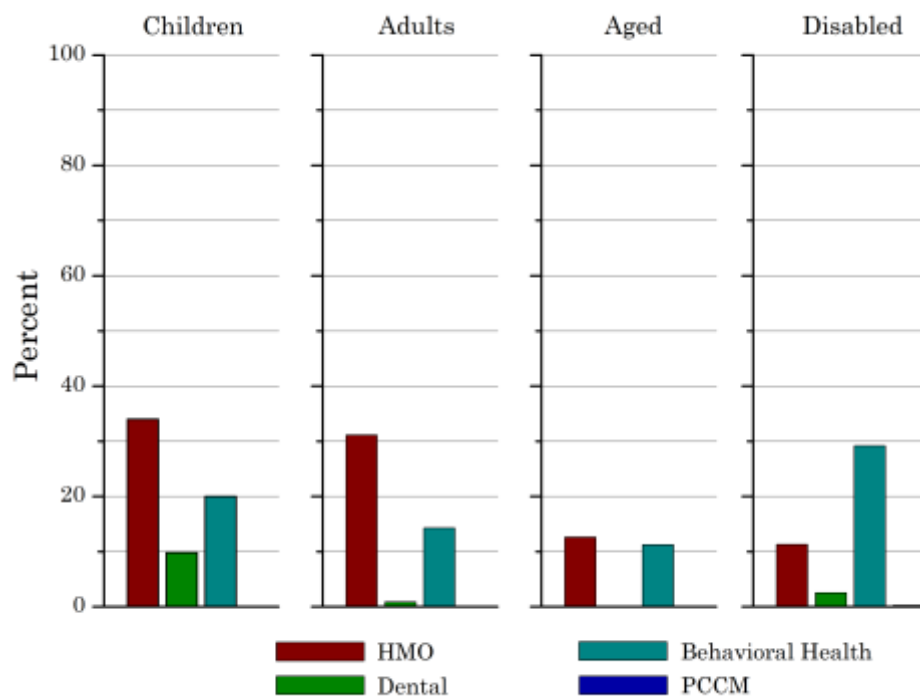
Dual Enrollees

In the Bemidji Area data there were 2,723 enrollees enrolled in both Medicaid and Medicare at least one month in 2004 (Appendix B.4.3). When we restricted Dual Enrollees to those in the Aged and Disabled eligibility groups (86% of Duals), over half (52%) of Aged and nearly two-thirds of the Disabled (64%) were in the QMB category with full Medicaid benefits (Appendix B.4.4). Nearly a quarter (23%) of Aged and the Disabled (23%) Dual Enrollees were in the next largest category, 'Other Duals'. There were substantial proportions in SLMB categories as well, 6% of both Aged and Disabled with full benefits, 11% of Aged and 5% of Disabled SLMB Only without full benefits.

Managed Care

In the Bemidji Area Medicaid enrollees in managed care are mainly in HMO, including a third of Children (34%) and nearly as high a proportion of Adults (31%) (see Figure below, Appendix Table B.4.5). Over a tenth of the Aged (13%) and Disabled (11%) enrollees were in HMO. More of the Disabled (29%) were in the Behavioral Health plans than Children (20%), Adult (14%) or Aged (11%). It was notable that a fifth of the Children were in Behavioral Health plans.

Figure 40. Medicaid enrollees in managed care by BOE Eligibility group in the Bemidji Area.

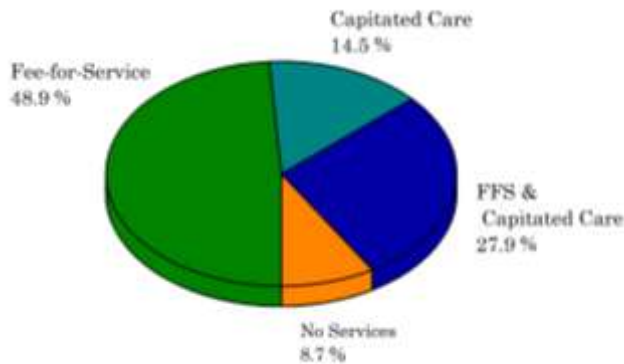


Service Use & Payments

In the Bemidji Area data there was service use and payment information for 35,167 AIAN enrollees, although 8.7% of these enrollees did not receive any Medicaid-paid health care.

Bemidji Area

Figure 41. Medicaid enrollees with Capitated, FFS or both types of care in the Bemidji Area.



More than three times as many enrollees received only FFS (48.9%) services as received only Capitated Care (14.5%). Over a quarter of enrollees received both Capitated and FFS services (27.9%).

There were 168,769 monthly premiums paid for 14,899 recipients in Capitated Care and FFS and Capitated Care (Appendix Table C.4.1). The total Medicaid capitated payments were \$20,108,000, or \$119 per premium claim. The 2004 average capitated payment was \$1,644 per year of recipient eligibility (in person-years).

For HMO there were 86,047 monthly premiums paid for 10,571 recipients at \$180 per monthly premium or \$16,309,000 and an average of \$2,385 per year of recipient eligibility (Appendix Table C.4.2). For the two types of PHP in the Bemidji Area (Dental and Behavioral Health) there were 82,071 premiums for 6,413 recipients at an average of \$44 per premium paid or \$3,573,000 and \$547 per year of recipient eligibility (Recipient-Year). For PCCM primary medical care management services to recipients in FFS care, there were only 9 recipients with 81 premiums paid at \$4 per month. Total payments for PCCM were \$312 which was \$46 per year of recipient eligibility.

For FFS services the total Medicaid payments were \$122,418,000 for 27,004 recipients (Appendix Table C.4.1). The claims and payments were for services received by both the enrollees with only FFS and the enrollees with Capitated and FFS services. The 2004 average FFS payment was \$5,429 per year of recipient eligibility (Recipient-Years).

IHS Program Service Use and Payments

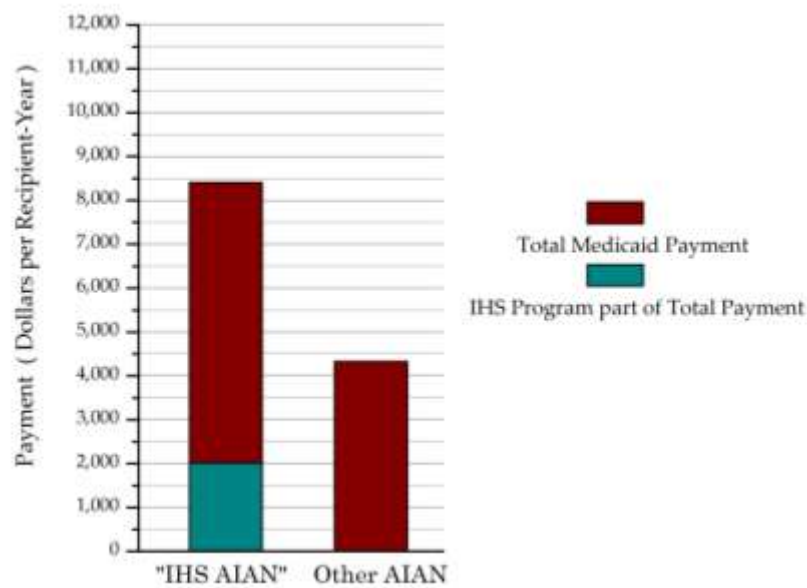
In the Bemidji Area data there were 8,140 AIAN recipients with Medicaid claims and payments for care provided through the IHS healthcare delivery system. This was 25% of all AIAN recipients in the data. Since there were 95,871 IHS Active Users in the Area in FFY2004, this is a ratio of about 8.4 IHS AIAN Medicaid recipients per 100 AIAN Active Users. A low ratio can mean that the state Medicaid and IHS Area program do not yet fully report IHS Program Medicaid recipients, or many IHS Program users were not identified as AIAN in the state Medicaid files, or that enrollment of IHS AIAN in state Medicaid programs is low for the Area.

The total IHS Program Medicaid payments in MAX data were \$14,018,000. The average number of months that they were covered by Medicaid was 10.2 months and the total number of IHS Program claims was 67,483. The total IHS payment per person adjusted for the varying number of months that the enrollees were in Medicaid was \$2,018 per year of recipient enrollment (Recipient-Years).

The total Medicaid payments in MAX data for IHS AIAN users whether using the IHS healthcare delivery system or not, totaled \$58,376,000. These 'IHS AIAN' were enrolled longer on average (10.2 months) than other AIAN who were not IHS system users (9.3 months). The total payment per person adjusted for the months that the enrollees were in Medicaid was nearly twice as high for IHS AIAN (\$8,405 per Recipient-Year) than for other AIAN (\$4,034 per Recipient-Year) (see Figure below).

Bemidji Area

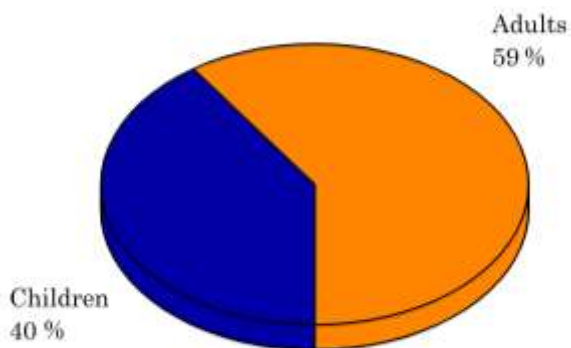
Figure 42. Total Medicaid payment and IHS Program part of payment per Recipient-Year for IHS AIAN and other AIAN in the Bemidji Area.



CHIP

Enrollment

Figure 43. Percent of M-CHIP enrollees in each eligibility group in the Bemidji Area.

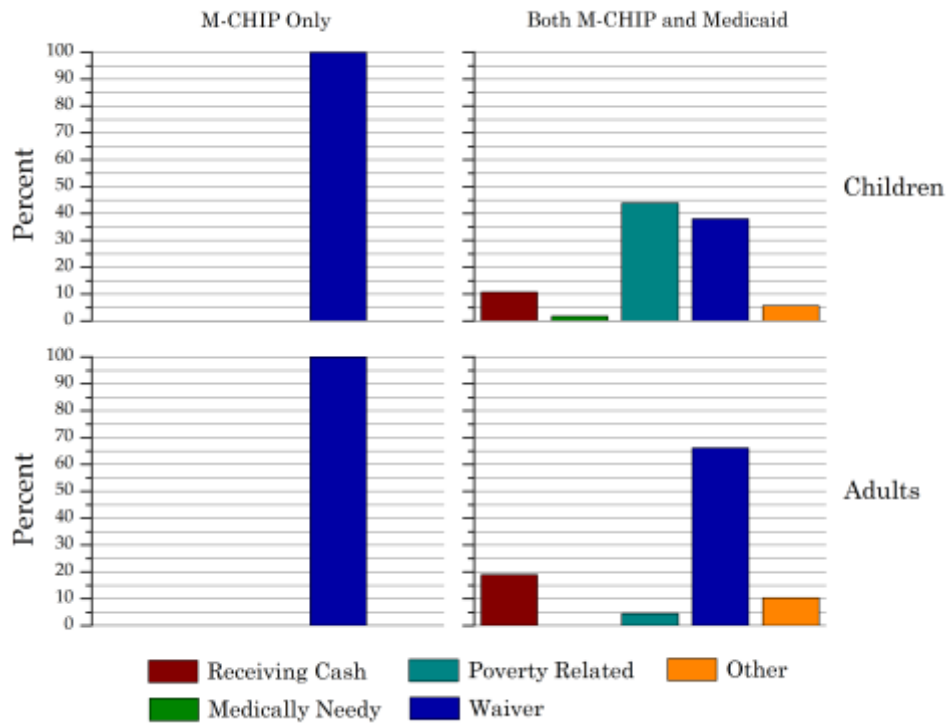


In the Bemidji data there were 2,034 CHIP enrollees in the AIAN racial category in 2004. Of these enrollees 40% were in the Children's eligibility group and essentially all others in the Adult eligibility group (see Figure at left). The eligibility and maintenance assistance data differed for the enrollees depending on whether they were only enrolled in M-CHIP (50%), or they were enrolled in both M-CHIP and Medicaid programs in different months of the year (50%). The 'M-CHIP Only' enrollees were all in the managed care Waiver assistance category whether Children (100%) or Adults (100%) (see Figure below). Enrollees in both M-CHIP and Medicaid programs were in a variety of

maintenance assistance categories because in MAX data the maintenance assistance category information was taken from the last change in status during the year, and there are more maintenance assistance categories in the Medicaid than in the M-CHIP program (Appendix Table D.4.1).

Bemidji Area

Figure 44. Maintenance assistance and eligibility groups for M-CHIP enrollees who were enrolled only in M-CHIP or in both M-CHIP and Medicaid in the Bemidji Area.



For the Children eligibility group, 29% of M-CHIP-Only enrollees were in an HMO during the year, and 34% of M-CHIP and Medicaid enrollees were in an HMO (Appendix Table D.4.2). For the Adult eligibility group, 55% of M-CHIP-Only enrollees were in an HMO during the year, and 43% of M-CHIP and Medicaid enrollees were in an HMO. A low 3% of Adults in the latter group were in a Behavioral Health managed care plan, but this may have been while a Medicaid and not M-CHIP enrollee.

Service Use & Payments

There were 192 M-CHIP-Only recipients in Capitated Care only and both Capitated and FFS systems of care (Appendix Table D.1.3). The total Medicaid capitated payments were \$141,000, or \$117 per monthly premium claim. The total payments per person adjusted for the varying number of months that the enrollees were in M-CHIP was \$1,040 per Recipient-Year (in person-years).

There were 399 M-CHIP and Medicaid recipients in Capitated Care only and both Capitated and FFS systems of care. The total Medicaid capitated payments were \$407,000, or \$137 per monthly premium claim. The total payments per person adjusted for the months that the enrollees were in M-CHIP was \$1,150 per Recipient-Year.

There were 419 M-CHIP-Only recipients in FFS only and both Capitated and FFS systems of care. The total FFS payments were \$584,000. The total payments per person adjusted for the months that the enrollees were in M-CHIP was \$1,837 per Recipient-Year.

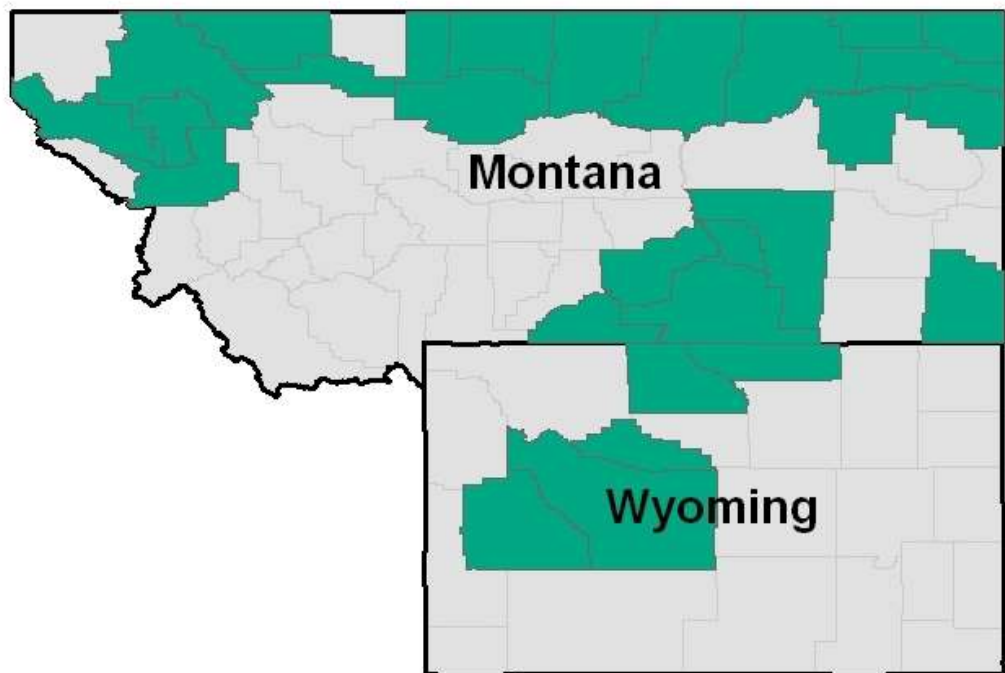
There were 839 M-CHIP and Medicaid recipients in FFS only and both Capitated and FFS systems of care. The total FFS payments were \$1,373,000. The total payments per person adjusted for the months that the enrollees were in M-CHIP was \$1,833 per Recipient-Year.

IHS Program Service Use and Payments

There were no M-CHIP-Only recipients or M-CHIP and Medicaid recipients with Medicaid paid claims for care provided through the IHS healthcare delivery system (Appendix Table D.4.4).

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Billings Area Findings



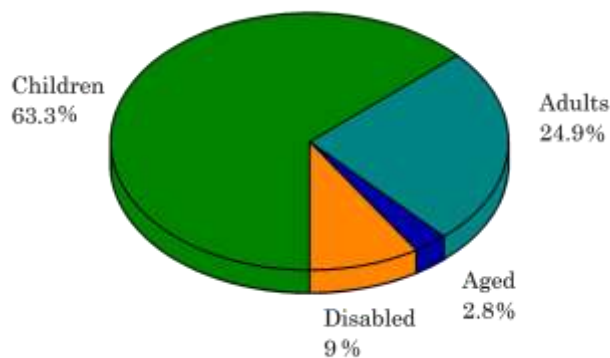
Map 5. Billings Area states and CHSDA counties

Medicaid

Enrollment

In MAX data there were 28,232 Medicaid enrollees in the AIAN racial category living in the Billings Area CHSDA counties in 2004 (Appendix Table B.5.1). There were 23,352 in Montana and 4,880 in Wyoming (Appendix Table B.5.2).

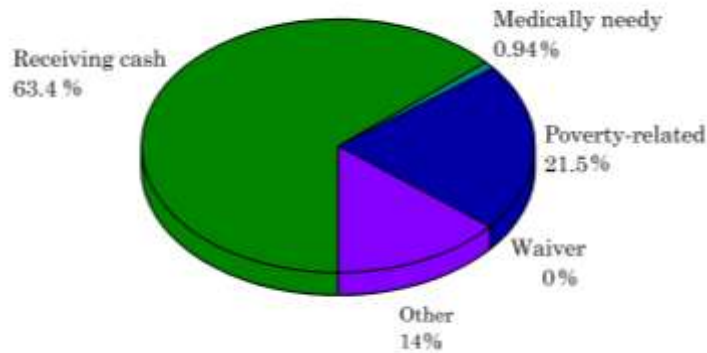
Figure 45. BOE eligibility groups of AIAN enrollees in Medicaid in the Billings Area.



In the Billings Area more than three-fifths of Medicaid enrollees are Children (63.3%), excluding CHIP enrollees (see Figure at left). This is more than the 58.4% for all AIAN Medicaid enrollees in the IHS Areas (Figure 1). A quarter of Medicaid enrollees in the Area are Adults (24.9%). The Aged eligibility group made up 2.8% of AIAN enrollees in the Area. The comparable figure for all IHS Areas was 3.7%. The Disabled eligibility group made up 9.0% of all AIAN Medicaid enrollees in the Area. The comparable figure for all IHS Areas was similar (9.8%).

Billings Area

Figure 46. MAS assistance categories of AIAN enrollees in Medicaid in the Billings Area.

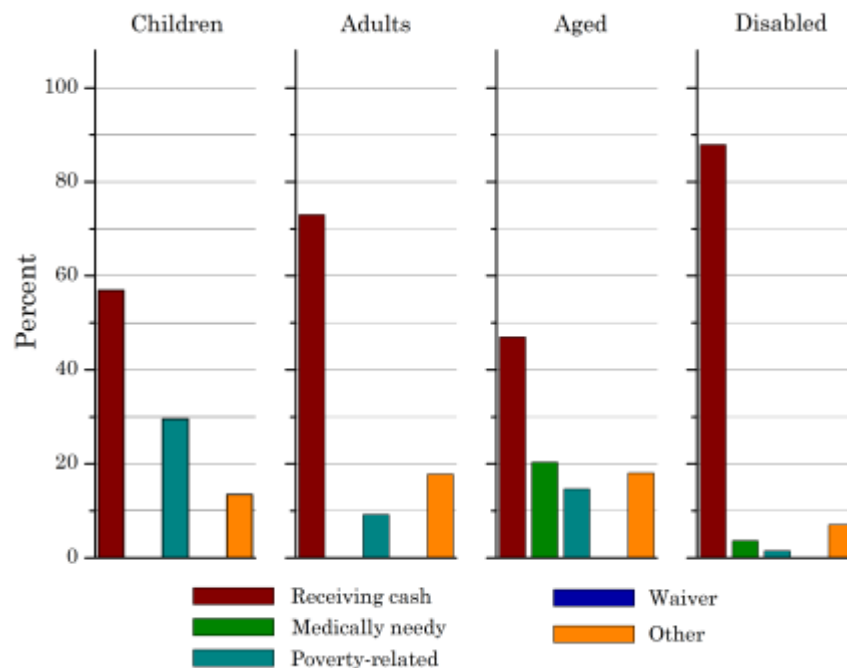


In the Billings Area more than three-fifths of Medicaid enrollees (63.4%) were Receiving Cash assistance. The comparable value for all AIAN Medicaid enrollees in the IHS Areas was 46.9% (Figure 2). About one-fifth of AIAN Medicaid enrollees were in the Poverty Related income category (21.5%). The value for all enrollees in the IHS Areas in the Poverty Related income category was a third (33.2%). There were only 0.9% AIAN enrollees in the Medically Needy category, an optional category for states to include. The comparable value for AIAN Medicaid

enrollees in all IHS Areas was the same, 0.9%. There were no enrollees in the Waiver managed care category. The comparable figure for all IHS Areas was 8.5%. The Other maintenance assistance category included 14.0% of the enrollees in the Area. The comparable figure was 10.5% of the enrollees for all IHS Areas.

In the Billings Area the highest proportions of enrollees Receiving Cash assistance are in the Disabled group followed by Adults, Children and Aged in that order. The Children's group has proportionately more enrollees with poverty level incomes than Adult, Aged or Disabled groups. The Medically Needy category is highest for the Aged group. The managed care Waiver group is not represented in any of the BOE eligibility groups. The Other MAS assistance category has highest percents of enrollees in the Aged and Adult groups.

Figure 48. Maintenance assistance categories for the BOE eligibility groups in the Billings Area.



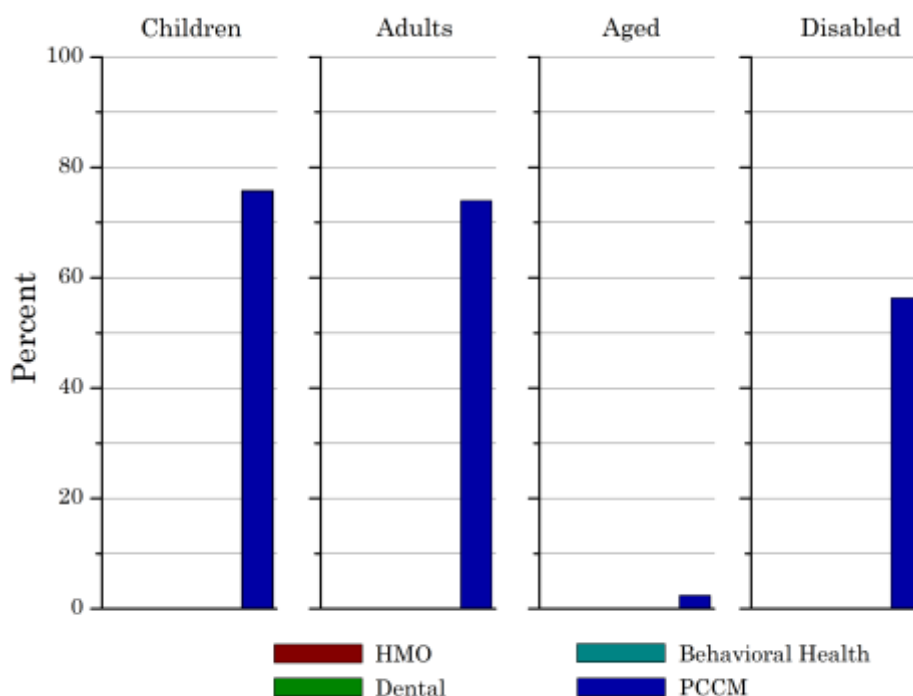
Dual Enrollees

In the Billings Area data there were 1,615 enrollees enrolled in both Medicaid and Medicare at least one month in 2004 (Appendix B.5.3). When we restricted Dual Enrollees to those in the Aged and Disabled eligibility groups (95% of Duals), nearly two-thirds (64%) of Aged and over two-thirds of the Disabled (70%) are in the QMB category with full Medicaid benefits (Appendix B.5.4). In the QMB Only category without full benefits are 9% of the Aged and 3% of the Disabled. Some 15% of Aged and 20% of Disabled Dual Enrollees are in the next largest category, 'Other Duals'. In SLMB categories, 6% of Aged and 4% of Disabled have full benefits, while 4% of Aged and 1% of Disabled are 'SLMB Only' without full benefits.

Managed Care

In the Billings Area PCCM is the only type of managed care, but the penetration rates are high. Three-quarters of Children (76%) and nearly as high a proportion of Adults (74%) (see Figure below, Appendix Table B.5.5). Over half of the Disabled (56%) enrollees but only 2% of Aged enrollees had PCCM.

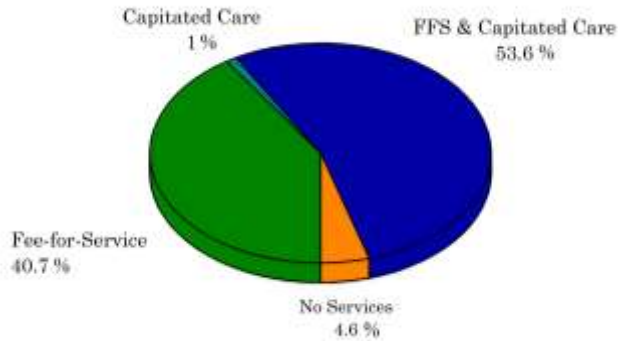
Figure 49. Medicaid enrollees in managed care by BOE Eligibility group in the Billings Area.



Service Use & Payments

In the Billings Area data there was service use and payment information for 35,167 AIAN enrollees, although 4.6% of these enrollees were not identified as recipients of care because they did not have a Medicaid paid claim for care.

Figure 50. Medicaid enrollees with Capitated, FFS or both types of care in the Billings Area.



More than half of the enrollees received both Capitated and FFS services (53.6%). Only 1% received Capitated Care alone. Most of the rest of the enrollees received only FFS (40.7%) care.

There were 130,947 Capitated Care claims paid for monthly premiums of both recipients with only Capitated Care and recipients with Capitated and FFS services (Appendix Table C.5.1). The total Medicaid capitated payments were \$393,000, or \$3 per premium claim. The 2004 average capitated payment was \$31 per

year of recipient eligibility (Recipient-Year in person-years).

There was no HMO or PHP Capitated Care in the Billings Area (Appendix Table C.5.2). For PCCM primary medical care management services to recipients in FFS care, there were 15,415 recipients with 130,947 premiums paid at \$3 per month. Total payments for PCCM were \$393,000 which was \$34 per year of recipient eligibility (Recipient-Year in person-years).

For FFS services the total Medicaid payments were \$105,113,000 for 26,634 recipients (Appendix Table C.5.1). The claims and payments were for services received by both the enrollees with only FFS and the enrollees with Capitated and FFS services. The 2004 average FFS payment was \$4,889 per year of recipient eligibility (Recipient-Year in person-years).

IHS Program Service Use and Payments

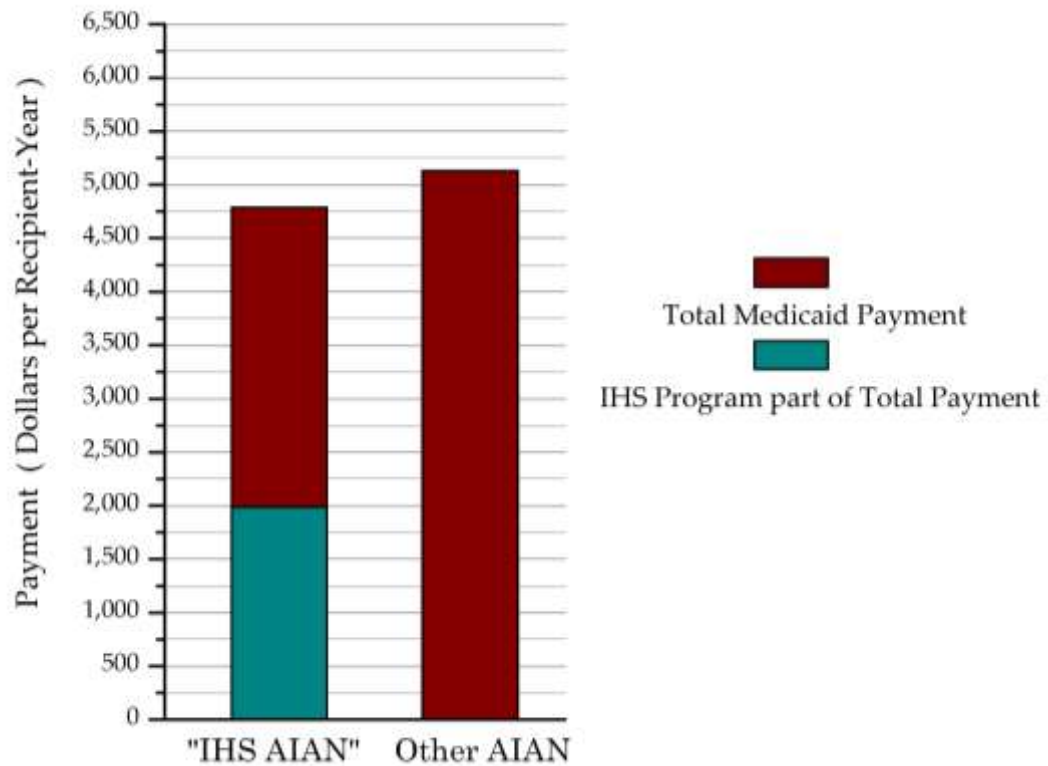
In the Billings Area data there were 17,703 AIAN recipients with Medicaid paid claims and payments for care provided through the IHS healthcare delivery system. This was 63% of all AIAN recipients in the data for the Area. Since there were 69,560 IHS Active Users in the Area in FFY2004, this is a ratio of about 25 IHS AIAN Medicaid recipients per 100 AIAN Active Users for the Area.

The total IHS Program Medicaid payments in MAX data were \$29,263,000. The average number of months that they were covered by Medicaid was 10.0 months and the total number of IHS Program claims was 119,678. The total IHS payment per person adjusted for the varying number of months that the enrollees were in Medicaid was \$1,990 per year of recipient enrollment (Recipient-Year).

The total Medicaid payments in MAX data for IHS AIAN users whether using the IHS healthcare delivery system or not, totaled \$70,368,000. These 'IHS AIAN' were enrolled longer on average (10.0 months) than other AIAN who were not IHS system users (8.4 months). The total payment per person adjusted for the months that the enrollees were in Medicaid was comparable for IHS AIAN (\$4,786 per Recipient-Year) and other AIAN (\$4,750 per Recipient-Year).

Billings Area

Figure 51. Total Medicaid payment and the IHS Program part of the payment per Recipient-Year for IHS IAN and Other AIAN in the Billings Area.



CHIP

Enrollment

In the Billings Area data there were no M-CHIP enrollees in the AIAN racial category in 2004 (Appendix D).

California Area Findings



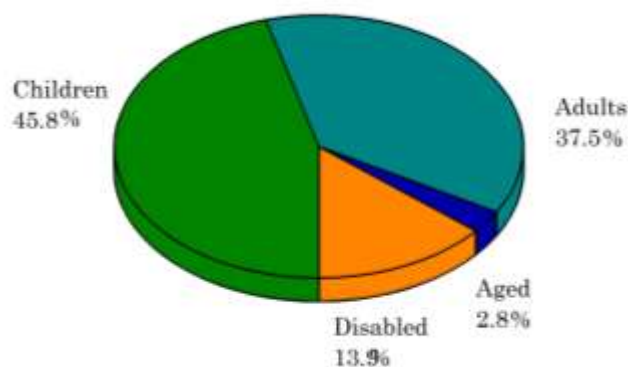
Map 6. California Area CHSDA counties including those split with Phoenix Area.

Medicaid

Enrollment

In MAX data there were 27,190 Medicaid enrollees in the AIAN racial category living in the California Area CHSDA counties in 2004. Of those there was eligibility information on 99.2% or 26,960 enrollees (Appendix Table B.6.1). In California Area there are three counties whose IHS Service Population is

Figure 52. BOE eligibility groups of AIAN enrollees in Medicaid program in the California Area.



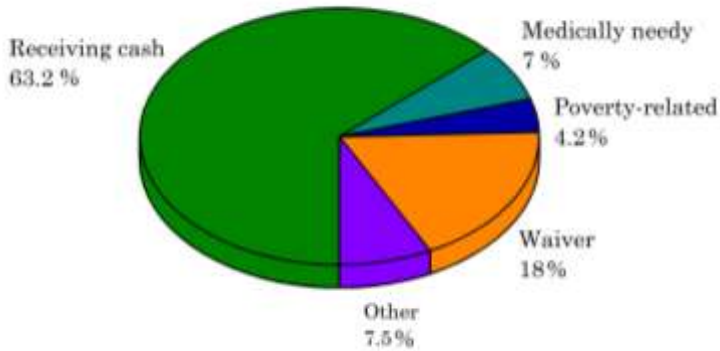
‘split’ with the Phoenix Area. The AIAN Medicaid enrollees in these counties have been assigned to the California and Phoenix Areas using a protocol described in the Methods section (see Appendix F).

In the California Area less than half of Medicaid enrollees are Children (45.8%), excluding CHIP enrollees (see Figure at left). This is much less than the 58.4% for all AIAN Medicaid enrollees in the IHS Areas (Figure 1). Over a third of Medicaid enrollees in the Area are Adults (37.5%). The Adult eligibility group made up 28.1% of AIAN Medicaid enrollees in the IHS Areas. The Aged eligibility

California Area

group made up 2.8% of AIAN enrollees in the Area. The comparable figure for all IHS Areas was 3.7%. The Disabled eligibility group made up 13.7% of all AIAN Medicaid enrollees in the Area. The comparable figure for all IHS Areas was similar (9.8%).

Figure 53. MAS assistance categories of AIAN enrollees in Medicaid in the California Area.



In the California Area more than three-fifths of AIAN Medicaid enrollees (63.2%) were Receiving Cash assistance. The comparable value for enrollees in all IHS Areas was 46.9% (Figure 2). Only 4.2% of enrollees were in the Poverty Related income category. The value for all enrollees in the IHS Areas was a third (33.2%). There were 7% AIAN enrollees in the Medically Needy category, an optional category for states to include. The comparable value for AIAN Medicaid enrollees in all IHS Areas was only 0.9%.

