

COMPARATIVE DATA REPORT ON MEDICAID

A Report Submitted to the

FISCAL AFFAIRS AND GOVERNMENTAL OPERATIONS COMMITTEE

Southern Legislative Conference

Council of State Governments

November 15-19, 2000

**John J. Hainkel Jr.,
President of the Senate**

**Charles W. DeWitt,
Speaker of the House**

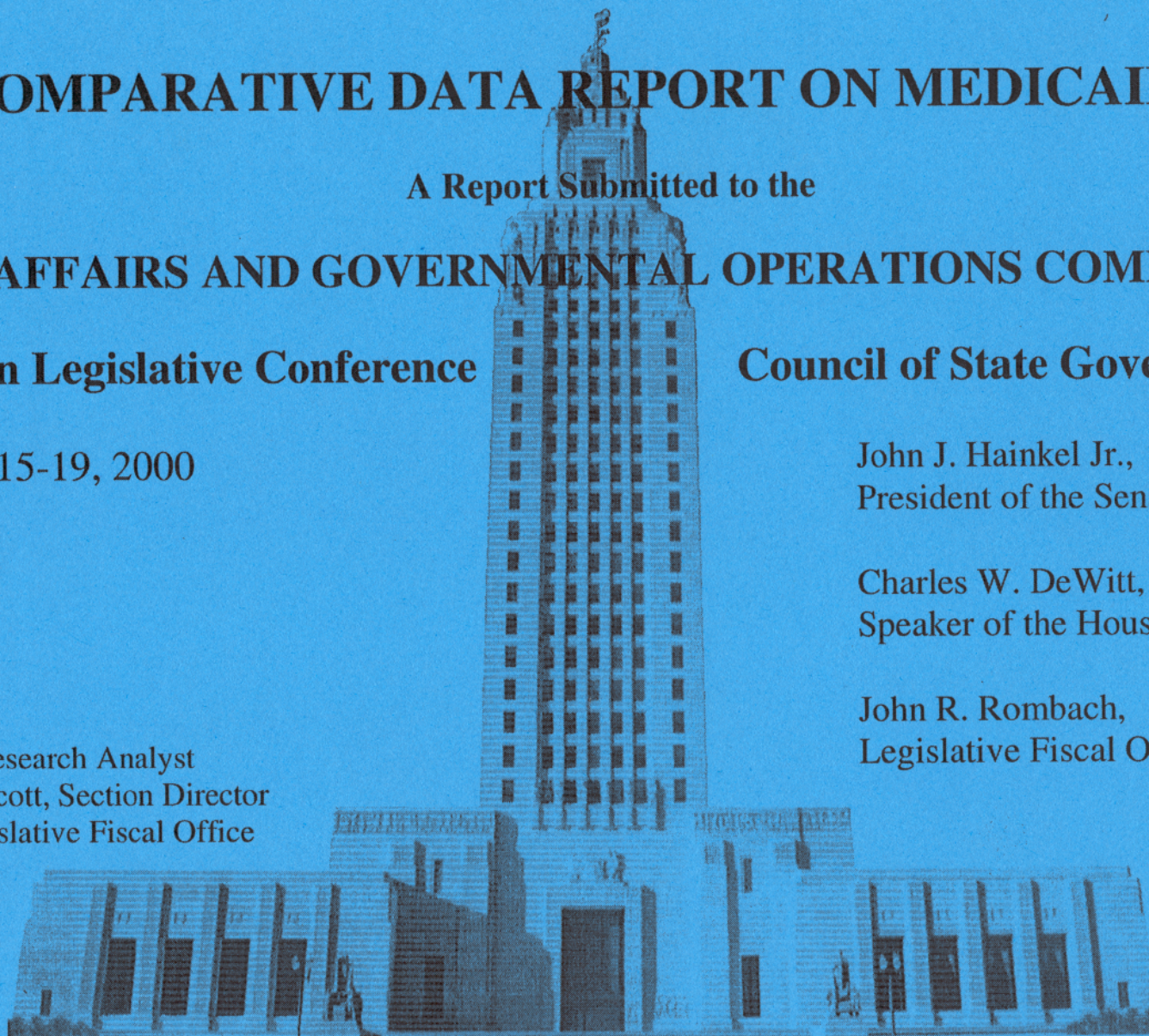
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IMPORTANT NOTE:

This public document was published without verified HCFA 2082 data for all 16 states in the SLC. HCFA was unable to provide 2082 information to the 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, 12 of the 16 provided state generated HCFA 2082 data. Maryland, Missouri, South Carolina, and Texas did not provide the state generated 2082 data necessary to complete the Section of the Comparative Data Report on Medicaid for FFY 99 that details recipients/expenditures by "Type of Service" and "Other Characteristics". As such, these 4 states have been excluded from all comparative data in the "Type of Service" and "Other Characteristics" sections of the report. It is the intent of the Louisiana Legislative Fiscal Office to revise and reprint the report for FFY 99 upon receipt of verified HCFA 2082 data for all 16 SLC states. HCFA estimates that verified 2082s should be available by April 2001.

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 00 and FFY 01.

COMPARATIVE DATA REPORT ON MEDICAID

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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 93 has been removed from the report, but is still available upon request.

The assistance of legislative staff in each state and Medicaid agency staff who completed the questionnaires is greatly appreciated. Staff of 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 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 \$68 million from FFY 98) for FFY 00; states would have been required to provide \$620 million (down \$20 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 Federal Health Care Financing Administration (HCFA) 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*, 1999; published by the Health Policy Tracking Service in January of 2000. Key demographic and poverty indicators were obtained from *Health Care State Rankings, 1999 Health Care in the 50 United States* and *State Rankings, 1999: 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, 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 99,

HCFA was unable to provide 2082 information to the LFO due to HCFA's 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. Of the 16 SLC states, 2082 data was provided by 12 states. Maryland, Missouri, South Carolina, and Texas were unable to provide complete 2082 data (Maryland and South Carolina did provide 2082 estimates of total recipients and expenditures). As such, these states have been excluded from all 2082 line item comparisons. All of these states expressed a willingness to assist the LFO in the process, however, were unable to do so due to various data processing and workload demands.

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 FFY 99 were \$56.0 billion, an increase of \$3.5 billion over the FFY 98 level of \$52.5 billion. Therefore, the growth rate from FFY 98 to FFY 99 was 6.6%. This represents a two fold increase when compared to the 3.4% from FFY 97 to FFY 98, and indicates a continued upward trend when compared to the 0.5% increase from FFY 95 to 96 (see "Regional Medicaid Profile").

Total spending for FFY 00 is projected at \$60.1 billion, administrative costs excluded, which is an increase of approximately \$4.1 billion, or 7.4% over the \$56.0 billion in actual expenditures for FFY 99. Total spending for FFY 01 is projected at \$62.6 billion, or 4.1% over the \$60.1 for FFY 00. The annual rate of change projected over the entire eight-year period from FFY 93 to FFY 01 is 5.9% 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 99 (6.6%), and projected FFY 00 (7.4%) and FFY 01 (4.1%), indicate that Medicaid spending may experience a pattern of controlled 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 12.4 million in FFY 93 to 14.0 million in FFY 99.
- 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 12 Southern Legislative Conference states that reported 2082 data 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 are spent on those who are aged, blind, or disabled (70.2%). Expenditures for Children were next, accounting for 16.0% of the payments. The remaining classifications of Adults (10.6%), Foster Care Children (1.3%), and unknown (2.0%) make up the balance (13.9%). The total amount of Medicaid payments in the 12 states reporting 2082 data for FFY 99 was \$31,650,062,706. This is an average annual increase of approximately 5.9% per year over the six-year period from FFY 93 to FFY 99.

The total number of Medicaid recipients in the 12 states was 9,836,431 during FFY 99 as compared to the FFY 93 number of 9,799,901 recipients, or an annual increase of 2.4% per year. **Chart 2** provides a percentage distribution of these recipients by the same eligibility standards as Chart 1. The greatest numbers of Medicaid recipients in the southern region were Children (44.3%). The aged, blind, or disabled followed with approximately 31.4%, while adults represented 15.9% of the total number of recipients. The balance of 8.4% is distributed among foster care children (1.2%) and unknown status (7.2%). The average payment per recipient for all Medicaid services in the 12 southern states was approximately \$3,218. This is an increase of \$187 from FFY 98 to FFY 99 and approximately a 3.5% annual increase from FFY 93 to FFY 99. This is the largest increase in the average cost per recipient over the period (FFY 93 to FFY 99); the second largest (\$165) increase occurred between FFY96 and FFY 97.

CHART 1.
TOTAL MEDICAID EXPENDITURES IN SLC BY ELIGIBILITY
(FFY 99)

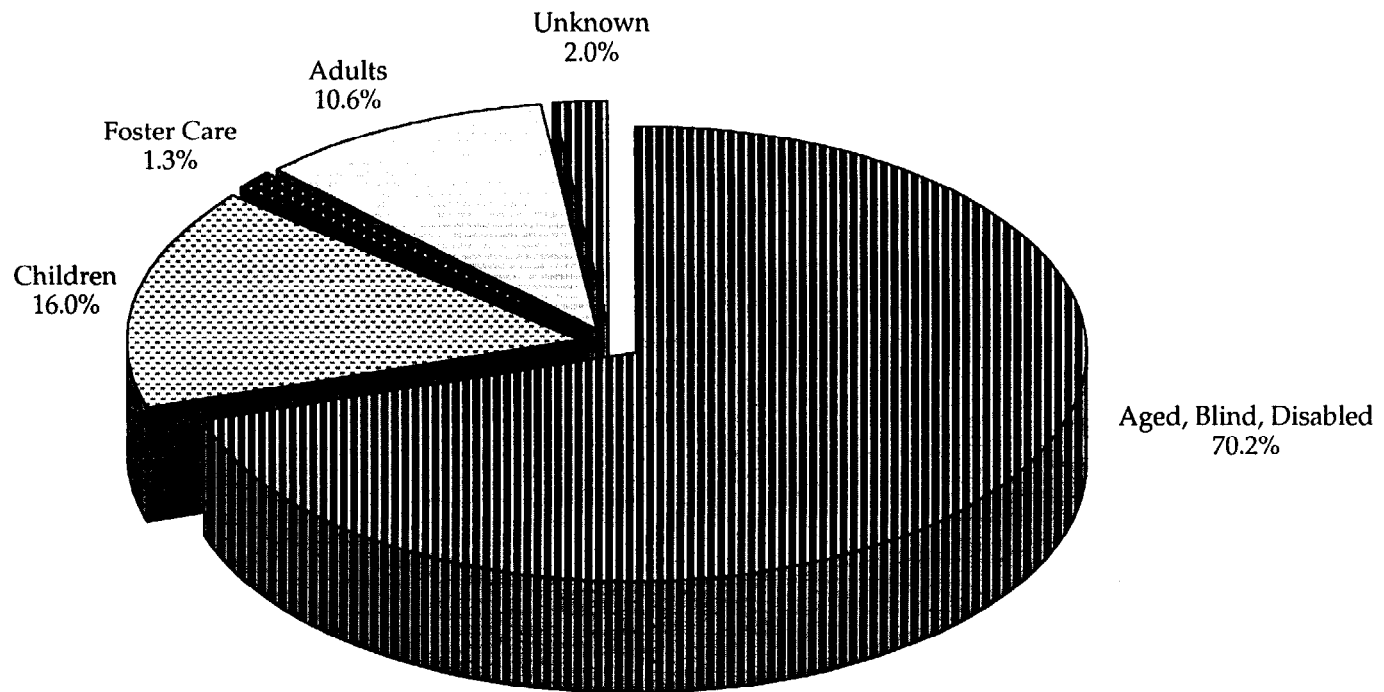
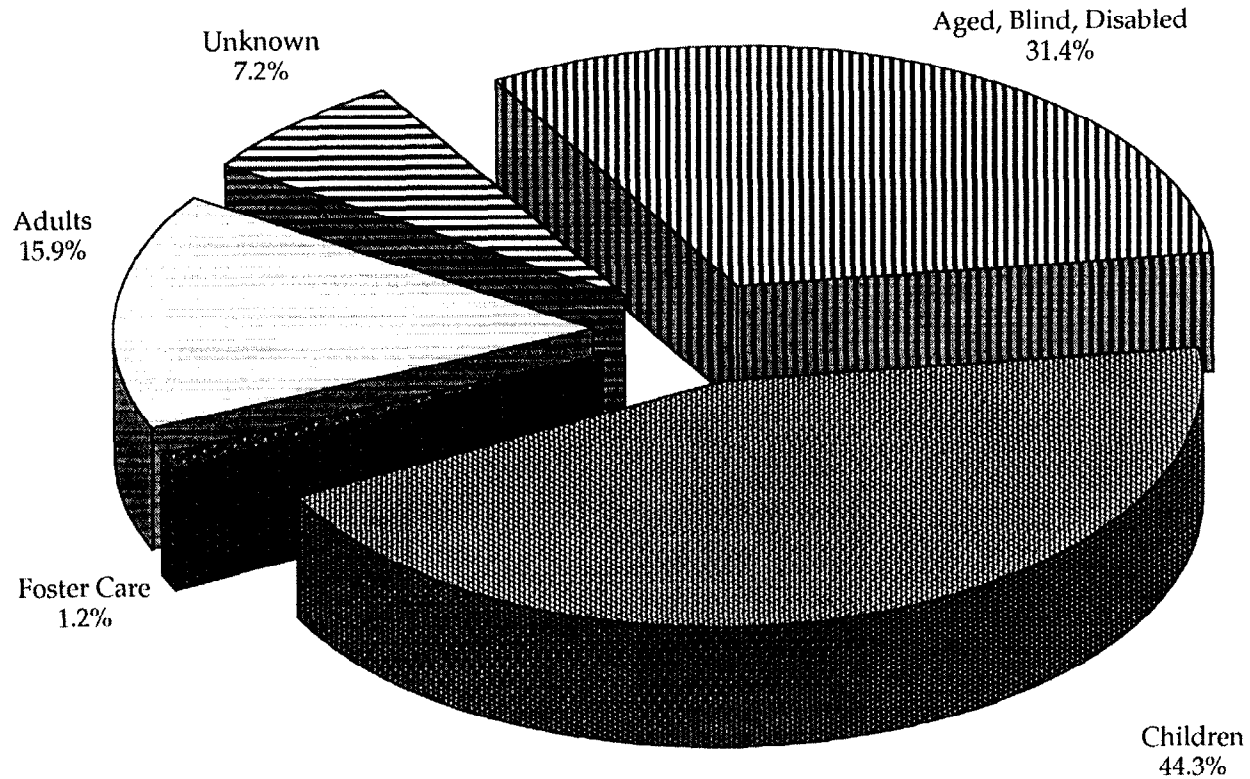


CHART 2
TOTAL MEDICAID RECIPIENTS IN SLC BY ELIGIBILITY BASIS
(FFY 99)



-X-

STATE COMPARISONS

The next few pages contain direct comparisons among states of spending levels or 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 \$439 in FFY 93 to \$590 for FFY 99. 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 99 ranges from \$379 in Virginia to \$785 in Tennessee. All other SLC states were between \$475 to \$784. Tennessee has increased per capita expenditures by \$31 (\$754 to \$785) from FFY 98, and now has the highest expenditure level (\$785) in the SLC. Tennessee had an increase in total population of approximately 52,900 during FFY 99 coupled with an increase in total Medicaid expenditures of approximately \$395 million. Thus, the state's average for per capita expenditures increased from \$754 to \$785, or \$31 per person. Virginia maintained its position as the state with the lowest average per capita expenditure, reporting an average of \$379 per person (35.0% under the SLC average of \$583). This is due to the fact that: 1) the state's population increased from approximately 6.79 million to 6.87 million (1.2%); 2) total Medicaid expenditures increased from \$2.34 billion to \$2.48 billion (5.7%) and; 3) only 11.3% of the total population has incomes less than the FPL (\$14,150 for a family of three for FFY 99).

Payments per Recipient. Annual payments per recipient for the southern region have increased from \$2,618 in FFY 93 to \$3,218 in FFY 99, an overall increase of 3.5% per year. Payments per recipient for FFY 99 range from \$2,611 in Tennessee to \$3,696 in West Virginia. (**See Chart 4**) Ten of the twelve states have calculated average annual payments to recipients in the \$2,600 to \$3,600 range (between Georgia's \$2,417 and West Virginia's \$3,657). Since some states report disproportionate share payments on Form 2082 and some do not, we have asked states to indicate any such payments and have excluded any that were reported to us.

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 each Medicaid program's expenditures and each has been an area of rapid growth as well. Payments for these five services represent approximately 65% of all Medicaid payments in the region for FFY 99, compared to 62% in FFY 98. Without verified 2082 data from HCFA for FFY 99, the comparisons in this report may have more variance than is normally anticipated. Additionally, the removal of data for the four states (Maryland, Missouri, South Carolina, and Texas) that were unable to provide 2082 data has changed all recipient and expenditure totals significantly.

- Payments for general hospital inpatient services in the region have decreased from \$5.6 billion in FFY 93 to \$5.0 billion in FFY 99, an annual rate of decline of -1.9%. These payments represent on an average 15.7% of each state's Medicaid payments, or a 3.3% decrease from the 19.0% level in FFY 93. 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 reported to have been included on the HCFA 2082 form in order to make consistent comparisons.

The total number of recipients for inpatient services decreased at a -3.1% annual rate, from 1.5 million in FFY 93 to 1.3 million by FFY 99 (The sixth consecutive year of decreased number of recipients for this service). The SLC average for annual payments per recipient for inpatient services has increased from \$3,636 in FFY 93 to \$3,923 in FFY 99, an annual growth rate of 1.3%. Payments range from \$2,328 in Arkansas to \$10,591 in Alabama. 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 \$5.0 billion to \$6.7 billion during the period FFY 93-99, an annual growth rate of 5.1%. The average share of a southern state's Medicaid budget devoted to these services has fallen from 22.3% to 21.3% during the period. The number of recipients utilizing these services increased at a 0.8% annual rate, from approximately 421,000 in FFY 93 to 442,000 in FFY 99. However, the average payment per recipient during the period increased by 5.2% annually in the southern region, from \$11,845 to \$14,453. Average payments for FFY 99 ranged from a low of \$11,338 in Oklahoma to a high of \$23,188 in Alabama. **(See Chart 6)**

- The cost of intermediate care for the mentally retarded (ICF-MR) rose from \$1.7 billion in FFY 93 to \$2.0 billion in FFY 99, an annual growth rate of 3.2%. Southern states applied an average of 6.3% of their expenditures to this service in FFY 99, down from 7.4% in FFY 93. This service experienced a decline in recipients from approximately 31,207 in FFY 93 to 29,752 in FFY 99, a -0.8% decrease during the seven-year period. The average cost per recipient has continued to increase approximately 4.1% annually from \$52,900 to \$67,100 during the period FFY 93-99. Average payments range from \$47,204 in Louisiana to \$83,510 in Alabama in FFY 99. **(See Chart 7)**

- The cost of physician services decreased from approximately \$2.5 billion in FFY 93 to \$2.4 billion in FFY 99, an annual rate of -0.9% per year. The number of recipients of these services also decreased from more than 6.9 million in FFY 93 to 6.0 million in FFY 99, an annual rate of -2.1% per year. For FFY 99, the number of recipients decreased from FFY 98 by approximately 141,000 (6.19 million to 6.05 million). Average annual payments per recipient in the region experienced growth of about 1.3% per year, from approximately \$360 in FFY 93 to \$388 per year in FFY 99. Payments per recipient vary widely from \$270 in Oklahoma to \$532 in Mississippi for FFY 99. **(See Chart 8)**

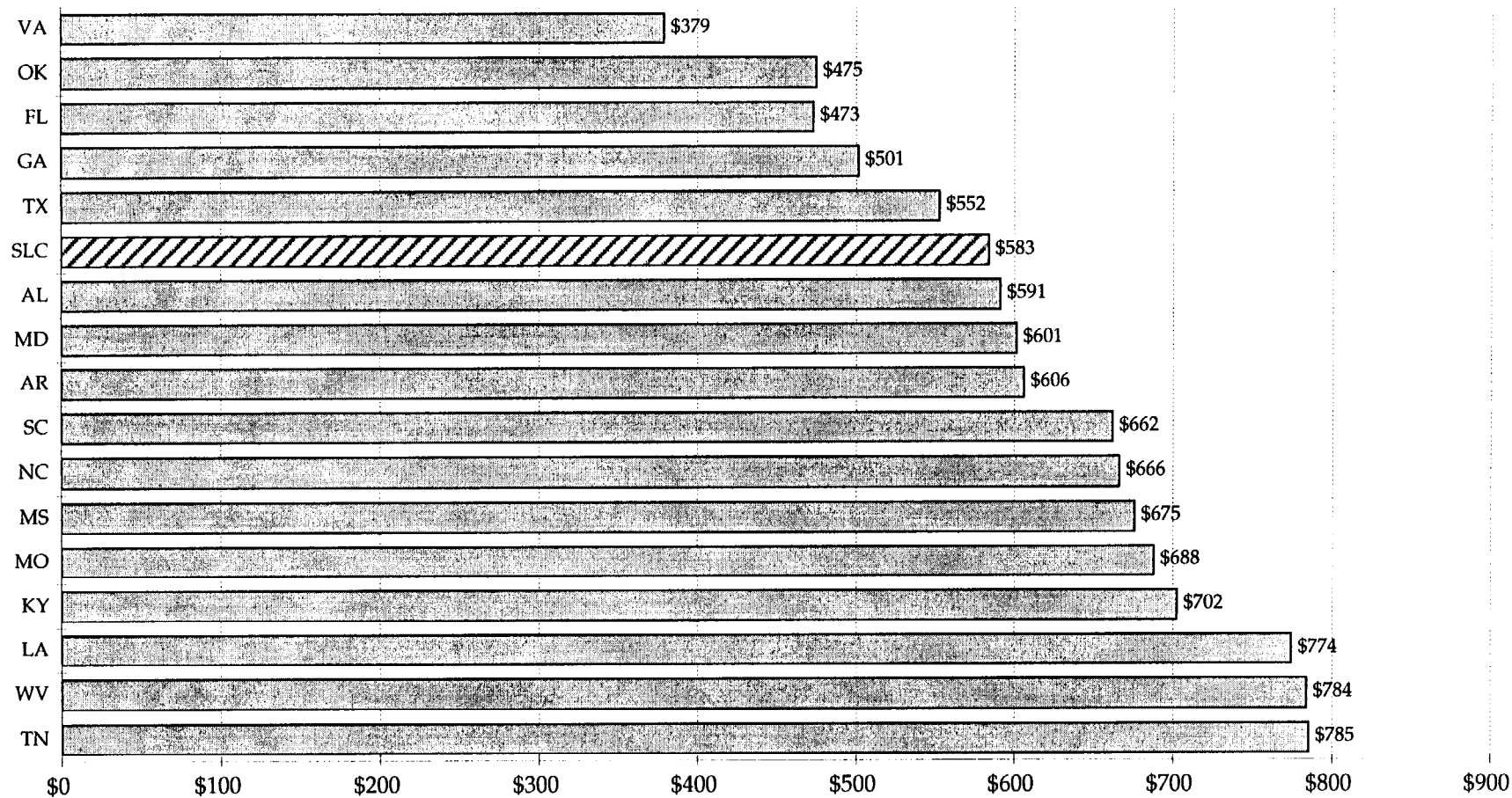
- The cost of providing prescribed drugs grew 12.3% per year from about \$2.2 billion in FFY 93 to \$4.4 billion in FFY 99. Recipients decreased -2.5% annually from 6.4 million in FFY 93 to 5.5 million in FFY 99. The regional average payment per recipient grew from \$342 in FFY 93 to \$802 in FFY 99, an average growth rate of 15.2% per year. States range from a low of \$596 per recipient annually for prescription drug costs in Georgia to \$1,109 in Florida. For FFY 99, the 12 SLC states reporting 2082 data experienced increases in payments for prescribed drugs. North Carolina and Florida had the largest increases, while Arkansas and Kentucky had the lowest increases. Payments in North Carolina increased from \$466 million in FFY 98 to \$611 million in FFY 99 or \$145 million (31.1%); and payments in Florida increased from \$924 million in FFY 98 to \$1.1 billion in FFY 99 or \$166 million (18.0%). Payments in Arkansas increased from \$151 million in FFY 98 to \$183 million in FFY 99 or \$32 million (21.4%); and payments in Kentucky increased from \$320 million in FFY 98 to \$368 million in FFY 99 or \$48 million (15.1%). **(See Chart 9)**

Recipients per 100,000 Population. The number of recipients per 100,000 population in the southern region grew during FFY 93-99 from 13,258 to 14,111. According to this indicator, the highest state was Tennessee with 28,158 per 100,000 population and the lowest was Virginia with 9,155. A state's rank on this scale is influenced by the eligibility criteria used to qualify adults and children in low-income families for Medicaid and SCHIP. **(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

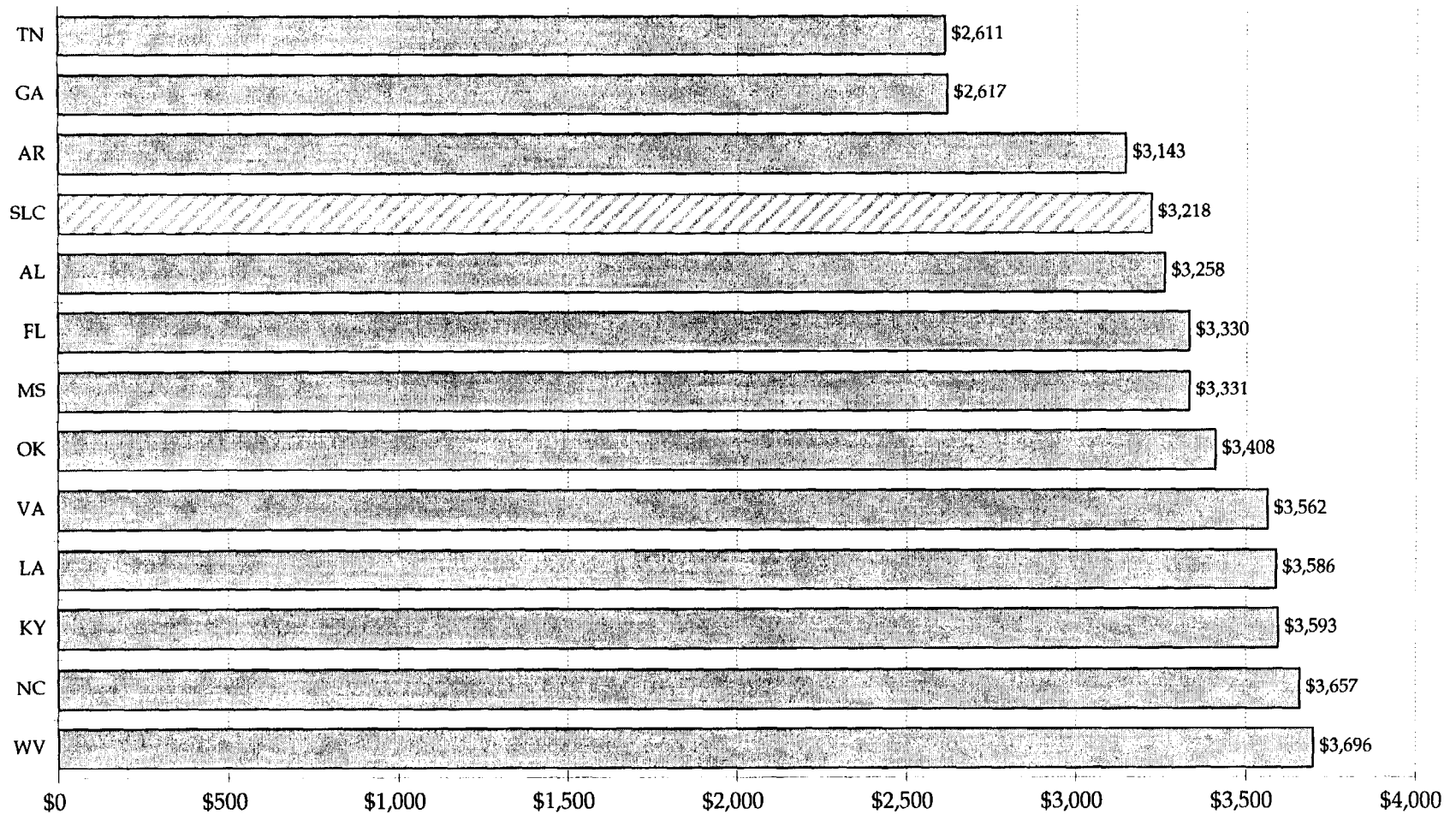
the \$1.73 billion federal allocation for the 16 SLC states for which data is available in **Table 1**, \$833 million (48%) has been requested to fund the various state SCHIP plans. Florida and Texas topped the federal allocation in the SLC with \$242 million and \$503 million, respectively. Florida utilized the largest portion of available federal funding--\$248 million (103%); Texas only requested \$48 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 \$617,000 (2.9%). 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, 4 are using between 21% and 40%, and 9 are using over 60%. **(Table 1 and Chart 11)**

CHART 3
TOTAL MEDICAID EXPENDITURES PER CAPITA
(FFY 99)



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

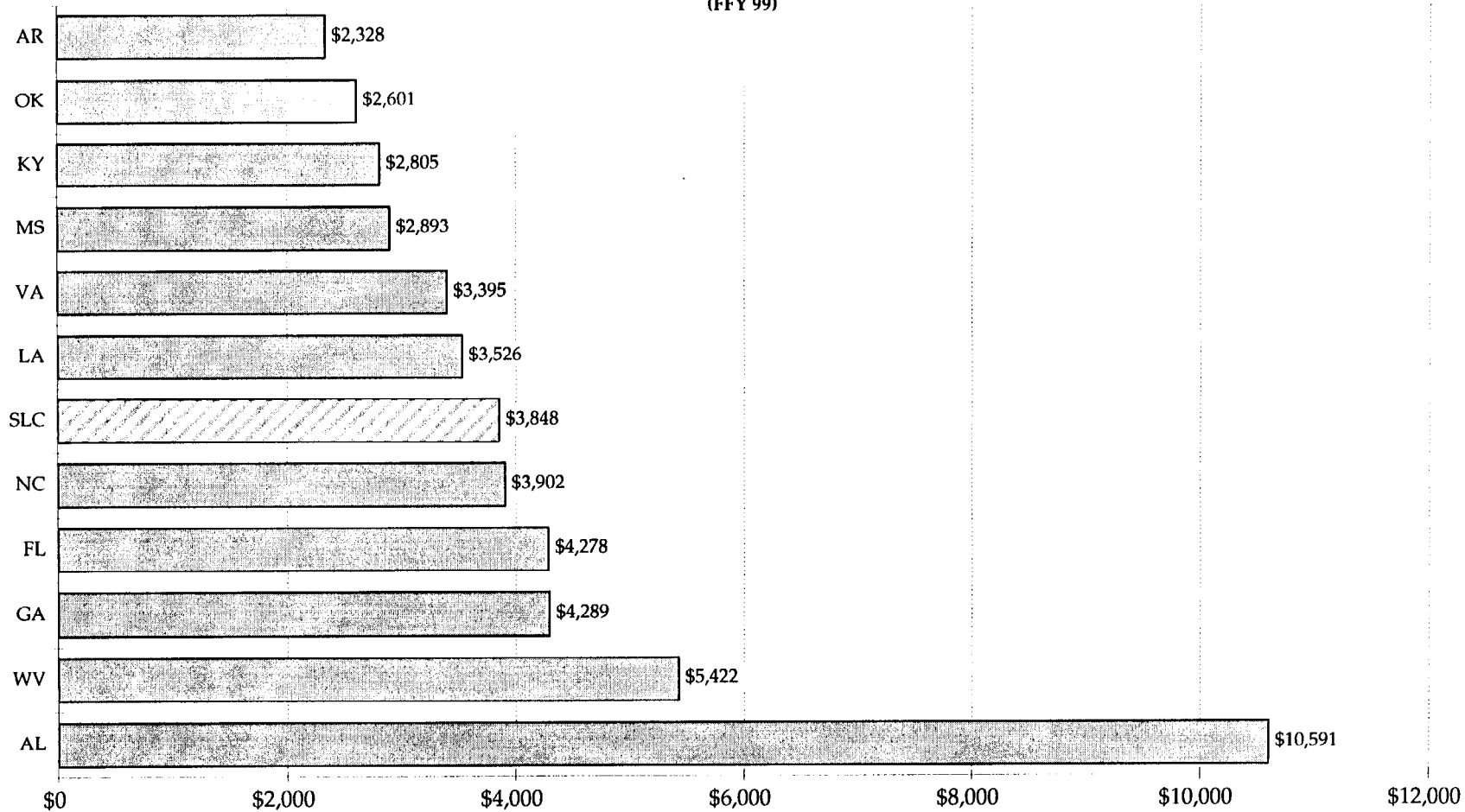
**CHART 4
AVERAGE PAYMENT PER RECIPIENT FOR ALL SERVICES
(FFY 99)**



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

(Line Item Recipient /Expenditure Data Excludes Maryland, Missouri, South Carolina, and Texas--No HCFA 2082 data provided for FFY 99)

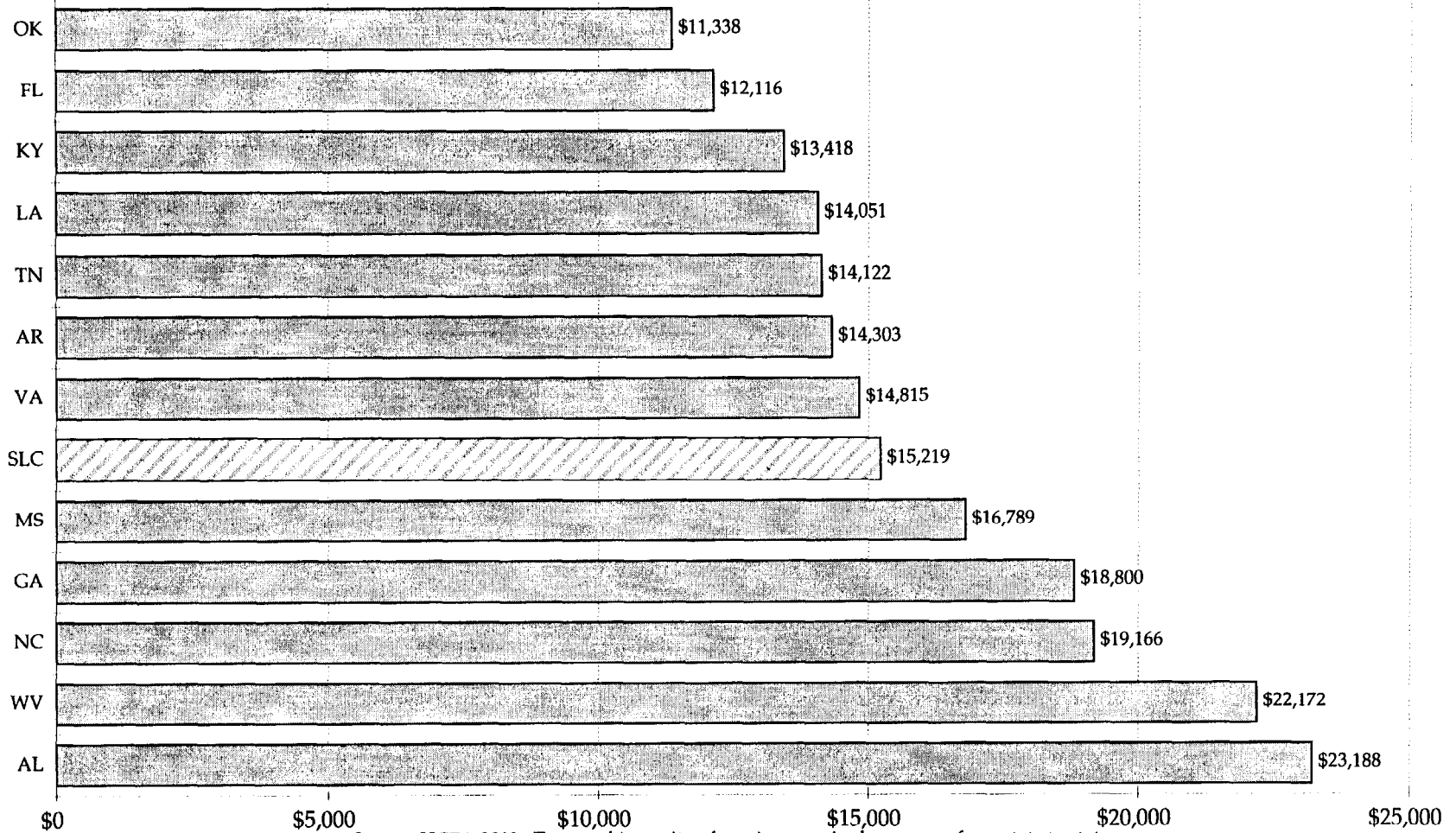
CHART 5
AVERAGE PAYMENT PER RECIPIENT FOR GENERAL HOSPITAL INPATIENT SERVICES
 (FFY 99)



Source: HCFA 2082. Excludes disproportionate share payments.

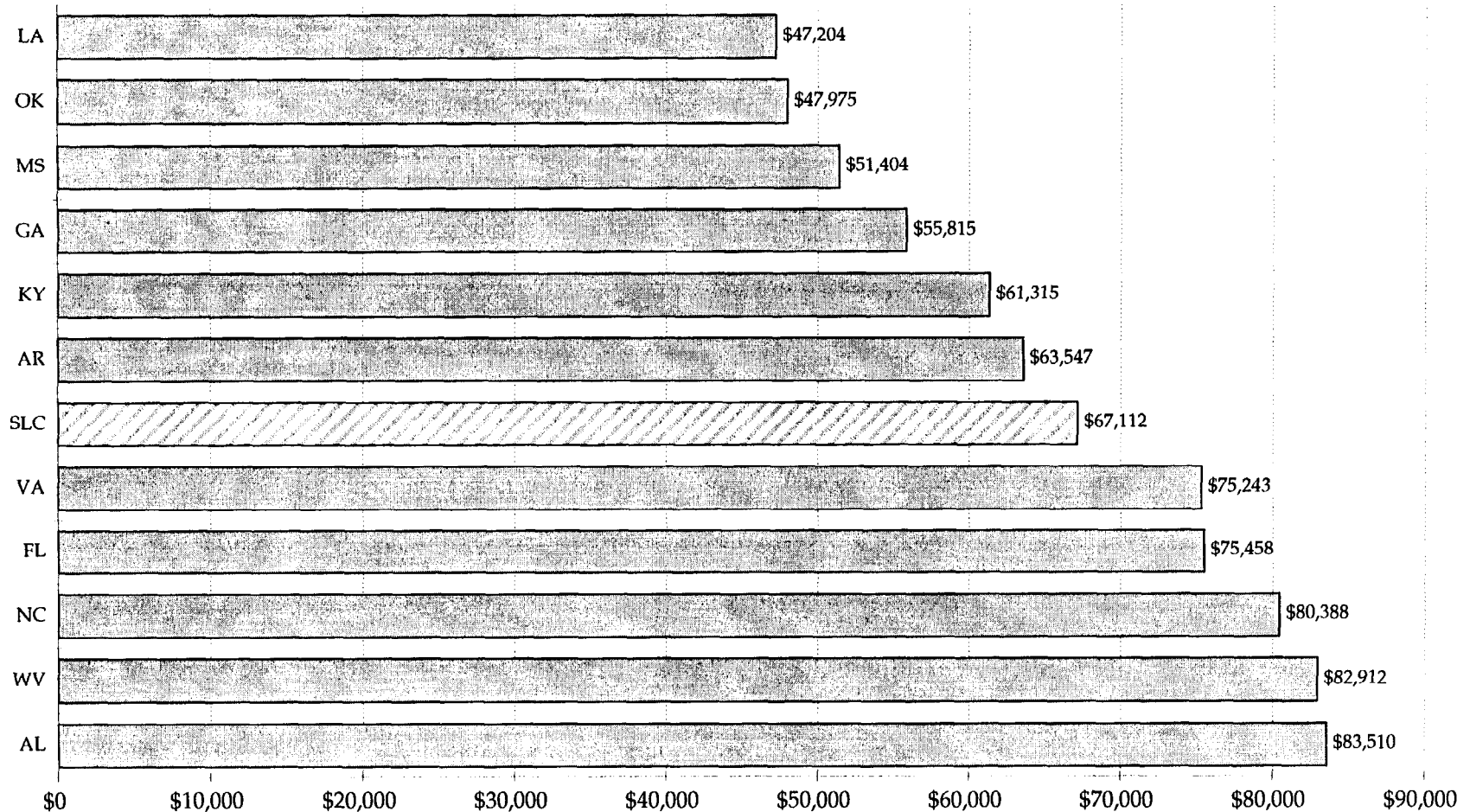
(Line Item Recipient /Expenditure Data Excludes Maryland, Missouri, South Carolina, and Texas--No HCFA 2082 data provided for FFY 99)

CHART 6
AVERAGE PAYMENT PER RECIPIENT IN SKILLED & INTERMEDIATE NURSING FACILITIES
(FFY 99)



(Line Item Recipient /Expenditure Data Excludes Maryland, Missouri, South Carolina, and Texas--No HCFA 2082 data provided for FFY 99)

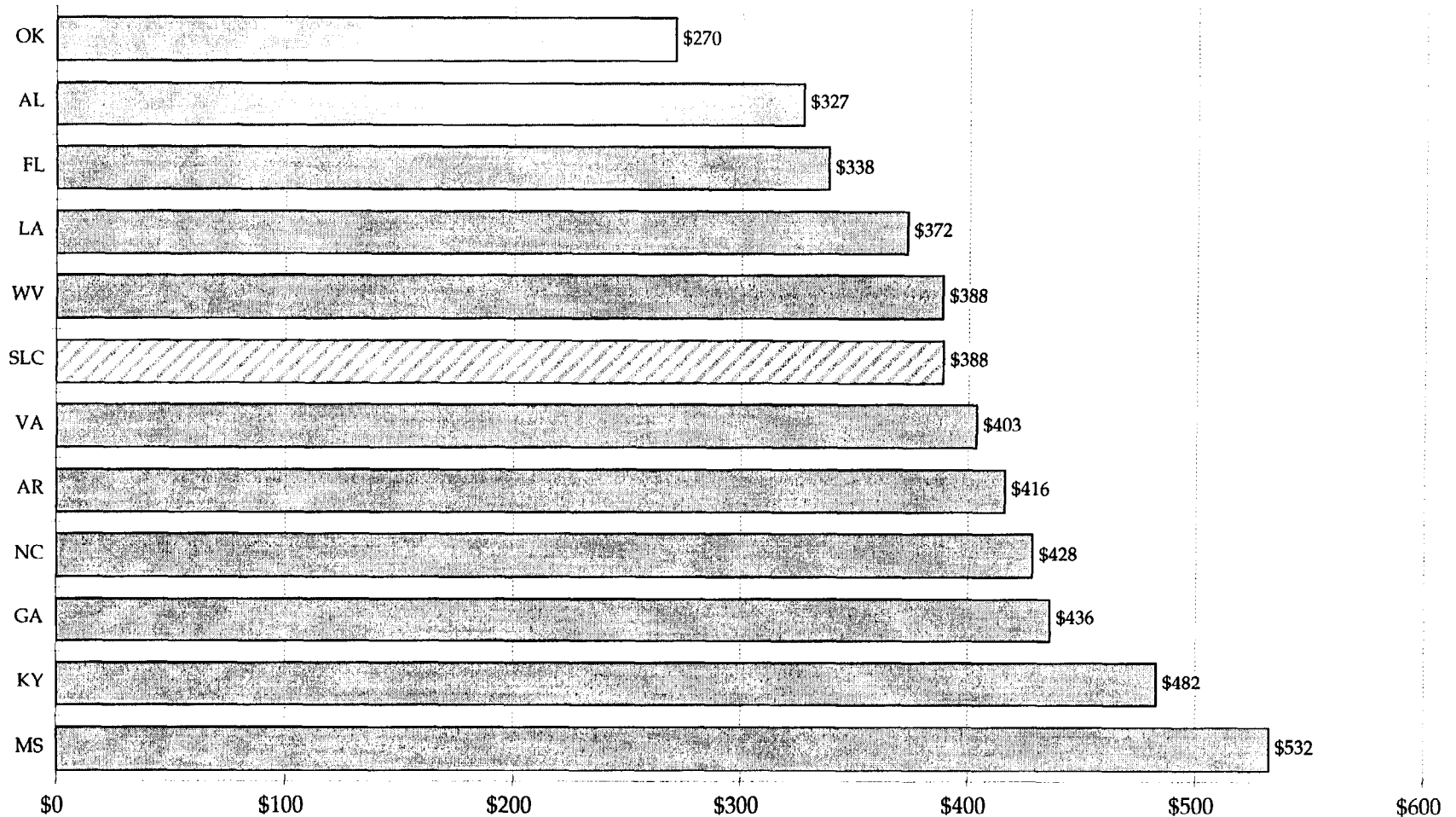
**CHART 7
AVERAGE PAYMENT PER RECIPIENT IN ICF/MR FACILITIES
(FFY 99)**



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

(Line Item Recipient /Expenditure Data Excludes Maryland, Missouri, South Carolina, and Texas--No HCFA 2082 data provided for FFY 99)

CHART 8
AVERAGE PAYMENT PER RECIPIENT FOR PHYSICIAN SERVICES
(FFY 99)

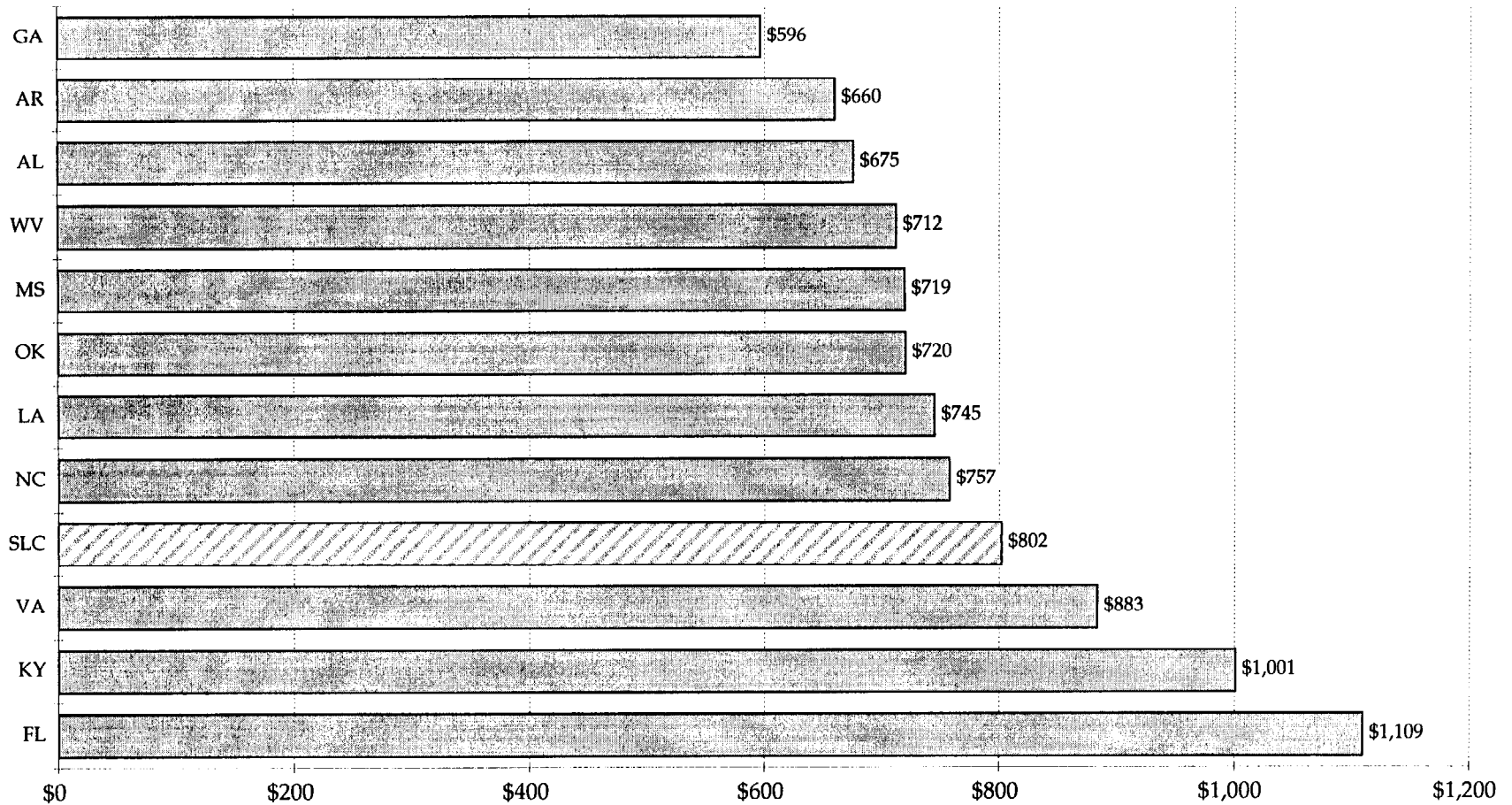


Source: HCFA 2082.

(Line Item Recipient /Expenditure Data Excludes Maryland, Missouri, South Carolina, and Texas--No HCFA 2082 data provided for FFY 99)

-XX-

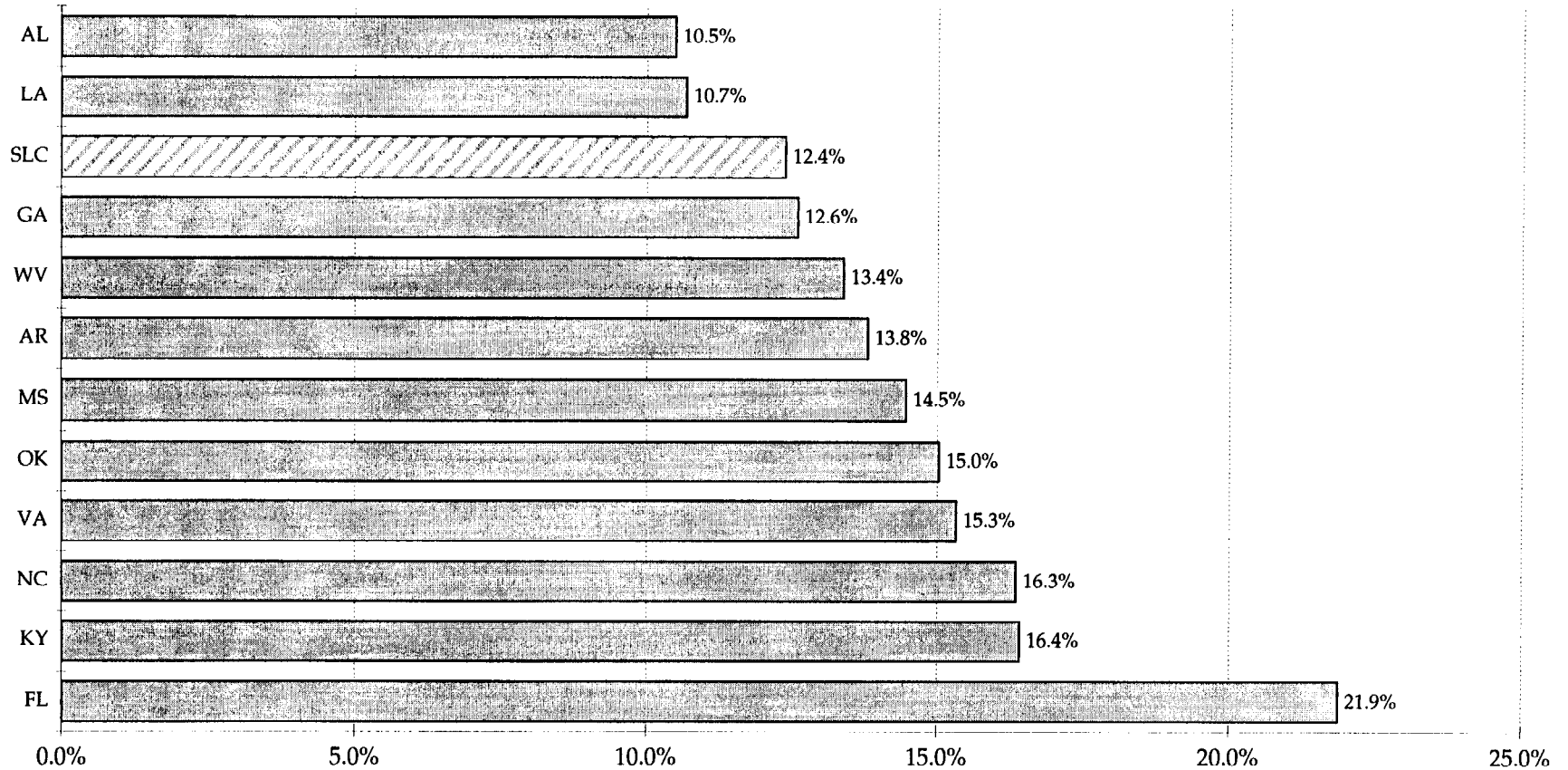
**CHART 9
AVERAGE PAYMENT PER RECIPIENT FOR PRESCRIPTION DRUGS
(FFY 99)**



Source: HCFA 2082.

(Line Item Recipient /Expenditure Data Excludes Maryland, Missouri, South Carolina, and Texas--No HCFA 2082 data provided for FFY 99)

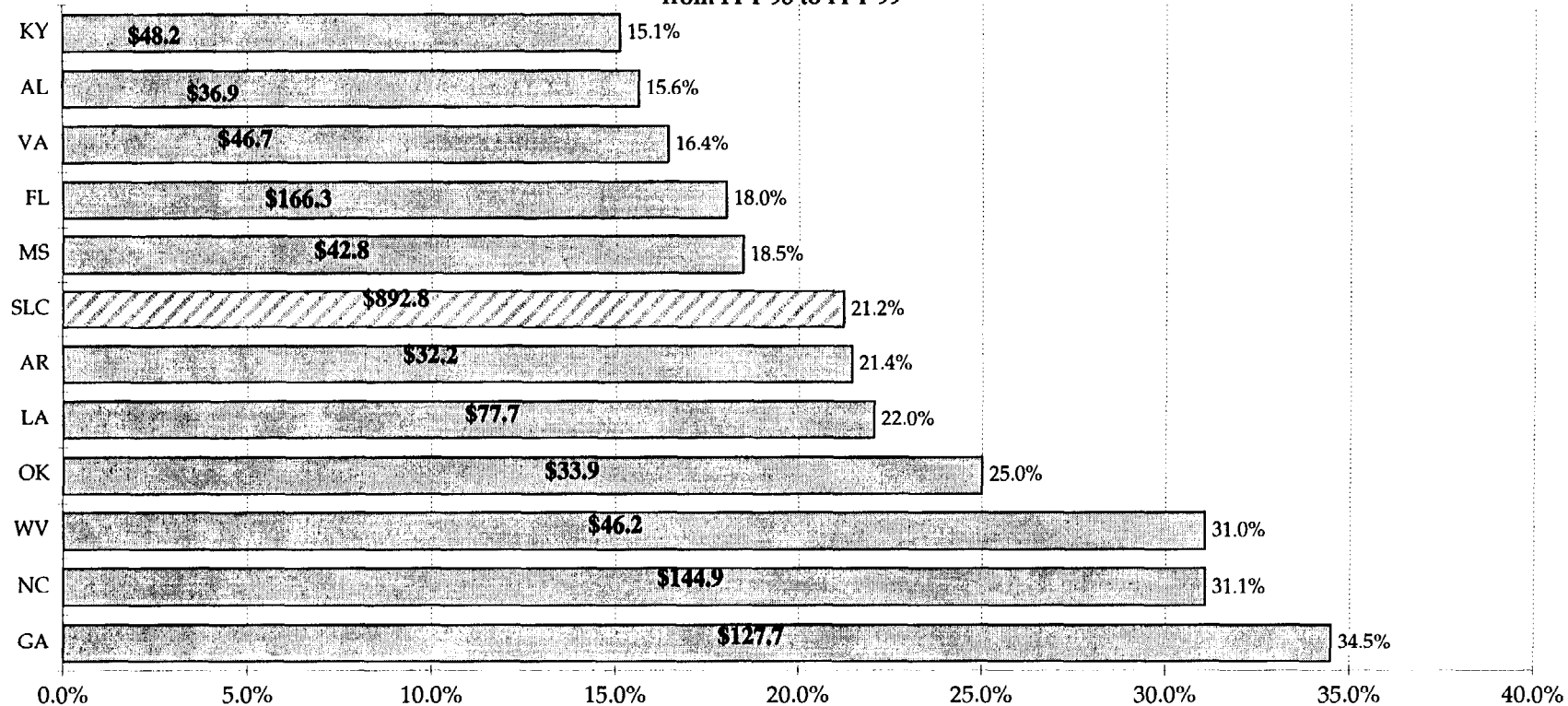
CHART 9B
Annual Change of Pharmacy Cost Per Recipient
FFY 99



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

(Line Item Recipient /Expenditure Data Excludes Maryland, Missouri, South Carolina, and Texas--No HCFA 2082 data provided for FFY 99)

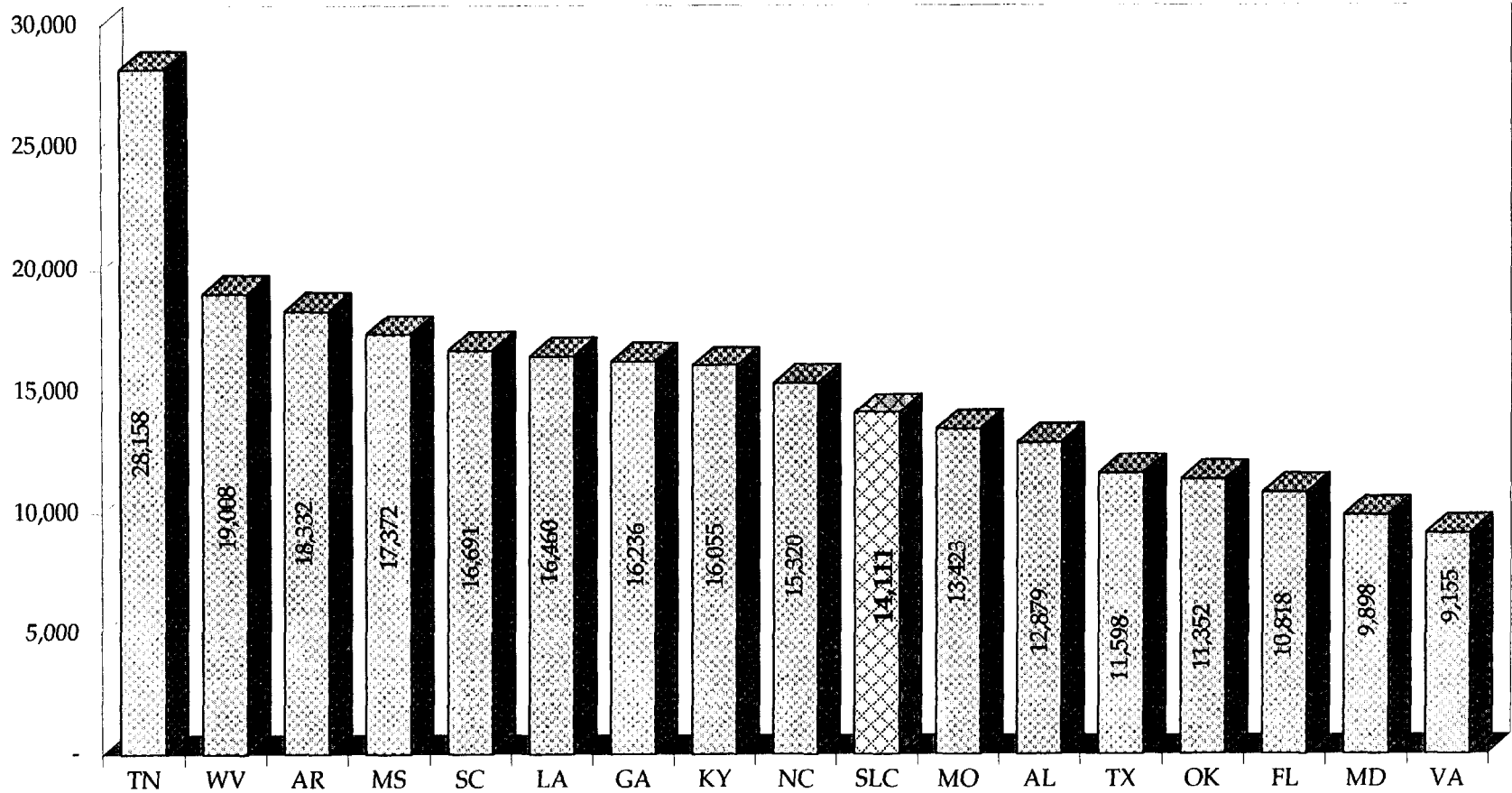
CHART 9C
Percentage Increase (\$ in millions) in Total Pharmacy Cost
from FFY 98 to FFY 99



Source: HCFA 2082.

(Line Item Recipient /Expenditure Data Excludes Maryland, Missouri, South Carolina, and Texas--No HCFA 2082 data provided for FFY 99)

CHART 10
MEDICAID RECIPIENTS PER 100,000 POPULATION
(FFY 99)



Source: HCFA 2082 and U. S. Bureau of the Census population estimates. SLC column shows average of 16 southern states.

TABLE 1
SCHIP ALLOTMENTS AND PROJECTED ANNUAL EXPENDITURES FOR THE SOUTHERN LEGISLATIVE CONFERENCE STATES

	SCHIP Allotments			FFY 00 Federal Match Rates			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 Program Projection in millions		
* • AL	\$ 77.0	\$ 20.5	\$ 97.5	69.0%	79.0%	10.0%	Combination	\$ 31.7	\$ 8.7	\$ 40.4	41.2%	Not reported
* • AR	\$ 53.8	\$ 12.5	\$ 66.3	65.0%	81.1%	16.1%	Medicaid Expansion	\$ 5.3	\$ 1.2	\$ 6.5	9.8%	Not reported
† • FL	\$ 242.0	\$ 105.6	\$ 347.6	56.0%	69.6%	13.6%	Combination	\$ 248.2	\$ 108.8	\$ 357.0	102.6%	\$ 29.6
* • GA	\$ 132.4	\$ 52.1	\$ 184.5	61.0%	71.8%	10.8%	State Plan Option	\$ 45.8	\$ 17.7	\$ 63.5	34.6%	\$ 13.9
† • KY	\$ 56.0	\$ 14.6	\$ 70.6	70.0%	79.3%	9.3%	Combination	\$ 50.2	\$ 13.9	\$ 64.1	89.6%	\$ 1.6
† • LA	\$ 91.1	\$ 23.7	\$ 114.8	70.0%	79.4%	9.4%	Medicaid Expansion	\$ 22.8	\$ 6.0	\$ 28.8	25.0%	\$ 27.5
† • MD	\$ 56.9	\$ 30.6	\$ 87.5	50.0%	65.0%	15.0%	Medicaid Expansion	\$ 21.1	\$ 11.3	\$ 32.4	37.0%	\$ 71.8
† • MS	\$ 58.0	\$ 11.2	\$ 69.2	77.0%	83.8%	6.8%	Combination	\$ 44.9	\$ 8.7	\$ 53.6	77.4%	\$ 0.6
† • MO	\$ 58.0	\$ 21.8	\$ 79.8	60.0%	72.7%	12.7%	Medicaid Expansion	\$ 59.7	\$ 25.0	\$ 84.6	102.9%	\$ 0.3
* • NC	\$ 89.2	\$ 31.8	\$ 121.0	63.0%	73.7%	10.7%	State Plan Option	\$ 79.9	\$ 28.1	\$ 108.0	89.6%	\$ 55.7
† • OK	\$ 76.8	\$ 19.4	\$ 96.2	71.0%	79.9%	8.9%	Medicaid Expansion	\$ 27.7	\$ 7.3	\$ 35.0	36.1%	Not reported
† • SC	\$ 71.3	\$ 18.6	\$ 89.9	70.0%	79.3%	9.3%	Medicaid Expansion	\$ 45.4	\$ 12.0	\$ 57.4	63.7%	\$ 31.3
* • TN	\$ 74.2	\$ 25.2	\$ 99.4	63.0%	74.7%	11.7%	Medicaid Expansion	\$ 59.6	\$ 34.8	\$ 94.4	80.3%	N/A
† • TX	\$ 502.8	\$ 191.7	\$ 694.5	62.0%	72.4%	10.4%	Combination	\$ 48.3	\$ 28.7	\$ 77.0	9.6%	\$ 3.9
† • VA	\$ 73.6	\$ 37.4	\$ 111.0	51.0%	66.3%	15.3%	State Plan Option	\$ 41.7	\$ 21.4	\$ 63.0	56.6%	N/A
† • WV	\$ 21.2	\$ 4.4	\$ 25.6	74.0%	82.7%	8.7%	Combination	\$ 0.6	\$ 0.1	\$ 0.8	2.9%	N/A
SLC TOTAL	\$ 1,734.3	\$ 621.0	\$ 2,355.3					\$ 832.9	\$ 333.8	\$ 1,166.6		\$ 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.

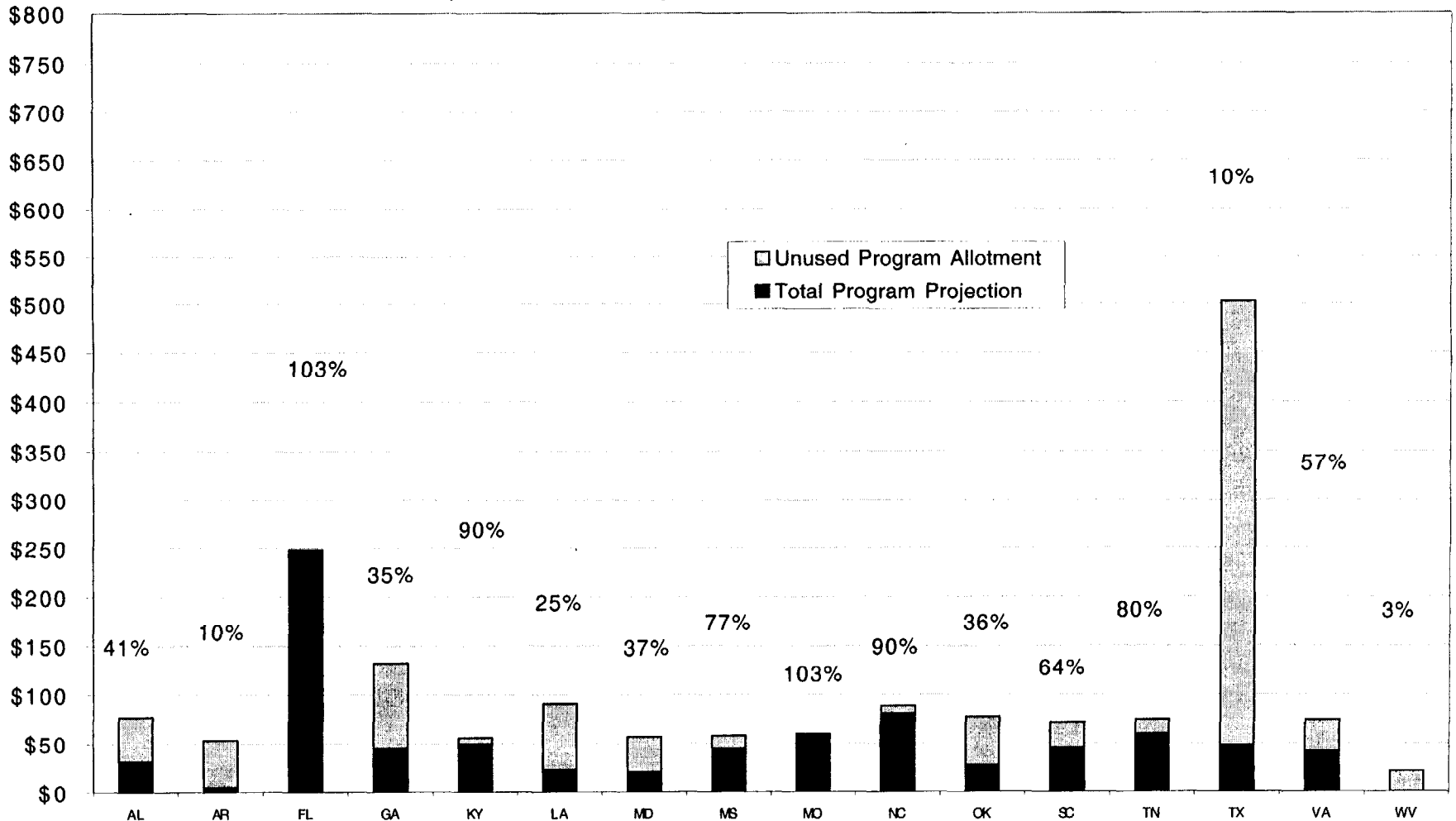
Type of program	# of states	Percent
Medicaid Expansion	7	43.8%
State Plan Option	3	18.8%
Combination	6	37.5%
Total	16	

Projected Expenditure as a Percent of Total Allotment	# of SLC states
0-20%	3
21-40%	4
41-60%	1
61-80%	2
81 & above	6

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

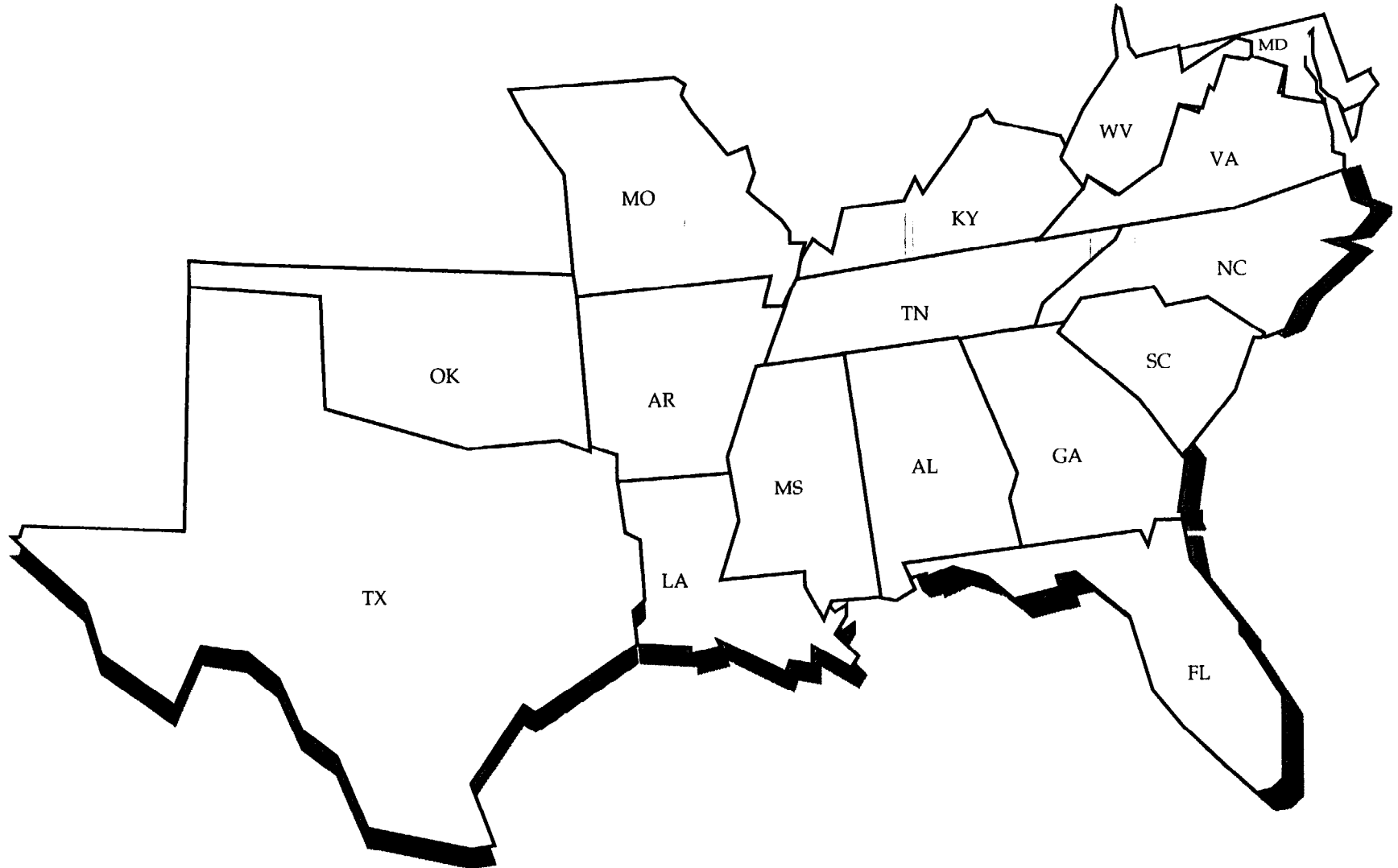
Percentages refer to Total Program
 Projection
 as a percent of Total Program
 Allotment

Millions of \$'s

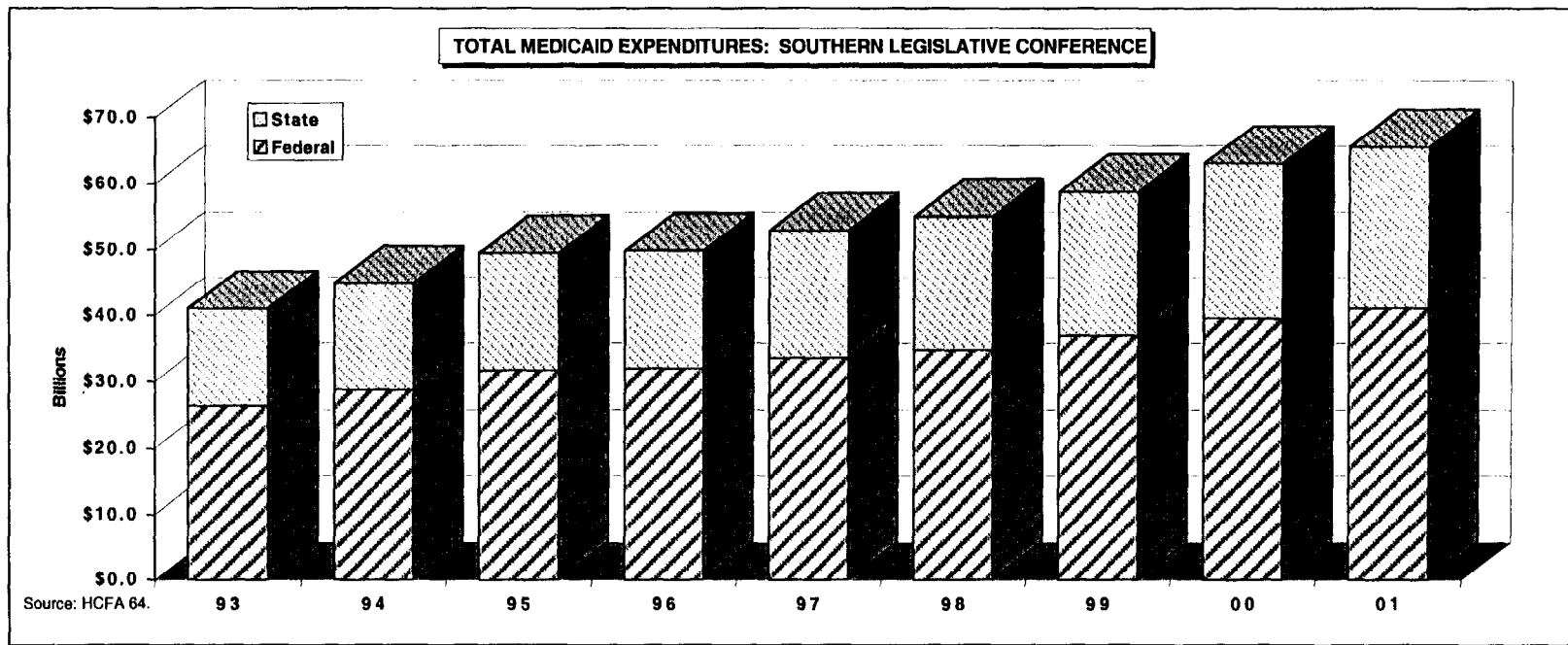


STATE MEDICAID PROFILES

SOUTHERN REGION MEDICAID PROFILES



SOUTHERN REGION MEDICAID PROFILE



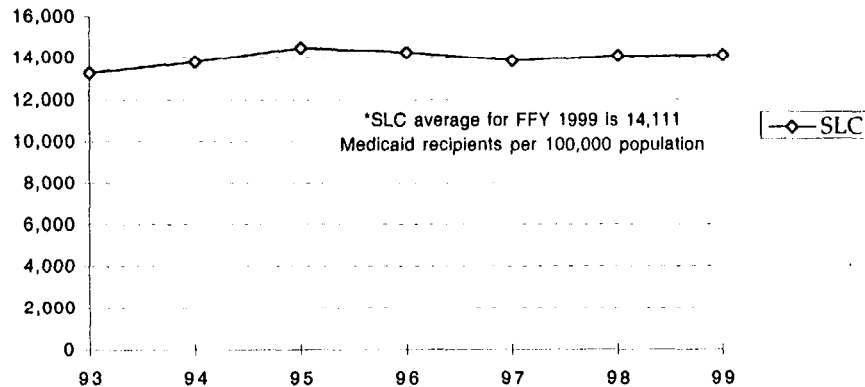
	FFY 93	FFY 94	FFY 95	FFY96	FFY97	FFY98	FFY99	FFY00*	FFY01*	Annual Rate of Change	Total Change 93-01
Medicaid Payments	39,603,831,003	43,282,334,959	47,813,515,971	48,046,660,192	50,829,102,000	52,542,613,235	56,000,174,864	60,150,864,072	62,627,452,443	5.9%	58.1%
Federal Share	25,736,228,402	28,013,482,566	30,705,834,371	30,983,746,451	32,452,763,872	33,375,839,476	35,421,885,007	37,925,520,182	39,472,807,906	5.5%	53.4%
State Share	13,867,602,601	15,268,852,393	17,107,681,600	17,062,913,741	18,376,338,128	19,166,773,759	20,578,289,857	22,225,343,890	23,154,644,537	6.6%	67.0%
Administrative Costs	1,373,965,398	1,561,104,142	1,717,423,989	1,811,205,121	2,049,875,960	2,504,605,158	2,727,167,517	2,938,867,597	2,951,865,437	10.0%	114.8%
Federal Share	764,613,128	863,042,357	960,975,160	1,009,434,631	1,160,546,287	1,389,431,708	1,528,222,449	1,637,474,870	1,628,488,309	9.9%	113.0%
State Share	609,352,270	698,061,785	756,448,829	801,770,490	889,329,673	1,115,173,450	1,198,945,068	1,301,392,727	1,323,377,128	10.2%	117.2%
Admin. Costs as % of Payments	3.47%	3.61%	3.59%	3.77%	4.03%	4.77%	4.87%	4.89%	4.71%		
Growth From Prior Year											
Payments	12.12%	9.29%	10.47%	0.49%	5.79%	3.37%	6.58%	7.41%	4.12%		
Administration	10.36%	13.62%	10.01%	5.46%	13.18%	22.18%	8.89%	7.76%	0.44%		

*Federal Fiscal Years 00 and 01 reflect total of latest estimates reported by each state (HCFA 37) in region to the Health Care Financing Administration.

SOUTHERN LEGISLATIVE CONFERENCE

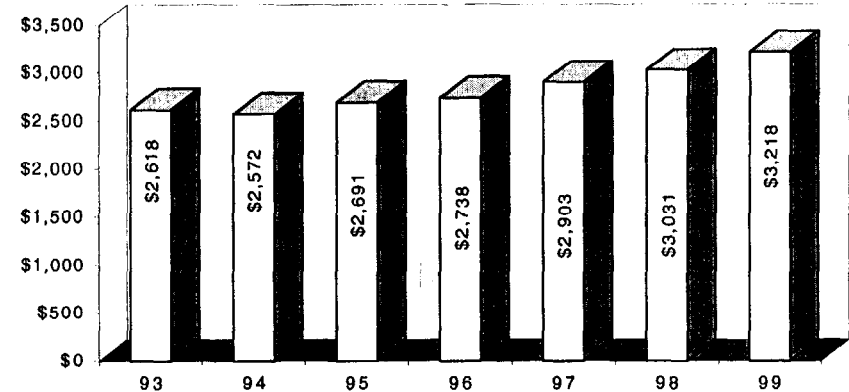
SOUTHERN REGION MEDICAID PROFILE

MEDICAID RECIPIENTS PER 100,000 POPULATION
(*Average of 16 Southern States)



*Includes FFY 98 recipient totals for Missouri and Texas as no 2082 data for FFY 99 was provided by either state.

AVERAGE PAYMENT PER MEDICAID RECIPIENT
(*Average of 12 Southern States)



(*Excludes Maryland, Missouri, South Carolina and Texas--No HCFA 2082 expenditure data provided for FFY 99)

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

(Line Item Recipient/Expenditure Data Excludes Maryland, Missouri, South Carolina, and Texas--No HCFA 2082 data provided for FFY 99)

<u>RECIPIENTS BY TYPE OF SERVICES</u>	<u>FFY93</u>	<u>FFY94</u>	<u>FFY95</u>	<u>FFY96</u>	<u>FFY97</u>	<u>FFY98</u>	<u>FFY99*</u>	<u>Annual Change</u>
01. General Hospital	1,532,107	1,526,014	1,429,873	1,371,991	1,353,206	1,292,517	1,266,240	-3.1%
02. Mental Hospital	19,779	24,489	22,500	24,288	23,990	57,552	56,321	19.1%
03. Skilled and Intermediate (non-MR) Care Nursing	421,089	417,311	425,276	437,341	432,432	440,336	441,939	0.8%
04. Intermediate Care for Mentally Retarded	31,207	31,382	31,098	30,582	29,979	29,348	29,752	-0.8%
05. Physician Services	6,876,448	6,896,038	6,474,195	6,849,035	6,587,330	6,189,374	6,048,660	-2.1%
06. Dental Services	1,592,418	1,544,427	1,524,241	1,512,851	1,487,160	1,393,576	1,382,719	-2.3%
07. Other Practitioners	1,196,182	1,215,392	1,229,220	1,220,191	1,207,535	1,142,218	1,141,270	-0.8%
08. Outpatient Hospital	4,260,154	4,131,960	3,984,085	3,881,338	3,721,085	3,542,226	3,559,092	-3.0%
09. Clinic Services	1,308,837	1,399,847	1,574,391	1,467,664	1,339,484	1,147,528	1,141,974	-2.2%
10. Lab and X-Ray	3,515,713	3,473,682	3,287,698	3,197,472	3,168,508	3,007,823	2,892,207	-3.2%
11. Home Health	291,093	295,438	348,963	345,862	404,089	451,558	359,479	3.6%
12. Prescribed Drugs	6,433,336	6,336,027	5,951,111	5,847,491	5,653,189	6,262,999	5,521,625	-2.5%
13. Family Planning	610,658	569,599	530,906	507,205	497,046	546,440	398,625	-6.9%
14. Early & Periodic Screening, Diagnosis & Treatment	1,728,710	1,803,488	1,837,349	1,841,872	1,776,083	1,783,730	1,797,505	0.7%
15. Other Care	1,846,808	3,185,611	3,981,163	5,320,615	4,640,833	1,773,367	2,443,223	4.8%
16. Personal Care Support Services	0	0	0	0	0	825,614	516,550	-37.4%
17. Home/Community Based Waiver Services	356	10,966	5,503	57,989	127,147	82,509	82,527	147.9%
18. Prepaid Health Care	0	0	0	0	0	2,624,389	2,389,358	-9.0%
19. Primary Care Case Management (PCCM) Services	0	0	0	0	0	2,036,943	1,984,214	-2.6%
Total*	8,551,529	8,972,314	9,735,355	9,747,114	9,613,605	9,799,901	9,836,431	2.4%

*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 93**	FFY94**	FFY95**	FFY96**	FFY97**	FFY98**	FFY99**	Annual Change	Share of Total FFY 99
01. General Hospital	\$5,571,410,809	\$5,153,523,514	\$5,204,018,410	\$5,064,046,463	\$4,786,136,765	\$4,834,976,310	\$4,965,644,331	-1.9%	15.7%
02. Mental Hospital	\$331,098,866	\$375,080,461	\$375,174,768	\$290,499,418	\$276,449,964	\$361,923,987	\$369,043,274	1.8%	1.2%
03. Skilled and Intermediate (non-MR) Care Nursing	\$4,987,652,717	\$5,383,447,428	\$5,907,952,541	\$5,911,777,637	\$6,143,752,148	\$6,364,330,537	\$6,724,268,923	5.1%	21.2%
04. Intermediate Care for Mentally Retarded	\$1,649,628,067	\$1,761,889,653	\$1,909,563,481	\$1,817,833,674	\$1,935,290,604	\$1,932,508,053	\$1,996,704,878	3.2%	6.3%
05. Physician Services	\$2,475,678,832	\$2,510,474,352	\$2,684,522,545	\$2,557,605,595	\$2,532,390,528	\$2,307,344,231	\$2,343,592,573	-0.9%	7.4%
06. Dental Services	\$304,287,504	\$252,106,702	\$261,163,301	\$259,281,661	\$260,888,488	\$251,051,223	\$302,936,922	-0.1%	1.0%
07. Other Practitioners	\$187,952,985	\$254,703,151	\$288,758,930	\$275,792,073	\$193,635,951	\$196,828,567	\$173,488,220	-1.3%	0.5%
08. Outpatient Hospital	\$1,576,228,780	\$1,531,779,743	\$1,635,011,478	\$1,575,252,687	\$1,609,671,382	\$1,553,206,419	\$1,618,380,872	0.4%	5.1%
09. Clinic Services	\$796,891,480	\$820,415,639	\$972,782,932	\$917,484,519	\$855,548,193	\$848,720,065	\$865,836,007	1.4%	2.7%
10. Lab and X-Ray	\$344,274,559	\$333,368,239	\$326,961,199	\$298,422,953	\$279,264,189	\$267,590,940	\$316,867,494	-1.4%	1.0%
11. Home Health	\$764,093,154	\$879,292,908	\$1,070,024,086	\$1,230,037,881	\$1,551,824,516	\$726,001,490	\$905,595,730	2.9%	2.9%
12. Prescribed Drugs	\$2,198,653,537	\$2,304,971,057	\$2,555,107,393	\$2,827,314,554	\$3,206,161,939	\$3,651,477,214	\$4,425,731,145	12.4%	14.0%
13. Family Planning	\$142,615,938	\$113,675,346	\$110,464,195	\$95,957,332	\$100,052,686	\$103,070,890	\$86,478,926	-8.0%	0.3%
14. Early & Periodic Screening, Diagnosis & Treatment	\$171,861,140	\$179,837,344	\$203,168,837	\$219,962,801	\$236,467,232	\$300,380,235	\$322,416,516	11.1%	1.0%
15. Other Care	\$883,229,018	\$1,825,069,845	\$3,099,077,963	\$3,321,382,254	\$3,830,665,234	\$732,935,847	\$949,546,756	1.2%	3.0%
16. Personal Care Support Services	\$0	\$0	\$0	\$0	\$0	\$1,013,676,888	\$724,454,049	-28.5%	2.3%
17. Home/Community Based Waiver Services	\$3,404,549	\$3,067,826	\$29,698,634	\$64,891,393	\$107,367,126	\$1,122,545,612	\$1,068,649,792	160.7%	3.4%
18. Prepaid Health Care	\$0	\$0	\$0	\$0	\$0	\$3,009,009,910	\$3,179,230,190	5.7%	10.0%
19. Primary Care Case Management (PCCM) Services	\$0	\$0	\$0	\$0	\$0	\$124,941,328	\$174,539,793	39.7%	0.6%
Total*(excludes DSH pymts, pharmacy rebates, & other adjs.)	\$22,388,961,935	\$23,682,703,208	\$26,633,450,693	\$26,727,542,895	\$27,905,566,945	\$29,702,519,746	\$31,650,062,706	5.9%	100.0%

AVERAGE PAYMENTS PER RECIPIENT BY TYPE OF SERVICES

01. General Hospital	\$3,636.44	\$3,002.05	\$3,351.01	\$3,658.37	\$3,536.89	\$3,740.74	\$3,921.57	1.3%	N/A
02. Mental Hospital	\$16,739.92	\$13,954.67	\$15,477.28	\$11,960.62	\$11,523.55	\$6,288.64	\$6,552.50	-14.5%	
03. Skilled and Intermediate (non-MR) Care Nursing	\$11,844.65	\$12,900.32	\$13,892.04	\$13,517.55	\$14,207.44	\$14,453.35	\$15,215.38	4.3%	
04. Intermediate Care for Mentally Retarded	\$52,860.83	\$56,143.32	\$61,404.70	\$59,441.29	\$64,554.88	\$65,848.03	\$67,111.62	4.1%	
05. Physician Services	\$360.02	\$364.05	\$414.65	\$373.43	\$384.43	\$372.79	\$387.46	1.2%	
06. Dental Services	\$191.09	\$163.24	\$171.34	\$171.39	\$175.43	\$180.15	\$219.09	2.3%	
07. Other Practitioners	\$157.13	\$209.56	\$234.91	\$226.02	\$160.36	\$172.32	\$152.01	-0.5%	
08. Outpatient Hospital	\$369.99	\$370.72	\$410.39	\$405.85	\$432.58	\$438.48	\$454.72	3.5%	
09. Clinic Services	\$608.85	\$586.08	\$617.88	\$625.13	\$638.71	\$739.61	\$758.19	3.7%	
10. Lab and X-Ray	\$97.92	\$95.97	\$99.45	\$93.33	\$88.14	\$88.96	\$109.56	1.9%	
11. Home Health	\$2,624.91	\$2,976.23	\$3,066.30	\$3,556.44	\$3,840.30	\$1,607.77	\$2,519.19	-0.7%	
12. Prescribed Drugs	\$341.76	\$363.79	\$429.35	\$483.51	\$567.14	\$583.02	\$801.53	15.3%	
13. Family Planning	\$233.54	\$199.57	\$208.07	\$189.19	\$201.29	\$188.62	\$216.94	-1.2%	
14. Early & Periodic Screening, Diagnosis & Treatment	\$99.42	\$99.72	\$110.58	\$119.42	\$133.14	\$168.40	\$179.37	10.3%	
15. Other Care	\$478.25	\$572.91	\$778.44	\$624.25	\$825.43	\$413.30	\$388.65	-3.4%	
16. Personal Care Support Services	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,227.79	\$1,402.49	14.2%	
17. Home/Community Based Waiver Services	\$9,563.34	\$279.76	\$5,396.81	\$1,119.03	\$844.43	\$13,605.13	\$12,949.09	5.2%	
18. Prepaid Health Care	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,146.56	\$1,330.58	16.1%	
19. Primary Care Case Management (PCCM) Services	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$61.34	\$87.96	43.4%	
Total (Average)*	\$2,618.12	\$2,572.02	\$2,690.61	\$2,737.50	\$2,902.72	\$3,030.90	\$3,217.64	3.5%	

TOTAL PER CAPITA EXPENDITURES

	\$438.69	\$473.33	\$515.94	\$513.41	\$537.60	\$552.68	\$583.40	4.9%
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*HCFA 2082 reports for 93 and 94 include disproportionate share hospital payments of \$439.4 M and \$44.8 M, respectively. 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.

**All HCFA 2082 data from FFY 93 to FFY 99 for four states (Maryland, Missouri, South Carolina, and Texas) is excluded from this section as those states were unable to provide requested information.

