

# **COMPARATIVE DATA REPORT ON MEDICAID**

**A Report Submitted to the**

**FISCAL AFFAIRS AND GOVERNMENTAL OPERATIONS COMMITTEE**

**Southern Legislative Conference**

**Council of State Governments**

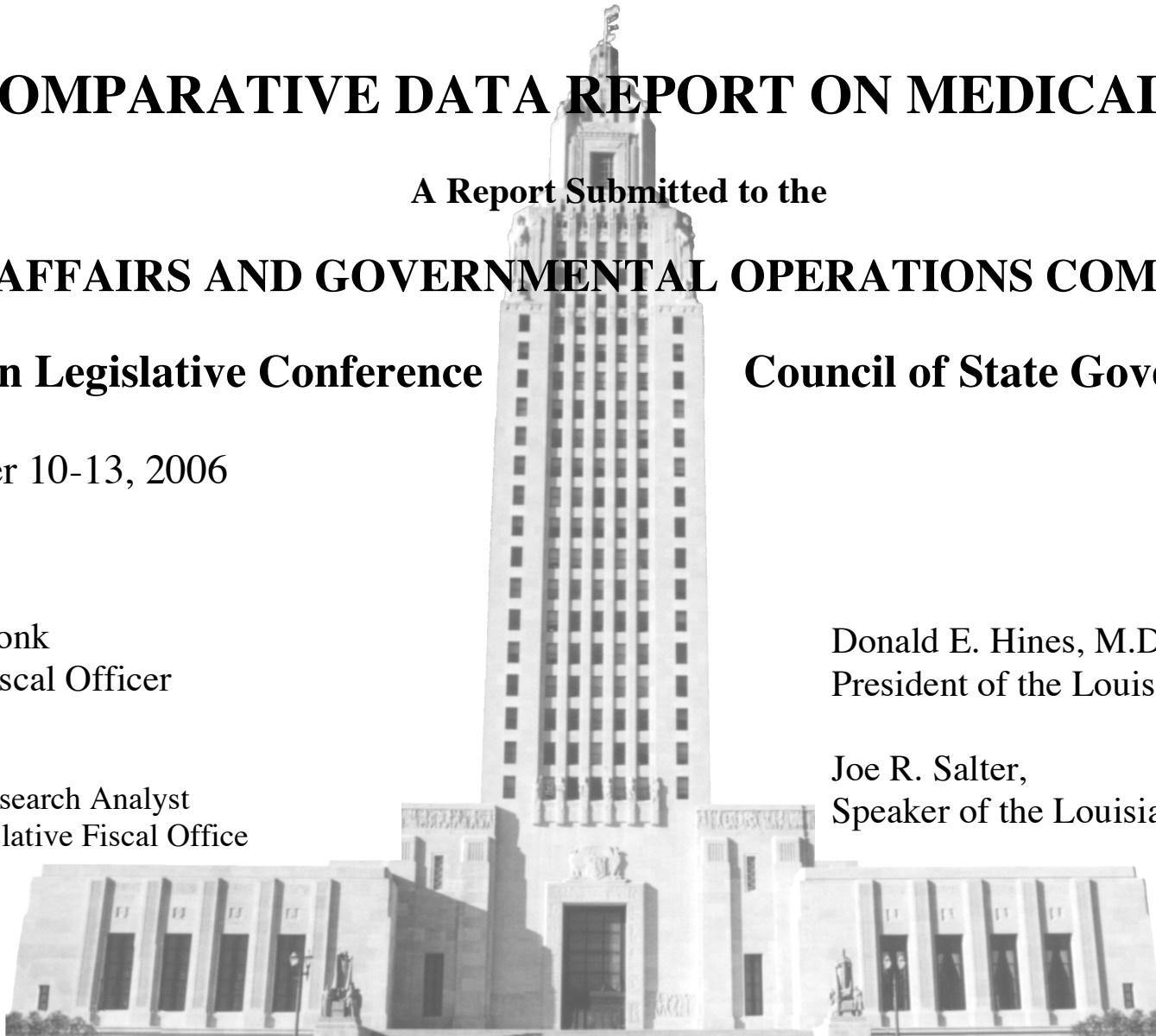
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IMPORTANT NOTE:

This public document has been updated using verified FFY 04 Medicaid Statistical Information System (MSIS) data for 11 SLC states (Alabama, Arkansas, Kentucky, Louisiana, Missouri, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, and Virginia); 4 other SLC states (Florida, Maryland, Mississippi, and West Virginia) are projected using preliminary MSIS data from CMS; and Georgia is projected using only state annual report data. The report uses the most accurate data available at this time. However, it is anticipated that revisions will be required for the 5 states that are projected from preliminary CMS MSIS data and state annual reports. Any revisions that are required will be included in the Medicaid Comparative Data Report for FFY 05 and so noted when the report is published in November 2007.

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

The assistance of legislative staff in each state and Medicaid agency staff that completed the questionnaires is greatly appreciated. Staff of the Centers for Medicare and Medicaid Services (formerly the Health Care Financing Administration) also provides invaluable assistance each year by locating and forwarding the information needed to complete this report. Thanks as well to several co-workers who assisted with preparation of this report: Gordon Monk, Robert E. Hosse, Denise Thibodeaux, Jean Pedersen, and Shawn Hotstream. Comments, questions and suggestions concerning this report will be welcomed.

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## BACKGROUND

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

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

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

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



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

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

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

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

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

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

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

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

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

Additionally, the BBRA of 1999 reallocated funding for SCHIP, effective October 1, 2004. The total amount of federal SCHIP funding allotted to the sixteen states in the SLC was \$1.243 billion (down \$491 million from FFY 00) for FFY 04; states would have been required to provide \$443 million (down \$178 million from FFY 00) 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 SCHIP, 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.

On December 8, 2003, the Medicare Modernization Act (MMA) became law (P.L. 108-173). Under the provisions of the legislation, Medicare Part D will begin to pay for outpatient prescription drugs through private plans as of January 1, 2006. All Medicare beneficiaries entitled to Part A or enrolled in Part B (including Medicaid dual eligibles) are eligible to enroll in Part D and receive coverage for prescription drugs. When Part D coverage begins in 2006, prescription drug coverage for the dual eligible population (individuals entitled to Medicare and enrolled in Medicaid) will shift from Medicaid to Medicare. This significant development in the Medicare Program will have a substantial fiscal impact on the state Medicaid programs as a result of the financing mechanism used to pay for drug coverage for the dual eligibles. All state Medicaid programs will be required to make monthly payments (termed "phased-down state contribution" or "clawback") to the federal government based on the expenditures for prescription drugs that they would have made for the dual eligibles through the Medicaid program. The major issue for Medicaid programs is the formula used to calculate the "clawback" payments uses a base year of 2003. This provision potentially inflates state payments for any state that initiated pharmacy cost containment measures and reduced pharmacy payment growth in 2004. Initial estimates from the Congressional Budget Office anticipate that state "claw back" payments will be approximately \$6 billion in FY 06 and increase to \$15 billion in FY 13 (a total of \$90 billion over the period).

## METHODOLOGY

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

The Centers for Medicare and Medicaid Services (CMS) collects voluminous data on state Medicaid programs on HCFA Forms 37, 64, and MSIS (formerly 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 MSIS reports submitted by the state to CMS. 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, *Issue Briefs*; published by the Health Policy Tracking Service in 2005. Key demographic and poverty indicators were obtained from *Health Care State Rankings 2005 Health Care in the 50 United States* and *State Rankings, 2005: Statistical View of the 50 United States*. Information on the Balanced Budget Act was included from a publication, *Overview of the Medicaid Provisions in the Balanced Budget Act of 1997, P.L. 105-33, Andy Schneider, and September 1997*. Information on the Balanced Budget Refinement Act of 1999 was included from a summary publication provided by the Government Printing Office website. Information on the MMA was included in summary publications provided by the Henry Kaiser Family Foundation website.

**A large portion of this report is derived from CMS form 2082 (FFY 98) and MSIS data (FFY 99-04) that 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 04, CMS has provided verified MSIS data to the LFO for 11 of the states in the SLC and preliminary MSIS data for 4 other states. Preliminary data was not available for Georgia at the time the report was published (See “Important Note” for additional details). All 16 states are included in the FFY 04 CDR, but the 5 state profiles that use preliminary CMS data and/or state annual reports will need to be revised in the FFY 05 CDR using the latest available data published by CMS.**

**It is of importance for the reader of this report to be aware of the changes from all previous versions of the Medicaid report. From FFY 92 to FFY 98, all HCFA 37, 64, and 2082 data was complete and used to make all comparisons in the report. For FFY 99 to 03, CMS published verified MSIS data on their website that was used to revise all 16 states for that time period. FFY 04 is still not totally complete and will require additional revisions in the next version of this report for FFY 05.**

## MEDICAID SPENDING IN THE SOUTHERN REGION

The rapid rate of growth in Medicaid spending which occurred during the late 1980's and early 1990's began to decline by FFY 94 in the 16-state southern region. Since that time, the growth rate has been variable; however, the trend is more toward controlled growth. Total actual Medicaid payments (administrative costs excluded) for the 16 SLC states for FFY 04 were \$92.3 billion, an increase of \$7.6 billion (approximately 9%) over the FFY 03 level of \$84.7 billion. This is the second consecutive year of single digit increases in total Medicaid spending—FFY 03 increased by 7.3% from FFY 02, and indicates a continued effort to control Medicaid growth that had experienced double digit growth from FFY 00 to FFY 02. (See "Southern Region Medicaid Profile).

Total spending for FFY 05 is projected at \$99.5 billion, administrative costs excluded, which is an increase of approximately \$7.2 billion, or 7.8% over the \$92.3 billion for FFY 04. Total spending for FFY 06 is projected at \$107.2 billion, or 7.7% over the \$99.5 projected for FFY 05. The annual rate of change projected over the entire eight-year period from FFY 98 to FFY 06 is 9.4% 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 04 (9.0%), and projected FFY 05 (7.8%) and FFY 06 (7.7%), indicate that Medicaid spending may experience a pattern of controlled growth, at least by health care standards, for the next several years. Furthermore, it is highly probable that projections for FFY 06 will be revised upward as this has been the pattern for the last five federal fiscal 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 13.9 million in FFY 95 to 20.0 million in FFY 04 (43.9%).
- 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.

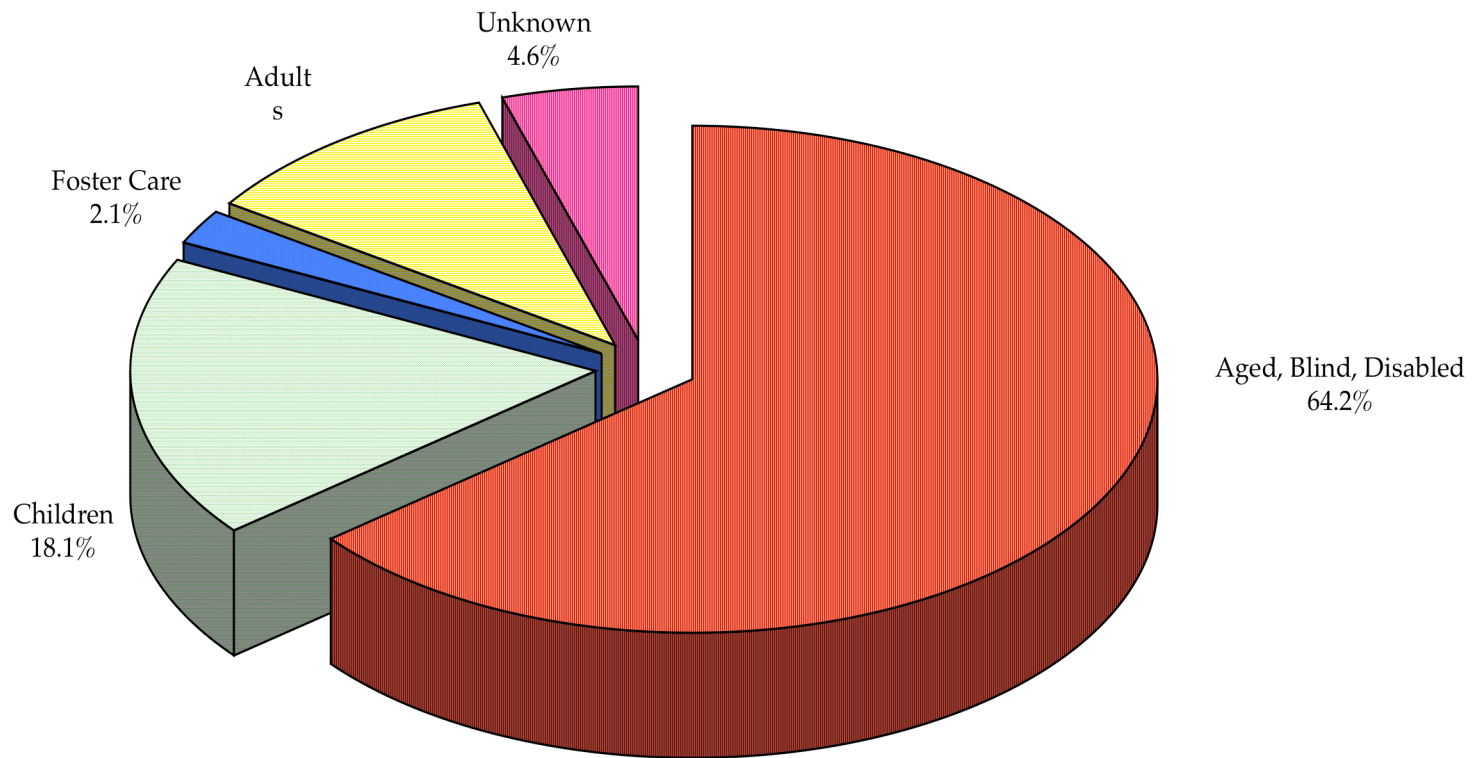
Beginning in FFY 95, the ability of states to benefit from creative financing mechanisms was sharply reduced (the Waxman amendments to OBRA-93). In August of 1997, Congress changed Medicaid in three ways: 1) Repealed the Boren Amendment, which fueled mandatory inflation payments for inpatient services, 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 16 Southern Legislative Conference states are illustrated in **Chart 1**. This chart divides Medicaid dollars spent by eligibility, which include the following categories: aged (65 and older), blind, or disabled, children, foster care children, adults and other Title XIX recipients of unknown eligibility status. By far the greatest amount of Medicaid dollars is spent on those who are aged, blind, or disabled (64.2%). Expenditures for children were next, accounting for 18.1% of the payments. The remaining classifications of adults (11.0%), foster care children (2.1%), and unknown (4.6%) make up the balance (17.7%). The total amount of Medicaid payments in the SLC for FFY 04 was \$84,946,233,493. This is an average annual increase of approximately 11.4% per year over the seven-year period from FFY 98 to FFY 04.

The total number of Medicaid recipients in the 16 states was 20,655,222 during FFY 04 as compared to the FFY 98 number of 14,221,110 recipients, or an annual increase of 6.4% per year. **Chart 2** provides a percentage distribution of these recipients by the same eligibility standards as Chart 1. The greatest number of Medicaid recipients in the southern region was children (50.4%). The aged, blind, or disabled followed with approximately 24.5%, while adults represented 17.2% of the total number of recipients. The balance of 7.9% is distributed among foster care children (1.2%) and unknown status (6.7%). The average payment per recipient for all Medicaid services in the 16 states was approximately \$4,113. This is an increase of \$179 from FFY 03 to FFY 04 and approximately a 4.7% annual increase from FFY 98.

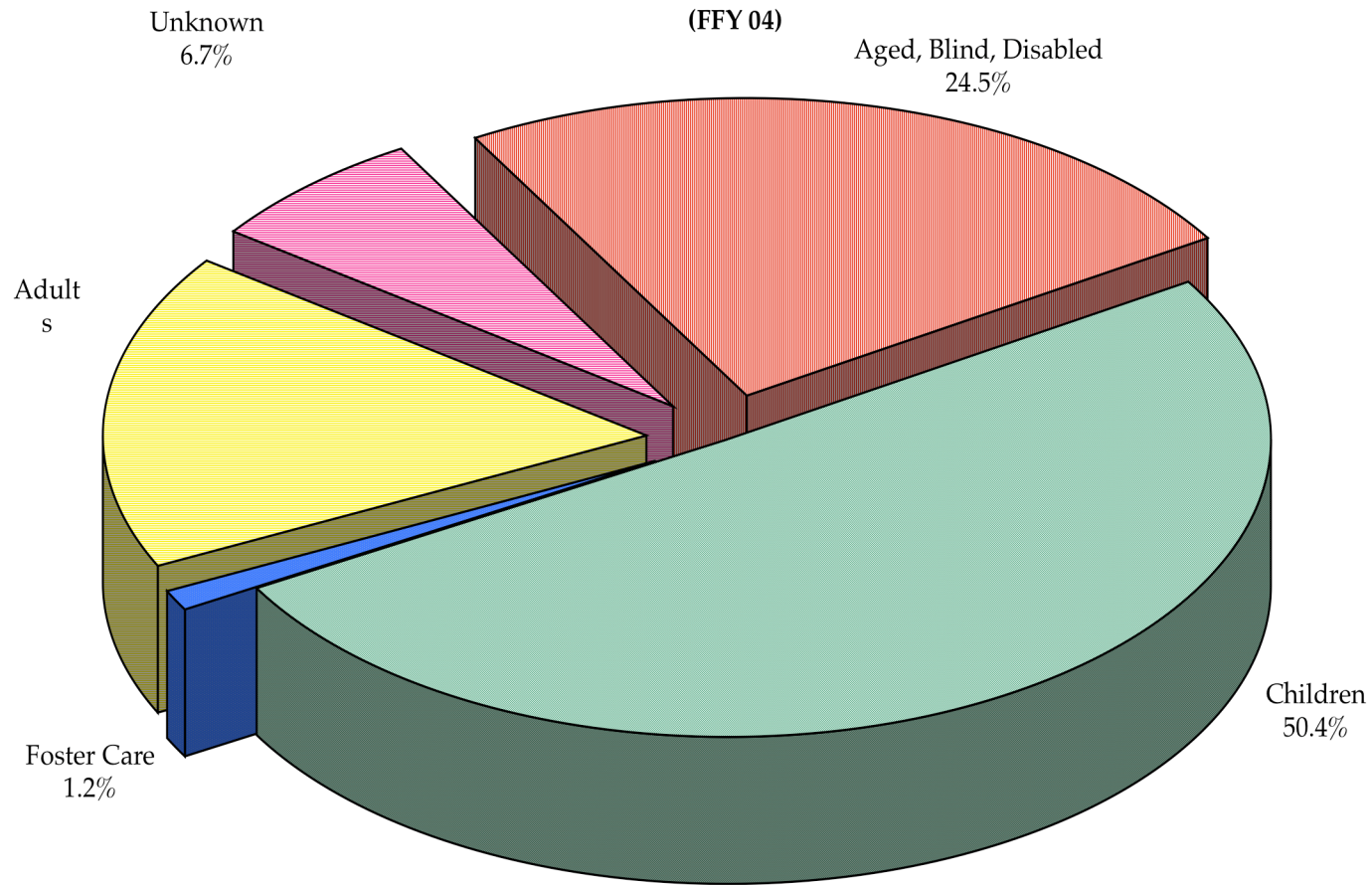
## SOUTHERN REGION MEDICAID PROFILE

**CHART 1**  
**TOTAL MEDICAID EXPENDITURES IN SLC BY**  
**ELIGIBILITY**



## SOUTHERN REGION MEDICAID PROFILE

**CHART 2**  
**TOTAL MEDICAID RECIPIENTS IN SLC BY ELIGIBILITY BASIS**  
**(FFY 04)**





## STATE COMPARISONS

The next few pages contain direct comparisons among the 16 SLC states relative to spending levels and recipient levels. These comparisons include measures of per capita expenditures, expenditures per recipient and recipients per 100,000 population, as well as information on payments for services and on administrative costs. These are included only to indicate broad trends and demonstrate gross levels of spending and eligibility in each state. They should be used with caution when comparing state programs in terms of recipient coverage, cost effectiveness or level of effort. Charts cited below can be found at the end of this summary.

**Per Capita Expenditures.** Medicaid per capita spending in the 16-state southern region has increased from \$567 in FFY 98 to \$876 for FFY 04. 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 04 ranges from \$546 in Virginia to \$1,284 in Tennessee. All other SLC states ranged from \$746 to \$1,267. Tennessee has increased per capita expenditures by \$85 (\$1,199 to \$1,284) from FFY 03, and now has the highest per capita expenditure level (\$1,284) in the SLC. Tennessee had an increase in population of approximately 55,754 (1.9%) during FFY 04 coupled with an increase in total Medicaid expenditures of approximately \$673 million (10.6%). Virginia maintained its position as the state with the lowest average per capita expenditure, reporting an average of \$546 per person (60.4% under the SLC average of \$876). This is due to the fact that: 1) the state's population increased from approximately 7.37 million to 7.46 million (3.3%); 2) total Medicaid expenditures increased from \$3.54 billion to \$3.83 billion (7.9%) and; 3) only 9.3% of the total population (38th in the U.S.) has incomes less than the FPL (\$15,670 for a family of three for FFY 04).

**Payments per Recipient.** Annual payments per recipient for the southern region have increased from \$3,122 in FFY 98 to \$4,113 in FFY 04, an overall increase of 4.7% per year. Payments per recipient for FFY 04 range from \$3,149 in Tennessee to \$6,123 in Maryland. (**See Chart 4**). Since most states report disproportionate share payments on Form 2082 (FFY 98) and MSIS (FFY 99-04) such payments are excluded from all regular Medicaid claim payment comparisons.

Expenditure per recipient comparisons should be viewed with caution unless used in conjunction with a specific well-defined service. We have chosen five of the largest and, hopefully, best-defined services for inclusion here: inpatient hospitals, skilled and intermediate care nursing facilities, intermediate care for the mentally retarded, physician services and prescription drugs. Each of these services represents a large part of a state's Medicaid expenditures and each has been an area of rapid growth as well. Payments for these five services represent approximately 61.7% of all Medicaid payments in the region for FFY 04, compared to 61.2% for FFY 03.

- Payments for general hospital inpatient services in the region have increased from \$7.7 billion in FFY 98 to \$13.4 billion in FFY 04, an annual increase of 9.6%. These payments represent an average 15.7% of each state's Medicaid payments. If all disproportionate share payments were included in these figures, the growth rates and the share of total spending on hospitals would be significantly greater. The accompanying chart excludes all such payments that have been included on the HCFA 2082 (FFY 98) and MSIS (FFY 99-04) in order to make consistent comparisons.

The total number of recipients for inpatient services increased at a 3.6% annual rate, from 1.99 million in FFY 98 to 2.46 million by FFY 04. The SLC average for annual payments per recipient for inpatient services has increased from \$3,866 in FFY 98 to \$5,422 in FFY 04, an annual growth rate of 5.8%. Payments range from \$2,924 in Virginia to \$10,252 in South Carolina. Again it should be noted that these figures do not include disproportionate share payments. **(See Chart 5)**

- Payments for skilled and intermediate care nursing facilities grew from \$9.4 billion to \$13.2 billion during the period FFY 98-04, an annual growth rate of 5.7%. The average share of a southern state's Medicaid budget devoted to these services has fallen from 21.2% to 15.5% during the period. The number of recipients utilizing these services increased at a 0.4% annual rate, from approximately 571,590 in FFY 98 to 587,146 in FFY 04. The SLC average for annual payments per recipient for skilled and intermediate care nursing facilities increased from \$16,457 in FFY 98 to \$22,400 in FFY 04, an annual growth rate of 5.3%. Average annual payments ranged from a low of \$15,589 in Texas to a high of \$32,013 in West Virginia. **(See Chart 6)**

- The cost of intermediate care for the mentally retarded (ICF-MR) increased from \$3.02 billion in FFY 98 to \$3.46 billion in FFY 04, an annual growth rate of 2.3%. SLC states applied an average of 4.1% of their expenditures to this service in FFY 04, down from 6.8% in FFY 98. This service experienced a decline in recipients from approximately 48,203 in FFY 98 to 43,038 in FFY 04, a 1.9% decrease during the seven-year period. The average cost per recipient has continued to increase approximately 4.3% annually, and has increased from \$62,574 to \$80,411 during the period FFY 98-04. Average payments range from \$54,991 in Oklahoma to \$160,658 in Maryland in FFY 04. **(See Chart 7)**

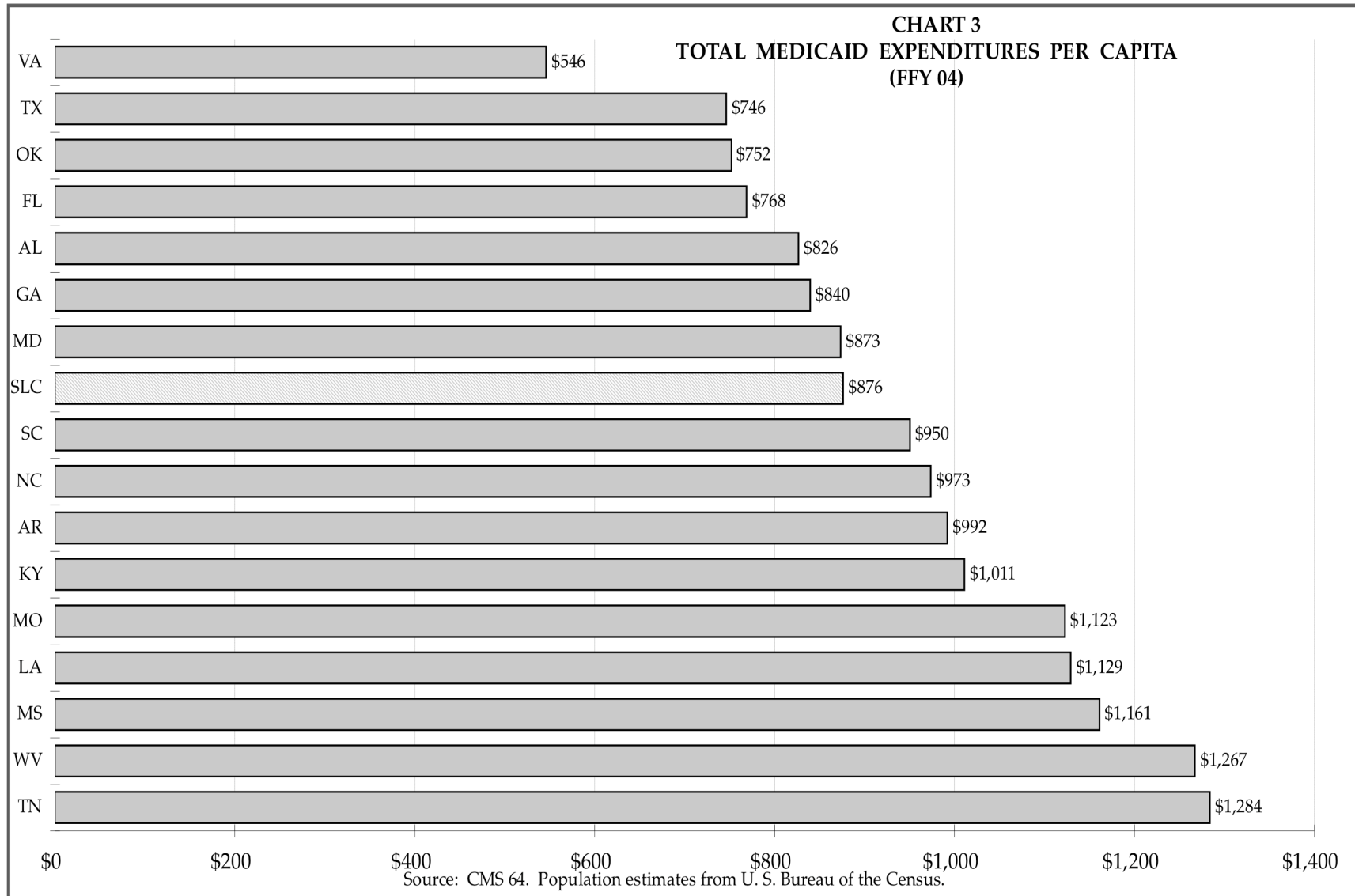
- The cost of physician services increased from approximately \$2.97 billion in FFY 98 to \$5.89 billion in FFY 04, an annual rate of 12.1% per year. The number of recipients of these services increased from more than 8.25 million in FFY 98 to 10.74 million in FFY 04, an annual rate of 4.5% per year. Average annual payments per recipient in the region experienced growth of about 7.3% per year, from approximately \$360 in FFY 98 to \$549 per year in FFY 04. Payments per recipient vary widely from \$225 in Missouri to \$649 in Tennessee for FFY 04. **(See Chart 8)**

- The cost of providing prescribed drugs grew 21.1% per year from about \$5.24 billion in FFY 98 to \$16.51 billion in FFY 04. Recipients increased 3.9% annually from 9.10 million in FFY 98 to 11.46 million in FFY 04. The regional average payment per recipient grew from \$575 in FFY 98 to \$1,441 in FFY 04, an average growth rate of 16.5% per year. States range from a low of \$822 per recipient annually for prescription drug costs in Texas to \$2,059 in Missouri. Payments per recipient in Maryland increased from \$842 in FFY 98 to \$2,008 in FFY 04, an annual rate of 15.6%; and payments per recipient in North Carolina increased from \$610 in FFY 98 to \$1,452 in FFY 04, an annual rate of 31.2%. Total payments in Oklahoma increased from \$290 million in FFY 03 to \$396 million in FFY 04, or \$106 million (36.8%-the largest increase in the region); and payments in Georgia increased from \$1.00 billion in FFY 03 to \$1.04 billion in FFY 04, or \$35.7 million (3.6%--smallest increase in the region). **(See Charts 9A, 9B, and 9C)**

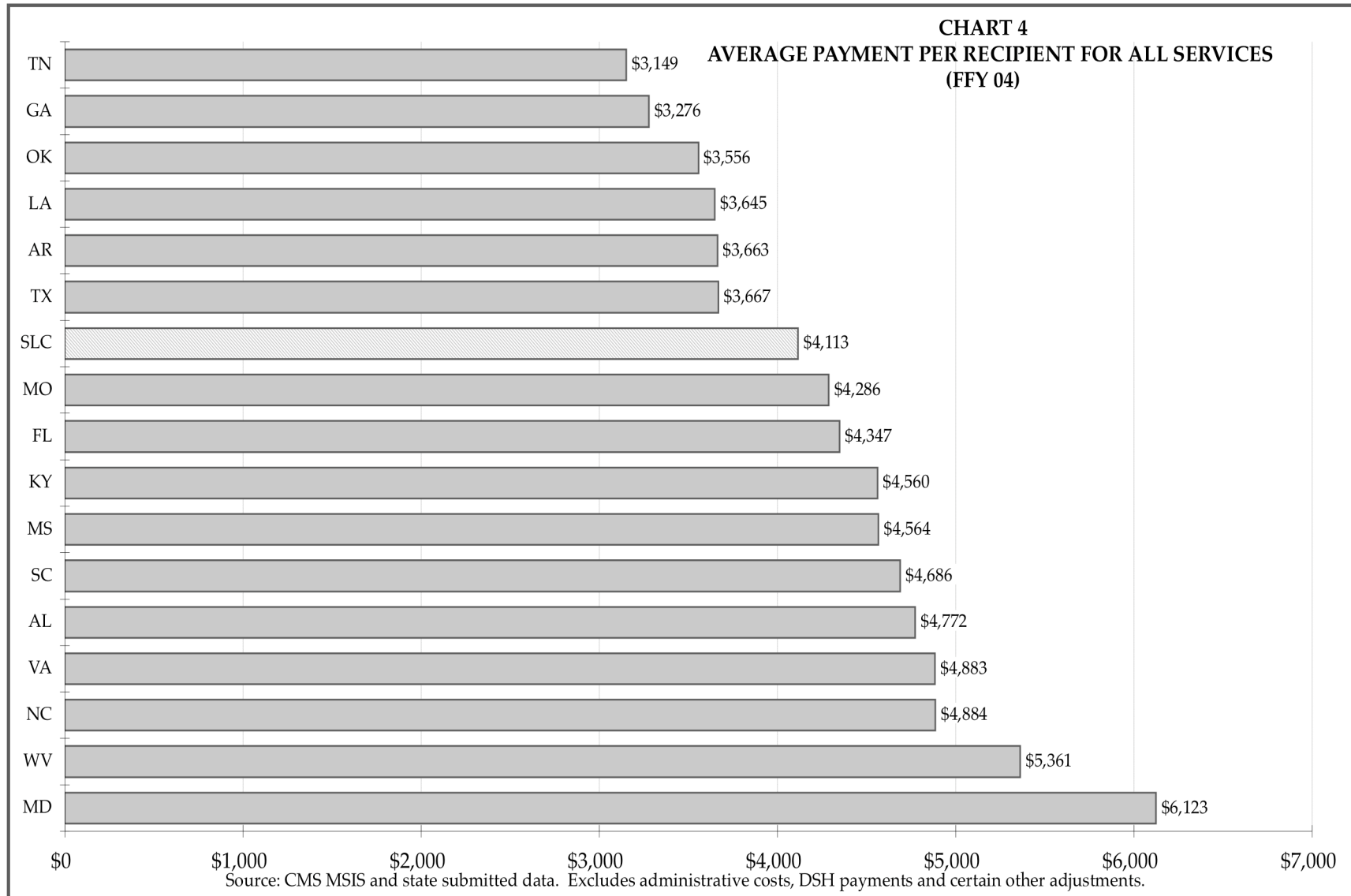
**Recipients per 100,000 Population.** The number of recipients per 100,000 population increased during FFY 98-04 from 14,644 to 18,724. According to this indicator, the highest state was Tennessee with 37,375 per 100,000 population and the lowest was Virginia with 9,813. A state's rank on this scale is influenced by how liberal its eligibility criteria are for Medicaid and children in low-income families. **(See Chart 10)**

**SCHIPS Allocation per State.** All 16 states in the SLC have submitted SCHIP plans to HCFA. As of September 3, 1999, all 16 states had approved plans. Under the provisions of the legislation that created SCHIPs, states have the option of expanding Medicaid, designing a state plan, or doing a combination of both. In the SLC, 6 states have opted to expand Medicaid, 3 states have designed a state plan, and 7 have combined Medicaid expansion with a state-designed plan. Of the \$1.24 billion federal allocation for the 16 SLC states for which data is available in **Table 1**, \$992.5 million (79.8%) has been requested to fund the various SCHIP plans. Florida and Texas topped the federal allocation in the SLC with \$193.6 million and \$330.9 million, respectively. Texas utilized the largest portion of available federal funding--\$229.7 million (69.4%); Florida utilized \$121.5 million (62.7%) for SCHIP. West Virginia was allotted the fewest SCHIP dollars in the SLC, \$18.8 million and utilized \$29.9 (159.0%). Overall, SLC state movement with the SCHIP initiative appears to be cautiously growing after a slow start. For the reported SLC states, 1 is using 20% or less of the total program allotment, 2 are using between 21% and 40%, 2 are using between 41% and 60 %; 4 are using over 60%; and 7 are using over 81%. **(Table 1 and Chart 11)**

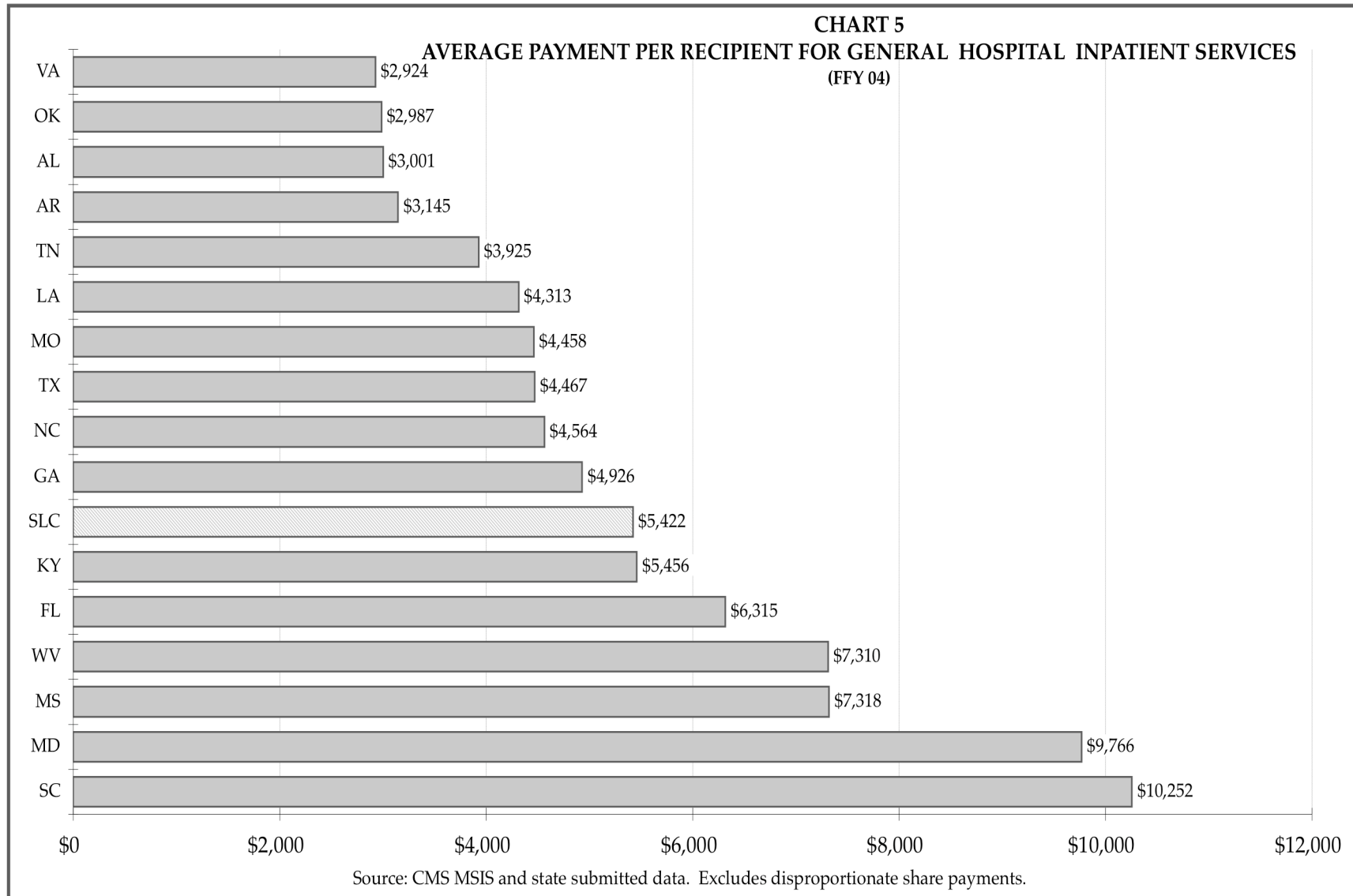
## SOUTHERN REGION MEDICAID PROFILE



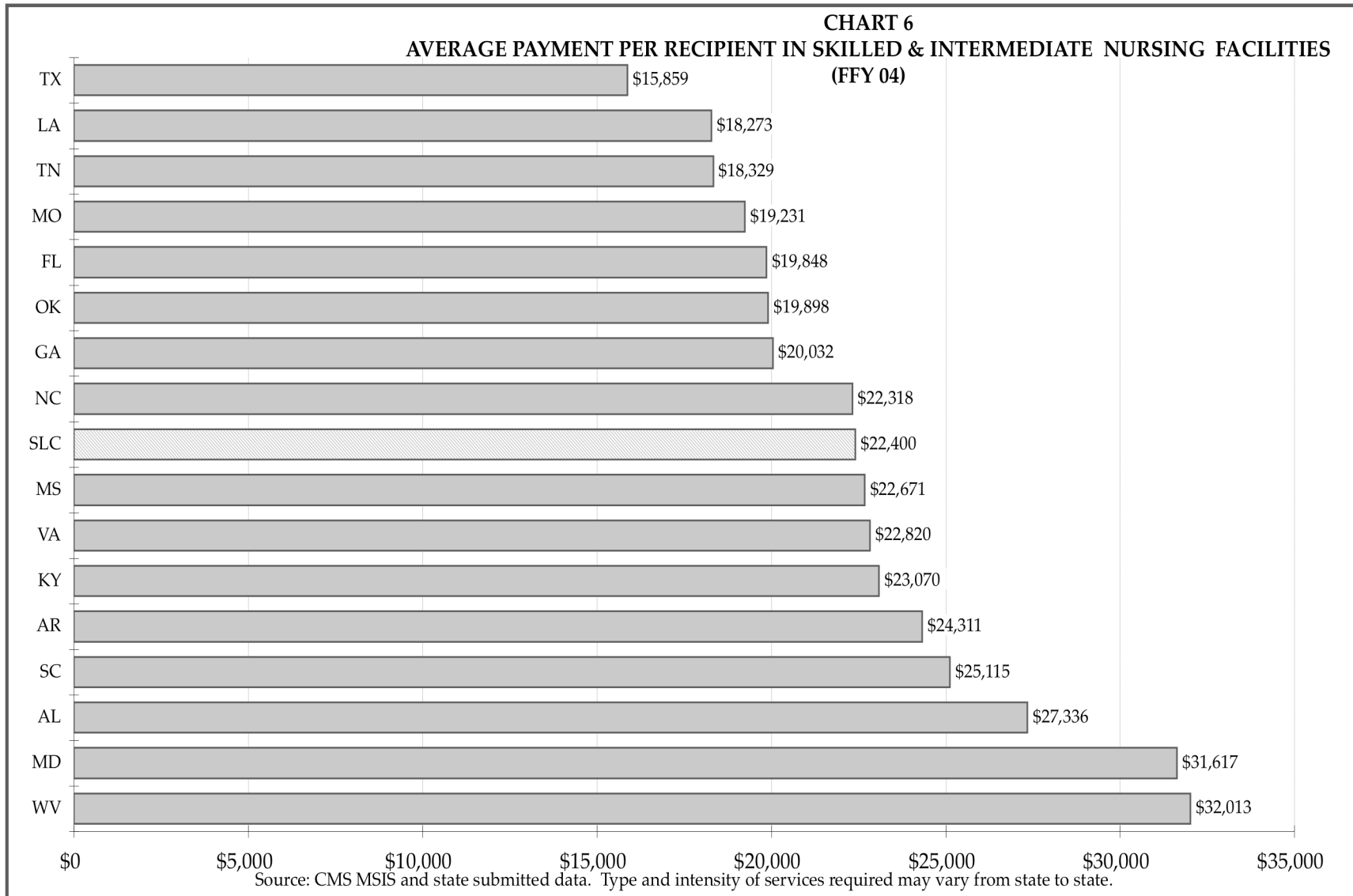
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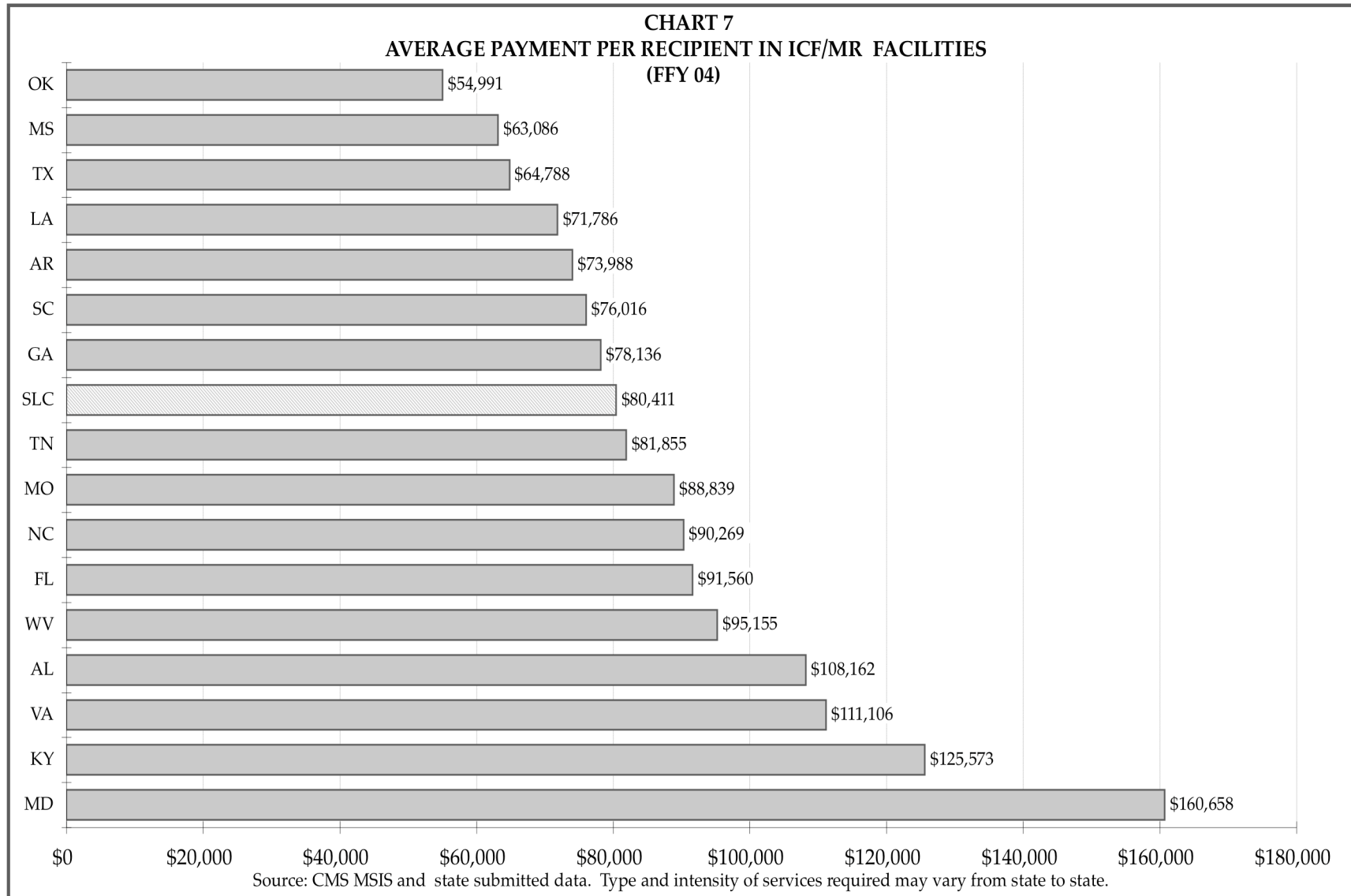
## SOUTHERN REGION MEDICAID PROFILE



## SOUTHERN REGION MEDICAID PROFILE



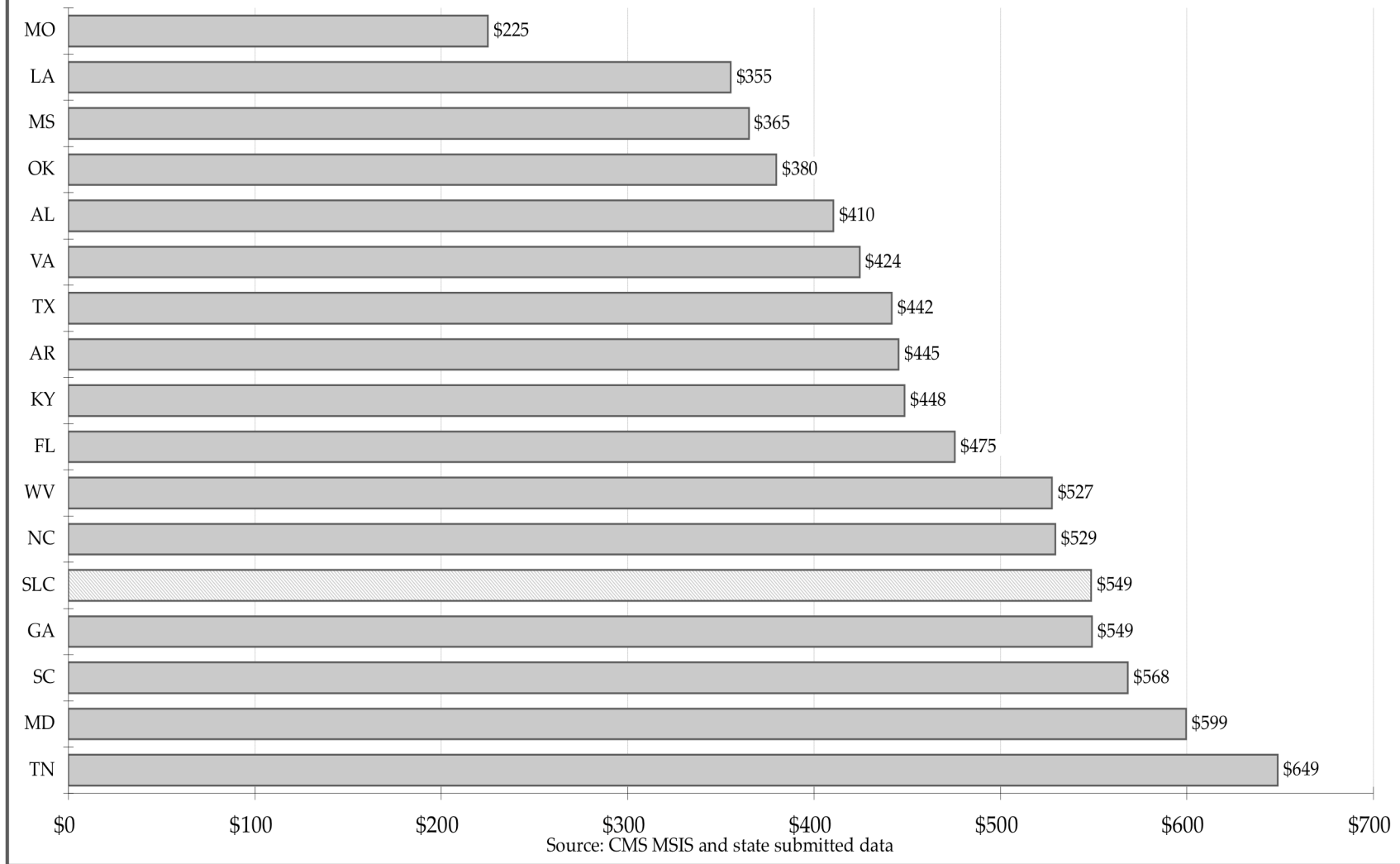
## SOUTHERN REGION MEDICAID PROFILE



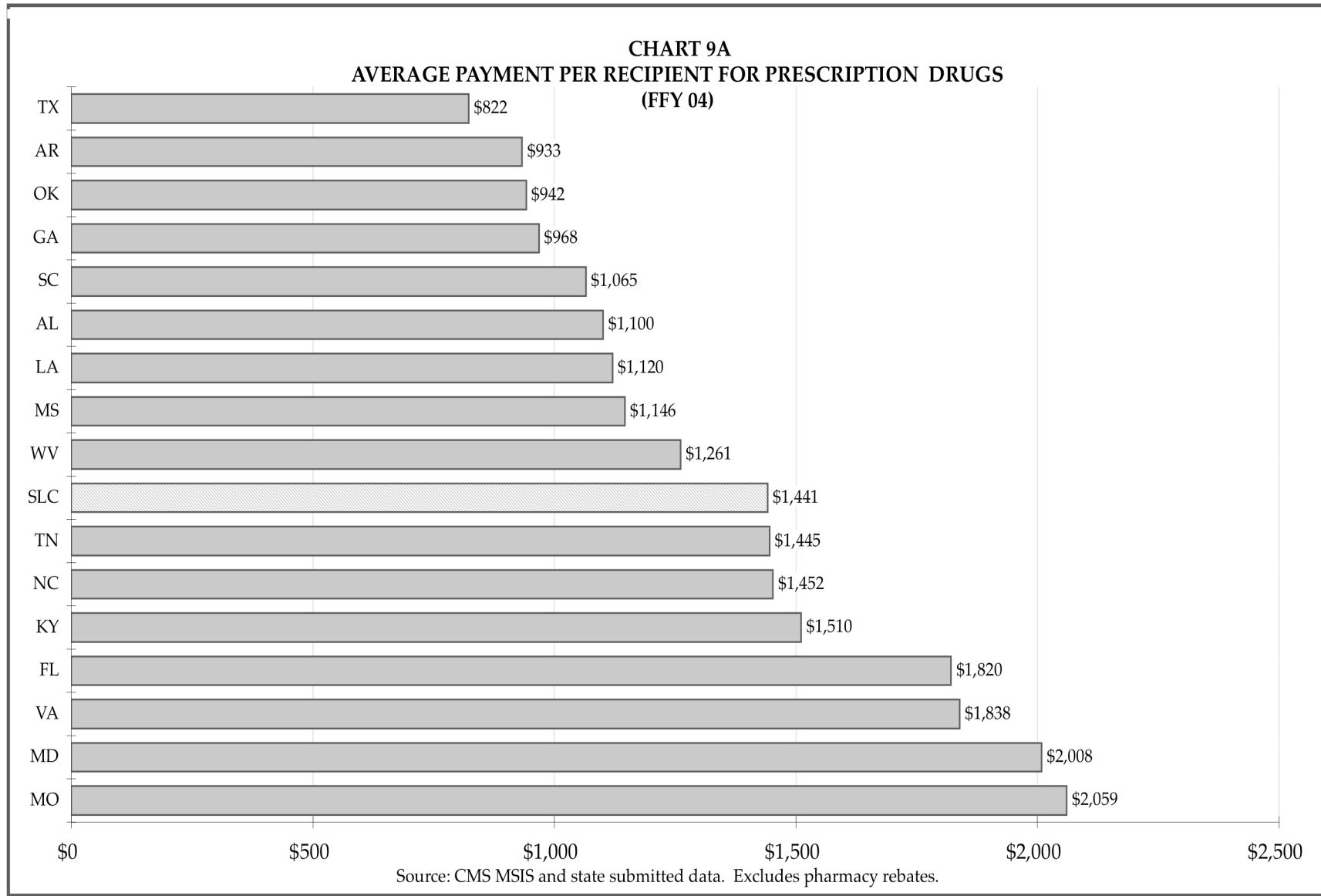


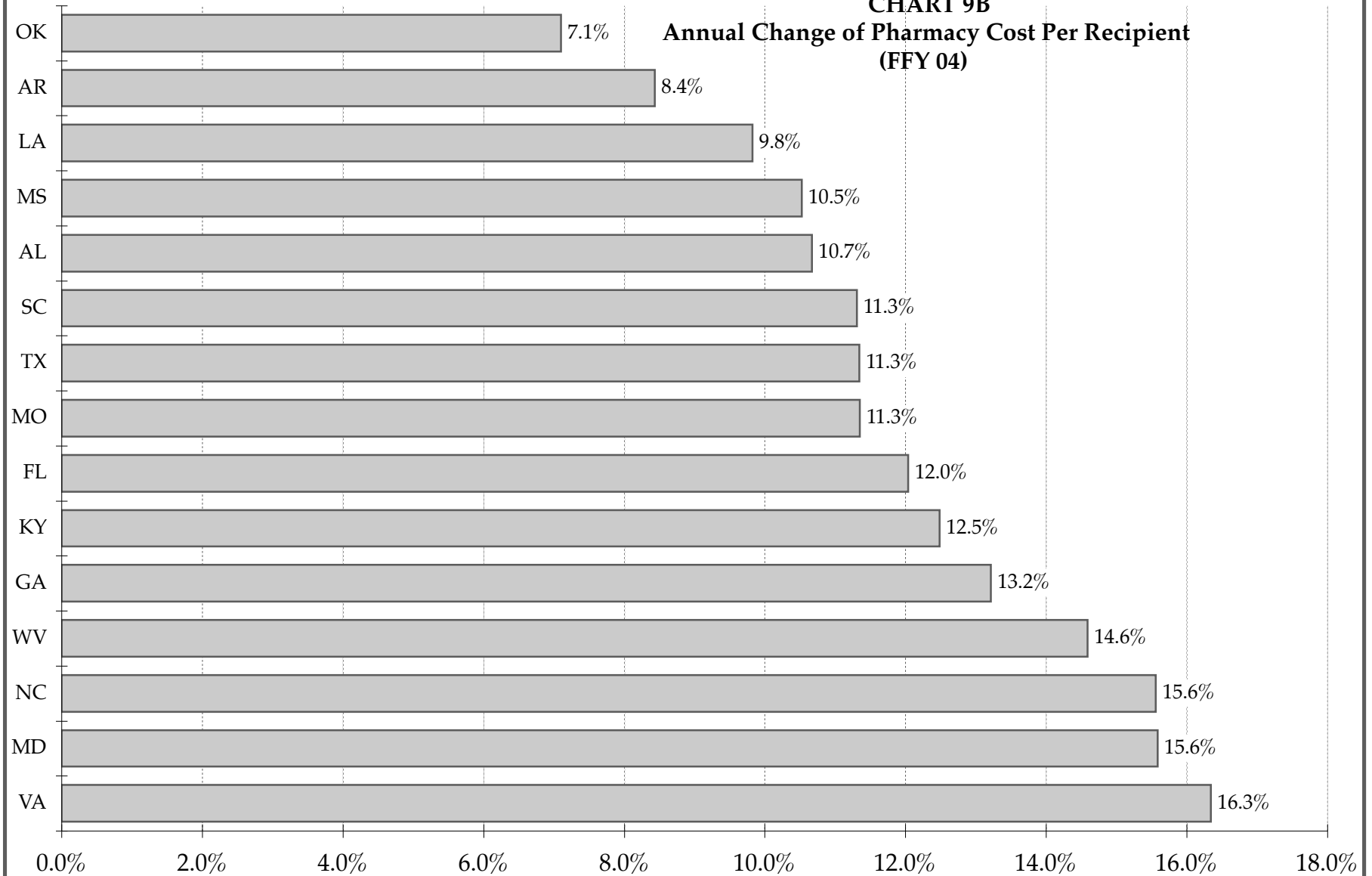
## SOUTHERN REGION MEDICAID PROFILE

**CHART 8**  
**AVERAGE PAYMENT PER RECIPIENT FOR PHYSICIAN SERVICES**  
**(FFY 04)**

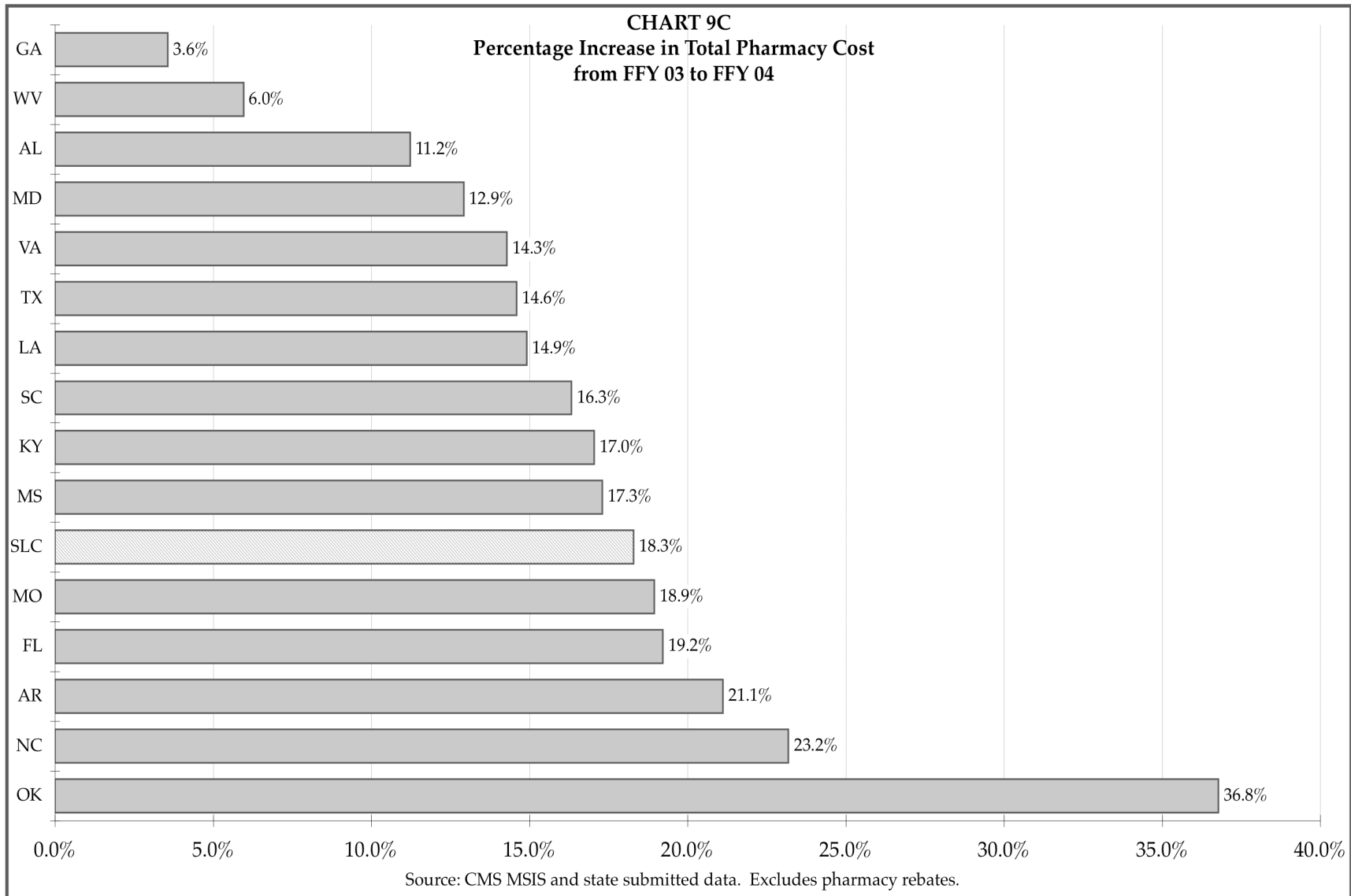


## SOUTHERN REGION MEDICAID PROFILE



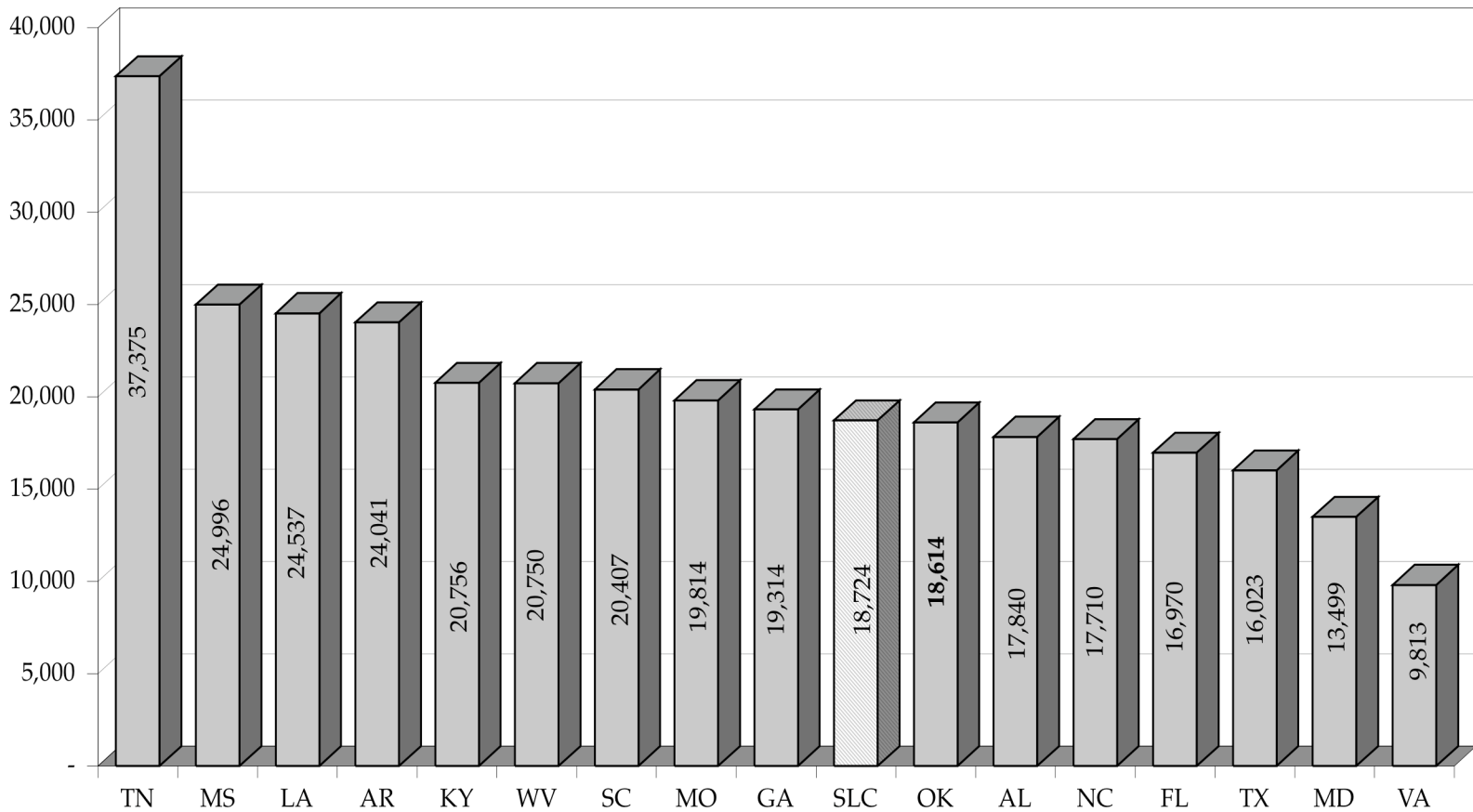
**CHART 9B****Annual Change of Pharmacy Cost Per Recipient  
(FFY 04)**

SOUTHERN REGIONAL MEDICAID PROFILE



## SOUTHERN REGION MEDICAID PROFILE

**CHART 10**  
**MEDICAID RECIPIENTS PER 100,000 POPULATION**  
**(FFY 04)**



Source: CMS MSIS 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 04			FFY 04 Federal Match Rates			FFY 04 Annual Cost 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	\$ 54.7	\$ 14.0	\$ 68.7	70.8%	79.6%	8.8%	Combination	\$ 40.6	\$ 10.4	\$ 51.0	74.2%	Not reported
AR	\$ 35.1	\$ 7.5	\$ 42.6	74.7%	82.3%	7.6%	Medicaid Expansion	\$ 2.2	\$ 0.5	\$ 2.7	6.3%	Not reported
FL	\$ 193.6	\$ 77.9	\$ 271.5	58.9%	71.3%	12.4%	Combination	\$ 121.5	\$ 48.9	\$ 170.3	62.7%	\$ 29.6
GA	\$ 103.9	\$ 41.0	\$ 144.9	59.6%	71.7%	12.1%	State Plan Option	\$ 29.2	\$ 11.5	\$ 40.7	28.1%	\$ 13.9
KY	\$ 39.3	\$ 10.4	\$ 49.7	70.1%	79.1%	9.0%	Combination	\$ 65.7	\$ 17.4	\$ 83.1	167.3%	\$ 1.6
LA	\$ 64.5	\$ 16.0	\$ 80.5	71.6%	80.1%	8.5%	Medicaid Expansion	\$ 31.2	\$ 7.7	\$ 38.9	48.4%	\$ 27.5
MD	\$ 36.1	\$ 19.4	\$ 55.5	50.0%	65.0%	15.0%	Combination	\$ 86.3	\$ 46.5	\$ 132.8	239.1%	\$ 71.8
MS	\$ 36.9	\$ 7.0	\$ 43.9	77.1%	84.0%	6.9%	Combination	\$ 84.9	\$ 16.2	\$ 101.1	230.1%	\$ 0.6
MO	\$ 41.9	\$ 15.5	\$ 57.4	61.5%	73.0%	11.5%	Medicaid Expansion	\$ 50.9	\$ 18.8	\$ 69.7	121.5%	\$ 0.3
NC	\$ 85.8	\$ 30.1	\$ 115.9	62.9%	74.0%	11.1%	State Plan Option	\$ 110.9	\$ 39.0	\$ 149.9	129.3%	\$ 55.7
OK	\$ 44.6	\$ 11.7	\$ 56.3	70.2%	79.2%	9.0%	Medicaid Expansion	\$ 27.1	\$ 7.1	\$ 34.2	60.8%	Not reported
SC	\$ 43.4	\$ 11.6	\$ 55.0	69.9%	78.9%	9.0%	Medicaid Expansion	\$ 43.7	\$ 11.7	\$ 55.4	100.7%	\$ 31.3
TN	\$ 58.0	\$ 19.2	\$ 77.2	64.4%	75.1%	10.7%	Medicaid Expansion	\$ 12.8	\$ 4.2	\$ 17.0	22.1%	N/A
TX	\$ 330.9	\$ 127.4	\$ 458.3	60.2%	72.2%	12.0%	Combination	\$ 229.7	\$ 88.4	\$ 318.1	69.4%	\$ 3.9
VA	\$ 55.7	\$ 30.0	\$ 85.7	50.0%	65.0%	15.0%	State Plan Option	\$ 26.0	\$ 14.0	\$ 40.0	46.7%	N/A
WV	\$ 18.8	\$ 4.0	\$ 22.8	75.2%	82.6%	7.4%	Combination	\$ 29.9	\$ 6.3	\$ 36.2	159.0%	N/A
<b>SLC TOTAL</b>	<b>\$ 1,243.2</b>	<b>\$ 442.9</b>	<b>\$ 1,686.1</b>					<b>\$ 992.5</b>	<b>\$ 348.6</b>	<b>\$ 1,341.1</b>		<b>\$ 236.2</b>

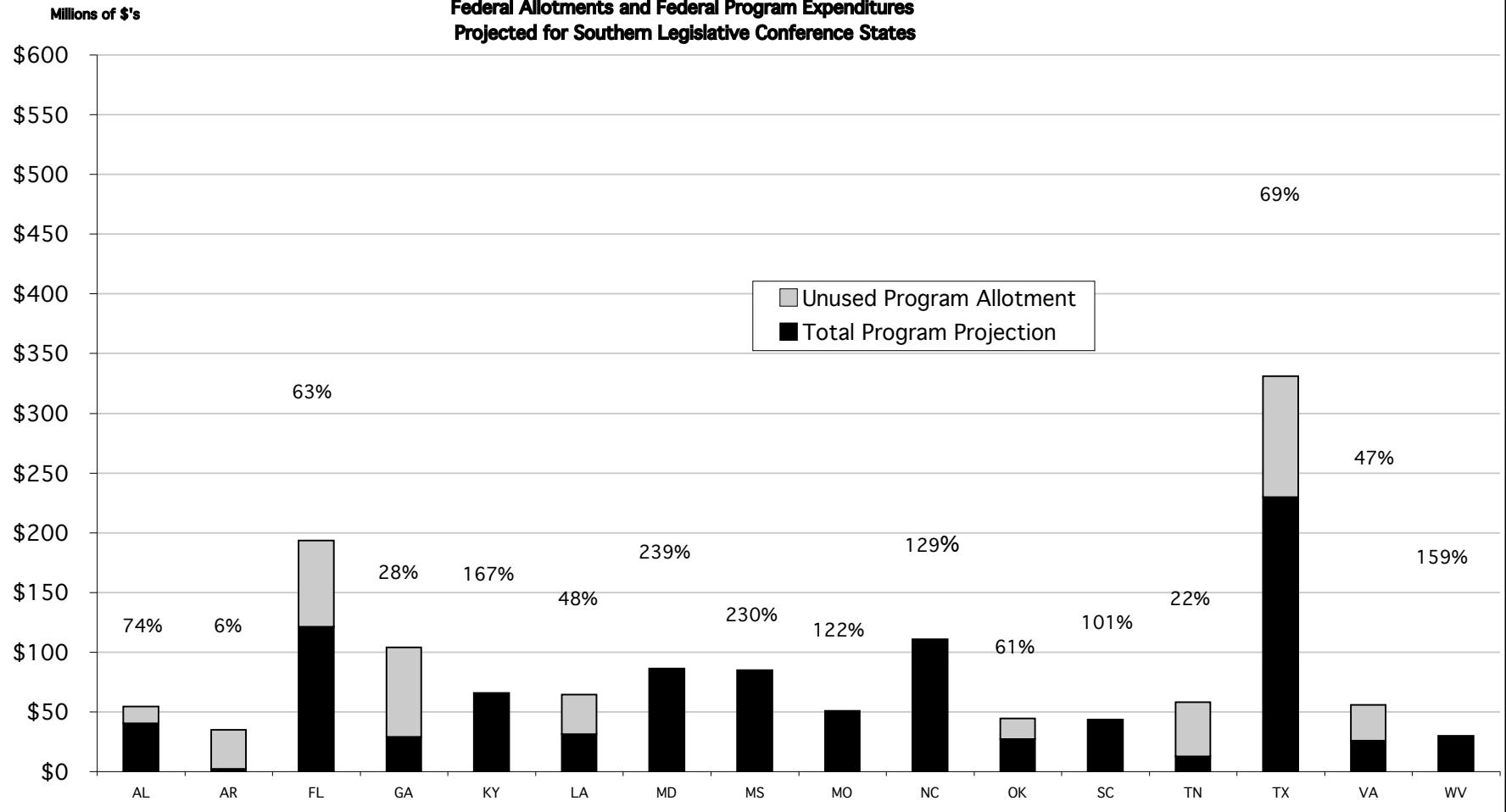
Title XXI Plan Amendment also approved by HCFA  
Responded to survey  
Data from state plan submitted to HCFA

^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.  
States that exceed 100% of their annual program allotments will be "carrying forward" prior year balances to finance their programs.

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

Projected Expenditure as a Percent of Total Allotment	# of SLC states
0-20%	1
21-40%	2
41-60%	2
61-80%	4
81 & above	7

**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 through FFY 04.

## MEDICAID GROWTH FACTOR ANALYSIS

Payment data from the HCFA 2082 (FFY 98) and MSIS (FFY 04) was adjusted for inflation using the implicit price deflator for medical care published by the Bureau of Economic Analysis of the U.S. Department of Commerce. **Table 2** indicates that inflation accounts for about \$15.0 billion or 36.9% of the \$40.5 billion in nominal growth for the period FFY 98-04 for the entire 16-state region. Inflation-adjusted growth (or growth in real 1998 dollars) is estimated at \$25.6 billion during this period. On a region-wide basis, the number of Medicaid recipients increased 45.2% from 14.2 million in FFY 98 to 20.7 million in FFY 04. Adjusted payment data (which excludes disproportionate share payments to hospitals) plus recipient data were used to construct a Medicaid growth index in order to show which factors are primarily responsible for the growth in Medicaid payments. Charts and tables cited below can be found at the end of this summary.

**Table 3** provides a growth index that shows the relative contribution to overall payment increases of (1) enrollment and (2) the combined effect of policies governing reimbursement and utilization. Index values for "Enrollment" indicate the inflation-adjusted cost effect of covering additional recipients that entered Medicaid coverage during this period.

**Chart 12** and **Table 3** show the estimated dollar impact of the two growth factors on each state. Clearly, enrollment is the dominant factor throughout the region, accounting for \$21.0 billion (82%) of total growth (\$25.6 billion). Reimbursement and utilization policies accounted for \$4.6 billion (18%), reflecting state emphasis on the controls and restrictions in Medicaid payments.

**Chart 13** reflects the values for "Reimbursement and Utilization Policies" and shows the combined effect of the amount paid for services in excess of (or below) medical inflation, plus increases or decreases in the utilization of services by recipients. [Information reported is not adequate to isolate the effects of reimbursement and utilization, respectively, so these variables are combined.] States with positive values for this factor show varying increases in average payments per recipient, a result of either an increase in reimbursement levels above normal medical inflation or an increase in the utilization of services by recipients or both. Conversely, states with negative values for this factor were able to contain costs during the period by imposing or continuing restrictions on (1) the amount and type of services which recipients may use or (2) the level of reimbursement paid to providers for services or (3) both.

With respect to enrollment, most of the expansion (though not all) can be attributed to federal mandates to increase the number of persons covered by Medicaid and/or to unfavorable economic factors, which cause people to seek public assistance. Therefore, most growth in payments related to enrollment is considered to be outside the discretion of states.



On the other hand, states do have considerable latitude (within the constraints of federal law and judicial action) to set policies governing provider reimbursement and recipient utilization. This is demonstrated by the variation among states of the relative importance of reimbursement/utilization. Index values for this factor range from –33.88 for Missouri to 102.56 for Mississippi, indicating that these two states had the greatest changes in real unit costs, although in opposite directions. **Table 2** shows that overall in the SLC; five states had a decline in real unit costs and eleven showed an increase (adjusted for inflation). Missouri and Louisiana had the largest decreases in payments adjusted for inflation from FFY 98-04, 19.42% and 10.08% respectively. Mississippi and Alabama had the largest increases in payments adjusted for inflation from FFY 94-04, 58.45% and 28.40% respectively.

**SOUTHERN REGION MEDICAID PROFILE**

**TABLE 2  
REGIONAL MEDICAID GROWTH SUMMARY  
(FFY 98-04)**

NOMINAL GROWTH										Payments		Recipients		Payment per Recipient	
FFY 98					FFY 04					Avg. Annual	Total	Avg. Annual	Total	Avg. Annual	Total
	Payments	Recipients	Pmnt/ Recip	Rank		Payments	Recipients	Pmnt/ Recip	Rank	Growth	Growth	Growth	Growth	Growth	Growth
AL	\$1,613,410,752	527,078	\$3,061	10		\$3,856,624,429	808,192	\$4,772	5	15.63%	139.04%	7.38%	53.33%	7.68%	55.89%
AR	\$1,375,797,421	424,727	\$3,239	9		\$2,424,172,298	661,759	\$3,663	12	9.90%	76.20%	7.67%	55.81%	2.07%	13.09%
FL	\$5,686,844,862	1,904,591	\$2,986	12		\$12,834,434,692	2,952,363	\$4,347	9	14.53%	125.69%	7.58%	55.01%	6.46%	45.59%
GA	\$3,012,346,312	1,221,978	\$2,465	16		\$5,587,222,638	1,705,321	\$3,276	15	10.84%	85.48%	5.71%	39.55%	4.86%	32.91%
KY	\$2,425,288,141	644,482	\$3,763	2		\$3,923,759,382	860,508	\$4,560	8	8.35%	61.79%	4.94%	33.52%	3.25%	21.17%
LA	\$2,383,508,985	720,615	\$3,308	7		\$4,039,097,496	1,108,054	\$3,645	13	9.19%	69.46%	7.43%	53.77%	1.63%	10.21%
MD	\$2,489,280,148	561,085	\$4,437	1		\$4,594,329,962	750,287	\$6,123	1	10.75%	84.56%	4.96%	33.72%	5.52%	38.02%
MO	\$2,569,646,129	734,015	\$3,501	4		\$4,886,664,657	1,140,194	\$4,286	10	11.31%	90.17%	7.62%	55.34%	3.43%	22.42%
MS	\$1,442,373,276	485,767	\$2,969	13		\$3,312,060,122	725,637	\$4,564	7	14.86%	129.63%	6.92%	49.38%	7.43%	53.72%
NC	\$4,013,996,742	1,167,988	\$3,437	5		\$7,388,008,367	1,512,608	\$4,884	3	10.70%	84.06%	4.40%	29.51%	6.03%	42.12%
OK	\$1,301,479,635	459,570	\$2,832	14		\$2,332,058,098	655,868	\$3,556	14	10.21%	79.19%	6.11%	42.71%	3.87%	25.56%
SC	\$2,018,620,428	594,962	\$3,393	6		\$4,014,695,264	856,715	\$4,686	6	12.14%	98.88%	6.27%	43.99%	5.53%	38.12%
TN	\$3,635,772,153	1,453,538	\$2,501	15		\$6,944,972,758	2,205,488	\$3,149	16	11.39%	91.02%	7.20%	51.73%	3.91%	25.89%
TX	\$7,061,861,243	2,324,810	\$3,038	11		\$13,214,404,197	3,603,539	\$3,667	11	11.01%	87.12%	7.58%	55.00%	3.19%	20.72%
VA	\$2,118,202,866	653,236	\$3,243	8		\$3,574,171,786	732,009	\$4,883	4	9.11%	68.74%	1.92%	12.06%	7.06%	50.58%
WV	\$1,243,150,526	342,668	\$3,628	3		\$2,019,557,347	376,680	\$5,361	2	8.42%	62.45%	1.59%	9.93%	6.73%	47.79%
SLC TOTAL	\$44,391,579,619	14,221,110	\$3,122			\$84,946,233,493	20,655,222	\$4,113		11.42%	91.36%	6.42%	45.24%	4.70%	31.75%

ADJUSTED FOR INFLATION*										Payments		Recipients		Payment per Recipient	
FFY 98					FFY 04					Avg. Annual	Total	Avg. Annual	Total	Avg. Annual	Total
	Payments	Recipients	Pmnt/ Recip	Rank		Payments	Recipients	Pmnt/ Recip	Rank	Growth	Growth	Growth	Growth	Growth	Growth
AL	\$1,613,410,752	527,078	\$3,061	10		\$3,176,590,882	808,192	\$3,930	6	11.95%	96.89%	7.38%	53.33%	4.25%	28.40%
AR	\$1,375,797,421	424,727	\$3,239	9		\$1,996,721,164	661,759	\$3,017	11	6.40%	45.13%	7.67%	55.81%	-1.18%	-6.85%
FL	\$5,686,844,862	1,904,591	\$2,986	12		\$10,571,355,592	2,952,363	\$3,581	9	10.89%	85.89%	7.58%	55.01%	3.07%	19.92%
GA	\$3,012,346,312	1,221,978	\$2,465	16		\$4,602,034,970	1,705,321	\$2,699	14	7.32%	52.77%	5.71%	39.55%	1.52%	9.47%
KY	\$2,425,288,141	644,482	\$3,763	2		\$3,231,888,017	860,508	\$3,756	8	4.90%	33.26%	4.94%	33.52%	-0.03%	-0.20%
LA	\$2,383,508,985	720,615	\$3,308	7		\$3,326,888,712	1,108,054	\$2,974	12	5.72%	39.58%	7.43%	53.77%	-1.76%	-10.08%
MD	\$2,489,280,148	561,085	\$4,437	1		\$3,784,217,763	750,287	\$5,044	2	7.23%	52.02%	4.96%	33.72%	2.16%	13.69%
MS	\$2,569,646,129	734,015	\$3,501	4		\$4,025,005,463	725,637	\$5,547	1	7.77%	56.64%	-0.19%	-1.14%	7.97%	58.45%
MO	\$1,442,373,276	485,767	\$2,969	13		\$2,728,048,888	1,140,194	\$2,393	16	11.21%	89.14%	15.28%	134.72%	-3.53%	-19.42%
NC	\$4,013,996,742	1,167,988	\$3,437	5		\$6,085,290,504	1,512,608	\$4,023	4	7.18%	51.60%	4.40%	29.51%	2.66%	17.06%
OK	\$1,301,479,635	459,570	\$2,832	14		\$1,920,849,341	655,868	\$2,929	13	6.70%	47.59%	6.11%	42.71%	0.56%	3.42%
SC	\$2,018,620,428	594,962	\$3,393	6		\$3,306,789,293	856,715	\$3,860	7	8.57%	63.81%	6.27%	43.99%	2.17%	13.76%
TN	\$3,635,772,153	1,453,538	\$2,501	15		\$5,720,374,786	2,205,488	\$2,594	15	7.85%	57.34%	7.20%	51.73%	0.61%	3.69%
TX	\$7,061,861,243	2,324,810	\$3,038	11		\$10,884,325,570	3,603,539	\$3,020	10	7.48%	54.13%	7.58%	55.00%	-0.09%	-0.56%
VA	\$2,118,202,866	653,236	\$3,243	8		\$2,943,942,745	732,009	\$4,022	5	5.64%	38.98%	1.92%	12.06%	3.65%	24.03%
WV	\$1,243,150,526	342,668	\$3,628	3		\$1,663,451,439	376,680	\$4,416	3	4.97%	33.81%	1.59%	9.93%	3.33%	21.73%
SLC TOTAL	\$44,391,579,619	14,221,110	\$3,122			\$69,967,775,128	20,655,222	\$3,386		7.88%	57.61%	6.42%	45.24%	1.36%	8.47%

Table excludes administrative costs, disproportionate share hospital payments and certain other adjustments. \*Implicit price deflator (medical care index, adjusted base=1992), Bureau of Economic Analysis, U. S. Department of Commerce.

# SOUTHERN REGION MEDICAID PROFILE

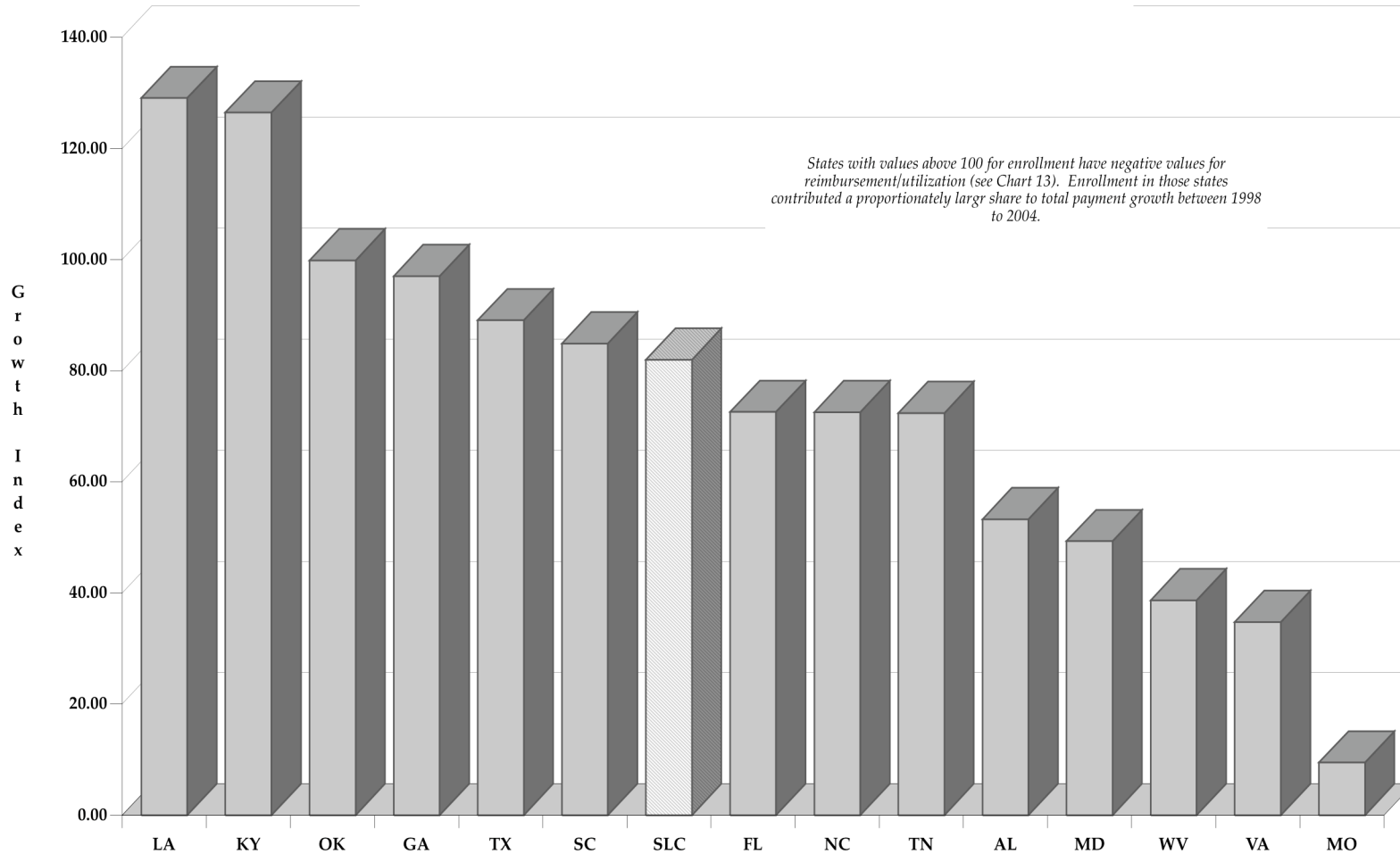
**TABLE 3**  
**MEDICAID GROWTH FACTOR ALLOCATION**  
**(FFY 98-04)**

	GROWTH INDEX (98-04)				Total Adjusted Growth	Share From Enrollment	Share From Reimbursement & Utilization
	Enrollment Factor	Reimbursement/ Utilization Factor	Total				
AL	63.10	36.90	100		\$1,563,180,130	\$986,309,008	\$576,871,123
AR	119.06	-19.06	100		\$620,923,743	\$739,252,776	(\$118,329,033)
FL	70.70	29.30	100		\$4,884,510,730	\$3,453,379,935	\$1,431,130,795
GA	78.65	21.35	100		\$1,589,688,658	\$1,250,215,399	\$339,473,259
KY	100.68	-0.68	100		\$806,599,876	\$812,105,757	(\$5,505,881)
LA	129.03	-29.03	100		\$943,379,727	\$1,217,206,853	(\$273,827,126)
MD	69.38	30.62	100		\$1,294,937,615	\$898,391,530	\$396,546,085
MS	-2.56	102.56	100		\$1,455,359,334	(\$37,229,205)	\$1,492,588,538
MO	133.88	-33.88	100		\$1,285,675,612	\$1,721,286,048	(\$435,610,435)
NC	62.14	37.86	100		\$2,071,293,762	\$1,287,083,147	\$784,210,616
OK	91.37	8.63	100		\$619,369,706	\$565,912,134	\$53,457,572
SC	73.87	26.13	100		\$1,288,168,865	\$951,602,939	\$336,565,926
TN	92.00	8.00	100		\$2,084,602,633	\$1,917,799,581	\$166,803,051
TX	101.31	-1.31	100		\$3,822,464,327	\$3,872,501,155	(\$50,036,828)
VA	34.59	65.41	100		\$825,739,879	\$285,599,284	\$540,140,595
WV	32.49	67.51	100		\$420,300,913	\$136,567,655	\$283,733,258
SLC TOTAL	82.03	17.97	100		\$25,576,195,509	\$20,981,081,333	\$4,595,114,176
<p><b>Explanation:</b> Inflation-adjusted growth data (see Table 1) was analyzed for Federal Fiscal Years 95 through 01 to determine the relative contribution to overall payment increases of the following factors: (1) enrollment increases and, (2) the combined effect of reimbursement and utilization policies. A growth index was constructed to indicate the importance of each factor to each state over the seven-year period.</p> <p>Index values for "Enrollment" indicate the inflation-adjusted cost effect of covering additional recipients that entered Medicaid coverage during this period. On a region wide basis, the number of Medicaid recipients increased 45.8% from 14.2 million in FFY 98 to 20.7 million in FFY 04.</p> <p>The values for "Reimbursement and Utilization Policies" show the combined effect of the amount paid for services in excess of (or below) medical inflation, plus increases or decreases in the utilization of services by recipients. [Information reported is not adequate to isolate the effects of reimbursement and utilization respectively, so these variables are combined.] States with positive values for this factor show varying increases in average payments per recipient, a result of either an increase in reimbursement levels above normal medical inflation or an increase in the utilization of services by recipients or both. Conversely, states with negative values for this factor were able to contain costs during the period by imposing or continuing restrictions on (1) the amount and type of services which recipients may use or (2) the level of reimbursement paid to providers for services or (3) both.</p> <p>With respect to enrollment, most of the increase (though not all) can be attributed to federal mandates to increase the number of persons covered by Medicaid or to unfavorable economic conditions which increase public assistance rolls. Therefore, most growth in payments caused by enrollment is considered to be outside the discretion of states. On the other hand, states do have considerable latitude (within the constraints of federal law and judicial action) to set policies governing provider reimbursement and recipient utilization. This is demonstrated by the variation among states of the relative importance of reimbursement/utilization. Index values for this factor range from -33.88 for Missouri to 102.56 for Mississippi, indicating that these two states had the greatest changes in real unit costs, although in opposite directions.</p>							

## SOUTHERN REGION MEDICAID PROFILE

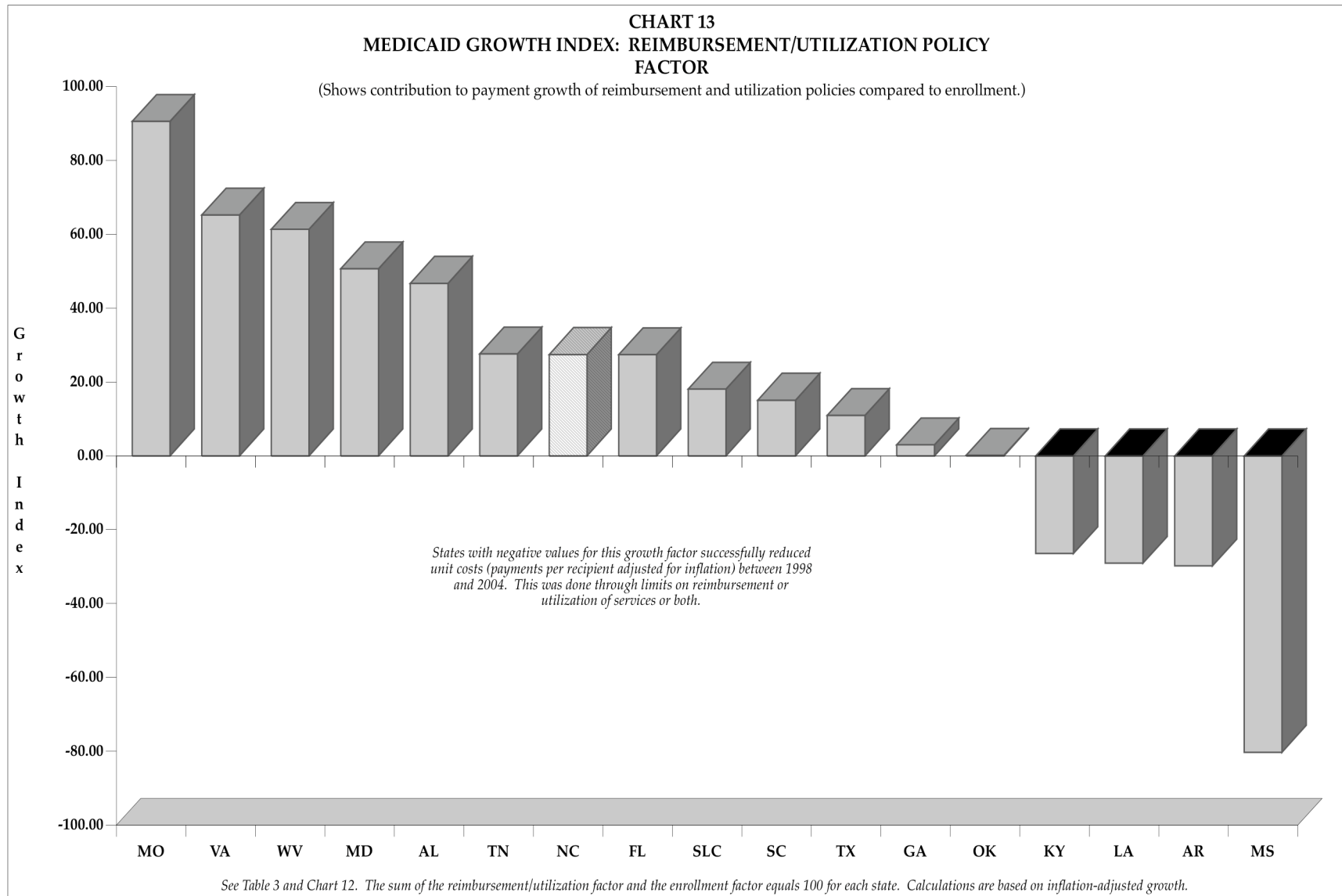
**CHART 12**  
**MEDICAID GROWTH INDEX: ENROLLMENT FACTOR**

(Shows contribution to payment growth of enrollment when compared to other growth factors for each

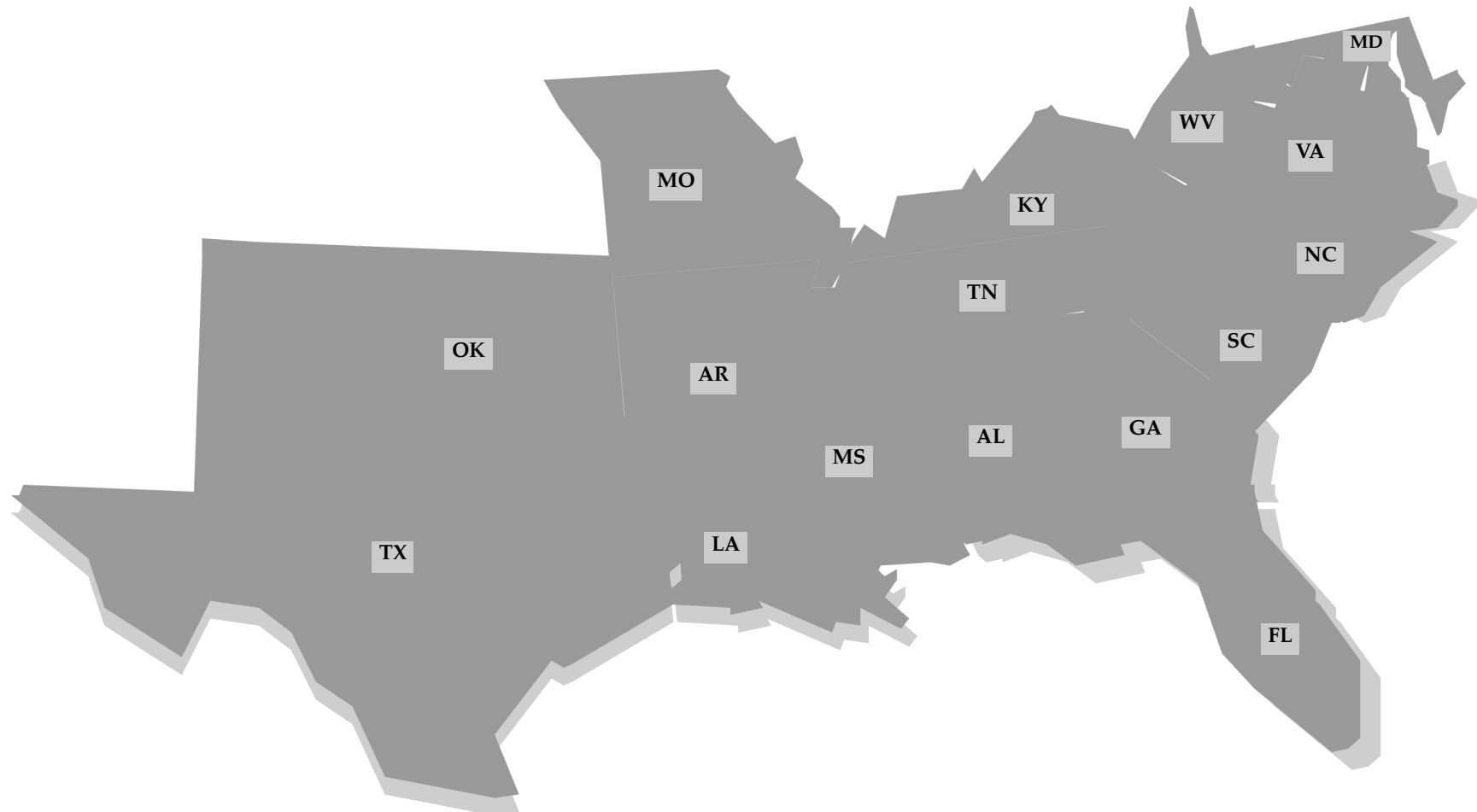


See Table 3 and Chart 13. The sum of the enrollment factor and the reimbursement/utilization factor equals 100 for each state.  
Calculations are based on inflation-adjusted growth.

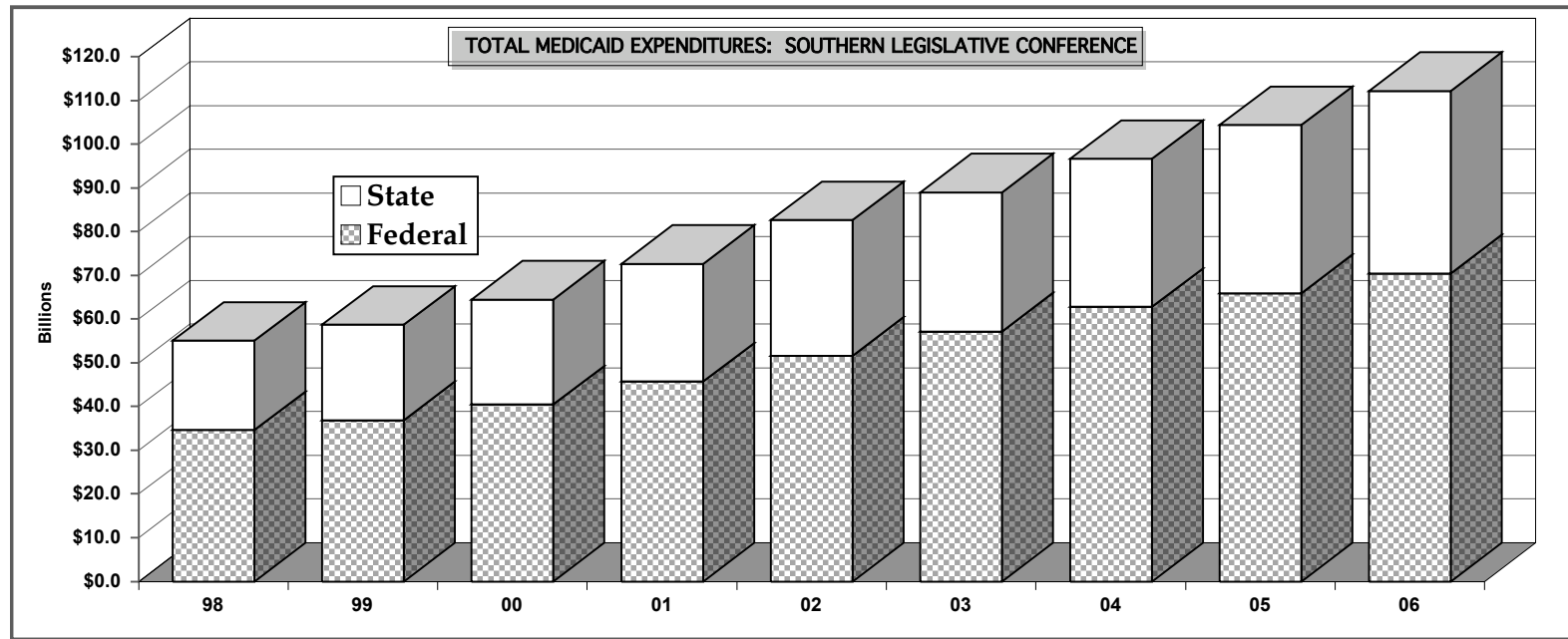
## SOUTHERN REGION MEDICAID PROFILE



## SOUTHERN REGION MEDICAID PROFILES



## SOUTHERN REGION MEDICAID PROFILE



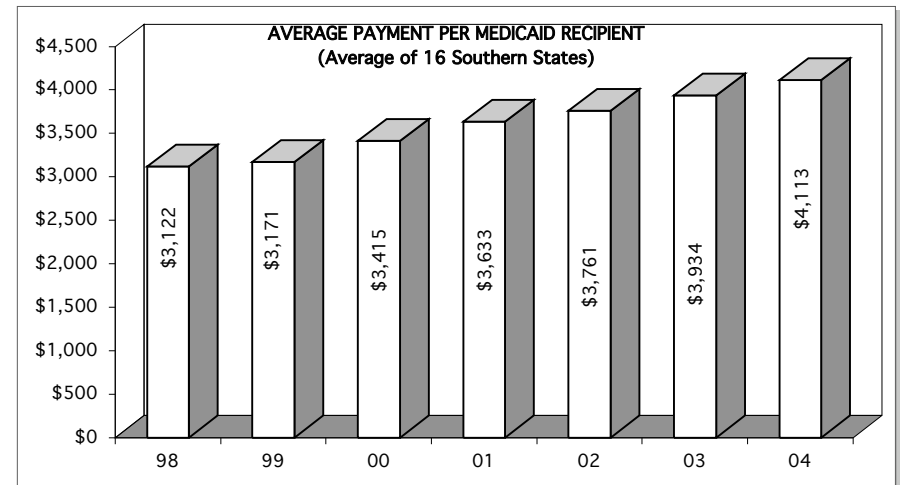
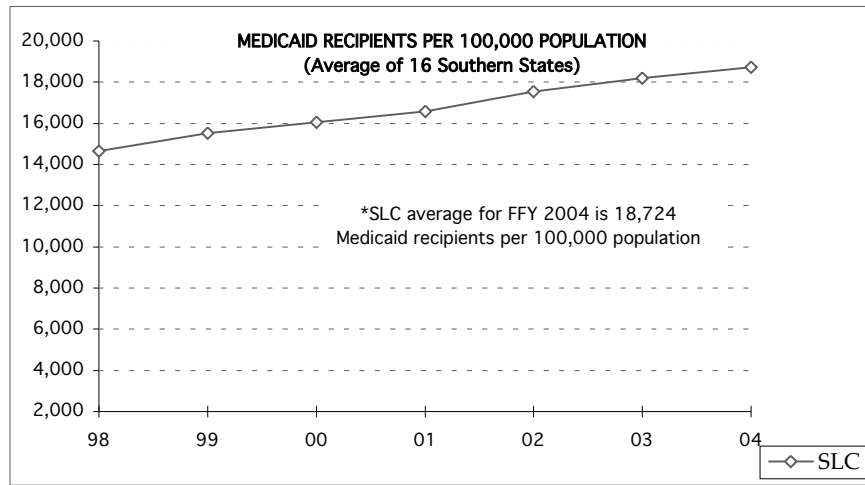
All SLC State profiles (except Georgia) revised to reflect MSIS statistical data as reported by CMS for federal fiscal years 99 through 04.

	FFY 98	FFY 99	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05*	FFY 06*	Annual Rate of Change	Total Change 98-06
Medicaid Payments	52,539,105,571	55,940,297,429	61,558,380,518	69,355,914,419	78,883,024,391	84,654,612,944	92,331,773,396	99,499,569,861	107,190,850,000	9.3%	104.0%
Federal Share	33,240,352,251	35,382,769,738	38,817,062,848	43,892,061,187	49,486,621,777	54,764,150,922	60,420,363,969	63,234,545,729	67,635,837,000	9.3%	103.5%
State Share	19,298,753,320	20,557,527,691	22,741,317,670	25,463,853,232	29,396,402,614	29,890,462,022	31,911,409,427	36,265,024,132	39,555,013,000	9.4%	105.0%
Administrative Costs	2,479,912,374	2,724,565,076	2,903,777,393	3,293,413,676	3,711,701,150	4,275,905,958	4,299,132,452	4,853,267,164	5,007,599,000	9.2%	101.9%
Federal Share	1,368,733,422	1,532,616,824	1,617,989,388	1,833,144,729	2,084,124,295	2,432,846,598	2,374,093,784	2,675,092,062	2,755,772,000	9.1%	101.3%
State Share	1,111,178,952	1,191,948,252	1,285,788,005	1,460,268,947	1,627,576,855	1,843,059,360	1,925,038,668	2,178,175,102	2,251,827,000	9.2%	102.7%
Admin. Costs as % of Payments	4.72%	4.87%	4.72%	4.75%	4.71%	5.05%	4.66%	4.88%	4.67%		
Growth From Prior Year											
Payments	10.47%	6.47%	10.04%	12.67%	13.74%	7.32%	9.07%	7.76%	7.73%		
Administration	10.01%	9.87%	6.58%	13.42%	12.70%	15.20%	0.54%	12.89%	3.18%		

\*Federal Fiscal Years 05 and 06 reflect total of latest estimates reported by each state in region to the Centers for Medicare and Medicaid Services (CMS)

## SOUTHERN LEGISLATIVE CONFERENCE

## SOUTHERN REGION MEDICAID PROFILE



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

<b>RECIPIENTS BY TYPE OF SERVICES</b>	<b>FFY 98</b>	<b>FFY 99</b>	<b>FFY 00</b>	<b>FFY 01</b>	<b>FFY 02</b>	<b>FFY 03</b>	<b>FFY 04</b>	<i>Annual Change</i>
01. General Hospital	1,990,634	2,196,806	2,429,168	2,388,891	2,443,032	2,542,164	2,464,517	3.6%
02. Mental Hospital	60,916	44,762	43,023	38,544	42,575	46,328	42,148	-6.0%
03. Skilled and Intermediate (non-MR) Care Nursing	571,590	603,790	604,672	625,482	624,123	617,515	587,146	0.4%
04. Intermediate Care for Mentally Retarded	48,203	47,537	47,054	46,717	45,171	44,162	43,038	-1.9%
05. Physician Services	8,249,687	8,803,129	9,091,926	9,469,807	10,521,567	11,346,388	10,737,279	4.5%
06. Dental Services	1,625,300	2,313,868	2,425,206	2,716,809	3,325,878	3,921,498	3,910,172	15.8%
07. Other Practitioners	1,649,660	1,408,077	2,063,209	2,274,851	2,473,820	2,480,706	2,472,670	7.0%
08. Outpatient Hospital	5,141,377	5,580,578	5,995,109	6,158,653	6,561,258	6,949,158	6,591,292	4.2%
09. Clinic Services	2,008,715	3,114,895	3,261,716	3,412,700	3,791,031	4,042,680	4,114,370	12.7%
10. Lab and X-Ray	3,842,128	4,290,286	4,604,128	5,248,679	6,087,312	6,693,940	6,757,064	9.9%
11. Home Health	558,771	243,417	370,948	432,550	482,817	529,744	543,534	-0.5%
12. Prescribed Drugs	9,102,514	9,497,897	9,805,542	10,413,648	11,014,837	10,784,896	11,462,719	3.9%
13. Family Planning	775,409	70,613	72,693	103,352	94,988	131,758	109,978	-27.8%
14. Early & Periodic Screening, Diagnosis & Treatment	3,054,932	0	0	162,914	1,170,794	120,257	122,559	-41.5%
15. Other Care	2,007,526	3,090,111	3,095,556	3,551,403	4,092,713	4,304,502	4,303,893	13.6%
16. Personal Care Support Services	1,435,819	1,360,128	1,641,216	1,748,615	2,016,328	2,075,220	2,578,785	10.3%
17. Home/Community Based Waiver Services	126,870	6,000	6,100	6,100	285	13,525	262	-64.3%
18. Prepaid Health Care	4,219,218	4,732,519	5,181,962	5,731,063	7,589,779	8,056,025	6,934,765	8.6%
19. Primary Care Case Management (PCCM) Services	2,878,247	3,118,936	3,313,318	4,533,142	5,750,844	5,953,095	6,522,885	14.6%
<b>Total*</b>	<b>14,221,110</b>	<b>15,272,382</b>	<b>15,984,886</b>	<b>16,689,284</b>	<b>18,316,848</b>	<b>19,304,913</b>	<b>20,655,222</b>	<b>6.4%</b>

\*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 LEGISLATIVE CONFERENCE



# SOUTHERN REGION MEDICAID PROFILE

									Annual	Share of Total
<u>PAYMENTS BY TYPE OF SERVICES</u>	FFY 98	FFY 99	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	Change	FFY 04	
01. General Hospital	\$7,695,805,442	\$7,811,370,073	\$8,674,811,848	\$9,897,701,703	\$10,489,373,641	\$11,527,470,450	\$13,363,374,619	9.6%	15.7%	
02. Mental Hospital	\$466,698,897	\$566,203,902	\$604,637,377	\$684,170,740	\$695,054,169	\$699,902,811	\$798,580,380	9.4%	0.9%	
03. Skilled and Intermediate (non-MR) Care Nursing	\$9,406,538,879	\$9,613,601,816	\$10,396,053,995	\$10,943,769,669	\$11,917,023,383	\$12,437,285,199	\$13,151,784,279	5.7%	15.5%	
04. Intermediate Care for Mentally Retarded	\$3,016,249,021	\$2,988,828,507	\$3,220,782,132	\$3,220,923,709	\$3,392,289,767	\$3,426,263,389	\$3,460,713,875	2.3%	4.1%	
05. Physician Services	\$2,966,184,558	\$3,606,492,137	\$3,688,198,622	\$3,943,466,330	\$4,402,093,540	\$5,132,560,764	\$5,890,287,142	12.1%	6.9%	
06. Dental Services	\$282,618,452	\$485,467,713	\$564,839,371	\$708,110,725	\$933,069,334	\$1,194,466,636	\$1,363,148,042	30.0%	1.6%	
07. Other Practitioners	\$211,379,409	\$145,637,683	\$312,335,501	\$362,072,828	\$378,285,886	\$404,420,307	\$469,709,642	14.2%	0.6%	
08. Outpatient Hospital	\$2,272,745,475	\$2,386,167,671	\$2,749,066,768	\$2,828,381,746	\$3,239,447,179	\$3,827,992,361	\$4,058,744,825	10.1%	4.8%	
09. Clinic Services	\$1,043,342,930	\$1,708,264,006	\$1,659,090,308	\$1,803,824,085	\$2,390,762,360	\$2,634,889,362	\$2,656,168,802	16.9%	3.1%	
10. Lab and X-Ray	\$355,940,553	\$375,903,333	\$441,210,031	\$646,249,867	\$939,965,853	\$1,111,915,613	\$1,320,270,113	24.4%	1.6%	
11. Home Health	\$689,943,909	\$700,650,827	\$924,534,653	\$1,096,043,940	\$1,185,850,980	\$1,483,192,353	\$1,599,607,510	15.0%	1.9%	
12. Prescribed Drugs	\$5,235,243,723	\$6,492,841,698	\$8,079,724,791	\$9,835,808,374	\$10,940,427,972	\$13,962,281,661	\$16,514,657,754	21.1%	19.4%	
13. Family Planning	\$177,189,613	\$54,080,652	\$59,208,991	\$85,718,977	\$80,804,347	\$103,020,372	\$126,303,344	-5.5%	0.1%	
14. Early & Periodic Screening, Diagnosis & Treatment	\$761,299,119	\$0	\$0	\$0	\$61,468,942	\$63,881,633	\$53,816,719	-35.7%	0.1%	
15. Other Care	\$862,393,918	\$3,839,028,921	\$5,351,746,242	\$5,545,478,673	\$6,768,676,051	\$7,763,863,293	\$8,242,436,776	45.7%	9.7%	
16. Personal Care Support Services	\$2,343,900,549	\$2,108,026,414	\$2,219,880,938	\$2,728,752,518	\$2,785,509,009	\$2,590,827,658	\$3,468,298,693	6.7%	4.1%	
17. Home/Community Based Waiver Services	\$1,603,984,759	\$0	\$0	\$0	\$0	\$139,569	\$761,350	-72.1%	0.0%	
18. Prepaid Health Care	\$4,857,146,394	\$5,074,926,516	\$5,497,036,953	\$6,155,699,579	\$8,124,863,811	\$7,421,714,428	\$8,231,569,155	9.2%	9.7%	
19. Primary Care Case Management (PCCM) Services	\$142,974,019	\$471,066,597	\$140,948,046	\$141,254,881	\$156,765,335	\$166,597,356	\$176,000,473	3.5%	0.2%	
<b>Total*(excludes DSH pymts, pharmacy rebates, &amp; other adjs.)</b>	<b>\$44,391,579,619</b>	<b>\$48,428,558,466</b>	<b>\$54,584,106,567</b>	<b>\$60,627,428,344</b>	<b>\$68,881,731,559</b>	<b>\$75,952,685,215</b>	<b>\$84,946,233,493</b>	<b>11.4%</b>	<b>100.0%</b>	
<b><u>AVERAGE PAYMENTS PER RECIPIENT BY TYPE OF SERVICES</u></b>										
01. General Hospital	\$3,866.01	\$3,555.79	\$3,571.10	\$4,143.22	\$4,293.59	\$4,534.51	\$5,422.31	5.8%		
02. Mental Hospital	\$7,661.35	\$12,649.21	\$14,053.82	\$17,750.31	\$16,325.41	\$15,107.56	\$18,947.05	16.3%		
03. Skilled and Intermediate (non-MR) Care Nursing	\$16,456.79	\$15,922.10	\$17,192.88	\$17,496.54	\$19,094.03	\$20,140.86	\$22,399.51	5.3%		
04. Intermediate Care for Mentally Retarded	\$62,573.89	\$62,873.73	\$68,448.64	\$68,945.17	\$75,098.84	\$77,583.97	\$80,410.66	4.3%		
05. Physician Services	\$359.55	\$409.68	\$405.66	\$416.43	\$418.39	\$452.35	\$548.58	7.3%		
06. Dental Services	\$173.89	\$209.81	\$232.90	\$260.64	\$280.55	\$304.59	\$348.62	12.3%		
07. Other Practitioners	\$128.14	\$103.43	\$151.38	\$159.16	\$152.92	\$163.03	\$189.96	6.8%		
08. Outpatient Hospital	\$442.05	\$427.58	\$458.55	\$459.25	\$493.72	\$550.86	\$615.77	5.7%		
09. Clinic Services	\$519.41	\$548.42	\$508.66	\$528.56	\$630.64	\$651.77	\$645.58	3.7%		
10. Lab and X-Ray	\$92.64	\$87.62	\$95.83	\$123.13	\$154.41	\$166.11	\$195.39	13.2%		
11. Home Health	\$1,234.75	\$2,878.40	\$2,492.36	\$2,533.91	\$2,456.11	\$2,799.83	\$2,942.98	15.6%		
12. Prescribed Drugs	\$575.14	\$683.61	\$824.00	\$944.51	\$993.24	\$1,294.61	\$1,440.73	16.5%		
13. Family Planning	\$228.51	\$765.87	\$814.51	\$829.39	\$850.68	\$781.89	\$1,148.44	30.9%		
14. Early & Periodic Screening, Diagnosis & Treatment	\$249.20	\$0.00	\$0.00	\$0.00	\$52.50	\$531.21	\$439.11	9.9%		
15. Other Care	\$429.58	\$1,242.36	\$1,728.85	\$1,561.49	\$1,653.84	\$1,803.66	\$1,915.11	28.3%		
16. Personal Care Support Services	\$1,632.45	\$1,549.87	\$1,352.58	\$1,560.52	\$1,381.48	\$1,248.46	\$1,344.94	-3.2%		
17. Home/Community Based Waiver Services	\$12,642.74	\$0.00	\$0.00	\$0.00	\$0.00	\$10.32	\$2,905.92	-21.7%		
18. Prepaid Health Care	\$1,151.20	\$1,072.35	\$1,060.80	\$1,074.09	\$1,070.50	\$921.26	\$1,187.00	0.5%		
19. Primary Care Case Management (PCCM) Services	\$49.67	\$151.03	\$42.54	\$31.16	\$27.26	\$27.98	\$26.98	-9.7%		
<b>Total (Average)*</b>	<b>\$3,121.53</b>	<b>\$3,170.99</b>	<b>\$3,414.73</b>	<b>\$3,632.72</b>	<b>\$3,760.57</b>	<b>\$3,934.37</b>	<b>\$4,112.59</b>	<b>4.7%</b>		
<b>TOTAL PER CAPITA EXPENDITURES</b>	<b>\$566.56</b>	<b>\$596.44</b>	<b>\$647.20</b>	<b>\$721.70</b>	<b>\$790.56</b>	<b>\$838.22</b>	<b>\$875.95</b>	<b>7.5%</b>		

Source: Health Care Financing Administration-Form HCFA 2082 for federal fiscal year 98; MSIS data for FFY 99-04.

