

COMPARATIVE DATA REPORT ON MEDICAID

A Report Submitted to the

FISCAL AFFAIRS AND GOVERNMENTAL OPERATIONS COMMITTEE

Southern Legislative Conference

Council of State Governments

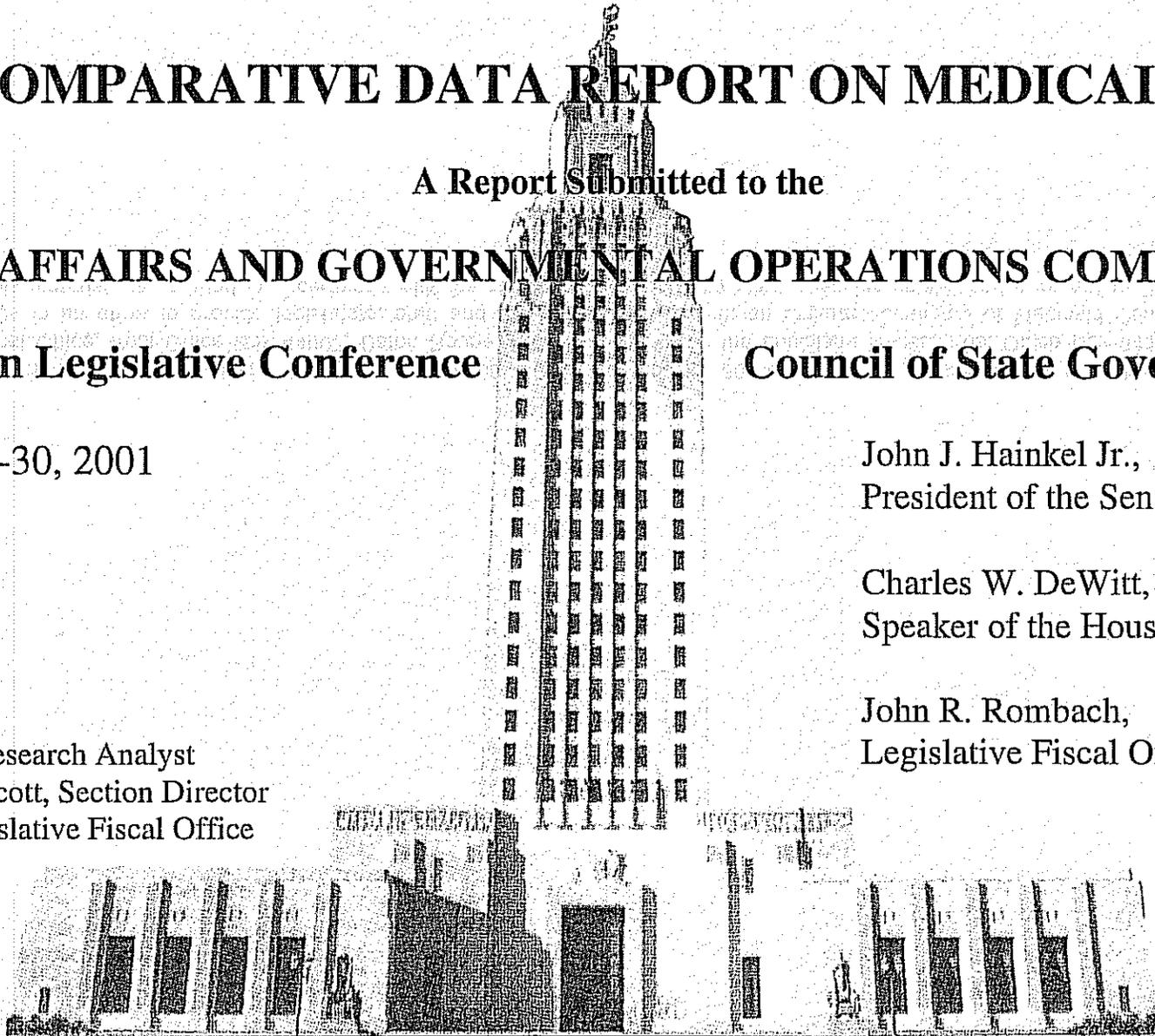
October 27-30, 2001

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This public document was published at a total cost of \$305.00 (\$5.08 per copy for 60 copies). This document was published for the Louisiana Legislative Fiscal Office, Post Office Box 44097, Baton Rouge, Louisiana 70804 by the Louisiana House, Post Office Box 94183, Baton Rouge, Louisiana 70804 in an effort to provide legislators, staff and the general public with an accurate summary of Medicaid Comparative Data for FFY 2000. This material was printed in accordance with the standard for printing by state agencies established pursuant to R.S. 43.31

IMPORTANT NOTE:

This public document was published without verified HCFA 2082 data for all 16 states in the SLC. The Centers for Medicare and Medicaid Services (formerly HCFA) was unable to provide 2082 information to the Louisiana Legislative Fiscal Office (LFO) due to data processing problems encountered in a change over in state submission of data from "hardcopy" to "electronic" as required by the Balanced Budget Act of 1997. However, 11 of the 16 provided state generated HCFA 2082 data. Georgia, Maryland, Missouri, Tennessee, and Texas did not provide the state generated 2082 data necessary to complete the Section of the Comparative Data Report on Medicaid for FFY 00 that details recipients/expenditures by "Type of Service" and "Other Characteristics". As such, these 5 states have been excluded from the preliminary report. It is the intent of the Louisiana Legislative Fiscal Office to revise and reprint the report for FFY 00 upon receipt of verified HCFA 2082 data for all 16 SLC states. CMS currently is uncertain as to when verified 2082s will be available.

Additionally, state means of financing data has been modified to reflect actual state funds (reported on HCFA 64) that were obligated to financing the Medicaid Program. Previous versions of the Medicaid CDR reported projected funds from HCFA 37.

Note: HCFA 37 data is used to project Total Medicaid expenditures and Disproportionate Share payments for the two federal fiscal years beyond the actual data for current and prior years federal fiscal year in the report. In this year's report, HCFA 37 data is shown under FFY 01 and FFY 02.

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SUMMARY

INTRODUCTION

This report includes statistical tables and a summary of key findings based upon questionnaires distributed to each member state in the Southern Legislative Conference. This survey was initially conducted in 1992 and presented to the Second Congressional Summit on Federal Mandates in Washington, D. C., on April 29, 1992. Subsequent surveys have been presented each fall to the Fiscal Affairs and Government Operations Committee of the Southern Legislative Conference.

The format of the survey has been modified in an effort to present a meaningful amount of information without overwhelming the reader with excessive data. Data prior to FFY 94 has been removed from the report, but is still available upon request.

The assistance of legislative staff in each state and Medicaid agency staff that completed the questionnaires is greatly appreciated. Staff of the Centers for Medicare and Medicaid Services (formerly the Health Care Financing Administration) also provides invaluable assistance each year by locating and forwarding the information needed to complete this report. Thanks as well to several co-workers who assisted with preparation of this report: Gordon Monk, Willie Marie Scott, Carolyn Nicklas, and Jean Pederson. Thanks are also given to David W. Hood, Secretary of the Louisiana Department of Health and Hospitals, and Bill Perkins, Executive Officer of the Louisiana Department of Health and Hospitals for their advice.

Comments, questions and suggestions concerning this report will be welcomed.

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BACKGROUND

Medicaid (Title XIX of the Social Security Act) is a program of medical assistance for impoverished individuals who are aged, blind, or disabled, or members of families with dependent children. Medical benefits for needy individuals are provided based on a division of state and federal responsibilities. The federal government establishes regulations, guidelines, and policy interpretations describing the framework within which states can administer their programs. The nature and scope of a state's Medicaid program are specified in a state plan that, after approval by the Department of Health and Human Services, provides the basis for federal funding to the state.

Medicaid is a federal entitlement program established with the 1965 Title XIX amendment to the Social Security Act. This program provides medical assistance to certain individuals having low incomes or resources. The Medicaid programs are jointly funded by the federal and state governments and are designed to assist states in providing access to health services to eligible individuals. Within broad guidelines established by the federal government, each state: 1) administers its own program; 2) establishes its own eligibility standards; 3) determines the amount, duration, and scope of services; and 4) sets the reimbursement methodology for these services. As a result, Medicaid programs vary from state to state and may do so within states over time.

Funding is shared between the federal government and the states, with the federal government matching state contributions at an authorized rate between 50 and 83 percent, depending on the state's per capita income. The federal participation rate is adjusted each year to compensate for changes in the per capita income of each state relative to the nation as a whole.

Federal requirements mandate the provision of certain services by any state participating in the Medicaid Program. These services include: inpatient and outpatient hospital services; prenatal care; vaccines for children; rural health services; lab and x-ray services; skilled nursing services; home health care for persons eligible for skilled-nursing services; pediatric and family nurse practitioner services; nurse mid-wife services; physician services; family planning; federally-qualified health center services; and services for the early and periodic, screening, diagnosis, and treatment (EPSDT) of those under age 21. States have considerable latitude about the scope of each of these services even though they are mandated.

In recent years federal mandates also expanded eligibility. The Omnibus Budget Reconciliation Act of 1989 (OBRA 1989) mandated expanded coverage of pregnant women and children with incomes at or below 133 percent of the federal poverty level. This change in eligibility to extend coverage to those whose incomes exceed the federal poverty level represents a departure from the traditional link between Medicaid and the "welfare" system.

Historically, eligibility for Medicaid had been linked to actual or potential receipt of cash assistance under the AFDC/TANF or SSI programs. Thus, eligible persons had to meet the requirements of the cash assistance programs in terms of age, blindness, disability, or membership in a family with dependent children. State Medicaid programs had, at a minimum, to cover all categorically needy persons: those who received AFDC/TANF assistance and most who received SSI. Eligibility also required that income and assets satisfy certain criteria.

Now, with passage of the Personal Responsibility and Work Opportunity Act of 1996 (Welfare Reform Bill), the automatic link between AFDC recipients and their ability to receive Medicaid benefits have been completely severed. The Welfare Reform Bill amended Title XIX to read that any reference to eligibility for AFDC/TANF benefits shall be interpreted as this relationship existed as on July 16, 1996. A state may choose to modify this relationship in three ways:

- 1) lower its income standard, but not below that level applicable under the state's AFDC state plan as of May 1, 1988;
- 2) increase income or resource standards, and medically needy income levels, by an amount not to exceed the CPI; and
- 3) use income and resource methodologies that are less restrictive than those used under the state plan as of July 1, 1996.

The federal legislation retains existing Medicaid law regarding transitional assistance. Families losing eligibility for cash assistance as a result of increased child support will receive four months of transitional Medicaid benefits. Those losing cash assistance due to increased earnings will receive twelve months of Medicaid benefits. States will have the option to terminate medical assistance for persons denied cash assistance because of refusal to work. Pregnant women and minor children, however, continue to be protected under OBRA 1989. Additionally, children who lost SSI eligibility due to the change in the welfare reform law will have their Medicaid eligibility grand-fathered in. However, no new individuals may qualify for this coverage.

States have the option, as of January 1, 1997, of denying Medicaid coverage to persons who are legal residents but not citizens. New immigrants will be automatically barred for five years after entry. Thereafter, states may offer coverage, but only under certain provisions. However, there are certain exceptions for persons who have worked for forty (40) quarters in covered employment, or served in the military. Additionally, no state may deny coverage of emergency medical services to either illegal or legal aliens.

The Balanced Budget Act (BBA) of 1997 (P.L. 105-33), which was signed by the President on August 5, 1997, continued the trend of congressional action to control growth in Medicaid. This act is projected to produce gross federal Medicaid savings of \$17 billion over the next 5 years and \$61.4 billion over the next ten years (FFY 97 to FFY 2007). Although there are some provisions for increases in Medicaid spending, the net effect of the legislation will be federal Medicaid savings of \$7.3 billion over the next five years and \$36.9 billion over the next ten years--the most significant reduction in federal Medicaid spending since 1981.

The initial projections related to cost savings as a result of the passage of the BBA 1997 have turned out to be grossly understated. Revised estimates from the Congressional Budget Office indicate that Federal health care spending for Medicare, Medicaid, and State's Children's Health Insurance Program (SCHIP) is anticipated to be reduced by more than \$226 billion--approximately \$123 billion more than originally projected.

In an effort to reverse some of the negative impact of the BBA 1997, the U.S. Congress passed the Medicare, Medicaid, and SCHIP Balanced Budget Refinement Act (BBRA) of 1999 (P.L. 106-113). The act contains numerous provisions to make corrections and refinements in all three programs. The majority of the revisions relates to the Medicare program and is designed to correct large cuts imposed on all Medicare providers--especially hospitals and long-term care facilities. For the Medicaid program, the BBRA amends Title XIX to: 1) increase DSH allotments for the District of Columbia, Minnesota, New Mexico, and Wyoming; 2) remove the fiscal year limitation on certain transitional administrative costs assistance; 3) modify the phase-out of payment for Federally qualified health center services and rural health clinic services based on reasonable costs; 4) provide for parity in reimbursement for certain utilization and quality control services; 5) eliminate duplicative requirements for external quality review of Medicaid managed care organizations; 6) make the enhanced match under SCHIP inapplicable to DSH payments; and 7) provide for the optional deferment of the effective date for outpatient drug agreements.

Additionally, the BBRA of 1999 reallocated funding for SCHIP, effective October 1, 2000. The total amount of federal SCHIP funding allotted to the sixteen states in the SLC was \$1.734 billion (down \$67 million from FFY 98) for FFY 00; states would have been required to provide \$621 million (down \$19 million from FFY 98) in state matching funds to utilize all available federal dollars. As of September of 1999, all of the states in the SLC had HCFA approved plans to participate in CHIP, although many of them did not draw the full federal allocation available. **Table 1** and **Chart 11** provides the total amount of federal dollars allocated to each state in the SLC and the amount that each state plans to utilize annually.

METHODOLOGY

The purpose of this report is to provide legislators and staff in each state with a reference document that can be used to compare Medicaid spending in a particular state to others throughout the southern region. The first report in this series was published in April 1992 for the Second Congressional Summit on Federal Mandates. That survey utilized data collected from each state on Medicaid program expenditures for state fiscal years. Since then the surveys have used data reported by each state to the federal government for federal fiscal years (October 1-September 30).

The Centers for Medicare and Medicaid Services (CMS) collects voluminous data on state Medicaid programs on HCFA Forms 37, 64, and 2082. Since each state follows the same report format and utilizes the same definitions and instructions, the information on these forms is the most accurate and consistently available. There are, nevertheless, certain inconsistencies that are introduced because of differences in interpretation about recipient, payment and service definitions. Whenever we are aware of such inconsistencies, we attempt to adjust for them when making comparisons among states. One should therefore exercise caution when comparing state expenditures for some services. For example, one state may include payments for rehabilitative services under "clinic services" while another may classify such payments as "other care."

A questionnaire was sent to each of the 16 states in the Southern Legislative Conference. Each questionnaire included several pages of data about the state taken from the HCFA 37, 64 and 2082 reports submitted by the state to HCFA. States were asked to verify the accuracy of this data, to provide explanations of extraordinary growth in recipients or payments and to supply certain other information, such as levels of disproportionate share payments, methods of state financing, recent state initiatives, etc.

The data collected from the federal reports and from the states has been organized into a "Medicaid State Profile" for each state. These include multi-year histories of total Medicaid spending as well as recipient and payment data for major eligibility and service categories. Information on provider taxes and eligibility criteria is also included. Each profile contains charts comparing that state to the SLC average in terms of annual payments per recipient and the number of recipients per 100,000 population. As a supplement to state responses regarding program characteristics and initiatives, information was included from a publication, *Major Health Care Policies: 50 State Profiles, 2000*; published by the Health Policy Tracking Service in January of 2000. Key demographic and poverty indicators were obtained from *Health Care State Rankings 2000 Health Care in the 50 United States* and *State Rankings, 2000: Statistical View of the 50 United States*. Information on the Balanced Budget Act was included from a publication, *Overview of the Medicaid Provisions in the Balanced Budget Act of 1997, P.L. 105-33, Andy Schneider, and September 1997*. Information on the Balanced Budget Refinement Act of 1999 was included from a summary publication provided by the Government Printing Office website.

A large portion of this report is derived from HCFA form 2082, which provides detailed recipient and expenditure data by type of service and by other characteristics (maintenance assistance, basis of eligibility, age, race, and sex). For

FFY 00, CMS was unable to provide 2082 information (for the second year) to the LFO due to data processing problems encountered in a change over in state submission of data from "hardcopy" to "electronic." Of the 16 SLC states, 2082 data was provided by 11 states. Georgia, Maryland, Missouri, Tennessee, and Texas were unable to provide complete 2082 data. As such, these states have been omitted from this version of the Comparative Data Report on Medicaid for FFY 00. Once verified 2082 data is received for all 16 states in the SLC from CMS, the final version of the report will be issued and include the 5 states that were omitted in the preliminary report. All of these states expressed a willingness to assist the LFO in the process, however, for various data processing and workload demands were unable to do so.

It is of importance for the reader of this report to be aware of the changes from all previous versions of the Medicaid report. From FFY 92 to FFY 98, all HCFA 37, 64, and 2082 data was complete and used to make all comparisons in the report. For FFY 99, only HCFA 37 and 64 data were used for all 16 states; 4 states (Maryland, Missouri, South Carolina, and Texas) were unable to submit 2082 data and were omitted from all type-of-service line item comparisons. For FFY 00, the 5 states (Georgia, Maryland, Missouri, Tennessee, and Texas) that were unable to submit 2082 data are completely omitted from the report. All comparisons that follow will be made using HCFA 37, 64 and 2082 for the 11 states that were able to submit all data requested.

MEDICAID SPENDING IN THE SOUTHERN REGION

The rapid rate of growth in Medicaid spending which occurred during the late 1980's and early 1990's began to decline by FFY 94 in the 16-state southern region. Since that time, the growth rate has been variable; however, the trend is more toward controlled growth. Total actual Medicaid payments (administrative costs excluded) for the 11 reporting states for FFY 00 were \$34.4 billion, an increase of \$3.3 billion over the FFY 99 level of \$31.1 billion. Therefore, the growth rate from FFY 99 to FFY 00 was 10.6%. This represents nearly a two fold increase when compared to the 5.7% growth rate from FFY 98 to FFY 99, and indicates a continued upward trend when compared to the 3.4% increase from FFY 97 to 98 (see "Regional Medicaid Profile").

Total spending for FFY 01 is projected at \$39.3 billion, administrative costs excluded, which is an increase of approximately \$4.8 billion, or 14.1% over the \$34.4 billion for FFY 00. Total spending for FFY 02 is projected at \$41.2 billion, or 5.0% over the \$39.3 for FFY 01. The annual rate of change projected over the entire eight-year period from FFY 94 to FFY 02 is 5.1% percent.

The slowdown that occurred in the rate of spending from 1993 to 1995 was due, in part, to the fact that the major mandates levied by Congress were implemented prior to this time and significant new mandates have not been enacted. Also, cost containment measures instituted by the various states, including the implementation of selected waivers for state Medicaid populations had contributed to controlling the growth in regional Medicaid spending during this time period. The net result was that growth from FFY 95 to FFY 96 was less than 1%. Actual growth figures for FFY 00 (10.6%), and projected FFY 01 (14.1%) and FFY 02 (5.0%), indicate that Medicaid spending may experience a pattern of significant growth, at least by health care standards, for the next several years.

It appears that rapid growth peaked in FFY 95. During the early 1990's several factors contributed to the rapid growth in Medicaid spending:

- First, program enrollment increased significantly, mainly due to federal mandates which directed states to expand coverage to pregnant women and children with family incomes at or above the federal poverty level. Such mandates had a major cost impact in southern states, which tend to have large indigent populations and a limited ability to finance health care programs at the high levels found in other parts of the nation. The number of Medicaid recipients in southern states grew from 7.4 million in FFY 94 to 8.1 million in FFY 00.
- Second, medical inflation has historically accounted for 50% of total growth.

- Third, other factors include higher utilization rates (due, in part, to federal mandates such as those calling for more thorough screening of school age children), the targeting of specific populations (AIDS patients, drug-dependent newborns) and higher payments to certain providers.
- Fourth, states have utilized creative methods to find the revenues needed to pay for Medicaid programs which in many cases have quadrupled in size over the past seven years. These include widespread use of provider taxes, disproportionate share payments and intergovernmental transfers.

Beginning in FFY 95, the ability of states to benefit from creative financing mechanisms was sharply reduced (the Waxman amendments to OBRA-93). In August of 1997, Congress changed Medicaid in three ways: 1) Repeal of the Boren Amendment, which fueled mandatory inflation payments for inpatient services, nursing homes, and community health centers; 2) abolished the necessity for states to obtain a waiver in order to institute Medicaid managed care programs; and 3) provided a decreasing cap on disproportionate share allotments to the states. It is expected that the aggregate impact of these congressional efforts will continue to control the growth of the Medicaid program.

Total Medicaid expenditures in the 11 Southern Legislative Conference states that reported, are illustrated in **Chart 1**. This chart divides Medicaid dollars spent by eligibility, which include the following categories: aged, blind, or disabled (65 and older), Children, Foster Care Children, Adults and Other Title XIX Recipients of unknown eligibility status. By far the greatest amount of Medicaid dollars is spent on those who are aged, blind, or disabled (73.1%). Expenditures for Children were next, accounting for 15.4% of the payments. The remaining classifications of Adults (8.3%), Foster Care Children (1.6%), and unknown (1.6%) make up the balance (11.5%). The total amount of Medicaid payments in the SLC for FFY 00 was \$29,718,080,260. This is an average annual increase of approximately 6.6% per year over the seven-year period from FFY 94 to FFY 00.

The total number of Medicaid recipients in the 11 reporting states was 8,093,921 during FFY 00 as compared to the FFY 94 number of 7,434,784 recipients, or an annual increase of 1.4% per year. **Chart 2** provides a percentage distribution of these recipients by the same eligibility standards as Chart 1. The greatest number of Medicaid recipients in the southern region was Children (47.4%). The aged, blind, or disabled followed with approximately 32.5%, while adults represented 15.7% of the total number of recipients. The balance of 4.5% is distributed among foster care children (1.6%) and unknown status (2.9%). The average payment per recipient for all Medicaid services in the 11 reporting states was approximately \$3,672. This is an increase of \$179 from FFY 99 to FFY 00 and approximately a 5.1% annual increase from FFY 94.

CHART 1.
TOTAL MEDICAID EXPENDITURES IN SLC BY ELIGIBILITY
(FFY 00)

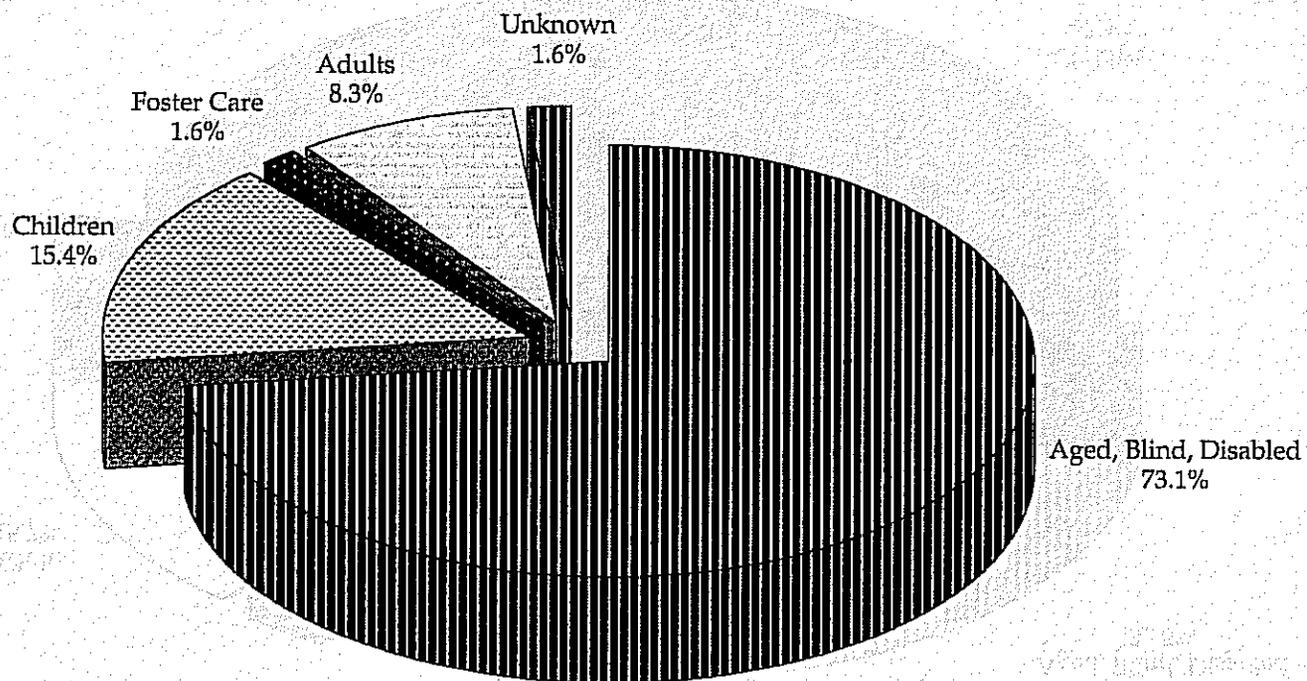
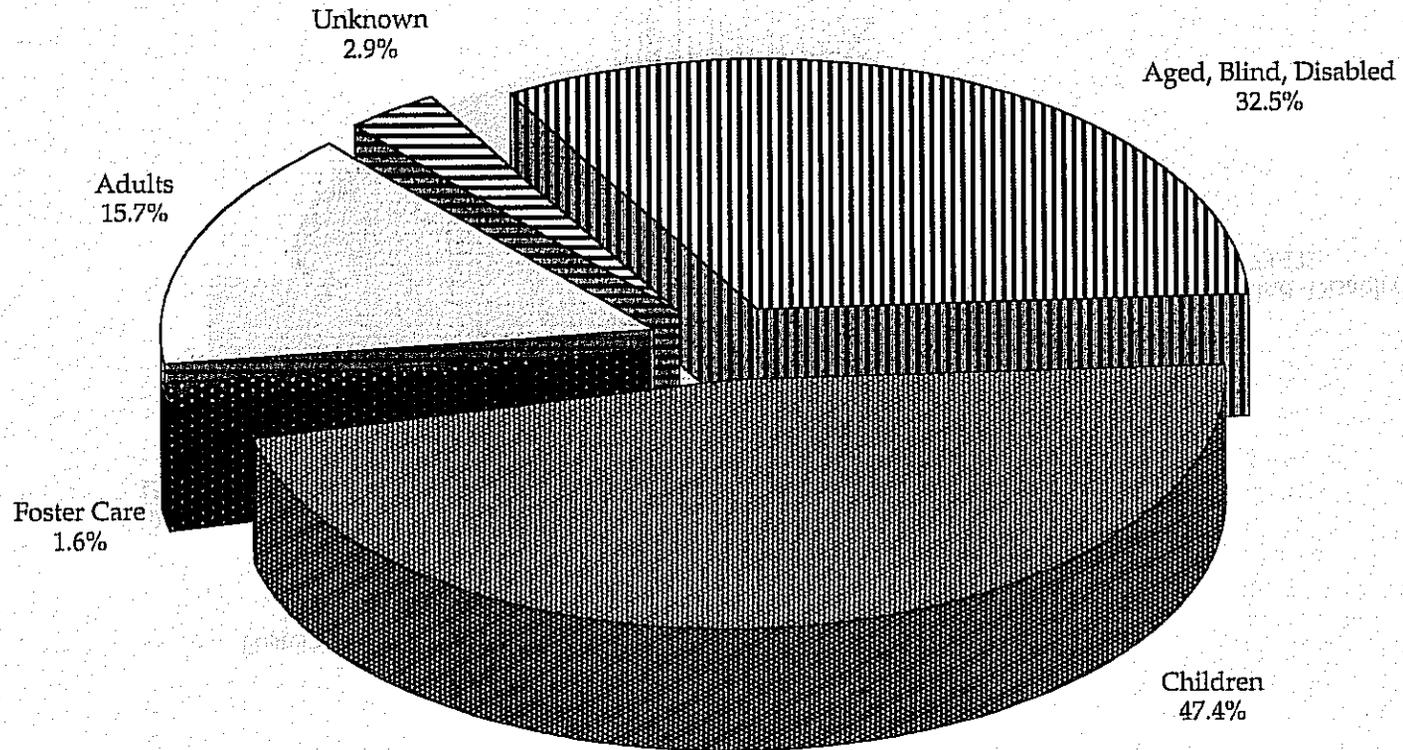


CHART 2
TOTAL MEDICAID RECIPIENTS IN SLC BY ELIGIBILITY BASIS
(FFY 00)



STATE COMPARISONS

The next few pages contain direct comparisons among 11 states that reported spending levels and recipient levels. These comparisons include measures of per capita expenditures, expenditures per recipient and recipients per 100,000 population, as well as information on payments for services and on administrative costs. These are included only to indicate broad trends and demonstrate gross levels of spending and eligibility in each state. They should be used with caution when comparing state programs in terms of recipient coverage, cost effectiveness or level of effort. Charts cited below can be found at the end of this summary.

Per Capita Expenditures. Medicaid per capita spending in the 16-state southern region has increased from \$532 in FFY 94 to \$612 for FFY 00. States with high numbers of recipients per unit of population combined with a high level of payments per recipient rank high in per capita spending. As shown in **Chart 3**, per capita spending for FFY 00 ranges from \$406 in Virginia to \$797 in West Virginia. All other SLC states ranged from \$502 to \$793. West Virginia has increased per capita expenditures by \$15 (\$782 to \$797) from FFY 99, and now has the highest expenditure level (\$797) in the SLC. West Virginia had a very small increase in population of approximately 1,416 (0.1%) during FFY 00 coupled with an increase in total Medicaid expenditures of approximately \$146 million (11.5%). Thus, the state's average for per capita expenditures increased from \$782 to \$797, or \$15 per person. Virginia maintained its position as the state with the lowest average per capita expenditure, reporting an average of \$406 per person (33.7% under the SLC average of \$612). This is due to the fact that: 1) the state's population increased from approximately 6.87 million to 7.08 million (3.0%); 2) total Medicaid expenditures increased from \$2.48 billion to \$2.72 billion (10.2%) and; 3) only 5.6% of the total population (43rd in the U.S.) has incomes less than the FPL (\$14,630 for a family of three for FFY 00).

Payments per Recipient. Annual payments per recipient for the southern region have increased from \$2,726 in FFY 94 to \$3,672 in FFY 00, an overall increase of 5.1% per year. Payments per recipient for FFY 00 range from \$3,134 in Arkansas to \$4,195 in West Virginia. (See **Chart 4**). Since most states report disproportionate share payments on Form 2082, such payments are excluded from all regular Medicaid claim payment comparisons.

Expenditure per recipient comparisons should be viewed with caution unless used in conjunction with a specific well-defined service. We have chosen five of the largest and, hopefully, best-defined services for inclusion here: inpatient hospitals, skilled and intermediate care nursing facilities, intermediate care for the mentally retarded, physician services and prescription drugs. Each of these services represents a large part of a state's Medicaid expenditures and each has been an area of rapid growth as well. Payments for these five services represent approximately 67% of all Medicaid payments in the region for FFY 00, compared to 68% for FFY 99.

- Payments for general hospital inpatient services in the region have increased from \$4.6 billion in FFY 94 to \$4.7 billion in FFY 00, an annual increase of 0.4%. These payments represent on an average 15.8% of each reporting state's Medicaid payments. If all disproportionate share payments were included in these figures, the growth rates and the share of total spending on hospitals would be significantly greater. The accompanying chart excludes all such payments that have been included on the HCFA 2082 form in order to make consistent comparisons.

The total number of recipients for inpatient services increased at a 0.1% annual rate, from 1.33 million in FFY 94 to 1.34 million by FFY 00. The SLC average for annual payments per recipient for inpatient services has increased from \$3,445 in FFY 94 to \$3,516 in FFY 00, an annual growth rate of 0.3%. Payments range from \$2,004 in Kentucky to \$4,892 in South Carolina. Again it should be noted that these figures do not include disproportionate share payments. (See Chart 5)

- Payments for skilled and intermediate care nursing facilities grew from \$4.5 billion to \$6.0 billion during the period FFY 94-00, an annual growth rate of 4.8%. The average share of a southern state's Medicaid budget devoted to these services has fallen from 22.2% to 20.1% during the period. The number of recipients utilizing these services decreased at a -0.6% annual rate, from approximately 347,000 in FFY 94 to 334,000 in FFY 00. However, the payment per recipient during the period increased by 5.5% annually in the southern region, from \$12,997 to \$17,924. Average annual payments ranged from a low of \$11,047 in Oklahoma to a high of \$24,900 in Alabama. (See Chart 6)

- The cost of intermediate care for the mentally retarded (ICF-MR) increased from \$1.7 billion in FFY 94 to \$1.9 billion in FFY 99, an annual growth rate of 2.4%. Reporting states applied an average of 6.5% of their expenditures to this service in FFY 00, down from 8.3% in FFY 94. This service experienced a decline in recipients from approximately 30,385 in FFY 94 to 27,888 in FFY 00, an 8.2% decrease during the seven-year period. The average cost per recipient has continued to increase approximately 6.5% annually, and has increased from \$55,200 to \$69,500 during the period FFY 94-00. Average payments range from \$51,971 in Oklahoma to \$95,790 in Alabama in FFY 00. (See Chart 7)

- The cost of physician services increased from approximately \$2.06 billion in FFY 94 to \$2.14 billion in FFY 00, an annual rate of 0.7% per year. The number of recipients of these services also decreased from more than 5.9 million in FFY 94 to 5.6 million in FFY 00, an annual rate of -0.8% per year. For FFY 00, the number of recipients increased from FFY 98 by approximately 185,000 (5.418 million to 5.603 million). Average annual payments per recipient in the region experienced growth of about 1.5% per year, from approximately \$350 in FFY 94 to \$383 per year in FFY 00. Payments per recipient vary widely from \$247 in Alabama to \$543 in Mississippi for FFY 00. (See Chart 8)

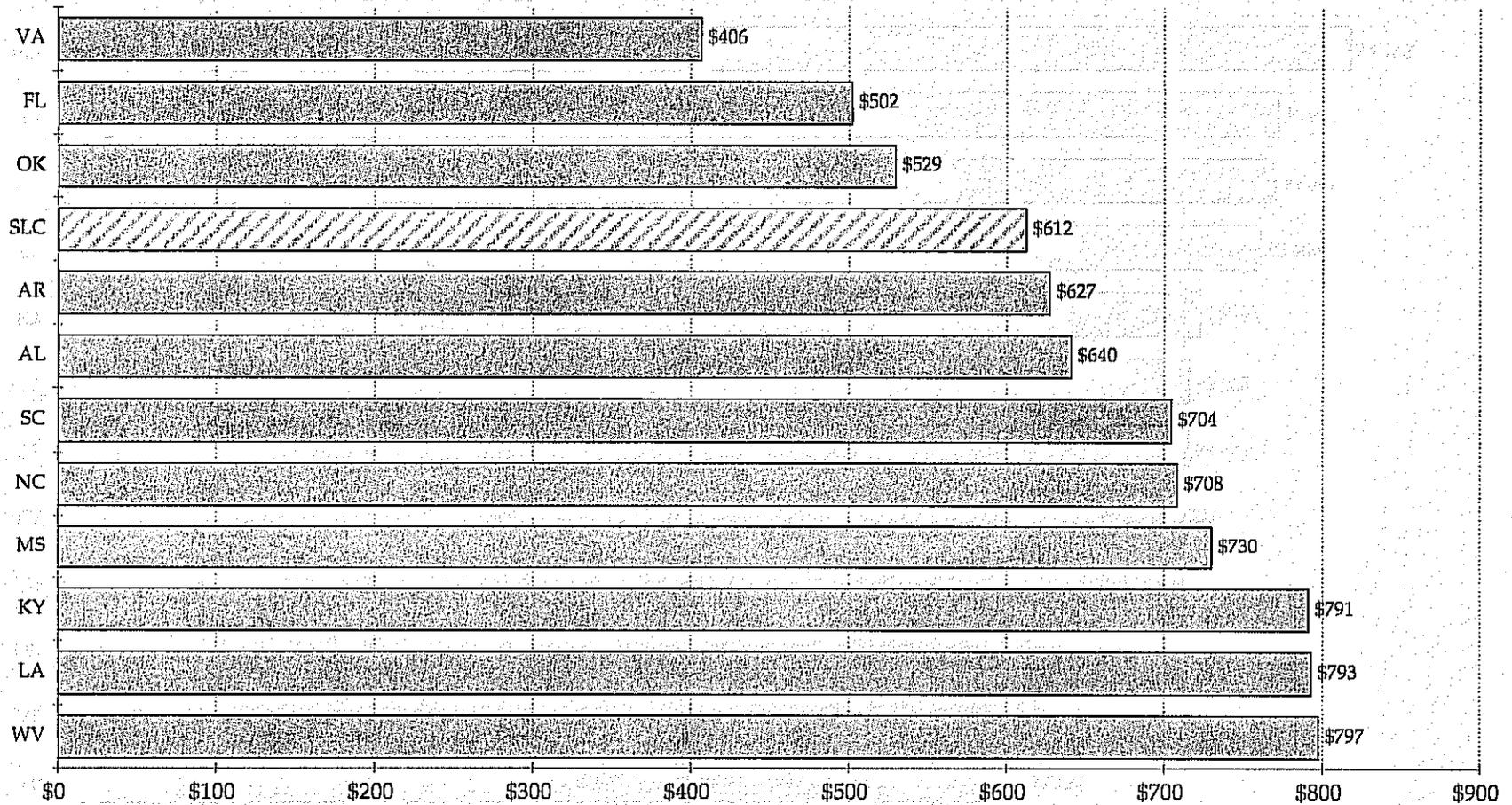
- The cost of providing prescribed drugs grew 15.8% per year from about \$2.1 billion in FFY 94 to \$5.0 billion in FFY 00. Recipients decreased -0.4% annually from 5.4 million in FFY 94 to 5.3 million in FFY 00. The regional average payment per recipient grew from \$384 in FFY 94 to \$952 in FFY 00, an average growth rate of 16.3% per year. States range from a low of \$706 per recipient annually for prescription drug costs in South Carolina to \$1,308 in Florida. For FFY 00, all 11 SLC states reporting 2082 data experienced increases in payments for prescribed drugs. North Carolina and Florida had the largest increases, while Kentucky and Oklahoma had the lowest increases. Payments in North Carolina increased from \$611 million in FFY 99 to \$791 million in FFY 00 or \$179 million (29.4%); and payments in Florida increased from \$1.089 billion in FFY 99 to \$1.358 billion in FFY 00 or \$269 million (24.6%). Payments in Kentucky increased from \$350 million in FFY 99 to \$359 million in FFY 00 or \$9.5 million (2.7%); and payments in Oklahoma increased from \$169 million in FFY 90 to \$181 million in FFY 00 or \$12 million (7.1%). (See Charts 9A, 9B, and 9C)

Recipients per 100,000 Population. The number of recipients per 100,000 population in the reporting states decreased during FFY 94-00 from 14,443 to 13,759. According to this indicator, the highest state was Kentucky with 19,502 per 100,000 population and the lowest was Florida with 10,703. A state's rank on this scale is influenced by how liberal its eligibility criteria are for Medicaid and children in low-income families. (See Chart 10)

SCHIPS Allocation per State. All 16 states in the SLC have submitted SCHIP plans to HCFA. As of September 3, 1999, all 16 states had approved plans. Under the provisions of the legislation that created SCHIPs, states have the option of expanding Medicaid, designing a state plan, or a doing a combination of both. In the SLC, 7 states have opted to expand Medicaid, 3 states have designed a state plan, and 6 have combined Medicaid expansion with a state-designed plan. Of the \$1.73 billion federal allocation for the 16 SLC states for which data is available in Table 1, \$633 million (37%) has been requested to fund the various state SCHIP plans. Florida and Texas topped the federal allocation in the SLC with \$242 million and \$503 million, respectively. Florida utilized the largest portion of available federal funding--\$122 million

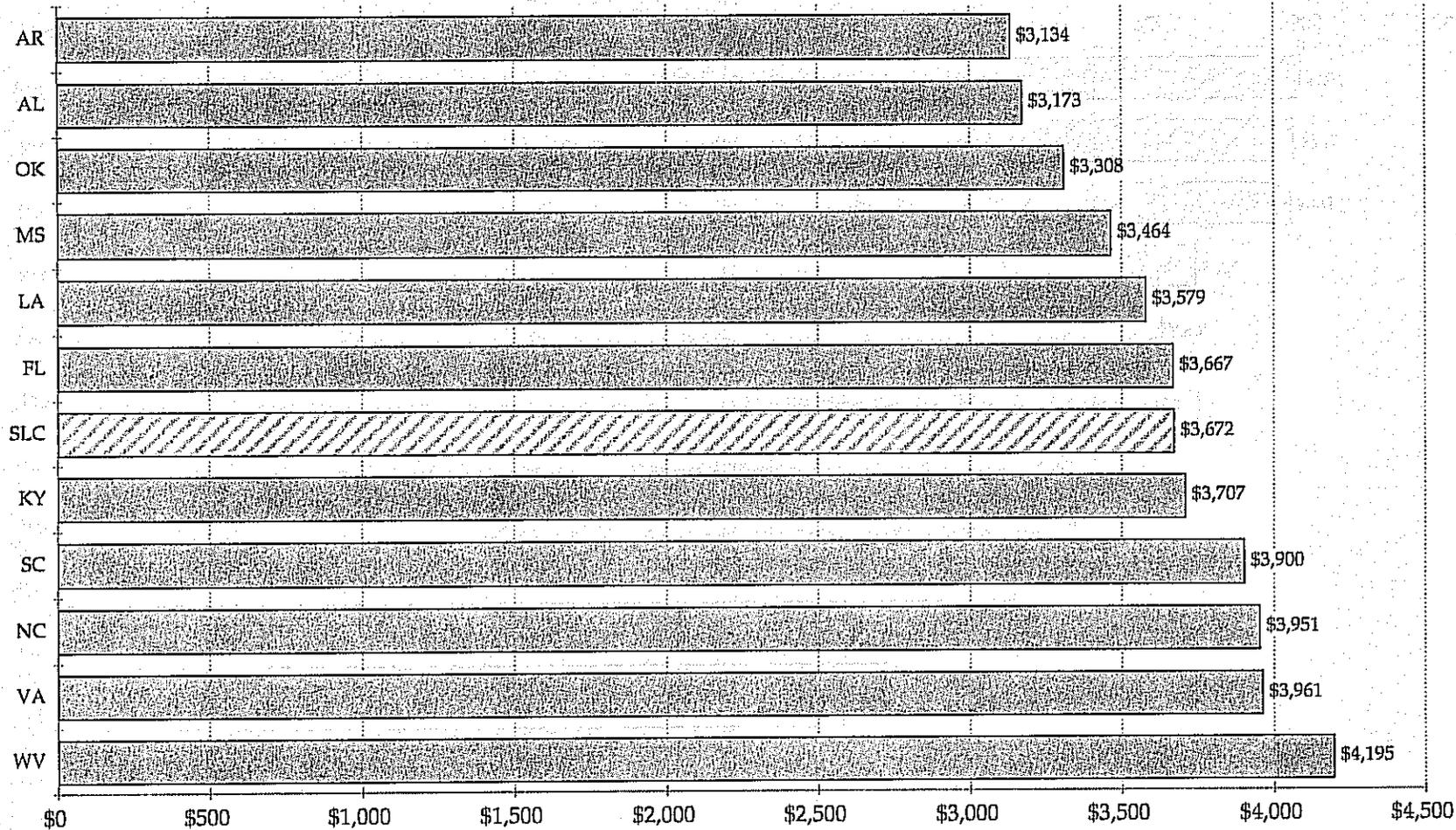
(50%); Texas only requested \$52 million (10%) for Phase I, although Texas plans to expand the program at a later date. West Virginia was allotted the fewest SCHIP dollars in the SLC, \$21.2 million and requested \$9.0 (42.5%). Overall, SLC state movement with the SCHIP initiative appears to be an "approach with caution" effort. For the reported SLC states, 3 are using 20% or less of the total program allotment, 3 are using between 21% and 40%, 7 are using between 41% and 60% and 3 are using over 60%. (Table 1 and Chart 1)

CHART 3
 TOTAL MEDICAID EXPENDITURES PER CAPITA
 (FFY 00)



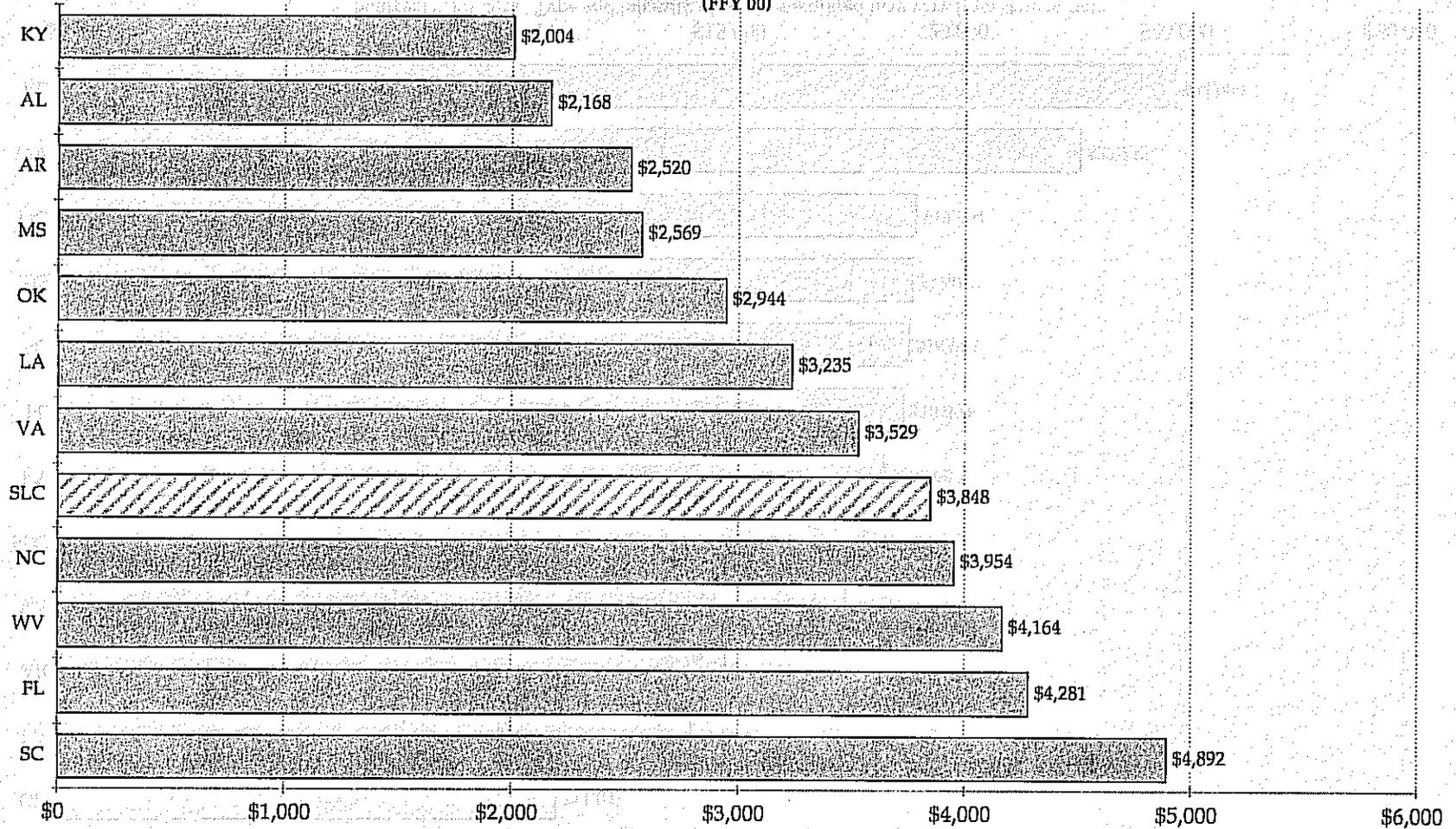
Source: HCFA 64. Population estimates from U. S. Bureau of the Census.

CHART 4
AVERAGE PAYMENT PER RECIPIENT FOR ALL SERVICES
(FFY 00)



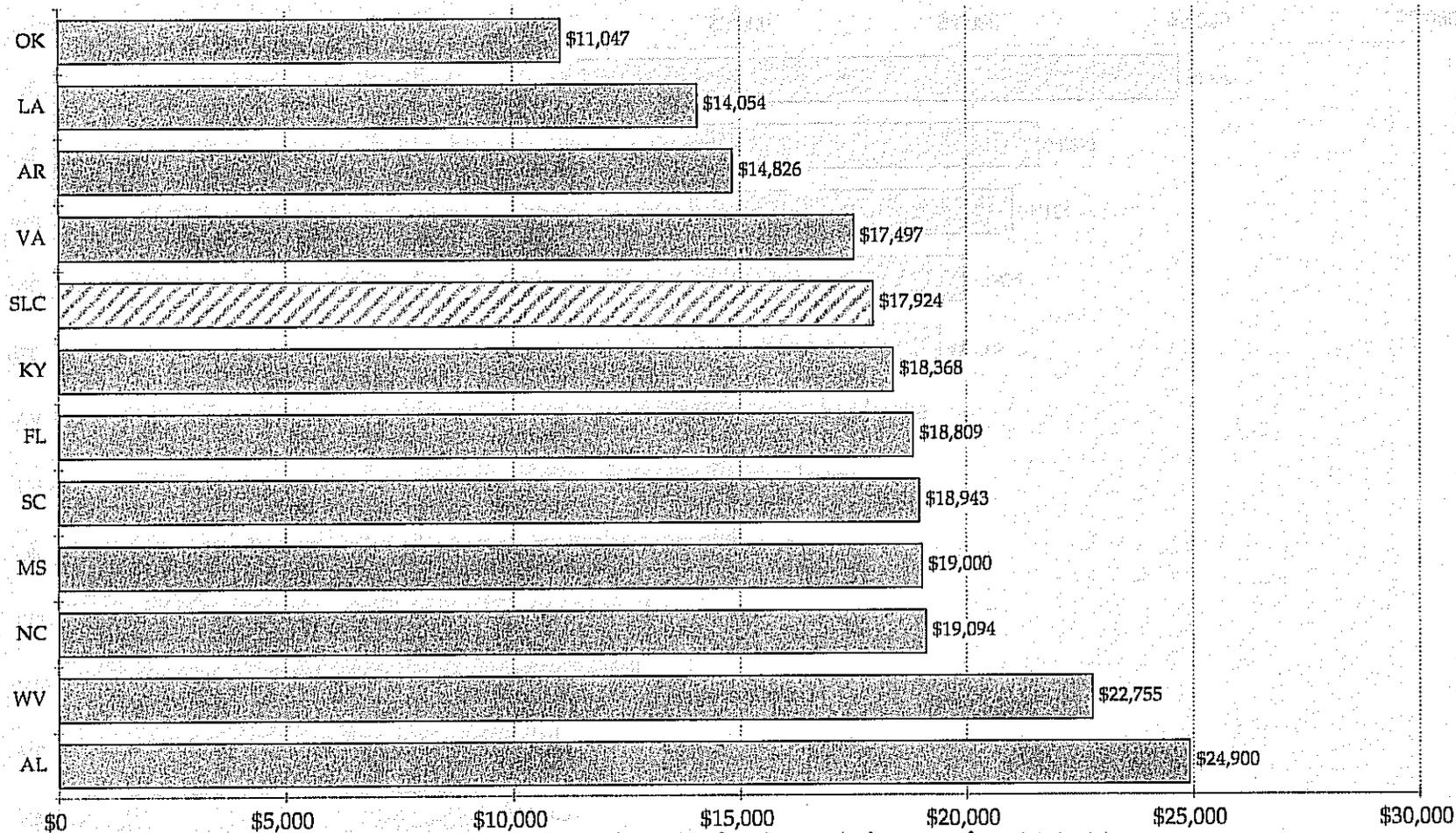
Source: HCFA 2082. Excludes administrative costs, DSH payments and certain other adjustments.

CHART 5
AVERAGE PAYMENT PER RECIPIENT FOR GENERAL HOSPITAL INPATIENT SERVICES
 (FFY 00)



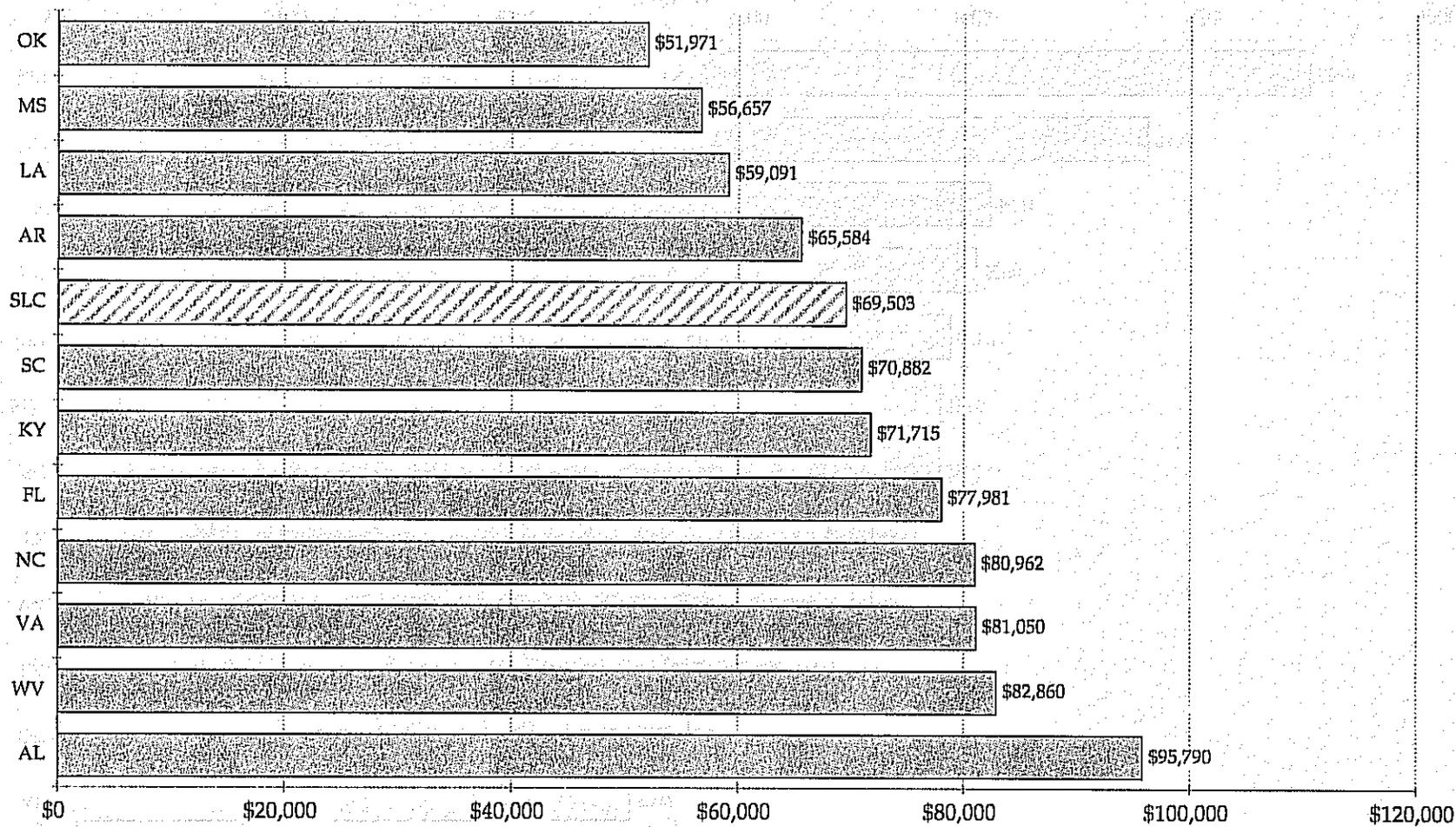
Source: HCFA 2082. Excludes disproportionate share payments.

CHART 6
AVERAGE PAYMENT PER RECIPIENT IN SKILLED & INTERMEDIATE NURSING FACILITIES
(FFY 00)



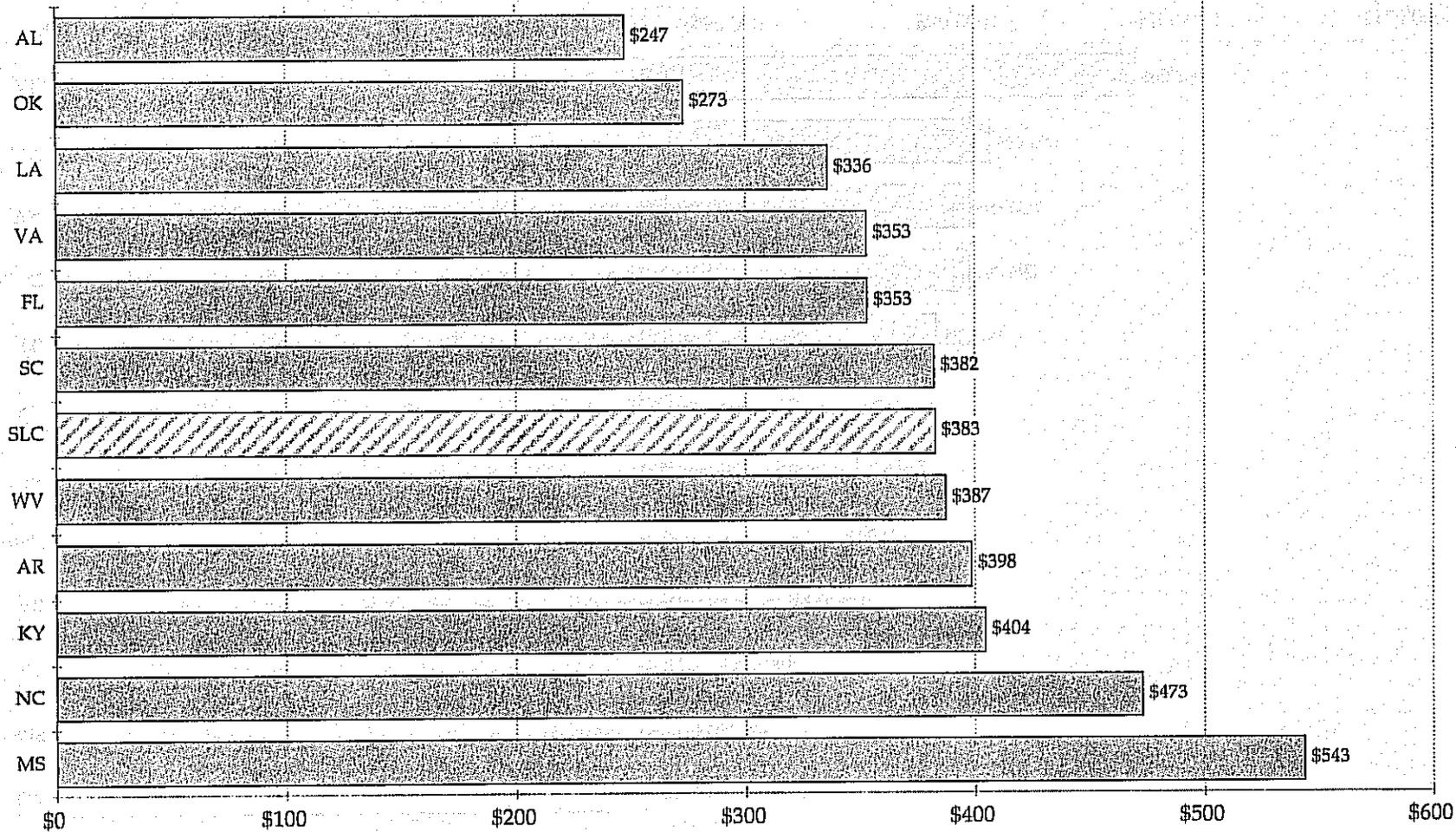
Source: HCFA 2082. Type and intensity of services required may vary from state to state.

CHART 7
AVERAGE PAYMENT PER RECIPIENT IN ICF/MR FACILITIES
(FFY 00)



Source: HCFA 2082. Type and intensity of services required may vary from state to state.

**CHART 8
AVERAGE PAYMENT PER RECIPIENT FOR PHYSICIAN SERVICES
(FFY 00)**



Source: HCFA 2082.

CHART 9A
AVERAGE PAYMENT PER RECIPIENT FOR PRESCRIPTION DRUGS
(FFY 00)

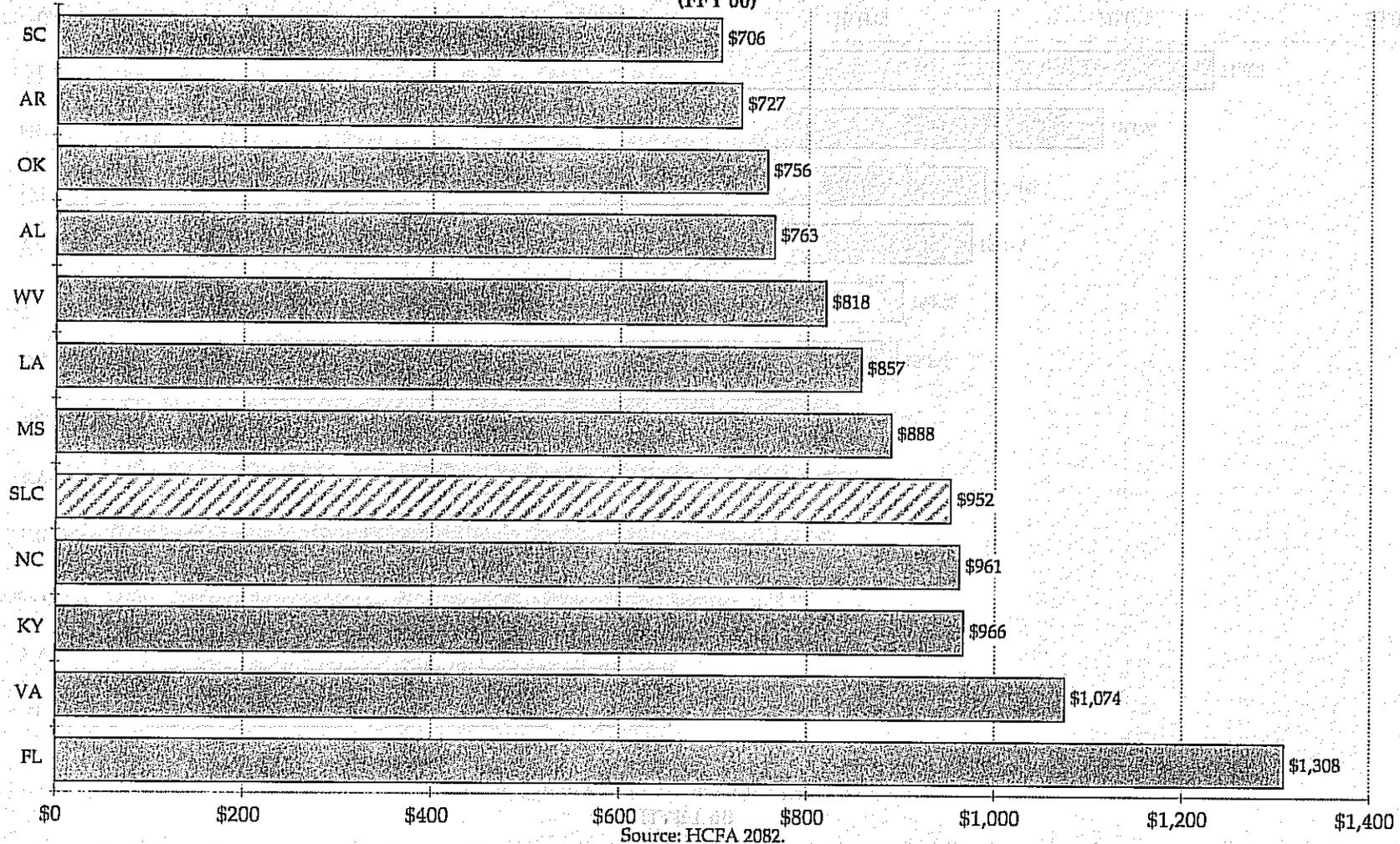
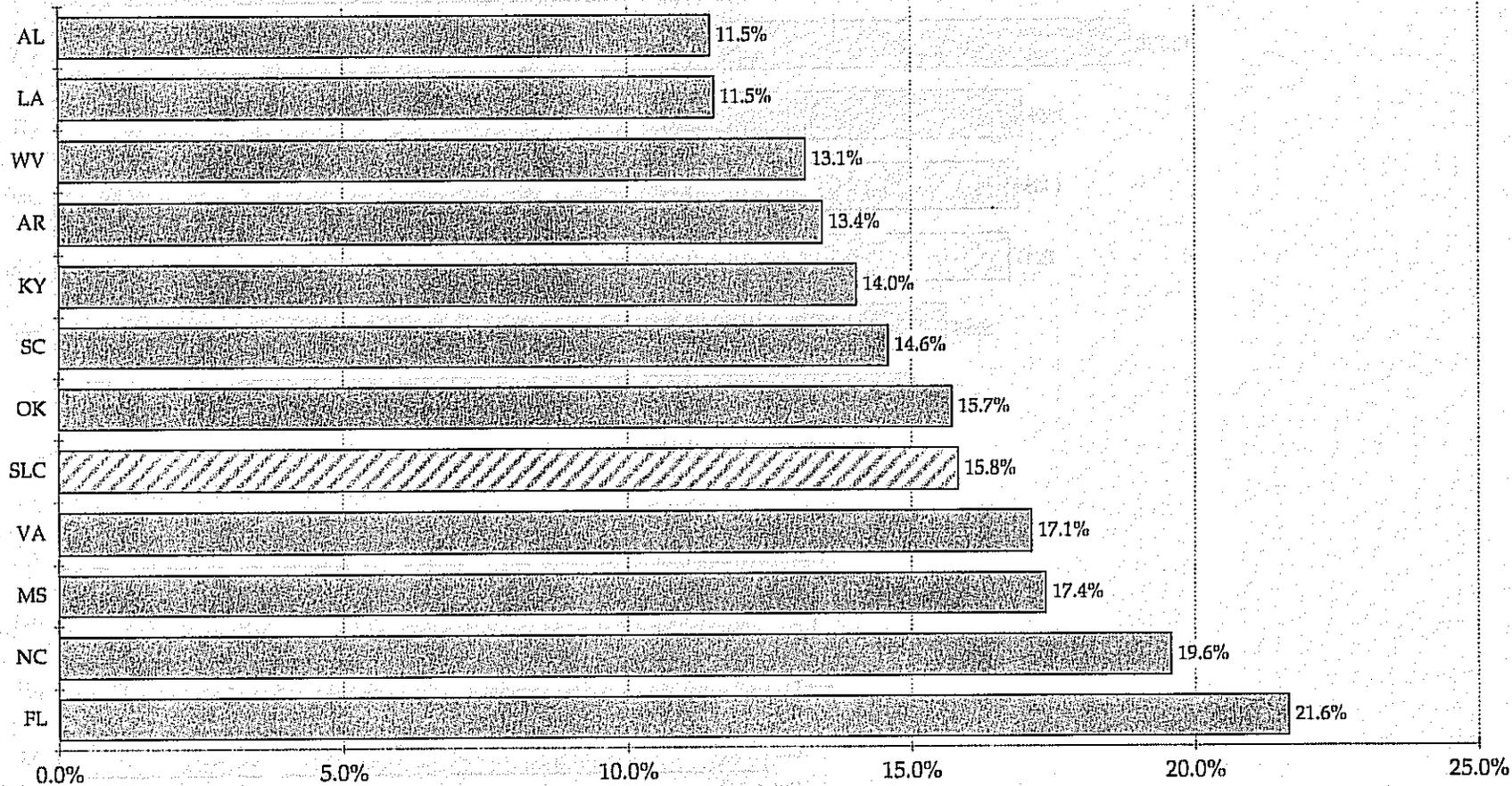
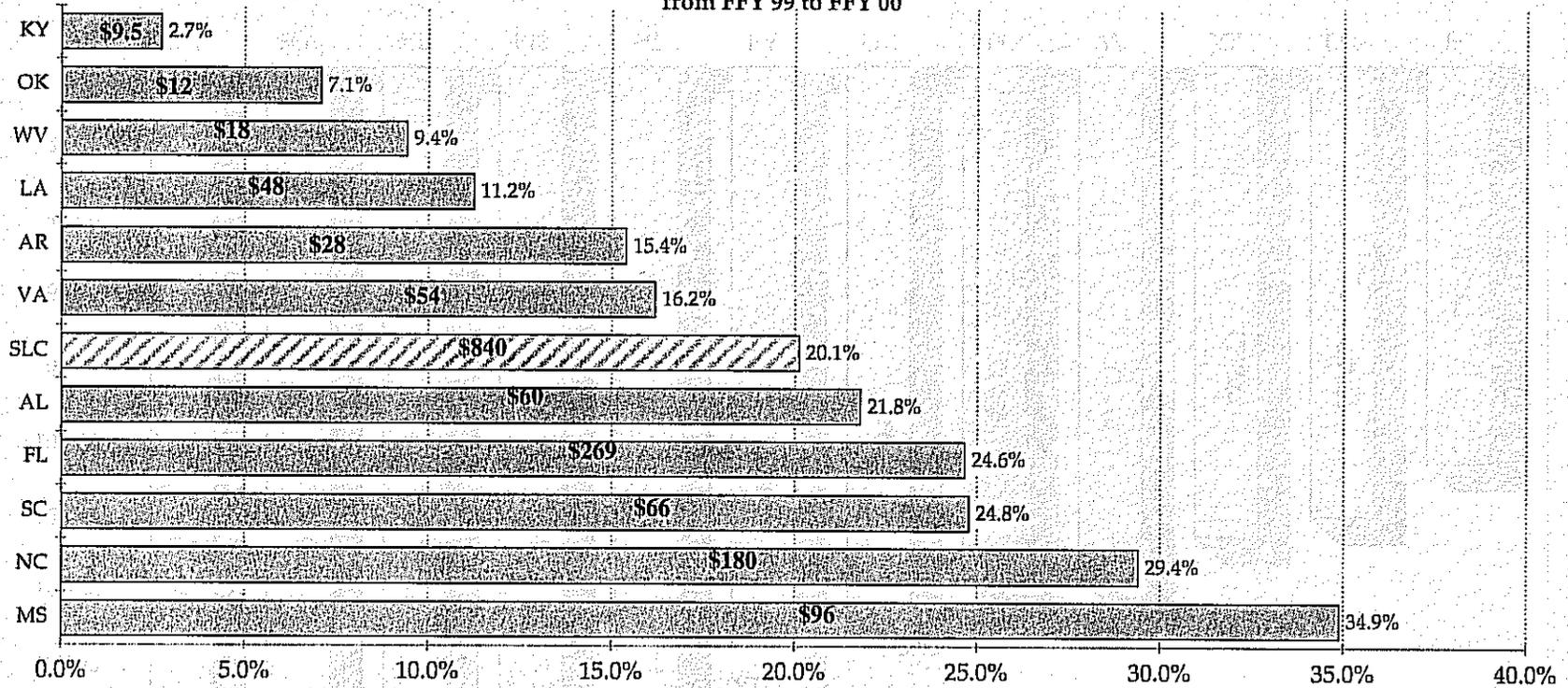


CHART 9B
Annual Change of Pharmacy Cost Per Recipient
FFY 00



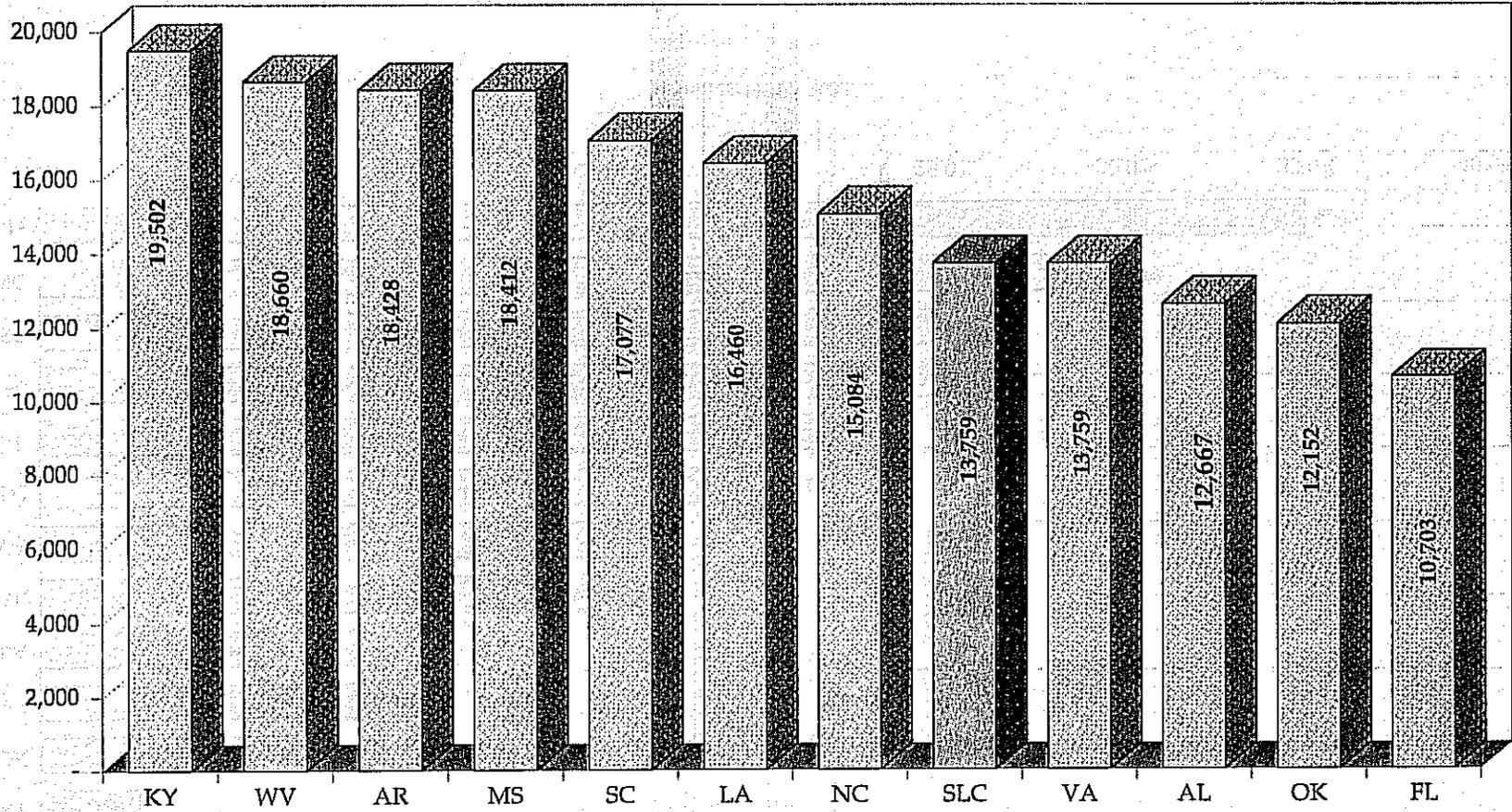
Source: HCFA 2082. Type and intensity of services required may vary from state to state.

CHART 9C
Percentage Increase (\$ in millions) in Total Pharmacy Cost
from FFY 99 to FFY 00



Source: HCFA 2082.

CHART 10
MEDICAID RECIPIENTS PER 100,000 POPULATION
(FFY 00)



Source: HCFA 2082 and U. S. Bureau of the Census population estimates. SLC column shows average of 10 southern states.

TABLE 1

SCHIP ALLOTMENTS AND PROJECTED ANNUAL EXPENDITURES FOR THE SOUTHERN LEGISLATIVE CONFERENCE STATES

	SCHIP Allotments			FFY 00 Federal Match Rates ¹			Annual Cost Projections for SCHIP				% of Program Allotment [^]	Medicaid Impact Projected SCHIP Outreach
	Federal \$'s in millions	State \$'s in millions	Total Program Allotment in millions	Medicaid	SCHIP	Difference	Type of Plan	Federal \$'s in millions	State \$'s in millions	Total Projection in millions		
• AL	\$ 77.0	\$ 20.5	\$ 97.5	69.0%	79.0%	10.0%	Combination	\$ 42.3	\$ 11.2	\$ 53.5	54.9%	Not reported
• AR	\$ 59.8	\$ 12.5	\$ 66.3	65.0%	81.1%	16.1%	Medicaid Expansion	\$ 21.9	\$ 5.1	\$ 27.0	40.7%	Not reported
† FL	\$ 242.0	\$ 105.6	\$ 347.6	56.0%	69.6%	13.6%	Combination	\$ 121.5	\$ 53.0	\$ 174.5	50.2%	\$ 29.6
• GA	\$ 132.4	\$ 52.1	\$ 184.5	81.0%	71.8%	10.8%	State Plan Option	\$ 29.2	\$ 11.4	\$ 40.6	22.0%	\$ 13.9
† KY	\$ 56.0	\$ 14.6	\$ 70.6	70.0%	79.3%	9.3%	Combination	\$ 73.7	\$ 19.3	\$ 93.0	131.7%	\$ 1.6
† LA	\$ 91.1	\$ 23.7	\$ 114.8	70.0%	79.4%	9.4%	Medicaid Expansion	\$ 23.6	\$ 6.3	\$ 29.9	25.9%	\$ 27.5
† MD	\$ 56.9	\$ 30.6	\$ 87.5	50.0%	65.0%	15.0%	Medicaid Expansion	\$ 16.6	\$ 8.9	\$ 25.5	29.1%	\$ 71.8
† MS	\$ 58.0	\$ 11.2	\$ 69.2	77.0%	83.8%	6.8%	Combination	\$ 36.5	\$ 7.0	\$ 43.5	62.9%	\$ 0.6
† MO	\$ 58.0	\$ 21.8	\$ 79.8	60.0%	72.7%	12.7%	Medicaid Expansion	\$ 38.2	\$ 14.3	\$ 52.5	65.8%	\$ 0.3
• NC	\$ 89.2	\$ 31.8	\$ 121.0	63.0%	73.7%	10.7%	State Plan Option	\$ 50.3	\$ 18.0	\$ 68.3	56.4%	\$ 55.7
† OK	\$ 76.8	\$ 19.4	\$ 96.2	71.0%	79.9%	8.9%	Medicaid Expansion	\$ 38.8	\$ 9.8	\$ 48.6	50.6%	Not reported
† SC	\$ 71.3	\$ 18.6	\$ 89.9	70.0%	79.3%	9.3%	Medicaid Expansion	\$ 37.0	\$ 9.6	\$ 46.6	51.8%	\$ 31.3
• TN	\$ 74.2	\$ 25.2	\$ 99.4	63.0%	74.7%	11.7%	Medicaid Expansion	\$ 29.7	\$ 10.0	\$ 39.7	40.0%	N/A
† TX	\$ 502.8	\$ 191.7	\$ 694.5	82.0%	72.4%	10.4%	Combination	\$ 52.2	\$ 19.9	\$ 72.1	10.4%	\$ 3.9
† VA	\$ 73.6	\$ 37.4	\$ 111.0	51.0%	66.3%	15.3%	State Plan Option	\$ 12.7	\$ 6.5	\$ 19.2	17.3%	N/A
† WV	\$ 21.2	\$ 4.4	\$ 25.6	74.0%	82.7%	8.7%	Combination	\$ 9.0	\$ 1.9	\$ 10.9	42.5%	N/A
SLC TOTAL	\$ 1,734.3	\$ 621.0	\$ 2,355.3					\$ 633.1	\$ 212.3	\$ 845.4		\$ 236.2

- Title XXI Plan Amendment also approved by HCFA
- † Responded to survey
- Data from state plan submitted to HCFA

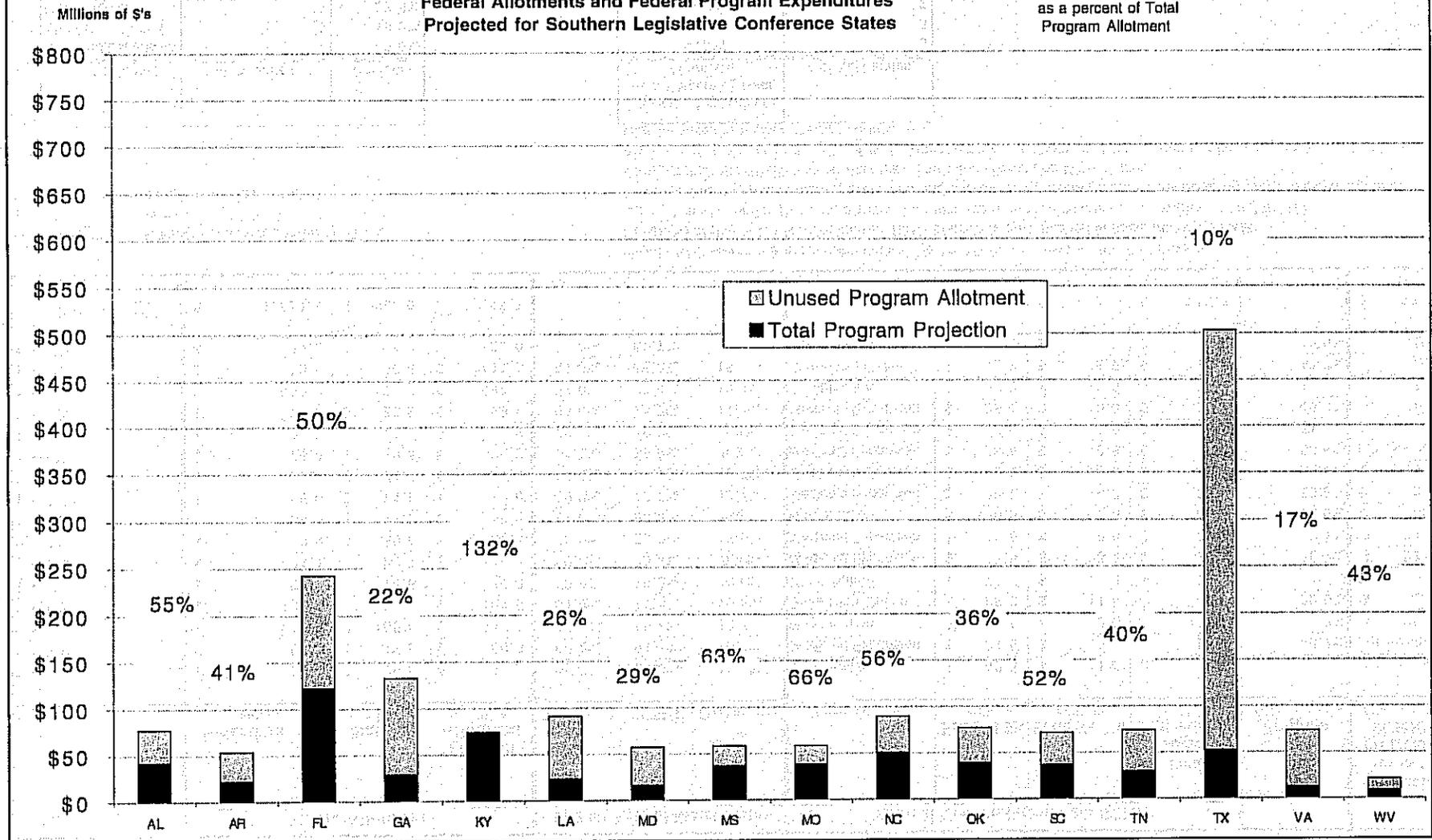
[^]Some SLC states are accelerating coverage for 15-18 year olds to 100% of poverty. Coverage of this group is mandated to 100% of poverty on a phased-in basis under Title XIX. Once phased-in under Title XIX, expenses for this age group will no longer be covered under Title XXI. Unless a Title XXI amendment is submitted and approved, the following states will be using only a minimal amount, if any, of their SCHIP allotments: Arkansas, Louisiana, Texas and West Virginia. Also, a few states exceed 100% of their annual program allotments; these states will be "carrying forward" prior year balances to finance their programs.