SOUTHERN LEGISLATIVE CONFERENCE

SOUTHERN REGION MEDICAID PROFILE
DATA BY OTHER CHARACTERISTICS

RECIPIENTS BY OTHER CHARACTERISTICS

	FFY93	FFY94	FFY95	FFY96	FFY97	FFY98	FFY99**	<i>Annual Change</i>	<i>Share of Total FFY 99</i>
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	5,042,616	5,119,854	5,060,589	4,870,484	4,440,100	4,327,286	4,251,524	-2.8%	43.2%
Poverty Related Eligibles	903,193	993,836	1,107,936	1,091,607	2,590,539	2,983,393	2,697,479	20.0%	27.4%
Medically Needy	377,553	415,169	412,759	400,337	442,876	427,905	949,645	16.6%	9.7%
Other Eligibles	2,181,696	2,393,393	2,623,562	2,884,055	1,965,860	1,447,734	1,250,966	-8.9%	12.7%
Maintenance Assistance Status Unknown*	46,471	50,062	530,509	500,631	174,230	613,583	686,817	56.7%	7.0%
Total	8,551,529	8,972,314	9,735,355	9,747,114	9,613,605	9,799,901	9,836,431	2.4%	100.0%
<i>*Includes correction in FFY 96 & 97 for managed care in Oklahoma</i>									
By Basis of Eligibility									
Aged, Blind, or Disabled	2,503,606	2,660,319	2,833,845	2,972,976	3,003,619	3,041,301	3,085,542	3.5%	31.4%
Children	4,140,484	4,432,673	4,590,373	4,622,233	4,695,900	4,451,899	4,359,509	0.9%	44.3%
Foster Care Children	115,145	103,426	97,765	113,478	125,433	115,506	114,111	-0.2%	1.2%
Adults	1,745,814	1,725,866	1,682,863	1,595,762	1,738,818	1,571,211	1,561,057	-1.8%	15.9%
Basis of Eligibility Unknown	46,480	50,030	530,509	442,665	49,835	619,984	716,212	57.7%	7.2%
Total	8,551,529	8,972,314	9,735,355	9,747,114	9,613,605	9,799,901	9,836,431	2.4%	100.0%
By Age									
Under Age 1	560,173	555,252	558,615	545,984	544,002	557,750	651,112	2.5%	6.6%
Age 1 to 5	1,776,664	1,862,261	1,902,114	1,862,852	1,787,970	1,749,977	1,667,190	-1.1%	16.9%
Age 6 to 14	1,543,169	1,708,181	1,887,584	1,978,854	2,003,017	2,105,829	2,005,350	4.5%	20.4%
Age 15 to 20	771,401	817,361	912,408	924,108	915,452	949,030	1,054,527	5.3%	10.7%
Age 21 to 44	1,984,305	2,046,819	2,298,147	2,227,972	2,123,755	2,116,128	2,204,064	1.8%	22.4%
Age 45 to 64	661,468	702,303	858,928	888,940	908,683	945,646	1,071,253	8.4%	10.9%
Age 65 to 74	469,655	484,387	510,122	514,122	513,743	514,110	472,518	0.1%	4.8%
Age 75 to 84	444,539	448,982	458,849	460,384	459,348	454,705	410,866	-1.3%	4.2%
Age 85 and Over	300,610	310,383	322,323	329,737	332,362	366,533	298,760	-0.1%	3.0%
Age Unknown	39,545	36,385	26,265	14,161	25,273	40,193	791	-47.9%	0.0%
Total	8,551,529	8,972,314	9,735,355	9,747,114	9,613,605	9,799,901	9,836,431	2.4%	100.0%
By Race									
White	4,381,280	4,545,328	5,011,777	4,996,977	4,900,630	4,940,361	5,002,536	2.2%	50.9%
Black	3,393,898	3,601,016	3,799,344	3,758,530	3,686,589	3,759,214	3,657,105	1.3%	37.2%
Hispanic, American Indian or Asian	404,354	441,555	487,826	529,808	544,211	564,628	603,871	6.9%	6.1%
Other/Unknown	371,997	384,415	436,408	461,799	482,175	535,698	572,919	7.5%	5.8%
Total	8,551,529	8,972,314	9,735,355	9,747,114	9,613,605	9,799,901	9,836,431	2.4%	100.0%
By Sex									
Female	5,353,745	5,563,450	5,943,182	5,963,775	5,871,036	5,946,339	5,374,288	0.1%	54.6%
Male	3,075,521	3,275,605	3,683,403	3,734,223	3,704,121	3,805,504	4,452,530	6.4%	45.3%
Unknown	122,263	133,259	108,770	49,116	38,448	48,058	9,613	-34.5%	0.1%
Total	8,551,529	8,972,314	9,735,355	9,747,114	9,613,605	9,799,901	9,836,431	2.4%	100.0%

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

SOUTHERN REGION MEDICAID PROFILE

PAYMENTS BY OTHER CHARACTERISTICS

	FFY93	FFY94	FFY95	FFY96	FFY97	FFY98	FFY99**	Annual Change	Share of Total FFY 99
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	\$11,252,236,954	\$11,761,464,041	\$12,428,690,958	\$12,793,065,599	\$13,431,314,302	\$13,961,802,535	\$14,416,593,164	4.2%	45.5%
Poverty Related Eligibles	\$3,648,816,713	\$3,879,116,100	\$4,631,886,914	\$3,663,527,366	\$4,399,852,293	\$5,606,571,341	\$5,667,163,422	7.6%	17.9%
Medically Needy	\$1,506,151,516	\$1,558,567,603	\$1,612,482,229	\$1,545,825,573	\$2,454,471,513	\$2,102,496,010	\$2,685,348,788	10.1%	8.5%
Other Eligibles	\$5,945,185,812	\$6,435,244,939	\$7,283,564,725	\$7,981,501,441	\$7,069,790,588	\$7,271,924,760	\$8,162,055,901	5.4%	25.8%
Maintenance Assistance Status Unknown	\$36,570,940	\$48,310,525	\$676,825,867	\$743,622,916	\$550,138,249	\$759,725,100	\$718,901,431	64.3%	2.3%
Total	\$22,388,961,935	\$23,682,703,208	\$26,633,450,693	\$26,727,542,895	\$27,905,566,945	\$29,702,519,746	\$31,650,062,706	5.9%	100.0%
By Basis of Eligibility									
Aged, Blind, or Disabled	\$14,424,685,369	\$15,678,089,891	\$17,618,645,834	\$18,295,295,352	\$19,292,427,041	\$20,762,260,231	\$22,176,510,968	7.4%	70.1%
Children	\$4,366,578,968	\$4,545,464,683	\$4,833,234,327	\$4,511,424,020	\$4,887,014,883	\$4,627,260,986	\$5,049,624,860	2.5%	16.0%
Foster Care Children	\$267,952,848	\$278,124,908	\$356,229,387	\$336,589,977	\$355,167,067	\$386,779,743	\$396,017,525	6.7%	1.3%
Adults	\$3,293,170,403	\$3,133,752,888	\$3,148,515,278	\$2,839,573,114	\$3,120,482,824	\$3,163,755,014	\$3,356,932,235	0.3%	10.6%
Basis of Eligibility Unknown	\$36,574,347	\$47,270,838	\$676,825,867	\$744,660,432	\$250,475,130	\$762,463,772	\$670,977,117	62.4%	2.1%
Total	\$22,388,961,935	\$23,682,703,208	\$26,633,450,693	\$26,727,542,895	\$27,905,566,945	\$29,702,519,746	\$31,650,062,706	5.9%	100.0%
By Age									
Under Age 1	\$1,344,814,840	\$1,270,484,742	\$1,308,300,514	\$1,212,904,303	\$1,148,298,699	\$1,218,413,766	\$1,634,631,835	3.3%	5.2%
Age 1 to 5	\$1,686,880,168	\$1,827,237,833	\$1,945,055,168	\$1,881,942,593	\$1,880,528,911	\$1,868,882,735	\$1,990,170,099	2.8%	6.3%
Age 6 to 14	\$1,492,505,121	\$1,727,706,704	\$2,031,900,851	\$2,021,534,568	\$2,060,800,791	\$2,432,063,639	\$2,633,064,055	9.9%	8.3%
Age 15 to 20	\$1,698,702,948	\$1,802,374,186	\$2,085,592,112	\$1,949,542,867	\$1,949,668,940	\$2,023,506,688	\$2,319,005,299	5.3%	7.3%
Age 21 to 44	\$5,994,867,275	\$6,203,256,939	\$6,918,110,708	\$6,797,569,416	\$6,870,425,259	\$7,129,473,625	\$7,492,011,558	3.8%	23.7%
Age 45 to 64	\$3,391,214,070	\$3,603,529,769	\$4,241,705,755	\$4,467,418,156	\$4,788,791,933	\$5,314,737,012	\$5,677,414,936	9.0%	17.9%
Age 65 to 74	\$1,669,742,458	\$1,775,355,316	\$2,009,867,561	\$2,063,054,273	\$2,206,885,073	\$2,381,302,690	\$2,319,298,044	5.6%	7.3%
Age 75 to 84	\$2,520,381,759	\$2,664,463,574	\$2,915,684,844	\$2,974,798,651	\$3,146,521,111	\$3,335,289,749	\$3,207,840,073	4.1%	10.1%
Age 85 and Over	\$2,542,262,449	\$2,778,334,102	\$3,104,154,937	\$3,185,491,424	\$3,465,985,567	\$3,735,003,774	\$3,519,962,478	5.6%	11.1%
Age Unknown	\$47,590,847	\$29,960,043	\$73,078,243	\$173,286,644	\$387,660,661	\$263,846,068	\$856,664,329	61.9%	2.7%
Total	\$22,388,961,935	\$23,682,703,208	\$26,633,450,693	\$26,727,542,895	\$27,905,566,945	\$29,702,519,746	\$31,650,062,706	5.9%	100.0%
By Race									
White	\$13,344,678,550	\$14,093,774,890	\$15,827,823,628	\$15,759,734,920	\$16,435,980,105	\$17,271,963,331	\$17,751,869,427	4.9%	56.1%
Black	\$7,122,687,553	\$7,532,414,525	\$8,213,494,382	\$8,042,054,979	\$8,198,386,021	\$8,538,573,153	\$9,152,619,089	4.3%	28.9%
Hispanic, American Indian or Asian	\$599,780,610	\$645,885,146	\$750,277,271	\$802,603,281	\$862,993,987	\$906,106,686	\$1,246,843,986	13.0%	3.9%
Other/Unknown	\$1,321,815,222	\$1,410,628,647	\$1,841,855,412	\$2,123,149,715	\$2,408,206,832	\$2,985,876,576	\$3,498,730,204	17.6%	11.1%
Total	\$22,388,961,935	\$23,682,703,208	\$26,633,450,693	\$26,727,542,895	\$27,905,566,945	\$29,702,519,746	\$31,650,062,706	5.9%	100.0%
By Sex									
Female	\$14,358,063,096	\$15,051,992,903	\$16,741,797,211	\$16,729,961,714	\$17,334,381,683	\$18,015,772,026	\$18,195,484,969	4.0%	57.5%
Male	\$7,870,428,352	\$8,479,965,424	\$9,735,956,234	\$9,792,974,368	\$10,172,480,748	\$10,906,535,138	\$12,465,062,646	8.0%	39.4%
Unknown	\$160,470,487	\$150,744,881	\$155,697,248	\$204,606,813	\$398,704,514	\$780,212,582	\$989,515,091	35.4%	3.1%
Total	\$22,388,961,935	\$23,682,703,208	\$26,633,450,693	\$26,727,542,895	\$27,905,566,945	\$29,702,519,746	\$31,650,062,706	5.9%	100.0%

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

SOUTHERN LEGISLATIVE CONFERENCE

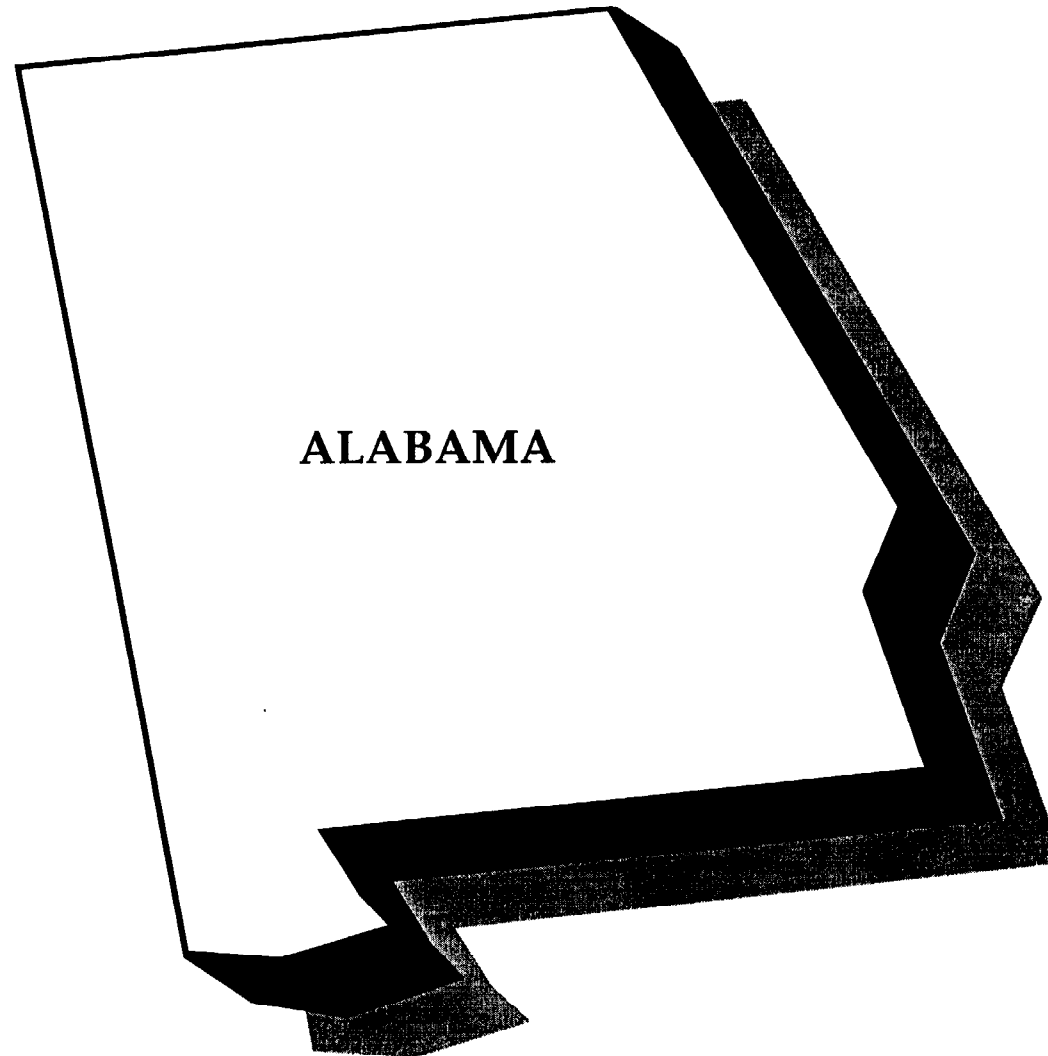
SOUTHERN REGION MEDICAID PROFILE

AVERAGE PAYMENT PER RECIPIENT BY OTHER CHARACTERISTICS

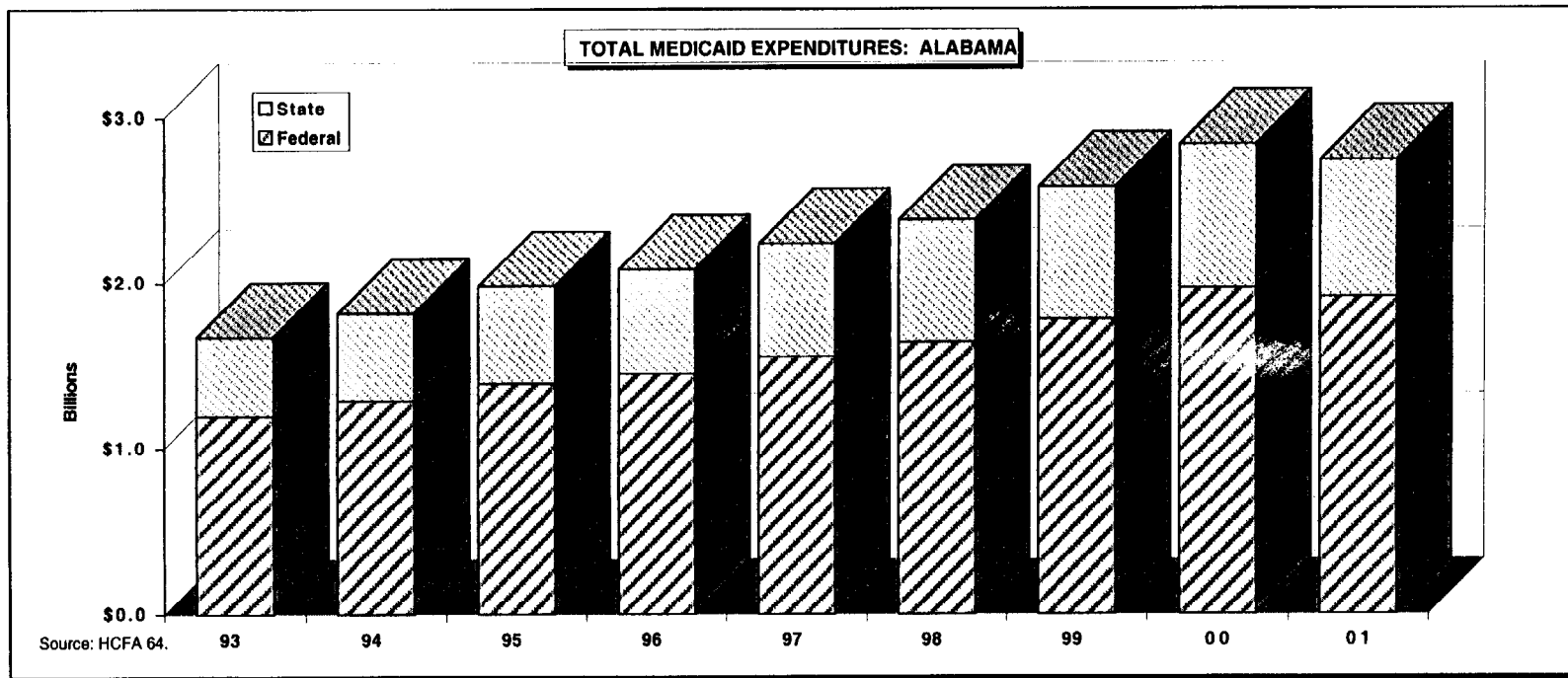
	FFY93	FFY94	FFY95	FFY96	FFY97	FFY98	FFY99**	Annual Change
By Maintenance Assistance Status								
Receiving Cash Assistance or Eligible Under Section 1931	\$2,231.43	\$2,297.23	\$2,455.98	\$2,626.65	\$3,025.00	\$3,226.46	\$3,390.92	7.2%
Poverty Related Eligibles	\$4,039.91	\$3,903.18	\$4,180.64	\$3,356.09	\$1,698.43	\$1,879.26	\$2,100.91	-10.3%
Medically Needy	\$3,989.25	\$3,754.06	\$3,906.59	\$3,861.31	\$5,542.12	\$4,913.46	\$2,827.74	-5.6%
Other Eligibles	\$2,725.03	\$2,688.75	\$2,776.21	\$2,767.46	\$3,596.28	\$5,022.97	\$6,524.60	15.7%
Maintenance Assistance Status Unknown	\$786.96	\$965.01	\$1,275.80	\$1,485.37	\$3,157.54	\$1,238.18	\$1,046.71	4.9%
Total	\$2,618.12	\$2,572.02	\$2,690.61	\$2,737.50	\$2,902.72	\$3,030.90	\$3,217.64	3.5%
 By Basis of Eligibility								
Aged, Blind, or Disabled	\$5,761.56	\$5,893.31	\$6,217.22	\$6,153.87	\$6,423.06	\$6,826.77	\$7,187.23	3.8%
Children	\$1,054.61	\$1,025.45	\$1,052.91	\$976.03	\$1,040.70	\$1,039.39	\$1,158.30	1.6%
Foster Care Children	\$2,327.09	\$2,689.12	\$3,643.73	\$2,966.13	\$2,831.53	\$3,348.57	\$3,470.46	6.9%
Adults	\$1,886.32	\$1,815.76	\$1,870.93	\$1,779.45	\$1,794.60	\$2,013.58	\$2,150.42	2.2%
Basis of Eligibility Unknown	\$786.88	\$944.85	\$1,275.80	\$1,682.22	\$5,026.09	\$1,229.81	\$936.84	2.9%
Total	\$2,618.12	\$2,572.02	\$2,690.61	\$2,737.50	\$2,902.72	\$3,030.90	\$3,217.64	3.5%
 By Age								
Under Age 1	\$2,400.71	\$2,288.12	\$2,342.04	\$2,221.50	\$2,110.84	\$2,184.52	\$2,510.52	0.7%
Age 1 to 5	\$949.46	\$981.19	\$1,022.58	\$1,010.25	\$1,051.77	\$1,067.95	\$1,193.73	3.9%
Age 6 to 14	\$967.17	\$1,011.43	\$1,076.46	\$1,021.57	\$1,028.85	\$1,154.92	\$1,313.02	5.2%
Age 15 to 20	\$2,202.10	\$2,205.11	\$2,285.81	\$2,109.65	\$2,129.73	\$2,132.18	\$2,199.10	0.0%
Age 21 to 44	\$3,021.14	\$3,030.68	\$3,010.30	\$3,051.01	\$3,235.04	\$3,369.11	\$3,399.18	2.0%
Age 45 to 64	\$5,126.80	\$5,131.02	\$4,938.37	\$5,025.56	\$5,270.04	\$5,620.22	\$5,299.79	0.6%
Age 65 to 74	\$3,555.25	\$3,665.16	\$3,939.97	\$4,012.77	\$4,295.70	\$4,631.89	\$4,908.38	5.5%
Age 75 to 84	\$5,669.65	\$5,934.46	\$6,354.34	\$6,461.56	\$6,849.97	\$7,335.06	\$7,807.51	5.5%
Age 85 and Over	\$8,457.01	\$8,951.31	\$9,630.57	\$9,660.70	\$10,428.34	\$10,190.09	\$11,781.91	5.7%
Age Unknown	\$1,203.46	\$823.42	\$2,782.34	\$12,236.89	\$15,338.93	\$6,564.48	\$1,083,014.32	210.7%
Total	\$2,618.12	\$2,572.02	\$2,690.61	\$2,737.50	\$2,902.72	\$3,030.90	\$3,217.64	3.5%
 By Race								
White	\$3,045.84	\$3,100.72	\$3,158.13	\$3,153.85	\$3,353.85	\$3,496.09	\$3,548.57	2.6%
Black	\$2,098.67	\$2,091.75	\$2,161.82	\$2,139.68	\$2,223.84	\$2,271.37	\$2,502.70	3.0%
Hispanic, American Indian or Asian	\$1,483.31	\$1,462.75	\$1,538.00	\$1,514.89	\$1,585.77	\$1,604.79	\$2,064.75	5.7%
Other/Unknown	\$3,553.30	\$3,669.55	\$4,220.49	\$4,597.56	\$4,994.47	\$5,573.81	\$6,106.85	9.4%
Total	\$2,618.12	\$2,572.02	\$2,690.61	\$2,737.50	\$2,902.72	\$3,030.90	\$3,217.64	3.5%
 By Sex								
Female	\$2,681.87	\$2,705.51	\$2,816.98	\$2,805.26	\$2,952.53	\$3,029.73	\$3,385.65	4.0%
Male	\$2,559.06	\$2,588.82	\$2,643.20	\$2,622.49	\$2,746.26	\$2,865.99	\$2,799.55	1.5%
Unknown	\$1,312.50	\$1,131.22	\$1,431.44	\$4,165.79	\$10,369.97	\$16,234.81	\$102,935.10	106.9%
Total	\$2,618.12	\$2,572.02	\$2,690.61	\$2,737.50	\$2,902.72	\$3,030.90	\$3,217.64	3.5%

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

STATE MEDICAID PROFILE



SOUTHERN REGION MEDICAID PROFILE



	FFY 93	FFY 94	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00**	FFY 01**	Annual Rate of Change	Total 93-01
Medicaid Payments	\$1,635,944,698	\$1,777,080,749	\$1,943,319,998	\$2,038,419,446	\$2,195,359,746	\$2,326,929,484	\$2,498,417,679	\$2,766,623,806	\$2,679,720,438	6.4%	63.8%
Federal Share	\$1,173,859,369	\$1,267,492,414	\$1,370,486,300	\$1,425,188,599	\$1,528,097,087	\$1,614,516,026	\$1,730,653,926	\$1,924,740,182	\$1,875,536,335	6.0%	59.8%
State Share	\$462,085,329	\$509,588,335	\$572,833,698	\$613,230,847	\$667,262,659	\$712,413,458	\$767,763,753	\$841,883,624	\$804,184,103	7.2%	74.0%
Administrative Costs	\$36,964,126	\$39,917,949	\$40,135,809	\$44,448,105	\$46,069,028	\$53,658,195	\$82,565,322	\$71,629,597	\$63,658,437	7.0%	72.2%
Federal Share	\$21,991,242	\$24,431,892	\$23,587,709	\$25,987,677	\$27,082,231	\$31,069,394	\$47,062,234	\$40,828,870	\$36,285,309	6.5%	65.0%
State Share	\$14,972,884	\$15,486,057	\$16,548,100	\$18,460,428	\$18,986,797	\$22,588,801	\$35,503,088	\$30,800,727	\$27,373,128	7.8%	82.8%
Admin. Costs as % of Payments	2.26%	2.25%	2.07%	2.18%	2.10%	2.31%	3.30%	2.59%	2.38%		
Federal Match Rate*	71.45%	71.22%	70.45%	69.85%	69.54%	69.32%	69.27%	69.57%	69.99%		

*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 00 and 01 reflect latest estimates reported by each state on HCFA 37.

ALABAMA

SOUTHERN REGION MEDICAID PROFILE

STATE FINANCING

	Payments		Administration	
	FFY 93	FFY 99	FFY 93	FFY 99
State General Fund	\$122,488,029	\$195,376,244	\$6,446,738	\$10,473,468
Local Funds	\$0	\$0	\$0	\$0
Provider Taxes	\$0	\$34,899,877	\$0	\$0
Donations	\$0	\$0	\$0	\$0
Other	\$339,597,300	\$537,487,632	\$8,526,146	\$25,029,620
Total State Share	\$462,085,329	\$767,763,753	\$14,972,884	\$35,503,088

Provider Taxes Currently in Place (FFY 99)		
Provider(s)	Tax Rate	Amount
Nursing homes	\$1,200 per bed/year	\$29,341,038
Pharmacies	\$.10 per prescription over \$3.00	\$5,558,839
Total		\$34,899,877

DISPROPORTIONATE SHARE HOSPITAL (DSH) PAYMENTS

	FFY 93	FFY 94	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00*	FFY 01*	Annual Change
General Hospitals	\$417,333,264	\$148,991,949	\$413,006,229	\$346,707,637	\$391,069,616	\$389,273,781	\$385,033,879	\$353,173,872	\$348,176,853	-2.8%
Mental Hospitals	\$112,018	\$268,466,050	\$4,451,770	\$48,180,868	\$26,388,384	\$4,451,769	\$3,301,620	\$3,301,620	\$3,301,620	-4.9%
Total	\$417,445,282	\$417,457,999	\$417,457,999	\$394,888,505	\$417,458,000	\$393,725,550	\$388,335,499	\$356,475,492	\$351,478,473	-2.8%

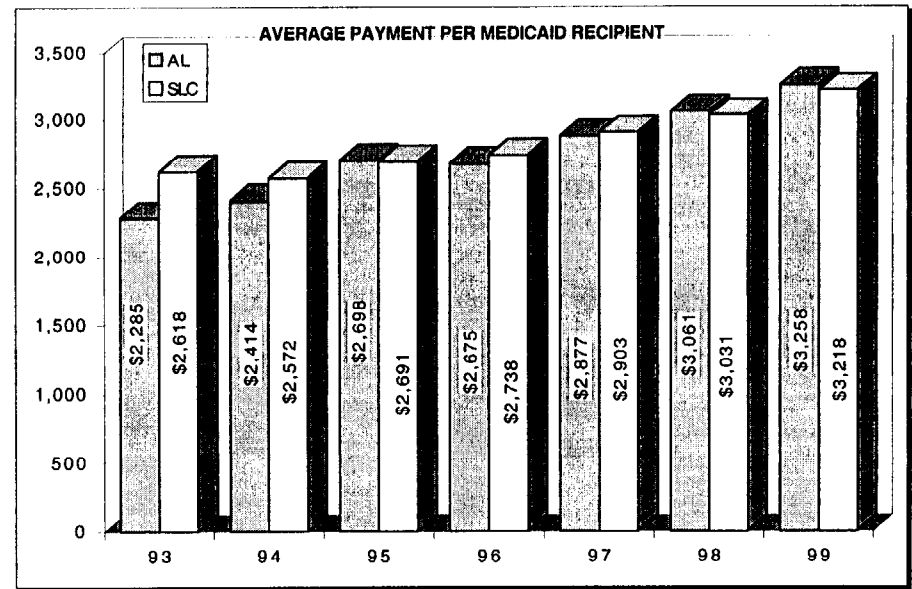
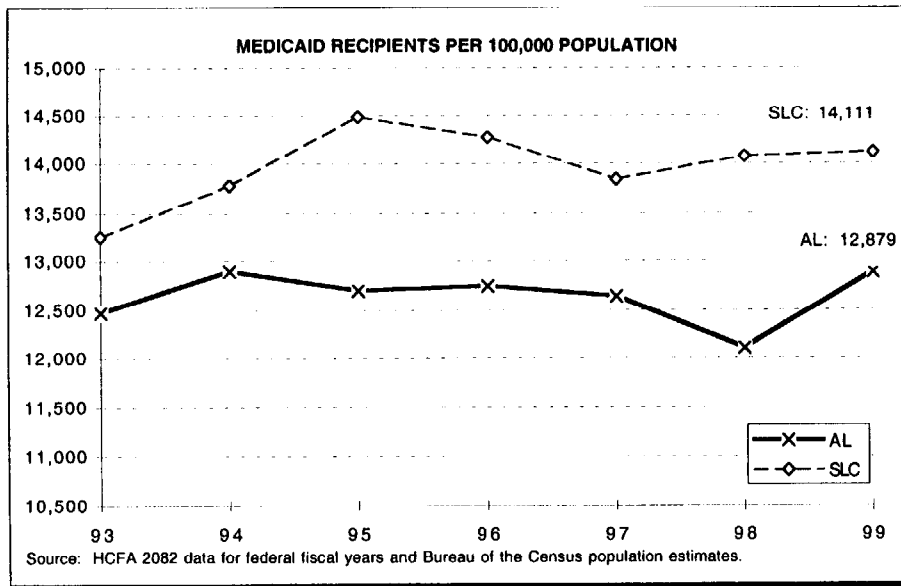
SELECTED ELIGIBILITY CRITERIA				DEMOGRAPHIC DATA & POVERTY INDICATORS (1999)			
	At 10/1/00	% of FPL*					Rank in U.S.
TANF-Temporary Assistance for Needy Families (Family of 3)				State population---July 1, 1999*	4,369,862		23
Need Standard	\$673	57.1%		Per capita personal income**	\$21,500		40
Payment Standard	\$164	13.9%		Median household income**	\$33,394		39
Maximum Payment	\$164	13.9%					
Medically Needy Program (Family of 3)	N/A			Population below Federal Poverty Level on July 1, 1999*	642,370		
Income Eligibility Standard				Percent of total population	14.7%		13
Resource Standard							
Pregnant Women, Children and Infants (% of FPL*)				Population without health insurance coverage*	740,000		17
Pregnant women and children to 6		133.0%		Percent of total population	16.9%		17
Children 6 to 14		100.0%		Recipients of Food Stamps***	405,273		14
Children 14 to 18		100.0%		Households receiving Food Stamps***	159,241		16
SSI Eligibility Levels				Total value of issuance***	\$346,556,850		14
Income:				Average monthly benefit per recipient	\$71.26		26
Single Person	\$514	73.9%		Average monthly benefit per household	\$181.36		
Couple	\$761	81.2%					
Resources:				Monthly recipients of Temporary Assistance to Needy Families (TANF)****	45,472		28
Single Person	\$2,000			Total TANF payments****	\$122,225,100		36
Couple	\$3,000			Average monthly payment per recipient	\$223.99		
				Maximum monthly payment per family of 3	\$164.00		49

*Current federal poverty level is \$8,350 per year for a single person, \$11,250 for a family of two and \$14,150 for a family of three. Table above shows monthly income levels.

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

ALABAMA

SOUTHERN REGION MEDICAID PROFILE



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

<u>RECIPIENTS BY TYPE OF SERVICES</u>	<u>FFY 93</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>Annual Change</u>
01. General Hospital	69,974	72,028	71,221	34,367	28,458	28,911	28,142	-14.1%
02. Mental Hospital	1,018	1,045	1,072	1,147	1,129	1,329	1,178	2.5%
03. Skilled and Intermediate (non-MR) Care Nursing	21,168	21,733	21,809	22,620	23,476	23,844	24,592	2.5%
04. Intermediate Care for Mentally Retarded	1,312	1,265	1,117	968	828	750	708	-9.8%
05. Physician Services	394,685	414,000	406,821	409,235	415,252	393,194	389,005	-0.2%
06. Dental Services	63,088	68,214	65,649	70,823	70,968	68,485	76,261	3.2%
07. Other Practitioners	64,299	69,715	71,135	75,835	86,045	72,649	89,914	5.7%
08. Outpatient Hospital	213,112	223,841	221,182	248,630	262,530	221,538	190,517	-1.9%
09. Clinic Services	71,184	85,550	108,423	120,341	124,345	111,804	83,653	2.7%
10. Lab and X-Ray	175,033	206,188	161,653	186,612	178,743	157,551	149,460	-2.6%
11. Home Health	36,287	37,421	68,405	45,384	47,268	43,277	51,571	6.0%
12. Prescribed Drugs	395,458	409,406	404,581	412,511	412,739	395,290	405,140	0.4%
13. Family Planning	39,296	38,413	34,841	37,130	39,639	35,953	34,280	-2.3%
14. Early & Periodic Screening, Diagnosis & Treatment	135,755	132,428	136,906	139,036	131,285	121,122	122,807	-1.7%
15. Other Care	95,511	102,267	108,834	116,680	123,061	75,170	175,204	10.6%
16. Personal Care Support Services	0	0	0	0	0	52,098	0	-100.0%
17. Home/Community Based Waiver Services	0	0	0	0	0	4,112	6,098	48.3%
18. Prepaid Health Care	0	0	0	0	0	344,907	0	-100.0%
19. Primary Care Case Management (PCCM) Services	0	0	0	0	0	151,910	0	-100.0%
Total*	521,539	543,537	539,251	546,272	546,140	527,078	562,801	1.3%

*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

PAYMENTS BY TYPE OF SERVICES	FFY 93	FFY 94	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	Annual Change	Share of Total FFY 99
01. General Hospital	\$235,494,909	\$252,860,631	\$269,464,898	\$198,637,110	\$170,166,297	\$190,942,492	\$298,064,323	4.0%	16.3%
02. Mental Hospital	\$20,292,291	\$19,132,945	\$18,227,568	\$20,530,209	\$21,833,876	\$26,475,030	\$30,756,234	7.2%	1.7%
03. Skilled and Intermediate (non-MR) Care Nursing	\$330,831,471	\$382,486,883	\$426,102,259	\$445,325,482	\$520,412,943	\$522,825,844	\$570,237,131	9.5%	31.1%
04. Intermediate Care for Mentally Retarded	\$79,035,541	\$79,297,030	\$77,870,785	\$68,011,776	\$58,298,157	\$55,663,840	\$59,125,341	-4.7%	3.2%
05. Physician Services	\$106,935,660	\$115,904,923	\$114,558,882	\$119,428,302	\$132,563,184	\$115,683,384	\$127,125,223	2.9%	6.9%
06. Dental Services	\$7,456,614	\$8,455,449	\$9,038,068	\$10,118,678	\$10,218,557	\$9,698,164	\$11,736,511	7.9%	0.6%
07. Other Practitioners	\$7,464,353	\$7,844,722	\$8,024,526	\$8,418,026	\$8,617,321	\$7,888,253	\$7,580,000	0.3%	0.4%
08. Outpatient Hospital	\$36,110,900	\$40,345,687	\$47,095,877	\$65,223,740	\$70,529,433	\$57,602,636	\$47,811,861	4.8%	2.6%
09. Clinic Services	\$15,739,644	\$20,701,621	\$37,840,054	\$46,123,958	\$49,128,082	\$62,372,094	\$73,541,276	29.3%	4.0%
10. Lab and X-Ray	\$8,449,904	\$10,492,600	\$9,992,503	\$11,082,415	\$10,636,552	\$9,563,557	\$13,952,110	8.7%	0.8%
11. Home Health	\$63,912,347	\$70,193,170	\$83,981,082	\$104,535,592	\$128,593,515	\$22,844,852	\$34,883,832	-9.6%	1.9%
12. Prescribed Drugs	\$146,877,201	\$163,021,321	\$178,667,753	\$203,811,076	\$226,105,163	\$236,674,147	\$273,603,400	10.9%	14.9%
13. Family Planning	\$11,024,470	\$9,567,665	\$7,893,848	\$7,332,859	\$7,565,632	\$6,639,031	\$9,498,436	-2.5%	0.5%
14. Early & Periodic Screening, Diagnosis & Treatment	\$15,595,447	\$16,452,308	\$15,787,197	\$16,485,904	\$15,891,150	\$16,178,400	\$14,838,637	-0.8%	0.8%
15. Other Care	\$106,597,652	\$115,079,562	\$130,446,795	\$136,035,958	\$140,643,879	\$19,858,177	\$31,720,849	-18.3%	1.7%
16. Personal Care Support Services	\$0	\$0	\$0	\$0	\$0	\$61,655,392	\$0	-100.0%	0.0%
17. Home/Community Based Waiver Services	\$0	\$0	\$20,000,000	\$0	\$0	\$117,726,558	\$138,456,852	62.2%	7.6%
18. Prepaid Health Care	\$0	\$0	\$0	\$0	\$0	\$178,992	\$0	-100.0%	0.0%
19. Primary Care Case Management (PCCM) Services	\$0	\$0	\$0	\$0	\$0	\$72,939,909	\$90,408,552	23.9%	4.9%
Total (excludes DSH pymts, pharmacy rebates, & other adjs.)	\$1,191,818,404	\$1,311,836,517	\$1,454,992,095	\$1,461,101,085	\$1,571,203,741	\$1,613,410,752	\$1,833,340,568	7.4%	100.0%

AVERAGE PAYMENTS PER RECIPIENT BY TYPE OF SERVICES

								(+) or (-) SLC	Avg. FFY 99
01. General Hospital	\$3,365.46	\$3,510.59	\$3,783.50	\$5,779.88	\$5,979.56	\$6,604.49	\$10,591.44	21.1%	170.1%
02. Mental Hospital	\$19,933.49	\$18,309.04	\$17,003.33	\$17,899.05	\$19,339.13	\$19,921.02	\$26,108.86	4.6%	298.5%
03. Skilled and Intermediate (non-MR) Care Nursing	\$15,628.85	\$17,599.36	\$19,537.91	\$19,687.25	\$22,167.87	\$21,926.94	\$23,187.91	6.8%	52.4%
04. Intermediate Care for Mentally Retarded	\$60,240.50	\$62,685.40	\$69,714.22	\$70,260.10	\$70,408.40	\$74,218.45	\$83,510.37	5.6%	24.4%
05. Physician Services	\$270.94	\$279.96	\$281.60	\$291.83	\$319.24	\$294.21	\$326.80	3.2%	-15.7%
06. Dental Services	\$118.19	\$123.95	\$137.67	\$142.87	\$143.99	\$141.61	\$153.90	4.5%	-29.8%
07. Other Practitioners	\$116.09	\$112.53	\$112.81	\$111.00	\$100.15	\$108.58	\$84.30	-5.2%	-44.5%
08. Outpatient Hospital	\$169.45	\$180.24	\$212.93	\$262.33	\$268.65	\$260.01	\$250.96	6.8%	-44.8%
09. Clinic Services	\$221.11	\$241.98	\$349.00	\$383.28	\$395.09	\$557.87	\$879.12	25.9%	15.9%
10. Lab and X-Ray	\$48.28	\$50.89	\$61.81	\$59.39	\$59.51	\$60.70	\$93.35	11.6%	-14.8%
11. Home Health	\$1,761.30	\$1,875.77	\$1,227.70	\$2,303.36	\$2,720.52	\$527.88	\$676.42	-14.7%	-73.1%
12. Prescribed Drugs	\$371.41	\$398.19	\$441.61	\$494.07	\$547.82	\$598.74	\$675.33	10.5%	-15.7%
13. Family Planning	\$280.55	\$249.07	\$226.57	\$197.49	\$190.86	\$184.66	\$277.08	-0.2%	27.7%
14. Early & Periodic Screening, Diagnosis & Treatment	\$114.88	\$124.24	\$115.31	\$118.57	\$121.04	\$133.57	\$120.83	0.8%	-32.6%
15. Other Care	\$1,116.08	\$1,125.29	\$1,198.58	\$1,165.89	\$1,142.88	\$264.18	\$181.05	-26.1%	-53.4%
16. Personal Care Support Services	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,183.45	\$0.00	-100.0%	-100.0%
17. Home/Community Based Waiver Services	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$28,630.00	\$22,705.29	-20.7%	75.3%
18. Prepaid Health Care	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.52	\$0.00	-100.0%	-100.0%
19. Primary Care Case Management (PCCM) Services	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$480.15	\$0.00	-100.0%	-100.0%
Total (Average)	\$2,285.20	\$2,413.52	\$2,698.17	\$2,674.68	\$2,876.92	\$3,061.05	\$3,257.53	6.1%	1.2%

TOTAL PER CAPITA EXPENDITURES	\$400.05	\$431.06	\$467.11	\$485.84	\$518.60	\$547.01	\$590.63	6.7%	1.2%
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ALABAMA

SOUTHERN REGION MEDICAID PROFILE
DATA BY OTHER CHARACTERISTICS

RECIPIENTS BY OTHER CHARACTERISTICS

	FFY 93	FFY 94	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	<i>Annual Change</i>	<i>Share of Total FFY 99</i>
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	308,470	307,432	292,535	286,298	275,061	231,997	214,490	-5.9%	38.1%
Poverty Related Eligibles	52,912	55,905	54,499	53,316	65,371	219,029	276,713	31.7%	49.2%
Medically Needy	0	0	0	0	0	0	0	n/a	0.0%
Other Eligibles	158,849	179,115	191,422	205,839	203,308	74,385	70,098	-12.7%	12.5%
Maintenance Assistance Status Unknown	1,308	1,085	795	819	2,400	1,667	1,500	2.3%	0.3%
Total	521,539	543,537	539,251	546,272	546,140	527,078	562,801	1.3%	100.0%
By Basis of Eligibility									
Aged, Blind, or Disabled	187,121	196,722	202,666	207,821	210,933	210,544	216,669	2.5%	38.5%
Children	233,535	244,281	243,999	250,149	276,145	262,547	271,119	2.5%	48.2%
Foster Care Children	2,861	2,597	2,879	2,846	3,716	4,038	4,634	8.4%	0.8%
Adults	96,704	98,852	88,912	84,635	52,944	48,048	65,835	-6.2%	11.7%
Basis of Eligibility Unknown	1,318	1,085	795	821	2,402	1,901	4,544	22.9%	0.8%
Total	521,539	543,537	539,251	546,272	546,140	527,078	562,801	1.3%	100.0%
By Age									
Under Age 1	30,272	30,111	29,633	28,103	28,267	27,969	28,004	-1.3%	5.0%
Age 1 to 5	125,428	129,135	128,371	127,986	123,033	111,576	117,283	-1.1%	20.8%
Age 6 to 14	82,873	92,417	95,977	106,131	112,199	111,380	126,357	7.3%	22.5%
Age 15 to 20	43,418	45,520	43,715	43,683	42,273	43,098	54,806	4.0%	9.7%
Age 21 to 44	107,176	111,269	104,840	102,757	99,867	93,433	95,972	-1.8%	17.1%
Age 45 to 64	42,001	44,457	46,688	48,663	50,685	51,573	54,085	4.3%	9.6%
Age 65 to 74	32,318	32,700	32,729	32,383	32,408	31,817	31,416	-0.5%	5.6%
Age 75 to 84	33,333	32,688	32,091	31,319	31,144	30,248	29,000	-2.3%	5.2%
Age 85 and Over	23,855	24,343	24,528	24,601	25,208	25,309	25,222	0.9%	4.5%
Age Unknown	865	897	679	646	1,056	675	656	-4.5%	0.1%
Total	521,539	543,537	539,251	546,272	546,140	527,078	562,801	1.3%	100.0%
By Race									
White	226,194	238,432	239,275	240,879	242,516	238,107	250,806	1.7%	44.6%
Black	268,533	278,258	272,865	277,678	275,231	260,790	282,181	0.8%	50.1%
Hispanic, American Indian or Asian	3,273	4,140	4,924	5,843	6,488	7,042	22,084	37.5%	3.9%
Other/Unknown	23,539	22,707	22,187	21,872	21,905	21,139	7,730	-16.9%	1.4%
Total	521,539	543,537	539,251	546,272	546,140	527,078	562,801	1.3%	100.0%
By Sex									
Female	332,352	344,239	337,439	338,728	336,467	322,644	341,391	0.4%	60.7%
Male	183,360	193,176	195,522	200,646	202,230	196,812	214,684	2.7%	38.1%
Unknown	5,827	6,122	6,290	6,898	7,443	7,622	6,726	2.4%	1.2%
Total	521,539	543,537	539,251	546,272	546,140	527,078	562,801	1.3%	100.0%

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

ALABAMA

SOUTHERN REGION MEDICAID PROFILE

PAYMENTS BY OTHER CHARACTERISTICS

	FFY 93	FFY 94	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	Annual Change	Share of Total FFY 99
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	\$620,732,190	\$662,592,590	\$698,745,100	\$608,945,773	\$646,168,737	\$602,257,731	\$633,766,270	0.3%	34.6%
Poverty Related Eligibles	\$387,786,361	\$445,454,643	\$503,382,092	\$514,790,907	\$170,810,424	\$178,124,687	\$354,031,879	-1.5%	19.3%
Medically Needy	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a	0.0%
Other Eligibles	\$182,404,313	\$203,004,522	\$218,624,893	\$184,828,392	\$607,526,099	\$607,215,547	\$706,832,522	25.3%	38.6%
Maintenance Assistance Status Unknown	\$895,540	\$784,762	\$34,240,010	\$152,536,013	\$146,698,481	\$225,812,787	\$138,709,897	131.7%	7.6%
Total	\$1,191,818,404	\$1,311,836,517	\$1,454,992,095	\$1,461,101,085	\$1,571,203,741	\$1,613,410,752	\$1,833,340,568	7.4%	100.0%
By Basis of Eligibility									
Aged, Blind or Disabled	\$840,775,041	\$940,453,294	\$1,046,491,356	\$1,013,421,923	\$1,140,949,944	\$1,148,109,264	\$1,261,859,857	7.0%	68.8%
Children	\$173,566,537	\$191,183,199	\$193,833,249	\$140,069,631	\$191,018,520	\$189,774,558	\$283,399,186	8.5%	15.5%
Foster Care Children	\$5,138,127	\$4,815,441	\$9,707,101	\$9,743,579	\$16,062,702	\$17,824,964	\$25,409,692	30.5%	1.4%
Adults	\$171,423,943	\$174,599,821	\$170,720,379	\$145,329,084	\$76,474,094	\$31,649,422	\$117,218,923	-6.1%	6.4%
Basis of Eligibility Unknown	\$914,756	\$784,762	\$34,240,010	\$152,536,868	\$146,698,481	\$226,052,544	\$145,452,910	132.8%	7.9%
Total	\$1,191,818,404	\$1,311,836,517	\$1,454,992,095	\$1,461,101,085	\$1,571,203,741	\$1,613,410,752	\$1,833,340,568	7.4%	100.0%
By Age									
Under Age 1	\$59,488,836	\$66,046,869	\$69,000,694	\$21,718,398	\$23,397,438	\$22,820,090	\$30,129,124	-10.7%	1.6%
Age 1 to 5	\$109,666,317	\$118,465,241	\$118,393,096	\$89,906,107	\$76,335,290	\$67,146,102	\$78,629,298	-5.4%	4.3%
Age 6 to 14	\$57,448,753	\$67,137,104	\$79,648,012	\$76,274,758	\$82,732,315	\$137,866,379	\$228,971,556	25.9%	12.5%
Age 15 to 20	\$81,111,533	\$87,591,733	\$89,616,766	\$79,740,778	\$76,750,734	\$45,768,326	\$94,268,784	2.5%	5.1%
Age 21 to 44	\$269,064,489	\$287,541,476	\$301,831,978	\$268,187,264	\$265,892,369	\$204,968,841	\$277,967,020	0.5%	15.2%
Age 45 to 64	\$163,964,021	\$182,334,479	\$207,550,327	\$192,938,509	\$216,275,333	\$222,425,685	\$246,269,985	7.0%	13.4%
Age 65 to 74	\$93,408,453	\$102,273,158	\$111,382,655	\$118,644,726	\$140,790,737	\$138,305,521	\$147,230,394	7.9%	8.0%
Age 75 to 84	\$167,647,015	\$182,097,708	\$195,848,563	\$203,861,863	\$236,822,941	\$233,796,571	\$247,214,550	6.7%	13.5%
Age 85 and Over	\$189,070,098	\$217,436,770	\$247,536,114	\$257,348,370	\$306,824,223	\$315,444,008	\$343,949,958	10.5%	18.8%
Age Unknown	\$948,889	\$911,979	\$34,183,890	\$152,480,312	\$145,382,361	\$224,869,229	\$138,709,899	129.5%	7.6%
Total	\$1,191,818,404	\$1,311,836,517	\$1,454,992,095	\$1,461,101,085	\$1,571,203,741	\$1,613,410,752	\$1,833,340,568	7.4%	100.0%
By Race									
White	\$668,381,196	\$746,667,929	\$817,806,916	\$779,375,247	\$861,507,068	\$827,945,714	\$951,526,090	6.1%	51.9%
Black	\$456,625,688	\$494,930,645	\$527,068,448	\$463,114,382	\$493,712,277	\$438,942,699	\$544,338,912	3.0%	29.7%
Hispanic, American Indian or Asian	\$4,576,820	\$6,257,278	\$7,657,954	\$6,487,149	\$6,966,565	\$6,064,149	\$191,261,918	86.3%	10.4%
Other/Unknown	\$62,234,700	\$63,980,665	\$102,458,777	\$212,124,307	\$209,017,831	\$340,458,190	\$146,213,648	15.3%	8.0%
Total	\$1,191,818,404	\$1,311,836,517	\$1,454,992,095	\$1,461,101,085	\$1,571,203,741	\$1,613,410,752	\$1,833,340,568	7.4%	100.0%
By Sex									
Female	\$819,019,495	\$898,392,959	\$966,579,837	\$908,405,172	\$994,732,988	\$901,546,013	\$1,077,677,892	4.7%	58.8%
Male	\$364,189,010	\$403,923,942	\$443,200,940	\$395,672,055	\$427,195,176	\$428,860,075	\$488,061,795	5.0%	26.6%
Unknown	\$8,609,899	\$9,519,616	\$45,211,318	\$157,023,858	\$149,275,577	\$283,004,664	\$267,600,881	77.3%	14.6%
Total	\$1,191,818,404	\$1,311,836,517	\$1,454,992,095	\$1,461,101,085	\$1,571,203,741	\$1,613,410,752	\$1,833,340,568	7.4%	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 93	FFY 94	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	Annual Change	Above (+) or Below (-) SLC Avg. FFY 99
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	\$2,012.29	\$2,155.25	\$2,388.59	\$2,126.96	\$2,349.18	\$2,595.97	\$2,954.76	6.6%	-12.9%
Poverty Related Eligibles	\$7,328.89	\$7,968.06	\$9,236.54	\$9,655.47	\$2,612.94	\$813.25	\$1,279.42	-25.2%	-39.1%
Medically Needy	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	n/a	-100.0%
Other Eligibles	\$1,148.29	\$1,133.38	\$1,142.11	\$897.93	\$2,988.21	\$8,163.15	\$10,083.49	43.6%	54.5%
Maintenance Assistance Status Unknown	\$684.66	\$723.28	\$43,069.19	\$186,246.66	\$61,124.37	\$135,460.58	\$92,473.26	126.5%	8734.6%
Total	\$2,285.20	\$2,413.52	\$2,698.17	\$2,674.68	\$2,876.92	\$3,061.05	\$3,257.53	6.1%	1.2%
By Basis of Eligibility									
Aged, Blind or Disabled	\$4,493.22	\$4,780.62	\$5,163.63	\$4,876.42	\$5,409.06	\$5,453.06	\$5,823.91	4.4%	-19.0%
Children	\$743.21	\$782.64	\$794.40	\$559.94	\$691.73	\$722.82	\$1,045.29	5.8%	-9.8%
Foster Care Children	\$1,795.92	\$1,854.23	\$3,371.69	\$3,423.60	\$4,322.58	\$4,414.31	\$5,483.32	20.4%	58.0%
Adults	\$1,772.67	\$1,766.28	\$1,920.11	\$1,717.13	\$1,444.43	\$658.70	\$1,780.50	0.1%	-17.2%
Basis of Eligibility Unknown	\$694.05	\$723.28	\$43,069.19	\$185,793.99	\$61,073.47	\$118,912.44	\$32,009.88	89.4%	3316.8%
Total	\$2,285.20	\$2,413.52	\$2,698.17	\$2,674.68	\$2,876.92	\$3,061.05	\$3,257.53	6.1%	1.2%
By Age									
Under Age 1	\$1,965.14	\$2,193.45	\$2,328.51	\$772.81	\$827.73	\$815.91	\$1,075.89	-9.6%	-57.1%
Age 1 to 5	\$874.34	\$917.38	\$922.27	\$702.47	\$620.45	\$601.80	\$670.42	-4.3%	-43.8%
Age 6 to 14	\$693.21	\$726.46	\$829.87	\$718.69	\$737.37	\$1,237.80	\$1,812.10	17.4%	38.0%
Age 15 to 20	\$1,868.15	\$1,924.25	\$2,050.02	\$1,825.44	\$1,815.60	\$1,061.96	\$1,720.04	-1.4%	-21.8%
Age 21 to 44	\$2,510.49	\$2,584.20	\$2,878.98	\$2,609.92	\$2,662.46	\$2,193.75	\$2,896.33	2.4%	-14.8%
Age 45 to 64	\$3,903.81	\$4,101.37	\$4,445.47	\$3,964.79	\$4,267.05	\$4,312.83	\$4,553.39	2.6%	-14.1%
Age 65 to 74	\$2,890.29	\$3,127.62	\$3,403.18	\$3,663.80	\$4,344.32	\$4,346.91	\$4,686.48	8.4%	-4.5%
Age 75 to 84	\$5,029.46	\$5,570.78	\$6,102.91	\$6,509.21	\$7,604.13	\$7,729.32	\$8,524.64	9.2%	9.2%
Age 85 and Over	\$7,925.81	\$8,932.21	\$10,091.98	\$10,460.89	\$12,171.70	\$12,463.71	\$13,636.90	9.5%	15.7%
Age Unknown	\$1,096.98	\$1,016.70	\$50,344.46	\$236,037.63	\$137,672.69	\$333,139.60	\$211,448.02	140.3%	-80.5%
Total	\$2,285.20	\$2,413.52	\$2,698.17	\$2,674.68	\$2,876.92	\$3,061.05	\$3,257.53	6.1%	1.2%
By Race									
White	\$2,954.90	\$3,131.58	\$3,417.85	\$3,235.55	\$3,552.37	\$3,477.20	\$3,793.87	4.3%	6.9%
Black	\$1,700.45	\$1,778.68	\$1,931.61	\$1,667.81	\$1,793.81	\$1,683.13	\$1,929.04	2.1%	-22.9%
Hispanic, American Indian or Asian	\$1,398.36	\$1,511.42	\$1,555.23	\$1,110.24	\$1,073.76	\$861.14	\$8,660.66	35.5%	319.5%
Other/Unknown	\$2,643.90	\$2,817.66	\$4,617.96	\$9,698.44	\$9,542.01	\$16,105.69	\$18,915.09	38.8%	209.7%
Total	\$2,285.20	\$2,413.52	\$2,698.17	\$2,674.68	\$2,876.92	\$3,061.05	\$3,257.53	6.1%	1.2%
By Sex									
Female	\$2,464.31	\$2,609.79	\$2,864.46	\$2,681.81	\$2,956.41	\$2,794.24	\$3,156.73	4.2%	-6.8%
Male	\$1,986.20	\$2,090.96	\$2,266.76	\$1,971.99	\$2,112.42	\$2,179.03	\$2,273.40	2.3%	-18.8%
Unknown	\$1,477.59	\$1,554.98	\$7,187.81	\$22,763.68	\$20,055.83	\$37,129.97	\$39,786.04	73.1%	-61.3%
Total	\$2,285.20	\$2,413.52	\$2,698.17	\$2,674.68	\$2,876.92	\$3,061.05	\$3,257.53	6.1%	1.2%

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

ALABAMA

SOUTHERN REGION MEDICAID PROFILE

ADDITIONAL STATE HEALTH CARE INFORMATION

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

*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 43 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.

A Section 1115 Freedom of Choice Waiver was submitted in July 1995 to request a fully capitated managed care program for TANF recipients in Mobile County. The state will contract with one HMO to provide all services, excluding Long Term Care, HCBS Waivers, eyeglasses, and state lab services. The HMO will enroll all recipients except foster children and dual eligibles with aged, blind, and disabled phased in over four months. SOBRA adults will receive 24 months post partum family planning services. In December 1996, the waiver was approved and implemented in May 1997. The program expired in 1999 due to the lack of an adequate number of providers.

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.

SOUTHERN REGION MEDICAID PROFILE

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.

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 10,330 new eligibles by September of 1999.
- 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 1999.
- 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 copayments for preventive services, well-baby care, immunizations, and physical examinations.
- Other cost sharing provisions include:
 - \$3 copayment for brand name prescriptive drugs
 - \$1 copayment for generic prescriptive drugs
 - \$5 copayment for inpatient hospital care, physician visits, emergency services, urgent care, inpatient chemical dependency care, and dental services

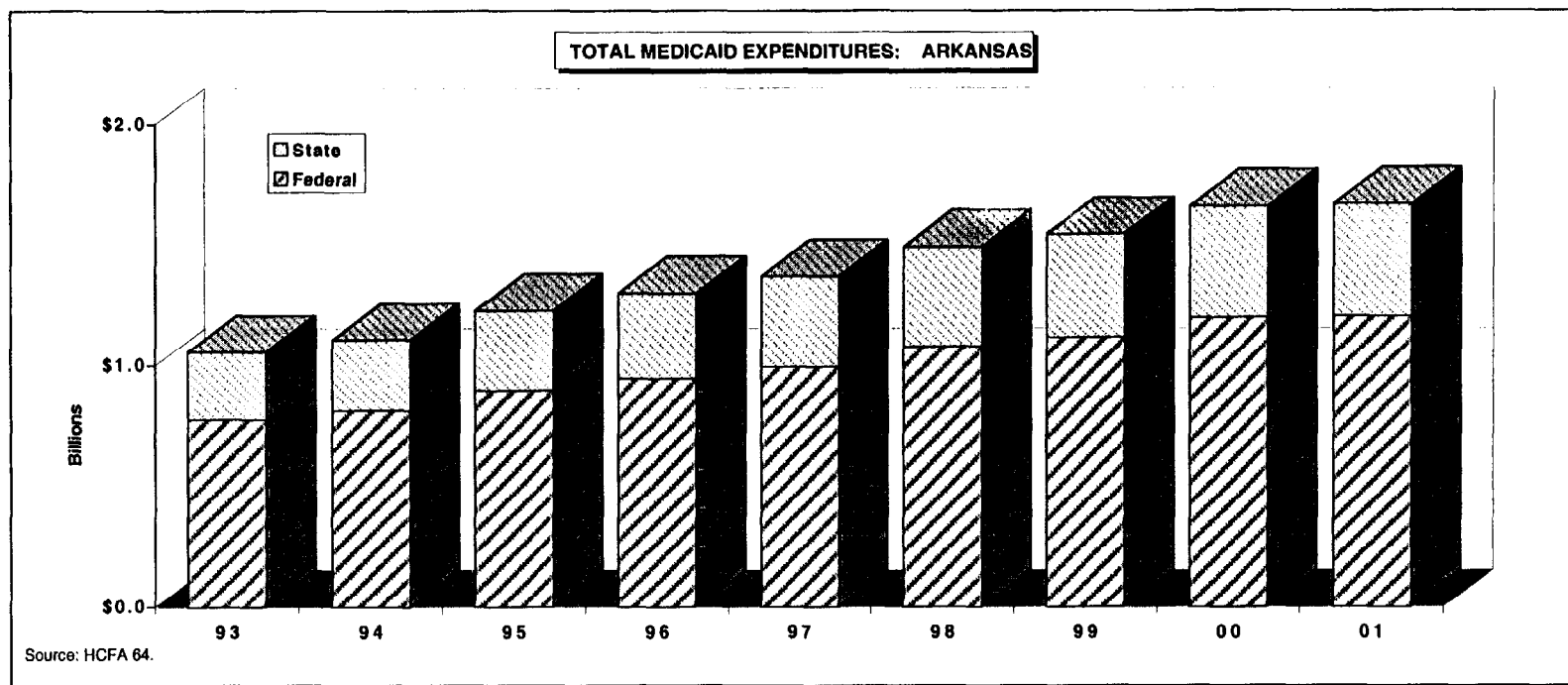
Tobacco Settlement

- The state expects to receive approximately \$3.23 billion over 25 years.
- For Fiscal Year 2000, the tobacco settlement payment should be approximately \$103.6 million.
- The model statute, required by the Master Settlement Agreement, was enacted to receive tobacco money allotted to the state.
- The planned use of the funds is as follows:
 1. The 21st Century Fund--\$50 million for debt service on bonds to create 5 industrial development authorities.
 2. 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.
 3. Medicaid--up to \$40 million through FY 2001, and \$45 million thereafter.
 4. Senior Trust--\$10 million from the general fund.

STATE MEDICAID PROFILES



SOUTHERN REGION MEDICAID PROFILE



	FFY 93	FFY 94	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00**	FFY 01**	Annual Rate of Change	Total 93-01
Medicaid Payments	\$1,017,838,514	\$1,066,487,930	\$1,183,573,889	\$1,243,068,403	\$1,302,627,000	\$1,407,017,402	\$1,460,724,048	\$1,575,926,000	\$1,580,622,000	5.7%	55.3%
Federal Share	\$758,035,420	\$794,567,518	\$873,122,323	\$915,615,280	\$955,084,000	\$1,025,895,613	\$1,066,890,276	\$1,149,450,000	\$1,155,026,000	5.4%	52.4%
State Share	\$259,803,094	\$271,920,412	\$310,451,566	\$327,453,123	\$347,543,000	\$381,121,789	\$393,833,772	\$426,476,000	\$425,596,000	6.4%	63.8%
Administrative Costs	\$37,343,758	\$40,586,419	\$44,860,158	\$57,576,753	\$67,083,092	\$86,229,103	\$84,855,266	\$85,897,000	\$89,684,000	11.6%	140.2%
Federal Share	\$21,673,880	\$23,172,647	\$25,106,078	\$32,744,192	\$38,908,941	\$51,779,665	\$49,839,110	\$49,467,000	\$50,726,000	11.2%	134.0%
State Share	\$15,669,878	\$17,413,772	\$19,754,080	\$24,832,561	\$28,174,151	\$34,449,438	\$35,016,156	\$36,430,000	\$38,958,000	12.1%	148.6%
Admin. Costs as % of Payments	3.67%	3.81%	3.79%	4.63%	5.15%	6.13%	6.31%	6.39%	6.39%		
Federal Match Rate*	74.41%	74.46%	73.75%	73.61%	73.29%	72.84%	72.96%	73.02%	73.02%		

*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 00 and 01 reflect latest estimates reported by each state.

ARKANSAS

SOUTHERN REGION MEDICAID PROFILE

STATE FINANCING

	Payments		Administration	
	FFY 93	FFY 92	FFY 93	FFY 92
State General Fund	\$259,803,094	\$392,272,609	\$15,669,878	\$35,016,156
Local Funds	\$0	\$0	\$0	\$0
Provider Taxes	\$0	\$0	\$0	\$0
Donations*	\$0	\$1,561,163	\$0	\$0
Other	\$0	\$0	\$0	\$0
Total State Share	\$259,803,094	\$393,833,772	\$15,669,878	\$35,016,156

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

Provider Taxes Currently in Place (FFY 99)		
Provider(s)	Tax Rate	Amount
NO PROVIDER TAXES		

DISPROPORTIONATE SHARE HOSPITAL (DSH) PAYMENTS

	FFY 93	FFY 94	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00*	FFY 01*	Annual Change
General Hospitals	\$2,181,652	\$1,911,234	\$3,242,000	\$3,303,456	\$29,722,194	\$1,189,520	\$2,992,782	\$2,745,367	\$2,000,000	-7.7%
Mental Hospitals	\$360,609	\$631,027	\$0	\$291,164	\$0	\$466,593	\$259,500	\$0	\$0	-100.0%
Total	\$2,542,261	\$2,542,261	\$3,242,000	\$3,594,620	\$29,722,194	\$1,656,113	\$3,252,282	\$2,745,367	\$2,000,000	-7.7%

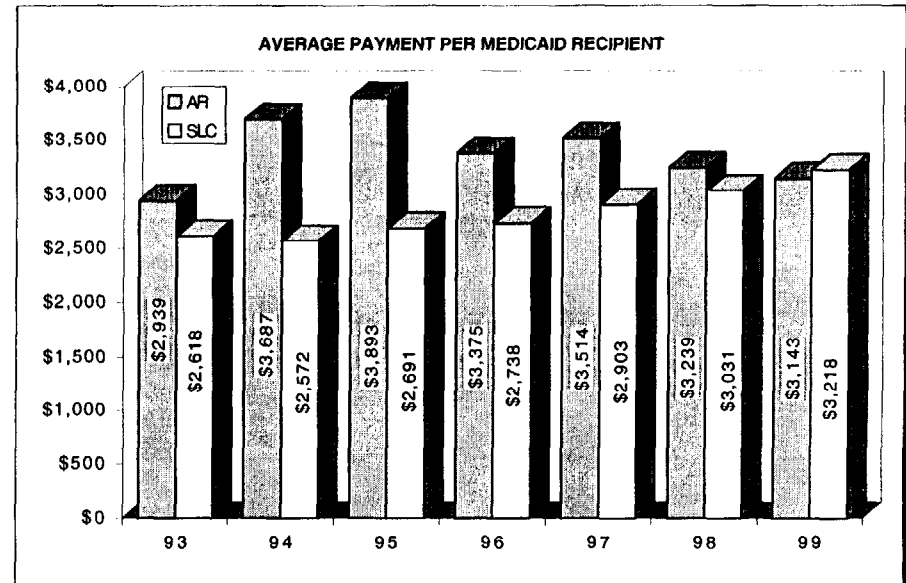
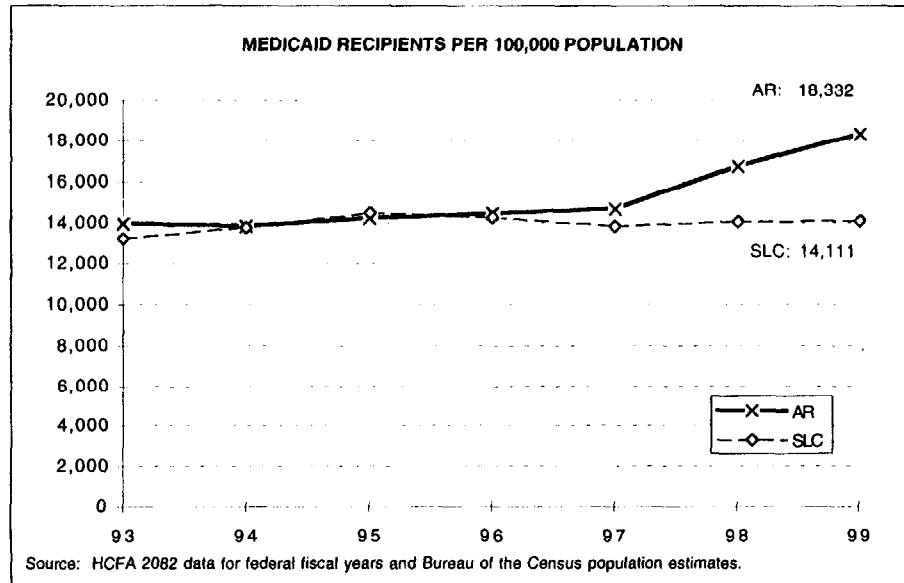
SELECTED ELIGIBILITY CRITERIA				DEMOGRAPHIC DATA & POVERTY INDICATORS (1999)			
	At 10/1/00	% of FPL*					Rank in U.S.
TANF-Temporary Assistance for Needy Families (Family of 3)				State population—July 1, 1999*	2,551,373		33
Income Eligibility Standard	\$223	18.9%					
Payment Standard	\$204	17.3%		Per capita personal income**	\$20,393		46
Maximum Payment	\$204	17.3%		Median household income**	\$27,471		49
Medically Needy Program (Family of 3)				Population below Federal Poverty Level on July 1, 1999*	438,836		
Income Eligibility Standard	\$275			Percent of total population	17.2%		6
Resource Standard	\$3,200						
Pregnant Women, Children and Infants (% of FPL*)				Population without health insurance coverage*	475,000		28
Pregnant women and infants		200.0%		Percent of total population	18.6%		3
Children 1 to 5		200.0%					
Children 6 to 18		200.0%		Recipients of Food Stamps***	252,989		26
SSI Eligibility Levels				Households receiving Food Stamps***	100,300		27
Income:				Total value of issuance***	\$209,874,168		25
Single Person	\$484	69.6%		Average monthly benefit per recipient	\$69.13		43
Couple	\$726	77.4%		Average monthly benefit per household	\$174.37		6
Resources:				Monthly recipients of Temporary Assistance to Needy Families (TANF)****	29,350		38
Single Person	\$2,000			Total TANF payments****	\$81,860,631		41
Couple	\$3,000			Average monthly payment per recipient	\$232.43		
				Maximum monthly payment per family of 3	\$204.00		44

*Current federal poverty level is \$8,350 per year for a single person, \$11,250 for a family of two and \$14,150 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 93	FFY 94	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	Annual Change
01. General Hospital	75,614	70,256	74,802	72,257	72,761	72,883	74,858	-0.2%
02. Mental Hospital	2,071	2,456	2,707	2,645	3,093	3,146	3,427	8.8%
03. Skilled and Intermediate (non-MR) Care Nursing	21,551	21,693	21,710	21,745	21,722	21,486	20,815	-0.6%
04. Intermediate Care for Mentally Retarded	1,894	1,895	1,885	1,882	1,898	1,867	1,842	-0.5%
05. Physician Services	274,645	259,184	259,199	263,458	260,782	271,538	291,717	1.0%
06. Dental Services	44,456	46,307	47,842	51,473	51,012	37,433	61,045	5.4%
07. Other Practitioners	67,527	65,650	67,307	71,465	74,150	77,588	83,444	3.6%
08. Outpatient Hospital	160,033	152,681	159,953	158,456	155,223	160,321	175,975	1.6%
09. Clinic Services	49,858	59,406	68,682	75,841	77,550	80,534	49,275	-0.2%
10. Lab and X-Ray	117,631	115,777	119,184	119,257	121,022	120,126	127,064	1.3%
11. Home Health	18,288	19,472	21,103	22,379	23,728	9,966	10,379	-9.0%
12. Prescribed Drugs	257,281	257,861	253,181	255,211	254,079	262,907	277,809	1.3%
13. Family Planning	19,907	17,211	18,204	19,667	16,832	50,089	65,151	21.8%
14. Early & Periodic Screening, Diagnosis & Treatment	81,319	80,748	83,177	84,486	83,487	100,589	113,839	5.8%
15. Other Care	88,380	178,193	257,851	266,878	285,011	100,502	134,344	7.2%
16. Personal Care Support Services	0	0	0	0	0	30,524	18,403	-39.7%
17. Home/Community Based Waiver Services	0	3	0	1	14	9,369	9,923	405.7%
18. Prepaid Health Care	0	0	0	0	0	244,768	327,274	33.7%
19. Primary Care Case Management (PCCM) Services	0	0	0	0	0	243,266	259,949	6.9%
Total*	339,451	339,920	353,370	362,635	370,386	424,727	467,716	5.5%

*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.

ARKANSAS

SOUTHERN REGION MEDICAID PROFILE

PAYMENTS BY TYPE OF SERVICES	FFY 93	FFY 94	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	Annual Change	Share of Total FFY 99
01. General Hospital	\$196,843,283	\$226,860,874	\$200,648,777	\$167,910,134	\$178,022,346	\$178,532,888	\$174,302,838	-2.0%	11.9%
02. Mental Hospital	\$46,262,738	\$77,538,839	\$81,699,059	\$47,235,015	\$47,058,129	\$54,470,602	\$51,552,471	1.8%	3.5%
03. Skilled and Intermediate (non-MR) Care Nursing	\$252,632,040	\$312,337,817	\$334,589,129	\$295,537,244	\$304,806,335	\$300,012,732	\$297,726,435	2.8%	20.3%
04. Intermediate Care for Mentally Retarded	\$89,604,668	\$174,728,753	\$202,460,593	\$104,870,985	\$106,224,955	\$108,852,817	\$117,053,764	4.6%	8.0%
05. Physician Services	\$104,304,474	\$106,143,618	\$114,459,997	\$117,986,530	\$119,369,382	\$120,802,774	\$121,343,628	2.6%	8.3%
06. Dental Services	\$6,644,467	\$6,975,129	\$7,849,726	\$8,901,872	\$8,973,855	\$7,789,946	\$13,574,698	12.6%	0.9%
07. Other Practitioners	\$8,471,581	\$9,153,397	\$12,907,321	\$15,138,697	\$16,634,125	\$7,022,549	\$7,351,221	-2.3%	0.5%
08. Outpatient Hospital	\$26,856,052	\$27,567,963	\$32,452,727	\$32,644,267	\$34,958,826	\$37,099,507	\$43,804,138	8.5%	3.0%
09. Clinic Services	\$62,619,171	\$72,956,165	\$89,262,264	\$101,577,032	\$112,660,243	\$128,802,658	\$135,575,884	13.7%	9.2%
10. Lab and X-Ray	\$10,158,121	\$11,166,264	\$11,829,129	\$11,058,661	\$10,924,377	\$11,348,972	\$11,034,906	1.4%	0.8%
11. Home Health	\$54,765,385	\$57,224,996	\$65,810,373	\$67,335,339	\$73,575,143	\$13,985,570	\$18,588,833	-16.5%	1.3%
12. Prescribed Drugs	\$78,182,072	\$88,069,017	\$102,114,998	\$115,070,827	\$135,757,334	\$150,891,615	\$183,226,701	15.3%	12.5%
13. Family Planning	\$3,213,404	\$2,029,043	\$1,912,200	\$2,062,953	\$1,853,557	\$8,389,414	\$12,287,482	25.0%	0.8%
14. Early & Periodic Screening, Diagnosis & Treatment	\$13,291,426	\$14,693,045	\$16,236,968	\$17,438,495	\$20,919,649	\$55,748,372	\$62,574,485	29.5%	4.3%
15. Other Care	\$43,965,617	\$65,754,920	\$101,606,000	\$119,071,068	\$129,240,501	\$54,129,482	\$88,554,496	12.4%	6.0%
16. Personal Care Support Services	\$0	\$0	\$0	\$0	\$0	\$84,465,101	\$61,907,335	-26.7%	4.2%
17. Home/Community Based Waiver Services	\$0	\$1,500	\$0	\$85	\$614,998	\$43,604,265	\$53,135,928	712.6%	3.6%
18. Prepaid Health Care	\$0	\$0	\$0	\$0	\$0	\$4,359,975	\$9,908,138	127.3%	0.7%
19. Primary Care Case Management (PCCM) Services	\$0	\$0	\$0	\$0	\$0	\$5,488,182	\$6,300,624	14.8%	0.4%
Total (excludes DSH pymts, pharmacy rebates, & other adjs.)	\$997,814,499	\$1,253,201,340	\$1,375,839,261	\$1,223,839,204	\$1,301,593,755	\$1,375,797,421	\$1,469,804,005	6.7%	100.0%

AVERAGE PAYMENTS PER RECIPIENT BY TYPE OF SERVICES

								(+) or (-) SLC	
									<u>Avg. FFY 99</u>
01. General Hospital	\$2,603.27	\$3,229.06	\$2,682.40	\$2,323.79	\$2,446.67	\$2,449.58	\$2,328.45	-1.8%	-40.6%
02. Mental Hospital	\$22,338.36	\$31,571.19	\$30,180.66	\$17,858.23	\$15,214.40	\$17,314.24	\$15,043.03	-6.4%	129.6%
03. Skilled and Intermediate (non-MR) Care Nursing	\$11,722.52	\$14,398.09	\$15,411.75	\$13,591.04	\$14,032.15	\$13,963.17	\$14,303.46	3.4%	-6.0%
04. Intermediate Care for Mentally Retarded	\$47,309.75	\$92,205.15	\$107,406.15	\$55,723.16	\$55,966.78	\$58,303.60	\$63,547.10	5.0%	-5.3%
05. Physician Services	\$379.78	\$409.53	\$441.59	\$447.84	\$457.74	\$444.88	\$415.96	1.5%	7.1%
06. Dental Services	\$149.46	\$150.63	\$164.08	\$172.94	\$175.92	\$208.10	\$222.37	6.8%	1.2%
07. Other Practitioners	\$125.45	\$139.43	\$191.77	\$211.83	\$224.33	\$90.51	\$88.10	-5.7%	-42.0%
08. Outpatient Hospital	\$167.82	\$180.56	\$202.89	\$206.01	\$225.22	\$231.41	\$248.92	6.8%	-45.3%
09. Clinic Services	\$1,255.95	\$1,228.09	\$1,299.65	\$1,339.34	\$1,452.74	\$1,599.36	\$2,751.41	14.0%	262.9%
10. Lab and X-Ray	\$86.36	\$96.45	\$99.25	\$92.73	\$90.27	\$94.48	\$86.85	0.1%	-23.2%
11. Home Health	\$2,994.61	\$2,938.84	\$3,118.53	\$3,008.86	\$3,100.77	\$1,403.33	\$1,791.00	-8.2%	-28.9%
12. Prescribed Drugs	\$303.88	\$341.54	\$403.33	\$450.89	\$534.31	\$573.94	\$659.54	13.8%	-17.5%
13. Family Planning	\$161.42	\$117.89	\$105.04	\$104.89	\$110.12	\$167.49	\$188.60	2.6%	-13.1%
14. Early & Periodic Screening, Diagnosis & Treatment	\$163.45	\$181.96	\$195.21	\$206.41	\$250.57	\$554.22	\$549.68	22.4%	207.1%
15. Other Care	\$497.46	\$369.01	\$394.05	\$446.16	\$453.46	\$538.59	\$659.16	4.8%	69.6%
16. Personal Care Support Services	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,767.17	\$3,363.98	21.6%	139.9%
17. Home/Community Based Waiver Services	\$0.00	\$500.00	\$0.00	\$85.00	\$43,928.43	\$4,654.10	\$5,354.82	60.7%	-58.6%
18. Prepaid Health Care	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$17.81	\$30.27	70.0%	-97.7%
19. Primary Care Case Management (PCCM) Services	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$22.56	\$24.24	7.4%	-72.4%
Total (Average)	\$2,939.49	\$3,686.75	\$3,893.48	\$3,374.85	\$3,514.15	\$3,239.25	\$3,142.51	1.1%	-2.3%

TOTAL PER CAPITA EXPENDITURES	\$434.82	\$450.98	\$494.39	\$518.95	\$542.85	\$588.29	\$605.78	5.7%	3.8%
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ARKANSAS

SOUTHERN REGION MEDICAID PROFILE
DATA BY OTHER CHARACTERISTICS

RECIPIENTS BY OTHER CHARACTERISTICS

	FFY 93	FFY 94	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	Annual Change	Share of Total FFY 99
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	182,776	185,017	184,486	182,512	181,216	157,450	67,771	-15.2%	14.5%
Poverty Related Eligibles	45,360	44,060	47,414	48,679	106,462	162,638	229,270	31.0%	49.0%
Medically Needy	32,248	29,889	33,278	36,126	24,396	33,542	119,021	24.3%	25.4%
Other Eligibles	79,067	78,054	84,850	91,616	54,633	63,045	51,654	-6.8%	11.0%
Maintenance Assistance Status Unknown	0	2,900	3,342	3,702	3,679	8,052	0	-100.0%	0.0%
Total	339,451	339,920	353,370	362,635	370,386	424,727	467,716	5.5%	100.0%
By Basis of Eligibility									
Aged, Blind, or Disabled	131,362	135,434	140,017	144,034	144,429	147,253	154,490	2.7%	33.0%
Children	108,798	112,370	119,702	124,634	98,140	179,405	238,449	14.0%	51.0%
Foster Care Children	33,473	30,669	31,644	33,970	3,720	4,994	5,675	-25.6%	1.2%
Adults	65,818	58,547	58,665	56,295	120,418	85,023	69,102	0.8%	14.8%
Basis of Eligibility Unknown	0	2,900	3,342	3,702	3,679	8,052	0	-100.0%	0.0%
Total	339,451	339,920	353,370	362,635	370,386	424,727	467,716	5.5%	100.0%
By Age									
Under Age 1	15,725	15,105	14,903	15,583	15,656	16,248	16,353	0.7%	3.5%
Age 1 to 5	71,080	69,168	70,569	71,121	72,343	77,228	83,910	2.8%	17.9%
Age 6 to 14	56,076	60,571	66,447	70,723	75,862	93,906	107,960	11.5%	23.1%
Age 15 to 20	31,037	30,680	32,394	33,444	33,963	48,658	59,769	11.5%	12.8%
Age 21 to 44	72,180	69,563	71,530	72,628	73,727	88,600	98,225	5.3%	21.0%
Age 45 to 64	27,929	28,762	30,256	31,798	32,938	34,820	37,297	4.9%	8.0%
Age 65 to 74	22,299	21,973	22,039	21,985	21,693	21,708	21,746	-0.4%	4.6%
Age 75 to 84	24,443	23,868	23,991	23,904	23,318	22,996	22,967	-1.0%	4.9%
Age 85 and Over	18,682	18,570	19,158	19,481	19,420	19,644	19,489	0.7%	4.2%
Age Unknown	0	1,660	2,083	1,968	1,466	919	0	-100.0%	0.0%
Total	339,451	339,920	353,370	362,635	370,386	424,727	467,716	5.5%	100.0%
By Race									
White	200,562	198,897	208,516	215,381	221,553	257,363	284,370	6.0%	60.8%
Black	119,474	121,527	123,902	124,919	126,060	141,972	154,611	4.4%	33.1%
Hispanic, American Indian or Asian	2,478	2,877	3,487	4,505	5,566	7,145	9,025	24.0%	1.9%
Other/Unknown	16,937	16,619	17,465	17,830	17,207	18,247	19,710	2.6%	4.2%
Total	339,451	339,920	353,370	362,635	370,386	424,727	467,716	5.5%	100.0%
By Sex									
Female	217,635	213,853	220,716	225,181	229,053	266,608	293,446	5.1%	62.7%
Male	121,738	124,341	130,501	135,413	139,784	157,095	174,156	6.1%	37.2%
Unknown	78	1,726	2,153	2,041	1,549	1,024	114	6.5%	0.0%
Total	339,451	339,920	353,370	362,635	370,386	424,727	467,716	5.5%	100.0%

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

ARKANSAS

SOUTHERN REGION MEDICAID PROFILE

PAYMENTS BY OTHER CHARACTERISTICS

	FFY 93	FFY 94	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	Annual Change	Share of Total FFY 99
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	\$494,720,086	\$617,419,804	\$659,008,957	\$586,510,112	\$647,577,765	\$713,252,376	\$133,227,363	-19.6%	9.1%
Poverty Related Eligibles	\$351,053,812	\$463,756,379	\$529,144,896	\$452,970,468	\$158,694,341	\$223,104,306	\$232,775,558	-6.6%	15.8%
Medically Needy	\$67,058,924	\$74,910,357	\$82,271,484	\$75,179,623	\$52,436,452	\$79,146,711	\$583,031,090	43.4%	39.7%
Other Eligibles	\$84,981,677	\$89,382,294	\$95,401,305	\$100,204,667	\$495,044,115	\$596,207,736	\$520,769,994	35.3%	35.4%
Maintenance Assistance Status Unknown	\$0	\$7,732,506	\$10,012,619	\$8,974,334	(\$52,158,918)	(\$235,913,708)	\$0	n/a	0.0%
Total	\$997,814,499	\$1,253,201,340	\$1,375,839,261	\$1,223,839,204	\$1,301,593,755	\$1,375,797,421	\$1,469,804,005	6.7%	100.0%
By Basis of Eligibility									
Aged, Blind or Disabled	\$722,773,975	\$948,790,593	\$1,057,335,714	\$932,432,480	\$1,045,833,377	\$1,221,201,053	\$1,092,312,196	7.1%	74.3%
Children	\$104,077,764	\$122,706,764	\$121,348,165	\$119,728,789	\$132,652,261	\$262,322,716	\$274,639,721	17.6%	18.7%
Foster Care Children	\$86,520,512	\$98,082,198	\$107,676,152	\$91,868,256	\$23,617,550	\$28,862,820	\$31,604,090	-15.5%	2.2%
Adults	\$84,442,248	\$76,928,966	\$79,466,611	\$70,835,345	\$151,649,485	\$99,324,540	\$71,247,998	-2.8%	4.8%
Basis of Eligibility Unknown	\$0	\$6,692,819	\$10,012,619	\$8,974,334	(\$52,158,918)	(\$235,913,708)	\$0	n/a	0.0%
Total	\$997,814,499	\$1,253,201,340	\$1,375,839,261	\$1,223,839,204	\$1,301,593,755	\$1,375,797,421	\$1,469,804,005	6.7%	100.0%
By Age									
Under Age 1	\$50,987,204	\$57,033,349	\$50,823,422	\$49,434,512	\$52,940,599	\$69,985,612	\$55,521,032	1.4%	3.8%
Age 1 to 5	\$96,112,357	\$118,680,212	\$124,396,527	\$121,769,566	\$132,595,375	\$170,587,004	\$165,362,358	9.5%	11.3%
Age 6 to 14	\$88,393,511	\$123,264,045	\$134,348,337	\$116,357,580	\$124,677,872	\$157,649,124	\$157,385,935	10.1%	10.7%
Age 15 to 20	\$85,232,997	\$120,299,097	\$122,992,783	\$94,096,091	\$96,555,370	\$121,005,431	\$112,975,273	4.8%	7.7%
Age 21 to 44	\$210,443,751	\$275,614,567	\$311,287,674	\$241,591,779	\$265,241,304	\$350,725,626	\$294,365,989	5.8%	20.0%
Age 45 to 64	\$123,183,259	\$148,515,401	\$176,681,456	\$161,752,417	\$200,004,257	\$239,447,900	\$219,951,594	10.1%	15.0%
Age 65 to 74	\$76,151,721	\$89,740,466	\$99,881,437	\$96,135,569	\$110,909,498	\$117,089,152	\$106,107,411	5.7%	7.2%
Age 75 to 84	\$126,629,486	\$147,357,661	\$163,475,608	\$159,722,700	\$178,342,427	\$181,078,028	\$164,862,704	4.5%	11.2%
Age 85 and Over	\$140,680,213	\$167,856,461	\$185,501,948	\$177,582,009	\$200,159,949	\$213,433,778	\$193,271,709	5.4%	13.1%
Age Unknown	\$0	\$4,840,081	\$6,450,069	\$5,396,981	(\$59,832,896)	(\$245,204,234)	\$0	n/a	0.0%
Total	\$997,814,499	\$1,253,201,340	\$1,375,839,261	\$1,223,839,204	\$1,301,593,755	\$1,375,797,421	\$1,469,804,005	6.7%	100.0%
By Race									
White	\$659,168,929	\$843,070,538	\$928,040,270	\$808,730,807	\$909,155,458	\$1,073,552,240	\$955,238,349	6.4%	65.0%
Black	\$264,602,017	\$326,610,670	\$350,586,362	\$320,347,612	\$350,607,983	\$425,077,863	\$384,171,520	6.4%	26.1%
Hispanic, American Indian or Asian	\$4,652,191	\$6,654,364	\$7,715,494	\$8,177,306	\$10,071,968	\$14,367,033	\$14,812,895	21.3%	1.0%
Other/Unknown	\$69,391,362	\$76,865,768	\$89,497,135	\$86,583,479	\$31,758,346	(\$137,199,715)	\$115,581,241	n/a	7.9%
Total	\$997,814,499	\$1,253,201,340	\$1,375,839,261	\$1,223,839,204	\$1,301,593,755	\$1,375,797,421	\$1,469,804,005	6.7%	100.0%
By Sex									
Female	\$622,878,518	\$739,196,635	\$811,737,408	\$744,688,602	\$827,278,426	\$950,004,425	\$880,081,536	5.9%	59.9%
Male	\$374,555,985	\$508,709,961	\$557,262,336	\$473,435,673	\$533,821,173	\$670,651,186	\$589,230,685	7.8%	40.1%
Unknown	\$379,996	\$5,294,744	\$6,839,517	\$5,714,929	(\$59,505,844)	(\$244,858,190)	\$491,784	n/a	0.0%
Total	\$997,814,499	\$1,253,201,340	\$1,375,839,261	\$1,223,839,204	\$1,301,593,755	\$1,375,797,421	\$1,469,804,005	6.7%	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 93	FFY 94	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	Annual Change	Above (+) or Below (-) SLC Avg. FFY 99
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	\$2,706.70	\$3,337.10	\$3,572.14	\$3,213.54	\$3,573.51	\$4,530.02	\$1,965.85	-5.2%	-42.0%
Poverty Related Eligibles	\$7,739.28	\$10,525.56	\$11,160.10	\$9,305.25	\$1,490.62	\$1,371.78	\$1,015.29	-28.7%	-51.7%
Medically Needy	\$2,079.48	\$2,506.29	\$2,472.25	\$2,081.04	\$2,149.39	\$2,359.63	\$4,898.56	15.4%	73.2%
Other Eligibles	\$1,074.81	\$1,145.13	\$1,124.35	\$1,093.75	\$9,061.27	\$9,456.86	\$10,081.89	45.2%	54.5%
Maintenance Assistance Status Unknown	\$0.00	\$2,666.38	\$2,996.00	\$2,424.19	(\$14,177.47)	(\$29,298.77)	\$0.00	n/a	-100.0%
Total	\$2,939.49	\$3,686.75	\$3,893.48	\$3,374.85	\$3,514.15	\$3,239.25	\$3,142.51	1.1%	-2.3%
By Basis of Eligibility									
Aged, Blind or Disabled	\$5,502.15	\$7,005.56	\$7,551.48	\$6,473.70	\$7,241.16	\$8,293.22	\$7,070.44	4.3%	-1.6%
Children	\$956.61	\$1,091.99	\$1,013.75	\$960.64	\$1,351.66	\$1,462.18	\$1,151.78	3.1%	-0.6%
Foster Care Children	\$2,584.79	\$3,198.09	\$3,402.74	\$2,704.39	\$6,348.80	\$5,779.50	\$5,569.00	13.6%	60.5%
Adults	\$1,282.97	\$1,313.97	\$1,354.58	\$1,258.29	\$1,259.36	\$1,168.21	\$1,031.06	-3.6%	-52.1%
Basis of Eligibility Unknown	\$0.00	\$2,307.87	\$2,996.00	\$2,424.19	(\$14,177.47)	(\$29,298.77)	\$0.00	n/a	-100.0%
Total	\$2,939.49	\$3,686.75	\$3,893.48	\$3,374.85	\$3,514.15	\$3,239.25	\$3,142.51	1.1%	-2.3%
By Age									
Under Age 1	\$3,242.43	\$3,775.79	\$3,410.28	\$3,172.34	\$3,381.49	\$4,307.34	\$3,395.16	0.8%	35.2%
Age 1 to 5	\$1,352.17	\$1,715.83	\$1,762.76	\$1,712.15	\$1,832.87	\$2,208.88	\$1,970.71	6.5%	65.1%
Age 6 to 14	\$1,576.32	\$2,035.03	\$2,021.89	\$1,645.26	\$1,643.48	\$1,678.80	\$1,457.82	-1.3%	11.0%
Age 15 to 20	\$2,746.17	\$3,921.09	\$3,796.78	\$2,813.54	\$2,842.96	\$2,486.86	\$1,890.20	-6.0%	-14.0%
Age 21 to 44	\$2,915.54	\$3,962.09	\$4,351.85	\$3,326.43	\$3,597.61	\$3,958.53	\$2,996.85	0.5%	-11.8%
Age 45 to 64	\$4,410.59	\$5,163.60	\$5,839.55	\$5,086.87	\$6,072.14	\$6,876.73	\$5,897.30	5.0%	11.3%
Age 65 to 74	\$3,415.03	\$4,084.12	\$4,532.03	\$4,372.78	\$5,112.69	\$5,393.82	\$4,879.40	6.1%	-0.6%
Age 75 to 84	\$5,180.60	\$6,173.86	\$6,814.04	\$6,681.84	\$7,648.27	\$7,874.33	\$7,178.24	5.6%	-8.1%
Age 85 and Over	\$7,530.25	\$9,039.12	\$9,682.74	\$9,115.65	\$10,306.90	\$10,865.09	\$9,916.96	4.7%	-15.8%
Age Unknown	\$0.00	\$2,915.71	\$3,096.53	\$2,742.37	(\$40,813.71)	(\$266,816.36)	\$0.00	n/a	-100.0%
Total	\$2,939.49	\$3,686.75	\$3,893.48	\$3,374.85	\$3,514.15	\$3,239.25	\$3,142.51	1.1%	-2.3%
By Race									
White	\$3,286.61	\$4,238.73	\$4,450.69	\$3,754.88	\$4,103.56	\$4,171.35	\$3,359.14	0.4%	-5.3%
Black	\$2,214.72	\$2,687.56	\$2,829.55	\$2,564.44	\$2,781.28	\$2,994.10	\$2,484.76	1.9%	-0.7%
Hispanic, American Indian or Asian	\$1,877.40	\$2,312.95	\$2,212.65	\$1,815.16	\$1,809.55	\$2,010.78	\$1,641.32	-2.2%	-20.5%
Other/Unknown	\$4,097.03	\$4,625.17	\$5,124.37	\$4,856.06	\$1,845.66	(\$7,519.03)	\$5,864.09	n/a	-4.0%
Total	\$2,939.49	\$3,686.75	\$3,893.48	\$3,374.85	\$3,514.15	\$3,239.25	\$3,142.51	1.1%	-2.3%
By Sex									
Female	\$2,862.03	\$3,456.56	\$3,677.75	\$3,307.07	\$3,611.73	\$3,563.30	\$2,999.13	0.8%	-11.4%
Male	\$3,076.74	\$4,091.25	\$4,270.18	\$3,496.24	\$3,818.90	\$4,269.08	\$3,383.35	1.6%	20.9%
Unknown	\$4,871.74	\$3,067.64	\$3,176.74	\$2,800.06	(\$38,415.65)	(\$239,119.33)	\$4,313.89	n/a	-95.8%
Total	\$2,939.49	\$3,686.75	\$3,893.48	\$3,374.85	\$3,514.15	\$3,239.25	\$3,142.51	1.1%	-2.3%

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, 2000; and "Medicaid Services State by State", HCFA, October 1999.

*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 (ConnectCare), 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, 220,000 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, 1998. Includes provisions for copayments/coinsurance for most services.

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 2,132 people, operating since July 1, 1991.
- Aged and Disabled: Elder Choices serves 6,502 people; Independent Choices serves 1,720 people; and Alternatives Waiver for Adults under 65 with Physical Disabilities serves 468, operating since July 1, 1995.
- Developmentally Disabled Inappropriately Placed in Nursing Facilities, operating since July 1, 1993.
- End Stage Renal Disease, operating since September 1, 1995.
- 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.

The Arkansas Options Mental Health Program waiver was approved by the Health Care Financing Administration (HCFA) effective September 1998. This waiver covers Medicaid eligibles under age 21.

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. The program is expected to begin in January 2000.

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.

SOUTHERN REGION MEDICAID PROFILE

Coverage for Targeted Population

- The Uninsured: The Legislature appropriated \$4.9 million to the University of Arkansas for Medical Sciences and the Arkansas Children's Hospital for indigent care in FFY 99.
- 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 that opened the Comprehensive Health Insurance Pool to federally eligible individuals (HIPPA 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.
- Retrospective reviews (particularly hospitals), front end gatekeepers for mental health, hospital admissions in excess of four days, and certain prescription drugs.

Medicaid

- 30 optional services are offered.

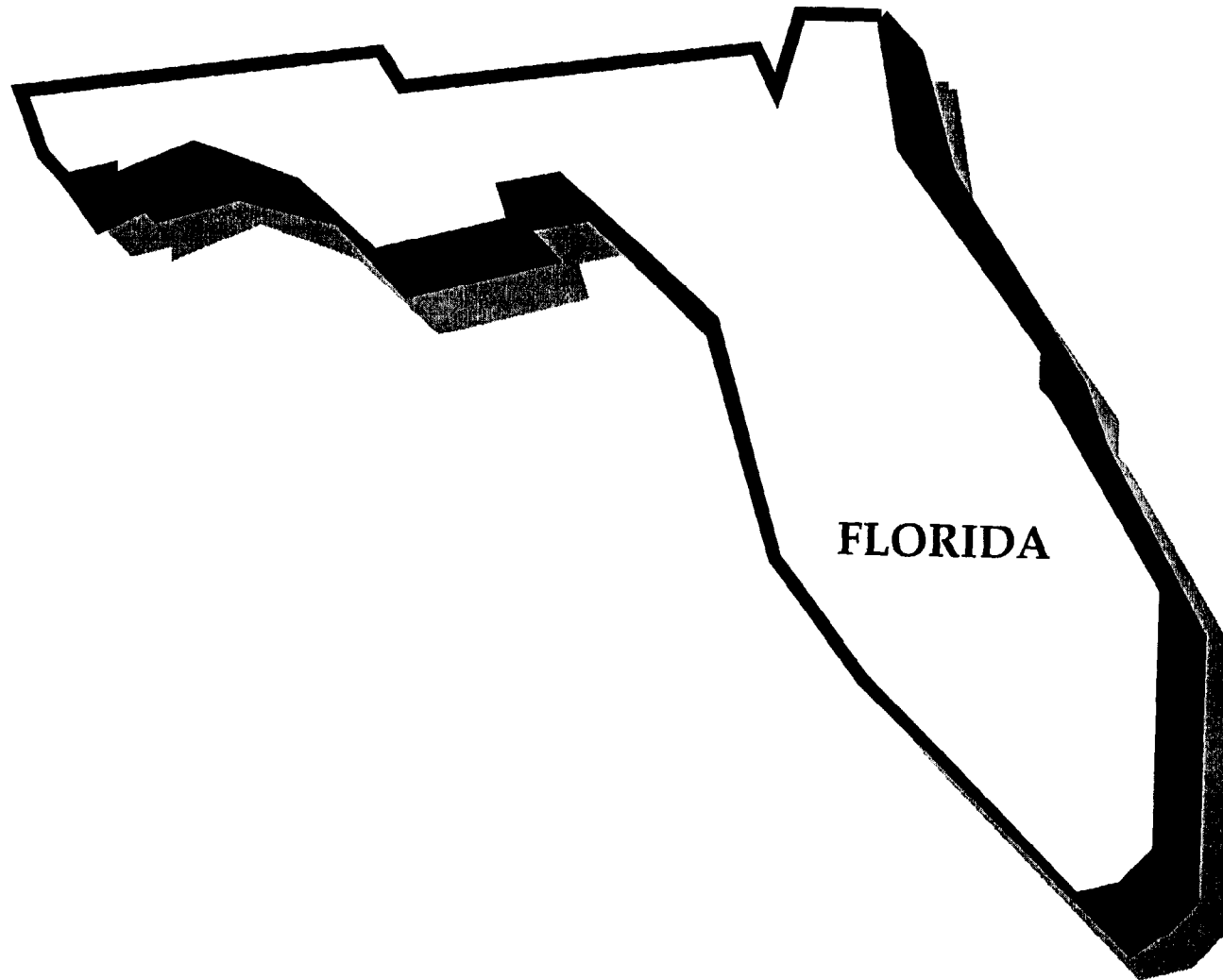
Children's Health Insurance Program: Medicaid Expansion

- 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. ARKids had enrolled 57,000 new eligibles as of September 2000.
- Phase II of the ARKids First plan was submitted to HCFA on December 2, 1999 (still pending approval). The benefits package provided by Phase II is an enhanced state employee plan with the following changes to make the program CHIP compliant: 1) providing coverage for occupational and physical therapies, hospice care, and skilled nursing care; and 2) elimination of copayments for dental well health care.