## SOUTHERN LEGISLATIVE CONFERENCE

## SOUTHERN REGION MEDICAID PROFILE

### DATA BY OTHER CHARACTERISTICS

#### RECIPIENTS BY OTHER CHARACTERISTICS

	FFY 98	FFY 99	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	Annual Change	Share of Total FFY 04
<b>By Maintenance Assistance Status</b>									
Receiving Cash Assistance or Eligible Under Section 1931	6,086,892	5,394,284	5,459,073	5,783,398	6,293,268	6,446,196	6,885,400	2.1%	33.3%
Poverty Related Eligibles	4,542,086	5,902,396	6,761,678	7,056,063	7,103,016	7,832,246	8,370,987	10.7%	40.5%
Medically Needy	510,429	399,668	409,047	398,099	425,163	542,860	603,171	2.8%	2.9%
Other Eligibles	2,388,385	2,369,330	2,155,657	2,548,213	3,231,636	3,142,465	3,292,198	5.5%	15.9%
Maintenance Assistance Status Unknown	693,318	1,206,704	1,199,431	903,510	1,263,765	1,341,146	1,503,466	13.8%	7.3%
<b>Total*</b>	<b>14,221,110</b>	<b>15,272,382</b>	<b>15,984,886</b>	<b>16,689,284</b>	<b>18,316,848</b>	<b>19,304,913</b>	<b>20,655,222</b>	<b>6.4%</b>	<b>100.0%</b>
<b>By Basis of Eligibility</b>									
Aged, Blind, or Disabled	4,184,399	4,234,992	4,311,641	4,421,709	4,821,029	4,627,923	5,055,292	3.2%	24.5%
Children	6,832,221	7,138,161	7,673,404	8,271,663	9,340,179	9,883,375	10,417,180	7.3%	50.4%
Foster Care Children	169,293	182,480	196,864	210,280	230,829	244,391	258,067	7.3%	1.2%
Adults	2,335,478	2,510,045	2,603,546	2,878,947	3,308,281	3,321,776	3,551,675	7.2%	17.2%
Basis of Eligibility Unknown	699,719	1,206,704	1,199,431	906,686	616,530	1,227,448	1,373,008	11.9%	6.6%
<b>Total*</b>	<b>14,221,110</b>	<b>15,272,382</b>	<b>15,984,886</b>	<b>16,689,284</b>	<b>18,316,848</b>	<b>19,304,913</b>	<b>20,655,222</b>	<b>6.4%</b>	<b>100.0%</b>
<b>By Age</b>									
Under Age 1	735,839	631,925	686,260	816,563	759,235	751,232	782,377	1.0%	3.8%
Age 1 to 5	2,717,525	2,699,714	2,852,696	3,082,716	3,422,699	3,649,337	3,854,935	6.0%	18.7%
Age 6 to 14	3,214,275	3,335,797	3,549,239	3,774,077	4,245,657	4,534,605	4,758,028	6.8%	23.0%
Age 15 to 20	1,350,397	1,482,596	1,620,524	1,725,551	1,958,043	2,122,630	2,274,612	9.1%	11.0%
Age 21 to 44	2,986,878	2,888,913	2,986,202	3,193,166	3,484,069	3,608,553	3,867,778	4.4%	18.7%
Age 45 to 64	1,252,801	1,273,843	1,332,954	1,420,920	1,520,147	1,592,665	1,810,135	6.3%	8.8%
Age 65 to 74	723,555	699,095	707,391	727,529	724,284	748,254	817,562	2.1%	4.0%
Age 75 to 84	638,863	612,354	614,378	623,727	628,558	649,672	681,740	1.1%	3.3%
Age 85 and Over	504,370	442,624	435,875	421,645	421,822	422,589	432,146	-2.5%	2.1%
Age Unknown	96,607	1,205,521	1,199,367	903,390	1,152,334	1,225,376	1,375,909	55.7%	6.7%
<b>Total*</b>	<b>14,221,110</b>	<b>15,272,382</b>	<b>15,984,886</b>	<b>16,689,284</b>	<b>18,316,848</b>	<b>19,304,913</b>	<b>20,655,222</b>	<b>6.4%</b>	<b>100.0%</b>
<b>By Race</b>									
White	6,544,851	6,954,357	7,278,347	7,645,208	7,888,507	8,192,033	8,908,376	5.3%	43.1%
Black	5,185,949	5,384,105	5,638,161	5,881,619	5,998,346	6,156,850	6,684,130	4.3%	32.4%
Hispanic, American Indian or Asian	1,782,371	2,036,784	2,178,276	2,241,169	2,544,473	2,897,881	3,186,630	10.2%	15.4%
Other/Unknown	707,939	897,137	890,103	921,288	1,885,522	2,058,149	1,876,086	17.6%	9.1%
<b>Total*</b>	<b>14,221,110</b>	<b>15,272,382</b>	<b>15,984,886</b>	<b>16,689,284</b>	<b>18,316,848</b>	<b>19,304,913</b>	<b>20,655,222</b>	<b>6.4%</b>	<b>100.0%</b>
<b>By Sex</b>									
Female	8,611,455	8,895,863	9,537,782	9,969,406	10,206,635	10,693,802	11,667,573	5.2%	56.5%
Male	5,506,669	6,141,107	6,247,316	6,515,417	6,972,574	7,376,549	8,038,027	6.5%	38.9%
Unknown	102,986	235,412	199,789	204,461	1,137,639	1,234,562	949,622	44.8%	4.6%
<b>Total*</b>	<b>14,221,110</b>	<b>15,272,382</b>	<b>15,984,886</b>	<b>16,689,284</b>	<b>18,316,848</b>	<b>19,304,913</b>	<b>20,655,222</b>	<b>6.4%</b>	<b>100.0%</b>

Source: Health Care Financing Administration-Form HCFA 2082 for federal fiscal year 98; MSIS data for FFY 99-04.

## SOUTHERN LEGISLATIVE CONFERENCE

## SOUTHERN REGION MEDICAID PROFILE

### PAYMENTS BY OTHER CHARACTERISTICS

	<u>FFY 98</u>	<u>FFY 99</u>	<u>FFY 00</u>	<u>FFY 01</u>	<u>FFY 02</u>	<u>FFY 03</u>	<u>FFY 04</u>	<i>Annual Change</i>	<i>Share of Total FFY 04</i>
<b>By Maintenance Assistance Status</b>									
Receiving Cash Assistance or Eligible Under Section 1931	\$19,885,565,184	\$21,286,379,627	\$23,910,613,694	\$26,402,473,600	\$29,248,406,147	\$32,054,713,187	\$36,173,947,549	10.5%	42.6%
Poverty Related Eligibles	\$8,325,213,007	\$9,545,770,270	\$11,179,400,537	\$12,937,788,156	\$13,488,576,200	\$14,953,560,910	\$17,121,007,088	12.8%	20.2%
Medically Needy	\$2,295,297,043	\$2,152,941,343	\$2,415,698,764	\$2,598,822,225	\$2,799,172,066	\$3,445,363,423	\$3,745,390,266	8.5%	4.4%
Other Eligibles	\$12,791,860,977	\$13,831,240,299	\$14,817,418,144	\$16,731,033,037	\$20,085,041,223	\$22,048,318,572	\$23,889,783,451	11.0%	28.1%
Maintenance Assistance Status Unknown	\$1,093,643,408	\$1,612,226,927	\$2,260,975,428	\$1,957,311,326	\$3,260,535,923	\$3,450,729,123	\$4,016,105,139	24.2%	4.7%
<b>Total*</b>	<b>\$44,391,579,619</b>	<b>\$48,428,558,466</b>	<b>\$54,584,106,567</b>	<b>\$60,627,428,344</b>	<b>\$68,881,731,559</b>	<b>\$75,952,685,215</b>	<b>\$84,946,233,493</b>	<b>11.4%</b>	<b>100.0%</b>
<b>By Basis of Eligibility</b>									
Aged, Blind, or Disabled	\$29,254,139,891	\$33,682,727,572	\$37,093,256,744	\$40,818,434,711	\$44,757,928,741	\$49,108,587,839	\$54,505,587,834	10.9%	64.2%
Children	\$6,847,548,537	\$7,601,616,984	\$8,750,447,703	\$10,209,916,123	\$12,167,928,160	\$13,524,852,835	\$15,368,211,722	14.4%	18.1%
Foster Care Children	\$637,703,288	\$803,316,893	\$978,270,045	\$1,155,806,641	\$1,397,663,131	\$1,599,457,558	\$1,776,556,822	18.6%	2.1%
Adults	\$6,555,805,822	\$4,728,670,090	\$5,501,156,647	\$6,481,524,826	\$7,284,584,100	\$8,291,597,993	\$9,329,409,678	6.1%	11.0%
Basis of Eligibility Unknown	\$1,096,382,080	\$1,612,226,927	\$2,260,975,428	\$1,961,746,043	\$3,273,627,427	\$3,428,188,990	\$3,966,467,437	23.9%	4.7%
<b>Total*</b>	<b>\$44,391,579,619</b>	<b>\$48,428,558,466</b>	<b>\$54,584,106,567</b>	<b>\$60,627,428,344</b>	<b>\$68,881,731,559</b>	<b>\$75,952,685,215</b>	<b>\$84,946,233,493</b>	<b>11.4%</b>	<b>100.0%</b>
<b>By Age</b>									
Under Age 1	\$1,771,694,486	\$1,601,451,257	\$1,854,647,115	\$2,442,062,235	\$2,453,625,720	\$2,527,984,440	\$2,907,248,477	8.6%	3.4%
Age 1 to 5	\$3,146,299,450	\$3,592,441,466	\$4,006,652,524	\$4,553,081,803	\$5,498,473,538	\$6,171,374,664	\$6,927,942,942	14.1%	8.2%
Age 6 to 14	\$3,589,429,183	\$4,040,527,784	\$4,621,225,325	\$5,348,507,429	\$6,288,536,759	\$7,142,988,351	\$7,982,291,487	14.2%	9.4%
Age 15 to 20	\$2,908,648,119	\$3,261,879,539	\$3,750,426,988	\$4,187,527,145	\$4,793,828,275	\$5,339,396,092	\$6,051,288,222	13.0%	7.1%
Age 21 to 44	\$10,571,479,867	\$11,155,250,016	\$12,580,356,699	\$13,833,745,959	\$15,229,902,065	\$16,732,096,179	\$18,668,185,885	9.9%	22.0%
Age 45 to 64	\$7,808,293,513	\$8,631,111,836	\$10,164,965,717	\$11,585,785,552	\$13,355,271,930	\$15,257,332,732	\$17,418,742,475	14.3%	20.5%
Age 65 to 74	\$3,598,545,951	\$3,806,932,220	\$4,187,972,763	\$4,542,448,455	\$4,925,909,326	\$5,466,053,449	\$6,039,213,729	9.0%	7.1%
Age 75 to 84	\$4,935,072,820	\$5,064,442,277	\$5,385,404,473	\$6,006,962,861	\$6,483,374,682	\$6,997,816,695	\$7,610,226,566	7.5%	9.0%
Age 85 and Over	\$5,594,599,987	\$5,663,410,012	\$5,771,480,936	\$6,170,224,725	\$6,664,694,452	\$6,951,624,725	\$7,427,089,190	4.8%	8.7%
Age Unknown	\$467,516,242	\$1,611,112,059	\$2,260,974,027	\$1,957,082,180	\$3,188,114,812	\$3,366,017,888	\$3,914,004,520	42.5%	4.6%
<b>Total*</b>	<b>\$44,391,579,619</b>	<b>\$48,428,558,466</b>	<b>\$54,584,106,567</b>	<b>\$60,627,428,344</b>	<b>\$68,881,731,559</b>	<b>\$75,952,685,215</b>	<b>\$84,946,233,493</b>	<b>11.4%</b>	<b>100.0%</b>
<b>By Race</b>									
White	\$24,607,752,543	\$26,513,055,644	\$29,944,532,785	\$33,504,740,464	\$36,677,278,080	\$39,740,327,855	\$44,551,468,157	10.4%	52.4%
Black	\$12,622,185,545	\$13,573,667,922	\$15,557,777,755	\$17,340,782,043	\$18,870,882,139	\$20,420,324,699	\$22,886,618,329	10.4%	26.9%
Hispanic, American Indian or Asian	\$3,364,253,343	\$3,934,769,662	\$4,555,703,285	\$5,007,164,901	\$6,408,580,065	\$7,409,206,239	\$8,213,223,637	16.0%	9.7%
Other / Unknown	\$3,797,388,189	\$4,407,065,237	\$4,526,092,742	\$4,774,740,936	\$6,924,991,275	\$8,382,826,422	\$9,294,923,370	16.1%	10.9%
<b>Total*</b>	<b>\$44,391,579,619</b>	<b>\$48,428,558,466</b>	<b>\$54,584,106,567</b>	<b>\$60,627,428,344</b>	<b>\$68,881,731,559</b>	<b>\$75,952,685,215</b>	<b>\$84,946,233,493</b>	<b>11.4%</b>	<b>100.0%</b>
<b>By Sex</b>									
Female	\$25,670,077,904	\$29,020,428,198	\$32,615,665,096	\$36,457,826,597	\$39,964,120,554	\$44,032,826,085	\$48,880,667,276	11.3%	57.5%
Male	\$17,637,519,437	\$18,054,993,464	\$20,513,530,376	\$22,942,800,029	\$25,718,118,136	\$28,536,922,552	\$32,175,364,994	10.5%	37.9%
Unknown	\$1,083,982,277	\$1,353,136,803	\$1,454,911,095	\$1,226,801,718	\$3,199,492,869	\$3,382,936,578	\$3,890,201,223	23.7%	4.6%
<b>Total*</b>	<b>\$44,391,579,619</b>	<b>\$48,428,558,466</b>	<b>\$54,584,106,567</b>	<b>\$60,627,428,344</b>	<b>\$68,881,731,559</b>	<b>\$75,952,685,215</b>	<b>\$84,946,233,493</b>	<b>11.4%</b>	<b>100.0%</b>

Source: Health Care Financing Administration-Form HCFA 2082 for federal fiscal year 98; MSIS data for FFY 99-04.

## SOUTHERN LEGISLATIVE CONFERENCE

## SOUTHERN REGION MEDICAID PROFILE

### AVERAGE PAYMENT PER RECIPIENT BY OTHER CHARACTERISTICS

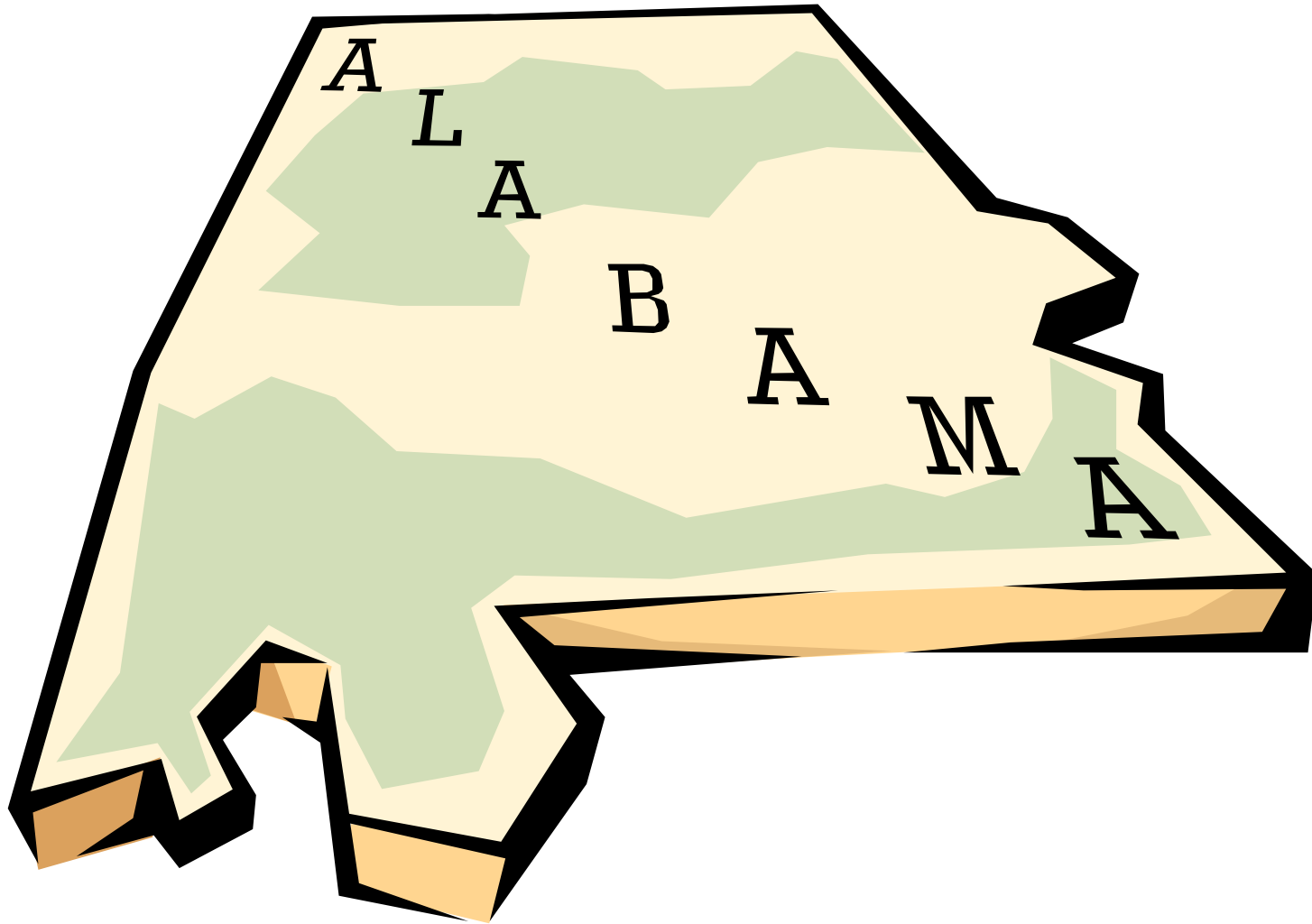
	FFY 98	FFY 99	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	Annual Change
<b>By Maintenance Assistance Status</b>								
Receiving Cash Assistance or Eligible Under Section 1931	\$3,266.95	\$3,946.10	\$4,379.98	\$4,565.22	\$4,647.57	\$4,972.66	\$5,253.72	8.2%
Poverty Related Eligibles	\$1,832.91	\$1,617.27	\$1,653.35	\$1,833.57	\$1,898.99	\$1,909.23	\$2,045.28	1.8%
Medically Needy	\$4,496.80	\$5,386.82	\$5,905.68	\$6,528.08	\$6,583.76	\$6,346.69	\$6,209.50	5.5%
Other Eligibles	\$5,355.86	\$5,837.62	\$6,873.74	\$6,565.79	\$6,215.13	\$7,016.25	\$7,256.48	5.2%
Maintenance Assistance Status Unknown	\$1,577.41	\$1,336.06	\$1,885.04	\$2,166.34	\$2,580.02	\$2,572.97	\$2,671.23	9.2%
<b>Total*</b>	<b>\$3,121.53</b>	<b>\$3,170.99</b>	<b>\$3,414.73</b>	<b>\$3,632.72</b>	<b>\$3,760.57</b>	<b>\$3,934.37</b>	<b>\$4,112.59</b>	<b>4.7%</b>
<b>By Basis of Eligibility</b>								
Aged, Blind, or Disable	\$6,991.24	\$7,953.43	\$8,603.05	\$9,231.37	\$9,283.90	\$10,611.37	\$10,781.89	7.5%
Children	\$1,002.24	\$1,064.93	\$1,140.36	\$1,234.32	\$1,302.75	\$1,368.44	\$1,475.28	6.7%
Foster Care Children	\$3,766.86	\$4,402.22	\$4,969.27	\$5,496.52	\$6,054.97	\$6,544.67	\$6,884.09	10.6%
Adults	\$2,807.05	\$1,883.90	\$2,112.95	\$2,251.35	\$2,201.92	\$2,496.13	\$2,626.76	-1.1%
Basis of Eligibility Unknown	\$1,566.89	\$1,336.06	\$1,885.04	\$2,163.64	\$5,309.76	\$2,792.94	\$2,888.89	10.7%
<b>Total*</b>	<b>\$3,121.53</b>	<b>\$3,170.99</b>	<b>\$3,414.73</b>	<b>\$3,632.72</b>	<b>\$3,760.57</b>	<b>\$3,934.37</b>	<b>\$4,112.59</b>	<b>4.7%</b>
<b>By Age</b>								
Under Age 1	\$2,407.72	\$2,534.24	\$2,702.54	\$2,990.66	\$3,231.71	\$3,365.12	\$3,715.92	7.5%
Age 1 to 5	\$1,157.78	\$1,330.67	\$1,404.51	\$1,476.97	\$1,606.47	\$1,691.09	\$1,797.16	7.6%
Age 6 to 14	\$1,116.72	\$1,211.26	\$1,302.03	\$1,417.17	\$1,481.17	\$1,575.22	\$1,677.65	7.0%
Age 15 to 20	\$2,153.92	\$2,200.11	\$2,314.33	\$2,426.78	\$2,448.28	\$2,515.46	\$2,660.36	3.6%
Age 21 to 44	\$3,539.31	\$3,861.40	\$4,212.83	\$4,332.30	\$4,371.30	\$4,636.79	\$4,826.59	5.3%
Age 45 to 64	\$6,232.67	\$6,775.65	\$7,625.89	\$8,153.72	\$8,785.51	\$9,579.75	\$9,622.90	7.5%
Age 65 to 74	\$4,973.42	\$5,445.51	\$5,920.31	\$6,243.66	\$6,801.07	\$7,305.08	\$7,386.86	6.8%
Age 75 to 84	\$7,724.77	\$8,270.45	\$8,765.62	\$9,630.75	\$10,314.68	\$10,771.31	\$11,162.95	6.3%
Age 85 and Over	\$11,092.25	\$12,795.08	\$13,241.14	\$14,633.69	\$15,799.78	\$16,450.08	\$17,186.53	7.6%
Age Unknown	\$4,839.36	\$1,336.44	\$1,885.14	\$2,166.38	\$2,766.66	\$2,746.93	\$2,844.67	-8.5%
<b>Total*</b>	<b>\$3,121.53</b>	<b>\$3,170.99</b>	<b>\$3,414.73</b>	<b>\$3,632.72</b>	<b>\$3,760.57</b>	<b>\$3,934.37</b>	<b>\$4,112.59</b>	<b>4.7%</b>
<b>By Race</b>								
White	\$3,759.86	\$3,812.44	\$4,114.19	\$4,382.45	\$4,649.46	\$4,851.09	\$5,001.08	4.9%
Black	\$2,433.92	\$2,521.06	\$2,759.37	\$2,948.30	\$3,146.01	\$3,316.68	\$3,424.02	5.9%
Hispanic, American Indian or Asian	\$1,887.52	\$1,931.85	\$2,091.43	\$2,234.18	\$2,518.63	\$2,556.77	\$2,577.40	5.3%
Other/Unknown	\$5,364.00	\$4,912.37	\$5,084.91	\$5,182.68	\$3,672.72	\$4,072.99	\$4,954.42	-1.3%
<b>Total*</b>	<b>\$3,121.53</b>	<b>\$3,170.99</b>	<b>\$3,414.73</b>	<b>\$3,632.72</b>	<b>\$3,760.57</b>	<b>\$3,934.37</b>	<b>\$4,112.59</b>	<b>4.7%</b>
<b>By Sex</b>								
Female	\$2,980.92	\$3,262.24	\$3,419.63	\$3,656.97	\$3,915.50	\$4,117.60	\$4,189.45	5.8%
Male	\$3,202.94	\$2,940.02	\$3,283.58	\$3,521.31	\$3,688.47	\$3,868.60	\$4,002.89	3.8%
Unknown	\$10,525.53	\$5,747.95	\$7,282.24	\$6,000.17	\$2,812.40	\$2,740.19	\$4,096.58	-14.6%
<b>Total*</b>	<b>\$3,121.53</b>	<b>\$3,170.99</b>	<b>\$3,414.73</b>	<b>\$3,632.72</b>	<b>\$3,760.57</b>	<b>\$3,934.37</b>	<b>\$4,112.59</b>	<b>4.7%</b>

Source: Health Care Financing Administration-Form HCFA 2082 for federal fiscal year 98; MSIS data for FFY 99-04.

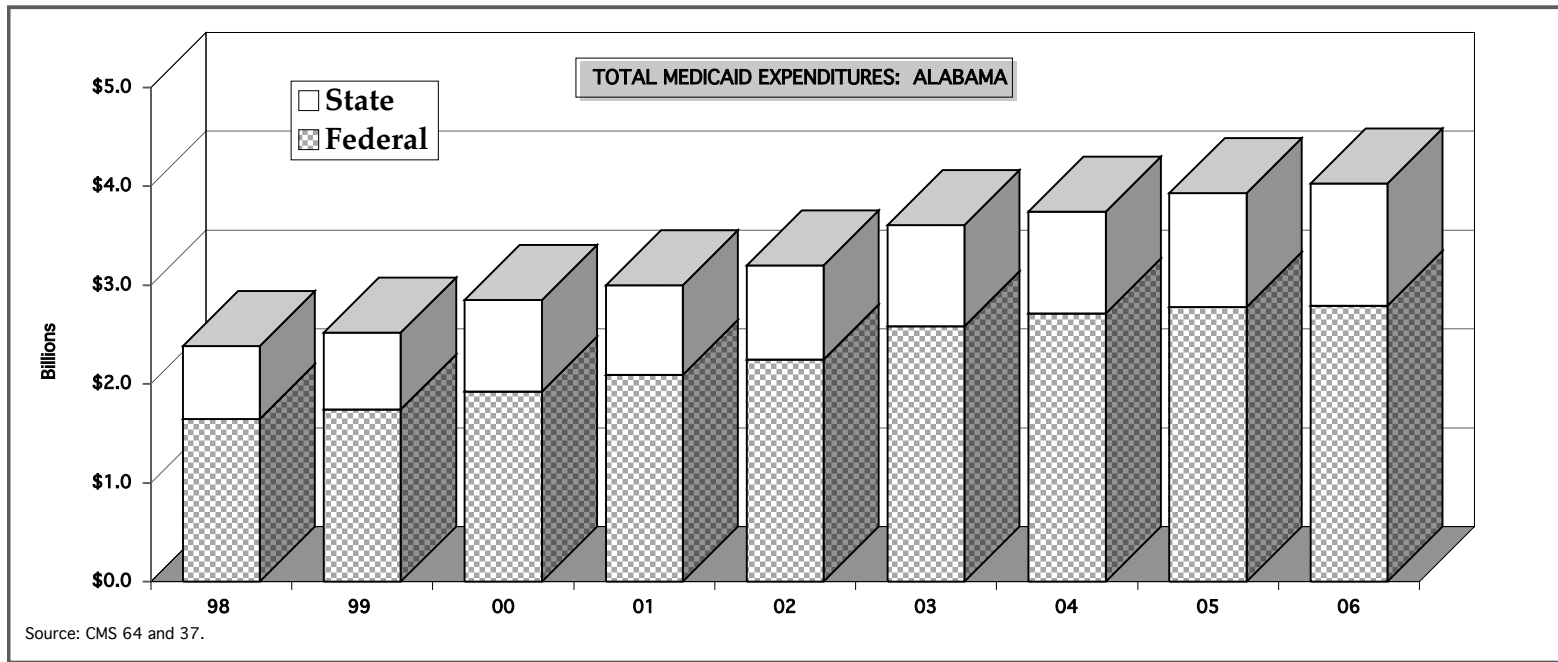
## SOUTHERN LEGISLATIVE CONFERENCE

# **STATE MEDICAID PROFILES**

## STATE MEDICAID PROFILE



# SOUTHERN REGION MEDICAID PROFILE



State profile revised to reflect MSIS statistical data as reported by CMS for federal fiscal years 99 through 04.

	FFY 98	FFY 99	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05**	FFY 06**	Annual Rate of Change	Total Change 98-06
Medicaid Payments	\$2,326,929,484	\$2,438,540,244	\$2,773,701,447	\$2,886,401,740	\$3,097,899,240	\$3,477,983,432	\$3,636,777,895	\$3,838,435,000	\$3,929,231,000	6.8%	68.9%
Federal Share	\$1,614,516,026	\$1,691,536,003	\$1,884,058,352	\$2,024,861,694	\$2,188,351,619	\$2,508,354,966	\$2,650,074,779	\$2,726,458,000	\$2,738,086,000	6.8%	69.6%
State Share	\$712,413,458	\$747,004,241	\$889,643,095	\$861,540,046	\$909,547,621	\$969,628,466	\$986,703,116	\$1,111,977,000	\$1,191,145,000	6.6%	67.2%
Administrative Costs	\$53,658,195	\$79,962,881	\$74,090,808	\$112,293,202	\$101,262,707	\$127,998,912	\$105,702,103	\$92,950,000	\$96,820,000	7.7%	80.4%
Federal Share	\$31,069,394	\$51,456,609	\$42,231,761	\$64,813,395	\$58,063,419	\$78,210,631	\$61,917,937	\$52,673,000	\$52,339,000	6.7%	68.5%
State Share	\$22,588,801	\$28,506,272	\$31,859,047	\$47,479,807	\$43,199,288	\$49,788,281	\$43,784,166	\$40,277,000	\$44,481,000	8.8%	96.9%
Admin. Costs as % of Payments	2.31%	3.28%	2.67%	3.89%	3.27%	3.68%	2.91%	2.42%	2.46%		
Federal Match Rate*	69.32%	69.27%	69.57%	69.99%	70.45%	70.60%	70.80%	70.83%	69.51%		

\*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 05 and 06 reflect latest estimates reported by each state (CMS 37).

ALABAMA

## SOUTHERN REGION MEDICAID PROFILE

### STATE FINANCING

	Payments		Administration	
	FFY 98	FFY 04	FFY 98	FFY 04
State General Fund	\$341,825,123	\$231,726,175	\$22,588,801	\$43,784,166
Local Funds	\$0	\$0	\$0	\$0
Provider Taxes	\$29,000,000	\$37,517,248	\$0	\$0
Donations	\$0	\$83,263	\$0	\$0
Other	\$341,588,335	\$717,376,430	\$0	\$0
Total State Share	\$712,413,458	\$986,703,116	\$22,588,801	\$43,784,166

Provider Taxes Currently in Place (FFY 04)		
Provider(s)	Tax Rate	Amount
Nursing homes	\$1,200 per bed / year	\$30,995,183
Pharmacies	\$ .10 per prescription over \$3.00	\$6,522,065
Total		\$37,517,248

### DISPROPORTIONATE SHARE HOSPITAL (DSH) PAYMENTS

	FFY 98	FFY 99	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05**	FFY 06**	Annual Change
General Hospitals	\$389,273,781	\$384,333,879	\$353,173,872	\$363,436,268	\$370,514,816	\$350,366,735	\$405,765,866	\$405,622,000	\$416,689,000	2.8%
Mental Hospitals	\$4,451,769	\$3,301,620	\$3,301,620	\$3,301,620	\$3,301,620	\$3,301,620	\$3,301,620	\$3,302,000	\$0	-100.0%
Total	\$393,725,550	\$387,635,499	\$356,475,492	\$366,737,888	\$373,816,436	\$353,668,355	\$409,067,486	\$408,924,000	\$416,689,000	2.6%

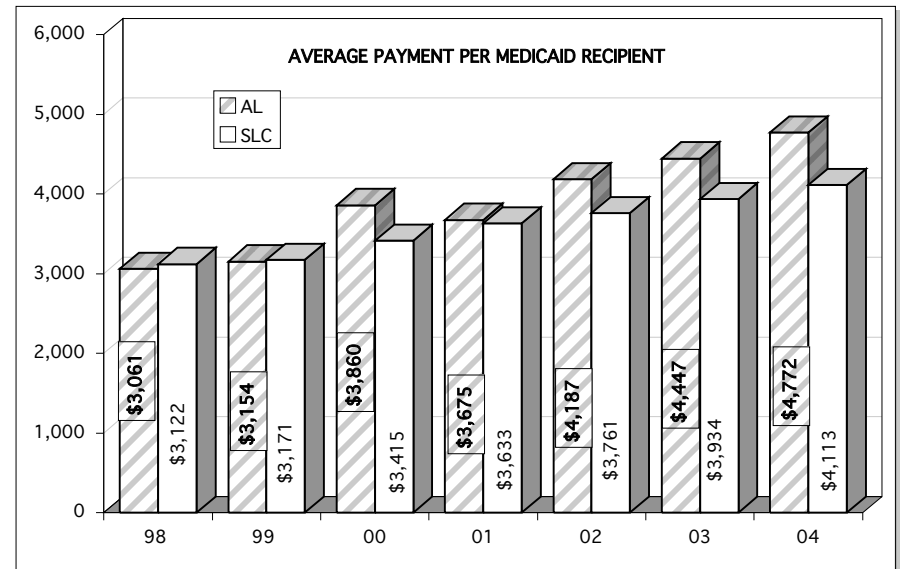
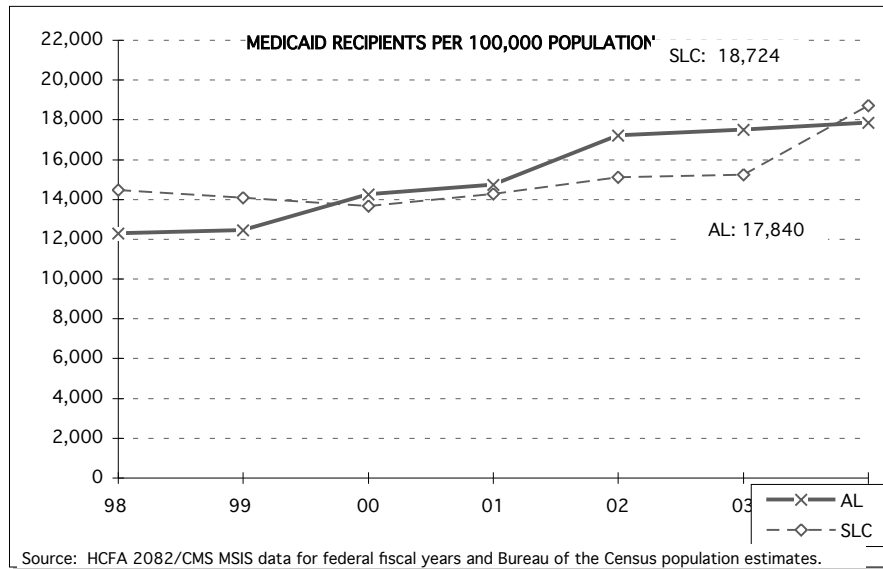
SELECTED ELIGIBILITY CRITERIA				DEMOGRAPHIC DATA & POVERTY INDICATORS (2004)			
	At 10/1/04	% of FPL*					Rank in U.S.
TANF-Temporary Assistance for Needy Families (Family of 3)				State population—July 1, 2004*	4,530,182		23
Need Standard	N/A	N/A		Per capita personal income**	\$27,795		40
Payment Standard	\$215	16.5%		Median household income**	\$37,419		43
Maximum Payment	\$215	16.5%					
Medically Needy Program (Family of 2)				Population below Federal Poverty Level on July 1, 2003*	684,057		
Income Eligibility Standard	N/A			Percent of total state population	15.1%		7
Resource Standard	N/A						
Pregnant Women, Children and Infants (% of FPL*)				Population without health insurance coverage*	629,000		22
Pregnant women and children to 6		133.0%		Percent of total state population	13.9%		25
Children 6 to 14		100.0%		Recipients of Food Stamps***	497,591		17
Children 14 to 18		100.0%		Households receiving Food Stamps***	197,237		21
SSI Eligibility Levels				Total value of issuance***	\$506,357,082		17
Income:				Average monthly benefit per recipient	\$84.80		14
Single Person	\$584	75.3%		Average monthly benefit per household	\$213.94		
Couple	\$866	83.2%					
Resources:				Monthly recipients of Temporary Assistance to Needy Families (TANF)****	46,934		24
Single Person	\$2,000			Total TANF payments****	\$46,787,904		45
Couple	\$3,000			Average monthly payment per recipient	\$83.07		45
				Maximum monthly payment per family of 3	\$215.00		49

\*Current federal poverty level is \$9,310 per year for a single person, \$12,490 for a family of two and \$15,670 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 98	FFY 99	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	Annual Change
01. General Hospital	28,911	28,142	54,225	55,652	68,429	68,754	67,777	15.3%
02. Mental Hospital	1,329	1,510	1,604	1,786	567	496	313	-21.4%
03. Skilled and Intermediate (non-MR) Care Nursing	23,844	24,576	25,118	28,550	26,530	26,692	26,723	1.9%
04. Intermediate Care for Mentally Retarded	750	706	674	796	558	418	341	-12.3%
05. Physician Services	393,194	388,851	404,612	444,067	511,827	526,291	536,214	5.3%
06. Dental Services	68,485	76,694	72,287	82,592	116,462	138,858	155,541	14.7%
07. Other Practitioners	72,649	87,071	70,759	89,460	98,840	97,032	99,803	5.4%
08. Outpatient Hospital	221,538	184,497	218,623	245,726	264,266	276,616	285,241	4.3%
09. Clinic Services	111,804	167,043	167,483	154,812	273,701	268,759	281,862	16.7%
10. Lab and X-Ray	157,551	275,979	303,590	357,197	345,876	345,618	347,567	14.1%
11. Home Health	43,277	18,878	51,088	60,339	62,771	68,241	65,149	7.1%
12. Prescribed Drugs	395,290	405,338	438,529	496,797	500,790	527,855	543,088	5.4%
13. Family Planning	35,953	4,003	3,703	33,576	3,398	3,449	3,265	-33.0%
14. Early & Periodic Screening, Diagnosis & Treatment	121,122	0	0	162,914	0	0	0	-100.0%
15. Other Care	75,170	68,207	88,808	148,251	126,078	122,197	123,656	8.6%
16. Personal Care Support Services	52,098	56,898	37,473	0	50,298	53,440	53,502	0.4%
17. Home/Community Based Waiver Services	4,112	0	0	0	0	0	0	-100.0%
18. Prepaid Health Care	344,907	0	0	8,461	489,447	517,964	530,504	7.4%
19. Primary Care Case Management (PCCM) Services	151,910	0	417,457	380,000	424,889	442,633	402,261	17.6%
<b>Total*</b>	<b>527,078</b>	<b>537,480</b>	<b>619,480</b>	<b>643,527</b>	<b>765,328</b>	<b>780,617</b>	<b>808,192</b>	<b>7.4%</b>

\*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

<b>PAYMENTS BY TYPE OF SERVICES</b>	<b>FFY 98</b>	<b>FFY 99</b>	<b>FFY 00</b>	<b>FFY 01</b>	<b>FFY 02</b>	<b>FFY 03</b>	<b>FFY 04</b>	<i>Annual</i>	<i>Share of Total</i>
								<i>Change</i>	<i>FFY 04</i>
01. General Hospital	\$190,942,492	\$195,552,348	\$148,854,036	\$334,616,062	\$182,897,571	\$201,752,940	\$203,383,116	1.1%	5.3%
02. Mental Hospital	\$26,475,030	\$30,597,097	\$34,894,808	\$35,450,442	\$25,804,158	\$19,628,270	\$13,730,915	-10.4%	0.4%
03. Skilled and Intermediate (non-MR) Care Nursing	\$522,825,844	\$562,914,508	\$622,181,339	\$666,221,211	\$667,433,222	\$710,889,268	\$730,490,157	5.7%	18.9%
04. Intermediate Care for Mentally Retarded	\$55,663,840	\$59,189,494	\$62,973,298	\$61,589,438	\$60,382,174	\$54,858,987	\$36,883,285	-6.6%	1.0%
05. Physician Services	\$115,683,384	\$188,073,488	\$119,160,192	\$135,989,905	\$190,744,343	\$208,562,768	\$219,939,027	11.3%	5.7%
06. Dental Services	\$9,698,164	\$10,518,783	\$11,465,011	\$23,157,211	\$34,650,020	\$40,696,990	\$44,449,030	28.9%	1.2%
07. Other Practitioners	\$7,888,253	\$6,174,889	\$4,428,368	\$6,340,319	\$8,666,728	\$9,475,258	\$9,795,147	3.7%	0.3%
08. Outpatient Hospital	\$57,602,636	\$30,973,049	\$44,267,996	\$44,166,407	\$50,712,351	\$52,856,683	\$59,948,594	0.7%	1.6%
09. Clinic Services	\$62,372,094	\$98,211,281	\$128,114,224	\$78,498,228	\$215,009,548	\$247,622,034	\$255,995,624	26.5%	6.6%
10. Lab and X-Ray	\$9,563,557	\$24,684,849	\$34,819,967	\$37,294,304	\$39,484,863	\$43,762,928	\$45,412,289	29.6%	1.2%
11. Home Health	\$22,844,852	\$1,583,188	\$29,002,412	\$66,011,518	\$34,733,551	\$35,950,629	\$34,472,022	7.1%	0.9%
12. Prescribed Drugs	\$236,674,147	\$281,017,085	\$331,574,388	\$390,122,853	\$454,370,478	\$537,070,779	\$597,327,339	16.7%	15.5%
13. Family Planning	\$6,639,031	\$2,079,960	\$2,022,347	\$17,993,448	\$1,330,732	\$1,337,296	\$1,244,784	-24.3%	0.0%
14. Early & Periodic Screening, Diagnosis & Treatment	\$16,178,400	\$0	\$0	\$0	\$0	\$0	\$0	-100.0%	0.0%
15. Other Care	\$19,858,177	\$55,223,818	\$748,496,244	\$189,923,782	\$550,403,857	\$548,467,488	\$810,360,251	85.5%	21.0%
16. Personal Care Support Services	\$61,655,392	\$148,238,658	\$58,741,458	\$165,456,106	\$86,371,460	\$107,303,975	\$107,727,252	9.7%	2.8%
17. Home/Community Based Waiver Services	\$117,726,558	\$0	\$0	\$0	\$0	\$0	\$0	-100.0%	0.0%
18. Prepaid Health Care	\$178,992	\$0	\$0	\$101,047,469	\$579,709,608	\$628,510,702	\$675,667,038	294.6%	17.5%
19. Primary Care Case Management (PCCM) Services	\$72,939,909	\$0	\$10,198,809	\$11,227,248	\$21,358,938	\$22,572,729	\$9,798,559	-28.4%	0.3%
<b>Total (excludes DSH pymts, pharmacy rebates, &amp; other adjs.)</b>	<b>\$1,613,410,752</b>	<b>\$1,695,032,495</b>	<b>\$2,391,194,897</b>	<b>\$2,365,105,951</b>	<b>\$3,204,063,602</b>	<b>\$3,471,319,724</b>	<b>\$3,856,624,429</b>	<b>15.6%</b>	<b>100.0%</b>

### AVERAGE PAYMENTS PER RECIPIENT BY TYPE OF SERVICES

									(+) or (-) SLC
									<u>Avg. FFY 04</u>
01. General Hospital	\$6,604.49	\$6,948.77	\$2,745.12	\$6,012.65	\$2,672.81	\$2,934.42	\$3,000.77	-12.3%	-44.7%
02. Mental Hospital	\$19,921.02	\$20,262.98	\$21,754.87	\$19,847.34	\$45,509.98	\$39,573.13	\$43,868.74	14.1%	131.5%
03. Skilled and Intermediate (non-MR) Care Nursing	\$21,926.94	\$22,905.05	\$24,770.34	\$23,335.24	\$25,157.68	\$26,633.05	\$27,335.63	3.7%	22.0%
04. Intermediate Care for Mentally Retarded	\$74,218.45	\$83,837.81	\$93,432.19	\$77,356.27	\$108,211.78	\$131,241.60	\$108,162.13	6.5%	34.5%
05. Physician Services	\$294.21	\$483.66	\$294.50	\$306.24	\$372.67	\$396.29	\$410.17	5.7%	-25.2%
06. Dental Services	\$141.61	\$137.15	\$158.60	\$280.38	\$297.52	\$293.08	\$285.77	12.4%	-18.0%
07. Other Practitioners	\$108.58	\$70.92	\$62.58	\$70.87	\$87.68	\$97.65	\$98.14	-1.7%	-48.3%
08. Outpatient Hospital	\$260.01	\$167.88	\$202.49	\$179.74	\$191.90	\$191.08	\$210.17	-3.5%	-65.9%
09. Clinic Services	\$557.87	\$587.94	\$764.94	\$507.06	\$785.56	\$921.35	\$908.23	8.5%	40.7%
10. Lab and X-Ray	\$60.70	\$89.44	\$114.69	\$104.41	\$114.16	\$126.62	\$130.66	13.6%	-33.1%
11. Home Health	\$527.88	\$83.86	\$567.70	\$1,094.01	\$553.34	\$526.82	\$529.13	0.0%	-82.0%
12. Prescribed Drugs	\$598.74	\$693.29	\$756.11	\$785.28	\$907.31	\$1,017.46	\$1,099.87	10.7%	-23.7%
13. Family Planning	\$184.66	\$519.60	\$546.14	\$535.90	\$391.62	\$387.73	\$381.25	12.8%	-66.8%
14. Early & Periodic Screening, Diagnosis & Treatment	\$133.57	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-100.0%	-100.0%
15. Other Care	\$264.18	\$809.65	\$8,428.25	\$1,281.10	\$4,365.58	\$4,488.39	\$6,553.34	70.8%	242.2%
16. Personal Care Support Services	\$1,183.45	\$2,605.34	\$1,567.57	\$0.00	\$1,717.19	\$2,007.93	\$2,013.52	9.3%	49.7%
17. Home/Community Based Waiver Services	\$28,630.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-100.0%	-100.0%
18. Prepaid Health Care	\$0.52	\$0.00	\$0.00	\$11,942.95	\$1,184.42	\$1,213.43	\$1,273.63	267.3%	7.3%
19. Primary Care Case Management (PCCM) Services	\$480.15	\$0.00	\$24.43	\$29.55	\$50.27	\$51.00	\$24.36	-39.2%	-9.7%
<b>Total (Average)</b>	<b>\$3,061.05</b>	<b>\$3,153.67</b>	<b>\$3,860.00</b>	<b>\$3,675.22</b>	<b>\$4,186.52</b>	<b>\$4,446.89</b>	<b>\$4,771.92</b>	<b>7.7%</b>	<b>16.0%</b>

### **TOTAL PER CAPITA EXPENDITURES**

<b>\$555.28</b>	<b>\$582.70</b>	<b>\$654.36</b>	<b>\$686.22</b>	<b>\$719.38</b>	<b>\$807.73</b>	<b>\$826.12</b>	<b>6.8%</b>	<b>-5.7%</b>
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Source: Health Care Financing Administration-Form HCFA 2082 for federal fiscal year 98; MSIS data for FFY 99-04.

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

**RECIPIENTS BY OTHER CHARACTERISTICS**

	<u>FFY 98</u>	<u>FFY 99</u>	<u>FFY 00</u>	<u>FFY 01</u>	<u>FFY 02</u>	<u>FFY 03</u>	<u>FFY 04</u>	<i>Annual Change</i>	<i>Share of Total FFY 04</i>
<b>By Maintenance Assistance Status</b>									
Receiving Cash Assistance or Eligible Under Section 1931	231,997	233,064	264,650	207,260	274,859	271,399	264,324	2.2%	32.7%
Poverty Related Eligibles	219,029	250,243	293,953	305,995	350,113	379,603	406,198	10.8%	50.3%
Medically Needy	0	0	0	0	0	0	0	n/a	0.0%
Other Eligibles	74,385	33,759	42,669	130,096	107,442	107,339	112,313	7.1%	13.9%
Maintenance Assistance Status Unknown	1,667	20,414	18,208	175	32,914	22,276	25,357	57.4%	3.1%
<b>Total*</b>	<b>527,078</b>	<b>537,480</b>	<b>619,480</b>	<b>643,527</b>	<b>765,328</b>	<b>780,617</b>	<b>808,192</b>	<b>7.4%</b>	<b>100.0%</b>
<b>By Basis of Eligibility</b>									
Aged, Blind, or Disabled	210,544	204,191	223,391	249,131	233,211	236,981	244,143	2.5%	30.2%
Children	262,547	266,400	327,328	311,334	395,071	414,916	423,922	8.3%	52.5%
Foster Care Children	4,038	4,464	4,907	5,539	6,033	6,630	7,149	10.0%	0.9%
Adults	48,048	42,011	45,646	74,194	98,099	99,551	107,621	14.4%	13.3%
Basis of Eligibility Unknown	1,901	20,414	18,208	3,330	32,914	22,539	25,357	54.0%	3.1%
<b>Total*</b>	<b>527,078</b>	<b>537,480</b>	<b>619,480</b>	<b>643,527</b>	<b>765,328</b>	<b>780,617</b>	<b>808,192</b>	<b>7.4%</b>	<b>100.0%</b>
<b>By Age</b>									
Under Age 1	27,969	28,339	29,543	33,127	30,004	29,739	30,160	1.3%	3.7%
Age 1 to 5	111,576	108,191	125,191	133,269	146,445	151,364	152,119	5.3%	18.8%
Age 6 to 14	111,380	113,778	148,493	141,225	177,466	187,773	191,389	9.4%	23.7%
Age 15 to 20	43,098	49,311	63,554	64,755	84,025	90,309	95,741	14.2%	11.8%
Age 21 to 44	93,433	84,243	94,033	107,748	147,684	149,496	157,167	9.1%	19.4%
Age 45 to 64	51,573	50,836	57,128	64,131	64,979	67,585	72,144	5.8%	8.9%
Age 65 to 74	31,817	30,524	31,389	36,547	31,148	31,372	32,722	0.5%	4.0%
Age 75 to 84	30,248	28,539	28,897	34,301	28,788	29,293	30,269	0.0%	3.7%
Age 85 and Over	25,309	23,310	23,044	28,333	21,876	21,410	21,124	-3.0%	2.6%
Age Unknown	675	20,409	18,208	91	32,913	22,276	25,357	83.0%	3.1%
<b>Total*</b>	<b>527,078</b>	<b>537,480</b>	<b>619,480</b>	<b>643,527</b>	<b>765,328</b>	<b>780,617</b>	<b>808,192</b>	<b>7.4%</b>	<b>100.0%</b>
<b>By Race</b>									
White	238,107	242,768	276,241	295,379	323,018	338,022	352,748	6.8%	43.6%
Black	260,790	265,989	310,453	315,513	368,350	376,403	382,455	6.6%	47.3%
Hispanic, American Indian or Asian	7,042	7,311	23,554	24,056	17,650	23,449	27,419	25.4%	3.4%
Other/Unknown	21,139	21,412	9,232	8,579	56,310	42,743	45,570	13.7%	5.6%
<b>Total*</b>	<b>527,078</b>	<b>537,480</b>	<b>619,480</b>	<b>643,527</b>	<b>765,328</b>	<b>780,617</b>	<b>808,192</b>	<b>7.4%</b>	<b>100.0%</b>
<b>By Sex</b>									
Female	322,644	329,021	376,105	396,843	448,541	461,312	477,981	6.8%	59.1%
Male	196,812	200,702	235,900	238,105	278,237	290,639	299,057	7.2%	37.0%
Unknown	7,622	7,757	7,475	8,579	38,550	28,666	31,154	26.4%	3.9%
<b>Total*</b>	<b>527,078</b>	<b>537,480</b>	<b>619,480</b>	<b>643,527</b>	<b>765,328</b>	<b>780,617</b>	<b>808,192</b>	<b>7.4%</b>	<b>100.0%</b>

Source: Health Care Financing Administration-Form HCFA 2082 for federal fiscal year 98; MSIS data for FFY 99-04.

## SOUTHERN REGION MEDICAID PROFILE

### PAYMENTS BY OTHER CHARACTERISTICS

	<u>FFY 98</u>	<u>FFY 99</u>	<u>FFY 00</u>	<u>FFY 01</u>	<u>FFY 02</u>	<u>FFY 03</u>	<u>FFY 04</u>	<i>Annual Change</i>	<i>Share of Total FFY 04</i>
<b>By Maintenance Assistance Status</b>									
Receiving Cash Assistance or Eligible Under Section 1931	\$602,257,731	\$681,925,864	\$800,200,089	\$913,449,432	\$1,109,754,742	\$1,196,751,593	\$1,252,610,376	13.0%	32.5%
Poverty Related Eligibles	\$178,124,687	\$210,477,529	\$234,579,059	\$402,859,805	\$473,180,870	\$552,493,261	\$593,091,180	22.2%	15.4%
Medically Needy	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a	0.0%
Other Eligibles	\$607,215,547	\$647,149,288	\$752,471,213	\$1,007,304,680	\$937,985,730	\$1,034,707,799	\$1,067,146,626	9.9%	27.7%
Maintenance Assistance Status Unknown	\$225,812,787	\$155,479,814	\$603,944,536	\$41,492,034	\$683,142,260	\$687,367,071	\$943,776,247	26.9%	24.5%
<b>Total*</b>	<b>\$1,613,410,752</b>	<b>\$1,695,032,495</b>	<b>\$2,391,194,897</b>	<b>\$2,365,105,951</b>	<b>\$3,204,063,602</b>	<b>\$3,471,319,724</b>	<b>\$3,856,624,429</b>	<b>15.6%</b>	<b>100.0%</b>
<b>By Basis of Eligibility</b>									
Aged, Blind or Disabled	\$1,148,109,264	\$1,262,935,963	\$1,435,119,810	\$1,823,104,915	\$1,762,787,071	\$1,934,996,456	\$2,019,764,188	9.9%	52.4%
Children	\$189,774,558	\$176,260,723	\$223,369,745	\$260,456,830	\$539,771,384	\$609,105,175	\$630,347,038	22.1%	16.3%
Foster Care Children	\$17,824,964	\$25,414,538	\$38,472,637	\$45,816,824	\$78,065,858	\$89,351,325	\$90,198,685	31.0%	2.3%
Adults	\$31,649,422	\$74,941,457	\$90,288,169	\$189,873,245	\$140,297,029	\$148,033,794	\$172,538,271	32.7%	4.5%
Basis of Eligibility Unknown	\$226,052,544	\$155,479,814	\$603,944,536	\$45,854,137	\$683,142,260	\$689,832,974	\$943,776,247	26.9%	24.5%
<b>Total*</b>	<b>\$1,613,410,752</b>	<b>\$1,695,032,495</b>	<b>\$2,391,194,897</b>	<b>\$2,365,105,951</b>	<b>\$3,204,063,602</b>	<b>\$3,471,319,724</b>	<b>\$3,856,624,429</b>	<b>15.6%</b>	<b>100.0%</b>
<b>By Age</b>									
Under Age 1	\$22,820,090	\$25,820,529	\$35,202,698	\$46,950,436	\$55,911,691	\$57,256,270	\$57,899,470	16.8%	1.5%
Age 1 to 5	\$67,146,102	\$72,348,606	\$91,556,637	\$119,608,058	\$225,403,923	\$248,343,089	\$251,530,982	24.6%	6.5%
Age 6 to 14	\$137,866,379	\$97,475,250	\$128,556,471	\$179,079,820	\$307,256,233	\$349,204,394	\$359,604,854	17.3%	9.3%
Age 15 to 20	\$45,768,326	\$84,727,883	\$105,362,045	\$141,251,156	\$196,167,054	\$230,057,353	\$246,053,200	32.4%	6.4%
Age 21 to 44	\$204,968,841	\$266,968,030	\$310,309,789	\$419,311,505	\$424,945,169	\$462,331,834	\$490,756,497	15.7%	12.7%
Age 45 to 64	\$222,425,685	\$246,120,628	\$300,175,187	\$373,617,468	\$422,966,242	\$487,529,915	\$533,438,482	15.7%	13.8%
Age 65 to 74	\$138,305,521	\$152,031,729	\$171,973,879	\$213,088,744	\$201,910,709	\$222,770,364	\$234,440,575	9.2%	6.1%
Age 75 to 84	\$233,796,571	\$250,228,761	\$279,197,320	\$357,021,249	\$308,300,001	\$335,938,153	\$347,726,821	6.8%	9.0%
Age 85 and Over	\$315,444,008	\$343,838,714	\$364,916,335	\$473,826,452	\$378,062,137	\$390,521,281	\$391,397,301	3.7%	10.1%
Age Unknown	\$224,869,229	\$155,472,365	\$603,944,536	\$41,351,063	\$683,140,443	\$687,367,071	\$943,776,247	27.0%	24.5%
<b>Total*</b>	<b>\$1,613,410,752</b>	<b>\$1,695,032,495</b>	<b>\$2,391,194,897</b>	<b>\$2,365,105,951</b>	<b>\$3,204,063,602</b>	<b>\$3,471,319,724</b>	<b>\$3,856,624,429</b>	<b>15.6%</b>	<b>100.0%</b>
<b>By Race</b>									
White	\$827,945,714	\$872,856,323	\$1,255,734,290	\$1,372,062,575	\$1,823,366,519	\$1,548,347,097	\$1,624,537,913	11.9%	42.1%
Black	\$438,942,699	\$464,984,574	\$684,762,003	\$818,115,856	\$1,072,412,710	\$1,089,129,166	\$1,135,092,056	17.2%	29.4%
Hispanic, American Indian or Asian	\$6,064,149	\$9,150,399	\$23,738,219	\$104,669,801	\$116,545,062	\$41,540,134	\$47,579,754	41.0%	1.2%
Other/Unknown	\$340,458,190	\$348,041,199	\$426,960,385	\$70,257,719	\$191,739,311	\$792,303,327	\$1,049,414,706	20.6%	27.2%
<b>Total*</b>	<b>\$1,613,410,752</b>	<b>\$1,695,032,495</b>	<b>\$2,391,194,897</b>	<b>\$2,365,105,951</b>	<b>\$3,204,063,602</b>	<b>\$3,471,319,724</b>	<b>\$3,856,624,429</b>	<b>15.6%</b>	<b>100.0%</b>
<b>By Sex</b>									
Female	\$901,546,013	\$952,779,668	\$1,387,231,537	\$1,575,701,343	\$1,630,176,531	\$1,783,721,953	\$1,867,933,152	12.9%	48.4%
Male	\$428,860,075	\$452,000,994	\$649,581,968	\$718,582,751	\$882,544,828	\$989,511,107	\$1,034,701,138	15.8%	26.8%
Unknown	\$283,004,664	\$290,251,834	\$354,381,391	\$70,821,857	\$691,342,243	\$698,086,664	\$953,990,139	22.4%	24.7%
<b>Total*</b>	<b>\$1,613,410,752</b>	<b>\$1,695,032,495</b>	<b>\$2,391,194,897</b>	<b>\$2,365,105,951</b>	<b>\$3,204,063,602</b>	<b>\$3,471,319,724</b>	<b>\$3,856,624,429</b>	<b>15.6%</b>	<b>100.0%</b>

Source: Health Care Financing Administration-Form HCFA 2082 for federal fiscal year 98; MSIS data for FFY 99-04.

## SOUTHERN REGION MEDICAID PROFILE

### AVERAGE PAYMENT PER RECIPIENT BY OTHER CHARACTERISTICS

								Above (+) or Annual Below (-) SLC Change	Avg. FFY 04
<b>By Maintenance Assistance Status</b>	<b>FFY 98</b>	<b>FFY 99</b>	<b>FFY 00</b>	<b>FFY 01</b>	<b>FFY 02</b>	<b>FFY 03</b>	<b>FFY 04</b>		
Receiving Cash Assistance or Eligible Under Section 1931	\$2,595.97	\$2,925.92	\$3,023.62	\$4,407.26	\$4,037.54	\$4,409.57	\$4,738.92	10.6%	-9.8%
Poverty Related Eligibles	\$813.25	\$841.09	\$798.02	\$1,316.56	\$1,351.51	\$1,455.45	\$1,460.10	10.2%	-28.6%
Medically Needy	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	n/a	-100.0%
Other Eligibles	\$8,163.15	\$19,169.68	\$17,635.08	\$7,742.75	\$8,730.16	\$9,639.63	\$9,501.54	2.6%	30.9%
Maintenance Assistance Status Unknown	\$135,460.58	\$7,616.33	\$33,169.19	\$236,601.83	\$20,755.37	\$30,856.84	\$37,219.55	-19.4%	1293.3%
<b>Total*</b>	<b>\$3,061.05</b>	<b>\$3,153.67</b>	<b>\$3,860.00</b>	<b>\$3,675.22</b>	<b>\$4,186.52</b>	<b>\$4,446.89</b>	<b>\$4,771.92</b>	<b>7.7%</b>	<b>16.0%</b>
 <b>By Basis of Eligibility</b>									
Aged, Blind or Disabled	\$5,453.06	\$6,185.07	\$6,424.25	\$7,317.85	\$7,558.76	\$8,165.20	\$8,272.87	7.2%	-23.3%
Children	\$722.82	\$661.64	\$682.40	\$836.58	\$1,366.26	\$1,468.02	\$1,486.94	12.8%	0.8%
Foster Care Children	\$4,414.31	\$5,693.22	\$7,840.36	\$8,271.93	\$12,939.81	\$13,476.82	\$12,616.97	19.1%	83.3%
Adults	\$658.70	\$1,783.85	\$1,978.01	\$2,559.15	\$1,430.16	\$1,487.01	\$1,603.20	16.0%	-39.0%
Basis of Eligibility Unknown	\$118,912.44	\$7,616.33	\$33,169.19	\$13,770.83	\$20,755.37	\$30,606.19	\$37,219.55	-17.6%	1188.4%
<b>Total*</b>	<b>\$3,061.05</b>	<b>\$3,153.67</b>	<b>\$3,860.00</b>	<b>\$3,675.22</b>	<b>\$4,186.52</b>	<b>\$4,446.89</b>	<b>\$4,771.92</b>	<b>7.7%</b>	<b>16.0%</b>
 <b>By Age</b>									
Under Age 1	\$815.91	\$911.13	\$1,191.57	\$1,417.28	\$1,863.47	\$1,925.29	\$1,919.74	15.3%	-48.3%
Age 1 to 5	\$601.80	\$668.71	\$731.34	\$897.49	\$1,539.17	\$1,640.70	\$1,653.51	18.3%	-8.0%
Age 6 to 14	\$1,237.80	\$856.71	\$865.74	\$1,268.05	\$1,731.35	\$1,859.72	\$1,878.92	7.2%	12.0%
Age 15 to 20	\$1,061.96	\$1,718.23	\$1,657.83	\$2,181.32	\$2,334.63	\$2,547.45	\$2,569.99	15.9%	-3.4%
Age 21 to 44	\$2,193.75	\$3,169.02	\$3,300.01	\$3,891.58	\$2,877.39	\$3,092.60	\$3,122.52	6.1%	-35.3%
Age 45 to 64	\$4,312.83	\$4,841.46	\$5,254.43	\$5,825.86	\$6,509.28	\$7,213.58	\$7,394.08	9.4%	-23.2%
Age 65 to 74	\$4,346.91	\$4,980.73	\$5,478.79	\$5,830.48	\$6,482.30	\$7,100.93	\$7,164.62	8.7%	-3.0%
Age 75 to 84	\$7,729.32	\$8,767.96	\$9,661.81	\$10,408.44	\$10,709.32	\$11,468.21	\$11,487.89	6.8%	2.9%
Age 85 and Over	\$12,463.71	\$14,750.70	\$15,835.63	\$16,723.41	\$17,282.05	\$18,240.13	\$18,528.56	6.8%	7.8%
Age Unknown	\$333,139.60	\$7,617.83	\$33,169.19	\$456,159.80	\$20,755.95	\$30,856.84	\$37,219.55	-30.6%	1208.4%
<b>Total*</b>	<b>\$3,061.05</b>	<b>\$3,153.67</b>	<b>\$3,860.00</b>	<b>\$3,675.22</b>	<b>\$4,186.52</b>	<b>\$4,446.89</b>	<b>\$4,771.92</b>	<b>7.7%</b>	<b>16.0%</b>
 <b>By Race</b>									
White	\$3,477.20	\$3,595.43	\$4,545.79	\$4,645.09	\$5,644.78	\$4,580.61	\$4,605.38	4.8%	-7.9%
Black	\$1,683.13	\$1,748.13	\$2,205.69	\$2,592.97	\$2,911.40	\$2,893.52	\$2,967.91	9.9%	-13.3%
Hispanic, American Indian or Asian	\$861.14	\$1,251.59	\$1,007.82	\$4,351.07	\$6,603.12	\$1,771.51	\$1,735.28	12.4%	-32.7%
Other/Unknown	\$16,105.69	\$16,254.49	\$46,247.88	\$8,189.50	\$3,405.07	\$18,536.45	\$23,028.63	6.1%	364.8%
<b>Total*</b>	<b>\$3,061.05</b>	<b>\$3,153.67</b>	<b>\$3,860.00</b>	<b>\$3,675.22</b>	<b>\$4,186.52</b>	<b>\$4,446.89</b>	<b>\$4,771.92</b>	<b>7.7%</b>	<b>16.0%</b>
 <b>By Sex</b>									
Female	\$2,794.24	\$2,895.80	\$3,688.42	\$3,970.59	\$3,634.40	\$3,866.63	\$3,907.97	5.8%	-6.7%
Male	\$2,179.03	\$2,252.10	\$2,753.63	\$3,017.92	\$3,171.92	\$3,404.61	\$3,459.88	8.0%	-13.6%
Unknown	\$37,129.97	\$37,418.05	\$47,408.88	\$8,255.26	\$17,933.65	\$24,352.43	\$30,621.75	-3.2%	647.5%
<b>Total*</b>	<b>\$3,061.05</b>	<b>\$3,153.67</b>	<b>\$3,860.00</b>	<b>\$3,675.22</b>	<b>\$4,186.52</b>	<b>\$4,446.89</b>	<b>\$4,771.92</b>	<b>7.7%</b>	<b>16.0%</b>

Source: Health Care Financing Administration-Form HCFA 2082 for federal fiscal year 98; MSIS data for FFY 99-04.

## SOUTHERN REGION MEDICAID PROFILE

### ADDITIONAL STATE HEALTH CARE INFORMATION

Sources: "Issue Briefs", Health Policy Tracking Service, January 2005; "Medicaid Services State by State", CMS, October 2004; "State Health Facts", The Henry Kaiser Foundation, January 2005; state annual report for FY 04; and state Medicaid Website.

#### Waivers

A Freedom of Choice Waiver, approved under Title XIX, Section 1915 (b) of the Social Security Act, operating since October 1, 1988, established a coordinated system of pregnancy-related services in 66 of 67 counties. This program is no longer a waiver and has been added to the Medicaid State plan for FY 04.

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 5,366 people, operating since October 1, 1980.
- Aged and Disabled: Serves 7,565 people, operating since October 1, 1984.
- Physical Disabilities (Homebound/SAIL): Serves 552 people, operating since April 1, 1992.
- Living at Home Waiver (LAH): Serves 96 people, operating since January 1, 2003.

Primary Care Case Management Waiver (Patient 1st), 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. This waiver was renewed in August 2004, and serves approximately 420,000 recipients statewide.

#### 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.
- Implemented prescription limits on name brand drugs to 4 per month per recipient, except anti-psychotic and retroviral medications, effective July 1, 2004.

#### Medicaid

- 15 optional services are offered.

## SOUTHERN REGION MEDICAID PROFILE

### **Medicaid (Continued)**

- Enacted legislation in 2001 that requires Medicaid to provide coverage to women that have been screened and diagnosed with breast or cervical cancer (Federally mandated by the Breast and Cervical Cancer Prevention and Treatment Act of 2000).
- For FY 04, proposed changes in the Medicaid Program due to budget cuts as follows:  
Reduce inpatient hospital days and physician visit during hospital stays from 16 to 14 per year;  
Eliminate non-emergency care in an outpatient hospital (currently pays for 3 visits);  
Eliminate routine eye-care for adults;  
Eliminate hospice services except for Medicare eligible nursing home residents; and  
Reduce reimbursement rates for physicians and dentists by 2%.

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

- CHIP in Alabama is administered by the Alabama Department of Public Health. Phase I, approved by HCFA on January 30, 1998, is an expansion of Medicaid to cover children/adolescents through age 18 in families with incomes up to 100% of the FPL. The state had enrolled 20,000 new eligibles by September of 2000.
- Phase II (AL-Kids), approved by HCFA on August 18, 1998, is a separate state children's health insurance plan to cover children/adolescents up to age 19 in families with incomes up to 200% of the FPL. The program had a total enrollment of 60,655 children as of September of 2004.
- AL-Kids Plus, approved on September 28, 1999, provides a supplementary set of services for children with special health care needs.
- AL-Kids Plus received CMS approval of a fifth plan amendment on October 30, 2003 that modified some eligibility and cost sharing criteria.
- Families with incomes up to 150% of the FPL are required to pay an annual premium of \$50 per child, with a \$150 maximum per family.
- Families with incomes above 150% of the FPL are required to pay an annual premium of \$100 per child, with a maximum of \$300.
- Families are given the option of paying premiums on an annual or monthly basis.
- There are no cost sharing requirements for American Indians or Alaskan Natives.
- Other cost sharing provisions for individuals in families with income less than 150% of the FPL include:  
\$1 co-payment for generic prescriptive drugs;  
\$3 co-payment for brand name prescriptive drugs, dental visits, doctor visits, and allergy treatments;  
\$5 co-payment for non-preferred prescription drugs, inpatient hospital care, allergy testing, emergency services, ambulance service, inpatient mental and chemical dependency care, and outpatient surgical services; and  
\$10 for emergency visits that are non-emergency.
- The copays for individuals in families with income above 150% of the FPL are double the amounts paid by the below 150% group except for dental visits, doctor visits, and prescription drugs, which increase from \$3 to \$5.

## SOUTHERN REGION MEDICAID PROFILE

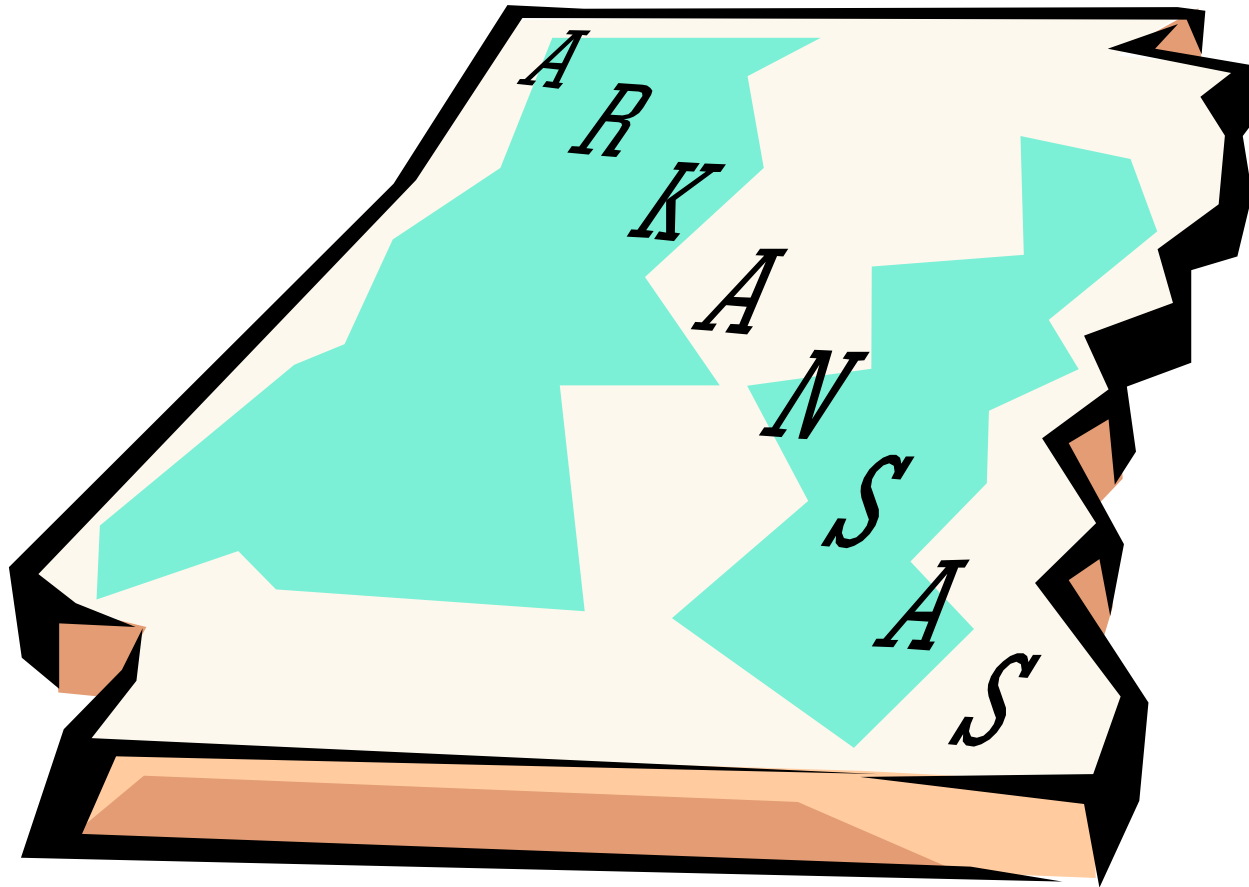
### Tobacco Settlement

- The state expects to receive approximately \$3.17 billion over 25 years.
- From FY 00 through FY 04, the cumulative tobacco settlement payment was approximately \$566.8 million.
- The state has allocated these funds and compares with the U.S. as follows:

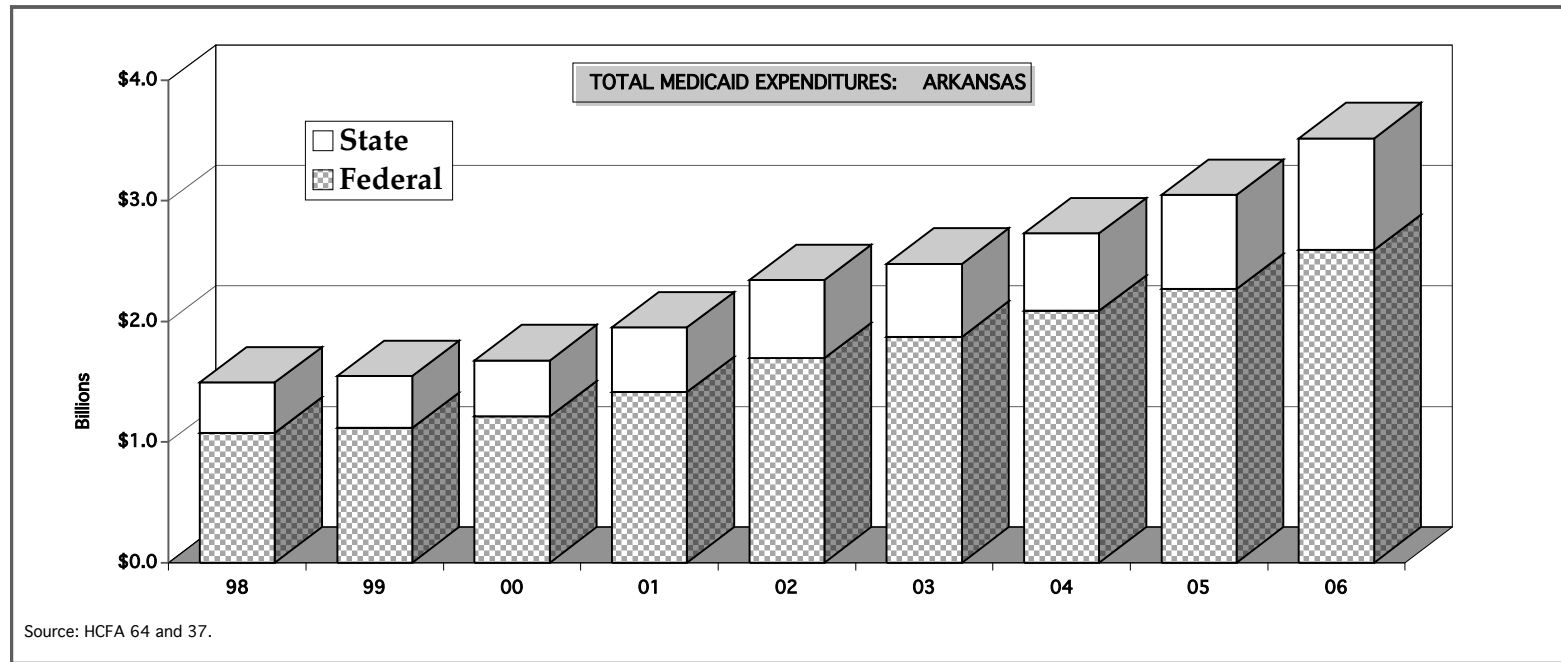
	AL	%	U.S.	%
Tobacco use prevention	\$2,862,000	0.5%	\$1,813,423,000	4.6%
Health services	\$328,060,000	57.9%	\$11,824,057,000	29.9%
Long-term care	\$21,239,000	3.7%	\$2,200,066,000	5.6%
Health research	\$0	0.0%	\$1,472,863,000	3.7%
Education	\$62,434,000	11.0%	\$2,051,182,000	5.2%
Children and Youth (Nonhealth)	\$79,261,000	14.0%	\$1,229,719,000	3.1%
Tobacco Farmers	\$500,000	0.1%	\$1,217,021,000	3.1%
Endowments and Reserves	\$0	0.0%	\$7,636,209,000	19.3%
Other	\$72,400,000	12.8%	\$10,048,868,000	25.4%
Total	\$566,756,000	100.0%	\$39,493,408,000	100.0%



## STATE MEDICAID PROFILE



# SOUTHERN REGION MEDICAID PROFILE



State profile revised to reflect MSIS statistical data as reported by CMS for federal fiscal years 99 through 04.

	FFY 98	FFY 99	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05**	FFY 06**	Annual Rate of Change	Total Change 98-06
Medicaid Payments	\$1,407,017,402	\$1,460,724,048	\$1,581,361,881	\$1,854,913,659	\$2,239,645,980	\$2,366,496,902	\$2,616,597,268	\$2,928,979,861	\$3,387,291,000	11.6%	140.7%
Federal Share	\$1,025,895,613	\$1,066,890,276	\$1,156,198,568	\$1,356,367,805	\$1,631,630,198	\$1,799,239,993	\$2,017,735,788	\$2,194,966,729	\$2,508,819,000	11.8%	144.5%
State Share	\$381,121,789	\$393,833,772	\$425,163,313	\$498,545,854	\$608,015,782	\$567,256,909	\$598,861,480	\$734,013,132	\$878,472,000	11.0%	130.5%
Administrative Costs	\$86,229,103	\$84,855,266	\$94,524,637	\$95,198,228	\$103,472,005	\$111,158,811	\$113,974,604	\$119,248,164	\$132,437,000	5.5%	53.6%
Federal Share	\$51,779,665	\$49,839,110	\$56,421,645	\$56,886,002	\$63,699,995	\$73,460,178	\$70,832,049	\$73,247,062	\$82,441,000	6.0%	59.2%
State Share	\$34,449,438	\$35,016,156	\$38,102,992	\$38,312,226	\$39,772,010	\$37,698,633	\$43,142,555	\$46,001,102	\$49,996,000	4.8%	45.1%
Admin. Costs as % of Payments	6.13%	5.81%	5.98%	5.13%	4.62%	4.70%	4.36%	4.07%	3.91%		
Federal Match Rate*	73.29%	72.84%	72.85%	73.02%	72.64%	74.28%	74.67%	74.75%	73.77%		

\*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 05 and 06 reflect latest estimates reported by each state (CMS 37).

## SOUTHERN REGION MEDICAID PROFILE

STATE FINANCING	Payments		Administration	
	FFY 98	FFY 04	FFY 98	FFY 04
State General Fund	\$381,121,789	\$454,048,687	\$34,449,438	\$43,142,555
Local Funds	\$0	\$0	\$0	\$0
Provider Taxes	\$0	\$44,843,831	\$0	\$0
Donations*	\$0	\$690,750	\$0	\$0
Other	\$0	\$99,278,212	\$0	\$0
Total State Share	\$381,121,789	\$598,861,480	\$34,449,438	\$43,142,555

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

Provider Taxes Currently in Place (FFY 04)	
Tax Rate	Amount
Quality Assurance Fee on Nursing Homes	\$44,843,831
10/01/03 - 06/30/04	\$7.13 per census day
07/01/04 - 09/30/04	\$7.78 per census day

### DISPROPORTIONATE SHARE HOSPITAL (DSH) PAYMENTS

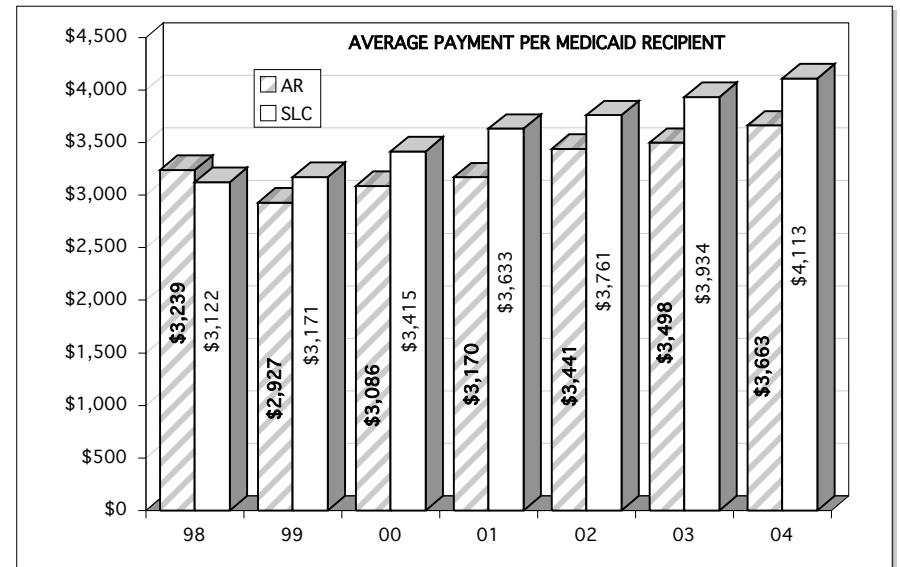
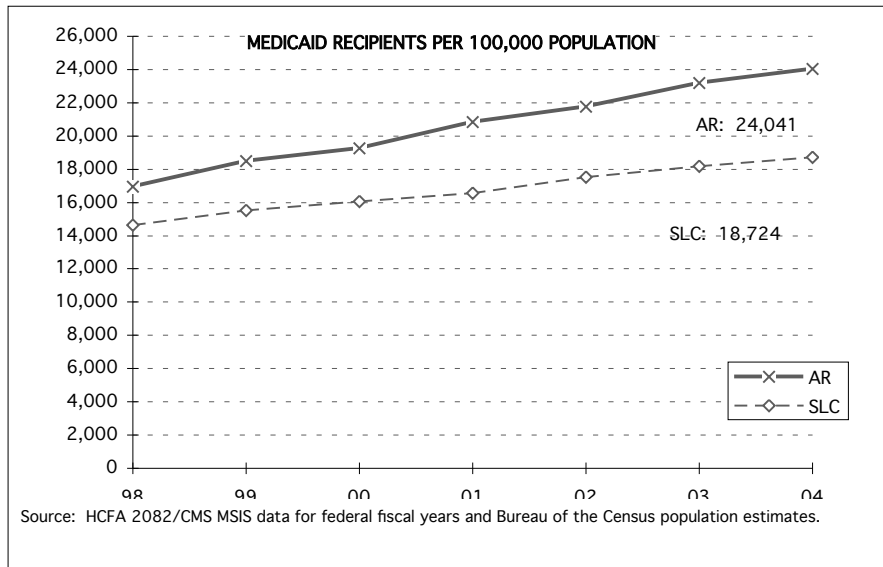
	FFY 98	FFY 99	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05	FFY 06**	Annual Change
General Hospitals	\$1,189,520	\$2,992,782	\$2,256,113	\$21,865,252	\$14,529,026	\$30,948,639	\$24,135,625	\$36,904,368	\$36,791,615	59.2%
Mental Hospitals	\$466,593	\$259,500	\$489,254	\$862,932	\$0	\$638,035	\$800,733	\$775,354	\$819,000	9.0%
Total	\$1,656,113	\$3,252,282	\$2,745,367	\$22,728,184	\$14,529,026	\$31,586,674	\$24,936,358	\$37,679,722	\$37,610,615	54.7%

SELECTED ELIGIBILITY CRITERIA				DEMOGRAPHIC DATA & POVERTY INDICATORS (2004)			
	At 10/1/04	% of FPL*					Rank in U.S.
TANF-Temporary Assistance for Needy Families (Family of 3)				State population—July 1, 2004*	2,752,629		32
Income Eligibility Standard	\$223	17.1%		Per capita personal income**	\$25,725		49
Payment Standard	\$204	15.6%		Median household income**	\$33,259		49
Maximum Payment	\$204	15.6%					
Medically Needy Program (Family of 3)				Population below Federal Poverty Level on July 1, 2003*	509,236		
Income Eligibility Standard	\$275			Percent of total state population	18.5%		1
Resource Standard	\$3,100						
Pregnant Women, Children and Infants (% of FPL*)				Population without health insurance coverage*	465,000		29
Pregnant women and infants		133.0%		Percent of total state population	16.9%		12
Children 1 to 5		133.0%					
Children 6 to 18		100.0%		Recipients of Food Stamps***	346,095		25
SSI Eligibility Levels				Households receiving Food Stamps***	140,151		26
Income:				Total value of issuance***	\$346,308,177		25
Single Person	\$564	72.7%		Average monthly benefit per recipient	\$83.38		26
Couple	\$846	81.3%		Average monthly benefit per household	\$205.91		
Resources:				Monthly recipients of Temporary Assistance to Needy Families (TANF)****	9,188		38
Single Person	\$2,000			Total TANF payments****	\$19,339,558		38
Couple	\$3,000			Average monthly payment per recipient	\$175.41		38
				Maximum monthly payment per family of 3	\$204.00		44

\*Current federal poverty level is \$9,310 per year for a single person, \$12,490 for a family of two and \$15,670 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 98	FFY 99	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	Annual Change
01. General Hospital	72,883	73,746	72,791	80,140	84,745	107,024	92,666	4.1%
02. Mental Hospital	3,146	3,376	2,912	4,023	5,512	5,218	5,245	8.9%
03. Skilled and Intermediate (non-MR) Care Nursing	21,486	20,699	20,350	19,880	20,658	20,449	19,777	-1.4%
04. Intermediate Care for Mentally Retarded	1,867	1,838	1,842	1,822	1,809	1,818	1,790	-0.7%
05. Physician Services	271,538	327,769	339,780	372,042	411,601	444,459	473,094	9.7%
06. Dental Services	37,433	62,755	67,765	79,539	96,539	111,534	123,080	21.9%
07. Other Practitioners	77,588	104,736	108,683	118,473	129,792	109,713	119,028	7.4%
08. Outpatient Hospital	160,321	174,952	179,151	202,000	225,992	248,633	269,123	9.0%
09. Clinic Services	80,534	138,491	147,131	179,341	186,387	224,628	231,553	19.2%
10. Lab and X-Ray	120,126	136,100	135,454	142,421	164,723	173,329	230,216	11.5%
11. Home Health	9,966	9,859	8,753	8,285	7,867	8,197	7,025	-5.7%
12. Prescribed Drugs	262,907	280,573	290,749	321,920	356,060	398,819	422,439	8.2%
13. Family Planning	50,089	3,533	2,878	3,601	23,128	25,252	25,997	-10.4%
14. Early & Periodic Screening, Diagnosis & Treatment	100,589	0	0	0	110,187	120,257	119,651	2.9%
15. Other Care	100,502	102,624	52,087	126,370	166,386	100,063	99,409	-0.2%
16. Personal Care Support Services	30,524	56,359	40,452	55,980	45,847	39,184	31,713	0.6%
17. Home/Community Based Waiver Services	9,369	0	0	0	0	30	89	-54.0%
18. Prepaid Health Care	244,768	0	0	0	425,805	470,687	508,275	13.0%
19. Primary Care Case Management (PCCM) Services	243,266	383,649	404,371	431,579	363,993	395,297	420,180	9.5%
<b>Total*</b>	<b>424,727</b>	<b>466,417</b>	<b>489,325</b>	<b>531,533</b>	<b>581,606</b>	<b>624,722</b>	<b>661,759</b>	<b>7.7%</b>

\*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

<b>PAYMENTS BY TYPE OF SERVICES</b>	<b>FFY 98</b>	<b>FFY 99</b>	<b>FFY 00</b>	<b>FFY 01</b>	<b>FFY 02</b>	<b>FFY 03</b>	<b>FFY 04</b>	<i>Annual Change</i>	<i>Share of Total FFY 04</i>
01. General Hospital	\$178,532,888	\$166,239,639	\$181,602,682	\$199,917,194	\$233,756,777	\$261,162,545	\$291,443,021	8.5%	12.0%
02. Mental Hospital	\$54,470,602	\$51,912,145	\$41,875,551	\$68,810,890	\$87,944,979	\$108,649,942	\$115,271,682	13.3%	4.8%
03. Skilled and Intermediate (non-MR) Care Nursing	\$300,012,732	\$229,645,982	\$285,612,665	\$284,583,476	\$411,569,354	\$444,032,516	\$480,789,922	8.2%	19.8%
04. Intermediate Care for Mentally Retarded	\$108,852,817	\$69,290,340	\$87,918,928	\$104,142,616	\$120,065,393	\$120,704,986	\$132,437,933	3.3%	5.5%
05. Physician Services	\$120,802,774	\$138,220,547	\$154,582,481	\$166,095,692	\$174,852,040	\$190,780,552	\$210,607,345	9.7%	8.7%
06. Dental Services	\$7,789,946	\$14,817,664	\$16,275,309	\$19,766,101	\$24,351,586	\$28,718,488	\$32,929,573	27.2%	1.4%
07. Other Practitioners	\$7,022,549	\$11,986,729	\$12,578,431	\$14,064,856	\$15,259,350	\$9,654,297	\$10,644,720	7.2%	0.4%
08. Outpatient Hospital	\$37,099,507	\$44,535,556	\$47,716,392	\$52,493,897	\$61,635,174	\$72,738,613	\$79,314,241	13.5%	3.3%
09. Clinic Services	\$128,802,658	\$179,272,026	\$166,264,401	\$207,728,405	\$240,911,804	\$270,590,082	\$297,570,670	15.0%	12.3%
10. Lab and X-Ray	\$11,348,972	\$12,092,233	\$12,605,188	\$14,202,822	\$17,313,698	\$19,434,043	\$22,421,753	12.0%	0.9%
11. Home Health	\$13,985,570	\$14,456,325	\$11,880,729	\$10,737,036	\$10,717,199	\$9,892,116	\$12,873,430	-1.4%	0.5%
12. Prescribed Drugs	\$150,891,615	\$182,862,001	\$209,933,612	\$248,392,084	\$279,879,349	\$325,295,608	\$393,952,709	17.3%	16.3%
13. Family Planning	\$8,389,414	\$1,731,320	\$1,323,208	\$1,777,398	\$3,948,344	\$4,123,990	\$4,276,200	-10.6%	0.2%
14. Early & Periodic Screening, Diagnosis & Treatment	\$55,748,372	\$0	\$0	\$0	\$61,468,942	\$63,881,633	\$53,816,719	-0.6%	2.2%
15. Other Care	\$54,129,482	\$105,770,596	\$119,530,281	\$139,064,573	\$144,670,913	\$152,482,911	\$180,816,484	22.3%	7.5%
16. Personal Care Support Services	\$84,465,101	\$125,829,735	\$124,680,340	\$132,113,753	\$92,160,438	\$62,941,155	\$60,077,224	-5.5%	2.5%
17. Home/Community Based Waiver Services	\$43,604,265	\$0	\$0	\$0	\$0	\$139,569	\$761,350	-49.1%	0.0%
18. Prepaid Health Care	\$4,359,975	\$0	\$0	\$0	\$11,479,717	\$29,471,575	\$32,427,902	39.7%	1.3%
19. Primary Care Case Management (PCCM) Services	\$5,488,182	\$16,760,279	\$35,699,644	\$20,826,973	\$9,545,124	\$10,779,126	\$11,739,420	13.5%	0.5%
<b>Total (excludes DSH pymts, pharmacy rebates, &amp; other adjs.)</b>	<b>\$1,375,797,421</b>	<b>\$1,365,423,117</b>	<b>\$1,510,079,842</b>	<b>\$1,684,717,766</b>	<b>\$2,001,284,181</b>	<b>\$2,185,473,747</b>	<b>\$2,424,172,298</b>	<b>9.9%</b>	<b>100.0%</b>

## AVERAGE PAYMENTS PER RECIPIENT BY TYPE OF SERVICES

								<i>(+) or (-) SLC Avg. FFY 04</i>	
01. General Hospital	\$2,449.58	\$2,254.22	\$2,494.85	\$2,494.60	\$2,758.35	\$2,440.22	\$3,145.09	4.3%	-42.0%
02. Mental Hospital	\$17,314.24	\$15,376.82	\$14,380.34	\$17,104.37	\$15,955.18	\$20,822.14	\$21,977.44	4.1%	16.0%
03. Skilled and Intermediate (non-MR) Care Nursing	\$13,963.17	\$11,094.54	\$14,035.02	\$14,315.06	\$19,923.00	\$21,714.14	\$24,310.56	9.7%	8.5%
04. Intermediate Care for Mentally Retarded	\$58,303.60	\$37,698.77	\$47,730.15	\$57,158.41	\$66,371.14	\$66,394.38	\$73,987.67	4.1%	-8.0%
05. Physician Services	\$444.88	\$421.70	\$454.95	\$446.44	\$424.81	\$429.24	\$445.17	0.0%	-18.9%
06. Dental Services	\$208.10	\$236.12	\$240.17	\$248.51	\$252.25	\$257.49	\$267.55	4.3%	-23.3%
07. Other Practitioners	\$90.51	\$114.45	\$115.74	\$118.72	\$117.57	\$88.00	\$89.43	-0.2%	-52.9%
08. Outpatient Hospital	\$231.41	\$254.56	\$266.35	\$259.87	\$272.73	\$292.55	\$294.71	4.1%	-52.1%
09. Clinic Services	\$1,599.36	\$1,294.47	\$1,130.04	\$1,158.29	\$1,292.54	\$1,204.61	\$1,285.11	-3.6%	99.1%
10. Lab and X-Ray	\$94.48	\$88.85	\$93.06	\$99.72	\$105.11	\$112.12	\$97.39	0.5%	-50.2%
11. Home Health	\$1,403.33	\$1,466.31	\$1,357.33	\$1,295.96	\$1,331.03	\$1,206.80	\$1,832.52	4.5%	-37.7%
12. Prescribed Drugs	\$573.94	\$651.74	\$722.04	\$771.60	\$786.05	\$815.65	\$932.57	8.4%	-35.3%
13. Family Planning	\$167.49	\$490.04	\$459.77	\$493.58	\$170.72	\$163.31	\$164.49	-0.3%	-85.7%
14. Early & Periodic Screening, Diagnosis & Treatment	\$554.22	\$0.00	\$0.00	\$0.00	\$557.86	\$531.21	\$449.78	-3.4%	2.4%
15. Other Care	\$538.59	\$1,030.66	\$2,294.82	\$1,100.46	\$869.49	\$1,523.87	\$1,818.91	22.5%	-5.0%
16. Personal Care Support Services	\$2,767.17	\$2,232.65	\$3,082.18	\$2,360.02	\$2,010.17	\$1,606.30	\$1,894.40	-6.1%	40.9%
17. Home/Community Based Waiver Services	\$4,654.10	\$0.00	\$0.00	\$0.00	\$0.00	\$4,652.30	\$8,554.49	10.7%	194.4%
18. Prepaid Health Care	\$17.81	\$0.00	\$0.00	\$0.00	\$26.96	\$62.61	\$63.80	23.7%	-94.6%
19. Primary Care Case Management (PCCM) Services	\$22.56	\$43.69	\$88.28	\$48.26	\$26.22	\$27.27	\$27.94	3.6%	3.5%
<b>Total (Average)</b>	<b>\$3,239.25</b>	<b>\$2,927.47</b>	<b>\$3,086.05</b>	<b>\$3,169.55</b>	<b>\$3,440.96</b>	<b>\$3,498.31</b>	<b>\$3,663.23</b>	<b>2.1%</b>	<b>-10.9%</b>

<b>TOTAL PER CAPITA EXPENDITURES</b>	<b>\$595.80</b>	<b>\$612.55</b>	<b>\$660.24</b>	<b>\$764.34</b>	<b>\$876.46</b>	<b>\$920.35</b>	<b>\$991.99</b>	<b>8.9%</b>	<b>13.2%</b>
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Source: Health Care Financing Administration-Form HCFA 2082 for federal fiscal year 98; MSIS data for FFY 99-04.

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

**RECIPIENTS BY OTHER CHARACTERISTICS**

	<b><u>FFY 98</u></b>	<b><u>FFY 99</u></b>	<b><u>FFY 00</u></b>	<b><u>FFY 01</u></b>	<b><u>FFY 02</u></b>	<b><u>FFY 03</u></b>	<b><u>FFY 04</u></b>	<i>Annual Change</i>	<i>Share of Total FFY 04</i>
<b>By Maintenance Assistance Status</b>									
Receiving Cash Assistance or Eligible Under Section 1931	157,450	147,556	148,933	142,944	160,829	160,471	159,868	0.3%	24.2%
Poverty Related Eligibles	162,638	126,943	238,416	172,911	235,568	273,833	300,359	10.8%	45.4%
Medically Needy	33,542	29,024	25,630	20,411	14,797	15,220	17,141	-10.6%	2.6%
Other Eligibles	63,045	136,497	51,106	164,117	59,041	59,384	57,113	-1.6%	8.6%
Maintenance Assistance Status Unknown	8,052	26,397	25,240	31,150	111,371	115,814	127,278	58.4%	19.2%
<b>Total</b>	<b>424,727</b>	<b>466,417</b>	<b>489,325</b>	<b>531,533</b>	<b>581,606</b>	<b>624,722</b>	<b>661,759</b>	7.7%	100.0%
<b>By Basis of Eligibility</b>									
Aged, Blind, or Disabled	147,253	146,855	146,401	146,337	157,912	163,416	168,122	2.2%	25.4%
Children	179,405	202,434	223,522	256,837	258,698	364,287	389,372	13.8%	58.8%
Foster Care Children	4,994	4,850	5,427	5,735	6,936	6,871	6,638	4.9%	1.0%
Adults	85,023	85,881	88,735	91,474	46,686	90,147	97,101	2.2%	14.7%
Basis of Eligibility Unknown	8,052	26,397	25,240	31,150	111,374	1	526	-36.5%	0.1%
<b>Total</b>	<b>424,727</b>	<b>466,417</b>	<b>489,325</b>	<b>531,533</b>	<b>581,606</b>	<b>624,722</b>	<b>661,759</b>	7.7%	100.0%
<b>By Age</b>									
Under Age 1	16,248	16,275	16,635	18,151	19,999	20,207	21,916	5.1%	3.3%
Age 1 to 5	77,228	78,069	83,088	93,749	111,186	120,663	125,502	8.4%	19.0%
Age 6 to 14	93,906	102,944	112,727	128,330	153,335	166,284	178,470	11.3%	27.0%
Age 15 to 20	48,658	56,483	61,727	67,906	81,206	88,270	95,280	11.9%	14.4%
Age 21 to 44	88,600	91,536	94,261	96,354	110,957	119,929	127,888	6.3%	19.3%
Age 45 to 64	34,820	35,054	36,216	37,688	43,325	46,860	50,978	6.6%	7.7%
Age 65 to 74	21,708	20,660	20,740	20,247	20,789	21,586	21,867	0.1%	3.3%
Age 75 to 84	22,996	21,506	21,383	21,140	22,178	22,213	21,927	-0.8%	3.3%
Age 85 and Over	19,644	17,505	17,320	16,830	18,631	18,710	17,931	-1.5%	2.7%
Age Unknown	919	26,385	25,228	31,138	0	0	0	-100.0%	0.0%
<b>Total</b>	<b>424,727</b>	<b>466,417</b>	<b>489,325</b>	<b>531,533</b>	<b>581,606</b>	<b>624,722</b>	<b>661,759</b>	7.7%	100.0%
<b>By Race</b>									
White	257,363	282,561	296,433	321,928	353,884	380,040	403,788	7.8%	61.0%
Black	141,972	155,852	162,127	176,206	184,594	193,487	198,257	5.7%	30.0%
Hispanic, American Indian or Asian	7,145	7,959	10,663	11,471	20,720	26,817	33,666	29.5%	5.1%
Other/Unknown	18,247	20,045	20,102	21,928	22,408	24,378	26,048	6.1%	3.9%
<b>Total*</b>	<b>424,727</b>	<b>466,417</b>	<b>489,325</b>	<b>531,533</b>	<b>581,606</b>	<b>624,722</b>	<b>661,759</b>	7.7%	100.0%
<b>By Sex</b>									
Female	266,608	292,521	304,454	330,687	352,282	377,510	397,442	6.9%	60.1%
Male	157,095	172,793	184,750	200,629	229,090	246,341	262,434	8.9%	39.7%
Unknown	1,024	1,103	122	217	234	871	1,883	10.7%	0.3%
<b>Total</b>	<b>424,727</b>	<b>466,417</b>	<b>489,325</b>	<b>531,533</b>	<b>581,606</b>	<b>624,722</b>	<b>661,759</b>	7.7%	100.0%

Source: Health Care Financing Administration-Form HCFA 2082 for federal fiscal year 98; MSIS data for FFY 99-04.

## SOUTHERN REGION MEDICAID PROFILE

### PAYMENTS BY OTHER CHARACTERISTICS

	<u>FFY 98</u>	<u>FFY 99</u>	<u>FFY 00</u>	<u>FFY 01</u>	<u>FFY 02</u>	<u>FFY 03</u>	<u>FFY 04</u>	<i>Annual Change</i>	<i>Share of Total FFY 04</i>
<b>By Maintenance Assistance Status</b>									
Receiving Cash Assistance or Eligible Under Section 1931	\$713,252,376	\$632,206,794	\$666,324,196	\$730,986,625	\$821,092,916	\$869,100,814	\$950,735,066	4.9%	39.2%
Poverty Related Eligibles	\$223,104,306	\$174,523,368	\$253,301,116	\$242,847,484	\$346,533,100	\$417,780,177	\$486,453,755	13.9%	20.1%
Medically Needy	\$79,146,711	\$58,773,338	\$57,701,019	\$55,578,469	\$46,371,147	\$51,864,561	\$56,892,191	-5.4%	2.3%
Other Eligibles	\$596,207,736	\$482,629,237	\$518,240,326	\$635,740,058	\$715,255,691	\$762,112,544	\$829,015,894	5.6%	34.2%
Maintenance Assistance Status Unknown	(\$235,913,708)	\$17,290,380	\$14,513,185	\$19,565,130	\$72,031,327	\$84,615,651	\$101,075,392	n/a	4.2%
<b>Total</b>	<b>\$1,375,797,421</b>	<b>\$1,365,423,117</b>	<b>\$1,510,079,842</b>	<b>\$1,684,717,766</b>	<b>\$2,001,284,181</b>	<b>\$2,185,473,747</b>	<b>\$2,424,172,298</b>	9.9%	100.0%
<b>By Basis of Eligibility</b>									
Aged, Blind or Disabled	\$1,221,201,053	\$987,423,406	\$1,107,973,513	\$1,206,890,177	\$1,425,140,063	\$1,531,657,304	\$1,692,959,446	5.6%	69.8%
Children	\$262,322,716	\$241,812,906	\$262,785,694	\$314,570,015	\$376,832,033	\$497,294,044	\$560,023,927	13.5%	23.1%
Foster Care Children	\$28,862,820	\$30,104,004	\$29,752,919	\$38,663,242	\$45,564,122	\$43,756,351	\$44,717,700	7.6%	1.8%
Adults	\$99,324,540	\$88,792,421	\$95,054,531	\$105,029,202	\$81,710,777	\$112,763,334	\$126,419,946	4.1%	5.2%
Basis of Eligibility Unknown	(\$235,913,708)	\$17,290,380	\$14,513,185	\$19,565,130	\$72,037,186	\$2,714	\$51,279	n/a	0.0%
<b>Total</b>	<b>\$1,375,797,421</b>	<b>\$1,365,423,117</b>	<b>\$1,510,079,842</b>	<b>\$1,684,717,766</b>	<b>\$2,001,284,181</b>	<b>\$2,185,473,747</b>	<b>\$2,424,172,298</b>	9.9%	100.0%
<b>By Age</b>									
Under Age 1	\$69,985,612	\$51,741,196	\$60,788,955	\$64,729,966	\$80,286,522	\$83,909,961	\$103,940,616	6.8%	4.3%
Age 1 to 5	\$170,587,004	\$160,525,673	\$170,247,526	\$194,577,536	\$224,120,406	\$247,794,901	\$274,603,204	8.3%	11.3%
Age 6 to 14	\$157,649,124	\$155,005,374	\$160,226,061	\$203,690,069	\$249,556,847	\$273,263,014	\$302,579,465	11.5%	12.5%
Age 15 to 20	\$121,005,431	\$108,347,735	\$116,714,456	\$140,132,414	\$181,624,235	\$211,356,444	\$229,038,655	11.2%	9.4%
Age 21 to 44	\$350,725,626	\$257,741,554	\$281,573,213	\$318,574,809	\$362,992,945	\$391,157,902	\$434,658,783	3.6%	17.9%
Age 45 to 64	\$239,447,900	\$199,268,169	\$225,192,388	\$255,947,487	\$308,256,998	\$346,303,919	\$394,595,604	8.7%	16.3%
Age 65 to 74	\$117,089,152	\$99,769,182	\$113,345,064	\$114,563,471	\$131,227,070	\$141,139,694	\$158,247,022	5.1%	6.5%
Age 75 to 84	\$181,078,028	\$148,227,792	\$172,546,148	\$176,720,727	\$213,874,550	\$226,516,838	\$245,383,283	5.2%	10.1%
Age 85 and Over	\$213,433,778	\$167,489,321	\$194,928,037	\$196,212,819	\$249,344,608	\$264,031,071	\$281,125,663	4.7%	11.6%
Age Unknown	(\$245,204,234)	\$17,307,121	\$14,517,994	\$19,568,468	\$0	\$3	\$3	n/a	0.0%
<b>Total</b>	<b>\$1,375,797,421</b>	<b>\$1,365,423,117</b>	<b>\$1,510,079,842</b>	<b>\$1,684,717,766</b>	<b>\$2,001,284,181</b>	<b>\$2,185,473,747</b>	<b>\$2,424,172,298</b>	9.9%	100.0%
<b>By Race</b>									
White	\$1,073,552,240	\$1,066,797,321	\$981,314,155	\$1,099,758,919	\$1,305,570,207	\$1,428,210,114	\$1,578,397,789	6.6%	65.1%
Black	\$425,077,863	\$422,434,411	\$390,814,103	\$437,023,703	\$499,477,618	\$539,651,359	\$589,879,517	5.6%	24.3%
Hispanic, American Indian or Asian	\$14,367,033	\$14,235,308	\$17,019,449	\$19,256,593	\$31,389,363	\$38,766,655	\$51,922,952	23.9%	2.1%
Other/ Unknown	(\$137,199,715)	(\$138,043,923)	\$120,932,135	\$128,678,551	\$164,846,993	\$178,845,619	\$203,972,040	n/a	8.4%
<b>Total*</b>	<b>\$1,375,797,421</b>	<b>\$1,365,423,117</b>	<b>\$1,510,079,842</b>	<b>\$1,684,717,766</b>	<b>\$2,001,284,181</b>	<b>\$2,185,473,747</b>	<b>\$2,424,172,298</b>	9.9%	100.0%
<b>By Sex</b>									
Female	\$950,004,425	\$943,850,995	\$902,802,265	\$1,009,701,810	\$1,176,603,655	\$1,279,453,295	\$1,407,663,612	6.8%	58.1%
Male	\$670,651,186	\$666,433,302	\$606,807,796	\$680,965,619	\$824,133,799	\$903,981,296	\$1,012,908,899	7.1%	41.8%
Unknown	(\$244,858,190)	(\$244,861,180)	\$469,781	(\$5,949,663)	\$546,727	\$2,039,156	\$3,599,787	n/a	0.1%
<b>Total</b>	<b>\$1,375,797,421</b>	<b>\$1,365,423,117</b>	<b>\$1,510,079,842</b>	<b>\$1,684,717,766</b>	<b>\$2,001,284,181</b>	<b>\$2,185,473,747</b>	<b>\$2,424,172,298</b>	9.9%	100.0%

Source: Health Care Financing Administration-Form HCFA 2082 for federal fiscal year 98; MSIS data for FFY 99-04.

## SOUTHERN REGION MEDICAID PROFILE

### AVERAGE PAYMENT PER RECIPIENT BY OTHER CHARACTERISTICS

								Above (+) or Annual Below (-) SLC Change	Avg. FFY 04
<b>By Maintenance Assistance Status</b>	<b>FFY 97</b>	<b>FFY 98</b>	<b>FFY 99</b>	<b>FFY 00</b>	<b>FFY 01</b>	<b>FFY 02</b>	<b>FFY 03</b>		
Receiving Cash Assistance or Eligible Under Section 1931	\$4,530.02	\$4,284.52	\$4,473.99	\$5,113.80	\$5,105.38	\$5,415.94	\$5,947.00	4.6%	13.2%
Poverty Related Eligibles	\$1,371.78	\$1,374.82	\$1,062.43	\$1,404.47	\$1,471.05	\$1,525.68	\$1,619.57	2.8%	-20.8%
Medically Needy	\$2,359.63	\$2,024.99	\$2,251.31	\$2,722.97	\$3,133.82	\$3,407.66	\$3,319.07	5.9%	-46.5%
Other Eligibles	\$9,456.86	\$3,535.82	\$10,140.50	\$3,873.70	\$12,114.56	\$12,833.63	\$14,515.36	7.4%	100.0%
Maintenance Assistance Status Unknown	(\$29,299)	\$655	\$575	\$628	\$646.77	\$730.62	\$794.13	n/a	-70.3%
<b>Total</b>	<b>\$3,239</b>	<b>\$2,927</b>	<b>\$3,086</b>	<b>\$3,170</b>	<b>\$3,440.96</b>	<b>\$3,498.31</b>	<b>\$3,663.23</b>	<b>2.1%</b>	<b>-10.9%</b>
 <b>By Basis of Eligibility</b>									
Aged, Blind or Disabled	\$8,293	\$6,724	\$7,568	\$8,247	\$9,024.90	\$9,372.75	\$10,069.83	3.3%	-6.6%
Children	\$1,462	\$1,195	\$1,176	\$1,225	\$1,456.65	\$1,365.12	\$1,438.27	-0.3%	-2.5%
Foster Care Children	\$5,779	\$6,207	\$5,482	\$6,742	\$6,569.22	\$6,368.27	\$6,736.62	2.6%	-2.1%
Adults	\$1,168	\$1,034	\$1,071	\$1,148	\$1,750.22	\$1,250.88	\$1,301.94	1.8%	-50.4%
Basis of Eligibility Unknown	(\$29,299)	\$655	\$575	\$628	\$646.80	\$2,714.00	\$97.49	n/a	-96.6%
<b>Total</b>	<b>\$3,239</b>	<b>\$2,927</b>	<b>\$3,086</b>	<b>\$3,170</b>	<b>\$3,440.96</b>	<b>\$3,498.31</b>	<b>\$3,663.23</b>	<b>2.1%</b>	<b>-10.9%</b>
 <b>By Age</b>									
Under Age 1	\$4,307	\$3,179	\$3,654	\$3,566	\$4,014.53	\$4,152.52	\$4,742.68	1.6%	27.6%
Age 1 to 5	\$2,209	\$2,056	\$2,049	\$2,076	\$2,015.73	\$2,053.61	\$2,188.04	-0.2%	21.7%
Age 6 to 14	\$1,679	\$1,506	\$1,421	\$1,587	\$1,627.53	\$1,643.35	\$1,695.41	0.2%	1.1%
Age 15 to 20	\$2,487	\$1,918	\$1,891	\$2,064	\$2,236.59	\$2,394.43	\$2,403.85	-0.6%	-9.6%
Age 21 to 44	\$3,959	\$2,816	\$2,987	\$3,306	\$3,271.47	\$3,261.58	\$3,398.75	-2.5%	-29.6%
Age 45 to 64	\$6,877	\$5,685	\$6,218	\$6,791	\$7,114.99	\$7,390.18	\$7,740.51	2.0%	-19.6%
Age 65 to 74	\$5,394	\$4,829	\$5,465	\$5,658	\$6,312.33	\$6,538.48	\$7,236.80	5.0%	-2.0%
Age 75 to 84	\$7,874	\$6,892	\$8,069	\$8,360	\$9,643.55	\$10,197.49	\$11,190.92	6.0%	0.3%
Age 85 and Over	\$10,865	\$9,568	\$11,255	\$11,659	\$13,383.32	\$14,111.76	\$15,678.19	6.3%	-8.8%
Age Unknown	(\$266,816)	\$656	\$575	\$628	\$0.00	\$0.00	\$0.00	n/a	-100.0%
<b>Total</b>	<b>\$3,239</b>	<b>\$2,927</b>	<b>\$3,086</b>	<b>\$3,170</b>	<b>\$3,440.96</b>	<b>\$3,498.31</b>	<b>\$3,663.23</b>	<b>2.1%</b>	<b>-10.9%</b>
 <b>By Race</b>									
White	\$4,171	\$3,775	\$3,310	\$3,416	\$3,689.26	\$3,758.05	\$3,908.98	-1.1%	-21.8%
Black	\$2,994	\$2,710	\$2,411	\$2,480	\$2,705.82	\$2,789.08	\$2,975.33	-0.1%	-13.1%
Hispanic, American Indian or Asian	\$2,011	\$1,789	\$1,596	\$1,679	\$1,514.93	\$1,445.60	\$1,542.30	-4.3%	-40.2%
Other/Unknown	(\$7,519)	(\$6,887)	\$6,016	\$5,868	\$7,356.61	\$7,336.35	\$7,830.62	n/a	58.1%
<b>Total</b>	<b>\$3,239</b>	<b>\$2,927</b>	<b>\$3,086</b>	<b>\$3,170</b>	<b>\$3,440.96</b>	<b>\$3,498.31</b>	<b>\$3,663.23</b>	<b>2.1%</b>	<b>-10.9%</b>
 <b>By Sex</b>									
Female	\$3,563	\$3,227	\$2,965	\$3,053	\$3,339.95	\$3,389.19	\$3,541.81	-0.1%	-15.5%
Male	\$4,269	\$3,857	\$3,284	\$3,394	\$3,597.42	\$3,669.63	\$3,859.67	-1.7%	-3.6%
Unknown	(\$239,119)	(\$221,996)	\$3,865	(\$27,418)	\$2,336.44	\$2,341.17	\$1,911.73	n/a	-53.3%
<b>Total</b>	<b>\$3,239</b>	<b>\$2,927</b>	<b>\$3,086</b>	<b>\$3,170</b>	<b>\$3,440.96</b>	<b>\$3,498.31</b>	<b>\$3,663.23</b>	<b>2.1%</b>	<b>-10.9%</b>

Source: Health Care Financing Administration-Form HCFA 2082 for federal fiscal year 98; MSIS data for FFY 99-04.



## SOUTHERN REGION MEDICAID PROFILE

### ADDITIONAL STATE HEALTH CARE INFORMATION

Sources: "Issue Briefs", Health Policy Tracking Service, January 2005; "Medicaid Services State by State", CMS, October 2004; "State Health Facts", The Henry Kaiser Foundation, January 2005; and the state Medicaid Website.

#### Waivers

Several Demonstrations and Waivers have established a coordinated system of Medicaid services and providers. These include the following:

- The Primary Care Case Management Program, under Title XIX, Section 1915 (b), of the Social Security Act, which also provides case-management services for most beneficiaries, except for dual Medicare/Medicaid eligibles, has been operating since February, 1994. Under this program, Medicaid recipients must select a primary care physician (PCP). Currently, approximately 320,000 Medicaid recipients are enrolled in the PCP managed care program.
- The Non-Emergency Transportation Waiver, under Title XIX, Section 1915(b), of the Social Security Act, which requires beneficiaries to use the contracted transportation broker in their area for non-emergency transportation services, was implemented March 1, 1998.
- The Women's Health Demonstration (family planning Services), under Section 1115 of the Social Security Act, which provides services for women of childbearing age who have a family income at or below 200%\* of the federal poverty guidelines, was implemented September 1, 1997. \*Increased from 133% to 200% FPL, effective 8-1-03.
- ARKids First-B Demonstration, 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, was implemented September 1, 1997. Includes provisions for copayments/coinsurance for most services. "Well health" services are excluded from cost-sharing requirements.
- Independent Choices, a cash and counseling demonstration operating under Section 1115 of the Social Security Act, was implemented November 1, 1998. This demonstration offers cash allowance and counseling services in lieu of traditionally provided personal care services.
- TEFRA, a demonstration operating under Section 1115 of the Social Security Act, provides the full range of Medicaid services to children age 18 and under who have a substantial disability. The demonstration, implemented January 1, 2003, requires a family sliding-scale premium for families whose income is greater than \$25,000 per year.

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 - Alternative Community Services waiver: Serves beneficiaries who meet the ICF/MR nursing home level of care and who experience various health and social problems. It has been operating since July 1, 1991.
- Aged and Disabled, ElderChoices: Serves 5,478 people, operating since July 1, 1991.
- Home and Community Based Waiver, Alternatives for Adults with Physical Disabilities, which provides services to the physically disabled on SSI and other individuals in need of nursing home level of care, ages 21 through 64, serves 1,110 people. Implemented July 1, 1997.
- Alternatives for Adults with Physical Disabilities HCBS 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.
- Living Choices Assisted Living HCBS waiver, implemented January 1, 2003, offers an alternative to private dwelling or nursing home care. Bundled Medicaid services are provided to beneficiaries in an Assisted Living Facility.

#### Managed Care

- Any Willing Provider Clause: No

## SOUTHERN REGION MEDICAID PROFILE

### Coverage for Targeted Population

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

### Cost Containment Measures

- Certificate of Need Program and moratorium on expansion of nursing home and residential care beds are no longer in effect.

### Medicaid

- 40 optional services are offered.
- Enacted legislation in 2001 that requires Medicaid to provide coverage to women that have been screened and diagnosed with breast or cervical cancer Implemented December 1, 2001. (Federal option made available by the Breast and Cervical Cancer Prevention and Treatment Act of 2000).
- Enacted legislation in 2001 that authorizes the Arkansas Department of Health and Human Services to apply for a Medicaid waiver to provide for a limited pharmacy benefit for Medicare-eligible individuals who do not have prescription drug coverage. CMS did not approve the waiver; they suggested a Medicaid State Plan Amendment (SPA). The SPA to provide the full range of benefits to individuals age 65 and older at 75% of the FPL was implemented November 1, 2002; increased to 80% FPL effective January 1, 2003.
- Enacted additional legislation in 2001 relative to Medicaid eligibility as follows:
  1. Prohibits eligibility regulations for ARKids from including an assets or resource test for children or families of children age 18 or younger. Implemented 8-13-01.
  2. Continues Medicaid and food stamp benefits without the need for reapplication for families sanctioned for non-compliance with the requirements of the Transitional Employment Assistance Program (TANF) program, for as long as the family remains eligible under the Medicaid and Food Stamp programs.

### Children's Health Insurance Program: Medicaid Expansion

- The State had a SCHIP medicaid expansion in place from 10/1/98 through 9/30/02. The Medicaid expansion covered children born after 9/30/82 and prior to 10/1/83 in families with incomes at or below 100% of the Federal Poverty Level. The last child aged out of the program on 9/30/02.
- The State submitted a State Plan Amendment (SPA) for a separate state program on 12/4/98 to convert the funding for approximately one-third of the ArKids First beneficiaries and to modify the benefit package to be SCHIP compliant. The modified benefit package provided an enhanced state employee plan with the following changes in the ArKids First benefit plan: 1) providing coverage for occupational and physical therapies, hospice care and skilled nursing care; and 2) eliminating co payments for dental well health care. This SPA was approved 2/16/01 but has not been implemented.
- The State submitted a subsequent SPA on July 10, 2002 to revise the benefit package; the benefits that were added in the SPA submitted 12/4/98 were deleted since they were no longer required for SCHIP compliance. This SPA, withdrawn 4-15-04, was replaced by the SPA submitted on 4-1-04.
- The State submitted a SPA on 4-1-04 to add the unborn child option as a separate state program; and to reflect that CMS authorized the State to use SCHIP funds for ARKids-B beneficiaries (Medicaid 1115 demonstration) that meet the definition of an SCHIP targeted-low-income child: it was approved June 30, 2004; the funding authorization was implemented retroactively; and the unborn child portion was implemented on July 1, 2004.