Type of program	# of states	Percent
Medicaid Expansion	7	43.8%
State Plan Option	3	18.8%
Combination	6	37.5%
Total	16	

Projected Expenditure as a Percent of Total Allotment	# of SLC states
0-20%	3
21-40%	3
41-60%	7
61-80%	2
81 & above	1

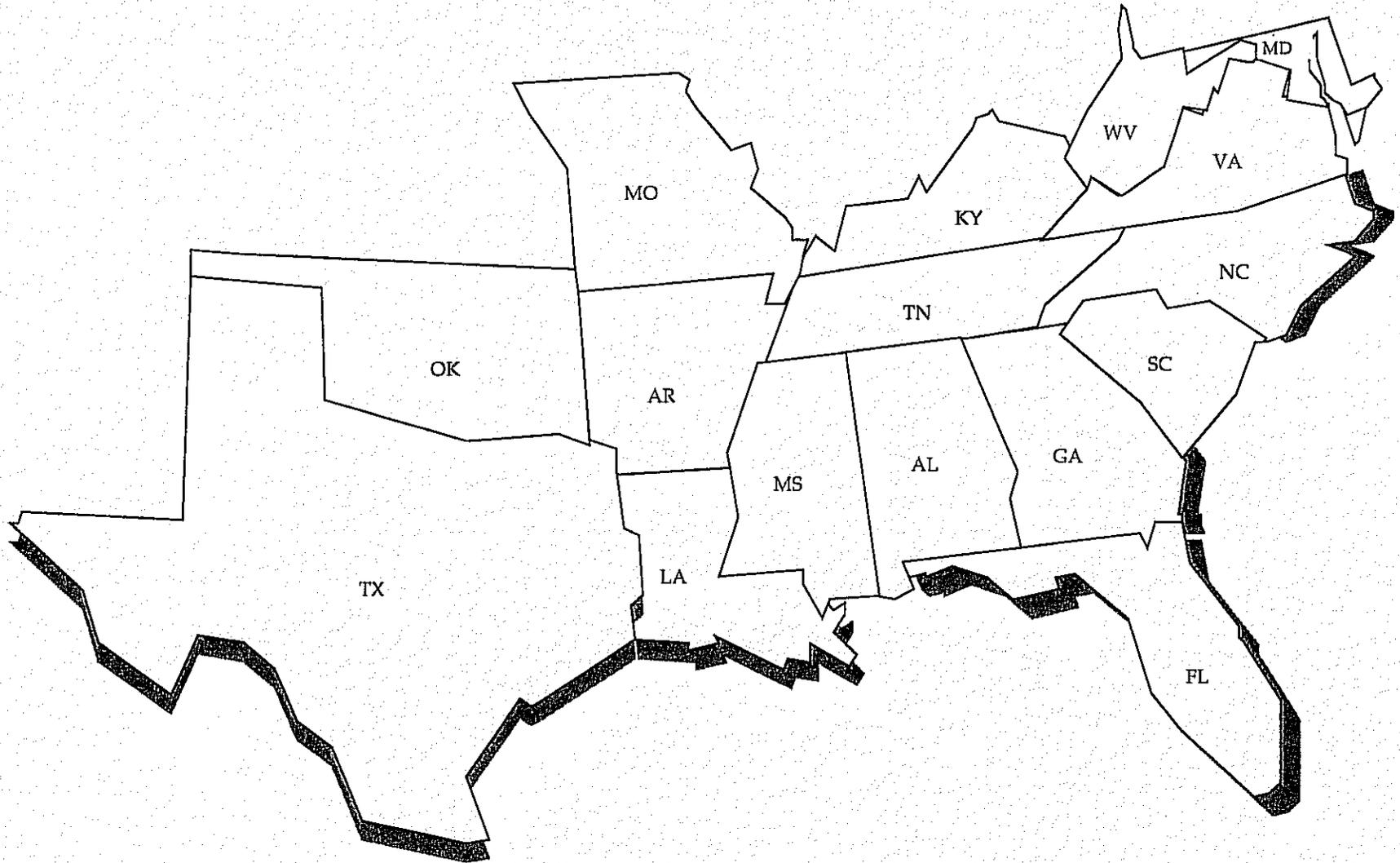
CHART 11
State Children's Health Insurance Program
Federal Allotments and Federal Program Expenditures
Projected for Southern Legislative Conference States

Percentages refer to
 Total Program Projection
 as a percent of Total
 Program Allotment

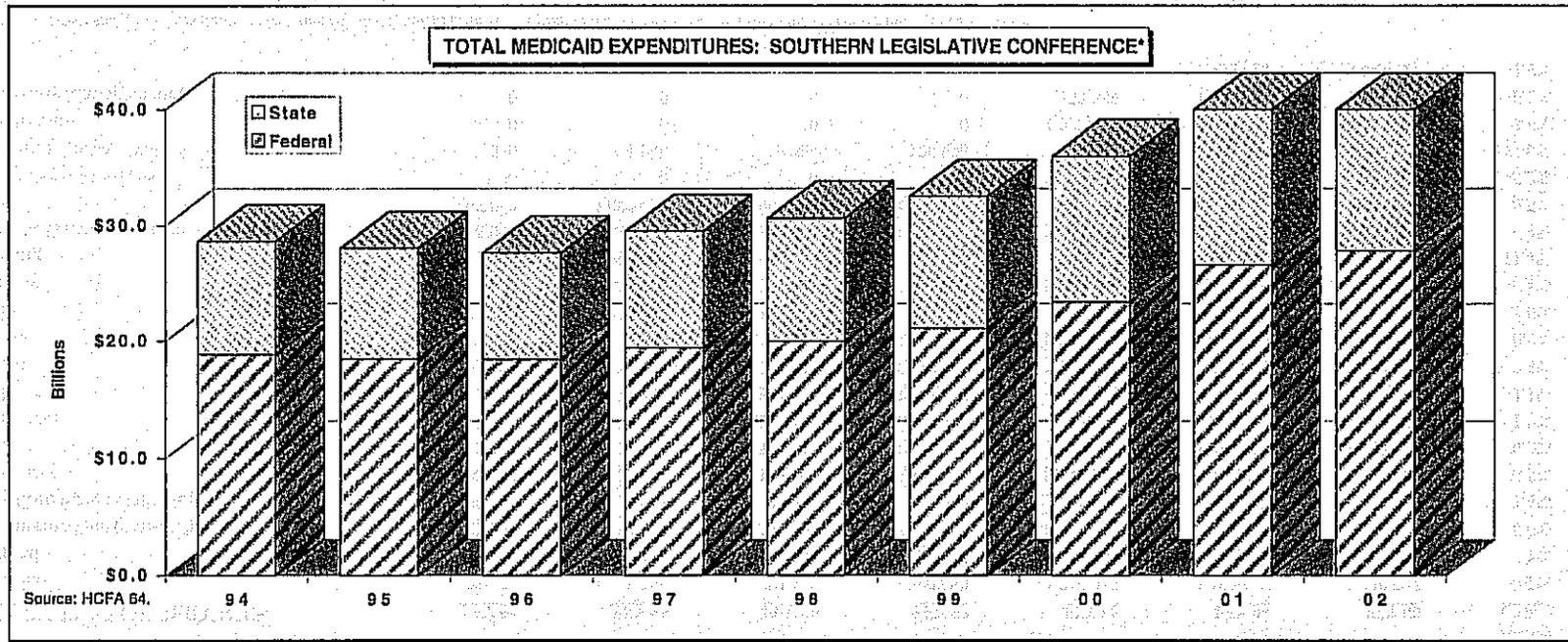


STATE MEDICAID PROFILES

SOUTHERN REGION MEDICAID PROFILES



SOUTHERN REGION MEDICAID PROFILE



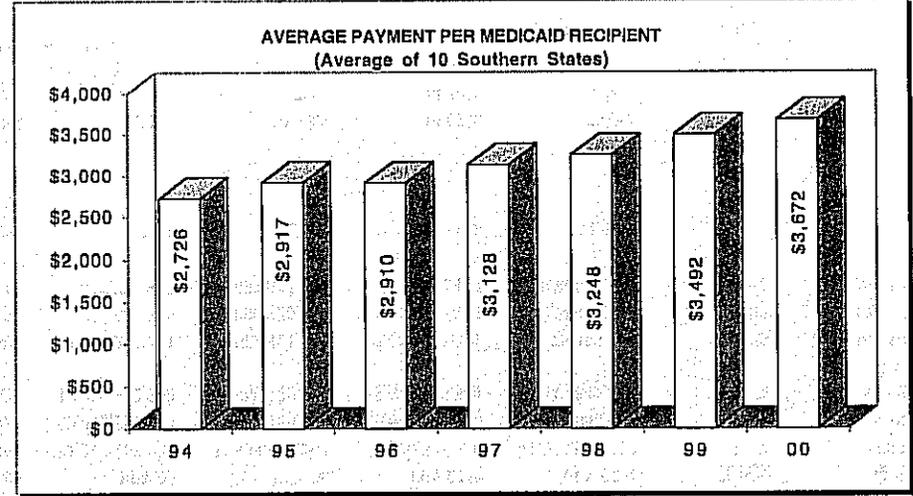
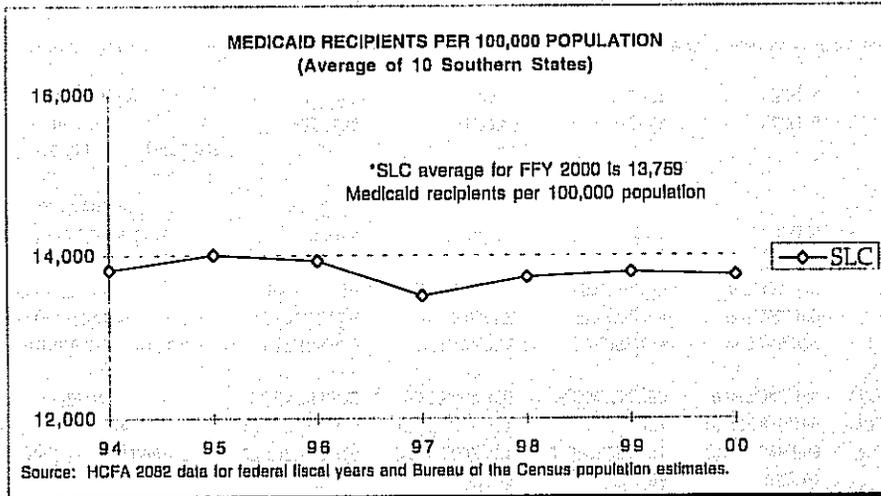
*5 SLC states (Georgia, Maryland, Missouri, Tennessee, and Texas) were unable to complete surveys. Data for these 5 states is not included in any federal fiscal year.

	FFY 94	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	FFY 01**	FFY 02**	Annual Rate of Change	Total Change 94-02
Medicaid Payments*	27,707,139,448	27,202,097,871	26,689,252,821	28,479,818,663	29,439,675,563	31,122,263,987	34,434,439,964	39,280,301,920	41,245,900,419	5.1%	48.9%
Federal Share	18,320,404,626	17,979,228,421	17,924,528,471	18,827,470,169	19,335,006,974	20,322,351,629	22,474,160,875	25,632,015,346	26,802,050,909	4.9%	46.3%
State Share	9,386,734,822	9,222,869,450	8,764,724,350	9,652,348,494	10,104,668,589	10,799,912,358	11,960,279,089	13,648,286,574	14,443,849,510	5.5%	53.9%
Administrative Costs	917,106,600	834,122,732	928,051,194	998,694,307	1,204,445,681	1,399,381,611	1,578,421,752	1,807,911,531	1,875,453,961	9.4%	104.5%
Federal Share	510,312,884	483,646,657	525,174,559	591,272,480	667,543,862	791,661,776	880,776,137	1,015,132,112	1,039,442,264	9.3%	103.7%
State Share	406,793,716	350,476,075	402,876,635	407,421,827	536,901,819	607,719,835	697,645,615	792,882,499	836,011,697	9.4%	105.5%
Admin. Costs as % of Payments	3.31%	3.07%	3.48%	3.51%	4.09%	4.50%	4.58%	4.60%	4.55%		
Growth From Prior Year											
Payments	-21.56%	-1.82%	-1.89%	6.71%	3.37%	5.72%	10.64%	14.07%	5.00%		
Administration	-26.34%	-9.05%	11.26%	7.61%	20.60%	16.18%	12.79%	14.54%	3.74%		

**Federal Fiscal Years 01 and 02 reflect total of latest estimates reported by each state in region to the Centers for Medicare and Medicaid Services (CMS).

SOUTHERN LEGISLATIVE CONFERENCE

SOUTHERN REGION MEDICAID PROFILE



*5 SLC states (Georgia, Maryland, Missouri, Tennessee, and Texas) were unable to complete surveys.

DATA BY TYPE OF SERVICES (Includes Fee-For-Service and Waivers)

RECIPIENTS BY TYPE OF SERVICES	FFY 94	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	Annual Change
01. General Hospital	1,331,562	1,325,256	1,282,415	1,280,680	1,216,319	1,188,661	1,338,597	0.1%
02. Mental Hospital	20,960	22,634	24,963	24,615	58,705	57,460	31,588	7.1%
03. Skilled and Intermediate (non-MR) Care Nursing	347,060	354,272	363,947	361,551	366,019	366,495	333,981	-0.6%
04. Intermediate Care for Mentally Retarded	30,385	29,950	29,545	29,013	28,557	28,699	27,888	-1.4%
05. Physician Services	5,888,852	5,727,310	6,105,161	5,883,843	5,541,218	5,418,771	5,603,678	-0.8%
06. Dental Services	1,333,532	1,376,511	1,372,045	1,363,433	1,293,742	1,283,377	1,349,782	0.2%
07. Other Practitioners	1,039,210	1,077,310	1,060,411	1,044,925	1,048,925	1,060,991	1,161,102	1.9%
08. Outpatient Hospital	3,459,836	3,488,028	3,384,974	3,284,625	3,122,124	3,149,724	3,238,679	-1.1%
09. Clinic Services	1,423,055	1,642,487	1,544,077	1,482,637	1,294,283	1,407,493	1,682,059	2.8%
10. Lab and X-Ray	3,167,081	3,133,250	3,045,081	3,043,172	2,887,819	2,823,788	3,342,425	0.9%
11. Home Health	277,530	340,493	341,897	403,136	376,457	348,101	350,378	4.0%
12. Prescribed Drugs	5,411,374	5,439,640	5,321,547	5,166,133	5,044,706	5,126,536	5,270,385	-0.4%
13. Family Planning	503,173	485,695	489,109	479,483	550,979	395,446	243,783	-11.4%
14. Early & Periodic Screening, Diagnosis & Treatment	1,566,090	1,632,142	1,646,988	1,570,662	1,604,393	1,499,002	1,050,200	-6.4%
15. Other Care	1,867,047	2,043,778	2,063,476	2,451,539	1,674,093	2,325,340	1,924,051	0.5%
16. Personal Care Support Services	0	0	0	0	692,820	521,367	623,135	-5.2%
17. Home/Community Based Waiver Services	936	1,546	57,969	126,896	75,933	60,716	187,268	141.8%
18. Prepaid Health Care	0	0	0	0	1,277,636	1,044,574	1,370,233	3.6%
19. Primary Care Case Management (PCCM) Services	0	0	0	0	1,157,389	1,072,354	1,162,965	0.2%
Total*	7,434,784	7,617,218	7,656,658	7,509,423	7,719,347	7,755,628	8,093,921	1.4%

*Annual totals for each service and for the grand total reflect unduplicated recipient counts. The grand total, therefore, may not equal the sum of the totals for each service.

SOUTHERN REGION MEDICAID PROFILE

PAYMENTS BY TYPE OF SERVICES	FFY 94	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	Annual Change	Share of Total FFY 00
01. General Hospital	\$4,586,997,746	\$4,678,828,076	\$4,568,206,579	\$4,342,897,742	\$4,394,525,480	\$4,686,828,900	\$4,705,977,807	0.4%	15.8%
02. Mental Hospital	\$394,826,272	\$391,583,094	\$307,136,018	\$299,028,703	\$409,300,115	\$454,186,527	\$399,102,810	0.2%	1.3%
03. Skilled and Intermediate (non-MR) Care Nursing	\$4,510,633,950	\$4,942,544,856	\$4,916,675,004	\$5,210,389,803	\$5,356,980,620	\$5,527,419,990	\$5,986,416,711	4.8%	20.1%
04. Intermediate Care for Mentally Retarded	\$1,677,273,417	\$1,795,762,875	\$1,654,832,469	\$1,760,120,836	\$1,749,408,197	\$1,822,517,073	\$1,938,298,298	2.4%	6.5%
05. Physician Services	\$2,058,693,213	\$2,151,468,958	\$2,111,037,143	\$2,131,405,855	\$2,070,343,115	\$2,108,462,892	\$2,144,323,582	0.7%	7.2%
06. Dental Services	\$226,630,795	\$241,911,051	\$241,620,507	\$245,487,863	\$237,582,508	\$280,401,914	\$323,004,359	6.1%	1.1%
07. Other Practitioners	\$223,580,928	\$256,113,550	\$248,215,390	\$167,593,601	\$180,537,764	\$161,935,417	\$195,514,994	-2.2%	0.7%
08. Outpatient Hospital	\$1,260,772,533	\$1,410,084,759	\$1,354,458,471	\$1,393,635,623	\$1,325,431,862	\$1,357,814,617	\$1,463,929,518	2.5%	4.9%
09. Clinic Services	\$822,727,473	\$929,240,122	\$887,440,485	\$884,599,430	\$857,064,966	\$1,011,243,887	\$1,142,066,908	5.6%	3.8%
10. Lab and X-Ray	\$313,341,722	\$317,991,040	\$290,107,903	\$274,396,238	\$264,956,050	\$323,766,864	\$336,680,827	1.2%	1.1%
11. Home Health	\$861,574,043	\$1,054,772,249	\$1,211,739,499	\$1,543,751,439	\$698,403,739	\$905,869,554	\$1,003,357,310	2.6%	3.4%
12. Prescribed Drugs	\$2,079,194,658	\$2,390,905,602	\$2,651,873,350	\$3,026,510,214	\$3,476,337,902	\$4,177,707,406	\$5,017,534,341	15.8%	16.9%
13. Family Planning	\$88,354,098	\$95,177,663	\$95,631,130	\$91,960,676	\$110,400,385	\$82,984,060	\$48,216,941	-9.6%	0.2%
14. Early & Periodic Screening, Diagnosis & Treatment	\$158,702,994	\$184,260,491	\$201,902,599	\$218,457,266	\$282,809,423	\$294,741,742	\$132,360,962	-3.0%	0.4%
15. Other Care	\$1,002,337,563	\$1,355,974,153	\$1,472,973,579	\$1,788,995,886	\$790,427,866	\$1,268,637,210	\$2,080,914,108	12.9%	7.0%
16. Personal Care Support Services	\$0	\$0	\$0	\$0	\$985,151,061	\$747,582,099	\$910,923,005	-3.8%	3.1%
17. Home/Community Based Waiver Services	\$2,503,008	\$26,471,252	\$64,890,601	\$107,353,788	\$1,013,206,335	\$783,769,128	\$721,066,988	157.0%	2.4%
18. Prepaid Health Care	\$0	\$0	\$0	\$0	\$768,403,986	\$769,282,108	\$947,978,627	11.1%	3.2%
19. Primary Care Case Management (PCCM) Services	\$0	\$0	\$0	\$0	\$101,750,335	\$151,227,342	\$58,016,744	-24.5%	0.2%
Total*(excludes DSH pymts, pharmacy rebates, & other adjs.)	\$20,268,144,413	\$22,223,089,791	\$22,278,740,727	\$23,486,584,963	\$25,073,021,709	\$27,084,001,778	\$29,718,090,260	6.6%	100.0%

AVERAGE PAYMENTS PER RECIPIENT BY TYPE OF SERVICES

01. General Hospital	\$3,444.82	\$3,098.62	\$3,240.53	\$3,356.11	\$3,612.97	\$3,942.95	\$3,515.60	0.3%	N/A
02. Mental Hospital	\$18,837.13	\$15,827.45	\$11,224.61	\$12,148.23	\$6,972.15	\$7,904.39	\$12,634.63	-6.4%	
03. Skilled and Intermediate (non-MR) Care Nursing	\$12,996.70	\$13,951.27	\$13,509.32	\$14,411.22	\$14,635.80	\$15,081.84	\$17,924.42	5.5%	
04. Intermediate Care for Mentally Retarded	\$55,200.70	\$59,958.69	\$56,010.58	\$60,666.63	\$61,260.22	\$63,504.55	\$69,502.95	3.9%	
05. Physician Services	\$349.59	\$375.65	\$345.78	\$362.25	\$373.63	\$389.10	\$382.66	1.5%	
06. Dental Services	\$169.95	\$175.74	\$176.10	\$180.05	\$183.64	\$218.49	\$239.30	5.9%	
07. Other Practitioners	\$215.15	\$237.73	\$234.07	\$160.39	\$172.12	\$152.63	\$168.39	-4.0%	
08. Outpatient Hospital	\$364.40	\$404.26	\$400.14	\$424.29	\$424.53	\$431.09	\$452.01	3.7%	
09. Clinic Services	\$578.14	\$565.75	\$574.74	\$596.64	\$662.19	\$718.47	\$678.97	2.7%	
10. Lab and X-Ray	\$98.94	\$101.49	\$95.27	\$90.17	\$91.75	\$114.66	\$100.73	0.3%	
11. Home Health	\$3,104.44	\$3,097.78	\$3,544.17	\$3,829.36	\$1,855.20	\$2,602.32	\$2,863.64	-1.3%	
12. Prescribed Drugs	\$384.23	\$439.53	\$498.33	\$585.84	\$689.11	\$814.92	\$952.02	16.3%	
13. Family Planning	\$175.59	\$195.96	\$195.52	\$191.79	\$200.37	\$209.85	\$197.79	2.0%	
14. Early & Periodic Screening, Diagnosis & Treatment	\$101.34	\$112.89	\$122.59	\$139.08	\$176.27	\$196.63	\$126.03	3.7%	
15. Other Care	\$536.86	\$663.46	\$713.83	\$729.74	\$472.15	\$545.57	\$1,081.53	12.4%	
16. Personal Care Support Services	\$0.00	\$0.00	\$0.00	\$0.00	\$1,421.94	\$1,433.89	\$1,461.84	1.4%	
17. Home/Community Based Waiver Services	\$2,674.15	\$17,122.41	\$1,119.40	\$846.00	\$13,343.43	\$12,908.77	\$3,850.45	6.3%	
18. Prepaid Health Care	\$0.00	\$0.00	\$0.00	\$0.00	\$601.43	\$736.46	\$691.84	7.3%	
19. Primary Care Case Management (PCCM) Services	\$0.00	\$0.00	\$0.00	\$0.00	\$87.91	\$141.02	\$49.89	-24.7%	
Total (Average)*	\$2,726.12	\$2,917.48	\$2,909.72	\$3,127.62	\$3,248.08	\$3,492.17	\$3,671.66	5.1%	

TOTAL PER CAPITA EXPENDITURES

*HCFA 2082 report for 94 includes disproportionate share hospital \$44.8 M. Direct cost comparisons between states reflect an adjusted unit cost for Louisiana general and mental hospital services and for the total Medicaid cost per recipient.

SOUTHERN LEGISLATIVE CONFERENCE

SOUTHERN REGION MEDICAID PROFILE
DATA BY OTHER CHARACTERISTICS

RECIPIENTS BY OTHER CHARACTERISTICS

	FFY 94	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	Annual Change	Share of Total FFY 00
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	4,207,292	4,128,234	3,963,908	3,717,905	3,714,276	3,372,150	3,296,495	-4.0%	40.7%
Poverty Related Eligibles	850,978	962,077	933,821	1,610,605	2,472,932	2,684,486	2,704,455	21.3%	33.4%
Medically Needy	299,556	289,235	270,062	302,416	296,403	535,226	777,412	17.2%	9.6%
Other Eligibles	2,039,228	2,206,867	2,416,965	1,719,007	1,156,920	1,079,116	1,077,484	-10.1%	13.3%
Maintenance Assistance Status Unknown*	37,730	30,805	71,902	159,490	78,816	84,650	238,075	35.9%	2.9%
Total	7,434,784	7,617,218	7,656,658	7,509,423	7,719,347	7,755,628	8,093,921	1.4%	100.0%
<i>*Includes correction in FFY 96 & 97 for managed care in Oklahoma</i>									
By Basis of Eligibility									
Aged, Blind, or Disabled	2,235,144	2,381,442	2,502,622	2,530,592	2,557,555	2,620,554	2,627,732	2.7%	32.5%
Children	3,670,233	3,767,286	3,775,070	3,696,548	3,658,612	3,635,502	3,833,371	0.7%	47.4%
Foster Care Children	92,071	84,984	100,376	107,993	102,492	105,344	128,393	5.7%	1.6%
Adults	1,399,606	1,352,701	1,264,654	1,139,195	1,315,471	1,306,594	1,267,743	-1.6%	15.7%
Basis of Eligibility Unknown	37,730	30,805	13,936	35,095	85,217	87,694	236,682	35.8%	2.9%
Total	7,434,784	7,617,218	7,656,658	7,509,423	7,719,347	7,755,628	8,093,921	1.4%	100.0%
By Age									
Under Age 1	498,500	494,179	478,270	471,614	466,161	456,378	729,050	6.5%	9.0%
Age 1 to 5	1,555,322	1,554,952	1,513,932	1,432,520	1,407,787	1,393,831	1,360,119	-2.2%	16.8%
Age 6 to 14	1,391,547	1,483,941	1,559,967	1,561,832	1,678,620	1,722,788	1,731,998	3.7%	21.4%
Age 15 to 20	657,474	689,542	701,470	686,865	732,503	779,522	853,410	4.4%	10.5%
Age 21 to 44	1,673,060	1,675,255	1,655,256	1,587,368	1,616,005	1,565,426	1,573,133	-1.0%	19.4%
Age 45 to 64	576,068	615,252	646,621	661,495	684,177	706,738	684,163	2.9%	8.5%
Age 65 to 74	410,512	424,669	425,577	421,515	418,040	403,145	443,090	1.3%	5.5%
Age 75 to 84	378,894	385,547	387,210	386,318	380,913	371,613	350,466	-1.3%	4.3%
Age 85 and Over	262,969	272,747	279,249	280,784	282,308	275,207	214,399	-3.3%	2.6%
Age Unknown	30,438	21,134	9,106	19,112	52,833	80,980	154,093	31.0%	1.9%
Total	7,434,784	7,617,218	7,656,658	7,509,423	7,719,347	7,755,628	8,093,921	1.4%	100.0%
By Race									
White	3,718,762	3,796,840	3,812,687	3,716,240	3,754,388	3,758,458	3,902,182	0.8%	48.2%
Black	2,982,598	3,020,640	2,994,365	2,926,637	3,022,675	2,987,110	3,055,643	0.4%	37.8%
Hispanic, American Indian or Asian	410,359	441,208	472,391	478,766	505,733	531,974	645,360	7.8%	8.0%
Other/Unknown	323,065	358,530	377,215	387,780	436,551	477,986	490,736	7.2%	6.1%
Total	7,434,784	7,617,218	7,656,658	7,509,423	7,719,347	7,755,628	8,093,921	1.4%	100.0%
By Sex									
Female	4,604,083	4,698,534	4,724,130	4,630,644	4,723,070	4,690,073	4,839,824	0.8%	59.8%
Male	2,703,422	2,815,138	2,888,562	2,846,536	2,935,481	2,975,523	3,131,377	2.5%	38.7%
Unknown	127,279	103,546	43,966	32,243	60,796	90,032	122,720	-0.6%	1.5%
Total	7,434,784	7,617,218	7,656,658	7,509,423	7,719,347	7,755,628	8,093,921	1.4%	100.0%

Source: Health Care Financing Administration-Form HCFA 2082 for federal fiscal years

SOUTHERN REGION MEDICAID PROFILE

PAYMENTS BY OTHER CHARACTERISTICS

	FFY 94	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	Annual Change	Share of Total FFY 00
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	\$9,586,495,339	\$10,035,130,753	\$10,416,838,809	\$11,380,051,372	\$12,201,207,235	\$12,971,573,789	\$14,389,037,012	7.0%	48.4%
Poverty Related Eligibles	\$3,506,553,190	\$4,222,088,791	\$3,250,600,955	\$3,086,148,596	\$4,569,190,479	\$4,476,258,966	\$4,733,233,720	5.1%	15.9%
Medically Needy	\$1,389,099,007	\$1,465,214,821	\$1,386,211,341	\$2,271,683,410	\$1,912,489,077	\$2,156,978,200	\$2,671,466,493	11.5%	9.0%
Other Eligibles	\$5,760,286,835	\$6,426,551,696	\$7,057,270,426	\$6,231,346,849	\$5,880,950,515	\$6,897,866,531	\$7,458,720,594	4.4%	25.1%
Maintenance Assistance Status Unknown	\$25,710,042	\$74,103,730	\$167,819,196	\$517,354,736	\$509,184,403	\$581,324,292	\$465,632,441	62.1%	1.6%
Total	\$20,268,144,413	\$22,223,089,791	\$22,278,740,727	\$23,486,584,963	\$25,073,021,709	\$27,084,001,778	\$29,718,090,260	6.6%	100.0%
By Basis of Eligibility									
Aged, Blind, or Disabled	\$13,683,589,787	\$15,341,542,607	\$15,895,551,008	\$17,008,010,763	\$18,194,117,185	\$19,679,433,937	\$21,719,290,776	8.0%	73.1%
Children	\$3,858,722,147	\$4,087,584,716	\$3,787,614,850	\$3,926,525,449	\$3,878,487,573	\$4,231,554,776	\$4,578,715,703	2.9%	15.4%
Foster Care Children	\$227,332,856	\$238,848,701	\$257,535,626	\$272,692,701	\$347,672,244	\$368,605,270	\$482,264,490	13.4%	1.6%
Adults	\$2,473,829,268	\$2,481,010,037	\$2,169,182,532	\$2,061,500,226	\$2,141,492,359	\$2,217,494,537	\$2,466,164,712	-0.1%	8.3%
Basis of Eligibility Unknown	\$24,670,355	\$74,103,730	\$168,856,711	\$217,855,824	\$511,252,348	\$586,913,257	\$471,644,579	63.5%	1.6%
Total	\$20,268,144,413	\$22,223,089,791	\$22,278,740,727	\$23,486,584,963	\$25,073,021,709	\$27,084,001,778	\$29,718,080,260	6.6%	100.0%
By Age									
Under Age 1	\$1,215,486,145	\$1,245,385,835	\$1,140,218,135	\$1,081,452,812	\$1,126,031,536	\$1,115,884,414	\$2,273,427,841	11.0%	7.6%
Age 1 to 5	\$1,461,272,679	\$1,552,437,313	\$1,500,001,878	\$1,520,939,281	\$1,547,514,026	\$1,620,882,024	\$1,699,281,937	2.5%	5.7%
Age 6 to 14	\$1,465,842,270	\$1,662,664,243	\$1,668,611,139	\$1,694,524,922	\$2,055,516,675	\$2,271,029,858	\$2,405,659,611	8.6%	8.1%
Age 15 to 20	\$1,483,382,731	\$1,596,002,259	\$1,517,254,871	\$1,510,046,432	\$1,607,978,346	\$1,738,145,494	\$1,926,155,720	4.4%	6.5%
Age 21 to 44	\$5,276,341,908	\$5,647,174,474	\$5,500,217,444	\$5,619,827,078	\$5,816,665,537	\$6,097,337,788	\$6,486,583,461	3.5%	21.8%
Age 45 to 64	\$3,127,801,519	\$3,553,619,341	\$3,743,250,527	\$4,086,755,894	\$4,442,207,120	\$4,951,651,910	\$5,332,566,102	9.3%	17.9%
Age 65 to 74	\$1,552,153,327	\$1,746,394,872	\$1,785,228,635	\$1,943,959,515	\$2,047,608,314	\$2,188,151,797	\$2,769,678,928	10.1%	9.3%
Age 75 to 84	\$2,285,092,073	\$2,493,878,228	\$2,541,200,306	\$2,754,798,073	\$2,842,350,770	\$3,031,437,798	\$3,090,934,213	5.2%	10.4%
Age 85 and Over	\$2,369,999,217	\$2,650,657,930	\$2,706,787,811	\$3,019,318,673	\$3,089,287,175	\$3,280,146,520	\$2,642,052,184	1.8%	8.9%
Age Unknown	\$30,772,544	\$74,875,296	\$175,969,981	\$254,962,284	\$497,862,210	\$789,334,175	\$1,091,750,264	81.3%	3.7%
Total	\$20,268,144,413	\$22,223,089,791	\$22,278,740,727	\$23,486,584,963	\$25,073,021,709	\$27,084,001,778	\$29,718,090,260	6.6%	100.0%
By Race									
White	\$12,029,970,557	\$13,105,593,051	\$12,969,847,047	\$13,666,827,717	\$14,408,591,469	\$15,206,025,151	\$16,807,519,509	5.7%	56.6%
Black	\$6,392,319,805	\$6,798,055,611	\$6,684,315,243	\$6,865,197,831	\$7,327,233,924	\$7,820,109,743	\$8,641,471,731	5.2%	29.1%
Hispanic, American Indian or Asian	\$602,313,700	\$686,156,451	\$728,492,279	\$776,653,610	\$823,996,912	\$1,096,223,273	\$1,391,504,095	15.0%	4.7%
Other/Unknown	\$1,243,540,351	\$1,633,284,678	\$1,896,086,158	\$2,177,905,805	\$2,513,199,404	\$2,961,643,611	\$2,877,594,925	15.0%	9.7%
Total	\$20,268,144,413	\$22,223,089,791	\$22,278,740,727	\$23,486,584,963	\$25,073,021,709	\$27,084,001,778	\$29,718,090,260	6.6%	100.0%
By Sex									
Female	\$12,727,615,849	\$13,871,093,943	\$13,812,158,034	\$14,444,589,928	\$15,146,840,324	\$16,170,717,189	\$17,912,901,319	5.9%	60.3%
Male	\$7,389,444,467	\$8,194,812,996	\$8,259,649,978	\$8,640,832,728	\$9,367,409,642	\$9,990,288,917	\$11,194,823,243	7.2%	37.7%
Unknown	\$151,084,097	\$157,182,852	\$206,932,715	\$401,162,307	\$558,771,743	\$922,995,672	\$610,365,698	26.2%	2.1%
Total	\$20,268,144,413	\$22,223,089,791	\$22,278,740,727	\$23,486,584,963	\$25,073,021,709	\$27,084,001,778	\$29,718,090,260	6.6%	100.0%

Source: Health Care Financing Administration-Form HCFA 2082 for federal fiscal years

SOUTHERN LEGISLATIVE CONFERENCE

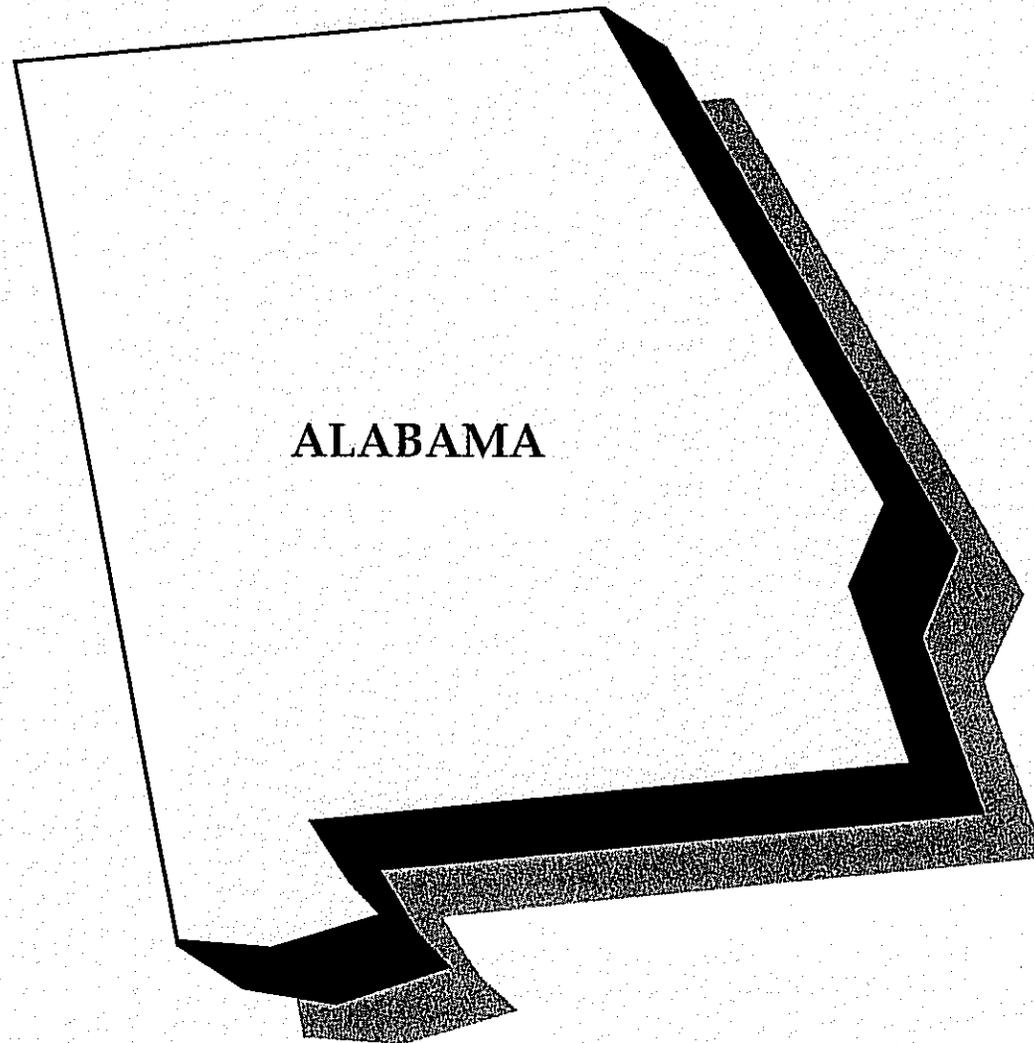
SOUTHERN REGION MEDICAID PROFILE

AVERAGE PAYMENT PER RECIPIENT BY OTHER CHARACTERISTICS

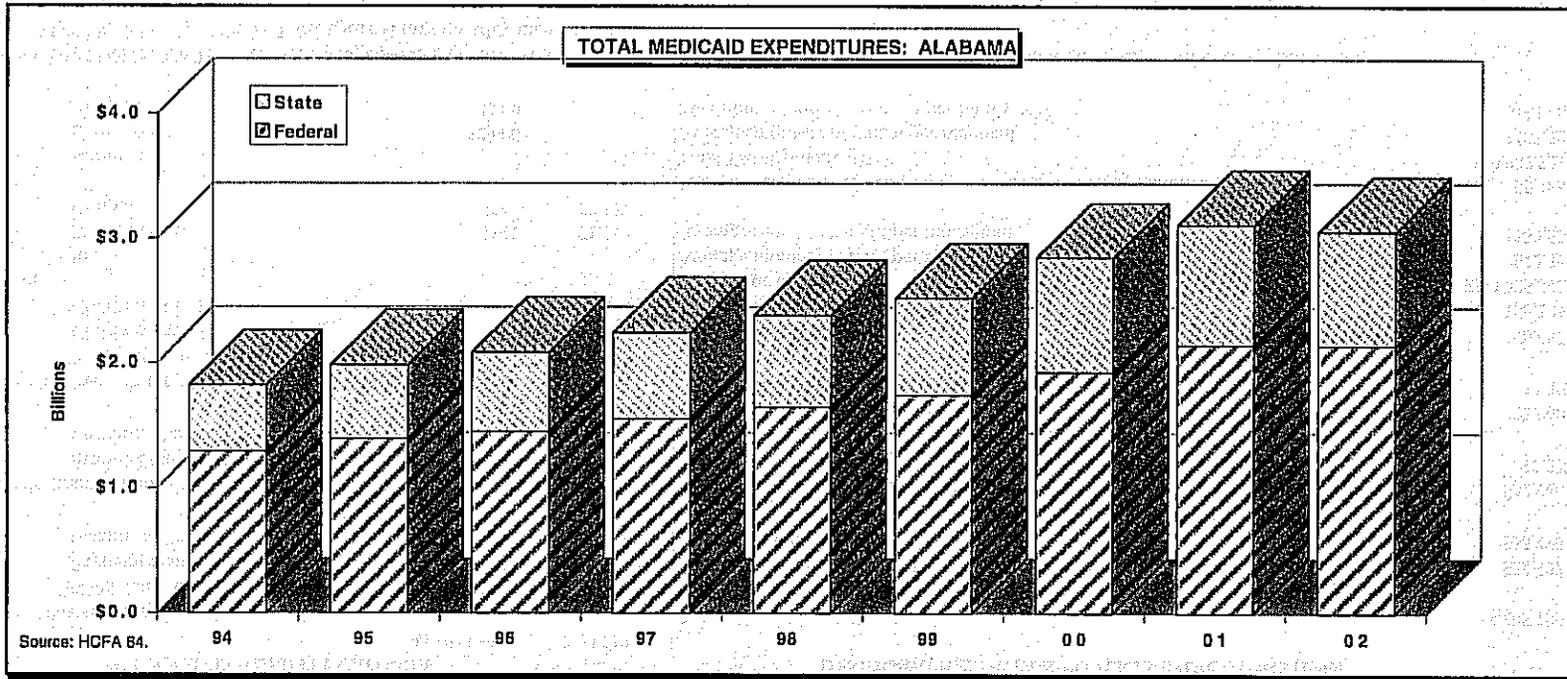
	FFY 94	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	Annual Change
By Maintenance Assistance Status								
Receiving Cash Assistance or Eligible Under Section 1931	\$2,278.54	\$2,430.85	\$2,627.92	\$3,060.88	\$3,284.95	\$3,846.68	\$4,364.95	11.4%
Poverty Related Eligibles	\$4,120.62	\$4,388.51	\$3,480.97	\$1,916.14	\$1,847.68	\$1,667.45	\$1,750.16	-13.3%
Medically Needy	\$4,637.19	\$5,065.83	\$5,132.94	\$7,511.78	\$6,452.33	\$4,030.03	\$3,436.36	-4.9%
Other Eligibles	\$2,824.74	\$2,912.07	\$2,919.89	\$3,624.97	\$5,083.28	\$6,392.15	\$6,922.35	16.1%
Maintenance Assistance Status Unknown	\$681.42	\$2,405.57	\$2,334.00	\$3,243.81	\$6,460.42	\$6,867.39	\$1,955.82	19.2%
Total	\$2,726.12	\$2,917.48	\$2,909.72	\$3,127.62	\$3,248.08	\$3,492.17	\$3,671.66	5.1%
By Basis of Eligibility								
Aged, Blind, or Disabled	\$6,122.02	\$6,442.12	\$6,351.56	\$6,720.96	\$7,113.87	\$7,509.65	\$8,265.41	5.1%
Children	\$1,051.36	\$1,085.02	\$1,003.32	\$1,062.21	\$1,060.10	\$1,163.95	\$1,194.44	2.1%
Foster Care Children	\$2,469.10	\$2,810.51	\$2,565.71	\$2,525.10	\$3,392.19	\$3,499.06	\$3,756.16	7.2%
Adults	\$1,767.52	\$1,834.12	\$1,715.24	\$1,809.61	\$1,627.93	\$1,697.23	\$1,945.32	1.6%
Basis of Eligibility Unknown	\$653.87	\$2,405.57	\$12,116.58	\$6,207.60	\$5,999.42	\$6,692.74	\$1,992.74	20.4%
Total	\$2,726.12	\$2,917.48	\$2,909.72	\$3,127.62	\$3,248.08	\$3,492.17	\$3,671.66	5.1%
By Age								
Under Age 1	\$2,438.29	\$2,520.11	\$2,384.05	\$2,293.09	\$2,415.54	\$2,445.09	\$3,118.34	4.2%
Age 1 to 5	\$939.53	\$998.38	\$990.80	\$1,061.72	\$1,099.25	\$1,162.90	\$1,249.36	4.9%
Age 6 to 14	\$1,053.39	\$1,120.44	\$1,069.65	\$1,084.96	\$1,224.53	\$1,318.23	\$1,388.95	4.7%
Age 15 to 20	\$2,256.18	\$2,314.58	\$2,162.96	\$2,198.46	\$2,195.18	\$2,229.76	\$2,257.01	0.0%
Age 21 to 44	\$3,153.71	\$3,370.93	\$3,322.88	\$3,540.34	\$3,599.41	\$3,895.00	\$4,123.35	4.6%
Age 45 to 64	\$5,429.57	\$5,775.88	\$5,788.94	\$6,178.06	\$6,492.77	\$7,006.35	\$7,794.29	6.2%
Age 65 to 74	\$3,781.02	\$4,112.37	\$4,194.84	\$4,611.84	\$4,898.12	\$5,427.70	\$6,250.83	8.7%
Age 75 to 84	\$6,030.95	\$6,468.42	\$6,562.85	\$7,130.91	\$7,461.94	\$8,157.51	\$8,819.50	6.5%
Age 85 and Over	\$9,012.47	\$9,718.38	\$9,693.10	\$10,753.17	\$10,942.97	\$11,918.83	\$12,323.06	5.4%
Age Unknown	\$1,010.99	\$3,542.88	\$19,324.62	\$13,340.43	\$9,423.32	\$9,747.27	\$7,085.01	38.3%
Total	\$2,726.12	\$2,917.48	\$2,909.72	\$3,127.62	\$3,248.08	\$3,492.17	\$3,671.66	5.1%
By Race								
White	\$3,234.94	\$3,451.71	\$3,401.76	\$3,677.60	\$3,837.80	\$4,045.81	\$4,307.21	4.9%
Black	\$2,143.21	\$2,250.53	\$2,232.30	\$2,345.76	\$2,424.09	\$2,617.95	\$2,828.04	4.7%
Hispanic, American Indian or Asian	\$1,467.77	\$1,555.18	\$1,542.14	\$1,622.20	\$1,629.31	\$2,060.67	\$2,156.17	6.6%
Other/Unknown	\$3,849.20	\$4,555.50	\$5,026.54	\$5,616.34	\$5,756.94	\$6,196.09	\$5,863.83	7.3%
Total	\$2,726.12	\$2,917.48	\$2,909.72	\$3,127.62	\$3,248.08	\$3,492.17	\$3,671.66	5.1%
By Sex								
Female	\$2,764.42	\$2,952.22	\$2,923.75	\$3,119.35	\$3,206.99	\$3,447.86	\$3,701.15	5.0%
Male	\$2,733.37	\$2,910.98	\$2,859.43	\$3,035.56	\$3,191.10	\$3,357.49	\$3,575.05	4.6%
Unknown	\$1,187.03	\$1,518.00	\$4,706.65	\$12,441.84	\$9,190.93	\$10,251.86	\$4,973.64	27.0%
Total	\$2,726.12	\$2,917.48	\$2,909.72	\$3,127.62	\$3,248.08	\$3,492.17	\$3,671.66	5.1%

Source: Health Care Financing Administration-Form HCFA 2082 for federal fiscal years

STATE MEDICAID PROFILE



SOUTHERN REGION MEDICAID PROFILE



	FFY 94	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00*	FFY 01**	FFY 02**	Annual Rate of Change	Total Change 94-02
Medicaid Payments	\$1,777,080,749	\$1,943,319,998	\$2,038,419,446	\$2,195,359,746	\$2,326,929,484	\$2,438,540,244	\$2,773,701,447	\$2,990,642,638	\$2,950,668,318	6.5%	66.0%
Federal Share	\$1,267,492,414	\$1,370,486,300	\$1,425,188,599	\$1,528,097,087	\$1,614,516,026	\$1,691,536,003	\$1,884,058,352	\$2,080,537,770	\$2,081,567,481	6.4%	64.2%
State Share	\$509,588,335	\$572,833,698	\$613,230,847	\$667,262,659	\$712,413,458	\$747,004,241	\$889,643,095	\$910,104,868	\$869,100,837	6.9%	70.5%
Administrative Costs	\$39,917,949	\$40,135,809	\$44,448,105	\$46,069,028	\$53,658,195	\$79,962,881	\$74,090,808	\$119,056,680	\$102,526,878	12.5%	156.8%
Federal Share	\$24,431,892	\$23,587,709	\$25,987,677	\$27,082,231	\$31,069,394	\$51,456,609	\$42,231,761	\$67,862,308	\$58,687,821	11.6%	140.2%
State Share	\$15,486,057	\$16,548,100	\$18,460,428	\$18,986,797	\$22,588,801	\$28,506,272	\$31,859,047	\$51,194,372	\$43,839,057	13.9%	183.1%
Admin. Costs as % of Payments	2.25%	2.07%	2.18%	2.10%	2.31%	3.28%	2.67%	3.98%	3.47%		
Federal Match Rate*	71.22%	70.45%	69.85%	69.54%	69.32%	69.27%	69.57%	69.99%	70.45%		

*Rate shown is for Medicaid payments only. The FMAP (Federal Medical Assistance Percentage) is based on the relationship between each state's per capita personal income and that of the nation as a whole for the three most recent years. Federal share of state administrative costs is usually 50 percent or 75 percent, depending on function and whether or not medical personnel are used. **Federal Fiscal Years 01 and 02 reflect latest estimates reported by each state.

ALABAMA

SOUTHERN REGION MEDICAID PROFILE

STATE FINANCING

	Payments		Administration	
	FFY 94	FFY 00	FFY 94	FFY 00
State General Fund	\$139,000,000	\$244,624,007	\$15,486,057	\$31,859,047
Local Funds	\$0	\$0	\$0	\$0
Provider Taxes	\$29,000,000	\$35,747,046	\$0	\$0
Donations	\$0	\$0	\$0	\$0
Other	\$341,588,335	\$609,272,042	\$0	\$0
Total State Share	\$509,588,335	\$889,643,095	\$15,486,057	\$31,859,047

Provider Taxes Currently in Place (FFY 00)		
Provider(s)	Tax Rate	Amount
Nursing homes	\$1,200 per bed/year	\$29,953,740
Pharmacies	\$.10 per prescription over \$3.00	\$5,793,306
Total		\$35,747,046

DISPROPORTIONATE SHARE HOSPITAL (DSH) PAYMENTS

	FFY 94	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	FFY 01*	FFY 02*	Annual Change
General Hospitals	\$148,991,949	\$413,006,229	\$346,707,637	\$391,069,616	\$389,273,781	\$384,333,879	\$353,173,872	\$363,436,268	\$345,882,198	0.0%
Mental Hospitals	\$268,466,050	\$4,451,770	\$48,180,868	\$26,388,384	\$4,451,769	\$3,301,620	\$3,301,620	\$3,301,620	\$3,301,620	-36.0%
Total	\$417,457,999	\$417,457,999	\$394,888,505	\$417,458,000	\$393,725,550	\$387,635,499	\$356,475,492	\$366,737,888	\$349,183,818	-2.0%

SELECTED ELIGIBILITY CRITERIA

	At 10/1/01	% of FPL*
TANF-Temporary Assistance for Needy Families (Family of 3)		
Need Standard	\$673	55.2%
Payment Standard	\$164	13.5%
Maximum Payment	\$164	13.5%
Medically Needy Program (Family of 3)	N/A	
Income Eligibility Standard		
Resource Standard		
Pregnant Women, Children and Infants (% of FPL*)		
Pregnant women and children to 6		133.0%
Children 6 to 14		100.0%
Children 14 to 18		100.0%
SSI Eligibility Levels		
Income:		
Single Person	\$512	71.5%
Couple	\$769	79.5%
Resources:		
Single Person	\$2,000	
Couple	\$3,000	

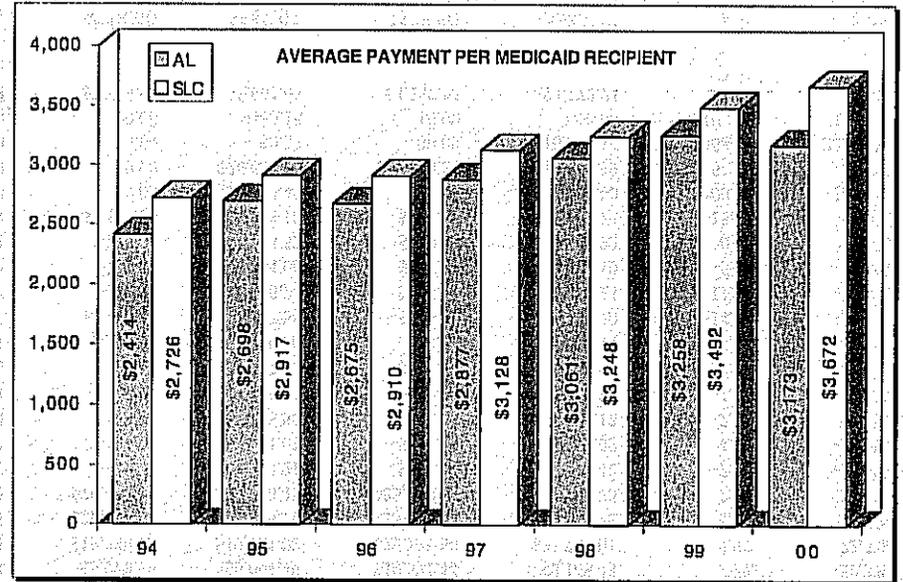
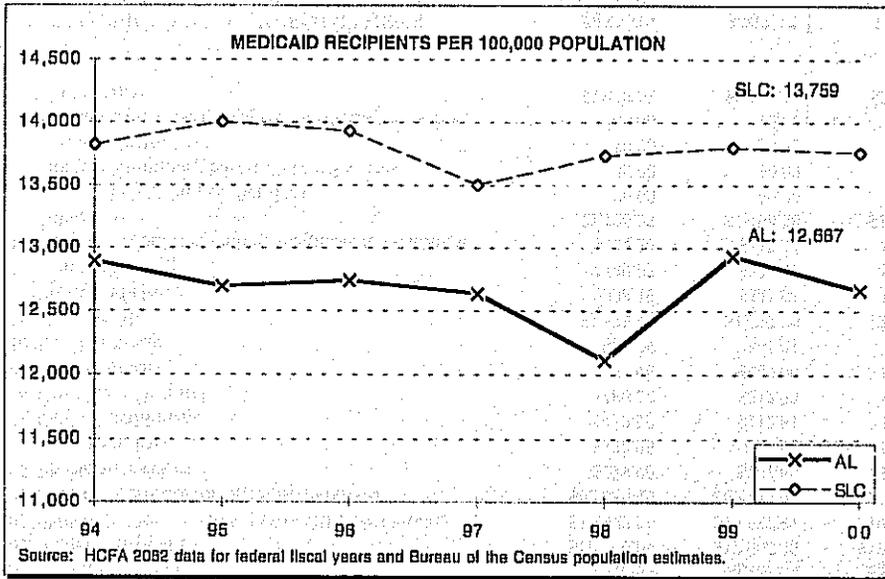
DEMOGRAPHIC DATA & POVERTY INDICATORS (1999)

		Rank in U.S.
State population—July 1, 2000*	4,447,100	23
Per capita personal income**	\$22,987	42
Median household income**	\$35,478	37
Population below Federal Poverty Level on July 1, 2000*	542,546	
Percent of total population	12.2%	5
Population without health insurance coverage*	625,000	21
Percent of total population	14.3%	24
Recipients of Food Stamps***	396,057	15
Households receiving Food Stamps***	156,105	15
Total value of issuance***	\$343,835,342	14
Average monthly benefit per recipient	\$72.35	16
Average monthly benefit per household	\$183.55	
Monthly recipients of Temporary Assistance to Needy Families (TANF)****	55,168	25
Total TANF payments****	\$90,882,721	36
Average monthly payment per recipient	\$137.28	
Maximum monthly payment per family of 3	\$164.00	49

*Current federal poverty level is \$8,590 per year for a single person, \$11,610 for a family of two and \$14,630 for a family of three. Table above shows monthly income levels.

*Bureau of the Census. **Bureau of Economic Analysis. ***USDA. ****USDHHS.

SOUTHERN REGION MEDICAID PROFILE



DATA BY TYPE OF SERVICES (Includes Fee-For-Service and Waivers)

RECIPIENTS BY TYPE OF SERVICES	FFY 94	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	Annual Change
01. General Hospital	72,028	71,221	34,367	28,458	28,911	28,142	35,122	-11.3%
02. Mental Hospital	1,045	1,072	1,147	1,129	1,329	1,178	1,604	7.4%
03. Skilled and Intermediate (non-MR) Care Nursing	21,733	21,809	22,620	23,476	23,844	24,592	25,096	2.4%
04. Intermediate Care for Mentally Retarded	1,265	1,117	968	828	750	708	673	-10.0%
05. Physician Services	414,000	406,821	409,235	415,252	393,194	389,005	386,904	-1.1%
06. Dental Services	68,214	65,649	70,823	70,968	68,485	76,261	72,227	1.0%
07. Other Practitioners	69,715	71,135	75,835	86,045	72,649	89,914	77,897	1.9%
08. Outpatient Hospital	223,841	221,182	248,630	262,530	221,538	190,517	218,078	-0.4%
09. Clinic Services	85,550	108,423	120,341	124,345	111,804	83,653	138,044	8.3%
10. Lab and X-Ray	206,188	161,653	186,612	178,743	157,551	149,460	332,118	8.3%
11. Home Health	37,421	68,405	45,384	47,268	43,277	51,571	52,800	5.9%
12. Prescribed Drugs	409,406	404,581	412,511	412,739	395,290	405,140	436,555	1.1%
13. Family Planning	38,413	34,841	37,130	39,639	35,953	34,280	28,441	-4.9%
14. Early & Periodic Screening, Diagnosis & Treatment	132,428	136,906	139,036	131,285	121,122	122,807	143,508	1.3%
15. Other Care	102,267	108,834	116,680	123,061	75,170	175,204	95,760	-1.1%
16. Personal Care Support Services	0	0	0	0	52,098	0	0	-100.0%
17. Home/Community Based Waiver Services	0	0	0	0	4,112	6,098	34,436	189.4%
18. Prepaid Health Care	0	0	0	0	344,907	0	37	-99.0%
19. Primary Care Case Management (PCCM) Services	0	0	0	0	151,910	0	0	-100.0%
Total*	543,537	539,251	546,272	546,140	527,078	562,801	563,308	0.6%

*Annual totals for each service and for the grand total reflect unduplicated recipient counts. The grand total, therefore, may not equal the sum of the totals for each service.

ALABAMA

SOUTHERN REGION MEDICAID PROFILE

<u>PAYMENTS BY TYPE OF SERVICES</u>	<u>FFY 94</u>	<u>FFY 95</u>	<u>FFY 96</u>	<u>FFY 97</u>	<u>FFY 98</u>	<u>FFY 99</u>	<u>FFY 00</u>	<u>Annual Change</u>	<u>Share of Total FFY 00</u>
01. General Hospital	\$252,860,631	\$269,464,898	\$198,637,110	\$170,166,297	\$190,942,492	\$298,064,323	\$76,159,640	-18.1%	4.3%
02. Mental Hospital	\$19,132,945	\$18,227,568	\$20,530,209	\$21,833,876	\$26,475,030	\$30,756,234	\$34,915,895	10.5%	2.0%
03. Skilled and Intermediate (non-MR) Care Nursing	\$382,486,883	\$426,102,259	\$445,325,482	\$520,412,943	\$522,825,844	\$570,237,131	\$624,883,481	8.5%	35.0%
04. Intermediate Care for Mentally Retarded	\$79,297,030	\$77,870,785	\$68,011,776	\$58,298,157	\$55,663,840	\$59,125,341	\$64,466,823	-3.4%	3.6%
05. Physician Services	\$115,904,923	\$114,558,882	\$119,428,302	\$132,563,184	\$115,683,384	\$127,125,223	\$95,726,775	-3.1%	5.4%
06. Dental Services	\$8,455,449	\$9,038,068	\$10,118,678	\$10,218,557	\$9,698,164	\$11,736,511	\$11,418,475	5.1%	0.6%
07. Other Practitioners	\$7,844,722	\$8,024,526	\$8,418,026	\$8,617,321	\$7,888,253	\$7,580,000	\$5,617,835	-5.4%	0.3%
08. Outpatient Hospital	\$40,345,687	\$47,095,877	\$65,223,740	\$70,529,433	\$57,602,636	\$47,811,861	\$36,818,355	-1.5%	2.1%
09. Clinic Services	\$20,701,621	\$37,840,054	\$46,123,958	\$49,128,082	\$62,372,094	\$73,541,276	\$117,047,331	33.5%	6.5%
10. Lab and X-Ray	\$10,492,600	\$9,992,503	\$11,082,415	\$10,636,552	\$9,563,557	\$13,952,110	\$32,295,622	20.6%	1.8%
11. Home Health	\$70,193,170	\$83,981,082	\$104,535,592	\$128,593,515	\$22,844,852	\$34,883,832	\$39,140,563	-9.3%	2.2%
12. Prescribed Drugs	\$163,021,321	\$178,667,753	\$203,811,076	\$226,105,163	\$236,674,147	\$273,603,400	\$333,198,061	12.7%	18.6%
13. Family Planning	\$9,567,665	\$7,893,848	\$7,332,859	\$7,565,632	\$6,639,031	\$9,498,436	\$4,931,740	-10.5%	0.3%
14. Early & Periodic Screening, Diagnosis & Treatment	\$16,452,308	\$15,787,197	\$16,485,904	\$15,891,150	\$16,178,400	\$14,838,637	\$17,969,559	1.5%	1.0%
15. Other Care	\$115,079,562	\$130,446,795	\$136,035,958	\$140,643,879	\$19,858,177	\$31,720,849	\$44,599,043	-14.6%	2.5%
16. Personal Care Support Services	\$0	\$0	\$0	\$0	\$61,655,392	\$0	\$0	-100.0%	0.0%
17. Home/Community Based Waiver Services	\$0	\$20,000,000	\$0	\$0	\$117,726,558	\$138,456,852	\$237,160,407	64.0%	13.3%
18. Prepaid Health Care	\$0	\$0	\$0	\$0	\$178,992	\$0	\$605,955	84.0%	0.0%
19. Primary Care Case Management (PCCM) Services	\$0	\$0	\$0	\$0	\$72,939,909	\$90,408,552	\$10,274,672	-62.5%	0.6%
Total (excludes DSH pymts, pharmacy rebates, & other adjs.)	\$1,311,836,517	\$1,454,992,095	\$1,461,101,085	\$1,571,203,741	\$1,613,410,752	\$1,833,340,568	\$1,787,230,232	5.3%	100.0%

AVERAGE PAYMENTS PER RECIPIENT BY TYPE OF SERVICES

								(+) or (-) SLC	Aug. FFY 00
01. General Hospital	\$3,510.59	\$3,783.50	\$5,779.88	\$5,979.56	\$6,604.49	\$10,591.44	\$2,168.43	-7.7%	-38.3%
02. Mental Hospital	\$18,309.04	\$17,003.33	\$17,899.05	\$19,339.13	\$19,921.02	\$26,108.86	\$21,768.01	2.9%	72.3%
03. Skilled and Intermediate (non-MR) Care Nursing	\$17,599.36	\$19,537.91	\$19,687.25	\$22,167.87	\$21,926.94	\$23,187.91	\$24,899.72	6.0%	38.9%
04. Intermediate Care for Mentally Retarded	\$62,685.40	\$69,714.22	\$70,260.10	\$70,408.40	\$74,218.45	\$83,510.37	\$95,790.23	7.3%	37.8%
05. Physician Services	\$279.96	\$281.60	\$291.83	\$319.24	\$294.21	\$326.80	\$247.42	-2.0%	-35.3%
06. Dental Services	\$123.95	\$137.67	\$142.87	\$143.99	\$141.61	\$153.90	\$158.09	4.1%	-33.9%
07. Other Practitioners	\$112.53	\$112.81	\$111.00	\$100.15	\$108.58	\$84.30	\$72.12	-7.1%	-57.2%
08. Outpatient Hospital	\$180.24	\$212.93	\$262.33	\$268.65	\$260.01	\$250.96	\$168.83	-1.1%	-62.6%
09. Clinic Services	\$241.98	\$349.00	\$383.28	\$395.09	\$557.87	\$879.12	\$847.90	23.2%	24.9%
10. Lab and X-Ray	\$50.89	\$61.81	\$59.39	\$59.51	\$60.70	\$93.35	\$97.24	11.4%	-3.5%
11. Home Health	\$1,875.77	\$1,227.70	\$2,303.36	\$2,720.52	\$527.88	\$676.42	\$741.30	-14.3%	-74.1%
12. Prescribed Drugs	\$398.19	\$441.61	\$494.07	\$547.82	\$598.74	\$675.33	\$763.24	11.5%	-19.8%
13. Family Planning	\$249.07	\$226.57	\$197.49	\$190.86	\$184.66	\$277.08	\$173.40	-5.9%	-12.3%
14. Early & Periodic Screening, Diagnosis & Treatment	\$124.24	\$115.31	\$118.57	\$121.04	\$133.57	\$120.83	\$125.22	0.1%	-0.6%
15. Other Care	\$1,125.29	\$1,198.58	\$1,165.89	\$1,142.88	\$264.18	\$181.05	\$465.74	-13.7%	-56.9%
16. Personal Care Support Services	\$0.00	\$0.00	\$0.00	\$0.00	\$1,183.45	\$0.00	\$0.00	-100.0%	-100.0%
17. Home/Community Based Waiver Services	\$0.00	\$0.00	\$0.00	\$0.00	\$28,630.00	\$22,705.29	\$6,886.99	-51.0%	78.9%
18. Prepaid Health Care	\$0.00	\$0.00	\$0.00	\$0.00	\$0.52	\$0.00	\$16,377.16	17664.5%	2267.2%
19. Primary Care Case Management (PCCM) Services	\$0.00	\$0.00	\$0.00	\$0.00	\$480.15	\$0.00	\$0.00	-100.0%	-100.0%
Total (Average)	\$2,413.52	\$2,698.17	\$2,674.68	\$2,876.92	\$3,061.05	\$3,257.53	\$3,172.74	4.7%	-13.6%

TOTAL PER CAPITA EXPENDITURES	\$431.06	\$467.11	\$485.84	\$518.60	\$547.01	\$578.70	\$640.37	6.8%	4.6%
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ALABAMA

SOUTHERN REGION MEDICAID PROFILE
DATA BY OTHER CHARACTERISTICS

RECIPIENTS BY OTHER CHARACTERISTICS

	FFY 94	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	Annual Change	Share of Total FFY 00
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931 Poverty Related Eligibles	307,432	292,535	286,298	275,061	231,997	214,490	171,320	-9.3%	30.4%
Medically Needy	55,905	54,499	53,316	65,371	219,029	276,713	282,754	31.0%	50.2%
Other Eligibles	0	0	0	0	0	0	0	n/n	0.0%
Maintenance Assistance Status Unknown	179,115	191,422	205,839	203,308	74,385	70,098	109,234	-7.9%	19.4%
Total	543,537	539,251	546,272	546,140	527,078	562,801	563,308	0.6%	100.0%
By Basis of Eligibility									
Aged, Blind, or Disabled	196,722	202,666	207,821	210,933	210,544	216,669	218,194	1.7%	38.7%
Children	244,281	243,999	250,149	276,145	262,547	271,119	272,827	1.9%	48.4%
Foster Care Children	2,597	2,879	2,846	3,716	4,038	4,634	4,975	11.4%	0.9%
Adults	98,852	88,912	84,635	52,944	48,048	65,835	64,311	-6.9%	11.4%
Basis of Eligibility Unknown	1,085	795	821	2,402	1,901	4,544	3,001	18.5%	0.5%
Total	543,537	539,251	546,272	546,140	527,078	562,801	563,308	0.6%	100.0%
By Age									
Under Age 1	30,111	29,633	28,103	28,267	27,969	28,004	28,953	-0.7%	5.1%
Age 1 to 5	129,135	128,371	127,986	123,033	111,576	117,283	115,592	-1.8%	20.5%
Age 6 to 14	92,417	95,977	106,131	112,199	111,380	126,357	124,698	5.1%	22.1%
Age 15 to 20	45,520	43,715	43,683	42,273	43,098	54,806	57,786	4.1%	10.3%
Age 21 to 44	111,269	104,840	102,757	99,867	93,433	95,972	93,335	-2.9%	16.6%
Age 45 to 64	44,457	46,688	48,663	50,685	51,573	54,085	56,602	4.1%	10.0%
Age 65 to 74	32,700	32,729	32,383	32,408	31,817	31,416	31,844	-0.4%	5.7%
Age 75 to 84	32,688	32,091	31,319	31,144	30,248	29,000	29,817	-1.5%	5.3%
Age 85 and Over	24,343	24,528	24,601	25,208	25,309	25,222	24,681	0.2%	4.4%
Age Unknown	897	679	646	1,056	675	656	0	-100.0%	0.0%
Total	543,537	539,251	546,272	546,140	527,078	562,801	563,308	0.6%	100.0%
By Race									
White	238,432	239,275	240,879	242,516	238,107	250,806	253,223	1.0%	45.0%
Black	278,258	272,865	277,678	275,231	260,790	282,181	279,163	0.1%	49.6%
Hispanic, American Indian or Asian	4,140	4,924	5,843	6,488	7,042	22,084	22,377	32.5%	4.0%
Other/Unknown	22,707	22,187	21,872	21,905	21,139	7,730	8,545	-15.0%	1.5%
Total	543,537	539,251	546,272	546,140	527,078	562,801	563,308	0.6%	100.0%
By Sex									
Female	344,239	337,439	338,728	336,467	322,644	341,391	339,629	-0.2%	60.3%
Male	193,176	195,522	200,646	202,230	196,812	214,684	216,138	1.9%	38.4%
Unknown	6,122	6,290	6,898	7,443	7,622	6,726	7,541	3.5%	1.3%
Total	543,537	539,251	546,272	546,140	527,078	562,801	563,308	0.6%	100.0%

Source: Health Care Financing Administration-Form HCFA 2082 for federal fiscal years

ALABAMA

SOUTHERN REGION MEDICAID PROFILE

PAYMENTS BY OTHER CHARACTERISTICS

	FFY 94	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	Annual Change	Share of Total FFY 00
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	\$662,592,590	\$698,745,100	\$608,945,773	\$646,168,737	\$602,257,731	\$633,766,270	\$683,215,328	0.5%	38.2%
Poverty Related Eligibles	\$445,454,643	\$503,382,092	\$514,790,907	\$170,810,424	\$178,124,687	\$354,031,879	\$283,684,202	-7.2%	15.9%
Medically Needy	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a	0.0%
Other Eligibles	\$203,004,522	\$218,624,893	\$184,828,392	\$607,526,099	\$607,215,547	\$706,832,522	\$820,330,702	26.2%	45.9%
Maintenance Assistance Status Unknown	\$784,762	\$34,240,010	\$152,536,013	\$146,698,481	\$225,812,787	\$138,709,897	\$0	-100.0%	0.0%
Total	\$1,311,836,517	\$1,454,992,095	\$1,461,101,085	\$1,571,203,741	\$1,613,410,752	\$1,833,340,568	\$1,787,230,232	5.3%	100.0%
By Basis of Eligibility									
Aged, Blind or Disabled	\$940,453,294	\$1,046,491,356	\$1,013,421,923	\$1,140,949,944	\$1,148,109,264	\$1,261,859,857	\$1,405,993,785	6.9%	78.7%
Children	\$191,183,199	\$193,833,249	\$140,069,631	\$191,018,520	\$189,774,558	\$283,399,186	\$189,840,679	-0.1%	10.6%
Foster Care Children	\$4,815,441	\$9,707,101	\$9,743,579	\$16,062,702	\$17,824,964	\$25,409,692	\$38,827,608	41.6%	2.2%
Adults	\$174,599,821	\$170,720,379	\$145,329,084	\$76,474,094	\$31,649,422	\$117,218,923	\$148,842,655	-2.6%	8.3%
Basis of Eligibility Unknown	\$784,762	\$34,240,010	\$152,536,868	\$146,698,481	\$226,052,544	\$145,452,910	\$3,725,505	29.6%	0.2%
Total	\$1,311,836,517	\$1,454,992,095	\$1,461,101,085	\$1,571,203,741	\$1,613,410,752	\$1,833,340,568	\$1,787,230,232	5.3%	100.0%
By Age									
Under Age 1	\$66,046,869	\$69,000,694	\$21,718,398	\$23,397,438	\$22,820,090	\$30,129,124	\$34,942,192	-10.1%	2.0%
Age 1 to 5	\$118,465,241	\$118,393,096	\$89,906,107	\$76,335,290	\$67,146,102	\$78,629,298	\$88,747,075	-4.7%	5.0%
Age 6 to 14	\$67,137,104	\$79,648,012	\$76,274,758	\$82,732,315	\$137,866,379	\$228,971,556	\$135,058,186	12.4%	7.6%
Age 15 to 20	\$87,591,733	\$89,616,766	\$79,740,778	\$76,750,734	\$45,768,326	\$94,268,784	\$111,659,439	4.1%	6.2%
Age 21 to 44	\$287,541,476	\$301,831,978	\$268,187,264	\$265,892,369	\$204,968,841	\$277,967,020	\$321,785,063	1.9%	18.0%
Age 45 to 64	\$182,334,479	\$207,550,327	\$192,938,509	\$216,275,333	\$222,425,685	\$246,269,985	\$291,750,032	8.1%	16.3%
Age 65 to 74	\$102,273,158	\$111,382,655	\$118,644,726	\$140,790,737	\$138,305,521	\$147,230,394	\$164,305,139	8.2%	9.2%
Age 75 to 84	\$182,097,708	\$195,848,563	\$203,861,863	\$236,822,941	\$233,796,571	\$247,214,550	\$274,284,772	7.1%	15.3%
Age 85 and Over	\$217,436,770	\$247,536,114	\$257,348,370	\$306,824,223	\$315,444,008	\$343,949,958	\$364,698,334	9.0%	20.4%
Age Unknown	\$911,979	\$34,183,890	\$152,480,312	\$145,382,361	\$224,869,229	\$138,709,899	\$0	-100.0%	0.0%
Total	\$1,311,836,517	\$1,454,992,095	\$1,461,101,085	\$1,571,203,741	\$1,613,410,752	\$1,833,340,568	\$1,787,230,232	5.3%	100.0%
By Race									
White	\$746,667,929	\$817,806,916	\$779,375,247	\$861,507,068	\$827,945,714	\$951,526,090	\$1,057,278,279	6.0%	59.2%
Black	\$494,930,645	\$527,068,448	\$463,114,382	\$493,712,277	\$438,942,699	\$544,338,912	\$633,781,223	4.2%	35.5%
Hispanic, American Indian or Asian	\$6,257,278	\$7,657,954	\$6,487,149	\$6,966,565	\$6,064,149	\$191,261,918	\$86,540,545	54.9%	4.8%
Other/Unknown	\$63,980,665	\$102,458,777	\$212,124,307	\$209,017,831	\$340,458,190	\$146,213,648	\$9,630,185	-27.1%	0.5%
Total	\$1,311,836,517	\$1,454,992,095	\$1,461,101,085	\$1,571,203,741	\$1,613,410,752	\$1,833,340,568	\$1,787,230,232	5.3%	100.0%
By Sex									
Female	\$898,392,959	\$966,579,837	\$908,405,172	\$994,732,988	\$901,546,013	\$1,077,677,892	\$1,215,220,738	5.2%	68.0%
Male	\$403,923,942	\$443,200,940	\$395,672,055	\$427,195,176	\$428,860,075	\$488,061,795	\$555,778,269	5.5%	31.1%
Unknown	\$9,519,616	\$45,211,318	\$157,023,858	\$149,275,577	\$283,004,664	\$267,600,881	\$16,231,225	9.3%	0.9%
Total	\$1,311,836,517	\$1,454,992,095	\$1,461,101,085	\$1,571,203,741	\$1,613,410,752	\$1,833,340,568	\$1,787,230,232	5.3%	100.0%

Source: Health Care Financing Administration-Form HCFA 2082 for federal fiscal years

ALABAMA

SOUTHERN REGION MEDICAID PROFILE

AVERAGE PAYMENT PER RECIPIENT BY OTHER CHARACTERISTICS

	FFY 94	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	Annual Change	Above (+) or Below (-) SLC Avg. FFY 00
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	\$2,155.25	\$2,388.59	\$2,126.96	\$2,349.18	\$2,595.97	\$2,954.76	\$3,987.95	10.8%	-8.6%
Poverty Related Eligibles	\$7,968.06	\$9,236.54	\$9,655.47	\$2,612.94	\$813.25	\$1,279.42	\$1,003.29	-29.2%	-42.7%
Medically Needy	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	n/a	-100.0%
Other Eligibles	\$1,133.38	\$1,142.11	\$897.93	\$2,988.21	\$8,163.15	\$10,083.49	\$7,509.85	37.0%	8.5%
Maintenance Assistance Status Unknown	\$723.28	\$43,069.19	\$186,246.66	\$61,124.37	\$135,460.58	\$92,473.26	\$0.00	-100.0%	-100.0%
Total	\$2,413.52	\$2,698.17	\$2,674.68	\$2,876.92	\$3,061.05	\$3,257.53	\$3,172.74	4.7%	-13.6%
By Basis of Eligibility									
Aged, Blind or Disabled	\$4,780.62	\$5,163.63	\$4,876.42	\$5,409.06	\$5,453.06	\$5,823.91	\$6,443.78	5.1%	-22.0%
Children	\$782.64	\$794.40	\$559.94	\$691.73	\$722.82	\$1,045.29	\$695.83	-1.9%	-41.7%
Foster Care Children	\$1,854.23	\$3,371.69	\$3,423.60	\$4,322.58	\$4,414.31	\$5,483.32	\$7,804.54	27.1%	107.8%
Adults	\$1,766.28	\$1,920.11	\$1,717.13	\$1,444.43	\$658.70	\$1,780.50	\$2,314.42	4.6%	19.0%
Basis of Eligibility Unknown	\$723.28	\$43,069.19	\$185,793.99	\$61,073.47	\$118,912.44	\$32,009.88	\$1,241.42	9.4%	-37.7%
Total	\$2,413.52	\$2,698.17	\$2,674.68	\$2,876.92	\$3,061.05	\$3,257.53	\$3,172.74	4.7%	-13.6%
By Age									
Under Age 1	\$2,193.45	\$2,328.51	\$772.81	\$827.73	\$815.91	\$1,075.89	\$1,206.86	-9.5%	-61.3%
Age 1 to 5	\$917.38	\$922.27	\$702.47	\$620.45	\$601.80	\$670.42	\$767.76	-2.9%	-38.5%
Age 6 to 14	\$726.46	\$829.87	\$718.69	\$737.37	\$1,237.80	\$1,812.10	\$1,083.08	6.9%	-22.0%
Age 15 to 20	\$1,924.25	\$2,050.02	\$1,825.44	\$1,815.60	\$1,061.96	\$1,720.04	\$1,932.29	0.1%	-14.4%
Age 21 to 44	\$2,584.20	\$2,878.98	\$2,609.92	\$2,662.46	\$2,193.75	\$2,896.33	\$3,447.64	4.9%	-16.4%
Age 45 to 64	\$4,101.37	\$4,445.47	\$3,964.79	\$4,267.05	\$4,312.83	\$4,553.39	\$5,154.41	3.9%	-33.9%
Age 65 to 74	\$3,127.62	\$3,403.18	\$3,663.80	\$4,344.32	\$4,346.91	\$4,686.48	\$5,159.69	8.7%	-17.5%
Age 75 to 84	\$5,570.78	\$6,102.91	\$6,509.21	\$7,604.13	\$7,729.32	\$8,524.64	\$9,198.94	8.7%	4.3%
Age 85 and Over	\$8,932.21	\$10,091.98	\$10,460.89	\$12,171.70	\$12,463.71	\$13,636.90	\$14,776.48	8.8%	19.9%
Age Unknown	\$1,016.70	\$50,344.46	\$236,037.63	\$137,672.69	\$333,139.60	\$211,448.02	\$0.00	-100.0%	-100.0%
Total	\$2,413.52	\$2,698.17	\$2,674.68	\$2,876.92	\$3,061.05	\$3,257.53	\$3,172.74	4.7%	-13.6%
By Race									
White	\$3,131.58	\$3,417.85	\$3,235.55	\$3,552.37	\$3,477.20	\$3,793.87	\$4,175.29	4.9%	-3.1%
Black	\$1,778.68	\$1,931.61	\$1,667.81	\$1,793.81	\$1,683.13	\$1,929.04	\$2,270.29	4.2%	-19.7%
Hispanic, American Indian or Asian	\$1,511.42	\$1,555.23	\$1,110.24	\$1,073.76	\$861.14	\$8,660.66	\$3,867.39	17.0%	79.4%
Other/Unknown	\$2,817.66	\$4,617.96	\$9,698.44	\$9,542.01	\$16,105.69	\$18,915.09	\$1,127.00	-14.2%	-80.8%
Total	\$2,413.52	\$2,698.17	\$2,674.68	\$2,876.92	\$3,061.05	\$3,257.53	\$3,172.74	4.7%	-13.6%
By Sex									
Female	\$2,609.79	\$2,864.46	\$2,681.81	\$2,956.41	\$2,794.24	\$3,156.73	\$3,578.08	5.4%	-3.3%
Male	\$2,090.96	\$2,266.76	\$1,971.99	\$2,112.42	\$2,179.03	\$2,273.40	\$2,571.40	3.5%	-28.1%
Unknown	\$1,554.98	\$7,187.81	\$22,763.68	\$20,055.83	\$37,129.97	\$39,786.04	\$2,152.40	5.6%	-56.7%
Total	\$2,413.52	\$2,698.17	\$2,674.68	\$2,876.92	\$3,061.05	\$3,257.53	\$3,172.74	4.7%	-13.6%

Source: Health Care Financing Administration-Form HCFA 2082 for federal fiscal years

SOUTHERN REGION MEDICAID PROFILE

ADDITIONAL STATE HEALTH CARE INFORMATION

Sources: "Major Health Care Policies: 50 State Profiles", Health Policy Tracking Service, January, 2001; and "Medicaid Services State by State", HCFA, October 2000.

