

COMPARATIVE DATA REPORT ON MEDICAID

A Report Submitted to the

FISCAL AFFAIRS AND GOVERNMENTAL OPERATIONS COMMITTEE

Southern Legislative Conference

Council of State Governments

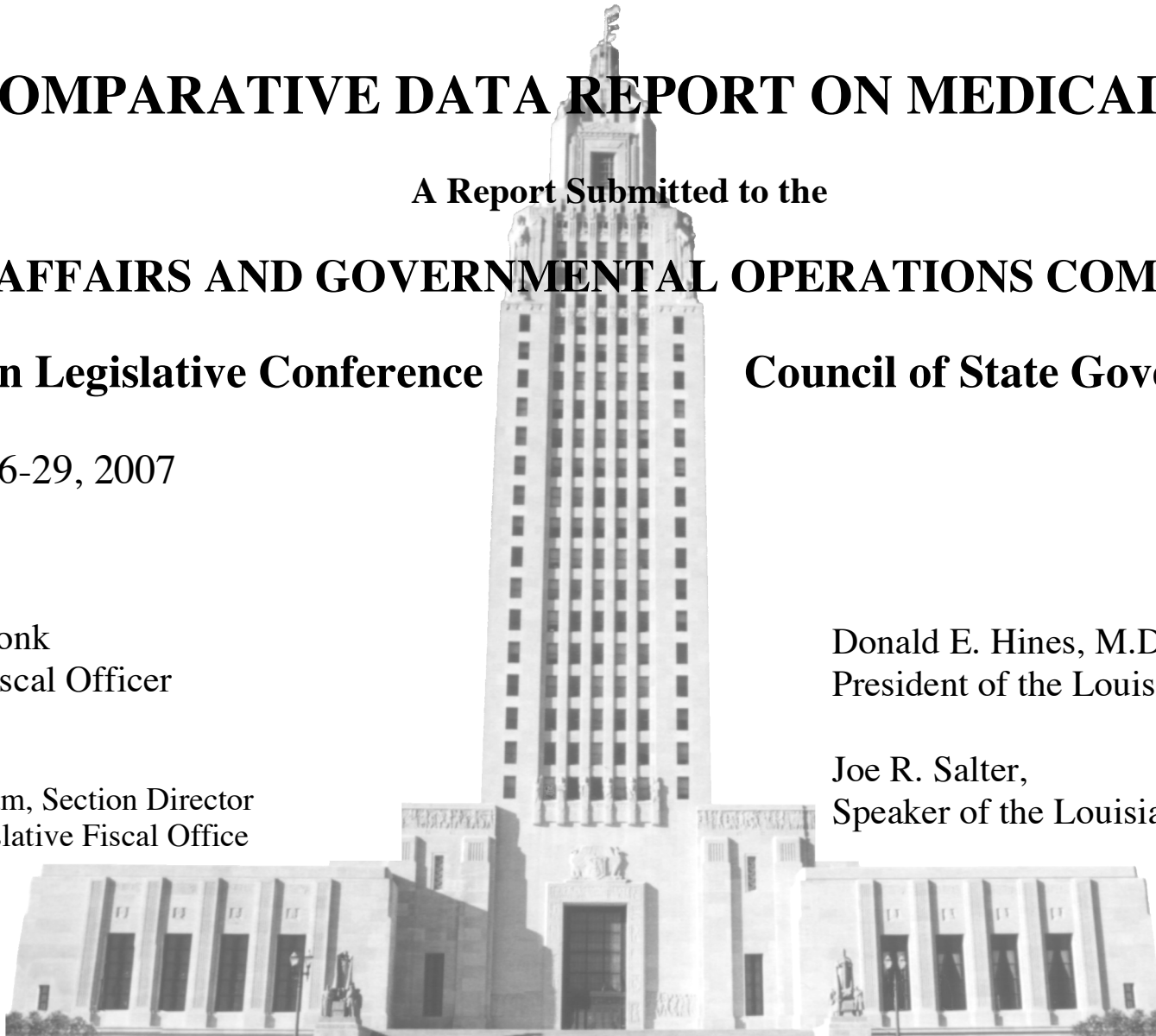
October 26-29, 2007

**H. Gordon Monk
Legislative Fiscal Officer**

**Donald E. Hines, M.D.,
President of the Louisiana Senate**

**Prepared by:
Shawn Hotstream, Section Director
Louisiana Legislative Fiscal Office**

**Joe R. Salter,
Speaker of the Louisiana House**



This public document was published at a total cost of \$595.50 (\$3.97 per copy for 150 copies). This document was published for the Louisiana Legislative Fiscal Office, Post Office Box 44097, Baton Rouge, Louisiana 70804 by the Louisiana Senate, Post Office Box 94183, Baton Rouge, Louisiana 70804 in an effort to provide legislators, staff, and the general public with an accurate summary of Medicaid Comparative Data for 2005. This material was printed in accordance with the standard for printing by state agencies established pursuant to R.S. 43.31.

IMPORTANT NOTE

This public document has been updated using verified FFY 05 Medicaid Statistical Information System (MSIS) data for 12 SLC states (Alabama, Arkansas, Florida, Georgia, Kentucky, Mississippi, Missouri, North Carolina, South Carolina, Tennessee, Texas, and Virginia); 4 other SLC states (Louisiana, Maryland, Oklahoma, and West Virginia) are projected using historical trend data provided by CMS for FFY 99 through FFY 04 and state annual reports. The report uses the most accurate data available at this time. However, it is anticipated that revisions will be required for the 4 states that are projected from historical data or state annual reports. Any revisions that are required will be included in the Medicaid Comparative Data Report for FFY 06 and so noted when the report is published in November 2008.

COMPARATIVE DATA REPORT ON MEDICAID

TABLE OF CONTENTS

SUMMARY

PAGE

Introduction, Background, and Methodology.....	i – vi
Medicaid Spending in the Southern Region.....	vii –x
State Comparisons and Graphics.....	xi –xxv
Medicaid Growth Factor Analysis	xxvi –xxxix

STATE MEDICAID PROFILES

Southern Legislative Conference	1 - 6
Alabama	7 - 15
Arkansas	16 - 24
Florida	25 - 36
Georgia	37 - 45
Kentucky	46 - 54
Louisiana	55 - 63
Maryland	64 - 74
Mississippi	75 – 83
Missouri	84 - 93
North Carolina.....	94 - 103

Oklahoma	104 - 112
South Carolina.....	113 - 121
Tennessee	122 - 130
Texas	131 - 139
Virginia	140 - 149
West Virginia.....	150 - 158
Definitions	159 - 162

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

**Shawn Hotstream, Section Director
Louisiana Legislative Fiscal Office
Post Office Box 44097
Baton Rouge, LA 70804**

**Phone: (225) 342-7233
FAX: (225) 342-7243
E-Mail: hotstres@legis.state.la.us**

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 was projected to produce gross federal Medicaid savings of \$17 billion over 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 first 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 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 relate to the Medicare program and are 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 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** provide 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. Under Part D coverage beginning 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 have 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 MSIS data (FFY 99-05) 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 05, CMS has provided verified MSIS data to the LFO for 12 of the states in the SLC. MSIS data was not available for Louisiana, Maryland, Oklahoma, and West Virginia at the time the report was published (See “Important Note” for additional details). All 16 states are included in the FFY 05 CDR. However, the 4 state profiles which did not have MSIS data available were projected using historical trend data provided by CMS from FFY 99 through FFY 04 and state annual reports, and will need to be revised in the FFY 06 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 04, CMS published verified MSIS data on their website that was used to revise all 16 states for that time period. FFY 05 is still not totally complete and will require additional revisions in the next version of this report for FFY 06.

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 05 were \$98.8 billion, an increase of \$6.5 billion (approximately 7%) over the FFY 04 level of \$92.3 billion. This is the third consecutive year of single digit increases in total Medicaid spending—FFY 04 increased by 9% from FFY 03, and indicates a continued effort to control Medicaid growth that had experienced double digit growth from FFY 99 to FFY 02. (See "Southern Region Medicaid Profile).

Total spending for FFY 06 is projected at \$97.6 billion, administrative costs excluded, which is a decrease of approximately \$1.2 billion, or 1.2% from the \$98.8 billion for FFY 05. Total spending for FFY 07 is projected at \$107.8 billion, or 10.4% over the \$97.6 projected for FFY 06. The annual rate of change projected over the entire eight-year period from FFY 99 to FFY 07 is 8.5% 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 05 (7.0%), and projected FFY 06 (-1.2%) and FFY 07 (10%), 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 and FFY 07 will be revised upward as this has been the pattern for the last five federal fiscal years. The overall decrease from FFY 05 to 06 is a result of 9 states estimating a reduction in payments.

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 21 million in FFY 05 (37.8%).
- 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.

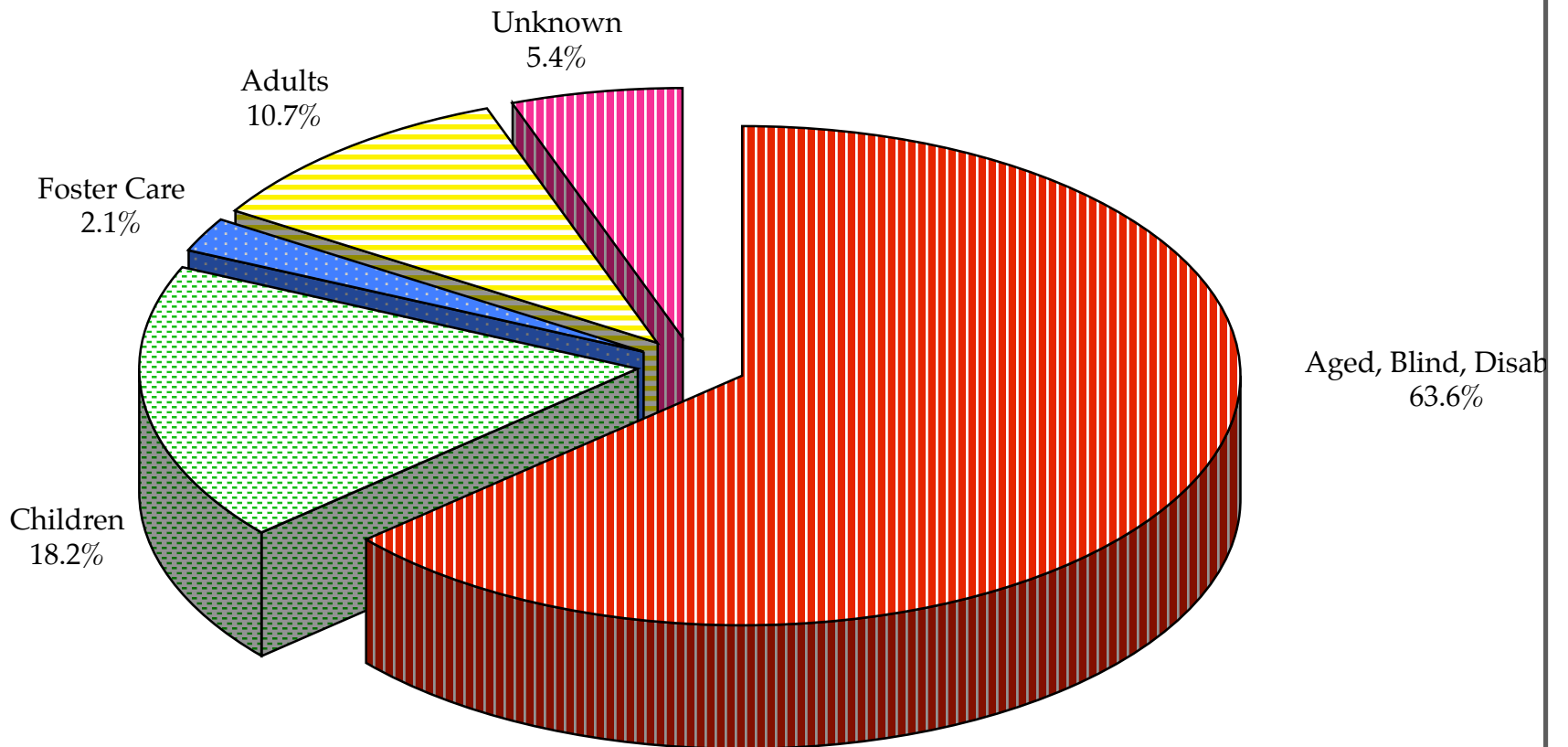
Beginning in FFY 95, the ability of states to benefit from creative financing mechanisms was sharply reduced (the Waxman amendments to OBRA-93). In August of 1997, Congress changed Medicaid in three ways: 1) Repealed the Boren Amendment, which fueled mandatory inflation payments for inpatient services, 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 (63.6%). Expenditures for children were next, accounting for 18.2% of the payments. The remaining classifications of adults (10.7%), foster care children (2.1%), and unknown (5.4%) make up the balance (18.2%). The total amount of Medicaid payments in the SLC for FFY 05 was \$98,807,366,732. This is an average annual increase of approximately 8.5% per year over the seven-year period from FFY 99 to FFY 05.

The total number of Medicaid recipients in the 16 states was 21,040,633 during FFY 05 as compared to the FFY 99 number of 15,272,382 recipients, or an annual increase of 5.5% 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 (52%). The aged, blind, or disabled followed with approximately 23.4%, while adults represented 16.3% of the total number of recipients. The balance of 8.2% is distributed among foster care children (1.3%) and unknown status (6.9%). The average payment per recipient for all Medicaid services in the 16 states was approximately \$4,410. This is an increase of \$289 from FFY 04 to FFY 05 and approximately a 5.7% annual increase from FFY 99.

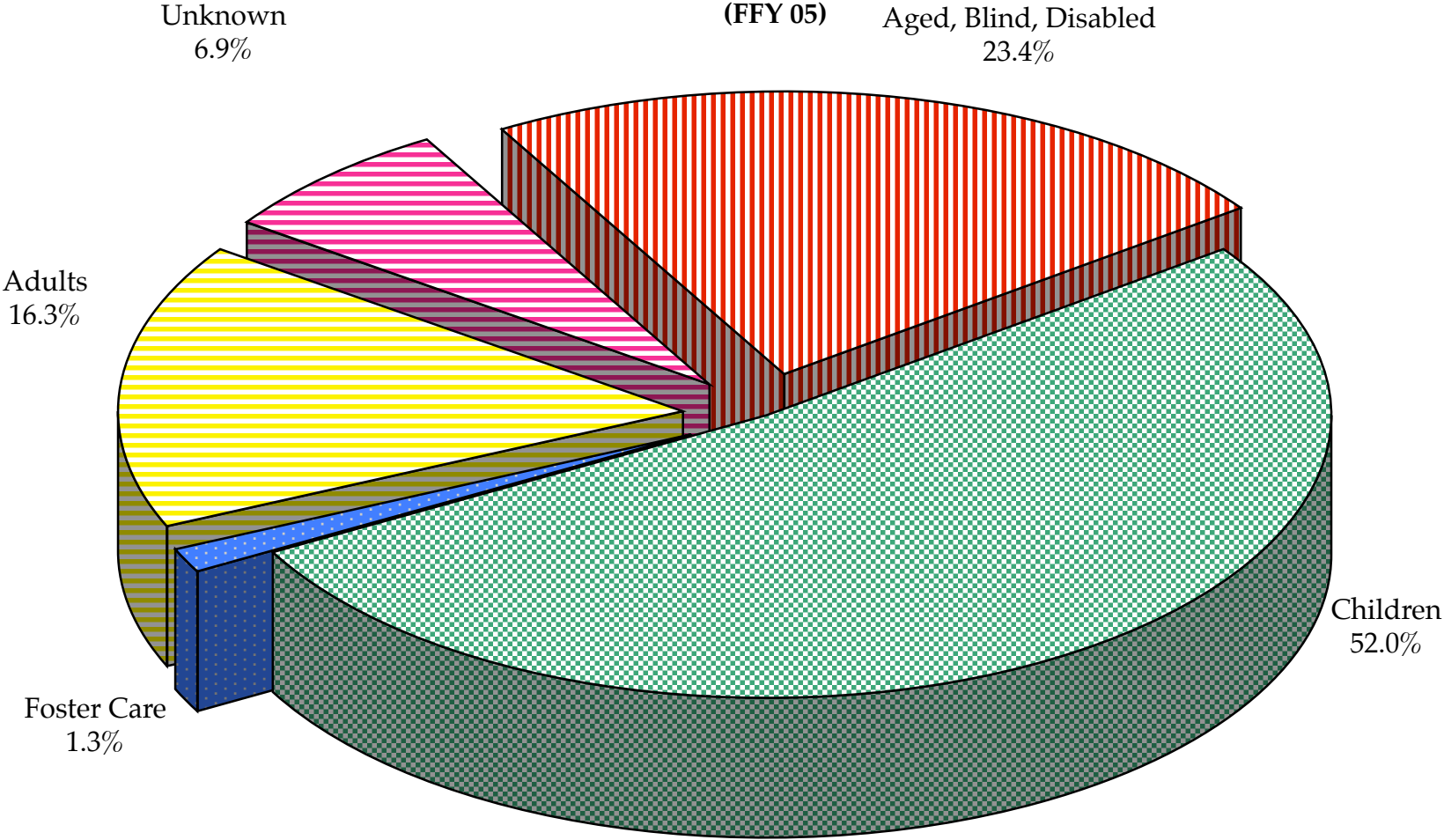
SOUTHERN REGION MEDICAID PROFILE

CHART 1
TOTAL MEDICAID EXPENDITURES IN SLC BY ELIGIBILITY
(FFY 05)



SOUTHERN REGION MEDICAID PROFILE

CHART 2
TOTAL MEDICAID RECIPIENTS IN SLC BY ELIGIBILITY BASIS
(FFY 05)



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 \$604 in FFY 99 to \$923 for FFY 05. 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 05 ranges from \$619 in Virginia to \$1,353 in Tennessee. All other SLC states ranged from \$781 to \$1,265. Tennessee has increased per capita expenditures by \$34 (\$1,319 to \$1,353) from FFY 04, and now has the highest per capita expenditure level (\$1,353) in the SLC. Tennessee had an increase in population of approximately 215,724 (3.8%) during FFY 05, coupled with an increase in total Medicaid expenditures of approximately \$482.9 million (6.4%). Virginia maintained its position as the state with the lowest average per capita expenditure, reporting an average of \$619 per person (32.9% under the SLC average of \$923). This is due to the fact that: 1) the state's population increased from approximately 7.19 million to 7.56 million (5.2%); 2) total Medicaid expenditures (including admin. costs) increased from \$4.07 billion to \$4.68 billion (15.1%) and; 3) only 9.5% of the total population (41st in the U.S.) have incomes less than the federal poverty level in FFY 05.

Payments per Recipient. Annual payments per recipient for the southern region have increased from \$3,171 in FFY 99 to \$4,410 in FFY 05, an overall increase of 5.7% per year. Payments per recipient for FFY 05 range from \$3,346 in Georgia to \$6,412 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 (by type of service) 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 60.5% of all Medicaid payments in the region for FFY 05, compared to 61.2% for FFY 04.

- Payments for general hospital inpatient services in the region have increased from \$7.8 billion in FFY 99 to \$13.7 billion in FFY 05, an annual increase of 9.9%. These payments represent an average 14.8% 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 MSIS (FFY 99-05) in order to make consistent comparisons.

The total number of recipients for inpatient services increased at a 3.0% annual rate, from 2.19 million in FFY 99 to 2.62 million by FFY 05. The SLC average for annual payments per recipient for inpatient services has increased from \$3,555 in FFY 99 to \$5,240 in FFY 05, an annual growth rate of 6.7%. Payments range from \$2,570 in Alabama to \$10,409 in Maryland. 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 \$9.6 billion to \$14.4 billion during the period FFY 99-05, an annual growth rate of 6.9%. The average share of a southern state's Medicaid budget devoted to these services has fallen from 19.9% to 15.5% during the period. The number of recipients utilizing these services decreased at a 0.8% annual rate, from approximately 603,790 in FFY 99 to 573,764 in FFY 05. The SLC average for annual payments per recipient for skilled and intermediate care nursing facilities increased from \$15,922 in FFY 99 to \$25,033 in FFY 05, an annual growth rate of 7.8%. Average annual payments ranged from a low of \$15,856 in Arkansas to a high of \$34,146 in West Virginia. **(See Chart 6)**

- The cost of intermediate care for the mentally retarded (ICF-MR) increased from \$2.98 billion in FFY 99 to \$3.67 billion in FFY 05, an annual growth rate of 3.5%. SLC states applied an average of 3.9% of their expenditures to this service in FFY 05, down from 6.2% in FFY 99. This service experienced a decline in recipients from approximately 47,537 in FFY 99 to 42,920 in FFY 05, a 1.7% decrease during the seven-year period. The average cost per recipient has continued to increase approximately 5.3% annually, and has increased from \$62,873 to \$85,666 during the period FFY 99-05. Average payments range from \$43,935 in Arkansas to \$194,866 in Tennessee in FFY 05. **(See Chart 7)**

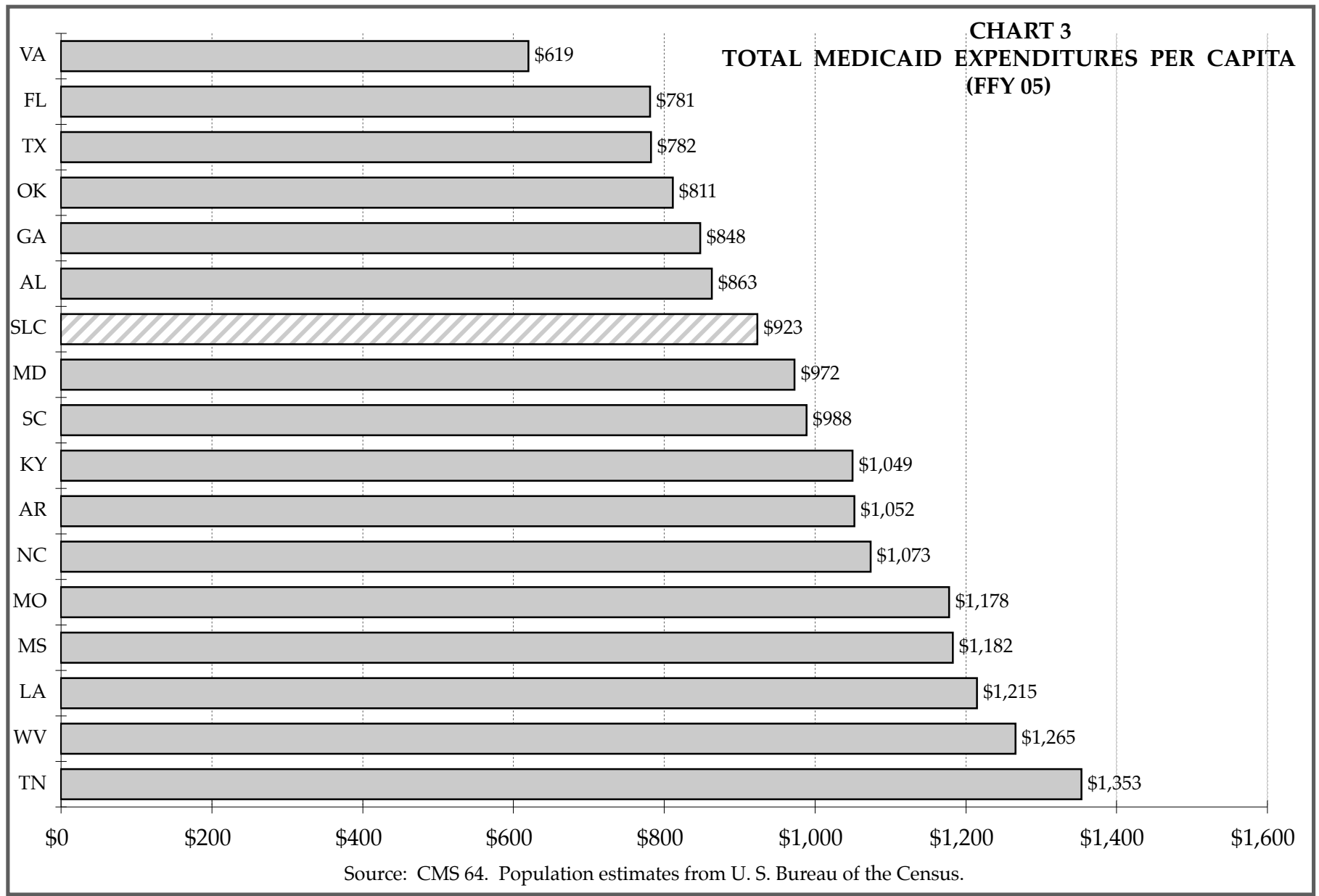
•The cost of physician services increased from approximately \$3.61 billion in FFY 99 to \$6.69 billion in FFY 05, an annual rate of 10.8% per year. The number of recipients of these services increased from more than 8.80 million in FFY 99 to 11.2 million in FFY 05, an annual rate of 4.0% per year. Average annual payments per recipient in the region experienced growth of about 6.5% per year, from approximately \$409 in FFY 99 to \$599 per year in FFY 05. Payments per recipient vary widely from \$239 in Missouri to \$1,270 in Tennessee for FFY 05. **(See Chart 8)**

•The cost of providing prescribed drugs grew 18.1% per year from about \$6.49 billion in FFY 99 to \$17.62 billion in FFY 05. Recipients increased 3.7% annually from 9.49 million in FFY 99 to 11.82 million in FFY 05. The regional average payment per recipient grew from \$683 in FFY 99 to \$1,491 in FFY 05, an average growth rate of 13.9% per year. States range from a low of \$878 per recipient annually for prescription drug costs in Texas to \$2,242 in Missouri. **Payments per recipient in Oklahoma increased from \$746 in FFY 99 to \$1,089 in FFY 05, an annual rate of 6.5%; and payments per recipient in Tennessee increased from \$158 in FFY 99 to \$1,903 in FFY 05, an annual rate of 51.4%. Total payments in Oklahoma increased from \$396.9 million in FFY 04 to \$459.1 million in FFY 05, or \$62.2 million (15.7%--the largest % increase in the region); and payments in Mississippi increased from \$666.5 million in FFY 04 to \$667.8 million in FFY 05, or \$1.3 million (.2%--smallest % increase in the region). Total payments for Tennessee and Kentucky actually decreased from FY 04 to FY 05. The decrease for Tennessee (2.2% from FFY 04) and Kentucky (3.9% from FFY 04) both appear to be related to a decrease in the number of recipients receiving prescription drug services in FFY 05.** (See Charts 9A, 9B, & 9C)

Recipients per 100,000 Population. The number of recipients per 100,000 population increased during FFY 99-05 from 15,727 to 18,799. According to this indicator, the highest state was Tennessee with 27,029 per 100,000 population and the lowest was Virginia with 10,290. 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 \$1.65 billion federal allocation for the 16 SLC states for which data is available in **Table 1**, \$1.83 billion (110%) has been requested to fund the various SCHIP plans for FFY 05. Texas and Florida topped the federal allocation in the SLC with \$450 million and \$249.3 million, respectively. Texas utilized only \$287.7 million of available federal funding (63.9%); Florida utilized \$244 million (97.9%) for SCHIP. West Virginia was allotted the fewest SCHIP dollars in the SLC, \$24.4 million, however, actually utilized \$33.3 million (136.5%). Overall, SLC state movement with the SCHIP initiative appears to be growing after a slow start. For the reported SLC states, 1 is using 20% or less of the total program allotment, 0 states are using between 21% and 60%, and 15 states are using over 61% (of which 11 are utilizing funds over their respective allotments). **(Table 1 and Chart 11)**

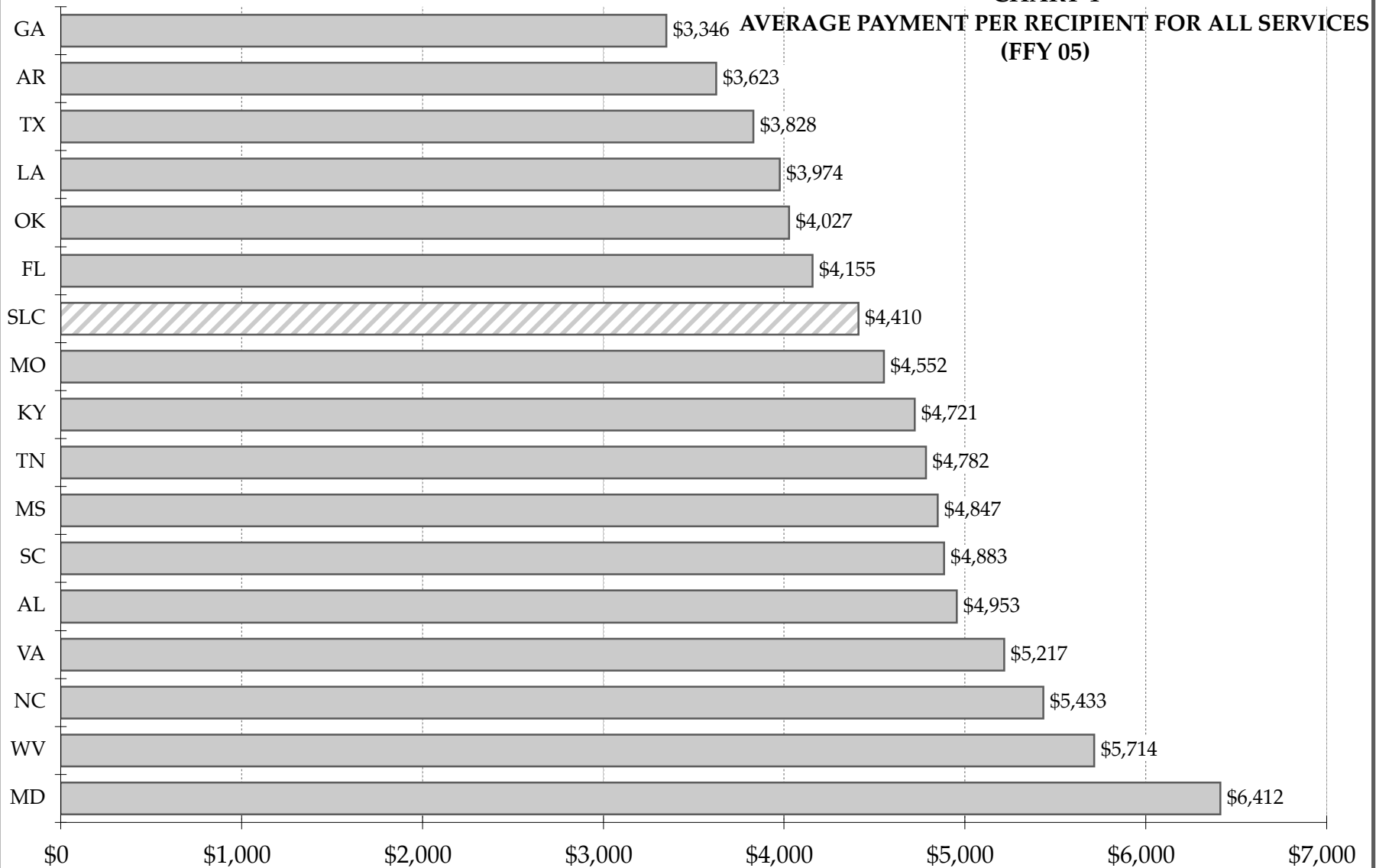
SOUTHERN REGION MEDICAID PROFILE



SOUTHERN REGION MEDICAID PROFILE

CHART 4

AVERAGE PAYMENT PER RECIPIENT FOR ALL SERVICES
(FFY 05)

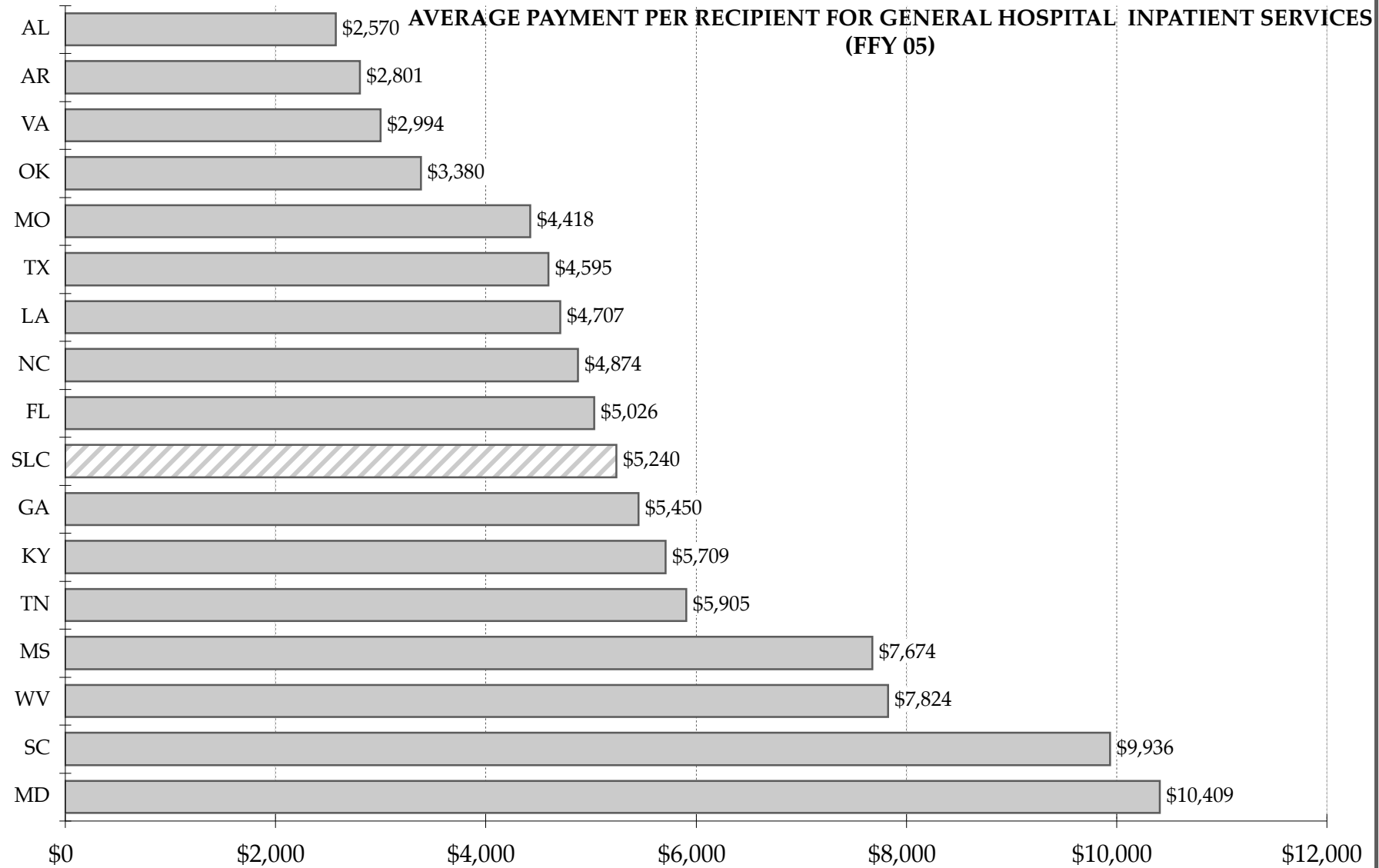


Source: CMS MSIS and state submitted data. Excludes administrative costs, DSH payments and certain other adjustments.

SOUTHERN REGION MEDICAID PROFILE

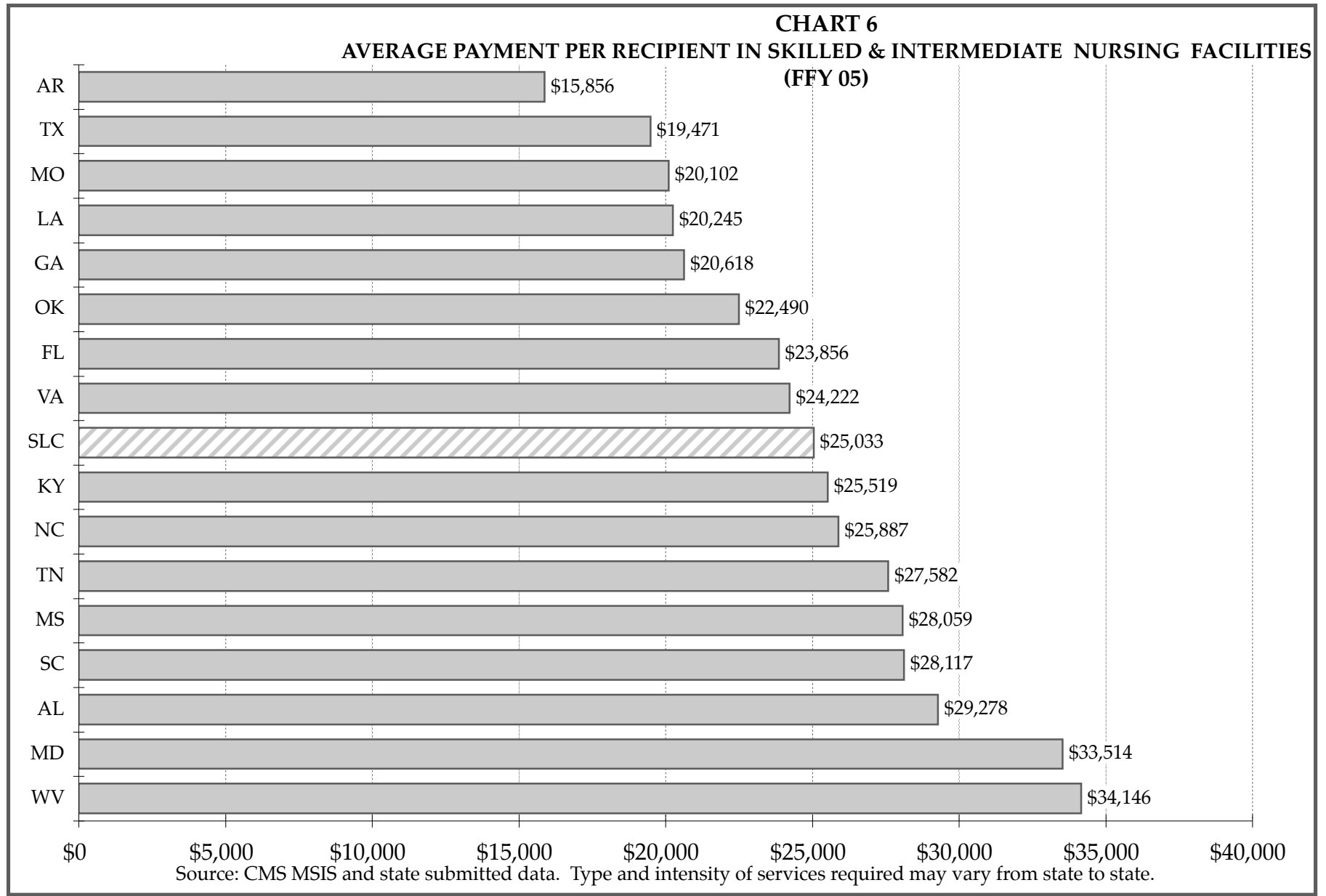
CHART 5

**AVERAGE PAYMENT PER RECIPIENT FOR GENERAL HOSPITAL INPATIENT SERVICES
(FFY 05)**

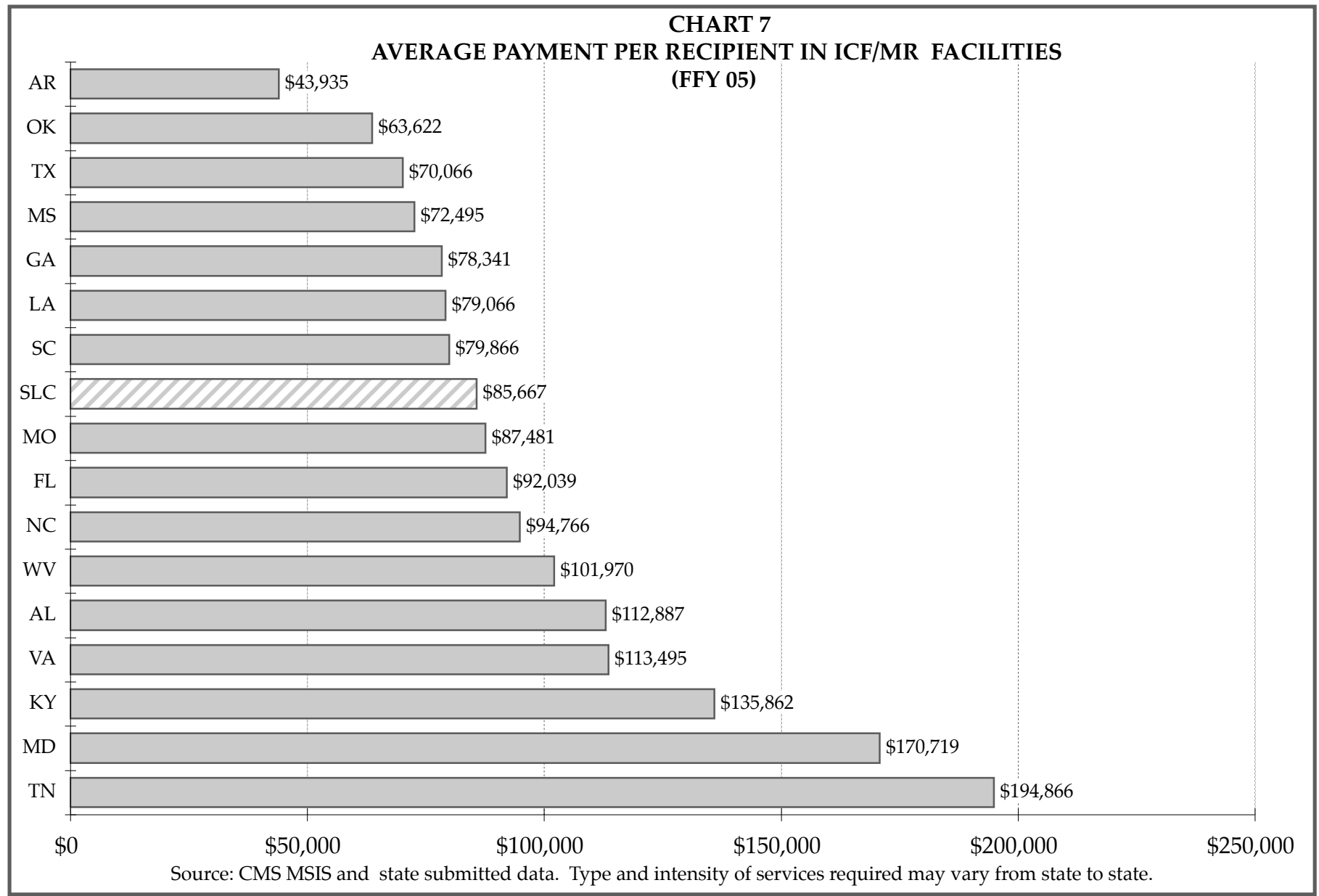


Source: CMS MSIS and state submitted data. Excludes disproportionate share payments.

SOUTHERN REGION MEDICAID PROFILE

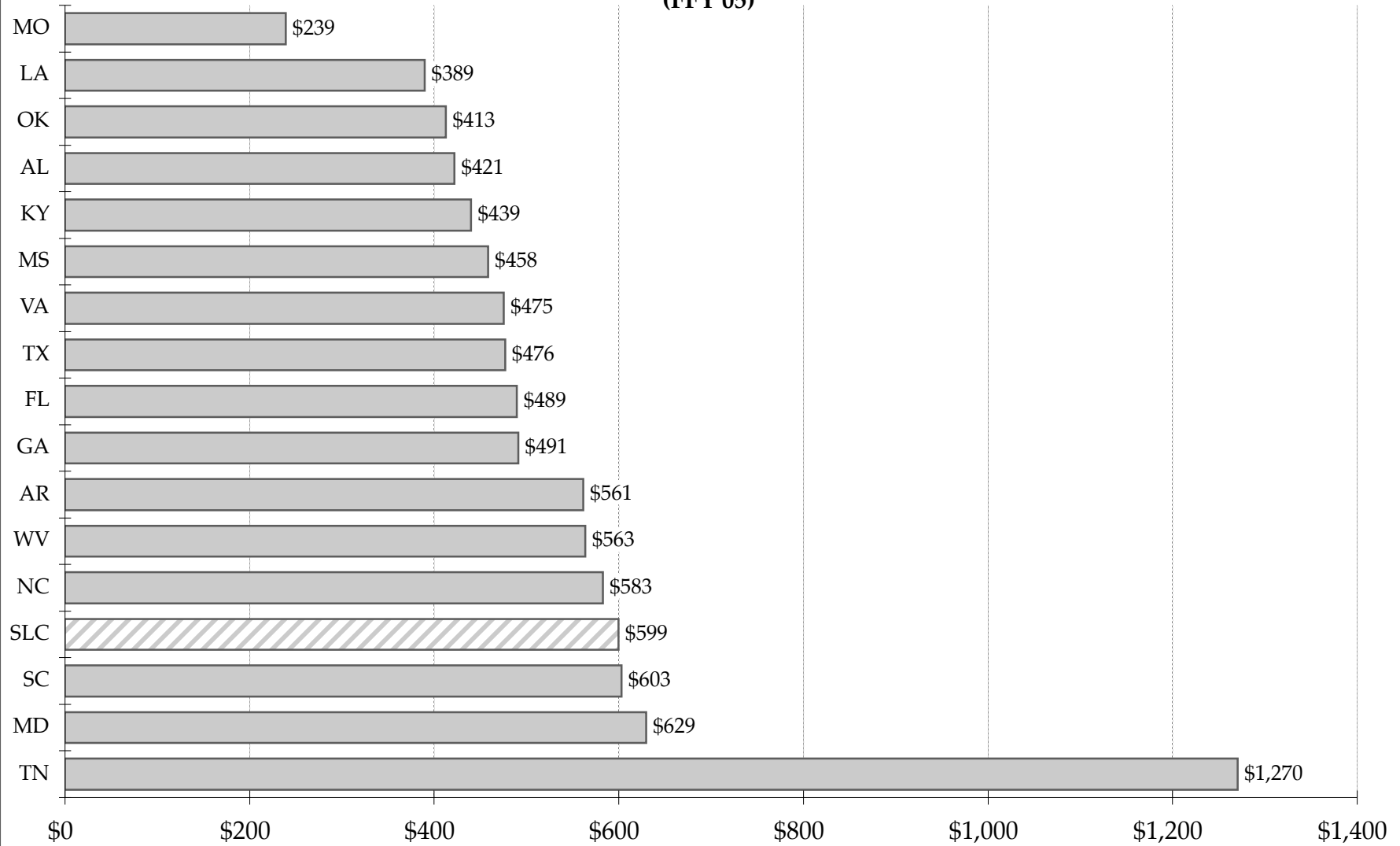


SOUTHERN REGION MEDICAID PROFILE



SOUTHERN REGION MEDICAID PROFILE

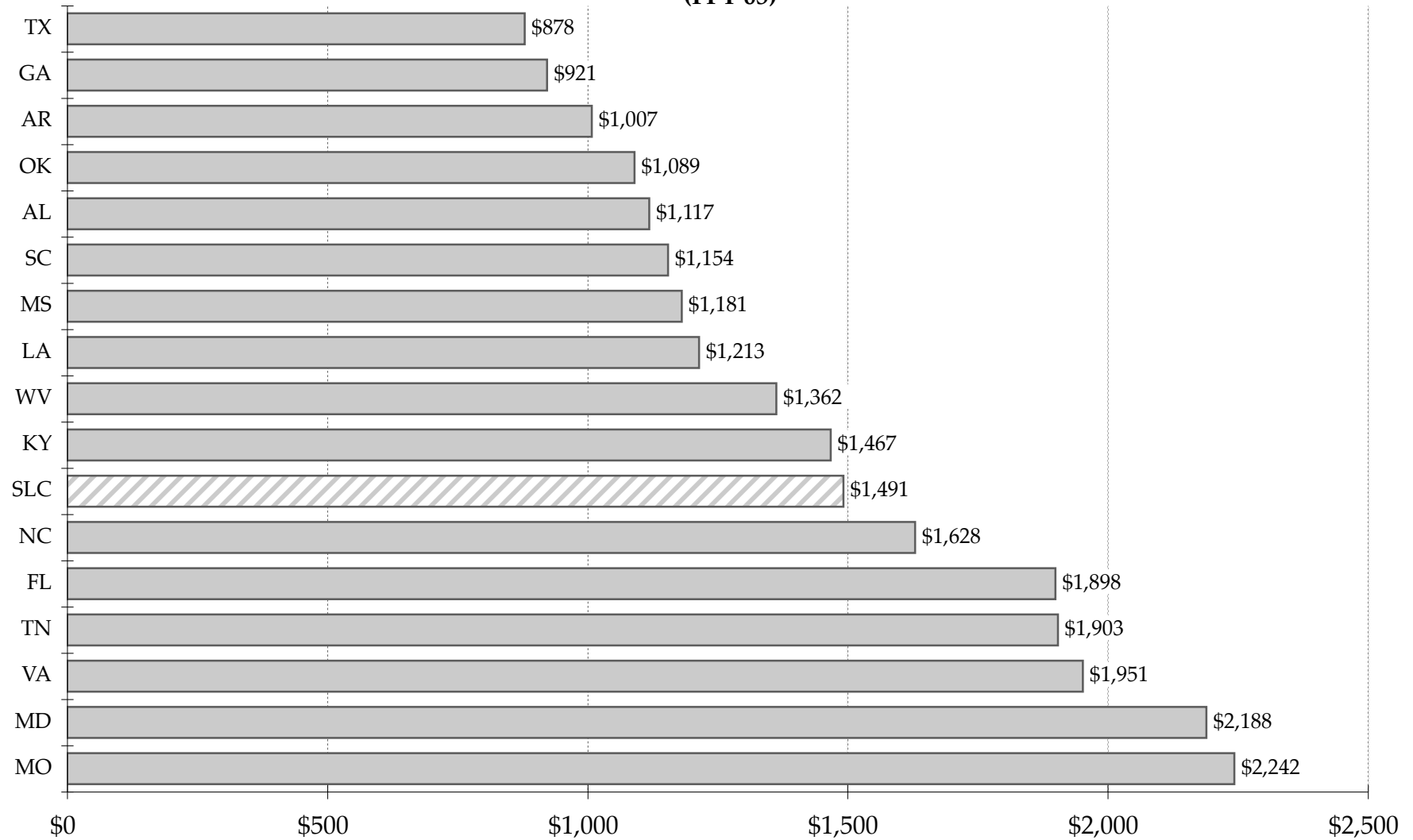
CHART 8
AVERAGE PAYMENT PER RECIPIENT FOR PHYSICIAN SERVICES
(FFY 05)



Source: CMS MSIS and state submitted data

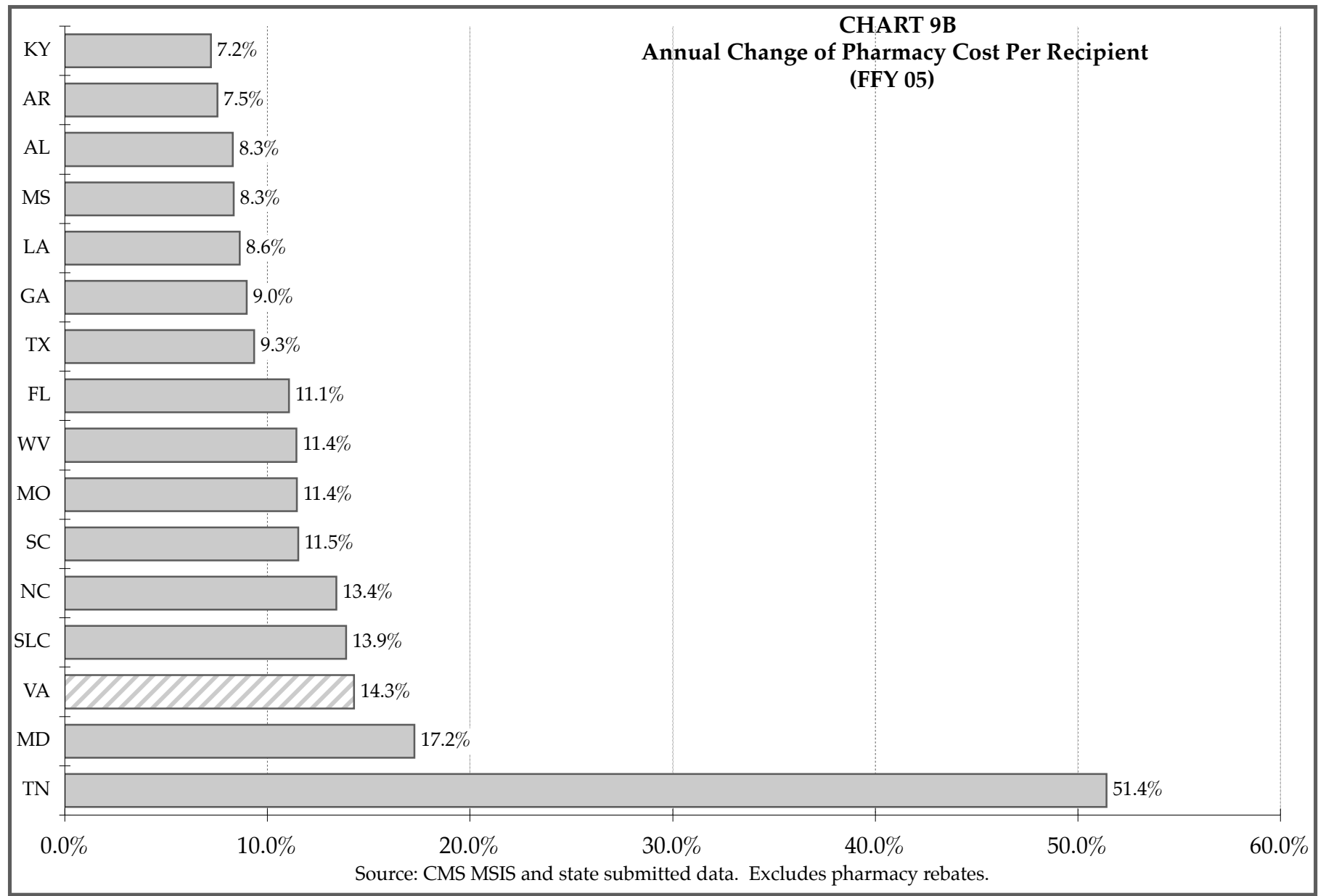
SOUTHERN REGION MEDICAID PROFILE

CHART 9A
AVERAGE PAYMENT PER RECIPIENT FOR PRESCRIPTION DRUGS
(FFY 05)

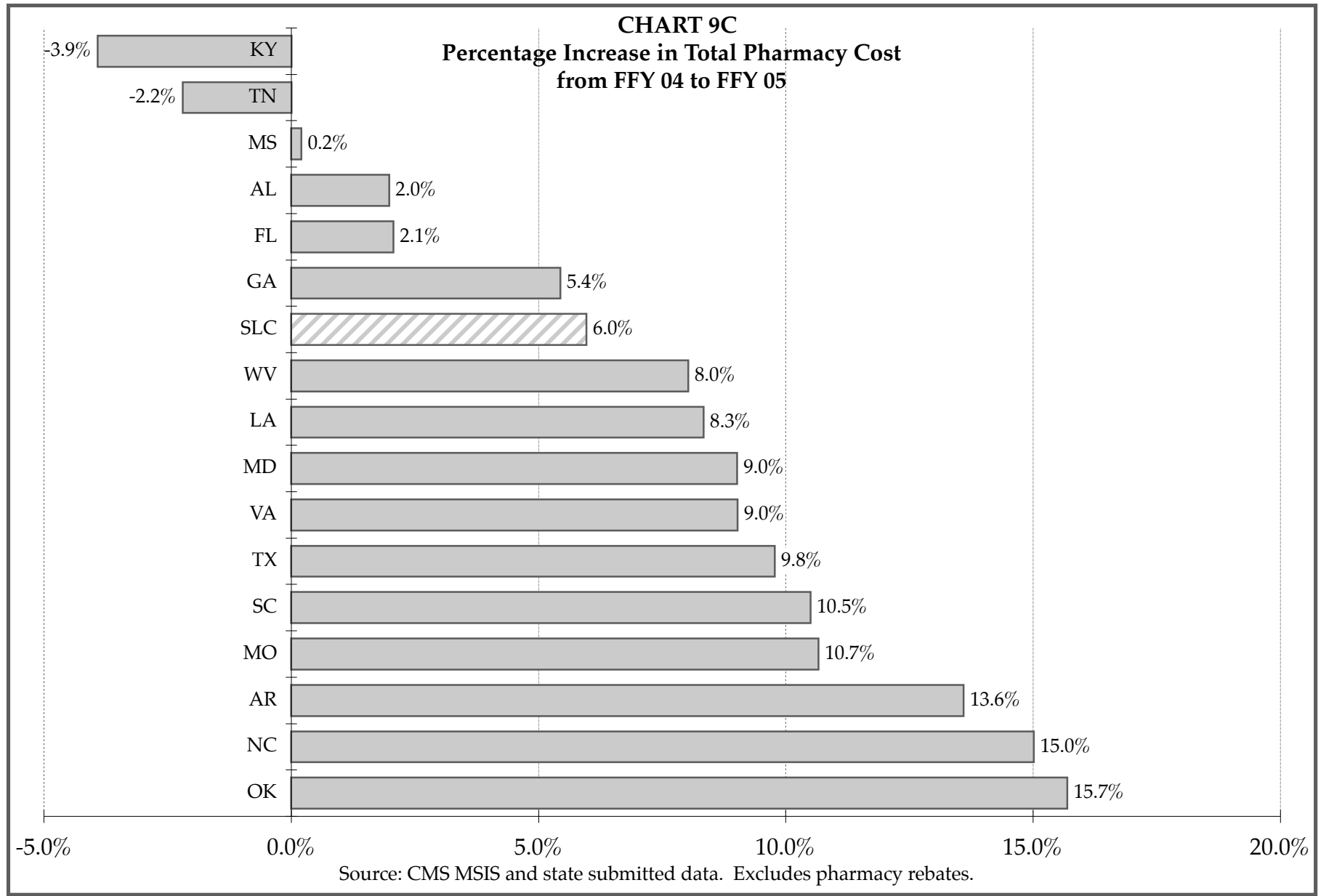


Source: CMS MSIS and state submitted data. Excludes pharmacy rebates.