Cost sharing requirements for the ARKKids B are as follows:

\$5 co-payment for prescription drugs;

\$10 co-payment for doctor's office visits other than well-child visits;

20% of the Medicaid allowed amount for durable medical equipment; and

20% of the Medicaid per diem cost for the first inpatient day.

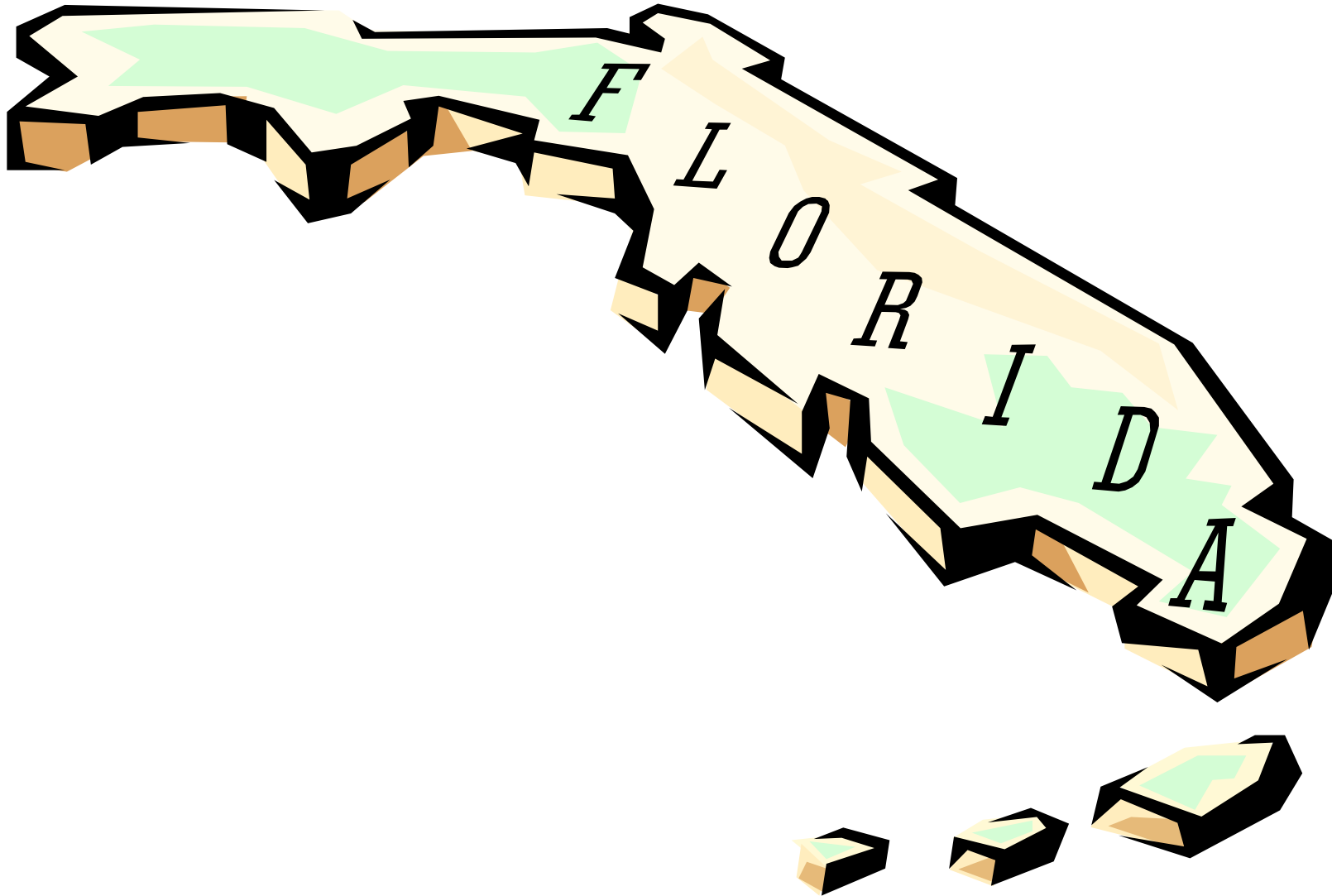
## SOUTHERN REGION MEDICAID PROFILE

### Tobacco Settlement

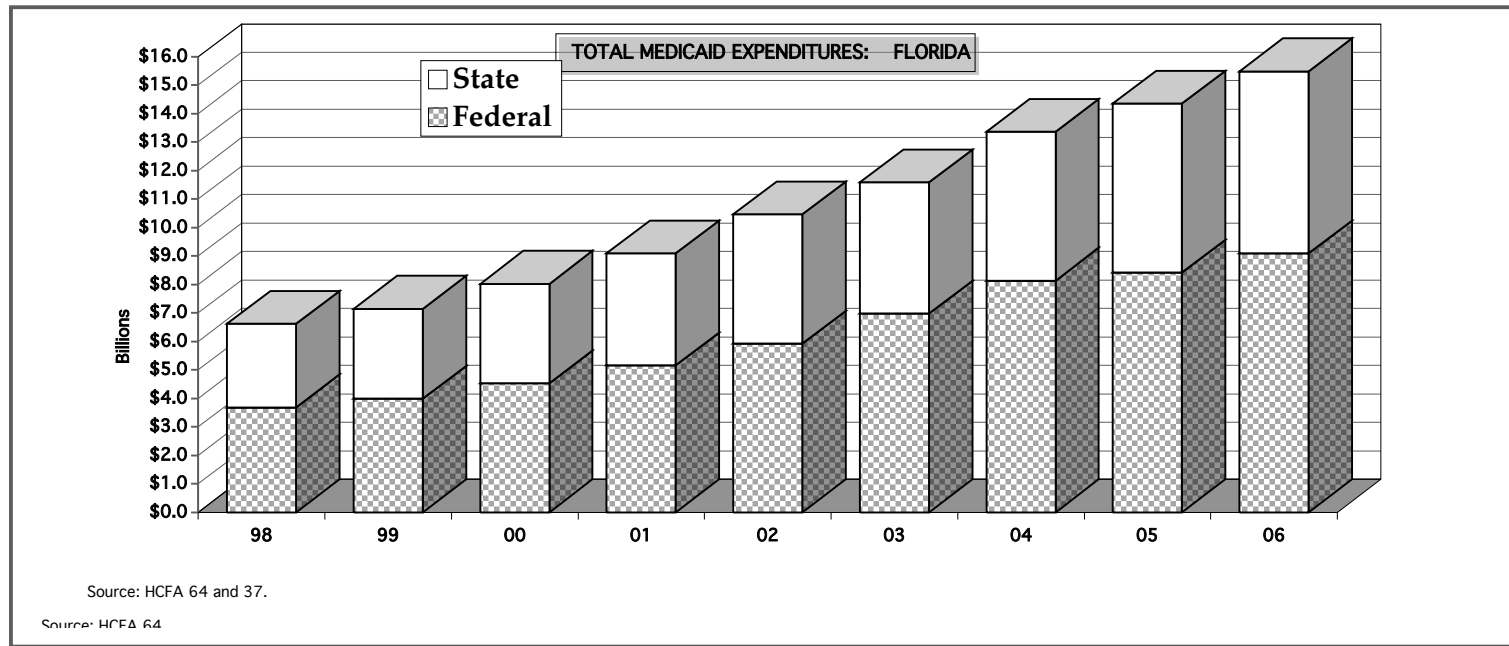
- The state expects to receive approximately \$1.69 billion over 25 years.
- From FY 00 through FY 04, the cumulative tobacco settlement payment was approximately \$181.8 million.
- The state has allocated these funds and compares with the U.S. as follows:

	AR	%	U.S.	%
Tobacco use prevention	\$58,986,000	32.4%	\$1,813,423,000	4.6%
Health services	\$88,257,000	48.5%	\$11,824,057,000	29.9%
Long-term care	\$3,792,000	2.1%	\$2,200,066,000	5.6%
Health research	\$30,535,000	16.8%	\$1,472,863,000	3.7%
Education	\$0	0.0%	\$2,051,182,000	5.2%
Children and Youth (Nonhealth)	\$0	0.0%	\$1,229,719,000	3.1%
Tobacco Farmers	\$0	0.0%	\$1,217,021,000	3.1%
Endowments and Reserves	\$0	0.0%	\$7,636,209,000	19.3%
Other	\$218,000	0.1%	\$10,048,868,000	25.4%
Total	\$181,788,000	100.0%	\$39,493,408,000	100.0%

## STATE MEDICAID PROFILE



# SOUTHERN REGION MEDICAID PROFILE



State profile revised to reflect MSIS statistical data as reported by CMS for federal fiscal years 99 through 04.

	FFY 98	FFY 99	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05**	FFY 06**	Annual Rate of Change	Total Change 98-06
Medicaid Payments	\$6,370,758,826	\$6,769,330,858	\$7,564,164,398	\$8,609,434,647	\$9,936,647,680	\$11,038,180,825	\$12,789,934,905	\$13,606,345,000	\$14,760,068,000	11.1%	131.7%
Federal Share	\$3,552,126,454	\$3,781,663,397	\$4,286,107,243	\$4,891,002,952	\$5,631,499,166	\$6,674,640,012	\$7,819,116,022	\$8,021,189,000	\$8,701,341,000	11.9%	145.0%
State Share	\$2,818,632,372	\$2,987,667,461	\$3,278,057,155	\$3,718,431,695	\$4,305,148,514	\$4,363,540,813	\$4,970,818,883	\$5,585,156,000	\$6,058,727,000	10.0%	115.0%
Administrative Costs	\$249,202,960	\$375,049,767	\$457,606,645	\$488,243,434	\$528,381,789	\$548,942,130	\$578,830,618	\$741,182,000	\$723,340,000	14.2%	190.3%
Federal Share	\$133,451,996	\$205,391,389	\$247,122,600	\$265,513,881	\$287,929,940	\$304,067,260	\$316,439,854	\$401,412,000	\$393,416,000	14.5%	194.8%
State Share	\$115,750,964	\$169,658,378	\$210,484,045	\$222,729,553	\$240,451,849	\$244,874,870	\$262,390,764	\$339,770,000	\$329,924,000	14.0%	185.0%
Admin. Costs as % of Payments	3.91%	5.54%	6.05%	5.67%	5.32%	4.97%	4.53%	5.45%	4.90%		
Federal Match Rate*	55.65%	55.82%	56.52%	56.62%	56.43%	58.83%	58.93%	58.90%	58.89%		

\*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 05 and 06 reflect latest estimates reported by each state (CMS 37).

FLORIDA

## SOUTHERN REGION MEDICAID PROFILE

STATE FINANCING	Payments		Administration	
	FFY 98	FFY 04	FFY 98	FFY 04
State General Fund	\$2,674,532,372	\$3,312,531,512	\$115,750,964	\$262,390,764
Local Funds	\$0	\$445,611,928	\$0	\$0
Provider Taxes	\$144,100,000	\$310,829,421	\$0	\$0
Donations*	\$0	\$0	\$0	\$0
Other**	\$0	\$901,846,022	\$0	\$0
Total State Share	\$2,818,632,372	\$4,970,818,883	\$115,750,964	\$262,390,764

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

\*\*Other: Cigarette Tax, Tobacco Settlement, Interest

Provider Taxes Currently in Place (FFY 04)	
Tax Rate	Amount
General Hospitals	\$310,829,421
Inpatient Services	1.5% of net operating revenue
Outpatient Services	1.0% of net operating revenue
Total	\$310,829,421

### DISPROPORTIONATE SHARE HOSPITAL (DSH) PAYMENTS

	FFY 98	FFY 99	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05**	FFY 06**	Annual Change
General Hospitals	\$221,802,934	\$211,015,425	\$200,639,067	\$189,094,373	\$222,430,909	\$182,536,044	\$203,645,375	\$242,738,000	\$216,479,000	1.3%
Mental Hospitals	\$148,951,110	\$149,714,985	\$147,845,588	\$149,714,986	\$148,287,275	\$88,239,048	\$103,505,949	\$116,528,000	\$103,581,000	-5.8%
Total	\$370,754,044	\$360,730,410	\$348,484,655	\$338,809,359	\$370,718,184	\$270,775,092	\$307,151,324	\$359,266,000	\$320,060,000	-1.4%

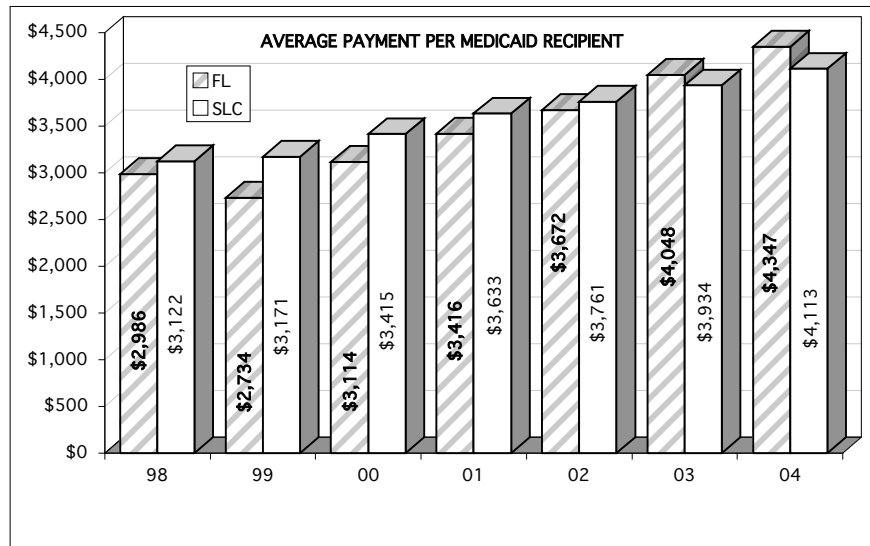
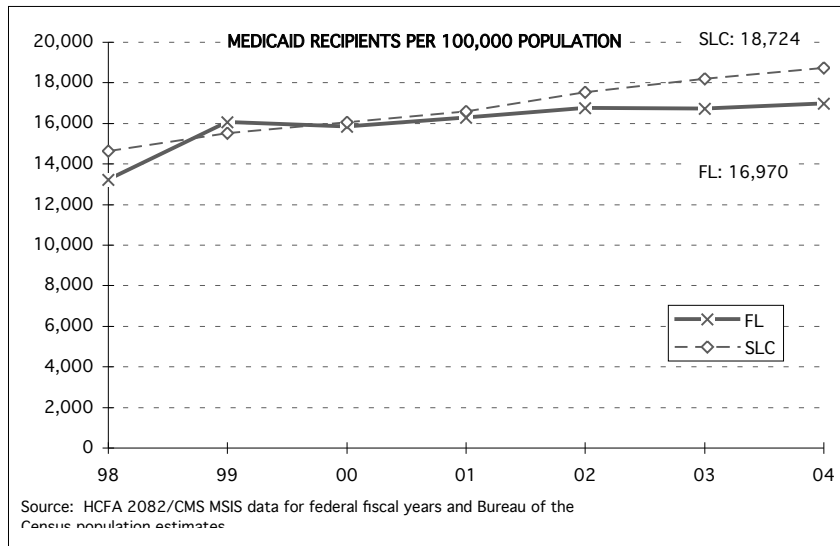
SELECTED ELIGIBILITY CRITERIA				DEMOGRAPHIC DATA & POVERTY INDICATORS (2004)			
	At 10/1/04	% of FPL*					Rank in U.S.
TANF-Temporary Assistance for Needy Families (Family of 3)				State population—July 1, 2004*	17,397,161		4
Need Standard	\$1,306	100.0%		Per capita personal income**	\$31,455		23
Payment Standard	\$198	15.2%		Median household income**	\$38,572		37
Maximum Payment	\$303	23.2%					
Medically Needy Program (Family of 3)				Population below Federal Poverty Level on July 1, 2003*	2,209,439		
Income Eligibility Standard	\$303			Percent of total state population	12.7%		17
Resource Standard	\$6,000						
Pregnant Women, Children and Infants (% of FPL*)				Population without health insurance coverage*	3,071,000		3
Pregnant women and infants		185.0%		Percent of total state population	17.7%		8
Children age 1 to 5		133.0%		Recipients of Food Stamps***	1,225,900		4
Children age 6 to 18		100.0%		Households receiving Food Stamps***	591,792		4
SSI Eligibility Levels				Total value of issuance***	\$1,193,506,140		5
Income:				Average monthly benefit per recipient	\$81.13		10
Single Person	\$564	72.7%		Average monthly benefit per household	\$168.06		
Couple	\$846	81.3%					
Resources:				Monthly recipients of Temporary Assistance to Needy Families (TANF)****	124,429		11
Single Person	\$2,000			Total TANF payments****	\$185,715,862		30
Couple	\$3,000			Average monthly payment per recipient	\$124.38		30
				Maximum monthly payment per family of 3	\$303.00		35

\*Current federal poverty level is \$9,310 per year for a single person, \$12,490 for a family of two and \$15,670 for a family of three. Table above shows monthly income levels.

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

## FLORIDA

## SOUTHERN REGION MEDICAID PROFILE



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

<u>RECIPIENTS BY TYPE OF SERVICES</u>	<u>FFY 98**</u>	<u>FFY 99</u>	<u>FFY 00</u>	<u>FFY 01</u>	<u>FFY 02</u>	<u>FFY 03</u>	<u>FFY 04</u>	<u>Annual Change</u>
01. General Hospital	241,668	405,623	448,982	410,596	432,107	408,060	433,417	10.2%
02. Mental Hospital	253	220	234	144	346	125	160	-7.4%
03. Skilled and Intermediate (non-MR) Care Nursing	73,030	91,985	89,954	111,174	107,237	98,808	114,134	7.7%
04. Intermediate Care for Mentally Retarded	3,567	3,664	3,589	3,551	3,468	3,448	3,376	-0.9%
05. Physician Services	754,818	1,026,745	1,037,041	1,162,536	1,228,615	1,278,637	1,330,443	9.9%
06. Dental Services	374,202	341,397	358,949	374,477	415,419	396,846	410,093	1.5%
07. Other Practitioners	121,191	161,606	182,617	226,893	252,701	259,220	224,025	10.8%
08. Outpatient Hospital	644,876	1,055,037	1,111,223	1,036,386	1,011,120	939,204	1,042,007	8.3%
09. Clinic Services	169,145	226,449	243,761	280,990	310,422	306,911	338,137	12.2%
10. Lab and X-Ray	463,748	667,887	696,834	780,039	816,760	862,123	916,450	12.0%
11. Home Health	33,307	56,606	63,906	76,529	87,207	96,057	105,263	21.1%
12. Prescribed Drugs	1,014,372	1,079,997	1,072,082	1,159,155	1,245,461	1,309,456	1,350,741	4.9%
13. Family Planning	137	9,879	12,005	9,952	9,363	9,248	9,531	102.8%
14. Early & Periodic Screening, Diagnosis & Treatment	256,591	0	0	0	0	0	0	-100.0%
15. Other Care	275,172	582,943	606,677	701,699	915,937	838,570	821,437	20.0%
16. Personal Care Support Services	199,651	212,120	229,299	268,265	296,865	300,111	295,758	0.0%
17. Home/Community Based Waiver Services	0	0	0	0	0	0	0	0.0%
18. Prepaid Health Care	791,752	836,479	768,754	879,352	1,097,790	1,133,720	1,428,958	0.0%
19. Primary Care Case Management (PCCM) Services	841,304	740,487	879,072	947,040	948,864	1,128,371	1,182,219	0.0%
<b>Total*</b>	<b>1,904,591</b>	<b>2,355,638</b>	<b>2,360,417</b>	<b>2,458,609</b>	<b>2,676,235</b>	<b>2,743,368</b>	<b>2,952,363</b>	<b>7.6%</b>

\*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.

FLORIDA

## SOUTHERN REGION MEDICAID PROFILE

<u>PAYMENTS BY TYPE OF SERVICES</u>	<u>FFY 98</u>	<u>FFY 99</u>	<u>FFY 00</u>	<u>FFY 01</u>	<u>FFY 02</u>	<u>FFY 03</u>	<u>FFY 04</u>	<u>Annual</u> <u>Change</u>	<u>Share of Total</u> <u>FFY 04</u>
01. General Hospital	\$1,038,563,277	\$1,104,464,305	\$1,289,042,041	\$1,606,925,885	\$1,911,377,694	\$2,179,604,877	\$2,737,077,824	17.5%	21.3%
02. Mental Hospital	\$14,638,423	\$36,866,458	\$88,838,028	\$98,367,444	\$93,246,258	\$58,321,968	\$71,191,165	30.2%	0.6%
03. Skilled and Intermediate (non-MR) Care Nursing	\$1,340,608,163	\$1,390,332,461	\$1,513,576,612	\$1,531,822,453	\$1,886,566,368	\$2,141,536,789	\$2,265,302,558	9.1%	17.7%
04. Intermediate Care for Mentally Retarded	\$255,636,949	\$267,027,364	\$279,634,012	\$288,706,246	\$310,394,497	\$315,468,812	\$309,107,576	3.2%	2.4%
05. Physician Services	\$201,410,207	\$346,965,626	\$377,329,125	\$416,450,728	\$464,444,671	\$522,810,315	\$632,338,890	21.0%	4.9%
06. Dental Services	\$79,571,073	\$86,994,473	\$93,258,140	\$84,342,950	\$94,114,479	\$86,063,822	\$91,784,546	2.4%	0.7%
07. Other Practitioners	\$37,239,783	\$11,538,834	\$14,345,085	\$19,371,157	\$22,428,448	\$24,648,641	\$20,424,203	-9.5%	0.2%
08. Outpatient Hospital	\$322,884,138	\$303,908,598	\$357,121,891	\$352,754,166	\$357,058,855	\$400,590,600	\$461,875,721	6.1%	3.6%
09. Clinic Services	\$103,185,250	\$199,964,978	\$215,937,614	\$250,223,795	\$264,417,717	\$294,099,648	\$319,334,458	20.7%	2.5%
10. Lab and X-Ray	\$36,231,750	\$60,300,118	\$65,678,261	\$76,519,161	\$84,502,326	\$97,110,704	\$113,286,155	20.9%	0.9%
11. Home Health	\$75,237,726	\$136,690,552	\$169,113,580	\$202,103,358	\$228,095,839	\$246,385,426	\$260,027,573	23.0%	2.0%
12. Prescribed Drugs	\$933,782,041	\$1,092,855,918	\$1,366,193,807	\$1,487,935,645	\$1,736,991,594	\$2,062,349,922	\$2,458,521,754	17.5%	19.2%
13. Family Planning	\$81,663	\$2,600,867	\$3,438,081	\$3,232,247	\$3,930,124	\$3,641,193	\$3,897,802	90.5%	0.0%
14. Early & Periodic Screening, Diagnosis & Treatment	\$28,486,368	\$0	\$0	\$0	\$0	\$0	\$0	-100.0%	0.0%
15. Other Care	\$108,796,297	\$433,324,033	\$527,926,702	\$721,805,085	\$899,031,616	\$1,018,739,075	\$1,065,333,345	46.3%	8.3%
16. Personal Care Support Services	\$391,136,226	\$184,878,467	\$225,888,869	\$285,758,188	\$328,213,643	\$379,373,858	\$446,261,503	2.2%	0.0%
17. Home/Community Based Waiver Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a	0.0%
18. Prepaid Health Care	\$701,322,837	\$764,245,423	\$742,735,652	\$948,734,189	\$1,118,823,609	\$1,246,828,073	\$1,550,576,155	14.1%	12.1%
19. Primary Case Management (PCCM) Services	\$18,032,691	\$16,669,626	\$20,305,524	\$23,106,828	\$23,365,950	\$26,802,327	\$28,093,464	7.7%	0.2%
<b>Total (excludes DSH pymts, pharmacy rebates, &amp; other adjs.)</b>	<b>\$5,686,844,862</b>	<b>\$6,439,628,101</b>	<b>\$7,350,363,024</b>	<b>\$8,398,159,525</b>	<b>\$9,827,003,688</b>	<b>\$11,104,376,050</b>	<b>\$12,834,434,692</b>	<b>14.5%</b>	<b>100.0%</b>

### AVERAGE PAYMENTS PER RECIPIENT BY TYPE OF SERVICES

								(+) or (-) SLC	
									<u>Avg. FFY 04</u>
01. General Hospital	\$4,297.48	\$2,722.88	\$2,871.03	\$3,913.64	\$4,423.39	\$5,341.38	\$6,315.11	6.6%	16.5%
02. Mental Hospital	\$57,859.38	\$167,574.81	\$379,649.69	\$683,107.25	\$269,497.86	\$466,575.74	\$444,944.78	40.5%	2248.4%
03. Skilled and Intermediate (non-MR) Care Nursing	\$18,356.95	\$15,114.77	\$16,826.12	\$13,778.60	\$17,592.49	\$21,673.72	\$19,847.75	1.3%	-11.4%
04. Intermediate Care for Mentally Retarded	\$71,667.21	\$72,878.65	\$77,914.19	\$81,302.80	\$89,502.45	\$91,493.27	\$91,560.30	4.2%	13.9%
05. Physician Services	\$266.83	\$337.93	\$363.85	\$358.23	\$378.02	\$408.88	\$475.28	10.1%	-13.4%
06. Dental Services	\$212.64	\$254.82	\$259.81	\$225.23	\$226.55	\$216.87	\$223.81	0.9%	-35.8%
07. Other Practitioners	\$307.28	\$71.40	\$78.55	\$85.38	\$88.75	\$95.09	\$91.17	-18.3%	-52.0%
08. Outpatient Hospital	\$500.69	\$288.05	\$321.38	\$340.37	\$353.13	\$426.52	\$443.26	-2.0%	-28.0%
09. Clinic Services	\$610.04	\$883.05	\$885.86	\$890.51	\$851.80	\$958.26	\$944.39	7.6%	46.3%
10. Lab and X-Ray	\$78.13	\$90.28	\$94.25	\$98.10	\$103.46	\$112.64	\$123.61	7.9%	-36.7%
11. Home Health	\$2,258.92	\$2,414.77	\$2,646.29	\$2,640.87	\$2,615.57	\$2,564.99	\$2,470.27	1.5%	-16.1%
12. Prescribed Drugs	\$920.55	\$1,011.91	\$1,274.34	\$1,283.64	\$1,394.66	\$1,574.97	\$1,820.13	12.0%	26.3%
13. Family Planning	\$596.08	\$263.27	\$286.39	\$324.78	\$419.75	\$393.73	\$408.96	-6.1%	-64.4%
14. Early & Periodic Screening, Diagnosis & Treatment	\$111.02	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-100.0%	-100.0%
15. Other Care	\$395.38	\$743.34	\$870.19	\$1,028.65	\$981.54	\$1,214.85	\$1,296.91	21.9%	-32.3%
16. Personal Care Support Services	\$1,959.10	\$871.57	\$985.13	\$1,065.21	\$1,105.60	\$1,264.11	\$1,508.87	-4.3%	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	\$885.79	\$913.65	\$966.16	\$1,078.90	\$1,019.16	\$1,099.77	\$1,085.11	3.4%	0.0%
19. Primary Case Management (PCCM) Services	\$21.43	\$22.51	\$23.10	\$24.40	\$24.63	\$23.75	\$23.76	1.7%	0.0%
<b>Total (Average)</b>	<b>\$2,985.86</b>	<b>\$2,733.71</b>	<b>\$3,114.01</b>	<b>\$3,415.82</b>	<b>\$3,671.95</b>	<b>\$4,047.72</b>	<b>\$4,347.17</b>	<b>6.5%</b>	<b>5.7%</b>

### **TOTAL PER CAPITA EXPENDITURES**

<b>\$459.12</b>	<b>\$486.77</b>	<b>\$537.80</b>	<b>\$602.05</b>	<b>\$654.79</b>	<b>\$706.68</b>	<b>\$768.45</b>	<b>9.0%</b>	<b>-12.3%</b>
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Source: Health Care Financing Administration-Form HCFA 2082 for federal fiscal year 98; MSIS data for FFY 99-04.

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## SOUTHERN REGION MEDICAID PROFILE

### DATA BY OTHER CHARACTERISTICS

#### RECIPIENTS BY OTHER CHARACTERISTICS

	<u>FFY 98</u>	<u>FFY 99</u>	<u>FFY 00</u>	<u>FFY 01</u>	<u>FFY 02</u>	<u>FFY 03</u>	<u>FFY 04</u>	<i>Annual Change</i>	<i>Share of Total FFY 04</i>
<b>By Maintenance Assistance Status</b>									
Receiving Cash Assistance or Eligible Under Section 1931	1,100,787	981,059	971,716	1,004,077	1,033,046	1,063,659	1,152,371	0.8%	39.0%
Poverty Related Eligibles	498,267	639,175	688,275	799,583	832,529	932,107	995,386	12.2%	33.7%
Medically Needy	41,070	40,037	45,079	43,713	47,717	57,567	61,534	7.0%	2.1%
Other Eligibles	249,348	215,341	271,694	327,317	462,626	463,590	492,274	12.0%	16.7%
Maintenance Assistance Status Unknown	15,119	480,026	383,653	283,919	300,317	226,445	250,798	59.7%	8.5%
<b>Total</b>	<b>1,904,591</b>	<b>2,355,638</b>	<b>2,360,417</b>	<b>2,458,609</b>	<b>2,676,235</b>	<b>2,743,368</b>	<b>2,952,363</b>	<b>7.6%</b>	<b>100.0%</b>
 <b>By Basis of Eligibility</b>									
Aged, Blind, or Disabled	570,544	580,354	598,659	630,460	762,698	688,111	743,331	4.5%	25.2%
Children	944,280	921,175	973,911	1,092,438	1,331,626	1,248,947	1,342,820	6.0%	45.5%
Foster Care Children	20,311	33,418	35,912	37,322	43,369	41,929	44,989	14.2%	1.5%
Adults	354,337	340,665	368,282	414,470	538,542	537,774	574,590	8.4%	19.5%
Basis of Eligibility Unknown	15,119	480,026	383,653	283,919	0	226,607	246,633	59.3%	8.4%
<b>Total</b>	<b>1,904,591</b>	<b>2,355,638</b>	<b>2,360,417</b>	<b>2,458,609</b>	<b>2,676,235</b>	<b>2,743,368</b>	<b>2,952,363</b>	<b>7.6%</b>	<b>100.0%</b>
 <b>By Age</b>									
Under Age 1	72,385	74,724	80,350	86,292	93,939	99,727	107,041	6.7%	3.6%
Age 1 to 5	360,477	349,318	374,752	424,557	472,468	506,219	542,079	7.0%	18.4%
Age 6 to 14	457,266	458,153	476,199	525,077	580,830	611,335	656,148	6.2%	22.2%
Age 15 to 20	175,370	193,695	206,132	229,984	257,194	279,195	298,533	9.3%	10.1%
Age 21 to 44	424,619	404,760	429,386	470,685	503,685	523,217	562,949	4.8%	19.1%
Age 45 to 64	150,693	153,880	163,126	177,479	191,990	203,717	218,721	6.4%	7.4%
Age 65 to 74	100,119	97,685	100,804	107,882	116,004	124,218	133,540	4.9%	4.5%
Age 75 to 84	85,574	82,802	85,355	91,228	96,855	103,856	111,722	4.5%	3.8%
Age 85 and Over	65,924	60,594	60,671	61,516	62,967	65,407	70,842	1.2%	2.4%
Age Unknown	12,164	480,027	383,642	283,909	300,303	226,477	250,788	65.6%	8.5%
<b>Total</b>	<b>1,904,591</b>	<b>2,355,638</b>	<b>2,360,417</b>	<b>2,458,609</b>	<b>2,676,235</b>	<b>2,743,368</b>	<b>2,952,363</b>	<b>7.6%</b>	<b>100.0%</b>
 <b>By Race</b>									
White	759,097	980,229	965,595	1,006,913	888,501	923,075	1,002,693	4.7%	34.0%
Black	663,851	748,484	734,168	765,614	738,367	759,961	823,536	3.7%	27.9%
Hispanic, American Indian or Asian	315,386	409,300	431,608	448,219	500,550	540,348	578,480	10.6%	19.6%
Other/Unknown	166,257	217,625	229,046	237,863	548,817	519,984	547,654	22.0%	18.5%
<b>Total*</b>	<b>1,904,591</b>	<b>2,355,638</b>	<b>2,360,417</b>	<b>2,458,609</b>	<b>2,676,235</b>	<b>2,743,368</b>	<b>2,952,363</b>	<b>7.6%</b>	<b>100.0%</b>
 <b>By Sex</b>									
Female	1,144,816	1,433,096	1,427,997	1,487,960	1,409,826	1,485,966	1,606,899	5.8%	54.4%
Male	747,611	917,937	928,698	966,396	964,823	1,029,220	1,109,288	6.8%	37.6%
Unknown	12,164	4,605	3,722	4,253	301,586	228,182	236,176	63.9%	8.0%
<b>Total*</b>	<b>1,904,591</b>	<b>2,355,638</b>	<b>2,360,417</b>	<b>2,458,609</b>	<b>2,676,235</b>	<b>2,743,368</b>	<b>2,952,363</b>	<b>7.6%</b>	<b>100.0%</b>

Source: Health Care Financing Administration-Form HCFA 2082 for federal fiscal year 98; MSIS data for FFY 99-04.

FLORIDA

## SOUTHERN REGION MEDICAID PROFILE

### PAYMENTS BY OTHER CHARACTERISTICS

	<u>FFY 98</u>	<u>FFY 99</u>	<u>FFY 00</u>	<u>FFY 01</u>	<u>FFY 02</u>	<u>FFY 03</u>	<u>FFY 04</u>	<i>Annual Change</i>	<i>Share of Total FFY 04</i>
<b>By Maintenance Assistance Status</b>									
Receiving Cash Assistance or Eligible Under Section 1931	\$2,950,414,878	\$3,221,206,318	\$3,582,721,921	\$4,001,851,080	\$4,342,667,334	\$4,908,672,895	\$5,724,229,952	11.7%	44.6%
Poverty Related Eligibles	\$1,348,334,446	\$1,576,409,431	\$1,719,640,919	\$1,922,771,392	\$2,106,706,190	\$2,473,495,408	\$2,868,640,152	13.4%	22.4%
Medically Needy	\$126,182,907	\$136,691,215	\$169,564,543	\$171,946,765	\$202,582,853	\$278,927,981	\$317,420,170	16.6%	2.5%
Other Eligibles	\$1,236,568,867	\$1,294,893,932	\$1,534,339,321	\$1,746,670,103	\$2,328,918,754	\$2,630,065,022	\$3,011,885,029	16.0%	23.5%
Maintenance Assistance Status Unknown	\$25,343,764	\$210,427,205	\$344,096,320	\$554,920,185	\$846,128,557	\$813,214,744	\$912,259,389	81.7%	7.1%
<b>Total</b>	<b>\$5,686,844,862</b>	<b>\$6,439,628,101</b>	<b>\$7,350,363,024</b>	<b>\$8,398,159,525</b>	<b>\$9,827,003,688</b>	<b>\$11,104,376,050</b>	<b>\$12,834,434,692</b>	<b>14.5%</b>	<b>100.0%</b>
<b>By Basis of Eligibility</b>									
Aged, Blind or Disabled	\$4,214,444,584	\$4,686,681,537	\$5,304,896,347	\$5,810,939,356	\$6,672,203,209	\$7,611,255,400	\$8,827,115,797	13.1%	68.8%
Children	\$846,258,629	\$869,970,939	\$961,815,244	\$1,144,625,407	\$1,303,537,814	\$1,436,019,441	\$1,668,633,281	12.0%	13.0%
Foster Care Children	\$51,456,136	\$110,904,666	\$120,979,089	\$135,777,344	\$154,779,453	\$182,593,611	\$209,409,218	26.4%	1.6%
Adults	\$549,341,749	\$561,643,754	\$618,576,024	\$751,897,233	\$850,492,790	\$1,059,556,240	\$1,215,223,731	14.1%	9.5%
Basis of Eligibility Unknown	\$25,343,764	\$210,427,205	\$344,096,320	\$554,920,185	\$845,990,422	\$814,951,358	\$914,052,665	81.8%	7.1%
<b>Total</b>	<b>\$5,686,844,862</b>	<b>\$6,439,628,101</b>	<b>\$7,350,363,024</b>	<b>\$8,398,159,525</b>	<b>\$9,827,003,688</b>	<b>\$11,104,376,050</b>	<b>\$12,834,434,692</b>	<b>14.5%</b>	<b>100.0%</b>
<b>By Age</b>									
Under Age 1	\$207,214,109	\$214,468,858	\$243,285,913	\$281,784,505	\$284,968,780	\$348,364,745	\$404,374,703	11.8%	3.2%
Age 1 to 5	\$426,888,964	\$511,848,067	\$570,377,512	\$682,240,625	\$769,927,897	\$881,051,296	\$1,017,252,022	15.6%	7.9%
Age 6 to 14	\$428,913,238	\$527,916,518	\$587,540,095	\$704,285,780	\$798,380,718	\$888,881,967	\$1,028,400,000	15.7%	8.0%
Age 15 to 20	\$295,567,125	\$363,868,824	\$403,783,164	\$483,348,256	\$543,683,069	\$623,960,160	\$720,171,843	16.0%	5.6%
Age 21 to 44	\$1,379,641,858	\$1,476,598,270	\$1,635,143,608	\$1,847,143,319	\$2,046,695,874	\$2,289,183,622	\$2,667,563,479	11.6%	20.8%
Age 45 to 64	\$948,473,963	\$1,085,760,072	\$1,290,961,928	\$1,486,934,092	\$1,747,683,325	\$2,054,164,321	\$2,359,507,352	16.4%	18.4%
Age 65 to 74	\$492,763,811	\$520,768,585	\$588,764,856	\$624,266,453	\$726,621,030	\$849,959,230	\$984,770,759	12.2%	7.7%
Age 75 to 84	\$672,651,882	\$694,789,645	\$783,612,856	\$824,070,714	\$982,720,274	\$1,134,133,908	\$1,314,631,286	11.8%	10.2%
Age 85 and Over	\$814,255,757	\$833,142,370	\$902,815,626	\$909,280,238	\$1,080,283,779	\$1,221,377,550	\$1,425,595,472	9.8%	11.1%
Age Unknown	\$20,474,155	\$210,466,892	\$344,077,466	\$554,805,543	\$846,038,942	\$813,299,251	\$912,167,776	88.3%	7.1%
<b>Total</b>	<b>\$5,686,844,862</b>	<b>\$6,439,628,101</b>	<b>\$7,350,363,024</b>	<b>\$8,398,159,525</b>	<b>\$9,827,003,688</b>	<b>\$11,104,376,050</b>	<b>\$12,834,434,692</b>	<b>14.5%</b>	<b>100.0%</b>
<b>By Race</b>									
White	\$2,882,195,485	\$3,360,406,164	\$3,760,149,721	\$4,309,561,680	\$4,354,833,378	\$4,895,171,895	\$5,730,394,593	12.1%	44.6%
Black	\$1,489,923,156	\$1,532,181,868	\$1,750,088,067	\$2,001,191,843	\$2,199,521,262	\$2,424,610,929	\$2,828,623,169	11.3%	22.0%
Hispanic, American Indian or Asian	\$499,546,175	\$565,044,456	\$675,289,579	\$767,776,170	\$992,737,256	\$1,171,440,057	\$1,337,044,370	17.8%	10.4%
Other/Unknown	\$815,180,046	\$981,995,613	\$1,164,835,657	\$1,319,629,832	\$2,279,911,792	\$2,613,153,169	\$2,938,372,560	23.8%	22.9%
<b>Total*</b>	<b>\$5,686,844,862</b>	<b>\$6,439,628,101</b>	<b>\$7,350,363,024</b>	<b>\$8,398,159,525</b>	<b>\$9,827,003,688</b>	<b>\$11,104,376,050</b>	<b>\$12,834,434,692</b>	<b>14.5%</b>	<b>100.0%</b>
<b>By Sex</b>									
Female	\$2,186,073,956	\$3,836,511,323	\$4,374,828,179	\$4,972,393,755	\$5,373,848,783	\$6,154,803,718	\$7,108,283,923	21.7%	55.4%
Male	\$3,480,296,751	\$2,599,731,918	\$2,972,203,906	\$3,419,543,912	\$3,605,408,049	\$4,132,882,060	\$4,849,276,183	5.7%	37.8%
Unknown	\$20,474,155	\$3,384,860	\$3,330,939	\$6,221,858	\$847,746,856	\$816,690,272	\$876,874,586	87.0%	6.8%
<b>Total*</b>	<b>\$5,686,844,862</b>	<b>\$6,439,628,101</b>	<b>\$7,350,363,024</b>	<b>\$8,398,159,525</b>	<b>\$9,827,003,688</b>	<b>\$11,104,376,050</b>	<b>\$12,834,434,692</b>	<b>14.5%</b>	<b>100.0%</b>

Source: Health Care Financing Administration-Form HCFA 2082 for federal fiscal year 98; MSIS data for FFY 99-04.

FLORIDA

# SOUTHERN REGION MEDICAID PROFILE

## AVERAGE PAYMENT PER RECIPIENT BY OTHER CHARACTERISTICS

								Annual Change	Above (+) or Below (-) SLC Avg. FFY 04
<b>By Maintenance Assistance Status</b>	<b>FFY 98</b>	<b>FFY 99</b>	<b>FFY 00</b>	<b>FFY 01</b>	<b>FFY 02</b>	<b>FFY 03</b>	<b>FFY 04</b>		
Receiving Cash Assistance or Eligible Under Section 1931	\$2,680.28	\$3,283.40	\$3,687.01	\$3,985.60	\$4,203.75	\$4,614.89	\$4,967.35	10.8%	-5.5%
Poverty Related Eligibles	\$2,706.05	\$2,466.32	\$2,498.48	\$2,404.72	\$2,530.49	\$2,653.66	\$2,881.94	1.1%	40.9%
Medically Needy	\$3,072.39	\$3,414.12	\$3,761.50	\$3,933.54	\$4,245.51	\$4,845.28	\$5,158.45	9.0%	-16.9%
Other Eligibles	\$4,959.21	\$6,013.23	\$5,647.31	\$5,336.33	\$5,034.13	\$5,673.26	\$6,118.31	3.6%	-15.7%
Maintenance Assistance Status Unknown	\$1,676.29	\$438.37	\$896.89	\$1,954.50	\$2,817.45	\$3,591.22	\$3,637.43	13.8%	0.0%
<b>Total</b>	<b>\$2,985.86</b>	<b>\$2,733.71</b>	<b>\$3,114.01</b>	<b>\$3,415.82</b>	<b>\$3,671.95</b>	<b>\$4,047.72</b>	<b>\$4,347.17</b>	<b>6.5%</b>	<b>5.7%</b>
<b>By Basis of Eligibility</b>									
Aged, Blind or Disabled	\$7,386.71	\$8,075.56	\$8,861.30	\$9,216.98	\$8,748.16	\$11,061.09	\$11,875.08	8.2%	10.1%
Children	\$896.19	\$944.41	\$987.58	\$1,047.77	\$978.91	\$1,149.78	\$1,242.63	5.6%	-15.8%
Foster Care Children	\$2,533.41	\$3,318.71	\$3,368.77	\$3,638.00	\$3,568.90	\$4,354.83	\$4,654.68	10.7%	-32.4%
Adults	\$1,550.34	\$1,648.67	\$1,679.63	\$1,814.12	\$1,579.25	\$1,970.26	\$2,114.94	5.3%	-19.5%
Basis of Eligibility Unknown	\$1,676.29	\$438.37	\$896.89	\$1,954.50	\$0.00	\$3,596.32	\$3,706.12	14.1%	0.0%
<b>Total</b>	<b>\$2,985.86</b>	<b>\$2,733.71</b>	<b>\$3,114.01</b>	<b>\$3,415.82</b>	<b>\$3,671.95</b>	<b>\$4,047.72</b>	<b>\$4,347.17</b>	<b>6.5%</b>	<b>5.7%</b>
<b>By Age</b>									
Under Age 1	\$2,862.67	\$2,870.15	\$3,027.83	\$3,265.48	\$3,033.55	\$3,493.18	\$3,777.76	4.7%	1.7%
Age 1 to 5	\$1,184.23	\$1,465.28	\$1,522.01	\$1,606.95	\$1,629.59	\$1,740.45	\$1,876.58	8.0%	4.4%
Age 6 to 14	\$938.00	\$1,152.27	\$1,233.81	\$1,341.30	\$1,374.55	\$1,454.00	\$1,567.33	8.9%	-6.6%
Age 15 to 20	\$1,685.39	\$1,878.57	\$1,958.86	\$2,101.66	\$2,113.90	\$2,234.85	\$2,412.37	6.2%	-9.3%
Age 21 to 44	\$3,249.13	\$3,648.08	\$3,808.10	\$3,924.37	\$4,063.44	\$4,375.21	\$4,738.55	6.5%	-1.8%
Age 45 to 64	\$6,294.08	\$7,055.89	\$7,913.89	\$8,378.08	\$9,102.99	\$10,083.42	\$10,787.75	9.4%	12.1%
Age 65 to 74	\$4,921.78	\$5,331.10	\$5,840.69	\$5,786.57	\$6,263.76	\$6,842.48	\$7,374.35	7.0%	-0.2%
Age 75 to 84	\$7,860.47	\$8,390.98	\$9,180.63	\$9,033.09	\$10,146.30	\$10,920.25	\$11,766.99	7.0%	5.4%
Age 85 and Over	\$12,351.43	\$13,749.59	\$14,880.51	\$14,781.20	\$17,156.35	\$18,673.50	\$20,123.59	8.5%	17.1%
Age Unknown	\$1,683.18	\$438.45	\$896.87	\$1,954.17	\$2,817.28	\$3,591.09	\$3,637.21	13.7%	0.0%
<b>Total</b>	<b>\$2,985.86</b>	<b>\$2,733.71</b>	<b>\$3,114.01</b>	<b>\$3,415.82</b>	<b>\$3,671.95</b>	<b>\$4,047.72</b>	<b>\$4,347.17</b>	<b>6.5%</b>	<b>5.7%</b>
<b>By Race</b>									
White	\$3,796.87	\$3,428.18	\$3,894.13	\$4,279.97	\$4,901.33	\$5,303.11	\$5,715.00	7.1%	14.3%
Black	\$2,244.36	\$2,047.05	\$2,383.77	\$2,613.84	\$2,978.90	\$3,190.44	\$3,434.73	7.3%	0.3%
Hispanic, American Indian or Asian	\$1,583.92	\$1,380.51	\$1,564.59	\$1,712.95	\$1,983.29	\$2,167.94	\$2,311.31	6.5%	-10.3%
Other / Unknown	\$4,903.13	\$4,512.33	\$5,085.60	\$5,547.86	\$4,154.23	\$5,025.45	\$5,365.38	1.5%	8.3%
<b>Total</b>	<b>\$2,985.86</b>	<b>\$2,733.71</b>	<b>\$3,114.01</b>	<b>\$3,415.82</b>	<b>\$3,671.95</b>	<b>\$4,047.72</b>	<b>\$4,347.17</b>	<b>6.5%</b>	<b>5.7%</b>
<b>By Sex</b>									
Female	\$1,909.54	\$2,677.08	\$3,063.61	\$3,341.75	\$3,811.71	\$4,141.95	\$4,423.60	15.0%	5.6%
Male	\$4,655.22	\$2,832.15	\$3,200.40	\$3,538.45	\$3,736.86	\$4,015.55	\$4,371.52	-1.0%	9.2%
Unknown	\$1,683.18	\$735.04	\$894.93	\$1,462.93	\$2,810.96	\$3,579.12	\$3,712.80	14.1%	-9.4%
<b>Total</b>	<b>\$2,985.86</b>	<b>\$2,733.71</b>	<b>\$3,114.01</b>	<b>\$3,415.82</b>	<b>\$3,671.95</b>	<b>\$4,047.72</b>	<b>\$4,347.17</b>	<b>6.5%</b>	<b>5.7%</b>

Source: Health Care Financing Administration-Form HCFA 2082 for federal fiscal year 98; MSIS data for FFY 99-04.

FLORIDA

## SOUTHERN REGION MEDICAID PROFILE

### ADDITIONAL STATE HEALTH CARE INFORMATION

Sources: "Issue Briefs", Health Policy Tracking Service, January 2005; "Medicaid Services State by State", CMS, October 2004; "State Health Facts", The Henry Kaiser Foundation, January 2005; and the state Medicaid Website.

#### Waivers

The state operates three Freedom of Choice Waivers, under Title XIX, Section 1115, to establish a coordinated network of Medicaid providers. These include:

- Consumer Directed Care was implemented in 1999 and approximately 1,092 participants are currently receiving a monthly budget.
- 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. The program serves approximately 28,650 individuals in need of family planning.
- Silver Saver Drug Program: This is a five year 1115 demonstration waiver to extend access to Medicaid prescription drug coverage to individuals with incomes between 88% (\$8,193) and 120% (\$11,172) of the FPL. The waiver began on August 1, 2002. Enrollment capped at 68,149 individuals.

The state operates two general managed care and selective contracting 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-Non Medicare recipients statewide and has been operating since 1991.
- Non-emergency Medical Transportation: Provides services to approximately 2 million Medicaid recipients. Implemented June 2001 and renewed December 2004.

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

- 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.
- Aged & Disabled Age 18 and Over: The waiver serves 9,557 people, operating since April 1, 1982.
- Developmental Services (MR/DD): Two waivers serve approximately 25,000 people, operating since June 14, 1980.
- Assisted Living for the Elderly Waiver is a home and community-based services program. Implemented statewide February 1, 1995. Serves recipients who reside in qualified ALFs.
- AIDS: Project Aids Care served 5,952 beneficiaries in FY 04, operating since November 1, 1989.
- Model Waiver: Serves children with Degenerative Spinocerebellar Diseases, serves 5 people, operating since June 14, 1991.
- 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. The waiver currently serves 5,596 individuals.
- Traumatic Brain Injury and Spinal Cord Waiver, authorized in Regular Session 1998. The state implemented the program in September of 1999. Current enrollment is approximately 261 individuals.
- The Channeling Project: Provides home and community based services through an organized health care delivery system to approximately 1,500 individuals, operating since 1985. During FY 04, the waiver served 1,327 recipients.
- The Supported Living Waiver is a home and community-based services program, effective October 1, 1998. It replaced the Supported Living Arrangement Program.
- Adult Day Health Care Waiver: Implemented in two areas of the state in 2004, currently serves 31 recipients.
- Alzheimer's Disease Waiver: Began operation in 2005, will serve up to 350 individuals in three areas of the state.
- Adult Cystic Fibrosis Waiver: Approved 2002. Provides HCBS to reduce risk of hospitalization for 126 people.

## FLORIDA

## SOUTHERN REGION MEDICAID PROFILE

### Waivers (Continued)

- In 2001, CMS approved another 1915 (b) waiver authorizing the state to implement a Statewide Inpatient Psychiatric Program (SIPP) for Medicaid recipients under the age of 18 that require placement in a psychiatric residential setting due to serious mental illness or emotional disturbance. The approved waiver provides for selection, through a proposal process, of 15 SIPP providers with one or two providers located in every area of the state.
- Diabetes Mail Order Waiver: Provides mail delivery of diabetes drugs and supplies at a lower rate than Medicaid fee for service allowable charges which results in a savings to the Medicaid program. Currently there are approximately 4,000 recipients in areas 4, 5, 6, & 7 using this service. These recipients can also access other prescription services through the mail order contractor if they desire or they can use other community pharmacy providers.

### 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.

### Coverage for Targeted Population

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

### Cost Containment Measures

- Certificate of Need Program since 1973, amended in 2000. Regulates introduction or expansion of new institutional health facilities and services; exempts CON requirements for Medicare-certified home health agencies, respite care services, retirement communities and residential facilities that only serve retired military personnel and their dependents.
- Enacted legislation in 2002 to alleviate fiscal problems through the following actions:
  - Reduced the number of products covered under its preferred drug list.
  - Amended the Pharmaceutical Expense Assistance Program.
  - Reduced adult dental services to emergency need only.
  - Increased reimbursement rates to Medicaid participating organ transplant facilities.
  - Authorized medically necessary lung transplants for qualified recipients.
  - Lowered the income standard for the aged and disabled population.
  - Increased the income disregard for the medically needy program.
  - Eliminated implementation of "Ticket to Work" coverage for the working disabled.
- For FY 03, implemented a no-cost Hemophilia Revenue Enhancement Program whereby "found" rebates would be used to pay vendors 20% of the gross rebate dollars collected as a result of the program.
- Restored pharmaceutical dispensing fee increase for pharmacists serving nursing home residents and other institutional residents.
- Implemented a diverted pharmaceuticals project in selected counties.
- Implemented a pilot in areas 9 and 10 for home delivery of prescription drugs at a reimbursement level of AWP minus 14 percent.

## SOUTHERN REGION MEDICAID PROFILE

### Cost Containment Measures (Continued)

- Implemented a no-cost program for a one year prescription drug education demonstration project in Miami-Dade County focusing on mental health and HIV/AIDS drugs.
- For FY 04, contracted for drug rebate administration.
- Expanded Nursing Home diversion slots by 1,800.
- Eliminated FY 03 nursing home rate increase for liability insurance.
- Implemented a co-payment of \$15 for non-emergency use of hospital emergency department.
- Continued the Hemophilia Revenue Enhancement Program.
- Expanded home delivery program to include area 11.
- Continued the prescription drug education demonstration project in Miami-Dade County for mental health and HIV/Aids drugs.
- Expanded the state Maximum Allowable Cost (MAC) program for multi-source drugs.
- Expanded the pharmacy recipient lock-in program
- Procured a web-based, real-time prescription tracking and dispensing system.
- Required additional guaranteed savings for Value-Added programs.
- Implemented an additional 5% increase in generic drug rebates.
- Implemented co-insurance on prescription drug purchases.
- Increased third party recoveries.
- For FY 05, eliminated special Medicaid payments to Area Health Education Centers.
- Reduced inpatient hospital rates.
- Enrolled individual recipients in managed care within 30 days of the eligibility start date.
- Implemented a hospitalist program.
- Implemented a comprehensive utilization management program for hospital neonatal intensive care stays.
- Care coordination services and utilization management of inpatient psychiatric services for children.
- Reduced Outpatient Hospital Rates.
- Implemented a Physician Lock-In Program.
- Limited prescribed products to treat erectile dysfunction to a dosing level of no more than one pill per month.
- Increased the drug rebate threshold to a minimum of 29%.
- Implemented a system of Medicaid provider network controls.
- Eliminated current value-added programs in lieu of supplemental rebates, prior authorization and brand limitations.
- Implemented a behavioral pharmacy management system.
- Reduced Medicaid pharmacy ingredient prices to the lesser of Average Wholesale Price less 15.4% or Wholesaler Acquisition Cost plus 5.75 %.
- Expanded the state Maximum Allowable Cost (MAC) program.
- Implemented a prior authorization program for the off-label use of Neurontin.
- Implemented a policy to decrease the dosage frequency and amount of Zyprexa to the dosage amount recommended by the federal Food and Drug Administration.
- Implemented a policy to limit Cox II Inhibitor utilization to once a day unless prescribed for an indication requiring more frequent dosing per the FDA approved product label.

## SOUTHERN REGION MEDICAID PROFILE

### Cost Containment Measures (Continued)

- Implemented a comprehensive utilization management program for private duty nursing services for children.
- Consolidated services included in the Aged and Disabled Waiver, the Channeling Waiver, Project AIDS Care Waiver, and Traumatic Brain Injury and Spinal Cord Injury Waiver programs. Service consolidation shall be based on a grouping of similar services.
- Reduced ICF/DD rates.
- Eliminated Medicaid coverage of bed hold days for Medicaid beneficiaries residing in nursing homes and ICF/DD with reported occupancy levels less than 95%.
- Expanded the current nursing home diversion programs by at least 3,000 slots.
- Implemented a demonstration to reduce geriatric falls among at-risk community-based Medicaid beneficiaries who reside in Broward and Miami-Dade Counties.
- Reduced nursing home rates. In reducing the individual nursing home rate, the direct patient care component of the rate shall not be reduced.
- Decreased hospice rates as a result of decreasing nursing home rates.

### 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.
- Effective January 1, 2001, the Florida Medicare Prescription Discount Program will ensure that seniors do not pay full retail price for prescription drugs. The program requires pharmacies to charge Medicare beneficiaries a price no greater than average wholesale price of the ingredients minus 9% plus a dispensing fee of \$4.50 (applies to Medicaid dual eligibles).
- Enacted legislation in 2001 that requires Medicaid to provide coverage to women that have been screened and diagnosed with breast or cervical cancer (Federally mandated by the Breast and Cervical Cancer Prevention and Treatment Act of 2000).
- Enacted legislation to extend Medicaid coverage to individuals that could be eligible as a result of the federal Ticket to Work and Medicaid Buy-in legislation. The programs will provide services to individuals with disabilities that are required to enable them to gain or keep employment.
- Enacted legislation in 2002 to alleviate fiscal problems through the following actions:
  - Reduced the number of products covered under its preferred drug list.
  - Amended the Pharmaceutical Expense Assistance Program.
  - Reduced adult dental services to emergency need only.
  - Increased reimbursement rates to Medicaid participating organ transplant facilities.
  - Authorized medically necessary lung transplants for qualified recipients.
  - Lowered the income standard for the aged and disabled population.
  - Increased the income disregard for the medically needy program.
  - Eliminated implementations of "Ticket to Work" coverage for the working disabled.
- For FY 06, Florida has proposed a Medicaid Reform Model to change the state's role so that it is largely a purchaser of care, and provides oversight that will focus on improving access and quality of care. The state will implement Medicaid reform in phases, and, upon full implementation, the Medicaid Reform Model will be the primary delivery system in the state.

## SOUTHERN REGION MEDICAID PROFILE

### Medicaid (Continued)

- To effectively implement the program, Florida is requesting a section 1115 waiver from CMS in order to obtain expenditure authority that permits the state to provide maximum flexibility in the program's administration. The request will seek waiver of statutory provisions relative to the following:
  1. Approval and federal financial participation (FFP) for Medicaid reform benefits with cost-sharing for all Medicaid eligibility categories.
  2. Approval and FFP for the Employer Sponsored Insurance (ESI) option, with cost-sharing, if applicable.
  3. Approval and FFP for enhanced benefits expenditures.
  4. Approval and FFP for the expansion of Medicaid coverage for individuals that have lost coverage with incomes below 200% of the FPL and are not otherwise eligible for Medicaid.
  5. Approval and FFP for funds disbursed to a Low-Income Pool to eligible providers.

### 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 279,146 individuals. The Florida Healthy Kids Program also offers full pay buy-in above 200% of the FPL; premiums of \$110 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 33,343 children. The plan received HCFA (CMS) approval on September 8, 1998.
- Added Children's Medical Services (CMS) Network program to provide coverage for individuals under the age of 18 with special health care needs in families with incomes up to 200% of the FPL; provides coverage for an additional 9,751 eligibles. CMS allows individuals with special needs to have a specialist as their primary care physician without any special authorization.
- Shifted coverage from MediKids and CMS Network to Medicaid for children birth to age one effective July 1, 2000.
- Received HCFA approval in March 2000 to implement a dental pilot program in Palm Beach and Dade counties.

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

- Expanded Medicaid coverage to enroll children under age 1 with family incomes between 185% and 200% of the FPL and eliminated coverage for this group under MediKids and Title XXI CMS Network.
- The four programs combined provide health care coverage to approximately 323,513 individuals as of September 2004.

### Tobacco Settlement

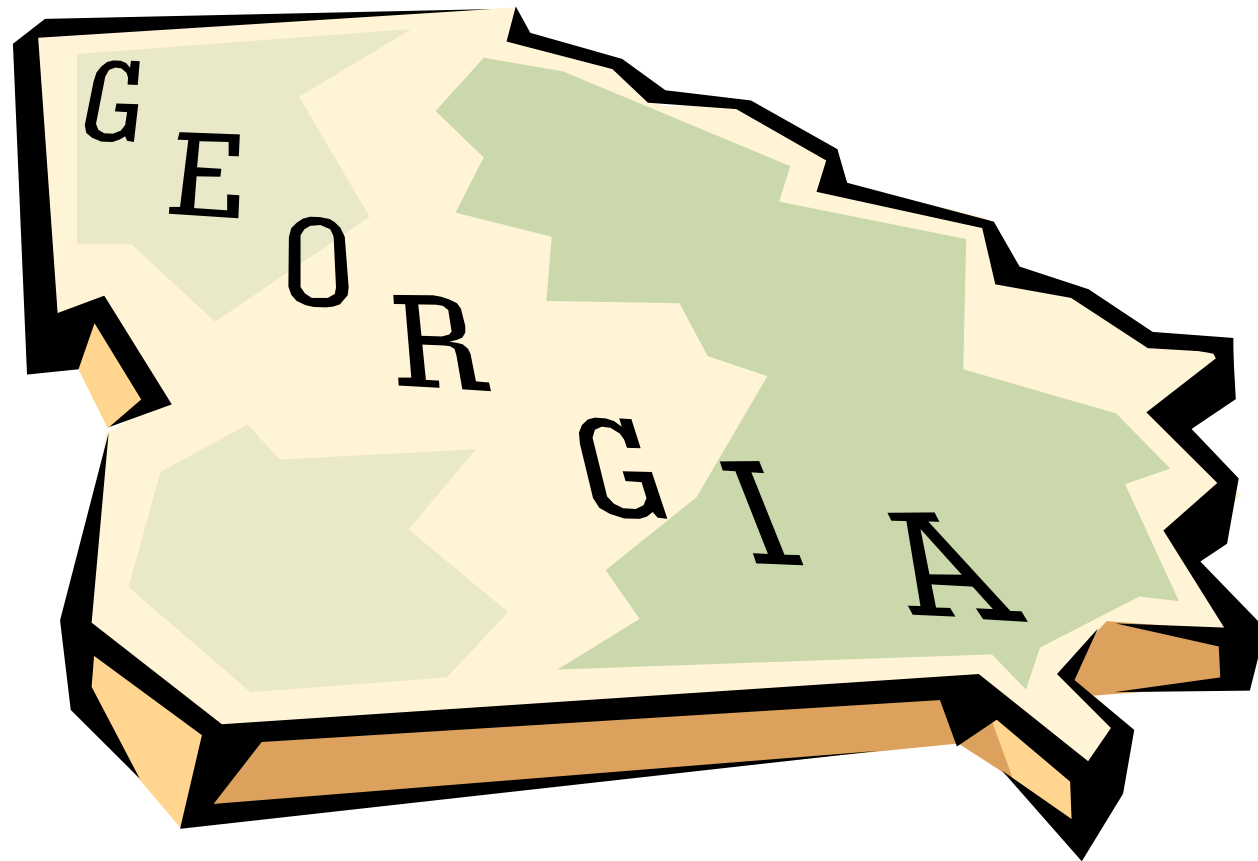
- The state expects to receive approximately \$18.6 billion through 2032.
- From FY 00 through FY 04, the cumulative tobacco settlement payment was approximately \$4.2 billion.
- The state has allocated these funds and compares with the U.S. as follows:

	FL	%	U.S.	%
Tobacco use prevention	\$161,924,000	3.9%	\$1,813,423,000	4.6%
Health services	\$1,215,061,000	29.2%	\$11,824,057,000	29.9%
Long-term care	\$200,988,000	4.8%	\$2,200,066,000	5.6%
Health research	\$40,242,000	1.0%	\$1,472,863,000	3.7%
Education	\$0	0.0%	\$2,051,182,000	5.2%
Children and Youth (Nonhealth)	\$839,489,000	20.1%	\$1,229,719,000	3.1%
Tobacco Farmers	\$0	0.0%	\$1,217,021,000	3.1%
Endowments and Reserves	\$1,700,000,000	40.8%	\$7,636,209,000	19.3%
Other	\$10,600,000	0.3%	\$10,048,868,000	25.4%
Total	\$4,168,304,000	100.0%	\$39,493,408,000	100.0%

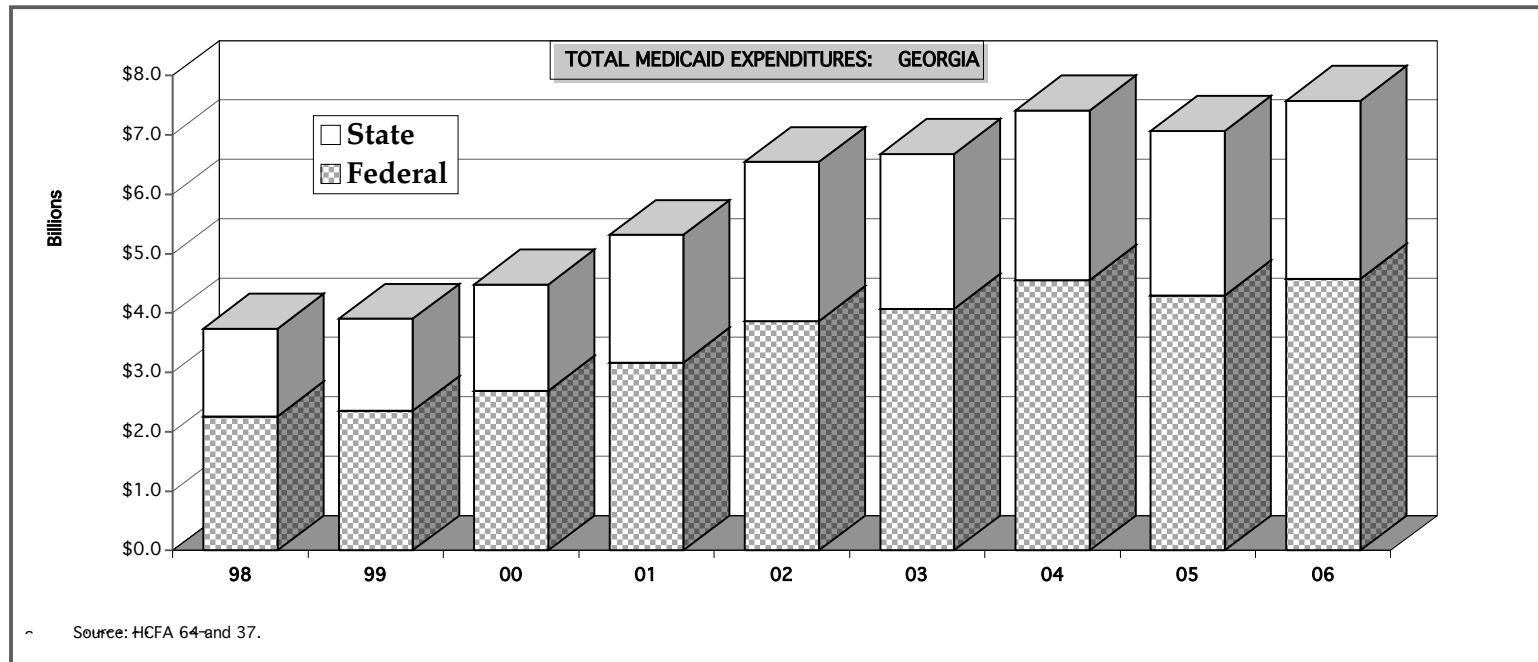
FLORIDA



## STATE MEDICAID PROFILE



# SOUTHERN REGION MEDICAID PROFILE



State profile revised to reflect MSIS statistical data as reported by CMS for federal fiscal years 99 through 03.  
(FFY 04 is projected using state annual report and historical trend data)

	FFY 98	FFY 99	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05**	FFY 06**	Annual Rate of Change	Total Change 98-06
Medicaid Payments	\$3,487,596,382	\$3,673,705,109	\$4,321,247,201	\$5,037,084,881	\$6,241,211,454	\$6,300,856,479	\$7,044,051,167	\$6,644,841,000	\$7,157,780,000	9.4%	105.2%
Federal Share	\$2,126,785,792	\$2,226,304,953	\$2,592,499,901	\$3,012,109,157	\$3,684,679,643	\$3,864,544,309	\$4,368,498,042	\$4,061,590,000	\$4,342,266,000	9.3%	104.2%
State Share	\$1,360,810,590	\$1,447,400,156	\$1,728,747,300	\$2,024,975,724	\$2,556,531,811	\$2,436,312,170	\$2,675,553,125	\$2,583,251,000	\$2,815,514,000	9.5%	106.9%
Administrative Costs	\$247,246,597	\$230,872,445	\$158,819,383	\$277,430,878	\$302,658,380	\$380,246,357	\$368,841,269	\$417,811,000	\$418,917,000	6.8%	69.4%
Federal Share	\$133,995,592	\$126,008,191	\$96,825,459	\$155,839,950	\$180,016,435	\$205,358,125	\$184,173,084	\$235,695,000	\$236,355,000	7.4%	76.4%
State Share	\$113,251,005	\$104,864,254	\$61,993,924	\$121,590,928	\$122,641,945	\$174,888,232	\$184,668,185	\$182,116,000	\$182,562,000	6.2%	61.2%
Admin. Costs as % of Payments	7.09%	6.28%	3.68%	5.51%	4.85%	6.03%	5.24%	6.29%	5.85%		
Federal Match Rate*	60.84%	60.47%	59.88%	59.67%	59.00%	59.60%	59.58%	60.44%	60.60%		

\*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 05 and 06 reflect latest estimates reported by each state (CMS 37).

# SOUTHERN REGION MEDICAID PROFILE

## STATE FINANCING

	Payments		Administration	
	FFY 98	FFY 04	FFY 98	FFY 04
State General Fund	\$1,360,810,590	\$2,673,421,575	\$113,251,005	\$184,668,185
Local Funds	\$0	\$0	\$0	\$0
Provider Taxes	\$0	\$2,131,550	\$0	\$0
Donations	\$0	\$0	\$0	\$0
Other (License Fees)	\$0	\$0	\$0	\$0
Total State Share	\$1,360,810,590	\$2,675,553,125	\$113,251,005	\$184,668,185

## Provider Taxes Currently in Place (FFY 04)

	Tax Rate	Amount
Ambulance		\$2,131,550
Medical		\$0
Nursing (Registered)		\$0
Nursing Home Administrators		\$0
Pharmacy		\$0
Other professionals		\$0
Total		\$2,131,550

## DISPROPORTIONATE SHARE HOSPITAL (DSH) PAYMENTS

	FFY 98	FFY 99	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05**	FFY 06**	Annual Change
General Hospitals	\$342,433,313	\$391,688,680	\$402,093,625	\$418,024,133	\$433,162,860	\$366,149,330	\$424,567,736	\$418,830,000	\$431,756,000	1.2%
Mental Hospitals	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a
Total	\$342,433,313	\$391,688,680	\$402,093,625	\$418,024,133	\$433,162,860	\$366,149,330	\$424,567,736	\$418,830,000	\$431,756,000	1.2%

## SELECTED ELIGIBILITY CRITERIA

	At 10/1/04	% of FPL*
TANF-Temporary Assistance for Needy Families (Family of 3)		
Need Standard	\$424	32.5%
Payment Standard (Income Ceiling)	\$784	60.0%
Maximum Payment	\$280	21.4%
Medically Needy Program (Family of 3)		
Income Eligibility Standard	\$375	
Resource Standard	\$4,100	
Pregnant Women, Children and Infants (% of FPL*)		185% to 200%
Pregnant women and infants		133.0%
Children 2 to 5		100.0%
Children 6 to 19		
SSI Eligibility Levels		
Income:		
Single Person	\$564	72.7%
Couple	\$946	90.9%
Resources:		
Single Person	\$2,000	
Couple	\$3,000	

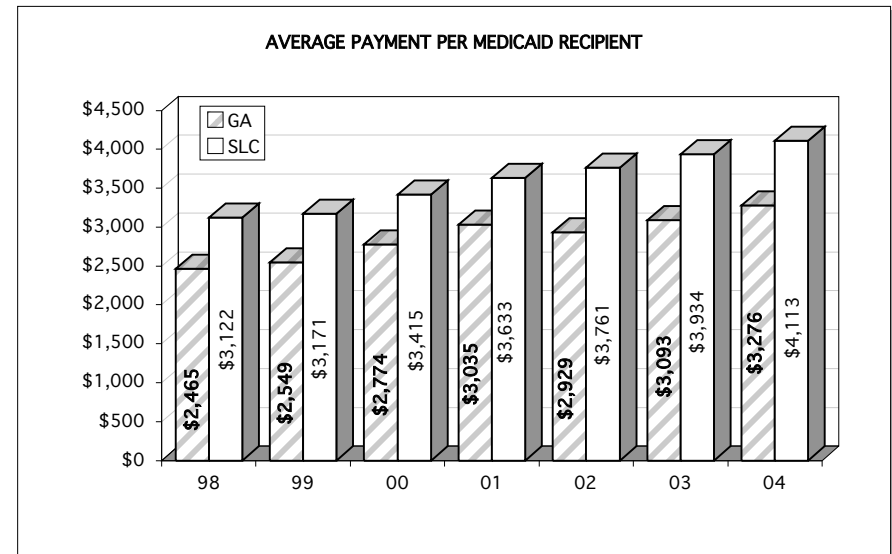
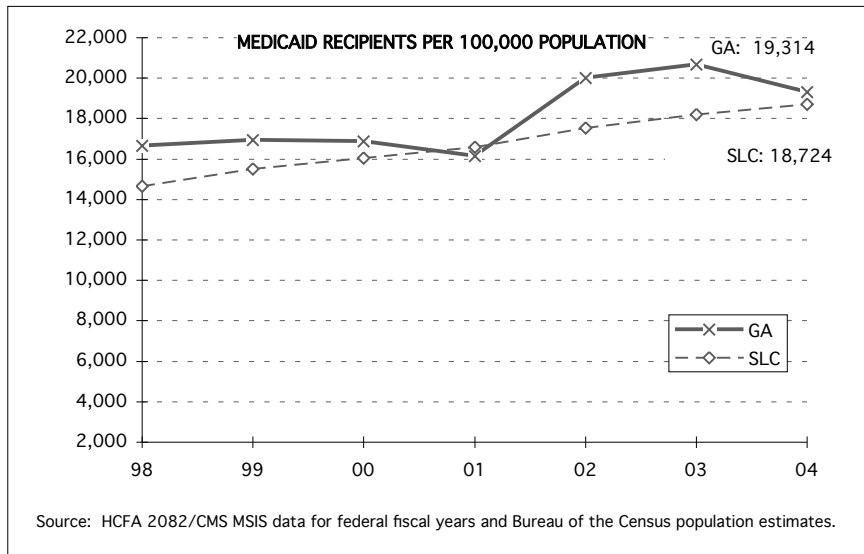
## DEMOGRAPHIC DATA & POVERTY INDICATORS (2004)

		Rank in U.S.
State population—July 1, 2004*	8,829,383	9
Per capita personal income**	\$30,051	34
Median household income**	\$43,535	23
Population below Federal Poverty Level on July 1, 2003*	1,059,526	
Percent of total state population	12.0%	18
Population without health insurance coverage*	1,409,000	7
Percent of total state population	16.0%	14
Recipients of Food Stamps***	847,886	9
Households receiving Food Stamps***	344,704	9
Total value of issuance***	\$874,043,065	9
Average monthly benefit per recipient	\$85.90	9
Average monthly benefit per household	\$211.30	
Monthly recipients of Temporary Assistance to Needy Families (TANF)****	135,515	8
Total TANF payments****	\$153,918,887	41
Average monthly payment per recipient	\$94.65	41
Maximum monthly payment per family of 3	\$208.00	39

\*Current federal poverty level is \$9,310 per year for a single person, \$12,490 for a family of two and \$15,670 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)

<b>RECIPIENTS BY TYPE OF SERVICES</b>	<b>FFY 98</b>	<b>FFY 99</b>	<b>FFY 00</b>	<b>FFY 01</b>	<b>FFY 02</b>	<b>FFY 03</b>	<b>FFY 04</b>	<i>Annual Change</i>
01. General Hospital	161,694	204,883	211,400	202,621	227,976	225,915	237,984	6.7%
02. Mental Hospital	0	0	0	0	0	0	0	n/a
03. Skilled and Intermediate (non-MR) Care Nursing	40,390	39,720	40,326	39,591	41,616	41,601	43,365	1.2%
04. Intermediate Care for Mentally Retarded	1,728	1,444	1,414	1,369	1,317	1,258	1,399	-3.5%
05. Physician Services	872,557	894,636	909,574	901,368	1,184,321	1,295,908	1,233,618	5.9%
06. Dental Services	229,794	230,903	227,960	230,533	393,445	488,144	409,225	10.1%
07. Other Practitioners	132,412	135,649	132,286	138,583	190,431	242,939	198,799	7.0%
08. Outpatient Hospital	540,218	543,482	578,918	580,333	731,565	774,612	763,870	5.9%
09. Clinic Services	60,632	356,625	371,269	364,029	480,661	530,530	499,570	42.1%
10. Lab and X-Ray	167,860	164,840	176,254	177,257	221,980	249,884	231,597	5.5%
11. Home Health	84,820	20,108	18,049	19,719	20,909	20,663	22,527	-19.8%
12. Prescribed Drugs	805,923	841,024	847,730	856,797	1,076,904	122,323	1,073,974	4.9%
13. Family Planning	107,414	0	0	0	0	26,015	1,026	-53.9%
14. Early & Periodic Screening, Diagnosis & Treatment	287,928	0	0	0	0	0	2,751	-53.9%
15. Other Care	137,889	175,543	179,440	190,418	247,982	217,243	257,835	11.0%
16. Personal Care Support Services	194,528	203,339	216,809	236,696	316,160	411,034	328,384	9.1%
17. Home/Community Based Waiver Services	15,251	0	0	0	0	0	146	-53.9%
18. Prepaid Health Care	78,463	33,660	22,459	0	0	0	1,286	-49.6%
19. Primary Care Case Management (PCCM) Services	879,554	947,607	59,742	958,577	1,278,572	1,206,439	1,329,589	7.1%
<b>Total*</b>	<b>1,221,978</b>	<b>1,267,798</b>	<b>1,289,795</b>	<b>1,256,990</b>	<b>1,637,329</b>	<b>1,732,120</b>	<b>1,705,321</b>	5.7%

\*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.

## SOUTHERN REGION MEDICAID PROFILE

<u>PAYMENTS BY TYPE OF SERVICES</u>	<u>FFY 98</u>	<u>FFY 99</u>	<u>FFY 00</u>	<u>FFY 01</u>	<u>FFY 02</u>	<u>FFY 03</u>	<u>FFY 04</u>	<i>Annual</i>	<i>Share of Total</i>
								<i>Change</i>	<i>FFY 04</i>
01. General Hospital	\$668,075,530	\$706,922,816	\$770,287,080	\$815,115,674	\$1,029,166,797	\$1,122,690,289	\$1,172,233,560	9.8%	21.0%
02. Mental Hospital	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a	0.0%
03. Skilled and Intermediate (non-MR) Care Nursing	\$603,835,584	\$639,253,258	\$746,513,288	\$733,447,215	\$806,319,046	\$827,035,470	\$868,704,099	6.2%	15.5%
04. Intermediate Care for Mentally Retarded	\$107,450,025	\$108,475,359	\$109,493,463	\$110,190,694	\$110,193,235	\$102,917,036	\$109,311,879	0.3%	2.0%
05. Physician Services	\$367,096,683	\$392,476,463	\$423,743,500	\$449,717,740	\$592,889,173	\$649,384,798	\$677,257,934	10.7%	12.1%
06. Dental Services	\$32,076,080	\$40,855,499	\$47,014,714	\$71,867,392	\$141,126,963	\$186,245,205	\$191,231,597	34.7%	3.4%
07. Other Practitioners	\$18,735,368	\$18,432,417	\$19,195,790	\$20,329,582	\$30,601,958	\$39,709,926	\$41,159,074	14.0%	0.7%
08. Outpatient Hospital	\$266,142,731	\$311,143,950	\$341,117,230	\$370,631,403	\$496,845,562	\$606,810,676	\$629,730,080	15.4%	11.3%
09. Clinic Services	\$114,306,637	\$136,870,005	\$111,650,111	\$109,400,936	\$155,863,139	\$159,706,661	\$167,523,290	6.6%	3.0%
10. Lab and X-Ray	\$12,445,037	\$14,090,357	\$16,875,460	\$16,571,798	\$21,024,404	\$24,181,841	\$25,178,220	12.5%	0.5%
11. Home Health	\$42,656,324	\$71,871,270	\$76,206,271	\$87,693,524	\$101,040,695	\$66,138,776	\$70,213,518	8.7%	1.3%
12. Prescribed Drugs	\$370,562,935	\$462,992,436	\$580,612,920	\$655,515,772	\$749,552,199	\$1,003,853,892	\$1,039,582,467	18.8%	18.6%
13. Family Planning	\$27,091,933	\$0	\$0	\$0	\$0	\$15,901,097	\$16,594,152	-7.8%	0.3%
14. Early & Periodic Screening, Diagnosis & Treatment	\$25,513,441	\$0	\$0	\$0	\$0	\$0	\$0	-100.0%	0.0%
15. Other Care	\$27,214,508	\$159,735,131	\$177,025,081	\$209,266,762	\$310,564,683	\$307,085,482	\$320,777,462	50.9%	5.7%
16. Personal Care Support Services	\$101,836,605	\$115,779,941	\$125,074,607	\$142,839,088	\$217,765,580	\$216,803,781	\$225,672,652	14.2%	4.0%
17. Home/Community Based Waiver Services	\$146,244,447	\$0	\$0	\$0	\$0	\$0	\$0	-100.0%	0.0%
18. Prepaid Health Care	\$57,871,451	\$29,808,317	\$7,266,806	\$0	\$0	\$0	\$1,439,325	-46.0%	0.0%
19. Primary Case Management (PCCM) Services	\$23,190,993	\$23,278,773	\$25,826,967	\$22,679,694	\$33,051,927	\$29,085,728	\$30,613,329	4.7%	0.5%
<b>Total (excludes DSH pymts, pharmacy rebates, &amp; other adjs.)</b>	<b>\$3,012,346,312</b>	<b>\$3,231,985,992</b>	<b>\$3,577,903,288</b>	<b>\$3,815,267,274</b>	<b>\$4,796,005,361</b>	<b>\$5,357,550,658</b>	<b>\$5,587,222,638</b>	<b>10.8%</b>	<b>100.0%</b>
 <b><u>AVERAGE PAYMENTS PER RECIPIENT BY TYPE OF SERVICES</u></b>									
								<i>(+) or (-) SLC</i>	
								<i><u>Avg. FFY 04</u></i>	
01. General Hospital	\$4,131.73	\$3,450.37	\$3,643.74	\$4,022.86	\$4,514.36	\$4,969.53	\$4,925.68	3.0%	-9.2%
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	\$14,950.13	\$16,093.99	\$18,511.96	\$18,525.60	\$19,375.22	\$19,880.18	\$20,032.38	5.0%	-10.6%
04. Intermediate Care for Mentally Retarded	\$62,181.73	\$75,121.44	\$77,435.26	\$80,489.92	\$83,669.88	\$81,810.04	\$78,135.72	3.9%	-2.8%
05. Physician Services	\$420.71	\$438.70	\$465.87	\$498.93	\$500.62	\$501.10	\$549.00	4.5%	0.1%
06. Dental Services	\$139.59	\$176.94	\$206.24	\$311.74	\$358.70	\$381.54	\$467.30	22.3%	34.0%
07. Other Practitioners	\$141.49	\$135.88	\$145.11	\$146.70	\$160.70	\$163.46	\$207.04	6.5%	9.0%
08. Outpatient Hospital	\$492.66	\$572.50	\$589.23	\$638.65	\$679.15	\$783.37	\$824.39	9.0%	33.9%
09. Clinic Services	\$1,885.25	\$383.79	\$300.73	\$300.53	\$324.27	\$301.03	\$335.33	-25.0%	-48.1%
10. Lab and X-Ray	\$74.14	\$85.48	\$95.75	\$93.49	\$94.71	\$96.77	\$108.72	6.6%	-44.4%
11. Home Health	\$502.90	\$3,574.26	\$4,222.19	\$4,447.16	\$4,832.40	\$3,200.83	\$3,116.86	35.5%	5.9%
12. Prescribed Drugs	\$459.80	\$550.51	\$684.90	\$765.08	\$696.03	\$8,206.58	\$967.98	13.2%	-32.8%
13. Family Planning	\$252.22	\$0.00	\$0.00	\$0.00	\$0.00	\$611.23	\$16,173.64	100.1%	1308.3%
14. Early & Periodic Screening, Diagnosis & Treatment	\$88.61	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-100.0%	-100.0%
15. Other Care	\$197.37	\$909.95	\$986.54	\$1,098.99	\$1,252.37	\$1,413.56	\$1,244.12	35.9%	-35.0%
16. Personal Care Support Services	\$523.51	\$569.39	\$576.89	\$603.47	\$688.78	\$527.46	\$687.22	4.6%	-48.9%
17. Home/Community Based Waiver Services	\$9,589.17	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-100.0%	-100.0%
18. Prepaid Health Care	\$737.56	\$885.57	\$323.56	\$0.00	\$0.00	\$0.00	\$1,119.23	7.2%	-5.7%
19. Primary Care Case Management (PCCM) Services	\$26.37	\$24.57	\$432.31	\$23.66	\$25.85	\$24.11	\$23.02	-2.2%	-14.7%
<b>Total (Average)</b>	<b>\$2,465.14</b>	<b>\$2,549.29</b>	<b>\$2,774.01</b>	<b>\$3,035.24</b>	<b>\$2,929.16</b>	<b>\$3,093.06</b>	<b>\$3,276.35</b>	<b>4.9%</b>	<b>-20.3%</b>
 <b>TOTAL PER CAPITA EXPENDITURES</b>	 <b>\$509.23</b>	 <b>\$521.31</b>	 <b>\$586.23</b>	 <b>\$682.38</b>	 <b>\$799.35</b>	 <b>\$796.90</b>	 <b>\$839.57</b>	 <b>8.7%</b>	 <b>-4.2%</b>

Source: Health Care Financing Administration-Form HCFA 2082 for federal fiscal year 98; MSIS data for FFY 99-03. FFY 04 is projected using state annual reports and historical trends from FFY 98-03.

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

**RECIPIENTS BY OTHER CHARACTERISTICS**

	<b><u>FFY 98</u></b>	<b><u>FFY 99</u></b>	<b><u>FFY 00</u></b>	<b><u>FFY 01</u></b>	<b><u>FFY 02</u></b>	<b><u>FFY 03</u></b>	<b><u>FFY 04</u></b>	<i>Annual Change</i>	<i>Share of Total FFY 04</i>
<b>By Maintenance Assistance Status</b>									
Receiving Cash Assistance or Eligible Under Section 1931	473,537	382,721	381,281	515,762	504,757	527,867	511,502	1.3%	30.0%
Poverty Related Eligibles	536,420	550,472	549,926	501,780	593,853	651,553	495,581	-1.3%	29.1%
Medically Needy	841	6,238	8,994	9,425	10,313	11,464	9,777	50.5%	0.6%
Other Eligibles	179,778	242,242	243,330	230,023	265,977	267,747	256,842	6.1%	15.1%
Maintenance Assistance Status Unknown	31,402	86,125	106,264	0	262,429	273,489	431,619	54.8%	25.3%
<b>Total*</b>	<b>1,221,978</b>	<b>1,267,798</b>	<b>1,289,795</b>	<b>1,256,990</b>	<b>1,637,329</b>	<b>1,732,120</b>	<b>1,705,321</b>	<b>5.7%</b>	<b>100.0%</b>
<b>By Basis of Eligibility</b>									
Aged, Blind, or Disabled	315,460	311,954	319,038	322,510	341,408	333,745	335,704	1.0%	19.7%
Children	666,385	667,192	660,917	685,118	844,963	853,845	694,245	0.7%	40.7%
Foster Care Children	6,508	8,833	11,519	15,932	19,550	18,781	17,132	17.5%	1.0%
Adults	202,223	193,694	192,057	233,430	252,563	252,259	227,420	2.0%	13.3%
Basis of Eligibility Unknown	31,402	86,125	106,264	0	178,845	273,490	430,820	54.7%	25.3%
<b>Total*</b>	<b>1,221,978</b>	<b>1,267,798</b>	<b>1,289,795</b>	<b>1,256,990</b>	<b>1,637,329</b>	<b>1,732,120</b>	<b>1,705,321</b>	<b>5.7%</b>	<b>100.0%</b>
<b>By Age</b>									
Under Age 1	64,474	73,941	77,969	77,756	81,499	83,244	55,260	-2.5%	3.2%
Age 1 to 5	255,052	259,200	262,334	269,241	320,543	339,550	290,398	2.2%	17.0%
Age 6 to 14	280,857	289,203	283,009	293,690	341,811	367,446	305,871	1.4%	17.9%
Age 15 to 20	129,665	129,614	127,714	136,503	147,669	162,924	136,289	0.8%	8.0%
Age 21 to 44	225,920	215,444	214,751	255,716	255,797	272,584	252,797	1.9%	14.8%
Age 45 to 64	87,177	85,757	89,302	96,438	100,513	107,450	101,773	2.6%	6.0%
Age 65 to 74	53,477	50,415	50,357	50,254	50,242	50,091	52,048	-0.5%	3.1%
Age 75 to 84	49,912	45,807	46,076	45,856	45,940	45,220	47,681	-0.8%	2.8%
Age 85 and Over	68,219	32,292	32,019	31,536	30,886	30,122	32,317	-11.7%	1.9%
Age Unknown	7,225	86,125	106,264	0	262,429	273,489	431,387	97.7%	25.3%
<b>Total*</b>	<b>1,221,978</b>	<b>1,267,798</b>	<b>1,289,795</b>	<b>1,256,990</b>	<b>1,637,329</b>	<b>1,732,120</b>	<b>1,705,321</b>	<b>5.7%</b>	<b>100.0%</b>
<b>By Race</b>									
White	443,904	460,359	468,202	456,330	560,642	604,949	620,269	5.7%	36.4%
Black	647,000	670,248	681,641	664,452	697,261	720,904	900,444	5.7%	52.8%
Hispanic, American Indian or Asian	51,996	53,591	54,364	53,112	23,361	38,753	71,242	5.4%	4.2%
Other/Unknown	79,078	83,600	85,588	83,096	356,065	367,514	113,366	6.2%	6.6%
<b>Total*</b>	<b>1,221,978</b>	<b>1,267,798</b>	<b>1,289,795</b>	<b>1,256,990</b>	<b>1,637,329</b>	<b>1,732,120</b>	<b>1,705,321</b>	<b>5.7%</b>	<b>100.0%</b>
<b>By Sex</b>									
Female	748,398	776,857	790,381	770,183	826,934	874,969	1,044,558	5.7%	61.3%
Male	466,356	483,598	491,992	479,533	547,966	583,650	648,589	5.7%	38.0%
Unknown	7,224	7,343	7,422	7,274	262,429	273,501	12,174	9.1%	0.7%
<b>Total*</b>	<b>1,221,978</b>	<b>1,267,798</b>	<b>1,289,795</b>	<b>1,256,990</b>	<b>1,637,329</b>	<b>1,732,120</b>	<b>1,705,321</b>	<b>5.7%</b>	<b>100.0%</b>

Source: Health Care Financing Administration-Form HCFA 2082 for federal fiscal year 98; MSIS data for FFY 99-03. FFY 04 is projected using state annual reports and historical trends from FFY 98-03.

# SOUTHERN REGION MEDICAID PROFILE

## PAYMENTS BY OTHER CHARACTERISTICS

	FFY 98	FFY 99	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	Annual Change	Share of Total FFY 04
<b>By Maintenance Assistance Status</b>									
Receiving Cash Assistance or Eligible Under Section 1931	\$1,377,872,299	\$1,382,020,426	\$1,498,547,853	\$1,730,796,612	\$2,030,818,708	\$2,122,692,203	\$2,220,607,350	8.3%	39.7%
Poverty Related Eligibles	\$689,569,489	\$655,518,207	\$682,763,454	\$693,186,999	\$822,349,971	\$1,008,562,523	\$1,052,505,734	7.3%	18.8%
Medically Needy	\$3,794,773	\$36,247,519	\$59,470,116	\$67,165,688	\$83,707,979	\$112,396,672	\$115,898,871	76.8%	2.1%
Other Eligibles	\$889,614,162	\$1,103,033,147	\$1,246,534,428	\$1,324,117,975	\$1,564,443,172	\$1,794,780,099	\$1,871,261,837	13.2%	33.5%
Maintenance Assistance Status Unknown	\$51,495,589	\$55,166,693	\$90,587,437	\$0	\$294,685,531	\$319,119,161	\$326,948,846	36.1%	5.9%
<b>Total*</b>	<b>\$3,012,346,312</b>	<b>\$3,231,985,992</b>	<b>\$3,577,903,288</b>	<b>\$3,815,267,274</b>	<b>\$4,796,005,361</b>	<b>\$5,357,550,658</b>	<b>\$5,587,222,638</b>	<b>10.8%</b>	<b>100.0%</b>
<b>By Basis of Eligibility</b>									
Aged, Blind or Disabled	\$1,896,108,233	\$2,075,785,671	\$2,329,126,304	\$2,465,506,511	\$2,812,930,628	\$3,048,713,892	\$3,189,930,013	9.1%	57.1%
Children	\$582,740,389	\$653,946,821	\$672,141,195	\$784,754,155	\$986,664,537	\$1,141,356,199	\$1,187,902,558	12.6%	21.3%
Foster Care Children	\$23,957,528	\$28,720,088	\$36,080,606	\$47,381,816	\$68,432,271	\$68,080,671	\$70,712,784	19.8%	1.3%
Adults	\$458,044,573	\$418,366,719	\$449,967,746	\$517,624,792	\$622,361,459	\$740,880,454	\$771,842,274	9.1%	13.8%
Basis of Eligibility Unknown	\$51,495,589	\$55,166,693	\$90,587,437	\$0	\$305,616,466	\$358,519,442	\$366,835,009	38.7%	6.6%
<b>Total*</b>	<b>\$3,012,346,312</b>	<b>\$3,231,985,992</b>	<b>\$3,577,903,288</b>	<b>\$3,815,267,274</b>	<b>\$4,796,005,361</b>	<b>\$5,357,550,658</b>	<b>\$5,587,222,638</b>	<b>10.8%</b>	<b>100.0%</b>
<b>By Age</b>									
Under Age 1	\$130,274,039	\$198,686,682	\$232,347,201	\$259,039,763	\$283,687,721	\$272,471,479	\$285,759,877	14.0%	5.1%
Age 1 to 5	\$256,674,945	\$297,971,883	\$307,812,480	\$374,497,712	\$458,485,978	\$553,135,849	\$574,842,977	14.4%	10.3%
Age 6 to 14	\$228,998,832	\$250,164,339	\$247,391,746	\$290,344,739	\$389,821,361	\$479,046,570	\$497,251,223	13.8%	8.9%
Age 15 to 20	\$229,873,552	\$216,324,625	\$227,688,839	\$246,963,669	\$313,540,556	\$367,418,487	\$382,881,893	8.9%	6.9%
Age 21 to 44	\$737,273,945	\$731,522,593	\$784,657,252	\$876,280,104	\$1,055,769,741	\$1,194,403,569	\$1,246,339,632	9.1%	22.3%
Age 45 to 64	\$507,321,902	\$558,395,268	\$637,519,329	\$715,187,442	\$853,355,081	\$965,824,351	\$1,006,732,945	12.1%	18.0%
Age 65 to 74	\$225,627,074	\$246,120,546	\$277,327,308	\$282,896,200	\$311,368,483	\$336,776,996	\$352,996,354	7.7%	6.3%
Age 75 to 84	\$302,572,083	\$324,124,167	\$376,233,367	\$381,141,345	\$415,373,977	\$436,487,337	\$458,072,378	7.2%	8.2%
Age 85 and Over	\$372,731,195	\$353,509,196	\$396,338,329	\$388,916,300	\$419,916,932	\$432,866,859	\$455,690,921	3.4%	8.2%
Age Unknown	\$20,998,745	\$55,166,693	\$90,587,437	\$0	\$294,685,531	\$319,119,161	\$326,654,438	58.0%	5.8%
<b>Total*</b>	<b>\$3,012,346,312</b>	<b>\$3,231,985,992</b>	<b>\$3,577,903,288</b>	<b>\$3,815,267,274</b>	<b>\$4,796,005,361</b>	<b>\$5,357,550,658</b>	<b>\$5,587,222,638</b>	<b>10.8%</b>	<b>100.0%</b>
<b>By Race</b>									
White	\$1,449,477,236	\$1,551,407,326	\$1,717,330,905	\$1,809,275,320	\$2,221,842,335	\$2,477,092,197	\$2,756,013,843	11.3%	49.3%
Black	\$1,239,615,206	\$1,329,788,662	\$1,471,170,128	\$1,510,584,335	\$1,838,958,060	\$2,039,484,545	\$2,222,634,351	10.2%	39.8%
Hispanic, American Indian or Asian	\$63,396,255	\$68,451,192	\$75,297,476	\$66,573,712	\$32,251,832	\$86,511,726	\$89,689,211	6.0%	1.6%
Other / Unknown	\$259,857,615	\$282,338,812	\$314,104,779	\$428,833,907	\$702,953,134	\$754,462,190	\$518,885,233	12.2%	9.3%
<b>Total*</b>	<b>\$3,012,346,312</b>	<b>\$3,231,985,992</b>	<b>\$3,577,903,288</b>	<b>\$3,815,267,274</b>	<b>\$4,796,005,361</b>	<b>\$5,357,550,658</b>	<b>\$5,587,222,638</b>	<b>10.8%</b>	<b>100.0%</b>
<b>By Sex</b>									
Female	\$1,966,718,337	\$2,110,137,286	\$2,337,735,771	\$2,481,626,198	\$2,853,058,293	\$3,217,244,674	\$3,361,727,121	9.3%	60.2%
Male	\$1,024,630,832	\$1,100,266,426	\$1,217,278,898	\$1,329,487,630	\$1,648,261,537	\$1,821,172,207	\$1,899,764,001	10.8%	34.0%
Unknown	\$20,997,143	\$21,582,280	\$22,888,619	\$4,153,446	\$294,685,531	\$319,133,777	\$325,731,516	57.9%	5.8%
<b>Total*</b>	<b>\$3,012,346,312</b>	<b>\$3,231,985,992</b>	<b>\$3,577,903,288</b>	<b>\$3,815,267,274</b>	<b>\$4,796,005,361</b>	<b>\$5,357,550,658</b>	<b>\$5,587,222,638</b>	<b>10.8%</b>	<b>100.0%</b>

Source: Health Care Financing Administration-Form HCFA 2082 for federal fiscal year 98; MSIS data for FFY 99-03. FFY 04 is projected using state annual reports and historical trends from FFY 98-03.

# SOUTHERN REGION MEDICAID PROFILE

## AVERAGE PAYMENT PER RECIPIENT BY OTHER CHARACTERISTICS

								Annual Change	Above (+) or Below (-) SLC Avg. FFY 04
<b>By Maintenance Assistance Status</b>	<b>FFY 98</b>	<b>FFY 99</b>	<b>FFY 00</b>	<b>FFY 01</b>	<b>FFY 02</b>	<b>FFY 03</b>	<b>FFY 04</b>		
Receiving Cash Assistance or Eligible Under Section 1931	\$2,909.75	\$3,611.04	\$3,930.30	\$3,355.80	\$4,023.36	\$4,021.26	\$4,341.35	6.9%	-17.4%
Poverty Related Eligibles	\$1,285.50	\$1,190.83	\$1,241.56	\$1,381.46	\$1,384.77	\$1,547.94	\$2,123.78	8.7%	3.8%
Medically Needy	\$4,512.22	\$5,810.76	\$6,612.20	\$7,126.33	\$8,116.74	\$9,804.32	\$11,854.24	17.5%	90.9%
Other Eligibles	\$4,948.40	\$4,553.43	\$5,122.81	\$5,756.46	\$5,881.87	\$6,703.27	\$7,285.65	6.7%	0.4%
Maintenance Assistance Status Unknown	\$1,639.88	\$640.54	\$852.48	\$0.00	\$1,122.92	\$1,166.84	\$757.49	-12.1%	-71.6%
<b>Total</b>	<b>\$2,465.14</b>	<b>\$2,549.29</b>	<b>\$2,774.01</b>	<b>\$3,035.24</b>	<b>\$2,929.16</b>	<b>\$3,093.06</b>	<b>\$3,276.35</b>	<b>4.9%</b>	<b>-20.3%</b>
<b>By Basis of Eligibility</b>									
Aged, Blind or Disabled	\$6,010.61	\$6,654.14	\$7,300.47	\$7,644.74	\$8,239.21	\$9,134.86	\$9,502.21	7.9%	-11.9%
Children	\$874.48	\$980.15	\$1,016.98	\$1,145.43	\$1,167.70	\$1,336.73	\$1,711.07	11.8%	16.0%
Foster Care Children	\$3,681.24	\$3,251.45	\$3,132.27	\$2,974.00	\$3,500.37	\$3,624.98	\$4,127.53	1.9%	-40.0%
Adults	\$2,265.05	\$2,159.94	\$2,342.89	\$2,217.47	\$2,464.18	\$2,936.98	\$3,393.91	7.0%	29.2%
Basis of Eligibility Unknown	\$1,639.88	\$640.54	\$852.48	\$0.00	\$1,708.83	\$1,310.91	\$851.48	-10.3%	-70.5%
<b>Total</b>	<b>\$2,465.14</b>	<b>\$2,549.29</b>	<b>\$2,774.01</b>	<b>\$3,035.24</b>	<b>\$2,929.16</b>	<b>\$3,093.06</b>	<b>\$3,276.35</b>	<b>4.9%</b>	<b>-20.3%</b>
<b>By Age</b>									
Under Age 1	\$2,020.57	\$2,687.10	\$2,979.99	\$3,331.44	\$3,480.87	\$3,273.17	\$5,171.19	17.0%	39.2%
Age 1 to 5	\$1,006.36	\$1,149.58	\$1,173.36	\$1,390.94	\$1,430.34	\$1,629.03	\$1,979.50	11.9%	10.1%
Age 6 to 14	\$815.36	\$865.01	\$874.15	\$988.61	\$1,140.46	\$1,303.72	\$1,625.69	12.2%	-3.1%
Age 15 to 20	\$1,772.83	\$1,668.99	\$1,782.80	\$1,809.22	\$2,123.27	\$2,255.15	\$2,809.34	8.0%	5.6%
Age 21 to 44	\$3,263.43	\$3,395.42	\$3,653.80	\$3,426.77	\$4,127.37	\$4,381.78	\$4,939.97	7.2%	2.3%
Age 45 to 64	\$5,819.45	\$6,511.37	\$7,138.91	\$7,416.03	\$8,490.00	\$8,988.59	\$9,891.95	9.2%	2.8%
Age 65 to 74	\$4,219.14	\$4,881.89	\$5,507.22	\$5,629.33	\$6,197.37	\$6,723.30	\$6,782.13	8.2%	-8.2%
Age 75 to 84	\$6,062.11	\$7,075.87	\$8,165.50	\$8,311.70	\$9,041.66	\$9,652.53	\$9,607.02	8.0%	-13.9%
Age 85 and Over	\$5,463.74	\$10,947.27	\$12,378.22	\$12,332.45	\$13,595.70	\$14,370.46	\$14,100.66	17.1%	-18.0%
Age Unknown	\$2,906.40	\$640.54	\$852.48	\$0.00	\$1,122.92	\$1,166.84	\$757.22	-20.1%	-73.4%
<b>Total</b>	<b>\$2,465.14</b>	<b>\$2,549.29</b>	<b>\$2,774.01</b>	<b>\$3,035.24</b>	<b>\$2,929.16</b>	<b>\$3,093.06</b>	<b>\$3,276.35</b>	<b>4.9%</b>	<b>-20.3%</b>
<b>By Race</b>									
White	\$3,265.29	\$3,369.99	\$3,667.93	\$3,964.84	\$3,963.03	\$4,094.71	\$4,443.26	5.3%	-11.2%
Black	\$1,915.94	\$1,984.02	\$2,158.28	\$2,273.43	\$2,637.40	\$2,829.07	\$2,468.38	4.3%	-27.9%
Hispanic, American Indian or Asian	\$1,219.25	\$1,277.29	\$1,385.06	\$1,253.46	\$1,380.58	\$2,232.39	\$1,258.94	0.5%	-51.2%
Other/Unknown	\$3,286.09	\$3,377.26	\$3,669.96	\$5,160.70	\$1,974.23	\$2,052.88	\$4,577.08	5.7%	-7.6%
<b>Total</b>	<b>\$2,465.14</b>	<b>\$2,549.29</b>	<b>\$2,774.01</b>	<b>\$3,035.24</b>	<b>\$2,929.16</b>	<b>\$3,093.06</b>	<b>\$3,276.35</b>	<b>4.9%</b>	<b>-20.3%</b>
<b>By Sex</b>									
Female	\$2,627.90	\$2,716.25	\$2,957.73	\$3,222.13	\$3,450.16	\$3,676.98	\$3,218.32	3.4%	-23.2%
Male	\$2,197.10	\$2,275.17	\$2,474.18	\$2,772.46	\$3,007.96	\$3,120.32	\$2,929.07	4.9%	-26.8%
Unknown	\$2,906.58	\$2,939.16	\$3,083.89	\$571.00	\$1,122.92	\$1,166.85	\$26,756.33	44.8%	553.1%
<b>Total</b>	<b>\$2,465.14</b>	<b>\$2,549.29</b>	<b>\$2,774.01</b>	<b>\$3,035.24</b>	<b>\$2,929.16</b>	<b>\$3,093.06</b>	<b>\$3,276.35</b>	<b>4.9%</b>	<b>-20.3%</b>

Source: Health Care Financing Administration-Form HCFA 2082 for federal fiscal year 98; MSIS data for FFY 99-03. FFY 04 is projected using state annual reports and historical trends from FFY 98-03.



## SOUTHERN REGION MEDICAID PROFILE

### ADDITIONAL STATE HEALTH CARE INFORMATION

Sources: "Issue Briefs", Health Policy Tracking Service, January 2005; "Medicaid Services State by State", CMS, October 2004; "State Health Facts", The Henry Kaiser Foundation, January 2005; and the state Medicaid Website.

#### 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 2003. Approximately 1,053,733 Medicaid recipients (around 77% of all recipients) were enrolled as of June 2002. The waiver expired in December 2002.
- Non-emergency Transportation: Serves approximately 850,000 recipients, implemented in September 1999 and renewed through January 2004.

Georgia has 4 home and community-based waivers and 2 demonstration projects that have been approved by the Centers for Medicare and Medicaid Services (CMS). 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. They include:

- The Community Care Services Program: offers services to help elderly and/or functionally impaired or disabled individuals remain in the community or return to the community from a nursing home, served approximately 15,750 in FY 04.
- The Mental Retardation Waiver Program and the Community Habilitation and Support Services Waiver Program: helps individuals that have mental retardation or a developmental disability, current enrollment is approximately 2,553 in FY 04.
- The Model Waiver: covers private duty nursing and medical day care for individuals under age 21 that are respirator or oxygen dependent, served 190 in FY 04.
- The Independent Care Waiver Program (ICWP): helps adult Medicaid recipients with disabilities live in their own home or in the community instead of living in a hospital setting. The ICWP also includes services for adult Medicaid recipients with traumatic brain injuries, served 750 in FY 04.
- SOURCE (Service Options Using Resources in a Community Environment) Project: links primary care with an array of long-term health services in an individual's home or community to avoid preventable hospital and nursing home care for frail elderly and disabled individuals, served approximately 4,870 in FY 04.
- SheperdCare: provides primary care through an outreach program that is managed by advanced practice nurses that coordinate medical care for severely disabled individuals at the Sheperd Clinic in Atlanta, served 95 in FY 04.

#### 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. In FFY 04, trust fund payments to 96 participating hospitals totaled \$424.7 million(does not include any state matching funds).

#### 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.
- Privatization of administrative functions, including claims payment and the Medicaid Management Information System (MMIS) which maintains the Department's claims data.

## SOUTHERN REGION MEDICAID PROFILE

### **Cost Containment Measures (Continued)**

- In October 2002, the Department contracted with Express Scripts, Inc. (ESI) to provide pharmacy benefit management services for all prescription drug programs administered through the Georgia Division of Medical Assistance, and include Medicaid, PeachCare, the State Health Plan, and the Board of Regents Health Plan.

### **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.
- Enacted legislation in 2001 that requires Medicaid to provide coverage to women that have been screened and diagnosed with breast or cervical cancer (Federally mandated by the Breast and Cervical Cancer Prevention and Treatment Act of 2000).
- Amended the Medicaid program in 2002 to provide services as follows :
  - Implementation of prior authorization for certain drugs.
  - Establishment of a new preferred drug list.
  - Increased reimbursement rates for inpatient hospital providers.
  - Adjusted case-mix reimbursement rates for nursing-home providers.
  - Increased reimbursement rates for physicians and dentists.
  - Extended Medicaid coverage for traumatic burn care medical services.
  - Eliminated the optional second year of Medicaid for people who are making the transition from TANF eligibility to work.
- For FY 05, proposed changes in the Medicaid Program due to budget cuts as follows:
  - Reduced inpatient hospital reimbursement rates by 0.7% for outlier payments.
  - Reduced the cap applied to outpatient hospital reimbursement rates.
  - Modified the payment methodology for nursing home services by reducing the growth rate allowance used to compute payments from 6.16% to 5.06%.
  - Eliminated the supplemental dispensing fee paid for generic drugs.

### **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 September 2004, approximately 180,000 children/adolescents had received services under the PeachCare Program. CMS approved an amendment in February 2002 that allows an additional exception to Georgia's 3 month waiting period. The new exception applies to families who have dropped high-cost, private insurance that cost more than 5 percent of the family's income.
- 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 from birth to 18 years of age will be charged a monthly premium from \$10 to \$70 depending on the number of children enrolled and family income.
- 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.

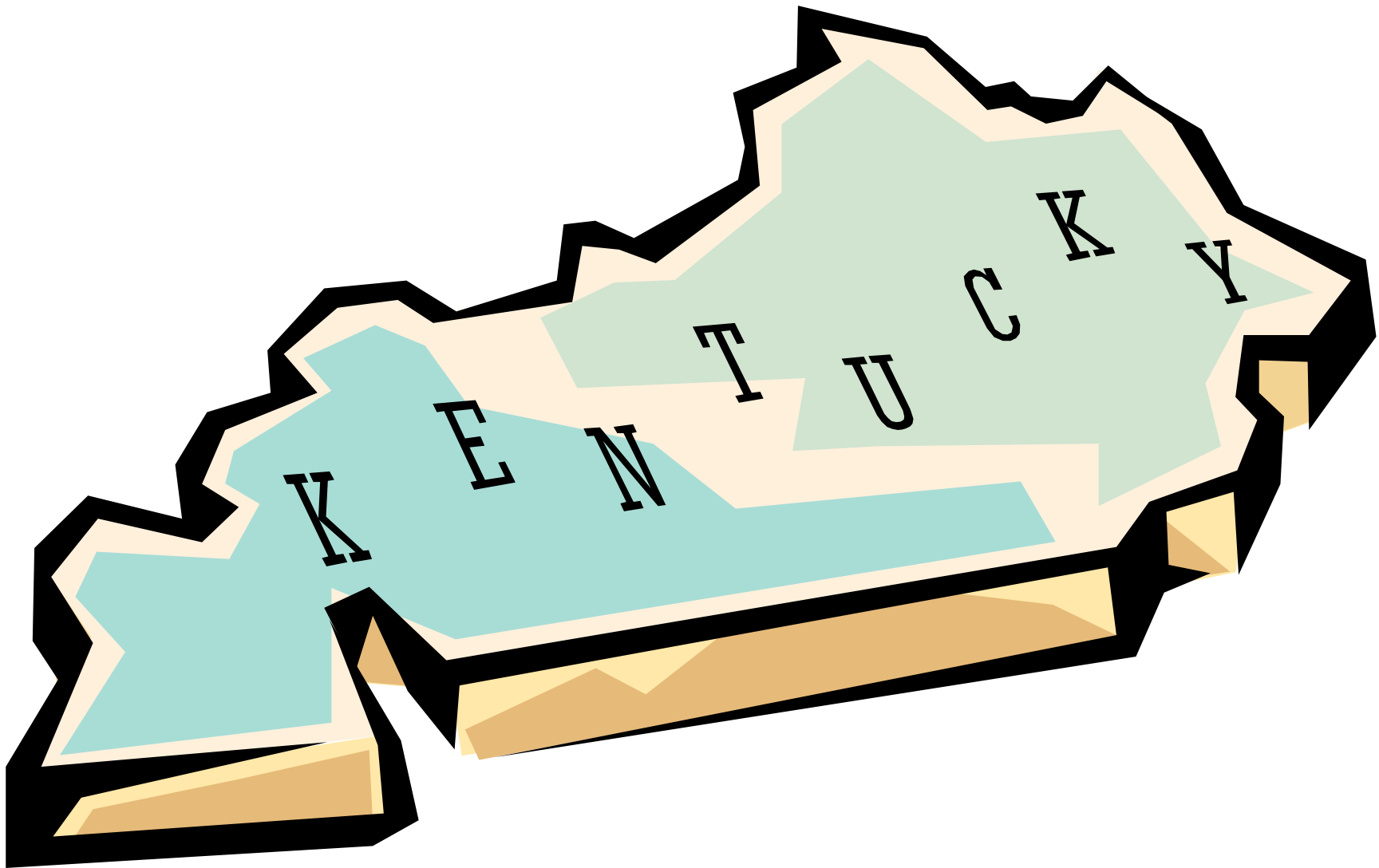
## SOUTHERN REGION MEDICAID PROFILE

### Tobacco Settlement

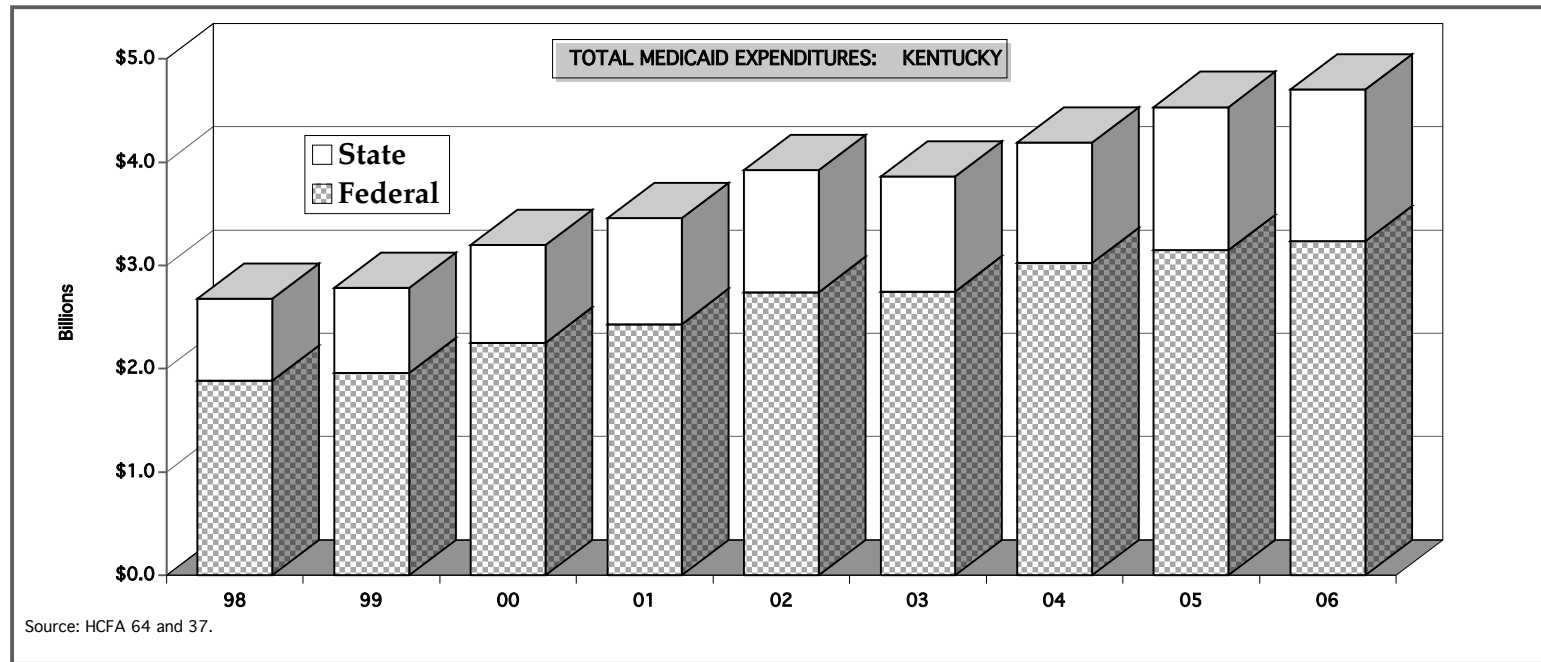
- The state expects to receive approximately \$4.81 billion over 25 years.
- From FY 00 through FY 04, the cumulative tobacco settlement payment was approximately \$642.9 million.
- The state has allocated these funds and compares with the U.S. as follows:

	GA	%	U.S.	%
Tobacco use prevention	\$64,558,000	10.0%	\$1,813,423,000	4.6%
Health services	\$308,024,000	47.9%	\$11,824,057,000	29.9%
Long-term care	\$20,652,000	3.2%	\$2,200,066,000	5.6%
Health research	\$16,220,000	2.5%	\$1,472,863,000	3.7%
Education	\$0	0.0%	\$2,051,182,000	5.2%
Children and Youth (Nonhealth)	\$0	0.0%	\$1,229,719,000	3.1%
Tobacco Farmers	\$233,479,000	36.3%	\$1,217,021,000	3.1%
Endowments and Reserves	\$0	0.0%	\$7,636,209,000	19.3%
Other	\$0	0.0%	\$10,048,868,000	25.4%
Total	\$642,933,000	100.0%	\$39,493,408,000	100.0%

## STATE MEDICAID PROFILE



# SOUTHERN REGION MEDICAID PROFILE



State profile revised to reflect MSIS statistical data as reported by CMS for federal fiscal years 99 through 04.

	FFY 98	FFY 99	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05**	FFY 06**	Annual Rate of Change	Total Change 98-06
Medicaid Payments	\$2,595,560,522	\$2,697,336,889	\$3,094,832,031	\$3,364,490,045	\$3,823,465,694	\$3,753,565,564	\$4,086,404,587	\$4,419,927,000	\$4,591,422,000	7.4%	76.9%
Federal Share	\$1,831,785,078	\$1,907,514,929	\$2,190,728,391	\$2,375,932,336	\$2,682,138,350	\$2,682,947,801	\$2,957,814,195	\$3,076,238,000	\$3,168,628,000	7.1%	73.0%
State Share	\$763,775,444	\$789,821,960	\$904,103,640	\$988,557,709	\$1,141,327,344	\$1,070,617,763	\$1,128,590,392	\$1,343,689,000	\$1,422,794,000	8.1%	86.3%
Administrative Costs	\$82,295,409	\$82,702,943	\$101,052,332	\$94,086,870	\$100,440,133	\$106,527,425	\$104,002,696	\$112,500,000	\$112,500,000	4.0%	36.7%
Federal Share	\$50,814,765	\$48,067,997	\$61,318,656	\$56,046,971	\$60,021,963	\$64,305,180	\$66,403,343	\$69,566,000	\$64,313,000	3.0%	26.6%
State Share	\$31,480,644	\$34,634,946	\$39,733,676	\$38,039,899	\$40,418,170	\$42,222,245	\$37,599,353	\$42,934,000	\$48,187,000	5.5%	53.1%
Admin. Costs as % of Payments	3.17%	3.07%	3.27%	2.80%	2.63%	2.84%	2.55%	2.55%	2.45%		
Federal Match Rate*	70.37%	70.53%	70.55%	70.39%	69.94%	69.89%	70.09%	69.60%	69.26%		

\*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 05 and 06 reflect latest estimates reported by each state (CMS 37).