*Information supplied by State Medicaid Agency

Waivers

A Freedom of Choice Waiver, approved under Title XIX, Section 1915 (b) of the Social Security Act, operating since October 1, 1988, established a coordinated system of pregnancy-related services in 66 of 67 counties.

Several Home and Community Based Service Waivers, under Section 1915 (c), enable the state to provide long-term care services to people who otherwise would require institutionalization. These waivers include:

- Mental Retardation/Developmental Disabilities: Serves 3,290 people, operating since October 1, 1980.
- Aged and Disabled: Serves 6,316 people, operating since October 1, 1984.
- Physical Disabilities: Serves 362 people, operating since April 1, 1992.

Primary Care Case Management Waiver, Section 1915 (b) was implemented in January of 1997 in all of the 67 counties. The program will pay physicians \$3 per member per month up to a maximum of 1,000 eligibles per physician. The physician will act as the gatekeeper for recipients.

Managed Care

- Any Willing Provider Clause: For pharmacies only. HMO's with pharmacies located on-site are exempt. Independent pharmacies are reimbursed at the same rate as contract providers as long as they meet the requirements and standards for participation.
- The state contracts with 8 regional Prepaid Health Plans (PHP) to provide inpatient hospital services to all eligibles except Medicare Part A only recipients. The PHPs receive a per member per month capitated rate for each eligible in their region.

Coverage for Targeted Population

- The Uninsured: The State pays disproportionate share payments to the Prepaid Health Plan for payments to member hospitals that provide indigent care.

Cost Containment Measures

- Certificate of Need Program since 1978. Regulates introduction or expansion of new institutional health facilities and services. 1993 exemption from certificate of need review for health care services of rural hospitals.
- Significant increase in the thresholds for state review of expenditures for capital and operating costs for existing HMO's and facilities in 1994.
- Revised CON laws in 1998 to extend the review period of projects and made changes to appeal procedures related to CON decisions.
- Rate setting. Prospective payment/per diem methodology used for Medicaid.
- Pharmacy Benefit Manager program implemented in 1998 to control increasing costs in the pharmacy program.

Medicaid

- 15 optional services are offered.
- Provider tax on hospitals repealed March 1, 1993.
- In 1998, Alabama implemented a program to pay for non-emergency transportation (due to judicial intervention); payments are made through a voucher system.
- Enacted legislation in 2000 that requires Medicaid to provide coverage for breast reconstructive surgery following a medically necessary mastectomy.

SOUTHERN REGION MEDICAID PROFILE

Children's Health Insurance Program: A Combination of Private Insurance and a Medicaid Expansion

- CHIP in Alabama is administered by the Alabama Department of Public Health. Phase I, approved by HCFA on January 30, 1998, is an expansion of Medicaid to cover children/adolescents through age 18 in families with incomes up to 100% of the FPL. The state had enrolled 20,000 new eligibles by September of 2000.
- Phase II (AL-Kids), approved by HCFA on August 18, 1998, is a separate state children's health insurance plan to cover children/adolescents up to age 19 in families with incomes up to 200% of the FPL. The state had enrolled 38,980 new children by September of 2000.
- AL Kids Plus, approved on September 28, 1998, provides a supplementary set of services for children with special health care needs.
- For families with incomes up to 150% of the FPL, there are no cost sharing obligations.
- Families with incomes between 150% and 200% of the FPL, the premium can be paid annually at \$50 per child/adolescent, or monthly at \$6 per child/adolescent for 10 months (\$60 annual total).
- There are no co-payments for preventive services, well-baby care, immunizations, and physical examinations.

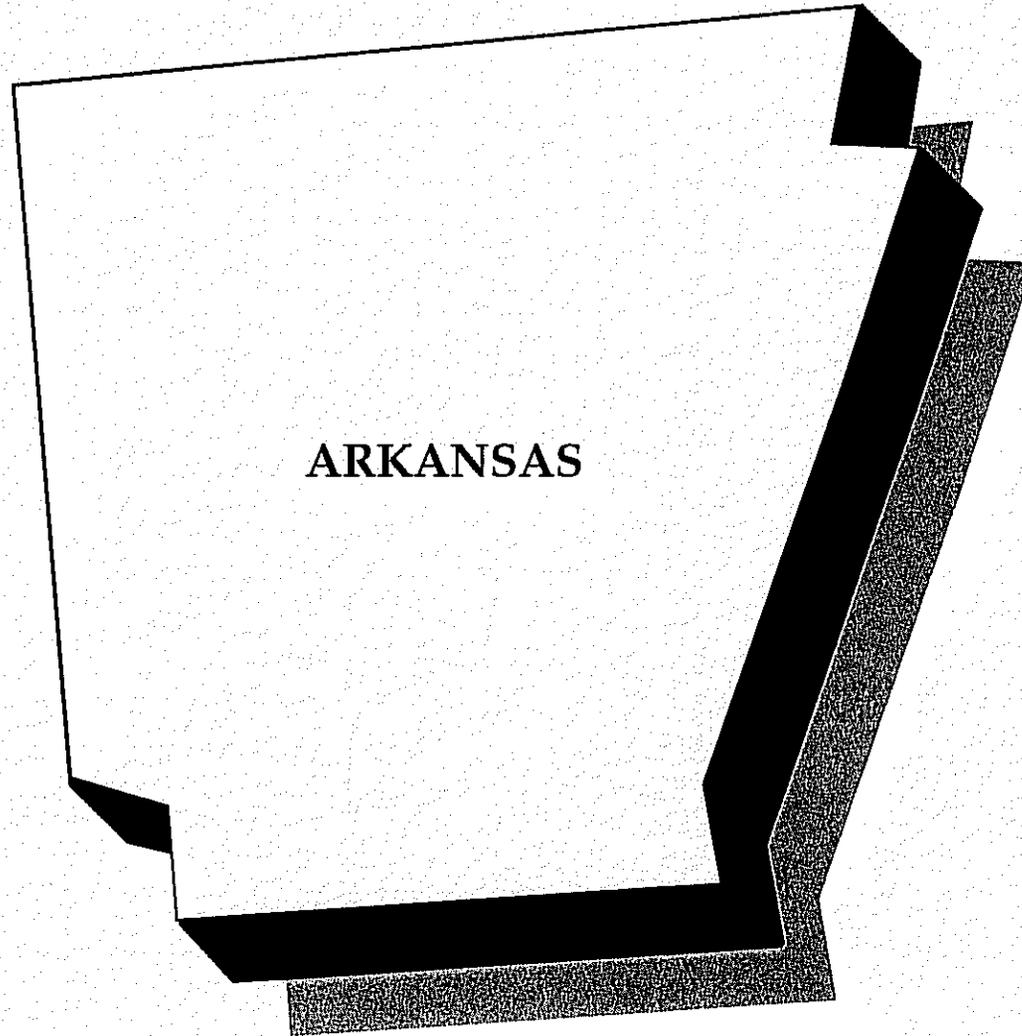
- Other cost sharing provisions include:
 - \$3 co-payment for brand name prescriptive drugs
 - \$1 co-payment for generic prescriptive drugs
 - \$5 co-payment for inpatient hospital care, physician visits, emergency services, urgent care, inpatient chemical dependency care, and dental services

Tobacco Settlement

- The state expects to receive approximately \$3.17 billion over 25 years.
 - For Fiscal Year 2000, the tobacco settlement payment was approximately \$132 million.
 - The model statute, required by the Master Settlement Agreement, was enacted to receive tobacco money allotted to the state.
- The 21st Century Fund--\$50 million for debt service on bonds to create 5 industrial development authorities.
Children's First Program--up to \$60 million in FY 2000, \$65 million in FY 2001, and \$70 million in FY 2002. The monies are to be used for boot camps, school safety, juvenile probation officers, and alternative schools.
Medicaid--up to \$40 million through FY 2001, and \$45 million thereafter.
Senior Services Trust--up to \$3 million from the general fund.

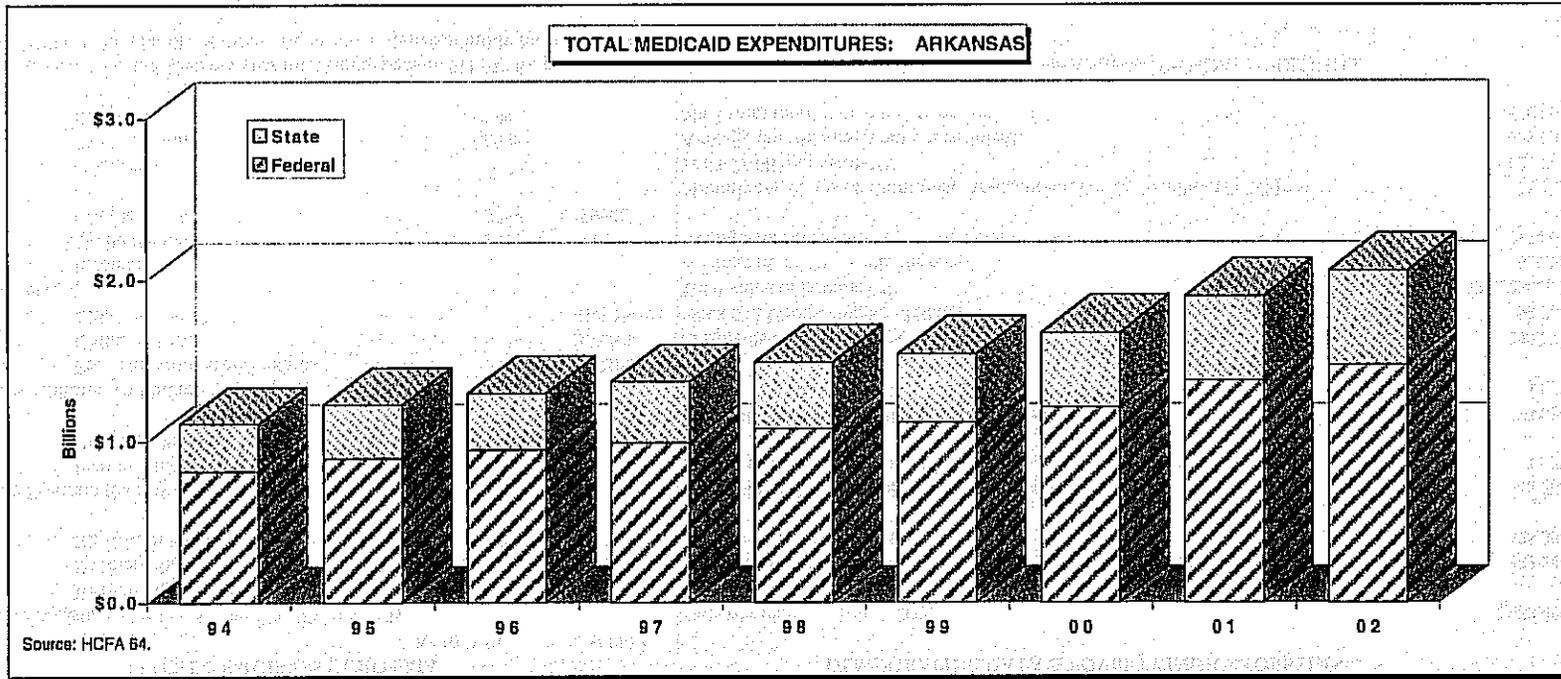
ALABAMA

STATE MEDICAID PROFILES



ARKANSAS

SOUTHERN REGION MEDICAID PROFILE



	FFY 94	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00*	FFY 01**	FFY 02**	Annual Rate of Change	Total Change 94-02
Medicaid Payments	\$1,066,487,930	\$1,183,573,889	\$1,243,068,403	\$1,302,627,000	\$1,407,017,402	\$1,460,724,048	\$1,581,361,881	\$1,797,145,000	\$1,949,667,000	7.8%	82.8%
Federal Share	\$794,567,518	\$873,122,323	\$915,615,280	\$955,084,000	\$1,025,895,613	\$1,066,890,276	\$1,156,198,568	\$1,319,750,000	\$1,419,137,000	7.5%	78.6%
State Share	\$271,920,412	\$310,451,566	\$327,453,123	\$347,543,000	\$381,121,789	\$393,833,772	\$425,163,313	\$477,395,000	\$530,530,000	8.7%	95.1%
Administrative Costs	\$40,586,419	\$44,860,158	\$57,576,753	\$67,083,092	\$86,229,103	\$84,855,266	\$94,524,637	\$100,751,000	\$104,025,000	12.5%	156.3%
Federal Share	\$23,172,647	\$25,106,078	\$32,744,192	\$38,908,941	\$51,779,665	\$49,839,110	\$56,421,645	\$60,324,000	\$59,015,000	12.4%	154.7%
State Share	\$17,413,772	\$19,754,080	\$24,832,561	\$28,174,151	\$34,449,438	\$35,016,156	\$38,102,992	\$40,427,000	\$45,010,000	12.6%	158.5%
Admin. Costs as % of Payments	3.81%	3.79%	4.63%	5.15%	6.13%	5.81%	6.39%	6.39%	6.39%		
Federal Match Rate*	74.46%	73.75%	73.61%	73.29%	72.84%	72.96%	72.85%	73.02%	72.64%		

*Rate shown is for Medicaid payments only. The FMAP (Federal Medical Assistance Percentage) is based on the relationship between each state's per capita personal income and that of the nation as a whole for the three most recent years. Federal share of state administrative costs is usually 50 percent or 75 percent, depending on function and whether or not medical personnel are used. **Federal Fiscal Years 01 and 02 reflect latest estimates reported by each state.

ARKANSAS

SOUTHERN REGION MEDICAID PROFILE

STATE FINANCING

	Payments		Administration	
	FFY 94	FFY 00	FFY 94	FFY 00
State General Fund	\$271,920,412	\$424,100,857	\$17,413,772	\$38,102,992
Local Funds	\$0	\$0	\$0	\$0
Provider Taxes	\$0	\$0	\$0	\$0
Donations*	\$0	\$1,062,456	\$0	\$0
Other	\$0	\$0	\$0	\$0
Total State Share	\$271,920,412	\$425,163,313	\$17,413,772	\$38,102,992

*Permissible donations from the Campaign for Healthier Babies and Outstationed Eligibility Workers Programs.

Provider(s)	Provider Taxes Currently in Place (FFY 00)	Amount
	NO PROVIDER TAXES in place for FFY 00. Quality Assurance Fee effective 01/12/01 on Nursing Facilities.	

DISPROPORTIONATE SHARE HOSPITAL (DSH) PAYMENTS

	FFY 94	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	FFY 01*	FFY 02*	Annual Change
General Hospitals	\$1,911,234	\$3,242,000	\$3,303,456	\$29,722,194	\$1,189,520	\$2,992,782	\$2,256,113	\$16,700,000	\$19,917,000	34.9%
Mental Hospitals	\$631,027	\$0	\$291,164	\$0	\$466,593	\$259,500	\$489,254	\$0	\$0	-100.0%
Total	\$2,542,261	\$3,242,000	\$3,594,620	\$29,722,194	\$1,656,113	\$3,252,282	\$2,745,367	\$16,700,000	\$19,917,000	33.0%

SELECTED ELIGIBILITY CRITERIA

	At 10/1/01	% of FPL*
TANF-Temporary Assistance for Needy Families (Family of 3)		
Income Eligibility Standard	\$223	18.3%
Payment Standard	\$204	16.7%
Maximum Payment	\$204	16.7%
Medically Needy Program (Family of 3)		
Income Eligibility Standard	\$275	
Resource Standard	\$3,200	
Pregnant Women, Children and Infants (% of FPL*)		
Pregnant women and infants		133.0%
Children 1 to 5		133.0%
Children 6 to 18		100.0%
SSI Eligibility Levels		
Income:		
Single Person	\$512	71.5%
Couple	\$769	79.5%
Resources:		
Single Person	\$2,000	
Couple	\$3,000	

DEMOGRAPHIC DATA & POVERTY INDICATORS (1999)

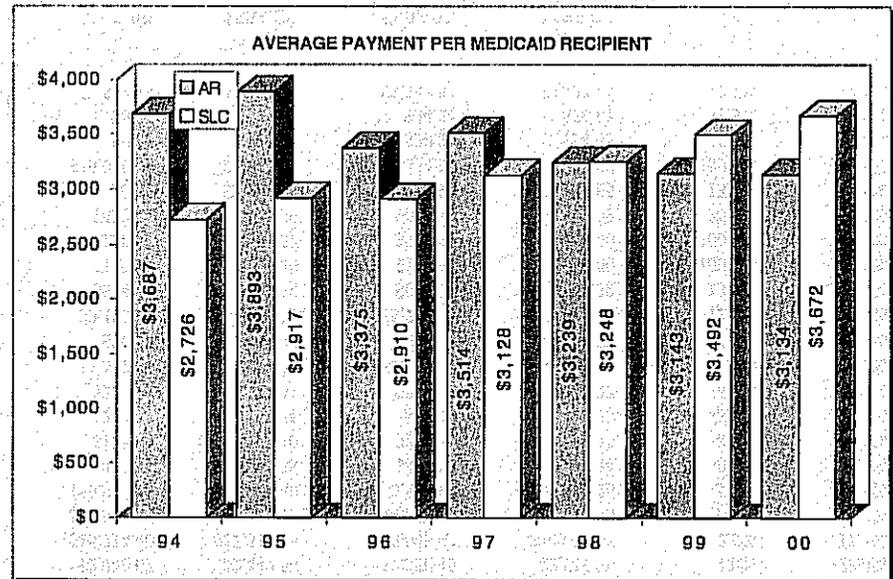
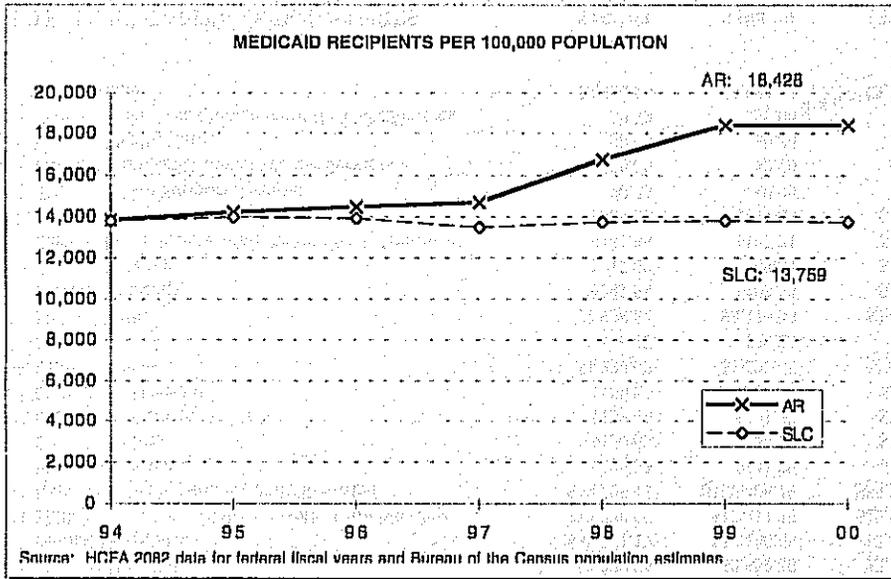
		Rank in U.S.
State population—July 1, 2000*	2,673,400	33
Per capita personal income**	\$22,244	46
Median household income**	\$28,398	50
Population below Federal Poverty Level on July 1, 2000*	312,788	
Percent of total population	11.7%	8
Population without health insurance coverage*	375,000	31
Percent of total population	14.7%	21
Recipients of Food Stamps***	246,572	24
Households receiving Food Stamps***	98,764	27
Total value of issuance***	\$206,236,378	26
Average monthly benefit per recipient	\$69.70	27
Average monthly benefit per household	\$174.01	
Monthly recipients of Temporary Assistance to Needy Families (TANF)****	28,113	35
Total TANF payments****	\$71,622,709	41
Average monthly payment per recipient	\$212.31	
Maximum monthly payment per family of 3	\$204.00	44

*Current federal poverty level is \$8,590 per year for a single person, \$11,610 for a family of two and \$14,630 for a family of three. Table above shows monthly income levels.

*Bureau of the Census. **Bureau of Economic Analysis. ***USDA. ****USDHHS.

ARKANSAS

SOUTHERN REGION MEDICAID PROFILE



DATA BY TYPE OF SERVICES (Includes Fee-For-Service and Waivers)

RECIPIENTS BY TYPE OF SERVICES

	FFY 94	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	Annual Change
01. General Hospital	70,256	74,802	72,257	72,761	72,883	74,858	74,165	0.9%
02. Mental Hospital	2,456	2,707	2,645	3,093	3,146	3,427	2,945	3.1%
03. Skilled and Intermediate (non-MR) Care Nursing	21,693	21,710	21,745	21,722	21,486	20,815	20,500	-0.9%
04. Intermediate Care for Mentally Retarded	1,895	1,885	1,882	1,898	1,867	1,842	1,848	-0.4%
05. Physician Services	259,184	259,199	263,458	260,782	271,538	291,717	344,085	4.8%
06. Dental Services	46,307	47,842	51,473	51,012	37,433	61,045	67,796	6.6%
07. Other Practitioners	65,650	67,307	71,465	74,150	77,588	83,444	109,616	8.9%
08. Outpatient Hospital	152,681	159,953	158,456	155,223	160,321	175,975	183,658	3.1%
09. Clinic Services	59,406	68,682	75,841	77,550	80,534	49,275	147,492	16.4%
10. Lab and X-Ray	115,777	119,184	119,257	121,022	120,126	127,064	128,295	1.7%
11. Home Health	19,472	21,103	22,379	23,728	9,966	10,379	8,793	-12.4%
12. Prescribed Drugs	257,861	253,181	255,211	254,079	262,907	277,809	290,647	2.0%
13. Family Planning	17,211	18,204	19,667	16,832	50,089	65,151	0	-100.0%
14. Early & Periodic Screening, Diagnosis & Treatment	80,748	83,177	84,486	83,487	100,589	113,839	0	-100.0%
15. Other Care	178,193	257,851	266,878	285,011	100,502	134,344	134,241	-4.6%
16. Personal Care Support Services	0	0	0	0	30,524	18,403	40,452	15.1%
17. Home/Community Based Waiver Services	3	0	1	14	9,369	9,923	0	-100.0%
18. Prepaid Health Care	0	0	0	0	244,768	327,274	335,048	17.0%
19. Primary Care Case Management (PCCM) Services	0	0	0	0	243,266	259,949	311,176	13.1%
Total*	339,920	353,370	362,635	370,386	424,727	467,716	492,657	6.4%

*Annual totals for each service and for the grand total reflect unduplicated recipient counts. The grand total, therefore, may not equal the sum of the totals for each service.

ARKANSAS

SOUTHERN REGION MEDICAID PROFILE

<u>PAYMENTS BY TYPE OF SERVICES</u>	<u>FFY 94</u>	<u>FFY 95</u>	<u>FFY 96</u>	<u>FFY 97</u>	<u>FFY 98</u>	<u>FFY 99</u>	<u>FFY 00</u>	<u>Annual Change</u>	<u>Share of Total FFY 00</u>
01. General Hospital	\$226,860,874	\$200,648,777	\$167,910,134	\$178,022,346	\$178,532,888	\$174,302,838	\$186,893,140	-3.2%	12.1%
02. Mental Hospital	\$77,538,839	\$81,699,059	\$47,235,015	\$47,058,129	\$54,470,602	\$51,552,471	\$41,438,137	-9.9%	2.7%
03. Skilled and Intermediate (non-MR) Care Nursing	\$312,337,817	\$334,589,129	\$295,537,244	\$304,806,335	\$300,012,732	\$297,726,435	\$303,932,188	-0.5%	19.7%
04. Intermediate Care for Mentally Retarded	\$174,728,753	\$202,460,593	\$104,870,985	\$106,224,955	\$108,852,817	\$117,053,764	\$121,199,743	-5.9%	7.9%
05. Physician Services	\$106,143,618	\$114,459,997	\$117,986,530	\$119,369,382	\$120,802,774	\$121,343,628	\$137,063,336	4.4%	8.9%
06. Dental Services	\$6,975,129	\$7,849,726	\$8,901,872	\$8,973,855	\$7,789,946	\$13,574,698	\$16,265,060	15.2%	1.1%
07. Other Practitioners	\$9,153,397	\$12,907,321	\$15,138,697	\$16,634,125	\$7,022,549	\$7,351,221	\$12,379,283	5.2%	0.8%
08. Outpatient Hospital	\$27,567,963	\$32,452,727	\$32,644,267	\$34,958,826	\$37,099,507	\$43,804,138	\$47,248,972	9.4%	3.1%
09. Clinic Services	\$72,956,165	\$89,262,264	\$101,577,032	\$112,660,243	\$128,802,658	\$135,575,884	\$168,141,824	14.9%	10.9%
10. Lab and X-Ray	\$11,166,264	\$11,829,129	\$11,058,661	\$10,924,377	\$11,348,972	\$11,034,906	\$11,647,823	0.7%	0.8%
11. Home Health	\$57,224,996	\$65,810,373	\$67,335,339	\$73,575,143	\$13,985,570	\$18,588,833	\$11,866,404	-23.1%	0.8%
12. Prescribed Drugs	\$88,069,017	\$102,114,998	\$115,070,827	\$135,757,334	\$150,891,615	\$183,226,701	\$211,393,186	15.7%	13.7%
13. Family Planning	\$2,029,043	\$1,912,200	\$2,062,953	\$1,853,557	\$8,389,414	\$12,287,482	\$0	-100.0%	0.0%
14. Early & Periodic Screening, Diagnosis & Treatment	\$14,693,045	\$16,236,968	\$17,438,495	\$20,919,649	\$55,748,372	\$62,574,485	\$0	-100.0%	0.0%
15. Other Care	\$65,754,920	\$101,606,000	\$119,071,068	\$129,240,501	\$54,129,482	\$88,554,496	\$154,631,115	15.3%	10.0%
16. Personal Care Support Services	\$0	\$0	\$0	\$0	\$84,465,101	\$61,907,335	\$84,336,505	-0.1%	5.5%
17. Home/Community Based Waiver Services	\$1,500	\$0	\$85	\$614,998	\$43,604,265	\$53,135,928	\$0	-100.0%	0.0%
18. Prepaid Health Care	\$0	\$0	\$0	\$0	\$4,359,975	\$9,908,138	\$11,575,817	62.9%	0.7%
19. Primary Care Case Management (PCCM) Services	\$0	\$0	\$0	\$0	\$5,488,182	\$6,300,624	\$23,902,112	108.7%	1.5%
Total (excludes DSH pymts, pharmacy rebates, & other adjs.)	\$1,253,201,340	\$1,375,839,261	\$1,223,839,204	\$1,301,593,755	\$1,375,797,421	\$1,469,804,005	\$1,543,914,645	-3.5%	100.0%

AVERAGE PAYMENTS PER RECIPIENT BY TYPE OF SERVICES

									(+) or (-) SLC Avg. FFY 00
01. General Hospital	\$3,229.06	\$2,682.40	\$2,323.79	\$2,446.67	\$2,449.58	\$2,328.45	\$2,519.96	-4.0%	-28.3%
02. Mental Hospital	\$31,571.19	\$30,180.66	\$17,858.23	\$15,214.40	\$17,314.24	\$15,043.03	\$14,070.67	-12.6%	11.4%
03. Skilled and Intermediate (non-MR) Care Nursing	\$14,398.09	\$15,411.75	\$13,591.04	\$14,032.15	\$13,963.17	\$14,303.46	\$14,825.96	0.5%	-17.3%
04. Intermediate Care for Mentally Retarded	\$92,205.15	\$107,406.15	\$55,723.16	\$55,966.78	\$58,303.60	\$63,547.10	\$65,584.28	-5.5%	-5.6%
05. Physician Services	\$409.53	\$441.59	\$447.84	\$457.74	\$444.88	\$415.96	\$398.34	-0.5%	4.1%
06. Dental Services	\$150.63	\$164.08	\$172.94	\$175.92	\$208.10	\$222.37	\$239.91	8.1%	0.3%
07. Other Practitioners	\$139.43	\$191.77	\$211.83	\$224.33	\$90.51	\$88.10	\$112.93	-3.5%	-32.9%
08. Outpatient Hospital	\$180.56	\$202.89	\$206.01	\$225.22	\$231.41	\$248.92	\$257.27	6.1%	-43.1%
09. Clinic Services	\$1,228.09	\$1,299.65	\$1,339.34	\$1,452.74	\$1,599.36	\$2,751.41	\$1,140.01	-1.2%	67.9%
10. Lab and X-Ray	\$96.45	\$99.25	\$92.73	\$90.27	\$94.48	\$86.85	\$90.79	-1.0%	-9.9%
11. Home Health	\$2,938.84	\$3,118.53	\$3,008.86	\$3,100.77	\$1,403.33	\$1,791.00	\$1,349.53	-12.2%	-52.9%
12. Prescribed Drugs	\$341.54	\$403.33	\$450.89	\$534.31	\$573.94	\$659.54	\$727.32	13.4%	-23.6%
13. Family Planning	\$117.89	\$105.04	\$104.89	\$110.12	\$167.49	\$188.60	\$0.00	-100.0%	-100.0%
14. Early & Periodic Screening, Diagnosis & Treatment	\$181.96	\$195.21	\$206.41	\$250.57	\$554.22	\$549.68	\$0.00	-100.0%	-100.0%
15. Other Care	\$369.01	\$394.05	\$446.16	\$453.46	\$538.59	\$659.16	\$1,151.89	20.9%	6.5%
16. Personal Care Support Services	\$0.00	\$0.00	\$0.00	\$0.00	\$2,767.17	\$3,363.98	\$2,084.85	-13.2%	42.6%
17. Home/Community Based Waiver Services	\$500.00	\$0.00	\$85.00	\$43,928.43	\$4,654.10	\$5,354.82	\$0.00	-100.0%	-100.0%
18. Prepaid Health Care	\$0.00	\$0.00	\$0.00	\$0.00	\$17.81	\$30.27	\$34.55	39.3%	-95.0%
19. Primary Care Case Management (PCCM) Services	\$0.00	\$0.00	\$0.00	\$0.00	\$22.56	\$24.24	\$76.81	84.5%	54.0%
Total (Average)	\$3,686.75	\$3,893.48	\$3,374.85	\$3,514.15	\$3,239.25	\$3,142.51	\$3,133.85	-2.7%	-14.6%

TOTAL PER CAPITA EXPENDITURES	\$450.98	\$494.39	\$518.95	\$542.85	\$588.29	\$608.90	\$626.87	5.6%	2.4%
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ARKANSAS

SOUTHERN REGION MEDICAID PROFILE
DATA BY OTHER CHARACTERISTICS

RECIPIENTS BY OTHER CHARACTERISTICS

	<u>FFY 94</u>	<u>FFY 95</u>	<u>FFY 96</u>	<u>FFY 97</u>	<u>FFY 98</u>	<u>FFY 99</u>	<u>FFY 00</u>	<u>Annual</u> <u>Change</u>	<u>Share of Total</u> <u>FFY 00</u>
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	185,017	184,486	182,512	181,216	157,450	67,771	155,236	-2.9%	31.5%
Poverty Related Eligibles	44,060	47,414	48,679	106,462	162,638	229,270	141,798	21.5%	28.8%
Medically Needy	29,889	33,278	36,126	24,396	33,542	119,021	29,966	0.0%	6.1%
Other Eligibles	78,054	84,850	91,616	54,633	63,045	51,654	56,239	-5.3%	11.4%
Maintenance Assistance Status Unknown	2,900	3,342	3,702	3,679	8,052	0	109,418	83.1%	22.2%
Total	339,920	353,370	362,635	370,386	424,727	467,716	492,657	6.4%	100.0%
By Basis of Eligibility									
Aged, Blind, or Disabled	135,434	140,017	144,034	144,429	147,253	154,490	154,848	2.3%	31.4%
Children	112,370	119,702	124,634	98,140	179,405	238,449	179,964	8.2%	36.5%
Foster Care Children	30,669	31,644	33,970	3,720	4,994	5,675	6,020	-23.8%	1.2%
Adults	58,547	58,665	56,295	120,418	85,023	69,102	42,495	-5.2%	8.6%
Basis of Eligibility Unknown	2,900	3,342	3,702	3,679	8,052	0	109,330	83.1%	22.2%
Total	339,920	353,370	362,635	370,386	424,727	467,716	492,657	6.4%	100.0%
By Age									
Under Age 1	15,105	14,903	15,583	15,656	16,248	16,353	16,697	1.7%	3.4%
Age 1 to 5	69,168	70,569	71,121	72,343	77,228	83,910	88,683	4.2%	18.0%
Age 6 to 14	60,571	66,447	70,723	75,862	93,906	107,960	118,029	11.8%	24.0%
Age 15 to 20	30,680	32,394	33,444	33,963	48,658	59,769	65,607	13.5%	13.3%
Age 21 to 44	69,563	71,530	72,628	73,727	88,600	98,225	100,997	6.4%	20.5%
Age 45 to 64	28,762	30,256	31,798	32,938	34,820	37,297	38,700	5.1%	7.9%
Age 65 to 74	21,973	22,039	21,985	21,693	21,708	21,746	21,834	-0.1%	4.4%
Age 75 to 84	23,868	23,991	23,904	23,318	22,996	22,967	22,798	-0.8%	4.6%
Age 85 and Over	18,570	19,158	19,481	19,420	19,644	19,489	19,312	0.7%	3.9%
Age Unknown	1,660	2,083	1,968	1,466	919	0	0	-100.0%	0.0%
Total	339,920	353,370	362,635	370,386	424,727	467,716	492,657	6.4%	100.0%
By Race									
White	198,897	208,516	215,381	221,553	257,363	284,370	298,436	7.0%	60.6%
Black	121,527	123,902	124,919	126,060	141,972	154,611	163,252	5.0%	33.1%
Hispanic, American Indian or Asian	2,877	3,487	4,505	5,566	7,145	9,025	10,718	24.5%	2.2%
Other/Unknown	16,619	17,465	17,830	17,207	18,247	19,710	20,251	3.3%	4.1%
Total	339,920	353,370	362,635	370,386	424,727	467,716	492,657	6.4%	100.0%
By Sex									
Female	213,853	220,716	225,181	229,053	266,608	293,446	306,532	6.2%	62.2%
Male	124,341	130,501	135,413	139,784	157,095	174,156	185,994	6.9%	37.8%
Unknown	1,726	2,153	2,041	1,549	1,024	114	131	-34.9%	0.0%
Total	339,920	353,370	362,635	370,386	424,727	467,716	492,657	6.4%	100.0%

Source: Health Care Financing Administration-Form HCFA 2082 for federal fiscal years

ARKANSAS

SOUTHERN REGION MEDICAID PROFILE

PAYMENTS BY OTHER CHARACTERISTICS

	<u>FFY 94</u>	<u>FFY 95</u>	<u>FFY 96</u>	<u>FFY 97</u>	<u>FFY 98</u>	<u>FFY 99</u>	<u>FFY 00</u>	<u>Annual Change</u>	<u>Share of Total FFY 00</u>
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	\$617,419,804	\$659,008,957	\$586,510,112	\$647,577,765	\$713,252,376	\$583,031,090	\$673,417,770	1.5%	43.6%
Poverty Related Eligibles	\$463,756,379	\$529,144,896	\$452,970,468	\$158,694,341	\$223,104,306	\$232,775,558	\$194,157,504	-13.5%	12.6%
Medically Needy	\$74,910,357	\$82,271,484	\$75,179,623	\$52,436,452	\$79,146,711	\$133,227,363	\$61,182,826	-3.3%	4.0%
Other Eligibles	\$89,382,294	\$95,401,305	\$100,204,667	\$495,044,115	\$596,207,736	\$520,769,994	\$553,553,765	35.5%	35.9%
Maintenance Assistance Status Unknown	\$7,732,506	\$10,012,619	\$8,974,334	(\$52,158,918)	(\$235,913,708)	\$0	\$61,602,780	n/a	4.0%
Total	\$1,253,201,340	\$1,375,839,261	\$1,223,839,204	\$1,301,593,755	\$1,375,797,421	\$1,469,804,005	\$1,543,914,645	3.5%	100.0%
By Basis of Eligibility									
Aged, Blind or Disabled	\$948,790,593	\$1,057,335,714	\$932,432,480	\$1,045,833,377	\$1,221,201,053	\$1,092,312,196	\$1,145,900,974	3.2%	74.2%
Children	\$122,706,764	\$121,348,165	\$119,728,789	\$132,652,261	\$262,322,716	\$274,639,721	\$245,685,898	12.3%	15.9%
Foster Care Children	\$98,082,198	\$107,676,152	\$91,868,256	\$23,617,550	\$28,862,820	\$31,604,090	\$30,187,220	-17.8%	2.0%
Adults	\$76,928,966	\$79,466,611	\$70,835,345	\$151,649,485	\$99,324,540	\$71,247,998	\$60,534,937	-3.9%	3.9%
Basis of Eligibility Unknown	\$6,692,819	\$10,012,619	\$8,974,334	(\$52,158,918)	(\$235,913,708)	\$0	\$61,605,616	n/a	4.0%
Total	\$1,253,201,340	\$1,375,839,261	\$1,223,839,204	\$1,301,593,755	\$1,375,797,421	\$1,469,804,005	\$1,543,914,645	3.5%	100.0%
By Age									
Under Age 1	\$57,033,349	\$50,823,422	\$49,434,512	\$52,940,599	\$69,985,612	\$55,521,032	\$63,987,820	1.9%	4.1%
Age 1 to 5	\$118,680,212	\$124,396,527	\$121,769,566	\$132,595,375	\$170,587,004	\$165,362,358	\$174,342,668	6.6%	11.3%
Age 6 to 14	\$123,264,045	\$134,348,337	\$116,357,580	\$124,677,872	\$157,649,124	\$157,385,935	\$162,072,446	4.7%	10.5%
Age 15 to 20	\$120,299,097	\$122,992,783	\$94,096,091	\$96,555,370	\$121,005,431	\$112,975,273	\$119,891,415	-0.1%	7.8%
Age 21 to 44	\$275,614,567	\$311,287,674	\$241,591,779	\$265,241,304	\$350,725,626	\$294,365,989	\$305,448,544	1.7%	19.8%
Age 45 to 64	\$148,515,401	\$176,681,456	\$161,752,417	\$200,004,257	\$239,447,900	\$219,951,594	\$235,675,182	8.0%	15.3%
Age 65 to 74	\$89,740,466	\$99,881,437	\$96,135,569	\$110,909,498	\$117,089,152	\$106,107,411	\$110,367,629	3.5%	7.1%
Age 75 to 84	\$147,357,661	\$163,475,608	\$159,722,700	\$178,342,427	\$181,078,028	\$164,862,704	\$172,841,376	2.7%	11.2%
Age 85 and Over	\$167,856,461	\$185,501,948	\$177,582,009	\$200,159,949	\$213,433,778	\$193,271,709	\$199,287,565	2.9%	12.9%
Age Unknown	\$4,840,081	\$6,450,069	\$5,396,981	(\$59,832,896)	(\$245,204,234)	\$0	\$0	n/a	0.0%
Total	\$1,253,201,340	\$1,375,839,261	\$1,223,839,204	\$1,301,593,755	\$1,375,797,421	\$1,469,804,005	\$1,543,914,645	3.5%	100.0%
By Race									
White	\$843,070,538	\$928,040,270	\$808,730,807	\$909,155,458	\$1,073,552,240	\$955,238,349	\$1,004,491,069	3.0%	65.1%
Black	\$326,610,670	\$350,586,362	\$320,347,612	\$350,607,983	\$425,077,863	\$384,171,520	\$399,917,652	3.4%	25.9%
Hispanic, American Indian or Asian	\$6,654,364	\$7,715,494	\$8,177,306	\$10,071,968	\$14,367,033	\$14,812,895	\$17,315,159	17.3%	1.1%
Other/Unknown	\$76,865,768	\$89,497,135	\$86,583,479	\$31,758,346	(\$137,199,715)	\$115,581,241	\$122,190,765	n/a	7.9%
Total	\$1,253,201,340	\$1,375,839,261	\$1,223,839,204	\$1,301,593,755	\$1,375,797,421	\$1,469,804,005	\$1,543,914,645	3.5%	100.0%
By Sex									
Female	\$739,196,635	\$811,737,408	\$744,688,602	\$827,278,426	\$950,004,425	\$880,081,536	\$923,008,801	3.8%	59.8%
Male	\$508,709,961	\$557,262,336	\$473,435,673	\$533,821,173	\$670,651,186	\$589,230,685	\$620,436,063	3.4%	40.2%
Unknown	\$5,294,744	\$6,839,517	\$5,714,929	(\$59,505,844)	(\$244,858,190)	\$491,784	\$469,781	n/a	0.0%
Total	\$1,253,201,340	\$1,375,839,261	\$1,223,839,204	\$1,301,593,755	\$1,375,797,421	\$1,469,804,005	\$1,543,914,645	3.5%	100.0%

Source: Health Care Financing Administration-Form HCFA 2082 for federal fiscal years

ARKANSAS

SOUTHERN REGION MEDICAID PROFILE

AVERAGE PAYMENT PER RECIPIENT BY OTHER CHARACTERISTICS

	FFY 94	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	Annual Change	Above (+) or Below (-) SLC Avg. FFY 00
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	\$3,337.10	\$3,572.14	\$3,213.54	\$3,573.51	\$4,530.02	\$8,602.96	\$4,338.03	4.5%	-0.6%
Poverty Related Eligibles	\$10,525.56	\$11,160.10	\$9,305.25	\$1,490.62	\$1,371.78	\$1,015.29	\$1,369.25	-28.8%	-21.8%
Medically Needy	\$2,506.29	\$2,472.25	\$2,081.04	\$2,149.39	\$2,359.63	\$1,119.36	\$2,041.74	-3.4%	-40.6%
Other Eligibles	\$1,145.13	\$1,124.35	\$1,093.75	\$9,061.27	\$9,456.86	\$10,081.89	\$9,842.88	43.1%	42.2%
Maintenance Assistance Status Unknown	\$2,666.38	\$2,996.00	\$2,424.19	(\$14,177.47)	(\$29,298.77)	\$0.00	\$563.00	n/a	-71.2%
Total	\$3,686.75	\$3,893.48	\$3,374.85	\$3,514.15	\$3,239.25	\$3,142.51	\$3,133.85	-2.7%	-14.6%
By Basis of Eligibility									
Aged, Blind or Disabled	\$7,005.56	\$7,551.48	\$6,473.70	\$7,241.16	\$8,293.22	\$7,070.44	\$7,400.17	0.9%	-10.5%
Children	\$1,091.99	\$1,013.75	\$960.64	\$1,351.66	\$1,462.18	\$1,151.78	\$1,365.19	3.8%	14.3%
Foster Care Children	\$3,198.09	\$3,402.74	\$2,704.39	\$6,348.80	\$5,779.50	\$5,569.00	\$5,014.49	7.8%	33.5%
Adults	\$1,313.97	\$1,354.58	\$1,258.29	\$1,259.36	\$1,168.21	\$1,031.06	\$1,424.52	1.4%	-26.8%
Basis of Eligibility Unknown	\$2,307.87	\$2,996.00	\$2,424.19	(\$14,177.47)	(\$29,298.77)	\$0.00	\$563.48	n/a	-71.7%
Total	\$3,686.75	\$3,893.48	\$3,374.85	\$3,514.15	\$3,239.25	\$3,142.51	\$3,133.85	-2.7%	-14.6%
By Age									
Under Age 1	\$3,775.79	\$3,410.28	\$3,172.34	\$3,381.49	\$4,307.34	\$3,395.16	\$3,832.29	0.2%	22.9%
Age 1 to 5	\$1,715.83	\$1,762.76	\$1,712.15	\$1,832.87	\$2,208.88	\$1,970.71	\$1,965.91	2.3%	57.4%
Age 6 to 14	\$2,035.03	\$2,021.89	\$1,645.26	\$1,643.48	\$1,678.80	\$1,457.82	\$1,373.16	-6.3%	-1.1%
Age 15 to 20	\$3,921.09	\$3,796.78	\$2,813.54	\$2,842.96	\$2,486.86	\$1,890.20	\$1,827.42	-11.9%	-19.0%
Age 21 to 44	\$3,962.09	\$4,351.85	\$3,326.43	\$3,597.61	\$3,958.53	\$2,996.85	\$3,024.33	-4.4%	-26.7%
Age 45 to 64	\$5,163.60	\$5,839.55	\$5,086.87	\$6,072.14	\$6,876.73	\$5,897.30	\$6,089.80	2.8%	-21.9%
Age 65 to 74	\$4,084.12	\$4,532.03	\$4,372.78	\$5,112.69	\$5,393.82	\$4,879.40	\$5,054.85	3.6%	-19.1%
Age 75 to 84	\$6,173.86	\$6,814.04	\$6,681.84	\$7,648.27	\$7,874.33	\$7,178.24	\$7,581.43	3.5%	-14.0%
Age 85 and Over	\$9,039.12	\$9,682.74	\$9,115.65	\$10,306.90	\$10,865.09	\$9,916.96	\$10,319.36	2.2%	-16.3%
Age Unknown	\$2,915.71	\$3,096.53	\$2,742.37	(\$40,813.71)	(\$266,816.36)	\$0.00	\$0.00	n/a	-100.0%
Total	\$3,686.75	\$3,893.48	\$3,374.85	\$3,514.15	\$3,239.25	\$3,142.51	\$3,133.85	-2.7%	-14.6%
By Race									
White	\$4,238.73	\$4,450.69	\$3,754.88	\$4,103.56	\$4,171.35	\$3,359.14	\$3,365.85	-3.8%	-21.9%
Black	\$2,687.56	\$2,829.55	\$2,564.44	\$2,781.28	\$2,994.10	\$2,484.76	\$2,449.70	-1.5%	-13.4%
Hispanic, American Indian or Asian	\$2,312.95	\$2,212.65	\$1,815.16	\$1,809.55	\$2,010.78	\$1,641.32	\$1,615.52	-5.8%	-25.1%
Other/Unknown	\$4,625.17	\$5,124.37	\$4,856.06	\$1,845.66	(\$7,519.03)	\$5,864.09	\$6,033.81	n/a	2.9%
Total	\$3,686.75	\$3,893.48	\$3,374.85	\$3,514.15	\$3,239.25	\$3,142.51	\$3,133.85	-2.7%	-14.6%
By Sex									
Female	\$3,456.56	\$3,677.75	\$3,307.07	\$3,611.73	\$3,563.30	\$2,999.13	\$3,011.13	-2.3%	-18.6%
Male	\$4,091.25	\$4,270.18	\$3,496.24	\$3,818.90	\$4,269.08	\$3,383.35	\$3,335.79	-3.3%	-6.7%
Unknown	\$3,067.64	\$3,176.74	\$2,800.06	(\$38,415.65)	(\$239,119.33)	\$4,313.89	\$3,586.11	n/a	-27.9%
Total	\$3,686.75	\$3,893.48	\$3,374.85	\$3,514.15	\$3,239.25	\$3,142.51	\$3,133.85	-2.7%	-14.6%

Source: Health Care Financing Administration-Form HCFA 2082 for federal fiscal years

ARKANSAS

SOUTHERN REGION MEDICAID PROFILE

ADDITIONAL STATE HEALTH CARE INFORMATION

Sources: "Major Health Care Policies: 50 State Profiles", Health Policy Tracking Service, January, 2001; and "Medicaid Services State by State", HCFA, October 2000.

*Information supplied by State Medicaid Agency

Waivers

Several Freedom of Choice Waivers have established a coordinated system of qualified Medicaid providers.

These include:

- The Primary Care Physician Program, under Title XIX, Section 1915 (b), of the Social Security Act, which also provides case-management services for most beneficiaries, except for certain groups of children, has been operating since February, 1994. Under this program, Medicaid recipients must select a primary care physician (PCP). Currently, 288,744 Medicaid recipients are enrolled in the PCP managed care program.
- Family Planning Services Waiver, under Section 1115 of the Social Security Act, which provides services for women of childbearing age who have a family income at or below 133% of the federal poverty guidelines, implemented September 1, 1997.
- ARKids First Waiver, under Section 1115 of the Social Security Act, which provides services for children 18 and under whose family incomes are at or below 200% of the federal poverty guidelines, implemented September 1, 1997. Includes provisions for co-payments/coinsurance for most services.
- Non-Emergency Transportation Program, under Title XIX, Section 1915(b) of the Social Security Act, which provides non-emergency medical transportation through a broker system. Under this program, Medicaid recipients must choose a transportation broker in their region.

Several Home and Community Based Service Waivers, under Section 1915 (c), enable the state to provide long-term care services to people who otherwise would require institutionalization. These waivers include:

- Developmental Disabilities: Serves 2,423 people, operating since July 1, 1991.
- Aged and Disabled: Serves 8,263 people, operating since July 1, 1990.
- Developmentally Disabled Inappropriately Placed in Nursing Facilities, operating since July 1, 1993.
- 2176 Home and Community Based Waiver, which provides services to the physically disabled on SSI and other individuals in need of nursing home level care, ages 21 through 64, implemented in July 1, 1997.

Enacted legislation in 1999 that authorizes DHS to apply to HCFA for approval to create and administer a low-income disabled working person category of Medicaid eligibility. Arkansas Medicaid implemented a Working Disabled Program effective 02/01/01.

Managed Care

- Any Willing Provider Clause: A law enacted in 1995 was repealed as a result of the judicial ruling in the case of the Prudential Insurance Company of America, et al versus the state of Arkansas, 9/2/98.
- In 1997, enacted the "Arkansas Health Care Consumer Act" to cover issues such as inpatient care after childbirth, length of stay following a mastectomy, direct access to OB/GYNs, gag clauses, continuity of care, drug formularies, grievance procedures, and disclosure of patient records.
- Enacted legislation in 1999 that requires all insurers to offer a point-of-service plan.

SOUTHERN REGION MEDICAID PROFILE

Coverage for Targeted Population

- The Uninsured: Arkansas does not have an indigent care program.
- Arkansas became the first state to approve a medical high risk pool. The Comprehensive Health Insurance Pool Act, enacted in 1995, is designed to cover individuals with high risk health conditions. However, eligibility is restricted to individuals who: 1) have resided in the state for twelve consecutive months; 2) have had no equivalent coverage under any other plan for the past twelve months; and 3) have been rejected for similar coverage at similar rates by at least two other plans.
- Enacted legislation in 1997, Act 292 of 1997, that opened the Comprehensive Health Insurance Pool to federally eligible individuals (HIPAA eligibles).

Cost Containment Measures

- Certificate of Need Program since 1975. Regulates introduction or expansion of new institutional health care facilities and services.
- Moratoriums on expansion of nursing home and residential care beds have been established and extended.
- Rate setting. Retrospective payment methodology used for Medicaid.

Medicaid

- 30 optional services are offered.

Children's Health Insurance Program: Medicaid Expansion

- The first phase of the Arkansas plan to provide health care coverage to uninsured children/adolescents is through an expansion of Medicaid. Children born after September 30, 1982 and prior to October 1, 1983 in families with incomes at or below 100% of the FPL will be eligible for benefits under the Medicaid program.
- The CHIP program in Arkansas is called "ARKids First." The program is administered by the state Medicaid agency, and is a modified expansion of Medicaid. Phase I of the program received HCFA approval in August of 1998 and provides coverage for eligible children/adolescents birth through age 18 in families with incomes up to 100% of the FPL. This program is now designated ARKids A.
- Phase II will convert a portion of the State's SCHIP-like Medicaid 1115 demonstration, ARKids B, to a SCHIP program. The SCHIP state plan was approved February 16, 2001 and is pending implementation. The SCHIP component of the ARKids B program will contain children, whose family income is 150% - 200% of the federal poverty level, and who are not the children of public employees.
- ARKids A and B provides health care coverage for approximately 70,000 individuals as of July 2001.

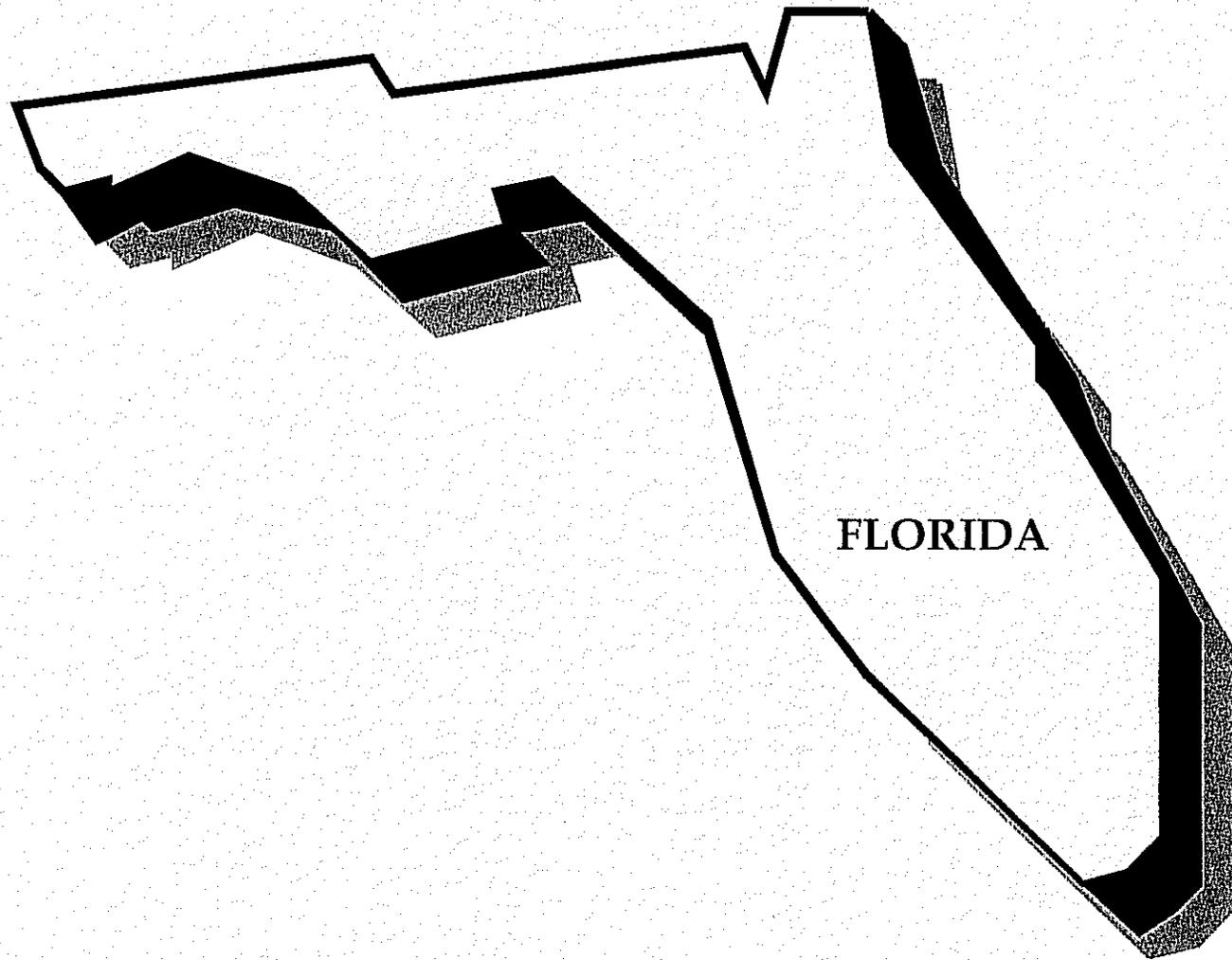
Tobacco Settlement

- The state expects to receive approximately \$1.69 billion over 25 years.
- For Fiscal Year 2000, the tobacco settlement payment was approximately \$69 million.
- The model statute, required by the Master Settlement Agreement, was enacted to receive tobacco money allotted to the state.
- In November 2000, proposed use of tobacco settlement monies was approved by the voters of the state.
- The approved plan places the first \$100 million of the funds in the Arkansas Health Century Fund, with the balance going to the Tobacco Settlement Trust Fund.
- All other funds deposited in the Tobacco Settlement Trust Fund are to be allocated as follows:
15.8% for targeted state needs, such as the Arkansas School of Public Health and Area Health Education Center, the Center on Aging, and minority health care;
22.8% for the Arkansas Bioscience Institute Program;
29.8% for Medicaid expansion; and
31.6% for tobacco prevention and cessation.

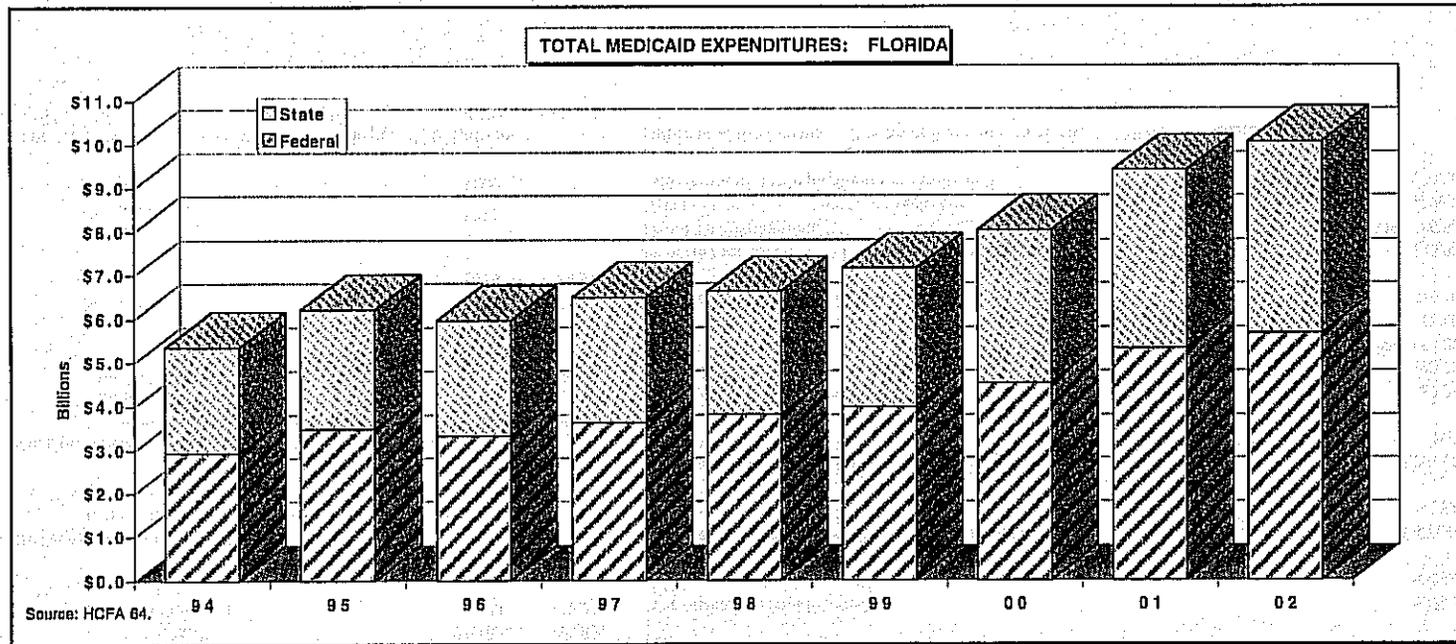
The tobacco money will not be spent until the state reaches state-specific finality and the Legislature has appropriated the funds according to the plan.

ARKANSAS

STATE MEDICAID PROFILES



SOUTHERN REGION MEDICAID PROFILE



	FFY 94	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00*	FFY 01**	FFY 02**	Annual Rate of Change	Total Change 94-02
Medicaid Payments	\$5,194,946,478	\$6,067,457,544	\$5,800,663,440	\$6,270,107,569	\$6,370,758,826	\$6,769,330,858	\$7,564,164,398	\$8,887,018,226	\$9,517,706,103	7.9%	83.2%
Federal Share	\$2,850,276,775	\$3,418,269,289	\$3,237,788,484	\$3,502,633,987	\$3,687,613,679	\$3,781,663,397	\$4,286,107,243	\$5,034,072,098	\$5,376,940,457	8.3%	88.6%
State Share	\$2,344,669,703	\$2,649,188,255	\$2,562,874,956	\$2,767,473,582	\$2,683,145,147	\$2,987,667,461	\$3,278,057,155	\$3,852,946,128	\$4,140,765,646	7.4%	76.6%
Administrative Costs	\$159,434,434	\$139,782,819	\$160,843,647	\$211,625,949	\$249,202,960	\$375,049,767	\$457,606,645	\$512,000,000	\$535,632,000	16.4%	236.0%
Federal Share	\$86,516,739	\$77,058,867	\$91,760,403	\$139,394,427	\$133,451,996	\$205,391,389	\$247,122,600	\$281,225,000	\$289,098,000	16.3%	234.2%
State Share	\$72,917,695	\$62,723,952	\$69,083,244	\$72,231,522	\$115,750,964	\$169,658,378	\$210,484,045	\$230,775,000	\$246,534,000	16.4%	238.1%
Admin. Costs as % of Payments	3.07%	2.30%	2.77%	3.38%	3.91%	5.54%	6.05%	5.76%	5.63%		
Federal Match Rate*	54.78%	56.28%	55.76%	55.79%	55.65%	55.82%	56.62%	56.62%	56.43%		

*Rate shown is for Medicaid payments only. The FMAP (Federal Medical Assistance Percentage) is based on the relationship between each state's per capita personal income and that of the nation as a whole for the three most recent years. Federal share of state administrative costs is usually 50 percent or 75 percent, depending on function and whether or not medical personnel are used. **Federal Fiscal Years 01 and 02 reflect latest estimates reported by each state.

FLORIDA

SOUTHERN REGION MEDICAID PROFILE

STATE FINANCING	Payments		Administration	
	FFY 94	FFY 00	FFY 94	FFY 00
State General Fund	\$2,200,569,703	\$2,155,274,451	\$72,917,695	\$210,484,045
Local Funds	\$0	\$92,435,000	\$0	\$0
Provider Taxes	\$144,100,000	\$283,203,263	\$0	\$0
Donations*	\$0	\$0	\$0	\$0
Other**	\$0	\$747,144,441	\$0	\$0
Total State Share	\$2,344,669,703	\$3,278,057,155	\$72,917,695	\$210,484,045

*Donations: Pharmaceutical Rebates, Fraud & Abuse recoupments, Transfers from Counties
 **Other: Cigarette Tax, Tobacco Settlement, Interest

Provider(s)	Provider Taxes Currently in Place (FFY 00)	Amount
General Hospitals		\$265,786,836
Inpatient Services	1.5% of net operating revenue	
Outpatient Services	1.0% of net operating revenue	
Ambulatory surgical centers, clinical labs, diagnostic imaging centers	1.0% of net operating revenue	\$17,416,427
Total		\$283,203,263

DISPROPORTIONATE SHARE HOSPITAL (DSH) PAYMENTS

	FFY 94	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00*	FFY 01**	FFY 02**	Annual Change
General Hospitals	\$180,599,942	\$184,468,014	\$170,831,097	\$184,105,646	\$221,802,934	\$211,015,425	\$200,639,067	\$212,527,000	\$227,193,000	4.9%
Mental Hospitals	\$105,878,058	\$149,714,986	\$169,060,227	\$181,687,357	\$148,951,110	\$149,714,985	\$147,845,588	\$147,584,000	\$146,777,000	-2.3%
Total	\$286,478,000	\$334,183,000	\$339,891,324	\$365,793,003	\$370,754,044	\$360,730,410	\$348,484,655	\$360,111,000	\$373,970,000	1.6%

SELECTED ELIGIBILITY CRITERIA

	At 10/1/01	% of FPL*
TANF-Temporary Assistance for Needy Families (Family of 3)		
Need Standard	\$1,180	96.8%
Payment Standard	\$198	16.2%
Maximum Payment	\$303	24.9%
Medically Needy Program (Family of 3)		
Income Eligibility Standard	\$303	
Resource Standard	\$6,000	
Pregnant Women, Children and Infants (% of FPL*)		
Pregnant women and infants		185.0%
Children age 1 to 5		133.0%
Children age 6 to 18		100.0%
SSI Eligibility Levels		
Income:		
Single Person	\$512	71.5%
Couple	\$769	79.5%
Resources:		
Single Person	\$2,000	
Couple	\$3,000	

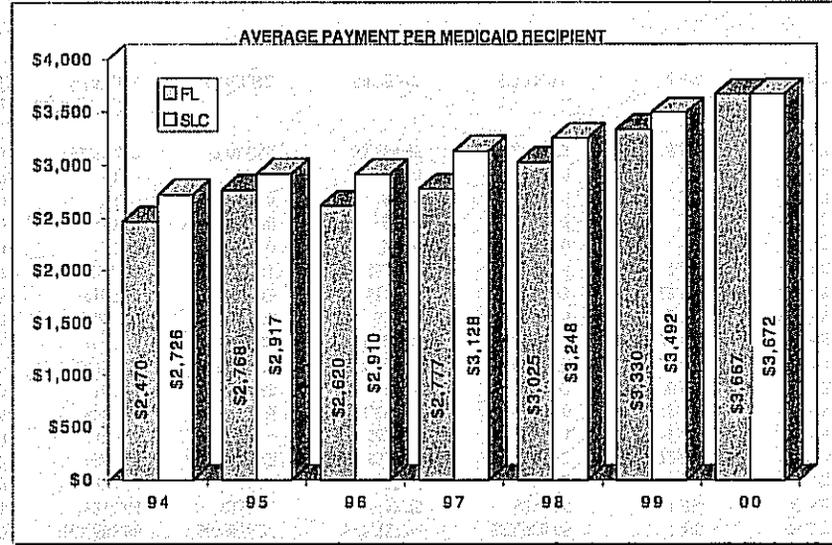
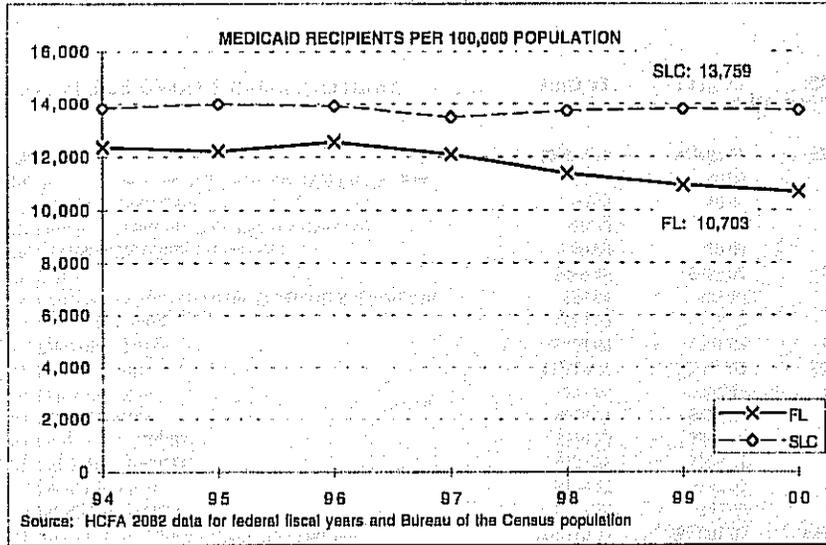
DEMOGRAPHIC DATA & POVERTY INDICATORS (1999)

		Rank in U.S.
State population—July 1, 2000*	15,982,378	4
Per capita personal income**	\$27,780	19
Median household income**	\$35,081	40
Population below Federal Poverty Level on July 1, 2000*	1,438,414	
Percent of total population	9.0%	25
Population without health insurance coverage*	2,901,000	4
Percent of total population	19.2%	7
Recipients of Food Stamps***	882,341	4
Households receiving Food Stamps***	415,788	4
Total value of issuance***	\$773,654,024	5
Average monthly benefit per recipient	\$73.07	14
Average monthly benefit per household	\$155.06	
Monthly recipients of Temporary Assistance to Needy Families (TANF)****	135,903	10
Total TANF payments****	\$483,885,581	7
Average monthly payment per recipient	\$296.71	
Maximum monthly payment per family of 3	\$303.00	35

*Current federal poverty level is \$8,590 per year for a single person, \$11,610 for a family of two and \$14,630 for a family of three. Table above shows monthly income levels.

*Bureau of the Census. **Bureau of Economic Analysis. ***USDA. ****USDHHS.

SOUTHERN REGION MEDICAID PROFILE



DATA BY TYPE OF SERVICES (Includes Fee-For-Service and Waivers)

RECIPIENTS BY TYPE OF SERVICES	FFY 94	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	Annual Change
01. General Hospital	264,247	260,409	250,882	245,209	241,634	229,699	260,660	-0.2%
02. Mental Hospital	265	259	196	230	256	225	217	-3.3%
03. Skilled and Intermediate (non-MR) Care Nursing	103,218	107,515	110,057	110,792	112,710	109,493	78,471	-4.5%
04. Intermediate Care for Mentally Retarded	3,575	3,582	3,598	3,571	3,572	3,521	3,561	-0.1%
05. Physician Services	1,316,813	1,333,994	1,478,103	1,473,818	1,359,522	1,241,752	1,305,143	-0.1%
06. Dental Services	320,605	339,475	359,991	374,707	373,777	339,256	355,574	1.7%
07. Other Practitioners	210,671	191,755	183,816	179,423	283,776	246,606	275,566	4.6%
08. Outpatient Hospital	726,164	672,683	658,311	646,996	642,507	625,517	691,276	-0.8%
09. Clinic Services	242,457	214,774	28,530	32,376	133,440	131,328	140,902	-8.6%
10. Lab and X-Ray	883,091	816,469	768,732	816,897	763,143	680,903	705,959	-3.7%
11. Home Health	70,476	81,896	91,959	86,899	86,045	89,350	102,706	6.5%
12. Prescribed Drugs	1,197,915	1,111,466	1,066,383	1,025,981	1,001,220	982,886	1,038,378	-2.4%
13. Family Planning	120,233	123,824	126,812	115,176	107,641	104,569	112,278	-1.1%
14. Early & Periodic Screening, Diagnosis & Treatment	230,321	211,273	220,138	239,499	257,300	268,621	300,634	4.5%
15. Other Care	385,063	574,416	603,382	600,573	476,934	451,274	444,489	2.4%
16. Personal Care Support Services	0	0	0	0	0	0	0	0.0%
17. Home/Community Based Waiver Services	0	0	0	0	0	0	0	0.0%
18. Prepaid Health Care	0	0	0	0	0	0	0	0.0%
19. Primary Care Case Management (PCCM) Services	0	0	0	0	0	0	0	0.0%
Total*	1,727,034	1,735,141	1,810,203	1,775,033	1,698,254	1,634,804	1,710,672	-0.2%

*Annual totals for each service and for the grand total reflect unduplicated recipient counts. The grand total, therefore, may not equal the sum of the totals for each service.