SOUTHERN REGION MEDICAID PROFILE

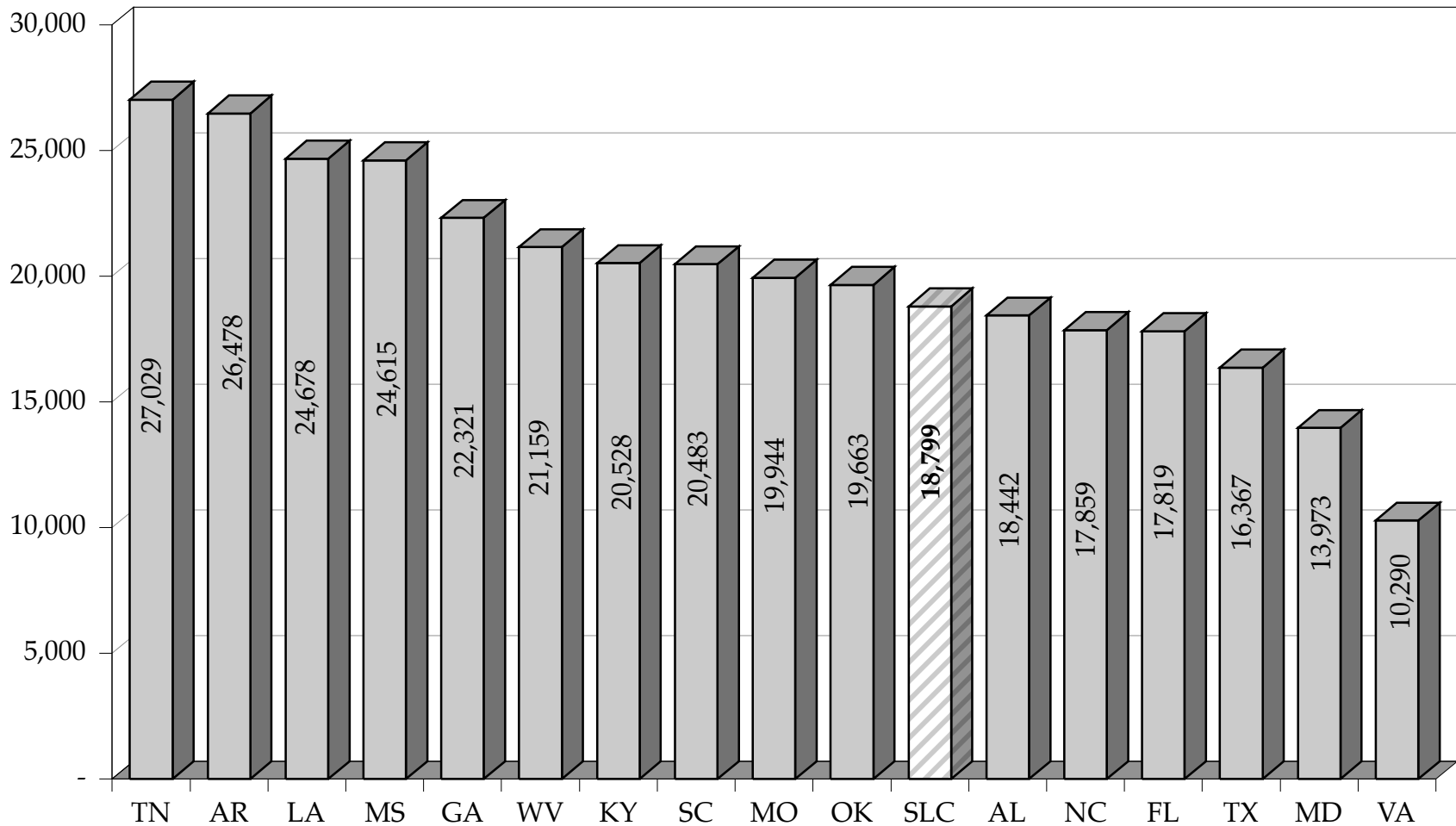


SOUTHERN REGION MEDICAID PROFILE



SOUTHERN REGION MEDICAID PROFILE

CHART 10
MEDICAID RECIPIENTS PER 100,000 POPULATION
(FFY 05)



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

SOUTHERN REGION MEDICAID PROFILE

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

	SCHIP Allotments FFY 05			FFY 04 Federal Match Rates			FFY 05 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	\$ 68.0	\$ 17.4	\$ 85.4	70.8%	79.6%	8.8%	Combination	\$ 80.2	\$ 20.6	\$ 100.8	117.9%	Not reported
* • AR	\$ 48.8	\$ 10.5	\$ 59.3	74.7%	82.3%	7.6%	Medicaid Expansion	\$ 63.0	\$ 13.5	\$ 76.5	129.1%	Not reported
† • FL	\$ 249.3	\$ 100.3	\$ 349.6	58.9%	71.3%	12.4%	Combination	\$ 244.0	\$ 98.2	\$ 342.2	97.9%	\$ 29.6
* • GA	\$ 130.9	\$ 51.7	\$ 182.6	59.6%	71.7%	12.1%	State Plan Option	\$ 201.6	\$ 79.6	\$ 281.2	154.0%	\$ 13.9
† • KY	\$ 54.1	\$ 14.3	\$ 68.4	70.1%	79.1%	9.0%	Combination	\$ 70.8	\$ 18.7	\$ 89.5	130.9%	\$ 1.6
† • LA	\$ 77.5	\$ 19.2	\$ 96.7	71.6%	80.1%	8.5%	Medicaid Expansion	\$ 109.9	\$ 27.2	\$ 137.1	141.8%	\$ 27.5
† • MD	\$ 46.4	\$ 25.0	\$ 71.4	50.0%	65.0%	15.0%	Combination	\$ 122.4	\$ 65.9	\$ 188.3	263.8%	\$ 71.8
† • MS	\$ 48.2	\$ 9.2	\$ 57.4	77.1%	84.0%	6.9%	Combination	\$ 112.5	\$ 21.4	\$ 133.9	233.4%	\$ 0.6
† • MO	\$ 53.9	\$ 19.9	\$ 73.8	61.5%	73.0%	11.5%	Medicaid Expansion	\$ 88.7	\$ 32.8	\$ 121.5	164.6%	\$ 0.3
* • NC	\$ 110.3	\$ 38.8	\$ 149.1	62.9%	74.0%	11.1%	State Plan Option	\$ 211.0	\$ 74.1	\$ 285.1	191.3%	\$ 55.7
† • OK	\$ 67.4	\$ 17.7	\$ 85.1	70.2%	79.2%	9.0%	Medicaid Expansion	\$ 63.6	\$ 16.7	\$ 80.3	94.4%	Not reported
† • SC	\$ 64.3	\$ 17.2	\$ 81.5	69.9%	78.9%	9.0%	Medicaid Expansion	\$ 57.3	\$ 15.3	\$ 72.6	89.1%	\$ 31.3
* • TN	\$ 78.9	\$ 26.2	\$ 105.1	64.4%	75.1%	10.7%	Medicaid Expansion	\$ 3.4	\$ 1.1	\$ 4.5	4.3%	N/A
† • TX	\$ 450.0	\$ 173.3	\$ 623.3	60.2%	72.2%	12.0%	Combination	\$ 287.7	\$ 110.8	\$ 398.5	63.9%	\$ 3.9
† • VA	\$ 76.3	\$ 41.1	\$ 117.4	50.0%	65.0%	15.0%	State Plan Option	\$ 79.8	\$ 43.0	\$ 122.8	104.6%	N/A
† • WV	\$ 24.4	\$ 5.1	\$ 29.5	75.2%	82.6%	7.4%	Combination	\$ 33.3	\$ 7.0	\$ 40.3	136.5%	N/A
SLC TOTAL	\$ 1,648.7	\$ 586.9	\$ 2,235.6					\$ 1,829.2	\$ 646.1	\$ 2,475.3		\$ 236.2

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

[^]Some SLC states are accelerating coverage for 15-18 year olds to 100% of poverty. Coverage of this group is mandated to 100% of poverty on a phased-in basis under Title XIX. Once phased-in under Title XIX, expenses for this age group will no longer be covered under Title XXI. States that exceed 100% of their annual program allotments will be "carrying forward" prior year balances to finance their programs.

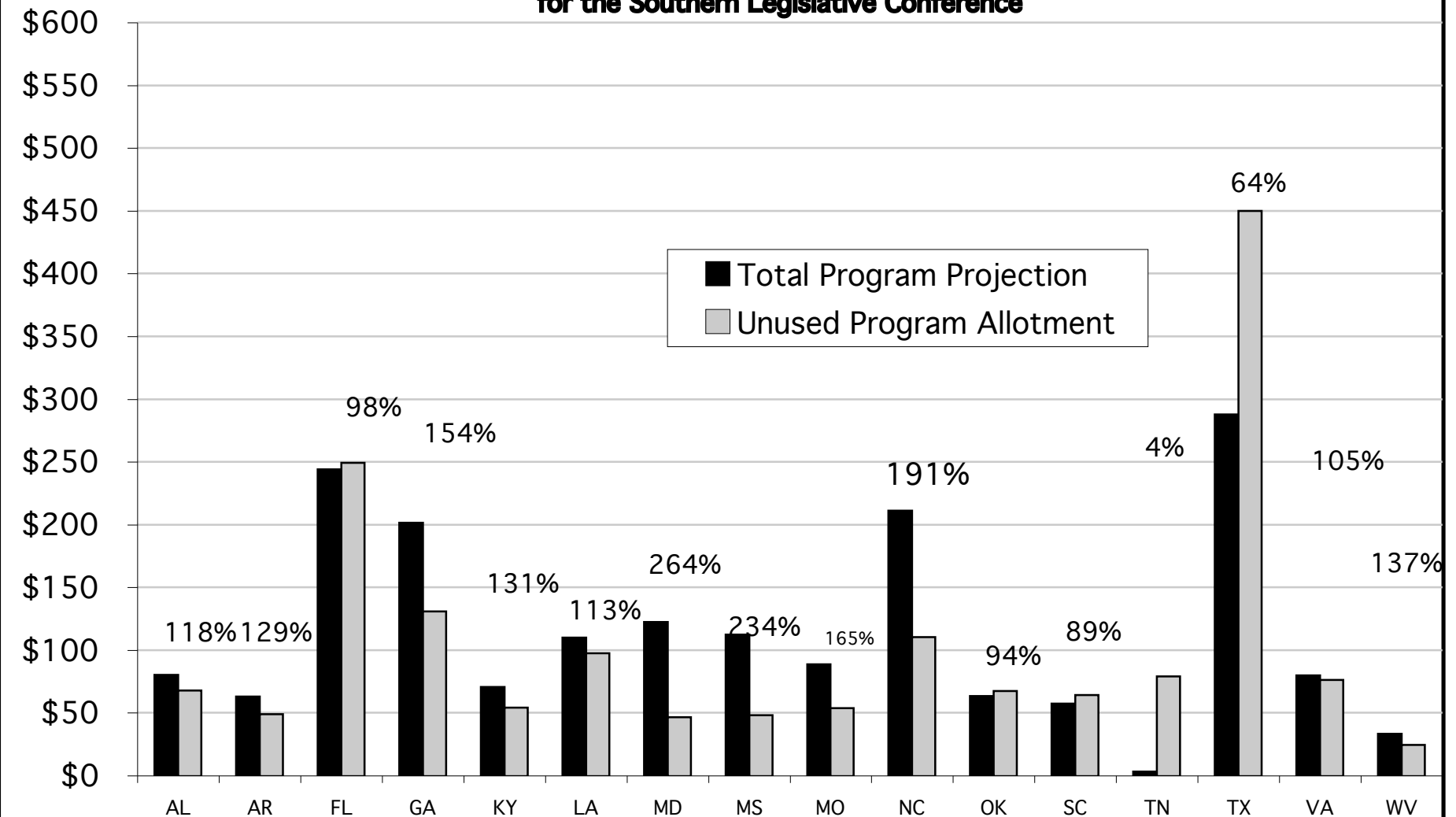
Type of program	# of states	Percent
Medicaid Expansion	6	37.5%
State Plan Option	3	18.8%
Combination	7	43.8%
Total	16	

Projected Expenditure as a Percent of Total Allotment	# of SLC states
0-20%	1
21-40%	0
41-60%	0
61-80%	1
81 & above	14

SOUTHERN REGION MEDICAID PROFILE

Chart 11
State Children's Health Insurance Program
FFY 05 Federal Allotments and Federal Program Expenditures
for the Southern Legislative Conference

Millions of \$'s



*Percentage refer to Total Program Projection as a percent of Total Program Allotment through FFY 05.

MEDICAID GROWTH FACTOR ANALYSIS

Payment data from the MSIS (FFY 05) 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 \$17.5 billion or 36.2% of the \$44.4 billion in nominal growth for the period FFY 99-05 for the entire 16-state region. Inflation-adjusted growth (or growth in real 1999 dollars) is estimated at \$26.8 billion during this period. On a region-wide basis, the number of Medicaid recipients increased 38.4% from 15.3 million in FFY 99 to 21 million in FFY 05. 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 \$19.5 billion (73%) of total growth (\$26.9 billion). Reimbursement and utilization policies accounted for \$7.3 billion (27%), 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 -47.44 for Louisiana to 125.55 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; three states had a decline in real unit costs and 13 showed an increase (adjusted for inflation). Missouri and Louisiana had the largest decreases in payments adjusted for inflation from FFY 99-05, 21.93% and 9.14% respectively. Tennessee and Mississippi had the largest increases in payments adjusted for inflation from FFY 99-05, 83.15% and 69.99% respectively.

SOUTHERN REGION MEDICAID PROFILE

**TABLE 2
REGIONAL MEDICAID GROWTH SUMMARY
(FFY 99-05)**

NOMINAL GROWTH										Payments		Recipients		Payment per Recipient	
FFY 99					FFY 05					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	\$1,695,032,495	537,480	\$3,154	10		\$4,154,203,745	838,787	\$4,953	5	16.11%	145.08%	7.70%	56.06%	7.81%	57.04%
AR	\$1,365,423,117	466,417	\$2,927	13		\$2,662,444,329	734,959	\$3,623	15	11.77%	94.99%	7.87%	57.58%	3.61%	23.74%
FL	\$6,439,628,101	2,355,638	\$2,734	14		\$13,154,453,435	3,166,071	\$4,155	11	12.64%	104.27%	5.05%	34.40%	7.23%	51.98%
GA	\$3,231,985,992	1,267,798	\$2,549	15		\$6,821,022,623	2,038,468	\$3,346	16	13.26%	111.05%	8.24%	60.79%	4.64%	31.26%
KY	\$2,598,116,804	718,979	\$3,614	5		\$4,043,630,633	856,566	\$4,721	9	7.65%	55.64%	2.96%	19.14%	4.55%	30.64%
LA	\$2,534,164,208	720,360	\$3,518	7		\$4,420,723,414	1,112,319	\$3,974	13	9.72%	74.45%	7.51%	54.41%	2.05%	12.97%
MD	\$3,044,363,679	616,243	\$4,940	1		\$5,007,819,659	781,049	\$6,412	1	8.65%	64.49%	4.03%	26.74%	4.44%	29.79%
MO	\$2,798,158,114	797,578	\$3,508	8		\$5,263,004,188	1,156,308	\$4,552	10	11.10%	88.09%	6.39%	44.98%	4.43%	29.74%
MS	\$1,600,445,609	513,114	\$3,119	11		\$3,470,478,324	715,940	\$4,847	7	13.77%	116.84%	5.71%	39.53%	7.63%	55.41%
NC	\$4,265,757,472	1,141,774	\$3,736	4		\$8,414,803,162	1,548,843	\$5,433	3	11.99%	97.26%	5.21%	35.65%	6.44%	45.42%
OK	\$1,433,727,088	465,844	\$3,078	12		\$2,805,599,501	696,743	\$4,027	12	11.84%	95.69%	6.94%	49.57%	4.58%	30.84%
SC	\$2,459,158,525	644,580	\$3,815	3		\$4,247,817,505	869,910	\$4,883	6	9.54%	72.73%	5.12%	34.96%	4.20%	27.99%
TN	\$3,285,322,973	1,550,955	\$2,118	16		\$7,698,149,236	1,609,782	\$4,782	8	15.25%	134.32%	0.62%	3.79%	14.54%	125.76%
TX	\$8,125,825,818	2,518,222	\$3,227	9		\$14,365,319,650	3,752,644	\$3,828	14	9.96%	76.79%	6.87%	49.02%	2.89%	18.63%
VA	\$2,207,250,462	614,515	\$3,592	6		\$4,060,746,944	778,407	\$5,217	4	10.69%	83.97%	4.02%	26.67%	6.42%	45.24%
WV	\$1,344,198,009	342,885	\$3,920	2		\$2,193,239,279	383,837	\$5,714	2	8.50%	63.16%	1.90%	11.94%	6.48%	45.76%
SLC TOTAL	\$48,428,558,466	15,272,382	\$3,171			\$92,783,455,627	21,040,633	\$4,410		11.45%	91.59%	5.49%	37.77%	5.65%	39.06%

ADJUSTED FOR INFLATION*										Payments		Recipients		Payment per Recipient	
FFY 99					FFY 05					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	\$1,695,032,495	537,480	\$3,154	10		\$3,370,276,664	838,787	\$4,018	6	12.14%	98.83%	7.70%	56.06%	4.12%	27.41%
AR	\$1,365,423,117	466,417	\$2,927	13		\$2,160,022,604	734,959	\$2,939	14	7.94%	58.19%	7.87%	57.58%	0.07%	0.39%
FL	\$6,439,628,101	2,355,638	\$2,734	14		\$10,672,116,768	3,166,071	\$3,371	10	8.78%	65.73%	5.05%	34.40%	3.55%	23.30%
GA	\$3,231,985,992	1,267,798	\$2,549	15		\$5,533,848,310	2,038,468	\$2,715	15	9.38%	71.22%	8.24%	60.79%	1.05%	6.49%
KY	\$2,598,116,804	718,979	\$3,614	5		\$3,280,569,466	856,566	\$3,830	9	3.96%	26.27%	2.96%	19.14%	0.97%	5.99%
LA	\$2,534,164,208	720,360	\$3,518	7		\$3,586,502,222	1,112,319	\$3,196	12	5.96%	41.53%	7.51%	54.41%	-1.59%	-9.14%
MD	\$3,044,363,679	616,243	\$4,940	1		\$4,062,809,330	781,049	\$5,202	2	4.93%	33.45%	4.03%	26.74%	0.86%	5.29%
MS	\$2,798,158,114	797,578	\$3,508	8		\$4,269,838,768	715,940	\$5,964	1	7.30%	52.59%	-1.78%	-10.24%	9.25%	69.99%
MO	\$1,600,445,609	513,114	\$3,119	11		\$2,815,574,976	1,156,308	\$2,435	16	9.87%	75.92%	14.50%	125.35%	-4.04%	-21.93%
NC	\$4,265,757,472	1,141,774	\$3,736	4		\$6,826,871,399	1,548,843	\$4,408	4	8.15%	60.04%	5.21%	35.65%	2.79%	17.98%
OK	\$1,433,727,088	465,844	\$3,078	12		\$2,276,163,402	696,743	\$3,267	11	8.01%	58.76%	6.94%	49.57%	1.00%	6.15%
SC	\$2,459,158,525	644,580	\$3,815	3		\$3,446,224,858	869,910	\$3,962	7	5.79%	40.14%	5.12%	34.96%	0.63%	3.84%
TN	\$3,285,322,973	1,550,955	\$2,118	16		\$6,245,455,043	1,609,782	\$3,880	8	11.30%	90.10%	0.62%	3.79%	10.61%	83.15%
TX	\$8,125,825,818	2,518,222	\$3,227	9		\$11,654,484,123	3,752,644	\$3,106	13	6.20%	43.43%	6.87%	49.02%	-0.64%	-3.75%
VA	\$2,207,250,462	614,515	\$3,592	6		\$3,294,455,810	778,407	\$4,232	5	6.90%	49.26%	4.02%	26.67%	2.77%	17.83%
WV	\$1,344,198,009	342,885	\$3,920	2		\$1,779,359,804	383,837	\$4,636	3	4.79%	32.37%	1.90%	11.94%	2.83%	18.25%
SLC TOTAL	\$48,428,558,466	15,272,382	\$3,171			\$75,274,573,547	21,040,633	\$3,576		7.63%	55.43%	5.49%	37.77%	2.02%	12.78%

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 99-05)

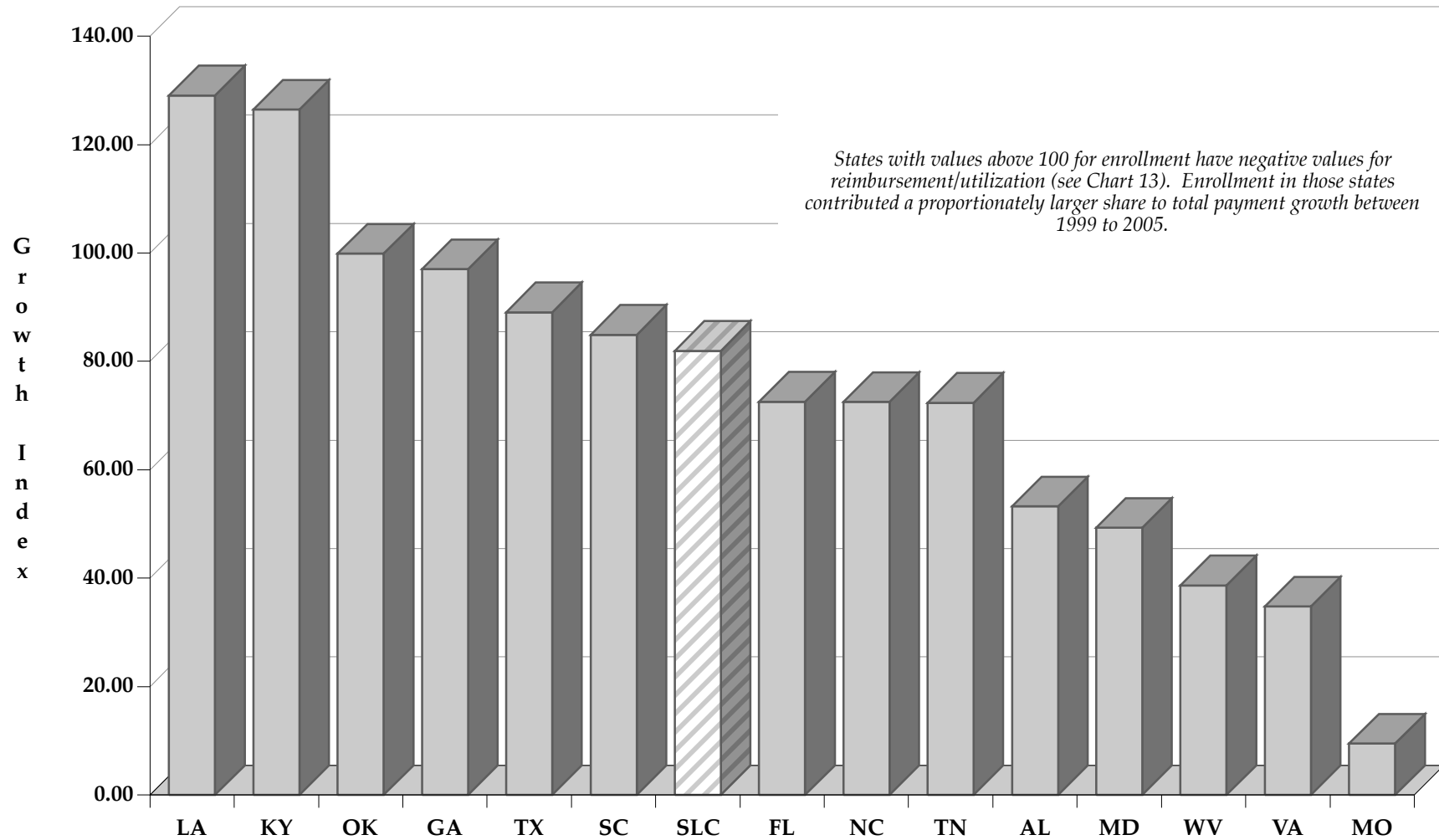
	GROWTH INDEX (99-05)				Total Adjusted Growth	Share From Enrollment	Share From Reimbursement & Utilization
	Enrollment Factor	Reimbursement/ Utilization Factor	Total				
AL	64.76	35.24	100		\$1,675,244,169	\$1,084,825,608	\$590,418,561
AR	99.15	0.85	100		\$794,599,487	\$787,808,773	\$6,790,714
FL	58.53	41.47	100		\$4,232,488,667	\$2,477,338,493	\$1,755,150,174
GA	88.31	11.69	100		\$2,301,862,318	\$2,032,764,362	\$269,097,956
KY	75.08	24.92	100		\$682,452,662	\$512,356,277	\$170,096,385
LA	125.09	-25.09	100		\$1,052,338,014	\$1,316,359,674	(\$264,021,660)
MD	82.12	17.88	100		\$1,018,445,651	\$836,391,126	\$182,054,525
MS	-25.55	125.55	100		\$1,471,680,654	(\$376,032,583)	\$1,847,713,237
MO	143.83	-43.83	100		\$1,215,129,367	\$1,747,755,365	(\$532,625,998)
NC	64.84	35.16	100		\$2,561,113,927	\$1,660,718,994	\$900,394,933
OK	87.10	12.90	100		\$842,436,314	\$733,721,021	\$108,715,293
SC	88.84	11.16	100		\$987,066,333	\$876,884,021	\$110,182,312
TN	5.80	94.20	100		\$2,960,132,070	\$171,546,339	\$2,788,585,731
TX	110.61	-10.61	100		\$3,528,658,305	\$3,903,045,265	(\$374,386,960)
VA	59.03	40.97	100		\$1,087,205,348	\$641,790,715	\$445,414,633
WV	40.23	59.77	100		\$435,161,795	\$175,058,435	\$260,103,360
SLC TOTAL	72.65	27.35	100		\$26,846,015,081	\$19,502,690,995	\$7,343,324,086
<p>Explanation: Inflation-adjusted growth data (see Table 1) was analyzed for Federal Fiscal Years 99 through 05 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 48.4% from 15.3 million in FFY 99 to 21 million in FFY 05.</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 increase 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 -43.8 for Missouri to 125.55 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 state.)



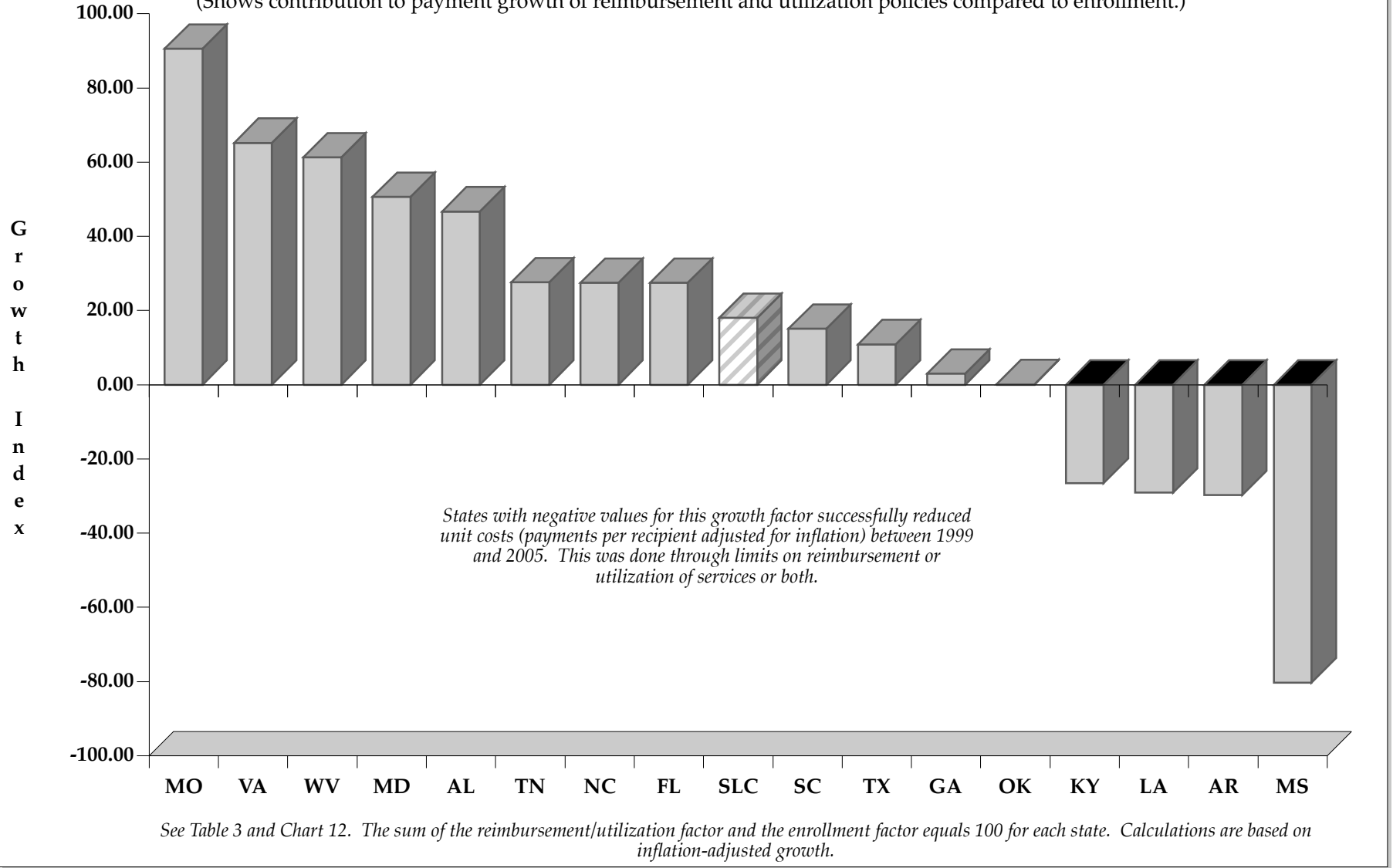
See Table 3 and Chart 13. The sum of the enrollment factor and the reimbursement/utilization factor equals 100 for each state. Calculations are based on inflation-adjusted growth.

SOUTHERN REGION MEDICAID PROFILE

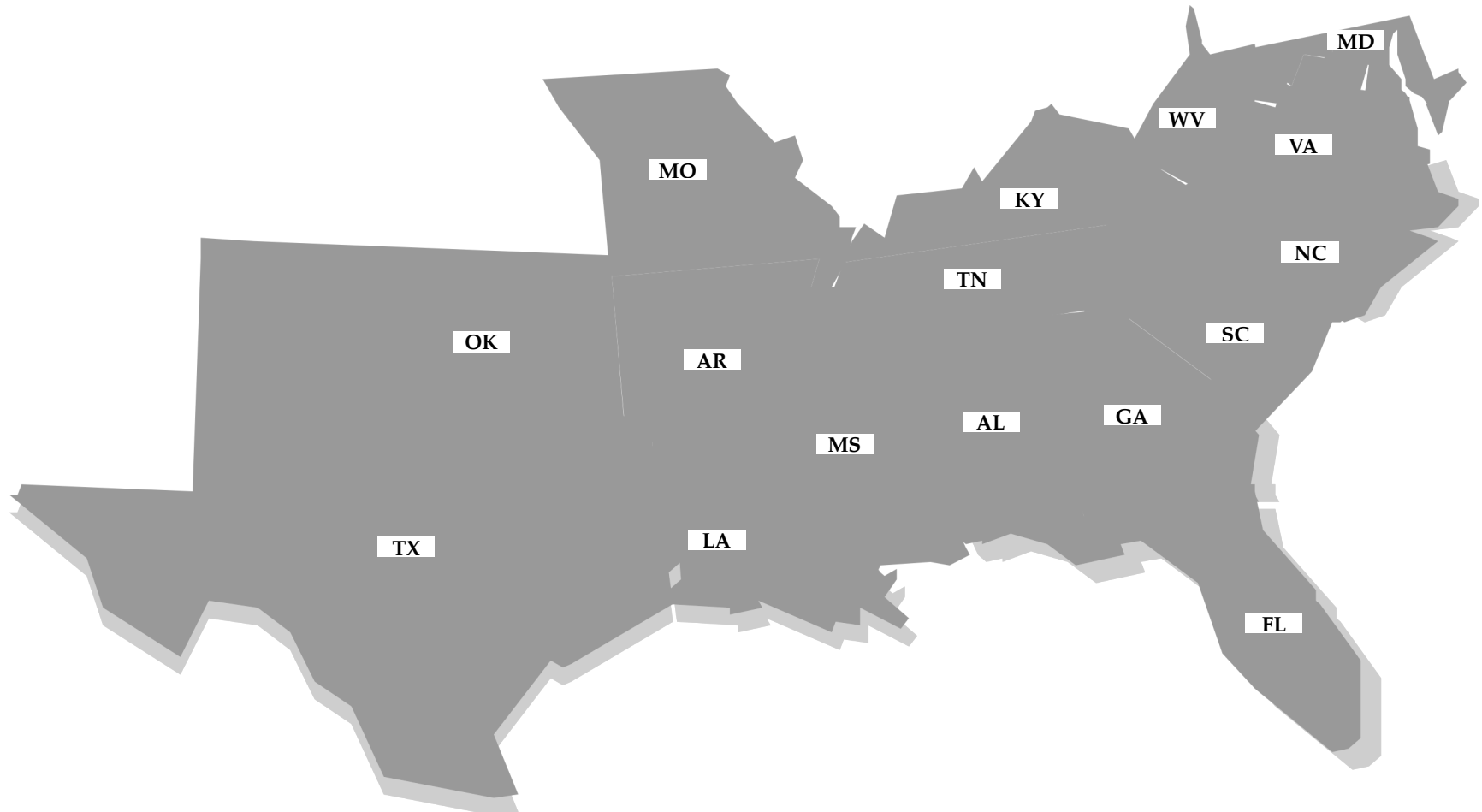
CHART 13

MEDICAID GROWTH INDEX: REIMBURSEMENT/UTILIZATION POLICY FACTOR

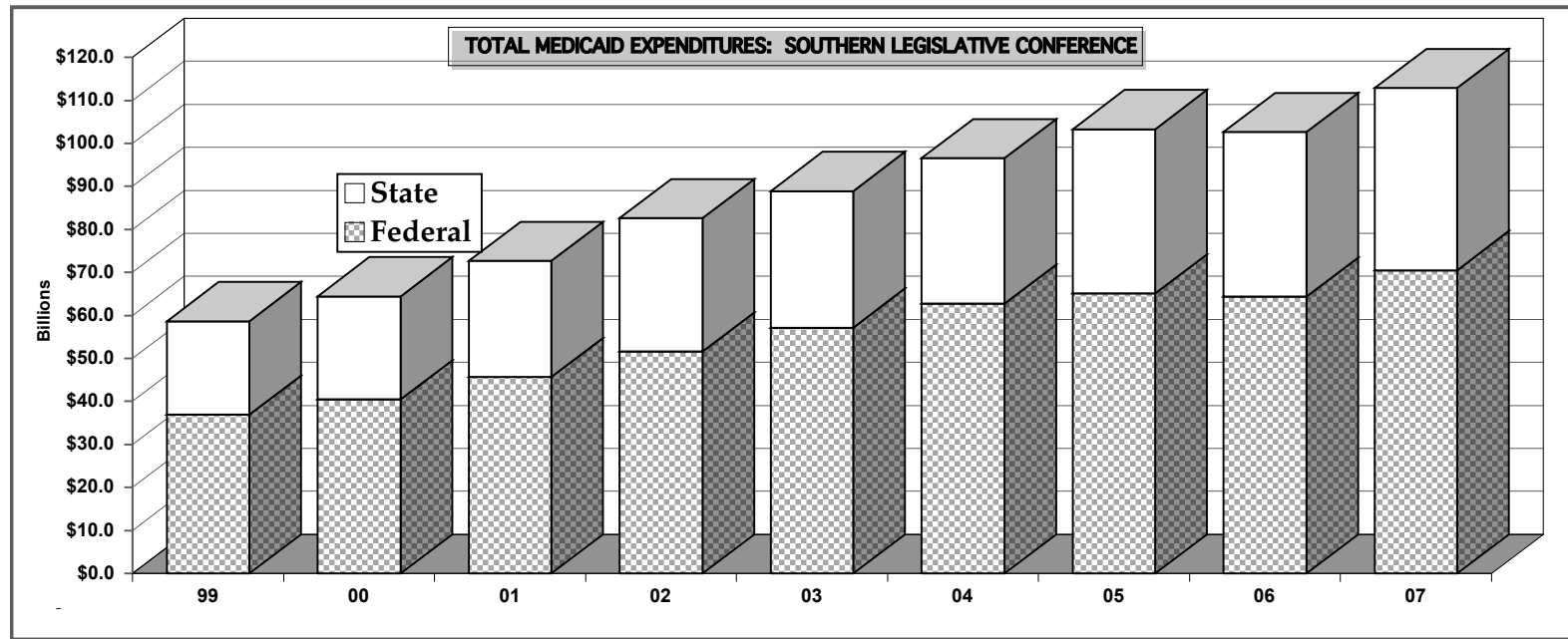
(Shows contribution to payment growth of reimbursement and utilization policies compared to enrollment.)



SOUTHERN REGION MEDICAID PROFILES



SOUTHERN REGION MEDICAID PROFILE



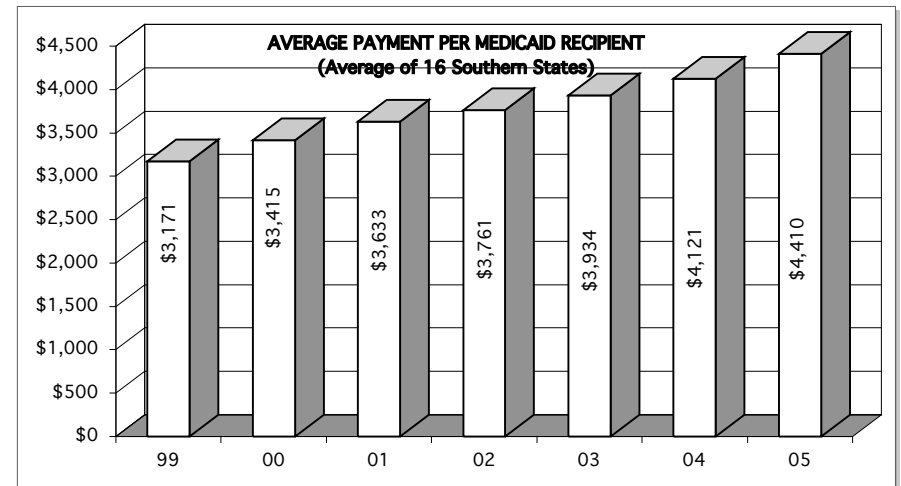
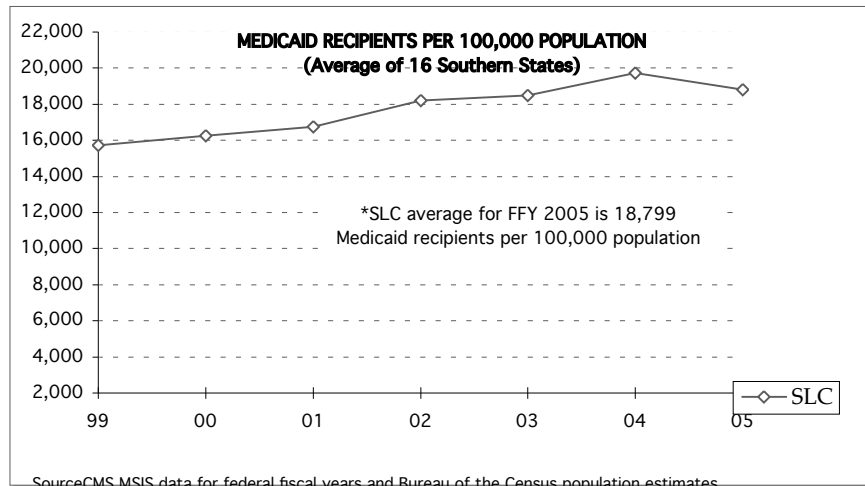
All SLC State profiles revised to reflect MSIS statistical data as reported by CMS for federal fiscal years 99 through 04.

	FFY 99	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05	FFY 06*	FFY 07*	Annual Rate of Change	Total Change 99-07
Medicaid Payments	55,940,297,429	61,558,380,518	69,355,914,419	78,883,024,391	84,654,612,944	92,331,773,396	98,807,366,732	97,631,813,000	107,816,745,000	8.5%	92.7%
Federal Share	35,382,769,738	38,817,062,848	43,892,061,187	49,486,621,777	54,764,150,922	60,420,363,969	62,643,262,439	61,606,740,000	67,761,921,000	8.5%	91.5%
State Share	20,557,527,691	22,741,317,670	25,463,853,232	29,396,402,614	29,890,462,022	31,911,409,427	36,164,104,293	36,025,073,000	40,054,824,000	8.7%	94.8%
Administrative Costs	2,724,565,076	2,903,777,393	3,293,413,676	3,711,701,150	4,275,905,958	4,299,132,452	4,508,825,701	4,987,134,000	5,022,318,000	7.9%	84.3%
Federal Share	1,532,616,824	1,617,989,388	1,833,144,729	2,084,124,295	2,432,846,598	2,374,093,784	2,494,920,972	2,788,981,000	2,778,124,000	7.7%	81.3%
State Share	1,191,948,252	1,285,788,005	1,460,268,947	1,627,576,855	1,843,059,360	1,925,038,668	2,013,904,729	2,198,153,000	2,244,194,000	8.2%	88.3%
Admin. Costs as % of Payments	4.87%	4.72%	4.75%	4.71%	5.05%	4.66%	4.56%	5.11%	4.66%		
Growth From Prior Year											
Payments	10.47%	10.04%	12.67%	13.74%	7.32%	9.07%	7.01%	-1.19%	10.43%		
Administration	10.01%	6.58%	13.42%	12.70%	15.20%	0.54%	4.88%	10.61%	0.71%		

*Federal Fiscal Years 06 and 07 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)

<u>RECIPIENTS BY TYPE OF SERVICES</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>FFY 05</u>	<u>Annual Change</u>
01. General Hospital	2,196,806	2,429,168	2,388,891	2,443,032	2,542,164	2,667,640	2,621,035	3.0%
02. Mental Hospital	44,762	43,023	38,544	42,575	46,328	48,648	46,321	0.6%
03. Skilled and Intermediate (non-MR) Care Nursing	603,790	604,672	625,482	624,123	617,515	641,336	573,764	-0.8%
04. Intermediate Care for Mentally Retarded	47,537	47,054	46,717	45,171	44,162	46,078	42,920	-1.7%
05. Physician Services	8,803,129	9,091,926	9,469,807	10,521,567	11,346,388	12,505,736	11,160,582	4.0%
06. Dental Services	2,313,868	2,425,206	2,716,809	3,325,878	3,921,498	4,333,278	4,249,039	10.7%
07. Other Practitioners	1,408,077	2,063,209	2,274,851	2,473,820	2,480,706	2,941,631	2,723,394	11.6%
08. Outpatient Hospital	5,580,578	5,995,109	6,158,653	6,561,258	6,949,158	7,434,747	7,042,098	4.0%
09. Clinic Services	3,114,895	3,261,716	3,412,700	3,791,031	4,042,680	4,548,864	4,455,766	6.1%
10. Lab and X-Ray	4,290,286	4,604,128	5,248,679	6,087,312	6,693,940	7,745,336	6,983,570	8.5%
11. Home Health	243,417	370,948	432,550	482,817	529,744	558,875	573,775	15.4%
12. Prescribed Drugs	9,497,897	9,805,542	10,413,648	11,014,837	10,784,896	13,283,389	11,820,478	3.7%
13. Family Planning	70,613	72,693	103,352	94,988	131,758	107,001	100,575	6.1%
14. Early & Periodic Screening, Diagnosis & Treatment	0	0	162,914	1,170,794	120,257	157	158	-82.4%
15. Other Care	3,090,111	3,095,556	3,551,403	4,092,713	4,304,502	5,182,703	4,863,912	7.9%
16. Personal Care Support Services	1,360,128	1,641,216	1,748,615	2,016,328	2,075,220	2,744,228	2,737,248	12.4%
17. Home/Community Based Waiver Services	6,000	6,100	6,100	285	13,525	27	14	-63.6%
18. Prepaid Health Care	4,732,519	5,181,962	5,731,063	7,589,779	8,056,025	8,583,098	8,363,739	10.0%
19. Primary Care Case Management (PCCM) Services	3,118,936	3,313,318	4,533,142	5,750,844	5,953,095	6,603,965	7,443,773	15.6%
Total*	15,272,382	15,984,886	16,689,284	18,316,848	19,304,913	20,924,754	21,040,633	5.5%

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

SOUTHERN LEGISLATIVE CONFERENCE

SOUTHERN REGION MEDICAID PROFILE

									Annual	Share of Total
<u>PAYMENTS BY TYPE OF SERVICES</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>FFY 05</u>	<u>Change</u>	<u>FFY 05</u>	
01. General Hospital	\$7,811,370,073	\$8,674,811,848	\$9,897,701,703	\$10,489,373,641	\$11,527,470,450	\$13,493,803,240	\$13,734,688,319	9.9%	14.8%	
02. Mental Hospital	\$566,203,902	\$604,637,377	\$684,170,740	\$695,054,169	\$699,902,811	\$800,710,557	\$857,782,377	7.2%	0.9%	
03. Skilled and Intermediate (non-MR) Care Nursing	\$9,613,601,816	\$10,396,053,995	\$10,943,769,669	\$11,917,023,383	\$12,437,285,199	\$13,179,380,158	\$14,363,266,477	6.9%	15.5%	
04. Intermediate Care for Mentally Retarded	\$2,988,828,507	\$3,220,782,132	\$3,220,923,709	\$3,392,289,767	\$3,426,263,389	\$3,469,994,706	\$3,676,845,982	3.5%	4.0%	
05. Physician Services	\$3,606,492,137	\$3,688,198,622	\$3,943,466,330	\$4,402,093,540	\$5,132,560,764	\$5,965,016,371	\$6,688,562,910	10.8%	7.2%	
06. Dental Services	\$485,467,713	\$564,839,371	\$708,110,725	\$933,069,334	\$1,194,466,636	\$1,390,569,475	\$1,550,003,884	21.3%	1.7%	
07. Other Practitioners	\$145,637,683	\$312,335,501	\$362,072,828	\$378,285,886	\$404,420,307	\$482,745,744	\$751,915,584	31.5%	0.8%	
08. Outpatient Hospital	\$2,386,167,671	\$2,749,066,768	\$2,828,381,746	\$3,239,447,179	\$3,827,992,361	\$4,415,170,939	\$4,209,122,254	9.9%	4.5%	
09. Clinic Services	\$1,708,264,006	\$1,659,090,308	\$1,803,824,085	\$2,390,762,360	\$2,634,889,362	\$2,899,913,373	\$3,089,231,287	10.4%	3.3%	
10. Lab and X-Ray	\$375,903,333	\$441,210,031	\$646,249,867	\$939,965,853	\$1,111,915,613	\$1,325,516,690	\$1,508,961,422	26.1%	1.6%	
11. Home Health	\$700,650,827	\$924,534,653	\$1,096,043,940	\$1,185,850,980	\$1,483,192,353	\$1,535,058,050	\$2,044,323,906	19.5%	2.2%	
12. Prescribed Drugs	\$6,492,841,698	\$8,079,724,791	\$9,835,808,374	\$10,940,427,972	\$13,962,281,661	\$16,634,213,455	\$17,626,646,041	18.1%	19.0%	
13. Family Planning	\$54,080,652	\$59,208,991	\$85,718,977	\$80,804,347	\$103,020,372	\$134,590,822	\$141,191,506	17.3%	0.2%	
14. Early & Periodic Screening, Diagnosis & Treatment	\$0	\$0	\$0	\$61,468,942	\$63,881,633	\$0	\$0	-100.0%	0.0%	
15. Other Care	\$3,839,028,921	\$5,351,746,242	\$5,545,478,673	\$6,768,676,051	\$7,763,863,293	\$8,618,805,104	\$9,129,321,532	15.5%	9.8%	
16. Personal Care Support Services	\$2,108,026,414	\$2,219,880,938	\$2,728,752,518	\$2,785,509,009	\$2,590,827,658	\$3,517,705,105	\$4,028,881,276	11.4%	4.3%	
17. Home / Community Based Waiver Services	\$0	\$0	\$0	\$0	\$139,569	\$0	\$0	-100.0%	0.0%	
18. Prepaid Health Care	\$5,074,926,516	\$5,497,036,953	\$6,155,699,579	\$8,124,863,811	\$7,421,714,428	\$8,197,701,928	\$9,179,385,644	10.4%	9.9%	
19. Primary Care Case Management (PCCM) Services	\$471,066,597	\$140,948,046	\$141,254,881	\$156,765,335	\$166,597,356	\$176,564,583	\$203,325,226	-13.1%	0.2%	
Total*(excludes DSH pymts, pharmacy rebates, & other adjs.)	\$48,428,558,466	\$54,584,106,567	\$60,627,428,344	\$68,881,731,559	\$75,952,685,215	\$86,237,460,300	\$92,783,455,627	11.4%	100.0%	
<u>AVERAGE PAYMENTS PER RECIPIENT BY TYPE OF SERVICES</u>										
01. General Hospital	\$3,555.79	\$3,571.10	\$4,143.22	\$4,293.59	\$4,534.51	\$5,058.33	\$5,240.18	6.7%		
02. Mental Hospital	\$12,649.21	\$14,053.82	\$17,750.31	\$16,325.41	\$15,107.56	\$16,459.27	\$18,518.26	6.6%		
03. Skilled and Intermediate (non-MR) Care Nursing	\$15,922.10	\$17,192.88	\$17,496.54	\$19,094.03	\$20,140.86	\$20,549.88	\$25,033.41	7.8%		
04. Intermediate Care for Mentally Retarded	\$62,873.73	\$68,448.64	\$68,945.17	\$75,098.84	\$77,583.97	\$75,306.97	\$85,666.70	5.3%		
05. Physician Services	\$409.68	\$405.66	\$416.43	\$418.39	\$452.35	\$476.98	\$599.30	6.5%		
06. Dental Services	\$209.81	\$232.90	\$260.64	\$280.55	\$304.59	\$320.90	\$364.79	9.7%		
07. Other Practitioners	\$103.43	\$151.38	\$159.16	\$152.92	\$163.03	\$164.11	\$276.10	17.8%		
08. Outpatient Hospital	\$427.58	\$458.55	\$459.25	\$493.72	\$550.86	\$593.86	\$597.71	5.7%		
09. Clinic Services	\$548.42	\$508.66	\$528.56	\$630.64	\$651.77	\$637.50	\$693.31	4.0%		
10. Lab and X-Ray	\$87.62	\$95.83	\$123.13	\$154.41	\$166.11	\$171.14	\$216.07	16.2%		
11. Home Health	\$2,878.40	\$2,492.36	\$2,533.91	\$2,456.11	\$2,799.83	\$2,746.69	\$3,562.93	3.6%		
12. Prescribed Drugs	\$683.61	\$824.00	\$944.51	\$993.24	\$1,294.61	\$1,252.26	\$1,491.20	13.9%		
13. Family Planning	\$765.87	\$814.51	\$829.39	\$850.68	\$781.89	\$1,257.85	\$1,403.84	10.6%		
14. Early & Periodic Screening, Diagnosis & Treatment	\$0.00	\$0.00	\$0.00	\$52.50	\$531.21	\$0.00	\$0.00	-100.0%		
15. Other Care	\$1,242.36	\$1,728.85	\$1,561.49	\$1,653.84	\$1,803.66	\$1,662.99	\$1,876.95	7.1%		
16. Personal Care Support Services	\$1,549.87	\$1,352.58	\$1,560.52	\$1,381.48	\$1,248.46	\$1,281.86	\$1,471.87	-0.9%		
17. Home / Community Based Waiver Services	\$0.00	\$0.00	\$0.00	\$0.00	\$10.32	\$0.00	\$0.00	-100.0%		
18. Prepaid Health Care	\$1,072.35	\$1,060.80	\$1,074.09	\$1,070.50	\$921.26	\$955.10	\$1,097.52	0.4%		
19. Primary Care Case Management (PCCM) Services	\$151.03	\$42.54	\$31.16	\$27.26	\$27.98	\$26.74	\$27.31	-24.8%		
Total (Average)*	\$3,170.99	\$3,414.73	\$3,632.72	\$3,760.57	\$3,934.37	\$4,121.31	\$4,409.74	5.7%		
TOTAL PER CAPITA EXPENDITURES	\$604.10	\$655.38	\$729.40	\$820.50	\$851.20	\$910.80	\$923.08	7.3%		

Source: MSIS data for FFY 99-05.

SOUTHERN LEGISLATIVE CONFERENCE

SOUTHERN REGION MEDICAID PROFILE

DATA BY OTHER CHARACTERISTICS

RECIPIENTS BY OTHER CHARACTERISTICS

	FFY 99	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05	Annual Change	Share of Total FFY 05
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	5,394,284	5,459,073	5,783,398	6,293,268	6,446,196	6,937,899	6,637,505	3.5%	31.5%
Poverty Related Eligibles	5,902,396	6,761,678	7,056,063	7,103,016	7,832,246	8,606,763	9,080,898	7.4%	43.2%
Medically Needy	399,668	409,047	398,099	425,163	542,860	596,469	527,277	4.7%	2.5%
Other Eligibles	2,369,330	2,155,657	2,548,213	3,231,636	3,142,465	3,437,872	3,343,502	5.9%	15.9%
Maintenance Assistance Status Unknown	1,206,704	1,199,431	903,510	1,263,765	1,341,146	1,345,751	1,451,451	3.1%	6.9%
Total*	15,272,382	15,984,886	16,689,284	18,316,848	19,304,913	20,924,754	21,040,633	5.5%	100.0%
By Basis of Eligibility									
Aged, Blind, or Disabled	4,234,992	4,311,641	4,421,709	4,821,029	4,627,923	5,058,779	4,932,367	2.6%	23.4%
Children	7,138,161	7,673,404	8,271,663	9,340,179	9,883,375	10,629,724	10,932,819	7.4%	52.0%
Foster Care Children	182,480	196,864	210,280	230,829	244,391	262,556	278,002	7.3%	1.3%
Adults	2,510,045	2,603,546	2,878,947	3,308,281	3,321,776	3,627,873	3,437,253	5.4%	16.3%
Basis of Eligibility Unknown	1,206,704	1,199,431	906,686	616,530	1,227,448	1,345,822	1,460,192	3.2%	6.9%
Total*	15,272,382	15,984,886	16,689,284	18,316,848	19,304,913	20,924,754	21,040,633	5.5%	100.0%
By Age									
Under Age 1	631,925	686,260	816,563	759,235	751,232	816,514	860,576	5.3%	4.1%
Age 1 to 5	2,699,714	2,852,696	3,082,716	3,422,699	3,649,337	3,931,942	4,002,973	6.8%	19.0%
Age 6 to 14	3,335,797	3,549,239	3,774,077	4,245,657	4,534,605	4,856,255	4,911,520	6.7%	23.3%
Age 15 to 20	1,482,596	1,620,524	1,725,551	1,958,043	2,122,630	2,321,430	2,400,040	8.4%	11.4%
Age 21 to 44	2,888,913	2,986,202	3,193,166	3,484,069	3,608,553	3,905,780	3,818,769	4.8%	18.1%
Age 45 to 64	1,273,843	1,332,954	1,420,920	1,520,147	1,592,665	1,822,193	1,740,018	5.3%	8.3%
Age 65 to 74	699,095	707,391	727,529	724,284	748,254	817,959	773,774	1.7%	3.7%
Age 75 to 84	612,354	614,378	623,727	628,558	649,672	679,265	664,427	1.4%	3.2%
Age 85 and Over	442,624	435,875	421,645	421,822	422,589	427,711	422,221	-0.8%	2.0%
Age Unknown	1,205,521	1,199,367	903,390	1,152,334	1,225,376	1,345,705	1,446,315	3.1%	6.9%
Total*	15,272,382	15,984,886	16,689,284	18,316,848	19,304,913	20,924,754	21,040,633	5.5%	100.0%
By Race									
White	6,954,357	7,278,347	7,645,208	7,888,507	8,192,033	8,944,268	8,747,310	3.9%	41.6%
Black	5,384,105	5,638,161	5,881,619	5,998,346	6,156,850	6,568,869	6,550,269	3.3%	31.1%
Hispanic, American Indian or Asian	2,036,784	2,178,276	2,241,169	2,544,473	2,897,881	3,177,615	3,490,204	9.4%	16.6%
Other/Unknown	897,137	890,103	921,288	1,885,522	2,058,149	2,234,002	2,252,850	16.6%	10.7%
Total*	15,272,382	15,984,886	16,689,284	18,316,848	19,304,913	20,924,754	21,040,633	5.5%	100.0%
By Sex									
Female	8,895,863	9,537,782	9,969,406	10,206,635	10,693,802	11,561,261	11,535,391	4.4%	54.8%
Male	6,141,107	6,247,316	6,515,417	6,972,574	7,376,549	8,025,172	8,036,806	4.6%	38.2%
Unknown	235,412	199,789	204,461	1,137,639	1,234,562	1,338,321	1,468,436	35.7%	7.0%
Total*	15,272,382	15,984,886	16,689,284	18,316,848	19,304,913	20,924,754	21,040,633	5.5%	100.0%

Source: MSIS data for FFY 99-05.

SOUTHERN LEGISLATIVE CONFERENCE

SOUTHERN REGION MEDICAID PROFILE

PAYMENTS BY OTHER CHARACTERISTICS

	<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>FFY 05</u>	<i>Annual Change</i>	<i>Share of Total FFY 05</i>
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	\$21,286,379,627	\$23,910,613,694	\$26,402,473,600	\$29,248,406,147	\$32,054,713,187	\$36,867,554,955	\$38,766,035,250	10.5%	41.8%
Poverty Related Eligibles	\$9,545,770,270	\$11,179,400,537	\$12,937,788,156	\$13,488,576,200	\$14,953,560,910	\$17,494,065,818	\$19,095,897,268	12.3%	20.6%
Medically Needy	\$2,152,941,343	\$2,415,698,764	\$2,598,822,225	\$2,799,172,066	\$3,445,363,423	\$3,729,870,852	\$4,154,651,420	11.6%	4.5%
Other Eligibles	\$13,831,240,299	\$14,817,418,144	\$16,731,033,037	\$20,085,041,223	\$22,048,318,572	\$24,111,641,932	\$25,823,845,344	11.0%	27.8%
Maintenance Assistance Status Unknown	\$1,612,226,927	\$2,260,975,428	\$1,957,311,326	\$3,260,535,923	\$3,450,729,123	\$4,034,326,743	\$4,943,026,345	20.5%	5.3%
Total*	\$48,428,558,466	\$54,584,106,567	\$60,627,428,344	\$68,881,731,559	\$75,952,685,215	\$86,237,460,300	\$92,783,455,627	11.4%	100.0%
By Basis of Eligibility									
Aged, Blind, or Disabled	\$33,682,727,572	\$37,093,256,744	\$40,818,434,711	\$44,757,928,741	\$49,108,587,839	\$55,342,994,603	\$59,036,526,337	9.8%	63.6%
Children	\$7,601,616,984	\$8,750,447,703	\$10,209,916,123	\$12,167,928,160	\$13,524,852,835	\$15,485,293,514	\$16,860,820,193	14.2%	18.2%
Foster Care Children	\$803,316,893	\$978,270,045	\$1,155,806,641	\$1,397,663,131	\$1,599,457,558	\$1,856,663,803	\$1,937,481,234	15.8%	2.1%
Adults	\$4,728,670,090	\$5,501,156,647	\$6,481,524,826	\$7,284,584,100	\$8,291,597,993	\$9,467,978,724	\$9,898,490,985	13.1%	10.7%
Basis of Eligibility Unknown	\$1,612,226,927	\$2,260,975,428	\$1,961,746,043	\$3,273,627,427	\$3,428,188,990	\$4,084,529,656	\$5,050,136,878	21.0%	5.4%
Total*	\$48,428,558,466	\$54,584,106,567	\$60,627,428,344	\$68,881,731,559	\$75,952,685,215	\$86,237,460,300	\$92,783,455,627	11.4%	100.0%
By Age									
Under Age 1	\$1,601,451,257	\$1,854,647,115	\$2,442,062,235	\$2,453,625,720	\$2,527,984,440	\$2,918,269,446	\$3,172,926,361	12.1%	3.4%
Age 1 to 5	\$3,592,441,466	\$4,006,652,524	\$4,553,081,803	\$5,498,473,538	\$6,171,374,664	\$6,996,689,144	\$7,442,341,880	12.9%	8.0%
Age 6 to 14	\$4,040,527,784	\$4,621,225,325	\$5,348,507,429	\$6,288,536,759	\$7,142,988,351	\$8,092,089,922	\$8,695,471,067	13.6%	9.4%
Age 15 to 20	\$3,261,879,539	\$3,750,426,988	\$4,187,527,145	\$4,793,828,275	\$5,339,396,092	\$6,135,466,234	\$6,686,301,895	12.7%	7.2%
Age 21 to 44	\$11,155,250,016	\$12,580,356,699	\$13,833,745,959	\$15,229,902,065	\$16,732,096,179	\$18,921,056,298	\$19,905,431,735	10.1%	21.5%
Age 45 to 64	\$8,631,111,836	\$10,164,965,717	\$11,585,785,552	\$13,355,271,930	\$15,257,332,732	\$17,775,080,485	\$19,420,109,135	14.5%	20.9%
Age 65 to 74	\$3,806,932,220	\$4,187,972,763	\$4,542,448,455	\$4,925,909,326	\$5,466,053,449	\$6,187,118,890	\$6,511,981,259	9.4%	7.0%
Age 75 to 84	\$5,064,442,277	\$5,385,404,473	\$6,006,962,861	\$6,483,374,682	\$6,997,816,695	\$7,706,887,980	\$8,090,825,106	8.1%	8.7%
Age 85 and Over	\$5,663,410,012	\$5,771,480,936	\$6,170,224,725	\$6,664,694,452	\$6,951,624,725	\$7,471,204,439	\$7,917,974,344	5.7%	8.5%
Age Unknown	\$1,611,112,059	\$2,260,974,027	\$1,957,082,180	\$3,188,114,812	\$3,366,017,888	\$4,033,597,462	\$4,940,092,845	20.5%	5.3%
Total*	\$48,428,558,466	\$54,584,106,567	\$60,627,428,344	\$68,881,731,559	\$75,952,685,215	\$86,237,460,300	\$92,783,455,627	11.4%	100.0%
By Race									
White	\$26,513,055,644	\$29,944,532,785	\$33,504,740,464	\$36,677,278,080	\$39,740,327,855	\$44,920,223,093	\$47,855,600,007	10.3%	51.6%
Black	\$13,573,667,922	\$15,557,777,755	\$17,340,782,043	\$18,870,882,139	\$20,420,324,699	\$23,406,897,825	\$24,893,117,970	10.6%	26.8%
Hispanic, American Indian or Asian	\$3,934,769,662	\$4,555,703,285	\$5,007,164,901	\$6,408,580,065	\$7,409,206,239	\$8,367,342,582	\$10,128,688,266	17.1%	10.9%
Other / Unknown	\$4,407,065,237	\$4,526,092,742	\$4,774,740,936	\$6,924,991,275	\$8,382,826,422	\$9,542,996,800	\$9,906,049,384	14.5%	10.7%
Total*	\$48,428,558,466	\$54,584,106,567	\$60,627,428,344	\$68,881,731,559	\$75,952,685,215	\$86,237,460,300	\$92,783,455,627	11.4%	100.0%
By Sex									
Female	\$29,020,428,198	\$32,615,665,096	\$36,457,826,597	\$39,964,120,554	\$44,032,826,085	\$49,568,988,289	\$52,856,062,691	10.5%	57.0%
Male	\$18,054,993,464	\$20,513,530,376	\$22,942,800,029	\$25,718,118,136	\$28,536,922,552	\$32,658,751,140	\$34,963,984,916	11.6%	37.7%
Unknown	\$1,353,136,803	\$1,454,911,095	\$1,226,801,718	\$3,199,492,869	\$3,382,936,578	\$4,009,720,871	\$4,963,408,020	24.2%	5.3%
Total*	\$48,428,558,466	\$54,584,106,567	\$60,627,428,344	\$68,881,731,559	\$75,952,685,215	\$86,237,460,300	\$92,783,455,627	11.4%	100.0%

Source: MSIS data for FFY 99-05.