# SOUTHERN REGION MEDICAID PROFILE

## STATE FINANCING

	Payments		Administration	
	FFY 98	FFY 04	FFY 98	FFY 04
State General Fund	\$763,775,444	\$947,732,656	\$31,480,644	\$37,599,353
Local Funds	\$0	\$0	\$0	\$0
Provider Taxes	\$0	\$180,857,736	\$0	\$0
Donations	\$0	\$0	\$0	\$0
Other	\$0	\$0	\$0	\$0
Total State Share	\$763,775,444	\$1,128,590,392	\$31,480,644	\$37,599,353

## Provider Taxes Currently in Place (FFY 04)

	Tax Rate	Amt. Generated
Hospitals	2.50%	\$147,728,833
Physicians	2.00%	\$7,237
Home Health	2.00%	\$5,845,067
ICF / MR	5.50%	\$2,171,975
Nurse Fac	6.00%	\$25,104,624
Total		\$180,857,736

## DISPROPORTIONATE SHARE HOSPITAL (DSH) PAYMENTS

	FFY 98	FFY 99	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05**	FFY 06**	Annual Change
General Hospitals	\$160,194,731	\$154,172,283	\$150,069,000	\$154,679,034	\$159,937,965	\$136,322,555	\$157,682,934	\$139,060,000	\$139,060,000	-1.3%
Mental Hospitals	\$34,490,470	\$35,817,792	\$35,177,066	\$36,470,274	\$26,187,685	\$32,142,175	\$37,178,530	\$32,787,000	\$32,787,000	-1.2%
Total	\$194,685,201	\$189,990,075	\$185,246,066	\$191,149,308	\$186,125,650	\$168,464,730	\$194,861,464	\$171,847,000	\$171,847,000	-1.2%

## SELECTED ELIGIBILITY CRITERIA

	At 10/1/04	% of FPL*
TANF-Temporary Assistance for Needy Families (Family of 3)		
Need Standard	\$526	40.3%
Payment Standard	\$262	20.1%
Maximum Payment	\$262	20.1%
Medically Needy Program (Family of 3)		
Income Eligibility Standard	\$308	
Resource Standard	\$2,100	
Pregnant Women, Children and Infants (% of FPL*)		
Pregnant women and infants		185.0%
Children 1 to 5		133.0%
Children 6 to 18		100
SSI Eligibility Levels		
Income:		
Single Person	\$564	72.7%
Couple	\$946	90.9%
Resources:		
Single Person	\$2,000	
Couple	\$4,000	

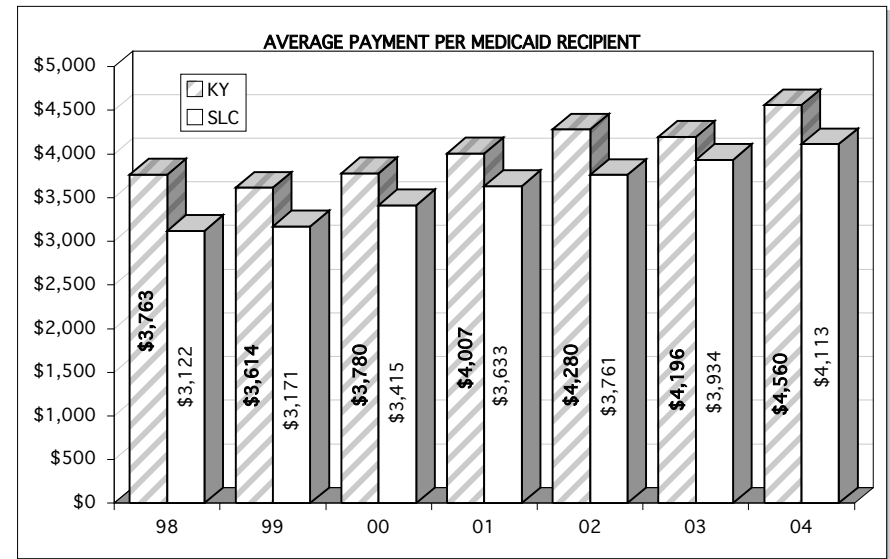
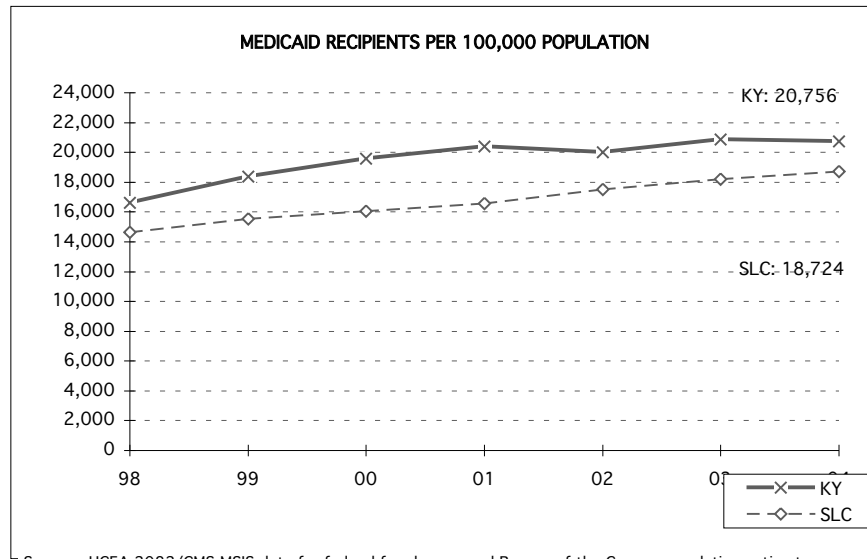
## DEMOGRAPHIC DATA & POVERTY INDICATORS (2004)

		Rank in U.S.
State population—July 1, 2004*	4,145,922	26
Per capita personal income**	\$2,779	41
Median household income**	\$38,161	39
Population below Federal Poverty Level on July 1, 2003*	567,991	
Percent of total state population	13.7%	15
Population without health insurance coverage*	574,000	27
Percent of total state population	13.8%	25
Recipients of Food Stamps***	565,121	14
Households receiving Food Stamps***	242,351	14
Total value of issuance***	\$607,289,508	16
Average monthly benefit per recipient	\$89.55	28
Average monthly benefit per household	\$208.82	
Monthly recipients of Temporary Assistance to Needy Families (TANF)****	63,792	19
Total TANF payments****	\$84,333,264	36
Average monthly payment per recipient	\$110.17	36
Maximum monthly payment per family of 3	\$262.00	43

\*Current federal poverty level is \$9,310 per year for a single person, \$12,490 for a family of two and \$15,670 for a family of three. Table above shows monthly income levels.

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

## SOUTHERN REGION MEDICAID PROFILE



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

<u>RECIPIENTS BY TYPE OF SERVICES</u>	<u>FFY 98</u>	<u>FFY 99</u>	<u>FFY 00</u>	<u>FFY 01</u>	<u>FFY 02</u>	<u>FFY 03</u>	<u>FFY 04</u>	<i>Annual Change</i>
01. General Hospital	93,875	118,705	92,763	112,781	93,954	75,869	72,995	-4.1%
02. Mental Hospital	4,338	6,919	4,281	4,224	4,195	3,994	4,181	-0.6%
03. Skilled and Intermediate (non-MR) Care Nursing	27,439	27,739	30,444	33,045	31,161	27,382	26,736	-0.4%
04. Intermediate Care for Mentally Retarded	1,240	1,193	1,163	1,016	935	930	850	-6.1%
05. Physician Services	438,403	369,105	417,972	470,350	481,959	495,220	519,131	2.9%
06. Dental Services	131,560	114,895	132,448	157,173	164,759	175,189	196,283	6.9%
07. Other Practitioners	95,907	93,690	117,505	153,801	155,402	161,537	178,424	10.9%
08. Outpatient Hospital	292,864	255,354	292,654	333,250	349,128	353,352	377,441	4.3%
09. Clinic Services	144,896	156,019	144,334	160,374	178,944	214,674	245,364	9.2%
10. Lab and X-Ray	238,713	197,741	218,297	253,391	272,594	278,526	308,879	4.4%
11. Home Health	67,405	20,282	21,988	23,390	23,070	21,234	20,045	-18.3%
12. Prescribed Drugs	429,102	372,254	427,514	475,365	489,416	512,351	537,941	3.8%
13. Family Planning	34,697	5,382	4,319	4,608	4,123	4,063	4,880	-27.9%
14. Early & Periodic Screening, Diagnosis & Treatment	38,422	0	0	0	0	0	0	-100.0%
15. Other Care	208,539	221,371	229,707	289,334	315,330	323,277	343,374	8.7%
16. Personal Care Support Services	27,589	31,355	41,198	55,543	76,868	85,215	93,980	22.7%
17. Home/Community Based Waiver Services	13,125	0	0	0	0	13,495	0	-100.0%
18. Prepaid Health Care	194,164	601,115	699,602	745,940	730,920	777,932	778,321	26.0%
19. Primary Care Case Management (PCCM) Services	0	0	321	402,253	437,677	462,350	453,139	513.0%
<b>Total*</b>	<b>644,482</b>	<b>718,979</b>	<b>770,536</b>	<b>807,435</b>	<b>808,294</b>	<b>847,943</b>	<b>860,508</b>	<b>4.9%</b>

\*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>	<u>FFY 98</u>	<u>FFY 99</u>	<u>FFY 00</u>	<u>FFY 01</u>	<u>FFY 02</u>	<u>FFY 03</u>	<u>FFY 04</u>	<i>Annual Change</i>	<i>Share of Total FFY 04</i>
01. General Hospital	\$277,720,828	\$237,801,108	\$263,184,467	\$329,486,270	\$342,098,283	\$335,771,489	\$398,296,189	6.2%	10.2%
02. Mental Hospital	\$42,689,470	\$42,708,047	\$43,386,622	\$45,645,516	\$50,959,253	\$51,474,624	\$52,582,129	3.5%	1.3%
03. Skilled and Intermediate (non-MR) Care Nursing	\$491,196,404	\$509,667,816	\$555,718,129	\$565,631,267	\$581,096,867	\$602,189,547	\$616,808,606	3.9%	15.7%
04. Intermediate Care for Mentally Retarded	\$79,305,645	\$85,556,428	\$83,538,075	\$94,291,645	\$97,873,304	\$110,771,071	\$106,736,998	5.1%	2.7%
05. Physician Services	\$164,972,078	\$149,241,730	\$162,639,256	\$199,587,354	\$207,825,661	\$210,404,038	\$232,711,746	5.9%	5.9%
06. Dental Services	\$23,876,778	\$25,500,108	\$29,705,366	\$45,996,404	\$48,179,358	\$52,052,674	\$56,908,811	15.6%	1.5%
07. Other Practitioners	\$8,865,468	\$17,880,627	\$22,435,246	\$32,347,161	\$34,739,682	\$34,210,496	\$36,287,069	26.5%	0.9%
08. Outpatient Hospital	\$211,965,422	\$226,742,312	\$251,930,215	\$282,267,157	\$271,712,521	\$273,737,802	\$268,951,578	4.0%	6.9%
09. Clinic Services	\$98,656,658	\$98,987,214	\$106,322,724	\$119,699,294	\$133,056,530	\$147,698,202	\$187,458,968	11.3%	4.8%
10. Lab and X-Ray	\$26,978,851	\$24,197,400	\$25,809,754	\$33,215,049	\$34,572,386	\$40,853,378	\$53,734,609	12.2%	1.4%
11. Home Health	\$96,406,052	\$67,451,501	\$75,348,484	\$79,240,064	\$70,087,392	\$59,924,107	\$56,142,682	-8.6%	1.4%
12. Prescribed Drugs	\$319,983,951	\$359,671,170	\$465,178,958	\$598,093,343	\$661,409,737	\$693,988,604	\$812,180,180	16.8%	20.7%
13. Family Planning	\$8,543,697	\$5,599,636	\$5,415,861	\$5,184,049	\$5,625,089	\$5,959,334	\$8,696,049	0.3%	0.2%
14. Early & Periodic Screening, Diagnosis & Treatment	\$61,282,505	\$0	\$0	\$0	\$0	\$0	\$0	-100.0%	0.0%
15. Other Care	\$92,951,173	\$273,220,554	\$325,631,012	\$386,269,307	\$448,881,876	\$444,954,512	\$465,767,519	30.8%	11.9%
16. Personal Care Support Services	\$23,492,967	\$25,256,004	\$25,798,449	\$30,985,533	\$38,067,460	\$38,152,644	\$45,867,444	11.8%	1.2%
17. Home/Community Based Waiver Services	\$84,874,155	\$0	\$0	\$0	\$0	\$0	\$0	-9.7%	1.2%
18. Prepaid Health Care	\$311,526,039	\$448,635,149	\$467,047,231	\$374,067,752	\$417,635,942	\$439,584,361	\$507,907,833	8.5%	12.9%
19. Primary Case Management (PCCM) Services	\$0	\$0	\$3,702,440	\$13,065,788	\$15,544,240	\$16,093,300	\$16,720,972	45.8%	0.4%
<b>Total (excludes DSH pymts, pharmacy rebates, &amp; other adjs.)</b>	<b>\$2,425,288,141</b>	<b>\$2,598,116,804</b>	<b>\$2,912,792,289</b>	<b>\$3,235,072,953</b>	<b>\$3,459,365,581</b>	<b>\$3,557,820,183</b>	<b>\$3,923,759,382</b>	<b>8.3%</b>	<b>100.0%</b>

## AVERAGE PAYMENTS PER RECIPIENT BY TYPE OF SERVICES

								(+) or (-) SLC Avg. FFY 04	
01. General Hospital	\$2,958.41	\$2,003.29	\$2,837.17	\$2,921.47	\$3,641.13	\$4,425.67	\$5,456.49	10.7%	0.6%
02. Mental Hospital	\$9,840.82	\$6,172.58	\$10,134.69	\$10,806.23	\$12,147.62	\$12,887.99	\$12,576.45	4.2%	-33.6%
03. Skilled and Intermediate (non-MR) Care Nursing	\$17,901.40	\$18,373.69	\$18,253.78	\$17,117.00	\$18,648.21	\$21,992.17	\$23,070.34	4.3%	3.0%
04. Intermediate Care for Mentally Retarded	\$63,956.17	\$71,715.36	\$71,829.82	\$92,806.74	\$104,677.33	\$119,108.68	\$125,572.94	11.9%	56.2%
05. Physician Services	\$376.30	\$404.33	\$389.12	\$424.34	\$431.21	\$424.87	\$448.27	3.0%	-18.3%
06. Dental Services	\$181.49	\$221.94	\$224.28	\$292.65	\$292.42	\$297.12	\$289.93	8.1%	-16.8%
07. Other Practitioners	\$92.44	\$190.85	\$190.93	\$210.32	\$223.55	\$211.78	\$203.38	14.0%	7.1%
08. Outpatient Hospital	\$723.77	\$887.95	\$860.85	\$847.01	\$778.26	\$774.69	\$712.57	-0.3%	15.7%
09. Clinic Services	\$680.88	\$634.46	\$736.64	\$746.38	\$743.57	\$688.01	\$764.00	1.9%	18.3%
10. Lab and X-Ray	\$113.02	\$122.37	\$118.23	\$131.08	\$126.83	\$146.68	\$173.97	7.5%	-11.0%
11. Home Health	\$1,430.25	\$3,325.68	\$3,426.80	\$3,387.78	\$3,038.03	\$2,822.08	\$2,800.83	11.9%	-4.8%
12. Prescribed Drugs	\$745.71	\$966.20	\$1,088.10	\$1,258.18	\$1,351.43	\$1,354.52	\$1,509.79	12.5%	4.8%
13. Family Planning	\$246.24	\$1,040.44	\$1,253.96	\$1,125.01	\$1,364.32	\$1,466.73	\$1,781.98	39.1%	55.2%
14. Early & Periodic Screening, Diagnosis & Treatment	\$1,594.98	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-100.0%	-100.0%
15. Other Care	\$445.73	\$1,234.22	\$1,417.59	\$1,335.03	\$1,423.53	\$1,376.39	\$1,356.44	20.4%	-29.2%
16. Personal Care Support Services	\$851.53	\$805.49	\$626.21	\$0.00	\$0.00	\$0.00	\$0.00	-100.0%	-100.0%
17. Home/Community Based Waiver Services	\$6,466.60	\$0.00	\$0.00	\$0.00	\$0.00	\$2,827.17	\$0.00	-100.0%	-100.0%
18. Prepaid Health Care	\$1,604.45	\$746.34	\$667.59	\$501.47	\$571.38	\$565.07	\$652.57	-13.9%	-45.0%
19. Primary Care Case Management (PCCM) Services	\$0.00	\$0.00	\$11,534.08	\$32.48	\$35.52	\$34.81	\$36.90	-76.2%	36.8%
<b>Total (Average)</b>	<b>\$3,763.16</b>	<b>\$3,613.62</b>	<b>\$3,780.22</b>	<b>\$4,006.60</b>	<b>\$4,279.84</b>	<b>\$4,195.82</b>	<b>\$4,559.82</b>	<b>3.3%</b>	<b>10.9%</b>

## TOTAL PER CAPITA EXPENDITURES

	<b>\$689.80</b>	<b>\$710.94</b>	<b>\$811.86</b>	<b>\$873.20</b>	<b>\$970.84</b>	<b>\$949.46</b>	<b>\$1,010.73</b>	<b>6.6%</b>	<b>15.4%</b>
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Source: Health Care Financing Administration-Form HCFA 2082 for federal fiscal year 98; MSIS data for FFY 99-04.



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

**RECIPIENTS BY OTHER CHARACTERISTICS**

	<b><u>FFY 98</u></b>	<b><u>FFY 99</u></b>	<b><u>FFY 00</u></b>	<b><u>FFY 01</u></b>	<b><u>FFY 02</u></b>	<b><u>FFY 03</u></b>	<b><u>FFY 04</u></b>	<i>Annual Change</i>	<i>Share of Total FFY 04</i>
<b>By Maintenance Assistance Status</b>									
Receiving Cash Assistance or Eligible Under Section 1931	346,507	307,717	312,752	332,967	342,548	361,154	380,688	1.6%	44.2%
Poverty Related Eligibles	184,829	215,820	272,862	301,410	293,187	301,135	307,916	8.9%	35.8%
Medically Needy	50,532	57,333	50,064	39,492	34,256	32,131	29,624	-8.5%	3.4%
Other Eligibles	53,190	72,657	72,297	71,377	77,744	77,425	77,077	6.4%	9.0%
Maintenance Assistance Status Unknown	9,424	65,452	62,561	62,189	60,559	76,098	65,203	38.0%	7.6%
<b>Total</b>	<b>644,482</b>	<b>718,979</b>	<b>770,536</b>	<b>807,435</b>	<b>808,294</b>	<b>847,943</b>	<b>860,508</b>	4.9%	100.0%
<b>By Basis of Eligibility</b>									
Aged, Blind, or Disabled	244,411	250,172	256,806	262,916	280,076	264,436	266,514	1.5%	31.0%
Children	273,114	298,190	345,735	372,901	370,090	379,308	392,310	6.2%	45.6%
Foster Care Children	6,369	7,560	8,033	8,502	9,403	10,111	10,963	9.5%	1.3%
Adults	111,161	97,605	97,401	100,927	110,257	117,743	125,165	2.0%	14.5%
Basis of Eligibility Unknown	9,427	65,452	62,561	62,189	38,468	76,345	65,556	38.2%	7.6%
<b>Total</b>	<b>644,482</b>	<b>718,979</b>	<b>770,536</b>	<b>807,435</b>	<b>808,294</b>	<b>847,943</b>	<b>860,508</b>	4.9%	100.0%
<b>By Age</b>									
Under Age 1	22,487	29,843	32,323	47,147	25,767	25,885	26,995	3.1%	3.1%
Age 1 to 5	108,103	112,270	122,660	135,012	125,487	130,229	134,311	3.7%	15.6%
Age 6 to 14	136,877	144,999	166,633	174,922	183,428	188,649	194,303	6.0%	22.6%
Age 15 to 20	56,460	63,924	78,225	77,120	87,246	90,278	94,849	9.0%	11.0%
Age 21 to 44	153,490	143,807	145,858	149,423	158,178	167,220	173,752	2.1%	20.2%
Age 45 to 64	75,170	75,512	78,329	81,984	84,707	88,234	91,700	3.4%	10.7%
Age 65 to 74	35,195	34,406	34,938	34,555	35,320	35,369	35,340	0.1%	4.1%
Age 75 to 84	30,128	28,864	29,205	28,168	28,751	28,176	27,290	-1.6%	3.2%
Age 85 and Over	22,252	19,902	19,804	16,915	18,851	17,773	16,741	-4.6%	1.9%
Age Unknown	4,320	65,452	62,561	62,189	60,559	76,130	65,227	57.2%	7.6%
<b>Total</b>	<b>644,482</b>	<b>718,979</b>	<b>770,536</b>	<b>807,435</b>	<b>808,294</b>	<b>847,943</b>	<b>860,508</b>	4.9%	100.0%
<b>By Race</b>									
White	525,911	532,888	570,199	599,322	607,428	621,587	639,520	3.3%	74.3%
Black	82,799	84,216	89,002	93,443	95,225	97,410	100,370	3.3%	11.7%
Hispanic, American Indian or Asian	6,492	7,050	9,772	10,122	13,807	16,261	20,368	21.0%	2.4%
Other / Unknown	29,280	94,825	101,563	104,548	91,834	112,685	100,250	22.8%	11.7%
<b>Total*</b>	<b>644,482</b>	<b>718,979</b>	<b>770,536</b>	<b>807,435</b>	<b>808,294</b>	<b>847,943</b>	<b>860,508</b>	4.9%	100.0%
<b>By Sex</b>									
Female	386,239	384,919	405,097	426,291	433,763	448,121	461,268	3.0%	53.6%
Male	253,917	268,737	294,436	308,555	313,967	323,716	334,034	4.7%	38.8%
Unknown	4,326	65,323	71,003	72,589	60,564	76,106	65,206	57.2%	7.6%
<b>Total*</b>	<b>644,482</b>	<b>718,979</b>	<b>770,536</b>	<b>807,435</b>	<b>808,294</b>	<b>847,943</b>	<b>860,508</b>	4.9%	100.0%

Source: Health Care Financing Administration-Form HCFA 2082 for federal fiscal year 98; MSIS data for FFY 99-04.

# SOUTHERN REGION MEDICAID PROFILE

## PAYMENTS BY OTHER CHARACTERISTICS

	FFY 98	FFY 99	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	Annual Change	Share of Total FFY 04
<b>By Maintenance Assistance Status</b>									
Receiving Cash Assistance or Eligible Under Section 1931	\$1,376,672,479	\$1,384,734,303	\$1,515,213,923	\$1,701,355,344	\$1,813,931,875	\$1,877,197,468	\$2,144,701,120	7.7%	54.7%
Poverty Related Eligibles	\$275,954,959	\$296,695,521	\$404,921,369	\$484,073,262	\$507,152,073	\$518,525,427	\$578,109,038	13.1%	14.7%
Medically Needy	\$174,912,771	\$140,370,725	\$132,145,581	\$129,501,122	\$134,460,223	\$131,171,340	\$134,459,647	-4.3%	3.4%
Other Eligibles	\$588,092,271	\$750,189,809	\$839,563,932	\$892,503,820	\$957,580,268	\$988,819,799	\$1,014,544,064	9.5%	25.9%
Maintenance Assistance Status Unknown	\$9,655,661	\$26,126,446	\$20,947,484	\$27,639,405	\$46,241,142	\$42,106,149	\$51,945,513	32.4%	1.3%
<b>Total</b>	<b>\$2,425,288,141</b>	<b>\$2,598,116,804</b>	<b>\$2,912,792,289</b>	<b>\$3,235,072,953</b>	<b>\$3,459,365,581</b>	<b>\$3,557,820,183</b>	<b>\$3,923,759,382</b>	<b>8.3%</b>	<b>100.0%</b>
<b>By Basis of Eligibility</b>									
Aged, Blind or Disabled	\$1,745,501,467	\$1,905,554,352	\$2,106,900,543	\$2,295,532,904	\$2,411,932,356	\$2,463,019,744	\$2,648,070,461	7.2%	67.5%
Children	\$386,980,809	\$402,819,306	\$496,331,114	\$573,161,912	\$615,081,582	\$628,822,054	\$693,410,711	10.2%	17.7%
Foster Care Children	\$43,231,020	\$56,766,157	\$67,559,845	\$71,319,144	\$96,432,835	\$101,683,157	\$112,148,916	17.2%	2.9%
Adults	\$239,916,610	\$206,850,543	\$221,053,303	\$267,419,588	\$289,677,666	\$320,548,779	\$415,763,582	9.6%	10.6%
Basis of Eligibility Unknown	\$9,658,235	\$26,126,446	\$20,947,484	\$27,639,405	\$46,241,142	\$43,746,449	\$54,365,712	33.4%	1.4%
<b>Total</b>	<b>\$2,425,288,141</b>	<b>\$2,598,116,804</b>	<b>\$2,912,792,289</b>	<b>\$3,235,072,953</b>	<b>\$3,459,365,581</b>	<b>\$3,557,820,183</b>	<b>\$3,923,759,382</b>	<b>8.3%</b>	<b>100.0%</b>
<b>By Age</b>									
Under Age 1	\$39,767,195	\$39,454,391	\$43,616,243	\$100,844,551	\$58,714,699	\$49,924,877	\$69,719,772	9.8%	1.8%
Age 1 to 5	\$182,568,410	\$182,736,972	\$205,042,258	\$222,915,401	\$257,912,510	\$272,466,039	\$290,927,674	8.1%	7.4%
Age 6 to 14	\$257,295,529	\$286,082,811	\$341,002,381	\$387,979,926	\$415,677,405	\$430,761,484	\$461,719,868	10.2%	11.8%
Age 15 to 20	\$170,759,041	\$200,532,558	\$236,718,516	\$242,157,059	\$288,898,449	\$298,744,751	\$340,415,039	12.2%	8.7%
Age 21 to 44	\$571,166,507	\$589,296,225	\$635,535,217	\$729,719,806	\$755,932,270	\$800,945,310	\$932,908,132	8.5%	23.8%
Age 45 to 64	\$492,554,678	\$525,281,503	\$593,516,833	\$674,140,944	\$735,481,214	\$759,747,228	\$868,371,217	9.9%	22.1%
Age 65 to 74	\$183,342,077	\$195,911,613	\$224,741,821	\$245,193,742	\$258,806,305	\$259,489,719	\$271,789,986	6.8%	6.9%
Age 75 to 84	\$250,195,634	\$268,346,772	\$300,678,885	\$322,304,578	\$326,525,497	\$331,816,895	\$332,306,247	4.8%	8.5%
Age 85 and Over	\$271,845,644	\$284,347,513	\$310,992,651	\$282,177,541	\$315,176,090	\$311,734,331	\$303,622,796	1.9%	7.7%
Age Unknown	\$5,793,426	\$26,126,446	\$20,947,484	\$27,639,405	\$46,241,142	\$42,189,549	\$51,978,651	44.2%	1.3%
<b>Total</b>	<b>\$2,425,288,141</b>	<b>\$2,598,116,804</b>	<b>\$2,912,792,289</b>	<b>\$3,235,072,953</b>	<b>\$3,459,365,581</b>	<b>\$3,557,820,183</b>	<b>\$3,923,759,382</b>	<b>8.3%</b>	<b>100.0%</b>
<b>By Race</b>									
White	\$1,993,823,547	\$2,104,581,672	\$2,360,328,296	\$2,624,231,363	\$2,783,070,068	\$2,844,145,040	\$3,123,209,984	7.8%	79.6%
Black	\$266,183,359	\$270,438,432	\$299,792,567	\$333,651,058	\$367,613,603	\$368,926,916	\$408,140,822	7.4%	10.4%
Hispanic, American Indian or Asian	\$15,525,260	\$14,736,607	\$20,236,457	\$22,145,045	\$33,455,178	\$33,212,111	\$53,886,704	23.0%	1.4%
Other / Unknown	\$149,755,975	\$208,360,093	\$232,434,969	\$255,045,487	\$275,226,732	\$311,536,116	\$338,521,872	14.6%	8.6%
<b>Total*</b>	<b>\$2,425,288,141</b>	<b>\$2,598,116,804</b>	<b>\$2,912,792,289</b>	<b>\$3,235,072,953</b>	<b>\$3,459,365,581</b>	<b>\$3,557,820,183</b>	<b>\$3,923,759,382</b>	<b>8.3%</b>	<b>100.0%</b>
<b>By Sex</b>									
Female	\$1,510,527,921	\$1,594,322,925	\$1,784,934,503	\$1,986,827,073	\$2,093,861,382	\$2,164,673,858	\$2,373,212,440	7.8%	60.5%
Male	\$908,938,450	\$976,817,558	\$1,103,226,738	\$1,221,685,988	\$1,319,176,968	\$1,350,967,105	\$1,498,600,237	8.7%	38.2%
Unknown	\$5,821,770	\$26,976,321	\$24,631,048	\$26,559,892	\$46,327,231	\$42,179,220	\$51,946,705	44.0%	1.3%
<b>Total*</b>	<b>\$2,425,288,141</b>	<b>\$2,598,116,804</b>	<b>\$2,912,792,289</b>	<b>\$3,235,072,953</b>	<b>\$3,459,365,581</b>	<b>\$3,557,820,183</b>	<b>\$3,923,759,382</b>	<b>8.3%</b>	<b>100.0%</b>

Source: Health Care Financing Administration-Form HCFA 2082 for federal fiscal year 98; MSIS data for FFY 99-04.

# SOUTHERN REGION MEDICAID PROFILE

## AVERAGE PAYMENT PER RECIPIENT BY OTHER CHARACTERISTICS

								Annual	Above (+) or Below (-) SLC
	FFY 98	FFY 99	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	Change	Avg. FFY 04
<b>By Maintenance Assistance Status</b>									
Receiving Cash Assistance or Eligible Under Section 1931	\$3,973.00	\$4,500.03	\$4,844.78	\$5,109.68	\$5,295.41	\$5,197.78	\$5,633.75	6.0%	7.2%
Poverty Related Eligibles	\$1,493.03	\$1,374.74	\$1,483.98	\$1,606.03	\$1,729.79	\$1,721.90	\$1,877.49	3.9%	-8.2%
Medically Needy	\$3,461.43	\$2,448.34	\$2,639.53	\$3,279.17	\$3,925.16	\$4,082.39	\$4,538.88	4.6%	-26.9%
Other Eligibles	\$11,056.44	\$10,325.09	\$11,612.71	\$12,504.08	\$12,317.10	\$12,771.32	\$13,162.73	2.9%	81.4%
Maintenance Assistance Status Unknown	\$1,024.58	\$399.17	\$334.83	\$444.44	\$763.57	\$553.31	\$796.67	-4.1%	-70.2%
<b>Total</b>	<b>\$3,763.16</b>	<b>\$3,613.62</b>	<b>\$3,780.22</b>	<b>\$4,006.60</b>	<b>\$4,279.84</b>	<b>\$4,195.82</b>	<b>\$4,559.82</b>	<b>3.3%</b>	<b>10.9%</b>
<b>By Basis of Eligibility</b>									
Aged, Blind or Disabled	\$7,141.66	\$7,616.98	\$8,204.25	\$8,731.05	\$8,611.71	\$9,314.24	\$9,935.95	5.7%	-7.8%
Children	\$1,416.92	\$1,350.88	\$1,435.58	\$1,537.04	\$1,661.98	\$1,657.81	\$1,767.51	3.8%	19.8%
Foster Care Children	\$6,787.72	\$7,508.75	\$8,410.29	\$8,388.51	\$10,255.54	\$10,056.69	\$10,229.77	7.1%	48.6%
Adults	\$2,158.28	\$2,119.26	\$2,269.52	\$2,649.63	\$2,627.30	\$2,722.44	\$3,321.72	7.5%	26.5%
Basis of Eligibility Unknown	\$1,024.53	\$399.17	\$334.83	\$444.44	\$1,202.07	\$573.01	\$829.30	-3.5%	-71.3%
<b>Total</b>	<b>\$3,763.16</b>	<b>\$3,613.62</b>	<b>\$3,780.22</b>	<b>\$4,006.60</b>	<b>\$4,279.84</b>	<b>\$4,195.82</b>	<b>\$4,559.82</b>	<b>3.3%</b>	<b>10.9%</b>
<b>By Age</b>									
Under Age 1	\$1,768.45	\$1,322.07	\$1,349.39	\$2,138.94	\$2,278.68	\$1,928.72	\$2,582.69	6.5%	-30.5%
Age 1 to 5	\$1,688.84	\$1,627.66	\$1,671.63	\$1,651.08	\$2,055.29	\$2,092.21	\$2,166.07	4.2%	20.5%
Age 6 to 14	\$1,879.76	\$1,973.00	\$2,046.43	\$2,218.02	\$2,266.16	\$2,283.40	\$2,376.29	4.0%	41.6%
Age 15 to 20	\$3,024.43	\$3,137.05	\$3,026.12	\$3,140.00	\$3,311.31	\$3,309.16	\$3,589.02	2.9%	34.9%
Age 21 to 44	\$3,721.20	\$4,097.83	\$4,357.22	\$4,883.58	\$4,779.00	\$4,789.77	\$5,369.19	6.3%	11.2%
Age 45 to 64	\$6,552.54	\$6,956.27	\$7,577.23	\$8,222.84	\$8,682.65	\$8,610.59	\$9,469.70	6.3%	-1.6%
Age 65 to 74	\$5,209.32	\$5,694.11	\$6,432.59	\$7,095.75	\$7,327.47	\$7,336.64	\$7,690.72	6.7%	4.1%
Age 75 to 84	\$8,304.42	\$9,296.94	\$10,295.46	\$11,442.22	\$11,357.01	\$11,776.58	\$12,176.85	6.6%	9.1%
Age 85 and Over	\$12,216.68	\$14,287.38	\$15,703.53	\$16,682.09	\$16,719.33	\$17,539.77	\$18,136.48	6.8%	5.5%
Age Unknown	\$1,341.07	\$399.17	\$334.83	\$444.44	\$763.57	\$554.18	\$796.89	-8.3%	-72.0%
<b>Total</b>	<b>\$3,763.16</b>	<b>\$3,613.62</b>	<b>\$3,780.22</b>	<b>\$4,006.60</b>	<b>\$4,279.84</b>	<b>\$4,195.82</b>	<b>\$4,559.82</b>	<b>3.3%</b>	<b>10.9%</b>
<b>By Race</b>									
White	\$3,791.18	\$3,949.39	\$4,139.48	\$4,378.67	\$4,581.73	\$4,575.62	\$4,883.68	4.3%	-2.3%
Black	\$3,214.81	\$3,211.25	\$3,368.38	\$3,570.64	\$3,860.47	\$3,787.36	\$4,066.36	4.0%	18.8%
Hispanic, American Indian or Asian	\$2,391.44	\$2,090.30	\$2,070.86	\$2,187.81	\$2,423.06	\$2,042.44	\$2,645.66	1.7%	2.6%
Other/Unknown	\$5,114.62	\$2,197.31	\$2,288.58	\$2,439.51	\$2,997.00	\$2,764.66	\$3,376.78	-6.7%	-31.8%
<b>Total</b>	<b>\$3,763.16</b>	<b>\$3,613.62</b>	<b>\$3,780.22</b>	<b>\$4,006.60</b>	<b>\$4,279.84</b>	<b>\$4,195.82</b>	<b>\$4,559.82</b>	<b>3.3%</b>	<b>10.9%</b>
<b>By Sex</b>									
Female	\$3,910.86	\$4,141.97	\$4,406.19	\$4,660.73	\$4,827.20	\$4,830.56	\$5,144.98	4.7%	22.8%
Male	\$3,579.67	\$3,634.85	\$3,746.92	\$3,959.38	\$4,201.64	\$4,173.31	\$4,486.37	3.8%	12.1%
Unknown	\$1,345.76	\$412.97	\$346.90	\$365.89	\$764.93	\$554.22	\$796.66	-8.4%	-80.6%
<b>Total</b>	<b>\$3,763.16</b>	<b>\$3,613.62</b>	<b>\$3,780.22</b>	<b>\$4,006.60</b>	<b>\$4,279.84</b>	<b>\$4,195.82</b>	<b>\$4,559.82</b>	<b>3.3%</b>	<b>10.9%</b>

Source: Health Care Financing Administration-Form HCFA 2082 for federal fiscal year 98; MSIS data for FFY 99-04.

## SOUTHERN REGION MEDICAID PROFILE

### ADDITIONAL STATE HEALTH CARE INFORMATION

Sources: "Issue Briefs", Health Policy Tracking Service, January 2005; "Medicaid Services State by State", CMS, October 2004; "State Health Facts", The Henry Kaiser Foundation, January 2005; and the state Medicaid Website.

#### Waivers

Kentucky has provided transportation services since June 1998 under a Title XIX, Section 1915 (b) waiver. The Kentucky Patient Access and Care System (KenPAC) was started in 1986 under a 1915(b) waiver and converted to a state plan option in 2000. Serves approximately 620,800 Medicaid recipients.

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 November 1, 1997. Under The Partnership, the state has one managed care region with a network consisting of public and private providers. The Partnership will improve access for 328,000 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 2,008 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%, expired.

#### Cost Containment Measures

- Certificate of Need Program since 1972. Regulates introduction or expansion of new institutional health facilities and services.
- 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.
- Did not pass any significant Medicaid legislation in 2001.
- In 2002, enacted legislation 3 measures that dealt with the Medicaid Pharmacy Program as follows:
  1. Created The Pharmacy and Therapeutics Advisory Committee to develop and administer a formulary and make recommendations on prior authorization.

## SOUTHERN REGION MEDICAID PROFILE

### Medicaid (Continued)

2. Commissioned a study regarding Medicaid pharmaceutical dispensing fees to be completed by October 31, 2003.
3. Required Medicaid recipients to pay co-payments of no more than \$1 for each prescription drug purchase.
  - Also enacted another law that extended Medicaid coverage to abandoned newborns and low income, uninsured women diagnosed with breast or cervical cancer.
  - In 2005, implemented initiatives to control growth in the Medicaid Program as follows:  
 Added co-pays for Medicaid recipients of \$1.00 for generic drugs; \$2.00 for preferred brand name drugs; and \$3.00 for non-preferred brand name drugs.  
 Added co-pays for optional eligibility groups of \$3.00 for generic drugs; \$10.00 for preferred brand name drugs; and \$20.00 for non-preferred brand name drugs.  
 Added co-pays for Medicaid recipients of \$3.00 for emergency room visits; \$2.00 for physician office visits; \$50.00 for inpatient hospital stays; and \$3.00 for reduced per diem rates paid to nursing home for patients that are hospitalized outside the facility from 100% to 75% if the facility is 95% occupied and from 100% to 50% if the facility is below the 95% occupancy rate for up to 14 hospital days or 10 therapeutic leave days.  
 Required physicians to justify additional brand name drugs after 3 have been prescribed in one month.  
 Limited repackaging fees paid to long-term care pharmacies.  
 Reduced prescription drug reimbursement to rates more typical of commercial rates.  
 Provided a 90 day supply of maintenance drugs to recipients with chronic medical conditions, such as diabetes, hypertension, etc.

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

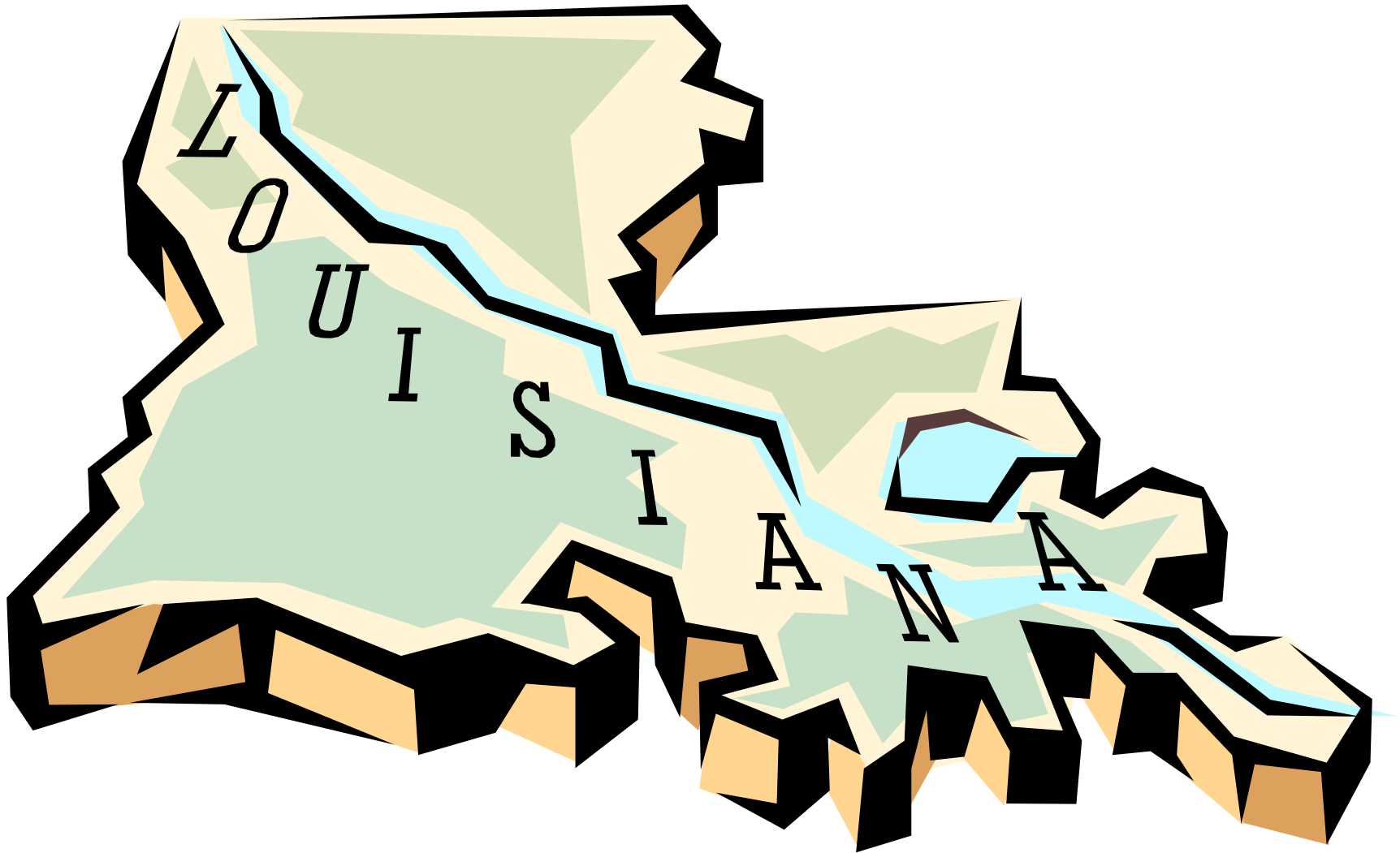
- CHIP in Kentucky, called "Kentucky Children's Health Insurance Program" (KCHIP), received HCFA approval on November 30, 1998. The program, which is a combination of Medicaid expansion and a state-designed insurance plan, is administered by the state Medicaid agency. The Medicaid expansion provides 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 95,965 eligibles through both programs. As of September 2003, the program covered 93,941 individuals.
- For families with incomes up to 150% of the FPL, there are no cost sharing obligations.
- Families with incomes between 151% and 200% of the FPL are required to pay premiums as follows:  
 151%-200%: \$20 per month per six month period (not to exceed 5% of the family's annual income)
- Additional cost sharing obligations:  
 \$1.00 co-payment for prescription drugs for 18 year olds; and  
 \$2.00 copayment for office visits to dentists, optometrists, opticians, audiologists, hearing aid dealers, chiropractors, and podiatrists for 18 year olds.

### Tobacco Settlement

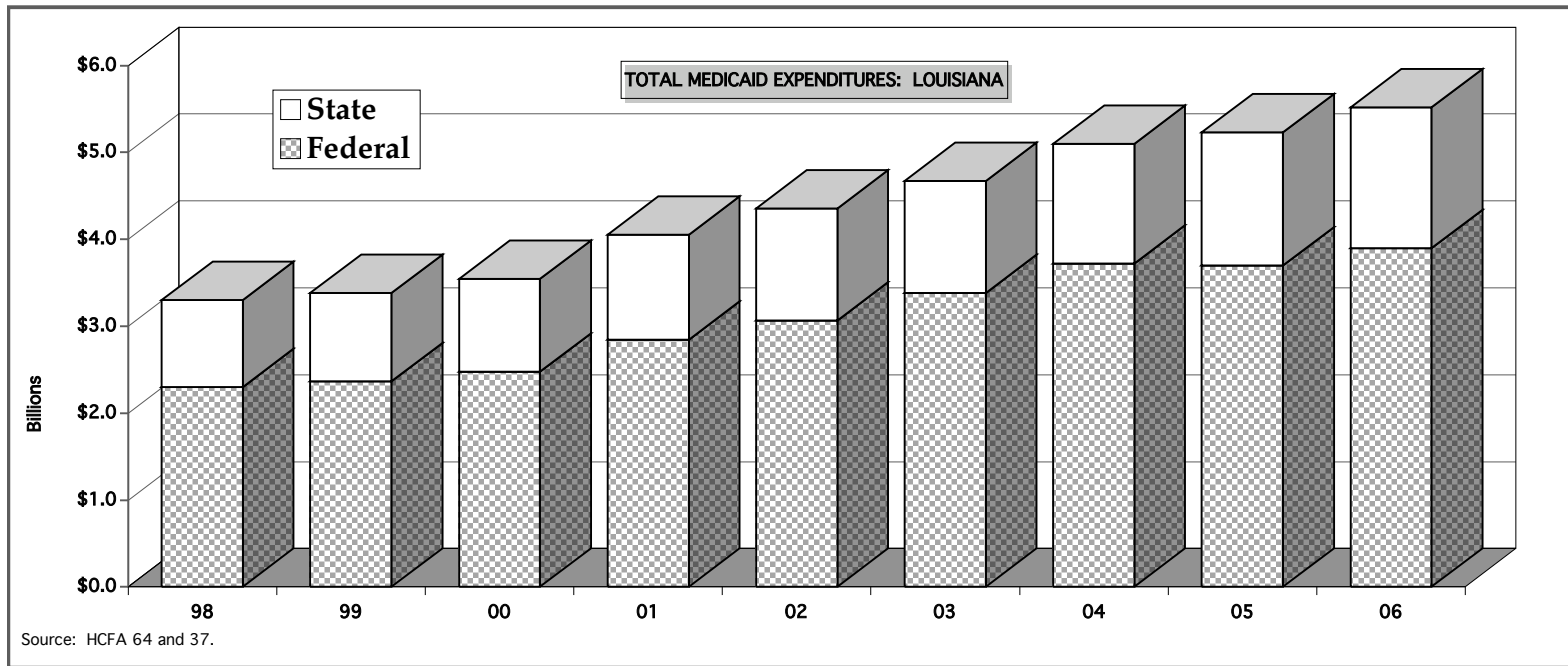
- The state expects to receive approximately \$3.45 billion over 25 years.
- From FY 00 through FY 04, the cumulative tobacco settlement payment was approximately \$531.1 million.
- The state has allocated these funds and compares with the U.S. as follows:

	KY	%	U.S.	%
Tobacco use prevention	\$11,166,000	2.1%	\$1,813,423,000	4.6%
Health services	\$80,046,000	15.1%	\$11,824,057,000	29.9%
Long-term care	\$0	0.0%	\$2,200,066,000	5.6%
Health research	\$22,870,000	4.3%	\$1,472,863,000	3.7%
Education	\$4,020,000	0.8%	\$2,051,182,000	5.2%
Children and Youth (Nonhealth)	\$110,341,000	20.8%	\$1,229,719,000	3.1%
Tobacco Farmers	\$297,600,000	56.0%	\$1,217,021,000	3.1%
Endowments and Reserves	\$5,055,000	1.0%	\$7,636,209,000	19.3%
Other	\$0	0.0%	\$10,048,868,000	25.4%
Total	\$531,098,000	100.0%	\$39,493,408,000	100.0%

## STATE MEDICAID PROFILE



# SOUTHERN REGION MEDICAID PROFILE



State profile revised to reflect MSIS statistical data as reported by CMS for federal fiscal years 99 through 04.

	FFY 98	FFY 99	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05**	FFY 06**	Annual Rate of Change	Total Change 98-06
Medicaid Payments•	\$3,200,211,547	\$3,282,146,476	\$3,443,282,971	\$3,942,492,295	\$4,220,008,399	\$4,510,559,559	\$4,933,031,400	\$5,099,638,000	\$5,365,925,000	6.7%	67.7%
Federal Share	\$2,243,759,832	\$2,310,956,891	\$2,422,693,898	\$2,785,236,446	\$2,980,108,561	\$3,282,205,273	\$3,623,928,889	\$3,622,781,000	\$3,812,953,000	6.9%	69.9%
State Share	\$956,451,715	\$971,189,585	\$1,020,589,073	\$1,157,255,849	\$1,239,899,838	\$1,228,354,286	\$1,309,102,511	\$1,476,857,000	\$1,552,972,000	6.2%	62.4%
Administrative Costs	\$98,638,983	\$100,826,708	\$99,694,716	\$107,688,302	\$136,430,738	\$161,791,590	\$165,305,982	\$129,815,000	\$155,258,000	5.8%	57.4%
Federal Share	\$54,423,948	\$58,392,000	\$55,200,964	\$59,333,150	\$88,161,061	\$99,329,586	\$96,671,081	\$73,625,000	\$88,056,000	6.2%	61.8%
State Share	\$44,215,035	\$42,434,708	\$44,493,752	\$48,355,152	\$48,269,677	\$62,462,004	\$68,634,901	\$56,190,000	\$67,202,000	5.4%	52.0%
Admin. Costs as % of Payments	3.08%	3.07%	2.90%	2.73%	3.23%	3.59%	3.35%	2.55%	2.89%		
Federal Match Rate*	70.03%	70.37%	70.32%	70.53%	70.30%	71.28%	70.09%	69.60%	69.26%		

\*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 05 and 06 reflect latest estimates reported by each state (CMS 37).

•Medicaid payments have been adjusted to remove IGT Funds that were deposited into trust as follows: FFY 01 \$306,381,184; FFY02 \$744,448,177; and FFY03 \$5,255,274.

## SOUTHERN REGION MEDICAID PROFILE

### STATE FINANCING

	Payments		Administration	
	FFY 98	FFY 04	FFY 98	FFY 04
State General Fund	\$956,451,715	\$1,212,379,258	\$44,215,035	\$68,634,901
Local Funds	\$0	\$0	\$0	\$0
Provider Taxes	\$0	\$96,723,253	\$0	\$0
Donations	\$0	\$0	\$0	\$0
Other*	\$0	\$1,479,026	\$0	\$0
Total State Share	\$956,451,715	\$1,309,102,511	\$44,215,035	\$68,634,901

\*Licensing and Title Fees

Provider Taxes Currently in Place (FFY 04)		
	Tax Rate	Amount
Nursing Homes	\$6.27 per patient day	\$58,198,647
MR Facilities	\$10.93 per patient day	\$32,269,374
Pharmacy	\$0.10 per prescription	\$6,255,232
Total		\$96,723,253

### DISPROPORTIONATE SHARE HOSPITAL (DSH) PAYMENTS

	FFY 98	FFY 99	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05**	FFY 06**	Annual Change
General Hospitals	\$654,692,384	\$696,535,584	\$698,563,704	\$794,907,241	\$770,547,308	\$730,035,964	\$914,779,162	\$759,854,000	\$651,056,000	-1.2%
Mental Hospitals	\$83,569,366	\$77,341,613	\$65,389,470	\$77,400,268	\$63,735,769	\$95,212,813	\$110,566,189	\$95,889,000	\$96,020,000	6.6%
Total	\$738,261,750	\$773,877,197	\$763,953,174	\$872,307,509	\$834,283,077	\$825,248,777	\$1,025,345,351	\$855,743,000	\$747,076,000	-0.4%

\*Estimated.

### SELECTED ELIGIBILITY CRITERIA

### DEMOGRAPHIC DATA & POVERTY INDICATORS (2004)

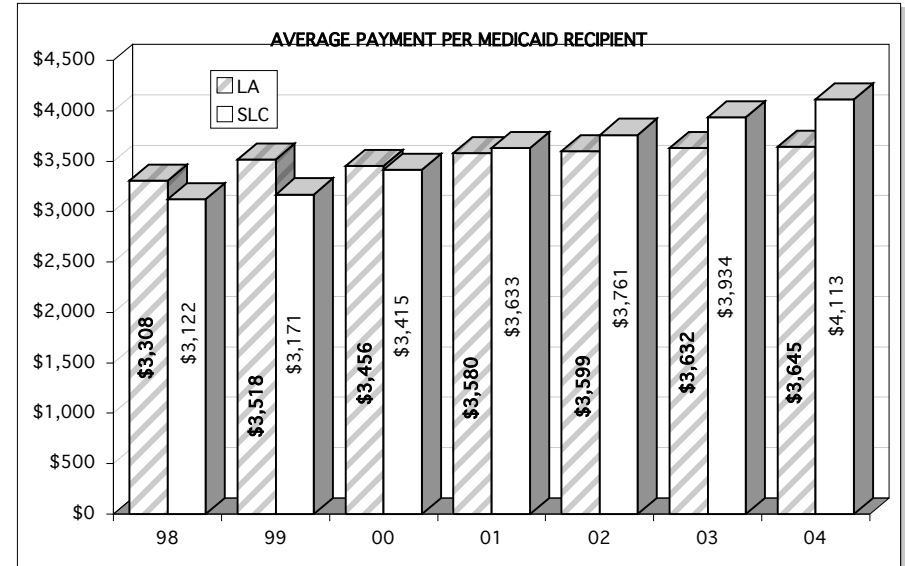
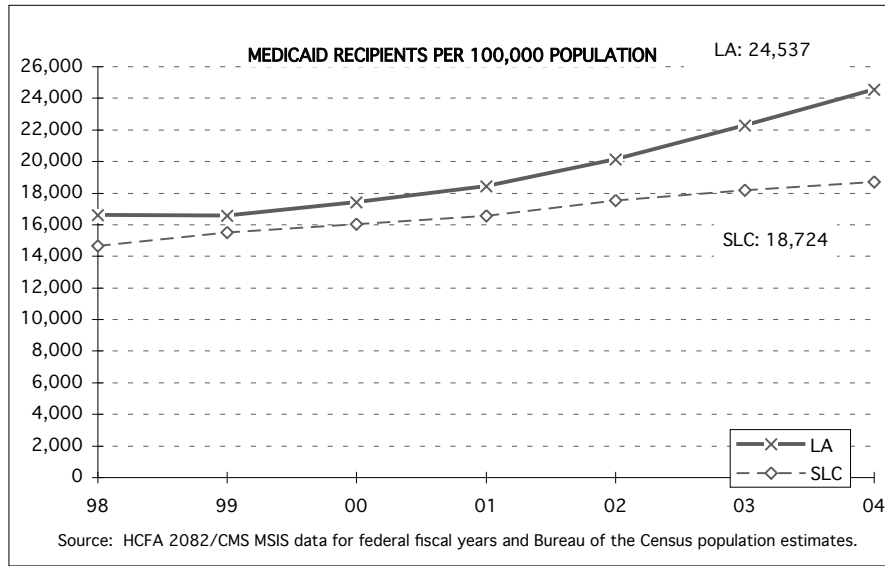
At 10/1/04					Rank in U.S.	
TANF-Temporary Assistance for Needy Families (Family of 3)			% of FPL*	State population—July 1, 2004*	4,515,770	24
Need Standard			50.4%			
Payment Standard			18.4%	Per capita personal income**	\$27,581	42
Maximum Payment			18.4%	Median household income**	\$34,307	47
Medically Needy Program (Family of 3)				Population below Federal Poverty Level on July 1, 2003*	763,165	
Income Eligibility Std	\$258 (Urban)	N/A	\$233 (Rural)	Percent of total state population	16.9%	4
Resource Standard	\$3,025	N/A	N/A			
Pregnant Women, Children and Infants (% of FPL*)				Population without health insurance coverage*	912,000	15
Pregnant women and infants			200.0%	Percent of total state population	20.2%	3
Children 1 to 5			133.0%	Recipients of Food Stamps***	676,194	12
Children 6 to 18 (born after 10/1/1983)			100.0%	Households receiving Food Stamps***	261,760	13
SSI Eligibility Levels				Total value of issuance***	\$756,187,608	11
Income:				Average monthly benefit per recipient	\$93.19	7
Single Person			\$564	Average monthly benefit per household	\$240.74	
Couple			\$846			
Resources:				Monthly recipients of Temporary Assistance to Needy Families (TANF)****	31,568	22
Single Person			\$2,000	Total TANF payments****	\$35,672,628	43
Couple			\$3,000	Average monthly payment per recipient	\$94.17	43
				Maximum monthly payment per family of 3	\$190.00	46

\*Current federal poverty level is \$9,310 per year for a single person, \$12,490 for a family of two and \$15,670 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 98	FFY 99	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	Annual Change
01. General Hospital	153,081	155,285	156,861	158,676	176,229	179,182	180,489	2.8%
02. Mental Hospital	2,847	9,529	8,552	7,491	8,070	8,613	9,434	22.1%
03. Skilled and Intermediate (non-MR) Care Nursing	34,403	35,508	34,639	34,702	34,356	32,955	32,306	-1.0%
04. Intermediate Care for Mentally Retarded	6,014	5,904	5,984	5,907	5,879	5,848	5,820	-0.5%
05. Physician Services	598,546	613,491	619,859	657,938	731,385	789,162	832,560	5.7%
06. Dental Services	128,341	133,584	137,707	167,187	187,347	232,875	236,225	10.7%
07. Other Practitioners	71,230	88,124	84,504	92,394	110,323	157,591	178,179	16.5%
08. Outpatient Hospital	355,568	319,041	336,002	371,198	420,655	465,274	490,135	5.5%
09. Clinic Services	69,912	113,105	118,008	107,545	113,829	123,544	150,865	13.7%
10. Lab and X-Ray	432,781	422,834	437,669	456,670	487,831	532,212	588,281	5.2%
11. Home Health	41,705	9,903	10,041	9,831	10,980	11,406	11,131	-19.8%
12. Prescribed Drugs	552,481	549,296	581,356	628,571	689,973	758,388	804,196	6.5%
13. Family Planning	60,975	5,273	5,347	5,607	6,082	6,465	6,719	-30.8%
14. Early & Periodic Screening, Diagnosis & Treatment	279,309	0	0	0	0	0	0	-100.0%
15. Other Care	142,350	358,116	377,080	393,452	441,854	487,196	511,907	23.8%
16. Personal Care Support Services	67,602	87,396	101,186	112,336	128,333	145,595	568,898	42.6%
17. Home/Community Based Waiver Services	2,751	0	0	0	0	0	0	-100.0%
18. Prepaid Health Care	0	0	0	0	0	0	0	n/a
19. Primary Care Case Management (PCCM) Services	0	0	69,429	84,036	295,322	585,026	878,942	88.6%
<b>Total*</b>	<b>720,615</b>	<b>720,360</b>	<b>761,248</b>	<b>804,987</b>	<b>898,824</b>	<b>995,362</b>	<b>1,108,054</b>	<b>7.4%</b>

\*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

<b>PAYMENTS BY TYPE OF SERVICES</b>	<b>FFY 98</b>	<b>FFY 99</b>	<b>FFY 00</b>	<b>FFY 01</b>	<b>FFY 02</b>	<b>FFY 03</b>	<b>FFY 04</b>	<i>Annual</i>	<i>Share of Total</i>
								<i>Change</i>	<i>FFY 04</i>
01. General Hospital	\$527,916,078	\$529,664,856	\$529,025,483	\$547,461,542	\$595,344,285	\$682,696,326	\$778,490,113	6.7%	19.3%
02. Mental Hospital	\$15,963,066	\$31,531,139	\$28,267,787	\$30,563,226	\$33,765,457	\$35,857,553	\$45,863,116	19.2%	1.1%
03. Skilled and Intermediate (non-MR) Care Nursing	\$490,677,315	\$508,689,630	\$492,740,844	\$566,831,499	\$579,678,805	\$585,804,380	\$590,336,369	3.1%	14.6%
04. Intermediate Care for Mentally Retarded	\$322,468,549	\$340,939,902	\$349,880,049	\$353,810,898	\$358,064,677	\$367,634,760	\$417,797,223	4.4%	10.3%
05. Physician Services	\$196,895,190	\$209,849,639	\$206,081,672	\$223,182,715	\$246,465,477	\$276,177,855	\$295,713,111	7.0%	7.3%
06. Dental Services	\$18,204,824	\$22,401,128	\$22,251,055	\$27,872,499	\$36,108,006	\$43,540,602	\$50,438,369	18.5%	1.2%
07. Other Practitioners	\$4,492,336	\$8,968,208	\$8,677,916	\$9,261,247	\$10,742,041	\$16,242,953	\$17,353,900	25.3%	0.4%
08. Outpatient Hospital	\$146,755,783	\$148,443,259	\$146,172,967	\$158,037,617	\$217,035,609	\$250,446,727	\$242,252,823	8.7%	6.0%
09. Clinic Services	\$33,718,060	\$46,353,549	\$44,341,120	\$40,458,341	\$53,391,708	\$61,770,340	\$72,614,896	13.6%	1.8%
10. Lab and X-Ray	\$42,386,889	\$43,375,990	\$46,000,148	\$46,575,385	\$53,319,471	\$61,360,475	\$70,998,756	9.0%	1.8%
11. Home Health	\$41,600,791	\$18,686,295	\$21,289,864	\$21,999,736	\$24,570,127	\$28,344,851	\$27,387,007	-6.7%	0.7%
12. Prescribed Drugs	\$352,784,785	\$405,754,264	\$476,400,908	\$554,670,701	\$682,557,080	\$783,761,071	\$900,611,528	16.9%	22.3%
13. Family Planning	\$11,599,544	\$2,159,092	\$2,179,189	\$2,148,382	\$2,801,219	\$4,333,284	\$4,432,117	-14.8%	0.1%
14. Early & Periodic Screening, Diagnosis & Treatment	\$43,497,715	\$0	\$0	\$0	\$0	\$0	\$0	-100.0%	0.0%
15. Other Care	\$41,368,967	\$179,901,925	\$210,574,208	\$238,124,463	\$263,557,479	\$312,383,237	\$383,282,169	44.9%	9.5%
16. Personal Care Support Services	\$30,413,215	\$37,445,332	\$44,974,800	\$58,657,251	\$71,523,905	\$91,172,371	\$117,785,307	25.3%	2.9%
17. Home/Community Based Waiver Services	\$62,765,878	\$0	\$0	\$0	\$0	\$0	\$0	-100.0%	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	\$1,705,420	\$1,922,615	\$5,496,593	\$13,383,194	\$23,740,692	93.2%	0.6%
<b>Total</b> (excludes DSH pymts, pharmacy rebates, & other adjs.)	<b>\$2,383,508,985</b>	<b>\$2,534,164,208</b>	<b>\$2,630,563,430</b>	<b>\$2,881,578,117</b>	<b>\$3,234,421,939</b>	<b>\$3,614,909,979</b>	<b>\$4,039,097,496</b>	<b>9.2%</b>	<b>100.0%</b>

## AVERAGE PAYMENTS PER RECIPIENT BY TYPE OF SERVICES

									<i>(+) or (-) SLC</i>
									<i>Avg. FFY 04</i>
01. General Hospital	\$3,448.61	\$3,410.92	\$3,372.57	\$3,450.18	\$3,378.24	\$3,810.07	\$4,313.23	3.8%	-20.5%
02. Mental Hospital	\$5,606.98	\$3,308.97	\$3,305.40	\$4,079.99	\$4,184.07	\$4,163.19	\$4,861.47	-2.3%	-74.3%
03. Skilled and Intermediate (non-MR) Care Nursing	\$14,262.63	\$14,326.06	\$14,225.03	\$16,334.26	\$16,872.71	\$17,775.89	\$18,273.27	4.2%	-18.4%
04. Intermediate Care for Mentally Retarded	\$53,619.65	\$57,747.27	\$58,469.26	\$59,896.88	\$60,905.71	\$62,865.04	\$71,786.46	5.0%	-10.7%
05. Physician Services	\$328.96	\$342.06	\$332.47	\$339.22	\$336.98	\$349.96	\$355.19	1.3%	-35.3%
06. Dental Services	\$141.85	\$167.69	\$161.58	\$166.71	\$192.73	\$186.97	\$213.52	7.1%	-38.8%
07. Other Practitioners	\$63.07	\$101.77	\$102.69	\$100.24	\$97.37	\$103.07	\$97.40	7.5%	-48.7%
08. Outpatient Hospital	\$412.74	\$465.28	\$435.04	\$425.75	\$515.95	\$538.28	\$494.26	3.0%	-19.7%
09. Clinic Services	\$482.29	\$409.83	\$375.75	\$376.20	\$469.05	\$499.99	\$481.32	0.0%	-25.4%
10. Lab and X-Ray	\$97.94	\$102.58	\$105.10	\$101.99	\$109.30	\$115.29	\$120.69	3.5%	-38.2%
11. Home Health	\$997.50	\$1,886.93	\$2,120.29	\$2,237.79	\$2,237.72	\$2,485.08	\$2,460.43	16.2%	-16.4%
12. Prescribed Drugs	\$638.55	\$738.68	\$819.47	\$882.43	\$989.25	\$1,033.46	\$1,119.89	9.8%	-22.3%
13. Family Planning	\$190.23	\$409.46	\$407.55	\$383.16	\$460.58	\$670.27	\$659.64	23.0%	-42.6%
14. Early & Periodic Screening, Diagnosis & Treatment	\$155.73	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-100.0%	-100.0%
15. Other Care	\$290.61	\$502.36	\$558.43	\$605.22	\$596.48	\$641.19	\$748.73	17.1%	-60.9%
16. Personal Care Support Services	\$449.89	\$428.46	\$444.48	\$522.16	\$557.33	\$626.21	\$207.04	-12.1%	-84.6%
17. Home/Community Based Waiver Services	\$22,815.66	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$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	\$24.56	\$22.88	\$18.61	\$22.88	\$27.01	2.4%	0.1%
<b>Total (Average)</b>	<b>\$3,307.60</b>	<b>\$3,517.91</b>	<b>\$3,455.59</b>	<b>\$3,579.66</b>	<b>\$3,598.50</b>	<b>\$3,631.75</b>	<b>\$3,645.22</b>	<b>1.6%</b>	<b>-11.4%</b>

<b>TOTAL PER CAPITA EXPENDITURES</b>	<b>\$759.96</b>	<b>\$777.04</b>	<b>\$810.94</b>	<b>\$926.38</b>	<b>\$974.82</b>	<b>\$1,046.34</b>	<b>\$1,129.01</b>	<b>6.8%</b>	<b>28.9%</b>
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Source: Health Care Financing Administration-Form HCFA 2082 for federal fiscal year 98; MSIS data for FFY 99-04.

# SOUTHERN REGION MEDICAID PROFILE

## DATA BY OTHER CHARACTERISTICS

### RECIPIENTS BY OTHER CHARACTERISTICS

	<u>FFY 98</u>	<u>FFY 99</u>	<u>FFY 00</u>	<u>FFY 01</u>	<u>FFY 02</u>	<u>FFY 03</u>	<u>FFY 04</u>	<i>Annual Change</i>	<i>Share of Total FFY 04</i>
<b>By Maintenance Assistance Status</b>									
Receiving Cash Assistance or Eligible Under Section 1931	372,578	311,892	307,199	301,098	310,808	313,021	340,322	-1.5%	30.7%
Poverty Related Eligibles	190,227	226,461	286,673	350,198	445,427	499,742	569,412	20.0%	51.4%
Medically Needy	8,629	5,878	6,088	7,041	9,204	9,659	10,622	3.5%	1.0%
Other Eligibles	149,181	110,567	96,323	82,393	89,334	76,114	99,831	-6.5%	9.0%
Maintenance Assistance Status Unknown	0	65,562	64,965	64,257	44,051	96,826	87,867	6.0%	7.9%
<b>Total</b>	<b>720,615</b>	<b>720,360</b>	<b>761,248</b>	<b>804,987</b>	<b>898,824</b>	<b>995,362</b>	<b>1,108,054</b>	<b>7.4%</b>	<b>100.0%</b>
<b>By Basis of Eligibility</b>									
Aged, Blind, or Disabled	254,382	233,591	232,929	232,613	241,107	245,745	252,159	-0.1%	22.8%
Children	345,723	323,458	367,921	411,966	538,077	535,484	633,662	10.6%	57.2%
Foster Care Children	141	8,545	8,875	8,639	9,470	8,539	8,849	99.3%	0.8%
Adults	120,369	89,204	86,558	87,512	110,170	108,501	125,517	0.7%	11.3%
Basis of Eligibility Unknown	0	65,562	64,965	64,257	0	97,093	87,867	6.0%	7.9%
<b>Total</b>	<b>720,615</b>	<b>720,360</b>	<b>761,248</b>	<b>804,987</b>	<b>898,824</b>	<b>995,362</b>	<b>1,108,054</b>	<b>7.4%</b>	<b>100.0%</b>
<b>By Age</b>									
Under Age 1	57,639	20,839	26,837	27,501	35,777	17,970	39,101	-6.3%	3.5%
Age 1 to 5	144,132	129,029	139,568	147,942	180,474	170,264	206,568	6.2%	18.6%
Age 6 to 14	158,730	166,295	180,207	202,706	243,261	278,469	306,124	11.6%	27.6%
Age 15 to 20	64,869	69,325	81,857	93,158	113,506	134,354	153,116	15.4%	13.8%
Age 21 to 44	139,767	124,537	122,450	123,143	130,744	141,485	154,329	1.7%	13.9%
Age 45 to 64	59,953	58,082	60,278	62,671	67,925	72,499	77,326	4.3%	7.0%
Age 65 to 74	36,578	33,698	33,250	32,907	32,980	33,467	34,071	-1.2%	3.1%
Age 75 to 84	33,406	30,207	29,756	29,668	29,629	29,827	29,785	-1.9%	2.7%
Age 85 and Over	25,404	22,790	22,080	21,034	20,477	20,199	19,767	-4.1%	1.8%
Age Unknown	137	65,558	64,965	64,257	44,051	96,828	87,867	193.7%	7.9%
<b>Total</b>	<b>720,615</b>	<b>720,360</b>	<b>761,248</b>	<b>804,987</b>	<b>898,824</b>	<b>995,362</b>	<b>1,108,054</b>	<b>7.4%</b>	<b>100.0%</b>
<b>By Race</b>									
White	238,916	233,573	257,995	276,367	296,734	320,727	366,609	7.4%	33.1%
Black	431,382	418,242	450,797	473,774	498,670	514,116	577,581	5.0%	52.1%
Hispanic, American Indian or Asian	0	0	0	0	8,817	12,878	17,577	41.2%	1.6%
Other/Unknown	50,317	68,545	52,456	54,846	94,603	147,641	146,287	19.5%	13.2%
<b>Total</b>	<b>720,615</b>	<b>720,360</b>	<b>761,248</b>	<b>804,987</b>	<b>898,824</b>	<b>995,362</b>	<b>1,108,054</b>	<b>7.4%</b>	<b>100.0%</b>
<b>By Sex</b>									
Female	442,067	425,275	460,027	481,824	498,794	523,312	586,673	4.8%	52.9%
Male	278,337	272,350	300,360	322,966	355,920	375,166	433,415	7.7%	39.1%
Unknown	211	22,735	861	197	44,110	96,884	87,966	173.3%	7.9%
<b>Total</b>	<b>720,615</b>	<b>720,360</b>	<b>761,248</b>	<b>804,987</b>	<b>898,824</b>	<b>995,362</b>	<b>1,108,054</b>	<b>7.4%</b>	<b>100.0%</b>

Source: Health Care Financing Administration-Form HCFA 2082 for federal fiscal year 98; MSIS data for FFY 99-04.

## SOUTHERN REGION MEDICAID PROFILE

### PAYMENTS BY OTHER CHARACTERISTICS

	<u>FFY 98</u>	<u>FFY 99</u>	<u>FFY 00</u>	<u>FFY 01</u>	<u>FFY 02</u>	<u>FFY 03</u>	<u>FFY 04</u>	<i>Annual Change</i>	<i>Share of Total FFY 04</i>
<b>By Maintenance Assistance Status</b>									
Receiving Cash Assistance or Eligible Under Section 1931	\$1,227,251,177	\$1,238,591,787	\$1,287,252,400	\$1,376,935,923	\$1,553,966,380	\$1,699,714,565	\$1,942,915,372	8.0%	48.1%
Poverty Related Eligibles	\$227,270,626	\$263,475,366	\$321,648,866	\$392,236,048	\$510,213,885	\$583,097,320	\$677,363,988	20.0%	16.8%
Medically Needy	\$35,159,084	\$32,171,699	\$35,472,974	\$43,794,602	\$56,331,308	\$59,852,598	\$74,767,869	13.4%	1.9%
Other Eligibles	\$893,828,098	\$884,830,782	\$882,700,731	\$966,239,542	\$1,053,861,209	\$1,072,900,601	\$1,231,926,150	5.5%	30.5%
Maintenance Assistance Status Unknown	\$0	\$115,094,574	\$103,488,459	\$102,372,002	\$60,049,157	\$199,344,895	\$112,124,117	-0.5%	2.8%
<b>Total</b>	<b>\$2,383,508,985</b>	<b>\$2,534,164,208</b>	<b>\$2,630,563,430</b>	<b>\$2,881,578,117</b>	<b>\$3,234,421,939</b>	<b>\$3,614,909,979</b>	<b>\$4,039,097,496</b>	9.2%	100.0%
<b>By Basis of Eligibility</b>									
Aged, Blind or Disabled	\$1,773,580,236	\$1,894,577,789	\$1,953,941,815	\$2,110,259,299	\$2,303,751,869	\$2,513,203,234	\$2,800,964,969	7.9%	69.3%
Children	\$371,500,804	\$301,187,109	\$337,035,460	\$412,242,191	\$569,950,655	\$553,716,835	\$702,174,794	11.2%	17.4%
Foster Care Children	\$154,433	\$16,921,071	\$21,691,569	\$22,958,250	\$25,792,679	\$28,100,500	\$33,814,036	145.5%	0.8%
Adults	\$238,273,512	\$206,383,665	\$214,406,127	\$233,746,375	\$274,877,579	\$315,908,545	\$390,019,580	8.6%	9.7%
Basis of Eligibility Unknown	\$0	\$115,094,574	\$103,488,459	\$102,372,002	\$60,049,157	\$203,980,865	\$112,124,117	-0.5%	2.8%
<b>Total</b>	<b>\$2,383,508,985</b>	<b>\$2,534,164,208</b>	<b>\$2,630,563,430</b>	<b>\$2,881,578,117</b>	<b>\$3,234,421,939</b>	<b>\$3,614,909,979</b>	<b>\$4,039,097,496</b>	9.2%	100.0%
<b>By Age</b>									
Under Age 1	\$168,716,699	\$53,689,495	\$60,554,574	\$82,788,537	\$118,450,015	\$69,607,689	\$142,993,947	-2.7%	3.5%
Age 1 to 5	\$139,107,477	\$164,180,623	\$184,127,591	\$212,808,277	\$275,852,968	\$265,375,029	\$309,600,661	14.3%	7.7%
Age 6 to 14	\$164,913,424	\$177,368,038	\$191,919,045	\$224,251,709	\$281,724,844	\$338,512,433	\$379,274,603	14.9%	9.4%
Age 15 to 20	\$157,908,697	\$161,825,039	\$180,390,620	\$203,151,604	\$236,113,101	\$271,785,984	\$314,808,760	12.2%	7.8%
Age 21 to 44	\$611,395,836	\$639,480,214	\$668,103,084	\$702,180,596	\$775,096,720	\$851,260,156	\$982,907,597	8.2%	24.3%
Age 45 to 64	\$465,816,270	\$508,252,218	\$544,918,260	\$601,807,404	\$690,063,729	\$783,968,981	\$923,188,951	12.1%	22.9%
Age 65 to 74	\$195,457,195	\$208,964,900	\$204,844,393	\$213,563,390	\$234,357,458	\$249,635,916	\$270,344,942	5.6%	6.7%
Age 75 to 84	\$240,901,709	\$247,705,759	\$243,830,620	\$269,292,605	\$284,966,950	\$300,381,614	\$314,156,048	4.5%	7.8%
Age 85 and Over	\$239,184,115	\$257,604,774	\$248,386,784	\$269,361,993	\$277,746,997	\$285,036,326	\$289,697,870	3.2%	7.2%
Age Unknown	\$107,563	\$115,093,148	\$103,488,459	\$102,372,002	\$60,049,157	\$199,345,851	\$112,124,117	218.4%	2.8%
<b>Total</b>	<b>\$2,383,508,985</b>	<b>\$2,534,164,208</b>	<b>\$2,630,563,430</b>	<b>\$2,881,578,117</b>	<b>\$3,234,421,939</b>	<b>\$3,614,909,979</b>	<b>\$4,039,097,496</b>	9.2%	100.0%
<b>By Race</b>									
White	\$1,099,777,803	\$1,166,464,269	\$1,220,850,112	\$1,341,518,119	\$1,478,718,886	\$1,594,496,227	\$1,821,042,639	8.8%	45.1%
Black	\$1,065,218,687	\$1,103,386,526	\$1,173,444,462	\$1,281,983,050	\$1,411,445,947	\$1,516,242,310	\$1,755,020,304	8.7%	43.5%
Hispanic, American Indian or Asian	\$0	\$0	\$0	\$0	\$19,952,411	\$32,330,907	\$43,926,797	48.4%	1.1%
Other / Unknown	\$218,512,495	\$264,313,413	\$236,268,856	\$258,076,948	\$324,304,695	\$471,840,535	\$419,107,756	11.5%	10.4%
<b>Total</b>	<b>\$2,383,508,985</b>	<b>\$2,534,164,208</b>	<b>\$2,630,563,430</b>	<b>\$2,881,578,117</b>	<b>\$3,234,421,939</b>	<b>\$3,614,909,979</b>	<b>\$4,039,097,496</b>	9.2%	100.0%
<b>By Sex</b>									
Female	\$1,465,177,548	\$1,525,645,924	\$1,591,240,151	\$1,734,266,319	\$1,907,207,677	\$2,060,036,616	\$2,331,028,369	8.0%	57.7%
Male	\$917,846,494	\$970,854,884	\$1,039,703,789	\$1,147,169,287	\$1,267,011,408	\$1,355,303,057	\$1,595,642,523	9.7%	39.5%
Unknown	\$484,943	\$37,663,400	(\$380,510)	\$142,511	\$60,202,854	\$199,570,306	\$112,426,604	147.9%	2.8%
<b>Total</b>	<b>\$2,383,508,985</b>	<b>\$2,534,164,208</b>	<b>\$2,630,563,430</b>	<b>\$2,881,578,117</b>	<b>\$3,234,421,939</b>	<b>\$3,614,909,979</b>	<b>\$4,039,097,496</b>	9.2%	100.0%

Source: Health Care Financing Administration-Form HCFA 2082 for federal fiscal year 98; MSIS data for FFY 99-04.

## SOUTHERN REGION MEDICAID PROFILE

### AVERAGE PAYMENT PER RECIPIENT BY OTHER CHARACTERISTICS

								Above (+) or Annual Change	Below (-) SLC Avg. FFY 04
<b>By Maintenance Assistance Status</b>	<b>FFY 98</b>	<b>FFY 99</b>	<b>FFY 00</b>	<b>FFY 01</b>	<b>FFY 02</b>	<b>FFY 03</b>	<b>FFY 02</b>		
Receiving Cash Assistance or Eligible Under Section 1931	\$3,293.94	\$3,971.22	\$4,190.29	\$4,573.05	\$4,999.76	\$5,430.03	\$5,709.05	9.6%	8.7%
Poverty Related Eligibles	\$1,194.73	\$1,163.45	\$1,122.01	\$1,120.04	\$1,145.45	\$1,166.80	\$1,189.59	-0.1%	-41.8%
Medically Needy	\$4,074.53	\$5,473.24	\$5,826.70	\$6,219.94	\$6,120.31	\$6,196.56	\$7,038.96	9.5%	13.4%
Other Eligibles	\$5,991.57	\$8,002.67	\$9,163.97	\$11,727.20	\$11,796.87	\$14,095.97	\$12,340.12	12.8%	70.1%
Maintenance Assistance Status Unknown	\$0.00	\$1,755.51	\$1,592.99	\$1,593.16	\$1,363.17	\$2,058.80	\$1,276.07	-6.2%	-52.2%
<b>Total</b>	<b>\$3,307.60</b>	<b>\$3,517.91</b>	<b>\$3,455.59</b>	<b>\$3,579.66</b>	<b>\$3,598.50</b>	<b>\$3,631.75</b>	<b>\$3,645.22</b>	<b>1.6%</b>	<b>-11.4%</b>
 <b>By Basis of Eligibility</b>									
Aged, Blind or Disabled	\$6,972.11	\$8,110.66	\$8,388.57	\$9,071.97	\$9,554.89	\$10,226.87	\$11,107.93	8.1%	3.0%
Children	\$1,074.56	\$931.15	\$916.05	\$1,000.67	\$1,059.24	\$1,034.05	\$1,108.12	0.5%	-24.9%
Foster Care Children	\$1,095.27	\$1,980.23	\$2,444.12	\$2,657.51	\$2,723.62	\$3,290.84	\$3,821.23	23.2%	-44.5%
Adults	\$1,979.53	\$2,313.61	\$2,477.02	\$2,671.02	\$2,495.03	\$2,911.57	\$3,107.30	7.8%	18.3%
Basis of Eligibility Unknown	\$0.00	\$1,755.51	\$1,592.99	\$1,593.16	\$0.00	\$2,100.88	\$1,276.07	-6.2%	-55.8%
<b>Total</b>	<b>\$3,307.60</b>	<b>\$3,517.91</b>	<b>\$3,455.59</b>	<b>\$3,579.66</b>	<b>\$3,598.50</b>	<b>\$3,631.75</b>	<b>\$3,645.22</b>	<b>1.6%</b>	<b>-11.4%</b>
 <b>By Age</b>									
Under Age 1	\$2,927.13	\$2,576.39	\$2,256.38	\$3,010.38	\$3,310.79	\$3,873.55	\$3,657.04	3.8%	-1.6%
Age 1 to 5	\$965.14	\$1,272.43	\$1,319.27	\$1,438.46	\$1,528.49	\$1,558.61	\$1,498.78	7.6%	-16.6%
Age 6 to 14	\$1,038.96	\$1,066.59	\$1,064.99	\$1,106.29	\$1,158.12	\$1,215.62	\$1,238.96	3.0%	-26.1%
Age 15 to 20	\$2,434.27	\$2,334.30	\$2,203.73	\$2,180.72	\$2,080.18	\$2,022.91	\$2,056.01	-2.8%	-22.7%
Age 21 to 44	\$4,374.39	\$5,134.86	\$5,456.13	\$5,702.16	\$5,928.35	\$6,016.61	\$6,368.91	6.5%	32.0%
Age 45 to 64	\$7,769.69	\$8,750.60	\$9,040.09	\$9,602.65	\$10,159.20	\$10,813.51	\$11,938.92	7.4%	24.1%
Age 65 to 74	\$5,343.57	\$6,201.11	\$6,160.73	\$6,489.91	\$7,106.05	\$7,459.17	\$7,934.75	6.8%	7.4%
Age 75 to 84	\$7,211.33	\$8,200.28	\$8,194.33	\$9,076.87	\$9,617.84	\$10,070.80	\$10,547.46	6.5%	-5.5%
Age 85 and Over	\$9,415.21	\$11,303.41	\$11,249.40	\$12,806.03	\$13,563.85	\$14,111.41	\$14,655.63	7.7%	-14.7%
Age Unknown	\$785.13	\$1,755.59	\$1,592.99	\$1,593.16	\$1,363.17	\$2,058.76	\$1,276.07	8.4%	-55.1%
<b>Total</b>	<b>\$3,307.60</b>	<b>\$3,517.91</b>	<b>\$3,455.59</b>	<b>\$3,579.66</b>	<b>\$3,598.50</b>	<b>\$3,631.75</b>	<b>\$3,645.22</b>	<b>1.6%</b>	<b>-11.4%</b>
 <b>By Race</b>									
White	\$4,603.20	\$4,994.00	\$4,732.07	\$4,854.12	\$4,983.31	\$4,971.51	\$4,967.26	1.3%	-0.7%
Black	\$2,469.32	\$2,638.15	\$2,603.04	\$2,705.90	\$2,830.42	\$2,949.22	\$3,038.57	3.5%	-11.3%
Hispanic, American Indian or Asian	\$0.00	\$0.00	\$0.00	\$0.00	\$2,262.95	\$2,510.55	\$2,499.11	5.1%	-3.0%
Other/Unknown	\$4,342.72	\$3,856.06	\$4,504.13	\$4,705.48	\$3,428.06	\$3,195.86	\$2,864.97	-6.7%	-42.2%
<b>Total</b>	<b>\$3,307.60</b>	<b>\$3,517.91</b>	<b>\$3,455.59</b>	<b>\$3,579.66</b>	<b>\$3,598.50</b>	<b>\$3,631.75</b>	<b>\$3,645.22</b>	<b>1.6%</b>	<b>-11.4%</b>
 <b>By Sex</b>									
Female	\$3,314.38	\$3,587.43	\$3,459.01	\$3,599.38	\$3,823.64	\$3,936.54	\$3,973.30	3.1%	-5.2%
Male	\$3,297.61	\$3,564.73	\$3,461.53	\$3,551.98	\$3,559.82	\$3,612.54	\$3,681.56	1.9%	-8.0%
Unknown	\$2,298.31	\$1,656.63	(\$441.94)	\$723.41	\$1,364.83	\$2,059.89	\$1,278.07	-9.3%	-68.8%
<b>Total</b>	<b>\$3,307.60</b>	<b>\$3,517.91</b>	<b>\$3,455.59</b>	<b>\$3,579.66</b>	<b>\$3,598.50</b>	<b>\$3,631.75</b>	<b>\$3,645.22</b>	<b>1.6%</b>	<b>-11.4%</b>

Source: Health Care Financing Administration-Form HCFA 2082 for federal fiscal year 98; MSIS data for FFY 99-04.

## SOUTHERN REGION MEDICAID PROFILE

### ADDITIONAL STATE HEALTH CARE INFORMATION

Sources: "Issue Briefs", Health Policy Tracking Service, January 2005; "Medicaid Services State by State", CMS, October 2004; "State Health Facts", The Henry Kaiser Foundation, January 2005; and the state Medicaid Website.

#### Waivers

Louisiana operates a Primary Care Case Management (PCCM) under the authority of a 1915(b) waiver. The program, CommunityCARE, has been in existence since June 1, 1992 and serves approximately 900,000 beneficiaries across the State.

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

- Elderly and Disabled Adult Waiver (EDA): Can serve up to 2,741 people, operating since July 1, 1993
- Mental Retardation/Developmental Disabilities: Can serve up to 4,776 people, operating since June 1, 1990. Beginning in October 2003, individuals were transitioned out of the MR/DD waiver into the New Opportunity Waiver (NOW), an Independence Plus waiver which encompasses additional services and an option for participants to elect consumer direction. Has 4,642 slots available through June 30, 2005.
- Adult Day Health Care Waiver (ADHC): Currently can serve up to 688 people, operating since January 1, 1985
- Personal Care Attendant Waiver (PCA): Waiver was terminated in January 2005. 300 PCA waiver recipients were transitioned to the EDA waiver by December 31, 2004 before the closure of the PCA waiver.
- Children's Choice Waiver (CC): Can serve up to 800 children during FY 04, operating since February 21, 2001.
- Created the Jefferson Parish Health Authority and the Capital Area Human Services District as community based programs. These entities are restrictive to outpatient and inpatient care services in the area of substance abuse, and outpatient care services for mental retardation, mental health, and public health.
- Enacted legislation in FY 03 that created the Florida Parishes Human Service Authority (Act 594) and the Metropolitan Human Services District (Act 846). The new laws provide for DHH to implement the framework for the program by July 5, 2004, and have individual provider agreements in place by July 1, 2005.

#### 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.

#### 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

- For FY 02, Act 395 of the 2001 Regular Legislative Session permits the Department of Health and Hospitals to utilize a prior authorization process and a preferred drug list for its Medicaid prescription benefits management program in an effort to promote cost effectiveness in the Medicaid Program. With the implementation of the PA process, drugs will be considered "preferred" or "non-preferred". Non-preferred drugs will require PA as a condition for payment by the program. The Department is also negotiating State Supplemental Drug Rebates with drug manufacturers. Act 395 also mandates the Department to implement the Peer Based Prescriber Practitioner Profile Program.
- For FY 03, 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, served approximately 900,000 in FY 04.
- For FY 05, Act 177 of the 2005 Regular Session removes the exemption from being added to the PDL for atypical anti-psychotic drugs and drugs used in the treatment of Hepatitis C.

## SOUTHERN REGION MEDICAID PROFILE

### **Medicaid**

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

- Enacted legislation in 2001 as follows:

1. Created the Medicaid School-Based Administrative Claiming Trust Fund to reimburse public schools for the actual costs of administrative outreach provided by the school districts;
2. Established the Medicaid Pharmaceutical and Therapeutic Committee--authorized the committee to develop and maintain a preferred drug list in conjunction with a prior authorization process;
3. Authorized Medicaid to change the reimbursement methodology for nursing home services; and
4. Directed DHH to develop and implement a pilot program to provide hospice care under the state plan.

- Enacted legislation in 2002 as follows:

1. Increased reimbursement rates for hospital outpatient services and long-term care hospital services.
2. Increased physician reimbursement rates for those physicians participating in the CommunityCARE Program.
3. Increased reimbursement rates for dentists, emergency ambulance services, physical therapy, occupational therapy, speech therapy, and for the Supported Independent Living Waiver.
4. Provided funds for reimbursement to private providers for medical services to Medicaid eligible patients enrolled in Mental Health Rehabilitation Services
5. Limited vision services to Medicaid recipients under the age of 21.
6. Increased Medicaid coverage of Personal Care Attendant services and of behavioral management for autistic children.
7. Expanded Medicaid coverage for pregnant women with family incomes not greater than 200% of the federal poverty guidelines.
8. Added new slots for the Adult Day Health waiver, the Elderly and Disabled waiver, the Mental Retardation and Developmentally Disabled waiver, and the Personal Care Attendant waiver.

Enacted legislation in 2005 as follows:

1. Authorized the imposition of a 1.5% provider fee on net patient revenues for certain acute care hospitals.
2. Extended the moratorium on certified nursing home beds; allowed for a bed abeyance (reduction) of 10%; increased minimum occupancy levels to allow for recoupment of capital costs; and provided for a bed exchange program that would allow the conversion of existing nursing home beds to residential care beds.

### **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 provided 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.

- Phase II, effective October 1999, expanded Medicaid to provide health care benefits to children/adolescents from birth to age 19 in families with incomes up to 150% FPL and enrolled approximately 10,000 children.

- Phase III implemented January 1, 2001 to provide health care benefits to children/adolescents from birth to age 19 in families with income from 151-200% FPL and enrolled an additional 12,000 children.

All three phases are Medicaid expansions and serve approximately 105,580 individuals as of September 2004.

## SOUTHERN REGION MEDICAID PROFILE

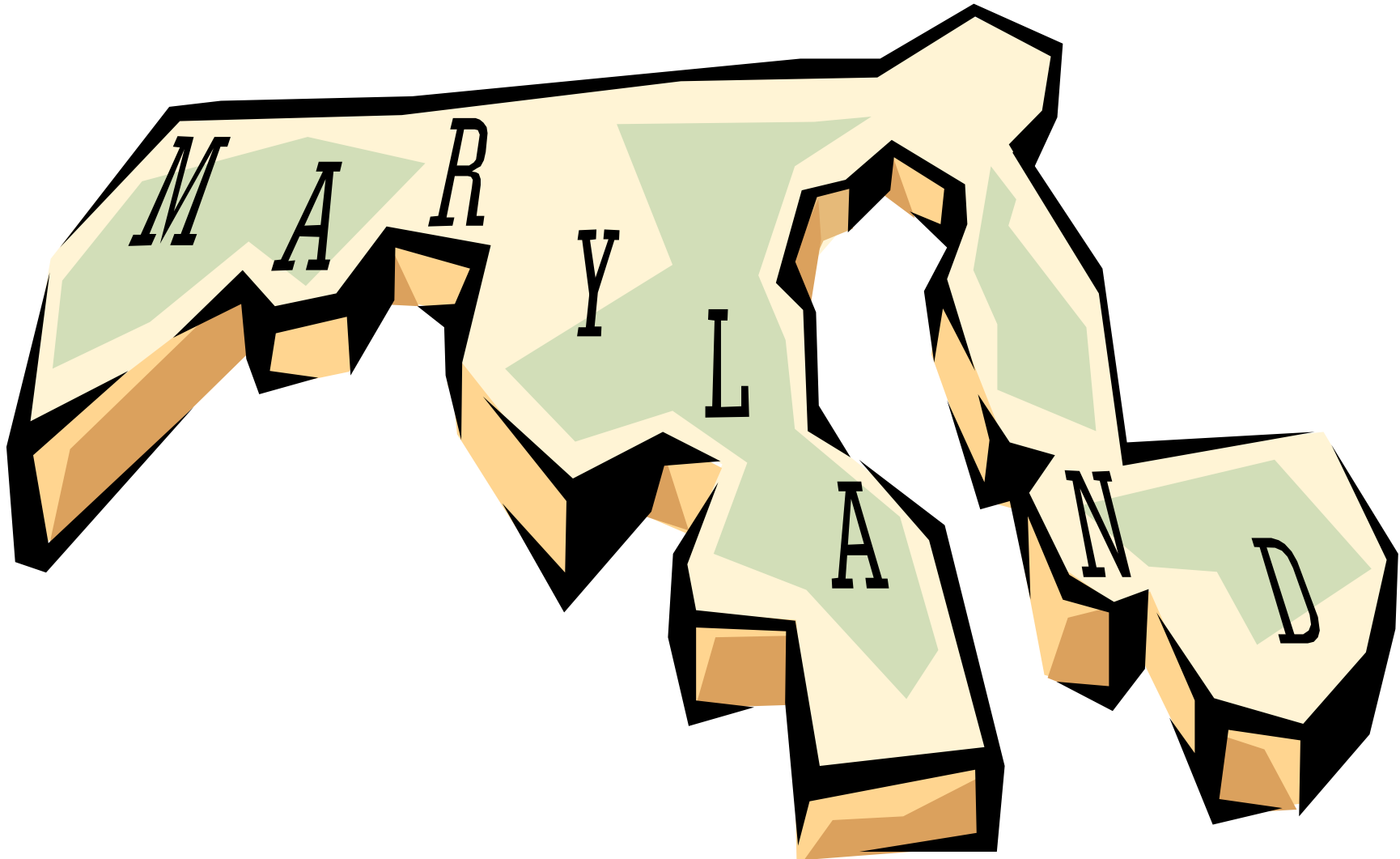
### Tobacco Settlement

- The state expects to receive approximately \$4.42 billion over 25 years.
- From FY 00 through FY 04, the cumulative tobacco settlement payment was approximately \$1.34 billion.
- The state has allocated these funds and compares with the U.S. as follows:

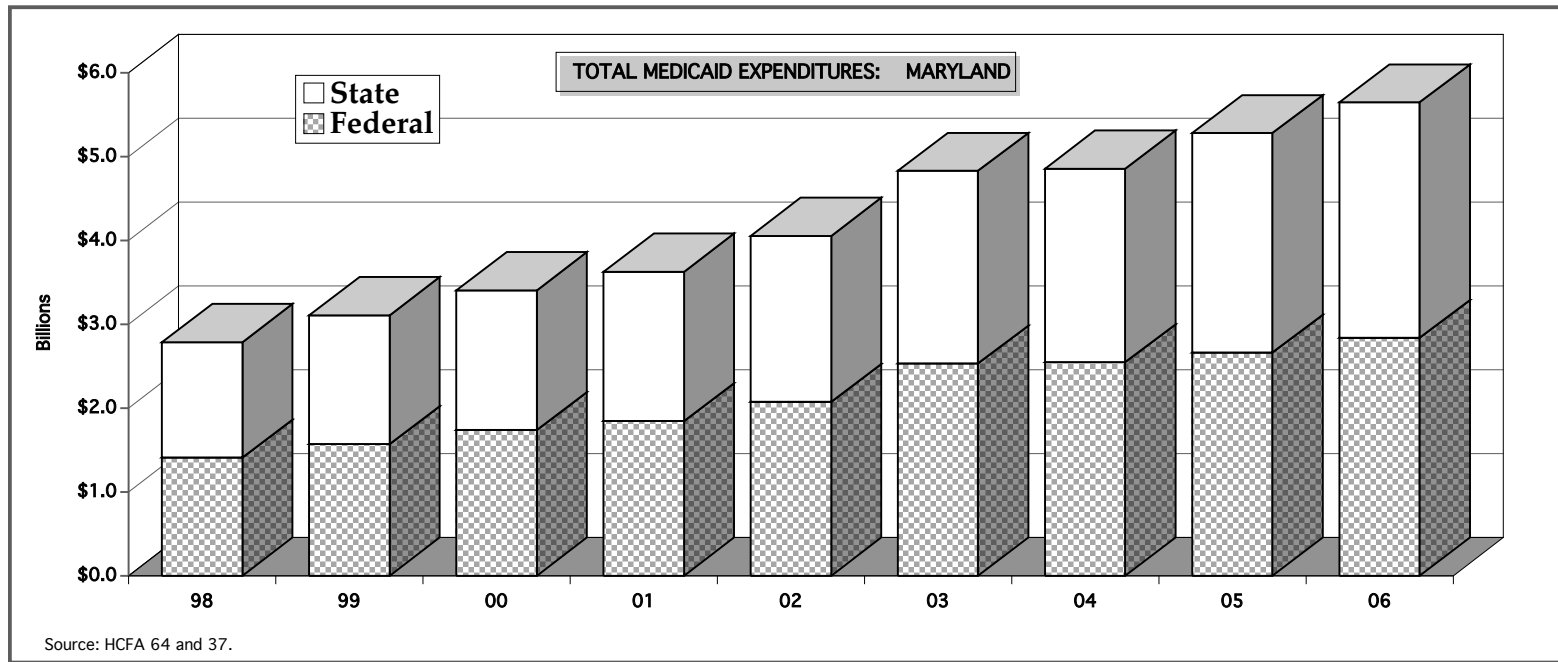
	LA	%	U.S.	%
Tobacco use prevention	\$1,942,000	0.1%	\$1,813,423,000	4.6%
Health services	\$145,105,000	10.8%	\$11,824,057,000	29.9%
Long-term care	\$0	0.0%	\$2,200,066,000	5.6%
Health research	\$42,443,000	3.2%	\$1,472,863,000	3.7%
Education	\$76,189,000	5.7%	\$2,051,182,000	5.2%
Children and Youth (Nonhealth)	\$5,967,000	0.4%	\$1,229,719,000	3.1%
Tobacco Farmers	\$0	0.0%	\$1,217,021,000	3.1%
Endowments and Reserves	\$982,067,000	73.2%	\$7,636,209,000	19.3%
Other	\$87,283,000	6.5%	\$10,048,868,000	25.4%
Total	\$1,340,996,000	100.0%	\$39,493,408,000	100.0%



## STATE MEDICAID PROFILE



# SOUTHERN REGION MEDICAID PROFILE



State profile revised to reflect MSIS statistical data as reported by CMS for federal fiscal years 99 through 04.

	FFY 98	FFY 99	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05**	FFY 06**	Annual Rate of Change	Total Change 98-06
Medicaid Payments	\$2,578,582,453	\$2,931,170,173	\$3,170,221,094	\$3,389,359,931	\$3,779,629,018	\$4,533,866,491	\$4,586,430,658	\$4,956,779,000	\$5,288,055,000	9.4%	105.1%
Federal Share	\$1,293,965,501	\$1,473,199,888	\$1,610,382,156	\$1,713,456,381	\$1,927,846,222	\$2,374,645,298	\$2,403,083,672	\$2,489,789,000	\$2,647,535,000	9.4%	104.6%
State Share	\$1,284,616,952	\$1,457,970,285	\$1,559,838,938	\$1,675,903,550	\$1,851,782,796	\$2,159,221,193	\$2,183,346,986	\$2,466,990,000	\$2,640,520,000	9.4%	105.5%
Administrative Costs	\$206,657,092	\$177,403,959	\$235,198,416	\$237,787,627	\$274,488,455	\$294,904,663	\$267,847,856	\$320,676,000	\$355,733,000	7.0%	72.1%
Federal Share	\$114,207,850	\$97,893,210	\$126,726,599	\$130,711,305	\$145,227,839	\$155,606,047	\$142,877,711	\$172,087,000	\$189,311,000	6.5%	65.8%
State Share	\$92,449,242	\$79,510,749	\$108,471,817	\$107,076,322	\$129,260,616	\$139,298,616	\$124,970,145	\$148,589,000	\$166,422,000	7.6%	80.0%
Admin. Costs as % of Payments	8.01%	6.05%	7.42%	7.02%	7.26%	6.50%	5.84%	6.47%	6.73%		
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 05 and 06 reflect latest estimates reported by each state (CMS 37).

## SOUTHERN REGION MEDICAID PROFILE

STATE FINANCING	Payments		Administration	
	FFY 98	FFY 04	FFY 98	FFY 04
State General Fund	\$1,284,616,952	\$2,177,063,492	\$92,449,242	\$124,970,145
Local Funds	\$0	\$0	\$0	\$0
Provider Taxes	\$0	\$0	\$0	\$0
Donations*	\$0	\$5,457,325	\$0	\$0
Other*	\$0	\$826,169	\$0	\$0
Total State Share	\$1,284,616,952	\$2,183,346,986	\$92,449,242	\$124,970,145

\*Outstationed Eligibility Workers and various State Medical Licensing Boards and Commissions

Provider Taxes Currently in Place (FFY 04)	
Tax Rate	Amount
Permissible Taxes Program	\$5,457,325
	\$5,457,325

### DISPROPORTIONATE SHARE HOSPITAL (DSH) PAYMENTS

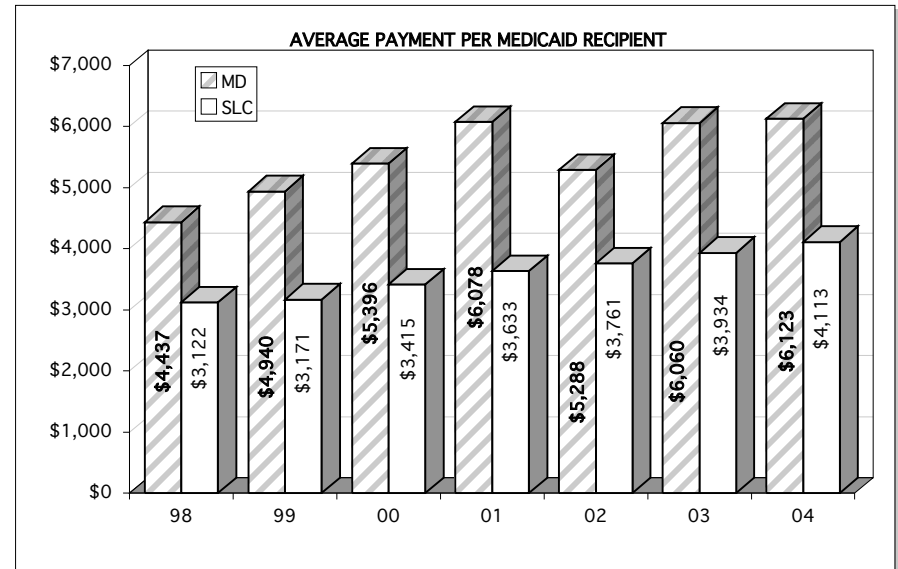
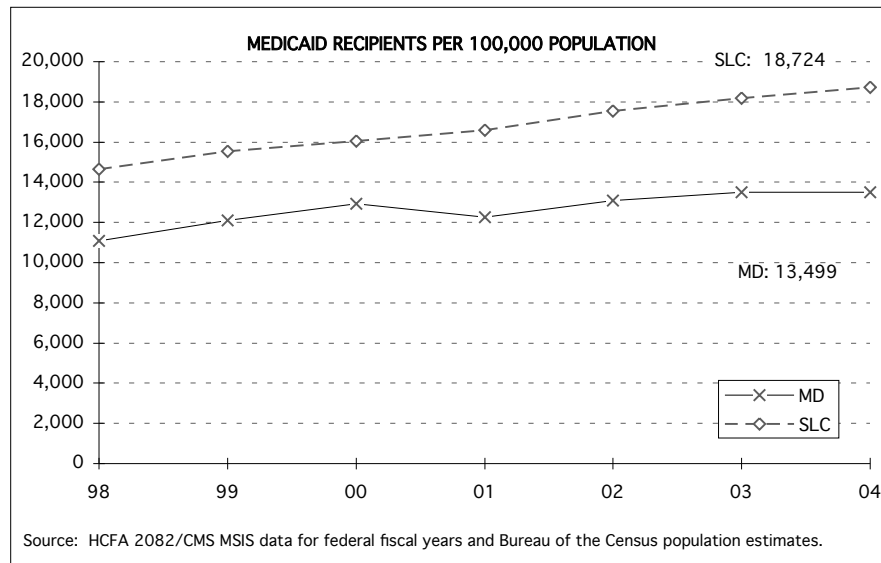
	FFY 98	FFY 99	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05**	FFY 06**	Annual Change
General Hospitals	\$27,132,390	\$28,539,341	\$29,841,259	\$31,081,634	\$35,380,547	\$22,959,669	\$31,101,654	\$27,637,000	\$14,657,000	-11.2%
Mental Hospitals	\$116,151,573	\$118,275,027	\$114,809,891	\$31,443,762	\$62,616,528	\$40,863,900	\$47,402,124	\$47,492,000	\$48,142,000	-13.5%
Total	\$143,283,963	\$146,814,368	\$144,651,150	\$62,525,396	\$97,997,075	\$63,823,569	\$78,503,778	\$75,129,000	\$62,799,000	-13.0%

SELECTED ELIGIBILITY CRITERIA				DEMOGRAPHIC DATA & POVERTY INDICATORS (2004)			
	At 10/1/04	% of FPL*					Rank in U.S.
TANF-Temporary Assistance for Needy Families (Family of 3)				State population—July 1, 2004*	5,558,058		19
Need Standard	Eliminated	N/A					
Payment Standard		\$477	36.5%	Per capita personal income**	\$39,247		4
Maximum Payment		\$477	36.5%	Median household income**	\$55,213		2
Medically Needy Program (Family of 3)				Population below Federal Poverty Level on July 1, 2003*	416,005		
Income Eligibility Standard		\$434		Percent of total state population	7.7%		47
Resource Standard		\$3,100					
Pregnant Women, Children and Infants (% of FPL*)				Population without health insurance coverage*	762,000		19
Pregnant women (250%) and children to age 6		250.0%		Percent of total state population	13.7%		27
Children age 6 to 14		200.0%					
Children age 14 to 18		200.0%		Recipients of Food Stamps***	273,866		28
SSI Eligibility Levels				Households receiving Food Stamps***	124,103		28
Income:				Total value of issuance***	\$278,364,000		27
Single Person		\$564	72.7%	Average monthly benefit per recipient	\$84.70		11
Couple		\$846	81.3%	Average monthly benefit per household	\$186.92		
Resources:				Monthly recipients of Temporary Assistance to Needy Families (TANF)****	70,096		20
Single Person		\$2,000		Total TANF payments****	\$123,084,000		21
Couple		\$3,000		Average monthly payment per recipient	\$146.33		21
				Maximum monthly payment per family of 3	\$388.00		25

\*Current federal poverty level is \$9,310 per year for a single person, \$12,490 for a family of two and \$15,670 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)

<b>RECIPIENTS BY TYPE OF SERVICES</b>	<b>FFY 98</b>	<b>FFY 99</b>	<b>FFY 00</b>	<b>FFY 01</b>	<b>FFY 02</b>	<b>FFY 03</b>	<b>FFY 04</b>	<i>Annual Change</i>
01. General Hospital	43,196	48,721	73,365	71,063	49,808	50,804	56,398	4.5%
02. Mental Hospital	1,827	3,351	3,328	3,153	2,871	3,144	3,125	9.4%
03. Skilled and Intermediate (non-MR) Care Nursing	27,834	27,920	27,270	22,339	25,170	24,875	27,109	-0.4%
04. Intermediate Care for Mentally Retarded	627	594	561	549	507	428	393	-7.5%
05. Physician Services	203,528	315,893	398,274	412,016	152,992	156,671	211,689	0.7%
06. Dental Services	8,725	15,084	18,001	35,893	1,728	1,615	2,439	-19.1%
07. Other Practitioners	19,151	20,593	22,613	23,939	20,424	20,826	19,247	0.1%
08. Outpatient Hospital	105,346	151,875	227,957	226,547	104,874	107,550	120,156	2.2%
09. Clinic Services	39,897	39,332	48,462	61,467	32,227	31,546	37,683	-0.9%
10. Lab and X-Ray	50,211	39,210	70,890	101,025	38,109	40,036	12,019	-21.2%
11. Home Health	8,114	10,181	11,798	14,800	16,175	18,500	20,839	17.0%
12. Prescribed Drugs	176,403	345,740	409,511	413,755	181,101	209,994	213,731	3.3%
13. Family Planning	19,141	563	1,457	1,529	1,770	7,946	447	-46.5%
14. Early & Periodic Screening, Diagnosis & Treatment	45,814	0	0	0	425	0	0	-100.0%
15. Other Care	44,395	116,890	206,784	210,455	81,395	216,230	90,462	12.6%
16. Personal Care Support Services	63,467	100,791	115,999	119,201	121,419	5,224	119,374	11.1%
17. Home/Community Based Waiver Services	3,820	0	0	0	285	0	0	-100.0%
18. Prepaid Health Care	449,825	481,302	507,109	534,929	568,080	597,943	604,604	5.1%
19. Primary Care Case Management (PCCM) Services	0	0	0	0	0	0	0	n/a
<b>Total*</b>	<b>561,085</b>	<b>616,243</b>	<b>664,576</b>	<b>634,273</b>	<b>692,539</b>	<b>725,820</b>	<b>750,287</b>	<b>5.0%</b>

\*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.

## SOUTHERN REGION MEDICAID PROFILE

<b>PAYMENTS BY TYPE OF SERVICES</b>	<b>FFY 98</b>	<b>FFY 99</b>	<b>FFY 00</b>	<b>FFY 01**</b>	<b>FFY 02</b>	<b>FFY 03</b>	<b>FFY 04</b>	<i>Annual Change</i>	<i>Share of Total FFY 04</i>
01. General Hospital	\$324,280,148	\$414,027,277	\$552,860,871	\$521,438,517	\$443,925,764	\$513,690,220	\$550,785,043	9.2%	12.0%
02. Mental Hospital	\$56,546,963	\$91,425,580	\$94,005,602	\$94,377,684	\$85,786,372	\$99,340,473	\$105,711,902	11.0%	2.3%
03. Skilled and Intermediate (non-MR) Care Nursing	\$546,941,004	\$555,986,281	\$608,979,795	\$687,569,111	\$740,848,260	\$785,586,141	\$857,097,895	7.8%	18.7%
04. Intermediate Care for Mentally Retarded	\$55,095,149	\$52,351,664	\$57,849,332	\$58,895,626	\$54,144,361	\$66,125,462	\$63,138,768	2.3%	1.4%
05. Physician Services	\$46,541,325	\$102,204,514	\$148,195,731	\$155,388,195	\$57,908,926	\$70,418,307	\$126,874,411	18.2%	2.8%
06. Dental Services	\$354,031	\$7,368,928	\$3,162,591	\$3,909,032	\$251,199	\$254,450	\$390,329	1.6%	0.0%
07. Other Practitioners	\$1,016,724	\$1,282,106	\$1,293,615	\$1,487,928	\$1,432,974	\$1,272,331	\$1,432,893	5.9%	0.0%
08. Outpatient Hospital	\$53,105,201	\$106,336,425	\$167,264,324	\$180,813,853	\$99,426,292	\$117,473,045	\$139,344,294	17.4%	3.0%
09. Clinic Services	\$6,643,345	\$6,728,513	\$9,083,590	\$14,161,429	\$9,334,595	\$7,885,680	\$12,041,388	10.4%	0.3%
10. Lab and X-Ray	\$3,137,857	\$4,294,907	\$10,066,063	\$11,181,365	\$3,205,777	\$4,101,845	\$789,901	-20.5%	0.0%
11. Home Health	\$48,456,286	\$190,672,414	\$224,242,460	\$272,309,723	\$271,249,461	\$540,715,251	\$467,721,510	45.9%	10.2%
12. Prescribed Drugs	\$148,532,940	\$291,435,049	\$374,121,433	\$417,080,496	\$320,313,995	\$380,007,833	\$429,074,160	19.3%	9.3%
13. Family Planning	\$4,613,117	\$701,266	\$2,541,543	\$2,842,858	\$794,833	\$2,675,773	\$957,204	-23.1%	0.0%
14. Early & Periodic Screening, Diagnosis & Treatment	\$73,840,753	\$0	\$0	\$0	\$0	\$0	\$0	-100.0%	0.0%
15. Other Care	\$35,058,148	\$55,104,230	\$114,433,801	\$107,874,033	\$78,314,572	\$471,280,137	\$99,212,680	18.9%	2.2%
16. Personal Care Support Services	\$79,099,039	\$321,959,694	\$306,345,343	\$335,151,875	\$369,469,292	\$29,949,417	\$355,317,073	28.5%	7.7%
17. Home/Community Based Waiver Services	\$154,029,172	\$0	\$0	\$0	\$0	\$0	\$0	-100.0%	0.0%
18. Prepaid Health Care	\$851,988,946	\$842,484,831	\$911,334,953	\$990,520,806	\$1,125,683,311	\$1,307,524,976	\$1,384,440,511	8.4%	30.1%
19. Primary Case Management (PCCM) Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a	0.0%
<b>Total</b> (excludes DSH pymts, pharmacy rebates, & other adj.s.)	<b>\$2,489,280,148</b>	<b>\$3,044,363,679</b>	<b>\$3,585,781,047</b>	<b>\$3,855,002,531</b>	<b>\$3,662,089,984</b>	<b>\$4,398,301,341</b>	<b>\$4,594,329,962</b>	<b>10.8%</b>	<b>100.0%</b>

### AVERAGE PAYMENTS PER RECIPIENT BY TYPE OF SERVICES

								(+) or (-) SLC Avg. FFY 04	
01. General Hospital	\$7,507.18	\$8,497.92	\$7,535.76	\$7,337.69	\$8,912.74	\$10,111.22	\$9,766.04	4.5%	80.1%
02. Mental Hospital	\$30,950.72	\$27,283.07	\$28,246.88	\$29,932.66	\$29,880.31	\$31,596.84	\$33,827.81	1.5%	78.5%
03. Skilled and Intermediate (non-MR) Care Nursing	\$19,650.10	\$19,913.55	\$22,331.49	\$30,778.87	\$29,433.78	\$31,581.35	\$31,616.73	8.2%	41.1%
04. Intermediate Care for Mentally Retarded	\$87,871.05	\$88,134.11	\$103,118.24	\$107,278.01	\$106,793.61	\$154,498.74	\$160,658.44	10.6%	99.8%
05. Physician Services	\$228.67	\$323.54	\$372.09	\$377.14	\$378.51	\$449.47	\$599.34	17.4%	9.3%
06. Dental Services	\$40.58	\$488.53	\$175.69	\$108.91	\$145.37	\$157.55	\$160.04	25.7%	-54.1%
07. Other Practitioners	\$53.09	\$62.26	\$57.21	\$62.15	\$70.16	\$61.09	\$74.45	5.8%	-60.8%
08. Outpatient Hospital	\$504.10	\$700.16	\$733.75	\$798.13	\$948.05	\$1,092.26	\$1,159.69	14.9%	88.3%
09. Clinic Services	\$166.51	\$171.07	\$187.44	\$230.39	\$289.65	\$249.97	\$319.54	11.5%	-50.5%
10. Lab and X-Ray	\$62.49	\$109.54	\$142.00	\$110.68	\$84.12	\$102.45	\$65.72	0.8%	-66.4%
11. Home Health	\$5,971.94	\$18,728.26	\$19,006.82	\$18,399.31	\$16,769.67	\$29,227.85	\$22,444.53	24.7%	662.6%
12. Prescribed Drugs	\$842.01	\$842.93	\$913.58	\$1,008.04	\$1,768.70	\$1,809.61	\$2,007.54	15.6%	39.3%
13. Family Planning	\$241.01	\$1,245.59	\$1,744.37	\$1,859.29	\$449.06	\$336.74	\$2,141.40	43.9%	86.5%
14. Early & Periodic Screening, Diagnosis & Treatment	\$1,611.75	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-100.0%	-100.0%
15. Other Care	\$789.69	\$471.42	\$553.40	\$512.58	\$962.15	\$2,179.53	\$1,096.73	5.6%	-42.7%
16. Personal Care Support Services	\$1,246.30	\$3,194.33	\$2,640.93	\$2,811.65	\$3,042.93	\$5,733.04	\$2,976.50	15.6%	121.3%
17. Home/Community Based Waiver Services	\$40,321.77	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-100.0%	-100.0%
18. Prepaid Health Care	\$1,894.05	\$1,750.43	\$1,797.12	\$1,851.69	\$1,981.56	\$2,186.71	\$2,289.83	3.2%	92.9%
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%
<b>Total (Average)</b>	<b>\$4,436.55</b>	<b>\$4,940.20</b>	<b>\$5,395.59</b>	<b>\$6,077.83</b>	<b>\$5,287.92</b>	<b>\$6,059.77</b>	<b>\$6,123.43</b>	<b>5.5%</b>	<b>48.9%</b>

<b>TOTAL PER CAPITA EXPENDITURES</b>	<b>\$550.41</b>	<b>\$610.13</b>	<b>\$663.20</b>	<b>\$701.35</b>	<b>\$765.44</b>	<b>\$898.35</b>	<b>\$873.38</b>	<b>8.0%</b>	<b>-0.3%</b>
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Source: Health Care Financing Administration-Form HCFA 2082 for federal fiscal year 98; MSIS data for FFY 99-03. FFY 04 is projected using preliminary MSIS data for FFY 04.