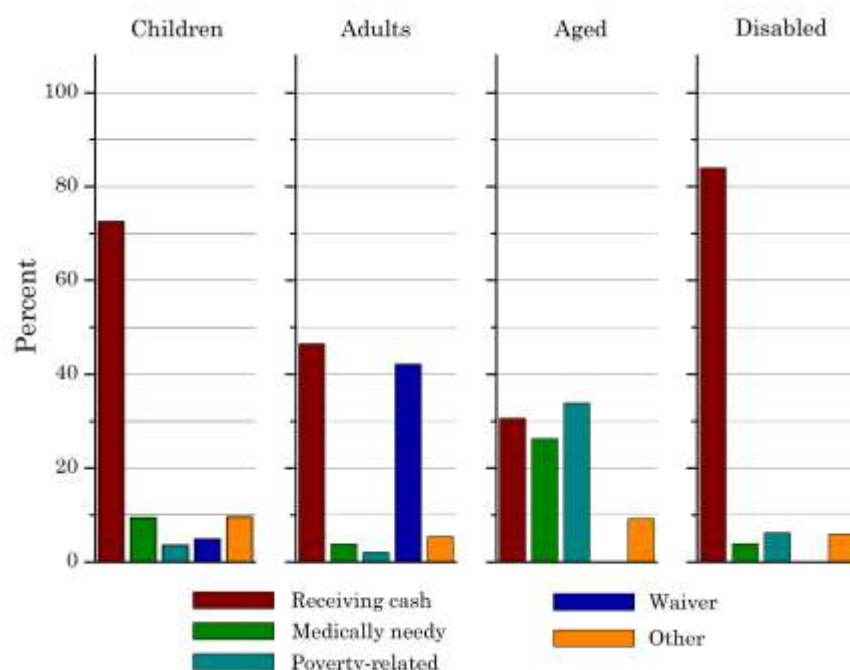
Nearly a fifth (18%) of enrollees were in the

Waiver managed care category. The comparable figure for all IHS Areas was 8.5%. The Other maintenance assistance category included 7.5% of the enrollees in the Area. The comparable figure was 10.5% of the enrollees for all IHS Areas.

In the California Area the highest proportions of enrollees Receiving Cash assistance are in the Disabled group followed by Children, Adults and Aged in that order. The Aged group has proportionately more enrollees in the Poverty Related category than Children, Adult or Disabled groups. The Medically Needy category is highest for the Aged group. The managed care Waiver group is highest for the Adult group. The Other MAS assistance category has highest percents of enrollees in the Children and Aged groups.

California Area

Figure 56. MAS assistance categories for the BOE eligibility groups in California Area.



Dual Enrollees

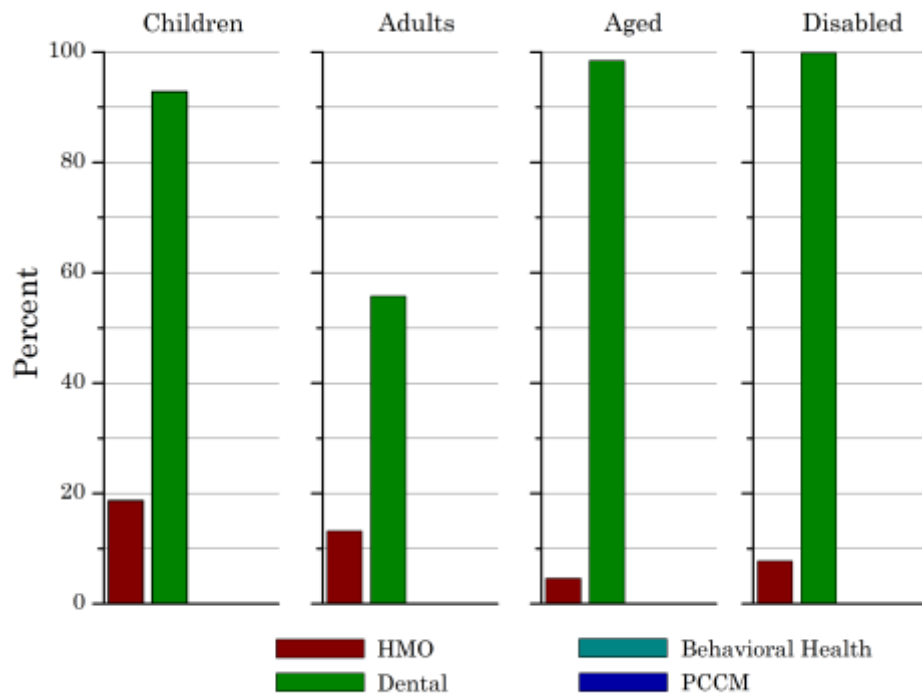
In the California Area data there were 2,175 enrollees enrolled in both Medicaid and Medicare at least one month in 2004 (Appendix B.6.3). When we restricted Dual Enrollees to those in the Aged and Disabled eligibility groups (97% of Duals), 79% of Aged and 90% of the Disabled were in the QMB category with full Medicaid benefits (Appendix B.6.4). Nearly a fifth (19%) of the Aged and a tenth of the Disabled (9%) Dual Enrollees were in the next largest category, 'Other Duals'.

Managed Care

In the California Area Medicaid enrollees in managed care were mainly in Dental Health plans, including nearly all Disabled (100%), Aged (98%) and Children (93%), and more than half of Adults (56%) (Figure below, Appendix Table B.6.5). About a fifth of the Children (19%) and 13% of Adults were in HMO. Of the Disabled (8%) were in HMO and 5% of the Aged.

California Area

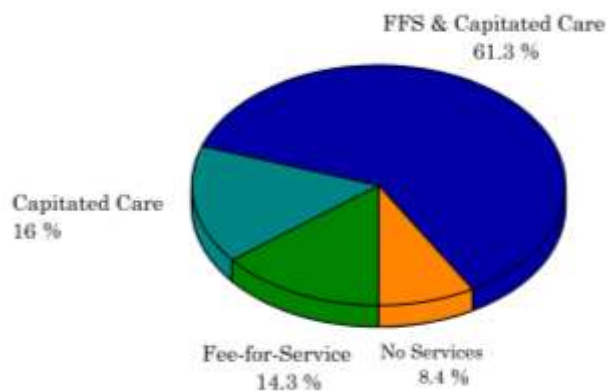
Figure 57. Medicaid enrollees in managed care by BOE Eligibility group in the California Area.



Service Use & Payments

In California Area data there was service use and payment information for 26,977 AIAN enrollees, although 8.4% of these enrollees were technically not recipients because they did not have a Medicaid paid claim for care in 2004.

Figure 58. Medicaid enrollees with Capitated, FFS or both types of care in the California Area.



More than half of enrollees received both Capitated and FFS services (61.3%). Similar portions of the rest of the enrollees received only FFS (14.3%) and only Capitated Care (16.0%).

There were 187,205 Capitated Care claims paid for monthly premiums of 20,854 recipients with only Capitated Care and with Capitated and FFS paid care (Appendix Table C.6.1). The total Medicaid capitated payments were \$5,470,000, or \$29 per premium claim. The 2004 average capitated payment was \$317 per year of recipient eligibility (Recipient-Year in person-years).

For HMO there were 32,611 monthly premiums paid for 3,984 recipients at \$117 per monthly premium or \$3,381,000 and an average of \$1,363 per year of recipient eligibility (Appendix Table C.6.2). For the one type of PHP in the California Area (Dental Health) there were 154,534 premiums for 20,753 recipients at an average of \$11 per premium paid or \$3,573,000 and \$96 per year of recipient eligibility (Recipient-Year in person years). There was no PCCM managed care.

California Area

For FFS care the total Medicaid claims were 618,646 and total payments were \$71,130,000 (Appendix Table C.6.1). The claims and payments were for services were received by recipients with only FFS and with Capitated and FFS care. The 2004 average FFS payment was \$4,258 per year of recipient eligibility (in person-years).

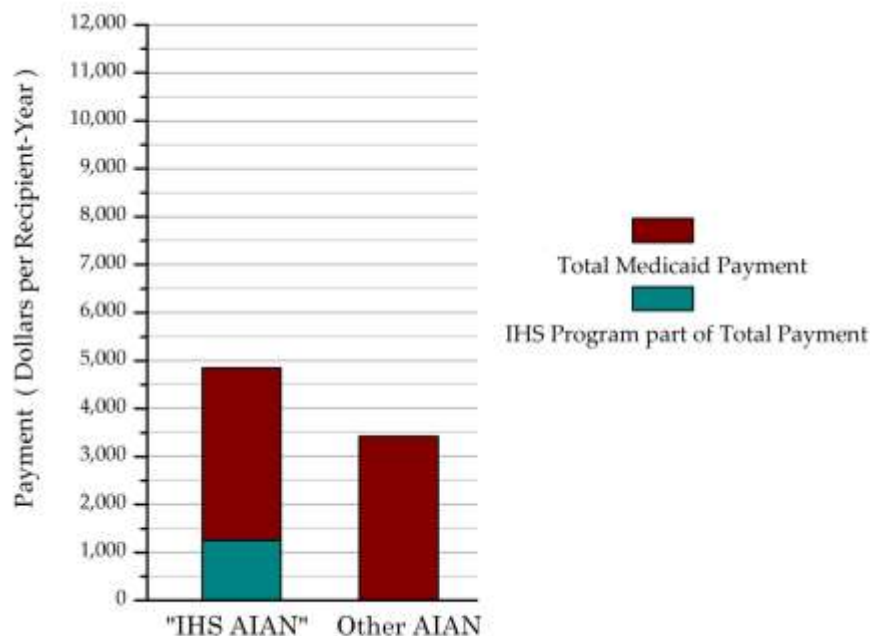
IHS Program Service Use and Payments

In the California Area data there were 7,642 AIAN recipients with Medicaid paid claims and payments for care provided through the IHS healthcare delivery system. This was 28% of all AIAN recipients in the data for the Area. Since there were 71,696 IHS Active Users in the Area in FFY2004, this is a ratio of about 10.5 IHS AIAN Medicaid recipients per 100 AIAN Active Users for the Area. A low ratio can mean that the state Medicaid and IHS Area programs have not yet accomplished full reporting of IHS Program Medicaid recipients, or many IHS Program users who are IHS AIAN were not identified as AIAN in the state Medicaid data file, or that the enrollment of IHS AIAN in state Medicaid program is low for the Area.

The total IHS Program Medicaid payments in MAX data were \$8,324,000. The average number of months that they were covered by Medicaid was 10.4 months and the total number of IHS Program claims was 41,135. The total IHS payment per person adjusted for the varying number of months that the enrollees were in Medicaid was \$1,253 per year of recipient enrollment (Recipient-Year).

The total Medicaid payments in MAX data for IHS AIAN users whether using the IHS healthcare delivery system or not, totaled \$32,195,000. These 'IHS AIAN' were enrolled longer on average (10.4 months) than other AIAN who were not IHS system users (8.7 months). The total payment per person adjusted for the months that the enrollees were in Medicaid was higher for IHS AIAN (\$4,846 per Recipient-Year) than for other AIAN (\$3,180 per Recipient-Year).

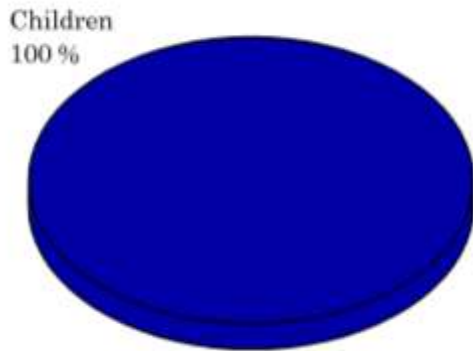
Figure 59. Total Medicaid payment and the IHS Program part of the payment per Recipient-Year for IHS AIAN and Other AIAN in the California Area.



CHIP

Enrollment

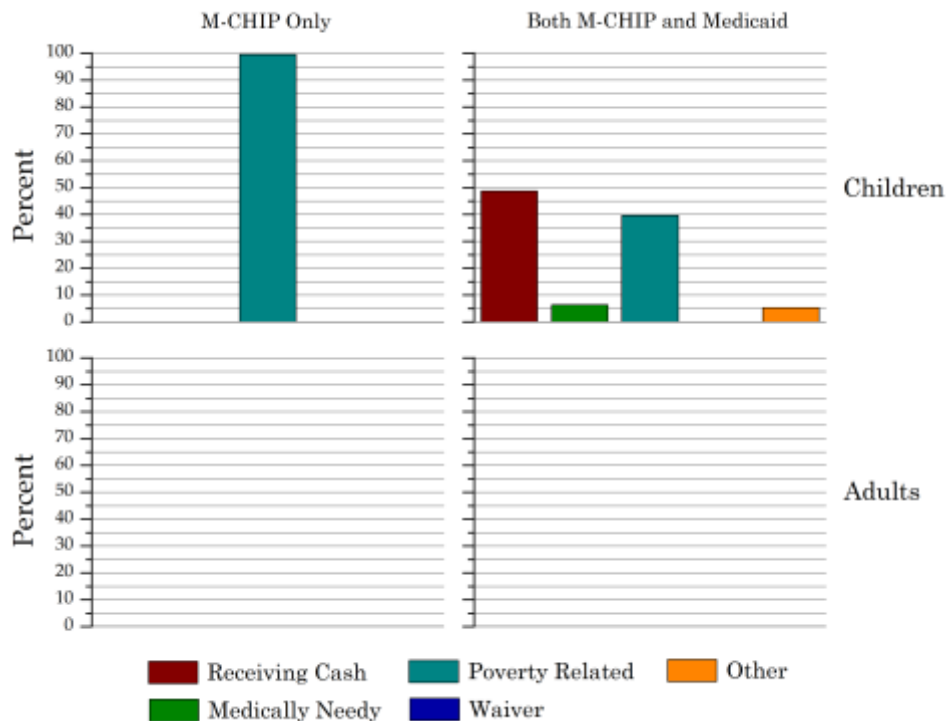
Figure 60. Percent of M-CHIP enrollees by eligibility group in the California Area.



In the California data there were 477 M-CHIP enrollees in the AIAN racial category in 2004. Of the enrollees 100% were in the Children's eligibility group (see Figure at left). The eligibility and maintenance assistance data differed for the enrollees depending on whether they were only enrolled in M-CHIP (44%), or they were enrolled in both M-CHIP and Medicaid programs in different months of the year (56%) (Appendix Table D.6.1). The entire M-CHIP-Only group whether Children (100%) or Adults (100%) was in the Poverty-related maintenance assistance category (see Figure below). The greater variation in maintenance assistance categories for those in both M-CHIP and Medicaid programs was undoubtedly because in MAX data

the maintenance assistance category information was taken from the last change in status during the year, and the range of allowable maintenance assistance categories is greater in Medicaid than in the M-CHIP program.

Figure 61. Maintenance assistance and eligibility groups for M-CHIP enrollees who were enrolled only in M-CHIP or in both M-CHIP and Medicaid in the California Area.



California Area

For the Children eligibility group, 13% of M-CHIP-Only enrollees were in an HMO during the year, and 15% of M-CHIP and Medicaid enrollees were in an HMO (Appendix Table D.4.2). Nearly all the Children eligibility group who were both M-CHIP and Medicaid enrollees during the year were in a Dental prepaid plan (94%).

Service Use & Payments

There were only 29 M-CHIP-Only recipients in Capitated Care only and both Capitated and FFS systems of care (Appendix Table D.1.3). There were 238 M-CHIP and Medicaid recipients in Capitated Care only and both Capitated and FFS systems of care. The total Medicaid capitated payments were \$45,000, or \$29 per monthly premium claim. The total payments per person adjusted for the months that the enrollees were in M-CHIP was \$215 per Recipient-Year.

There were 124 M-CHIP-Only recipients in FFS only and both Capitated and FFS systems of care. The total FFS payments were \$146,000. The total payments per person adjusted for the months that the enrollees were in M-CHIP was \$1,751 per Recipient-Year. There were 217 M-CHIP and Medicaid recipients in FFS only and both Capitated and FFS systems of care. The total FFS payments were \$314,000. The total payments per person adjusted for the months that the enrollees were in M-CHIP was \$1,648 per Recipient-Year.

IHS Program Service Use and Payments

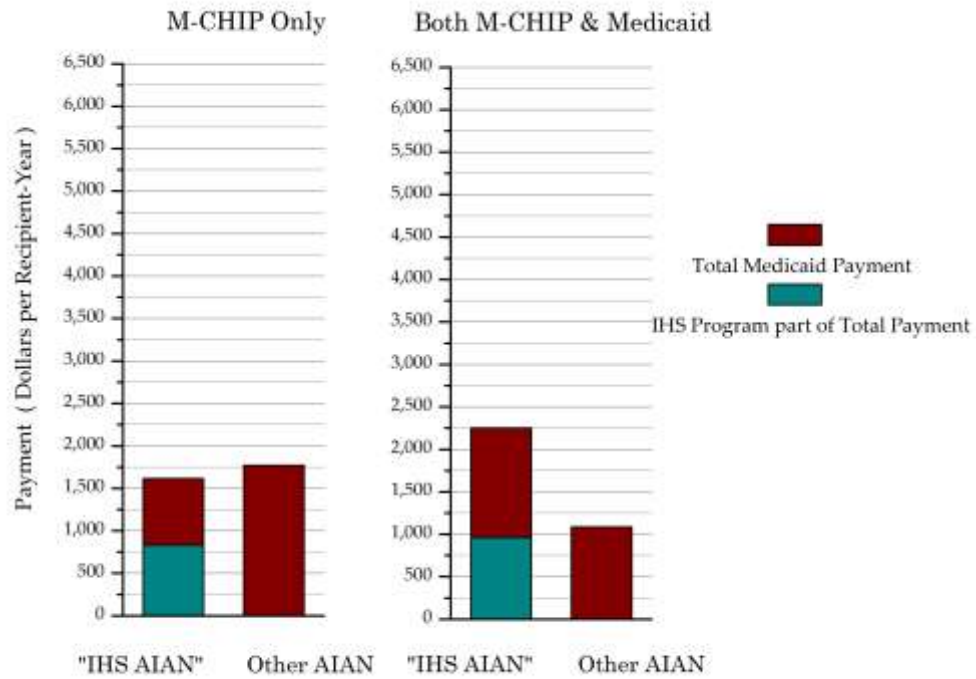
There were only 58 M-CHIP-Only recipients and 111 M-CHIP and Medicaid recipients with Medicaid paid claims for care provided through the IHS healthcare delivery system (Appendix Table D.6.4). The total IHS Program Medicaid payments in MAX data were \$34,000 for M-CHIP-Only recipients and \$96,000 for M-CHIP and Medicaid recipients. The total IHS payment per person adjusted for the varying number of months that the enrollees were in Medicaid was \$363 per Recipient-Year for M-CHIP-Only recipients and \$627 per Recipient-Year for M-CHIP and Medicaid recipients (see Figure below).

The total Medicaid payments in MAX data for M-CHIP-Only recipients who were IHS healthcare delivery system users totaled \$66,000. These 'IHS AIAN' were enrolled longer on average (8.5 months) than other AIAN who were not IHS system users (7.5 months). The total payment per person adjusted for the months that the enrollees were in Medicaid was not higher for IHS AIAN \$1,613 per Recipient-Year than for other AIAN \$1,772 per Recipient-Year.

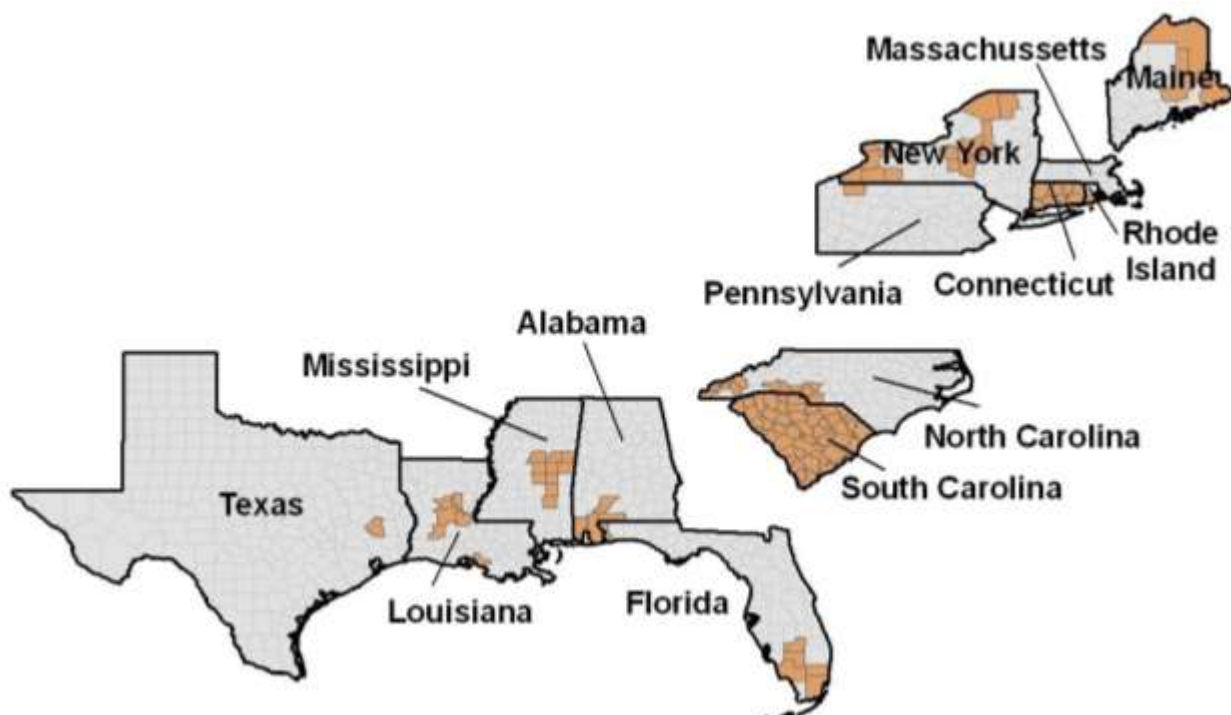
The total Medicaid payments in MAX data for M-CHIP and Medicaid recipients who were IHS healthcare delivery system users totaled \$224,000. These 'IHS AIAN' were enrolled longer on average (10.7 months) than other AIAN who were not IHS system users (7.5 months). The total payment per person adjusted for the months that the enrollees were in Medicaid was higher for IHS AIAN \$2,251 per Recipient-Year than for other AIAN \$1,087 per Recipient-Year.

California Area

Figure 62. Total Medicaid payment and the IHS Program part of the payment for recipients in M-CHIP-Only and in Both M-CHIP and Medicaid.



Nashville Area Findings

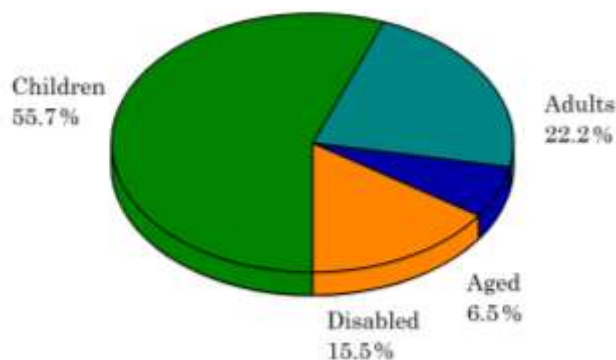


Medicaid

Enrollment

In MAX data there were 13,943 Medicaid enrollees in the AIAN racial category living in the Nashville Area CHSDA counties in 2004 (Appendix Table B.7.1). There were 915 in Alabama, 1,018 in Connecticut, 609 in Florida, 415 in Louisiana, 29 in Massachusetts, 30 in Maine, 2,527 in Mississippi, 2,509 in North Carolina, 4,041 in New York, 12 in Pennsylvania, 158 in Rhode Island, 1,570 in South Carolina and 110 in Texas (Appendix Table B.7.2).

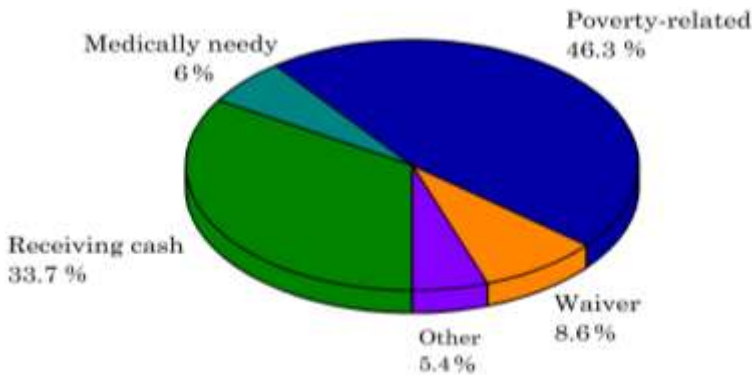
Figure 63. BOE eligibility groups of AIAN enrollees in Medicaid program in the Nashville Area.



In the Nashville Area more than half of Medicaid enrollees are Children (55.7%), even after excluding CHIP enrollees. This is comparable to the 58.4% for all AIAN Medicaid enrollees in the IHS Areas (Figure 1). Just over a fifth of Medicaid enrollees in the Area are Adults (22.2%). The Adult eligibility group made up 28.1% of AIAN Medicaid enrollees in the IHS Areas. The Aged eligibility group made up 6.5% of AIAN enrollees in the Area. The comparable figure for all IHS Areas was 3.7%. The Disabled eligibility group made up 15.5% of all AIAN Medicaid enrollees in the Area. The comparable figure for all IHS

Areas was similar (9.8%).

Figure 64. MAS assistance categories of Medicaid enrollees in the Nashville Area.

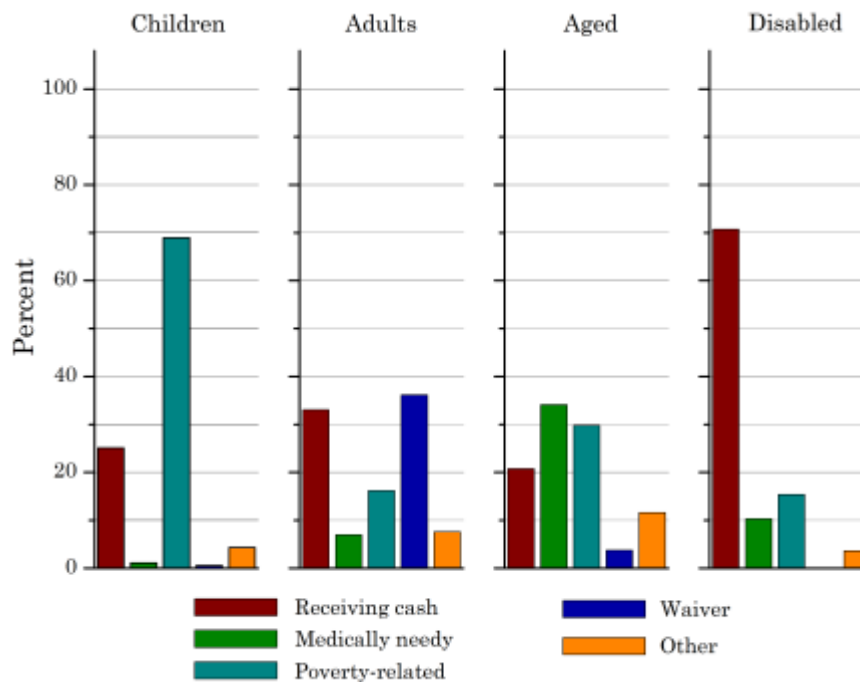


In the Nashville Area only a third (33.7%) of AIAN Medicaid enrollees were Receiving Cash assistance. The comparable value for enrollees in all IHS Areas was 46.9% (Figure 2). Nearly half of enrollees (46.3%) were in the Poverty Related income category. The value for enrollees in all IHS Areas was a third (33.2%). There were 6.0% AIAN enrollees in the optional Medically Needy category. The comparable value for enrollees in all IHS Areas was only 0.9%. Less than a tenth (8.6%) of enrollees were in the Waiver

managed care category which is comparable to the fraction for all IHS Areas, 8.5%. The Other maintenance assistance category included 5.4% of the enrollees in the Area. The comparable figure was 10.5% of the enrollees for all IHS Areas.

In the Nashville Area the highest proportions of enrollees Receiving Cash assistance are in the Disabled group followed by Adults, Children and Aged in that order. Children have proportionately most enrollees in the Poverty Related category than Aged, Adult or Disabled groups. The Medically Needy category is highest for the Aged group. The managed care Waiver group is highest for the Adult group. The Other MAS assistance category is highest for the Aged group.

Figure 65. Maintenance assistance categories for the BOE eligibility groups in the Nashville Area.



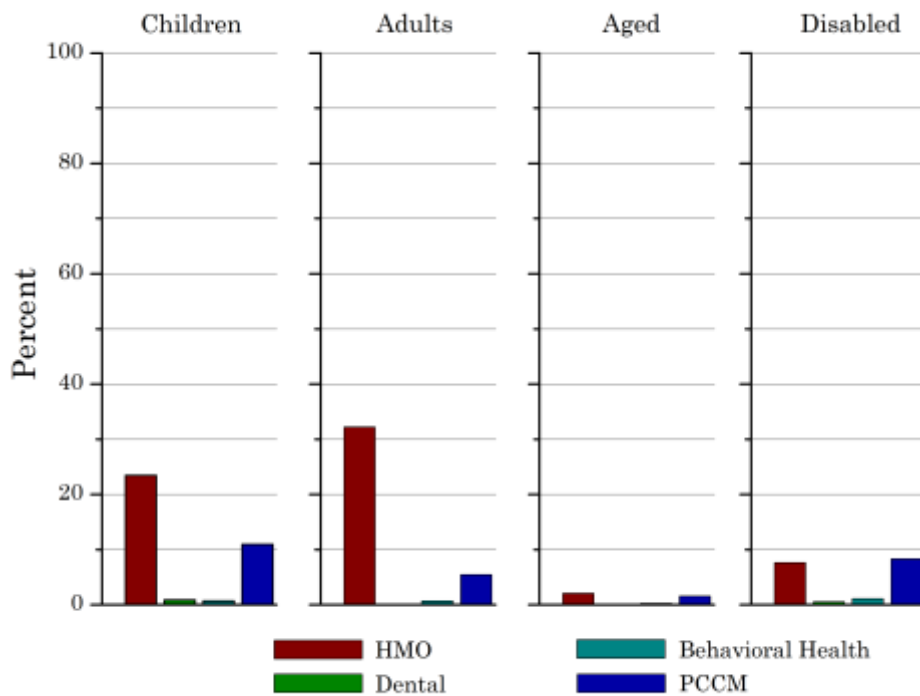
Dual Enrollees

In the Nashville Area data there were 1,754 enrollees enrolled in both Medicaid and Medicare at least one month in 2004 (Appendix Table B.7.3). When we restricted Dual Enrollees to those in the Aged and Disabled eligibility groups (98% of Duals), 44% of Aged and 61% of the Disabled were in the QMB category with full Medicaid benefits (Appendix B.7.4). Two fifths (42%) of the Aged and a third of the Disabled (32%) Dual Enrollees were in the next largest category, 'Other Duals'.

Managed Care

In the Nashville Area Medicaid enrollees in managed care were mainly in HMO, including a quarter of the Children (23%), a nearly a third of Adults (33%) (Figure below, Appendix Table B.7.5). About a tenth of the Children (11%) and 5% of Adults and 8% of the Disabled had PCCM.

Figure 66. Medicaid enrollees in managed care by BOE Eligibility group in the Nashville Area

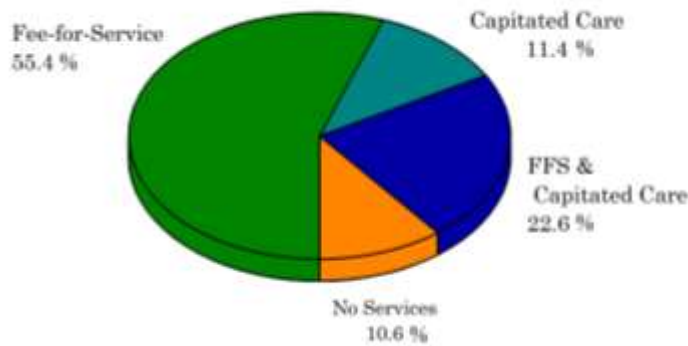


Service Use & Payments

In the Nashville Area data there was Medicaid service use and payment information for 13,944 AIAN enrollees, although 10.6% did not receive any Medicaid-paid health care in 2004 (see Figure next page). More than half of the enrollees received only FFS services (55.4%). Twice as many of the recipients received both Capitated and FFS (22.6%) as received only Capitated care (11.4%). There were 43,007 Capitated Care paid monthly premiums for 4,739 recipients with only Capitated Care and with Capitated and FFS care (Appendix Table C.7.1). The total Medicaid capitated payments were \$5,514,000, or \$128 per premium claim. The 2004 average capitated payment was \$1,402 per year of recipient eligibility (in person-years).

Nashville Area

Figure 67. Medicaid enrollees with Capitated, FFS or both types of care in the Nashville Area.



For HMO there were 4,735 monthly premiums paid for 2,979 recipients at \$185 per monthly premium or \$4,735,000 and an average of \$2,199 per year of recipient eligibility (Appendix Table C.7.2). For the small amount of PHP in the Nashville Area there were 607 premiums paid for 181 recipients at an average of \$324 per premium paid or \$197,000 and \$1,925 per year of recipient eligibility (Recipient-Year in person years). For PCCM there were 10,182 monthly premiums paid for 1,190 recipients at \$3.6 per monthly premium paid, or

\$36,700 for an average of \$58 per year of recipient eligibility.

For FFS services the total Medicaid claims were 433,966 and total payments were \$53,646,000 (Appendix Table C.7.1). The claims and payments were for services received by both the enrollees with only FFS and the enrollees with Capitated and FFS services. The 2004 average FFS payment was \$6,097 per year of recipient eligibility (in person-years).

IHS Program Service Use and Payments

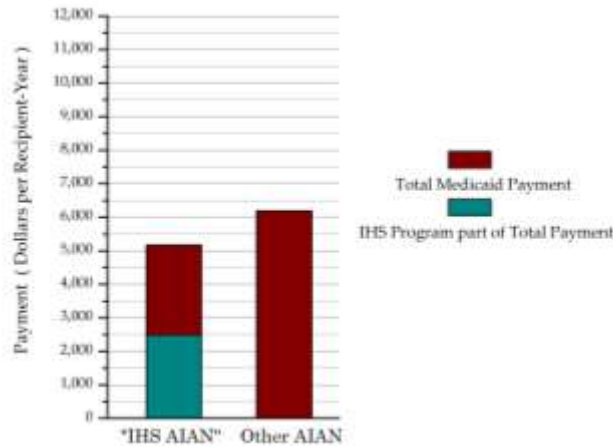
In the Nashville Area data there were 3,561 AIAN recipients with Medicaid paid claims and payments for care provided through the IHS healthcare delivery system. This was 26% of all AIAN recipients in the data for the Area. Since there were 47,218 IHS Active Users in the Area in FFY2004, this is a ratio of about 7.5 IHS AIAN Medicaid recipients per 100 AIAN Active Users for the Area. A low ratio can mean that the state Medicaid and IHS Area program have not yet accomplished full reporting of IHS Program Medicaid recipients, or many IHS Program users who are IHS AIAN were not identified as AIAN in the state Medicaid data files, or that enrollment of IHS AIAN in state Medicaid programs is low for the Area.

The total IHS Program Medicaid payments in MAX data were \$6,898,000. The average number of months that they were covered by Medicaid was 9.3 months and the total number of IHS Program claims was 46,639. The total IHS payment per person adjusted for the varying number of months that the enrollees were in Medicaid was \$2,490 per year of recipient enrollment (Recipient-Year).

The total Medicaid payments in MAX data for IHS AIAN users whether using the IHS healthcare delivery system or not, totaled \$14,337,000. These 'IHS AIAN' were enrolled no longer on average (9.3 months) than other AIAN who were not IHS system users (9.3 months). The total payment per person adjusted for the months that the enrollees were in Medicaid was similar for IHS AIAN (\$5,174 per Recipient-Year) and other AIAN (\$5,566 per Recipient-Year).

Nashville Area

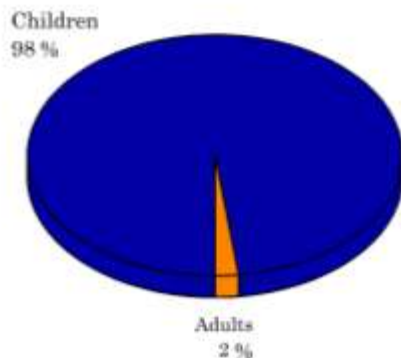
Figure 68. Total Medicaid payment and the IHS Program part of the payment per Recipient-Year for IHS IAN and Other AIAN in the Nashville Area.



CHIP

Enrollment

Figure 69. Percent of M-CHIP enrollees by eligibility group in the Nashville Area.