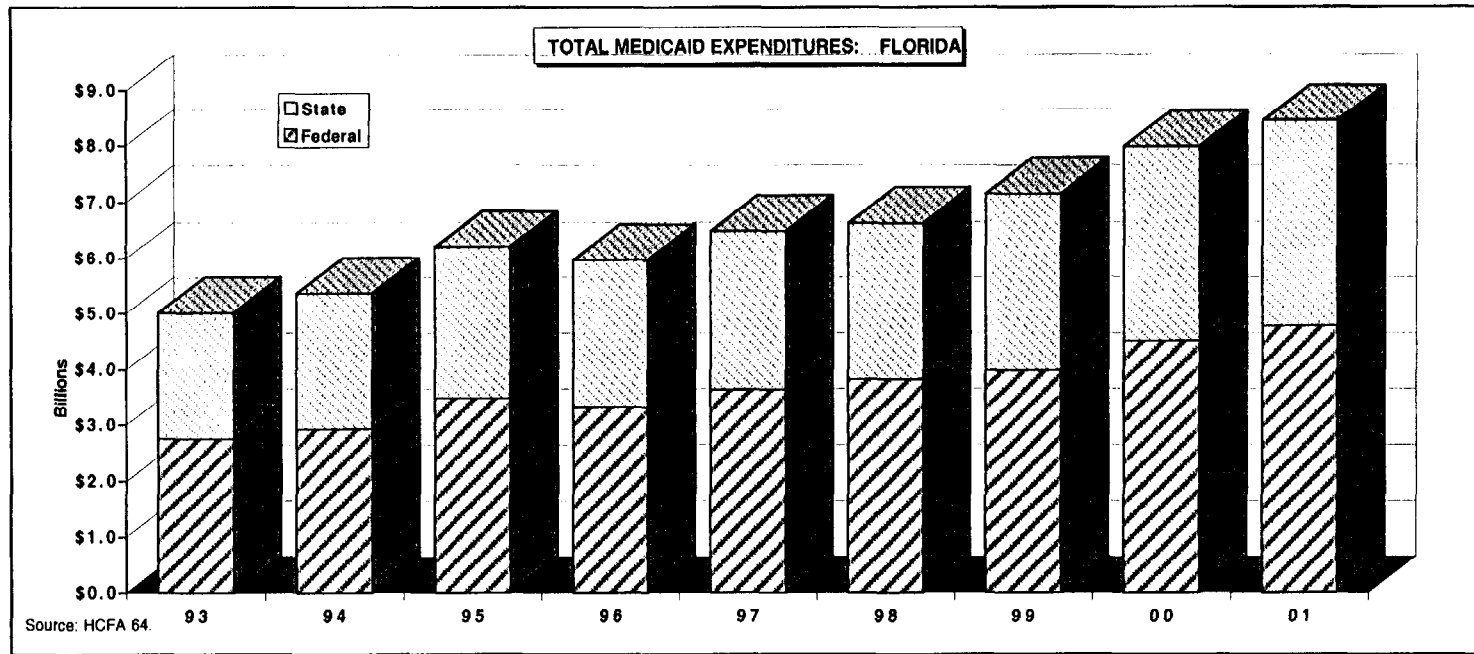
Tobacco Settlement

- The state expects to receive approximately \$1.69 billion over 25 years.
- For Fiscal Year 2000, the tobacco settlement payment should be approximately \$53.1 million.
- The model statute, required by the Master Settlement Agreement, was enacted to receive tobacco money allotted to the state.
- No specific plans for use of the tobacco settlement were adopted by the legislature in FY 2000.

STATE MEDICAID PROFILES



SOUTHERN REGION MEDICAID PROFILE



	FFY 93	FFY 94	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00**	FFY 01**	Annual Rate of Change	Total 93-01
Medicaid Payments	\$4,862,005,293	\$5,194,946,478	\$6,067,457,544	\$5,800,663,440	\$6,270,107,569	\$6,370,758,826	\$6,769,330,858	\$7,533,569,266	\$8,001,393,005	6.4%	64.6%
Federal Share	\$2,680,808,686	\$2,850,276,775	\$3,418,269,289	\$3,237,788,484	\$3,502,633,987	\$3,687,613,679	\$3,781,663,397	\$4,266,661,000	\$4,538,847,571	6.8%	69.3%
State Share	\$2,181,196,607	\$2,344,669,703	\$2,649,188,255	\$2,562,874,956	\$2,767,473,582	\$2,683,145,147	\$2,987,667,461	\$3,266,908,266	\$3,462,545,434	5.9%	58.7%
Administrative Costs	\$152,303,530	\$159,434,434	\$139,782,819	\$160,843,647	\$211,625,949	\$249,202,960	\$375,049,767	\$442,855,000	\$444,405,000	14.3%	191.8%
Federal Share	\$84,119,308	\$86,516,739	\$77,058,867	\$91,760,403	\$139,394,427	\$133,451,996	\$205,391,389	\$243,232,000	\$240,120,000	14.0%	185.5%
State Share	\$68,184,222	\$72,917,695	\$62,723,952	\$69,083,244	\$72,231,522	\$115,750,964	\$169,658,378	\$199,623,000	\$204,285,000	14.7%	199.6%
Admin. Costs as % of Payments	3.13%	3.07%	2.30%	2.77%	3.38%	3.91%	5.54%	5.88%	5.55%		
Federal Match Rate*	55.03%	54.78%	56.28%	55.76%	55.79%	55.65%	55.82%	56.52%	56.62%		

*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 00 and 01 reflect latest estimates reported by each state on HCFA 37.

FLORIDA

SOUTHERN REGION MEDICAID PROFILE

STATE FINANCING	Payments		Administration	
	FFY 93	FFY 99	FFY 93	FFY 99
State General Fund	\$2,037,096,607	\$2,133,122,701	\$68,184,222	\$169,658,378
Local Funds	\$0	\$0	\$0	\$0
Provider Taxes	\$144,100,000	\$278,470,692	\$0	\$0
Donations*	\$0	\$331,975,971	\$0	\$0
Other**	\$0	\$244,098,097	\$0	\$0
Total State Share	\$2,181,196,607	\$2,987,667,461	\$68,184,222	\$169,658,378

*Donations: Pharmaceutical Rebates, Fraud & Abuse recoupments, Transfers from Counties

**Other: Cigarette Tax, Tobacco Settlement, Interest

DISPROPORTIONATE SHARE HOSPITAL (DSH) PAYMENTS

	FFY 93	FFY 94	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00*	FFY 01*	Annual Change
General Hospitals	\$175,714,748	\$180,599,942	\$184,468,014	\$170,831,097	\$102,699,091	\$221,550,767	\$211,015,425	\$200,704,000	\$184,454,000	0.0%
Mental Hospitals	\$63,978,146	\$105,878,058	\$149,714,986	\$169,060,227	\$101,363,376	\$55,514,286	\$149,714,985	\$147,846,000	\$147,584,000	-0.2%
Total	\$239,692,894	\$286,478,000	\$334,183,000	\$339,891,324	\$204,062,467	\$277,065,053	\$360,730,410	\$348,550,000	\$332,038,000	-0.1%

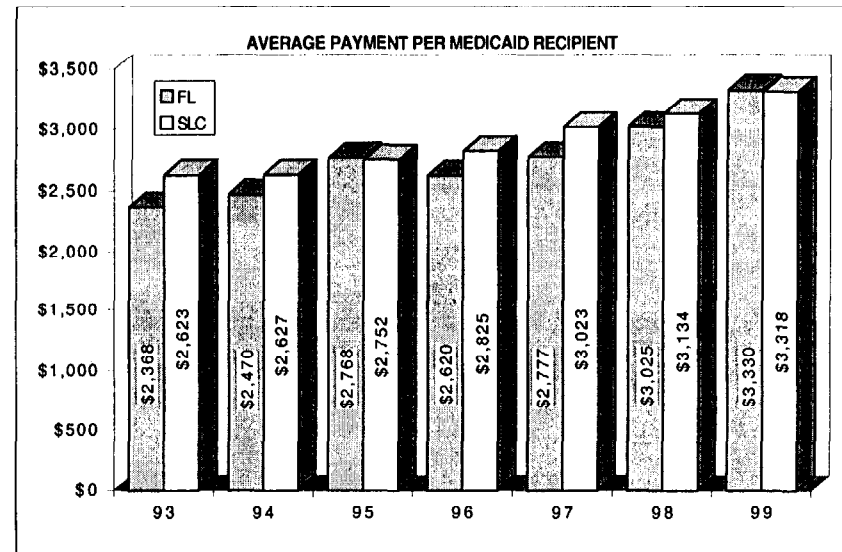
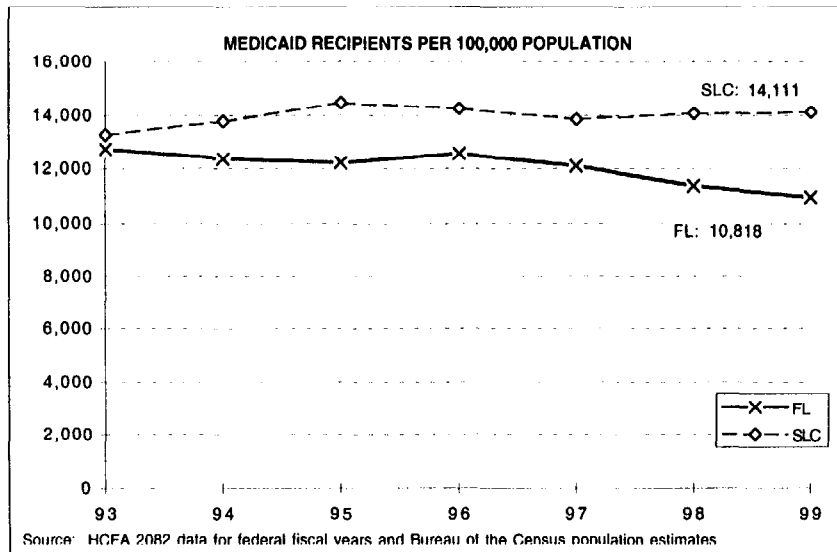
Provider Taxes Currently in Place (FFY 99)		
Provider(s)	Tax Rate	Amount
General Hospitals	1.5% of net operating revenue	\$261,328,535
Ambulatory surgical centers, clinical labs, freestanding radiation centers, diagnostic imaging centers.	1.5% of net operating revenue	\$17,142,157
Total		\$278,470,692

SELECTED ELIGIBILITY CRITERIA				DEMOGRAPHIC DATA & POVERTY INDICATORS (1999)			
	At 10/1/00	% of FPL*				Rank in U.S.	
TANF-Temporary Assistance for Needy Families (Family of 3)				State population—July 1, 1999*	15,111,244	4	
Need Standard	\$1,138	96.5%		Per capita personal income**	\$25,922	19	
Payment Standard	\$198	16.8%		Median household income**	\$33,234	40	
Maximum Payment	\$303	25.7%					
Medically Needy Program (Family of 3)				Population below Federal Poverty Level on July 1, 1999*	2,100,463		
Income Eligibility Standard	\$303			Percent of total population	13.9%	16	
Resource Standard	\$6,000						
Pregnant Women, Children and Infants (% of FPL*)				Population without health insurance coverage*	2,609,000	4	
Pregnant women and infants		185.0%		Percent of total population	17.3%	12	
Children age 1 to 5		133.0%		Recipients of Food Stamps***	933,435	4	
Children age 6 to 18		100.0%		Households receiving Food Stamps***	426,593	4	
SSI Eligibility Levels				Total value of issuance***	\$819,274,518	4	
Income:				Average monthly benefit per recipient	\$73.14	18	
Single Person	\$500	71.9%		Average monthly benefit per household	\$160.04	21	
Couple	\$751	80.1%					
Resources:				Monthly recipients of Temporary Assistance to Needy Families (TANF)****	173,341	8	
Single Person	\$2,000			Total TANF payments****	\$762,721,603	7	
Couple	\$3,000			Average monthly payment per recipient	\$366.68		
				Maximum monthly payment per family of 3	\$303.00	35	

*Current federal poverty level is \$8,350 per year for a single person, \$11,250 for a family of two and \$14,150 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 93	FFY 94	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	Annual Change
01. General Hospital	287,534	264,247	260,409	250,882	245,209	241,634	229,699	-3.7%
02. Mental Hospital	387	265	259	196	230	256	225	-8.6%
03. Skilled and Intermediate (non-MR) Care Nursing	100,911	103,218	107,515	110,057	110,792	112,710	109,493	1.4%
04. Intermediate Care for Mentally Retarded	3,349	3,575	3,582	3,598	3,571	3,572	3,521	0.8%
05. Physician Services	1,379,333	1,316,813	1,333,994	1,478,103	1,473,818	1,359,522	1,241,752	-1.7%
06. Dental Services	324,205	320,605	339,475	359,991	374,707	373,777	339,256	0.8%
07. Other Practitioners	220,077	210,671	191,755	183,816	179,423	283,776	246,606	1.9%
08. Outpatient Hospital	770,706	726,164	672,683	658,311	646,996	642,507	625,517	-3.4%
09. Clinic Services	258,195	242,457	214,774	28,530	32,376	133,440	131,328	-10.7%
10. Lab and X-Ray	916,237	883,091	816,469	768,732	816,897	763,143	680,903	-4.8%
11. Home Health	61,439	70,476	81,896	91,959	86,899	86,045	89,350	6.4%
12. Prescribed Drugs	1,252,458	1,197,915	1,111,466	1,066,383	1,025,981	1,001,220	982,886	-4.0%
13. Family Planning	135,832	120,233	123,824	126,812	115,176	107,641	101,569	-4.3%
14. Early & Periodic Screening, Diagnosis & Treatment	264,665	230,321	211,273	220,138	239,499	257,300	268,621	0.2%
15. Other Care	388,213	385,063	574,416	603,382	600,573	476,934	451,274	2.5%
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*	1,744,945	1,727,034	1,735,141	1,810,203	1,775,033	1,698,254	1,634,804	-1.1%

*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

<u>PAYMENTS BY TYPE OF SERVICES</u>								Annual	Share of Total
	FFY 93	FFY 94	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	Change	FFY 99
01. General Hospital	\$1,137,783,315	\$1,050,873,649	\$1,082,567,115	\$1,057,784,501	\$1,007,621,356	\$981,614,521	\$982,749,100	-2.4%	18.1%
02. Mental Hospital	\$14,456,571	\$13,518,491	\$14,743,075	\$12,571,637	\$14,306,518	\$14,620,456	\$14,545,315	0.1%	0.3%
03. Skilled and Intermediate (non-MR) Care Nursing	\$979,942,401	\$1,032,342,331	\$1,197,518,853	\$1,093,579,298	\$1,179,324,299	\$1,210,323,809	\$1,326,628,281	5.2%	24.4%
04. Intermediate Care for Mentally Retarded	\$185,631,645	\$203,116,998	\$238,568,131	\$202,118,958	\$245,280,777	\$224,629,752	\$265,687,478	6.2%	4.9%
05. Physician Services	\$432,090,623	\$430,800,509	\$466,767,232	\$480,987,507	\$466,670,860	\$452,769,679	\$419,407,511	-0.5%	7.7%
06. Dental Services	\$58,154,651	\$57,788,469	\$63,805,840	\$69,592,088	\$75,892,330	\$78,889,366	\$86,569,711	6.9%	1.6%
07. Other Practitioners	\$35,086,755	\$39,136,597	\$47,250,234	\$54,752,592	\$65,401,314	\$105,343,204	\$80,278,233	14.8%	1.5%
08. Outpatient Hospital	\$341,330,797	\$320,042,552	\$342,819,724	\$300,379,403	\$310,888,020	\$309,840,777	\$298,473,548	-2.2%	5.5%
09. Clinic Services	\$118,943,229	\$154,374,056	\$48,868,810	\$7,867,483	\$9,632,245	\$175,053,302	\$168,495,155	6.0%	3.1%
10. Lab and X-Ray	\$82,743,354	\$80,936,066	\$81,212,499	\$81,589,158	\$67,702,042	\$63,879,732	\$59,442,491	-5.4%	1.1%
11. Home Health	\$125,958,363	\$184,246,238	\$240,850,078	\$254,877,845	\$254,374,199	\$320,562,888	\$370,158,456	19.7%	6.8%
12. Prescribed Drugs	\$424,291,459	\$484,052,934	\$556,864,923	\$652,806,640	\$767,198,803	\$923,614,353	\$1,089,866,582	17.0%	20.0%
13. Family Planning	\$13,481,191	\$10,105,612	\$11,631,018	\$12,205,980	\$11,350,788	\$10,666,233	\$9,572,424	-5.5%	0.2%
14. Early & Periodic Screening, Diagnosis & Treatment	\$12,275,247	\$12,584,990	\$16,499,719	\$22,041,347	\$25,256,097	\$28,153,195	\$30,156,512	16.2%	0.6%
15. Other Care	\$169,136,068	\$192,301,672	\$392,337,004	\$440,117,181	\$428,141,609	\$237,231,670	\$241,788,567	6.1%	4.4%
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 Case Management (PCCM) Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a	0.0%
Total (excludes DSH pymts, pharmacy rebates, & other adjs.)	\$4,131,305,669	\$4,266,221,164	\$4,802,304,255	\$4,743,271,618	\$4,929,041,257	\$5,137,192,937	\$5,443,819,364	4.7%	100.0%

AVERAGE PAYMENTS PER RECIPIENT BY TYPE OF SERVICES

(+) or (-) SLC

Avg. FFY 99

01. General Hospital	\$3,957.04	\$3,976.86	\$4,157.18	\$4,216.26	\$4,109.23	\$4,062.40	\$4,278.42	1.3%	4.9%
02. Mental Hospital	\$37,355.48	\$51,013.17	\$56,923.07	\$64,141.01	\$62,202.25	\$57,111.16	\$64,645.84	9.6%	697.4%
03. Skilled and Intermediate (non-MR) Care Nursing	\$9,710.96	\$10,001.57	\$11,138.16	\$9,936.48	\$10,644.49	\$10,738.39	\$12,116.10	3.8%	-24.5%
04. Intermediate Care for Mentally Retarded	\$55,428.98	\$56,815.94	\$66,601.93	\$56,175.36	\$68,686.86	\$62,886.27	\$75,457.96	5.3%	25.3%
05. Physician Services	\$313.26	\$327.15	\$349.90	\$325.41	\$316.64	\$333.04	\$337.75	1.3%	-11.5%
06. Dental Services	\$179.38	\$180.25	\$187.95	\$193.32	\$202.54	\$211.06	\$255.18	6.1%	22.9%
07. Other Practitioners	\$159.43	\$185.77	\$246.41	\$297.87	\$364.51	\$371.22	\$325.53	12.6%	127.0%
08. Outpatient Hospital	\$442.88	\$440.73	\$509.63	\$456.29	\$480.51	\$482.24	\$477.16	1.3%	3.9%
09. Clinic Services	\$460.67	\$636.71	\$227.54	\$275.76	\$297.51	\$1,311.85	\$1,283.01	18.6%	124.2%
10. Lab and X-Ray	\$90.31	\$91.65	\$99.47	\$106.13	\$82.88	\$83.71	\$87.30	-0.6%	-22.5%
11. Home Health	\$2,050.14	\$2,614.31	\$2,940.93	\$2,771.65	\$2,927.24	\$3,725.53	\$4,142.79	12.4%	91.8%
12. Prescribed Drugs	\$338.77	\$404.08	\$501.02	\$612.17	\$747.77	\$922.49	\$1,108.84	21.9%	53.7%
13. Family Planning	\$99.25	\$84.05	\$93.93	\$96.25	\$98.55	\$99.09	\$91.54	-1.3%	-60.9%
14. Early & Periodic Screening, Diagnosis & Treatment	\$46.38	\$54.64	\$78.10	\$100.13	\$105.45	\$109.42	\$112.26	15.9%	-60.4%
15. Other Care	\$435.68	\$499.40	\$683.02	\$729.42	\$712.89	\$497.41	\$535.79	3.5%	26.0%
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 Case Management (PCCM) Services	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	n/a	0.0%
Total (Average)	\$2,367.59	\$2,470.26	\$2,767.67	\$2,620.30	\$2,776.87	\$3,024.99	\$3,329.95	5.8%	0.4%

TOTAL PER CAPITA EXPENDITURES	\$365.65	\$383.42	\$437.62	\$413.45	\$441.62	\$443.82	\$472.79	4.4%	-19.8%
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FLORIDA

SOUTHERN REGION MEDICAID PROFILE
DATA BY OTHER CHARACTERISTICS

RECIPIENTS BY OTHER CHARACTERISTICS

	FFY 93	FFY 94	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	Annual Change	Share of Total FFY 99
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	1,054,497	1,014,462	1,008,286	1,037,380	985,560	929,843	881,930	-2.9%	53.9%
Poverty Related Eligibles	150,622	168,814	167,330	172,338	185,581	471,227	43,680	-18.6%	2.7%
Medically Needy	40,518	49,305	49,610	50,184	47,076	46,685	496,562	51.8%	30.4%
Other Eligibles	499,308	494,453	509,915	550,301	556,816	250,499	212,632	-13.3%	13.0%
Maintenance Assistance Status Unknown	0	0	0	0	0	0	0	n/a	0.0%
Total	1,744,945	1,727,034	1,735,141	1,810,203	1,775,033	1,698,254	1,634,804	-1.1%	100.0%
By Basis of Eligibility									
Aged, Blind, or Disabled	433,349	455,372	487,642	525,517	545,686	543,476	542,575	3.8%	33.2%
Children	981,935	990,980	996,873	1,051,250	1,016,971	810,723	777,534	-3.8%	47.6%
Foster Care Children	60,573	51,227	41,474	32,879	30,185	19,101	21,021	-16.2%	1.3%
Adults	269,088	229,455	209,152	200,557	182,191	324,954	293,674	1.5%	18.0%
Basis of Eligibility Unknown	0	0	0	0	0	0	0	n/a	0.0%
Total	1,744,945	1,727,034	1,735,141	1,810,203	1,775,033	1,698,254	1,634,804	-1.1%	100.0%
By Age									
Under Age 1	138,731	133,226	128,859	128,439	119,551	116,067	117,373	-2.7%	7.2%
Age 1 to 5	378,805	369,866	354,205	354,307	331,299	297,472	278,485	-5.0%	17.0%
Age 6 to 14	326,445	332,553	345,156	389,048	392,021	367,520	351,468	1.2%	21.5%
Age 15 to 20	151,441	146,092	148,019	156,978	155,906	149,469	151,698	0.0%	9.3%
Age 21 to 44	409,833	398,384	394,102	403,926	390,820	378,230	349,814	-2.6%	21.4%
Age 45 to 64	111,238	116,244	123,594	131,804	137,092	142,209	145,061	4.5%	8.9%
Age 65 to 74	92,036	94,111	98,526	100,709	100,665	98,125	94,993	0.5%	5.8%
Age 75 to 84	79,994	79,706	82,373	83,415	84,798	84,641	83,085	0.6%	5.1%
Age 85 and Over	56,422	56,852	60,307	61,577	62,881	64,521	62,827	1.8%	3.8%
Age Unknown	0	0	0	0	0	0	0	n/a	0.0%
Total	1,744,945	1,727,034	1,735,141	1,810,203	1,775,033	1,698,254	1,634,804	-1.1%	100.0%
By Race									
White	818,092	791,200	779,846	787,520	759,150	712,005	674,752	-3.2%	41.3%
Black	570,162	561,431	556,439	588,130	582,344	555,351	515,935	-1.7%	31.6%
Hispanic, American Indian or Asian	252,097	262,615	274,445	296,839	291,557	284,314	289,880	2.4%	17.7%
Other/Unknown	104,594	111,788	124,411	137,714	141,982	146,584	154,237	6.7%	9.4%
Total	1,744,945	1,727,034	1,735,141	1,810,203	1,775,033	1,698,254	1,634,804	-1.1%	100.0%
By Sex									
Female	1,097,831	1,080,977	1,079,502	1,115,254	1,091,595	1,038,406	991,848	-1.7%	60.7%
Male	647,110	646,054	655,637	694,948	683,437	659,845	642,955	-0.1%	39.3%
Unknown	4	3	2	1	1	3	1	-20.6%	0.0%
Total	1,744,945	1,727,034	1,735,141	1,810,203	1,775,033	1,698,254	1,634,804	-1.1%	100.0%

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

FLORIDA

SOUTHERN REGION MEDICAID PROFILE

PAYMENTS BY OTHER CHARACTERISTICS

	FFY 93	FFY 94	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	Annual Change	Share of Total FFY 99
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	\$2,107,300,401	\$2,121,002,172	\$2,391,537,870	\$2,378,842,497	\$2,398,742,590	\$2,482,338,693	\$2,653,708,951	3.9%	48.7%
Poverty Related Eligibles	\$288,095,068	\$335,056,586	\$352,301,176	\$368,330,415	\$400,279,310	\$1,304,660,651	\$1,352,255,053	29.4%	24.8%
Medically Needy	\$97,948,460	\$114,443,159	\$125,375,368	\$129,542,795	\$140,481,455	\$148,509,716	\$152,870,137	7.7%	2.8%
Other Eligibles	\$1,637,961,740	\$1,695,719,247	\$1,933,089,841	\$1,866,555,911	\$1,989,537,902	\$1,201,683,877	\$1,284,985,223	-4.0%	23.6%
Maintenance Assistance Status Unknown	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a	0.0%
Total	\$4,131,305,669	\$4,266,221,164	\$4,802,304,255	\$4,743,271,618	\$4,929,041,257	\$5,137,192,937	\$5,443,819,364	4.7%	100.0%
By Basis of Eligibility									
Aged, Blind or Disabled	\$2,616,700,261	\$2,824,344,713	\$3,352,715,445	\$3,346,893,436	\$3,585,170,266	\$3,823,418,777	\$4,138,273,410	7.9%	76.0%
Children	\$1,048,788,252	\$1,051,819,266	\$1,092,875,659	\$1,086,101,792	\$1,055,102,564	\$741,532,823	\$749,620,889	-5.4%	13.8%
Foster Care Children	\$73,140,499	\$67,286,620	\$63,605,252	\$45,274,771	\$39,361,048	\$62,835,048	\$70,289,760	-0.7%	1.3%
Adults	\$392,676,657	\$322,770,565	\$293,107,899	\$265,001,619	\$249,407,379	\$509,406,289	\$485,635,305	3.6%	8.9%
Basis of Eligibility Unknown	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a	0.0%
Total	\$4,131,305,669	\$4,266,221,164	\$4,802,304,255	\$4,743,271,618	\$4,929,041,257	\$5,137,192,937	\$5,443,819,364	4.7%	100.0%
By Age									
Under Age 1	\$320,957,628	\$315,484,732	\$315,409,988	\$314,964,221	\$248,666,091	\$299,397,034	\$299,524,469	-1.1%	5.5%
Age 1 to 5	\$319,065,421	\$317,725,872	\$333,503,456	\$324,563,830	\$383,269,622	\$301,757,445	\$310,519,361	-0.5%	5.7%
Age 6 to 14	\$268,784,590	\$286,483,154	\$340,881,477	\$353,322,071	\$301,697,296	\$382,054,252	\$411,929,970	7.4%	7.6%
Age 15 to 20	\$262,701,216	\$260,344,792	\$281,082,652	\$275,842,593	\$245,434,893	\$278,248,305	\$296,451,649	2.0%	5.4%
Age 21 to 44	\$1,072,454,348	\$1,098,790,495	\$1,192,475,627	\$1,173,606,768	\$1,172,730,340	\$1,221,379,975	\$1,268,953,129	2.8%	23.3%
Age 45 to 64	\$565,933,126	\$608,126,041	\$709,549,229	\$740,664,692	\$782,057,164	\$869,725,031	\$972,433,188	9.4%	17.9%
Age 65 to 74	\$313,039,186	\$322,412,864	\$387,242,306	\$390,112,930	\$432,188,820	\$457,325,525	\$481,073,721	7.4%	8.8%
Age 75 to 84	\$469,957,338	\$487,878,756	\$569,285,255	\$543,151,136	\$606,789,641	\$625,596,320	\$660,782,155	5.8%	12.1%
Age 85 and Over	\$538,412,816	\$568,974,458	\$672,874,265	\$627,043,377	\$756,207,390	\$701,709,050	\$742,151,722	5.5%	13.6%
Age Unknown	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a	0.0%
Total	\$4,131,305,669	\$4,266,221,164	\$4,802,304,255	\$4,743,271,618	\$4,929,041,257	\$5,137,192,937	\$5,443,819,364	4.7%	100.0%
By Race									
White	\$2,303,588,158	\$2,353,115,904	\$2,630,638,153	\$2,520,343,898	\$2,644,300,097	\$2,699,389,297	\$2,834,719,015	3.5%	52.1%
Black	\$1,042,199,021	\$1,046,882,180	\$1,134,020,260	\$1,122,589,551	\$1,166,498,346	\$1,224,250,384	\$1,293,107,453	3.7%	23.8%
Hispanic, American Indian or Asian	\$331,491,004	\$350,451,793	\$398,017,299	\$421,677,103	\$425,221,283	\$442,031,028	\$478,142,757	6.3%	8.8%
Other/Unknown	\$454,027,486	\$515,771,287	\$639,628,543	\$678,661,066	\$693,021,531	\$771,522,228	\$837,850,139	10.8%	15.4%
Total	\$4,131,305,669	\$4,266,221,164	\$4,802,304,255	\$4,743,271,618	\$4,929,041,257	\$5,137,192,937	\$5,443,819,364	4.7%	100.0%
By Sex									
Female	\$2,647,210,897	\$2,694,209,142	\$2,992,985,793	\$2,916,483,988	\$3,023,752,366	\$3,123,515,197	\$3,275,470,682	3.6%	60.2%
Male	\$1,484,093,932	\$1,572,019,242	\$1,809,318,240	\$1,826,786,887	\$1,905,287,511	\$2,013,674,603	\$2,168,348,610	6.5%	39.8%
Unknown	\$840	(\$7,220)	\$222	\$743	\$1,380	\$3,137	\$72	-33.6%	0.0%
Total	\$4,131,305,669	\$4,266,221,164	\$4,802,304,255	\$4,743,271,618	\$4,929,041,257	\$5,137,192,937	\$5,443,819,364	4.7%	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 93	FFY 94	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	Annual Change	Above (+) or Below (-) SLC Avg. FFY 99
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	\$1,998.39	\$2,090.77	\$2,371.88	\$2,293.13	\$2,433.89	\$2,669.63	\$3,008.98	7.1%	-14.0%
Poverty Related Eligibles	\$1,912.70	\$1,984.77	\$2,105.43	\$2,137.26	\$2,156.90	\$2,768.65	\$30,958.22	59.0%	1595.3%
Medically Needy	\$2,417.41	\$2,321.13	\$2,527.22	\$2,581.36	\$2,984.14	\$3,181.10	\$307.86	-29.1%	-91.4%
Other Eligibles	\$3,280.46	\$3,429.49	\$3,791.00	\$3,391.88	\$3,573.06	\$4,797.16	\$6,043.24	10.7%	-4.7%
Maintenance Assistance Status Unknown	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	n/a	0.0%
Total	\$2,367.59	\$2,470.26	\$2,767.67	\$2,620.30	\$2,776.87	\$3,024.99	\$3,329.95	5.8%	0.4%
By Basis of Eligibility									
Aged, Blind or Disabled	\$6,038.32	\$6,202.28	\$6,875.36	\$6,368.76	\$6,570.02	\$7,035.12	\$7,627.10	4.0%	-0.2%
Children	\$1,068.08	\$1,061.39	\$1,096.30	\$1,033.15	\$1,037.50	\$914.66	\$964.10	-1.7%	-20.8%
Foster Care Children	\$1,207.48	\$1,313.50	\$1,533.62	\$1,377.01	\$1,303.99	\$3,289.62	\$3,343.79	18.5%	86.0%
Adults	\$1,459.29	\$1,406.68	\$1,401.41	\$1,321.33	\$1,368.93	\$1,567.63	\$1,653.65	2.1%	-4.2%
Basis of Eligibility Unknown	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	n/a	0.0%
Total	\$2,367.59	\$2,470.26	\$2,767.67	\$2,620.30	\$2,776.87	\$3,024.99	\$3,329.95	5.8%	1.4%
By Age									
Under Age 1	\$2,313.52	\$2,368.04	\$2,447.71	\$2,452.25	\$2,080.00	\$2,579.52	\$2,551.90	1.6%	-2.6%
Age 1 to 5	\$842.29	\$859.03	\$941.55	\$916.05	\$1,156.87	\$1,014.41	\$1,115.03	4.8%	-9.3%
Age 6 to 14	\$823.37	\$861.47	\$987.62	\$908.17	\$769.59	\$1,039.55	\$1,172.03	6.1%	-6.2%
Age 15 to 20	\$1,734.68	\$1,782.06	\$1,898.96	\$1,757.21	\$1,574.25	\$1,861.58	\$1,954.22	2.0%	-12.6%
Age 21 to 44	\$2,616.81	\$2,758.12	\$3,025.80	\$2,905.50	\$3,000.69	\$3,229.20	\$3,627.51	5.6%	1.1%
Age 45 to 64	\$5,087.59	\$5,231.46	\$5,740.97	\$5,619.44	\$5,704.62	\$6,115.82	\$6,703.62	4.7%	12.3%
Age 65 to 74	\$3,401.27	\$3,425.88	\$3,930.36	\$3,873.67	\$4,293.34	\$4,660.64	\$5,064.31	6.9%	-2.8%
Age 75 to 84	\$5,874.91	\$6,120.98	\$6,911.07	\$6,511.43	\$7,155.71	\$7,391.17	\$7,953.09	5.2%	-1.7%
Age 85 and Over	\$9,542.60	\$10,007.99	\$11,157.48	\$10,183.08	\$12,026.01	\$10,875.67	\$11,812.62	3.6%	-3.3%
Age Unknown	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	n/a	0.0%
Total	\$2,367.59	\$2,470.26	\$2,767.67	\$2,620.30	\$2,776.87	\$3,024.99	\$3,329.95	5.8%	1.4%
By Race									
White	\$2,815.81	\$2,974.11	\$3,373.28	\$3,200.36	\$3,483.24	\$3,791.25	\$4,201.13	6.9%	9.7%
Black	\$1,827.90	\$1,864.67	\$2,038.00	\$1,908.74	\$2,003.11	\$2,204.46	\$2,506.34	5.4%	-5.4%
Hispanic, American Indian or Asian	\$1,314.93	\$1,334.47	\$1,450.26	\$1,420.56	\$1,458.45	\$1,554.73	\$1,649.45	3.8%	-19.9%
Other/Unknown	\$4,340.86	\$4,613.83	\$5,141.25	\$4,928.05	\$4,881.05	\$5,263.35	\$5,432.23	3.8%	-8.3%
Total	\$2,367.59	\$2,470.26	\$2,767.67	\$2,620.30	\$2,776.87	\$3,024.99	\$3,329.95	5.8%	1.4%
By Sex									
Female	\$2,411.31	\$2,492.38	\$2,772.56	\$2,615.08	\$2,770.03	\$3,007.99	\$3,302.39	5.4%	-3.3%
Male	\$2,293.42	\$2,433.26	\$2,759.63	\$2,628.67	\$2,787.80	\$3,051.74	\$3,372.47	6.6%	14.1%
Unknown	\$210.00	(\$2,406.67)	\$111.00	\$743.00	\$1,380.00	\$1,045.67	\$72.00	-16.3%	-99.7%
Total	\$2,367.59	\$2,470.26	\$2,767.67	\$2,620.30	\$2,776.87	\$3,024.99	\$3,329.95	5.8%	1.4%

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, 2000; and "Medicaid Services State by State", HCFA, October 1999.

*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.

- Prepaid Mental Health Plan through Florida Health Partnership provides mental health services for beneficiaries in a five-county area and has been operating since March, 1996. Through this program, approximately 55,000 individuals receive a broad array of mental health services. (Due to expire on June 30, 2000.)

- 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.

FLORIDA

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 1997. Regulates introduction or expansion of new institutional health facilities and services.
- 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 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.

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.

FLORIDA

SOUTHERN REGION MEDICAID PROFILE

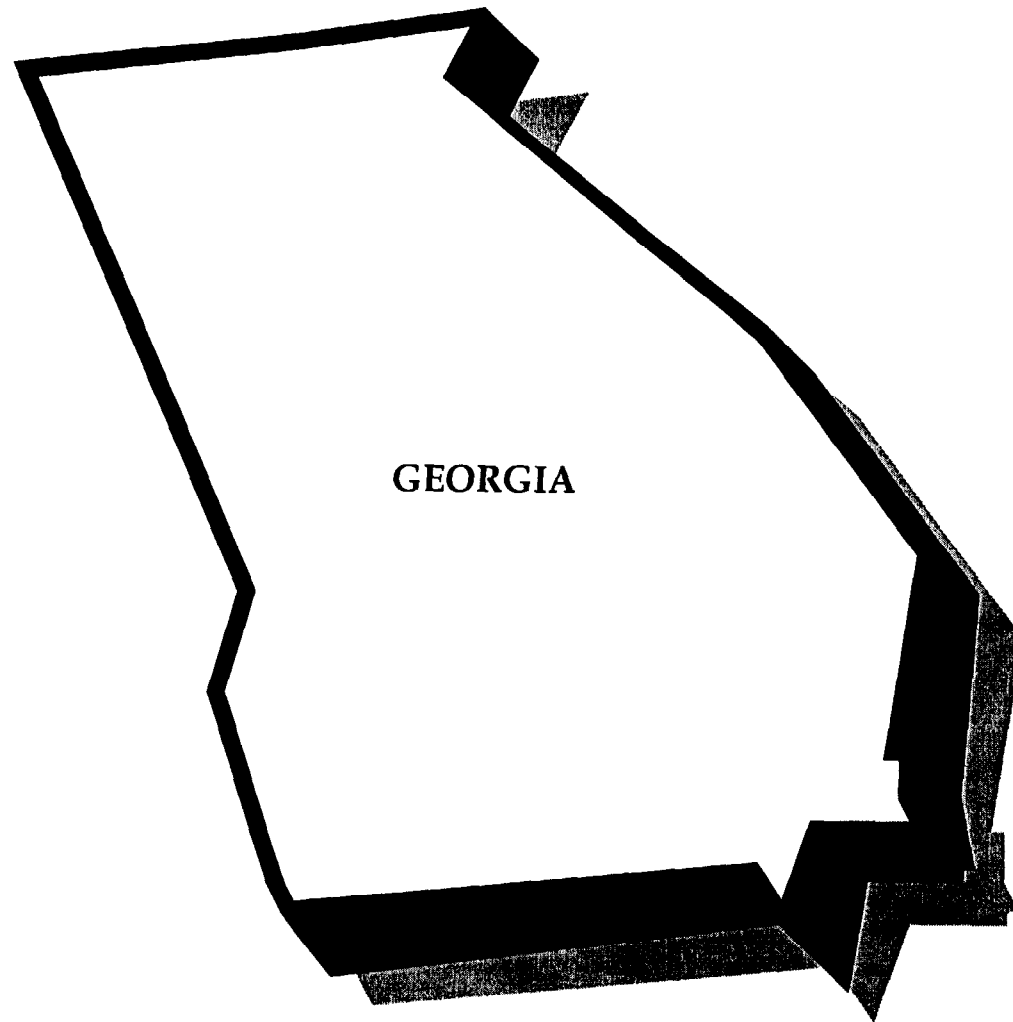
Children's Health Insurance Program: A Combination expansion of Medicaid and Florida Healthy Kids (Title XXI) (continued)

- 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.
- Provided dental coverage for Florida Healthy Kids effective October 1, 2000.

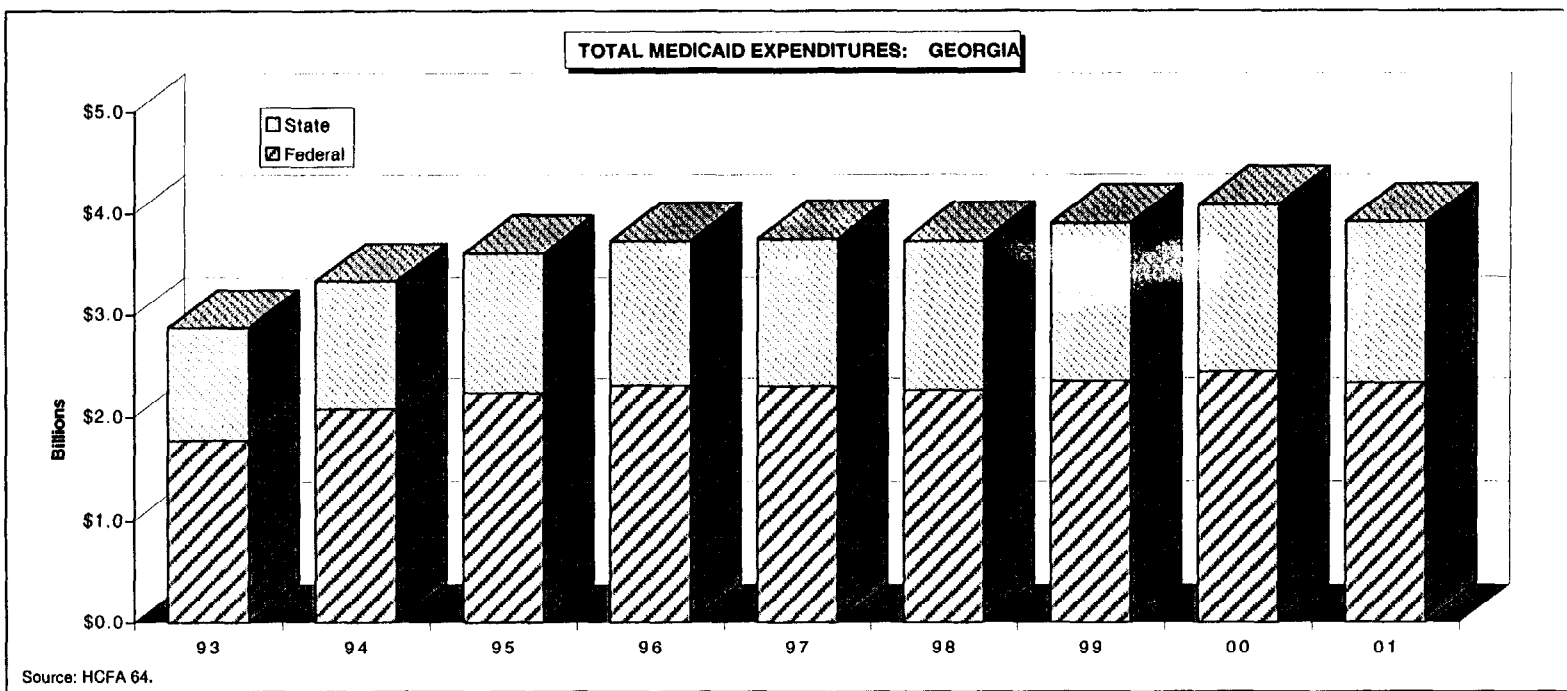
Tobacco Settlement

- The state expects to receive approximately \$11.3 billion over 25 years.
- For Fiscal Year 2000, the tobacco settlement payment should be 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 a number of specific trust funds, including one named for the late Governor Lawton Chiles. The Lawton Chiles Tobacco Endowment for Children and Elders uses tobacco monies to ensure the financial health of programs for children and seniors. Other Funds created to receive tobacco monies include:
 1. Biomedical Research Fund;
 2. Department of Health Tobacco Settlement Fund; and
 3. Trust Funds for Veterans, AHCA, Children and Families, Elder Affairs, and Clearinghouse.

STATE MEDICAID PROFILE



SOUTHERN REGION MEDICAID PROFILE



	FFY 93	FFY 94	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00**	FFY 01**	Annual Rate of Change	Total 93-01
Medicaid Payments	\$2,766,141,517	\$3,219,044,503	\$3,472,965,969	\$3,589,643,840	\$3,584,015,676	\$3,487,596,382	\$3,673,705,109	\$3,883,376,000	\$3,714,930,000	3.8%	34.3%
Federal Share	\$1,720,266,980	\$2,017,083,363	\$2,165,409,386	\$2,228,051,751	\$2,211,414,478	\$2,126,785,792	\$2,226,304,953	\$2,328,221,000	\$2,221,053,000	3.2%	29.1%
State Share	\$1,045,874,537	\$1,201,961,140	\$1,307,556,583	\$1,361,592,089	\$1,372,601,198	\$1,360,810,590	\$1,447,400,156	\$1,555,155,000	\$1,493,877,000	4.6%	42.8%
Administrative Costs	\$109,062,133	\$118,162,631	\$136,047,842	\$141,133,008	\$164,529,357	\$247,246,597	\$230,872,445	\$199,590,000	\$199,159,000	7.8%	82.6%
Federal Share	\$62,346,417	\$64,733,579	\$75,409,513	\$78,950,993	\$90,065,174	\$133,995,592	\$126,008,191	\$110,457,000	\$109,221,000	7.3%	75.2%
State Share	\$46,715,716	\$53,429,052	\$60,638,329	\$62,182,015	\$74,464,183	\$113,251,005	\$104,864,254	\$89,133,000	\$89,938,000	8.5%	92.5%
Admin. Costs as % of Payments	3.94%	3.67%	3.92%	3.93%	4.59%	7.09%	5.07%	4.97%	4.97%		
Federal Match Rate*	62.08%	62.47%	62.23%	61.90%	61.52%	60.84%	60.47%	59.67%	59.67%		

*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 00 and 01 reflect latest estimates reported by each state on HCFA 37.

GEORGIA

SOUTHERN REGION MEDICAID PROFILE

STATE FINANCING

	Payments		Administration	
	FFY 93	FFY 99	FFY 93	FFY 99
State General Fund	\$1,045,874,537	\$1,438,138,441	\$46,715,716	\$104,864,254
Local Funds	\$0	\$0	\$0	\$0
Provider Taxes	\$0	\$9,261,715	\$0	\$0
Donations	\$0	\$0	\$0	\$0
Other (License Fees)	\$0	\$0	\$0	\$0
Total State Share	\$1,045,874,537	\$1,447,400,156	\$46,715,716	\$104,864,254

Provider Taxes Currently in Place (FFY 99)

Provider(s)	Tax Rate	Amount
Ambulance		\$1,166,300
Medical		\$570,597
Nursing (Registered)		\$3,552,057
Nursing Home Administrators		\$47,990
Pharmacy		\$1,196,320
Other professionals		\$2,728,451
Total		\$9,261,715

DISPROPORTIONATE SHARE HOSPITAL (DSH) PAYMENTS

	FFY 93	FFY 94	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00*	FFY 01*	Annual Change
General Hospitals	\$342,772,173	\$382,343,824	\$407,147,839	\$384,936,697	\$413,147,837	\$342,433,313	\$391,688,680	\$402,470,000	\$381,845,000	-1.1%
Mental Hospitals	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a
Total	\$342,772,173	\$382,343,824	\$407,147,839	\$384,936,697	\$413,147,837	\$342,433,313	\$391,688,680	\$402,470,000	\$381,845,000	-1.1%

SELECTED ELIGIBILITY CRITERIA

	At 10/1/00	% of FPL*
TANF-Temporary Assistance for Needy Families (Family of 3)		
Need Standard	\$424	36.0%
Payment Standard (Income Ceiling)	\$784	66.5%
Maximum Payment	\$280	23.7%
Medically Needy Program (Family of 3)		
Income Eligibility Standard	\$375	
Resource Standard	\$4,100	
Pregnant Women, Children and Infants (% of FPL*)		
Pregnant women and infants		185.0%
Children to 6		133.0%
Children 6 to 18		100.0%
SSI Eligibility Levels		
Income:		
Single Person	\$494	71.0%
Couple	\$741	79.0%
Resources:		
Single Person	\$2,000	
Couple	\$4,000	

DEMOGRAPHIC DATA & POVERTY INDICATORS (1999)

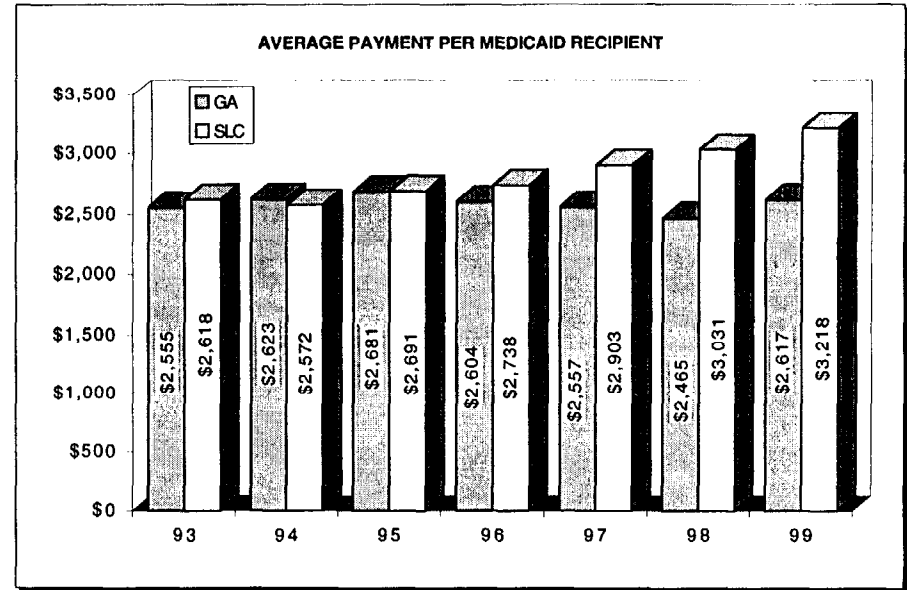
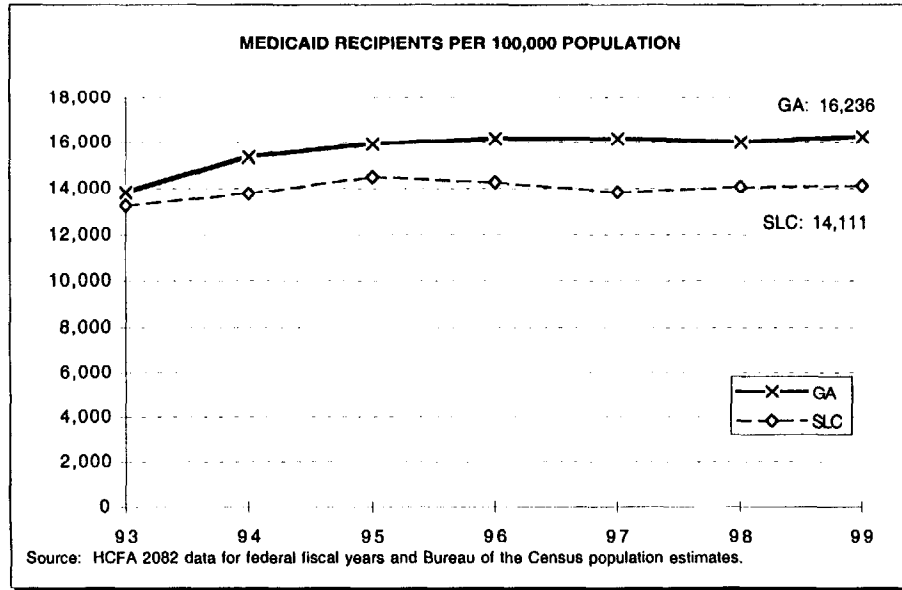
		Rank in U.S.
State population—July 1, 1999*	7,788,240	10
Per capita personal income**	\$25,106	23
Median household income**	\$36,553	26
Population below Federal Poverty Level on July 1, 1999*	1,113,718	
Percent of total population	14.3%	15
Population without health insurance coverage*	1,336,000	6
Percent of total population	17.2%	12
Recipients of Food Stamps***	616,600	9
Households receiving Food Stamps***	251,256	9
Total value of issuance***	\$513,644,772	9
Average monthly benefit per recipient	\$69.42	19
Average monthly benefit per household	\$170.36	10
Monthly recipients of Temporary Assistance to Needy Families (TANF)****	130,210	13
Total TANF payments****	\$412,508,440	12
Average monthly payment per recipient	\$264.00	
Maximum monthly payment per family of 3	\$280.00	39

*Current federal poverty level is \$8,350 per year for a single person, \$11,250 for a family of two and \$14,150 for a family of three. Table above shows monthly income levels.

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

GEORGIA

SOUTHERN REGION MEDICAID PROFILE



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

RECIPIENTS BY TYPE OF SERVICES	FFY 93	FFY 94	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	Annual Change
01. General Hospital	170,583	238,665	190,901	174,955	176,113	161,694	165,310	-0.5%
02. Mental Hospital	0	0	0	0	0	0	0	n/a
03. Skilled and Intermediate (non-MR) Care Nursing	41,792	40,284	40,277	40,873	39,104	40,390	41,874	0.0%
04. Intermediate Care for Mentally Retarded	1,747	1,818	1,876	1,837	1,755	1,728	1,791	0.4%
05. Physician Services	803,522	886,815	933,101	936,768	899,821	872,557	904,606	2.0%
06. Dental Services	217,088	251,200	260,538	253,582	240,018	229,794	238,234	1.6%
07. Other Practitioners	133,610	180,750	201,989	207,090	208,935	132,412	131,321	-0.3%
08. Outpatient Hospital	531,217	575,905	610,689	606,680	567,063	540,218	560,060	0.9%
09. Clinic Services	41,704	46,034	52,099	55,934	56,268	60,632	50,472	3.2%
10. Lab and X-Ray	147,555	201,070	204,505	199,829	169,653	167,860	174,025	2.8%
11. Home Health	23,477	21,673	23,083	21,548	22,163	84,820	21,189	-1.7%
12. Prescribed Drugs	756,130	825,875	875,647	891,335	846,963	805,923	835,524	1.7%
13. Family Planning	87,032	97,313	100,160	84,093	96,505	107,414	2,768	-43.7%
14. Early & Periodic Screening, Diagnosis & Treatment	241,932	272,604	310,255	297,193	308,257	287,928	298,503	3.6%
15. Other Care	293,808	461,049	574,356	714,653	922,524	137,889	142,954	-11.3%
16. Personal Care Support Services	0	0	0	0	0	194,528	11,071	-94.3%
17. Home/Community Based Waiver Services	193	10,030	3,957	20	251	15,251	15,811	108.4%
18. Prepaid Health Care	0	0	0	0	0	78,463	58,091	-26.0%
19. Primary Care Case Management (PCCM) Services	0	0	0	0	0	879,554	911,860	3.7%
Total*	955,262	1,084,929	1,147,443	1,184,833	1,208,445	1,221,978	1,264,525	4.8%

*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.

GEORGIA

SOUTHERN REGION MEDICAID PROFILE

<u>PAYMENTS BY TYPE OF SERVICES</u>								Annual	Share of Total
	FFY 93	FFY 94	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	Change	FFY 99
01. General Hospital	\$683,445,887	\$798,628,433	\$818,919,186	\$805,063,489	\$772,217,549	\$668,075,530	\$709,051,404	0.6%	21.4%
02. Mental Hospital	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a	0.0%
03. Skilled and Intermediate (non-MR) Care Nursing	\$539,960,199	\$584,830,810	\$623,848,347	\$643,326,691	\$608,591,712	\$603,835,584	\$787,217,929	6.5%	23.8%
04. Intermediate Care for Mentally Retarded	\$115,979,389	\$115,978,764	\$124,940,898	\$125,578,454	\$127,147,570	\$107,450,025	\$99,964,520	-2.4%	3.0%
05. Physician Services	\$352,869,387	\$411,681,554	\$452,974,924	\$437,034,835	\$396,915,837	\$367,096,683	\$394,348,608	1.9%	11.9%
06. Dental Services	\$27,201,278	\$32,365,192	\$33,577,036	\$32,152,495	\$30,990,607	\$32,076,080	\$42,267,580	7.6%	1.3%
07. Other Practitioners	\$19,865,581	\$33,596,287	\$39,582,343	\$34,732,584	\$33,286,304	\$18,735,368	\$14,787,774	-4.8%	0.4%
08. Outpatient Hospital	\$201,174,796	\$228,569,661	\$254,730,016	\$253,006,189	\$256,218,944	\$266,142,731	\$332,052,864	8.7%	10.0%
09. Clinic Services	\$47,484,499	\$55,487,845	\$63,684,654	\$71,120,384	\$94,758,210	\$114,306,637	\$91,759,834	11.6%	2.8%
10. Lab and X-Ray	\$10,301,004	\$14,713,050	\$15,733,477	\$16,123,398	\$13,685,581	\$12,445,037	\$14,912,139	6.4%	0.5%
11. Home Health	\$63,421,957	\$71,710,646	\$92,384,121	\$110,557,783	\$132,907,346	\$42,656,324	\$13,769,621	-22.5%	0.4%
12. Prescribed Drugs	\$221,384,507	\$260,307,087	\$288,511,672	\$319,230,386	\$339,257,021	\$370,562,935	\$498,274,151	14.5%	15.1%
13. Family Planning	\$35,220,878	\$28,644,215	\$28,563,942	\$24,355,643	\$25,846,670	\$27,091,933	\$3,494,866	-32.0%	0.1%
14. Early & Periodic Screening, Diagnosis & Treatment	\$22,481,495	\$24,931,943	\$26,625,741	\$25,584,313	\$25,725,521	\$25,513,441	\$26,962,276	3.1%	0.8%
15. Other Care	\$99,010,411	\$183,482,639	\$209,145,178	\$187,340,495	\$232,454,003	\$27,214,508	\$26,414,961	-19.8%	0.8%
16. Personal Care Support Services	\$0	\$0	\$0	\$0	\$0	\$101,836,605	\$47,863,039	-53.0%	1.4%
17. Home/Community Based Waiver Services	\$816,908	\$564,818	\$3,227,382	\$792	\$13,338	\$146,244,447	\$152,617,027	139.1%	4.6%
18. Prepaid Health Care	\$0	\$0	\$0	\$0	\$0	\$57,871,451	\$29,748,353	-48.6%	0.9%
19. Primary Case Management (PCCM) Services	\$0	\$0	\$0	\$0	\$0	\$23,190,993	\$23,312,451	0.5%	0.7%
Total (excludes DSH pymts, pharmacy rebates, & other adjs.)	\$2,440,618,176	\$2,845,492,944	\$3,076,448,917	\$3,085,207,931	\$3,090,016,213	\$3,012,346,312	\$3,308,819,397	5.2%	100.0%

AVERAGE PAYMENTS PER RECIPIENT BY TYPE OF SERVICES

								(+) or (-) SLC	
								Avg. FFY 99	
01. General Hospital	\$4,006.53	\$3,346.23	\$4,289.76	\$4,601.55	\$4,384.78	\$4,131.73	\$4,289.22	1.1%	9.4%
02. Mental Hospital	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	n/a	100.0%
03. Skilled and Intermediate (non-MR) Care Nursing	\$12,920.18	\$14,517.69	\$15,488.95	\$15,739.65	\$15,563.41	\$14,950.13	\$18,799.68	6.5%	23.5%
04. Intermediate Care for Mentally Retarded	\$66,387.74	\$63,794.70	\$66,599.63	\$68,360.62	\$72,448.76	\$62,181.73	\$55,814.92	-2.8%	-16.8%
05. Physician Services	\$439.15	\$464.22	\$485.45	\$466.53	\$441.11	\$420.71	\$435.93	-0.1%	12.2%
06. Dental Services	\$125.30	\$128.84	\$128.88	\$126.79	\$129.12	\$139.59	\$177.42	6.0%	-19.3%
07. Other Practitioners	\$148.68	\$185.87	\$195.96	\$167.72	\$159.31	\$141.49	\$112.61	-4.5%	-25.9%
08. Outpatient Hospital	\$378.71	\$396.89	\$417.12	\$417.03	\$451.84	\$492.66	\$592.89	7.8%	30.4%
09. Clinic Services	\$1,138.61	\$1,205.37	\$1,222.38	\$1,271.51	\$1,684.05	\$1,885.25	\$1,818.03	8.1%	139.8%
10. Lab and X-Ray	\$69.81	\$73.17	\$76.93	\$80.69	\$80.67	\$74.14	\$85.69	3.5%	-24.2%
11. Home Health	\$2,701.45	\$3,308.75	\$4,002.26	\$5,130.77	\$5,996.81	\$502.90	\$649.85	-21.1%	-74.2%
12. Prescribed Drugs	\$292.79	\$315.19	\$329.48	\$358.15	\$400.56	\$459.80	\$596.36	12.6%	-25.4%
13. Family Planning	\$404.69	\$294.35	\$285.18	\$289.63	\$267.83	\$252.22	\$1,262.60	20.9%	482.0%
14. Early & Periodic Screening, Diagnosis & Treatment	\$92.92	\$91.46	\$85.82	\$86.09	\$83.45	\$88.61	\$90.32	-0.5%	-49.5%
15. Other Care	\$336.99	\$397.97	\$364.14	\$262.14	\$251.98	\$197.37	\$184.78	-9.5%	-52.5%
16. Personal Care Support Services	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$523.51	\$4,323.28	725.8%	208.3%
17. Home/Community Based Waiver Services	\$4,232.68	\$56.31	\$815.61	\$39.60	\$53.14	\$9,589.17	\$9,652.59	14.7%	-25.5%
18. Prepaid Health Care	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$737.56	\$512.10	-30.6%	-61.5%
19. Primary Care Case Management (PCCM) Services	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$26.37	\$25.57	-3.0%	-70.9%
Total (Average)	\$2,554.92	\$2,622.75	\$2,681.13	\$2,603.92	\$2,557.02	\$2,465.14	\$2,616.65	0.4%	-18.7%

TOTAL PER CAPITA EXPENDITURES	\$416.31	\$472.49	\$500.65	\$508.68	\$500.47	\$488.71	\$501.34	3.1%	-14.1%
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GEORGIA

SOUTHERN REGION MEDICAID PROFILE
DATA BY OTHER CHARACTERISTICS

RECIPIENTS BY OTHER CHARACTERISTICS

	FFY 93	FFY 94	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	Annual Change	Share of Total FFY 99
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	588,434	605,157	599,867	574,269	560,794	473,537	695,362	2.8%	55.0%
Poverty Related Eligibles	90,165	101,344	109,046	116,447	449,852	536,420	442,457	30.4%	35.0%
Medically Needy	1,789	786	578	543	816	841	632	-15.9%	0.0%
Other Eligibles	264,539	365,310	427,453	484,068	182,243	179,778	109,002	-13.7%	8.6%
Maintenance Assistance Status Unknown	10,335	12,332	10,499	9,506	14,740	31,402	17,072	8.7%	1.4%
Total	955,262	1,084,929	1,147,443	1,184,833	1,208,445	1,221,978	1,264,525	4.8%	100.0%
By Basis of Eligibility									
Aged, Blind, or Disabled	265,252	282,933	295,406	306,376	309,328	315,460	319,040	3.1%	25.2%
Children	461,006	542,580	597,092	629,386	655,741	666,385	702,317	7.3%	55.5%
Foster Care Children	616	163	100	55	6,271	6,508	6,448	47.9%	0.5%
Adults	218,054	246,953	244,346	239,510	222,365	202,223	205,865	-1.0%	16.3%
Basis of Eligibility Unknown	10,334	12,300	10,499	9,506	14,740	31,402	30,855	20.0%	2.4%
Total	955,262	1,084,929	1,147,443	1,184,833	1,208,445	1,221,978	1,264,525	4.8%	100.0%
By Age									
Under Age 1	46,065	48,948	54,431	57,949	62,035	64,474	168,941	24.2%	13.4%
Age 1 to 5	214,714	238,288	250,370	255,974	260,904	255,052	197,392	-1.4%	15.6%
Age 6 to 14	181,263	224,441	250,898	269,468	284,038	280,857	143,650	-3.8%	11.4%
Age 15 to 20	83,126	103,290	116,768	123,686	131,439	129,665	192,081	15.0%	15.2%
Age 21 to 44	222,337	253,260	253,598	251,936	240,424	225,920	348,503	7.8%	27.6%
Age 45 to 64	67,922	73,810	77,729	82,044	84,605	87,177	171,975	16.7%	13.6%
Age 65 to 74	50,833	52,316	52,724	52,920	53,163	53,477	19,600	-14.7%	1.5%
Age 75 to 84	50,470	50,966	51,217	50,854	50,242	49,912	13,404	-19.8%	1.1%
Age 85 and Over	32,837	33,568	34,436	34,811	35,309	68,219	8,852	-19.6%	0.7%
Age Unknown	5,695	6,042	5,272	5,191	6,286	7,225	127	-46.9%	0.0%
Total	955,262	1,084,929	1,147,443	1,184,833	1,208,445	1,221,978	1,264,525	4.8%	100.0%
By Race									
White	379,622	432,236	448,904	451,125	447,255	443,904	478,243	3.9%	37.8%
Black	517,216	582,714	615,145	632,470	643,610	647,000	590,154	2.2%	46.7%
Hispanic, American Indian or Asian	17,269	25,500	32,952	43,169	50,179	51,996	51,087	19.8%	4.0%
Other/Unknown	41,155	44,479	50,442	58,069	67,401	79,078	145,041	23.4%	11.5%
Total	955,262	1,084,929	1,147,443	1,184,833	1,208,445	1,221,978	1,264,525	4.8%	100.0%
By Sex									
Female	616,681	696,407	727,316	744,696	749,009	748,398	442,963	-5.4%	35.0%
Male	332,877	382,473	414,844	434,945	453,144	466,356	821,562	16.2%	65.0%
Unknown	5,704	6,049	5,283	5,192	6,292	7,224		-100.0%	0.0%
Total	955,262	1,084,929	1,147,443	1,184,833	1,208,445	1,221,978	1,264,525	4.8%	100.0%

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

GEORGIA

SOUTHERN REGION MEDICAID PROFILE

PAYMENTS BY OTHER CHARACTERISTICS

	FFY 93	FFY 94	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	Annual Change	Share of Total FFY 99
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	\$1,330,264,947	\$1,516,138,961	\$1,579,912,507	\$1,497,011,074	\$1,476,472,911	\$1,377,872,299	\$1,580,953,908	2.9%	47.8%
Poverty Related Eligibles	\$103,695,677	\$124,065,724	\$133,130,765	\$136,270,254	\$671,343,738	\$689,569,489	\$718,675,573	38.1%	21.7%
Medically Needy	\$3,407,468	\$2,509,724	\$2,085,386	\$2,188,136	\$4,072,584	\$3,794,773	\$4,301,465	4.0%	0.1%
Other Eligibles	\$980,527,251	\$1,180,178,052	\$1,341,166,513	\$1,429,092,593	\$905,343,467	\$889,614,162	\$945,329,702	-0.6%	28.6%
Maintenance Assistance Status Unknown	\$22,722,833	\$22,600,483	\$20,153,746	\$20,645,874	\$32,783,513	\$51,495,589	\$59,558,749	17.4%	1.8%
Total	\$2,440,618,176	\$2,845,492,944	\$3,076,448,917	\$3,085,207,931	\$3,090,016,213	\$3,012,346,312	\$3,308,819,397	5.2%	100.0%
By Basis of Eligibility									
Aged, Blind or Disabled	\$1,456,701,230	\$1,644,881,910	\$1,802,981,679	\$1,857,800,801	\$1,857,153,410	\$1,896,108,233	\$2,085,705,704	6.2%	63.0%
Children	\$426,042,663	\$576,012,247	\$642,601,853	\$618,667,247	\$619,714,194	\$582,740,389	\$688,823,404	8.3%	20.8%
Foster Care Children	\$858,743	\$363,268	\$339,834	\$158,272	\$21,716,984	\$23,957,528	\$26,363,349	77.0%	0.8%
Adults	\$534,306,088	\$601,635,036	\$610,371,805	\$587,935,737	\$558,812,319	\$458,044,573	\$502,627,534	-1.0%	15.2%
Basis of Eligibility Unknown	\$22,709,452	\$22,600,483	\$20,153,746	\$20,645,874	\$32,619,306	\$51,495,589	\$5,299,406	-21.5%	0.2%
Total	\$2,440,618,176	\$2,845,492,944	\$3,076,448,917	\$3,085,207,931	\$3,090,016,213	\$3,012,346,312	\$3,308,819,397	5.2%	100.0%
By Age									
Under Age 1	\$95,196,218	\$106,906,737	\$119,222,813	\$117,034,113	\$116,190,597	\$130,274,039	\$553,565,485	34.1%	16.7%
Age 1 to 5	\$252,998,740	\$326,162,874	\$340,005,677	\$323,376,173	\$307,847,423	\$256,674,945	\$346,962,802	5.4%	10.5%
Age 6 to 14	\$138,594,446	\$207,968,499	\$240,649,162	\$229,498,271	\$239,303,673	\$228,998,832	\$276,091,199	12.2%	8.3%
Age 15 to 20	\$189,677,622	\$233,182,093	\$271,041,521	\$261,476,695	\$263,589,850	\$229,873,552	\$452,050,906	15.6%	13.7%
Age 21 to 44	\$692,985,949	\$780,834,754	\$814,218,579	\$810,798,064	\$818,413,173	\$737,273,945	\$967,730,409	5.7%	29.2%
Age 45 to 64	\$340,048,748	\$387,665,063	\$429,088,216	\$452,935,764	\$477,409,453	\$507,321,902	\$554,690,484	8.5%	16.8%
Age 65 to 74	\$179,392,246	\$198,351,258	\$214,027,733	\$221,937,199	\$222,067,879	\$225,627,074	\$70,501,015	-14.4%	2.1%
Age 75 to 84	\$274,192,010	\$296,913,582	\$317,088,940	\$324,793,939	\$310,065,313	\$302,572,083	\$50,112,070	-24.7%	1.5%
Age 85 and Over	\$261,873,806	\$294,936,249	\$318,233,551	\$330,247,882	\$321,060,648	\$372,731,195	\$36,301,058	-28.1%	1.1%
Age Unknown	\$15,658,391	\$12,571,835	\$12,872,725	\$13,109,831	\$14,068,204	\$20,998,745	\$813,969	-38.9%	0.0%
Total	\$2,440,618,176	\$2,845,492,944	\$3,076,448,917	\$3,085,207,931	\$3,090,016,213	\$3,012,346,312	\$3,308,819,397	5.2%	100.0%
By Race									
White	\$1,219,727,490	\$1,386,607,897	\$1,491,925,419	\$1,509,948,577	\$1,482,725,620	\$1,449,477,236	\$1,281,836,634	0.8%	38.7%
Black	\$1,044,980,598	\$1,248,311,881	\$1,336,311,250	\$1,297,219,832	\$1,306,996,330	\$1,239,615,206	\$1,397,314,431	5.0%	42.2%
Hispanic, American Indian or Asian	\$29,404,651	\$40,008,407	\$51,887,350	\$60,690,293	\$71,650,212	\$63,396,255	\$133,345,422	28.7%	4.0%
Other/Unknown	\$146,505,437	\$170,564,759	\$196,324,898	\$217,349,229	\$228,644,051	\$259,857,615	\$496,322,910	22.6%	15.0%
Total	\$2,440,618,176	\$2,845,492,944	\$3,076,448,917	\$3,085,207,931	\$3,090,016,213	\$3,012,346,312	\$3,308,819,397	5.2%	100.0%
By Sex									
Female	\$1,678,272,854	\$1,937,762,701	\$2,075,463,148	\$2,078,712,807	\$2,059,074,878	\$1,966,718,337	\$1,246,101,385	-4.8%	37.7%
Male	\$746,670,423	\$895,143,247	\$988,106,443	\$993,383,565	\$1,016,859,298	\$1,024,630,832	\$2,062,718,012	18.5%	62.3%
Unknown	\$15,674,899	\$12,586,996	\$12,879,326	\$13,111,559	\$14,082,037	\$20,997,143	\$0	-100.0%	0.0%
Total	\$2,440,618,176	\$2,845,492,944	\$3,076,448,917	\$3,085,207,931	\$3,090,016,213	\$3,012,346,312	\$3,308,819,397	5.2%	100.0%

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

GEORGIA

SOUTHERN REGION MEDICAID PROFILE

AVERAGE PAYMENT PER RECIPIENT BY OTHER CHARACTERISTICS

	FFY 93	FFY 94	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	Annual Change	Above (+) or Below (-) SLC Avg. FFY 99
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	\$2,260.69	\$2,505.36	\$2,633.77	\$2,606.81	\$2,632.83	\$2,909.75	\$2,273.57	0.1%	-33.0%
Poverty Related Eligibles	\$1,150.07	\$1,224.20	\$1,220.87	\$1,170.23	\$1,492.37	\$1,285.50	\$1,624.28	5.9%	-22.7%
Medically Needy	\$1,904.68	\$3,193.03	\$3,607.93	\$4,029.72	\$4,990.91	\$4,512.22	\$6,806.12	23.6%	140.7%
Other Eligibles	\$3,706.55	\$3,230.62	\$3,137.58	\$2,952.26	\$4,967.78	\$4,948.40	\$8,672.59	15.2%	32.9%
Maintenance Assistance Status Unknown	\$2,198.63	\$1,832.67	\$1,919.59	\$2,171.88	\$2,224.12	\$1,639.88	\$3,488.68	8.0%	233.3%
Total	\$2,554.92	\$2,622.75	\$2,681.13	\$2,603.92	\$2,557.02	\$2,465.14	\$2,616.65	0.4%	-18.7%
By Basis of Eligibility									
Aged, Blind or Disabled	\$5,491.76	\$5,813.68	\$6,103.40	\$6,063.79	\$6,003.83	\$6,010.61	\$6,537.44	2.9%	-9.0%
Children	\$924.16	\$1,061.62	\$1,076.22	\$982.97	\$945.06	\$874.48	\$980.79	1.0%	-15.3%
Foster Care Children	\$1,394.06	\$2,228.64	\$3,398.34	\$2,877.67	\$3,463.08	\$3,681.24	\$4,088.61	19.6%	17.8%
Adults	\$2,450.34	\$2,436.23	\$2,497.98	\$2,454.74	\$2,513.04	\$2,265.05	\$2,441.54	-0.1%	13.5%
Basis of Eligibility Unknown	\$2,197.55	\$1,837.44	\$1,919.59	\$2,171.88	\$2,212.98	\$1,639.88	\$171.75	-34.6%	-81.7%
Total	\$2,554.92	\$2,622.75	\$2,681.13	\$2,603.92	\$2,557.02	\$2,465.14	\$2,616.65	0.4%	-18.7%
By Age									
Under Age 1	\$2,066.56	\$2,184.09	\$2,190.35	\$2,019.61	\$1,872.98	\$2,020.57	\$3,276.68	8.0%	30.5%
Age 1 to 5	\$1,178.31	\$1,368.78	\$1,358.01	\$1,263.32	\$1,179.93	\$1,006.36	\$1,757.73	6.9%	47.2%
Age 6 to 14	\$764.60	\$926.61	\$959.15	\$851.67	\$842.51	\$815.36	\$1,921.97	16.6%	46.4%
Age 15 to 20	\$2,281.81	\$2,257.55	\$2,321.20	\$2,114.04	\$2,005.42	\$1,772.83	\$2,353.44	0.5%	7.0%
Age 21 to 44	\$3,116.83	\$3,083.13	\$3,210.67	\$3,218.27	\$3,404.04	\$3,263.43	\$2,776.82	-1.9%	-18.3%
Age 45 to 64	\$5,006.46	\$5,252.20	\$5,520.31	\$5,520.64	\$5,642.80	\$5,819.45	\$3,225.41	-7.1%	-39.1%
Age 65 to 74	\$3,529.05	\$3,791.41	\$4,059.40	\$4,193.82	\$4,177.11	\$4,219.14	\$3,596.99	0.3%	-26.7%
Age 75 to 84	\$5,432.77	\$5,825.72	\$6,191.09	\$6,386.79	\$6,171.44	\$6,062.11	\$3,738.59	-6.0%	-52.1%
Age 85 and Over	\$7,974.96	\$8,786.23	\$9,241.30	\$9,486.88	\$9,092.88	\$5,463.74	\$4,100.89	-10.5%	-65.2%
Age Unknown	\$2,749.50	\$2,080.74	\$2,441.72	\$2,525.49	\$2,238.02	\$2,906.40	\$6,409.20	15.1%	-99.4%
Total	\$2,554.92	\$2,622.75	\$2,681.13	\$2,603.92	\$2,557.02	\$2,465.14	\$2,616.65	0.4%	-18.7%
By Race									
White	\$3,213.01	\$3,207.99	\$3,323.48	\$3,347.07	\$3,315.17	\$3,265.29	\$2,680.30	-3.0%	-24.5%
Black	\$2,020.39	\$2,142.24	\$2,172.35	\$2,051.04	\$2,030.73	\$1,915.94	\$2,367.71	2.7%	-5.4%
Hispanic, American Indian or Asian	\$1,702.74	\$1,568.96	\$1,574.63	\$1,405.88	\$1,427.89	\$1,219.25	\$2,610.16	7.4%	26.4%
Other/Unknown	\$3,559.85	\$3,834.73	\$3,892.09	\$3,742.95	\$3,392.29	\$3,286.09	\$3,421.95	-0.7%	-44.0%
Total	\$2,554.92	\$2,622.75	\$2,681.13	\$2,603.92	\$2,557.02	\$2,465.14	\$2,616.65	0.4%	-18.7%
By Sex									
Female	\$2,721.46	\$2,782.51	\$2,853.59	\$2,791.36	\$2,749.07	\$2,627.90	\$2,813.10	0.6%	-16.9%
Male	\$2,243.08	\$2,340.41	\$2,381.87	\$2,283.93	\$2,244.01	\$2,197.10	\$2,510.73	1.9%	-10.3%
Unknown	\$2,748.05	\$2,080.84	\$2,437.88	\$2,525.34	\$2,238.09	\$2,906.58	\$0.00	-100.0%	-100.0%
Total	\$2,554.92	\$2,622.75	\$2,681.13	\$2,603.92	\$2,557.02	\$2,465.14	\$2,616.65	0.4%	-18.7%

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

GEORGIA

SOUTHERN REGION MEDICAID PROFILE

ADDITIONAL STATE HEALTH CARE INFORMATION

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

*Information supplied by State Medicaid Agency

Waivers

Two Freedom of Choice Waivers, under Title XIX, Section 1915 (b), of the Social Security Act, established a coordinated network of Medicaid providers:

- Georgia Better Health Care Program (GBHC) provides a statewide case managed health care system for TANF, TANF-related, and SSI beneficiaries. It has been operating since October 1, 1993. The state was granted an extension on this program through July 2000. Approximately 685,000 Medicaid recipients (around 80% of all recipients) were enrolled as of April 2000.
- Voluntary HMO program was implemented in early 1996. By the end of SFY 1996 nearly 8,000 Medicaid recipients in 13 counties had enrolled in the program. The Division of Medical Assistance, DCH expanded HMO coverage to 28 counties and had approximately 60,000 Medicaid recipients by June 1998, increasing to 120,000 by June 1999.
- Mental Health/Mental Retardation Waiver provides rehabilitation services to nursing home residents. It has been operating since April, 1994.

Georgia has 5 home and community-based waivers and two demonstration projects that have been approved by the Health Care Financing Administration (HCFA). Some of the services provided to individuals in waiver programs include: personal support, skilled nursing, environmental modification services, specialized medical equipment and supplies, counseling, emergency response system, home health services, transportation, day care, day habilitation, personal care home, home delivered meals, respite care services, and case management services.

During State Fiscal Year 1999, 18,204 individuals were served under the waiver programs at an average cost of \$8,893 per person. During this same time frame, 47,302 individuals were served in nursing facilities at an average cost of \$15,230 per person.

Managed Care

- Any Willing Provider Clause: Yes. Broad, applies only to Blue Cross/Blue Shield.

Coverage for Targeted Population

- The Uninsured: The State provides disproportionate share payments (DSH) for indigent care through the Indigent Care Trust Fund (ICTF), established in 1990.
- The Indigent Care Trust Fund (ICTF) II, implemented in May of 1997, was specifically designed to assist hospitals in small communities and rural areas. The ICTF II provides disproportionate share payments to 17 small hospitals statewide. In SFY 2000, 92 qualifying hospitals elected to participate in ICTF, compared with 87 hospitals in SFY 1999. These hospitals shared \$388 million, up from \$314 million in SFY 1999. Thirteen hospitals qualified in SFY 2000 that did not qualify in the previous year. Ten SFY 1999 qualifying hospitals failed to qualify in SFY 2000.

Cost Containment Measures

- Certificate of Need Program since 1979. Regulates introduction or expansion of new institutional health care facilities and services. 1994 legislation revised composition and duties of the Health Planning Review Board and sets procedures for appeals of certificate of need decisions.
- The Department of Medical Assistance (DMA), in conjunction with the Office of the U.S. Attorney in Georgia, the State Healthcare Fraud Control Unit and other state and Federal law-enforcement agencies are seeking to reduce Medicaid fraud. In SFY 1996, the majority of cases prosecuted involved DMA's non-emergency transportation (NET) providers. Of the 20 firms indicted at that time, 17 were NET providers, while the remaining involved therapy and developmental learning centers. An additional 16 individuals were indicted during SFY 97.
- Privatization of administrative functions, including claims payment and the Medicaid Management Information System (MMIS) which maintains the Department's claims data.

GEORGIA

SOUTHERN REGION MEDICAID PROFILE

Medicaid

- 37 optional services are offered.
- Non-Emergency Transportation (NET) Broker Program, was implemented in 1998, and replaced direct providers of NET services with a broker to administer services to recipients. Payments to brokers will be made on a capitated rate based on the number of Medicaid eligibles in one of the five regions.

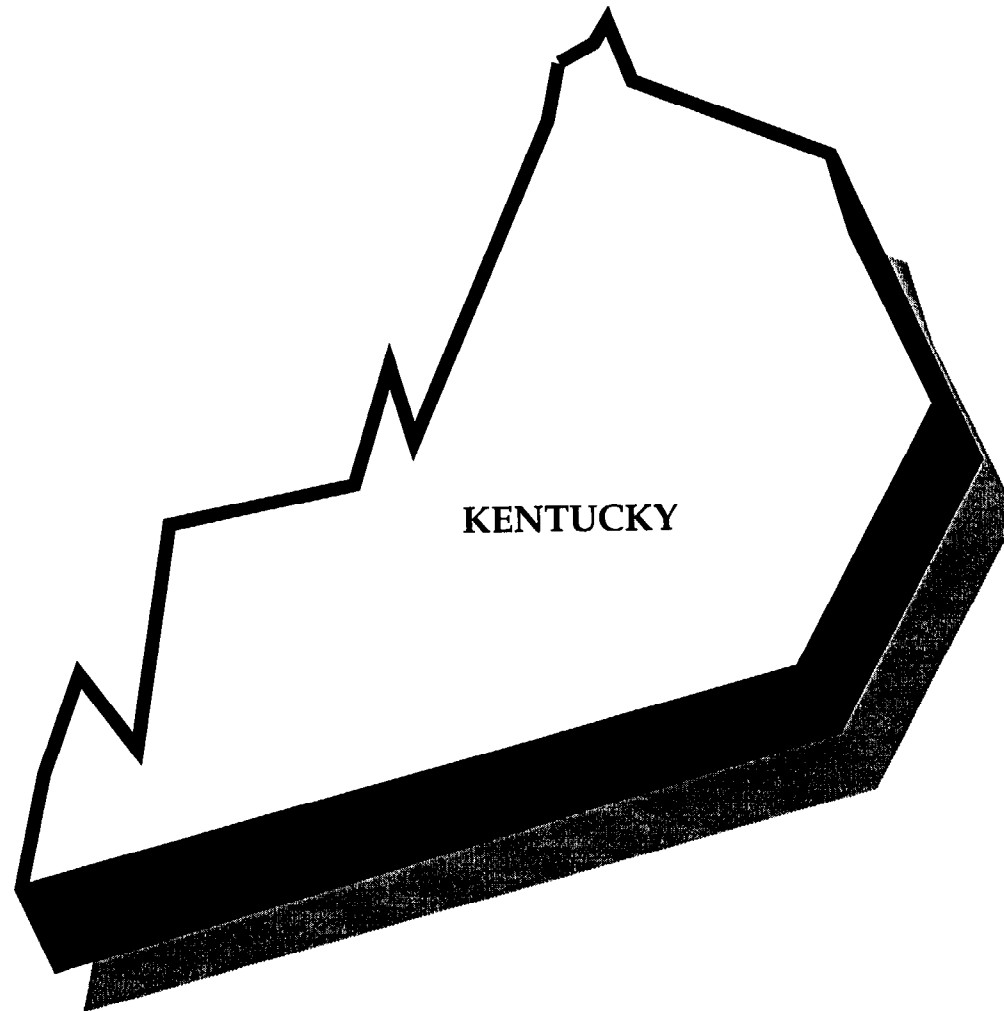
Children's Health Insurance Program: State Designed Plan

- The state initiated and expanded health insurance coverage for the Children's Health Insurance Program with funds made available in the Balanced Budget Act of 1997. State officials estimate that Georgia has 299,000 uninsured children/adolescents at the current time.
- CHIP in Georgia is called "PeachCare for Kids." The program is administered by the state Medicaid agency, but as a separate program and not an expansion of Medicaid. The program was approved by HCFA on September 3, 1998. As of January, 2000 approximately 56,000 children/adolescents had enrolled in the program.
- Uninsured children/adolescents will be eligible for PeachCare benefits if their families' incomes are less than or equal to 235% of the FPL.
- Families with children age 6 and older will be charged a monthly premium for the cost of PeachCare coverage; \$7.50 per month for one child and \$15.00 for two or more children. No premiums will be charged to families with children age 5 or younger.
- Children/adolescents enrolled in PeachCare for Kids have the option to use the primary care case management program or enroll in a managed care organization.

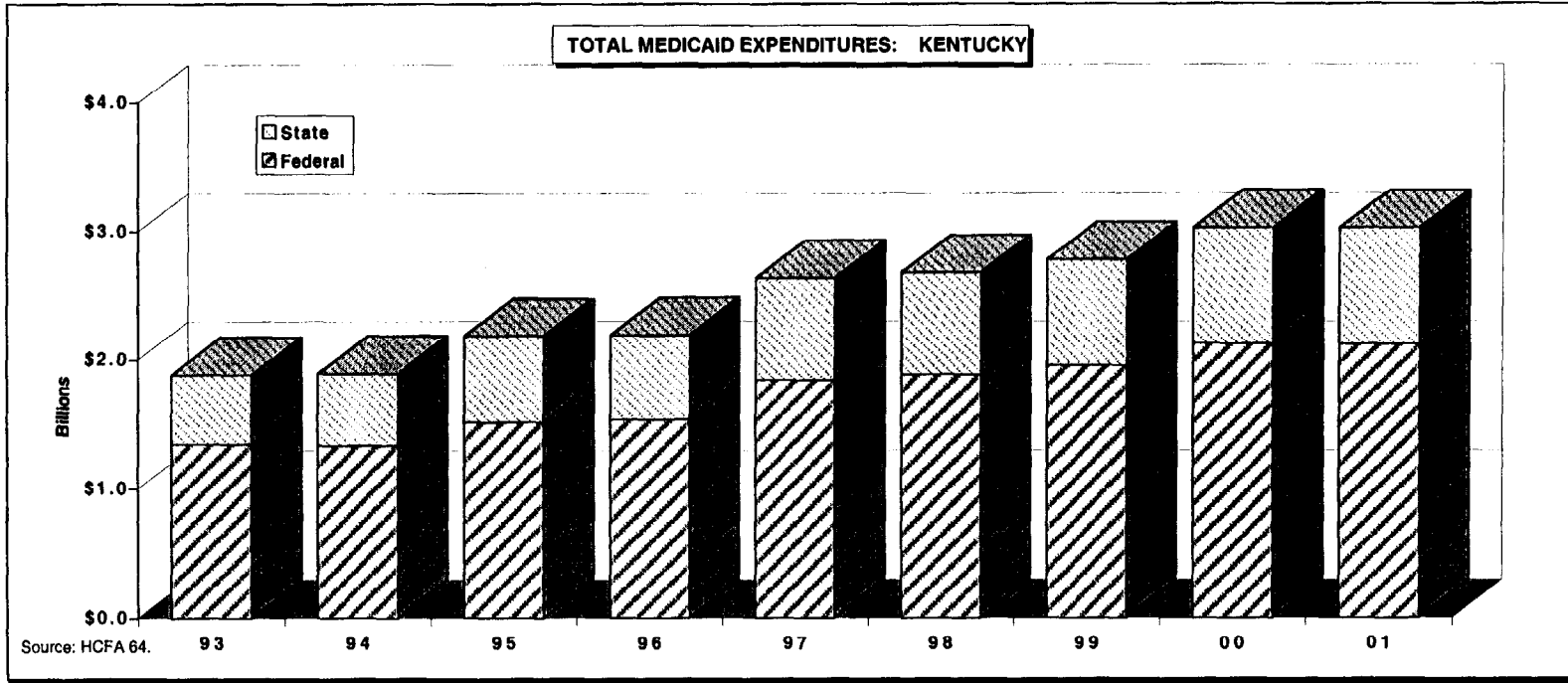
Tobacco Settlement

- The state expects to receive approximately \$4.81 billion over 25 years.
- For Fiscal Year 2000, the tobacco settlement payment should be approximately \$157 million.
- The model statute, required by the Master Settlement Agreement, was enacted to receive tobacco money allotted to the state.
- No specific expenditure plan for tobacco settlement monies was adopted by the Legislature in SFY 99.
- Enacted legislation that created the Georgia Tobacco Community Development Board and Board Overview Committee; charged with determining the allocation of private trust funds among tobacco growers and tobacco quota owners.

STATE MEDICAID PROFILE



SOUTHERN REGION MEDICAID PROFILE



	FFY 93	FFY 94	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00**	FFY 01**	Annual Rate of Change	Total 93-01
Medicaid Payments	\$1,828,432,440	\$1,835,019,970	\$2,121,928,735	\$2,132,812,645	\$2,571,547,988	\$2,595,560,522	\$2,697,336,889	\$2,916,765,000	\$2,928,831,000	6.1%	60.2%
Federal Share	\$1,312,673,304	\$1,303,214,804	\$1,478,866,369	\$1,499,738,794	\$1,802,405,130	\$1,831,785,078	\$1,907,514,929	\$2,056,579,000	\$2,061,604,000	5.8%	57.1%
State Share	\$515,759,136	\$531,805,166	\$643,062,366	\$633,073,851	\$769,142,858	\$763,775,444	\$789,821,960	\$860,186,000	\$867,227,000	6.7%	68.1%
Administrative Costs	\$51,974,035	\$55,329,001	\$60,006,090	\$56,720,555	\$64,772,145	\$82,295,409	\$82,702,943	\$111,754,000	\$95,650,000	7.9%	84.0%
Federal Share	\$31,470,092	\$32,250,036	\$35,416,371	\$31,940,888	\$35,313,441	\$50,814,765	\$48,067,997	\$66,728,000	\$56,427,000	7.6%	79.3%
State Share	\$20,503,943	\$23,078,965	\$24,589,719	\$24,779,667	\$29,458,704	\$31,480,644	\$34,634,946	\$45,026,000	\$39,223,000	8.4%	91.3%
Admin. Costs as % of Payments	2.84%	3.02%	2.83%	2.66%	2.52%	3.17%	3.10%	2.50%	2.50%		
Federal Match Rate*	71.69%	70.91%	69.58%	70.30%	70.09%	70.37%	70.53%	70.39%	70.39%		

*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 00 and 01 reflect latest estimates reported by each state on HCFA 37.