## SOUTHERN REGION MEDICAID PROFILE

### DATA BY OTHER CHARACTERISTICS

#### RECIPIENTS BY OTHER CHARACTERISTICS

	<u>FFY 98</u>	<u>FFY 99</u>	<u>FFY 00</u>	<u>FFY 01</u>	<u>FFY 02</u>	<u>FFY 03</u>	<u>FFY 04</u>	<i>Annual Change</i>	<i>Share of Total FFY 04</i>
<b>By Maintenance Assistance Status</b>									
Receiving Cash Assistance or Eligible Under Section 1931	274,117	230,948	201,428	196,879	198,699	204,171	212,377	-4.2%	28.3%
Poverty Related Eligibles	142,031	228,953	283,076	317,319	342,041	347,719	358,155	16.7%	47.7%
Medically Needy	49,892	57,621	75,838	75,224	81,588	84,581	87,249	9.8%	11.6%
Other Eligibles	69,419	50,713	56,802	44,851	48,681	69,517	71,653	0.5%	9.6%
Maintenance Assistance Status Unknown	25,626	48,008	47,432	0	21,530	19,832	20,853	-3.4%	2.8%
<b>Total*</b>	<b>561,085</b>	<b>616,243</b>	<b>664,576</b>	<b>634,273</b>	<b>692,539</b>	<b>725,820</b>	<b>750,287</b>	<b>5.0%</b>	<b>100.0%</b>
<b>By Basis of Eligibility</b>									
Aged, Blind, or Disabled	148,963	151,240	152,130	152,165	164,398	162,864	168,718	2.1%	22.5%
Children	264,965	308,892	348,322	369,326	375,260	418,297	431,396	8.5%	57.5%
Foster Care Children	15,219	15,046	15,423	15,709	16,373	16,827	17,421	2.3%	2.3%
Adults	106,312	93,057	101,269	97,073	136,405	108,000	112,034	0.9%	14.9%
Basis of Eligibility Unknown	25,626	48,008	47,432	0	103	19,832	20,718	-3.5%	2.8%
<b>Total*</b>	<b>561,085</b>	<b>616,243</b>	<b>664,576</b>	<b>634,273</b>	<b>692,539</b>	<b>725,820</b>	<b>750,287</b>	<b>5.0%</b>	<b>100.0%</b>
<b>By Age</b>									
Under Age 1	23,208	24,009	25,204	25,710	27,185	28,009	28,972	3.8%	3.9%
Age 1 to 5	102,693	107,983	116,242	123,560	132,846	140,164	144,709	5.9%	19.3%
Age 6 to 14	133,175	154,867	170,700	181,039	192,143	198,817	205,293	7.5%	27.4%
Age 15 to 20	50,928	62,103	73,264	78,687	85,199	91,865	94,642	10.9%	12.6%
Age 21 to 44	128,022	119,112	128,543	121,216	125,722	132,224	136,966	1.1%	18.3%
Age 45 to 64	44,058	44,009	46,429	46,827	50,610	55,531	57,337	4.5%	7.6%
Age 65 to 74	23,068	22,390	22,766	22,862	22,650	23,537	24,399	0.9%	3.3%
Age 75 to 84	19,948	19,978	20,377	20,753	21,158	22,051	22,832	2.3%	3.0%
Age 85 and Over	14,168	13,783	13,619	13,619	13,487	13,785	14,303	0.2%	1.9%
Age Unknown	21,817	48,009	47,432	0	21,539	19,837	20,834	-0.8%	2.8%
<b>Total*</b>	<b>561,085</b>	<b>616,243</b>	<b>664,576</b>	<b>634,273</b>	<b>692,539</b>	<b>725,820</b>	<b>750,287</b>	<b>5.0%</b>	<b>100.0%</b>
<b>By Race</b>									
White	184,348	194,285	202,094	191,135	222,486	232,221	239,927	4.5%	32.0%
Black	307,223	316,525	387,564	371,544	362,229	376,538	389,867	4.1%	52.0%
Hispanic, American Indian or Asian	31,710	38,951	49,200	47,304	63,314	71,582	73,480	15.0%	9.8%
Other / Unknown	37,804	66,482	25,718	24,290	44,510	45,479	47,013	3.7%	6.3%
<b>Total*</b>	<b>561,085</b>	<b>616,243</b>	<b>664,576</b>	<b>634,273</b>	<b>692,539</b>	<b>725,820</b>	<b>750,287</b>	<b>5.0%</b>	<b>100.0%</b>
<b>By Sex</b>									
Female	329,915	340,962	372,698	354,757	394,479	413,475	427,336	4.4%	57.0%
Male	209,354	227,281	258,891	247,437	276,530	292,513	302,012	6.3%	40.3%
Unknown	21,816	48,000	32,987	32,079	21,530	19,832	20,939	n/a	2.8%
<b>Total*</b>	<b>561,085</b>	<b>616,243</b>	<b>664,576</b>	<b>634,273</b>	<b>692,539</b>	<b>725,820</b>	<b>750,287</b>	<b>5.0%</b>	<b>100.0%</b>

Source: Health Care Financing Administration-Form HCFA 2082 for federal fiscal year 98; MSIS data for FFY 99-03. FFY 04 is projected using preliminary MSIS data for FFY 04.

## SOUTHERN REGION MEDICAID PROFILE

### PAYMENTS BY OTHER CHARACTERISTICS

	<u>FFY 98</u>	<u>FFY 99</u>	<u>FFY 00</u>	<u>FFY 01</u>	<u>FFY 02</u>	<u>FFY 03</u>	<u>FFY 04</u>	<i>Annual Change</i>	<i>Share of Total FFY 04</i>
<b>By Maintenance Assistance Status</b>									
Receiving Cash Assistance or Eligible Under Section 1931	\$1,233,921,421	\$1,530,917,326	\$1,673,251,254	\$1,782,002,419	\$1,564,018,927	\$1,933,441,259	\$2,024,001,509	8.6%	44.1%
Poverty Related Eligibles	\$231,634,487	\$389,231,287	\$580,952,121	\$697,644,828	\$633,365,061	\$673,498,180	\$703,378,716	20.3%	15.3%
Medically Needy	\$798,379,206	\$866,961,716	\$1,018,429,969	\$1,110,661,049	\$1,165,942,723	\$1,311,817,547	\$1,370,269,640	9.4%	29.8%
Other Eligibles	\$189,104,492	\$209,545,429	\$241,266,293	\$264,694,235	\$266,065,427	\$438,678,869	\$453,676,840	15.7%	9.9%
Maintenance Assistance Status Unknown	\$36,240,542	\$47,707,921	\$71,881,410	\$0	\$32,697,846	\$40,865,486	\$43,003,257	2.9%	0.9%
<b>Total*</b>	<b>\$2,489,280,148</b>	<b>\$3,044,363,679</b>	<b>\$3,585,781,047</b>	<b>\$3,855,002,531</b>	<b>\$3,662,089,984</b>	<b>\$4,398,301,341</b>	<b>\$4,594,329,962</b>	<b>10.8%</b>	<b>100.0%</b>
<b>By Basis of Eligibility</b>									
Aged, Blind or Disabled	\$1,787,572,156	\$2,116,969,817	\$2,359,643,226	\$2,547,177,259	\$2,487,679,379	\$3,048,140,658	\$3,181,845,561	10.1%	69.3%
Children	\$386,698,407	\$517,461,054	\$669,496,146	\$761,700,764	\$681,829,215	\$774,315,231	\$809,649,155	13.1%	17.6%
Foster Care Children	\$40,001,794	\$70,734,001	\$77,005,141	\$86,726,340	\$83,149,600	\$97,223,894	\$101,462,666	16.8%	2.2%
Adults	\$238,767,249	\$291,490,886	\$407,755,124	\$459,398,168	\$376,568,556	\$437,756,072	\$458,367,781	11.5%	10.0%
Basis of Eligibility Unknown	\$36,240,542	\$47,707,921	\$71,881,410	\$0	\$32,863,234	\$40,865,486	\$43,004,799	2.9%	0.9%
<b>Total*</b>	<b>\$2,489,280,148</b>	<b>\$3,044,363,679</b>	<b>\$3,585,781,047</b>	<b>\$3,855,002,531</b>	<b>\$3,662,089,984</b>	<b>\$4,398,301,341</b>	<b>\$4,594,329,962</b>	<b>10.8%</b>	<b>100.0%</b>
<b>By Age</b>									
Under Age 1	\$59,865,791	\$70,239,065	\$83,226,495	\$82,700,168	\$63,387,157	\$70,143,842	\$74,147,040	3.6%	1.6%
Age 1 to 5	\$176,722,191	\$207,853,172	\$263,420,671	\$285,295,249	\$239,119,095	\$273,917,650	\$287,396,335	8.4%	6.3%
Age 6 to 14	\$242,862,808	\$354,299,623	\$398,797,163	\$457,735,072	\$452,597,146	\$517,424,207	\$540,011,409	14.2%	11.8%
Age 15 to 20	\$154,004,636	\$235,138,012	\$296,430,481	\$333,243,532	\$304,072,244	\$349,069,522	\$364,650,912	15.4%	7.9%
Age 21 to 44	\$641,599,245	\$810,474,278	\$957,463,422	\$1,041,361,655	\$896,698,058	\$1,133,176,784	\$1,184,253,452	10.8%	25.8%
Age 45 to 64	\$472,837,550	\$592,913,686	\$693,208,421	\$767,096,800	\$707,044,264	\$942,623,080	\$981,537,672	12.9%	21.4%
Age 65 to 74	\$201,989,548	\$205,646,862	\$237,262,529	\$242,726,634	\$258,047,355	\$296,285,691	\$309,723,656	7.4%	6.7%
Age 75 to 84	\$245,346,175	\$251,282,637	\$289,032,078	\$317,065,911	\$355,289,349	\$395,973,475	\$413,251,258	9.1%	9.0%
Age 85 and Over	\$266,497,836	\$268,761,076	\$295,058,377	\$327,777,510	\$353,121,561	\$378,813,501	\$396,427,152	6.8%	8.6%
Age Unknown	\$27,554,368	\$47,755,268	\$71,881,410	\$0	\$32,713,755	\$40,873,589	\$42,931,076	7.7%	0.9%
<b>Total*</b>	<b>\$2,489,280,148</b>	<b>\$3,044,363,679</b>	<b>\$3,585,781,047</b>	<b>\$3,855,002,531</b>	<b>\$3,662,089,984</b>	<b>\$4,398,301,341</b>	<b>\$4,594,329,962</b>	<b>10.8%</b>	<b>100.0%</b>
<b>By Race</b>									
White	\$1,131,688,380	\$1,342,453,679	\$1,601,439,292	\$1,722,520,627	\$1,602,359,574	1,963,507,026	\$2,050,772,140	10.4%	44.6%
Black	\$1,174,483,476	\$1,451,209,685	\$1,699,828,452	\$1,827,111,555	\$1,712,279,987	2,005,588,107	\$2,097,573,723	10.1%	45.7%
Hispanic, American Indian or Asian	\$94,097,261	\$117,329,952	\$136,131,461	\$146,231,204	\$184,965,172	222,367,869	\$230,765,654	16.1%	5.0%
Other / Unknown	\$89,011,031	\$133,370,363	\$148,381,842	\$159,139,145	\$162,485,251	206,838,339	\$215,218,445	15.9%	4.7%
<b>Total*</b>	<b>\$2,489,280,148</b>	<b>\$3,044,363,679</b>	<b>\$3,585,781,047</b>	<b>\$3,855,002,531</b>	<b>\$3,662,089,984</b>	<b>\$4,398,301,341</b>	<b>\$4,594,329,962</b>	<b>10.8%</b>	<b>100.0%</b>
<b>By Sex</b>									
Female	\$1,458,030,690	\$1,740,286,124	\$2,055,800,237	\$2,210,692,047	\$2,123,409,656	2,487,887,193	\$2,600,427,378	10.1%	56.6%
Male	\$1,003,696,022	\$1,256,659,867	\$1,479,123,393	\$1,589,974,435	\$1,505,982,482	1,869,548,662	\$1,950,672,545	11.7%	42.5%
Unknown	\$27,553,436	\$47,417,688	\$50,857,417	\$54,336,049	\$32,697,846	40,865,486	\$43,230,039	n/a	0.9%
<b>Total*</b>	<b>\$2,489,280,148</b>	<b>\$3,044,363,679</b>	<b>\$3,585,781,047</b>	<b>\$3,855,002,531</b>	<b>\$3,662,089,984</b>	<b>\$4,398,301,341</b>	<b>\$4,594,329,962</b>	<b>10.8%</b>	<b>100.0%</b>

Source: Health Care Financing Administration-Form HCFA 2082 for federal fiscal year 98; MSIS data for FFY 99-03. FFY 04 is projected using preliminary MSIS data for FFY 04.

## SOUTHERN REGION MEDICAID PROFILE

### AVERAGE PAYMENT PER RECIPIENT BY OTHER CHARACTERISTICS

								Above (+) or Annual Below (-) SLC <i>Change</i>	<i>Avg. FFY 04</i>
<b>By Maintenance Assistance Status</b>	<b>FFY 98</b>	<b>FFY 99</b>	<b>FFY 00</b>	<b>FFY 01</b>	<b>FFY 02</b>	<b>FFY 03</b>	<b>FFY 04</b>		
Receiving Cash Assistance or Eligible Under Section 1931	\$4,501.44	\$6,628.84	\$8,306.94	\$9,051.26	\$7,871.30	\$9,469.72	\$9,530.23	13.3%	81.4%
Poverty Related Eligibles	\$1,630.87	\$1,700.05	\$2,052.28	\$2,198.56	\$1,851.72	\$1,936.90	\$1,963.89	3.1%	-4.0%
Medically Needy	\$16,002.15	\$15,045.93	\$13,429.02	\$14,764.72	\$14,290.62	\$15,509.60	\$15,705.28	-0.3%	152.9%
Other Eligibles	\$2,724.10	\$4,131.99	\$4,247.50	\$5,901.64	\$5,465.49	\$6,310.38	\$6,331.58	15.1%	-12.7%
Maintenance Assistance Status Unknown	\$1,414.21	\$993.75	\$1,515.46	\$0.00	\$1,518.71	\$2,060.58	\$2,062.21	6.5%	-22.8%
<b>Total</b>	<b>\$4,436.55</b>	<b>\$4,940.20</b>	<b>\$5,395.59</b>	<b>\$6,077.83</b>	<b>\$5,287.92</b>	<b>\$6,059.77</b>	<b>\$6,123.43</b>	5.5%	48.9%
<b>By Basis of Eligibility</b>									
Aged, Blind or Disabled	\$12,000.11	\$13,997.42	\$15,510.70	\$16,739.57	\$15,132.05	\$18,715.87	\$18,858.96	7.8%	74.9%
Children	\$1,459.43	\$1,675.22	\$1,922.06	\$2,062.41	\$1,816.95	\$1,851.11	\$1,876.81	4.3%	27.2%
Foster Care Children	\$2,628.41	\$4,701.18	\$4,992.88	\$5,520.81	\$5,078.46	\$5,777.85	\$5,824.16	14.2%	-15.4%
Adults	\$2,245.91	\$3,132.39	\$4,026.46	\$4,732.50	\$2,760.67	\$4,053.30	\$4,091.33	10.5%	55.8%
Basis of Eligibility Unknown	\$1,414.21	\$993.75	\$1,515.46	\$0.00	\$319,060.52	\$2,060.58	\$2,075.72	6.6%	-28.1%
<b>Total</b>	<b>\$4,436.55</b>	<b>\$4,940.20</b>	<b>\$5,395.59</b>	<b>\$6,077.83</b>	<b>\$5,287.92</b>	<b>\$6,059.77</b>	<b>\$6,123.43</b>	5.5%	48.9%
<b>By Age</b>									
Under Age 1	\$2,579.53	\$2,925.53	\$3,302.11	\$3,216.65	\$2,331.70	\$2,504.33	\$2,559.27	-0.1%	-31.1%
Age 1 to 5	\$1,720.88	\$1,924.87	\$2,266.14	\$2,308.96	\$1,799.97	\$1,954.27	\$1,986.03	2.4%	10.5%
Age 6 to 14	\$1,823.64	\$2,287.77	\$2,336.25	\$2,528.38	\$2,355.52	\$2,602.51	\$2,630.44	6.3%	56.8%
Age 15 to 20	\$3,023.97	\$3,786.26	\$4,046.06	\$4,235.05	\$3,568.96	\$3,799.81	\$3,852.95	4.1%	44.8%
Age 21 to 44	\$5,011.63	\$6,804.30	\$7,448.58	\$8,590.96	\$7,132.39	\$8,570.13	\$8,646.33	9.5%	79.1%
Age 45 to 64	\$10,732.16	\$13,472.56	\$14,930.51	\$16,381.51	\$13,970.45	\$16,974.72	\$17,118.75	8.1%	77.9%
Age 65 to 74	\$8,756.27	\$9,184.76	\$10,421.79	\$10,617.03	\$11,392.82	\$12,588.08	\$12,694.11	6.4%	71.8%
Age 75 to 84	\$12,299.29	\$12,577.97	\$14,184.23	\$15,278.08	\$16,792.20	\$17,957.17	\$18,099.65	6.7%	62.1%
Age 85 and Over	\$18,809.84	\$19,499.46	\$21,665.20	\$24,067.66	\$26,182.37	\$27,480.12	\$27,716.36	6.7%	61.3%
Age Unknown	\$1,262.98	\$994.71	\$1,515.46	\$0.00	\$1,518.81	\$2,060.47	\$2,060.63	8.5%	-27.6%
<b>Total</b>	<b>\$4,436.55</b>	<b>\$4,940.20</b>	<b>\$5,395.59</b>	<b>\$6,077.83</b>	<b>\$5,287.92</b>	<b>\$6,059.77</b>	<b>\$6,123.43</b>	5.5%	48.9%
<b>By Race</b>									
White	\$6,138.87	\$6,909.71	\$7,924.23	\$9,012.06	\$7,202.07	\$8,455.34	\$8,547.48	5.7%	70.9%
Black	\$3,822.90	\$4,584.82	\$4,385.93	\$4,917.62	\$4,727.06	\$5,326.39	\$5,380.23	5.9%	57.1%
Hispanic, American Indian or Asian	\$2,967.43	\$3,012.24	\$2,766.90	\$3,091.31	\$2,921.39	\$3,106.48	\$3,140.52	0.9%	21.8%
Other/Unknown	\$2,354.54	\$2,006.11	\$5,769.57	\$6,551.63	\$3,650.53	\$4,548.00	\$4,577.85	11.7%	-7.6%
<b>Total</b>	<b>\$4,436.55</b>	<b>\$4,940.20</b>	<b>\$5,395.59</b>	<b>\$6,077.83</b>	<b>\$5,287.92</b>	<b>\$6,059.77</b>	<b>\$6,123.43</b>	5.5%	48.9%
<b>By Sex</b>									
Female	\$4,419.41	\$5,104.05	\$5,515.99	\$6,231.57	\$5,382.82	\$6,017.02	\$6,085.21	5.5%	45.3%
Male	\$4,794.25	\$5,529.10	\$5,713.31	\$6,425.77	\$5,446.00	\$6,391.34	\$6,458.92	5.1%	61.4%
Unknown	\$1,262.99	\$987.87	\$1,541.74	\$1,693.82	\$1,518.71	\$2,060.58	\$2,064.57	n/a	-49.6%
<b>Total</b>	<b>\$4,436.55</b>	<b>\$4,940.20</b>	<b>\$5,395.59</b>	<b>\$6,077.83</b>	<b>\$5,287.92</b>	<b>\$6,059.77</b>	<b>\$6,123.43</b>	5.5%	48.9%

Source: Health Care Financing Administration-Form HCFA 2082 for federal fiscal year 98; MSIS data for FFY 99-03. FFY 04 is projected using preliminary MSIS data for FFY 04.



## SOUTHERN REGION MEDICAID PROFILE

### ADDITIONAL STATE HEALTH CARE INFORMATION

Sources: "Issue Briefs", Health Policy Tracking Service, January 2005; "Medicaid Services State by State", CMS, October 2004; "State Health Facts", The Henry Kaiser Foundation, January 2005; and the state Medicaid Website.

#### 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. Within the program, there was a State Fiscal Year 2004 average enrollment of 510,000 recipients in MCOs, which includes Medicaid and Maryland Children's management to an expanded set of benefits known as optional services.

- 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. As of May 2005, 3,437 individuals were enrolled in the program.
- Stop Loss Case Management (SLM) Program: Under the HealthChoice Program, a Managed Care Organization (MCO) may apply for stop loss protection when the plan is to be submitted to the Maryland Insurance Administration. There is one MCO for which the Department of Health and Mental Hygiene provides stop-loss protection at a rate determined by the Department. The Department assumes responsibility for 90% of the accrued inpatient hospital costs in excess of \$30,000; the MCO is responsible for the remaining 10%. The Department provides for extended stop-loss coverage if an enrollee remains hospitalized at the end of a calendar year and the costs for that stay exceed the \$30,000 threshold in the following calendar year.
- Pharmacy Point-of-Sale: The pharmacy electronic point-of-sale claims management and prospective drug utilization review system began January 1993. This successful system provides on-line real time pharmacy claims adjudication for all outpatient prescription drugs for the fee-for service Medicaid population. Additionally, this system also has an enhanced feature called Coordinated PRO DUR which checks for drug interactions or conflicts with dispensing of medication and for inappropriate utilization. PRO DUR is available to both the Medicaid fee-for-service population and to the HealthChoice population.

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:

- Waiver For Older Adults: Provides services to individuals, aged 50 and above, in participating licensed assisted living facilities or in their own homes. The waiver currently serves approximately 3,000 individuals.
- Waiver For Individuals With Developmental Disabilities: For developmentally disabled individuals as an alternative to institutionalization in an ICF/MR. This waiver serves over 7,500 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 200 individuals and has been in operation since January 1, 1985. This waiver is capped at 200 slots.
- Traumatic Brain Injury (TBI) Waiver: Targets individuals aged 22-64 who have suffered traumatic brain injuries that occurred on or after age 22. These individuals must meet a hospital or nursing home level of care. The waiver became effective July 1, 2003 and is capped at 10 slots.
- Waiver For Children With Autism Spectrum Disorder: Targets children age 1-21 who are diagnosed with Autism Spectrum Disorder and who require an ICF/MR level of care. This waiver became effective July 1, 2001 and currently serves over 800 children.

## SOUTHERN REGION MEDICAID PROFILE

### **Waivers (Continued)**

- **Waiver For Adults With Physical Disabilities:** Targets persons aged 21-59 who meet nursing home level of care. It became effective in April 2001 and serves approximately 850 individuals.

### **Managed Care**

- **Capitation:** For most covered services, MCO's are paid by the state through actuarially sound, risk-adjusted capitation rates. The Adjusted Clinical Group (ACG) System is the health-based, risk-adjusted system used as the basis for developing the State's payments.
- **Self-referred Services:** Some covered services may, at the enrollee's option, be delivered by an out-of-plan provider at the MCO's expense. The services that an enrollee has the right to access on a self-referral basis include: 1) Specified family planning services including office visits; 2) Specified services provided by a school-based health center; 3) Pregnancy-related services when a new HealthChoice enrollee has an established out-of-network provider; 4) Initial medical examination of children in State custody; 5) Annual HIV / AIDS diagnosis and evaluation service (DES); 6) Renal dialysis; 7) The initial examination of a newborn before discharge from a hospital if performed by an out-of-network on-call hospital provider; and 8) Pharmaceutical and laboratory services, when provided in connection with a legitimately self-referred service, provided on-site where the self-referred services were performed, and by the same out of plan provider.
- **Specialty Mental Health (SMH) System:** Specialty mental health services are provided through Specialty Mental Health System, which is administered by the Mental Hygiene Administration (MHA), in conjunction with local Core Services Agencies. The Administrative Services Organization (ASO), Maryland Health Partners, provides administrative services for this system. It enrolls patients, coordinates benefits, and pre-authorizes services. The services provided under this system are reimbursed by the State on a fee-for-service basis. Recipients can be referred by their primary care provider to Maryland Health Partners for entry into the Specialty Mental Health System, or they can self-refer.

### **Coverage for Targeted Population**

- **Maryland Pharmacy Assistance Program:** A pharmacy benefit program for certain low-income Maryland residents not eligible for Medicaid that began in 1979. The program provides coverage for all Medicaid-formulary drugs (currently there is a \$5.00 co-pay each prescription and each refill; beginning on October 1, 2003, the pay amount will change to \$2.50 for each prescription for generic drugs and brand-name drugs on the State's preferred drug list, and \$7.50 for brand-name drugs not on the State's preferred drug list). Eligibility is based on an income standard of \$10,417 for individuals (\$12,120 for a couple) and assets less than \$4,000 (\$6,000 for a couple). The program is funded with 50% state dollars and 50% federal dollars.
- **Maryland Pharmacy Discount Program:** A pharmacy subsidy program for certain low-income Maryland residents on Medicare as permitted by a §1115 waiver amendment. Enrollees pay 65% of the Medicaid price for each prescription and each refill (plus a \$1 processing fee paid to the pharmacist), and the State pays the remaining 35%. Eligibility is based on an income standard of \$15,715 for individuals (\$21,210 for a couple). The program began on July 1, 2003 and is funded with 50% State dollars and 50% federal dollars.
- **Maryland AIDS Drug Assistance Program:** A pharmacy benefit program that helps low- and moderate-income Maryland residents pay for some drugs prescribed to treat HIV / AIDS. There is no co-pay, but there may be a monthly participation fee that depends on the enrollee's income. Eligibility is based on an income standard of \$35,920 a year (\$48,820 for a couple).
- **Maryland 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 1997.

## SOUTHERN REGION MEDICAID PROFILE

### Coverage for Targeted Population (Continued)

- Women's Breast and Cervical Cancer Health Program: A program that pays for full coverage of medical services (physician, laboratory, pharmacy services, etc.) for women aged 40-64; not limited to cancer treatment services. Eligibility is limited to uninsured Maryland women or women who have insurance that does not cover cancer treatment and are not eligible for Medicaid or Medicare; they must have received screening services provided by the Centers for Disease Control Breast and Cervical Cancer Screening Program and have had a biopsy through the Maryland Breast and Cervical Cancer Screening Program or the Diagnosis and Treatment Program that resulted in a diagnosis of breast or cervical cancer, and require cancer treatment services. The program began on April 1, 2002 and is financed with State and federal dollars.

### 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.
- Established a Pharmaceutical and Therapeutics Committee to develop a preferred drug list for pharmacy programs (implement in stages beginning October 2003)
- Reduced average wholesale price for prescription drugs and placed a limit on the number of prescription drugs allowed per month.
- Created a tiered co-pay system for prescription drugs that charges \$0 for generic drugs and brand-name drugs on the preferred drug list, and \$2 for brand-name drugs not on the preferred drug list.
- Reduced reimbursement rates for nursing homes.

### Medicaid

- 22 optional services are offered.
- Enacted legislation in 2001 for the following:
  1. Established performance incentive fund for Medicaid MCOs to keep funds collected from MCOs through sanctions and other penalties within a non-lapsing fund to promote established performance objectives of HealthChoice.
  2. Required the State to provide written provider directories to HealthChoice enrollees and providers, and to make the information available on the Internet as well; must be updated every 30 days.
  3. Repealed law requiring that State pay a federally-qualified health center (FQHC) the difference between the payment received by the center from a Medicaid MCO for services provided to enrollees and the reasonable cost to the center for providing those services; the State must adopt a methodology to ensure that FQHCs are paid reasonable cost-based reimbursement that is consistent with federal law.
  4. Required the state to allow HealthChoice enrollees to choose their MCO and primary care provider.
- Enacted legislation in 2002 for the following:
  1. Increased fees for selected physician provider codes and fee-for-service rates under Medicaid.
  2. Changed requirement that an employer offering health insurance must contribute at least 50% of the annual premiums for Maryland Children's Health Program Private Option Plan enrollee to at least 30% of the enrollee's annual premiums; also specifies that the state's cost of coverage for an MCHP Private Option Plan enrollee covered by employer health insurance cannot be greater than the cost of private coverage if the enrollee were covered by a HealthChoice MCO (if the cost is greater, the state must cover the enrollee through an MCO instead).
  3. Increased personal needs allowance for nursing home residents from \$40 to \$50 on July 1, 2003 and from \$50 to \$60 on July 1, 2004, and will be adjusted annually beginning July 1, 2005 to reflect percentage by which Social Security benefits are increased annually.
  4. Required the state to give public notice if it applies for a Medicaid waiver or modifies/amends an existing Medicaid waiver.
  5. Required nursing facilities to provide each resident with a one-page information sheet about home- and community-based waivers.

## SOUTHERN REGION MEDICAID PROFILE

### **Medicaid (Continued)**

• Enacted legislation in 2003 for the following:

1. Required the state to submit an application to CMS to receive federal matching funds under Medicaid for part of the non-room and board portion of the costs of all eligible residential care that are related to the therapeutic components of care provided to individuals under the age of 21.
2. Prevented the state from denying an individual access to a home and community-based services waiver due to lack of funding if: the individual is living in a nursing home at the time of application for waiver services; the nursing services for the individual were paid by Medicaid for at least 30 consecutive days prior to the application; and the individual meets all the eligibility criteria for participation in the home and community-based services waiver.
3. Expanded Medicaid coverage for individuals with disabilities to provide them with health coverage while they seek or maintain employment; program must be implemented by July 1, 2005 subject to available funding in the state budget.
4. Established task force to study the reorganization of the State Department of Health and Mental Hygiene, including the effects of moving the State's Medicaid program out of the Department.
5. Established Primary Adult Care Network within Medicaid to consolidate health care services provided to adults and access federal funding to expand primary and preventive care to adults lacking health care services, as permitted by federal law or waiver and subject to available funding in the state budget.
6. Changed co-pay under Maryland Pharmacy Assistance Program from \$5.00 to \$2.50 for each prescription for generic drugs and brand-name drugs on the state's preferred drug list, and \$7.50 for brand-name drugs not on the State's preferred drug list.
7. Required Medicaid to reimburse providers the entire amount of the program fee for outpatient mental health treatment, including the 37.5% amount withheld as a psychiatric exclusion along with any co-pay not covered under Medicare.
8. Required electronic reimbursement of pharmacies that are required to submit claims for payment electronically, if pharmacies choose to be reimbursed electronically.
9. Established special non-lapsing Maryland Trauma Physician Services Fund to subsidize the costs of uncompensated and under-compensated care (including amount of under-compensated care attributable to Medicaid enrollees) incurred by a trauma physician providing care to a patient on the State Trauma Registry and the costs incurred by a trauma center to maintain trauma physicians on-call.
10. Required nursing homes that receive payment from Medicaid to submit quarterly reports of their credit balances to the state, and the state must then conduct a third-party liability review of the reports (State may also conduct a third-party liability audit of a random sample of the reports); nursing homes that fail to submit quarterly reports are subject to a third-party liability audit.
11. Established toll-free Maryland Pharmacy Access Hotline for enrollees to call if they are having trouble getting necessary medicines.
12. Made permanent the exclusion of the nursing services component from the state's Medicaid nursing home reimbursement formula for leaves of absence or hospital leave ("bed-hold days").

### **Children's Health Insurance Program: Medicaid Expansion**

- Maryland Children's Health Program: Lowered the income standard for the MCHP Premium program from 200% of the federal poverty level to 185% of poverty, and required children whose family income is between 185-200% of poverty to start paying a monthly premium for coverage, effective July 1, 2003; enrollment in MCHP Premium for children whose family income is between 200-300% of poverty is frozen effective July 1, 2003; and the Employer-Sponsored Insurance Program was eliminated as an enrollment option under MCHP Premium. As of September 2005, 82,590 eligibles were enrolled in the program.
- Amended the program in May 2004 to increase the income standard for the MCHP Premium Program from 185% to 200% of the FPL.

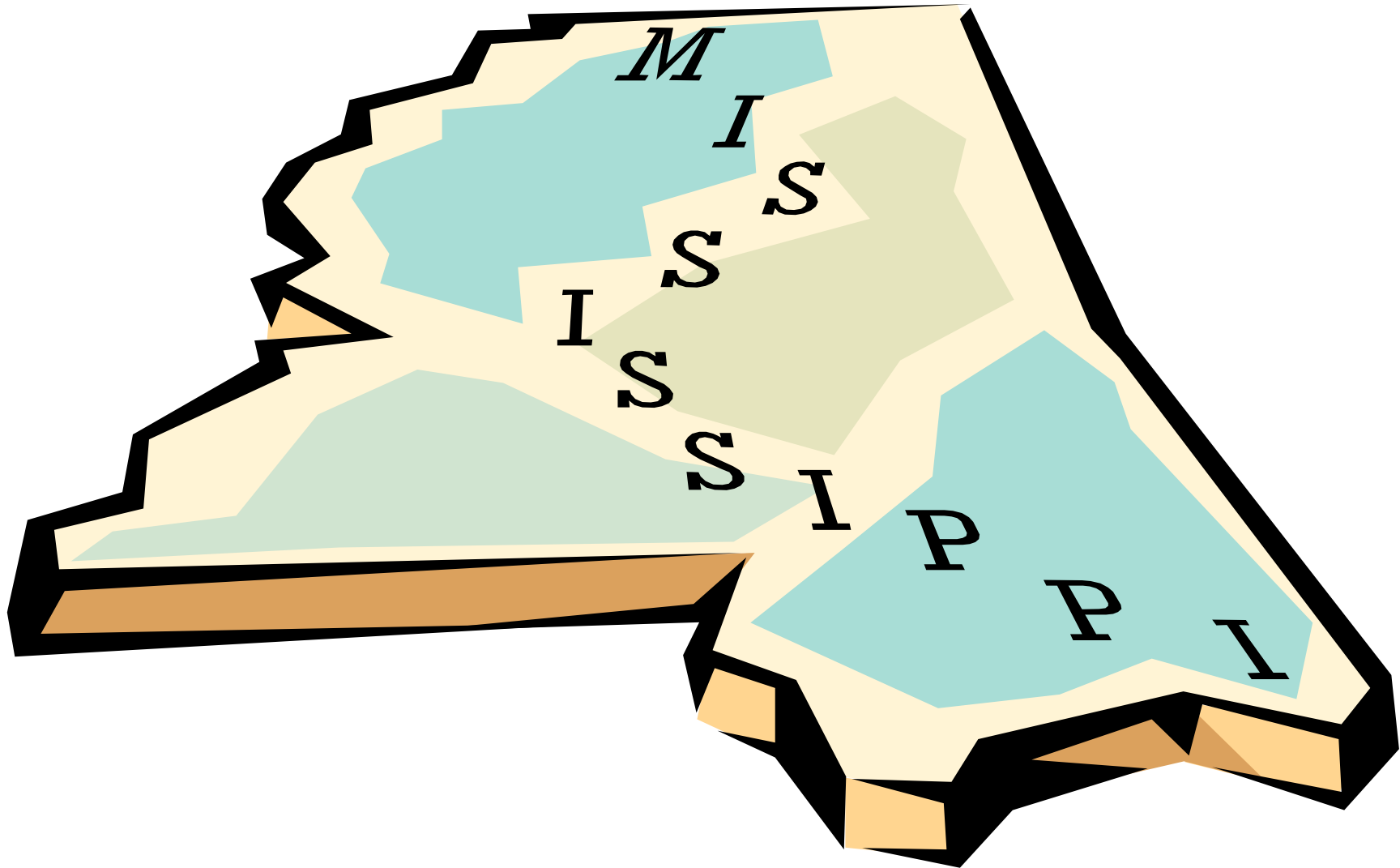
## SOUTHERN REGION MEDICAID PROFILE

### Tobacco Settlement

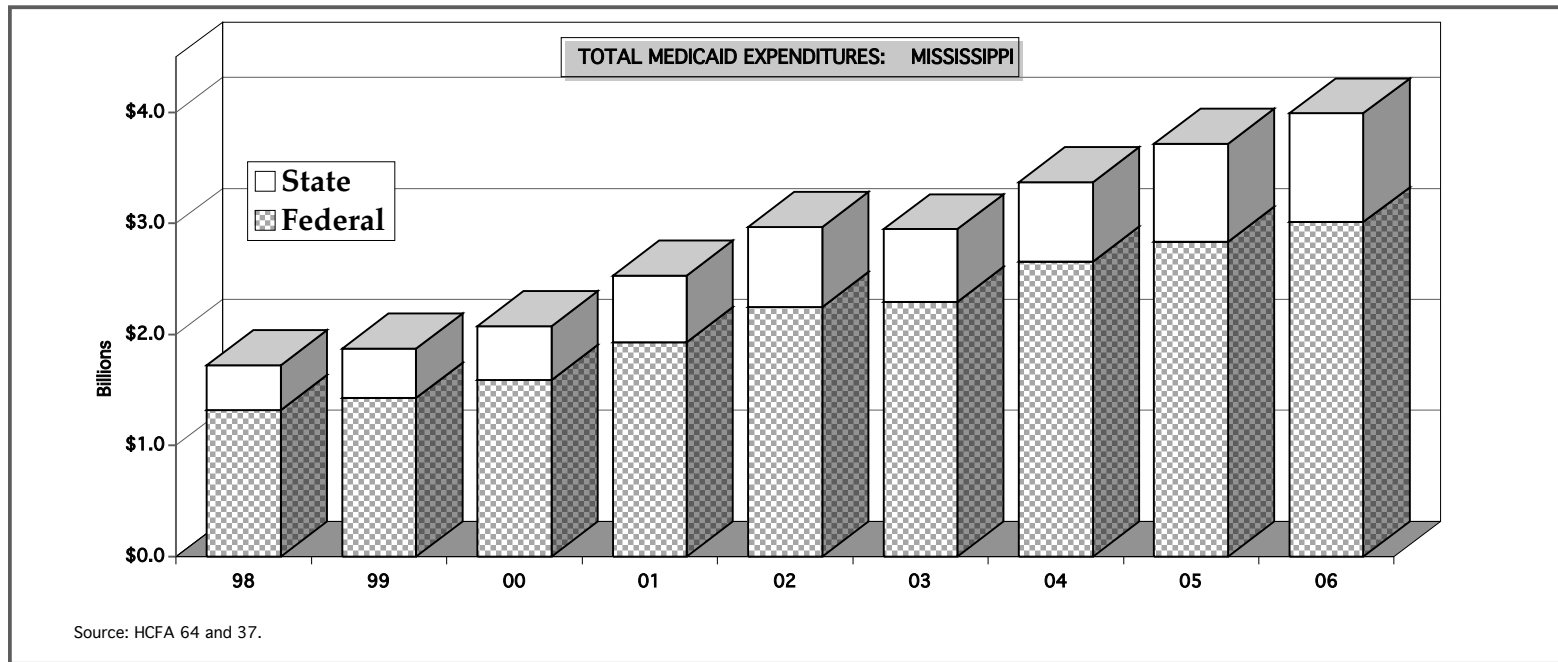
- The state expects to receive approximately \$4.0 billion over 25 years.
- From FY 00 through FY 04, the cumulative tobacco settlement payment was approximately \$704.5 million.
- The state has allocated these funds and compares with the U.S. as follows:

	MD	%	U.S.	%
Tobacco use prevention	\$74,565,000	10.6%	\$1,813,423,000	4.6%
Health services	\$338,903,000	48.1%	\$11,824,057,000	29.9%
Long-term care	\$0	0.0%	\$2,200,066,000	5.6%
Health research	\$136,282,000	19.3%	\$1,472,863,000	3.7%
Education	\$120,577,000	17.1%	\$2,051,182,000	5.2%
Children and Youth (Nonhealth)	\$5,000,000	0.7%	\$1,229,719,000	3.1%
Tobacco Farmers	\$29,200,000	4.1%	\$1,217,021,000	3.1%
Endowments and Reserves	\$0	0.0%	\$7,636,209,000	19.3%
Other	\$0	0.0%	\$10,048,868,000	25.4%
Total	\$704,527,000	100.0%	\$39,493,408,000	100.0%

## STATE MEDICAID PROFILE



# SOUTHERN REGION MEDICAID PROFILE



State profile revised to reflect MSIS statistical data as reported by CMS for federal fiscal years 99 through 04.

	FFY 98	FFY 99	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05**	FFY 06**	Annual Rate of Change	Total Change 98-06
Medicaid Payments	\$1,655,615,964	\$1,805,174,518	\$2,006,699,000	\$2,450,252,810	\$2,882,310,335	\$2,853,102,900	\$3,284,724,191	\$3,603,914,000	\$3,861,157,000	11.2%	133.2%
Federal Share	\$1,278,026,690	\$1,388,137,686	\$1,545,915,000	\$1,884,881,153	\$2,195,750,066	\$2,227,264,436	\$2,601,576,606	\$2,769,311,000	\$2,935,061,000	11.0%	129.7%
State Share	\$377,589,274	\$417,036,832	\$460,784,000	\$565,371,657	\$686,560,269	\$625,838,464	\$683,147,585	\$834,603,000	\$926,096,000	11.9%	145.3%
Administrative Costs	\$68,312,651	\$65,017,894	\$69,030,000	\$77,574,664	\$87,664,878	\$94,898,736	\$85,111,250	\$112,700,000	\$130,000,000	8.4%	90.3%
Federal Share	\$40,819,467	\$39,166,005	\$41,815,000	\$46,219,319	\$52,422,363	\$65,530,176	\$54,223,262	\$65,000,000	\$76,475,000	8.2%	87.3%
State Share	\$27,493,184	\$25,851,889	\$27,215,000	\$31,355,345	\$35,242,515	\$29,368,560	\$30,887,988	\$47,700,000	\$53,525,000	8.7%	94.7%
Admin. Costs as % of Payments	4.13%	3.60%	3.44%	3.17%	3.04%	3.33%	2.59%	3.13%	3.37%		
Federal Match Rate*	77.09%	76.78%	76.80%	76.82%	76.09%	76.62%	77.08%	77.08%	76.00%		

\*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 05 and 06 reflect latest estimates reported by each state (CMS 37).

## SOUTHERN REGION MEDICAID PROFILE

### STATE FINANCING

	Payments		Administration	
	FFY 98	FFY 04	FFY 98	FFY 04
State General Fund	\$377,589,274	\$633,111,071	\$27,493,184	\$30,887,988
Local Funds	\$0	\$0	\$0	\$0
Provider Taxes	\$0	\$50,036,514	\$0	\$0
Donations	\$0	\$0	\$0	\$0
Other	\$0	\$0	\$0	\$0
Total State Share	\$377,589,274	\$683,147,585	\$27,493,184	\$30,887,988

### Provider Taxes Currently in Place (FFY 04)

	Tax Rate	Amount
Nursing homes	\$3.00 per patient day (7 / 1 / 02)	\$25,075,745
Hospitals (IGT)		\$24,960,769
Total		\$50,036,514

### DISPROPORTIONATE SHARE HOSPITAL (DSH) PAYMENTS

	FFY 98	FFY 99	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05**	FFY 06**	Annual Change
General Hospitals	\$183,879,961	\$179,989,816	\$177,778,000	\$178,733,044	\$189,419,753	\$161,605,950	\$186,063,560	\$171,784,000	\$129,175,000	-5.2%
Mental Hospitals	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a
Total	\$183,879,961	\$179,989,816	\$177,778,000	\$178,733,044	\$189,419,753	\$161,605,950	\$186,063,560	\$171,784,000	\$129,175,000	-5.2%

### SELECTED ELIGIBILITY CRITERIA

	At 10/1/04	% of FPL*
TANF-Temporary Assistance for Needy Families (Family of 3)		
Need Standard (Net)	\$368	28.2%
Payment Standard	\$170	13.0%
Maximum Payment	\$170	13.0%
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%
Children 1 to 5		133%
Children 6 to 18		100%
SSI Eligibility Levels		
Income:		
Single Person	\$564	72.7%
Couple	\$846	81.3%
Resources:		
Single Person	\$2,000	
Couple	\$3,000	

### DEMOGRAPHIC DATA & POVERTY INDICATORS (2004)

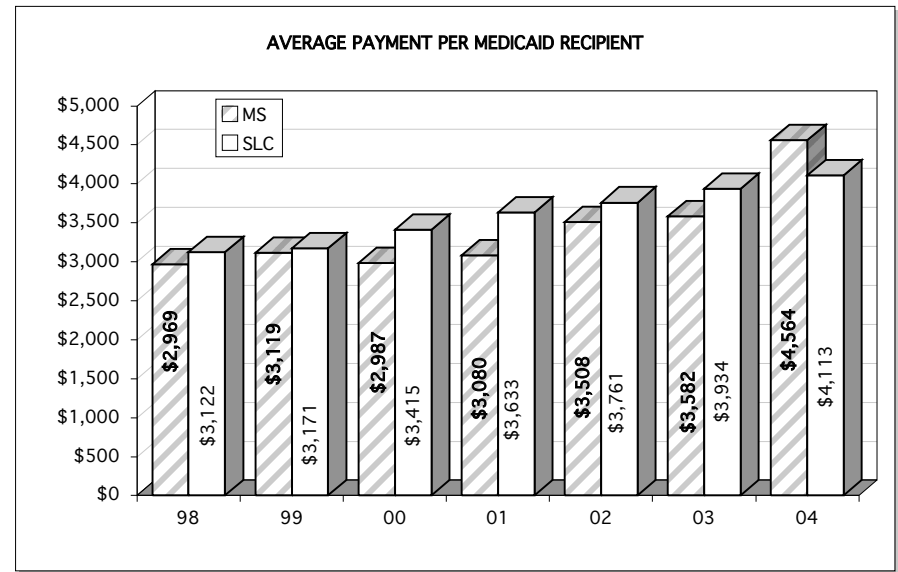
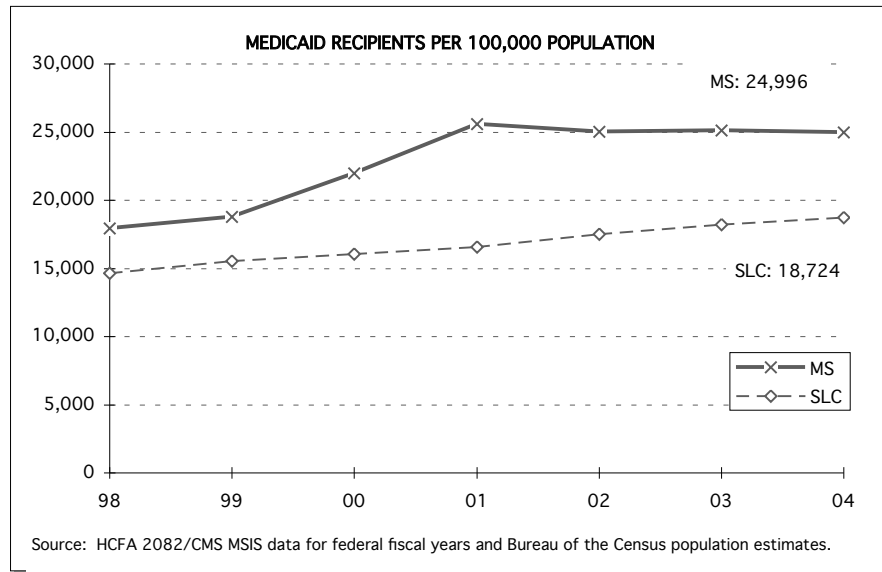
		Rank in U.S.
State population—July 1, 2004*	2,902,966	31
Per capita personal income**	\$24,650	50
Median household income**	\$31,887	49
Population below Federal Poverty Level on July 1, 2003*	519,631	50
Percent of total state population	17.9%	3
Population without health insurance coverage*	511,000	28
Percent of total state population	17.6%	11
Recipients of Food Stamps***	375,502	23
Households receiving Food Stamps***	151,186	25
Total value of issuance***	\$363,148,332	24
Average monthly benefit per recipient	\$80.59	40
Average monthly benefit per household	\$200.17	
Monthly recipients of Temporary Assistance to Needy Families (TANF)****	42,517	27
Total TANF payments****	\$32,176,932	49
Average monthly payment per recipient	\$63.07	47
Maximum monthly payment per family of 3	\$120.00	50

\*Current federal poverty level is \$9,310 per year for a single person, \$12,490 for a family of two and \$15,670 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 98	FFY 99	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	Annual Change
01. General Hospital	111,615	134,635	162,784	154,098	115,873	153,748	114,695	0.5%
02. Mental Hospital	2,334	2,688	3,323	1,480	1,789	2,278	2,583	1.7%
03. Skilled and Intermediate (non-MR) Care Nursing	19,552	23,909	23,217	20,483	19,864	20,429	22,678	2.5%
04. Intermediate Care for Mentally Retarded	2,490	2,985	2,848	2,889	2,741	2,751	3,513	5.9%
05. Physician Services	365,280	366,788	395,696	459,689	514,039	553,257	509,594	5.7%
06. Dental Services	24,282	92,449	107,403	136,078	156,833	162,566	167,805	38.0%
07. Other Practitioners	9,598	130,442	154,126	217,402	227,013	54,442	230,069	69.8%
08. Outpatient Hospital	177,966	266,840	316,224	416,610	404,422	478,047	356,985	12.3%
09. Clinic Services	134,967	167,083	183,670	209,568	246,728	277,010	245,032	10.5%
10. Lab and X-Ray	74,063	71,141	71,469	107,156	111,775	126,296	446,191	34.9%
11. Home Health	10,879	9,843	8,444	11,697	9,987	12,711	14,535	4.9%
12. Prescribed Drugs	368,609	375,585	415,925	478,404	514,042	547,268	581,702	7.9%
13. Family Planning	10,879	138	169	139	80	137	6,195	-9.0%
14. Early & Periodic Screening, Diagnosis & Treatment	143,184	0	0	0	0	0	0	-100.0%
15. Other Care	63,361	83,071	95,750	110,505	129,570	144,664	210,110	22.1%
16. Personal Care Support Services	4,430	50,521	66,495	90,182	114,627	138,154	163,552	82.5%
17. Home/Community Based Waiver Services	0	0	0	0	0	0	0	n/a
18. Prepaid Health Care	17,628	16,425	9,111	0	0	0	4	-75.3%
19. Primary Care Case Management (PCCM) Services	0	0	301,868	372,618	355,388	0	0	-100.0%
<b>Total*</b>	<b>485,767</b>	<b>513,114</b>	<b>605,077</b>	<b>707,899</b>	<b>712,457</b>	<b>717,435</b>	<b>725,637</b>	<b>6.9%</b>

\*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

<b>PAYMENTS BY TYPE OF SERVICES</b>	<b>FFY 98</b>	<b>FFY 99</b>	<b>FFY 00</b>	<b>FFY 01</b>	<b>FFY 02</b>	<b>FFY 03</b>	<b>FFY 04</b>	<i>Annual Change</i>	<i>Share of Total FFY 04</i>
01. General Hospital	\$324,944,298	\$331,119,693	\$352,800,343	\$397,703,534	\$439,671,732	\$445,436,019	\$839,307,870	17.1%	25.3%
02. Mental Hospital	\$15,483,002	\$15,161,853	\$7,533,110	\$9,453,352	\$12,165,136	\$13,393,639	\$31,991,826	12.9%	1.0%
03. Skilled and Intermediate (non-MR) Care Nursing	\$313,037,056	\$349,920,112	\$379,062,380	\$403,054,856	\$435,412,511	\$467,721,464	\$514,135,116	8.6%	15.5%
04. Intermediate Care for Mentally Retarded	\$125,503,877	\$144,187,342	\$156,657,841	\$170,213,130	\$176,810,009	\$177,721,722	\$221,620,715	9.9%	6.7%
05. Physician Services	\$179,155,371	\$146,219,372	\$165,218,996	\$195,132,058	\$235,122,205	\$228,601,400	\$185,942,576	0.6%	5.6%
06. Dental Services	\$2,746,014	\$15,921,659	\$26,221,636	\$34,755,877	\$39,952,803	\$40,440,479	\$41,603,487	57.3%	1.3%
07. Other Practitioners	\$522,487	\$11,745,020	\$15,487,591	\$28,019,053	\$28,807,496	\$26,488,685	\$27,164,450	93.2%	0.8%
08. Outpatient Hospital	\$69,828,913	\$103,738,218	\$117,244,679	\$146,852,799	\$192,837,032	\$206,318,762	\$208,995,227	20.0%	6.3%
09. Clinic Services	\$72,866,687	\$91,643,982	\$100,265,627	\$132,843,901	\$148,178,596	\$159,926,285	\$141,814,988	11.7%	4.3%
10. Lab and X-Ray	\$5,643,549	\$5,257,577	\$5,676,758	\$8,703,374	\$10,602,984	\$9,199,736	\$99,774,059	61.4%	3.0%
11. Home Health	\$11,727,240	\$5,603,573	\$8,985,498	\$11,267,448	\$14,297,524	\$14,351,028	\$30,929,660	17.5%	0.9%
12. Prescribed Drugs	\$231,735,360	\$274,594,293	\$370,355,016	\$494,805,247	\$568,084,274	\$568,265,605	\$666,491,588	19.3%	20.1%
13. Family Planning	\$0	\$160,276	\$163,532	\$221,222	\$229,765	\$303,671	\$11,047,203	133.2%	0.3%
14. Early & Periodic Screening, Diagnosis & Treatment	\$21,663,630	\$0	\$0	\$0	\$0	\$0	\$0	-100.0%	0.0%
15. Other Care	\$30,018,167	\$67,875,848	\$80,678,320	\$117,842,696	\$165,970,903	\$182,275,100	\$197,840,059	36.9%	6.0%
16. Personal Care Support Services	\$15,345,300	\$10,664,494	\$13,734,253	\$20,401,508	\$26,036,635	\$29,332,559	\$90,283,101	34.4%	2.7%
17. Home/Community Based Waiver Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a	0.0%
18. Prepaid Health Care	\$22,152,325	\$26,632,297	\$0	\$0	\$0	\$0	\$3,118,197	-27.9%	0.1%
19. Primary Case Management (PCCM) Services	\$0	\$0	\$7,306,311	\$9,392,016	\$5,461,200	\$0	\$0	-100.0%	0.0%
<b>Total (excludes DSH pymts, pharmacy rebates, &amp; other adjs.)</b>	<b>\$1,442,373,276</b>	<b>\$1,600,445,609</b>	<b>\$1,807,391,891</b>	<b>\$2,180,662,071</b>	<b>\$2,499,640,805</b>	<b>\$2,569,776,154</b>	<b>\$3,312,060,122</b>	<b>14.9%</b>	<b>100.0%</b>

### AVERAGE PAYMENTS PER RECIPIENT BY TYPE OF SERVICES

								<i>(+) or (-) SLC Avg. FFY 04</i>	
01. General Hospital	\$2,911.30	\$2,459.39	\$2,167.29	\$2,580.85	\$3,794.43	\$2,897.18	\$7,317.74	16.6%	35.0%
02. Mental Hospital	\$6,633.68	\$5,640.57	\$2,266.96	\$6,387.40	\$6,799.96	\$5,879.56	\$12,385.53	11.0%	-34.6%
03. Skilled and Intermediate (non-MR) Care Nursing	\$16,010.49	\$14,635.50	\$16,326.93	\$19,677.53	\$21,919.68	\$22,894.98	\$22,671.10	6.0%	1.2%
04. Intermediate Care for Mentally Retarded	\$50,403.16	\$48,303.97	\$55,006.26	\$58,917.66	\$64,505.66	\$64,602.59	\$63,085.89	3.8%	-21.5%
05. Physician Services	\$490.46	\$398.65	\$417.54	\$424.49	\$457.40	\$413.19	\$364.88	-4.8%	-33.5%
06. Dental Services	\$113.09	\$172.22	\$244.14	\$255.41	\$254.75	\$248.76	\$247.93	14.0%	-28.9%
07. Other Practitioners	\$54.44	\$90.04	\$100.49	\$128.88	\$126.90	\$486.55	\$118.07	13.8%	-37.8%
08. Outpatient Hospital	\$392.37	\$388.77	\$370.76	\$352.49	\$476.82	\$431.59	\$585.45	6.9%	-4.9%
09. Clinic Services	\$539.89	\$548.49	\$545.90	\$633.89	\$600.57	\$577.33	\$578.76	1.2%	-10.4%
10. Lab and X-Ray	\$76.20	\$73.90	\$79.43	\$81.22	\$94.86	\$72.84	\$223.61	19.7%	14.4%
11. Home Health	\$1,077.97	\$569.30	\$1,064.13	\$963.28	\$1,431.61	\$1,129.02	\$2,127.94	12.0%	-27.7%
12. Prescribed Drugs	\$628.68	\$731.11	\$890.44	\$1,034.28	\$1,105.13	\$1,038.37	\$1,145.76	10.5%	-20.5%
13. Family Planning	\$0.00	\$1,161.42	\$967.64	\$1,591.53	\$2,872.06	\$2,216.58	\$1,783.25	9.0%	55.3%
14. Early & Periodic Screening, Diagnosis & Treatment	\$151.30	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-100.0%	-100.0%
15. Other Care	\$473.76	\$817.08	\$842.59	\$1,066.40	\$1,280.94	\$1,259.99	\$941.60	12.1%	-50.8%
16. Personal Care Support Services	\$3,463.95	\$211.09	\$206.55	\$226.23	\$227.14	\$212.32	\$552.01	-26.4%	-59.0%
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	\$1,256.66	\$1,621.45	\$0.00	\$0.00	\$0.00	\$0.00	\$779,549.25	192.0%	65573.9%
19. Primary Care Case Management (PCCM) Services	\$0.00	\$0.00	\$24.20	\$25.21	\$15.37	\$0.00	\$0.00	-100.0%	-100.0%
<b>Total (Average)</b>	<b>\$2,969.27</b>	<b>\$3,119.08</b>	<b>\$2,987.04</b>	<b>\$3,080.47</b>	<b>\$3,508.48</b>	<b>\$3,581.89</b>	<b>\$4,564.35</b>	<b>7.4%</b>	<b>11.0%</b>

<b>TOTAL PER CAPITA EXPENDITURES</b>	<b>\$635.96</b>	<b>\$684.64</b>	<b>\$754.24</b>	<b>\$913.03</b>	<b>\$1,044.05</b>	<b>\$1,031.48</b>	<b>\$1,160.82</b>	<b>10.5%</b>	<b>32.5%</b>
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Source: Health Care Financing Administration-Form HCFA 2082 for federal fiscal year 98; MSIS data for FFY 99-03. FFY 04 is projected using preliminary MSIS data for FFY 04.

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

**RECIPIENTS BY OTHER CHARACTERISTICS**

	<u>FFY 98</u>	<u>FFY 99</u>	<u>FFY 00</u>	<u>FFY 01</u>	<u>FFY 02</u>	<u>FFY 03</u>	<u>FFY 04</u>	<i>Annual Change</i>	<i>Share of Total FFY 04</i>
<b>By Maintenance Assistance Status</b>									
Receiving Cash Assistance or Eligible Under Section 1931	235,016	191,351	184,617	271,466	287,322	294,689	297,899	4.0%	41.1%
Poverty Related Eligibles	200,645	227,407	289,291	331,909	357,744	344,293	348,132	9.6%	48.0%
Medically Needy	231	0	0	0	0	0	1	-59.6%	0.0%
Other Eligibles	38,716	40,439	70,701	27,029	21,269	21,819	22,301	-8.8%	3.1%
Maintenance Assistance Status Unknown	11,159	53,917	60,468	77,495	46,122	56,634	57,304	31.3%	7.9%
<b>Total</b>	<b>485,767</b>	<b>513,114</b>	<b>605,077</b>	<b>707,899</b>	<b>712,457</b>	<b>717,435</b>	<b>725,637</b>	<b>6.9%</b>	<b>100.0%</b>
<b>By Basis of Eligibility</b>									
Aged, Blind, or Disabled	192,006	190,912	198,807	211,485	218,003	224,980	227,690	2.9%	31.4%
Children	218,491	216,660	284,717	347,251	365,760	349,137	353,043	8.3%	48.7%
Foster Care Children	2,894	2,502	2,820	2,808	2,730	2,920	2,957	0.4%	0.4%
Adults	61,217	49,123	58,265	68,860	79,842	83,764	84,643	5.5%	11.7%
Basis of Eligibility Unknown	11,159	53,917	60,468	77,495	46,122	56,634	57,304	31.3%	7.9%
<b>Total</b>	<b>485,767</b>	<b>513,114</b>	<b>605,077</b>	<b>707,899</b>	<b>712,457</b>	<b>717,435</b>	<b>725,637</b>	<b>6.9%</b>	<b>100.0%</b>
<b>By Age</b>									
Under Age 1	26,367	25,294	27,452	29,593	30,611	30,058	30,429	2.4%	4.2%
Age 1 to 5	90,526	85,731	104,764	122,939	131,201	130,090	131,548	6.4%	18.1%
Age 6 to 14	96,034	97,691	130,698	160,607	165,246	153,954	155,717	8.4%	21.5%
Age 15 to 20	42,668	46,105	60,845	73,373	77,182	74,046	74,866	9.8%	10.3%
Age 21 to 44	95,579	80,468	88,580	100,015	110,078	114,162	115,453	3.2%	15.9%
Age 45 to 64	47,702	47,164	51,487	57,857	63,395	67,638	68,373	6.2%	9.4%
Age 65 to 74	30,780	29,708	32,016	34,994	36,588	37,936	38,379	3.7%	5.3%
Age 75 to 84	28,555	27,091	28,482	30,784	32,081	33,156	33,551	2.7%	4.6%
Age 85 and Over	22,461	19,948	20,285	20,250	19,984	19,791	20,060	-1.9%	2.8%
Age Unknown	5,095	53,914	60,468	77,487	46,091	56,604	57,261	49.7%	7.9%
<b>Total*</b>	<b>485,767</b>	<b>513,114</b>	<b>605,077</b>	<b>707,899</b>	<b>712,457</b>	<b>717,435</b>	<b>725,637</b>	<b>3.8%</b>	<b>100.0%</b>
<b>By Race</b>									
White	151,798	160,613	196,364	229,402	225,860	231,548	234,169	7.5%	32.3%
Black	298,883	315,625	368,281	431,262	401,874	390,087	394,923	4.8%	54.4%
Hispanic, American Indian or Asian	4,830	5,129	6,732	7,850	9,642	9,685	9,781	12.5%	1.3%
Other / Unknown	30,256	31,747	33,700	39,385	75,081	86,115	86,764	19.2%	12.0%
<b>Total*</b>	<b>485,767</b>	<b>513,114</b>	<b>605,077</b>	<b>707,899</b>	<b>712,457</b>	<b>717,435</b>	<b>725,637</b>	<b>6.9%</b>	<b>100.0%</b>
<b>By Sex</b>									
Female	304,322	321,374	374,544	438,722	398,263	397,211	402,109	4.8%	55.4%
Male	176,349	186,569	230,273	268,473	268,091	263,607	266,661	7.1%	36.7%
Unknown	5,096	5,171	260	704	46,103	56,617	56,867	49.5%	7.8%
<b>Total*</b>	<b>485,767</b>	<b>513,114</b>	<b>605,077</b>	<b>707,899</b>	<b>712,457</b>	<b>717,435</b>	<b>725,637</b>	<b>6.9%</b>	<b>100.0%</b>

Source: Health Care Financing Administration-Form HCFA 2082 for federal fiscal year 98; MSIS data for FFY 99-03. FFY 04 is projected using preliminary MSIS data for FFY 04.

## SOUTHERN REGION MEDICAID PROFILE

### PAYMENTS BY OTHER CHARACTERISTICS

	FFY 98	FFY 99	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	Annual Change	Share of Total FFY 04
<b>By Maintenance Assistance Status</b>									
Receiving Cash Assistance or Eligible Under Section 1931	\$714,491,940	\$738,680,395	\$810,426,530	\$1,031,999,687	\$1,176,269,735	\$1,197,241,225	\$1,545,008,855	13.7%	46.6%
Poverty Related Eligibles	\$306,914,267	\$374,741,309	\$442,170,533	\$606,585,933	\$740,830,606	\$757,820,734	\$955,905,410	20.8%	28.9%
Medically Needy	\$29,257	\$0	\$0	\$0	\$0	\$0	\$1,795	-37.2%	0.0%
Other Eligibles	\$417,485,900	\$472,664,988	\$534,681,790	\$526,440,720	\$566,273,309	\$599,732,480	\$790,959,831	11.2%	23.9%
Maintenance Assistance Status Unknown	\$3,451,912	\$14,358,917	\$20,113,038	\$15,635,731	\$16,267,155	\$14,981,715	\$20,184,231	34.2%	0.6%
<b>Total*</b>	<b>\$1,442,373,276</b>	<b>\$1,600,445,609</b>	<b>\$1,807,391,891</b>	<b>\$2,180,662,071</b>	<b>\$2,499,640,805</b>	<b>\$2,569,776,154</b>	<b>\$3,312,060,122</b>	<b>14.9%</b>	<b>100.0%</b>
<b>By Basis of Eligibility</b>									
Aged, Blind or Disabled	\$1,080,722,666	\$1,220,577,152	\$1,360,802,244	\$1,602,569,736	\$1,780,398,038	\$1,823,994,829	\$2,368,061,510	14.0%	71.5%
Children	\$225,920,481	\$233,569,015	\$270,710,403	\$367,150,609	\$453,810,395	\$476,217,433	\$600,585,565	17.7%	18.1%
Foster Care Children	\$12,397,385	\$10,606,149	\$7,846,151	\$7,690,895	\$10,009,066	\$10,795,505	\$14,435,993	2.6%	0.4%
Adults	\$119,880,832	\$121,334,376	\$147,920,055	\$187,615,100	\$239,156,151	\$243,786,672	\$308,792,823	17.1%	9.3%
Basis of Eligibility Unknown	\$3,451,912	\$14,358,917	\$20,113,038	\$15,635,731	\$16,267,155	\$14,981,715	\$20,184,231	34.2%	0.6%
<b>Total*</b>	<b>\$1,442,373,276</b>	<b>\$1,600,445,609</b>	<b>\$1,807,391,891</b>	<b>\$2,180,662,071</b>	<b>\$2,499,640,805</b>	<b>\$2,569,776,154</b>	<b>\$3,312,060,122</b>	<b>14.9%</b>	<b>100.0%</b>
<b>By Age</b>									
Under Age 1	\$55,834,210	\$58,909,793	\$62,451,005	\$79,192,864	\$87,359,330	\$88,987,334	\$115,533,137	12.9%	3.5%
Age 1 to 5	\$96,211,119	\$108,347,493	\$124,989,723	\$162,247,745	\$194,389,602	\$203,844,980	\$258,443,300	17.9%	7.8%
Age 6 to 14	\$111,359,490	\$120,610,566	\$130,963,563	\$173,265,221	\$206,593,356	\$215,802,569	\$274,606,907	16.2%	8.3%
Age 15 to 20	\$104,913,877	\$116,941,035	\$127,765,582	\$146,577,627	\$172,720,742	\$170,865,162	\$222,381,136	13.3%	6.7%
Age 21 to 44	\$310,382,434	\$333,837,348	\$387,623,570	\$468,980,276	\$541,614,356	\$545,694,348	\$704,461,548	14.6%	21.3%
Age 45 to 64	\$257,489,521	\$292,732,659	\$348,610,958	\$441,374,261	\$516,243,914	\$538,971,338	\$685,916,895	17.7%	20.7%
Age 65 to 74	\$127,851,781	\$143,199,876	\$163,683,196	\$200,710,891	\$226,434,693	\$233,874,310	\$301,092,632	15.3%	9.1%
Age 75 to 84	\$168,177,532	\$187,058,816	\$203,543,407	\$239,669,213	\$271,846,846	\$283,535,333	\$366,585,175	13.9%	11.1%
Age 85 and Over	\$208,776,837	\$224,511,334	\$237,647,849	\$253,020,775	\$266,466,433	\$273,490,595	\$363,293,383	9.7%	11.0%
Age Unknown	\$1,376,475	\$14,296,689	\$20,113,038	\$15,623,198	\$15,971,533	\$14,710,185	\$19,746,009	55.9%	0.6%
<b>Total*</b>	<b>\$1,442,373,276</b>	<b>\$1,600,445,609</b>	<b>\$1,807,391,891</b>	<b>\$2,180,662,071</b>	<b>\$2,499,640,805</b>	<b>\$2,569,776,154</b>	<b>\$3,312,060,122</b>	<b>14.9%</b>	<b>100.0%</b>
<b>By Race</b>									
White	\$632,011,633	\$691,129,991	\$774,791,590	\$935,759,976	\$1,070,111,043	\$1,116,375,454	\$1,436,603,792	14.7%	43.4%
Black	\$678,234,773	\$749,621,595	\$844,456,092	\$1,020,638,197	\$1,180,966,693	\$1,205,047,593	\$1,553,419,797	14.8%	46.9%
Hispanic, American Indian or Asian	\$10,707,741	\$13,388,917	\$14,147,735	\$17,011,029	\$23,189,618	\$23,205,983	\$29,441,695	18.4%	0.9%
Other / Unknown	\$121,419,129	\$146,305,106	\$173,996,474	\$207,252,869	\$225,373,451	\$225,147,124	\$292,594,838	15.8%	8.8%
<b>Total*</b>	<b>\$1,442,373,276</b>	<b>\$1,600,445,609</b>	<b>\$1,807,391,891</b>	<b>\$2,180,662,071</b>	<b>\$2,499,640,805</b>	<b>\$2,569,776,154</b>	<b>\$3,312,060,122</b>	<b>14.9%</b>	<b>100.0%</b>
<b>By Sex</b>									
Female	\$945,154,295	\$1,043,014,078	\$1,176,435,808	\$1,421,093,408	\$1,596,135,924	\$1,624,141,223	\$2,102,993,382	14.3%	63.5%
Male	\$495,820,726	\$557,361,889	\$630,889,861	\$759,253,459	\$887,410,829	\$930,799,604	\$1,192,220,626	15.7%	36.0%
Unknown	\$1,398,255	\$69,642	\$66,222	\$315,204	\$16,094,052	\$14,835,327	\$16,846,114	51.4%	0.5%
<b>Total*</b>	<b>\$1,442,373,276</b>	<b>\$1,600,445,609</b>	<b>\$1,807,391,891</b>	<b>\$2,180,662,071</b>	<b>\$2,499,640,805</b>	<b>\$2,569,776,154</b>	<b>\$3,312,060,122</b>	<b>14.9%</b>	<b>100.0%</b>

Source: Health Care Financing Administration-Form HCFA 2082 for federal fiscal year 98; MSIS data for FFY 99-03. FFY 04 is projected using preliminary MSIS data for FFY 04.

## SOUTHERN REGION MEDICAID PROFILE

### AVERAGE PAYMENT PER RECIPIENT BY OTHER CHARACTERISTICS

								Above (+) or Annual Below (-) SLC Change	Avg. FFY 04
<b>By Maintenance Assistance Status</b>	<b>FFY 98</b>	<b>FFY 99</b>	<b>FFY 00</b>	<b>FFY 01</b>	<b>FFY 02</b>	<b>FFY 03</b>	<b>FFY 04</b>		
Receiving Cash Assistance or Eligible Under Section 1931	\$3,040.18	\$3,860.34	\$4,389.77	\$3,801.58	\$4,093.91	\$4,062.73	\$5,186.35	9.3%	-1.3%
Poverty Related Eligibles	\$1,529.64	\$1,647.89	\$1,528.46	\$1,827.57	\$2,070.84	\$2,201.09	\$2,745.81	10.2%	34.3%
Medically Needy	\$126.65	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,795.00	55.6%	-71.1%
Other Eligibles	\$10,783.29	\$11,688.35	\$7,562.58	\$19,476.88	\$26,624.35	\$27,486.71	\$35,467.46	21.9%	388.8%
Maintenance Assistance Status Unknown	\$309.34	\$266.32	\$332.62	\$201.76	\$352.70	\$264.54	\$352.23	2.2%	-86.8%
<b>Total</b>	<b>\$2,969.27</b>	<b>\$3,119.08</b>	<b>\$2,987.04</b>	<b>\$3,080.47</b>	<b>\$3,508.48</b>	<b>\$3,581.89</b>	<b>\$4,564.35</b>	<b>7.4%</b>	<b>11.0%</b>
 <b>By Basis of Eligibility</b>									
Aged, Blind or Disabled	\$5,628.59	\$6,393.40	\$6,844.84	\$7,577.70	\$8,166.85	\$8,107.36	\$10,400.38	10.8%	-3.5%
Children	\$1,034.00	\$1,078.04	\$950.81	\$1,057.31	\$1,240.73	\$1,363.98	\$1,701.17	8.7%	15.3%
Foster Care Children	\$4,283.82	\$4,239.07	\$2,782.32	\$2,738.92	\$3,666.32	\$3,697.09	\$4,881.97	2.2%	-29.1%
Adults	\$1,958.29	\$2,470.01	\$2,538.75	\$2,724.59	\$2,995.37	\$2,910.40	\$3,648.18	10.9%	38.9%
Basis of Eligibility Unknown	\$309.34	\$266.32	\$332.62	\$201.76	\$352.70	\$264.54	\$352.23	2.2%	-87.8%
<b>Total</b>	<b>\$2,969.27</b>	<b>\$3,119.08</b>	<b>\$2,987.04</b>	<b>\$3,080.47</b>	<b>\$3,508.48</b>	<b>\$3,581.89</b>	<b>\$4,564.35</b>	<b>7.4%</b>	<b>11.0%</b>
 <b>By Age</b>									
Under Age 1	\$2,117.58	\$2,329.00	\$2,274.92	\$2,676.07	\$2,853.85	\$2,960.52	\$3,796.81	10.2%	2.2%
Age 1 to 5	\$1,062.80	\$1,263.81	\$1,193.06	\$1,319.74	\$1,481.62	\$1,566.95	\$1,964.63	10.8%	9.3%
Age 6 to 14	\$1,159.58	\$1,234.61	\$1,002.03	\$1,078.81	\$1,250.22	\$1,401.73	\$1,763.50	7.2%	5.1%
Age 15 to 20	\$2,458.84	\$2,536.41	\$2,099.85	\$1,997.71	\$2,237.84	\$2,307.55	\$2,970.39	3.2%	11.7%
Age 21 to 44	\$3,247.39	\$4,148.70	\$4,375.97	\$4,689.10	\$4,920.28	\$4,780.00	\$6,101.72	11.1%	26.4%
Age 45 to 64	\$5,397.88	\$6,206.70	\$6,770.85	\$7,628.71	\$8,143.29	\$7,968.47	\$10,031.98	10.9%	4.3%
Age 65 to 74	\$4,153.73	\$4,820.25	\$5,112.54	\$5,735.58	\$6,188.77	\$6,164.97	\$7,845.24	11.2%	6.2%
Age 75 to 84	\$5,889.60	\$6,904.83	\$7,146.39	\$7,785.51	\$8,473.76	\$8,551.55	\$10,926.21	10.8%	-2.1%
Age 85 and Over	\$9,295.08	\$11,254.83	\$11,715.45	\$12,494.85	\$13,333.99	\$13,818.94	\$18,110.34	11.8%	5.4%
Age Unknown	\$270.16	\$265.18	\$332.62	\$201.62	\$346.52	\$259.88	\$344.84	4.2%	-87.9%
<b>Total</b>	<b>\$2,969.27</b>	<b>\$3,119.08</b>	<b>\$2,987.04</b>	<b>\$3,080.47</b>	<b>\$3,508.48</b>	<b>\$3,581.89</b>	<b>\$4,564.35</b>	<b>7.4%</b>	<b>11.0%</b>
 <b>By Race</b>									
White	\$4,163.50	\$4,303.08	\$3,945.69	\$4,079.13	\$4,737.94	\$4,821.36	\$6,134.90	6.7%	22.7%
Black	\$2,269.23	\$2,375.04	\$2,292.97	\$2,366.63	\$2,938.65	\$3,089.18	\$3,933.48	9.6%	14.9%
Hispanic, American Indian or Asian	\$2,216.92	\$2,610.43	\$2,101.56	\$2,167.01	\$2,405.06	\$2,396.07	\$3,010.09	5.2%	16.8%
Other/Unknown	\$4,013.06	\$4,608.47	\$5,163.10	\$5,262.23	\$3,001.74	\$2,614.49	\$3,372.31	-2.9%	-31.9%
<b>Total</b>	<b>\$2,969.27</b>	<b>\$3,119.08</b>	<b>\$2,987.04</b>	<b>\$3,080.47</b>	<b>\$3,508.48</b>	<b>\$3,581.89</b>	<b>\$4,564.35</b>	<b>7.4%</b>	<b>11.0%</b>
 <b>By Sex</b>									
Female	\$3,105.77	\$3,245.48	\$3,140.98	\$3,239.17	\$4,007.74	\$4,088.86	\$5,229.91	9.1%	24.8%
Male	\$2,811.59	\$2,987.43	\$2,739.75	\$2,828.04	\$3,310.11	\$3,531.01	\$4,470.92	8.0%	11.7%
Unknown	\$274.38	\$13.47	\$254.70	\$447.73	\$349.09	\$262.03	\$296.24	1.3%	-92.8%
<b>Total</b>	<b>\$2,969.27</b>	<b>\$3,119.08</b>	<b>\$2,987.04</b>	<b>\$3,080.47</b>	<b>\$3,508.48</b>	<b>\$3,581.89</b>	<b>\$4,564.35</b>	<b>7.4%</b>	<b>11.0%</b>

Source: Health Care Financing Administration-Form HCFA 2082 for federal fiscal year 98; MSIS data for FFY 99-03. FFY 04 is projected using preliminary MSIS data for FFY 04.

## SOUTHERN REGION MEDICAID PROFILE

### ADDITIONAL STATE HEALTH CARE INFORMATION

Sources: "Issue Briefs", Health Policy Tracking Service, January 2005; "Medicaid Services State by State", CMS, October 2004; "State Health Facts", The Henry Kaiser Foundation, January 2005; and the state Medicaid Website.

#### Waivers

The state has a waiver from the Centers for Medicare and Medicaid Services (CMS) to operate a health reform demonstration under Section 1115.

- Healthier Mississippi will provide Medicaid services to individuals that lost coverage due to the elimination of the optional Poverty Level and Aged category, effective July 1, 2004. This waiver will serve approximately 5,000 individuals per year that do not have Medicare coverage. Received CMS approval September 10, 2004.

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 6,857 people, operating since July 1, 1994.
- Mental Retardation/Developmental Disabilities: Serves 1,900, operating since July 1, 1995.
- Independent Living: Renewed June 2003; can serve up to 354 recipients.
- Assisted Living: Implemented Oct. 1, 2000. Waiver was renewed in December 2003; can serve up to 900 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.

#### 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 2000, enacted new laws for the following purposes:

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

## SOUTHERN REGION MEDICAID PROFILE

### Medicaid (continued)

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

- Enacted legislation in 2001 that requires Medicaid to provide coverage to women that have been screened and diagnosed with breast or cervical cancer (Federally mandated by the Breast and Cervical Cancer Prevention and Treatment Act of 2000).

- Extended Medicaid eligibility to children in state custody, special needs children, and individuals who would be eligible for services in a nursing home, but live in a non-institutional setting and spend 50% of their income on prescription drugs.

- Established new reimbursement rates for physicians.

- Established a Medicare Upper Payment Limit program.

- In 2002, enacted legislation for the following purposes:

Reduced the number of prescriptions allowed per month from 10 to 7 and requires prior authorization for each additional prescription over 5 in a month.

Provided for the Medicaid Program to hire a pharmacy benefits manager.

Reduced payments to certain providers by 5%; exempts reimbursement rates for any prescription service or any service provided by a state agency or the University of Mississippi Medical Center from the reduction.

Reduced the coverage of eyeglasses for eligible adults from 1 pair every 3 years to 1 pair every 5 years.

- In 2003, implemented initiatives to control growth in the Medicaid Program:

° Several changes in the prescription drug program as follows:

Reduced the number of prescriptions to 5 per month; mandated generic equivalents; reduced dispensing fee to \$3.91; decreased AWP to 12%; and placed a 34 day supply limit on all drugs.

Reduced reimbursement rates by 5%.

Added a hospital bed assessment of \$1.50 per day.

Increased Nursing Home Fee to \$4.00/day.

Eliminated transportation payments to family and attendants.

- In 2004, implemented additional initiatives as follows:

Reduced Medicaid eligibility income standard from \$12,600 to \$6,800.

Eliminated coverage for aged and disabled between 100% and 133% of the FPL for recipients covered by both Medicare and Medicaid (Dual eligibles--approximately 47,000)

- In 2005, reinstated coverage for aged and disabled between 100% and 133% of the FPL that was eliminated in 2004.

### 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 CMS approval on October 26, 1999. The benefit package is the same as the regular Medicaid program and does not include any cost sharing provisions. Phase I expects to provide coverage to 15,000 new enrollees.

- CHIP II is a state plan option and expands coverage for children/adolescents birth through 18 in families with income from 100% to 200% of the FPL. CHIP II was submitted to CMS for approval in September 1999 and approved in December 1999. Phase II was implemented in January 2000.

As of September 30, 2004, the program had an enrollment of 82,900 individuals.

Cost sharing requirements for the CHIP program are as follows:

- Families with incomes less than 150% of the FPL have no cost sharing requirements;

## SOUTHERN REGION MEDICAID PROFILE

### **Children's Health Insurance Program: Medicaid Expansion and State-Designed Program (CONTINUED)**

- Families with incomes between 151% and 175% of the FPL pay \$5 per outpatient health care professional visit; \$15 per ER visit; and an \$800 out-of-pocket max.
- Families with incomes between 176% and 200% of the FPL pay \$5 per outpatient health care professional visit; \$15 per ER visit; and a \$950 out-of-pocket max.

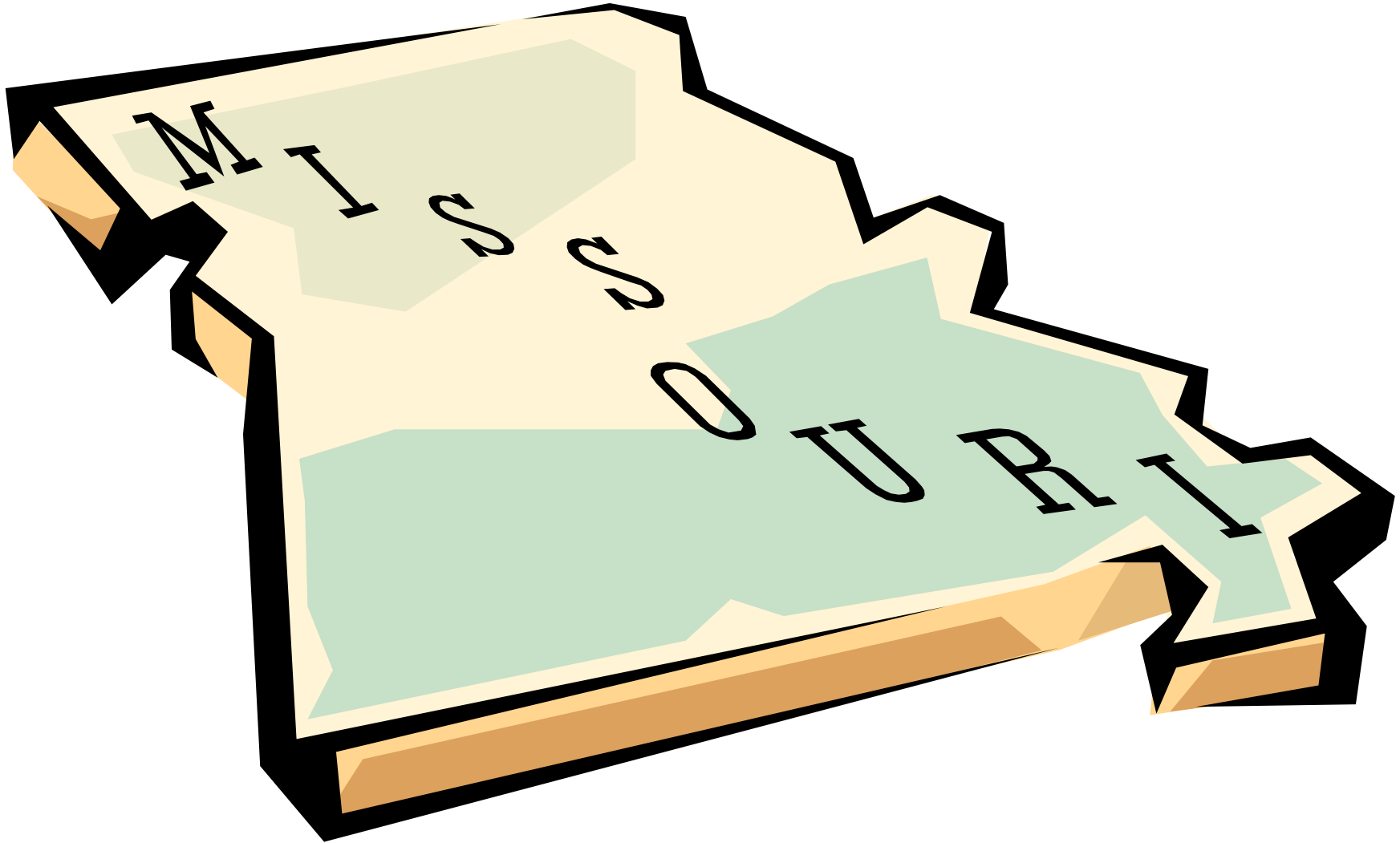
### **Tobacco Settlement**

- The state expects to receive approximately \$4.1 billion over 25 years.
- From FY 00 through FY 04, the cumulative tobacco settlement payment was approximately \$564.7 million.
- The state has allocated these funds and compares with the U.S. as follows:

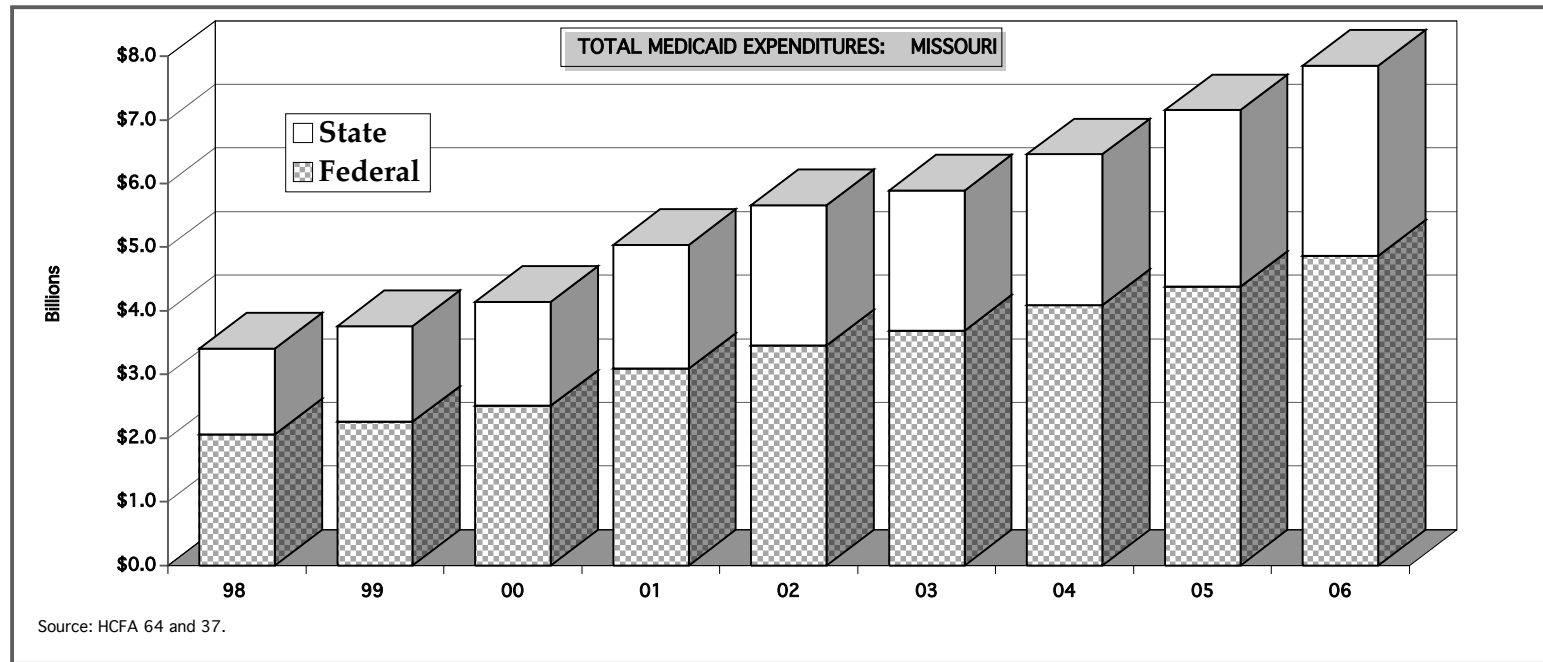
	<b>MS</b>	<b>%</b>	<b>U.S.</b>	<b>%</b>
Tobacco use prevention	\$94,000,000	16.6%	\$1,813,423,000	4.6%
Health services	\$456,964,000	80.9%	\$11,824,057,000	29.9%
Long-term care	\$12,873,000	2.3%	\$2,200,066,000	5.6%
Health research	\$0	0.0%	\$1,472,863,000	3.7%
Education	\$600,000	0.1%	\$2,051,182,000	5.2%
Children and Youth (Nonhealth)	\$0	0.0%	\$1,229,719,000	3.1%
Tobacco Farmers	\$0	0.0%	\$1,217,021,000	3.1%
Endowments and Reserves	\$0	0.0%	\$7,636,209,000	19.3%
Other	\$234,000	0.0%	\$10,048,868,000	25.4%
Total	\$564,671,000	100.0%	\$39,493,408,000	100.0%



## STATE MEDICAID PROFILE



# SOUTHERN REGION MEDICAID PROFILE



State profile revised to reflect MSIS statistical data as reported by CMS for federal fiscal years 99 through 04.

	FFY 98	FFY 99	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05**	FFY 06**	Annual Rate of Change	Total Change 98-06
Medicaid Payments	\$3,282,989,240	\$3,636,191,199	\$3,994,735,362	\$4,814,979,882	\$5,443,859,735	\$5,636,993,330	\$6,189,277,118	\$6,881,015,000	\$7,598,579,000	11.1%	131.5%
Federal Share	\$1,994,323,165	\$2,187,517,595	\$2,426,112,864	\$2,964,514,311	\$3,341,118,516	\$3,546,725,923	\$3,942,570,087	\$4,234,917,000	\$4,734,945,000	11.4%	137.4%
State Share	\$1,288,666,075	\$1,448,673,604	\$1,568,622,498	\$1,850,465,571	\$2,102,741,219	\$2,090,267,407	\$2,246,707,031	\$2,646,098,000	\$2,863,634,000	10.5%	122.2%
Administrative Costs	\$121,442,623	\$123,675,073	\$149,211,690	\$218,348,725	\$215,632,683	\$253,735,879	\$270,611,871	\$273,325,000	\$254,564,000	9.7%	109.6%
Federal Share	\$66,243,446	\$67,332,001	\$79,492,465	\$124,727,677	\$115,805,669	\$137,955,136	\$144,371,906	\$143,273,000	\$131,999,000	9.0%	99.3%
State Share	\$55,199,177	\$56,343,072	\$69,719,225	\$93,621,048	\$99,827,014	\$115,780,743	\$126,239,965	\$130,052,000	\$122,565,000	10.5%	122.0%
Admin. Costs as % of Payments	3.70%	3.40%	3.74%	4.53%	3.96%	4.50%	4.37%	3.97%	3.35%		
Federal Match Rate*	60.68%	60.24%	60.51%	61.03%	61.06%	61.23%	61.47%	61.15%	61.93%		

\*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 05 and 06 reflect latest estimates reported by each state (CMS 37).

# SOUTHERN REGION MEDICAID PROFILE

STATE FINANCING	Payments		Administration	
	FFY 98	FFY 04	FFY 98	FFY 04
State General Fund	\$1,288,666,075	\$1,466,619,624	\$55,199,177	\$126,239,965
Local Funds	\$0	\$0	\$0	\$0
Provider Taxes	\$0	\$767,845,132	\$0	\$0
Donations*	\$0	\$561,665	\$0	\$0
Other**	\$0	\$11,680,610	\$0	\$0
Total State Share	\$1,288,666,075	\$2,246,707,031	\$55,199,177	\$126,239,965

\*Donations from Outstationed Eligibility Workers Program

\*\*License fees

Provider Taxes Currently in Place (FFY 04)		
	Tax Rate	Amount
General and mental hospitals	5.32% of net non-Medicaid operating revenue	\$596,104,436
Nursing homes	\$8.42 per patient day	\$156,813,238
Pharmacy	1.7% of gross prescription sales	\$14,927,458
Total		\$767,845,132

## DISPROPORTIONATE SHARE HOSPITAL (DSH) PAYMENTS

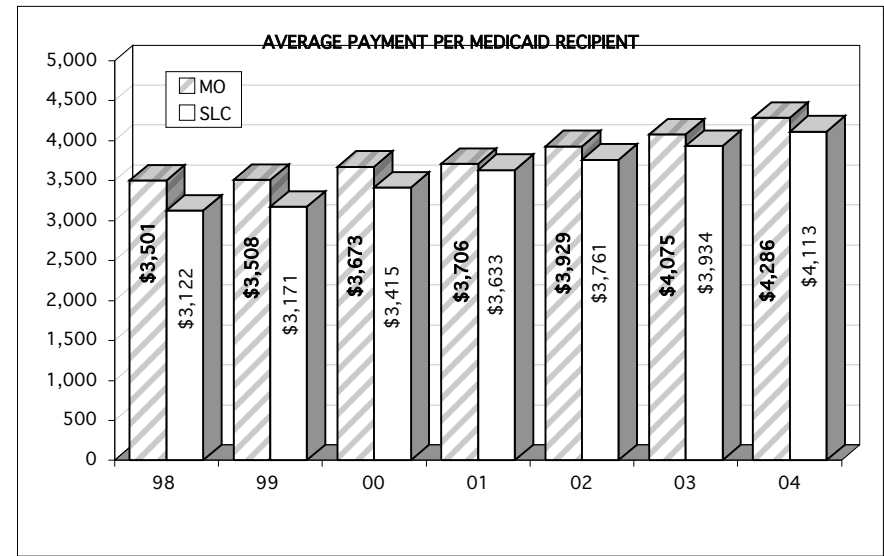
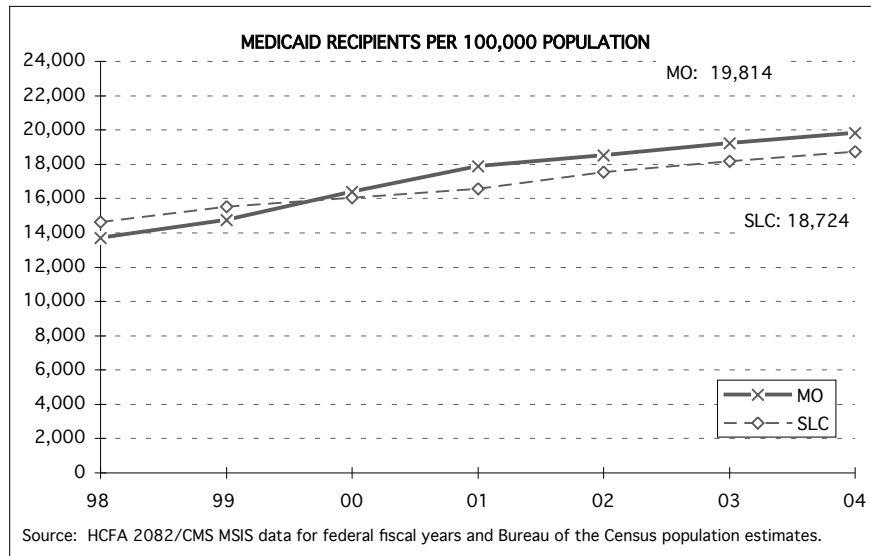
	FFY 98	FFY 99	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05**	FFY 06**	Change
General Hospitals	\$467,025,524	\$436,165,215	\$277,424,914	\$278,578,549	\$345,377,967	\$327,754,355	\$447,404,858	\$422,954,000	\$364,858,000	4.7%
Mental Hospitals	\$199,031,452	\$199,562,749	\$178,006,610	\$176,489,923	\$187,325,542	\$178,553,296	\$177,856,164	\$206,313,000	\$206,313,000	2.5%
Total	\$666,056,976	\$635,727,964	\$455,431,524	\$455,068,472	\$532,703,509	\$506,307,651	\$625,261,022	\$629,267,000	\$571,171,000	3.8%

SELECTED ELIGIBILITY CRITERIA				DEMOGRAPHIC DATA & POVERTY INDICATORS (2004)			
	At 10/1/04	% of FPL*					Rank in U.S.
TANF-Temporary Assistance for Needy Families (Family of 3)				State population—July 1, 2004*	5,754,618		17
Need Standard	\$846	64.8%					
Payment Standard	\$292	22.4%		Per capita personal income**	\$30,608		29
Maximum Payment	\$292	22.4%		Median household income**	\$43,492		25
Medically Needy Program (Family of 2)				Population below Federal Poverty Level on July 1, 2003*	581,216		
Income Eligibility Standard	N/A			Percent of total state population	10.1%		31
Resource Standard	N/A						
Pregnant Women, Children and Infants (% of FPL*)				Population without health insurance coverage*	620,000		23
Pregnant women and infants		185.0%		Percent of total state population	10.8%		35
Children to age 6		133.0%					
Children 6 to 18		100.0%		Recipients of Food Stamps***	678,981		13
SSI Eligibility Levels				Households receiving Food Stamps***	275,771		12
Income:				Total value of issuance***	\$656,421,560		13
Single Person	\$564	72.7%		Average monthly benefit per recipient	\$80.56		44
Couple	\$846	81.3%		Average monthly benefit per household	\$198.36		
Resources:				Monthly recipients of Temporary Assistance to Needy Families (TANF)****	123,001		15
Single Person	\$1,000			Total TANF payments****	\$136,130,196		49
Couple	\$2,000			Average monthly payment per recipient	\$92.23		49
				Maximum monthly payment per family of 3	\$292.00		36

\*Current federal poverty level is \$9,310 per year for a single person, \$12,490 for a family of two and \$15,670 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)

<b>RECIPIENTS BY TYPE OF SERVICES</b>	<b>FFY 98</b>	<b>FFY 99</b>	<b>FFY 00</b>	<b>FFY 01</b>	<b>FFY 02</b>	<b>FFY 03</b>	<b>FFY 04</b>	<i>Annual Change</i>
01. General Hospital	72,848	87,558	87,585	95,453	100,904	105,584	114,811	7.9%
02. Mental Hospital	9	406	453	420	356	460	466	93.1%
03. Skilled and Intermediate (non-MR) Care Nursing	37,226	39,762	41,074	39,501	40,798	38,916	39,606	1.0%
04. Intermediate Care for Mentally Retarded	1,442	1,381	1,331	1,325	1,302	1,282	1,263	-2.2%
05. Physician Services	259,688	283,200	320,726	330,264	328,550	344,460	369,107	6.0%
06. Dental Services	85,188	86,846	90,736	101,405	104,581	122,807	132,674	7.7%
07. Other Practitioners	84,827	97,300	115,395	113,039	128,575	125,857	170,842	12.4%
08. Outpatient Hospital	246,492	267,917	311,317	330,978	349,865	362,421	384,500	7.7%
09. Clinic Services	293,062	321,332	377,983	406,759	439,575	482,956	513,610	9.8%
10. Lab and X-Ray	118,223	121,744	137,891	137,931	162,487	199,612	206,163	9.7%
11. Home Health	24,954	7,090	6,652	6,022	6,511	6,910	6,981	-19.1%
12. Prescribed Drugs	353,902	411,959	447,062	472,624	493,230	526,991	550,572	7.6%
13. Family Planning	23,557	963	941	1,116	1,110	1,326	1,302	-38.3%
14. Early & Periodic Screening, Diagnosis & Treatment	71,161	0	0	0	0	0	0	-100.0%
15. Other Care	92,017	165,576	189,329	199,833	216,716	240,321	253,811	18.4%
16. Personal Care Support Services	75,373	84,636	97,189	108,536	122,141	123,911	131,651	9.7%
17. Home/Community Based Waiver Services	104	0	0	0	0	0	0	-100.0%
18. Prepaid Health Care	336,057	352,792	395,214	475,265	498,155	515,863	544,395	8.4%
19. Primary Care Case Management (PCCM) Services	0	0	0	0	0	0	0	n/a
<b>Total*</b>	<b>734,015</b>	<b>797,578</b>	<b>890,318</b>	<b>978,546</b>	<b>1,036,150</b>	<b>1,081,496</b>	<b>1,140,194</b>	7.6%

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

# SOUTHERN REGION MEDICAID PROFILE

<u>PAYMENTS BY TYPE OF SERVICES</u>	<u>FFY 98</u>	<u>FFY 99</u>	<u>FFY 00</u>	<u>FFY 01</u>	<u>FFY 02</u>	<u>FFY 03</u>	<u>FFY 04</u>	<u>Annual</u> <u>Change</u>	<u>Share of Total</u> <u>FFY 04</u>
01. General Hospital	\$313,541,971	\$349,386,862	\$376,607,207	\$410,534,009	\$428,061,409	\$472,473,319	\$511,834,964	8.5%	10.5%
02. Mental Hospital	\$248,998	\$4,727,426	\$4,628,523	\$4,606,906	\$3,207,299	\$5,922,767	\$4,734,727	63.4%	0.1%
03. Skilled and Intermediate (non-MR) Care Nursing	\$677,899,462	\$718,187,010	\$732,508,771	\$735,628,334	\$725,466,540	\$709,866,247	\$761,653,055	2.0%	15.6%
04. Intermediate Care for Mentally Retarded	\$101,104,939	\$101,938,506	\$100,406,019	\$94,409,653	\$118,629,649	\$111,653,494	\$112,204,262	1.8%	2.3%
05. Physician Services	\$51,276,977	\$58,020,860	\$70,972,252	\$71,914,021	\$73,061,397	\$78,021,620	\$83,025,715	8.4%	1.7%
06. Dental Services	\$9,726,354	\$11,463,432	\$13,286,049	\$21,144,900	\$25,504,037	\$29,841,465	\$35,872,061	24.3%	0.7%
07. Other Practitioners	\$4,862,991	\$6,342,481	\$7,629,740	\$8,027,304	\$9,187,207	\$8,135,688	\$18,761,642	25.2%	0.4%
08. Outpatient Hospital	\$154,379,218	\$168,549,075	\$219,722,488	\$221,122,747	\$246,189,264	\$241,123,477	\$255,872,607	8.8%	5.2%
09. Clinic Services	\$68,809,727	\$75,402,510	\$96,534,961	\$111,575,286	\$135,014,780	\$161,637,284	\$196,422,293	19.1%	4.0%
10. Lab and X-Ray	\$6,568,226	\$5,997,897	\$7,464,955	\$8,131,990	\$10,217,199	\$13,313,824	\$16,087,835	16.1%	0.3%
11. Home Health	\$46,793,370	\$8,114,919	\$8,564,806	\$6,583,746	\$7,236,954	\$7,297,381	\$6,172,315	-28.7%	0.1%
12. Prescribed Drugs	\$382,512,566	\$482,087,676	\$600,484,118	\$680,574,899	\$799,910,014	\$953,324,877	\$1,133,878,803	19.9%	23.2%
13. Family Planning	\$5,124,562	\$426,281	\$459,200	\$530,268	\$561,813	\$687,570	\$733,636	-27.7%	0.0%
14. Early & Periodic Screening, Diagnosis & Treatment	\$40,121,136	\$0	\$0	\$0	\$0	\$0	\$0	-100.0%	0.0%
15. Other Care	\$67,554,180	\$325,984,183	\$415,909,665	\$488,627,413	\$537,392,486	\$553,408,000	\$579,093,998	43.1%	11.9%
16. Personal Care Support Services	\$360,789,849	\$195,611,282	\$231,939,181	\$272,495,153	\$340,711,470	\$376,255,888	\$406,776,844	2.0%	8.3%
17. Home/Community Based Waiver Services	\$679,049	\$0	\$0	\$0	\$0	\$0	\$0	-100.0%	0.0%
18. Prepaid Health Care	\$277,652,554	\$285,917,714	\$383,034,523	\$490,305,973	\$611,192,885	\$683,889,202	\$763,539,900	18.4%	15.6%
19. Primary Case Management (PCCM) Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a	0.0%
<b>Total (excludes DSH pymts, pharmacy rebates, &amp; other adjs.)</b>	<b>\$2,569,646,129</b>	<b>\$2,798,158,114</b>	<b>\$3,270,152,458</b>	<b>\$3,626,212,602</b>	<b>\$4,071,544,403</b>	<b>\$4,406,852,103</b>	<b>\$4,886,664,657</b>	<b>11.3%</b>	<b>100.0%</b>

## AVERAGE PAYMENTS PER RECIPIENT BY TYPE OF SERVICES

								(+) or (-) SLC	
									<u>Avg. FFY 04</u>
01. General Hospital	\$4,304.06	\$3,990.35	\$4,299.91	\$4,300.90	\$4,242.26	\$4,474.86	\$4,458.07	0.6%	-17.8%
02. Mental Hospital	\$27,666.44	\$11,643.91	\$10,217.49	\$10,968.82	\$9,009.27	\$12,875.58	\$10,160.36	-15.4%	-46.4%
03. Skilled and Intermediate (non-MR) Care Nursing	\$18,210.38	\$18,062.15	\$17,833.88	\$18,623.03	\$17,781.91	\$18,240.99	\$19,230.75	0.9%	-14.1%
04. Intermediate Care for Mentally Retarded	\$70,114.38	\$73,814.99	\$75,436.53	\$71,252.57	\$91,113.40	\$87,093.21	\$88,839.48	4.0%	10.5%
05. Physician Services	\$197.46	\$204.88	\$221.29	\$217.75	\$222.38	\$226.50	\$224.94	2.2%	-59.0%
06. Dental Services	\$114.18	\$132.00	\$146.43	\$208.52	\$243.87	\$242.99	\$270.38	15.5%	-22.4%
07. Other Practitioners	\$57.33	\$65.18	\$66.12	\$71.01	\$71.45	\$64.64	\$109.82	11.4%	-42.2%
08. Outpatient Hospital	\$626.31	\$629.11	\$705.78	\$668.09	\$703.67	\$665.31	\$665.47	1.0%	8.1%
09. Clinic Services	\$234.80	\$234.66	\$255.39	\$274.30	\$307.15	\$334.68	\$382.43	8.5%	-40.8%
10. Lab and X-Ray	\$55.56	\$49.27	\$54.14	\$58.96	\$62.88	\$66.70	\$78.03	5.8%	-60.1%
11. Home Health	\$1,875.19	\$1,144.56	\$1,287.55	\$1,093.28	\$1,111.50	\$1,056.06	\$884.16	-11.8%	-70.0%
12. Prescribed Drugs	\$1,080.84	\$1,170.23	\$1,343.18	\$1,439.99	\$1,621.78	\$1,809.00	\$2,059.46	11.3%	42.9%
13. Family Planning	\$217.54	\$442.66	\$487.99	\$475.15	\$506.14	\$518.53	\$563.47	17.2%	-50.9%
14. Early & Periodic Screening, Diagnosis & Treatment	\$563.81	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-100.0%	-100.0%
15. Other Care	\$734.15	\$1,968.79	\$2,196.76	\$2,445.18	\$2,479.71	\$2,302.79	\$2,281.60	20.8%	19.1%
16. Personal Care Support Services	\$4,786.73	\$2,311.21	\$2,386.48	\$2,510.64	\$2,789.49	\$3,036.50	\$3,089.81	-7.0%	129.7%
17. Home/Community Based Waiver Services	\$6,529.32	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-100.0%	-100.0%
18. Prepaid Health Care	\$826.21	\$810.44	\$969.18	\$1,031.65	\$1,226.91	\$1,325.72	\$1,402.55	9.2%	18.2%
19. Primary Case Management (PCCM) Services	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	n/a	-100.0%
<b>Total (Average)</b>	<b>\$3,500.81</b>	<b>\$3,508.32</b>	<b>\$3,673.02</b>	<b>\$3,705.72</b>	<b>\$3,929.49</b>	<b>\$4,074.77</b>	<b>\$4,285.82</b>	<b>3.4%</b>	<b>4.2%</b>

<b>TOTAL PER CAPITA EXPENDITURES</b>	<b>\$634.72</b>	<b>\$695.18</b>	<b>\$761.96</b>	<b>\$920.45</b>	<b>\$1,011.49</b>	<b>\$1,046.37</b>	<b>\$1,122.56</b>	<b>10.0%</b>	<b>28.2%</b>
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Source: Health Care Financing Administration-Form HCFA 2082 for federal fiscal year 98; MSIS data for FFY 99-04.

# SOUTHERN REGION MEDICAID PROFILE

## DATA BY OTHER CHARACTERISTICS

### RECIPIENTS BY OTHER CHARACTERISTICS

	<u>FFY 98</u>	<u>FFY 99</u>	<u>FFY 00</u>	<u>FFY 01</u>	<u>FFY 02</u>	<u>FFY 03</u>	<u>FFY 04</u>	<i>Annual Change</i>	<i>Share of Total FFY 04</i>
<b>By Maintenance Assistance Status</b>									
Receiving Cash Assistance or Eligible Under Section 1931	206,175	268,684	305,326	347,033	637,643	652,952	675,301	21.9%	59.2%
Poverty Related Eligibles	259,920	264,083	405,269	276,241	111,331	128,818	137,084	-10.1%	12.0%
Medically Needy	0	0	0	0	0	0	0	n/a	0.0%
Other Eligibles	251,738	238,161	154,013	314,235	264,206	272,784	302,389	3.1%	26.5%
Maintenance Assistance Status Unknown	16,182	26,650	25,710	41,037	22,970	26,942	25,420	7.8%	2.2%
<b>Total</b>	<b>734,015</b>	<b>797,578</b>	<b>890,318</b>	<b>978,546</b>	<b>1,036,150</b>	<b>1,081,496</b>	<b>1,140,194</b>	7.6%	100.0%
<b>By Basis of Eligibility</b>									
Aged, Blind, or Disabled	202,428	203,958	212,239	218,236	227,560	236,110	252,260	3.7%	22.1%
Children	384,773	409,191	455,912	494,611	531,687	558,929	586,268	7.3%	51.4%
Foster Care Children	14,859	18,016	20,107	22,482	23,644	24,116	25,106	9.1%	2.2%
Adults	115,773	139,763	176,350	202,180	230,289	235,399	251,140	13.8%	22.0%
Basis of Eligibility Unknown	16,182	26,650	25,710	41,037	22,970	26,942	25,420	7.8%	2.2%
<b>Total</b>	<b>734,015</b>	<b>797,578</b>	<b>890,318</b>	<b>978,546</b>	<b>1,036,150</b>	<b>1,081,496</b>	<b>1,140,194</b>	7.6%	100.0%
<b>By Age</b>									
Under Age 1	27,330	20,870	31,252	47,116	33,353	34,404	37,198	5.3%	3.3%
Age 1 to 5	142,186	143,601	152,387	175,189	173,875	180,990	188,658	4.8%	16.5%
Age 6 to 14	181,373	200,879	219,749	232,282	255,511	266,538	277,056	7.3%	24.3%
Age 15 to 20	81,044	88,285	100,878	102,376	121,702	130,825	138,482	9.3%	12.1%
Age 21 to 44	147,058	165,104	199,278	218,209	250,282	257,289	274,652	11.0%	24.1%
Age 45 to 64	58,750	62,821	70,512	75,255	87,541	95,175	107,717	10.6%	9.4%
Age 65 to 74	32,984	31,706	32,656	32,948	33,671	33,749	35,121	1.1%	3.1%
Age 75 to 84	32,949	31,386	31,821	31,388	32,356	31,550	32,145	-0.4%	2.8%
Age 85 and Over	29,374	26,276	26,075	22,744	24,889	24,033	23,744	-3.5%	2.1%
Age Unknown	967	26,650	25,710	41,039	22,970	26,943	25,421	72.4%	2.2%
<b>Total</b>	<b>734,015</b>	<b>797,578</b>	<b>890,318</b>	<b>978,546</b>	<b>1,036,150</b>	<b>1,081,496</b>	<b>1,140,194</b>	7.6%	100.0%
<b>By Race</b>									
White	506,398	521,247	583,448	645,265	703,338	732,719	777,738	7.4%	68.2%
Black	226,649	229,485	253,910	278,184	271,592	274,484	284,983	3.9%	25.0%
Hispanic, American Indian or Asian	1	17,035	17,777	18,514	9,046	10,863	11,992	378.4%	1.1%
Other/Unknown	967	29,811	35,183	36,583	52,174	63,430	65,481	101.9%	5.7%
<b>Total*</b>	<b>734,015</b>	<b>797,578</b>	<b>890,318</b>	<b>978,546</b>	<b>1,036,150</b>	<b>1,081,496</b>	<b>1,140,194</b>	7.6%	100.0%
<b>By Sex</b>									
Female	444,292	464,774	518,406	571,708	597,766	619,827	653,539	6.6%	57.3%
Male	288,756	310,117	344,153	377,979	415,414	434,727	461,234	8.1%	40.5%
Unknown	967	22,687	27,759	28,859	22,970	26,942	25,421	72.4%	2.2%
<b>Total*</b>	<b>734,015</b>	<b>797,578</b>	<b>890,318</b>	<b>978,546</b>	<b>1,036,150</b>	<b>1,081,496</b>	<b>1,140,194</b>	7.6%	100.0%

Source: Health Care Financing Administration-Form HCFA 2082 for federal fiscal year 98; MSIS data for FFY 99-04.

# SOUTHERN REGION MEDICAID PROFILE

## PAYMENTS BY OTHER CHARACTERISTICS

	FFY 98	FFY 99	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	Annual Change	Share of Total FFY 04
<b>By Maintenance Assistance Status</b>									
Receiving Cash Assistance or Eligible Under Section 1931	\$340,186,310	\$901,269,587	\$1,064,582,686	\$1,345,029,037	\$1,788,461,369	\$2,071,678,119	\$2,259,018,396	37.1%	46.2%
Poverty Related Eligibles	\$274,104,538	\$315,462,161	\$499,127,981	\$404,785,994	\$216,075,595	\$193,990,039	\$218,736,752	-3.7%	4.5%
Medically Needy	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a	0.0%
Other Eligibles	\$1,942,734,440	\$1,565,790,525	\$1,690,386,726	\$1,858,164,764	\$2,053,187,075	\$2,113,298,982	\$2,387,676,163	3.5%	48.9%
Maintenance Assistance Status Unknown	\$12,620,841	\$15,635,841	\$16,055,065	\$18,232,807	\$13,820,364	\$27,884,963	\$21,233,346	9.1%	0.4%
<b>Total</b>	<b>\$2,569,646,129</b>	<b>\$2,798,158,114</b>	<b>\$3,270,152,458</b>	<b>\$3,626,212,602</b>	<b>\$4,071,544,403</b>	<b>\$4,406,852,103</b>	<b>\$4,886,664,657</b>	<b>11.3%</b>	<b>100.0%</b>
<b>By Basis of Eligibility</b>									
Aged, Blind or Disabled	\$1,943,366,578	\$2,104,811,071	\$2,351,501,567	\$2,516,226,068	\$2,768,484,714	\$2,934,966,459	\$3,257,030,600	9.0%	66.7%
Children	\$410,373,527	\$443,693,515	\$558,122,694	\$649,965,743	\$745,207,518	\$807,993,897	\$876,024,057	13.5%	17.9%
Foster Care Children	\$46,608,272	\$59,208,809	\$107,532,112	\$142,036,503	\$159,547,739	\$161,096,206	\$175,699,848	24.8%	3.6%
Adults	\$156,676,911	\$174,808,878	\$236,941,020	\$299,751,481	\$384,484,068	\$474,910,578	\$556,676,806	23.5%	11.4%
Basis of Eligibility Unknown	\$12,620,841	\$15,635,841	\$16,055,065	\$18,232,807	\$13,820,364	\$27,884,963	\$21,233,346	9.1%	0.4%
<b>Total</b>	<b>\$2,569,646,129</b>	<b>\$2,798,158,114</b>	<b>\$3,270,152,458</b>	<b>\$3,626,212,602</b>	<b>\$4,071,544,403</b>	<b>\$4,406,852,103</b>	<b>\$4,886,664,657</b>	<b>11.3%</b>	<b>100.0%</b>
<b>By Age</b>									
Under Age 1	\$72,341,660	\$63,700,441	\$106,362,092	\$161,741,559	\$129,345,714	\$132,308,084	\$149,937,177	12.9%	3.1%
Age 1 to 5	\$163,428,780	\$184,447,302	\$214,779,734	\$228,219,391	\$272,981,133	\$290,046,800	\$308,401,840	11.2%	6.3%
Age 6 to 14	\$176,213,721	\$200,435,499	\$250,011,776	\$319,080,946	\$347,841,392	\$367,846,014	\$394,118,177	14.4%	8.1%
Age 15 to 20	\$140,570,168	\$154,704,714	\$204,336,947	\$231,310,693	\$275,766,421	\$306,062,627	\$336,307,203	15.6%	6.9%
Age 21 to 44	\$589,861,158	\$644,506,373	\$750,174,471	\$858,137,119	\$991,187,989	\$1,115,299,519	\$1,250,909,045	13.3%	25.6%
Age 45 to 64	\$465,882,450	\$530,899,032	\$642,146,195	\$726,902,470	\$883,924,922	\$1,005,790,480	\$1,183,810,219	16.8%	24.2%
Age 65 to 74	\$228,326,459	\$245,383,420	\$276,555,919	\$294,766,100	\$319,753,974	\$330,530,459	\$363,209,603	8.0%	7.4%
Age 75 to 84	\$325,826,357	\$345,248,634	\$377,243,967	\$397,105,372	\$410,979,312	\$409,248,151	\$440,489,264	5.2%	9.0%
Age 85 and Over	\$406,569,598	\$413,196,858	\$432,486,292	\$390,710,799	\$425,943,182	\$421,834,024	\$438,247,371	1.3%	9.0%
Age Unknown	\$625,778	\$15,635,841	\$16,055,065	\$18,238,153	\$13,820,364	\$27,885,945	\$21,234,758	79.9%	0.4%
<b>Total</b>	<b>\$2,569,646,129</b>	<b>\$2,798,158,114</b>	<b>\$3,270,152,458</b>	<b>\$3,626,212,602</b>	<b>\$4,071,544,403</b>	<b>\$4,406,852,103</b>	<b>\$4,886,664,657</b>	<b>11.3%</b>	<b>100.0%</b>
<b>By Race</b>									
White	\$1,996,030,667	\$2,135,596,819	\$2,501,134,856	\$2,779,405,905	\$3,072,119,135	\$3,304,857,158	\$3,679,032,491	10.7%	75.3%
Black	\$572,989,632	\$603,469,098	\$701,529,063	\$776,178,610	\$886,035,535	\$939,592,907	\$1,025,569,852	10.2%	21.0%
Hispanic, American Indian or Asian	\$52	\$30,908,803	\$32,958,799	\$34,519,388	\$21,687,977	\$27,349,551	\$31,426,711	819.5%	0.6%
Other / Unknown	\$625,778	\$28,183,394	\$34,529,740	\$36,108,699	\$91,701,756	\$135,052,487	\$150,635,603	149.4%	3.1%
<b>Total*</b>	<b>\$2,569,646,129</b>	<b>\$2,798,158,114</b>	<b>\$3,270,152,458</b>	<b>\$3,626,212,602</b>	<b>\$4,071,544,403</b>	<b>\$4,406,852,103</b>	<b>\$4,886,664,657</b>	<b>11.3%</b>	<b>100.0%</b>
<b>By Sex</b>									
Female	\$1,599,417,760	\$1,725,342,768	\$2,016,557,141	\$2,238,248,240	\$2,453,377,747	\$2,654,572,522	\$2,951,860,293	10.8%	60.4%
Male	\$969,602,591	\$1,060,931,406	\$1,236,429,474	\$1,370,029,884	\$1,604,346,292	\$1,724,394,618	\$1,913,569,606	12.0%	39.2%
Unknown	\$625,778	\$11,883,940	\$17,165,843	\$17,934,478	\$13,820,364	\$27,884,963	\$21,234,758	79.9%	0.4%
<b>Total*</b>	<b>\$2,569,646,129</b>	<b>\$2,798,158,114</b>	<b>\$3,270,152,458</b>	<b>\$3,626,212,602</b>	<b>\$4,071,544,403</b>	<b>\$4,406,852,103</b>	<b>\$4,886,664,657</b>	<b>11.3%</b>	<b>100.0%</b>

Source: Health Care Financing Administration-Form HCFA 2082 for federal fiscal year 98; MSIS data for FFY 99-04.