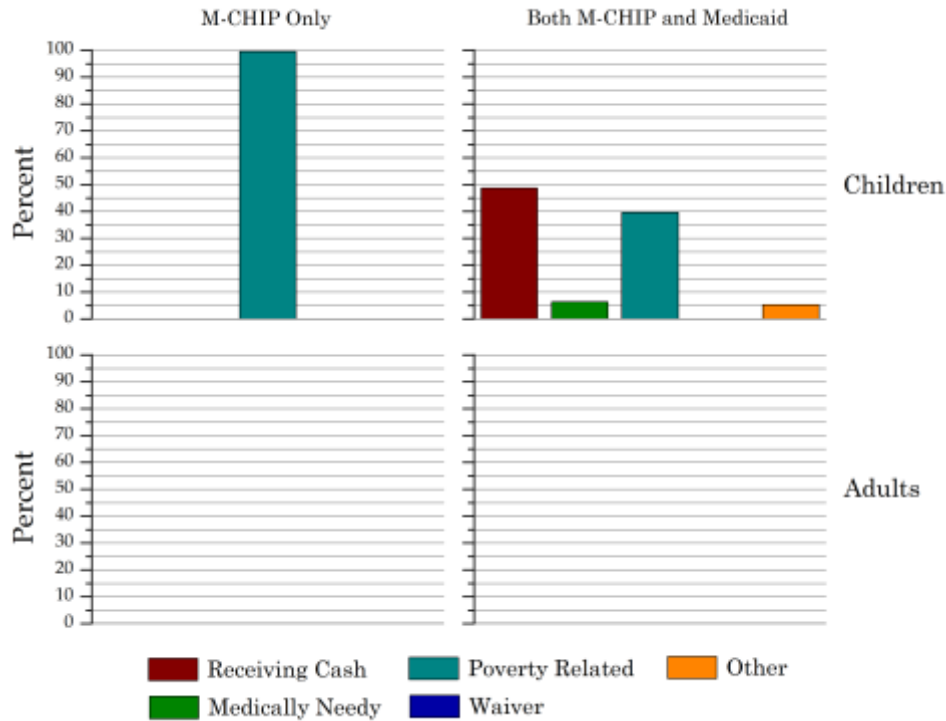
In the Nashville data there were 323 M-CHIP enrollees in the AIAN racial category in 2004. Of the enrollees 98% were in the Children's eligibility group (see Figure at left). The eligibility and maintenance assistance data differed for the enrollees depending on whether they were only enrolled in M-CHIP (62%), or they were enrolled in both M-CHIP and Medicaid programs in different months of the year (38%) (Appendix Table D.7.1). The M-CHIP-Only Children's group was primarily in the Poverty-related maintenance assistance category (95%) while the Adults were all in a managed care Waiver category (100%) (see Figure below). The greater variation in maintenance assistance categories for those in both M-CHIP and Medicaid programs was

undoubtedly because in MAX data the maintenance assistance category information was taken from the last change in status during the year, and the range of allowable maintenance assistance categories is greater in Medicaid than in the M-CHIP program.

For the Children eligibility group, 36% of M-CHIP-Only enrollees were in an HMO during the year, and 47% of M-CHIP and Medicaid enrollees were in an HMO (Appendix Table D.7.2). Also for the Children, 11% of M-CHIP-Only enrollees and 11% of M-CHIP and Medicaid enrollees were in a PCCM prepaid plan during the year.

Nashville Area

Figure 70. Maintenance assistance and eligibility groups for M-CHIP enrollees who were enrolled only in M-CHIP or in both M-CHIP and Medicaid in the Nashville Area



Service Use & Payments

There were 97 M-CHIP-Only recipients in Capitated Care only and both Capitated and FFS systems of care (Appendix Table D.1.3). The total Medicaid capitated payments were \$67,000, or \$84 per monthly premium claim. The total payments per person adjusted for the varying number of months that the enrollees were in M-CHIP was \$908 per Recipient-Year (in person-years).

There were 81 M-CHIP and Medicaid recipients in Capitated Care only and both Capitated and FFS systems of care. The total Medicaid capitated payments were \$77,000, or \$99 per monthly premium claim. The total payments per person adjusted for the months that the enrollees were in M-CHIP was \$997 per Recipient-Year.

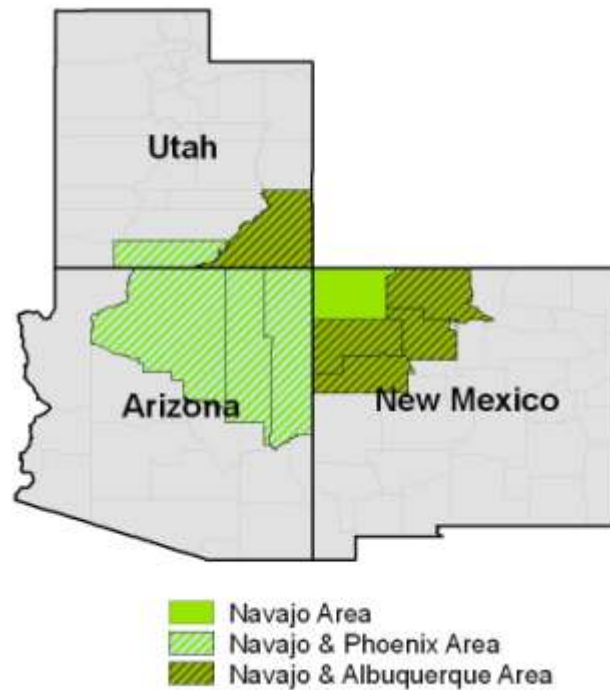
There were 142 M-CHIP-Only recipients in FFS only and both Capitated and FFS systems of care. The total FFS payments were \$110,000. The total payments per person adjusted for the months that the enrollees were in M-CHIP was \$972 per Recipient-Year.

There were 129 M-CHIP and Medicaid recipients in FFS only and both Capitated and FFS systems of care. The total FFS payments were \$380,000. The total payments per person adjusted for the months that the enrollees were in M-CHIP was \$3,065 per Recipient-Year.

IHS Program Service Use and Payments

There were just three M-CHIP-Only recipients and two M-CHIP and Medicaid recipients with Medicaid paid claims for care provided through the IHS healthcare delivery system (Appendix Table D.7.4).

Navajo Area Findings



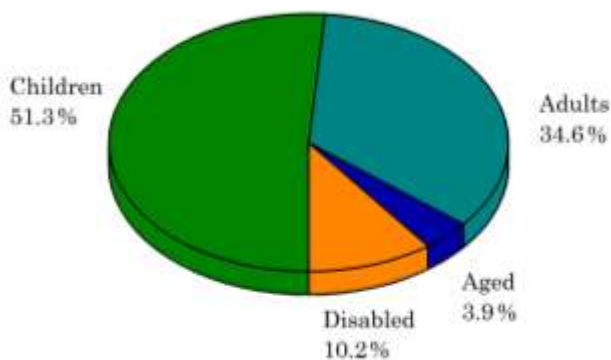
Map 8. Navajo Area CHSDA counties including those split with Albuquerque & Phoenix Areas.

Medicaid

Enrollment

In MAX data there were 140,682 Medicaid enrollees in the AIAN racial category living in the Navajo Area CHSDA counties in 2004 (Appendix Table B.8.1). There were 83,842 in Arizona, 53,196 in New Mexico, and 3,644 in Utah (Appendix Table B.8.2). In Navajo Area there are counties whose IHS Service Population is ‘split’ with the Albuquerque and Phoenix Areas. AIAN Medicaid enrollees have

Figure 71. BOE eligibility groups of AIAN enrollees in Medicaid program in the Navajo Area.



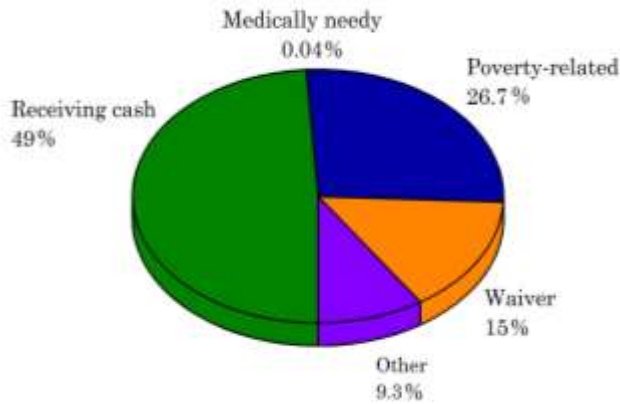
been assigned to the three Areas using a protocol described in the Methods section (with results described in Appendix F).

In the Navajo Area more than half of the Medicaid enrollees are Children (51.3%) (see Figure at left). This is less than the figure of 58.4% for all AIAN Medicaid enrollees in the IHS Areas (Figure 1). Essentially a third of Medicaid enrollees in the Area are Adults (34.6%). The Adult eligibility group made up 28.1% of AIAN Medicaid enrollees in the IHS Areas. The Aged eligibility group made up 3.9% of AIAN enrollees in the Area. The comparable figure for all IHS Areas was 3.7%.

Navajo Area

The Disabled eligibility group made up 10.2% of all AIAN Medicaid enrollees in the Area. The comparable figure for all IHS Areas was (9.8%).

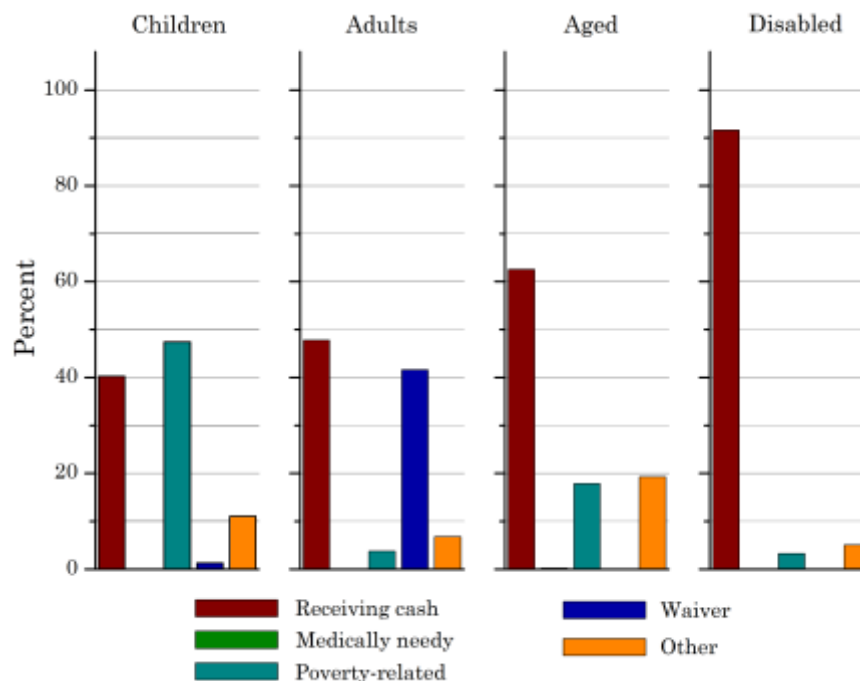
Figure 72. MAS assistance categories of Medicaid enrollees in the Navajo Area.



In the Navajo Area half (49.0%) of AIAN Medicaid enrollees were Receiving Cash assistance. The comparable value for enrollees in all IHS Areas was 46.9% (Figure 2). Nearly half of enrollees (46.3%) were in the Poverty Related income category. The value for enrollees in all IHS Areas was a third (33.2%). There were 6.0% AIAN enrollees in the optional Medically Needy category. The comparable value for enrollees in all IHS Areas was only 0.9%. Less than a tenth (8.6%) of enrollees were in the Waiver managed care category which is comparable to the fraction for all IHS Areas, 8.5%. The Other maintenance assistance category included 5.4% of the enrollees in the Area. The comparable figure was 10.5% of the enrollees for all IHS Areas.

In the Navajo Area the highest proportions of enrollees Receiving Cash assistance are in the Disabled group followed by the Aged, Adults and Children groups in that order. Children have proportionately most enrollees in the Poverty Related category than Aged, Adult or Disabled groups. The Medically Needy category is highest for the Aged group. The managed care Waiver category is highest for the Adult group. The Other MAS assistance category is highest for the Aged group.

Figure 73. MAS assistance categories for the BOE eligibility groups in the Navajo Area.



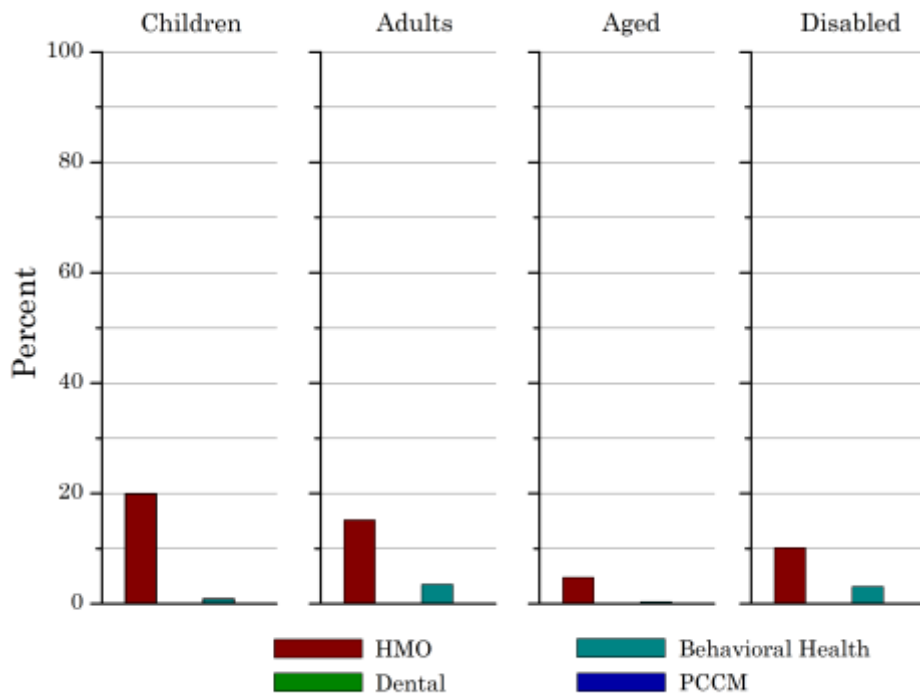
Dual Enrollees

In the Navajo Area data there were 11,456 enrollees enrolled in both Medicaid and Medicare at least one month in 2004 (Appendix B.8.3). When we restricted Dual Enrollees to those in the Aged and Disabled eligibility groups (94% of Duals), 70% of Aged and 78% of the Disabled were in the QMB category with full Medicaid benefits (Appendix B.8.4). About a fifth (22%) of the Aged and the Disabled (19%) Dual Enrollees were in the next largest category, ‘Other Duals’.

Managed Care

In the Navajo Area Medicaid enrollees in managed care were mainly in HMO, including a fifth of the Children (20%), and 15% of Adults (Figure below, Appendix Table B.8.5). Some 5% of the Aged and 10% of Disabled were in HMO. About a tenth of the Children (11%), 5% of Adults and 8% of the Disabled had PCCM. In the Navajo Area 15% of the Aged and 6% of the Disabled were in Long-term Care plans (not shown in Figure below, see Appendix B Table B.8.5).

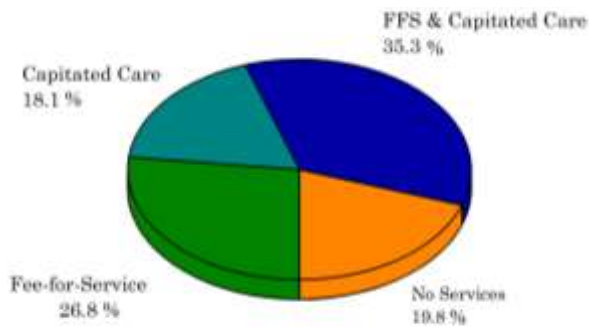
Figure 74. Medicaid enrollees in managed care by BOE Eligibility group in the Navajo Area.



Service Use & Payments

In Navajo Area data there was service use and payment information for 140,696 AIAN enrollees, although 19.8% of these enrollees were technically not recipients because they did not have a Medicaid paid claim for care in 2004.

Figure 75. Medicaid enrollees with Capitated, FFS or both types of care in the Navajo Area.



For the AIAN, more than a third received both Capitated and FFS (35.3%). More than a quarter (26.8%) received FFS care only. Nearly a fifth received only Capitated care (18.1%).

There were 1,013,376 Capitated Care claims paid for monthly premiums of 75,131 recipients with Capitated Care with or without FFS care (Appendix Table C.8.1). The total Medicaid capitated payments were \$94,289,000, or \$93 per premium claim. The 2004 average capitated payment was \$1,517 per year of recipient eligibility (in person-years).

For HMO there were 262,360 monthly premiums paid for 25,893 recipients at \$245 per monthly premium or \$64,211,000 and an average of \$4,313 per year of recipient eligibility (Appendix Table C.8.2). For PHP there were 751,016 premiums paid for 66,112 recipients at an average of \$324 per premium paid or \$30,078. The payment per year of recipient eligibility (Recipient-Year in person years) could not be determined because the number of months that PHP premiums were paid was missing for so many recipients. There was no PCCM service or payments.

For FFS care the total Medicaid claims were 1,859,924 and total payments were \$406,234,000 (Appendix Table C.8.1). The claims and payments were for services were received by recipients with only FFS and with Capitated and FFS care. The 2004 average FFS payment was \$5,420 per year of recipient eligibility (in person-years).

IHS Program Service Use and Payments

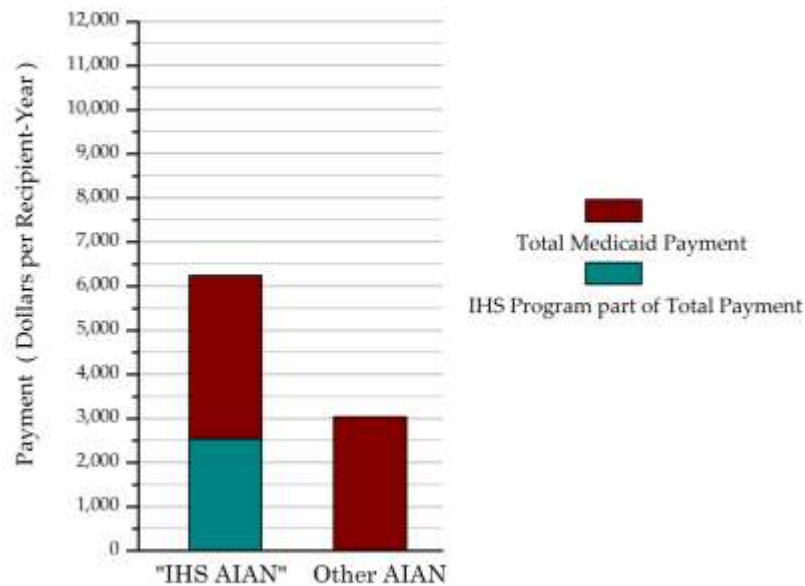
In the Navajo Area data there were 78,292 AIAN recipients with Medicaid paid claims and payments for care provided through the IHS healthcare delivery system. This was 56% of all AIAN recipients in the data for the Area. Since there were 236,829 IHS Active Users in the Area in FFY2004, this is a ratio of about 33 IHS AIAN Medicaid recipients per 100 AIAN Active Users for the Area.

The total IHS Program Medicaid payments in MAX data were \$171,017,000. The average number of months that they were covered by Medicaid was 10.3 months and the total number of IHS Program claims was 779,971. The total IHS payment per person adjusted for the varying number of months that the enrollees were in Medicaid was \$2,540 per year of recipient enrollment (Recipient-Year).

The total Medicaid payments in MAX data for IHS AIAN users whether using the IHS healthcare delivery system or not, totaled \$419,865,000. These 'IHS AIAN' were enrolled longer on average (10.3 months) than other AIAN who were not IHS system users (8.4 months). The total payment per person adjusted for the months that the enrollees were in Medicaid was more than three times as high for IHS AIAN (\$6,237 per Recipient-Year) than for other AIAN (\$1,836 per Recipient-Year).

Navajo Area

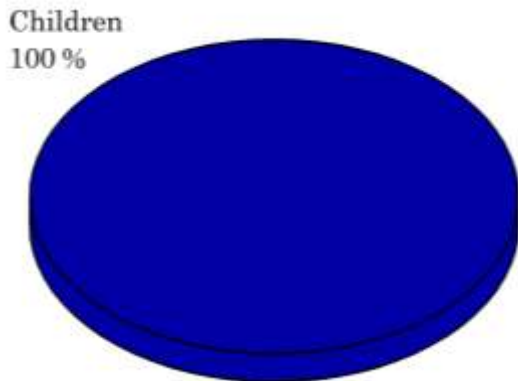
Figure 76. Total Medicaid payment and IHS Program part of payment per Recipient-Year for IHS AIAN and other AIAN in the Oklahoma Area.



CHIP

Enrollment

Figure 77. Percent of M-CHIP enrollees by eligibility group in the Navajo Area.

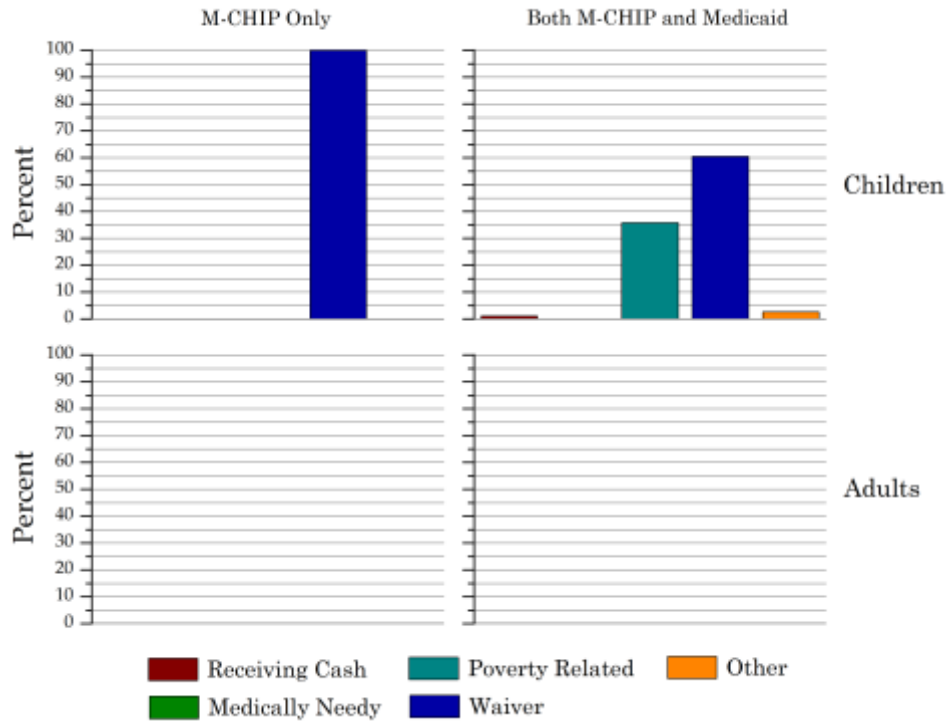


In the Navajo Area data there were 1,788 M-CHIP enrollees in the AIAN racial category in 2004. All enrollees were in the Children's eligibility group (see Figure at left). The eligibility and maintenance assistance data differed for the enrollees depending on whether they were only enrolled in M-CHIP (40%), or they were enrolled in both M-CHIP and Medicaid programs in different months of the year (60%) (Appendix Table D.8.1). The M-CHIP-Only Children's group was in the managed care Waiver category (100%) while 60% of those in both M-CHIP and Medicaid programs were in a managed care Waiver maintenance assistance category and most of the rest were in the Poverty-related category (see Figure

below). The greater variation in maintenance assistance categories for those in both M-CHIP and Medicaid programs was undoubtedly because in MAX data the maintenance assistance category information was taken from the last change in status during the year, and the range of allowable maintenance assistance categories is greater in Medicaid than in the M-CHIP program.

Navajo Area

Figure 78. Maintenance assistance and eligibility groups for M-CHIP enrollees who were enrolled only in M-CHIP or in both M-CHIP and Medicaid in the Navajo Area.



For the Children eligibility group, 26% of M-CHIP-Only enrollees were in an HMO during the year, and 29% of M-CHIP and Medicaid enrollees were in an HMO (Appendix Table D.8.2).

Service Use & Payments

There were 182 M-CHIP-Only recipients in Capitated Care only and both Capitated and FFS systems of care (Appendix Table D.1.3). The total Medicaid capitated payments were \$287,000, or \$119 per monthly premium claim. The total payments per person adjusted for the varying number of months that the enrollees were in M-CHIP was \$2,336 per Recipient-Year (in person-years).

There were 310 M-CHIP and Medicaid recipients in Capitated Care only and both Capitated and FFS systems of care. The total Medicaid capitated payments were \$636,000, or \$115 per monthly premium claim. The total payments per person adjusted for the months that the enrollees were in M-CHIP was \$2,205 per Recipient-Year.

There were 416 M-CHIP-Only recipients in FFS only and both Capitated and FFS systems of care. The total FFS payments were \$421,000. The total payments per person adjusted for the months that the enrollees were in M-CHIP was \$1,397 per Recipient-Year.

There were 787 M-CHIP and Medicaid recipients in FFS only and both Capitated and FFS systems of care. The total FFS payments were \$1,425,000. The total payments per person adjusted for the months that the enrollees were in M-CHIP was \$2,019 per Recipient-Year.

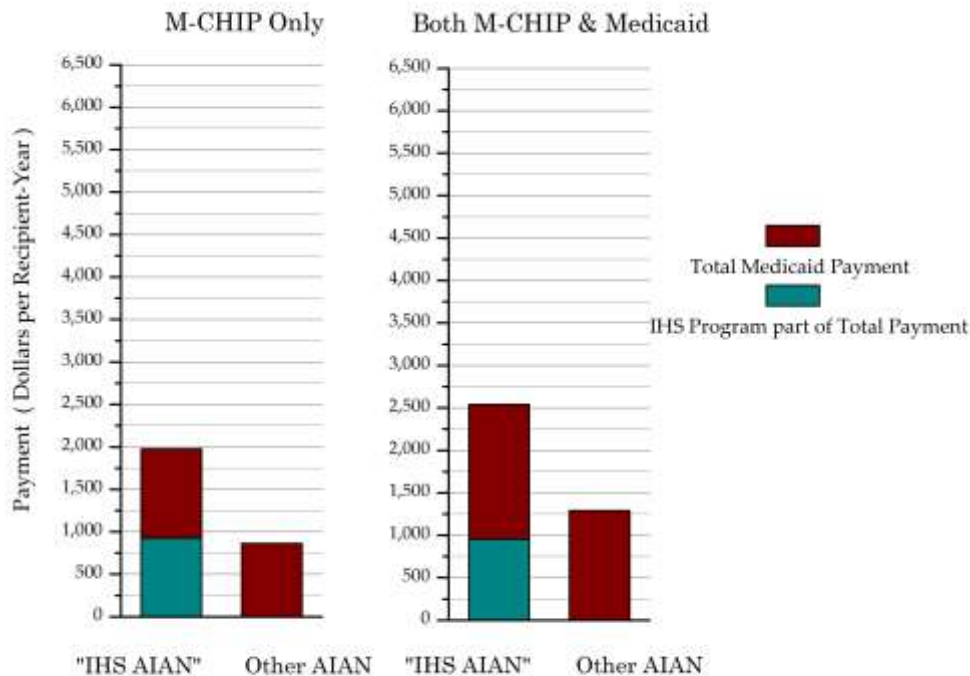
IHS Program Service Use and Payments

There were 469 M-CHIP-Only recipients and 803 M-CHIP and Medicaid recipients with Medicaid paid claims for care provided through the IHS healthcare delivery system (Appendix Table D.8.4). The total IHS Program Medicaid payments in MAX data were \$303,000 for M-CHIP-Only recipients and \$695,000 for M-CHIP and Medicaid recipients. The total IHS payment per person adjusted for the varying number of months that the enrollees were in Medicaid was \$926 per Recipient-Year for M-CHIP-Only recipients and \$956 per Recipient-Year for M-CHIP and Medicaid recipients.

The total Medicaid payments in MAX data for M-CHIP-Only recipients who were IHS healthcare delivery system users totaled \$646,000. These 'IHS AIAN' were not enrolled longer on average (8.4 months) than other AIAN who were not IHS system users (9.2 months). The total payment per person adjusted for the months that the enrollees were in Medicaid was higher for IHS AIAN \$1,976 per Recipient-Year than for other AIAN \$862 per Recipient-Year.

The total Medicaid payments in MAX data for M-CHIP and Medicaid recipients who were IHS healthcare delivery system users totaled \$2,061,000. These 'IHS AIAN' were enrolled longer on average (10.9 months) than other AIAN who were not IHS system users (10.7 months). The total payment per person adjusted for the months that the enrollees were in Medicaid was higher for IHS AIAN \$2,542 per Recipient-Year than for other AIAN \$1,290 per Recipient-Year.

Figure 79. Total Medicaid payment and the IHS Program part of the payment for recipients in M-CHIP-Only and in Both M-CHIP and Medicaid.



Oklahoma Area Findings



Map 9. Oklahoma Area CHSDA counties.

Medicaid

Enrollment

In MAX data there were 87,041 Medicaid enrollees in the AIAN racial category living in the Oklahoma Area CHSDA counties in 2004 (Appendix Table B.9.1). There were 1,152 in Kansas, 43 in Nebraska, 85,588 in Oklahoma and 258 in Texas (Appendix Table B.9.2).

Oklahoma Area

Figure 80. BOE eligibility groups of AIAN enrollees in Medicaid program in the Oklahoma Area.

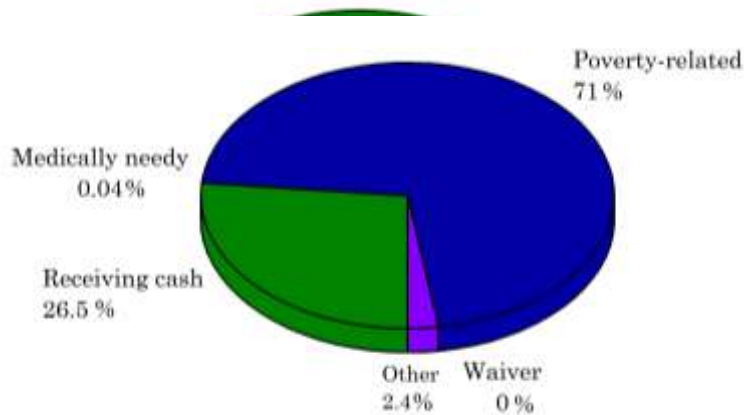


Figure 82. MAS assistance categories of Medicaid enrollees in the Oklahoma Area.

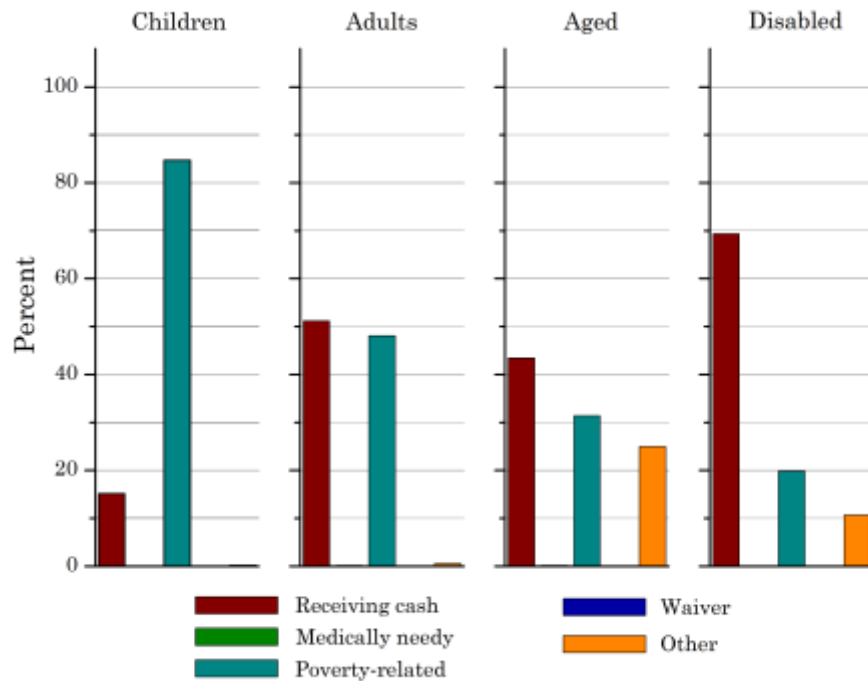
In the Oklahoma Area nearly three-fourths of Medicaid enrollees are Children (72.3%), excluding CHIP enrollees (see Figure at left). This is substantially more than any other Area and therefore substantially more than the figure of 58.4% for all AIAN Medicaid enrollees in the IHS Areas (Figure 1). Only 13% of Medicaid enrollees in the Area are Adults. The Adult eligibility group made up 28.1% of enrollees for all IHS Areas combined. The Aged eligibility group made up 4.8% of AIAN enrollees in the Area. The comparable figure for all IHS Areas was 3.7%. The Disabled eligibility group made up 9.8% of all AIAN Medicaid enrollees in the Area, just as for all IHS Areas was similar (9.8%).

In the Oklahoma Area a quarter of the enrollees (26.5%) of AIAN Medicaid enrollees were Receiving Cash assistance (see Figure at left). For enrollees in all IHS Areas the proportion was closer to half the enrollees 46.9% (Figure 2). More than seven-tenths of the enrollees (71.0%) were in the Poverty Related income category. The value for enrollees in all IHS Areas was a third (33.2%). There were only 0.04% of enrollees in the optional Medically Needy category. The comparable value for enrollees in all IHS Areas was 0.9%. None of the enrollees were in the Waiver managed care category which is nearly twice the proportion for all IHS Areas, 8.5%. The Other maintenance assistance category included 2.4% of the enrollees in the Area. The comparable figure was 10.5% of the enrollees for all IHS Areas.

In the Oklahoma Area the highest proportions of enrollees Receiving Cash assistance are in the Disabled group followed by Adults, Aged and Children groups in that order. Children have proportionately most enrollees in the Poverty Related category than Adult, Aged or Disabled groups. The optional Medically Needy and managed care Waiver categories have few if any enrollees for the Oklahoma Area. The Other category is higher for the Aged than the Disabled group.

Oklahoma Area

Figure 83. Maintenance assistance categories for the BOE eligibility groups in the Oklahoma Area.



Dual Enrollees

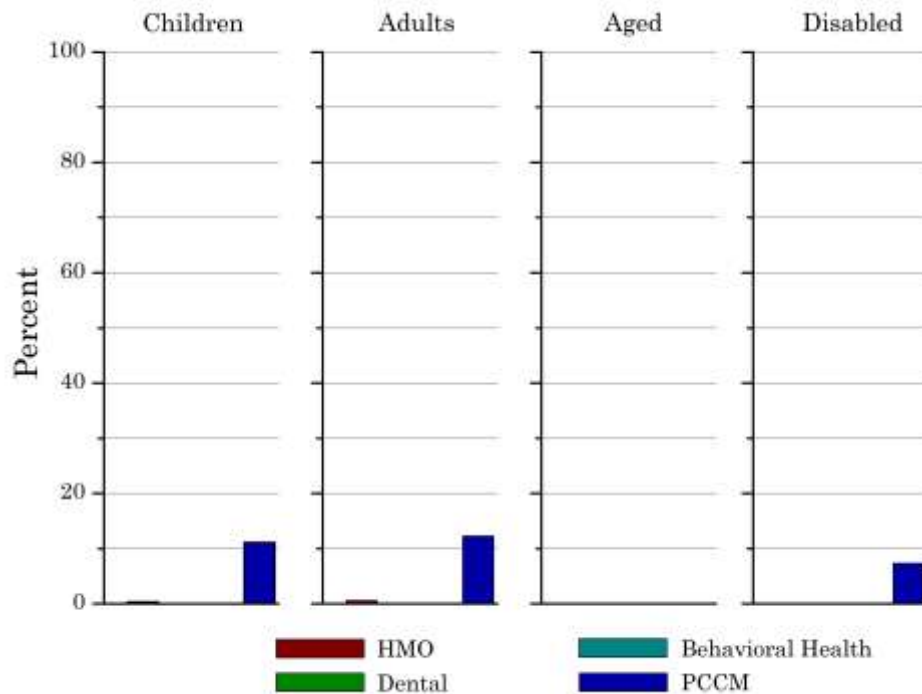
In the Oklahoma Area data there were 7,631 enrollees enrolled in both Medicaid and Medicare at least one month in 2004 (Appendix B.9.3). When we restricted Dual Enrollees to those in the Aged and Disabled eligibility groups (99% of Duals), 87% of Aged and 80% of the Disabled were in the QMB category with full Medicaid benefits (Appendix B.9.4). About a tenth (10%) of the Aged and the Disabled (8%) Dual Enrollees were in the next largest category, 'SLMB Only'. Nearly a tenth (9%) of the Disabled were also Qualifying Individuals.