SOUTHERN LEGISLATIVE CONFERENCE

SOUTHERN REGION MEDICAID PROFILE

AVERAGE PAYMENT PER RECIPIENT BY OTHER CHARACTERISTICS

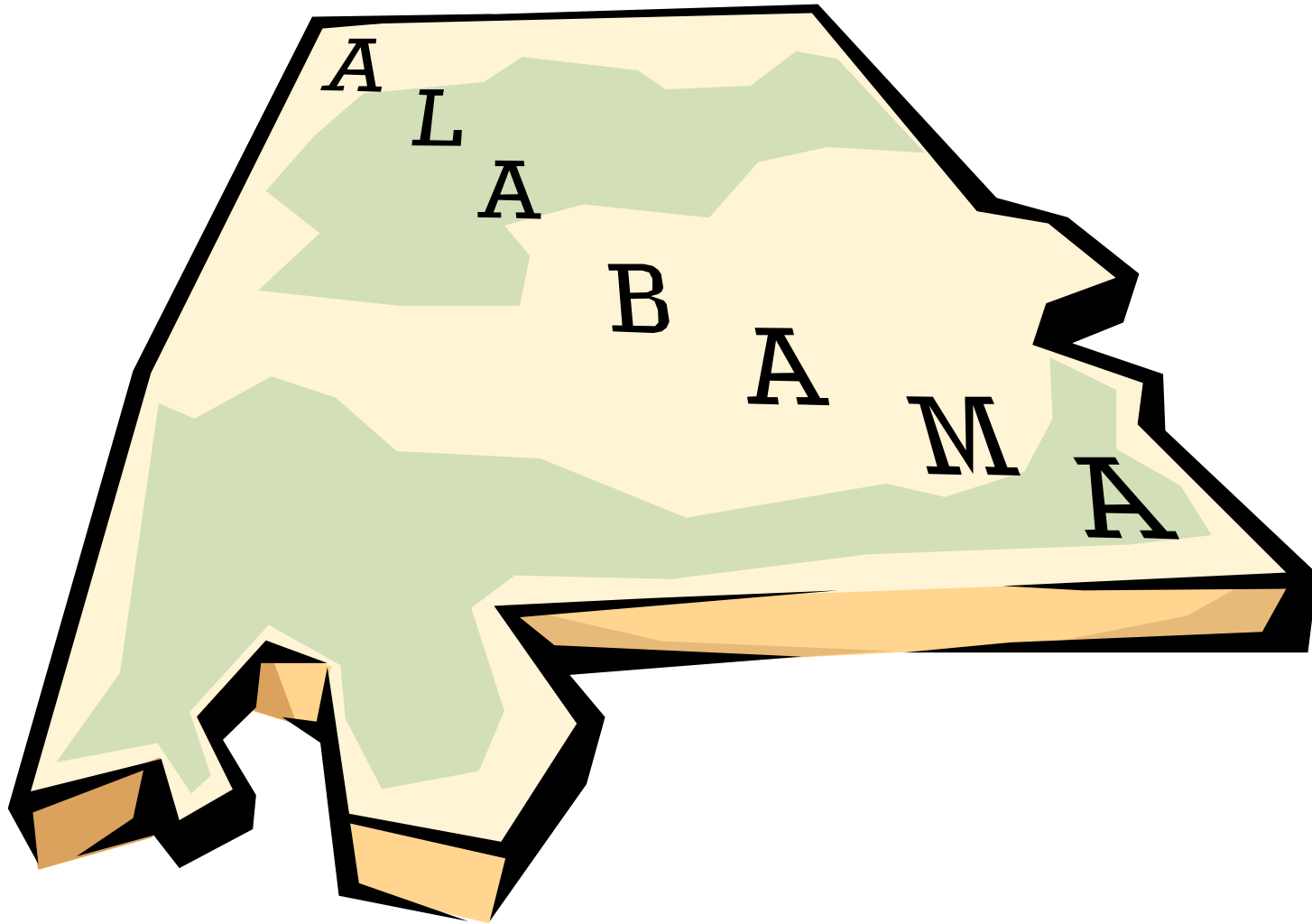
	FFY 99	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05	Annual Change
By Maintenance Assistance Status								
Receiving Cash Assistance or Eligible Under Section 1931	\$3,946.10	\$4,379.98	\$4,565.22	\$4,647.57	\$4,972.66	\$5,313.94	\$5,840.45	6.8%
Poverty Related Eligibles	\$1,617.27	\$1,653.35	\$1,833.57	\$1,898.99	\$1,909.23	\$2,032.60	\$2,102.86	4.5%
Medically Needy	\$5,386.82	\$5,905.68	\$6,528.08	\$6,583.76	\$6,346.69	\$6,253.25	\$7,879.45	6.5%
Other Eligibles	\$5,837.62	\$6,873.74	\$6,565.79	\$6,215.13	\$7,016.25	\$7,013.54	\$7,723.59	4.8%
Maintenance Assistance Status Unknown	\$1,336.06	\$1,885.04	\$2,166.34	\$2,580.02	\$2,572.97	\$2,997.83	\$3,405.58	16.9%
Total*	\$3,170.99	\$3,414.73	\$3,632.72	\$3,760.57	\$3,934.37	\$4,121.31	\$4,409.74	5.7%
 By Basis of Eligibility								
Aged, Blind, or Disable	\$7,953.43	\$8,603.05	\$9,231.37	\$9,283.90	\$10,611.37	\$10,939.99	\$11,969.21	7.0%
Children	\$1,064.93	\$1,140.36	\$1,234.32	\$1,302.75	\$1,368.44	\$1,456.79	\$1,542.22	6.4%
Foster Care Children	\$4,402.22	\$4,969.27	\$5,496.52	\$6,054.97	\$6,544.67	\$7,071.50	\$6,969.31	8.0%
Adults	\$1,883.90	\$2,112.95	\$2,251.35	\$2,201.92	\$2,496.13	\$2,609.79	\$2,879.77	7.3%
Basis of Eligibility Unknown	\$1,336.06	\$1,885.04	\$2,163.64	\$5,309.76	\$2,792.94	\$3,034.97	\$3,458.54	17.2%
Total*	\$3,170.99	\$3,414.73	\$3,632.72	\$3,760.57	\$3,934.37	\$4,121.31	\$4,409.74	5.7%
 By Age								
Under Age 1	\$2,534.24	\$2,702.54	\$2,990.66	\$3,231.71	\$3,365.12	\$3,574.06	\$3,686.98	6.4%
Age 1 to 5	\$1,330.67	\$1,404.51	\$1,476.97	\$1,606.47	\$1,691.09	\$1,779.45	\$1,859.20	5.7%
Age 6 to 14	\$1,211.26	\$1,302.03	\$1,417.17	\$1,481.17	\$1,575.22	\$1,666.32	\$1,770.42	6.5%
Age 15 to 20	\$2,200.11	\$2,314.33	\$2,426.78	\$2,448.28	\$2,515.46	\$2,642.97	\$2,785.91	4.0%
Age 21 to 44	\$3,861.40	\$4,212.83	\$4,332.30	\$4,371.30	\$4,636.79	\$4,844.37	\$5,212.53	5.1%
Age 45 to 64	\$6,775.65	\$7,625.89	\$8,153.72	\$8,785.51	\$9,579.75	\$9,754.77	\$11,160.87	8.7%
Age 65 to 74	\$5,445.51	\$5,920.31	\$6,243.66	\$6,801.07	\$7,305.08	\$7,564.09	\$8,415.87	7.5%
Age 75 to 84	\$8,270.45	\$8,765.62	\$9,630.75	\$10,314.68	\$10,771.31	\$11,345.92	\$12,177.15	6.7%
Age 85 and Over	\$12,795.08	\$13,241.14	\$14,633.69	\$15,799.78	\$16,450.08	\$17,467.88	\$18,753.15	6.6%
Age Unknown	\$1,336.44	\$1,885.14	\$2,166.38	\$2,766.66	\$2,746.93	\$2,997.39	\$3,415.64	16.9%
Total*	\$3,170.99	\$3,414.73	\$3,632.72	\$3,760.57	\$3,934.37	\$4,121.31	\$4,409.74	5.7%
 By Race								
White	\$3,812.44	\$4,114.19	\$4,382.45	\$4,649.46	\$4,851.09	\$5,022.24	\$5,470.89	6.2%
Black	\$2,521.06	\$2,759.37	\$2,948.30	\$3,146.01	\$3,316.68	\$3,563.31	\$3,800.32	7.1%
Hispanic, American Indian or Asian	\$1,931.85	\$2,091.43	\$2,234.18	\$2,518.63	\$2,556.77	\$2,633.21	\$2,902.03	7.0%
Other/Unknown	\$4,912.37	\$5,084.91	\$5,182.68	\$3,672.72	\$4,072.99	\$4,271.70	\$4,397.12	-1.8%
Total*	\$3,170.99	\$3,414.73	\$3,632.72	\$3,760.57	\$3,934.37	\$4,121.31	\$4,409.74	5.7%
 By Sex								
Female	\$3,262.24	\$3,419.63	\$3,656.97	\$3,915.50	\$4,117.60	\$4,287.51	\$4,582.08	5.8%
Male	\$2,940.02	\$3,283.58	\$3,521.31	\$3,688.47	\$3,868.60	\$4,069.54	\$4,350.48	6.7%
Unknown	\$5,747.95	\$7,282.24	\$6,000.17	\$2,812.40	\$2,740.19	\$2,996.08	\$3,380.06	-8.5%
Total*	\$3,170.99	\$3,414.73	\$3,632.72	\$3,760.57	\$3,934.37	\$4,121.31	\$4,409.74	5.7%

Source: MSIS data for FFY 99-05.

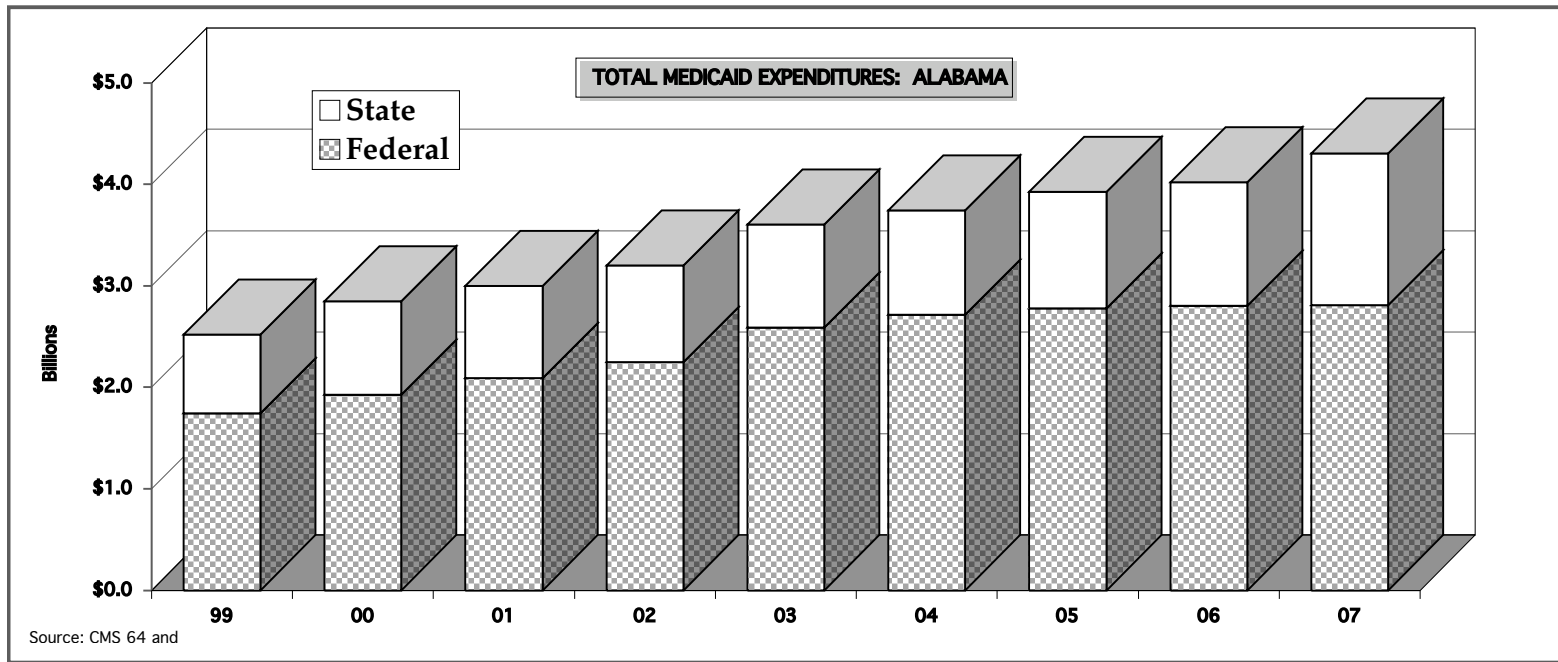
SOUTHERN LEGISLATIVE CONFERENCE

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 99	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05	FFY 06**	FFY 07**	Annual Rate of Change	Total Change 99-07
Medicaid Payments	\$2,438,540,244	\$2,773,701,447	\$2,886,401,740	\$3,097,899,240	\$3,477,983,432	\$3,636,777,895	\$3,837,473,614	\$3,912,132,000	\$4,201,413,000	7.0%	72.3%
Federal Share	\$1,691,536,003	\$1,884,058,352	\$2,024,861,694	\$2,188,351,619	\$2,508,354,966	\$2,650,074,779	\$2,725,400,547	\$2,735,976,000	\$2,748,656,000	6.3%	62.5%
State Share	\$747,004,241	\$889,643,095	\$861,540,046	\$909,547,621	\$969,628,466	\$986,703,116	\$1,112,073,067	\$1,176,156,000	\$1,452,757,000	8.7%	94.5%
Administrative Costs	\$79,962,881	\$74,090,808	\$112,293,202	\$101,262,707	\$127,998,912	\$105,702,103	\$87,376,814	\$110,288,000	\$104,864,000	3.4%	31.1%
Federal Share	\$51,456,609	\$42,231,761	\$64,813,395	\$58,063,419	\$78,210,631	\$61,917,937	\$50,434,909	\$65,045,000	\$58,175,000	1.5%	13.1%
State Share	\$28,506,272	\$31,859,047	\$47,479,807	\$43,199,288	\$49,788,281	\$43,784,166	\$36,941,905	\$45,243,000	\$46,689,000	6.4%	63.8%
Admin. Costs as % of Payments	3.28%	2.67%	3.89%	3.27%	3.68%	2.91%	2.28%	2.82%	2.50%		
Federal Match Rate*	69.27%	69.57%	69.99%	70.45%	70.60%	70.80%	70.83%	69.51%	68.85%		

*Rate shown is for Medicaid payments only. The FMAP (Federal Medical Assistance Percentage) is based on the relationship between each state's per capita personal income and that of the nation as a whole for the three most recent years. Federal share of state administrative costs is usually 50 percent or 75 percent, depending on function and whether or not medical personnel are used. **Federal Fiscal Years 06 and 07 reflect latest estimates reported by each state (CMS 37).

ALABAMA

SOUTHERN REGION MEDICAID PROFILE

STATE FINANCING

	Payments		Administration	
	FFY 99	FFY 05	FFY 99	FFY 05
State General Fund	\$376,415,906	\$231,726,175	\$28,506,272	\$36,941,905
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	\$842,746,381	\$0	\$0
Total State Share	\$747,004,241	\$1,112,073,067	\$28,506,272	\$36,941,905

Provider Taxes Currently in Place (FFY 05)		
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

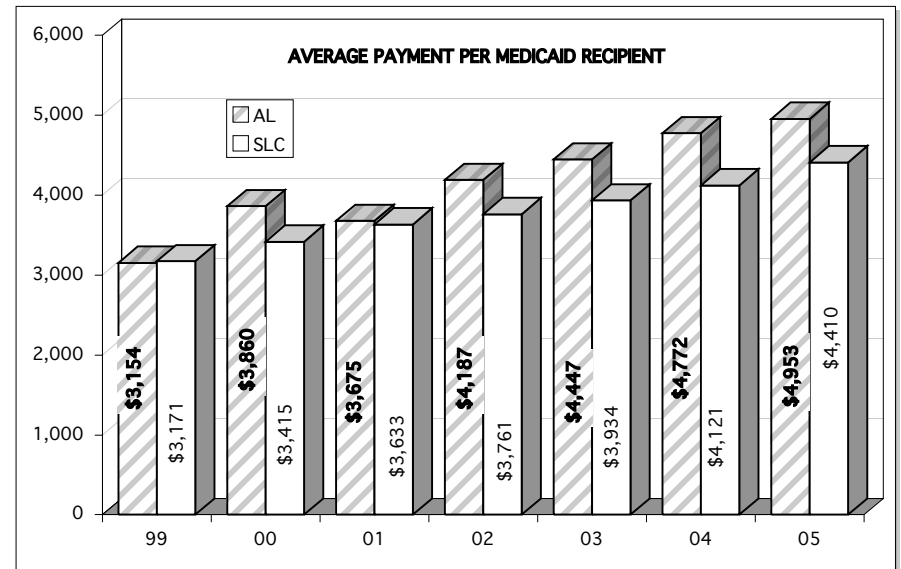
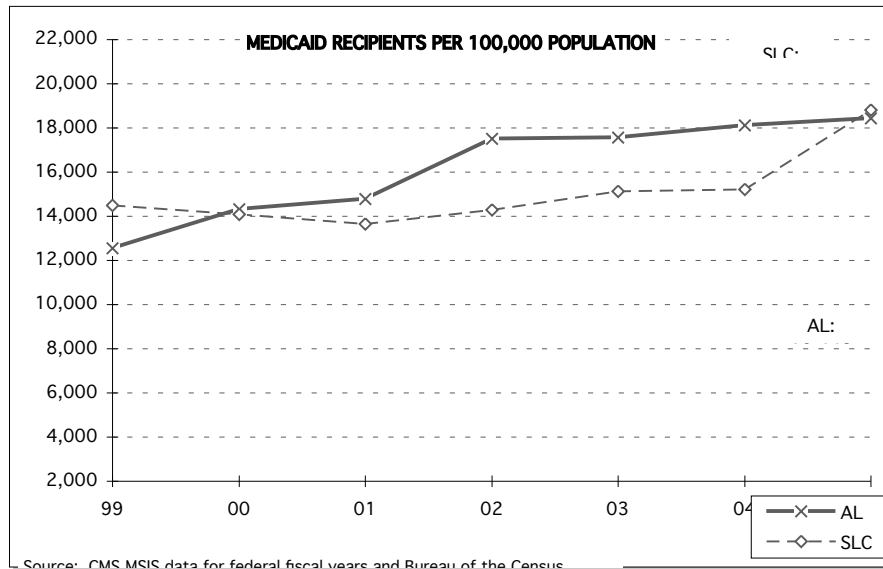
	FFY 99	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05	FFY 06**	FFY 07**	Annual Change
General Hospitals	\$384,333,879	\$353,173,872	\$363,436,268	\$370,514,816	\$350,366,735	\$405,765,866	\$405,621,719	\$428,988,000	\$420,683,000	2.5%
Mental Hospitals	\$3,301,620	\$3,301,620	\$3,301,620	\$3,301,620	\$3,301,620	\$3,301,620	\$3,301,620	\$3,683,000	\$0	-100.0%
Total	\$387,635,499	\$356,475,492	\$366,737,888	\$373,816,436	\$353,668,355	\$409,067,486	\$408,923,339	\$432,671,000	\$420,683,000	2.3%

SELECTED ELIGIBILITY CRITERIA				DEMOGRAPHIC DATA & POVERTY INDICATORS (2005)			
	At 10/1/05	% of FPL*					Rank in U.S.
TANF-Temporary Assistance for Needy Families (Family of 3)				State population—July 1, 2005*	4,548,327		23
Need Standard	N/A	N/A		Per capita personal income**	\$29,623		40
Payment Standard	\$215	16.0%		Median household income**	\$38,180		44
Maximum Payment	\$215	16.0%					
Medically Needy Program (Family of 2)				Population below Federal Poverty Level on July 1, 2003*	736,829		
Income Eligibility Standard	N/A			Percent of total state population	16.2%		5
Resource Standard	N/A						
Pregnant Women, Children and Infants (% of FPL*)				Population without health insurance coverage*	696,000		21
Pregnant women and children to 6		133.0%		Percent of total state population	15.3%		25
Children 6 to 14		100.0%		Recipients of Food Stamps***	546,684		16
Children 14 to 18		100.0%		Households receiving Food Stamps***	222,132		21
SSI Eligibility Levels				Total value of issuance***	\$593,698,537		18
Income:				Average monthly benefit per recipient	\$90.50		14
Single Person	\$643	80.6%		Average monthly benefit per household	\$222.73		
Couple	\$954	89.2%					
Resources:				Monthly recipients of Temporary Assistance to Needy Families (TANF)****	44,838		20
Single Person	\$2,000			Total TANF payments****	\$47,839,923		45
Couple	\$3,000			Average monthly payment per recipient	\$88.91		45
				Maximum monthly payment per family of 3	\$215.00		49

*Current federal poverty level is \$9,570 per year for a single person, \$12,830 for a family of two and \$16,090 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 99	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05	Annual Change
01. General Hospital	28,142	54,225	55,652	68,429	68,754	67,777	68,607	16.0%
02. Mental Hospital	1,510	1,604	1,786	567	496	313	263	-25.3%
03. Skilled and Intermediate (non-MR) Care Nursing	24,576	25,118	28,550	26,530	26,692	26,723	26,448	1.2%
04. Intermediate Care for Mentally Retarded	706	674	796	558	418	341	243	-16.3%
05. Physician Services	388,851	404,612	444,067	511,827	526,291	536,214	558,443	6.2%
06. Dental Services	76,694	72,287	82,592	116,462	138,858	155,541	167,899	14.0%
07. Other Practitioners	87,071	70,759	89,460	98,840	97,032	99,803	107,342	3.5%
08. Outpatient Hospital	184,497	218,623	245,726	264,266	276,616	285,241	291,596	7.9%
09. Clinic Services	167,043	167,483	154,812	273,701	268,759	281,862	295,073	9.9%
10. Lab and X-Ray	275,979	303,590	357,197	345,876	345,618	347,567	376,910	5.3%
11. Home Health	18,878	51,088	60,339	62,771	68,241	65,149	76,983	26.4%
12. Prescribed Drugs	405,338	438,529	496,797	500,790	527,855	543,088	545,201	5.1%
13. Family Planning	4,003	3,703	33,576	3,398	3,449	3,265	2,913	-5.2%
14. Early & Periodic Screening, Diagnosis & Treatment	0	0	162,914	0	0	0	0	-100.0%
15. Other Care	68,207	88,808	148,251	126,078	122,197	123,656	133,631	11.9%
16. Personal Care Support Services	56,898	37,473	0	50,298	53,440	53,502	43,943	-4.2%
17. Home/Community Based Waiver Services	0	0	0	0	0	0	0	n/a
18. Prepaid Health Care	0	0	8,461	489,447	517,964	530,504	597,730	189.9%
19. Primary Care Case Management (PCCM) Services	0	417,457	380,000	424,889	442,633	402,261	415,405	-0.1%
Total*	537,480	619,480	643,527	765,328	780,617	808,192	838,787	7.7%

*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

PAYMENTS BY TYPE OF SERVICES	FFY 99	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05	<i>Annual Change</i>	<i>Share of Total FFY 05</i>
01. General Hospital	\$195,552,348	\$148,854,036	\$334,616,062	\$182,897,571	\$201,752,940	\$203,383,116	\$176,338,839	-1.7%	4.2%
02. Mental Hospital	\$30,597,097	\$34,894,808	\$35,450,442	\$25,804,158	\$19,628,270	\$13,730,915	\$9,878,954	-17.2%	0.2%
03. Skilled and Intermediate (non-MR) Care Nursing	\$562,914,508	\$622,181,339	\$666,221,211	\$667,433,222	\$710,889,268	\$730,490,157	\$774,335,142	5.5%	18.6%
04. Intermediate Care for Mentally Retarded	\$59,189,494	\$62,973,298	\$61,589,438	\$60,382,174	\$54,858,987	\$36,883,285	\$27,431,503	-12.0%	0.7%
05. Physician Services	\$188,073,488	\$119,160,192	\$135,989,905	\$190,744,343	\$208,562,768	\$219,939,027	\$235,340,335	3.8%	5.7%
06. Dental Services	\$10,518,783	\$11,465,011	\$23,157,211	\$34,650,020	\$40,696,990	\$44,449,030	\$48,614,051	29.1%	1.2%
07. Other Practitioners	\$6,174,889	\$4,428,368	\$6,340,319	\$8,666,728	\$9,475,258	\$9,795,147	\$10,830,962	9.8%	0.3%
08. Outpatient Hospital	\$30,973,049	\$44,267,996	\$44,166,407	\$50,712,351	\$52,856,683	\$59,948,594	\$62,788,641	12.5%	1.5%
09. Clinic Services	\$98,211,281	\$128,114,224	\$78,498,228	\$215,009,548	\$247,622,034	\$255,995,624	\$267,748,316	18.2%	6.4%
10. Lab and X-Ray	\$24,684,849	\$34,819,967	\$37,294,304	\$39,484,863	\$43,762,928	\$45,412,289	\$57,300,821	15.1%	1.4%
11. Home Health	\$1,583,188	\$29,002,412	\$66,011,518	\$34,733,551	\$35,950,629	\$34,472,022	\$47,034,889	76.0%	1.1%
12. Prescribed Drugs	\$281,017,085	\$331,574,388	\$390,122,853	\$454,370,478	\$537,070,779	\$597,327,339	\$609,128,245	13.8%	14.7%
13. Family Planning	\$2,079,960	\$2,022,347	\$17,993,448	\$1,330,732	\$1,337,296	\$1,244,784	\$1,088,889	-10.2%	0.0%
14. Early & Periodic Screening, Diagnosis & Treatment	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a	0.0%
15. Other Care	\$55,223,818	\$748,496,244	\$189,923,782	\$550,403,857	\$548,467,488	\$810,360,251	\$924,375,329	59.9%	22.3%
16. Personal Care Support Services	\$148,238,658	\$58,741,458	\$165,456,106	\$86,371,460	\$107,303,975	\$107,727,252	\$107,426,471	-5.2%	2.6%
17. Home/Community Based Waiver Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a	0.0%
18. Prepaid Health Care	\$0	\$0	\$101,047,469	\$579,709,608	\$628,510,702	\$675,667,038	\$779,890,500	66.7%	18.8%
19. Primary Care Case Management (PCCM) Services	\$0	\$10,198,809	\$11,227,248	\$21,358,938	\$22,572,729	\$9,798,559	\$14,651,858	7.5%	0.4%
Total (excludes DSH pymts, pharmacy rebates, & other adjs.)	\$1,695,032,495	\$2,391,194,897	\$2,365,105,951	\$3,204,063,602	\$3,471,319,724	\$3,856,624,429	\$4,154,203,745	16.1%	100.0%

AVERAGE PAYMENTS PER RECIPIENT BY TYPE OF SERVICES

								(+) or (-) SLC Avg. FFY 05	
01. General Hospital	\$6,948.77	\$2,745.12	\$6,012.65	\$2,672.81	\$2,934.42	\$3,000.77	\$2,570.27	-15.3%	-51.0%
02. Mental Hospital	\$20,262.98	\$21,754.87	\$19,847.34	\$45,509.98	\$39,573.13	\$43,868.74	\$37,562.56	10.8%	102.8%
03. Skilled and Intermediate (non-MR) Care Nursing	\$22,905.05	\$24,770.34	\$23,335.24	\$25,157.68	\$26,633.05	\$27,335.63	\$29,277.64	4.2%	17.0%
04. Intermediate Care for Mentally Retarded	\$83,837.81	\$93,432.19	\$77,356.27	\$108,211.78	\$131,241.60	\$108,162.13	\$112,886.84	5.1%	31.8%
05. Physician Services	\$483.66	\$294.50	\$306.24	\$372.67	\$396.29	\$410.17	\$421.42	-2.3%	-29.7%
06. Dental Services	\$137.15	\$158.60	\$280.38	\$297.52	\$293.08	\$285.77	\$289.54	13.3%	-20.6%
07. Other Practitioners	\$70.92	\$62.58	\$70.87	\$87.68	\$97.65	\$98.14	\$100.90	6.1%	-63.5%
08. Outpatient Hospital	\$167.88	\$202.49	\$179.74	\$191.90	\$191.08	\$210.17	\$215.33	4.2%	-64.0%
09. Clinic Services	\$587.94	\$764.94	\$507.06	\$785.56	\$921.35	\$908.23	\$907.40	7.5%	30.9%
10. Lab and X-Ray	\$89.44	\$114.69	\$104.41	\$114.16	\$126.62	\$130.66	\$152.03	9.2%	-29.6%
11. Home Health	\$83.86	\$567.70	\$1,094.01	\$553.34	\$526.82	\$529.13	\$610.98	39.2%	-82.9%
12. Prescribed Drugs	\$693.29	\$756.11	\$785.28	\$907.31	\$1,017.46	\$1,099.87	\$1,117.25	8.3%	-25.1%
13. Family Planning	\$519.60	\$546.14	\$535.90	\$391.62	\$387.73	\$381.25	\$373.80	-5.3%	-73.4%
14. Early & Periodic Screening, Diagnosis & Treatment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	n/a	n/a
15. Other Care	\$809.65	\$8,428.25	\$1,281.10	\$4,365.58	\$4,488.39	\$6,553.34	\$6,917.37	43.0%	268.5%
16. Personal Care Support Services	\$2,605.34	\$1,567.57	\$0.00	\$1,717.19	\$2,007.93	\$2,013.52	\$2,444.68	-1.1%	66.1%
17. Home/Community Based Waiver Services	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	n/a	n/a
18. Prepaid Health Care	\$0.00	\$0.00	\$11,942.95	\$1,184.42	\$1,213.43	\$1,273.63	\$1,304.75	-42.5%	18.9%
19. Primary Care Case Management (PCCM) Services	\$0.00	\$24.43	\$29.55	\$50.27	\$51.00	\$24.36	\$35.27	7.6%	29.1%
Total (Average)	\$3,153.67	\$3,860.00	\$3,675.22	\$4,186.52	\$4,446.89	\$4,771.92	\$4,952.63	7.8%	12.3%

TOTAL PER CAPITA EXPENDITURES	\$587.45	\$658.89	\$689.04	\$732.10	\$810.86	\$838.30	\$862.92	6.6%	-6.5%
--------------------------------------	-----------------	-----------------	-----------------	-----------------	-----------------	-----------------	-----------------	-------------	--------------

Source: MSIS data for FFY 99-05.

SOUTHERN REGION MEDICAID PROFILE
DATA BY OTHER CHARACTERISTICS

RECIPIENTS BY OTHER CHARACTERISTICS

	<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>FFY 05</u>	<i>Annual Change</i>	<i>Share of Total FFY 05</i>
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	233,064	264,650	207,260	274,859	271,399	264,324	259,393	1.8%	30.9%
Poverty Related Eligibles	250,243	293,953	305,995	350,113	379,603	406,198	430,979	9.5%	51.4%
Medically Needy	0	0	0	0	0	0	0	n/a	0.0%
Other Eligibles	33,759	42,669	130,096	107,442	107,339	112,313	120,200	23.6%	14.3%
Maintenance Assistance Status Unknown	20,414	18,208	175	32,914	22,276	25,357	28,215	5.5%	3.4%
Total*	537,480	619,480	643,527	765,328	780,617	808,192	838,787	7.7%	100.0%
By Basis of Eligibility									
Aged, Blind, or Disabled	204,191	223,391	249,131	233,211	236,981	244,143	249,807	3.4%	29.8%
Children	266,400	327,328	311,334	395,071	414,916	423,922	436,829	8.6%	52.1%
Foster Care Children	4,464	4,907	5,539	6,033	6,630	7,149	7,649	9.4%	0.9%
Adults	42,011	45,646	74,194	98,099	99,551	107,621	115,918	18.4%	13.8%
Basis of Eligibility Unknown	20,414	18,208	3,330	32,914	22,539	25,357	28,584	5.8%	3.4%
Total*	537,480	619,480	643,527	765,328	780,617	808,192	838,787	7.7%	100.0%
By Age									
Under Age 1	28,339	29,543	33,127	30,004	29,739	30,160	30,774	1.4%	3.7%
Age 1 to 5	108,191	125,191	133,269	146,445	151,364	152,119	154,664	6.1%	18.4%
Age 6 to 14	113,778	148,493	141,225	177,466	187,773	191,389	196,199	9.5%	23.4%
Age 15 to 20	49,311	63,554	64,755	84,025	90,309	95,741	100,592	12.6%	12.0%
Age 21 to 44	84,243	94,033	107,748	147,684	149,496	157,167	166,785	12.1%	19.9%
Age 45 to 64	50,836	57,128	64,131	64,979	67,585	72,144	76,586	7.1%	9.1%
Age 65 to 74	30,524	31,389	36,547	31,148	31,372	32,722	33,724	1.7%	4.0%
Age 75 to 84	28,539	28,897	34,301	28,788	29,293	30,269	30,253	1.0%	3.6%
Age 85 and Over	23,310	23,044	28,333	21,876	21,410	21,124	20,995	-1.7%	2.5%
Age Unknown	20,409	18,208	91	32,913	22,276	25,357	28,215	5.5%	3.4%
Total*	537,480	619,480	643,527	765,328	780,617	808,192	838,787	7.7%	100.0%
By Race									
White	242,768	276,241	295,379	323,018	338,022	352,748	364,289	7.0%	43.4%
Black	265,989	310,453	315,513	368,350	376,403	382,455	391,739	6.7%	46.7%
Hispanic, American Indian or Asian	7,311	23,554	24,056	17,650	23,449	27,419	31,021	27.2%	3.7%
Other/Unknown	21,412	9,232	8,579	56,310	42,743	45,570	51,738	15.8%	6.2%
Total*	537,480	619,480	643,527	765,328	780,617	808,192	838,787	7.7%	100.0%
By Sex									
Female	329,021	376,105	396,843	448,541	461,312	477,981	495,578	7.1%	59.1%
Male	200,702	235,900	238,105	278,237	290,639	299,057	309,636	7.5%	36.9%
Unknown	7,757	7,475	8,579	38,550	28,666	31,154	33,573	27.7%	4.0%
Total*	537,480	619,480	643,527	765,328	780,617	808,192	838,787	7.7%	100.0%

Source: MSIS data for FFY 99-05.

SOUTHERN REGION MEDICAID PROFILE

PAYMENTS BY OTHER CHARACTERISTICS

								Annual Change	Share of Total FFY 05
By Maintenance Assistance Status	FFY 99	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05		
Receiving Cash Assistance or Eligible Under Section 1931	\$681,925,864	\$800,200,089	\$913,449,432	\$1,109,754,742	\$1,196,751,593	\$1,252,610,376	\$1,302,120,865	11.4%	31.3%
Poverty Related Eligibles	\$210,477,529	\$234,579,059	\$402,859,805	\$473,180,870	\$552,493,261	\$593,091,180	\$657,964,464	20.9%	15.8%
Medically Needy	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a	0.0%
Other Eligibles	\$647,149,288	\$752,471,213	\$1,007,304,680	\$937,985,730	\$1,034,707,799	\$1,067,146,626	\$1,125,540,828	9.7%	27.1%
Maintenance Assistance Status Unknown	\$155,479,814	\$603,944,536	\$41,492,034	\$683,142,260	\$687,367,071	\$943,776,247	\$1,068,577,588	37.9%	25.7%
Total*	\$1,695,032,495	\$2,391,194,897	\$2,365,105,951	\$3,204,063,602	\$3,471,319,724	\$3,856,624,429	\$4,154,203,745	16.1%	100.0%
By Basis of Eligibility									
Aged, Blind or Disabled	\$1,262,935,963	\$1,435,119,810	\$1,823,104,915	\$1,762,787,071	\$1,934,996,456	\$2,019,764,188	\$2,124,907,595	9.1%	51.2%
Children	\$176,260,723	\$223,369,745	\$260,456,830	\$539,771,384	\$609,105,175	\$630,347,038	\$680,154,703	25.2%	16.4%
Foster Care Children	\$25,414,538	\$38,472,637	\$45,816,824	\$78,065,858	\$89,351,325	\$90,198,685	\$88,935,786	23.2%	2.1%
Adults	\$74,941,457	\$90,288,169	\$189,873,245	\$140,297,029	\$148,033,794	\$172,538,271	\$187,369,386	16.5%	4.5%
Basis of Eligibility Unknown	\$155,479,814	\$603,944,536	\$45,854,137	\$683,142,260	\$689,832,974	\$943,776,247	\$1,072,836,275	38.0%	25.8%
Total*	\$1,695,032,495	\$2,391,194,897	\$2,365,105,951	\$3,204,063,602	\$3,471,319,724	\$3,856,624,429	\$4,154,203,745	16.1%	100.0%
By Age									
Under Age 1	\$25,820,529	\$35,202,698	\$46,950,436	\$55,911,691	\$57,256,270	\$57,899,470	\$55,663,140	13.7%	1.3%
Age 1 to 5	\$72,348,606	\$91,556,637	\$119,608,058	\$225,403,923	\$248,343,089	\$251,530,982	\$264,315,065	24.1%	6.4%
Age 6 to 14	\$97,475,250	\$128,556,471	\$179,079,820	\$307,256,233	\$349,204,394	\$359,604,854	\$382,720,006	25.6%	9.2%
Age 15 to 20	\$84,727,883	\$105,362,045	\$141,251,156	\$196,167,054	\$230,057,353	\$246,053,200	\$265,260,708	21.0%	6.4%
Age 21 to 44	\$266,968,030	\$310,309,789	\$419,311,505	\$424,945,169	\$462,331,834	\$490,756,497	\$526,837,753	12.0%	12.7%
Age 45 to 64	\$246,120,628	\$300,175,187	\$373,617,468	\$422,966,242	\$487,529,915	\$533,438,482	\$573,486,884	15.1%	13.8%
Age 65 to 74	\$152,031,729	\$171,973,879	\$213,088,744	\$201,910,709	\$222,770,364	\$234,440,575	\$250,756,945	8.7%	6.0%
Age 75 to 84	\$250,228,761	\$279,197,320	\$357,021,249	\$308,300,001	\$335,938,153	\$347,726,821	\$357,985,806	6.2%	8.6%
Age 85 and Over	\$343,838,714	\$364,916,335	\$473,826,452	\$378,062,137	\$390,521,281	\$391,397,301	\$408,599,850	2.9%	9.8%
Age Unknown	\$155,472,365	\$603,944,536	\$41,351,063	\$683,140,443	\$687,367,071	\$943,776,247	\$1,068,577,588	37.9%	25.7%
Total*	\$1,695,032,495	\$2,391,194,897	\$2,365,105,951	\$3,204,063,602	\$3,471,319,724	\$3,856,624,429	\$4,154,203,745	16.1%	100.0%
By Race									
White	\$872,856,323	\$1,255,734,290	\$1,372,062,575	\$1,823,366,519	\$1,548,347,097	\$1,624,537,913	\$1,714,530,536	11.9%	41.3%
Black	\$464,984,574	\$684,762,003	\$818,115,856	\$1,072,412,710	\$1,089,129,166	\$1,135,092,056	\$1,198,176,224	17.1%	28.8%
Hispanic, American Indian or Asian	\$9,150,399	\$23,738,219	\$104,669,801	\$116,545,062	\$41,540,134	\$47,579,754	\$59,189,918	36.5%	1.4%
Other/Unknown	\$348,041,199	\$426,960,385	\$70,257,719	\$191,739,311	\$792,303,327	\$1,049,414,706	\$1,182,307,067	22.6%	28.5%
Total*	\$1,695,032,495	\$2,391,194,897	\$2,365,105,951	\$3,204,063,602	\$3,471,319,724	\$3,856,624,429	\$4,154,203,745	16.1%	100.0%
By Sex									
Female	\$952,779,668	\$1,387,231,537	\$1,575,701,343	\$1,630,176,531	\$1,783,721,953	\$1,867,933,152	\$1,970,268,935	12.9%	47.4%
Male	\$452,000,994	\$649,581,968	\$718,582,751	\$882,544,828	\$989,511,107	\$1,034,701,138	\$1,107,551,291	16.1%	26.7%
Unknown	\$290,251,834	\$354,381,391	\$70,821,857	\$691,342,243	\$698,086,664	\$953,990,139	\$1,076,383,519	24.4%	25.9%
Total*	\$1,695,032,495	\$2,391,194,897	\$2,365,105,951	\$3,204,063,602	\$3,471,319,724	\$3,856,624,429	\$4,154,203,745	16.1%	100.0%

Source: MSIS data for FFY 99-05.

SOUTHERN REGION MEDICAID PROFILE

AVERAGE PAYMENT PER RECIPIENT BY OTHER CHARACTERISTICS

								Above (+) or Annual Change	Below (-) SLC Avg. FFY 05
By Maintenance Assistance Status	FFY 99	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05		
Receiving Cash Assistance or Eligible Under Section 1931	\$2,925.92	\$3,023.62	\$4,407.26	\$4,037.54	\$4,409.57	\$4,738.92	\$5,019.88	9.4%	-14.0%
Poverty Related Eligibles	\$841.09	\$798.02	\$1,316.56	\$1,351.51	\$1,455.45	\$1,460.10	\$1,526.67	10.4%	-27.4%
Medically Needy	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	n/a	-100.0%
Other Eligibles	\$19,169.68	\$17,635.08	\$7,742.75	\$8,730.16	\$9,639.63	\$9,501.54	\$9,363.90	-11.3%	21.2%
Maintenance Assistance Status Unknown	\$7,616.33	\$33,169.19	\$236,601.83	\$20,755.37	\$30,856.84	\$37,219.55	\$37,872.68	30.6%	1012.1%
Total*	\$3,153.67	\$3,860.00	\$3,675.22	\$4,186.52	\$4,446.89	\$4,771.92	\$4,952.63	7.8%	12.3%
 By Basis of Eligibility									
Aged, Blind or Disabled	\$6,185.07	\$6,424.25	\$7,317.85	\$7,558.76	\$8,165.20	\$8,272.87	\$8,506.20	5.5%	-28.9%
Children	\$661.64	\$682.40	\$836.58	\$1,366.26	\$1,468.02	\$1,486.94	\$1,557.03	15.3%	1.0%
Foster Care Children	\$5,693.22	\$7,840.36	\$8,271.93	\$12,939.81	\$13,476.82	\$12,616.97	\$11,627.11	12.6%	66.8%
Adults	\$1,783.85	\$1,978.01	\$2,559.15	\$1,430.16	\$1,487.01	\$1,603.20	\$1,616.40	-1.6%	-43.9%
Basis of Eligibility Unknown	\$7,616.33	\$33,169.19	\$13,770.83	\$20,755.37	\$30,606.19	\$37,219.55	\$37,532.76	30.5%	985.2%
Total*	\$3,153.67	\$3,860.00	\$3,675.22	\$4,186.52	\$4,446.89	\$4,771.92	\$4,952.63	7.8%	12.3%
 By Age									
Under Age 1	\$911.13	\$1,191.57	\$1,417.28	\$1,863.47	\$1,925.29	\$1,919.74	\$1,808.77	12.1%	-50.9%
Age 1 to 5	\$668.71	\$731.34	\$897.49	\$1,539.17	\$1,640.70	\$1,653.51	\$1,708.96	16.9%	-8.1%
Age 6 to 14	\$856.71	\$865.74	\$1,268.05	\$1,731.35	\$1,859.72	\$1,878.92	\$1,950.67	14.7%	10.2%
Age 15 to 20	\$1,718.23	\$1,657.83	\$2,181.32	\$2,334.63	\$2,547.45	\$2,569.99	\$2,637.00	7.4%	-5.3%
Age 21 to 44	\$3,169.02	\$3,300.01	\$3,891.58	\$2,877.39	\$3,092.60	\$3,122.52	\$3,158.78	-0.1%	-39.4%
Age 45 to 64	\$4,841.46	\$5,254.43	\$5,825.86	\$6,509.28	\$7,213.58	\$7,394.08	\$7,488.14	7.5%	-32.9%
Age 65 to 74	\$4,980.73	\$5,478.79	\$5,830.48	\$6,482.30	\$7,100.93	\$7,164.62	\$7,435.56	6.9%	-11.6%
Age 75 to 84	\$8,767.96	\$9,661.81	\$10,408.44	\$10,709.32	\$11,468.21	\$11,487.89	\$11,833.07	5.1%	-2.8%
Age 85 and Over	\$14,750.70	\$15,835.63	\$16,723.41	\$17,282.05	\$18,240.13	\$18,528.56	\$19,461.77	4.7%	3.8%
Age Unknown	\$7,617.83	\$33,169.19	\$456,159.80	\$20,755.95	\$30,856.84	\$37,219.55	\$37,872.68	30.6%	1008.8%
Total*	\$3,153.67	\$3,860.00	\$3,675.22	\$4,186.52	\$4,446.89	\$4,771.92	\$4,952.63	7.8%	12.3%
 By Race									
White	\$3,595.43	\$4,545.79	\$4,645.09	\$5,644.78	\$4,580.61	\$4,605.38	\$4,706.51	4.6%	-14.0%
Black	\$1,748.13	\$2,205.69	\$2,592.97	\$2,911.40	\$2,893.52	\$2,967.91	\$3,058.61	9.8%	-19.5%
Hispanic, American Indian or Asian	\$1,251.59	\$1,007.82	\$4,351.07	\$6,603.12	\$1,771.51	\$1,735.28	\$1,908.06	7.3%	-34.3%
Other/Unknown	\$16,254.49	\$46,247.88	\$8,189.50	\$3,405.07	\$18,536.45	\$23,028.63	\$22,851.81	5.8%	419.7%
Total*	\$3,153.67	\$3,860.00	\$3,675.22	\$4,186.52	\$4,446.89	\$4,771.92	\$4,952.63	7.8%	12.3%
 By Sex									
Female	\$2,895.80	\$3,688.42	\$3,970.59	\$3,634.40	\$3,866.63	\$3,907.97	\$3,975.70	5.4%	-13.2%
Male	\$2,252.10	\$2,753.63	\$3,017.92	\$3,171.92	\$3,404.61	\$3,459.88	\$3,576.95	8.0%	-17.8%
Unknown	\$37,418.05	\$47,408.88	\$8,255.26	\$17,933.65	\$24,352.43	\$30,621.75	\$32,060.99	-2.5%	848.5%
Total*	\$3,153.67	\$3,860.00	\$3,675.22	\$4,186.52	\$4,446.89	\$4,771.92	\$4,952.63	7.8%	12.3%

Source: MSIS data for FFY 99-05.

SOUTHERN REGION MEDICAID PROFILE

ADDITIONAL STATE HEALTH CARE INFORMATION

Sources: "Issue Briefs", Health Policy Tracking Service, January 2006; "Medicaid Services State by State", CMS, October 2005; "State Health Facts", The Henry Kaiser Foundation, January 2006; state annual report for FY 05; and state Medicaid Website.

Waivers

A Freedom of Choice Waiver, approved under Title XIX, Section 1915 (b) of the Social Security Act, operating since 10/1/88, 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 5,600 people as of 2005, operating since 10/1/80.
- Aged and Disabled: Serves 7,816 people as of FY 2005, operating since 10/1/84.
- Independent Living Program (Homebound/SAIL): Serves 554 people as of FY 05, operating since 4/1/92.
- Living at Home Waiver (LAH): Serves 96 people, operating since 1/1/03.

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 7/1/04.

Medicaid

- 15 optional services are offered.

SOUTHERN REGION MEDICAID PROFILE

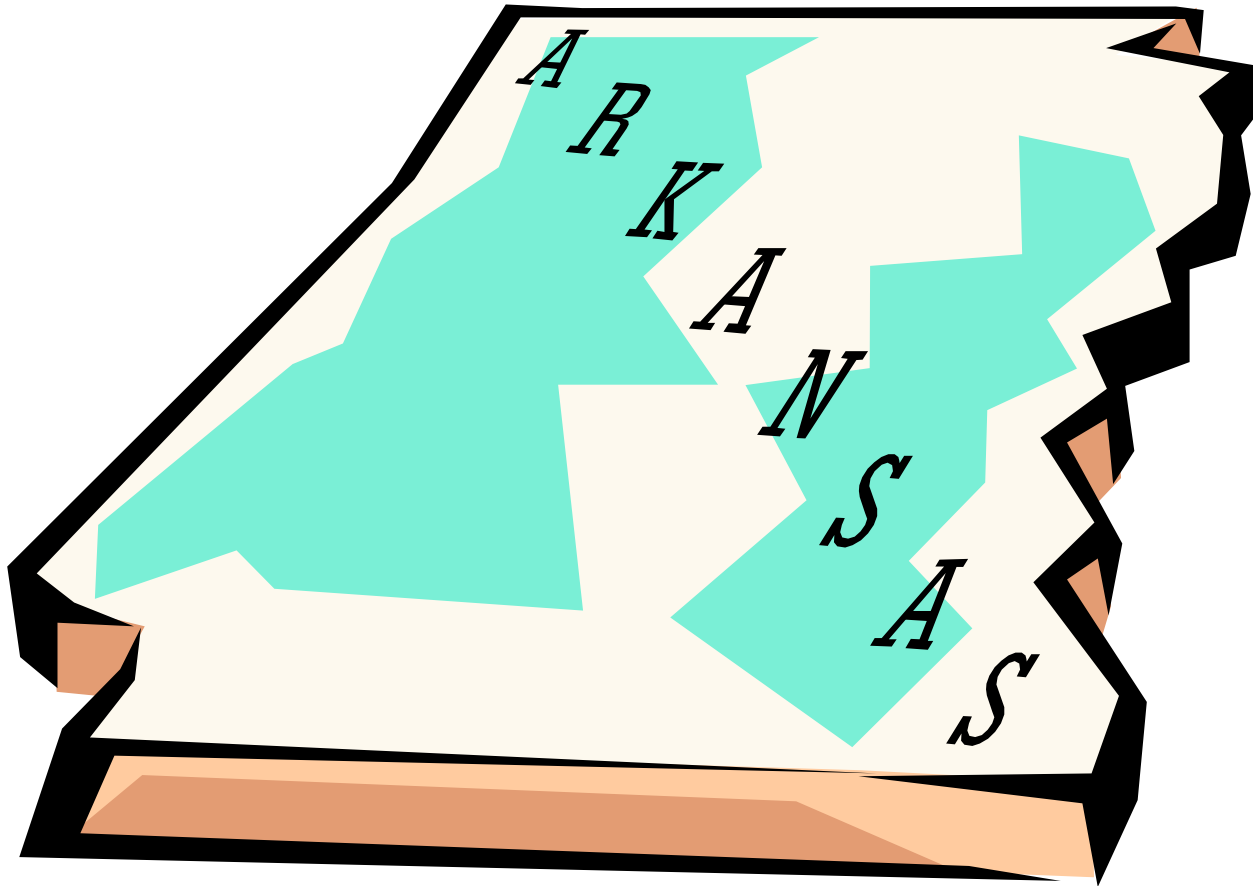
Medicaid (Continued)

- 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 visits 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%.

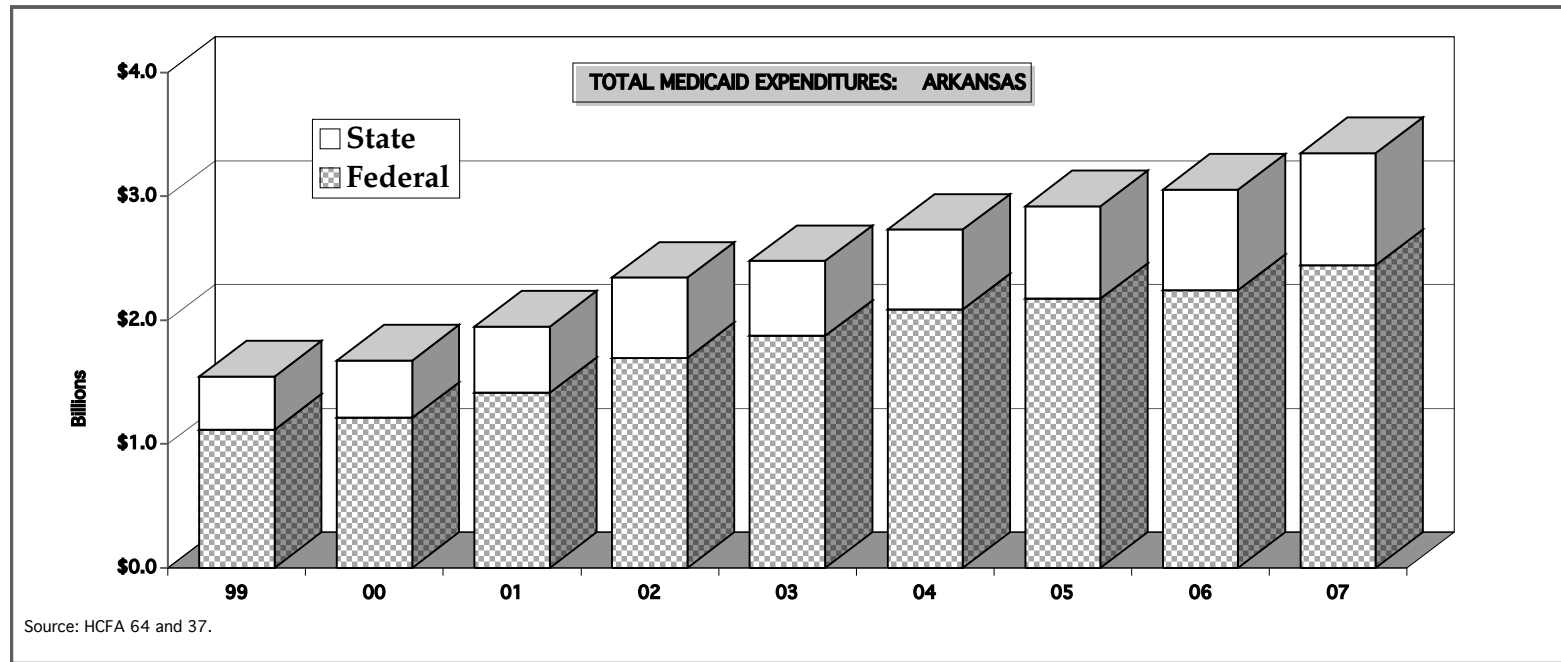
Children's Health Insurance Program: A Combination of Private Insurance and a Medicaid Expansion

- CHIP in Alabama is administered by the Alabama Department of Public Health. Phase I, approved by HCFA on 1/30/98, is an expansion of Medicaid to cover children/adolescents through age 18 in families with incomes up to 100% of the FPL. The state enrolled 20,000 new eligibles by September 2000.
- Phase II (AL-Kids), approved by HCFA on 8/18/98, 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 9/28/99, 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 10/30/03 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.

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 99	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05	FFY 06**	FFY 07**	Annual Rate of Change	Total Change 99-07
Medicaid Payments	\$1,460,724,048	\$1,581,361,881	\$1,854,913,659	\$2,239,645,980	\$2,366,496,902	\$2,616,597,268	\$2,809,920,508	\$2,925,909,000	\$3,196,414,000	10.3%	118.8%
Federal Share	\$1,066,890,276	\$1,156,198,568	\$1,356,367,805	\$1,631,630,198	\$1,799,239,993	\$2,017,735,788	\$2,103,823,129	\$2,163,729,000	\$2,351,823,000	10.4%	120.4%
State Share	\$393,833,772	\$425,163,313	\$498,545,854	\$608,015,782	\$567,256,909	\$598,861,480	\$706,097,379	\$762,180,000	\$844,591,000	10.0%	114.5%
Administrative Costs	\$84,855,266	\$94,524,637	\$95,198,228	\$103,472,005	\$111,158,811	\$113,974,604	\$110,188,017	\$127,425,000	\$151,503,000	7.5%	78.5%
Federal Share	\$49,839,110	\$56,421,645	\$56,886,002	\$63,699,995	\$73,460,178	\$70,832,049	\$68,826,896	\$79,274,000	\$92,648,000	8.1%	85.9%
State Share	\$35,016,156	\$38,102,992	\$38,312,226	\$39,772,010	\$37,698,633	\$43,142,555	\$41,361,121	\$48,151,000	\$58,855,000	6.7%	68.1%
Admin. Costs as % of Payments	5.81%	5.98%	5.13%	4.62%	4.70%	4.36%	3.92%	4.36%	4.74%		
Federal Match Rate*	72.84%	72.85%	73.02%	72.64%	74.28%	74.67%	74.75%	73.77%	73.37%		

*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 06 and 07 reflect latest estimates reported by each state (CMS 37).