KENTUCKY

SOUTHERN REGION MEDICAID PROFILE

STATE FINANCING

	Payments		Administration	
	FFY 93	FFY 99	FFY 93	FFY 99
State General Fund	\$515,759,136	\$627,172,876	\$20,503,943	\$34,634,946
Local Funds	\$0	\$0	\$0	\$0
Provider Taxes	\$0	\$162,649,084	\$0	\$0
Donations	\$0	\$0	\$0	\$0
Other	\$0	\$0	\$0	\$0
Total State Share	\$515,759,136	\$789,821,960	\$20,503,943	\$34,634,946

Provider Taxes Currently in Place (FFY 99)		
Provider(s)	Tax Rate	Amt. Generated
Hospitals	2.50%	\$111,318,183
Pharmacies	0.25% per Rx	\$13,592,898
Physicians	2.00%	\$10,966,274
HHC	2.00%	\$5,766,440
HMO	2.00%	\$6,049
ICF/MR	2.00%	\$1,722,792
Nurse Fac	2.00%	\$19,276,448
Total		\$162,649,084

DISPROPORTIONATE SHARE HOSPITAL (DSH) PAYMENTS

	FFY 93	FFY 94	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00*	FFY 01*	Annual Change
General Hospitals	\$136,763,311	\$81,155,370	\$161,480,654	\$117,706,563	\$165,640,794	\$160,194,731	\$154,172,283	\$150,069,000	\$144,511,000	-1.8%
Mental Hospitals	\$0	\$0	\$34,767,327	\$33,791,199	\$65,158,786	\$34,490,470	\$35,817,792	\$35,171,000	\$33,509,000	-0.6%
Total	\$136,763,311	\$81,155,370	\$196,247,981	\$151,497,762	\$230,799,580	\$194,685,201	\$189,990,075	\$185,240,000	\$178,020,000	-1.6%

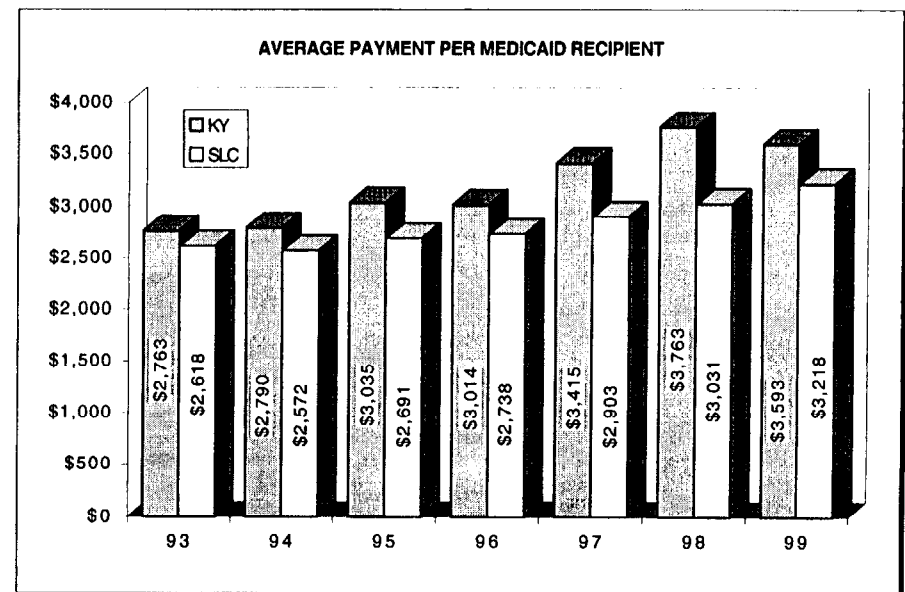
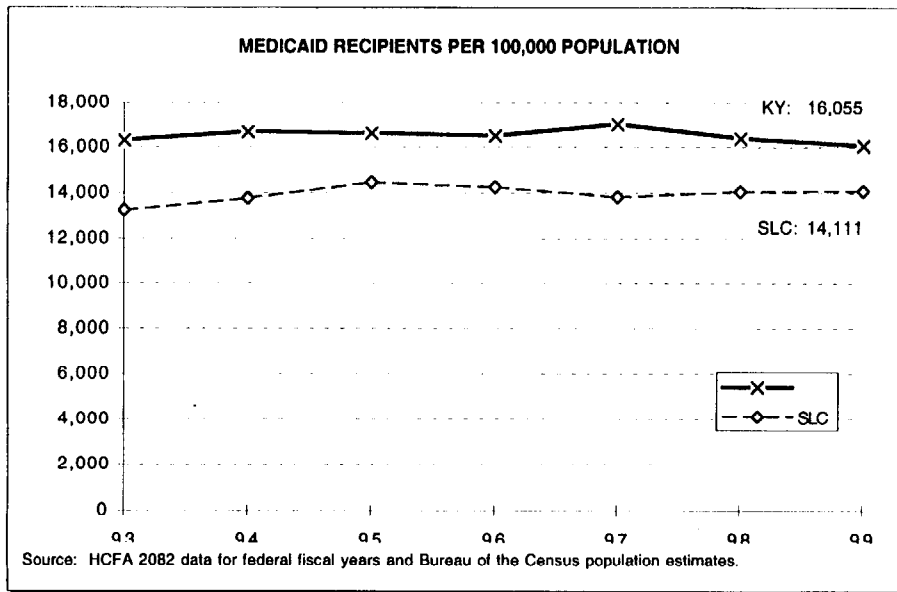
SELECTED ELIGIBILITY CRITERIA				DEMOGRAPHIC DATA & POVERTY INDICATORS (1999)			
	At 10/1/00	% of FPL*					Rank in U.S.
TANF-Temporary Assistance for Needy Families (Family of 3)				State population—July 1, 1999*	3,960,825		25
Need Standard	\$526	44.6%		Per capita personal income**	\$21,551		39
Payment Standard	\$262	22.2%		Median household income**	\$34,633		36
Maximum Payment	\$262	22.2%					
Medically Needy Program (Family of 3)				Population below Federal Poverty Level on July 1, 1999*	613,928		
Income Eligibility Standard	\$308			Percent of total population	15.5%		11
Resource Standard	\$2,000						
Pregnant Women, Children and Infants (% of FPL*)				Population without health insurance coverage*	555,000		26
Pregnant women and infants	\$2,140	185.0%		Percent of total population	14.0%		30
Children 1 to 5	\$1,539	133.0%					
Children 6 to 18	\$1,157	100		Recipients of Food Stamps***	396,440		15
SSI Eligibility Levels				Households receiving Food Stamps***	159,347		15
Income:				Total value of issuance***	\$336,792,920		16
Single Person	\$500	71.9%		Average monthly benefit per recipient	\$70.80		24
Couple	\$751	80.1%		Average monthly benefit per household	\$176.13		5
Resources:				Monthly recipients of Temporary Assistance to Needy Families (TANF)****	93,444		19
Single Person	\$2,000			Total TANF payments****	\$208,982,838		25
Couple	\$3,000			Average monthly payment per recipient	\$186.37		
				Maximum monthly payment per family of 3	\$262.00		43

*Current federal poverty level is \$8,350 per year for a single person, \$11,250 for a family of two and \$14,150 for a family of three. Table above shows monthly income levels.

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

KENTUCKY

SOUTHERN REGION MEDICAID PROFILE



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

<u>RECIPIENTS BY TYPE OF SERVICES</u>	<u>FFY 93</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>Annual Change</u>
01. General Hospital	111,190	109,147	103,979	104,194	142,868	93,875	67,869	-7.9%
02. Mental Hospital	2,822	2,669	3,201	3,361	4,395	4,338	3,338	2.8%
03. Skilled and Intermediate (non-MR) Care Nursing	25,658	25,639	24,247	25,793	27,843	27,439	28,622	1.8%
04. Intermediate Care for Mentally Retarded	1,300	1,267	1,261	1,250	1,252	1,240	1,182	-1.6%
05. Physician Services	494,335	499,962	490,896	498,979	502,644	438,403	356,477	-5.3%
06. Dental Services	160,516	163,786	158,174	162,546	172,039	131,560	98,313	-7.8%
07. Other Practitioners	107,963	105,253	114,084	110,344	121,377	95,907	72,055	-6.5%
08. Outpatient Hospital	328,114	337,172	332,416	341,335	350,200	292,864	284,794	-2.3%
09. Clinic Services	113,695	123,547	135,575	149,467	171,596	144,896	148,794	4.6%
10. Lab and X-Ray	290,102	292,929	275,450	280,638	288,327	238,713	186,042	-7.1%
11. Home Health	44,417	51,987	59,098	64,169	73,688	67,405	18,431	-4.7%
12. Prescribed Drugs	482,752	493,689	491,370	497,251	494,293	429,102	361,545	-13.8%
13. Family Planning	41,216	41,060	29,269	43,361	50,835	34,697	16,953	12.0%
14. Early & Periodic Screening, Diagnosis & Treatment	29,231	37,106	36,942	42,378	55,616	38,422	57,775	26.2%
15. Other Care	161,597	184,110	197,094	203,343	241,613	208,539	653,958	-53.7%
16. Personal Care Support Services	0	0	0	0	0	27,589	12,773	106.3%
17. Home/Community Based Waiver Services	163	933	1,546	0	0	13,125	12,567	5.5%
18. Prepaid Health Care	0	0	0	0	0	194,164	204,778	n/a
19. Primary Care Case Management (PCCM) Services	0	0	0	0	0	0	0	0.5%
Total*	617,759	637,558	640,930	640,541	664,454	644,482	635,905	

*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.

KENTUCKY

SOUTHERN REGION MEDICAID PROFILE

PAYMENTS BY TYPE OF SERVICES	FFY 93	FFY 94	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	Annual Change	Share of Total FFY 99
01. General Hospital	\$342,477,130	\$327,767,965	\$385,531,677	\$340,460,365	\$370,294,056	\$277,720,828	\$190,382,455	-9.3%	8.3%
02. Mental Hospital	\$35,714,571	\$32,829,450	\$41,592,073	\$40,936,172	\$40,101,982	\$42,689,470	\$42,743,683	3.0%	1.9%
03. Skilled and Intermediate (non-MR) Care Nursing	\$334,016,080	\$372,077,240	\$391,712,567	\$401,859,802	\$461,422,826	\$491,196,404	\$384,060,622	2.4%	16.8%
04. Intermediate Care for Mentally Retarded	\$69,624,495	\$71,128,316	\$72,342,236	\$57,547,393	\$79,320,366	\$79,305,645	\$72,474,072	0.7%	3.2%
05. Physician Services	\$215,553,695	\$213,101,036	\$196,856,415	\$181,826,315	\$204,705,525	\$164,972,078	\$171,972,078	-3.7%	7.5%
06. Dental Services	\$38,951,623	\$36,924,426	\$36,248,065	\$33,657,300	\$37,749,109	\$23,876,778	\$26,297,339	-6.3%	1.2%
07. Other Practitioners	\$11,092,870	\$10,328,285	\$9,583,863	\$9,138,360	\$11,221,622	\$8,865,468	\$9,281,991	-2.9%	0.4%
08. Outpatient Hospital	\$160,480,370	\$170,861,562	\$206,270,545	\$214,277,032	\$248,098,689	\$211,965,422	\$178,460,794	1.8%	7.8%
09. Clinic Services	\$82,881,980	\$87,781,691	\$98,971,523	\$103,145,364	\$115,098,014	\$98,656,658	\$101,657,859	3.5%	4.4%
10. Lab and X-Ray	\$46,371,767	\$43,856,250	\$35,152,875	\$29,173,403	\$32,453,053	\$26,978,851	\$72,620,176	7.8%	3.2%
11. Home Health	\$99,390,166	\$108,052,735	\$129,841,848	\$138,983,963	\$170,278,969	\$96,406,052	\$96,908,187	-0.4%	4.2%
12. Prescribed Drugs	\$194,148,552	\$217,044,606	\$251,745,610	\$272,539,525	\$316,464,180	\$319,983,951	\$350,199,429	10.3%	15.3%
13. Family Planning	\$14,665,668	\$12,606,068	\$10,789,430	\$9,331,020	\$13,979,776	\$8,543,697	\$8,996,034	-7.8%	0.4%
14. Early & Periodic Screening, Diagnosis & Treatment	\$3,011,168	\$4,409,918	\$3,980,010	\$25,387,150	\$54,906,308	\$61,282,505	\$61,050,004	65.1%	2.7%
15. Other Care	\$55,927,534	\$67,327,658	\$68,364,867	\$72,549,221	\$112,843,946	\$92,951,173	\$91,739,050	8.6%	4.0%
16. Personal Care Support Services	\$0	\$0	\$0	\$0	\$0	\$23,492,967	\$23,589,201	0.4%	1.0%
17. Home/Community Based Waiver Services	\$2,587,641	\$2,501,508	\$6,471,252	\$0	\$0	\$84,874,155	\$86,875,389	79.6%	3.8%
18. Prepaid Health Care	\$0	\$0	\$0	\$0	\$0	\$311,526,039	\$315,352,134	1.2%	13.8%
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.)	\$1,706,895,310	\$1,778,598,714	\$1,945,454,856	\$1,930,812,385	\$2,268,938,421	\$2,425,288,141	\$2,284,660,497	5.0%	100.0%

AVERAGE PAYMENTS PER RECIPIENT BY TYPE OF SERVICES

								(+) or (-) SLC	Avg. FFY 99
01. General Hospital	\$3,080.11	\$3,003.00	\$3,707.78	\$3,267.56	\$2,591.86	\$2,958.41	\$2,805.15	-1.5%	-28.5%
02. Mental Hospital	\$12,655.77	\$12,300.28	\$12,993.46	\$12,179.76	\$9,124.46	\$9,840.82	\$12,805.18	0.2%	95.4%
03. Skilled and Intermediate (non-MR) Care Nursing	\$13,018.01	\$14,512.16	\$16,155.09	\$15,580.19	\$16,572.31	\$17,901.40	\$13,418.37	0.5%	-11.8%
04. Intermediate Care for Mentally Retarded	\$53,557.30	\$56,139.16	\$57,368.94	\$46,037.91	\$63,354.92	\$63,956.17	\$61,314.78	2.3%	8.6%
05. Physician Services	\$436.05	\$426.23	\$401.01	\$364.40	\$407.26	\$376.30	\$482.42	1.7%	24.2%
06. Dental Services	\$242.67	\$225.44	\$229.17	\$207.06	\$219.42	\$181.49	\$267.49	1.6%	21.7%
07. Other Practitioners	\$102.75	\$98.13	\$84.01	\$82.82	\$92.45	\$92.44	\$128.82	3.8%	-15.3%
08. Outpatient Hospital	\$489.10	\$506.75	\$620.52	\$627.76	\$708.45	\$723.77	\$626.63	4.2%	37.8%
09. Clinic Services	\$728.99	\$710.51	\$730.01	\$690.09	\$670.75	\$680.88	\$683.21	-1.1%	-9.9%
10. Lab and X-Ray	\$159.85	\$149.72	\$127.62	\$103.95	\$112.56	\$113.02	\$390.34	16.0%	245.4%
11. Home Health	\$2,237.66	\$2,078.46	\$2,197.06	\$2,165.91	\$2,310.81	\$1,430.25	\$5,257.89	15.3%	108.7%
12. Prescribed Drugs	\$402.17	\$439.64	\$512.33	\$548.09	\$640.24	\$745.71	\$968.62	15.8%	21.2%
13. Family Planning	\$355.82	\$307.02	\$368.63	\$215.19	\$275.00	\$246.24	\$530.65	6.9%	144.6%
14. Early & Periodic Screening, Diagnosis & Treatment	\$103.01	\$118.85	\$107.74	\$599.06	\$987.24	\$1,594.98	\$1,056.69	47.4%	490.4%
15. Other Care	\$346.09	\$365.69	\$346.86	\$356.78	\$467.04	\$445.73	\$140.28	-14.0%	-63.9%
16. Personal Care Support Services	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$851.53	\$1,846.80	116.9%	31.7%
17. Home/Community Based Waiver Services	\$15,875.10	\$2,681.14	\$4,185.80	\$0.00	\$0.00	\$6,466.60	\$6,912.98	-12.9%	-46.6%
18. Prepaid Health Care	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,604.45	\$1,539.97	-4.0%	15.7%
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)	\$2,763.04	\$2,789.70	\$3,035.36	\$3,014.35	\$3,414.74	\$3,763.16	\$3,592.77	4.5%	11.7%

TOTAL PER CAPITA EXPENDITURES	\$495.63	\$494.10	\$565.73	\$564.01	\$674.19	\$680.26	\$701.88	6.0%	20.3%
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KENTUCKY

SOUTHERN REGION MEDICAID PROFILE
DATA BY OTHER CHARACTERISTICS

RECIPIENTS BY OTHER CHARACTERISTICS

	FFY 93	FFY 94	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	<i>Annual Change</i>	<i>Share of Total FFY 99</i>
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	388,051	377,732	366,309	367,625	369,361	346,507	343,338	-2.0%	54.0%
Poverty Related Eligibles	18,794	18,551	16,203	22,593	158,048	184,829	182,835	46.1%	28.8%
Medically Needy	62,266	70,217	68,872	59,641	55,066	50,532	49,896	-3.6%	7.8%
Other Eligibles	132,567	148,692	164,409	184,082	62,039	53,190	52,698	-14.3%	8.3%
Maintenance Assistance Status Unknown	16,081	22,366	25,137	6,600	19,940	9,424	7,138	-12.7%	1.1%
Total	617,759	637,558	640,930	640,541	664,454	644,482	635,905	0.5%	100.0%
By Basis of Eligibility									
Aged, Blind, or Disabled	193,622	208,260	219,554	233,528	239,181	244,411	242,133	3.8%	38.1%
Children	270,305	272,754	270,303	280,731	276,601	273,114	270,701	0.0%	42.6%
Foster Care Children	0	0	0	0	5,637	6,369	6,315	5.8%	1.0%
Adults	137,751	134,178	125,936	119,682	123,094	111,161	109,615	-3.7%	17.2%
Basis of Eligibility Unknown	16,081	22,366	25,137	6,600	19,941	9,427	7,141	-12.7%	1.1%
Total	617,759	637,558	640,930	640,541	664,454	644,482	635,905	0.5%	100.0%
By Age									
Under Age 1	23,335	22,658	23,979	21,679	21,595	22,487	23,868	0.4%	3.8%
Age 1 to 5	113,136	117,660	117,065	116,746	114,103	108,103	102,720	-1.6%	16.2%
Age 6 to 14	112,519	117,099	119,327	126,952	132,747	136,877	141,512	3.9%	22.3%
Age 15 to 20	55,417	56,314	56,339	57,364	58,861	56,460	63,073	2.2%	9.9%
Age 21 to 44	158,745	161,661	158,343	159,374	163,583	153,490	142,265	-1.8%	22.4%
Age 45 to 64	59,473	63,753	66,239	69,723	72,966	75,170	76,326	4.2%	12.0%
Age 65 to 74	31,828	32,792	33,546	33,555	34,711	35,195	35,070	1.6%	5.5%
Age 75 to 84	28,745	28,694	28,491	29,107	30,023	30,128	29,814	0.6%	4.7%
Age 85 and Over	20,336	20,565	20,283	20,758	22,102	22,252	21,257	0.7%	3.3%
Age Unknown	14,225	16,362	17,318	5,283	13,763	4,320	0	-100.0%	0.0%
Total	617,759	637,558	640,930	640,541	664,454	644,482	635,905	0.5%	100.0%
By Race									
White	504,813	521,045	520,848	528,339	539,963	525,911	519,276	0.5%	81.7%
Black	73,529	75,378	75,998	78,232	80,666	82,799	80,291	1.5%	12.6%
Hispanic, American Indian or Asian	3,321	4,197	4,767	4,923	5,776	6,492	6,492	11.8%	1.0%
Other/Unknown	36,096	36,938	39,317	29,047	38,049	29,846	29,846	-3.1%	4.7%
Total	617,759	637,558	640,930	640,541	664,454	644,482	635,905	0.5%	100.0%
By Sex									
Female	371,921	380,808	380,144	385,961	399,283	386,239	376,419	0.2%	59.2%
Male	231,695	240,414	243,466	249,295	251,402	253,917	259,477	1.9%	40.8%
Unknown	14,143	16,336	17,320	5,285	13,769	4,326	9	-70.7%	0.0%
Total	617,759	637,558	640,930	640,541	664,454	644,482	635,905	0.5%	100.0%

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

SOUTHERN REGION MEDICAID PROFILE

PAYMENTS BY OTHER CHARACTERISTICS

	FFY 93	FFY 94	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	Annual Change	Share of Total FFY 99
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	\$1,018,941,269	\$1,034,491,576	\$1,127,503,491	\$1,124,760,797	\$1,300,650,468	\$1,376,672,479	\$1,297,862,107	4.1%	56.8%
Poverty Related Eligibles	\$21,416,519	\$24,665,652	\$20,954,710	\$26,637,459	\$243,629,982	\$275,954,959	\$259,515,105	51.6%	11.4%
Medically Needy	\$172,913,072	\$178,983,450	\$194,192,593	\$176,879,998	\$193,036,218	\$174,912,771	\$164,481,716	-0.8%	7.2%
Other Eligibles	\$484,400,534	\$523,947,769	\$574,677,261	\$598,606,502	\$521,236,305	\$588,092,271	\$554,599,995	2.3%	24.3%
Maintenance Assistance Status Unknown	\$9,223,916	\$16,510,267	\$28,126,801	\$3,927,629	\$10,385,448	\$9,655,661	\$8,201,574	-1.9%	0.4%
Total	\$1,706,895,310	\$1,778,598,714	\$1,945,454,856	\$1,930,812,385	\$2,268,938,421	\$2,425,288,141	\$2,284,660,497	5.0%	100.0%
By Basis of Eligibility									
Aged, Blind or Disabled	\$1,118,010,263	\$1,218,674,498	\$1,359,088,770	\$1,392,267,819	\$1,598,820,480	\$1,745,501,467	\$1,645,571,631	6.7%	72.0%
Children	\$296,391,028	\$278,558,083	\$294,491,060	\$296,083,553	\$334,134,796	\$386,980,809	\$364,501,381	3.5%	16.0%
Foster Care Children	\$0	\$0	\$0	\$0	\$37,167,562	\$43,231,020	\$40,768,794	4.7%	1.8%
Adults	\$283,272,531	\$264,855,866	\$263,748,225	\$238,533,384	\$288,429,288	\$239,916,610	\$225,614,691	-3.7%	9.9%
Basis of Eligibility Unknown	\$9,221,488	\$16,510,267	\$28,126,801	\$3,927,629	\$10,386,295	\$9,658,235	\$8,204,000	-1.9%	0.4%
Total	\$1,706,895,310	\$1,778,598,714	\$1,945,454,856	\$1,930,812,385	\$2,268,938,421	\$2,425,288,141	\$2,284,660,497	5.0%	100.0%
By Age									
Under Age 1	\$52,703,462	\$45,837,193	\$49,172,997	\$45,765,514	\$49,250,825	\$39,767,195	\$44,714,968	-2.7%	2.0%
Age 1 to 5	\$127,404,707	\$128,903,698	\$145,934,260	\$148,639,618	\$162,615,425	\$182,568,410	\$159,536,399	3.8%	7.0%
Age 6 to 14	\$127,545,731	\$127,901,228	\$145,295,959	\$156,357,153	\$195,078,510	\$257,295,529	\$259,305,629	12.6%	11.3%
Age 15 to 20	\$125,178,796	\$121,749,412	\$131,507,835	\$133,385,766	\$173,285,034	\$170,759,041	\$183,155,429	6.5%	8.0%
Age 21 to 44	\$484,542,936	\$492,936,854	\$518,255,634	\$491,955,830	\$576,771,990	\$571,166,507	\$518,058,584	1.1%	22.7%
Age 45 to 64	\$308,484,585	\$333,911,722	\$378,512,104	\$377,933,946	\$449,889,275	\$492,554,678	\$464,380,912	7.1%	20.3%
Age 65 to 74	\$122,208,893	\$134,169,481	\$147,021,495	\$147,236,316	\$171,765,456	\$183,342,077	\$172,703,467	5.9%	7.6%
Age 75 to 84	\$173,400,794	\$185,919,339	\$198,032,462	\$204,333,509	\$229,688,829	\$250,195,634	\$237,238,783	5.4%	10.4%
Age 85 and Over	\$177,005,614	\$197,017,373	\$213,865,930	\$221,980,205	\$254,456,627	\$271,845,644	\$245,566,326	5.6%	10.7%
Age Unknown	\$8,419,792	\$10,252,414	\$17,856,180	\$3,224,528	\$6,136,450	\$5,793,426	\$0	-100.0%	0.0%
Total	\$1,706,895,310	\$1,778,598,714	\$1,945,454,856	\$1,930,812,385	\$2,268,938,421	\$2,425,288,141	\$2,284,660,497	5.0%	100.0%
By Race									
White	\$1,423,732,053	\$1,483,994,092	\$1,604,557,918	\$1,595,801,919	\$1,871,308,004	\$1,993,823,547	\$1,868,956,556	4.6%	81.8%
Black	\$179,174,117	\$184,038,119	\$200,842,454	\$200,518,049	\$241,563,523	\$266,183,359	\$242,008,925	5.1%	10.6%
Hispanic, American Indian or Asian	\$7,253,941	\$8,911,304	\$11,237,044	\$9,522,259	\$12,131,697	\$15,525,260	\$12,332,744	9.2%	0.5%
Other/Unknown	\$96,735,199	\$101,655,199	\$128,817,440	\$124,970,158	\$143,935,197	\$149,755,975	\$161,362,272	8.9%	7.1%
Total	\$1,706,895,310	\$1,778,598,714	\$1,945,454,856	\$1,930,812,385	\$2,268,938,421	\$2,425,288,141	\$2,284,660,497	5.0%	100.0%
By Sex									
Female	\$1,104,221,711	\$1,146,549,697	\$1,243,429,604	\$1,236,983,005	\$1,450,856,412	\$1,510,527,921	\$1,410,698,466	4.2%	61.7%
Male	\$594,394,135	\$621,864,646	\$684,170,851	\$690,599,299	\$811,937,748	\$908,938,450	\$873,936,463	6.6%	38.3%
Unknown	\$8,279,464	\$10,184,371	\$17,854,401	\$3,230,081	\$6,144,261	\$5,821,770	\$25,568	-61.8%	0.0%
Total	\$1,706,895,310	\$1,778,598,714	\$1,945,454,856	\$1,930,812,385	\$2,268,938,421	\$2,425,288,141	\$2,284,660,497	5.0%	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 93	FFY 94	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	Annual Change	Above (+) or Below (-) SLC Avg. FFY 99
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	\$2,625.79	\$2,738.69	\$3,078.01	\$3,059.53	\$3,521.35	\$3,973.00	\$3,780.13	6.3%	11.5%
Poverty Related Eligibles	\$1,139.54	\$1,329.61	\$1,293.26	\$1,179.01	\$1,541.49	\$1,493.03	\$1,419.40	3.7%	-32.4%
Medically Needy	\$2,777.01	\$2,549.00	\$2,819.62	\$2,965.75	\$3,505.54	\$3,461.43	\$3,296.49	2.9%	16.6%
Other Eligibles	\$3,654.01	\$3,523.71	\$3,495.41	\$3,251.85	\$8,401.75	\$11,056.44	\$10,524.12	19.3%	61.3%
Maintenance Assistance Status Unknown	\$573.59	\$738.19	\$1,118.94	\$595.10	\$520.83	\$1,024.58	\$1,149.00	12.3%	9.8%
Total	\$2,763.04	\$2,789.70	\$3,035.36	\$3,014.35	\$3,414.74	\$3,763.16	\$3,592.77	4.5%	11.7%
By Basis of Eligibility									
Aged, Blind or Disabled	\$5,774.19	\$5,851.70	\$6,190.23	\$5,961.89	\$6,684.56	\$7,141.66	\$6,796.15	2.8%	-5.4%
Children	\$1,096.51	\$1,021.28	\$1,089.48	\$1,054.69	\$1,208.00	\$1,416.92	\$1,346.51	3.5%	16.2%
Foster Care Children	\$0.00	\$0.00	\$0.00	\$0.00	\$6,593.50	\$6,787.72	\$6,455.87	-1.0%	86.0%
Adults	\$2,056.41	\$1,973.91	\$2,094.30	\$1,993.06	\$2,343.16	\$2,158.28	\$2,058.25	0.0%	-4.3%
Basis of Eligibility Unknown	\$573.44	\$738.19	\$1,118.94	\$595.10	\$520.85	\$1,024.53	\$1,148.86	12.3%	22.6%
Total	\$2,763.04	\$2,789.70	\$3,035.36	\$3,014.35	\$3,414.74	\$3,763.16	\$3,592.77	4.5%	11.7%
By Age									
Under Age 1	\$2,258.56	\$2,023.00	\$2,050.67	\$2,111.05	\$2,280.66	\$1,768.45	\$1,873.43	-3.1%	-25.4%
Age 1 to 5	\$1,126.12	\$1,095.56	\$1,246.61	\$1,273.19	\$1,425.16	\$1,688.84	\$1,553.12	5.5%	30.1%
Age 6 to 14	\$1,133.55	\$1,092.25	\$1,217.63	\$1,231.62	\$1,469.55	\$1,879.76	\$1,832.39	8.3%	39.6%
Age 15 to 20	\$2,258.85	\$2,161.97	\$2,334.22	\$2,325.25	\$2,943.97	\$3,024.43	\$2,903.86	4.3%	32.0%
Age 21 to 44	\$3,052.34	\$3,049.20	\$3,272.99	\$3,086.80	\$3,525.87	\$3,721.20	\$3,641.50	3.0%	7.1%
Age 45 to 64	\$5,186.97	\$5,237.58	\$5,714.34	\$5,420.51	\$6,165.74	\$6,552.54	\$6,084.18	2.7%	14.8%
Age 65 to 74	\$3,839.67	\$4,091.53	\$4,382.68	\$4,387.91	\$4,948.44	\$5,209.32	\$4,924.54	4.2%	0.3%
Age 75 to 84	\$6,032.38	\$6,479.38	\$6,950.70	\$7,020.08	\$7,650.43	\$8,304.42	\$7,957.29	4.7%	1.9%
Age 85 and Over	\$8,704.05	\$9,580.23	\$10,544.10	\$10,693.72	\$11,512.83	\$12,216.68	\$11,552.26	4.8%	-1.9%
Age Unknown	\$591.90	\$626.60	\$1,031.08	\$610.36	\$445.87	\$1,341.07	\$0.00	-100.0%	-100.0%
Total	\$2,763.04	\$2,789.70	\$3,035.36	\$3,014.35	\$3,414.74	\$3,763.16	\$3,592.77	4.5%	11.7%
By Race									
White	\$2,820.32	\$2,848.11	\$3,080.66	\$3,020.41	\$3,465.62	\$3,791.18	\$3,599.16	4.1%	1.4%
Black	\$2,436.78	\$2,441.54	\$2,642.73	\$2,563.12	\$2,994.61	\$3,214.81	\$3,014.15	3.6%	20.4%
Hispanic, American Indian or Asian	\$2,184.26	\$2,123.26	\$2,357.26	\$1,934.24	\$2,100.36	\$2,391.44	\$1,899.68	-2.3%	-8.0%
Other/Unknown	\$2,679.94	\$2,752.05	\$3,276.38	\$4,302.34	\$3,782.89	\$5,114.62	\$5,406.50	12.4%	-11.5%
Total	\$2,763.04	\$2,789.70	\$3,035.36	\$3,014.35	\$3,414.74	\$3,763.16	\$3,592.77	4.5%	11.7%
By Sex									
Female	\$2,968.97	\$3,010.83	\$3,270.94	\$3,204.94	\$3,633.65	\$3,910.86	\$3,747.68	4.0%	10.7%
Male	\$2,565.42	\$2,586.64	\$2,810.13	\$2,770.21	\$3,229.64	\$3,579.67	\$3,368.07	4.6%	20.3%
Unknown	\$585.41	\$623.43	\$1,030.85	\$611.18	\$446.24	\$1,345.76	\$2,840.89	30.1%	-97.2%
Total	\$2,763.04	\$2,789.70	\$3,035.36	\$3,014.35	\$3,414.74	\$3,763.16	\$3,592.77	4.5%	11.7%

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, 2000; and "Medicaid Services State by State", HCFA, October 1999.

*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.

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 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.

SOUTHERN REGION MEDICAID PROFILE

Cost Containment Measures (Continued)

- 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.

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; expected to provide coverage to an additional 78,000 eligibles through both programs.
- 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 should be approximately \$140 million.
- The model statute, required by the Master Settlement Agreement, was enacted to receive tobacco money allotted to the state.
- The planned use of the funds is as follows:

Phase I Tobacco Settlement Dollars

	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

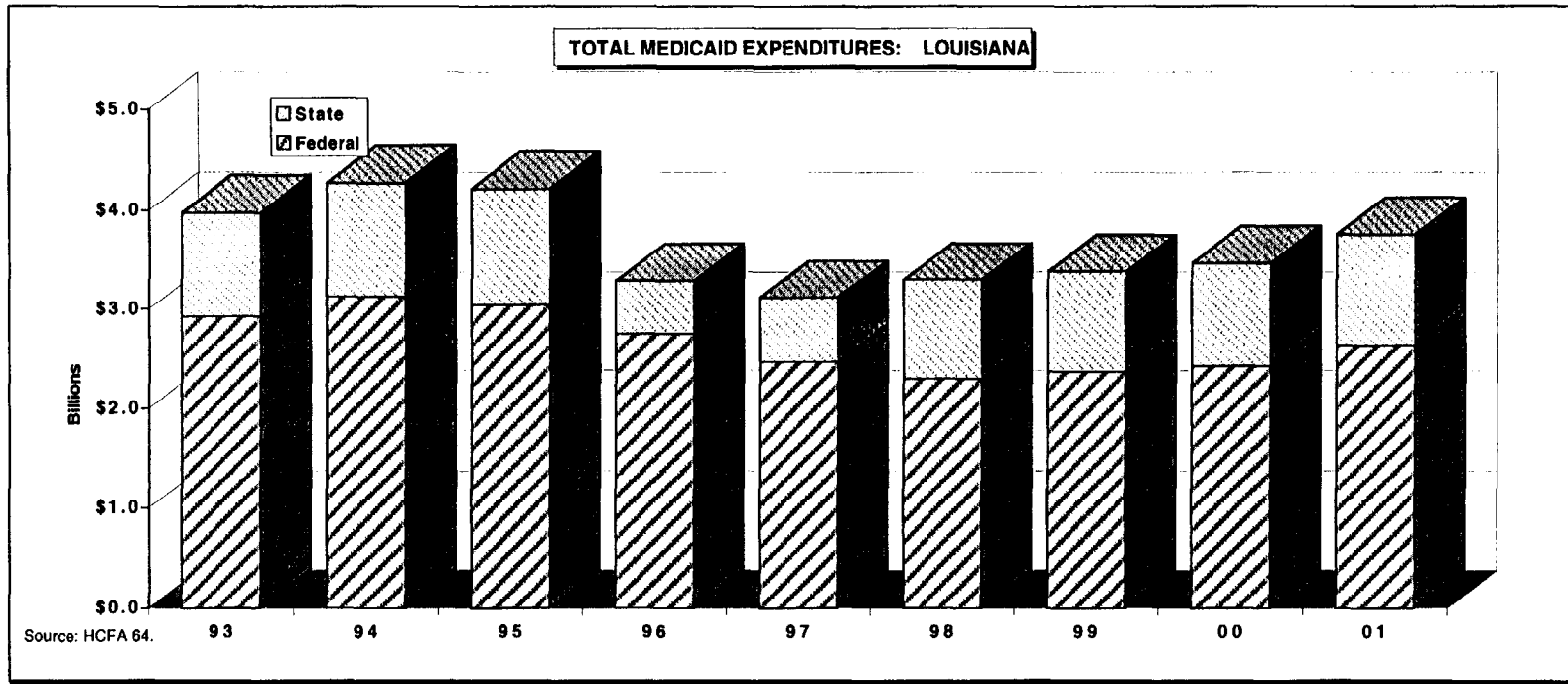
*Agriculture Development Initiatives for 2001 includes money from prior year receipts.

KENTUCKY

STATE MEDICAID PROFILE



SOUTHERN REGION MEDICAID PROFILE



	FFY 93	FFY 94	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00**	FFY 01**	Annual Rate of Change	Total 93-01
Medicaid Payments	\$3,906,296,927	\$4,194,943,911	\$4,125,254,361	\$3,211,411,620	\$3,030,956,227	\$3,200,211,547	\$3,282,146,476	\$3,359,877,000	\$3,643,426,000	-0.9%	-6.7%
Federal Share	\$2,890,398,576	\$3,086,295,785	\$3,001,284,321	\$2,687,813,365	\$2,400,089,770	\$2,243,759,832	\$2,310,956,891	\$2,362,674,000	\$2,571,639,000	-1.5%	-11.0%
State Share	\$1,015,898,351	\$1,108,648,126	\$1,123,970,040	\$523,598,255	\$630,866,457	\$956,451,715	\$971,189,585	\$997,203,000	\$1,071,787,000	0.7%	5.5%
Administrative Costs	\$63,897,514	\$74,764,443	\$83,414,438	\$78,943,296	\$86,130,925	\$98,638,983	\$100,826,708	\$109,325,000	\$112,000,000	7.3%	75.3%
Federal Share	\$34,952,384	\$40,772,739	\$45,115,920	\$65,974,677	\$65,485,070	\$54,423,948	\$58,392,000	\$60,273,000	\$61,552,000	7.3%	76.1%
State Share	\$28,945,130	\$33,991,704	\$38,298,518	\$12,968,619	\$20,645,855	\$44,215,035	\$42,434,708	\$49,052,000	\$50,448,000	7.2%	74.3%
Admin. Costs as % of Payments	1.64%	1.78%	2.02%	2.46%	2.84%	3.08%	3.07%	3.25%	3.07%		
Federal Match Rate*	73.71%	73.49%	72.65%	76.93%	79.04%	70.03%	70.37%	70.48%	70.48%		

*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 00 and 01 reflect latest estimates reported by each state on HCFA 37.

LOUISIANA

SOUTHERN REGION MEDICAID PROFILE

STATE FINANCING

	Payments		Administration	
	FFY 93	FFY 99	FFY 93	FFY 99
State General Fund	\$1,015,898,351	\$887,711,449	\$28,945,130	\$42,434,708
Local Funds	\$0	\$0	\$0	\$0
Provider Taxes	\$0	\$83,478,136	\$0	\$0
Donations	\$0	\$0	\$0	\$0
Other	\$0	\$0	\$0	\$0
Total State Share	\$1,015,898,351	\$971,189,585	\$28,945,130	\$42,434,708

Provider Taxes Currently in Place (FFY 99)		
Provider(s)	Tax Rate	Amount
	(Per Recipient Day)	
Nursing Homes	\$4.71 (10/1/98 - 6/30/99)	\$56,526,470
	\$5.22 (7/1/99 - 9/30/99)	
MR Facilities	\$9.62 (10/1/98 - 6/30/99)	\$21,361,650
	\$10.39 (7/1/99 - 9/30/99)	
Pharmacy	\$0.10 per prescription	\$5,590,016
Total		\$83,478,136

DISPROPORTIONATE SHARE HOSPITAL (DSH) PAYMENTS

	FFY 93	FFY 94	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00*	FFY 01*	Annual Change
General Hospitals	\$1,171,917,344	\$856,745,848	\$1,091,279,423	\$572,364,336	\$572,055,820	\$654,692,384	\$696,535,584	\$696,098,000	\$696,098,000	-7.2%
Mental Hospitals	\$21,188,158	\$360,890,152	\$126,097,087	\$93,925,765	\$89,976,091	\$83,569,366	\$77,341,613	\$79,382,000	\$79,382,000	-7.4%
Total	\$1,193,105,502	\$1,217,636,000	\$1,217,376,510	\$666,290,101	\$662,031,911	\$738,261,750	\$773,877,197	\$775,480,000	\$775,480,000	-7.2%

*Estimated.

SELECTED ELIGIBILITY CRITERIA

		At 10/1/00	
	Urban	% of FPL*	Rural
TANF(Family of 3)			
Need Standard	\$658	56.9%	\$599
Payment Standard	\$190	16.4%	\$174
Maximum Payment	\$190	16.4%	\$174
Medically Needy Program (Family of 3)			
Income Eligibility Standard			\$258
Resource Standard			\$3,025
Pregnant Women, Children and Infants (% of FPL*)			
Pregnant women and infants			133.0%
Children 1 to 5			133.0%
Children 6 to 18 (born after 10/1/1983)			100.0%
SSI Eligibility Levels			
Income:			
Single Person			\$500
Couple			\$751
Resources:			
Single Person			\$2,000
Couple			\$3,000

DEMOGRAPHIC DATA & POVERTY INDICATORS (1999)

		Rank in U.S.
State population—July 1, 1999*	4,372,035	22
Per capita personal income**	\$21,385	42
Median household income**	\$32,317	42
Population below Federal Poverty Level on July 1, 1999*	813,199	
Percent of total population	18.6%	2
Population without health insurance coverage*	829,000	16
Percent of total population	19.0%	8
Recipients of Food Stamps***	516,285	10
Households receiving Food Stamps***	197,520	12
Total value of issuance***	\$462,776,935	10
Average monthly benefit per recipient	\$74.70	20
Average monthly benefit per household	\$195.24	3
Monthly recipients of Temporary Assistance to Needy Families (TANF)****	100,577	18
Total TANF payments****	\$179,702,190	26
Average monthly payment per recipient	\$148.89	
Maximum monthly payment per family of 3	\$190.00	46

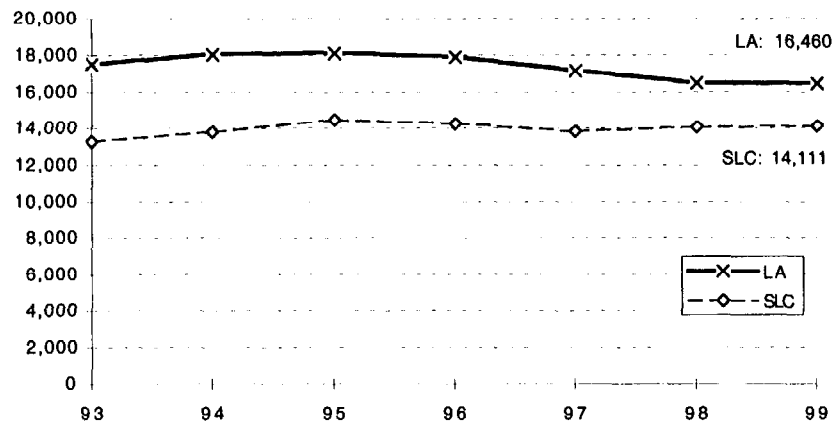
*Current federal poverty level is \$8,350 per year for a single person, \$11,250 for a family of two and \$14,150 for a family of three. Table above shows monthly income levels.

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

LOUISIANA

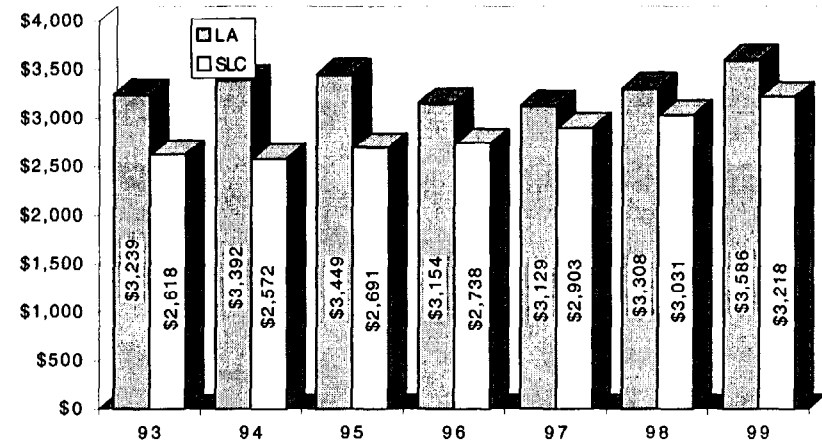
SOUTHERN REGION MEDICAID PROFILE

MEDICAID RECIPIENTS PER 100,000 POPULATION



Source: HCFA 2082 data for federal fiscal years and Bureau of the Census population estimates.

AVERAGE PAYMENT PER MEDICAID RECIPIENT



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

RECIPIENTS BY TYPE OF SERVICES

	FFY 93	FFY 94	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	Annual Change
01. General Hospital	146,247	147,112	150,015	150,582	148,522	153,081	156,176	1.1%
02. Mental Hospital	1,991	4,852	3,286	4,546	4,322	2,847	2,739	5.5%
03. Skilled and Intermediate (non-MR) Care Nursing	37,628	38,794	39,209	41,090	34,605	34,403	35,869	-0.8%
04. Intermediate Care for Mentally Retarded	6,106	6,087	6,141	6,153	6,057	6,014	6,596	1.3%
05. Physician Services	627,751	651,112	661,360	649,849	618,042	598,546	603,533	-0.7%
06. Dental Services	149,238	161,038	154,863	153,702	137,578	128,341	133,645	-1.8%
07. Other Practitioners	121,672	144,154	144,938	126,438	117,231	71,230	110,892	-1.5%
08. Outpatient Hospital	393,645	403,838	406,798	383,296	360,379	355,568	367,695	-1.1%
09. Clinic Services	90,534	93,490	115,695	124,533	94,124	69,912	96,077	1.0%
10. Lab and X-Ray	438,986	456,595	483,052	471,759	450,728	432,781	425,048	-0.5%
11. Home Health	13,174	15,220	15,485	15,986	22,226	41,705	42,100	21.4%
12. Prescribed Drugs	577,942	604,163	598,579	593,415	563,864	552,481	578,011	0.0%
13. Family Planning	67,679	68,939	64,716	62,680	43,251	60,975	64,902	-0.7%
14. Early & Periodic Screening, Diagnosis & Treatment	269,766	280,481	283,287	285,561	214,047	279,309	299,116	1.7%
15. Other Care	215,438	230,189	185,560	165,127	416,446	142,350	134,611	-7.5%
16. Personal Care Support Services	0	0	0	0	0	67,602	67,945	0.5%
17. Home/Community Based Waiver Services	0	0	0	0	0	2,751	3,008	9.3%
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*	751,242	778,223	785,399	777,708	746,461	720,615	719,626	-0.7%

*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

PAYMENTS BY TYPE OF SERVICES	FFY 93	FFY 94	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	<i>Annual Change</i>	<i>Share of Total</i>
01. General Hospital	\$1,037,623,098	\$707,289,683	\$683,716,231	\$616,280,300	\$540,567,154	\$527,916,078	\$550,703,668	-10.0%	21.3%
02. Mental Hospital	\$66,784,772	\$94,592,929	\$47,310,088	\$28,808,286	\$15,888,556	\$15,963,066	\$14,666,584	-22.3%	0.6%
03. Skilled and Intermediate (non-MR) Care Nursing	\$522,116,659	\$509,559,921	\$524,516,799	\$509,799,469	\$475,319,276	\$490,677,315	\$503,998,393	-0.6%	19.5%
04. Intermediate Care for Mentally Retarded	\$319,349,686	\$298,898,584	\$303,913,854	\$311,422,516	\$321,158,168	\$322,468,549	\$311,359,384	-0.4%	12.1%
05. Physician Services	\$226,891,926	\$246,025,471	\$249,516,117	\$212,744,176	\$188,896,154	\$196,895,190	\$224,758,140	-0.2%	8.7%
06. Dental Services	\$28,920,800	\$29,928,263	\$28,225,881	\$25,548,524	\$19,690,000	\$18,204,824	\$22,398,391	-4.2%	0.9%
07. Other Practitioners	\$15,040,362	\$24,647,621	\$28,343,812	\$12,897,019	\$11,545,797	\$4,492,336	\$14,625,605	-0.5%	0.6%
08. Outpatient Hospital	\$142,256,683	\$157,534,440	\$167,956,912	\$141,663,462	\$135,156,773	\$146,755,783	\$149,334,965	0.8%	5.8%
09. Clinic Services	\$26,303,081	\$30,896,038	\$46,537,987	\$41,972,627	\$42,579,181	\$33,718,060	\$40,223,741	7.3%	1.6%
10. Lab and X-Ray	\$51,990,845	\$57,009,115	\$59,898,621	\$45,323,812	\$41,218,672	\$42,386,889	\$44,605,403	-2.5%	1.7%
11. Home Health	\$22,114,861	\$29,261,622	\$32,188,687	\$27,148,462	\$39,435,412	\$41,600,791	\$46,505,101	13.2%	1.8%
12. Prescribed Drugs	\$234,322,114	\$269,035,462	\$292,293,619	\$297,433,210	\$315,444,016	\$352,784,785	\$430,518,832	10.7%	16.7%
13. Family Planning	\$10,364,701	\$9,941,658	\$9,807,458	\$9,608,629	\$9,522,358	\$11,599,544	\$12,243,448	2.8%	0.5%
14. Early & Periodic Screening, Diagnosis & Treatment	\$41,213,788	\$40,534,915	\$41,949,888	\$34,477,455	\$16,898,557	\$43,497,715	\$61,317,108	6.8%	2.4%
15. Other Care	\$127,750,807	\$178,994,046	\$192,302,301	\$137,415,999	\$162,687,423	\$41,368,967	\$47,735,823	-15.1%	1.8%
16. Personal Care Support Services	\$0	\$0	\$0	\$0	\$0	\$30,413,215	\$40,862,455	34.4%	1.6%
17. Home/Community Based Waiver Services	\$0	\$0	\$0	\$0	\$0	\$62,765,878	\$65,000,084	3.6%	2.5%
18. Prepaid Health Care	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a	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.)	\$2,873,044,183	\$2,684,149,768	\$2,708,478,255	\$2,452,543,946	\$2,336,007,497	\$2,383,508,985	\$2,580,857,125	-1.8%	100.0%

AVERAGE PAYMENTS PER RECIPIENT BY TYPE OF SERVICES

								<i>(+) or (-) SLC</i>	<i>Avg. FFY 99</i>
01. General Hospital	\$4,274.43	\$4,503.32	\$4,557.65	\$4,092.66	\$3,639.64	\$3,448.61	\$3,526.17	-3.2%	-10.1%
02. Mental Hospital	\$20,014.45	\$19,495.66	\$14,397.47	\$6,337.06	\$3,676.20	\$5,606.98	\$5,354.72	-19.7%	-18.3%
03. Skilled and Intermediate (non-MR) Care Nursing	\$13,875.75	\$13,135.02	\$13,377.46	\$12,406.90	\$13,735.57	\$14,262.63	\$14,051.09	0.2%	-7.7%
04. Intermediate Care for Mentally Retarded	\$52,300.96	\$49,104.42	\$49,489.31	\$50,613.12	\$53,022.65	\$53,619.65	\$47,204.27	-1.7%	-29.7%
05. Physician Services	\$361.44	\$377.85	\$377.28	\$327.37	\$305.64	\$328.96	\$372.40	0.5%	-4.1%
06. Dental Services	\$193.79	\$185.85	\$182.26	\$166.22	\$143.12	\$141.85	\$167.60	-2.4%	-23.8%
07. Other Practitioners	\$123.61	\$170.98	\$195.56	\$102.00	\$98.49	\$63.07	\$131.89	1.1%	-13.2%
08. Outpatient Hospital	\$361.38	\$390.09	\$412.88	\$369.59	\$375.04	\$412.74	\$406.14	2.0%	-10.7%
09. Clinic Services	\$290.53	\$330.47	\$402.25	\$337.04	\$452.37	\$482.29	\$418.66	6.3%	-44.8%
10. Lab and X-Ray	\$118.43	\$124.86	\$124.00	\$96.07	\$91.45	\$97.94	\$104.94	-2.0%	-7.1%
11. Home Health	\$1,678.67	\$1,922.58	\$2,078.70	\$1,698.26	\$1,774.29	\$997.50	\$1,104.63	-6.7%	-56.2%
12. Prescribed Drugs	\$405.44	\$445.30	\$488.31	\$501.22	\$559.43	\$638.55	\$744.83	10.7%	-6.8%
13. Family Planning	\$153.15	\$144.21	\$151.55	\$153.30	\$220.17	\$190.23	\$188.65	3.5%	-13.0%
14. Early & Periodic Screening, Diagnosis & Treatment	\$152.78	\$144.52	\$148.08	\$120.74	\$78.95	\$155.73	\$204.99	5.0%	14.5%
15. Other Care	\$592.98	\$777.60	\$1,036.33	\$832.18	\$390.66	\$290.61	\$354.62	-8.2%	-8.8%
16. Personal Care Support Services	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$449.89	\$601.40	33.7%	-57.1%
17. Home/Community Based Waiver Services	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$22,815.66	\$21,609.07	-5.3%	66.9%
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)	\$3,239.45	\$3,391.51	\$3,448.54	\$3,153.55	\$3,129.44	\$3,307.60	\$3,586.39	1.7%	11.5%

TOTAL PER CAPITA EXPENDITURES	\$925.43	\$989.59	\$970.17	\$758.00	\$715.97	\$755.06	\$773.78	-2.9%	32.6%
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LOUISIANA

SOUTHERN REGION MEDICAID PROFILE

DATA BY OTHER CHARACTERISTICS

RECIPIENTS BY OTHER CHARACTERISTICS

	FFY 93	FFY 94	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	Annual Change	Share of Total FFY 99
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	452,594	455,676	440,439	421,272	390,569	372,578	414,132	-1.5%	57.5%
Poverty Related Eligibles	111,485	129,915	151,198	98,848	113,057	190,227	181,243	8.4%	25.2%
Medically Needy	15,752	16,192	15,846	11,736	2,333	8,629	7,743	-11.2%	1.1%
Other Eligibles	171,411	176,440	177,916	245,852	240,502	149,181	116,508	-6.2%	16.2%
Maintenance Assistance Status Unknown	0	0	0	0	0	0		n/a	0.0%
Total	751,242	778,223	785,399	777,708	746,461	720,615	719,626	-0.7%	100.0%
By Basis of Eligibility									
Aged, Blind, or Disabled	232,473	250,193	262,555	256,919	252,334	254,382	278,329	3.0%	38.7%
Children	366,049	375,960	376,075	370,294	409,561	345,723	330,700	-1.7%	46.0%
Foster Care Children	0	0	0	21,492	6,430	141	32	-88.6%	0.0%
Adults	152,720	152,070	146,769	129,003	78,136	120,369	110,565	-5.2%	15.4%
Basis of Eligibility Unknown	0	0	0	0	0	0	0	n/a	0.0%
Total	751,242	778,223	785,399	777,708	746,461	720,615	719,626	-0.7%	100.0%
By Age									
Under Age 1	59,477	59,710	59,974	58,547	58,310	57,639	52,324	-2.1%	7.3%
Age 1 to 5	157,734	163,451	163,195	162,670	155,503	144,132	143,985	-1.5%	20.0%
Age 6 to 14	149,261	159,470	163,054	164,331	162,340	158,730	167,094	1.9%	23.2%
Age 15 to 20	67,486	70,628	71,957	71,214	66,876	64,869	70,209	0.7%	9.8%
Age 21 to 44	163,817	166,366	163,697	156,676	144,144	139,767	132,094	-3.5%	18.4%
Age 45 to 64	54,539	58,192	61,533	62,716	59,878	59,953	61,206	1.9%	8.5%
Age 65 to 74	38,631	39,202	39,853	39,371	37,822	36,578	35,822	-1.3%	5.0%
Age 75 to 84	36,424	36,258	36,640	36,099	35,139	33,406	32,639	-1.8%	4.5%
Age 85 and Over	23,872	24,941	25,496	26,077	26,308	25,404	24,253	0.3%	3.4%
Age Unknown	1	5	0	7	141	137	0	-100.0%	0.0%
Total	751,242	778,223	785,399	777,708	746,461	720,615	719,626	-0.7%	100.0%
By Race									
White	248,153	259,631	265,082	262,675	250,193	238,916	238,738	-0.6%	33.2%
Black	457,369	468,146	468,171	461,576	446,611	431,382	427,706	-1.1%	59.4%
Hispanic, American Indian or Asian	0	0	0	0	0	0	0	n/a	0.0%
Other/Unknown	45,720	50,446	52,146	53,457	49,657	50,317	53,182	2.6%	7.4%
Total	751,242	778,223	785,399	777,708	746,461	720,615	719,626	-0.7%	100.0%
By Sex									
Female	470,346	481,684	484,065	476,926	457,056	442,067	437,753	-1.2%	60.8%
Male	278,559	293,080	298,643	298,983	289,084	278,337	281,835	0.2%	39.2%
Unknown	2,337	3,459	2,691	1,799	321	211	38	-49.7%	0.0%
Total	751,242	778,223	785,399	777,708	746,461	720,615	719,626	-0.7%	100.0%

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

LOUISIANA

SOUTHERN REGION MEDICAID PROFILE

PAYMENTS BY OTHER CHARACTERISTICS

	FFY 93	FFY 94	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	Annual Change	Share of Total FFY 99
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	\$1,240,378,806	\$1,172,291,982	\$1,134,653,860	\$1,235,497,618	\$1,348,379,936	\$1,227,251,177	\$1,375,034,937	1.7%	53.3%
Poverty Related Eligibles	\$935,436,653	\$895,531,596	\$971,829,595	\$177,255,314	\$171,487,969	\$227,270,626	\$224,664,359	-21.2%	8.7%
Medically Needy	\$94,914,719	\$68,646,090	\$63,321,189	\$42,305,737	\$4,144,860	\$35,159,084	\$38,341,375	-14.0%	1.5%
Other Eligibles	\$602,314,005	\$547,680,100	\$538,673,611	\$997,485,277	\$811,994,732	\$893,828,098	\$942,816,454	7.8%	36.5%
Maintenance Assistance Status Unknown	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a	0.0%
Total	\$2,873,044,183	\$2,684,149,768	\$2,708,478,255	\$2,452,543,946	\$2,336,007,497	\$2,383,508,985	\$2,580,857,125	-1.8%	100.0%
By Basis of Eligibility									
Aged, Blind or Disabled	\$1,853,680,823	\$1,804,700,495	\$1,863,731,331	\$1,773,167,284	\$1,696,556,683	\$1,773,580,236	\$2,018,869,903	1.4%	78.2%
Children	\$577,912,488	\$518,884,507	\$509,299,314	\$403,818,250	\$496,257,971	\$371,500,804	\$332,649,493	-8.8%	12.9%
Foster Care Children	\$0	\$0	\$0	\$17,541,487	\$9,056,369	\$154,433	\$65,368	-84.5%	0.0%
Adults	\$441,450,872	\$360,564,766	\$335,447,610	\$258,016,925	\$134,136,474	\$238,273,512	\$229,272,360	-10.3%	8.9%
Basis of Eligibility Unknown	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a	0.0%
Total	\$2,873,044,183	\$2,684,149,768	\$2,708,478,255	\$2,452,543,946	\$2,336,007,497	\$2,383,508,985	\$2,580,857,125	-1.8%	100.0%
By Age									
Under Age 1	\$228,894,105	\$168,424,402	\$185,643,781	\$158,333,577	\$170,823,079	\$168,716,699	\$141,254,868	-7.7%	5.5%
Age 1 to 5	\$192,076,658	\$184,483,225	\$179,531,647	\$164,835,541	\$150,918,959	\$139,107,477	\$181,718,593	-0.9%	7.0%
Age 6 to 14	\$214,588,831	\$242,579,320	\$237,916,294	\$184,107,717	\$167,817,607	\$164,913,424	\$179,855,316	-2.9%	7.0%
Age 15 to 20	\$240,374,564	\$220,669,467	\$211,840,764	\$174,839,819	\$162,196,290	\$157,908,697	\$166,233,812	-6.0%	6.4%
Age 21 to 44	\$846,063,696	\$750,161,900	\$732,495,009	\$646,844,692	\$607,447,243	\$611,395,836	\$628,431,598	-4.8%	24.3%
Age 45 to 64	\$494,053,925	\$455,750,824	\$478,533,204	\$464,597,582	\$435,578,938	\$465,816,270	\$514,472,310	0.7%	19.9%
Age 65 to 74	\$184,015,839	\$186,296,013	\$191,988,340	\$183,182,776	\$180,219,739	\$195,457,195	\$220,321,014	3.0%	8.5%
Age 75 to 84	\$248,380,603	\$245,979,784	\$251,937,468	\$239,680,640	\$231,540,476	\$240,901,709	\$274,194,627	1.7%	10.6%
Age 85 and Over	\$224,595,962	\$229,804,833	\$238,591,748	\$236,117,537	\$229,347,187	\$239,184,115	\$274,374,987	3.4%	10.6%
Age Unknown	\$0	\$0	\$0	\$4,065	\$117,979	\$107,563	\$0	-100.0%	0.0%
Total	\$2,873,044,183	\$2,684,149,768	\$2,708,478,255	\$2,452,543,946	\$2,336,007,497	\$2,383,508,985	\$2,580,857,125	-1.8%	100.0%
By Race									
White	\$1,230,762,043	\$1,193,362,609	\$1,224,510,591	\$1,133,930,928	\$1,078,814,223	\$1,099,777,803	\$1,190,735,145	-0.5%	46.1%
Black	\$1,422,772,773	\$1,274,048,862	\$1,260,214,800	\$1,104,109,588	\$1,051,322,993	\$1,065,218,687	\$1,135,318,272	-3.7%	44.0%
Hispanic, American Indian or Asian	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a	0.0%
Other/Unknown	\$219,509,367	\$216,738,297	\$223,752,864	\$214,503,430	\$205,870,281	\$218,512,495	\$254,803,708	2.5%	9.9%
Total	\$2,873,044,183	\$2,684,149,768	\$2,708,478,255	\$2,452,543,946	\$2,336,007,497	\$2,383,508,985	\$2,580,857,125	-1.8%	100.0%
By Sex									
Female	\$1,748,443,170	\$1,621,609,892	\$1,628,300,154	\$1,484,406,435	\$1,429,136,719	\$1,465,177,548	\$1,584,775,562	-1.6%	61.4%
Male	\$1,120,068,947	\$1,055,036,817	\$1,072,796,277	\$964,143,561	\$906,188,099	\$917,846,494	\$995,979,482	-1.9%	38.6%
Unknown	\$4,532,066	\$7,503,059	\$7,381,824	\$3,993,950	\$682,679	\$484,943	\$102,081	-46.9%	0.0%
Total	\$2,873,044,183	\$2,684,149,768	\$2,708,478,255	\$2,452,543,946	\$2,336,007,497	\$2,383,508,985	\$2,580,857,125	-1.8%	100.0%

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

LOUISIANA

SOUTHERN REGION MEDICAID PROFILE

AVERAGE PAYMENT PER RECIPIENT BY OTHER CHARACTERISTICS

	FFY 93	FFY 94	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	Annual Change	Above (+) or Below (-) SLIC Avg. FFY 99
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	\$2,740.60	\$2,572.64	\$2,576.19	\$2,932.78	\$3,452.35	\$3,293.94	\$3,320.28	3.2%	-2.1%
Poverty Related Eligibles	\$8,390.70	\$6,893.21	\$6,427.53	\$1,793.21	\$1,516.83	\$1,194.73	\$1,239.58	-27.3%	-41.0%
Medically Needy	\$6,025.57	\$4,239.51	\$3,996.04	\$3,604.78	\$1,776.62	\$4,074.53	\$4,951.75	-3.2%	75.1%
Other Eligibles	\$3,513.86	\$3,104.06	\$3,027.69	\$4,057.26	\$3,376.25	\$5,991.57	\$8,092.29	14.9%	24.0%
Maintenance Assistance Status Unknown	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	n/a	-100.0%
Total	\$3,239.45	\$3,391.51	\$3,448.54	\$3,153.55	\$3,129.44	\$3,307.60	\$3,586.39	1.7%	11.5%
By Basis of Eligibility									
Aged, Blind or Disabled	\$7,973.75	\$7,213.23	\$7,098.44	\$6,901.66	\$6,723.46	\$6,972.11	\$7,253.54	-1.6%	0.9%
Children	\$1,578.78	\$1,380.16	\$1,354.25	\$1,090.53	\$1,211.68	\$1,074.56	\$1,005.90	-7.2%	-13.2%
Foster Care Children	\$0.00	\$0.00	\$0.00	\$816.19	\$1,408.46	\$1,095.27	\$2,042.77	35.8%	-41.1%
Adults	\$2,890.59	\$2,371.04	\$2,285.55	\$2,000.08	\$1,716.71	\$1,979.53	\$2,073.64	-5.4%	-3.6%
Basis of Eligibility Unknown	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	n/a	-100.0%
Total	\$3,239.45	\$3,391.51	\$3,448.54	\$3,153.55	\$3,129.44	\$3,307.60	\$3,586.39	1.7%	11.5%
By Age									
Under Age 1	\$3,848.45	\$2,820.71	\$3,095.40	\$2,704.38	\$2,929.57	\$2,927.13	\$2,699.62	-5.7%	7.5%
Age 1 to 5	\$1,217.73	\$1,128.68	\$1,100.11	\$1,013.31	\$970.52	\$965.14	\$1,262.07	0.6%	5.7%
Age 6 to 14	\$1,437.68	\$1,521.16	\$1,459.13	\$1,120.35	\$1,033.74	\$1,038.96	\$1,076.37	-4.7%	-18.0%
Age 15 to 20	\$3,561.84	\$3,124.39	\$2,943.99	\$2,455.13	\$2,425.33	\$2,434.27	\$2,367.70	-6.6%	7.7%
Age 21 to 44	\$5,164.69	\$4,509.11	\$4,474.70	\$4,128.55	\$4,214.17	\$4,374.39	\$4,757.46	-1.4%	40.0%
Age 45 to 64	\$9,058.73	\$7,831.85	\$7,776.85	\$7,407.96	\$7,274.44	\$7,769.69	\$8,405.59	-1.2%	58.6%
Age 65 to 74	\$4,763.42	\$4,752.21	\$4,817.41	\$4,652.73	\$4,764.94	\$5,343.57	\$6,150.44	4.4%	25.3%
Age 75 to 84	\$6,819.15	\$6,784.15	\$6,876.02	\$6,639.54	\$6,589.27	\$7,211.33	\$8,400.83	3.5%	7.6%
Age 85 and Over	\$9,408.34	\$9,213.94	\$9,358.01	\$9,054.63	\$8,717.77	\$9,415.21	\$11,313.03	3.1%	-4.0%
Age Unknown	\$0.00	\$0.00	\$0.00	\$580.71	\$836.73	\$785.13	\$0.00	-100.0%	-100.0%
Total	\$3,239.45	\$3,391.51	\$3,448.54	\$3,153.55	\$3,129.44	\$3,307.60	\$3,586.39	1.7%	11.5%
By Race									
White	\$4,959.69	\$4,596.38	\$4,619.37	\$4,316.86	\$4,311.93	\$4,603.20	\$4,987.62	0.1%	40.6%
Black	\$3,110.78	\$2,721.48	\$2,691.78	\$2,392.04	\$2,354.00	\$2,469.32	\$2,654.44	-2.6%	6.1%
Hispanic, American Indian or Asian	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	n/a	-100.0%
Other/Unknown	\$4,801.17	\$4,296.44	\$4,290.89	\$4,012.64	\$4,145.85	\$4,342.72	\$4,791.16	0.0%	-21.5%
Total	\$3,239.45	\$3,391.51	\$3,448.54	\$3,153.55	\$3,129.44	\$3,307.60	\$3,586.39	1.7%	11.5%
By Sex									
Female	\$3,717.36	\$3,366.54	\$3,363.80	\$3,112.45	\$3,126.83	\$3,314.38	\$3,620.25	-0.4%	6.9%
Male	\$4,020.94	\$3,599.83	\$3,592.24	\$3,224.74	\$3,134.69	\$3,297.61	\$3,533.91	-2.1%	26.2%
Unknown	\$1,939.27	\$2,169.14	\$2,743.15	\$2,220.09	\$2,126.73	\$2,298.31	\$2,686.34	5.6%	-97.4%
Total	\$3,239.45	\$3,391.51	\$3,448.54	\$3,153.55	\$3,129.44	\$3,307.60	\$3,586.39	1.7%	11.5%

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, 2000; and "Medicaid Services State by State", HCFA, October 1999.

*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 & Adults with Disabilities: Serves 629 people, operating since January 1, 1985.
- Mental Retardation/Developmental Disabilities: Serves 4,251 people, operating since June 1, 1990.
- Adult Day Health Care: Serves 500 people, operating since July 1, 1993.
- Personal Care Attendant: Serves 124 people, operating since October 1, 1993.
- Children's MR/DD : To be implemented January 15, 2001 for children under the age of 19. It will serve approximately 1,000 children.

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.
- As of July 2000 there were 48,477 recipients enrolled in the PCCM program. The Department of Health and Hospitals has opted to expand the PCCM program in 2001 to include Calcasieu Parish and provide enhanced PCCM. The initial phase of this expansion is expected to cover approximately 16,679 additional Medicaid recipients.
- Tensas, Concordia, and Lincoln Parishes are being considered for inclusion in the PCCM program.
- Region 3 will be part of a pilot program which will use a modified version of PCCM with partial capitation.

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 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. Since January 1, 1999, the Medicaid program has issued magnetic strip cards to 432,295 eligibles.

LOUISIANA

SOUTHERN REGION MEDICAID PROFILE

Medicaid

- 28 services are offered (10 mandatory and 18 optional).

Children's Health Insurance Program: Medicaid Expansion

- 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 provided for Phase II, which expanded 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 by September 2000 in Title XXI, while increasing enrollment in Title XIX Medicaid as well, by an additional 14,750 eligibles.
- Phase III will expand Medicaid to provide health care benefits to children/adolescents from birth to age 19 in families with incomes up to 200% of the FPL, effective January 1, 2001. The Phase III expansion expects to provide health care coverage for an additional 22,575 eligibles by December 2001.
- The legislature appropriated funding (\$8.5 million) for Phase III in the second Extraordinary Session of 2000.

Tobacco Settlement

- The state expects to receive approximately \$4.6 billion over 25 years.
- For Fiscal Year 2000, the tobacco settlement payment should be approximately \$145 million.
- The model statute, required by the Master Settlement Agreement, was enacted to receive tobacco money allotted to the state.
- The planned use of the funds is as follows:

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 fund for the deposit of tobacco settlement monies as follows:

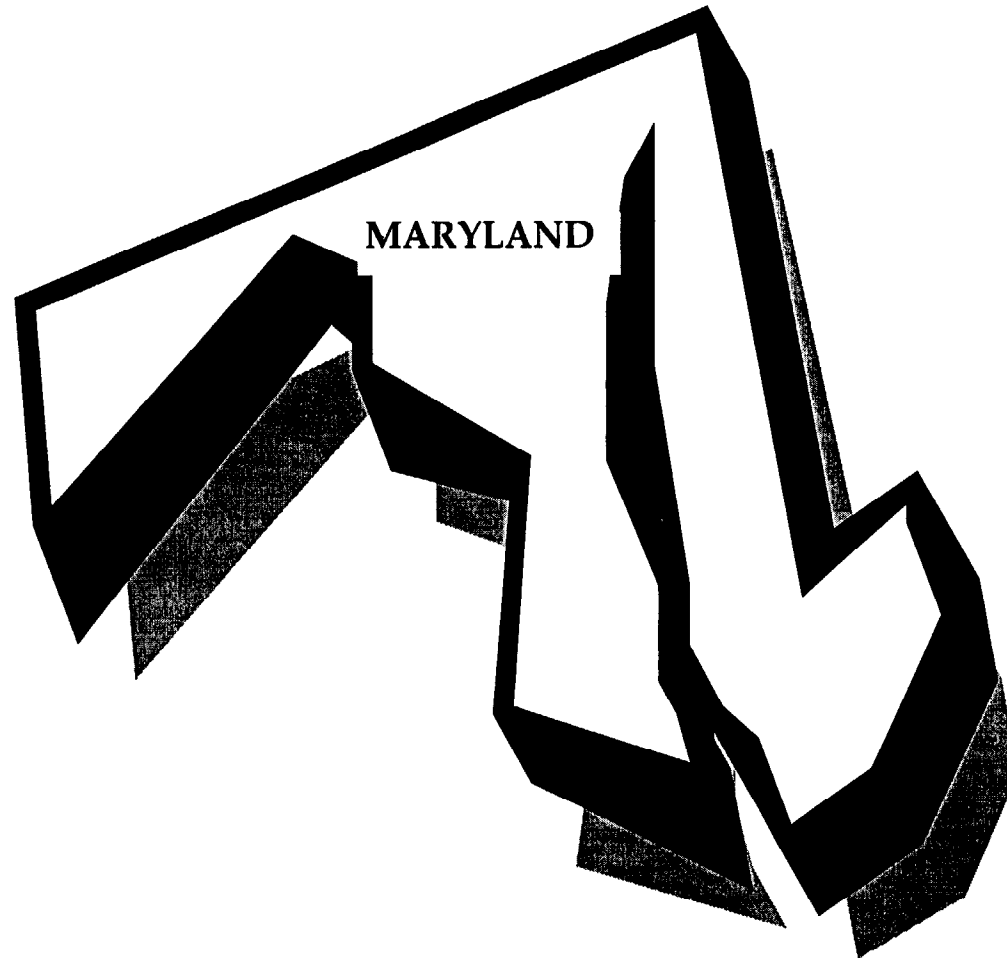
SFY 00-01:	45%
SFY 01-02:	60%
SFY 02-03:	75%
SFY 04 and subsequent years:	75%

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

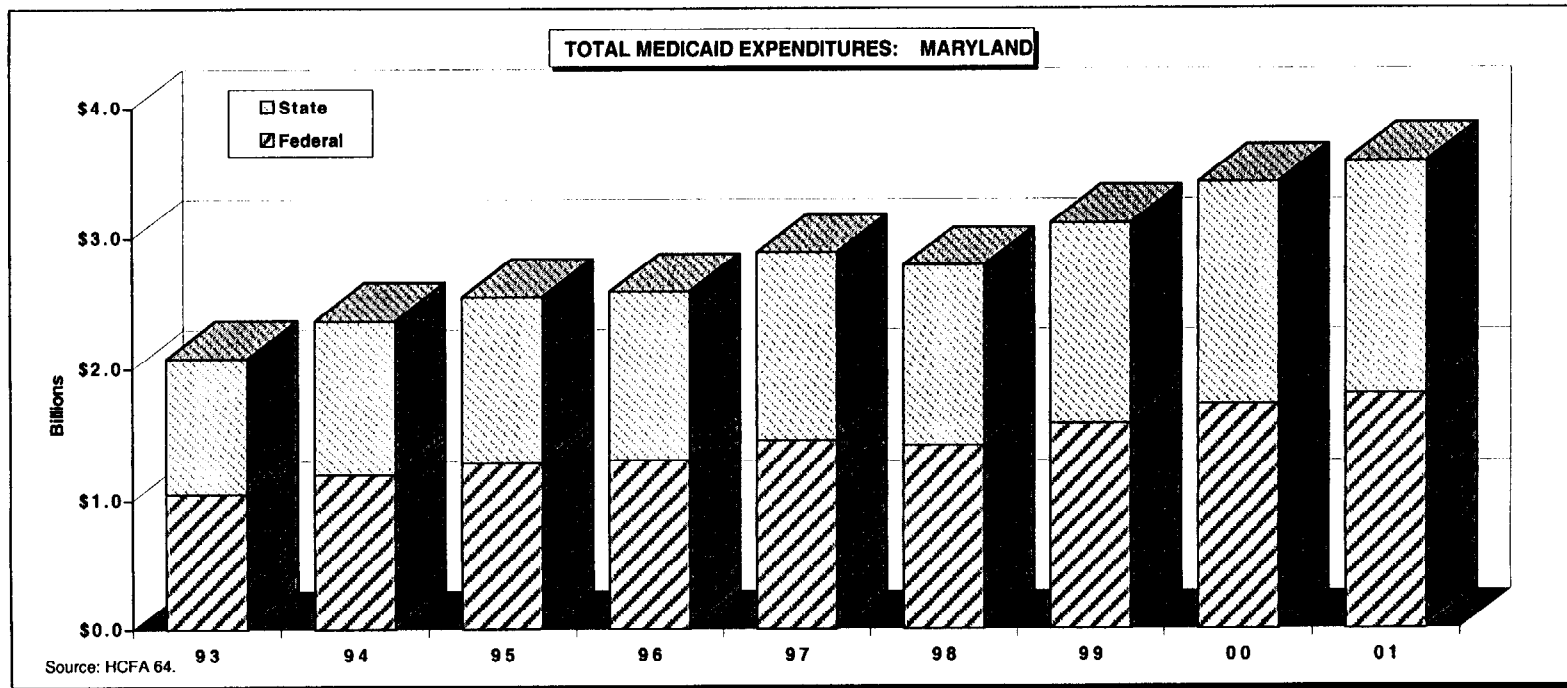
TOPS Fund:	33%
Health Excellence Fund:	33%
Education Excellence Fund:	33%

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

STATE MEDICAID PROFILE



SOUTHERN REGION MEDICAID PROFILE



	FFY 93	FFY 94	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00**	FFY 01**	Annual Rate of Change	Total 93-01
Medicaid Payments	\$1,981,737,793	\$2,240,390,059	\$2,414,240,139	\$2,441,028,457	\$2,688,167,110	\$2,578,582,453	\$2,931,170,173	\$3,193,843,000	\$3,332,759,000	6.7%	68.2%
Federal Share	\$994,776,687	\$1,123,985,686	\$1,210,984,504	\$1,222,985,965	\$1,350,201,604	\$1,293,965,501	\$1,473,199,888	\$1,605,458,000	\$1,675,235,000	6.7%	68.4%
State Share	\$986,961,106	\$1,116,404,373	\$1,203,255,635	\$1,218,042,492	\$1,337,965,506	\$1,284,616,952	\$1,457,970,285	\$1,588,385,000	\$1,657,524,000	6.7%	67.9%
Administrative Costs	\$94,660,583	\$121,841,027	\$128,666,447	\$140,585,936	\$195,914,659	\$206,657,092	\$177,403,959	\$224,751,000	\$246,097,000	12.7%	160.0%
Federal Share	\$53,009,518	\$67,884,327	\$71,816,035	\$75,929,644	\$101,175,092	\$114,207,850	\$97,893,210	\$120,623,000	\$131,235,000	12.0%	147.6%
State Share	\$41,651,065	\$53,956,700	\$56,850,412	\$64,656,292	\$94,739,567	\$92,449,242	\$79,510,749	\$104,128,000	\$114,862,000	13.5%	175.8%
Admin. Costs as % of Payments	4.78%	5.44%	5.33%	5.76%	7.29%	8.01%	6.05%	7.04%	7.38%		
Federal Match Rate*	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%		

*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 00 and 01 reflect latest estimates reported by each state on HCFA 37.

MARYLAND

SOUTHERN REGION MEDICAID PROFILE

STATE FINANCING

	Payments		Administration	
	FFY 93	FFY 99	FFY 93	FFY 99
State General Fund	\$986,961,106	\$1,403,275,807	\$41,651,065	\$79,510,749
Local Funds	\$0	\$0	\$0	\$0
Provider Taxes	\$0	\$53,498,308	\$0	\$0
Donations*	\$0	\$1,196,170	\$0	\$0
Other	\$0	\$0	\$0	\$0
Total State Share	\$986,961,106	\$1,457,970,285	\$41,651,065	\$79,510,749

*Permissible Outstationed Eligibility Workers Programs.

Provider Taxes Currently in Place (FFY 99)		
Provider(s)	Tax Rate	Amount
Permissible Taxes Program		\$53,498,308
Total		\$53,498,308

DISPROPORTIONATE SHARE HOSPITAL (DSH) PAYMENTS

	FFY 93	FFY 94	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00*	FFY 01*	Annual Change
General Hospitals	\$30,517,387	\$34,767,040	\$39,338,352	\$38,178,277	\$37,133,045	\$27,132,390	\$28,539,341	\$28,539,351	\$30,400,000	-4.2%
Mental Hospitals	\$105,449,000	\$116,072,643	\$120,873,531	\$111,087,695	\$122,526,661	\$116,151,573	\$118,275,027	\$118,255,027	\$144,000,000	3.0%
Total	\$135,966,387	\$150,839,683	\$160,211,883	\$149,265,972	\$159,659,706	\$143,283,963	\$146,814,368	\$146,794,378	\$174,400,000	1.4%

SELECTED ELIGIBILITY CRITERIA

	At 10/1/00	% of FPL*
TANF-Temporary Assistance for Needy Families (Family of 3)		
Need Standard	Eliminated	N/A
Payment Standard	\$417	35.4%
Maximum Payment	\$417	35.4%
Medically Needy Program (Family of 4)		
Income Eligibility Standard	\$434	
Resource Standard	\$3,100	
Pregnant Women, Children and Infants (% of FPL*)		
Pregnant women and children to age 6		200.0%
Children age 6 to 14		200.0%
Children age 14 to 18		200.0%
SSI Eligibility Levels		
Income:		
Single Person	\$512	73.6%
Couple	\$769	82.0%
Resources:		
Single Person	\$2,000	
Couple	\$3,000	

DEMOGRAPHIC DATA & POVERTY INDICATORS (1999)

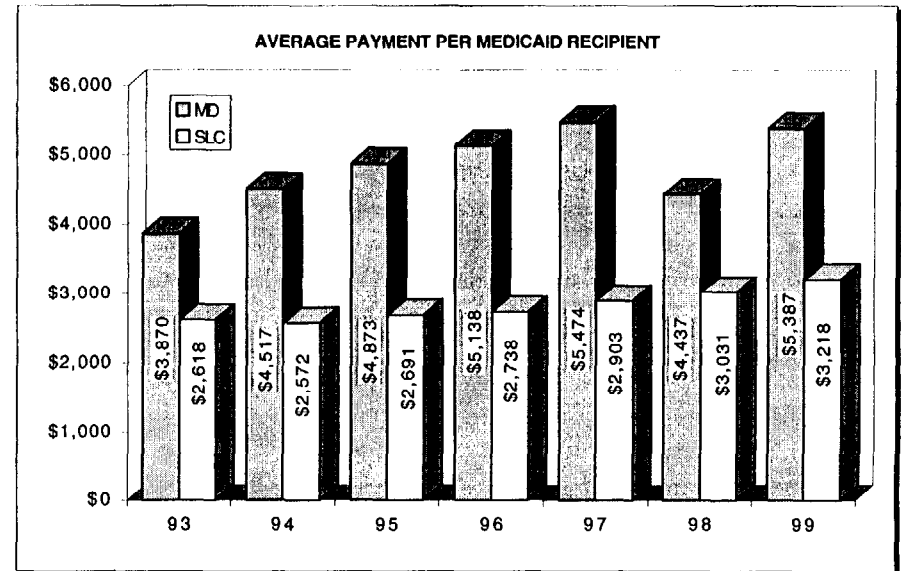
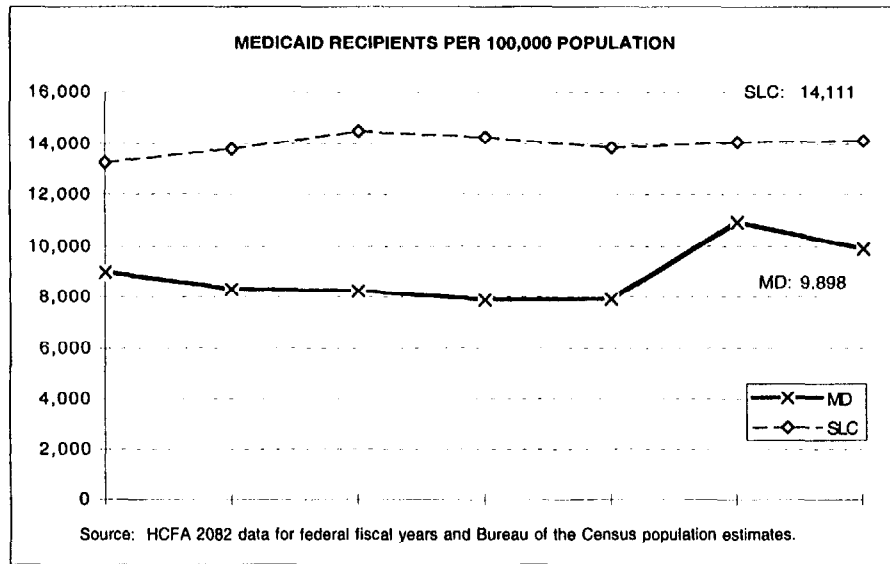
		Rank in U.S.
State population—July 1, 1999*	5,171,634	19
Per capita personal income**	\$30,023	5
Median household income**	\$47,711	3
Population below Federal Poverty Level on July 1, 1999*	444,761	
Percent of total population	8.6%	46
Population without health insurance coverage*	852,000	14
Percent of total population	16.5%	19
Recipients of Food Stamps***	264,393	23
Households receiving Food Stamps***	117,311	22
Total value of issuance***	\$237,198,523	21
Average monthly benefit per recipient	\$74.76	11
Average monthly benefit per household	\$168.50	12
Monthly recipients of Temporary Assistance to Needy Families (TANF)****	89,003	20
Total TANF payments****	\$349,929,803	17
Average monthly payment per recipient	\$327.64	
Maximum monthly payment per family of 3	\$388.00	25

*Current federal poverty level is \$8,350 per year for a single person, \$11,250 for a family of two and \$14,150 for a family of three. Table above shows monthly income levels.

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

MARYLAND

SOUTHERN REGION MEDICAID PROFILE



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

<u>RECIPIENTS BY TYPE OF SERVICES</u>	<u>FFY 93</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>	<i>Annual Change</i>
01. General Hospital	95,094	95,255	97,645	77,581	82,251	43,196	N/A	N/A
02. Mental Hospital	2,846	3,155	3,714	13,481	8,456	1,827	N/A	N/A
03. Skilled and Intermediate (non-MR) Care Nursing	41,545	33,324	36,273	23,449	26,575	27,834	N/A	N/A
04. Intermediate Care for Mentally Retarded	942	863	821	749	635	627	N/A	N/A
05. Physician Services	334,466	324,854	323,424	282,816	292,897	203,528	N/A	N/A
06. Dental Services	52,288	42,287	41,177	28,623	35,028	8,725	N/A	N/A
07. Other Practitioners	34,456	33,872	40,510	27,960	32,157	19,151	N/A	N/A
08. Outpatient Hospital	213,485	208,551	209,356	187,343	183,008	105,346	N/A	N/A
09. Clinic Services	91,372	96,338	99,538	93,789	95,719	39,897	N/A	N/A
10. Lab and X-Ray	124,118	122,857	115,233	93,990	101,771	50,211	N/A	N/A
11. Home Health	12,168	14,175	14,854	17,400	19,173	8,114	N/A	N/A
12. Prescribed Drugs	312,816	299,875	291,626	268,440	256,423	176,403	N/A	N/A
13. Family Planning	38,842	35,388	35,295	29,557	37,002	19,141	N/A	N/A
14. Early & Periodic Screening, Diagnosis & Treatment	93,614	88,747	89,411	97,546	93,592	45,814	N/A	N/A
15. Other Care	122,167	71,706	83,343	162,933	171,642	44,395	N/A	N/A
16. Personal Care Support Services	0	0	0	0	0	63,467	N/A	N/A
17. Home/Community Based Waiver Services	0	0	0	0	0	3,820	N/A	N/A
18. Prepaid Health Care	0	0	0	0	0	449,825	N/A	N/A
19. Primary Care Case Management (PCCM) Services	0	0	0	0	0	0	N/A	N/A
Total*	444,673	415,101	414,261	398,537	402,002	561,085	511,885	2.4%

*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. A new system for counting recipients now includes HMO recipients that have not been previously counted. Maryland was unable to provide HCFA 2082 data for FFY 99.