# SOUTHERN REGION MEDICAID PROFILE

## AVERAGE PAYMENT PER RECIPIENT BY OTHER CHARACTERISTICS

								Annual Change	Above (+) or Below (-) SLC Avg. FFY 04
<b>By Maintenance Assistance Status</b>	<b>FFY 98</b>	<b>FFY 99</b>	<b>FFY 00</b>	<b>FFY 01</b>	<b>FFY 02</b>	<b>FFY 03</b>	<b>FFY 04</b>		
Receiving Cash Assistance or Eligible Under Section 1931	\$1,649.99	\$3,354.39	\$3,486.71	\$3,875.80	\$2,804.80	\$3,172.79	\$3,345.20	12.5%	-36.3%
Poverty Related Eligibles	\$1,054.57	\$1,194.56	\$1,231.60	\$1,465.34	\$1,940.84	\$1,505.92	\$1,595.64	7.1%	-22.0%
Medically Needy	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	n/a	-100.0%
Other Eligibles	\$7,717.29	\$6,574.50	\$10,975.61	\$5,913.30	\$7,771.16	\$7,747.15	\$7,896.04	0.4%	8.8%
Maintenance Assistance Status Unknown	\$779.93	\$586.71	\$624.47	\$444.30	\$601.67	\$1,035.00	\$835.30	1.1%	-68.7%
<b>Total</b>	<b>\$3,500.81</b>	<b>\$3,508.32</b>	<b>\$3,673.02</b>	<b>\$3,705.72</b>	<b>\$3,929.49</b>	<b>\$4,074.77</b>	<b>\$4,285.82</b>	<b>3.4%</b>	<b>4.2%</b>
<b>By Basis of Eligibility</b>									
Aged, Blind or Disabled	\$9,600.29	\$10,319.83	\$11,079.50	\$11,529.84	\$12,165.95	\$12,430.50	\$12,911.40	5.1%	19.8%
Children	\$1,066.53	\$1,084.32	\$1,224.19	\$1,314.09	\$1,401.59	\$1,445.61	\$1,494.24	5.8%	1.3%
Foster Care Children	\$3,136.70	\$3,286.46	\$5,347.99	\$6,317.79	\$6,747.92	\$6,680.05	\$6,998.32	14.3%	1.7%
Adults	\$1,353.31	\$1,250.75	\$1,343.58	\$1,482.60	\$1,669.57	\$2,017.47	\$2,216.60	8.6%	-15.6%
Basis of Eligibility Unknown	\$779.93	\$586.71	\$624.47	\$444.30	\$601.67	\$1,035.00	\$835.30	1.1%	-71.1%
<b>Total</b>	<b>\$3,500.81</b>	<b>\$3,508.32</b>	<b>\$3,673.02</b>	<b>\$3,705.72</b>	<b>\$3,929.49</b>	<b>\$4,074.77</b>	<b>\$4,285.82</b>	<b>3.4%</b>	<b>4.2%</b>
<b>By Age</b>									
Under Age 1	\$2,646.97	\$3,052.25	\$3,403.37	\$3,432.84	\$3,878.08	\$3,845.72	\$4,030.79	7.3%	8.5%
Age 1 to 5	\$1,149.40	\$1,284.44	\$1,409.44	\$1,302.70	\$1,569.98	\$1,602.56	\$1,634.71	6.0%	-9.0%
Age 6 to 14	\$971.55	\$997.79	\$1,137.72	\$1,373.68	\$1,361.36	\$1,380.09	\$1,422.52	6.6%	-15.2%
Age 15 to 20	\$1,734.49	\$1,752.33	\$2,025.58	\$2,259.42	\$2,265.92	\$2,339.48	\$2,428.53	5.8%	-8.7%
Age 21 to 44	\$4,011.08	\$3,903.64	\$3,764.46	\$3,932.64	\$3,960.28	\$4,334.81	\$4,554.52	2.1%	-5.6%
Age 45 to 64	\$7,929.91	\$8,450.98	\$9,106.91	\$9,659.19	\$10,097.27	\$10,567.80	\$10,990.00	5.6%	14.2%
Age 65 to 74	\$6,922.34	\$7,739.34	\$8,468.76	\$8,946.40	\$9,496.42	\$9,793.79	\$10,341.66	6.9%	40.0%
Age 75 to 84	\$9,888.81	\$11,000.08	\$11,855.19	\$12,651.50	\$12,701.80	\$12,971.42	\$13,703.20	5.6%	22.8%
Age 85 and Over	\$13,841.14	\$15,725.26	\$16,586.24	\$17,178.63	\$17,113.71	\$17,552.28	\$18,457.18	4.9%	7.4%
Age Unknown	\$647.13	\$586.71	\$624.47	\$444.41	\$601.67	\$1,035.00	\$835.32	4.3%	-70.6%
<b>Total</b>	<b>\$3,500.81</b>	<b>\$3,508.32</b>	<b>\$3,673.02</b>	<b>\$3,705.72</b>	<b>\$3,929.49</b>	<b>\$4,074.77</b>	<b>\$4,285.82</b>	<b>3.4%</b>	<b>4.2%</b>
<b>By Race</b>									
White	\$3,941.62	\$4,097.09	\$4,286.82	\$4,307.39	\$4,367.91	\$4,510.40	\$4,730.43	3.1%	-5.4%
Black	\$2,528.09	\$2,629.67	\$2,762.90	\$2,790.16	\$3,262.38	\$3,423.12	\$3,598.71	6.1%	5.1%
Hispanic, American Indian or Asian	\$52.00	\$1,814.43	\$1,854.01	\$1,864.50	\$2,397.52	\$2,517.68	\$2,620.64	92.2%	1.7%
Other/Unknown	\$647.13	\$945.40	\$981.43	\$987.03	\$1,757.61	\$2,129.16	\$2,300.45	23.5%	-53.6%
<b>Total</b>	<b>\$3,500.81</b>	<b>\$3,508.32</b>	<b>\$3,673.02</b>	<b>\$3,705.72</b>	<b>\$3,929.49</b>	<b>\$4,074.77</b>	<b>\$4,285.82</b>	<b>3.4%</b>	<b>4.2%</b>
<b>By Sex</b>									
Female	\$3,599.92	\$3,712.22	\$3,889.92	\$3,915.02	\$4,104.24	\$4,282.76	\$4,516.73	3.9%	7.8%
Male	\$3,357.86	\$3,421.07	\$3,592.67	\$3,624.62	\$3,862.04	\$3,966.61	\$4,148.80	3.6%	3.6%
Unknown	\$647.13	\$523.82	\$618.39	\$621.45	\$601.67	\$1,035.00	\$835.32	4.3%	-79.6%
<b>Total</b>	<b>\$3,500.81</b>	<b>\$3,508.32</b>	<b>\$3,673.02</b>	<b>\$3,705.72</b>	<b>\$3,929.49</b>	<b>\$4,074.77</b>	<b>\$4,285.82</b>	<b>3.4%</b>	<b>4.2%</b>

Source: Health Care Financing Administration-Form HCFA 2082 for federal fiscal year 98; MSIS data for FFY 99-04.



## SOUTHERN REGION MEDICAID PROFILE

### ADDITIONAL STATE HEALTH CARE INFORMATION

Sources: "Issue Briefs", Health Policy Tracking Service, January 2005; "Medicaid Services State by State", CMS, October 2004; "State Health Facts", The Henry Kaiser Foundation, January 2005; and the state Medicaid Website.

#### Waivers

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

- MC+ refers to the statewide medical assistance program for low income pregnant women, children, and some uninsured parents. MC+ recipients receive their care through either a Fee-For-Service (FFS) delivery system or the managed care delivery system, depending on where the individual lives in the state. In regions of the state where MC+ health plans are operational, participants must enroll in a MC+ health plan. In areas of the state where MC+ is not operational, participants may freely choose an approved provider for health care under the FFS delivery system.
- As of June 30, 2004, the MC+ Managed Care program covered 58% of the MC+ population as follows:

<u>Region</u>	<u>Number of Counties</u>	<u>Number of Eligibles</u>	<u>Start Date</u>
Eastern	10	235,761	9/1/95
Central	18	63,576	3/1/96
Western	9	133,002	1/1/97

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: Served 23,330 people in waiver year 2003 and 23,216 in waiver year 2004; operating since April 22, 1980.
- Mental Retardation/Developmental Disabilities: Serves 7,570 people in waiver year 2003 and 7,443 in waiver year 2004, operating since July 1, 1988.
- AIDS: Served 76 people in waiver year 2003 and 86 people in waiver year 2004, operating since July 1, 1998.
- Children with Mental Retardation/Developmental Disabilities, to age 18: Served 188 children in waiver year 2003 and 197 children in waiver year 2004, operating since October 1, 1995.
- Physical Disability Waiver: Served 26 people in waiver year 2003 and 40 people in waiver year 2004, operating since July 1, 1998.
- Independent Living Waiver: Served 560 individuals in waiver year 2003 and 544 individuals in waiver year 2004 that were age 18 to 64, operating since January 1, 2000.
- Consumer Support Waiver: Served 475 individuals in waiver year 2004, established July 1, 2003.

- 1115 Waiver: developed to expand Medicaid coverage to children through the SCHIP program and uninsured parents.

Recipients receive their care through either a Fee-For-Service or the MC+ Managed Care delivery system, depending on where the individual lives in Missouri. The Uninsured Parents Program was implemented February 1, 1999. The statewide enrollment as of June 30, 2004 was 11,727.

- The MC+ program (under the 1115 Waiver) provides Medicaid coverage to adults who qualify for the Uninsured Parents Program as follows:

Uninsured Medicaid-ineligible adults transitioning off welfare 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 1 year plus 60 days.

#### Managed Care

- Any Willing Provider Clause: Yes

## SOUTHERN REGION MEDICAID PROFILE

### Coverage for Targeted Population

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

Enacted legislation in 2001 that created the Missouri Senior Rx Program, to become operational in July 2002. Eligible participants must pay a 40% co-payment for prescription drugs and are limited to \$5,000 per year per enrollee. Also requires payment of initial enrollment fees of \$25 to \$35.

### 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. As of January 1, 2003, the moratorium expired.
- In 1999, amended CON laws to allow certain facilities to purchase beds from underused facilities.
- Large Case Management (LCM) Program: MC+ managed care 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. As of March 1, 2001, all MC+ managed care regions are responsible for their own reinsurance and LCM.

### Medicaid

- 11 optional services are offered for children and adults in a category of assistance for pregnant women or the blind effective September 1, 2005.
- State has broad-based taxes on facilities such as hospitals and nursing homes to generate funds for the state Medicaid program.
- In August 2001, received approval from the HHS to extend Medicaid coverage to low-income, uninsured women for breast or cervical treatment. The number of recipients enrolled in this program as of June 30, 2003 was 463, increasing to 653 by June 30, 2004.
- Enacted legislation July 1, 2002 to extend Medicaid coverage to individuals that could be eligible as a result of the federal Ticket to Work and Medicaid Buy-in legislation.

The Medical Assistance for Working Disabled (MA-WD) program provided services to individuals with disabilities (income up to 250% of the FPL) that were required to enable them to gain or keep employment. As of June 30, 2003 there were 12,486 individuals enrolled in the MA-WD program. As of June 30, 2004 there were 17,619 individuals enrolled in the MA-WD program. The MA-WD program has been eliminated effective September 1, 2005.

- In FY 02, enacted legislation as follows:

1. Established prior authorization for all new drugs and prior authorization of overused or misused drugs.
2. Approved a preferred drug list to be implemented by January 1, 2003.
3. Limit use of over-the-counter drugs to a specific limited list, except insulin and expanded MAC coverage list.
4. Implemented a pharmacy provider tax utilizing a portion of the tax for an increase in the dispensing fee for pharmacies from \$4.09 to \$8.04.

- In FY 05, enacted legislation that eliminated certain optional Medicaid services for adults (exempts children, pregnant women, aged, blind, or disabled) as follows:

1. Comprehensive day rehabilitation.
2. Adult dental services, except for treatment for trauma or disease/medical conditions.
3. Durable medical equipment, including wheel chairs and batteries, 3 wheeled scooters, decubitus care cushions and mattresses, all orthotics (body braces), etc.
4. Rehabilitation services (i.e. occupational, speech, or physical therapy).
5. Audiology (hearing aids and associated testing services).
6. Optical services, except for 1 eye exam every 2 years.
7. Foot care services (limited only).
8. Diabetes self-management training.

- Effective September 1, 2005, required recipients to pay co-pays from \$0.50 to \$10.00 at the time of service.

## SOUTHERN REGION MEDICAID PROFILE

### Children's Health Insurance Program: Medicaid Expansion

- SCHIP in Missouri is administered by the Division of Medical Services through an HMO style program (MC+), as well as a FFS program.
- 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 CMS approval on April 28, 1998. The statewide enrollment as of June 30, 2004 was 92,165.

### Cost Sharing Provisions of MC+:

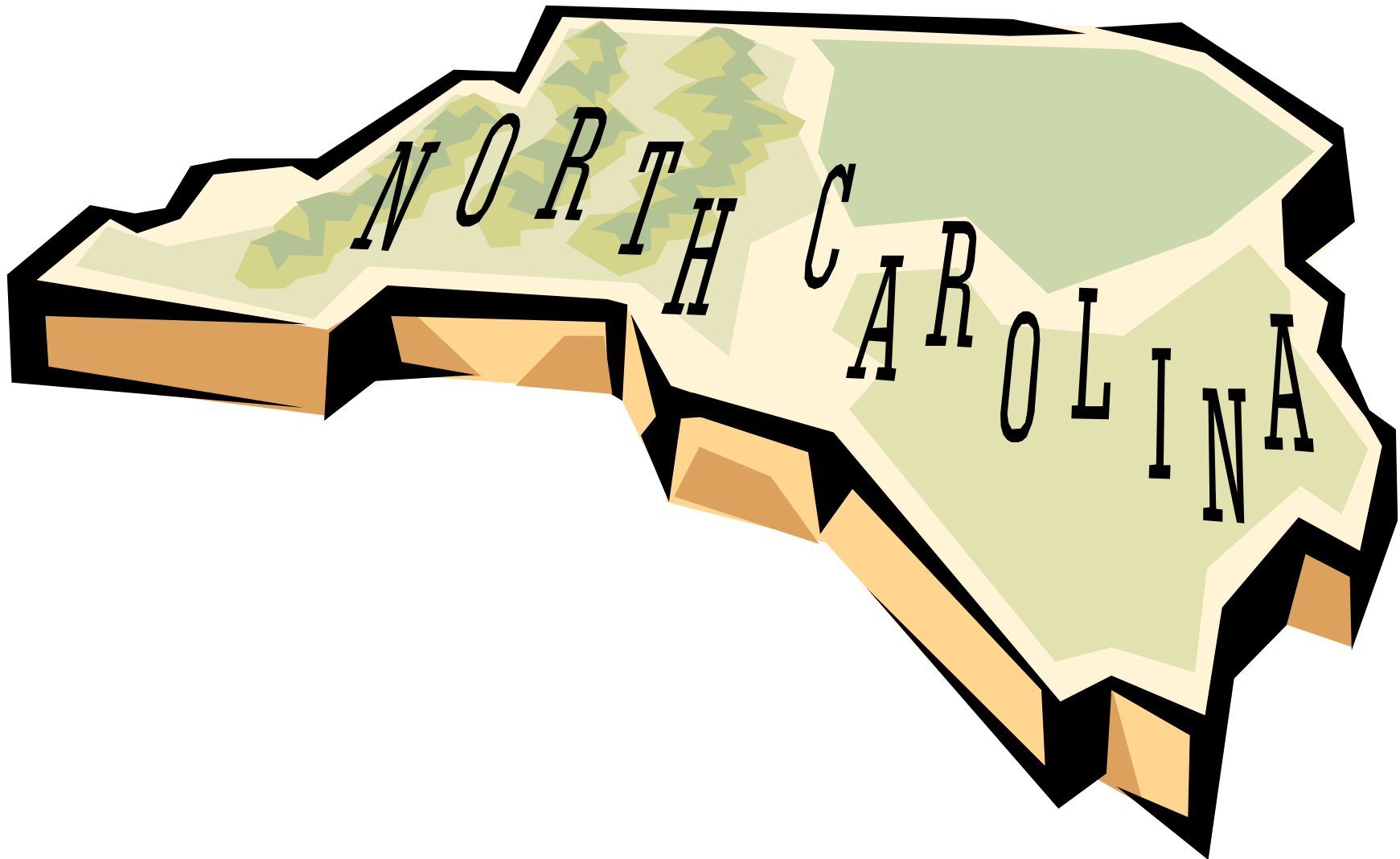
- There are no cost sharing obligations for Parent's Fair Share Program participants, those covered under the women's health services program, and children/adolescents in families with income up to 185% of the FPL.
  - Co-payments for adults: \$10 per provider visit and \$5 per prescription.
  - Co-payments for children/adolescents in families with income from 185% to 225% of the FPL: \$5 per provider visit.
  - Premiums and co-payments for children/adolescents in families with income from 226% to 300% of the FPL: Co-payments: \$10 per provider visit and \$9 per prescription.
- Effective July 1, 2005, premiums will vary from \$65 to \$257 based on income and family size.

### Tobacco Settlement

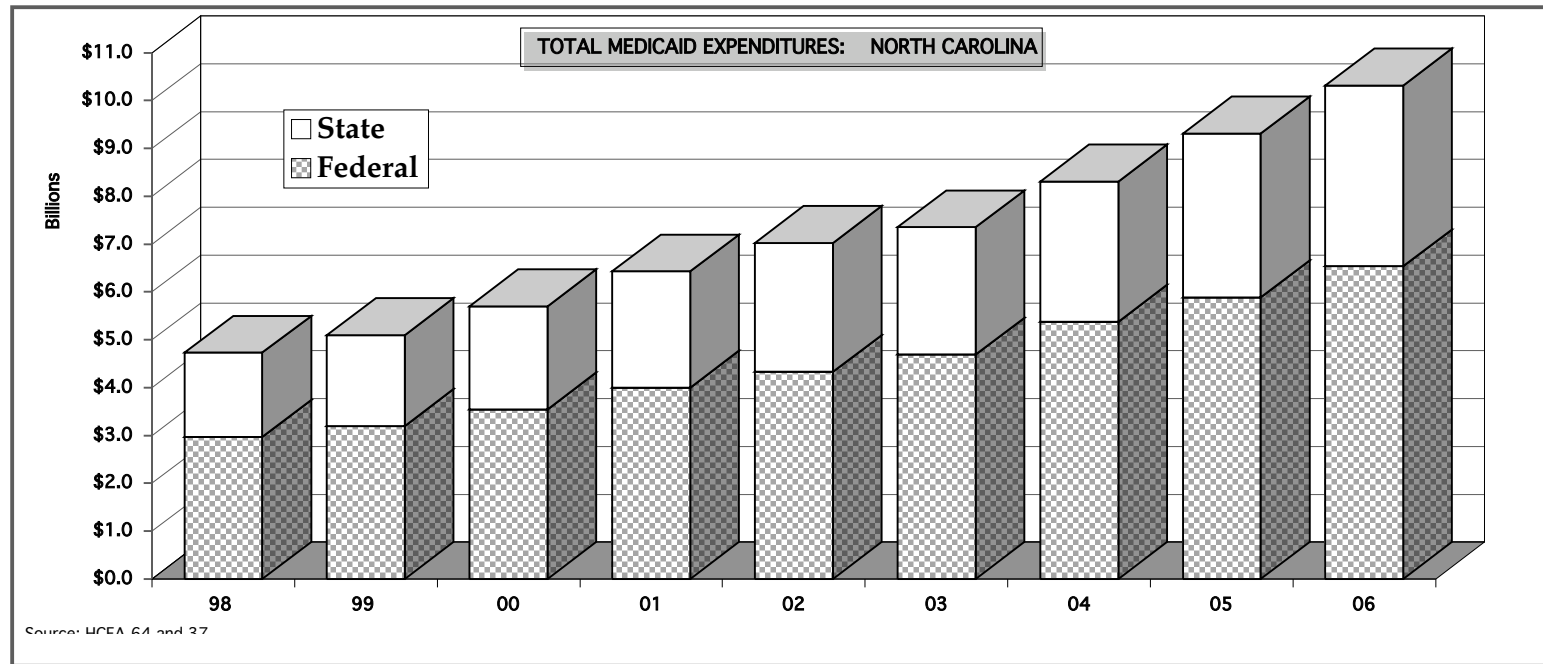
- The state expects to receive approximately \$4.6 billion over 25 years.
- From FY 00 through FY 04, the cumulative tobacco settlement payment was approximately \$693.3 million.
- The state has allocated these funds and compares with the U.S. as follows:

	MO	%	U.S.	%
Tobacco use prevention	\$23,266,000	3.4%	\$1,813,423,000	4.6%
Health services	\$221,856,000	32.0%	\$11,824,057,000	29.9%
Long-term care	\$189,385,000	27.3%	\$2,200,066,000	5.6%
Health research	\$21,600,000	3.1%	\$1,472,863,000	3.7%
Education	\$0	0.0%	\$2,051,182,000	5.2%
Children and Youth (Nonhealth)	\$14,400,000	2.1%	\$1,229,719,000	3.1%
Tobacco Farmers	\$0	0.0%	\$1,217,021,000	3.1%
Endowments and Reserves	\$50,000,000	7.2%	\$7,636,209,000	19.3%
Other	\$172,812,000	24.9%	\$10,048,868,000	25.4%
Total	\$693,319,000	100.0%	\$39,493,408,000	100.0%

## STATE MEDICAID PROFILE



# SOUTHERN REGION MEDICAID PROFILE



State profile revised to reflect MSIS statistical data as reported by CMS for federal fiscal years 99 through 04.

	FFY 98	FFY 99	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05**	FFY 06**	Annual Rate of Change	Total Change 98-06
Medicaid Payments	\$4,547,756,041	\$4,885,503,195	\$5,464,863,059	\$6,150,681,587	\$6,723,598,560	\$7,050,804,888	\$7,945,585,983	\$8,816,972,000	\$9,843,751,000	10.1%	116.5%
Federal Share	\$2,875,510,338	\$3,087,681,703	\$3,421,052,149	\$3,850,734,836	\$4,161,693,996	\$4,520,695,624	\$5,178,131,847	\$5,621,626,000	\$6,278,239,000	10.3%	118.3%
State Share	\$1,672,245,703	\$1,797,821,492	\$2,043,810,910	\$2,299,946,751	\$2,561,904,564	\$2,530,109,264	\$2,767,454,136	\$3,195,346,000	\$3,565,512,000	9.9%	113.2%
Administrative Costs	\$185,333,494	\$209,904,718	\$233,556,917	\$278,725,379	\$302,125,603	\$301,214,843	\$367,458,622	\$491,778,000	\$472,893,000	12.4%	155.2%
Federal Share	\$99,010,462	\$114,242,646	\$128,758,258	\$152,482,886	\$167,160,907	\$171,895,548	\$202,196,203	\$269,092,000	\$257,729,000	12.7%	160.3%
State Share	\$86,323,032	\$95,662,072	\$104,798,659	\$126,242,493	\$134,964,696	\$129,319,295	\$165,262,419	\$222,686,000	\$215,164,000	12.1%	149.3%
Admin. Costs as % of Payments	4.08%	4.30%	4.27%	4.53%	4.49%	4.27%	4.62%	5.58%	4.80%		
Federal Match Rate*	63.09%	63.07%	62.49%	62.47%	61.46%	62.56%	62.85%	63.63%	63.49%		

\*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 05 and 06 reflect latest estimates reported by each state (CMS 37).

NORTH CAROLINA

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# SOUTHERN REGION MEDICAID PROFILE

STATE FINANCING	Payments		Administration	
	FFY 98	FFY 04	FFY 98	FFY 04
State General Fund*	\$1,672,245,703	\$2,767,454,136	\$86,323,032	\$165,262,419
Local Funds	\$0	\$0	\$0	\$0
Provider Taxes	\$0	\$0	\$0	\$0
Donations	\$0	\$0	\$0	\$0
Other	\$0	\$0	\$0	\$0
Total State Share	\$1,672,245,703	\$2,767,454,136	\$86,323,032	\$165,262,419

Provider Taxes Currently in Place (FFY 04)	
Tax Rate	Amount
NO PROVIDER TAXES	

## DISPROPORTIONATE SHARE HOSPITAL (DSH) PAYMENTS

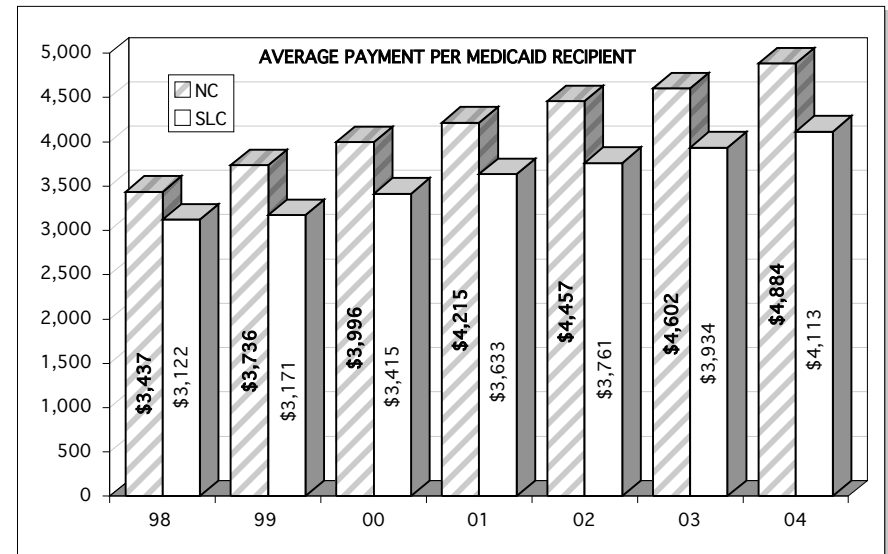
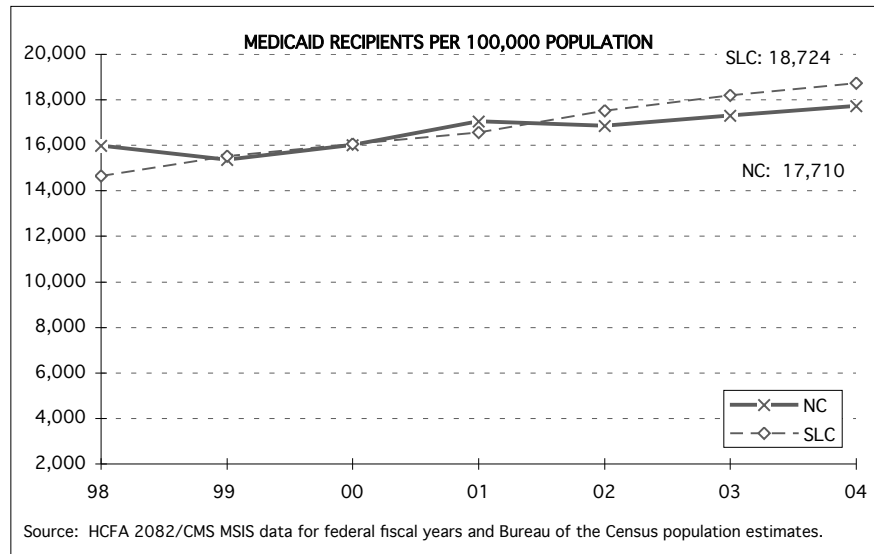
	FFY 98	FFY 99	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05**	FFY 06**	Annual Change
General Hospitals	\$187,665,204	\$227,672,613	\$236,744,407	\$259,509,072	\$275,834,347	\$378,516,668	\$418,211,290	\$231,344,000	\$232,200,000	-0.3%
Mental Hospitals	\$166,439,546	\$170,292,750	\$176,842,977	\$174,935,077	\$179,324,307	\$2,917,716	\$3,178,664	\$161,598,000	\$181,400,000	0.4%
Total	\$354,104,750	\$397,965,363	\$413,587,384	\$434,444,149	\$455,158,654	\$381,434,384	\$421,389,954	\$392,942,000	\$413,600,000	0.0%

SELECTED ELIGIBILITY CRITERIA				DEMOGRAPHIC DATA & POVERTY INDICATORS (2004)			
	At 10/1/04	% of FPL*					Rank in U.S.
TANF-Temporary Assistance for Needy Families (Family of 3)				State population—July 1, 2004*	8,541,221		11
Need Standard	\$544	41.7%					
Payment Standard	\$272	N/A		Per capita personal income**	\$29,246		37
Maximum Payment	\$272	N/A		Median household income**	\$38,212		38
Medically Needy Program (Family of 3)				Population below Federal Poverty Level on July 1, 2003*	1,212,853		
Income Eligibility Standard	\$367			Percent of total state population	14.2%		9
Resource Standard	\$3,000						
Pregnant Women, Children and Infants (% of FPL*)				Population without health insurance coverage*	1,424,000		6
Pregnant women and infants		185.0%		Percent of total state population	16.7%		16
Children 1 to 5		133.0%		Recipients of Food Stamps***	746,988		11
Children 6 to 18		100.0%		Households receiving Food Stamps***	315,514		11
SSI Eligibility Levels				Total value of issuance***	\$756,542,732		12
Income:				Average monthly benefit per recipient	\$84.40		21
Single Person	\$564	72.7%		Average monthly benefit per household	\$199.82		
Couple	\$846	81.3%					
Resources:				Monthly recipients of Temporary Assistance to Needy Families (TANF)****	82,918		18
Single Person	\$2,000			Total TANF payments****	\$115,389,614		39
Couple	\$3,000			Average monthly payment per recipient	\$115.97		39
				Maximum monthly payment per family of 3	\$272.00		42

\*Current federal poverty level is \$9,310 per year for a single person, \$12,490 for a family of two and \$15,670 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)

<b>RECIPIENTS BY TYPE OF SERVICES</b>	<b>FFY 98</b>	<b>FFY 99</b>	<b>FFY 00</b>	<b>FFY 01</b>	<b>FFY 02</b>	<b>FFY 03</b>	<b>FFY 04</b>	<i>Annual Change</i>
01. General Hospital	171,477	178,092	195,406	197,136	202,664	205,779	210,093	3.4%
02. Mental Hospital	2,387	1,993	2,614	2,631	2,454	2,489	2,313	-0.5%
03. Skilled and Intermediate (non-MR) Care Nursing	41,683	42,382	42,752	43,741	43,128	43,143	43,182	0.6%
04. Intermediate Care for Mentally Retarded	4,853	4,802	4,733	4,716	4,661	4,588	4,562	-1.0%
05. Physician Services	805,816	811,612	865,447	946,861	1,006,830	1,062,621	1,205,583	6.9%
06. Dental Services	212,697	213,972	219,805	284,384	325,941	370,784	419,131	12.0%
07. Other Practitioners	159,902	152,555	226,147	249,306	252,179	246,175	258,550	8.3%
08. Outpatient Hospital	459,214	488,111	516,576	586,546	637,476	665,035	715,200	7.7%
09. Clinic Services	182,633	516,525	514,140	556,924	533,928	535,202	552,205	20.3%
10. Lab and X-Ray	594,307	540,123	591,661	651,112	723,426	747,816	860,117	6.4%
11. Home Health	62,187	29,676	30,359	32,279	33,455	33,972	36,541	-8.5%
12. Prescribed Drugs	764,886	797,903	827,039	907,413	949,795	1,015,932	1,071,753	5.8%
13. Family Planning	73,849	8,438	8,572	9,651	10,824	10,122	10,686	-27.5%
14. Early & Periodic Screening, Diagnosis & Treatment	387,904	0	0	0	0	0	0	-100.0%
15. Other Care	165,210	211,402	260,384	278,218	315,541	330,136	433,941	17.5%
16. Personal Care Support Services	356,450	99,205	125,805	142,519	142,787	123,769	210,414	-8.4%
17. Home/Community Based Waiver Services	14,421	0	0	0	0	0	0	-100.0%
18. Prepaid Health Care	220,700	52,062	61,555	66,197	33,718	34,046	27,151	-29.5%
19. Primary Care Case Management (PCCM) Services	591,740	736,427	792,641	849,873	945,213	1,013,309	1,059,564	10.2%
<b>Total*</b>	<b>1,167,988</b>	<b>1,141,774</b>	<b>1,208,789</b>	<b>1,304,684</b>	<b>1,355,269</b>	<b>1,416,912</b>	<b>1,512,608</b>	<b>4.4%</b>

\*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 98	FFY 99	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	Annual	Share of Total
								Change	FFY 04
01. General Hospital	\$692,184,068	\$684,598,964	\$769,139,076	\$820,619,191	\$867,277,556	\$894,305,809	\$958,912,046	5.6%	13.0%
02. Mental Hospital	\$26,557,229	\$17,450,155	\$26,134,143	\$27,742,930	\$32,529,154	\$31,302,231	\$32,591,112	3.5%	0.4%
03. Skilled and Intermediate (non-MR) Care Nursing	\$760,826,548	\$805,603,790	\$817,940,754	\$852,242,911	\$882,268,478	\$869,819,078	\$963,727,050	4.0%	13.0%
04. Intermediate Care for Mentally Retarded	\$361,838,061	\$382,579,145	\$383,583,590	\$398,653,623	\$408,643,266	\$410,424,970	\$411,806,550	2.2%	5.6%
05. Physician Services	\$335,106,875	\$349,748,787	\$415,197,398	\$497,972,087	\$516,076,571	\$536,378,224	\$638,186,452	11.3%	8.6%
06. Dental Services	\$42,821,503	\$54,442,765	\$58,412,707	\$84,128,870	\$107,989,669	\$144,328,048	\$180,353,952	27.1%	2.4%
07. Other Practitioners	\$10,405,963	\$9,976,992	\$75,234,970	\$76,287,509	\$56,103,599	\$46,307,851	\$31,935,425	20.5%	0.4%
08. Outpatient Hospital	\$209,392,736	\$240,436,556	\$286,847,001	\$358,577,981	\$444,783,859	\$543,479,178	\$532,646,218	16.8%	7.2%
09. Clinic Services	\$47,713,966	\$288,733,197	\$126,131,200	\$167,381,841	\$326,287,639	\$397,055,585	\$196,387,994	26.6%	2.7%
10. Lab and X-Ray	\$69,535,830	\$52,742,389	\$68,592,076	\$82,452,628	\$93,632,997	\$99,337,060	\$126,189,170	10.4%	1.7%
11. Home Health	\$98,708,726	\$75,235,845	\$82,325,244	\$83,627,315	\$96,022,709	\$95,229,664	\$100,804,762	0.4%	1.4%
12. Prescribed Drugs	\$466,528,812	\$611,309,477	\$794,550,074	\$971,066,103	\$1,069,140,895	\$1,263,258,395	\$1,555,955,045	22.2%	21.1%
13. Family Planning	\$22,561,251	\$11,146,114	\$11,425,652	\$14,055,467	\$17,440,949	\$16,707,208	\$16,639,584	-4.9%	0.2%
14. Early & Periodic Screening, Diagnosis & Treatment	\$30,846,296	\$0	\$0	\$0	\$0	\$0	\$0	-100.0%	0.0%
15. Other Care	\$12,764,633	\$327,644,547	\$591,388,093	\$612,582,758	\$725,692,985	\$821,731,885	\$1,057,024,153	108.8%	14.3%
16. Personal Care Support Services	\$452,804,716	\$255,122,949	\$242,698,033	\$356,027,976	\$335,427,496	\$299,671,262	\$523,291,546	2.4%	7.1%
17. Home/Community Based Waiver Services	\$275,215,305	\$0	\$0	\$0	\$0	\$0	\$0	-100.0%	0.0%
18. Prepaid Health Care	\$85,665,363	\$45,508,840	\$54,661,005	\$66,802,062	\$33,205,790	\$20,466,589	\$21,718,162	-20.4%	0.3%
19. Primary Case Management (PCCM) Services	\$12,518,861	\$53,476,960	\$25,764,816	\$28,872,249	\$28,487,396	\$31,485,023	\$39,839,146	21.3%	0.5%
<b>Total (excludes DSH pymts, pharmacy rebates, &amp; other adjs.)</b>	<b>\$4,013,996,742</b>	<b>\$4,265,757,472</b>	<b>\$4,830,025,832</b>	<b>\$5,499,093,501</b>	<b>\$6,041,011,008</b>	<b>\$6,521,288,060</b>	<b>\$7,388,008,367</b>	<b>10.7%</b>	<b>100.0%</b>
<b>AVERAGE PAYMENTS PER RECIPIENT BY TYPE OF SERVICES</b>									(+) or (-) SLC
									<u>Avg. FFY 04</u>
01. General Hospital	\$4,036.60	\$3,844.07	\$3,936.11	\$4,162.71	\$4,279.39	\$4,345.95	\$4,564.23	2.1%	-15.8%
02. Mental Hospital	\$11,125.78	\$8,755.72	\$9,997.76	\$10,544.63	\$13,255.56	\$12,576.23	\$14,090.41	4.0%	-25.6%
03. Skilled and Intermediate (non-MR) Care Nursing	\$18,252.68	\$19,008.16	\$19,132.22	\$19,483.85	\$20,456.98	\$20,161.30	\$22,317.80	3.4%	-0.4%
04. Intermediate Care for Mentally Retarded	\$74,559.67	\$79,670.79	\$81,044.49	\$84,532.15	\$87,672.87	\$89,456.18	\$90,268.86	3.2%	12.3%
05. Physician Services	\$415.86	\$430.93	\$479.75	\$525.92	\$512.58	\$504.77	\$529.36	4.1%	-3.5%
06. Dental Services	\$201.33	\$254.44	\$265.75	\$295.83	\$331.32	\$389.25	\$430.30	13.5%	23.4%
07. Other Practitioners	\$65.08	\$65.40	\$332.68	\$306.00	\$222.48	\$188.11	\$123.52	11.3%	-35.0%
08. Outpatient Hospital	\$455.98	\$492.59	\$555.29	\$611.34	\$697.73	\$817.22	\$744.75	8.5%	20.9%
09. Clinic Services	\$261.26	\$558.99	\$245.32	\$300.55	\$611.11	\$741.88	\$355.64	5.3%	-44.9%
10. Lab and X-Ray	\$117.00	\$97.65	\$115.93	\$126.63	\$129.43	\$132.84	\$146.71	3.8%	-24.9%
11. Home Health	\$1,587.29	\$2,535.24	\$2,711.72	\$2,590.77	\$2,870.21	\$2,803.18	\$2,758.68	9.6%	-6.3%
12. Prescribed Drugs	\$609.93	\$766.15	\$960.72	\$1,070.15	\$1,125.65	\$1,243.45	\$1,451.79	15.6%	0.8%
13. Family Planning	\$305.51	\$1,320.94	\$1,332.90	\$1,456.37	\$1,611.32	\$1,650.58	\$1,557.14	31.2%	35.6%
14. Early & Periodic Screening, Diagnosis & Treatment	\$79.52	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-100.0%	-100.0%
15. Other Care	\$77.26	\$1,549.86	\$2,271.22	\$2,201.81	\$2,299.84	\$2,489.07	\$2,435.87	77.7%	27.2%
16. Personal Care Support Services	\$1,270.32	\$2,571.67	\$1,929.16	\$2,498.11	\$2,349.15	\$2,421.21	\$2,486.96	11.8%	84.9%
17. Home/Community Based Waiver Services	\$19,084.34	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-100.0%	-100.0%
18. Prepaid Health Care	\$388.15	\$874.13	\$888.00	\$1,009.14	\$984.81	\$601.15	\$799.90	12.8%	-32.6%
19. Primary Care Case Management (PCCM) Services	\$21.16	\$72.62	\$32.51	\$33.97	\$30.14	\$31.07	\$37.60	10.1%	39.4%
<b>Total (Average)</b>	<b>\$3,436.68</b>	<b>\$3,736.08</b>	<b>\$3,995.76</b>	<b>\$4,214.89</b>	<b>\$4,457.43</b>	<b>\$4,602.47</b>	<b>\$4,884.28</b>	<b>6.0%</b>	<b>18.8%</b>
<b>TOTAL PER CAPITA EXPENDITURES</b>	<b>\$647.57</b>	<b>\$685.73</b>	<b>\$755.11</b>	<b>\$840.36</b>	<b>\$872.84</b>	<b>\$898.09</b>	<b>\$973.29</b>	<b>7.0%</b>	<b>11.1%</b>

Source: Health Care Financing Administration-Form HCFA 2082 for federal fiscal year 98; MSIS data for FFY 99-04.

## NORTH CAROLINA



# SOUTHERN REGION MEDICAID PROFILE

## DATA BY OTHER CHARACTERISTICS

### RECIPIENTS BY OTHER CHARACTERISTICS

	<u>FFY 98</u>	<u>FFY 99</u>	<u>FFY 00</u>	<u>FFY 01</u>	<u>FFY 02</u>	<u>FFY 03</u>	<u>FFY 04</u>	<i>Annual Change</i>	<i>Share of Total FFY 04</i>
<b>By Maintenance Assistance Status</b>									
Receiving Cash Assistance or Eligible Under Section 1931	594,269	373,135	464,932	564,713	577,515	545,303	565,319	-0.8%	37.4%
Poverty Related Eligibles	389,458	531,452	585,047	589,618	614,660	649,147	708,316	10.5%	46.8%
Medically Needy	122,027	38,491	34,110	36,174	35,742	36,517	39,024	-17.3%	2.6%
Other Eligibles	62,234	145,043	62,649	56,809	64,412	124,739	110,777	10.1%	7.3%
Maintenance Assistance Status Unknown	0	53,653	62,051	57,370	62,940	61,206	89,172	10.7%	5.9%
<b>Total</b>	<b>1,167,988</b>	<b>1,141,774</b>	<b>1,208,789</b>	<b>1,304,684</b>	<b>1,355,269</b>	<b>1,416,912</b>	<b>1,512,608</b>	<b>4.4%</b>	<b>100.0%</b>
<b>By Basis of Eligibility</b>									
Aged, Blind, or Disabled	356,930	349,353	354,783	363,341	367,996	376,371	386,334	1.3%	25.5%
Children	609,190	537,032	585,886	633,766	669,395	706,682	746,408	3.4%	49.3%
Foster Care Children	12,176	13,253	14,061	14,787	15,393	16,043	17,031	5.8%	1.1%
Adults	189,692	188,483	192,008	235,420	239,545	256,610	273,663	6.3%	18.1%
Basis of Eligibility Unknown	0	53,653	62,051	57,370	62,940	61,206	89,172	10.7%	5.9%
<b>Total</b>	<b>1,167,988</b>	<b>1,141,774</b>	<b>1,208,789</b>	<b>1,304,684</b>	<b>1,355,269</b>	<b>1,416,912</b>	<b>1,512,608</b>	<b>4.4%</b>	<b>100.0%</b>
<b>By Age</b>									
Under Age 1	79,785	51,025	54,401	56,225	55,897	55,187	58,777	-5.0%	3.9%
Age 1 to 5	213,089	207,662	220,839	236,880	252,125	266,408	277,418	4.5%	18.3%
Age 6 to 14	250,288	245,514	267,430	285,683	299,124	314,314	329,865	4.7%	21.8%
Age 15 to 20	117,711	110,662	118,352	129,946	136,925	147,199	160,278	5.3%	10.6%
Age 21 to 44	243,112	221,983	228,186	270,725	277,341	293,903	310,419	4.2%	20.5%
Age 45 to 64	102,889	99,715	104,642	114,993	119,980	128,123	136,869	4.9%	9.0%
Age 65 to 74	62,261	57,459	57,360	57,678	56,831	56,724	56,740	-1.5%	3.8%
Age 75 to 84	59,626	56,972	56,921	56,928	56,420	56,497	55,865	-1.1%	3.7%
Age 85 and Over	39,227	38,263	38,607	38,256	37,686	37,351	37,205	-0.9%	2.5%
Age Unknown	0	52,519	62,051	57,370	62,940	61,206	89,172	11.2%	5.9%
<b>Total</b>	<b>1,167,988</b>	<b>1,141,774</b>	<b>1,208,789</b>	<b>1,304,684</b>	<b>1,355,269</b>	<b>1,416,912</b>	<b>1,512,608</b>	<b>4.4%</b>	<b>100.0%</b>
<b>By Race</b>									
White	511,841	500,305	524,091	566,701	559,001	585,888	616,808	3.2%	40.8%
Black	515,303	503,875	512,921	555,283	535,453	554,219	575,838	1.9%	38.1%
Hispanic, American Indian or Asian	74,368	72,603	96,741	102,653	121,401	135,771	113,359	7.3%	7.5%
Other/Unknown	66,476	64,991	75,036	80,047	139,414	141,034	206,603	20.8%	13.7%
<b>Total*</b>	<b>1,167,988</b>	<b>1,141,774</b>	<b>1,208,789</b>	<b>1,304,684</b>	<b>1,355,269</b>	<b>1,416,912</b>	<b>1,512,608</b>	<b>4.4%</b>	<b>100.0%</b>
<b>By Sex</b>									
Female	724,022	707,776	742,656	802,419	784,674	819,060	857,528	2.9%	56.7%
Male	443,966	433,998	466,133	502,265	507,655	536,646	565,908	4.1%	37.4%
Unknown	0	0	0	0	62,940	61,206	89,172	19.0%	5.9%
<b>Total*</b>	<b>1,167,988</b>	<b>1,141,774</b>	<b>1,208,789</b>	<b>1,304,684</b>	<b>1,355,269</b>	<b>1,416,912</b>	<b>1,512,608</b>	<b>4.4%</b>	<b>100.0%</b>

Source: Health Care Financing Administration-Form HCFA 2082 for federal fiscal year 98; MSIS data for FFY 99-04.

# SOUTHERN REGION MEDICAID PROFILE

## PAYMENTS BY OTHER CHARACTERISTICS

	FFY 98	FFY 99	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	Annual Change	Share of Total FFY 04
<b>By Maintenance Assistance Status</b>									
Receiving Cash Assistance or Eligible Under Section 1931	\$2,080,692,247	\$1,871,641,338	\$2,244,906,096	\$2,634,937,237	\$2,910,072,876	\$3,053,331,189	\$3,458,614,435	8.8%	46.8%
Poverty Related Eligibles	\$1,266,350,628	\$1,609,587,357	\$1,891,048,198	\$2,108,749,875	\$2,307,843,040	\$2,478,109,992	\$2,845,553,656	14.4%	38.5%
Medically Needy	\$558,638,298	\$503,873,071	\$514,208,302	\$559,588,746	\$571,185,365	\$587,375,322	\$673,435,647	3.2%	9.1%
Other Eligibles	\$108,315,569	\$239,945,999	\$130,973,395	\$149,420,399	\$204,032,350	\$352,877,327	\$357,836,889	22.0%	4.8%
Maintenance Assistance Status Unknown	\$0	\$40,709,707	\$48,889,841	\$46,397,244	\$47,877,377	\$49,594,230	\$52,567,740	5.2%	0.7%
<b>Total</b>	<b>\$4,013,996,742</b>	<b>\$4,265,757,472</b>	<b>\$4,830,025,832</b>	<b>\$5,499,093,501</b>	<b>\$6,041,011,008</b>	<b>\$6,521,288,060</b>	<b>\$7,388,008,367</b>	<b>10.7%</b>	<b>100.0%</b>
<b>By Basis of Eligibility</b>									
Aged, Blind or Disabled	\$2,856,357,139	\$3,182,728,411	\$3,576,256,170	\$3,990,542,009	\$4,286,950,365	\$4,520,008,536	\$5,095,361,403	10.1%	69.0%
Children	\$716,185,408	\$565,084,454	\$644,703,688	\$776,427,955	\$901,033,395	\$1,027,935,373	\$1,187,241,418	8.8%	16.1%
Foster Care Children	\$44,483,297	\$41,503,406	\$58,801,078	\$73,268,460	\$108,552,046	\$129,170,248	\$145,876,250	21.9%	2.0%
Adults	\$396,970,898	\$435,731,494	\$501,375,055	\$612,457,833	\$696,597,825	\$794,579,673	\$906,961,556	14.8%	12.3%
Basis of Eligibility Unknown	\$0	\$40,709,707	\$48,889,841	\$46,397,244	\$47,877,377	\$49,594,230	\$52,567,740	5.2%	0.7%
<b>Total</b>	<b>\$4,013,996,742</b>	<b>\$4,265,757,472</b>	<b>\$4,830,025,832</b>	<b>\$5,499,093,501</b>	<b>\$6,041,011,008</b>	<b>\$6,521,288,060</b>	<b>\$7,388,008,367</b>	<b>10.7%</b>	<b>100.0%</b>
<b>By Age</b>									
Under Age 1	\$219,104,317	\$140,946,228	\$161,827,329	\$186,302,745	\$191,909,717	\$186,219,896	\$204,876,346	-1.1%	2.8%
Age 1 to 5	\$233,057,550	\$289,916,632	\$326,561,490	\$374,957,314	\$416,280,330	\$446,847,033	\$489,670,515	13.2%	6.6%
Age 6 to 14	\$335,643,471	\$315,060,999	\$371,270,929	\$442,629,242	\$549,422,329	\$642,574,945	\$721,588,208	13.6%	9.8%
Age 15 to 20	\$294,081,459	\$273,046,838	\$304,992,329	\$358,249,283	\$441,702,272	\$510,431,271	\$604,003,144	12.7%	8.2%
Age 21 to 44	\$991,888,410	\$1,019,264,723	\$1,144,766,859	\$1,331,187,638	\$1,456,635,431	\$1,597,385,111	\$1,782,836,521	10.3%	24.1%
Age 45 to 64	\$730,963,532	\$821,533,998	\$967,542,750	\$1,132,065,452	\$1,251,111,978	\$1,393,473,577	\$1,640,861,571	14.4%	22.2%
Age 65 to 74	\$312,081,536	\$346,520,785	\$399,863,260	\$447,605,859	\$466,910,038	\$476,667,166	\$542,430,440	9.7%	7.3%
Age 75 to 84	\$462,921,843	\$511,520,714	\$560,271,570	\$608,891,506	\$632,838,669	\$642,541,798	\$714,030,428	7.5%	9.7%
Age 85 and Over	\$434,254,624	\$508,283,380	\$544,039,475	\$570,807,218	\$586,322,867	\$575,553,033	\$635,143,454	6.5%	8.6%
Age Unknown	\$0	\$39,663,175	\$48,889,841	\$46,397,244	\$47,877,377	\$49,594,230	\$52,567,740	5.8%	0.7%
<b>Total</b>	<b>\$4,013,996,742</b>	<b>\$4,265,757,472</b>	<b>\$4,830,025,832</b>	<b>\$5,499,093,501</b>	<b>\$6,041,011,008</b>	<b>\$6,521,288,060</b>	<b>\$7,388,008,367</b>	<b>10.7%</b>	<b>100.0%</b>
<b>By Race</b>									
White	\$2,108,139,775	\$2,240,804,099	\$2,517,211,181	\$2,872,794,367	\$3,092,307,120	\$3,319,995,751	\$3,786,281,128	10.3%	51.2%
Black	\$1,388,709,316	\$1,474,766,663	\$1,612,812,705	\$1,844,496,923	\$2,021,847,257	\$2,179,035,851	\$2,494,716,369	10.3%	33.8%
Hispanic, American Indian or Asian	\$128,663,746	\$137,054,944	\$180,606,045	\$201,689,222	\$255,176,490	\$295,881,817	\$293,390,560	14.7%	4.0%
Other / Unknown	\$388,483,905	\$413,131,766	\$519,395,901	\$580,112,989	\$671,680,141	\$726,374,641	\$813,620,310	13.1%	11.0%
<b>Total*</b>	<b>\$4,013,996,742</b>	<b>\$4,265,757,472</b>	<b>\$4,830,025,832</b>	<b>\$5,499,093,501</b>	<b>\$6,041,011,008</b>	<b>\$6,521,288,060</b>	<b>\$7,388,008,367</b>	<b>10.7%</b>	<b>100.0%</b>
<b>By Sex</b>									
Female	\$2,476,014,621	\$2,633,111,190	\$3,015,091,032	\$3,434,076,966	\$3,677,332,123	\$3,945,941,015	4,466,395,392	10.3%	60.5%
Male	\$1,537,982,121	\$1,632,646,282	\$1,814,934,800	\$2,065,016,535	\$2,315,801,508	\$2,525,752,815	2,869,045,235	11.0%	38.8%
Unknown	\$0	\$0	\$0	\$0	\$47,877,377	\$49,594,230	52,567,740	4.8%	0.7%
<b>Total*</b>	<b>\$4,013,996,742</b>	<b>\$4,265,757,472</b>	<b>\$4,830,025,832</b>	<b>\$5,499,093,501</b>	<b>\$6,041,011,008</b>	<b>\$6,521,288,060</b>	<b>\$7,388,008,367</b>	<b>10.7%</b>	<b>100.0%</b>

Source: Health Care Financing Administration-Form HCFA 2082 for federal fiscal year 98; MSIS data for FFY 99-04.

# SOUTHERN REGION MEDICAID PROFILE

## AVERAGE PAYMENT PER RECIPIENT BY OTHER CHARACTERISTICS

								Annual Change	Above (+) or Below (-) SLC Avg. FFY 04
<b>By Maintenance Assistance Status</b>	<b>FFY 98</b>	<b>FFY 99</b>	<b>FFY 00</b>	<b>FFY 01</b>	<b>FFY 02</b>	<b>FFY 03</b>	<b>FFY 04</b>		
Receiving Cash Assistance or Eligible Under Section 1931	\$3,501.26	\$5,015.99	\$4,828.46	\$4,665.98	\$5,038.96	\$5,599.33	\$6,117.99	9.7%	16.5%
Poverty Related Eligibles	\$3,251.57	\$3,028.66	\$3,232.30	\$3,576.47	\$3,754.67	\$3,817.49	\$4,017.35	3.6%	96.4%
Medically Needy	\$4,577.99	\$13,090.67	\$15,075.00	\$15,469.36	\$15,980.79	\$16,084.98	\$17,256.96	24.8%	177.9%
Other Eligibles	\$1,740.46	\$1,654.31	\$2,090.59	\$2,630.22	\$3,167.61	\$2,828.93	\$3,230.25	10.9%	-55.5%
Maintenance Assistance Status Unknown	\$0.00	\$758.76	\$787.90	\$808.74	\$760.68	\$810.28	\$589.51	-4.9%	-77.9%
<b>Total</b>	<b>\$3,436.68</b>	<b>\$3,736.08</b>	<b>\$3,995.76</b>	<b>\$4,214.89</b>	<b>\$4,457.43</b>	<b>\$4,602.47</b>	<b>\$4,884.28</b>	<b>6.0%</b>	<b>18.8%</b>
<b>By Basis of Eligibility</b>									
Aged, Blind or Disabled	\$8,002.57	\$9,110.35	\$10,080.12	\$10,982.91	\$11,649.45	\$12,009.45	\$13,189.01	8.7%	22.3%
Children	\$1,175.64	\$1,052.24	\$1,100.39	\$1,225.10	\$1,346.04	\$1,454.59	\$1,590.61	5.2%	7.8%
Foster Care Children	\$3,653.36	\$3,131.62	\$4,181.86	\$4,954.92	\$7,052.04	\$8,051.50	\$8,565.34	15.3%	24.4%
Adults	\$2,092.71	\$2,311.78	\$2,611.22	\$2,601.55	\$2,908.00	\$3,096.45	\$3,314.15	8.0%	26.2%
Basis of Eligibility Unknown	\$0.00	\$758.76	\$787.90	\$808.74	\$760.68	\$810.28	\$589.51	-4.9%	-79.6%
<b>Total</b>	<b>\$3,436.68</b>	<b>\$3,736.08</b>	<b>\$3,995.76</b>	<b>\$4,214.89</b>	<b>\$4,457.43</b>	<b>\$4,602.47</b>	<b>\$4,884.28</b>	<b>6.0%</b>	<b>18.8%</b>
<b>By Age</b>									
Under Age 1	\$2,746.18	\$2,762.30	\$2,974.71	\$3,313.52	\$3,433.27	\$3,374.34	\$3,485.66	4.1%	-6.2%
Age 1 to 5	\$1,093.71	\$1,396.10	\$1,478.73	\$1,582.90	\$1,651.09	\$1,677.30	\$1,765.10	8.3%	-1.8%
Age 6 to 14	\$1,341.03	\$1,283.27	\$1,388.29	\$1,549.37	\$1,836.77	\$2,044.37	\$2,187.53	8.5%	30.4%
Age 15 to 20	\$2,498.33	\$2,467.39	\$2,576.99	\$2,756.91	\$3,225.87	\$3,467.63	\$3,768.47	7.1%	41.7%
Age 21 to 44	\$4,079.96	\$4,591.63	\$5,016.81	\$4,917.12	\$5,252.15	\$5,435.08	\$5,743.32	5.9%	19.0%
Age 45 to 64	\$7,104.39	\$8,238.82	\$9,246.22	\$9,844.65	\$10,427.67	\$10,876.06	\$11,988.56	9.1%	24.6%
Age 65 to 74	\$5,012.47	\$6,030.75	\$6,971.12	\$7,760.43	\$8,215.76	\$8,403.27	\$9,559.93	11.4%	29.4%
Age 75 to 84	\$7,763.76	\$8,978.46	\$9,842.97	\$10,695.82	\$11,216.57	\$11,373.03	\$12,781.36	8.7%	14.5%
Age 85 and Over	\$11,070.30	\$13,283.94	\$14,091.73	\$14,920.72	\$15,558.11	\$15,409.31	\$17,071.45	7.5%	-0.7%
Age Unknown	\$0.00	\$755.22	\$787.90	\$808.74	\$760.68	\$810.28	\$589.51	-4.8%	-79.3%
<b>Total</b>	<b>\$3,436.68</b>	<b>\$3,736.08</b>	<b>\$3,995.76</b>	<b>\$4,214.89</b>	<b>\$4,457.43</b>	<b>\$4,602.47</b>	<b>\$4,884.28</b>	<b>6.0%</b>	<b>18.8%</b>
<b>By Race</b>									
White	\$4,118.74	\$4,478.88	\$4,803.00	\$5,069.33	\$5,531.85	\$5,666.60	\$6,138.51	6.9%	22.7%
Black	\$2,694.94	\$2,926.85	\$3,144.37	\$3,321.72	\$3,775.96	\$3,931.72	\$4,332.32	8.2%	26.5%
Hispanic, American Indian or Asian	\$1,730.10	\$1,887.73	\$1,866.90	\$1,964.77	\$2,101.93	\$2,179.27	\$2,588.15	6.9%	0.4%
Other/Unknown	\$5,843.97	\$6,356.75	\$6,921.96	\$7,247.15	\$4,817.88	\$5,150.35	\$3,938.09	-6.4%	-20.5%
<b>Total</b>	<b>\$3,436.68</b>	<b>\$3,736.08</b>	<b>\$3,995.76</b>	<b>\$4,214.89</b>	<b>\$4,457.43</b>	<b>\$4,602.47</b>	<b>\$4,884.28</b>	<b>6.0%</b>	<b>18.8%</b>
<b>By Sex</b>									
Female	\$3,419.81	\$3,720.26	\$4,059.88	\$4,279.66	\$4,686.45	\$4,817.65	\$5,208.45	7.3%	24.3%
Male	\$3,464.19	\$3,761.88	\$3,893.60	\$4,111.41	\$4,561.76	\$4,706.55	\$5,069.81	6.6%	26.7%
Unknown	\$0.00	\$0.00	\$0.00	\$0.00	\$760.68	\$810.28	\$589.51	-12.0%	-85.6%
<b>Total</b>	<b>\$3,436.68</b>	<b>\$3,736.08</b>	<b>\$3,995.76</b>	<b>\$4,214.89</b>	<b>\$4,457.43</b>	<b>\$4,602.47</b>	<b>\$4,884.28</b>	<b>6.0%</b>	<b>18.8%</b>

Source: Health Care Financing Administration-Form HCFA 2082 for federal fiscal year 98; MSIS data for FFY 99-04.

## SOUTHERN REGION MEDICAID PROFILE

### ADDITIONAL STATE HEALTH CARE INFORMATION

Sources: "Issue Briefs", Health Policy Tracking Service, January 2005; "Medicaid Services State by State", CMS, October 2004; "State Health Facts", The Henry Kaiser Foundation, January 2005; and the state Medicaid Website.

#### 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. As of August 2005, there were 785,153 recipients enrolled in the Access Program.

North Carolina has one Freedom of Choice Waiver, under Title XIX, Section 1115.

- Family Planning: Expected to serve approximately 25,000 uninsured men and women with incomes at or below 185% of the FPL, operating since November 2004.

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 10,100 people, operating since July 1, 1982.
- Mental Retardation/Developmental Disabilities: Approved to serve 6,527 recipients, operating since July 1, 1983.
- AIDS: Serves 68 people, operating since October 1, 1995.
- Blind and Disabled Children under age 19 (includes individuals with AIDS): Serves up to 200 people, operating since July 1, 1983.
- Implemented a mandatory HMO enrollment in one county (Macklenburg) in June 1996 via a Section 1915 (b) waiver.
- Family Planning Waiver: The waiver will provide family planning services for uninsured men and women over the age of 18 with income at or below 185% of the FPL who are not otherwise eligible for any other Medicaid program. Approved by CMS in November 2004, will serve approximately 25,000 individuals over a five year period.
- Piedmont Cardinal Health Plan: Serves approximately 87,000 individuals in 5 counties. Approved by CMS in October 2004.
- Pharmacy Waiver: New program to serve eligible recipients over 65 up to 200% of the FPL, pending CMS 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. 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.
- In December 2001, initiated the Prescription Drug Assistance Program for senior citizens with incomes below 200% of the FPL. The plan covers medications used to treat cardiovascular disease, diabetes, and chronic obstructive pulmonary disease up to \$1,000 annually.

## SOUTHERN REGION MEDICAID PROFILE

### 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.

### Medicaid

- 23 optional services are offered.
- In 2001, enacted legislation to control Medicaid costs as follows:  
Directs the Division of Medical Assistance to develop a plan that will reduce the rate of growth in payments for medical services without reducing the rate of growth in the number of eligibles (must reduce growth rate by 8% or less of expenditures for FY 02);  
Consider modifying or restructuring existing methods of reimbursement and contracting for services; and  
Develop and implement a pharmacy management plan that will control growth in payments for prescription drugs.
- In 2002, enacted legislation and policy changes in Medicaid costs as follows:
  1. Adopted the SSI method for considering equity value in income-producing property for the aged, blind, and disabled population.
  2. Reduced the monthly hour limit for personal care services.
  3. Modified the policy for determining eligibility for minors who are pregnant by counting parental income.
  4. Eliminated optional circumcision procedures, except in cases of medical necessity.
  5. Reduced expenditures for the Medicaid program to reflect anticipated savings from the expansion of Carolina ACCESS II/III activities.
  6. Limited Medicare crossover claims payments to 95% of the Medicare rate.
  7. Reduced case management services for adults and children by reducing reimbursement rates, streamlining services, and eliminating duplicative services.
- In 2003, enacted legislation and policy changes in Medicaid as follows:
  1. Eliminated the 12 months of state transitional Medicaid coverage for families and children who are working and no longer receiving welfare benefits.
  2. Required Medicaid recipients that qualify for Medicare to enroll in Medicare in order to pay for medical expenditures that qualify for payment under Part B.
  3. Authorized the department to implement a Medicaid assessment program for licensed skilled nursing facilities.
- In 2004, enacted legislation and policy changes in Medicaid as follows:
  1. Clarified payment policies for hearing aids and optical supplies.
  2. Authorized direct enrollment of private mental health providers to offer basic mental health services for adults and children receiving Medicaid services.
  3. Expanded Medicaid coverage for prosthetics and orthotics to adults over 21.
  4. Authorized the department to include all types of providers in the development of new medical policies.
  5. Authorized the department to implement a Medicaid assessment program for state and private ICF/MR facilities.
  6. Required the department to establish and implement pilot programs to test new approaches to the management of access and utilization of health care services for Medicaid recipients.
  7. Directed the department to develop a pilot program to implement the Program for All-Inclusive Care for the Elderly (PACE), including one pilot in the southeastern area of the state and one pilot in the western area of the state.

### 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 118,355 new enrollees as of August 2004.
- For families with incomes up to 150% of the FPL, there are no cost sharing obligations.
- Families with incomes between 150% and 200% of the FPL are required to pay co-payments as follows:

## SOUTHERN REGION MEDICAID PROFILE

### Children's Health Insurance Program: State Designed (Continued)

\$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

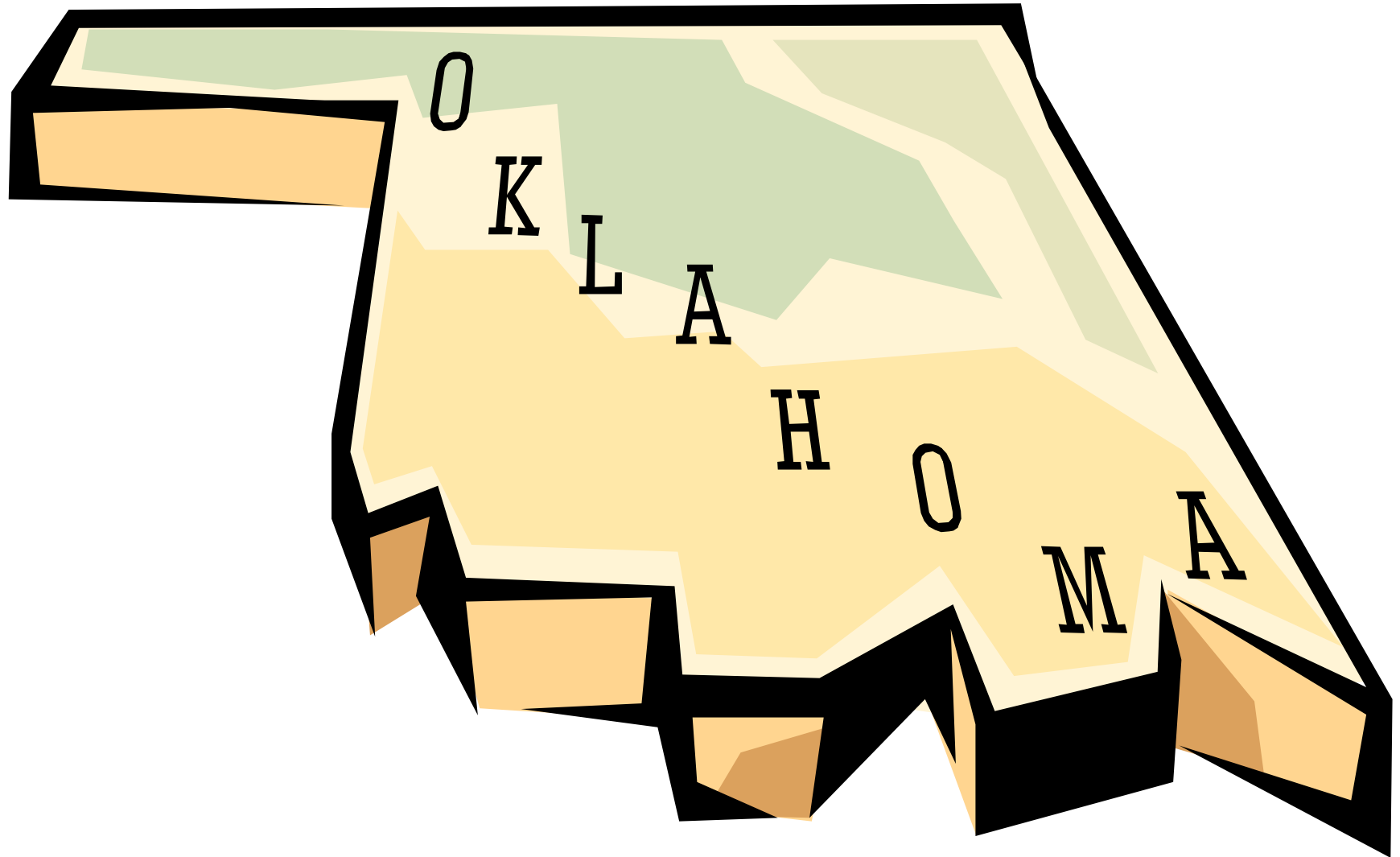
- For families with incomes above 150% of the FPL, there will be an annual enrollment fee of \$50 per child with a maximum of \$100 for 2 or more children.

### Tobacco Settlement

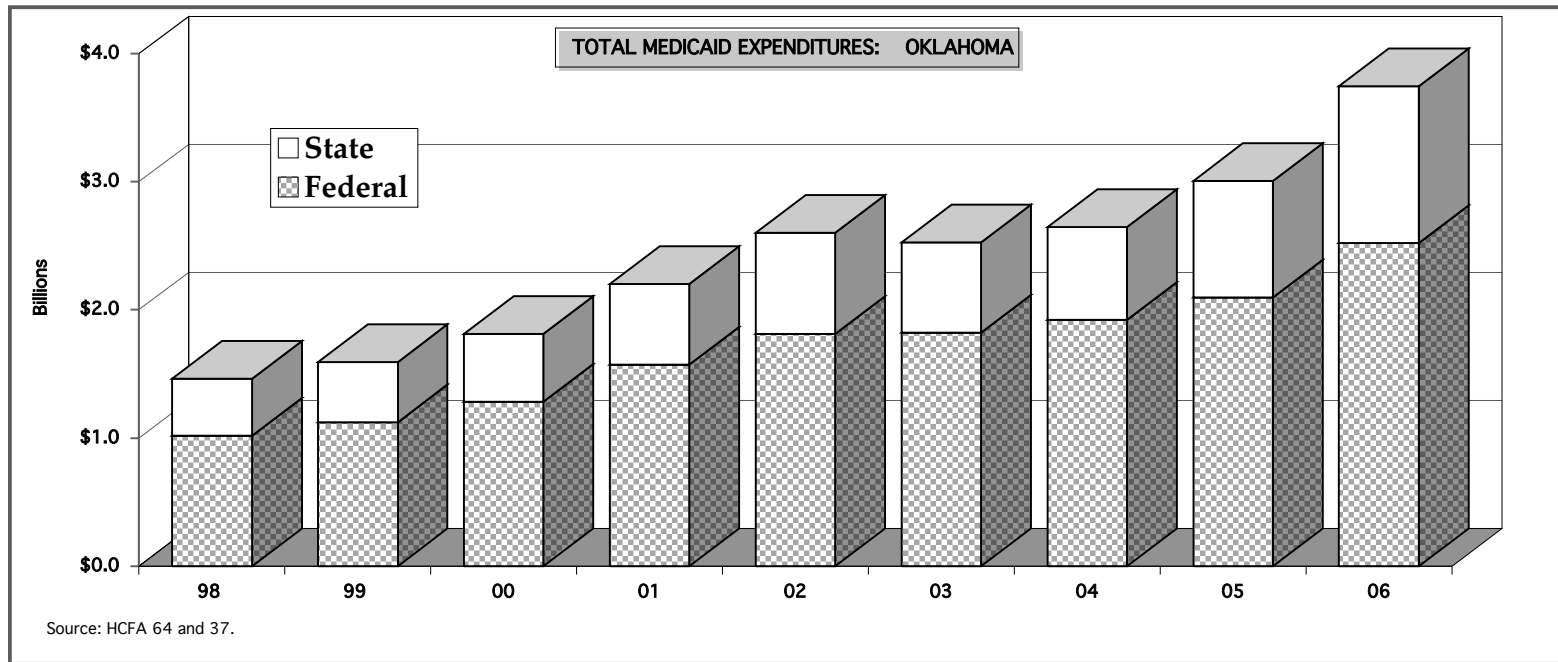
- The state expects to receive approximately \$4.7 billion over 25 years.
- From FY 00 through FY 04, the cumulative tobacco settlement payment was approximately \$847.3 million.
- The state has allocated these funds and compares with the U.S. as follows:

	NC	%	U.S.	%
Tobacco use prevention	\$12,400,000	1.5%	\$1,813,423,000	4.6%
Health services	\$11,665,000	1.4%	\$11,824,057,000	29.9%
Long-term care	\$53,200,000	6.3%	\$2,200,066,000	5.6%
Health research	\$0	0.0%	\$1,472,863,000	3.7%
Education	\$0	0.0%	\$2,051,182,000	5.2%
Children and Youth (Nonhealth)	\$0	0.0%	\$1,229,719,000	3.1%
Tobacco Farmers	\$115,743,000	13.7%	\$1,217,021,000	3.1%
Endowments and Reserves	\$333,615,000	39.4%	\$7,636,209,000	19.3%
Other	\$320,643,000	37.8%	\$10,048,868,000	25.4%
Total	\$847,266,000	100.0%	\$39,493,408,000	100.0%

## STATE MEDICAID PROFILE



# SOUTHERN REGION MEDICAID PROFILE



State profile revised to reflect MSIS statistical data as reported by CMS for federal fiscal years 99 through 04 (includes correction for error in Outpatient Hospital expenditures as reported by CMS for FFY 04)										Annual Rate of Change	Total Change 98-06
	FFY 98	FFY 99	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05**	FFY 06**		
Medicaid Payments	\$1,340,387,625	\$1,478,639,476	\$1,676,208,109	\$2,051,767,584	\$2,390,398,000	\$2,359,551,899	\$2,500,517,344	\$2,813,925,000	\$3,481,698,000	12.7%	159.8%
Federal Share	\$948,581,466	\$1,054,504,815	\$1,205,653,562	\$1,490,757,710	\$1,686,751,000	\$1,719,023,427	\$1,836,665,573	\$1,984,413,000	\$2,364,420,000	12.1%	149.3%
State Share	\$391,806,159	\$424,134,661	\$470,554,547	\$561,009,874	\$703,647,000	\$640,528,472	\$663,851,771	\$829,512,000	\$1,117,278,000	14.0%	185.2%
Administrative Costs	\$123,772,726	\$115,058,891	\$135,202,870	\$149,559,238	\$213,485,000	\$168,986,258	\$149,002,294	\$195,960,000	\$268,230,000	10.2%	116.7%
Federal Share	\$70,438,186	\$65,627,255	\$76,552,626	\$83,920,691	\$124,884,000	\$101,860,914	\$84,757,491	\$115,617,000	\$158,396,000	10.7%	124.9%
State Share	\$53,334,540	\$49,431,636	\$58,650,244	\$65,638,547	\$88,601,000	\$67,125,344	\$64,244,803	\$80,343,000	\$109,834,000	9.5%	105.9%
Admin. Costs as % of Payments	9.23%	7.78%	8.07%	7.29%	8.93%	7.16%	5.96%	6.96%	7.70%		
Federal Match Rate*	70.51%	70.84%	71.09%	71.24%	70.43%	70.56%	70.24%	70.18%	67.91%		

\*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 05 and 06 reflect latest estimates reported by each state (CMS 37).



## SOUTHERN REGION MEDICAID PROFILE

### STATE FINANCING

	Payments		Administration	
	FFY 98	FFY 04	FFY 98	FFY 04
State General Fund	\$391,806,159	\$607,518,749	\$53,334,540	\$64,244,803
Local Funds	\$0	\$0	\$0	\$0
Provider Taxes	\$0	\$56,333,022	\$0	\$0
Donations	\$0	\$0	\$0	\$0
Other	\$0	\$0	\$0	\$0
Total State Share	\$391,806,159	\$663,851,771	\$53,334,540	\$64,244,803

Provider Taxes Currently in Place (FFY 04)		
	Tax Rate	Amount
MR facilities	6 % of third quarter gross revenues	\$56,333,022
Total		\$56,333,022

### DISPROPORTIONATE SHARE HOSPITAL (DSH) PAYMENTS

	FFY 98	FFY 99	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05**	FFY 06**	Annual Change
General Hospitals	\$19,529,207	\$19,312,860	\$19,436,724	\$21,761,671	\$20,850,790	\$19,781,599	\$23,289,046	\$28,256,000	\$25,483,000	4.6%
Mental Hospitals	\$3,193,191	\$3,271,460	\$2,928,955	\$1,320,022	\$3,273,248	\$3,234,274	\$3,273,247	\$3,133,000	\$3,531,000	3.2%
Total	\$22,722,398	\$22,584,320	\$22,365,679	\$23,081,693	\$24,124,038	\$23,015,873	\$26,562,293	\$31,389,000	\$29,014,000	4.4%

### SELECTED ELIGIBILITY CRITERIA

	At 10/1/04	% of FPL*
TANF-Temporary Assistance for Needy Families (Family of 3)		
Need Standard	\$645	49.4%
Payment Standard	\$292	22.4%
Maximum Payment	\$292	22.4%
Medically Needy Program (Family of 3)		
Income Eligibility Standard	\$2,105	
Resource Standard	None	
Pregnant Women, Children and Infants (% of FPL*)		
Pregnant women and infants		185.0%
Children to 6		185.0%
Children 6 to 17		185.0%
SSI Eligibility Levels		
Income:	209.b	1902(f)
Single Person	\$564	72.7%
Couple	\$846	81.3%
Resources:		
Single Person	\$2,000	
Couple	\$3,000	

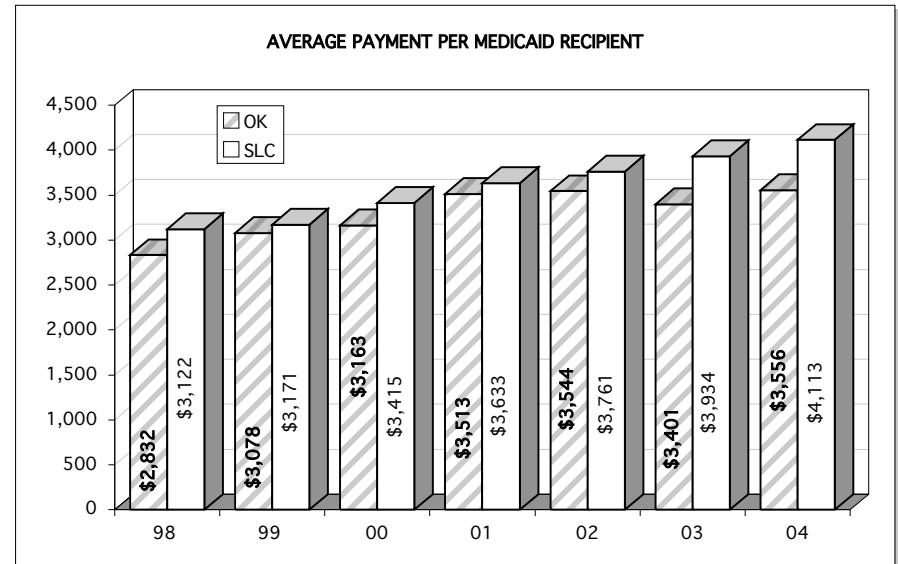
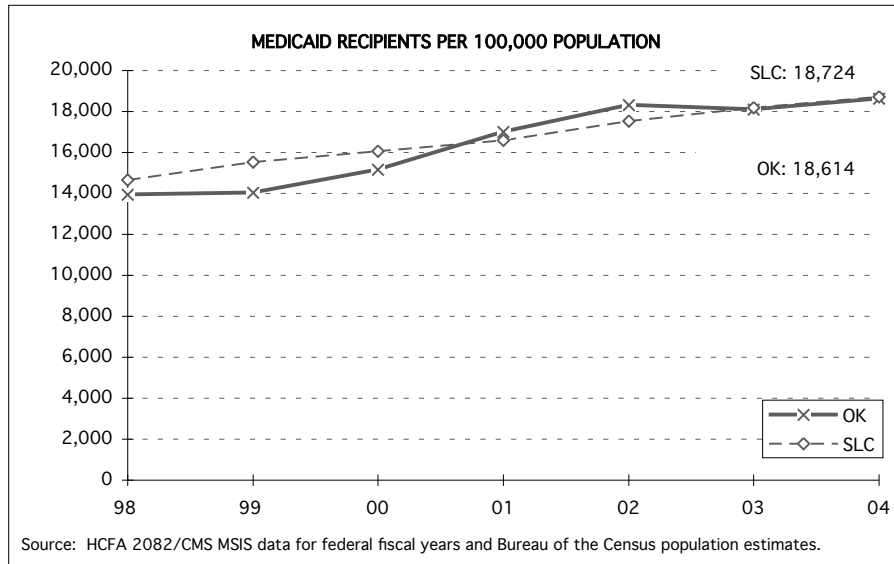
### DEMOGRAPHIC DATA & POVERTY INDICATORS (2004)

		Rank in U.S.
State population—July 1, 2004*	3,523,553	28
Per capita personal income**	\$28,089	39
Median household income**	\$36,733	44
Population below Federal Poverty Level on July 1, 2003*	493,297	
Percent of total state population	14.0%	11
Population without health insurance coverage*	701,000	20
Percent of total state population	19.9%	4
Recipients of Food Stamps***	411,009	22
Households receiving Food Stamps***	165,158	23
Total value of issuance***	\$398,611,350	22
Average monthly benefit per recipient	\$80.82	39
Average monthly benefit per household	\$201.13	
Monthly recipients of Temporary Assistance to Needy Families (TANF)****	33,474	33
Total TANF payments****	\$36,433,313	44
Average monthly payment per recipient	\$90.70	7
Maximum monthly payment per family of 3	\$292.00	36

\*Current federal poverty level is \$9,310 per year for a single person, \$12,490 for a family of two and \$15,670 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 98	FFY 99	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	Annual Change
01. General Hospital	64,326	60,905	64,044	62,926	70,793	70,078	103,560	8.3%
02. Mental Hospital	2,284	2,428	2,196	2,490	2,923	2,922	3,775	8.7%
03. Skilled and Intermediate (non-MR) Care Nursing	27,820	25,758	25,513	24,225	25,051	22,261	22,917	-3.2%
04. Intermediate Care for Mentally Retarded	2,180	2,058	2,012	2,060	2,001	1,955	1,968	-1.7%
05. Physician Services	208,725	210,411	208,843	219,411	246,394	262,243	390,182	11.0%
06. Dental Services	28,909	34,939	35,787	48,793	60,995	62,419	113,594	25.6%
07. Other Practitioners	58,502	45,086	47,332	55,435	61,247	40,010	64,140	1.5%
08. Outpatient Hospital	144,240	146,370	156,495	168,272	182,325	173,208	272,009	11.2%
09. Clinic Services	17,085	64,337	62,875	57,301	64,931	65,769	101,090	34.5%
10. Lab and X-Ray	97,913	77,215	89,726	96,150	113,076	131,167	232,559	15.5%
11. Home Health	15,395	3,203	3,644	3,505	3,622	3,153	4,352	-19.0%
12. Prescribed Drugs	217,322	224,742	221,984	249,678	276,111	302,424	421,476	11.7%
13. Family Planning	15,354	1,904	1,765	1,611	2,006	3,118	4,915	-17.3%
14. Early & Periodic Screening, Diagnosis & Treatment	20,297	0	0	0	0	0	0	-100.0%
15. Other Care	192,576	69,212	92,813	95,412	90,606	85,772	108,217	-9.2%
16. Personal Care Support Services	0	37,931	40,139	46,431	49,395	48,339	52,613	6.8%
17. Home/Community Based Waiver Services	7,454	0	0	0	0	0	0	-100.0%
18. Prepaid Health Care	78,830	313,785	382,307	459,869	496,991	498,188	513,290	36.7%
19. Primary Care Case Management (PCCM) Services	59,914	0	0	782	4,169	6,070	10,034	-25.8%
<b>Total*</b>	<b>459,570</b>	<b>465,844</b>	<b>507,059</b>	<b>570,671</b>	<b>631,498</b>	<b>625,875</b>	<b>655,868</b>	<b>6.1%</b>

\*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

<b>PAYMENTS BY TYPE OF SERVICES</b>	<b>FFY 98</b>	<b>FFY 99</b>	<b>FFY 00</b>	<b>FFY 01</b>	<b>FFY 02</b>	<b>FFY 03</b>	<b>FFY 04</b>	<i>Annual Change</i>	<i>Share of Total FFY 04</i>
01. General Hospital	\$168,923,561	\$174,786,789	\$208,673,999	\$272,307,383	\$292,904,161	\$207,768,168	\$309,295,121	10.6%	13.3%
02. Mental Hospital	\$38,703,623	\$41,736,983	\$37,161,249	\$43,464,247	\$51,280,588	\$51,866,923	\$60,977,736	7.9%	2.6%
03. Skilled and Intermediate (non-MR) Care Nursing	\$314,113,798	\$323,793,016	\$316,262,282	\$433,811,452	\$458,915,799	\$435,978,619	\$456,010,147	6.4%	19.6%
04. Intermediate Care for Mentally Retarded	\$112,345,595	\$95,054,376	\$101,349,288	\$114,009,480	\$108,733,187	\$106,834,378	\$108,222,759	-0.6%	4.6%
05. Physician Services	\$55,270,240	\$58,978,604	\$60,091,554	\$69,161,019	\$71,229,424	\$81,993,187	\$148,130,265	17.9%	6.4%
06. Dental Services	\$5,370,560	\$6,897,050	\$7,658,904	\$16,866,030	\$23,796,070	\$25,735,942	\$47,392,608	43.8%	2.0%
07. Other Practitioners	\$12,165,663	\$7,199,427	\$7,305,175	\$8,923,906	\$9,919,808	\$6,250,338	\$9,643,619	-3.8%	0.4%
08. Outpatient Hospital	\$47,943,420	\$57,087,453	\$44,411,364	\$43,850,083	\$52,006,954	\$45,898,864	\$74,915,498	7.7%	3.2%
09. Clinic Services	\$8,810,431	\$77,551,274	\$68,254,685	\$71,825,065	\$71,203,972	\$69,639,639	\$88,228,395	46.8%	3.8%
10. Lab and X-Ray	\$4,705,888	\$4,540,933	\$5,996,892	\$6,602,277	\$8,044,406	\$9,084,231	\$18,651,076	25.8%	0.8%
11. Home Health	\$51,042,300	\$1,111,619	\$945,979	\$995,598	\$1,274,660	\$4,457,923	\$7,773,650	-26.9%	0.3%
12. Prescribed Drugs	\$135,622,036	\$167,704,485	\$178,254,361	\$215,717,760	\$267,549,002	\$290,182,401	\$396,855,999	19.6%	17.0%
13. Family Planning	\$2,370,400	\$511,202	\$453,829	\$449,536	\$604,638	\$2,055,398	\$3,179,767	5.0%	0.1%
14. Early & Periodic Screening, Diagnosis & Treatment	\$1,715,088	\$0	\$0	\$0	\$0	\$0	\$0	-100.0%	0.0%
15. Other Care	\$109,565,323	\$222,051,875	\$280,761,045	\$297,766,356	\$354,764,301	\$325,585,852	\$352,120,400	21.5%	15.1%
16. Personal Care Support Services	\$0	\$69,002,202	\$65,582,518	\$111,519,473	\$84,011,095	\$80,989,391	\$86,493,816	4.6%	3.7%
17. Home/Community Based Waiver Services	\$109,186,013	\$0	\$0	\$0	\$0	\$0	\$0	-100.0%	0.0%
18. Prepaid Health Care	\$114,519,798	\$0	\$220,625,874	\$297,527,058	\$381,927,861	\$384,131,235	\$164,050,755	6.2%	7.0%
19. Primary Case Management (PCCM) Services	\$9,105,898	\$125,719,800	\$0	\$2,488	\$47,161	\$71,966	\$116,487	-51.6%	0.0%
<b>Total (excludes DSH pymts, pharmacy rebates, &amp; other adjs.)</b>	<b>\$1,301,479,635</b>	<b>\$1,433,727,088</b>	<b>\$1,603,788,998</b>	<b>\$2,004,799,211</b>	<b>\$2,238,213,087</b>	<b>\$2,128,524,455</b>	<b>\$2,332,058,098</b>	<b>10.2%</b>	<b>100.0%</b>

### AVERAGE PAYMENTS PER RECIPIENT BY TYPE OF SERVICES

								(+) or (-) SLC Avg. FFY 04
01. General Hospital	\$2,626.05	\$2,869.83	\$3,258.29	\$4,327.42	\$4,137.47	\$2,964.81	\$2,986.63	-44.9%
02. Mental Hospital	\$16,945.54	\$17,189.86	\$16,922.24	\$17,455.52	\$17,543.82	\$17,750.49	\$16,153.04	-14.7%
03. Skilled and Intermediate (non-MR) Care Nursing	\$11,290.93	\$12,570.58	\$12,396.12	\$17,907.59	\$18,319.26	\$19,584.86	\$19,898.34	-11.2%
04. Intermediate Care for Mentally Retarded	\$51,534.68	\$46,187.74	\$50,372.41	\$55,344.41	\$54,339.42	\$54,646.74	\$54,991.24	-31.6%
05. Physician Services	\$264.80	\$280.30	\$287.74	\$315.21	\$289.09	\$312.66	\$379.64	-30.8%
06. Dental Services	\$185.77	\$197.40	\$214.01	\$345.66	\$390.13	\$412.31	\$417.21	19.7%
07. Other Practitioners	\$207.95	\$159.68	\$154.34	\$160.98	\$161.96	\$156.22	\$150.35	-20.9%
08. Outpatient Hospital	\$332.39	\$390.02	\$283.79	\$260.59	\$285.24	\$264.99	\$275.42	-55.3%
09. Clinic Services	\$515.68	\$1,205.39	\$1,085.56	\$1,253.47	\$1,096.61	\$1,058.85	\$872.77	35.2%
10. Lab and X-Ray	\$48.06	\$58.81	\$66.84	\$68.67	\$71.14	\$69.26	\$80.20	-59.0%
11. Home Health	\$3,315.51	\$347.06	\$259.60	\$284.05	\$351.92	\$1,413.87	\$1,786.22	-39.3%
12. Prescribed Drugs	\$624.06	\$746.21	\$803.01	\$863.98	\$968.99	\$959.52	\$941.59	-34.6%
13. Family Planning	\$154.38	\$268.49	\$257.13	\$279.04	\$301.41	\$659.20	\$646.95	-43.7%
14. Early & Periodic Screening, Diagnosis & Treatment	\$84.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-100.0%
15. Other Care	\$568.95	\$3,208.29	\$3,025.02	\$3,120.85	\$3,915.46	\$3,795.95	\$3,253.84	69.9%
16. Personal Care Support Services	\$0.00	\$1,819.15	\$1,633.89	\$2,401.83	\$1,700.80	\$1,675.45	\$1,643.96	22.2%
17. Home/Community Based Waiver Services	\$14,647.98	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-100.0%
18. Prepaid Health Care	\$1,452.74	\$0.00	\$577.09	\$646.98	\$768.48	\$771.06	\$319.61	-73.1%
19. Primary Case Management (PCCM) Services	\$151.98	\$0.00	\$0.00	\$3.18	\$11.31	\$11.86	\$11.61	-57.0%
<b>Total (Average)</b>	<b>\$2,831.95</b>	<b>\$3,077.70</b>	<b>\$3,162.92</b>	<b>\$3,513.06</b>	<b>\$3,544.29</b>	<b>\$3,400.88</b>	<b>\$3,555.68</b>	<b>-13.5%</b>

<b>TOTAL PER CAPITA EXPENDITURES</b>	<b>\$444.32</b>	<b>\$479.80</b>	<b>\$541.25</b>	<b>\$655.54</b>	<b>\$754.61</b>	<b>\$730.77</b>	<b>\$751.95</b>	<b>9.2%</b>	<b>-14.2%</b>
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Source: Health Care Financing Administration-Form HCFA 2082 for federal fiscal year 98; MSIS data for FFY 99-04.

# SOUTHERN REGION MEDICAID PROFILE

## DATA BY OTHER CHARACTERISTICS

### RECIPIENTS BY OTHER CHARACTERISTICS

	<u>FFY 98</u>	<u>FFY 99</u>	<u>FFY 00</u>	<u>FFY 01</u>	<u>FFY 02</u>	<u>FFY 03</u>	<u>FFY 04</u>	<i>Annual Change</i>	<i>Share of Total FFY 04</i>
<b>By Maintenance Assistance Status</b>									
Receiving Cash Assistance or Eligible Under Section 1931	197,595	118,062	97,934	99,000	99,355	173,503	174,326	-2.1%	26.6%
Poverty Related Eligibles	154,364	246,246	301,904	380,628	416,140	383,334	408,367	17.6%	62.3%
Medically Needy	12,978	4,401	4,040	3,759	3,650	1,416	1	-79.4%	0.0%
Other Eligibles	94,633	79,356	86,712	87,284	91,791	52,869	52,635	-9.3%	8.0%
Maintenance Assistance Status Unknown (Managed Care)	0	17,779	16,469	0	20,562	14,753	20,539	2.9%	3.1%
<b>Total*</b>	<b>459,570</b>	<b>465,844</b>	<b>507,059</b>	<b>570,671</b>	<b>631,498</b>	<b>625,875</b>	<b>655,868</b>	<b>6.1%</b>	<b>100.0%</b>
<b>By Basis of Eligibility</b>									
Aged, Blind, or Disabled	123,719	114,564	119,494	122,772	128,518	128,050	132,688	1.2%	20.2%
Children	203,277	253,257	289,189	364,435	394,462	385,763	404,447	12.1%	61.7%
Foster Care Children	37,042	6,968	6,806	6,178	5,653	14,757	14,522	-14.4%	2.2%
Adults	89,368	73,276	75,101	77,286	82,303	82,552	83,672	-1.1%	12.8%
Basis of Eligibility Unknown	6,164	17,779	16,469	0	20,562	14,753	20,539	22.2%	3.1%
<b>Total*</b>	<b>459,570</b>	<b>465,844</b>	<b>507,059</b>	<b>570,671</b>	<b>631,498</b>	<b>625,875</b>	<b>655,868</b>	<b>6.1%</b>	<b>100.0%</b>
<b>By Age</b>									
Under Age 1	38,814	21,867	22,773	24,717	25,398	26,686	29,837	-4.3%	4.5%
Age 1 to 5	85,156	96,221	110,891	132,078	140,892	138,316	142,969	9.0%	21.8%
Age 6 to 14	107,013	115,068	127,136	164,653	178,028	175,917	183,541	9.4%	28.0%
Age 15 to 20	43,302	47,201	55,998	69,343	76,266	79,108	83,724	11.6%	12.8%
Age 21 to 44	90,134	82,393	85,660	88,918	95,647	97,055	99,584	1.7%	15.2%
Age 45 to 64	34,260	31,425	33,912	36,341	39,589	40,725	42,653	3.7%	6.5%
Age 65 to 74	23,018	18,853	19,305	19,834	20,581	20,137	20,547	-1.9%	3.1%
Age 75 to 84	20,240	18,418	18,688	19,253	19,565	18,939	18,837	-1.2%	2.9%
Age 85 and Over	16,015	16,619	16,227	15,534	14,970	14,239	13,637	-2.6%	2.1%
Age Unknown	1,618	17,779	16,469	0	20,562	14,753	20,539	52.7%	3.1%
<b>Total*</b>	<b>459,570</b>	<b>465,844</b>	<b>507,059</b>	<b>570,671</b>	<b>631,498</b>	<b>625,875</b>	<b>655,868</b>	<b>6.1%</b>	<b>100.0%</b>
<b>By Race</b>									
White	300,791	305,058	343,373	386,903	380,290	377,880	390,444	4.4%	59.5%
Black	83,570	84,471	64,799	73,975	101,928	99,135	101,338	3.3%	15.5%
Hispanic, American Indian or Asian	75,209	76,315	98,887	109,793	128,718	134,107	143,547	11.4%	21.9%
Other / Unknown	0	0	0	0	20,562	14,753	20,539	-0.1%	3.1%
<b>Total*</b>	<b>459,570</b>	<b>465,844</b>	<b>507,059</b>	<b>570,671</b>	<b>631,498</b>	<b>625,875</b>	<b>655,868</b>	<b>6.1%</b>	<b>100.0%</b>
<b>By Sex</b>									
Female	281,884	285,753	307,591	346,813	357,320	356,474	369,462	4.6%	56.3%
Male	177,686	180,091	199,468	223,858	253,616	254,648	265,867	6.9%	40.5%
Unknown	0	0	0	0	20,562	14,753	20,539	-0.1%	3.1%
<b>Total*</b>	<b>459,570</b>	<b>465,844</b>	<b>507,059</b>	<b>570,671</b>	<b>631,498</b>	<b>625,875</b>	<b>655,868</b>	<b>6.1%</b>	<b>100.0%</b>

Source: Health Care Financing Administration-Form HCFA 2082 for federal fiscal year 98; MSIS data for FFY 99-04.

## SOUTHERN REGION MEDICAID PROFILE

### PAYMENTS BY OTHER CHARACTERISTICS

								Annual	Share of Total
	FFY 98	FFY 99	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	Change	FFY 04
<b>By Maintenance Assistance Status</b>									
Receiving Cash Assistance or Eligible Under Section 1931	\$408,446,264	\$274,311,813	\$273,475,909	\$316,881,105	\$359,938,334	\$518,729,637	\$497,180,306	3.3%	21.3%
Poverty Related Eligibles	\$647,895,453	\$262,978,316	\$333,221,659	\$449,544,506	\$522,307,393	\$578,464,201	\$746,419,526	2.4%	32.0%
Medically Needy	\$20,851,529	\$11,038,078	\$11,314,192	\$13,357,842	\$13,403,897	\$4,551,559	\$1,288	-80.1%	0.0%
Other Eligibles	\$100,660,691	\$814,638,364	\$866,655,581	\$1,096,472,478	\$1,186,500,816	\$1,012,176,075	\$1,074,749,592	48.4%	46.1%
Maintenance Assistance Status Unknown (Managed Care)	\$123,625,698	\$70,760,517	\$119,121,657	\$128,543,280	\$156,062,647	\$14,602,983	\$13,707,386	-30.7%	0.6%
<b>Total*</b>	<b>\$1,301,479,635</b>	<b>\$1,433,727,088</b>	<b>\$1,603,788,998</b>	<b>\$2,004,799,211</b>	<b>\$2,238,213,087</b>	<b>\$2,128,524,455</b>	<b>\$2,332,058,098</b>	<b>10.2%</b>	<b>100.0%</b>
<b>By Basis of Eligibility</b>									
Aged, Blind or Disabled	\$900,845,050	\$972,546,284	\$1,035,973,908	\$1,298,507,176	\$1,432,112,932	\$1,405,180,579	\$1,410,318,130	7.8%	60.5%
Children	\$188,563,374	\$262,083,583	\$314,732,384	\$428,996,281	\$490,452,162	\$457,248,295	\$622,520,477	22.0%	26.7%
Foster Care Children	\$44,980,549	\$40,003,285	\$39,044,084	\$41,567,584	\$39,680,364	\$104,259,040	\$110,558,815	16.2%	4.7%
Adults	\$41,639,350	\$88,333,419	\$94,916,965	\$107,184,890	\$119,904,982	\$147,233,558	\$174,953,290	27.0%	7.5%
Basis of Eligibility Unknown (Includes Managed Care)	\$125,451,312	\$70,760,517	\$119,121,657	\$128,543,280	\$156,062,647	\$14,602,983	\$13,707,386	-30.9%	0.6%
<b>Total*</b>	<b>\$1,301,479,635</b>	<b>\$1,433,727,088</b>	<b>\$1,603,788,998</b>	<b>\$2,004,799,211</b>	<b>\$2,238,213,087</b>	<b>\$2,128,524,455</b>	<b>\$2,332,058,098</b>	<b>10.2%</b>	<b>100.0%</b>
<b>By Age</b>									
Under Age 1	\$50,163,677	\$52,088,292	\$56,765,263	\$70,529,990	\$74,831,975	\$77,984,374	\$107,035,025	13.5%	4.6%
Age 1 to 5	\$72,837,675	\$93,038,885	\$111,628,898	\$145,884,103	\$165,773,271	\$170,357,660	\$180,655,427	16.3%	7.7%
Age 6 to 14	\$115,951,421	\$143,079,901	\$163,335,113	\$214,752,884	\$247,969,473	\$254,546,983	\$276,820,576	15.6%	11.9%
Age 15 to 20	\$98,791,074	\$107,771,079	\$118,093,917	\$148,198,797	\$167,566,698	\$184,094,715	\$204,635,279	12.9%	8.8%
Age 21 to 44	\$335,698,867	\$325,530,331	\$347,427,330	\$409,062,694	\$446,740,003	\$463,745,828	\$502,852,323	7.0%	21.6%
Age 45 to 64	\$184,322,199	\$208,384,143	\$240,330,648	\$315,718,000	\$374,394,443	\$380,950,532	\$435,996,100	15.4%	18.7%
Age 65 to 74	\$94,789,404	\$103,103,781	\$111,938,369	\$141,244,830	\$151,906,257	\$151,801,777	\$167,924,786	10.0%	7.2%
Age 75 to 84	\$137,780,875	\$144,461,036	\$152,047,129	\$199,539,879	\$214,619,166	\$206,915,894	\$218,546,045	8.0%	9.4%
Age 85 and Over	\$169,495,487	\$185,509,123	\$183,100,674	\$231,324,754	\$238,349,154	\$223,523,709	\$223,885,151	4.7%	9.6%
Age Unknown	\$41,648,956	\$70,760,517	\$119,121,657	\$128,543,280	\$156,062,647	\$14,602,983	\$13,707,386	-16.9%	0.6%
<b>Total*</b>	<b>\$1,301,479,635</b>	<b>\$1,433,727,088</b>	<b>\$1,603,788,998</b>	<b>\$2,004,799,211</b>	<b>\$2,238,213,087</b>	<b>\$2,128,524,455</b>	<b>\$2,332,058,098</b>	<b>10.2%</b>	<b>100.0%</b>
<b>By Race</b>									
White	\$914,770,638	\$1,013,011,937	\$1,205,736,481	\$1,503,629,549	\$1,542,862,580	\$1,543,953,811	\$1,693,709,362	10.8%	72.6%
Black	\$129,301,888	\$143,322,159	\$164,565,963	\$207,075,917	\$269,458,059	\$277,957,110	\$289,373,879	14.4%	12.4%
Hispanic, American Indian or Asian	\$116,101,387	\$130,727,783	\$175,765,896	\$216,398,764	\$269,829,801	\$292,010,551	\$335,267,471	19.3%	14.4%
Other / Unknown	\$141,305,722	\$146,665,209	\$57,720,658	\$77,694,981	\$156,062,647	\$14,602,983	\$13,707,386	-32.2%	0.6%
<b>Total*</b>	<b>\$1,301,479,635</b>	<b>\$1,433,727,088</b>	<b>\$1,603,788,998</b>	<b>\$2,004,799,211</b>	<b>\$2,238,213,087</b>	<b>\$2,128,524,455</b>	<b>\$2,332,058,098</b>	<b>10.2%</b>	<b>100.0%</b>
<b>By Sex</b>									
Female	\$691,028,833	\$766,415,829	\$914,878,802	\$1,184,857,799	\$1,223,367,618	\$1,251,380,217	\$1,250,356,520	10.4%	53.6%
Male	\$468,864,411	\$520,622,034	\$631,751,859	\$787,124,143	\$858,782,822	\$862,541,255	\$1,067,994,192	14.7%	45.8%
Unknown	\$141,586,391	\$146,689,225	\$57,158,337	\$32,817,269	\$156,062,647	\$14,602,983	\$13,707,386	-32.2%	0.6%
<b>Total*</b>	<b>\$1,301,479,635</b>	<b>\$1,433,727,088</b>	<b>\$1,603,788,998</b>	<b>\$2,004,799,211</b>	<b>\$2,238,213,087</b>	<b>\$2,128,524,455</b>	<b>\$2,332,058,098</b>	<b>10.2%</b>	<b>100.0%</b>

Source: Health Care Financing Administration-Form HCFA 2082 for federal fiscal year 98; MSIS data for FFY 99-04.

# SOUTHERN REGION MEDICAID PROFILE

## AVERAGE PAYMENT PER RECIPIENT BY OTHER CHARACTERISTICS

								Above (+) or Annual Below (-) SLC Change	Avg. FFY 04
<b>By Maintenance Assistance Status</b>	<b>FFY 98</b>	<b>FFY 99</b>	<b>FFY 00</b>	<b>FFY 01</b>	<b>FFY 02</b>	<b>FFY 03</b>	<b>FFY 04</b>		
Receiving Cash Assistance or Eligible Under Section 1931	\$2,067.09	\$2,323.46	\$2,792.45	\$3,200.82	\$3,622.75	\$2,989.74	\$2,852.01	5.5%	-45.7%
Poverty Related Eligibles	\$4,197.19	\$1,067.95	\$1,103.73	\$1,181.06	\$1,255.12	\$1,509.03	\$1,827.82	-12.9%	-10.6%
Medically Needy	\$1,606.68	\$2,508.08	\$2,800.54	\$3,553.56	\$3,672.30	\$3,214.38	\$1,288.00	-3.6%	-79.3%
Other Eligibles	\$1,063.70	\$10,265.62	\$9,994.64	\$12,562.12	\$12,926.11	\$19,144.98	\$20,418.92	63.6%	181.4%
Maintenance Assistance Status Unknown	\$0.00	\$3,980.01	\$7,233.08	\$0.00	\$7,589.86	\$989.83	\$667.38	-30.0%	-75.0%
<b>Total</b>	<b>\$2,831.95</b>	<b>\$3,077.70</b>	<b>\$3,162.92</b>	<b>\$3,513.06</b>	<b>\$3,544.29</b>	<b>\$3,400.88</b>	<b>\$3,555.68</b>	<b>3.9%</b>	<b>-13.5%</b>
<b>By Basis of Eligibility</b>									
Aged, Blind or Disabled	\$7,281.38	\$8,489.11	\$8,669.67	\$10,576.57	\$11,143.29	\$10,973.69	\$10,628.83	6.5%	-1.4%
Children	\$927.62	\$1,034.85	\$1,088.33	\$1,177.15	\$1,243.34	\$1,185.31	\$1,539.19	8.8%	4.3%
Foster Care Children	\$1,214.31	\$5,741.00	\$5,736.72	\$6,728.32	\$7,019.35	\$7,065.06	\$7,613.19	35.8%	10.6%
Adults	\$465.93	\$1,205.49	\$1,263.86	\$1,386.86	\$1,456.87	\$1,783.53	\$2,090.94	28.4%	-20.4%
Basis of Eligibility Unknown (Includes Managed Care)	\$20,352.26	\$3,980.01	\$7,233.08	\$0.00	\$7,589.86	\$989.83	\$667.38	-43.4%	-76.9%
<b>Total</b>	<b>\$2,831.95</b>	<b>\$3,077.70</b>	<b>\$3,162.92</b>	<b>\$3,513.06</b>	<b>\$3,544.29</b>	<b>\$3,400.88</b>	<b>\$3,555.68</b>	<b>3.9%</b>	<b>-13.5%</b>
<b>By Age</b>									
Under Age 1	\$1,292.41	\$2,382.05	\$2,492.66	\$2,853.50	\$2,946.37	\$2,922.30	\$3,587.33	18.5%	-3.5%
Age 1 to 5	\$855.34	\$966.93	\$1,006.65	\$1,104.53	\$1,176.60	\$1,231.66	\$1,263.60	6.7%	-29.7%
Age 6 to 14	\$1,083.53	\$1,243.44	\$1,284.73	\$1,304.28	\$1,392.87	\$1,446.97	\$1,508.22	5.7%	-10.1%
Age 15 to 20	\$2,281.44	\$2,283.24	\$2,108.90	\$2,137.18	\$2,197.14	\$2,327.13	\$2,444.17	1.2%	-8.1%
Age 21 to 44	\$3,724.44	\$3,950.95	\$4,055.89	\$4,600.45	\$4,670.72	\$4,778.18	\$5,049.53	5.2%	4.6%
Age 45 to 64	\$5,380.10	\$6,631.16	\$7,086.89	\$8,687.65	\$9,457.03	\$9,354.22	\$10,221.93	11.3%	6.2%
Age 65 to 74	\$4,118.06	\$5,468.83	\$5,798.41	\$7,121.35	\$7,380.90	\$7,538.45	\$8,172.72	12.1%	10.6%
Age 75 to 84	\$6,807.36	\$7,843.47	\$8,136.08	\$10,364.09	\$10,969.55	\$10,925.39	\$11,601.96	9.3%	3.9%
Age 85 and Over	\$10,583.55	\$11,162.47	\$11,283.70	\$14,891.51	\$15,921.79	\$15,697.99	\$16,417.48	7.6%	-4.5%
Age Unknown	\$25,741.01	\$3,980.01	\$7,233.08	\$0.00	\$7,589.86	\$989.83	\$667.38	-45.6%	-76.5%
<b>Total</b>	<b>\$2,831.95</b>	<b>\$3,077.70</b>	<b>\$3,162.92</b>	<b>\$3,513.06</b>	<b>\$3,544.29</b>	<b>\$3,400.88</b>	<b>\$3,555.68</b>	<b>3.9%</b>	<b>-13.5%</b>
<b>By Race</b>									
White	\$3,041.22	\$3,320.72	\$3,511.45	\$3,886.32	\$4,057.07	\$4,085.83	\$4,337.91	6.1%	-13.3%
Black	\$1,547.23	\$1,696.70	\$2,539.64	\$2,799.27	\$2,643.61	\$2,803.82	\$2,855.53	10.8%	-16.6%
Hispanic, American Indian or Asian	\$1,543.72	\$1,713.00	\$1,777.44	\$1,970.97	\$2,096.29	\$2,177.44	\$2,335.59	7.1%	-9.4%
Other/Unknown	\$0.00	\$0.00	\$0.00	\$0.00	\$7,589.86	\$989.83	\$667.38	-70.3%	-86.5%
<b>Total</b>	<b>\$2,831.95</b>	<b>\$3,077.70</b>	<b>\$3,162.92</b>	<b>\$3,513.06</b>	<b>\$3,544.29</b>	<b>\$3,400.88</b>	<b>\$3,555.68</b>	<b>3.9%</b>	<b>-13.5%</b>
<b>By Sex</b>									
Female	\$2,451.47	\$2,682.09	\$2,974.34	\$3,416.42	\$3,423.73	\$3,510.44	\$3,384.26	5.5%	-19.2%
Male	\$2,638.72	\$2,890.88	\$3,167.18	\$3,516.18	\$3,386.15	\$3,387.19	\$4,017.02	7.3%	0.4%
Unknown	\$0.00	\$0.00	\$0.00	\$0.00	\$7,589.86	\$989.83	\$667.38	-70.3%	-83.7%
<b>Total</b>	<b>\$2,831.95</b>	<b>\$3,077.70</b>	<b>\$3,162.92</b>	<b>\$3,513.06</b>	<b>\$3,544.29</b>	<b>\$3,400.88</b>	<b>\$3,555.68</b>	<b>3.9%</b>	<b>-13.5%</b>

Source: Health Care Financing Administration-Form HCFA 2082 for federal fiscal year 98; MSIS data for FFY 99-04.

## SOUTHERN REGION MEDICAID PROFILE

### ADDITIONAL STATE HEALTH CARE INFORMATION

Sources: "Issue Briefs", Health Policy Tracking Service, January 2005; "Medicaid Services State by State", CMS, October 2004; "State Health Facts", The Henry Kaiser Foundation, January 2005; state annual report for FY 04; and the state Medicaid Website.

#### Waivers

Oklahoma had two waivers from the Centers for Medicare and Medicaid Services (CMS) to operate a health reform demonstration under Section 1115. SoonerCare Plus, a pre-paid capitated plan, served 183,503 adults and children in FY 02; and SoonerCare Choice, a primary care case management system, served 155,316 adults and children in FY 02. Starting January 2004, SoonerCare Choice became the sole model for the state. As of December 31, 2004 there were 360,076 (297,386 children and 62,690 adults) beneficiaries enrolled in the program.

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:

- Advantage Waiver: Serves 14,100 "frail elderly" that are 65 or older with physical disabilities, operating since July 1, 1993.
- Community Waiver: Serves 3,180 people with mental retardation and certain related conditions, operating since July 1, 1988.
- The In-home Supports Waiver for Children: Implemented in July of 1999 to provide waiver services for additional MR clients, serves approximately 370 children.
- The In-home Supports Waiver for Adults: Implemented in July of 1999 to provide waiver services for additional MR clients, serves approximately 750 adults.

#### 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.

#### Significant Changes in Medicaid

- Enacted legislation in 2001 to extend Medicaid coverage to individuals that could be eligible as a result of the federal Ticket to Work and Medicaid Buy-in legislation. The programs will provide services to individuals with disabilities that are required to enable them to gain or keep employment.
- Enacted other legislation in 2001 as follows:
  1. Offer elective income deferral programs to physicians that maintain Medicaid contracts and provide Medicaid services;
  2. Establish a reimbursement methodology that will enhance payments for services provided to Medicaid recipients in emergency hospitals in the rural areas;
  3. Implement a case mix reimbursement system for all state regulated long-care providers, effective November 2003 and;
  4. Immediately provide coverage under prior authorization for any new FDA approved drug if the drug falls within a drug class that has already placed under prior authorization authority.

## SOUTHERN REGION MEDICAID PROFILE

### Significant Changes in Medicaid (Continued)

•In 2002, enacted legislation and/or policy changes in Medicaid as follows:

1. Expanded drug classes subject to the product based prior authorization program (PDL).
2. Changed the reimbursement rate for prescription drugs to the average wholesale price minus 12% (was 10.5%).
3. Reduced the maximum number of visits authorized for outpatient mental health care.
4. Reduced the per diem rate for nursing facility leave days by 25%.
5. Limited Part B Medicare crossover payments to no more than the Medicaid allowable (15% reduction).
6. Reduced rates for outpatient behavioral health services provided to nursing facility clients by 10%.

•Implemented the Oklahoma Breast and Cervical Cancer Program, effective January 1, 2005, with eligible women receiving full Medicaid benefits for the duration of their cancer treatment. As of May 13, 2005, 1,554 applications had been received by the department.

•In 2004, enacted legislation and/or policy changes in Medicaid as follows:

1. Increased the prescription limit for all adult Medicaid recipients to 6 per month, with a maximum of 3 brand name prescriptions, effective January 1, 2004.
2. Increased reimbursement rates to nursing homes (7%), hospitals (5%), doctors, and ambulance providers (from 72% to 90% of the Medicare rate).

### Children's Health Insurance Program: Medicaid Expansion

•CHIP in Oklahoma is called "SoonerCare". The program received HCFA approval on May 26, 1998. The program is administered by the Oklahoma Health Care Authority through an expansion of Medicaid. SoonerCare provides health care coverage to approximately 115,000 children/adolescents and eligible pregnant women.

•Phase I provides coverage for eligible pregnant women and children/adolescents birth through age 17 in families with incomes up to 185% of the FPL.

•Phase II provides coverage for eligible children/adolescents birth through age 17 in families with income between 100% and 185% of the FPL. The program received HCFA approval on March 25, 1999 and expects to cover an additional 4,915 new enrollees.

•Amended the State Medicaid plan to cover children in families with incomes between 150% and 185% of the FPL, effective June 2000 and covers approximately 45,567 individuals as of September 30, 2004.

### Tobacco Settlement

•The state expects to receive approximately \$2.03 billion over 25 years.

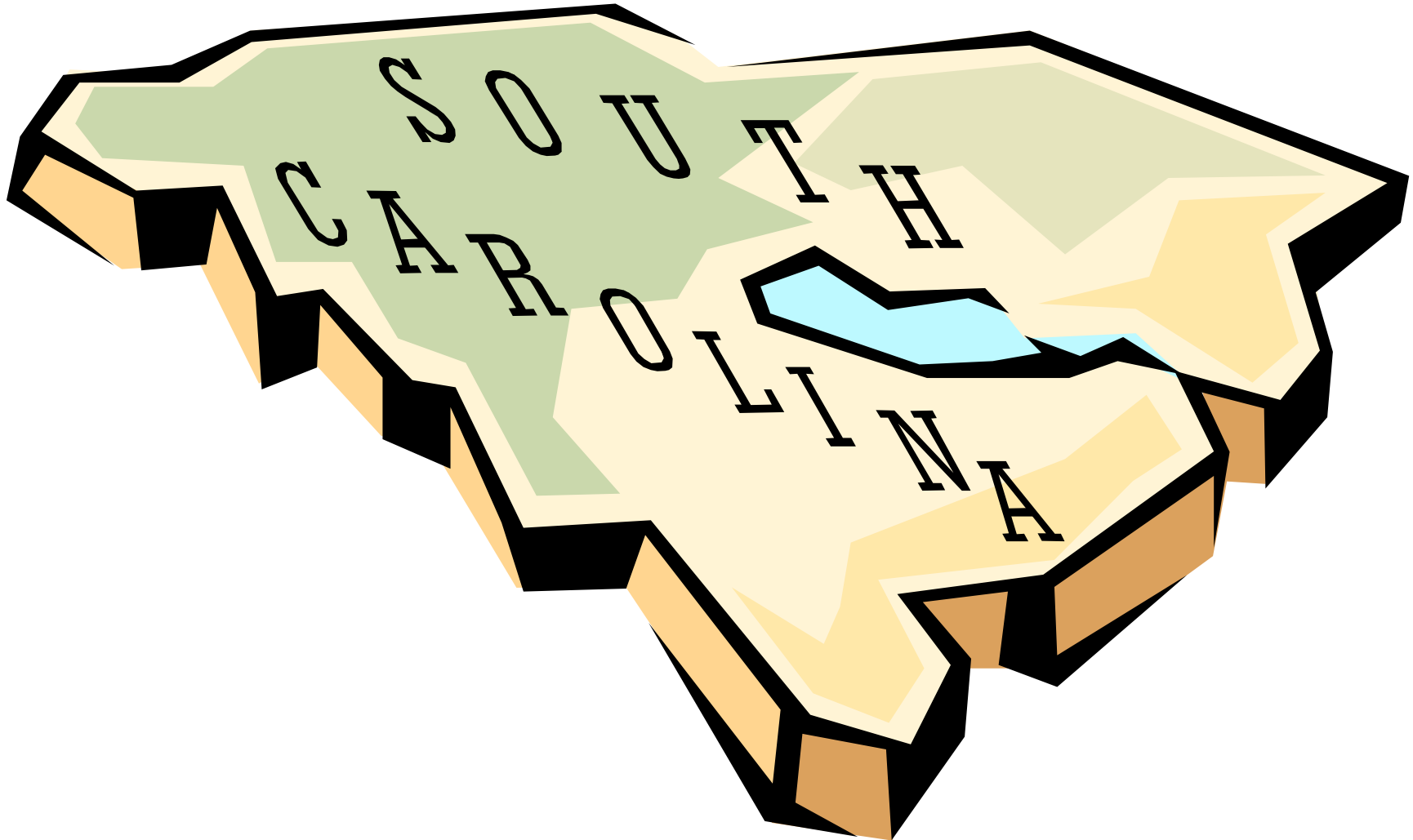
•From FY 00 through FY 04, the cumulative tobacco settlement payment was approximately \$254.1 million.

•The state has allocated these funds and compares with the U.S. as follows:

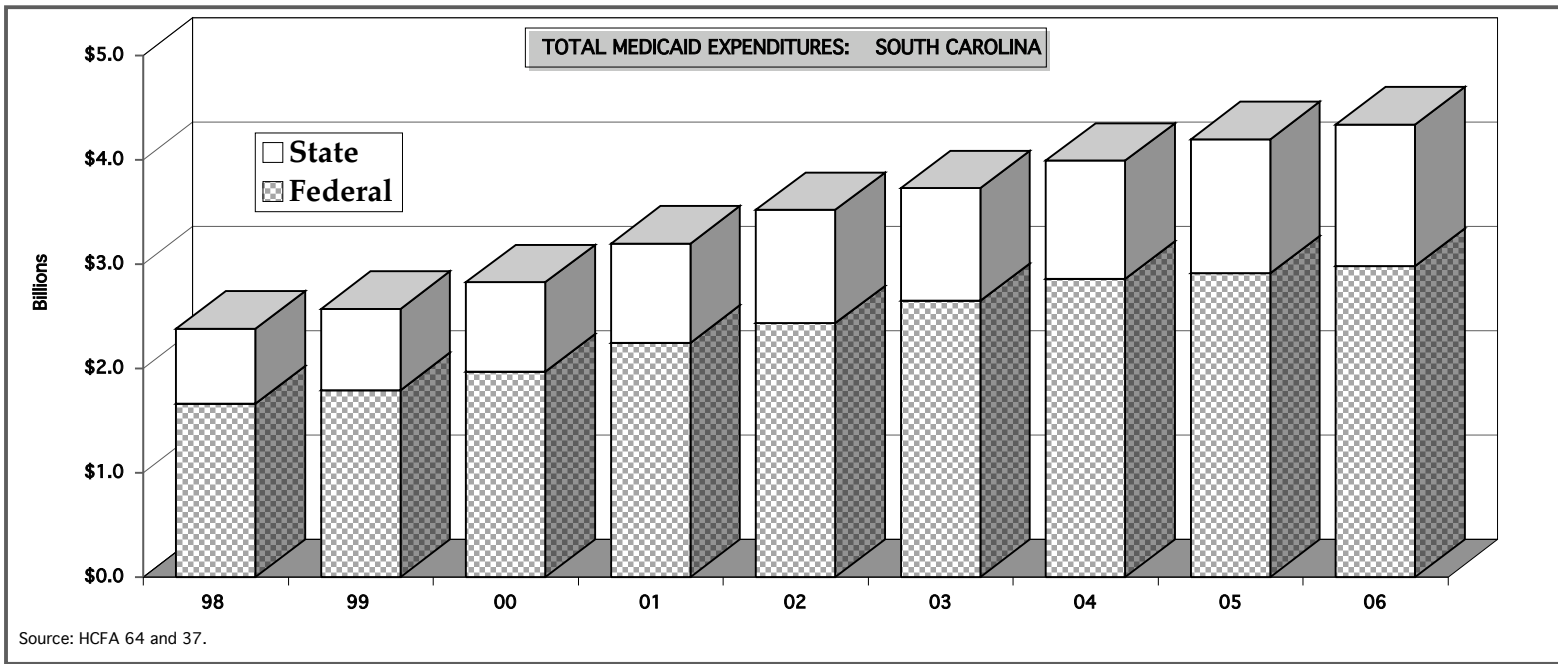
	OK	%	U.S.	%
Tobacco use prevention	\$3,725,000	1.5%	\$1,813,423,000	4.6%
Health services	\$137,391,000	54.1%	\$11,824,057,000	29.9%
Long-term care	\$0	0.0%	\$2,200,066,000	5.6%
Health research	\$0	0.0%	\$1,472,863,000	3.7%
Education	\$0	0.0%	\$2,051,182,000	5.2%
Children and Youth (Nonhealth)	\$0	0.0%	\$1,229,719,000	3.1%
Tobacco Farmers	\$0	0.0%	\$1,217,021,000	3.1%
Endowments and Reserves	\$112,312,000	44.2%	\$7,636,209,000	19.3%
Other	\$700,000	0.3%	\$10,048,868,000	25.4%
Total	\$254,128,000	100.0%	\$39,493,408,000	100.0%



## STATE MEDICAID PROFILE



# SOUTHERN REGION MEDICAID PROFILE



State profile revised to reflect MSIS statistical data as reported by CMS for federal fiscal years 99 through 04.