SOUTHERN REGION MEDICAID PROFILE

STATE FINANCING	Payments		Administration	
	FFY 99	FFY 05	FFY 99	FFY 05
State General Fund	\$393,833,772	\$561,284,586	\$35,016,156	\$41,361,121
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	\$393,833,772	\$706,097,379	\$35,016,156	\$41,361,121

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

Provider Taxes Currently in Place (FFY 05)	
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

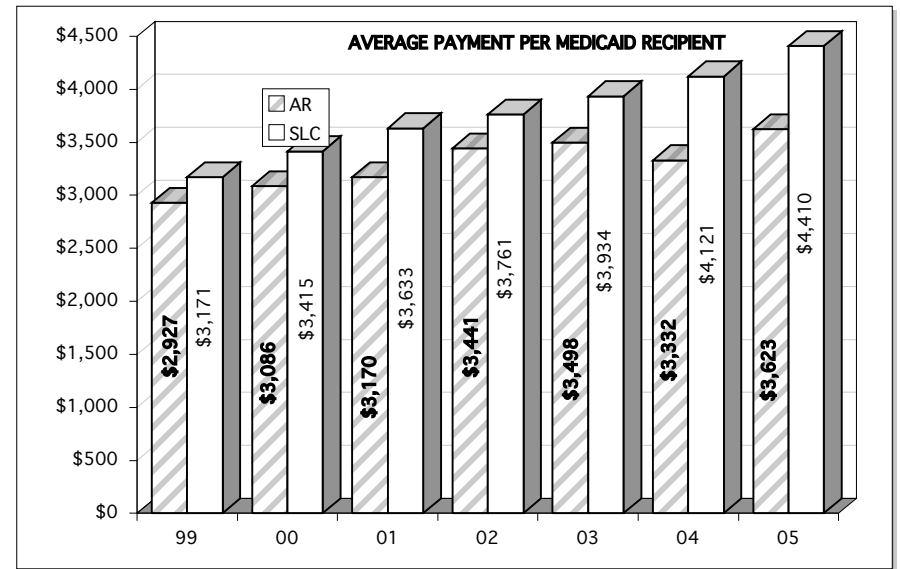
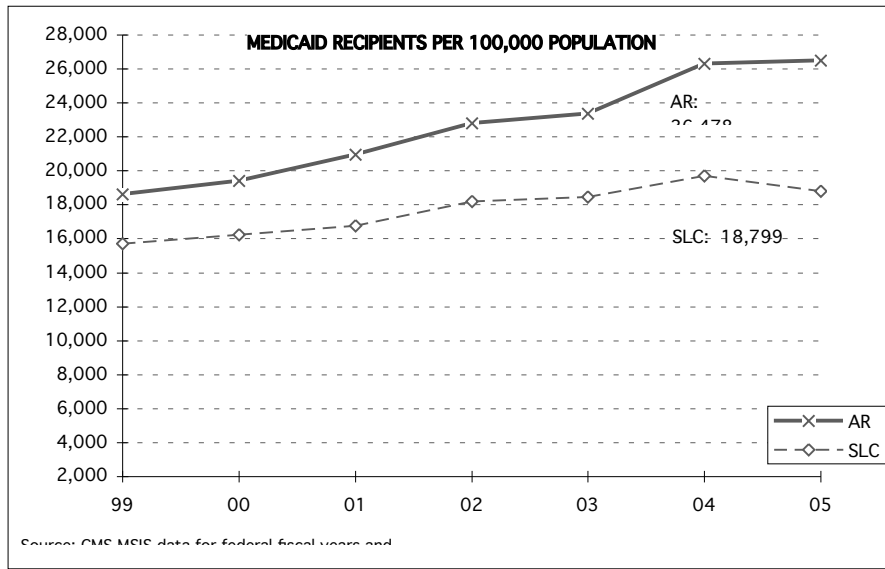
	FFY 99	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05	FFY 06**	FFY 07**	Annual Change
General Hospitals	\$2,992,782	\$2,256,113	\$21,865,252	\$14,529,026	\$30,948,639	\$24,135,625	\$36,687,967	\$37,488,000	\$40,066,000	10.6%
Mental Hospitals	\$259,500	\$489,254	\$862,932	\$0	\$638,035	\$800,733	\$819,350	\$819,000	\$820,000	-0.8%
Total	\$3,252,282	\$2,745,367	\$22,728,184	\$14,529,026	\$31,586,674	\$24,936,358	\$37,507,317	\$38,307,000	\$40,886,000	10.3%

SELECTED ELIGIBILITY CRITERIA				DEMOGRAPHIC DATA & POVERTY INDICATORS (2005)			
	At 10/1/05	% of FPL*					Rank in U.S.
TANF-Temporary Assistance for Needy Families (Family of 3)				State population—July 1, 2005*	2,775,708		32
Income Eligibility Standard	\$223	16.6%		Per capita personal income**	\$26,641		47
Payment Standard	\$204	15.2%		Median household income**	\$35,591		48
Maximum Payment	\$204	15.2%					
Medically Needy Program (Family of 3)				Population below Federal Poverty Level on July 1, 2003*	433,010		
Income Eligibility Standard	\$275			Percent of total state population	15.6%		6
Resource Standard	\$3,100						
Pregnant Women, Children and Infants (% of FPL*)				Population without health insurance coverage*	494,000		29
Pregnant women and infants		133.0%		Percent of total state population	17.8%		12
Children 1 to 5		133.0%					
Children 6 to 18		100.0%		Recipients of Food Stamps***	384,889		26
SSI Eligibility Levels				Households receiving Food Stamps***	152,909		26
Income:				Total value of issuance***	\$414,384,306		26
Single Person	\$564	70.7%		Average monthly benefit per recipient	\$89.72		26
Couple	\$846	79.1%		Average monthly benefit per household	\$225.83		
Resources:				Monthly recipients of Temporary Assistance to Needy Families (TANF)****	17,847		38
Single Person	\$2,000			Total TANF payments****	\$13,217,449		38
Couple	\$3,000			Average monthly payment per recipient	\$61.72		38
				Maximum monthly payment per family of 3	\$204.00		44

*Current federal poverty level is \$9,570 per year for a single person, \$12,830 for a family of two and \$16,090 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 99	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05	Annual Change
01. General Hospital	73,746	72,791	80,140	84,745	107,024	101,756	102,864	5.7%
02. Mental Hospital	3,376	2,912	4,023	5,512	5,218	5,520	5,666	9.0%
03. Skilled and Intermediate (non-MR) Care Nursing	20,699	20,350	19,880	20,658	20,449	28,854	27,091	4.6%
04. Intermediate Care for Mentally Retarded	1,838	1,842	1,822	1,809	1,818	3,205	3,111	9.2%
05. Physician Services	327,769	339,780	372,042	411,601	444,459	474,166	482,391	6.7%
06. Dental Services	62,755	67,765	79,539	96,539	111,534	126,071	133,158	13.4%
07. Other Practitioners	104,736	108,683	118,473	129,792	109,713	119,111	154,980	6.7%
08. Outpatient Hospital	174,952	179,151	202,000	225,992	248,633	269,551	279,077	8.1%
09. Clinic Services	138,491	147,131	179,341	186,387	224,628	231,982	340,082	16.2%
10. Lab and X-Ray	136,100	135,454	142,421	164,723	173,329	192,652	245,790	10.4%
11. Home Health	9,859	8,753	8,285	7,867	8,197	11,616	6,695	-6.2%
12. Prescribed Drugs	280,573	290,749	321,920	356,060	398,819	422,930	447,072	8.1%
13. Family Planning	3,533	2,878	3,601	23,128	25,252	4,197	4,725	5.0%
14. Early & Periodic Screening, Diagnosis & Treatment	0	0	0	110,187	120,257	0	0	-100.0%
15. Other Care	102,624	52,087	126,370	166,386	100,063	528,925	555,671	32.5%
16. Personal Care Support Services	56,359	40,452	55,980	45,847	39,184	55,644	79,338	5.9%
17. Home/Community Based Waiver Services	0	0	0	0	30	0	0	-100.0%
18. Prepaid Health Care	0	0	0	425,805	470,687	0	0	-100.0%
19. Primary Care Case Management (PCCM) Services	383,649	404,371	431,579	363,993	395,297	420,926	449,000	2.7%
Total*	466,417	489,325	531,533	581,606	624,722	707,792	734,959	7.9%

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

SOUTHERN REGION MEDICAID PROFILE

<u>PAYMENTS BY TYPE OF SERVICES</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>FFY 05</u>	<i>Annual</i>	<i>Share of Total</i>
								<i>Change</i>	<i>FFY 05</i>
01. General Hospital	\$166,239,639	\$181,602,682	\$199,917,194	\$233,756,777	\$261,162,545	\$271,136,499	\$288,132,334	9.6%	10.8%
02. Mental Hospital	\$51,912,145	\$41,875,551	\$68,810,890	\$87,944,979	\$108,649,942	\$117,401,859	\$122,501,039	15.4%	4.6%
03. Skilled and Intermediate (non-MR) Care Nursing	\$229,645,982	\$285,612,665	\$284,583,476	\$411,569,354	\$444,032,516	\$352,839,240	\$429,558,828	11.0%	16.1%
04. Intermediate Care for Mentally Retarded	\$69,290,340	\$87,918,928	\$104,142,616	\$120,065,393	\$120,704,986	\$129,618,600	\$136,681,230	12.0%	5.1%
05. Physician Services	\$138,220,547	\$154,582,481	\$166,095,692	\$174,852,040	\$190,780,552	\$253,894,415	\$270,664,698	11.9%	10.2%
06. Dental Services	\$14,817,664	\$16,275,309	\$19,766,101	\$24,351,586	\$28,718,488	\$32,983,342	\$35,087,639	15.5%	1.3%
07. Other Practitioners	\$11,986,729	\$12,578,431	\$14,064,856	\$15,259,350	\$9,654,297	\$11,710,868	\$12,001,372	0.0%	0.5%
08. Outpatient Hospital	\$44,535,556	\$47,716,392	\$52,493,897	\$61,635,174	\$72,738,613	\$83,348,254	\$91,770,191	12.8%	3.4%
09. Clinic Services	\$179,272,026	\$166,264,401	\$207,728,405	\$240,911,804	\$270,590,082	\$300,175,005	\$335,768,280	11.0%	12.6%
10. Lab and X-Ray	\$12,092,233	\$12,605,188	\$14,202,822	\$17,313,698	\$19,434,043	\$25,484,001	\$25,263,565	13.1%	0.9%
11. Home Health	\$14,456,325	\$11,880,729	\$10,737,036	\$10,471,199	\$9,892,116	\$9,906,085	\$13,246,452	-1.4%	0.5%
12. Prescribed Drugs	\$182,862,001	\$209,933,612	\$248,392,084	\$279,879,349	\$325,295,608	\$396,483,799	\$450,363,313	16.2%	16.9%
13. Family Planning	\$1,731,320	\$1,323,208	\$1,777,398	\$3,948,344	\$4,123,990	\$2,442,306	\$2,445,229	5.9%	0.1%
14. Early & Periodic Screening, Diagnosis & Treatment	\$0	\$0	\$0	\$61,468,942	\$63,881,633	\$0	\$0	-100.0%	0.0%
15. Other Care	\$105,770,596	\$119,530,281	\$139,064,573	\$144,670,913	\$152,482,911	\$250,715,890	\$299,362,041	18.9%	11.2%
16. Personal Care Support Services	\$125,829,735	\$124,680,340	\$132,113,753	\$92,160,438	\$62,941,155	\$108,261,459	\$136,793,209	1.4%	5.1%
17. Home/Community Based Waiver Services	\$0	\$0	\$0	\$0	\$139,569	\$0	\$0	-100.0%	0.0%
18. Prepaid Health Care	\$0	\$0	\$0	\$11,479,717	\$29,471,575	\$0	\$0	-100.0%	0.0%
19. Primary Care Case Management (PCCM) Services	\$16,760,279	\$35,699,644	\$20,826,973	\$9,545,124	\$10,779,126	\$11,750,907	\$12,804,909	-4.4%	0.5%
Total (excludes DSH pymts, pharmacy rebates, & other adjs.)	\$1,365,423,117	\$1,510,079,842	\$1,684,717,766	\$2,001,284,181	\$2,185,473,747	\$2,358,152,529	\$2,662,444,329	11.8%	100.0%

<u>AVERAGE PAYMENTS PER RECIPIENT BY TYPE OF SERVICES</u>									(+) or (-) SLC
									<u>Avg. FFY 05</u>
01. General Hospital	\$2,254.22	\$2,494.85	\$2,494.60	\$2,758.35	\$2,440.22	\$2,664.58	\$2,801.10	3.7%	-46.5%
02. Mental Hospital	\$15,376.82	\$14,380.34	\$17,104.37	\$15,955.18	\$20,822.14	\$21,268.45	\$21,620.37	5.8%	16.8%
03. Skilled and Intermediate (non-MR) Care Nursing	\$11,094.54	\$14,035.02	\$14,315.06	\$19,923.00	\$21,714.14	\$12,228.43	\$15,856.15	6.1%	-36.7%
04. Intermediate Care for Mentally Retarded	\$37,698.77	\$47,730.15	\$57,158.41	\$66,371.14	\$66,394.38	\$40,442.62	\$43,934.82	2.6%	-48.7%
05. Physician Services	\$421.70	\$454.95	\$446.44	\$424.81	\$429.24	\$535.45	\$561.09	4.9%	-6.4%
06. Dental Services	\$236.12	\$240.17	\$248.51	\$252.25	\$257.49	\$261.63	\$263.50	1.8%	-27.8%
07. Other Practitioners	\$114.45	\$115.74	\$118.72	\$117.57	\$88.00	\$98.32	\$77.44	-6.3%	-72.0%
08. Outpatient Hospital	\$254.56	\$266.35	\$259.87	\$272.73	\$292.55	\$309.21	\$328.83	4.4%	-45.0%
09. Clinic Services	\$1,294.47	\$1,130.04	\$1,158.29	\$1,292.54	\$1,204.61	\$1,293.96	\$987.32	-4.4%	42.4%
10. Lab and X-Ray	\$88.85	\$93.06	\$99.72	\$105.11	\$112.12	\$132.28	\$102.79	2.5%	-52.4%
11. Home Health	\$1,466.31	\$1,357.33	\$1,295.96	\$1,331.03	\$1,206.80	\$852.80	\$1,978.56	5.1%	-44.5%
12. Prescribed Drugs	\$651.74	\$722.04	\$771.60	\$786.05	\$815.65	\$937.47	\$1,007.36	7.5%	-32.4%
13. Family Planning	\$490.04	\$459.77	\$493.58	\$170.72	\$163.31	\$581.92	\$517.51	0.9%	-63.1%
14. Early & Periodic Screening, Diagnosis & Treatment	\$0.00	\$0.00	\$0.00	\$557.86	\$531.21	\$0.00	\$0.00	n/a	n/a
15. Other Care	\$1,030.66	\$2,294.82	\$1,100.46	\$869.49	\$1,523.87	\$474.01	\$538.74	-10.2%	-71.3%
16. Personal Care Support Services	\$2,232.65	\$3,082.18	\$2,360.02	\$2,010.17	\$1,606.30	\$1,945.61	\$1,724.18	-4.2%	17.1%
17. Home/Community Based Waiver Services	\$0.00	\$0.00	\$0.00	\$0.00	\$4,652.30	\$0.00	\$0.00	n/a	n/a
18. Prepaid Health Care	\$0.00	\$0.00	\$0.00	\$26.96	\$62.61	\$0.00	\$0.00	-100.0%	-100.0%
19. Primary Care Case Management (PCCM) Services	\$43.69	\$88.28	\$48.26	\$26.22	\$27.27	\$27.92	\$28.52	-6.9%	4.4%
Total (Average)	\$2,927.47	\$3,086.05	\$3,169.55	\$3,440.96	\$3,498.31	\$3,331.70	\$3,622.58	3.6%	-17.9%

TOTAL PER CAPITA EXPENDITURES	\$616.68	\$664.19	\$768.27	\$918.38	\$926.78	\$1,014.29	\$1,052.02	9.3%	14.0%
--------------------------------------	-----------------	-----------------	-----------------	-----------------	-----------------	-------------------	-------------------	-------------	--------------

Source: MSIS data for FFY 99-05.

SOUTHERN REGION MEDICAID PROFILE
DATA BY OTHER CHARACTERISTICS

RECIPIENTS BY OTHER CHARACTERISTICS

	<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>FFY 05</u>	<i>Annual Change</i>	<i>Share of Total FFY 05</i>
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	147,556	148,933	142,944	160,829	160,471	151,557	154,043	0.7%	21.0%
Poverty Related Eligibles	126,943	238,416	172,911	235,568	273,833	287,384	324,475	16.9%	44.1%
Medically Needy	29,024	25,630	20,411	14,797	15,220	12,000	11,129	-14.8%	1.5%
Other Eligibles	136,497	51,106	164,117	59,041	59,384	177,107	245,312	10.3%	33.4%
Maintenance Assistance Status Unknown	26,397	25,240	31,150	111,371	115,814	79,744	0	-100.0%	0.0%
Total	466,417	489,325	531,533	581,606	624,722	707,792	734,959	7.9%	100.0%
By Basis of Eligibility									
Aged, Blind, or Disabled	146,855	146,401	146,337	157,912	163,416	154,931	171,735	2.6%	23.4%
Children	202,434	223,522	256,837	258,698	364,287	344,619	380,616	11.1%	51.8%
Foster Care Children	4,850	5,427	5,735	6,936	6,871	6,181	6,434	4.8%	0.9%
Adults	85,881	88,735	91,474	46,686	90,147	121,917	175,669	12.7%	23.9%
Basis of Eligibility Unknown	26,397	25,240	31,150	111,374	1	80,144	505	-48.3%	0.1%
Total	466,417	489,325	531,533	581,606	624,722	707,792	734,959	7.9%	100.0%
By Age									
Under Age 1	16,275	16,635	18,151	19,999	20,207	21,862	24,517	7.1%	3.3%
Age 1 to 5	78,069	83,088	93,749	111,186	120,663	121,102	129,828	8.8%	17.7%
Age 6 to 14	102,944	112,727	128,330	153,335	166,284	173,342	189,751	10.7%	25.8%
Age 15 to 20	56,483	61,727	67,906	81,206	88,270	90,659	105,739	11.0%	14.4%
Age 21 to 44	91,536	94,261	96,354	110,957	119,929	118,769	167,219	10.6%	22.8%
Age 45 to 64	35,054	36,216	37,688	43,325	46,860	46,200	53,969	7.5%	7.3%
Age 65 to 74	20,660	20,740	20,247	20,789	21,586	20,351	23,811	2.4%	3.2%
Age 75 to 84	21,506	21,383	21,140	22,178	22,213	20,223	22,713	0.9%	3.1%
Age 85 and Over	17,505	17,320	16,830	18,631	18,710	15,541	17,412	-0.1%	2.4%
Age Unknown	26,385	25,228	31,138	0	0	79,743	0	-100.0%	0.0%
Total	466,417	489,325	531,533	581,606	624,722	707,792	734,959	7.9%	100.0%
By Race									
White	282,561	296,433	321,928	353,884	380,040	386,821	454,906	8.3%	61.9%
Black	155,852	162,127	176,206	184,594	193,487	192,733	216,649	5.6%	29.5%
Hispanic, American Indian or Asian	7,959	10,663	11,471	20,720	26,817	48,495	63,404	41.3%	8.6%
Other/Unknown	20,045	20,102	21,928	22,408	24,378	79,743	0	-100.0%	0.0%
Total*	466,417	489,325	531,533	581,606	624,722	707,792	734,959	7.9%	100.0%
By Sex									
Female	292,521	304,454	330,687	352,282	377,510	377,411	456,298	7.7%	62.1%
Male	172,793	184,750	200,629	229,090	246,341	249,080	276,670	8.2%	37.6%
Unknown	1,103	122	217	234	871	81,301	1,991	10.3%	0.3%
Total	466,417	489,325	531,533	581,606	624,722	707,792	734,959	7.9%	100.0%

Source: MSIS data for FFY 99-05.

SOUTHERN REGION MEDICAID PROFILE

PAYMENTS BY OTHER CHARACTERISTICS

	<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>FFY 05</u>	<i>Annual Change</i>	<i>Share of Total FFY 05</i>
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	\$632,206,794	\$666,324,196	\$730,986,625	\$821,092,916	\$869,100,814	\$947,266,235	\$1,038,136,550	8.6%	39.0%
Poverty Related Eligibles	\$174,523,368	\$253,301,116	\$242,847,484	\$346,533,100	\$417,780,177	\$507,673,860	\$570,856,720	21.8%	21.4%
Medically Needy	\$58,773,338	\$57,701,019	\$55,578,469	\$46,371,147	\$51,864,561	\$54,313,926	\$54,997,983	-1.1%	2.1%
Other Eligibles	\$482,629,237	\$518,240,326	\$635,740,058	\$715,255,691	\$762,112,544	\$815,755,911	\$961,724,860	12.2%	36.1%
Maintenance Assistance Status Unknown	\$17,290,380	\$14,513,185	\$19,565,130	\$72,031,327	\$84,615,651	\$33,142,597	\$36,728,216	n/a	1.4%
Total	\$1,365,423,117	\$1,510,079,842	\$1,684,717,766	\$2,001,284,181	\$2,185,473,747	\$2,358,152,529	\$2,662,444,329	11.8%	100.0%
By Basis of Eligibility									
Aged, Blind or Disabled	\$987,423,406	\$1,107,973,513	\$1,206,890,177	\$1,425,140,063	\$1,531,657,304	\$1,591,966,359	\$1,812,408,200	10.7%	68.1%
Children	\$241,812,906	\$262,785,694	\$314,570,015	\$376,832,033	\$497,294,044	\$521,092,007	\$578,037,301	15.6%	21.7%
Foster Care Children	\$30,104,004	\$29,752,919	\$38,663,242	\$45,564,122	\$43,756,351	\$44,483,216	\$49,358,388	8.6%	1.9%
Adults	\$88,792,421	\$95,054,531	\$105,029,202	\$81,710,777	\$112,763,334	\$162,442,287	\$180,131,430	12.5%	6.8%
Basis of Eligibility Unknown	\$17,290,380	\$14,513,185	\$19,565,130	\$72,037,186	\$2,714	\$38,168,660	\$42,509,010	n/a	1.6%
Total	\$1,365,423,117	\$1,510,079,842	\$1,684,717,766	\$2,001,284,181	\$2,185,473,747	\$2,358,152,529	\$2,662,444,329	11.8%	100.0%
By Age									
Under Age 1	\$51,741,196	\$60,788,955	\$64,729,966	\$80,286,522	\$83,909,961	\$92,294,988	\$100,207,639	11.6%	3.8%
Age 1 to 5	\$160,525,673	\$170,247,526	\$194,577,536	\$224,120,406	\$247,794,901	\$271,490,606	\$289,887,307	10.4%	10.9%
Age 6 to 14	\$155,005,374	\$160,226,061	\$203,690,069	\$249,556,847	\$273,263,014	\$303,930,478	\$338,606,388	13.9%	12.7%
Age 15 to 20	\$108,347,735	\$116,714,456	\$140,132,414	\$181,624,235	\$211,356,444	\$227,485,359	\$260,464,001	15.7%	9.8%
Age 21 to 44	\$257,741,554	\$281,573,213	\$318,574,809	\$362,992,945	\$391,157,902	\$425,098,603	\$466,039,678	10.4%	17.5%
Age 45 to 64	\$199,268,169	\$225,192,388	\$255,947,487	\$308,256,998	\$346,303,919	\$386,788,015	\$442,112,240	14.2%	16.6%
Age 65 to 74	\$99,769,182	\$113,345,064	\$114,563,471	\$131,227,070	\$141,139,694	\$159,626,596	\$185,823,688	10.9%	7.0%
Age 75 to 84	\$148,227,792	\$172,546,148	\$176,720,727	\$213,874,550	\$226,516,838	\$221,985,679	\$258,985,245	9.7%	9.7%
Age 85 and Over	\$167,489,321	\$194,928,037	\$196,212,819	\$249,344,608	\$264,031,071	\$236,309,617	\$283,589,927	9.2%	10.7%
Age Unknown	\$17,307,121	\$14,517,994	\$19,568,468	\$0	\$3	\$33,142,588	\$36,728,216	n/a	1.4%
Total	\$1,365,423,117	\$1,510,079,842	\$1,684,717,766	\$2,001,284,181	\$2,185,473,747	\$2,358,152,529	\$2,662,444,329	11.8%	100.0%
By Race									
White	\$1,066,797,321	\$981,314,155	\$1,099,758,919	\$1,305,570,207	\$1,428,210,114	\$1,538,605,849	\$1,739,789,154	8.5%	65.3%
Black	\$422,434,411	\$390,814,103	\$437,023,703	\$499,477,618	\$539,651,359	\$608,797,004	\$676,197,216	8.2%	25.4%
Hispanic, American Indian or Asian	\$14,235,308	\$17,019,449	\$19,256,593	\$31,389,363	\$38,766,655	\$177,607,088	\$209,729,743	56.6%	7.9%
Other/ Unknown	(\$138,043,923)	\$120,932,135	\$128,678,551	\$164,846,993	\$178,845,619	\$33,142,588	\$36,728,216	n/a	1.4%
Total*	\$1,365,423,117	\$1,510,079,842	\$1,684,717,766	\$2,001,284,181	\$2,185,473,747	\$2,358,152,529	\$2,662,444,329	11.8%	100.0%
By Sex									
Female	\$943,850,995	\$902,802,265	\$1,009,701,810	\$1,176,603,655	\$1,279,453,295	\$1,338,307,521	\$1,516,443,225	8.2%	57.0%
Male	\$666,433,302	\$606,807,796	\$680,965,619	\$824,133,799	\$903,981,296	\$984,108,803	\$1,105,837,940	8.8%	41.5%
Unknown	(\$244,861,180)	\$469,781	(\$5,949,663)	\$546,727	\$2,039,156	\$35,736,205	\$40,163,164	n/a	1.5%
Total	\$1,365,423,117	\$1,510,079,842	\$1,684,717,766	\$2,001,284,181	\$2,185,473,747	\$2,358,152,529	\$2,662,444,329	11.8%	100.0%

Source: MSIS data for FFY 99-05.

SOUTHERN REGION MEDICAID PROFILE

AVERAGE PAYMENT PER RECIPIENT BY OTHER CHARACTERISTICS

								Above (+) or Annual Change	Below (-) SLC Avg. FFY 05
By Maintenance Assistance Status	FFY 99	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05		
Receiving Cash Assistance or Eligible Under Section 1931	\$4,284.52	\$4,473.99	\$5,113.80	\$5,105.38	\$5,415.94	\$6,250.23	\$6,739.26	7.8%	15.4%
Poverty Related Eligibles	\$1,374.82	\$1,062.43	\$1,404.47	\$1,471.05	\$1,525.68	\$1,766.53	\$1,759.32	4.2%	-16.3%
Medically Needy	\$2,024.99	\$2,251.31	\$2,722.97	\$3,133.82	\$3,407.66	\$4,526.16	\$4,941.86	16.0%	-37.3%
Other Eligibles	\$3,535.82	\$10,140.50	\$3,873.70	\$12,114.56	\$12,833.63	\$4,606.01	\$3,920.42	1.7%	-49.2%
Maintenance Assistance Status Unknown	\$655	\$575	\$628	\$647	\$730.62	\$415.61	\$0.00	n/a	-100.0%
Total	\$2,927	\$3,086	\$3,170	\$3,441	\$3,498.31	\$3,331.70	\$3,622.58	3.6%	-17.9%
 By Basis of Eligibility									
Aged, Blind or Disabled	\$6,724	\$7,568	\$8,247	\$9,025	\$9,372.75	\$10,275.32	\$10,553.52	7.8%	-11.8%
Children	\$1,195	\$1,176	\$1,225	\$1,457	\$1,365.12	\$1,512.08	\$1,518.69	4.1%	-1.5%
Foster Care Children	\$6,207	\$5,482	\$6,742	\$6,569	\$6,368.27	\$7,196.77	\$7,671.49	3.6%	10.1%
Adults	\$1,034	\$1,071	\$1,148	\$1,750	\$1,250.88	\$1,332.40	\$1,025.40	-0.1%	-64.4%
Basis of Eligibility Unknown	\$655	\$575	\$628	\$647	\$2,714.00	\$476.25	\$84,176.26	n/a	2333.9%
Total	\$2,927	\$3,086	\$3,170	\$3,441	\$3,498.31	\$3,331.70	\$3,622.58	3.6%	-17.9%
 By Age									
Under Age 1	\$3,179	\$3,654	\$3,566	\$4,015	\$4,152.52	\$4,221.71	\$4,087.27	4.3%	10.9%
Age 1 to 5	\$2,056	\$2,049	\$2,076	\$2,016	\$2,053.61	\$2,241.83	\$2,232.86	1.4%	20.1%
Age 6 to 14	\$1,506	\$1,421	\$1,587	\$1,628	\$1,643.35	\$1,753.36	\$1,784.48	2.9%	0.8%
Age 15 to 20	\$1,918	\$1,891	\$2,064	\$2,237	\$2,394.43	\$2,509.24	\$2,463.27	4.3%	-11.6%
Age 21 to 44	\$2,816	\$2,987	\$3,306	\$3,271	\$3,261.58	\$3,579.21	\$2,787.00	-0.2%	-46.5%
Age 45 to 64	\$5,685	\$6,218	\$6,791	\$7,115	\$7,390.18	\$8,372.03	\$8,191.97	6.3%	-26.6%
Age 65 to 74	\$4,829	\$5,465	\$5,658	\$6,312	\$6,538.48	\$7,843.67	\$7,804.11	8.3%	-7.3%
Age 75 to 84	\$6,892	\$8,069	\$8,360	\$9,644	\$10,197.49	\$10,976.89	\$11,402.51	8.8%	-6.4%
Age 85 and Over	\$9,568	\$11,255	\$11,659	\$13,383	\$14,111.76	\$15,205.56	\$16,287.04	9.3%	-13.2%
Age Unknown	\$656	\$575	\$628	\$0	\$0.00	\$415.62	\$0.00	n/a	-100.0%
Total	\$2,927	\$3,086	\$3,170	\$3,441	\$3,498.31	\$3,331.70	\$3,622.58	3.6%	-17.9%
 By Race									
White	\$3,775	\$3,310	\$3,416	\$3,689	\$3,758.05	\$3,977.57	\$3,824.50	0.2%	-30.1%
Black	\$2,710	\$2,411	\$2,480	\$2,706	\$2,789.08	\$3,158.76	\$3,121.16	2.4%	-17.9%
Hispanic, American Indian or Asian	\$1,789	\$1,596	\$1,679	\$1,515	\$1,445.60	\$3,662.38	\$3,307.83	10.8%	14.0%
Other/Unknown	(\$6,887)	\$6,016	\$5,868	\$7,357	\$7,336.35	\$415.62	\$0.00	n/a	-100.0%
Total	\$2,927	\$3,086	\$3,170	\$3,441	\$3,498.31	\$3,331.70	\$3,622.58	3.6%	-17.9%
 By Sex									
Female	\$3,227	\$2,965	\$3,053	\$3,340	\$3,389.19	\$3,546.02	\$3,323.36	0.5%	-27.5%
Male	\$3,857	\$3,284	\$3,394	\$3,597	\$3,669.63	\$3,950.97	\$3,996.96	0.6%	-8.1%
Unknown	(\$221,996)	\$3,865	(\$27,418)	\$2,336	\$2,341.17	\$439.55	\$20,172.36	n/a	496.8%
Total	\$2,927	\$3,086	\$3,170	\$3,441	\$3,498.31	\$3,331.70	\$3,622.58	3.6%	-17.9%

Source: MSIS data for FFY 99-05.

SOUTHERN REGION MEDICAID PROFILE

ADDITIONAL STATE HEALTH CARE INFORMATION

Sources: "Issue Briefs", Health Policy Tracking Service, January 2006; "Medicaid Services State by State", CMS, October 2005; "State Health Facts", The Henry Kaiser Foundation, January 2006; state annual report for FY 05; and 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 3/1/98.
- 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 9/1/97. *Increased from 133-200% 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 9/1/97. 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 11/1/98. 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 1/1/03, 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 7/1/91.
- Aged and Disabled, ElderChoices: Serves 5,478 people, operating since 7/1/91.
- 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 7/1/97.
- 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 7/1/97.
- Living Choices Assisted Living HCBS waiver, implemented 1/1/03, 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 12/1/01. (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 11/1/02; increased to 80% FPL effective 1/1/03.
- 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 7/10/02 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 6/30/04; the funding authorization was implemented retroactively; and the unborn child portion was implemented on 7/1/04.

Cost sharing requirements for the ARKids B are as follows:

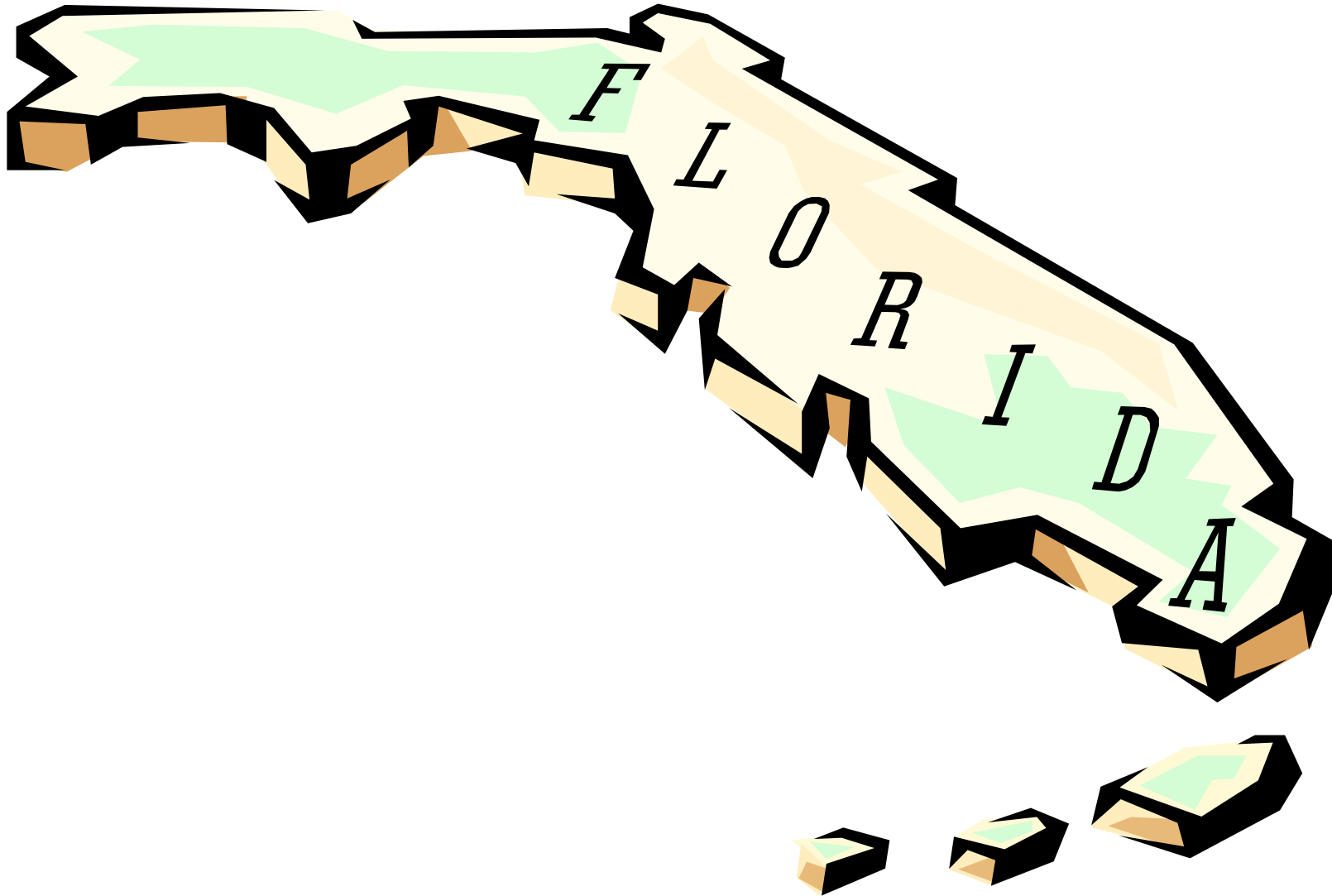
\$5 co-payment for prescription drugs;

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

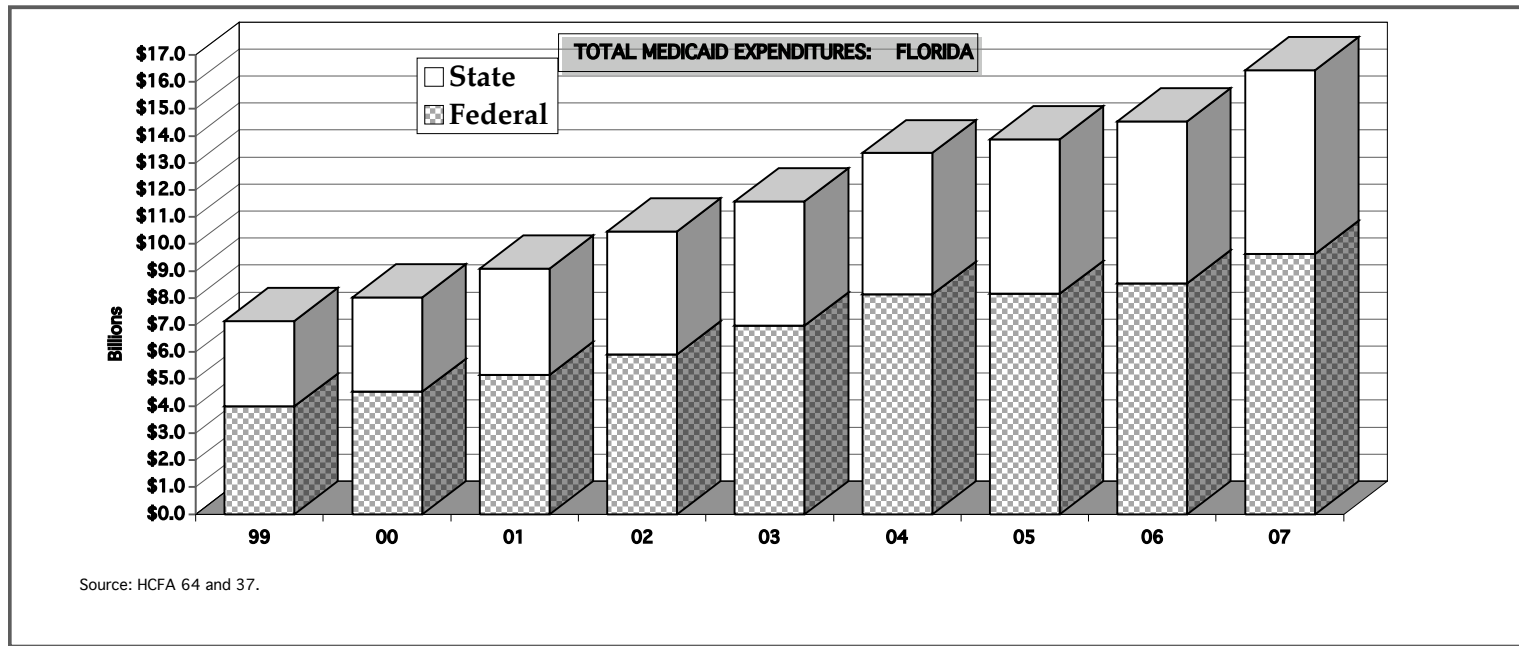
20% of the Medicaid allowed amount for durable medical equipment; and

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

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 99	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05	FFY 06**	FFY 07**	Annual Rate of Change 99-07	Total Change 99-07
Medicaid Payments	\$6,769,330,858	\$7,564,164,398	\$8,609,434,647	\$9,936,647,680	\$11,038,180,825	\$12,789,934,905	\$13,218,246,322	\$13,734,052,000	\$15,621,166,000	11.0%	130.8%
Federal Share	\$3,781,663,397	\$4,286,107,243	\$4,891,002,952	\$5,631,499,166	\$6,674,640,012	\$7,819,116,022	\$7,799,055,617	\$8,107,347,000	\$9,192,654,000	11.7%	143.1%
State Share	\$2,987,667,461	\$3,278,057,155	\$3,718,431,695	\$4,305,148,514	\$4,363,540,813	\$4,970,818,883	\$5,419,190,705	\$5,626,705,000	\$6,428,512,000	10.1%	115.2%
Administrative Costs	\$375,049,767	\$457,606,645	\$488,243,434	\$528,381,789	\$548,942,130	\$578,830,618	\$658,687,998	\$803,783,000	\$820,492,000	10.3%	118.8%
Federal Share	\$205,391,389	\$247,122,600	\$265,513,881	\$287,929,940	\$304,067,260	\$316,439,854	\$353,871,317	\$436,784,000	\$445,863,000	10.2%	117.1%
State Share	\$169,658,378	\$210,484,045	\$222,729,553	\$240,451,849	\$244,874,870	\$262,390,764	\$304,816,681	\$366,999,000	\$374,629,000	10.4%	120.8%
Admin. Costs as % of Payments	5.54%	6.05%	5.67%	5.32%	4.97%	4.53%	5.45%	4.90%	5.25%		
Federal Match Rate*	55.82%	56.52%	56.62%	56.43%	58.83%	58.93%	58.90%	58.89%	58.76%		

*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 06 and 07 reflect latest estimates reported by each state (CMS 37).

FLORIDA

SOUTHERN REGION MEDICAID PROFILE

STATE FINANCING	Payments		Administration	
	FFY 99	FFY 05	FFY 99	FFY 05
State General Fund	\$2,843,567,461	\$3,760,903,334	\$169,658,378	\$304,816,681
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	\$2,987,667,461	\$5,419,190,705	\$169,658,378	\$304,816,681

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

**Other: Cigarette Tax, Tobacco Settlement, Interest

Provider Taxes Currently in Place (FFY 05)	
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 99	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05	FFY 06**	FFY 07**	Annual Change
General Hospitals	\$211,015,425	\$200,639,067	\$189,094,373	\$222,430,909	\$182,536,044	\$203,645,375	\$228,786,040	\$216,479,000	\$216,810,000	2.3%
Mental Hospitals	\$149,714,985	\$147,845,588	\$149,714,986	\$148,287,275	\$88,239,048	\$103,505,949	\$104,685,103	\$103,581,000	\$103,739,000	-5.9%
Total	\$360,730,410	\$348,484,655	\$338,809,359	\$370,718,184	\$270,775,092	\$307,151,324	\$333,471,143	\$320,060,000	\$320,549,000	-0.9%

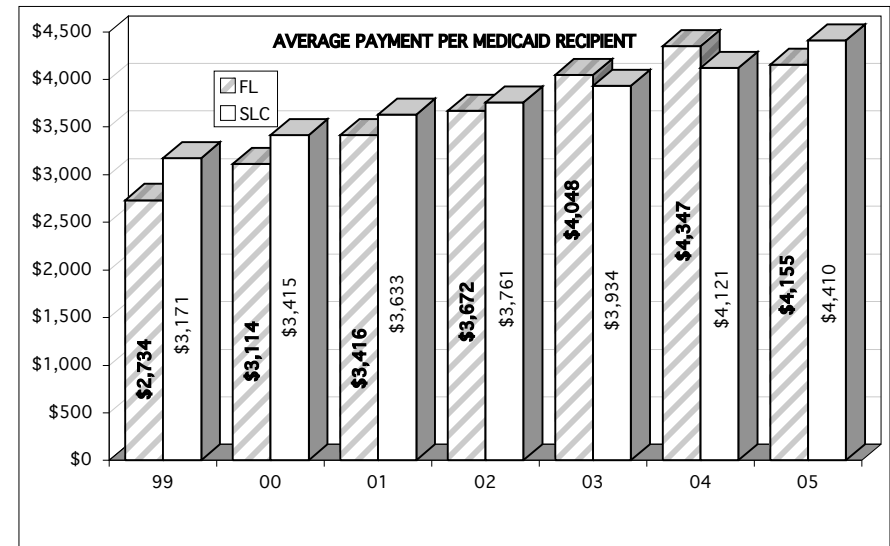
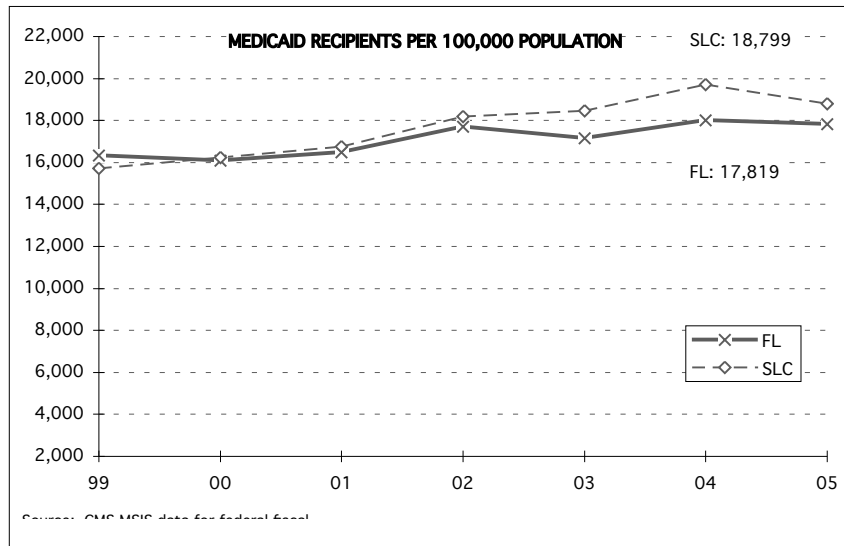
SELECTED ELIGIBILITY CRITERIA				DEMOGRAPHIC DATA & POVERTY INDICATORS (2005)			
	At 10/1/05	% of FPL*					Rank in U.S.
TANF-Temporary Assistance for Needy Families (Family of 3)				State population—July 1, 2005*	17,768,191		4
Need Standard	\$1,306	100.0%		Per capita personal income**	\$34,099		20
Payment Standard	\$198	15.2%		Median household income**	\$42,079		35
Maximum Payment	\$303	23.2%					
Medically Needy Program (Family of 3)				Population below Federal Poverty Level on July 1, 2003*	2,096,647		
Income Eligibility Standard	\$303			Percent of total state population	11.8%		23
Resource Standard	\$6,000						
Pregnant Women, Children and Infants (% of FPL*)				Population without health insurance coverage*	3,703,000		3
Pregnant women and infants		185.0%		Percent of total state population	20.8%		8
Children age 1 to 5		133.0%					
Children age 6 to 18		100.0%		Recipients of Food Stamps***	1,417,749		4
SSI Eligibility Levels				Households receiving Food Stamps***	657,576		4
Income:				Total value of issuance***	\$1,684,348,395		4
Single Person	\$564	72.7%		Average monthly benefit per recipient	\$99.00		10
Couple	\$846	81.3%		Average monthly benefit per household	\$213.45		
Resources:				Monthly recipients of Temporary Assistance to Needy Families (TANF)****	80,008		15
Single Person	\$2,000			Total TANF payments****	\$12,757,420		30
Couple	\$3,000			Average monthly payment per recipient	\$13.29		30
				Maximum monthly payment per family of 3	\$303.00		35

*Current federal poverty level is \$9,570 per year for a single person, \$12,830 for a family of two and \$16,090 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)

RECIPIENTS BY TYPE OF SERVICES	FFY 99	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05	<i>Annual Change</i>
01. General Hospital	405,623	448,982	410,596	432,107	408,060	433,417	533,915	4.7%
02. Mental Hospital	220	234	144	346	125	160	223	0.2%
03. Skilled and Intermediate (non-MR) Care Nursing	91,985	89,954	111,174	107,237	98,808	114,134	94,067	0.4%
04. Intermediate Care for Mentally Retarded	3,664	3,589	3,551	3,468	3,448	3,376	3,260	-1.9%
05. Physician Services	1,026,745	1,037,041	1,162,536	1,228,615	1,278,637	1,330,443	1,319,809	4.3%
06. Dental Services	341,397	358,949	374,477	415,419	396,846	410,093	351,691	0.5%
07. Other Practitioners	161,606	182,617	226,893	252,701	259,220	224,025	224,065	5.6%
08. Outpatient Hospital	1,055,037	1,111,223	1,036,386	1,011,120	939,204	1,042,007	1,249,359	2.9%
09. Clinic Services	226,449	243,761	280,990	310,422	306,911	338,137	376,648	8.8%
10. Lab and X-Ray	667,887	696,834	780,039	816,760	862,123	916,450	923,591	5.6%
11. Home Health	56,606	63,906	76,529	87,207	96,057	105,263	106,246	11.1%
12. Prescribed Drugs	1,079,997	1,072,082	1,159,155	1,245,461	1,309,456	1,350,741	1,322,096	3.4%
13. Family Planning	9,879	12,005	9,952	9,363	9,248	9,531	10,578	1.1%
14. Early & Periodic Screening, Diagnosis & Treatment	0	0	0	0	0	0	0	n/a
15. Other Care	582,943	606,677	701,699	915,937	838,570	821,437	780,140	5.0%
16. Personal Care Support Services	212,120	229,299	268,265	296,865	300,111	295,758	314,128	0.0%
17. Home/ Community Based Waiver Services	0	0	0	0	0	0	0	0.0%
18. Prepaid Health Care	836,479	768,754	879,352	1,097,790	1,133,720	1,428,958	1,585,126	0.0%
19. Primary Care Case Management (PCCM) Services	740,487	879,072	947,040	948,864	1,128,371	1,182,219	1,196,046	0.0%
Total*	2,355,638	2,360,417	2,458,609	2,676,235	2,743,368	2,952,363	3,166,071	5.1%

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

FLORIDA

SOUTHERN REGION MEDICAID PROFILE

<u>PAYMENTS BY TYPE OF SERVICES</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>FFY 05</u>	<i>Annual Change</i>	<i>Share of Total FFY 05</i>
01. General Hospital	\$1,104,464,305	\$1,289,042,041	\$1,606,925,885	\$1,911,377,694	\$2,179,604,877	\$2,737,077,824	\$2,683,700,591	15.9%	20.4%
02. Mental Hospital	\$36,866,458	\$88,838,028	\$98,367,444	\$93,246,258	\$58,321,968	\$71,191,165	\$67,497,365	10.6%	0.5%
03. Skilled and Intermediate (non-MR) Care Nursing	\$1,390,332,461	\$1,513,576,612	\$1,531,822,453	\$1,886,566,368	\$2,141,536,789	\$2,265,302,558	\$2,244,057,678	8.3%	17.1%
04. Intermediate Care for Mentally Retarded	\$267,027,364	\$279,634,012	\$288,706,246	\$310,394,497	\$315,468,812	\$309,107,576	\$300,046,230	2.0%	2.3%
05. Physician Services	\$346,965,626	\$377,329,125	\$416,450,728	\$464,444,671	\$522,810,315	\$632,338,890	\$645,527,943	10.9%	4.9%
06. Dental Services	\$86,994,473	\$93,258,140	\$84,342,950	\$94,114,479	\$86,063,822	\$91,784,546	\$88,464,442	0.3%	0.7%
07. Other Practitioners	\$11,538,834	\$14,345,085	\$19,371,157	\$22,428,448	\$24,648,641	\$20,424,203	\$21,132,402	10.6%	0.2%
08. Outpatient Hospital	\$303,908,598	\$357,121,891	\$352,754,166	\$357,058,855	\$400,590,600	\$461,875,721	\$474,620,067	7.7%	3.6%
09. Clinic Services	\$199,964,978	\$215,937,614	\$250,223,795	\$264,417,717	\$294,099,648	\$319,334,458	\$351,308,090	9.8%	2.7%
10. Lab and X-Ray	\$60,300,118	\$65,678,261	\$76,519,161	\$84,502,326	\$97,110,704	\$113,286,155	\$120,926,406	12.3%	0.9%
11. Home Health	\$136,690,552	\$169,113,580	\$202,103,358	\$228,095,839	\$246,385,426	\$260,027,573	\$262,990,058	11.5%	2.0%
12. Prescribed Drugs	\$1,092,855,918	\$1,366,193,807	\$1,487,935,645	\$1,736,991,594	\$2,062,349,922	\$2,458,521,754	\$2,509,260,698	14.9%	19.1%
13. Family Planning	\$2,600,867	\$3,438,081	\$3,232,247	\$3,930,124	\$3,641,193	\$3,897,802	\$3,704,768	6.1%	0.0%
14. Early & Periodic Screening, Diagnosis & Treatment	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a	0.0%
15. Other Care	\$433,324,033	\$527,926,702	\$721,805,085	\$899,031,616	\$1,018,739,075	\$1,065,333,345	\$1,031,235,577	15.5%	7.8%
16. Personal Care Support Services	\$184,878,467	\$225,888,869	\$285,758,188	\$328,213,643	\$379,373,858	\$446,261,503	\$468,933,487	16.8%	0.0%
17. Home / Community Based Waiver Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a	0.0%
18. Prepaid Health Care	\$764,245,423	\$742,735,652	\$948,734,189	\$1,118,823,609	\$1,246,828,073	\$1,550,576,155	\$1,852,036,235	15.9%	14.1%
19. Primary Case Management (PCCM) Services	\$16,669,626	\$20,305,524	\$23,106,828	\$23,365,950	\$26,802,327	\$28,093,464	\$29,011,398	9.7%	0.2%
Total (excludes DSH pymts, pharmacy rebates, & other adjs.)	\$6,439,628,101	\$7,350,363,024	\$8,398,159,525	\$9,827,003,688	\$11,104,376,050	\$12,834,434,692	\$13,154,453,435	12.6%	100.0%

AVERAGE PAYMENTS PER RECIPIENT BY TYPE OF SERVICES

									(+) or (-) SLC Avg. FFY 05
01. General Hospital	\$2,722.88	\$2,871.03	\$3,913.64	\$4,423.39	\$5,341.38	\$6,315.11	\$5,026.46	10.8%	-4.1%
02. Mental Hospital	\$167,574.81	\$379,649.69	\$683,107.25	\$269,497.86	\$466,575.74	\$444,944.78	\$302,678.77	10.4%	1534.5%
03. Skilled and Intermediate (non-MR) Care Nursing	\$15,114.77	\$16,826.12	\$13,778.60	\$17,592.49	\$21,673.72	\$19,847.75	\$23,855.95	7.9%	-4.7%
04. Intermediate Care for Mentally Retarded	\$72,878.65	\$77,914.19	\$81,302.80	\$89,502.45	\$91,493.27	\$91,560.30	\$92,038.72	4.0%	7.4%
05. Physician Services	\$337.93	\$363.85	\$358.23	\$378.02	\$408.88	\$475.28	\$489.11	6.4%	-18.4%
06. Dental Services	\$254.82	\$259.81	\$225.23	\$226.55	\$216.87	\$223.81	\$251.54	-0.2%	-31.0%
07. Other Practitioners	\$71.40	\$78.55	\$85.38	\$88.75	\$95.09	\$91.17	\$94.31	4.7%	-65.8%
08. Outpatient Hospital	\$288.05	\$321.38	\$340.37	\$353.13	\$426.52	\$443.26	\$379.89	4.7%	-36.4%
09. Clinic Services	\$883.05	\$885.86	\$890.51	\$851.80	\$958.26	\$944.39	\$932.72	0.9%	34.5%
10. Lab and X-Ray	\$90.28	\$94.25	\$98.10	\$103.46	\$112.64	\$123.61	\$130.93	6.4%	-39.4%
11. Home Health	\$2,414.77	\$2,646.29	\$2,640.87	\$2,615.57	\$2,564.99	\$2,470.27	\$2,475.29	0.4%	-30.5%
12. Prescribed Drugs	\$1,011.91	\$1,274.34	\$1,283.64	\$1,394.66	\$1,574.97	\$1,820.13	\$1,897.94	11.1%	27.3%
13. Family Planning	\$263.27	\$286.39	\$324.78	\$419.75	\$393.73	\$408.96	\$350.23	4.9%	-75.1%
14. Early & Periodic Screening, Diagnosis & Treatment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	n/a	n/a
15. Other Care	\$743.34	\$870.19	\$1,028.65	\$981.54	\$1,214.85	\$1,296.91	\$1,321.86	10.1%	-29.6%
16. Personal Care Support Services	\$871.57	\$985.13	\$1,065.21	\$1,105.60	\$1,264.11	\$1,508.87	\$1,492.81	9.4%	0.0%
17. Home / Community Based Waiver Services	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	n/a	n/a
18. Prepaid Health Care	\$913.65	\$966.16	\$1,078.90	\$1,019.16	\$1,099.77	\$1,085.11	\$1,168.38	4.2%	0.0%
19. Primary Case Management (PCCM) Services	\$22.51	\$23.10	\$24.40	\$24.63	\$23.75	\$23.76	\$24.26	1.3%	0.0%
Total (Average)	\$2,733.71	\$3,114.01	\$3,415.82	\$3,671.95	\$4,047.72	\$4,347.17	\$4,154.82	7.2%	-5.8%

TOTAL PER CAPITA EXPENDITURES	\$495.49	\$546.55	\$609.93	\$692.53	\$724.99	\$815.34	\$781.00	7.9%	-15.4%
--------------------------------------	-----------------	-----------------	-----------------	-----------------	-----------------	-----------------	-----------------	-------------	---------------

Source: MSIS data for FFY 99-05.

FLORIDA

SOUTHERN REGION MEDICAID PROFILE

DATA BY OTHER CHARACTERISTICS

RECIPIENTS BY OTHER CHARACTERISTICS

	<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>FFY 05</u>	<i>Annual Change</i>	<i>Share of Total FFY 05</i>
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	981,059	971,716	1,004,077	1,033,046	1,063,659	1,152,371	1,148,451	2.7%	36.3%
Poverty Related Eligibles	639,175	688,275	799,583	832,529	932,107	995,386	1,026,084	8.2%	32.4%
Medically Needy	40,037	45,079	43,713	47,717	57,567	61,534	86,034	13.6%	2.7%
Other Eligibles	215,341	271,694	327,317	462,626	463,590	492,274	469,926	13.9%	14.8%
Maintenance Assistance Status Unknown	480,026	383,653	283,919	300,317	226,445	250,798	435,576	-1.6%	13.8%
Total	2,355,638	2,360,417	2,458,609	2,676,235	2,743,368	2,952,363	3,166,071	5.1%	100.0%
By Basis of Eligibility									
Aged, Blind, or Disabled	580,354	598,659	630,460	762,698	688,111	743,331	743,890	4.2%	23.5%
Children	921,175	973,911	1,092,438	1,331,626	1,248,947	1,342,820	1,428,140	7.6%	45.1%
Foster Care Children	33,418	35,912	37,322	43,369	41,929	44,989	46,041	5.5%	1.5%
Adults	340,665	368,282	414,470	538,542	537,774	574,590	512,217	7.0%	16.2%
Basis of Eligibility Unknown	480,026	383,653	283,919	0	226,607	246,633	435,783	-1.6%	13.8%
Total	2,355,638	2,360,417	2,458,609	2,676,235	2,743,368	2,952,363	3,166,071	5.1%	100.0%
By Age									
Under Age 1	74,724	80,350	86,292	93,939	99,727	107,041	112,388	7.0%	3.5%
Age 1 to 5	349,318	374,752	424,557	472,468	506,219	542,079	545,732	7.7%	17.2%
Age 6 to 14	458,153	476,199	525,077	580,830	611,335	656,148	646,995	5.9%	20.4%
Age 15 to 20	193,695	206,132	229,984	257,194	279,195	298,533	318,522	8.6%	10.1%
Age 21 to 44	404,760	429,386	470,685	503,685	523,217	562,949	554,828	5.4%	17.5%
Age 45 to 64	153,880	163,126	177,479	191,990	203,717	218,721	234,702	7.3%	7.4%
Age 65 to 74	97,685	100,804	107,882	116,004	124,218	133,540	135,835	5.6%	4.3%
Age 75 to 84	82,802	85,355	91,228	96,855	103,856	111,722	112,727	5.3%	3.6%
Age 85 and Over	60,594	60,671	61,516	62,967	65,407	70,842	68,748	2.1%	2.2%
Age Unknown	480,027	383,642	283,909	300,303	226,477	250,788	435,594	-1.6%	13.8%
Total	2,355,638	2,360,417	2,458,609	2,676,235	2,743,368	2,952,363	3,166,071	5.1%	100.0%
By Race									
White	980,229	965,595	1,006,913	888,501	923,075	1,002,693	972,686	-0.1%	30.7%
Black	748,484	734,168	765,614	738,367	759,961	823,536	807,920	1.3%	25.5%
Hispanic, American Indian or Asian	409,300	431,608	448,219	500,550	540,348	578,480	727,171	10.1%	23.0%
Other/ Unknown	217,625	229,046	237,863	548,817	519,984	547,654	658,294	20.3%	20.8%
Total*	2,355,638	2,360,417	2,458,609	2,676,235	2,743,368	2,952,363	3,166,071	5.1%	100.0%
By Sex									
Female	1,433,096	1,427,997	1,487,960	1,409,826	1,485,966	1,606,899	1,596,129	1.8%	50.4%
Male	917,937	928,698	966,396	964,823	1,029,220	1,109,288	1,132,954	3.6%	35.8%
Unknown	4,605	3,722	4,253	301,586	228,182	236,176	436,988	113.6%	13.8%
Total*	2,355,638	2,360,417	2,458,609	2,676,235	2,743,368	2,952,363	3,166,071	5.1%	100.0%

Source: MSIS data for FFY 99-05.