MARYLAND

SOUTHERN REGION MEDICAID PROFILE

****Estimated total number of recipients and expenditures provided by the state as HCFA 2082 data not available for FFY 99.**

<u>PAYMENTS BY TYPE OF SERVICES</u>	<u>FFY 93</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>Annual Change</u>	<u>Share of Total FFY 99</u>
01. General Hospital	\$550,874,628	\$587,099,071	\$583,335,743	\$558,635,117	\$633,631,779	\$324,280,148	N/A	N/A	N/A
02. Mental Hospital	\$78,948,400	\$82,401,927	\$91,492,981	\$124,805,267	\$49,810,491	\$56,546,963	N/A	N/A	N/A
03. Skilled and Intermediate (non-MR) Care Nursing	\$399,081,933	\$417,988,497	\$459,287,275	\$416,315,221	\$515,887,379	\$546,941,004	N/A	N/A	N/A
04. Intermediate Care for Mentally Retarded	\$58,427,044	\$57,044,716	\$75,040,829	\$62,760,867	\$61,193,341	\$55,095,149	N/A	N/A	N/A
05. Physician Services	\$98,374,344	\$96,502,175	\$102,747,239	\$90,520,475	\$89,643,749	\$46,541,325	N/A	N/A	N/A
06. Dental Services	\$3,628,982	\$3,144,089	\$3,287,715	\$2,140,511	\$2,374,879	\$354,031	N/A	N/A	N/A
07. Other Practitioners	\$2,906,179	\$3,262,857	\$4,764,779	\$2,191,699	\$2,925,025	\$1,016,724	N/A	N/A	N/A
08. Outpatient Hospital	\$145,430,547	\$159,391,400	\$175,655,101	\$165,726,010	\$161,722,969	\$53,105,201	N/A	N/A	N/A
09. Clinic Services	\$78,775,005	\$95,577,663	\$105,446,838	\$108,631,811	\$107,134,470	\$6,643,345	N/A	N/A	N/A
10. Lab and X-Ray	\$8,364,269	\$8,758,727	\$8,528,905	\$6,949,317	\$7,935,667	\$3,137,857	N/A	N/A	N/A
11. Home Health	\$50,701,469	\$57,536,285	\$67,859,355	\$210,449,214	\$226,698,580	\$48,456,286	N/A	N/A	N/A
12. Prescribed Drugs	\$110,500,576	\$125,216,705	\$139,205,331	\$154,908,882	\$172,701,282	\$148,532,940	N/A	N/A	N/A
13. Family Planning	\$11,387,185	\$9,557,534	\$9,518,287	\$6,814,312	\$11,348,865	\$4,613,117	N/A	N/A	N/A
14. Early & Periodic Screening, Diagnosis & Treatment	\$12,347,597	\$12,308,046	\$11,739,471	\$68,843,619	\$74,079,692	\$73,840,753	N/A	N/A	N/A
15. Other Care	\$110,921,932	\$159,187,991	\$180,827,804	\$67,799,858	\$83,580,418	\$35,058,148	N/A	N/A	N/A
16. Personal Care Support Services	\$0	\$0	\$0	\$0	\$0	\$79,099,039	N/A	N/A	N/A
17. Home/Community Based Waiver Services	\$0	\$0	\$0	\$0	\$0	\$154,029,172	N/A	N/A	N/A
18. Prepaid Health Care	\$0	\$0	\$0	\$0	\$0	\$851,988,946	N/A	N/A	N/A
19. Primary Case Management (PCCM) Services	\$0	\$0	\$0	\$0	\$0	\$0	N/A	N/A	N/A
Total (excludes DSH pyunts, pharmacy rebates, & other adjs.)	\$1,720,670,090	\$1,874,977,683	\$2,018,737,653	\$2,047,492,180	\$2,200,668,586	\$2,489,280,148	\$2,763,882,265	8.2%	100.0%

AVERAGE PAYMENTS PER RECIPIENT BY TYPE OF SERVICES

									(+) or (-) SLC Avg. FFY 99
01. General Hospital	\$5,792.95	\$6,163.45	\$5,974.05	\$7,200.67	\$7,703.64	\$7,507.18	\$0.00	-100.0%	-100.0%
02. Mental Hospital	\$27,740.13	\$26,117.88	\$24,634.62	\$9,257.86	\$5,890.55	\$30,950.72	\$0.00	-100.0%	-100.0%
03. Skilled and Intermediate (non-MR) Care Nursing	\$9,606.02	\$12,543.17	\$12,661.96	\$17,754.07	\$19,412.51	\$19,650.10	\$0.00	-100.0%	-100.0%
04. Intermediate Care for Mentally Retarded	\$62,024.46	\$66,100.48	\$91,401.74	\$83,792.88	\$96,367.47	\$87,871.05	\$0.00	-100.0%	-100.0%
05. Physician Services	\$294.12	\$297.06	\$317.69	\$320.07	\$306.06	\$228.67	\$0.00	-100.0%	-100.0%
06. Dental Services	\$69.40	\$74.35	\$79.84	\$74.78	\$67.80	\$40.58	\$0.00	-100.0%	-100.0%
07. Other Practitioners	\$84.34	\$96.33	\$117.62	\$78.39	\$90.96	\$53.09	\$0.00	-100.0%	-100.0%
08. Outpatient Hospital	\$681.22	\$764.28	\$839.03	\$884.61	\$883.69	\$504.10	\$0.00	-100.0%	-100.0%
09. Clinic Services	\$862.14	\$992.11	\$1,059.36	\$1,158.26	\$1,119.26	\$166.51	\$0.00	-100.0%	-100.0%
10. Lab and X-Ray	\$67.39	\$71.29	\$74.01	\$73.94	\$77.98	\$62.49	\$0.00	-100.0%	-100.0%
11. Home Health	\$4,166.79	\$4,059.00	\$4,568.42	\$12,094.78	\$11,823.84	\$5,971.94	\$0.00	-100.0%	-100.0%
12. Prescribed Drugs	\$353.24	\$417.56	\$477.34	\$577.07	\$673.50	\$842.01	\$0.00	-100.0%	-100.0%
13. Family Planning	\$293.17	\$270.08	\$269.68	\$230.55	\$306.71	\$241.01	\$0.00	-100.0%	-100.0%
14. Early & Periodic Screening, Diagnosis & Treatment	\$131.90	\$138.69	\$131.30	\$705.76	\$791.52	\$1,611.75	\$0.00	-100.0%	-100.0%
15. Other Care	\$907.95	\$2,220.01	\$2,169.68	\$416.12	\$486.95	\$789.69	\$0.00	-100.0%	-100.0%
16. Personal Care Support Services	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,246.30	\$0.00	-100.0%	-100.0%
17. Home/Community Based Waiver Services	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$40,321.77	\$0.00	-100.0%	-100.0%
18. Prepaid Health Care	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,894.05	\$0.00	-100.0%	-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)	\$3,869.52	\$4,516.92	\$4,873.11	\$5,137.52	\$5,474.27	\$4,436.55	\$5,399.42	5.7%	67.8%

TOTAL PER CAPITA EXPENDITURES	\$419.23	\$472.48	\$504.65	\$510.17	\$566.07	\$542.42	\$601.08	6.2%	3.0%
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MARYLAND

SOUTHERN REGION MEDICAID PROFILE
DATA BY OTHER CHARACTERISTICS

RECIPIENTS BY OTHER CHARACTERISTICS

	FFY 93	FFY 94	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	<i>Annual Change</i>	<i>Share of Total FFY 99</i>
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	278,080	247,804	232,628	220,614	208,404	274,117	N/A	N/A	N/A
Poverty Related Eligibles	25,977	28,510	27,442	18,840	108,549	142,031	N/A	N/A	N/A
Medically Needy	78,598	80,001	92,699	60,421	65,639	49,892	N/A	N/A	N/A
Other Eligibles	62,018	58,786	61,492	98,662	19,410	69,419	N/A	N/A	N/A
Maintenance Assistance Status Unknown	0	0	0	0	0	25,626	N/A	N/A	N/A
Total	444,673	415,101	414,261	398,537	402,002	561,085	511,885	2.4%	100.0%
 By Basis of Eligibility									
Aged, Blind, or Disabled	124,859	127,648	133,595	129,946	134,219	148,963	N/A	N/A	N/A
Children	226,631	207,236	206,942	185,663	185,801	264,965	N/A	N/A	N/A
Foster Care Children	0	0	0	0	0	15,219	N/A	N/A	N/A
Adults	93,183	80,217	73,724	82,928	81,982	106,312	N/A	N/A	N/A
Basis of Eligibility Unknown	0	0	0	0	0	25,626	N/A	N/A	N/A
Total	444,673	415,101	414,261	398,537	402,002	561,085	511,885	2.4%	0.0%
 By Age									
Under Age 1	34,261	32,002	33,179	25,780	82,051	23,208	N/A	N/A	N/A
Age 1 to 5	86,682	79,193	75,898	58,125	45,938	102,693	N/A	N/A	N/A
Age 6 to 14	75,209	70,634	72,962	65,326	50,179	133,175	N/A	N/A	N/A
Age 15 to 20	38,157	34,886	35,828	30,641	29,303	50,928	N/A	N/A	N/A
Age 21 to 44	118,137	108,344	102,626	81,911	88,569	128,022	N/A	N/A	N/A
Age 45 to 64	34,831	35,813	37,015	31,694	44,604	44,058	N/A	N/A	N/A
Age 65 to 74	22,129	21,758	22,577	20,547	26,368	23,068	N/A	N/A	N/A
Age 75 to 84	19,131	18,221	19,260	18,009	20,673	19,948	N/A	N/A	N/A
Age 85 and Over	16,136	14,250	14,916	66,504	14,317	14,168	N/A	N/A	N/A
Age Unknown	0	0	0	0	0	21,817	N/A	N/A	N/A
Total	444,673	415,101	414,261	398,537	402,002	561,085	511,885	2.4%	100.0%
 By Race									
White	186,023	178,233	174,659	163,424	164,110	184,348	N/A	N/A	N/A
Black	236,492	211,145	208,180	202,848	203,389	307,223	N/A	N/A	N/A
Hispanic, American Indian or Asian	20,030	22,319	24,057	24,273	24,742	31,710	N/A	N/A	N/A
Other/Unknown	2,128	3,404	7,365	7,992	9,761	37,804	N/A	N/A	N/A
Total	444,673	415,101	414,261	398,537	402,002	561,085	511,885	2.4%	100.0%
 By Sex									
Female	283,733	260,266	256,613	247,687	251,556	329,915	N/A	N/A	N/A
Male	160,939	154,835	157,648	150,850	150,446	209,354	N/A	N/A	N/A
Unknown	1	0	0	0	0	21,816	N/A	N/A	N/A
Total	444,673	415,101	414,261	398,537	402,002	561,085	511,885	2.4%	100.0%

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

MARYLAND

SOUTHERN REGION MEDICAID PROFILE

PAYMENTS BY OTHER CHARACTERISTICS

	FFY 93	FFY 94	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	Annual Change	Share of Total FFY 99
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	\$796,975,597	\$887,010,627	\$896,828,915	\$896,783,012	\$969,169,243	\$1,233,921,421	N/A	N/A	N/A
Poverty Related Eligibles	\$75,307,392	\$63,357,128	\$74,889,313	\$51,667,180	\$337,588,288	\$231,634,487	N/A	N/A	N/A
Medically Needy	\$736,172,656	\$813,191,264	\$913,403,586	\$791,684,933	\$860,750,740	\$798,379,206	N/A	N/A	N/A
Other Eligibles	\$112,214,445	\$111,418,664	\$133,615,839	\$307,357,055	\$33,160,315	\$189,104,492	N/A	N/A	N/A
Maintenance Assistance Status Unknown	\$0	\$0	\$0	\$0	\$0	\$36,240,542	N/A	N/A	N/A
Total	\$1,720,670,090	\$1,874,977,683	\$2,018,737,653	\$2,047,492,180	\$2,200,668,586	\$2,489,280,148	\$2,757,436,779	8.2%	100.0%
							\$2,757,436,779		
By Basis of Eligibility									
Aged, Blind or Disabled	\$1,154,487,249	\$1,319,425,293	\$1,434,700,633	\$1,483,050,526	\$1,603,610,489	\$1,787,572,156	N/A	N/A	N/A
Children	\$364,756,630	\$370,452,185	\$394,953,139	\$335,335,990	\$353,018,677	\$386,698,407	N/A	N/A	N/A
Foster Care Children	\$0	\$0	\$0	\$0	\$0	\$40,001,794	N/A	N/A	N/A
Adults	\$201,426,211	\$185,100,205	\$189,083,881	\$229,105,664	\$244,039,420	\$238,767,249	N/A	N/A	N/A
Basis of Eligibility Unknown	\$0	\$0	\$0	\$0	\$0	\$36,240,542	N/A	N/A	N/A
Total	\$1,720,670,090	\$1,874,977,683	\$2,018,737,653	\$2,047,492,180	\$2,200,668,586	\$2,489,280,148	\$2,757,436,779	8.2%	100.0%
By Age									
Under Age 1	\$103,764,915	\$101,803,623	\$100,449,481	\$84,125,495	\$303,845,683	\$59,865,791	N/A	N/A	N/A
Age 1 to 5	\$100,010,109	\$100,860,579	\$110,260,867	\$99,685,252	\$124,226,005	\$176,722,191	N/A	N/A	N/A
Age 6 to 14	\$111,927,848	\$135,307,645	\$153,744,720	\$175,877,703	\$184,319,654	\$242,862,808	N/A	N/A	N/A
Age 15 to 20	\$123,446,881	\$124,918,032	\$136,873,482	\$122,117,418	\$122,312,174	\$154,004,636	N/A	N/A	N/A
Age 21 to 44	\$493,807,525	\$552,224,019	\$576,826,004	\$532,324,099	\$531,530,309	\$641,599,245	N/A	N/A	N/A
Age 45 to 64	\$283,693,953	\$328,619,168	\$363,577,419	\$342,909,763	\$376,927,278	\$472,837,550	N/A	N/A	N/A
Age 65 to 74	\$136,108,376	\$143,544,136	\$154,999,318	\$155,759,229	\$162,359,173	\$201,989,548	N/A	N/A	N/A
Age 75 to 84	\$179,747,874	\$188,017,331	\$204,267,973	\$205,005,899	\$204,018,594	\$245,346,175	N/A	N/A	N/A
Age 85 and Over	\$188,162,609	\$199,683,150	\$217,738,389	\$329,687,322	\$191,129,716	\$266,497,836	N/A	N/A	N/A
Age Unknown	\$0	\$0	\$0	\$0	\$0	\$27,554,368	N/A	N/A	N/A
Total	\$1,720,670,090	\$1,874,977,683	\$2,018,737,653	\$2,047,492,180	\$2,200,668,586	\$2,489,280,148	\$2,757,436,779	8.2%	100.0%
By Race									
White	\$898,828,373	\$966,655,245	\$1,033,509,224	\$1,044,091,195	\$1,093,016,721	\$1,131,688,380	N/A	N/A	N/A
Black	\$765,518,569	\$837,816,528	\$893,635,457	\$907,557,313	\$991,921,132	\$1,174,483,476	N/A	N/A	N/A
Hispanic, American Indian or Asian	\$46,965,545	\$57,049,897	\$64,220,679	\$63,177,612	\$70,965,553	\$94,097,261	N/A	N/A	N/A
Other/Unknown	\$9,357,603	\$13,456,013	\$27,372,293	\$32,666,060	\$44,765,180	\$89,011,031	N/A	N/A	N/A
Total	\$1,720,670,090	\$1,874,977,683	\$2,018,737,653	\$2,047,492,180	\$2,200,668,586	\$2,489,280,148	\$2,757,436,779	8.2%	100.0%
By Sex									
Female	\$1,047,343,421	\$1,110,641,549	\$1,187,945,789	\$1,202,962,228	\$1,287,609,639	\$1,458,030,690	N/A	N/A	N/A
Male	\$673,326,606	\$764,336,134	\$830,791,864	\$844,529,952	\$913,058,947	\$1,003,696,022	N/A	N/A	N/A
Unknown	\$63	\$0	\$0	\$0	\$0	\$27,553,436	N/A	N/A	N/A
Total	\$1,720,670,090	\$1,874,977,683	\$2,018,737,653	\$2,047,492,180	\$2,200,668,586	\$2,489,280,148	\$2,757,436,779	8.2%	100.0%

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

MARYLAND

SOUTHERN REGION MEDICAID PROFILE

AVERAGE PAYMENT PER RECIPIENT BY OTHER CHARACTERISTICS

								Above (+) or Annual Below (-) SLC Change Avg. FFY 99	
By Maintenance Assistance Status	FFY 93	FFY 94	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99		
Receiving Cash Assistance or Eligible Under Section 1931	\$2,865.99	\$3,579.48	\$3,855.21	\$4,064.94	\$4,650.43	\$4,501.44	\$0.00	-100.0%	-100.0%
Poverty Related Eligibles	\$2,899.00	\$2,222.28	\$2,729.00	\$2,742.42	\$3,110.01	\$1,630.87	\$0.00	-100.0%	-100.0%
Medically Needy	\$9,366.30	\$10,164.76	\$9,853.44	\$13,102.81	\$13,113.40	\$16,002.15	\$0.00	-100.0%	-100.0%
Other Eligibles	\$1,809.39	\$1,895.33	\$2,172.90	\$3,115.25	\$1,708.41	\$2,724.10	\$0.00	-100.0%	-100.0%
Maintenance Assistance Status Unknown	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,414.21	\$0.00	-100.0%	-100.0%
Total	\$3,869.52	\$4,516.92	\$4,873.11	\$5,137.52	\$5,474.27	\$4,436.55	\$5,386.83	5.7%	67.4%
By Basis of Eligibility									
Aged, Blind or Disabled	\$9,246.33	\$10,336.44	\$10,739.18	\$11,412.82	\$11,947.72	\$12,000.11	\$0.00	-100.0%	-100.0%
Children	\$1,609.47	\$1,787.59	\$1,908.52	\$1,806.15	\$1,899.98	\$1,459.43	\$0.00	-100.0%	-100.0%
Foster Care Children	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,628.41	\$0.00	-100.0%	-100.0%
Adults	\$2,161.62	\$2,307.49	\$2,564.75	\$2,762.71	\$2,976.74	\$2,245.91	\$0.00	-100.0%	-100.0%
Basis of Eligibility Unknown	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,414.21	\$0.00	-100.0%	-100.0%
Total	\$3,869.52	\$4,516.92	\$4,873.11	\$5,137.52	\$5,474.27	\$4,436.55	\$5,386.83	5.7%	67.4%
By Age									
Under Age 1	\$3,028.66	\$3,181.16	\$3,027.50	\$3,263.21	\$3,703.13	\$2,579.53	\$0.00	-100.0%	-100.0%
Age 1 to 5	\$1,153.76	\$1,273.60	\$1,452.75	\$1,715.02	\$2,704.21	\$1,720.88	\$0.00	-100.0%	-100.0%
Age 6 to 14	\$1,488.22	\$1,915.62	\$2,107.19	\$2,692.31	\$3,673.24	\$1,823.64	\$0.00	-100.0%	-100.0%
Age 15 to 20	\$3,235.24	\$3,580.75	\$3,820.29	\$3,985.43	\$4,174.05	\$3,023.97	\$0.00	-100.0%	-100.0%
Age 21 to 44	\$4,179.96	\$5,096.95	\$5,620.66	\$6,498.81	\$6,001.31	\$5,011.63	\$0.00	-100.0%	-100.0%
Age 45 to 64	\$8,144.87	\$9,175.97	\$9,822.43	\$10,819.39	\$8,450.53	\$10,732.16	\$0.00	-100.0%	-100.0%
Age 65 to 74	\$6,150.68	\$6,597.30	\$6,865.36	\$7,580.63	\$6,157.43	\$8,756.27	\$0.00	-100.0%	-100.0%
Age 75 to 84	\$9,395.63	\$10,318.72	\$10,605.81	\$11,383.52	\$9,868.84	\$12,299.29	\$0.00	-100.0%	-100.0%
Age 85 and Over	\$11,661.04	\$14,012.85	\$14,597.64	\$4,957.41	\$13,349.84	\$18,809.84	\$0.00	-100.0%	-100.0%
Age Unknown	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,262.98	\$0.00	-100.0%	-100.0%
Total	\$3,869.52	\$4,516.92	\$4,873.11	\$5,137.52	\$5,474.27	\$4,436.55	\$5,386.83	5.7%	67.4%
By Race									
White	\$4,831.81	\$5,423.55	\$5,917.30	\$6,388.85	\$6,660.27	\$6,138.87	\$0.00	-100.0%	-100.0%
Black	\$3,236.97	\$3,967.97	\$4,292.61	\$4,474.08	\$4,876.97	\$3,822.90	\$0.00	-100.0%	-100.0%
Hispanic, American Indian or Asian	\$2,344.76	\$2,556.11	\$2,669.52	\$2,602.79	\$2,868.22	\$2,967.43	\$0.00	-100.0%	-100.0%
Other/Unknown	\$4,397.37	\$3,953.00	\$3,716.54	\$4,087.34	\$4,586.13	\$2,354.54	\$0.00	-100.0%	-100.0%
Total	\$3,869.52	\$4,516.92	\$4,873.11	\$5,137.52	\$5,474.27	\$4,436.55	\$5,386.83	5.7%	67.4%
By Sex									
Female	\$3,691.30	\$4,267.33	\$4,629.33	\$4,856.78	\$5,118.58	\$4,419.41	\$0.00	-100.0%	-100.0%
Male	\$4,183.74	\$4,936.46	\$5,269.92	\$5,598.47	\$6,069.01	\$4,794.25	\$0.00	-100.0%	-100.0%
Unknown	\$63.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,262.99	\$0.00	n/a	-100.0%
Total	\$3,869.52	\$4,516.92	\$4,873.11	\$5,137.52	\$5,474.27	\$4,436.55	\$5,386.83	5.7%	67.4%

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

MARYLAND

SOUTHERN REGION MEDICAID PROFILE

ADDITIONAL STATE HEALTH CARE INFORMATION

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

*Information supplied by State Medicaid Agency

Waivers

Maryland's Medicaid managed care program is called HealthChoice. Under a 1115 Waiver, approved on October 30, 1996, HealthChoice enrollment began in June of 1997. Service delivery began July 1, 1997. The program enrolled over 391,000 recipients to receive services through one of eight managed care organizations (MCOs). Pregnant women and children determined eligible for the new Maryland Children's Health Program (SCHIP expansion) receive services through the HealthChoice Program.

- The Rare and Expensive Case Management Program (REM): The REM, as part of HealthChoice Program, was developed to address the special requirements of waiver eligible individuals diagnosed with rare and expensive conditions and diseases. In addition to standard Medicaid benefits, this program provides intensive case management to an expanded set of benefits known as optional services.
 - Stop Loss Case Management (SLM) Program: HealthChoice enrollees whose inpatient costs exceed \$61,000 in a contract year are transferred to the SLM program for the remainder of the contract year. The state assumes responsibility for 90% of the accrued inpatient hospital costs in excess of \$61,000; the MCO is responsible for the remaining 10%. The MCO reassumes full responsibility for the enrollee at the beginning of the new contract year. Beginning July 1, 1999, all but one MCO took responsibility for purchasing their own stop loss coverage. That one MCO continues to receive stop loss coverage through the state.
 - Pharmacy Point-of-Sale: The Pharmacy Electronic Point-of-Sale claims management and prospective drug utilization review system began January 3, 1993. This successful system provides on-line real time claims adjudication for all outpatient prescription drugs and checks for drug interactions or conflicts with dispensing of medication and for inappropriate utilization. The program has continued for the fee-for-service population and for carved-out AIDS and mental health drugs.
- 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:
- Senior Assisted Housing Waiver (age 62 and over): Provides the appropriate level of assistance in a residential setting for eligible recipients who reside in group homes approved by the Maryland Department of Aging. Serves 135 people, operating since July 1, 1993. In August 1999, an amendment request was filed with HCFA to expand the waiver to serve more individuals who have disabling conditions associated with aging and to be cared for in their own homes. Effective July 1, 2000, HCFA approved this waiver to serve up to 1,135 individuals statewide. HCFA also approved, effective July 1, 2001, an expansion of the target population by reducing the age of eligible individuals from 62 to 50 and adding 9 new waiver services.
 - Mental Retardation/Developmental Disabilities: For developmentally disabled individuals as an alternative to institutionalization in an ICF/MR. This waiver serves approximately 3,800 individuals and has been in operation since April 1, 1984.
 - Model Waiver for Disabled Children: For medically fragile/technology dependent children so that they can be cared for at home. This waiver serves approximately 186 individuals and has been in operation since January 1, 1985.
 - Residential Treatment Center (RTC) Waiver: Targets children 5-18 and adults 18-22 who have been admitted to a RTC prior to their 18th birthday and would not be Medicaid eligible once discharged from a RTC. The waiver pending HCFA approval.
 - Traumatic Brain Injury (TBI) Waiver: Targets individuals age 22-64 who have suffered traumatic brain injuries that occurred on or after age 22. These individuals must have been discharged from state psychiatric hospitals after a 30 day stay, and must meet a hospital or nursing home level of care. The application to amend this program was submitted to HCFA in August of 1999. Negotiations with HCFA continue.

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SOUTHERN REGION MEDICAID PROFILE

Waivers (Continued)

- Autistic Children Waiver: Targets children age 1-21 that are diagnosed with Autism Spectrum Disorder and who require an ICF/MR level of care. Application submitted to HCFA in August of 1998. If approved by HCFA, this waiver would be implemented in 2001.
- Personal Care Waiver: Targets persons age 21-59 who are physically disabled and require personal care services. This waiver has been approved for implementation in April 2001.

Managed Care

- Capitation: MCOs are paid by the state through actuarially sound, risk-adjusted capitation rates for most services which are provided by the MCO. The Adjusted Clinical Group (ACG) System is used to determine health-based payments. The ACG is a diagnosis based system designed to predict the need for health care services of the covered population.
- Self-referred Services: A MCO is responsible for reimbursing out-of-plan providers within 30 days for services to an enrollee who has self-referred: 1) to a school-based health center; 2) for family planning services; 3) for an initial medical examination as a state supervised enrollee under the age of 19; 4) for an annual diagnostic evaluation as an enrollee with a diagnosis of HIV/AIDS; 5) for renal dialysis services; and 6) for obstetrical care provided to a pregnant woman by an out-of-network provider prior to her enrollment in the MCO.
- Specialty Mental Health (SMH) System: Mental health services for persons with low income and serious mental illness are not provided through HealthChoice. These services are "carved-out" and managed by the Mental Hygiene Administration, in conjunction with local Core Service Agencies and Maryland Healthy Partners. Mental health clinics and other providers are paid on a fee-for-service basis.

Coverage for Targeted Population

- The Pharmacy Assistance Program: A pharmacy benefit program for certain low-income Maryland residents not eligible for Medicaid. The program pays for certain maintenance drugs used to treat long-term illnesses, anti-infective drugs, insulin and syringes (there is a \$5.00 co-pay for prescriptions). Eligibility is based on an income standard of \$11,500 per year for a family of 3. The program is funded with 100% state dollars.
- AIDS Insurance Assistance Program: The state pays to maintain employee-based insurance coverage for HIV positive individuals who can no longer work because of their illness, effective October of 1997.

Cost Containment Measures

- All-payer System: In July of 1977, Maryland received a federal waiver for Medicare and Medicaid reimbursement requirements. Under the waiver, hospitals are paid rates that are approved by the Maryland Health Services Cost Review Commission (HSCRC). All rates must be set equitably and non-discriminatory for all purchasers of service. Under current rules, general hospitals are paid the approved rate minus a 6% discount.

Medicaid

- 22 optional services are offered.

Children's Health Insurance Program: Medicaid Expansion

- Maryland Children's Health Program (MCHP) provides health insurance coverage for children/adolescents in low income families and pregnant women up to 200% of the FPL. The program's services through HealthChoice are available for individuals up to age 19 and pregnant women of any age. The program, which received HCFA approval on July 29, 1998, uses funds provided under Title XIX and XXI of the Social Security Act.
- MCHP offers the same benefit package as regular Medicaid. As of July 2000, approximately 74,500 eligible children have been enrolled in MCHP.
- The Department will begin implementing an expansion of MCHP in July 2001 to 300% of the FPL. The expansion will involve employer sponsored insurance coverage and require family contributions. The expansion will cover those to children in low-income families who do not qualify for the current MCHP program (up to 200% of the FPL).

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SOUTHERN REGION MEDICAID PROFILE

Tobacco Settlement

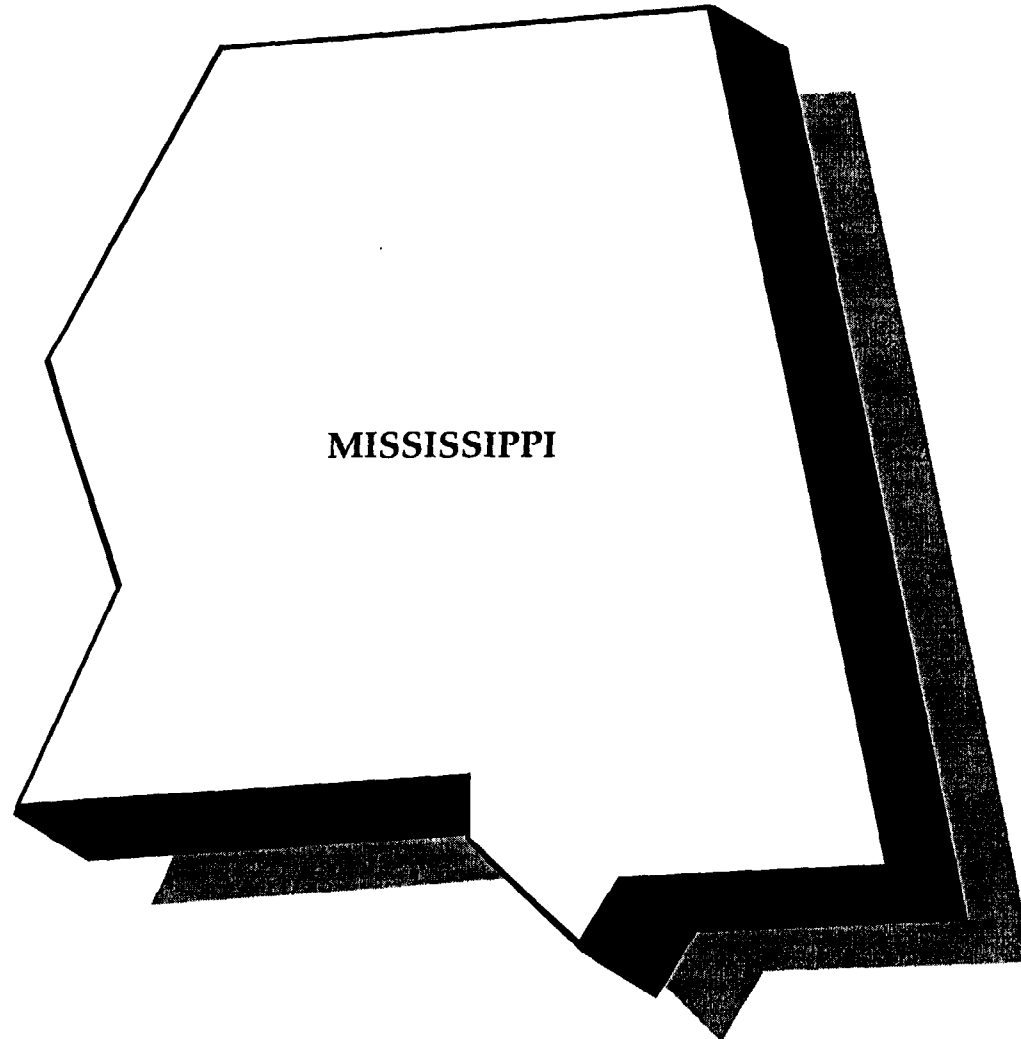
- The state expects to receive approximately \$4.43 billion over 25 years.
- For Fiscal Year 2000, the tobacco settlement payment should be approximately \$145 million.

The General Assembly enacted two bills in 1999 to address tobacco settlement monies.

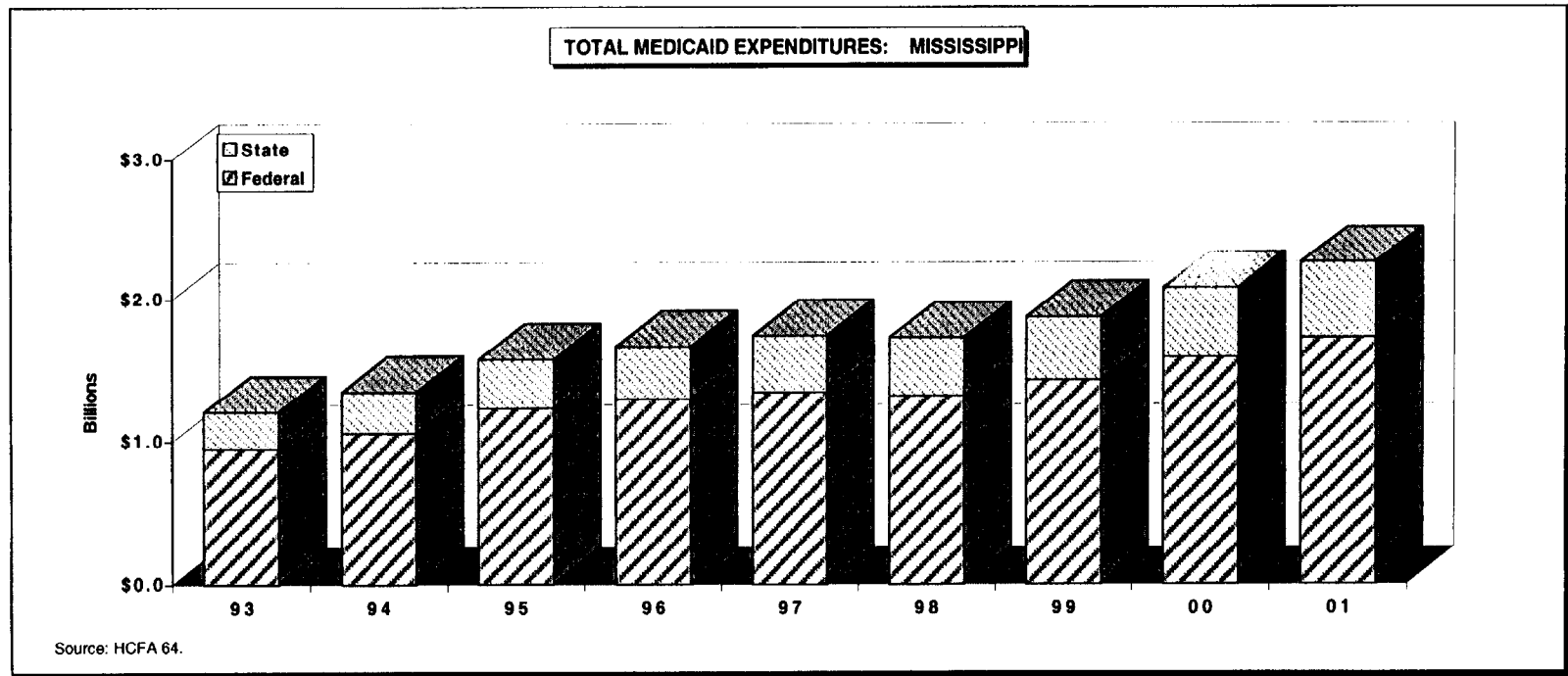
- The model statute, required by the Master Settlement Agreement, was enacted to receive tobacco money allotted to the state.
- The Cigarette Restitution Fund (CRF) to act as a depository for all monies received as a result of the tobacco settlement.
- The expenditure of tobacco settlement monies will be determined by recommendations from the Legislative Policy Committee (created in the CRF legislation).

MARYLAND

STATE MEDICAID PROFILE



SOUTHERN REGION MEDICAID PROFILE



	FFY 93	FFY 94	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00**	FFY 01**	Annual Rate of Change	Total 93-01
Medicaid Payments	\$1,175,245,153	\$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	\$2,181,692,000	8.0%	85.6%
Federal Share	\$929,162,984	\$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	\$1,682,384,000	7.7%	81.1%
State Share	\$246,082,169	\$275,110,563	\$329,969,500	\$354,575,934	\$386,535,875	\$377,589,274	\$417,036,832	\$460,784,000	\$499,308,000	9.2%	102.9%
Administrative Costs	\$29,761,452	\$35,134,804	\$32,583,172	\$39,704,961	\$38,272,533	\$68,312,651	\$65,017,894	\$69,030,000	\$72,800,000	11.8%	144.6%
Federal Share	\$18,017,306	\$20,625,571	\$19,733,600	\$24,183,512	\$23,077,629	\$40,819,467	\$39,166,005	\$41,815,000	\$43,838,000	11.8%	143.3%
State Share	\$11,744,146	\$14,509,233	\$12,849,572	\$15,521,449	\$15,194,904	\$27,493,184	\$25,851,889	\$27,215,000	\$28,962,000	11.9%	146.6%
Admin. Costs as % of Payments	2.53%	2.68%	2.11%	2.45%	2.25%	4.13%	3.43%	2.79%	2.79%		
Federal Match Rate*	79.01%	78.85%	78.58%	78.07%	77.22%	77.09%	76.78%	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 00 and 01 reflect latest estimates reported by each state on HCFA 37.

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SOUTHERN REGION MEDICAID PROFILE

STATE FINANCING

	Payments		Administration	
	FFY 93	FFY 99	FFY 93	FFY 99
State General Fund	\$246,082,169	\$403,712,668	\$11,744,146	\$25,851,889
Local Funds	\$0	\$0	\$0	\$0
Provider Taxes	\$0	\$13,324,164	\$0	\$0
Donations	\$0	\$0	\$0	\$0
Other	\$0	\$0	\$0	\$0
Total State Share	\$246,082,169	\$417,036,832	\$11,744,146	\$25,851,889

Provider Taxes Currently in Place (FFY 99)		
Provider(s)	Tax Rate	Amount
Nursing homes	\$2.00 per patient day	\$13,324,164
Total		\$13,324,164

DISPROPORTIONATE SHARE HOSPITAL (DSH) PAYMENTS

	FFY 93	FFY 94	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00*	FFY 01*	Annual Change
General Hospitals	\$152,342,000	\$158,378,989	\$182,608,063	\$200,283,473	\$213,573,007	\$183,879,961	\$179,989,816	\$177,778,000	\$168,628,000	-1.3%
Mental Hospitals	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a
Total	\$152,342,000	\$158,378,989	\$182,608,063	\$200,283,473	\$213,573,007	\$183,879,961	\$179,989,816	\$177,778,000	\$168,628,000	-1.3%

SELECTED ELIGIBILITY CRITERIA

	At 10/1/00	% of FPL*
TANF-Temporary Assistance for Needy Families (Family of 3)		
Need Standard (Net)	\$368	31.2%
Payment Standard	\$120	10.2%
Maximum Payment	\$120	10.2%
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	69.6%
Couple	\$726	77.4%
Resources:		
Single Person	\$2,000	
Couple	\$3,000	

DEMOGRAPHIC DATA & POVERTY INDICATORS (1999)

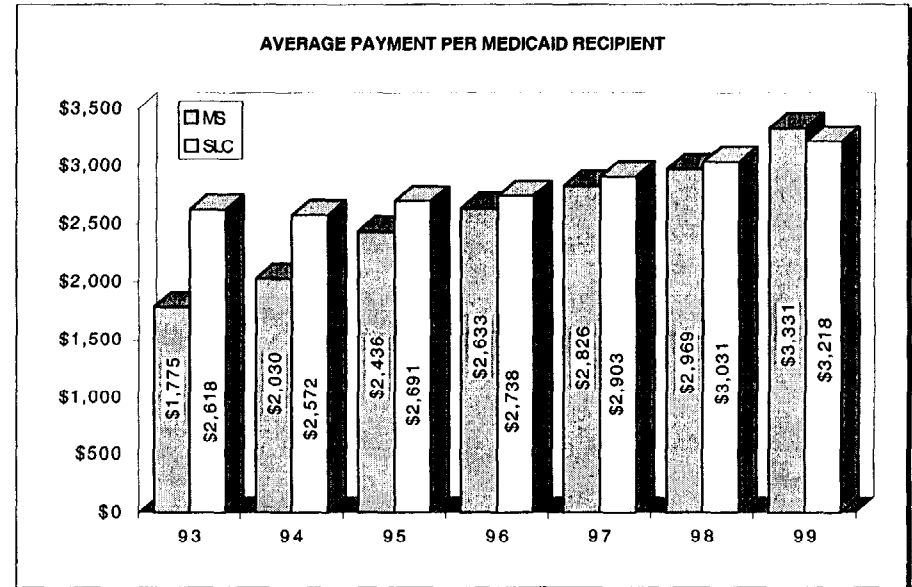
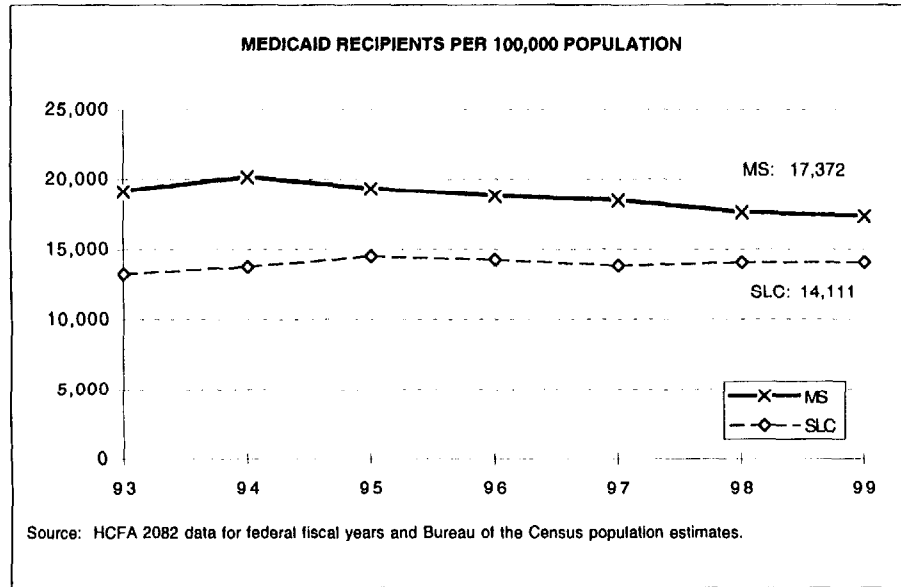
		Rank in U.S.
State population—July 1, 1999*	2,768,619	31
Per capita personal income**	\$18,998	50
Median household income**	\$28,592	48
Population below Federal Poverty Level on July 1, 1999*	506,657	
Percent of total population	18.3%	3
Population without health insurance coverage*	550,000	27
Percent of total population	19.9%	6
Recipients of Food Stamps***	288,057	21
Households receiving Food Stamps***	115,176	23
Total value of issuance***	\$231,798,352	23
Average monthly benefit per recipient	\$67.06	32
Average monthly benefit per household	\$167.71	21
Monthly recipients of Temporary Assistance to Needy Families (TANF)****	33,853	34
Total TANF payments****	\$96,992,961	37
Average monthly payment per recipient	\$238.76	
Maximum monthly payment per family of 3	\$120.00	50

*Current federal poverty level is \$8,350 per year for a single person, \$11,250 for a family of two and \$14,150 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)

<u>RECIPIENTS BY TYPE OF SERVICES</u>	<u>FFY 93</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>Annual Change</u>
01. General Hospital	94,621	98,866	103,014	100,186	118,299	111,615	118,653	3.8%
02. Mental Hospital	784	1,331	1,559	1,923	2,125	2,334	2,376	20.3%
03. Skilled and Intermediate (non-MR) Care Nursing	16,427	16,856	18,015	18,381	17,985	19,552	20,151	3.5%
04. Intermediate Care for Mentally Retarded	2,021	2,089	2,166	2,281	2,485	2,490	2,805	5.6%
05. Physician Services	420,880	434,988	421,417	407,534	391,783	365,280	380,049	-1.7%
06. Dental Services	28,952	27,322	29,907	27,921	27,169	24,282	23,802	-3.2%
07. Other Practitioners	4,396	6,549	9,955	9,923	10,283	9,598	11,017	16.5%
08. Outpatient Hospital	220,875	217,802	225,067	214,085	201,823	177,966	204,065	-1.3%
09. Clinic Services	81,011	111,573	142,712	161,854	155,937	134,967	150,833	10.9%
10. Lab and X-Ray	78,350	79,182	85,880	88,234	86,837	74,063	67,938	-2.3%
11. Home Health	4,859	5,336	6,172	6,340	7,114	10,879	8,611	10.0%
12. Prescribed Drugs	409,132	411,813	416,065	404,263	391,328	368,609	381,638	-1.2%
13. Family Planning	33,390	19,383	0	0	0	10,879	0	-100.0%
14. Early & Periodic Screening, Diagnosis & Treatment	182,004	205,012	182,313	176,166	167,897	143,184	151,092	-3.1%
15. Other Care	47,168	53,352	62,190	60,417	67,595	63,361	98,183	13.0%
16. Personal Care Support Services	0	0	0	0	0	4,430	0	-100.0%
17. Home/Community Based Waiver Services	0	0	0	0	1,246	0	0	-100.0%
18. Prepaid Health Care	0	0	0	0	0	17,628	0	-100.0%
19. Primary Care Case Management (PCCM) Services	0	0	0	0	0	0	0	n/a
Total*	504,498	536,916	519,697	509,581	504,017	485,767	480,964	-0.8%

*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>	<u>FFY 93</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>	<i>Annual Change</i>	<i>Share of Total FFY 99</i>
01. General Hospital	\$234,412,802	\$277,913,181	\$309,884,349	\$323,906,167	\$327,808,579	\$324,944,298	\$343,230,461	6.6%	21.4%
02. Mental Hospital	\$9,045,902	\$9,989,511	\$13,103,148	\$13,400,756	\$14,732,690	\$15,483,002	\$16,291,411	10.3%	1.0%
03. Skilled and Intermediate (non-MR) Care Nursing	\$175,407,923	\$234,644,564	\$274,217,118	\$287,149,171	\$304,079,742	\$313,037,056	\$338,309,223	11.6%	21.1%
04. Intermediate Care for Mentally Retarded	\$55,935,548	\$84,931,914	\$89,584,943	\$101,926,076	\$119,385,548	\$125,503,877	\$144,188,672	17.1%	9.0%
05. Physician Services	\$130,087,888	\$148,269,641	\$171,874,303	\$177,221,994	\$187,028,378	\$179,155,371	\$202,186,735	7.6%	12.6%
06. Dental Services	\$1,938,613	\$2,494,275	\$3,259,186	\$3,076,508	\$2,988,733	\$2,746,014	\$3,057,406	7.9%	0.2%
07. Other Practitioners	\$196,869	\$327,477	\$540,325	\$536,020	\$576,021	\$522,487	\$641,896	21.8%	0.0%
08. Outpatient Hospital	\$67,677,444	\$78,735,383	\$95,943,406	\$97,048,337	\$96,761,174	\$69,828,913	\$79,123,819	2.6%	4.9%
09. Clinic Services	\$34,536,566	\$46,223,754	\$59,064,267	\$70,342,099	\$72,883,571	\$72,866,687	\$80,770,405	15.2%	5.0%
10. Lab and X-Ray	\$5,177,814	\$5,554,533	\$6,212,829	\$6,602,861	\$6,387,516	\$5,643,549	\$5,160,311	-0.1%	0.3%
11. Home Health	\$7,888,281	\$8,084,684	\$11,477,114	\$12,600,309	\$10,671,566	\$11,727,240	\$5,590,698	-5.6%	0.3%
12. Prescribed Drugs	\$130,918,361	\$140,045,378	\$162,743,883	\$176,758,960	\$208,577,199	\$231,735,360	\$274,525,298	13.1%	17.1%
13. Family Planning	\$3,740,726	\$84,644	(\$6,882)	\$0	\$0	\$0	\$0	-100.0%	0.0%
14. Early & Periodic Screening, Diagnosis & Treatment	\$20,114,529	\$23,076,224	\$26,595,751	\$27,098,341	\$25,979,090	\$21,663,630	\$23,631,977	2.7%	1.5%
15. Other Care	\$18,512,203	\$29,651,024	\$41,305,560	\$43,993,216	\$46,359,360	\$30,018,167	\$68,748,501	24.4%	4.3%
16. Personal Care Support Services	\$0	\$0	\$0	\$0	\$0	\$15,345,300	\$16,524,526	7.7%	1.0%
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	\$22,152,325	\$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.)	\$895,591,469	\$1,090,026,187	\$1,265,799,300	\$1,341,660,815	\$1,424,219,167	\$1,442,373,276	\$1,601,981,339	10.2%	100.0%

AVERAGE PAYMENTS PER RECIPIENT BY TYPE OF SERVICES

								<i>(+) or (-) SLC Avg. FFY 99</i>	
01. General Hospital	\$2,477.39	\$2,811.01	\$3,008.18	\$3,233.05	\$2,771.02	\$2,911.30	\$2,892.72	2.6%	-26.2%
02. Mental Hospital	\$11,538.14	\$7,505.27	\$8,404.84	\$6,968.67	\$6,933.03	\$6,633.68	\$6,856.65	-8.3%	4.6%
03. Skilled and Intermediate (non-MR) Care Nursing	\$10,678.03	\$13,920.54	\$15,221.60	\$15,622.06	\$16,907.41	\$16,010.49	\$16,788.71	7.8%	10.3%
04. Intermediate Care for Mentally Retarded	\$27,677.16	\$40,656.73	\$41,359.62	\$44,684.82	\$48,042.47	\$50,403.16	\$51,404.16	10.9%	-23.4%
05. Physician Services	\$309.09	\$340.86	\$407.85	\$434.86	\$477.38	\$490.46	\$532.00	9.5%	37.3%
06. Dental Services	\$66.96	\$91.29	\$108.98	\$110.19	\$110.01	\$113.09	\$128.45	11.5%	-41.4%
07. Other Practitioners	\$44.78	\$50.00	\$54.28	\$54.02	\$56.02	\$54.44	\$58.26	4.5%	-61.7%
08. Outpatient Hospital	\$306.41	\$361.50	\$426.29	\$453.32	\$479.44	\$392.37	\$387.74	4.0%	-14.7%
09. Clinic Services	\$426.32	\$414.29	\$413.87	\$434.60	\$467.39	\$539.89	\$535.50	3.9%	-29.4%
10. Lab and X-Ray	\$66.09	\$70.15	\$72.34	\$74.83	\$73.56	\$76.20	\$75.96	2.3%	-30.7%
11. Home Health	\$1,623.44	\$1,515.12	\$1,859.55	\$1,987.43	\$1,500.08	\$1,077.97	\$649.25	-14.2%	-74.2%
12. Prescribed Drugs	\$319.99	\$340.07	\$391.15	\$437.24	\$533.00	\$628.68	\$719.33	14.5%	-10.3%
13. Family Planning	\$112.03	\$4.37	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-100.0%	-100.0%
14. Early & Periodic Screening, Diagnosis & Treatment	\$110.52	\$112.56	\$145.88	\$153.82	\$154.73	\$151.30	\$156.41	6.0%	-12.8%
15. Other Care	\$392.47	\$555.76	\$664.18	\$728.16	\$685.84	\$473.76	\$700.21	10.1%	80.2%
16. Personal Care Support Services	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3,463.95	\$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	\$0.00	\$1,256.66	\$0.00	-100.0%	-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)	\$1,775.21	\$2,030.16	\$2,435.65	\$2,632.87	\$2,825.74	\$2,969.27	\$3,330.77	11.1%	3.5%

TOTAL PER CAPITA EXPENDITURES	\$456.64	\$504.20	\$584.01	\$613.51	\$637.18	\$626.41	\$675.50	6.7%	15.8%
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MISSISSIPPI

SOUTHERN REGION MEDICAID PROFILE
DATA BY OTHER CHARACTERISTICS

RECIPIENTS BY OTHER CHARACTERISTICS

	FFY 93	FFY 94	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	<i>Annual Change</i>	<i>Share of Total FFY 99</i>
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	318,395	324,542	311,725	294,297	250,448	235,016	203,616	-7.2%	42.3%
Poverty Related Eligibles	121,523	152,052	153,527	158,623	78,159	200,645	212,827	9.8%	44.3%
Medically Needy	0	0	0	0	13,640	231	0	-100.0%	0.0%
Other Eligibles	45,833	48,943	52,914	53,848	153,935	38,716	61,828	5.1%	12.9%
Maintenance Assistance Status Unknown	18,747	11,379	1,531	2,813	7,835	11,159	2,693	-27.6%	0.6%
Total	504,498	536,916	519,697	509,581	504,017	485,767	480,964	-0.8%	100.0%
 By Basis of Eligibility									
Aged, Blind, or Disabled	169,744	182,309	192,450	191,998	193,184	192,006	195,958	2.4%	40.7%
Children	237,624	258,293	247,312	242,146	191,635	218,491	156,664	-6.7%	32.6%
Foster Care Children	1,610	1,782	2,076	1,998	1,420	2,894	2,204	5.4%	0.5%
Adults	76,773	83,153	76,328	70,626	109,943	61,217	123,445	8.2%	25.7%
Basis of Eligibility Unknown	18,747	11,379	1,531	2,813	7,835	11,159	2,693	-27.6%	0.6%
Total	504,498	536,916	519,697	509,581	504,017	485,767	480,964	-0.8%	100.0%
 By Age									
Under Age 1	26,299	26,585	26,353	26,231	25,777	26,367	28,106	1.1%	5.8%
Age 1 to 5	105,017	115,086	108,338	104,134	98,914	90,526	94,914	-1.7%	19.7%
Age 6 to 14	92,211	98,941	98,821	99,927	98,407	96,034	102,097	1.7%	21.2%
Age 15 to 20	44,471	49,258	48,303	46,725	45,495	42,668	44,482	0.0%	9.2%
Age 21 to 44	98,661	109,972	106,322	101,957	102,213	95,579	97,311	-0.2%	20.2%
Age 45 to 64	37,647	41,244	44,116	44,431	46,746	47,702	50,430	5.0%	10.5%
Age 65 to 74	31,190	31,741	32,255	31,499	31,324	30,780	23,922	-4.3%	5.0%
Age 75 to 84	30,497	31,120	31,503	30,573	29,911	28,555	22,224	-5.1%	4.6%
Age 85 and Over	19,747	21,552	22,910	23,051	22,754	22,461	17,478	-2.0%	3.6%
Age Unknown	18,758	11,417	776	1,053	2,476	5,095	0	-100.0%	0.0%
Total	504,498	536,916	519,697	509,581	504,017	485,767	480,964	-0.8%	100.0%
 By Race									
White	146,535	162,073	160,790	157,815	157,375	151,798	153,597	0.8%	31.9%
Black	311,989	334,912	328,736	321,006	314,143	298,883	294,891	-0.9%	61.3%
Hispanic, American Indian or Asian	3,985	4,617	4,643	4,900	4,798	4,830	4,985	3.8%	1.0%
Other/Unknown	41,989	35,314	25,528	25,860	27,701	30,256	27,491	-6.8%	5.7%
Total	504,498	536,916	519,697	509,581	504,017	485,767	480,964	-0.8%	100.0%
 By Sex									
Female	311,513	337,381	331,344	323,155	319,225	304,322	299,288	-0.7%	62.2%
Male	174,047	187,993	187,659	185,367	182,314	176,349	181,676	0.7%	37.8%
Unknown	18,938	11,542	694	1,059	2,478	5,096	0	-100.0%	0.0%
Total	504,498	536,916	519,697	509,581	504,017	485,767	480,964	-0.8%	100.0%

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

SOUTHERN REGION MEDICAID PROFILE

PAYMENTS BY OTHER CHARACTERISTICS

	FFY 93	FFY 94	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	Annual Change	Share of Total FFY 99
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	\$518,954,699	\$610,908,464	\$690,508,754	\$720,731,300	\$688,270,948	\$714,491,940	\$757,535,644	6.5%	47.3%
Poverty Related Eligibles	\$125,153,070	\$158,736,656	\$185,615,461	\$201,874,128	\$174,041,466	\$306,914,267	\$305,803,994	16.1%	19.1%
Medically Needy	\$0	\$0	\$0	\$0	\$343,738,060	\$29,257	\$0	-100.0%	0.0%
Other Eligibles	\$247,755,049	\$319,698,560	\$387,950,785	\$416,674,167	\$213,828,001	\$417,485,900	\$534,838,119	13.7%	33.4%
Maintenance Assistance Status Unknown	\$3,728,651	\$682,507	\$1,724,300	\$2,381,220	\$4,340,692	\$3,451,912	\$3,803,582	0.3%	0.2%
Total	\$895,591,469	\$1,090,026,187	\$1,265,799,300	\$1,341,660,815	\$1,424,219,167	\$1,442,373,276	\$1,601,981,339	10.2%	100.0%
By Basis of Eligibility									
Aged, Blind or Disabled	\$590,239,323	\$747,582,985	\$885,597,082	\$951,626,240	\$1,037,662,701	\$1,080,722,666	\$1,196,986,099	12.5%	74.7%
Children	\$175,516,443	\$204,838,112	\$232,019,339	\$241,534,473	\$228,602,554	\$225,920,481	\$196,386,636	1.9%	12.3%
Foster Care Children	\$5,220,811	\$5,261,143	\$7,108,065	\$7,695,696	\$4,791,631	\$12,397,385	\$12,065,246	15.0%	0.8%
Adults	\$120,886,241	\$131,661,440	\$139,350,514	\$138,423,186	\$148,821,589	\$119,880,832	\$193,893,824	8.2%	12.1%
Basis of Eligibility Unknown	\$3,728,651	\$682,507	\$1,724,300	\$2,381,220	\$4,340,692	\$3,451,912	\$2,649,534	-5.5%	0.2%
Total	\$895,591,469	\$1,090,026,187	\$1,265,799,300	\$1,341,660,815	\$1,424,219,167	\$1,442,373,276	\$1,601,981,339	10.2%	100.0%
By Age									
Under Age 1	\$35,748,592	\$38,309,788	\$47,134,434	\$47,052,904	\$46,915,130	\$55,834,210	\$62,067,799	9.6%	3.9%
Age 1 to 5	\$80,781,313	\$98,889,452	\$105,575,663	\$114,612,895	\$108,401,967	\$96,211,119	\$106,624,260	4.7%	6.7%
Age 6 to 14	\$66,399,555	\$80,770,637	\$93,035,255	\$100,899,015	\$107,013,434	\$111,359,490	\$123,762,576	10.9%	7.7%
Age 15 to 20	\$75,540,445	\$93,819,525	\$106,265,454	\$109,075,250	\$107,439,917	\$104,913,877	\$116,432,935	7.5%	7.3%
Age 21 to 44	\$212,707,183	\$260,917,425	\$295,235,158	\$311,146,374	\$317,104,100	\$310,382,434	\$344,249,995	8.4%	21.5%
Age 45 to 64	\$130,078,706	\$166,162,224	\$201,446,652	\$220,521,858	\$246,610,716	\$257,489,521	\$286,091,530	14.0%	17.9%
Age 65 to 74	\$74,421,067	\$84,248,904	\$100,496,857	\$106,329,143	\$121,524,574	\$127,851,781	\$142,127,444	11.4%	8.9%
Age 75 to 84	\$106,405,480	\$125,338,226	\$146,524,812	\$150,432,329	\$166,046,783	\$168,177,532	\$186,908,109	9.8%	11.7%
Age 85 and Over	\$109,781,411	\$140,870,919	\$168,423,258	\$179,576,947	\$200,697,453	\$208,776,837	\$232,083,985	13.3%	14.5%
Age Unknown	\$3,727,717	\$699,087	\$1,661,757	\$2,014,100	\$2,465,093	\$1,376,475	\$1,632,706	-12.9%	0.1%
Total	\$895,591,469	\$1,090,026,187	\$1,265,799,300	\$1,341,660,815	\$1,424,219,167	\$1,442,373,276	\$1,601,981,339	10.2%	100.0%
By Race									
White	\$375,952,899	\$469,734,377	\$545,534,963	\$574,226,312	\$616,694,488	\$632,011,633	\$691,792,754	10.7%	43.2%
Black	\$444,690,637	\$533,443,982	\$615,051,035	\$650,101,049	\$680,779,249	\$678,234,773	\$750,347,274	9.1%	46.8%
Hispanic, American Indian or Asian	\$5,063,259	\$7,040,128	\$9,123,368	\$10,404,535	\$9,368,754	\$10,707,741	\$13,401,194	17.6%	0.8%
Other / Unknown	\$69,884,674	\$79,807,700	\$96,089,934	\$106,928,919	\$117,376,676	\$121,419,129	\$146,440,117	13.1%	9.1%
Total	\$895,591,469	\$1,090,026,187	\$1,265,799,300	\$1,341,660,815	\$1,424,219,167	\$1,442,373,276	\$1,601,981,339	10.2%	100.0%
By Sex									
Female	\$607,904,619	\$731,441,269	\$844,463,861	\$893,517,417	\$942,897,971	\$945,154,295	\$1,044,549,808	9.4%	65.2%
Male	\$283,730,134	\$357,744,146	\$419,544,219	\$445,911,308	\$478,854,818	\$495,820,726	\$557,361,889	11.9%	34.8%
Unknown	\$3,956,716	\$840,772	\$1,791,220	\$2,232,090	\$2,466,378	\$1,398,255	\$69,642	-49.0%	0.0%
Total	\$895,591,469	\$1,090,026,187	\$1,265,799,300	\$1,341,660,815	\$1,424,219,167	\$1,442,373,276	\$1,601,981,339	10.2%	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 93	FFY 94	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	Annual Change	Above (+) or Below (-) SLC Avg. FFY 99
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	\$1,629.91	\$1,882.37	\$2,215.12	\$2,448.99	\$2,748.16	\$3,040.18	\$3,720.41	14.7%	9.7%
Poverty Related Eligibles	\$1,029.87	\$1,043.96	\$1,209.01	\$1,272.67	\$2,226.76	\$1,529.64	\$1,436.87	5.7%	-31.6%
Medically Needy	\$0.00	\$0.00	\$0.00	\$0.00	\$25,200.74	\$126.65	\$0.00	-100.0%	-100.0%
Other Eligibles	\$5,405.60	\$6,532.06	\$7,331.72	\$7,737.97	\$1,389.08	\$10,783.29	\$8,650.42	8.2%	32.6%
Maintenance Assistance Status Unknown	\$198.89	\$59.98	\$1,126.26	\$846.51	\$554.01	\$309.34	\$1,412.40	38.6%	34.9%
Total	\$1,775.21	\$2,030.16	\$2,435.65	\$2,632.87	\$2,825.74	\$2,969.27	\$3,330.77	11.1%	3.5%
By Basis of Eligibility									
Aged, Blind or Disabled	\$3,477.23	\$4,100.64	\$4,601.70	\$4,956.44	\$5,371.37	\$5,628.59	\$6,108.38	9.8%	-15.0%
Children	\$738.63	\$793.05	\$938.16	\$997.47	\$1,192.91	\$1,034.00	\$1,253.55	9.2%	8.2%
Foster Care Children	\$3,242.74	\$2,952.38	\$3,423.92	\$3,851.70	\$3,374.39	\$4,283.82	\$5,474.25	9.1%	57.7%
Adults	\$1,574.59	\$1,583.36	\$1,825.68	\$1,959.95	\$1,353.62	\$1,958.29	\$1,570.69	0.0%	-27.0%
Basis of Eligibility Unknown	\$198.89	\$59.98	\$1,126.26	\$846.51	\$554.01	\$309.34	\$983.86	30.5%	5.0%
Total	\$1,775.21	\$2,030.16	\$2,435.65	\$2,632.87	\$2,825.74	\$2,969.27	\$3,330.77	11.1%	3.5%
By Age									
Under Age 1	\$1,359.31	\$1,441.03	\$1,788.58	\$1,793.79	\$1,820.04	\$2,117.58	\$2,208.35	8.4%	-12.0%
Age 1 to 5	\$769.22	\$859.27	\$974.50	\$1,100.63	\$1,095.92	\$1,062.80	\$1,123.38	6.5%	-5.9%
Age 6 to 14	\$720.08	\$816.35	\$941.45	\$1,009.73	\$1,087.46	\$1,159.58	\$1,212.21	9.1%	-7.7%
Age 15 to 20	\$1,698.65	\$1,904.66	\$2,199.98	\$2,334.41	\$2,361.58	\$2,458.84	\$2,617.53	7.5%	19.0%
Age 21 to 44	\$2,155.94	\$2,372.58	\$2,776.80	\$3,051.74	\$3,247.39	\$3,102.39	\$3,537.63	8.6%	4.1%
Age 45 to 64	\$3,455.22	\$4,028.76	\$4,566.29	\$4,963.24	\$5,275.55	\$5,397.88	\$5,673.04	8.6%	7.0%
Age 65 to 74	\$2,386.06	\$2,654.26	\$3,115.70	\$3,375.64	\$3,879.60	\$4,153.73	\$5,941.29	16.4%	21.0%
Age 75 to 84	\$3,489.05	\$4,027.58	\$4,651.14	\$4,920.43	\$5,551.36	\$5,889.60	\$8,410.19	15.8%	7.7%
Age 85 and Over	\$5,559.40	\$6,536.33	\$7,351.52	\$7,790.42	\$8,820.32	\$9,295.08	\$13,278.64	15.6%	12.7%
Age Unknown	\$198.73	\$61.23	\$2,141.44	\$1,912.73	\$995.59	\$270.16	\$0.00	-100.0%	-100.0%
Total	\$1,775.21	\$2,030.16	\$2,435.65	\$2,632.87	\$2,825.74	\$2,969.27	\$3,330.77	11.1%	3.5%
By Race									
White	\$2,565.62	\$2,898.29	\$3,392.84	\$3,638.60	\$3,918.63	\$4,163.50	\$4,503.95	9.8%	26.9%
Black	\$1,425.34	\$1,592.79	\$1,870.96	\$2,025.20	\$2,167.10	\$2,269.23	\$2,544.49	10.1%	1.7%
Hispanic, American Indian or Asian	\$1,270.58	\$1,524.83	\$1,964.97	\$2,123.37	\$1,952.64	\$2,216.92	\$2,688.30	13.3%	30.2%
Other/Unknown	\$1,664.36	\$2,259.95	\$3,764.10	\$4,134.92	\$4,237.27	\$4,013.06	\$5,326.84	21.4%	-12.8%
Total	\$1,775.21	\$2,030.16	\$2,435.65	\$2,632.87	\$2,825.74	\$2,969.27	\$3,330.77	11.1%	3.5%
By Sex									
Female	\$1,951.46	\$2,168.00	\$2,548.60	\$2,764.98	\$2,953.71	\$3,105.77	\$3,490.12	10.2%	3.1%
Male	\$1,630.19	\$1,902.97	\$2,235.67	\$2,405.56	\$2,626.54	\$2,811.59	\$3,067.89	11.1%	9.6%
Unknown	\$208.93	\$72.84	\$2,581.01	\$2,107.73	\$995.31	\$274.38	\$0.00	-100.0%	-100.0%
Total	\$1,775.21	\$2,030.16	\$2,435.65	\$2,632.87	\$2,825.74	\$2,969.27	\$3,330.77	11.1%	3.5%

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, 2000; and "Medicaid Services State by State", HCFA, October 1999.

*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.

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 will be a state plan option and expand coverage for children/adolescents birth through 18 in families with income from 100% to 200% of the FPL. CHIP II was approved by HCFA in September 1999 and became operational in January 2000. Phase II had enrolled an additional 18,944 recipients as of October 2000.

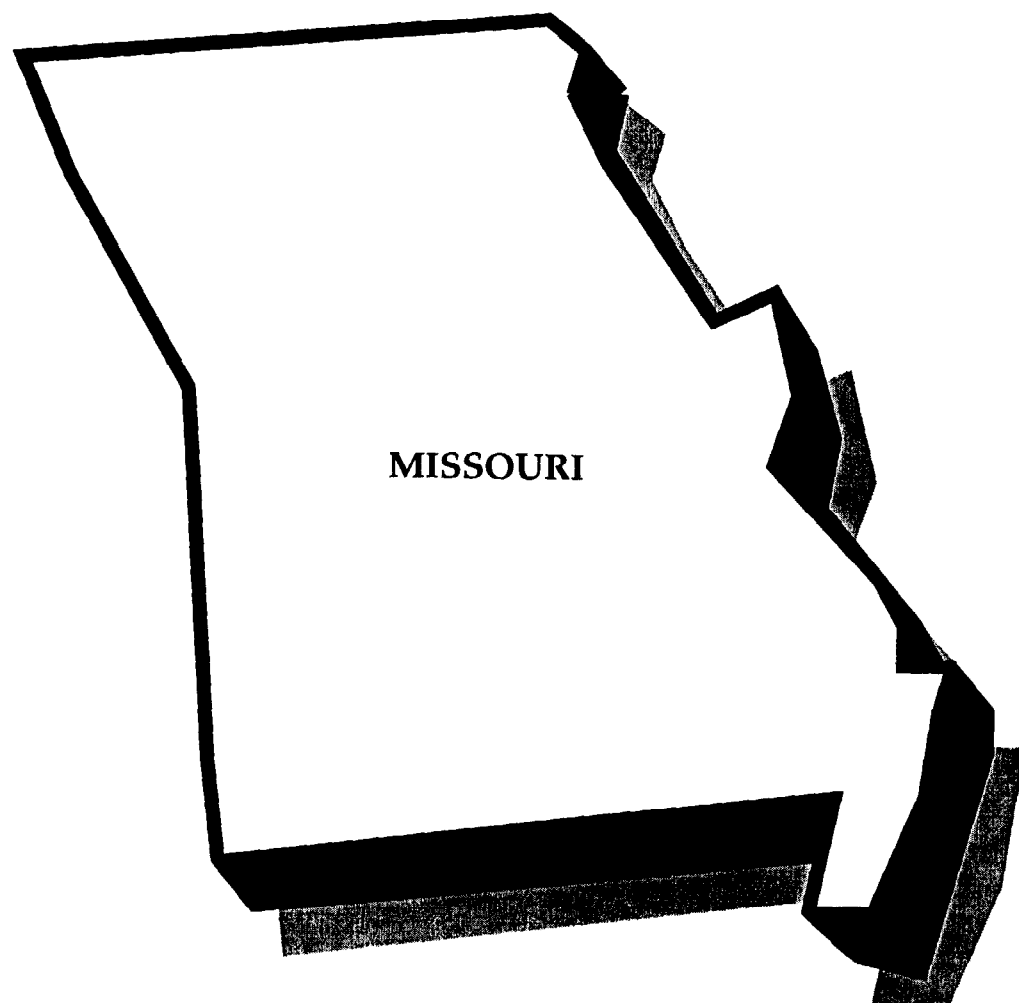
Tobacco Settlement

- The state expects to receive approximately \$3.4 billion over 25 years.
- For Fiscal Year 2000, the tobacco settlement payment should be approximately \$113 million.
- The model statute, required by the Master Settlement Agreement, was enacted to receive tobacco money allotted to the state.
- 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).

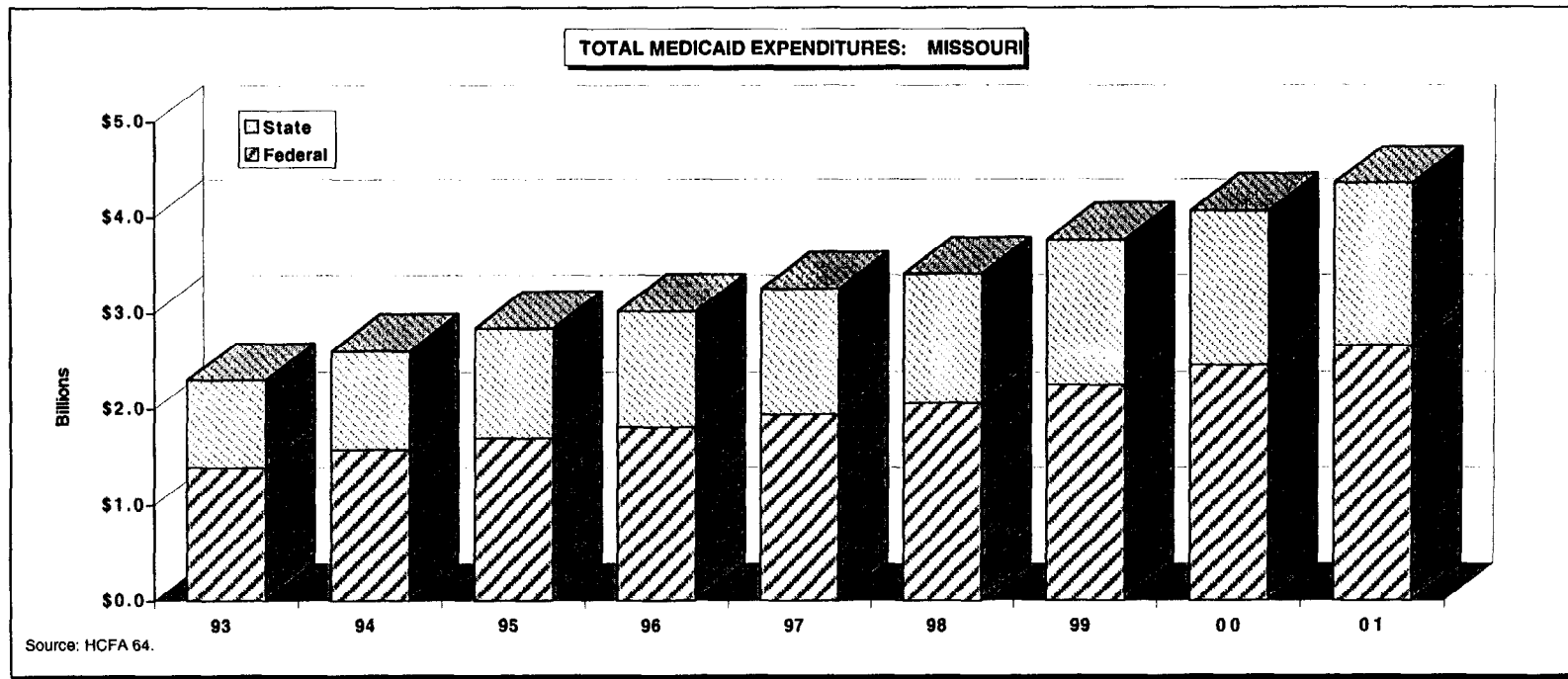
For SFY 1999, the Legislature appropriated the following tobacco settlement monies:

1. \$1.4 million to fund the Maternal and Child Health Care Program
2. \$4 million to the Mississippi Qualified Health Center Grant Program
3. \$6 million for the state's trauma care system

STATE MEDICAID PROFILE



SOUTHERN REGION MEDICAID PROFILE



	FFY 93	FFY 94	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00**	FFY 01**	Annual Rate of Change	Total 93-01
Medicaid Payments	\$2,244,592,456	\$2,519,652,046	\$2,746,884,816	\$2,918,346,687	\$3,142,586,502	\$3,282,989,240	\$3,636,191,199	\$3,919,271,000	\$4,215,367,000	8.2%	87.8%
Federal Share	\$1,357,021,133	\$1,533,326,105	\$1,647,983,996	\$1,755,869,077	\$1,889,111,316	\$1,994,323,165	\$2,187,517,595	\$2,383,944,000	\$2,588,559,000	8.4%	90.8%
State Share	\$887,571,323	\$986,325,941	\$1,098,900,820	\$1,162,477,610	\$1,253,475,186	\$1,288,666,075	\$1,448,673,604	\$1,535,327,000	\$1,626,808,000	7.9%	83.3%
Administrative Costs	\$62,544,308	\$85,949,486	\$90,675,210	\$96,830,872	\$100,685,069	\$121,442,623	\$123,675,073	\$138,617,000	\$132,420,000	9.8%	111.7%
Federal Share	\$33,664,372	\$44,721,525	\$49,728,738	\$52,896,410	\$53,673,372	\$66,243,446	\$67,332,001	\$78,506,000	\$76,341,000	10.8%	126.8%
State Share	\$28,879,936	\$41,227,961	\$40,946,472	\$43,934,462	\$47,011,697	\$55,199,177	\$56,343,072	\$60,111,000	\$56,079,000	8.6%	94.2%
Admin. Costs as % of Payments	2.79%	3.41%	3.30%	3.32%	3.20%	3.70%	3.40%	3.54%	3.14%		
Federal Match Rate*	60.26%	60.64%	59.85%	60.06%	60.04%	60.68%	60.24%	60.51%	61.03%		

*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 00 and 01 reflect latest estimates reported by each state on HCFA 37.

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SOUTHERN REGION MEDICAID PROFILE

STATE FINANCING

	Payments		Administration	
	FFY 93	FFY 92	FFY 93	FFY 92
State General Fund	\$887,571,323	\$1,971,039,926	\$28,879,936	\$56,343,072
Local Funds	\$0	\$0	\$0	\$0
Provider Taxes	\$0	\$522,836,958	\$0	\$0
Donations*	\$0	\$470,636	\$0	\$0
Other	\$0	\$0	\$0	\$0
Total State Share	\$887,571,323	\$1,448,673,604	\$28,879,936	\$56,343,072

*Donations from Outstationed Eligibility Workers Program

Provider Taxes Currently in Place (FFY 99)		
Provider(s)	Tax Rate	Amount
General and mental hospitals	5.63% of net non-Medicaid operating revenue	\$415,861,045
Nursing homes	\$5.88 per patient day	\$94,518,390
Total		\$522,836,958

DISPROPORTIONATE SHARE HOSPITAL (DSH) PAYMENTS

	FFY 93	FFY 94	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00*	FFY 01*	Annual Change
General Hospitals	\$564,044,000	\$578,515,000	\$521,946,524	\$570,642,615	\$482,177,618	\$467,025,524	\$436,165,215	\$261,770,000	\$214,871,000	-13.8%
Mental Hospitals	\$139,045,000	\$134,488,000	\$207,234,618	\$153,925,326	\$208,819,742	\$199,031,452	\$199,562,749	\$178,007,000	\$176,490,000	-2.6%
Total	\$703,089,000	\$713,003,000	\$729,181,142	\$724,567,941	\$690,997,360	\$666,056,976	\$635,727,964	\$439,777,000	\$391,361,000	-9.9%

SELECTED ELIGIBILITY CRITERIA

	At 10/1/00	% of FPL*
TANF-Temporary Assistance for Needy Families (Family of 3)		
Need Standard	\$846	71.7%
Payment Standard	\$292	24.8%
Maximum Payment	\$292	24.8%
Medically Needy Program (Family of 2)		
Income Eligibility Standard	N/A	
Resource Standard	N/A	
Pregnant Women, Children and Infants (% of FPL*)		
Pregnant women and infants		185.0%
Children to age 6		133.0%
Children 6 to 18		100.0%
SSI Eligibility Levels		
Income:		
Single Person	\$484	69.6%
Couple	\$741	79.0%
Resources:		
Single Person	\$1,000	
Couple	\$2,000	

*Current federal poverty level is \$8,350 per year for a single person, \$11,250 for a family of two and \$14,150 for a family of three. Table above shows monthly income levels.

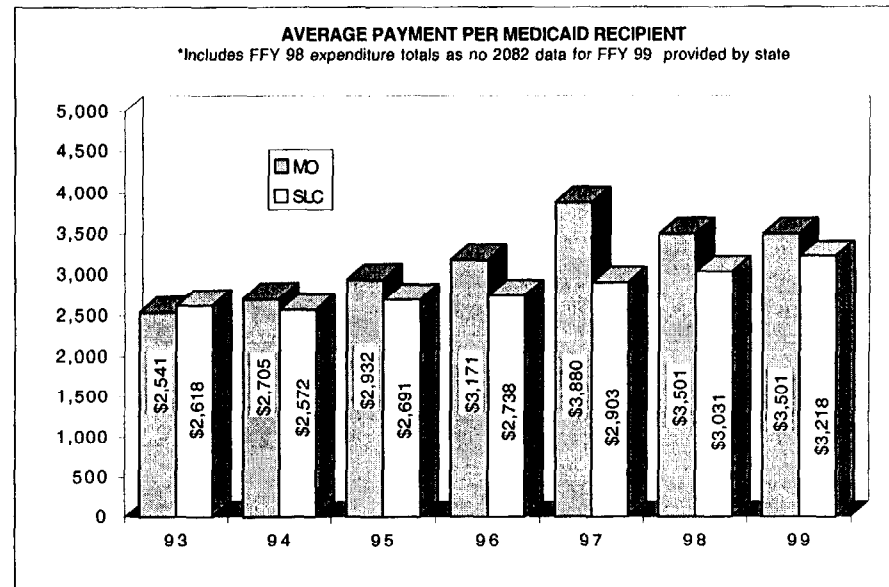
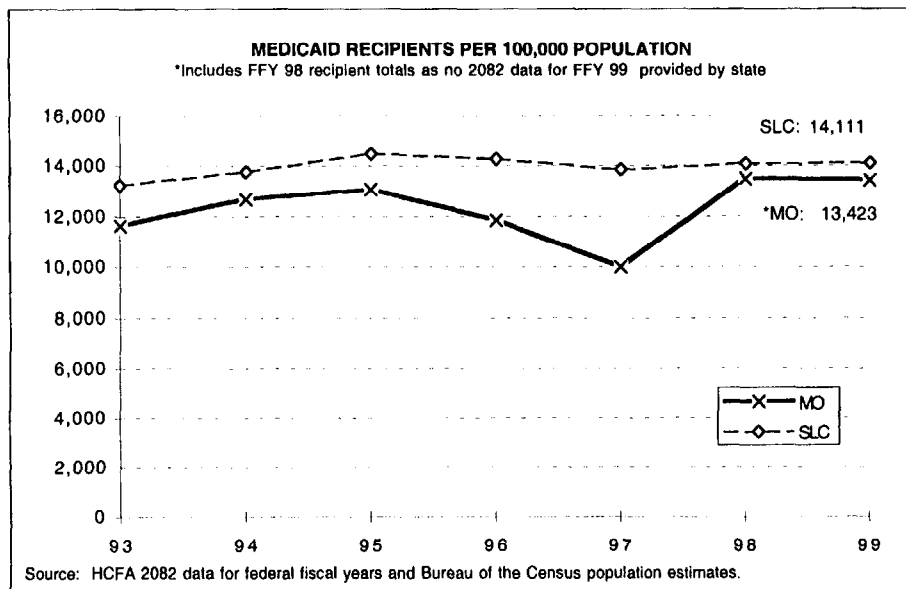
DEMOGRAPHIC DATA & POVERTY INDICATORS (1999)

		Rank in U.S.
State population—July 1, 1999*	5,468,338	17
Per capita personal income**	\$24,447	28
Median household income**	\$37,640	23
Population below Federal Poverty Level on July 1, 1999*	568,707	
Percent of total population	10.4%	34
Population without health insurance coverage*	571,000	25
Percent of total population	10.4%	40
Recipients of Food Stamps***	408,331	13
Households receiving Food Stamps***	172,499	13
Total value of issuance***	\$348,260,489	13
Average monthly benefit per recipient	\$71.07	28
Average monthly benefit per household	\$168.24	15
Monthly recipients of Temporary Assistance to Needy Families (TANF)****	125,981	14
Total TANF payments****	\$280,065,044	19
Average monthly payment per recipient	\$185.26	
Maximum monthly payment per family of 3	\$292.00	36

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

MISSOURI

SOUTHERN REGION MEDICAID PROFILE



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

RECIPIENTS BY TYPE OF SERVICES	FFY93	FFY94	FFY95	FFY96	FFY97	FFY98	FFY99**	Annual Change
01. General Hospital	120,763	119,234	118,999	92,178	77,371	72,848	N/A	N/A
02. Mental Hospital	21	10	11	11	7	9	N/A	N/A
03. Skilled and Intermediate (non-MR) Care Nursing	35,814	36,497	36,657	36,272	36,395	37,226	N/A	N/A
04. Intermediate Care for Mentally Retarded	1,624	1,618	1,590	1,512	1,460	1,442	N/A	N/A
05. Physician Services	355,866	379,142	388,094	330,754	281,908	259,688	N/A	N/A
06. Dental Services	145,013	168,260	173,376	133,535	107,898	85,188	N/A	N/A
07. Other Practitioners	86,587	98,186	106,555	96,657	91,456	84,827	N/A	N/A
08. Outpatient Hospital	337,785	363,757	384,357	316,719	268,421	246,492	N/A	N/A
09. Clinic Services	365,734	412,401	455,428	404,818	355,330	293,062	N/A	N/A
10. Lab and X-Ray	145,361	171,207	174,749	143,668	120,993	118,223	N/A	N/A
11. Home Health	17,487	26,676	31,016	33,691	36,164	24,954	N/A	N/A
12. Prescribed Drugs	494,466	543,833	561,167	469,821	395,478	353,902	N/A	N/A
13. Family Planning	50,455	52,692	53,482	43,658	32,146	23,557	N/A	N/A
14. Early & Periodic Screening, Diagnosis & Treatment	107,142	145,335	155,490	125,839	99,147	71,161	N/A	N/A
15. Other Care	101,190	120,128	123,711	123,796	121,488	92,017	N/A	N/A
16. Personal Care Support Services	0	0	0	0	0	75,373	N/A	N/A
17. Home/Community Based Waiver Services	0	0	0	0	0	104	N/A	N/A
18. Prepaid Health Care	0	0	0	0	0	336,057	N/A	N/A
19. Primary Care Case Management (PCCM) Services	0	0	0	0	0	0	N/A	N/A
Total*	609,386	668,765	695,458	636,176	540,487	734,015	734,015	N/A

*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.

**Total number of recipients and expenditures reflect FFY 98 reported numbers as HCFA 2082 data not available for FFY 99. Missouri was unable to provide HCFA 2082 data for FFY 99.

MISSOURI

SOUTHERN REGION MEDICAID PROFILE

PAYMENTS BY TYPE OF SERVICES	FFY 93	FFY 94	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	Annual Change	Share of Total FFY 99
01. General Hospital	\$359,969,649	\$392,127,463	\$413,409,319	\$319,210,097	\$283,395,984	\$313,541,971	N/A	N/A	N/A
02. Mental Hospital	\$362,745	\$216,193	\$184,866	\$211,912	\$223,480	\$248,998	N/A	N/A	N/A
03. Skilled and Intermediate (non-MR) Care Nursing	\$417,837,538	\$426,119,193	\$493,790,314	\$550,835,274	\$625,830,099	\$677,899,462	N/A	N/A	N/A
04. Intermediate Care for Mentally Retarded	\$73,977,548	\$106,141,956	\$101,886,792	\$104,065,899	\$105,733,517	\$101,104,939	N/A	N/A	N/A
05. Physician Services	\$62,624,151	\$69,491,684	\$71,686,010	\$61,754,033	\$53,960,482	\$51,276,977	N/A	N/A	N/A
06. Dental Services	\$15,306,300	\$17,874,810	\$18,819,716	\$14,627,847	\$12,109,650	\$9,726,354	N/A	N/A	N/A
07. Other Practitioners	\$4,588,361	\$5,249,093	\$5,797,278	\$5,383,012	\$5,141,704	\$4,862,991	N/A	N/A	N/A
08. Outpatient Hospital	\$124,144,015	\$149,738,840	\$176,320,507	\$152,356,437	\$143,351,842	\$154,379,218	N/A	N/A	N/A
09. Clinic Services	\$60,270,880	\$74,578,374	\$83,488,964	\$71,702,944	\$65,475,950	\$68,809,727	N/A	N/A	N/A
10. Lab and X-Ray	\$7,279,643	\$9,401,375	\$9,807,617	\$7,673,687	\$6,532,453	\$6,568,226	N/A	N/A	N/A
11. Home Health	\$37,038,185	\$61,182,546	\$78,958,783	\$94,708,888	\$113,629,295	\$46,793,370	N/A	N/A	N/A
12. Prescribed Drugs	\$188,313,966	\$228,660,484	\$259,657,652	\$281,700,005	\$320,660,206	\$382,512,566	N/A	N/A	N/A
13. Family Planning	\$10,878,197	\$12,176,224	\$11,953,165	\$7,936,313	\$5,918,097	\$5,124,562	N/A	N/A	N/A
14. Early & Periodic Screening, Diagnosis & Treatment	\$20,957,461	\$36,984,193	\$52,904,659	\$48,477,303	\$45,982,751	\$40,121,136	N/A	N/A	N/A
15. Other Care	\$164,777,232	\$218,804,226	\$260,478,466	\$296,965,575	\$309,330,012	\$67,554,180	N/A	N/A	N/A
16. Personal Care Support Services	\$0	\$0	\$0	\$0	\$0	360,789,849	N/A	N/A	N/A
17. Home/Community Based Waiver Services	\$0	\$0	\$0	\$0	\$0	679,049	N/A	N/A	N/A
18. Prepaid Health Care	\$0	\$0	\$0	\$0	\$0	277,652,554	N/A	N/A	N/A
19. Primary Case Management (PCCM) Services	\$0	\$0	\$0	\$0	\$0	0	N/A	N/A	N/A
Total (excludes DSH pymts, pharmacy rebates, & other adjs.)	\$1,548,325,871	\$1,808,746,654	\$2,039,144,108	\$2,017,609,226	\$2,097,275,522	\$2,569,646,129	2,569,646,129	N/A	N/A

AVERAGE PAYMENTS PER RECIPIENT BY TYPE OF SERVICES

									(+) or (-) SLC Avg. FFY 99
01. General Hospital	\$2,980.79	\$3,288.72	\$3,474.06	\$3,462.97	\$3,662.82	\$4,304.06	\$0.00	-100.0%	-100.0%
02. Mental Hospital	\$17,273.57	\$21,619.30	\$16,806.00	\$19,264.73	\$31,925.71	\$27,666.44	\$0.00	-100.0%	-100.0%
03. Skilled and Intermediate (non-MR) Care Nursing	\$11,666.88	\$11,675.46	\$13,470.56	\$15,186.24	\$17,195.50	\$18,210.38	\$0.00	-100.0%	-100.0%
04. Intermediate Care for Mentally Retarded	\$45,552.68	\$65,600.71	\$64,079.74	\$68,826.65	\$72,420.22	\$70,114.38	\$0.00	-100.0%	-100.0%
05. Physician Services	\$175.98	\$183.29	\$184.71	\$186.71	\$191.41	\$197.46	\$0.00	-100.0%	-100.0%
06. Dental Services	\$105.55	\$106.23	\$108.55	\$109.54	\$112.23	\$114.18	\$0.00	-100.0%	-100.0%
07. Other Practitioners	\$52.99	\$53.46	\$54.41	\$55.69	\$56.22	\$57.33	\$0.00	-100.0%	-100.0%
08. Outpatient Hospital	\$367.52	\$411.65	\$458.74	\$481.05	\$534.06	\$626.31	\$0.00	-100.0%	-100.0%
09. Clinic Services	\$164.79	\$180.84	\$183.32	\$177.12	\$184.27	\$234.80	\$0.00	-100.0%	-100.0%
10. Lab and X-Ray	\$50.08	\$54.91	\$56.12	\$53.41	\$53.99	\$55.56	\$0.00	-100.0%	-100.0%
11. Home Health	\$2,118.04	\$2,293.54	\$2,545.74	\$2,811.10	\$3,142.06	\$1,875.19	\$0.00	-100.0%	-100.0%
12. Prescribed Drugs	\$380.84	\$420.46	\$462.71	\$599.59	\$810.82	\$1,080.84	\$0.00	-100.0%	-100.0%
13. Family Planning	\$215.60	\$231.08	\$223.50	\$181.78	\$184.10	\$217.54	\$0.00	-100.0%	-100.0%
14. Early & Periodic Screening, Diagnosis & Treatment	\$195.60	\$254.48	\$340.24	\$385.23	\$463.78	\$563.81	\$0.00	-100.0%	-100.0%
15. Other Care	\$1,628.39	\$1,821.43	\$2,105.54	\$2,398.83	\$2,546.18	\$734.15	\$0.00	-100.0%	-100.0%
16. Personal Care Support Services	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$4,786.73	\$0.00	-100.0%	-100.0%
17. Home/Community Based Waiver Services	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$6,529.32	\$0.00	-100.0%	-100.0%
18. Prepaid Health Care	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$826.21	\$0.00	-100.0%	-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)	\$2,540.80	\$2,704.61	\$2,932.09	\$3,171.46	\$3,880.34	\$3,500.81	\$3,500.81	5.5%	8.8%

TOTAL PER CAPITA EXPENDITURES	\$440.87	\$493.94	\$533.44	\$562.15	\$599.67	\$625.98	\$687.57	7.7%	17.9%
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MISSOURI

SOUTHERN REGION MEDICAID PROFILE
DATA BY OTHER CHARACTERISTICS

RECIPIENTS BY OTHER CHARACTERISTICS

	FFY 93	FFY 94	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	Annual Change	Share of Total FFY 99
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	329,891	354,162	345,998	285,230	141,306	206,175	N/A	N/A	N/A
Poverty Related Eligibles	146,179	131,106	134,254	134,746	159,990	259,920	N/A	N/A	N/A
Medically Needy	0	0	0	0	0	0	N/A	N/A	N/A
Other Eligibles	130,021	182,072	213,667	214,635	235,977	251,738	N/A	N/A	N/A
Maintenance Assistance Status Unknown	3,295	1,425	1,539	1,565	3,214	16,182	N/A	N/A	N/A
Total	609,386	668,765	695,458	636,176	540,487	734,015	734,015	N/A	N/A
By Basis of Eligibility									
Aged, Blind, or Disabled	169,907	181,806	190,655	197,447	199,400	202,428	N/A	N/A	N/A
Children	287,662	328,035	347,712	296,797	226,723	384,773	N/A	N/A	N/A
Foster Care Children	0	0	0	0	10,830	14,859	N/A	N/A	N/A
Adults	148,522	157,499	155,552	140,367	100,320	115,773	N/A	N/A	N/A
Basis of Eligibility Unknown	3,295	1,425	1,539	1,565	3,214	16,182	N/A	N/A	N/A
Total	609,386	668,765	695,458	636,176	540,487	734,015	734,015	N/A	N/A
By Age									
Under Age 1	27,071	27,687	27,356	22,761	19,291	27,330	N/A	N/A	N/A
Age 1 to 5	136,892	147,245	146,328	124,512	91,238	142,186	N/A	N/A	N/A
Age 6 to 14	111,057	135,496	148,827	127,431	97,643	181,373	N/A	N/A	N/A
Age 15 to 20	49,892	59,040	67,415	63,590	53,332	81,044	N/A	N/A	N/A
Age 21 to 44	150,097	158,731	159,889	149,311	128,201	147,058	N/A	N/A	N/A
Age 45 to 64	43,978	48,045	51,014	53,198	54,750	58,750	N/A	N/A	N/A
Age 65 to 74	30,044	31,685	32,606	33,022	33,246	32,984	N/A	N/A	N/A
Age 75 to 84	31,282	32,031	32,521	32,864	32,923	32,949	N/A	N/A	N/A
Age 85 and Over	27,250	28,163	28,815	28,832	29,076	29,374	N/A	N/A	N/A
Age Unknown	1,823	642	687	655	787	967	N/A	N/A	N/A
Total	609,386	668,765	695,458	636,176	540,487	734,015	734,015	N/A	N/A
By Race									
White	430,783	468,321	493,891	476,475	427,183	506,398	N/A	N/A	N/A
Black	176,261	191,671	199,885	158,986	112,514	226,649	N/A	N/A	N/A
Hispanic, American Indian or Asian	519	8,131	995	60	3	1	N/A	N/A	N/A
Other/Unknown	1,823	642	687	655	787	967	N/A	N/A	N/A
Total	609,386	668,765	695,458	636,176	540,487	734,015	734,015	N/A	N/A
By Sex									
Female	383,397	417,195	430,846	397,109	338,765	444,292	N/A	N/A	N/A
Male	224,166	250,928	263,925	238,412	200,935	288,756	N/A	N/A	N/A
Unknown	1,823	642	687	655	787	967	N/A	N/A	N/A
Total	609,386	668,765	695,458	636,176	540,487	734,015	734,015	N/A	N/A

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

MISSOURI

SOUTHERN REGION MEDICAID PROFILE

PAYMENTS BY OTHER CHARACTERISTICS

	FFY 93	FFY 94	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	Annual Change	Share of Total FFY 99
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	\$654,739,537	\$805,963,183	\$859,020,361	\$764,183,384	\$214,586,323	\$340,186,310	N/A	N/A	N/A
Poverty Related Eligibles	\$736,855,078	\$795,847,756	\$918,716,440	\$1,015,921,337	\$165,129,830	\$274,104,538	N/A	N/A	N/A
Medically Needy	\$0	\$0	\$0	\$0	\$0	\$0	N/A	N/A	N/A
Other Eligibles	\$148,749,612	\$205,824,111	\$259,853,836	\$235,814,289	\$1,712,914,426	\$1,942,734,440	N/A	N/A	N/A
Maintenance Assistance Status Unknown	\$7,981,644	\$1,111,604	\$1,553,471	\$1,690,216	\$4,644,943	\$12,620,841	N/A	N/A	N/A
Total	\$1,548,325,871	\$1,808,746,654	\$2,039,144,108	\$2,017,609,226	\$2,097,275,522	\$2,569,646,129	2,569,646,129	N/A	N/A
By Basis of Eligibility									
Aged, Blind or Disabled	\$1,062,125,537	\$1,246,685,006	\$1,427,978,296	\$1,577,398,964	\$1,741,774,106	\$1,943,366,578	N/A	N/A	N/A
Children	\$275,190,602	\$331,511,898	\$373,840,953	\$275,575,486	\$210,612,241	\$410,373,527	N/A	N/A	N/A
Foster Care Children	\$0	\$0	\$0	\$0	\$31,665,819	\$46,608,272	N/A	N/A	N/A
Adults	\$203,028,088	\$229,438,146	\$235,771,388	\$162,944,560	\$108,578,413	\$156,676,911	N/A	N/A	N/A
Basis of Eligibility Unknown	\$7,981,644	\$1,111,604	\$1,553,471	\$1,690,216	\$4,644,943	\$12,620,841	N/A	N/A	N/A
Total	\$1,548,325,871	\$1,808,746,654	\$2,039,144,108	\$2,017,609,226	\$2,097,275,522	\$2,569,646,129	2,569,646,129	N/A	N/A
By Age									
Under Age 1	\$81,048,310	\$87,405,098	\$88,154,238	\$56,845,757	\$44,200,520	\$72,341,660	N/A	N/A	N/A
Age 1 to 5	\$124,795,386	\$147,087,459	\$156,952,459	\$115,705,052	\$86,037,652	\$163,428,780	N/A	N/A	N/A
Age 6 to 14	\$77,800,483	\$105,042,082	\$128,951,359	\$108,187,939	\$93,774,151	\$176,213,721	N/A	N/A	N/A
Age 15 to 20	\$85,191,316	\$103,434,327	\$123,066,935	\$106,060,099	\$99,675,801	\$140,570,168	N/A	N/A	N/A
Age 21 to 44	\$399,054,320	\$487,968,650	\$522,222,506	\$500,554,889	\$499,560,859	\$589,861,158	N/A	N/A	N/A
Age 45 to 64	\$221,930,200	\$272,451,973	\$313,110,669	\$348,210,155	\$392,676,704	\$465,882,450	N/A	N/A	N/A
Age 65 to 74	\$120,820,560	\$142,412,708	\$165,920,049	\$182,188,319	\$204,485,964	\$228,326,459	N/A	N/A	N/A
Age 75 to 84	\$193,763,555	\$208,665,948	\$242,281,708	\$267,102,540	\$299,021,776	\$325,826,357	N/A	N/A	N/A
Age 85 and Over	\$238,328,077	\$253,530,707	\$297,663,949	\$331,902,353	\$377,123,718	\$406,569,598	N/A	N/A	N/A
Age Unknown	\$5,593,664	\$747,702	\$820,236	\$852,123	\$718,377	\$625,778	N/A	N/A	N/A
Total	\$1,548,325,871	\$1,808,746,654	\$2,039,144,108	\$2,017,609,226	\$2,097,275,522	\$2,569,646,129	2,569,646,129	N/A	N/A
By Race									
White	\$1,183,245,353	\$1,372,150,762	\$1,573,354,025	\$1,638,399,174	\$1,715,733,200	\$1,996,030,667	N/A	N/A	N/A
Black	\$358,647,051	\$422,785,278	\$464,018,579	\$378,345,223	\$380,823,843	\$572,989,632	N/A	N/A	N/A
Hispanic, American Indian or Asian	\$839,803	\$13,062,912	\$951,268	\$12,706	\$102	\$52	N/A	N/A	N/A
Other/Unknown	\$5,593,664	\$747,702	\$820,236	\$852,123	\$718,377	\$625,778	N/A	N/A	N/A
Total	\$1,548,325,871	\$1,808,746,654	\$2,039,144,108	\$2,017,609,226	\$2,097,275,522	\$2,569,646,129	2,569,646,129	N/A	N/A
By Sex									
Female	\$997,068,858	\$1,139,905,726	\$1,284,714,435	\$1,266,375,218	\$1,317,333,523	\$1,599,417,760	N/A	N/A	N/A
Male	\$545,663,349	\$668,093,226	\$753,609,437	\$750,381,885	\$779,223,622	\$969,602,591	N/A	N/A	N/A
Unknown	\$5,593,664	\$747,702	\$820,236	\$852,123	\$718,377	\$625,778	N/A	N/A	N/A
Total	\$1,548,325,871	\$1,808,746,654	\$2,039,144,108	\$2,017,609,226	\$2,097,275,522	\$2,569,646,129	2,569,646,129	N/A	N/A

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

MISSOURI

SOUTHERN REGION MEDICAID PROFILE

AVERAGE PAYMENT PER RECIPIENT BY OTHER CHARACTERISTICS

								Above (+) or Annual Below (-) SLC Change Avg. FFY 22	
By Maintenance Assistance Status	FFY 93	FFY 94	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99		
Receiving Cash Assistance or Eligible Under Section 1931	\$1,984.71	\$2,275.69	\$2,482.73	\$2,679.18	\$1,518.59	\$1,649.99	\$0.00	-100.0%	-100.0%
Poverty Related Eligibles	\$5,040.77	\$6,070.26	\$6,843.12	\$7,539.53	\$1,032.13	\$1,054.57	\$0.00	-100.0%	-100.0%
Medically Needy	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	n/a	-100.0%
Other Eligibles	\$1,144.04	\$1,130.45	\$1,216.16	\$1,098.68	\$7,258.82	\$7,717.29	\$0.00	-100.0%	-100.0%
Maintenance Assistance Status Unknown	\$2,422.35	\$780.07	\$1,009.40	\$1,080.01	\$1,445.22	\$779.93	\$0.00	-100.0%	-100.0%
Total	\$2,540.80	\$2,704.61	\$2,932.09	\$3,171.46	\$3,880.34	\$3,500.81	\$3,500.81	5.5%	8.8%
By Basis of Eligibility									
Aged, Blind or Disabled	\$6,251.22	\$6,857.23	\$7,489.85	\$7,988.97	\$8,735.08	\$9,600.29	\$0.00	-100.0%	-100.0%
Children	\$956.65	\$1,010.60	\$1,075.15	\$928.50	\$928.94	\$1,066.53	\$0.00	-100.0%	-100.0%
Foster Care Children	\$0.00	\$0.00	\$0.00	\$0.00	\$2,923.90	\$3,136.70	\$0.00	-100.0%	-100.0%
Adults	\$1,366.99	\$1,456.76	\$1,515.71	\$1,160.85	\$1,082.32	\$1,353.31	\$0.00	-100.0%	-100.0%
Basis of Eligibility Unknown	\$2,422.35	\$780.07	\$1,009.40	\$1,080.01	\$1,445.22	\$779.93	\$0.00	-100.0%	-100.0%
Total	\$2,540.80	\$2,704.61	\$2,932.09	\$3,171.46	\$3,880.34	\$3,500.81	\$3,500.81	5.5%	8.8%
By Age									
Under Age 1	\$2,993.92	\$3,156.90	\$3,222.48	\$2,497.51	\$2,291.25	\$2,646.97	\$0.00	-100.0%	-100.0%
Age 1 to 5	\$911.63	\$998.93	\$1,072.61	\$929.27	\$943.00	\$1,149.40	\$0.00	-100.0%	-100.0%
Age 6 to 14	\$700.55	\$775.24	\$866.45	\$848.99	\$960.38	\$971.55	\$0.00	-100.0%	-100.0%
Age 15 to 20	\$1,707.51	\$1,751.94	\$1,825.51	\$1,667.87	\$1,868.97	\$1,734.49	\$0.00	-100.0%	-100.0%
Age 21 to 44	\$2,658.64	\$3,074.19	\$3,266.16	\$3,352.43	\$3,896.70	\$4,011.08	\$0.00	-100.0%	-100.0%
Age 45 to 64	\$5,046.39	\$5,670.77	\$6,137.74	\$6,545.55	\$7,172.18	\$7,929.91	\$0.00	-100.0%	-100.0%
Age 65 to 74	\$4,021.45	\$4,494.64	\$5,088.64	\$5,517.18	\$6,150.69	\$6,922.34	\$0.00	-100.0%	-100.0%
Age 75 to 84	\$6,194.09	\$6,514.50	\$7,450.01	\$8,127.51	\$9,082.46	\$9,888.81	\$0.00	-100.0%	-100.0%
Age 85 and Over	\$8,745.98	\$9,002.26	\$10,330.17	\$11,511.60	\$12,970.28	\$13,841.14	\$0.00	-100.0%	-100.0%
Age Unknown	\$3,068.38	\$1,164.64	\$1,193.94	\$1,300.95	\$912.80	\$647.13	\$0.00	-100.0%	-100.0%
Total	\$2,540.80	\$2,704.61	\$2,932.09	\$3,171.46	\$3,880.34	\$3,500.81	\$3,500.81	5.5%	8.8%
By Race									
White	\$2,746.73	\$2,929.94	\$3,185.63	\$3,438.58	\$4,016.39	\$3,941.62	\$0.00	-100.0%	-100.0%
Black	\$2,034.75	\$2,205.79	\$2,321.43	\$2,379.74	\$3,384.68	\$2,528.09	\$0.00	-100.0%	-100.0%
Hispanic, American Indian or Asian	\$1,618.12	\$1,606.56	\$956.05	\$211.77	\$34.00	\$52.00	\$0.00	-100.0%	-100.0%
Other/Unknown	\$3,068.38	\$1,164.64	\$1,193.94	\$1,300.95	\$912.80	\$647.13	\$0.00	-100.0%	-100.0%
Total	\$2,540.80	\$2,704.61	\$2,932.09	\$3,171.46	\$3,880.34	\$3,500.81	\$3,500.81	5.5%	8.8%
By Sex									
Female	\$2,600.62	\$2,732.31	\$2,981.84	\$3,188.99	\$3,888.64	\$3,599.92	\$0.00	-100.0%	-100.0%
Male	\$2,434.19	\$2,662.49	\$2,855.39	\$3,147.42	\$3,877.99	\$3,357.86	\$0.00	-100.0%	-100.0%
Unknown	\$3,068.38	\$1,164.64	\$1,193.94	\$1,300.95	\$912.80	\$647.13	\$0.00	-100.0%	-100.0%
Total	\$2,540.80	\$2,704.61	\$2,932.09	\$3,171.46	\$3,880.34	\$3,500.81	\$3,500.81	5.5%	8.8%

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

MISSOURI

SOUTHERN REGION MEDICAID PROFILE

ADDITIONAL STATE HEALTH CARE INFORMATION

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

*Information supplied by State Medicaid Agency

Waivers

Missouri has one Freedom of Choice Waiver, under Title XIX, Section 1915 (b), called Managed Care Plus (MC+).