Managed Care

In the Oklahoma Area Medicaid enrollees in managed care were essentially only those with PCCM, including a 11% of the Children, and 12% of Adults (Figure below, Appendix Table B.9.5). Some 7% of the Disabled had PCCM.

Oklahoma Area

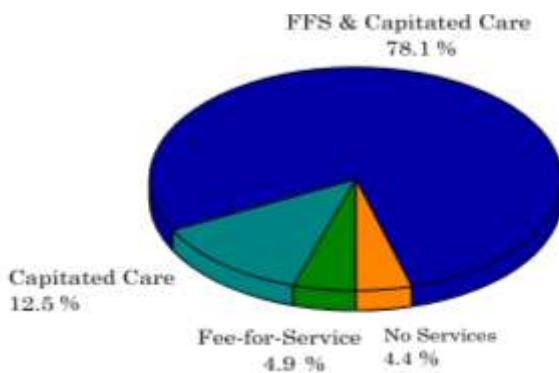
Figure 84. Medicaid enrollees in managed care by BOE Eligibility group in the Oklahoma Area.



Service Use & Payments

In the Oklahoma Area data there was service use and payment information for 87,041 AIAN enrollees, although 4.4% of these enrollees did not have a Medicaid paid claim for care.

Figure 85. Medicaid enrollees with Capitated, FFS or both types of care in the Oklahoma Area.



More than three-quarters received both Capitated and FFS (78.1%). One-eighth received only Capitated Care (12.5%). Only 4.9% received FFS services only.

There were 752,153 Capitated Care claims paid for monthly premiums of 78,885 recipients with only Capitated Care or Capitated and FFS services (Appendix Table C.9.1). The total Medicaid capitated payments were \$8,884,000, or \$12 per premium claim. The 2004 average capitated payment was \$139 per year of recipient eligibility (in person-years).

For HMO there were 2,400 monthly premiums paid for 285 recipients at \$135 per monthly premium or \$324,000 and an average of \$1,965 per year of recipient eligibility (Appendix Table C.9.2). There was no PHP managed care in the Oklahoma Area. For PCCM there were 47,657 monthly premiums paid for 8,973 recipients at \$2.2 per monthly premium paid, or \$104,800 for an average of \$26 per year of recipient eligibility.

Oklahoma Area

For FFS services the total Medicaid claims were 2,104,526 and total payments were \$227,275,000 (Appendix Table C.9.1). The claims and payments were for services received by both the enrollees with only FFS and the enrollees with Capitated and FFS services. The 2004 average FFS payment was \$3,875 per year of recipient eligibility (in person-years).

IHS Program Service Use and Payments

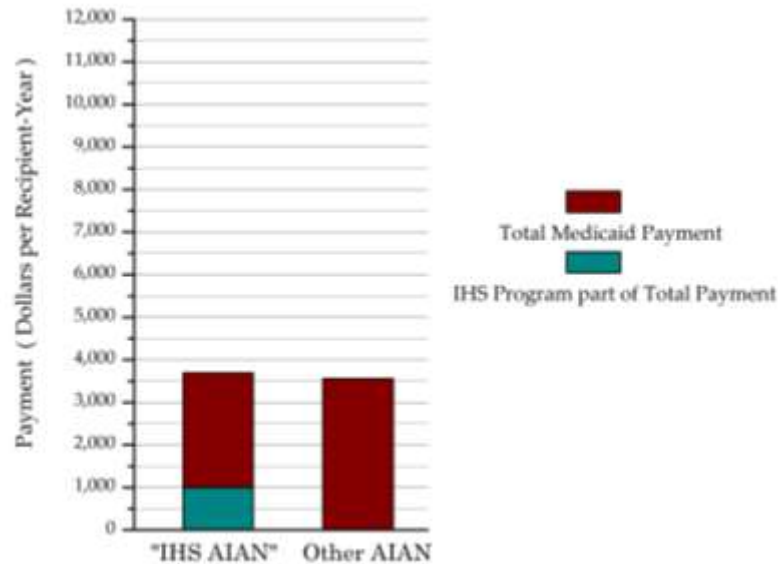
In the Oklahoma Area data there were 31,883 AIAN recipients with Medicaid paid claims and payments for care provided through the IHS healthcare delivery system. This was 56% of all AIAN recipients in the data for the Area. Since there were 299,622 IHS Active Users in the Area in FFY2004, this is a ratio of about 10.6 IHS AIAN Medicaid recipients per 100 AIAN Active Users for the Area. A low ratio can mean that the state Medicaid and IHS Area program have not yet accomplished full reporting of IHS Program Medicaid recipients, or many IHS Program users who are IHS AIAN were not identified as AIAN in the state Medicaid data files, or that enrollment of IHS AIAN in state Medicaid programs is low for the Area.

The total IHS Program Medicaid payments in MAX data were \$25,567,000. The average number of months that they were covered by Medicaid was 9.7 months and the total number of IHS Program claims was 128,541. The total IHS payment per person adjusted for the varying number of months that the enrollees were in Medicaid was \$994 per year of recipient enrollment (Recipient-Year).

The total Medicaid payments in MAX data for IHS AIAN users whether using the IHS healthcare delivery system or not, totaled \$94,891,000. These 'IHS AIAN' were enrolled longer on average (9.7 months) than other AIAN who were not IHS system users (8.9 months). The total payment per person adjusted for the months that the enrollees were in Medicaid was higher for IHS AIAN (\$3,691 per Recipient-Year) than for other AIAN (\$3,434 per Recipient-Year).

Oklahoma Area

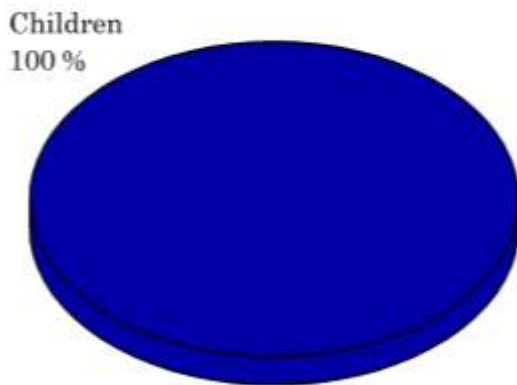
Figure 86. Total Medicaid payment and IHS Program part of payment per Recipient-Year in the **Oklahoma Area**.



CHIP

Enrollment

Figure 87. Percent of M-CHIP enrollees by eligibility group in the Navajo Area.

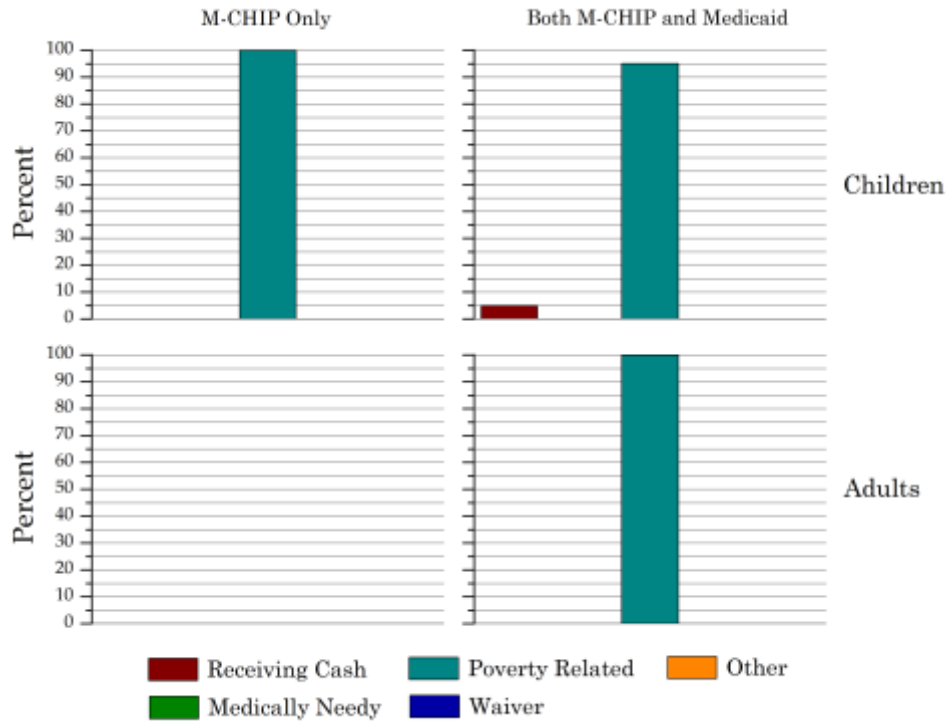


In the Oklahoma Area data there were 14,415 M-CHIP enrollees in the AIAN racial category in 2004. Essentially all enrollees were in the Children's eligibility group (99.6%, see Figure at left). The eligibility and maintenance assistance data differed for the enrollees depending on whether they were only enrolled in M-CHIP (24%), or they were enrolled in both M-CHIP and Medicaid programs in different months of the year (76%) (Appendix Table D.9.1). The M-CHIP-Only Children's group was entirely in the Poverty-related maintenance assistance category (100%) while those in both M-CHIP and Medicaid programs were nearly all the Poverty-related category (95%) (see Figure below). The small number

of Adults in both M-CHIP and Medicaid programs were all the Poverty-related category (100%). The greater variation in maintenance assistance categories for those in both M-CHIP and Medicaid programs was undoubtedly because in MAX data the maintenance assistance category information was taken from the last change in status during the year, and the range of allowable maintenance assistance categories is greater in Medicaid than in the M-CHIP program.

Oklahoma Area

Figure 88. Maintenance assistance and eligibility groups for M-CHIP enrollees who were enrolled only in M-CHIP or in both M-CHIP and Medicaid in the Oklahoma Area.



For the Children eligibility group, 12% of the M-CHIP-Only enrollees and 16% of the M-CHIP and Medicaid enrollees were in a PCCM prepaid plan (Appendix Table D.9.2). In the Adult eligibility group, 27% of the M-CHIP and Medicaid enrollees were in a PCCM prepaid plan.

Service Use & Payments

There were 3,049 M-CHIP-Only recipients in Capitated Care only and both Capitated and FFS systems of care (Appendix Table D.1.3). The total Medicaid capitated payments were \$277,000, or \$9 per monthly premium claim. The total payments per person adjusted for the varying number of months that the enrollees were in M-CHIP was \$127 per Recipient-Year (in person-years).

There were 10,829 M-CHIP and Medicaid recipients in Capitated Care only and both Capitated and FFS systems of care. The total Medicaid capitated payments were \$1,190,000, or \$10 per monthly premium claim. The total payments per person adjusted for the months that the enrollees were in M-CHIP was \$131 per Recipient-Year.

There were 2,673 M-CHIP-Only recipients in FFS only and both Capitated and FFS systems of care. The total FFS payments were \$3,449,000. The total payments per person adjusted for the months that the enrollees were in M-CHIP was \$1,722 per Recipient-Year.

There were 9,661 M-CHIP and Medicaid recipients in FFS only and both Capitated and FFS systems of care. The total FFS payments were \$14,545,000. The total payments per person adjusted for the months that the enrollees were in M-CHIP was \$1,757 per Recipient-Year.

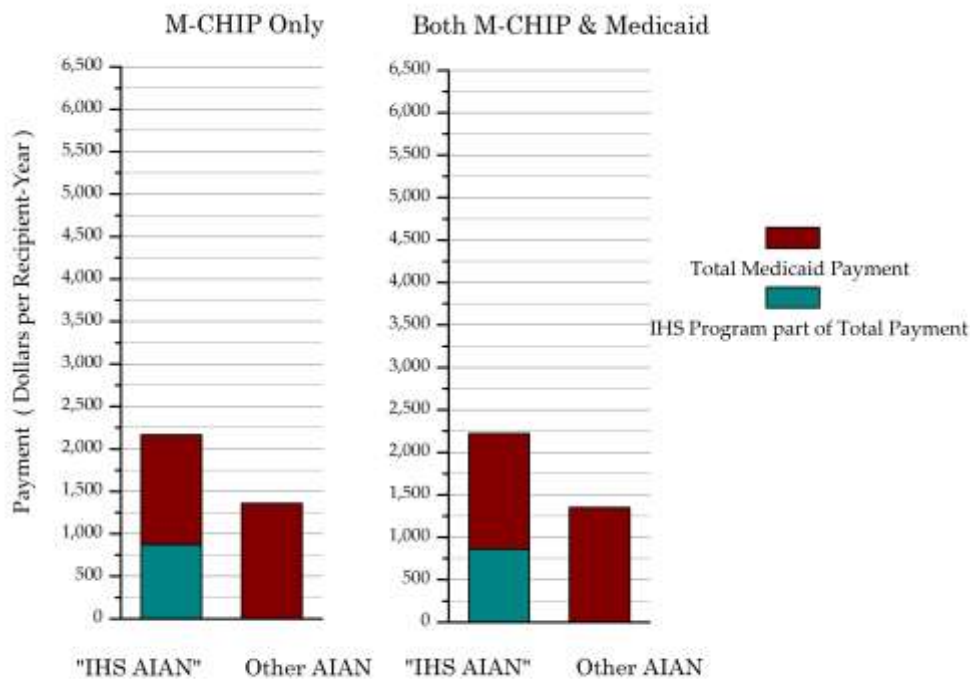
IHS Program Service Use and Payments

There were 1,252 M-CHIP-Only recipients and 4,696 M-CHIP and Medicaid recipients with Medicaid paid claims for care provided through the IHS healthcare delivery system (Appendix Table D.9.4). The total IHS Program Medicaid payments in MAX data were \$777,000 for M-CHIP-Only recipients and \$3,401,000 for M-CHIP and Medicaid recipients. The total IHS payment per person adjusted for the varying number of months that the enrollees were in Medicaid was \$874 per Recipient-Year for M-CHIP-Only recipients and \$861 per Recipient-Year for M-CHIP and Medicaid recipients.

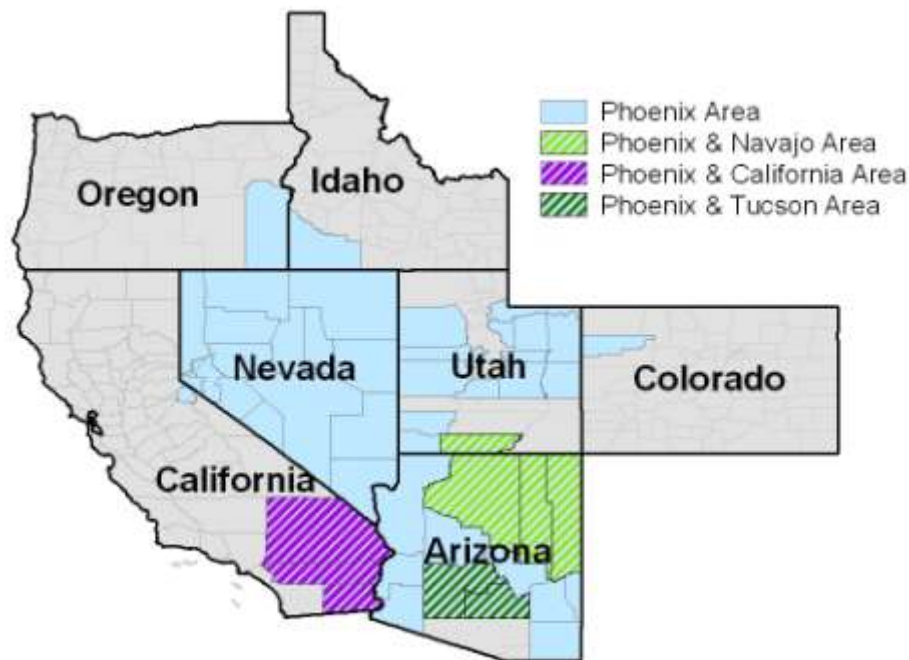
The total Medicaid payments in MAX data for M-CHIP-Only recipients who were IHS healthcare delivery system users totaled \$1,926,000. These 'IHS AIAN' were enrolled longer on average (8.5 months) than other AIAN who were not IHS system users (8.0 months). The total payment per person adjusted for the months that the enrollees were in Medicaid was higher for IHS AIAN \$2,167 per Recipient-Year than for other AIAN \$1,358 per Recipient-Year.

The total Medicaid payments in MAX data for M-CHIP and Medicaid recipients who were IHS healthcare delivery system users totaled \$15,736,000. These 'IHS AIAN' were enrolled longer on average (10.1 months) than other AIAN who were not IHS system users (10.0 months). The total payment per person adjusted for the months that the enrollees were in Medicaid was higher for IHS AIAN \$2,221 per Recipient-Year than for other AIAN \$1,352 per Recipient-Year.

Figure 89. Total Medicaid payment and the IHS Program part of the payment for recipients in M-CHIP-Only and in Both M-CHIP and Medicaid.



Phoenix Area Findings



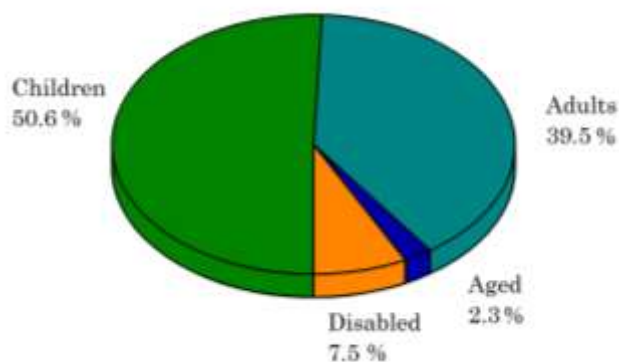
Map 10. Phoenix Area CHSDA counties including those split with California, Navajo & Tucson Areas.

Medicaid

Enrollment

In MAX data there were 63,027 Medicaid enrollees in the AIAN racial category living in the Phoenix Area CHSDA counties in 2004 (Appendix Table B.10.1). There were 55,037 in Arizona, 973 in California, 2 in Colorado, 90 in Idaho, 3,743 in Nevada, 90 in Oregon and 3,072 in Utah (Appendix Table B.10.2). In Phoenix Area there are counties whose IHS Service Population is 'split' with the California, Navajo and Tucson Areas. AIAN Medicaid enrollees in these counties have been assigned

Figure 90. BOE eligibility groups of AIAN enrollees in Medicaid program in the Phoenix Area.



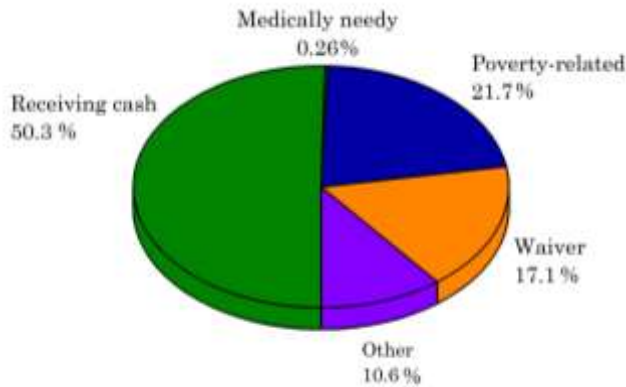
to the four Areas using a protocol described in the Methods section (with results described in Appendix F).

In the Phoenix Area half of Medicaid enrollees are Children (50.6%), excluding CHIP enrollees (see Figure at left). The figure for all AIAN Medicaid enrollees in the IHS Areas is 58.4% (Figure 1). Two-fifths 39.5% of Medicaid enrollees in the Area are Adults. The Adult eligibility group made up only 28.1% of enrollees for all IHS Areas combined. The Aged eligibility group made up 2.3% of AIAN enrollees in the Area. The comparable figure for all IHS Areas

Phoenix Area

was 3.7%. The Disabled eligibility group made up 7.5% of all AIAN Medicaid enrollees in the Area, just as for all IHS Areas was similar (9.8%).

Figure 91. MAS assistance categories of Medicaid enrollees in the Tucson Area.

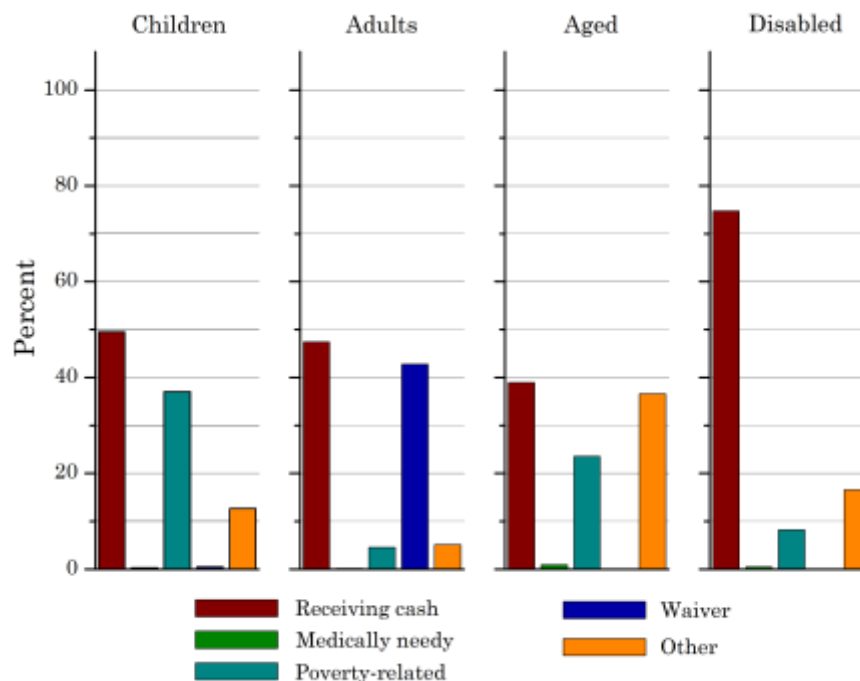


In the Phoenix Area half (50.3%) of AIAN Medicaid enrollees were Receiving Cash assistance. The comparable value for enrollees in all IHS Areas was 46.9% (Figure 2). A little over a fifth of enrollees (21.7%) were in the Poverty Related income category. The value for enrollees in all IHS Areas was a third (33.2%). There were 0.26% of the enrollees in the optional Medically Needy category. The comparable value for enrollees in all IHS Areas was only 0.9%. Proportionately more than twice as many (17.1%) of enrollees were in the Waiver managed care category than for all IHS Areas, 8.5%. The Other maintenance assistance category included

5.4% of the enrollees in the Area. The comparable figure was 10.5% of the enrollees for all IHS Areas.

In the Phoenix Area the highest proportions of enrollees Receiving Cash assistance are in the Disabled group followed by the Children, Adults and Aged groups in that order. Children have proportionately most enrollees with poverty level incomes followed by Aged, Disabled and Adult groups. The optional Medically Needy category has few if any enrollees. The managed care Waiver category is highest for Adults. The Other category is highest for the Aged group followed by Disabled, Children and Adults.

Figure 92. MAS assistance categories for the BOE eligibility groups in the Phoenix Area.



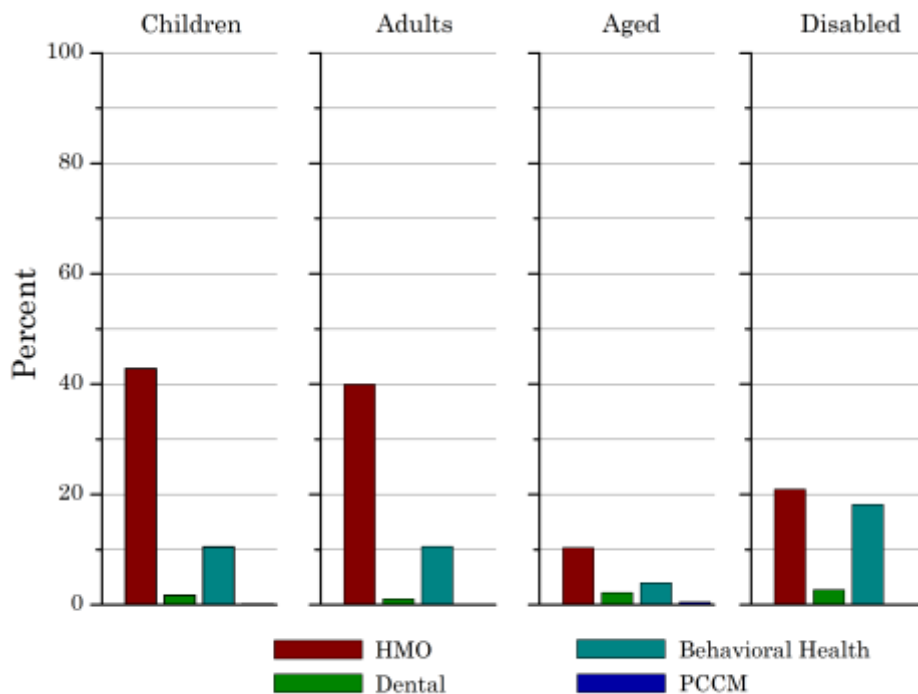
Dual Enrollees

In the Phoenix Area data there were 3,509 enrollees enrolled in both Medicaid and Medicare at least one month in 2004 (Appendix B.10.3). When we restricted Dual Enrollees to those in the Aged and Disabled eligibility groups (91% of Duals), 58% of Aged and 69% of the Disabled were in the QMB category with full Medicaid benefits (Appendix B.10.4). A quarter (25%) of the Aged and a fifth the Disabled (21%) Dual Enrollees were in the next largest category, ‘Other Duals.’

Managed Care

In the Phoenix Area Medicaid enrollees in managed care were mainly in HMO and Behavioral Health plans, including 42% of the Children, and 40% of Adults (Figure below, Appendix Table B.10.5). Some 10% of the Aged and 21% of the Disabled were in HMO as well. More than a tenth of the Children (11%), Adults (11%) and nearly two-tenths of Disabled (18%) were in Behavioral Health plans. A fifth of the Aged (20%) and 30% of the Disabled were in Long-term Care plans (not shown in Figure, see Appendix Table B.10.5).

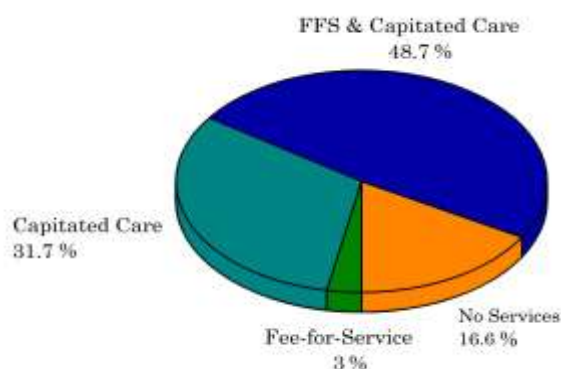
Figure 93. Medicaid enrollees in managed care by BOE Eligibility group in the Phoenix Area.



Service Use & Payments

In the Phoenix Area data there was service use and payment information for 63,030 AIAN enrollees, although 16.6% of these enrollees did not have a Medicaid paid claim for care.

Figure 94. Medicaid enrollees with Capitated, FFS or both types of care in the Phoenix Area.



Nearly half of enrollees received both Capitated and FFS (48.7%). Nearly a third received only Capitated care (31.7%). Only 3% received FFS care only.

There were 660,423 Capitated Care claims paid for monthly premiums of 23,329 recipients with only Capitated Care or Capitated and FFS services (Appendix Table C.10.1). The total Medicaid capitated payments were \$73,833,000, or \$112 per premium claim. The 2004 average capitated payment was \$1,865 per year of recipient eligibility (Recipient-Year in person-years).

For HMO there were 168,039 monthly premiums paid for 20,193 recipients at \$181 per monthly premium or \$30,486,000 and an average of \$2,344 per year of recipient eligibility (Appendix Table C.10.2). For PHP there were 54,559 monthly premiums paid for 6,553 recipients at \$45 per monthly premium or \$2,478,000 and an average of \$538 per year of recipient eligibility. For PCCM there were only 92 monthly premiums paid for 48 recipients at \$4.0 per monthly premium paid, or \$368,000 for an average of \$9 per year of recipient eligibility (Recipient-Year in person-years).

For FFS services the total Medicaid claims were 765,012 and total payments were \$227,275,000 (Appendix Table C.10.1). The claims and payments were for services received by both the enrollees with only FFS and the enrollees with Capitated and FFS services. The 2004 average FFS payment was \$7,919 per year of recipient eligibility (Recipient-Year in person-years).

IHS Program Service Use and Payments

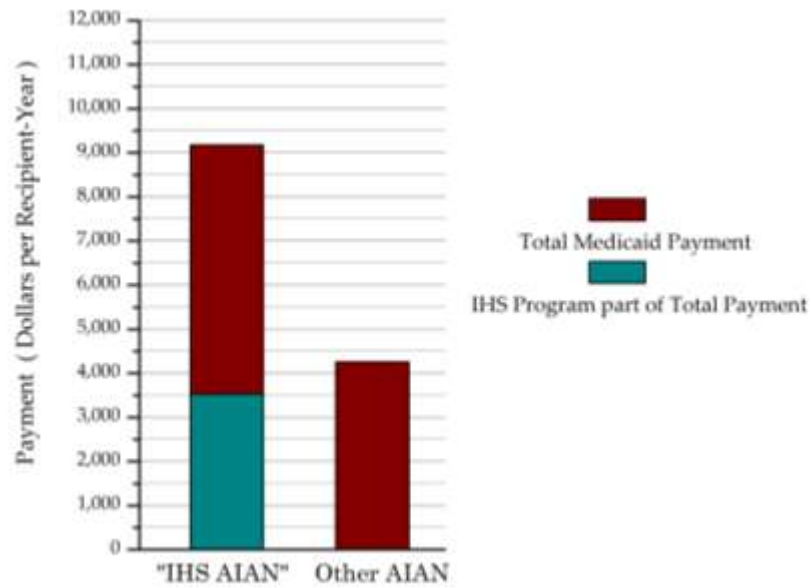
In the Phoenix Area data there were 27,331 AIAN recipients with Medicaid paid claims and payments for care provided through the IHS healthcare delivery system. This was 41% of all AIAN recipients in the data for the Area. Since there were 144,694 IHS Active Users in the Area in FFY2004, this is a ratio of about 19 IHS AIAN Medicaid recipients per 100 AIAN Active Users for the Area.

The total IHS Program Medicaid payments in MAX data were \$80,648,000. The average number of months that they were covered by Medicaid was 10.0 months and the total number of IHS Program claims was 318,327. The total IHS payment per person adjusted for the varying number of months that the enrollees were in Medicaid was \$3,536 per year of recipient enrollment (Recipient-Year).

The total Medicaid payments in MAX data for IHS AIAN users whether using the IHS healthcare delivery system or not, totaled \$209,266,000. These 'IHS AIAN' were enrolled longer on average (10.0 months) than other AIAN who were not IHS system users (8.0 months). The total payment per person adjusted for the months that the enrollees were in Medicaid was almost three times as high for IHS AIAN (\$9,176 per Recipient-Year) than for other AIAN (\$3,198 per Recipient-Year).

Phoenix Area

Figure 95. Total Medicaid payment and IHS Program part of payment per Recipient-Year for IHS AIAN and Other AIAN.

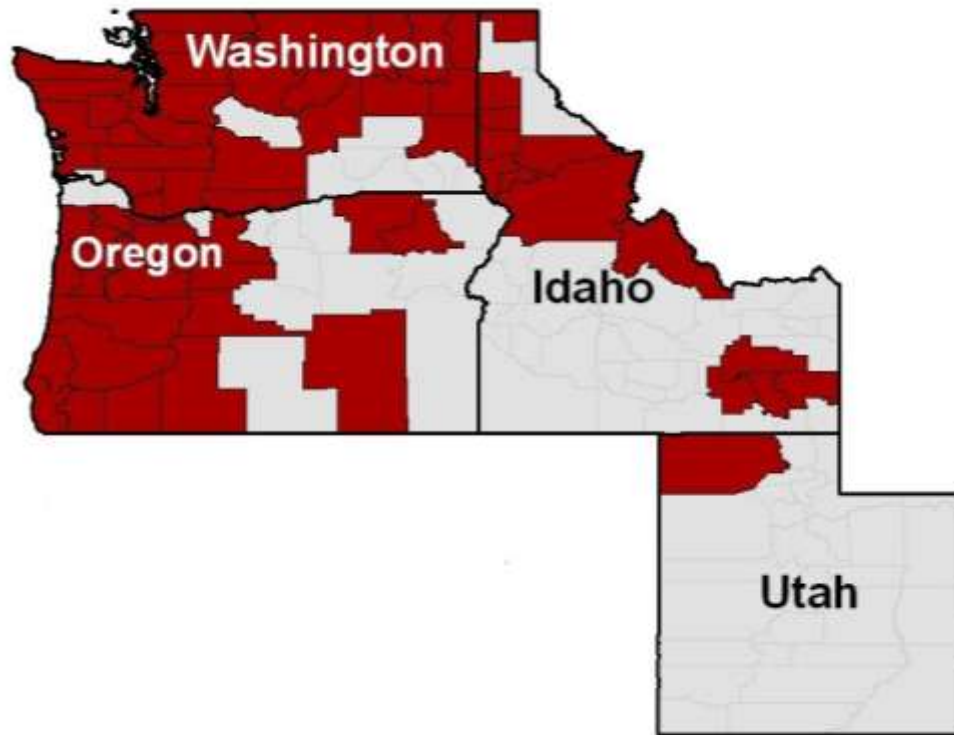


CHIP

Enrollment

In the Phoenix Area data there were only 33 CHIP enrollees in the AIAN racial category in 2004 (Appendix D). This number is too small for meaningful further analysis.

Portland Area Findings



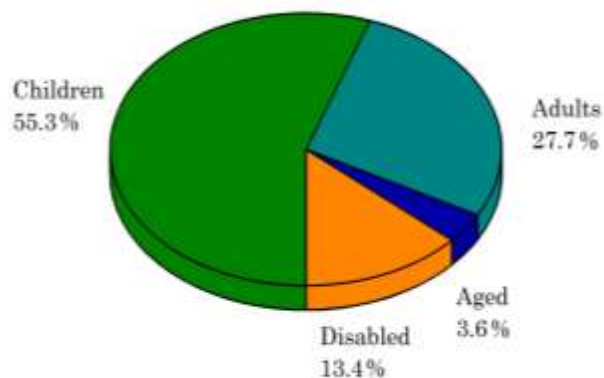
Map 11. Portland Area states and CHSDA counties

Medicaid

Enrollment

In MAX data there were 47,572 Medicaid enrollees in the AIAN racial category living in the Portland Area CHSDA counties in 2004 (Appendix Table B.11.1). There were 3,833 in Idaho, 15,835 in Oregon, 102 in Utah and 29,802 in Washington (Appendix Table B.11.2).

Figure 96. BOE eligibility groups of AIAN enrollees in Medicaid program in the Portland Area.