SOUTHERN REGION MEDICAID PROFILE

PAYMENTS BY TYPE OF SERVICES	FFY 94	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	Annual	Share of Total
								Change	FFY 00
01. General Hospital	\$1,050,873,649	\$1,082,567,115	\$1,057,784,501	\$1,007,621,356	\$981,614,521	\$982,749,100	\$1,115,989,077	1.0%	17.8%
02. Mental Hospital	\$13,518,491	\$14,743,075	\$12,571,637	\$14,306,518	\$14,620,456	\$14,545,315	\$11,616,264	-2.5%	0.2%
03. Skilled and Intermediate (non-MR) Care Nursing	\$1,032,342,331	\$1,197,518,853	\$1,093,579,298	\$1,179,324,299	\$1,210,323,809	\$1,326,628,281	\$1,475,959,693	6.1%	23.5%
04. Intermediate Care for Mentally Retarded	\$203,116,998	\$238,568,131	\$202,118,958	\$245,280,777	\$224,629,752	\$265,687,478	\$277,689,086	5.4%	4.4%
05. Physician Services	\$430,800,509	\$466,767,232	\$480,987,507	\$466,670,860	\$452,769,679	\$419,407,511	\$460,644,743	1.1%	7.3%
06. Dental Services	\$57,788,469	\$63,805,840	\$69,592,088	\$75,892,330	\$78,889,366	\$86,569,711	\$92,282,232	8.1%	1.5%
07. Other Practitioners	\$39,136,597	\$47,250,234	\$54,752,592	\$65,401,314	\$105,343,204	\$80,278,233	\$100,822,126	17.1%	1.6%
08. Outpatient Hospital	\$320,042,552	\$342,819,724	\$300,379,403	\$310,888,020	\$309,840,777	\$298,473,548	\$351,888,471	1.6%	5.6%
09. Clinic Services	\$154,374,056	\$48,868,810	\$7,867,483	\$9,632,245	\$175,053,302	\$168,495,155	\$182,617,847	2.8%	2.9%
10. Lab and X-Ray	\$80,936,066	\$81,212,499	\$81,589,158	\$67,702,042	\$63,879,732	\$59,442,491	\$64,677,506	-3.7%	1.0%
11. Home Health	\$184,246,238	\$240,850,078	\$254,877,845	\$254,374,199	\$320,562,888	\$370,158,456	\$474,758,006	17.1%	7.6%
12. Prescribed Drugs	\$484,052,934	\$556,864,923	\$652,806,640	\$767,198,803	\$923,614,353	\$1,089,866,582	\$1,358,434,249	18.8%	21.7%
13. Family Planning	\$10,105,612	\$11,631,018	\$12,205,980	\$11,350,788	\$10,666,233	\$9,572,424	\$11,087,330	1.6%	0.2%
14. Early & Periodic Screening, Diagnosis & Treatment	\$12,584,990	\$16,499,719	\$22,041,347	\$25,256,097	\$28,153,193	\$30,156,512	\$35,123,638	18.7%	0.6%
15. Other Care	\$192,301,672	\$392,337,004	\$440,117,181	\$428,141,609	\$237,231,672	\$241,788,567	\$258,985,570	5.1%	4.1%
16. Personal Care Support Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a	0.0%
17. Home/Community Based Waiver Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a	0.0%
18. Prepaid Health Care	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a	0.0%
19. Primary Care Management (PCCM) Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a	0.0%
Total (excludes DSH pymts, pharmacy rebates, & other adjs.)	\$4,266,221,164	\$4,802,304,255	\$4,743,271,618	\$4,929,041,257	\$5,137,192,937	\$5,443,819,364	\$6,272,575,838	6.6%	100.0%

AVERAGE PAYMENTS PER RECIPIENT BY TYPE OF SERVICES

								(+) or (-) %	SI.C
									Avg. FFY 00
01. General Hospital	\$3,976.86	\$4,157.18	\$4,216.26	\$4,109.23	\$4,062.40	\$4,278.42	\$4,281.40	1.2%	21.8%
02. Mental Hospital	\$51,013.17	\$56,923.07	\$64,141.01	\$62,202.25	\$57,111.16	\$64,645.84	\$53,531.17	0.8%	323.7%
03. Skilled and Intermediate (non-MR) Care Nursing	\$10,001.57	\$11,138.16	\$9,936.48	\$10,644.49	\$10,738.39	\$12,116.10	\$18,808.98	11.1%	4.9%
04. Intermediate Care for Mentally Retarded	\$56,815.94	\$66,601.93	\$56,175.36	\$68,686.86	\$62,886.27	\$75,457.96	\$77,980.65	5.4%	12.2%
05. Physician Services	\$327.15	\$349.90	\$325.41	\$316.64	\$333.04	\$337.75	\$352.95	1.3%	-7.8%
06. Dental Services	\$180.25	\$187.95	\$193.32	\$202.54	\$211.06	\$255.18	\$259.53	6.3%	8.5%
07. Other Practitioners	\$185.77	\$246.41	\$297.87	\$364.51	\$371.22	\$325.53	\$365.87	12.0%	117.3%
08. Outpatient Hospital	\$440.73	\$509.63	\$456.29	\$480.51	\$482.24	\$477.16	\$509.04	2.4%	12.6%
09. Clinic Services	\$636.71	\$227.54	\$275.76	\$297.51	\$1,311.85	\$1,283.01	\$1,296.06	12.6%	90.9%
10. Lab and X-Ray	\$91.65	\$99.47	\$106.13	\$82.88	\$83.71	\$87.30	\$91.62	0.0%	-9.0%
11. Home Health	\$2,614.31	\$2,940.93	\$2,771.65	\$2,927.24	\$3,725.53	\$4,142.79	\$4,622.50	10.0%	61.4%
12. Prescribed Drugs	\$404.08	\$501.02	\$612.17	\$747.77	\$922.49	\$1,108.84	\$1,308.23	21.6%	37.4%
13. Family Planning	\$84.05	\$93.93	\$96.25	\$98.55	\$99.09	\$91.54	\$98.75	2.7%	-50.1%
14. Early & Periodic Screening, Diagnosis & Treatment	\$54.64	\$78.10	\$100.13	\$105.45	\$109.42	\$112.26	\$116.83	13.5%	-7.3%
15. Other Care	\$499.40	\$683.02	\$729.42	\$712.89	\$497.41	\$535.79	\$582.66	2.6%	-46.1%
16. Personal Care Support Services	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	n/a	0.0%
17. Home/Community Based Waiver Services	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	n/a	0.0%
18. Prepaid Health Care	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	n/a	0.0%
19. Primary Care Case Management (PCCM) Services	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	n/a	0.0%
Total (Average)	\$2,470.26	\$2,767.67	\$2,620.30	\$2,776.87	\$3,024.99	\$3,329.95	\$3,666.73	6.8%	-0.1%

TOTAL PER CAPITA EXPENDITURES	\$383.42	\$437.62	\$413.45	\$441.62	\$443.82	\$478.97	\$501.91	4.6%	-18.0%
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FLORIDA

**SOUTHERN REGION MEDICAID PROFILE
DATA BY OTHER CHARACTERISTICS**

RECIPIENTS BY OTHER CHARACTERISTICS

	FFY 94	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	Annual Change	Share of Total FFY 00
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	1,014,462	1,008,286	1,037,380	985,560	929,843	881,930	857,193	-2.8%	50.1%
Poverty Related Eligibles	168,814	167,330	172,338	185,581	471,227	496,562	580,094	22.8%	33.9%
Medically Needy	49,305	49,610	50,184	47,076	46,685	43,680	51,160	0.6%	3.0%
Other Eligibles	494,453	509,915	550,301	556,816	250,499	212,632	222,225	-12.5%	13.0%
Maintenance Assistance Status Unknown	0	0	0	0	0	0	0	n/a	0.0%
Total	1,727,034	1,735,141	1,810,203	1,775,033	1,698,254	1,634,804	1,710,672	-0.2%	100.0%
By Basis of Eligibility									
Aged, Blind, or Disabled	455,372	487,642	525,517	545,686	543,476	542,575	562,166	3.6%	32.9%
Children	990,980	996,873	1,051,250	1,016,971	810,723	777,534	823,398	-3.0%	48.1%
Foster Care Children	51,227	41,474	32,879	30,185	19,101	21,021	22,563	-12.8%	1.3%
Adults	229,455	209,152	200,557	182,191	324,954	293,674	302,545	4.7%	17.7%
Basis of Eligibility Unknown	0	0	0	0	0	0	0	n/a	0.0%
Total	1,727,034	1,735,141	1,810,203	1,775,033	1,698,254	1,634,804	1,710,672	-0.2%	100.0%
By Age									
Under Age 1	133,226	128,859	128,439	119,551	116,067	117,373	125,001	-1.1%	7.3%
Age 1 to 5	369,866	354,205	354,307	331,299	297,472	278,485	290,547	-3.9%	17.0%
Age 6 to 14	332,553	345,156	389,048	392,021	367,520	351,468	374,257	2.0%	21.9%
Age 15 to 20	146,092	148,019	156,978	155,906	149,469	151,698	162,852	1.8%	9.5%
Age 21 to 44	398,384	394,102	403,926	390,820	378,230	349,814	359,074	-1.7%	21.0%
Age 45 to 64	116,244	123,594	131,804	137,092	142,209	145,061	154,120	4.8%	9.0%
Age 65 to 74	94,111	98,526	100,709	100,665	98,125	94,993	97,440	0.6%	5.7%
Age 75 to 84	79,706	82,373	83,415	84,798	84,641	83,085	85,092	1.1%	5.0%
Age 85 and Over	56,852	60,307	61,577	62,881	64,521	62,827	62,289	1.5%	3.6%
Age Unknown	0	0	0	0	0	0	0	n/a	0.0%
Total	1,727,034	1,735,141	1,810,203	1,775,033	1,698,254	1,634,804	1,710,672	-0.2%	100.0%
By Race									
White	791,200	779,846	787,520	759,150	712,005	674,752	692,189	-2.2%	40.5%
Black	561,431	556,439	588,130	582,344	555,351	515,935	526,085	-1.1%	30.8%
Hispanic, American Indian or Asian	262,615	274,445	296,839	291,557	284,314	289,880	321,692	3.4%	18.8%
Other/Unknown	111,788	124,411	137,714	141,982	146,584	154,237	170,706	7.3%	10.0%
Total	1,727,034	1,735,141	1,810,203	1,775,033	1,698,254	1,634,804	1,710,672	-0.2%	100.0%
By Sex									
Female	1,080,977	1,079,502	1,115,254	1,091,595	1,038,406	991,848	1,031,212	-0.8%	60.3%
Male	646,054	655,637	694,948	683,437	659,845	642,955	679,251	0.8%	39.7%
Unknown	3	2	1	1	3	1	209	102.8%	0.0%
Total	1,727,034	1,735,141	1,810,203	1,775,033	1,698,254	1,634,804	1,710,672	-0.2%	100.0%

Source: Health Care Financing Administration-Form HCFA 2082 for federal fiscal years

FLORIDA

SOUTHERN REGION MEDICAID PROFILE

PAYMENTS BY OTHER CHARACTERISTICS

	FFY 94	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	Annual Change	Share of Total FFY 00
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	\$2,121,002,172	\$2,391,537,870	\$2,378,842,497	\$2,398,742,590	\$2,482,338,693	\$2,653,708,951	\$3,011,340,876	6.0%	48.0%
Poverty Related Eligibles	\$335,056,586	\$352,301,176	\$368,330,415	\$400,279,310	\$1,304,660,651	\$1,352,255,053	\$1,602,063,670	29.8%	25.5%
Medically Needy	\$114,443,159	\$125,375,368	\$129,542,795	\$140,481,455	\$148,509,716	\$152,870,137	\$196,625,370	9.4%	3.1%
Other Eligibles	\$1,695,719,247	\$1,933,089,841	\$1,866,555,911	\$1,989,537,902	\$1,201,683,877	\$1,284,985,223	\$1,462,545,922	-2.4%	23.3%
Maintenance Assistance Status Unknown	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a	0.0%
Total	\$4,266,221,164	\$4,802,304,255	\$4,743,271,618	\$4,929,041,257	\$5,137,192,937	\$5,443,819,364	\$6,272,575,838	6.6%	100.0%
By Basis of Eligibility									
Aged, Blind or Disabled	\$2,824,344,713	\$3,352,715,445	\$3,346,893,436	\$3,585,170,266	\$3,823,418,777	\$4,138,273,410	\$4,772,319,153	9.1%	76.1%
Children	\$1,051,819,266	\$1,092,875,659	\$1,086,101,792	\$1,055,102,564	\$741,532,823	\$749,620,889	\$864,697,599	-3.2%	13.8%
Foster Care Children	\$67,286,620	\$63,605,252	\$45,274,771	\$39,361,048	\$62,835,048	\$70,289,760	\$76,025,346	2.1%	1.2%
Adults	\$322,770,565	\$293,107,899	\$265,001,619	\$249,407,379	\$509,406,289	\$485,635,305	\$559,523,740	9.6%	8.9%
Basis of Eligibility Unknown	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a	0.0%
Total	\$4,266,221,164	\$4,802,304,255	\$4,743,271,618	\$4,929,041,257	\$5,137,192,937	\$5,443,819,364	\$6,272,565,838	6.6%	100.0%
By Age									
Under Age 1	\$315,484,732	\$315,409,988	\$314,964,221	\$248,666,091	\$299,397,034	\$299,524,469	\$361,952,921	2.3%	5.8%
Age 1 to 5	\$317,725,872	\$333,503,456	\$324,563,830	\$383,269,622	\$301,757,445	\$310,519,361	\$371,349,062	2.6%	5.9%
Age 6 to 14	\$286,483,154	\$340,881,477	\$353,322,071	\$301,697,296	\$382,054,252	\$411,929,970	\$483,064,182	9.1%	7.7%
Age 15 to 20	\$260,344,792	\$281,082,652	\$275,842,593	\$245,434,893	\$278,248,305	\$296,451,649	\$337,327,256	4.4%	5.4%
Age 21 to 44	\$1,098,790,495	\$1,192,475,627	\$1,173,606,768	\$1,172,730,340	\$1,221,379,975	\$1,268,953,129	\$1,450,117,475	4.7%	23.1%
Age 45 to 64	\$608,126,041	\$709,549,229	\$740,664,692	\$782,057,164	\$869,725,031	\$972,433,188	\$1,180,026,885	11.7%	18.8%
Age 65 to 74	\$322,412,864	\$387,242,306	\$390,112,930	\$432,188,820	\$457,325,525	\$481,073,721	\$550,409,655	9.3%	8.8%
Age 75 to 84	\$487,878,756	\$569,285,255	\$543,151,136	\$606,789,641	\$625,596,320	\$660,782,155	\$748,701,272	7.4%	11.9%
Age 85 and Over	\$568,974,458	\$672,874,265	\$627,043,377	\$756,207,390	\$701,709,050	\$742,151,722	\$789,627,130	5.6%	12.6%
Age Unknown	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a	0.0%
Total	\$4,266,221,164	\$4,802,304,255	\$4,743,271,618	\$4,929,041,257	\$5,137,192,937	\$5,443,819,364	\$6,272,575,838	6.6%	100.0%
By Race									
White	\$2,353,115,904	\$2,630,638,153	\$2,520,343,898	\$2,644,300,097	\$2,699,389,297	\$2,834,719,015	\$3,195,012,150	5.2%	50.9%
Black	\$1,046,882,180	\$1,134,020,260	\$1,122,589,551	\$1,166,498,346	\$1,224,250,384	\$1,293,107,453	\$1,491,797,042	6.1%	23.8%
Hispanic, American Indian or Asian	\$350,451,793	\$398,017,299	\$421,677,103	\$425,221,283	\$442,031,028	\$478,142,757	\$580,155,779	8.8%	9.2%
Other/Unknown	\$515,771,287	\$639,628,543	\$678,661,066	\$693,021,531	\$771,522,228	\$837,850,139	\$1,005,610,867	11.8%	16.0%
Total	\$4,266,221,164	\$4,802,304,255	\$4,743,271,618	\$4,929,041,257	\$5,137,192,937	\$5,443,819,364	\$6,272,575,838	6.6%	100.0%
By Sex									
Female	\$2,694,209,142	\$2,992,985,793	\$2,916,483,988	\$3,023,752,366	\$3,123,515,197	\$3,275,470,682	\$3,760,158,709	5.7%	59.9%
Male	\$1,572,019,242	\$1,809,318,240	\$1,826,786,887	\$1,905,287,511	\$2,013,674,603	\$2,168,348,610	\$2,512,059,856	8.1%	40.0%
Unknown	(\$7,220)	\$222	\$743	\$1,380	\$3,137	\$72	\$357,273	337.9%	0.0%
Total	\$4,266,221,164	\$4,802,304,255	\$4,743,271,618	\$4,929,041,257	\$5,137,192,937	\$5,443,819,364	\$6,272,575,838	6.6%	100.0%

Source: Health Care Financing Administration-Form HCFA 2082 for federal fiscal years

SOUTHERN REGION MEDICAID PROFILE

ADDITIONAL STATE HEALTH CARE INFORMATION

Sources: "Major Health Care Policies: 50 State Profiles", Health Policy Tracking Service, January, 2001; and "Medicaid Services State by State", HCFA, October 2000.

*Information supplied by State Medicaid Agency

Waivers

The state operates two Freedom of Choice Waivers, under Title XIX, Section 1915 (b), to establish a coordinated network of Medicaid providers. These include:

- Primary Care Case Management Program (MediPass), which provides case management services for TANF and SSI-No Medicare recipients statewide and has been operating since 1991.
- Family Planning Waiver, under Section 1115, Title IV-A, of the Social Security Act, extends family planning services to women with incomes up to 185% of the FPL for two years post partum, operating since October 1, 1998.
- In March 1998, HCFA approved another 1915 (b) waiver authorizing the state to provide sub-acute psychiatric inpatient diagnostic, treatment, and aftercare services to high-risk recipients under age 18. The program operates in Jacksonville and Fort Meyers.

Several Home and Community Based Service Waivers, under Section 1915 (c), enable the state to provide long-term care services to people who otherwise would require institutionalization. These waivers include:

- Elderly & Disabled Age 18 and Over: Two waivers serve 13,000 people, operating since July 1, 1981.
- Mental Retardation/Developmental Disabilities: Two waivers serve 14,000 people, operating since July 1, 1980. In the Regular Session of 1999, the Florida legislature appropriated an additional \$200 million for expansion of the program.
- AIDS: Project Aids Care serves 5,700 people, operating since January 1, 1990.
- Disabled Frail Elderly Over Age 60: Serves 1,300 people, operating since November 15, 1994.
- Disabled People with Degenerative Spinocerebellar Diseases: Serves 3 people, operating since July 1, 1991. For FY 98-99, provided additional funding for up to 5 individuals.
- Nursing Home Diversion Waiver authorizes a long-term care demonstration project to allow the state to contract with various pre-paid, capitated risk-based health plans designed to provide primary and long-term health care services to individuals who are eligible for both Medicare and Medicaid. Implementation of the program began in December of 1998. As of September 1, 1999, enrollment was 216 individuals (173 from Area 7 and 43 from Area 9). The program expects to enroll 2,300 when fully operational.
- Traumatic Brain Injury and Spinal Cord Waiver, authorized in Regular Session 1998. The state implemented the program in September of 1999 and expects to serve 200 individuals.
- The Channeling Project: Provides home and community based services through an organized health care delivery system to approximately 2,000 individuals, operating since 1985.
- Consumer Directed Care: This is a five year 1115 demonstration waiver to test the feasibility of recipients purchasing services from providers of their choice as opposed to receiving traditional services from a home and community based services waiver. The waiver is approved for operation from October 1998 to October 2003, and projects serving approximately 6,000 individuals (3,000 in the project and 3,000 in a control group).

Managed Care

- Any Willing Provider Clause: For pharmacies only. HMO's with pharmacies located on-site are exempt. Independent pharmacies are reimbursed at the same rate as contract providers as long as they meet the requirements and standards for participation.
- Managed Care Choice Counseling: The counseling activities provide information to Medicaid enrollees to assist recipients in the selection of a health care provider; offers impartial information about MediPass and other prepaid health maintenance plans to enable recipients in their decision; if recipients do not choose a provider, they will be assigned to one of the available options in their locale.

SOUTHERN REGION MEDICAID PROFILE

AVERAGE PAYMENT PER RECIPIENT BY OTHER CHARACTERISTICS

	FFY 94	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	Annual Change	Above (+) or Below (-) SLC Avg. FFY 00
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	\$2,090.77	\$2,371.88	\$2,293.13	\$2,433.89	\$2,669.63	\$3,008.98	\$3,513.03	9.0%	-19.5%
Poverty Related Eligibles	\$1,984.77	\$2,105.43	\$2,137.26	\$2,156.90	\$2,768.65	\$2,723.24	\$2,761.73	5.7%	57.8%
Medically Needy	\$2,321.13	\$2,527.22	\$2,581.36	\$2,984.14	\$3,181.10	\$3,499.77	\$3,843.34	8.8%	11.8%
Other Eligibles	\$3,429.49	\$3,791.00	\$3,391.88	\$3,573.06	\$4,797.16	\$6,043.24	\$6,581.37	11.5%	-4.9%
Maintenance Assistance Status Unknown	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	n/a	0.0%
Total	\$2,470.26	\$2,767.67	\$2,620.30	\$2,776.87	\$3,024.99	\$3,329.95	\$3,666.73	6.8%	-0.1%
By Basis of Eligibility									
Aged, Blind or Disabled	\$6,202.28	\$6,875.36	\$6,368.76	\$6,570.02	\$7,035.12	\$7,627.10	\$8,489.16	5.4%	2.7%
Children	\$1,061.39	\$1,096.30	\$1,033.15	\$1,037.50	\$914.66	\$964.10	\$1,050.16	-0.2%	-12.1%
Foster Care Children	\$1,313.50	\$1,533.62	\$1,377.01	\$1,303.99	\$3,289.62	\$3,343.79	\$3,369.47	17.0%	-10.3%
Adults	\$1,406.68	\$1,401.41	\$1,321.33	\$1,368.93	\$1,567.63	\$1,653.65	\$1,849.39	4.7%	-4.9%
Basis of Eligibility Unknown	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	n/a	0.0%
Total	\$2,470.26	\$2,767.67	\$2,620.30	\$2,776.87	\$3,024.99	\$3,329.95	\$3,666.73	6.8%	-0.1%
By Age									
Under Age 1	\$2,368.04	\$2,447.71	\$2,452.25	\$2,080.00	\$2,579.52	\$2,551.90	\$2,895.60	3.4%	-7.1%
Age 1 to 5	\$859.03	\$941.55	\$916.05	\$1,156.87	\$1,014.41	\$1,115.03	\$1,278.10	6.8%	2.3%
Age 6 to 14	\$861.47	\$987.62	\$908.17	\$769.59	\$1,039.55	\$1,172.03	\$1,290.73	7.0%	-7.1%
Age 15 to 20	\$1,782.06	\$1,898.96	\$1,757.21	\$1,574.25	\$1,861.58	\$1,954.22	\$2,071.37	2.5%	-8.2%
Age 21 to 44	\$2,758.12	\$3,025.80	\$2,905.50	\$3,000.69	\$3,229.20	\$3,627.51	\$4,038.49	6.6%	-2.1%
Age 45 to 64	\$5,231.46	\$5,740.97	\$5,619.44	\$5,704.62	\$6,115.82	\$6,703.62	\$7,656.55	6.6%	-1.8%
Age 65 to 74	\$3,425.88	\$3,930.36	\$3,873.67	\$4,293.34	\$4,660.64	\$5,064.31	\$5,648.70	8.7%	-9.6%
Age 75 to 84	\$6,120.98	\$6,911.07	\$6,511.43	\$7,155.71	\$7,391.17	\$7,953.09	\$8,798.73	6.2%	-0.2%
Age 85 and Over	\$10,007.99	\$11,157.48	\$10,183.08	\$12,026.01	\$10,875.67	\$11,812.62	\$12,676.83	4.0%	2.9%
Age Unknown	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	n/a	0.0%
Total	\$2,470.26	\$2,767.67	\$2,620.30	\$2,776.87	\$3,024.99	\$3,329.95	\$3,666.73	6.8%	-0.1%
By Race									
White	\$2,974.11	\$3,373.28	\$3,200.36	\$3,483.24	\$3,791.25	\$4,201.13	\$4,615.81	7.6%	7.2%
Black	\$1,864.67	\$2,038.00	\$1,908.74	\$2,003.11	\$2,204.46	\$2,506.34	\$2,835.66	7.2%	0.3%
Hispanic, American Indian or Asian	\$1,334.47	\$1,450.26	\$1,420.56	\$1,458.45	\$1,554.73	\$1,649.45	\$1,803.45	5.1%	-16.4%
Other/Unknown	\$4,613.83	\$5,141.25	\$4,928.05	\$4,881.05	\$5,263.35	\$5,432.23	\$5,890.89	4.2%	0.5%
Total	\$2,470.26	\$2,767.67	\$2,620.30	\$2,776.87	\$3,024.99	\$3,329.95	\$3,666.73	6.8%	-0.1%
By Sex									
Female	\$2,492.38	\$2,772.56	\$2,615.08	\$2,770.03	\$3,007.99	\$3,302.39	\$3,646.35	6.5%	-1.5%
Male	\$2,433.26	\$2,759.63	\$2,628.67	\$2,787.80	\$3,051.74	\$3,372.47	\$3,698.28	7.2%	3.4%
Unknown	(\$2,406.67)	\$111.00	\$743.00	\$1,380.00	\$1,045.67	\$72.00	\$1,709.44	72.8%	-65.6%
Total	\$2,470.26	\$2,767.67	\$2,620.30	\$2,776.87	\$3,024.99	\$3,329.95	\$3,666.73	6.8%	-0.1%

Source: Health Care Financing Administration-Form HCFA 2082 for federal fiscal years

FLORIDA

SOUTHERN REGION MEDICAID PROFILE

Medicaid (Continued)

The program requires pharmacies to charge Medicare beneficiaries a price no greater than average wholesale price of the ingredients minus 9% plus a dispensing fee of \$4.50.

Children's Health Insurance Program: A Combination expansion of Medicaid and Florida Healthy Kids (Title XXI)

- Expanded Medicaid coverage for children age 15 to 19 in families with incomes up to 100% of the FPL; provides coverage for an additional 24,369 children/adolescents. The plan received HCFA approval on March 5, 1998.
- Expanded Florida Healthy Kids program for children/adolescents age 5 to 19 in families with incomes up to 200% of the FPL (includes premium subsidies); provides coverage for an additional 119,000 individuals. The Florida Healthy Kids program also offers full pay buy-in above 200% of the FPL; premiums of \$54 per month per member.
- Added Medikids program to provide coverage for children from birth to age 5 in families with incomes up to 200% of the FPL; provides coverage for an additional 23,000 children. The plan received HCFA approval on September 8, 1998.
- Added Children's Medical Services (CMS) Network program to provide coverage for individuals under the age of 18 with special health care needs in families with incomes up to 200% of the FPL; provides coverage for an additional 6,326 eligibles. CMS allows individuals with special needs to have a specialist as their primary care physician without any special authorization.
- Shifted coverage from MediKids and CMS Network to Medicaid for children birth to age one effective July 1, 2000.
- Received HCFA approval in March 2000 to implement a dental pilot program in Palm Beach and Dade counties.
- Expanded Medicaid coverage to enroll children under age 1 with family incomes between 185% and 200% of the FPL and eliminated coverage for this group under MediKids and Title XXI CMS Network.
- The four programs combined provide health care coverage to approximately 250,000 individuals as of July 2001.

Tobacco Settlement

- The state expects to receive approximately \$11.3 billion over 25 years.
- For Fiscal Year 2000, the tobacco settlement payment was approximately \$1.0 billion.
- The model statute, required by the Master Settlement Agreement, was enacted to receive tobacco money allotted to the state.

Enacted legislation in 1999 that distributed tobacco settlement monies into eight separate trusts, including one named for the late Governor Lawton Chiles. The Lawton Chiles Tobacco Endowment for Children and the Elderly uses tobacco monies to ensure the financial health of programs for children and seniors.

- The legislature appropriated funds for state fiscal year 2001 as follows:

\$149 million to the Agency for Health Care Administration, includes \$40 million for the state's CHIP.

\$177 million to the Department of Child and Family Services, includes \$145 to fund existing programs, \$24 million for foster care programs, and \$8 million for substance abuse treatment.

\$25 million to the Department of Elderly Affairs, including \$3 million for assisted living and home and community-based care.

\$93 million to the Department of Health, includes \$39 million for tobacco prevention and control.

SOUTHERN REGION MEDICAID PROFILE

Managed Care (continued)

Enacted legislation in 1999 that prohibits an HMO from canceling or failing to renew a contract without giving the subscriber at least 45 days notice in writing. Enacted legislation in 1999 that requires each exclusive provider organization, HMO and prepaid health clinic to allow female subscribers to visit a contracted OB/GYN for one annual visit and any medically necessary follow-up care.

Coverage for Targeted Population

•The Uninsured: Florida does not have a statewide indigent care program, however, there are local programs subsidized through special tax districts.

Cost Containment Measures

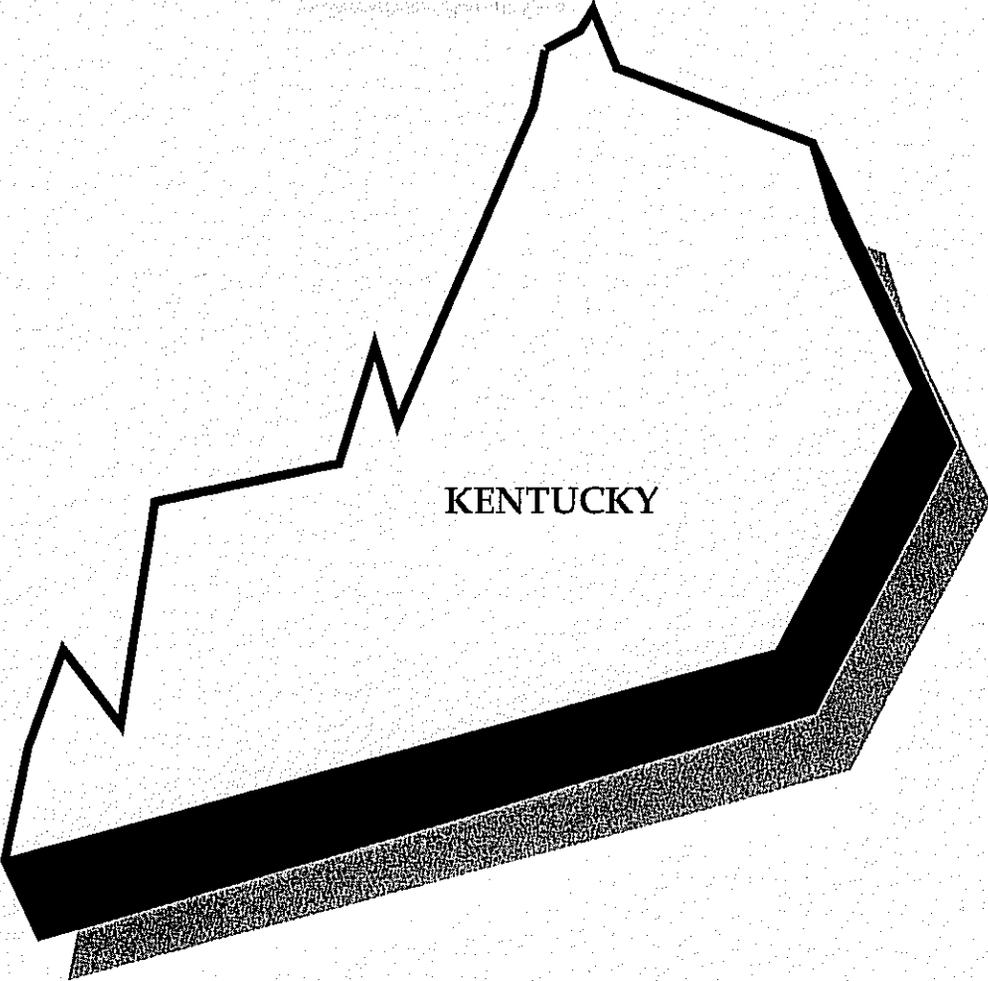
- Certificate of Need Program since 1973, amended in 2000. Regulates introduction or expansion of new institutional health facilities and services; exempts CON requirements for Medicare-certified home health agencies, respite care services, retirement communities and residential facilities that only serve retired military personnel and their dependents.
- Rate-setting established. A state authority approves a budget or rate structure for hospitals.
- Patient Transportation Services: Established prepaid capitation rates, prior authorization, and increased use of mass transit. For FY 98-99, capped funding at \$85.9 million.
- Nursing Homes: Reduced holding bed days from 15 to 8, therapeutic leave days from 30 to 16, and inflation limitations from 1.5 to 1.4 times inflation; reform incentives; and minor changes to the Fair Rental Value System.
- Home Health Care: Develop policy and procedures to ensure that Medicare is the primary payer for dual eligible recipients; and established prior authorization for home health, durable medical equipment and private duty nursing.
- Outpatient Hospital: Limited the inflation rate increase allowed by reducing the target rate increase from 3.2 to approximately 1.4 times inflation.
- Inpatient Psychiatric Hospital: Developed prior authorization process and managed care policies for community based services for children.
- Implemented provider enrollment reforms for transportation, durable medical equipment, home health, and physician group providers.
- Established a methodology to bill counties for 35% of the cost of hospital inpatient days (13 through 45) utilized by Medicaid recipients enrolled in Medicaid PHP and HMOs.
- Pharmacy Reforms: Implemented a variable dispensing fee for prescription drugs. The current Medicaid program pays for the cost of the drug plus a dispensing fee of \$4.23 for each prescription. The new policy will permit the development of a variable dispensing fee determined by volume and other factors.
- For FY 99-00, Florida projects an increase of \$20.7 million in collections from pharmaceutical manufacturers for drug rebates based on the utilization of drugs by Medicaid eligible persons enrolled in Health Maintenance Organizations and Prepaid plans.

Medicaid

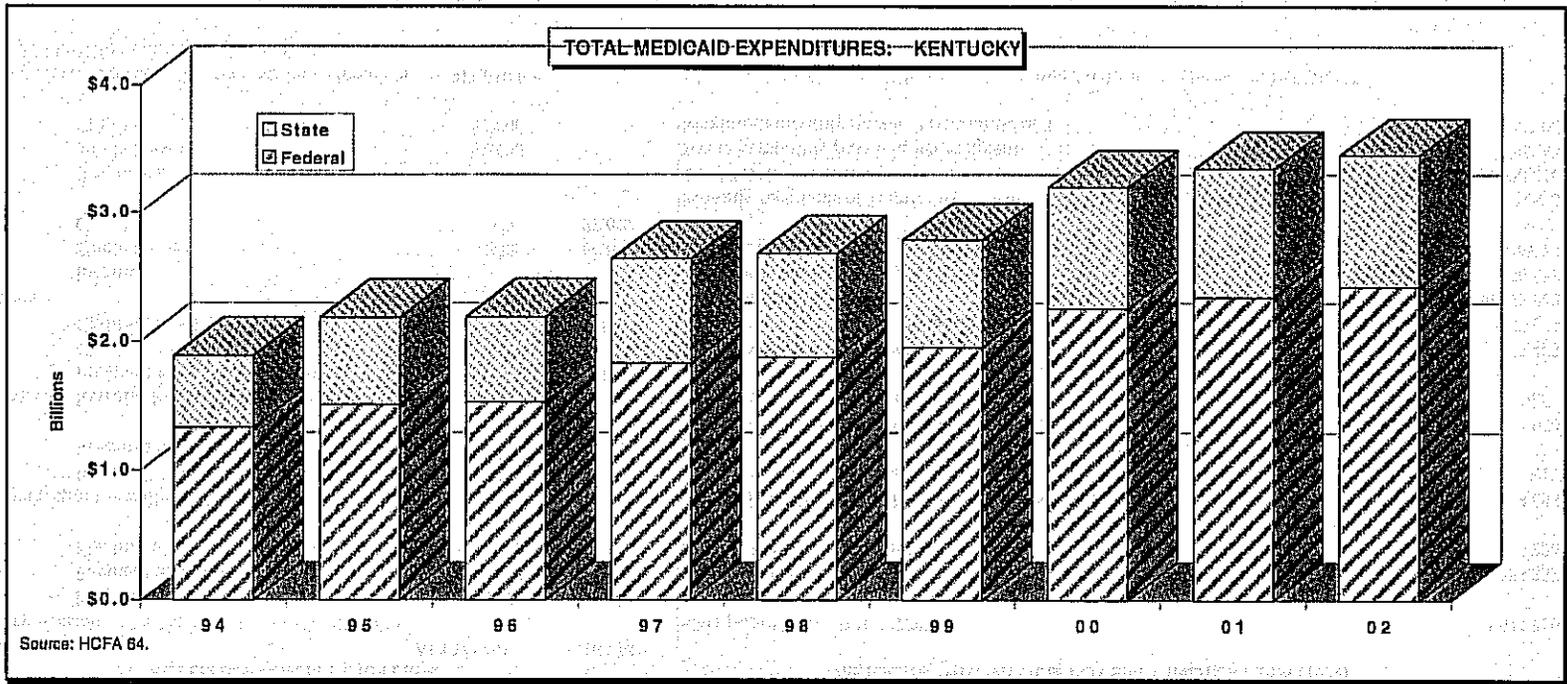
- 24 optional services are offered.
- All licensed HMO's have to take part in Medicaid unless they already have enrolled a specified number of Medicaid or Medicare enrollees.
- Counties pay 35% or \$55 per month for each nursing home resident and 35% of the non-federal share for the 13th through 45th day of of an inpatient stay for nursing home residents.
- Funded the Adult Cardiac Transplant Program as a result of the completion of a study as to the long term cost for this initiative.
- Expanded the Elderly Assisted Living Facility Waiver and the Elder Home and Community Based Services Waiver.
- In 2000, enacted new laws to: 1) require hospitals and clinics to provide newborn hearing screening; 2) allow the state to contract with an entity to provide behavioral health services through a capitated, prepaid arrangement; 3) expand eligibility for MediKids, Florida KidCare and Medicaid to children and pregnant women; 4) implement clinical eligibility and fee collection requirements for publicly funded substance abuse and mental health services; and 5) direct the Medicaid agency to implement a Medicaid prescription drug spending control program.
- Enacted the Prescription Affordability Act for Seniors to provide prescription drug subsidies, up to \$80 per person per month, to low income Florida residents age 65 and older with incomes between 90% and 120% of the FPL.
- Effective January 1, 2001, the Florida Medicare Prescription Discount Program will ensure that seniors do not pay full retail price for prescription drugs.

FLORIDA

STATE MEDICAID PROFILE



SOUTHERN REGION MEDICAID PROFILE



	FFY 94	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00*	FFY 01**	FFY 02**	Annual Rate of Change	Total Change 94-02
Medicaid Payments	\$1,835,019,970	\$2,121,928,735	\$2,132,812,645	\$2,571,547,988	\$2,595,560,522	\$2,697,336,889	\$3,094,832,031	\$3,230,882,000	\$3,335,373,000	7.8%	81.8%
Federal Share	\$1,303,214,804	\$1,478,866,369	\$1,499,738,794	\$1,802,405,130	\$1,831,785,078	\$1,907,514,929	\$2,190,728,391	\$2,276,861,000	\$2,354,081,000	7.7%	80.6%
State Share	\$531,805,166	\$643,062,366	\$633,073,851	\$769,142,858	\$763,775,444	\$789,821,960	\$904,103,640	\$954,021,000	\$981,292,000	8.0%	84.5%
Administrative Costs	\$55,329,001	\$60,006,090	\$56,720,555	\$64,772,145	\$82,295,409	\$82,702,943	\$101,052,332	\$109,458,000	\$111,769,000	9.2%	102.0%
Federal Share	\$32,250,036	\$35,416,371	\$31,940,888	\$35,313,441	\$50,814,765	\$48,067,997	\$61,318,656	\$65,029,000	\$66,370,000	9.4%	105.8%
State Share	\$23,078,965	\$24,589,719	\$24,779,667	\$29,458,704	\$31,480,644	\$34,634,946	\$39,733,676	\$44,429,000	\$45,399,000	8.8%	96.7%
Admin. Costs as % of Payments	3.02%	2.83%	2.66%	2.52%	3.17%	3.10%	2.50%	2.50%	2.50%		
Federal Match Rate*	70.91%	69.58%	70.30%	70.09%	70.37%	70.53%	70.55%	70.39%	69.94%		

*Rate shown is for Medicaid payments only. The FMAP (Federal Medical Assistance Percentage) is based on the relationship between each state's per capita personal income and that of the nation as a whole for the three most recent years. Federal share of state administrative costs is usually 50 percent or 75 percent, depending on function and whether or not medical personnel are used. **Federal Fiscal Years 01 and 02 reflect latest estimates reported by each state.

KENTUCKY

SOUTHERN REGION MEDICAID PROFILE

STATE FINANCING

	Payments		Administration	
	FFY 94	FFY 00	FFY 94	FFY 00
State General Fund	\$531,805,166	\$768,562,162	\$23,078,965	\$39,733,676
Local Funds	\$0	\$0	\$0	\$0
Provider Taxes	\$0	\$135,541,478	\$0	\$0
Donations	\$0	\$0	\$0	\$0
Other	\$0	\$0	\$0	\$0
Total State Share	\$531,805,166	\$904,103,640	\$23,078,965	\$39,733,676

Provider Taxes Currently in Place (FFY 00)		
Provider(s)	Tax Rate	Amt. Generated
Hospitals	2.50%	\$101,793,476
Pharmacies	0.25% per Rx	\$8,736,197
Physicians	2.00%	\$80,944
HHC	2.00%	\$6,639,275
ICF/MR	2.00%	\$1,389,587
Nurse Fac	\$0	\$16,901,999
Total		\$135,541,478

DISPROPORTIONATE SHARE HOSPITAL (DSH) PAYMENTS

	FFY 94	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	FFY 01*	FFY 02*	Annual Change
General Hospitals	\$81,155,370	\$161,480,654	\$117,706,563	\$165,640,794	\$160,194,731	\$154,172,283	\$147,947,133	\$141,420,000	\$134,211,000	2.2%
Mental Hospitals	\$0	\$34,767,327	\$33,791,199	\$65,158,786	\$34,490,470	\$35,817,792	\$35,177,066	\$35,707,000	\$31,645,000	-1.1%
Total	\$81,155,370	\$196,247,981	\$151,497,762	\$230,799,580	\$194,685,201	\$189,990,075	\$183,124,199	\$177,127,000	\$165,856,000	1.5%

SELECTED ELIGIBILITY CRITERIA

	At 10/1/01	% of FPL*
TANF-Temporary Assistance for Needy Families (Family of 3)		
Need Standard	\$526	43.1%
Payment Standard	\$262	21.5%
Maximum Payment	\$262	21.5%
Medically Needy Program (Family of 3)		
Income Eligibility Standard	\$308	
Resource Standard	\$2,000	
Pregnant Women, Children and Infants (% of FPL*)		
Pregnant women and infants	\$2,140	185.0%
Children 1 to 5	\$1,539	133.0%
Children 6 to 18	\$1,157	100
SSI Eligibility Levels		
Income:		
Single Person	\$500	69.8%
Couple	\$751	77.6%
Resources:		
Single Person	\$2,000	
Couple	\$3,000	

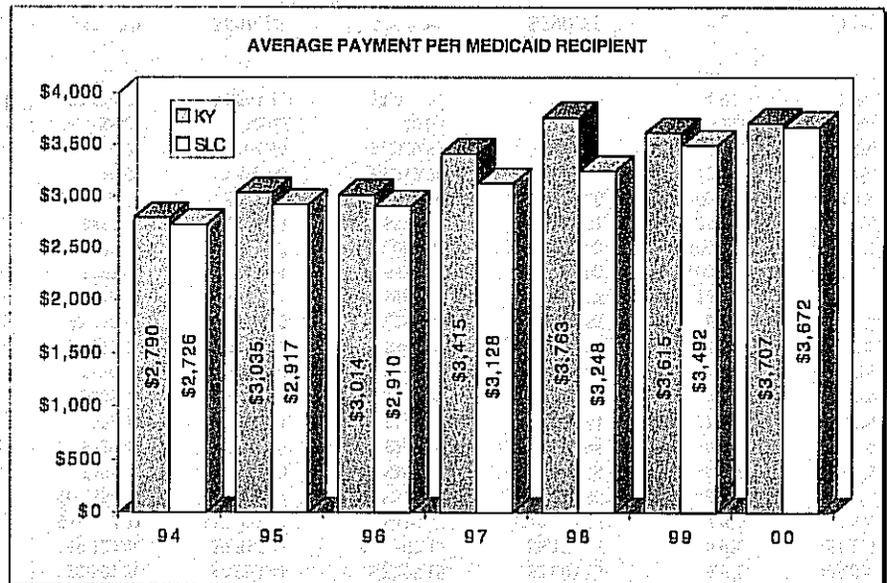
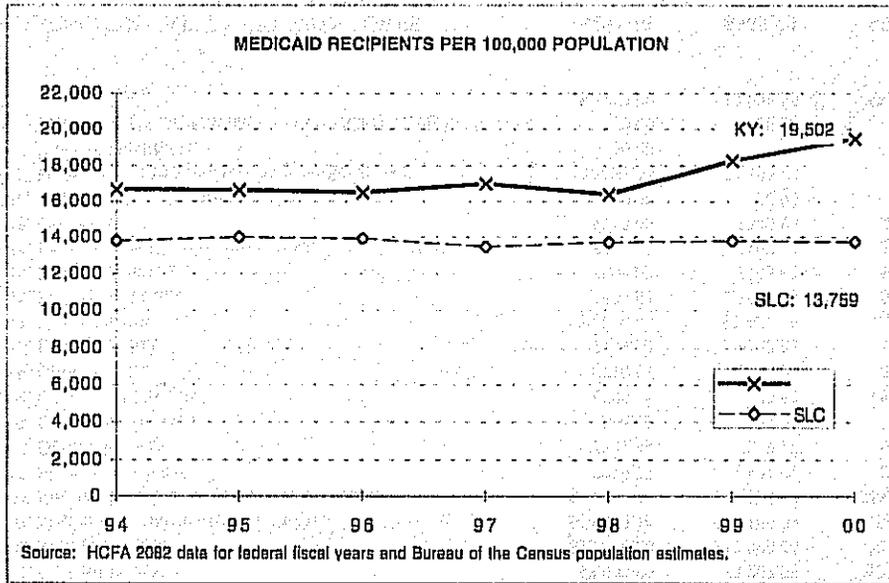
DEMOGRAPHIC DATA & POVERTY INDICATORS (1999)

		Rank in U.S.
State population—July 1, 2000*	4,041,769	25
Per capita personal income**	\$23,237	41
Median household income**	\$35,226	39
Population below Federal Poverty Level on July 1, 2000*	448,636	
Percent of total population	11.1%	9
Population without health insurance coverage*	574,000	25
Percent of total population	14.5%	23
Recipients of Food Stamps***	403,479	14
Households receiving Food Stamps***	167,971	14
Total value of issuance***	\$336,891,842	15
Average monthly benefit per recipient	\$69.58	28
Average monthly benefit per household	\$167.14	
Monthly recipients of Temporary Assistance to Needy Families (TANF)****	85,696	18
Total TANF payments****	\$208,378,610	25
Average monthly payment per recipient	\$202.63	
Maximum monthly payment per family of 3	\$262.00	43

*Current federal poverty level is \$8,590 per year for a single person, \$11,610 for a family of two and \$14,630 for a family of three. Table above shows monthly income levels.

*Bureau of the Census. **Bureau of Economic Analysis. ***USDA. ****USDHHS.

SOUTHERN REGION MEDICAID PROFILE



DATA BY TYPE OF SERVICES (Includes Fee-For-Service and Waivers)

RECIPIENTS BY TYPE OF SERVICES	FFY 94	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	Annual Change
01. General Hospital	109,147	103,979	104,194	142,868	93,875	67,869	118,748	1.4%
02. Mental Hospital	2,669	3,201	3,361	4,395	4,338	3,338	6,921	17.2%
03. Skilled and Intermediate (non-MR) Care Nursing	25,639	24,247	25,793	27,843	27,439	28,622	27,741	1.3%
04. Intermediate Care for Mentally Retarded	1,267	1,261	1,250	1,252	1,240	1,182	1,193	-1.0%
05. Physician Services	499,962	490,896	498,979	502,644	438,403	356,477	369,190	-4.9%
06. Dental Services	163,786	158,174	162,546	172,039	131,560	98,313	114,895	-5.7%
07. Other Practitioners	105,253	114,084	110,344	121,377	95,907	72,055	93,696	-1.9%
08. Outpatient Hospital	337,172	332,416	341,335	350,200	292,864	284,794	255,414	-4.5%
09. Clinic Services	123,547	135,575	149,467	171,596	144,896	148,794	156,025	4.0%
10. Lab and X-Ray	292,929	275,450	280,638	288,327	238,713	186,042	197,776	-6.3%
11. Home Health	51,987	59,098	64,169	73,688	67,405	18,431	20,283	-14.5%
12. Prescribed Drugs	493,689	491,370	497,251	494,293	429,102	361,545	372,265	-4.6%
13. Family Planning	41,060	29,269	43,361	50,835	34,697	16,953	6,280	-26.9%
14. Early & Periodic Screening, Diagnosis & Treatment	37,106	36,942	42,378	55,616	38,422	57,775	0	-100.0%
15. Other Care	184,110	197,094	203,343	241,613	208,539	653,958	269,046	6.5%
16. Personal Care Support Services	0	0	0	0	27,589	12,773	0	-100.0%
17. Home/Community Based Waiver Services	933	1,546	0	0	13,125	12,567	13,356	55.8%
18. Prepaid Health Care	0	0	0	0	194,164	204,778	716,187	92.1%
19. Primary Care Case Management (PCCM) Services	0	0	0	0	0	0	0	na
Total*	637,358	640,930	640,541	664,454	644,482	719,117	788,241	3.6%

*Annual totals for each service and for the grand total reflect unduplicated recipient counts. The grand total, therefore, may not equal the sum of the totals for each service.

SOUTHERN REGION MEDICAID PROFILE

PAYMENTS BY TYPE OF SERVICES	FFY 24	FFY 25	FFY 26	FFY 27	FFY 28	FFY 29	FFY 00	Annual	Share of Total
								Change	FFY 00
01. General Hospital	\$327,767,965	\$385,531,677	\$340,460,365	\$370,294,056	\$277,720,828	\$190,382,455	\$237,921,384	-5.2%	8.1%
02. Mental Hospital	\$32,829,450	\$41,592,073	\$40,936,172	\$40,101,982	\$42,689,470	\$42,743,683	\$42,735,895	4.5%	1.5%
03. Skilled and Intermediate (non-MR) Care Nursing	\$372,077,240	\$391,712,567	\$401,859,802	\$461,422,826	\$491,196,404	\$384,060,622	\$509,556,428	5.4%	17.4%
04. Intermediate Care for Mentally Retarded	\$71,128,316	\$72,342,236	\$57,547,393	\$79,320,366	\$79,305,645	\$72,474,072	\$85,556,428	3.1%	2.9%
05. Physician Services	\$213,101,036	\$196,856,415	\$181,826,315	\$204,705,525	\$164,972,078	\$171,972,078	\$149,291,836	-5.8%	5.1%
06. Dental Services	\$36,924,426	\$36,248,065	\$33,657,300	\$37,749,109	\$23,876,778	\$26,297,339	\$25,500,108	-6.0%	0.9%
07. Other Practitioners	\$10,328,285	\$9,583,863	\$9,138,360	\$11,221,622	\$8,865,468	\$9,281,991	\$17,881,075	9.6%	0.6%
08. Outpatient Hospital	\$170,861,562	\$206,270,545	\$214,277,032	\$248,098,689	\$211,965,422	\$208,460,794	\$226,802,319	4.8%	7.8%
09. Clinic Services	\$87,781,691	\$98,971,523	\$103,145,364	\$115,098,014	\$98,656,658	\$101,657,859	\$98,988,421	2.0%	3.4%
10. Lab and X-Ray	\$43,856,250	\$35,152,875	\$29,173,403	\$32,453,053	\$26,978,851	\$72,620,176	\$24,203,350	-9.4%	0.8%
11. Home Health	\$108,052,735	\$129,841,848	\$138,983,963	\$170,278,969	\$96,406,052	\$96,908,187	\$67,452,109	-7.6%	2.3%
12. Prescribed Drugs	\$217,044,606	\$251,745,610	\$272,539,525	\$316,464,180	\$319,983,951	\$350,199,429	\$359,672,219	8.8%	12.3%
13. Family Planning	\$12,606,068	\$10,789,430	\$9,331,020	\$13,979,776	\$8,543,697	\$8,996,034	\$0	-100.0%	0.0%
14. Early & Periodic Screening, Diagnosis & Treatment	\$4,409,918	\$3,980,010	\$25,387,150	\$54,906,308	\$61,282,505	\$61,050,004	\$6,414,826	6.4%	0.2%
15. Other Care	\$67,327,658	\$68,364,867	\$72,549,221	\$112,843,946	\$92,951,173	\$376,338,122	\$605,975,570	44.2%	20.7%
16. Personal Care Support Services	\$0	\$0	\$0	\$0	\$23,492,967	\$23,589,201	\$0	-100.0%	0.0%
17. Home/Community Based Waiver Services	\$2,501,508	\$6,471,252	\$0	\$0	\$84,874,155	\$86,875,389	\$15,732,575	35.9%	0.5%
18. Prepaid Health Care	\$0	\$0	\$0	\$0	\$311,526,039	\$315,352,134	\$448,643,128	20.0%	15.4%
19. Primary Case Management (PCCM) Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a	0.0%
Total (excludes DSH pymts, pharmacy rebates, & other adjs.)	\$1,778,598,714	\$1,945,454,856	\$1,930,812,385	\$2,268,938,421	\$2,425,288,141	\$2,599,259,569	\$2,922,327,671	8.6%	100.0%

AVERAGE PAYMENTS PER RECIPIENT BY TYPE OF SERVICES

									(+) or (-) SLC
									Aug. FFY 00
01. General Hospital	\$3,003.00	\$3,707.78	\$3,267.56	\$2,591.86	\$2,958.41	\$2,805.15	\$2,003.58	-6.5%	-43.0%
02. Mental Hospital	\$12,300.28	\$12,993.46	\$12,179.76	\$9,124.46	\$9,840.82	\$12,805.18	\$6,174.82	-10.9%	-51.1%
03. Skilled and Intermediate (non-MR) Care Nursing	\$14,512.16	\$16,155.09	\$15,580.19	\$16,572.31	\$17,901.40	\$13,418.37	\$18,368.35	4.0%	2.5%
04. Intermediate Care for Mentally Retarded	\$56,139.16	\$57,368.94	\$46,037.91	\$63,354.92	\$63,956.17	\$61,314.78	\$71,715.36	4.2%	3.2%
05. Physician Services	\$426.23	\$401.01	\$364.40	\$407.26	\$376.30	\$482.42	\$404.38	-0.9%	5.7%
06. Dental Services	\$225.44	\$229.17	\$207.06	\$219.42	\$181.49	\$267.49	\$221.94	-0.3%	-7.3%
07. Other Practitioners	\$98.13	\$84.01	\$82.82	\$92.45	\$92.44	\$128.82	\$190.84	11.7%	13.3%
08. Outpatient Hospital	\$506.75	\$620.52	\$627.76	\$708.45	\$723.77	\$731.97	\$887.98	9.8%	96.4%
09. Clinic Services	\$710.51	\$730.01	\$690.09	\$670.75	\$680.88	\$683.21	\$634.44	-1.9%	-6.6%
10. Lab and X-Ray	\$149.72	\$127.62	\$103.95	\$112.56	\$113.02	\$390.34	\$122.38	-3.3%	21.5%
11. Home Health	\$2,078.46	\$2,197.06	\$2,165.91	\$2,310.81	\$1,430.25	\$5,257.89	\$3,325.55	8.1%	16.1%
12. Prescribed Drugs	\$439.64	\$512.33	\$548.09	\$640.24	\$745.71	\$968.62	\$966.17	14.0%	1.5%
13. Family Planning	\$307.02	\$368.63	\$215.19	\$275.00	\$246.24	\$530.65	\$0.00	-100.0%	-100.0%
14. Early & Periodic Screening, Diagnosis & Treatment	\$118.85	\$107.74	\$599.06	\$987.24	\$1,594.98	\$1,056.69	\$0.00	-100.0%	-100.0%
15. Other Care	\$365.69	\$346.86	\$356.78	\$467.04	\$445.73	\$575.48	\$2,252.31	35.4%	108.3%
16. Personal Care Support Services	\$0.00	\$0.00	\$0.00	\$0.00	\$851.53	\$1,846.80	\$0.00	-100.0%	-100.0%
17. Home/Community Based Waiver Services	\$2,681.14	\$4,185.80	\$0.00	\$0.00	\$6,466.60	\$6,912.98	\$1,177.94	-12.8%	-69.4%
18. Prepaid Health Care	\$0.00	\$0.00	\$0.00	\$0.00	\$1,604.45	\$1,539.97	\$626.43	-37.5%	-9.5%
19. Primary Care Case Management (PCCM) Services	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	n/a	-100.0%
Total (Average)	\$2,789.70	\$3,035.36	\$3,014.35	\$3,414.74	\$3,763.16	\$3,614.52	\$3,707.40	4.9%	1.0%

TOTAL PER CAPITA EXPENDITURES	\$494.10	\$565.73	\$564.01	\$674.19	\$680.26	\$706.22	\$790.71	8.2%	29.2%
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KENTUCKY

SOUTHERN REGION MEDICAID PROFILE

DATA BY OTHER CHARACTERISTICS

RECIPIENTS BY OTHER CHARACTERISTICS

	<u>FFY 94</u>	<u>FFY 95</u>	<u>FFY 96</u>	<u>FFY 97</u>	<u>FFY 98</u>	<u>FFY 99</u>	<u>FFY 00</u>	<u>Annual Change</u>	<u>Share of Total FFY 00</u>
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	377,732	366,309	367,625	369,361	346,507	307,717	312,716	-3.1%	39.7%
Poverty Related Eligibles	18,551	16,203	22,593	158,048	184,829	57,330	50,076	18.0%	6.4%
Medically Needy	70,217	68,872	59,641	55,066	50,532	215,825	272,878	25.4%	34.6%
Other Eligibles	148,692	164,409	184,082	62,039	53,190	72,655	72,296	-11.3%	9.2%
Maintenance Assistance Status Unknown	22,366	25,137	6,600	19,940	9,424	65,590	80,275	23.7%	10.2%
Total	637,558	640,930	640,541	664,454	644,482	719,117	788,241	3.6%	100.0%
By Basis of Eligibility									
Aged, Blind, or Disabled	208,260	219,554	233,528	239,181	244,411	250,172	256,809	3.6%	32.6%
Children	272,754	270,303	280,731	276,601	273,114	298,192	345,713	4.0%	43.9%
Foster Care Children	0	0	0	5,637	6,369	7,558	8,038	12.6%	1.0%
Adults	134,178	125,936	119,682	123,094	111,161	97,605	97,406	-5.2%	12.4%
Basis of Eligibility Unknown	22,366	25,137	6,600	19,941	9,427	65,590	80,275	23.7%	10.2%
Total	637,558	640,930	640,541	664,454	644,482	719,117	788,241	3.6%	100.0%
By Age									
Under Age 1	22,658	23,979	21,679	21,595	22,487	29,842	46,456	12.7%	5.9%
Age 1 to 5	117,660	117,065	116,746	114,103	108,103	112,271	131,118	1.8%	16.6%
Age 6 to 14	117,099	119,327	126,952	132,747	136,877	145,004	166,215	6.0%	21.1%
Age 15 to 20	56,314	56,339	57,364	58,861	56,460	63,929	72,204	4.2%	9.2%
Age 21 to 44	161,661	158,343	159,374	163,583	153,490	143,840	142,185	-2.1%	18.0%
Age 45 to 64	63,753	66,239	69,723	72,966	75,170	75,574	77,853	3.4%	9.9%
Age 65 to 74	32,792	33,546	33,555	34,711	35,195	34,426	34,534	0.9%	4.4%
Age 75 to 84	28,694	28,491	29,107	30,023	30,128	28,874	28,437	-0.1%	3.6%
Age 85 and Over	20,565	20,283	20,758	22,102	22,252	19,905	17,369	-2.8%	2.2%
Age Unknown	16,362	17,318	5,283	13,763	4,320	65,452	71,870	28.0%	9.1%
Total	637,558	640,930	640,541	664,454	644,482	719,117	788,241	3.6%	100.0%
By Race									
White	521,045	520,848	528,339	539,963	525,911	532,888	584,048	1.9%	74.1%
Black	75,378	75,998	78,232	80,666	82,799	84,216	91,127	3.2%	11.6%
Hispanic, American Indian or Asian	4,197	4,767	4,923	5,776	6,492	7,050	9,949	15.5%	1.3%
Other/Unknown	36,938	39,317	29,047	38,049	29,280	94,963	103,117	18.7%	13.1%
Total	637,558	640,930	640,541	664,454	644,482	719,117	788,241	3.6%	100.0%
By Sex									
Female	380,808	380,144	385,961	399,283	386,239	384,919	415,150	1.4%	52.7%
Male	240,414	243,466	249,295	251,402	253,917	268,737	301,214	3.8%	38.2%
Unknown	16,336	17,320	5,285	13,769	4,326	65,461	71,877	28.0%	9.1%
Total	637,558	640,930	640,541	664,454	644,482	719,117	788,241	3.6%	100.0%

Source: Health Care Financing Administration-Form HCFA 2082 for Federal fiscal years

KENTUCKY

SOUTHERN REGION MEDICAID PROFILE

PAYMENTS BY OTHER CHARACTERISTICS

	<u>FFY 94</u>	<u>FFY 95</u>	<u>FFY 96</u>	<u>FFY 97</u>	<u>FFY 98</u>	<u>FFY 99</u>	<u>FFY 00</u>	<u>Annual Change</u>	<u>Share of Total FFY 00</u>
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	\$1,034,491,576	\$1,127,503,491	\$1,124,760,797	\$1,300,650,468	\$1,376,672,479	\$1,384,784,916	\$1,514,353,112	6.6%	51.8%
Poverty Related Eligibles	\$24,665,652	\$20,954,710	\$26,637,459	\$243,629,982	\$275,954,959	\$140,436,727	\$131,929,514	32.2%	4.5%
Medically Needy	\$178,983,450	\$194,192,593	\$176,879,998	\$193,036,218	\$174,912,771	\$296,670,692	\$403,568,484	14.5%	13.8%
Other Eligibles	\$523,947,769	\$574,677,261	\$598,606,502	\$521,236,305	\$588,092,271	\$750,118,937	\$839,352,811	8.2%	28.7%
Maintenance Assistance Status Unknown	\$16,510,267	\$28,126,801	\$3,927,629	\$10,385,448	\$9,655,661	\$27,248,297	\$33,123,750	12.3%	1.1%
Total	\$1,778,598,714	\$1,945,454,856	\$1,930,812,385	\$2,268,938,421	\$2,425,288,141	\$2,599,259,569	\$2,922,327,671	8.6%	100.0%
By Basis of Eligibility									
Aged, Blind or Disabled	\$1,218,674,498	\$1,359,088,770	\$1,392,267,819	\$1,598,820,480	\$1,745,501,467	\$1,905,619,746	\$2,106,506,209	9.6%	72.1%
Children	\$278,558,083	\$294,491,060	\$296,083,553	\$334,134,796	\$386,980,809	\$402,849,981	\$494,134,229	10.0%	16.9%
Foster Care Children	\$0	\$0	\$0	\$37,167,562	\$43,231,020	\$56,686,452	\$67,545,115	22.0%	2.3%
Adults	\$264,855,866	\$263,748,225	\$238,533,384	\$288,429,288	\$239,916,610	\$206,855,093	\$221,018,368	-3.0%	7.6%
Basis of Eligibility Unknown	\$16,510,267	\$28,126,801	\$3,927,629	\$10,386,295	\$9,658,235	\$27,248,297	\$33,123,750	12.3%	1.1%
Total	\$1,778,598,714	\$1,945,454,856	\$1,930,812,385	\$2,268,938,421	\$2,425,288,141	\$2,599,259,569	\$2,922,327,671	8.6%	100.0%
By Age									
Under Age 1	\$45,837,193	\$49,172,997	\$45,765,514	\$49,250,825	\$39,767,195	\$39,452,304	\$82,360,343	10.3%	2.8%
Age 1 to 5	\$128,903,698	\$145,934,260	\$148,639,618	\$162,615,425	\$182,568,410	\$182,741,390	\$198,405,162	7.5%	6.8%
Age 6 to 14	\$127,901,228	\$145,295,959	\$156,357,153	\$195,078,510	\$257,295,529	\$286,089,147	\$360,981,255	18.9%	12.4%
Age 15 to 20	\$121,749,412	\$131,507,835	\$133,385,766	\$173,285,034	\$170,759,041	\$200,550,776	\$214,801,459	9.9%	7.4%
Age 21 to 44	\$492,936,854	\$518,255,634	\$491,955,830	\$576,771,990	\$571,166,507	\$589,358,433	\$641,604,457	4.5%	22.0%
Age 45 to 64	\$333,911,722	\$378,512,104	\$377,933,946	\$449,889,275	\$492,554,678	\$525,443,960	\$588,359,726	9.9%	20.1%
Age 65 to 74	\$134,169,481	\$147,021,495	\$147,236,316	\$171,765,456	\$183,342,077	\$195,955,332	\$226,330,477	9.1%	7.7%
Age 75 to 84	\$185,919,339	\$198,032,462	\$204,333,509	\$229,688,829	\$250,195,634	\$268,355,735	\$307,641,900	8.8%	10.5%
Age 85 and Over	\$197,017,373	\$213,865,930	\$221,980,205	\$254,456,627	\$271,845,644	\$284,356,117	\$277,191,055	5.9%	9.5%
Age Unknown	\$10,252,414	\$17,856,180	\$3,224,528	\$6,136,450	\$5,793,426	\$26,956,375	\$24,651,837	15.7%	0.8%
Total	\$1,778,598,714	\$1,945,454,856	\$1,930,812,385	\$2,268,938,421	\$2,425,288,141	\$2,599,259,569	\$2,922,327,671	8.6%	100.0%
By Race									
White	\$1,483,994,092	\$1,604,557,918	\$1,595,801,919	\$1,871,308,004	\$1,993,823,547	\$2,105,514,712	\$2,368,136,217	8.1%	81.0%
Black	\$184,038,119	\$200,842,454	\$200,518,049	\$241,563,523	\$266,183,359	\$270,558,288	\$300,794,316	8.5%	10.3%
Hispanic, American Indian or Asian	\$8,911,304	\$11,237,044	\$9,522,259	\$12,131,697	\$15,525,260	\$14,743,618	\$20,292,927	14.7%	0.7%
Other/Unknown	\$101,655,199	\$128,817,440	\$124,970,158	\$143,935,197	\$149,755,975	\$208,442,951	\$233,104,211	14.8%	8.0%
Total	\$1,778,598,714	\$1,945,454,856	\$1,930,812,385	\$2,268,938,421	\$2,425,288,141	\$2,599,259,569	\$2,922,327,671	8.6%	100.0%
By Sex									
Female	\$1,146,549,697	\$1,243,429,604	\$1,236,983,005	\$1,450,856,412	\$1,510,527,921	\$1,595,033,998	\$1,790,907,743	7.7%	61.3%
Male	\$621,864,646	\$684,170,851	\$690,599,299	\$811,937,748	\$908,938,450	\$977,242,308	\$1,106,731,552	10.1%	37.9%
Unknown	\$10,184,371	\$17,854,401	\$3,230,081	\$6,144,261	\$5,821,770	\$26,983,263	\$24,688,376	15.9%	0.8%
Total	\$1,778,598,714	\$1,945,454,856	\$1,930,812,385	\$2,268,938,421	\$2,425,288,141	\$2,599,259,569	\$2,922,327,671	8.6%	100.0%

Source: Health Care Financing Administration-Form HCFA 2082 for federal fiscal years

SOUTHERN REGION MEDICAID PROFILE

AVERAGE PAYMENT PER RECIPIENT BY OTHER CHARACTERISTICS

	FFY 94	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	Annual Change	Above (+) or Below (-) SLC Avg. FFY 00
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	\$2,738.69	\$3,078.01	\$3,059.53	\$3,521.35	\$3,973.00	\$4,500.19	\$4,842.58	10.0%	10.9%
Poverty Related Eligibles	\$1,329.61	\$1,293.26	\$1,179.01	\$1,541.49	\$1,493.03	\$2,449.62	\$2,634.59	12.1%	50.5%
Medically Needy	\$2,549.00	\$2,819.62	\$2,965.75	\$3,505.54	\$3,461.43	\$1,374.59	\$1,478.93	-8.7%	-57.0%
Other Eligibles	\$3,523.71	\$3,495.41	\$3,251.85	\$8,401.75	\$11,056.44	\$10,324.40	\$11,609.95	22.0%	67.7%
Maintenance Assistance Status Unknown	\$738.19	\$1,118.94	\$595.10	\$520.83	\$1,024.58	\$415.43	\$412.63	-9.2%	-78.9%
Total	\$2,789.70	\$3,035.36	\$3,014.35	\$3,414.74	\$3,763.16	\$3,614.52	\$3,707.40	4.9%	1.0%
By Basis of Eligibility									
Aged, Blind or Disabled	\$5,851.70	\$6,190.23	\$5,961.89	\$6,684.56	\$7,141.66	\$7,617.24	\$8,202.62	5.8%	-0.8%
Children	\$1,021.28	\$1,089.48	\$1,054.69	\$1,208.00	\$1,416.92	\$1,350.98	\$1,429.32	5.8%	19.7%
Foster Care Children	\$0.00	\$0.00	\$0.00	\$6,593.50	\$6,787.72	\$7,500.19	\$8,403.22	8.4%	123.7%
Adults	\$1,973.91	\$2,094.30	\$1,993.06	\$2,343.16	\$2,158.28	\$2,119.31	\$2,269.04	2.3%	16.6%
Basis of Eligibility Unknown	\$738.19	\$1,118.94	\$595.10	\$520.85	\$1,024.53	\$415.43	\$412.63	-9.2%	-79.3%
Total	\$2,789.70	\$3,035.36	\$3,014.35	\$3,414.74	\$3,763.16	\$3,614.52	\$3,707.40	4.9%	1.0%
By Age									
Under Age 1	\$2,023.00	\$2,050.67	\$2,111.05	\$2,280.66	\$1,768.45	\$1,322.04	\$1,772.87	-2.2%	-43.1%
Age 1 to 5	\$1,095.56	\$1,246.61	\$1,273.19	\$1,425.16	\$1,688.84	\$1,627.68	\$1,513.18	5.5%	21.1%
Age 6 to 14	\$1,092.25	\$1,217.63	\$1,231.62	\$1,469.55	\$1,879.76	\$1,972.97	\$2,171.77	12.1%	56.4%
Age 15 to 20	\$2,161.97	\$2,334.22	\$2,325.25	\$2,943.97	\$3,024.43	\$3,137.09	\$2,974.92	5.5%	31.8%
Age 21 to 44	\$3,049.20	\$3,272.99	\$3,086.80	\$3,525.87	\$3,721.20	\$4,097.32	\$4,512.46	6.8%	9.4%
Age 45 to 64	\$5,237.58	\$5,714.34	\$5,420.51	\$6,165.74	\$6,552.54	\$6,952.71	\$7,557.32	6.3%	-3.0%
Age 65 to 74	\$4,091.53	\$4,382.68	\$4,387.91	\$4,948.44	\$5,209.32	\$5,692.07	\$6,553.84	8.2%	4.8%
Age 75 to 84	\$6,479.38	\$6,950.70	\$7,020.08	\$7,650.43	\$8,304.42	\$9,294.03	\$10,818.37	8.9%	22.7%
Age 85 and Over	\$9,580.23	\$10,544.10	\$10,693.72	\$11,512.83	\$12,216.68	\$14,285.66	\$15,958.95	8.9%	29.5%
Age Unknown	\$626.60	\$1,031.08	\$610.36	\$445.87	\$1,341.07	\$411.85	\$343.01	-9.6%	-95.2%
Total	\$2,789.70	\$3,035.36	\$3,014.35	\$3,414.74	\$3,763.16	\$3,614.52	\$3,707.40	4.9%	1.0%
By Race									
White	\$2,848.11	\$3,080.66	\$3,020.41	\$3,465.62	\$3,791.18	\$3,951.14	\$4,054.69	6.1%	-5.9%
Black	\$2,441.54	\$2,642.73	\$2,563.12	\$2,994.61	\$3,214.81	\$3,212.67	\$3,300.83	5.2%	16.7%
Hispanic, American Indian or Asian	\$2,123.26	\$2,357.26	\$1,934.24	\$2,100.36	\$2,391.44	\$2,091.29	\$2,039.70	-0.7%	-5.4%
Other/Unknown	\$2,752.05	\$3,276.38	\$4,302.34	\$3,782.89	\$5,114.62	\$2,194.99	\$2,260.58	-3.2%	-61.4%
Total	\$2,789.70	\$3,035.36	\$3,014.35	\$3,414.74	\$3,763.16	\$3,614.52	\$3,707.40	4.9%	1.0%
By Sex									
Female	\$3,010.83	\$3,270.94	\$3,204.94	\$3,633.65	\$3,910.86	\$4,143.82	\$4,313.88	6.2%	16.6%
Male	\$2,586.64	\$2,810.13	\$2,770.21	\$3,229.64	\$3,579.67	\$3,636.43	\$3,674.24	6.0%	2.8%
Unknown	\$623.43	\$1,030.85	\$611.18	\$446.24	\$1,345.76	\$412.20	\$343.48	-9.5%	-93.1%
Total	\$2,789.70	\$3,035.36	\$3,014.35	\$3,414.74	\$3,763.16	\$3,614.52	\$3,707.40	4.9%	1.0%

Source: Health Care Financing Administration-Form HCFA 2082 for federal fiscal years

KENTUCKY

SOUTHERN REGION MEDICAID PROFILE

ADDITIONAL STATE HEALTH CARE INFORMATION

Sources: "Major Health Care Policies: 50 State Profiles", Health Policy Tracking Service, January, 2001; and "Medicaid Services State by State", HCFA, October 2000.
*Information supplied by State Medicaid Agency

Waivers

Kentucky operates two waivers under Title XIX, Section 1915 (b). One, a Freedom of Choice Waiver, established a primary care case management program for Medicaid beneficiaries, in which a case manager acts as a gatekeeper to the system. This program, called KenPac: Patient Access to Care, has been operating since March 1, 1987 and operates in 113 of 120 counties. The second 1915 (b) waiver, a Selective Contracting with Providers Waiver, went into effect in February, 1996 and allows the state to choose contractors to provide non-emergency transportation to beneficiaries to and from medical services.

Kentucky has one health reform demonstration waiver, The Partnership, approved October 12, 1995, under Title IV-A, Section 1115, of the Social Security Act, implemented on July 1, 1996. Under The Partnership, the state was divided into eight managed care regions with a network consisting of public and private providers. As of July 1, 1998, two of the eight partnerships had been approved. The Partnership will improve access for 493,000 current Medicaid eligibles.

Kentucky also operates a number of Home and Community Based Service Waivers, under Section 1915 (c), enabling the state to provide long-term care services to people who otherwise would require institutionalization: They include:

- Elderly & Disabled: Serves 17,500 people, operating since January 1, 1987.
- Mental Retardation/Developmental Disabilities: Serves 1,609 people, operating since January 1, 1984.
- Ventilator-Dependent Individuals: Serves 100 people, operating since October 1, 1987.
- Traumatic Brain Injury: HCFA approved in March of 1999. Operational since April 1999. The waiver is approved for 110 personal care and 990 home care slots.

Managed Care

- Any Willing Provider Clause: For all providers (1994); the law was expanded in 1996 to include Chiropractors as primary care providers.

Coverage for Targeted Population

- The Uninsured: The Medical Assistance Indigent Trust Fund provides funds for disproportionate share hospitals. The fund imposes provider taxes to generate federal revenue to be used to pay uncompensated care costs to hospitals, nursing homes, physicians, home health agencies, and pharmacies.
- Legislation passed in 1996 phases out various provider taxes over four years—as of July 1, 2000 all provider taxes, except a hospital tax of 2.5%, were to expire.
- Enacted legislation in 2000 that created the Kentucky Access program, the state's high-risk pool, to provide health insurance to the sickest population. The program was funded with approximately \$17 million in tobacco settlement monies and up to \$16 million in existing assessments on insurance companies.

Cost Containment Measures

- Certificate of Need Program since 1972. Regulates introduction or expansion of new institutional health facilities and services.
- Health Policy Board may set a target expenditure limit for total state health expenditures with the goal that the rate of increase decline by 10% per year until it is equal to the rate of increase in state personal income. The Board also has some oversight over the Medicaid program and related cost containment measures. Cost controls include: purging rolls of ineligibles; constructing conservative reimbursement methodologies; reviewing existing cost-based reimbursement systems for hospitals and nursing homes to determine whether more cost effective alternatives such as Diagnostic-Related Groups (DRG's) exist; restricting non-emergency transportation; strengthening utilization review; using "smart cards" to monitor utilization of services and other computer technology to facilitate utilization review (with a focus on prescription drug utilization); instituting aggressive collections procedures; and reducing disproportionate share payments to

KENTUCKY

SOUTHERN REGION MEDICAID PROFILE

facilities which fail to provide free services to sufficient numbers of indigent patients. However, there is no longer a Health Policy Board. It has not been in existence since July 1996.

- Physicians' offices must now apply for a certificate of need for any new major equipment in excess of \$500,000.
- Rate setting. Prospective payment/per diem methodology used for Medicaid.

Medicaid

- 24 optional services are offered.
- Enacted at least 10 pieces of legislation in the areas of telehealth, mental retardation and developmental disabilities, senior pharmacy assistance, inherited metabolic disorders, transportation services, chiropractors, critical access hospitals, provider taxes, and disproportionate share hospitals.

Children's Health Insurance Program: Medicaid expansion and state designed plan

- CHIP in Kentucky, called "Kentucky Children's Health Insurance Program" (KCHIP), received HCFA approval on November 30, 1998. The program, which is a combination of Medicaid expansion and a state-designed insurance plan, is administered by the state Medicaid agency. The Medicaid expansion provides health care coverage for eligibles age 14 to 19 in families with incomes up to 100% of the FPL. The KCHIP insurance program provides health care coverage to individuals birth to 19 in families with incomes between 100% and 200% of the FPL who are not Medicaid eligible; the KCHIP program has provided coverage to an additional 80,000 eligibles as of August 2001.
- For families with incomes up to 100% of the FPL, there are no cost sharing obligations.
- Families with incomes between 101% and 200% of the FPL are required to pay premiums as follows:

100%-133%:	\$10 per 6 month period
134%-149%:	\$20 per 6 month period
150%-200%:	\$20 per month per six month period (not to exceed 5% of the family's annual income)

Tobacco Settlement

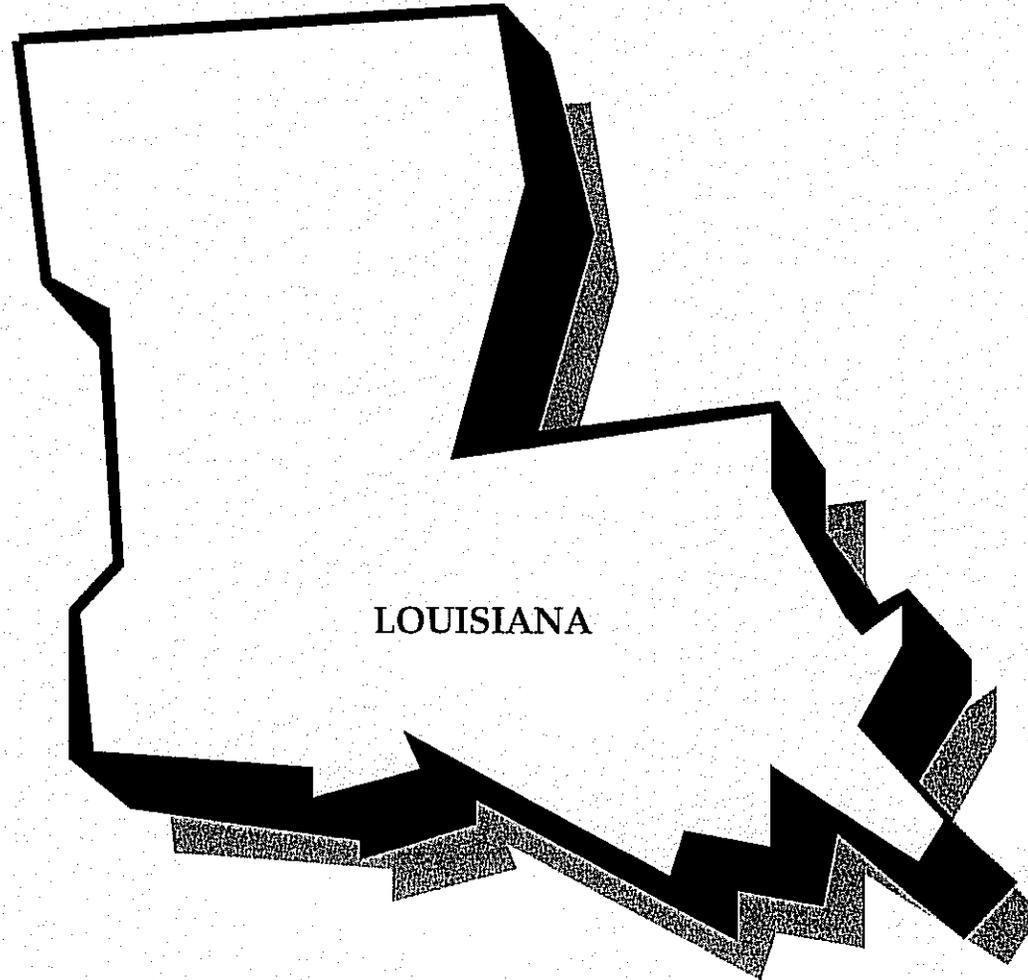
- The state expects to receive approximately \$3.45 billion over 25 years.
- For Fiscal Year 2000, the tobacco settlement payment was approximately \$142 million.
- Several specific measures for use of tobacco settlement monies were adopted by the Legislature in FFY 00 as follows:
 50% of the tobacco settlement funds will go to farmers, rural counties, and agriculture projects
 25% of the tobacco settlement funds will be used to fund early childhood development programs
 25% of the tobacco settlement funds will be used to fund health care initiatives, including Kentucky Access (70%), lung cancer research (20%) and tobacco use prevention and control (10%).

	FY 2001	FY 2002
*Agricultural Development Initiatives	\$119,450,000	\$60,800,000
Early Childhood Initiatives (Health and Child Care)	\$25,275,000	\$30,400,000
Smoking Cessation	\$5,057,500	\$5,540,000
Lung Cancer	\$5,055,000	\$6,080,000
Kentucky Access Health Insurance Program	\$15,192,500	\$18,780,000
TOTAL	\$170,030,000	\$121,600,000

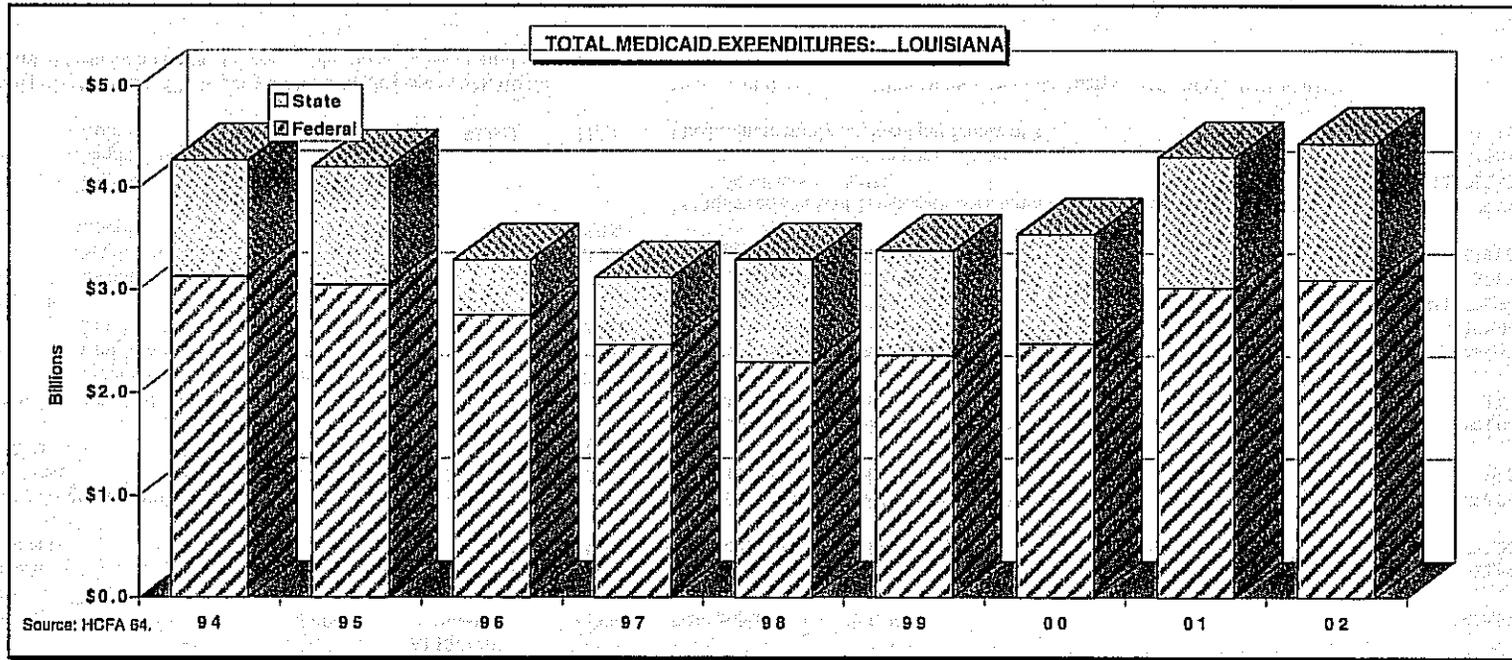
*Agriculture Development Initiatives for 2001 includes money from prior year receipts.