- The Prepaid Health Plan Program, effective 1995, requires TANF adult and child recipients and pregnant women in four geographical areas to choose a prepaid plan. As of June 30, 1998, this program covers 44% of the Medicaid population as shown below:

<u>Region</u>	<u>Number of Counties</u>	<u>Number of Eligibles</u>	<u>Start Date</u>
Eastern	5	142,105	9/1/95
Central	18	31,631	3/1/96
Western	9	74,052	1/1/97
Northwestern	0	0	Ended 11/30/98, return to fee-for-service

Missouri 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:

- Aged and Disabled: Serves 20,745 people, operating since April 22, 1980.
- Mental Retardation/Developmental Disabilities: Serves 7,625 people, operating since July 1, 1988.
- AIDS: Serves 74 people, operating since July 1, 1989.
- Children with Mental Retardation/Developmental Disabilities, to age 18: Serves 143 people, operating since October 1, 1995.
- Physical Disability Waiver: serves 11 people, operating since July,1, 1998.

Managed Care

- Any Willing Provider Clause: No

Coverage for Targeted Population

- The Uninsured: The state does not have an indigent care program.

Cost Containment Measures

- Certificate of Need Program since 1979. Regulates introduction or expansion of new institutional health facilities and services. After December 31, 2001, CON will only be required for long-term care facilities and construction of new hospitals. The state has a moratorium on nursing home beds.
- In 1997, amended CON laws to allow certain facilities to increase their licensed bed capacity by a limited number.
- Large Case Management(LCM)Program: MC+ enrollees whose inpatient costs exceed \$50,000 in a contract year are transferred to the LCM program for the remainder of the contract year. The state assumes responsibility for 80% of the accrued inpatient hospital costs in excess of \$50,000; the MCO is responsible for the remaining 20%. The MCO reassumes full responsibility for the enrollee at the beginning of the new contract year.

Medicaid

- 35 optional services are offered.
- State has broad-based taxes on facilities such as hospitals and nursing homes to generate funds for the state Medicaid program.

MISSOURI

SOUTHERN REGION MEDICAID PROFILE

Children's Health Insurance Program: Medicaid Expansion

- Managed Care Plus (MC+) in Missouri is administered by the Division of Medical Services through an HMO style program. The program has been operating in the Eastern Region of the state since 1995, in the Central Region since 1996, and in the Western and Northwestern Regions since January, 1997. The program expected to provide statewide coverage by June of 1999. However, due to economic considerations, HMO's operating in the Northwest region withdrew from the program in December of 1998.
- The SCHIP program is an expansion of Medicaid to provide health care benefits for children/adolescents from birth to age 18 in families with incomes up to 300% of the FPL. The program received HCFA approval on April 28, 1998. The statewide enrollment as of June 30, 2000 was 59,596.
- The MC+ program also provides Medicaid coverage to adults who qualify as follows:
Uninsured Medicaid-eligible adults transitioning off welfare with family income up to 300% of the FPL.
Uninsured non-custodial parents with family income up to 125% of the FPL who are current in paying their child support.
Uninsured non-custodial parents actively participating in Missouri's Parents' Fair Share Program.
Uninsured custodial parents with family income up to 100% of the FPL.
Uninsured women losing their Medicaid eligibility 60 days after the birth of their child continue to be eligible for women's health services, regardless of income level, for 2 years.

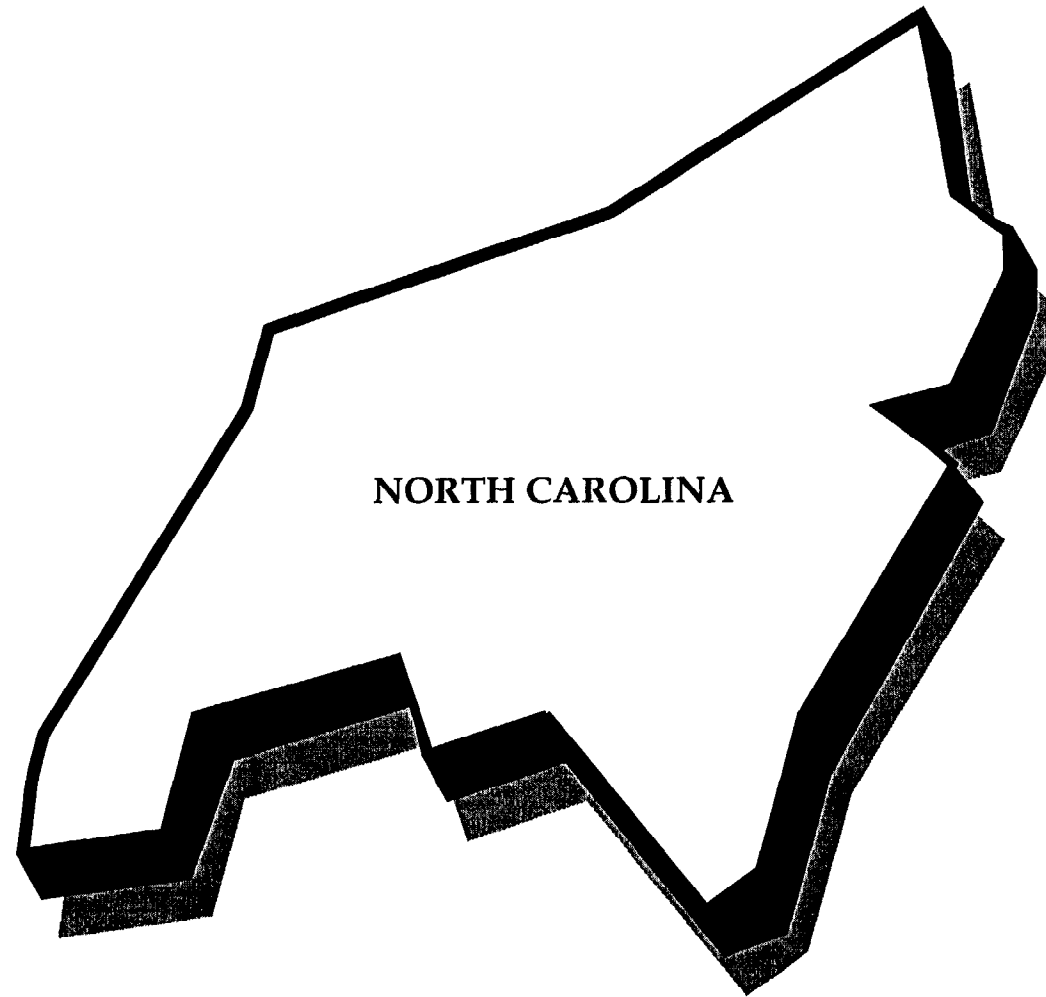
Cost Sharing Provisions of MC+:

- There are no cost sharing obligations for Parent's Fair Share Program participants, those covered under the women's health services program, and children/adolescents in families with income up to 185% of the FPL.
- Copayments for adults: \$10 per provider visit and \$5 per prescription.
- Copayments for children/adolescents in families with income from 185% to 225% of the FPL: \$5 per provider visit.
- Premiums and copayments for children/adolescents in families with income from 226% to 300% of the FPL: \$65 premium and copayments of \$10 per provider visit and \$5 per prescription

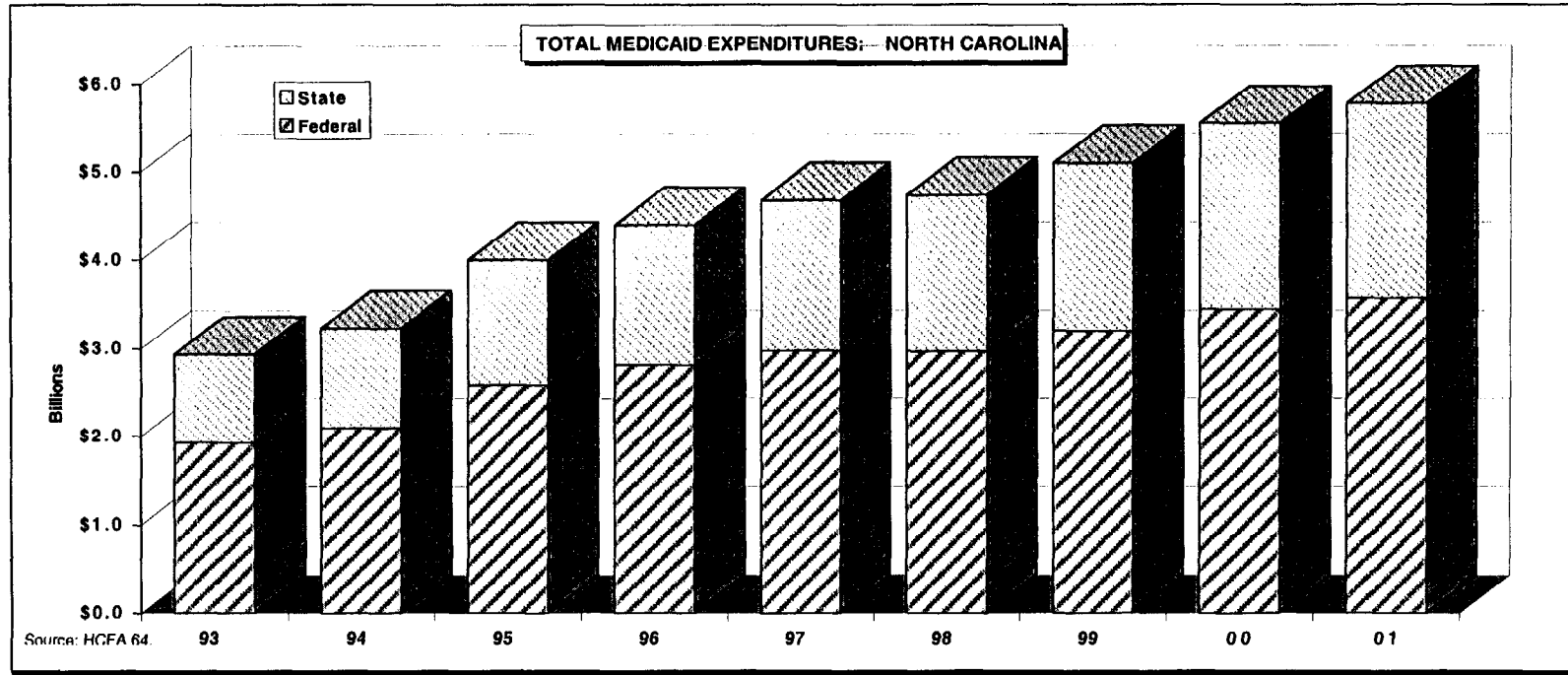
Tobacco Settlement

- The state expects to receive approximately \$4.46 billion over 25 years.
- For Fiscal Year 2000, the tobacco settlement payment should be approximately \$146 million.
- The model statute, required by the Master Settlement Agreement, was enacted to receive tobacco money allotted to the state.
- No specific plans for use of the tobacco settlement were adopted by the legislature in FY 1999.

STATE MEDICAID PROFILE



SOUTHERN REGION MEDICAID PROFILE



	FFY 93	FFY 94	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00**	FFY 01**	Annual Rate of Change	Total 93-01
Medicaid Payments	\$2,839,007,091	\$3,111,425,752	\$3,871,188,758	\$4,235,586,425	\$4,529,992,284	\$4,547,756,041	\$4,885,503,195	\$5,311,607,000	\$5,536,197,000	8.7%	95.0%
Federal Share	\$1,875,257,887	\$2,031,157,423	\$2,510,797,880	\$2,742,000,903	\$2,900,554,637	\$2,875,510,338	\$3,087,681,703	\$3,320,106,000	\$3,446,059,000	7.9%	83.8%
State Share	\$963,749,204	\$1,080,268,329	\$1,360,390,878	\$1,493,585,522	\$1,629,437,647	\$1,672,245,703	\$1,797,821,492	\$1,991,501,000	\$2,090,138,000	10.2%	116.9%
Administrative Costs	\$98,469,687	\$116,179,567	\$133,612,797	\$161,567,426	\$143,879,074	\$185,333,494	\$209,904,718	\$237,752,000	\$241,537,000	11.9%	145.3%
Federal Share	\$51,894,192	\$60,740,795	\$71,293,389	\$70,258,593	\$76,592,961	\$99,010,462	\$114,242,646	\$123,529,000	\$125,655,000	11.7%	142.1%
State Share	\$46,575,495	\$55,438,772	\$62,319,408	\$91,308,833	\$67,286,113	\$86,323,032	\$95,662,072	\$114,223,000	\$115,882,000	12.1%	148.8%
Admin. Costs as % of Payments	3.47%	3.73%	3.45%	3.81%	3.18%	4.08%	4.30%	4.48%	4.36%		
Federal Match Rate*	65.92%	65.14%	64.71%	64.59%	63.89%	63.09%	63.07%	62.47%	62.47%		

*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 00 and 01 reflect latest estimates reported by each state on HCFA 37.

NORTH CAROLINA

SOUTHERN REGION MEDICAID PROFILE

STATE FINANCING

	Payments		Administration	
	FFY 93	FFY 99	FFY 93	FFY 99
State General Fund*	\$963,749,204	\$1,797,821,492	\$46,575,495	\$95,662,072
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	\$963,749,204	\$1,797,821,492	\$46,575,495	\$95,662,072

Provider Taxes Currently in Place (FFY 99)		
Provider(s)	Tax Rate	Amount
NO PROVIDER TAXES		

DISPROPORTIONATE SHARE HOSPITAL (DSH) PAYMENTS

	FFY 93	FFY 94	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00*	FFY 01*	Annual Change
General Hospitals	\$13,205,692	\$15,331,555	\$131,410,030	\$164,508,095	\$271,699,000	\$187,665,204	\$227,672,613	\$180,000,000	\$180,000,000	5.4%
Mental Hospitals	\$332,339,308	\$373,934,445	\$297,864,563	\$198,246,079	\$271,700,000	\$166,439,546	\$170,292,750	\$180,000,000	\$180,000,000	-8.1%
Total	\$345,545,000	\$389,266,000	\$429,274,593	\$362,754,174	\$543,399,000	\$354,104,750	\$397,965,363	\$360,000,000	\$360,000,000	-2.9%

SELECTED ELIGIBILITY CRITERIA

	At 10/1/00	% of FPL*
TANF-Temporary Assistance for Needy Families (Family of 3)		
Need Standard	\$185	15.7%
Payment Standard	N/A	N/A
Maximum Payment	N/A	N/A
Medically Needy Program (Family of 3)		
Income Eligibility Standard	\$367	
Resource Standard	\$2,350	
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	\$494	71.0%
Couple	\$741	79.0%
Resources:		
Single Person	\$2,000	
Couple	\$3,000	

DEMOGRAPHIC DATA & POVERTY INDICATORS (1999)

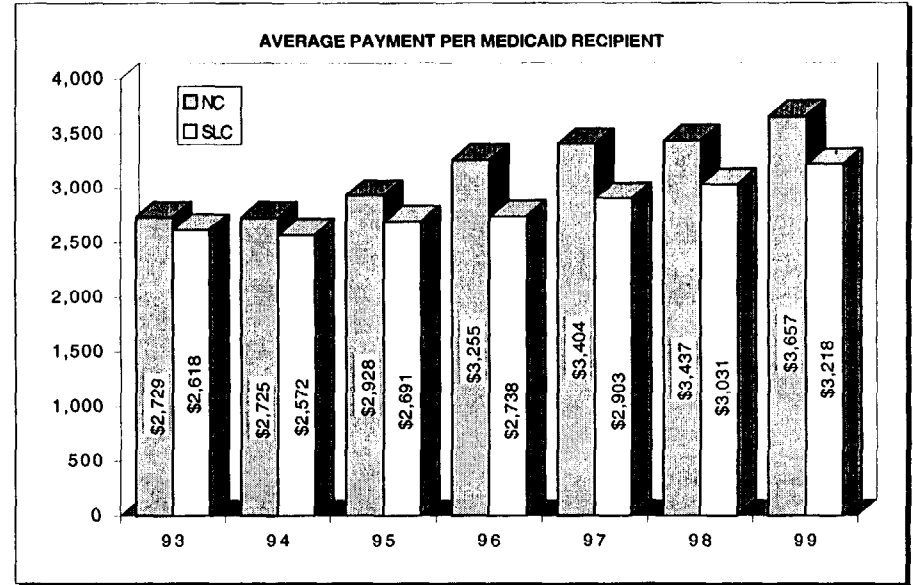
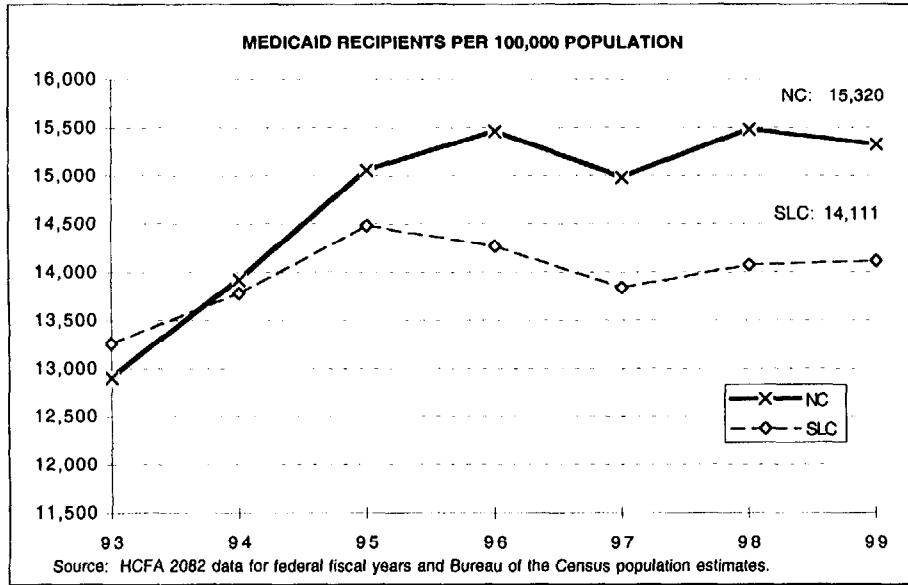
		Rank in U.S.
State population—July 1, 1999*	7,650,789	11
Per capita personal income**	\$24,122	31
Median household income**	\$36,407	27
Population below Federal Poverty Level on July 1, 1999*	956,349	
Percent of total population	12.5%	22
Population without health insurance coverage*	1,132,000	11
Percent of total population	14.8%	23
Recipients of Food Stamps***	505,410	12
Households receiving Food Stamps***	214,501	11
Total value of issuance***	\$403,160,289	11
Average monthly benefit per recipient	\$66.47	34
Average monthly benefit per household	\$156.63	18
Monthly recipients of Temporary Assistance to Needy Families (TANF)****	124,432	13
Total TANF payments****	\$410,209,885	14
Average monthly payment per recipient	\$274.72	
Maximum monthly payment per family of 3	\$272.00	42

*Current federal poverty level is \$8,350 per year for a single person, \$11,250 for a family of two and \$14,150 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 93</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>Annual Change</u>
01. General Hospital	188,517	190,242	186,666	222,468	176,232	171,477	177,386	-1.0%
02. Mental Hospital	2,418	2,210	2,364	2,895	2,286	2,387	2,043	-2.8%
03. Skilled and Intermediate (non-MR) Care Nursing	38,433	40,070	41,595	42,394	42,274	41,683	42,542	1.7%
04. Intermediate Care for Mentally Retarded	4,786	4,922	5,003	4,960	4,915	4,853	4,806	0.1%
05. Physician Services	738,937	785,631	562,542	908,407	831,983	805,816	806,194	1.5%
06. Dental Services	203,847	206,963	226,844	225,413	225,887	212,697	218,730	1.2%
07. Other Practitioners	133,587	137,278	158,291	167,346	179,709	159,902	158,590	2.9%
08. Outpatient Hospital	459,137	465,447	499,585	494,842	485,399	459,214	454,822	-0.2%
09. Clinic Services	184,601	241,155	338,517	352,557	319,687	182,633	177,375	-0.7%
10. Lab and X-Ray	500,308	543,795	587,111	584,723	602,528	594,307	574,942	2.3%
11. Home Health	40,741	31,288	39,289	43,665	46,814	62,187	68,298	9.0%
12. Prescribed Drugs	622,062	653,792	737,558	764,482	779,229	764,886	807,670	4.4%
13. Family Planning	67,696	72,031	84,450	75,745	73,837	73,849	69,767	0.5%
14. Early & Periodic Screening, Diagnosis & Treatment	156,088	250,231	341,062	383,786	388,963	387,904	388,510	16.4%
15. Other Care	190,970	371,374	256,915	264,514	275,983	165,210	168,795	-2.0%
16. Personal Care Support Services	0	0	0	0	0	356,450	369,928	3.8%
17. Home/Community Based Waiver Services	0	0	0	0	0	14,421	16,692	15.7%
18. Prepaid Health Care	0	0	0	0	0	220,700	213,882	-3.1%
19. Primary Care Case Management (PCCM) Services	0	0	0	0	0	591,740	713,432	20.6%
Total*	898,416	985,273	1,084,337	1,130,024	1,112,931	1,167,988	1,172,107	4.5%

*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	FFY 93	FFY 94	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	Annual	Share of Total
								Change	FFY 99
01. General Hospital	\$552,860,283	\$567,978,782	\$640,116,969	\$869,138,988	\$712,064,082	\$692,184,068	\$692,204,075	3.8%	16.2%
02. Mental Hospital	\$32,392,255	\$29,182,775	\$32,862,108	\$33,219,385	\$28,217,026	\$26,557,229	\$18,213,632	-9.1%	0.4%
03. Skilled and Intermediate (non-MR) Care Nursing	\$575,418,390	\$631,498,036	\$703,847,992	\$735,288,662	\$771,242,159	\$760,826,548	\$815,377,322	6.0%	19.0%
04. Intermediate Care for Mentally Retarded	\$301,757,018	\$322,161,542	\$355,344,407	\$346,024,865	\$355,211,525	\$361,838,061	\$386,344,149	4.2%	9.0%
05. Physician Services	\$236,667,148	\$260,029,983	\$299,293,437	\$320,072,693	\$328,694,654	\$335,106,875	\$345,190,548	6.5%	8.1%
06. Dental Services	\$34,334,376	\$34,421,326	\$40,191,481	\$41,572,421	\$42,488,716	\$42,821,503	\$55,399,252	8.3%	1.3%
07. Other Practitioners	\$7,400,187	\$8,057,646	\$9,987,626	\$11,099,291	\$11,940,649	\$10,405,963	\$10,531,583	6.1%	0.2%
08. Outpatient Hospital	\$150,314,359	\$161,561,785	\$189,805,701	\$203,698,155	\$214,122,272	\$209,392,736	\$226,053,665	7.0%	5.3%
09. Clinic Services	\$54,822,643	\$72,131,482	\$150,229,014	\$98,658,048	\$106,394,068	\$47,713,966	\$50,627,028	-1.3%	1.2%
10. Lab and X-Ray	\$59,023,726	\$62,371,959	\$69,487,763	\$66,427,820	\$68,144,825	\$69,535,830	\$67,541,674	2.3%	1.6%
11. Home Health	\$171,834,647	\$179,411,035	\$223,823,621	\$302,854,673	\$377,532,116	\$98,708,726	\$107,654,983	-7.5%	2.5%
12. Prescribed Drugs	\$189,861,296	\$215,197,252	\$277,430,790	\$344,950,165	\$403,811,339	\$466,528,812	\$611,444,842	21.5%	14.3%
13. Family Planning	\$19,631,610	\$20,697,361	\$29,091,710	\$24,072,911	\$23,381,261	\$22,561,251	\$21,040,091	1.2%	0.5%
14. Early & Periodic Screening, Diagnosis & Treatment	\$11,906,460	\$17,117,383	\$29,216,247	\$27,037,616	\$31,250,990	\$30,846,296	\$31,810,985	17.8%	0.7%
15. Other Care	\$53,732,655	\$102,722,770	\$124,330,947	\$253,640,314	\$313,960,523	\$12,764,633	\$13,454,087	-20.6%	0.3%
16. Personal Care Support Services	\$0	\$0	\$0	\$0	\$0	\$452,804,716	\$416,668,074	-8.0%	9.7%
17. Home/Community Based Waiver Services	\$0	\$0	\$0	\$0	\$0	\$275,215,305	\$317,649,915	15.4%	7.4%
18. Prepaid Health Care	\$0	\$0	\$0	\$0	\$0	\$85,665,363	\$79,214,119	-7.5%	1.8%
19. Primary Case Management (PCCM) Services	\$0	\$0	\$0	\$0	\$0	\$12,518,861	\$19,438,725	55.3%	0.5%
Total (excludes DSH pymts, pharmacy rebates, & other adjs.)	\$2,451,957,053	\$2,684,541,117	\$3,175,059,813	\$3,677,756,007	\$3,788,456,205	\$4,013,996,742	\$4,285,858,749	9.8%	100.0%

AVERAGE PAYMENTS PER RECIPIENT BY TYPE OF SERVICES

									(+) or (-) SLC
									Avg. FFY 99
01. General Hospital	\$2,932.68	\$2,985.56	\$3,429.21	\$3,906.80	\$4,040.49	\$4,036.60	\$3,902.25	4.9%	-0.5%
02. Mental Hospital	\$13,396.30	\$13,204.88	\$13,901.06	\$11,474.74	\$12,343.41	\$11,125.78	\$8,915.14	-6.6%	36.1%
03. Skilled and Intermediate (non-MR) Care Nursing	\$14,971.99	\$15,759.87	\$16,921.46	\$17,344.17	\$18,243.89	\$18,252.68	\$19,166.41	4.2%	26.0%
04. Intermediate Care for Mentally Retarded	\$63,049.94	\$65,453.38	\$71,026.27	\$69,763.08	\$72,270.91	\$74,559.67	\$80,387.88	4.1%	19.8%
05. Physician Services	\$320.28	\$330.98	\$532.04	\$352.35	\$395.07	\$415.86	\$428.17	5.0%	10.5%
06. Dental Services	\$168.43	\$166.32	\$177.18	\$184.43	\$188.10	\$201.33	\$253.28	7.0%	15.6%
07. Other Practitioners	\$55.40	\$58.70	\$63.10	\$66.33	\$66.44	\$65.08	\$66.41	3.1%	-56.3%
08. Outpatient Hospital	\$327.38	\$347.11	\$379.93	\$411.64	\$441.13	\$455.98	\$497.02	7.2%	9.3%
09. Clinic Services	\$296.98	\$299.11	\$443.79	\$279.84	\$332.81	\$261.26	\$285.42	-0.7%	-62.4%
10. Lab and X-Ray	\$117.97	\$114.70	\$118.36	\$113.61	\$113.10	\$117.00	\$117.48	-0.1%	7.2%
11. Home Health	\$4,217.73	\$5,734.18	\$5,696.85	\$6,935.87	\$8,064.51	\$1,587.29	\$1,576.25	-15.1%	-37.4%
12. Prescribed Drugs	\$305.21	\$329.15	\$376.15	\$451.22	\$518.22	\$609.93	\$757.05	16.3%	-5.5%
13. Family Planning	\$290.00	\$287.34	\$344.48	\$317.82	\$316.66	\$305.51	\$301.58	0.7%	39.0%
14. Early & Periodic Screening, Diagnosis & Treatment	\$76.28	\$68.41	\$85.66	\$70.45	\$80.34	\$79.52	\$81.88	1.2%	-54.4%
15. Other Care	\$281.37	\$276.60	\$483.94	\$958.89	\$1,137.61	\$77.26	\$79.71	-19.0%	-79.5%
16. Personal Care Support Services	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,270.32	\$1,126.35	-11.3%	-19.7%
17. Home/Community Based Waiver Services	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$19,084.34	\$19,030.07	-0.3%	47.0%
18. Prepaid Health Care	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$388.15	\$370.36	-4.6%	-72.2%
19. Primary Care Case Management (PCCM) Services	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$21.16	\$27.25	28.8%	-69.0%
Total (Average)	\$2,729.20	\$2,724.67	\$2,928.11	\$3,254.58	\$3,404.04	\$3,436.68	\$3,656.54	5.0%	13.6%

TOTAL PER CAPITA EXPENDITURES	\$422.06	\$455.96	\$556.04	\$601.60	\$629.00	\$627.19	\$666.00	7.9%	14.2%
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NORTH CAROLINA

SOUTHERN REGION MEDICAID PROFILE
DATA BY OTHER CHARACTERISTICS

RECIPIENTS BY OTHER CHARACTERISTICS

	FFY 93	FFY 94	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	<i>Annual Change</i>	<i>Share of Total FFY 99</i>
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	449,690	476,530	463,539	500,432	599,481	594,269	546,076	3.3%	46.6%
Poverty Related Eligibles	45,824	49,343	79,162	40,348	337,930	389,458	441,210	45.9%	37.6%
Medically Needy	68,251	69,680	65,719	61,039	117,574	122,027	117,780	9.5%	10.0%
Other Eligibles	334,651	389,720	475,917	528,205	57,946	62,234	67,041	-23.5%	5.7%
Maintenance Assistance Status Unknown	0	0	0	0	0	0	0	n/a	0.0%
Total	898,416	985,273	1,084,337	1,130,024	1,112,931	1,167,988	1,172,107	4.5%	100.0%
By Basis of Eligibility									
Aged, Blind, or Disabled	236,317	251,265	296,192	340,395	348,911	356,930	366,724	7.6%	31.3%
Children	433,866	491,043	536,678	548,381	568,991	609,190	614,117	6.0%	52.4%
Foster Care Children	0	0	0	0	10,766	12,176	12,793	9.0%	1.1%
Adults	228,233	242,965	251,467	241,248	184,263	189,692	178,473	-4.0%	15.2%
Basis of Eligibility Unknown	0	0	0	0	0	0	0	n/a	0.0%
Total	898,416	985,273	1,084,337	1,130,024	1,112,931	1,167,988	1,172,107	4.5%	100.0%
By Age									
Under Age 1	74,056	74,771	74,971	76,001	77,012	79,785	82,171	1.7%	7.0%
Age 1 to 5	177,915	201,498	215,691	216,649	207,805	213,089	210,700	2.9%	18.0%
Age 6 to 14	143,247	170,619	198,800	221,080	224,019	250,288	257,397	10.3%	22.0%
Age 15 to 20	83,547	91,242	103,927	109,409	109,520	117,711	117,305	5.8%	10.0%
Age 21 to 44	215,679	230,950	248,792	251,554	235,086	243,112	236,018	1.5%	20.1%
Age 45 to 64	70,313	76,182	87,783	95,670	98,424	102,889	106,192	7.1%	9.1%
Age 65 to 74	51,259	53,957	60,351	61,518	62,371	62,261	61,582	3.1%	5.3%
Age 75 to 84	51,483	53,321	58,117	60,205	60,310	59,626	60,627	2.8%	5.2%
Age 85 and Over	30,917	32,733	35,905	37,938	38,384	39,227	40,115	4.4%	3.4%
Age Unknown	0	0	0	0	0	0	0	n/a	0.0%
Total	898,416	985,273	1,084,337	1,130,024	1,112,931	1,167,988	1,172,107	4.5%	100.0%
By Race									
White	429,099	470,074	499,065	510,087	499,426	511,841	510,844	2.9%	43.6%
Black	432,957	470,630	499,189	509,453	492,805	515,303	507,904	2.7%	43.3%
Hispanic, American Indian or Asian	34,059	41,546	48,830	57,825	63,562	74,368	82,606	15.9%	7.0%
Other/Unknown	2,301	3,023	37,253	52,659	57,138	66,476	70,753	77.0%	6.0%
Total	898,416	985,273	1,084,337	1,130,024	1,112,931	1,167,988	1,172,107	4.5%	100.0%
By Sex									
Female	582,494	632,620	689,609	709,750	695,947	724,022	723,370	3.7%	61.7%
Male	315,922	352,653	394,728	420,274	416,984	443,966	448,737	6.0%	38.3%
Unknown	0	0	0	0	0	0	0	n/a	0.0%
Total	898,416	985,273	1,084,337	1,130,024	1,112,931	1,167,988	1,172,107	4.5%	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 93	FFY 94	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	Annual Change	Share of Total FFY 99
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	\$819,827,443	\$854,207,143	\$705,395,953	\$1,284,840,493	\$1,971,787,837	\$2,080,692,247	\$2,164,360,435	17.6%	50.5%
Poverty Related Eligibles	\$142,195,991	\$148,733,385	\$450,513,851	\$170,638,234	\$484,198,914	\$558,638,298	\$605,704,585	27.3%	14.1%
Medically Needy	\$494,843,762	\$518,302,862	\$582,504,709	\$539,406,506	\$1,241,003,068	\$1,266,350,628	\$1,350,878,520	18.2%	31.5%
Other Eligibles	\$995,089,857	\$1,163,297,727	\$1,436,645,300	\$1,682,870,774	\$91,466,386	\$108,315,569	\$164,915,209	-25.9%	3.8%
Maintenance Assistance Status Unknown	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a	0.0%
Total	\$2,451,957,053	\$2,684,541,117	\$3,175,059,813	\$3,677,756,007	\$3,788,456,205	\$4,013,996,742	\$4,285,858,749	9.8%	100.0%
By Basis of Eligibility									
Aged, Blind or Disabled	\$1,556,191,002	\$1,693,875,384	\$2,004,618,393	\$2,557,044,247	\$2,714,862,350	\$2,856,357,139	\$3,140,220,337	12.4%	73.3%
Children	\$491,687,375	\$557,045,164	\$632,532,521	\$589,983,023	\$636,246,582	\$716,185,408	\$706,428,941	6.2%	16.5%
Foster Care Children	\$0	\$0	\$0	\$0	\$33,821,574	\$44,483,297	\$40,099,665	8.9%	0.9%
Adults	\$404,078,676	\$433,620,569	\$537,908,899	\$530,728,737	\$403,525,699	\$396,970,898	\$399,109,806	-0.2%	9.3%
Basis of Eligibility Unknown	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a	0.0%
Total	\$2,451,957,053	\$2,684,541,117	\$3,175,059,813	\$3,677,756,007	\$3,788,456,205	\$4,013,996,742	\$4,285,858,749	9.8%	100.0%
By Age									
Under Age 1	\$184,928,166	\$195,262,641	\$200,009,262	\$217,577,976	\$214,802,933	\$219,104,317	\$228,599,932	3.6%	5.3%
Age 1 to 5	\$138,812,946	\$168,449,332	\$204,137,034	\$226,162,526	\$208,114,457	\$233,057,550	\$231,245,617	8.9%	5.4%
Age 6 to 14	\$127,125,441	\$150,323,287	\$177,270,370	\$239,020,647	\$268,169,155	\$335,643,471	\$324,913,011	16.9%	7.6%
Age 15 to 20	\$170,054,310	\$183,804,192	\$232,101,934	\$256,443,000	\$261,270,797	\$294,081,459	\$285,639,373	9.0%	6.7%
Age 21 to 44	\$676,476,218	\$722,428,550	\$865,602,644	\$975,288,041	\$967,212,573	\$991,888,410	\$1,038,607,593	7.4%	24.2%
Age 45 to 64	\$384,191,527	\$419,583,270	\$523,654,840	\$657,077,116	\$690,838,617	\$730,963,532	\$827,369,494	13.6%	19.3%
Age 65 to 74	\$188,771,680	\$205,489,584	\$243,429,521	\$282,471,198	\$301,808,253	\$312,081,536	\$351,760,547	10.9%	8.2%
Age 75 to 84	\$310,356,689	\$335,634,730	\$382,437,884	\$433,849,846	\$455,286,327	\$462,921,843	\$519,348,386	9.0%	12.1%
Age 85 and Over	\$271,240,076	\$303,565,531	\$346,416,324	\$389,865,657	\$420,953,093	\$434,254,624	\$478,374,796	9.9%	11.2%
Age Unknown	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a	0.0%
Total	\$2,451,957,053	\$2,684,541,117	\$3,175,059,813	\$3,677,756,007	\$3,788,456,205	\$4,013,996,742	\$4,285,858,749	9.8%	100.0%
By Race									
White	\$1,426,042,370	\$1,561,295,132	\$1,755,472,786	\$1,968,457,969	\$2,032,111,627	\$2,108,139,775	\$2,252,040,975	7.9%	52.5%
Black	\$960,621,231	\$1,046,579,663	\$1,156,044,826	\$1,307,410,819	\$1,316,773,324	\$1,388,709,316	\$1,449,704,979	7.1%	33.8%
Hispanic, American Indian or Asian	\$60,775,089	\$71,151,185	\$80,994,673	\$101,580,286	\$112,512,497	\$128,663,746	\$144,702,155	15.6%	3.4%
Other/Unknown	\$4,518,363	\$5,515,137	\$182,547,528	\$300,306,933	\$327,058,757	\$388,483,905	\$439,410,640	114.4%	10.3%
Total	\$2,451,957,053	\$2,684,541,117	\$3,175,059,813	\$3,677,756,007	\$3,788,456,205	\$4,013,996,742	\$4,285,858,749	9.8%	100.0%
By Sex									
Female	\$1,569,513,255	\$1,713,641,165	\$2,036,956,775	\$2,310,909,369	\$2,365,405,876	\$2,476,014,621	\$2,681,678,461	9.3%	62.6%
Male	\$882,443,798	\$970,899,952	\$1,138,103,038	\$1,366,846,638	\$1,423,050,329	\$1,537,982,121	\$1,604,180,288	10.5%	37.4%
Unknown	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a	0.0%
Total	\$2,451,957,053	\$2,684,541,117	\$3,175,059,813	\$3,677,756,007	\$3,788,456,205	\$4,013,996,742	\$4,285,858,749	9.8%	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

								Annual Change	Above (+) or Below (-) SLC Avg. FFY 99
By Maintenance Assistance Status	FFY 93	FFY 94	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99		
Receiving Cash Assistance or Eligible Under Section 1931	\$1,823.09	\$1,792.56	\$1,521.76	\$2,567.46	\$3,289.16	\$3,501.26	\$3,963.48	13.8%	16.9%
Poverty Related Eligibles	\$3,103.09	\$3,014.28	\$5,691.04	\$4,229.16	\$1,432.84	\$1,434.40	\$1,372.83	-12.7%	-34.7%
Medically Needy	\$7,250.35	\$7,438.33	\$8,863.57	\$8,837.08	\$10,555.08	\$10,377.63	\$11,469.51	7.9%	305.6%
Other Eligibles	\$2,973.52	\$2,984.96	\$3,018.69	\$3,186.02	\$1,578.48	\$1,740.46	\$2,459.92	-3.1%	-62.3%
Maintenance Assistance Status Unknown	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	n/a	-100.0%
Total	\$2,729.20	\$2,724.67	\$2,928.11	\$3,254.58	\$3,404.04	\$3,436.68	\$3,656.54	5.0%	13.6%
By Basis of Eligibility									
Aged, Blind or Disabled	\$6,585.18	\$6,741.39	\$6,767.97	\$7,511.99	\$7,780.96	\$8,002.57	\$8,562.90	4.5%	19.1%
Children	\$1,133.27	\$1,134.41	\$1,178.61	\$1,075.86	\$1,118.20	\$1,175.64	\$1,150.32	0.2%	-0.7%
Foster Care Children ,	\$0.00	\$0.00	\$0.00	\$0.00	\$3,141.52	\$3,653.36	\$3,134.50	-0.1%	-9.7%
Adults	\$1,770.47	\$1,784.70	\$2,139.08	\$2,199.93	\$2,189.94	\$2,092.71	\$2,236.25	4.0%	4.0%
Basis of Eligibility Unknown	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	n/a	-100.0%
Total	\$2,729.20	\$2,724.67	\$2,928.11	\$3,254.58	\$3,404.04	\$3,436.68	\$3,656.54	5.0%	13.6%
By Age									
Under Age 1	\$2,497.14	\$2,611.48	\$2,667.82	\$2,862.83	\$2,789.21	\$2,746.18	\$2,782.00	1.8%	10.8%
Age 1 to 5	\$780.22	\$835.99	\$946.43	\$1,043.91	\$1,001.49	\$1,093.71	\$1,097.51	5.9%	-8.1%
Age 6 to 14	\$887.46	\$881.05	\$891.70	\$1,081.15	\$1,197.08	\$1,341.03	\$1,262.30	6.0%	-3.9%
Age 15 to 20	\$2,035.43	\$2,014.47	\$2,233.32	\$2,343.89	\$2,385.60	\$2,498.33	\$2,435.01	3.0%	10.7%
Age 21 to 44	\$3,136.50	\$3,128.07	\$3,479.22	\$3,877.05	\$4,114.29	\$4,079.96	\$4,400.54	5.8%	29.5%
Age 45 to 64	\$5,464.02	\$5,507.64	\$5,965.33	\$6,868.16	\$7,019.01	\$7,104.39	\$7,791.26	6.1%	47.0%
Age 65 to 74	\$3,682.70	\$3,808.40	\$4,033.56	\$4,591.68	\$4,838.92	\$5,012.47	\$5,712.07	7.6%	16.4%
Age 75 to 84	\$6,028.33	\$6,294.61	\$6,580.48	\$7,206.21	\$7,549.10	\$7,763.76	\$8,566.29	6.0%	9.7%
Age 85 and Over	\$8,773.17	\$9,273.99	\$9,648.14	\$10,276.39	\$10,966.89	\$11,070.30	\$11,925.09	5.2%	1.2%
Age Unknown	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	n/a	-100.0%
Total	\$2,729.20	\$2,724.67	\$2,928.11	\$3,254.58	\$3,404.04	\$3,436.68	\$3,656.54	5.0%	13.6%
By Race									
White	\$3,323.34	\$3,321.38	\$3,517.52	\$3,859.06	\$4,068.89	\$4,118.74	\$4,408.47	4.8%	24.2%
Black	\$2,218.75	\$2,223.78	\$2,315.85	\$2,566.30	\$2,672.00	\$2,694.94	\$2,854.29	4.3%	14.0%
Hispanic, American Indian or Asian	\$1,784.41	\$1,712.59	\$1,658.71	\$1,756.68	\$1,770.12	\$1,730.10	\$1,751.71	-0.3%	-15.2%
Other/Unknown	\$1,963.65	\$1,824.39	\$4,900.21	\$5,702.86	\$5,724.01	\$5,843.97	\$6,210.49	21.2%	1.7%
Total	\$2,729.20	\$2,724.67	\$2,928.11	\$3,254.58	\$3,404.04	\$3,436.68	\$3,656.54	5.0%	13.6%
By Sex									
Female	\$2,694.47	\$2,708.80	\$2,953.79	\$3,255.95	\$3,398.83	\$3,419.81	\$3,707.20	5.5%	9.5%
Male	\$2,793.23	\$2,753.13	\$2,883.26	\$3,252.28	\$3,412.72	\$3,464.19	\$3,574.88	4.2%	27.7%
Unknown	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	n/a	-100.0%
Total	\$2,729.20	\$2,724.67	\$2,928.11	\$3,254.58	\$3,404.04	\$3,436.68	\$3,656.54	5.0%	13.6%

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, 2000; and "Medicaid Services State by State", HCFA, October 1999.

*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.
- North Carolina Alternatives provides a capitated mental health and substance abuse program for Medicaid children. The program covers 10 areas in 32 counties and has been operating since January 1, 1994. The state plans to expand beyond the 10 area programs and add adults in 1999.
- North Carolina Alternatives was eliminated in 1999 as the state was never able to expand beyond the original 10 areas.

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.

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

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.

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 and 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.

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 64,000 new enrollees.
- 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 copayments 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

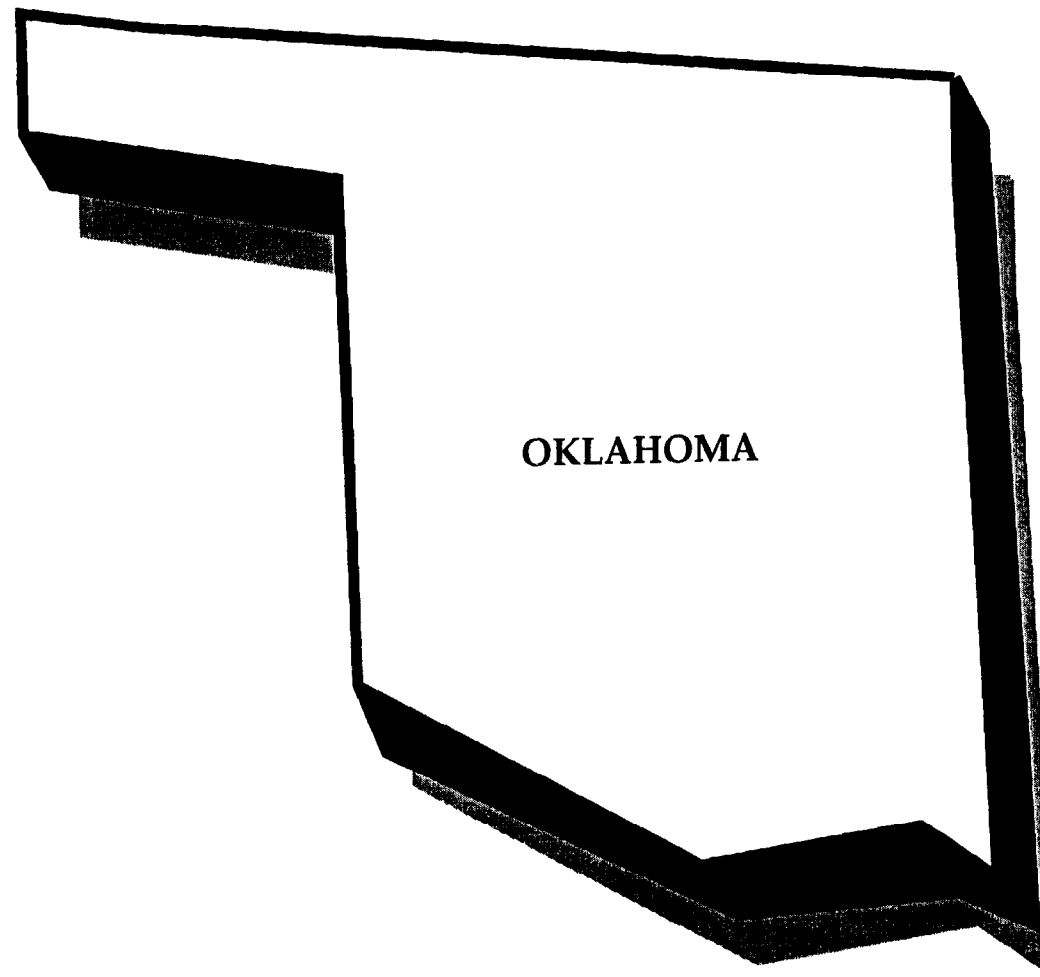
\$20 per unnecessary emergency room use

- 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, routine fillings to restore diseased teeth.

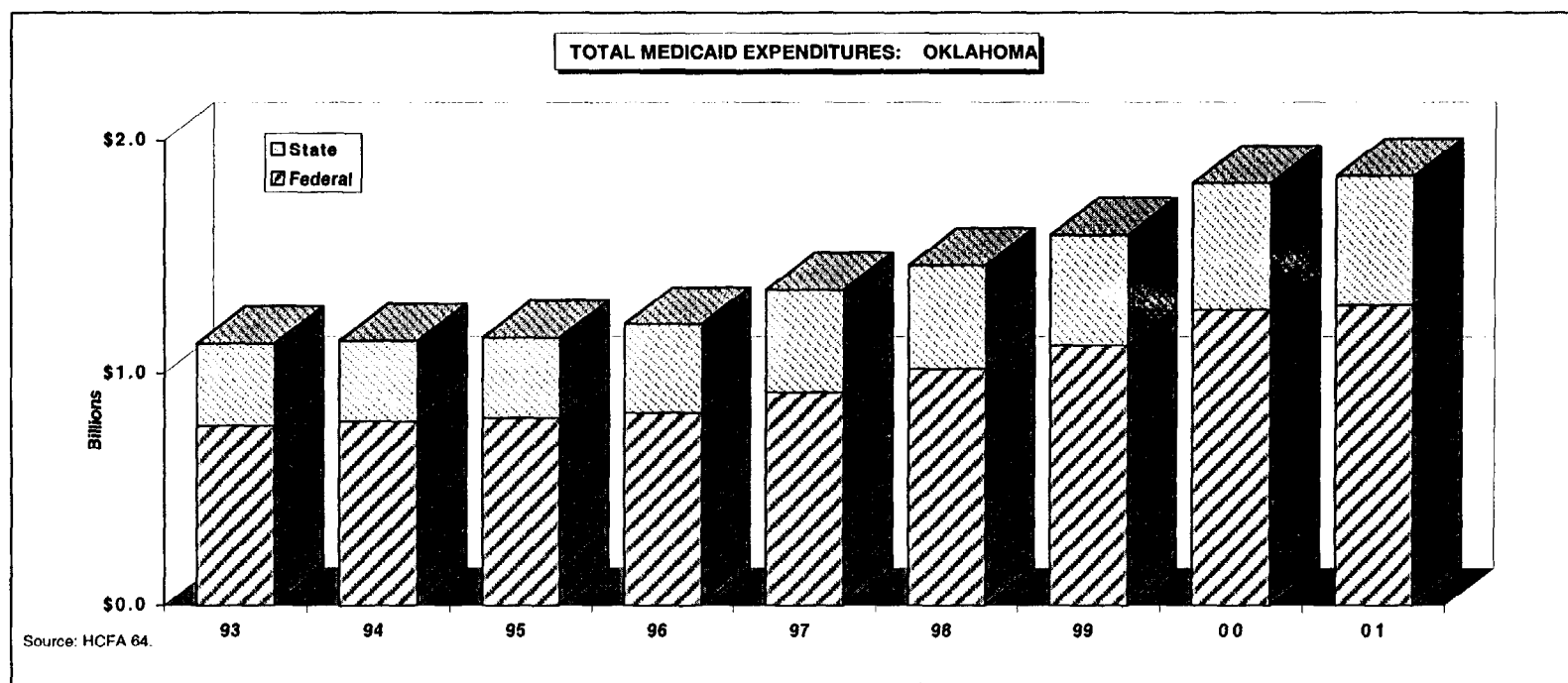
Tobacco Settlement

- The state expects to receive approximately \$4.57 billion over 25 years.
- For Fiscal Year 2000, the tobacco settlement payment should be approximately \$150 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:
 1. \$2.3 billion (50%) to a tobacco community foundation to provide economic assistance to tobacco dependent or economically affected communities.
 2. \$1.2 billion (25%) to a trust fund to benefit tobacco farmers, quota holders and those in tobacco related employment.
 3. \$1.2 billion (25%) to a trust fund for health services.

STATE MEDICAID PROFILE



SOUTHERN REGION MEDICAID PROFILE



	FFY 93	FFY 94	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00**	FFY 01**	Annual Rate of Change	Total 93-01
Medicaid Payments	\$1,043,449,614	\$1,052,337,618	\$1,054,871,918	\$1,089,121,860	\$1,256,419,354	\$1,340,387,625	\$1,478,639,476	\$1,659,289,000	\$1,689,631,000	6.2%	61.9%
Federal Share	\$726,971,346	\$743,595,014	\$738,937,779	\$761,187,268	\$864,442,262	\$948,581,466	\$1,054,504,815	\$1,186,692,000	\$1,206,800,000	6.5%	66.0%
State Share	\$316,478,268	\$308,742,604	\$315,934,139	\$327,934,592	\$391,977,092	\$391,806,159	\$424,134,661	\$472,597,000	\$482,831,000	5.4%	52.6%
Administrative Costs	\$86,201,493	\$88,856,257	\$98,942,083	\$122,639,000	\$104,645,820	\$123,772,726	\$115,058,891	\$153,845,000	\$154,379,000	7.6%	79.1%
Federal Share	\$47,440,854	\$49,343,431	\$69,308,929	\$67,453,000	\$56,169,049	\$70,438,186	\$65,627,255	\$84,626,000	\$85,046,000	7.6%	79.3%
State Share	\$38,760,639	\$39,512,826	\$29,633,154	\$55,186,000	\$48,476,771	\$53,334,540	\$49,431,636	\$69,219,000	\$69,333,000	7.5%	78.9%
Admin. Costs as % of Payments	8.26%	8.44%	9.38%	11.26%	8.33%	9.23%	7.78%	9.27%	9.14%		
Federal Match Rate*	69.67%	70.30%	70.05%	69.89%	70.01%	70.51%	70.84%	71.24%	71.24%		

*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 00 and 01 reflect latest estimates reported by each state on HCFA 37.

OKLAHOMA

SOUTHERN REGION MEDICAID PROFILE

STATE FINANCING

	Payments		Administration	
	FFY 93	FFY 92	FFY 93	FFY 92
State General Fund	\$316,478,268	\$421,415,249	\$38,760,639	\$49,431,636
Local Funds	\$0	\$0	\$0	\$0
Provider Taxes	\$0	\$2,719,412	\$0	\$0
Donations	\$0	\$0	\$0	\$0
Other	\$0	\$0	\$0	\$0
Total State Share	\$316,478,268	\$424,134,661	\$38,760,639	\$49,431,636

Provider Taxes Currently in Place (FFY 99)		
Provider(s)	Tax Rate	Amount
MR facilities	6 % of third quarter gross revenues	\$2,719,412
Total		\$2,719,412

DISPROPORTIONATE SHARE HOSPITAL (DSH) PAYMENTS

	FFY 93	FFY 94	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00*	FFY 01*	Annual Change
General Hospitals	\$14,059,190	\$20,636,475	\$15,731,786	\$21,784,148	\$21,993,050	\$19,529,207	\$19,312,860	\$19,523,000	\$19,664,000	3.8%
Mental Hospitals	\$5,207,547	\$2,931,525	\$2,605,693	\$3,236,852	\$3,754,953	\$3,193,191	\$3,271,460	\$2,830,000	\$2,922,000	1.9%
Total	\$19,266,737	\$23,568,000	\$18,337,479	\$25,021,000	\$25,748,003	\$22,722,398	\$22,584,320	\$22,353,000	\$22,586,000	3.5%

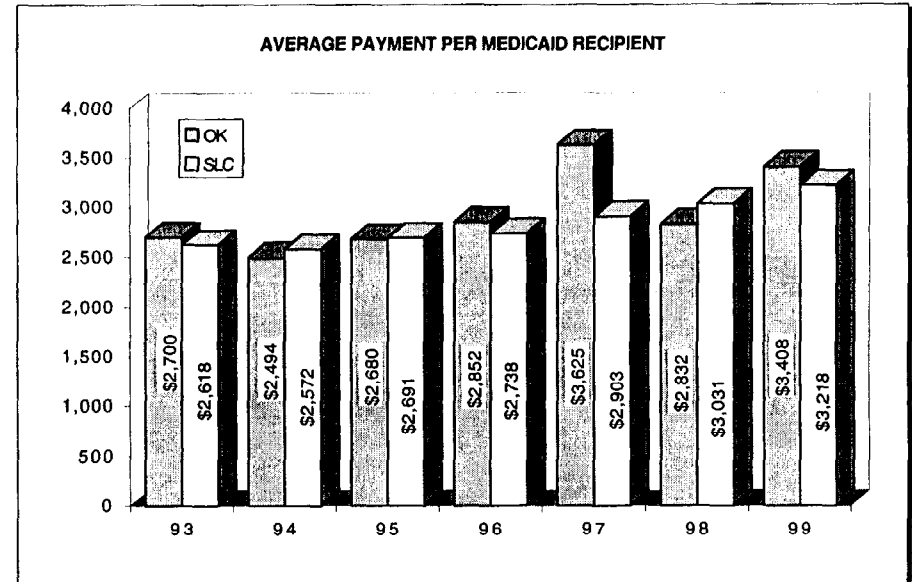
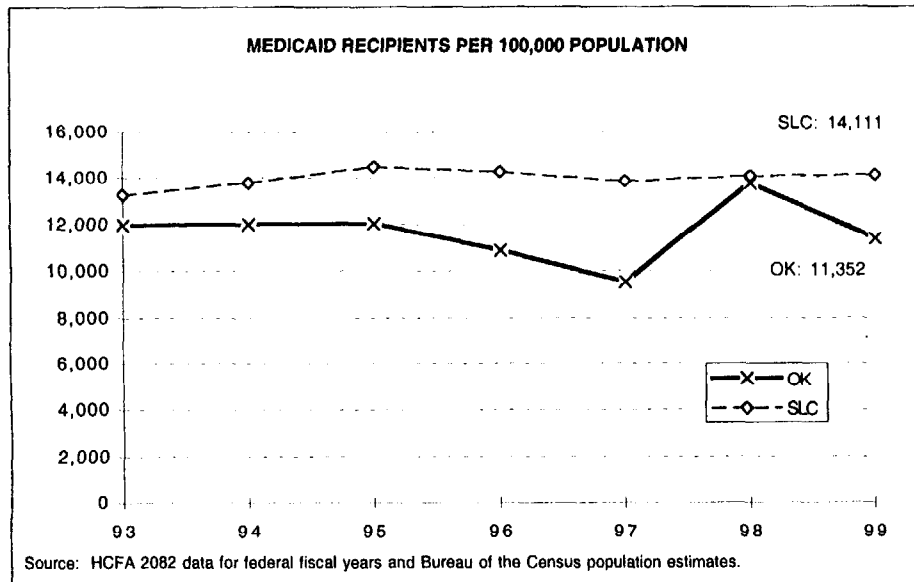
SELECTED ELIGIBILITY CRITERIA				DEMOGRAPHIC DATA & POVERTY INDICATORS (1999)			
	At 10/1/00	% of FPL*					Rank in U.S.
TANF-Temporary Assistance for Needy Families (Family of 3)				State population—July 1, 1999*	3,358,044		27
Need Standard	\$645	54.7%		Per capita personal income**	\$21,056		45
Payment Standard	\$292	24.8%		Median household income**	\$31,357		44
Maximum Payment	\$292	24.8%					
Medically Needy Program (Family of 3)				Population below Federal Poverty Level on July 1, 1999*	496,991		
Income Eligibility Standard	\$2,105			Percent of total population	14.8%		12
Resource Standard	None						
Pregnant Women, Children and Infants (% of FPL*)				Population without health insurance coverage*	611,000		22
Pregnant women and infants		185.0%		Percent of total population	18.2%		10
Children to 6		185.0%					
Children 6 to 17		185.0%		Recipients of Food Stamps***	271,351		22
SSI Eligibility Levels				Households receiving Food Stamps***	113,313		24
Income:	209.l	1902(f)		Total value of issuance***	\$221,573,706		24
Single Person	\$547	78.6%		Average monthly benefit per recipient	\$68.05		41
Couple	\$847	90.3%		Average monthly benefit per household	\$162.95		14
Resources:				Monthly recipients of Temporary Assistance to Needy Families (TANF)****	50,910		26
Single Person	\$2,000			Total TANF payments****	\$168,650,937		27
Couple	\$3,000			Average monthly payment per recipient	\$276.06		
				Maximum monthly payment per family of 3	\$292.00		36

*Current federal poverty level is \$8,350 per year for a single person, \$11,250 for a family of two and \$14,150 for a family of three. Table above shows monthly income levels.

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

OKLAHOMA

SOUTHERN REGION MEDICAID PROFILE



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

RECIPIENTS BY TYPE OF SERVICES

	FFY 93	FFY 94	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	Annual Change
01. General Hospital	86,093	81,910	81,364	69,533	62,313	64,326	63,621	-4.9%
02. Mental Hospital	2,765	2,121	2,545	2,513	2,188	2,284	2,581	-1.1%
03. Skilled and Intermediate (non-MR) Care Nursing	35,289	25,723	26,379	27,331	27,331	27,820	27,934	-3.8%
04. Intermediate Care for Mentally Retarded	2,739	2,558	2,433	2,336	2,236	2,180	2,122	-4.2%
05. Physician Services	293,209	293,037	293,379	257,576	203,815	208,725	215,637	-5.0%
06. Dental Services	53,084	49,176	48,253	33,712	24,691	28,909	38,534	-5.2%
07. Other Practitioners	55,603	60,174	65,339	57,212	39,191	58,502	50,508	-1.6%
08. Outpatient Hospital	170,119	179,226	191,842	166,112	132,897	144,240	151,306	-1.9%
09. Clinic Services	35,640	45,926	60,469	54,316	38,678	17,085	22,495	-7.4%
10. Lab and X-Ray	147,715	124,141	127,473	104,325	75,266	97,913	81,994	-9.3%
11. Home Health	12,838	12,297	11,077	10,524	11,508	15,395	19,516	7.2%
12. Prescribed Drugs	288,004	283,428	285,654	245,075	207,441	217,322	235,574	-3.3%
13. Family Planning	28,230	26,724	26,747	21,581	14,779	15,354	15,142	-9.9%
14. Early & Periodic Screening, Diagnosis & Treatment	55,653	53,928	51,323	38,130	22,978	20,297	17,970	-17.2%
15. Other Care	49,307	54,680	62,435	61,722	134,386	192,576	236,845	29.9%
16. Personal Care Support Services	0	0	0	0	0	0	0	n/a
17. Home/Community Based Waiver Services	0	0	0	57,968	125,636	7,454	7,454	-49.5%
18. Prepaid Health Care	0	0	0	0	0	78,830	78,830	0.0%
19. Primary Care Case Management (PCCM) Services	0	0	0	0	0	59,914	26,205	-56.3%
Total*	386,531	390,628	393,613	358,121	315,801	459,570	381,211	-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.

OKLAHOMA

SOUTHERN REGION MEDICAID PROFILE

<u>PAYMENTS BY TYPE OF SERVICES</u>	<u>FFY 93</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>Annual Change</u>	<u>Share of Total FFY 99</u>
01. General Hospital	\$243,548,656	\$194,861,083	\$188,696,685	\$157,561,197	\$147,891,848	\$168,923,561	\$165,474,857	-6.2%	12.7%
02. Mental Hospital	\$51,704,018	\$26,833,701	\$36,528,697	\$35,315,890	\$33,541,952	\$38,703,623	\$40,337,852	-4.1%	3.1%
03. Skilled and Intermediate (non-MR) Care Nursing	\$236,543,853	\$252,287,953	\$265,628,806	\$277,471,420	\$286,928,847	\$314,113,798	\$316,719,064	5.0%	24.4%
04. Intermediate Care for Mentally Retarded	\$130,518,876	\$90,914,993	\$94,091,873	\$96,741,869	\$122,151,681	\$112,345,595	\$101,802,771	-4.1%	7.8%
05. Physician Services	\$79,649,110	\$75,746,070	\$78,042,433	\$64,378,030	\$53,279,513	\$55,270,240	\$58,321,100	-5.1%	4.5%
06. Dental Services	\$7,961,620	\$6,539,818	\$6,349,765	\$4,206,350	\$3,230,659	\$5,370,560	\$7,780,122	-0.4%	0.6%
07. Other Practitioners	\$7,969,634	\$8,128,872	\$12,667,637	\$15,800,721	\$11,484,606	\$12,165,663	\$5,559,086	-5.8%	0.4%
08. Outpatient Hospital	\$61,575,644	\$69,188,803	\$81,122,690	\$69,832,413	\$51,847,043	\$47,943,420	\$56,616,128	-1.4%	4.4%
09. Clinic Services	\$8,351,888	\$9,336,351	\$12,301,930	\$11,470,614	\$7,668,701	\$8,810,431	\$9,449,191	2.1%	0.7%
10. Lab and X-Ray	\$8,245,474	\$6,279,647	\$6,891,924	\$5,359,509	\$4,219,305	\$4,705,888	\$4,522,482	-9.5%	0.3%
11. Home Health	\$69,267,476	\$84,014,100	\$96,878,445	\$100,982,685	\$116,075,624	\$51,042,300	\$188,789,321	18.2%	14.5%
12. Prescribed Drugs	\$89,523,200	\$89,253,227	\$100,909,395	\$98,292,786	\$110,880,180	\$135,622,036	\$169,510,492	11.2%	13.0%
13. Family Planning	\$5,998,000	\$4,563,511	\$4,034,923	\$3,144,194	\$2,192,674	\$2,370,400	\$2,333,388	-14.6%	0.2%
14. Early & Periodic Screening, Diagnosis & Treatment	\$5,743,021	\$5,807,952	\$5,762,361	\$4,146,066	\$2,149,148	\$1,715,088	\$1,452,515	-20.5%	0.1%
15. Other Care	\$36,849,144	\$50,383,625	\$64,964,354	\$11,637,084	\$84,487,215	\$109,565,323	\$135,874,244	24.3%	10.5%
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	\$64,890,516	\$106,738,790	\$109,186,013	\$0	-100.0%	0.0%
18. Prepaid Health Care	\$0	\$0	\$0	\$0	\$0	\$114,519,798	\$0	-100.0%	0.0%
19. Primary Case Management (PCCM) Services	\$0	\$0	\$0	\$0	\$0	\$9,105,898	\$34,734,960	281.5%	2.7%
Total (excludes DSH pymts, pharmacy rebates, & other adjs.)	\$1,043,449,614	\$974,139,706	\$1,054,871,918	\$1,021,231,344	\$1,144,767,786	\$1,301,479,635	\$1,299,277,573	3.7%	100.0%

AVERAGE PAYMENTS PER RECIPIENT BY TYPE OF SERVICES

								(+) or (-) SLIC	Avg. FFY 99
01. General Hospital	\$2,828.90	\$2,378.97	\$2,319.17	\$2,265.99	\$2,373.37	\$2,626.05	\$2,600.95	-1.4%	-33.7%
02. Mental Hospital	\$18,699.46	\$12,651.44	\$14,353.12	\$14,053.28	\$15,329.96	\$16,945.54	\$15,628.77	-2.9%	138.5%
03. Skilled and Intermediate (non-MR) Care Nursing	\$6,703.05	\$9,807.87	\$10,069.71	\$10,152.26	\$10,498.29	\$11,290.93	\$11,338.12	9.2%	-25.5%
04. Intermediate Care for Mentally Retarded	\$47,652.02	\$35,541.44	\$38,673.19	\$41,413.47	\$54,629.55	\$51,534.68	\$47,974.92	0.1%	-28.5%
05. Physician Services	\$271.65	\$258.49	\$266.01	\$249.94	\$261.41	\$264.80	\$270.46	-0.1%	-30.2%
06. Dental Services	\$149.98	\$132.99	\$131.59	\$124.77	\$130.84	\$185.77	\$201.90	5.1%	-7.8%
07. Other Practitioners	\$143.33	\$135.09	\$193.88	\$276.18	\$293.04	\$207.95	\$110.06	-4.3%	-27.6%
08. Outpatient Hospital	\$361.96	\$386.04	\$422.86	\$420.39	\$390.13	\$332.39	\$374.18	0.6%	-17.7%
09. Clinic Services	\$234.34	\$203.29	\$203.44	\$211.18	\$198.27	\$515.68	\$420.06	10.2%	-44.6%
10. Lab and X-Ray	\$55.82	\$50.58	\$54.07	\$51.37	\$56.06	\$48.06	\$55.16	-0.2%	-49.7%
11. Home Health	\$5,395.50	\$6,832.08	\$8,745.91	\$9,595.47	\$10,086.52	\$3,315.51	\$9,673.57	10.2%	284.0%
12. Prescribed Drugs	\$310.84	\$314.91	\$353.26	\$401.07	\$534.51	\$624.06	\$719.56	15.0%	-10.2%
13. Family Planning	\$212.47	\$170.76	\$150.86	\$145.69	\$148.36	\$154.38	\$154.10	-5.2%	-29.0%
14. Early & Periodic Screening, Diagnosis & Treatment	\$103.19	\$107.70	\$112.28	\$108.74	\$93.53	\$84.50	\$80.83	-4.0%	-54.9%
15. Other Care	\$747.34	\$921.43	\$1,040.51	\$188.54	\$628.69	\$568.95	\$573.68	-4.3%	47.6%
16. Personal Care Support Services	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	n/a	-100.0%
17. Home/Community Based Waiver Services	\$0.00	\$0.00	\$0.00	\$1,119.42	\$849.59	\$14,647.98	\$0.00	-100.0%	-100.0%
18. Prepaid Health Care	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,452.74	\$0.00	-100.0%	-100.0%
19. Primary Care Case Management (PCCM) Services	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$151.98	\$1,325.51	772.1%	1406.9%
Total (Average)	\$2,699.52	\$2,493.78	\$2,679.97	\$2,851.64	\$3,624.97	\$2,831.95	\$3,408.29	4.0%	5.9%

TOTAL PER CAPITA EXPENDITURES	\$349.63	\$350.39	\$352.74	\$367.72	\$409.76	\$437.49	\$474.59	5.2%	-18.7%
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OKLAHOMA

SOUTHERN REGION MEDICAID PROFILE
DATA BY OTHER CHARACTERISTICS

RECIPIENTS BY OTHER CHARACTERISTICS

	FFY 93	FFY 94	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	<i>Annual Change</i>	<i>Share of Total FFY 99</i>
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	227,640	233,744	229,582	110,753	981	197,595	114,634	-10.8%	30.1%
Poverty Related Eligibles	87,129	75,156	81,612	109,793	113,143	154,364	220,897	16.8%	57.9%
Medically Needy	11,428	14,241	13,466	11,961	10,963	12,978	8,539	-4.7%	2.2%
Other Eligibles	60,334	67,487	68,953	67,646	65,078	94,633	37,141	-7.8%	9.7%
Maintenance Assistance Status Unknown (Managed Care)	0	0	0	57,968	125,636	0	0	-100.0%	0.0%
Total	386,531	390,628	393,613	358,121	315,801	459,570	381,211	-0.2%	100.0%
By Basis of Eligibility									
Aged, Blind, or Disabled	97,017	106,027	107,831	107,842	108,411	123,719	111,476	2.3%	29.2%
Children	188,691	197,674	198,806	172,377	140,482	203,277	159,473	-2.8%	41.8%
Foster Care Children	371	600	944	976	33,899	37,042	34,006	112.3%	8.9%
Adults	100,452	86,327	86,032	76,926	31,771	89,368	76,256	-4.5%	20.0%
Basis of Eligibility Unknown	0	0	0	0	1,238	6,164	0	-100.0%	0.0%
Total	386,531	390,628	393,613	358,121	315,801	459,570	381,211	-0.2%	100.0%
By Age									
Under Age 1	25,384	24,636	24,496	22,852	19,644	38,814	21,189	-3.0%	5.6%
Age 1 to 5	78,761	80,791	80,849	70,061	55,897	85,156	72,019	-1.5%	18.9%
Age 6 to 14	70,254	71,593	73,546	65,601	56,082	107,513	90,315	4.3%	23.7%
Age 15 to 20	40,013	39,595	39,969	34,763	30,536	43,302	39,869	-0.1%	10.5%
Age 21 to 44	89,005	89,024	89,047	79,927	68,548	90,134	69,040	-4.1%	18.1%
Age 45 to 64	25,674	27,212	28,460	28,990	29,539	34,260	32,266	3.9%	8.5%
Age 65 to 74	19,272	19,515	19,519	19,121	19,257	23,018	20,009	0.6%	5.2%
Age 75 to 84	21,336	21,204	20,571	19,703	19,232	20,740	19,391	-1.6%	5.1%
Age 85 and Over	16,831	17,057	17,033	17,091	16,982	16,615	17,105	0.3%	4.5%
Age Unknown	1	1	123	12	84	18	8	41.4%	0.0%
Total	386,531	390,628	393,613	358,121	315,801	459,570	381,211	-0.2%	100.0%
By Race									
White	263,328	265,175	265,910	246,787	223,106	300,791	262,042	-0.1%	68.7%
Black	70,973	71,392	71,512	58,313	42,509	83,570	49,106	-6.0%	12.9%
Hispanic, American Indian or Asian	52,230	54,061	56,067	53,021	50,122	75,209	70,063	5.0%	18.4%
Other/Unknown	0	0	124	0	64	0	0	-100.0%	0.0%
Total	386,531	390,628	393,613	358,121	315,801	459,570	381,211	-0.2%	100.0%
By Sex									
Female	248,283	249,698	250,778	228,288	200,747	281,884	233,515	-1.0%	61.3%
Male	138,248	140,930	142,711	129,833	114,990	177,686	147,696	1.1%	38.7%
Unknown	0	0	124	0	64	0	0	-100.0%	0.0%
Total	386,531	390,628	393,613	358,121	315,801	459,570	381,211	-0.2%	100.0%

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

SOUTHERN REGION MEDICAID PROFILE

PAYMENTS BY OTHER CHARACTERISTICS

	FFY 93	FFY 94	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	Annual Change	Share of Total FFY 99
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	\$382,931,584	\$382,686,038	\$424,368,961	\$325,410,311	\$1,765,800	\$408,446,264	\$454,478,316	2.9%	35.0%
Poverty Related Eligibles	\$492,703,384	\$437,361,090	\$477,588,798	\$560,579,510	\$612,980,866	\$647,895,453	\$337,366,593	-6.1%	26.0%
Medically Needy	\$35,962,778	\$29,329,453	\$27,412,122	\$27,529,399	\$25,029,799	\$20,851,529	\$17,439,694	-11.4%	1.3%
Other Eligibles	\$131,851,868	\$124,763,125	\$125,502,037	\$107,712,124	\$96,902,288	\$100,660,691	\$489,992,970	24.5%	37.7%
Maintenance Assistance Status Unknown (Managed Care)	\$0	\$0	\$0	\$0	\$408,089,033	\$123,625,698	\$0	-100.0%	0.0%
Total	\$1,043,449,614	\$974,139,706	\$1,054,871,918	\$1,021,231,344	\$1,144,767,786	\$1,301,479,635	\$1,299,277,573	3.7%	100.0%
By Basis of Eligibility									
Aged, Blind or Disabled	\$640,707,146	\$641,921,301	\$699,701,173	\$730,287,575	\$799,444,437	\$900,845,050	\$967,447,564	7.1%	74.5%
Children	\$259,950,335	\$220,255,274	\$243,467,089	\$204,868,658	\$164,947,248	\$188,563,374	\$244,411,622	-1.0%	18.8%
Foster Care Children	\$444,252	\$479,132	\$881,932	\$44,605,890	\$43,274,604	\$44,980,549	\$45,032,001	115.9%	3.5%
Adults	\$142,347,881	\$111,483,999	\$110,821,724	\$40,432,561	\$28,512,223	\$41,639,350	\$42,386,386	-18.3%	3.3%
Basis of Eligibility Unknown (Includes Managed Care)	\$0	\$0	\$0	\$1,036,660	\$108,589,274	\$125,451,312	\$0	-100.0%	0.0%
Total	\$1,043,449,614	\$974,139,706	\$1,054,871,918	\$1,021,231,344	\$1,144,767,786	\$1,301,479,635	\$1,299,277,573	3.7%	100.0%
By Age									
Under Age 1	\$72,154,677	\$63,353,224	\$62,781,768	\$55,572,828	\$42,954,023	\$40,163,677	\$45,116,388	-7.5%	3.5%
Age 1 to 5	\$68,279,943	\$67,686,901	\$71,396,975	\$57,741,364	\$47,396,079	\$52,837,675	\$58,611,555	-2.5%	4.5%
Age 6 to 14	\$98,149,435	\$83,602,329	\$106,115,457	\$100,930,155	\$87,756,430	\$105,951,421	\$129,605,562	4.7%	10.0%
Age 15 to 20	\$109,451,753	\$83,315,701	\$89,777,834	\$79,237,632	\$71,578,794	\$78,791,074	\$97,175,246	-2.0%	7.5%
Age 21 to 44	\$263,979,698	\$249,102,817	\$268,133,862	\$256,809,842	\$259,973,366	\$295,698,867	\$326,983,353	3.6%	25.2%
Age 45 to 64	\$109,579,753	\$113,430,096	\$126,632,997	\$136,844,006	\$156,085,301	\$184,322,199	\$207,740,201	11.2%	16.0%
Age 65 to 74	\$67,146,948	\$68,119,455	\$73,182,701	\$75,474,718	\$81,003,153	\$94,789,404	\$105,865,666	7.9%	8.1%
Age 75 to 84	\$112,933,341	\$115,940,735	\$118,936,668	\$117,702,849	\$120,888,596	\$137,780,875	\$148,524,340	4.7%	11.4%
Age 85 and Over	\$122,938,008	\$128,905,449	\$138,774,712	\$143,861,461	\$149,809,005	\$169,495,487	\$177,356,979	6.3%	13.7%
Age Unknown	\$18,836,058	\$682,999	(\$861,056)	(\$2,943,511)	\$127,323,039	\$141,648,956	\$2,298,283	-29.6%	0.2%
Total	\$1,043,449,614	\$974,139,706	\$1,054,871,918	\$1,021,231,344	\$1,144,767,786	\$1,301,479,635	\$1,299,277,573	3.7%	100.0%
By Race									
White	\$788,861,958	\$749,209,006	\$811,486,293	\$796,347,625	\$798,294,727	\$914,770,638	\$1,002,926,630	4.1%	77.2%
Black	\$137,429,615	\$132,466,247	\$142,401,748	\$127,285,081	\$116,967,142	\$129,301,888	\$142,719,776	0.6%	11.0%
Hispanic, American Indian or Asian	\$98,321,988	\$91,767,236	\$101,849,204	\$100,712,160	\$102,451,180	\$116,101,387	\$137,177,810	5.7%	10.6%
Other/Unknown	\$18,836,053	\$697,217	(\$865,327)	(\$3,113,522)	\$127,054,737	\$141,305,722	\$16,453,357	-2.2%	1.3%
Total	\$1,043,449,614	\$974,139,706	\$1,054,871,918	\$1,021,231,344	\$1,144,767,786	\$1,301,479,635	\$1,299,277,573	3.7%	100.0%
By Sex									
Female	\$627,569,326	\$598,630,070	\$640,929,495	\$609,927,176	\$608,156,652	\$691,028,833	\$765,473,821	3.4%	58.9%
Male	\$397,044,233	\$374,814,034	\$414,807,750	\$414,255,363	\$409,237,836	\$468,864,411	\$533,803,752	5.1%	41.1%
Unknown	\$18,836,055	\$695,602	(\$865,327)	(\$2,951,195)	\$127,373,298	\$141,586,391	\$0	-100.0%	0.0%
Total	\$1,043,449,614	\$974,139,706	\$1,054,871,918	\$1,021,231,344	\$1,144,767,786	\$1,301,479,635	\$1,299,277,573	3.7%	100.0%

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

OKLAHOMA

SOUTHERN REGION MEDICAID PROFILE

AVERAGE PAYMENT PER RECIPIENT BY OTHER CHARACTERISTICS

	FFY 93	FFY 94	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	Annual Change	Above (+) or Below (-) SLC Avg. FFY 99
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	\$1,682.18	\$1,637.20	\$1,848.44	\$2,938.16	\$1,800.00	\$2,067.09	\$3,964.60	15.4%	16.9%
Poverty Related Eligibles	\$5,654.87	\$5,819.38	\$5,851.94	\$5,105.79	\$5,417.75	\$4,197.19	\$1,527.26	-19.6%	-27.3%
Medically Needy	\$3,146.90	\$2,059.51	\$2,035.65	\$2,301.60	\$2,283.12	\$1,606.68	\$2,042.36	-7.0%	-27.8%
Other Eligibles	\$2,185.37	\$1,848.70	\$1,820.11	\$1,592.29	\$1,489.02	\$1,063.70	\$13,192.78	34.9%	102.2%
Maintenance Assistance Status Unknown	\$0.00	\$0.00	\$0.00	\$0.00	\$3,248.19	\$0.00	\$0.00	-100.0%	-100.0%
Total	\$2,699.52	\$2,493.78	\$2,679.97	\$2,851.64	\$3,624.97	\$2,831.95	\$3,408.29	4.0%	5.9%
By Basis of Eligibility									
Aged, Blind or Disabled	\$6,604.07	\$6,054.32	\$6,488.87	\$6,771.83	\$7,374.20	\$7,281.38	\$8,678.53	4.7%	20.7%
Children	\$1,377.65	\$1,114.23	\$1,224.65	\$1,188.49	\$1,174.15	\$927.62	\$1,532.62	1.8%	32.3%
Foster Care Children	\$1,197.44	\$798.55	\$934.25	\$45,702.76	\$1,276.57	\$1,214.31	\$1,324.24	1.7%	-61.8%
Adults	\$1,417.07	\$1,291.42	\$1,288.15	\$525.60	\$897.43	\$465.93	\$555.84	-14.4%	-74.2%
Basis of Eligibility Unknown (Includes Managed Care)	\$0.00	\$0.00	\$0.00	\$0.00	\$87,713.47	\$20,352.26	\$0.00	-100.0%	-100.0%
Total	\$2,699.52	\$2,493.78	\$2,679.97	\$2,851.64	\$3,624.97	\$2,831.95	\$3,408.29	4.0%	5.9%
By Age									
Under Age 1	\$2,842.53	\$2,571.57	\$2,562.94	\$2,431.86	\$2,186.62	\$1,034.77	\$2,129.24	-4.7%	-15.2%
Age 1 to 5	\$866.93	\$837.80	\$883.09	\$824.16	\$847.92	\$620.48	\$813.83	-1.0%	-31.8%
Age 6 to 14	\$1,397.07	\$1,167.74	\$1,442.84	\$1,538.55	\$1,564.79	\$985.48	\$1,435.04	0.4%	9.3%
Age 15 to 20	\$2,735.40	\$2,104.20	\$2,246.19	\$2,279.37	\$2,344.08	\$1,819.57	\$2,437.36	-1.9%	10.8%
Age 21 to 44	\$2,965.90	\$2,798.15	\$3,011.15	\$3,213.05	\$3,792.57	\$3,280.66	\$4,736.14	8.1%	39.3%
Age 45 to 64	\$4,268.12	\$4,168.39	\$4,449.51	\$4,720.39	\$5,284.04	\$5,380.10	\$6,438.36	7.1%	21.5%
Age 65 to 74	\$3,484.17	\$3,490.62	\$3,749.31	\$3,947.22	\$4,206.43	\$4,118.06	\$5,290.90	7.2%	7.8%
Age 75 to 84	\$5,293.09	\$5,467.87	\$5,781.76	\$5,973.85	\$6,285.80	\$6,643.24	\$7,659.45	6.4%	-1.9%
Age 85 and Over	\$7,304.26	\$7,557.33	\$8,147.40	\$8,417.38	\$8,821.63	\$10,201.35	\$10,368.72	6.0%	-12.0%
Age Unknown	\$18,836,058.00	\$682,999.00	(\$7,000.46)	(\$245,292.56)	\$1,515,750.46	\$7,869,386.44	\$287,285.38	-50.2%	-73.5%
Total	\$2,699.52	\$2,493.78	\$2,679.97	\$2,851.64	\$3,624.97	\$2,831.95	\$3,408.29	4.0%	5.9%
By Race									
White	\$2,995.74	\$2,825.34	\$3,051.73	\$3,226.86	\$3,578.10	\$3,041.22	\$3,827.35	4.2%	7.9%
Black	\$1,936.36	\$1,855.48	\$1,991.30	\$2,182.79	\$2,751.59	\$1,547.23	\$2,906.36	7.0%	16.1%
Hispanic, American Indian or Asian	\$1,882.48	\$1,697.48	\$1,816.56	\$1,899.48	\$2,044.04	\$1,543.72	\$1,957.92	0.7%	-5.2%
Other/Unknown	\$0.00	\$0.00	(\$6,978.44)	\$0.00	\$1,985,230.27	\$0.00	\$0.00	-100.0%	-100.0%
Total	\$2,699.52	\$2,493.78	\$2,679.97	\$2,851.64	\$3,624.97	\$2,831.95	\$3,408.29	4.0%	5.9%
By Sex									
Female	\$2,527.64	\$2,397.42	\$2,555.76	\$2,671.74	\$3,029.47	\$2,451.47	\$3,278.05	4.4%	-3.2%
Male	\$2,871.97	\$2,659.58	\$2,906.63	\$3,190.68	\$3,558.90	\$2,638.72	\$3,614.21	3.9%	29.1%
Unknown	\$0.00	\$0.00	(\$6,978.44)	\$0.00	\$1,990,207.78	\$0.00	\$0.00	-100.0%	-100.0%
Total	\$2,699.52	\$2,493.78	\$2,679.97	\$2,851.64	\$3,624.97	\$2,831.95	\$3,408.29	4.0%	5.9%

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, 2000; and "Medicaid Services State by State", HCFA, October 1999.

**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

- 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 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.
- Changed home health reimbursement rates from a cost based methodology to a flat rate for all providers, effective 7/1/98.

OKLAHOMA

SOUTHERN REGION MEDICAID PROFILE

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.

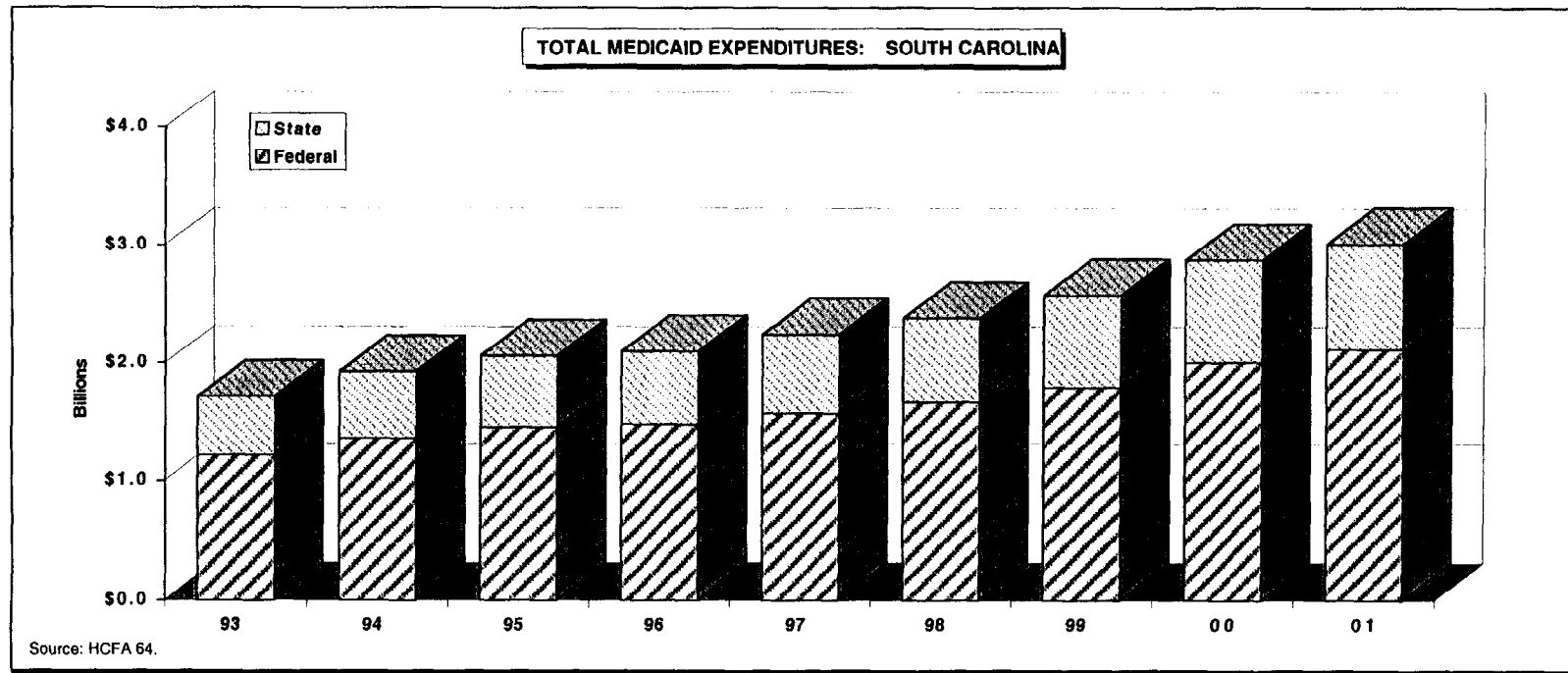
Tobacco Settlement

- The state expects to receive approximately \$2.03 billion over 25 years.
- For Fiscal Year 2000, the tobacco settlement payment should be approximately \$66 million.
- The model statute, required by the Master Settlement Agreement, was enacted to receive tobacco money allotted to the state.
- No specific expenditure plan for tobacco settlement monies was adopted by the Legislature in SFY 00.

STATE MEDICAID PROFILE



SOUTHERN REGION MEDICAID PROFILE



	FFY 93	FFY 94	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00**	FFY 01**	Annual Rate of Change	Total 93-01
Medicaid Payments	\$1,639,402,075	\$1,854,446,011	\$1,973,576,244	\$2,013,832,070	\$2,152,056,132	\$2,291,868,201	\$2,474,493,301	\$2,766,243,000	\$2,900,525,000	7.4%	76.9%
Federal Share	\$1,172,998,410	\$1,320,066,327	\$1,398,296,056	\$1,429,689,028	\$1,519,082,799	\$1,618,889,674	\$1,740,195,472	\$1,945,637,000	\$2,056,947,000	7.3%	75.4%
State Share	\$466,403,665	\$534,379,684	\$575,280,188	\$584,143,042	\$632,973,333	\$672,978,527	\$734,297,829	\$820,606,000	\$843,578,000	7.7%	80.9%
Administrative Costs	\$74,251,142	\$71,800,090	\$86,424,297	\$81,361,452	\$88,870,964	\$87,867,286	\$96,945,550	\$105,866,000	\$106,772,000	4.6%	43.8%
Federal Share	\$40,246,695	\$41,202,505	\$50,085,084	\$45,439,898	\$49,891,814	\$45,813,555	\$53,554,056	\$58,298,000	\$58,750,000	4.8%	46.0%
State Share	\$34,004,447	\$30,597,585	\$36,339,213	\$35,921,554	\$38,979,150	\$42,053,731	\$43,391,494	\$47,568,000	\$48,022,000	4.4%	41.2%
Admin. Costs as % of Payments	4.53%	3.87%	4.38%	4.04%	4.13%	3.83%	3.92%	3.83%	3.68%		
Federal Match Rate*	71.28%	71.08%	70.71%	70.77%	70.43%	70.23%	69.85%	69.95%	70.44%		

*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 00 and 01 reflect latest estimates reported by each state on HCFA 37.

SOUTH CAROLINA

SOUTHERN REGION MEDICAID PROFILE

STATE FINANCING

	Payments		Administration	
	FFY 93	FFY 99	FFY 93	FFY 99
State General Fund	\$466,403,665	\$712,139,598	\$34,004,447	\$43,391,494
Local Funds	\$0	\$0	\$0	\$0
Provider Taxes	\$0	\$20,038,247	\$0	\$0
Donations*	\$0	\$83,869	\$0	\$0
Other**	\$0	\$2,036,115	\$0	\$0
Total State Share	\$466,403,665	\$734,297,829	\$34,004,447	\$43,391,494

*Donations from miscellaneous contracts

**Other from Outstationed Eligibility Workers Program

Provider Taxes Currently in Place (FFY 99)		
Provider(s)	Tax Rate	Amount
General hospitals	Flat tax on previous year gross revenues	\$12,855,947
ICF/MR	\$8.50 per patient day	\$7,182,300
Total		\$20,038,247

DISPROPORTIONATE SHARE HOSPITAL (DSH) PAYMENTS

	FFY 93	FFY 94	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00*	FFY 01*	Annual Change
General Hospitals	\$411,565,799	\$391,843,935	\$367,034,942	\$395,316,780	\$401,352,000	\$408,098,253	\$397,673,493	\$328,486,456	\$328,486,456	-1.8%
Mental Hospitals	\$28,193,201	\$47,915,065	\$73,076,341	\$44,442,220	\$38,407,000	\$37,580,232	\$36,113,205	\$46,066,796	\$46,066,796	-7.4%
Total	\$439,759,000	\$439,759,000	\$440,111,283	\$439,759,000	\$439,759,000	\$445,678,485	\$433,786,698	\$374,553,252	\$374,553,252	-2.7%

SELECTED ELIGIBILITY CRITERIA

	At 10/1/00	% of FPL*
TANF-Temporary Assistance for Needy Families (Family of 3)		
Need Standard	\$555	47.1%
Payment Standard	\$201	17.0%
Maximum Payment	\$201	17.0%
Medically Needy Program (Family of 3)		
Income Eligibility Standard	N/A	
Resource Standard		
Pregnant Women, Children and Infants (% of FPL*)		
Pregnant women and infants		185.0%
Children to age 6		150.0%
Children age 6 to 18		150.0%
SSI Eligibility Levels		
Income:		
Single Person	\$494	71.0%
Couple	\$741	79.0%
Resources:		
Single Person	\$2,000	
Couple	\$4,000	

*Current federal poverty level is \$8,350 per year for a single person, \$11,250 for a family of two and \$14,150 for a family of three. Table above shows monthly income levels.