	FFY 98	FFY 99	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05**	FFY 06**	Annual Rate of Change	Total Change 98-06
Medicaid Payments	\$2,291,868,201	\$2,474,493,301	\$2,720,979,699	\$3,094,578,743	\$3,384,424,285	\$3,590,736,666	\$3,848,423,641	\$4,001,474,000	\$4,141,892,000	7.7%	80.7%
Federal Share	\$1,618,889,674	\$1,740,195,472	\$1,913,722,149	\$2,186,607,862	\$2,355,610,887	\$2,567,499,604	\$2,773,422,352	\$2,802,777,000	\$2,873,208,000	7.4%	77.5%
State Share	\$672,978,527	\$734,297,829	\$807,257,550	\$907,970,881	\$1,028,813,398	\$1,023,237,062	\$1,075,001,289	\$1,198,697,000	\$1,268,684,000	8.2%	88.5%
Administrative Costs	\$87,867,286	\$96,945,550	\$103,626,017	\$100,847,624	\$133,484,748	\$136,496,403	\$141,733,356	\$193,838,000	\$193,838,000	10.4%	120.6%
Federal Share	\$45,813,555	\$53,554,056	\$56,629,109	\$60,135,239	\$76,596,265	\$79,946,155	\$85,315,889	\$109,293,000	\$109,664,000	11.5%	139.4%
State Share	\$42,053,731	\$43,391,494	\$46,996,908	\$40,712,385	\$56,888,483	\$56,550,248	\$56,417,467	\$84,545,000	\$84,174,000	9.1%	100.2%
Admin. Costs as % of Payments	3.83%	3.92%	3.81%	3.26%	3.94%	3.80%	3.68%	4.84%	4.68%		
Federal Match Rate*	70.23%	69.85%	69.95%	70.44%	69.34%	69.81%	69.86%	69.89%	69.32%		

\*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 05 and 06 reflect latest estimates reported by each state (CMS 37).

## SOUTHERN REGION MEDICAID PROFILE

STATE FINANCING	Payments		Administration	
	FFY 98	FFY 04	FFY 98	FFY 04
State General Fund	\$672,978,527	\$1,016,273,026	\$42,053,731	\$56,417,467
Local Funds	\$0	\$0	\$0	\$0
Provider Taxes	\$0	\$55,648,095	\$0	\$0
Donations*	\$0	\$3,080,168	\$0	\$0
Other	\$0	\$0	\$0	\$0
Total State Share	\$672,978,527	\$1,075,001,289	\$42,053,731	\$56,417,467

\*Donations from Outstationed Eligibility Workers Program

Provider Taxes Currently in Place (FFY 04)		
	Tax Rate	Amount
General hospitals	Flat tax on previous year gross revenues	\$49,474,895
ICF/MR	\$8.50 per patient day	\$6,173,200
Total		\$55,648,095

### DISPROPORTIONATE SHARE HOSPITAL (DSH) PAYMENTS

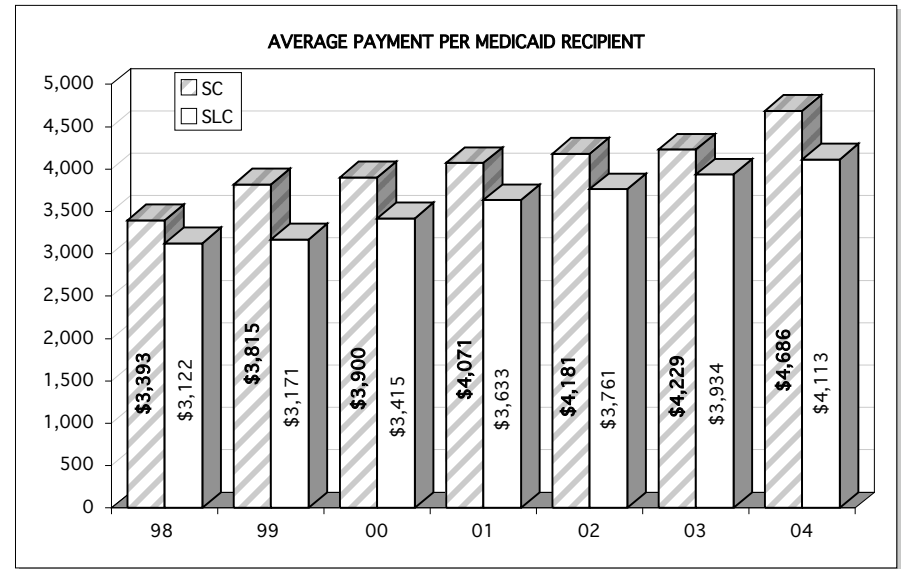
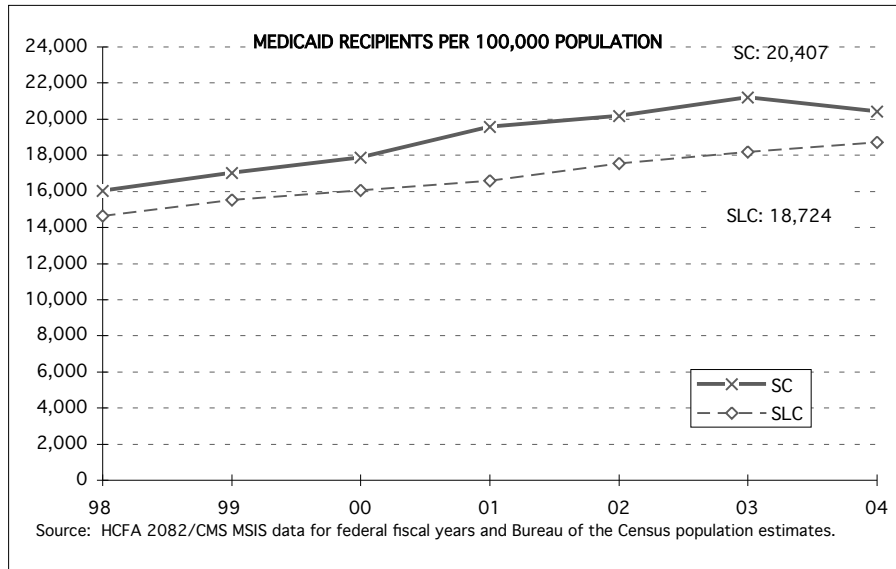
	FFY 98	FFY 99	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05**	FFY 06**	Annual Change
General Hospitals	\$408,098,253	\$397,673,493	\$328,512,395	\$320,695,867	\$346,379,176	\$290,548,478	\$422,915,188	\$384,000,000	\$395,520,000	3.1%
Mental Hospitals	\$37,580,232	\$36,113,205	\$46,833,976	\$51,251,895	\$44,693,798	\$42,543,221	\$66,459,970	\$57,378,000	\$59,100,000	4.0%
Total	\$445,678,485	\$433,786,698	\$375,346,371	\$371,947,762	\$391,072,974	\$333,091,699	\$489,375,158	\$441,378,000	\$454,620,000	3.2%

SELECTED ELIGIBILITY CRITERIA				DEMOGRAPHIC DATA & POVERTY INDICATORS (2004)			
	At 10/1/04	% of FPL*					Rank in U.S.
TANF-Temporary Assistance for Needy Families (Family of 3)				State population—July 1, 2004*	4,198,068		25
Need Standard		\$652	49.9%				
Payment Standard		\$240	18.4%	Per capita personal income**	\$27,172		43
Maximum Payment		\$240	18.4%	Median household income**	\$38,791		36
Medically Needy Program (Family of 3)				Population below Federal Poverty Level on July 1, 2003*	587,730		
Income Eligibility Standard		N/A		Percent of total state population	14.0%		11
Resource Standard							
Pregnant Women, Children and Infants (% of FPL*)				Population without health insurance coverage*	584,000		26
Pregnant women and infants		185.0%		Percent of total state population	13.9%		28
Children to age 6		150.0%		Recipients of Food Stamps***	493,192		18
Children age 6 to 18		150.0%		Households receiving Food Stamps***	20,507		20
SSI Eligibility Levels				Total value of issuance***	\$270,852,079		18
Income:				Average monthly benefit per recipient	\$45.77		20
Single Person		\$564	72.7%	Average monthly benefit per household	\$1,100.65		
Couple		\$846	81.3%				
Resources:				Monthly recipients of Temporary Assistance to Needy Families (TANF)****	42,708		26
Single Person		\$4,000		Total TANF payments****	\$34,670,628		48
Couple		\$6,000		Average monthly payment per recipient	\$67.65		48
				Maximum monthly payment per family of 3	\$201.00		45

\*Current federal poverty level is \$9,310 per year for a single person, \$12,490 for a family of two and \$15,670 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 98	FFY 99	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	Annual Change
01. General Hospital	137,289	137,578	148,303	159,066	126,736	119,466	105,631	-4.3%
02. Mental Hospital	1,531	1,970	2,023	1,841	1,420	1,207	1,257	-3.2%
03. Skilled and Intermediate (non-MR) Care Nursing	17,352	17,458	17,663	18,859	18,251	17,617	17,618	0.3%
04. Intermediate Care for Mentally Retarded	2,856	2,504	2,387	2,411	2,317	2,173	2,178	-4.4%
05. Physician Services	418,331	470,740	499,921	546,422	561,552	563,619	553,073	4.8%
06. Dental Services	130,360	139,267	162,503	202,078	231,455	251,831	256,782	12.0%
07. Other Practitioners	87,212	100,472	112,500	130,242	127,041	129,977	126,639	6.4%
08. Outpatient Hospital	233,585	263,419	292,783	317,038	365,265	369,932	358,560	7.4%
09. Clinic Services	224,554	333,007	334,661	355,385	375,240	383,630	393,287	9.8%
10. Lab and X-Ray	150,252	211,494	234,429	262,805	275,988	300,789	286,980	11.4%
11. Home Health	10,331	10,223	9,657	9,053	8,502	7,849	7,460	-5.3%
12. Prescribed Drugs	401,611	446,938	474,465	542,764	576,136	614,417	611,557	7.3%
13. Family Planning	112,341	5,774	6,243	5,971	6,393	5,882	5,599	-39.3%
14. Early & Periodic Screening, Diagnosis & Treatment	108,591	0	0	0	0	0	0	-100.0%
15. Other Care	113,086	135,522	142,519	162,906	154,333	173,435	167,780	6.8%
16. Personal Care Support Services	61,734	78,001	81,026	89,000	100,945	102,511	101,370	8.6%
17. Home/Community Based Waiver Services	14,675	0	0	0	0	0	0	-100.0%
18. Prepaid Health Care	17,195	25,108	43,315	60,055	85,547	100,032	94,977	33.0%
19. Primary Care Case Management (PCCM) Services	0	0	0	0	0	0	3,630	n/a
<b>Total*</b>	<b>594,962</b>	<b>644,580</b>	<b>685,104</b>	<b>760,797</b>	<b>809,136</b>	<b>861,216</b>	<b>856,715</b>	<b>6.3%</b>

\*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.

Annual      Share of Total

#### SOUTH CAROLINA

## SOUTHERN REGION MEDICAID PROFILE

<u>PAYMENTS BY TYPE OF SERVICES</u>	<u>FFY 98</u>	<u>FFY 99</u>	<u>FFY 00</u>	<u>FFY 01</u>	<u>FFY 02</u>	<u>FFY 03</u>	<u>FFY 04</u>	<u>Change</u>	<u>FFY 04</u>
01. General Hospital	\$522,891,024	\$751,959,296	\$725,513,341	\$827,496,295	\$885,920,177	\$908,044,538	\$1,082,975,223	12.9%	27.0%
02. Mental Hospital	\$47,960,982	\$85,913,142	\$97,722,852	\$98,066,992	\$89,266,785	\$84,332,255	\$112,501,296	15.3%	2.8%
03. Skilled and Intermediate (non-MR) Care Nursing	\$302,667,749	\$309,472,299	\$334,646,176	\$355,576,568	\$373,077,530	\$401,871,513	\$442,479,446	6.5%	11.0%
04. Intermediate Care for Mentally Retarded	\$167,959,347	\$163,499,835	\$169,196,133	\$165,568,171	\$172,179,187	\$167,321,229	\$165,562,921	-0.2%	4.1%
05. Physician Services	\$150,905,913	\$174,104,766	\$190,995,097	\$231,918,553	\$235,463,733	\$287,064,707	\$314,192,779	13.0%	7.8%
06. Dental Services	\$18,640,048	\$18,755,973	\$48,151,420	\$75,981,863	\$79,788,905	\$85,572,962	\$89,304,420	29.8%	2.2%
07. Other Practitioners	\$6,023,393	\$7,075,946	\$8,109,207	\$9,507,546	\$10,097,690	\$10,863,541	\$11,574,736	11.5%	0.3%
08. Outpatient Hospital	\$52,518,262	\$60,423,664	\$77,354,626	\$80,136,150	\$133,733,346	\$150,336,330	\$185,330,490	23.4%	4.6%
09. Clinic Services	\$138,424,592	\$255,820,928	\$287,781,398	\$348,039,263	\$488,911,223	\$491,474,709	\$463,878,692	22.3%	11.6%
10. Lab and X-Ray	\$12,185,658	\$14,065,499	\$16,537,070	\$19,449,759	\$22,150,684	\$25,303,934	\$28,483,413	15.2%	0.7%
11. Home Health	\$15,473,934	\$14,652,302	\$15,196,149	\$20,129,679	\$12,760,384	\$11,764,035	\$12,114,429	-4.0%	0.3%
12. Prescribed Drugs	\$224,962,203	\$268,317,914	\$334,740,332	\$438,498,935	\$456,976,916	\$559,908,608	\$651,239,970	19.4%	16.2%
13. Family Planning	\$34,421,428	\$7,352,496	\$8,212,530	\$7,833,357	\$8,179,742	\$5,476,846	\$4,412,411	-29.0%	0.1%
14. Early & Periodic Screening, Diagnosis & Treatment	\$7,942,631	\$0	\$0	\$0	\$0	\$0	\$0	-100.0%	0.0%
15. Other Care	\$102,108,042	\$136,003,473	\$142,594,379	\$137,395,749	\$134,401,907	\$147,650,495	\$154,179,195	7.1%	3.8%
16. Personal Care Support Services	\$73,310,778	\$172,840,441	\$187,606,225	\$243,996,181	\$217,761,516	\$226,705,935	\$215,971,458	19.7%	5.4%
17. Home/Community Based Waiver Services	\$123,052,297	\$0	\$0	\$0	\$0	\$0	\$0	-100.0%	0.0%
18. Prepaid Health Care	\$17,172,147	\$18,900,551	\$27,788,595	\$37,258,467	\$62,280,779	\$78,023,312	\$80,463,295	29.4%	2.0%
19. Primary Case Management (PCCM) Services	\$0	\$0	\$0	\$0	\$0	\$0	\$31,090	n/a	0.0%
<b>Total</b> (excludes DSH pymts, pharmacy rebates, & other adjs.)	<b>\$2,018,620,428</b>	<b>\$2,459,158,525</b>	<b>\$2,672,145,530</b>	<b>\$3,096,853,528</b>	<b>\$3,382,950,504</b>	<b>\$3,641,714,949</b>	<b>\$4,014,695,264</b>	<b>12.1%</b>	<b>100.0%</b>

### AVERAGE PAYMENTS PER RECIPIENT BY TYPE OF SERVICES

								(+) or (-) SLC	
									<u>Avg. FFY 04</u>
01. General Hospital	\$3,808.69	\$5,465.69	\$4,892.10	\$5,202.22	\$6,990.28	\$7,600.86	\$10,252.44	17.9%	89.1%
02. Mental Hospital	\$31,326.57	\$43,610.73	\$48,305.91	\$53,268.33	\$62,863.93	\$69,869.31	\$89,499.84	19.1%	1265.9%
03. Skilled and Intermediate (non-MR) Care Nursing	\$17,442.82	\$17,726.68	\$18,946.17	\$18,854.48	\$20,441.48	\$22,811.57	\$25,115.19	6.3%	12.1%
04. Intermediate Care for Mentally Retarded	\$58,809.30	\$65,295.46	\$70,882.33	\$68,671.99	\$74,311.26	\$77,000.11	\$76,016.03	4.4%	-5.5%
05. Physician Services	\$360.73	\$369.85	\$382.05	\$424.43	\$419.31	\$509.32	\$568.09	7.9%	3.6%
06. Dental Services	\$142.99	\$134.68	\$296.31	\$376.00	\$344.73	\$339.80	\$347.78	16.0%	-0.2%
07. Other Practitioners	\$69.07	\$70.43	\$72.08	\$73.00	\$79.48	\$83.58	\$91.40	4.8%	-51.9%
08. Outpatient Hospital	\$224.84	\$229.38	\$264.20	\$252.77	\$366.13	\$406.39	\$516.87	14.9%	-16.1%
09. Clinic Services	\$616.44	\$768.21	\$859.92	\$979.33	\$1,302.93	\$1,281.12	\$1,179.49	11.4%	82.7%
10. Lab and X-Ray	\$81.10	\$66.51	\$70.54	\$74.01	\$80.26	\$84.13	\$99.25	3.4%	-49.2%
11. Home Health	\$1,497.82	\$1,433.27	\$1,573.59	\$2,223.54	\$1,500.87	\$1,498.79	\$1,623.92	1.4%	-44.8%
12. Prescribed Drugs	\$560.15	\$600.35	\$705.51	\$807.90	\$793.18	\$911.28	\$1,064.89	11.3%	-26.1%
13. Family Planning	\$306.40	\$1,273.38	\$1,315.48	\$1,311.90	\$1,279.48	\$931.12	\$788.07	17.1%	-31.4%
14. Early & Periodic Screening, Diagnosis & Treatment	\$73.14	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-100.0%	-100.0%
15. Other Care	\$902.92	\$1,003.55	\$1,000.53	\$843.41	\$870.86	\$851.33	\$918.94	0.3%	-52.0%
16. Personal Care Support Services	\$1,187.53	\$2,215.87	\$2,315.38	\$2,741.53	\$2,157.23	\$2,211.53	\$2,130.53	10.2%	58.4%
17. Home/Community Based Waiver Services	\$8,385.17	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-100.0%	-100.0%
18. Prepaid Health Care	\$998.67	\$752.77	\$641.55	\$620.41	\$728.03	\$779.98	\$847.19	-2.7%	-28.6%
19. Primary Care Case Management (PCCM) Services	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$8.56	n/a	-68.3%
<b>Total (Average)</b>	<b>\$3,392.86</b>	<b>\$3,815.13</b>	<b>\$3,900.35</b>	<b>\$4,070.54</b>	<b>\$4,180.94</b>	<b>\$4,228.57</b>	<b>\$4,686.15</b>	<b>5.5%</b>	<b>13.9%</b>

<b>TOTAL PER CAPITA EXPENDITURES</b>	<b>\$640.29</b>	<b>\$678.82</b>	<b>\$736.35</b>	<b>\$822.35</b>	<b>\$876.84</b>	<b>\$917.36</b>	<b>\$950.47</b>	<b>6.8%</b>	<b>8.5%</b>
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Source: Health Care Financing Administration-Form HCFA 2082 for federal fiscal year 98; MSIS data for FFY 99-04.

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

**RECIPIENTS BY OTHER CHARACTERISTICS**

	<u>FFY 98</u>	<u>FFY 99</u>	<u>FFY 00</u>	<u>FFY 01</u>	<u>FFY 02</u>	<u>FFY 03</u>	<u>FFY 04</u>	<i>Annual Change</i>	<i>Share of Total FFY 04</i>
<b>By Maintenance Assistance Status</b>									
Receiving Cash Assistance or Eligible Under Section 1931	190,767	173,708	188,071	245,555	265,731	267,121	269,055	5.9%	31.4%
Poverty Related Eligibles	225,889	284,950	316,749	322,006	345,977	385,254	379,901	9.1%	44.3%
Medically Needy	0	0	0	0	0	0	0	n/a	0.0%
Other Eligibles	155,498	171,055	165,765	175,329	178,265	191,241	186,414	3.1%	21.8%
Maintenance Assistance Status Unknown	22,808	14,867	14,519	17,907	19,163	17,600	21,345	-1.1%	2.5%
<b>Total*</b>	<b>594,962</b>	<b>644,580</b>	<b>685,104</b>	<b>760,797</b>	<b>809,136</b>	<b>861,216</b>	<b>856,715</b>	<b>6.3%</b>	<b>100.0%</b>
<b>By Basis of Eligibility</b>									
Aged, Blind, or Disabled	174,978	181,200	184,028	188,842	189,623	217,404	225,962	4.4%	26.4%
Children	269,751	309,070	341,545	383,146	416,054	434,612	418,115	7.6%	48.8%
Foster Care Children	6,412	6,938	6,523	7,136	7,793	8,507	9,374	6.5%	1.1%
Adults	121,013	132,505	138,489	163,766	176,504	182,960	181,919	7.0%	21.2%
Basis of Eligibility Unknown	22,808	14,867	14,519	17,907	19,162	17,733	21,345	-1.1%	2.5%
<b>Total*</b>	<b>594,962</b>	<b>644,580</b>	<b>685,104</b>	<b>760,797</b>	<b>809,136</b>	<b>861,216</b>	<b>856,715</b>	<b>6.3%</b>	<b>100.0%</b>
<b>By Age</b>									
Under Age 1	27,168	27,776	29,086	30,098	29,653	28,867	30,194	1.8%	3.5%
Age 1 to 5	100,788	107,798	116,757	129,096	140,810	146,037	141,049	5.8%	16.5%
Age 6 to 14	130,359	151,975	165,970	187,277	202,065	211,150	200,367	7.4%	23.4%
Age 15 to 20	64,024	76,389	84,331	93,619	101,165	108,848	109,191	9.3%	12.7%
Age 21 to 44	131,514	140,315	145,897	167,242	178,252	183,822	182,011	5.6%	21.2%
Age 45 to 64	46,949	50,003	53,060	58,829	62,537	65,510	68,140	6.4%	8.0%
Age 65 to 74	29,380	29,409	29,340	30,166	29,833	38,975	40,942	5.7%	4.8%
Age 75 to 84	27,507	28,334	28,419	28,803	28,267	39,059	41,122	6.9%	4.8%
Age 85 and Over	17,408	17,717	17,728	17,746	17,397	21,347	22,354	4.3%	2.6%
Age Unknown	19,865	14,864	14,516	17,921	19,157	17,601	21,345	1.2%	2.5%
<b>Total*</b>	<b>594,962</b>	<b>644,580</b>	<b>685,104</b>	<b>760,797</b>	<b>809,136</b>	<b>861,216</b>	<b>856,715</b>	<b>6.3%</b>	<b>100.0%</b>
<b>By Race</b>									
White	220,674	243,227	262,209	290,688	314,936	336,470	339,429	7.4%	39.6%
Black	326,308	354,424	372,453	414,733	426,833	433,847	420,090	4.3%	49.0%
Hispanic, American Indian or Asian	5,667	6,536	7,849	8,559	13,721	20,085	24,804	27.9%	2.9%
Other / Unknown	42,313	40,393	42,593	46,817	53,646	70,814	72,392	9.4%	8.4%
<b>Total*</b>	<b>594,962</b>	<b>644,580</b>	<b>685,104</b>	<b>760,797</b>	<b>809,136</b>	<b>861,216</b>	<b>856,715</b>	<b>6.3%</b>	<b>100.0%</b>
<b>By Sex</b>									
Female	369,944	400,921	422,242	469,645	492,084	526,126	522,242	5.9%	61.0%
Male	205,046	228,684	248,225	275,420	297,730	317,359	313,046	7.3%	36.5%
Unknown	19,972	14,975	14,637	15,732	19,322	17,731	21,427	1.2%	2.5%
<b>Total*</b>	<b>594,962</b>	<b>644,580</b>	<b>685,104</b>	<b>760,797</b>	<b>809,136</b>	<b>861,216</b>	<b>856,715</b>	<b>6.3%</b>	<b>100.0%</b>

Source: Health Care Financing Administration-Form HCFA 2082 for federal fiscal year 98; MSIS data for FFY 99-04.

# SOUTHERN REGION MEDICAID PROFILE

## PAYMENTS BY OTHER CHARACTERISTICS

	FFY 98	FFY 99	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	Annual Change	Share of Total FFY 04
<b>By Maintenance Assistance Status</b>									
Receiving Cash Assistance or Eligible Under Section 1931	\$751,927,407	\$800,780,183	\$923,581,109	\$1,057,516,672	\$1,160,807,506	\$1,261,409,930	\$1,315,085,074	9.8%	32.8%
Poverty Related Eligibles	\$448,329,281	\$494,051,338	\$596,044,085	\$654,849,603	\$706,337,963	\$842,263,025	\$879,868,060	11.9%	21.9%
Medically Needy	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a	0.0%
Other Eligibles	\$558,650,582	\$660,860,620	\$718,108,307	\$776,823,075	\$829,400,518	\$848,514,748	\$891,393,207	8.1%	22.2%
Maintenance Assistance Status Unknown	\$259,713,158	\$503,466,384	\$434,412,029	\$607,664,178	\$686,404,517	\$689,527,246	\$928,348,923	23.7%	23.1%
<b>Total</b>	<b>\$2,018,620,428</b>	<b>\$2,459,158,525</b>	<b>\$2,672,145,530</b>	<b>\$3,096,853,528</b>	<b>\$3,382,950,504</b>	<b>\$3,641,714,949</b>	<b>\$4,014,695,264</b>	<b>12.1%</b>	<b>100.0%</b>
<b>By Basis of Eligibility</b>									
Aged, Blind or Disabled	\$1,240,263,794	\$1,379,379,798	\$1,555,748,570	\$1,666,366,711	\$1,738,978,228	\$1,894,876,081	\$1,993,439,679	8.2%	49.7%
Children	\$305,302,576	\$348,626,273	\$423,251,932	\$510,809,246	\$574,644,858	\$627,484,689	\$636,058,585	13.0%	15.8%
Foster Care Children	\$51,231,425	\$56,630,829	\$53,323,601	\$61,705,826	\$73,399,624	\$76,391,721	\$86,782,205	9.2%	2.2%
Adults	\$162,109,475	\$171,055,241	\$205,409,398	\$250,307,567	\$308,733,801	\$351,583,405	\$370,065,872	14.7%	9.2%
Basis of Eligibility Unknown	\$259,713,158	\$503,466,384	\$434,412,029	\$607,664,178	\$687,193,993	\$691,379,053	\$928,348,923	23.7%	23.1%
<b>Total</b>	<b>\$2,018,620,428</b>	<b>\$2,459,158,525</b>	<b>\$2,672,145,530</b>	<b>\$3,096,853,528</b>	<b>\$3,382,950,504</b>	<b>\$3,641,714,949</b>	<b>\$4,014,695,264</b>	<b>12.1%</b>	<b>100.0%</b>
<b>By Age</b>									
Under Age 1	\$79,118,760	\$79,204,351	\$94,434,546	\$102,536,801	\$104,672,077	\$111,940,821	\$117,964,214	6.9%	2.9%
Age 1 to 5	\$117,683,342	\$131,384,923	\$156,235,953	\$183,407,248	\$205,429,387	\$221,807,674	\$232,279,860	12.0%	5.8%
Age 6 to 14	\$163,537,315	\$189,042,393	\$217,798,359	\$267,987,946	\$305,908,581	\$337,774,810	\$345,166,030	13.3%	8.6%
Age 15 to 20	\$146,855,007	\$169,018,036	\$190,801,369	\$221,974,123	\$252,103,734	\$280,088,263	\$292,895,962	12.2%	7.3%
Age 21 to 44	\$426,843,487	\$453,055,007	\$512,420,215	\$566,690,322	\$640,243,181	\$702,018,014	\$721,995,093	9.2%	18.0%
Age 45 to 64	\$338,951,033	\$387,420,138	\$455,039,643	\$508,665,152	\$565,268,993	624,222,208	667,061,503	11.9%	16.6%
Age 65 to 74	\$137,571,468	\$154,385,164	\$178,202,298	\$190,165,279	\$185,970,687	208,957,325	222,217,729	8.3%	5.5%
Age 75 to 84	\$179,507,553	\$201,390,113	\$224,699,561	\$235,321,451	\$225,901,970	247,624,993	260,601,343	6.4%	6.5%
Age 85 and Over	\$173,537,576	\$190,845,601	\$208,059,651	\$212,410,712	\$211,040,614	217,752,927	226,164,607	4.5%	5.6%
Age Unknown	\$255,014,887	\$503,412,799	\$434,453,935	\$607,694,494	\$686,411,280	689,527,914	928,348,923	24.0%	23.1%
<b>Total</b>	<b>\$2,018,620,428</b>	<b>\$2,459,158,525</b>	<b>\$2,672,145,530</b>	<b>\$3,096,853,528</b>	<b>\$3,382,950,504</b>	<b>\$3,641,714,949</b>	<b>\$4,014,695,264</b>	<b>12.1%</b>	<b>100.0%</b>
<b>By Race</b>									
White	\$823,140,050	\$979,645,956	\$1,080,036,909	\$1,260,968,411	\$1,264,431,835	\$1,373,776,503	\$1,435,128,810	9.7%	35.7%
Black	\$819,207,631	\$913,165,680	\$1,041,245,496	\$1,217,091,514	\$1,220,407,972	\$1,311,856,557	\$1,359,296,949	8.8%	33.9%
Hispanic, American Indian or Asian	\$6,968,889	\$8,788,052	\$11,179,398	\$12,746,174	\$21,874,349	\$39,316,024	\$50,045,667	38.9%	1.2%
Other / Unknown	\$369,303,858	\$557,558,837	\$539,683,727	\$606,047,429	\$876,236,348	\$916,765,865	\$1,170,223,838	21.2%	29.1%
<b>Total*</b>	<b>\$2,018,620,428</b>	<b>\$2,459,158,525</b>	<b>\$2,672,145,530</b>	<b>\$3,096,853,528</b>	<b>\$3,382,950,504</b>	<b>\$3,641,714,949</b>	<b>\$4,014,695,264</b>	<b>12.1%</b>	<b>100.0%</b>
<b>By Sex</b>									
Female	\$1,072,190,466	\$1,226,029,669	\$1,395,515,420	\$1,629,577,454	\$1,609,416,417	\$1,763,020,832	\$1,846,398,859	9.5%	46.0%
Male	\$691,382,912	\$821,601,056	\$934,681,893	\$1,087,089,084	\$1,086,981,830	\$1,189,034,835	\$1,239,839,164	10.2%	30.9%
Unknown	\$255,047,050	\$411,527,800	\$341,948,216	\$380,186,990	\$686,552,257	\$689,659,282	\$928,457,241	24.0%	23.1%
<b>Total*</b>	<b>\$2,018,620,428</b>	<b>\$2,459,158,525</b>	<b>\$2,672,145,530</b>	<b>\$3,096,853,528</b>	<b>\$3,382,950,504</b>	<b>\$3,641,714,949</b>	<b>\$4,014,695,264</b>	<b>12.1%</b>	<b>100.0%</b>

Source: Health Care Financing Administration-Form HCFA 2082 for federal fiscal year 98; MSIS data for FFY 99-04.

# SOUTHERN REGION MEDICAID PROFILE

## AVERAGE PAYMENT PER RECIPIENT BY OTHER CHARACTERISTICS

								Above (+) or Annual Below (-) SLC Change Avg. FFY 04	
<b>By Maintenance Assistance Status</b>	<b>FFY 98</b>	<b>FFY 99</b>	<b>FFY 00</b>	<b>FFY 01</b>	<b>FFY 02</b>	<b>FFY 02</b>	<b>FFY 04</b>		
Receiving Cash Assistance or Eligible Under Section 1931	\$3,941.60	\$4,609.92	\$4,910.81	\$4,306.64	\$4,368.36	\$4,722.24	\$4,887.79	3.7%	-7.0%
Poverty Related Eligibles	\$1,984.73	\$1,733.82	\$1,881.76	\$2,033.66	\$2,041.57	\$2,186.25	\$2,316.05	2.6%	13.2%
Medically Needy	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	n/a	-100.0%
Other Eligibles	\$3,592.65	\$3,863.44	\$4,332.09	\$4,430.66	\$4,652.63	\$4,436.89	\$4,781.79	4.9%	-34.1%
Maintenance Assistance Status Unknown	\$11,386.93	\$33,864.69	\$29,920.24	\$33,934.45	\$35,819.26	\$39,177.68	\$43,492.57	25.0%	1528.2%
<b>Total</b>	<b>\$3,392.86</b>	<b>\$3,815.13</b>	<b>\$3,900.35</b>	<b>\$4,070.54</b>	<b>\$4,180.94</b>	<b>\$4,228.57</b>	<b>\$4,686.15</b>	<b>5.5%</b>	<b>13.9%</b>
<b>By Basis of Eligibility</b>									
Aged, Blind or Disabled	\$7,088.11	\$7,612.47	\$8,453.87	\$8,824.13	\$9,170.71	\$8,715.92	\$8,822.01	3.7%	-18.2%
Children	\$1,131.79	\$1,127.98	\$1,239.23	\$1,333.20	\$1,381.18	\$1,443.78	\$1,521.25	5.1%	3.1%
Foster Care Children	\$7,989.93	\$8,162.41	\$8,174.71	\$8,647.12	\$9,418.66	\$8,979.87	\$9,257.76	2.5%	34.5%
Adults	\$1,339.60	\$1,290.93	\$1,483.22	\$1,528.45	\$1,749.16	\$1,921.64	\$2,034.23	7.2%	-22.6%
Basis of Eligibility Unknown	\$11,386.93	\$33,864.69	\$29,920.24	\$33,934.45	\$35,862.33	\$38,988.27	\$43,492.57	25.0%	1405.5%
<b>Total</b>	<b>\$3,392.86</b>	<b>\$3,815.13</b>	<b>\$3,900.35</b>	<b>\$4,070.54</b>	<b>\$4,180.94</b>	<b>\$4,228.57</b>	<b>\$4,686.15</b>	<b>5.5%</b>	<b>13.9%</b>
<b>By Age</b>									
Under Age 1	\$2,912.20	\$2,851.54	\$3,246.74	\$3,406.76	\$3,529.90	\$3,877.81	\$3,906.88	5.0%	5.1%
Age 1 to 5	\$1,167.63	\$1,218.81	\$1,338.13	\$1,420.70	\$1,458.91	\$1,518.85	\$1,646.80	5.9%	-8.4%
Age 6 to 14	\$1,254.51	\$1,243.90	\$1,312.28	\$1,430.97	\$1,513.91	\$1,599.69	\$1,722.67	5.4%	2.7%
Age 15 to 20	\$2,293.75	\$2,212.60	\$2,262.53	\$2,371.04	\$2,492.01	\$2,573.21	\$2,682.42	2.6%	0.8%
Age 21 to 44	\$3,245.61	\$3,228.84	\$3,512.21	\$3,388.45	\$3,591.79	\$3,819.01	\$3,966.77	3.4%	-17.8%
Age 45 to 64	\$7,219.56	\$7,747.94	\$8,575.95	\$8,646.50	\$9,038.95	\$9,528.66	\$9,789.57	5.2%	1.7%
Age 65 to 74	\$4,682.49	\$5,249.59	\$6,073.70	\$6,303.96	\$6,233.72	\$5,361.32	\$5,427.62	2.5%	-26.5%
Age 75 to 84	\$6,525.89	\$7,107.72	\$7,906.67	\$8,170.03	\$7,991.72	\$6,339.77	\$6,337.27	-0.5%	-43.2%
Age 85 and Over	\$9,968.84	\$10,771.89	\$11,736.22	\$11,969.50	\$12,130.86	\$10,200.63	\$10,117.41	0.2%	-41.1%
Age Unknown	\$12,837.40	\$33,867.92	\$29,929.31	\$33,909.63	\$35,830.83	\$39,175.50	\$43,492.57	22.6%	1428.9%
<b>Total</b>	<b>\$3,392.86</b>	<b>\$3,815.13</b>	<b>\$3,900.35</b>	<b>\$4,070.54</b>	<b>\$4,180.94</b>	<b>\$4,228.57</b>	<b>\$4,686.15</b>	<b>5.5%</b>	<b>13.9%</b>
<b>By Race</b>									
White	\$3,730.12	\$4,027.70	\$4,118.99	\$4,337.88	\$4,014.89	\$4,082.91	\$4,228.07	2.1%	-15.5%
Black	\$2,510.53	\$2,576.48	\$2,795.64	\$2,934.64	\$2,859.22	\$3,023.78	\$3,235.73	4.3%	-5.5%
Hispanic, American Indian or Asian	\$1,229.73	\$1,344.56	\$1,424.31	\$1,489.21	\$1,594.22	\$1,957.48	\$2,017.65	8.6%	-21.7%
Other/Unknown	\$8,727.91	\$13,803.35	\$12,670.71	\$12,945.03	\$16,333.68	\$12,946.11	\$16,165.10	10.8%	226.3%
<b>Total</b>	<b>\$3,392.86</b>	<b>\$3,815.13</b>	<b>\$3,900.35</b>	<b>\$4,070.54</b>	<b>\$4,180.94</b>	<b>\$4,228.57</b>	<b>\$4,686.15</b>	<b>5.5%</b>	<b>13.9%</b>
<b>By Sex</b>									
Female	\$2,898.25	\$3,058.03	\$3,305.01	\$3,469.81	\$3,270.61	\$3,350.95	\$3,535.52	3.4%	-15.6%
Male	\$3,371.84	\$3,592.74	\$3,765.46	\$3,947.02	\$3,650.90	\$3,746.66	\$3,960.57	2.7%	-1.1%
Unknown	\$12,770.23	\$27,480.99	\$23,361.91	\$24,166.48	\$35,532.15	\$38,895.68	\$43,331.18	22.6%	957.7%
<b>Total</b>	<b>\$3,392.86</b>	<b>\$3,815.13</b>	<b>\$3,900.35</b>	<b>\$4,070.54</b>	<b>\$4,180.94</b>	<b>\$4,228.57</b>	<b>\$4,686.15</b>	<b>5.5%</b>	<b>13.9%</b>

Source: Health Care Financing Administration-Form HCFA 2082 for federal fiscal year 98; MSIS data for FFY 99-04.



## SOUTHERN REGION MEDICAID PROFILE

### ADDITIONAL STATE HEALTH CARE INFORMATION

Sources: "Issue Briefs", Health Policy Tracking Service, January 2005; "Medicaid Services State by State", CMS, October 2004; "State Health Facts", The Henry Kaiser Foundation, January 2005; and the state Medicaid Website.

#### Waivers

Created the SilverxCard program as a health reform demonstration, under Section 1115, that provides a comprehensive pharmacy to low income seniors. Through this program, non-Medicaid eligible South Carolina residents who are 65 or older, have no other prescription insurance, and are at or below 200% of the FPL receive pharmacy services through the Medicaid program. Serves 57,114 people, operating since January 1, 2003.

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 11,000 people, operating since October 1, 1984.
- Elderly and Disabled (SC Choice): Serves 69 people, operating since May 1, 2003.
- AIDS: Serves 990 people, operating since October 1, 1988.
- Mental Retardation and Related Conditions: Serves 4,574 people, operating since October 1, 1991.
- Traumatic Brain Injury (including spinal cord injuries): Serves 458 people, operating since April 1, 1995.
- People Age 21 and Over Dependent on Mechanical Ventilation: Serves 33 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. Serves 59,800 people, operating since June 1, 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.

## SOUTHERN REGION MEDICAID PROFILE

### **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 \$7.5 million of this amount going to the Medicaid Expansion Fund.
- In August 2001, received approval from the HHS to extend Medicaid coverage to low-income, uninsured women for breast or cervical treatment.
- Appropriated funds to extend Medicaid benefits to working disabled individuals whose family income is less than 250% of the FPL and who could receive Supplemental Security Income (SSI) benefits except for their earned income.
- Appropriated funds to establish the Rehabilitative Therapy Services Fund for payment to private providers for Medicaid services to eligible children, including physical, occupational, and speech therapies and audiology services.
- In FY 02, enacted legislation as follows:
  1. Added medications to the list of items requiring prior authorization.
  2. Increased co-payments for prescription drugs by \$1.
  3. Limited Medicare crossover payments.
  4. Increased physician reimbursement rates.
- In 2004, enacted legislation and/or policy changes in Medicaid as follows:
  1. Initiated a Pharmacy and Therapeutics Committee to clinically evaluate and establish a preferred drug list.
  2. Initiated a more stringent enforcement of monthly drug limits established for Medicaid recipients.
  3. Implemented co-pays for Medicaid recipients ranging from \$1.00 for podiatrist and chiropractor visits, \$2.00 for physician office visits and other outpatient services, \$3.00 for outpatient hospital visits, durable medical equipment, dental visits, and pharmacy for recipients over 19, and \$25.00 for inpatient hospital stays.

### **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 210,553 as of September 2004. SCHIP eligibles accounted for 52,061 of the net increase. There were 75,597 SCHIP recipients in the program as of September 2004.

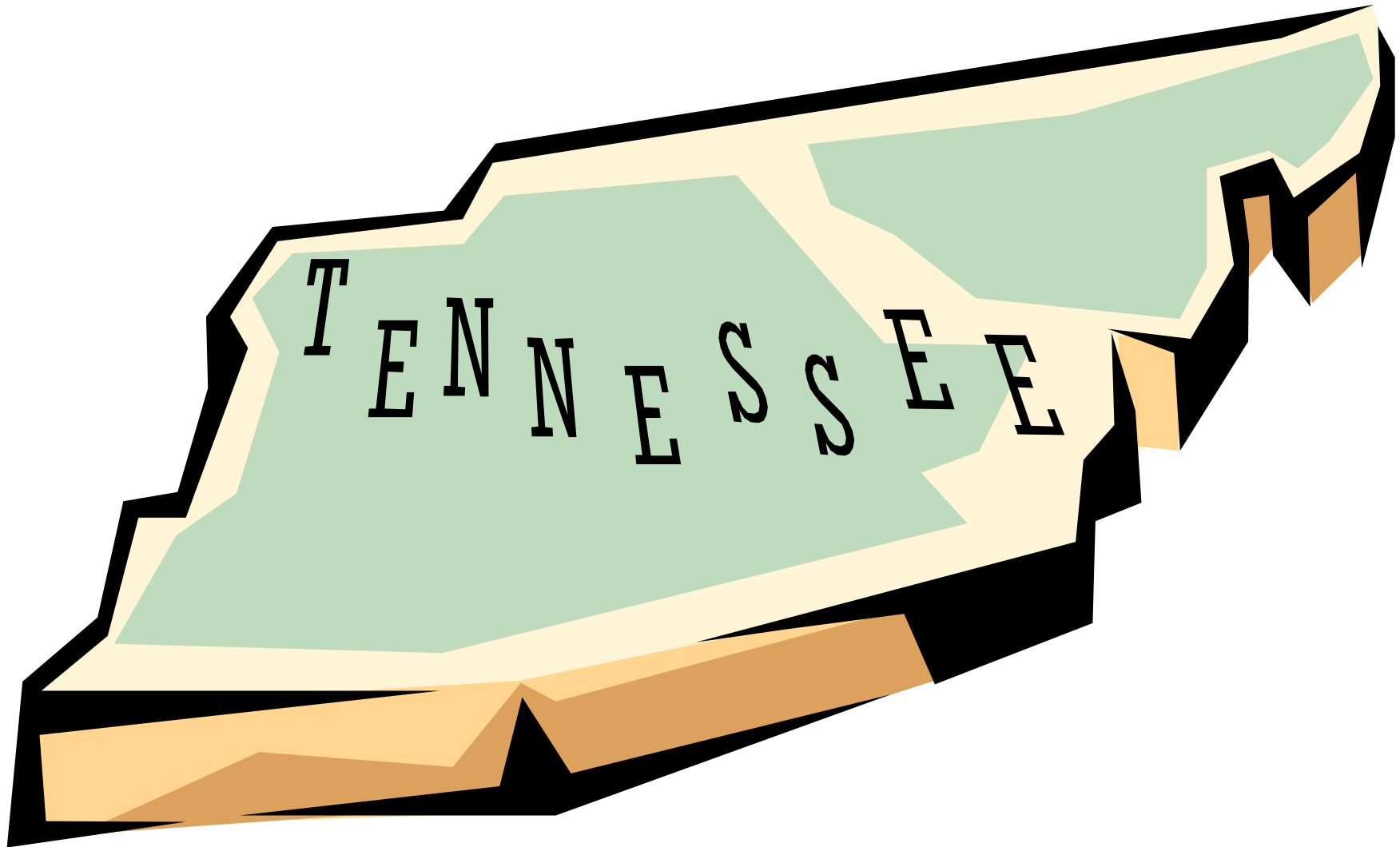
## SOUTHERN REGION MEDICAID PROFILE

### Tobacco Settlement

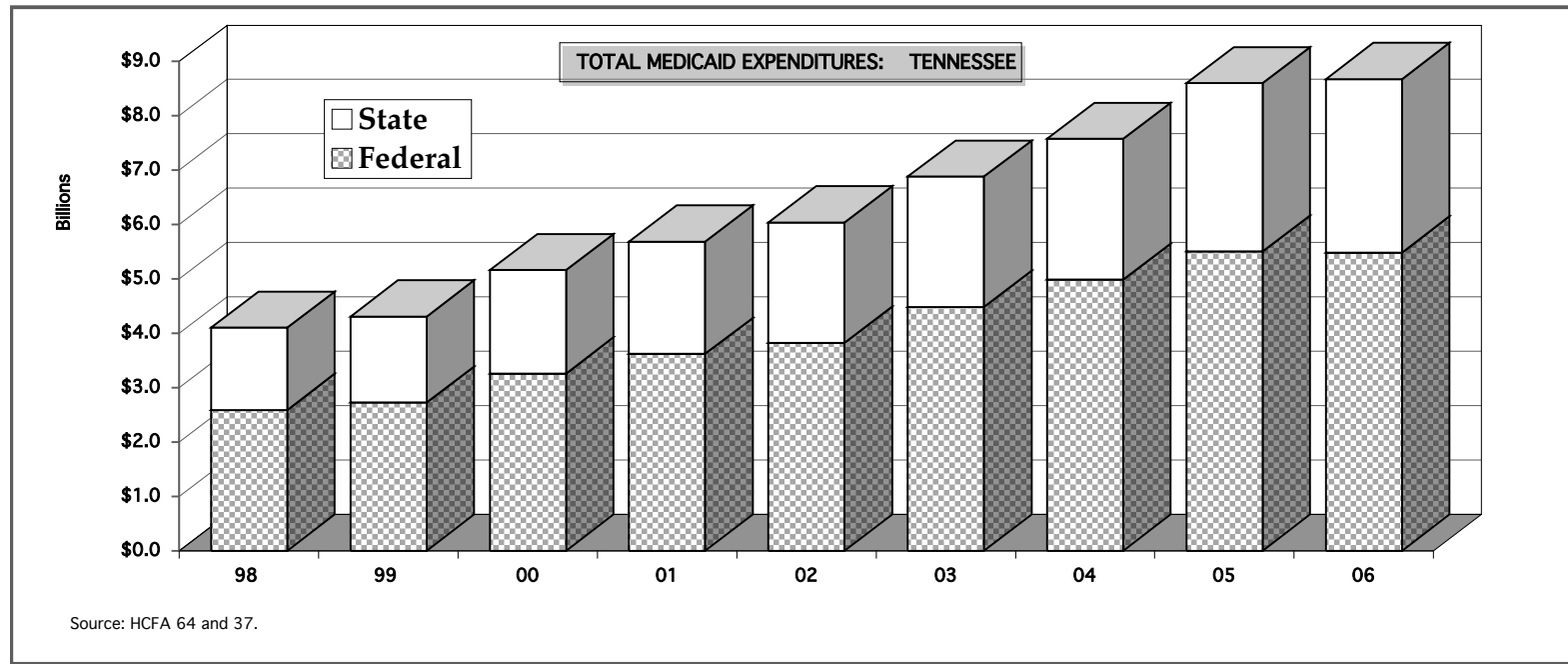
- The state expects to receive approximately \$2.4 billion over 25 years.
- From FY 00 through FY 04, the cumulative tobacco settlement payment was approximately \$1.06 billion.
- The state has allocated these funds and compares with the U.S. as follows:

	SC	%	U.S.	%
Tobacco use prevention	\$1,750,000	0.2%	\$1,813,423,000	4.6%
Health services	\$260,941,000	24.7%	\$11,824,057,000	29.9%
Long-term care	\$24,000,000	2.3%	\$2,200,066,000	5.6%
Health research	\$0	0.0%	\$1,472,863,000	3.7%
Education	\$0	0.0%	\$2,051,182,000	5.2%
Children and Youth (Nonhealth)	\$5,500,000	0.5%	\$1,229,719,000	3.1%
Tobacco Farmers	\$196,500,000	18.6%	\$1,217,021,000	3.1%
Endowments and Reserves	\$553,000,000	52.2%	\$7,636,209,000	19.3%
Other	\$16,700,000	1.6%	\$10,048,868,000	25.4%
Total	\$1,058,391,000	100.0%	\$39,493,408,000	100.0%

## STATE MEDICAID PROFILE



# SOUTHERN REGION MEDICAID PROFILE



State profile revised to reflect MSIS statistical data as reported by CMS for federal fiscal years 99 through 04.

	FFY 98	FFY 99	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05**	FFY 06**	Annual Rate of Change	Total Change 98-06
Medicaid Payments	\$3,973,329,340	\$4,178,613,010	\$4,993,964,836	\$5,519,373,714	\$5,791,956,207	\$6,357,163,063	\$7,029,807,190	\$7,989,497,000	\$8,043,763,000	9.2%	102.4%
Federal Share	\$2,521,519,369	\$2,657,217,024	\$3,161,527,392	\$3,528,514,477	\$3,692,883,112	\$4,211,212,123	\$4,699,732,707	\$5,177,993,000	\$5,148,014,000	9.3%	104.2%
State Share	\$1,451,809,971	\$1,521,395,986	\$1,832,437,444	\$1,990,859,237	\$2,099,073,095	\$2,145,950,940	\$2,330,074,483	\$2,811,504,000	\$2,895,749,000	9.0%	99.5%
Administrative Costs	\$123,168,141	\$126,015,624	\$163,074,995	\$164,842,053	\$245,058,264	\$523,444,783	\$545,895,059	\$603,424,000	\$628,900,000	22.6%	410.6%
Federal Share	\$66,979,817	\$68,589,229	\$96,478,650	\$88,991,229	\$129,957,668	\$272,102,238	\$286,021,444	\$319,793,000	\$333,292,000	22.2%	397.6%
State Share	\$56,188,324	\$57,426,395	\$66,596,345	\$75,850,824	\$115,100,596	\$251,342,545	\$259,873,615	\$283,631,000	\$295,608,000	23.1%	426.1%
Admin. Costs as % of Payments	3.10%	3.02%	3.27%	2.99%	4.23%	8.23%	7.77%	7.55%	7.82%		
Federal Match Rate*	63.36%	63.09%	63.10%	63.79%	63.64%	64.59%	64.40%	64.81%	63.99%		

\*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 05 and 06 reflect latest estimates reported by each state (CMS 37).

## SOUTHERN REGION MEDICAID PROFILE

STATE FINANCING	Payments		Administration	
	FFY 98	FFY 04	FFY 98	FFY 04
State General Fund	\$1,451,809,971	\$2,141,784,732	\$56,188,324	\$259,873,615
Local Funds	\$0	\$0	\$0	\$0
Provider Taxes	\$0	\$188,010,404	\$0	\$0
Donations	\$0	\$279,347	\$0	\$0
Other	\$0	\$0	\$0	\$0
Total State Share	\$1,451,809,971	\$2,330,074,483	\$56,188,324	\$259,873,615

*\*Donations from Outstationed Eligibility Workers Program*

Provider Taxes Currently in Place (FFY 04)		
	Tax Rate	Amount
Nursing homes	\$3,250 per bed per year	\$86,809,181
ICF / MR facilities	6% of revenues	\$14,145,825
HMO's	2% of enrollee revenue	\$72,588,765
Physician Professional fee		\$14,466,633
Total		\$188,010,404

### DISPROPORTIONATE SHARE HOSPITAL (DSH) PAYMENTS

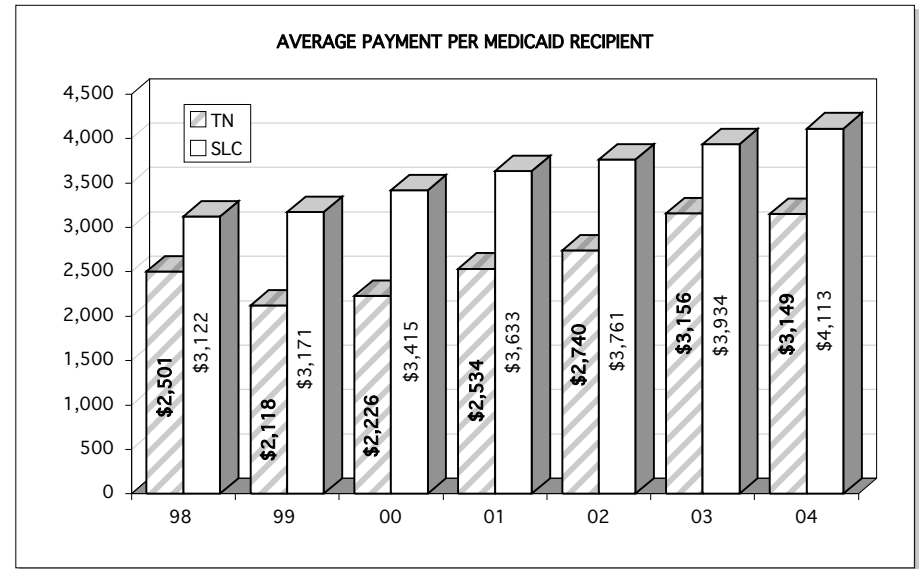
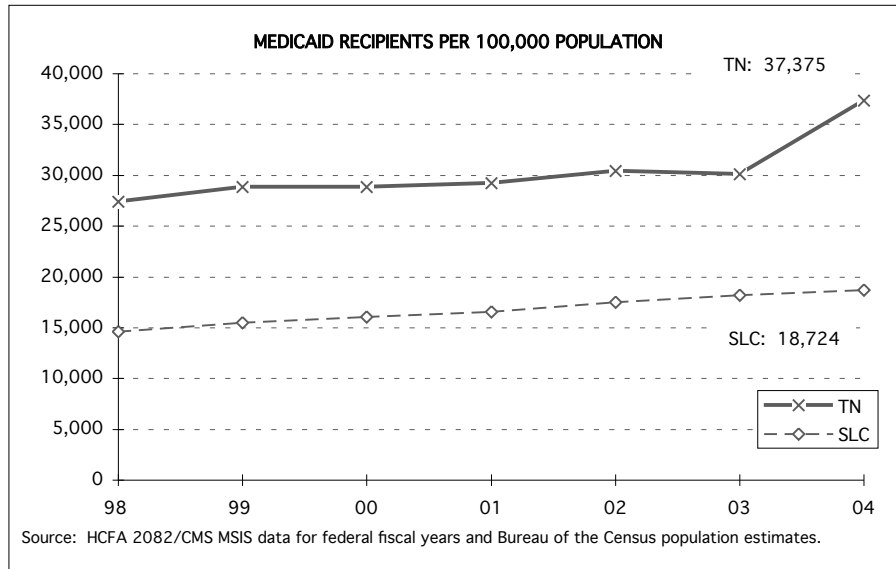
	FFY 98	FFY 99	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05**	FFY 06**	Annual Change
General Hospitals	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a
Mental Hospitals	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a
Total	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a

SELECTED ELIGIBILITY CRITERIA				DEMOGRAPHIC DATA & POVERTY INDICATORS (2004)			
	At 10/1/04	% of FPL*					Rank in U.S.
TANF-Temporary Assistance for Needy Families (Family of 3)				State population—July 1, 2004*	5,900,962		16
Need Standard	\$942	72.1%		Per capita personal income**	\$30,005		35
Payment Standard	\$180	13.8%		Median household income**	\$37,529		42
Maximum Payment	\$185	14.2%					
Medically Needy Program (Family of 3)				Population below Federal Poverty Level on July 1, 2003*	843,838		
Income Eligibility Standard	\$317			Percent of total state population	14.3%		8
Resource Standard	\$3,000						
Pregnant Women, Children and Infants (% of FPL* for Family of 3))				Population without health insurance coverage*	778,000		17
Pregnant women and infants		185.0%		Percent of total state population	13.2%		31
Children to age 6		133.0%					
Children 6 to19		100.0%		Recipients of Food Stamps***	806,490		10
SSI Eligibility Levels				Households receiving Food Stamps***	351,781		10
Income:				Total value of issuance***	\$811,798,438		10
Single Person	\$564	72.7%		Average monthly benefit per recipient	\$83.88		23
Couple	\$846	81.3%		Average monthly benefit per household	\$192.31		
Resources:				Monthly recipients of Temporary Assistance to Needy Families (TANF)****	184,253		6
Single Person	\$2,000			Total TANF payments****	\$129,962,815		47
Couple	\$3,000			Average monthly payment per recipient	\$58.78		47
				Maximum monthly payment per family of 3	\$185.00		48

\*Current federal poverty level is \$9,310 per year for a single person, \$12,490 for a family of two and \$15,670 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 98	FFY 99	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	Annual Change
01. General Hospital	51,793	49,847	47,803	47,803	70,649	137,938	149,428	19.3%
02. Mental Hospital	378	413	379	379	2,249	5,348	6,225	59.5%
03. Skilled and Intermediate (non-MR) Care Nursing	51,279	51,028	51,928	51,928	37,954	37,032	45,129	-2.1%
04. Intermediate Care for Mentally Retarded	1,919	1,766	1,689	1,689	1,529	1,590	1,772	-1.3%
05. Physician Services	193,930	196,023	205,513	205,513	950,918	1,145,932	1,502,861	40.7%
06. Dental Services	400	375	400	400	131,899	249,521	264,706	195.2%
07. Other Practitioners	48,093	49,430	52,672	52,672	81,693	126,547	279,630	34.1%
08. Outpatient Hospital	113,469	112,727	110,361	110,361	391,827	533,956	696,022	35.3%
09. Clinic Services	17,167	17,016	18,543	18,543	69,361	91,596	246,755	55.9%
10. Lab and X-Ray	102,396	105,888	111,650	111,650	390,011	548,900	951,684	45.0%
11. Home Health	612	412	351	351	5,102	8,359	21,031	80.3%
12. Prescribed Drugs	813,981	864,679	890,000	890,000	916,968	852,307	1,617,417	12.1%
13. Family Planning	388	411	351	351	5	18	7,548	64.0%
14. Early & Periodic Screening, Diagnosis & Treatment	0	0	0	0	0	0	0	n/a
15. Other Care	74,471	77,076	80,554	80,554	266,227	355,936	395,003	32.1%
16. Personal Care Support Services	0	0	0	0	13,044	19,275	131,134	217.1%
17. Home/Community Based Waiver Services	6,000	6,000	6,100	6,100	0	0	0	-100.0%
18. Prepaid Health Care	1,285,485	1,302,300	1,352,855	1,352,855	1,687,571	1,634,125	2,157,894	9.0%
19. Primary Care Case Management (PCCM) Services	0	0	0	0	0	0	0	n/a
<b>Total*</b>	<b>1,453,538</b>	<b>1,550,955</b>	<b>1,568,318</b>	<b>1,602,027</b>	<b>1,732,381</b>	<b>1,729,589</b>	<b>2,205,488</b>	<b>7.2%</b>

\*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.

Annual Share of Total

# SOUTHERN REGION MEDICAID PROFILE

<u>PAYMENTS BY TYPE OF SERVICES</u>	<u>FFY 98</u>	<u>FFY 99</u>	<u>FFY 00</u>	<u>FFY 01</u>	<u>FFY 02</u>	<u>FFY 03</u>	<u>FFY 04</u>	<u>Change</u>	<u>FFY 04</u>
01. General Hospital	\$295,266,324	\$321,723,323	\$348,677,006	\$454,987,177	\$194,193,842	\$437,895,269	\$586,525,457	12.1%	8.4%
02. Mental Hospital	\$584,854	\$19,373,596	\$647,437	\$21,769,187	\$10,295,186	\$13,196,910	\$29,036,171	91.7%	0.4%
03. Skilled and Intermediate (non-MR) Care Nursing	\$706,182,082	\$585,765,916	\$661,337,949	\$705,391,029	\$702,819,530	\$741,492,076	\$827,155,826	2.7%	11.9%
04. Intermediate Care for Mentally Retarded	\$243,609,178	\$217,093,714	\$216,098,144	\$208,463,437	\$237,844,313	\$214,037,612	\$145,047,534	-8.3%	2.1%
05. Physician Services	\$20,810,346	\$121,551,963	\$127,497,595	\$144,940,411	\$435,059,614	\$754,584,648	\$974,874,987	89.9%	14.0%
06. Dental Services	\$32,683	\$22,546	\$21,284	\$23,656	\$28,660,471	\$101,851,789	\$130,447,614	298.3%	1.9%
07. Other Practitioners	\$3,578,828	\$7,072,248	\$8,333,854	\$9,674,941	\$11,580,358	\$15,566,927	\$100,180,951	74.3%	1.4%
08. Outpatient Hospital	\$14,150,088	\$19,237,055	\$13,662,007	\$15,943,430	\$182,739,332	\$369,401,816	\$446,316,726	77.8%	6.4%
09. Clinic Services	\$15,773,054	\$18,653,214	\$2,793,119	\$6,346,412	\$5,370,258	\$6,643,693	\$89,342,599	33.5%	1.3%
10. Lab and X-Ray	\$2,375,511	\$1,891,029	\$2,402,437	\$2,508,205	\$35,509,587	\$74,735,062	\$128,287,383	94.4%	1.8%
11. Home Health	\$415,361	\$4,150,319	\$4,604,678	\$4,811,705	\$11,471,581	\$19,815,921	\$147,802,937	166.2%	2.1%
12. Prescribed Drugs	\$29,538,580	\$136,656,315	\$273,537,047	\$680,583,468	\$573,588,021	\$1,772,766,619	\$2,337,847,829	107.2%	33.7%
13. Family Planning	\$0	\$0	\$0	\$0	\$653	\$1,242	\$10,518,259	12591.6%	0.2%
14. Early & Periodic Screening, Diagnosis & Treatment	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a	0.0%
15. Other Care	\$17,401,517	\$50,570,025	\$105,070,890	\$226,803,335	\$320,774,534	\$390,087,275	\$361,360,963	65.8%	5.2%
16. Personal Care Support Services	\$0	\$41,575	\$191,690	\$527,049	\$6,497,696	\$15,477,428	\$48,648,013	310.8%	0.7%
17. Home/Community Based Waiver Services	\$86,147,127	\$0	\$0	\$0	\$0	\$0	\$0	-100.0%	0.0%
18. Prepaid Health Care	\$2,199,906,620	\$1,781,520,135	\$1,726,081,444	\$1,576,558,611	\$1,991,144,922	\$531,739,476	\$581,579,509	-19.9%	8.4%
19. Primary Case Management (PCCM) Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a	0.0%
<b>Total (excludes DSH pymts, pharmacy rebates, &amp; other adjs.)</b>	<b>\$3,635,772,153</b>	<b>\$3,285,322,973</b>	<b>\$3,490,956,581</b>	<b>\$4,059,332,053</b>	<b>\$4,747,549,898</b>	<b>\$5,459,293,763</b>	<b>\$6,944,972,758</b>	<b>11.4%</b>	<b>100.0%</b>

## AVERAGE PAYMENTS PER RECIPIENT BY TYPE OF SERVICES

								(+) or (-) SLC	
									<u>Avg. FFY 04</u>
01. General Hospital	\$5,700.89	\$6,454.22	\$7,294.04	\$9,517.96	\$2,748.71	\$3,174.58	\$3,925.14	-6.0%	-27.6%
02. Mental Hospital	\$1,547.23	\$46,909.43	\$1,708.28	\$57,438.49	\$4,577.67	\$2,467.63	\$4,664.45	20.2%	-75.4%
03. Skilled and Intermediate (non-MR) Care Nursing	\$13,771.37	\$11,479.30	\$12,735.67	\$13,584.02	\$18,517.67	\$20,023.01	\$18,328.70	4.9%	-18.2%
04. Intermediate Care for Mentally Retarded	\$126,945.90	\$122,929.62	\$127,944.43	\$123,424.18	\$155,555.47	\$134,614.85	\$81,855.27	-7.1%	1.8%
05. Physician Services	\$107.31	\$620.09	\$620.39	\$705.26	\$457.52	\$658.49	\$648.68	35.0%	18.2%
06. Dental Services	\$81.71	\$60.12	\$53.21	\$59.14	\$217.29	\$408.19	\$492.80	34.9%	41.4%
07. Other Practitioners	\$74.41	\$143.08	\$158.22	\$183.68	\$141.75	\$123.01	\$358.26	29.9%	88.6%
08. Outpatient Hospital	\$124.70	\$170.65	\$123.79	\$144.47	\$466.38	\$691.82	\$641.24	31.4%	4.1%
09. Clinic Services	\$918.80	\$1,096.22	\$150.63	\$342.25	\$77.42	\$72.53	\$362.07	-14.4%	-43.9%
10. Lab and X-Ray	\$23.20	\$17.86	\$21.52	\$22.46	\$91.05	\$136.15	\$134.80	34.1%	-31.0%
11. Home Health	\$678.69	\$10,073.59	\$13,118.74	\$13,708.56	\$2,248.45	\$2,370.61	\$7,027.86	47.6%	138.8%
12. Prescribed Drugs	\$36.29	\$158.04	\$307.34	\$764.70	\$625.53	\$2,079.96	\$1,445.42	84.8%	0.3%
13. Family Planning	\$0.00	\$0.00	\$0.00	\$0.00	\$130.60	\$69.00	\$1,393.52	226.7%	21.3%
14. Early & Periodic Screening, Diagnosis & Treatment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	n/a	-100.0%
15. Other Care	\$233.67	\$656.11	\$1,304.35	\$2,815.54	\$1,204.89	\$1,095.95	\$914.83	25.5%	-52.2%
16. Personal Care Support Services	\$0.00	\$0.00	\$0.00	\$0.00	\$498.14	\$802.98	\$370.98	-13.7%	-72.4%
17. Home/Community Based Waiver Services	\$14,357.85	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-100.0%	-100.0%
18. Prepaid Health Care	\$1,711.34	\$1,367.98	\$1,275.88	\$1,165.36	\$1,179.89	\$325.40	\$269.51	-26.5%	-77.3%
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%
<b>Total (Average)</b>	<b>\$2,501.33</b>	<b>\$2,118.26</b>	<b>\$2,225.92</b>	<b>\$2,533.87</b>	<b>\$2,740.48</b>	<b>\$3,156.41</b>	<b>\$3,148.95</b>	<b>3.9%</b>	<b>-23.4%</b>

<b>TOTAL PER CAPITA EXPENDITURES</b>	<b>\$771.85</b>	<b>\$801.35</b>	<b>\$949.62</b>	<b>\$1,036.60</b>	<b>\$1,061.12</b>	<b>\$1,198.71</b>	<b>\$1,283.81</b>	<b>8.8%</b>	<b>46.6%</b>
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Source: Health Care Financing Administration-Form HCFA 2082 for federal fiscal year 98; MSIS data for FFY 99-04.



# SOUTHERN REGION MEDICAID PROFILE

## DATA BY OTHER CHARACTERISTICS

### RECIPIENTS BY OTHER CHARACTERISTICS

	<u>FFY 98</u>	<u>FFY 99</u>	<u>FFY 00</u>	<u>FFY 01</u>	<u>FFY 02</u>	<u>FFY 03</u>	<u>FFY 04</u>	<i>Annual Change</i>	<i>Share of Total FFY 04</i>
<b>By Maintenance Assistance Status</b>									
Receiving Cash Assistance or Eligible Under Section 1931	330,240	413,274	415,106	437,646	478,675	537,217	842,351	16.9%	38.2%
Poverty Related Eligibles	199,930	735,897	798,341	811,828	243,007	258,158	302,059	7.1%	13.7%
Medically Needy	130,661	113,604	107,099	105,120	116,637	204,234	268,662	12.8%	12.2%
Other Eligibles	266,534	235,613	182,861	219,360	835,754	619,475	716,189	17.9%	32.5%
Maintenance Assistance Status Unknown	526,173	52,567	64,911	28,073	58,308	110,505	76,227	-27.5%	3.5%
<b>Total</b>	<b>1,453,538</b>	<b>1,550,955</b>	<b>1,568,318</b>	<b>1,602,027</b>	<b>1,732,381</b>	<b>1,729,589</b>	<b>2,205,488</b>	7.2%	100.0%
<b>By Basis of Eligibility</b>									
Aged, Blind, or Disabled	343,264	404,122	402,202	408,179	430,553	415,076	691,540	14.4%	31.4%
Children	396,653	628,402	636,781	667,829	723,890	692,450	769,751	-39.6%	34.9%
Foster Care Children	12,918	12,213	12,498	12,579	11,368	15,369	19,344	92.0%	0.9%
Adults	174,530	453,651	451,926	485,367	531,554	496,186	647,956	-12.8%	29.4%
Basis of Eligibility Unknown	526,173	52,567	64,911	28,073	35,016	110,508	76,897	27.0%	3.5%
<b>Total</b>	<b>1,453,538</b>	<b>1,550,955</b>	<b>1,568,318</b>	<b>1,602,027</b>	<b>1,732,381</b>	<b>1,729,589</b>	<b>2,205,488</b>	-100.0%	100.0%
<b>By Age</b>									
Under Age 1	54,283	32,728	32,460	33,812	34,308	34,563	36,901	36.7%	1.7%
Age 1 to 5	187,926	193,563	195,053	202,304	213,237	211,592	245,389	2.8%	11.1%
Age 6 to 14	276,711	297,421	301,720	316,617	335,549	317,722	354,946	14.1%	16.1%
Age 15 to 20	150,886	160,150	163,104	171,631	183,391	179,763	222,034	18.8%	10.1%
Age 21 to 44	405,717	430,494	423,659	443,946	476,353	445,576	611,015	-16.4%	27.7%
Age 45 to 64	221,241	236,642	240,148	253,768	274,498	268,184	423,812	-18.5%	19.2%
Age 65 to 74	71,973	72,448	74,665	78,939	83,202	86,767	138,381	-12.6%	6.3%
Age 75 to 84	51,387	45,519	44,537	45,240	46,372	47,885	64,626	6.8%	2.9%
Age 85 and Over	33,414	29,456	28,101	27,719	27,182	27,034	32,162	101.0%	1.5%
Age Unknown	0	52,534	64,871	28,051	58,289	110,503	76,222	-100.0%	3.5%
<b>Total</b>	<b>1,453,538</b>	<b>1,550,955</b>	<b>1,568,318</b>	<b>1,602,027</b>	<b>1,732,381</b>	<b>1,729,589</b>	<b>2,205,488</b>	-100.0%	100.0%
<b>By Race</b>									
White	962,743	1,027,100	1,036,087	1,058,265	1,104,503	1,069,293	1,419,031	6.7%	64.3%
Black	415,847	440,208	442,131	451,943	464,842	443,673	560,902	5.1%	25.4%
Hispanic, American Indian or Asian	12,566	27,995	19,597	20,037	50,220	48,600	65,404	31.6%	3.0%
Other/Unknown	62,382	55,653	70,503	71,782	112,816	168,023	160,151	17.0%	7.3%
<b>Total*</b>	<b>1,453,538</b>	<b>1,550,955</b>	<b>1,568,318</b>	<b>1,602,027</b>	<b>1,732,381</b>	<b>1,729,589</b>	<b>2,205,488</b>	7.2%	100.0%
<b>By Sex</b>									
Female	844,815	654,416	906,219	924,750	960,387	933,886	1,249,793	6.7%	56.7%
Male	608,723	896,539	662,099	677,277	713,705	685,199	879,470	6.3%	39.9%
Unknown	0	0	0	0	58,289	110,504	76,225	14.4%	3.5%
<b>Total*</b>	<b>1,453,538</b>	<b>1,550,955</b>	<b>1,568,318</b>	<b>1,602,027</b>	<b>1,732,381</b>	<b>1,729,589</b>	<b>2,205,488</b>	7.2%	100.0%

Source: Health Care Financing Administration-Form HCFA 2082 for federal fiscal year 98; MSIS data for FFY 99-04.

## SOUTHERN REGION MEDICAID PROFILE

### PAYMENTS BY OTHER CHARACTERISTICS

	FFY 98	FFY 99	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	Annual Change	Share of Total FFY 04
<b>By Maintenance Assistance Status</b>									
Receiving Cash Assistance or Eligible Under Section 1931	\$1,134,650,408	\$1,241,486,538	\$1,531,196,651	\$1,502,199,446	\$1,797,648,574	\$2,328,432,770	\$3,266,166,282	19.3%	47.0%
Poverty Related Eligibles	\$796,140,654	\$1,284,753,013	\$1,431,821,061	\$1,785,669,064	\$781,659,107	\$313,262,419	\$410,263,750	-10.5%	5.9%
Medically Needy	\$186,212,160	\$150,830,604	\$169,347,881	\$172,640,159	\$205,773,920	\$509,826,438	\$660,194,391	23.5%	9.5%
Other Eligibles	\$1,060,010,665	\$605,837,323	\$343,222,015	\$598,823,384	\$1,949,198,034	\$2,270,147,260	\$2,529,507,821	15.6%	36.4%
Maintenance Assistance Status Unknown	\$458,758,266	\$2,415,495	\$15,368,973	\$0	\$13,270,263	\$37,624,876	\$78,840,514	-25.4%	1.1%
<b>Total</b>	<b>\$3,635,772,153</b>	<b>\$3,285,322,973</b>	<b>\$3,490,956,581</b>	<b>\$4,059,332,053</b>	<b>\$4,747,549,898</b>	<b>\$5,459,293,763</b>	<b>\$6,944,972,758</b>	<b>11.4%</b>	<b>100.0%</b>
<b>By Basis of Eligibility</b>									
Aged, Blind or Disabled	\$1,912,298,607	\$1,962,310,619	\$1,664,387,569	\$2,113,343,387	\$2,637,036,147	\$3,239,966,357	\$4,095,307,261	13.5%	59.0%
Children	\$471,335,600	\$542,319,291	\$758,377,426	\$710,732,689	\$714,704,280	\$729,551,275	\$951,471,275	12.4%	13.7%
Foster Care Children	\$66,381,396	\$78,596,493	\$77,993,878	\$72,873,756	\$92,344,399	\$112,749,461	\$123,920,913	11.0%	1.8%
Adults	\$726,327,557	\$699,681,075	\$974,828,735	\$1,162,382,221	\$1,290,194,809	\$1,339,391,041	\$1,690,341,791	15.1%	24.3%
Basis of Eligibility Unknown	\$459,428,993	\$2,415,495	\$15,368,973	\$0	\$13,270,263	\$37,635,629	\$83,931,518	-24.7%	1.2%
<b>Total</b>	<b>\$3,635,772,153</b>	<b>\$3,285,322,973</b>	<b>\$3,490,956,581</b>	<b>\$4,059,332,053</b>	<b>\$4,747,549,898</b>	<b>\$5,459,293,763</b>	<b>\$6,944,972,758</b>	<b>11.4%</b>	<b>100.0%</b>
<b>By Age</b>									
Under Age 1	\$41,226,951	\$21,358,039	\$38,192,217	\$38,216,039	\$52,485,225	\$66,264,878	\$85,985,719	13.0%	1.2%
Age 1 to 5	\$182,377,106	\$171,331,655	\$221,217,724	\$195,769,464	\$208,501,627	\$250,860,590	\$337,610,882	10.8%	4.9%
Age 6 to 14	\$311,085,447	\$295,865,131	\$397,902,682	\$360,791,541	\$350,454,250	\$367,989,272	\$486,623,272	7.7%	7.0%
Age 15 to 20	\$332,509,797	\$336,871,580	\$438,127,593	\$399,439,472	\$386,414,328	\$360,035,607	\$477,319,899	6.2%	6.9%
Age 21 to 44	\$1,002,377,630	\$988,904,646	\$1,267,243,826	\$1,256,244,945	\$1,440,318,095	\$1,465,441,787	\$1,932,001,761	11.6%	27.8%
Age 45 to 64	\$704,159,023	\$700,539,993	\$874,282,371	\$1,023,861,705	\$1,394,324,512	\$1,691,386,390	\$2,184,433,054	20.8%	31.5%
Age 65 to 74	\$245,638,770	\$219,442,200	\$163,402,124	\$213,957,036	\$282,720,936	\$447,452,865	\$526,096,163	13.5%	7.6%
Age 75 to 84	\$369,874,449	\$254,721,104	\$62,842,730	\$265,122,590	\$300,332,862	\$399,975,673	\$441,803,405	3.0%	6.4%
Age 85 and Over	\$446,522,980	\$293,937,238	\$12,406,917	\$305,929,261	\$318,755,176	\$372,266,675	\$394,260,688	-2.1%	5.7%
Age Unknown	\$0	\$2,351,387	\$15,338,397	\$0	\$13,242,887	\$37,620,026	\$78,837,915	101.9%	1.1%
<b>Total</b>	<b>\$3,635,772,153</b>	<b>\$3,285,322,973</b>	<b>\$3,490,956,581</b>	<b>\$4,059,332,053</b>	<b>\$4,747,549,898</b>	<b>\$5,459,293,763</b>	<b>\$6,944,972,758</b>	<b>11.4%</b>	<b>100.0%</b>
<b>By Race</b>									
White	\$2,237,034,676	\$1,993,081,754	\$2,379,721,705	\$2,753,991,672	\$3,421,275,083	\$3,979,573,999	\$4,979,277,117	14.3%	71.7%
Black	\$790,931,654	\$697,530,394	\$1,053,223,802	\$1,196,334,667	\$1,024,268,757	\$1,060,123,414	\$1,373,567,912	9.6%	19.8%
Hispanic, American Indian or Asian	\$25,682,408	\$23,393,737	\$50,533,812	\$55,206,195	\$58,734,913	\$59,117,964	\$109,609,676	27.4%	1.6%
Other/ Unknown	\$582,123,415	\$571,317,087	\$7,477,262	\$53,799,519	\$243,271,145	\$360,478,386	\$482,518,053	-3.1%	6.9%
<b>Total*</b>	<b>\$3,635,772,153</b>	<b>\$3,285,322,973</b>	<b>\$3,490,956,581</b>	<b>\$4,059,332,053</b>	<b>\$4,747,549,898</b>	<b>\$5,459,293,763</b>	<b>\$6,944,972,758</b>	<b>11.4%</b>	<b>100.0%</b>
<b>By Sex</b>									
Female	\$1,974,403,831	\$1,758,322,407	\$1,765,144,052	\$2,085,929,055	\$2,895,365,294	\$3,356,141,655	\$4,210,915,777	13.5%	60.6%
Male	\$1,205,877,576	\$1,066,048,064	\$1,333,639,315	\$1,542,091,553	\$1,838,941,717	\$2,065,531,512	\$2,655,205,343	14.1%	38.2%
Unknown	\$455,490,746	\$460,952,502	\$392,173,214	\$431,311,445	\$13,242,887	\$37,620,596	\$78,851,638	-25.3%	1.1%
<b>Total*</b>	<b>\$3,635,772,153</b>	<b>\$3,285,322,973</b>	<b>\$3,490,956,581</b>	<b>\$4,059,332,053</b>	<b>\$4,747,549,898</b>	<b>\$5,459,293,763</b>	<b>\$6,944,972,758</b>	<b>11.4%</b>	<b>100.0%</b>

Source: Health Care Financing Administration-Form HCFA 2082 for federal fiscal year 98; MSIS data for FFY 99-04.

## SOUTHERN REGION MEDICAID PROFILE

### AVERAGE PAYMENT PER RECIPIENT BY OTHER CHARACTERISTICS

								<i>Annual Change</i>	<i>Above (+) or Below (-) SLC Avg. FFY 04</i>
<b>By Maintenance Assistance Status</b>	<b>FFY 98</b>	<b>FFY 99</b>	<b>FFY 00</b>	<b>FFY 01</b>	<b>FFY 02</b>	<b>FFY 03</b>	<b>FFY 04</b>		
Receiving Cash Assistance or Eligible Under Section 1931	\$3,435.84	\$3,004.03	\$3,688.69	\$3,432.45	\$3,755.47	\$4,334.25	\$3,877.44	2.0%	-26.2%
Poverty Related Eligibles	\$3,982.10	\$1,745.83	\$1,793.50	\$2,199.57	\$3,216.61	\$1,213.45	\$1,358.22	-16.4%	-33.6%
Medically Needy	\$1,425.15	\$1,327.69	\$1,581.23	\$1,642.32	\$1,764.23	\$2,496.29	\$2,457.34	9.5%	-60.4%
Other Eligibles	\$3,977.02	\$2,571.32	\$1,876.96	\$2,729.87	\$2,332.26	\$3,664.63	\$3,531.90	-2.0%	-51.3%
Maintenance Assistance Status Unknown	\$871.88	\$45.95	\$236.77	\$0.00	\$227.59	\$340.48	\$1,034.29	2.9%	-61.3%
<b>Total</b>	<b>\$2,501.33</b>	<b>\$2,118.26</b>	<b>\$2,225.92</b>	<b>\$2,533.87</b>	<b>\$2,740.48</b>	<b>\$3,156.41</b>	<b>\$3,148.95</b>	<b>3.9%</b>	<b>-23.4%</b>
 <b>By Basis of Eligibility</b>									
Aged, Blind or Disabled	\$5,570.93	\$4,855.74	\$4,138.19	\$5,177.49	\$6,124.77	\$7,805.72	\$5,922.01	1.0%	-45.1%
Children	\$1,188.28	\$863.01	\$1,190.95	\$1,064.24	\$987.31	\$1,053.58	\$1,236.08	0.7%	-16.2%
Foster Care Children	\$5,138.67	\$6,435.48	\$6,240.51	\$5,793.29	\$8,123.19	\$7,336.16	\$6,406.17	3.7%	-6.9%
Adults	\$4,161.62	\$1,542.33	\$2,157.05	\$2,394.85	\$2,427.21	\$2,699.37	\$2,608.73	-7.5%	-0.7%
Basis of Eligibility Unknown	\$873.15	\$45.95	\$236.77	\$0.00	\$378.98	\$340.57	\$1,091.48	3.8%	-62.2%
<b>Total</b>	<b>\$2,501.33</b>	<b>\$2,118.26</b>	<b>\$2,225.92</b>	<b>\$2,533.87</b>	<b>\$2,740.48</b>	<b>\$3,156.41</b>	<b>\$3,148.95</b>	<b>3.9%</b>	<b>-23.4%</b>
 <b>By Age</b>									
Under Age 1	\$759.48	\$652.59	\$1,176.59	\$1,130.25	\$1,529.82	\$1,917.22	\$2,330.17	20.5%	-37.3%
Age 1 to 5	\$970.47	\$885.15	\$1,134.14	\$967.70	\$977.79	\$1,185.59	\$1,375.82	6.0%	-23.4%
Age 6 to 14	\$1,124.23	\$994.77	\$1,318.78	\$1,139.52	\$1,044.42	\$1,158.21	\$1,370.98	3.4%	-18.3%
Age 15 to 20	\$2,203.72	\$2,103.48	\$2,686.19	\$2,327.32	\$2,107.05	\$2,002.83	\$2,149.76	-0.4%	-19.2%
Age 21 to 44	\$2,470.63	\$2,297.14	\$2,991.19	\$2,829.72	\$3,023.64	\$3,288.87	\$3,161.95	4.2%	-34.5%
Age 45 to 64	\$3,182.77	\$2,960.34	\$3,640.60	\$4,034.64	\$5,079.54	\$6,306.81	\$5,154.25	8.4%	-46.4%
Age 65 to 74	\$3,412.93	\$3,028.96	\$2,188.47	\$2,710.41	\$3,398.01	\$5,156.95	\$3,801.79	1.8%	-48.5%
Age 75 to 84	\$7,197.82	\$5,595.93	\$1,411.02	\$5,860.36	\$6,476.60	\$8,352.84	\$6,836.31	-0.9%	-38.8%
Age 85 and Over	\$13,363.35	\$9,978.86	\$441.51	\$11,036.81	\$11,726.70	\$13,770.31	\$12,258.59	-1.4%	-28.7%
Age Unknown	\$0.00	\$44.76	\$236.44	\$0.00	\$227.19	\$340.44	\$1,034.32	87.4%	-63.6%
<b>Total</b>	<b>\$2,501.33</b>	<b>\$2,118.26</b>	<b>\$2,225.92</b>	<b>\$2,533.87</b>	<b>\$2,740.48</b>	<b>\$3,156.41</b>	<b>\$3,148.95</b>	<b>3.9%</b>	<b>-23.4%</b>
 <b>By Race</b>									
White	\$2,323.61	\$1,940.49	\$2,296.84	\$2,602.36	\$3,097.57	\$3,721.69	\$3,508.93	7.1%	-29.8%
Black	\$1,901.98	\$1,584.55	\$2,382.15	\$2,647.09	\$2,203.48	\$2,389.43	\$2,448.86	4.3%	-28.5%
Hispanic, American Indian or Asian	\$2,043.80	\$835.65	\$2,578.67	\$2,755.28	\$1,169.55	\$1,216.42	\$1,675.89	-3.3%	-35.0%
Other/Unknown	\$9,331.59	\$10,265.73	\$106.06	\$749.48	\$2,156.35	\$2,145.41	\$3,012.89	-17.2%	-39.2%
<b>Total</b>	<b>\$2,501.33</b>	<b>\$2,118.26</b>	<b>\$2,225.92</b>	<b>\$2,533.87</b>	<b>\$2,740.48</b>	<b>\$3,156.41</b>	<b>\$3,148.95</b>	<b>3.9%</b>	<b>-23.4%</b>
 <b>By Sex</b>									
Female	\$2,337.08	\$2,686.86	\$1,947.81	\$2,255.67	\$3,014.79	\$3,593.74	\$3,369.29	6.3%	-19.6%
Male	\$1,981.00	\$1,189.07	\$2,014.26	\$2,276.90	\$2,576.61	\$3,014.50	\$3,019.10	7.3%	-24.6%
Unknown	\$0.00	\$0.00	\$0.00	\$0.00	\$227.19	\$340.45	\$1,034.46	113.4%	-74.7%
<b>Total</b>	<b>\$2,501.33</b>	<b>\$2,118.26</b>	<b>\$2,225.92</b>	<b>\$2,533.87</b>	<b>\$2,740.48</b>	<b>\$3,156.41</b>	<b>\$3,148.95</b>	<b>3.9%</b>	<b>-23.4%</b>

Source: Health Care Financing Administration-Form HCFA 2082 for federal fiscal year 98; MSIS data for FFY 99-04.

## SOUTHERN REGION MEDICAID PROFILE

### ADDITIONAL STATE HEALTH CARE INFORMATION

Sources: "Issue Briefs", Health Policy Tracking Service, January 2005; "Medicaid Services State by State", CMS, October 2004; "State Health Facts", The Henry Kaiser Foundation, January 2005; and the state Medicaid Website.

#### Waivers

Tennessee operates a health care reform demonstration waiver under Title XIX, Section 1115. 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.

- On July 1, 2002 Tennessee reached a new five-year agreement with the federal government to continue TennCare. The agreement separated TennCare into three products: TennCare Medicaid, TennCare Standard and TennCare Assist (the Assist program will be implemented at a later date determined by the legislature).

- TennCare Medicaid is a continuation of the federal Medicaid program with a few minor changes in benefits, and a three-tiered pharmacy co-payment structure that begins January 1, 2003. Tennessee added a new Medicaid eligibility category: women under 65 who have been screened by the Centers for Disease Control (CDC) and are in need of treatment for breast or cervical cancer.

TennCare received approval from CMS on March 24, 2005 to disenroll approximately 323,000 individuals in optional and expansion groups due to budget shortfalls.

- Eligibility for TennCare as a result of the plan amendment is as follows:

1. TennCare Medicaid will cover those that were previously enrolled in the program and receive benefits required by CMS for all Medicaid programs;
2. TennCare Standard will disenroll: 1) adult, non-pregnant aged, blind, disabled, and caretaker relative Medically Needy; 2) uninsured adults below 200% of the FPL; 3) adults that have medical conditions that make them uninsurable; and 4) adults that have Medicare, but not Medicaid, who met criteria for TennCare Standard as of December 31, 2001, and have continued to meet the criteria that would make them uninsured (also known as grandfathered duals). The process is expected to start as early as June 1, 2005, and provide health care coverage to approximately 1.3 million individuals.
3. After disenrollment, the remaining expansion groups will include: 1) uninsured children under age 19 with family incomes up to 200% of the FPL; 2) uninsured children under age 19 that are insurable and have family incomes up to 200% of the FPL; 3) uninsured children under age 19 up to 200% of the FPL enrolled before December 31, 2001, as uninsured with no access to insurance, and 4) uninsured children under age 19 that have Medicare, but not Medicaid, were enrolled before December 31, 2001, and meet the criteria for being uninsurable that were in place at that time.
4. TennCare Assist will cover employed, with access to group health insurance, up to 200% of the FPL. The state will cover up to 40% of the cost of employer sponsored health insurance coverage that offers at least a basic HMO package; limits employee out-of-pocket expenses to \$2,000 per individual and \$4,000 per family (to be implemented at a later date); and
5. Pharmacy-only will provide pharmacy benefits to grandfathered Medicare enrollees with a three-tiered pharmacy co-payment.

- Cost sharing provisions of the revised TennCare program are as follows:

There is no cost sharing for TennCare Medicaid enrollees;

For TennCare Standard enrollees there are no co-pays for preventive services, and no cost sharing for enrollees with income up to 100% of the FPL;

For TennCare Standard enrollees with incomes from 100% to 200% of the FPL, the co-pays will be as follows:

- \$25 for emergency room services (waived if admitted);
- \$5 for pharmacy services;
- \$5 for outpatient services; \$15 for a specialist;
- \$15 for dental services;
- \$100 per inpatient hospital admission; and

## SOUTHERN REGION MEDICAID PROFILE

### Waivers (Continued)

- Limit out-of-pocket expenses to \$1,000 for individuals and \$2,000 for families.

For TennCare Standard enrollees with incomes above 200% of the FPL, the co-pays will be as follows:

- \$50 for emergency room services (waived if admitted);
- \$10 for pharmacy services;
- \$10 for outpatient services; \$25 for a specialist;
- \$25 for dental services;
- \$200 per inpatient hospital admission; and
- Limit out-of-pocket expenses to \$2,000 for individuals and \$4,000 for families.

Annual out-of-pocket maximums for grandfathered pharmacy co-payments are \$360 per individual; and

For TennCare Standard enrollees, monthly premiums range from \$20 to \$550 for individuals, and \$40 to \$1,375 for families (100% to 600% of the FPL).

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 9 HMO's to provide statewide coverage to all individuals enrolled in the program. Enrollment in an HMO is mandatory.

### Coverage for Targeted Population

- The TennCare Program provides managed care coverage to 869,004 Medicaid eligibles and an additional 570,768 adults and children who are either uninsurable or uninsured.
- All EPSDT screenings for children are covered through the contract with the HMO's. However, some services such as dental home health, equipment, supplies, and vision are limited.

### 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, was terminated on June 30, 2003.
- 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.
- Implemented a Preferred Drug List (PDL) in TennCare on October 15, 2003. The PDL is projected to achieve a \$150 million cost savings in the pharmacy program.

### Medicaid

- Enacted legislation in 2002 titled the "TennCare Reform Act of 2002", which authorized the state to apply to CMS for a new 1115 demonstration project.
- All Medicaid services will be provided through the revised TennCare Medicaid demonstration waiver implemented in June 2005. The waiver has CMS approval through June 30, 2007.

## SOUTHERN REGION MEDICAID PROFILE

### Children's Health Insurance Program: State Designed

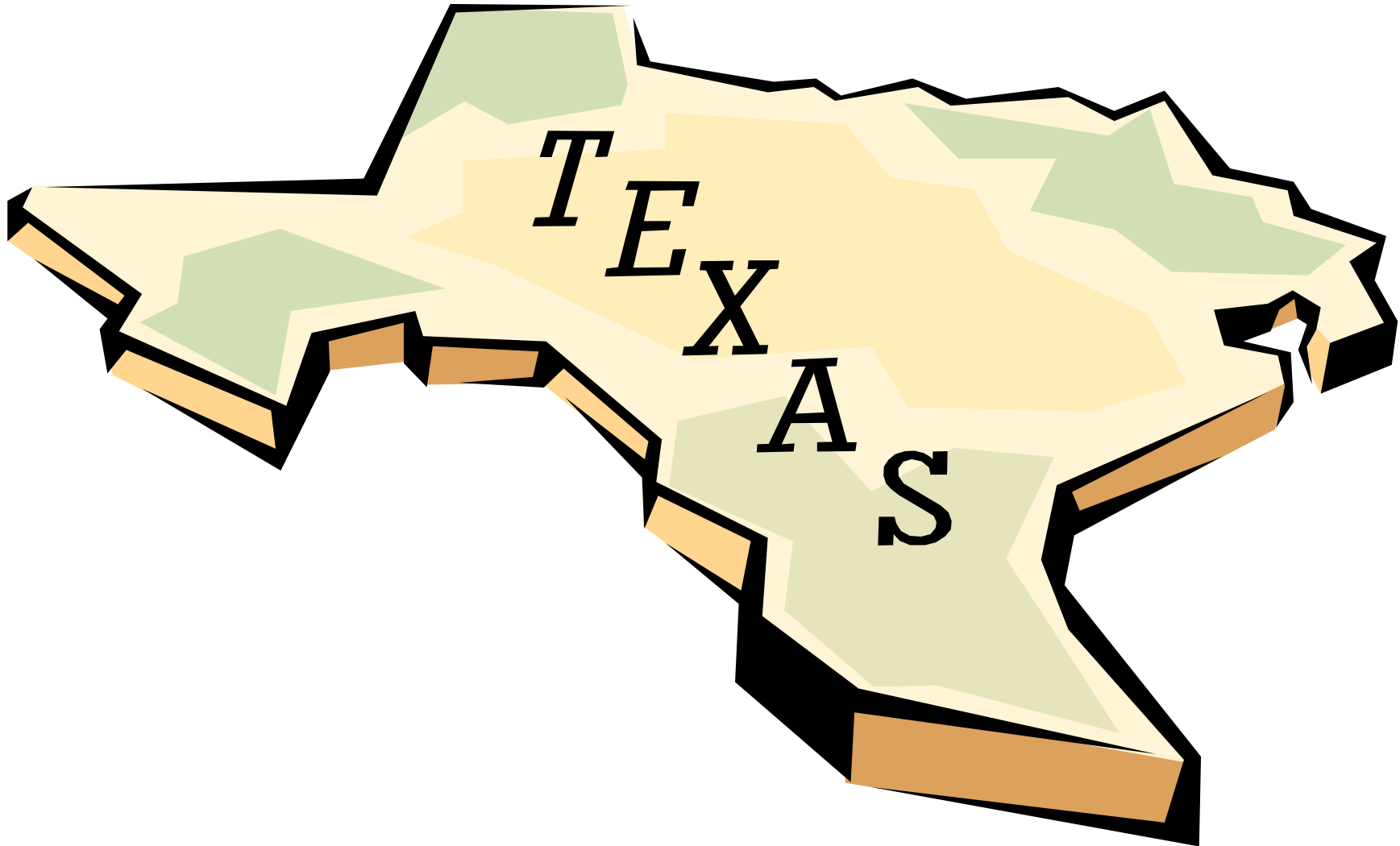
- Effective June 1, 2005, all eligible children will be covered under the revised TennCare 1115 demonstration waiver.

### Tobacco Settlement

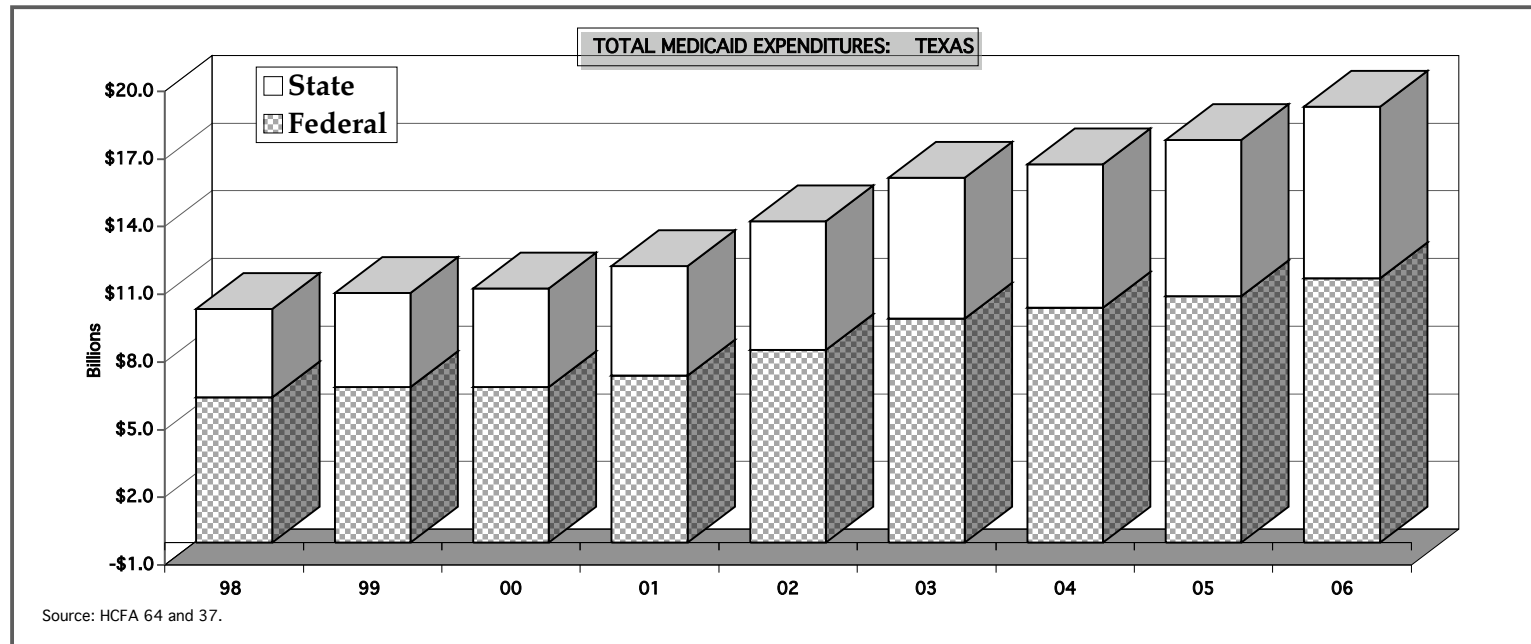
- The state expects to receive approximately \$4.78 billion over 25 years.
- From FY 00 through FY 04, the cumulative tobacco settlement payment was approximately \$895.7 million.
- The state has allocated these funds and compares with the U.S. as follows:

	TN	%	U.S.	%
Tobacco use prevention	\$0	0.0%	\$1,813,423,000	4.6%
Health services	\$0	0.0%	\$11,824,057,000	29.9%
Long-term care	\$0	0.0%	\$2,200,066,000	5.6%
Health research	\$0	0.0%	\$1,472,863,000	3.7%
Education	\$0	0.0%	\$2,051,182,000	5.2%
Children and Youth (Nonhealth)	\$0	0.0%	\$1,229,719,000	3.1%
Tobacco Farmers	\$0	0.0%	\$1,217,021,000	3.1%
Endowments and Reserves	\$0	0.0%	\$7,636,209,000	19.3%
Other	\$895,660,000	100.0%	\$10,048,868,000	25.4%
Total	\$895,660,000	100.0%	\$39,493,408,000	100.0%

## STATE MEDICAID PROFILE



# SOUTHERN REGION MEDICAID PROFILE



State profile revised to reflect MSIS statistical data as reported by CMS for federal fiscal years 99 through 04.

	FFY 98	FFY 99	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05**	FFY 06**	Annual Rate of Change	Total Change 98-06
Medicaid Payments	\$9,776,932,593	\$10,398,353,951	\$10,643,772,061	\$11,604,639,613	\$13,530,826,351	\$15,420,479,085	\$16,077,695,030	\$17,155,951,000	\$18,642,930,000	8.4%	90.7%
Federal Share	\$6,104,238,675	\$6,516,178,649	\$6,552,379,660	\$7,050,331,820	\$8,163,909,015	\$9,490,380,707	\$10,031,272,125	\$10,532,235,000	\$11,330,308,000	8.0%	85.6%
State Share	\$3,672,693,918	\$3,882,175,302	\$4,091,392,401	\$4,554,307,793	\$5,366,917,336	\$5,930,098,378	\$6,046,422,905	\$6,623,716,000	\$7,312,622,000	9.0%	99.1%
Administrative Costs	\$576,952,240	\$667,216,364	\$619,051,157	\$656,595,682	\$706,759,839	\$749,960,111	\$695,157,913	\$689,278,000	\$678,973,000	2.1%	17.7%
Federal Share	\$319,762,855	\$381,132,417	\$337,690,078	\$356,949,745	\$385,752,228	\$441,560,500	\$389,375,329	\$383,465,000	\$377,765,000	2.1%	18.1%
State Share	\$257,189,385	\$286,083,947	\$281,361,079	\$299,645,937	\$321,007,611	\$308,399,611	\$305,782,584	\$305,813,000	\$301,208,000	2.0%	17.1%
Admin. Costs as % of Payments	5.90%	6.42%	5.82%	5.66%	5.22%	4.86%	4.32%	4.02%	3.64%		
Federal Match Rate*	62.28%	62.45%	61.36%	60.57%	60.17%	59.99%	60.22%	60.87%	60.66%		

\*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 05 and 06 reflect latest estimates reported by each state (CMS 37).



# SOUTHERN REGION MEDICAID PROFILE

STATE FINANCING	Payments		Administration	
	FFY 98	FFY 04	FFY 98	FFY 04
State General Fund	\$3,672,693,918	\$6,039,712,038	\$257,189,385	\$305,782,584
Local Funds	\$0	\$0	\$0	\$0
Provider Taxes	\$0	\$0	\$0	\$0
Donations	\$0	\$6,710,867	\$0	\$0
Other	\$0	\$0	\$0	\$0
Total State Share	\$3,672,693,918	\$6,046,422,905	\$257,189,385	\$305,782,584

\*Donations from Outstationed Eligibility Workers Program

Provider Taxes Currently in Place (FFY 04)	
Tax Rate	Amount
NO PROVIDER TAXES	

## DISPROPORTIONATE SHARE HOSPITAL (DSH) PAYMENTS

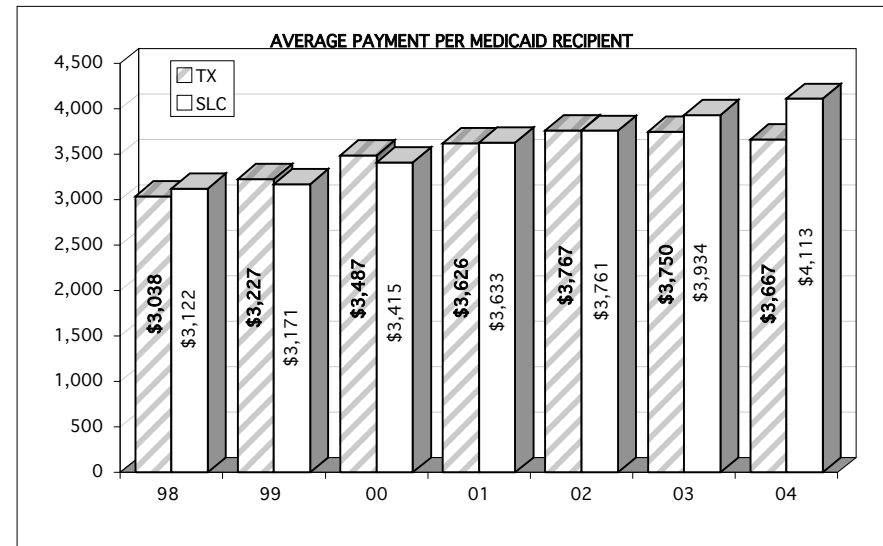
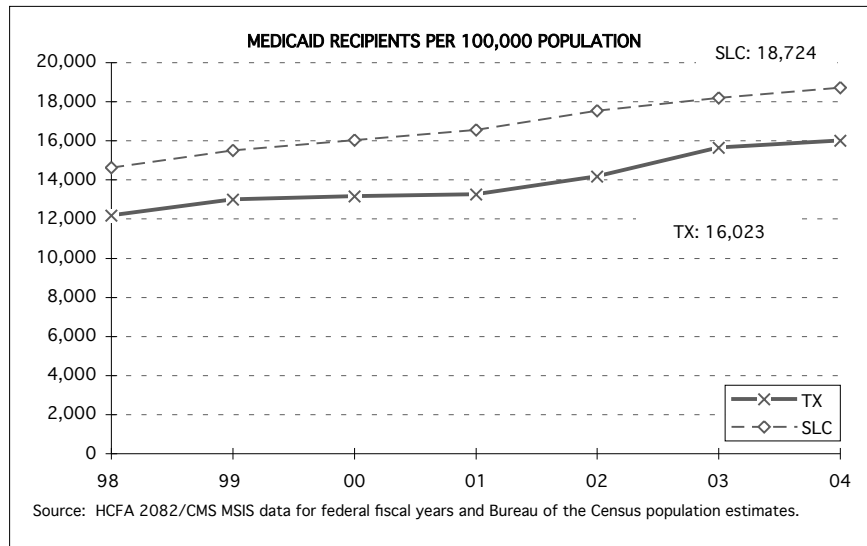
	FFY 98	FFY 99	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05**	FFY 06**	Annual Change
General Hospitals	\$1,278,486,408	\$1,142,184,571	\$1,073,086,000	\$1,015,303,172	\$1,057,502,792	\$954,235,533	\$1,186,118,733	\$1,179,249,000	\$1,193,653,000	1.8%
Mental Hospitals	\$292,513,592	\$292,400,774	\$240,473,000	\$223,024,783	\$227,650,322	\$229,339,250	\$257,716,302	\$286,076,000	\$286,076,000	2.9%
Total	\$1,571,000,000	\$1,434,585,345	\$1,313,559,000	\$1,238,327,955	\$1,285,153,114	\$1,183,574,783	\$1,443,835,035	\$1,465,325,000	\$1,479,729,000	2.0%

SELECTED ELIGIBILITY CRITERIA				DEMOGRAPHIC DATA & POVERTY INDICATORS (2004)			
	At 10/1/04	% of FPL*					Rank in U.S.
TANF-Temporary Assistance for Needy Families (Family of 3)			State population—July 1, 2004*	22,490,022			2
Need Standard	\$751	57.5%	Per capita personal income**	\$30,222			32
Payment Standard	\$188	14.4%	Median household income**	\$40,934			33
Maximum Payment	\$223	17.1%					
Medically Needy Program (Family of 3)			Population below Federal Poverty Level on July 1, 2003*	3,553,423			
Income Eligibility Standard	\$275		Percent of total state population	15.8%			6
Resource Standard	\$2,000						
Resource Standard-Aged / Disabled	\$3,000		Population without health insurance coverage*	5,374,000			2
Pregnant Women, Children and Infants (% of FPL*)			Percent of total state population	23.9%			1
Pregnant women and infants		185.0%	Recipients of Food Stamps***	2,329,550			1
Children to age 5		133.0%	Households receiving Food Stamps***	890,153			1
Children age 6 to 18		100.0%	Total value of issuance***	\$2,284,417,371			1
SSI Eligibility Levels			Average monthly benefit per recipient	\$81.72			17
Income:			Average monthly benefit per household	\$213.86			
Single Person	\$564	72.7%					
Couple	\$846	81.3%	Monthly recipients of Temporary Assistance to Needy Families (TANF)****	283,570			46
Resources:			Total TANF payments****	\$213,542,202			41
Single Person	\$2,000		Average monthly payment per recipient	\$62.75			46
Couple	\$3,000		Maximum monthly payment per family of 3	\$188.00			47

\*Current federal poverty level is \$9,310 per year for a single person, \$12,490 for a family of two and \$15,670 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)

<b>RECIPIENTS BY TYPE OF SERVICES</b>	<b>FFY 98</b>	<b>FFY 99</b>	<b>FFY 00</b>	<b>FFY 01</b>	<b>FFY 02</b>	<b>FFY 03</b>	<b>FFY 04</b>	<i>Annual Change</i>
01. General Hospital	444,750	396,110	491,100	459,366	505,328	524,866	520,829	2.7%
02. Mental Hospital	0	6,364	7,838	5,590	6,871	7,033	6,271	-0.3%
03. Skilled and Intermediate (non-MR) Care Nursing	88,522	95,812	95,230	97,384	112,195	126,159	111,437	3.9%
04. Intermediate Care for Mentally Retarded	13,935	13,827	14,090	13,969	13,527	13,081	12,975	-1.2%
05. Physician Services	1,783,470	1,885,426	1,867,977	1,759,336	1,633,843	1,836,338	1,962,778	1.6%
06. Dental Services	7,026	617,985	648,887	672,609	800,166	1,007,153	1,142,879	133.6%
07. Other Practitioners	478,837	4,951	505,972	473,150	493,175	556,201	466,872	-0.4%
08. Outpatient Hospital	1,011,359	941,835	959,741	859,496	744,982	835,081	849,339	-2.9%
09. Clinic Services	267,969	287,727	286,422	258,236	254,034	275,204	289,852	1.3%
10. Lab and X-Ray	815,014	838,408	926,803	1,242,800	1,598,924	1,770,760	1,766,141	13.8%
11. Home Health	116,552	8,056	94,609	124,746	152,636	177,289	186,497	8.1%
12. Prescribed Drugs	1,894,447	1,853,536	1,852,801	1,917,351	2,153,316	2,475,742	2,679,025	5.9%
13. Family Planning	181,434	18,725	19,262	21,119	22,738	24,626	23,130	-29.1%
14. Early & Periodic Screening, Diagnosis & Treatment	1,046,345	0	0	0	1,060,182	0	0	-100.0%
15. Other Care	186,423	518,113	286,033	346,528	422,013	466,759	681,625	24.1%
16. Personal Care Support Services	209,980	164,363	343,084	313,208	330,560	369,035	322,339	7.4%
17. Home/Community Based Waiver Services	25,762	0	0	0	0	0	0	-100.0%
18. Prepaid Health Care	0	520,222	726,596	851,560	1,036,216	1,240,733	1,425,989	22.3%
19. Primary Care Case Management (PCCM) Services	0	243,529	294,574	1,958	418,877	485,517	535,691	17.1%
<b>Total*</b>	<b>2,324,810</b>	<b>2,518,222</b>	<b>2,602,616</b>	<b>2,659,682</b>	<b>2,952,569</b>	<b>3,339,796</b>	<b>3,603,539</b>	<b>7.6%</b>

\*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

<b>PAYMENTS BY TYPE OF SERVICES</b>	<b>FFY 98</b>	<b>FFY 99</b>	<b>FFY 00</b>	<b>FFY 01</b>	<b>FFY 02</b>	<b>FFY 03</b>	<b>FFY 04</b>	<i>Annual Change</i>	<i>Share of Total FFY 04</i>
01. General Hospital	\$1,643,167,233	\$1,326,163,356	\$1,664,827,087	\$1,821,796,697	\$2,127,893,917	\$2,319,999,313	\$2,326,611,168	6.0%	17.6%
02. Mental Hospital	\$0	\$35,870,950	\$42,666,675	\$33,523,139	\$50,069,021	\$57,270,224	\$50,365,540	7.0%	0.4%
03. Skilled and Intermediate (non-MR) Care Nursing	\$1,384,415,773	\$1,437,040,893	\$1,575,060,537	\$1,604,753,732	\$1,803,710,704	\$1,820,433,002	\$1,767,241,962	4.2%	13.4%
04. Intermediate Care for Mentally Retarded	\$728,574,336	\$689,957,035	\$839,351,663	\$765,161,054	\$810,581,046	\$858,769,874	\$840,627,835	2.4%	6.4%
05. Physician Services	\$661,475,584	\$937,196,510	\$843,385,764	\$760,315,233	\$689,779,234	\$796,174,746	\$866,787,946	4.6%	6.6%
06. Dental Services	\$2,165,089	\$135,075,124	\$154,644,785	\$158,259,031	\$207,353,103	\$281,589,583	\$323,098,169	130.3%	2.4%
07. Other Practitioners	\$70,751,155	\$301,821	\$88,088,408	\$86,357,097	\$95,698,371	\$113,357,367	\$92,108,385	4.5%	0.7%
08. Outpatient Hospital	\$446,493,014	\$386,357,309	\$451,246,016	\$331,040,421	\$234,561,780	\$294,370,899	\$283,687,820	-7.3%	2.1%
09. Clinic Services	\$52,613,253	\$55,408,155	\$103,757,356	\$56,220,495	\$61,588,767	\$75,515,365	\$83,931,354	8.1%	0.6%
10. Lab and X-Ray	\$94,105,854	\$62,176,712	\$77,378,285	\$237,107,417	\$462,274,801	\$541,879,779	\$533,159,003	33.5%	4.0%
11. Home Health	\$98,543,991	\$68,245,666	\$172,485,103	\$203,975,224	\$279,228,444	\$318,157,925	\$345,854,397	23.3%	2.6%
12. Prescribed Drugs	\$817,591,112	\$952,419,862	\$1,125,238,856	\$1,327,222,456	\$1,591,828,224	\$1,921,877,468	\$2,202,193,332	18.0%	16.7%
13. Family Planning	\$40,544,186	\$14,187,285	\$14,222,275	\$22,893,809	\$29,768,817	\$32,266,238	\$29,738,668	-5.0%	0.2%
14. Early & Periodic Screening, Diagnosis & Treatment*	\$338,681,191	\$0	\$0	\$0	\$0	\$0	\$0	-100.0%	0.0%
15. Other Care	\$53,173,074	\$988,770,560	\$977,638,786	\$1,060,580,092	\$1,204,041,493	\$1,398,692,827	\$1,479,165,070	74.1%	11.2%
16. Personal Care Support Services	\$425,887,769	\$186,413,300	\$302,479,378	\$316,449,739	\$325,774,296	\$387,597,146	\$454,602,039	1.1%	3.4%
17. Home/Community Based Waiver Services	\$203,678,629	\$0	\$0	\$0	\$0	\$0	\$0	-100.0%	0.0%
18. Prepaid Health Care	\$0	\$615,598,443	\$634,466,433	\$851,313,187	\$1,137,787,529	\$1,295,382,939	\$1,525,021,819	19.9%	11.5%
19. Primary Case Management (PCCM) Services	\$0	\$234,642,837	\$8,368,179	\$7,631,535	\$9,080,493	\$11,191,638	\$10,209,690	-46.6%	0.1%
<b>Total (excludes DSH pymts, pharmacy rebates, &amp; other adjs.)</b>	<b>\$7,061,861,243</b>	<b>\$8,125,825,818</b>	<b>\$9,075,305,586</b>	<b>\$9,644,600,358</b>	<b>\$11,121,020,040</b>	<b>\$12,524,526,333</b>	<b>\$13,214,404,197</b>	<b>11.0%</b>	<b>100.0%</b>

### AVERAGE PAYMENTS PER RECIPIENT BY TYPE OF SERVICES

								<i>(+) or (-) SLC Avg. FFY 04</i>	
01. General Hospital	\$3,694.59	\$3,347.97	\$3,390.00	\$3,965.89	\$4,210.92	\$4,420.17	\$4,467.13	3.2%	-17.6%
02. Mental Hospital	\$0.00	\$5,636.54	\$5,443.57	\$5,996.98	\$7,287.01	\$8,143.07	\$8,031.50	7.3%	-57.6%
03. Skilled and Intermediate (non-MR) Care Nursing	\$15,639.23	\$14,998.55	\$16,539.54	\$16,478.62	\$16,076.57	\$14,429.67	\$15,858.66	0.2%	-29.2%
04. Intermediate Care for Mentally Retarded	\$52,283.77	\$49,899.26	\$59,570.74	\$54,775.65	\$59,923.19	\$65,650.17	\$64,788.27	3.6%	-19.4%
05. Physician Services	\$370.89	\$497.07	\$451.50	\$432.16	\$422.18	\$433.57	\$441.61	3.0%	-19.5%
06. Dental Services	\$308.15	\$218.57	\$238.32	\$235.29	\$259.14	\$279.59	\$282.71	-1.4%	-18.9%
07. Other Practitioners	\$147.76	\$60.96	\$174.10	\$182.52	\$194.05	\$203.81	\$197.29	4.9%	3.9%
08. Outpatient Hospital	\$441.48	\$410.22	\$470.17	\$385.16	\$314.86	\$352.51	\$334.01	-4.5%	-45.8%
09. Clinic Services	\$196.34	\$192.57	\$362.25	\$217.71	\$242.44	\$274.40	\$289.57	6.7%	-55.1%
10. Lab and X-Ray	\$115.47	\$74.16	\$83.49	\$190.78	\$289.12	\$306.02	\$301.88	17.4%	54.5%
11. Home Health	\$845.49	\$8,471.41	\$1,823.14	\$1,635.12	\$1,829.37	\$1,794.57	\$1,854.48	14.0%	-37.0%
12. Prescribed Drugs	\$431.57	\$513.84	\$607.32	\$692.22	\$739.25	\$776.28	\$822.01	11.3%	-42.9%
13. Family Planning	\$223.47	\$757.67	\$738.36	\$1,084.04	\$1,309.21	\$1,310.25	\$1,285.72	33.9%	12.0%
14. Early & Periodic Screening, Diagnosis & Treatment	\$323.68	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-100.0%	-100.0%
15. Other Care	\$285.23	\$1,908.41	\$3,417.92	\$3,060.59	\$2,853.09	\$2,996.61	\$2,170.06	40.2%	13.3%
16. Personal Care Support Services	\$2,028.23	\$1,134.16	\$922.37	\$0.00	\$0.00	\$0.00	\$0.00	-100.0%	-100.0%
17. Home/Community Based Waiver Services	\$7,906.17	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-100.0%	-100.0%
18. Prepaid Health Care	\$0.00	\$1,183.34	\$873.20	\$999.71	\$1,098.02	\$1,044.05	\$1,069.45	-2.0%	-9.9%
19. Primary Care Case Management (PCCM) Services	\$0.00	\$963.51	\$28.41	\$3,897.62	\$21.68	\$23.05	\$19.06	-54.4%	-29.4%
<b>Total (Average)</b>	<b>\$3,037.61</b>	<b>\$3,226.81</b>	<b>\$3,486.99</b>	<b>\$3,626.22</b>	<b>\$3,766.56</b>	<b>\$3,750.09</b>	<b>\$3,667.06</b>	<b>3.2%</b>	<b>-10.8%</b>

<b>TOTAL PER CAPITA EXPENDITURES</b>	<b>\$542.34</b>	<b>\$570.81</b>	<b>\$569.99</b>	<b>\$611.71</b>	<b>\$682.80</b>	<b>\$758.28</b>	<b>\$745.79</b>	<b>5.5%</b>	<b>-14.9%</b>
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Source: Health Care Financing Administration-Form HCFA 2082 for federal fiscal year 98; MSIS data for FFY 99-04.