FLORIDA

SOUTHERN REGION MEDICAID PROFILE

PAYMENTS BY OTHER CHARACTERISTICS

	FFY 99	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05	Annual Change	Share of Total FFY 05
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	\$3,221,206,318	\$3,582,721,921	\$4,001,851,080	\$4,342,667,334	\$4,908,672,895	\$5,724,229,952	\$5,564,502,635	9.5%	42.3%
Poverty Related Eligibles	\$1,576,409,431	\$1,719,640,919	\$1,922,771,392	\$2,106,706,190	\$2,473,495,408	\$2,868,640,152	\$3,001,914,991	11.3%	22.8%
Medically Needy	\$136,691,215	\$169,564,543	\$171,946,765	\$202,582,853	\$278,927,981	\$317,420,170	\$481,742,684	23.4%	3.7%
Other Eligibles	\$1,294,893,932	\$1,534,339,321	\$1,746,670,103	\$2,328,918,754	\$2,630,065,022	\$3,011,885,029	\$2,884,003,784	14.3%	21.9%
Maintenance Assistance Status Unknown	\$210,427,205	\$344,096,320	\$554,920,185	\$846,128,557	\$813,214,744	\$912,259,389	\$1,222,289,341	34.1%	9.3%
Total	\$6,439,628,101	\$7,350,363,024	\$8,398,159,525	\$9,827,003,688	\$11,104,376,050	\$12,834,434,692	\$13,154,453,435	12.6%	100.0%
By Basis of Eligibility									
Aged, Blind or Disabled	\$4,686,681,537	\$5,304,896,347	\$5,810,939,356	\$6,672,203,209	\$7,611,255,400	\$8,827,115,797	\$8,658,118,748	10.8%	65.8%
Children	\$869,970,939	\$961,815,244	\$1,144,625,407	\$1,303,537,814	\$1,436,019,441	\$1,668,633,281	\$1,844,758,284	13.3%	14.0%
Foster Care Children	\$110,904,666	\$120,979,089	\$135,777,344	\$154,779,453	\$182,593,611	\$209,409,218	\$202,292,908	10.5%	1.5%
Adults	\$561,643,754	\$618,576,024	\$751,897,233	\$850,492,790	\$1,059,556,240	\$1,215,223,731	\$1,224,368,217	13.9%	9.3%
Basis of Eligibility Unknown	\$210,427,205	\$344,096,320	\$554,920,185	\$845,990,422	\$814,951,358	\$914,052,665	\$1,224,915,278	34.1%	9.3%
Total	\$6,439,628,101	\$7,350,363,024	\$8,398,159,525	\$9,827,003,688	\$11,104,376,050	\$12,834,434,692	\$13,154,453,435	12.6%	100.0%
By Age									
Under Age 1	\$214,468,858	\$243,285,913	\$281,784,505	\$284,968,780	\$348,364,745	\$404,374,703	\$419,210,682	11.8%	3.2%
Age 1 to 5	\$511,848,067	\$570,377,512	\$682,240,625	\$769,927,897	\$881,051,296	\$1,017,252,022	\$1,011,750,852	12.0%	7.7%
Age 6 to 14	\$527,916,518	\$587,540,095	\$704,285,780	\$798,380,718	\$888,881,967	\$1,028,400,000	\$1,000,623,570	11.2%	7.6%
Age 15 to 20	\$363,868,824	\$403,783,164	\$483,348,256	\$543,683,069	\$623,960,160	\$720,171,843	\$753,254,074	12.9%	5.7%
Age 21 to 44	\$1,476,598,270	\$1,635,143,608	\$1,847,143,319	\$2,046,695,874	\$2,289,183,622	\$2,667,563,479	\$2,618,103,811	10.0%	19.9%
Age 45 to 64	\$1,085,760,072	\$1,290,961,928	\$1,486,934,092	\$1,747,683,325	\$2,054,164,321	\$2,359,507,352	\$2,519,762,054	15.1%	19.2%
Age 65 to 74	\$520,768,585	\$588,764,856	\$624,266,453	\$726,621,030	\$849,959,230	\$984,770,759	\$1,001,714,446	11.5%	7.6%
Age 75 to 84	\$694,789,645	\$783,612,856	\$824,070,714	\$982,720,274	\$1,134,133,908	\$1,314,631,286	\$1,271,239,490	10.6%	9.7%
Age 85 and Over	\$833,142,370	\$902,815,626	\$909,280,238	\$1,080,283,779	\$1,221,377,550	\$1,425,595,472	\$1,336,460,960	8.2%	10.2%
Age Unknown	\$210,466,892	\$344,077,466	\$554,805,543	\$846,038,942	\$813,299,251	\$912,167,776	\$1,222,333,496	34.1%	9.3%
Total	\$6,439,628,101	\$7,350,363,024	\$8,398,159,525	\$9,827,003,688	\$11,104,376,050	\$12,834,434,692	\$13,154,453,435	12.6%	100.0%
By Race									
White	\$3,360,406,164	\$3,760,149,721	\$4,309,561,680	\$4,354,833,378	\$4,895,171,895	\$5,730,394,593	\$5,504,243,049	8.6%	41.8%
Black	\$1,532,181,868	\$1,750,088,067	\$2,001,191,843	\$2,199,521,262	\$2,424,610,929	\$2,828,623,169	\$2,857,351,265	10.9%	21.7%
Hispanic, American Indian or Asian	\$565,044,456	\$675,289,579	\$767,776,170	\$992,737,256	\$1,171,440,057	\$1,337,044,370	\$2,233,458,149	25.7%	17.0%
Other/Unknown	\$981,995,613	\$1,164,835,657	\$1,319,629,832	\$2,279,911,792	\$2,613,153,169	\$2,938,372,560	\$2,559,400,972	17.3%	19.5%
Total*	\$6,439,628,101	\$7,350,363,024	\$8,398,159,525	\$9,827,003,688	\$11,104,376,050	\$12,834,434,692	\$13,154,453,435	12.6%	100.0%
By Sex									
Female	\$3,836,511,323	\$4,374,828,179	\$4,972,393,755	\$5,373,848,783	\$6,154,803,718	\$7,108,283,923	\$7,141,102,095	10.9%	54.3%
Male	\$2,599,731,918	\$2,972,203,906	\$3,419,543,912	\$3,605,408,049	\$4,132,882,060	\$4,849,276,183	\$4,787,040,703	10.7%	36.4%
Unknown	\$3,384,860	\$3,330,939	\$6,221,858	\$847,746,856	\$816,690,272	\$876,874,586	\$1,226,310,637	167.0%	9.3%
Total*	\$6,439,628,101	\$7,350,363,024	\$8,398,159,525	\$9,827,003,688	\$11,104,376,050	\$12,834,434,692	\$13,154,453,435	12.6%	100.0%

Source: MSIS data for FFY 99-05.

FLORIDA

SOUTHERN REGION MEDICAID PROFILE

AVERAGE PAYMENT PER RECIPIENT BY OTHER CHARACTERISTICS

								Annual Change	Above (+) or Below (-) SLC Avg. FFY 05
By Maintenance Assistance Status	FFY 99	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05		
Receiving Cash Assistance or Eligible Under Section 1931	\$3,283.40	\$3,687.01	\$3,985.60	\$4,203.75	\$4,614.89	\$4,967.35	\$4,845.22	6.7%	-17.0%
Poverty Related Eligibles	\$2,466.32	\$2,498.48	\$2,404.72	\$2,530.49	\$2,653.66	\$2,881.94	\$2,925.60	2.9%	39.1%
Medically Needy	\$3,414.12	\$3,761.50	\$3,933.54	\$4,245.51	\$4,845.28	\$5,158.45	\$5,599.45	8.6%	-28.9%
Other Eligibles	\$6,013.23	\$5,647.31	\$5,336.33	\$5,034.13	\$5,673.26	\$6,118.31	\$6,137.14	0.3%	-20.5%
Maintenance Assistance Status Unknown	\$438.37	\$896.89	\$1,954.50	\$2,817.45	\$3,591.22	\$3,637.43	\$2,806.14	36.3%	0.0%
Total	\$2,733.71	\$3,114.01	\$3,415.82	\$3,671.95	\$4,047.72	\$4,347.17	\$4,154.82	7.2%	-5.8%
By Basis of Eligibility									
Aged, Blind or Disabled	\$8,075.56	\$8,861.30	\$9,216.98	\$8,748.16	\$11,061.09	\$11,875.08	\$11,638.98	6.3%	-2.8%
Children	\$944.41	\$987.58	\$1,047.77	\$978.91	\$1,149.78	\$1,242.63	\$1,291.72	5.4%	-16.2%
Foster Care Children	\$3,318.71	\$3,368.77	\$3,638.00	\$3,568.90	\$4,354.83	\$4,654.68	\$4,393.76	4.8%	-37.0%
Adults	\$1,648.67	\$1,679.63	\$1,814.12	\$1,579.25	\$1,970.26	\$2,114.94	\$2,390.33	6.4%	-17.0%
Basis of Eligibility Unknown	\$438.37	\$896.89	\$1,954.50	\$0.00	\$3,596.32	\$3,706.12	\$2,810.84	36.3%	0.0%
Total	\$2,733.71	\$3,114.01	\$3,415.82	\$3,671.95	\$4,047.72	\$4,347.17	\$4,154.82	7.2%	-5.8%
By Age									
Under Age 1	\$2,870.15	\$3,027.83	\$3,265.48	\$3,033.55	\$3,493.18	\$3,777.76	\$3,730.03	4.5%	1.2%
Age 1 to 5	\$1,465.28	\$1,522.01	\$1,606.95	\$1,629.59	\$1,740.45	\$1,876.58	\$1,853.93	4.0%	-0.3%
Age 6 to 14	\$1,152.27	\$1,233.81	\$1,341.30	\$1,374.55	\$1,454.00	\$1,567.33	\$1,546.57	5.0%	-12.6%
Age 15 to 20	\$1,878.57	\$1,958.86	\$2,101.66	\$2,113.90	\$2,234.85	\$2,412.37	\$2,364.84	3.9%	-15.1%
Age 21 to 44	\$3,648.08	\$3,808.10	\$3,924.37	\$4,063.44	\$4,375.21	\$4,738.55	\$4,718.77	4.4%	-9.5%
Age 45 to 64	\$7,055.89	\$7,913.89	\$8,378.08	\$9,102.99	\$10,083.42	\$10,787.75	\$10,736.01	7.2%	-3.8%
Age 65 to 74	\$5,331.10	\$5,840.69	\$5,786.57	\$6,263.76	\$6,842.48	\$7,374.35	\$7,374.49	5.6%	-12.4%
Age 75 to 84	\$8,390.98	\$9,180.63	\$9,033.09	\$10,146.30	\$10,920.25	\$11,766.99	\$11,277.15	5.1%	-7.4%
Age 85 and Over	\$13,749.59	\$14,880.51	\$14,781.20	\$17,156.35	\$18,673.50	\$20,123.59	\$19,440.00	5.9%	3.7%
Age Unknown	\$438.45	\$896.87	\$1,954.17	\$2,817.28	\$3,591.09	\$3,637.21	\$2,806.13	36.3%	0.0%
Total	\$2,733.71	\$3,114.01	\$3,415.82	\$3,671.95	\$4,047.72	\$4,347.17	\$4,154.82	7.2%	-5.8%
By Race									
White	\$3,428.18	\$3,894.13	\$4,279.97	\$4,901.33	\$5,303.11	\$5,715.00	\$5,658.81	8.7%	3.4%
Black	\$2,047.05	\$2,383.77	\$2,613.84	\$2,978.90	\$3,190.44	\$3,434.73	\$3,536.68	9.5%	-6.9%
Hispanic, American Indian or Asian	\$1,380.51	\$1,564.59	\$1,712.95	\$1,983.29	\$2,167.94	\$2,311.31	\$3,071.43	14.3%	5.8%
Other/ Unknown	\$4,512.33	\$5,085.60	\$5,547.86	\$4,154.23	\$5,025.45	\$5,365.38	\$3,887.93	-2.5%	-11.6%
Total	\$2,733.71	\$3,114.01	\$3,415.82	\$3,671.95	\$4,047.72	\$4,347.17	\$4,154.82	7.2%	-5.8%
By Sex									
Female	\$2,677.08	\$3,063.61	\$3,341.75	\$3,811.71	\$4,141.95	\$4,423.60	\$4,474.01	8.9%	-2.4%
Male	\$2,832.15	\$3,200.40	\$3,538.45	\$3,736.86	\$4,015.55	\$4,371.52	\$4,225.27	6.9%	-2.9%
Unknown	\$735.04	\$894.93	\$1,462.93	\$2,810.96	\$3,579.12	\$3,712.80	\$2,806.28	25.0%	-17.0%
Total	\$2,733.71	\$3,114.01	\$3,415.82	\$3,671.95	\$4,047.72	\$4,347.17	\$4,154.82	7.2%	-5.8%

Source: MSIS data for FFY 99-05.

FLORIDA

SOUTHERN REGION MEDICAID PROFILE

ADDITIONAL STATE HEALTH CARE INFORMATION

Sources: "Issue Briefs", Health Policy Tracking Service, January 2006; "Medicaid Services State by State", CMS, October 2005; "State Health Facts", The Henry Kaiser Foundation, January 2006; state annual report for FY 05; and 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 10/1/98. 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 8/1/02. 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 4/1/82.
- Developmental Services (MR/DD): Two waivers serve approximately 25,000 people, operating since 6/14/80.
- Assisted Living for the Elderly Waiver is a home and community-based services program. Implemented statewide 2/1/95. Serves recipients who reside in qualified ALFs.
- AIDS: Project Aids Care served 5,952 beneficiaries in FY 04, operating since 11/1/89.
- Model Waiver: Serves children with Degenerative Spinocerebellar Diseases, serves 5 people, operating since 6/14/91.
- 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 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 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 10/1/98. 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.
- MEDS-AD demonstration (1115 Waiver) approved in November, 2005 (implementation 1/1/06): provides certain coverages for specific age groups and disabilities with incomes up to 88% of the FPL; benefits include all Medicaid state plan services, and individuals with 6 or more on-going medications can receive high-intensity pharmacy case-management services.

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 assist recipients in their decision; if recipients do not choose a provider, they are 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%.

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 1/1/01, 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

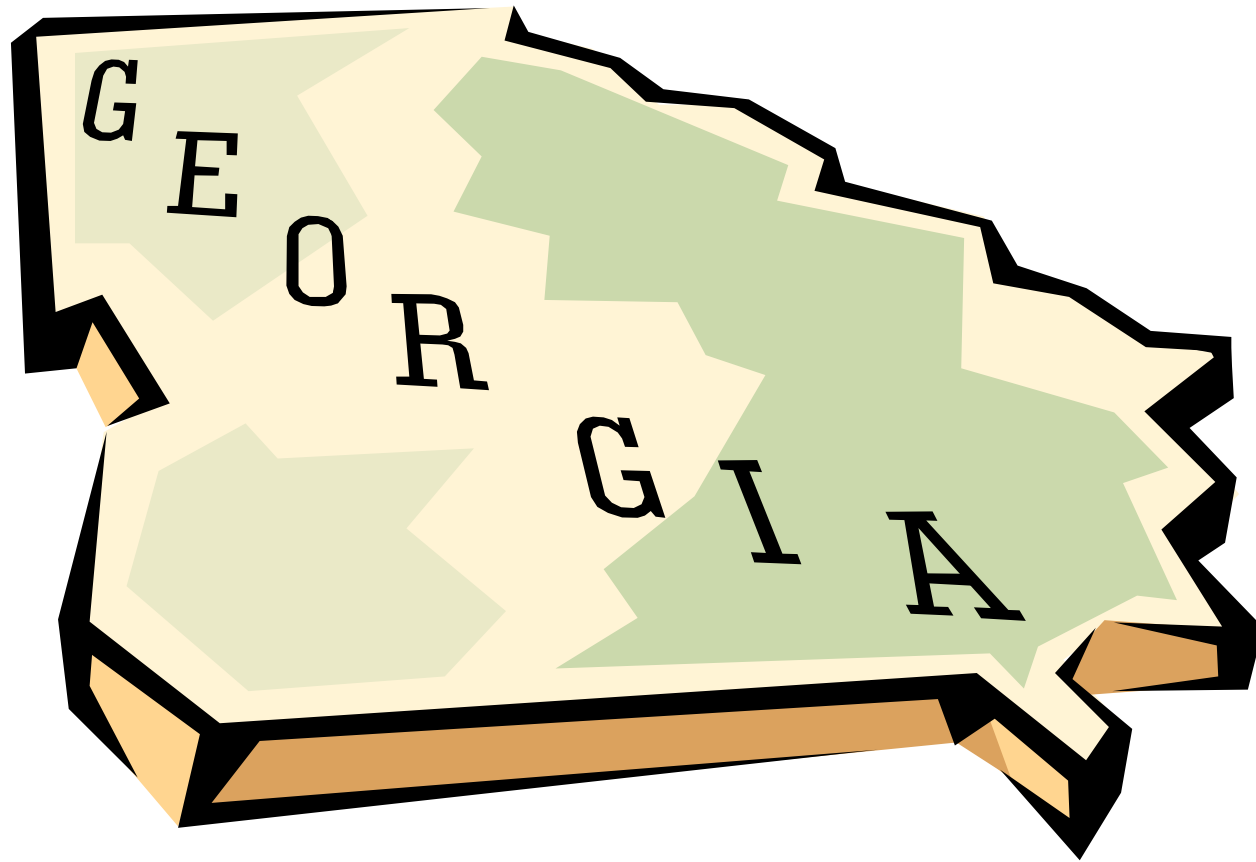
Medicaid (Continued)

- 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.

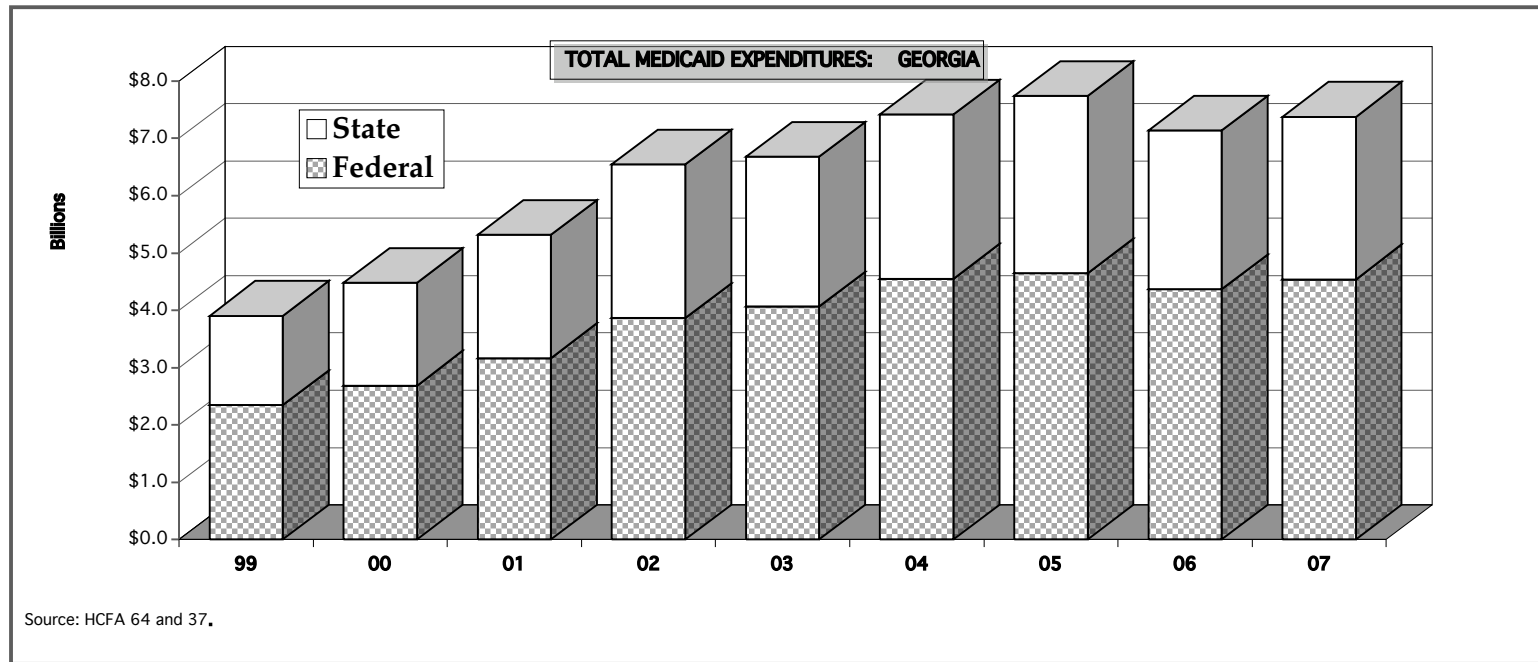
Children's Health Insurance Program: A Combination expansion of Medicaid and Florida Healthy Kids (Title XXI)

- Expanded Medicaid coverage for children age 15-19 in families with incomes up to 100% of the FPL; provides coverage for an additional 24,369 children and adolescents. The plan received HCFA approval on 3/5/98.
- Expanded Florida Healthy Kids Program for children and adolescents age 5-19 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 9/8/98.
- 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 7/1/00.
- Received HCFA approval in March 2000 to implement a dental pilot program in Palm Beach and Dade counties.
- Expanded Medicaid coverage to enroll children under age 1 with family incomes between 185% and 200% of the FPL and eliminated coverage for this group under MediKids and Title XXI CMS Network.
- The four programs combined provide health care coverage to approximately 323,513 individuals as of September 2004.

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 99	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05	FFY 06**	FFY 07**	Annual Rate of Change	Total Change 99-07
Medicaid Payments	\$3,673,705,109	\$4,321,247,201	\$5,037,084,881	\$6,241,211,454	\$6,300,856,479	\$7,044,051,167	\$7,333,266,041	\$6,698,684,000	\$7,002,851,000	8.4%	90.6%
Federal Share	\$2,226,304,953	\$2,592,499,901	\$3,012,109,157	\$3,684,679,643	\$3,864,544,309	\$4,368,498,042	\$4,403,242,227	\$4,112,357,000	\$4,345,826,000	8.7%	95.2%
State Share	\$1,447,400,156	\$1,728,747,300	\$2,024,975,724	\$2,556,531,811	\$2,436,312,170	\$2,675,553,125	\$2,930,023,814	\$2,586,327,000	\$2,657,025,000	7.9%	83.6%
Administrative Costs	\$230,872,445	\$158,819,383	\$277,430,878	\$302,658,380	\$380,246,357	\$368,841,269	\$407,426,231	\$438,917,000	\$373,067,000	6.2%	61.6%
Federal Share	\$126,008,191	\$96,825,459	\$155,839,950	\$180,016,435	\$205,358,125	\$184,173,084	\$246,025,413	\$255,591,000	\$195,692,000	5.7%	55.3%
State Share	\$104,864,254	\$61,993,924	\$121,590,928	\$122,641,945	\$174,888,232	\$184,668,185	\$161,400,818	\$183,326,000	\$177,375,000	6.8%	69.1%
Admin. Costs as % of Payments	6.28%	3.68%	5.51%	4.85%	6.03%	5.24%	5.56%	6.55%	5.33%		
Federal Match Rate*	60.47%	59.88%	59.67%	59.00%	59.60%	59.58%	60.44%	60.60%	61.97%		

*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 06 and 07 reflect latest estimates reported by each state (CMS 37).

SOUTHERN REGION MEDICAID PROFILE

STATE FINANCING	Payments		Administration	
	FFY 99	FFY 05	FFY 99	FFY 05
State General Fund	\$1,447,400,156	\$2,927,892,264	\$104,864,254	\$161,400,818
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	\$1,447,400,156	\$2,930,023,814	\$104,864,254	\$161,400,818

Provider Taxes Currently in Place (FFY 05)	
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

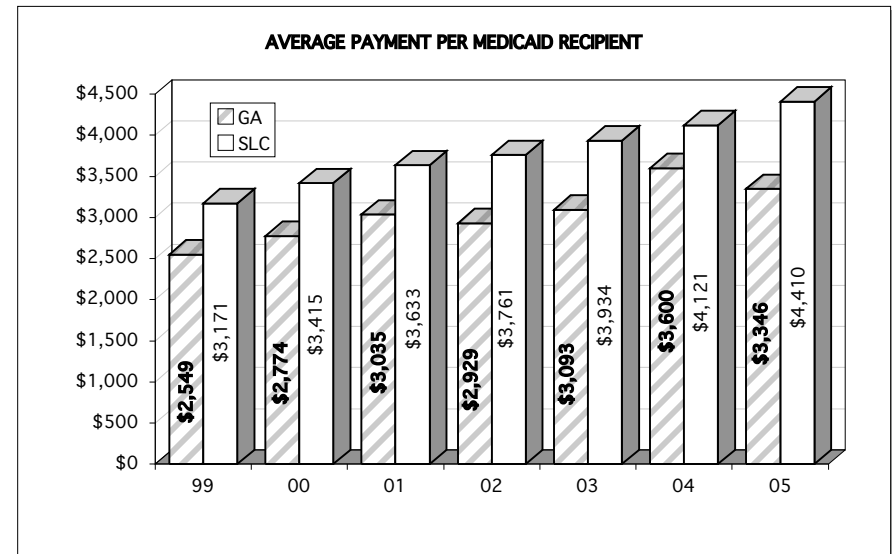
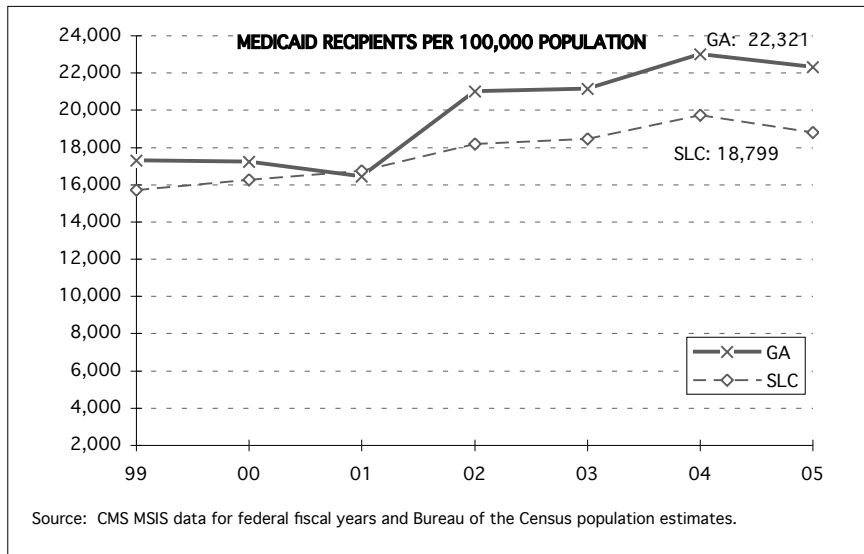
	FFY 99	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05	FFY 06**	FFY 07**	Annual Change
General Hospitals	\$391,688,680	\$402,093,625	\$418,024,133	\$433,162,860	\$366,149,330	\$424,567,736	\$412,317,266	\$431,717,000	\$431,718,000	0.5%
Mental Hospitals	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a
Total	\$391,688,680	\$402,093,625	\$418,024,133	\$433,162,860	\$366,149,330	\$424,567,736	\$412,317,266	\$431,717,000	\$431,718,000	0.5%

SELECTED ELIGIBILITY CRITERIA				DEMOGRAPHIC DATA & POVERTY INDICATORS (2005)			
	At 10/1/05	% of FPL*					Rank in U.S.
TANF-Temporary Assistance for Needy Families (Family of 3)				State population—July 1, 2005*	9,132,553		9
Need Standard	\$424	32.5%					
Payment Standard (Income Ceiling)	\$784	60.0%		Per capita personal income**	\$31,191		33
Maximum Payment	\$280	21.4%		Median household income**	\$44,439		29
Medically Needy Program (Family of 3)				Population below Federal Poverty Level on July 1, 2003*	1,196,364		
Income Eligibility Standard	\$375			Percent of total state population	13.1%		16
Resource Standard	\$4,100						
Pregnant Women, Children and Infants (% of FPL*)				Population without health insurance coverage*	1,709,000		6
Pregnant women and infants		185% to 200%		Percent of total state population	18.7%		14
Children 2 to 5		133.0%		Recipients of Food Stamps***	946,812		9
Children 6 to 19		100.0%		Households receiving Food Stamps***	375,739		9
SSI Eligibility Levels				Total value of issuance***	\$1,098,314,441		9
Income:				Average monthly benefit per recipient	\$96.67		9
Single Person	\$564	72.7%		Average monthly benefit per household	\$243.59		
Couple	\$946	90.9%					
Resources:				Monthly recipients of Temporary Assistance to Needy Families (TANF)****	51,533		19
Single Person	\$2,000			Total TANF payments****	\$53,339,882		41
Couple	\$3,000			Average monthly payment per recipient	\$86.26		41
				Maximum monthly payment per family of 3	\$208.00		39

*Current federal poverty level is \$9,570 per year for a single person, \$12,830 for a family of two and \$16,090 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 99</u>	<u>FFY 00</u>	<u>FFY 01</u>	<u>FFY 02</u>	<u>FFY 03</u>	<u>FFY 04</u>	<u>FFY 05</u>	<i>Annual Change</i>
01. General Hospital	204,883	211,400	202,621	227,976	225,915	282,589	259,946	4.0%
02. Mental Hospital	0	0	0	0	0	0	0	n/a
03. Skilled and Intermediate (non-MR) Care Nursing	39,720	40,326	39,591	41,616	41,601	43,349	47,590	3.1%
04. Intermediate Care for Mentally Retarded	1,444	1,414	1,369	1,317	1,258	1,252	1,173	-3.4%
05. Physician Services	894,636	909,574	901,368	1,184,321	1,295,908	1,498,142	1,481,072	8.8%
06. Dental Services	230,903	227,960	230,533	393,445	488,144	564,634	632,886	18.3%
07. Other Practitioners	135,649	132,286	138,583	190,431	242,939	388,047	373,021	18.4%
08. Outpatient Hospital	543,482	578,918	580,333	731,565	774,612	910,875	912,613	9.0%
09. Clinic Services	356,625	371,269	364,029	480,661	530,530	686,880	684,493	11.5%
10. Lab and X-Ray	164,840	176,254	177,257	221,980	249,884	305,749	316,489	11.5%
11. Home Health	20,108	18,049	19,719	20,909	20,663	12,246	13,380	-6.6%
12. Prescribed Drugs	841,024	847,730	856,797	1,076,904	122,323	1,276,736	1,323,854	7.9%
13. Family Planning	0	0	0	0	26,015	12,301	9,723	-38.9%
14. Early & Periodic Screening, Diagnosis & Treatment	0	0	0	0	0	0	0	n/a
15. Other Care	175,543	179,440	190,418	247,982	217,243	312,126	330,015	11.1%
16. Personal Care Support Services	203,339	216,809	236,696	316,160	411,034	338,762	339,885	8.9%
17. Home/Community Based Waiver Services	0	0	0	0	0	0	0	n/a
18. Prepaid Health Care	33,660	22,459	0	0	0	0	1,502,402	88.3%
19. Primary Care Case Management (PCCM) Services	947,607	59,742	958,577	1,278,572	1,206,439	1,409,923	1,488,835	7.8%
Total*	1,267,798	1,289,795	1,256,990	1,637,329	1,732,120	1,928,820	2,038,468	8.2%

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

SOUTHERN REGION MEDICAID PROFILE

<u>PAYMENTS BY TYPE OF SERVICES</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>FFY 05</u>	<i>Annual Change</i>	<i>Share of Total FFY 05</i>
01. General Hospital	\$706,922,816	\$770,287,080	\$815,115,674	\$1,029,166,797	\$1,122,690,289	\$1,322,968,703	\$1,416,722,664	12.3%	20.8%
02. Mental Hospital	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a	0.0%
03. Skilled and Intermediate (non-MR) Care Nursing	\$639,253,258	\$746,513,288	\$733,447,215	\$806,319,046	\$827,035,470	\$1,024,250,660	\$981,196,430	7.4%	14.4%
04. Intermediate Care for Mentally Retarded	\$108,475,359	\$109,493,463	\$110,190,694	\$110,193,235	\$102,917,036	\$121,412,043	\$91,893,474	-2.7%	1.3%
05. Physician Services	\$392,476,463	\$423,743,500	\$449,717,740	\$592,889,173	\$649,384,798	\$708,700,093	\$727,220,925	10.8%	10.7%
06. Dental Services	\$40,855,499	\$47,014,714	\$71,867,392	\$141,126,963	\$186,245,205	\$218,599,261	\$245,890,665	34.9%	3.6%
07. Other Practitioners	\$18,432,417	\$19,195,790	\$20,329,582	\$30,601,958	\$39,709,926	\$53,129,028	\$58,590,888	21.3%	0.9%
08. Outpatient Hospital	\$311,143,950	\$341,117,230	\$370,631,403	\$496,845,562	\$606,810,676	\$982,122,181	\$710,242,405	14.7%	10.4%
09. Clinic Services	\$136,870,005	\$111,650,111	\$109,400,936	\$155,863,139	\$159,706,661	\$408,663,526	\$348,496,726	16.9%	5.1%
10. Lab and X-Ray	\$14,090,357	\$16,875,460	\$16,571,798	\$21,024,404	\$24,181,841	\$27,362,549	\$24,759,738	9.9%	0.4%
11. Home Health	\$71,871,270	\$76,206,271	\$87,693,524	\$101,040,695	\$66,138,776	\$8,631,403	\$6,573,866	-32.9%	0.1%
12. Prescribed Drugs	\$462,992,436	\$580,612,920	\$655,515,772	\$749,552,199	\$1,003,853,892	\$1,156,607,078	\$1,219,442,107	17.5%	17.9%
13. Family Planning	\$0	\$0	\$0	\$0	\$15,901,097	\$26,715,524	\$24,248,145	23.5%	0.4%
14. Early & Periodic Screening, Diagnosis & Treatment	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a	0.0%
15. Other Care	\$159,735,131	\$177,025,081	\$209,266,762	\$310,564,683	\$307,085,482	\$627,246,384	\$623,703,451	25.5%	9.1%
16. Personal Care Support Services	\$115,779,941	\$125,074,607	\$142,839,088	\$217,765,580	\$216,803,781	\$226,894,829	\$260,997,030	14.5%	3.8%
17. Home/Community Based Waiver Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a	0.0%
18. Prepaid Health Care	\$29,808,317	\$7,266,806	\$0	\$0	\$0	\$0	\$45,147,986	7.2%	0.7%
19. Primary Case Management (PCCM) Services	\$23,278,773	\$25,826,967	\$22,679,694	\$33,051,927	\$29,085,728	\$31,165,952	\$35,896,123	7.5%	0.5%
Total (excludes DSH pymts, pharmacy rebates, & other adjs.)	\$3,231,985,992	\$3,577,903,288	\$3,815,267,274	\$4,796,005,361	\$5,357,550,658	\$6,944,469,214	\$6,821,022,623	13.3%	100.0%

AVERAGE PAYMENTS PER RECIPIENT BY TYPE OF SERVICES

								<i>(+) or (-) SLC Avg. FFY 05</i>	
01. General Hospital	\$3,450.37	\$3,643.74	\$4,022.86	\$4,514.36	\$4,969.53	\$4,681.60	\$5,450.07	7.9%	4.0%
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	\$16,093.99	\$18,511.96	\$18,525.60	\$19,375.22	\$19,880.18	\$23,628.01	\$20,617.70	4.2%	-17.6%
04. Intermediate Care for Mentally Retarded	\$75,121.44	\$77,435.26	\$80,489.92	\$83,669.88	\$81,810.04	\$96,974.48	\$78,340.56	0.7%	-8.6%
05. Physician Services	\$438.70	\$465.87	\$498.93	\$500.62	\$501.10	\$473.05	\$491.01	1.9%	-18.1%
06. Dental Services	\$176.94	\$206.24	\$311.74	\$358.70	\$381.54	\$387.15	\$388.52	14.0%	6.5%
07. Other Practitioners	\$135.88	\$145.11	\$146.70	\$160.70	\$163.46	\$136.91	\$157.07	2.4%	-43.1%
08. Outpatient Hospital	\$572.50	\$589.23	\$638.65	\$679.15	\$783.37	\$1,078.22	\$778.25	5.3%	30.2%
09. Clinic Services	\$383.79	\$300.73	\$300.53	\$324.27	\$301.03	\$594.96	\$509.13	4.8%	-26.6%
10. Lab and X-Ray	\$85.48	\$95.75	\$93.49	\$94.71	\$96.77	\$89.49	\$78.23	-1.5%	-63.8%
11. Home Health	\$3,574.26	\$4,222.19	\$4,447.16	\$4,832.40	\$3,200.83	\$704.83	\$491.32	-28.2%	-86.2%
12. Prescribed Drugs	\$550.51	\$684.90	\$765.08	\$696.03	\$8,206.58	\$905.91	\$921.13	9.0%	-38.2%
13. Family Planning	\$0.00	\$0.00	\$0.00	\$0.00	\$611.23	\$2,171.82	\$2,493.90	102.0%	77.6%
14. Early & Periodic Screening, Diagnosis & Treatment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	n/a	n/a
15. Other Care	\$909.95	\$986.54	\$1,098.99	\$1,252.37	\$1,413.56	\$2,009.59	\$1,889.92	13.0%	0.7%
16. Personal Care Support Services	\$569.39	\$576.89	\$603.47	\$688.78	\$527.46	\$669.78	\$767.90	5.1%	-47.8%
17. Home/Community Based Waiver Services	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	n/a	n/a
18. Prepaid Health Care	\$885.57	\$323.56	\$0.00	\$0.00	\$0.00	\$0.00	\$30.05	-43.1%	-97.3%
19. Primary Care Case Management (PCCM) Services	\$24.57	\$432.31	\$23.66	\$25.85	\$24.11	\$22.10	\$24.11	-0.3%	-11.7%
Total (Average)	\$2,549.29	\$2,774.01	\$3,035.24	\$2,929.16	\$3,093.06	\$3,600.37	\$3,346.15	4.6%	-24.1%

TOTAL PER CAPITA EXPENDITURES

	\$532.37	\$598.14	\$695.42	\$840.22	\$816.12	\$884.18	\$847.59	8.1%	-8.2%
--	-----------------	-----------------	-----------------	-----------------	-----------------	-----------------	-----------------	-------------	--------------

Source: MSIS data for FFY 99-05.

SOUTHERN REGION MEDICAID PROFILE
DATA BY OTHER CHARACTERISTICS

RECIPIENTS BY OTHER CHARACTERISTICS

	<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>FFY 05</u>	<i>Annual Change</i>	<i>Share of Total FFY 05</i>
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	382,721	381,281	515,762	504,757	527,867	572,312	580,408	7.2%	28.5%
Poverty Related Eligibles	550,472	549,926	501,780	593,853	651,553	744,332	805,823	6.6%	39.5%
Medically Needy	6,238	8,994	9,425	10,313	11,464	8,216	7,425	2.9%	0.4%
Other Eligibles	242,242	243,330	230,023	265,977	267,747	282,522	304,390	3.9%	14.9%
Maintenance Assistance Status Unknown	86,125	106,264	0	262,429	273,489	321,438	340,422	25.7%	16.7%
Total*	1,267,798	1,289,795	1,256,990	1,637,329	1,732,120	1,928,820	2,038,468	8.2%	100.0%
By Basis of Eligibility									
Aged, Blind, or Disabled	311,954	319,038	322,510	341,408	333,745	352,382	360,825	2.5%	17.7%
Children	667,192	660,917	685,118	844,963	853,845	951,542	1,011,560	7.2%	49.6%
Foster Care Children	8,833	11,519	15,932	19,550	18,781	22,078	25,297	19.2%	1.2%
Adults	193,694	192,057	233,430	252,563	252,259	278,802	296,948	7.4%	14.6%
Basis of Eligibility Unknown	86,125	106,264	0	178,845	273,490	324,016	343,838	26.0%	16.9%
Total*	1,267,798	1,289,795	1,256,990	1,637,329	1,732,120	1,928,820	2,038,468	8.2%	100.0%
By Age									
Under Age 1	73,941	77,969	77,756	81,499	83,244	89,451	95,517	4.4%	4.7%
Age 1 to 5	259,200	262,334	269,241	320,543	339,550	371,805	389,689	7.0%	19.1%
Age 6 to 14	289,203	283,009	293,690	341,811	367,446	409,226	432,770	6.9%	21.2%
Age 15 to 20	129,614	127,714	136,503	147,669	162,924	187,728	205,882	8.0%	10.1%
Age 21 to 44	215,444	214,751	255,716	255,797	272,584	299,418	316,146	6.6%	15.5%
Age 45 to 64	85,757	89,302	96,438	100,513	107,450	118,609	124,172	6.4%	6.1%
Age 65 to 74	50,415	50,357	50,254	50,242	50,091	53,961	56,422	1.9%	2.8%
Age 75 to 84	45,807	46,076	45,856	45,940	45,220	46,910	47,069	0.5%	2.3%
Age 85 and Over	32,292	32,019	31,536	30,886	30,122	30,272	30,379	-1.0%	1.5%
Age Unknown	86,125	106,264	0	262,429	273,489	321,440	340,422	25.7%	16.7%
Total*	1,267,798	1,289,795	1,256,990	1,637,329	1,732,120	1,928,820	2,038,468	8.2%	100.0%
By Race									
White	460,359	468,202	456,330	560,642	604,949	673,128	714,787	7.6%	35.1%
Black	670,248	681,641	664,452	697,261	720,904	790,707	829,391	3.6%	40.7%
Hispanic, American Indian or Asian	53,591	54,364	53,112	23,361	38,753	47,398	49,096	-1.4%	2.4%
Other/Unknown	83,600	85,588	83,096	356,065	367,514	417,587	445,194	32.1%	21.8%
Total*	1,267,798	1,289,795	1,256,990	1,637,329	1,732,120	1,928,820	2,038,468	8.2%	100.0%
By Sex									
Female	776,857	790,381	770,183	826,934	874,969	958,277	1,009,844	4.5%	49.5%
Male	483,598	491,992	479,533	547,966	583,650	649,088	688,147	6.1%	33.8%
Unknown	7,343	7,422	7,274	262,429	273,501	321,455	340,477	89.5%	16.7%
Total*	1,267,798	1,289,795	1,256,990	1,637,329	1,732,120	1,928,820	2,038,468	8.2%	100.0%

Source: MSIS data for FFY 99-05.

SOUTHERN REGION MEDICAID PROFILE

PAYMENTS BY OTHER CHARACTERISTICS

	FFY 99	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05	Annual Change	Share of Total FFY 05
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	\$1,382,020,426	\$1,498,547,853	\$1,730,796,612	\$2,030,818,708	\$2,122,692,203	\$2,917,683,587	\$2,881,085,606	13.0%	42.2%
Poverty Related Eligibles	\$655,518,207	\$682,763,454	\$693,186,999	\$822,349,971	\$1,008,562,523	\$1,404,344,359	\$1,378,940,390	13.2%	20.2%
Medically Needy	\$36,247,519	\$59,470,116	\$67,165,688	\$83,707,979	\$112,396,672	\$102,957,722	\$89,374,407	16.2%	1.3%
Other Eligibles	\$1,103,033,147	\$1,246,534,428	\$1,324,117,975	\$1,564,443,172	\$1,794,780,099	\$2,106,380,301	\$2,065,629,537	11.0%	30.3%
Maintenance Assistance Status Unknown	\$55,166,693	\$90,587,437	\$0	\$294,685,531	\$319,119,161	\$413,103,245	\$405,992,683	39.5%	6.0%
Total*	\$3,231,985,992	\$3,577,903,288	\$3,815,267,274	\$4,796,005,361	\$5,357,550,658	\$6,944,469,214	\$6,821,022,623	13.3%	100.0%
By Basis of Eligibility									
Aged, Blind or Disabled	\$2,075,785,671	\$2,329,126,304	\$2,465,506,511	\$2,812,930,628	\$3,048,713,892	\$4,128,329,869	\$3,911,658,404	11.1%	57.3%
Children	\$653,946,821	\$672,141,195	\$784,754,155	\$986,664,537	\$1,141,356,199	\$1,343,916,270	\$1,409,946,789	13.7%	20.7%
Foster Care Children	\$28,720,088	\$36,080,606	\$47,381,816	\$68,432,271	\$68,080,671	\$151,054,249	\$156,528,184	32.7%	2.3%
Adults	\$418,366,719	\$449,967,746	\$517,624,792	\$622,361,459	\$740,880,454	\$874,388,979	\$898,590,077	13.6%	13.2%
Basis of Eligibility Unknown	\$55,166,693	\$90,587,437	\$0	\$305,616,466	\$319,119,442	\$446,779,847	\$444,299,169	41.6%	6.5%
Total*	\$3,231,985,992	\$3,577,903,288	\$3,815,267,274	\$4,796,005,361	\$5,357,550,658	\$6,944,469,214	\$6,821,022,623	13.3%	100.0%
By Age									
Under Age 1	\$198,686,682	\$232,347,201	\$259,039,763	\$283,687,721	\$272,471,479	\$308,426,474	\$341,122,407	9.4%	5.0%
Age 1 to 5	\$297,971,883	\$307,812,480	\$374,497,712	\$458,485,978	\$553,135,849	\$646,701,777	\$669,492,680	14.4%	9.8%
Age 6 to 14	\$250,164,339	\$247,391,746	\$290,344,739	\$389,821,361	\$479,046,570	\$605,698,645	\$620,808,204	16.4%	9.1%
Age 15 to 20	\$216,324,625	\$227,688,839	\$246,963,669	\$313,540,556	\$367,418,487	\$468,613,201	\$491,869,045	14.7%	7.2%
Age 21 to 44	\$731,522,593	\$784,657,252	\$876,280,104	\$1,055,769,741	\$1,194,403,569	\$1,508,770,225	\$1,458,264,956	12.2%	21.4%
Age 45 to 64	\$558,395,268	\$637,519,329	\$715,187,442	\$853,355,081	\$965,824,351	\$1,370,878,544	\$1,351,916,727	15.9%	19.8%
Age 65 to 74	\$246,120,546	\$277,327,308	\$282,896,200	\$311,368,483	\$336,776,996	\$499,521,941	\$436,693,322	10.0%	6.4%
Age 75 to 84	\$324,124,167	\$376,233,367	\$381,141,345	\$415,373,977	\$436,487,337	\$578,131,396	\$523,118,678	8.3%	7.7%
Age 85 and Over	\$353,509,196	\$396,338,329	\$388,916,300	\$419,916,932	\$432,866,859	\$544,622,216	\$521,743,921	6.7%	7.6%
Age Unknown	\$55,166,693	\$90,587,437	\$0	\$294,685,531	\$319,119,161	\$413,104,795	\$405,992,683	39.5%	6.0%
Total*	\$3,231,985,992	\$3,577,903,288	\$3,815,267,274	\$4,796,005,361	\$5,357,550,658	\$6,944,469,214	\$6,821,022,623	13.3%	100.0%
By Race									
White	\$1,551,407,326	\$1,717,330,905	\$1,809,275,320	\$2,221,842,335	\$2,477,092,197	\$3,164,560,719	\$3,069,141,566	12.0%	45.0%
Black	\$1,329,788,662	\$1,471,170,128	\$1,510,584,335	\$1,838,958,060	\$2,039,484,545	\$2,723,996,360	\$2,662,113,593	12.3%	39.0%
Hispanic, American Indian or Asian	\$68,451,192	\$75,297,476	\$66,573,712	\$32,251,832	\$86,511,726	\$118,124,020	\$117,494,886	9.4%	1.7%
Other / Unknown	\$282,338,812	\$314,104,779	\$428,833,907	\$702,953,134	\$754,462,190	\$937,788,115	\$972,272,578	22.9%	14.3%
Total*	\$3,231,985,992	\$3,577,903,288	\$3,815,267,274	\$4,796,005,361	\$5,357,550,658	\$6,944,469,214	\$6,821,022,623	13.3%	100.0%
By Sex									
Female	\$2,110,137,286	\$2,337,735,771	\$2,481,626,198	\$2,853,058,293	\$3,217,244,674	\$4,119,404,225	\$4,053,616,059	11.5%	59.4%
Male	\$1,100,266,426	\$1,217,278,898	\$1,329,487,630	\$1,648,261,537	\$1,821,172,207	\$2,411,950,243	\$2,361,370,870	13.6%	34.6%
Unknown	\$21,582,280	\$22,888,619	\$4,153,446	\$294,685,531	\$319,133,777	\$413,114,746	\$406,035,694	63.1%	6.0%
Total*	\$3,231,985,992	\$3,577,903,288	\$3,815,267,274	\$4,796,005,361	\$5,357,550,658	\$6,944,469,214	\$6,821,022,623	13.3%	100.0%

Source: MSIS data for FFY 99-05.

SOUTHERN REGION MEDICAID PROFILE

AVERAGE PAYMENT PER RECIPIENT BY OTHER CHARACTERISTICS

								Annual Change	Above (+) or Below (-) SLC Avg. FFY 05
By Maintenance Assistance Status	FFY 99	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05		
Receiving Cash Assistance or Eligible Under Section 1931	\$3,611.04	\$3,930.30	\$3,355.80	\$4,023.36	\$4,021.26	\$5,098.06	\$4,963.90	5.4%	-15.0%
Poverty Related Eligibles	\$1,190.83	\$1,241.56	\$1,381.46	\$1,384.77	\$1,547.94	\$1,886.72	\$1,711.22	6.2%	-18.6%
Medically Needy	\$5,810.76	\$6,612.20	\$7,126.33	\$8,116.74	\$9,804.32	\$12,531.37	\$12,036.96	12.9%	52.8%
Other Eligibles	\$4,553.43	\$5,122.81	\$5,756.46	\$5,881.87	\$6,703.27	\$7,455.63	\$6,786.13	6.9%	-12.1%
Maintenance Assistance Status Unknown	\$640.54	\$852.48	\$0.00	\$1,122.92	\$1,166.84	\$1,285.17	\$1,192.62	10.9%	-65.0%
Total	\$2,549.29	\$2,774.01	\$3,035.24	\$2,929.16	\$3,093.06	\$3,600.37	\$3,346.15	4.6%	-24.1%
By Basis of Eligibility									
Aged, Blind or Disabled	\$6,654.14	\$7,300.47	\$7,644.74	\$8,239.21	\$9,134.86	\$11,715.50	\$10,840.87	8.5%	-9.4%
Children	\$980.15	\$1,016.98	\$1,145.43	\$1,167.70	\$1,336.73	\$1,412.36	\$1,393.83	6.0%	-9.6%
Foster Care Children	\$3,251.45	\$3,132.27	\$2,974.00	\$3,500.37	\$3,624.98	\$6,841.84	\$6,187.62	11.3%	-11.2%
Adults	\$2,159.94	\$2,342.89	\$2,217.47	\$2,464.18	\$2,936.98	\$3,136.24	\$3,026.09	5.8%	5.1%
Basis of Eligibility Unknown	\$640.54	\$852.48	\$0.00	\$1,708.83	\$1,310.91	\$1,378.88	\$1,292.18	12.4%	-62.6%
Total	\$2,549.29	\$2,774.01	\$3,035.24	\$2,929.16	\$3,093.06	\$3,600.37	\$3,346.15	4.6%	-24.1%
By Age									
Under Age 1	\$2,687.10	\$2,979.99	\$3,331.44	\$3,480.87	\$3,273.17	\$3,447.99	\$3,571.33	4.9%	-3.1%
Age 1 to 5	\$1,149.58	\$1,173.36	\$1,390.94	\$1,430.34	\$1,629.03	\$1,739.36	\$1,718.02	6.9%	-7.6%
Age 6 to 14	\$865.01	\$874.15	\$988.61	\$1,140.46	\$1,303.72	\$1,480.11	\$1,434.50	8.8%	-19.0%
Age 15 to 20	\$1,668.99	\$1,782.80	\$1,809.22	\$2,123.27	\$2,255.15	\$2,496.23	\$2,389.08	6.2%	-14.2%
Age 21 to 44	\$3,395.42	\$3,653.80	\$3,426.77	\$4,127.37	\$4,381.78	\$5,039.01	\$4,612.63	5.2%	-11.5%
Age 45 to 64	\$6,511.37	\$7,138.91	\$7,416.03	\$8,490.00	\$8,988.59	\$11,557.96	\$10,887.45	8.9%	-2.4%
Age 65 to 74	\$4,881.89	\$5,507.22	\$5,629.33	\$6,197.37	\$6,723.30	\$9,257.09	\$7,739.77	8.0%	-8.0%
Age 75 to 84	\$7,075.87	\$8,165.50	\$8,311.70	\$9,041.66	\$9,652.53	\$12,324.27	\$11,113.87	7.8%	-8.7%
Age 85 and Over	\$10,947.27	\$12,378.22	\$12,332.45	\$13,595.70	\$14,370.46	\$17,990.96	\$17,174.49	7.8%	-8.4%
Age Unknown	\$640.54	\$852.48	\$0.00	\$1,122.92	\$1,166.84	\$1,285.17	\$1,192.62	10.9%	-65.1%
Total	\$2,549.29	\$2,774.01	\$3,035.24	\$2,929.16	\$3,093.06	\$3,600.37	\$3,346.15	4.6%	-24.1%
By Race									
White	\$3,369.99	\$3,667.93	\$3,964.84	\$3,963.03	\$4,094.71	\$4,701.28	\$4,293.78	4.1%	-21.5%
Black	\$1,984.02	\$2,158.28	\$2,273.43	\$2,637.40	\$2,829.07	\$3,445.01	\$3,209.72	8.3%	-15.5%
Hispanic, American Indian or Asian	\$1,277.29	\$1,385.06	\$1,253.46	\$1,380.58	\$2,232.39	\$2,492.17	\$2,393.17	11.0%	-17.5%
Other/Unknown	\$3,377.26	\$3,669.96	\$5,160.70	\$1,974.23	\$2,052.88	\$2,245.73	\$2,183.93	-7.0%	-50.3%
Total	\$2,549.29	\$2,774.01	\$3,035.24	\$2,929.16	\$3,093.06	\$3,600.37	\$3,346.15	4.6%	-24.1%
By Sex									
Female	\$2,716.25	\$2,957.73	\$3,222.13	\$3,450.16	\$3,676.98	\$4,298.76	\$4,014.10	6.7%	-12.4%
Male	\$2,275.17	\$2,474.18	\$2,772.46	\$3,007.96	\$3,120.32	\$3,715.91	\$3,431.49	7.1%	-21.1%
Unknown	\$2,939.16	\$3,083.89	\$571.00	\$1,122.92	\$1,166.85	\$1,285.14	\$1,192.55	-14.0%	-64.7%
Total	\$2,549.29	\$2,774.01	\$3,035.24	\$2,929.16	\$3,093.06	\$3,600.37	\$3,346.15	4.6%	-24.1%

Source: MSIS data for FFY 99-05.

SOUTHERN REGION MEDICAID PROFILE

ADDITIONAL STATE HEALTH CARE INFORMATION

Sources: "Issue Briefs", Health Policy Tracking Service, January 2006; "Medicaid Services State by State", CMS, October 2005; "State Health Facts", The Henry Kaiser Foundation, January 2006; state annual report for FY 05; and 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 10/1/93. 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 2007.

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.
 - The Mental Retardation Waiver Program and the Community Habilitation and Support Services Waiver Program: helps individuals that have mental retardation or a developmental disability.
 - The Model Waiver: covers private duty nursing and medical day care for individuals under age 21 that are respirator or oxygen dependent.
 - 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.
 - 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.
- 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.

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 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. Legislation in 1994 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 includes Medicaid, PeachCare, the State Health Plan, and the Board of Regents Health Plan.

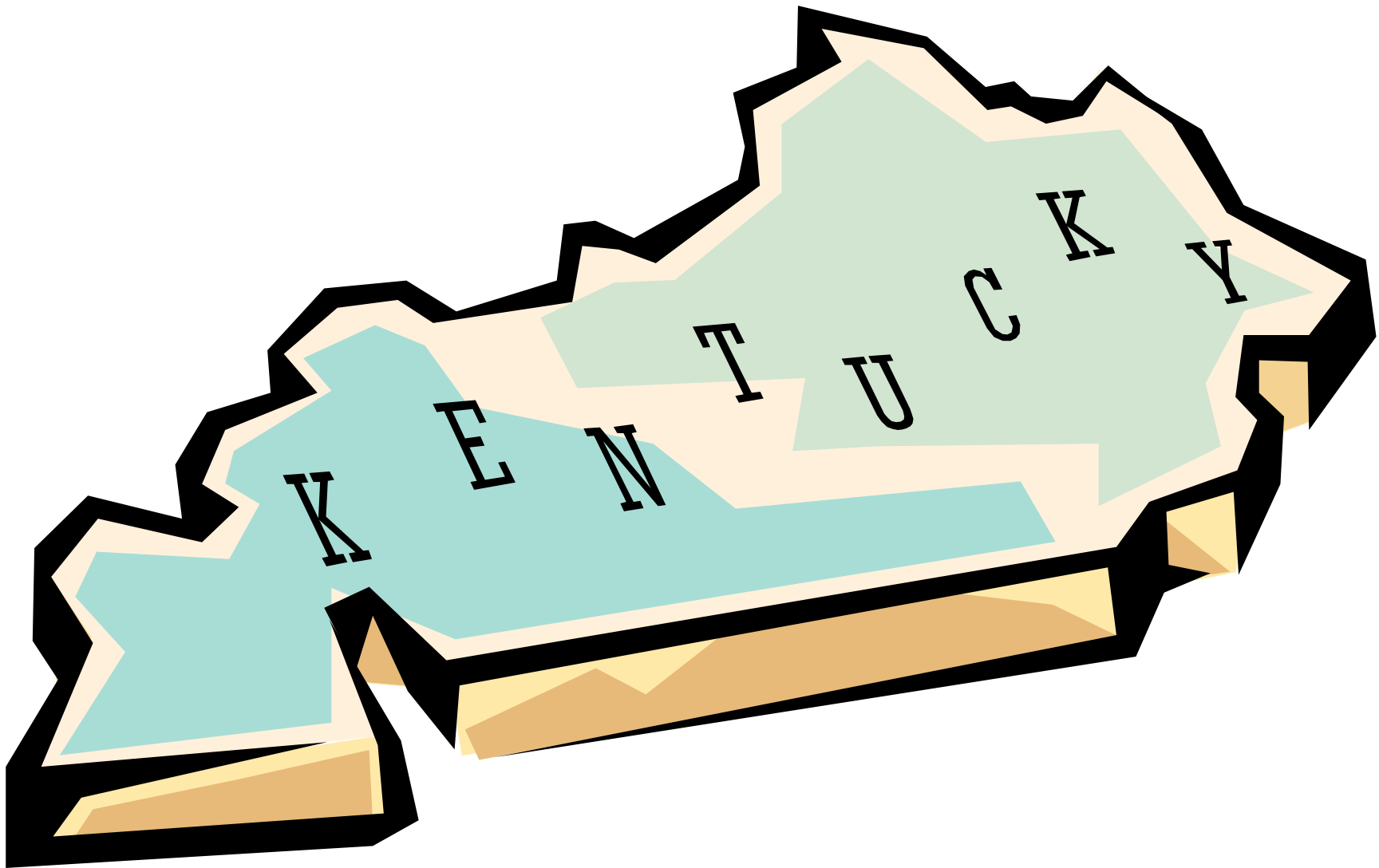
Medicaid

- 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.

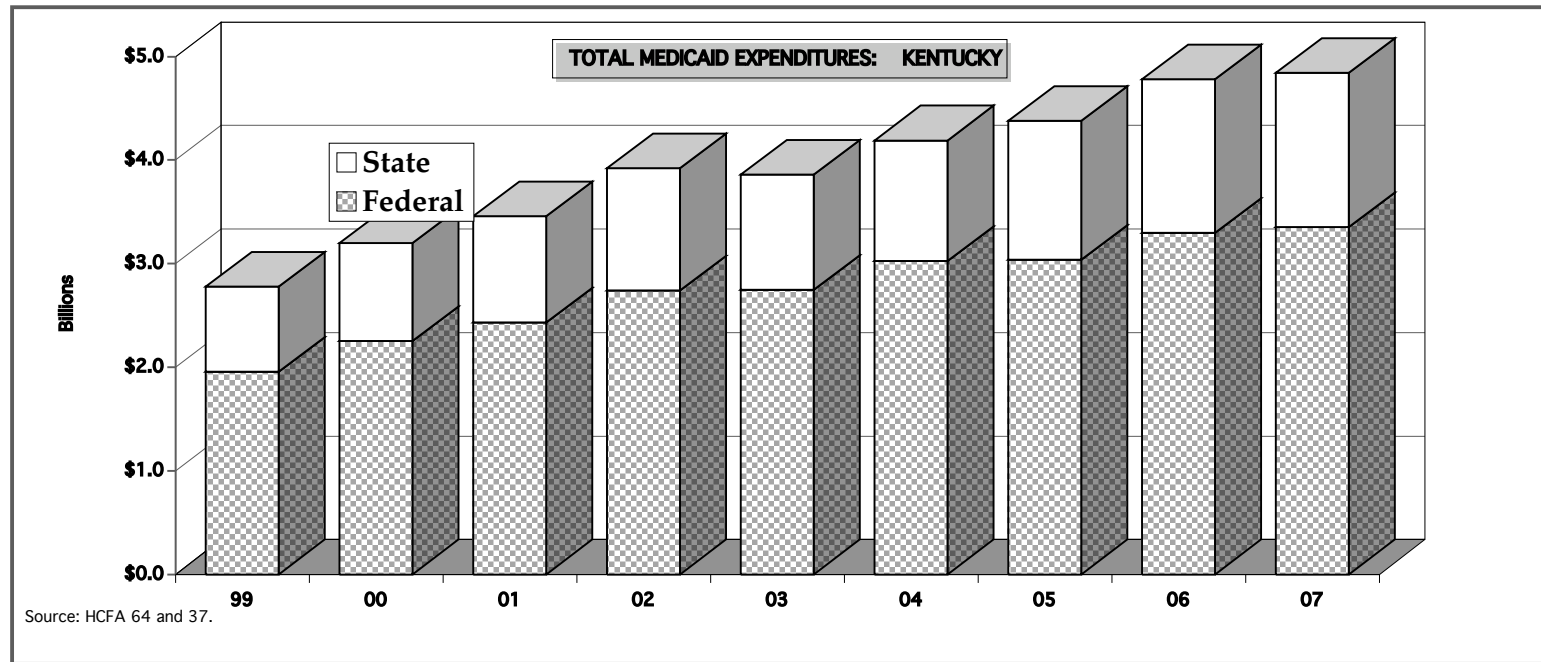
Children's Health Insurance Program: State Designed Plan

- 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 and 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 9/3/98. 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 costs more than 5% 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.