KENTUCKY

STATE MEDICAID PROFILE



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	FFY 94	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00*	FFY 01**	FFY 02**	Annual Rate of Change	Total Change 94-02
Medicaid Payments	\$4,194,943,911	\$4,125,254,361	\$3,211,411,620	\$3,030,956,227	\$3,200,211,547	\$3,282,146,476	\$3,443,282,971	\$4,193,894,056	\$4,310,090,998	0.3%	2.7%
Federal Share	\$3,086,295,785	\$3,001,284,321	\$2,687,813,365	\$2,400,089,770	\$2,243,759,832	\$2,310,956,891	\$2,422,693,898	\$2,957,953,478	\$3,029,993,972	-0.2%	-1.8%
State Share	\$1,108,648,126	\$1,123,970,040	\$523,598,255	\$630,866,457	\$956,451,715	\$971,189,585	\$1,020,589,073	\$1,235,940,578	\$1,280,097,026	1.8%	15.5%
Administrative Costs	\$74,764,443	\$83,414,438	\$78,943,296	\$86,130,925	\$98,638,983	\$100,826,708	\$99,694,716	\$103,079,851	\$124,289,083	6.6%	66.2%
Federal Share	\$40,772,739	\$45,115,920	\$65,974,677	\$65,485,070	\$54,423,948	\$58,392,000	\$55,200,964	\$58,095,804	\$69,067,443	6.8%	69.4%
State Share	\$33,991,704	\$38,298,518	\$12,968,619	\$20,645,855	\$44,215,035	\$42,434,708	\$44,493,752	\$45,087,127	\$55,221,640	6.3%	62.5%
Admin. Costs as % of Payments	1.78%	2.02%	2.46%	2.84%	3.08%	3.07%	2.90%	2.46%	2.88%		
Federal Match Rate*	73.49%	72.65%	76.93%	79.04%	70.03%	70.37%	70.32%	70.53%	70.30%		

*Rate shown is for Medicaid payments only. The FMAP (Federal Medical Assistance Percentage) is based on the relationship between each state's per capita personal income and that of the nation as a whole for the three most recent years. Federal share of state administrative costs is usually 50 percent or 75 percent, depending on function and whether or not medical personnel are used. **Federal Fiscal Years 01 and 02 reflect latest estimates reported by each state.

LOUISIANA

SOUTHERN REGION MEDICAID PROFILE

STATE FINANCING

	Payments		Administration	
	FFY 94	FFY 00	FFY 94	FFY 00
State General Fund	\$1,108,648,126	\$935,965,910	\$33,991,704	\$44,493,752
Local Funds	\$0	\$0	\$0	\$0
Provider Taxes	\$0	\$84,623,163	\$0	\$0
Donations	\$0	\$0	\$0	\$0
Other	\$0	\$0	\$0	\$0
Total State Share	\$1,108,648,126	\$1,020,589,073	\$33,991,704	\$44,493,752

Provider(s)	Provider Taxes Currently in Place (FFY 00)		Amount
	Tax Rate (Per Recipient Day)		
Nursing Homes	\$5.22 (10/1/99 - 2/28/00)		\$58,057,611
	\$5.16 (3/01/00 - 6/30/00)		
	\$5.56 (7/01/00)		
MR Facilities	\$10.39 (10/1/99 - 2/28/00)		\$20,970,400
	\$9.98 (3/01/00 - 6/30/00)		
Pharmacy	\$10.93 (7/01/00)		\$5,595,152
Total			\$84,623,163

DISPROPORTIONATE SHARE HOSPITAL (DSH) PAYMENTS

	FFY 94	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	FFY 01*	FFY 02*	Annual Change
General Hospitals	\$856,745,848	\$1,091,279,423	\$572,364,336	\$572,055,820	\$654,692,384	\$696,535,584	\$698,563,704	\$696,098,000	\$696,098,000	3.3%
Mental Hospitals	\$360,890,152	\$126,097,087	\$93,925,765	\$89,976,091	\$83,569,366	\$77,341,613	\$65,389,470	\$79,382,000	\$79,382,000	-2.8%
Total	\$1,217,636,000	\$1,217,376,510	\$666,290,101	\$662,031,911	\$738,261,750	\$773,877,197	\$763,953,174	\$775,480,000	\$775,480,000	2.6%

*Estimated.

SELECTED ELIGIBILITY CRITERIA

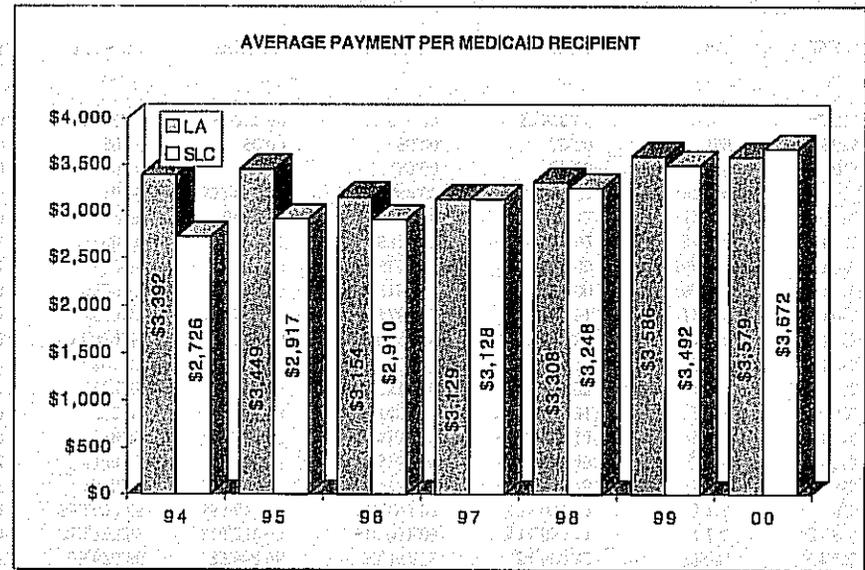
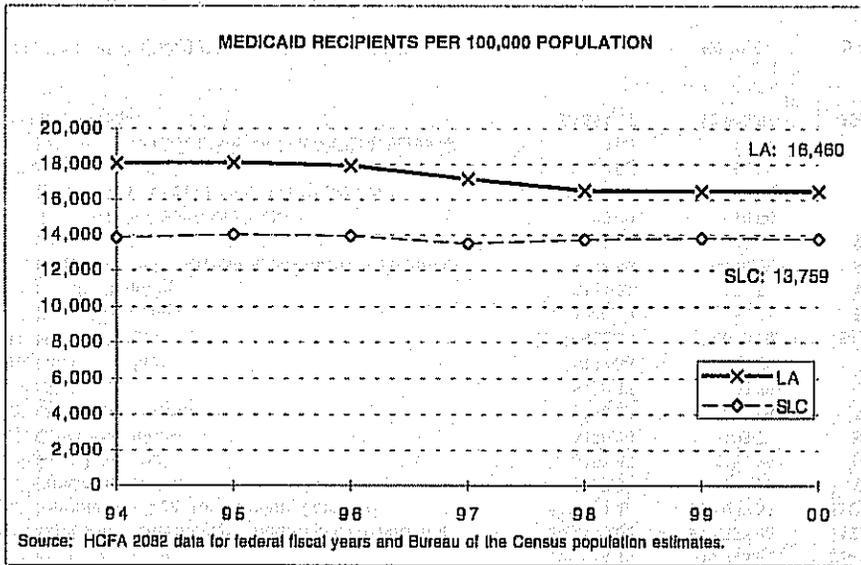
DEMOGRAPHIC DATA & POVERTY INDICATORS (1999)

SELECTED ELIGIBILITY CRITERIA					DEMOGRAPHIC DATA & POVERTY INDICATORS (1999)		
	Urban		Rural		State population—July 1, 2000*	4,468,976	Rank in U.S.
	% of FPL*	At 10/1/01	% of FPL*	At 10/1/01			
TANF(Family of 3) Need Standard	\$658	54.0%	\$599	49.1%	Per capita personal income**	\$22,847	44
Payment Standard	\$190	15.6%	\$174	14.3%	Median household income**	\$33,218	44
Maximum Payment	\$190	15.6%	\$174	14.3%	Population below Federal Poverty Level on July 1, 2000*	679,284	
Medically Needy Program (Family of 3)			Rural		Percent of total population	15.2%	2
Income Eligibility Std	\$258	N/A	\$233	N/A	Population without health insurance coverage*	984,000	13
Resource Standard	\$3,025	N/A	N/A	N/A	Percent of total population	22.5%	3
Pregnant Women, Children and Infants (% of FPL*)					Recipients of Food Stamps***	499,851	10
Pregnant women and infants				133.0%	Households receiving Food Stamps***	191,891	12
Children 1 to 5				133.0%	Total value of issuance***	\$448,096,963	10
Children 6 to 18 (born after 10/1/1983)				100.0%	Average monthly benefit per recipient	\$74.71	11
SSI Eligibility Levels					Average monthly benefit per household	\$194.60	
Income:					Monthly recipients of Temporary Assistance to Needy Families (TANF)****	79,745	20
Single Person			\$484	67.6%	Total TANF payments****	\$128,325,658	26
Couple			\$726	75.0%	Average monthly payment per recipient	\$134.10	
Resources:					Maximum monthly payment per family of 3	\$190.00	46
Single Person			\$2,000	N/A			
Couple			\$3,000	N/A			

*Current federal poverty level is \$8,590 per year for a single person, \$11,610 for a family of two and \$14,630 for a family of three. Table above shows monthly income levels.

*Bureau of the Census. **Bureau of Economic Analysis. ***USDA. ****USDHHS.

SOUTHERN REGION MEDICAID PROFILE



DATA BY TYPE OF SERVICES (Includes Fee-For-Service and Waivers)

RECIPIENTS BY TYPE OF SERVICES

	FFY 94	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	Annual Change
01. General Hospital	147,112	150,015	150,582	148,522	153,081	156,176	163,849	1.8%
02. Mental Hospital	4,852	3,286	4,546	4,322	2,847	2,739	6,297	4.4%
03. Skilled and Intermediate (non-MR) Care Nursing	38,794	39,209	41,090	34,605	34,403	35,869	35,064	-1.7%
04. Intermediate Care for Mentally Retarded	6,087	6,141	6,153	6,057	6,014	6,596	5,921	-0.5%
05. Physician Services	651,112	661,360	649,849	618,042	598,546	603,533	614,856	-1.0%
06. Dental Services	161,038	154,863	153,702	137,578	128,341	133,645	137,452	-2.6%
07. Other Practitioners	144,154	144,938	126,438	117,231	71,230	110,892	117,627	-3.3%
08. Outpatient Hospital	403,838	406,798	383,296	360,379	355,568	367,695	334,669	-3.1%
09. Clinic Services	93,490	115,695	124,533	94,124	69,912	96,077	121,977	4.5%
10. Lab and X-Ray	456,595	483,052	471,759	450,728	432,781	425,048	442,461	-0.5%
11. Home Health	15,220	15,485	15,986	22,226	41,705	42,100	9,968	-6.8%
12. Prescribed Drugs	604,163	598,579	593,415	563,864	552,481	578,011	559,064	-1.3%
13. Family Planning	68,939	64,716	62,680	43,251	60,975	64,902	0	-100.0%
14. Early & Periodic Screening, Diagnosis & Treatment	280,481	283,287	285,561	214,047	279,309	299,116	0	-100.0%
15. Other Care	230,189	185,560	165,127	416,446	142,350	134,611	33,930	-27.3%
16. Personal Care Support Services	0	0	0	0	67,602	67,945	85,916	12.7%
17. Home/Community Based Waiver Services	0	0	0	0	2,751	3,008	77,096	429.4%
18. Prepaid Health Care	0	0	0	0	0	0	0	n/a
19. Primary Care Case Management (PCCM) Services	0	0	0	0	0	0	0	n/a
Total*	778,223	785,399	777,708	746,461	720,613	719,626	735,575	-0.9%

*Annual totals for each service and for the grand total reflect unduplicated recipient counts. The grand total, therefore, may not equal the sum of the totals for each service.

LOUISIANA

SOUTHERN REGION MEDICAID PROFILE

<u>PAYMENTS BY TYPE OF SERVICES</u>									Annual	Share of Total
	FFY 94	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	Change	FFY 00	
01. General Hospital	\$707,289,683	\$683,716,231	\$616,280,300	\$540,567,154	\$527,916,078	\$550,703,668	\$530,043,235	-4.7%	20.1%	
02. Mental Hospital	\$94,592,929	\$47,310,088	\$28,808,286	\$15,888,556	\$15,963,066	\$14,666,584	\$28,338,575	-18.2%	1.1%	
03. Skilled and Intermediate (non-MR) Care Nursing	\$509,559,921	\$524,516,799	\$509,799,469	\$475,319,276	\$490,677,315	\$503,998,393	\$492,782,730	-0.6%	18.7%	
04. Intermediate Care for Mentally Retarded	\$298,898,584	\$303,913,854	\$311,422,516	\$321,158,168	\$322,468,549	\$311,359,384	\$349,878,531	2.7%	13.3%	
05. Physician Services	\$246,025,471	\$249,516,117	\$212,744,176	\$188,896,154	\$196,895,190	\$224,758,140	\$206,455,376	-2.9%	7.8%	
06. Dental Services	\$29,928,263	\$28,225,881	\$25,548,524	\$19,690,000	\$18,204,824	\$22,398,391	\$22,197,300	-4.9%	0.8%	
07. Other Practitioners	\$24,647,621	\$28,343,812	\$12,897,019	\$11,545,797	\$4,492,336	\$14,625,605	\$11,190,643	-12.3%	0.4%	
08. Outpatient Hospital	\$157,534,440	\$167,956,912	\$141,663,462	\$135,156,773	\$146,755,783	\$149,334,965	\$146,353,136	-1.2%	5.6%	
09. Clinic Services	\$30,896,038	\$46,537,987	\$41,972,627	\$42,579,181	\$33,718,060	\$40,223,741	\$43,661,851	5.9%	1.7%	
10. Lab and X-Ray	\$57,009,115	\$59,898,621	\$45,323,812	\$41,218,672	\$42,386,889	\$44,605,403	\$45,923,409	-3.5%	1.7%	
11. Home Health	\$29,261,622	\$32,188,687	\$27,148,462	\$39,435,412	\$41,600,791	\$46,505,101	\$21,270,411	-5.2%	0.8%	
12. Prescribed Drugs	\$269,035,462	\$292,293,619	\$297,433,210	\$315,444,016	\$352,784,785	\$430,518,832	\$478,843,322	10.1%	18.2%	
13. Family Planning	\$9,941,658	\$9,807,458	\$9,608,629	\$9,522,358	\$11,599,544	\$12,243,448	\$0	-100.0%	0.0%	
14. Early & Periodic Screening, Diagnosis & Treatment	\$40,534,915	\$41,949,888	\$34,477,455	\$16,898,557	\$43,497,715	\$61,317,108	\$0	-100.0%	0.0%	
15. Other Care	\$178,994,046	\$192,302,301	\$137,415,999	\$162,687,423	\$41,368,967	\$47,735,823	\$186,703,888	0.7%	7.1%	
16. Personal Care Support Services	\$0	\$0	\$0	\$0	\$30,413,215	\$40,862,455	\$30,022,006	-0.6%	1.1%	
17. Home/Community Based Waiver Services	\$0	\$0	\$0	\$0	\$62,765,878	\$65,000,084	\$38,857,991	-21.3%	1.5%	
18. Prepaid Health Care	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a	0.0%	
19. Primary Care Management (PCCM) Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a	0.0%	
Total (excludes DSH pymts, pharmacy rebates, & other adjs.)	\$2,684,149,768	\$2,708,478,255	\$2,452,543,946	\$2,336,007,497	\$2,383,508,985	\$2,580,857,125	\$2,632,522,404	-0.3%	100.0%	

AVERAGE PAYMENTS PER RECIPIENT BY TYPE OF SERVICES

									(+) or (-) SLC	
	FFY 94	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	Change	Avg. FFY 00	
01. General Hospital	\$4,274.43	\$4,503.32	\$4,557.65	\$3,639.64	\$3,448.61	\$3,526.17	\$3,234.95	-4.5%	-8.0%	
02. Mental Hospital	\$20,014.45	\$19,495.66	\$14,397.47	\$3,676.20	\$5,606.98	\$5,354.72	\$4,500.33	-22.0%	-64.4%	
03. Skilled and Intermediate (non-MR) Care Nursing	\$13,135.02	\$13,377.46	\$12,406.90	\$13,735.57	\$14,262.63	\$14,051.09	\$14,053.81	1.1%	-21.6%	
04. Intermediate Care for Mentally Retarded	\$49,104.42	\$49,489.31	\$50,613.12	\$53,022.65	\$53,619.65	\$47,204.27	\$59,091.12	3.1%	-15.0%	
05. Physician Services	\$377.85	\$377.28	\$327.37	\$305.64	\$328.96	\$372.40	\$335.78	-1.9%	-12.3%	
06. Dental Services	\$185.85	\$182.26	\$166.22	\$143.12	\$141.85	\$167.60	\$161.49	-2.3%	-32.5%	
07. Other Practitioners	\$170.98	\$195.56	\$102.00	\$98.49	\$63.07	\$131.89	\$95.14	-9.3%	-43.5%	
08. Outpatient Hospital	\$390.09	\$412.88	\$369.59	\$375.04	\$412.74	\$406.14	\$437.31	1.9%	-3.3%	
09. Clinic Services	\$330.47	\$402.25	\$337.04	\$452.37	\$482.29	\$418.66	\$357.95	1.3%	-47.3%	
10. Lab and X-Ray	\$124.86	\$124.00	\$96.07	\$91.45	\$97.94	\$104.94	\$103.79	-3.0%	3.0%	
11. Home Health	\$1,922.58	\$2,078.70	\$1,698.26	\$1,774.29	\$997.50	\$1,104.63	\$2,133.87	1.8%	-25.5%	
12. Prescribed Drugs	\$445.30	\$488.31	\$501.22	\$559.43	\$638.55	\$744.83	\$856.51	11.5%	-10.0%	
13. Family Planning	\$144.21	\$151.55	\$153.30	\$220.17	\$190.23	\$188.65	\$0.00	-100.0%	-100.0%	
14. Early & Periodic Screening, Diagnosis & Treatment	\$144.52	\$148.08	\$120.74	\$78.95	\$155.73	\$204.99	\$0.00	-100.0%	-100.0%	
15. Other Care	\$777.60	\$1,036.33	\$832.18	\$390.66	\$290.61	\$354.62	\$5,502.62	38.6%	408.8%	
16. Personal Care Support Services	\$0.00	\$0.00	\$0.00	\$0.00	\$449.89	\$601.40	\$349.43	-11.9%	-76.1%	
17. Home/Community Based Waiver Services	\$0.00	\$0.00	\$0.00	\$0.00	\$22,815.66	\$21,609.07	\$504.02	-85.1%	-86.9%	
18. Prepaid Health Care	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	n/a	-100.0%	
19. Primary Care Case Management (PCCM) Services	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	n/a	-100.0%	
Total (Average)	\$3,391.51	\$3,448.54	\$3,153.55	\$3,129.44	\$3,307.60	\$3,586.39	\$3,578.86	0.9%	-2.5%	

TOTAL PER CAPITA EXPENDITURES	\$989.59	\$970.17	\$758.00	\$715.97	\$755.06	\$774.32	\$792.79	-3.6%	29.5%
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LOUISIANA

SOUTHERN REGION MEDICAID PROFILE

DATA BY OTHER CHARACTERISTICS

RECIPIENTS BY OTHER CHARACTERISTICS

	FFY 94	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	Annual Change	Share of Total FFY 00
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	455,676	440,439	421,272	390,569	372,578	414,132	414,979	-1.5%	56.4%
Poverty Related Eligibles	129,915	151,198	98,848	113,057	190,227	181,243	9,468	-35.4%	1.3%
Medically Needy	16,192	15,846	11,736	2,333	8,629	7,743	253,087	58.1%	34.4%
Other Eligibles	176,440	177,916	245,852	240,502	149,181	116,508	58,041	-16.9%	7.9%
Maintenance Assistance Status Unknown	0	0	0	0	0	0	0	n/a	0.0%
Total	778,223	785,399	777,708	746,461	720,615	719,626	735,575	-0.9%	100.0%
By Basis of Eligibility									
Aged, Blind, or Disabled	250,193	262,555	256,919	252,334	254,382	278,329	252,172	0.1%	34.3%
Children	375,960	376,075	370,294	409,561	345,723	330,700	392,980	0.7%	53.4%
Foster Care Children	0	0	21,492	6,430	141	32	5,637	-28.4%	0.8%
Adults	152,070	146,769	129,003	78,136	120,369	110,565	84,786	-9.3%	11.5%
Basis of Eligibility Unknown	0	0	0	0	0	0	0	n/a	0.0%
Total	778,223	785,399	777,708	746,461	720,615	719,626	735,575	-0.9%	100.0%
By Age									
Under Age 1	59,710	59,974	58,547	58,310	57,639	52,324	52,930	-2.0%	7.2%
Age 1 to 5	163,451	163,195	162,670	155,503	144,132	143,985	135,528	-3.1%	18.4%
Age 6 to 14	159,470	163,054	164,331	162,340	158,730	167,094	179,402	2.0%	24.4%
Age 15 to 20	70,628	71,957	71,214	66,876	64,869	70,209	81,511	2.4%	11.1%
Age 21 to 44	166,366	163,697	156,676	144,144	139,767	132,094	130,296	-4.0%	17.7%
Age 45 to 64	58,192	61,533	62,716	59,878	59,953	61,206	63,269	1.4%	8.6%
Age 65 to 74	39,202	39,853	39,371	37,822	36,578	35,822	35,769	-1.5%	4.9%
Age 75 to 84	36,258	36,640	36,099	35,139	33,406	32,639	32,344	-1.9%	4.4%
Age 85 and Over	24,941	25,496	26,077	26,308	25,404	24,253	24,526	-0.3%	3.3%
Age Unknown	5	0	7	141	137	0	0	-100.0%	0.0%
Total	778,223	785,399	777,708	746,461	720,615	719,626	735,575	-0.9%	100.0%
By Race									
White	259,631	265,082	262,675	250,193	238,916	238,738	249,515	-0.7%	33.9%
Black	468,146	468,171	461,576	446,611	431,382	427,706	435,849	-1.2%	59.3%
Hispanic, American Indian or Asian	0	0	0	0	0	0	45,606	n/a	6.2%
Other/Unknown	50,446	52,146	53,457	49,657	50,317	53,182	4,605	-32.9%	0.6%
Total	778,223	785,399	777,708	746,461	720,615	719,626	735,575	-0.9%	100.0%
By Sex									
Female	481,684	484,065	476,926	457,056	442,067	437,753	445,013	-1.3%	60.5%
Male	293,080	298,643	298,983	289,084	278,337	281,835	290,562	-0.1%	39.5%
Unknown	3,459	2,691	1,799	321	211	38	0	-100.0%	0.0%
Total	778,223	785,399	777,708	746,461	720,615	719,626	735,575	-0.9%	100.0%

Source: Health Care Financing Administration-Form HCFA 2082 for federal fiscal years

LOUISIANA

SOUTHERN REGION MEDICAID PROFILE

PAYMENTS BY OTHER CHARACTERISTICS

	FFY 94	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	Annual Change	Share of Total FFY 00
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	\$1,172,291,982	\$1,134,653,860	\$1,235,497,618	\$1,348,379,936	\$1,227,251,177	\$1,375,034,937	\$1,572,493,250	5.0%	59.7%
Poverty Related Eligibles	\$895,531,596	\$971,829,595	\$177,255,314	\$171,487,969	\$227,270,626	\$224,664,359	\$45,865,408	-39.1%	1.7%
Medically Needy	\$68,646,090	\$63,321,189	\$42,305,737	\$4,144,860	\$35,159,084	\$38,341,375	\$343,885,359	30.8%	13.1%
Other Eligibles	\$547,680,100	\$538,673,611	\$997,485,277	\$811,994,732	\$893,828,098	\$942,816,454	\$670,278,387	3.4%	25.5%
Maintenance Assistance Status Unknown	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a	0.0%
Total	\$2,684,149,768	\$2,708,478,255	\$2,452,543,946	\$2,336,007,497	\$2,383,508,985	\$2,580,857,125	\$2,632,522,404	-0.3%	100.0%
By Basis of Eligibility									
Aged, Blind or Disabled	\$1,804,700,495	\$1,863,731,331	\$1,773,167,284	\$1,696,556,683	\$1,773,580,236	\$2,018,869,903	\$2,011,520,585	1.8%	76.4%
Children	\$518,884,507	\$509,299,314	\$403,818,250	\$496,257,971	\$371,500,804	\$332,649,493	\$424,615,330	-3.3%	16.1%
Foster Care Children	\$0	\$0	\$17,541,487	\$9,056,369	\$154,433	\$65,368	\$10,304,935	-12.5%	0.4%
Adults	\$360,564,766	\$335,447,610	\$258,016,925	\$134,136,474	\$238,273,512	\$229,272,360	\$186,081,554	-10.4%	7.1%
Basis of Eligibility Unknown	\$0	\$0	\$0	\$0	\$0	\$0	\$0	-100.0%	0.0%
Total	\$2,684,149,768	\$2,708,478,255	\$2,452,543,946	\$2,336,007,497	\$2,383,508,985	\$2,580,857,125	\$2,632,522,404	-0.3%	100.0%
By Age									
Under Age 1	\$168,424,402	\$185,643,781	\$158,333,577	\$170,823,079	\$168,716,699	\$141,254,868	\$182,308,166	1.3%	6.9%
Age 1 to 5	\$184,483,225	\$179,531,647	\$164,835,541	\$150,918,959	\$139,107,477	\$181,718,593	\$158,140,154	-2.5%	6.0%
Age 6 to 14	\$242,579,320	\$237,916,294	\$184,107,717	\$167,817,607	\$164,913,424	\$179,855,316	\$195,111,846	-3.6%	7.4%
Age 15 to 20	\$220,669,467	\$211,840,764	\$174,839,819	\$162,196,290	\$157,908,697	\$166,233,812	\$187,643,784	-2.7%	7.1%
Age 21 to 44	\$750,161,900	\$732,495,009	\$646,844,692	\$607,447,243	\$611,395,836	\$628,431,598	\$672,300,582	-1.8%	25.5%
Age 45 to 64	\$455,750,824	\$478,533,204	\$464,597,582	\$435,578,938	\$465,816,270	\$514,472,310	\$547,787,773	3.1%	20.8%
Age 65 to 74	\$186,296,013	\$191,988,340	\$183,182,776	\$180,219,739	\$195,457,195	\$220,321,014	\$205,656,241	1.7%	7.8%
Age 75 to 84	\$245,979,784	\$251,937,468	\$239,680,640	\$231,540,476	\$240,901,709	\$274,194,627	\$246,584,821	0.0%	9.4%
Age 85 and Over	\$229,804,833	\$238,591,748	\$236,117,537	\$229,347,187	\$239,184,115	\$274,374,987	\$236,989,038	0.5%	9.0%
Age Unknown	\$0	\$0	\$4,065	\$117,979	\$107,563	\$0	\$0	-100.0%	0.0%
Total	\$2,684,149,768	\$2,708,478,255	\$2,452,543,946	\$2,336,007,497	\$2,383,508,985	\$2,580,857,125	\$2,632,522,404	-0.3%	100.0%
By Race									
White	\$1,193,362,609	\$1,224,510,591	\$1,133,930,928	\$1,078,814,223	\$1,099,777,803	\$1,190,735,145	\$1,221,995,096	0.4%	46.4%
Black	\$1,274,048,862	\$1,260,214,800	\$1,104,109,588	\$1,051,322,993	\$1,065,218,687	\$1,135,318,272	\$1,174,518,041	-1.3%	44.6%
Hispanic, American Indian or Asian	\$0	\$0	\$0	\$0	\$0	\$0	\$220,063,098	n/a	8.4%
Other/Unknown	\$216,738,297	\$223,752,864	\$214,503,430	\$205,870,281	\$218,512,495	\$254,803,708	\$15,946,169	-35.3%	0.6%
Total	\$2,684,149,768	\$2,708,478,255	\$2,452,543,946	\$2,336,007,497	\$2,383,508,985	\$2,580,857,125	\$2,632,522,404	-0.3%	100.0%
By Sex									
Female	\$1,621,609,892	\$1,628,300,154	\$1,484,406,435	\$1,429,136,719	\$1,465,177,548	\$1,584,775,562	\$1,592,083,751	-0.3%	60.5%
Male	\$1,055,036,817	\$1,072,796,277	\$964,143,561	\$906,188,099	\$917,846,494	\$995,979,482	\$1,040,438,653	-0.2%	39.5%
Unknown	\$7,503,059	\$7,381,824	\$3,993,950	\$682,679	\$484,943	\$102,081	\$0	-100.0%	0.0%
Total	\$2,684,149,768	\$2,708,478,255	\$2,452,543,946	\$2,336,007,497	\$2,383,508,985	\$2,580,857,125	\$2,632,522,404	-0.3%	100.0%

Source: Health Care Financing Administration-Form HCFA 2082 for federal fiscal years

SOUTHERN REGION MEDICAID PROFILE

AVERAGE PAYMENT PER RECIPIENT BY OTHER CHARACTERISTICS

	FFY 94	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	Annual Change	Above (+) or Below (-) SLC Avg. FFY 00
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	\$2,572.64	\$2,576.19	\$2,932.78	\$3,452.35	\$3,293.94	\$3,320.28	\$3,789.33	6.7%	-13.2%
Poverty Related Eligibles	\$6,893.21	\$6,427.53	\$1,793.21	\$1,516.83	\$1,194.73	\$1,239.58	\$4,844.26	-5.7%	176.8%
Medically Needy	\$4,239.51	\$3,996.04	\$3,604.78	\$1,776.62	\$4,074.53	\$4,951.75	\$1,358.76	-17.3%	-60.5%
Other Eligibles	\$3,104.06	\$3,027.69	\$4,057.26	\$3,376.25	\$5,991.57	\$8,092.29	\$11,548.36	24.5%	66.8%
Maintenance Assistance Status Unknown	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	n/a	-100.0%
Total	\$3,391.51	\$3,448.54	\$3,153.55	\$3,129.44	\$3,307.60	\$3,586.39	\$3,578.86	0.9%	-2.5%
By Basis of Eligibility									
Aged, Blind or Disabled	\$7,213.23	\$7,098.44	\$6,901.66	\$6,723.46	\$6,972.11	\$7,253.54	\$7,976.78	1.7%	-3.5%
Children	\$1,380.16	\$1,354.25	\$1,090.53	\$1,211.68	\$1,074.56	\$1,005.90	\$1,080.50	-4.0%	-9.5%
Foster Care Children	\$0.00	\$0.00	\$816.19	\$1,408.46	\$1,095.27	\$2,042.77	\$1,828.09	22.3%	-51.3%
Adults	\$2,371.04	\$2,285.55	\$2,000.08	\$1,716.71	\$1,979.53	\$2,073.64	\$2,194.72	-1.3%	12.8%
Basis of Eligibility Unknown	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	n/a	-100.0%
Total	\$3,391.51	\$3,448.54	\$3,153.55	\$3,129.44	\$3,307.60	\$3,586.39	\$3,578.86	0.9%	-2.5%
By Age									
Under Age 1	\$2,820.71	\$3,095.40	\$2,704.38	\$2,929.57	\$2,927.13	\$2,699.62	\$3,444.33	3.4%	10.5%
Age 1 to 5	\$1,128.68	\$1,100.11	\$1,013.31	\$970.52	\$965.14	\$1,262.07	\$1,166.84	0.6%	-6.6%
Age 6 to 14	\$1,521.16	\$1,459.13	\$1,120.35	\$1,033.74	\$1,038.96	\$1,076.37	\$1,087.57	-5.4%	-21.7%
Age 15 to 20	\$3,124.39	\$2,943.99	\$2,455.13	\$2,425.33	\$2,434.27	\$2,367.70	\$2,302.07	-5.0%	2.0%
Age 21 to 44	\$4,509.11	\$4,474.70	\$4,128.55	\$4,214.17	\$4,374.39	\$4,757.46	\$5,159.79	2.3%	25.1%
Age 45 to 64	\$7,831.85	\$7,776.85	\$7,407.96	\$7,274.44	\$7,769.69	\$8,405.59	\$8,658.08	1.7%	11.1%
Age 65 to 74	\$4,752.21	\$4,817.41	\$4,652.73	\$4,764.94	\$5,343.57	\$6,150.44	\$5,749.57	3.2%	-8.0%
Age 75 to 84	\$6,784.15	\$6,876.02	\$6,639.54	\$6,589.27	\$7,211.33	\$8,400.83	\$7,623.82	2.0%	-13.6%
Age 85 and Over	\$9,213.94	\$9,358.01	\$9,054.63	\$8,717.77	\$9,415.21	\$11,313.03	\$9,662.77	0.8%	-21.6%
Age Unknown	\$0.00	\$0.00	\$580.71	\$836.73	\$785.13	\$0.00	\$0.00	-100.0%	-100.0%
Total	\$3,391.51	\$3,448.54	\$3,153.55	\$3,129.44	\$3,307.60	\$3,586.39	\$3,578.86	0.9%	-2.5%
By Race									
White	\$4,596.38	\$4,619.37	\$4,316.86	\$4,311.93	\$4,603.20	\$4,987.62	\$4,897.48	1.1%	13.7%
Black	\$2,721.48	\$2,691.78	\$2,392.04	\$2,354.00	\$2,469.32	\$2,654.44	\$2,694.78	-0.2%	-4.7%
Hispanic, American Indian or Asian	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$4,825.31	n/a	123.8%
Other/Unknown	\$4,296.44	\$4,290.89	\$4,012.64	\$4,145.85	\$4,342.72	\$4,791.16	\$3,462.79	-3.5%	-40.9%
Total	\$3,391.51	\$3,448.54	\$3,153.55	\$3,129.44	\$3,307.60	\$3,586.39	\$3,578.86	0.9%	-2.5%
By Sex									
Female	\$3,366.54	\$3,363.80	\$3,112.45	\$3,126.83	\$3,314.38	\$3,620.25	\$3,577.61	1.0%	-3.3%
Male	\$3,599.83	\$3,592.24	\$3,224.74	\$3,134.69	\$3,297.61	\$3,533.91	\$3,580.78	-0.1%	0.2%
Unknown	\$2,169.14	\$2,743.15	\$2,220.09	\$2,126.73	\$2,298.31	\$2,686.34	\$0.00	-100.0%	-100.0%
Total	\$3,391.51	\$3,448.54	\$3,153.55	\$3,129.44	\$3,307.60	\$3,586.39	\$3,578.86	0.9%	-2.5%

Source: Health Care Financing Administration-Form HCFA 2082 for federal fiscal years

LOUISIANA

SOUTHERN REGION MEDICAID PROFILE

ADDITIONAL STATE HEALTH CARE INFORMATION

Sources: "Major Health Care Policies: 50 State Profiles", Health Policy Tracking Service, January, 2001; and "Medicaid Services State by State", HCFA, October 2000.

*Information supplied by State Medicaid Agency

Waivers

Through a Freedom of Choice Waiver under Title XIX, Section 1915 (b), Louisiana provides a fee-for-service case management system for TANF and SSI recipients and related groups. The program, Community Care PCCM, has been operating since 1993.

Louisiana also has several Home and Community Based Waivers under Section 1915 (c), which enables the state to provide long-term care services to people who otherwise would require institutionalization. They include:

- Elderly and Disabled Adult Waiver (EDA): Currently can serve up to 679 people, but will be increasing to 1,279 people toward the end of FY '01-'02 and the beginning of FY '02-'03, operating since July 1, 1993
- Mental Retardation/Developmental Disabilities: Can serve up to 4,251 people, operating since June 1, 1990.
- Adult Day Health Care Waiver (ADHC): Currently can serve up to 500 people, but will be increasing to 525 people toward the end of FY '01-'02 and the beginning of FY '02-'03, operating since January 1, 1985
- Personal Care Attendant Waiver (PCA): Currently can serve up to 124 people, but will be increasing to 149 people toward the end of FY '01-'02 and the beginning of FY '02-'03, operating since October 1, 1993
- Children's Choice Waiver (CC): Can serve up to 800 children during FY '01-'02, operating since February 21, 2001.

Created the Jefferson Parish Health Authority and the Capital Area Human Services District as community based programs. These entities are restrictive to outpatient and inpatient care services in the area of substance abuse, and outpatient care services for mental retardation, mental health, and public health.

Managed Care

- Any Willing Provider Clause: Enacted legislation in 1997 to allow rural providers to be reimbursed at the same rate as a contract provider as long as the rural provider meets the requirements and standards for participation.
- The Department of Health and Hospitals has opted to expand the PCCM program in 1999. The initial phase of this program is expected to cover approximately 50,000 additional Medicaid recipients.

Coverage for Targeted Population

- Provides coverage for the uninsured mainly through state charity hospital system. In 1997, the state reinstated the Medically Needy Program.

Cost Containment Measures

- Drug Utilization Review and Lock-in Program: A point-of-sale prospective drug utilization review was instituted in April 1996. It provides eligibility verification, drug coverage determination and utilization compliance. Whenever abuse or misuse is detected, the lock-in program would limit an individual's ability to receive prescriptions from a single provider or selected providers. It also limits prescriptions to five per month, unless the prescribing physician deems it otherwise.
- Enhancement of computer system to scan 5% of cases (up from the current 1%) to combat fraud in Medicaid claims.
- The Department provided plastic magnetic strip cards for Medicaid recipients. This will reduce fraud and lower administrative costs over time for both providers and the state. The program was implemented in SFY 98 and completed statewide in January 1999. For calendar year 00, the Medicaid program issued magnetic strip cards to approximately 700,000 eligibles.

Medicaid

- 28 services are offered (10 mandatory and 18 optional).
- Enacted legislation in 2000 that created the Medicaid Nursing Home Trust Fund. Interest earnings (approximately \$60 to \$80 million per year) from monies

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SOUTHERN REGION MEDICAID PROFILE

Medicaid (Continued)

deposited in the fund will be appropriated by the legislature to provide additional support for nursing home providers and to increase the state's effort relative to the Medicaid assisted living program.

Children's Health Insurance Program: Medicaid Expansion To provide update by 9/25

- The Children's Insurance Program (LaChip-Phase I) was implemented in November of 1998. The Medicaid program was expanded to provide health care benefits to children/adolescents from birth to age 19 in families with incomes up to 133% of the FPL. The program expects to provide coverage to approximately 52,000 children by October 1, 1999.
- Legislation enacted in the Regular Session of 1999 (ACT 1197) authorized the expansion of LaCHIP.
- The bill provides for Phase II, which expands Medicaid to provide health care benefits to children/adolescents from birth to age 19 in families with incomes up to 150% of the FPL, effective October 1, 1999. The Phase II expansion expects to provide health care coverage for an additional 10,725 eligibles.
- The bill authorizes Phase III after July 1, 2000, provided funding is appropriated for such purpose in the Regular Session of 2000. The LaCHIP Phase III expansion would be administered through a state-designed insurance program to provide health care benefits to children/adolescents from birth to age 19 in families with incomes between 150% and 200% the FPL. The Phase III expansion expects to provide health care coverage for an additional 12,000 eligible.

Tobacco Settlement

- The state expects to receive approximately \$4.42 billion over 25 years.
- For Fiscal Year 2000, the tobacco settlement payment was approximately \$185 million.

Legislation was enacted in 1999 that required passage of a constitutional amendment. This measure received voter approval in November 1999.

The law created the Tobacco Settlement Trust Fund (The Millennium Fund) and The Louisiana Fund.

The Millennium Fund is a constitutionally created endowment fund for the deposit of tobacco settlement monies as follows:

SFY 01:	45%
SFY 02:	60%
SFY 03 and subsequent years:	75%

The Millennium Fund is made up of three funds which receive investment earnings as follows:

TOPS Fund:	33%
Health Excellence Fund:	33%
Education Excellence Fund:	33%

- The total appropriation to the funds within the Millennium Trust for FY 01 is \$14.7 million.

- The Louisiana Fund provides the legislature a mechanism to appropriate any other monies not dedicated to the Millennium Trust.

SFY 01:	55%
SFY 02:	40%
SFY 03 and subsequent years:	25%

- The total appropriation from the Louisiana Fund for FY 01 is \$71.6 million, to be used for the following:

\$44 million for the Medicaid program

\$10 million for competitively awarded health sciences research grants

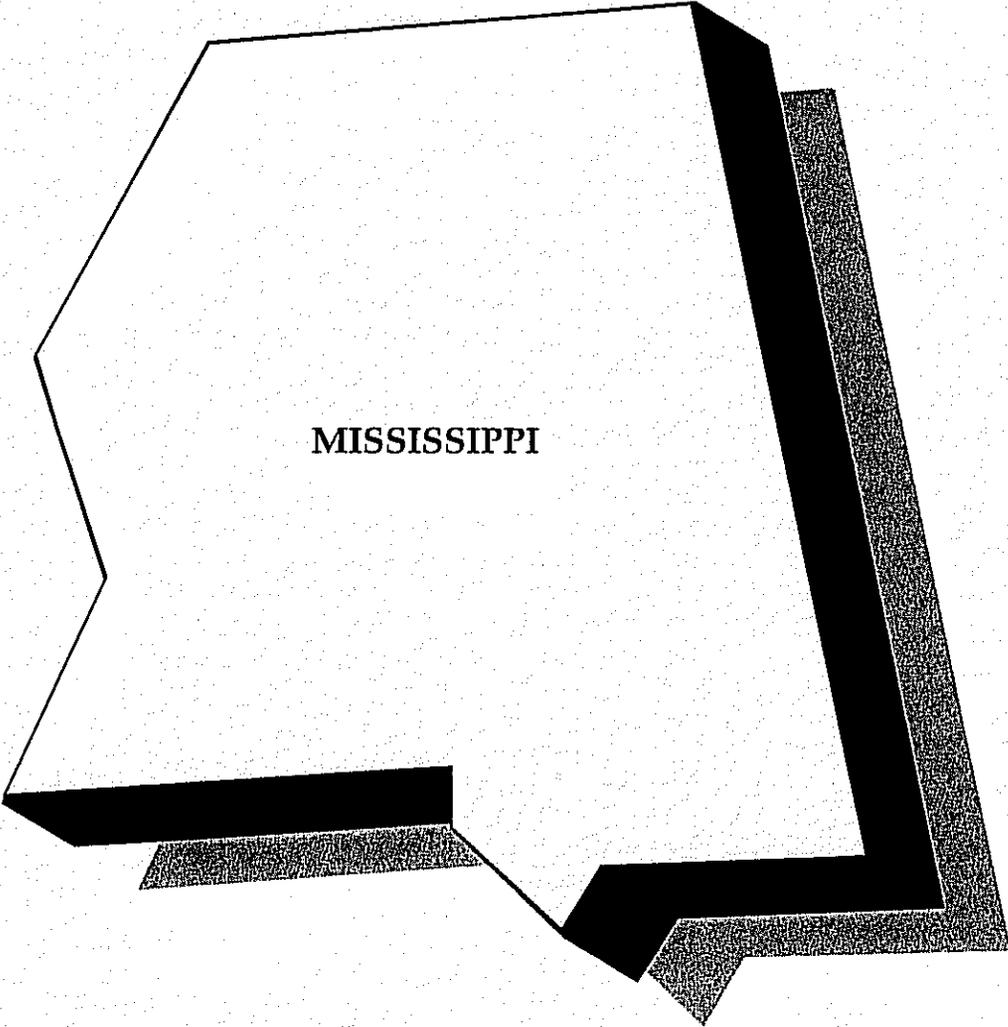
\$5.8 million to support school health clinics through the Office of Public Health

\$0.5 million for smoking cessation programs

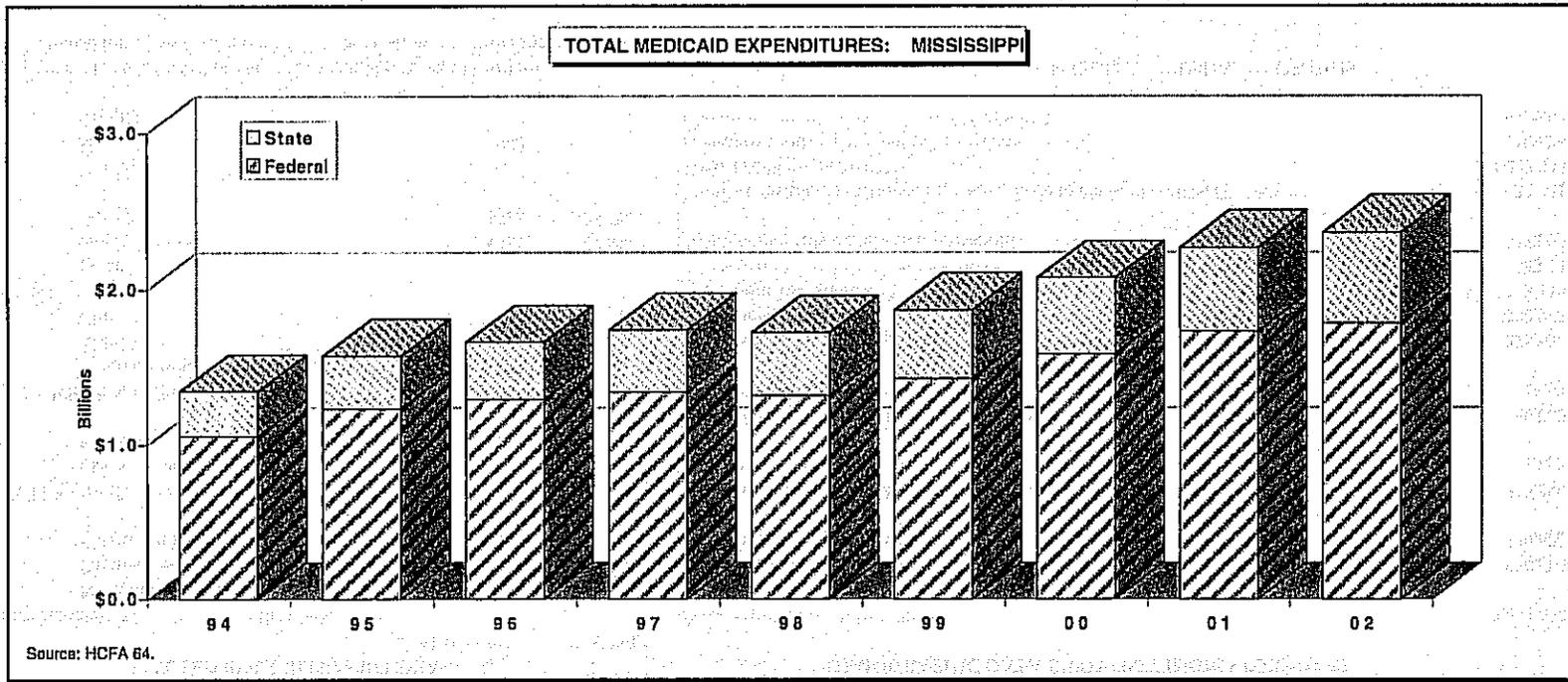
\$0.3 million to the attorney general to enforce the tobacco settlement

LOUISIANA

STATE MEDICAID PROFILE



SOUTHERN REGION MEDICAID PROFILE



	FFY 94	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00*	FFY 01**	FFY 02**	Annual Rate of Change	Total Change 94-02
Medicaid Payments	\$1,310,152,595	\$1,542,007,576	\$1,623,379,510	\$1,702,265,458	\$1,655,615,964	\$1,805,174,518	\$2,006,699,000	\$2,194,710,000	\$2,285,752,000	7.2%	74.5%
Federal Share	\$1,035,042,032	\$1,212,038,076	\$1,268,803,576	\$1,315,729,583	\$1,278,026,690	\$1,388,137,686	\$1,545,915,000	\$1,688,876,000	\$1,739,782,000	6.7%	68.1%
State Share	\$275,110,563	\$329,969,500	\$354,575,934	\$386,535,875	\$377,589,274	\$417,036,832	\$460,784,000	\$505,834,000	\$545,970,000	8.9%	98.5%
Administrative Costs	\$35,134,804	\$32,583,172	\$39,704,961	\$38,272,533	\$68,312,651	\$65,017,894	\$69,030,000	\$72,800,000	\$78,070,000	10.5%	122.2%
Federal Share	\$20,625,571	\$19,733,600	\$24,183,512	\$23,077,629	\$40,819,467	\$39,166,005	\$41,815,000	\$43,838,000	\$46,710,000	10.8%	126.5%
State Share	\$14,509,233	\$12,849,572	\$15,521,449	\$15,194,904	\$27,493,184	\$25,851,889	\$27,215,000	\$28,962,000	\$31,360,000	10.1%	116.1%
Admin. Costs as % of Payments	2.68%	2.11%	2.45%	2.25%	4.13%	3.60%	3.44%	3.32%	3.42%		
Federal Match Rate*	78.85%	78.58%	78.07%	77.22%	77.09%	76.78%	76.82%	76.82%	76.82%		

*Rate shown is for Medicaid payments only. The FMAP (Federal Medical Assistance Percentage) is based on the relationship between each state's per capita personal income and that of the nation as a whole for the three most recent years. Federal share of state administrative costs is usually 50 percent or 75 percent, depending on function and whether or not medical personnel are used. **Federal Fiscal Years 01 and 02 reflect latest estimates reported by each state.

MISSISSIPPI

SOUTHERN REGION MEDICAID PROFILE

STATE FINANCING

	Payments		Administration	
	FFY 94	FFY 00	FFY 94	FFY 00
State General Fund	\$275,110,563	\$447,541,493	\$14,509,233	\$27,215,000
Local Funds	\$0	\$0	\$0	\$0
Provider Taxes	\$0	\$13,242,507	\$0	\$0
Donations	\$0	\$0	\$0	\$0
Other	\$0	\$0	\$0	\$0
Total State Share	\$275,110,563	\$460,784,000	\$14,509,233	\$27,215,000

Provider(s)	Provider Taxes Currently in Place (FFY 900) Tax Rate	Amount
Nursing homes	\$2.00 per patient day	\$13,242,507
Total		\$13,242,507

DISPROPORTIONATE SHARE HOSPITAL (DSH) PAYMENTS

	FFY 94	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	FFY 01*	FFY 02*	Annual Change
General Hospitals	\$158,378,989	\$182,608,063	\$200,283,473	\$213,573,007	\$183,879,961	\$179,989,816	\$177,778,000	\$168,628,000	\$160,000,000	-3.7%
Mental Hospitals	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a
Total	\$158,378,989	\$182,608,063	\$200,283,473	\$213,573,007	\$183,879,961	\$179,989,816	\$177,778,000	\$168,628,000	\$160,000,000	-3.7%

SELECTED ELIGIBILITY CRITERIA

	At 10/1/01	% of FPL*
TANF-Temporary Assistance for Needy Families (Family of 3)		
Need Standard (Net)	\$368	30.2%
Payment Standard	\$120	9.8%
Maximum Payment	\$120	9.8%
Medically Needy Program (Family of 3)		
Income Eligibility Standard	N/A	
Resource Standard		
Pregnant Women, Children and Infants (% of FPL*)		
Pregnant women and infants	185%	
Children 1 to 5	133%	
Children 6 to 18	100%	
SSI Eligibility Levels		
Income:		
Single Person	\$484	67.6%
Couple	\$726	75.0%
Resources:		
Single Person	\$2,000	
Couple	\$3,000	

DEMOGRAPHIC DATA & POVERTY INDICATORS (1999)

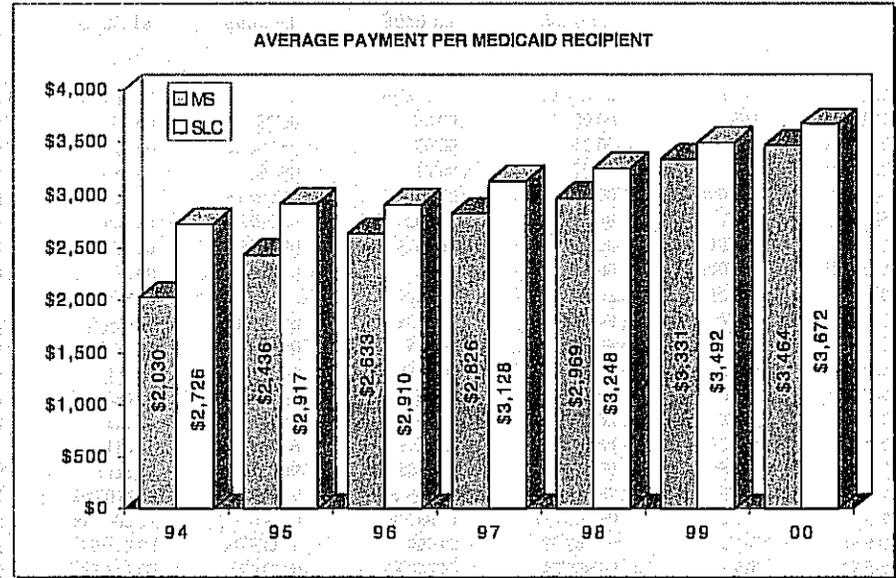
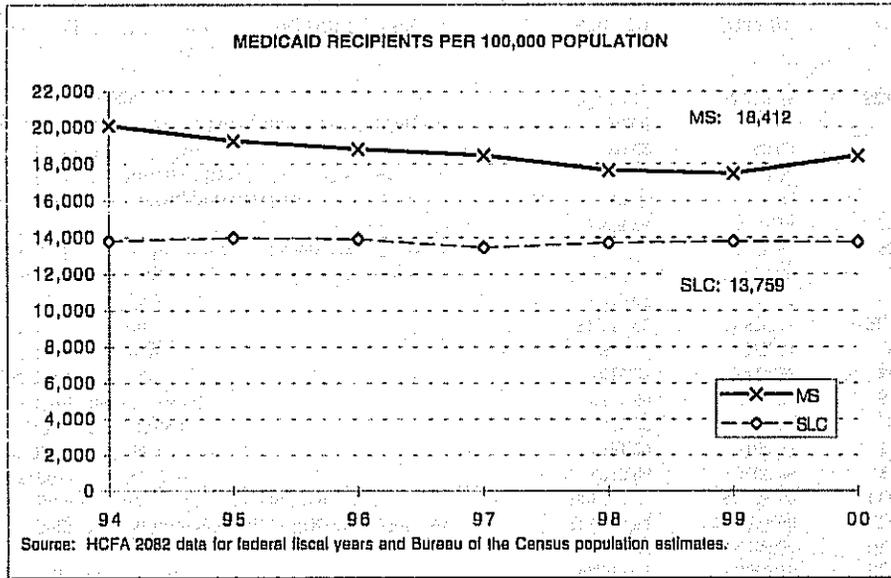
		Rank in U.S.
State population—July 1, 2000*	2,844,658	31
Per capita personal income**	\$20,688	50
Median household income**	\$30,628	48
Population below Federal Poverty Level on July 1, 2000*	369,806	50
Percent of total population	13.0%	3
Population without health insurance coverage*	460,000	28
Percent of total population	16.6%	15
Recipients of Food Stamps***	275,856	21
Households receiving Food Stamps***	108,993	23
Total value of issuance***	\$226,183,118	22
Average monthly benefit per recipient	\$68.33	34
Average monthly benefit per household	\$172.93	
Monthly recipients of Temporary Assistance to Needy Families (TANF)****	33,781	33
Total TANF payments****	\$44,299,345	37
Average monthly payment per recipient	\$109.28	
Maximum monthly payment per family of 3	\$120.00	50

*Current federal poverty level is \$8,590 per year for a single person, \$11,610 for a family of two and \$14,630 for a family of three. Table above shows monthly income levels.

*Bureau of the Census. **Bureau of Economic Analysis. ***USDA. ****USDHHS.

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SOUTHERN REGION MEDICAID PROFILE



DATA BY TYPE OF SERVICES (Includes Fee-For-Service and Waivers)

RECIPIENTS BY TYPE OF SERVICES	FFY 94	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	Annual Change
01. General Hospital	98,866	103,014	100,186	118,299	111,615	118,653	143,645	6.4%
02. Mental Hospital	1,331	1,559	1,923	2,125	2,334	2,376	3,182	15.6%
03. Skilled and Intermediate (non-MR) Care Nursing	16,856	18,015	18,381	17,985	19,552	20,151	19,117	2.1%
04. Intermediate Care for Mentally Retarded	2,089	2,166	2,281	2,485	2,490	2,805	2,765	4.8%
05. Physician Services	434,988	421,417	407,534	391,783	365,280	380,049	407,733	-1.1%
06. Dental Services	27,322	29,907	27,921	27,169	24,282	23,802	26,038	-0.8%
07. Other Practitioners	6,549	9,955	9,923	10,283	9,598	11,017	14,594	14.3%
08. Outpatient Hospital	217,802	225,067	214,085	201,823	177,966	204,065	242,675	1.8%
09. Clinic Services	111,573	142,712	161,854	155,937	134,967	150,833	167,522	7.0%
10. Lab and X-Ray	79,182	85,880	88,234	86,837	74,063	67,938	67,167	-2.7%
11. Home Health	5,336	6,172	6,340	7,114	10,879	8,611	7,937	6.8%
12. Prescribed Drugs	411,813	416,065	404,263	391,328	368,609	381,638	416,775	0.2%
13. Family Planning	19,383	0	0	0	10,879	0	0	-100.0%
14. Early & Periodic Screening, Diagnosis & Treatment	205,012	182,313	176,166	167,897	143,184	151,092	175,316	-2.6%
15. Other Care	53,352	62,190	60,417	67,595	63,361	98,183	114,511	13.6%
16. Personal Care Support Services	0	0	0	0	4,430	0	0	-100.0%
17. Home/Community Based Waiver Services	0	0	0	1,246	0	0	0	-100.0%
18. Prepaid Health Care	0	0	0	0	17,628	0	0	-100.0%
19. Primary Care Case Management (PCCM) Services	0	0	0	0	0	0	0	n/a
Total*	536,916	519,697	509,581	504,017	485,767	480,964	523,749	-0.4%

*Annual totals for each service and for the grand total reflect unduplicated recipient counts. The grand total, therefore, may not equal the sum of the totals for each service.

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SOUTHERN REGION MEDICAID PROFILE

<u>PAYMENTS BY TYPE OF SERVICES</u>	FFY 94	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	Annual	Share of Total
								Change	FFY 00
01. General Hospital	\$277,913,181	\$309,884,349	\$323,906,167	\$327,808,579	\$324,944,298	\$343,230,461	\$368,963,214	4.8%	20.3%
02. Mental Hospital	\$9,989,511	\$13,103,148	\$13,400,756	\$14,732,690	\$15,483,002	\$16,291,411	\$21,929,911	14.0%	1.2%
03. Skilled and Intermediate (non-MR) Care Nursing	\$234,644,564	\$274,217,118	\$287,149,171	\$304,079,742	\$313,037,056	\$338,309,223	\$363,219,222	7.6%	20.0%
04. Intermediate Care for Mentally Retarded	\$84,931,914	\$89,584,943	\$101,926,076	\$119,385,548	\$125,503,877	\$144,188,672	\$156,656,213	10.7%	8.6%
05. Physician Services	\$148,269,641	\$171,874,303	\$177,221,994	\$187,028,378	\$179,155,371	\$202,186,735	\$221,504,566	6.9%	12.2%
06. Dental Services	\$2,494,275	\$3,259,186	\$3,076,508	\$2,988,733	\$2,746,014	\$3,057,406	\$4,763,362	11.4%	0.3%
07. Other Practitioners	\$327,477	\$540,325	\$536,020	\$576,021	\$522,487	\$641,896	\$1,186,031	23.9%	0.1%
08. Outpatient Hospital	\$78,735,383	\$95,943,406	\$97,048,337	\$96,761,174	\$69,828,913	\$79,123,819	\$91,160,270	2.5%	5.0%
09. Clinic Services	\$46,223,754	\$59,064,267	\$70,342,099	\$72,883,571	\$72,866,687	\$80,770,405	\$89,825,309	11.7%	5.0%
10. Lab and X-Ray	\$5,554,533	\$6,212,829	\$6,602,861	\$6,387,516	\$5,643,549	\$5,160,311	\$5,599,639	0.1%	0.3%
11. Home Health	\$8,084,684	\$11,477,114	\$12,600,309	\$10,671,566	\$11,727,240	\$5,590,698	\$8,958,348	1.7%	0.5%
12. Prescribed Drugs	\$140,045,378	\$162,743,883	\$176,758,960	\$208,577,199	\$231,735,360	\$274,525,298	\$370,252,416	17.6%	20.4%
13. Family Planning	\$84,644	(\$6,882)	\$0	\$0	\$0	\$0	\$0	-100.0%	0.0%
14. Early & Periodic Screening, Diagnosis & Treatment	\$23,076,224	\$26,595,751	\$27,098,341	\$25,979,090	\$21,663,630	\$23,631,977	\$35,515,901	7.5%	2.0%
15. Other Care	\$29,651,024	\$41,305,560	\$43,993,216	\$46,359,360	\$30,018,167	\$68,748,501	\$74,715,603	16.7%	4.1%
16. Personal Care Support Services	\$0	\$0	\$0	\$0	\$15,345,300	\$16,524,526	\$0	-100.0%	0.0%
17. Home/Community Based Waiver Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a	0.0%
18. Prepaid Health Care	\$0	\$0	\$0	\$0	\$22,152,325	\$0	\$0	-100.0%	0.0%
19. Primary Case Management (PCCM) Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a	0.0%
Total (excludes DSH pymts, pharmacy rebates, & other adjs.)	\$1,090,026,187	\$1,265,799,300	\$1,341,660,815	\$1,424,219,167	\$1,442,373,276	\$1,601,981,339	\$1,814,250,005	8.9%	100.0%

AVERAGE PAYMENTS PER RECIPIENT BY TYPE OF SERVICES

	FFY 94	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	Annual	
								Change	FFY 00
01. General Hospital	\$2,811.01	\$3,008.18	\$3,233.05	\$2,771.02	\$2,911.30	\$2,892.72	\$2,568.58	-1.5%	-26.9%
02. Mental Hospital	\$7,505.27	\$8,404.84	\$6,968.67	\$6,933.03	\$6,633.68	\$6,856.65	\$6,891.86	-1.4%	-45.5%
03. Skilled and Intermediate (non-MR) Care Nursing	\$13,920.54	\$15,221.60	\$15,622.06	\$16,907.41	\$16,010.49	\$16,788.71	\$18,999.80	5.3%	6.0%
04. Intermediate Care for Mentally Retarded	\$40,656.73	\$41,359.62	\$44,684.82	\$48,042.47	\$50,403.16	\$51,404.16	\$56,656.86	5.7%	-18.5%
05. Physician Services	\$340.86	\$407.85	\$434.86	\$477.38	\$490.46	\$532.00	\$543.26	8.1%	42.0%
06. Dental Services	\$91.29	\$108.98	\$110.19	\$110.01	\$113.09	\$128.45	\$182.94	12.3%	-23.6%
07. Other Practitioners	\$50.00	\$54.28	\$54.02	\$56.02	\$54.44	\$58.26	\$81.27	8.4%	-51.7%
08. Outpatient Hospital	\$361.50	\$426.29	\$453.32	\$479.44	\$392.37	\$387.74	\$375.65	0.6%	-16.9%
09. Clinic Services	\$414.29	\$413.87	\$434.60	\$467.39	\$539.89	\$535.50	\$536.20	4.4%	-21.0%
10. Lab and X-Ray	\$70.15	\$72.34	\$74.83	\$73.56	\$76.20	\$75.96	\$83.37	2.9%	-17.2%
11. Home Health	\$1,515.12	\$1,859.55	\$1,987.43	\$1,500.08	\$1,077.97	\$649.25	\$1,128.68	-4.8%	-60.6%
12. Prescribed Drugs	\$340.07	\$391.15	\$437.24	\$533.00	\$628.68	\$719.33	\$888.37	17.4%	-6.7%
13. Family Planning	\$4.37	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-100.0%	-100.0%
14. Early & Periodic Screening, Diagnosis & Treatment	\$112.56	\$145.88	\$153.82	\$154.73	\$151.30	\$156.41	\$202.58	10.3%	60.7%
15. Other Care	\$555.76	\$664.18	\$728.16	\$685.84	\$473.76	\$700.21	\$652.48	2.7%	-39.7%
16. Personal Care Support Services	\$0.00	\$0.00	\$0.00	\$0.00	\$3,463.95	\$0.00	\$0.00	-100.0%	-100.0%
17. Home/Community Based Waiver Services	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	n/a	-100.0%
18. Prepaid Health Care	\$0.00	\$0.00	\$0.00	\$0.00	\$1,256.66	\$0.00	\$0.00	-100.0%	-100.0%
19. Primary Case Management (PCCM) Services	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	n/a	-100.0%
Total (Average)	\$2,030.16	\$2,435.65	\$2,632.87	\$2,825.74	\$2,969.27	\$3,330.77	\$3,463.97	9.3%	-5.7%

TOTAL PER CAPITA EXPENDITURES	\$504.20	\$584.01	\$613.51	\$637.18	\$626.41	\$679.55	\$729.69	6.4%	19.2%
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MISSISSIPPI

SOUTHERN REGION MEDICAID PROFILE

DATA BY OTHER CHARACTERISTICS

RECIPIENTS BY OTHER CHARACTERISTICS

	FFY 94	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	Annual Change	Share of Total FFY 00
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	324,542	311,725	294,297	250,448	235,016	203,616	188,337	-8.7%	36.0%
Poverty Related Eligibles	152,052	153,527	158,623	78,159	200,645	212,827	246,312	8.4%	47.0%
Medically Needy	0	0	0	13,640	231	0	0	-100.0%	0.0%
Other Eligibles	48,943	52,914	53,848	153,935	38,716	61,828	83,163	9.2%	15.9%
Maintenance Assistance Status Unknown	11,379	1,531	2,813	7,835	11,159	2,693	5,937	-10.3%	1.1%
Total	536,916	519,697	509,581	504,017	485,767	480,964	523,749	-0.4%	100.0%
By Basis of Eligibility									
Aged, Blind, or Disabled	182,309	192,450	191,998	193,184	192,006	195,958	203,532	1.9%	38.9%
Children	258,293	247,312	242,146	191,635	218,491	156,664	174,009	-6.4%	33.2%
Foster Care Children	1,782	2,076	1,998	1,420	2,894	2,204	2,519	5.9%	0.5%
Adults	83,153	76,328	70,626	109,943	61,217	123,445	142,058	9.3%	27.1%
Basis of Eligibility Unknown	11,379	1,531	2,813	7,835	11,159	2,693	1,631	-27.7%	0.3%
Total	536,916	519,697	509,581	504,017	485,767	480,964	523,749	-0.4%	100.0%
By Age									
Under Age 1	26,585	26,353	26,231	25,777	26,367	28,106	286,094	48.6%	54.6%
Age 1 to 5	115,086	108,338	104,134	98,914	90,526	94,914	3,844	-43.3%	0.7%
Age 6 to 14	98,941	98,821	99,927	98,407	96,034	102,097	6,620	-36.3%	1.3%
Age 15 to 20	49,258	48,303	46,725	45,495	42,668	44,482	61,470	3.8%	11.7%
Age 21 to 44	109,972	106,322	101,957	102,213	95,579	97,311	95,753	-2.3%	18.3%
Age 45 to 64	41,244	44,116	44,431	46,746	47,702	50,430	2,192	-38.7%	0.4%
Age 65 to 74	31,741	32,255	31,499	31,324	30,780	23,922	63,588	12.3%	12.1%
Age 75 to 84	31,120	31,503	30,573	29,911	28,555	22,224	1,956	-36.9%	0.4%
Age 85 and Over	21,552	22,910	23,051	22,754	22,461	17,478	2,232	-31.5%	0.4%
Age Unknown	11,417	776	1,053	2,476	5,095	0	0	-100.0%	0.0%
Total	536,916	519,697	509,581	504,017	485,767	480,964	523,749	-0.4%	100.0%
By Race									
White	162,073	160,790	157,815	157,375	151,798	153,597	170,755	0.9%	32.6%
Black	334,912	328,736	321,006	314,143	298,883	294,891	317,837	-0.9%	60.7%
Hispanic, American Indian or Asian	4,617	4,643	4,900	4,798	4,830	4,985	5,923	4.2%	1.1%
Other/Unknown	35,314	25,528	25,860	27,701	30,256	27,491	29,234	-3.1%	5.6%
Total	536,916	519,697	509,581	504,017	485,767	480,964	523,749	-0.4%	100.0%
By Sex									
Female	337,381	331,344	323,155	319,225	304,322	299,288	323,421	-0.7%	61.8%
Male	187,993	187,659	185,367	182,314	176,349	181,676	200,319	1.1%	38.2%
Unknown	11,542	694	1,059	2,478	5,096	0	9	-69.7%	0.0%
Total	536,916	519,697	509,581	504,017	485,767	480,964	523,749	-0.4%	100.0%

Source: Health Care Financing Administration-Form HCFA 2082 for federal fiscal years

MISSISSIPPI

SOUTHERN REGION MEDICAID PROFILE

PAYMENTS BY OTHER CHARACTERISTICS

	<u>FFY 94</u>	<u>FFY 95</u>	<u>FFY 96</u>	<u>FFY 97</u>	<u>FFY 98</u>	<u>FFY 99</u>	<u>FFY 00</u>	<u>Annual Change</u>	<u>Share of Total FFY 00</u>
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	\$610,908,464	\$690,508,754	\$720,731,300	\$688,270,948	\$714,491,940	\$757,535,644	\$832,721,794	5.3%	45.9%
Poverty Related Eligibles	\$158,736,656	\$185,615,461	\$201,874,128	\$174,041,466	\$306,914,267	\$305,803,994	\$356,075,912	14.4%	19.6%
Medically Needy	\$0	\$0	\$0	\$343,738,060	\$29,257	\$0	\$0	-100.0%	0.0%
Other Eligibles	\$319,698,560	\$387,950,785	\$416,674,167	\$213,828,001	\$417,485,900	\$534,838,119	\$618,025,357	11.6%	34.1%
Maintenance Assistance Status Unknown	\$682,507	\$1,724,300	\$2,381,220	\$4,340,692	\$3,451,912	\$3,803,582	\$7,426,942	48.9%	0.4%
Total	\$1,090,026,187	\$1,265,799,300	\$1,341,660,815	\$1,424,219,167	\$1,442,373,276	\$1,601,981,339	\$1,814,250,005	8.9%	100.0%
By Basis of Eligibility									
Aged, Blind or Disabled	\$747,582,985	\$885,597,082	\$951,626,240	\$1,037,662,701	\$1,080,722,666	\$1,196,986,099	\$1,347,409,918	10.3%	74.3%
Children	\$204,838,112	\$232,019,339	\$241,534,473	\$228,602,554	\$225,920,481	\$196,386,636	\$206,931,417	0.2%	11.4%
Foster Care Children	\$5,261,143	\$7,108,065	\$7,695,696	\$4,791,631	\$12,397,385	\$12,065,246	\$14,493,704	18.4%	0.8%
Adults	\$131,661,440	\$139,350,514	\$138,423,186	\$148,821,589	\$119,880,832	\$193,893,824	\$235,704,227	10.2%	13.0%
Basis of Eligibility Unknown	\$682,507	\$1,724,300	\$2,381,220	\$4,340,692	\$3,451,912	\$2,649,534	\$9,710,739	55.7%	0.5%
Total	\$1,090,026,187	\$1,265,799,300	\$1,341,660,815	\$1,424,219,167	\$1,442,373,276	\$1,601,981,339	\$1,814,250,005	8.9%	100.0%
By Age									
Under Age 1	\$38,309,788	\$47,134,434	\$47,052,904	\$46,915,130	\$55,834,210	\$62,067,799	\$1,016,988,002	72.7%	56.1%
Age 1 to 5	\$98,889,452	\$105,575,663	\$114,612,895	\$108,401,967	\$96,211,119	\$106,624,260	\$9,787,204	-32.0%	0.5%
Age 6 to 14	\$80,770,637	\$93,035,255	\$100,899,015	\$107,013,434	\$111,359,490	\$123,762,576	\$10,818,130	-28.5%	0.6%
Age 15 to 20	\$93,819,525	\$106,265,454	\$109,075,250	\$107,439,917	\$104,913,877	\$116,432,935	\$112,818,130	3.1%	6.2%
Age 21 to 44	\$260,917,425	\$295,235,158	\$311,146,374	\$317,104,100	\$310,382,434	\$344,249,995	\$152,209,000	-8.6%	8.4%
Age 45 to 64	\$166,162,224	\$201,446,652	\$220,521,858	\$246,610,716	\$257,489,521	\$286,091,530	\$6,177,433	-42.2%	0.3%
Age 65 to 74	\$84,248,904	\$100,496,857	\$106,329,143	\$121,524,574	\$127,851,781	\$142,127,444	\$502,505,788	34.7%	27.7%
Age 75 to 84	\$125,338,226	\$146,524,812	\$150,432,329	\$166,046,783	\$168,177,532	\$186,908,109	\$1,512,240	-52.1%	0.1%
Age 85 and Over	\$140,870,919	\$168,423,258	\$179,576,947	\$200,697,453	\$208,776,837	\$232,083,985	\$1,434,078	-53.4%	0.1%
Age Unknown	\$699,087	\$1,661,757	\$2,014,100	\$2,465,093	\$1,376,475	\$1,632,706	\$0	-100.0%	0.0%
Total	\$1,090,026,187	\$1,265,799,300	\$1,341,660,815	\$1,424,219,167	\$1,442,373,276	\$1,601,981,339	\$1,814,250,005	8.9%	100.0%
By Race									
White	\$469,734,377	\$545,534,963	\$574,226,312	\$616,694,488	\$632,011,633	\$691,792,754	\$777,752,297	8.8%	42.9%
Black	\$533,443,982	\$615,051,035	\$650,101,049	\$680,779,249	\$678,234,773	\$750,347,274	\$847,713,188	8.0%	46.7%
Hispanic, American Indian or Asian	\$7,040,128	\$9,123,368	\$10,404,535	\$9,368,754	\$10,707,741	\$13,401,194	\$14,199,578	12.4%	0.8%
Other/Unknown	\$79,807,700	\$96,089,934	\$106,928,919	\$117,376,676	\$121,419,129	\$146,440,117	\$174,584,942	13.9%	9.6%
Total	\$1,090,026,187	\$1,265,799,300	\$1,341,660,815	\$1,424,219,167	\$1,442,373,276	\$1,601,981,339	\$1,814,250,005	8.9%	100.0%
By Sex									
Female	\$731,441,269	\$844,463,861	\$893,517,417	\$942,897,971	\$945,154,295	\$1,044,549,808	\$1,180,949,779	8.3%	65.1%
Male	\$357,744,146	\$419,544,219	\$445,911,308	\$478,854,818	\$495,820,726	\$557,361,889	\$633,227,810	10.0%	34.9%
Unknown	\$840,772	\$1,791,220	\$2,232,090	\$2,466,378	\$1,398,255	\$69,642	\$72,416	-33.5%	0.0%
Total	\$1,090,026,187	\$1,265,799,300	\$1,341,660,815	\$1,424,219,167	\$1,442,373,276	\$1,601,981,339	\$1,814,250,005	8.9%	100.0%

Source: Health Care Financing Administration-Form HCFA 2082 for federal fiscal years

SOUTHERN REGION MEDICAID PROFILE

AVERAGE PAYMENT PER RECIPIENT BY OTHER CHARACTERISTICS

	FFY 94	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	Annual Change	Above (+) or Below (-) SLC Avg. FFY 00
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	\$1,882.37	\$2,215.12	\$2,448.99	\$2,748.16	\$3,040.18	\$3,720.41	\$4,421.45	15.3%	1.3%
Poverty Related Eligibles	\$1,043.96	\$1,209.01	\$1,272.67	\$2,226.76	\$1,529.64	\$1,436.87	\$1,445.63	5.6%	-17.4%
Medically Needy	\$0.00	\$0.00	\$0.00	\$25,200.74	\$126.65	\$0.00	\$0.00	-100.0%	-100.0%
Other Eligibles	\$6,532.06	\$7,331.72	\$7,737.97	\$1,389.08	\$10,783.29	\$8,650.42	\$7,431.49	2.2%	7.4%
Maintenance Assistance Status Unknown	\$59.98	\$1,126.26	\$846.51	\$554.01	\$309.34	\$1,412.40	\$1,250.96	65.9%	-36.0%
Total	\$2,030.16	\$2,435.65	\$2,632.87	\$2,825.74	\$2,969.27	\$3,330.77	\$3,463.97	9.3%	-5.7%
By Basis of Eligibility									
Aged, Blind or Disabled	\$4,100.64	\$4,601.70	\$4,956.44	\$5,371.37	\$5,628.59	\$6,108.38	\$6,620.14	8.3%	-19.9%
Children	\$793.05	\$938.16	\$997.47	\$1,192.91	\$1,034.00	\$1,253.55	\$1,189.20	7.0%	-0.4%
Foster Care Children	\$2,952.38	\$3,423.92	\$3,851.70	\$3,374.39	\$4,283.82	\$5,474.25	\$5,753.75	11.8%	53.2%
Adults	\$1,583.36	\$1,825.68	\$1,959.95	\$1,353.62	\$1,958.29	\$1,570.69	\$1,659.21	0.8%	-14.7%
Basis of Eligibility Unknown	\$59.98	\$1,126.26	\$846.51	\$554.01	\$309.34	\$983.86	\$5,953.86	115.2%	198.8%
Total	\$2,030.16	\$2,435.65	\$2,632.87	\$2,825.74	\$2,969.27	\$3,330.77	\$3,463.97	9.3%	-5.7%
By Age									
Under Age 1	\$1,441.03	\$1,788.58	\$1,793.79	\$1,820.04	\$2,117.58	\$2,208.35	\$3,554.73	16.2%	14.0%
Age 1 to 5	\$859.27	\$974.50	\$1,100.63	\$1,095.92	\$1,062.80	\$1,123.38	\$2,546.10	19.8%	103.8%
Age 6 to 14	\$816.35	\$941.45	\$1,009.73	\$1,087.46	\$1,159.58	\$1,212.21	\$1,634.16	12.3%	17.7%
Age 15 to 20	\$1,904.66	\$2,199.98	\$2,334.41	\$2,361.58	\$2,458.84	\$2,617.53	\$1,835.34	-0.6%	-18.7%
Age 21 to 44	\$2,372.58	\$2,776.80	\$3,051.74	\$3,102.39	\$3,247.39	\$3,537.63	\$1,589.60	-6.5%	-61.4%
Age 45 to 64	\$4,028.76	\$4,566.29	\$4,963.24	\$5,275.55	\$5,397.88	\$5,673.04	\$2,818.17	-5.8%	-63.8%
Age 65 to 74	\$2,654.26	\$3,115.70	\$3,375.64	\$3,879.60	\$4,153.73	\$5,941.29	\$7,902.53	19.9%	26.4%
Age 75 to 84	\$4,027.58	\$4,651.14	\$4,920.43	\$5,551.36	\$5,889.60	\$8,410.19	\$773.13	-24.0%	-91.2%
Age 85 and Over	\$6,536.33	\$7,351.52	\$7,790.42	\$8,820.32	\$9,295.08	\$13,278.64	\$642.51	-32.1%	-94.8%
Age Unknown	\$61.23	\$2,141.44	\$1,912.73	\$995.59	\$270.16	\$0.00	\$0.00	-100.0%	-100.0%
Total	\$2,030.16	\$2,435.65	\$2,632.87	\$2,825.74	\$2,969.27	\$3,330.77	\$3,463.97	9.3%	-5.7%
By Race									
White	\$2,898.29	\$3,392.84	\$3,638.60	\$3,918.63	\$4,163.50	\$4,503.95	\$4,554.78	7.8%	5.7%
Black	\$1,592.79	\$1,870.96	\$2,025.20	\$2,167.10	\$2,269.23	\$2,544.49	\$2,667.13	9.0%	-5.7%
Hispanic, American Indian or Asian	\$1,524.83	\$1,964.97	\$2,123.37	\$1,952.64	\$2,216.92	\$2,688.30	\$2,397.36	7.8%	11.2%
Other/Unknown	\$2,259.95	\$3,764.10	\$4,134.92	\$4,237.27	\$4,013.06	\$5,326.84	\$5,971.98	17.6%	1.8%
Total	\$2,030.16	\$2,435.65	\$2,632.87	\$2,825.74	\$2,969.27	\$3,330.77	\$3,463.97	9.3%	-5.7%
By Sex									
Female	\$2,168.00	\$2,548.60	\$2,764.98	\$2,953.71	\$3,105.77	\$3,490.12	\$3,651.43	9.1%	-1.3%
Male	\$1,902.97	\$2,235.67	\$2,405.56	\$2,626.54	\$2,811.59	\$3,067.89	\$3,161.10	8.8%	-11.6%
Unknown	\$72.84	\$2,581.01	\$2,107.73	\$995.31	\$274.38	\$0.00	\$8,046.22	119.0%	61.8%
Total	\$2,030.16	\$2,435.65	\$2,632.87	\$2,825.74	\$2,969.27	\$3,330.77	\$3,463.97	9.3%	-5.7%

Source: Health Care Financing Administration-Form HCFA 2082 for federal fiscal years

MISSISSIPPI

SOUTHERN REGION MEDICAID PROFILE

ADDITIONAL STATE HEALTH CARE INFORMATION

Sources: "Major Health Care Policies: 50 State Profiles", Health Policy Tracking Service, January, 2001; and "Medicaid Services State by State", HCFA, October 2000.
*Information supplied by State Medicaid Agency

Waivers

Through its Freedom of Choice Waiver, HealthMACS, under Title XIX, Section 1915 (b), Mississippi provides primary care case management for TANF-related Medicaid beneficiaries in 28 counties. The program has operated since October 1, 1993. Operating statewide since July 1, 1998.