## SOUTHERN REGION MEDICAID PROFILE

### DATA BY OTHER CHARACTERISTICS

#### RECIPIENTS BY OTHER CHARACTERISTICS

	<u>FFY 98</u>	<u>FFY 99</u>	<u>FFY 00</u>	<u>FFY 01</u>	<u>FFY 02</u>	<u>FFY 03</u>	<u>FFY 04</u>	<i>Annual Change</i>	<i>Share of Total FFY 04</i>
<b>By Maintenance Assistance Status</b>									
Receiving Cash Assistance or Eligible Under Section 1931	917,603	847,938	850,168	846,443	861,940	829,060	789,893	-2.5%	21.9%
Poverty Related Eligibles	903,813	1,024,428	1,065,782	1,115,671	1,376,166	1,711,029	2,042,132	14.6%	56.7%
Medically Needy	38,247	31,805	38,795	45,428	59,787	78,219	66,603	9.7%	1.8%
Other Eligibles	465,147	466,605	447,772	458,345	502,201	577,598	563,251	3.2%	15.6%
Maintenance Assistance Status Unknown	0	147,446	200,099	193,795	152,475	143,890	141,660	-0.8%	3.9%
<b>Total*</b>	<b>2,324,810</b>	<b>2,518,222</b>	<b>2,602,616</b>	<b>2,659,682</b>	<b>2,952,569</b>	<b>3,339,796</b>	<b>3,603,539</b>	<b>7.6%</b>	<b>100.0%</b>
<b>By Basis of Eligibility</b>									
Aged, Blind, or Disabled	589,661	609,366	605,536	604,310	762,848	615,222	634,264	1.2%	17.6%
Children	1,327,276	1,348,414	1,373,457	1,418,218	1,620,539	2,019,147	2,285,138	9.5%	63.4%
Foster Care Children	16,087	23,733	27,062	29,364	34,544	35,075	37,761	15.3%	1.0%
Adults	391,786	389,263	396,462	413,995	534,638	526,001	504,716	4.3%	14.0%
Basis of Eligibility Unknown	0	147,446	200,099	193,795	0	144,351	141,660	-0.8%	3.9%
<b>Total*</b>	<b>2,324,810</b>	<b>2,518,222</b>	<b>2,602,616</b>	<b>2,659,682</b>	<b>2,952,569</b>	<b>3,339,796</b>	<b>3,603,539</b>	<b>7.6%</b>	<b>100.0%</b>
<b>By Age</b>									
Under Age 1	144,065	149,086	161,218	240,016	195,738	204,070	214,895	6.9%	6.0%
Age 1 to 5	558,876	552,865	559,641	586,226	697,442	830,961	931,775	8.9%	25.9%
Age 6 to 14	574,293	580,219	578,162	559,181	697,132	842,613	960,734	9.0%	26.7%
Age 15 to 20	179,470	232,906	246,509	237,689	295,640	349,227	395,647	14.1%	11.0%
Age 21 to 44	417,767	396,133	401,572	397,111	472,848	513,270	502,002	3.1%	13.9%
Age 45 to 64	148,914	153,136	156,634	161,800	168,753	181,960	184,400	3.6%	5.1%
Age 65 to 74	122,019	123,388	121,638	121,596	107,752	107,795	106,340	-2.3%	3.0%
Age 75 to 84	103,321	106,291	103,964	99,437	98,860	100,878	102,426	-0.1%	2.8%
Age 85 and Over	76,084	76,743	73,176	62,831	65,928	65,129	63,649	-2.9%	1.8%
Age Unknown	1	147,455	200,102	193,795	152,476	143,893	141,671	622.0%	3.9%
<b>Total*</b>	<b>2,324,810</b>	<b>2,518,222</b>	<b>2,602,616</b>	<b>2,659,682</b>	<b>2,952,569</b>	<b>3,339,796</b>	<b>3,603,539</b>	<b>7.6%</b>	<b>100.0%</b>
<b>By Race</b>									
White	645,978	690,907	714,222	730,053	723,285	819,053	871,205	5.1%	24.2%
Black	458,055	487,805	504,275	515,455	533,579	596,194	632,847	5.5%	17.6%
Hispanic, American Indian or Asian	1,149,293	1,268,790	1,311,004	1,339,437	1,513,063	1,751,325	1,925,458	9.0%	53.4%
Other/Unknown	71,484	70,720	73,115	74,737	182,642	173,224	174,029	16.0%	4.8%
<b>Total*</b>	<b>2,324,810</b>	<b>2,518,222</b>	<b>2,602,616</b>	<b>2,659,682</b>	<b>2,952,569</b>	<b>3,339,796</b>	<b>3,603,539</b>	<b>7.6%</b>	<b>100.0%</b>
<b>By Sex</b>									
Female	1,414,555	1,519,533	1,570,900	1,605,591	1,657,274	1,864,814	1,993,970	5.9%	55.3%
Male	910,233	993,372	1,026,342	1,048,658	1,142,798	1,331,058	1,467,859	8.3%	40.7%
Unknown	22	5,317	5,374	5,433	152,497	143,924	141,710	331.3%	3.9%
<b>Total*</b>	<b>2,324,810</b>	<b>2,518,222</b>	<b>2,602,616</b>	<b>2,659,682</b>	<b>2,952,569</b>	<b>3,339,796</b>	<b>3,603,539</b>	<b>7.6%</b>	<b>100.0%</b>

Source: Health Care Financing Administration-Form HCFA 2082 for federal fiscal year 98; MSIS data for FFY 99-04.

## SOUTHERN REGION MEDICAID PROFILE

### PAYMENTS BY OTHER CHARACTERISTICS

	FFY 98	FFY 99	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	Annual Change	Share of Total FFY 04
<b>By Maintenance Assistance Status</b>									
Receiving Cash Assistance or Eligible Under Section 1931	\$3,129,651,326	\$3,454,276,260	\$3,981,942,467	\$4,156,474,616	\$4,605,276,710	\$4,995,238,179	\$5,286,912,454	9.1%	40.0%
Poverty Related Eligibles	\$1,013,187,235	\$1,239,768,586	\$1,337,991,819	\$1,469,040,409	\$2,019,022,693	\$2,521,058,766	\$3,037,812,596	20.1%	23.0%
Medically Needy	\$124,460,966	\$83,337,665	\$123,185,260	\$162,440,892	\$216,062,059	\$291,098,832	\$208,293,563	9.0%	1.6%
Other Eligibles	\$2,794,561,713	\$3,201,836,270	\$3,428,670,184	\$3,631,911,414	\$4,137,558,144	\$4,537,505,028	\$4,518,123,417	8.3%	34.2%
Maintenance Assistance Status Unknown	\$3	\$146,607,037	\$203,515,856	\$224,733,027	\$143,100,434	\$179,625,528	\$163,262,167	1850.2%	1.2%
<b>Total*</b>	<b>\$7,061,861,243</b>	<b>\$8,125,825,818</b>	<b>\$9,075,305,586</b>	<b>\$9,644,600,358</b>	<b>\$11,121,020,040</b>	<b>\$12,524,526,333</b>	<b>\$13,214,404,197</b>	<b>11.0%</b>	<b>100.0%</b>
<b>By Basis of Eligibility</b>									
Aged, Blind or Disabled	\$3,129,651,326	\$5,371,322,978	\$6,108,888,216	\$6,260,647,062	\$6,919,597,956	\$7,582,885,692	\$7,955,563,284	16.8%	60.2%
Children	\$1,013,187,235	\$1,578,965,373	\$1,646,523,165	\$1,936,943,993	\$2,552,870,922	\$3,053,129,496	\$3,447,279,793	22.6%	26.1%
Foster Care Children	\$124,460,966	\$114,045,806	\$156,434,965	\$184,882,555	\$225,951,005	\$257,228,725	\$287,902,176	15.0%	2.2%
Adults	\$2,794,561,713	\$914,884,624	\$959,943,384	\$1,037,393,721	\$1,279,499,723	\$1,446,076,050	\$1,360,396,777	-11.3%	10.3%
Basis of Eligibility Unknown	\$3	\$146,607,037	\$203,515,856	\$224,733,027	\$143,100,434	\$185,206,370	\$163,262,167	1846.7%	1.2%
<b>Total*</b>	<b>\$7,061,861,243</b>	<b>\$8,125,825,818</b>	<b>\$9,075,305,586</b>	<b>\$9,644,600,358</b>	<b>\$11,121,020,040</b>	<b>\$12,524,526,333</b>	<b>\$13,214,404,197</b>	<b>11.0%</b>	<b>100.0%</b>
<b>By Age</b>									
Under Age 1	\$424,137,434	\$450,690,626	\$481,534,957	\$779,690,671	\$753,846,092	\$814,168,610	\$874,090,200	12.8%	6.6%
Age 1 to 5	\$674,450,883	\$801,566,001	\$825,057,094	\$910,053,507	\$1,290,191,014	\$1,546,740,655	\$1,771,758,357	17.5%	13.4%
Age 6 to 14	\$517,892,714	\$670,076,592	\$741,734,172	\$785,042,189	\$1,006,959,263	\$1,252,539,847	\$1,442,016,864	18.6%	10.9%
Age 15 to 20	\$406,392,800	\$526,600,438	\$569,428,451	\$618,486,582	\$730,054,921	\$837,569,184	\$926,729,620	14.7%	7.0%
Age 21 to 44	\$1,585,440,469	\$1,758,038,398	\$1,961,677,868	\$1,999,108,338	\$2,334,313,199	\$2,581,617,842	\$2,569,387,173	8.4%	19.4%
Age 45 to 64	\$1,137,136,536	\$1,261,573,423	\$1,540,256,466	\$1,641,515,451	\$1,893,963,580	\$2,169,154,217	\$2,283,139,762	12.3%	17.3%
Age 65 to 74	\$613,917,500	\$677,717,904	\$756,574,445	\$774,716,403	\$798,643,705	\$863,248,954	\$892,292,579	6.4%	6.8%
Age 75 to 84	\$802,047,424	\$873,536,760	\$960,844,411	\$984,384,163	\$1,078,428,531	\$1,167,423,904	\$1,208,128,015	7.1%	9.1%
Age 85 and Over	\$900,444,496	\$959,401,954	\$1,034,680,461	\$926,870,027	\$1,091,519,175	\$1,112,435,415	\$1,083,578,437	3.1%	8.2%
Age Unknown	\$986	\$146,623,722	\$203,517,261	\$224,733,027	\$143,100,560	\$179,627,705	\$163,283,190	641.0%	1.2%
<b>Total*</b>	<b>\$7,061,861,243</b>	<b>\$8,125,825,818</b>	<b>\$9,075,305,586</b>	<b>\$9,644,600,358</b>	<b>\$11,121,020,040</b>	<b>\$12,524,526,333</b>	<b>\$13,214,404,197</b>	<b>11.0%</b>	<b>100.0%</b>
<b>By Race</b>									
White	\$3,202,123,927	\$3,623,853,179	\$4,042,074,489	\$4,294,220,084	\$4,601,981,581	\$5,045,563,598	\$5,170,720,646	8.3%	39.1%
Black	\$1,251,258,881	\$1,487,478,219	\$1,660,264,025	\$1,764,032,001	\$1,949,103,828	\$2,179,461,567	\$2,303,393,216	10.7%	17.4%
Hispanic, American Indian or Asian	\$2,299,565,307	\$2,714,023,858	\$3,033,913,002	\$3,224,137,992	\$4,196,467,229	\$4,879,812,837	\$5,308,024,190	15.0%	40.2%
Other/Unknown	\$308,913,128	\$300,470,562	\$339,054,070	\$362,210,281	\$373,467,402	\$419,688,331	\$432,266,145	5.8%	3.3%
<b>Total*</b>	<b>\$7,061,861,243</b>	<b>\$8,125,825,818</b>	<b>\$9,075,305,586</b>	<b>\$9,644,600,358</b>	<b>\$11,121,020,040</b>	<b>\$12,524,526,333</b>	<b>\$13,214,404,197</b>	<b>11.0%</b>	<b>100.0%</b>
<b>By Sex</b>									
Female	\$4,462,108,203	\$5,042,670,151	\$5,635,630,359	\$5,991,727,193	\$6,656,901,918	\$7,406,124,450	\$7,774,597,141	9.7%	58.8%
Male	\$2,599,680,626	\$3,070,937,470	\$3,426,469,527	\$3,639,119,970	\$4,320,985,259	\$4,938,507,941	\$5,276,394,638	12.5%	39.9%
Unknown	\$72,413	\$12,218,197	\$13,205,700	\$13,753,195	\$143,132,863	\$179,893,942	\$163,412,418	262.2%	1.2%
<b>Total*</b>	<b>\$7,061,861,243</b>	<b>\$8,125,825,818</b>	<b>\$9,075,305,586</b>	<b>\$9,644,600,358</b>	<b>\$11,121,020,040</b>	<b>\$12,524,526,333</b>	<b>\$13,214,404,197</b>	<b>11.0%</b>	<b>100.0%</b>

Source: Health Care Financing Administration-Form HCFA 2082 for federal fiscal year 98; MSIS data for FFY 99-04.

# SOUTHERN REGION MEDICAID PROFILE

## AVERAGE PAYMENT PER RECIPIENT BY OTHER CHARACTERISTICS

								Annual	Above (+) or
	FFY 98	FFY 99	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	Change	Below (-) SLC
<b>By Maintenance Assistance Status</b>									<u>Avg. FFY 04</u>
Receiving Cash Assistance or Eligible Under Section 1931	\$3,410.68	\$4,073.74	\$4,683.71	\$4,910.52	\$5,342.92	\$6,025.18	\$6,693.20	11.9%	27.4%
Poverty Related Eligibles	\$1,121.01	\$1,210.21	\$1,255.41	\$1,316.73	\$1,467.14	\$1,473.42	\$1,487.57	4.8%	-27.3%
Medically Needy	\$3,254.14	\$2,620.27	\$3,175.29	\$3,575.79	\$3,613.86	\$3,721.59	\$3,127.39	-0.7%	-49.6%
Other Eligibles	\$6,007.91	\$6,861.98	\$7,657.18	\$7,923.97	\$8,238.85	\$7,855.82	\$8,021.51	4.9%	10.5%
Maintenance Assistance Status Unknown	\$0.00	\$994.31	\$1,017.08	\$1,159.64	\$938.52	\$1,248.35	\$1,152.49	3.0%	-56.9%
<b>Total</b>	<b>\$3,037.61</b>	<b>\$3,226.81</b>	<b>\$3,486.99</b>	<b>\$3,626.22</b>	<b>\$3,766.56</b>	<b>\$3,750.09</b>	<b>\$3,667.06</b>	3.2%	-10.8%
<b>By Basis of Eligibility</b>									
Aged, Blind or Disabled	\$5,307.54	\$8,814.61	\$10,088.40	\$10,359.99	\$9,070.74	\$12,325.45	\$12,542.98	15.4%	16.3%
Children	\$763.36	\$1,170.98	\$1,198.82	\$1,365.76	\$1,575.32	\$1,512.09	\$1,508.57	12.0%	2.3%
Foster Care Children	\$7,736.74	\$4,805.37	\$5,780.61	\$6,296.23	\$6,540.96	\$7,333.68	\$7,624.33	-0.2%	10.8%
Adults	\$7,132.88	\$2,350.30	\$2,421.27	\$2,505.81	\$2,393.21	\$2,749.19	\$2,695.37	-15.0%	2.6%
Basis of Eligibility Unknown	\$0.00	\$994.31	\$1,017.08	\$1,159.64	\$0.00	\$1,283.03	\$1,152.49	3.0%	-60.1%
<b>Total</b>	<b>\$3,037.61</b>	<b>\$3,226.81</b>	<b>\$3,486.99</b>	<b>\$3,626.22</b>	<b>\$3,766.56</b>	<b>\$3,750.09</b>	<b>\$3,667.06</b>	3.2%	-10.8%
<b>By Age</b>									
Under Age 1	\$2,944.07	\$3,023.02	\$2,986.86	\$3,248.49	\$3,851.30	\$3,989.65	\$4,067.52	5.5%	9.5%
Age 1 to 5	\$1,206.80	\$1,449.84	\$1,474.26	\$1,552.39	\$1,849.89	\$1,861.39	\$1,901.49	7.9%	5.8%
Age 6 to 14	\$901.79	\$1,154.87	\$1,282.92	\$1,403.91	\$1,444.43	\$1,486.49	\$1,500.95	8.9%	-10.5%
Age 15 to 20	\$2,264.41	\$2,261.00	\$2,309.97	\$2,602.08	\$2,469.41	\$2,398.35	\$2,342.31	0.6%	-12.0%
Age 21 to 44	\$3,795.04	\$4,438.00	\$4,885.00	\$5,034.13	\$4,936.71	\$5,029.75	\$5,118.28	5.1%	6.0%
Age 45 to 64	\$7,636.20	\$8,238.26	\$9,833.47	\$10,145.34	\$11,223.29	\$11,921.05	\$12,381.45	8.4%	28.7%
Age 65 to 74	\$5,031.33	\$5,492.58	\$6,219.89	\$6,371.23	\$7,411.87	\$8,008.25	\$8,390.94	8.9%	13.6%
Age 75 to 84	\$7,762.68	\$8,218.35	\$9,242.09	\$9,899.58	\$10,908.64	\$11,572.63	\$11,795.13	7.2%	5.7%
Age 85 and Over	\$11,834.87	\$12,501.49	\$14,139.61	\$14,751.79	\$16,556.23	\$17,080.49	\$17,024.28	6.2%	-0.9%
Age Unknown	\$986.10	\$994.36	\$1,017.07	\$1,159.64	\$938.51	\$1,248.34	\$1,152.55	2.6%	-59.5%
<b>Total</b>	<b>\$3,037.61</b>	<b>\$3,226.81</b>	<b>\$3,486.99</b>	<b>\$3,626.22</b>	<b>\$3,766.56</b>	<b>\$3,750.09</b>	<b>\$3,667.06</b>	3.2%	-10.8%
<b>By Race</b>									
White	\$4,957.02	\$5,245.07	\$5,659.41	\$5,882.07	\$6,362.61	\$6,160.24	\$5,935.14	3.0%	18.7%
Black	\$2,731.68	\$3,049.33	\$3,292.38	\$3,422.28	\$3,652.89	\$3,655.62	\$3,639.73	4.9%	6.3%
Hispanic, American Indian or Asian	\$2,000.85	\$2,139.06	\$2,314.19	\$2,407.08	\$2,773.49	\$2,786.35	\$2,756.76	5.5%	7.0%
Other/Unknown	\$4,321.43	\$4,248.74	\$4,637.27	\$4,846.47	\$2,044.81	\$2,422.81	\$2,483.87	-8.8%	-49.9%
<b>Total</b>	<b>\$3,037.61</b>	<b>\$3,226.81</b>	<b>\$3,486.99</b>	<b>\$3,626.22</b>	<b>\$3,766.56</b>	<b>\$3,750.09</b>	<b>\$3,667.06</b>	3.2%	-10.8%
<b>By Sex</b>									
Female	\$3,154.43	\$3,318.57	\$3,587.52	\$3,731.79	\$4,016.78	\$3,971.51	\$3,899.05	3.6%	-6.9%
Male	\$2,856.06	\$3,091.43	\$3,338.53	\$3,470.26	\$3,781.06	\$3,710.21	\$3,594.62	3.9%	-10.2%
Unknown	\$3,291.52	\$2,297.95	\$2,457.33	\$2,531.42	\$938.59	\$1,249.92	\$1,153.15	-16.0%	-71.9%
<b>Total</b>	<b>\$3,037.61</b>	<b>\$3,226.81</b>	<b>\$3,486.99</b>	<b>\$3,626.22</b>	<b>\$3,766.56</b>	<b>\$3,750.09</b>	<b>\$3,667.06</b>	3.2%	-10.8%

Source: Health Care Financing Administration-Form HCFA 2082 for federal fiscal year 98; MSIS data for FFY 99-04.

## SOUTHERN REGION MEDICAID PROFILE

### ADDITIONAL STATE HEALTH CARE INFORMATION

Sources: "Issue Briefs", Health Policy Tracking Service, January 2005; "Medicaid Services State by State", CMS, October 2004; "State Health Facts", The Henry Kaiser Foundation, January 2005; and the state Medicaid Website.

#### 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 38,285 recipients.
- (2) Travis County service delivery area: HMO model, effective September 1, 1996; serves approximately 75,468 recipients.
- (3) Bexar County service delivery area: HMO and PCCM model, effective October 1, 1996; serves approximately 153,385
- (4) Lubbock County service delivery area: HMO and PCCM model, effective October 1, 1996; serves approximately 31,887.
- (5) Tarrant County service delivery area: HMO model, effective October 1, 1996; serves approximately 121,646.
- (6) Harris County service delivery area: HMO and PCCM model, effective December 1, 1997; serves approximately 351,085 (STAR) and 64,604 (STAR+PLUS).
- (7) Dallas service district area: HMO model, effective July 1, 1999; serves approximately 210,156.
- (8) El Paso service delivery area: HMO, PHP, and PCCM model effective December, 1999; serves approximately 97,793.
- 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, serves 516,813.

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 27,664 clients over the age of 21. Operating since September 1, 1993.
- Mental Retardation/Developmental Disabilities and Mental Retardation-Related: Four waivers, serving approximately 10,348 clients of all ages, with the first waiver operating since September 1, 1985
- Medically Dependent Children Under Age 21: Serves 979 people, operating since July 1, 1988.
- Developmental Disabilities: This waiver services approximately 143 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, serves approximately 1,144,309 Medicaid recipients statewide.
- 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 64,604 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

- In 2003, the Texas Legislature directed the state to consolidate eligibility determination functions in the Health and Human Services Commission (HHSC) and establish call centers operated by the state or a vendor, whichever is most cost effective. HHSC determined call centers operated by a vendor would be most cost effective, and awarded a contract June 30, 2005. Phased rollouts are scheduled to begin January 2006.

#### Cost Containment Measures

- In 2003, the Texas Legislature passed provisions that eliminated the following services for Medicaid clients age 21 years and older:
  1. Eyeglasses and contact lenses.
  2. Hearing aids.
  3. Services provided by a Licensed Psychologist, Licensed Marriage and Family Therapist, Licensed Master Social worker -

## SOUTHERN REGION MEDICAID PROFILE

### **Cost Containment Measures (Continued)**

4. Advanced Clinical Practitioner, and Licensed Professional Counselor.
5. Podiatrist.
6. Chiropractor.

### **Medicaid**

- 23 optional services are offered.
- Urban county hospital districts contribute funding to match federal disproportionate share funds, approximately \$336.1 million in SFY 2003; and \$341.4 million in SFY 2004.
- Health and Human Service Commission (HHSC) implemented the Breast and Cervical Cancer Treatment Act on December 1, 2002. In calendar years 2003 and 2004, approximately 620 and 539 women respectively were found Medicaid eligible under the Treatment Act.
- Due to cost saving measures set by the Texas 78th Legislature, Medicaid provider rates received a 2.5% rate cut for FY 2004 – FY 2005 biennium.

### **Children's Health Insurance Program: Medicaid Expansion**

- The Texas Children's Health Insurance Program (Phase 1) 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.
- TexCare, the CHIP in Texas, provides a benefit package the same as regular Medicaid to eligible individuals. The plan currently serves approximately 726,428 individuals.
- TexCare 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 \$20
  - 186%-200% pay a monthly premium of \$25
- Additional cost sharing provisions as follows:
  - \$3 to \$10 for office visits
  - \$3 to \$50 for emergency room visits
  - \$3 to \$5 for generic drugs
  - \$3 to \$20 for brand name drugs
  - \$10 to \$100 for inpatient hospital stays
- The 78th Legislature instituted the following for the FY 2004-2005 biennium:
  1. Maintained income eligibility at 200% of FPL.
  2. Eliminated deductions to income so that eligibility is based on gross income.
  3. Restricted eligibility to families at or above 150% FPL to those with assets within allowable levels.
  4. Allowed establishment of cost-sharing at federal maximum levels.
  5. Changed the term of coverage (continuous eligibility period) from 12 to 6 months.
  6. Established a 90-day waiting period between eligibility determination and coverage.
  7. Reduced provider payment rates by 5%. However, that decrease was partially restored to a 2.5% decrease.
  8. Limited the benefits package to coverage of basic health services.



## SOUTHERN REGION MEDICAID PROFILE

### Children's Health Insurance Program: Medicaid Expansion (Continued)

•Discontinued benefits include: most behavioral health services; dental services; hospice care services; skilled nursing facilities; tobacco cessation programs; vision (including eyeglasses and exams) and chiropractic services.

### Tobacco Settlement

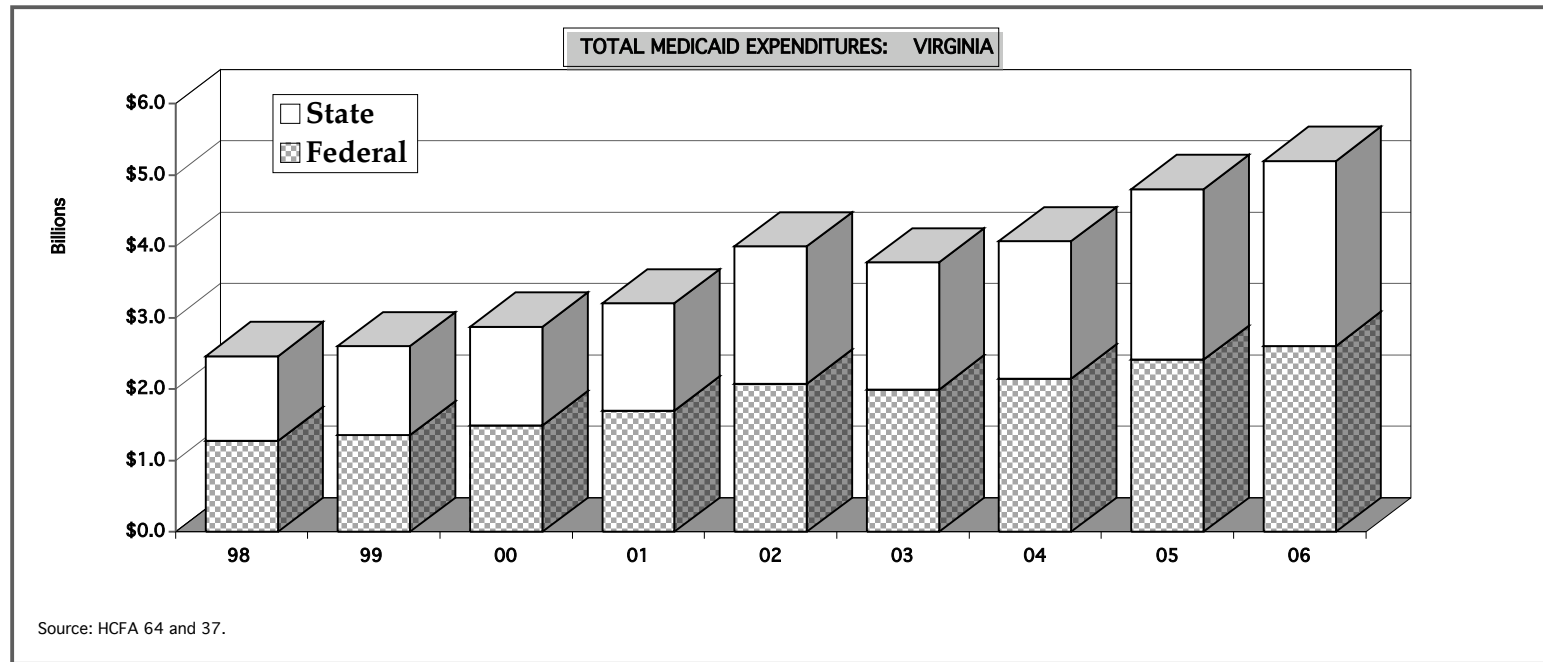
- The state expects to receive approximately \$17.3 billion over 25 years.
- From FY 00 through FY 04, the cumulative tobacco settlement payment was approximately \$2.08 billion.
- The state has allocated these funds and compares with the U.S. as follows:

	TX	%	U.S.	%
Tobacco use prevention	\$43,994,000	2.1%	\$1,813,423,000	4.6%
Health services	\$1,755,743,000	84.3%	\$11,824,057,000	29.9%
Long-term care	\$106,829,000	5.1%	\$2,200,066,000	5.6%
Health research	\$0	0.0%	\$1,472,863,000	3.7%
Education	\$175,600,000	8.4%	\$2,051,182,000	5.2%
Children and Youth (Nonhealth)	\$0	0.0%	\$1,229,719,000	3.1%
Tobacco Farmers	\$0	0.0%	\$1,217,021,000	3.1%
Endowments and Reserves	\$0	0.0%	\$7,636,209,000	19.3%
Other	\$0	0.0%	\$10,048,868,000	25.4%
Total	\$2,082,166,000	100.0%	\$39,493,408,000	100.0%

## STATE MEDICAID PROFILE



# SOUTHERN REGION MEDICAID PROFILE



State profile revised to reflect MSIS statistical data as reported by CMS for federal fiscal years 99 through 04.

	FFY 98	FFY 99	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05**	FFY 06**	Annual Rate of Change	Total Change 98-06
Medicaid Payments	\$2,343,757,339	\$2,477,370,906	\$2,728,848,408	\$3,036,846,387	\$3,812,974,394	\$3,546,523,934	\$3,825,216,022	\$4,544,176,000	\$4,913,993,000	9.7%	109.7%
Federal Share	\$1,208,808,080	\$1,285,612,965	\$1,416,141,298	\$1,609,651,633	\$1,970,610,963	\$1,869,950,793	\$2,015,926,926	\$2,276,396,000	\$2,456,996,000	9.3%	103.3%
State Share	\$1,134,949,259	\$1,191,757,941	\$1,312,707,110	\$1,427,194,754	\$1,842,363,431	\$1,676,573,141	\$1,809,289,096	\$2,267,780,000	\$2,456,997,000	10.1%	116.5%
Administrative Costs	\$118,333,750	\$126,088,305	\$147,814,821	\$164,701,821	\$187,346,225	\$226,683,382	\$245,400,541	\$256,259,000	\$282,435,000	11.5%	138.7%
Federal Share	\$65,843,598	\$69,518,715	\$80,346,985	\$91,978,257	\$107,612,082	\$126,857,855	\$132,460,212	\$135,037,000	\$148,393,000	10.7%	125.4%
State Share	\$52,490,152	\$56,569,590	\$67,467,836	\$72,723,564	\$79,734,143	\$99,825,527	\$112,940,329	\$121,222,000	\$134,042,000	12.4%	155.4%
Admin. Costs as % of Payments	5.05%	5.09%	5.42%	5.42%	4.91%	6.39%	6.42%	5.64%	5.75%		
Federal Match Rate*	51.49%	51.60%	51.67%	51.85%	51.45%	50.53%	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 05 and 06 reflect latest estimates reported by each state (CMS 37).

# SOUTHERN REGION MEDICAID PROFILE

STATE FINANCING	Payments		Administration	
	FFY 98	FFY 04	FFY 98	FFY 04
State General Fund*	\$1,134,949,259	\$1,809,289,096	\$52,490,152	\$112,940,329
Local Funds	\$0	\$0	\$0	\$0
Provider Taxes	\$0	\$0	\$0	\$0
Donations	\$0	\$0	\$0	\$0
Other	\$0	\$0	\$0	\$0
Total State Share	\$1,134,949,259	\$1,809,289,096	\$52,490,152	\$112,940,329

Provider Taxes Currently in Place (FFY 04)	
Tax Rate	Amount
NO PROVIDER TAXES	

## DISPROPORTIONATE SHARE HOSPITAL (DSH) PAYMENTS

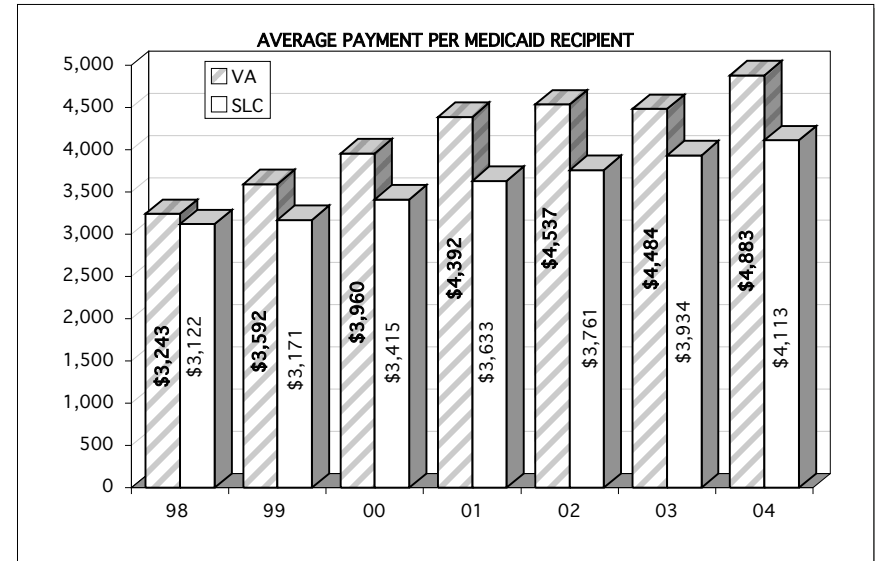
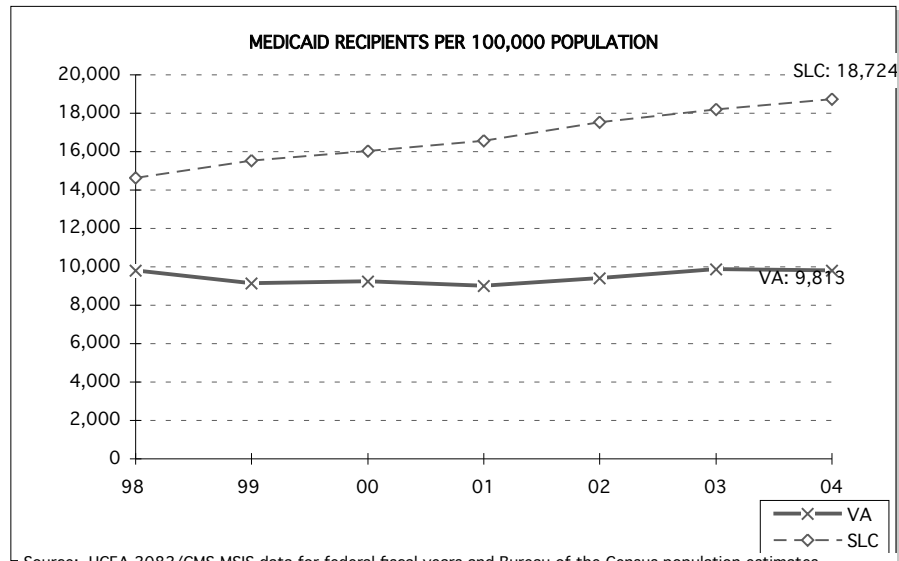
	FFY 98	FFY 99	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05**	FFY 06**	Annual Change
General Hospitals	\$152,457,493	\$157,022,000	\$131,366,225	\$231,973,515	\$178,098,932	\$151,299,116	\$109,878,282	\$160,967,000	\$141,590,000	1.3%
Mental Hospitals	\$8,220,282	\$3,900,000	\$9,187,746	\$1,752,745	\$2,919,603	\$3,996,406	\$4,434,210	\$4,162,000	\$4,162,000	-12.4%
Total	\$160,677,775	\$160,922,000	\$140,553,971	\$233,726,260	\$181,018,535	\$155,295,522	\$114,312,492	\$165,129,000	\$145,752,000	0.6%

SELECTED ELIGIBILITY CRITERIA				DEMOGRAPHIC DATA & POVERTY INDICATORS (2004)			
	At 10/1/04	% of FPL*					Rank in U.S.
TANF-Temporary Assistance for Needy Families (Family of 3)				State population—July 1, 2004*	7,459,827		12
Need Standard		0.0%					
Payment Standard		0.0%		Per capita personal income**	\$35,477		10
Max. Payment	PLEASE REFER TO LAST VA. PAGE FOR DETAILED EXPLANATION.			Median household income**	\$52,587		7
Medically Needy Program (Family of 3)				Population below Federal Poverty Level on July 1, 2003*	693,764		
Income Eligibility				Percent of total state population	9.3%		38
Resource Standard							
Pregnant Women, Children and Infants (% of FPL*)				Population without health insurance coverage*	962,000		12
Pregnant women and infants		133.0%		Percent of total state population	12.9%		30
Children 1 to 5		133.0%					
Children 6 to 18		133.0%		Recipients of Food Stamps***	453,421		19
SSI Eligibility Levels				Households receiving Food Stamps***	199,550		18
Income:				Total value of issuance***	\$431,592,168		19
Single Person	\$564	72.7%		Average monthly benefit per recipient	\$79.32		34
Couple	\$846	81.3%		Average monthly benefit per household	\$180.24		
Resources:				Monthly recipients of Temporary Assistance to Needy Families (TANF)****	69,838		37
Single Person	\$2,000			Total TANF payments****	\$98,731,296		33
Couple	\$3,000			Average monthly payment per recipient	\$117.81		33
				Maximum monthly payment per family of 3	\$354.00		31

\*Current federal poverty level is \$9,310 per year for a single person, \$12,490 for a family of two and \$15,670 for a family of three. Table above shows monthly income levels.

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

## SOUTHERN REGION MEDICAID PROFILE



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

<u>RECIPIENTS BY TYPE OF SERVICES</u>	<u>FFY 98</u>	<u>FFY 99</u>	<u>FFY 00</u>	<u>FFY 01</u>	<u>FFY 02</u>	<u>FFY 03</u>	<u>FFY 04</u>	<i>Annual Change</i>
01. General Hospital	98,015	77,754	82,264	84,209	80,664	71,321	114,805	2.7%
02. Mental Hospital	36,689	1,819	1,282	1,072	1,161	1,092	1,088	-44.4%
03. Skilled and Intermediate (non-MR) Care Nursing	28,053	27,746	27,558	28,157	28,704	27,717	27,902	-0.1%
04. Intermediate Care for Mentally Retarded	2,126	2,301	2,174	2,096	2,043	1,990	1,997	-1.0%
05. Physician Services	438,974	399,472	370,014	354,665	353,344	355,133	370,216	-2.8%
06. Dental Services	76,341	71,128	64,429	60,289	53,457	55,788	49,572	-6.9%
07. Other Practitioners	70,449	61,732	55,577	51,402	50,645	48,323	32,473	-12.1%
08. Outpatient Hospital	267,436	238,853	220,843	210,511	208,943	193,907	131,841	-11.1%
09. Clinic Services	95,786	97,550	94,799	92,692	87,055	76,957	78,451	-3.3%
10. Lab and X-Ray	180,726	273,540	244,111	225,936	214,515	219,910	154,804	-2.5%
11. Home Health	7,470	6,257	5,928	4,767	4,245	3,849	3,433	-12.2%
12. Prescribed Drugs	383,880	373,491	347,251	333,880	319,196	325,047	314,942	-3.2%
13. Family Planning	23,655	3,267	2,737	1,821	1,548	1,015	3,111	-28.7%
14. Early & Periodic Screening, Diagnosis & Treatment	85,641	0	0	0	0	0	0	-100.0%
15. Other Care	100,122	158,579	155,986	152,456	131,519	130,545	127,303	4.1%
16. Personal Care Support Services	31,984	35,548	40,638	41,474	40,977	40,966	34,788	1.4%
17. Home/Community Based Waiver Services	4,589	0	0	0	0	0	13	-62.4%
18. Prepaid Health Care	159,392	197,269	213,085	228,312	364,939	460,732	402,401	16.7%
19. Primary Care Case Management (PCCM) Services	110,559	0	0	0	157,363	97,508	115,751	0.8%
<b>Total*</b>	<b>653,236</b>	<b>614,515</b>	<b>627,214</b>	<b>618,395</b>	<b>665,203</b>	<b>709,488</b>	<b>732,009</b>	<b>1.9%</b>

\*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>	<u>FFY 98</u>	<u>FFY 99</u>	<u>FFY 00</u>	<u>FFY 01</u>	<u>FFY 02</u>	<u>FFY 03</u>	<u>FFY 04</u>	<u>Annual</u>	<u>Share of Total</u>
								<u>Change</u>	<u>FFY 04</u>
01. General Hospital	\$334,376,705	\$299,332,357	\$290,073,429	\$306,800,486	\$301,672,203	\$270,602,504	\$335,741,809	0.1%	9.4%
02. Mental Hospital	\$101,470,932	\$17,680,342	\$17,425,643	\$20,369,771	\$21,474,944	\$19,076,833	\$23,841,347	-21.4%	0.7%
03. Skilled and Intermediate (non-MR) Care Nursing	\$394,719,042	\$424,166,215	\$482,194,747	\$528,748,396	\$558,401,245	\$569,073,108	\$636,710,235	8.3%	17.8%
04. Intermediate Care for Mentally Retarded	\$143,102,604	\$165,893,863	\$176,202,282	\$185,046,982	\$201,609,510	\$188,051,360	\$221,877,862	7.6%	6.2%
05. Physician Services	\$187,632,422	\$136,672,029	\$132,056,707	\$124,707,825	\$117,218,044	\$130,824,089	\$157,115,548	-2.9%	4.4%
06. Dental Services	\$10,991,455	\$15,179,443	\$14,148,248	\$14,306,994	\$12,594,214	\$13,351,434	\$13,075,726	2.9%	0.4%
07. Other Practitioners	\$7,747,728	\$7,095,870	\$6,633,878	\$7,016,406	\$7,163,009	\$6,842,826	\$4,957,832	-7.2%	0.1%
08. Outpatient Hospital	\$120,861,961	\$114,410,112	\$110,176,809	\$107,939,847	\$112,247,860	\$103,053,593	\$89,019,327	-5.0%	2.5%
09. Clinic Services	\$44,638,404	\$32,652,744	\$34,567,196	\$33,111,173	\$32,639,726	\$29,270,386	\$32,421,159	-5.2%	0.9%
10. Lab and X-Ray	\$12,882,268	\$29,836,988	\$28,482,687	\$27,252,883	\$25,843,168	\$26,214,303	\$18,484,915	6.2%	0.5%
11. Home Health	\$8,156,865	\$6,835,806	\$6,664,484	\$5,207,547	\$4,750,009	\$4,235,869	\$3,173,499	-14.6%	0.1%
12. Prescribed Drugs	\$284,578,559	\$327,518,802	\$382,471,744	\$419,133,293	\$453,663,058	\$506,529,241	\$578,855,766	12.6%	16.2%
13. Family Planning	\$2,750,995	\$3,207,784	\$2,976,456	\$2,527,392	\$2,137,997	\$1,531,497	\$5,673,872	12.8%	0.2%
14. Early & Periodic Screening, Diagnosis & Treatment	\$8,139,340	\$0	\$0	\$0	\$0	\$0	\$0	-100.0%	0.0%
15. Other Care	\$54,680,560	\$279,958,118	\$340,586,197	\$415,415,016	\$435,632,317	\$465,716,321	\$514,563,272	45.3%	14.4%
16. Personal Care Support Services	\$117,734,231	\$131,135,173	\$137,275,767	\$139,909,931	\$141,998,594	\$140,330,684	\$148,956,028	4.0%	4.2%
17. Home/Community Based Waiver Services	\$95,785,869	\$0	\$0	\$0	\$0	\$0	\$0	-100.0%	0.0%
18. Prepaid Health Care	\$186,255,441	\$215,674,816	\$321,994,437	\$378,468,376	\$586,504,919	\$704,444,392	\$786,679,373	27.1%	22.0%
19. Primary Case Management (PCCM) Services	\$1,697,485	\$0	\$0	\$0	\$2,318,832	\$1,841,649	\$3,024,216	10.1%	0.1%
<b>Total (excludes DSH pymts, pharmacy rebates, &amp; other adjs.)</b>	<b>\$2,118,202,866</b>	<b>\$2,207,250,462</b>	<b>\$2,483,930,711</b>	<b>\$2,715,962,318</b>	<b>\$3,017,869,649</b>	<b>\$3,180,990,089</b>	<b>\$3,574,171,786</b>	<b>9.1%</b>	<b>100.0%</b>
<b><u>AVERAGE PAYMENTS PER RECIPIENT BY TYPE OF SERVICES</u></b>									(+) or (-) SLC
								<u>Avg. FFY 04</u>	
01. General Hospital	\$3,411.49	\$3,849.74	\$3,526.13	\$3,643.32	\$3,739.86	\$3,794.15	\$2,924.45	-2.5%	-46.1%
02. Mental Hospital	\$2,765.70	\$9,719.81	\$13,592.55	\$19,001.65	\$18,496.94	\$17,469.63	\$21,913.00	41.2%	15.7%
03. Skilled and Intermediate (non-MR) Care Nursing	\$14,070.48	\$15,287.47	\$17,497.45	\$18,778.58	\$19,453.78	\$20,531.55	\$22,819.52	8.4%	1.9%
04. Intermediate Care for Mentally Retarded	\$67,310.73	\$72,096.42	\$81,049.81	\$88,285.77	\$98,683.07	\$94,498.17	\$111,105.59	8.7%	38.2%
05. Physician Services	\$427.43	\$342.13	\$356.90	\$351.62	\$331.74	\$368.38	\$424.39	-0.1%	-22.6%
06. Dental Services	\$143.98	\$213.41	\$219.59	\$237.31	\$235.60	\$239.32	\$263.77	10.6%	-24.3%
07. Other Practitioners	\$109.98	\$114.95	\$119.36	\$136.50	\$141.44	\$141.61	\$152.68	5.6%	-19.6%
08. Outpatient Hospital	\$451.93	\$479.00	\$498.89	\$512.75	\$537.22	\$531.46	\$675.20	6.9%	9.7%
09. Clinic Services	\$466.02	\$334.73	\$364.64	\$357.22	\$374.93	\$380.35	\$413.27	-2.0%	-36.0%
10. Lab and X-Ray	\$71.28	\$109.08	\$116.68	\$120.62	\$120.47	\$119.20	\$119.41	9.0%	-38.9%
11. Home Health	\$1,091.95	\$1,092.51	\$1,124.24	\$1,092.42	\$1,118.97	\$1,100.51	\$924.41	-2.7%	-68.6%
12. Prescribed Drugs	\$741.32	\$876.91	\$1,101.43	\$1,255.34	\$1,421.27	\$1,558.33	\$1,837.98	16.3%	27.6%
13. Family Planning	\$116.30	\$981.87	\$1,087.49	\$1,387.91	\$1,381.14	\$1,508.86	\$1,823.81	58.2%	58.8%
14. Early & Periodic Screening, Diagnosis & Treatment	\$95.04	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-100.0%	-100.0%
15. Other Care	\$546.14	\$1,765.42	\$2,183.44	\$2,724.82	\$3,312.31	\$3,567.48	\$4,042.04	39.6%	111.1%
16. Personal Care Support Services	\$3,681.04	\$3,688.96	\$3,378.01	\$3,373.44	\$3,465.32	\$3,425.54	\$4,281.82	2.6%	218.4%
17. Home/Community Based Waiver Services	\$20,872.93	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-100.0%	-100.0%
18. Prepaid Health Care	\$1,168.54	\$1,093.30	\$1,511.11	\$1,657.68	\$1,607.13	\$1,528.97	\$1,954.96	9.0%	64.7%
19. Primary Care Case Management (PCCM) Services	\$15.35	\$0.00	\$0.00	\$0.00	\$14.74	\$18.89	\$26.13	9.3%	-3.2%
<b>Total (Average)</b>	<b>\$3,242.63</b>	<b>\$3,591.86</b>	<b>\$3,960.26</b>	<b>\$4,391.95</b>	<b>\$4,536.76</b>	<b>\$4,483.50</b>	<b>\$4,882.69</b>	<b>7.1%</b>	<b>18.7%</b>
<b>TOTAL PER CAPITA EXPENDITURES</b>	<b>\$369.34</b>	<b>\$386.61</b>	<b>\$423.58</b>	<b>\$465.82</b>	<b>\$565.14</b>	<b>\$524.95</b>	<b>\$545.67</b>	<b>6.7%</b>	<b>-37.7%</b>

Source: Health Care Financing Administration-Form HCFA 2082 for federal fiscal year 98; MSIS data for FFY 99-04.

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

**RECIPIENTS BY OTHER CHARACTERISTICS**

	<b><u>FFY 98</u></b>	<b><u>FFY 99</u></b>	<b><u>FFY 00</u></b>	<b><u>FFY 01</u></b>	<b><u>FFY 02</u></b>	<b><u>FFY 03</u></b>	<b><u>FFY 04</u></b>	<i>Annual Change</i>	<i>Share of Total FFY 04</i>
<b>By Maintenance Assistance Status</b>									
Receiving Cash Assistance or Eligible Under Section 1931	285,976	232,531	195,118	139,233	134,495	136,553	140,262	-11.2%	19.2%
Poverty Related Eligibles	245,429	232,001	264,873	310,379	359,514	400,493	424,606	9.6%	58.0%
Medically Needy	17,884	10,548	8,966	7,756	6,773	6,226	7,260	-14.0%	1.0%
Other Eligibles	103,947	110,510	130,344	137,511	139,729	126,459	136,384	4.6%	18.6%
Maintenance Assistance Status Unknown	0	28,925	27,913	23,516	24,692	39,757	23,497	-4.1%	3.2%
<b>Total</b>	<b>653,236</b>	<b>614,515</b>	<b>627,214</b>	<b>618,395</b>	<b>665,203</b>	<b>709,488</b>	<b>732,009</b>	<b>1.9%</b>	<b>100.0%</b>
<b>By Basis of Eligibility</b>									
Aged, Blind, or Disabled	207,662	195,155	197,120	198,590	203,452	204,705	210,060	0.2%	28.7%
Children	333,370	295,055	307,718	304,900	338,626	363,561	386,701	2.5%	52.8%
Foster Care Children	4,260	10,903	11,520	11,895	12,593	11,925	12,784	20.1%	1.7%
Adults	107,944	84,477	82,943	79,473	85,840	89,330	98,967	-1.4%	13.5%
Basis of Eligibility Unknown	0	28,925	27,913	23,537	24,692	39,967	23,497	-4.1%	3.2%
<b>Total</b>	<b>653,236</b>	<b>614,515</b>	<b>627,214</b>	<b>618,395</b>	<b>665,203</b>	<b>709,488</b>	<b>732,009</b>	<b>1.9%</b>	<b>100.0%</b>
<b>By Age</b>									
Under Age 1	41,524	23,578	25,531	25,522	26,381	27,078	29,046	-5.8%	4.0%
Age 1 to 5	123,243	112,019	114,543	114,477	124,523	131,652	145,041		19.8%
Age 6 to 14	152,702	143,241	148,654	145,627	161,520	171,791	175,609	2.4%	24.0%
Age 15 to 20	66,403	60,774	63,557	63,521	71,544	76,625	81,778	3.5%	11.2%
Age 21 to 44	125,801	110,905	110,614	107,808	114,589	118,942	128,150	0.3%	17.5%
Age 45 to 64	52,956	52,061	53,524	55,184	58,446	60,620	64,943	3.5%	8.9%
Age 65 to 74	36,481	33,445	33,334	33,143	33,421	33,092	33,555	-1.4%	4.6%
Age 75 to 84	32,497	30,051	30,068	30,225	30,746	30,711	31,195	-0.7%	4.3%
Age 85 and Over	21,629	19,516	19,477	19,372	19,340	19,220	19,195	-2.0%	2.6%
Age Unknown	0	28,925	27,912	23,516	24,693	39,757	23,497	-4.1%	3.2%
<b>Total</b>	<b>653,236</b>	<b>614,515</b>	<b>627,214</b>	<b>618,395</b>	<b>665,203</b>	<b>709,488</b>	<b>732,009</b>	<b>1.9%</b>	<b>100.0%</b>
<b>By Race</b>									
White	300,535	282,592	271,176	267,089	289,560	302,705	314,996	0.8%	43.0%
Black	311,541	293,870	287,478	283,452	300,204	308,911	323,055	0.6%	44.1%
Hispanic, American Indian or Asian	39,844	37,396	39,478	38,922	49,260	56,628	69,314	9.7%	9.5%
Other / Unknown	1,316	657	29,082	28,932	26,179	41,244	24,644	63.0%	3.4%
<b>Total*</b>	<b>653,236</b>	<b>614,515</b>	<b>627,214</b>	<b>618,395</b>	<b>665,203</b>	<b>709,488</b>	<b>732,009</b>	<b>1.9%</b>	<b>100.0%</b>
<b>By Sex</b>									
Female	399,382	370,989	362,442	357,158	382,953	398,627	421,685	0.9%	57.6%
Male	253,854	235,678	236,860	233,475	257,559	271,097	286,785	2.1%	39.2%
Unknown	0	7,848	27,912	27,762	24,691	39,764	23,539	24.6%	3.2%
<b>Total*</b>	<b>653,236</b>	<b>614,515</b>	<b>627,214</b>	<b>618,395</b>	<b>665,203</b>	<b>709,488</b>	<b>732,009</b>	<b>1.9%</b>	<b>100.0%</b>

Source: Health Care Financing Administration-Form HCFA 2082 for federal fiscal year 98; MSIS data for FFY 99-04.

# SOUTHERN REGION MEDICAID PROFILE

## PAYMENTS BY OTHER CHARACTERISTICS

	FFY 98	FFY 99	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	Annual Change	Share of Total FFY 04
<b>By Maintenance Assistance Status</b>									
Receiving Cash Assistance or Eligible Under Section 1931	\$1,013,741,200	\$1,018,157,154	\$1,087,712,653	\$1,110,404,548	\$1,194,902,103	\$1,254,777,240	\$1,403,195,799	5.6%	39.3%
Poverty Related Eligibles	\$276,531,633	\$273,238,981	\$314,524,110	\$386,174,941	\$538,512,263	\$659,704,101	\$658,848,235	15.6%	18.4%
Medically Needy	\$163,396,812	\$109,033,550	\$98,539,846	\$83,483,138	\$75,208,245	\$69,933,437	\$93,662,322	-8.9%	2.6%
Other Eligibles	\$664,533,221	\$784,273,835	\$962,110,325	\$1,111,702,252	\$1,183,053,561	\$1,141,383,137	\$1,385,502,660	13.0%	38.8%
Maintenance Assistance Status Unknown	\$0	\$22,546,942	\$21,043,777	\$24,197,439	\$26,193,477	\$55,192,174	\$32,962,770	7.9%	0.9%
<b>Total</b>	<b>\$2,118,202,866</b>	<b>\$2,207,250,462</b>	<b>\$2,483,930,711</b>	<b>\$2,715,962,318</b>	<b>\$3,017,869,649</b>	<b>\$3,180,990,089</b>	<b>\$3,574,171,786</b>	<b>9.1%</b>	<b>100.0%</b>
<b>By Basis of Eligibility</b>									
Aged, Blind or Disabled	\$1,571,334,621	\$1,663,463,825	\$1,881,789,124	\$2,062,331,683	\$2,245,634,923	\$2,331,455,149	\$2,617,797,463	8.9%	73.2%
Children	\$336,821,911	\$316,099,706	\$356,524,289	\$372,517,263	\$448,607,412	\$489,713,489	\$556,884,352	8.7%	15.6%
Foster Care Children	\$9,388,574	\$25,484,978	\$39,406,198	\$71,981,745	\$82,154,781	\$74,890,109	\$100,828,450	48.5%	2.8%
Adults	\$200,657,760	\$179,655,011	\$185,167,323	\$184,861,574	\$213,941,075	\$227,137,553	\$265,698,751	4.8%	7.4%
Basis of Eligibility Unknown	\$0	\$22,546,942	\$21,043,777	\$24,270,053	\$27,531,458	\$57,793,789	\$32,962,770	7.9%	0.9%
<b>Total</b>	<b>\$2,118,202,866</b>	<b>\$2,207,250,462</b>	<b>\$2,483,930,711</b>	<b>\$2,715,962,318</b>	<b>\$3,017,869,649</b>	<b>\$3,180,990,089</b>	<b>\$3,574,171,786</b>	<b>9.1%</b>	<b>100.0%</b>
<b>By Age</b>									
Under Age 1	\$114,024,927	\$65,057,489	\$74,142,678	\$78,724,164	\$88,568,250	\$86,845,468	\$98,959,235	-2.3%	2.8%
Age 1 to 5	\$126,666,594	\$157,093,288	\$174,953,639	\$182,084,505	\$215,506,887	\$217,796,177	\$253,201,206	12.2%	7.1%
Age 6 to 14	\$147,224,727	\$155,931,592	\$183,901,586	\$204,966,655	\$238,065,733	\$259,542,654	\$289,492,194	11.9%	8.1%
Age 15 to 20	\$122,588,008	\$119,078,013	\$134,382,892	\$163,655,354	\$190,580,444	\$209,274,245	\$247,275,103	12.4%	6.9%
Age 21 to 44	\$552,938,255	\$565,613,101	\$622,611,314	\$660,803,841	\$716,756,954	\$744,213,985	\$828,317,002	7.0%	23.2%
Age 45 to 64	\$390,567,507	\$440,163,917	\$509,435,844	\$579,694,991	\$657,522,290	\$699,035,518	\$815,030,543	13.0%	22.8%
Age 65 to 74	\$198,282,074	\$201,405,297	\$226,162,232	\$241,634,542	\$264,906,730	\$277,327,512	\$308,937,354	7.7%	8.6%
Age 75 to 84	\$244,845,675	\$244,321,110	\$274,192,117	\$296,822,232	\$320,962,297	\$327,397,076	\$365,996,529	6.9%	10.2%
Age 85 and Over	\$221,065,099	\$236,039,713	\$263,104,723	\$283,378,595	\$298,804,739	\$304,365,280	\$333,999,850	7.1%	9.3%
Age Unknown	\$0	\$22,546,942	\$21,043,686	\$24,197,439	\$26,195,325	\$55,192,174	\$32,962,770	7.9%	0.9%
<b>Total</b>	<b>\$2,118,202,866</b>	<b>\$2,207,250,462</b>	<b>\$2,483,930,711</b>	<b>\$2,715,962,318</b>	<b>\$3,017,869,649</b>	<b>\$3,180,990,089</b>	<b>\$3,574,171,786</b>	<b>9.1%</b>	<b>100.0%</b>
<b>By Race</b>									
White	\$1,185,068,839	\$1,235,738,273	\$1,390,383,251	\$1,522,509,121	\$1,681,790,686	\$1,740,435,085	\$1,961,183,112	8.8%	54.9%
Black	\$848,667,684	\$883,033,421	\$962,905,449	\$1,052,438,102	\$1,158,956,731	\$1,216,848,210	\$1,376,878,915	8.4%	38.5%
Hispanic, American Indian or Asian	\$81,559,117	\$85,143,147	\$105,441,247	\$114,695,173	\$146,011,056	\$163,075,425	\$197,521,902	15.9%	5.5%
Other / Unknown	\$2,907,226	\$3,335,621	\$25,200,764	\$26,319,922	\$31,111,176	\$60,631,369	\$38,587,857	53.9%	1.1%
<b>Total*</b>	<b>\$2,118,202,866</b>	<b>\$2,207,250,462</b>	<b>\$2,483,930,711</b>	<b>\$2,715,962,318</b>	<b>\$3,017,869,649</b>	<b>\$3,180,990,089</b>	<b>\$3,574,171,786</b>	<b>9.1%</b>	<b>100.0%</b>
<b>By Sex</b>									
Female	\$1,316,194,909	\$1,370,970,390	\$1,508,799,560	\$1,651,670,755	\$1,810,956,030	\$1,888,500,408	\$2,127,336,625	8.3%	59.5%
Male	\$802,007,957	\$835,985,673	\$953,525,708	\$1,041,911,834	\$1,180,721,261	\$1,237,271,558	\$1,413,393,155	9.9%	39.5%
Unknown	\$0	\$294,399	\$21,605,443	\$22,379,729	\$26,192,358	\$55,218,123	\$33,442,006	157.7%	0.9%
<b>Total*</b>	<b>\$2,118,202,866</b>	<b>\$2,207,250,462</b>	<b>\$2,483,930,711</b>	<b>\$2,715,962,318</b>	<b>\$3,017,869,649</b>	<b>\$3,180,990,089</b>	<b>\$3,574,171,786</b>	<b>9.1%</b>	<b>100.0%</b>

Source: Health Care Financing Administration-Form HCFA 2082 for federal fiscal year 98; MSIS data for FFY 99-04.



# SOUTHERN REGION MEDICAID PROFILE

## AVERAGE PAYMENT PER RECIPIENT BY OTHER CHARACTERISTICS

								Annual Change	Above (+) or Below (-) SLC Avg. FFY 04
<b>By Maintenance Assistance Status</b>	<b>FFY 98</b>	<b>FFY 99</b>	<b>FFY 00</b>	<b>FFY 01</b>	<b>FFY 02</b>	<b>FFY 03</b>	<b>FFY 04</b>		
Receiving Cash Assistance or Eligible Under Section 1931	\$3,544.85	\$4,378.59	\$5,574.64	\$7,975.15	\$8,884.36	\$9,188.94	\$10,004.11	18.9%	90.4%
Poverty Related Eligibles	\$1,126.73	\$1,177.75	\$1,187.45	\$1,244.20	\$1,497.89	\$1,647.23	\$1,551.67	5.5%	-24.1%
Medically Needy	\$9,136.48	\$10,336.89	\$10,990.39	\$10,763.68	\$11,104.13	\$11,232.48	\$12,901.15	5.9%	107.8%
Other Eligibles	\$6,393.00	\$7,096.86	\$7,381.32	\$8,084.46	\$8,466.77	\$9,025.72	\$10,158.84	8.0%	40.0%
Maintenance Assistance Status Unknown	\$0.00	\$779.50	\$753.91	\$1,028.98	\$1,060.81	\$1,388.24	\$1,402.85	12.5%	-47.5%
<b>Total</b>	<b>\$3,242.63</b>	<b>\$3,591.86</b>	<b>\$3,960.26</b>	<b>\$4,391.95</b>	<b>\$4,536.76</b>	<b>\$4,483.50</b>	<b>\$4,882.69</b>	<b>7.1%</b>	<b>18.7%</b>
<b>By Basis of Eligibility</b>									
Aged, Blind or Disabled	\$7,566.79	\$8,523.81	\$9,546.41	\$10,384.87	\$11,037.66	\$11,389.34	\$12,462.14	8.7%	15.6%
Children	\$1,010.35	\$1,071.32	\$1,158.61	\$1,221.77	\$1,324.79	\$1,346.99	\$1,440.09	6.1%	-2.4%
Foster Care Children	\$2,203.89	\$2,337.43	\$3,420.68	\$6,051.43	\$6,523.85	\$6,280.09	\$7,887.08	23.7%	14.6%
Adults	\$1,858.91	\$2,126.67	\$2,232.46	\$2,326.09	\$2,492.32	\$2,542.68	\$2,684.72	6.3%	2.2%
Basis of Eligibility Unknown	\$0.00	\$779.50	\$753.91	\$1,031.14	\$1,115.00	\$1,446.04	\$1,402.85	12.5%	-51.4%
<b>Total</b>	<b>\$3,242.63</b>	<b>\$3,591.86</b>	<b>\$3,960.26</b>	<b>\$4,391.95</b>	<b>\$4,536.76</b>	<b>\$4,483.50</b>	<b>\$4,882.69</b>	<b>7.1%</b>	<b>18.7%</b>
<b>By Age</b>									
Under Age 1	\$2,746.00	\$2,759.25	\$2,904.03	\$3,084.56	\$3,357.27	\$3,207.23	\$3,406.98	3.7%	-8.3%
Age 1 to 5	\$1,027.78	\$1,402.38	\$1,527.41	\$1,590.58	\$1,730.66	\$1,654.33	\$1,745.72	9.2%	-2.9%
Age 6 to 14	\$964.13	\$1,088.60	\$1,237.11	\$1,407.48	\$1,473.91	\$1,510.80	\$1,648.50	9.4%	-1.7%
Age 15 to 20	\$1,846.12	\$1,959.36	\$2,114.37	\$2,576.40	\$2,663.82	\$2,731.15	\$3,023.74	8.6%	13.7%
Age 21 to 44	\$4,395.34	\$5,099.98	\$5,628.68	\$6,129.45	\$6,255.02	\$6,256.95	\$6,463.65	6.6%	33.9%
Age 45 to 64	\$7,375.32	\$8,454.77	\$9,517.90	\$10,504.77	\$11,250.08	\$11,531.43	\$12,549.94	9.3%	30.4%
Age 65 to 74	\$5,435.21	\$6,021.99	\$6,784.73	\$7,290.67	\$7,926.36	\$8,380.50	\$9,206.89	9.2%	24.6%
Age 75 to 84	\$7,534.41	\$8,130.22	\$9,119.07	\$9,820.42	\$10,439.16	\$10,660.58	\$11,732.54	7.7%	5.1%
Age 85 and Over	\$10,220.77	\$12,094.68	\$13,508.48	\$14,628.26	\$15,450.09	\$15,835.86	\$17,400.36	9.3%	1.2%
Age Unknown	\$0.00	\$779.50	\$753.93	\$1,028.98	\$1,060.84	\$1,388.24	\$1,402.85	12.5%	-50.7%
<b>Total</b>	<b>\$3,242.63</b>	<b>\$3,591.86</b>	<b>\$3,960.26</b>	<b>\$4,391.95</b>	<b>\$4,536.76</b>	<b>\$4,483.50</b>	<b>\$4,882.69</b>	<b>7.1%</b>	<b>18.7%</b>
<b>By Race</b>									
White	\$3,943.20	\$4,372.87	\$5,127.24	\$5,700.38	\$5,808.09	\$5,749.61	\$6,226.06	7.9%	24.5%
Black	\$2,724.10	\$3,004.84	\$3,349.50	\$3,712.93	\$3,860.56	\$3,939.15	\$4,262.06	7.7%	24.5%
Hispanic, American Indian or Asian	\$2,046.96	\$2,276.80	\$2,670.86	\$2,946.80	\$2,964.09	\$2,879.77	\$2,849.67	5.7%	10.6%
Other/Unknown	\$2,209.14	\$5,077.05	\$866.54	\$909.72	\$1,188.40	\$1,470.07	\$1,565.81	-5.6%	-68.4%
<b>Total</b>	<b>\$3,242.63</b>	<b>\$3,591.86</b>	<b>\$3,960.26</b>	<b>\$4,391.95</b>	<b>\$4,536.76</b>	<b>\$4,483.50</b>	<b>\$4,882.69</b>	<b>7.1%</b>	<b>18.7%</b>
<b>By Sex</b>									
Female	\$3,295.58	\$3,695.45	\$4,162.88	\$4,624.48	\$4,728.93	\$4,737.51	\$5,044.85	7.4%	20.4%
Male	\$3,159.33	\$3,547.15	\$4,025.69	\$4,462.63	\$4,584.27	\$4,563.94	\$4,928.41	7.7%	23.1%
Unknown	\$0.00	\$37.51	\$774.05	\$806.13	\$1,060.81	\$1,388.65	\$1,420.71	106.9%	-65.3%
<b>Total</b>	<b>\$3,242.63</b>	<b>\$3,591.86</b>	<b>\$3,960.26</b>	<b>\$4,391.95</b>	<b>\$4,536.76</b>	<b>\$4,483.50</b>	<b>\$4,882.69</b>	<b>7.1%</b>	<b>18.7%</b>

Source: Health Care Financing Administration-Form HCFA 2082 for federal fiscal year 98; MSIS data for FFY 99-04.

## SOUTHERN REGION MEDICAID PROFILE

### TANF AND MEDICALLY NEEDY PROGRAM ELIGIBILITY CRITERIA

Temporary Assistance to Needy Families (Family of 3)

Need Standard	\$295	\$322	\$393
Payment Standard	\$292	\$320	\$389

Medically Needy Program (Family of 3)

Income Eligibility	\$362	\$399	\$492
Resource Standard	\$3,100 for 3	\$3,100 for 3	\$3,100 for 3

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

### ADDITIONAL STATE HEALTH CARE INFORMATION

Sources: "Issue Briefs", Health Policy Tracking Service, January 2005; "Medicaid Services State by State", CMS, October 2004; "State Health Facts", The Henry Kaiser Foundation, January 2005; and the state Medicaid Website.

#### 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 currently serves 308,000 individuals and has been in operation since January 1, 1996.

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 11,091 people, operating since July 1, 1982.
- Mental Retardation/Developmental Disabilities: Serves 5,536 people, operating since January 1, 1991.
- AIDS: Serves 337 people, operating since July 1, 1991.
- Technology Assisted People: Serves 308 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 serves 199 individuals, operating since 1997.
- Individual and Family Developmental Disabilities Support: Serves 323 individuals, operating since July 2000.

#### 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.

#### 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.

## SOUTHERN REGION MEDICAID PROFILE

### **Cost Containment Measures**

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

### **Medicaid**

- 21 optional services are offered.
- Counties pay 20% of the non-federal share of administrative costs related to eligibility determinations.
- Enacted legislation in 2001 that requires Medicaid to provide coverage to women that have been screened and diagnosed with breast or cervical cancer (Federally mandated by the Breast and Cervical Cancer Prevention and Treatment Act of 2000).
- Enacted legislation to extend Medicaid coverage to individuals that could be eligible as a result of the federal Ticket to Work and Medicaid Buy-in legislation. The programs will provide services to individuals with disabilities that are required to enable them to gain or keep employment.
- Enacted legislation in 2002 affecting the state's Medicaid program as follows:
  1. Enhanced the prospective drug utilization review (pro-DUR) program.
  2. Changed average wholesale price (AWP) discount for prescription drugs from 11% to 10.25%.
  3. Eliminated the increase for inflation to indirect patient care rates for nursing facilities.
- In 2003, enacted legislation and/or policy changes in Medicaid as follows:
  1. Increased reimbursement rates for mental retardation case management services from \$175.40 to \$260.00 per month.
  2. Increased reimbursement rates for mental health case management services from \$208.25 to \$260.00 per month.
  3. Implemented resource utilization group (RUGS) methodology for payments to nursing homes.
- In 2004, enacted legislation and/or policy changes in Medicaid as follows:
  1. Increased reimbursement rates for personal care services by 1%.
  2. Increased reimbursement rates for adult day health care services by 5%.
  3. Reduced reimbursement rates for private inpatient outpatient hospital services from 95% to 80% of allowable costs.
  4. Changed reimbursement for outpatient rehabilitation providers from a prospective cost settlement method to a cost report methodology.
  5. Eliminated separate reimbursement rates for some specialized care services provided by nursing homes.
  6. Reduced funding available for inflationary increases to nursing home providers.
  7. Initiated a Pharmacy and Therapeutics Committee to clinically evaluate and establish a preferred drug list.
  8. Reduced the pharmacy dispensing fee from \$4.25 to \$3.75.
  9. Adjusted the reimbursement rates for some durable medical equipment to ensure that Medicaid rates do not exceed Medicare rates.

### **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.

## SOUTHERN REGION MEDICAID PROFILE

### Children's Health Insurance Program: State Designed (Continued)

•For 2000, expanded the SCHIP program to provide health care coverage to individuals up to age 19 in families with incomes to 200% of the FPL and renamed the program the Family Access to Medical Insurance Security Plan (FAMIS). The program serves approximately 68,000 individuals. FAMIS does not require qualified families to pay yearly or monthly premiums. However, families with children that are enrolled in an MCO have co-payments for some covered services. Co-payments for some basic FAMIS services provided to eligible children are as follows:

	Status 1*	Status 2*
Outpatient Hospital or Doctor	\$2 per visit	\$5 per visit
Prescription Drugs	\$2 per prescription	\$5 per prescription
Inpatient Hospital	\$15 per admission	\$25 per admission
Non-emergency use of ER	\$10 per visit	\$25 per visit
Yearly Co-payment Limit per Family	\$180	\$350

\*Status is determined by DMAS and is based on family income. Native Americans and Alaskan natives are not required to make co-payments.

- During FY 03, children age 6 -19 under 133% of FPL were converted to the Medicaid program but still federal funding for this population continues to be at the S-CHIP rate (and out of the S-CHIP allotment). The state reported that approximately 31,000 children were added to Medicaid as a result of this change, while 53,000 additional children were enrolled in SCHIP.
- During FY 04, the SCHIP program was amended to remove the requirement that enrollees report all changes that impact eligibility before redetermination, reduce the waiting period of uninsurance from 6 months to 4 months, expand the scope of benefits to add certain mental health services, and change prior authorization requirements for some benefits.

### Tobacco Settlement

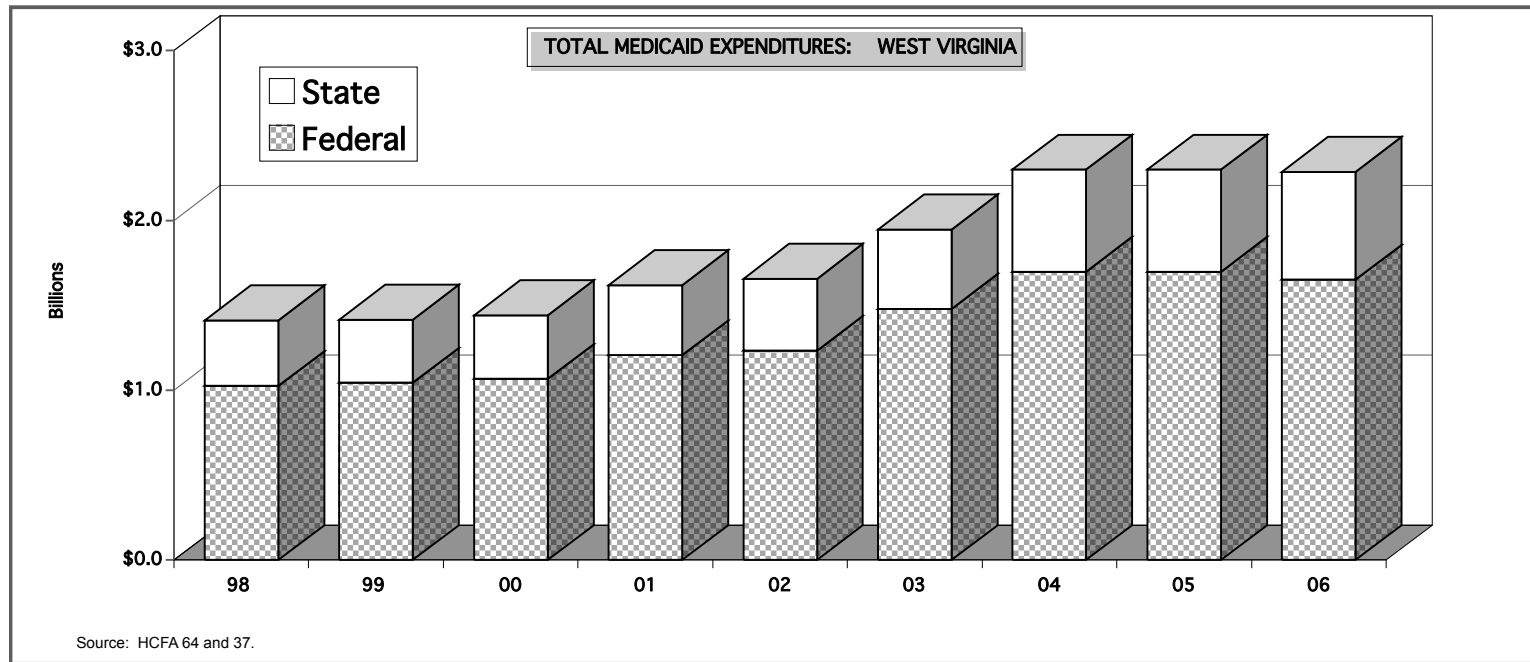
- The state expects to receive approximately \$4.1 billion over 25 years.
- From FY 00 through FY 04, the cumulative tobacco settlement payment was approximately \$596.8 million.
- The state has allocated these funds and compares with the U.S. as follows:

	VA	%	U.S.	%
Tobacco use prevention	\$64,418,000	10.8%	\$1,813,423,000	4.6%
Health services	\$0	0.0%	\$11,824,057,000	29.9%
Long-term care	\$0	0.0%	\$2,200,066,000	5.6%
Health research	\$0	0.0%	\$1,472,863,000	3.7%
Education	\$0	0.0%	\$2,051,182,000	5.2%
Children and Youth (Nonhealth)	\$0	0.0%	\$1,229,719,000	3.1%
Tobacco Farmers	\$295,804,000	49.6%	\$1,217,021,000	3.1%
Endowments and Reserves	\$0	0.0%	\$7,636,209,000	19.3%
Other	\$236,603,000	39.6%	\$10,048,868,000	25.4%
Total	\$596,825,000	100.0%	\$39,493,408,000	100.0%

## STATE MEDICAID PROFILE



# SOUTHERN REGION MEDICAID PROFILE



State profile revised to reflect MSIS statistical data as reported by CMS for federal fiscal years 99 through 04.

	FFY 98	FFY 99	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05**	FFY 06**	Annual Rate of Change	Total Change 98-06
Medicaid Payments	\$1,359,812,612	\$1,353,004,076	\$1,379,498,961	\$1,548,616,901	\$1,584,169,059	\$1,857,747,927	\$1,937,298,997	\$2,197,701,000	\$2,183,315,000	6.1%	60.6%
Federal Share	\$1,001,620,498	\$1,007,657,492	\$1,031,890,265	\$1,167,100,614	\$1,192,040,463	\$1,424,820,633	\$1,500,814,359	\$1,641,866,000	\$1,595,018,000	6.0%	59.2%
State Share	\$358,192,114	\$345,346,584	\$347,608,696	\$381,516,287	\$392,128,596	\$432,927,294	\$436,484,638	\$555,835,000	\$588,297,000	6.4%	64.2%
Administrative Costs	\$50,801,124	\$62,968,688	\$62,221,989	\$69,489,949	\$73,009,703	\$88,915,675	\$94,256,418	\$102,523,000	\$102,761,000	9.2%	102.3%
Federal Share	\$24,078,826	\$36,405,994	\$34,378,533	\$38,595,032	\$40,812,461	\$54,801,069	\$56,056,989	\$56,217,000	\$55,828,000	11.1%	131.9%
State Share	\$26,722,298	\$26,562,694	\$27,843,456	\$30,894,917	\$32,197,242	\$34,114,606	\$38,199,429	\$46,306,000	\$46,933,000	7.3%	75.6%
Admin. Costs as % of Payments	3.74%	4.65%	4.51%	4.49%	4.61%	4.79%	4.87%	4.67%	4.71%		
Federal Match Rate*	73.67%	74.47%	74.78%	75.34%	75.27%	75.04%	75.19%	74.65%	72.99%		

\*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 05 and 06 reflect latest estimates reported by each state (CMS 37).

# SOUTHERN REGION MEDICAID PROFILE

## STATE FINANCING

	Payments		Administration	
	FFY 98	FFY 04	FFY 98	FFY 04
State General Fund	\$358,192,114	\$290,091,566	\$26,722,298	\$38,199,429
Local Funds	\$0	\$0	\$0	\$0
Provider Taxes	\$0	\$145,765,209	\$0	\$0
Donations*	\$0	\$627,863	\$0	\$0
Otier	\$0	\$0	\$0	\$0
Total State Siare	\$358,192,114	\$436,484,638	\$26,722,298	\$38,199,429

\*Donations from Outstationed Eligibility Workers Program

## DISPROPORTIONATE SHARE HOSPITAL (DSH) PAYMENTS

	FFY 98	FFY 99	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05**	FFY 06**	Annual Change
General Hospitals	\$49,007,819	\$63,897,097	\$49,806,898	\$73,409,402	\$64,896,245	\$59,615,007	\$54,647,047	\$61,230,000	\$57,343,000	2.4%
Mental Hospitals	\$11,388,172	\$20,611,473	\$11,811,654	\$18,310,287	\$18,898,562	\$16,186,917	\$12,489,463	\$17,170,000	\$16,079,000	5.3%
Total	\$60,395,991	\$84,508,570	\$61,618,552	\$91,719,689	\$83,794,807	\$75,801,924	\$67,136,510	\$78,400,000	\$73,422,000	3.0%

## Provider Taxes Currently in Place (FFY 04)

	Tax Rate *	Amount
•Hospitals	2.50%	N / A
•Nursing facilities & ICF-MR's	5.50%	N / A
•Ambulatory surgical ctrs., chiropractors, dentists svcs, opticians, optometrists, podiatrists, psych svcs & therapists	1.75%	N / A
•Behavioral health ctrs., community care centers, lab services	5.00%	N / A
•Physicians	2.00%	N / A
•Nurses, Ambulance	1.75% / 5.50%	N / A
* annualized, based on gross revenues.		
Total (Based on amounts reported on CMS 64 for FFY 03)		\$145,765,209

## SELECTED ELIGIBILITY CRITERIA

	At 10/1/04	% of FPL*
TANF-Temporary Assistance for Needy Families (Family of 3)		
Need Standard	\$991	75.9%
Payment Standard	\$340	26.0%
Maximum Payment	\$453	34.7%
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	\$564	72.7%
Couple	\$846	81.3%
Resources:		
Single Person	\$2,000	
Couple	\$3,000	

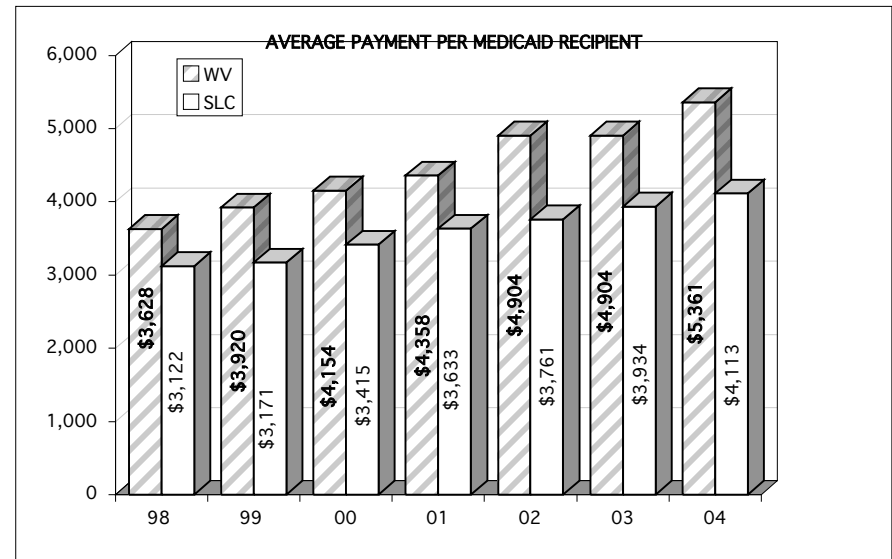
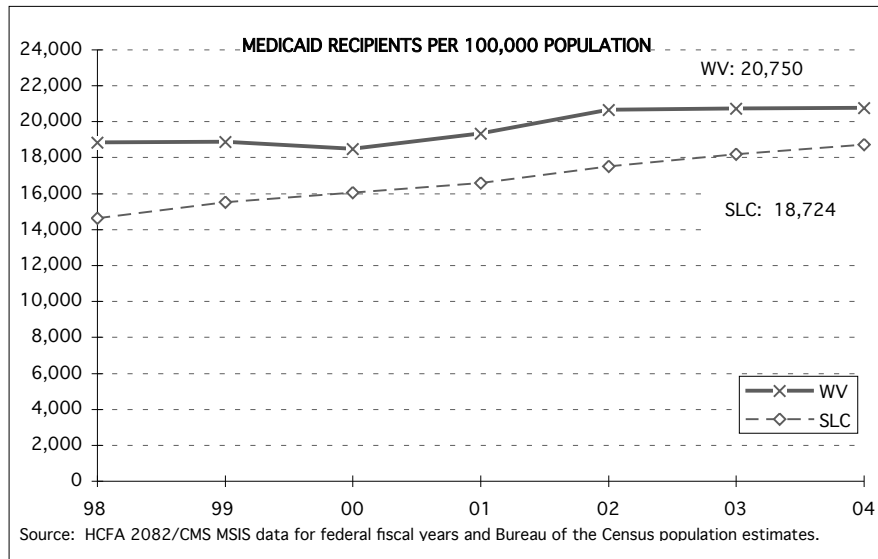
## DEMOGRAPHIC DATA & POVERTY INDICATORS (2004)

		Rank in U.S.
State population—July 1, 2004*	1,815,354	37
Per capita personal income**	\$25,872	48
Median household income**	\$31,210	50
Population below Federal Poverty Level on July 1, 2003*	306,795	
Percent of total state population	16.9%	4
Population without health insurance coverage*	296,000	36
Percent of total state population	16.3%	19
Recipients of Food Stamps***	254,387	29
Households receiving Food Stamps***	109,312	30
Total value of issuance***	\$228,943,891	31
Average monthly benefit per recipient	\$75.00	48
Average monthly benefit per household	\$174.53	
Monthly recipients of Temporary Assistance to Needy Families (TANF)****	13,750	30
Total TANF payments****	\$73,488,000	26
Average monthly payment per recipient	\$445.38	26
Maximum monthly payment per family of 3	\$278.00	40

\*Current federal poverty level is \$9,310 per year for a single person, \$12,490 for a family of two and \$15,670 for a family of three. Table above shows monthly income levels.

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

## SOUTHERN REGION MEDICAID PROFILE



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

<u>RECIPIENTS BY TYPE OF SERVICES</u>	<u>FFY 98</u>	<u>FFY 99</u>	<u>FFY 00</u>	<u>FFY 01</u>	<u>FFY 02</u>	<u>FFY 03</u>	<u>FFY 04</u>	<i>Annual Change</i>
01. General Hospital	43,213	39,222	39,492	37,305	36,173	37,776	38,367	-2.0%
02. Mental Hospital	1,564	1,776	2,004	1,820	1,791	1,909	1,937	3.6%
03. Skilled and Intermediate (non-MR) Care Nursing	11,677	11,788	11,636	11,923	11,450	11,479	11,656	0.0%
04. Intermediate Care for Mentally Retarded	609	570	563	552	577	604	613	0.1%
05. Physician Services	242,889	242,967	230,677	227,329	223,397	236,437	239,997	-0.2%
06. Dental Services	81,557	81,595	80,139	83,379	84,852	93,568	94,849	2.5%
07. Other Practitioners	62,112	74,640	74,521	88,660	94,339	104,316	105,580	9.2%
08. Outpatient Hospital	166,885	170,268	166,241	163,401	168,553	172,330	174,885	0.8%
09. Clinic Services	98,672	113,254	148,175	148,734	144,008	153,764	155,809	7.9%
10. Lab and X-Ray	78,244	146,142	157,400	145,139	149,237	166,962	169,100	13.7%
11. Home Health	21,797	22,840	25,681	27,237	29,778	31,354	31,756	6.5%
12. Prescribed Drugs	267,398	274,842	261,544	269,174	276,338	285,582	285,582	1.1%
13. Family Planning	25,546	2,360	2,944	2,700	2,420	3,076	3,175	-29.4%
14. Early & Periodic Screening, Diagnosis & Treatment	62,034	0	0	0	0	0	157	-63.1%
15. Other Care	36,243	45,866	51,605	65,012	71,226	72,158	73,026	12.4%
16. Personal Care Support Services	60,409	61,665	64,424	69,244	66,062	69,457	70,449	2.6%
17. Home/Community Based Waiver Services	5,437	0	0	0	0	0	14	-63.0%
18. Prepaid Health Care	52	0	0	68,268	74,600	74,060	74,610	235.8%
19. Primary Care Case Management (PCCM) Services	0	67,237	93,843	104,426	120,517	130,575	131,885	14.4%
<b>Total*</b>	<b>342,668</b>	<b>342,885</b>	<b>335,014</b>	<b>349,229</b>	<b>362,030</b>	<b>373,154</b>	<b>376,680</b>	<b>1.6%</b>

\*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

<b>PAYMENTS BY TYPE OF SERVICES</b>	<b>FFY 98</b>	<b>FFY 99</b>	<b>FFY 00</b>	<b>FFY 01</b>	<b>FFY 02</b>	<b>FFY 03</b>	<b>FFY 04</b>	Annual <i>Change</i>	Share of Total <i>FFY 04</i>
01. General Hospital	\$194,479,017	\$217,627,084	\$203,643,700	\$230,495,787	\$213,211,473	\$273,576,825	\$280,462,095	6.3%	13.9%
02. Mental Hospital	\$24,905,723	\$43,248,989	\$39,449,347	\$51,959,014	\$47,259,579	\$50,268,199	\$48,189,716	11.6%	2.4%
03. Skilled and Intermediate (non-MR) Care Nursing	\$256,580,323	\$263,162,629	\$271,717,727	\$288,456,159	\$303,439,124	\$323,955,981	\$373,141,836	6.4%	18.5%
04. Intermediate Care for Mentally Retarded	\$47,738,110	\$45,794,140	\$46,650,015	\$47,771,016	\$46,141,959	\$52,967,636	\$58,329,775	3.4%	2.9%
05. Physician Services	\$111,149,189	\$96,967,239	\$91,051,302	\$100,992,794	\$93,953,027	\$110,379,510	\$126,588,410	2.2%	6.3%
06. Dental Services	\$18,553,850	\$19,253,138	\$19,162,152	\$25,731,915	\$28,648,451	\$34,182,703	\$33,867,750	10.5%	1.7%
07. Other Practitioners	\$10,060,720	\$12,564,068	\$12,558,227	\$25,056,816	\$25,857,167	\$35,393,182	\$36,285,596	23.8%	1.8%
08. Outpatient Hospital	\$61,622,445	\$63,845,080	\$72,810,763	\$81,753,788	\$85,921,388	\$99,355,296	\$100,543,581	8.5%	5.0%
09. Clinic Services	\$46,008,114	\$46,010,436	\$57,290,982	\$56,310,221	\$49,582,358	\$54,353,769	\$51,202,034	1.8%	2.5%
10. Lab and X-Ray	\$5,844,856	\$16,358,455	\$16,824,030	\$18,481,450	\$18,267,102	\$22,042,470	\$19,331,576	22.1%	1.0%
11. Home Health	\$17,894,521	\$15,289,233	\$17,678,912	\$19,350,719	\$18,560,451	\$20,531,451	\$16,144,119	-1.7%	0.8%
12. Prescribed Drugs	\$148,962,081	\$195,644,951	\$216,077,217	\$256,395,319	\$274,613,136	\$339,840,738	\$360,089,285	15.8%	17.8%
13. Family Planning	\$2,458,392	\$2,217,073	\$4,375,288	\$4,029,544	\$3,449,632	\$6,018,735	\$4,261,636	9.6%	0.2%
14. Early & Periodic Screening, Diagnosis & Treatment*	\$7,642,253	\$0	\$0	\$0	\$0	\$0	\$0	-100.0%	0.0%
15. Other Care	\$35,751,670	\$177,890,005	\$193,501,538	\$196,137,253	\$194,580,129	\$223,322,696	\$221,539,756	35.5%	11.0%
16. Personal Care Support Services	\$125,929,361	\$127,807,167	\$126,870,027	\$116,463,714	\$103,718,433	\$108,770,164	\$134,567,393	1.1%	6.7%
17. Home/ Community Based Waiver Services	\$100,995,995	\$0	\$0	\$0	\$0	\$0	\$0	-100.0%	0.0%
18. Prepaid Health Care	\$26,573,906	\$0	\$0	\$43,095,629	\$67,486,939	\$71,717,596	\$152,939,381	33.9%	7.6%
19. Primary Case Management (PCCM) Services	\$0	\$518,322	\$2,069,936	\$2,527,447	\$3,290,481	\$3,290,676	\$2,073,408	32.0%	0.1%
<b>Total (excludes DSH pymts, pharmacy rebates, &amp; other adjs.)</b>	<b>\$1,243,150,526</b>	<b>\$1,344,198,009</b>	<b>\$1,391,731,163</b>	<b>\$1,565,008,585</b>	<b>\$1,577,697,829</b>	<b>\$1,829,967,627</b>	<b>\$2,019,557,347</b>	<b>8.4%</b>	<b>100.0%</b>

## AVERAGE PAYMENTS PER RECIPIENT BY TYPE OF SERVICES

								(+) or (-) SLC <i>Avg. FFY 04</i>	
01. General Hospital	\$4,500.47	\$5,548.60	\$5,156.58	\$5,894.22	\$5,894.22	\$7,242.08	\$7,309.98	8.4%	34.8%
02. Mental Hospital	\$15,924.38	\$24,351.91	\$19,685.30	\$26,387.26	\$26,387.26	\$26,332.22	\$24,878.53	7.5%	31.3%
03. Skilled and Intermediate (non-MR) Care Nursing	\$21,973.14	\$22,324.62	\$23,351.47	\$26,501.23	\$26,501.23	\$28,221.62	\$32,012.85	6.5%	42.9%
04. Intermediate Care for Mentally Retarded	\$78,387.70	\$80,340.60	\$82,859.71	\$79,968.73	\$79,968.73	\$87,694.76	\$95,154.61	3.3%	18.3%
05. Physician Services	\$457.61	\$399.10	\$394.71	\$420.57	\$420.57	\$466.85	\$527.46	2.4%	-3.9%
06. Dental Services	\$227.50	\$235.96	\$239.11	\$337.63	\$337.63	\$365.32	\$357.07	7.8%	2.4%
07. Other Practitioners	\$161.98	\$168.33	\$168.52	\$274.09	\$274.09	\$339.29	\$343.68	13.4%	80.9%
08. Outpatient Hospital	\$369.25	\$374.97	\$437.98	\$509.76	\$509.76	\$576.54	\$574.91	7.7%	-6.6%
09. Clinic Services	\$466.27	\$406.26	\$386.64	\$344.30	\$344.30	\$353.49	\$328.62	-5.7%	-49.1%
10. Lab and X-Ray	\$74.70	\$111.94	\$106.89	\$122.40	\$122.40	\$132.02	\$114.32	7.3%	-41.5%
11. Home Health	\$820.96	\$669.41	\$688.40	\$623.29	\$623.29	\$654.83	\$508.38	-7.7%	-82.7%
12. Prescribed Drugs	\$557.08	\$711.85	\$826.16	\$993.76	\$993.76	\$1,189.99	\$1,260.90	14.6%	-12.5%
13. Family Planning	\$96.23	\$939.44	\$1,486.17	\$1,425.47	\$1,425.47	\$1,956.68	\$1,342.25	55.1%	16.9%
14. Early & Periodic Screening, Diagnosis & Treatment	\$123.19	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-100.0%	-100.0%
15. Other Care	\$986.44	\$3,878.47	\$3,749.67	\$2,731.87	\$2,731.87	\$3,094.91	\$3,033.71	20.6%	58.4%
16. Personal Care Support Services	\$2,084.61	\$2,072.60	\$1,969.30	\$1,570.02	\$1,570.02	\$1,566.01	\$1,910.14	-1.4%	42.0%
17. Home/ Community Based Waiver Services	\$18,575.68	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-100.0%	-100.0%
18. Prepaid Health Care	\$511,036.65	\$0.00	\$0.00	\$904.65	\$904.65	\$968.37	\$2,049.85	-60.1%	0.0%
19. Primary Case Management (PCCM) Services	\$0.00	\$7.71	\$22.06	\$24.95	\$24.95	\$25.20	\$15.72	15.3%	0.0%
<b>Total (Average)</b>	<b>\$3,627.86</b>	<b>\$3,920.26</b>	<b>\$4,154.25</b>	<b>\$4,357.92</b>	<b>\$4,357.92</b>	<b>\$4,904.05</b>	<b>\$5,361.47</b>	<b>6.7%</b>	<b>30.4%</b>

<b>TOTAL PER CAPITA EXPENDITURES</b>	<b>\$774.89</b>	<b>\$780.05</b>	<b>\$796.02</b>	<b>\$895.50</b>	<b>\$916.41</b>	<b>\$1,080.33</b>	<b>\$1,267.09</b>	<b>8.5%</b>	<b>44.7%</b>
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Source: Health Care Financing Administration-Form HCFA 2082 for federal fiscal year 98; MSIS data for FFY 99-03. FFY 04 is projected using preliminary MSIS data for FFY 04.

# SOUTHERN REGION MEDICAID PROFILE

## DATA BY OTHER CHARACTERISTICS

### RECIPIENTS BY OTHER CHARACTERISTICS

	<u>FFY 98</u>	<u>FFY 99</u>	<u>FFY 00</u>	<u>FFY 01</u>	<u>FFY 02</u>	<u>FFY 03</u>	<u>FFY 04</u>	<i>Annual Change</i>	<i>Share of Total FFY 04</i>
<b>By Maintenance Assistance Status</b>									
Receiving Cash Assistance or Eligible Under Section 1931	172,278	180,644	169,842	131,322	125,046	108,056	109,542	-7.3%	29.1%
Poverty Related Eligibles	29,197	117,865	121,241	168,587	185,759	186,028	187,383	36.3%	49.7%
Medically Needy	3,895	4,688	4,344	4,556	4,699	5,626	5,673	6.5%	1.5%
Other Eligibles	111,592	20,772	20,619	22,137	23,164	34,365	34,755	-17.7%	9.2%
Maintenance Assistance Status Unknown	25,706	18,916	18,968	22,627	23,362	39,079	39,327	7.3%	10.4%
<b>Total</b>	<b>342,668</b>	<b>342,885</b>	<b>335,014</b>	<b>349,229</b>	<b>362,030</b>	<b>373,154</b>	<b>376,680</b>	<b>1.6%</b>	<b>100.0%</b>
<b>By Basis of Eligibility</b>									
Aged, Blind, or Disabled	102,194	108,005	108,078	109,822	111,666	114,707	115,803	2.1%	30.7%
Children	153,021	153,339	150,543	157,587	165,981	158,010	159,582	0.7%	42.4%
Foster Care Children	5,065	5,238	5,371	5,673	5,977	5,991	6,047	3.0%	1.6%
Adults	56,682	57,387	52,054	53,520	55,044	54,999	55,551	-0.3%	14.7%
Basis of Eligibility Unknown	25,706	18,916	18,968	22,627	23,362	39,447	39,697	7.5%	10.5%
<b>Total</b>	<b>342,668</b>	<b>342,885</b>	<b>335,014</b>	<b>349,229</b>	<b>362,030</b>	<b>373,154</b>	<b>376,680</b>	<b>1.6%</b>	<b>100.0%</b>
<b>By Age</b>									
Under Age 1	12,093	11,731	13,226	13,780	13,726	5,538	5,655	-11.9%	1.5%
Age 1 to 5	56,474	56,194	53,986	56,197	59,145	54,838	55,402	-0.3%	14.7%
Age 6 to 14	73,311	73,550	71,752	75,161	79,208	81,833	82,595	2.0%	21.9%
Age 15 to 20	35,841	35,669	34,477	35,940	38,183	39,794	40,162	1.9%	10.7%
Age 21 to 44	76,345	77,679	73,474	74,907	75,912	78,379	79,144	0.6%	21.0%
Age 45 to 64	35,696	37,746	38,227	39,675	41,359	42,854	43,249	3.3%	11.5%
Age 65 to 74	12,697	12,901	12,833	12,977	13,272	13,439	13,570	1.1%	3.6%
Age 75 to 84	10,569	10,589	10,429	10,555	10,592	10,361	10,467	-0.2%	2.8%
Age 85 and Over	7,838	7,910	7,642	7,410	7,271	7,039	7,115	-1.6%	1.9%
Age Unknown	21,804	18,916	18,968	22,627	23,362	39,079	39,321	10.3%	10.4%
<b>Total</b>	<b>342,668</b>	<b>342,885</b>	<b>335,014</b>	<b>349,229</b>	<b>362,030</b>	<b>373,154</b>	<b>376,680</b>	<b>1.6%</b>	<b>100.0%</b>
<b>By Race</b>									
White	296,447	296,645	310,618	323,468	335,041	315,856	319,002	1.2%	84.7%
Black	14,776	14,786	16,161	16,786	17,345	17,481	17,644	3.0%	4.7%
Hispanic, American Indian or Asian	822	823	1,049	1,120	1,183	729	739	-1.8%	0.2%
Other / Unknown	30,623	30,631	7,186	7,855	8,461	39,088	39,295	4.2%	10.4%
<b>Total*</b>	<b>342,668</b>	<b>342,885</b>	<b>335,014</b>	<b>349,229</b>	<b>362,030</b>	<b>373,154</b>	<b>376,680</b>	<b>1.6%</b>	<b>100.0%</b>
<b>By Sex</b>									
Female	187,552	187,676	196,023	204,055	211,295	193,112	195,088	0.7%	51.8%
Male	132,574	132,661	138,736	144,391	149,473	140,963	142,368	1.2%	37.8%
Unknown	22,542	22,548	255	783	1,262	39,079	39,224	9.7%	10.4%
<b>Total*</b>	<b>342,668</b>	<b>342,885</b>	<b>335,014</b>	<b>349,229</b>	<b>362,030</b>	<b>373,154</b>	<b>376,680</b>	<b>1.6%</b>	<b>100.0%</b>

Source: Health Care Financing Administration-Form HCFA 2082 for federal fiscal year 98; MSIS data for FFY 99-03. FFY 04 is projected using preliminary MSIS data for FFY 04.

## SOUTHERN REGION MEDICAID PROFILE

### PAYMENTS BY OTHER CHARACTERISTICS

	<u>FFY 98</u>	<u>FFY 99</u>	<u>FFY 00</u>	<u>FFY 01</u>	<u>FFY 02</u>	<u>FFY 03</u>	<u>FFY 04</u>	<i>Annual Change</i>	<i>Share of Total FFY 04</i>
<b>By Maintenance Assistance Status</b>									
Receiving Cash Assistance or Eligible Under Section 1931	\$830,135,721	\$914,173,541	\$969,277,957	\$1,009,653,817	\$1,018,778,058	\$766,304,101	\$882,965,203	1.0%	43.7%
Poverty Related Eligibles	\$121,766,318	\$124,858,500	\$135,644,187	\$236,768,013	\$256,486,390	\$381,435,337	\$408,056,540	22.3%	20.2%
Medically Needy	\$24,132,569	\$23,612,163	\$26,319,081	\$28,663,753	\$28,142,347	\$36,547,136	\$40,092,872	8.8%	2.0%
Other Eligibles	\$144,277,023	\$113,120,751	\$127,493,577	\$144,004,138	\$151,727,165	\$450,618,802	\$474,577,431	22.0%	23.5%
Maintenance Assistance Status Unknown	\$122,838,895	\$168,433,054	\$132,996,361	\$145,918,864	\$122,563,869	\$195,062,251	\$213,865,301	9.7%	10.6%
<b>Total</b>	<b>\$1,243,150,526</b>	<b>\$1,344,198,009</b>	<b>\$1,391,731,163</b>	<b>\$1,565,008,585</b>	<b>\$1,577,697,829</b>	<b>\$1,829,967,627</b>	<b>\$2,019,557,347</b>	<b>8.4%</b>	<b>100.0%</b>
<b>By Basis of Eligibility</b>									
Aged, Blind or Disabled	\$832,783,118	\$895,658,899	\$960,307,818	\$1,048,490,458	\$1,072,310,863	\$1,224,267,469	\$1,352,058,069	8.4%	66.9%
Children	\$153,582,113	\$147,716,916	\$154,527,124	\$204,861,070	\$212,929,998	\$214,949,909	\$238,004,736	7.6%	11.8%
Foster Care Children	\$32,282,729	\$37,672,613	\$46,346,172	\$51,156,357	\$53,807,289	\$62,087,034	\$68,088,167	13.2%	3.4%
Adults	\$101,663,671	\$94,716,527	\$97,553,688	\$114,581,836	\$116,085,810	\$131,452,245	\$145,346,847	6.1%	7.2%
Basis of Eligibility Unknown	\$122,838,895	\$168,433,054	\$132,996,361	\$145,918,864	\$122,563,869	\$197,210,970	\$216,059,528	9.9%	10.7%
<b>Total</b>	<b>\$1,243,150,526</b>	<b>\$1,344,198,009</b>	<b>\$1,391,731,163</b>	<b>\$1,565,008,585</b>	<b>\$1,577,697,829</b>	<b>\$1,829,967,627</b>	<b>\$2,019,557,347</b>	<b>8.4%</b>	<b>100.0%</b>
<b>By Age</b>									
Under Age 1	\$17,099,015	\$15,395,782	\$19,914,949	\$26,289,476	\$25,200,755	\$11,586,112	\$14,031,999	-3.2%	0.7%
Age 1 to 5	\$59,891,308	\$57,850,291	\$58,643,594	\$78,515,668	\$78,597,510	\$80,989,242	\$89,767,700	7.0%	4.4%
Age 6 to 14	\$92,021,543	\$102,113,158	\$108,874,183	\$132,623,690	\$140,307,828	\$167,277,188	\$183,017,837	12.1%	9.1%
Age 15 to 20	\$87,059,121	\$87,083,130	\$95,409,787	\$109,387,524	\$112,820,007	\$128,582,317	\$141,720,574	8.5%	7.0%
Age 21 to 44	\$279,277,299	\$294,418,925	\$313,625,661	\$348,958,992	\$343,962,080	\$394,220,568	\$436,037,847	7.7%	21.6%
Age 45 to 64	\$249,943,764	\$271,872,989	\$301,828,496	\$341,256,433	\$353,666,445	\$414,186,677	\$455,120,605	10.5%	22.5%
Age 65 to 74	\$85,512,581	\$86,560,376	\$93,331,070	\$101,348,881	\$106,323,896	\$120,135,471	\$132,699,149	7.6%	6.6%
Age 75 to 84	\$117,549,030	\$117,478,457	\$124,588,307	\$132,489,326	\$140,414,431	\$151,905,653	\$168,519,041	6.2%	8.3%
Age 85 and Over	\$140,540,957	\$142,991,847	\$142,518,755	\$148,219,731	\$153,841,008	\$166,022,148	\$184,959,074	4.7%	9.2%
Age Unknown	\$114,255,908	\$168,433,054	\$132,996,361	\$145,918,864	\$122,563,869	\$195,062,251	\$213,683,521	11.0%	10.6%
<b>Total</b>	<b>\$1,243,150,526</b>	<b>\$1,344,198,009</b>	<b>\$1,391,731,163</b>	<b>\$1,565,008,585</b>	<b>\$1,577,697,829</b>	<b>\$1,829,967,627</b>	<b>\$2,019,557,347</b>	<b>8.4%</b>	<b>100.0%</b>
<b>By Race</b>									
White	\$1,050,971,933	\$1,135,226,882	\$1,156,295,553	\$1,302,532,776	\$1,360,638,050	\$1,564,826,900	\$1,725,162,798	8.6%	85.4%
Black	\$43,439,640	\$46,856,535	\$46,875,378	\$52,834,712	\$58,128,120	\$66,768,158	\$73,437,498	9.1%	3.6%
Hispanic, American Indian or Asian	\$2,008,562	\$2,392,507	\$3,444,710	\$4,108,439	\$4,312,358	\$3,266,628	\$3,680,323	10.6%	0.2%
Other/ Unknown	\$146,730,391	\$159,722,085	\$185,115,522	\$205,532,658	\$154,619,301	\$195,105,941	\$217,276,728	6.8%	10.8%
<b>Total*</b>	<b>\$1,243,150,526</b>	<b>\$1,344,198,009</b>	<b>\$1,391,731,163</b>	<b>\$1,565,008,585</b>	<b>\$1,577,697,829</b>	<b>\$1,829,967,627</b>	<b>\$2,019,557,347</b>	<b>8.4%</b>	<b>100.0%</b>
<b>By Sex</b>									
Female	\$695,486,096	\$751,017,472	\$753,040,278	\$849,437,182	\$883,101,506	\$995,182,456	\$1,099,537,292	7.9%	54.4%
Male	\$431,380,707	\$466,094,642	\$483,281,451	\$543,753,945	\$571,627,547	\$639,722,920	\$706,137,509	8.6%	35.0%
Unknown	\$116,283,723	\$127,085,895	\$155,409,434	\$171,817,458	\$122,968,776	\$195,062,251	\$213,882,546	10.7%	10.6%
<b>Total*</b>	<b>\$1,243,150,526</b>	<b>\$1,344,198,009</b>	<b>\$1,391,731,163</b>	<b>\$1,565,008,585</b>	<b>\$1,577,697,829</b>	<b>\$1,829,967,627</b>	<b>\$2,019,557,347</b>	<b>8.4%</b>	<b>100.0%</b>

Source: Health Care Financing Administration-Form HCFA 2082 for federal fiscal year 98; MSIS data for FFY 99-03. FFY 04 is projected using preliminary MSIS data for FFY 04.

# SOUTHERN REGION MEDICAID PROFILE

## AVERAGE PAYMENT PER RECIPIENT BY OTHER CHARACTERISTICS

								Annual Change	Above (+) or Below (-) SLC Avg. FFY 04
<b>By Maintenance Assistance Status</b>	<b>FFY 98</b>	<b>FFY 99</b>	<b>FFY 00</b>	<b>FFY 01</b>	<b>FFY 02</b>	<b>FFY 03</b>	<b>FFY 04</b>		
Receiving Cash Assistance or Eligible Under Section 1931	\$4,818.58	\$5,060.64	\$5,706.94	\$8,147.23	\$8,147.23	\$7,091.73	\$8,060.52	9.0%	53.4%
Poverty Related Eligibles	\$4,170.51	\$1,059.33	\$1,118.80	\$1,380.75	\$1,380.75	\$2,050.42	\$2,177.66	-10.3%	6.5%
Medically Needy	\$6,195.78	\$5,036.72	\$6,058.72	\$5,989.01	\$5,989.01	\$6,496.11	\$7,067.31	2.2%	13.8%
Other Eligibles	\$1,292.90	\$5,445.83	\$6,183.31	\$6,550.13	\$6,550.13	\$13,112.73	\$13,654.94	48.1%	88.2%
Maintenance Assistance Status Unknown	\$4,778.61	\$8,904.26	\$7,011.62	\$5,246.29	\$5,246.29	\$4,991.49	\$5,438.13	2.2%	103.6%
<b>Total</b>	<b>\$3,627.86</b>	<b>\$3,920.26</b>	<b>\$4,154.25</b>	<b>\$4,357.92</b>	<b>\$4,357.92</b>	<b>\$4,904.05</b>	<b>\$5,361.47</b>	<b>6.7%</b>	<b>30.4%</b>
<b>By Basis of Eligibility</b>									
Aged, Blind or Disabled	\$8,149.04	\$8,292.75	\$8,885.32	\$9,602.84	\$9,602.84	\$10,673.00	\$11,675.50	6.2%	8.3%
Children	\$1,003.67	\$963.34	\$1,026.47	\$1,282.86	\$1,282.86	\$1,360.36	\$1,491.43	6.8%	1.1%
Foster Care Children	\$6,373.69	\$7,192.18	\$8,628.97	\$9,002.39	\$9,002.39	\$10,363.38	\$11,259.83	9.9%	63.6%
Adults	\$1,793.58	\$1,650.49	\$1,874.09	\$2,108.96	\$2,108.96	\$2,390.08	\$2,616.46	6.5%	-0.4%
Basis of Eligibility Unknown	\$4,778.61	\$8,904.26	\$7,011.62	\$5,246.29	\$5,246.29	\$4,999.39	\$5,442.72	2.2%	88.4%
<b>Total</b>	<b>\$3,627.86</b>	<b>\$3,920.26</b>	<b>\$4,154.25</b>	<b>\$4,357.92</b>	<b>\$4,357.92</b>	<b>\$4,904.05</b>	<b>\$5,361.47</b>	<b>6.7%</b>	<b>30.4%</b>
<b>By Age</b>									
Under Age 1	\$1,413.96	\$1,312.40	\$1,505.74	\$1,835.99	\$1,835.99	\$2,092.11	\$2,481.34	9.8%	-33.2%
Age 1 to 5	\$1,060.51	\$1,029.47	\$1,086.27	\$1,328.90	\$1,328.90	\$1,476.88	\$1,620.30	7.3%	-9.8%
Age 6 to 14	\$1,255.22	\$1,388.35	\$1,517.37	\$1,771.38	\$1,771.38	\$2,044.13	\$2,215.85	9.9%	32.1%
Age 15 to 20	\$2,429.04	\$2,441.42	\$2,767.35	\$2,954.72	\$2,954.72	\$3,231.20	\$3,528.72	6.4%	32.6%
Age 21 to 44	\$3,658.10	\$3,790.20	\$4,268.53	\$4,531.06	\$4,531.06	\$5,029.67	\$5,509.42	7.1%	14.1%
Age 45 to 64	\$7,002.01	\$7,202.70	\$7,895.69	\$8,551.14	\$8,551.14	\$9,665.06	\$10,523.26	7.0%	9.4%
Age 65 to 74	\$6,734.87	\$6,709.59	\$7,272.74	\$8,011.14	\$8,011.14	\$8,939.32	\$9,778.86	6.4%	32.4%
Age 75 to 84	\$11,122.06	\$11,094.39	\$11,946.33	\$13,256.65	\$13,256.65	\$14,661.29	\$16,100.03	6.4%	44.2%
Age 85 and Over	\$17,930.72	\$18,077.35	\$18,649.41	\$21,158.16	\$21,158.16	\$23,586.04	\$25,995.65	6.4%	51.3%
Age Unknown	\$5,240.14	\$8,904.26	\$7,011.62	\$5,246.29	\$5,246	\$4,991.49	\$5,434.34	0.6%	91.0%
<b>Total</b>	<b>\$3,627.86</b>	<b>\$3,920.26</b>	<b>\$4,154.25</b>	<b>\$4,357.92</b>	<b>\$4,357.92</b>	<b>\$4,904.05</b>	<b>\$5,361.47</b>	<b>6.7%</b>	<b>30.4%</b>
<b>By Race</b>									
White	\$3,545.23	\$3,826.89	\$3,722.57	\$4,061.11	\$4,061.11	\$4,954.24	\$5,408.00	7.3%	8.1%
Black	\$2,939.88	\$3,168.98	\$2,900.47	\$3,351.29	\$3,351.29	\$3,819.47	\$4,162.18	6.0%	21.6%
Hispanic, American Indian or Asian	\$2,443.51	\$2,907.06	\$3,283.60	\$3,645.27	\$3,645.27	\$4,480.97	\$4,980.14	12.6%	93.2%
Other/ Unknown	\$4,791.51	\$5,214.39	\$25,761.67	\$18,274.35	\$18,274.35	\$4,991.45	\$5,529.37	2.4%	11.6%
<b>Total</b>	<b>\$3,627.86</b>	<b>\$3,920.26</b>	<b>\$4,154.25</b>	<b>\$4,357.92</b>	<b>\$4,357.92</b>	<b>\$4,904.05</b>	<b>\$5,361.47</b>	<b>6.7%</b>	<b>30.4%</b>
<b>By Sex</b>									
Female	\$3,708.23	\$4,001.68	\$3,841.59	\$4,179.47	\$4,179.47	\$5,153.40	\$5,636.11	7.2%	34.5%
Male	\$3,253.89	\$3,513.42	\$3,483.47	\$3,824.29	\$3,824.29	\$4,538.23	\$4,959.95	7.3%	23.9%
Unknown	\$5,158.54	\$5,636.23	\$608,849.45	\$97,439.60	\$97,439.60	\$4,991.49	\$5,452.85	0.9%	33.1%
<b>Total</b>	<b>\$3,627.86</b>	<b>\$3,920.26</b>	<b>\$4,154.25</b>	<b>\$4,357.92</b>	<b>\$4,357.92</b>	<b>\$4,904.05</b>	<b>\$5,361.47</b>	<b>6.7%</b>	<b>30.4%</b>

Source: Health Care Financing Administration-Form HCFA 2082 for federal fiscal year 98; MSIS data for FFY 99-03. FFY 04 is projected using preliminary MSIS data for FFY 04.

## SOUTHERN REGION MEDICAID PROFILE

### ADDITIONAL STATE HEALTH CARE INFORMATION

Sources: "Issue Briefs", Health Policy Tracking Service, January 2005; "Medicaid Services State by State", CMS, October 2004; "State Health Facts", The Henry Kaiser Foundation, January 2005; and the state Medicaid Website.

#### 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. As of January 2002, serves 80,788 recipients. HCFA approved a 1915(b) waiver to implement Medicaid managed care in 12 counties for acute care health services, effective July of 1999. A total of 63,475 recipients are enrolled statewide in the managed care programs, as of June 2004.

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 5,411 people, operating since July 1, 1985.
- Mental Retardation/Developmental Disabilities: Serves 3,800 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.

#### Medicaid

- 24 optional services are offered.
- In 1998, implemented a new reporting system to comply with HCFA requirements for electronic transmission of HCFA 2082.
- Enacted legislation in 2001 that requires Medicaid to provide coverage to women that have been screened and diagnosed with breast or cervical cancer (Federally mandated by the Breast and Cervical Cancer Prevention and Treatment Act of 2000).
- Enacted legislation to extend Medicaid coverage to individuals that could be eligible as a result of the federal Ticket to Work and Medicaid Buy-in legislation. The programs will provide services to individuals with disabilities that are required to enable them to gain or keep employment.
- Enacted legislation in 2002 that authorizes the Department of Human Services to negotiate supplemental drug rebates with pharmaceutical manufacturers. The same law provides for the development of a preferred drug list (PDL) in the Medicaid Pharmacy Program.
- In 2004, enacted legislation and/or policy changes in Medicaid as follows:
  1. Initiated a Pharmacy and Therapeutics Committee to clinically evaluate and establish a preferred drug list.

## SOUTHERN REGION MEDICAID PROFILE

### Children's Health Insurance Program: Medicaid Expansion

- West Virginia's Children's Health Insurance Program received HCFA approval on September 15, 1998. The CHIP program provides health care coverage for children age 1 to 6 in families with incomes up to 150% of the FPL. Phase II of the program, which includes all children/adolescents under age 19 in families with income up to 150% of the FPL, received HCFA approval on April 1, 1999. As of September 2002, there were 35,949 individuals enrolled in the program.
- CHIP expansion ended 09/30/00. The CHIP program took over this population as of 10/01/00.
- In 2000, HCFA approved a state plan amendment that raised the family income limit to 200% of the FPL and authorized co-payments on families with incomes from 150% to 200% of the FPL.
- The program does not charge co-payments for preventive, dental, or vision services. However, co-payments are charged for non-preventive services as follows:

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

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

- In 2002, the CHIP plan received approval from CMS to add cost sharing for pharmaceuticals for recipients at or below 150 percent of the FPL, and to place a lifetime limit of \$1 million on benefits.
- As of June 4, 2005, the state reported that approximately 25,000 children were enrolled in the CHIP program.

### Tobacco Settlement

- The state expects to receive approximately \$1.74 billion over 25 years.
- From FY 00 through FY 04, the cumulative tobacco settlement payment was approximately \$269.7 million.
- The state has allocated these funds and compares with the U.S. as follows:

	WVA	%	U.S.	%
Tobacco use prevention	\$23,401,000	8.7%	\$1,813,423,000	4.6%
Health services	\$133,398,000	49.5%	\$11,824,057,000	29.9%
Long-term care	\$0	0.0%	\$2,200,066,000	5.6%
Health research	\$0	0.0%	\$1,472,863,000	3.7%
Education	\$0	0.0%	\$2,051,182,000	5.2%
Children and Youth (Nonhealth)	\$0	0.0%	\$1,229,719,000	3.1%
Tobacco Farmers	\$0	0.0%	\$1,217,021,000	3.1%
Endowments and Reserves	\$105,954,000	39.3%	\$7,636,209,000	19.3%
Other	\$6,953,000	2.6%	\$10,048,868,000	25.4%
Total	\$269,706,000	100.0%	\$39,493,408,000	100.0%

## DEFINITIONS

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

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

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

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

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

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

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

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

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

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

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