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 99	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05	FFY 06**	FFY 07**	Annual Rate of Change	Total Change 99-07
Medicaid Payments	\$2,697,336,889	\$3,094,832,031	\$3,364,490,045	\$3,823,465,694	\$3,753,565,564	\$4,086,404,587	\$4,253,083,096	\$4,615,618,000	\$4,689,672,000	7.2%	73.9%
Federal Share	\$1,907,514,929	\$2,190,728,391	\$2,375,932,336	\$2,682,138,350	\$2,682,947,801	\$2,957,814,195	\$2,968,564,303	\$3,197,543,000	\$3,263,831,000	6.9%	71.1%
State Share	\$789,821,960	\$904,103,640	\$988,557,709	\$1,141,327,344	\$1,070,617,763	\$1,128,590,392	\$1,284,518,793	\$1,418,075,000	\$1,425,841,000	7.7%	80.5%
Administrative Costs	\$82,702,943	\$101,052,332	\$94,086,870	\$100,440,133	\$106,527,425	\$104,002,696	\$125,336,656	\$163,375,000	\$154,372,000	8.1%	86.7%
Federal Share	\$48,067,997	\$61,318,656	\$56,046,971	\$60,021,963	\$64,305,180	\$66,403,343	\$70,298,840	\$101,694,000	\$91,984,000	8.5%	91.4%
State Share	\$34,634,946	\$39,733,676	\$38,039,899	\$40,418,170	\$42,222,245	\$37,599,353	\$55,037,816	\$61,681,000	\$62,388,000	7.6%	80.1%
Admin. Costs as % of Payments	3.07%	3.27%	2.80%	2.63%	2.84%	2.55%	2.95%	3.54%	3.29%		
Federal Match Rate*	70.53%	70.55%	70.39%	69.94%	69.89%	70.09%	69.60%	69.26%	69.58%		

*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 06 and 07 reflect latest estimates reported by each state (CMS 37).

SOUTHERN REGION MEDICAID PROFILE

STATE FINANCING

	Payments		Administration	
	FFY 99	FFY 05	FFY 99	FFY 05
State General Fund	\$789,821,960	\$1,103,668,294	\$34,634,946	\$55,037,816
Local Funds	\$0	\$0	\$0	\$0
Provider Taxes	\$0	\$180,850,499	\$0	\$0
Donations	\$0	\$0	\$0	\$0
Other	\$0	\$0	\$0	\$0
Total State Share	\$789,821,960	\$1,284,518,793	\$34,634,946	\$55,037,816

Provider Taxes Currently in Place (FFY 05)

	Tax Rate	Amt. Generated
Hospitals	2.50%	\$147,728,833
Physicians	0.00%	\$0
Home Health	2.00%	\$5,845,067
ICF / MR	5.50%	\$2,171,975
Nurse Fac	6.00%	\$25,104,624
Total		\$180,850,499

DISPROPORTIONATE SHARE HOSPITAL (DSH) PAYMENTS

	FFY 99	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05	FFY 06**	FFY 07**	Annual Change
General Hospitals	\$154,172,283	\$150,069,000	\$154,679,034	\$159,937,965	\$136,322,555	\$157,682,934	\$158,802,714	\$159,573,000	\$159,573,000	0.5%
Mental Hospitals	\$35,817,792	\$35,177,066	\$36,470,274	\$26,187,685	\$32,142,175	\$37,178,530	\$37,430,614	\$37,624,000	\$37,624,000	0.5%
Total	\$189,990,075	\$185,246,066	\$191,149,308	\$186,125,650	\$168,464,730	\$194,861,464	\$196,233,328	\$197,197,000	\$197,197,000	0.5%

SELECTED ELIGIBILITY CRITERIA

	At 10/1/05	% 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	

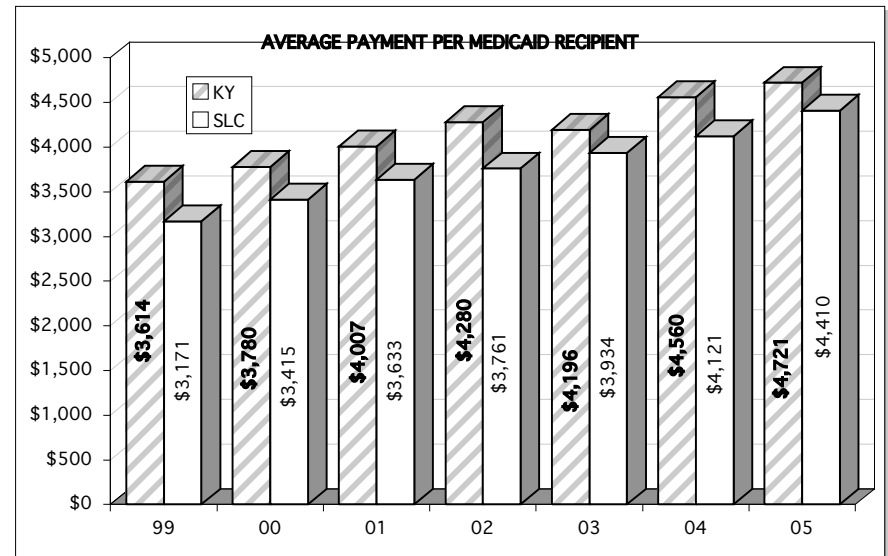
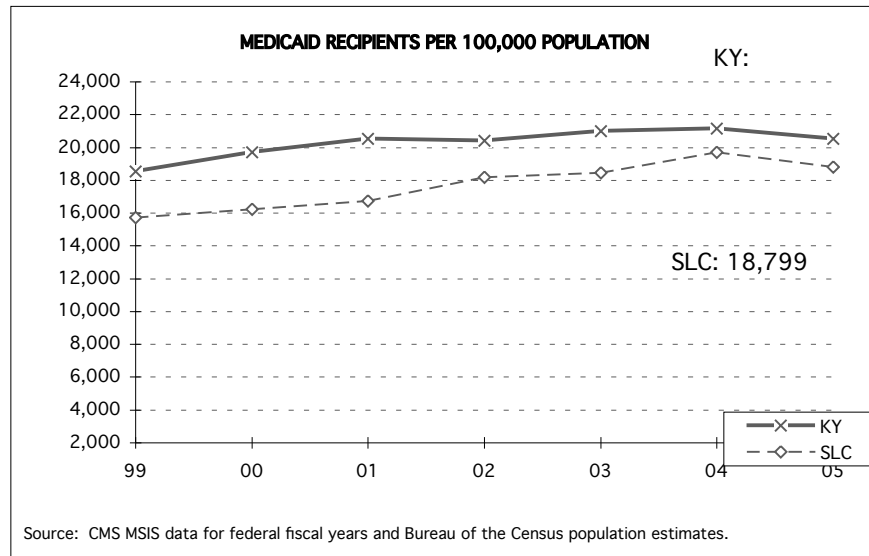
DEMOGRAPHIC DATA & POVERTY INDICATORS (2005)

		Rank in U.S.
State population—July 1, 2005*	4,172,608	26
Per capita personal income**	\$28,317	43
Median household income**	\$37,566	45
Population below Federal Poverty Level on July 1, 2003*	650,927	
Percent of total state population	15.6%	6
Population without health insurance coverage*	514,000	27
Percent of total state population	12.3%	25
Recipients of Food Stamps***	589,102	14
Households receiving Food Stamps***	245,707	14
Total value of issuance***	\$645,357,318	15
Average monthly benefit per recipient	\$91.29	28
Average monthly benefit per household	\$218.88	
Monthly recipients of Temporary Assistance to Needy Families (TANF)****	67,790	16
Total TANF payments****	\$51,469,786	36
Average monthly payment per recipient	\$63.27	36
Maximum monthly payment per family of 3	\$262.00	43

*Current federal poverty level is \$9,570 per year for a single person, \$12,830 for a family of two and \$16,090 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 99</u>	<u>FFY 00</u>	<u>FFY 01</u>	<u>FFY 02</u>	<u>FFY 03</u>	<u>FFY 04</u>	<u>FFY 05</u>	<i>Annual Change</i>
01. General Hospital	118,705	92,763	112,781	93,954	75,869	72,995	67,993	-8.9%
02. Mental Hospital	6,919	4,281	4,224	4,195	3,994	4,181	4,303	-7.6%
03. Skilled and Intermediate (non-MR) Care Nursing	27,739	30,444	33,045	31,161	27,382	26,736	28,533	0.5%
04. Intermediate Care for Mentally Retarded	1,193	1,163	1,016	935	930	850	787	-6.7%
05. Physician Services	369,105	417,972	470,350	481,959	495,220	519,131	506,188	5.4%
06. Dental Services	114,895	132,448	157,173	164,759	175,189	196,283	191,400	8.9%
07. Other Practitioners	93,690	117,505	153,801	155,402	161,537	178,424	175,248	11.0%
08. Outpatient Hospital	255,354	292,654	333,250	349,128	353,352	377,441	361,313	6.0%
09. Clinic Services	156,019	144,334	160,374	178,944	214,674	245,364	250,422	8.2%
10. Lab and X-Ray	197,741	218,297	253,391	272,594	278,526	308,879	305,694	7.5%
11. Home Health	20,282	21,988	23,390	23,070	21,234	20,045	20,109	-0.1%
12. Prescribed Drugs	372,254	427,514	475,365	489,416	512,351	537,941	532,122	6.1%
13. Family Planning	5,382	4,319	4,608	4,123	4,063	4,880	4,140	-4.3%
14. Early & Periodic Screening, Diagnosis & Treatment	0	0	0	0	0	0	0	n/a
15. Other Care	221,371	229,707	289,334	315,330	323,277	343,374	294,698	4.9%
16. Personal Care Support Services	31,355	41,198	55,543	76,868	85,215	93,980	95,886	20.5%
17. Home/Community Based Waiver Services	0	0	0	0	13,495	0	0	-100.0%
18. Prepaid Health Care	601,115	699,602	745,940	730,920	777,932	778,321	790,240	4.7%
19. Primary Care Case Management (PCCM) Services	0	321	402,253	437,677	462,350	453,139	452,003	326.3%
Total*	718,979	770,536	807,435	808,294	847,943	860,508	856,566	3.0%

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

SOUTHERN REGION MEDICAID PROFILE

PAYMENTS BY TYPE OF SERVICES	FFY 99	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05	Annual	Share of Total
								Change	FFY 05
01. General Hospital	\$237,801,108	\$263,184,467	\$329,486,270	\$342,098,283	\$335,771,489	\$398,296,189	\$388,145,550	8.5%	9.6%
02. Mental Hospital	\$42,708,047	\$43,386,622	\$45,645,516	\$50,959,253	\$51,474,624	\$52,582,129	\$49,226,623	2.4%	1.2%
03. Skilled and Intermediate (non-MR) Care Nursing	\$509,667,816	\$555,718,129	\$565,631,267	\$581,096,867	\$602,189,547	\$616,808,606	\$728,126,257	6.1%	18.0%
04. Intermediate Care for Mentally Retarded	\$85,556,428	\$83,538,075	\$94,291,645	\$97,873,304	\$110,771,071	\$106,736,998	\$106,923,082	3.8%	2.6%
05. Physician Services	\$149,241,730	\$162,639,256	\$199,587,354	\$207,825,661	\$210,404,038	\$232,711,746	\$222,442,986	6.9%	5.5%
06. Dental Services	\$25,500,108	\$29,705,366	\$45,996,404	\$48,179,358	\$52,052,674	\$56,908,811	\$55,492,309	13.8%	1.4%
07. Other Practitioners	\$17,880,627	\$22,435,246	\$32,347,161	\$34,739,682	\$34,210,496	\$36,287,069	\$31,884,236	10.1%	0.8%
08. Outpatient Hospital	\$226,742,312	\$251,930,215	\$282,267,157	\$271,712,521	\$273,737,802	\$268,951,578	\$265,790,897	2.7%	6.6%
09. Clinic Services	\$98,987,214	\$106,322,724	\$119,699,294	\$133,056,530	\$147,698,202	\$187,458,968	\$195,553,110	12.0%	4.8%
10. Lab and X-Ray	\$24,197,400	\$25,809,754	\$33,215,049	\$34,572,386	\$40,853,378	\$53,734,609	\$54,563,640	14.5%	1.3%
11. Home Health	\$67,451,501	\$75,348,484	\$79,240,064	\$70,087,392	\$59,924,107	\$56,142,682	\$52,894,687	-4.0%	1.3%
12. Prescribed Drugs	\$359,671,170	\$465,178,958	\$598,093,343	\$661,409,737	\$693,988,604	\$812,180,180	\$780,430,366	13.8%	19.3%
13. Family Planning	\$5,599,636	\$5,415,861	\$5,184,049	\$5,625,089	\$5,959,334	\$8,696,049	\$7,683,124	5.4%	0.2%
14. Early & Periodic Screening, Diagnosis & Treatment	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a	0.0%
15. Other Care	\$273,220,554	\$325,631,012	\$386,269,307	\$448,881,876	\$444,954,512	\$465,767,519	\$474,621,855	9.6%	11.7%
16. Personal Care Support Services	\$25,256,004	\$25,798,449	\$30,985,533	\$38,067,460	\$38,152,644	\$45,867,444	\$47,680,550	11.2%	1.2%
17. Home/Community Based Waiver Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a	1.2%
18. Prepaid Health Care	\$448,635,149	\$467,047,231	\$374,067,752	\$417,635,942	\$439,584,361	\$507,907,833	\$565,671,159	3.9%	14.0%
19. Primary Case Management (PCCM) Services	\$0	\$3,702,440	\$13,065,788	\$15,544,240	\$16,093,300	\$16,720,972	\$16,500,202	34.8%	0.4%
Total (excludes DSH pymts, pharmacy rebates, & other adjs.)	\$2,598,116,804	\$2,912,792,289	\$3,235,072,953	\$3,459,365,581	\$3,557,820,183	\$3,923,759,382	\$4,043,630,633	7.7%	100.0%
AVERAGE PAYMENTS PER RECIPIENT BY TYPE OF SERVICES									(+) or (-) SLC
									<u>Avg. FFY 05</u>
01. General Hospital	\$2,003.29	\$2,837.17	\$2,921.47	\$3,641.13	\$4,425.67	\$5,456.49	\$5,708.61	19.1%	8.9%
02. Mental Hospital	\$6,172.58	\$10,134.69	\$10,806.23	\$12,147.62	\$12,887.99	\$12,576.45	\$11,440.07	10.8%	-38.2%
03. Skilled and Intermediate (non-MR) Care Nursing	\$18,373.69	\$18,253.78	\$17,117.00	\$18,648.21	\$21,992.17	\$23,070.34	\$25,518.74	5.6%	1.9%
04. Intermediate Care for Mentally Retarded	\$71,715.36	\$71,829.82	\$92,806.74	\$104,677.33	\$119,108.68	\$125,572.94	\$135,861.60	11.2%	58.6%
05. Physician Services	\$404.33	\$389.12	\$424.34	\$431.21	\$424.87	\$448.27	\$439.45	1.4%	-26.7%
06. Dental Services	\$221.94	\$224.28	\$292.65	\$292.42	\$297.12	\$289.93	\$289.93	4.6%	-20.5%
07. Other Practitioners	\$190.85	\$190.93	\$210.32	\$223.55	\$211.78	\$203.38	\$181.94	-0.8%	-34.1%
08. Outpatient Hospital	\$887.95	\$860.85	\$847.01	\$778.26	\$774.69	\$712.57	\$735.63	-3.1%	23.1%
09. Clinic Services	\$634.46	\$736.64	\$746.38	\$743.57	\$688.01	\$764.00	\$780.89	3.5%	12.6%
10. Lab and X-Ray	\$122.37	\$118.23	\$131.08	\$126.83	\$146.68	\$173.97	\$178.49	6.5%	-17.4%
11. Home Health	\$3,325.68	\$3,426.80	\$3,387.78	\$3,038.03	\$2,822.08	\$2,800.83	\$2,630.40	-3.8%	-26.2%
12. Prescribed Drugs	\$966.20	\$1,088.10	\$1,258.18	\$1,351.43	\$1,354.52	\$1,509.79	\$1,466.64	7.2%	-1.6%
13. Family Planning	\$1,040.44	\$1,253.96	\$1,125.01	\$1,364.32	\$1,466.73	\$1,781.98	\$1,855.83	10.1%	32.2%
14. Early & Periodic Screening, Diagnosis & Treatment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	n/a	n/a
15. Other Care	\$1,234.22	\$1,417.59	\$1,335.03	\$1,423.53	\$1,376.39	\$1,356.44	\$1,610.54	4.5%	-14.2%
16. Personal Care Support Services	\$805.49	\$626.21	\$557.87	\$0.00	\$0.00	\$0.00	\$0.00	-100.0%	-100.0%
17. Home/Community Based Waiver Services	\$0.00	\$0.00	\$0.00	\$0.00	\$2,827.17	\$0.00	\$0.00	n/a	n/a
18. Prepaid Health Care	\$746.34	\$667.59	\$501.47	\$571.38	\$565.07	\$652.57	\$715.82	-0.7%	-34.8%
19. Primary Care Case Management (PCCM) Services	\$0.00	\$11,534.08	\$32.48	\$35.52	\$34.81	\$36.90	\$36.50	-68.4%	33.6%
Total (Average)	\$3,613.62	\$3,780.22	\$4,006.60	\$4,279.84	\$4,195.82	\$4,559.82	\$4,720.75	4.6%	7.1%
TOTAL PER CAPITA EXPENDITURES	\$716.12	\$817.29	\$878.59	\$990.68	\$955.05	\$1,030.71	\$1,049.32	6.6%	13.7%

Source: MSIS data for FFY 99-05.

SOUTHERN REGION MEDICAID PROFILE
DATA BY OTHER CHARACTERISTICS

RECIPIENTS BY OTHER CHARACTERISTICS

	<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>FFY 05</u>	<i>Annual Change</i>	<i>Share of Total FFY 05</i>
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	307,717	312,752	332,967	342,548	361,154	380,688	386,165	3.9%	45.1%
Poverty Related Eligibles	215,820	272,862	301,410	293,187	301,135	307,916	319,447	6.8%	37.3%
Medically Needy	57,333	50,064	39,492	34,256	32,131	29,624	27,379	-11.6%	3.2%
Other Eligibles	72,657	72,297	71,377	77,744	77,425	77,077	79,125	1.4%	9.2%
Maintenance Assistance Status Unknown	65,452	62,561	62,189	60,559	76,098	65,203	44,450	-6.2%	5.2%
Total	718,979	770,536	807,435	808,294	847,943	860,508	856,566	3.0%	100.0%
By Basis of Eligibility									
Aged, Blind, or Disabled	250,172	256,806	262,916	280,076	264,436	266,514	268,406	1.2%	31.3%
Children	298,190	345,735	372,901	370,090	379,308	392,310	401,581	5.1%	46.9%
Foster Care Children	7,560	8,033	8,502	9,403	10,111	10,963	11,982	8.0%	1.4%
Adults	97,605	97,401	100,927	110,257	117,743	125,165	129,719	4.9%	15.1%
Basis of Eligibility Unknown	65,452	62,561	62,189	38,468	76,345	65,556	44,878	-6.1%	5.2%
Total	718,979	770,536	807,435	808,294	847,943	860,508	856,566	3.0%	100.0%
By Age									
Under Age 1	29,843	32,323	47,147	25,767	25,885	26,995	28,352	-0.9%	3.3%
Age 1 to 5	112,270	122,660	135,012	125,487	130,229	134,311	137,523	3.4%	16.1%
Age 6 to 14	144,999	166,633	174,922	183,428	188,649	194,303	197,328	5.3%	23.0%
Age 15 to 20	63,924	78,225	77,120	87,246	90,278	94,849	98,870	7.5%	11.5%
Age 21 to 44	143,807	145,858	149,423	158,178	167,220	173,752	176,569	3.5%	20.6%
Age 45 to 64	75,512	78,329	81,984	84,707	88,234	91,700	95,234	3.9%	11.1%
Age 65 to 74	34,406	34,938	34,555	35,320	35,369	35,340	35,237	0.4%	4.1%
Age 75 to 84	28,864	29,205	28,168	28,751	28,176	27,290	26,813	-1.2%	3.1%
Age 85 and Over	19,902	19,804	16,915	18,851	17,773	16,741	16,189	-3.4%	1.9%
Age Unknown	65,452	62,561	62,189	60,559	76,130	65,227	44,451	-6.2%	5.2%
Total	718,979	770,536	807,435	808,294	847,943	860,508	856,566	3.0%	100.0%
By Race									
White	532,888	570,199	599,322	607,428	621,587	639,520	649,227	3.3%	75.8%
Black	84,216	89,002	93,443	95,225	97,410	100,370	101,927	3.2%	11.9%
Hispanic, American Indian or Asian	7,050	9,772	10,122	13,807	16,261	20,368	22,984	21.8%	2.7%
Other/Unknown	94,825	101,563	104,548	91,834	112,685	100,250	82,428	-2.3%	9.6%
Total*	718,979	770,536	807,435	808,294	847,943	860,508	856,566	3.0%	100.0%
By Sex									
Female	384,919	405,097	426,291	433,763	448,121	461,268	470,226	3.4%	54.9%
Male	268,737	294,436	308,555	313,967	323,716	334,034	341,888	4.1%	39.9%
Unknown	65,323	71,003	72,589	60,564	76,106	65,206	44,452	-6.2%	5.2%
Total*	718,979	770,536	807,435	808,294	847,943	860,508	856,566	3.0%	100.0%

Source: MSIS data for FFY 99-05.

SOUTHERN REGION MEDICAID PROFILE

PAYMENTS BY OTHER CHARACTERISTICS

	FFY 99	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05	Annual Change	Share of Total FFY 05
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	\$1,384,734,303	\$1,515,213,923	\$1,701,355,344	\$1,813,931,875	\$1,877,197,468	\$2,144,701,120	\$2,160,748,853	7.7%	53.4%
Poverty Related Eligibles	\$296,695,521	\$404,921,369	\$484,073,262	\$507,152,073	\$518,525,427	\$578,109,038	\$611,569,773	12.8%	15.1%
Medically Needy	\$140,370,725	\$132,145,581	\$129,501,122	\$134,460,223	\$131,171,340	\$134,459,647	\$128,819,802	-1.4%	3.2%
Other Eligibles	\$750,189,809	\$839,563,932	\$892,503,820	\$957,580,268	\$988,819,799	\$1,014,544,064	\$1,102,637,853	6.6%	27.3%
Maintenance Assistance Status Unknown	\$26,126,446	\$20,947,484	\$27,639,405	\$46,241,142	\$42,106,149	\$51,945,513	\$39,854,352	7.3%	1.0%
Total	\$2,598,116,804	\$2,912,792,289	\$3,235,072,953	\$3,459,365,581	\$3,557,820,183	\$3,923,759,382	\$4,043,630,633	7.7%	100.0%
By Basis of Eligibility									
Aged, Blind or Disabled	\$1,905,554,352	\$2,106,900,543	\$2,295,532,904	\$2,411,932,356	\$2,463,019,744	\$2,648,070,461	\$2,723,492,029	6.1%	67.4%
Children	\$402,819,306	\$496,331,114	\$573,161,912	\$615,081,582	\$628,822,054	\$693,410,711	\$726,086,923	10.3%	18.0%
Foster Care Children	\$56,766,157	\$67,559,845	\$71,319,144	\$96,432,835	\$101,683,157	\$112,148,916	\$124,258,788	13.9%	3.1%
Adults	\$206,850,543	\$221,053,303	\$267,419,588	\$289,677,666	\$320,548,779	\$415,763,582	\$425,739,318	12.8%	10.5%
Basis of Eligibility Unknown	\$26,126,446	\$20,947,484	\$27,639,405	\$46,241,142	\$42,106,149	\$51,945,513	\$44,053,575	9.1%	1.1%
Total	\$2,598,116,804	\$2,912,792,289	\$3,235,072,953	\$3,459,365,581	\$3,557,820,183	\$3,923,759,382	\$4,043,630,633	7.7%	100.0%
By Age									
Under Age 1	\$39,454,391	\$43,616,243	\$100,844,551	\$58,714,699	\$49,924,877	\$69,719,772	\$75,426,010	11.4%	1.9%
Age 1 to 5	\$182,736,972	\$205,042,258	\$222,915,401	\$257,912,510	\$272,466,039	\$290,927,674	\$290,255,796	8.0%	7.2%
Age 6 to 14	\$286,082,811	\$341,002,381	\$387,979,926	\$415,677,405	\$430,761,484	\$461,719,868	\$473,178,498	8.7%	11.7%
Age 15 to 20	\$200,532,558	\$236,718,516	\$242,157,059	\$288,898,449	\$298,744,751	\$340,415,039	\$359,870,152	10.2%	8.9%
Age 21 to 44	\$589,296,225	\$635,535,217	\$729,719,806	\$755,932,270	\$800,945,310	\$932,908,132	\$929,862,115	7.9%	23.0%
Age 45 to 64	\$525,281,503	\$593,516,833	\$674,140,944	\$735,481,214	\$759,747,228	\$868,371,217	\$916,392,852	9.7%	22.7%
Age 65 to 74	\$195,911,613	\$224,741,821	\$245,193,742	\$258,806,305	\$259,489,719	\$271,789,986	\$282,160,545	6.3%	7.0%
Age 75 to 84	\$268,346,772	\$300,678,885	\$322,304,578	\$326,525,497	\$331,816,895	\$332,306,247	\$344,497,006	4.3%	8.5%
Age 85 and Over	\$284,347,513	\$310,992,651	\$282,177,541	\$315,176,090	\$311,734,331	\$303,622,796	\$332,132,461	2.6%	8.2%
Age Unknown	\$26,126,446	\$20,947,484	\$27,639,405	\$46,241,142	\$42,189,549	\$51,978,651	\$39,855,198	7.3%	1.0%
Total	\$2,598,116,804	\$2,912,792,289	\$3,235,072,953	\$3,459,365,581	\$3,557,820,183	\$3,923,759,382	\$4,043,630,633	7.7%	100.0%
By Race									
White	\$2,104,581,672	\$2,360,328,296	\$2,624,231,363	\$2,783,070,068	\$2,844,145,040	\$3,123,209,984	\$3,204,105,126	7.3%	79.2%
Black	\$270,438,432	\$299,792,567	\$333,651,058	\$367,613,603	\$368,926,916	\$408,140,822	\$433,792,210	8.2%	10.7%
Hispanic, American Indian or Asian	\$14,736,607	\$20,236,457	\$22,145,045	\$33,455,178	\$33,212,111	\$53,886,704	\$59,187,909	26.1%	1.5%
Other / Unknown	\$208,360,093	\$232,434,969	\$255,045,487	\$275,226,732	\$311,536,116	\$338,521,872	\$346,545,388	8.8%	8.6%
Total*	\$2,598,116,804	\$2,912,792,289	\$3,235,072,953	\$3,459,365,581	\$3,557,820,183	\$3,923,759,382	\$4,043,630,633	7.7%	100.0%
By Sex									
Female	\$1,594,322,925	\$1,784,934,503	\$1,986,827,073	\$2,093,861,382	\$2,164,673,858	\$2,373,212,440	\$2,454,949,811	7.5%	60.7%
Male	\$976,817,558	\$1,103,226,738	\$1,221,685,988	\$1,319,176,968	\$1,350,967,105	\$1,498,600,237	\$1,548,817,420	8.0%	38.3%
Unknown	\$26,976,321	\$24,631,048	\$26,559,892	\$46,327,231	\$42,179,220	\$51,946,705	\$39,863,402	6.7%	1.0%
Total*	\$2,598,116,804	\$2,912,792,289	\$3,235,072,953	\$3,459,365,581	\$3,557,820,183	\$3,923,759,382	\$4,043,630,633	7.7%	100.0%

Source: MSIS data for FFY 99-05.

SOUTHERN REGION MEDICAID PROFILE

AVERAGE PAYMENT PER RECIPIENT BY OTHER CHARACTERISTICS

								Annual Change	Above (+) or Below (-) SLC Avg. FFY 05
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	\$4,500.03	\$4,844.78	\$5,109.68	\$5,295.41	\$5,197.78	\$5,633.75	\$5,595.40	3.7%	-4.2%
Poverty Related Eligibles	\$1,374.74	\$1,483.98	\$1,606.03	\$1,729.79	\$1,721.90	\$1,877.49	\$1,914.46	5.7%	-9.0%
Medically Needy	\$2,448.34	\$2,639.53	\$3,279.17	\$3,925.16	\$4,082.39	\$4,538.88	\$4,705.06	11.5%	-40.3%
Other Eligibles	\$10,325.09	\$11,612.71	\$12,504.08	\$12,317.10	\$12,771.32	\$13,162.73	\$13,935.39	5.1%	80.4%
Maintenance Assistance Status Unknown	\$399.17	\$334.83	\$444.44	\$763.57	\$553.31	\$796.67	\$896.61	14.4%	-73.7%
Total	\$3,613.62	\$3,780.22	\$4,006.60	\$4,279.84	\$4,195.82	\$4,559.82	\$4,720.75	4.6%	7.1%
By Basis of Eligibility									
Aged, Blind or Disabled	\$7,616.98	\$8,204.25	\$8,731.05	\$8,611.71	\$9,314.24	\$9,935.95	\$10,146.91	4.9%	-15.2%
Children	\$1,350.88	\$1,435.58	\$1,537.04	\$1,661.98	\$1,657.81	\$1,767.51	\$1,808.07	5.0%	17.2%
Foster Care Children	\$7,508.75	\$8,410.29	\$8,388.51	\$10,255.54	\$10,056.69	\$10,229.77	\$10,370.45	5.5%	48.8%
Adults	\$2,119.26	\$2,269.52	\$2,649.63	\$2,627.30	\$2,722.44	\$3,321.72	\$3,282.01	7.6%	14.0%
Basis of Eligibility Unknown	\$399.17	\$334.83	\$444.44	\$1,202.07	\$573.01	\$829.30	\$981.63	16.2%	-71.6%
Total	\$3,613.62	\$3,780.22	\$4,006.60	\$4,279.84	\$4,195.82	\$4,559.82	\$4,720.75	4.6%	7.1%
By Age									
Under Age 1	\$1,322.07	\$1,349.39	\$2,138.94	\$2,278.68	\$1,928.72	\$2,582.69	\$2,660.34	12.4%	-27.8%
Age 1 to 5	\$1,627.66	\$1,671.63	\$1,651.08	\$2,055.29	\$2,092.21	\$2,166.07	\$2,110.60	4.4%	13.5%
Age 6 to 14	\$1,973.00	\$2,046.43	\$2,218.02	\$2,283.40	\$2,283.40	\$2,376.29	\$2,397.93	3.3%	35.4%
Age 15 to 20	\$3,137.05	\$3,026.12	\$3,140.00	\$3,311.31	\$3,309.16	\$3,589.02	\$3,639.83	2.5%	30.7%
Age 21 to 44	\$4,097.83	\$4,357.22	\$4,883.58	\$4,779.00	\$4,789.77	\$5,369.19	\$5,266.28	4.3%	1.0%
Age 45 to 64	\$6,956.27	\$7,577.23	\$8,222.84	\$8,682.65	\$8,610.59	\$9,469.70	\$9,622.54	5.6%	-13.8%
Age 65 to 74	\$5,694.11	\$6,432.59	\$7,095.75	\$7,327.47	\$7,336.64	\$7,690.72	\$8,007.51	5.8%	-4.9%
Age 75 to 84	\$9,296.94	\$10,295.46	\$11,442.22	\$11,357.01	\$11,776.58	\$12,176.85	\$12,848.13	5.5%	5.5%
Age 85 and Over	\$14,287.38	\$15,703.53	\$16,682.09	\$16,719.33	\$17,539.77	\$18,136.48	\$20,515.93	6.2%	9.4%
Age Unknown	\$399.17	\$334.83	\$444.44	\$763.57	\$554.18	\$796.89	\$896.61	14.4%	-73.7%
Total	\$3,613.62	\$3,780.22	\$4,006.60	\$4,279.84	\$4,195.82	\$4,559.82	\$4,720.75	4.6%	7.1%
By Race									
White	\$3,949.39	\$4,139.48	\$4,378.67	\$4,581.73	\$4,575.62	\$4,883.68	\$4,935.26	3.8%	-9.8%
Black	\$3,211.25	\$3,368.38	\$3,570.64	\$3,860.47	\$3,787.36	\$4,066.36	\$4,255.91	4.8%	12.0%
Hispanic, American Indian or Asian	\$2,090.30	\$2,070.86	\$2,187.81	\$2,423.06	\$2,042.44	\$2,645.66	\$2,575.18	3.5%	-11.3%
Other/Unknown	\$2,197.31	\$2,288.58	\$2,439.51	\$2,997.00	\$2,764.66	\$3,376.78	\$4,204.22	11.4%	-4.4%
Total	\$3,613.62	\$3,780.22	\$4,006.60	\$4,279.84	\$4,195.82	\$4,559.82	\$4,720.75	4.6%	7.1%
By Sex									
Female	\$4,141.97	\$4,406.19	\$4,660.73	\$4,827.20	\$4,830.56	\$5,144.98	\$5,220.79	3.9%	13.9%
Male	\$3,634.85	\$3,746.92	\$3,959.38	\$4,201.64	\$4,173.31	\$4,486.37	\$4,530.19	3.7%	4.1%
Unknown	\$412.97	\$346.90	\$365.89	\$764.93	\$554.22	\$796.66	\$896.77	13.8%	-73.5%
Total	\$3,613.62	\$3,780.22	\$4,006.60	\$4,279.84	\$4,195.82	\$4,559.82	\$4,720.75	4.6%	7.1%

Source: MSIS data for FFY 99-05.

SOUTHERN REGION MEDICAID PROFILE

ADDITIONAL STATE HEALTH CARE INFORMATION

Sources: "Issue Briefs", Health Policy Tracking Service, January 2006; "Medicaid Services State by State", CMS, October 2005; "State Health Facts", The Henry Kaiser Foundation, January 2006; state annual report for FY 05; and 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 10/12/95, under Title IV-A, Section 1115, of the Social Security Act, implemented on 11/1/97. 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 1/1/87.
- Mental Retardation/Developmental Disabilities: Serves 2,008 people, operating since 1/1/84.
- Ventilator-Dependent Individuals: Serves 100 people, operating since 10/1/87.
- Traumatic Brain Injury: HCFA approved in March 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 4 years--as of 7/1/00 a physician tax and pharmacy script tax 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 legislative 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 10/31/03.

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 for generic drugs; \$2 for preferred brand name drugs; and \$3 for non-preferred brand name drugs.

Added co-pays for optional eligibility groups of \$3 for generic drugs; \$10 for preferred brand name drugs; and \$20 for non-preferred brand name drugs.

Added co-pays for Medicaid recipients of \$3 for emergency room visits; \$2 for physician office visits; \$50 for inpatient hospital stays; and \$3 for reduced per diem rates paid to nursing home for patients that are hospitalized outside the facility from 100-75% if the facility is 95% occupied and from 100-50% 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 11/30/98. 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 14-19 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:

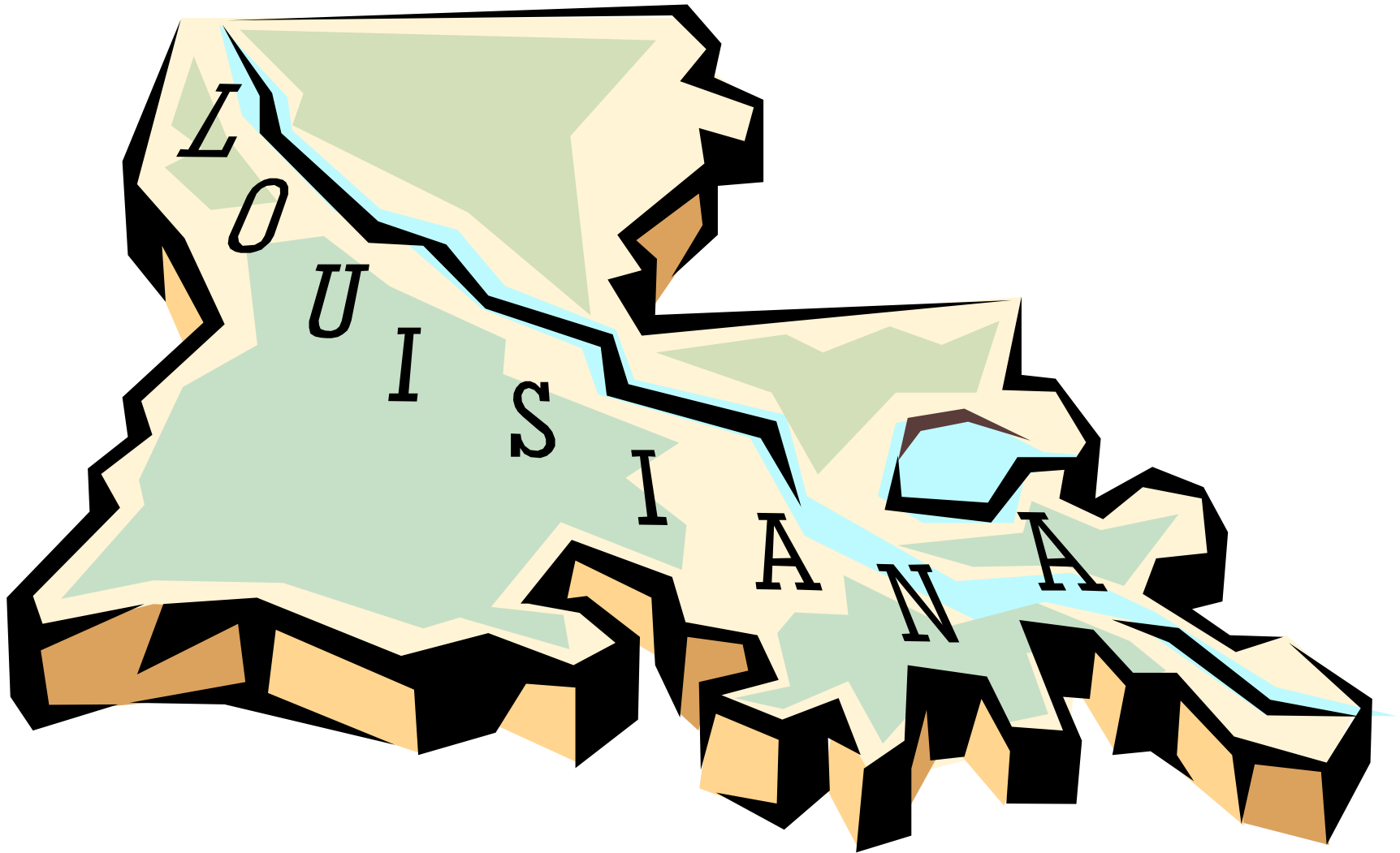
151%-200%: \$20 per month per six month period (not to exceed 5% of the family's annual income)

- Additional cost sharing obligations:

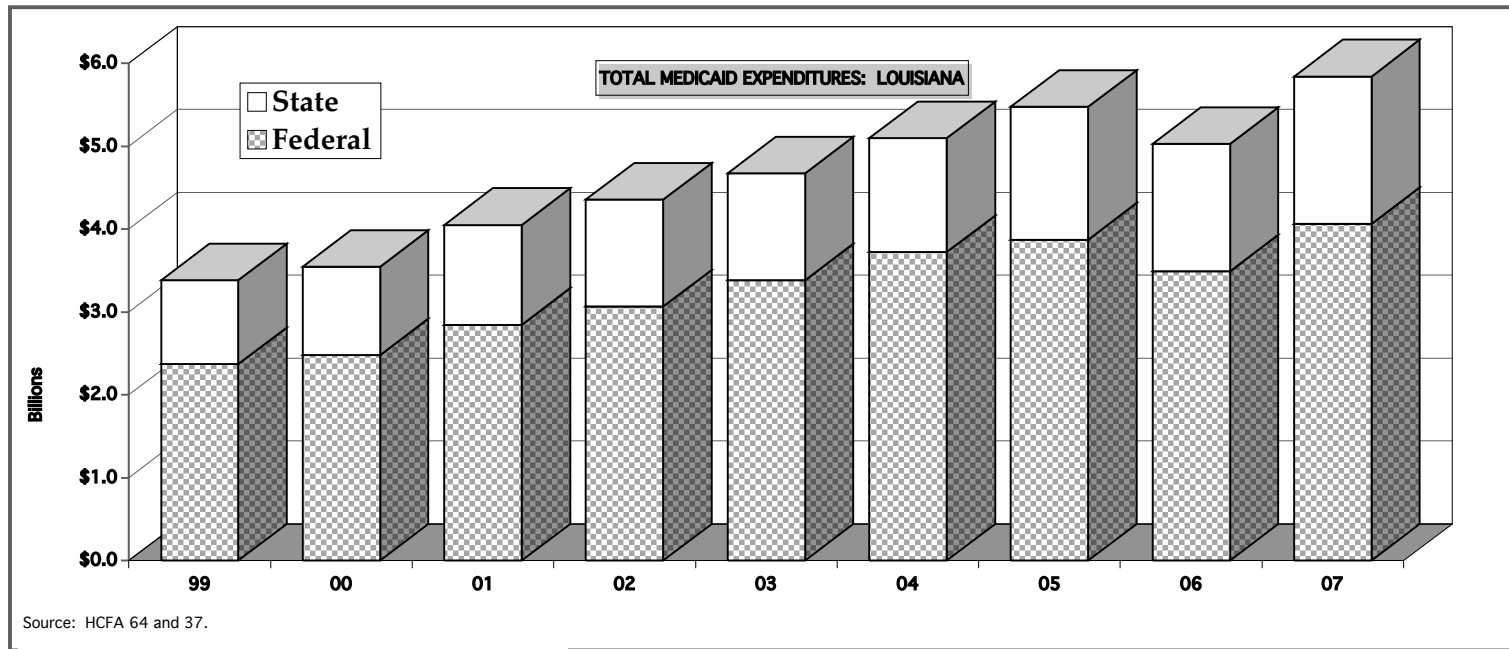
\$1 co-payment for prescription drugs for 18 year olds; and

\$2 co-payment for office visits to dentists, optometrists, opticians, audiologists, hearing aid dealers, chiropractors, and podiatrists for 18 year olds.

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 99	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05	FFY 06**	FFY 07**	Annual Rate of Change	Total Change 99-07
Medicaid Payments•	\$3,282,146,476	\$3,443,282,971	\$3,942,492,295	\$4,220,008,399	\$4,510,559,559	\$4,933,031,400	\$5,313,395,456	\$4,879,276,000	\$5,690,813,000	7.1%	73.4%
Federal Share	\$2,310,956,891	\$2,422,693,898	\$2,785,236,446	\$2,980,108,561	\$3,282,205,273	\$3,623,928,889	\$3,778,999,011	\$3,408,268,000	\$3,969,733,000	7.0%	71.8%
State Share	\$971,189,585	\$1,020,589,073	\$1,157,255,849	\$1,239,899,838	\$1,228,354,286	\$1,309,102,511	\$1,534,396,445	\$1,471,008,000	\$1,721,080,000	7.4%	77.2%
Administrative Costs	\$100,826,708	\$99,694,716	\$107,688,302	\$136,430,738	\$161,791,590	\$165,305,982	\$161,949,822	\$149,302,000	\$152,246,000	5.3%	51.0%
Federal Share	\$58,392,000	\$55,200,964	\$59,333,150	\$88,161,061	\$99,329,586	\$96,671,081	\$93,148,355	\$84,173,000	\$91,581,000	5.8%	56.8%
State Share	\$42,434,708	\$44,493,752	\$48,355,152	\$48,269,677	\$62,462,004	\$68,634,901	\$68,801,467	\$65,129,000	\$60,665,000	4.6%	43.0%
Admin. Costs as % of Payments	3.07%	2.90%	2.73%	3.23%	3.59%	3.35%	3.05%	3.06%	2.68%		
Federal Match Rate*	70.37%	70.32%	70.53%	70.30%	71.28%	70.09%	69.60%	69.79%	69.69%		

*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 06 and 07 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 99	FFY 05	FFY 99	FFY 05
State General Fund	\$971,189,585	\$1,437,673,192	\$42,434,708	\$68,801,467
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	\$971,189,585	\$1,534,396,445	\$42,434,708	\$68,801,467

*Licensing and Title Fees

Provider Taxes Currently in Place (FFY 05)		
	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 99	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05	FFY 06**	FFY 07**	Annual Change
General Hospitals	\$696,535,584	\$698,563,704	\$794,907,241	\$770,547,308	\$730,035,964	\$914,779,162	\$913,199,890	\$468,035,000	\$1,206,971,000	7.2%
Mental Hospitals	\$77,341,613	\$65,389,470	\$77,400,268	\$63,735,769	\$95,212,813	\$110,566,189	\$117,845,178	\$88,256,000	\$105,951,000	5.4%
Total	\$773,877,197	\$763,953,174	\$872,307,509	\$834,283,077	\$825,248,777	\$1,025,345,351	\$1,031,045,068	\$556,291,000	\$1,312,922,000	7.1%

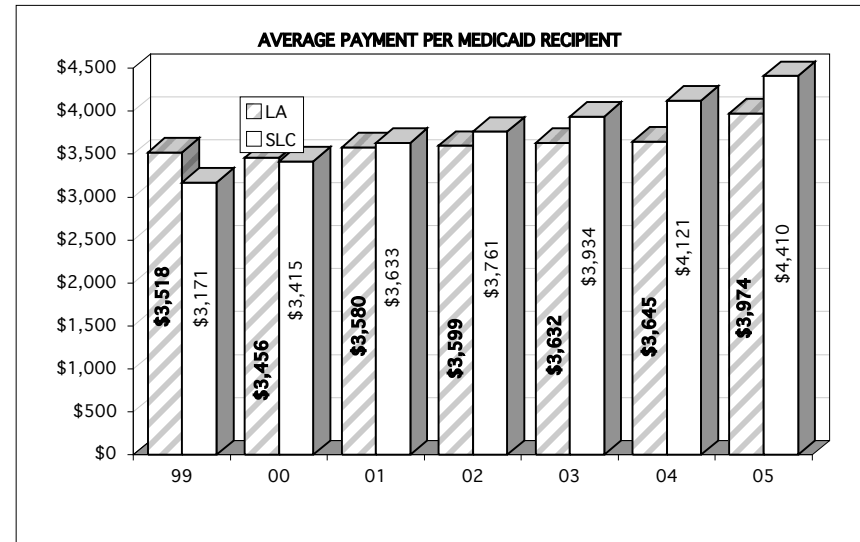
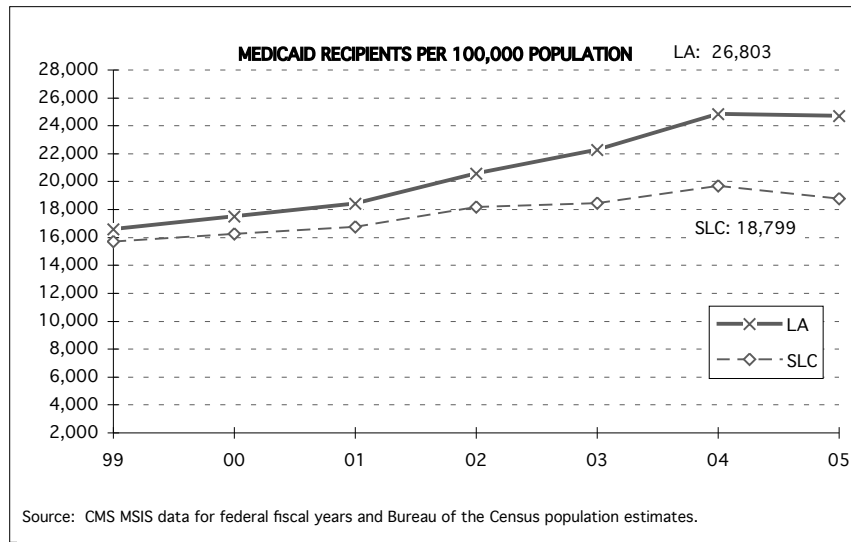
*Estimated.

SELECTED ELIGIBILITY CRITERIA					DEMOGRAPHIC DATA & POVERTY INDICATORS (2005)				
At 10/1/05									
TANF-Temporary Assistance for Needy Families (Family of 3)				% of FPL*	State population—July 1, 2005*		4,507,331		<u>Rank in U.S.</u> 24
Need Standard			\$658	50.4%	Per capita personal income**		\$24,582		50
Payment Standard			\$240	18.4%	Median household income**		\$36,814		46
Maximum Payment			\$240	18.4%	Population below Federal Poverty Level on July 1, 2003*		784,276		
Medically Needy Program (Family of 3)					Percent of total state population		17.4%		3
Income Eligibility Std	\$258 (Urban)	N/A	\$233 (Rural)	N/A	Population without health insurance coverage*		767,000		19
Resource Standard	\$3,025	N/A	N/A	N/A	Percent of total state population		17.0%		3
Pregnant Women, Children and Infants (% of FPL*)					Recipients of Food Stamps***		829,882		12
Pregnant women and infants				200.0%	Households receiving Food Stamps***		318,126		13
Children 1 to 5				133.0%	Total value of issuance***		\$1,031,646,570		10
Children 6 to 18 (born after 10/1/1983)				100.0%	Average monthly benefit per recipient		\$103.59		7
SSI Eligibility Levels					Average monthly benefit per household		\$270.24		
Income:					Monthly recipients of Temporary Assistance to Needy Families (TANF)****		25,200		31
Single Person			\$564	72.7%	Total TANF payments****		\$42,246,330		43
Couple			\$846	81.3%	Average monthly payment per recipient		\$139.70		43
Resources:					Maximum monthly payment per family of 3		\$190.00		46
Single Person			\$2,000	N/A					
Couple			\$3,000	N/A					

*Current federal poverty level is \$9,570 per year for a single person, \$12,830 for a family of two and \$16,090 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 99	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05	<i>Annual Change</i>
01. General Hospital	155,285	156,861	158,676	176,229	179,182	180,489	181,301	2.6%
02. Mental Hospital	9,529	8,552	7,491	8,070	8,613	9,434	9,476	-0.1%
03. Skilled and Intermediate (non-MR) Care Nursing	35,508	34,639	34,702	34,356	32,955	32,306	32,471	-1.5%
04. Intermediate Care for Mentally Retarded	5,904	5,984	5,907	5,879	5,848	5,820	5,849	-0.2%
05. Physician Services	613,491	619,859	657,938	731,385	789,162	832,560	835,983	5.3%
06. Dental Services	133,584	137,707	167,187	187,347	232,875	236,225	237,108	10.0%
07. Other Practitioners	88,124	84,504	92,394	110,323	157,591	178,179	178,752	12.5%
08. Outpatient Hospital	319,041	336,002	371,198	420,655	465,274	490,135	492,072	7.5%
09. Clinic Services	113,105	118,008	107,545	113,829	123,544	150,865	151,451	5.0%
10. Lab and X-Ray	422,834	437,669	456,670	487,831	532,212	588,281	590,640	5.7%
11. Home Health	9,903	10,041	9,831	10,980	11,406	11,131	11,182	2.0%
12. Prescribed Drugs	549,296	581,356	628,571	689,973	758,388	804,196	804,196	6.6%
13. Family Planning	5,273	5,347	5,607	6,082	6,465	6,719	6,748	4.2%
14. Early & Periodic Screening, Diagnosis & Treatment	0	0	0	0	0	0	0	n/a
15. Other Care	358,116	377,080	393,452	441,854	487,196	511,907	513,979	6.2%
16. Personal Care Support Services	87,396	101,186	112,336	128,333	145,595	568,898	569,820	36.7%
17. Home/Community Based Waiver Services	0	0	0	0	0	0	0	n/a
18. Prepaid Health Care	0	0	0	0	0	0	0	n/a
19. Primary Care Case Management (PCCM) Services	0	69,429	84,036	295,322	585,026	878,942	880,484	66.2%
Total*	720,360	761,248	804,987	898,824	995,362	1,108,054	1,112,319	7.5%

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

SOUTHERN REGION MEDICAID PROFILE

PAYMENTS BY TYPE OF SERVICES	FFY 99	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05	<i>Annual</i>	<i>Share of Total</i>
								<i>Change</i>	<i>FFY 05</i>
01. General Hospital	\$529,664,856	\$529,025,483	\$547,461,542	\$595,344,285	\$682,696,326	\$778,490,113	\$853,325,153	8.3%	19.3%
02. Mental Hospital	\$31,531,139	\$28,267,787	\$30,563,226	\$33,765,457	\$35,857,553	\$45,863,116	\$50,109,366	8.0%	1.1%
03. Skilled and Intermediate (non-MR) Care Nursing	\$508,689,630	\$492,740,844	\$566,831,499	\$579,678,805	\$585,804,380	\$590,336,369	\$657,391,067	4.4%	14.9%
04. Intermediate Care for Mentally Retarded	\$340,939,902	\$349,880,049	\$353,810,898	\$358,064,677	\$367,634,760	\$417,797,223	\$462,458,541	5.2%	10.5%
05. Physician Services	\$209,849,639	\$206,081,672	\$223,182,715	\$246,465,477	\$276,177,855	\$295,713,111	\$325,363,444	7.6%	7.4%
06. Dental Services	\$22,401,128	\$22,251,055	\$27,872,499	\$36,108,006	\$43,540,602	\$50,438,369	\$54,485,958	16.0%	1.2%
07. Other Practitioners	\$8,968,208	\$8,677,916	\$9,261,247	\$10,742,041	\$16,242,953	\$17,353,900	\$18,810,677	13.1%	0.4%
08. Outpatient Hospital	\$148,443,259	\$146,172,967	\$158,037,617	\$217,035,609	\$250,446,727	\$242,252,823	\$265,921,447	10.2%	6.0%
09. Clinic Services	\$46,353,549	\$44,341,120	\$40,458,341	\$53,391,708	\$61,770,340	\$72,614,896	\$79,284,050	9.4%	1.8%
10. Lab and X-Ray	\$43,375,990	\$46,000,148	\$46,575,385	\$53,319,471	\$61,360,475	\$70,998,756	\$77,536,624	10.2%	1.8%
11. Home Health	\$18,686,295	\$21,289,864	\$21,999,736	\$24,570,127	\$28,344,851	\$27,387,007	\$30,240,158	8.4%	0.7%
12. Prescribed Drugs	\$405,754,264	\$476,400,908	\$554,670,701	\$682,557,080	\$783,761,071	\$900,611,528	\$975,650,922	15.7%	22.1%
13. Family Planning	\$2,159,092	\$2,179,189	\$2,148,382	\$2,801,219	\$4,333,284	\$4,432,117	\$4,802,998	14.3%	0.1%
14. Early & Periodic Screening, Diagnosis & Treatment	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a	0.0%
15. Other Care	\$179,901,925	\$210,574,208	\$238,124,463	\$263,557,479	\$312,383,237	\$383,282,169	\$414,687,198	14.9%	9.4%
16. Personal Care Support Services	\$37,445,332	\$44,974,800	\$58,657,251	\$71,523,905	\$91,172,371	\$117,785,307	\$126,005,040	22.4%	2.9%
17. Home/Community Based Waiver Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a	0.0%
18. Prepaid Health Care	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a	0.0%
19. Primary Case Management (PCCM) Services	\$0	\$1,705,420	\$1,922,615	\$5,496,593	\$13,383,194	\$23,740,692	\$24,650,771	70.6%	0.6%
Total (excludes DSH pymts, pharmacy rebates, & other adjs.)	\$2,534,164,208	\$2,630,563,430	\$2,881,578,117	\$3,234,421,939	\$3,614,909,979	\$4,039,097,496	\$4,420,723,414	9.7%	100.0%

AVERAGE PAYMENTS PER RECIPIENT BY TYPE OF SERVICES								<i>(+) or (-) SLC</i>	
								<i>Avg. FFY 05</i>	
01. General Hospital	\$3,410.92	\$3,372.57	\$3,450.18	\$3,378.24	\$3,810.07	\$4,313.23	\$4,706.68	5.5%	-10.2%
02. Mental Hospital	\$3,308.97	\$3,305.40	\$4,079.99	\$4,184.07	\$4,163.19	\$4,861.47	\$5,288.03	8.1%	-71.4%
03. Skilled and Intermediate (non-MR) Care Nursing	\$14,326.06	\$14,225.03	\$16,334.26	\$16,872.71	\$17,775.89	\$18,273.27	\$20,245.48	5.9%	-19.1%
04. Intermediate Care for Mentally Retarded	\$57,747.27	\$58,469.26	\$59,896.88	\$60,905.71	\$62,865.04	\$71,786.46	\$79,066.26	5.4%	-7.7%
05. Physician Services	\$342.06	\$332.47	\$339.22	\$336.98	\$349.96	\$355.19	\$389.20	2.2%	-35.1%
06. Dental Services	\$167.69	\$161.58	\$166.71	\$192.73	\$186.97	\$213.52	\$229.79	5.4%	-37.0%
07. Other Practitioners	\$101.77	\$102.69	\$100.24	\$97.37	\$103.07	\$97.40	\$105.23	0.6%	-61.9%
08. Outpatient Hospital	\$465.28	\$435.04	\$425.75	\$515.95	\$538.28	\$494.26	\$540.41	2.5%	-9.6%
09. Clinic Services	\$409.83	\$375.75	\$376.20	\$469.05	\$499.99	\$481.32	\$523.50	4.2%	-24.5%
10. Lab and X-Ray	\$102.58	\$105.10	\$101.99	\$109.30	\$115.29	\$120.69	\$131.28	4.2%	-39.2%
11. Home Health	\$1,886.93	\$2,120.29	\$2,237.79	\$2,237.72	\$2,485.08	\$2,460.43	\$2,704.36	6.2%	-24.1%
12. Prescribed Drugs	\$738.68	\$819.47	\$882.43	\$989.25	\$1,033.46	\$1,119.89	\$1,213.20	8.6%	-18.6%
13. Family Planning	\$409.46	\$407.55	\$383.16	\$460.58	\$670.27	\$659.64	\$711.77	9.7%	-49.3%
14. Early & Periodic Screening, Diagnosis & Treatment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	n/a	n/a
15. Other Care	\$502.36	\$558.43	\$605.22	\$596.48	\$641.19	\$748.73	\$806.82	8.2%	-57.0%
16. Personal Care Support Services	\$428.46	\$444.48	\$522.16	\$557.33	\$626.21	\$207.04	\$221.13	-10.4%	-85.0%
17. Home/Community Based Waiver Services	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	n/a	n/a
18. Prepaid Health Care	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	n/a	n/a
19. Primary Case Management (PCCM) Services	\$0.00	\$24.56	\$22.88	\$18.61	\$22.88	\$27.01	\$28.00	2.7%	2.5%
Total (Average)	\$3,517.91	\$3,455.59	\$3,579.66	\$3,598.50	\$3,631.75	\$3,645.22	\$3,974.33	2.1%	-9.9%

TOTAL PER CAPITA EXPENDITURES	\$779.34	\$813.80	\$927.03	\$996.43	\$1,045.51	\$1,141.73	\$1,214.76	7.7%	31.6%
--------------------------------------	-----------------	-----------------	-----------------	-----------------	-------------------	-------------------	-------------------	-------------	--------------

Source: MSIS data for FFY 99-04; FFY 05 is projected using state historical trend data from FFY 99 through FFY 04.