Capitated Managed Care Project: This project is administered by the state which contracts with HMOs. Although mandated by the 1995 Legislature, the pilot project was drastically downsized to six counties during the 1996 Legislative Session. The project has been operating since January 1, 1997.

Several Home and Community Based Service Waivers under Section 1915 (c), enable the state to provide long-term care services to people who otherwise would require institutionalization. They include:

- Elderly and Disabled: Serves 1,200 people, operating since July 1, 1994.
- Mental Retardation/Developmental Disabilities: Serves 200, operating since July 1, 1995.
- Physical Disabilities: Serves 100 people, operating since January 1, 1994.

Mississippi submitted a waiver in 1995 allowing for establishment of a managed mental health care network for children under age 21. The plan is still pending HCFA approval.

Managed Care

- Any Willing Provider Clause: For pharmacies only. HMO's with pharmacies located on-site are exempt. Independent pharmacies are reimbursed at the same rate as contract providers as long as they meet the requirements and standards for participation.
- In 1995, Mississippi passed a new HMO act based upon the NAIC model. It gives the state oversight authority over HMOs, PPOs and other prepaid plans.

Coverage for Targeted Population

- The state does not have a statewide indigent care program, however, legislation enacted in 1996 specifies that University of Mississippi Medical locations shall provide at least 50% of their services to indigent persons.

Cost Containment Measures

- Certificate of Need Program since 1979. Regulates introduction or expansion of new institutional health care facilities and services.
- Rate setting. Prospective/per diem methodology used for Medicaid.

Medicaid

- 23 optional services are offered.

- In 1999, enacted 3 new laws for the following purposes:

Allows disabled workers with income above the Medicaid eligibility limits to purchase Medicaid coverage on a sliding fee scale.

Reimburses physician's fees that are covered by Medicaid at 90% of the rate established on January 1, 1999.

Authorizes Medicaid payments to nursing homes for each day a patient is absent from the facility, not to exceed 52 days per year.

- In 2000, enacted new laws for the following purposes:

Extends medical assistance coverage for family planning services to women of childbearing age with family incomes up to 185% of the FPL.

Provides for reimbursement for smoking cessation medications for pregnant women and other Medicaid eligible women that are of childbearing age.

MISSISSIPPI

SOUTHERN REGION MEDICAID PROFILE

Children's Health Insurance Program: Medicaid Expansion and State-Designed Program

- Mississippi Children's Health Program (CHIP I) provides health insurance coverage for children age 15 through 18 in families with incomes below 100% of the FPL. The program (Phase I) received HCFA approval on October 26, 1999. The benefit package is the same as the regular Medicaid program and does not include any cost sharing provisions. Phase I expects to provide coverage to 15,000 new enrollees.
- CHIP II is a state plan option and expands coverage for children/adolescents birth through 18 in families with income from 100% to 200% of the FPL. CHIP II was submitted to HCFA for approval in September 1999 and approved in December 1999. Phase II was implemented in January 2000. As of September 30, 2000, the program had enrolled an additional 13,816 individuals.

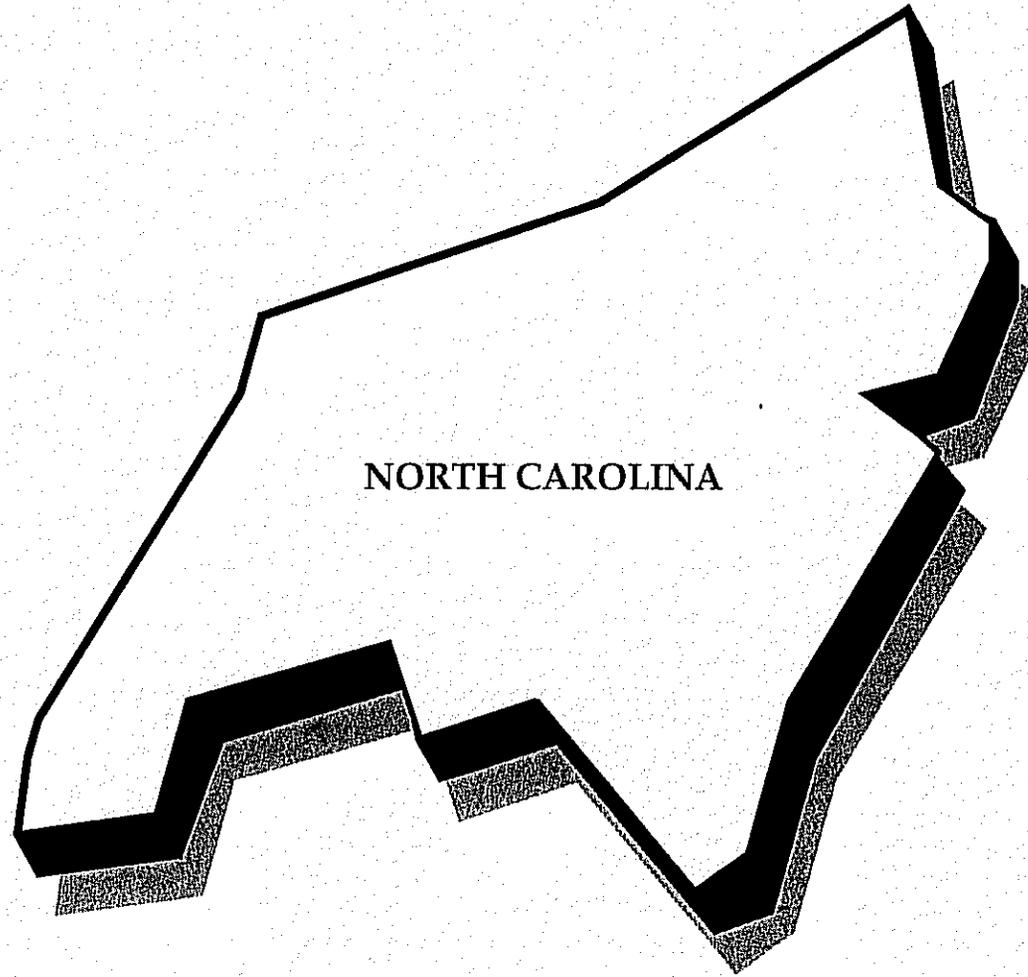
Tobacco Settlement

- The state expects to receive approximately \$4.1 billion over 25 years.
- For Fiscal Year 2000, the tobacco settlement payment was approximately \$113 million.

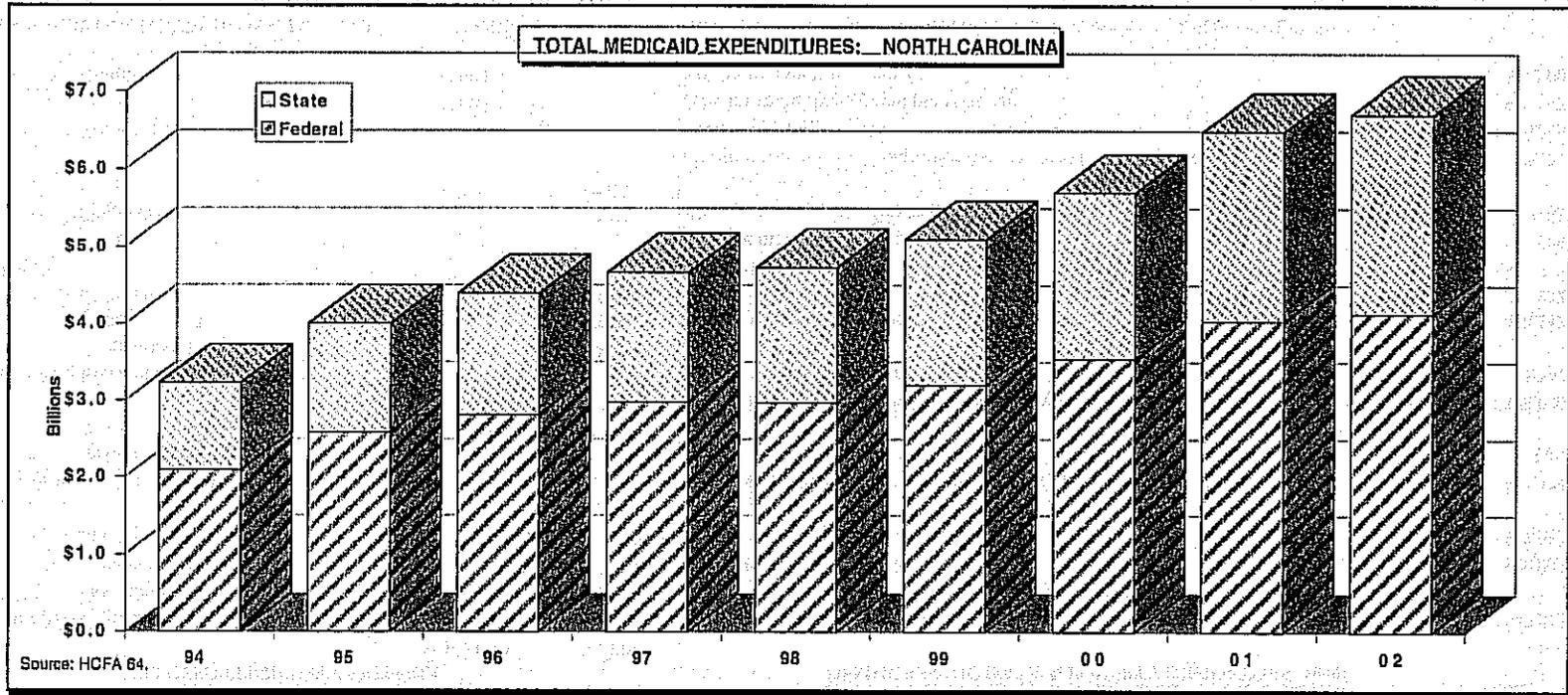
The legislature passed a law that created the Health Care Trust Fund (HCTF) and the Health Care Expendable Fund. The law authorizes the legislature to appropriate funds based on annual interest earned from the Health Care Expendable Fund (the principal of the HCTF cannot be expended).

For SFY 2000, the legislature appropriated \$49 million for maternal and child health, mental health, trauma care, and community health centers.

STATE MEDICAID PROFILE



SOUTHERN REGION MEDICAID PROFILE



Source: HCFA 64.

	FFY 94	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00*	FFY 01**	FFY 02**	Annual Rate of Change	Total Change 94-02
Medicaid Payments	\$3,111,425,752	\$3,871,188,758	\$4,235,586,425	\$4,529,992,284	\$4,547,756,041	\$4,885,503,195	\$5,464,863,059	\$6,249,068,000	\$6,470,532,000	9.6%	108.0%
Federal Share	\$2,031,157,423	\$2,510,797,880	\$2,742,000,903	\$2,900,554,637	\$2,875,510,338	\$3,087,681,703	\$3,421,052,149	\$3,906,702,000	\$4,000,668,000	8.8%	97.0%
State Share	\$1,080,268,329	\$1,360,390,878	\$1,493,585,522	\$1,629,437,647	\$1,672,245,703	\$1,797,821,492	\$2,043,810,910	\$2,342,366,000	\$2,469,864,000	10.9%	128.6%
Administrative Costs	\$116,179,567	\$133,612,797	\$161,567,426	\$143,879,074	\$185,333,494	\$209,904,718	\$233,556,917	\$242,332,000	\$246,129,000	9.8%	111.9%
Federal Share	\$60,740,795	\$71,293,389	\$70,258,593	\$76,592,961	\$99,010,462	\$114,242,646	\$128,758,258	\$132,840,000	\$135,006,000	10.5%	122.3%
State Share	\$55,438,772	\$62,319,408	\$91,308,833	\$67,286,113	\$86,323,032	\$95,662,072	\$104,798,659	\$109,492,000	\$111,123,000	9.1%	100.4%
Admin. Costs as % of Payments	3.73%	3.45%	3.81%	3.18%	4.08%	4.30%	4.27%	3.88%	3.80%		
Federal Match Rate*	65.14%	64.71%	64.59%	63.89%	63.09%	63.07%	62.49%	62.47%	61.46%		

*Rate shown is for Medicaid payments only. The FMAP (Federal Medical Assistance Percentage) is based on the relationship between each state's per capita personal income and that of the nation as a whole for the three most recent years. Federal share of state administrative costs is usually 50 percent or 75 percent, depending on function and whether or not medical personnel are used. **Federal Fiscal Years 01 and 02 reflect latest estimates reported by each state.

NORTH CAROLINA

SOUTHERN REGION MEDICAID PROFILE

STATE FINANCING

	Payments		Administration	
	FFY 94	FFY 00	FFY 94	FFY 00
State General Fund*	\$1,080,268,329	\$2,043,810,910	\$55,438,772	\$104,798,659
Local Funds	\$0	\$0	\$0	\$0
Provider Taxes	\$0	\$0	\$0	\$0
Donations	\$0	\$0	\$0	\$0
Other	\$0	\$0	\$0	\$0
Total State Share	\$1,080,268,329	\$2,043,810,910	\$55,438,772	\$104,798,659

Provider Taxes Currently in Place (FFY 00)		
Provider(s)	Tax Rate	Amount
NO PROVIDER TAXES		

DISPROPORTIONATE SHARE HOSPITAL (DSH) PAYMENTS

	FFY 94	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	FFY 01*	FFY 02*	Annual Change
General Hospitals	\$15,331,555	\$131,410,030	\$164,508,095	\$271,699,000	\$187,665,204	\$227,672,613	\$236,744,407	\$185,000,000	\$175,000,000	1.0%
Mental Hospitals	\$373,934,445	\$297,864,563	\$198,246,079	\$271,700,000	\$166,439,546	\$170,292,750	\$176,842,977	\$185,000,000	\$175,000,000	-2.1%
Total	\$389,266,000	\$429,274,593	\$362,754,174	\$543,399,000	\$354,104,750	\$397,965,363	\$413,587,384	\$370,000,000	\$350,000,000	-0.6%

SELECTED ELIGIBILITY CRITERIA

	At 10/1/01	% of FPL*
TANF-Temporary Assistance for Needy Families (Family of 3)		
Need Standard	\$185	15.2%
Payment Standard	N/A	N/A
Maximum Payment	N/A	N/A
Medically Needy Program (Family of 3)		
Income Eligibility Standard	\$367	
Resource Standard	\$3,000	
Pregnant Women, Children and Infants (% of FPL*)		
Pregnant women and infants		185.0%
Children 1 to 5		133.0%
Children 6 to 18		100.0%
SSI Eligibility Levels		
Income:		
Single Person	\$696	97.2%
Couple	\$938	97.0%
Resources:		
Single Person	\$2,000	
Couple	\$3,000	

DEMOGRAPHIC DATA & POVERTY INDICATORS (1999)

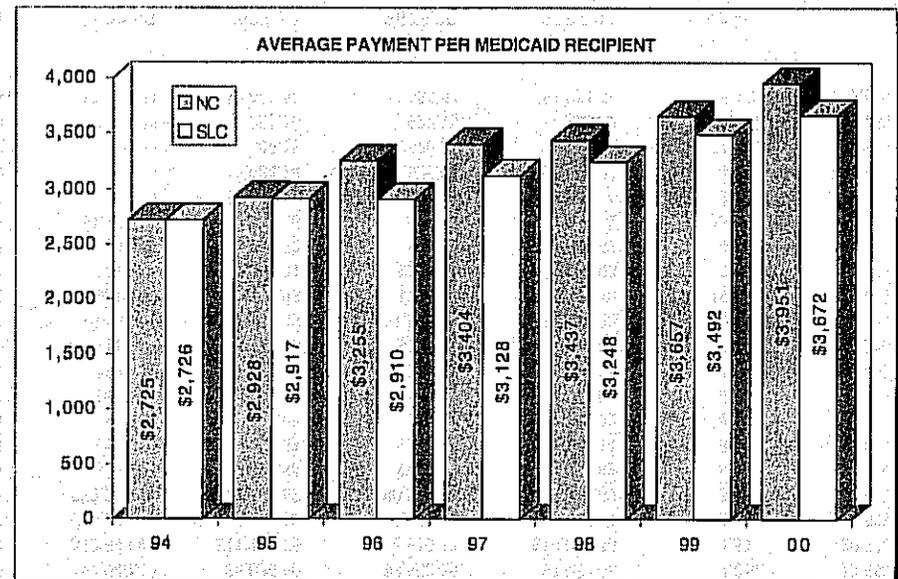
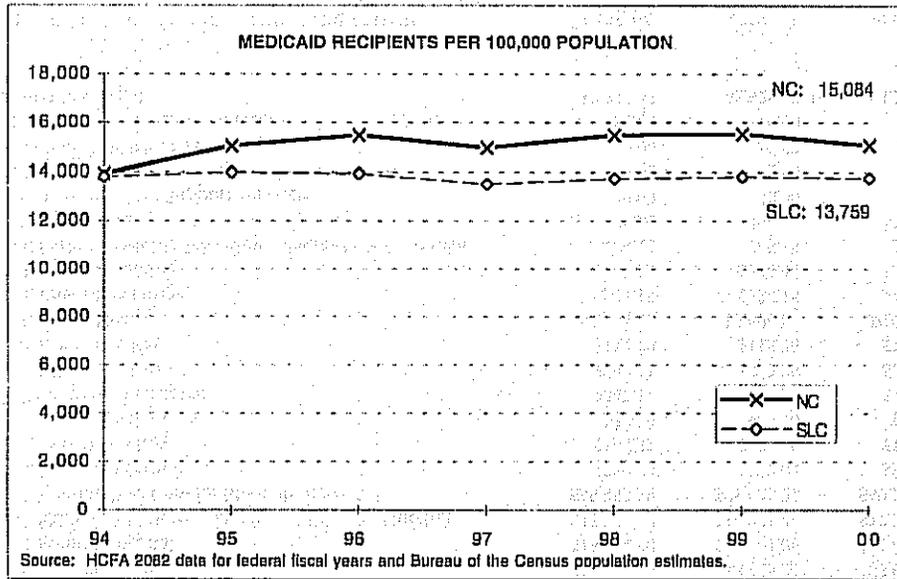
		Rank in U.S.
State population—July 1, 2000*	8,049,313	11
Per capita personal income**	\$26,003	31
Median household income**	\$37,057	32
Population below Federal Poverty Level on July 1, 2000*	893,474	
Percent of total population	11.1%	9
Population without health insurance coverage*	1,178,000	8
Percent of total population	15.4%	20
Recipients of Food Stamps***	488,247	12
Households receiving Food Stamps***	209,232	11
Total value of issuance***	\$403,432,905	12
Average monthly benefit per recipient	\$68.86	31
Average monthly benefit per household	\$160.68	18
Monthly recipients of Temporary Assistance to Needy Families (TANF)****	97,171	15
Total TANF payments****	\$394,090,066	14
Average monthly payment per recipient	\$337.97	
Maximum monthly payment per family of 3	\$272.00	42

*Current federal poverty level is \$8,590 per year for a single person, \$11,610 for a family of two and \$14,630 for a family of three. Table above shows monthly income levels.

*Bureau of the Census. **Bureau of Economic Analysis. ***USDA. ****USDHHS.

NORTH CAROLINA

SOUTHERN REGION MEDICAID PROFILE



DATA BY TYPE OF SERVICES (Includes Fee-For-Service and Waivers)

<u>RECIPIENTS BY TYPE OF SERVICES</u>	<u>FFY 94</u>	<u>FFY 95</u>	<u>FFY 96</u>	<u>FFY 97</u>	<u>FFY 98</u>	<u>FFY 99</u>	<u>FFY 00</u>	<u>Annual Change</u>
01. General Hospital	190,242	186,666	222,468	176,232	171,477	177,386	194,217	0.3%
02. Mental Hospital	2,210	2,364	2,895	2,286	2,387	2,043	2,622	2.9%
03. Skilled and Intermediate (non-MR) Care Nursing	40,070	41,595	42,394	42,274	41,683	42,542	42,884	1.1%
04. Intermediate Care for Mentally Retarded	4,922	5,003	4,960	4,915	4,853	4,806	4,734	-0.6%
05. Physician Services	785,631	562,542	908,407	831,983	805,816	806,194	840,360	1.1%
06. Dental Services	206,963	226,844	225,413	225,887	212,697	218,730	219,779	1.0%
07. Other Practitioners	137,278	158,291	167,346	179,709	159,902	158,590	166,087	3.2%
08. Outpatient Hospital	465,447	499,585	494,842	485,399	459,214	454,822	478,893	0.5%
09. Clinic Services	241,155	338,517	352,557	319,687	182,633	177,375	203,487	-2.8%
10. Lab and X-Ray	543,795	587,111	584,723	602,528	594,307	574,942	608,022	1.9%
11. Home Health	31,288	39,289	43,665	46,814	62,187	68,298	83,622	17.8%
12. Prescribed Drugs	653,792	737,558	764,482	779,229	764,886	807,670	822,766	3.9%
13. Family Planning	72,031	84,450	75,745	73,837	73,849	69,767	71,691	-0.1%
14. Early & Periodic Screening, Diagnosis & Treatment	250,231	341,062	383,786	388,963	387,904	388,510	408,804	8.5%
15. Other Care	371,374	256,915	264,514	275,983	165,210	168,795	175,861	-11.7%
16. Personal Care Support Services	0	0	0	0	356,450	369,928	405,625	6.7%
17. Home/Community Based Waiver Services	0	0	0	0	14,421	16,692	18,239	12.5%
18. Prepaid Health Care	0	0	0	0	220,700	213,882	61,965	-47.0%
19. Primary Care Case Management (PCCM) Services	0	0	0	0	591,740	713,432	757,983	13.2%
Total*	985,273	1,084,337	1,130,024	1,112,931	1,167,988	1,172,107	1,214,195	3.5%

*Annual totals for each service and for the grand total reflect unduplicated recipient counts. The grand total, therefore, may not equal the sum of the totals for each service.

NORTH CAROLINA

SOUTHERN REGION MEDICAID PROFILE

PAYMENTS BY TYPE OF SERVICES									Annual	Share of Total
	FFY 94	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	Change	FFY 00	
01. General Hospital	\$567,978,782	\$640,116,969	\$869,138,988	\$712,064,082	\$692,184,068	\$692,204,075	\$767,867,482	5.2%	16.0%	
02. Mental Hospital	\$29,182,775	\$32,862,108	\$33,219,385	\$28,217,026	\$26,557,229	\$18,213,632	\$26,279,939	-1.7%	0.5%	
03. Skilled and Intermediate (non-MR) Care Nursing	\$631,498,036	\$703,847,992	\$735,288,662	\$771,242,159	\$760,826,548	\$815,377,322	\$818,831,153	4.4%	17.1%	
04. Intermediate Care for Mentally Retarded	\$322,161,542	\$355,344,407	\$346,024,865	\$355,211,525	\$361,838,061	\$386,344,149	\$383,274,535	2.9%	8.0%	
05. Physician Services	\$260,029,983	\$299,293,437	\$320,072,693	\$328,694,654	\$335,106,875	\$345,190,548	\$397,351,067	7.3%	8.3%	
06. Dental Services	\$34,421,326	\$40,191,481	\$41,572,421	\$42,488,716	\$42,821,503	\$55,399,252	\$58,382,337	9.2%	1.2%	
07. Other Practitioners	\$8,057,646	\$9,987,626	\$11,099,291	\$11,940,649	\$10,405,963	\$10,531,583	\$12,460,523	7.5%	0.3%	
08. Outpatient Hospital	\$161,561,785	\$189,805,701	\$203,698,155	\$214,122,272	\$209,392,736	\$226,053,665	\$264,360,880	8.6%	5.5%	
09. Clinic Services	\$72,131,482	\$150,229,014	\$98,658,048	\$106,394,068	\$47,713,966	\$50,627,028	\$54,157,671	-4.7%	1.1%	
10. Lab and X-Ray	\$62,371,959	\$69,487,763	\$66,427,820	\$68,144,825	\$69,535,830	\$67,541,674	\$83,223,306	4.9%	1.7%	
11. Home Health	\$179,411,035	\$223,823,621	\$302,854,673	\$377,532,116	\$98,708,726	\$107,654,983	\$120,071,196	-6.5%	2.5%	
12. Prescribed Drugs	\$215,197,252	\$277,430,790	\$344,950,165	\$403,811,339	\$466,528,812	\$611,444,842	\$791,072,274	24.2%	16.5%	
13. Family Planning	\$20,697,361	\$29,091,710	\$24,072,911	\$23,381,261	\$22,561,251	\$21,040,091	\$21,724,198	0.8%	0.5%	
14. Early & Periodic Screening, Diagnosis & Treatment	\$17,117,383	\$29,216,247	\$27,037,616	\$31,250,990	\$30,846,296	\$31,810,985	\$35,431,867	12.9%	0.7%	
15. Other Care	\$102,722,770	\$124,330,947	\$253,640,314	\$313,960,523	\$12,764,633	\$13,454,087	\$14,564,908	-27.8%	0.3%	
16. Personal Care Support Services	\$0	\$0	\$0	\$0	\$452,804,716	\$416,668,074	\$494,158,151	4.5%	10.3%	
17. Home/Community Based Waiver Services	\$0	\$0	\$0	\$0	\$275,215,305	\$317,649,915	\$377,525,655	17.1%	7.9%	
18. Prepaid Health Care	\$0	\$0	\$0	\$0	\$85,665,363	\$79,214,119	\$55,207,599	-19.7%	1.2%	
19. Primary Case Management (PCCM) Services	\$0	\$0	\$0	\$0	\$12,518,861	\$19,438,725	\$21,770,813	31.9%	0.5%	
Total (excludes DSH pymts, pharmacy rebates, & other adjs.)	\$2,684,541,117	\$3,175,059,813	\$3,677,756,007	\$3,788,456,205	\$4,013,996,742	\$4,285,858,749	\$4,797,715,554	10.2%	100.0%	

AVERAGE PAYMENTS PER RECIPIENT BY TYPE OF SERVICES

									(+) or (-) SLC	Aug. FFY 00
01. General Hospital	\$2,985.56	\$3,429.21	\$3,906.80	\$4,040.49	\$4,036.60	\$3,902.25	\$3,953.66	4.8%	12.5%	
02. Mental Hospital	\$13,204.88	\$13,901.06	\$11,474.74	\$12,343.41	\$11,125.78	\$8,915.14	\$10,022.86	-4.5%	-20.7%	
03. Skilled and Intermediate (non-MR) Care Nursing	\$15,759.87	\$16,921.46	\$17,344.17	\$18,243.89	\$18,252.68	\$19,166.41	\$19,094.09	3.3%	6.5%	
04. Intermediate Care for Mentally Retarded	\$65,453.38	\$71,026.27	\$69,763.08	\$72,270.91	\$74,559.67	\$80,387.88	\$80,962.09	3.6%	16.5%	
05. Physician Services	\$330.98	\$532.04	\$352.35	\$395.07	\$415.86	\$428.17	\$472.83	6.1%	23.6%	
06. Dental Services	\$166.32	\$177.18	\$184.43	\$188.10	\$201.33	\$253.28	\$265.64	8.1%	11.0%	
07. Other Practitioners	\$58.70	\$63.10	\$66.33	\$66.44	\$65.08	\$66.41	\$75.02	4.2%	-55.4%	
08. Outpatient Hospital	\$347.11	\$379.93	\$411.64	\$441.13	\$455.98	\$497.02	\$552.02	8.0%	22.1%	
09. Clinic Services	\$299.11	\$443.79	\$279.84	\$332.81	\$261.26	\$285.42	\$266.15	-1.9%	-60.8%	
10. Lab and X-Ray	\$114.70	\$118.36	\$113.61	\$113.10	\$117.00	\$117.48	\$136.88	3.0%	35.9%	
11. Home Health	\$5,734.18	\$5,696.85	\$6,935.87	\$8,064.51	\$1,587.29	\$1,576.25	\$1,435.88	-20.6%	-49.9%	
12. Prescribed Drugs	\$329.15	\$376.15	\$451.22	\$518.22	\$609.93	\$757.05	\$961.48	19.6%	1.0%	
13. Family Planning	\$287.34	\$344.48	\$317.82	\$316.66	\$305.51	\$301.58	\$303.03	0.9%	53.2%	
14. Early & Periodic Screening, Diagnosis & Treatment	\$68.41	\$85.66	\$70.45	\$80.34	\$79.52	\$81.88	\$86.67	4.0%	-31.2%	
15. Other Care	\$276.60	\$483.94	\$958.89	\$1,137.61	\$77.26	\$79.71	\$82.82	-18.2%	-92.3%	
16. Personal Care Support Services	\$0.00	\$0.00	\$0.00	\$0.00	\$1,270.32	\$1,126.35	\$1,218.26	-2.1%	-16.7%	
17. Home/Community Based Waiver Services	\$0.00	\$0.00	\$0.00	\$0.00	\$19,084.34	\$19,030.07	\$20,698.81	4.1%	437.6%	
18. Prepaid Health Care	\$0.00	\$0.00	\$0.00	\$0.00	\$388.15	\$370.36	\$890.95	51.5%	28.8%	
19. Primary Case Management (PCCM) Services	\$0.00	\$0.00	\$0.00	\$0.00	\$21.16	\$27.25	\$28.72	16.5%	-42.4%	
Total (Average)	\$2,724.67	\$2,928.11	\$3,254.58	\$3,404.04	\$3,436.68	\$3,656.54	\$3,951.36	6.4%	7.6%	

TOTAL PER CAPITA EXPENDITURES	\$455.96	\$556.04	\$601.60	\$629.00	\$627.19	\$675.20	\$707.94	7.6%	15.6%
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NORTH CAROLINA

SOUTHERN REGION MEDICAID PROFILE

DATA BY OTHER CHARACTERISTICS

RECIPIENTS BY OTHER CHARACTERISTICS

	FFY 94	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	Annual Change	Share of Total FFY 00
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	476,530	463,539	500,432	599,481	594,269	546,076	532,049	1.9%	43.8%
Poverty Related Eligibles	49,343	79,162	40,348	337,930	389,458	441,210	503,927	47.3%	41.5%
Medically Needy	69,680	65,719	61,039	117,574	122,027	117,780	148,008	13.4%	12.2%
Other Eligibles	389,720	475,917	528,205	57,946	62,234	67,041	30,211	-34.7%	2.5%
Maintenance Assistance Status Unknown		0	0	0	0	0	0	n/a	0.0%
Total	985,273	1,084,337	1,130,024	1,112,931	1,167,988	1,172,107	1,214,195	3.5%	100.0%
By Basis of Eligibility									
Aged, Blind, or Disabled	251,265	296,192	340,395	348,911	356,930	366,724	371,714	6.7%	30.6%
Children	491,043	536,678	548,381	568,991	609,190	614,117	642,497	4.6%	52.9%
Foster Care Children	0	0	0	10,766	12,176	12,793	13,460	7.7%	1.1%
Adults	242,965	251,467	241,248	184,263	189,692	178,473	186,524	-4.3%	15.4%
Basis of Eligibility Unknown	0	0	0	0	0	0	0	n/a	0.0%
Total	985,273	1,084,337	1,130,024	1,112,931	1,167,988	1,172,107	1,214,195	3.5%	100.0%
By Age									
Under Age 1	74,771	74,971	76,001	77,012	79,785	82,171	85,853	2.3%	7.1%
Age 1 to 5	201,498	215,691	216,649	207,805	213,089	210,700	218,026	1.3%	18.0%
Age 6 to 14	170,619	198,800	221,080	224,019	250,288	257,397	269,655	7.9%	22.2%
Age 15 to 20	91,242	103,927	109,409	109,520	117,711	117,305	122,422	5.0%	10.1%
Age 21 to 44	230,950	248,792	251,554	235,086	243,112	236,018	245,478	1.0%	20.2%
Age 45 to 64	76,182	87,783	95,670	98,424	102,889	106,192	110,987	6.5%	9.1%
Age 65 to 74	53,957	60,351	61,518	62,371	62,261	61,582	60,658	2.0%	5.0%
Age 75 to 84	53,321	58,117	60,205	60,310	59,626	60,627	60,519	2.1%	5.0%
Age 85 and Over	32,733	35,905	37,938	38,384	39,227	40,115	807	-46.1%	0.1%
Age Unknown	0	0	0	0	0	0	39,790	n/a	3.3%
Total	985,273	1,084,337	1,130,024	1,112,931	1,167,988	1,172,107	1,214,195	3.5%	100.0%
By Race									
White	470,074	499,065	510,087	499,426	511,841	510,844	526,493	1.9%	43.4%
Black	470,630	499,189	509,453	492,805	515,303	507,904	515,309	1.5%	42.4%
Hispanic, American Indian or Asian	41,546	48,830	57,825	63,562	74,368	82,606	97,074	15.2%	8.0%
Other/Unknown	3,023	37,253	52,659	57,138	66,476	70,753	75,319	70.9%	6.2%
Total	985,273	1,084,337	1,130,024	1,112,931	1,167,988	1,172,107	1,214,195	3.5%	100.0%
By Sex									
Female	632,620	689,609	709,750	695,947	724,022	723,370	746,025	2.8%	61.4%
Male	352,653	394,728	420,274	416,984	443,966	448,737	468,170	4.8%	38.6%
Unknown	0	0	0	0	0	0	0	n/a	0.0%
Total	985,273	1,084,337	1,130,024	1,112,931	1,167,988	1,172,107	1,214,195	3.5%	100.0%

Source: Health Care Financing Administration-Form HCFA 2082 for federal fiscal years

NORTH CAROLINA

SOUTHERN REGION MEDICAID PROFILE

PAYMENTS BY OTHER CHARACTERISTICS

	FFY 94	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	Annual Change	Share of Total FFY 00
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	\$854,207,143	\$705,395,953	\$1,284,840,493	\$1,971,787,837	\$2,080,692,247	\$2,164,360,435	\$2,469,833,020	19.4%	51.5%
Poverty Related Eligibles	\$148,733,385	\$450,513,851	\$170,638,234	\$484,198,914	\$558,638,298	\$605,704,585	\$710,065,626	29.8%	14.8%
Medically Needy	\$518,302,862	\$582,504,709	\$539,406,506	\$1,241,003,068	\$1,266,350,628	\$1,350,878,520	\$1,523,170,110	19.7%	31.7%
Other Eligibles	\$1,163,297,727	\$1,436,645,300	\$1,682,870,774	\$91,466,386	\$108,315,569	\$164,915,209	\$94,646,798	-34.2%	2.0%
Maintenance Assistance Status Unknown	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a	0.0%
Total	\$2,684,541,117	\$3,175,059,813	\$3,677,756,007	\$3,788,456,205	\$4,013,996,742	\$4,285,858,749	\$4,797,715,554	10.2%	100.0%
By Basis of Eligibility									
Aged, Blind or Disabled	\$1,693,875,384	\$2,004,618,393	\$2,557,044,247	\$2,714,862,350	\$2,856,357,139	\$3,140,220,337	\$3,503,248,104	12.9%	73.0%
Children	\$557,045,164	\$632,532,521	\$589,983,023	\$636,246,582	\$716,185,408	\$706,428,941	\$776,397,762	5.7%	16.2%
Foster Care Children	\$0	\$0	\$0	\$33,821,574	\$44,483,297	\$40,099,665	\$55,527,851	18.0%	1.2%
Adults	\$433,620,569	\$537,908,899	\$530,728,737	\$403,525,699	\$396,970,898	\$399,109,806	\$462,541,837	1.1%	9.6%
Basis of Eligibility Unknown	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a	0.0%
Total	\$2,684,541,117	\$3,175,059,813	\$3,677,756,007	\$3,788,456,205	\$4,013,996,742	\$4,285,858,749	\$4,797,715,554	10.2%	100.0%
By Age									
Under Age 1	\$195,262,641	\$200,009,262	\$217,577,976	\$214,802,933	\$219,104,317	\$228,599,932	\$256,087,426	4.6%	5.3%
Age 1 to 5	\$168,449,332	\$204,137,034	\$226,162,526	\$208,114,457	\$233,057,550	\$231,245,617	\$258,490,061	7.4%	5.4%
Age 6 to 14	\$150,323,287	\$177,270,370	\$239,020,647	\$268,169,155	\$335,643,471	\$324,913,011	\$377,014,331	16.6%	7.9%
Age 15 to 20	\$183,804,192	\$232,101,934	\$256,443,000	\$261,270,797	\$294,081,459	\$285,639,373	\$310,990,603	9.2%	6.5%
Age 21 to 44	\$722,428,550	\$865,602,644	\$975,288,041	\$967,212,573	\$991,888,410	\$1,038,607,593	\$1,156,898,046	8.2%	24.1%
Age 45 to 64	\$419,583,270	\$523,654,840	\$657,077,116	\$690,838,617	\$730,963,532	\$827,369,494	\$970,056,963	15.0%	20.2%
Age 65 to 74	\$205,489,584	\$243,429,521	\$282,471,198	\$301,808,253	\$312,081,536	\$351,760,547	\$397,717,458	11.6%	8.3%
Age 75 to 84	\$335,634,730	\$382,437,884	\$433,849,846	\$455,286,327	\$462,921,843	\$519,348,386	\$560,554,213	8.9%	11.7%
Age 85 and Over	\$303,565,531	\$346,416,324	\$389,865,657	\$420,953,093	\$434,254,624	\$478,374,796	\$10,276,626	-43.1%	0.2%
Age Unknown	\$0	\$0	\$0	\$0	\$0	\$0	\$499,629,827	n/a	10.4%
Total	\$2,684,541,117	\$3,175,059,813	\$3,677,756,007	\$3,788,456,205	\$4,013,996,742	\$4,285,858,749	\$4,797,715,554	10.2%	100.0%
By Race									
White	\$1,561,295,132	\$1,755,472,786	\$1,968,457,969	\$2,032,111,627	\$2,108,139,775	\$2,252,040,975	\$2,500,039,537	8.2%	52.1%
Black	\$1,046,579,663	\$1,156,044,826	\$1,307,410,819	\$1,316,773,324	\$1,388,709,316	\$1,449,704,979	\$1,601,624,328	7.3%	33.4%
Hispanic, American Indian or Asian	\$71,151,185	\$80,994,673	\$101,580,286	\$112,512,497	\$128,663,746	\$144,702,155	\$179,587,907	16.7%	3.7%
Other/Unknown	\$5,515,137	\$182,547,528	\$300,306,933	\$327,058,757	\$388,483,905	\$439,410,640	\$516,463,782	113.1%	10.8%
Total	\$2,684,541,117	\$3,175,059,813	\$3,677,756,007	\$3,788,456,205	\$4,013,996,742	\$4,285,858,749	\$4,797,715,554	10.2%	100.0%
By Sex									
Female	\$1,713,641,165	\$2,036,956,775	\$2,310,909,369	\$2,365,405,876	\$2,476,014,621	\$2,681,678,461	\$2,994,857,575	9.8%	62.4%
Male	\$970,899,952	\$1,138,103,038	\$1,366,846,638	\$1,423,050,329	\$1,537,982,121	\$1,604,180,288	\$1,802,857,979	10.9%	37.6%
Unknown	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a	0.0%
Total	\$2,684,541,117	\$3,175,059,813	\$3,677,756,007	\$3,788,456,205	\$4,013,996,742	\$4,285,858,749	\$4,797,715,554	10.2%	100.0%

Source: Health Care Financing Administration-Form HCFA 2082 for federal fiscal years

NORTH CAROLINA

SOUTHERN REGION MEDICAID PROFILE

AVERAGE PAYMENT PER RECIPIENT BY OTHER CHARACTERISTICS

	<u>FFY 94</u>	<u>FFY 95</u>	<u>FFY 96</u>	<u>FFY 97</u>	<u>FFY 98</u>	<u>FFY 99</u>	<u>FFY 00</u>	<u>Annual Change</u>	<u>Above (+) or Below (-) SLC Avg. FFY 00</u>
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	\$1,792.56	\$1,521.76	\$2,567.46	\$3,289.16	\$3,501.26	\$3,963.48	\$4,642.12	17.2%	6.3%
Poverty Related Eligibles	\$3,014.28	\$5,691.04	\$4,229.16	\$1,432.84	\$1,434.40	\$1,372.83	\$1,409.06	-11.9%	-19.5%
Medically Needy	\$7,438.33	\$8,863.57	\$8,837.08	\$10,555.08	\$10,377.63	\$11,469.51	\$10,291.13	5.6%	199.5%
Other Eligibles	\$2,984.96	\$3,018.69	\$3,186.02	\$1,578.48	\$1,740.46	\$2,459.92	\$3,132.86	0.8%	-54.7%
Maintenance Assistance Status Unknown	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	n/a	-100.0%
Total	\$2,724.67	\$2,928.11	\$3,254.58	\$3,404.04	\$3,436.68	\$3,656.54	\$3,951.36	6.4%	7.6%
By Basis of Eligibility									
Aged, Blind or Disabled	\$6,741.39	\$6,767.97	\$7,511.99	\$7,780.96	\$8,002.57	\$8,562.90	\$9,424.58	5.7%	14.0%
Children	\$1,134.41	\$1,178.61	\$1,075.86	\$1,118.20	\$1,175.64	\$1,150.32	\$1,208.41	1.1%	1.2%
Foster Care Children	\$0.00	\$0.00	\$0.00	\$3,141.52	\$3,653.36	\$3,134.50	\$4,125.40	9.5%	9.8%
Adults	\$1,784.70	\$2,139.08	\$2,199.93	\$2,189.94	\$2,092.71	\$2,236.25	\$2,479.80	5.6%	27.5%
Basis of Eligibility Unknown	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	n/a	-100.0%
Total	\$2,724.67	\$2,928.11	\$3,254.58	\$3,404.04	\$3,436.68	\$3,656.54	\$3,951.36	6.4%	7.6%
By Age									
Under Age 1	\$2,611.48	\$2,667.82	\$2,862.83	\$2,789.21	\$2,746.18	\$2,782.00	\$2,982.86	2.2%	-4.3%
Age 1 to 5	\$835.99	\$946.43	\$1,043.91	\$1,001.49	\$1,093.71	\$1,097.51	\$1,185.59	6.0%	-5.1%
Age 6 to 14	\$881.05	\$891.70	\$1,081.15	\$1,197.08	\$1,341.03	\$1,262.30	\$1,398.14	8.0%	0.7%
Age 15 to 20	\$2,014.47	\$2,233.32	\$2,343.89	\$2,385.60	\$2,498.33	\$2,435.01	\$2,540.32	3.9%	12.6%
Age 21 to 44	\$3,128.07	\$3,479.22	\$3,877.05	\$4,114.29	\$4,079.96	\$4,400.54	\$4,712.84	7.1%	14.3%
Age 45 to 64	\$5,507.64	\$5,965.33	\$6,868.16	\$7,019.01	\$7,104.39	\$7,791.26	\$8,740.28	8.0%	12.1%
Age 65 to 74	\$3,808.40	\$4,033.56	\$4,591.68	\$4,838.92	\$5,012.47	\$5,712.07	\$6,556.72	9.5%	4.9%
Age 75 to 84	\$6,294.61	\$6,580.48	\$7,206.21	\$7,549.10	\$7,763.76	\$8,566.29	\$9,262.45	6.6%	5.0%
Age 85 and Over	\$9,273.99	\$9,648.14	\$10,276.39	\$10,966.89	\$11,070.30	\$11,925.09	\$12,734.36	5.4%	3.3%
Age Unknown	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$12,556.67	n/a	77.2%
Total	\$2,724.67	\$2,928.11	\$3,254.58	\$3,404.04	\$3,436.68	\$3,656.54	\$3,951.36	6.4%	7.6%
By Race									
White	\$3,321.38	\$3,517.52	\$3,859.06	\$4,068.89	\$4,118.74	\$4,408.47	\$4,748.48	6.1%	10.2%
Black	\$2,223.78	\$2,315.85	\$2,566.30	\$2,672.00	\$2,694.94	\$2,854.29	\$3,108.09	5.7%	9.9%
Hispanic, American Indian or Asian	\$1,712.59	\$1,658.71	\$1,756.68	\$1,770.12	\$1,730.10	\$1,751.71	\$1,850.01	1.3%	-14.2%
Other/Unknown	\$1,824.39	\$4,900.21	\$5,702.86	\$5,724.01	\$5,843.97	\$6,210.49	\$6,857.02	24.7%	16.9%
Total	\$2,724.67	\$2,928.11	\$3,254.58	\$3,404.04	\$3,436.68	\$3,656.54	\$3,951.36	6.4%	7.6%
By Sex									
Female	\$2,708.80	\$2,953.79	\$3,255.95	\$3,398.83	\$3,419.81	\$3,707.20	\$4,014.42	6.8%	8.5%
Male	\$2,753.13	\$2,883.26	\$3,252.28	\$3,412.72	\$3,464.19	\$3,574.88	\$3,850.86	5.8%	7.7%
Unknown	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	n/a	-100.0%
Total	\$2,724.67	\$2,928.11	\$3,254.58	\$3,404.04	\$3,436.68	\$3,656.54	\$3,951.36	6.4%	7.6%

Source: Health Care Financing Administration-Form HCFA 2082 for federal fiscal years

NORTH CAROLINA

SOUTHERN REGION MEDICAID PROFILE

ADDITIONAL STATE HEALTH CARE INFORMATION

Sources: "Major Health Care Policies: 50 State Profiles", Health Policy Tracking Service, January, 2001; and "Medicaid Services State by State", HCFA, October 2000.

*Information supplied by State Medicaid Agency

Waivers

North Carolina has two Freedom of Choice Waivers, under Title XIX, Section 1915 (b), of the Social Security Act. They include:

- Carolina ACCESS I is a primary care case management program for Medicaid children under the age of 18, operating since 1991 and is operating in 100 counties as of December 31, 1998.
- Carolina ACCESS II, an expansion of ACCESS I, requires doctors, hospitals, community clinics and other providers to create networks similar to HMOs to serve the medical needs of low-income individuals. The expanded program is currently operating at seven different sites statewide.
- Carolina ACCESS III, a comprehensive full-risk program, is currently in the implementation phase. Two Carolina ACCESS I sites are receiving an additional \$2.50 per member per month to develop the program.

In addition, a number of Home and Community Based Service Waivers, Section 1915 (c), enable the state to provide long-term care services to people who otherwise would require institutionalization. They include:

- Elderly and Disabled: Serves 11,500 people, operating since July 1, 1982.
- Mental Retardation/Developmental Disabilities: Serves 4,667 people, operating since July 1, 1983.
- AIDS: Serves 45 people, operating since October 1, 1995.
- Blind and Disabled Children under age 19 (includes individuals with AIDS): Serves up to 200 people, operating since July 1, 1983.
- Implemented a mandatory HMO enrollment in one county (Macklenburg) in June 1996 via a Section 1915 (b) waiver.
- Implemented a voluntary HMO enrollment in one county (Gaston) in October 1997 via a Section 1915 (b) waiver.

On July 1, 1994 extended managed care coverage to all children, under age 19, with family income below the poverty level.

Managed Care

• Any Willing Provider Clause: For pharmacies only. HMO's with pharmacies located on-site are exempt. Independent pharmacies are reimbursed at the same rate as contract providers as long as they meet the requirements and standards for participation. Medicaid HMO members are exempt as pharmacy is out of the plan contract under the Medicaid contract.

Coverage for Targeted Population

• The Uninsured: North Carolina does not have an indigent care program.

Cost Containment Measures

- Certificate of Need Program since 1979. Regulates introduction or expansion of new institutional health care facilities and services. Amended in 1993.
- Rate setting. Prospective payment/per diem methodology used for Medicaid.

NORTH CAROLINA

SOUTHERN REGION MEDICAID PROFILE

Medicaid

- 23 optional services are offered.
- In 1999, the state expanded Medicaid eligibility from 12 to 24 months for Work First Families; also expanded Medicaid eligibility for the blind, disabled, and elderly up to 100% of the FPL.
- Counties pay 15% of the non-federal share of all program costs, and 100% of the non-federal share of administrative costs.
- In 2000, enacted legislation that directs Medicaid to apply for a demonstration waiver to provide Medicaid coverage for family planning services to men and women of childbearing age with family incomes up to 185% of the FPL.

Children's Health Insurance Program: State Designed

- SCHIP in North Carolina, NC Health Choice, is administered by the Division of Medicaid Assistance through a state-designed program. The plan received HCFA approval on July 14, 1998. The program provides health care coverage through a state employees equivalent plan, plus Medicaid equivalent benefits to an estimated 72,000 individuals as of January 2001.
- For families with incomes up to 150% of the FPL, there are no cost sharing obligations.
- Families with incomes between 150% and 200% of the FPL are required to pay co-payments as follows:

\$6 per prescription

\$5 per physician visit, clinic visit, dental visit, and optometry visit, except for preventive services

\$5 per outpatient hospital visit

\$20 per unnecessary emergency room use

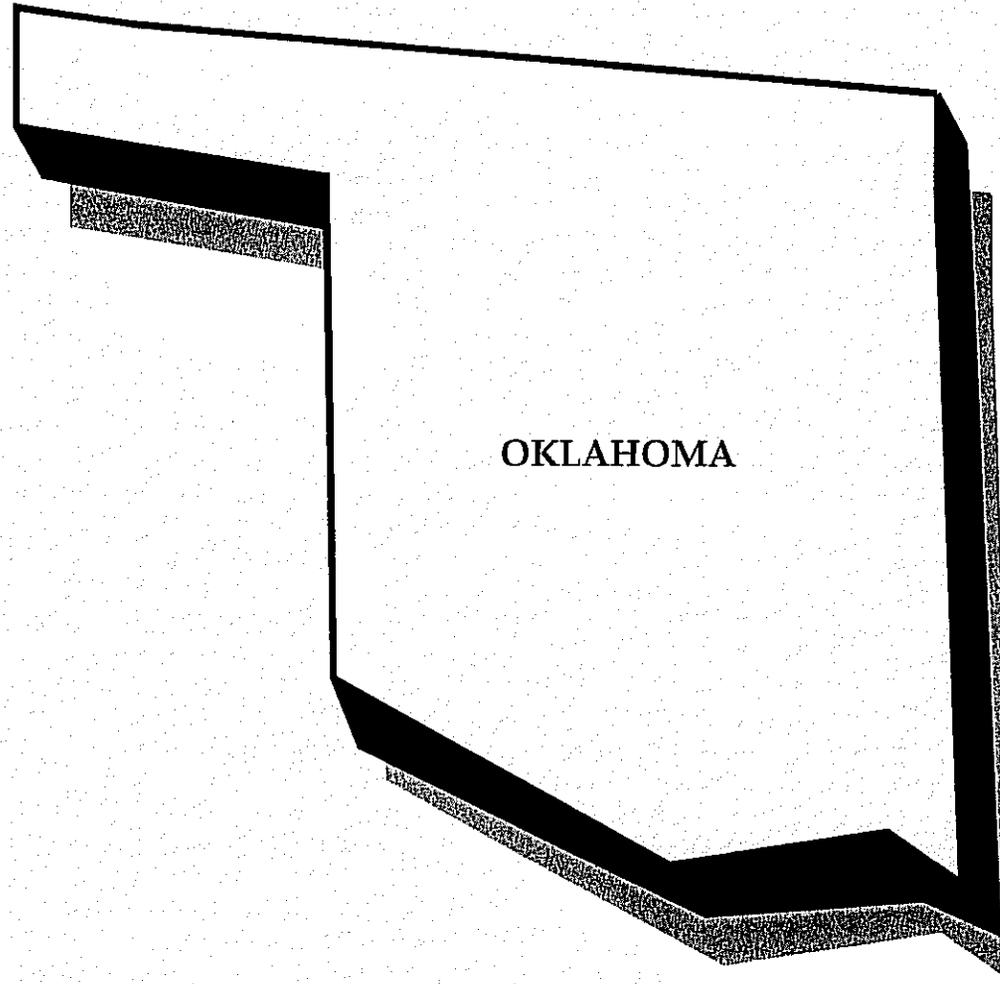
- For families with incomes above 150% of the FPL, there will be an annual enrollment fee of \$50 per child with a maximum of \$100 for 2 or more children.
- In 1999, the dental benefits in the plan were expanded to include the following:
oral examinations, teeth cleaning and scaling twice during a 12-month period; full mouth x-rays once every 60 months; supplemental bitewing x-rays showing back of the teeth once every 12 months, fluoride applications twice during a 12 month period, sealants, simple extractions, therapeutic pulpotomies, prefabricated stainless steel crowns, and routine fillings to restore diseased teeth.

Tobacco Settlement

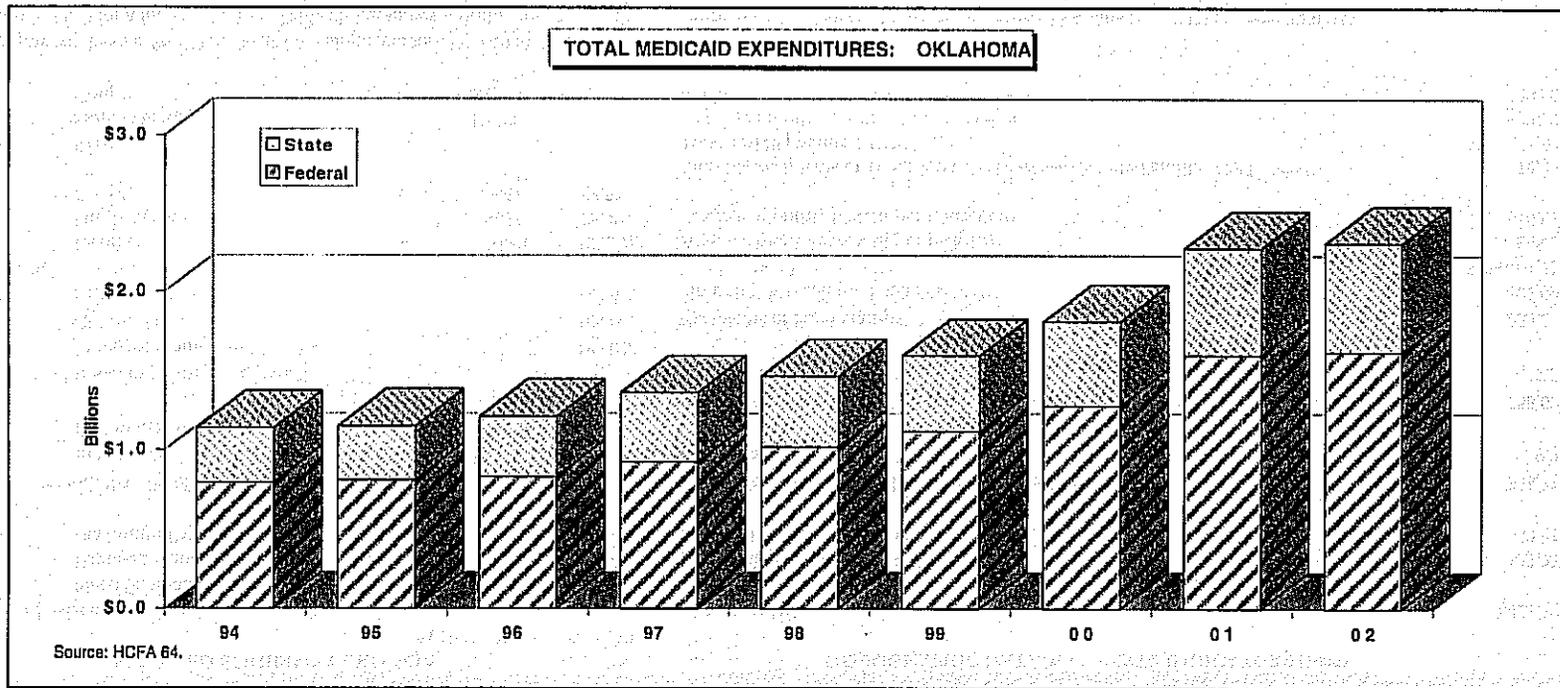
- The state expects to receive approximately \$4.7 billion over 25 years.
- For Fiscal Year 2000, the tobacco settlement payment was approximately \$188 million.
- The model statute, required by the Master Settlement Agreement, was enacted in 1999 to receive tobacco money allotted to the state.
- The General Assembly passed legislation in 1999 that divided tobacco settlement monies that the state is to receive over the next 25 years as follows:
\$2.3 (50%) billion to a tobacco community foundation to provide economic assistance to tobacco dependent or economically affected communities.
\$1.2 (25%) billion to a trust fund to benefit tobacco farmers, quota holders and those in tobacco related employment.
\$1.2 billion (25%) to a trust fund for health services.

NORTH CAROLINA

STATE MEDICAID PROFILE



SOUTHERN REGION MEDICAID PROFILE



	FFY 94	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00*	FFY 01**	FFY 02**	Annual Rate of Change	Total Change 94-02
Medicaid Payments	\$1,052,337,618	\$1,054,871,918	\$1,089,121,860	\$1,256,419,354	\$1,340,387,625	\$1,478,639,476	\$1,676,208,109	\$2,093,789,000	\$2,126,958,000	9.2%	102.1%
Federal Share	\$743,595,014	\$738,937,779	\$761,187,268	\$864,442,262	\$948,581,466	\$1,054,504,815	\$1,205,653,562	\$1,497,332,000	\$1,518,352,000	9.3%	104.2%
State Share	\$308,742,604	\$315,934,139	\$327,934,592	\$391,977,092	\$391,806,159	\$424,134,661	\$470,554,547	\$596,457,000	\$608,606,000	8.9%	97.1%
Administrative Costs	\$88,856,257	\$98,942,083	\$122,639,000	\$104,645,820	\$123,772,726	\$115,058,891	\$135,202,870	\$185,728,000	\$185,728,000	9.7%	109.0%
Federal Share	\$49,343,431	\$69,308,929	\$67,453,000	\$56,169,049	\$70,438,186	\$65,627,255	\$76,552,626	\$101,011,000	\$96,317,000	8.7%	95.2%
State Share	\$39,512,826	\$29,633,154	\$55,186,000	\$48,476,771	\$53,334,540	\$49,431,636	\$58,650,244	\$84,717,000	\$89,411,000	10.7%	126.3%
Admin. Costs as % of Payments	8.44%	9.38%	11.26%	8.33%	9.23%	7.78%	8.07%	8.87%	8.73%		
Federal Match Rate*	70.30%	70.05%	69.89%	70.01%	70.51%	70.84%	71.09%	71.24%	70.43%		

*Rate shown is for Medicaid payments only. The FMAP (Federal Medical Assistance Percentage) is based on the relationship between each state's per capita personal income and that of the nation as a whole for the three most recent years. Federal share of state administrative costs is usually 50 percent or 75 percent, depending on function and whether or not medical personnel are used. **Federal Fiscal Years 01 and 02 reflect latest estimates reported by each state.

OKLAHOMA

SOUTHERN REGION MEDICAID PROFILE

STATE FINANCING

	Payments		Administration	
	FFY 94	FFY 00	FFY 94	FFY 00
State General Fund	\$308,742,604	\$468,578,151	\$39,512,826	\$58,650,244
Local Funds	\$0	\$0	\$0	\$0
Provider Taxes	\$0	\$1,976,396	\$0	\$0
Donations	\$0	\$0	\$0	\$0
Other	\$0	\$0	\$0	\$0
Total State Share	\$308,742,604	\$470,554,547	\$39,512,826	\$58,650,244

Provider Taxes Currently in Place (FFY 00)		
Provider(s)	Tax Rate	Amount
MR facilities	6 % of third quarter gross revenues	\$1,976,396
Total		\$1,976,396

DISPROPORTIONATE SHARE HOSPITAL (DSH) PAYMENTS

	FFY 94	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	FFY 01*	FFY 02*	Annual Change
General Hospitals	\$20,636,475	\$15,731,786	\$21,784,148	\$21,993,050	\$19,529,207	\$19,312,860	\$19,436,724	\$19,619,000	\$19,664,000	-1.7%
Mental Hospitals	\$2,931,525	\$2,605,693	\$3,236,852	\$3,754,953	\$3,193,191	\$3,271,460	\$2,928,955	\$2,601,000	\$2,922,000	-1.7%
Total	\$23,568,000	\$18,337,479	\$25,021,000	\$25,748,003	\$22,722,398	\$22,584,320	\$22,365,679	\$22,220,000	\$22,586,000	-1.7%

SELECTED ELIGIBILITY CRITERIA

	At 10/1/01	% of FPL*
TANF-Temporary Assistance for Needy Families (Family of 3)		
Need Standard	\$645	52.9%
Payment Standard	\$292	24.0%
Maximum Payment	\$292	24.0%
Medically Needy Program (Family of 3)		
Income Eligibility Standard	\$2,105	
Resource Standard	None	
Pregnant Women, Children and Infants (% of FPL*)		
Pregnant women and infants		185.0%
Children to 6		185.0%
Children 6 to 17		185.0%
SSI Eligibility Levels		
Income:	209.b	1902(f)
Single Person	\$547	76.4%
Couple	\$847	87.5%
Resources:		
Single Person	\$2,000	
Couple	\$3,000	

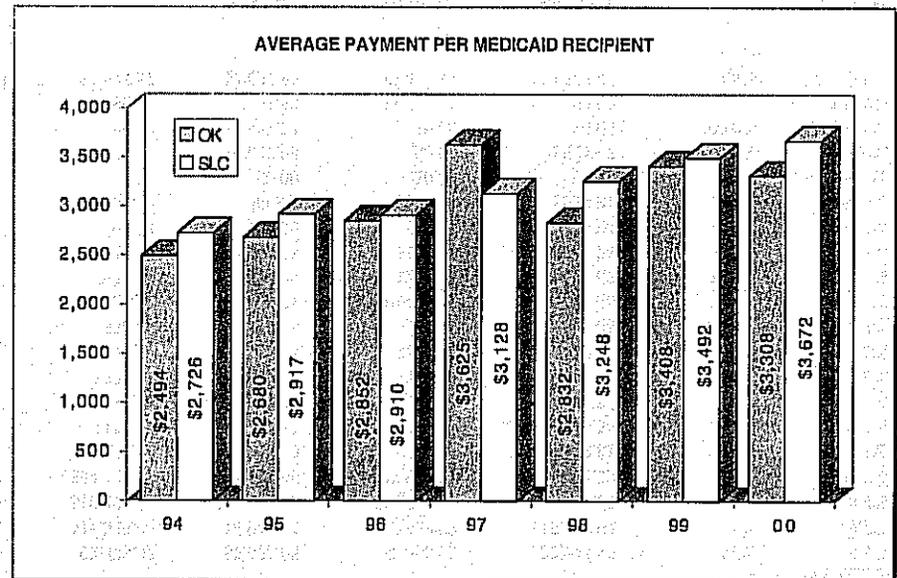
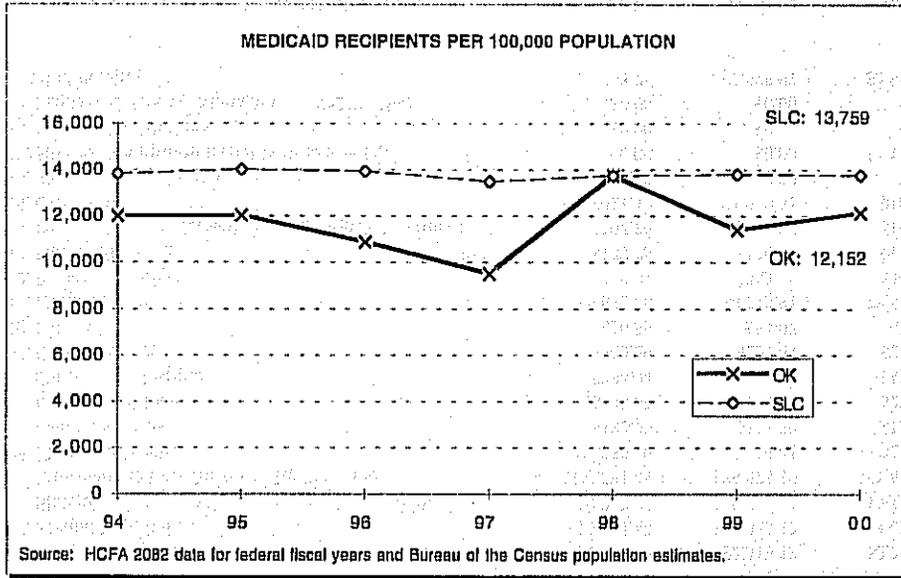
DEMOGRAPHIC DATA & POVERTY INDICATORS (1999)

		Rank in U.S.
State population—July 1, 2000*	3,421,399	27
Per capita personal income**	\$22,953	43
Median household income**	\$33,311	43
Population below Federal Poverty Level on July 1, 2000*	338,719	
Percent of total population	9.9%	19
Population without health insurance coverage*	588,000	23
Percent of total population	17.5%	12
Recipients of Food Stamps***	253,287	22
Households receiving Food Stamps***	107,098	24
Total value of issuance***	\$208,701,757	24
Average monthly benefit per recipient	\$68.66	33
Average monthly benefit per household	\$162.39	14
Monthly recipients of Temporary Assistance to Needy Families (TANF)****	13,606	46
Total TANF payments****	\$150,671,697	27
Average monthly payment per recipient	\$922.83	
Maximum monthly payment per family of 3	\$292.00	36

*Current federal poverty level is \$8,590 per year for a single person, \$11,610 for a family of two and \$14,630 for a family of three. Table above shows monthly income levels.

*Bureau of the Census. **Bureau of Economic Analysis. ***USDA. ****USDHHS.

SOUTHERN REGION MEDICAID PROFILE



DATA BY TYPE OF SERVICES (Includes Fee-For-Service and Waivers)

<u>RECIPIENTS BY TYPE OF SERVICES</u>	FFY 94	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	Annual Change
01. General Hospital	81,910	81,364	69,533	62,313	64,326	63,621	68,097	-3.0%
02. Mental Hospital	2,121	2,545	2,513	2,188	2,284	2,581	2,484	2.7%
03. Skilled and Intermediate (non-MR) Care Nursing	25,723	26,379	27,331	27,331	27,820	27,934	27,943	1.4%
04. Intermediate Care for Mentally Retarded	2,558	2,433	2,336	2,236	2,180	2,122	2,069	-3.5%
05. Physician Services	293,037	293,379	257,576	203,815	208,725	215,637	218,128	-4.8%
06. Dental Services	49,176	48,253	33,712	24,691	28,909	38,534	42,703	-2.3%
07. Other Practitioners	60,174	65,339	57,212	39,191	58,502	50,508	58,721	-0.4%
08. Outpatient Hospital	179,226	191,842	166,112	132,897	144,240	151,306	138,334	-4.2%
09. Clinic Services	45,926	60,469	54,316	38,678	17,085	22,495	24,918	-9.7%
10. Lab and X-Ray	124,141	127,473	104,325	75,266	97,913	81,994	97,588	-3.9%
11. Home Health	12,297	11,077	10,524	11,508	15,395	19,516	22,518	10.6%
12. Prescribed Drugs	283,428	285,654	245,075	207,441	217,322	235,574	240,178	-2.7%
13. Family Planning	26,724	26,747	21,581	14,779	15,354	15,142	16,442	-7.8%
14. Early & Periodic Screening, Diagnosis & Treatment	53,928	51,323	38,130	22,978	20,297	17,970	21,938	-13.9%
15. Other Care	54,680	62,435	61,722	134,386	192,576	236,845	288,861	32.0%
16. Personal Care Support Services	0	0	0	0	0	0	0	n/a
17. Home/Community Based Waiver Services	0	0	57,968	125,636	7,454	7,454	26,450	-17.8%
18. Prepaid Health Care	0	0	0	0	78,830	78,830	0	-100.0%
19. Primary Care Case Management (PCCM) Services	0	0	0	0	59,914	26,205	0	-100.0%
Total*	390,628	393,613	358,121	315,801	459,570	381,211	415,768	1.0%

*Annual totals for each service and for the grand total reflect unduplicated recipient counts. The grand total, therefore, may not equal the sum of the totals for each service.

OKLAHOMA

SOUTHERN REGION MEDICAID PROFILE

PAYMENTS BY TYPE OF SERVICES	FFY 94	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	Annual Change	Share of Total FFY 00
01. General Hospital	\$194,861,083	\$188,696,685	\$157,561,197	\$147,891,848	\$168,923,561	\$165,474,857	\$200,484,141	0.5%	14.6%
02. Mental Hospital	\$26,833,701	\$36,528,697	\$35,315,890	\$33,541,952	\$38,703,623	\$40,337,852	\$37,580,228	5.8%	2.7%
03. Skilled and Intermediate (non-MR) Care Nursing	\$252,287,953	\$265,628,806	\$277,471,420	\$286,928,847	\$314,113,798	\$316,719,064	\$308,695,442	3.4%	22.4%
04. Intermediate Care for Mentally Retarded	\$90,914,993	\$94,091,873	\$96,741,869	\$122,151,681	\$112,345,595	\$101,802,771	\$107,528,605	2.8%	7.8%
05. Physician Services	\$75,746,070	\$78,042,433	\$64,378,030	\$53,279,513	\$55,270,240	\$58,321,100	\$59,506,748	-3.9%	4.3%
06. Dental Services	\$6,539,818	\$6,349,765	\$4,206,350	\$3,230,659	\$5,370,560	\$7,780,122	\$9,334,209	6.1%	0.7%
07. Other Practitioners	\$8,128,872	\$12,667,637	\$15,800,721	\$11,484,606	\$12,165,663	\$5,559,086	\$6,443,742	-3.8%	0.5%
08. Outpatient Hospital	\$69,188,803	\$81,122,690	\$69,832,413	\$51,847,043	\$47,943,420	\$56,616,128	\$47,017,046	-6.2%	3.4%
09. Clinic Services	\$9,336,351	\$12,301,930	\$11,470,614	\$7,668,701	\$8,810,431	\$9,449,191	\$9,643,627	0.5%	0.7%
10. Lab and X-Ray	\$6,279,647	\$6,891,924	\$5,359,509	\$4,219,305	\$4,705,888	\$4,522,482	\$6,056,486	-0.6%	0.4%
11. Home Health	\$84,014,100	\$96,878,445	\$100,982,685	\$116,075,624	\$51,042,300	\$188,789,321	\$221,175,318	17.5%	16.1%
12. Prescribed Drugs	\$89,253,227	\$100,909,395	\$98,292,786	\$110,880,180	\$135,622,036	\$169,510,492	\$181,495,042	12.6%	13.2%
13. Family Planning	\$4,563,511	\$4,034,923	\$3,144,194	\$2,192,674	\$2,370,400	\$2,333,388	\$2,363,294	-10.4%	0.2%
14. Early & Periodic Screening, Diagnosis & Treatment	\$5,807,952	\$5,762,361	\$4,146,066	\$2,149,148	\$1,715,088	\$1,452,515	\$1,905,171	-17.0%	0.1%
15. Other Care	\$50,383,625	\$64,964,354	\$11,637,084	\$84,487,215	\$109,565,323	\$135,874,244	\$151,598,206	20.2%	11.0%
16. Personal Care Support Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/h	0.0%
17. Home/Community Based Waiver Services	\$0	\$0	\$64,890,516	\$106,738,790	\$109,186,013	\$0	\$24,462,893	-21.6%	1.8%
18. Prepaid Health Care	\$0	\$0	\$0	\$0	\$114,519,798	\$0	\$0	-100.0%	0.0%
19. Primary Case Management (PCCM) Services	\$0	\$0	\$0	\$0	\$9,105,898	\$34,734,960	\$0	-100.0%	0.0%
Total (excludes DSH pymts, pharmacy rebates, & other adjs.)	\$974,139,706	\$1,054,871,918	\$1,021,231,344	\$1,144,767,786	\$1,301,479,635	\$1,299,277,573	\$1,375,290,198	5.9%	100.0%

AVERAGE PAYMENTS PER RECIPIENT BY TYPE OF SERVICES

								(+) or (-) SLC	Avg. FFY 00
01. General Hospital	\$2,378.97	\$2,319.17	\$2,265.99	\$2,373.37	\$2,626.05	\$2,600.95	\$2,944.10	3.6%	-16.3%
02. Mental Hospital	\$12,651.44	\$14,353.12	\$14,053.28	\$15,329.96	\$16,945.54	\$15,628.77	\$15,128.92	3.0%	19.7%
03. Skilled and Intermediate (non-MR) Care Nursing	\$9,807.87	\$10,069.71	\$10,152.26	\$10,498.29	\$11,290.93	\$11,338.12	\$11,047.33	2.0%	-38.4%
04. Intermediate Care for Mentally Retarded	\$35,541.44	\$38,673.19	\$41,413.47	\$54,629.55	\$51,534.68	\$47,974.92	\$51,971.29	6.5%	-25.2%
05. Physician Services	\$258.49	\$266.01	\$249.94	\$261.41	\$264.80	\$270.46	\$272.81	0.9%	-28.7%
06. Dental Services	\$132.99	\$131.59	\$124.77	\$130.84	\$185.77	\$201.90	\$218.58	8.6%	-8.7%
07. Other Practitioners	\$135.09	\$193.88	\$276.18	\$293.04	\$207.95	\$110.06	\$109.73	-3.4%	-34.8%
08. Outpatient Hospital	\$386.04	\$422.86	\$420.39	\$390.13	\$332.39	\$374.18	\$339.88	-2.1%	-24.8%
09. Clinic Services	\$203.29	\$203.44	\$211.18	\$198.27	\$515.68	\$420.06	\$387.01	11.3%	-43.0%
10. Lab and X-Ray	\$50.58	\$54.07	\$51.37	\$56.06	\$48.06	\$55.16	\$62.06	3.5%	-38.4%
11. Home Health	\$6,832.08	\$8,745.91	\$9,595.47	\$10,086.52	\$3,315.51	\$9,673.57	\$9,822.16	6.2%	243.0%
12. Prescribed Drugs	\$314.91	\$353.26	\$401.07	\$534.51	\$624.06	\$719.56	\$755.67	15.7%	-20.6%
13. Family Planning	\$170.76	\$150.86	\$145.69	\$148.36	\$154.38	\$154.10	\$143.74	-2.8%	-27.3%
14. Early & Periodic Screening, Diagnosis & Treatment	\$107.70	\$112.28	\$108.74	\$93.53	\$84.50	\$80.83	\$86.84	-3.5%	-31.1%
15. Other Care	\$921.43	\$1,040.51	\$188.54	\$628.69	\$568.95	\$573.68	\$524.81	-9.0%	-51.5%
16. Personal Care Support Services	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	n/h	-100.0%
17. Home/Community Based Waiver Services	\$0.00	\$0.00	\$1,119.42	\$849.59	\$14,647.98	\$0.00	\$924.87	-4.7%	-76.0%
18. Prepaid Health Care	\$0.00	\$0.00	\$0.00	\$0.00	\$1,452.74	\$0.00	\$0.00	-100.0%	-100.0%
19. Primary Case Case Management (PCCM) Services	\$0.00	\$0.00	\$0.00	\$0.00	\$151.98	\$1,325.51	\$0.00	-100.0%	-100.0%
Total (Average)	\$2,493.78	\$2,679.97	\$2,851.64	\$3,624.97	\$2,831.95	\$3,408.29	\$3,307.83	4.8%	-9.9%

TOTAL PER CAPITA EXPENDITURES

	\$350.39	\$352.74	\$367.72	\$409.76	\$437.49	\$476.20	\$529.44	7.1%	-13.5%
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OKLAHOMA

SOUTHERN REGION MEDICAID PROFILE
DATA BY OTHER CHARACTERISTICS

RECIPIENTS BY OTHER CHARACTERISTICS

	FFY 94	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	Annual Change	Share of Total FFY 00
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	233,744	229,582	110,753	981	197,595	114,634	103,900	-12.6%	25.0%
Poverty Related Eligibles	75,156	81,612	109,793	113,143	154,364	220,897	277,367	24.3%	66.7%
Medically Needy	14,241	13,466	11,961	10,963	12,978	8,539	7,436	-10.3%	1.8%
Other Eligibles	67,487	68,953	67,646	65,078	94,633	37,141	27,065	-14.1%	6.5%
Maintenance Assistance Status Unknown (Managed Care)	0	0	57,968	125,636	0	0	0	-100.0%	0.0%
Total	390,628	393,613	358,121	315,801	459,570	381,211	415,768	1.0%	100.0%
By Basis of Eligibility									
Aged, Blind, or Disabled	106,027	107,831	107,842	108,411	123,719	111,476	110,216	0.6%	26.5%
Children	197,674	198,806	172,377	140,482	203,277	159,473	193,109	-0.4%	46.4%
Foster Care Children	600	944	976	33,899	37,042	34,006	41,178	102.3%	9.9%
Adults	86,327	86,032	76,926	31,771	89,368	76,256	71,265	-3.1%	17.1%
Basis of Eligibility Unknown	0	0	0	1,238	6,164	0	0	-100.0%	0.0%
Total	390,628	393,613	358,121	315,801	459,570	381,211	415,768	1.0%	100.0%
By Age									
Under Age 1	24,636	24,496	22,852	19,644	38,814	21,189	5,854	-21.3%	1.4%
Age 1 to 5	80,791	80,849	70,061	55,897	85,156	72,019	83,148	0.5%	20.0%
Age 6 to 14	71,593	73,546	65,601	56,082	107,513	90,315	110,888	7.6%	26.7%
Age 15 to 20	39,595	39,969	34,763	30,536	43,302	39,869	51,026	4.3%	12.3%
Age 21 to 44	89,024	89,047	79,927	68,548	90,134	69,040	73,242	-3.2%	17.6%
Age 45 to 64	27,212	28,460	28,990	29,539	34,260	32,266	32,961	3.2%	7.9%
Age 65 to 74	19,515	19,519	19,121	19,257	23,018	20,009	20,003	0.4%	4.8%
Age 75 to 84	21,204	20,571	19,703	19,232	20,740	19,391	19,977	-1.0%	4.8%
Age 85 and Over	17,057	17,033	17,091	16,982	16,615	17,105	18,664	1.5%	4.5%
Age Unknown	1	123	12	84	18	8	5	30.8%	0.0%
Total	390,628	393,613	358,121	315,801	459,570	381,211	415,768	1.0%	100.0%
By Race									
White	265,175	265,910	246,787	223,106	300,791	262,042	281,312	1.0%	67.7%
Black	71,392	71,512	58,313	42,509	83,570	49,106	50,822	-5.5%	12.2%
Hispanic, American Indian or Asian	54,061	56,067	53,021	50,122	75,209	70,063	83,634	7.5%	20.1%
Other/Unknown	0	124	0	64	0	0	0	-100.0%	0.0%
Total	390,628	393,613	358,121	315,801	459,570	381,211	415,768	1.0%	100.0%
By Sex									
Female	249,698	250,778	228,288	200,747	281,884	233,515	250,791	0.1%	60.3%
Male	140,930	142,711	129,833	114,990	177,686	147,696	164,977	2.7%	39.7%
Unknown	0	124	0	64	0	0	0	-100.0%	0.0%
Total	390,628	393,613	358,121	315,801	459,570	381,211	415,768	1.0%	100.0%

Source: Health Care Financing Administration-Form HCFA 2082 for federal fiscal years

OKLAHOMA

SOUTHERN REGION MEDICAID PROFILE

PAYMENTS BY OTHER CHARACTERISTICS

	FFY 94	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	Annual Change	Share of Total FFY 00
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	\$382,686,038	\$424,368,961	\$325,410,311	\$1,765,800	\$408,446,264	\$454,478,316	\$460,718,622	3.1%	33.5%
Poverty Related Eligibles	\$437,361,090	\$477,588,798	\$560,579,510	\$612,980,866	\$647,895,453	\$337,366,593	\$419,948,202	-0.7%	30.5%
Medically Needy	\$29,329,453	\$27,412,122	\$27,529,399	\$25,029,799	\$20,851,529	\$17,439,694	\$15,316,811	-10.3%	1.1%
Other Eligibles	\$124,763,125	\$125,502,037	\$107,712,124	\$96,902,288	\$100,660,691	\$489,992,970	\$479,306,563	25.1%	34.9%
Maintenance Assistance Status Unknown (Managed Care)	\$0	\$0	\$0	\$408,089,033	\$123,625,698	\$0	\$0	-100.0%	0.0%
Total	\$974,139,706	\$1,054,871,918	\$1,021,231,344	\$1,144,767,786	\$1,301,479,635	\$1,299,277,573	\$1,375,290,198	5.9%	100.0%
By Basis of Eligibility									
Aged, Blind or Disabled	\$641,921,301	\$699,701,173	\$730,287,575	\$799,444,437	\$900,845,050	\$967,447,564	\$967,696,795	7.1%	70.4%
Children	\$220,255,274	\$243,467,089	\$204,868,658	\$164,947,248	\$188,563,374	\$244,411,622	\$258,827,554	2.7%	18.8%
Foster Care Children	\$479,132	\$881,932	\$44,605,890	\$43,274,604	\$44,980,549	\$45,032,001	\$45,553,650	113.6%	3.3%
Adults	\$111,483,999	\$110,821,724	\$40,432,561	\$28,512,223	\$41,639,350	\$42,386,386	\$103,212,199	-1.3%	7.5%
Basis of Eligibility Unknown (Includes Managed Care)	\$0	\$0	\$1,036,660	\$108,589,274	\$125,451,312	\$0	\$0	-100.0%	0.0%
Total	\$974,139,706	\$1,054,871,918	\$1,021,231,344	\$1,144,767,786	\$1,301,479,635	\$1,299,277,573	\$1,375,290,198	5.9%	100.0%
By Age									
Under Age 1	\$63,353,224	\$62,781,768	\$55,572,828	\$42,954,023	\$40,163,677	\$45,116,388	\$50,243,728	-3.8%	3.7%
Age 1 to 5	\$67,686,901	\$71,396,975	\$57,741,364	\$47,396,079	\$52,837,675	\$58,611,555	\$64,373,813	-0.8%	4.7%
Age 6 to 14	\$83,602,329	\$106,115,457	\$100,930,155	\$87,756,430	\$105,951,421	\$129,605,562	\$137,893,708	8.7%	10.0%
Age 15 to 20	\$83,315,701	\$89,777,834	\$79,237,632	\$71,578,794	\$78,791,074	\$97,175,246	\$100,476,333	3.2%	7.3%
Age 21 to 44	\$249,102,817	\$268,133,862	\$256,809,842	\$259,973,366	\$295,698,867	\$326,983,353	\$312,430,534	3.8%	22.7%
Age 45 to 64	\$113,430,096	\$126,632,997	\$136,844,006	\$156,085,301	\$184,322,199	\$207,740,201	\$218,578,425	11.6%	15.9%
Age 65 to 74	\$68,119,455	\$73,182,701	\$75,474,718	\$81,003,153	\$94,789,404	\$105,865,666	\$114,340,237	9.0%	8.3%
Age 75 to 84	\$115,940,735	\$118,936,668	\$117,702,849	\$120,888,596	\$137,780,875	\$148,524,340	\$154,313,964	4.9%	11.2%
Age 85 and Over	\$128,905,449	\$138,774,712	\$143,861,461	\$149,809,005	\$169,495,487	\$177,356,979	\$175,439,887	5.3%	12.8%
Age Unknown	\$682,999	(\$861,056)	(\$2,943,511)	\$127,323,039	\$141,648,956	\$2,298,283	\$47,199,569	102.6%	3.4%
Total	\$974,139,706	\$1,054,871,918	\$1,021,231,344	\$1,144,767,786	\$1,301,479,635	\$1,299,277,573	\$1,375,290,198	5.9%	100.0%
By Race									
White	\$749,209,006	\$811,486,293	\$796,347,625	\$798,294,727	\$914,770,638	\$1,002,926,630	\$1,035,577,912	5.5%	75.3%
Black	\$132,466,247	\$142,401,748	\$127,285,081	\$116,967,142	\$129,301,888	\$142,719,776	\$139,232,745	0.8%	10.1%
Hispanic, American Indian or Asian	\$91,767,236	\$101,849,204	\$100,712,160	\$102,451,180	\$116,101,387	\$137,177,810	\$153,177,093	8.9%	11.1%
Other/Unknown	\$697,217	(\$865,327)	(\$3,113,522)	\$127,054,737	\$141,305,722	\$16,453,357	\$47,302,448	102.0%	3.4%
Total	\$974,139,706	\$1,054,871,918	\$1,021,231,344	\$1,144,767,786	\$1,301,479,635	\$1,299,277,573	\$1,375,290,198	5.9%	100.0%
By Sex									
Female	\$598,630,070	\$640,929,495	\$609,927,176	\$608,156,652	\$691,028,833	\$765,473,821	\$784,698,895	4.6%	57.1%
Male	\$374,814,034	\$414,807,750	\$414,255,363	\$409,237,836	\$468,864,411	\$533,803,752	\$543,350,996	6.4%	39.5%
Unknown	\$695,602	(\$865,327)	(\$2,951,195)	\$127,373,298	\$141,586,391	\$0	\$47,240,307	102.0%	3.4%
Total	\$974,139,706	\$1,054,871,918	\$1,021,231,344	\$1,144,767,786	\$1,301,479,635	\$1,299,277,573	\$1,375,290,198	5.9%	100.0%

Source: Health Care Financing Administration-Form HCFA 2082 for federal fiscal years

SOUTHERN REGION MEDICAID PROFILE

AVERAGE PAYMENT PER RECIPIENT BY OTHER CHARACTERISTICS

	FFY 94	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	Annual Change	Above (+) or Below (-) SLC Avg. FFY 00
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	\$1,637.20	\$1,848.44	\$2,938.16	\$1,800.00	\$2,067.09	\$3,964.60	\$4,434.25	18.1%	1.6%
Poverty Related Eligibles	\$5,819.38	\$5,851.94	\$5,105.79	\$5,417.75	\$4,197.19	\$1,527.26	\$1,514.05	-20.1%	-13.5%
Medically Needy	\$2,059.51	\$2,035.65	\$2,301.60	\$2,283.12	\$1,606.68	\$2,042.36	\$2,059.82	0.0%	-40.1%
Other Eligibles	\$1,848.70	\$1,820.11	\$1,592.29	\$1,489.02	\$1,063.70	\$13,192.78	\$17,709.46	45.7%	155.8%
Maintenance Assistance Status Unknown	\$0.00	\$0.00	\$0.00	\$3,248.19	\$0.00	\$0.00	\$0.00	-100.0%	-100.0%
Total	\$2,493.78	\$2,679.97	\$2,851.64	\$3,624.97	\$2,831.95	\$3,408.29	\$3,307.83	4.8%	-9.9%
By Basis of Eligibility									
Aged, Blind or Disabled	\$6,054.32	\$6,488.87	\$6,771.83	\$7,374.20	\$7,281.38	\$8,678.53	\$8,780.00	6.4%	6.2%
Children	\$1,114.23	\$1,224.65	\$1,188.49	\$1,174.15	\$927.62	\$1,532.62	\$1,340.32	3.1%	12.2%
Foster Care Children	\$798.55	\$934.25	\$45,702.76	\$1,276.57	\$1,214.31	\$1,324.24	\$1,106.26	5.6%	-70.5%
Adults	\$1,291.42	\$1,288.15	\$525.60	\$897.43	\$465.93	\$555.84	\$1,448.29	1.9%	-25.6%
Basis of Eligibility Unknown (Includes Managed Care)	\$0.00	\$0.00	\$0.00	\$87,713.47	\$20,352.26	\$0.00	\$0.00	-100.0%	-100.0%
Total	\$2,493.78	\$2,679.97	\$2,851.64	\$3,624.97	\$2,831.95	\$3,408.29	\$3,307.83	4.8%	-9.9%
By Age									
Under Age 1	\$2,571.57	\$2,562.94	\$2,431.86	\$2,186.62	\$1,034.77	\$2,129.24	\$8,582.80	22.2%	175.2%
Age 1 to 5	\$837.80	\$883.09	\$824.16	\$847.92	\$620.48	\$813.83	\$774.21	-1.3%	-38.0%
Age 6 to 14	\$1,167.74	\$1,442.84	\$1,538.55	\$1,564.79	\$985.48	\$1,435.04	\$1,243.54	1.1%	-10.5%
Age 15 to 20	\$2,104.20	\$2,246.19	\$2,279.37	\$2,344.08	\$1,819.57	\$2,437.36	\$1,969.12	-1.1%	-12.8%
Age 21 to 44	\$2,798.15	\$3,011.15	\$3,213.05	\$3,792.57	\$3,280.66	\$4,736.14	\$4,265.73	7.3%	3.5%
Age 45 to 64	\$4,168.39	\$4,449.51	\$4,720.39	\$5,284.04	\$5,380.10	\$6,438.36	\$6,631.43	8.0%	-14.9%
Age 65 to 74	\$3,490.62	\$3,749.31	\$3,947.22	\$4,206.43	\$4,118.06	\$5,290.90	\$5,716.15	8.6%	-8.6%
Age 75 to 84	\$5,467.87	\$5,781.76	\$5,973.85	\$6,285.80	\$6,643.24	\$7,659.45	\$7,724.58	5.9%	-12.4%
Age 85 and Over	\$7,557.33	\$8,147.40	\$8,417.38	\$8,821.63	\$10,201.35	\$10,368.72	\$9,399.91	3.7%	-23.7%
Age Unknown	\$682,999.00	(\$7,000.46)	(\$245,292.58)	\$1,515,750.46	\$7,869,386.44	\$287,285.38	\$9,439,913.80	54.9%	133137.9%
Total	\$2,493.78	\$2,679.97	\$2,851.64	\$3,624.97	\$2,831.95	\$3,408.29	\$3,307.83	4.8%	-9.9%
By Race									
White	\$2,825.34	\$3,051.73	\$3,226.86	\$3,578.10	\$3,041.22	\$3,827.35	\$3,681.24	4.5%	-14.5%
Black	\$1,855.48	\$1,991.30	\$2,182.79	\$2,751.59	\$1,547.23	\$2,906.36	\$2,739.62	6.7%	-3.1%
Hispanic, American Indian or Asian	\$1,697.48	\$1,816.56	\$1,899.48	\$2,044.04	\$1,543.72	\$1,957.92	\$1,831.52	1.3%	-15.1%
Other/Unknown	\$0.00	(\$6,978.44)	\$0.00	\$1,985,230.27	\$0.00	\$0.00	\$0.00	-100.0%	-100.0%
Total	\$2,493.78	\$2,679.97	\$2,851.64	\$3,624.97	\$2,831.95	\$3,408.29	\$3,307.83	4.8%	-9.9%
By Sex									
Female	\$2,397.42	\$2,555.76	\$2,671.74	\$3,029.47	\$2,451.47	\$3,278.05	\$3,128.90	4.5%	-15.5%
Male	\$2,659.58	\$2,906.63	\$3,190.68	\$3,558.90	\$2,638.72	\$3,614.21	\$3,293.50	3.6%	-7.9%
Unknown	\$0.00	(\$6,978.44)	\$0.00	\$1,990,207.78	\$0.00	\$0.00	\$0.00	-100.0%	-100.0%
Total	\$2,493.78	\$2,679.97	\$2,851.64	\$3,624.97	\$2,831.95	\$3,408.29	\$3,307.83	4.8%	-9.9%

Source: Health Care Financing Administration-Form HCFA 2082 for federal fiscal years

OKLAHOMA

SOUTHERN REGION MEDICAID PROFILE

ADDITIONAL STATE HEALTH CARE INFORMATION

Sources: "Major Health Care Policies: 50 State Profiles", Health Policy Tracking Service, January, 2001; and "Medicaid Services State by State", HCFA, October 2000.