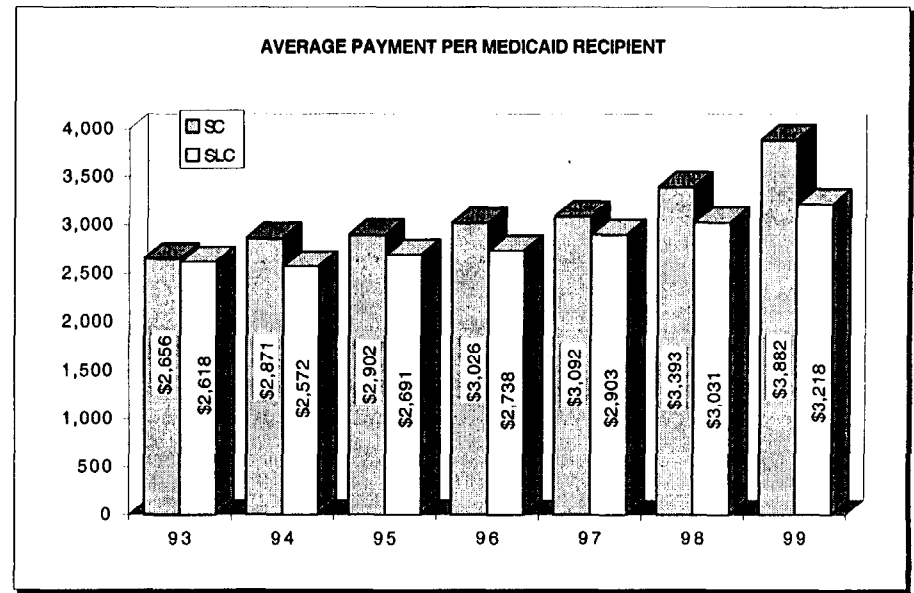
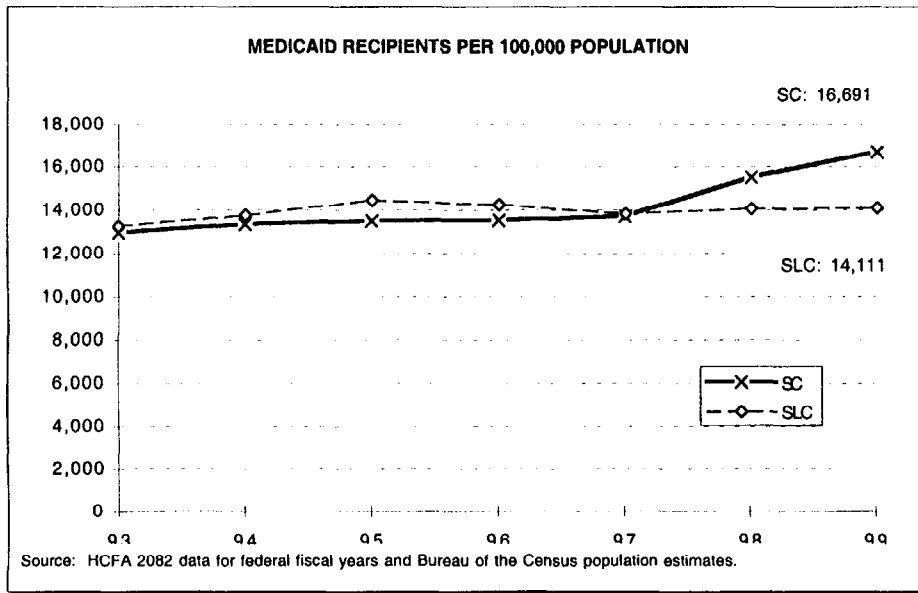
DEMOGRAPHIC DATA & POVERTY INDICATORS (1999)

		Rank in U.S.
State population—July 1, 1999*	3,885,736	26
Per capita personal income**	\$21,387	41
Median household income**	\$34,692	35
Population below Federal Poverty Level on July 1, 1999*	516,803	
Percent of total population	13.3%	17
Population without health insurance coverage*	591,000	24
Percent of total population	15.2%	21
Recipients of Food Stamps***	308,570	18
Households receiving Food Stamps***	126,539	19
Total value of issuance***	\$251,133,382	20
Average monthly benefit per recipient	\$67.82	40
Average monthly benefit per household	\$165.39	11
Monthly recipients of Temporary Assistance to Needy Families (TANF)****	40,293	31
Total TANF payments****	\$122,403,818	32
Average monthly payment per recipient	\$253.15	
Maximum monthly payment per family of 3	\$201.00	45

*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)

<u>RECIPIENTS BY TYPE OF SERVICES</u>	<u>FFY 93</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>	<i>Annual Change</i>
01. General Hospital	136,475	134,914	138,312	135,838	137,519	137,289	N/A	N/A
02. Mental Hospital	1,772	1,535	1,783	1,303	1,181	1,531	N/A	N/A
03. Skilled and Intermediate (non-MR) Care Nursing	14,629	14,768	15,359	16,106	16,313	17,352	N/A	N/A
04. Intermediate Care for Mentally Retarded	3,386	3,322	3,137	3,025	2,837	2,856	N/A	N/A
05. Physician Services	376,676	384,734	389,236	386,894	393,019	418,331	N/A	N/A
06. Dental Services	102,722	114,470	113,238	112,781	116,292	130,360	N/A	N/A
07. Other Practitioners	79,221	84,024	88,422	89,557	93,858	87,212	N/A	N/A
08. Outpatient Hospital	211,121	211,326	216,198	212,316	218,299	233,585	N/A	N/A
09. Clinic Services	158,678	184,402	201,554	211,974	223,608	224,554	N/A	N/A
10. Lab and X-Ray	126,444	143,127	145,387	145,398	146,784	150,252	N/A	N/A
11. Home Health	11,162	13,075	15,906	18,553	21,792	10,331	N/A	N/A
12. Prescribed Drugs	341,554	355,545	365,571	365,409	359,910	401,611	N/A	N/A
13. Family Planning	51,577	49,138	55,788	66,319	79,256	112,341	N/A	N/A
14. Early & Periodic Screening, Diagnosis & Treatment	96,421	96,170	105,862	102,334	102,936	108,591	N/A	N/A
15. Other Care	110,152	122,632	141,651	134,608	127,397	113,086	N/A	N/A
16. Personal Care Support Services	0	0	0	0	0	61,734	N/A	N/A
17. Home/Community Based Waiver Services	0	0	0	0	0	14,675	N/A	N/A
18. Prepaid Health Care	0	0	0	0	0	17,195	N/A	N/A
19. Primary Care Case Management (PCCM) Services	0	0	0	0	0	0	N/A	N/A
Total*	470,416	486,110	495,500	503,295	519,875	594,962	648,581	5.5%

*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.

**Estimated total number of recipients and expenditures provided by the state as HCFA 2082 data not available for FFY 99. South Carolina was unable to provide HCFA 2082 data for FFY 99.

SOUTH CAROLINA

SOUTHERN REGION MEDICAID PROFILE

PAYMENTS BY TYPE OF SERVICES	FFY 93	FFY 94	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	Annual	Share of Total
								Change	FFY 99
01. General Hospital	\$352,376,783	\$392,709,515	\$331,618,553	\$327,693,359	\$333,432,020	\$522,891,024	N/A	N/A	N/A
02. Mental Hospital	\$45,250,697	\$48,945,566	\$48,948,962	\$27,732,879	\$23,672,509	\$47,960,982	N/A	N/A	N/A
03. Skilled and Intermediate (non-MR) Care Nursing	\$203,359,820	\$227,693,380	\$238,471,153	\$268,110,314	\$281,609,211	\$302,667,749	N/A	N/A	N/A
04. Intermediate Care for Mentally Retarded	\$157,217,763	\$157,986,025	\$162,291,354	\$169,209,598	\$162,263,264	\$167,959,347	N/A	N/A	N/A
05. Physician Services	\$111,184,492	\$115,849,113	\$121,998,248	\$131,025,788	\$143,150,356	\$150,905,913	N/A	N/A	N/A
06. Dental Services	\$12,255,974	\$14,032,412	\$14,354,425	\$14,492,151	\$15,590,151	\$18,640,048	N/A	N/A	N/A
07. Other Practitioners	\$6,929,331	\$7,498,155	\$7,881,310	\$8,126,951	\$8,417,004	\$6,023,393	N/A	N/A	N/A
08. Outpatient Hospital	\$37,073,980	\$37,939,033	\$41,457,108	\$42,047,434	\$47,599,416	\$52,518,262	N/A	N/A	N/A
09. Clinic Services	\$74,701,554	\$96,130,799	\$116,964,885	\$126,189,093	\$129,341,086	\$138,424,592	N/A	N/A	N/A
10. Lab and X-Ray	\$7,477,743	\$9,284,036	\$9,866,228	\$10,769,176	\$11,924,976	\$12,185,658	N/A	N/A	N/A
11. Home Health	\$51,000,205	\$62,024,768	\$77,678,849	\$92,608,371	\$124,959,128	\$15,473,934	N/A	N/A	N/A
12. Prescribed Drugs	\$94,030,373	\$110,845,482	\$124,500,348	\$143,804,519	\$159,606,414	\$224,962,203	N/A	N/A	N/A
13. Family Planning	\$12,037,139	\$10,419,800	\$13,554,764	\$24,040,363	\$17,771,271	\$34,421,428	N/A	N/A	N/A
14. Early & Periodic Screening, Diagnosis & Treatment	\$6,627,430	\$6,489,663	\$7,736,383	\$7,525,154	\$7,715,555	\$7,942,631	N/A	N/A	N/A
15. Other Care	\$77,788,286	\$97,901,965	\$120,791,541	\$129,365,422	\$140,375,487	\$102,108,042	N/A	N/A	N/A
16. Personal Care Support Services	\$0	\$0	\$0	\$0	\$0	\$73,310,778	N/A	N/A	N/A
17. Home/Community Based Waiver Services	\$0	\$0	\$0	\$0	\$0	\$123,052,297	N/A	N/A	N/A
18. Prepaid Health Care	\$0	\$0	\$0	\$0	\$0	\$17,172,147	N/A	N/A	N/A
19. Primary Case Management (PCCM) Services	\$0	\$0	\$0	\$0	\$0	\$0	N/A	N/A	N/A
Total (excludes DSH pymts, pharmacy rebates, & other adjs.)	\$1,249,311,570	\$1,395,749,712	\$1,438,114,111	\$1,522,740,572	\$1,607,427,848	\$2,018,620,428	\$2,518,032,309	12.4%	100.0%

AVERAGE PAYMENTS PER RECIPIENT BY TYPE OF SERVICES

									(+) or (-) SLC
									Aug. FFY 99
01. General Hospital	\$2,581.99	\$2,910.81	\$2,397.61	\$2,412.38	\$2,424.63	\$3,808.69	N/A	N/A	N/A
02. Mental Hospital	\$25,536.51	\$31,886.36	\$27,453.15	\$21,283.87	\$20,044.46	\$31,326.57	N/A	N/A	N/A
03. Skilled and Intermediate (non-MR) Care Nursing	\$13,901.14	\$15,418.02	\$15,526.48	\$16,646.61	\$17,262.87	\$17,442.82	N/A	N/A	N/A
04. Intermediate Care for Mentally Retarded	\$46,431.71	\$47,557.50	\$51,734.57	\$55,937.06	\$57,195.37	\$58,809.30	N/A	N/A	N/A
05. Physician Services	\$295.17	\$301.11	\$313.43	\$338.66	\$364.23	\$360.73	N/A	N/A	N/A
06. Dental Services	\$119.31	\$122.59	\$126.76	\$128.50	\$134.06	\$142.99	N/A	N/A	N/A
07. Other Practitioners	\$87.47	\$89.24	\$89.13	\$90.75	\$89.68	\$69.07	N/A	N/A	N/A
08. Outpatient Hospital	\$175.61	\$179.53	\$191.76	\$198.04	\$218.05	\$224.84	N/A	N/A	N/A
09. Clinic Services	\$470.77	\$521.31	\$580.32	\$595.30	\$578.43	\$616.44	N/A	N/A	N/A
10. Lab and X-Ray	\$59.14	\$64.87	\$67.86	\$74.07	\$81.24	\$81.10	N/A	N/A	N/A
11. Home Health	\$4,569.09	\$4,743.77	\$4,883.62	\$4,991.56	\$5,734.17	\$1,497.82	N/A	N/A	N/A
12. Prescribed Drugs	\$275.30	\$311.76	\$340.56	\$393.54	\$443.46	\$560.15	N/A	N/A	N/A
13. Family Planning	\$233.38	\$212.05	\$242.97	\$362.50	\$224.23	\$306.40	N/A	N/A	N/A
14. Early & Periodic Screening, Diagnosis & Treatment	\$68.73	\$67.48	\$73.08	\$73.54	\$74.95	\$73.14	N/A	N/A	N/A
15. Other Care	\$706.19	\$798.34	\$852.74	\$961.05	\$1,101.87	\$902.92	N/A	N/A	N/A
16. Personal Care Support Services	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,187.53	N/A	N/A	N/A
17. Home/Community Based Waiver Services	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$8,385.17	N/A	N/A	N/A
18. Prepaid Health Care	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$998.67	N/A	N/A	N/A
19. Primary Care Case Management (PCCM) Services	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
Total (Average)	\$2,655.76	\$2,871.26	\$2,902.35	\$3,025.54	\$3,091.95	\$3,392.86	\$3,882.37	6.5%	20.7%

TOTAL PER CAPITA EXPENDITURES	\$472.28	\$528.76	\$561.77	\$563.73	\$591.57	\$620.38	\$661.76	5.8%	13.4%
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SOUTH CAROLINA

SOUTHERN REGION MEDICAID PROFILE
DATA BY OTHER CHARACTERISTICS

RECIPIENTS BY OTHER CHARACTERISTICS

	FFY 93	FFY 94	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	Annual Change	Share of Total FFY 99
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	272,447	265,410	257,072	245,107	197,281	190,767	N/A	N/A	N/A
Poverty Related Eligibles	10,291	24,119	48,921	55,794	194,689	225,889	N/A	N/A	N/A
Medically Needy	3,396	161	10	3	0	0	N/A	N/A	N/A
Other Eligibles	184,282	196,420	189,497	202,391	127,905	155,498	N/A	N/A	N/A
Maintenance Assistance Status Unknown	0	0	0	0	0	22,808	N/A	N/A	N/A
Total	470,416	486,110	495,500	503,295	519,875	594,962	648,581	5.5%	100.0%
By Basis of Eligibility									
Aged, Blind, or Disabled	153,576	165,462	172,026	176,276	178,845	174,978	N/A	N/A	N/A
Children	223,197	231,724	234,783	236,162	244,194	269,751	N/A	N/A	N/A
Foster Care Children	429	1,342	1,794	1,569	2,831	6,412	N/A	N/A	N/A
Adults	93,214	87,582	86,897	89,288	94,005	121,013	N/A	N/A	N/A
Basis of Eligibility Unknown	0	0	0	0	0	22,808	N/A	N/A	N/A
Total	470,416	486,110	495,500	503,295	519,875	594,962	648,581	5.5%	100.0%
By Age									
Under Age 1	41,896	41,226	40,906	39,925	41,450	27,168	N/A	N/A	N/A
Age 1 to 5	93,478	98,529	97,639	95,377	92,463	100,788	N/A	N/A	N/A
Age 6 to 14	78,424	84,995	91,237	96,955	103,589	130,359	N/A	N/A	N/A
Age 15 to 20	39,795	40,836	42,726	45,163	49,379	64,024	N/A	N/A	N/A
Age 21 to 44	101,189	102,286	102,402	104,364	110,538	131,514	N/A	N/A	N/A
Age 45 to 64	38,561	39,747	42,028	43,725	46,723	46,949	N/A	N/A	N/A
Age 65 to 74	32,661	33,571	33,068	32,365	30,695	29,380	N/A	N/A	N/A
Age 75 to 84	28,536	28,476	28,454	28,333	28,321	27,507	N/A	N/A	N/A
Age 85 and Over	15,753	16,349	16,899	16,952	16,592	17,408	N/A	N/A	N/A
Age Unknown	123	95	141	136	125	19,865	N/A	N/A	N/A
Total	470,416	486,110	495,500	503,295	519,875	594,962	648,581	5.5%	100.0%
By Race									
White	173,882	180,159	184,392	188,387	196,643	220,674	N/A	N/A	N/A
Black	274,119	281,582	286,346	288,669	295,146	326,308	N/A	N/A	N/A
Hispanic, American Indian or Asian	2,781	3,041	3,403	4,033	4,832	5,667	N/A	N/A	N/A
Other/Unknown	19,634	21,328	21,359	22,206	23,254	42,313	N/A	N/A	N/A
Total	470,416	486,110	495,500	503,295	519,875	594,962	648,581	5.5%	100.0%
By Sex									
Female	301,895	309,106	313,065	318,798	331,412	369,944	N/A	N/A	N/A
Male	168,247	176,924	182,363	184,442	188,363	205,046	N/A	N/A	N/A
Unknown	274	80	72	55	100	19,972	N/A	N/A	N/A
Total	470,416	486,110	495,500	503,295	519,875	594,962	648,581	5.5%	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 93	FFY 94	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	Annual Change	Share of Total FFY 99
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	\$613,101,008	\$704,995,787	\$712,038,867	\$746,410,451	\$718,713,823	\$751,927,407	N/A	N/A	N/A
Poverty Related Eligibles	\$8,180,689	\$19,327,043	\$76,134,287	\$78,680,449	\$326,182,355	\$448,329,281	N/A	N/A	N/A
Medically Needy	\$6,439,552	\$85,002	\$186,805	\$18,596	\$0	\$0	N/A	N/A	N/A
Other Eligibles	\$621,590,321	\$671,341,880	\$649,754,152	\$697,631,076	\$562,531,670	\$558,650,582	N/A	N/A	N/A
Maintenance Assistance Status Unknown	\$0	\$0	\$0	\$0	\$0	\$259,713,158	N/A	N/A	N/A
Total	\$1,249,311,570	\$1,395,749,712	\$1,438,114,111	\$1,522,740,572	\$1,607,427,848	\$2,018,620,428	\$2,518,032,309	12.4%	100.0%
By Basis of Eligibility									
Aged, Blind or Disabled	\$822,586,838	\$963,242,442	\$1,014,169,010	\$1,090,644,731	\$1,154,772,516	\$1,240,263,794	N/A	N/A	N/A
Children	\$246,419,965	\$256,795,168	\$262,493,979	\$270,986,259	\$273,775,606	\$305,302,576	N/A	N/A	N/A
Foster Care Children	\$344,700	\$1,163,023	\$1,585,042	\$1,479,650	\$19,242,618	\$51,231,425	N/A	N/A	N/A
Adults	\$179,960,067	\$174,549,079	\$159,866,080	\$159,629,932	\$159,637,108	\$162,109,475	N/A	N/A	N/A
Basis of Eligibility Unknown	\$0	\$0	\$0	\$0	\$0	\$259,713,158	N/A	N/A	N/A
Total	\$1,249,311,570	\$1,395,749,712	\$1,438,114,111	\$1,522,740,572	\$1,607,427,848	\$2,018,620,428	\$2,518,032,309	12.4%	100.0%
By Age									
Under Age 1	\$108,835,344	\$120,756,166	\$108,153,196	\$100,158,295	\$108,036,981	\$79,118,760	N/A	N/A	N/A
Age 1 to 5	\$63,434,992	\$73,614,323	\$76,035,305	\$79,270,797	\$86,712,318	\$117,683,342	N/A	N/A	N/A
Age 6 to 14	\$82,107,636	\$102,208,441	\$117,491,921	\$130,904,482	\$137,137,669	\$163,537,315	N/A	N/A	N/A
Age 15 to 20	\$95,088,645	\$107,427,279	\$113,410,195	\$119,820,676	\$120,856,349	\$146,855,007	N/A	N/A	N/A
Age 21 to 44	\$335,807,919	\$361,083,557	\$361,943,923	\$381,480,400	\$395,298,868	\$426,843,487	N/A	N/A	N/A
Age 45 to 64	\$202,401,867	\$227,060,957	\$243,126,166	\$270,939,325	\$306,032,977	\$338,951,033	N/A	N/A	N/A
Age 65 to 74	\$107,530,717	\$121,586,148	\$123,593,083	\$127,990,689	\$126,588,198	\$137,571,468	N/A	N/A	N/A
Age 75 to 84	\$134,860,383	\$146,351,214	\$148,874,558	\$156,957,161	\$165,383,092	\$179,507,553	N/A	N/A	N/A
Age 85 and Over	\$107,285,238	\$122,277,291	\$130,815,986	\$139,425,579	\$144,856,257	\$173,537,576	N/A	N/A	N/A
Age Unknown	\$11,958,829	\$13,384,336	\$14,669,778	\$15,793,168	\$16,525,139	\$255,014,887	N/A	N/A	N/A
Total	\$1,249,311,570	\$1,395,749,712	\$1,438,114,111	\$1,522,740,572	\$1,607,427,848	\$2,018,620,428	\$2,518,032,309	12.4%	100.0%
By Race									
White	\$587,140,477	\$649,794,701	\$668,792,154	\$702,460,735	\$738,043,044	\$823,140,050	N/A	N/A	N/A
Black	\$574,700,230	\$631,654,230	\$653,619,676	\$693,817,051	\$730,748,650	\$819,207,631	N/A	N/A	N/A
Hispanic, American Indian or Asian	\$4,098,782	\$4,469,437	\$4,571,798	\$5,219,991	\$6,501,127	\$6,968,889	N/A	N/A	N/A
Other/Unknown	\$83,372,081	\$109,831,344	\$111,130,483	\$121,242,795	\$132,135,027	\$369,303,858	N/A	N/A	N/A
Total	\$1,249,311,570	\$1,395,749,712	\$1,438,114,111	\$1,522,740,572	\$1,607,427,848	\$2,018,620,428	\$2,518,032,309	12.4%	100.0%
By Sex									
Female	\$775,394,039	\$859,499,563	\$875,669,421	\$918,593,270	\$970,056,165	\$1,072,190,466	N/A	N/A	N/A
Male	\$462,024,587	\$523,561,106	\$548,027,139	\$588,648,232	\$620,757,369	\$691,382,912	N/A	N/A	N/A
Unknown	\$11,892,944	\$12,689,043	\$14,417,551	\$15,499,070	\$16,614,314	\$255,047,050	N/A	N/A	N/A
Total	\$1,249,311,570	\$1,395,749,712	\$1,438,114,111	\$1,522,740,572	\$1,607,427,848	\$2,018,620,428	\$2,518,032,309	12.4%	100.0%

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

SOUTH CAROLINA

SOUTHERN REGION MEDICAID PROFILE

AVERAGE PAYMENT PER RECIPIENT BY OTHER CHARACTERISTICS

	FFY 93	FFY 94	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	Annual Change	Above (+) or Below (-) SLC Avg. FFY 99
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	\$2,250.35	\$2,656.25	\$2,769.80	\$3,045.24	\$3,643.10	\$3,941.60	\$0.00	-100.0%	-100.0%
Poverty Related Eligibles	\$794.94	\$801.32	\$1,556.27	\$1,410.20	\$1,675.40	\$1,984.73	\$0.00	-100.0%	-100.0%
Medically Needy	\$1,896.22	\$527.96	\$18,680.50	\$6,198.67	\$0.00	\$0.00	\$0.00	-100.0%	-100.0%
Other Eligibles	\$3,373.04	\$3,417.89	\$3,428.84	\$3,446.95	\$4,398.04	\$3,592.65	\$0.00	-100.0%	-100.0%
Maintenance Assistance Status Unknown	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$11,386.93	\$0.00	-100.0%	-100.0%
Total	\$2,655.76	\$2,871.26	\$2,902.35	\$3,025.54	\$3,091.95	\$3,392.86	\$3,882.37	6.5%	20.7%
By Basis of Eligibility									
Aged, Blind or Disabled	\$5,356.22	\$5,821.53	\$5,895.44	\$6,187.14	\$6,456.83	\$7,088.11	\$0.00	-100.0%	-100.0%
Children	\$1,104.05	\$1,108.19	\$1,118.03	\$1,147.46	\$1,121.14	\$1,131.79	\$0.00	-100.0%	-100.0%
Foster Care Children	\$803.50	\$866.63	\$883.52	\$943.05	\$6,797.11	\$7,989.93	\$0.00	-100.0%	-100.0%
Adults	\$1,930.61	\$1,992.98	\$1,839.72	\$1,787.81	\$1,698.18	\$1,339.60	\$0.00	-100.0%	-100.0%
Basis of Eligibility Unknown	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$11,386.93	\$0.00	-100.0%	-100.0%
Total	\$2,655.76	\$2,871.26	\$2,902.35	\$3,025.54	\$3,091.95	\$3,392.86	\$3,882.37	6.5%	20.7%
By Age									
Under Age 1	\$2,597.75	\$2,929.13	\$2,643.94	\$2,508.66	\$2,606.44	\$2,912.20	\$0.00	-100.0%	-100.0%
Age 1 to 5	\$678.61	\$747.13	\$778.74	\$831.13	\$937.81	\$1,167.63	\$0.00	-100.0%	-100.0%
Age 6 to 14	\$1,046.97	\$1,202.52	\$1,287.77	\$1,350.16	\$1,323.86	\$1,254.51	\$0.00	-100.0%	-100.0%
Age 15 to 20	\$2,389.46	\$2,630.70	\$2,654.36	\$2,653.07	\$2,447.53	\$2,293.75	\$0.00	-100.0%	-100.0%
Age 21 to 44	\$3,318.62	\$3,530.14	\$3,534.54	\$3,655.29	\$3,576.14	\$3,245.61	\$0.00	-100.0%	-100.0%
Age 45 to 64	\$5,248.87	\$5,712.66	\$5,784.86	\$6,196.44	\$6,549.94	\$7,219.56	\$0.00	-100.0%	-100.0%
Age 65 to 74	\$3,292.33	\$3,621.76	\$3,737.54	\$3,954.60	\$4,124.07	\$4,682.49	\$0.00	-100.0%	-100.0%
Age 75 to 84	\$4,725.97	\$5,139.46	\$5,232.11	\$5,539.73	\$5,839.59	\$6,525.89	\$0.00	-100.0%	-100.0%
Age 85 and Over	\$6,810.46	\$7,479.19	\$7,741.05	\$8,224.73	\$8,730.49	\$9,968.84	\$0.00	-100.0%	-100.0%
Age Unknown	\$97,226.25	\$140,887.75	\$104,040.98	\$116,126.24	\$132,201.11	\$12,837.40	\$0.00	-100.0%	-100.0%
Total	\$2,655.76	\$2,871.26	\$2,902.35	\$3,025.54	\$3,091.95	\$3,392.86	\$3,882.37	6.5%	20.7%
By Race									
White	\$3,376.66	\$3,606.78	\$3,627.01	\$3,728.82	\$3,753.21	\$3,730.12	\$0.00	-100.0%	-100.0%
Black	\$2,096.54	\$2,243.23	\$2,282.62	\$2,403.50	\$2,475.89	\$2,510.53	\$0.00	-100.0%	-100.0%
Hispanic, American Indian or Asian	\$1,473.85	\$1,469.73	\$1,343.46	\$1,294.32	\$1,345.43	\$1,229.73	\$0.00	-100.0%	-100.0%
Other/Unknown	\$4,246.31	\$5,149.63	\$5,202.98	\$5,459.91	\$5,682.25	\$8,727.91	\$0.00	-100.0%	-100.0%
Total	\$2,655.76	\$2,871.26	\$2,902.35	\$3,025.54	\$3,091.95	\$3,392.86	\$3,882.37	6.5%	20.7%
By Sex									
Female	\$2,568.42	\$2,780.60	\$2,797.09	\$2,881.43	\$2,927.04	\$2,898.25	\$0.00	-100.0%	-100.0%
Male	\$2,746.11	\$2,959.24	\$3,005.14	\$3,191.51	\$3,295.54	\$3,371.84	\$0.00	-100.0%	-100.0%
Unknown	\$43,404.91	\$158,613.04	\$200,243.76	\$281,801.27	\$166,143.14	\$12,770.23	\$0.00	-100.0%	-100.0%
Total	\$2,655.76	\$2,871.26	\$2,902.35	\$3,025.54	\$3,091.95	\$3,392.86	\$3,882.37	6.5%	20.7%

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

SOUTH CAROLINA

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ADDITIONAL STATE HEALTH CARE INFORMATION

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

*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.

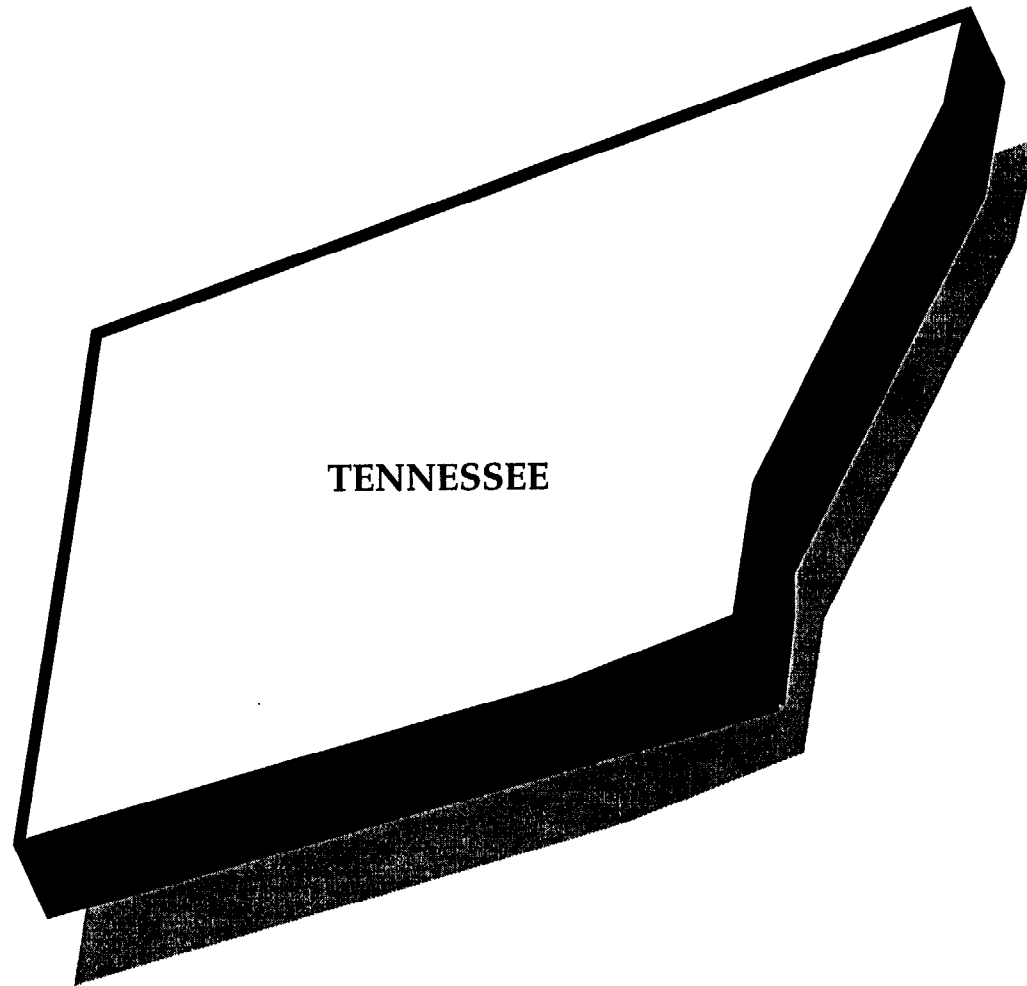
Children's Health Insurance Program: Medicaid Expansion

- 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.
- Eligibility will be expanded in January 2001 to include individuals in families with incomes up to 165% of the FPL.

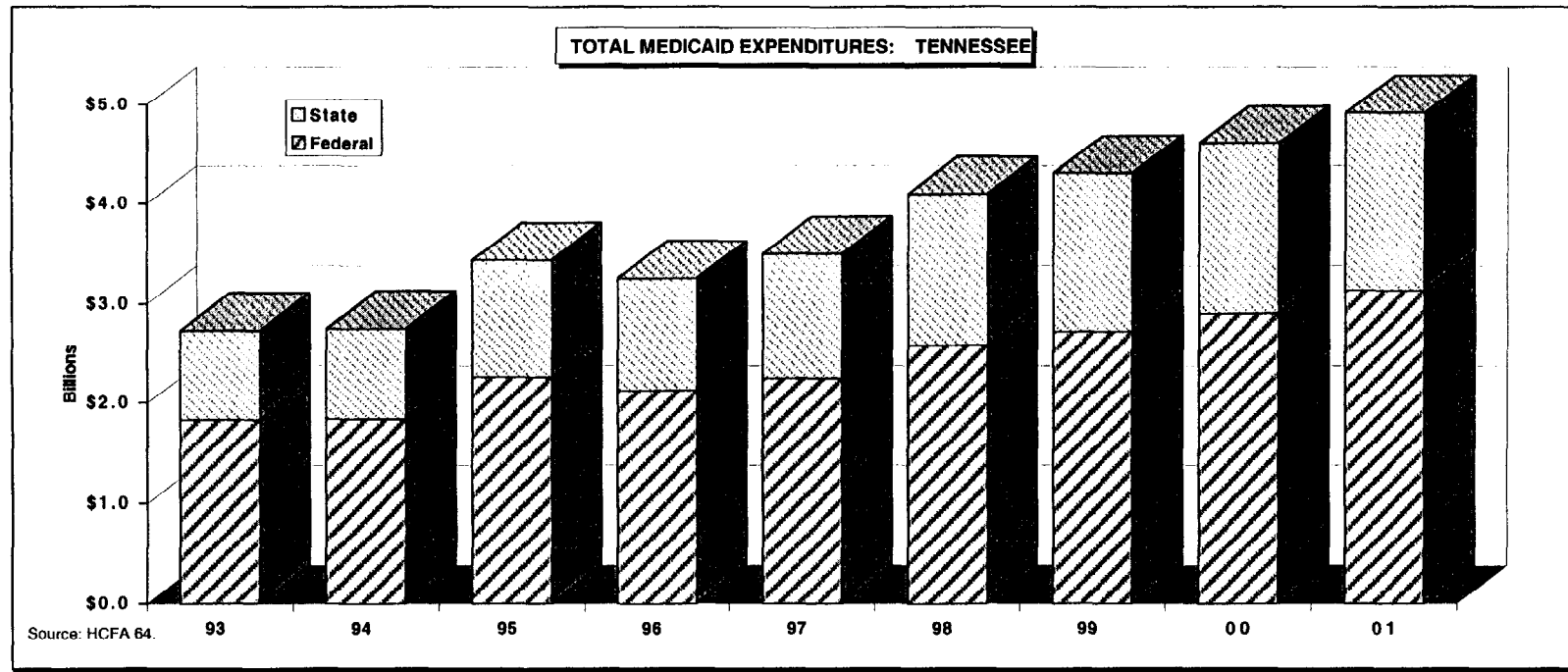
Tobacco Settlement

- The state expects to receive approximately \$2.30 billion over 25 years.
- For Fiscal Year 2000, the tobacco settlement payment should be approximately \$75 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.

STATE MEDICAID PROFILE



SOUTHERN REGION MEDICAID PROFILE



	FFY 93	FFY 94	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00**	FFY 01**	Annual Rate of Change	Total 93-01
Medicaid Payments	\$2,645,294,589	\$2,671,299,981	\$3,307,512,305	\$3,201,718,656	\$3,434,971,957	\$3,973,329,340	\$4,178,613,010	\$4,468,384,000	\$4,802,184,000	7.7%	81.5%
Federal Share	\$1,787,677,849	\$1,794,063,099	\$2,199,863,390	\$2,101,608,128	\$2,218,304,890	\$2,521,519,369	\$2,657,217,024	\$2,827,487,000	\$3,065,914,000	7.0%	71.5%
State Share	\$857,616,740	\$877,236,882	\$1,107,648,915	\$1,100,110,528	\$1,216,667,067	\$1,451,809,971	\$1,521,395,986	\$1,640,897,000	\$1,736,270,000	9.2%	102.5%
Administrative Costs	\$85,150,015	\$78,110,695	\$127,408,331	\$50,806,343	\$61,788,755	\$123,168,141	\$126,015,624	\$135,382,000	\$115,767,000	3.9%	36.0%
Federal Share	\$46,891,354	\$42,094,569	\$68,684,812	\$29,340,004	\$35,458,089	\$66,979,817	\$68,589,229	\$78,394,000	\$65,683,000	4.3%	40.1%
State Share	\$38,258,661	\$36,016,126	\$58,723,519	\$21,466,339	\$26,330,666	\$56,188,324	\$57,426,395	\$56,988,000	\$50,084,000	3.4%	30.9%
Admin. Costs as % of Payments	3.22%	2.92%	3.85%	1.59%	1.80%	3.10%	3.02%	3.03%	2.41%		
Federal Match Rate*	67.57%	67.15%	66.52%	65.64%	64.58%	63.36%	63.09%	63.79%	63.79%		

*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 00 and 01 reflect latest estimates reported by each state on HCFA 37.

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SOUTHERN REGION MEDICAID PROFILE

STATE FINANCING	Payments		Administration	
	FFY 93	FFY 99	FFY 93	FFY 99
State General Fund	\$857,616,740	\$1,331,692,930	\$38,258,661	\$57,426,395
Local Funds	\$0	\$0	\$0	\$0
Provider Taxes	\$0	\$188,898,659	\$0	\$0
Donations	\$0	\$804,397	\$0	\$0
Other	\$0	\$0	\$0	\$0
Total State Share	\$857,616,740	\$1,521,395,986	\$38,258,661	\$57,426,395

*Donations from Outstationed Eligibility Workers Program

Provider Taxes Currently in Place (FFY 99)		
Provider(s)	Tax Rate	Amount
Nursing homes	\$2,600 per bed per year	\$102,411,957
ICF/MR facilities	6% of revenues	\$13,238,574
HMO's	2% of enrollee revenue	\$64,372,958
Physician Professional fee		\$8,875,170
Total		\$188,898,659

DISPROPORTIONATE SHARE HOSPITAL (DSH) PAYMENTS

	FFY 93	FFY 94	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00*	FFY 01*	Annual Change
General Hospitals	\$426,778,463	\$106,267,823	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a
Mental Hospitals	\$3,294,504	\$1,280,027	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a
Total	\$430,072,967	\$107,547,850	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a

SELECTED ELIGIBILITY CRITERIA

	At 10/1/00	% of FPL*
TANF-Temporary Assistance for Needy Families (Family of 3)		
Need Standard	\$1,430	121.3%
Payment Standard	\$185	15.7%
Maximum Payment	N/A	N/A
Medically Needy Program (Family of 3)		
Income Eligibility Standard	\$250	
Resource Standard	N/A	
Pregnant Women, Children and Infants (% of FPL*)		
Pregnant women and infants		185.0%
Children to age 6		133.0%
Children 6 to 14		100.0%
Children 15 to 18		28.0%
SSI Eligibility Levels		
Income:		
Single Person	\$458	65.8%
Couple	\$687	73.3%
Resources:		
Single Person	\$2,000	
Income to community spouse	\$1,279	

*Current federal poverty level is \$8,350 per year for a single person, \$11,250 for a family of two and \$14,150 for a family of three. Table above shows monthly income levels.

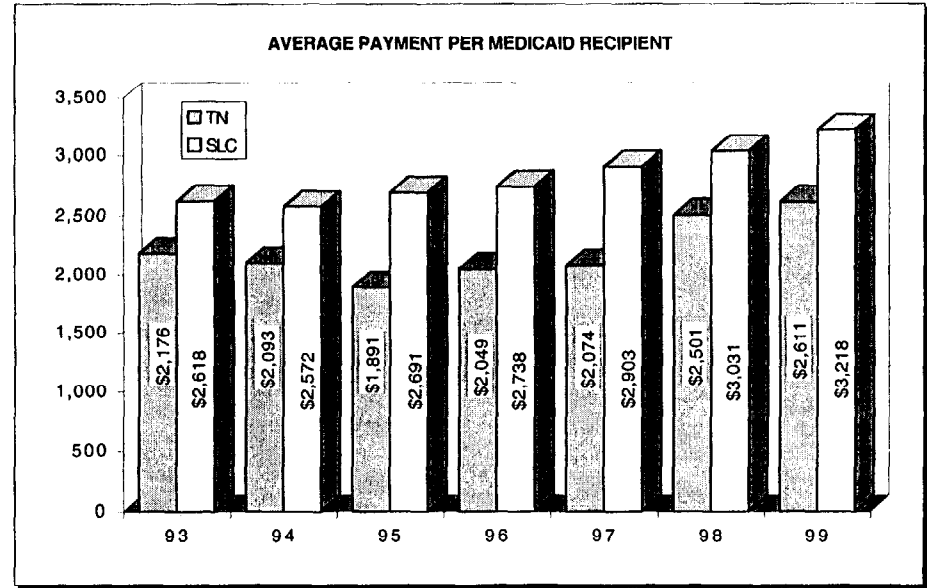
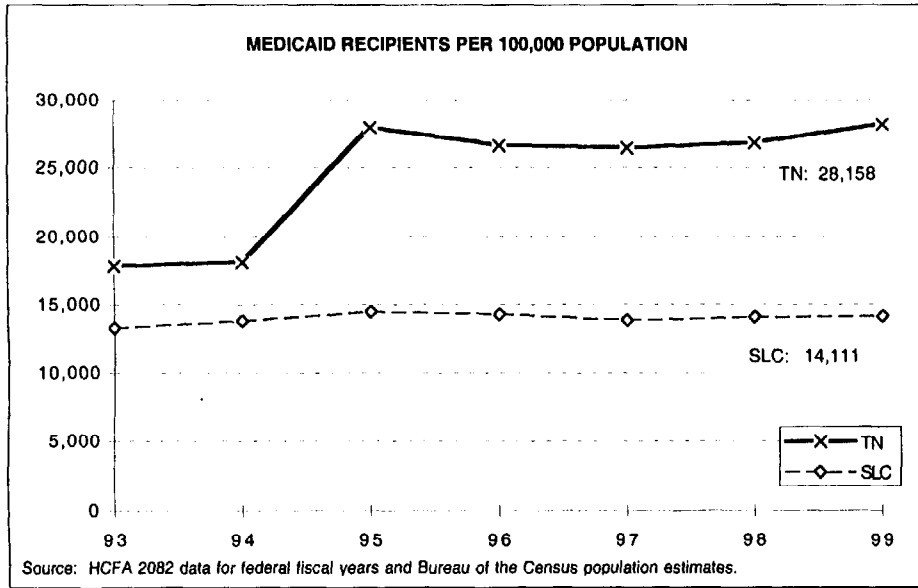
DEMOGRAPHIC DATA & POVERTY INDICATORS (1999)

		Rank in U.S.
State population—July 1, 1999*	5,483,535	16
Per capita personal income**	\$23,615	33
Median household income**	\$32,397	41
Population below Federal Poverty Level on July 1, 1999*	795,113	
Percent of total population	14.5%	14
Population without health insurance coverage*	706,000	18
Percent of total population	12.9%	34
Recipients of Food Stamps***	510,828	11
Households receiving Food Stamps***	219,910	10
Total value of issuance***	\$424,841,669	12
Average monthly benefit per recipient	\$69.31	35
Average monthly benefit per household	\$160.99	16
Monthly recipients of Temporary Assistance to Needy Families (TANF)****	147,137	11
Total TANF payments****	\$238,559,590	22
Average monthly payment per recipient	\$135.11	
Maximum monthly payment per family of 3	\$185.00	48

*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 93	FFY 94	FFY 95	FFY 96	FFY 97	**FFY 98	**FFY 99	Annual Change
01. General Hospital	149,490	90,701	52,028	50,459	33,932	51,793	49,847	-16.7%
02. Mental Hospital	4,021	5,064	1,649	628	556	378	413	-31.6%
03. Skilled and Intermediate (non-MR) Care Nursing	43,955	44,735	46,086	48,627	48,090	51,279	51,028	2.5%
04. Intermediate Care for Mentally Retarded	2,514	2,501	2,409	2,225	2,048	1,919	1,766	-5.7%
05. Physician Services	696,460	505,105	203,020	194,000	196,685	193,930	196,023	-19.0%
06. Dental Services	158,888	74,165	430	5	1	400	375	-63.5%
07. Other Practitioners	142,027	79,456	38,343	42,247	47,533	48,093	49,430	-16.1%
08. Outpatient Hospital	499,846	307,545	101,566	102,000	87,696	113,469	112,727	-22.0%
09. Clinic Services	181,203	115,160	81,359	79,627	24,187	17,167	17,016	-32.6%
10. Lab and X-Ray	408,989	248,658	95,330	97,960	102,467	102,396	105,888	-20.2%
11. Home Health	14,243	9,310	1,293	970	582	612	412	-44.6%
12. Prescribed Drugs	701,136	454,323	1,395	18	3	813,981	864,679	3.6%
13. Family Planning	37,803	18,251	839	322	314	388	411	-52.9%
14. Early & Periodic Screening, Diagnosis & Treatment	134,874	60,964	814	25	0			-100.0%
15. Other Care	157,038	980,147	1,504,680	2,677,094	1,394,167	74,471	77,076	-11.2%
16. Personal Care Support Services	0	0	0	0	0			n/a
17. Home/Community Based Waiver Services	0	0	0	0	0	6,000	6,000	0.0%
18. Prepaid Health Care	0	0	0	0	0	1,285,485	1,302,300	1.3%
19. Primary Care Case Management (PCCM) Services	0	0	0	0	0			n/a
Total*	908,943	938,711	1,466,194	1,408,918	1,415,612	1,453,538	1,544,070	9.2%

*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.

**FFY 98 and FFY 99 2082 data provided by the state; FFY 98 recipient/expenditure totals revised to reflect state estimates.

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SOUTHERN REGION MEDICAID PROFILE

PAYMENTS BY TYPE OF SERVICES	FFY 93	FFY 94	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	Annual Change	Share of Total FFY 99
01. General Hospital	\$341,138,342	\$160,606,850	\$37,889,701	\$18,469,754	\$4,453,494	\$295,266,324	\$321,723,323	-1.0%	8.0%
02. Mental Hospital	\$25,784,872	\$29,199,755	\$32,540,636	\$11,096,279	\$1,093,770	\$584,854	\$769,889	-44.3%	0.0%
03. Skilled and Intermediate (non-MR) Care Nursing	\$517,042,863	\$515,676,048	\$580,030,491	\$619,886,256	\$606,379,844	\$706,182,082	\$720,603,303	5.7%	17.9%
04. Intermediate Care for Mentally Retarded	\$115,073,172	\$126,623,497	\$151,151,062	\$206,632,349	\$210,285,462	\$243,609,178	\$237,723,120	12.9%	5.9%
05. Physician Services	\$253,800,289	\$155,948,698	\$202,076,911	\$140,559,405	\$147,219,192	\$20,810,346	\$20,865,839	-34.1%	0.5%
06. Dental Services	\$21,753,931	\$7,143,127	\$29,639	\$810	\$169	\$32,683	\$23,401	-68.0%	0.0%
07. Other Practitioners	\$11,813,862	\$5,024,091	\$944,347	\$971,050	\$1,173,050	\$3,578,828	\$3,840,975	-17.1%	0.1%
08. Outpatient Hospital	\$202,985,082	\$80,376,582	\$11,653,811	\$9,835,461	\$7,416,231	\$14,150,088	\$19,237,055	-32.5%	0.5%
09. Clinic Services	\$87,091,942	\$38,331,120	\$96,823,041	\$85,112,743	\$5,531,639	\$15,773,054	\$18,653,214	-22.6%	0.5%
10. Lab and X-Ray	\$37,449,705	\$14,597,503	\$3,102,910	\$2,960,828	\$3,107,346	\$2,375,511	\$2,253,990	-37.4%	0.1%
11. Home Health	\$14,715,222	\$8,032,987	\$546,565	\$348,970	\$124,859	\$415,361	\$608,857	-41.2%	0.0%
12. Prescribed Drugs	\$240,079,482	\$76,314,794	\$190,467	\$15,337	\$1,118	\$29,538,580	\$136,656,315	-9.0%	3.4%
13. Family Planning	\$14,531,710	\$7,096,833	\$277,354	\$10,922	\$16,611	\$0	\$0	-100.0%	0.0%
14. Early & Periodic Screening, Diagnosis & Treatment	\$8,563,127	\$2,692,070	\$18,988	\$1,043	\$0	\$0	\$0	-100.0%	0.0%
15. Other Care	\$85,645,070	\$737,151,608	\$1,654,750,173	\$1,790,433,602	\$1,949,590,832	\$17,401,517	\$16,675,930	-23.9%	0.4%
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	\$86,147,127	\$132,263,637	53.5%	3.3%
18. Prepaid Health Care	\$0	\$0	\$0	\$0	\$0	\$2,199,906,620	\$2,399,100,280	9.1%	59.5%
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.)	\$1,977,468,671	\$1,964,815,563	\$2,772,026,096	\$2,886,334,809	\$2,936,393,617	\$3,635,772,153	\$4,030,999,128	12.6%	100.0%

AVERAGE PAYMENTS PER RECIPIENT BY TYPE OF SERVICES

								(+) or (-) SLC Avg. FFY 99	
01. General Hospital	\$2,282.01	\$1,770.73	\$728.26	\$366.03	\$131.25	\$5,700.89	\$6,454.22	18.9%	64.6%
02. Mental Hospital	\$6,412.55	\$5,766.14	\$19,733.56	\$17,669.23	\$1,967.21	\$1,547.23	\$1,864.14	-18.6%	-71.6%
03. Skilled and Intermediate (non-MR) Care Nursing	\$11,763.00	\$11,527.35	\$12,585.83	\$12,747.78	\$12,609.27	\$13,771.37	\$14,121.72	3.1%	-7.2%
04. Intermediate Care for Mentally Retarded	\$45,772.94	\$50,629.15	\$62,744.32	\$92,868.47	\$102,678.45	\$126,945.90	\$134,611.05	19.7%	100.6%
05. Physician Services	\$364.41	\$308.75	\$995.35	\$724.53	\$748.50	\$107.31	\$106.45	-18.5%	-72.5%
06. Dental Services	\$136.91	\$96.31	\$68.93	\$162.00	\$169.00	\$81.71	\$62.40	-12.3%	-71.5%
07. Other Practitioners	\$83.18	\$63.23	\$24.63	\$22.99	\$24.68	\$74.41	\$77.71	-1.1%	-48.9%
08. Outpatient Hospital	\$406.10	\$261.35	\$114.74	\$96.43	\$84.57	\$124.70	\$170.65	-13.5%	-62.5%
09. Clinic Services	\$480.63	\$332.85	\$1,190.07	\$1,068.89	\$228.70	\$918.80	\$1,096.22	14.7%	44.6%
10. Lab and X-Ray	\$91.57	\$58.71	\$32.55	\$30.22	\$30.33	\$23.20	\$21.29	-21.6%	-80.6%
11. Home Health	\$1,033.15	\$862.83	\$422.71	\$359.76	\$214.53	\$678.69	\$1,477.81	6.1%	-41.3%
12. Prescribed Drugs	\$342.41	\$167.97	\$136.54	\$852.06	\$372.67	\$36.29	\$158.04	-12.1%	-80.3%
13. Family Planning	\$384.41	\$388.85	\$330.58	\$33.92	\$52.90	\$0.00	\$0.00	-100.0%	-100.0%
14. Early & Periodic Screening, Diagnosis & Treatment	\$63.49	\$44.16	\$23.33	\$41.72	\$0.00	\$0.00	\$0.00	-100.0%	-100.0%
15. Other Care	\$545.38	\$752.08	\$1,099.74	\$668.80	\$1,398.39	\$233.67	\$216.36	-14.3%	-44.3%
16. Personal Care Support Services	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	n/a	-100.0%
17. Home/Community Based Waiver Services	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$14,357.85	\$22,043.94	53.5%	70.2%
18. Prepaid Health Care	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,711.34	\$1,842.20	7.6%	38.5%
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)	\$2,175.57	\$2,093.10	\$1,890.63	\$2,048.62	\$2,074.29	\$2,501.33	\$2,610.63	3.1%	-18.9%

TOTAL PER CAPITA EXPENDITURES	\$536.01	\$531.29	\$654.68	\$612.83	\$650.96	\$754.33	\$785.01	6.6%	34.6%
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TENNESSEE

SOUTHERN REGION MEDICAID PROFILE
DATA BY OTHER CHARACTERISTICS

RECIPIENTS BY OTHER CHARACTERISTICS

	FFY 93	FFY 94	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	Annual Change	Share of Total FFY 99
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	531,048	572,815	589,560	577,414	358,682	330,240	322,099	-8.0%	20.9%
Poverty Related Eligibles	64,078	65,633	85,734	97,133	724,771	199,930	182,863	19.1%	11.8%
Medically Needy	91,376	114,988	122,956	129,735	139,644	130,661	126,834	5.6%	8.2%
Other Eligibles	222,441	185,275	178,739	185,413	192,515	266,534	253,860	2.2%	16.4%
Maintenance Assistance Status Unknown	0	0	489,205	419,223	0	526,173	658,414	7.7%	42.6%
Total	908,943	938,711	1,466,194	1,408,918	1,415,612	1,453,538	1,544,070	9.2%	100.0%
By Basis of Eligibility									
Aged, Blind, or Disabled	293,791	307,704	329,023	340,254	342,544	343,264	335,187	3.4%	21.7%
Children	426,031	451,584	460,778	453,939	587,805	396,653	358,251	-46.1%	23.2%
Foster Care Children	12,273	12,534	14,475	14,616	14,000	12,918	10,500	54.8%	0.7%
Adults	176,848	166,889	172,713	180,886	471,263	174,530	169,153	24.9%	11.0%
Basis of Eligibility Unknown	0	0	489,205	419,223	0	526,173	670,979	33.3%	43.5%
Total	908,943	938,711	1,466,194	1,408,918	1,415,612	1,453,538	1,544,070	-100.0%	100.0%
By Age									
Under Age 1	51,431	49,030	50,911	49,690	51,803	54,283	59,543	33.7%	3.9%
Age 1 to 5	165,091	167,180	194,431	188,323	187,009	187,926	193,316	-0.5%	12.5%
Age 6 to 14	160,039	177,188	243,982	246,374	260,736	276,711	294,379	18.0%	19.1%
Age 15 to 20	94,096	97,433	148,824	144,115	146,527	150,886	160,169	17.0%	10.4%
Age 21 to 44	222,672	222,785	471,696	425,144	406,501	405,717	432,025	-15.9%	28.0%
Age 45 to 64	90,647	92,172	207,975	204,000	209,306	221,241	241,791	-8.5%	15.7%
Age 65 to 74	51,148	55,130	65,797	67,990	69,760	71,973	78,538	8.0%	5.1%
Age 75 to 84	45,660	47,598	50,539	50,653	51,109	51,387	53,243	-100.0%	3.4%
Age 85 and Over	28,159	30,195	32,039	32,629	32,861	33,414	31,066	94.9%	2.0%
Age Unknown	0	0	0	0	0	0	0	n/a	0.0%
Total	908,943	938,711	1,466,194	1,408,918	1,415,612	1,453,538	1,544,070	-100.0%	100.0%
By Race									
White	573,787	574,489	950,425	921,552	933,778	962,743	1,022,574	10.1%	66.2%
Black	289,168	317,286	449,905	420,364	411,488	415,847	438,190	7.2%	28.4%
Hispanic, American Indian or Asian	8,450	8,737	17,069	18,281	20,098	12,566	27,904	22.0%	1.8%
Other/Unknown	37,538	38,199	48,795	48,721	50,248	62,382	55,402	6.7%	3.6%
Total	908,943	938,711	1,466,194	1,408,918	1,415,612	1,453,538	1,544,070	9.2%	100.0%
By Sex									
Female	570,754	572,066	830,397	813,747	822,795	844,815	650,673	2.2%	42.1%
Male	338,175	366,634	635,784	595,158	592,804	608,713	893,389	17.6%	57.9%
Unknown	14	11	13	13	13	10	8	-8.9%	0.0%
Total	908,943	938,711	1,466,194	1,408,918	1,415,612	1,453,538	1,544,070	9.2%	100.0%

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

TENNESSEE

SOUTHERN REGION MEDICAID PROFILE

PAYMENTS BY OTHER CHARACTERISTICS

	FFY 93	FFY 94	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	Annual Change	Share of Total FFY 99
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	\$1,343,961,596	\$1,363,825,528	\$1,525,686,565	\$1,625,626,167	\$1,293,503,842	\$1,134,650,408	\$1,257,992,694	-1.1%	31.2%
Poverty Related Eligibles	\$267,354,379	\$267,824,229	\$352,801,645	\$355,336,606	\$968,542,314	\$796,140,654	\$882,685,203	22.0%	21.9%
Medically Needy	\$143,381,908	\$167,043,874	\$145,368,827	\$157,444,692	\$178,715,519	\$186,212,160	\$206,454,372	6.3%	5.1%
Other Eligibles	\$222,770,788	\$166,121,932	\$165,600,668	\$192,769,498	\$495,631,942	\$1,060,010,665	\$1,175,239,230	31.9%	29.2%
Maintenance Assistance Status Unknown	\$0	\$0	\$582,568,391	\$555,157,846	\$0	\$458,758,266	\$508,627,629	-3.3%	12.6%
Total	\$1,977,468,671	\$1,964,815,563	\$2,772,026,096	\$2,886,334,809	\$2,936,393,617	\$3,635,772,153	\$4,030,999,128	12.6%	100.0%
By Basis of Eligibility									
Aged, Blind or Disabled	\$1,284,001,527	\$1,312,860,636	\$1,488,290,558	\$1,632,588,274	\$1,582,035,384	\$1,912,298,607	\$2,120,175,218	8.7%	52.6%
Children	\$381,223,588	\$367,525,457	\$365,541,737	\$376,128,182	\$614,550,846	\$471,335,600	\$522,572,183	5.4%	13.0%
Foster Care Children	\$44,695,956	\$51,591,807	\$118,625,894	\$80,375,729	\$80,000,000	\$66,381,396	\$73,597,393	8.7%	1.8%
Adults	\$267,547,600	\$232,837,663	\$216,999,516	\$242,084,777	\$659,807,387	\$726,327,557	\$805,283,067	20.2%	20.0%
Basis of Eligibility Unknown	\$0	\$0	\$582,568,391	\$555,157,847	\$0	\$459,428,993	\$509,371,267	-3.3%	12.6%
Total	\$1,977,468,671	\$1,964,815,563	\$2,772,026,096	\$2,886,334,809	\$2,936,393,617	\$3,635,772,153	\$4,030,999,128	12.6%	100.0%
By Age									
Under Age 1	\$92,542,102	\$68,848,026	\$51,845,062	\$55,810,350	\$60,847,281	\$41,226,951	\$39,123,623	-13.4%	1.0%
Age 1 to 5	\$129,620,285	\$113,416,603	\$128,647,483	\$137,835,339	\$144,820,453	\$182,377,106	\$176,915,187	5.3%	4.4%
Age 6 to 14	\$136,325,362	\$156,104,376	\$246,079,367	\$254,329,640	\$275,743,328	\$311,085,447	\$301,768,909	14.2%	7.5%
Age 15 to 20	\$159,772,968	\$193,236,641	\$331,958,527	\$290,631,977	\$307,126,821	\$332,509,797	\$322,551,632	12.4%	8.0%
Age 21 to 44	\$509,753,394	\$507,163,834	\$818,661,578	\$868,034,308	\$861,368,159	\$1,002,377,630	\$972,357,937	11.4%	24.1%
Age 45 to 64	\$340,436,195	\$315,124,144	\$502,124,364	\$542,171,190	\$563,084,113	\$704,159,023	\$683,070,526	12.3%	16.9%
Age 65 to 74	\$145,343,483	\$146,436,879	\$173,038,039	\$183,879,128	\$177,283,148	\$245,638,770	\$238,282,261	8.6%	5.9%
Age 75 to 84	\$233,420,379	\$228,809,133	\$253,592,234	\$265,761,567	\$260,285,597	\$369,874,449	\$358,797,270	7.4%	8.9%
Age 85 and Over	\$230,254,503	\$235,675,927	\$266,079,442	\$287,881,310	\$285,834,717	\$446,522,980	\$433,150,292	11.1%	10.7%
Age Unknown	\$0	\$0	\$0	\$0	\$0	\$0	\$504,981,491	n/a	12.5%
Total	\$1,977,468,671	\$1,964,815,563	\$2,772,026,096	\$2,886,334,809	\$2,936,393,617	\$3,635,772,153	\$4,030,999,128	12.6%	100.0%
By Race									
White	\$1,373,751,144	\$1,326,991,137	\$1,899,097,312	\$1,982,400,031	\$2,024,469,812	\$2,237,034,676	\$2,480,211,754	10.3%	61.5%
Black	\$482,461,779	\$523,437,069	\$732,747,197	\$754,336,955	\$756,940,510	\$790,931,654	\$876,909,958	10.5%	21.8%
Hispanic, American Indian or Asian	\$10,307,839	\$8,032,476	\$16,805,268	\$18,640,700	\$21,191,292	\$25,682,408	\$28,474,217	18.5%	0.7%
Other/Unknown	\$110,947,909	\$106,354,881	\$123,376,319	\$130,957,123	\$133,792,003	\$582,123,415	\$645,403,199	34.1%	16.0%
Total	\$1,977,468,671	\$1,964,815,563	\$2,772,026,096	\$2,886,334,809	\$2,936,393,617	\$3,635,772,153	\$4,030,999,128	12.6%	100.0%
By Sex									
Female	\$1,283,648,071	\$1,246,113,916	\$1,670,909,541	\$1,757,684,143	\$1,800,773,042	\$1,974,403,831	\$2,189,031,596	9.3%	54.3%
Male	\$693,803,122	\$718,938,816	\$1,101,063,934	\$1,128,589,057	\$1,135,546,091	\$1,205,877,576	\$1,336,962,618	11.6%	33.2%
Unknown	\$17,478	(\$237,169)	\$52,621	\$61,609	\$74,484	\$455,490,746	\$505,004,914	453.9%	12.5%
Total	\$1,977,468,671	\$1,964,815,563	\$2,772,026,096	\$2,886,334,809	\$2,936,393,617	\$3,635,772,153	\$4,030,999,128	12.6%	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 93	FFY 94	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	Annual Change	Above (+) or Below (-) SLC Avg. FFY 99
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	\$2,530.77	\$2,380.92	\$2,587.84	\$2,815.36	\$3,606.27	\$3,435.84	\$3,905.61	7.5%	15.2%
Poverty Related Eligibles	\$4,172.33	\$4,080.63	\$4,115.07	\$3,658.25	\$1,336.34	\$3,982.10	\$4,827.03	2.5%	129.8%
Medically Needy	\$1,569.14	\$1,452.71	\$1,182.28	\$1,213.59	\$1,279.79	\$1,425.15	\$1,627.75	0.6%	-42.4%
Other Eligibles	\$1,001.48	\$896.62	\$926.49	\$1,039.68	\$2,574.51	\$3,977.02	\$4,629.48	29.1%	-29.0%
Maintenance Assistance Status Unknown	\$0.00	\$0.00	\$1,190.85	\$1,324.25	\$0.00	\$871.88	\$772.50	-10.3%	-26.2%
Total	\$2,175.57	\$2,093.10	\$1,890.63	\$2,048.62	\$2,074.29	\$2,501.33	\$2,610.63	3.1%	-18.9%
By Basis of Eligibility									
Aged, Blind or Disabled	\$4,370.46	\$4,266.63	\$4,523.36	\$4,798.15	\$4,618.49	\$4,821.09	\$5,918.13	5.2%	-17.7%
Children	\$894.83	\$813.86	\$793.31	\$828.59	\$1,045.50	\$36,486.73	\$49,768.78	95.4%	4196.7%
Foster Care Children	\$3,641.81	\$4,116.15	\$8,195.23	\$5,499.16	\$5,714.29	\$380.34	\$435.09	-29.8%	-87.5%
Adults	\$1,512.87	\$1,395.16	\$1,256.42	\$1,338.33	\$1,400.08	\$1,380.40	\$1,200.16	-3.8%	-44.2%
Basis of Eligibility Unknown	\$0.00	\$0.00	\$1,190.85	\$1,324.25	\$0.00	\$316.08	\$329.89	-27.5%	-64.8%
Total	\$2,175.57	\$2,093.10	\$1,890.63	\$2,048.62	\$2,074.29	\$2,501.33	\$2,610.63	3.1%	-18.9%
By Age									
Under Age 1	\$1,799.34	\$1,404.20	\$1,018.35	\$1,123.17	\$1,174.59	\$148.99	\$132.90	-35.2%	-94.7%
Age 1 to 5	\$785.14	\$678.41	\$661.66	\$731.91	\$774.40	\$1,208.71	\$1,104.55	5.9%	-7.5%
Age 6 to 14	\$851.83	\$881.01	\$1,008.60	\$1,032.29	\$1,057.56	\$766.75	\$698.50	-3.3%	-46.8%
Age 15 to 20	\$1,697.98	\$1,983.28	\$2,230.54	\$2,016.67	\$2,096.04	\$1,502.93	\$1,334.01	-3.9%	-39.3%
Age 21 to 44	\$2,289.26	\$2,276.47	\$1,735.57	\$2,041.74	\$2,118.98	\$13,927.13	\$12,380.73	32.5%	264.2%
Age 45 to 64	\$3,755.63	\$3,418.87	\$2,414.35	\$2,657.70	\$2,690.24	\$13,703.06	\$12,829.30	22.7%	142.1%
Age 65 to 74	\$2,841.63	\$2,656.21	\$2,629.88	\$2,704.50	\$2,541.33	\$7,351.37	\$7,670.19	18.0%	56.3%
Age 75 to 84	\$5,112.14	\$4,807.12	\$5,017.75	\$5,246.71	\$5,092.75	\$0.00	\$0.00	-100.0%	-100.0%
Age 85 and Over	\$8,176.94	\$7,805.13	\$8,304.86	\$8,822.87	\$8,698.30	\$307.20	\$280.53	-43.0%	-97.6%
Age Unknown	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	n/a	-100.0%
Total	\$2,175.57	\$2,093.10	\$1,890.63	\$2,048.62	\$2,074.29	\$2,501.33	\$2,610.63	3.1%	-18.9%
By Race									
White	\$2,394.18	\$2,309.86	\$1,998.16	\$2,151.15	\$2,168.04	\$5,379.47	\$2,425.46	0.2%	-31.6%
Black	\$1,668.45	\$1,649.73	\$1,628.67	\$1,794.49	\$1,839.52	\$62,942.20	\$2,001.21	3.1%	-20.0%
Hispanic, American Indian or Asian	\$1,219.86	\$919.36	\$984.55	\$1,019.68	\$1,054.40	\$411.70	\$1,020.43	-2.9%	-50.6%
Other/Unknown	\$2,955.62	\$2,784.23	\$2,528.46	\$2,687.90	\$2,662.63	\$400.49	\$11,649.46	25.7%	90.8%
Total	\$2,175.57	\$2,093.10	\$1,890.63	\$2,048.62	\$2,074.29	\$2,501.33	\$2,610.63	3.1%	-18.9%
By Sex									
Female	\$2,249.04	\$2,178.27	\$2,012.18	\$2,159.99	\$2,188.60	\$2,337.08	\$3,364.26	6.9%	-0.6%
Male	\$2,051.61	\$1,960.92	\$1,731.82	\$1,896.28	\$1,915.55	\$1,981.03	\$1,496.51	-5.1%	-46.5%
Unknown	\$1,248.43	(\$21,560.82)	\$4,047.77	\$4,739.15	\$5,729.54	\$45,549,074.60	\$63,125,614.25	508.1%	61225.6%
Total	\$2,175.57	\$2,093.10	\$1,890.63	\$2,048.62	\$2,074.29	\$2,501.33	\$2,610.63	3.1%	-18.9%

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, 2000; and "Medicaid Services State by State", HCFA, October 1999.

*Information supplied by State Medicaid Agency

Waivers

Tennessee operates a health care reform demonstration waiver under Title XIX, Section 1115. The waiver has been renewed through December 31, 2001. TennCare is a statewide program that provides health care benefits to Medicaid beneficiaries, uninsured state residents, and those whose medical conditions make them uninsurable. All TennCare enrollees receive services, exclusive of long-term care and Medicare costs, through capitated managed care plans that are either HMO or PPO. It limits enrollment to 1,500,000 per year with Medicaid eligibles having first priority. The capitated statewide monthly rates, effective 7/1/00, are as follows:

Medical Capitated Rates	Ranges
Less than one year of age	\$160.04 to \$212.90
Ages 1 to 13	\$50.76 to \$85.29
Ages 14 to 44 (male)	\$74.52 to \$96.20
Ages 14 to 44 (female)	\$179.05 to \$238.18
Ages 45 to 64	\$239.05 to \$318.00
Ages 65 and over	\$166.92 to \$222.05
Aid to Blind & Disabled	\$343.36 to \$462.79
Medicaid/Medicare	\$13.43 to \$14.84

A number of 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: Two waivers serve 550, operating since July 1, 1986. Tennessee received approval in 1995 to continue this waiver.
- Mental Retardation/Developmental Disabilities: One waiver, serving 5,982 people, operating since July 1, 1987.
- Mental Health-Global Budget: Effective July 1, 1997, rates for seriously and persistently mentally ill (SPMI) were set at \$319.41 per member per month.

Managed Care

- Any Willing Provider Clause: Limited to optometrists, podiatrists, and social workers.
- TennCare contracts with 10 HMO's to provide statewide coverage to all individuals enrolled in the program. Enrollment in an HMO is mandatory.
- TennCare implemented TennCare Partners to provide mental health and substance abuse services to enrollees, effective July 1, 1997.

Coverage for Targeted Population

- The TennCare Program provides managed care coverage to 844,950 Medicaid eligibles and an additional 440,050 adults and children who are either uninsurable or uninsured.
- The entire EPSDT program for children is covered through the contract with the HMO's.

Cost Containment Measures

- Certificate of Need Program since 1973. Regulates introduction or expansion of new institutional health facilities and services. The Health Facilities Commission, which operates the Certificate of Need Program, is scheduled to terminate on June 30, 2003.

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SOUTHERN REGION MEDICAID PROFILE

Cost Containment Measures (Continued)

- Medical Care and Cost Containment Committee was appointed to oversee the medical cost containment system, including reasonable fee levels.
- Skilled and Intermediate Care Cost is now controlled by a global budget. Reimbursement rates are set by determining the number of days of care limited to an annual funding amount.
- Passed legislation in 1998 that changed the formula for determining the need for additional nursing home beds.

Medicaid

- 18 optional services are offered.
- Broad based taxes on nursing homes to generate funds for the state Medicaid program.
- Amended the law in 1999 to establish procedures to verify that HMOs and Behavioral Health Organizations (BHOs) participating in TennCare are delivering all health care services under the provisions the TennCare contract.
- Enacted legislation in 1999 that requires the comptroller of the treasury to appoint a TennCare prescription drug utilization review committee.

Children's Health Insurance Program: State Designed

- Tennessee submitted its CHIP plan to HCFA in January of 1998, and received approval on September 3, 1999. The plan proposes to expand TennCare to provide managed health care coverage for children/adolescents birth through age 18 in families with income up to 200% of the FPL. The program expects to provide coverage to approximately 28,000 new enrollees.
- 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 monthly premiums as follows:

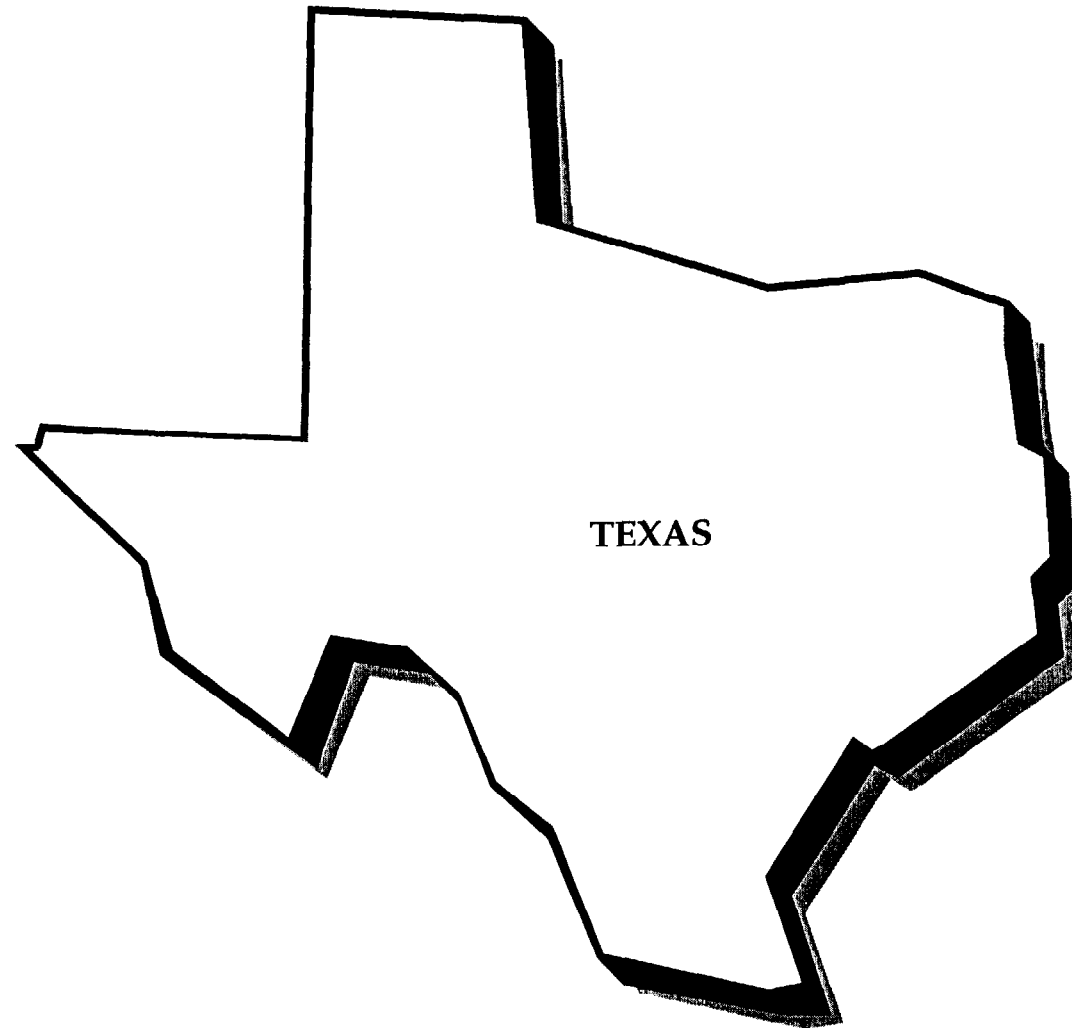
101%-119%:	\$25.97
120%-139%:	\$34.19
140%-169%:	\$50.35
170%-200%:	\$74.73

- There are no deductibles for children in families with incomes between 100% and 200% of the FPL.

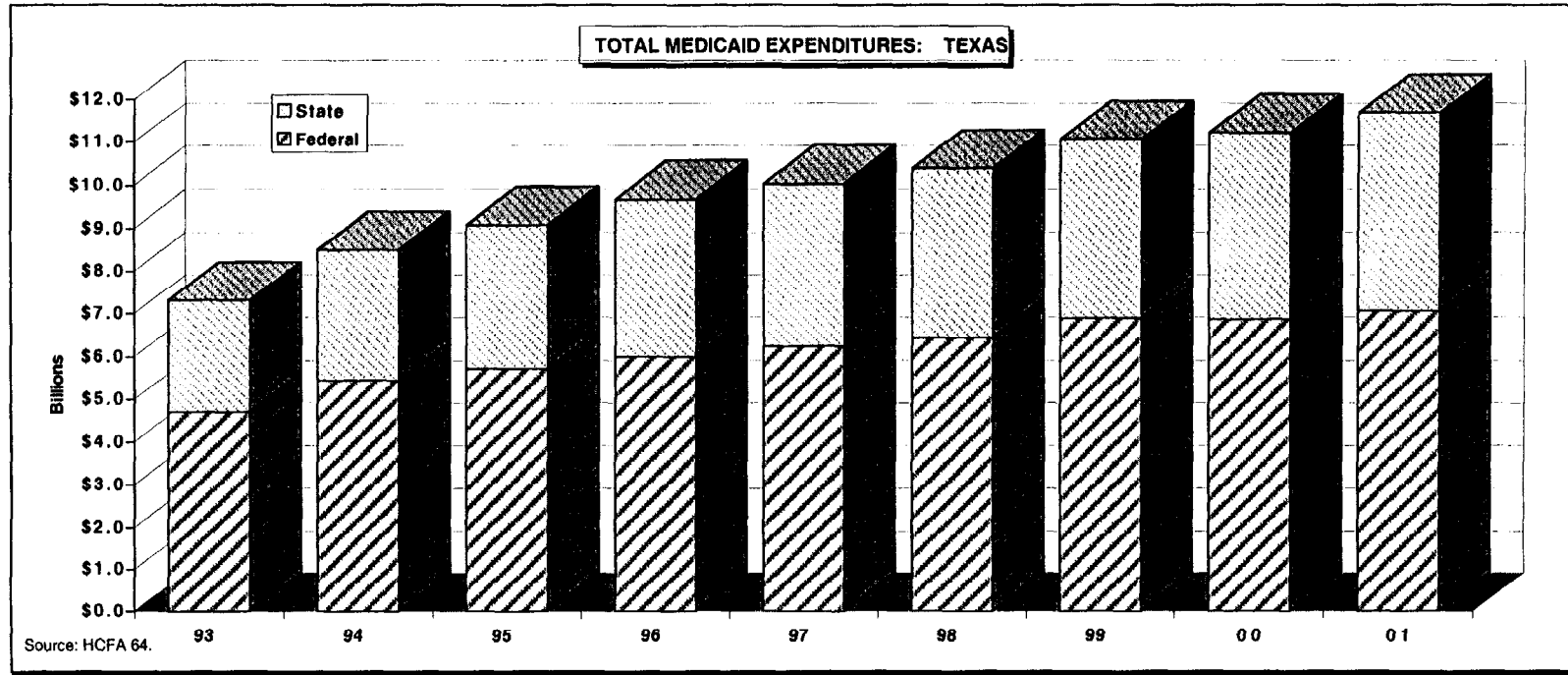
Tobacco Settlement

- The state expects to receive approximately \$4.78 billion over 25 years.
- For Fiscal Year 2000, the tobacco settlement payment should be approximately \$157 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 the Tennessee Tobacco Farmers Certifying Board that serves as a formal mechanism for Tennessee farmers to participate in the National Tobacco Farmers Trust (NTFT). The NTFT is funded by certain cigarette manufacturers as an adjunct to the Master Settlement.
- No specific expenditure plan for tobacco settlement monies was adopted by the Legislature in FFY 99.

STATE MEDICAID PROFILE



SOUTHERN REGION MEDICAID PROFILE



	FFY 93	FFY 94	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00**	FFY 01**	Annual Rate of Change	Total 93-01
Medicaid Payments	\$7,030,300,931	\$8,143,853,425	\$8,669,814,871	\$9,206,669,731	\$9,499,542,092	\$9,780,440,257	\$10,398,353,951	\$10,568,331,000	\$11,018,237,000	5.8%	56.7%
Federal Share	\$4,544,238,113	\$5,241,703,050	\$5,502,364,674	\$5,750,703,059	\$5,956,261,415	\$6,104,238,675	\$6,516,175,995	\$6,502,691,000	\$6,691,554,000	5.0%	47.3%
State Share	\$2,486,062,818	\$2,902,150,375	\$3,167,450,197	\$3,455,966,672	\$3,543,280,677	\$3,676,201,582	\$3,882,177,956	\$4,065,640,000	\$4,326,683,000	7.2%	74.0%
Administrative Costs	\$285,022,191	\$358,096,334	\$400,503,427	\$453,797,768	\$528,263,813	\$601,645,024	\$667,216,364	\$648,007,000	\$668,797,000	11.3%	134.6%
Federal Share	\$155,868,466	\$198,029,052	\$211,689,405	\$247,143,021	\$288,902,080	\$340,461,141	\$381,132,417	\$360,904,000	\$371,390,000	11.5%	138.3%
State Share	\$129,153,725	\$160,067,282	\$188,814,022	\$206,654,747	\$239,361,733	\$261,183,883	\$286,083,947	\$287,103,000	\$297,407,000	11.0%	130.3%
Admin. Costs as % of Payments	4.05%	4.40%	4.62%	4.93%	5.56%	6.15%	6.42%	6.13%	6.07%		
Federal Match Rate*	64.44%	64.18%	63.31%	62.30%	62.56%	62.28%	62.45%	60.57%	60.57%		

*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 00 and 01 reflect latest estimates reported by each state on HCFA 37.

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SOUTHERN REGION MEDICAID PROFILE

STATE FINANCING

	Payments		Administration	
	FFY 93	FFY 92	FFY 93	FFY 92
State General Fund	\$2,486,062,818	\$3,877,376,548	\$129,153,725	\$286,083,947
Local Funds	\$0	\$0	\$0	\$0
Provider Taxes	\$0	\$0	\$0	\$0
Donations	\$0	\$4,801,408	\$0	\$0
Other	\$0	\$0	\$0	\$0
Total State Share	\$2,486,062,818	\$3,882,177,956	\$129,153,725	\$286,083,947

*Donations from Outstationed Eligibility Workers Program

Provider Taxes Currently in Place (FFY 99)		
Provider(s)	Tax Rate	Amount
NO PROVIDER TAXES		

DISPROPORTIONATE SHARE HOSPITAL (DSH) PAYMENTS

	FFY 93	FFY 94	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00*	FFY 01*	Annual Change
General Hospitals	\$1,271,609,734	\$1,261,535,327	\$1,229,298,406	\$1,194,046,660	\$1,122,995,000	\$1,278,486,408	\$1,142,184,571	\$1,073,086,000	\$1,018,499,000	-3.1%
Mental Hospitals	\$241,390,266	\$251,493,673	\$283,730,587	\$318,982,340	\$390,034,000	\$292,513,592	\$292,400,774	\$240,473,000	\$228,241,000	-3.6%
Total	\$1,513,000,000	\$1,513,029,000	\$1,513,028,993	\$1,513,029,000	\$1,513,029,000	\$1,571,000,000	\$1,434,585,345	\$1,313,559,000	\$1,246,740,000	-3.2%

SELECTED ELIGIBILITY CRITERIA

	At 10/1/00	% of FPL*
TANF-Temporary Assistance for Needy Families (Family of 3)		
Need Standard	\$751	63.7%
Payment Standard	\$188	15.9%
Maximum Payment	\$188	15.9%
Medically Needy Program (Family of 3)		
Income Eligibility Standard	\$276	
Resource Standard	\$2,000	
Resource Standard-Aged/Disabled	\$3,000	
Pregnant Women, Children and Infants (% of FPL*)		
Pregnant women and infants		185.0%
Children to age 5		133.0%
Children age 6 to 18		100.0%
SSI Eligibility Levels		
Income:		
Single Person	\$514	73.9%
Couple	\$761	81.2%
Resources:		
Single Person	\$2,000	
Couple	\$3,000	

*Current federal poverty level is \$8,350 per year for a single person, \$11,250 for a family of two and \$14,150 for a family of three. Table above shows monthly income levels.

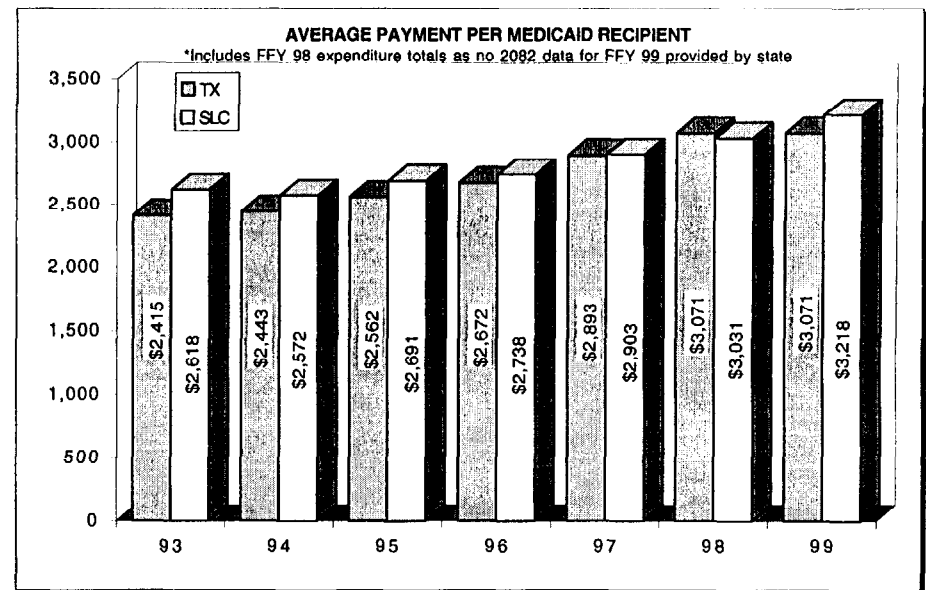
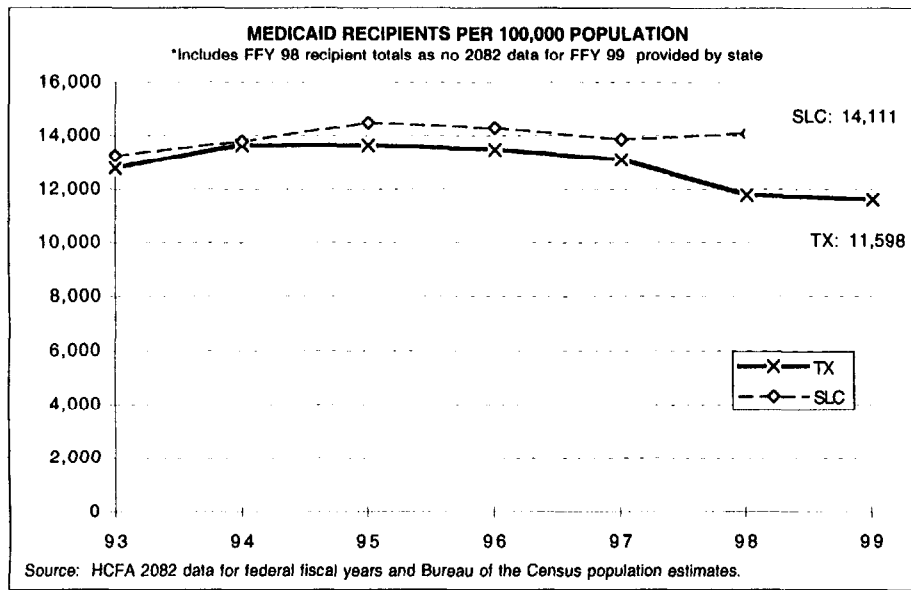
DEMOGRAPHIC DATA & POVERTY INDICATORS (1999)

		Rank in U.S.
State population—July 1, 1999*	20,044,141	2
Per capita personal income**	\$25,028	25
Median household income**	\$35,254	33
Population below Federal Poverty Level on July 1, 1999*	3,227,107	
Percent of total population	16.1%	10
Population without health insurance coverage*	4,830,000	2
Percent of total population	24.1%	1
Recipients of Food Stamps***	1,400,526	3
Households receiving Food Stamps***	514,786	3
Total value of issuance***	\$1,256,206,658	3
Average monthly benefit per recipient	\$74.75	9
Average monthly benefit per household	\$203.35	10
Monthly recipients of Temporary Assistance to Needy Families (TANF)****	288,525	5
Total TANF payments****	\$681,633,175	9
Average monthly payment per recipient	\$196.87	
Maximum monthly payment per family of 3	\$188.00	47

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

TEXAS

SOUTHERN REGION MEDICAID PROFILE



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

RECIPIENTS BY TYPE OF SERVICES	FFY 93	FFY 94	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99**	Annual Change
01. General Hospital	476,240	499,363	496,114	493,659	492,102	444,750	N/A	N/A
02. Mental Hospital	0	0	10	0	0	0	N/A	N/A
03. Skilled and Intermediate (non-MR) Care Nursing	92,278	92,590	94,166	96,681	95,469	88,522	N/A	N/A
04. Intermediate Care for Mentally Retarded	13,946	14,317	14,211	14,150	14,170	13,935	N/A	N/A
05. Physician Services	1,929,643	2,061,223	2,043,099	2,068,773	1,951,521	1,783,470	N/A	N/A
06. Dental Services	326,740	411,952	486,381	529,754	644,659	7,026	N/A	N/A
07. Other Practitioners	442,881	488,199	518,718	556,808	549,889	478,837	N/A	N/A
08. Outpatient Hospital	1,089,119	1,150,268	1,165,818	1,168,092	1,092,506	1,011,359	N/A	N/A
09. Clinic Services	170,618	215,823	280,060	305,085	291,563	267,969	N/A	N/A
10. Lab and X-Ray	1,173,862	1,273,836	1,295,995	1,244,323	1,089,151	815,014	N/A	N/A
11. Home Health	76,261	85,873	91,408	76,677	108,269	116,552	N/A	N/A
12. Prescribed Drugs	1,843,546	1,989,651	2,020,864	2,058,903	1,986,178	1,894,447	N/A	N/A
13. Family Planning	196,730	217,364	218,010	221,626	205,520	181,434	N/A	N/A
14. Early & Periodic Screening, Diagnosis & Treatment	399,576	563,735	743,340	768,599	849,487	1,046,345	N/A	N/A
15. Other Care	317,545	523,946	298,543	452,747	337,278	186,423	N/A	N/A
16. Personal Care Support Services	0	0	0	0	0	209,980	N/A	N/A
17. Home/Community Based Waiver Services	0	0	0	0	0	25,762	N/A	N/A
18. Prepaid Health Care	0	0	0	0	0	0	N/A	N/A
19. Primary Care Case Management (PCCM) Services	0	0	0	0	0	0	N/A	N/A
Total*	2,308,443	2,513,959	2,561,957	2,571,547	2,538,655	2,324,810	2,324,810	0.1%

*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.

**Total number of recipients and expenditures reflect FFY 98 reported numbers as HCFA 2082 data not available for FFY 99. Texas was unable to provide HCFA 2082 data for FFY 99.