SOUTHERN REGION MEDICAID PROFILE

DATA BY OTHER CHARACTERISTICS

RECIPIENTS BY OTHER CHARACTERISTICS

								Annual Change	Share of Total FFY 05
By Maintenance Assistance Status	FFY 99	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05		
Receiving Cash Assistance or Eligible Under Section 1931	311,892	307,199	301,098	310,808	313,021	340,322	341,842	1.5%	30.7%
Poverty Related Eligibles	226,461	286,673	350,198	445,427	499,742	569,412	571,330	16.7%	51.4%
Medically Needy	5,878	6,088	7,041	9,204	9,659	10,622	10,661	10.4%	1.0%
Other Eligibles	110,567	96,323	82,393	89,334	76,114	99,831	100,278	-1.6%	9.0%
Maintenance Assistance Status Unknown	65,562	64,965	64,257	44,051	96,826	87,867	88,208	5.1%	7.9%
Total	720,360	761,248	804,987	898,824	995,362	1,108,054	1,112,319	7.5%	100.0%
By Basis of Eligibility									
Aged, Blind, or Disabled	233,591	232,929	232,613	241,107	245,745	252,159	253,319	1.4%	22.8%
Children	323,458	367,921	411,966	538,077	535,484	633,662	635,928	11.9%	57.2%
Foster Care Children	8,545	8,875	8,639	9,470	8,539	8,849	8,892	0.7%	0.8%
Adults	89,204	86,558	87,512	110,170	108,501	125,517	126,007	5.9%	11.3%
Basis of Eligibility Unknown	65,562	64,965	64,257	0	97,093	87,867	88,173	5.1%	7.9%
Total	720,360	761,248	804,987	898,824	995,362	1,108,054	1,112,319	7.5%	100.0%
By Age									
Under Age 1	20,839	26,837	27,501	35,777	17,970	39,101	39,236	11.1%	3.5%
Age 1 to 5	129,029	139,568	147,942	180,474	170,264	206,568	207,353	8.2%	18.6%
Age 6 to 14	166,295	180,207	202,706	243,261	278,469	306,124	307,234	10.8%	27.6%
Age 15 to 20	69,325	81,857	93,158	113,506	134,354	153,116	153,636	14.2%	13.8%
Age 21 to 44	124,537	122,450	123,143	130,744	141,485	154,329	154,971	3.7%	13.9%
Age 45 to 64	58,082	60,278	62,671	67,925	72,499	77,326	77,648	5.0%	7.0%
Age 65 to 74	33,698	33,250	32,907	32,980	33,467	34,071	34,233	0.3%	3.1%
Age 75 to 84	30,207	29,756	29,668	29,629	29,827	29,785	29,929	-0.2%	2.7%
Age 85 and Over	22,790	22,080	21,034	20,477	20,199	19,767	19,869	-2.3%	1.8%
Age Unknown	65,558	64,965	64,257	44,051	96,828	87,867	88,210	5.1%	7.9%
Total	720,360	761,248	804,987	898,824	995,362	1,108,054	1,112,319	7.5%	100.0%
By Race									
White	233,573	257,995	276,367	296,734	320,727	366,609	368,022	7.9%	33.1%
Black	418,242	450,797	473,774	498,670	514,116	577,581	579,946	5.6%	52.1%
Hispanic, American Indian or Asian	0	0	0	8,817	12,878	17,577	17,609	25.9%	1.6%
Other/Unknown	68,545	52,456	54,846	94,603	147,641	146,287	146,742	13.5%	13.2%
Total	720,360	761,248	804,987	898,824	995,362	1,108,054	1,112,319	7.5%	100.0%
By Sex									
Female	425,275	460,027	481,824	498,794	523,312	586,673	589,073	5.6%	53.0%
Male	272,350	300,360	322,966	355,920	375,166	433,415	435,076	8.1%	39.1%
Unknown	22,735	861	197	44,110	96,884	87,966	88,170	25.3%	7.9%
Total	720,360	761,248	804,987	898,824	995,362	1,108,054	1,112,319	7.5%	100.0%

Source: MSIS data for FFY 99-04; FFY 05 is projected using state historical trend data from FFY 99 through FFY 04.

SOUTHERN REGION MEDICAID PROFILE

PAYMENTS BY OTHER CHARACTERISTICS

	FFY 99	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05	Annual Change	Share of Total FFY 05
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	\$1,238,591,787	\$1,287,252,400	\$1,376,935,923	\$1,553,966,380	\$1,699,714,565	\$1,942,915,372	\$2,126,311,541	9.4%	48.1%
Poverty Related Eligibles	\$263,475,366	\$321,648,866	\$392,236,048	\$510,213,885	\$583,097,320	\$677,363,988	\$732,750,110	18.6%	16.6%
Medically Needy	\$32,171,699	\$35,472,974	\$43,794,602	\$56,331,308	\$59,852,598	\$74,767,869	\$80,862,502	16.6%	1.8%
Other Eligibles	\$884,830,782	\$882,700,731	\$966,239,542	\$1,053,861,209	\$1,072,900,601	\$1,231,926,150	\$1,354,718,481	7.4%	30.6%
Maintenance Assistance Status Unknown	\$115,094,574	\$103,488,459	\$102,372,002	\$60,049,157	\$199,344,895	\$112,124,117	\$126,080,780	1.5%	2.9%
Total	\$2,534,164,208	\$2,630,563,430	\$2,881,578,117	\$3,234,421,939	\$3,614,909,979	\$4,039,097,496	\$4,420,723,414	9.7%	100.0%
By Basis of Eligibility									
Aged, Blind or Disabled	\$1,894,577,789	\$1,953,941,815	\$2,110,259,299	\$2,303,751,869	\$2,513,203,234	\$2,800,964,969	\$3,074,600,706	8.4%	69.5%
Children	\$301,187,109	\$337,035,460	\$412,242,191	\$569,950,655	\$553,716,835	\$702,174,794	\$760,146,205	16.7%	17.2%
Foster Care Children	\$16,921,071	\$21,691,569	\$22,958,250	\$25,792,679	\$28,100,500	\$33,814,036	\$36,822,707	13.8%	0.8%
Adults	\$206,383,665	\$214,406,127	\$233,746,375	\$274,877,579	\$315,908,545	\$390,019,580	\$422,979,578	12.7%	9.6%
Basis of Eligibility Unknown	\$115,094,574	\$103,488,459	\$102,372,002	\$60,049,157	\$203,980,865	\$112,124,117	\$126,174,218	1.5%	2.9%
Total	\$2,534,164,208	\$2,630,563,430	\$2,881,578,117	\$3,234,421,939	\$3,614,909,979	\$4,039,097,496	\$4,420,723,414	9.7%	100.0%
By Age									
Under Age 1	\$53,689,495	\$60,554,574	\$82,788,537	\$118,450,015	\$69,607,689	\$142,993,947	\$153,637,383	19.2%	3.5%
Age 1 to 5	\$164,180,623	\$184,127,591	\$212,808,277	\$275,852,968	\$265,375,029	\$309,600,661	\$338,058,142	12.8%	7.6%
Age 6 to 14	\$177,368,038	\$191,919,045	\$224,251,709	\$281,724,844	\$338,512,433	\$379,274,603	\$411,382,231	15.1%	9.3%
Age 15 to 20	\$161,825,039	\$180,390,620	\$203,151,604	\$236,113,101	\$271,785,984	\$314,808,760	\$342,382,049	13.3%	7.7%
Age 21 to 44	\$639,480,214	\$668,103,084	\$702,180,596	\$775,096,720	\$851,260,156	\$982,907,597	\$1,076,003,219	9.1%	24.3%
Age 45 to 64	\$508,252,218	\$544,918,260	\$601,807,404	\$690,063,729	\$783,968,981	\$923,188,951	\$1,004,860,248	12.0%	22.7%
Age 65 to 74	\$208,964,900	\$204,844,393	\$213,563,390	\$234,357,458	\$249,635,916	\$270,344,942	\$298,193,059	6.1%	6.7%
Age 75 to 84	\$247,705,759	\$243,830,620	\$269,292,605	\$284,966,950	\$300,381,614	\$314,156,048	\$347,619,750	5.8%	7.9%
Age 85 and Over	\$257,604,774	\$248,386,784	\$269,361,993	\$277,746,997	\$285,036,326	\$289,697,870	\$322,506,564	3.8%	7.3%
Age Unknown	\$115,093,148	\$103,488,459	\$102,372,002	\$60,049,157	\$199,345,851	\$112,124,117	\$126,080,769	1.5%	2.9%
Total	\$2,534,164,208	\$2,630,563,430	\$2,881,578,117	\$3,234,421,939	\$3,614,909,979	\$4,039,097,496	\$4,420,723,414	9.7%	100.0%
By Race									
White	\$1,166,464,269	\$1,220,850,112	\$1,341,518,119	\$1,478,718,886	\$1,594,496,227	\$1,821,042,639	\$1,994,839,352	9.4%	45.1%
Black	\$1,103,386,526	\$1,173,444,462	\$1,281,983,050	\$1,411,445,947	\$1,516,242,310	\$1,755,020,304	\$1,921,126,595	9.7%	43.5%
Hispanic, American Indian or Asian	\$0	\$0	\$0	\$19,952,411	\$32,330,907	\$43,926,797	\$45,865,893	32.0%	1.0%
Other / Unknown	\$264,313,413	\$236,268,856	\$258,076,948	\$324,304,695	\$471,840,535	\$419,107,756	\$458,891,574	9.6%	10.4%
Total	\$2,534,164,208	\$2,630,563,430	\$2,881,578,117	\$3,234,421,939	\$3,614,909,979	\$4,039,097,496	\$4,420,723,414	9.7%	100.0%
By Sex									
Female	\$1,525,645,924	\$1,591,240,151	\$1,734,266,319	\$1,907,207,677	\$2,060,036,616	\$2,331,028,369	\$2,555,742,870	9.0%	57.8%
Male	\$970,854,884	\$1,039,703,789	\$1,147,169,287	\$1,267,011,408	\$1,355,303,057	\$1,595,642,523	\$1,744,298,024	10.3%	39.5%
Unknown	\$37,663,400	(\$380,510)	\$142,511	\$60,202,854	\$199,570,306	\$112,426,604	\$120,682,520	21.4%	2.7%
Total	\$2,534,164,208	\$2,630,563,430	\$2,881,578,117	\$3,234,421,939	\$3,614,909,979	\$4,039,097,496	\$4,420,723,414	9.7%	100.0%

Source: MSIS data for FFY 99-04; FFY 05 is projected using state historical trend data from FFY 99 through FFY 04.

SOUTHERN REGION MEDICAID PROFILE

AVERAGE PAYMENT PER RECIPIENT BY OTHER CHARACTERISTICS

								Above (+) or Annual Change	Below (-) SLC Avg. FFY 05
By Maintenance Assistance Status	FFY 99	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05		
Receiving Cash Assistance or Eligible Under Section 1931	\$3,971.22	\$4,190.29	\$4,573.05	\$4,999.76	\$5,430.03	\$5,709.05	\$6,220.16	7.8%	6.5%
Poverty Related Eligibles	\$1,163.45	\$1,122.01	\$1,120.04	\$1,145.45	\$1,166.80	\$1,189.59	\$1,282.53	1.6%	-39.0%
Medically Needy	\$5,473.24	\$5,826.70	\$6,219.94	\$6,120.31	\$6,196.56	\$7,038.96	\$7,584.89	5.6%	-3.7%
Other Eligibles	\$8,002.67	\$9,163.97	\$11,727.20	\$11,796.87	\$14,095.97	\$12,340.12	\$13,509.63	9.1%	74.9%
Maintenance Assistance Status Unknown	\$1,755.51	\$1,592.99	\$1,593.16	\$1,363.17	\$2,058.80	\$1,276.07	\$1,429.36	-3.4%	-58.0%
Total	\$3,517.91	\$3,455.59	\$3,579.66	\$3,598.50	\$3,631.75	\$3,645.22	\$3,974.33	2.1%	-9.9%
By Basis of Eligibility									
Aged, Blind or Disabled	\$8,110.66	\$8,388.57	\$9,071.97	\$9,554.89	\$10,226.87	\$11,107.93	\$12,137.27	6.9%	1.4%
Children	\$931.15	\$916.05	\$1,000.67	\$1,059.24	\$1,034.05	\$1,108.12	\$1,195.33	4.3%	-22.5%
Foster Care Children	\$1,980.23	\$2,444.12	\$2,657.51	\$2,723.62	\$3,290.84	\$3,821.23	\$4,141.11	13.1%	-40.6%
Adults	\$2,313.61	\$2,477.02	\$2,671.02	\$2,495.03	\$2,911.57	\$3,107.30	\$3,356.79	6.4%	16.6%
Basis of Eligibility Unknown	\$1,755.51	\$1,592.99	\$1,593.16	\$0.00	\$2,100.88	\$1,276.07	\$1,430.98	-3.3%	-58.6%
Total	\$3,517.91	\$3,455.59	\$3,579.66	\$3,598.50	\$3,631.75	\$3,645.22	\$3,974.33	2.1%	-9.9%
By Age									
Under Age 1	\$2,576.39	\$2,256.38	\$3,010.38	\$3,310.79	\$3,873.55	\$3,657.04	\$3,915.72	7.2%	6.2%
Age 1 to 5	\$1,272.43	\$1,319.27	\$1,438.46	\$1,528.49	\$1,558.61	\$1,498.78	\$1,630.35	4.2%	-12.3%
Age 6 to 14	\$1,066.59	\$1,064.99	\$1,106.29	\$1,158.12	\$1,215.62	\$1,238.96	\$1,338.99	3.9%	-24.4%
Age 15 to 20	\$2,334.30	\$2,203.73	\$2,180.72	\$2,080.18	\$2,022.91	\$2,056.01	\$2,228.53	-0.8%	-20.0%
Age 21 to 44	\$5,134.86	\$5,456.13	\$5,702.16	\$5,928.35	\$6,016.61	\$6,368.91	\$6,943.26	5.2%	33.2%
Age 45 to 64	\$8,750.60	\$9,040.09	\$9,602.65	\$10,159.20	\$10,813.51	\$11,938.92	\$12,941.23	6.7%	16.0%
Age 65 to 74	\$6,201.11	\$6,160.73	\$6,489.91	\$7,106.05	\$7,459.17	\$7,934.75	\$8,710.69	5.8%	3.5%
Age 75 to 84	\$8,200.28	\$8,194.33	\$9,076.87	\$9,617.84	\$10,070.80	\$10,547.46	\$11,614.81	6.0%	-4.6%
Age 85 and Over	\$11,303.41	\$11,249.40	\$12,806.03	\$13,563.85	\$14,111.41	\$14,655.63	\$16,231.65	6.2%	-13.4%
Age Unknown	\$1,755.59	\$1,592.99	\$1,593.16	\$1,363.17	\$2,058.76	\$1,276.07	\$1,429.33	-3.4%	-58.2%
Total	\$3,517.91	\$3,455.59	\$3,579.66	\$3,598.50	\$3,631.75	\$3,645.22	\$3,974.33	2.1%	-9.9%
By Race									
White	\$4,994.00	\$4,732.07	\$4,854.12	\$4,983.31	\$4,971.51	\$4,967.26	\$5,420.44	1.4%	-0.9%
Black	\$2,638.15	\$2,603.04	\$2,705.90	\$2,830.42	\$2,949.22	\$3,038.57	\$3,312.60	3.9%	-12.8%
Hispanic, American Indian or Asian	\$0.00	\$0.00	\$0.00	\$2,262.95	\$2,510.55	\$2,499.11	\$2,604.68	4.8%	-10.2%
Other / Unknown	\$3,856.06	\$4,504.13	\$4,705.48	\$3,428.06	\$3,195.86	\$2,864.97	\$3,127.20	-3.4%	-28.9%
Total	\$3,517.91	\$3,455.59	\$3,579.66	\$3,598.50	\$3,631.75	\$3,645.22	\$3,974.33	2.1%	-9.9%
By Sex									
Female	\$3,587.43	\$3,459.01	\$3,599.38	\$3,823.64	\$3,936.54	\$3,973.30	\$4,338.58	3.2%	-5.3%
Male	\$3,564.73	\$3,461.53	\$3,551.98	\$3,559.82	\$3,612.54	\$3,681.56	\$4,009.18	2.0%	-7.8%
Unknown	\$1,656.63	(\$441.94)	\$723.41	\$1,364.83	\$2,059.89	\$1,278.07	\$1,368.75	-3.1%	-59.5%
Total	\$3,517.91	\$3,455.59	\$3,579.66	\$3,598.50	\$3,631.75	\$3,645.22	\$3,974.33	2.1%	-9.9%

Source: MSIS data for FFY 99-04; FFY 05 is projected using state historical trend data from FFY 99 through FFY 04.

SOUTHERN REGION MEDICAID PROFILE

ADDITIONAL STATE HEALTH CARE INFORMATION

Sources: "Issue Briefs", Health Policy Tracking Service, January 2006; "Medicaid Services State by State", CMS, October 2005; "State Health Facts", The Henry Kaiser Foundation, January 2006; state annual report for FY 05; and 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 6/1/92 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 7/1/93
- Mental Retardation/Developmental Disabilities: Can serve up to 4,776 people, operating since 6/1/90. 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 6/30/05.
- Adult Day Health Care Waiver (ADHC): Currently can serve up to 688 people, operating since 1/1/85
- Personal Care Attendant Waiver (PCA): Waiver was terminated in January 2005. 300 PCA waiver recipients were transitioned to the EDA waiver by 12/31/04 before the closure of the PCA waiver.
- Children's Choice Waiver (CC): Can serve up to 800 children during FY 05, (will serve up to 1,000 in FY 08) operating since 2/21/01.
- 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 provided for DHH to implement the framework for the program by 7/5/04, and have individual provider agreements in place by 7/1/05.
- 1115 Family Planning Waiver: eligibility expansion for Family Planning Services to uninsured women (ages 19 to 44) with incomes up to 200% of the FPL who are not otherwise eligible for Medicaid, SCHIP, Medicare, or other insurance coverage.

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 permitted 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 also negotiated State Supplemental Drug Rebates with drug manufacturers. Act 395 also mandated 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 to 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 05.
- 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 10/1/99.

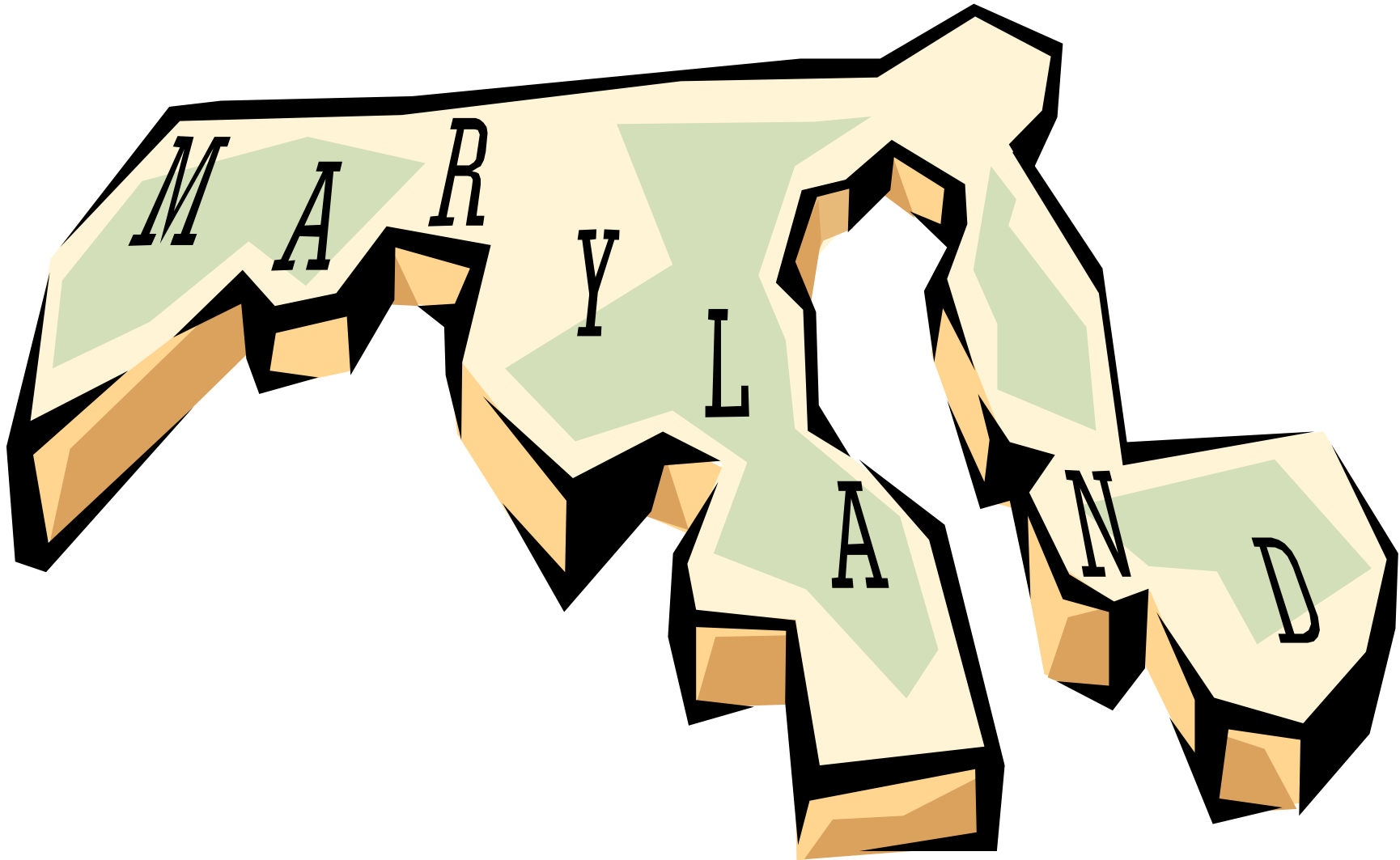
- Legislation enacted in the Regular Session of 1999 (ACT 1197) authorized the expansion of LaCHIP.

- 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% of the FPL and enrolled approximately 10,000 children.

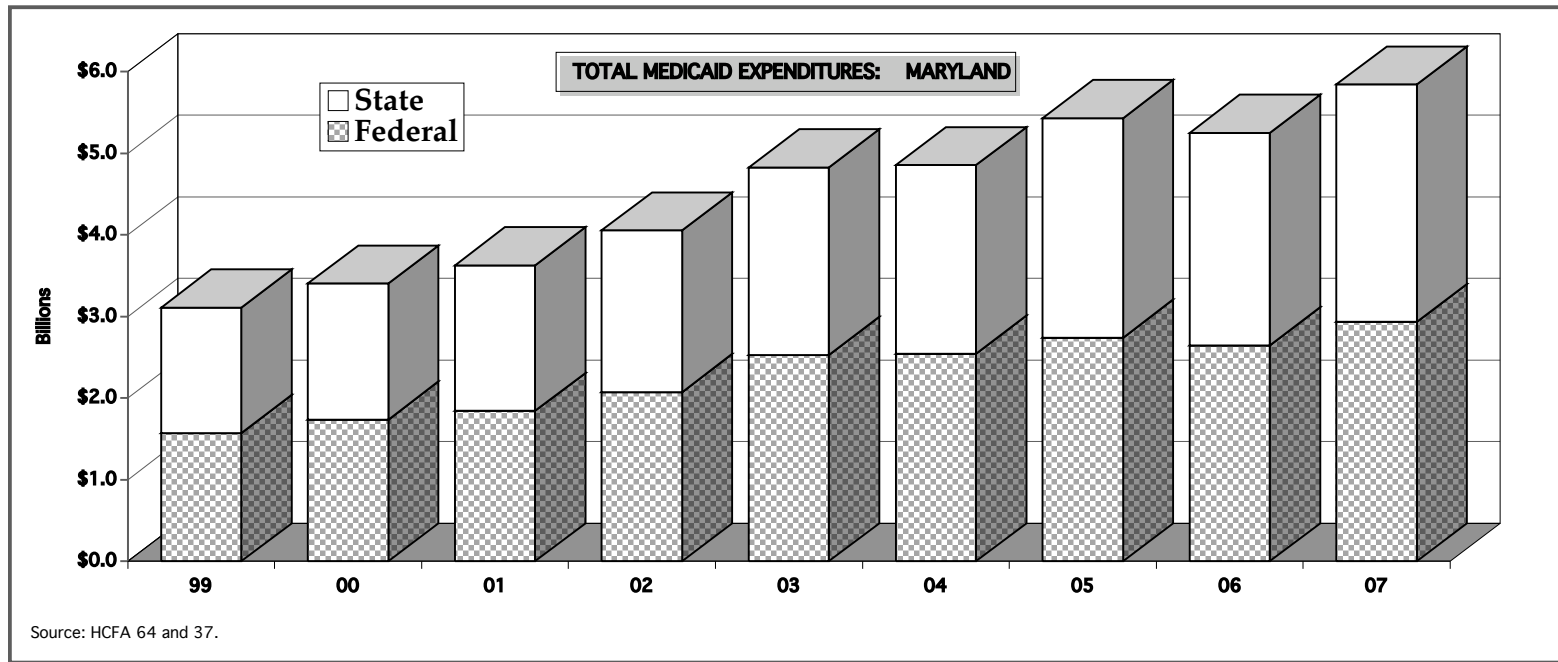
- Phase III implemented 1/1/01 to provide health care benefits to children/adolescents from birth to age 19 in families with income from 151-200% of the FPL and enrolled an additional 12,000 children.

All three phases are Medicaid expansions and serve approximately 106,320 individuals as of January 2005.

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 99	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05	FFY 06**	FFY 07**	Annual Rate of Change	Total Change 99-07
Medicaid Payments	\$2,931,170,173	\$3,170,221,094	\$3,389,359,931	\$3,779,629,018	\$4,533,866,491	\$4,586,430,658	\$5,136,302,340	\$4,919,611,000	\$5,484,717,000	8.1%	87.1%
Federal Share	\$1,473,199,888	\$1,610,382,156	\$1,713,456,381	\$1,927,846,222	\$2,374,645,298	\$2,403,083,672	\$2,580,672,094	\$2,473,018,000	\$2,746,835,000	8.1%	86.5%
State Share	\$1,457,970,285	\$1,559,838,938	\$1,675,903,550	\$1,851,782,796	\$2,159,221,193	\$2,183,346,986	\$2,555,630,246	\$2,446,593,000	\$2,737,882,000	8.2%	87.8%
Administrative Costs	\$177,403,959	\$235,198,416	\$237,787,627	\$274,488,455	\$294,904,663	\$267,847,856	\$297,871,779	\$331,649,000	\$359,671,000	9.2%	102.7%
Federal Share	\$97,893,210	\$126,726,599	\$130,711,305	\$145,227,839	\$155,606,047	\$142,877,711	\$160,751,116	\$173,816,000	\$188,169,000	8.5%	92.2%
State Share	\$79,510,749	\$108,471,817	\$107,076,322	\$129,260,616	\$139,298,616	\$124,970,145	\$137,120,663	\$157,833,000	\$171,502,000	10.1%	115.7%
Admin. Costs as % of Payments	6.05%	7.42%	7.02%	7.26%	6.50%	5.84%	5.80%	6.74%	6.56%		
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 06 and 07 reflect latest estimates reported by each state (CMS 37).

SOUTHERN REGION MEDICAID PROFILE

STATE FINANCING	Payments		Administration	
	FFY 99	FFY 05	FFY 99	FFY 05
State General Fund	\$1,457,970,285	\$2,549,346,752	\$79,510,749	\$137,120,663
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	\$1,457,970,285	\$2,555,630,246	\$79,510,749	\$137,120,663

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

Provider Taxes Currently in Place (FFY 05)	
Tax Rate	Amount
Permissible Taxes Program	\$5,457,325
	\$5,457,325

DISPROPORTIONATE SHARE HOSPITAL (DSH) PAYMENTS

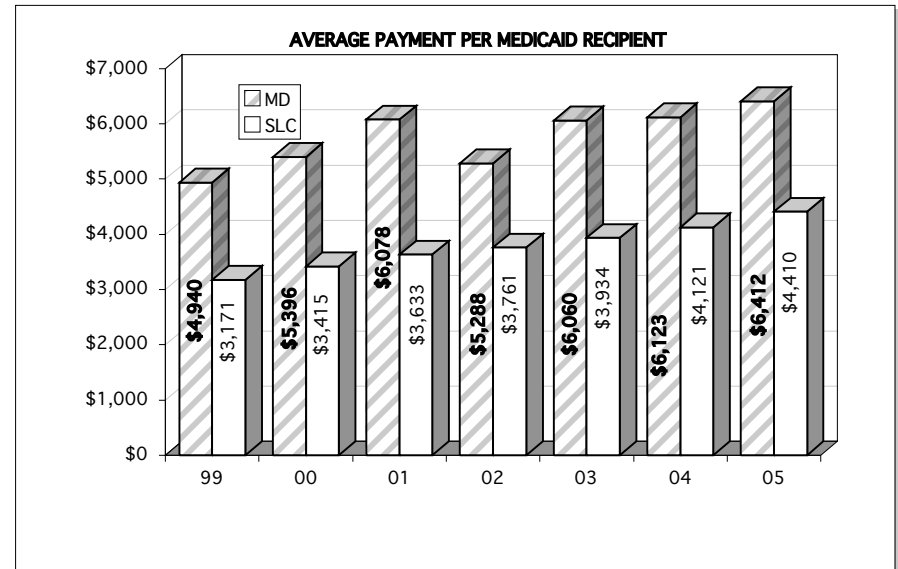
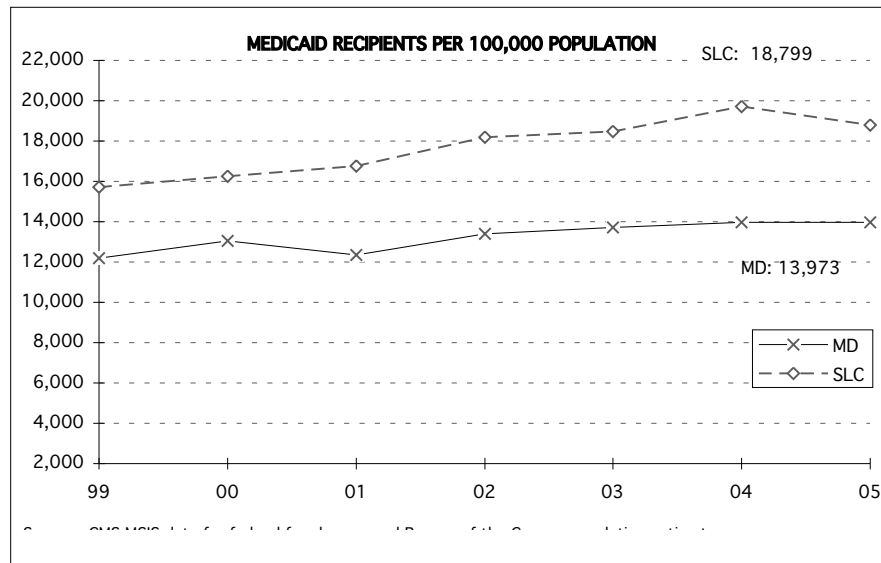
	FFY 99	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05	FFY 06**	FFY 07**	Annual Change
General Hospitals	\$28,539,341	\$29,841,259	\$31,081,634	\$35,380,547	\$22,959,669	\$31,101,654	\$45,030,494	\$30,001,000	\$14,657,000	-11.8%
Mental Hospitals	\$118,275,027	\$114,809,891	\$31,443,762	\$62,616,528	\$40,863,900	\$47,402,124	\$47,538,526	\$47,402,000	\$48,142,000	7.4%
Total	\$146,814,368	\$144,651,150	\$62,525,396	\$97,997,075	\$63,823,569	\$78,503,778	\$92,569,020	\$77,403,000	\$62,799,000	0.1%

SELECTED ELIGIBILITY CRITERIA				DEMOGRAPHIC DATA & POVERTY INDICATORS (2005)			
	At 10/1/05	% of FPL*				Rank in U.S.	
TANF-Temporary Assistance for Needy Families (Family of 3)				State population—July 1, 2005*	5,589,599	19	
Need Standard	Eliminated	N/A					
Payment Standard	\$477	36.5%		Per capita personal income**	\$41,996	4	
Maximum Payment	\$477	36.5%		Median household income**	\$58,347	2	
Medically Needy Program (Family of 3)				Population below Federal Poverty Level on July 1, 2003*	525,422		
Income Eligibility Standard	\$434			Percent of total state population	9.4%	22	
Resource Standard	\$3,100						
Pregnant Women, Children and Infants (% of FPL*)				Population without health insurance coverage*	788,000	17	
Pregnant women (250%) and children to age 6		250.0%		Percent of total state population	14.1%	27	
Children age 6 to 14		200.0%					
Children age 14 to 18		200.0%		Recipients of Food Stamps***	305,395	28	
SSI Eligibility Levels				Households receiving Food Stamps***	131,556	28	
Income:				Total value of issuance***	\$335,279,970	28	
Single Person	\$564	72.7%		Average monthly benefit per recipient	\$91.49	11	
Couple	\$846	81.3%		Average monthly benefit per household	\$212.38		
Resources:				Monthly recipients of Temporary Assistance to Needy Families (TANF)****	43,032	22	
Single Person	\$2,000			Total TANF payments****	\$91,275,338	21	
Couple	\$3,000			Average monthly payment per recipient	\$176.76	21	
				Maximum monthly payment per family of 3	\$388.00	25	

*Current federal poverty level is \$9,570 per year for a single person, \$12,830 for a family of two and \$16,090 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 99</u>	<u>FFY 00</u>	<u>FFY 01</u>	<u>FFY 02</u>	<u>FFY 03</u>	<u>FFY 04</u>	<u>FFY 05</u>	<u>Annual Change</u>
01. General Hospital	48,721	73,365	71,063	49,808	50,804	56,398	58,057	3.0%
02. Mental Hospital	3,351	3,328	3,153	2,871	3,144	3,125	3,215	-0.7%
03. Skilled and Intermediate (non-MR) Care Nursing	27,920	27,270	22,339	25,170	24,875	27,109	27,842	0.0%
04. Intermediate Care for Mentally Retarded	594	561	549	507	428	393	407	-6.1%
05. Physician Services	315,893	398,274	412,016	152,992	156,671	211,689	219,496	-5.9%
06. Dental Services	15,084	18,001	35,893	1,728	1,615	2,439	2,793	-24.5%
07. Other Practitioners	20,593	22,613	23,939	20,424	20,826	19,247	19,852	-0.6%
08. Outpatient Hospital	151,875	227,957	226,547	104,874	107,550	120,156	124,605	-3.2%
09. Clinic Services	39,332	48,462	61,467	32,227	31,546	37,683	38,871	-0.2%
10. Lab and X-Ray	39,210	70,890	101,025	38,109	40,036	12,019	13,447	-16.3%
11. Home Health	10,181	11,798	14,800	16,175	18,500	20,839	21,276	13.1%
12. Prescribed Drugs	345,740	409,511	413,755	181,101	209,994	213,731	213,731	-7.7%
13. Family Planning	563	1,457	1,529	1,770	7,946	447	512	-1.6%
14. Early & Periodic Screening, Diagnosis & Treatment	0	0	0	425	0	0	0	-100.0%
15. Other Care	116,890	206,784	210,455	81,395	216,230	90,462	94,832	-3.4%
16. Personal Care Support Services	100,791	115,999	119,201	121,419	5,224	119,374	122,132	3.3%
17. Home/Community Based Waiver Services	0	0	0	285	0	0	0	-100.0%
18. Prepaid Health Care	481,302	507,109	534,929	568,080	597,943	604,604	620,212	4.3%
19. Primary Care Case Management (PCCM) Services	0	0	0	0	0	0	0	n/a
Total*	616,243	664,576	634,273	692,539	725,820	750,287	781,049	4.0%

*Annual totals for each service and for the grand total reflect unduplicated recipient counts. The grand total, therefore, may not equal the sum of the totals for each service. A new system for counting recipients now includes HMO recipients that have not been previously counted.

SOUTHERN REGION MEDICAID PROFILE

<u>PAYMENTS BY TYPE OF SERVICES</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>FFY 05</u>	<u>Annual</u> <u>Change</u>	<u>Share of Total</u> <u>FFY 05</u>
01. General Hospital	\$414,027,277	\$552,860,871	\$521,438,517	\$443,925,764	\$513,690,220	\$550,785,043	\$604,289,020	6.5%	12.1%
02. Mental Hospital	\$91,425,580	\$94,005,602	\$94,377,684	\$85,786,372	\$99,340,473	\$105,711,902	\$116,224,412	4.1%	2.3%
03. Skilled and Intermediate (non-MR) Care Nursing	\$555,986,281	\$608,979,795	\$687,569,111	\$740,848,260	\$785,586,141	\$857,097,895	\$933,104,194	9.0%	18.6%
04. Intermediate Care for Mentally Retarded	\$52,351,664	\$57,849,332	\$58,895,626	\$54,144,361	\$66,125,462	\$63,138,768	\$69,545,232	4.8%	1.4%
05. Physician Services	\$102,204,514	\$148,195,731	\$155,388,195	\$57,908,926	\$70,418,307	\$126,874,411	\$138,129,689	5.1%	2.8%
06. Dental Services	\$7,368,928	\$3,162,591	\$3,909,032	\$251,199	\$254,450	\$390,329	\$738,399	-31.8%	0.0%
07. Other Practitioners	\$1,282,106	\$1,293,615	\$1,487,928	\$1,432,974	\$1,272,331	\$1,432,893	\$1,580,962	3.6%	0.0%
08. Outpatient Hospital	\$106,336,425	\$167,264,324	\$180,813,853	\$99,426,292	\$117,473,045	\$139,344,294	\$152,976,792	6.2%	3.1%
09. Clinic Services	\$6,728,513	\$9,083,590	\$14,161,429	\$9,334,595	\$7,885,680	\$12,041,388	\$13,000,656	11.6%	0.3%
10. Lab and X-Ray	\$4,294,907	\$10,066,063	\$11,181,365	\$3,205,777	\$4,101,845	\$789,901	\$1,285,317	-18.2%	0.0%
11. Home Health	\$190,672,414	\$224,242,460	\$272,309,723	\$271,249,461	\$540,715,251	\$467,721,510	\$502,632,753	17.5%	10.0%
12. Prescribed Drugs	\$291,435,049	\$374,121,433	\$417,080,496	\$320,313,995	\$380,007,833	\$429,074,160	\$467,709,606	8.2%	9.3%
13. Family Planning	\$701,266	\$2,541,543	\$2,842,858	\$794,833	\$2,675,773	\$957,204	\$1,112,233	8.0%	0.0%
14. Early & Periodic Screening, Diagnosis & Treatment	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a	0.0%
15. Other Care	\$55,104,230	\$114,433,801	\$107,874,033	\$78,314,572	\$471,280,137	\$99,212,680	\$115,387,104	13.1%	2.3%
16. Personal Care Support Services	\$321,959,694	\$306,345,343	\$335,151,875	\$369,469,292	\$29,949,417	\$355,317,073	\$386,890,045	3.1%	7.7%
17. Home/Community Based Waiver Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a	0.0%
18. Prepaid Health Care	\$842,484,831	\$911,334,953	\$990,520,806	\$1,125,683,311	\$1,307,524,976	\$1,384,440,511	\$1,503,213,245	10.1%	30.0%
19. Primary Case Management (PCCM) Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a	0.0%
Total (excludes DSH pymts, pharmacy rebates, & other adj.s.)	\$3,044,363,679	\$3,585,781,047	\$3,855,002,531	\$3,662,089,984	\$4,398,301,341	\$4,594,329,962	\$5,007,819,659	8.6%	100.0%

AVERAGE PAYMENTS PER RECIPIENT BY TYPE OF SERVICES

								(+) or (-) SLC Avg. FFY 05	
01. General Hospital	\$8,497.92	\$7,535.76	\$7,337.69	\$8,912.74	\$10,111.22	\$9,766.04	\$10,408.52	3.4%	98.6%
02. Mental Hospital	\$27,283.07	\$28,246.88	\$29,932.66	\$29,880.31	\$31,596.84	\$33,827.81	\$36,151.85	4.8%	95.2%
03. Skilled and Intermediate (non-MR) Care Nursing	\$19,913.55	\$22,331.49	\$30,778.87	\$29,433.78	\$31,581.35	\$31,616.73	\$33,514.34	9.1%	33.9%
04. Intermediate Care for Mentally Retarded	\$88,134.11	\$103,118.24	\$107,278.01	\$106,793.61	\$154,498.74	\$160,658.44	\$170,719.06	11.6%	99.3%
05. Physician Services	\$323.54	\$372.09	\$377.14	\$378.51	\$449.47	\$599.34	\$629.31	11.7%	5.0%
06. Dental Services	\$488.53	\$175.69	\$108.91	\$145.37	\$157.55	\$160.04	\$264.35	-9.7%	-27.5%
07. Other Practitioners	\$62.26	\$57.21	\$62.15	\$70.16	\$61.09	\$74.45	\$79.64	4.2%	-71.2%
08. Outpatient Hospital	\$700.16	\$733.75	\$798.13	\$948.05	\$1,092.26	\$1,159.69	\$1,227.69	9.8%	105.4%
09. Clinic Services	\$171.07	\$187.44	\$230.39	\$289.65	\$249.97	\$319.54	\$334.46	11.8%	-51.8%
10. Lab and X-Ray	\$109.54	\$142.00	\$110.68	\$84.12	\$102.45	\$65.72	\$95.59	-2.2%	-55.8%
11. Home Health	\$18,728.26	\$19,006.82	\$18,399.31	\$16,769.67	\$29,227.85	\$22,444.53	\$23,624.05	3.9%	563.1%
12. Prescribed Drugs	\$842.93	\$913.58	\$1,008.04	\$1,768.70	\$1,809.61	\$2,007.54	\$2,188.31	17.2%	46.7%
13. Family Planning	\$1,245.59	\$1,744.37	\$1,859.29	\$449.06	\$336.74	\$2,141.40	\$2,172.45	9.7%	54.8%
14. Early & Periodic Screening, Diagnosis & Treatment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	n/a	n/a
15. Other Care	\$471.42	\$553.40	\$512.58	\$962.15	\$2,179.53	\$1,096.73	\$1,216.76	17.1%	-35.2%
16. Personal Care Support Services	\$3,194.33	\$2,640.93	\$2,811.65	\$3,042.93	\$5,733.04	\$2,976.50	\$3,167.81	-0.1%	115.2%
17. Home/Community Based Waiver Services	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	n/a	n/a
18. Prepaid Health Care	\$1,750.43	\$1,797.12	\$1,851.69	\$1,981.56	\$2,186.71	\$2,289.83	\$2,423.71	5.6%	120.8%
19. Primary Care Case Management (PCCM) Services	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	n/a	-100.0%
Total (Average)	\$4,940.20	\$5,395.59	\$6,077.83	\$5,287.92	\$6,059.77	\$6,123.43	\$6,411.66	4.4%	45.4%

TOTAL PER CAPITA EXPENDITURES

\$614.31	\$668.39	\$706.38	\$783.91	\$911.69	\$903.10	\$972.19	8.0%	5.3%
-----------------	-----------------	-----------------	-----------------	-----------------	-----------------	-----------------	-------------	-------------

Source: MSIS data for FFY 99-04; FFY 05 is projected using state historical trend data from FFY 99 through FFY 04.

SOUTHERN REGION MEDICAID PROFILE
DATA BY OTHER CHARACTERISTICS

RECIPIENTS BY OTHER CHARACTERISTICS

	<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>FFY 05</u>	<i>Annual Change</i>	<i>Share of Total FFY 05</i>
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	230,948	201,428	196,879	198,699	204,171	212,377	221,752	-0.7%	28.4%
Poverty Related Eligibles	228,953	283,076	317,319	342,041	347,719	358,155	372,296	8.4%	47.7%
Medically Needy	57,621	75,838	75,224	81,588	84,581	87,249	90,730	7.9%	11.6%
Other Eligibles	50,713	56,802	44,851	48,681	69,517	71,653	74,231	6.6%	9.5%
Maintenance Assistance Status Unknown	48,008	47,432	0	21,530	19,832	20,853	22,040	-12.2%	2.8%
Total*	616,243	664,576	634,273	692,539	725,820	750,287	781,049	4.0%	100.0%
By Basis of Eligibility									
Aged, Blind, or Disabled	151,240	152,130	152,165	164,398	162,864	168,718	175,886	2.5%	22.5%
Children	308,892	348,322	369,326	375,260	418,297	431,396	448,356	6.4%	57.4%
Foster Care Children	15,046	15,423	15,709	16,373	16,827	17,421	18,150	3.2%	2.3%
Adults	93,057	101,269	97,073	136,405	108,000	112,034	116,914	3.9%	15.0%
Basis of Eligibility Unknown	48,008	47,432	0	103	19,832	20,718	21,743	-12.4%	2.8%
Total*	616,243	664,576	634,273	692,539	725,820	750,287	781,049	4.0%	100.0%
By Age									
Under Age 1	24,009	25,204	25,710	27,185	28,009	28,972	30,170	3.9%	3.9%
Age 1 to 5	107,983	116,242	123,560	132,846	140,164	144,709	150,475	5.7%	19.3%
Age 6 to 14	154,867	170,700	181,039	192,143	198,817	205,293	213,601	5.5%	27.3%
Age 15 to 20	62,103	73,264	78,687	85,199	91,865	94,642	98,301	8.0%	12.6%
Age 21 to 44	119,112	128,543	121,216	125,722	132,224	136,966	142,719	3.1%	18.3%
Age 45 to 64	44,009	46,429	46,827	50,610	55,531	57,337	59,602	5.2%	7.6%
Age 65 to 74	22,390	22,766	22,862	22,650	23,537	24,399	25,443	2.2%	3.3%
Age 75 to 84	19,978	20,377	20,753	21,158	22,051	22,832	23,790	3.0%	3.0%
Age 85 and Over	13,783	13,619	13,619	13,487	13,785	14,303	14,925	1.3%	1.9%
Age Unknown	48,009	47,432	0	21,539	19,837	20,834	22,023	-12.2%	2.8%
Total*	616,243	664,576	634,273	692,539	725,820	750,287	781,049	4.0%	100.0%
By Race									
White	194,285	202,094	191,135	222,486	232,221	239,927	249,585	4.3%	32.0%
Black	316,525	387,564	371,544	362,229	376,538	389,867	406,471	4.3%	52.0%
Hispanic, American Indian or Asian	38,951	49,200	47,304	63,314	71,582	73,480	76,070	11.8%	9.7%
Other / Unknown	66,482	25,718	24,290	44,510	45,479	47,013	48,923	-5.0%	6.3%
Total*	616,243	664,576	634,273	692,539	725,820	750,287	781,049	4.0%	100.0%
By Sex									
Female	340,962	372,698	354,757	394,479	413,475	427,336	444,689	4.5%	56.9%
Male	227,281	258,891	247,437	276,530	292,513	302,012	314,100	5.5%	40.2%
Unknown	48,000	32,987	32,079	21,530	19,832	20,939	22,260	n/a	2.9%
Total*	616,243	664,576	634,273	692,539	725,820	750,287	781,049	4.0%	100.0%

Source: MSIS data for FFY 99-04; FFY 05 is projected using state historical trend data from FFY 99 through FFY 04.

SOUTHERN REGION MEDICAID PROFILE

PAYMENTS BY OTHER CHARACTERISTICS

	FFY 99	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05	Annual Change	Share of Total FFY 05
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	\$1,530,917,326	\$1,673,251,254	\$1,782,002,419	\$1,564,018,927	\$1,933,441,259	\$2,024,001,509	\$2,211,763,935	6.3%	44.2%
Poverty Related Eligibles	\$389,231,287	\$580,952,121	\$697,644,828	\$633,365,061	\$673,498,180	\$703,378,716	\$769,102,690	12.0%	15.4%
Medically Needy	\$866,961,716	\$1,018,429,969	\$1,110,661,049	\$1,165,942,723	\$1,311,817,547	\$1,370,269,640	\$1,492,567,554	9.5%	29.8%
Other Eligibles	\$209,545,429	\$241,266,293	\$264,694,235	\$266,065,427	\$438,678,869	\$453,676,840	\$487,162,317	15.1%	9.7%
Maintenance Assistance Status Unknown	\$47,707,921	\$71,881,410	\$0	\$32,697,846	\$40,865,486	\$43,003,257	\$47,223,163	-0.2%	0.9%
Total*	\$3,044,363,679	\$3,585,781,047	\$3,855,002,531	\$3,662,089,984	\$4,398,301,341	\$4,594,329,962	\$5,007,819,659	8.6%	100.0%
By Basis of Eligibility									
Aged, Blind or Disabled	\$2,116,969,817	\$2,359,643,226	\$2,547,177,259	\$2,487,679,379	\$3,048,140,658	\$3,181,845,561	\$3,463,131,940	8.5%	69.2%
Children	\$517,461,054	\$669,496,146	\$761,700,764	\$681,829,215	\$774,315,231	\$809,649,155	\$884,957,807	9.4%	17.7%
Foster Care Children	\$70,734,001	\$77,005,141	\$86,726,340	\$83,149,600	\$97,223,894	\$101,462,666	\$110,688,536	7.7%	2.2%
Adults	\$291,490,886	\$407,755,124	\$459,398,168	\$376,568,556	\$437,756,072	\$458,367,781	\$501,813,690	9.5%	10.0%
Basis of Eligibility Unknown	\$47,707,921	\$71,881,410	\$0	\$32,863,234	\$40,865,486	\$43,004,799	\$47,227,686	-0.2%	0.9%
Total*	\$3,044,363,679	\$3,585,781,047	\$3,855,002,531	\$3,662,089,984	\$4,398,301,341	\$4,594,329,962	\$5,007,819,659	8.6%	100.0%
By Age									
Under Age 1	\$70,239,065	\$83,226,495	\$82,700,168	\$63,387,157	\$70,143,842	\$74,147,040	\$82,078,149	2.6%	1.6%
Age 1 to 5	\$207,853,172	\$263,420,671	\$285,295,249	\$239,119,095	\$273,917,650	\$287,396,335	\$315,218,635	7.2%	6.3%
Age 6 to 14	\$354,299,623	\$398,797,163	\$457,735,072	\$452,597,146	\$517,424,207	\$540,011,409	\$588,630,937	8.8%	11.8%
Age 15 to 20	\$235,138,012	\$296,430,481	\$333,243,532	\$304,072,244	\$349,069,522	\$364,650,912	\$398,291,451	9.2%	8.0%
Age 21 to 44	\$810,474,278	\$957,463,422	\$1,041,361,655	\$896,698,058	\$1,133,176,784	\$1,184,253,452	\$1,291,886,962	8.1%	25.8%
Age 45 to 64	\$592,913,686	\$693,208,421	\$767,096,800	\$707,044,264	\$942,623,080	\$981,537,672	\$1,065,244,328	10.3%	21.3%
Age 65 to 74	\$205,646,862	\$237,262,529	\$242,726,634	\$258,047,355	\$296,285,691	\$309,723,656	\$337,415,342	8.6%	6.7%
Age 75 to 84	\$251,282,637	\$289,032,078	\$317,065,911	\$355,289,349	\$395,973,475	\$413,251,258	\$449,380,790	10.2%	9.0%
Age 85 and Over	\$268,761,076	\$295,058,377	\$327,777,510	\$353,121,561	\$378,813,501	\$396,427,152	\$432,522,098	8.3%	8.6%
Age Unknown	\$47,755,268	\$71,881,410	\$0	\$32,713,755	\$40,873,589	\$42,931,076	\$47,150,967	-0.2%	0.9%
Total*	\$3,044,363,679	\$3,585,781,047	\$3,855,002,531	\$3,662,089,984	\$4,398,301,341	\$4,594,329,962	\$5,007,819,659	8.6%	100.0%
By Race									
White	\$1,342,453,679	\$1,601,439,292	\$1,722,520,627	\$1,602,359,574	\$1,963,507,026	2,050,772,140	\$2,234,521,507	8.9%	44.6%
Black	\$1,451,209,685	\$1,699,828,452	\$1,827,111,555	\$1,712,279,987	\$2,005,588,107	2,097,573,723	\$2,290,445,989	7.9%	45.7%
Hispanic, American Indian or Asian	\$117,329,952	\$136,131,461	\$146,231,204	\$184,965,172	\$222,367,869	230,765,654	\$249,310,099	13.4%	5.0%
Other / Unknown	\$133,370,363	\$148,381,842	\$159,139,145	\$162,485,251	\$206,838,339	215,218,445	\$233,542,064	9.8%	4.7%
Total*	\$3,044,363,679	\$3,585,781,047	\$3,855,002,531	\$3,662,089,984	\$4,398,301,341	\$4,594,329,962	\$5,007,819,659	8.6%	100.0%
By Sex									
Female	\$1,740,286,124	\$2,055,800,237	\$2,210,692,047	\$2,123,409,656	\$2,487,887,193	2,600,427,378	\$2,836,630,736	8.5%	56.6%
Male	\$1,256,659,867	\$1,479,123,393	\$1,589,974,435	\$1,505,982,482	\$1,869,548,662	1,950,672,545	\$2,123,144,855	9.1%	42.4%
Unknown	\$47,417,688	\$50,857,417	\$54,336,049	\$32,697,846	\$40,865,486	43,230,039	\$48,044,068	n/a	1.0%
Total*	\$3,044,363,679	\$3,585,781,047	\$3,855,002,531	\$3,662,089,984	\$4,398,301,341	\$4,594,329,962	\$5,007,819,659	8.6%	100.0%

Source: MSIS data for FFY 99-04; FFY 05 is projected using state historical trend data from FFY 99 through FFY 04.

SOUTHERN REGION MEDICAID PROFILE

AVERAGE PAYMENT PER RECIPIENT BY OTHER CHARACTERISTICS

								Above (+) or Annual Below (-) SLC Change	Avg. FFY 05
By Maintenance Assistance Status	FFY 99	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05		
Receiving Cash Assistance or Eligible Under Section 1931	\$6,628.84	\$8,306.94	\$9,051.26	\$7,871.30	\$9,469.72	\$9,530.23	\$9,974.04	7.0%	70.8%
Poverty Related Eligibles	\$1,700.05	\$2,052.28	\$2,198.56	\$1,851.72	\$1,936.90	\$1,963.89	\$2,065.84	3.3%	-1.8%
Medically Needy	\$15,045.93	\$13,429.02	\$14,764.72	\$14,290.62	\$15,509.60	\$15,705.28	\$16,450.65	1.5%	108.8%
Other Eligibles	\$4,131.99	\$4,247.50	\$5,901.64	\$5,465.49	\$6,310.38	\$6,331.58	\$6,562.79	8.0%	-15.0%
Maintenance Assistance Status Unknown	\$993.75	\$1,515.46	\$0.00	\$1,518.71	\$2,060.58	\$2,062.21	\$2,142.61	13.7%	-37.1%
Total	\$4,940.20	\$5,395.59	\$6,077.83	\$5,287.92	\$6,059.77	\$6,123.43	\$6,411.66	4.4%	45.4%
By Basis of Eligibility									
Aged, Blind or Disabled	\$13,997.42	\$15,510.70	\$16,739.57	\$15,132.05	\$18,715.87	\$18,858.96	\$19,689.64	5.9%	64.5%
Children	\$1,675.22	\$1,922.06	\$2,062.41	\$1,816.95	\$1,851.11	\$1,876.81	\$1,973.78	2.8%	28.0%
Foster Care Children	\$4,701.18	\$4,992.88	\$5,520.81	\$5,078.46	\$5,777.85	\$5,824.16	\$6,098.54	4.4%	-12.5%
Adults	\$3,132.39	\$4,026.46	\$4,732.50	\$2,760.67	\$4,053.30	\$4,091.33	\$4,292.16	5.4%	49.0%
Basis of Eligibility Unknown	\$993.75	\$1,515.46	\$0.00	\$319,060.52	\$2,060.58	\$2,075.72	\$2,172.09	13.9%	-37.2%
Total	\$4,940.20	\$5,395.59	\$6,077.83	\$5,287.92	\$6,059.77	\$6,123.43	\$6,411.66	4.4%	45.4%
By Age									
Under Age 1	\$2,925.53	\$3,302.11	\$3,216.65	\$2,331.70	\$2,504.33	\$2,559.27	\$2,720.52	-1.2%	-26.2%
Age 1 to 5	\$1,924.87	\$2,266.14	\$2,308.96	\$1,799.97	\$1,954.27	\$1,986.03	\$2,094.82	1.4%	12.7%
Age 6 to 14	\$2,287.77	\$2,336.25	\$2,528.38	\$2,355.52	\$2,602.51	\$2,630.44	\$2,755.75	3.2%	55.7%
Age 15 to 20	\$3,786.26	\$4,046.06	\$4,235.05	\$3,568.96	\$3,799.81	\$3,852.95	\$4,051.75	1.1%	45.4%
Age 21 to 44	\$6,804.30	\$7,448.58	\$8,590.96	\$7,132.39	\$8,570.13	\$8,646.33	\$9,051.96	4.9%	73.7%
Age 45 to 64	\$13,472.56	\$14,930.51	\$16,381.51	\$13,970.45	\$16,974.72	\$17,118.75	\$17,872.63	4.8%	60.1%
Age 65 to 74	\$9,184.76	\$10,421.79	\$10,617.03	\$11,392.82	\$12,588.08	\$12,694.11	\$13,261.62	6.3%	57.6%
Age 75 to 84	\$12,577.97	\$14,184.23	\$15,278.08	\$16,792.20	\$17,957.17	\$18,099.65	\$18,889.48	7.0%	55.1%
Age 85 and Over	\$19,499.46	\$21,665.20	\$24,067.66	\$26,182.37	\$27,480.12	\$27,716.36	\$28,979.71	6.8%	54.5%
Age Unknown	\$994.71	\$1,515.46	\$0.00	\$1,518.81	\$2,060.47	\$2,060.63	\$2,140.99	13.6%	-37.3%
Total	\$4,940.20	\$5,395.59	\$6,077.83	\$5,287.92	\$6,059.77	\$6,123.43	\$6,411.66	4.4%	45.4%
By Race									
White	\$6,909.71	\$7,924.23	\$9,012.06	\$7,202.07	\$8,455.34	\$8,547.48	\$8,952.95	4.4%	63.6%
Black	\$4,584.82	\$4,385.93	\$4,917.62	\$4,727.06	\$5,326.39	\$5,380.23	\$5,634.96	3.5%	48.3%
Hispanic, American Indian or Asian	\$3,012.24	\$2,766.90	\$3,091.31	\$2,921.39	\$3,106.48	\$3,140.52	\$3,277.38	1.4%	12.9%
Other/Unknown	\$2,006.11	\$5,769.57	\$6,551.63	\$3,650.53	\$4,548.00	\$4,577.85	\$4,773.67	15.5%	8.6%
Total	\$4,940.20	\$5,395.59	\$6,077.83	\$5,287.92	\$6,059.77	\$6,123.43	\$6,411.66	4.4%	45.4%
By Sex									
Female	\$5,104.05	\$5,515.99	\$6,231.57	\$5,382.82	\$6,017.02	\$6,085.21	\$6,378.91	3.8%	39.2%
Male	\$5,529.10	\$5,713.31	\$6,425.77	\$5,446.00	\$6,391.34	\$6,458.92	\$6,759.46	3.4%	55.4%
Unknown	\$987.87	\$1,541.74	\$1,693.82	\$1,518.71	\$2,060.58	\$2,064.57	\$2,158.31	n/a	-36.1%
Total	\$4,940.20	\$5,395.59	\$6,077.83	\$5,287.92	\$6,059.77	\$6,123.43	\$6,411.66	4.4%	45.4%

Source: MSIS data for FFY 99-04; FFY 05 is projected using state historical trend data from FFY 99 through FFY 04.

SOUTHERN REGION MEDICAID PROFILE

ADDITIONAL STATE HEALTH CARE INFORMATION

Sources: "Issue Briefs", Health Policy Tracking Service, January 2006; "Medicaid Services State by State", CMS, October 2005; "State Health Facts", The Henry Kaiser Foundation, January 2006; state annual report for FY 05; and state Medicaid Website.

Waivers

Maryland's Medicaid managed care program is called HealthChoice. Under a §1115 waiver, approved on 10/30/96, HealthChoice enrollment began in June 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 state has sent a letter to CMS with the intent to renew the HealthChoice demonstration in May 2007.

- 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, age 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 4/1/84.
- 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 1/1/85. This waiver is capped at 200 slots.
- Traumatic Brain Injury (TBI) Waiver: Targets individuals age 22-64 who have suffered traumatic brain injuries that occurred on or after age 22. These individuals must meet a hospital or nursing home level of care. The waiver became effective 7/1/03 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 7/1/01 and currently serves over 800 children.