*Information supplied by State Medicaid Agency

Waivers

Oklahoma has one waiver from the U.S. Department of Health & Human Services to operate a health reform demonstration under Section 1115. SoonerCare serves 121,357 current TANF-related beneficiaries and will cover an additional 84,000 SSI-related beneficiaries in the future. The program was approved October 12, 1995 and was implemented on July 1, 1996.

Several Home and Community Based Service Waivers, under Section 1915 (c), enable the state to provide long-term care services to people who otherwise would require institutionalization. They include:

- Elderly and Disabled: Serves 7,500 people, operating since July 1, 1993.
- Mental Retardation: Serves 2,542 people, operating since July 1, 1988.
- Mental Retardation or Related Conditions, Inappropriately Placed in Nursing Facilities: Serves 100 people, operating since August 4, 1991.
- The In-home Supports Waiver for Children: Implemented in July of 1999 to provide waiver services for additional MR clients. When fully operational expect to serve approximately 1,500 additional individuals.
- The In-home Supports Waiver for Adults: Implemented in July of 1999 to provide waiver services for additional MR clients. When fully operational expect to serve approximately 1,500 additional individuals.

Managed Care

- Any Willing Provider Clause: No

Coverage for Targeted Population

- The state has a Medically Needy Program to provide assistance to approximately 14,000 low-income individuals who do not meet the eligibility requirements for Medicaid.

Cost Containment Measures

- Certificate of Need Program since 1968. Regulates introduction or expansion of new institutional health care facilities and services.

Medicaid

- 18 optional services are offered.
- Dropped payment for Organized Outpatient Hospital Clinic services, effective FY 1999.
- Added Lab and X-Ray payments to services for adults, effective FY 1999.
- Added payment for Diabetic Supplies for adults, effective FY 1999.

Significant Changes in Medicaid

- Removed asset test as eligibility requirement and shortened application.
- Changed work related disregard from \$90 to \$120 and changed the exemption on an automobile from \$1,500 to \$5,000 for Medicaid eligibility purposes, effective 8/1/97.
- Changed residential treatment centers payment methodology to the statewide median payment for all facilities, effective 7/1/98.
- Changed reimbursement methodology for payments to inpatient acute care hospitals to eliminate annual cost of living adjustments, effective 7/1/98.

OKLAHOMA

SOUTHERN REGION MEDICAID PROFILE

Significant Changes in Medicaid (Continued)

- Changed home health reimbursement rates from a cost based methodology to a flat rate for all providers, effective 7/1/98.
- Enacted legislation in 2000, known as the Oklahoma Healthcare Initiative, that increased Medicaid reimbursement to private providers as follows:
18% increase to physicians, home health care, laboratory and clinic services, ambulatory clinic, chiropractors, optometrists, psychologists, speech pathologists, and occupational therapists;
10% increase for behavioral health counseling services;
60% increase for dental services; and
40% increase for ambulance services.
- Increased Medicaid coverage to include children in families with incomes up to 150% of the FPL, effective June 2000 and covers approximately 240,845 individuals.

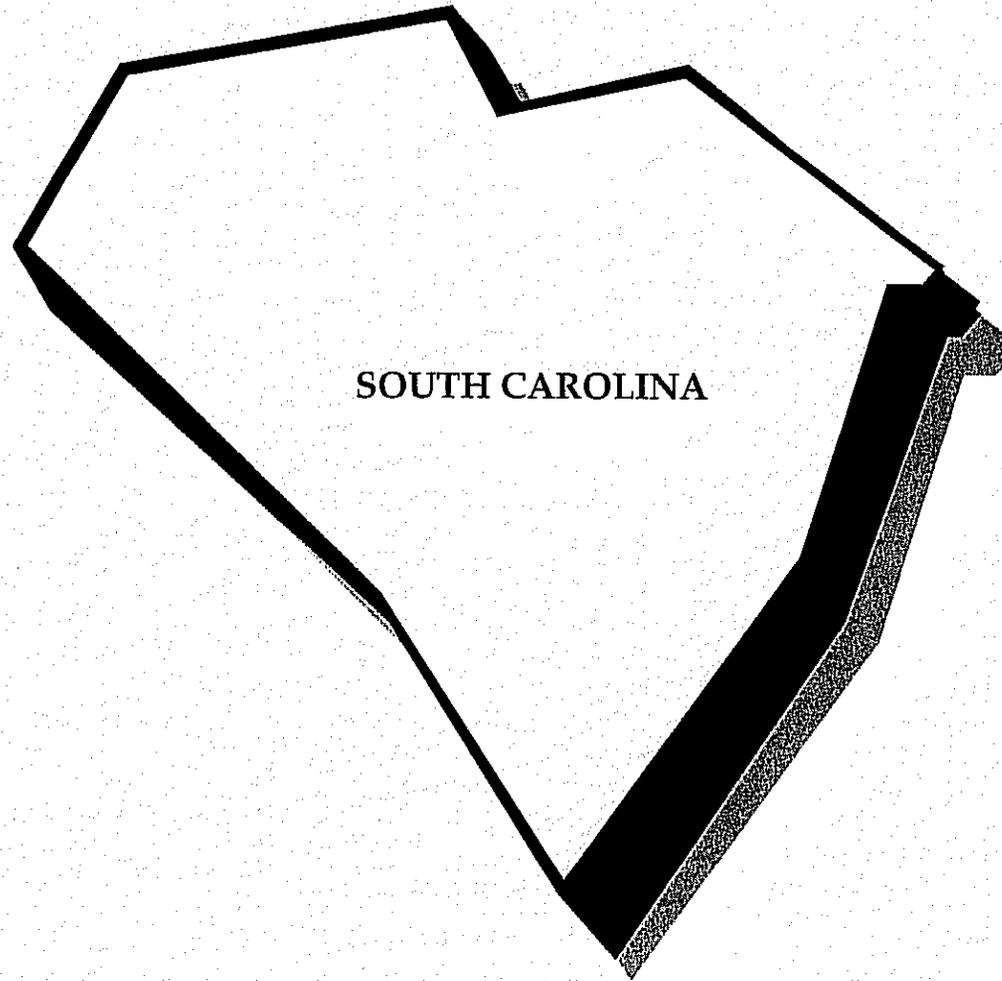
Children's Health Insurance Program: Medicaid Expansion

- CHIP in Oklahoma is called "SoonerCare". The program received HCFA approval on May 26, 1998. The program is administered by the Oklahoma Health Care Authority through an expansion of Medicaid. SoonerCare provides health care coverage to approximately 115,000 children/adolescents and eligible pregnant women.
- Phase I provides coverage for eligible pregnant women and children/adolescents birth through age 17 in families with incomes up to 185% of the FPL.
- Phase II provides coverage for eligible children/adolescents birth through age 17 in families with income between 100% and 185% of the FPL. The program received HCFA approval on March 25, 1999 and expects to cover an additional 4,915 new enrollees.
- Amended the State Medicaid plan to cover children in families with incomes between 150% and 185% of the FPL, effective June 2000 and covers approximately 34,840 individuals.

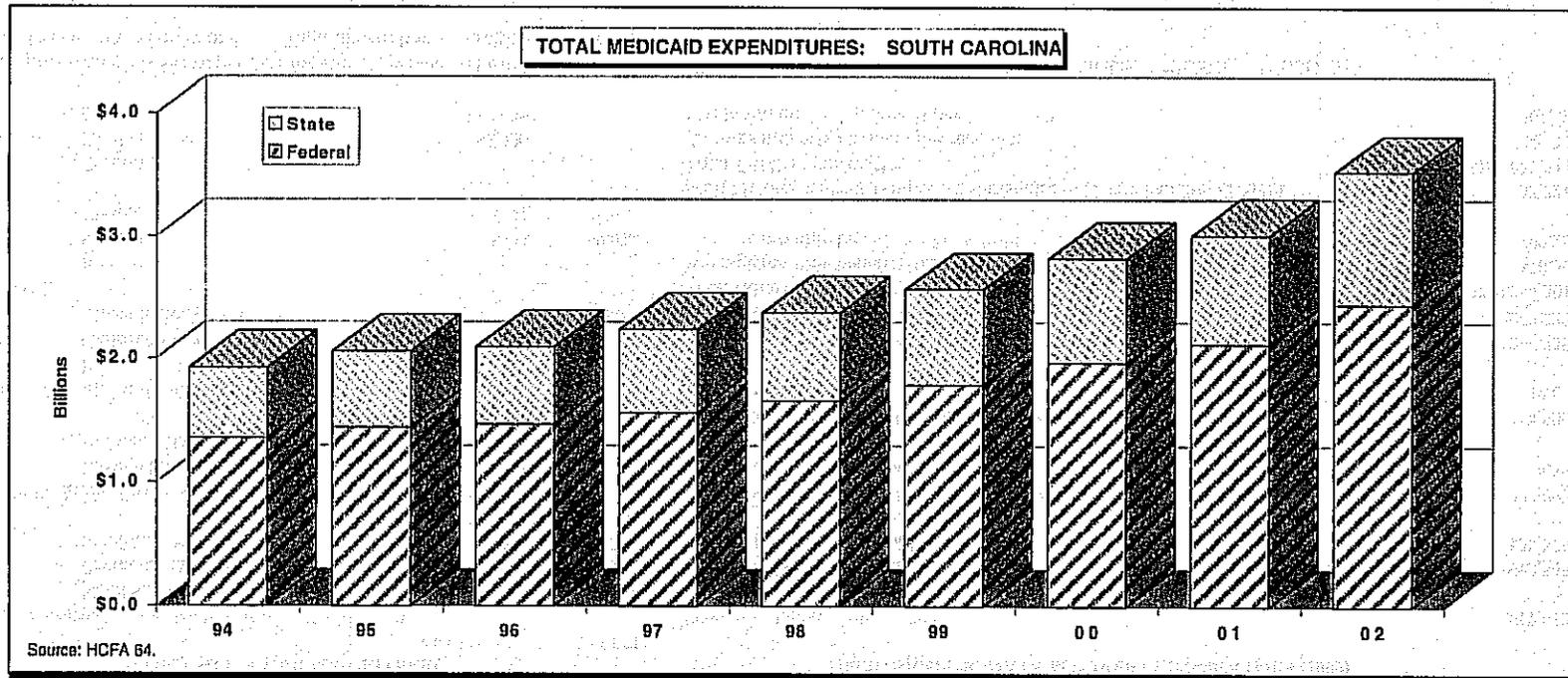
Tobacco Settlement

- The state expects to receive approximately \$2.03 billion over 25 years.
 - For Fiscal Year 2000, the tobacco settlement payment was approximately \$85 million.
 - The model statute, required by the Master Settlement Agreement, was enacted to receive tobacco money allotted to the state.
 - Enacted legislation in 2000 that establishes an endowment (trust fund) for health care.
- 50% of the tobacco settlement funds initially will be placed in the endowment, and the percentage will increase steadily to 75% by FY 08. The board of directors for the trust will expend the interest earned for tobacco prevention, health care, education, children's services, and services for senior citizens. For FY 01, the legislature appropriated \$36.4 million for various Medicaid programs, services and reimbursements.

STATE MEDICAID PROFILE



SOUTHERN REGION MEDICAID PROFILE



	FFY 94	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00*	FFY 01**	FFY 02**	Annual Rate of Change	Total Change 94-02
Medicaid Payments	\$1,854,446,011	\$1,973,576,244	\$2,013,832,070	\$2,152,056,132	\$2,291,868,201	\$2,474,493,301	\$2,720,979,699	\$2,903,629,000	\$3,408,132,000	7.9%	83.8%
Federal Share	\$1,320,066,327	\$1,398,296,056	\$1,429,689,028	\$1,519,082,799	\$1,618,889,674	\$1,740,195,472	\$1,913,722,149	\$2,059,231,000	\$2,381,038,000	7.7%	80.4%
State Share	\$534,379,684	\$575,280,188	\$584,143,042	\$632,973,333	\$672,978,527	\$734,297,829	\$807,257,550	\$844,398,000	\$1,027,094,000	8.5%	92.2%
Administrative Costs	\$71,800,090	\$86,424,297	\$81,361,452	\$88,870,964	\$87,867,286	\$96,945,550	\$103,626,017	\$106,772,000	\$112,478,000	5.8%	56.7%
Federal Share	\$41,202,505	\$50,085,084	\$45,439,898	\$49,891,814	\$45,813,555	\$53,554,056	\$56,629,109	\$58,750,000	\$67,434,000	6.4%	63.7%
State Share	\$30,597,585	\$36,339,213	\$35,921,554	\$38,979,150	\$42,053,731	\$43,391,494	\$46,996,908	\$48,022,000	\$45,044,000	5.0%	47.2%
Admin. Costs as % of Payments	3.87%	4.38%	4.04%	4.13%	3.83%	3.92%	3.81%	3.68%	3.30%		
Federal Match Rate*	71.08%	70.71%	70.77%	70.43%	70.23%	69.85%	69.95%	70.44%	69.34%		

*Rate shown is for Medicaid payments only. The FMAP (Federal Medical Assistance Percentage) is based on the relationship between each state's per capita personal income and that of the union as a whole for the three most recent years. Federal share of state administrative costs is usually 50 percent or 75 percent, depending on function and whether or not medical personnel are used. **Federal Fiscal Years 01 and 02 reflect latest estimates reported by each state.

SOUTH CAROLINA

SOUTHERN REGION MEDICAID PROFILE

STATE FINANCING	Payments		Administration	
	FFY 94	FFY 00	FFY 94	FFY 00
State General Fund	\$534,379,684	\$775,541,960	\$30,597,585	\$46,996,908
Local Funds	\$0	\$0	\$0	\$0
Provider Taxes	\$0	\$31,715,590	\$0	\$0
Donations*	\$0	\$0	\$0	\$0
Other**	\$0	\$0	\$0	\$0
Total State Share	\$534,379,684	\$807,257,550	\$30,597,585	\$46,996,908

Provider(s)	Provider Taxes Currently in Place (FFY 00) Tax Rate	Amount
General hospitals	Flat tax on previous year gross revenues	\$24,830,290
ICF/MR	\$8.50 per patient day	\$6,885,300
Total		\$31,715,590

*Donations from miscellaneous contracts

**Other from Outstationed Eligibility Workers Program

DISPROPORTIONATE SHARE HOSPITAL (DSH) PAYMENTS

	FFY 94	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	FFY 01*	FFY 02*	Annual Change
General Hospitals	\$391,843,935	\$367,034,942	\$395,316,780	\$401,352,000	\$408,098,253	\$397,673,493	\$328,512,395	\$320,696,000	\$324,040,000	-3.3%
Mental Hospitals	\$47,915,065	\$73,076,341	\$44,442,220	\$38,407,000	\$37,580,232	\$36,113,205	\$46,833,976	\$51,252,000	\$47,904,000	1.3%
Total	\$439,759,000	\$440,111,283	\$439,759,000	\$439,759,000	\$445,678,485	\$433,786,698	\$375,346,371	\$371,948,000	\$371,944,000	-2.8%

SELECTED ELIGIBILITY CRITERIA

DEMOGRAPHIC DATA & POVERTY INDICATORS (1999)

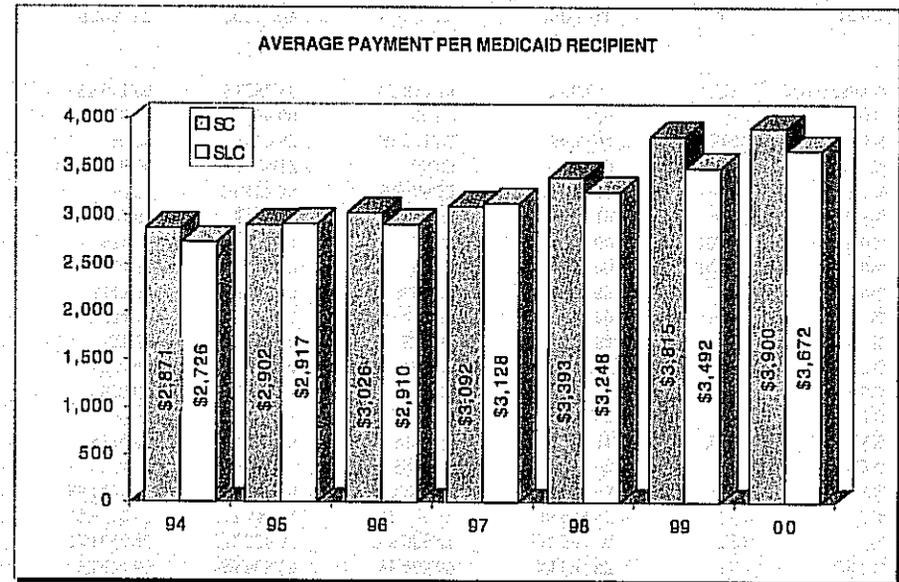
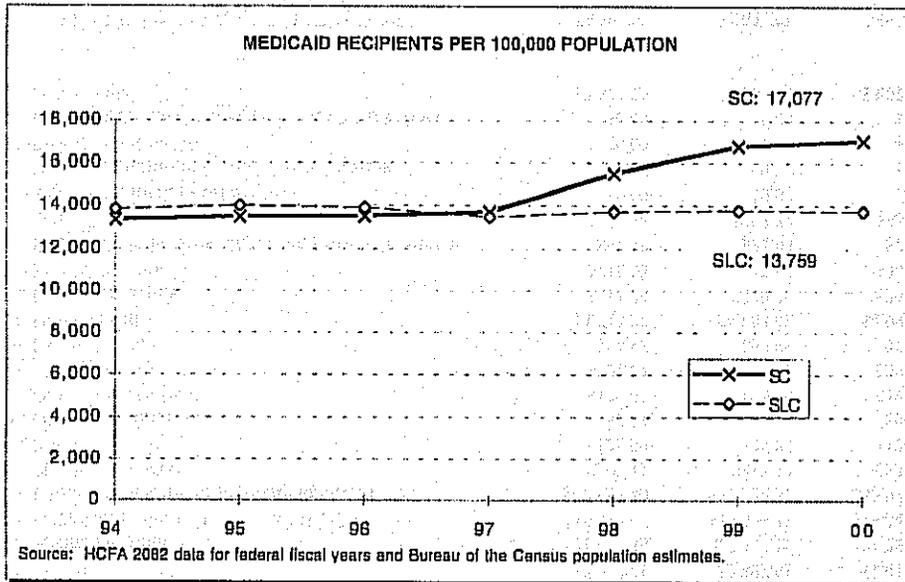
	At 10/1/01	% of FPL*		Rank in U.S.
TANF-Temporary Assistance for Needy Families (Family of 3)			State population—July 1, 2000*	4,012,012 26
Need Standard	\$555	45.5%	Per capita personal income**	\$23,545 38
Payment Standard	\$201	16.5%	Median household income**	\$35,376 38
Maximum Payment	\$201	16.5%	Population below Federal Poverty Level on July 1, 2000*	332,997
Medically Needy Program (Family of 3)			Percent of total population	8.3% 28
Income Eligibility Standard	N/A		Population without health insurance coverage*	684,000 16
Resource Standard			Percent of total population	17.6% 11
Pregnant Women, Children and Infants (% of FPL*)			Recipients of Food Stamps***	295,335 19
Pregnant women and infants		185.0%	Households receiving Food Stamps***	209,232 11
Children to age 6		150.0%	Total value of issuance***	\$249,274,301 19
Children age 6 to 18		150.0%	Average monthly benefit per recipient	\$70.34 31
SSI Eligibility Levels			Average monthly benefit per household	\$99.28 11
Income:			Monthly recipients of Temporary Assistance to Needy Families (TANF)****	35,721 32
Single Person	\$494	69.0%	Total TANF payments****	\$106,872,044 32
Couple	\$741	76.6%	Average monthly payment per recipient	\$249.32
Resources:			Maximum monthly payment per family of 3	\$201.00 45
Single Person	\$2,000			
Couple	\$4,000			

*Current federal poverty level is \$8,590 per year for a single person, \$11,610 for a family of two and \$14,630 for a family of three. Table above shows monthly income levels.

*Bureau of the Census. **Bureau of Economic Analysis. ***USDA. ****USDHHS.

SOUTH CAROLINA

SOUTHERN REGION MEDICAID PROFILE



DATA BY TYPE OF SERVICES (Includes Fee-For-Service and Waivers)

RECIPIENTS BY TYPE OF SERVICES

	FFY 94	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	Annual Change
01. General Hospital	134,914	138,312	135,838	137,519	137,289	137,578	148,309	1.6%
02. Mental Hospital	1,535	1,783	1,303	1,181	1,531	1,552	2,026	4.7%
03. Skilled and Intermediate (non-MR) Care Nursing	14,768	15,359	16,106	16,313	17,352	17,458	17,667	3.0%
04. Intermediate Care for Mentally Retarded	3,322	3,137	3,025	2,837	2,856	2,504	2,387	-5.4%
05. Physician Services	384,734	389,236	386,894	393,019	418,331	470,740	499,928	4.5%
06. Dental Services	114,470	113,238	112,781	116,292	130,360	139,267	162,504	6.0%
07. Other Practitioners	84,024	88,422	89,557	93,858	87,212	100,472	112,502	5.0%
08. Outpatient Hospital	211,326	216,198	212,316	218,299	233,585	263,419	292,786	5.6%
09. Clinic Services	184,402	201,554	211,974	223,608	224,554	333,007	334,663	10.4%
10. Lab and X-Ray	143,127	145,387	145,398	146,784	150,252	211,494	234,431	8.6%
11. Home Health	13,075	15,906	18,553	21,792	10,331	10,223	9,657	-4.9%
12. Prescribed Drugs	355,545	365,571	365,409	359,910	401,611	446,938	474,470	4.9%
13. Family Planning	49,138	55,788	66,319	79,256	112,341	0	0	-100.0%
14. Early & Periodic Screening, Diagnosis & Treatment	96,170	105,862	102,334	102,936	108,591	0	0	-100.0%
15. Other Care	122,632	141,651	134,608	127,397	113,086	102,147	109,634	-1.9%
16. Personal Care Support Services	0	0	0	0	61,734	15,888	16,165	-48.8%
17. Home/Community Based Waiver Services	0	0	0	0	14,675	0	0	-100.0%
18. Prepaid Health Care	0	0	0	0	17,195	15,607	43,835	59.7%
19. Primary Care Case Management (PCCM) Services	0	0	0	0	0	0	0	n/a
Total*	486,110	495,500	503,295	519,875	594,962	644,580	685,115	5.9%

*Annual totals for each service and for the grand total reflect unduplicated recipient counts. The grand total, therefore, may not equal the sum of the totals for each service.

SOUTH CAROLINA

SOUTHERN REGION MEDICAID PROFILE

PAYMENTS BY TYPE OF SERVICES	FFY 94	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	Annual	Share of Total
								Change	FFY 00
01. General Hospital	\$392,709,515	\$331,618,553	\$327,693,359	\$333,432,020	\$522,891,024	\$751,959,296	\$725,523,262	10.8%	27.2%
02. Mental Hospital	\$48,945,566	\$48,948,962	\$27,732,879	\$23,672,509	\$47,960,982	\$85,913,142	\$97,723,620	12.2%	3.7%
03. Skilled and Intermediate (non-MR) Care Nursing	\$227,693,380	\$238,471,153	\$268,110,314	\$281,609,211	\$302,667,749	\$309,472,299	\$334,667,284	6.6%	12.5%
04. Intermediate Care for Mentally Retarded	\$157,986,025	\$162,291,354	\$169,209,598	\$162,263,264	\$167,959,347	\$163,499,835	\$169,196,133	1.1%	6.3%
05. Physician Services	\$115,849,113	\$121,998,248	\$131,025,788	\$143,150,356	\$150,905,913	\$174,104,766	\$190,999,158	8.7%	7.1%
06. Dental Services	\$14,032,412	\$14,354,425	\$14,492,151	\$15,590,151	\$18,640,048	\$18,755,973	\$48,151,459	22.8%	1.8%
07. Other Practitioners	\$7,498,155	\$7,881,310	\$8,126,951	\$8,417,004	\$6,023,393	\$7,075,946	\$8,109,286	1.3%	0.3%
08. Outpatient Hospital	\$37,939,033	\$41,457,108	\$42,047,434	\$47,599,416	\$52,518,262	\$60,423,664	\$77,354,904	12.6%	2.9%
09. Clinic Services	\$96,130,799	\$116,964,885	\$126,189,093	\$129,341,086	\$138,424,592	\$255,820,928	\$287,781,889	20.1%	10.8%
10. Lab and X-Ray	\$9,284,036	\$9,866,228	\$10,769,176	\$11,924,976	\$12,185,658	\$14,065,499	\$16,537,120	10.1%	0.6%
11. Home Health	\$62,024,768	\$77,678,849	\$92,608,371	\$124,959,128	\$15,473,934	\$14,652,302	\$15,196,149	-20.9%	0.6%
12. Prescribed Drugs	\$110,845,482	\$124,500,348	\$143,804,519	\$159,606,414	\$224,962,203	\$268,317,914	\$334,745,853	20.2%	12.5%
13. Family Planning	\$10,419,800	\$13,554,764	\$24,040,363	\$17,771,271	\$34,421,428	\$0	\$0	-100.0%	0.0%
14. Early & Periodic Screening, Diagnosis & Treatment	\$6,489,663	\$7,736,383	\$7,525,154	\$7,715,555	\$7,942,631	\$0	\$0	-100.0%	0.0%
15. Other Care	\$97,901,965	\$120,791,541	\$129,365,422	\$140,375,487	\$102,108,042	\$77,582,273	\$86,741,529	-2.0%	3.2%
16. Personal Care Support Services	\$0	\$0	\$0	\$0	\$0	\$70,991,089	\$89,266,814	10.3%	3.3%
17. Home/Community Based Waiver Services	\$0	\$0	\$0	\$0	\$123,052,297	\$0	\$0	-100.0%	0.0%
18. Prepaid Health Care	\$0	\$0	\$0	\$0	\$17,172,147	\$18,900,551	\$27,788,595	27.2%	1.0%
19. Primary Case Management (PCCM) Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a	0.0%
Total (excludes DSH pymts, pharmacy rebates, & other adjs.)	\$1,395,749,712	\$1,438,114,111	\$1,522,740,572	\$1,607,427,848	\$2,018,620,428	\$2,459,158,525	\$2,672,188,475	11.4%	100.0%

AVERAGE PAYMENTS PER RECIPIENT BY TYPE OF SERVICES

								(+) or (-) SLC	
								Avg. FFY 00	
01. General Hospital	\$2,910.81	\$2,397.61	\$2,412.38	\$2,424.63	\$3,808.69	\$5,465.69	\$4,891.97	9.0%	39.2%
02. Mental Hospital	\$31,886.36	\$27,453.15	\$21,283.87	\$20,044.46	\$31,326.57	\$55,356.41	\$48,234.76	7.1%	636.1%
03. Skilled and Intermediate (non-MR) Care Nursing	\$15,418.02	\$15,526.48	\$16,646.61	\$17,262.87	\$17,442.82	\$17,726.68	\$18,943.07	3.5%	5.7%
04. Intermediate Care for Mentally Retarded	\$47,557.50	\$51,734.57	\$55,937.06	\$57,195.37	\$58,809.30	\$65,295.46	\$70,882.33	6.9%	2.0%
05. Physician Services	\$301.11	\$313.43	\$338.66	\$364.23	\$360.73	\$369.85	\$382.05	4.0%	-0.2%
06. Dental Services	\$122.59	\$126.76	\$128.50	\$134.06	\$142.99	\$134.68	\$296.31	15.8%	23.8%
07. Other Practitioners	\$89.24	\$89.13	\$90.75	\$89.68	\$69.07	\$70.43	\$72.08	-3.5%	-57.2%
08. Outpatient Hospital	\$179.53	\$191.76	\$198.04	\$218.05	\$224.84	\$229.38	\$264.20	6.7%	-41.5%
09. Clinic Services	\$521.31	\$580.32	\$595.30	\$578.43	\$616.44	\$768.21	\$859.92	8.7%	26.7%
10. Lab and X-Ray	\$64.87	\$67.86	\$74.07	\$81.24	\$81.10	\$66.51	\$70.54	1.4%	-30.0%
11. Home Health	\$4,743.77	\$4,883.62	\$4,991.56	\$5,734.17	\$1,497.82	\$1,433.27	\$1,573.59	-16.8%	-45.0%
12. Prescribed Drugs	\$311.76	\$340.56	\$393.54	\$443.46	\$560.15	\$600.35	\$705.52	14.6%	-25.9%
13. Family Planning	\$212.05	\$242.97	\$362.50	\$224.23	\$306.40	\$0.00	\$0.00	-100.0%	-100.0%
14. Early & Periodic Screening, Diagnosis & Treatment	\$67.48	\$73.08	\$73.54	\$74.95	\$73.14	\$0.00	\$0.00	-100.0%	-100.0%
15. Other Care	\$798.34	\$852.74	\$961.05	\$1,101.87	\$902.92	\$759.52	\$791.19	-0.1%	-26.8%
16. Personal Care Support Services	\$0.00	\$0.00	\$0.00	\$0.00	\$1,187.53	\$4,468.22	\$5,522.23	115.6%	277.8%
17. Home/Community Based Waiver Services	\$0.00	\$0.00	\$0.00	\$0.00	\$8,385.17	\$0.00	\$0.00	-100.0%	-100.0%
18. Prepaid Health Care	\$0.00	\$0.00	\$0.00	\$0.00	\$998.67	\$1,211.03	\$633.94	-20.3%	-8.4%
19. Primary Care Case Management (PCCM) Services	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	n/a	-100.0%
Total (Average)	\$2,871.26	\$2,902.35	\$3,025.54	\$3,091.95	\$3,392.86	\$3,815.13	\$3,900.35	5.2%	0.062286529

TOTAL PER CAPITA EXPENDITURES	\$528.76	\$561.77	\$563.73	\$591.57	\$620.38	\$670.35	\$704.04	4.9%	15.0%
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SOUTH CAROLINA

SOUTHERN REGION MEDICAID PROFILE
DATA BY OTHER CHARACTERISTICS

RECIPIENTS BY OTHER CHARACTERISTICS

	FFY 94	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	Annual Change	Share of Total FFY 00
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	265,410	257,072	245,107	197,281	190,767	173,708	188,071	-5.6%	27.5%
Poverty Related Eligibles	24,119	48,921	55,794	194,689	225,889	284,950	316,748	53.6%	46.2%
Medically Needy	161	10	3	0	0	0	0	-100.0%	0.0%
Other Eligibles	196,420	189,497	202,391	127,905	155,498	171,055	165,763	-2.8%	24.2%
Maintenance Assistance Status Unknown	0	0	0	0	22,808	14,867	14,533	-20.2%	2.1%
Total	486,110	495,500	503,295	519,875	594,962	644,580	685,115	5.9%	100.0%
By Basis of Eligibility									
Aged, Blind, or Disabled	165,462	172,026	176,276	178,845	174,978	181,200	184,028	1.8%	26.9%
Children	231,724	234,783	236,162	244,194	269,751	309,070	341,543	6.7%	49.9%
Foster Care Children	1,342	1,794	1,569	2,831	6,412	6,938	6,522	30.1%	1.0%
Adults	87,582	86,897	89,288	94,005	121,013	132,505	138,489	7.9%	20.2%
Basis of Eligibility Unknown	0	0	0	0	22,808	14,867	14,533	-20.2%	2.1%
Total	486,110	495,500	503,295	519,875	594,962	644,580	685,115	5.9%	100.0%
By Age									
Under Age 1	41,226	40,906	39,925	41,450	27,168	27,776	29,086	-5.6%	4.2%
Age 1 to 5	98,529	97,639	95,377	92,463	100,788	107,798	116,757	2.9%	17.0%
Age 6 to 14	84,995	91,237	96,955	103,589	130,359	151,975	165,970	11.8%	24.2%
Age 15 to 20	40,836	42,726	45,163	49,379	64,024	76,389	84,332	12.8%	12.3%
Age 21 to 44	102,286	102,402	104,364	110,538	131,514	140,315	145,901	6.1%	21.3%
Age 45 to 64	39,747	42,028	43,725	46,723	46,949	50,003	53,060	4.9%	7.7%
Age 65 to 74	33,571	33,068	32,365	30,695	29,380	29,409	29,340	-2.2%	4.3%
Age 75 to 84	28,476	28,454	28,333	28,321	27,507	28,334	28,422	0.0%	4.1%
Age 85 and Over	16,349	16,899	16,952	16,592	17,408	17,717	17,731	1.4%	2.6%
Age Unknown	95	141	136	125	19,865	14,864	14,516	131.2%	2.1%
Total	486,110	495,500	503,295	519,875	594,962	644,580	685,115	5.9%	100.0%
By Race									
White	180,159	184,392	188,387	196,643	220,674	243,127	262,213	6.5%	38.3%
Black	281,582	286,346	288,669	295,146	326,308	354,424	372,459	4.8%	54.4%
Hispanic, American Indian or Asian	3,041	3,403	4,033	4,832	5,667	6,536	7,849	17.1%	1.1%
Other/Unknown	21,328	21,359	22,206	23,254	42,313	40,393	42,594	12.2%	6.2%
Total	486,110	495,500	503,295	519,875	594,962	644,580	685,115	5.9%	100.0%
By Sex									
Female	309,106	313,065	318,798	331,412	369,944	400,921	422,249	5.3%	61.6%
Male	176,924	182,363	184,442	188,363	205,046	228,684	248,229	5.8%	36.2%
Unknown	80	72	55	100	19,972	14,975	14,637	138.3%	2.1%
Total	486,110	495,500	503,295	519,875	594,962	644,580	685,115	5.9%	100.0%

Source: Health Care Financing Administration-Form HCFA 2082 for federal fiscal years

SOUTH CAROLINA

SOUTHERN REGION MEDICAID PROFILE

PAYMENTS BY OTHER CHARACTERISTICS

	FFY 94	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	Annual Change	Share of Total FFY 00
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	\$704,995,787	\$712,038,867	\$746,410,451	\$718,713,823	\$751,927,407	\$857,200,691	\$970,933,200	5.5%	36.3%
Poverty Related Eligibles	\$19,327,043	\$76,134,287	\$78,680,449	\$326,182,355	\$448,329,281	\$529,534,698	\$628,382,959	78.7%	23.5%
Medically Needy	\$85,002	\$186,805	\$18,596	\$0	\$0	\$0	\$0	-100.0%	0.0%
Other Eligibles	\$671,341,880	\$649,754,152	\$697,631,076	\$562,531,670	\$558,650,582	\$660,860,620	\$730,999,866	1.4%	27.4%
Maintenance Assistance Status Unknown	\$0	\$0	\$0	\$0	\$259,713,158	\$411,562,516	\$341,872,450	14.7%	12.8%
Total	\$1,395,749,712	\$1,438,114,111	\$1,522,740,572	\$1,607,427,848	\$2,018,620,428	\$2,459,158,525	\$2,672,188,475	11.4%	100.0%
By Basis of Eligibility									
Aged, Blind or Disabled	\$963,242,442	\$1,014,169,010	\$1,090,644,731	\$1,154,772,516	\$1,240,263,794	\$1,448,755,776	\$1,623,428,298	9.1%	60.8%
Children	\$256,795,168	\$262,493,979	\$270,986,259	\$273,775,606	\$305,302,576	\$354,976,903	\$447,508,815	9.7%	16.7%
Foster Care Children	\$1,163,023	\$1,585,042	\$1,479,650	\$19,242,618	\$51,231,425	\$56,630,829	\$53,246,410	89.1%	2.0%
Adults	\$174,549,079	\$159,866,080	\$159,629,932	\$159,637,108	\$162,109,475	\$187,232,501	\$206,132,502	2.8%	7.7%
Basis of Eligibility Unknown	\$0	\$0	\$0	\$0	\$259,713,158	\$411,562,516	\$341,872,450	14.7%	12.8%
Total	\$1,395,749,712	\$1,438,114,111	\$1,522,740,572	\$1,607,427,848	\$2,018,620,428	\$2,459,158,525	\$2,672,188,475	11.4%	100.0%
By Age									
Under Age 1	\$120,756,166	\$108,153,196	\$100,158,295	\$108,036,981	\$79,118,760	\$79,204,351	\$94,434,546	-4.0%	3.5%
Age 1 to 5	\$73,614,323	\$76,035,305	\$79,270,797	\$86,712,318	\$117,683,342	\$131,384,923	\$156,235,953	13.4%	5.8%
Age 6 to 14	\$102,208,441	\$117,491,921	\$130,904,482	\$137,137,669	\$163,537,315	\$189,042,393	\$250,141,759	16.1%	9.4%
Age 15 to 20	\$107,427,279	\$113,410,195	\$119,820,676	\$120,856,349	\$146,855,007	\$176,347,386	\$198,882,658	10.8%	7.4%
Age 21 to 44	\$361,083,557	\$361,943,923	\$381,480,400	\$395,298,868	\$426,843,487	\$474,114,727	\$530,647,001	6.6%	19.9%
Age 45 to 64	\$227,060,957	\$243,126,166	\$270,939,325	\$306,032,977	\$338,951,033	450,934,936	489,061,165	13.6%	18.3%
Age 65 to 74	\$121,586,148	\$123,593,083	\$127,990,689	\$126,588,198	\$137,571,468	154,385,164	178,202,298	6.6%	6.7%
Age 75 to 84	\$146,351,214	\$148,874,558	\$156,957,161	\$165,383,092	\$179,507,553	201,390,113	224,715,519	7.4%	8.4%
Age 85 and Over	\$122,277,291	\$130,815,986	\$139,425,579	\$144,856,257	\$173,537,576	190,845,601	208,078,269	9.3%	7.8%
Age Unknown	\$13,384,336	\$14,669,778	\$15,793,168	\$16,525,139	\$255,014,887	411,508,931	341,789,307	71.6%	12.8%
Total	\$1,395,749,712	\$1,438,114,111	\$1,522,740,572	\$1,607,427,848	\$2,018,620,428	\$2,459,158,525	\$2,672,188,475	11.4%	100.0%
By Race									
White	\$649,794,701	\$668,792,154	\$702,460,735	\$738,043,044	\$823,140,050	\$979,645,956	\$1,080,055,204	8.8%	40.4%
Black	\$631,654,230	\$653,619,676	\$693,817,051	\$730,748,650	\$819,207,631	\$913,165,680	\$1,041,263,277	8.7%	39.0%
Hispanic, American Indian or Asian	\$4,469,437	\$4,571,798	\$5,219,991	\$6,501,127	\$6,968,889	\$8,788,052	\$11,179,556	16.5%	0.4%
Other/Unknown	\$109,831,344	\$111,130,483	\$121,242,795	\$132,135,027	\$369,303,858	\$557,558,837	\$539,690,438	30.4%	20.2%
Total	\$1,395,749,712	\$1,438,114,111	\$1,522,740,572	\$1,607,427,848	\$2,018,620,428	\$2,459,158,525	\$2,672,188,475	11.4%	100.0%
By Sex									
Female	\$859,499,563	\$875,669,421	\$918,593,270	\$970,056,165	\$1,072,190,466	\$1,226,029,669	\$1,395,539,088	8.4%	52.2%
Male	\$523,561,106	\$548,027,139	\$588,648,232	\$620,757,369	\$691,382,912	\$821,601,056	\$934,697,304	10.1%	35.0%
Unknown	\$12,689,043	\$14,417,551	\$15,499,070	\$16,614,314	\$255,047,050	\$411,527,800	\$341,952,083	73.2%	12.8%
Total	\$1,395,749,712	\$1,438,114,111	\$1,522,740,572	\$1,607,427,848	\$2,018,620,428	\$2,459,158,525	\$2,672,188,475	11.4%	100.0%

Source: Health Care Financing Administration-Form HCFA 2082 for federal fiscal years

SOUTHERN REGION MEDICAID PROFILE

AVERAGE PAYMENT PER RECIPIENT BY OTHER CHARACTERISTICS

	FFY 94	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	Annual Change	Above (+) or Below (-) SLC Avg. FFY 00
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	\$2,656.25	\$2,769.80	\$3,045.24	\$3,643.10	\$3,941.60	\$4,934.72	\$5,162.59	11.7%	18.3%
Poverty Related Eligibles	\$801.32	\$1,556.27	\$1,410.20	\$1,675.40	\$1,984.73	\$1,858.34	\$1,983.86	16.3%	13.4%
Medically Needy	\$527.96	\$18,680.50	\$6,198.67	\$0.00	\$0.00	\$0.00	\$0.00	-100.0%	-100.0%
Other Eligibles	\$3,417.89	\$3,428.84	\$3,446.95	\$4,398.04	\$3,592.65	\$3,863.44	\$4,409.91	4.3%	-36.3%
Maintenance Assistance Status Unknown	\$0.00	\$0.00	\$0.00	\$0.00	\$11,386.93	\$27,682.96	\$23,523.87	43.7%	1102.8%
Total	\$2,871.26	\$2,902.35	\$3,025.54	\$3,091.95	\$3,392.86	\$3,815.13	\$3,900.35	5.2%	6.2%
By Basis of Eligibility									
Aged, Blind or Disabled	\$5,821.53	\$5,895.44	\$6,187.14	\$6,456.83	\$7,088.11	\$7,995.34	\$8,821.64	7.2%	6.7%
Children	\$1,108.19	\$1,118.03	\$1,147.46	\$1,121.14	\$1,131.79	\$1,148.53	\$1,310.26	2.8%	9.7%
Foster Care Children	\$866.63	\$883.52	\$943.05	\$6,797.11	\$7,989.93	\$8,162.41	\$8,164.12	45.3%	117.4%
Adults	\$1,992.98	\$1,839.72	\$1,787.81	\$1,698.18	\$1,339.60	\$1,413.02	\$1,488.44	-4.7%	-23.5%
Basis of Eligibility Unknown	\$0.00	\$0.00	\$0.00	\$0.00	\$11,386.93	\$27,682.96	\$23,523.87	43.7%	1080.5%
Total	\$2,871.26	\$2,902.35	\$3,025.54	\$3,091.95	\$3,392.86	\$3,815.13	\$3,900.35	5.2%	6.2%
By Age									
Under Age 1	\$2,929.13	\$2,643.94	\$2,508.66	\$2,606.44	\$2,912.20	\$2,851.54	\$3,246.74	1.7%	4.1%
Age 1 to 5	\$747.13	\$778.74	\$831.13	\$937.81	\$1,167.63	\$1,218.81	\$1,338.13	10.2%	7.1%
Age 6 to 14	\$1,202.52	\$1,287.77	\$1,350.16	\$1,323.86	\$1,254.51	\$1,243.90	\$1,507.15	3.8%	8.5%
Age 15 to 20	\$2,630.70	\$2,654.36	\$2,653.07	\$2,447.53	\$2,293.75	\$2,308.54	\$2,358.33	-1.8%	4.5%
Age 21 to 44	\$3,530.14	\$3,534.54	\$3,655.29	\$3,576.14	\$3,245.61	\$3,378.93	\$3,637.03	0.5%	-11.8%
Age 45 to 64	\$5,712.66	\$5,784.86	\$6,196.44	\$6,549.94	\$7,219.56	\$9,018.16	\$9,217.13	8.3%	18.3%
Age 65 to 74	\$3,621.76	\$3,737.54	\$3,954.60	\$4,124.07	\$4,682.49	\$5,249.59	\$6,073.70	9.0%	-2.8%
Age 75 to 84	\$5,139.46	\$5,232.11	\$5,539.73	\$5,839.59	\$6,525.89	\$7,107.72	\$7,906.39	7.4%	-10.4%
Age 85 and Over	\$7,479.19	\$7,741.05	\$8,224.73	\$8,730.49	\$9,968.84	\$10,771.89	\$11,735.28	7.8%	-4.8%
Age Unknown	\$140,887.75	\$104,040.98	\$116,126.24	\$132,201.11	\$12,837.40	\$27,684.94	\$23,545.69	-25.8%	232.3%
Total	\$2,871.26	\$2,902.35	\$3,025.54	\$3,091.95	\$3,392.86	\$3,815.13	\$3,900.35	5.2%	6.2%
By Race									
White	\$3,606.78	\$3,627.01	\$3,728.82	\$3,753.21	\$3,730.12	\$4,029.36	\$4,119.00	2.2%	-4.4%
Black	\$2,243.23	\$2,282.62	\$2,403.50	\$2,475.89	\$2,510.53	\$2,576.48	\$2,795.65	3.7%	-1.1%
Hispanic, American Indian or Asian	\$1,469.73	\$1,343.46	\$1,294.32	\$1,345.43	\$1,229.73	\$1,344.56	\$1,424.33	-0.5%	-33.9%
Other/Unknown	\$5,149.63	\$5,202.98	\$5,459.91	\$5,682.25	\$8,727.91	\$13,803.35	\$12,670.57	16.2%	116.1%
Total	\$2,871.26	\$2,902.35	\$3,025.54	\$3,091.95	\$3,392.86	\$3,815.13	\$3,900.35	5.2%	6.2%
By Sex									
Female	\$2,780.60	\$2,797.09	\$2,881.43	\$2,927.04	\$2,898.25	\$3,058.03	\$3,305.01	2.9%	-10.7%
Male	\$2,959.24	\$3,005.14	\$3,191.51	\$3,295.54	\$3,371.84	\$3,592.74	\$3,765.46	4.1%	5.3%
Unknown	\$158,613.04	\$200,243.76	\$281,801.27	\$166,143.14	\$12,770.23	\$27,480.99	\$23,362.17	-27.3%	369.7%
Total	\$2,871.26	\$2,902.35	\$3,025.54	\$3,091.95	\$3,392.86	\$3,815.13	\$3,900.35	5.2%	6.2%

Source: Health Care Financing Administration-Form HCFA 2082 for federal fiscal years

SOUTHERN REGION MEDICAID PROFILE

ADDITIONAL STATE HEALTH CARE INFORMATION

Sources: "Major Health Care Policies: 50 State Profiles", Health Policy Tracking Service, January, 2001; and "Medicaid Services State by State", HCFA, October 2000.

*Information supplied by State Medicaid Agency

Waivers

South Carolina operates a health reform demonstration with a Freedom of Choice Waiver under Title XIX, Section 1915 (b). The High Risk Channeling Project implements a case management system, including expanded screening to identify pregnant women at high medical risk. It has been operating since 1986.

Several Home and Community Based Service Waivers, under Section 1915 (c), enable the state to provide long-term care services to people who otherwise would require institutionalization. They include:

- Elderly and Disabled: Serves 7,252 people, operating since October 1, 1984.
- AIDS: Serves 639 people, operating since October 1, 1988.
- Mental Retardation and Related Conditions: Serves 1,004 people, operating since October 1, 1991.
- Traumatic Brain Injury (including spinal cord injuries): Serves 108 people, operating since April 1, 1995.
- People Age 21 and Over Dependent on Mechanical Ventilation: Serves 25 people, operating since December 1, 1994.
- People Age 18 and Over with Amyotrophic Lateral Sclerosis: Operating since January 1, 1987.

Family Planning Waiver Expansion: The South Carolina Department of Health and Human Services submitted to HCFA an expansion proposal which would revise the existing waiver to include all women at or below 185% of the federal poverty level. These individuals would be eligible for family planning services without the requirement of having a Medicaid reimbursed pregnancy. The program was implemented in June 1997.

Medicaid Coverage of Home Care for Certain Disabled Children: Under Section 143 of the Tax Equity and Fiscal Responsibility Act of 1982, states are allowed to make Medicaid benefits available to certain disabled children ordinarily not eligible for SSI benefits because of their parents' income or resources. These children are referred to as "Katie Beckett" or TEFRA children. South Carolina began covering these children effective January 1, 1995.

Managed Care

- Any Willing Provider Clause: For pharmacies and allied professionals.
- The South Carolina Medicaid Managed Care Program offers eligibles a choice of two voluntary managed care delivery systems: (1) The Physician Enhanced Program (PEP); and (2) The HMO Program.

Coverage for Targeted Population

- The State does not have any indigent care programs for adults.

Cost Containment Measures

- Certificate of Need Program since 1971. Regulates introduction or expansion of new institutional health facilities and services. Program revised in 1992.
- Rate setting. Prospective payment/Diagnostic-Related Group methodology used for Medicaid.

Medicaid

- 19 optional services are offered.
- Counties provide \$0.50 per capita to provide Medicaid services. An additional \$13 million is assessed for use as matching funds for Medicaid, with

SOUTH CAROLINA

SOUTHERN REGION MEDICAID PROFILE

Medicaid (Continued)

\$7.5 million of this amount going to the Medicaid Expansion Fund.

- Pharmacy Services: Effective July 1, 1998, Medicaid eligible recipients from birth through the month of their 21st birthday are eligible to receive an unlimited number of prescriptions per month.
- Pharmacy Services: Effective July 1, 1999, Medicaid eligible recipients 21 years and one month old and older will be eligible to receive 4 prescriptions per month.
- Enacted legislation in 2000 that created a pharmacy assistance program, SILVERxCARD, for individuals who are 65 and older, have lived in the state for 6 months, have incomes up to 150% of the FPL, and have no other prescription drug coverage. The Legislature appropriated \$20 million in tobacco settlement funds for the program, effective January 1, 2001.

Children's Health Insurance Program: Medicaid Expansion

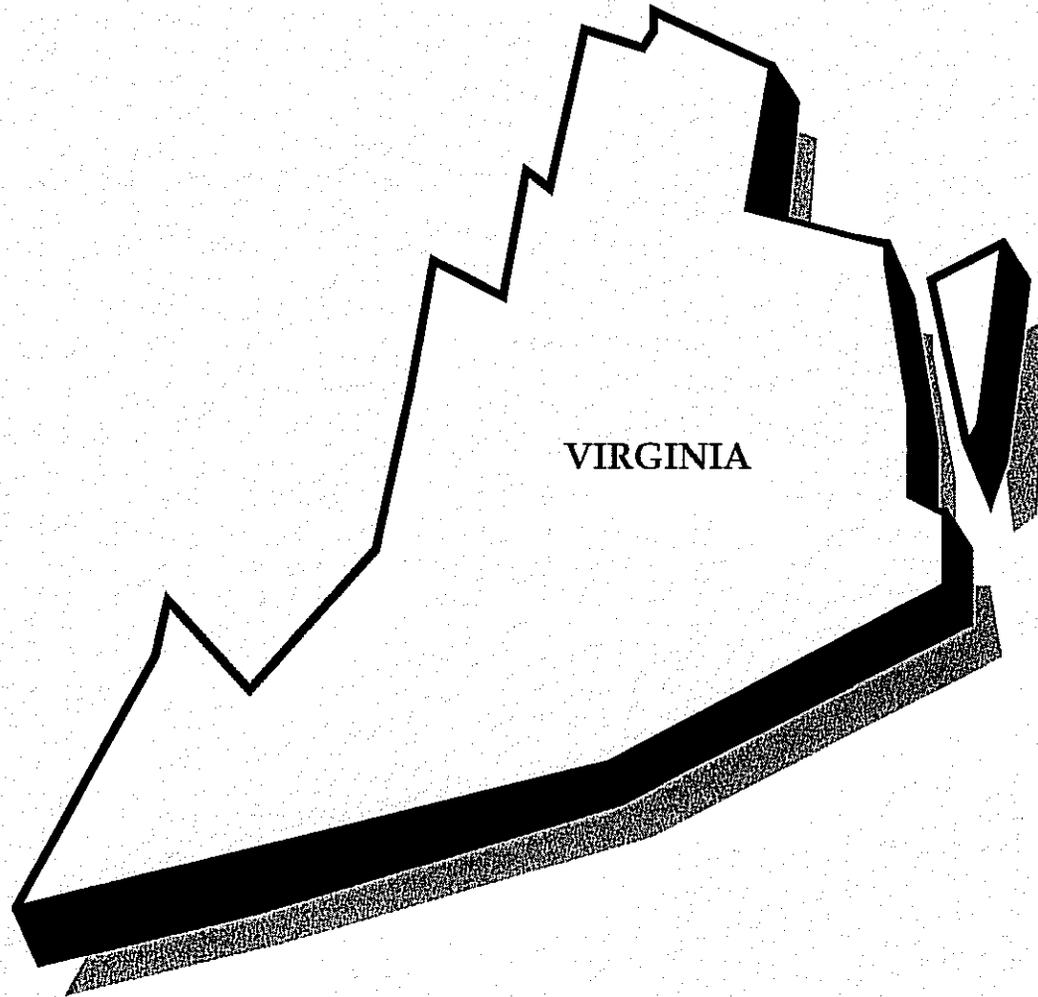
- The Partners for Healthy Children Program (PHC) received HCFA approval on February 18, 1998. PHC provides coverage through an expansion of Medicaid to children from birth through age 18 in families with incomes at or below 150% of the FPL. The benefit package will be the same as the regular Medicaid package.
- PHC expanded net enrollment of children in Medicaid by over 128,000 by April 2000. SCHIP eligibles accounted for 45,874 of the net increase. There were 58,295 SCHIP recipients in the program as of September 2000.
- Eligibility will be expanded in January 2001 to include individuals in families with incomes up to 165% of the FPL.
- Planned expansion of eligibility to include individuals in families with incomes up to 165% of the FPL was delayed again in January 2001 due to a budget shortfall.

Tobacco Settlement

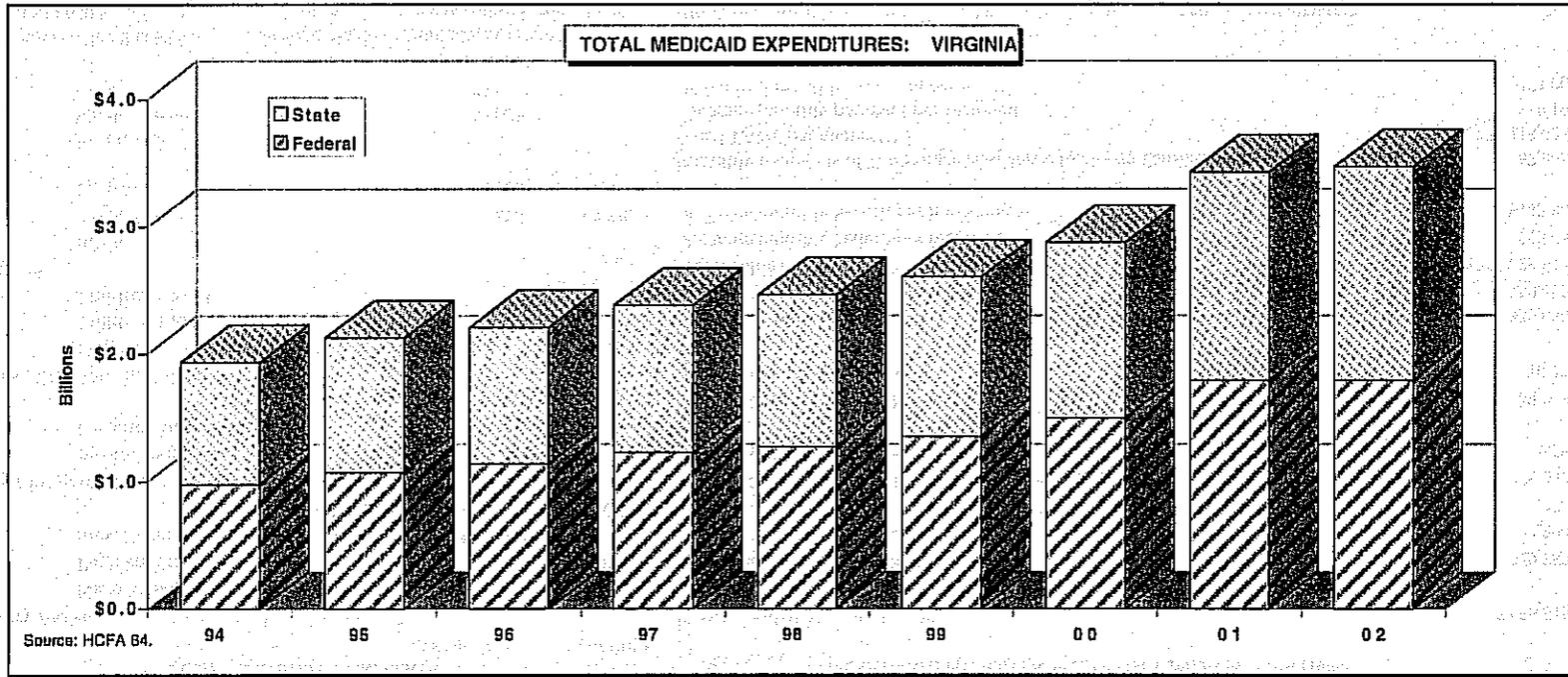
- The state expects to receive approximately \$2.4 billion over 25 years.
- For Fiscal Year 2000, the tobacco settlement payment was approximately \$96 million.
- The model statute, required by the Master Settlement Agreement, was enacted to receive tobacco money allotted to the state.
- Enacted legislation in 1998 that provides for Tobacco Settlement monies to be deposited in the State General Fund for appropriation by the General Assembly.
- Enacted legislation that created the South Carolina Tobacco Community Development Board to provide economic assistance to tobacco growers and tobacco holders in the state.
- For FY 01, the Legislature appropriated \$165 million for health care as follows:
 - \$73.0 million for annual rate increases for Medicaid medical and dental rates;
 - \$28.4 million for Medicaid product and client growth;
 - \$23.2 million to rebase hospital rates;
 - \$ 7.7 million for mental health services;
 - \$ 6.6 million for services to the disabled and persons with special needs programs;
 - \$ 5.7 million for a nursing home cost of living adjustment;
 - \$ 5.5 million to maintain level funding for services to emotionally disturbed children;
 - \$ 1.8 million for tobacco prevention;
 - \$ 1.7 million for pediatric care; and
 - \$ 1.4 million for newborn hearing screening.

SOUTH CAROLINA

STATE MEDICAID PROFILE



SOUTHERN REGION MEDICAID PROFILE



	FFY 94	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00*	FFY 01**	FFY 02**	Annual Rate of Change	Total Change 94-02
Medicaid Payments	\$1,849,207,961	\$2,044,756,023	\$2,123,142,475	\$2,274,509,097	\$2,343,757,339	\$2,477,370,906	\$2,728,848,408	\$3,243,286,000	\$3,264,279,000	7.4%	76.5%
Federal Share	\$931,207,056	\$1,026,474,417	\$1,093,719,144	\$1,172,394,679	\$1,208,808,080	\$1,285,612,965	\$1,416,141,298	\$1,683,433,000	\$1,681,280,000	7.7%	80.5%
State Share	\$918,000,905	\$1,018,281,606	\$1,029,423,331	\$1,102,114,418	\$1,134,949,259	\$1,191,757,941	\$1,312,707,110	\$1,559,853,000	\$1,582,999,000	7.0%	72.4%
Administrative Costs	\$84,456,361	\$76,336,648	\$81,776,255	\$100,519,359	\$118,333,750	\$126,088,305	\$147,814,821	\$187,220,000	\$207,641,000	11.9%	145.9%
Federal Share	\$47,756,289	\$44,400,414	\$45,022,011	\$54,003,775	\$65,843,598	\$69,518,715	\$80,346,985	\$107,700,000	\$113,874,000	11.5%	138.4%
State Share	\$36,700,072	\$31,936,234	\$36,754,244	\$46,515,584	\$52,490,152	\$56,569,590	\$67,467,836	\$79,520,000	\$93,767,000	12.4%	155.5%
Admin. Costs as % of Payments	4.57%	3.73%	3.85%	4.42%	5.05%	5.09%	5.42%	5.77%	6.36%		
Federal Match Rate*	50.00%	50.00%	51.37%	51.45%	51.49%	51.60%	51.67%	51.85%	51.45%		

*Rate shown is for Medicaid payments only. The FMAP (Federal Medical Assistance Percentage) is based on the relationship between each state's per capita personal income and that of the nation as a whole for the three most recent years. Federal share of state administrative costs is usually 50 percent or 75 percent, depending on function and whether or not medical personnel are used. **Federal Fiscal Years 01 and 02 reflect latest estimates reported by each state.

VIRGINIA

SOUTHERN REGION MEDICAID PROFILE

STATE FINANCING

	Payments		Administration	
	FFY 94	FFY 00	FFY 94	FFY 00
State General Fund*	\$918,000,905	\$1,312,707,110	\$36,700,072	\$67,467,836
Local Funds	\$0	\$0	\$0	\$0
Provider Taxes	\$0	\$0	\$0	\$0
Donations	\$0	\$0	\$0	\$0
Other	\$0	\$0	\$0	\$0
Total State Share	\$918,000,905	\$1,312,707,110	\$36,700,072	\$67,467,836

Provider Taxes Currently in Place (FFY 900)		
Provider(s)	Tax Rate	Amount
NO PROVIDER TAXES		

DISPROPORTIONATE SHARE HOSPITAL (DSH) PAYMENTS

	FFY 94	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	FFY 01*	FFY 02*	Annual Change
General Hospitals	\$133,062,000	\$138,537,653	\$148,762,000	\$157,204,000	\$152,457,493	\$157,022,000	\$131,366,225	\$150,771,000	\$135,544,000	-1.5%
Mental Hospitals	\$11,395,000	\$6,732,097	\$9,312,000	\$2,588,000	\$8,220,282	\$3,900,000	\$9,187,746	\$7,000,000	\$7,000,000	-4.6%
Total	\$144,457,000	\$145,269,750	\$158,074,000	\$159,792,000	\$160,677,775	\$160,922,000	\$140,553,971	\$157,771,000	\$142,544,000	-1.7%

SELECTED ELIGIBILITY CRITERIA

	At 10/1/01	% of FPL*
TANF-Temporary Assistance for Needy Families (Family of 3)		
Need Standard		0.0%
Payment Standard		0.0%
Max. Payment	PLEASE REFER TO LAST VA. PAGE FOR DETAILED EXPLANATION.	
Medically Needy Program (Family of 3)		
Income Eligibility		
Resource Standard		
Pregnant Women, Children and Infants (% of FPL*)		
Pregnant women and Infants		133.0%
Children 1 to 5		133.0%
Children 6 to 18		
SSI Eligibility Levels		
Income:		
Single Person	\$470	65.7%
Couple	\$705	72.9%
Resources:		
Single Person	\$2,000	
Couple	\$3,000	

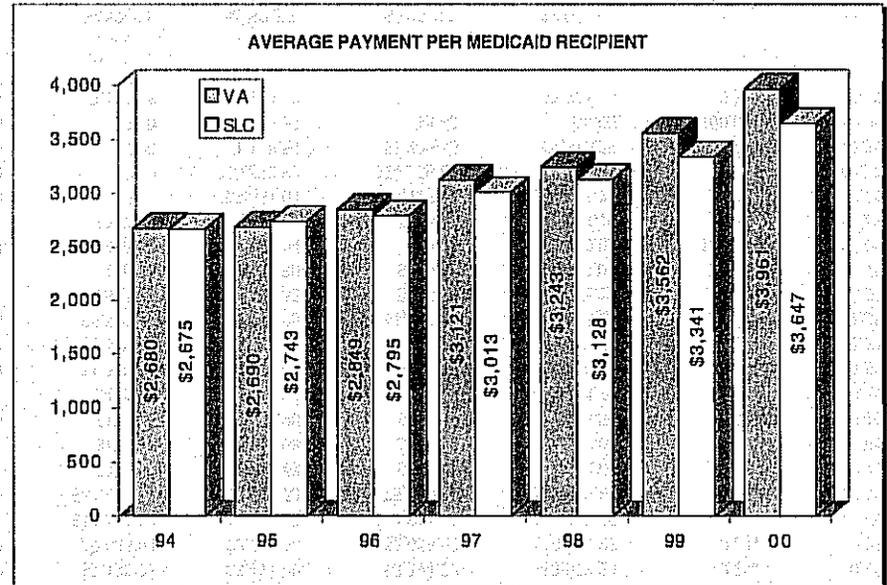
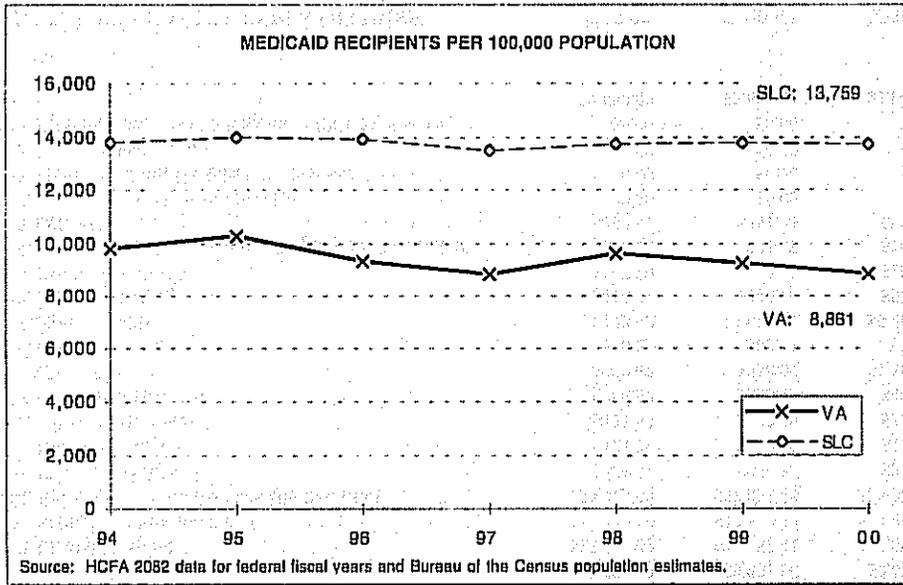
DEMOGRAPHIC DATA & POVERTY INDICATORS (1999)

		Rank in U.S.
State population—July 1, 2000*	7,078,515	12
Per capita personal income**	\$29,789	14
Median household income**	\$44,884	10
Population below Federal Poverty Level on July 1, 2000*	396,397	
Percent of total population	5.6%	43
Population without health insurance coverage*	969,000	14
Percent of total population	14.1%	26
Recipients of Food Stamps***	336,080	17
Households receiving Food Stamps***	150,452	17
Total value of issuance***	\$262,328,617	18
Average monthly benefit per recipient	\$65.05	45
Average monthly benefit per household	\$145.30	28
Monthly recipients of Temporary Assistance to Needy Families (TANF)****	67,388	23
Total TANF payments****	\$258,118,028	23
Average monthly payment per recipient	\$319.19	
Maximum monthly payment per family of 3	\$354.00	31

*Current federal poverty level is \$8,590 per year for a single person, \$11,610 for a family of two and \$14,630 for a family of three. Table above shows monthly income levels.

*Bureau of the Census. **Bureau of Economic Analysis. ***USDA. ****USDHHS.

SOUTHERN REGION MEDICAID PROFILE



DATA BY TYPE OF SERVICES (Includes Fee-For-Service and Waivers)

RECIPIENTS BY TYPE OF SERVICES	FFY 94	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	Annual Change
01. General Hospital	104,770	103,147	90,914	102,450	98,015	94,935	82,909	-3.8%
02. Mental Hospital	1,493	2,179	2,593	2,213	36,689	36,152	1,283	-2.5%
03. Skilled and Intermediate (non-MR) Care Nursing	27,727	27,301	26,963	27,565	28,053	27,217	27,558	-0.1%
04. Intermediate Care for Mentally Retarded	2,720	2,591	2,458	2,301	2,126	2,043	2,174	-3.7%
05. Physician Services	559,282	603,578	540,079	520,943	438,974	420,723	382,226	-6.1%
06. Dental Services	103,363	106,156	86,056	78,351	76,341	72,952	70,508	-6.2%
07. Other Practitioners	73,127	75,977	68,503	75,799	70,449	63,580	57,685	-3.9%
08. Outpatient Hospital	348,081	351,152	298,998	285,018	267,436	259,439	226,114	-6.9%
09. Clinic Services	118,901	134,669	142,022	141,580	95,786	85,596	97,478	-3.3%
10. Lab and X-Ray	236,382	242,930	200,206	188,157	180,726	177,062	358,291	7.2%
11. Home Health	17,616	18,282	18,818	20,511	7,470	6,255	5,962	-16.5%
12. Prescribed Drugs	470,048	480,405	417,580	396,719	383,880	375,111	358,291	-4.4%
13. Family Planning	40,563	37,947	26,926	24,065	23,655	21,514	5,610	-28.1%
14. Early & Periodic Screening, Diagnosis & Treatment	136,396	124,871	103,912	91,571	85,641	79,272	0	-100.0%
15. Other Care	107,999	117,388	103,542	103,219	100,122	91,219	192,075	10.1%
16. Personal Care Support Services	0	0	0	0	31,984	34,146	10,185	-43.6%
17. Home/Community Based Waiver Services	0	0	0	0	4,589	4,974	17,691	96.3%
18. Prepaid Health Care	0	0	0	0	159,392	204,203	213,161	15.6%
19. Primary Care Case Management (PCCM) Services	0	0	0	0	110,559	10,667	0	-100.0%
Total*	642,947	681,313	623,315	595,234	653,236	629,240	627,208	-0.4%

*Annual totals for each service and for the grand total reflect unduplicated recipient counts. The grand total, therefore, may not equal the sum of the totals for each service.