TEXAS

SOUTHERN REGION MEDICAID PROFILE

<u>PAYMENTS BY TYPE OF SERVICES</u>	<u>FFY 93</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>Annual</u> <u>Change</u>	<u>Share of Total</u> <u>FFY 99</u>
01. General Hospital	\$1,677,627,367	\$1,872,726,471	\$1,902,738,610	\$1,844,573,863	\$1,828,889,216	\$1,643,167,233	N/A	N/A	N/A
02. Mental Hospital	\$0	\$0	\$25,624	\$0	\$0	\$0	N/A	N/A	N/A
03. Skilled and Intermediate (non-MR) Care Nursing	\$1,048,264,392	\$1,071,552,767	\$1,190,137,169	\$1,270,530,921	\$1,344,465,477	\$1,384,415,773	N/A	N/A	N/A
04. Intermediate Care for Mentally Retarded	\$536,312,150	\$558,310,296	\$588,993,815	\$616,103,076	\$678,928,647	\$728,574,336	N/A	N/A	N/A
05. Physician Services	\$605,789,426	\$682,504,462	\$697,157,004	\$727,815,694	\$702,433,071	\$661,475,584	N/A	N/A	N/A
06. Dental Services	\$58,946,732	\$83,615,308	\$96,801,677	\$102,183,878	\$127,393,712	\$2,165,089	N/A	N/A	N/A
07. Other Practitioners	\$37,989,277	\$47,040,294	\$53,800,860	\$66,998,447	\$77,156,691	\$70,751,155	N/A	N/A	N/A
08. Outpatient Hospital	\$392,736,341	\$434,834,257	\$456,748,725	\$461,121,845	\$449,816,009	\$446,493,014	N/A	N/A	N/A
09. Clinic Services	\$25,204,789	\$35,406,647	\$50,293,240	\$56,437,297	\$54,047,997	\$52,613,253	N/A	N/A	N/A
10. Lab and X-Ray	\$116,256,363	\$134,355,181	\$138,711,820	\$129,963,038	\$110,874,612	\$94,105,854	N/A	N/A	N/A
11. Home Health	\$248,065,020	\$279,690,238	\$345,907,303	\$322,907,568	\$553,233,326	\$98,543,991	N/A	N/A	N/A
12. Prescribed Drugs	\$444,718,089	\$511,841,929	\$578,661,512	\$667,743,192	\$750,056,208	\$817,591,112	N/A	N/A	N/A
13. Family Planning	\$54,182,110	\$57,129,957	\$51,743,872	\$53,925,994	\$48,535,665	\$40,544,186	N/A	N/A	N/A
14. Early & Periodic Screening, Diagnosis & Treatment	\$229,146,452	\$242,465,386	\$257,922,252	\$347,236,037	\$432,688,519	\$416,748,794	N/A	N/A	N/A
15. Other Care	\$99,410,982	\$129,264,531	\$155,033,909	\$203,683,746	\$186,654,411	\$53,173,074	N/A	N/A	N/A
16. Personal Care Support Services	\$0	\$0	\$0	\$0	\$0	\$425,887,769	N/A	N/A	N/A
17. Home/Community Based Waiver Services	\$0	\$0	\$0	\$0	\$0	\$203,678,629	N/A	N/A	N/A
18. Prepaid Health Care	\$0	\$0	\$0	\$0	\$0	\$0	N/A	N/A	N/A
19. Primary Case Management (PCCM) Services	\$0	\$0	\$0	\$0	\$0	\$0	N/A	N/A	N/A
Total (excludes DSH pymts, pharmacy rebates, & other adjs.)	\$5,574,649,490	\$6,140,737,724	\$6,564,677,392	\$6,871,224,596	\$7,345,173,561	\$7,139,928,846	\$7,139,928,846	4.2%	100.0%

AVERAGE PAYMENTS PER RECIPIENT BY TYPE OF SERVICES

									(+) or (-) SLC Avg. FFY 99
01. General Hospital	\$3,522.65	\$3,750.23	\$3,835.29	\$3,736.53	\$3,716.48	\$3,694.59	\$0.00	-100.0%	-100.0%
02. Mental Hospital	\$0.00	\$0.00	\$2,562.40	\$0.00	\$0.00	\$0.00	\$0.00	-100.0%	-100.0%
03. Skilled and Intermediate (non-MR) Care Nursing	\$11,359.85	\$11,573.09	\$12,638.71	\$13,141.47	\$14,082.74	\$15,639.23	\$0.00	-100.0%	-100.0%
04. Intermediate Care for Mentally Retarded	\$38,456.34	\$38,996.32	\$41,446.33	\$43,540.85	\$47,913.10	\$52,283.77	\$0.00	-100.0%	-100.0%
05. Physician Services	\$313.94	\$331.12	\$341.23	\$351.81	\$359.94	\$370.89	\$0.00	-100.0%	-100.0%
06. Dental Services	\$180.41	\$202.97	\$199.02	\$192.89	\$197.61	\$308.15	\$0.00	-100.0%	-100.0%
07. Other Practitioners	\$85.78	\$96.35	\$103.72	\$120.33	\$140.31	\$147.76	\$0.00	-100.0%	-100.0%
08. Outpatient Hospital	\$360.60	\$378.03	\$391.78	\$394.77	\$411.73	\$441.48	\$0.00	-100.0%	-100.0%
09. Clinic Services	\$147.73	\$164.05	\$179.58	\$184.99	\$185.37	\$196.34	\$0.00	-100.0%	-100.0%
10. Lab and X-Ray	\$99.04	\$105.47	\$107.03	\$104.44	\$101.80	\$115.47	\$0.00	-100.0%	-100.0%
11. Home Health	\$3,252.84	\$3,257.02	\$3,784.21	\$4,211.27	\$5,109.80	\$845.49	\$0.00	-100.0%	-100.0%
12. Prescribed Drugs	\$241.23	\$257.25	\$286.34	\$324.32	\$377.64	\$431.57	\$0.00	-100.0%	-100.0%
13. Family Planning	\$275.41	\$262.83	\$237.35	\$243.32	\$236.16	\$223.47	\$0.00	-100.0%	-100.0%
14. Early & Periodic Screening, Diagnosis & Treatment	\$573.47	\$430.11	\$346.98	\$451.78	\$509.35	\$398.29	\$0.00	-100.0%	-100.0%
15. Other Care	\$313.06	\$246.71	\$519.30	\$449.88	\$553.41	\$285.23	\$0.00	-100.0%	-100.0%
16. Personal Care Support Services	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,028.23	\$0.00	-100.0%	-100.0%
17. Home/Community Based Waiver Services	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$7,906.17	\$0.00	-100.0%	-100.0%
18. Prepaid Health Care	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	n/a	-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)	\$2,414.90	\$2,442.66	\$2,562.37	\$2,672.02	\$2,893.33	\$3,071.19	\$3,071.19	4.1%	-4.6%

TOTAL PER CAPITA EXPENDITURES	\$404.94	\$461.22	\$482.43	\$506.02	\$517.28	\$525.42	\$552.06	5.3%	-5.4%
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TEXAS

SOUTHERN REGION MEDICAID PROFILE
DATA BY OTHER CHARACTERISTICS

RECIPIENTS BY OTHER CHARACTERISTICS

	FFY 93	FFY 94	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	Annual Change	Share of Total FFY 99
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	1,205,799	1,266,103	1,231,727	1,192,877	1,090,058	917,603	N/A	N/A	N/A
Poverty Related Eligibles	426,848	493,111	400,656	575,644	907,434	903,813	N/A	N/A	N/A
Medically Needy	37,839	39,802	38,867	37,255	45,282	38,247	N/A	N/A	N/A
Other Eligibles	637,957	714,943	890,707	765,771	495,881	465,147	N/A	N/A	N/A
Maintenance Assistance Status Unknown	0	0	0	0	0	0	N/A	N/A	N/A
Total	2,308,443	2,513,959	2,561,957	2,571,547	2,538,655	2,324,810	2,324,810	0.1%	100.0%
By Basis of Eligibility									
Aged, Blind, or Disabled	508,993	559,564	578,186	590,052	603,553	589,661	N/A	N/A	N/A
Children	1,285,793	1,407,134	1,451,316	1,474,113	1,469,276	1,327,276	N/A	N/A	N/A
Foster Care Children	0	0	0	0	8,104	16,087	N/A	N/A	N/A
Adults	513,657	547,261	532,455	507,382	457,722	391,786	N/A	N/A	N/A
Basis of Eligibility Unknown	0	0	0	0	0	0	N/A	N/A	N/A
Total	2,308,443	2,513,959	2,561,957	2,571,547	2,538,655	2,324,810	2,324,810	0.1%	100.0%
By Age									
Under Age 1	256,464	268,331	267,111	261,384	253,689	144,065	N/A	N/A	N/A
Age 1 to 5	556,025	607,760	624,837	614,653	582,420	558,876	N/A	N/A	N/A
Age 6 to 14	431,305	488,874	528,102	559,648	569,632	574,293	N/A	N/A	N/A
Age 15 to 20	185,586	203,199	199,993	200,470	195,399	179,470	N/A	N/A	N/A
Age 21 to 44	472,876	504,676	494,512	484,792	470,231	417,767	N/A	N/A	N/A
Age 45 to 64	122,730	135,340	142,285	147,049	152,308	148,914	N/A	N/A	N/A
Age 65 to 74	111,573	121,215	125,676	126,039	129,296	122,019	N/A	N/A	N/A
Age 75 to 84	97,977	103,620	102,767	100,270	106,242	103,321	N/A	N/A	N/A
Age 85 and Over	71,040	80,944	76,674	77,242	79,438	76,084	N/A	N/A	N/A
Age Unknown	2,867	0	0	0	0	1	N/A	N/A	N/A
Total	2,308,443	2,513,959	2,561,957	2,571,547	2,538,655	2,324,810	2,324,810	0.1%	100.0%
By Race									
White	711,561	761,594	760,485	744,746	713,214	645,978	N/A	N/A	N/A
Black	504,161	536,805	531,626	523,889	503,281	458,055	N/A	N/A	N/A
Hispanic, American Indian or Asian	1,047,780	1,169,877	1,220,367	1,250,998	1,231,395	1,149,293	N/A	N/A	N/A
Other/Unknown	44,941	45,683	49,479	51,914	90,765	71,484	N/A	N/A	N/A
Total	2,308,443	2,513,959	2,561,957	2,571,547	2,538,655	2,324,810	2,324,810	0.1%	100.0%
By Sex									
Female	1,449,051	1,567,239	1,585,643	1,583,759	1,554,996	1,414,555	N/A	N/A	N/A
Male	859,373	946,711	976,293	987,771	983,650	910,233	N/A	N/A	N/A
Unknown	19	9	21	17	9	22	N/A	N/A	N/A
Total	2,308,443	2,513,959	2,561,957	2,571,547	2,538,655	2,324,810	2,324,810	0.1%	100.0%

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

TEXAS

SOUTHERN REGION MEDICAID PROFILE

PAYMENTS BY OTHER CHARACTERISTICS

	FFY 93	FFY 94	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	Annual Change	Share of Total FFY 99
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	\$2,736,088,486	\$2,963,796,666	\$3,134,316,354	\$3,308,703,449	\$3,347,907,120	\$3,164,249,057	N/A	N/A	N/A
Poverty Related Eligibles	\$743,584,069	\$861,273,729	\$792,292,923	\$952,881,120	\$1,069,080,737	\$1,024,387,837	N/A	N/A	N/A
Medically Needy	\$86,638,411	\$100,949,298	\$114,326,602	\$112,918,856	\$151,065,227	\$125,836,860	N/A	N/A	N/A
Other Eligibles	\$2,008,338,524	\$2,214,718,031	\$2,523,741,513	\$2,496,721,171	\$2,777,120,477	\$2,825,455,089	N/A	N/A	N/A
Maintenance Assistance Status Unknown	\$0	\$0	\$0	\$0	\$0	\$3	N/A	N/A	N/A
Total	\$5,574,649,490	\$6,140,737,724	\$6,564,677,392	\$6,871,224,596	\$7,345,173,561	\$7,139,928,846	\$7,139,928,846	4.2%	100.0%
By Basis of Eligibility									
Aged, Blind or Disabled	\$3,156,773,746	\$3,469,058,523	\$3,887,971,095	\$4,201,100,585	\$4,653,838,594	\$4,826,860,821	N/A	N/A	N/A
Children	\$1,393,318,364	\$1,526,836,131	\$1,526,517,271	\$1,545,909,822	\$1,640,636,182	\$1,397,377,640	N/A	N/A	N/A
Foster Care Children	\$0	\$0	\$0	\$0	\$27,469,355	\$44,174,708	N/A	N/A	N/A
Adults	\$1,024,557,380	\$1,144,843,070	\$1,150,189,026	\$1,124,214,189	\$1,023,229,430	\$871,515,674	N/A	N/A	N/A
Basis of Eligibility Unknown	\$0	\$0	\$0	\$0	\$0	\$3	N/A	N/A	N/A
Total	\$5,574,649,490	\$6,140,737,724	\$6,564,677,392	\$6,871,224,596	\$7,345,173,561	\$7,139,928,846	\$7,139,928,846	4.2%	100.0%
By Age									
Under Age 1	\$690,970,053	\$774,802,954	\$757,541,408	\$727,796,262	\$775,765,091	\$428,826,197	N/A	N/A	N/A
Age 1 to 5	\$458,261,107	\$526,943,880	\$546,071,550	\$550,630,576	\$531,979,397	\$681,906,816	N/A	N/A	N/A
Age 6 to 14	\$378,632,276	\$419,065,698	\$452,542,876	\$501,085,339	\$542,560,536	\$523,617,925	N/A	N/A	N/A
Age 15 to 20	\$414,649,017	\$440,080,560	\$455,352,425	\$465,218,891	\$463,022,468	\$410,885,399	N/A	N/A	N/A
Age 21 to 44	\$1,389,156,369	\$1,570,062,466	\$1,631,566,386	\$1,702,948,785	\$1,707,164,951	\$1,602,967,228	N/A	N/A	N/A
Age 45 to 64	\$678,501,862	\$788,904,124	\$897,999,744	\$1,003,224,896	\$1,118,523,590	\$1,149,707,375	N/A	N/A	N/A
Age 65 to 74	\$388,416,219	\$436,298,439	\$471,201,468	\$504,668,519	\$591,829,400	\$620,704,247	N/A	N/A	N/A
Age 75 to 84	\$571,137,299	\$577,733,846	\$645,837,013	\$671,914,274	\$781,229,193	\$810,913,914	N/A	N/A	N/A
Age 85 and Over	\$597,888,473	\$606,845,757	\$706,564,522	\$743,737,054	\$833,202,661	\$910,398,748	N/A	N/A	N/A
Age Unknown	\$7,036,815	\$0	\$0	\$0	(\$103,726)	\$997	N/A	N/A	N/A
Total	\$5,574,649,490	\$6,140,737,724	\$6,564,677,392	\$6,871,224,596	\$7,345,173,561	\$7,139,928,846	\$7,139,928,846	4.2%	100.0%
By Race									
White	\$2,575,437,243	\$2,787,670,807	\$2,947,569,650	\$3,055,857,142	\$3,217,002,145	\$3,237,522,830	N/A	N/A	N/A
Black	\$1,105,210,910	\$1,161,901,897	\$1,238,066,231	\$1,275,666,413	\$1,347,766,378	\$1,265,091,322	N/A	N/A	N/A
Hispanic, American Indian or Asian	\$1,706,575,524	\$1,988,523,575	\$2,140,490,754	\$2,299,022,868	\$2,374,195,334	\$2,324,986,587	N/A	N/A	N/A
Other/Unknown	\$187,425,813	\$202,641,445	\$238,550,757	\$240,678,173	\$406,209,704	\$312,328,107	N/A	N/A	N/A
Total	\$5,574,649,490	\$6,140,737,724	\$6,564,677,392	\$6,871,224,596	\$7,345,173,561	\$7,139,928,846	\$7,139,928,846	4.2%	100.0%
By Sex									
Female	\$3,612,738,092	\$3,935,841,202	\$4,196,767,220	\$4,367,197,701	\$4,652,117,841	\$4,511,436,005	N/A	N/A	N/A
Male	\$1,961,893,122	\$2,204,878,920	\$2,367,776,038	\$2,503,940,326	\$2,693,049,935	\$2,628,419,627	N/A	N/A	N/A
Unknown	\$18,276	\$17,602	\$134,134	\$86,569	\$5,785	\$73,214	N/A	N/A	N/A
Total	\$5,574,649,490	\$6,140,737,724	\$6,564,677,392	\$6,871,224,596	\$7,345,173,561	\$7,139,928,846	\$7,139,928,846	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 93	FFY 94	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	Annual Change	Above (+) or Below (-) SLC Avg. FFY 99
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	\$2,269.11	\$2,340.88	\$2,544.65	\$2,773.72	\$3,071.31	\$3,448.39	\$0.00	-100.0%	-100.0%
Poverty Related Eligibles	\$1,742.03	\$1,746.61	\$1,977.49	\$1,655.33	\$1,178.14	\$1,133.41	\$0.00	-100.0%	-100.0%
Medically Needy	\$2,289.66	\$2,536.29	\$2,941.48	\$3,030.97	\$3,336.10	\$3,290.11	\$0.00	-100.0%	-100.0%
Other Eligibles	\$3,148.08	\$3,097.75	\$2,833.41	\$3,260.40	\$5,600.38	\$6,074.33	\$0.00	-100.0%	-100.0%
Maintenance Assistance Status Unknown	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	n/a	-100.0%
Total	\$2,414.90	\$2,442.66	\$2,562.37	\$2,672.02	\$2,893.33	\$3,071.19	\$3,071.19	4.1%	-4.6%
By Basis of Eligibility									
Aged, Blind or Disabled	\$6,202.00	\$6,199.57	\$6,724.43	\$7,119.88	\$7,710.74	\$8,185.82	\$0.00	-100.0%	-100.0%
Children	\$1,083.63	\$1,085.07	\$1,051.82	\$1,048.71	\$1,116.63	\$1,052.82	\$0.00	-100.0%	-100.0%
Foster Care Children	\$0.00	\$0.00	\$0.00	\$0.00	\$3,389.60	\$2,745.99	\$0.00	-100.0%	-100.0%
Adults	\$1,994.63	\$2,091.95	\$2,160.16	\$2,215.72	\$2,235.48	\$2,224.47	\$0.00	-100.0%	-100.0%
Basis of Eligibility Unknown	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	n/a	-100.0%
Total	\$2,414.90	\$2,442.66	\$2,562.37	\$2,672.02	\$2,893.33	\$3,071.19	\$3,071.19	4.1%	-4.6%
By Age									
Under Age 1	\$2,694.22	\$2,887.49	\$2,836.05	\$2,784.39	\$3,057.94	\$2,976.62	\$0.00	-100.0%	-100.0%
Age 1 to 5	\$824.17	\$867.03	\$873.94	\$895.84	\$913.39	\$1,220.14	\$0.00	-100.0%	-100.0%
Age 6 to 14	\$877.88	\$857.21	\$856.92	\$895.36	\$952.48	\$911.76	\$0.00	-100.0%	-100.0%
Age 15 to 20	\$2,234.27	\$2,165.76	\$2,276.84	\$2,320.64	\$2,369.63	\$2,289.44	\$0.00	-100.0%	-100.0%
Age 21 to 44	\$2,937.68	\$3,111.03	\$3,299.35	\$3,512.74	\$3,630.48	\$3,836.99	\$0.00	-100.0%	-100.0%
Age 45 to 64	\$5,528.41	\$5,829.05	\$6,311.27	\$6,822.39	\$7,343.83	\$7,720.61	\$0.00	-100.0%	-100.0%
Age 65 to 74	\$3,481.27	\$3,599.38	\$3,749.34	\$4,004.07	\$4,577.32	\$5,086.95	\$0.00	-100.0%	-100.0%
Age 75 to 84	\$5,829.30	\$5,575.51	\$6,284.48	\$6,701.05	\$7,353.30	\$7,848.49	\$0.00	-100.0%	-100.0%
Age 85 and Over	\$8,416.22	\$7,497.11	\$9,215.18	\$9,628.66	\$10,488.72	\$11,965.71	\$0.00	-100.0%	-100.0%
Age Unknown	\$2,454.42	\$0.00	\$0.00	\$0.00	\$0.00	\$997.00	\$0.00	-100.0%	-100.0%
Total	\$2,414.90	\$2,442.66	\$2,562.37	\$2,672.02	\$2,893.33	\$3,071.19	\$3,071.19	4.1%	-4.6%
By Race									
White	\$3,619.42	\$3,660.31	\$3,875.91	\$4,103.22	\$4,510.57	\$5,011.82	\$0.00	-100.0%	-100.0%
Black	\$2,192.18	\$2,164.48	\$2,328.83	\$2,434.99	\$2,677.96	\$2,761.88	\$0.00	-100.0%	-100.0%
Hispanic, American Indian or Asian	\$1,628.75	\$1,699.77	\$1,753.97	\$1,837.75	\$1,928.05	\$2,022.97	\$0.00	-100.0%	-100.0%
Other/Unknown	\$4,170.49	\$4,435.82	\$4,821.25	\$4,636.09	\$4,475.40	\$4,369.20	\$0.00	-100.0%	-100.0%
Total	\$2,414.90	\$2,442.66	\$2,562.37	\$2,672.02	\$2,893.33	\$3,071.19	\$3,071.19	4.1%	-4.6%
By Sex									
Female	\$2,493.18	\$2,511.32	\$2,646.73	\$2,757.49	\$2,991.72	\$3,189.30	\$0.00	-100.0%	-100.0%
Male	\$2,282.94	\$2,328.99	\$2,425.27	\$2,534.94	\$2,737.81	\$2,887.63	\$0.00	-100.0%	-100.0%
Unknown	\$961.89	\$1,955.78	\$6,387.33	\$5,092.29	\$642.78	\$3,327.91	\$0.00	-100.0%	-100.0%
Total	\$2,414.90	\$2,442.66	\$2,562.37	\$2,672.02	\$2,893.33	\$3,071.19	\$3,071.19	4.1%	-4.6%

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

TEXAS

SOUTHERN REGION MEDICAID PROFILE

ADDITIONAL STATE HEALTH CARE INFORMATION

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

*Information supplied by State Medicaid Agency

Waivers

Texas has seven waiver sites operating under the provisions of Title XIX, Section 1915 (b), of the Social Security Act as follows:

- (1) Southeast Region: PCCM model, effective December 1, 1995; serves approximately 23,000 recipients.
- (2) Travis County service delivery area: HMO model, effective September 1, 1996; serves approximately 28,300 recipients.
- (3) Bexar County service delivery area: HMO and PCCM model, effective October 1, 1996; serves approximately 94,500.
- (4) Lubbock County service delivery area: HMO and PCCM model, effective October 1, 1996; serves approximately 22,000.
- (5) Tarrant County service delivery area: HMO model, effective October 1, 1996; serves approximately 45,000.
- (6) Harris County service delivery area: HMO and PCCM model, effective December 1, 1997; serves approximately 130,000 (STAR) and 55,000 (STAR+PLUS).
- (7) Dallas service district area: HMO model, effective July 1, 1999; serves approximately 90,500.
- (8) El Paso service delivery area: HMO, PHP, and PCCM model effective December, 1999; serves approximately 68,800.
- NorthSTAR (Behavioral Health Waiver): A Medicaid pilot project designed to create a single, seamless system of public behavioral health care in which both chemical dependency and mental health services will be provided (only for Dallas area recipients). The waiver was approved September 10, 1999.

In addition, Texas 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: Community Based Alternatives (CBA) program serves approximately 26,244 clients over the age of 21. Operating since September 1, 1993.
- Mental Retardation/Developmental Disabilities and Mental Retardation-Related: Four waivers, serving approximately 6,370 clients of all ages, with the first waiver operating since September 1, 1985
- Medically Dependent Children Under Age 21: Serves 929 people, operating since July 1, 1988.
- Developmental Disabilities: This waiver services approximately 100 clients over age 18 who are deaf-blind and have multiple disabilities.

Managed Care

- State of Texas Access Reform (STAR): The STAR program, the state's managed care program, has approximately 518,000 Medicaid recipient months in 8 geographic areas of the state.
- STAR+Plus: The state's Medicaid pilot project designed to integrate delivery of acute care and long-term care services through a managed care system. The project, effective December, 1997, serves approximately 55,000 aged and disabled Medicaid recipients in the Houston area.
- Significant Traditional Provider Requirement: All HMOs are required to make a good faith effort to include providers who have traditionally served the Medicaid population in a service district area in their provider networks.

Coverage for Targeted Population

- The state requires public hospitals, hospital districts and certain counties to provide care to indigents. Legislation passed in 1985, the Indigent Health Care and Treatment Act, requires those counties not fully served by a hospital district or public hospital to operate a County Indigent Care Health Program (CICHP) to provide care to their eligible indigent residents. Of the 254 counties in the state, 136 administer a CICHP.
- In 1999, the Texas Legislature significantly amended the Indigent Health Care and Treatment Act for the first time since its enactment. Changes to the law include a focus on preventive services, a lower eligibility threshold, and a lower level at which counties may become eligible to receive state assistance funds (counties become eligible for state funds once they have spent a certain percentage of their general revenue tax levy on allowable indigent health services). The new law also

SOUTHERN REGION MEDICAID PROFILE

Coverage for Targeted Population (Continued)

increases the state's match for county expenditures from 80% to 90%. The intent of these changes was to offer incentives to counties to provide services, improve coordination between counties and other health care providers, and allow flexibility for future changes in the health care system.

Cost Containment Measures

- Certificate of Need Program repealed in 1985.
- Rate setting: Prospective payment methodology used for Medicaid.
- Texas Integrated Enrollment Services (TIES): Implemented to achieve cost savings by streamlining eligibility determinations and multiple health and human services in the state's largest programs (Food Stamps, TANF, WIC, Primary Health Care, and Job Training/Employment Services).
- In 1999, the Texas Legislature directed the State to develop a plan for the implementation of TIERS (Texas Integrated Eligibility Redesign System), formerly TIES. The project focuses on redesigning and replacing the automated system and improving the business processes associated with eligibility determination and enrollment functions, for multiple programs within the Department of Human Services, that will be flexible enough to accommodate additional agencies, programs and new policies and processes in the future.

Medicaid

- 23 optional services are offered.
- Urban county hospital districts contribute funding to match federal disproportionate share funds. Urbans contribute approximately \$83 million; rurals contribute approximately \$43 million.
- Enacted legislation in 1999 requiring the Health and Human Services Commission to develop and oversee the implementation of a voucher system as a payment option for the delivery of certain state funded and Medicaid funded services for individuals with disabilities.

Children's Health Insurance Program: Medicaid Expansion

- The Texas Children's Health Insurance Program (Phase I) received HCFA approval on June 15, 1998. The state plan is an expansion of Medicaid and provides health care coverage to children/adolescents age 15 to 18 in families with incomes up to 100% of the FPL. The second phase of the program projects expansion of Medicaid coverage for children/adolescents age 1-19 up to 200% of the FPL.
- Phase I of the CHIP in Texas provides a benefit package the same as regular Medicaid to eligible individuals. The plan currently serves approximately 62,000 additional individuals.
- Phase II provides for cost sharing by covered individuals as follows:
 - 100%-150% pay an annual enrollment fee of \$15
 - 151-185% pay a monthly premium of \$15
 - 186%-200% pay a monthly premium of \$18

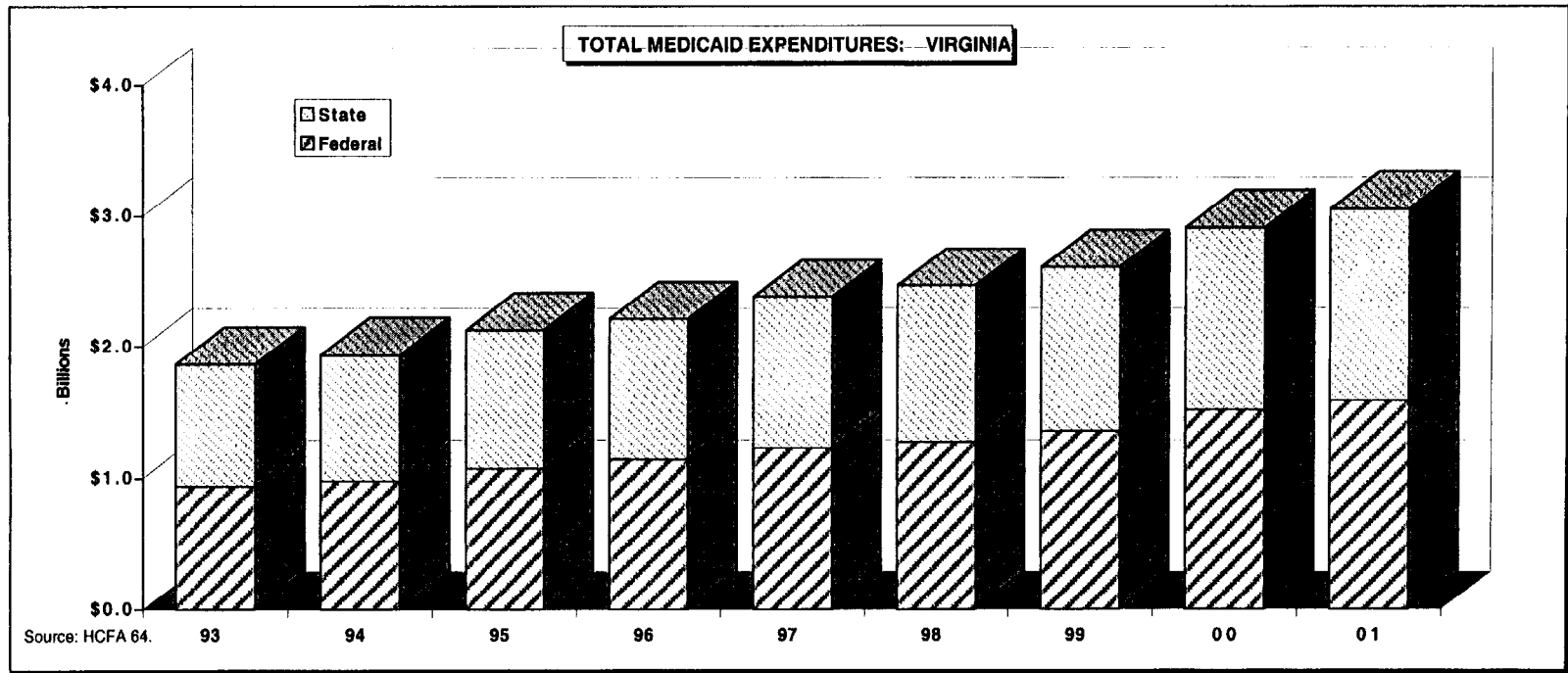
Tobacco Settlement

- The state expects to receive approximately \$15 billion over 25 years.
- For Fiscal Year 2000, the tobacco settlement payment should be approximately \$1.2 billion.
- The model statute, required by the Master Settlement Agreement, was enacted to receive tobacco money allotted to the state.
- Established \$1.3 billion in endowments for a number of health programs, including 1) tobacco prevention, education, enforcement, and cessation; 2) children's health services and public health services; 3) emergency medical services and trauma care; 4) rural health facility capital improvement; 5) community hospital capital improvement; 6) university health science education; 7) mental health care; and 8) individuals with mental retardation.

STATE MEDICAID PROFILE



SOUTHERN REGION MEDICAID PROFILE



	FFY 93	FFY 94	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00**	FFY 01**	Annual Rate of Change	Total 93-01
Medicaid Payments	\$1,788,466,944	\$1,849,207,961	\$2,044,756,023	\$2,123,142,475	\$2,274,509,097	\$2,343,757,339	\$2,477,370,906	\$2,765,230,000	\$2,905,700,000	6.3%	62.5%
Federal Share	\$898,042,564	\$931,207,056	\$1,026,474,417	\$1,093,719,144	\$1,172,394,679	\$1,208,808,080	\$1,285,612,965	\$1,430,595,000	\$1,508,383,000	6.7%	68.0%
State Share	\$890,424,380	\$918,000,905	\$1,018,281,606	\$1,029,423,331	\$1,102,114,418	\$1,134,949,259	\$1,191,757,941	\$1,334,635,000	\$1,397,317,000	5.8%	56.9%
Administrative Costs	\$75,041,659	\$84,456,361	\$76,336,648	\$81,776,255	\$100,519,359	\$118,333,750	\$126,088,305	\$141,553,000	\$142,126,000	8.3%	89.4%
Federal Share	\$42,787,552	\$47,756,289	\$44,400,414	\$45,022,011	\$54,003,775	\$65,843,598	\$69,518,715	\$83,594,000	\$80,452,000	8.2%	88.0%
State Share	\$32,254,107	\$36,700,072	\$31,936,234	\$36,754,244	\$46,515,584	\$52,490,152	\$56,569,590	\$57,959,000	\$61,674,000	8.4%	91.2%
Admin. Costs as % of Payments	4.20%	4.57%	3.73%	3.85%	4.42%	5.05%	5.09%	5.12%	4.89%		
Federal Match Rate*	50.00%	50.00%	50.00%	51.37%	51.45%	51.49%	51.60%	51.85%	51.85%		

*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 00 and 01 reflect latest estimates reported by each state on HCFA 37.

VIRGINIA

SOUTHERN REGION MEDICAID PROFILE

STATE FINANCING

	Payments		Administration	
	FFY 93	FFY 92	FFY 93	FFY 92
State General Fund*	\$890,424,380	\$1,191,757,941	\$32,254,107	\$56,569,590
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	\$890,424,380	\$1,191,757,941	\$32,254,107	\$56,569,590

Provider Taxes Currently in Place (FFY 99)		
Provider(s)	Tax Rate	Amount
NO PROVIDER TAXES		

DISPROPORTIONATE SHARE HOSPITAL (DSH) PAYMENTS

	FFY 93	FFY 94	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00*	FFY 01*	Annual Change
General Hospitals	\$120,342,592	\$133,062,000	\$138,537,653	\$148,762,000	\$157,204,000	\$152,457,493	\$157,022,000	\$177,454,000	\$173,143,000	3.8%
Mental Hospitals	\$10,413,469	\$11,395,000	\$6,732,097	\$9,312,000	\$2,588,000	\$8,220,282	\$3,900,000	\$7,550,000	\$7,550,000	1.9%
Total	\$130,756,061	\$144,457,000	\$145,269,750	\$158,074,000	\$159,792,000	\$160,677,775	\$160,922,000	\$185,004,000	\$180,693,000	3.7%

SELECTED ELIGIBILITY CRITERIA

	At 10/1/00	% 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	67.5%
Couple	\$705	75.2%
Resources:		
Single Person	\$2,000	
Couple	\$3,000	

DEMOGRAPHIC DATA & POVERTY INDICATORS (1999)

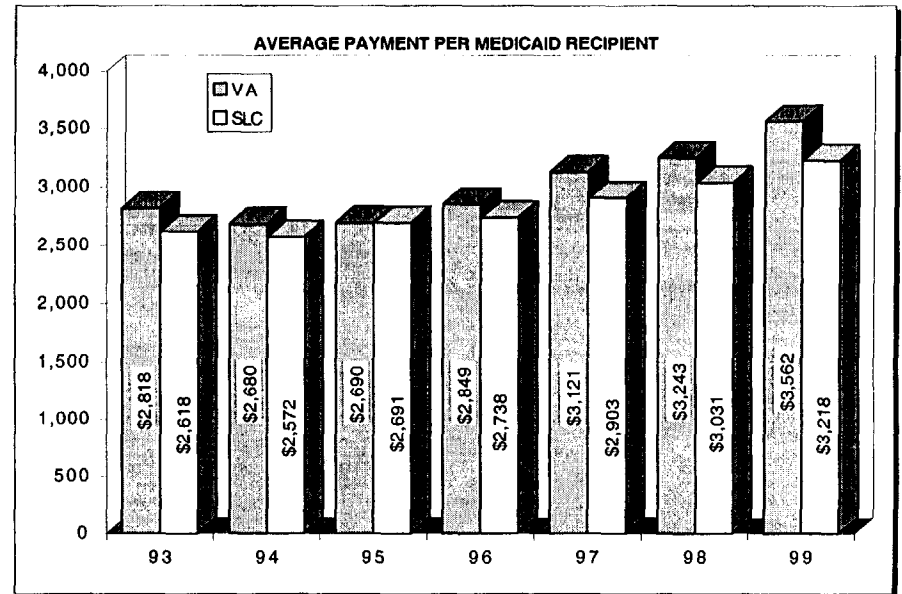
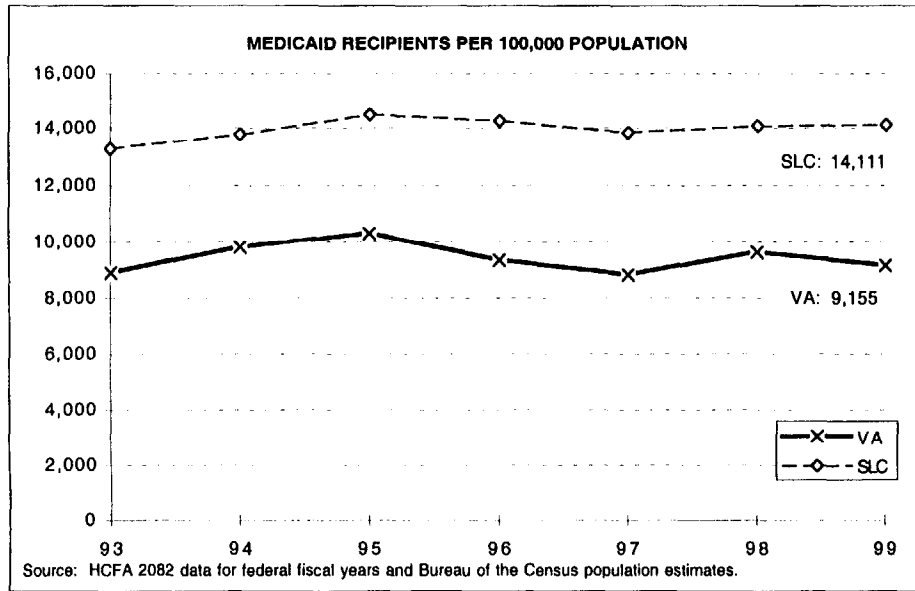
		Rank in U.S.
State population—July 1, 1999*	6,872,912	12
Per capita personal income**	\$27,489	30
Median household income**	\$42,572	8
Population below Federal Poverty Level on July 1, 1999*	776,639	
Percent of total population	11.3%	27
Population without health insurance coverage*	957,000	13
Percent of total population	13.9%	30
Recipients of Food Stamps***	361,581	17
Households receiving Food Stamps***	158,842	17
Total value of issuance***	\$282,300,547	17
Average monthly benefit per recipient	\$65.06	38
Average monthly benefit per household	\$148.10	28
Monthly recipients of Temporary Assistance to Needy Families (TANF)****	83,733	22
Total TANF payments****	\$218,769,481	23
Average monthly payment per recipient	\$217.73	
Maximum monthly payment per family of 3	\$354.00	31

*Current federal poverty level is \$8,350 per year for a single person, \$11,250 for a family of two and \$14,150 for a family of three. Table above shows monthly income levels.

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

VIRGINIA

SOUTHERN REGION MEDICAID PROFILE



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

<u>RECIPIENTS BY TYPE OF SERVICES</u>	<u>FFY 93</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>Annual Change</u>
01. General Hospital	102,317	104,770	103,147	90,914	102,450	98,015	94,935	-1.2%
02. Mental Hospital	935	1,493	2,179	2,593	2,213	36,689	36,152	83.9%
03. Skilled and Intermediate (non-MR) Care Nursing	27,772	27,727	27,301	26,963	27,565	28,053	27,217	-0.3%
04. Intermediate Care for Mentally Retarded	2,749	2,720	2,591	2,458	2,301	2,126	2,043	-4.8%
05. Physician Services	478,893	559,282	603,578	540,079	520,943	438,974	420,723	-2.1%
06. Dental Services	89,358	103,363	106,156	86,056	78,351	76,341	72,952	-3.3%
07. Other Practitioners	63,749	73,127	75,977	68,503	75,799	70,449	63,580	0.0%
08. Outpatient Hospital	328,978	348,081	351,152	298,998	285,018	267,436	259,439	-3.9%
09. Clinic Services	100,472	118,901	134,669	142,022	141,580	95,786	85,596	-2.6%
10. Lab and X-Ray	219,191	236,382	242,930	200,206	188,157	180,726	177,062	-3.5%
11. Home Health	18,618	17,616	18,282	18,818	20,511	7,470	6,255	-16.6%
12. Prescribed Drugs	429,746	470,048	480,405	417,580	396,719	383,880	375,111	-2.2%
13. Family Planning	40,596	40,563	37,947	26,926	24,065	23,655	21,514	-10.0%
14. Early & Periodic Screening, Diagnosis & Treatment	115,518	136,396	124,871	103,912	91,571	85,641	79,272	-6.1%
15. Other Care	92,188	107,999	117,388	103,542	103,219	100,122	91,219	-0.2%
16. Personal Care Support Services	0	0	0	0	0	31,984	34,146	6.8%
17. Home/Community Based Waiver Services	0	0	0	0	0	4,589	4,974	8.4%
18. Prepaid Health Care	0	0	0	0	0	159,392	204,203	28.1%
19. Primary Care Case Management (PCCM) Services	0	0	0	0	0	110,559	10,667	-90.4%
Total*	575,929	642,947	681,313	623,315	595,234	653,236	629,240	1.5%

*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.

VIRGINIA

SOUTHERN REGION MEDICAID PROFILE

<u>PAYMENTS BY TYPE OF SERVICES</u>	FFY 23	FFY 24	FFY 25	FFY 26	FFY 27	FFY 28	FFY 29	Annual	Share of Total
								Change	FFY 29
01. General Hospital	\$390,091,912	\$374,922,573	\$395,238,330	\$330,862,231	\$321,509,929	\$334,376,705	\$322,282,749	-3.1%	14.4%
02. Mental Hospital	\$15,444,481	\$19,515,026	\$22,350,887	\$26,164,133	\$21,324,339	\$101,470,932	\$95,911,210	35.6%	4.3%
03. Skilled and Intermediate (non-MR) Care Nursing	\$359,414,970	\$371,902,193	\$377,639,158	\$383,993,853	\$387,991,885	\$394,719,042	\$403,215,645	1.9%	18.0%
04. Intermediate Care for Mentally Retarded	\$138,663,572	\$146,534,791	\$147,747,735	\$145,912,289	\$141,767,958	\$143,102,604	\$153,721,704	1.7%	6.9%
05. Physician Services	\$193,317,470	\$210,637,917	\$215,204,029	\$186,600,962	\$197,208,572	\$187,632,422	\$169,735,990	-2.1%	7.6%
06. Dental Services	\$10,907,586	\$12,589,652	\$12,796,843	\$11,147,739	\$10,128,667	\$10,991,455	\$15,580,950	6.1%	0.7%
07. Other Practitioners	\$7,402,858	\$9,480,961	\$10,817,994	\$9,210,639	\$9,835,427	\$7,747,728	\$6,649,885	-1.8%	0.3%
08. Outpatient Hospital	\$128,045,436	\$135,254,751	\$135,343,521	\$120,200,446	\$122,810,586	\$120,861,961	\$124,342,138	-0.5%	5.5%
09. Clinic Services	\$77,061,674	\$95,200,906	\$129,025,022	\$156,863,212	\$193,699,630	\$44,638,404	\$45,490,009	-8.4%	2.0%
10. Lab and X-Ray	\$18,037,238	\$18,973,315	\$20,019,722	\$15,969,779	\$14,978,314	\$12,882,268	\$15,902,453	-2.1%	0.7%
11. Home Health	\$66,620,566	\$72,946,114	\$85,013,264	\$101,652,172	\$114,153,676	\$8,156,865	\$6,845,561	-31.6%	0.3%
12. Prescribed Drugs	\$161,448,803	\$195,777,613	\$213,182,924	\$221,421,619	\$249,620,903	\$284,578,559	\$331,291,307	12.7%	14.8%
13. Family Planning	\$7,973,359	\$6,810,501	\$5,236,144	\$2,730,543	\$2,376,375	\$2,750,995	\$2,514,626	-17.5%	0.1%
14. Early & Periodic Screening, Diagnosis & Treatment	\$10,065,944	\$10,532,368	\$11,371,490	\$11,418,270	\$8,851,274	\$8,139,340	\$7,909,519	-3.9%	0.4%
15. Other Care	\$38,389,808	\$42,077,423	\$51,772,755	\$51,920,529	\$61,674,381	\$54,680,560	\$53,245,971	5.6%	2.4%
16. Personal Care Support Services	\$0	\$0	\$0	\$0	\$0	\$117,734,231	\$116,863,633	-0.7%	5.2%
17. Home/Community Based Waiver Services	\$0	\$0	\$0	\$0	\$0	\$95,785,869	\$122,650,960	28.0%	5.5%
18. Prepaid Health Care	\$0	\$0	\$0	\$0	\$0	\$186,255,441	\$246,996,610	32.6%	11.0%
19. Primary Case Management (PCCM) Services	\$0	\$0	\$0	\$0	\$0	\$1,697,485	\$36,258	-97.9%	0.0%
Total (excludes DSH pymts, pharmacy rebates, & other adjs.)	\$1,622,885,677	\$1,723,156,104	\$1,832,759,818	\$1,776,068,416	\$1,857,931,916	\$2,118,202,866	\$2,241,187,178	5.5%	100.0%

AVERAGE PAYMENTS PER RECIPIENT BY TYPE OF SERVICES

	FFY 23	FFY 24	FFY 25	FFY 26	FFY 27	FFY 28	FFY 29	(+) or (-) SLC	
								Avg. FFY 99	
01. General Hospital	\$3,812.58	\$3,578.53	\$3,831.80	\$3,639.29	\$3,138.21	\$3,411.49	\$3,394.77	-1.9%	-13.4%
02. Mental Hospital	\$16,518.16	\$13,071.02	\$10,257.41	\$10,090.29	\$9,635.94	\$2,765.70	\$2,653.00	-26.3%	-59.5%
03. Skilled and Intermediate (non-MR) Care Nursing	\$12,941.63	\$13,413.00	\$13,832.43	\$14,241.51	\$14,075.53	\$14,070.48	\$14,814.85	2.3%	-2.6%
04. Intermediate Care for Mentally Retarded	\$50,441.46	\$53,873.08	\$57,023.44	\$59,362.20	\$61,611.46	\$67,310.73	\$75,243.12	6.9%	12.1%
05. Physician Services	\$403.68	\$376.62	\$356.55	\$345.51	\$378.56	\$427.43	\$403.44	0.0%	4.1%
06. Dental Services	\$122.07	\$121.80	\$120.55	\$129.54	\$129.27	\$143.98	\$213.58	9.8%	-2.5%
07. Other Practitioners	\$116.13	\$129.65	\$142.39	\$134.46	\$129.76	\$109.98	\$104.59	-1.7%	-31.2%
08. Outpatient Hospital	\$389.22	\$388.57	\$385.43	\$402.01	\$430.89	\$451.93	\$479.27	3.5%	5.4%
09. Clinic Services	\$767.00	\$800.67	\$958.09	\$1,104.50	\$1,368.13	\$466.02	\$531.45	-5.9%	-29.9%
10. Lab and X-Ray	\$82.29	\$80.27	\$82.41	\$79.77	\$79.61	\$71.28	\$89.81	1.5%	-18.0%
11. Home Health	\$3,578.29	\$4,140.90	\$4,650.11	\$5,401.86	\$5,565.49	\$1,091.95	\$1,094.41	-17.9%	-56.6%
12. Prescribed Drugs	\$375.68	\$416.51	\$443.76	\$530.25	\$629.21	\$741.32	\$883.18	15.3%	10.2%
13. Family Planning	\$196.41	\$167.90	\$137.99	\$101.41	\$98.75	\$116.30	\$116.88	-8.3%	-46.1%
14. Early & Periodic Screening, Diagnosis & Treatment	\$87.14	\$77.22	\$91.07	\$109.88	\$96.66	\$95.04	\$99.78	2.3%	-44.4%
15. Other Care	\$416.43	\$389.61	\$441.04	\$501.44	\$597.51	\$546.14	\$583.72	5.8%	50.2%
16. Personal Care Support Services	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3,681.04	\$3,422.47	-7.0%	144.0%
17. Home/Community Based Waiver Services	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$20,872.93	\$24,658.42	18.1%	90.4%
18. Prepaid Health Care	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,168.54	\$1,209.56	3.5%	-9.1%
19. Primary Care Case Management (PCCM) Services	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$15.35	\$3.40	-77.9%	-96.1%
Total (Average)	\$2,817.86	\$2,680.09	\$2,690.04	\$2,849.39	\$3,121.35	\$3,242.63	\$3,561.74	4.0%	10.7%

TOTAL PER CAPITA EXPENDITURES	\$287.82	\$295.23	\$320.64	\$330.76	\$352.51	\$362.53	\$378.80	4.7%	-35.1%
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VIRGINIA

SOUTHERN REGION MEDICAID PROFILE
DATA BY OTHER CHARACTERISTICS

RECIPIENTS BY OTHER CHARACTERISTICS

	FFY 93	FFY 94	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	Annual Change	Share of Total FFY 99
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	316,824	341,142	350,944	295,476	267,331	285,976	261,630	-3.1%	41.6%
Poverty Related Eligibles	52,192	52,957	54,557	59,396	219,194	245,429	245,431	29.4%	39.0%
Medically Needy	38,821	36,770	32,462	26,512	21,667	17,884	16,647	-13.2%	2.6%
Other Eligibles	168,092	212,078	243,350	241,931	87,042	103,947	105,532	-7.5%	16.8%
Maintenance Assistance Status Unknown	0	0	0	0	0	0	0	n/a	0.0%
Total	575,929	642,947	681,313	623,315	595,234	653,236	629,240	1.5%	100.0%
By Basis of Eligibility									
Aged, Blind, or Disabled	169,438	181,940	191,099	198,729	197,352	207,662	208,094	3.5%	33.1%
Children	284,210	334,420	363,954	317,789	296,453	333,370	316,959	1.8%	50.4%
Foster Care Children	0	0	0	0	4,205	4,260	4,539	3.9%	0.7%
Adults	122,281	126,587	126,260	106,797	97,224	107,944	99,648	-3.4%	15.8%
Basis of Eligibility Unknown	0	0	0	0	0	0	0	n/a	0.0%
Total	575,929	642,947	681,313	623,315	595,234	653,236	629,240	1.5%	100.0%
By Age									
Under Age 1	45,105	46,124	44,818	38,923	38,663	41,524	40,756	-1.7%	6.5%
Age 1 to 5	123,027	139,145	146,023	124,037	119,519	123,243	113,898	-1.3%	18.1%
Age 6 to 14	105,528	133,115	150,363	135,273	127,628	152,702	147,192	5.7%	23.4%
Age 15 to 20	45,232	54,072	63,287	60,592	56,703	66,403	63,313	5.8%	10.1%
Age 21 to 44	129,368	136,567	139,665	125,288	113,260	125,801	119,319	-1.3%	19.0%
Age 45 to 64	42,819	45,868	48,076	49,488	49,251	52,956	54,686	4.2%	8.7%
Age 65 to 74	35,134	36,378	37,267	37,313	36,608	36,481	35,805	0.3%	5.7%
Age 75 to 84	30,265	31,255	31,309	31,501	32,330	32,497	32,622	1.3%	5.2%
Age 85 and Over	19,451	20,423	20,505	20,900	21,272	21,629	21,649	1.8%	3.4%
Age Unknown	0	0	0	0	0	0	0	n/a	0.0%
Total	575,929	642,947	681,313	623,315	595,234	653,236	629,240	1.5%	100.0%
By Race									
White	278,579	303,158	316,902	310,280	297,941	300,535	289,206	0.6%	46.0%
Black	268,273	304,592	321,916	271,035	256,256	311,541	300,097	1.9%	47.7%
Hispanic, American Indian or Asian	26,969	33,053	40,409	40,272	39,645	39,844	38,717	6.2%	6.2%
Other/Unknown	2,108	2,144	2,086	1,728	1,392	1,316	1,220	-8.7%	0.2%
Total	575,929	642,947	681,313	623,315	595,234	653,236	629,240	1.5%	100.0%
By Sex									
Female	365,938	401,759	420,995	382,934	363,090	399,382	384,509	0.8%	61.1%
Male	209,991	241,180	260,318	240,381	232,144	253,854	244,731	2.6%	38.9%
Unknown	0	8	0	0	0	0	0	-100.0%	0.0%
Total	575,929	642,947	681,313	623,315	595,234	653,236	629,240	1.5%	100.0%

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

VIRGINIA

SOUTHERN REGION MEDICAID PROFILE

PAYMENTS BY OTHER CHARACTERISTICS

	FFY 93	FFY 94	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	Annual Change	Share of Total FFY 99
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	\$776,863,009	\$828,969,621	\$879,247,891	\$831,337,272	\$864,124,581	\$1,013,741,200	\$1,075,128,501	5.6%	48.0%
Poverty Related Eligibles	\$303,153,349	\$315,277,853	\$347,419,117	\$432,408,659	\$228,236,491	\$276,531,633	\$290,833,098	-0.7%	13.0%
Medically Needy	\$350,252,237	\$361,165,965	\$350,493,064	\$283,237,718	\$210,507,166	\$163,396,812	\$143,896,707	-13.8%	6.4%
Other Eligibles	\$192,617,082	\$217,742,665	\$255,599,746	\$229,084,767	\$555,063,678	\$664,533,221	\$731,328,872	24.9%	32.6%
Maintenance Assistance Status Unknown	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a	0.0%
Total	\$1,622,885,677	\$1,723,156,104	\$1,832,759,818	\$1,776,068,416	\$1,857,931,916	\$2,118,202,866	\$2,241,187,178	5.5%	100.0%
By Basis of Eligibility									
Aged, Blind or Disabled	\$1,111,587,865	\$1,198,652,822	\$1,293,681,358	\$1,342,368,831	\$1,439,765,992	\$1,571,334,621	\$1,684,001,841	7.2%	75.1%
Children	\$280,021,731	\$298,745,273	\$329,177,150	\$268,791,825	\$249,277,682	\$336,821,911	\$350,800,226	3.8%	15.7%
Foster Care Children	\$0	\$0	\$0	\$0	\$9,595,824	\$9,388,574	\$10,278,066	3.5%	0.5%
Adults	\$231,276,081	\$225,758,009	\$209,901,310	\$164,907,760	\$159,292,418	\$200,657,760	\$196,107,045	-2.7%	8.8%
Basis of Eligibility Unknown	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a	0.0%
Total	\$1,622,885,677	\$1,723,156,104	\$1,832,759,818	\$1,776,068,416	\$1,857,931,916	\$2,118,202,866	\$2,241,187,178	5.5%	100.0%
By Age									
Under Age 1	\$114,491,602	\$103,793,229	\$117,196,847	\$90,235,105	\$85,469,576	\$114,024,927	\$119,812,974	0.8%	5.3%
Age 1 to 5	\$107,215,492	\$114,342,904	\$122,027,418	\$107,835,294	\$100,451,708	\$126,666,594	\$124,920,570	2.6%	5.6%
Age 6 to 14	\$85,367,639	\$109,378,127	\$121,707,113	\$112,036,137	\$117,483,134	\$147,224,727	\$161,572,400	11.2%	7.2%
Age 15 to 20	\$90,301,494	\$99,911,092	\$108,583,105	\$97,397,201	\$96,864,174	\$122,588,008	\$126,688,489	5.8%	5.7%
Age 21 to 44	\$432,065,649	\$460,094,859	\$483,557,475	\$455,829,239	\$475,764,858	\$552,938,255	\$583,949,802	5.1%	26.1%
Age 45 to 64	\$248,910,117	\$269,239,540	\$294,728,157	\$306,633,992	\$339,101,798	\$390,567,507	\$447,645,978	10.3%	20.0%
Age 65 to 74	\$158,407,954	\$166,475,065	\$171,723,647	\$178,362,031	\$188,462,451	\$198,282,074	\$204,344,583	4.3%	9.1%
Age 75 to 84	\$204,421,036	\$210,951,095	\$216,102,098	\$220,372,545	\$237,721,684	\$244,845,675	\$248,327,327	3.3%	11.1%
Age 85 and Over	\$181,704,694	\$188,970,193	\$197,133,958	\$207,366,872	\$216,612,533	\$221,065,099	\$223,925,055	3.5%	10.0%
Age Unknown	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a	0.0%
Total	\$1,622,885,677	\$1,723,156,104	\$1,832,759,818	\$1,776,068,416	\$1,857,931,916	\$2,118,202,866	\$2,241,187,178	5.5%	100.0%
By Race									
White	\$926,810,807	\$983,794,206	\$1,050,567,690	\$1,054,577,375	\$1,104,584,511	\$1,185,068,839	\$1,249,583,611	5.1%	55.8%
Black	\$645,841,873	\$680,555,884	\$714,321,618	\$654,119,251	\$676,490,155	\$848,667,684	\$896,939,176	5.6%	40.0%
Hispanic, American Indian or Asian	\$47,017,822	\$54,751,396	\$64,404,408	\$64,154,642	\$74,019,429	\$81,559,117	\$91,329,299	11.7%	4.1%
Other/Unknown	\$3,215,175	\$4,054,618	\$3,466,102	\$3,217,148	\$2,837,821	\$2,907,226	\$3,335,092	0.6%	0.1%
Total	\$1,622,885,677	\$1,723,156,104	\$1,832,759,818	\$1,776,068,416	\$1,857,931,916	\$2,118,202,866	\$2,241,187,178	5.5%	100.0%
By Sex									
Female	\$1,048,652,323	\$1,101,637,000	\$1,146,192,071	\$1,101,339,385	\$1,153,204,693	\$1,316,194,909	\$1,383,761,417	4.7%	61.7%
Male	\$574,233,354	\$621,477,642	\$686,567,747	\$674,729,031	\$704,727,223	\$802,007,957	\$857,425,761	6.9%	38.3%
Unknown	\$0	\$41,462	\$0	\$0	\$0	\$0	\$0	-100.0%	0.0%
Total	\$1,622,885,677	\$1,723,156,104	\$1,832,759,818	\$1,776,068,416	\$1,857,931,916	\$2,118,202,866	\$2,241,187,178	5.5%	100.0%

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

VIRGINIA

SOUTHERN REGION MEDICAID PROFILE

AVERAGE PAYMENT PER RECIPIENT BY OTHER CHARACTERISTICS

								Annual Change	Above (+) or Below (-) SLC Avg. FFY 99
By Maintenance Assistance Status	FFY 93	FFY 94	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99		
Receiving Cash Assistance or Eligible Under Section 1931	\$2,452.03	\$2,429.98	\$2,505.38	\$2,813.55	\$3,232.41	\$3,544.85	\$4,109.35	9.0%	21.2%
Poverty Related Eligibles	\$5,808.43	\$5,953.47	\$6,368.00	\$7,280.10	\$1,041.25	\$1,126.73	\$1,184.99	-23.3%	-43.6%
Medically Needy	\$9,022.24	\$9,822.30	\$10,797.03	\$10,683.38	\$9,715.57	\$9,136.48	\$8,644.00	-0.7%	205.7%
Other Eligibles	\$1,145.90	\$1,026.71	\$1,050.34	\$946.90	\$6,376.96	\$6,393.00	\$6,929.93	35.0%	6.2%
Maintenance Assistance Status Unknown	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	n/a	-100.0%
Total	\$2,817.86	\$2,680.09	\$2,690.04	\$2,849.39	\$3,121.35	\$3,242.63	\$3,561.74	4.0%	10.7%
By Basis of Eligibility									
Aged, Blind or Disabled	\$6,560.44	\$6,588.18	\$6,769.69	\$6,754.77	\$7,295.42	\$7,566.79	\$8,092.51	3.6%	12.6%
Children	\$985.26	\$893.32	\$904.45	\$845.82	\$840.87	\$1,010.35	\$1,106.77	2.0%	-4.4%
Foster Care Children	\$0.00	\$0.00	\$0.00	\$0.00	\$2,282.00	\$2,203.89	\$2,264.39	-0.4%	-34.8%
Adults	\$1,891.35	\$1,783.42	\$1,662.45	\$1,544.12	\$1,638.41	\$1,858.91	\$1,968.00	0.7%	-8.5%
Basis of Eligibility Unknown	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	n/a	-100.0%
Total	\$2,817.86	\$2,680.09	\$2,690.04	\$2,849.39	\$3,121.35	\$3,242.63	\$3,561.74	4.0%	10.7%
By Age									
Under Age 1	\$2,538.34	\$2,250.31	\$2,614.95	\$2,318.30	\$2,210.63	\$2,746.00	\$2,939.76	2.5%	17.1%
Age 1 to 5	\$871.48	\$821.75	\$835.67	\$869.38	\$840.47	\$1,027.78	\$1,096.78	3.9%	-8.1%
Age 6 to 14	\$808.96	\$821.68	\$809.42	\$828.22	\$920.51	\$964.13	\$1,097.70	5.2%	-16.4%
Age 15 to 20	\$1,996.41	\$1,847.74	\$1,715.73	\$1,607.43	\$1,708.27	\$1,846.12	\$2,000.99	0.0%	-9.0%
Age 21 to 44	\$3,339.82	\$3,369.00	\$3,462.27	\$3,638.25	\$4,200.64	\$4,395.34	\$4,894.02	6.6%	44.0%
Age 45 to 64	\$5,813.08	\$5,869.88	\$6,130.46	\$6,196.13	\$6,885.18	\$7,375.32	\$8,185.75	5.9%	54.5%
Age 65 to 74	\$4,508.68	\$4,576.26	\$4,607.93	\$4,780.16	\$5,148.12	\$5,435.21	\$5,707.15	4.0%	16.3%
Age 75 to 84	\$6,754.37	\$6,749.36	\$6,902.24	\$6,995.73	\$7,352.98	\$7,534.41	\$7,612.27	2.0%	2.5%
Age 85 and Over	\$9,341.66	\$9,252.81	\$9,613.95	\$9,921.86	\$10,182.99	\$10,220.77	\$10,343.44	1.7%	-12.2%
Age Unknown	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	n/a	-100.0%
Total	\$2,817.86	\$2,680.09	\$2,690.04	\$2,849.39	\$3,121.35	\$3,242.63	\$3,561.74	4.0%	10.7%
By Race									
White	\$3,326.92	\$3,245.15	\$3,315.12	\$3,398.79	\$3,707.39	\$3,943.20	\$4,320.74	4.5%	21.8%
Black	\$2,407.41	\$2,234.32	\$2,218.97	\$2,413.41	\$2,639.90	\$2,724.10	\$2,988.83	3.7%	19.4%
Hispanic, American Indian or Asian	\$1,743.40	\$1,656.47	\$1,593.81	\$1,593.03	\$1,867.06	\$2,046.96	\$2,358.89	5.2%	14.2%
Other/Unknown	\$1,525.23	\$1,891.15	\$1,661.60	\$1,861.78	\$2,038.66	\$2,209.14	\$2,733.68	10.2%	-55.2%
Total	\$2,817.86	\$2,680.09	\$2,690.04	\$2,849.39	\$3,121.35	\$3,242.63	\$3,561.74	4.0%	10.7%
By Sex									
Female	\$2,865.66	\$2,742.03	\$2,722.58	\$2,876.06	\$3,176.08	\$3,295.58	\$3,598.78	3.9%	6.3%
Male	\$2,734.56	\$2,576.82	\$2,637.42	\$2,806.91	\$3,035.73	\$3,159.33	\$3,503.54	4.2%	25.1%
Unknown	\$0.00	\$5,182.75	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-100.0%	-100.0%
Total	\$2,817.86	\$2,680.09	\$2,690.04	\$2,849.39	\$3,121.35	\$3,242.63	\$3,561.74	4.0%	10.7%

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)				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.
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	

ADDITIONAL STATE HEALTH CARE INFORMATION

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

*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.
- 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.

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.

Tobacco Settlement

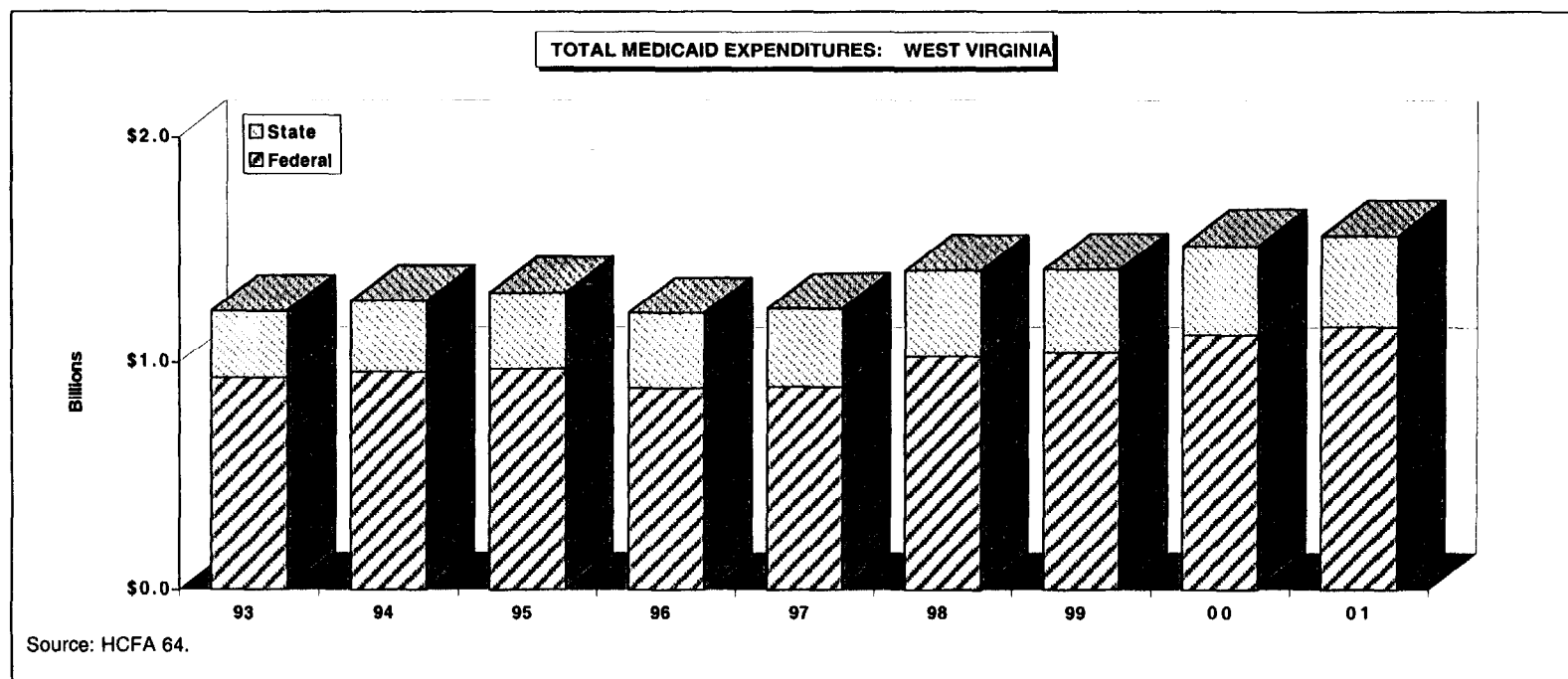
- The state expects to receive approximately \$4.01 billion over 25 years.
- For Fiscal Year 2000, the tobacco settlement payment should be approximately \$131 million.
- The model statute, required by the Master Settlement Agreement, was enacted to receive tobacco money allotted to the state.
- Enacted legislation in 1999 that created the Tobacco Indemnification and Community Revitalization Commission.
- The state plans to deposit Tobacco Settlement monies into a trust fund and divide the monies as follows:
 1. 50% to the tobacco farmer community;
 2. 10% for tobacco prevention programs; and
 3. 40% for discretionary appropriation by the Legislature to other state programs.

VIRGINIA

STATE MEDICAID PROFILE



SOUTHERN REGION MEDICAID PROFILE



	FFY 93	FFY 94	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00**	FFY 01**	Annual Rate of Change	Total 93-01
Medicaid Payments	\$1,199,674,968	\$1,242,045,970	\$1,274,162,825	\$1,177,814,927	\$1,193,977,808	\$1,359,812,612	\$1,353,004,076	\$1,455,830,000	\$1,496,238,000	2.8%	24.7%
Federal Share	\$914,039,094	\$940,406,115	\$950,655,611	\$862,984,030	\$866,956,235	\$1,001,620,498	\$1,007,657,492	\$1,088,670,000	\$1,127,267,000	2.7%	23.3%
State Share	\$285,635,874	\$301,639,855	\$323,507,214	\$314,830,897	\$327,021,573	\$358,192,114	\$345,346,584	\$367,160,000	\$368,971,000	3.3%	29.2%
Administrative Costs	\$31,317,772	\$32,484,644	\$38,024,421	\$42,469,744	\$46,825,418	\$50,801,124	\$62,968,688	\$63,014,000	\$66,614,000	9.9%	112.7%
Federal Share	\$18,239,496	\$18,766,661	\$22,540,296	\$24,409,708	\$25,353,142	\$24,078,826	\$36,405,994	\$36,200,000	\$35,767,000	8.8%	96.1%
State Share	\$13,078,276	\$13,717,983	\$15,484,125	\$18,060,036	\$21,472,276	\$26,722,298	\$26,562,694	\$26,814,000	\$30,847,000	11.3%	135.9%
Admin. Costs as % of Payments	2.61%	2.62%	2.98%	3.61%	3.92%	3.74%	4.65%	4.33%	4.45%		
Federal Match Rate*	76.29%	76.72%	74.60%	73.26%	72.60%	73.67%	74.47%	75.34%	75.34%		

*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 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 00 and 01 reflect latest estimates reported by each state on HCFA 37.

WEST VIRGINIA

SOUTHERN REGION MEDICAID PROFILE

STATE FINANCING

	Payments		Administration	
	FFY 93	FFY 99	FFY 93	FFY 99
State General Fund	\$285,635,874	\$138,144,572	\$13,078,276	\$26,562,694
Local Funds	\$0	\$0	\$0	\$0
Provider Taxes	\$0	\$133,048,000	\$0	\$0
Donations	\$0	\$0	\$0	\$0
Other	\$0	\$74,154,012	\$0	\$0
Total State Share	\$285,635,874	\$345,346,584	\$13,078,276	\$26,562,694

Provider Taxes Currently in Place (FFY 99)

Provider(s)	Tax Rate *	Amount
•Hospitals	2.50%	\$57,761,000
•Nursing facilities & ICF-MR's	5.50%	\$26,329,000
•Ambulatory surgical ctrs., chiropractors, dentists svcs, opticians, optometrists, podiatrists, psych svcs & therapists	1.75%	\$12,107,000
•Behavioral health ctrs., community care centers, lab services	5.00%	\$7,013,000
•Physicians	2.00%	\$25,638,000
•Nurses, Ambulance	1.75% / 5.50%	\$4,200,000
* annualized, based on gross revenues.		
Total		\$133,048,000

DISPROPORTIONATE SHARE HOSPITAL (DSH) PAYMENTS

	FFY 93	FFY 94	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00*	FFY 01*	Annual Change
General Hospitals	\$115,028,129	\$134,057,692	\$19,540,228	\$63,450,141	\$49,007,819	\$63,897,097	\$65,759,877	\$61,012,401	\$60,047,783	20.6%
Mental Hospitals	\$0	\$0	\$5,340,379	\$13,894,199	\$11,388,172	\$20,611,473	\$20,286,834	\$12,019,972	\$16,936,554	21.2%
Total	\$115,028,129	\$134,057,692	\$24,880,607	\$77,344,340	\$60,395,991	\$84,508,570	\$86,046,711	\$73,032,373	\$76,984,337	20.7%

SELECTED ELIGIBILITY CRITERIA

	At 10/1/00	% of FPL*
TANF-Temporary Assistance for Needy Families (Family of 3)		
Need Standard	\$991	84.0%
Payment Standard	\$253	21.5%
Maximum Payment	\$253	21.5%
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	64.1%
Couple	\$669	71.4%
Resources:		
Single Person	\$2,000	
Couple	\$3,000	

DEMOGRAPHIC DATA & POVERTY INDICATORS (1999)

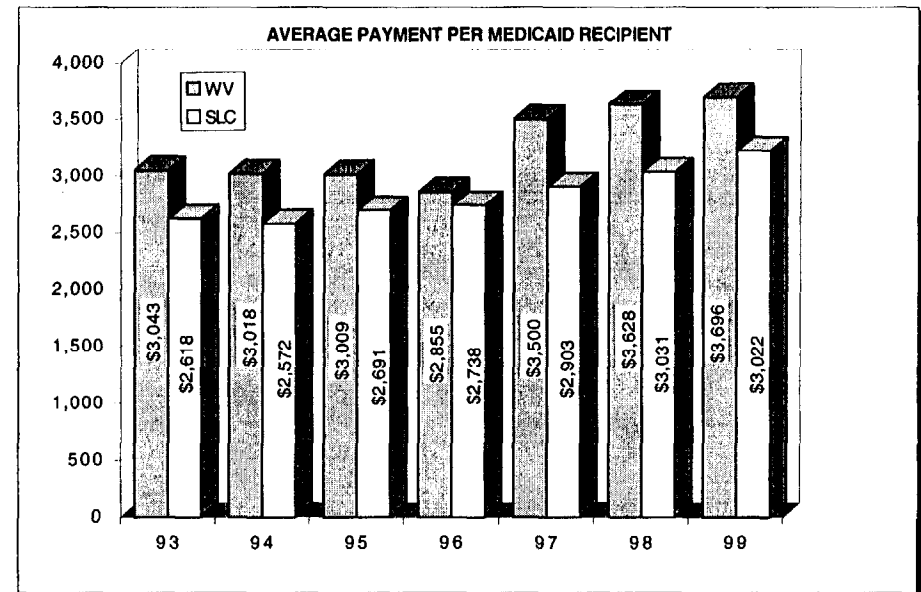
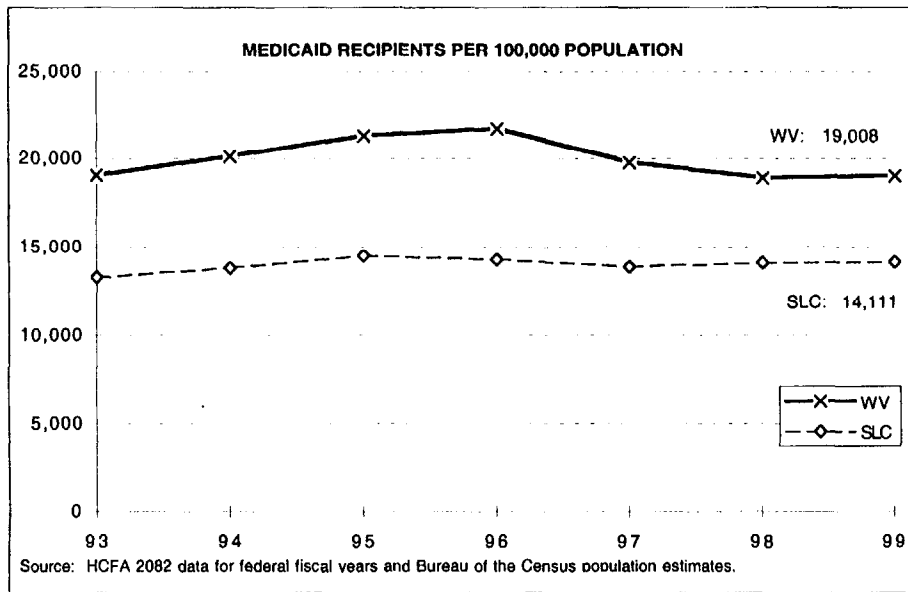
		Rank in U.S.
State population—July 1, 1999*	1,806,928	36
Per capita personal income**	\$19,373	49
Median household income**	\$26,950	50
Population below Federal Poverty Level on July 1, 1999*	318,019	
Percent of total population	17.6%	5
Population without health insurance coverage*	312,000	34
Percent of total population	17.3%	16
Recipients of Food Stamps***	247,249	27
Households receiving Food Stamps***	102,925	26
Total value of issuance***	\$208,140,334	26
Average monthly benefit per recipient	\$70.15	22
Average monthly benefit per household	\$168.52	8
Monthly recipients of Temporary Assistance to Needy Families (TANF)****	31,032	37
Total TANF payments****	\$132,760,064	33
Average monthly payment per recipient	\$356.51	
Maximum monthly payment per family of 3	\$278.00	40

*Current federal poverty level is \$8,350 per year for a single person, \$11,250 for a family of two and \$14,150 for a family of three. Table above shows monthly income levels.

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

WEST VIRGINIA

SOUTHERN REGION MEDICAID PROFILE



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

<u>RECIPIENTS BY TYPE OF SERVICES</u>	<u>FFY 93</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>Annual Change</u>
01. General Hospital	49,927	58,070	52,327	51,194	46,049	43,213	39,744	-3.7%
02. Mental Hospital	567	983	1,679	1,841	1,453	1,564	1,849	21.8%
03. Skilled and Intermediate (non-MR) Care Nursing	10,505	10,839	11,133	11,467	11,645	11,677	11,802	2.0%
04. Intermediate Care for Mentally Retarded	690	685	634	634	633	609	570	-3.1%
05. Physician Services	273,798	290,109	304,888	305,047	271,762	242,889	242,944	-2.0%
06. Dental Services	99,698	72,288	86,110	87,627	84,739	81,557	81,572	-3.3%
07. Other Practitioners	81,672	82,615	90,107	99,972	67,859	62,112	73,913	-1.6%
08. Outpatient Hospital	184,372	194,258	211,152	208,593	185,861	166,885	172,175	-1.1%
09. Clinic Services	100,740	116,648	121,417	122,642	103,156	98,672	129,060	4.2%
10. Lab and X-Ray	75,616	85,874	88,661	95,197	87,883	78,244	141,841	11.1%
11. Home Health	2,712	3,342	3,780	4,120	41,588	21,797	23,367	43.2%
12. Prescribed Drugs	261,235	273,714	295,210	299,967	280,550	267,398	274,214	0.8%
13. Family Planning	11,981	9,478	9,909	8,888	21,813	25,546	3,168	-19.9%
14. Early & Periodic Screening, Diagnosis & Treatment	61,905	63,269	75,126	71,061	72,483	62,034	0	-100.0%
15. Other Care	67,190	77,188	79,444	83,263	76,255	36,243	78,760	2.7%
16. Personal Care Support Services	0	0	0	0	0	60,409	2,284	-96.2%
17. Home/Community Based Waiver Services	0	0	0	0	0	5,437	0	-100.0%
18. Prepaid Health Care	0	0	0	0	0	52	0	-100.0%
19. Primary Care Case Management (PCCM) Services	0	0	0	0	0	0	62,101	n/a
Total*	347,014	366,638	388,667	394,963	359,091	342,668	343,462	-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.

WEST VIRGINIA

SOUTHERN REGION MEDICAID PROFILE

PAYMENTS BY TYPE OF SERVICES	FFY 23	FFY 24	FFY 25	FFY 26	FFY 27	FFY 28	FFY 29	Annual Change	Share of Total FFY 29
01. General Hospital	\$175,691,192	\$212,959,810	\$191,344,492	\$177,972,227	\$233,520,075	\$194,479,017	\$215,475,078	3.5%	17.0%
02. Mental Hospital	\$13,216,395	\$22,747,039	\$34,217,429	\$21,221,656	\$38,351,126	\$24,905,723	\$43,254,993	21.8%	3.4%
03. Skilled and Intermediate (non-MR) Care Nursing	\$164,325,868	\$183,803,632	\$208,301,022	\$218,560,289	\$237,252,280	\$256,580,323	\$261,675,575	8.1%	20.6%
04. Intermediate Care for Mentally Retarded	\$48,454,457	\$47,574,471	\$51,546,964	\$51,046,144	\$49,058,437	\$47,738,110	\$47,259,903	-0.4%	3.7%
05. Physician Services	\$143,511,162	\$136,184,932	\$122,897,865	\$118,764,846	\$109,839,277	\$111,149,189	\$94,317,173	-6.8%	7.4%
06. Dental Services	\$60,061,945	\$16,481,576	\$19,791,771	\$19,306,876	\$18,537,086	\$18,553,850	\$19,251,561	-17.3%	1.5%
07. Other Practitioners	\$56,148,073	\$98,977,195	\$108,108,902	\$103,097,074	\$11,919,715	\$10,060,720	\$12,359,971	-22.3%	1.0%
08. Outpatient Hospital	\$57,421,217	\$61,740,574	\$69,816,548	\$67,443,782	\$60,863,391	\$61,622,445	\$63,369,897	1.7%	5.0%
09. Clinic Services	\$181,055,163	\$136,994,610	\$140,174,366	\$123,230,955	\$45,514,609	\$46,008,114	\$49,592,411	-19.4%	3.9%
10. Lab and X-Ray	\$6,325,607	\$7,417,937	\$7,426,947	\$6,751,309	\$5,806,606	\$5,844,856	\$14,919,359	15.4%	1.2%
11. Home Health	\$4,203,883	\$6,114,581	\$7,228,888	\$8,160,088	\$134,102,091	\$17,894,521	\$15,292,280	24.0%	1.2%
12. Prescribed Drugs	\$87,616,490	\$106,852,366	\$130,451,359	\$124,984,023	\$133,044,683	\$148,962,081	\$195,202,609	14.3%	15.4%
13. Family Planning	\$2,770,221	\$1,528,235	\$1,233,050	\$1,101,678	\$1,966,984	\$2,458,392	\$4,498,131	8.4%	0.4%
14. Early & Periodic Screening, Diagnosis & Treatment	\$7,599,488	\$7,004,228	\$9,124,477	\$8,846,801	\$8,639,448	\$7,642,253	\$0	-100.0%	0.0%
15. Other Care	\$47,712,049	\$60,142,898	\$67,752,029	\$77,227,587	\$168,581,562	\$35,751,670	\$133,594,277	18.7%	10.5%
16. Personal Care Support Services	\$0	\$0	\$0	\$0	\$0	\$125,929,361	\$175,786	-99.9%	0.0%
17. Home/Community Based Waiver Services	\$0	\$0	\$0	\$0	\$0	\$100,995,995	\$0	-100.0%	0.0%
18. Prepaid Health Care	\$0	\$0	\$0	\$0	\$0	\$26,573,906	\$98,910,556	272.2%	7.8%
19. Primary Case Management (PCCM) Services	\$0	\$0	\$0	\$0	\$0	\$0	\$308,223	n/a	0.0%
Total (excludes DSH pymts, pharmacy rebates, & other adjs.)	\$1,056,113,210	\$1,106,524,084	\$1,169,416,109	\$1,127,715,335	\$1,256,997,370	\$1,243,150,526	\$1,269,457,783	3.1%	100.0%

AVERAGE PAYMENTS PER RECIPIENT BY TYPE OF SERVICES

								(+) or (-) SLC Avg. FFY 99	
01. General Hospital	\$3,518.96	\$3,667.29	\$3,656.71	\$3,476.43	\$5,071.12	\$4,500.47	\$5,421.58	7.5%	38.3%
02. Mental Hospital	\$23,309.34	\$23,140.43	\$20,379.65	\$11,527.24	\$26,394.44	\$15,924.38	\$23,393.72	0.1%	257.0%
03. Skilled and Intermediate (non-MR) Care Nursing	\$15,642.63	\$16,957.62	\$18,710.23	\$19,059.94	\$20,373.75	\$21,973.14	\$22,172.14	6.0%	45.7%
04. Intermediate Care for Mentally Retarded	\$70,223.85	\$69,451.78	\$81,304.36	\$80,514.42	\$77,501.48	\$78,387.70	\$82,912.11	2.8%	23.5%
05. Physician Services	\$524.15	\$469.43	\$403.09	\$389.33	\$404.17	\$457.61	\$388.23	-4.9%	0.2%
06. Dental Services	\$602.44	\$228.00	\$229.84	\$220.33	\$218.76	\$227.50	\$236.01	-14.5%	7.7%
07. Other Practitioners	\$687.48	\$1,198.05	\$1,199.78	\$1,031.26	\$175.65	\$161.98	\$167.22	-21.0%	10.0%
08. Outpatient Hospital	\$311.44	\$317.83	\$330.65	\$323.33	\$327.47	\$369.25	\$368.06	2.8%	-19.1%
09. Clinic Services	\$1,797.25	\$1,174.43	\$1,154.49	\$1,004.80	\$441.22	\$466.27	\$384.26	-22.7%	-49.3%
10. Lab and X-Ray	\$83.65	\$86.38	\$83.77	\$70.92	\$66.07	\$74.70	\$105.18	3.9%	-4.0%
11. Home Health	\$1,550.10	\$1,829.62	\$1,912.40	\$1,980.60	\$3,224.54	\$820.96	\$654.44	-13.4%	-74.0%
12. Prescribed Drugs	\$335.39	\$390.38	\$441.89	\$416.66	\$474.23	\$557.08	\$711.86	13.4%	-11.2%
13. Family Planning	\$231.22	\$161.24	\$124.44	\$123.95	\$90.17	\$96.23	\$1,419.86	35.3%	554.5%
14. Early & Periodic Screening, Diagnosis & Treatment	\$122.76	\$110.71	\$121.46	\$124.50	\$119.19	\$123.19	\$0.00	-100.0%	-100.0%
15. Other Care	\$710.11	\$779.17	\$852.83	\$927.51	\$2,210.76	\$986.44	\$1,696.22	15.6%	336.4%
16. Personal Care Support Services	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,084.61	\$76.96	-96.3%	-94.5%
17. Home/Community Based Waiver Services	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$18,575.68	\$0.00	-100.0%	-100.0%
18. Prepaid Health Care	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$511,036.65	\$0.00	-100.0%	0.0%
19. Primary Case Case Management (PCCM) Services	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$4.96	n/a	0.0%
Total (Average)	\$3,043.43	\$3,018.03	\$3,008.79	\$2,855.24	\$3,500.50	\$3,627.86	\$3,696.06	3.3%	14.9%

TOTAL PER CAPITA EXPENDITURES	\$676.81	\$699.46	\$718.91	\$670.34	\$683.55	\$778.85	\$783.64	2.5%	34.3%
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WEST VIRGINIA

SOUTHERN REGION MEDICAID PROFILE
DATA BY OTHER CHARACTERISTICS

RECIPIENTS BY OTHER CHARACTERISTICS

	FFY 93	FFY 94	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	Annual Change	Share of Total FFY 99
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	224,197	225,605	223,317	222,756	200,616	172,278	186,446	-3.0%	54.3%
Poverty Related Eligibles	63,109	80,106	107,654	114,093	38,971	29,197	38,053	8.1%	11.1%
Medically Needy	15,104	13,101	9,972	12,860	9,701	3,895	5,991	-14.3%	1.7%
Other Eligibles	44,604	47,826	47,724	45,254	109,803	111,592	112,972	16.8%	32.9%
Maintenance Assistance Status Unknown	0	0	0	0	0	25,706	0	-100.0%	0.0%
Total	347,014	366,638	388,667	394,963	359,091	342,668	343,462	-0.2%	100.0%
By Basis of Eligibility									
Aged, Blind, or Disabled	94,120	102,160	109,410	119,563	111,326	102,194	114,867	3.4%	33.4%
Children	148,434	160,734	178,801	181,157	177,375	153,021	163,225	1.6%	47.5%
Foster Care Children	3,368	3,854	4,173	4,646	5,184	5,065	5,944	9.9%	1.7%
Adults	101,092	99,890	96,283	89,597	65,206	56,682	59,426	-8.5%	17.3%
Basis of Eligibility Unknown	0	0	0	0	0	25,706	0	-100.0%	0.0%
Total	347,014	366,638	388,667	394,963	359,091	342,668	343,462	-0.2%	100.0%
By Age									
Under Age 1	24,293	24,348	25,287	21,987	25,689	12,093	12,484	-10.5%	3.6%
Age 1 to 5	65,956	70,993	73,007	70,844	61,641	56,474	58,568	-2.0%	17.1%
Age 6 to 14	63,453	70,174	81,213	83,946	76,938	73,311	75,929	3.0%	22.1%
Age 15 to 20	32,117	33,237	38,906	42,135	37,353	35,841	37,753	2.7%	11.0%
Age 21 to 44	94,832	97,018	96,515	96,805	85,582	76,345	83,478	-2.1%	24.3%
Age 45 to 64	31,266	34,407	36,479	39,613	37,253	35,696	39,938	4.2%	11.6%
Age 65 to 74	13,707	14,572	15,516	15,758	13,961	12,697	14,015	0.4%	4.1%
Age 75 to 84	11,889	12,304	12,007	13,051	11,792	10,569	11,850	-0.1%	3.5%
Age 85 and Over	9,501	9,584	9,723	10,823	8,881	7,838	9,447	-0.1%	2.8%
Age Unknown	0	1	14	1	1	21,804	0	-100.0%	0.0%
Total	347,014	366,638	388,667	394,963	359,091	342,668	343,462	-0.2%	100.0%
By Race									
White	312,516	328,918	356,214	364,537	328,374	296,447	318,088	0.3%	92.6%
Black	14,255	14,750	15,566	15,354	14,866	14,776	16,039	2.0%	4.7%
Hispanic, American Indian or Asian	223	212	233	230	6,420	822	1,028	29.0%	0.3%
Other/Unknown	20,020	22,758	16,654	14,842	9,431	30,623	8,307	-13.6%	2.4%
Total	347,014	366,638	388,667	394,963	359,091	342,668	343,462	-0.2%	100.0%
By Sex									
Female	167,997	171,958	190,877	219,155	206,769	187,552	199,113	2.9%	58.0%
Male	103,799	106,677	123,590	148,980	145,804	132,574	141,632	5.3%	41.2%
Unknown	75,218	88,003	74,200	26,828	6,518	22,542	2,717	-42.5%	0.8%
Total	347,014	366,638	388,667	394,963	359,091	342,668	343,462	-0.2%	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 93	FFY 94	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	Annual Change	Share of Total FFY 99
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	\$597,360,924	\$596,930,162	\$612,121,049	\$573,552,185	\$793,868,887	\$830,135,721	\$1,032,544,038	9.5%	81.3%
Poverty Related Eligibles	\$230,772,450	\$262,652,307	\$307,204,808	\$266,435,412	\$115,606,478	\$121,766,318	\$102,852,422	-12.6%	8.1%
Medically Needy	\$45,468,188	\$43,232,669	\$39,457,487	\$112,110,969	\$61,306,332	\$24,132,569	\$23,653,712	-10.3%	1.9%
Other Eligibles	\$182,511,648	\$203,708,946	\$210,632,765	\$175,616,769	\$286,215,673	\$144,277,023	\$110,407,611	-8.0%	8.7%
Maintenance Assistance Status Unknown	\$0	\$0	\$0	\$0	\$0	\$122,838,895	\$0	-100.0%	0.0%
Total	\$1,056,113,210	\$1,106,524,084	\$1,169,416,109	\$1,127,715,335	\$1,256,997,370	\$1,243,150,526	\$1,269,457,783	3.1%	100.0%
By Basis of Eligibility									
Aged, Blind or Disabled	\$633,316,913	\$701,351,260	\$764,412,975	\$765,396,442	\$794,172,017	\$832,783,118	\$825,087,208	4.5%	65.0%
Children	\$151,400,764	\$157,891,337	\$176,047,191	\$165,648,597	\$164,509,665	\$153,582,113	\$335,391,178	14.2%	26.4%
Foster Care Children	\$51,933,948	\$50,245,299	\$48,285,157	\$39,326,297	\$36,701,219	\$32,282,729	\$20,444,101	-14.4%	1.6%
Adults	\$219,461,585	\$197,036,188	\$180,670,786	\$157,343,999	\$261,614,469	\$101,663,671	\$88,535,296	-14.0%	7.0%
Basis of Eligibility Unknown	\$0	\$0	\$0	\$0	\$0	\$122,838,895	\$0	-100.0%	0.0%
Total	\$1,056,113,210	\$1,106,524,084	\$1,169,416,109	\$1,127,715,335	\$1,256,997,370	\$1,243,150,526	\$1,269,457,783	3.1%	100.0%
By Age									
Under Age 1	\$36,722,248	\$41,184,552	\$40,059,446	\$39,404,805	\$36,041,127	\$17,099,015	\$15,201,173	-13.7%	1.2%
Age 1 to 5	\$64,845,989	\$70,031,519	\$71,505,932	\$64,664,340	\$57,762,153	\$59,891,308	\$49,124,099	-4.5%	3.9%
Age 6 to 14	\$83,781,827	\$92,194,598	\$108,954,048	\$98,401,424	\$93,328,037	\$92,021,543	\$77,901,992	-1.2%	6.1%
Age 15 to 20	\$109,305,250	\$104,450,441	\$108,822,937	\$97,376,065	\$87,576,266	\$87,059,121	\$65,381,771	-8.2%	5.2%
Age 21 to 44	\$324,329,964	\$317,669,408	\$316,355,490	\$297,477,215	\$282,505,784	\$279,277,299	\$270,356,149	-3.0%	21.3%
Age 45 to 64	\$182,350,108	\$203,686,965	\$213,204,209	\$213,347,084	\$231,856,968	\$249,943,764	\$253,298,734	5.6%	20.0%
Age 65 to 74	\$67,434,988	\$71,342,189	\$96,452,830	\$79,288,539	\$78,861,365	\$85,512,581	\$78,980,521	2.7%	6.2%
Age 75 to 84	\$92,637,588	\$101,642,825	\$102,422,852	\$111,135,728	\$113,042,497	\$117,549,030	\$111,529,752	3.1%	8.8%
Age 85 and Over	\$94,705,248	\$104,319,939	\$110,723,687	\$126,619,797	\$124,022,742	\$140,540,957	\$139,455,611	6.7%	11.0%
Age Unknown	\$0	\$1,648	\$914,678	\$338	\$152,000,431	\$114,255,908	\$208,227,981	947.9%	16.4%
Total	\$1,056,113,210	\$1,106,524,084	\$1,169,416,109	\$1,127,715,335	\$1,256,997,370	\$1,243,150,526	\$1,269,457,783	3.1%	100.0%
By Race									
White	\$947,899,503	\$995,932,063	\$1,068,185,317	\$1,035,594,232	\$1,012,014,470	\$1,050,971,933	\$992,301,914	0.8%	78.2%
Black	\$41,288,204	\$41,109,323	\$43,884,384	\$40,902,810	\$39,734,189	\$43,439,640	\$39,738,413	-0.6%	3.1%
Hispanic, American Indian or Asian	\$916,006	\$859,579	\$585,209	\$556,848	\$17,409,110	\$2,008,562	\$1,863,575	12.6%	0.1%
Other/Unknown	\$66,009,497	\$68,623,119	\$56,761,199	\$50,661,445	\$187,839,601	\$146,730,391	\$235,553,881	23.6%	18.6%
Total	\$1,056,113,210	\$1,106,524,084	\$1,169,416,109	\$1,127,715,335	\$1,256,997,370	\$1,243,150,526	\$1,269,457,783	3.1%	100.0%
By Sex									
Female	\$600,728,857	\$622,808,457	\$683,849,524	\$686,904,215	\$679,111,660	\$695,486,096	\$656,184,343	1.5%	51.7%
Male	\$355,201,279	\$379,392,979	\$421,014,459	\$418,621,931	\$419,775,446	\$431,380,707	\$397,053,291	1.9%	31.3%
Unknown	\$100,183,074	\$104,322,648	\$64,552,126	\$22,189,189	\$158,110,264	\$116,283,723	\$216,220,149	13.7%	17.0%
Total	\$1,056,113,210	\$1,106,524,084	\$1,169,416,109	\$1,127,715,335	\$1,256,997,370	\$1,243,150,526	\$1,269,457,783	3.1%	100.0%

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

WEST VIRGINIA

SOUTHERN REGION MEDICAID PROFILE

AVERAGE PAYMENT PER RECIPIENT BY OTHER CHARACTERISTICS

								Annual Change	Above (+) or Below (-) SLC Avg. FFY 99
By Maintenance Assistance Status	FFY 93	FFY 94	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99		
Receiving Cash Assistance or Eligible Under Section 1931	\$2,664.45	\$2,645.91	\$2,741.04	\$2,574.80	\$3,957.16	\$4,818.58	\$5,538.03	13.0%	63.3%
Poverty Related Eligibles	\$3,656.73	\$3,278.81	\$2,853.63	\$2,335.25	\$2,966.47	\$4,170.51	\$2,702.87	-4.9%	28.7%
Medically Needy	\$3,010.34	\$3,299.95	\$3,956.83	\$8,717.80	\$6,319.59	\$6,195.78	\$3,948.21	4.6%	39.6%
Other Eligibles	\$4,091.82	\$4,259.38	\$4,413.56	\$3,880.69	\$2,606.63	\$1,292.90	\$977.30	-21.2%	-85.0%
Maintenance Assistance Status Unknown	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$4,778.61	\$0.00	-100.0%	-100.0%
Total	\$3,043.43	\$3,018.03	\$3,008.79	\$2,855.24	\$3,500.50	\$3,627.86	\$3,696.06	3.3%	14.9%
By Basis of Eligibility									
Aged, Blind or Disabled	\$6,728.82	\$6,865.22	\$6,986.68	\$6,401.62	\$7,133.75	\$8,149.04	\$7,182.98	1.1%	-0.1%
Children	\$1,019.99	\$982.31	\$984.60	\$914.39	\$927.47	\$1,003.67	\$2,054.78	12.4%	77.4%
Foster Care Children	\$15,419.82	\$13,037.18	\$11,570.85	\$8,464.55	\$7,079.71	\$6,373.69	\$3,439.45	-22.1%	-0.9%
Adults	\$2,170.91	\$1,972.53	\$1,876.46	\$1,756.13	\$4,012.12	\$1,793.58	\$1,489.84	-6.1%	-30.7%
Basis of Eligibility Unknown	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$4,778.61	\$0.00	-100.0%	-100.0%
Total	\$3,043.43	\$3,018.03	\$3,008.79	\$2,855.24	\$3,500.50	\$3,627.86	\$3,696.06	3.3%	14.9%
By Age									
Under Age 1	\$1,511.64	\$1,691.50	\$1,584.19	\$1,792.19	\$1,402.98	\$1,413.96	\$1,217.65	-3.5%	-51.5%
Age 1 to 5	\$983.17	\$986.46	\$979.44	\$912.77	\$937.07	\$1,060.51	\$838.75	-2.6%	-29.7%
Age 6 to 14	\$1,320.38	\$1,313.80	\$1,341.58	\$1,172.20	\$1,213.03	\$1,255.22	\$1,025.98	-4.1%	-21.9%
Age 15 to 20	\$3,403.35	\$3,142.60	\$2,797.07	\$2,311.05	\$2,344.56	\$2,429.04	\$1,731.83	-10.6%	-21.2%
Age 21 to 44	\$3,420.05	\$3,274.33	\$3,277.79	\$3,072.95	\$3,301.00	\$3,658.10	\$3,238.65	-0.9%	-4.7%
Age 45 to 64	\$5,832.22	\$5,919.93	\$5,844.57	\$5,385.78	\$6,223.85	\$7,002.01	\$6,342.30	1.4%	19.7%
Age 65 to 74	\$4,919.75	\$4,895.84	\$6,216.35	\$5,031.64	\$5,648.69	\$6,734.87	\$5,635.43	2.3%	14.8%
Age 75 to 84	\$7,791.87	\$8,260.96	\$8,530.26	\$8,515.50	\$9,586.37	\$11,122.06	\$9,411.79	3.2%	20.5%
Age 85 and Over	\$9,967.92	\$10,884.80	\$11,387.81	\$11,699.14	\$13,964.95	\$17,930.72	\$14,761.89	6.8%	25.3%
Age Unknown	\$0.00	\$1,648.00	\$65,334.14	\$338.00	\$152,000.431	\$5,240.14	\$0.00	-100.0%	-100.0%
Total	\$3,043.43	\$3,018.03	\$3,008.79	\$2,855.24	\$3,500.50	\$3,627.86	\$3,696.06	3.3%	14.9%
By Race									
White	\$3,033.12	\$3,027.90	\$2,998.72	\$2,840.85	\$3,081.90	\$3,545.23	\$3,119.58	0.5%	-12.1%
Black	\$2,896.40	\$2,787.07	\$2,819.25	\$2,663.98	\$2,672.82	\$2,939.88	\$2,477.61	-2.6%	-1.0%
Hispanic, American Indian or Asian	\$4,107.65	\$4,054.62	\$2,511.63	\$2,421.08	\$2,711.70	\$2,443.51	\$1,812.82	-12.7%	-12.2%
Other/Unknown	\$3,297.18	\$3,015.34	\$3,408.26	\$3,413.38	\$19,917.25	\$4,791.51	\$28,356.07	43.1%	364.3%
Total	\$3,043.43	\$3,018.03	\$3,008.79	\$2,855.24	\$3,500.50	\$3,627.86	\$3,696.06	3.3%	14.9%
By Sex									
Female	\$3,575.83	\$3,621.86	\$3,582.67	\$3,134.33	\$3,284.40	\$3,708.23	\$3,295.54	-1.4%	-2.7%
Male	\$3,422.01	\$3,556.46	\$3,406.54	\$2,809.92	\$2,879.04	\$3,253.89	\$2,803.42	-3.3%	0.1%
Unknown	\$1,331.90	\$1,185.44	\$869.97	\$827.09	\$24,257.48	\$5,158.54	\$79,580.47	97.7%	-22.7%
Total	\$3,043.43	\$3,018.03	\$3,008.79	\$2,855.24	\$3,500.50	\$3,627.86	\$3,696.06	3.3%	14.9%

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, 2000; and "Medicaid Services State by State", HCFA, October 1999.

*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 16 counties for acute care health services, effective July of 1999.

A total of 49,000 TANF recipients are enrolled in the 16 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 4,000 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. This has resulted in additional health providers receiving certification to provide services.

Medicaid

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

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. When the program is fully operational, the state expects to provide coverage to an additional 10,700 eligible children.
- There are no cost sharing provisions for families with eligible individuals participating in the program.

Tobacco Settlement

- The state expects to receive approximately \$1.74 billion over 25 years.
- For Fiscal Year 2000, the tobacco settlement payment should be 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 Tobacco Settlement Medical Trust Fund and 2) the Tobacco Settlement Fund.
- The legislation places 50% of the Tobacco Settlement monies into an endowment and permits the interest earned on such funds to be used for public employees' insurance, Medicaid, and capital construction.

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 Health Care Financing Administration (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.