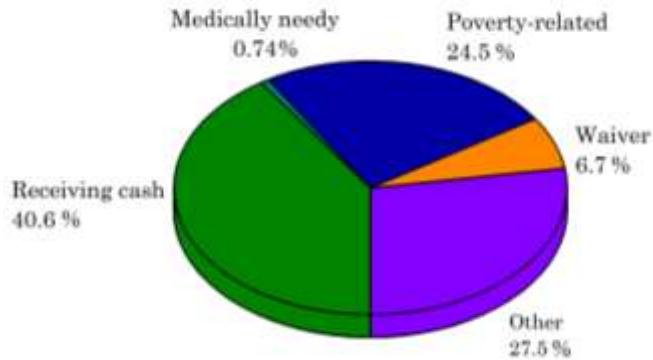


In the Portland Area more than half of Medicaid enrollees are Children (55.3%), excluding CHIP enrollees (see Figure at left). The figure for all AIAN Medicaid enrollees in the IHS Areas is 58.4% (Figure 1). More than a quarter (27.7%) of Medicaid enrollees in the Area are Adults. The Adult eligibility group made up only 28.1% of enrollees for all IHS Areas combined. The Aged eligibility group made up 3.6% of AIAN enrollees in the Area. The comparable figure for all IHS

Portland Area

Areas was 3.7%. The Disabled eligibility group made up 13.4% of all AIAN Medicaid enrollees in the Area, just as for all IHS Areas was similar (9.8%).

Figure 97. MAS assistance categories of Medicaid enrollees in the Portland Area.

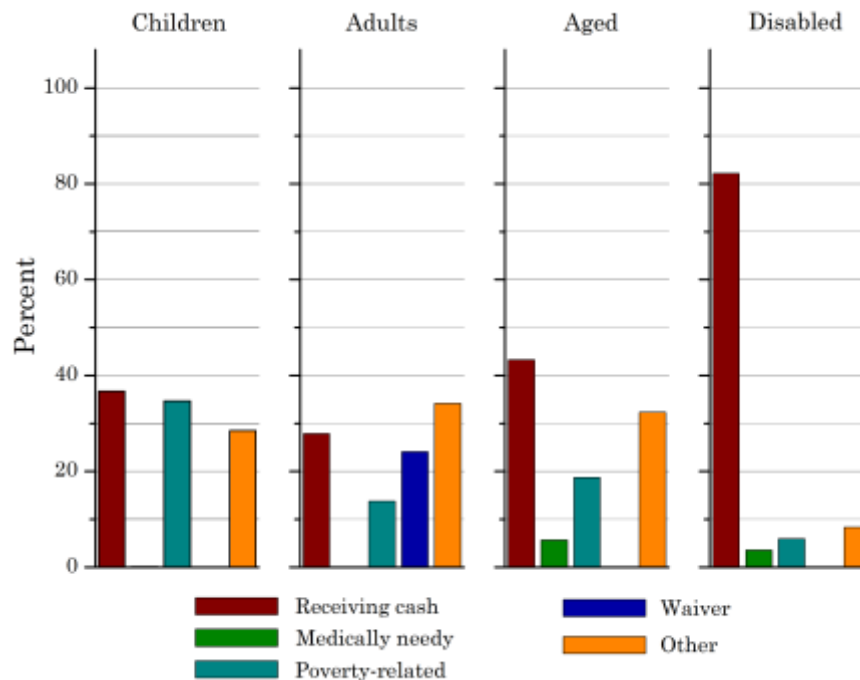


In the Portland Area two-fifths (40.6%) of AIAN Medicaid enrollees were Receiving Cash assistance. The comparable value for enrollees in all IHS Areas was 46.9% (Figure 2). A quarter of the enrollees (24.5%) were in the Poverty Related income category. The value for enrollees in all IHS Areas was a third (33.2%). There were 0.74% of the enrollees in the optional Medically Needy category. The comparable value for enrollees in all IHS Areas was only 0.9%. Of the enrollees in the Area 6.7 % were in the Waiver managed care category comparable to 8.5% of all IHS Areas. The Other maintenance assistance category included 27.5% of the enrollees in the Area. The

comparable figure was 10.5% of the enrollees for all IHS Areas.

In the Portland Area the highest proportions of enrollees Receiving Cash assistance are in the Disabled group followed by Aged, Children and Adults in that order. Children have proportionately most enrollees in the Poverty Related category followed by Aged, Adult and Disabled groups. The optional Medically Needy category has enrollees in the Aged and Disabled groups. The managed care Waiver category is highest for Adults. The Other category is highest for the Adults group followed by Aged, Children and Disabled.

Figure 98. MAS assistance categories for the BOE eligibility groups in the Portland Area.



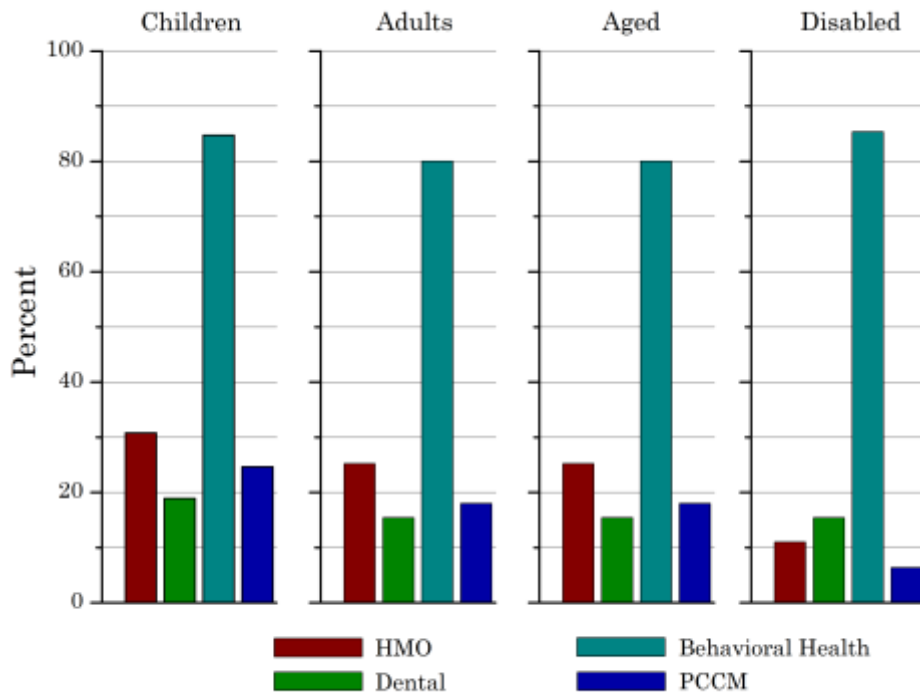
Dual Enrollees

In the Portland Area data there were 3,519 enrollees enrolled in both Medicaid and Medicare at least one month in 2004 (Appendix B.11.3). When we restricted Dual Enrollees to those in the Aged and Disabled eligibility groups (98% of Duals), 60% of Aged and 56% of the Disabled were in the QMB category with full Medicaid benefits (Appendix B.11.4). A tenth of the Aged and 14% of the Disabled were ‘QMB Only’ without full benefits. Nearly a fifth (19%) of the Aged and a quarter of the Disabled (23%) Dual Enrollees were in the next largest category, ‘Other Duals.’

Managed Care

In the Portland Area large portions of AIAN Medicaid enrollees in managed care were in Behavioral Health plans, though there were substantial portions in HMO and the other types of PHP. A full 85% (22,302) of the Children in plans (26,323), and 80% of Adults (10,536) were in Behavioral Health plans (Figure below, Appendix Table B.11.5). Some 79% of the Aged and 85% of the Disabled were in Behavioral Health plans as well. Nearly a third of the Children (31%), 25% of Adults, 7% of the Aged and 11% of Disabled were in HMO. A quarter of the Children (25%), 18% of Adults, 8% of the Aged and 6% of the Disabled had PCCM.

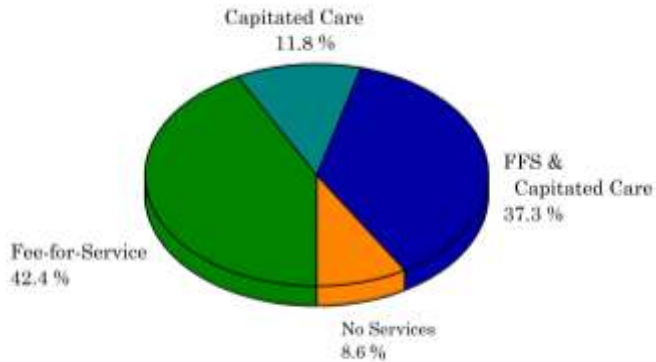
Figure 99. Medicaid enrollees in managed care by BOE Eligibility group in the Portland Area.



Service Use & Payments

In the Portland Area data there was service use and payment information for 47,576 AIAN enrollees, although 8.6% of these enrollees did not have a Medicaid paid claim for care.

Figure 100. Medicaid enrollees with Capitated, FFS or both types of care in the Portland Area.



Over a third received both Capitated and FFS (37.3%). Over a tenth received only Capitated care (11.8%). Over two-fifths (42.4%) received only FFS care.

There were 279,837 Capitated Care claims paid for monthly premiums of both recipients with only Capitated Care and recipients with Capitated and FFS services (Appendix Table C.11.1). The total Medicaid capitated payments were \$23,383,000, or \$84 per premium claim. The 2004 average capitated payment was \$1,275 per year of recipient

eligibility (in person-years).

For HMO there were 101,419 monthly premiums paid for 12,129 recipients at \$185 per monthly premium or \$18,732,000 and an average of \$2,432 per year of recipient eligibility (Appendix Table C.11.2). For PHP (mainly Behavioral Health, but also Dental) there were 136,799 monthly premiums paid for 20,944 recipients at \$32 per monthly premium or \$136,799,000 and an average of \$226 per year of recipient eligibility. For PCCM there were 40,794 monthly premiums paid for 7,746 recipients at \$3.2 per monthly premium paid, or \$40,794,000 for an average of \$26 per year of recipient eligibility (Recipient-Year in person-years).

For FFS services the total Medicaid claims were 1,447,067 and total payments were \$168,033,000 (Appendix Table C.11.1). The claims and payments were for services received by both the enrollees with only FFS and the enrollees with Capitated and FFS services. The 2004 average FFS payment was \$5,452 per year of recipient eligibility (Recipient-Year).

IHS Program Service Use and Payments

In the Portland Area data there were 17,643 AIAN recipients with Medicaid paid claims and payments for care provided through the IHS healthcare delivery system. This was 37% of all AIAN recipients in the data for the Area. Since there were 97,501 IHS Active Users in the Area in FFY2004, this is a ratio of about 18 IHS AIAN Medicaid recipients per 100 AIAN Active Users for the Area.

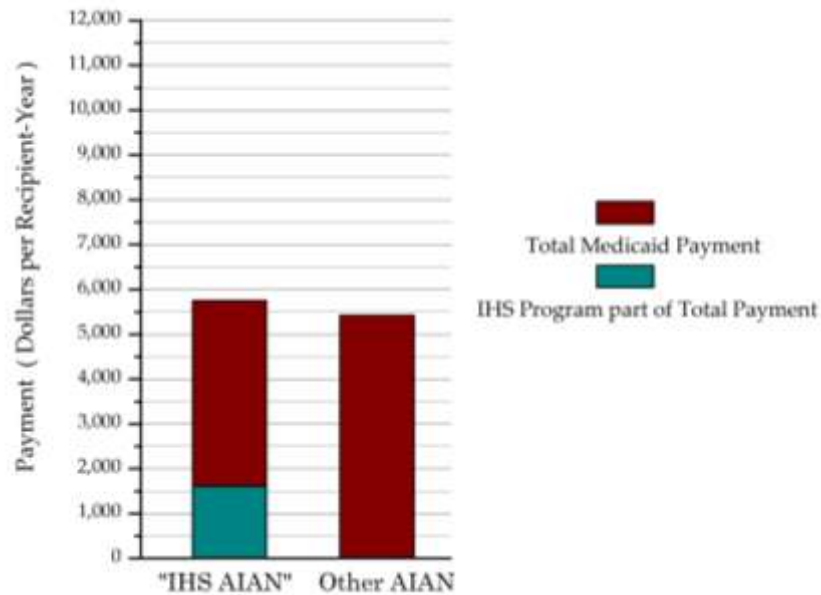
The total IHS Program Medicaid payments in MAX data were \$22,925,000. The average number of months that they were covered by Medicaid was 9.7 months and the total number of IHS Program claims was 149,268. The total IHS payment per person adjusted for the varying number of months that the enrollees were in Medicaid was \$1,609 per year of recipient enrollment (Recipient-Year).

The total Medicaid payments in MAX data for IHS AIAN users whether using the IHS healthcare delivery system or not, totaled \$81,893,000. These 'IHS AIAN' were enrolled longer on average (9.7 months) than other AIAN who were not IHS system users (8.9 months). The total payment per person

Portland Area

adjusted for the months that the enrollees were in Medicaid was higher for IHS AIAN (\$5,750 per Recipient-Year) than for other AIAN (\$4,936 per Recipient-Year).

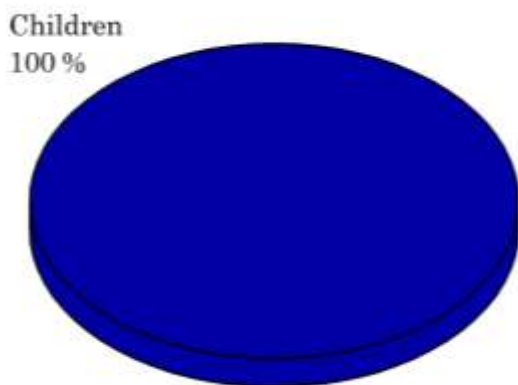
Figure 101. Total Medicaid payment and IHS Program part of payment per Recipient-Year for IHS AIAN and Other AIAN.



CHIP

Enrollment

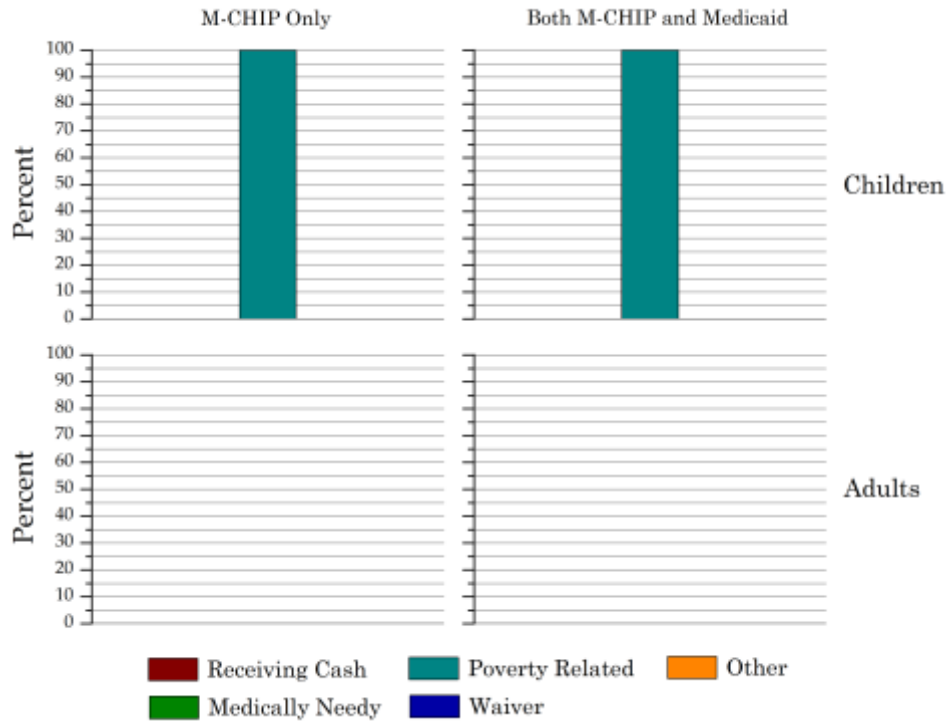
Figure 102. Percent of M-CHIP enrollees by eligibility group in the Portland Area.



In the Portland Area data there were 217 enrollees in the AIAN racial category in M-CHIP for 2004. All enrollees were in the Children's eligibility group (100%, see Figure at left). The eligibility and maintenance assistance data did not differ for the enrollees depending on whether they were only enrolled in M-CHIP (80%), or they were enrolled in both M-CHIP and Medicaid programs in different months of the year (20%) (Appendix Table D.11.1). The M-CHIP-Only enrollees and those in both M-CHIP and Medicaid programs were all in the Poverty-related maintenance assistance category (100%) (see Figure below).

Portland Area

Figure 103. Maintenance assistance and eligibility groups for M-CHIP enrollees who were enrolled only in M-CHIP or in both M-CHIP and Medicaid in the Portland Area.



Service Use & Payments

There were 103 M-CHIP-Only recipients in Capitated Care only and both Capitated and FFS systems of care (Appendix Table D.1.3). The total Medicaid capitated payments were \$1,000. There were 68 M-CHIP and Medicaid recipients in Capitated Care only and both Capitated and FFS systems of care. The total Medicaid capitated payments were \$1,000.

There were 134 M-CHIP-Only recipients in FFS only and both Capitated and FFS systems of care. The total FFS payments were \$185,000. The total payments per person adjusted for the months that the enrollees were in M-CHIP was \$1,989 per Recipient-Year. There were 89 M-CHIP and Medicaid recipients in FFS only and both Capitated and FFS systems of care. The total FFS payments were \$116,000. The total payments per person adjusted for the months that the enrollees were in M-CHIP was \$1,341 per Recipient-Year.

IHS Program Service Use and Payments

There were 83 M-CHIP-Only recipients and 543 M-CHIP and Medicaid recipients with Medicaid paid claims for care provided through the IHS healthcare delivery system (Appendix Table D.11.4). The total IHS Program Medicaid payments in MAX data were \$52,000 for M-CHIP-Only recipients and \$47,000 for M-CHIP and Medicaid recipients. The total IHS payment per person adjusted for the varying number of months that the enrollees were in Medicaid was \$923 per Recipient-Year for M-CHIP-Only recipients and \$910 per Recipient-Year for M-CHIP and Medicaid recipients.

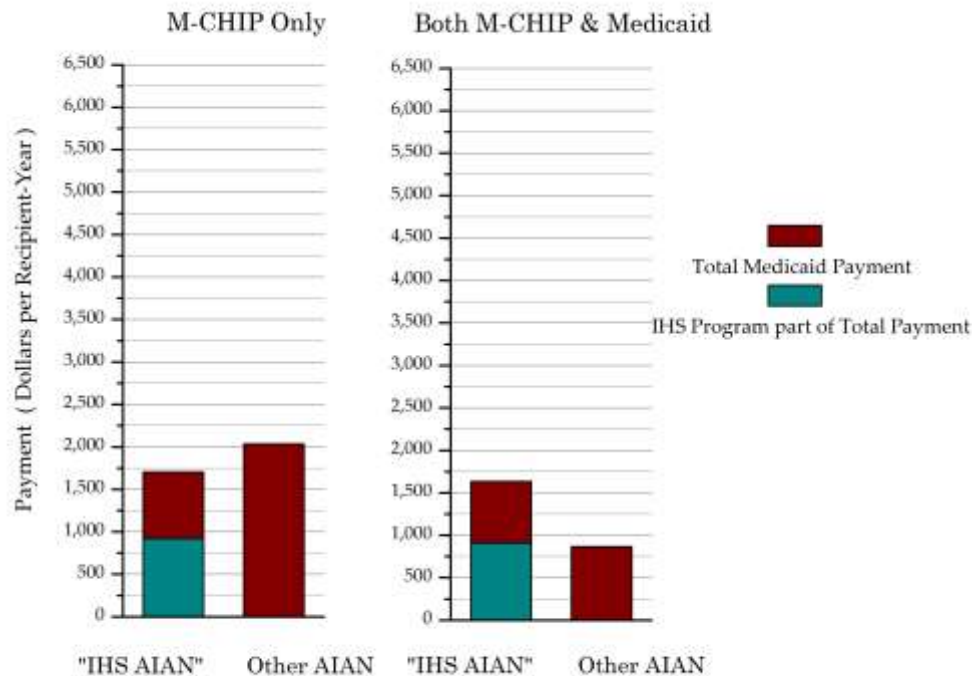
The total Medicaid payments in MAX data for M-CHIP-Only recipients who were IHS healthcare delivery system users totaled \$96,000. These 'IHS AIAN' were enrolled longer on average (8.1

Portland Area

months) than other AIAN who were not IHS system users (7.0 months). The total payment per person adjusted for the months that the enrollees were in Medicaid was not higher for IHS AIAN \$1,704 per Recipient-Year than for other AIAN \$2,035 per Recipient-Year.

The total Medicaid payments in MAX data for M-CHIP and Medicaid recipients who were IHS healthcare delivery system users totaled \$116,000. These 'IHS AIAN' were not enrolled longer on average (11.4 months) than other AIAN who were not IHS system users (11.7 months). The total payment per person adjusted for the months that the enrollees were in Medicaid was higher for IHS AIAN \$1,633 per Recipient-Year than for other AIAN \$865 per Recipient-Year.

Figure 104. Total Medicaid payment and the IHS Program part of the payment for recipients in M-CHIP-Only and in Both M-CHIP and Medicaid.



Tucson Area Findings



Map 12. Tucson Area CHSDA counties including counties split with Phoenix Area.

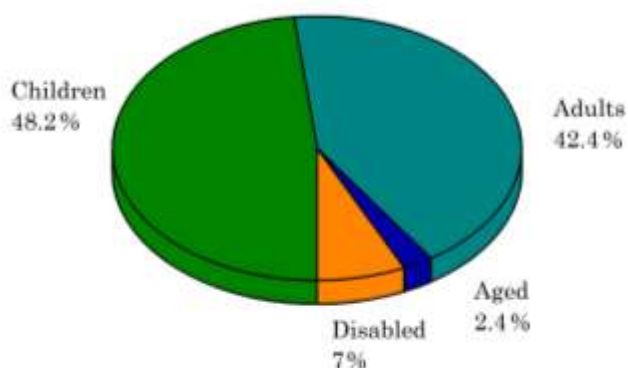
Medicaid

Enrollment

In MAX data there were 16,729 Medicaid enrollees in the AIAN racial category living in the Tucson Area CHSDA counties in 2004 (Appendix Table B.12.1). All were in Arizona (Appendix Table B.12.2). In Tucson Area there are two counties whose IHS Service Population is ‘split’ with Phoenix Area. AIAN Medicaid enrollees in these counties have been assigned to the two Areas using a protocol

described in the Methods section (with results described in Appendix F).

Figure 105. BOE eligibility groups for all AIAN Medicaid enrollees in the Tucson Area.

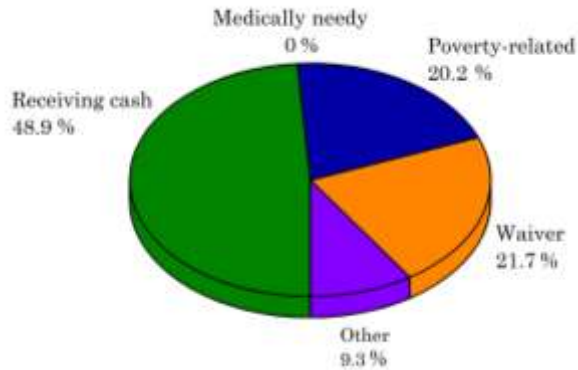


In the Tucson Area nearly half of Medicaid enrollees were Children (48.2%), excluding CHIP enrollees (see Figure at left). The figure for all AIAN Medicaid enrollees in the IHS Areas is 58.4% (Figure 1). Over two-fifths (42.4%) of Medicaid enrollees in the Area are Adults. The Adult eligibility group made up only 28.1% of enrollees for all IHS Areas combined. The Aged eligibility group made up 2.4% of AIAN enrollees

Tucson Area

in the Area. The comparable figure for all IHS Areas was 3.7%. The Disabled eligibility group made up 7.0% of all AIAN Medicaid enrollees in the Area, just as for all IHS Areas was similar (9.8%).

Figure 106. MAS assistance categories of Medicaid enrollees in the Tucson Area.

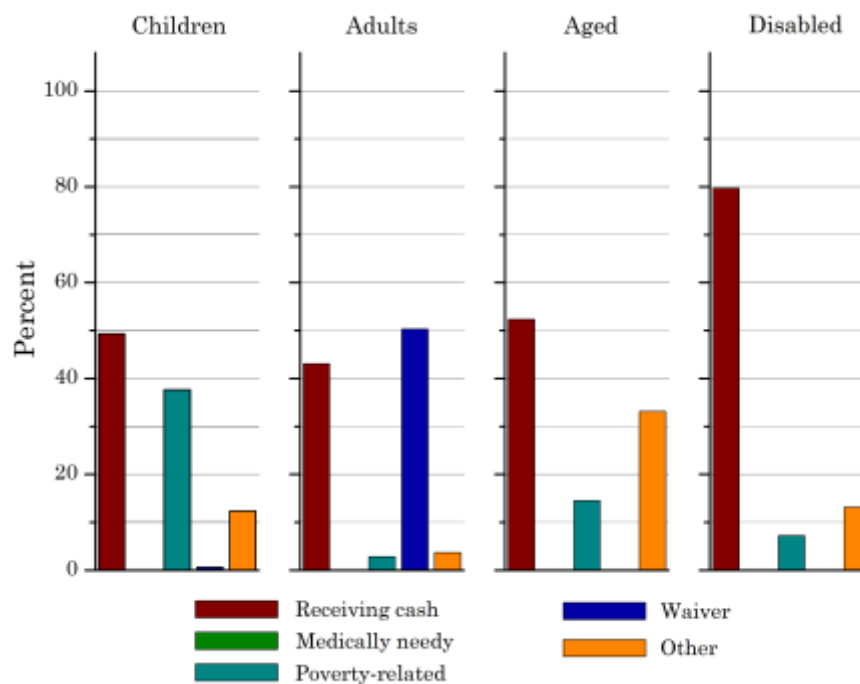


In the Tucson Area nearly half (48.9%) of AIAN Medicaid enrollees were Receiving Cash assistance. The comparable value for enrollees in all IHS Areas was 46.9% (Figure 2). A fifth of the enrollees (20.2 %) were in the Poverty Related income category. The value for enrollees in all IHS Areas was a third (33.2%). There were essentially no enrollees in the optional Medically Needy category. The comparable value for enrollees in all IHS Areas was only 0.9%. A fifth of the enrollees (21.7 %) were in the Waiver managed care category compared to 8.5% for enrollees in all IHS Areas. The Other maintenance assistance category included 9.3% of the enrollees in

the Area. The comparable figure was 10.5% of the enrollees for all IHS Areas.

In the Tucson Area the highest proportions of enrollees Receiving Cash assistance are in the Disabled group followed by Aged, Children and Adults in that order. Children have proportionately most enrollees in the Poverty Related category followed by Aged, Adult and Disabled groups. The optional Medically Needy category has enrollees in the Aged and Disabled groups. The managed care Waiver category is highest for Adults. The Other category is highest for the Adults group followed by Aged, Children and Disabled.

Figure 107. MAS assistance categories for the BOE eligibility groups in the Tucson Area.



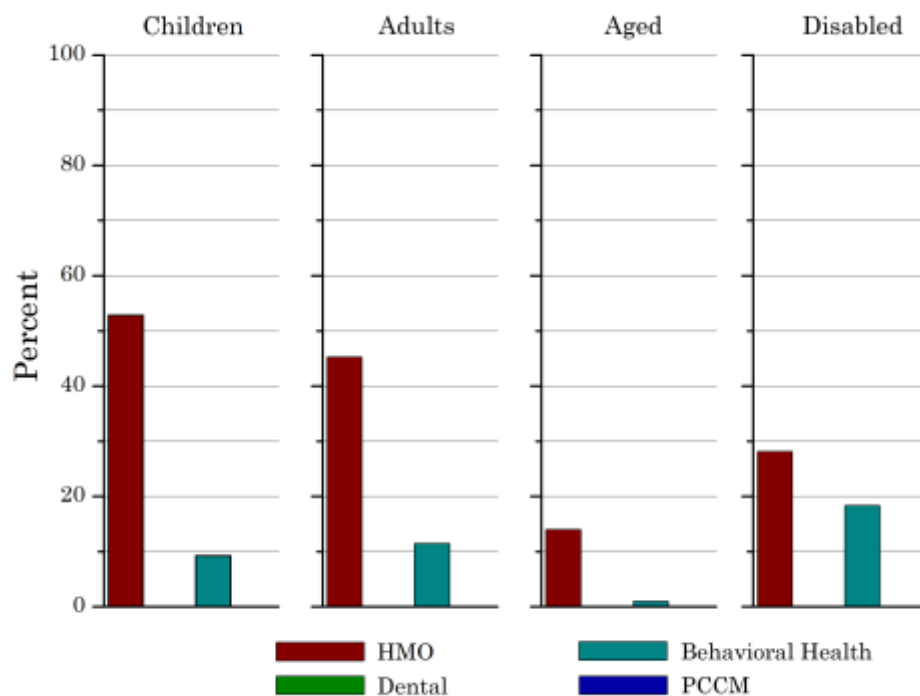
Dual Enrollees

In the Tucson Area data there were 910 enrollees enrolled in both Medicaid and Medicare at least one month in 2004 (Appendix B.12.3). When we restricted Dual Enrollees to those in the Aged and Disabled eligibility groups (88% of Duals), 50% of Aged and 65% of the Disabled were in the QMB category with full Medicaid benefits (Appendix B.12.4). Nearly two-fifths (39%) of the Aged and 31% of Disabled Dual Enrollees were in the next largest category, 'Other Duals.'

Managed Care

In the Tucson Area Medicaid enrollees in managed care were mainly in HMO and Behavioral Health plans. More than half (53%) of the Children, and 45% of Adults were in HMO (Figure below, Appendix Table B.12.5). Some 14% of the Aged and 28% of the Disabled were in HMO as well. Nearly a tenth of the Children (9%), Adults (11%) and nearly two-tenths of Disabled (18%) were in Behavioral Health plans. Nearly two-fifths of the Aged (38%) and 24% of the Disabled were in Long-term Care plans (not shown in Figure, see Appendix Table B.12.5).

Figure 108. Medicaid enrollees in managed care by BOE Eligibility group in the Tucson Area.

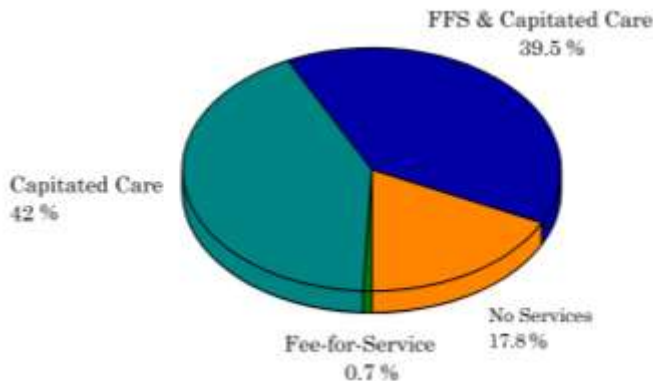


Service Use & Payments

In the Tucson Area data there was service use and payment information for 16,729 AIAN enrollees, although 17.8% of these enrollees did not have a Medicaid paid claim for care.

Tucson Area

Figure 109. Medicaid enrollees with Capitated, FFS or both types of care in the Tucson Area.



Over two-fifths (42.0%) of enrollees received Capitated Care only. Nearly as many received both Capitated and FFS (39.5%). Only 0.7% received FFS care only.

There were 195,965 Capitated Care claims paid for monthly premiums of 13,641 recipients with Capitated Care only or Capitated and FFS services (Appendix Table C.12.1). The total Medicaid capitated payments were \$22,617,000, or \$115 per premium claim. The 2004 average capitated payment was \$2,050 per year of recipient eligibility (Recipient-Year in person-years).

For HMO there were 56,516 monthly premiums paid for 6,202 recipients at \$170 per monthly premium or \$9,601,000 and an average of \$2,221 per year of recipient eligibility (Appendix Table C.12.2). For PHP there were 15,324 monthly premiums paid for 1,022 recipients at \$67 per monthly premium or \$1,022,000 and an average of \$834 per year of recipient eligibility (Recipient-Year in person-years). There was no PCCM managed care in the Tucson Area.

For FFS services the total Medicaid claims were 173,625 and total payments were \$527,362,000 (Appendix Table C.12.1). The claims and payments were for services received by both the enrollees with only FFS and the enrollees with Capitated and FFS services. The 2004 average FFS payment was \$9,980 per year of recipient eligibility (in person-years).

IHS Program Service Use and Payments

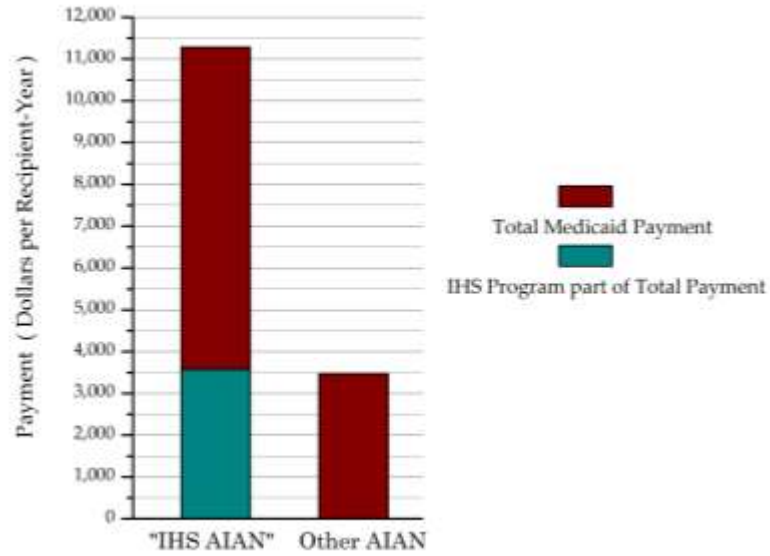
In the Tucson Area data there were 6,155 AIAN recipients with Medicaid paid claims and payments for care provided through the IHS healthcare delivery system. This was 37% of all AIAN recipients in the data for the Area. Since there were 24,009 IHS Active Users in the Area in FFY2004, this is a ratio of about 26 IHS AIAN Medicaid recipients per 100 AIAN Active Users for the Area.

The total IHS Medicaid payments in MAX data were \$18,991,000. The average number of months that they were covered by Medicaid was 10.4 months and the total number of IHS Program claims was 72,775. The total IHS payment per person adjusted for the varying number of months that the enrollees were in Medicaid was \$3,569 per year of recipient enrollment (Recipient-Year).

The total Medicaid payments in MAX data for IHS AIAN users whether using the IHS healthcare delivery system or not, totaled \$60,036,000. These 'IHS AIAN' were enrolled longer on average (10.4 months) than other AIAN who were not IHS system users (8.6 months). The total payment per person adjusted for the months that the enrollees were in Medicaid was higher for IHS AIAN (\$11,283 per Recipient-Year) than for other AIAN (\$2,625 per Recipient-Year) (see Figure next page).

Tucson Area

Figure 110. Total Medicaid payment and IHS Program part of payment per Recipient-Year for IHS AIAN and Other AIAN in the Tucson Area.