SOUTHERN REGION MEDICAID PROFILE

PAYMENTS BY TYPE OF SERVICES	FFY 94	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	Annual	Share of Total
								Change	FFY 00
01. General Hospital	\$374,922,573	\$395,238,330	\$330,862,231	\$321,509,929	\$334,376,705	\$322,282,749	\$292,604,796	-4.0%	11.8%
02. Mental Hospital	\$19,515,026	\$22,350,887	\$26,164,133	\$21,324,339	\$101,470,932	\$95,911,210	\$17,428,111	-1.9%	0.7%
03. Skilled and Intermediate (non-MR) Care Nursing	\$371,902,193	\$377,639,158	\$383,993,853	\$387,991,885	\$394,719,042	\$403,215,645	\$482,194,747	4.4%	19.4%
04. Intermediate Care for Mentally Retarded	\$146,534,791	\$147,747,735	\$145,912,289	\$141,767,958	\$143,102,604	\$153,721,704	\$176,202,282	3.1%	7.1%
05. Physician Services	\$210,637,917	\$215,204,029	\$186,600,962	\$197,208,572	\$187,632,422	\$169,735,990	\$134,789,488	-7.2%	5.4%
06. Dental Services	\$12,589,652	\$12,796,843	\$11,147,739	\$10,128,667	\$10,991,455	\$15,580,950	\$15,652,988	3.7%	0.6%
07. Other Practitioners	\$9,480,961	\$9,747,994	\$9,210,639	\$9,835,427	\$7,747,728	\$6,649,885	\$6,893,239	-5.2%	0.3%
08. Outpatient Hospital	\$135,254,751	\$135,343,521	\$120,200,446	\$122,810,586	\$120,861,961	\$124,342,138	\$111,869,386	-3.1%	4.5%
09. Clinic Services	\$95,200,906	\$129,025,022	\$156,863,212	\$193,699,630	\$44,638,404	\$45,490,009	\$35,103,042	-15.3%	1.4%
10. Lab and X-Ray	\$18,973,315	\$20,019,722	\$15,969,779	\$14,978,314	\$12,882,268	\$15,902,453	\$28,919,400	7.3%	1.2%
11. Home Health	\$72,946,114	\$85,013,264	\$101,652,172	\$114,153,676	\$8,156,865	\$6,845,561	\$6,679,067	-32.9%	0.3%
12. Prescribed Drugs	\$195,777,613	\$213,182,924	\$221,421,619	\$249,620,903	\$284,578,559	\$331,291,307	\$384,850,833	11.9%	15.5%
13. Family Planning	\$6,810,501	\$5,236,144	\$2,730,543	\$2,376,375	\$2,750,995	\$2,514,626	\$3,753,182	-9.5%	0.2%
14. Early & Periodic Screening, Diagnosis & Treatment	\$10,532,368	\$11,371,490	\$11,418,270	\$8,851,274	\$8,139,340	\$7,909,519	\$0	-100.0%	0.0%
15. Other Care	\$42,077,423	\$51,772,755	\$51,920,529	\$61,674,381	\$54,680,560	\$53,245,971	\$352,301,405	42.5%	14.2%
16. Personal Care Support Services	\$0	\$0	\$0	\$0	\$117,734,231	\$116,863,633	\$85,974,483	-14.5%	3.5%
17. Home/Community Based Waiver Services	\$0	\$0	\$0	\$0	\$95,785,869	\$122,650,960	\$27,327,467	-46.6%	1.1%
18. Prepaid Health Care	\$0	\$0	\$0	\$0	\$186,255,441	\$246,996,610	\$321,999,866	31.5%	13.0%
19. Primary Case Management (PCCM) Services	\$0	\$0	\$0	\$0	\$1,697,485	\$36,258	\$0	-100.0%	0.0%
Total (excludes DSH pymts, pharmacy rebates, & other adjs.)	\$1,723,156,104	\$1,832,759,818	\$1,776,068,416	\$1,857,931,916	\$2,118,202,866	\$2,241,187,178	\$2,484,543,782	6.3%	100.0%

AVERAGE PAYMENTS PER RECIPIENT BY TYPE OF SERVICES

									(+) or (-) SLIC	
										Avg. FFY 00
01. General Hospital	\$3,578.53	\$3,831.80	\$3,639.29	\$3,138.21	\$3,411.49	\$3,394.77	\$3,529.23	-0.2%	0.4%	
02. Mental Hospital	\$13,071.02	\$10,257.41	\$10,090.29	\$9,635.94	\$2,765.70	\$2,653.00	\$13,583.87	0.6%	7.9%	
03. Skilled and Intermediate (non-MR) Care Nursing	\$13,413.00	\$13,832.43	\$14,241.51	\$14,075.53	\$14,070.48	\$14,814.85	\$17,497.45	4.5%	-2.6%	
04. Intermediate Care for Mentally Retarded	\$53,873.08	\$57,023.44	\$59,362.20	\$61,611.46	\$67,310.73	\$75,243.12	\$81,049.81	7.0%	18.3%	
05. Physician Services	\$376.62	\$356.55	\$345.51	\$378.56	\$427.43	\$403.44	\$352.64	-1.1%	-8.4%	
06. Dental Services	\$121.80	\$120.55	\$129.54	\$129.27	\$143.98	\$213.58	\$222.00	10.5%	-7.6%	
07. Other Practitioners	\$129.65	\$142.39	\$134.46	\$129.76	\$109.98	\$104.59	\$119.50	-1.3%	-30.1%	
08. Outpatient Hospital	\$388.57	\$385.43	\$402.01	\$430.89	\$451.93	\$479.27	\$494.75	4.1%	10.2%	
09. Clinic Services	\$800.67	\$958.09	\$1,104.50	\$1,368.13	\$466.02	\$531.45	\$360.11	-12.5%	-48.5%	
10. Lab and X-Ray	\$80.27	\$82.41	\$79.77	\$79.61	\$71.28	\$89.81	\$80.71	0.1%	-21.7%	
11. Home Health	\$4,140.90	\$4,650.11	\$5,401.86	\$5,565.49	\$1,091.95	\$1,094.41	\$1,120.27	-19.6%	-61.3%	
12. Prescribed Drugs	\$416.51	\$443.76	\$530.25	\$629.21	\$741.32	\$883.18	\$1,074.13	17.1%	13.9%	
13. Family Planning	\$167.90	\$137.99	\$101.41	\$98.75	\$116.30	\$116.88	\$669.02	25.9%	258.4%	
14. Early & Periodic Screening, Diagnosis & Treatment	\$77.22	\$91.07	\$109.88	\$96.66	\$95.04	\$99.78	\$0.00	-100.0%	-100.0%	
15. Other Care	\$389.61	\$441.04	\$501.44	\$597.51	\$546.14	\$583.72	\$1,834.19	29.5%	83.8%	
16. Personal Care Support Services	\$0.00	\$0.00	\$0.00	\$0.00	\$3,681.04	\$3,422.47	\$8,441.28	51.4%	527.2%	
17. Home/Community Based Waiver Services	\$0.00	\$0.00	\$0.00	\$0.00	\$20,872.93	\$24,658.42	\$1,544.71	-72.8%	-62.2%	
18. Prepaid Health Care	\$0.00	\$0.00	\$0.00	\$0.00	\$1,168.54	\$1,209.56	\$1,510.59	13.7%	179.2%	
19. Primary Care Case Management (PCCM) Services	\$0.00	\$0.00	\$0.00	\$0.00	\$15.35	\$3.40	\$0.00	-100.0%	-100.0%	
Total (Average)	\$2,680.09	\$2,690.04	\$2,849.39	\$3,121.35	\$3,242.63	\$3,561.74	\$3,961.28	6.7%	8.6%	

TOTAL PER CAPITA EXPENDITURES	\$295.23	\$320.64	\$330.76	\$352.51	\$362.53	\$383.35	\$406.39	5.5%	-34.7%
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VIRGINIA

SOUTHERN REGION MEDICAID PROFILE
DATA BY OTHER CHARACTERISTICS

RECIPIENTS BY OTHER CHARACTERISTICS

	FFY 94	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	Annual Change	Share of Total FFY 00
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	341,142	350,944	295,476	267,331	285,976	261,630	195,117	-8.9%	31.1%
Poverty Related Eligibles	52,957	54,557	59,396	219,194	245,429	245,431	264,869	30.8%	42.2%
Medically Needy	36,770	32,462	26,512	21,667	17,884	16,647	8,966	-21.0%	1.4%
Other Eligibles	212,078	243,350	241,931	87,042	103,947	105,532	130,344	-7.8%	20.8%
Maintenance Assistance Status Unknown	0	0	0	0	0	0	27,912	n/a	4.5%
Total	642,947	681,313	623,315	595,234	653,236	629,240	627,208	-0.4%	100.0%
By Basis of Eligibility									
Aged, Blind, or Disabled	181,940	191,099	198,729	197,352	207,662	208,094	197,120	1.3%	31.4%
Children	334,420	363,954	317,789	296,453	333,370	316,959	307,713	-1.4%	49.1%
Foster Care Children	0	0	0	4,205	4,260	4,539	11,520	39.9%	1.8%
Adults	126,587	126,260	106,797	97,224	107,944	99,648	82,943	-6.8%	13.2%
Basis of Eligibility Unknown	0	0	0	0	0	0	27,912	n/a	4.5%
Total	642,947	681,313	623,315	595,234	653,236	629,240	627,208	-0.4%	100.0%
By Age									
Under Age 1	46,124	44,818	38,923	38,663	41,524	40,756	38,802	-2.8%	6.2%
Age 1 to 5	139,145	146,023	124,037	119,519	123,243	113,898	120,852	-2.3%	19.3%
Age 6 to 14	133,115	150,363	135,273	127,628	152,702	147,192	142,044	1.1%	22.6%
Age 15 to 20	54,072	63,287	60,592	56,703	66,403	63,313	57,413	1.0%	9.2%
Age 21 to 44	136,567	139,665	125,288	113,260	125,801	119,319	106,880	-4.0%	17.0%
Age 45 to 64	45,868	48,076	49,488	49,251	52,956	54,686	53,390	2.6%	8.5%
Age 65 to 74	36,378	37,267	37,313	36,608	36,481	35,805	33,735	-1.2%	5.4%
Age 75 to 84	31,255	31,309	31,501	32,330	32,497	32,622	29,068	-1.2%	4.6%
Age 85 and Over	20,423	20,505	20,900	21,272	21,629	21,649	17,112	-2.9%	2.7%
Age Unknown	0	0	0	0	0	0	27,912	n/a	4.5%
Total	642,947	681,313	623,315	595,234	653,236	629,240	627,208	-0.4%	100.0%
By Race									
White	303,158	316,902	310,280	297,941	300,535	289,206	271,173	-1.8%	43.2%
Black	304,592	321,916	271,035	256,256	311,541	300,097	287,475	-1.0%	45.8%
Hispanic, American Indian or Asian	33,053	40,409	40,272	39,645	39,844	38,717	39,478	3.0%	6.3%
Other/Unknown	2,144	2,086	1,728	1,392	1,316	1,220	29,082	54.4%	4.6%
Total	642,947	681,313	623,315	595,234	653,236	629,240	627,208	-0.4%	100.0%
By Sex									
Female	401,759	420,995	382,934	363,090	399,382	384,509	362,438	-1.7%	57.8%
Male	241,180	260,318	240,381	232,144	253,854	244,731	236,858	-0.3%	37.8%
Unknown	8	0	0	0	0	0	27,912	289.4%	4.5%
Total	642,947	681,313	623,315	595,234	653,236	629,240	627,208	-0.4%	100.0%

Source: Health Care Financing Administration-Form HCFA 2082 for federal fiscal years

VIRGINIA

SOUTHERN REGION MEDICAID PROFILE

PAYMENTS BY OTHER CHARACTERISTICS

	FFY 94	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	Annual Change	Share of Total FFY 00
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931 Poverty Related Eligibles	\$828,969,621	\$879,247,891	\$831,337,272	\$864,124,581	\$1,013,741,200	\$1,075,128,501	\$1,087,720,032	4.6%	43.8%
Medically Needy	\$315,277,853	\$347,419,117	\$432,408,659	\$228,236,491	\$276,531,633	\$290,833,098	\$314,560,055	0.0%	12.7%
Other Eligibles	\$361,165,965	\$350,493,064	\$283,237,718	\$210,507,166	\$163,396,812	\$143,896,707	\$98,539,957	-19.5%	4.0%
Maintenance Assistance Status Unknown	\$217,742,665	\$255,599,746	\$229,084,767	\$555,063,678	\$664,533,221	\$731,328,872	\$962,117,219	28.1%	38.7%
Total	\$0	\$0	\$0	\$0	\$0	\$0	\$21,606,519	n/a	0.9%
Total	\$1,723,156,104	\$1,832,759,818	\$1,776,068,416	\$1,857,931,916	\$2,118,202,866	\$2,241,187,178	\$2,484,543,782	6.3%	100.0%
By Basis of Eligibility									
Aged, Blind or Disabled	\$1,198,652,822	\$1,293,681,358	\$1,342,368,831	\$1,439,765,992	\$1,571,334,621	\$1,684,001,841	\$1,881,807,447	7.8%	75.7%
Children	\$298,745,273	\$329,177,150	\$268,791,825	\$249,277,682	\$336,821,911	\$350,800,226	\$356,550,468	3.0%	14.4%
Foster Care Children	\$0	\$0	\$0	\$9,595,824	\$9,388,574	\$10,278,066	\$39,409,566	60.1%	1.6%
Adults	\$225,758,009	\$209,901,310	\$164,907,760	\$159,292,418	\$200,657,760	\$196,107,045	\$185,169,782	-3.2%	7.5%
Basis of Eligibility Unknown	\$0	\$0	\$0	\$0	\$0	\$0	\$21,606,519	n/a	0.9%
Total	\$1,723,156,104	\$1,832,759,818	\$1,776,068,416	\$1,857,931,916	\$2,118,202,866	\$2,241,187,178	\$2,484,543,782	6.3%	100.0%
By Age									
Under Age 1	\$103,793,229	\$117,196,847	\$90,235,105	\$85,469,576	\$114,024,927	\$119,812,974	\$110,053,774	1.0%	4.4%
Age 1 to 5	\$114,342,904	\$122,027,418	\$107,835,294	\$100,451,708	\$126,666,594	\$124,920,570	\$160,126,930	5.8%	6.4%
Age 6 to 14	\$109,378,127	\$121,707,113	\$112,036,137	\$117,483,134	\$147,224,727	\$161,572,400	\$185,165,045	9.2%	7.5%
Age 15 to 20	\$99,911,092	\$108,583,105	\$97,397,201	\$96,864,174	\$122,588,008	\$126,688,489	\$136,323,153	5.3%	5.5%
Age 21 to 44	\$460,094,859	\$483,557,475	\$455,829,239	\$475,764,858	\$552,938,255	\$583,949,802	\$627,589,259	5.3%	25.3%
Age 45 to 64	\$269,239,540	\$294,728,157	\$306,633,992	\$339,101,798	\$390,567,507	\$447,645,978	\$503,133,043	11.0%	20.3%
Age 65 to 74	\$166,475,065	\$171,723,647	\$178,362,031	\$188,462,451	\$198,282,074	\$204,344,583	\$228,232,648	5.4%	9.2%
Age 75 to 84	\$210,951,095	\$216,102,098	\$220,372,545	\$237,721,684	\$244,845,675	\$248,327,327	\$276,439,731	4.6%	11.1%
Age 85 and Over	\$188,970,193	\$197,133,958	\$207,366,872	\$216,612,533	\$221,065,099	\$223,925,055	\$235,873,680	3.8%	9.5%
Age Unknown	\$0	\$0	\$0	\$0	\$0	\$0	\$21,606,519	n/a	0.9%
Total	\$1,723,156,104	\$1,832,759,818	\$1,776,068,416	\$1,857,931,916	\$2,118,202,866	\$2,241,187,178	\$2,484,543,782	6.3%	100.0%
By Race									
White	\$983,794,206	\$1,050,567,690	\$1,054,577,375	\$1,104,584,511	\$1,185,068,839	\$1,249,583,611	\$1,390,733,599	5.9%	56.0%
Black	\$680,555,884	\$714,321,618	\$654,119,251	\$676,490,155	\$848,667,684	\$896,939,176	\$963,142,182	6.0%	38.8%
Hispanic, American Indian or Asian	\$54,751,396	\$64,404,408	\$64,154,642	\$74,019,429	\$81,559,117	\$91,329,299	\$105,465,197	11.5%	4.2%
Other/Unknown	\$4,054,618	\$3,466,102	\$3,217,148	\$2,837,821	\$2,907,226	\$3,335,092	\$25,202,804	35.6%	1.0%
Total	\$1,723,156,104	\$1,832,759,818	\$1,776,068,416	\$1,857,931,916	\$2,118,202,866	\$2,241,187,178	\$2,484,543,782	6.3%	100.0%
By Sex									
Female	\$1,101,637,000	\$1,146,192,071	\$1,101,339,385	\$1,153,204,693	\$1,316,194,909	\$1,383,761,417	\$1,509,178,531	5.4%	60.7%
Male	\$621,477,642	\$686,567,747	\$674,729,031	\$704,727,223	\$802,007,957	\$857,425,761	\$953,758,732	7.4%	38.4%
Unknown	\$41,462	\$0	\$0	\$0	\$0	\$0	\$21,606,519	183.7%	0.9%
Total	\$1,723,156,104	\$1,832,759,818	\$1,776,068,416	\$1,857,931,916	\$2,118,202,866	\$2,241,187,178	\$2,484,543,782	6.3%	100.0%

Source: Health Care Financing Administration-Form HCFA 2082 for federal fiscal years

SOUTHERN REGION MEDICAID PROFILE

AVERAGE PAYMENT PER RECIPIENT BY OTHER CHARACTERISTICS

	FFY 94	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	Annual Change	Above (+) or Below (-) SLC Avg. FFY 00
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	\$2,429.98	\$2,505.38	\$2,813.55	\$3,232.41	\$3,544.85	\$4,109.35	\$5,574.71	14.8%	30.0%
Poverty Related Eligibles	\$5,953.47	\$6,368.00	\$7,280.10	\$1,041.25	\$1,126.73	\$1,184.99	\$1,187.61	-23.6%	-34.4%
Medically Needy	\$9,822.30	\$10,797.03	\$10,683.38	\$9,715.57	\$9,136.48	\$8,644.00	\$10,990.40	1.9%	228.2%
Other Eligibles	\$1,026.71	\$1,050.34	\$946.90	\$6,376.96	\$6,393.00	\$6,929.93	\$7,381.37	38.9%	7.6%
Maintenance Assistance Status Unknown	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$774.09	n/a	-63.4%
Total	\$2,680.09	\$2,690.04	\$2,849.39	\$3,121.35	\$3,242.63	\$3,561.74	\$3,961.28	6.7%	8.6%
By Basis of Eligibility									
Aged, Blind or Disabled	\$6,588.18	\$6,769.69	\$6,754.77	\$7,295.42	\$7,566.79	\$8,092.51	\$9,546.51	6.4%	17.0%
Children	\$893.32	\$904.45	\$845.82	\$840.87	\$1,010.35	\$1,106.77	\$1,158.71	4.4%	-3.2%
Foster Care Children	\$0.00	\$0.00	\$0.00	\$2,282.00	\$2,203.89	\$2,264.39	\$3,420.97	14.4%	-9.7%
Adults	\$1,783.42	\$1,662.45	\$1,544.12	\$1,638.41	\$1,858.91	\$1,968.00	\$2,232.49	3.8%	16.0%
Basis of Eligibility Unknown	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$774.09	n/a	-64.1%
Total	\$2,680.09	\$2,690.04	\$2,849.39	\$3,121.35	\$3,242.63	\$3,561.74	\$3,961.28	6.7%	8.6%
By Age									
Under Age 1	\$2,250.31	\$2,614.95	\$2,318.30	\$2,210.63	\$2,746.00	\$2,939.76	\$2,836.29	3.9%	-9.5%
Age 1 to 5	\$821.75	\$835.67	\$869.38	\$840.47	\$1,027.78	\$1,096.78	\$1,324.98	8.3%	6.7%
Age 6 to 14	\$821.68	\$809.42	\$828.22	\$920.51	\$964.13	\$1,097.70	\$1,303.58	8.0%	-6.7%
Age 15 to 20	\$1,847.74	\$1,715.73	\$1,607.43	\$1,708.27	\$1,846.12	\$2,000.99	\$2,374.43	4.3%	5.6%
Age 21 to 44	\$3,369.00	\$3,462.27	\$3,638.25	\$4,200.64	\$4,395.34	\$4,894.02	\$5,871.91	9.7%	46.9%
Age 45 to 64	\$5,869.88	\$6,130.46	\$6,196.13	\$6,885.18	\$7,375.32	\$8,185.75	\$9,423.73	8.2%	23.1%
Age 65 to 74	\$4,576.26	\$4,607.93	\$4,780.16	\$5,148.12	\$5,435.21	\$5,707.15	\$6,765.46	6.7%	9.0%
Age 75 to 84	\$6,749.36	\$6,902.24	\$6,995.73	\$7,352.98	\$7,534.41	\$7,612.27	\$9,510.10	5.9%	8.6%
Age 85 and Over	\$9,252.81	\$9,613.95	\$9,921.86	\$10,182.99	\$10,220.77	\$10,343.44	\$13,784.11	6.9%	13.0%
Age Unknown	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$774.09	n/a	-90.9%
Total	\$2,680.09	\$2,690.04	\$2,849.39	\$3,121.35	\$3,242.63	\$3,561.74	\$3,961.28	6.7%	8.6%
By Race									
White	\$3,245.15	\$3,315.12	\$3,398.79	\$3,707.39	\$3,943.20	\$4,320.74	\$5,128.58	7.9%	20.8%
Black	\$2,234.32	\$2,218.97	\$2,413.41	\$2,639.90	\$2,724.10	\$2,988.83	\$3,350.35	7.0%	20.8%
Hispanic, American Indian or Asian	\$1,656.47	\$1,593.81	\$1,593.03	\$1,867.06	\$2,046.96	\$2,358.89	\$2,671.49	8.3%	25.9%
Other/Unknown	\$1,891.15	\$1,661.60	\$1,861.78	\$2,038.66	\$2,209.14	\$2,733.68	\$866.61	-12.2%	-86.0%
Total	\$2,680.09	\$2,690.04	\$2,849.39	\$3,121.35	\$3,242.63	\$3,561.74	\$3,961.28	6.7%	8.6%
By Sex									
Female	\$2,742.03	\$2,722.58	\$2,876.06	\$3,176.08	\$3,295.58	\$3,598.78	\$4,163.96	7.2%	13.7%
Male	\$2,576.82	\$2,637.42	\$2,806.91	\$3,035.73	\$3,159.33	\$3,503.54	\$4,026.71	7.7%	13.8%
Unknown	\$5,182.75	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$774.09	-27.2%	-87.5%
Total	\$2,680.09	\$2,690.04	\$2,849.39	\$3,121.35	\$3,242.63	\$3,561.74	\$3,961.28	6.7%	8.6%

Source: Health Care Financing Administration-Form HCFA 2082 for federal fiscal years

VIRGINIA

SOUTHERN REGION MEDICAID PROFILE

TANF AND MEDICALLY NEEDY PROGRAM ELIGIBILITY CRITERIA

Sources: "Major Health Care Policies: 50 State Profiles", Health Policy Tracking Service, January, 2000; and "Medicaid Services State by State", HCFA, October 1999.

	Group I	Group II	Group III
Temporary Assistance to Needy Families (Family of 3)			
Need Standard	\$295	\$322	\$393
Payment Standard	\$265	\$291	\$354
Medically Needy Program (Family of 3)			
Income Eligibility	\$325	\$358	\$442
Resource Standard	\$3,100 for 3	\$3,100 for 3	\$3,100 for 3

The State of Virginia is subdivided into three areas: Group I is the northern and Group II is the central and Tidewater areas (Virginia Beach); and Group III is the western and southwestern sections of the state.

ADDITIONAL STATE HEALTH CARE INFORMATION

Sources: "Major Health Care Policies: 50 State Profiles", Health Policy Tracking Service, January, 2001; and "Medicaid Services State by State", HCFA, October 2000.

*Information supplied by State Medicaid Agency

Waivers

Virginia operates two health care reform demonstrations with Freedom of Choice Waivers under Title XIX, Section 1915 (b), of the Social Security Act.

They include:

- Medallion Program, implemented in 1992, provides case management for TANF and TANF-related beneficiaries statewide. In July of 1995, this program was expanded to include the aged, blind, and disabled resident population.
- Medallion II Program requires beneficiaries to enroll in prepaid HMO health plans. It serves 86,000 individuals and has been in operation since January 1, 1996.
- The 1998 Budget Bill authorizes the expansion of Medallion II into Richmond in the first part of 1999. Implementation of the expansion has been delayed due to the lack of HMO participation.

In addition, Virginia has a number of Home and Community Based Service Waivers, under Section 1915 (c), which enables the state to provide long-term care services to people who otherwise would require institutionalization. They include:

- Elderly and Disabled: Serves 8,562 people, operating since July 1, 1980.
- Mental Retardation/Developmental Disabilities: Serves 882 people, operating since January 1, 1991.
- AIDS: Serves 403 people, operating since July 1, 1991.
- Technology Assisted People: Serves 141 people, operating since December 1, 1988.
- Assisted Living Waiver, implemented on July 1, 1996.
- Consumer-Directed Personal Attendant Services Waiver for the aged, blind, or disabled individuals who would be eligible for Medicaid if they were institutionalized, and have been determined to need home and community-based services to remain in the community. The program served 275 individuals in 1997 and plans to increase to 755 in 2000, implemented July 1, 1997.

Managed Care

- Any Willing Provider Clause: No.
- Freedom-of-Choice Clause: For pharmacies, as long as the providers agree to the rates and terms of participation.

VIRGINIA

SOUTHERN REGION MEDICAID PROFILE

Coverage for Targeted Population

•The Uninsured: The Indigent Care Trust Fund which includes state general funds and funds provided by private acute care hospitals, subsidizes the cost of uncompensated care at the hospitals. In 1997, a resolution adopted by the legislature, requested the Joint Commission on Health Care, in cooperation with other departments, to study the provision of health care for the indigent and uninsured. Results of the study, along with recommendations for a program to provide basic health insurance to low-income, uninsured Virginia residents, was presented to the 1998 session of General Assembly. No action was taken as of September, 1999.

Cost Containment Measures

- Certificate of Need (CON) Program since 1973. Regulates introduction or expansion of new institutional health facilities and services. Nursing home moratorium which had been extended until June 30, 1996 was allowed to expire. The state implemented a new program whereby the department requests proposals for new nursing home beds based on need in each health planning district.
- Legislation passed in 1998 added certain medical equipment to the CON review process and exempted the replacement or upgrade of existing MRI systems from CON requirements.
- Enacted legislation in 2000 that calls for the elimination of the program by July 1, 2004.
- Rate setting. Prospective payment/per diem methodology used for Medicaid.

Medicaid

- 21 optional services are offered.
- Counties pay 20% of the non-federal share of administrative costs related to eligibility determinations.
- Enacted legislation in 1999 directing the Department of Medical Assistance to develop and implement a program to enroll children birth and age 3 for services under the Federal Individuals with Disabilities Education Act.
- Enacted legislation in 2000 that provides for the following:
Requires Medicaid to provide special food products for the management of phenylketonuria to the parents or guardian of any child or pregnant woman;
Requires Coverage for colorectal cancer screening;
Requires coverage for high-dose chemotherapy and bone marrow transplants on behalf of eligible individuals over age 21 that have been diagnosed with myeloma, leukemia, or a diagnosed condition for which high-dose chemotherapy and bone marrow transplant is the appropriate treatment; AND
Requires the Medicaid program to issue standardized prescription benefit cards.

Children's Health Insurance Program: State Designed

- CHIP in Virginia received HCFA approval on October 22, 1998 and is administered by the Department of Medical Assistance Services through a state-designed program. The state plan is titled "The Virginia Children's Medical Security Insurance Plan (VCMSIP)". The program will provide health care coverage through a state employees equivalent plan to an estimated 23,900 currently eligible children and 32,800 projected new enrollees. Children/adolescents, birth through age 18, in families with income up to 185% of the FPL are eligible for VCMSIP benefits.
- For 2000, expanded the SCHIP program to provide health care coverage to individuals up to age 19 in families with incomes to 200% of the FPL, still pending HCFA approval.

Tobacco Settlement

- The state expects to receive approximately \$4.1 billion over 25 years.
- For Fiscal Year 2000, the tobacco settlement payment was approximately \$167 million
- The model statute, required by the Master Settlement Agreement, was enacted to receive tobacco money allotted to the state.
- Enacted legislation in 1999 that created three trust funds and provided for deposit of monies as follows:

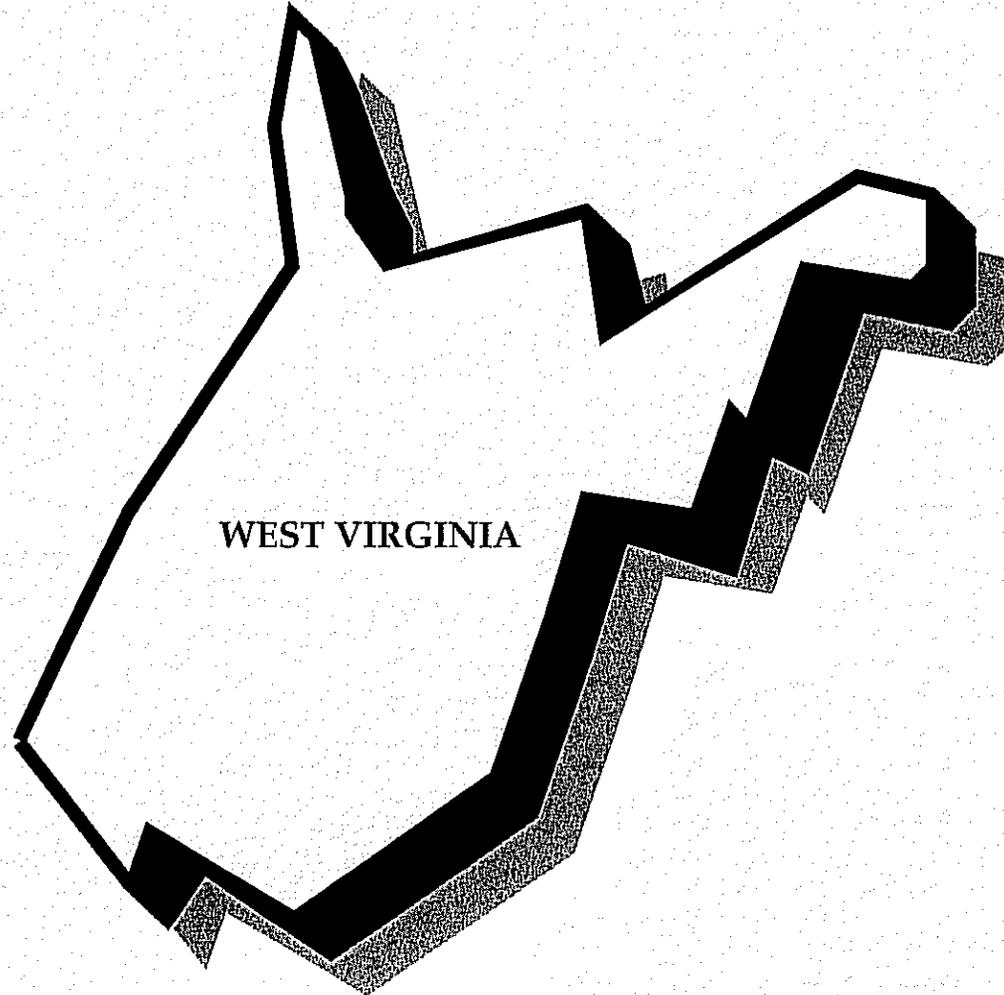
VIRGINIA

SOUTHERN REGION MEDICAID PROFILE

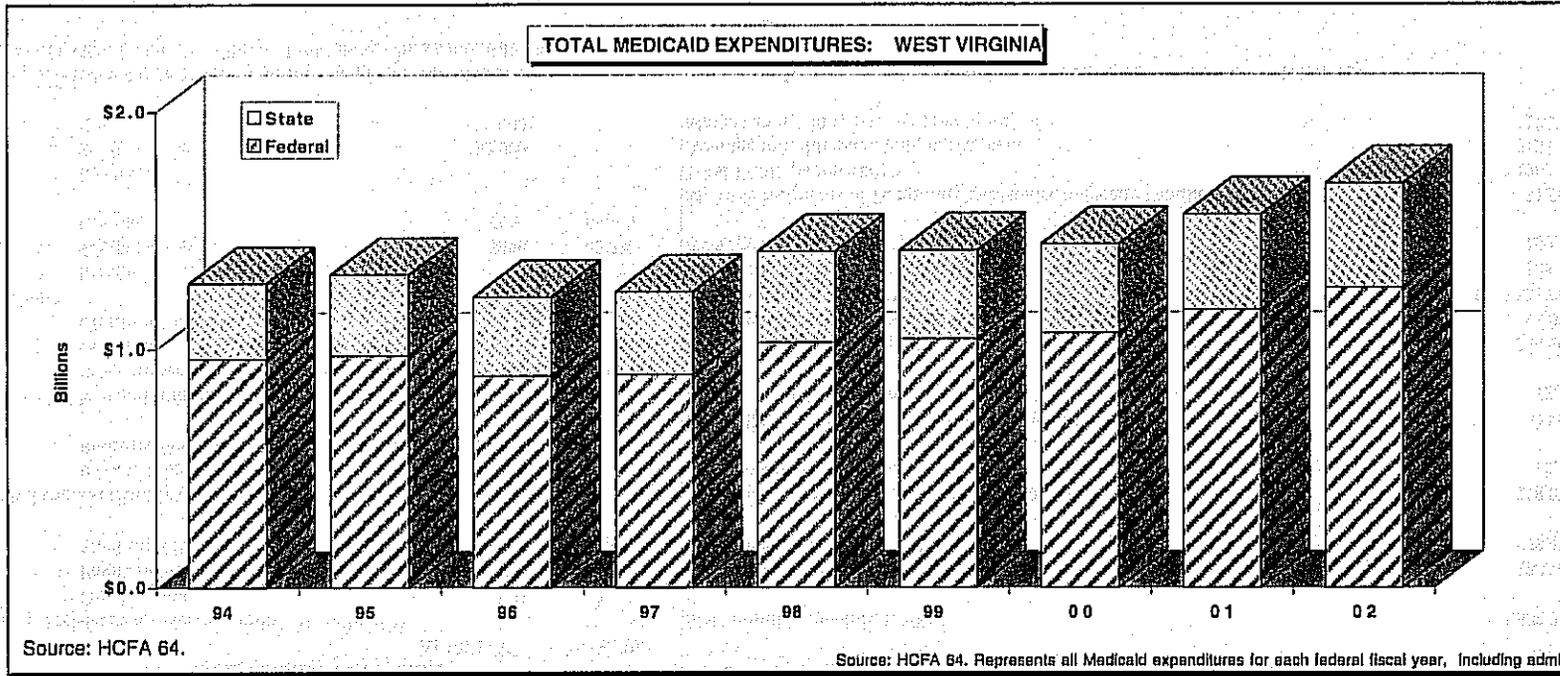
Tobacco Settlement (Continued)

50% to the Tobacco Indemnification and Revitalization Trust Fund to indemnify tobacco growers from the adverse effects of the tobacco settlement and to revitalize tobacco dependent communities;
10% to the Tobacco Prevention Trust Fund, to be administered by the Virginia Tobacco Settlement Foundation; and
40% for discretionary appropriation by the legislature to other state programs.

STATE MEDICAID PROFILE



SOUTHERN REGION MEDICAID PROFILE



	FFY 94	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00*	FFY 01**	FFY 02**	Annual Rate of Change	Total Change 94-02
Medicaid Payments	\$1,242,045,970	\$1,274,162,825	\$1,177,814,927	\$1,193,977,808	\$1,359,812,612	\$1,353,004,076	\$1,379,498,961	\$1,496,238,000	\$1,626,742,000	3.4%	31.0%
Federal Share	\$940,406,115	\$950,655,611	\$862,984,030	\$866,956,235	\$1,001,620,498	\$1,007,657,492	\$1,031,890,265	\$1,127,267,000	\$1,219,211,000	3.3%	29.6%
State Share	\$301,639,855	\$323,507,214	\$314,830,897	\$327,021,573	\$358,192,114	\$345,346,584	\$347,608,696	\$368,971,000	\$407,531,000	3.8%	35.1%
Administrative Costs	\$32,484,644	\$38,024,421	\$42,469,744	\$46,825,418	\$50,801,124	\$62,968,688	\$62,221,989	\$68,714,000	\$67,166,000	9.5%	106.8%
Federal Share	\$18,766,661	\$22,540,296	\$24,409,708	\$25,353,142	\$24,078,826	\$36,405,994	\$34,378,533	\$38,457,000	\$37,863,000	9.2%	101.8%
State Share	\$13,717,983	\$15,484,125	\$18,060,036	\$21,472,276	\$26,722,298	\$26,562,694	\$27,843,456	\$30,257,000	\$29,303,000	10.0%	113.6%
Admin. Costs as % of Payments	2.62%	2.98%	3.61%	3.92%	3.74%	4.65%	4.51%	4.59%	4.13%		
Federal Match Rate*	76.72%	74.60%	73.26%	72.60%	73.67%	74.47%	74.78%	75.34%	75.27%		

*Rate shown is for Medicaid payments only. The FMAP (Federal Medical Assistance Percentage) is based on the relationship between each state's per capita personal income and that of the nation as a whole for the three most recent years. Federal share of state administrative costs is usually 50 percent or 75 percent, depending on function and whether or not medical personnel are used. **Federal Fiscal Years 01 and 02 reflect latest estimates reported by each state.

WEST VIRGINIA

SOUTHERN REGION MEDICAID PROFILE

STATE FINANCING

	Payments		Administration	
	FFY 94	FFY 00	FFY 94	FFY 00
State General Fund	\$301,639,855	\$311,763,836	\$13,717,983	\$27,843,456
Local Funds	\$0	\$0	\$0	\$0
Provider Taxes	\$0	\$35,844,860	\$0	\$0
Donations	\$0	\$0	\$0	\$0
Other	\$0	\$0	\$0	\$0
Total State Share	\$301,639,855	\$347,608,696	\$13,717,983	\$27,843,456

Provider(s)	Provider Taxes Currently in Place (FFY 99)	Tax Rate *	Amount
*Hospitals		2.50%	\$0
*Nursing facilities & ICF-MR's		5.50%	\$0
*Ambulatory surgical ctrs., chiropractors, dentists		1.75%	\$0
svcs, opticians, optometrists, podiatrists, psych			\$0
svcs & therapists			\$0
*Behavioral health ctrs., community care centers,		5.00%	\$0
lab services			\$0
*Physicians		2.00%	\$0
*Nurses, Ambulance		1.75% / 5.50%	\$35,844,860
* annualized, based on gross revenues.			
Total			\$35,844,860

DISPROPORTIONATE SHARE HOSPITAL (DSH) PAYMENTS

	FFY 94	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	FFY 01*	FFY 02*	Annual Change
General Hospitals	\$115,028,129	\$134,057,692	\$19,540,228	\$63,450,141	\$49,007,819	\$63,897,097	\$49,806,898	\$58,700,000	\$58,700,000	20.1%
Mental Hospitals	\$0	\$0	\$5,340,379	\$13,894,199	\$11,388,172	\$20,611,473	\$11,811,654	\$16,427,000	\$16,428,000	20.6%
Total	\$115,028,129	\$134,057,692	\$24,880,607	\$77,344,340	\$60,395,991	\$84,508,570	\$61,618,552	\$75,127,000	\$75,128,000	20.2%

SELECTED ELIGIBILITY CRITERIA

	At 10/1/01	% of FPL*
TANF-Temporary Assistance for Needy Families (Family of 3)		
Need Standard	\$991	81.3%
Payment Standard	\$253	20.8%
Maximum Payment	\$253	20.8%
Medically Needy Program (Family of 3)		
Income Eligibility Standard	\$290	
Resource Standard	\$3,050	
Pregnant Women, Children and Infants (% of FPL*)		
Pregnant women and infants under 1		150.0%
Children 1 to 5		133.0%
Children 6 to 18		100.0%
SSI Eligibility Levels		
Income:		
Single Person	\$446	62.3%
Couple	\$669	69.1%
Resources:		
Single Person	\$2,000	
Couple	\$3,000	

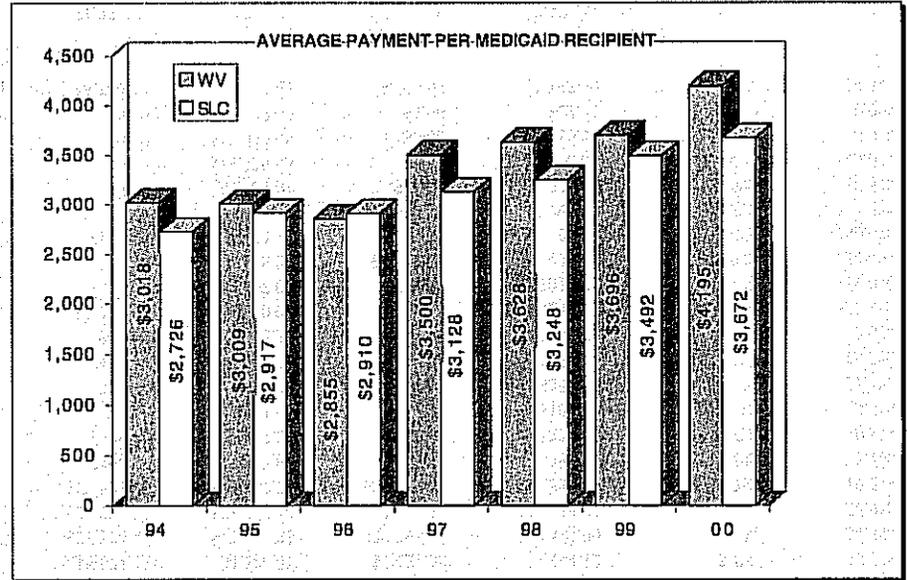
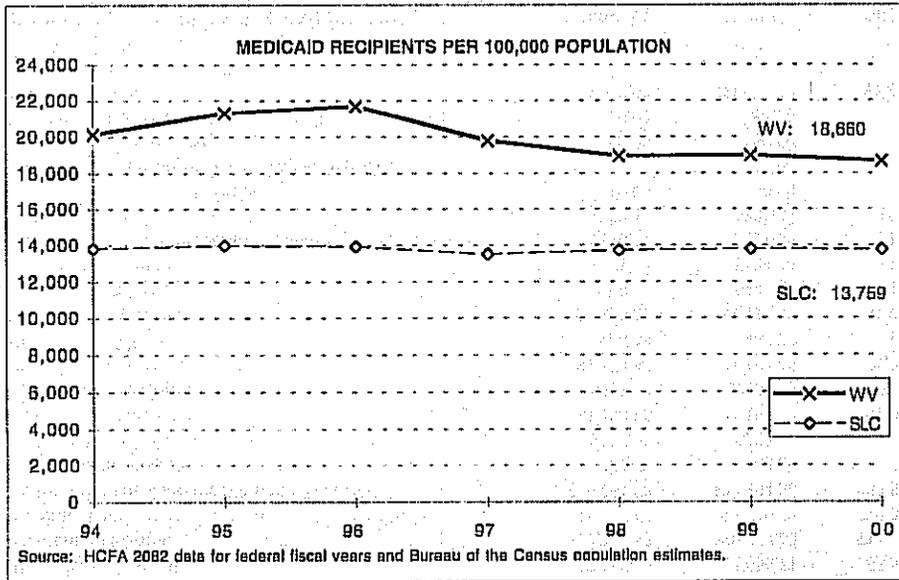
DEMOGRAPHIC DATA & POVERTY INDICATORS (1999)

		Rank in U.S.
State population—July 1, 2000*	1,808,344	37
Per capita personal income**	\$20,966	49
Median household income**	\$28,420	49
Population below Federal Poverty Level on July 1, 2000*	218,810	
Percent of total population	12.1%	6
Population without health insurance coverage*	309,000	35
Percent of total population	17.1%	13
Recipients of Food Stamps***	226,897	27
Households receiving Food Stamps***	96,097	27
Total value of issuance***	\$185,521,000	27
Average monthly benefit per recipient	\$68.14	36
Average monthly benefit per household	\$160.88	15
Monthly recipients of Temporary Assistance to Needy Families (TANF)****	31,500	37
Total TANF payments****	\$58,196,957	33
Average monthly payment per recipient	\$153.96	
Maximum monthly payment per family of 3	\$278.00	40

*Current federal poverty level is \$8,590 per year for a single person, \$11,610 for a family of two and \$14,630 for a family of three. Table above shows monthly income levels.

*Bureau of the Census. **Bureau of Economic Analysis. ***USDA. ****USDHHS.

SOUTHERN REGION MEDICAID PROFILE



DATA BY TYPE OF SERVICES (Includes Fee-For-Service and Waivers)

<u>RECIPIENTS BY TYPE OF SERVICES</u>	<u>FFY 94</u>	<u>FFY 95</u>	<u>FFY 96</u>	<u>FFY 97</u>	<u>FFY 98</u>	<u>FFY 99</u>	<u>FFY 00</u>	<u>Annual Change</u>
01. General Hospital	58,070	52,327	51,194	46,049	43,213	39,744	48,876	-2.8%
02. Mental Hospital	983	1,679	1,841	1,453	1,564	1,849	2,007	12.6%
03. Skilled and Intermediate (non-MR) Care Nursing	10,839	11,133	11,467	11,645	11,677	11,802	11,940	1.6%
04. Intermediate Care for Mentally Retarded	685	634	634	633	609	570	563	-3.2%
05. Physician Services	290,109	304,888	305,047	271,762	242,889	242,944	235,125	-3.4%
06. Dental Services	72,288	86,110	87,627	84,739	81,557	81,572	80,306	1.8%
07. Other Practitioners	82,615	90,107	99,972	67,859	62,112	73,913	77,111	-1.1%
08. Outpatient Hospital	194,258	211,152	208,593	185,861	166,885	172,175	176,782	-1.6%
09. Clinic Services	116,648	121,417	122,642	103,156	98,672	129,060	149,551	4.2%
10. Lab and X-Ray	85,874	88,661	95,197	87,883	78,244	141,841	170,317	12.1%
11. Home Health	3,342	3,780	4,120	41,588	21,797	23,367	26,132	40.9%
12. Prescribed Drugs	273,714	295,210	299,967	280,550	267,398	274,214	260,996	-0.8%
13. Family Planning	9,478	9,909	8,888	21,813	25,546	3,168	3,041	-17.3%
14. Early & Periodic Screening, Diagnosis & Treatment	63,269	75,126	71,061	72,483	62,034	0	0	-100.0%
15. Other Care	77,188	79,444	83,263	76,255	36,243	78,760	65,643	-2.7%
16. Personal Care Support Services	0	0	0	0	60,409	2,284	64,792	3.6%
17. Home/Community Based Waiver Services	0	0	0	0	5,437	0	0	-100.0%
18. Prepaid Health Care	0	0	0	0	52	0	0	-100.0%
19. Primary Care Case Management (PCCM) Services	0	0	0	0	0	62,101	93,806	51.1%
Total*	366,638	388,667	394,963	359,091	342,668	343,462	337,433	-1.4%

*Annual totals for each service and for the grand total reflect unduplicated recipient counts. The grand total, therefore, may not equal the sum of the totals for each service.

WEST VIRGINIA

SOUTHERN REGION MEDICAID PROFILE

PAYMENTS BY TYPE OF SERVICES									Annual	Share of Total
	FFY 94	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	Change	FFY 00	
01. General Hospital	\$212,959,810	\$191,344,492	\$177,972,227	\$233,520,075	\$194,479,017	\$215,475,078	\$203,528,436	-0.8%	14.4%	
02. Mental Hospital	\$22,747,039	\$34,217,429	\$21,221,656	\$38,351,126	\$24,905,723	\$43,254,993	\$39,116,235	9.5%	2.8%	
03. Skilled and Intermediate (non-MR) Care Nursing	\$183,803,632	\$208,301,022	\$218,560,289	\$237,252,280	\$256,580,323	\$261,675,575	\$271,694,343	6.7%	19.2%	
04. Intermediate Care for Mentally Retarded	\$47,574,471	\$51,546,964	\$51,046,144	\$49,058,437	\$47,738,110	\$47,259,903	\$46,649,919	-0.3%	3.3%	
05. Physician Services	\$136,184,932	\$122,897,865	\$118,764,846	\$109,839,277	\$111,149,189	\$94,317,173	\$90,990,489	-6.5%	6.4%	
06. Dental Services	\$16,481,576	\$19,791,771	\$19,306,876	\$18,537,086	\$18,553,850	\$19,251,561	\$19,056,829	2.4%	1.3%	
07. Other Practitioners	\$98,977,195	\$108,108,902	\$103,097,074	\$11,919,715	\$10,060,720	\$12,359,971	\$12,531,211	-29.1%	0.9%	
08. Outpatient Hospital	\$61,740,574	\$69,816,548	\$67,443,782	\$60,863,391	\$61,622,445	\$63,369,897	\$63,055,779	0.4%	4.5%	
09. Clinic Services	\$136,994,610	\$140,174,366	\$123,230,955	\$45,514,609	\$46,008,114	\$49,592,411	\$55,098,096	-14.1%	3.9%	
10. Lab and X-Ray	\$7,417,937	\$7,426,947	\$6,751,309	\$5,806,606	\$5,844,856	\$14,919,359	\$17,597,166	15.5%	1.2%	
11. Home Health	\$6,114,581	\$7,228,888	\$8,160,088	\$134,102,091	\$17,894,521	\$15,292,280	\$16,789,739	18.3%	1.2%	
12. Prescribed Drugs	\$106,852,366	\$130,451,359	\$124,984,023	\$133,044,683	\$148,962,081	\$195,202,609	\$213,576,886	12.2%	15.1%	
13. Family Planning	\$1,528,235	\$1,233,050	\$1,101,678	\$1,966,984	\$2,458,392	\$4,498,131	\$4,357,197	19.1%	0.3%	
14. Early & Periodic Screening, Diagnosis & Treatment	\$7,004,228	\$9,124,477	\$8,846,801	\$8,639,448	\$7,642,253	\$0	\$0	-100.0%	0.0%	
15. Other Care	\$60,142,898	\$67,752,029	\$77,227,587	\$168,581,562	\$35,751,670	\$133,594,277	\$150,097,271	16.5%	10.6%	
16. Personal Care Support Services	\$0	\$0	\$0	\$0	\$125,929,361	\$175,786	\$127,165,046	0.5%	9.0%	
17. Home/Community Based Waiver Services	\$0	\$0	\$0	\$0	\$100,995,995	\$0	\$0	-100.0%	0.0%	
18. Prepaid Health Care	\$0	\$0	\$0	\$0	\$26,573,906	\$98,910,556	\$82,157,667	75.8%	5.8%	
19. Primary Case Management (PCCM) Services	\$0	\$0	\$0	\$0	\$0	\$308,223	\$2,069,147	571.3%	0.1%	
Total (excludes DSH pymts, pharmacy rebates, & other adjs.)	\$1,106,524,084	\$1,169,416,109	\$1,127,715,335	\$1,256,997,370	\$1,243,150,526	\$1,269,457,783	\$1,415,531,456	4.2%	100.0%	

AVERAGE PAYMENTS PER RECIPIENT BY TYPE OF SERVICES

									(+) or (-) SLC	
									Avp. FFY 00	
01. General Hospital	\$3,667.29	\$3,656.71	\$3,476.43	\$5,071.12	\$4,500.47	\$5,421.58	\$4,164.18	2.1%	18.4%	
02. Mental Hospital	\$23,140.43	\$20,379.65	\$11,527.24	\$26,394.44	\$15,924.38	\$23,393.72	\$19,489.90	-2.8%	54.3%	
03. Skilled and Intermediate (non-MR) Care Nursing	\$16,957.62	\$18,710.23	\$19,059.94	\$20,373.75	\$21,973.14	\$22,172.14	\$22,754.97	5.0%	26.9%	
04. Intermediate Care for Mentally Retarded	\$69,451.78	\$81,304.36	\$80,514.42	\$77,501.48	\$78,387.70	\$82,912.11	\$82,859.54	3.0%	19.2%	
05. Physician Services	\$469.43	\$403.09	\$389.33	\$404.17	\$457.61	\$388.23	\$386.99	-3.2%	1.1%	
06. Dental Services	\$228.00	\$229.84	\$220.33	\$218.76	\$227.50	\$236.01	\$237.30	0.7%	-0.8%	
07. Other Practitioners	\$1,198.05	\$1,199.78	\$1,031.26	\$175.65	\$161.98	\$167.22	\$162.51	-28.3%	-3.5%	
08. Outpatient Hospital	\$317.83	\$330.65	\$323.33	\$327.47	\$369.25	\$368.06	\$356.69	1.9%	-21.1%	
09. Clinic Services	\$1,174.43	\$1,154.49	\$1,004.80	\$441.22	\$466.27	\$384.26	\$368.42	-17.6%	-45.7%	
10. Lab and X-Ray	\$86.38	\$83.77	\$70.92	\$66.07	\$74.70	\$105.18	\$103.32	3.0%	2.6%	
11. Home Health	\$1,829.62	\$1,912.40	\$1,980.60	\$3,224.54	\$820.96	\$654.44	\$642.50	-16.0%	-77.6%	
12. Prescribed Drugs	\$390.38	\$441.89	\$416.66	\$474.23	\$557.08	\$711.86	\$818.31	13.1%	-14.0%	
13. Family Planning	\$161.24	\$124.44	\$123.95	\$90.17	\$96.23	\$1,419.86	\$1,432.82	43.9%	624.4%	
14. Early & Periodic Screening, Diagnosis & Treatment	\$110.71	\$121.46	\$124.50	\$119.19	\$123.19	\$0.00	\$0.00	-100.0%	-100.0%	
15. Other Care	\$779.17	\$852.83	\$927.51	\$2,210.76	\$986.44	\$1,696.22	\$2,286.57	19.7%	111.4%	
16. Personal Care Support Services	\$0.00	\$0.00	\$0.00	\$0.00	\$2,084.61	\$76.96	\$1,962.67	-3.0%	34.3%	
17. Home/Community Based Waiver Services	\$0.00	\$0.00	\$0.00	\$0.00	\$18,575.68	\$0.00	\$0.00	-100.0%	-100.0%	
18. Prepaid Health Care	\$0.00	\$0.00	\$0.00	\$0.00	\$511,036.65	\$0.00	\$0.00	-100.0%	0.0%	
19. Primary Care Case Management (PCCM) Services	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$4.96	\$22.06	344.4%	0.0%	
Total (Average)	\$3,018.03	\$3,008.79	\$2,855.24	\$3,500.50	\$3,627.86	\$3,696.06	\$4,195.00	5.6%	14.3%	

TOTAL PER CAPITA EXPENDITURES	\$699.46	\$718.91	\$670.34	\$683.55	\$778.85	\$781.81	\$797.26	2.2%	30.2%
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WEST VIRGINIA

SOUTHERN REGION MEDICAID PROFILE
DATA BY OTHER CHARACTERISTICS

RECIPIENTS BY OTHER CHARACTERISTICS

	FFY 94	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	Annual Change	Share of Total FFY 00
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	225,605	223,317	222,756	200,616	172,278	186,446	177,577	-3.9%	52.6%
Poverty Related Eligibles	80,106	107,654	114,093	38,971	29,197	38,053	31,042	-14.6%	9.2%
Medically Needy	13,101	9,972	12,860	9,701	3,895	5,991	5,911	-12.4%	1.8%
Other Eligibles	47,826	47,724	45,254	109,803	111,592	112,972	122,903	17.0%	36.4%
Maintenance Assistance Status Unknown	0	0	0	0	25,706	0	0	-100.0%	0.0%
Total	366,638	388,667	394,963	359,091	342,668	343,462	337,433	-1.4%	100.0%
By Basis of Eligibility									
Aged, Blind, or Disabled	102,160	109,410	119,563	111,326	102,194	114,867	116,933	2.3%	34.7%
Children	160,734	178,801	181,157	177,375	153,021	163,225	159,618	-0.1%	47.3%
Foster Care Children	3,854	4,173	4,646	5,184	5,065	5,944	5,961	7.5%	1.8%
Adults	99,890	96,283	89,597	65,206	56,682	59,426	54,921	-9.5%	16.3%
Basis of Eligibility Unknown	0	0	0	0	25,706	0	0	-100.0%	0.0%
Total	366,638	388,667	394,963	359,091	342,668	343,462	337,433	-1.4%	100.0%
By Age									
Under Age 1	24,348	25,287	21,987	25,689	12,093	12,484	13,324	-9.6%	3.9%
Age 1 to 5	70,993	73,007	70,844	61,641	56,474	58,568	56,024	-3.9%	16.6%
Age 6 to 14	70,174	81,213	83,946	76,938	73,311	75,929	74,220	0.9%	22.0%
Age 15 to 20	33,237	38,906	42,135	37,353	35,841	37,753	36,787	1.7%	10.9%
Age 21 to 44	97,018	96,515	96,805	85,582	76,345	83,478	79,992	-3.2%	23.7%
Age 45 to 64	34,407	36,479	39,613	37,253	35,696	39,938	41,029	3.0%	12.2%
Age 65 to 74	14,572	15,516	15,758	13,961	12,697	14,015	14,345	-0.3%	4.3%
Age 75 to 84	12,304	12,007	13,051	11,792	10,569	11,850	12,036	-0.4%	3.6%
Age 85 and Over	9,584	9,723	10,823	8,881	7,838	9,447	9,676	0.2%	2.9%
Age Unknown	1	14	1	1	21,804	0	0	-100.0%	0.0%
Total	366,638	388,667	394,963	359,091	342,668	343,462	337,433	-1.4%	100.0%
By Race									
White	328,918	356,214	364,537	328,374	296,447	318,088	312,825	-0.8%	92.7%
Black	14,750	15,566	15,354	14,866	14,776	16,039	16,265	1.6%	4.8%
Hispanic, American Indian or Asian	212	293	230	6,420	822	1,028	1,060	30.8%	0.3%
Other/Unknown	22,758	16,654	14,842	9,431	30,623	8,307	7,283	-17.3%	2.2%
Total	366,638	388,667	394,963	359,091	342,668	343,462	337,433	-1.4%	100.0%
By Sex									
Female	171,958	190,877	219,155	206,769	187,552	199,113	197,364	2.3%	58.5%
Male	106,677	123,590	148,980	145,804	132,574	141,632	139,665	4.6%	41.4%
Unknown	88,003	74,200	26,828	6,518	22,542	2,717	404	-59.2%	0.1%
Total	366,638	388,667	394,963	359,091	342,668	343,462	337,433	-1.4%	100.0%

Source: Health Care Financing Administration-Form HCFA 2082 for federal fiscal years

WEST VIRGINIA

SOUTHERN REGION MEDICAID PROFILE

PAYMENTS BY OTHER CHARACTERISTICS

	FFY 94	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	Annual Change	Share of Total FFY 00
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	\$596,930,162	\$612,121,049	\$573,552,185	\$793,868,887	\$830,135,721	\$1,032,544,038	\$1,112,290,008	10.9%	78.6%
Poverty Related Eligibles	\$262,652,307	\$307,204,808	\$266,435,412	\$115,606,478	\$121,766,318	\$102,852,422	\$46,500,668	-25.1%	3.3%
Medically Needy	\$43,232,669	\$39,457,487	\$112,110,969	\$61,306,332	\$24,132,569	\$23,653,712	\$29,177,576	-6.3%	2.1%
Other Eligibles	\$203,708,946	\$210,632,765	\$175,616,769	\$286,215,673	\$144,277,023	\$110,407,611	\$227,563,204	1.9%	16.1%
Maintenance Assistance Status Unknown	\$0	\$0	\$0	\$0	\$122,838,895	\$0	\$0	-100.0%	0.0%
Total	\$1,106,524,084	\$1,169,416,109	\$1,127,715,335	\$1,256,997,370	\$1,243,150,526	\$1,269,457,783	\$1,415,531,456	4.2%	100.0%
By Basis of Eligibility									
Aged, Blind or Disabled	\$701,351,260	\$764,412,975	\$765,396,442	\$794,172,017	\$832,783,118	\$825,087,208	\$953,459,508	5.3%	67.4%
Children	\$157,891,337	\$176,047,191	\$165,648,597	\$164,509,665	\$153,582,113	\$335,391,178	\$313,525,952	12.1%	22.1%
Foster Care Children	\$50,245,299	\$48,285,157	\$39,326,297	\$36,701,219	\$32,282,729	\$20,444,101	\$51,143,085	0.3%	3.6%
Adults	\$197,036,188	\$180,670,786	\$157,343,999	\$261,614,469	\$101,663,671	\$88,535,296	\$97,402,911	-11.1%	6.9%
Basis of Eligibility Unknown	\$0	\$0	\$0	\$0	\$122,838,895	\$0	\$0	-100.0%	0.0%
Total	\$1,106,524,084	\$1,169,416,109	\$1,127,715,335	\$1,256,997,370	\$1,243,150,526	\$1,269,457,783	\$1,415,531,456	4.2%	100.0%
By Age									
Under Age 1	\$41,184,552	\$40,059,446	\$39,404,805	\$38,196,137	\$17,099,015	\$15,201,173	\$20,068,923	-11.3%	1.4%
Age 1 to 5	\$70,031,519	\$71,505,932	\$64,664,340	\$64,128,081	\$59,891,308	\$49,124,099	\$59,283,855	-2.7%	4.2%
Age 6 to 14	\$92,194,598	\$108,954,048	\$98,401,424	\$104,961,500	\$92,021,543	\$77,901,992	\$108,338,723	2.7%	7.7%
Age 15 to 20	\$104,450,441	\$108,822,937	\$97,376,065	\$97,814,080	\$87,059,121	\$65,381,771	\$95,341,490	-1.5%	6.7%
Age 21 to 44	\$317,669,408	\$316,355,490	\$297,477,215	\$316,390,067	\$279,277,299	\$270,356,149	\$315,553,500	-0.1%	22.3%
Age 45 to 64	\$203,686,965	\$213,204,209	\$213,347,084	\$264,281,518	\$249,943,764	\$253,298,734	\$301,959,475	6.8%	21.3%
Age 65 to 74	\$71,342,189	\$96,452,830	\$79,288,539	\$88,698,636	\$85,512,581	\$78,980,521	\$91,611,358	4.3%	6.5%
Age 75 to 84	\$101,642,825	\$102,422,852	\$111,135,728	\$126,287,277	\$117,549,030	\$111,529,752	\$123,344,405	3.3%	8.7%
Age 85 and Over	\$104,319,939	\$110,723,687	\$126,619,797	\$139,394,956	\$140,540,957	\$139,455,611	\$143,156,522	5.4%	10.1%
Age Unknown	\$1,648	\$914,678	\$338	\$16,845,119	\$114,255,908	\$208,227,981	\$156,873,205	575.7%	11.1%
Total	\$1,106,524,084	\$1,169,416,109	\$1,127,715,335	\$1,256,997,370	\$1,243,150,526	\$1,269,457,783	\$1,415,531,456	4.2%	100.0%
By Race									
White	\$995,932,063	\$1,068,185,317	\$1,035,594,232	\$1,012,014,470	\$1,050,971,933	\$992,301,914	\$1,176,448,149	2.8%	83.1%
Black	\$41,109,323	\$43,884,384	\$40,902,810	\$39,734,189	\$43,439,640	\$39,738,413	\$47,687,737	2.5%	3.4%
Hispanic, American Indian or Asian	\$859,579	\$585,209	\$556,848	\$17,409,110	\$2,008,562	\$1,863,575	\$3,527,256	26.5%	0.2%
Other/Unknown	\$68,623,119	\$56,761,199	\$50,661,445	\$187,839,601	\$146,730,391	\$235,553,881	\$187,868,314	18.3%	13.3%
Total	\$1,106,524,084	\$1,169,416,109	\$1,127,715,335	\$1,256,997,370	\$1,243,150,526	\$1,269,457,783	\$1,415,531,456	4.2%	100.0%
By Sex									
Female	\$622,808,457	\$683,849,524	\$686,904,215	\$679,111,660	\$695,486,096	\$656,184,343	\$766,297,709	3.5%	54.1%
Male	\$379,392,979	\$421,014,459	\$418,621,931	\$419,775,446	\$431,380,707	\$397,053,291	\$491,486,029	4.4%	34.7%
Unknown	\$104,322,648	\$64,552,126	\$22,189,189	\$158,110,264	\$116,283,723	\$216,220,149	\$157,747,718	7.1%	11.1%
Total	\$1,106,524,084	\$1,169,416,109	\$1,127,715,335	\$1,256,997,370	\$1,243,150,526	\$1,269,457,783	\$1,415,531,456	4.2%	100.0%

Source: Health Care Financing Administration-Form HCFA 2082 for federal fiscal years

SOUTHERN REGION MEDICAID PROFILE

AVERAGE PAYMENT PER RECIPIENT BY OTHER CHARACTERISTICS

	FFY 94	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	Annual Change	Above (+) or Below (-) SLIC Avg. FFY 00
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	\$2,645.91	\$2,741.04	\$2,574.80	\$3,957.16	\$4,818.58	\$5,538.03	\$6,263.71	15.4%	43.5%
Poverty Related Eligibles	\$3,278.81	\$2,853.63	\$2,335.25	\$2,966.47	\$4,170.51	\$2,702.87	\$1,497.99	-12.2%	-14.4%
Medically Needy	\$3,299.95	\$3,956.83	\$8,717.80	\$6,319.59	\$6,195.78	\$3,948.21	\$4,936.15	6.9%	43.6%
Other Eligibles	\$4,259.38	\$4,413.56	\$3,880.69	\$2,606.63	\$1,292.90	\$977.30	\$1,851.57	-13.0%	-73.3%
Maintenance Assistance Status Unknown	\$0.00	\$0.00	\$0.00	\$0.00	\$4,778.61	\$0.00	\$0.00	-100.0%	-100.0%
Total	\$3,018.03	\$3,008.79	\$2,855.24	\$3,500.50	\$3,627.86	\$3,696.06	\$4,195.00	5.6%	14.3%
By Basis of Eligibility									
Aged, Blind or Disabled	\$6,865.22	\$6,986.68	\$6,401.62	\$7,133.75	\$8,149.04	\$7,182.98	\$8,153.90	2.9%	-1.3%
Children	\$982.31	\$984.60	\$914.39	\$927.47	\$1,003.67	\$2,054.78	\$1,964.23	12.2%	64.4%
Foster Care Children	\$13,037.18	\$11,570.85	\$8,464.55	\$7,079.71	\$6,373.69	\$3,439.45	\$8,579.61	-6.7%	128.4%
Adults	\$1,972.53	\$1,876.46	\$1,756.13	\$4,012.12	\$1,793.58	\$1,489.84	\$1,773.51	-1.8%	-8.8%
Basis of Eligibility Unknown	\$0.00	\$0.00	\$0.00	\$0.00	\$4,778.61	\$0.00	\$0.00	-100.0%	-100.0%
Total	\$3,018.03	\$3,008.79	\$2,855.24	\$3,500.50	\$3,627.86	\$3,696.06	\$4,195.00	5.6%	14.3%
By Age									
Under Age 1	\$1,691.50	\$1,584.19	\$1,792.19	\$1,486.87	\$1,413.96	\$1,217.65	\$1,506.22	-1.9%	-51.7%
Age 1 to 5	\$986.46	\$979.44	\$912.77	\$1,040.35	\$1,060.51	\$838.75	\$1,058.19	1.2%	-15.3%
Age 6 to 14	\$1,313.80	\$1,341.58	\$1,172.20	\$1,364.23	\$1,255.22	\$1,025.98	\$1,459.70	1.8%	5.1%
Age 15 to 20	\$3,142.60	\$2,797.07	\$2,311.05	\$2,618.64	\$2,429.04	\$1,731.83	\$2,591.72	-3.2%	14.8%
Age 21 to 44	\$3,274.33	\$3,277.79	\$3,072.95	\$3,696.92	\$3,658.10	\$3,238.65	\$3,944.81	3.2%	-4.3%
Age 45 to 64	\$5,919.93	\$5,844.57	\$5,385.78	\$7,094.23	\$7,002.01	\$6,342.30	\$7,359.66	3.7%	-5.6%
Age 65 to 74	\$4,895.84	\$6,216.35	\$5,031.64	\$6,353.32	\$6,734.87	\$5,635.43	\$6,386.29	4.5%	2.2%
Age 75 to 84	\$8,260.96	\$8,530.26	\$8,515.50	\$10,709.57	\$11,122.06	\$9,411.79	\$10,247.96	3.7%	16.2%
Age 85 and Over	\$10,884.80	\$11,387.81	\$11,699.14	\$15,695.86	\$17,930.72	\$14,761.89	\$14,795.01	5.2%	20.1%
Age Unknown	\$1,648.00	\$65,334.14	\$338.00	\$16,845,119	\$5,240	\$0.00	\$0.00	-100.0%	-100.0%
Total	\$3,018.03	\$3,008.79	\$2,855.24	\$3,500.50	\$3,627.86	\$3,696.06	\$4,195.00	5.6%	14.3%
By Race									
White	\$3,027.90	\$2,998.72	\$2,840.85	\$3,081.90	\$3,545.23	\$3,119.58	\$3,760.72	3.7%	-12.7%
Black	\$2,787.07	\$2,819.25	\$2,663.98	\$2,672.82	\$2,939.88	\$2,477.61	\$2,931.92	0.8%	3.7%
Hispanic, American Indian or Asian	\$4,054.62	\$2,511.63	\$2,421.08	\$2,711.70	\$2,443.51	\$1,812.82	\$3,327.60	-3.2%	54.3%
Other/Unknown	\$3,015.34	\$3,408.26	\$3,413.38	\$19,917.25	\$4,791.51	\$28,356.07	\$25,795.46	43.0%	339.9%
Total	\$3,018.03	\$3,008.79	\$2,855.24	\$3,500.50	\$3,627.86	\$3,696.06	\$4,195.00	5.6%	14.3%
By Sex									
Female	\$3,621.86	\$3,582.67	\$3,134.33	\$3,284.40	\$3,708.23	\$3,295.54	\$3,882.66	1.2%	4.9%
Male	\$3,556.46	\$3,406.54	\$2,809.92	\$2,879.04	\$3,253.89	\$2,803.42	\$3,519.04	-0.2%	-1.6%
Unknown	\$1,185.44	\$869.97	\$827.09	\$24,257.48	\$5,158.54	\$79,580.47	\$390,464.65	162.8%	7750.7%
Total	\$3,018.03	\$3,008.79	\$2,855.24	\$3,500.50	\$3,627.86	\$3,696.06	\$4,195.00	5.6%	14.3%

Source: Health Care Financing Administration-Form HCFA 2082 for federal fiscal years

WEST VIRGINIA

SOUTHERN REGION MEDICAID PROFILE

ADDITIONAL STATE HEALTH CARE INFORMATION

Sources: "Major Health Care Policies: 50 State Profiles", Health Policy Tracking Service, January, 2001; and "Medicaid Services State by State", HCFA, October 2000.
*Information supplied by State Medicaid Agency

Waivers

West Virginia has a Freedom of Choice Waiver, under Title XIX, Section 1915 (b), of the Social Security Act. The West Virginia Physician Assured Access System implements a primary care case management program for TANF and TANF-related Medicaid beneficiaries.

HCFA approved a 1915(b) waiver to implement Medicaid managed care in 12 counties for acute care health services, effective July of 1999.

A total of 49,000 TANF recipients are enrolled in the 12 counties with managed care programs. Enrollment of SSI recipients has been delayed until 2000.

In addition, West Virginia has several Home and Community Based Service Waivers, under Section 1915 (c), which enables the state to provide long-term care services to people who otherwise would require institutionalization. They include:

- Elderly and Disabled: Serves 3,498 people, operating since July 1, 1985.
- Mental Retardation/Developmental Disabilities: Serves 1,800 people, operating since July 1, 1985.

Managed Care

- Any Willing Provider Clause: No

Coverage for Targeted Population

- The Uninsured: The State pays a limited amount of disproportionate share payments to hospitals providing indigent care.

Cost Containment Measures

- Certificate of Need Program since 1977. Regulates introduction or expansion of new institutional health facilities and services. The program was due to sunset in 1996. However, it was extended pending completion of a study of the entire CON program.
- Rate setting. Retrospective payment methodology used for Medicaid.
- West Virginia changed Inpatient Hospital Services reimbursement from Medicare Cost Principal to a Prospective Payment System using DRG's effective January 1, 1996.
- Enacted legislation in 1999 to begin an incremental reduction in the scope of the state's CON program.

Medicaid

- 24 optional services are offered.
- In 1998, implemented a new reporting system to comply with HCFA requirements for electronic transmission of HCFA 2082.

WEST VIRGINIA

SOUTHERN REGION MEDICAID PROFILE

Children's Health Insurance Program: Medicaid Expansion

- West Virginia's Children's Health Insurance Program received HCFA approval on September 15, 1998. The CHIP program provides health care coverage for children age 1 to 6 in families with incomes up to 150% of the FPL. Phase II of the program, which includes all children/adolescents under age 19 in families with income up to 150% of the FPL, received HCFA approval on April 1, 1999. As of August 2000, there were 21,500 individuals enrolled in the program.
- In 2000, HCFA approved a state plan amendment that raised the family income limit to 200% of the FPL and authorized co-payments on families with incomes from 150% to 200% of the FPL.
- The program does not charge co-payments for preventive, dental, or vision services. However, co-payments are charged for non-preventive services as follows:

Service	Co-Pay	
Non-well Visit	\$15	
Inpatient Visit	\$25	
Outpatient Service	\$25	
Emergency Room Visit	\$35	Waived if admitted
Prescription	\$5	Generic
	\$10	Brand Name

The annual co-pay maximum is \$250 per child, up to \$750 for three or more children.

Tobacco Settlement

- The state expects to receive approximately \$1.74 billion over 25 years.
- For Fiscal Year 2000, the tobacco settlement payment was approximately \$61 million.
- The model statute, required by the Master Settlement Agreement, was enacted to receive tobacco money allotted to the state.
- Enacted legislation in 1999 that created two funds to receive monies from the Tobacco Settlement: 1) the West Virginia Medical Trust Fund Endowment to educate, reduce, and stop tobacco use; and 2) the West Virginia Tobacco Settlement Fund to be used for Medicaid, public health, and state facilities.
- In 2000, the legislature appropriated \$5.9 million from the Medical Trust Fund for tobacco prevention and \$52 million from the tobacco settlement fund--\$5 million for the state employees insurance and \$47 million for the state's mental health hospital.

DEFINITIONS

AFDC: Includes recipients of Aid to Families with Dependent Children and all related categories, unless otherwise specified.

Any Willing Provider Clause: Provision compelling insurers to sign on any provider who agrees to abide by the same terms of the contract and to accept the same payment scheme as those providers currently in the managed care organization.

Capitation: A reimbursement system in which health care providers receive a fixed fee for every patient served, regardless of how many or how few services the patient uses.

Case Management: A technique used by third party payors and self-insured employers to monitor or coordinate treatment for specific diagnosis, particularly those involving high-cost or expensive services.

Certificate of Need (CON): State programs that regulate expenditures for the introduction or expansion of health facilities, institutional health services, and/or the purchase of major medical equipment.

Diagnostic-Related Group (DRG): This is a system in which the hospital receives a fixed fee for each type of medical procedure regardless of the hospital's cost of providing that service.

Fee-for-Service: The traditional way of billing for health care services. There is a separate charge for each patient visit and service provided.

Full Risk Plan: Medicaid enrollees must receive care from a provider who belongs to a participating HMO. Under this plan, if the cost of care rises above the stated capitation rate, the managed care organization or its doctors absorb the cost of care.

Gatekeeper: A component of an independent practice association HMO that requires its subscribers to see a primary physician before seeing a specialist.

Group Practice Association HMO: Type of HMO consisting of three or more physicians who formally align to provide health care to a group based on a pre-negotiated period for a fixed, prepaid rate.

The Centers for Medicare and Medicaid Services (CMS-- formerly HCFA): A federal agency within the Department of Health and Human Services. It was created in 1977 to administer the Medicare and Medicaid programs -- two national health care programs with more than 72 million beneficiaries. While HCFA mainly acts as a purchaser of health care services for the Medicare and Medicaid beneficiaries, it also:

- Assures that Medicare and Medicaid are properly administered by its contractors and state agencies;
- Establishes policies for the reimbursement of health care providers;
- Conducts research on the effectiveness of various methods of health care management, treatment, and financing; and
- Assesses the quality of health care facilities and services.

Health Insuring Organization (HIO): An entity that either provides for or arranges for the provision of care and contracts on a prepaid capitated risk basis to provide a comprehensive set of services.

Health Maintenance Organization/Federally Qualified (HMO/FQ): A public or private organization that contracts on a prepaid capitated risk basis to provide a comprehensive set of services and is federally qualified.

Health Maintenance Organization/State Plan Defined (HMO/SPD): A public or private organization that contracts on a prepaid capitated risk basis to provide a comprehensive set of services and is a state defined plan.

Limited Risk Plan: A managed care plan in which the state contracts directly with providers on a per patient basis for certain services, but continues to pay on the fee-for-service for all other care. The state shares the financial risk of providing medical services with the managed care organization.

Managed Care Organization (MCO): A system of care under which a predetermined number of patients are enrolled, for a pre-determined rate for all or part of their care. The most common categories are health maintenance organizations and primary care case management.

Management Service Organization: An organization formed by one or more physician groups to manage their medical practices.

Medicaid Managed Care: A system of care in which a state has moved all or part of its Medicaid recipients into a managed care system. The most common categories are health maintenance organizations and primary care case management.

Medicaid: A national entitlement program funded by the federal government and operated by the individual states. It is designed to provide medical coverage for the poor and specific groups of uninsured.

Medical Saving Accounts: Individual and/or family health funds similar to individual retirement accounts into which employers and employees make tax-deferred contributions.

Network-Model HMO: An HMO that contracts with more than one independent multi-specialty group practice.

Open-Ended HMO: This type of HMO is similar to the traditional HMO. Its advantage is that the user is provided coverage for numerous procedures performed outside the HMO. A traditional HMO requires members to stay within the network for services. The point-of service (POS) plan is an example of an open-ended HMO.

Open Enrollment: One period of time each year when HMOs are required to take applications regardless of the applicants' pre-existing conditions.

Personal Responsibility and Work Opportunity Act of 1996: The recent Welfare Reform Bill signed into law. It provides for sweeping changes in the current welfare system, including the severing of the automatic link between AFDC benefits and Medicaid eligibility.

Physicians Enhanced Program (PEP): The PEP is a voluntary program that links Medicaid recipients to a primary care provider (PCP). The PCP will provide a basic set of services for recipients in their practice and be compensated at the end of each month based on the number of PEP members enrolled in the practice, according to their age, gender, and category of eligibility.

Point-of-Service (POS): A POS plan covers the health care services provided to members who use the network. It is similar to an HMO in that it utilizes a primary care "gatekeeper".

Preferred Provider Organization (PPO): Type of health insurance program in which a group of doctors and hospitals provide a broad range of medical care to a predetermined group of subscribers for a predetermined fee. Under this plan, a third party negotiates discounted rates for services with specific providers. Its members, however, may use providers outside the network but are encouraged by financial incentives to seek care from within the network.

Prepaid Health Plan (PHP): An entity that either contracts on a prepaid, capitated risk basis to provide services that are not risk-comprehensive, or contracts on a non-risk basis. Additionally, some entities that are defined as HMOs are treated as PHPs through statutory exemption.

Primary Care Case Management (PCCM): Programs that use a provider who receives a small fee to manage the individual's care but reimburses on a fee-for-service basis. The primary care case manager is responsible for health care utilization and access to service. This is a freedom of choice waiver program which can be authorized by the authority of Section 1915(b) of the Social Security Act. States contract directly with primary care providers who agree to be responsible for the provision and/or coordination of medical services to Medicaid recipients under their care.

Provider Taxes: Broad-based taxes on facilities, such as hospitals or nursing homes; and services such as pharmaceutical services which are used to generate state Medicaid funds.

Section 1915(b) Waivers: Provision of the Social Security Act that allows states to waive certain programmatic rules governing Medicaid. It is typically used in implementing managed care to implement provider choices. States have generally used one of the following two approaches; capitated or primary care management programs.

Section 1115 Waivers: Provision of the Social Security Act that allows states, subject to HCFA approval, to waive certain requirements of the Medicaid program, such as eligibility rules. These waivers can be used to create small-scale demonstration projects in order to test proposed broad changes in the Medicaid program.

SSI: Includes Supplemental Security Income recipients (or aged, blind and disabled individuals in those states which apply more restrictive eligibility requirements).

T19: All mandatory eligibility groups, as described by Title XIX of the Social Security Act.

Utilization Review: Involves medical professionals who are outside the managed care organization reviewing and evaluating the activities and diagnoses of the individuals within the organization.