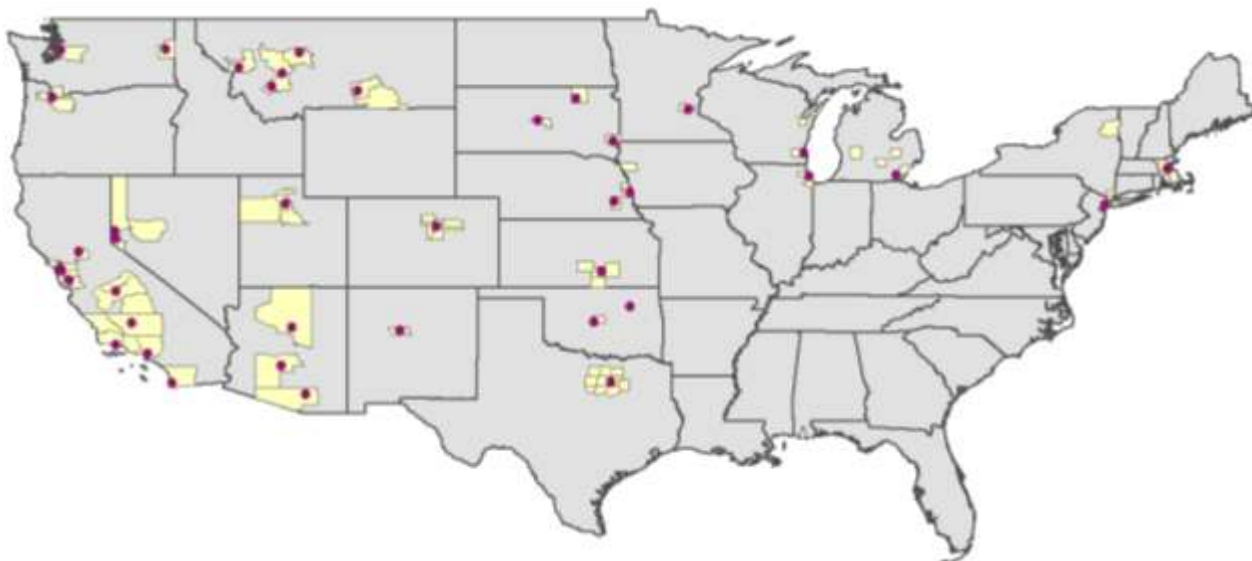


CHIP

Enrollment

In the Tucson Area data there were no M-CHIP enrollees in the AIAN racial category in 2004 (Appendix D).

Urban Consolidated Area Findings



Map 13. Urban Indian Health Organizations and the counties of enrollees they report they serve.

Table 3. Number of AIAN Medicaid enrollees in the Urban Consolidated Area counties by IHS Area.

IHS Area	AIAN Urban Medicaid Enrollees	States with Counties Served by Urban Indian Health Programs
Aberdeen	21,923	Iowa, Nebraska, South Dakota
Albuquerque	56,834	Colorado, New Mexico
Bemidji	47,960	Illinois*, Missouri, Minnesota, Wisconsin
Billings	25,520	Montana
California	77,200	California
Nashville	126,132	Massachusetts, New York
Navajo	31,691	Arizona
Oklahoma	80,724	Kansas, Oklahoma, Texas
Phoenix	114,820	Arizona, Nevada, Utah
Portland	42,216	Oregon, Washington
Tucson	61,184	Arizona

**Illinois (Cook County) is not included in the Urban Consolidated Area of this report because Illinois is not one of the 35 IHS healthcare delivery system states and we did not receive Medicaid or CHIP data for Illinois.*

Medicaid

Enrollment

In MAX data there were 187,814 Medicaid enrollees in the AIAN racial category living in the Urban Consolidated Service Area counties in 2004. Of these enrollees, 98.7% (185,330 enrollees) had known eligibility group and assistance category assignments (Appendix Table E.1).

Figure 111. BOE eligibility groups of enrollees in Medicaid in the Urban counties.

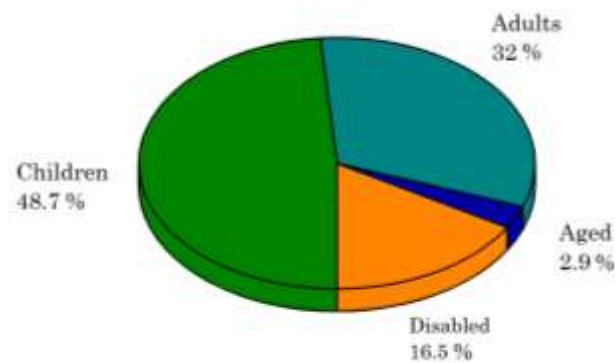
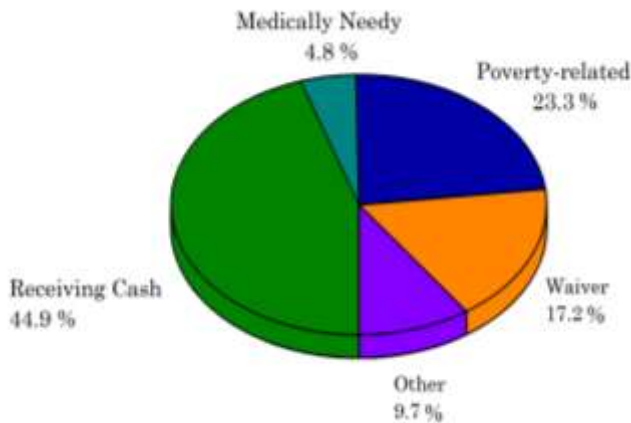


Figure 112. MAS assistance categories of enrollees in the Urban counties.



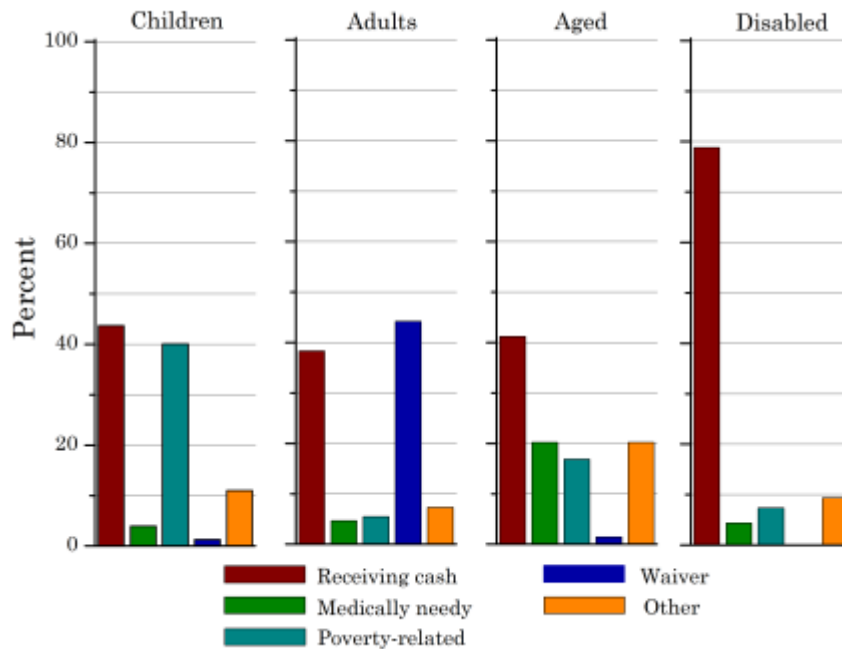
In the Urban counties nearly half of AIAN Medicaid enrollees were Children (48.7%), excluding CHIP enrollees (see Figure at left). In the IHS Areas 58.4% of all AIAN Medicaid enrollees were Children (Figure 1). Nearly a third of Medicaid enrollees in the Area were Adults (32.0%). In the IHS Areas the Adult eligibility group made up only 28.1% of enrollees. The Aged eligibility group made up 2.9% of enrollees in the Urban area. The comparable figure for all IHS Areas was 3.7%. The Disabled eligibility group made up 16.5% of all AIAN Medicaid enrollees in the Area. The comparable figure for all IHS Areas was 9.8%.

In the Urban counties 44.9% of AIAN Medicaid enrollees were Receiving Cash assistance. The comparable value for enrollees in all IHS Areas was 46.9% (Figure 2). Nearly one quarter of enrollees were in the Poverty Related income category (23.3%). The value for all enrollees in the IHS Areas was a third (33.2%). There were 4.8% AIAN enrollees in the Medically Needy category, an optional category for states to include. The comparable value in all IHS Areas was only 0.9%. Proportionately twice as many enrollees in the Urban counties were in the Waiver managed care category (17.2%) as were in all IHS Areas (8.5%). The Other maintenance assistance category included 9.7% of the enrollees in the Urban area. The comparable figure was 10.5% of the enrollees for all IHS Areas.

In the Urban area the highest proportions of any eligibility group Receiving Cash assistance is in the Disabled group (79%) followed by Children (44%), Aged (41%) and Adults (38%) (see Figure below). The Children's group has proportionately more enrollees in the Poverty Related category (40%) than the Aged, Disabled or Adult groups. The Medically Needy assistance category reaches its highest fraction of any group among the Aged (20%). The managed care Waiver category reaches its highest fraction of any group among the Adults (44%). The Other MAS assistance category has its highest percents of enrollees in the Aged group (20%).

Urban Area

Figure 113. MAS assistance categories for the BOE eligibility groups in Urban counties area.



Dual Enrollees

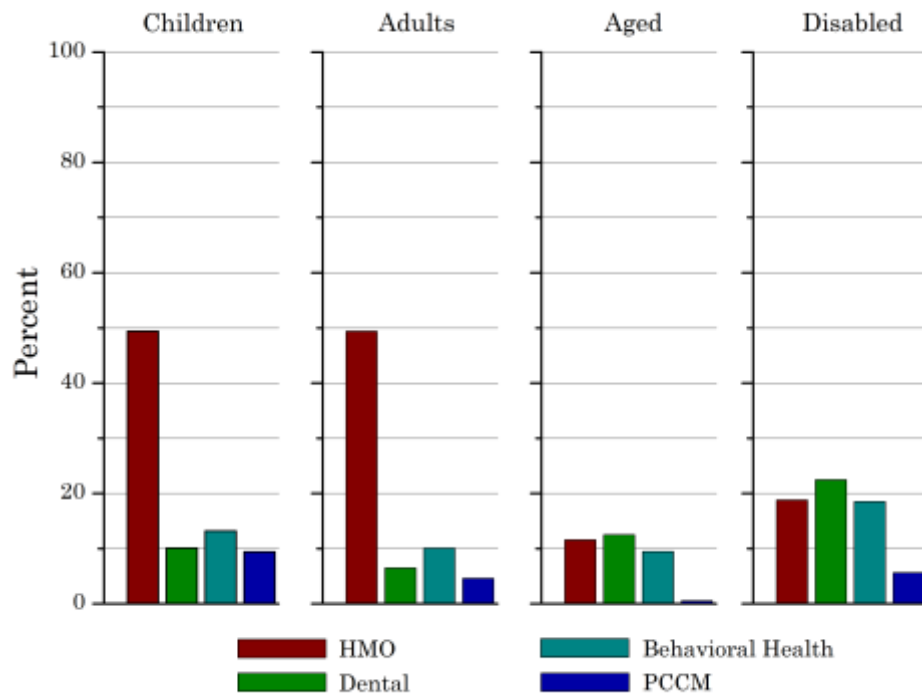
In the Urban area counties data there were 12,075 enrollees enrolled in both Medicaid and Medicare at least one month in 2004 (Appendix Table E.2). When we restricted Dual Enrollees to those in the Aged and Disabled eligibility groups, 60% of Aged and 69% of the Disabled were in the QMB category with full Medicaid benefits (Appendix Table E.3). Over a quarter (27%) of the Aged and over one-fifth of the Disabled (21%) Dual Enrollees were in the next largest category, 'Other Duals'.

Managed Care

In the Urban counties Medicaid enrollees in managed care were mainly in HMO, including nearly half of the Children (49%) and Adult (49%) eligibility groups (see Figure below, Appendix Table E.4). Over a fifth of the Disabled were in Dental plans (22%) and nearly a fifth of Behavioral Health plans (19%). Of the Children 13% were in Behavioral Health plans and 10% in Dental plans. Of the Adults 10% were in Behavioral Health plans and 6% in Dental plans. Of the Children 9%, the Adults 5% and the Disabled 6% had PCCM capitated care. Nearly a tenth of the Aged (9%) and 7% of Disabled had Long-term Care in prepaid health plans (not shown in the Figure below).

Urban Area

Figure 114. Medicaid enrollees in managed care by BOE eligibility group in the Urban area counties.

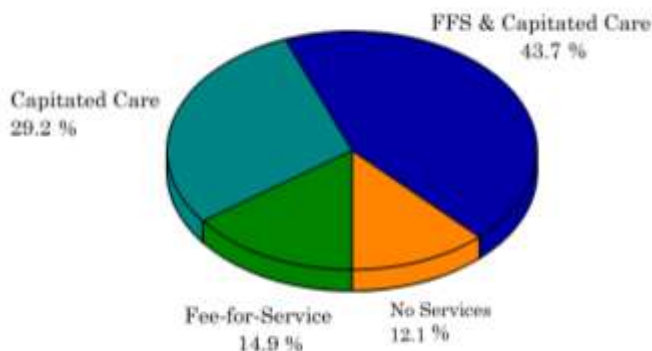


Service Use & Payments

In Urban area data there was service use and payment information for 185,365 AIAN enrollees, although 12.1% of these enrollees were technically not recipients because they did not have a Medicaid paid claim for care in 2004.

More than two-fifths of enrollees received both Capitated and FFS services (43.7%). Nearly twice as many of the rest of the enrollees received only Capitated Care (29.2%) as received only FFS (14.9%) care.

Figure 115. Medicaid enrollees with Capitated, FFS or both types of care in the Urban area counties.



There were 1.58 million Capitated Care claims paid for monthly premiums of 135,252 recipients with only Capitated Care and with Capitated and FFS paid care (Appendix Table E.5). The total Medicaid capitated payments were \$186,831,000, or \$118 per premium claim. The 2004 average capitated payment was \$1,768 per year of recipient eligibility (Recipient-Year in person-years).

For HMO there were 645,808 monthly premiums paid for 75,866 recipients at \$191 per monthly premium or \$123,611,000 and an average of \$2,434 per year of recipient eligibility (Appendix

Table E.6). For prepaid health plans (PHP) in the urban counties (mainly Dental and Behavioral

Urban Area

Health plans) there were 255,761 monthly premium claims paid for 33,077 recipients at an average of \$30 per premium paid or \$7,609,000 and \$30 per year of recipient eligibility (Recipient-Year in person years). There were 12,009 recipients of PCCM managed care with a total amount paid for monthly premiums of \$378,000 at an average of \$47 per year of recipient eligibility (Recipient-Year in person-years).

For FFS care the total Medicaid claims were 3.2 million and total payments were \$514,474,000 (Appendix Table E.5). The claims and payments were for services were received by recipients with only FFS and with Capitated and FFS care. The 2004 average FFS payment was \$5,883 per year of recipient eligibility (Recipient-Year in person-years).

IHS Program Service Use and Payments

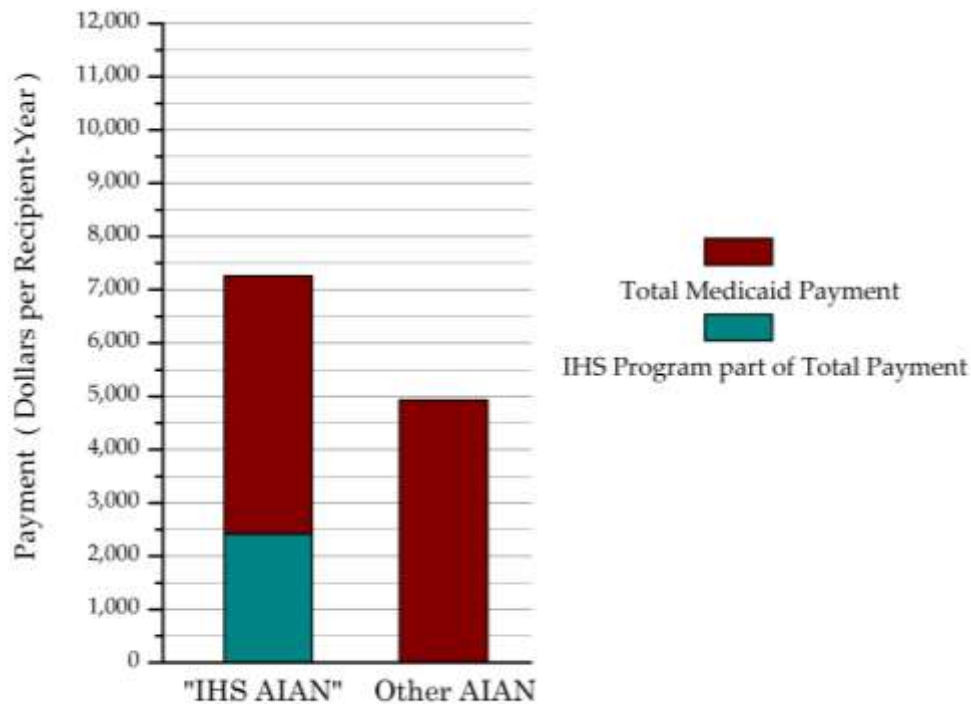
Given that Urban IHS providers are *not* included in Medicaid IHS Program data, it is not surprising that there were only 42,188 recipients of IHS Program services. This was only 22.8% of all AIAN with services data for the Area. It is very possible that these Medicaid enrollees with IHS Program data were users of IHS or Tribal program providers outside of their Urban area counties, or they lived in the few Urban area counties that were also CHSDA counties partly served by an IHS or Tribal provider.

The total Medicaid payments to IHS program providers for IHS covered services for AIAN living in these Urban area counties was \$85,213,000. The average number of months that they were covered by Medicaid was 10.0 months and the total number of IHS Program claims was 365,868. The total IHS payment per person adjusted for the varying number of months that the enrollees were in Medicaid was \$2,421 per year of recipient enrollment (Recipient-Year).

The total Medicaid payments in MAX data for IHS AIAN users whether using the IHS healthcare delivery system or not, totaled \$255,410,000. These 'IHS AIAN' were enrolled longer on average (10.0 months) than other AIAN who were not IHS system users (9.0 months). The total payment per person adjusted for the months that the enrollees were in Medicaid was higher for IHS AIAN (\$7,256 per Recipient-Year) than for other AIAN (\$4,928 per Recipient-Year).

Urban Area

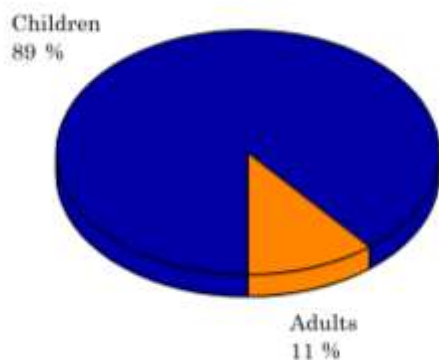
Figure 116. Total Medicaid payment and the IHS Program part of the payment per Recipient-Year for IHS AIAN and other AIAN.



CHIP

Enrollment

Figure 117. Percent of M-CHIP enrollees by eligibility group in the Urban area counties.

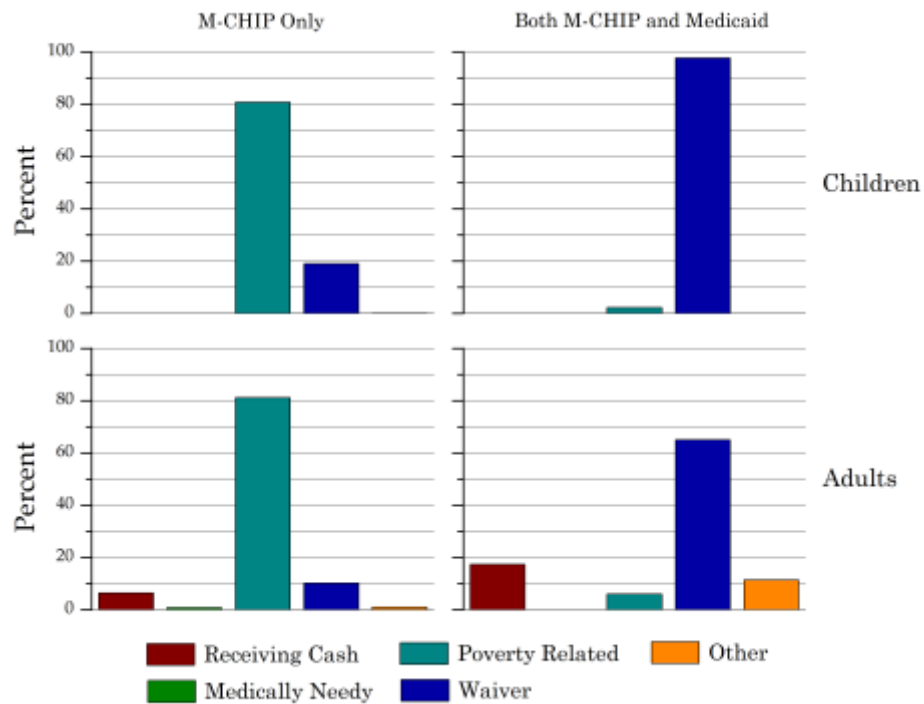


In the Urban county data there were 4,358 M-CHIP enrollees in the AIAN racial category in 2004. Of the enrollees 89% were in the Children's eligibility group, 11% in the Adult group (see Figure at left). The eligibility and maintenance assistance data differed for the enrollees depending on whether they were only enrolled in M-CHIP (38%), or they were enrolled in both M-CHIP and Medicaid programs in different months of the year (62%) (Appendix Table E.8). The M-CHIP-Only group Children were mainly in the Poverty-related maintenance assistance category (78%) while Adults were entirely in the Waiver managed care category (100%) (see Figure below). The greater variation in maintenance assistance categories for those in both M-CHIP and Medicaid programs was undoubtedly

because in MAX data the maintenance assistance category information was taken from the last change in status during the year, and the range of allowable maintenance assistance categories is greater in Medicaid than in the M-CHIP program.

Urban Area

Figure 118. Maintenance assistance and eligibility groups for M-CHIP enrollees who were enrolled only in M-CHIP or in both M-CHIP and Medicaid in the Urban area counties.



For the Children eligibility group, 45% of M-CHIP-Only enrollees were in an HMO during the year, and 24% of M-CHIP and Medicaid enrollees were in an HMO (Appendix Table E.9). For the M-CHIP-Only Children's group 14% were in a PCCM prepaid plans, whereas for both M-CHIP and Medicaid enrollees 20% had PCCM. Less than a tenth of the Children were in Dental (8%) or Behavioral Health (5%) plans.

Service Use & Payments

There were only 1,126 M-CHIP-Only recipients and 2,310 M-CHIP and Medicaid recipients in Capitated Care (Appendix Table E.10). The total Medicaid capitated payments for M-CHIP-Only were \$699,000, or \$66 per monthly premium claim. The total payments per person adjusted for the months that the enrollees were in M-CHIP was \$831 per Recipient-Year. The total Medicaid capitated payments for enrollees who were both M-CHIP and Medicaid enrollees during the year were \$1,042,000, or \$45 per monthly premium claim. The total payments per person adjusted for the months that the enrollees were in M-CHIP was \$532 per Recipient-Year.

There were only 916 M-CHIP-Only recipients and 2,110 M-CHIP and Medicaid recipients in FFS care. The total FFS payments for M-CHIP-Only recipients were \$901,000. The total payments per person adjusted for the months that the enrollees were in M-CHIP only was \$1,313 per Recipient-Year. The total FFS payments for M-CHIP and Medicaid recipients were \$3,463,000. The total FFS payments per person adjusted for the months that the enrollees were in M-CHIP was \$1,913 per Recipient-Year.

IHS Program Service Use and Payments

Urban Area

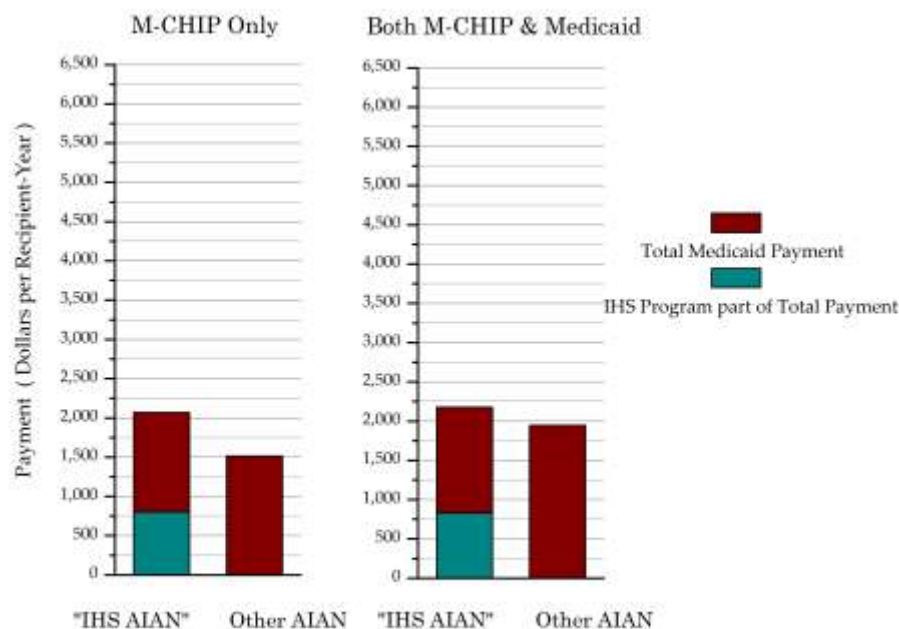
Given that Urban IHS providers are *not* included in CHIP or Medicaid IHS Program data, it is not surprising that there were only 291 M-CHIP-Only recipients and 817 M-CHIP and Medicaid recipients with Medicaid paid claims for care provided through the IHS healthcare delivery system (Appendix Table E.11). It is very possible that these CHIP enrollees with IHS Program data were users of IHS or Tribal program providers outside of their urban counties, or in the few Urban service counties that were also CHSDA counties.

The total IHS Program Medicaid payments in MAX data were \$159,000 for M-CHIP-Only recipients and \$561,000 for M-CHIP and Medicaid recipients. The total IHS payment per person adjusted for the varying number of months that the enrollees were in Medicaid was \$802 per Recipient-Year for M-CHIP-Only recipients and \$834 per Recipient-Year for M-CHIP and Medicaid recipients (see Figure below).

The total Medicaid payments in MAX data for M-CHIP-Only recipients who were IHS healthcare delivery system users totaled \$410,000. These 'IHS AIAN' were not enrolled longer on average (8.2 months) than other AIAN who were not IHS system users (8.8 months). The total payment per person adjusted for the months that the enrollees were in Medicaid was higher for IHS AIAN \$2,071 per Recipient-Year than for other AIAN \$1,515 per Recipient-Year.

The total Medicaid payments in MAX data for M-CHIP and Medicaid recipients who were IHS healthcare delivery system users totaled \$4,505,000. These 'IHS AIAN' were not enrolled longer on average (9.9 months) than other AIAN who were not IHS system users (10.3 months). The total payment per person adjusted for the months that the enrollees were in Medicaid was higher for IHS AIAN \$2,178 per Recipient-Year than for other AIAN \$1,947 per Recipient-Year.

Figure 119. Total Medicaid payment and the IHS Program part of the payment for recipients in M-CHIP-Only and in Both M-CHIP and Medicaid in Urban area counties.



Conclusions and Recommendations

How well does MAX data meet the AIAN Program and Policy criteria?

AIAN Undercount. MAX data undercounts enrollees in the ‘Racial AIAN’ and the ‘IHS AIAN’ groups to an extent that cannot be estimated without linking MAX datasets with those of the IHS. The reasons for the undercount include both those that undercount all Medicaid enrollees in CMS research databases, and those that are unique to AIAN. All Medicaid enrollees are undercounted to the extent that the MAX data files include enrollee or claims records from MSIS for which information in Medicaid and M-CHIP eligibility and claims data files indicated the data could be linked. Eligibility records with no claims records are included in MAX and assumed to be enrollees but not service recipients for the year. But claims records for which no enrollee record could be included are excluded, and indicate that there are potentially missing enrollee records.

AIAN enrollees are also systematically undercounted because the Medicaid and CHIP definition of AIAN used to process MSIS data into ‘racial AIAN’ excludes AIAN whose eligibility file indicated more than one race (Mixed Race in MAX) or indicated Hispanic ethnicity (‘Hispanic’ in Max).

Finally AIAN Medicaid enrollees are undercounted in ways that vary from state to state because the extent of missing and unknown race and the misclassification of AIAN into other racial groups vary geographically (Centers for Medicare and Medicaid Services, 2007). When we examined the IHS Active User population for California we found that misclassification rates of IHS Active Users varied from 30% to 70% depending on the state health database (Wong, et al., 2006).

When MAX datasets are linked with IHS datasets, the extent to which IHS AIAN Active Users have racial identification in MAX data as other than ‘racial AIAN’ provides a rate at which IHS AIAN are misclassified in MAX data. It also provides rates at which IHS AIAN are classified as ‘Hispanic,’ ‘Mixed Race’ and the ‘Other or Unknown’ racial group. Linking MAX and IHS datasets would not only allow determination of how well MAX data counts AIAN, but also go a long way to reduce the undercount of AIAN in Medicaid and CHIP data. A linkage of the two sources of data would reclaim racially misclassified AIAN eligibility and claims records in all racial groups. The linked records would allow the determination of the misclassification rates to be used in adjusting rates determined for various subgroups (as IHS has done for cause-specific mortality rates). The linkage would allow the creation of standard IHS AIAN Medicaid and CHIP groups for comparison with observed ‘IHS AIAN’ and adjusted ‘IHS AIAN’ groups from MAX data. The actual IHS AIAN linked group would provide a measure of the extent of potential biases in using MAX data to represent all AIAN and IHS AIAN.

I/TU Undercount: MAX data undercounts IHS Program claims and payments of AIAN in a number of ways that cannot be estimated without linking MAX datasets with datasets from IHS. First because the data undercounts AIAN Medicaid recipients for reasons noted above in the AIAN enrollee undercount. Secondly because 11 of the 35 States in the IHS healthcare delivery system report no IHS

Conclusion & Recommendations

Program claims data. Thirdly because Urban provider claims and payments are not identified in IHS Program data.

Most of the states in the IHS healthcare delivery system work with their regional IHS Area offices to determine IHS AIAN enrollees, I/T provider claims and payments for IHS covered services. However there is no protocol established for this process, and we are currently surveying the Medicaid and IHS Area offices to determine how it is being done and how it could be improved and standardized across states and Areas. In the meantime it is possible that the providers, IHS Area documentation, or the states did not identify their claims as IHS Program claims. The Areas that include states with no data in 2004, and the number of CHSDA counties in the state for that Area were:

- Aberdeen Area: Iowa (4 counties);
- Albuquerque, Navajo Phoenix, and Portland Areas: Utah (3 counties);
- Bemidji Area: Indiana (6 counties), Michigan (52 counties);
- Nashville Area: Alabama (4 counties), Connecticut (1 county), Florida (6 counties), Louisiana (4 counties) North Carolina (11 counties), Pennsylvania (1 county), Rhode Island (1 county);

There were other Areas with very low ratios of IHS AIAN Medicaid recipients per 100 AIAN Active Users. These low ratios indicate the potential problems already described of racial misclassification, identifying IHS Program enrollees and identifying IHS Program provider data (see summary table below).

Table 4. Ratio of IHS AIAN Medicaid recipients per 100 AIAN Active Users by IHS Area

IHS Area	Ratio AIAN Medicaid Recipients per 100 Active Users
Aberdeen	24
Alaska	22
Albuquerque	29
Bemidji	8.4
Billings	25
California	10.5
Nashville	7.5
Navajo	33
Oklahoma	10.6
Phoenix	19
Portland	18
Tucson	26

Conclusion & Recommendations

If national IHS and the MAX datasets were linked, a reference or standard IHS AIAN group could be flagged in MAX data. Such linkages would allow determination of a reference or standard Ratio of IHS AIAN Medicaid recipients per 100 AIAN Active Users in each state and IHS Area, and determination of misclassification rates which could then be used to adjust observed Ratios in the future. For example, when we linked IHS Active User and Medicaid data for California Area, we found that the actual rate of IHS AIAN Medicaid recipients per 100 AIAN Active Users was 30, and not 10.5 as found above in unlinked data (Korenbrodt, et al., 2009). We furthermore found that 65% of IHS AIAN were misclassified in racial-ethnic groups other than AIAN. With such linked data it would be possible to track how state Medicaid programs and IHS Areas improve their IHS Program reporting over time.

How could MAX data be used for AIAN Program and Policy analysis?

The goal in analyzing MAX enrollment and use data for AIAN is to determine how MAX data could be used to document the impact of past, existing and potential Medicaid and CHIP programs and policies on AIAN:

The first step is to clarify and prioritize the program & policy questions to ask of the data, then develop indicators that represent the phenomenon of interest using MAX data and finally test and validate the indicators for their ability to track and compare the phenomenon after adjustment for potentially confounding factors.

While the identification of program & policy question is an endeavor for the CMS TTAG and its committees to decide with CMS. Examples might include:

- 1. To what extent are eligible AIAN in a given state or Area enrolled?** What explains the variation in enrollment rates of IHS Area populations? In the report we began the investigation of such a question using the defined population of IHS AIAN Active Users and we calculated for each Area the Ratio of IHS AIAN Medicaid recipients per 100 AIAN Active Users by IHS Area (see table above). If IHS Active User records were actually linked to MAX data an actual 'Medicaid penetration rate' of the population could be determined, and adjusted with data for factors that both affect the Medicaid eligibility rate of the Active User population and vary across IHS Areas. Other relevant populations would be the IHS Service population for an Area which is defined using Census data with 'bridged estimate' algorithms for mixed race AIAN developed by the by the National Center for Health Statistics. There are expected Medicaid eligibility rates for IHS Active User and Service Populations given Medicaid state program eligibility regulations, and the eligibility characteristics of each population (age, gender, poverty level, cash assistance program participation, unemployment, etc).
- 2. Are enrolled IHS AIAN using as much Medicaid paid health care services as others?** IHS AIAN whether using I/T providers or other providers should have their health care services billed to Medicaid in a FFS payment system. Thus unlike most IHS and even most Contract Health Service data, Medicaid data allows testing of what the 'full scope of services' are that are used by IHS AIAN. We so far have only examined the total volume of FFS claims, but in the *Further Studies* section below we propose to examine the types of services represented in those claims. When we examined this for California we found that IHS AIAN used smaller volumes of Medicaid paid services generally than a reference non-Hispanic White population living in the same counties, even after risk adjustment using diagnostic data (Wong, et al., 2006).

3. **Are enrolled AIAN using the same types of health care services as others?** Are there some types of services for which AIAN or IHS AIAN are less likely to have Medicaid claims than other populations? Are there some types of services that vary greatly in the extent to which there are IHS AIAN claims (whether in IHS Program or all Medicaid claims) across IHS Areas? The types of service tracked in MAX data include the following:

Table 5. Types of Medicaid paid services separately coded in MAX Person Summary data.

Types of Services in MAX Data	
Mandatory services	Optional services
Inpatient hospital	Home Health <ul style="list-style-type: none"> ○ Audiology ○ Occupational Therapy ○ Physical Therapy ○ Speech & Language Therapy
Outpatient hospital clinic	Institutional Long-term Care <ul style="list-style-type: none"> ○ Inpatient Psychiatric ○ Intermediate Care Facility for the Mentally Retarded ○ Institution for Mental Disease ○ Nursing Facility
Physician or Clinic	Prescription Drugs
Lab and imaging technologies	Dental/Dentures
Family Planning	Hospice
Early and Periodic child health screening	Mental Health Rehabilitation/Stabilization
Nursing facility services	Personal Care
	Religious (non-Medical) Health Care Institution
	Primary Care Case Management Targeted Case Management
	Private Duty Nursing
	Physician Directed Clinic Services
	Speech, Hearing and Language Therapy
	Transportation

Conclusion & Recommendations

If IHS Active User records were linked to MAX data an actual ‘Medicaid service use rate’ of the population could be determined, and adjusted with data for factors that both affect the Medicaid service use rate of the Active User population and vary across IHS Areas. Other relevant AIAN populations would be as described above. There are expected Medicaid service use rates for IHS Active User and Service Populations given Medicaid state program mandatory and optional covered benefits, and the service use characteristics of each population (age, gender, morbidity, enrollment eligibility group, etc).

- 4. Are payments for health care services for AIAN comparable to those of others?** For specific enrollment groups with standardized scope of services (medically necessary care, dental care, long-term care, etc) and payment type (FFS or capitated), can payments be adjusted sufficiently across IHS Areas (medical price index, enrolled population characteristics, etc) to become comparable? What factors explain the variation in payments for health care services?
- 5. Are IHS system providers capturing all the payments for health care services provided they are entitled to?** How does service use and payment vary among the three IHS system provider group types IHS, tribal and Urban? For specific enrollment groups with standardized scope of services (medically necessary care, dental care, long-term care, etc) and payment type (FFS or capitated), can payments be adjusted sufficiently across IHS Areas (medical price index, enrolled population characteristics, etc) to become comparable? What factors explain the variation in payments for health care services?

How can MAX data be useful in spite of its limitations?

Percents, rates, ratios. While total numbers of enrollees are likely to be low because of the undercount, the percents expressed in the tables and text are representative of each population if there little or no bias between the numbers in the numerator and the denominator.

The percent or average of AIAN, enrollees, claims or payments with a particular characteristic in MAX data can be a reliable estimation unless there is a sizeable bias in the extent to which the numerator and the denominator are affected by the factors producing undercounts of these people and events. While total counts of AIAN, enrollees, claims and payments are all expected to be lower than actual totals in MAX data and therefore throughout this report, the percents of these ‘measures’ that have various characteristics can be reliable indicators of generalizable findings. For example, if the AIAN in the Adult eligibility group are affected to a similar extent as AIAN in all other eligibility groups by racial misclassification, then the percent of AIAN enrollees that are in the Adult eligibility group will be the same whether there is an undercount due to racial misclassification or not.

When the same database is the source for the count of the numerator and denominator, and there is no differential bias in the selection of the numerator subgroup, the percent or rate can represent the group even with factors that reduce the total numbers. This is the principal behind random sampling for analysis. Large numbers for the numerator and denominator also increase reliability that factors affecting selection of the numerator subgroup are not biased. We described above a case where there is a bias in how racial misclassification affects the numerator and denominator of a rate (the Ratio of IHS AIAN Medicaid recipients per 100 AIAN Active Users). This occurs mainly because the

Conclusion & Recommendations

numerator and denominator of the rate come from different data bases constructed for different purposes under different statutes.

One important way to investigate bias is to use an alternative data source (such as IHS data set linked to MAX data) to generate the percents and compare the rates for the two populations after adjustments for factors that make them as comparable as possible for factors that affect the rates. The adjusted rates for the two populations can be expressed as rate ratios, with a rate for a standard or reference population in the denominator of the rate ratio. Such analyses are recommended for *Future Studies* of AIAN Medicaid and CHIP data below.

Averages, means. The averages for measures expressed in the tables and text can be representative of each population in spite of undercounts if there is systematic bias in the average across different populations. For example the average months of eligibility, average payments per Recipient Year for Medicaid, or average payments per Recipient Year for IHS Program claims may all be biased to be low because information is lost for each enrollee, more often than inappropriately ascribed to an enrollee. If there is little or no bias in the loss of information across enrollee groups, however, comparisons of averages can be made reliably. If there are known biases (such as age, gender, time, racial misclassification), often data measuring those biases can be used to adjust the averages or means.

Recommended Further Studies

Link IHS AIAN Active User and the MAX datasets:

1. Determine misclassification rates of IHS AIAN in MAX designated racial-ethnic groups on a state-by-state basis: Hispanic, Mixed, Unknown, White, and All Others;
2. Define an IHS AIAN standard reference population and determine explanatory factors for the variation in rates/means for indicators of selected major program and policy questions above in both the standard IHS AIAN population and the observed IHS AIAN population in MAX data;
3. Define a non-AIAN standard reference population (e.g. Non-Hispanic Whites) and determine differences in explanatory factors for the variation in rates/means for indicators of selected major program and policy questions above between observed IHS AIAN population and non-AIAN standard reference population in MAX data;
4. Define three standard reference I/T/U national provider groups and determine the variation in rates/means for indicators of selected major program and policy questions above within each of the three major provider types.

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Appendix A. Explanation of Terms

Active User – American Indians/Alaskan Natives who have had a reportable medical or dental visit within the last three fiscal years to the last Service Unit they used, regardless of any other Service Units that provided a third-party covered service to the user.

Adults — Under Medicaid, parents or caretaker relatives of dependent children are eligible as adults based on one of several criteria: (1) they qualify as parents or caretaker relatives under section 1931 provisions, which relate to prior AFDC cash assistance standards (including unemployed parents), (2) they are medically needy, (3) they qualify under poverty-related eligibility criteria (including pregnant women), (4) they are eligible under a section 1115 demonstration, or (5) they qualify under other adult eligibility provisions. Adults who have been granted Medicaid eligibility under disability provisions are usually identified as disabled beneficiaries. Some persons under age 21, who are parents, or caretaker relatives of dependent children or who are pregnant, may be identified as adults. In some States, childless adults (non-disabled adults who are not parents or caretaker relatives of dependent children or pregnant women) may qualify for Medicaid as adults under section 1115 rules. By Federal law, all States have to extend Medicaid to pregnant women with income less than 133 percent of the FPL.

Aged — One of the categories used for classifying Medicaid and Medicare enrollees. Under Medicaid, persons age 65 or over are included if, in addition to initially being age 65 or over met certain means (income and resources) criteria or incur medical expenses for health care that when deducted from income qualifies the individual for Medicaid. Not all persons age 65 or over are included in this group. For example, persons initially enrolled and classified as disabled may remain so classified even when they reach age 65. Under Medicare, persons age 65 or over are included in this category if they are: entitled to monthly Social Security Administration (SSA) benefits or payments from the Railroad Board, uninsured for SSA or Railroad Board benefits, but transitionally insured for Medicare, or not included in the previously mentioned groups, but based on meeting certain criteria, elect to purchase Part A (Hospital) and/or Part B (Medical: Supplementary Medical Insurance) coverage by paying the appropriate monthly premium.

Basis of Eligibility – Categories of age, disability and family status of Medicaid Eligibles that when taken together with their Maintenance Assistance Status classify their current eligibility for Medicaid benefits: Aged, Blind & Disabled, Children, Adults, Children of Unemployed Parents, Unemployed Adults, Foster Care, Breast Cancer, and Unknown.

Case Management — A process whereby covered persons with specific health care needs are identified and a plan that efficiently utilizes health care resources is formulated and implemented to achieve the optimum outcome in the most cost-effective manner (refer to PCCM).

Children — Under Medicaid, children are eligible based on one of several criteria: (1) they are dependent children who qualify under section 1931 provisions, which relate to prior AFDC cash assistance standards (including children of unemployed parents), (2) they are medically needy,

(3) they qualify under poverty-related eligibility criteria, (4) they are foster care or adoptive children, (5) they are eligible under a section 1115 demonstration, or (6) they qualify under other child eligibility provisions. States may elect to define the age cutoff for children at 19, 20, or 21 years. Children who have been granted Medicaid eligibility under disability provisions are usually identified as disabled beneficiaries. Some persons under age 21, who are pregnant, or who are parents or caretaker relatives of dependent children, may be identified as adults. By Federal law, all States have to extend Medicaid to children under age 6 with family income less than 133 percent of the FPL and to children under age 19 with family income less than 100 percent of the FPL.

Claim — A request to a carrier, intermediary, a State by a beneficiary, or by a provider acting on behalf of a beneficiary for payment of benefits under Medicare or Medicaid.

Contract Health Services (CHS) – Services not available directly from IHS or Tribes that are purchased under contract from community providers, including hospitals and clinical practitioners.

Contract Health Service Delivery Area (CHSDA) – Counties that are in or near tribal lands served by IHS Service Units in which AIAN must live to be eligible for Contract Health Services.

Disabled — One of the categories used for classifying Medicaid and Medicare enrollees. Under Medicaid, refers to low-income individuals of any age who are eligible as persons meeting SSA's programmatic definition of disability. This includes individuals receiving SSI as well as those whose incomes are too high for SSI, but qualify under separate Medicaid income standards. Under Medicare, disabled under age 65 receiving Social Security or Railroad Board disability insurance benefits for 24 months are eligible for coverage. Individuals under age 65 who are diagnosed with ESRD are also eligible to receive Medicare benefits and are included with the disabled unless otherwise noted.

Dual Eligible — A person having entitlement to more than one program or plan. The term is sometimes limited to an individual who is eligible both for Medicare and Medicaid coverage, depending on the services and limitations placed by the State, as well as payment of Medicare monthly premium, deductibles, and coinsurance. More broadly used to include Medicare beneficiaries eligible for some or all of the Medicare cost sharing, but not full Medicaid benefits (refer to buy-in, dual entitlement, MN, QMB, QDWI, and SLMB).

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) — A screening and diagnostic and treatment program under Medicaid with the specific focus toward recipients under age 21, which reviews any physical or mental problems and the associated medical requirements to address these problems.

Eligibility — Meeting the requirements for coverage under Medicare, Medicaid, or CHIP. In Medicaid data, the term eligible is often used to refer to individuals who qualify and have actually enrolled in the program.

Eligibles (enrollees) – In Medicaid, eligibles are enrollees because the eligibility determination process also enrolls eligibles in Medicaid. Eligibles are also defined as people who apply and are determined to be eligible for a Medicaid program for at least one month during the year.

Eligibles Served (recipients) – Eligibles who use a health care service with at least one Medicaid paid claim at any time during the year.

Enrollee — A person who is eligible for coverage and is enrolled in the Medicare, Medicaid, or CHIP programs.

Federal Poverty Level (FPL) — Low-income guidelines established annually by the Federal Government. The income level for the FPL depends on the number of people in the family unit. Public assistance programs, including Medicaid and CHIP, often define income limits in relation to FPL.

Fee-for-Service (FFS) Reimbursement — The traditional health care payment system, under which physicians and other providers receive a payment for each unit of service they provide.

Health Maintenance Organization (HMO)—An organization that manages and delivers a comprehensive package of health services under a risk-based arrangement. The HMO usually receives a monthly premium or capitation payment for each enrollee. The dollar amount is based on a projection of what the typical patient will cost. If enrollees cost more, the HMO may suffer losses. If the enrollees cost less, the HMO profits, thus providing incentive for cost control (refer to managed care).

IHS AIAN – American Indian or Alaskan Native enrolled members, or their descendants, of federally recognized tribes. AIAN in the National Patient Information Registry System (NPIRS) of the IHS are AIAN registered locally with IHS health care program providers on or near a tribal land, or in an urban Indian clinic.

IHS Areas – 12 areas of the U.S. made up of all or part of 35 states that include federally recognized tribes and their tribal lands served by IHS Service Units. Since IHS Administrative Areas are built around tribal lands, they frequently cross state and county boundaries. The Areas can be approximated by CHSDA counties, but Service Units do provide direct services (not CHS services) to IHS AIAN living on or near the tribal lands, but not living in CHSDA counties.

IHS Area States – The 35 states of which any part is included in one or more of the 12 IHS Administrative Areas.

IHS Program – An IHS funded set of services provided by IHS, Tribal, and Urban owned and operated health facilities to American Indians and Alaska Natives. These services are either delivered directly through IHS facilities, purchased by IHS through contractual arrangements with providers in the private sector, or delivered through tribally operated programs and urban Indian health programs.

Laboratory and Imaging Services — Professional and technical laboratory and radiological services which may be ordered and provided by or under the direction of a physician or other

licensed practitioner, or ordered by a physician and provided by a referral laboratory. These services must meet requirements of the Clinical Laboratory Improvement Amendment of 1988.

Maintenance Assistance Status – Categories of financial and other material assistance for which Medicaid Eligibles have established eligibility that, taken together with their Basis of Eligibility, classify their current eligibility for Medicaid benefits.

Managed Care — A system in which the overall care of a patient is overseen by a single provider or organization. Many State Medicaid programs include managed care components as a method of ensuring quality in a cost-efficient manner.

Mandatory versus Optional Services — Mandatory services are a specific set of services that must be covered by any State participating in the Medicaid Program (unless waived under section 1115 of the Social Security Act) as opposed to those which a State may elect to include under its Medicaid plan or waivers.

MAX – Medicaid Analytical eXtract (MAX). MAX data is an extract from the national MSIS system of data reported by all states from their Medicaid enrollment (eligibility) and paid claims files. Enrollment and service use data is extracted from MSIS data and then organized by the date of service use during one calendar year, regardless of when the claim to Medicaid (or Medicaid CHIP) was paid.

Medicaid – A joint federal and state program that helps with medical costs for some people with low incomes and limited resources. Medicaid programs are established by states with federal guidelines. Medicaid programs vary from state to state.

Medicaid Statistical Information System (MSIS) — As a result of legislation enacted from the Balanced Budget Act of 1997, States are required to submit all their eligibility and claims data on a quarterly basis, beginning in FY 1999, through the MSIS. MSIS is the basic source of State-reported eligibility and claims data on the Medicaid population, their characteristics, utilization, and payments. This system replaced the HCFA-2082. States submit Medicaid eligibility and claims data electronically to this CMS data system with standardized data definitions and formats. MSIS data is organized by state and the date that claims are paid each calendar year. MSIS data is made available to authorized users either online or extracted to form other data sources such as Medicaid Analytical eXtract or MAX data.

Medically Needy (MN) Eligibles—An optional Medicaid eligibility group consisting of individuals who qualify under an income standard—the MN income level—that is separate from the standards used for categorically needy coverage. MN enrollees must meet Medicaid’s categorical requirements (aged, disabled, adults with children, children) and may meet the MN income level by incurring high medical expenses—usually from hospital or nursing home care— which are deducted from their incomes in the process known as “spend-down”.

Poverty-Related Eligibles — These individuals are eligible for Medicaid without regard to cash assistance or MN standards. They are eligible for Medicaid based on income below a stated percentage of the FPL. They include pregnant women, newborns up to age 1, children up to

age 18, aged, blind, and disabled individuals. At State option, certain aged, blind, and disabled poverty-related eligibles may receive the full scope of Medicaid benefits.

Premium — A monthly fee that may be paid by Medicare, Medicaid, and CHIP enrollees. Medicare HI enrollees who are Social Security or RRB beneficiaries and who qualify for coverage through age or disability are not required to pay premiums. Aged persons who are not eligible for automatic HI enrollment may pay a monthly premium to obtain HI coverage. SMI enrollees pay a monthly premium that is updated annually to reflect changes in program costs.

Prepaid Health Plan (PHP) — A partially capitated managed care arrangement in which a managed care company is at risk for certain outpatient services.

Primary Care — Basic or general health care, traditionally provided by family practice, pediatrics, and internal medicine.

Primary Care Case Management (PCCM) — Managed care option allowed under Section 1915(b) of the Social Security Act in which each participant is assigned to a single primary care provider who must authorize most other services, such as care by specialty physicians, before the other providers can be reimbursed by Medicaid. Usually, services for care other than the case management fee are reimbursed on a FFS basis.

Programs of All-inclusive Care for the Elderly (PACE) — An optional Medicaid benefit that combines medical, social, and long-term care services for frail people. To be eligible, a person must: Be age 55 or over; live in the service area of the PACE program; be certified as eligible for nursing home care by the appropriate State agency; and be able to live safely in the community. The goal of PACE is to help people stay independent and live in their community as long as possible, while getting high quality care they need.

Provider — A Medicare provider is a facility, supplier, physician, or other individual or organization that furnishes health care services. Under Medicaid, a provider is an individual, group, or agency that provides a covered Medicaid service to a Medicaid enrollee.

Qualified Disabled and Working Individuals (QDWI)—Medicaid is required to pay Medicare Part A premiums for certain disabled individuals who lose Medicare coverage because of work. These are individuals whose income is below 200 percent of the FPL and whose resources are not more than twice the value allowed under SSI (refer to buy-in, dual eligible, dual entitlement, MN, QMB, and SLMB).

Qualified Medicare Beneficiary (QMB)—A low-income Medicare beneficiary who qualifies for certain assistance under Medicaid. The beneficiary must have Medicare Part A and income less than or equal to 100 percent of the FPL and resources below twice the value allowed under SSI. For those who qualify, the Medicaid program must pay Medicare Part A premiums (if applicable), Part B premiums, and Medicare deductibles and coinsurance amounts for Medicare covered services depending on the State's fee schedule. Some of these individuals may qualify for full Medicaid benefits and are sometimes referred to as "QMB pluses" (refer to buy-in, dual eligible, dual entitlement, MN, QDWI, and SLMB).

Qualifying Individual (QI)—A low-income Medicare beneficiary for whom Medicaid pays all or part of

the Medicare Part B premium, depending on beneficiary income and resources. States receive 100 percent matching from the Federal Government for this program. Congress provided funding for the QI program through FY 2002.

Racial AIAN – In data files, Racial are people for whom ‘American Indian’ or ‘Alaskan Native’ has been selected from race classifications offered. Race classifications offered vary among federal data sources, and compilations of race classifications in federal data files vary as well. In this report ‘Racial AIAN in the MAX data’ are defined as those Medicaid enrolled people whose Medicaid enrollment (eligibility) records indicate their race as ‘AIAN only,’ and their ethnicity ‘not Hispanic.’ ‘Racial AIAN in Census data’ are defined as those people whose Census records indicate their race as ‘AIAN only’ or ‘AIAN in combination with any other Race’ regardless of Hispanic ethnicity. The latter definition is that desired by the CMS TTAG, the former definition is the best definition possible with CMS Medicaid and Medicare data as it is obtained and processed by CMS.

Recipient—A Medicaid enrollee who receives a Medicaid-covered service (an alternate reference to eligible served, enrollee served or beneficiary).

Social Security Act—The Titles of the 1965 Social Security Act include: Title II—Old Age, Survivors, and Disability Insurance Benefits (OASDI); also, Social Security; Title IV-A AFDC; Title IV-B—Child Welfare; Title IV-D—Child Support; Title IV-E—Foster Care and Adoption; Title IV-F—Job Opportunities and Basic Skills Training; Title V—Maternal and Child Health Services; Title XVI—SSI; Title XVIII—Medicare; Title XIX—Medicaid; Title XX—Social Services; and Title XXI—CHIP.

Social Security Administration (SSA) — The Federal agency responsible for administering the Old Age, Survivors, and Disability Insurance (OASDI) program as well as the Supplemental Security Income (SSI) program of the Social Security Act.

Specified Low Income Medicare Beneficiary (SLMB) — A low-income Medicare beneficiary who qualifies for certain assistance under Medicaid. The beneficiary must have income above 100 percent, but not in excess of 120 percent of the FPL and limited resources. For those who qualify, the Medicaid program pays the Medicare Part B premium. Some of these individuals may qualify for full Medicaid benefits and are sometimes referred to as “SLMB pluses” (refer to buy-in, dual eligible, dual entitlement, MN, QMB, and QDWI).

Children’s Health Insurance Program (CHIP)—A program designed to provide health coverage to uninsured children with incomes too high to qualify for Medicaid, but too low to afford private health insurance. CHIP is funded through a Federal/State partnership and was enacted as part of the Balanced Budget Act of 1997. The Children’s Health Insurance Program that expanded health care coverage to the nation’s uninsured children, and some families. The Social Security Act authorizes multiple waiver and demonstration authorities to allow states flexibility in operating CHIP programs as expansions of Medicaid (Title XIX) or as separate state (Title XXI) programs, or both. The 3 types of state CHIP programs thus have different data reporting requirements depending on whether they are funded with Title XIX funds only (Medicaid CHIP); Title XXI funds only (non-Medicaid State-only CHIP), or combination Title XIX and Title XXI funds (Medicaid expansion and a non-Medicaid State-only CHIP):

Medicaid CHIP programs must report all Medicaid CHIP program data to the Medicaid State Information System (MSIS) which is then included in the online State Summary Data Mart.

Non-Medicaid, State-only CHIP programs do not have to report state-only CHIP program data to MSIS.

Combination (Medicaid Expansion CHIP and Non-Medicaid, State-only CHIP) programs must report the Medicaid CHIP program data to the Medicaid State Information System (MSIS), but do not have to report state-only CHIP program data to MSIS.

Service Units – The local administrative units of health care providers funded by the Indian Health Services that are on or near tribal lands.

State wideness — A State Medicaid program must offer the same benefits to everyone throughout the State, exceptions being possible through Medicaid waivers and special contracting options (refer to waivers).

Supplemental Security Income (SSI) — A program of income support for low-income, aged, blind, and disabled persons established in Title XVI of the Social Security Act.

Temporary Assistance for Needy Families (TANF) — Created by the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996, TANF provides assistance and work opportunities to needy families. This program replaced the earlier AFDC program (refer to AFDC and PRWORA).

Waiver –An exception to the usual requirements of Medicaid or Medicare granted to a State by CMS, authorized through the following sections of the Social Security Act or Social Security Amendments: 1) 402 of the Social Security Amendments of 1967—Provides Medicare demonstration authority to test alternative methods of Medicare payment and changes to the Medicare benefit package. 2) 1115 of the Social Security Act—Allows States to waive provisions of Medicaid law to test new concepts which are congruent with the goals of the Medicaid Program. Radical, system wide changes are possible under this provision. 3) 1915 (b) of the Social Security Act—Allows States to waive freedom of choice. States may require that beneficiaries enroll in HMOs or other managed care programs, or select a physician to serve as their primary care case manager. 4) 1915(c) of the Social Security Act—Allows States to waive various Medicaid requirements to establish alternative, community-based services for individuals who qualify for services in an ICF/MR, nursing facility, institution for mental disease, or inpatient hospital. 5) 1929 of the Social Security Act—Allows States to provide a broad range of home and community-based services to functionally disabled individuals as an optional State plan benefit. In all States except Texas, the option can serve only people age 65 or over

Appendix B. Medicaid Enrollment Data by IHS Area

Table Numbers

Number and Percent of Enrollees

IHS Area	Eligibility Groups	Assistance Categories	Dual Enrollees	Managed Care Enrollees
All Areas Combined	B.0.1, By state B.0.2	B.0.1, By state B.0.2	B.0.3, By Eligibility B.0.4	B.0.5
Aberdeen	B.1.1, By state B.1.2	B.1.1, By state B.1.2	B.1.3, By Eligibility B.1.4	B.1.5
Alaska	B.2.1, By state B.2.2	B.2.1, By state B.2.2	B.2.3, By Eligibility B.2.4	B.2.5
Albuquerque	B.3.1, By state B.3.2	B.3.1, By state B.3.2	B.3.3, By Eligibility B.3.4	B.3.5
Bemidji	B.4.1, By state B.4.2	B.4.1, By state B.4.2	B.4.3, By Eligibility B.4.4	B.4.5
Billings	B.5.1, By state B.5.2	B.5.1, By state B.5.2	B.5.3, By Eligibility B.5.4	B.5.5
California	B.6.1, By state B.6.2	B.6.1, By state B.6.2	B.6.3, By Eligibility B.6.4	B.6.5
Nashville	B.7.1, By state B.7.2	B.7.1, By state B.7.2	B.7.3, By Eligibility B.7.4	B.7.5
Navajo	B.8.1, By state B.8.2	B.8.1, By state B.8.2	B.8.3, By Eligibility B.8.4	B.8.5
Oklahoma	B.9.1, By state B.9.2	B.9.1, By state B.9.2	B.9.3, By Eligibility B.9.4	B.9.5
Phoenix	B.10.1, By state B.10.2	B.10.1, By state B.10.2	B.10.3, By Eligibility B.10.4	B.10.5
Portland	B.11.1, By state B.11.2	B.11.1, By state B.11.2	B.11.3, By Eligibility B.11.4	B.11.5
Tucson	B.12.1, By state B.12.2	B.12.1, By state B.12.2	B.12.3, By Eligibility B.12.4	B.12.5

Actual Appendix Tables are in separate File: “Appendices B to E Tables”

Appendix C. Medicaid Service Use and Payment Data by IHS Area

Table Numbers

Recipients, Months of Enrollment, Claims and Payments

IHS Area	Fee-for-Service	Capitated Care	Capitated Care Type	IHS Program
All Areas Combined	C.0.1	C.0.1	C.0.2	C.0.3
Aberdeen	C.1.1	C.1.1	C.1.2	C.1.3
Alaska	C.2.1	C.2.1	C.2.2	C.2.3
Albuquerque	C.3.1	C.3.1	C.3.2	C.3.3
Bemidji	C.4.1	C.4.1	C.4.2	C.4.3
Billings	C.5.1	C.5.1	C.5.2	C.5.3
California	C.6.1	C.6.1	C.6.2	C.6.3
Nashville	C.7.1	C.7.1	C.7.2	C.7.3
Navajo	C.8.1	C.8.1	C.8.2	C.8.3
Oklahoma	C.9.1	C.9.1	C.9.2	C.9.3
Phoenix	C.10.1	C.10.1	C.10.2	C.10.3
Portland	C.11.1	C.11.1	C.11.2	C.11.3
Tucson	C.12.1	C.12.1	C.12.2	C.12.3

Actual Appendix Tables are in separate File: “Appendices B to E Tables”

Appendix D. CHIP Enrollment, Service Use and Payment Data by IHS Area

Table Numbers

For Enrollees in M-CHIP Only and in Both M-CHIP and Medicaid During the Year

Number and Percent of Enrollees

IHS Area	Eligibility Groups	Assistance Categories	Managed Care Enrollees
All Areas Combined	D.0.1	D.0.1	D.0.2
Aberdeen	D.1.1	D.1.1	D.1.2
Alaska	D.2.1	D.2.1	D.2.2
Albuquerque	D.3.1	D.3.1	D.3.2
Bemidji	D.4.1	D.4.1	D.4.2
Billings	D.1.1	D.1.1	D.5.2
California	D.6.1	D.6.1	D.6.2
Nashville	D.7.1	D.7.1	D.7.2
Navajo	D.8.1	D.8.1	D.8.2
Oklahoma	D.9.1	D.9.1	D.9.2
Phoenix	D.10.1	D.10.1	D.10.2
Portland	D.11.1	D.11.1	D.11.2
Tucson	D.12.1	D.12.1	D.12.2

Recipients, Months of Enrollment, Claims and Payments

IHS Area	Fee-for-Service	Capitated Care	IHS Program
All Areas Combined	D.0.3	D.0.3	D.0.4
Aberdeen	D.1.3	D.1.3	D.1.4
Alaska	D.2.3	D.2.3	D.2.4
Albuquerque	D.3.3	D.3.3	D.3.4
Bemidji	D.4.3	D.4.3	D.4.4
Billings	D.5.3	D.5.3	D.5.4
California	D.6.3	D.6.3	D.6.4
Nashville	D.7.3	D.7.3	D.7.4
Navajo	D.8.3	D.8.3	D.8.4
Oklahoma	D.9.3	D.9.3	D.9.4
Phoenix	D.10.3	D.10.3	D.10.4
Portland	D.11.3	D.11.3	D.11.4
Tucson	D.12.3	D.12.3	D.12.4

Actual Appendix Tables are in separate File: "Appendices B to E Tables"

Appendix E. Medicaid and CHIP Enrollment, Service Use and Payment Data for the Urban Consolidated Area

Table Numbers

Medicaid

Number and Percent of Enrollees

IHS Area	Eligibility Groups	Assistance Categories	Dual Enrollees	Managed Care Enrollees
Urban Area	E.1	E.1	E.2, E.3 By Eligibility	E.4

Recipients, Months of Enrollment, Claims and Payments

IHS Area	Fee-for-Service	Capitated Care	Capitated Care by Type	IHS Program
Urban Area	E.5	E.5	E.6	E.7

CHIP

For Enrollees in M-CHIP Only and in Both M-CHIP and Medicaid During the Year

Number and Percent of Enrollees

IHS Area	Eligibility Groups	Assistance Categories	Managed Care Enrollees
Urban Area	E.8	E.8	E.9

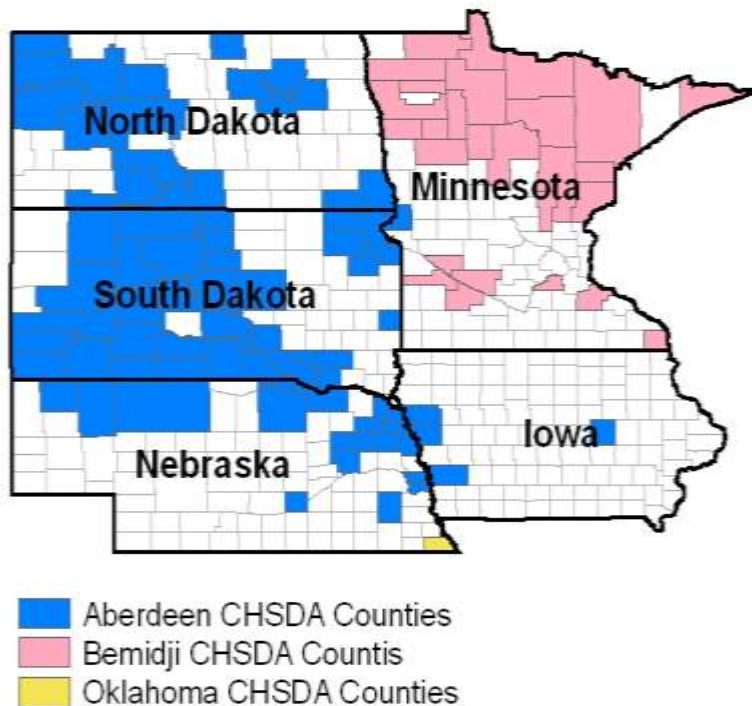
Recipients, Months of Enrollment, Claims and Payments

IHS Area	Fee-for-Service	Capitated Care	IHS Program
Urban Area	E.10	E.10	E.11

Appendix F. Assignment of American Indians and Alaska Natives (AIAN) in State MAX Files to IHS Areas

The tables that follow in Appendix F present the number of all AIAN records in every state MAX data file (35 states) allocated to every IHS Area. All AIAN records in every state are tracked by county type for their assignment to the IHS Area designated, another IHS Area, or no IHS Area and why (non-CHSDA county or No County code).

The Running Total “Not for this Area” tracks how all records in the state were assigned and what Percent of all records for the state ended up in the Area. The Running Total for “This Area” tracks how many records were accumulated by the Area by state and county type (All the state’s CHSDA counties, a portion of the state’s CHSDA counties, or CHSDA Counties within the state that were Split between two Areas).

ABERDEEN AREA

Aberdeen Area AIAN	North Dakota State AIAN				Percent of State AIAN in Area
	Not This Area	Running Total	This Area	Running Total	
Total AIAN		16,846		0	
No County code	0	16,846		0	
Non-CHSDA county	4,138	12,708		0	
CHSDA County - Not this Area	0	12,708		0	
CHSDA County - This Area	0	12,708	12,708	12,708	75%

Aberdeen Area AIAN	South Dakota State AIAN				Percent of State AIAN in Area
	Not This Area	Running Total	This Area	Running Total	
Total AIAN		39,014		0	
No County code	734	38,280		0	
Non-CHSDA county	3,662	34,618		0	
CHSDA County - Not this Area	0	34,618		0	
CHSDA County - This Area	0	34,618	34,618	34,618	89%

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Appendix F. Assignment of AIAN in State MAX Files to IHS Areas

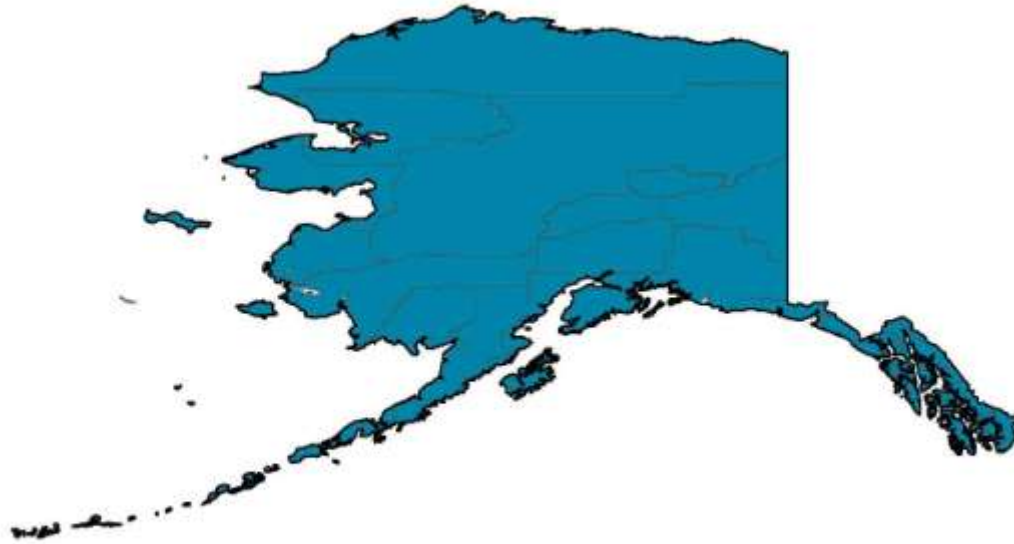
Aberdeen Area, continued

Aberdeen Area AIAN	Nebraska State AIAN				Percent of State AIAN in Area
	Not This Area	Running Total	This Area	Running Total	
Total AIAN		9,146		0	
No County code	260	8,886		0	
Non-CHSDA county	1,655	7,231		0	
CHSDA County - Not this Area	43	7,188		0	
CHSDA County - This Area	0	7,188	7,188	7,188	79%

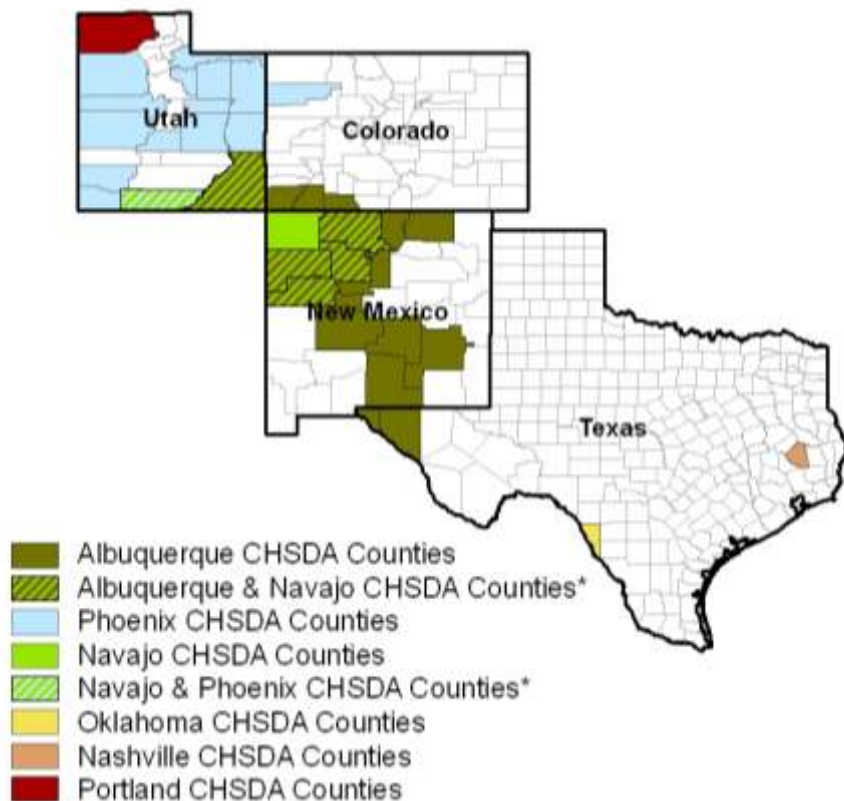
Aberdeen Area AIAN	Minnesota State AIAN				Percent of State AIAN in Area
	Not This Area	Running Total	This Area	Running Total	
Total AIAN		28,734		0	
No County code	7	28,727		0	
Non-CHSDA county	10,939	17,795		0	
CHSDA County - Not this Area	17,648	147		0	
CHSDA County - This Area	0	147	140	140	0.5%

Aberdeen Area AIAN	Iowa State AIAN				Percent of State AIAN in Area
	Not This Area	Running Total	This Area	Running Total	
Total AIAN		1,852		0	
No County code	0	1,852		0	
Non-CHSDA county	642	1,210		0	
CHSDA County - Not this Area	0	1,210		0	
CHSDA County - This Area	0	1,210	1,210	1,210	65%

ALASKA AREA



Alaska Area AIAN	Alaska State AIAN				Percent of State AIAN in Area
	Not This Area	Running Total	This Area	Running Total	
Total AIAN		48348		0	
No County code	44	48,304	0	0	
Non-CHSDA county		48,304		0	
CHSDA County - Not this Area		48,304		0	
CHSDA County - This Area		48,304	48,304	48,304	100%

ALBUQUERQUE AREA

Albuquerque Area AIAN	New Mexico State AIAN				Percent of State AIAN in Area
	Not This Area	Running Total	This Area	Running Total	
Total AIAN		98,349		0	
Split County 1 - Not this Area	33,153	65,196		0	
Split County 1 - This Area		65,196	16,906	16,906	
Split County No Zip Code - Not This Area	0	65,196		16,906	
Split County No Zip Code - This Area		65,196	0	16,906	
No County FIPS	80	65,116		16,906	
Non-CHSDA county	4,297	60,819		16,906	
CHSDA County - Not this Area	20,771	40,048		16,906	
CHSDA County - This Area		40,048	23,142	40,048	41%

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Appendix F. Assignment of AIAN in State MAX Files to IHS Areas

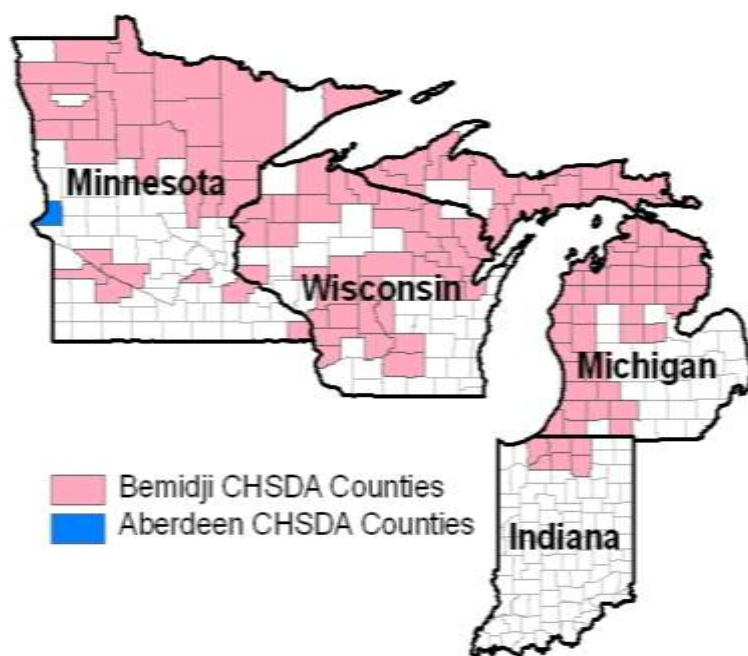
Albuquerque Area, continued

Albuquerque Area AIAN	Colorado State AIAN				Percent of State AIAN in Area
	Not This Area	Running Total	This Area	Running Total	
Total AIAN		5123		0	
No County code	7	5,116			
Non-CHSDA county	3,596	1,520		0	
CHSDA County - Not this Area	3	1,517		0	
CHSDA County - This Area	0	1,517	1,517	1,517	30%

Albuquerque Area AIAN	Texas State AIAN				Percent of State AIAN in Area
	Not This Area	Running Total	This Area	Running Total	
Total AIAN		14,541		0	
No County code	10	14,531			
Non-CHSDA county	13,781	750		0	
CHSDA County - Not this Area	368	382		0	
CHSDA County - This Area	0	382	382	382	3%

Albuquerque Area AIAN	Utah State AIAN				Percent of State AIAN in Area
	Not This Area	Running Total	This Area	Running Total	
Total AIAN		11288		0	
Split County Zip Code - Not this Area	3793	7,495		0	
Split County Zip Code - This Area		7,495	0*	0	
Split County No Zip Code - Not This Area	0	7,495		0	
Split County No Zip Code - This Area		7,495	0	0	
No County code	12	7,483		0	
Non-CHSDA county	4,094	3,389		0	
CHSDA County - Not this Area	3389	0		0	
CHSDA County - This Area		0	0*	0*	0%*

* Ute community in San Juan County that is a CHSDA county split with Navajo Area does not dominate the population in its zip code and therefore all zip codes in San Juan county are assigned to Navajo Area in our analyses.

BEMIDJI AREA

Bemidji Area AIAN	Minnesota State AIAN				Percent of State AIAN in Area
	Not This Area	Running Total	This Area	Running Total	
Total AIAN		28,734		0	
No County code	7	28,727			
Non-CHSDA county	10,939	17,795		0	
CHSDA County - Not this Area	140	17,655		0	
CHSDA County - This Area	0	17,655	17,648	17,648	61%

Bemidji Area AIAN	Wisconsin State AIAN				Percent of State AIAN in Area
	Not This Area	Running Total	This Area	Running Total	
Total AIAN		14,620		0	
No County code	212	14,408	0	0	
Non-CHSDA county	3,116	11,292		0	
CHSDA County - Not this Area	0	11,292		0	
CHSDA County - This Area		11,292	11,292	11,292	77%

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Appendix F. Assignment of AIAN in State MAX Files to IHS Areas

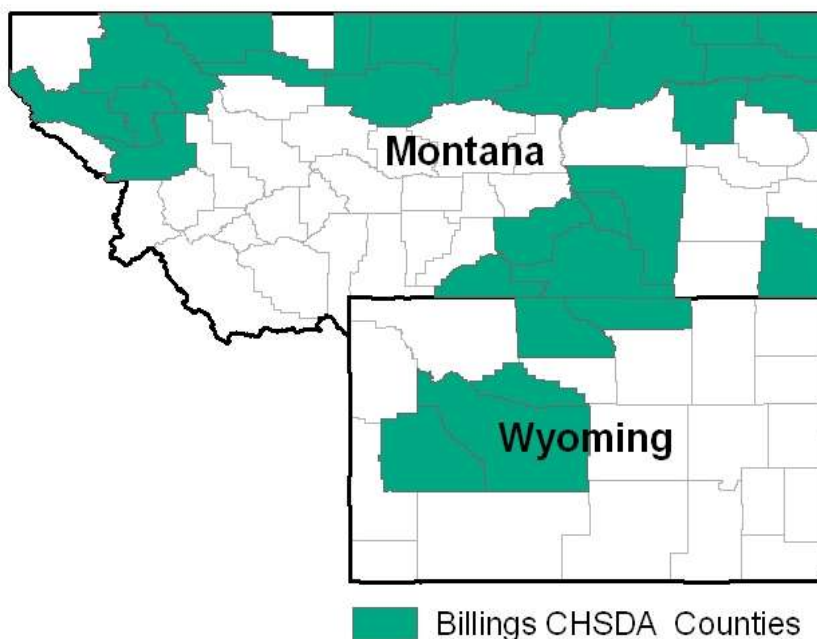
Bemidji Area, continued

Bemidji Area AIAN	Michigan State AIAN				Percent of State AIAN in Area
	Not This Area	Running Total	This Area	Running Total	
Total AIAN		9,219		0	
No County code	0	9,219			
Non-CHSDA county	2,026	7,193		0	
CHSDA County - Not this Area	0	7,193		0	
CHSDA County - This Area	0	7,193	7,193	7,193	78%

Bemidji Area AIAN	Indiana State AIAN				Percent of State AIAN in Area
	Not This Area	Running Total	This Area	Running Total	
Total AIAN		607		0	
No County code	0	607	0	0	
Non-CHSDA county	496	111		0	
CHSDA County - Not this Area	0	111		0	
CHSDA County - This Area		111	111	111	18%

Appendix F. Assignment of AIAN in State MAX Files to IHS Areas

BILLINGS AREA



Billings Area AIAN	Montana State AIAN				Percent of State AIAN in Area
	Not This Area	Running Total	This Area	Running Total	
Total AIAN		27,502		0	
No County code	3	27,499	0	0	
Non-CHSDA county	3,583	23,916		0	
CHSDA County - Not this Area	0	23,916		0	
CHSDA County - This Area		23,916	23,916	23,916	87%

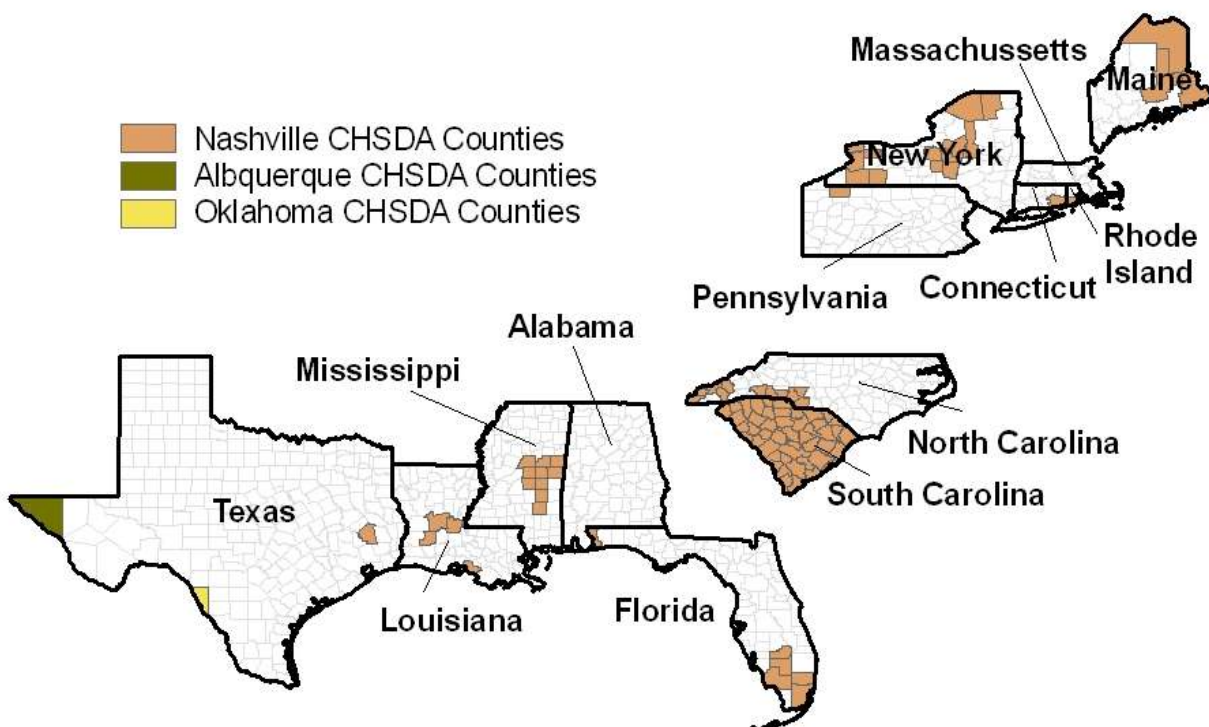
Billings Area AIAN	Wyoming State AIAN				Percent of State AIAN in Area
	Not This Area	Running Total	This Area	Running Total	
Total AIAN		6,054		0	
No County code	0	6,054	0	0	
Non-CHSDA county	1,088	4,966		0	
CHSDA County - Not this Area	0	4,966		0	
CHSDA County - This Area		4,966	4,966	4,966	82%

CALIFORNIA AREA



California Area AIAN	California State AIAN				Percent of State AIAN In Area
	Not This Area	Running Total	This Area	Running Total	
Total AIAN		45665		0	
Split County - Not this Area	804	44,861		0	
Split County - This Area		44,861	4,149	4,149	
Split County No Zip Code	0	44,861		4,149	
No County code	0				
Non-CHSDA county	17,490	27,371		4,149	
CHSDA County - Not this Area	181	27,190		4,149	
CHSDA County - This Area	0	27,190	23,041	27,190	60%

NASHVILLE AREA



Nashville Area AIAN	Alabama State AIAN				Percent of State AIAN
	Not This Area	Running Total	This Area	Running Total	
Total AIAN		2,586		0	
No County code	0	2,586		0	
Non-CHSDA county	1,670	916		0	
CHSDA County - Not this Area	0	916		0	
CHSDA County - This Area	0	916	916	916	35%

Nashville Area AIAN	Connecticut State AIAN				Percent of State AIAN
	Not This Area	Running Total	This Area	Running Total	
Total AIAN		1,027		0	
No County code	8	1,019		0	
Non-CHSDA county	0	1,019		0	
CHSDA County - Not this Area	0	1,019		0	
CHSDA County - This Area	0	1,019	1,019	1,019	99%

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Appendix F. Assignment of AIAN in State MAX Files to IHS Areas

Nashville Area, continued

Nashville Area AIAN	Florida State AIAN				Percent of State AIAN
	Not This Area	Running Total	This Area	Running Total	
Total AIAN		2,847		0	
No County code	0	2,847		0	
Non-CHSDA county	2,238	609		0	
CHSDA County - Not this Area	0	609		0	
CHSDA County - This Area	0	609	609	609	21%

Nashville Area AIAN	Louisiana State AIAN				Percent of State AIAN
	Not This Area	Running Total	This Area	Running Total	
Total AIAN		3,285		0	
No County code	0	3,285		0	
Non-CHSDA county	2,829	456		0	
CHSDA County - Not this Area	0	456		0	
CHSDA County - This Area	0	456	456	456	14%

Nashville Area AIAN	Massachusetts State AIAN				Percent of State AIAN
	Not This Area	Running Total	This Area	Running Total	
Total AIAN		2,381		0	
No County code	20	2,361		0	
Non-CHSDA county	2,331	30		0	
CHSDA County - Not this Area	0	30		0	
CHSDA County - This Area	0	30	30	30	1%

Nashville Area AIAN	Maine State AIAN				Percent of State AIAN
	Not This Area	Running Total	This Area	Running Total	
Total AIAN		3,373		0	
No County code	1,238	2,135		0	
Non-CHSDA county	2,102	33		0	
CHSDA County - Not this Area	0	33		0	
CHSDA County - This Area	0	33	33	33	1%

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Appendix F. Assignment of AIAN in State MAX Files to IHS Areas

Nashville Area, continued

Nashville Area AIAN	Mississippi State AIAN				Percent of State AIAN
	Not This Area	Running Total	This Area	Running Total	
Total AIAN		2,933		0	
No County code	10	2,923		0	
Non-CHSDA county	396	2,527		0	
CHSDA County - Not this Area	0	2,527		0	
CHSDA County - This Area	0	2,527	2,527	2,527	86%

Nashville Area AIAN	North Carolina State AIAN				Percent of State AIAN
	Not This Area	Running Total	This Area	Running Total	
Total AIAN		27,702		0	
No County code	0	27,702		0	
Non-CHSDA county	24,805	2,897		0	
CHSDA County - Not this Area	0	2,897		0	
CHSDA County - This Area	0	2,897	2,897	2,897	10%

Nashville Area AIAN	New York State AIAN				Percent of State AIAN
	Not This Area	Running Total	This Area	Running Total	
Total AIAN		37,285		0	
No County code	18	37,267		0	
Non-CHSDA county	33,138	4,129		0	
CHSDA County - Not this Area	0	4,129		0	
CHSDA County - This Area	0	4,129	4,129	4,129	11%

Nashville Area AIAN	Pennsylvania State AIAN				Percent of State AIAN
	Not This Area	Running Total	This Area	Running Total	
Total AIAN		2,336		0	
No County code	0	2,336		0	
Non-CHSDA county	2,324	12		0	
CHSDA County - Not this Area	0	12		0	
CHSDA County - This Area	0	12	12	12	1%

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Appendix F. Assignment of AIAN in State MAX Files to IHS Areas

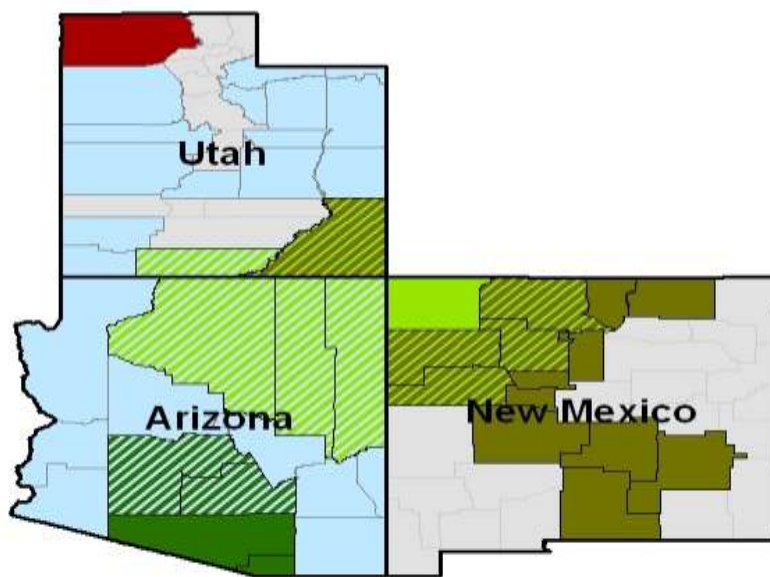
Nashville Area, continued

Nashville Area AIAN	Rhode Island State AIAN				Percent of State AIAN
	Not This Area	Running Total	This Area	Running Total	
Total AIAN		456		0	
No County code	34	422		0	
Non-CHSDA county	248	174		0	
CHSDA County - Not this Area	0	174		0	
CHSDA County - This Area	0	174	174	174	38%

Nashville Area AIAN	South Carolina State AIAN				Percent of State AIAN
	Not This Area	Running Total	This Area	Running Total	
Total AIAN		1,627		0	
No County code	0	1,627		0	
Non-CHSDA county	0	1,627		0	
CHSDA County - Not this Area	0	1,627		0	
CHSDA County - This Area	0	1,627	1,627	1,627	100%

Nashville Area AIAN	Texas State AIAN				Percent of State AIAN
	Not This Area	Running Total	This Area	Running Total	
Total AIAN		14,541		0	
No County code	10	14,531		0	
Non-CHSDA county	13,781	750		0	
CHSDA County - Not this Area	640	110		0	
CHSDA County - This Area	0	110	110	110	1%

NAVAJO AREA



Indian Health Service CHSDA counties in the States of the Navajo Area



Counties in the States of the Navajo Area not included in any Indian Health Service Area

non-CHSDA counties

Navajo Area AIAN	Arizona State AIAN				Percent of State AIAN in the Area
	Not This Area	Running Total	This Area	Running Total	
Total AIAN		155,892		0	
Split County 1 - Not this Area	42,243	113,649		0	
Split County 1 - This Area		113,649	83,856	83,856	
Split County No Zip Code - Not This Area	0	113,649		83,856	
Split County No Zip Code - This Area		113,649	0	83,856	
No County FIPS	4	113,645		83,856	
Non-CHSDA county	0	113,645		83,856	
CHSDA County - Not this Area	29,789	83,856		83,856	
CHSDA County - This Area		83,856	0	83,856	54%

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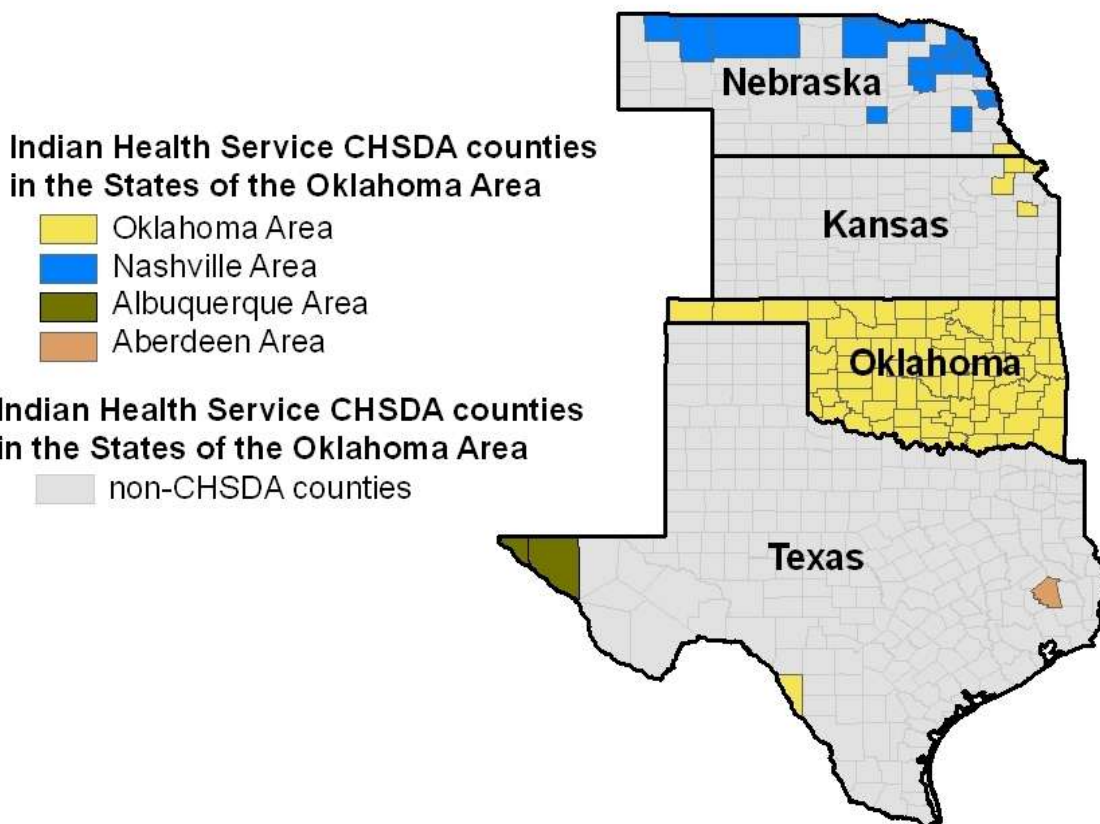
Appendix F. Assignment of AIAN in State MAX Files to IHS Areas

Navajo Area, continued

Navajo Area AIAN	New Mexico State AIAN				Percent of State AIAN in the Area
	Not This Area	Running Total	This Area	Running Total	
Total AIAN		98,349		0	
Split County 1 - Not this Area	16,906	81,443		0	
Split County 1 - This Area		81,443	33,153	33,153	
Split County No Zip Code - Not This Area	0	81,443		33,153	
Split County No Zip Code - This Area		81,443	0	33,153	
No County FIPS	80	81,363		33,153	
Non-CHSDA county	4,297	77,066		33,153	
CHSDA County - Not this Area	23,142	53,924		33,153	
CHSDA County - This Area		53,924	20,771	53,924	55%

Navajo Area AIAN	Utah State AIAN				Percent of State AIAN in the Area
	Not This Area	Running Total	This Area	Running Total	
Total AIAN		11288		0	
Split County Zip Code - Not this Area	3	11,285		0	
Split County Zip Code - This Area		11,285	3,790	3,790	
Split County No Zip Code - Not This Area		11,285		3,790	
Split County No Zip Code - This Area		11,285	0		
No County code	12	11,273			
Non-CHSDA county	4,094	7,179		3,790	
CHSDA County - Not this Area	3389	3,790		3,790	
CHSDA County - This Area	0	3,790	0	3,790	34%

OKLAHOMA AREA



Oklahoma Area AIAN	Oklahoma State AIAN				Percent of State AIAN in the Area
	Not This Area	Running Total	This Area	Running Total	
Total AIAN		89,220		0	
No County code	0	89,220		0	
Non-CHSDA county	0	89,220		0	
CHSDA County - Not this Area	0	89,220		0	
CHSDA County - This Area	0	89,220	89,220	89,220	100%

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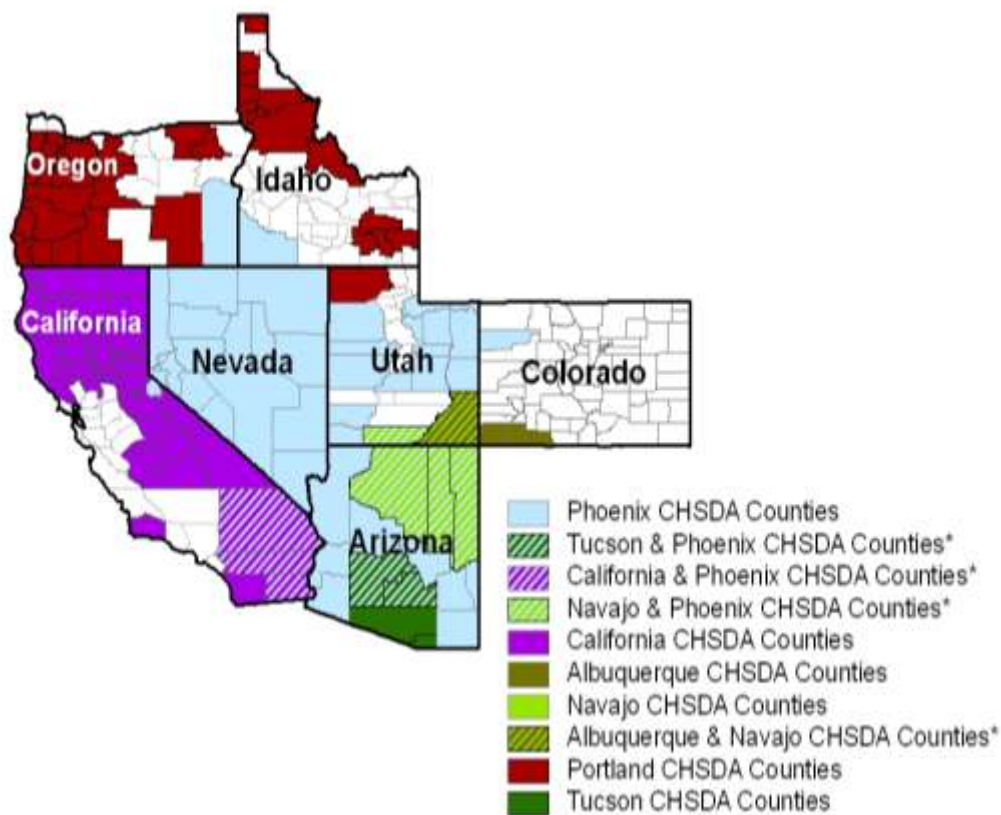
Appendix F. Assignment of AIAN in State MAX Files to IHS Areas

Oklahoma Area, continued

Oklahoma Area AIAN	Texas State AIAN				Percent of State AIAN in the Area
	Not This Area	Running Total	This Area	Running Total	
Total AIAN		14,541		0	
No County code	10	14,531		0	
Non-CHSDA county	13,781	750		0	
CHSDA County - Not this Area	492	258		0	
CHSDA County - This Area	0	258	258	258	2%

Oklahoma Area AIAN	Kansas State AIAN				Percent of State AIAN in the Area
	Not This Area	Running Total	This Area	Running Total	
Total AIAN		4,641		0	
No County code	0	4,641		0	
Non-CHSDA county	3,489	1,152		0	
CHSDA County - Not this Area	0	1,152		0	
CHSDA County - This Area	0	1,152	1,152	1,152	25%

Oklahoma Area AIAN	Nebraska State AIAN				Percent of State AIAN in the Area
	Not This Area	Running Total	This Area	Running Total	
Total AIAN		9,146		0	
No County code	260	8,886			
Non-CHSDA county	1,655	7,231		0	
CHSDA County - Not this Area	7188	43		0	
CHSDA County - This Area	0	43	43	43	0.5%

PHOENIX AREA

Phoenix Area AIAN	California State AIAN				Percent of State AIAN in the Area
	Not This Area	Running Total	This Area	Running Total	
Total AIAN		45665		0	
Split County Zip Code - Not this Area	4,149	41,516		0	
Split County Zip Code - This Area		41,516	804	804	
Split County No Zip Code - Not This Area		41,516		804	
No County code	0	41,516		804	
Non-CHSDA county		41,516		804	
CHSDA County - Not this Area		41,516		804	
CHSDA County - This Area	0	41,516	181	985	2%

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Appendix F. Assignment of AIAN in State MAX Files to IHS Areas

Phoenix Area, continued

Phoenix Area 10 AIAN	Arizona State AIAN				Percent of State AIAN in the Area
	Not This Area	Running Total	This Area	Running Total	
Total AIAN		155,892		0	
Split County 1 - Not this Area	85,321	70,571		0	
Split County 1 - This Area		70,571	40,778	40,778	
Split County No Zip Code - Not This Area	0	70,571		40,778	
Split County No Zip Code - This Area		70,571	0	40,778	
No County FIPS	4	70,567		40,778	
Non-CHSDA county	0	70,567		40,778	
CHSDA County - Not this Area	15,321	55,246		40,778	
CHSDA County - This Area		55,246	14,468	55,246	35%

Phoenix Area AIAN	Utah State AIAN				Percent of State AIAN in the Area
	Not This Area	Running Total	This Area	Running Total	
Total AIAN		11,288		0	
Split County Zip Code - Not this Area	3790	7,498		0	
Split County Zip Code - This Area		7,498	0	0	
Split County No Zip Code - Not This Area	0	7,498		0	
Split County No Zip Code - This Area		7,498	3	3	
No County code	12	7,486		3	
Non-CHSDA county	4,094	3,392		3	
CHSDA County - Not this Area	112	3,280		3	
CHSDA County - This Area		3,280	3,277	3,280	29%

Phoenix Area AIAN	Nevada State AIAN				Percent of State AIAN in the Area
	Not This Area	Running Total	This Area	Running Total	
Total AIAN		3765		0	
No County code	0	3,765			
Non-CHSDA county	0	3,765		0	
CHSDA County - Not this Area	0	3,765		0	
CHSDA County - This Area	0	3,765	3,765	3,765	100.0%

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Appendix F. Assignment of AIAN in State MAX Files to IHS Areas

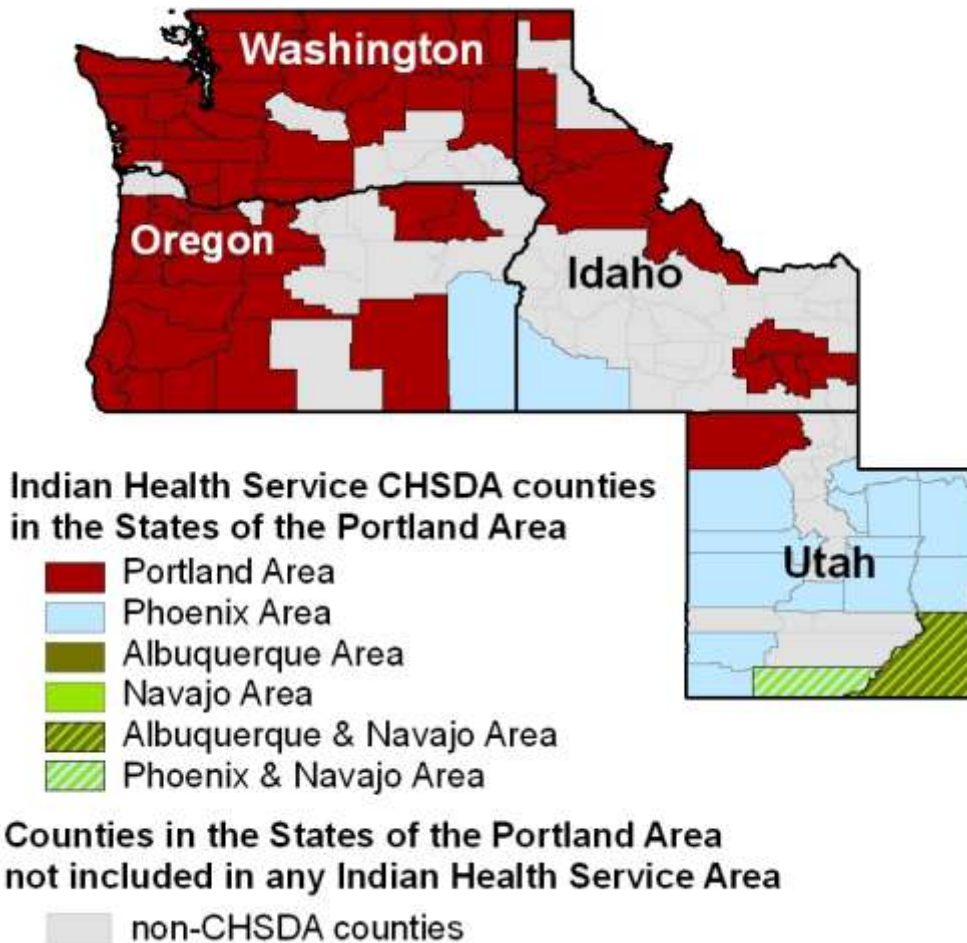
Phoenix Area, continued

Phoenix Area AIAN	Colorado State AIAN				Percent of State AIAN
	Not This Area	Running Total	This Area	Running Total	
Total AIAN		5,123		0	
No County code	7	5,116		0	
Non-CHSDA county	3,596	1,520		0	
CHSDA County - Not this Area	1,517	3		0	
CHSDA County - This Area	0	3	3	3	0.1%

Phoenix Area AIAN	Oregon State AIAN				Percent of State AIAN in the Area
	Not This Area	Running Total	This Area	Running Total	
Total AIAN		14,826		0	
No County code	79	14,747			
Non-CHSDA county	462	14,285		0	
CHSDA County - Not this Area	14,192	93		0	
CHSDA County - This Area	0	93	93	93	1%

Phoenix Area AIAN	Idaho State AIAN				Percent of State AIAN in the Area
	Not This Area	Running Total	This Area	Running Total	
Total AIAN		5,617		0	
No County code	94	5,523			
Non-CHSDA county	1,414	4,109		0	
CHSDA County - Not this Area	4,012	97		0	
CHSDA County - This Area	0	97	97	97	2%

PORTLAND AREA



Portland Area AIAN	Washington State AIAN				Percent of State AIAN in the Area
	Not This Area	Running Total	This Area	Running Total	
Total AIAN		30,532		0	
No County code	118	30,414			
Non-CHSDA county	612	29,802		0	
CHSDA County - Not this Area	0	29,802		0	
CHSDA County - This Area	0	29,802	29,802	29,802	98%

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Appendix F. Assignment of AIAN in State MAX Files to IHS Areas

Portland Area, continued

Portland Area AIAN	Oregon State AIAN				Percent of State AIAN in the Area
	Not This Area	Running Total	This Area	Running Total	
Total AIAN		14826		0	
No County code	79	14,747			
Non-CHSDA county	462	14,285		0	
CHSDA County - Not this Area	93	14,192		0	
CHSDA County - This Area	0	14,192	14,192	14,192	96%

Portland Area AIAN	Idaho State AIAN				Percent of State AIAN in the Area
	Not This Area	Running Total	This Area	Running Total	
Total AIAN		5617		0	
No County code	94	5,523			
Non-CHSDA county	1,414	4,109		0	
CHSDA County - Not this Area	97	4012		0	
CHSDA County - This Area	0	4012	4012	4012	71%

Portland Area AIAN	Utah State AIAN				Percent of State AIAN in the Area
	Not This Area	Running Total	This Area	Running Total	
Total AIAN		11,288		0	
Split County Zip Code - Not this Area	3790	7,498		0	
Split County Zip Code - This Area		7,498	0	0	
Split County No Zip Code - Not This Area	0	7,498		0	
Split County No Zip Code - This Area		7,498	3	3	
No County code	12	7,486		3	
Non-CHSDA county	4,094	3,392		3	
CHSDA County - Not this Area	112	3,280		3	
CHSDA County - This Area		3,280	3,277	3,280	29%

Appendix F. Assignment of AIAN in State MAX Files to IHS Areas

TUCSON AREA



**Indian Health Service CHSDA
counties in the Tucson Area**



Tucson Area AIAN	Arizona State AIAN				Percent of State AIAN in the Area
	Not This Area	Running Total	This Area	Running Total	
Total AIAN	0	155,892	0	0	
Split County - Not this Area	95552	60,340	0	0	
Split County - This Area	0	60,340	1,465	1,465	
Split County No Zip Code - Not This Area	29082	31,258	0	1,465	
Split County No Zip Code - This Area	0	31,258	0	1,465	
No County code	4	31,254	0	1,465	
Non-CHSDA county	0	31,254	0	1,465	
CHSDA County - Not this Area	14468	16,786	0	1,465	
CHSDA County - This Area	0	16,786	15321	16,786	11%