SOUTHERN REGION MEDICAID PROFILE

Waivers (Continued)

- **Waiver For Adults With Physical Disabilities:** Targets persons age 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 co-pay each prescription and each refill; beginning on 10/1/03, 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 7/1/03 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 4/1/02 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 (implemented in stages beginning Oct. 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 adopted 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 7/1/03 and from \$50 to \$60 on 7/1/04, and will be adjusted annually beginning 7/1/05 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)

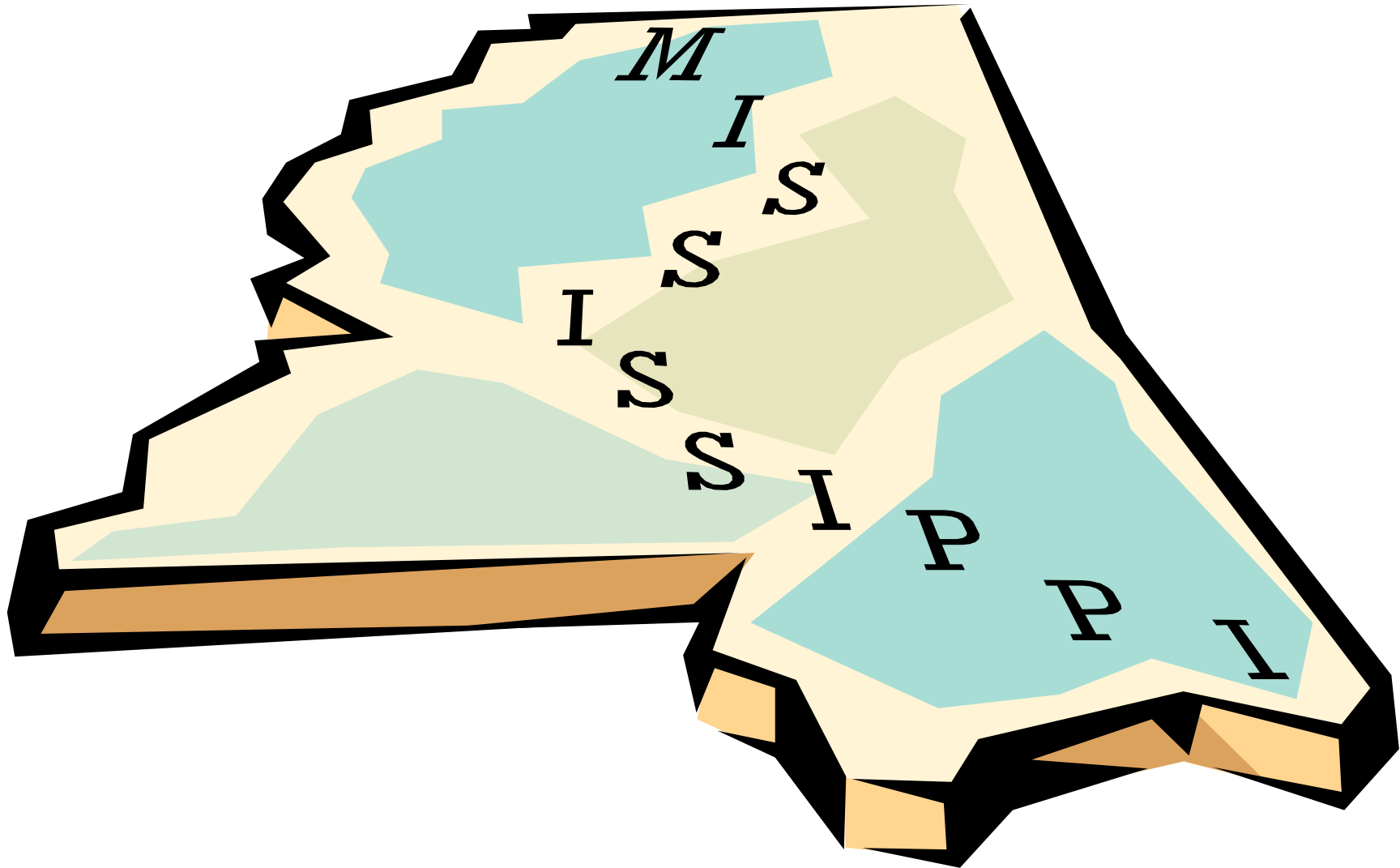
• Enacted legislation in 2003 for the following:

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 7/1/05 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 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").

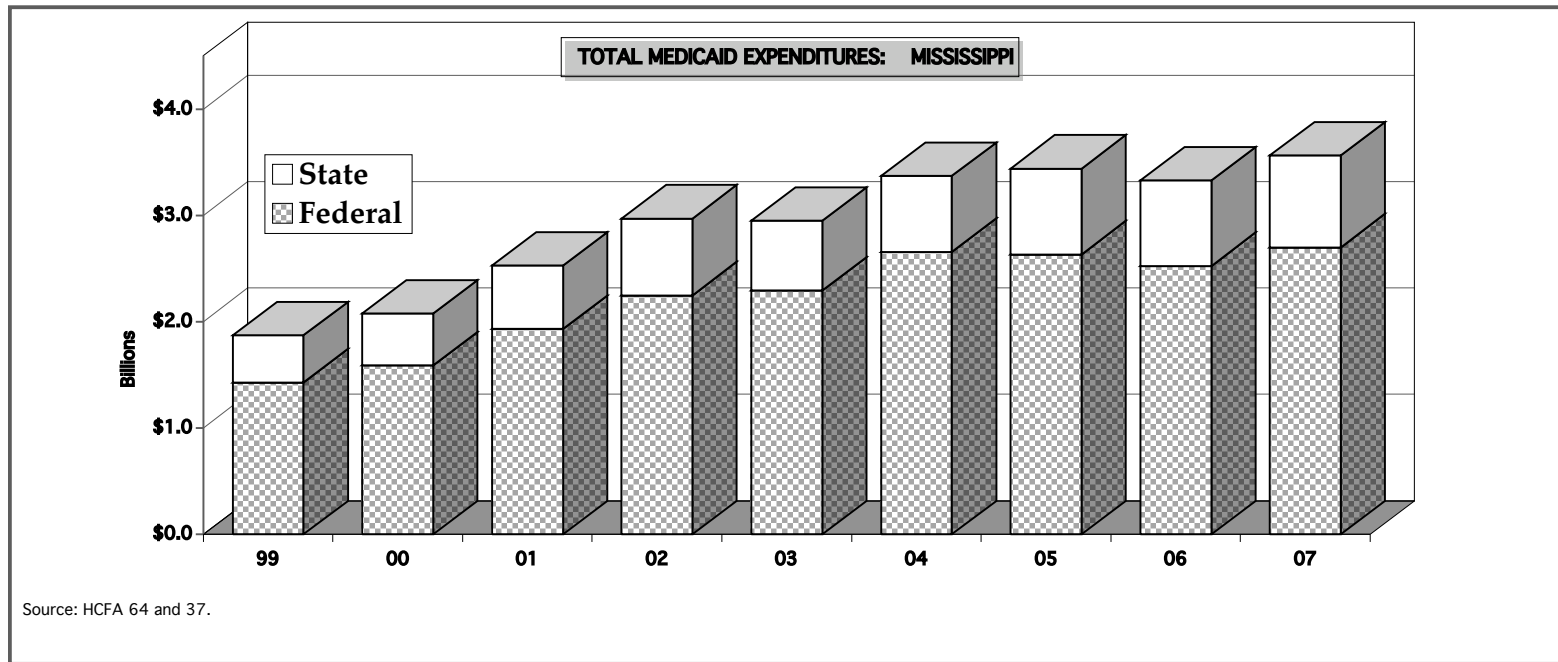
Children's Health Insurance Program: Medicaid Expansion

- 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 monthly premium payment for coverage of children whose family income is between 185-200% of poverty, effective 7/1/03; enrollment in MCHP Premium for children whose family income is between 200-300% of poverty is frozen effective 7/1/03; 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 185-200% of the FPL.

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 99	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05	FFY 06**	FFY 07**	Annual Rate of Change	Total Change 99-07
Medicaid Payments	\$1,805,174,518	\$2,006,699,000	\$2,450,252,810	\$2,882,310,335	\$2,853,102,900	\$3,284,724,191	\$3,342,615,012	\$3,224,452,000	\$3,445,690,000	8.4%	90.9%
Federal Share	\$1,388,137,686	\$1,545,915,000	\$1,884,881,153	\$2,195,750,066	\$2,227,264,436	\$2,601,576,606	\$2,578,835,892	\$2,450,663,000	\$2,618,726,000	8.3%	88.7%
State Share	\$417,036,832	\$460,784,000	\$565,371,657	\$686,560,269	\$625,838,464	\$683,147,585	\$763,779,120	\$773,789,000	\$826,964,000	8.9%	98.3%
Administrative Costs	\$65,017,894	\$69,030,000	\$77,574,664	\$87,664,878	\$94,898,736	\$85,111,250	\$95,654,946	\$102,520,000	\$116,040,000	7.5%	78.5%
Federal Share	\$39,166,005	\$41,815,000	\$46,219,319	\$52,422,363	\$65,530,176	\$54,223,262	\$54,293,364	\$73,027,000	\$80,467,000	9.4%	105.5%
State Share	\$25,851,889	\$27,215,000	\$31,355,345	\$35,242,515	\$29,368,560	\$30,887,988	\$41,361,582	\$29,493,000	\$35,573,000	4.1%	37.6%
Admin. Costs as % of Payments	3.60%	3.44%	3.17%	3.04%	3.33%	2.59%	2.86%	3.18%	3.37%		
Federal Match Rate*	76.78%	76.80%	76.82%	76.09%	76.62%	77.08%	77.08%	76.00%	75.89%		

*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 06 and 07 reflect latest estimates reported by each state (CMS 37).

SOUTHERN REGION MEDICAID PROFILE

STATE FINANCING

	Payments		Administration	
	FFY 99	FFY 05	FFY 99	FFY 05
State General Fund	\$417,036,832	\$713,742,606	\$25,851,889	\$41,361,582
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	\$417,036,832	\$763,779,120	\$25,851,889	\$41,361,582

Provider Taxes Currently in Place (FFY 05)

	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 99	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05	FFY 06**	FFY 07**	Annual Change
General Hospitals	\$179,989,816	\$177,778,000	\$178,733,044	\$189,419,753	\$161,605,950	\$186,063,560	\$182,951,108	\$169,967,000	\$178,465,000	0.0%
Mental Hospitals	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a
Total	\$179,989,816	\$177,778,000	\$178,733,044	\$189,419,753	\$161,605,950	\$186,063,560	\$182,951,108	\$169,967,000	\$178,465,000	0.0%

SELECTED ELIGIBILITY CRITERIA

	At 10/1/05	% 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	

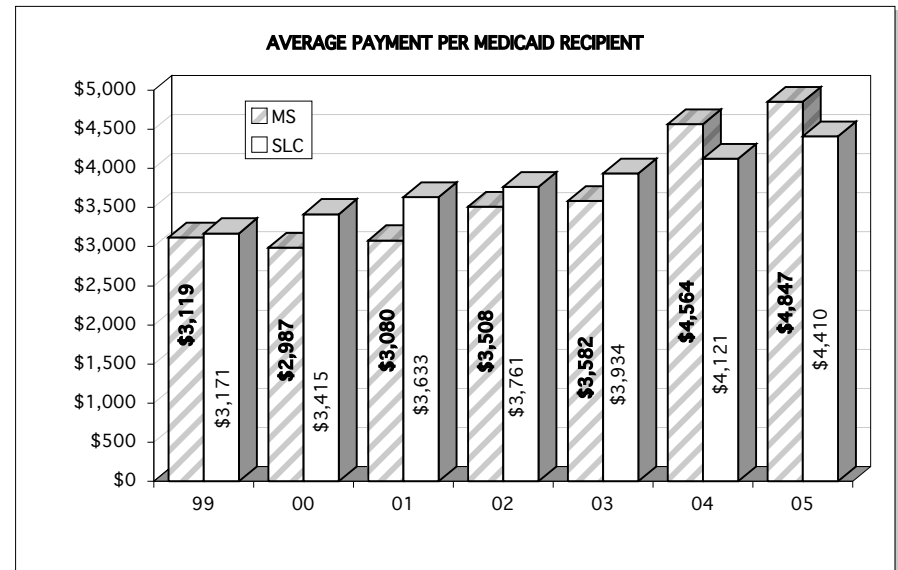
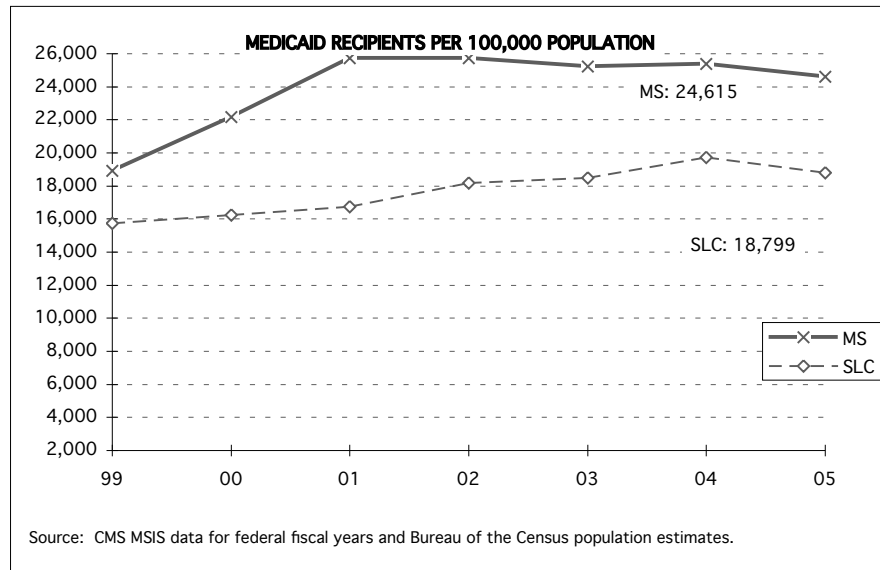
DEMOGRAPHIC DATA & POVERTY INDICATORS (2005)

		Rank in U.S.
State population—July 1, 2005*	2,908,496	31
Per capita personal income**	\$24,925	49
Median household income**	\$34,508	50
Population below Federal Poverty Level on July 1, 2003*	532,255	
Percent of total state population	18.3%	1
Population without health insurance coverage*	495,000	28
Percent of total state population	17.0%	11
Recipients of Food Stamps***	511,408	20
Households receiving Food Stamps***	174,500	25
Total value of issuance***	\$507,102,161	21
Average monthly benefit per recipient	\$82.63	40
Average monthly benefit per household	\$242.17	
Monthly recipients of Temporary Assistance to Needy Families (TANF)****	25,966	30
Total TANF payments****	\$26,863,328	49
Average monthly payment per recipient	\$86.21	47
Maximum monthly payment per family of 3	\$120.00	50

*Current federal poverty level is \$9,570 per year for a single person, \$12,830 for a family of two and \$16,090 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 99	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05	Annual Change
01. General Hospital	134,635	162,784	154,098	115,873	153,748	114,695	106,757	-3.8%
02. Mental Hospital	2,688	3,323	1,480	1,789	2,278	2,583	3,408	4.0%
03. Skilled and Intermediate (non-MR) Care Nursing	23,909	23,217	20,483	19,864	20,429	22,678	21,774	-1.5%
04. Intermediate Care for Mentally Retarded	2,985	2,848	2,889	2,741	2,751	3,513	2,884	-0.6%
05. Physician Services	366,788	395,696	459,689	514,039	553,257	509,594	509,073	5.6%
06. Dental Services	92,449	107,403	136,078	156,833	162,566	167,805	164,874	10.1%
07. Other Practitioners	130,442	154,126	217,402	227,013	54,442	230,069	223,948	9.4%
08. Outpatient Hospital	266,840	316,224	416,610	404,422	478,047	356,985	353,884	4.8%
09. Clinic Services	167,083	183,670	209,568	246,728	277,010	245,032	237,565	6.0%
10. Lab and X-Ray	71,141	71,469	107,156	111,775	126,296	446,191	443,807	35.7%
11. Home Health	9,843	8,444	11,697	9,987	12,711	14,535	9,394	-0.8%
12. Prescribed Drugs	375,585	415,925	478,404	514,042	547,268	581,702	565,669	7.1%
13. Family Planning	138	169	139	80	137	6,195	6,184	88.5%
14. Early & Periodic Screening, Diagnosis & Treatment	0	0	0	0	0	0	0	n/a
15. Other Care	83,071	95,750	110,505	129,570	144,664	210,110	214,468	17.1%
16. Personal Care Support Services	50,521	66,495	90,182	114,627	138,154	163,552	170,641	22.5%
17. Home/Community Based Waiver Services	0	0	0	0	0	0	0	n/a
18. Prepaid Health Care	16,425	9,111	0	0	0	4	11	-70.4%
19. Primary Care Case Management (PCCM) Services	0	301,868	372,618	355,388	0	0	0	-100.0%
Total*	513,114	605,077	707,899	712,457	717,435	725,637	715,940	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

PAYMENTS BY TYPE OF SERVICES	FFY 99	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05	<i>Annual Change</i>	<i>Share of Total FFY 05</i>
01. General Hospital	\$331,119,693	\$352,800,343	\$397,703,534	\$439,671,732	\$445,436,019	\$839,307,870	\$819,272,077	16.3%	23.6%
02. Mental Hospital	\$15,161,853	\$7,533,110	\$9,453,352	\$12,165,136	\$13,393,639	\$31,991,826	\$42,770,339	18.9%	1.2%
03. Skilled and Intermediate (non-MR) Care Nursing	\$349,920,112	\$379,062,380	\$403,054,856	\$435,412,511	\$467,721,464	\$514,135,116	\$610,956,143	9.7%	17.6%
04. Intermediate Care for Mentally Retarded	\$144,187,342	\$156,657,841	\$170,213,130	\$176,810,009	\$177,721,722	\$221,620,715	\$209,074,812	6.4%	6.0%
05. Physician Services	\$146,219,372	\$165,218,996	\$195,132,058	\$235,122,205	\$228,601,400	\$185,942,576	\$233,171,194	8.1%	6.7%
06. Dental Services	\$15,921,659	\$26,221,636	\$34,755,877	\$39,952,803	\$40,440,479	\$41,603,487	\$41,875,005	17.5%	1.2%
07. Other Practitioners	\$11,745,020	\$15,487,591	\$28,019,053	\$28,807,496	\$26,488,685	\$27,164,450	\$28,228,223	15.7%	0.8%
08. Outpatient Hospital	\$103,738,218	\$117,244,679	\$146,852,799	\$192,837,032	\$206,318,762	\$208,995,227	\$208,125,944	12.3%	6.0%
09. Clinic Services	\$91,643,982	\$100,265,627	\$132,843,901	\$148,178,596	\$159,926,285	\$141,814,988	\$154,623,050	9.1%	4.5%
10. Lab and X-Ray	\$5,257,577	\$5,676,758	\$8,703,374	\$10,602,984	\$9,199,736	\$99,774,059	\$104,346,806	64.5%	3.0%
11. Home Health	\$5,603,573	\$8,985,498	\$11,267,448	\$14,297,524	\$14,351,028	\$30,929,660	\$17,538,420	20.9%	0.5%
12. Prescribed Drugs	\$274,594,293	\$370,355,016	\$494,805,247	\$568,084,274	\$568,265,605	\$666,491,588	\$667,819,168	16.0%	19.2%
13. Family Planning	\$160,276	\$163,532	\$221,222	\$229,765	\$303,671	\$11,047,203	\$11,522,604	103.9%	0.3%
14. Early & Periodic Screening, Diagnosis & Treatment	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a	0.0%
15. Other Care	\$67,875,848	\$80,678,320	\$117,842,696	\$165,970,903	\$182,275,100	\$197,840,059	\$212,147,506	20.9%	6.1%
16. Personal Care Support Services	\$10,664,494	\$13,734,253	\$20,401,508	\$26,036,635	\$29,332,559	\$90,283,101	\$90,933,185	42.9%	2.6%
17. Home/Community Based Waiver Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a	0.0%
18. Prepaid Health Care	\$26,632,297	\$0	\$0	\$0	\$0	\$3,118,197	\$18,073,848	-6.3%	0.5%
19. Primary Case Management (PCCM) Services	\$0	\$7,306,311	\$9,392,016	\$5,461,200	\$0	\$0	\$0	-100.0%	0.0%
Total (excludes DSH pymts, pharmacy rebates, & other adjs.)	\$1,600,445,609	\$1,807,391,891	\$2,180,662,071	\$2,499,640,805	\$2,569,776,154	\$3,312,060,122	\$3,470,478,324	13.8%	100.0%

AVERAGE PAYMENTS PER RECIPIENT BY TYPE OF SERVICES

								<i>(+) or (-) SLC Avg. FFY 05</i>	
01. General Hospital	\$2,459.39	\$2,167.29	\$2,580.85	\$3,794.43	\$2,897.18	\$7,317.74	\$7,674.18	20.9%	46.4%
02. Mental Hospital	\$5,640.57	\$2,266.96	\$6,387.40	\$6,799.96	\$5,879.56	\$12,385.53	\$12,549.98	14.3%	-32.2%
03. Skilled and Intermediate (non-MR) Care Nursing	\$14,635.50	\$16,326.93	\$19,677.53	\$21,919.68	\$22,894.98	\$22,671.10	\$28,058.98	11.5%	12.1%
04. Intermediate Care for Mentally Retarded	\$48,303.97	\$55,006.26	\$58,917.66	\$64,505.66	\$64,602.59	\$63,085.89	\$72,494.73	7.0%	-15.4%
05. Physician Services	\$398.65	\$417.54	\$424.49	\$457.40	\$413.19	\$364.88	\$458.03	2.3%	-23.6%
06. Dental Services	\$172.22	\$244.14	\$255.41	\$254.75	\$248.76	\$247.93	\$253.98	6.7%	-30.4%
07. Other Practitioners	\$90.04	\$100.49	\$128.88	\$126.90	\$486.55	\$118.07	\$126.05	5.8%	-54.3%
08. Outpatient Hospital	\$388.77	\$370.76	\$352.49	\$476.82	\$431.59	\$585.45	\$588.12	7.1%	-1.6%
09. Clinic Services	\$548.49	\$545.90	\$633.89	\$600.57	\$577.33	\$578.76	\$650.87	2.9%	-6.1%
10. Lab and X-Ray	\$73.90	\$79.43	\$81.22	\$94.86	\$72.84	\$223.61	\$235.12	21.3%	8.8%
11. Home Health	\$569.30	\$1,064.13	\$963.28	\$1,431.61	\$1,129.02	\$2,127.94	\$1,866.98	21.9%	-47.6%
12. Prescribed Drugs	\$731.11	\$890.44	\$1,034.28	\$1,105.13	\$1,038.37	\$1,145.76	\$1,180.58	8.3%	-20.8%
13. Family Planning	\$1,161.42	\$967.64	\$1,591.53	\$2,872.06	\$2,216.58	\$1,783.25	\$1,863.29	8.2%	32.7%
14. Early & Periodic Screening, Diagnosis & Treatment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	n/a	n/a
15. Other Care	\$817.08	\$842.59	\$1,066.40	\$1,280.94	\$1,259.99	\$941.60	\$989.18	3.2%	-47.3%
16. Personal Care Support Services	\$211.09	\$206.55	\$226.23	\$227.14	\$212.32	\$552.01	\$532.89	16.7%	-63.8%
17. Home/Community Based Waiver Services	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	n/a	n/a
18. Prepaid Health Care	\$1,621.45	\$0.00	\$0.00	\$0.00	\$0.00	\$779,549.25	\$1,643,077.09	216.9%	149607.9%
19. Primary Care Case Management (PCCM) Services	\$0.00	\$24.20	\$25.21	\$15.37	\$0.00	\$0.00	\$0.00	-100.0%	-100.0%
Total (Average)	\$3,119.08	\$2,987.04	\$3,080.47	\$3,508.48	\$3,581.89	\$4,564.35	\$4,847.44	7.6%	9.9%

TOTAL PER CAPITA EXPENDITURES	\$689.92	\$759.88	\$918.51	\$1,072.73	\$1,036.33	\$1,179.08	\$1,182.15	9.4%	28.1%
--------------------------------------	-----------------	-----------------	-----------------	-------------------	-------------------	-------------------	-------------------	-------------	--------------

Source: MSIS data for FFY 99-05.

SOUTHERN REGION MEDICAID PROFILE
DATA BY OTHER CHARACTERISTICS

RECIPIENTS BY OTHER CHARACTERISTICS

	<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>FFY 05</u>	<i>Annual Change</i>	<i>Share of Total FFY 05</i>
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	191,351	184,617	271,466	287,322	294,689	297,899	274,091	6.2%	38.3%
Poverty Related Eligibles	227,407	289,291	331,909	357,744	344,293	348,132	326,953	6.2%	45.7%
Medically Needy	0	0	0	0	0	1	0	-100.0%	0.0%
Other Eligibles	40,439	70,701	27,029	21,269	21,819	22,301	58,920	6.5%	8.2%
Maintenance Assistance Status Unknown	53,917	60,468	77,495	46,122	56,634	57,304	55,976	0.6%	7.8%
Total	513,114	605,077	707,899	712,457	717,435	725,637	715,940	5.7%	100.0%
By Basis of Eligibility									
Aged, Blind, or Disabled	190,912	198,807	211,485	218,003	224,980	227,690	227,189	2.9%	31.7%
Children	216,660	284,717	347,251	365,760	349,137	353,043	330,224	7.3%	46.1%
Foster Care Children	2,502	2,820	2,808	2,730	2,920	2,957	3,408	5.3%	0.5%
Adults	49,123	58,265	68,860	79,842	83,764	84,643	99,143	12.4%	13.8%
Basis of Eligibility Unknown	53,917	60,468	77,495	46,122	56,634	57,304	55,976	0.6%	7.8%
Total	513,114	605,077	707,899	712,457	717,435	725,637	715,940	5.7%	100.0%
By Age									
Under Age 1	25,294	27,452	29,593	30,611	30,058	30,429	34,418	5.3%	4.8%
Age 1 to 5	85,731	104,764	122,939	131,201	130,090	131,548	124,106	6.4%	17.3%
Age 6 to 14	97,691	130,698	160,607	165,246	153,954	155,717	142,446	6.5%	19.9%
Age 15 to 20	46,105	60,845	73,373	77,182	74,046	74,866	73,670	8.1%	10.3%
Age 21 to 44	80,468	88,580	100,015	110,078	114,162	115,453	124,877	7.6%	17.4%
Age 45 to 64	47,164	51,487	57,857	63,395	67,638	68,373	71,787	7.3%	10.0%
Age 65 to 74	29,708	32,016	34,994	36,588	37,936	38,379	37,148	3.8%	5.2%
Age 75 to 84	27,091	28,482	30,784	32,081	33,156	33,551	32,168	2.9%	4.5%
Age 85 and Over	19,948	20,285	20,250	19,984	19,791	20,060	19,364	-0.5%	2.7%
Age Unknown	53,914	60,468	77,487	46,091	56,604	57,261	55,956	0.6%	7.8%
Total*	513,114	605,077	707,899	712,457	717,435	725,637	715,940	3.8%	100.0%
By Race									
White	160,613	196,364	229,402	225,860	231,548	234,169	227,860	6.0%	31.8%
Black	315,625	368,281	431,262	401,874	390,087	394,923	368,464	2.6%	51.5%
Hispanic, American Indian or Asian	5,129	6,732	7,850	9,642	9,685	9,781	10,500	12.7%	1.5%
Other / Unknown	31,747	33,700	39,385	75,081	86,115	86,764	109,116	22.8%	15.2%
Total*	513,114	605,077	707,899	712,457	717,435	725,637	715,940	5.7%	100.0%
By Sex									
Female	321,374	374,544	438,722	398,263	397,211	402,109	396,538	3.6%	55.4%
Male	186,569	230,273	268,473	268,091	263,607	266,661	249,739	5.0%	34.9%
Unknown	5,171	260	704	46,103	56,617	56,867	69,663	54.3%	9.7%
Total*	513,114	605,077	707,899	712,457	717,435	725,637	715,940	5.7%	100.0%

Source: MSIS data for FFY 99-05.

PAYMENTS BY OTHER CHARACTERISTICS

SOUTHERN REGION MEDICAID PROFILE

	FFY 99	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05	Annual Change	Share of Total FFY 05
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	\$738,680,395	\$810,426,530	\$1,031,999,687	\$1,176,269,735	\$1,197,241,225	\$1,545,008,855	\$1,336,481,451	10.4%	38.5%
Poverty Related Eligibles	\$374,741,309	\$442,170,533	\$606,585,933	\$740,830,606	\$757,820,734	\$955,905,410	\$756,115,527	12.4%	21.8%
Medically Needy	\$0	\$0	\$0	\$0	\$0	\$1,795	\$0	-100.0%	0.0%
Other Eligibles	\$472,664,988	\$534,681,790	\$526,440,720	\$566,273,309	\$599,732,480	\$790,959,831	\$936,438,146	12.1%	27.0%
Maintenance Assistance Status Unknown	\$14,358,917	\$20,113,038	\$15,635,731	\$16,267,155	\$14,981,715	\$20,184,231	\$441,443,200	77.0%	12.7%
Total*	\$1,600,445,609	\$1,807,391,891	\$2,180,662,071	\$2,499,640,805	\$2,569,776,154	\$3,312,060,122	\$3,470,478,324	13.8%	100.0%
By Basis of Eligibility									
Aged, Blind or Disabled	\$1,220,577,152	\$1,360,802,244	\$1,602,569,736	\$1,780,398,038	\$1,823,994,829	\$2,368,061,510	\$2,201,005,728	10.3%	63.4%
Children	\$233,569,015	\$270,710,403	\$367,150,609	\$453,810,395	\$476,217,433	\$600,585,565	\$516,855,218	14.2%	14.9%
Foster Care Children	\$10,606,149	\$7,846,151	\$7,690,895	\$10,009,066	\$10,795,505	\$14,435,993	\$20,993,373	12.1%	0.6%
Adults	\$121,334,376	\$147,920,055	\$187,615,100	\$239,156,151	\$243,786,672	\$308,792,823	\$288,050,006	15.5%	8.3%
Basis of Eligibility Unknown	\$14,358,917	\$20,113,038	\$15,635,731	\$16,267,155	\$14,981,715	\$20,184,231	\$443,573,999	77.1%	12.8%
Total*	\$1,600,445,609	\$1,807,391,891	\$2,180,662,071	\$2,499,640,805	\$2,569,776,154	\$3,312,060,122	\$3,470,478,324	13.8%	100.0%
By Age									
Under Age 1	\$58,909,793	\$62,451,005	\$79,192,864	\$87,359,330	\$88,987,334	\$115,533,137	\$92,863,540	7.9%	2.7%
Age 1 to 5	\$108,347,493	\$124,989,723	\$162,247,745	\$194,389,602	\$203,844,980	\$258,443,300	\$232,113,096	13.5%	6.7%
Age 6 to 14	\$120,610,566	\$130,963,563	\$173,265,221	\$206,593,356	\$215,802,569	\$274,606,907	\$259,744,023	13.6%	7.5%
Age 15 to 20	\$116,941,035	\$127,765,582	\$146,577,627	\$172,720,742	\$170,865,162	\$222,381,136	\$212,238,138	10.4%	6.1%
Age 21 to 44	\$333,837,348	\$387,623,570	\$468,980,276	\$541,614,356	\$545,694,348	\$704,461,548	\$623,441,685	11.0%	18.0%
Age 45 to 64	\$292,732,659	\$348,610,958	\$441,374,261	\$516,243,914	\$538,971,338	\$685,916,895	\$659,191,573	14.5%	19.0%
Age 65 to 74	\$143,199,876	\$163,683,196	\$200,710,891	\$226,434,693	\$233,874,310	\$301,092,632	\$278,438,690	11.7%	8.0%
Age 75 to 84	\$187,058,816	\$203,543,407	\$239,669,213	\$271,846,846	\$283,535,333	\$366,585,175	\$337,931,870	10.4%	9.7%
Age 85 and Over	\$224,511,334	\$237,647,849	\$253,020,775	\$266,466,433	\$273,490,595	\$363,293,383	\$333,083,614	6.8%	9.6%
Age Unknown	\$14,296,689	\$20,113,038	\$15,623,198	\$15,971,533	\$14,710,185	\$19,746,009	\$441,432,095	77.1%	12.7%
Total*	\$1,600,445,609	\$1,807,391,891	\$2,180,662,071	\$2,499,640,805	\$2,569,776,154	\$3,312,060,122	\$3,470,478,324	13.8%	100.0%
By Race									
White	\$691,129,991	\$774,791,590	\$935,759,976	\$1,070,111,043	\$1,116,375,454	\$1,436,603,792	\$1,363,352,274	12.0%	39.3%
Black	\$749,621,595	\$844,456,092	\$1,020,638,197	\$1,180,966,693	\$1,205,047,593	\$1,553,419,797	\$1,433,778,701	11.4%	41.3%
Hispanic, American Indian or Asian	\$13,388,917	\$14,147,735	\$17,011,029	\$23,189,618	\$23,205,983	\$29,441,695	\$32,417,369	15.9%	0.9%
Other/ Unknown	\$146,305,106	\$173,996,474	\$207,252,869	\$225,373,451	\$225,147,124	\$292,594,838	\$640,929,980	27.9%	18.5%
Total*	\$1,600,445,609	\$1,807,391,891	\$2,180,662,071	\$2,499,640,805	\$2,569,776,154	\$3,312,060,122	\$3,470,478,324	13.8%	100.0%
By Sex									
Female	\$1,043,014,078	\$1,176,435,808	\$1,421,093,408	\$1,596,135,924	\$1,624,141,223	\$2,102,993,382	\$1,900,603,229	10.5%	54.8%
Male	\$557,361,889	\$630,889,861	\$759,253,459	\$887,410,829	\$930,799,604	\$1,192,220,626	\$1,113,848,152	12.2%	32.1%
Unknown	\$69,642	\$66,222	\$315,204	\$16,094,052	\$14,835,327	\$16,846,114	\$456,026,943	332.5%	13.1%
Total*	\$1,600,445,609	\$1,807,391,891	\$2,180,662,071	\$2,499,640,805	\$2,569,776,154	\$3,312,060,122	\$3,470,478,324	13.8%	100.0%

Source: MSIS data for FFY 99-05.

SOUTHERN REGION MEDICAID PROFILE

AVERAGE PAYMENT PER RECIPIENT BY OTHER CHARACTERISTICS

								Above (+) or Below (-) SLC	
								Annual Change	Avg. FFY 05
By Maintenance Assistance Status	FFY 99	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05		
Receiving Cash Assistance or Eligible Under Section 1931	\$3,860.34	\$4,389.77	\$3,801.58	\$4,093.91	\$4,062.73	\$5,186.35	\$4,876.05	4.0%	-16.5%
Poverty Related Eligibles	\$1,647.89	\$1,528.46	\$1,827.57	\$2,070.84	\$2,201.09	\$2,745.81	\$2,312.61	5.8%	10.0%
Medically Needy	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,795.00	\$0.00	-100.0%	-100.0%
Other Eligibles	\$11,688.35	\$7,562.58	\$19,476.88	\$26,624.35	\$27,486.71	\$35,467.46	\$15,893.38	5.3%	105.8%
Maintenance Assistance Status Unknown	\$266.32	\$332.62	\$201.76	\$352.70	\$264.54	\$352.23	\$7,886.29	75.9%	131.6%
Total	\$3,119.08	\$2,987.04	\$3,080.47	\$3,508.48	\$3,581.89	\$4,564.35	\$4,847.44	7.6%	9.9%
 By Basis of Eligibility									
Aged, Blind or Disabled	\$6,393.40	\$6,844.84	\$7,577.70	\$8,166.85	\$8,107.36	\$10,400.38	\$9,687.99	7.2%	-19.1%
Children	\$1,078.04	\$950.81	\$1,057.31	\$1,240.73	\$1,363.98	\$1,701.17	\$1,565.17	6.4%	1.5%
Foster Care Children	\$4,239.07	\$2,782.32	\$2,738.92	\$3,666.32	\$3,697.09	\$4,881.97	\$6,160.03	6.4%	-11.6%
Adults	\$2,470.01	\$2,538.75	\$2,724.59	\$2,995.37	\$2,910.40	\$3,648.18	\$2,905.40	2.7%	0.9%
Basis of Eligibility Unknown	\$266.32	\$332.62	\$201.76	\$352.70	\$264.54	\$352.23	\$7,924.36	76.0%	129.1%
Total	\$3,119.08	\$2,987.04	\$3,080.47	\$3,508.48	\$3,581.89	\$4,564.35	\$4,847.44	7.6%	9.9%
 By Age									
Under Age 1	\$2,329.00	\$2,274.92	\$2,676.07	\$2,853.85	\$2,960.52	\$3,796.81	\$2,698.11	2.5%	-26.8%
Age 1 to 5	\$1,263.81	\$1,193.06	\$1,319.74	\$1,481.62	\$1,566.95	\$1,964.63	\$1,870.28	6.8%	0.6%
Age 6 to 14	\$1,234.61	\$1,002.03	\$1,078.81	\$1,250.22	\$1,401.73	\$1,763.50	\$1,823.46	6.7%	3.0%
Age 15 to 20	\$2,536.41	\$2,099.85	\$1,997.71	\$2,237.84	\$2,307.55	\$2,970.39	\$2,880.93	2.1%	3.4%
Age 21 to 44	\$4,148.70	\$4,375.97	\$4,689.10	\$4,920.28	\$4,780.00	\$6,101.72	\$4,992.45	3.1%	-4.2%
Age 45 to 64	\$6,206.70	\$6,770.85	\$7,628.71	\$8,143.29	\$7,968.47	\$10,031.98	\$9,182.60	6.7%	-17.7%
Age 65 to 74	\$4,820.25	\$5,112.54	\$5,735.58	\$6,188.77	\$6,164.97	\$7,845.24	\$7,495.39	7.6%	-10.9%
Age 75 to 84	\$6,904.83	\$7,146.39	\$7,785.51	\$8,473.76	\$8,551.55	\$10,926.21	\$10,505.22	7.2%	-13.7%
Age 85 and Over	\$11,254.83	\$11,715.45	\$12,494.85	\$13,333.99	\$13,818.94	\$18,110.34	\$17,201.18	7.3%	-8.3%
Age Unknown	\$265.18	\$332.62	\$201.62	\$346.52	\$259.88	\$344.84	\$7,888.91	76.0%	131.0%
Total	\$3,119.08	\$2,987.04	\$3,080.47	\$3,508.48	\$3,581.89	\$4,564.35	\$4,847.44	7.6%	9.9%
 By Race									
White	\$4,303.08	\$3,945.69	\$4,079.13	\$4,737.94	\$4,821.36	\$6,134.90	\$5,983.29	5.6%	9.4%
Black	\$2,375.04	\$2,292.97	\$2,366.63	\$2,938.65	\$3,089.18	\$3,933.48	\$3,891.23	8.6%	2.4%
Hispanic, American Indian or Asian	\$2,610.43	\$2,101.56	\$2,167.01	\$2,405.06	\$2,396.07	\$3,010.09	\$3,087.37	2.8%	6.4%
Other/Unknown	\$4,608.47	\$5,163.10	\$5,262.23	\$3,001.74	\$2,614.49	\$3,372.31	\$5,873.84	4.1%	33.6%
Total	\$3,119.08	\$2,987.04	\$3,080.47	\$3,508.48	\$3,581.89	\$4,564.35	\$4,847.44	7.6%	9.9%
 By Sex									
Female	\$3,245.48	\$3,140.98	\$3,239.17	\$4,007.74	\$4,088.86	\$5,229.91	\$4,792.99	6.7%	4.6%
Male	\$2,987.43	\$2,739.75	\$2,828.04	\$3,310.11	\$3,531.01	\$4,470.92	\$4,460.05	6.9%	2.5%
Unknown	\$13.47	\$254.70	\$447.73	\$349.09	\$262.03	\$296.24	\$6,546.19	180.4%	93.7%
Total	\$3,119.08	\$2,987.04	\$3,080.47	\$3,508.48	\$3,581.89	\$4,564.35	\$4,847.44	7.6%	9.9%

Source: MSIS data for FFY 99-05.

SOUTHERN REGION MEDICAID PROFILE

ADDITIONAL STATE HEALTH CARE INFORMATION

Sources: "Issue Briefs", Health Policy Tracking Service, January 2006; "Medicaid Services State by State", CMS, October 2005; "State Health Facts", The Henry Kaiser Foundation, January 2006; state annual report for FY 05; and 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 7/1/04. This waiver will serve approximately 5,000 individuals per year that do not have Medicare coverage. Received CMS approval 9/10/04.
- 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. They include:
- Elderly and Disabled: Serves 6,857 people, operating since 7/1/94.
 - Mental Retardation/Developmental Disabilities: Serves 1,900, operating since 7/1/95.
 - Independent Living: Renewed June 2003; can serve up to 354 recipients.
 - Assisted Living: Implemented 10/1/00. Waiver was renewed in December 2003; can serve up to 900 recipients.
 - Mississippi Family Planning Waiver (1115) implemented in 2003 that provides access to certain primary care services for women of childbearing age with incomes up to 185% of the FPL with the intent to reduce unintended pregnancies.

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.

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).

SOUTHERN REGION MEDICAID PROFILE

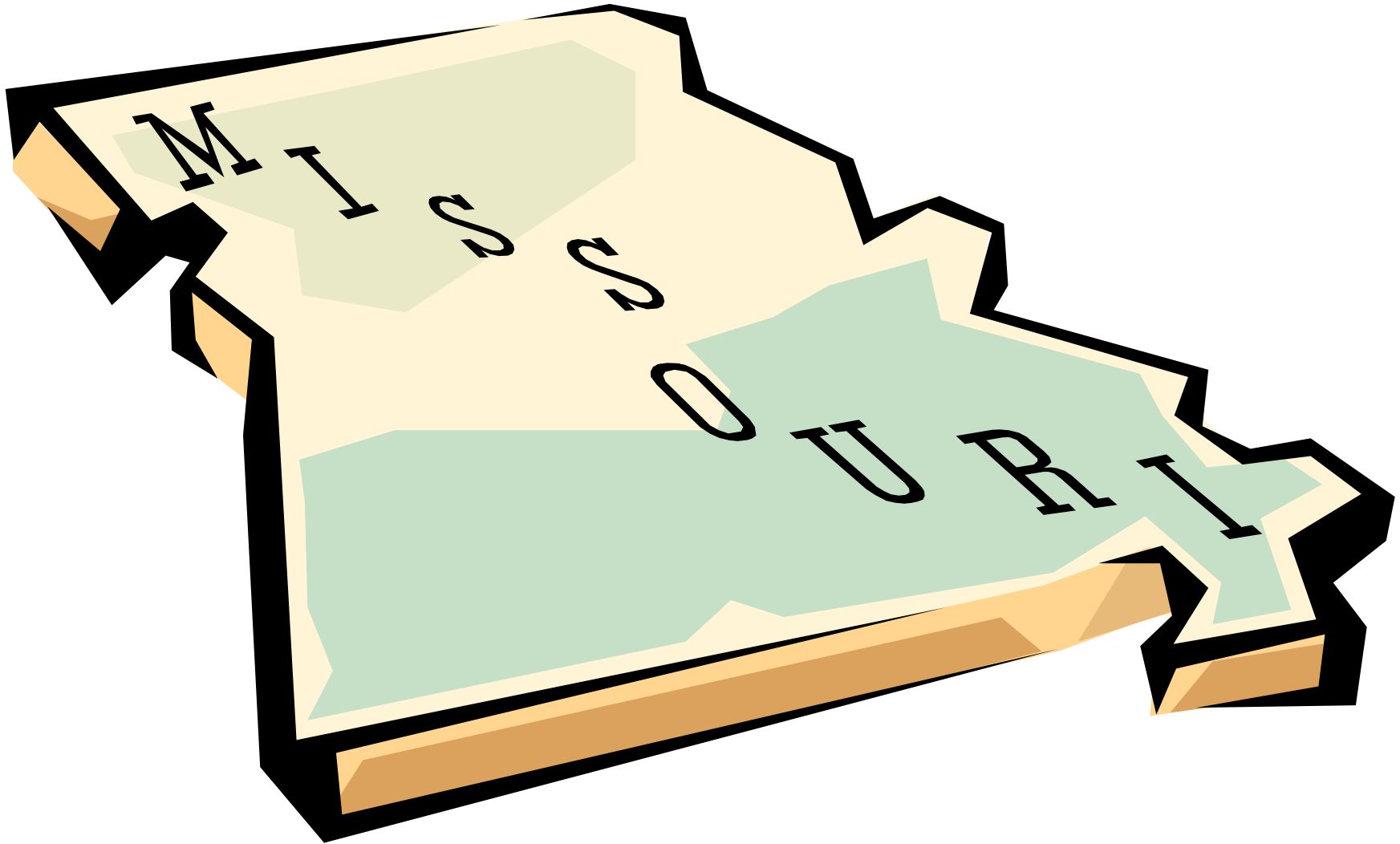
Medicaid (continued)

- 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/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.

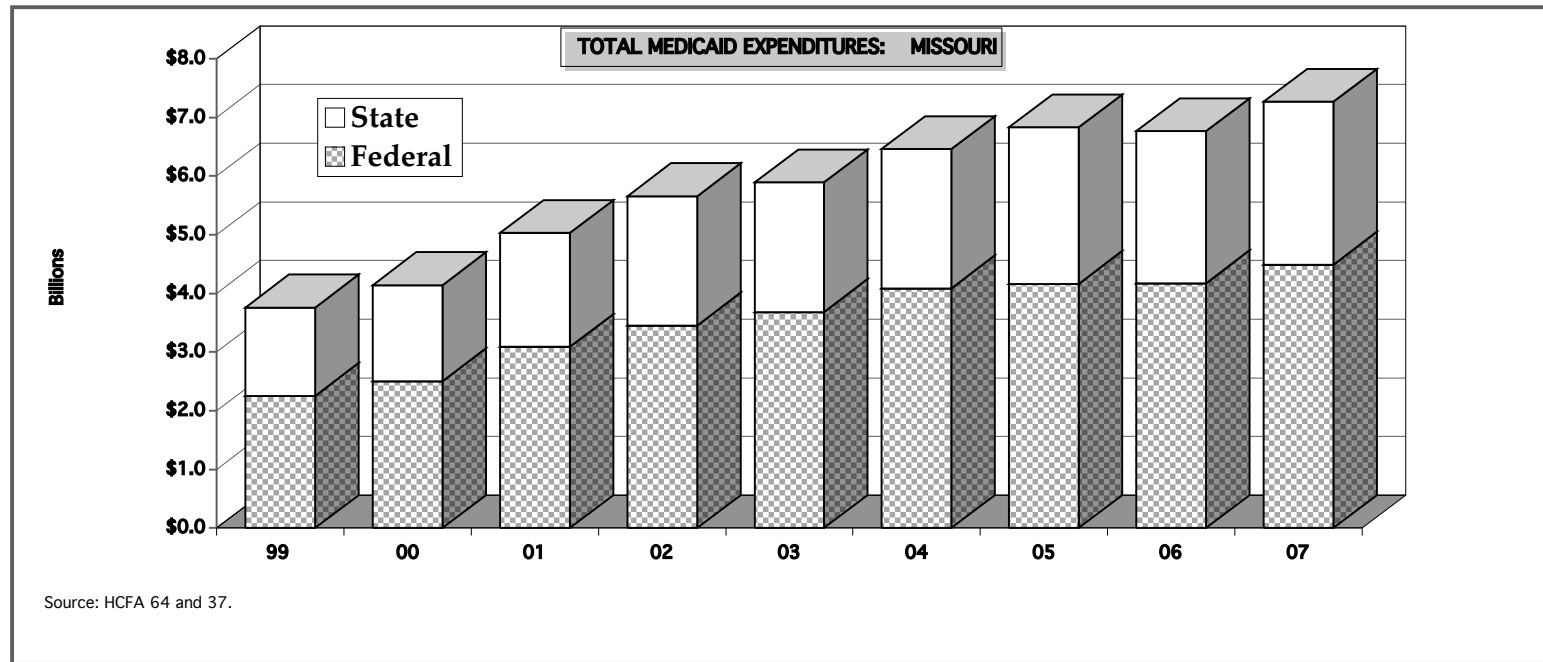
Children's Health Insurance Program: Medicaid Expansion and State-Designed Program

- Mississippi Children's Health Program (CHIP I) provides health insurance coverage for children age 15-18 in families with incomes below 100% of the FPL. The program (Phase I) received CMS approval on 10/26/99. 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 9/30/04, 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;
 - 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.

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 99	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05	FFY 06**	FFY 07**	Annual Rate of Change	Total Change 99-07
Medicaid Payments	\$3,636,191,199	\$3,994,735,362	\$4,814,979,882	\$5,443,859,735	\$5,636,993,330	\$6,189,277,118	\$6,528,988,350	\$6,462,903,000	\$6,965,204,000	8.5%	91.6%
Federal Share	\$2,187,517,595	\$2,426,112,864	\$2,964,514,311	\$3,341,118,516	\$3,546,725,923	\$3,942,570,087	\$4,004,740,341	\$4,017,496,000	\$4,337,674,000	8.9%	98.3%
State Share	\$1,448,673,604	\$1,568,622,498	\$1,850,465,571	\$2,102,741,219	\$2,090,267,407	\$2,246,707,031	\$2,524,248,009	\$2,445,407,000	\$2,627,530,000	7.7%	81.4%
Administrative Costs	\$123,675,073	\$149,211,690	\$218,348,725	\$215,632,683	\$253,735,879	\$270,611,871	\$298,709,983	\$300,911,000	\$299,139,000	11.7%	141.9%
Federal Share	\$67,332,001	\$79,492,465	\$124,727,677	\$115,805,669	\$137,955,136	\$144,371,906	\$157,665,749	\$159,107,000	\$155,000,000	11.0%	130.2%
State Share	\$56,343,072	\$69,719,225	\$93,621,048	\$99,827,014	\$115,780,743	\$126,239,965	\$141,044,234	\$141,804,000	\$144,139,000	12.5%	155.8%
Admin. Costs as % of Payments	3.40%	3.74%	4.53%	3.96%	4.50%	4.37%	4.58%	4.66%	4.29%		
Federal Match Rate*	60.24%	60.51%	61.03%	61.06%	61.23%	61.47%	61.15%	61.93%	61.60%		

*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 06 and 07 reflect latest estimates reported by each state (CMS 37).

SOUTHERN REGION MEDICAID PROFILE

STATE FINANCING	Payments		Administration	
	FFY 99	FFY 05	FFY 99	FFY 05
State General Fund	\$1,448,673,604	\$1,744,160,602	\$56,343,072	\$141,044,234
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	\$1,448,673,604	\$2,524,248,009	\$56,343,072	\$141,044,234

*Donations from Outstationed Eligibility Workers Program

**License fees

Provider Taxes Currently in Place (FFY 05)		
	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

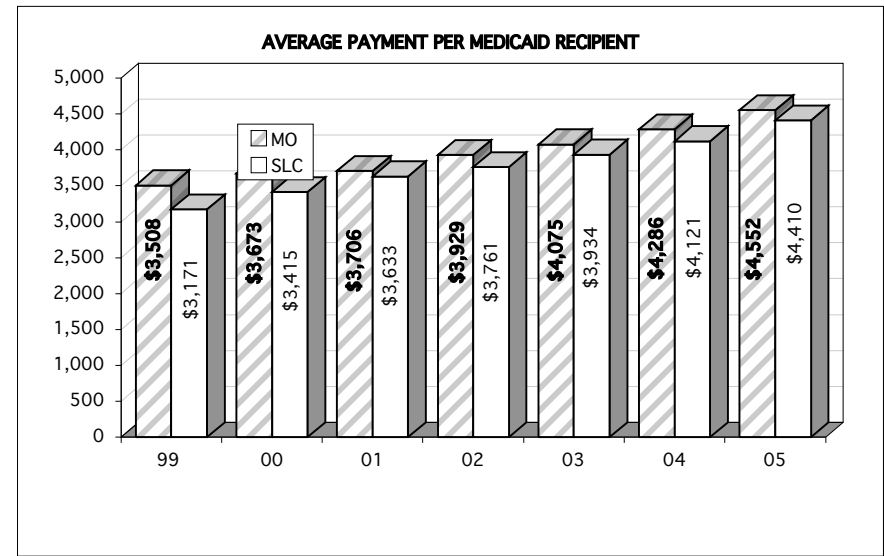
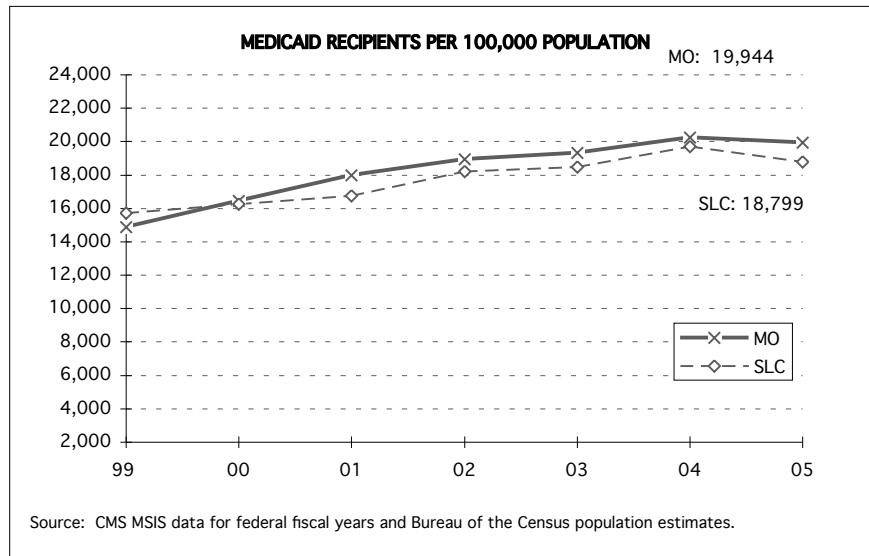
	FFY 99	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05	FFY 06**	FFY 07**	Change
General Hospitals	\$436,165,215	\$277,424,914	\$278,578,549	\$345,377,967	\$327,754,355	\$447,404,858	\$455,987,396	\$415,344,000	\$478,819,000	9.4%
Mental Hospitals	\$199,562,749	\$178,006,610	\$176,489,923	\$187,325,542	\$178,553,296	\$177,856,164	\$235,691,602	\$204,986,000	\$208,637,000	2.8%
Total	\$635,727,964	\$455,431,524	\$455,068,472	\$532,703,509	\$506,307,651	\$625,261,022	\$691,678,998	\$620,330,000	\$687,456,000	7.1%

SELECTED ELIGIBILITY CRITERIA				DEMOGRAPHIC DATA & POVERTY INDICATORS (2005)			
	At 10/1/05	% of FPL*					Rank in U.S.
TANF-Temporary Assistance for Needy Families (Family of 3)				State population—July 1, 2005*	5,797,703		18
Need Standard	\$846	64.8%					
Payment Standard	\$292	22.4%		Per capita personal income**	\$31,299		31
Maximum Payment	\$292	22.4%		Median household income**	\$44,324		30
Medically Needy Program (Family of 2)				Population below Federal Poverty Level on July 1, 2003*	666,736		
Income Eligibility Standard	N/A			Percent of total state population	11.5%		27
Resource Standard	N/A						
Pregnant Women, Children and Infants (% of FPL*)				Population without health insurance coverage*	691,000		22
Pregnant women and infants		185.0%		Percent of total state population	11.9%		35
Children to age 6		133.0%					
Children 6 to 18		100.0%		Recipients of Food Stamps***	796,350		13
SSI Eligibility Levels				Households receiving Food Stamps***	298,380		12
Income:				Total value of issuance***	\$740,064,276		13
Single Person	\$564	72.7%		Average monthly benefit per recipient	\$77.44		44
Couple	\$846	81.3%		Average monthly benefit per household	\$206.69		
Resources:				Monthly recipients of Temporary Assistance to Needy Families (TANF)****	92,133		12
Single Person	\$1,000			Total TANF payments****	\$78,071,588		49
Couple	\$2,000			Average monthly payment per recipient	\$70.61		49
				Maximum monthly payment per family of 3	\$292.00		36

*Current federal poverty level is \$9,570 per year for a single person, \$12,830 for a family of two and \$16,090 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 99</u>	<u>FFY 00</u>	<u>FFY 01</u>	<u>FFY 02</u>	<u>FFY 03</u>	<u>FFY 04</u>	<u>FFY 05</u>	<i>Annual Change</i>
01. General Hospital	87,558	87,585	95,453	100,904	105,584	114,811	116,969	4.9%
02. Mental Hospital	406	453	420	356	460	466	349	-2.5%
03. Skilled and Intermediate (non-MR) Care Nursing	39,762	41,074	39,501	40,798	38,916	39,606	39,408	-0.1%
04. Intermediate Care for Mentally Retarded	1,381	1,331	1,325	1,302	1,282	1,263	1,193	-2.4%
05. Physician Services	283,200	320,726	330,264	328,550	344,460	369,107	368,517	4.5%
06. Dental Services	86,846	90,736	101,405	104,581	122,807	132,674	138,144	8.0%
07. Other Practitioners	97,300	115,395	113,039	128,575	125,857	170,842	181,338	10.9%
08. Outpatient Hospital	267,917	311,317	330,978	349,865	362,421	384,500	391,572	6.5%
09. Clinic Services	321,332	377,983	406,759	439,575	482,956	513,610	539,074	9.0%
10. Lab and X-Ray	121,744	137,891	137,931	162,487	199,612	206,163	227,843	11.0%
11. Home Health	7,090	6,652	6,022	6,511	6,910	6,981	7,668	1.3%
12. Prescribed Drugs	411,959	447,062	472,624	493,230	526,991	550,572	559,682	5.2%
13. Family Planning	963	941	1,116	1,110	1,326	1,302	1,299	5.1%
14. Early & Periodic Screening, Diagnosis & Treatment	0	0	0	0	0	0	0	n/a
15. Other Care	165,576	189,329	199,833	216,716	240,321	253,811	264,396	8.1%
16. Personal Care Support Services	84,636	97,189	108,536	122,141	123,911	131,651	142,537	9.1%
17. Home/Community Based Waiver Services	0	0	0	0	0	0	0	n/a
18. Prepaid Health Care	352,792	395,214	475,265	498,155	515,863	544,395	544,219	7.5%
19. Primary Care Case Management (PCCM) Services	0	0	0	0	0	0	0	n/a
Total*	797,578	890,318	978,546	1,036,150	1,081,496	1,140,194	1,156,308	6.4%

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

SOUTHERN REGION MEDICAID PROFILE

<u>PAYMENTS BY TYPE OF SERVICES</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>FFY 05</u>	<i>Annual Change</i>	<i>Share of Total FFY 05</i>
01. General Hospital	\$349,386,862	\$376,607,207	\$410,534,009	\$428,061,409	\$472,473,319	\$511,834,964	\$516,805,316	6.7%	9.8%
02. Mental Hospital	\$4,727,426	\$4,628,523	\$4,606,906	\$3,207,299	\$5,922,767	\$4,734,727	\$4,161,669	-2.1%	0.1%
03. Skilled and Intermediate (non-MR) Care Nursing	\$718,187,010	\$732,508,771	\$735,628,334	\$725,466,540	\$709,866,247	\$761,653,055	\$792,160,890	1.6%	15.1%
04. Intermediate Care for Mentally Retarded	\$101,938,506	\$100,406,019	\$94,409,653	\$118,629,649	\$111,653,494	\$112,204,262	\$104,365,346	0.4%	2.0%
05. Physician Services	\$58,020,860	\$70,972,252	\$71,914,021	\$73,061,397	\$78,021,620	\$83,025,715	\$88,089,249	7.2%	1.7%
06. Dental Services	\$11,463,432	\$13,286,049	\$21,144,900	\$25,504,037	\$29,841,465	\$35,872,061	\$40,787,064	23.6%	0.8%
07. Other Practitioners	\$6,342,481	\$7,629,740	\$8,027,304	\$9,187,207	\$8,135,688	\$18,761,642	\$20,937,939	22.0%	0.4%
08. Outpatient Hospital	\$168,549,075	\$219,722,488	\$221,122,747	\$246,189,264	\$241,123,477	\$255,872,607	\$302,126,739	10.2%	5.7%
09. Clinic Services	\$75,402,510	\$96,534,961	\$111,575,286	\$135,014,780	\$161,637,284	\$196,422,293	\$233,821,947	20.8%	4.4%
10. Lab and X-Ray	\$5,997,897	\$7,464,955	\$8,131,990	\$10,217,199	\$13,313,824	\$16,087,835	\$19,592,480	21.8%	0.4%
11. Home Health	\$8,114,919	\$8,564,806	\$6,583,746	\$7,236,954	\$7,297,381	\$6,172,315	\$5,983,106	-5.0%	0.1%
12. Prescribed Drugs	\$482,087,676	\$600,484,118	\$680,574,899	\$799,910,014	\$953,324,877	\$1,133,878,803	\$1,254,709,174	17.3%	23.8%
13. Family Planning	\$426,281	\$459,200	\$530,268	\$561,813	\$687,570	\$733,636	\$707,972	8.8%	0.0%
14. Early & Periodic Screening, Diagnosis & Treatment	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a	0.0%
15. Other Care	\$325,984,183	\$415,909,665	\$488,627,413	\$537,392,486	\$553,408,000	\$579,093,998	\$615,885,262	11.2%	11.7%
16. Personal Care Support Services	\$195,611,282	\$231,939,181	\$272,495,153	\$340,711,470	\$376,255,888	\$406,776,844	\$445,224,624	14.7%	8.5%
17. Home/Community Based Waiver Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a	0.0%
18. Prepaid Health Care	\$285,917,714	\$383,034,523	\$490,305,973	\$611,192,885	\$683,889,202	\$763,539,900	\$817,645,411	19.1%	15.5%
19. Primary Case Management (PCCM) Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a	0.0%
Total (excludes DSH pymts, pharmacy rebates, & other adjs.)	\$2,798,158,114	\$3,270,152,458	\$3,626,212,602	\$4,071,544,403	\$4,406,852,103	\$4,886,664,657	\$5,263,004,188	11.1%	100.0%

AVERAGE PAYMENTS PER RECIPIENT BY TYPE OF SERVICES

								<i>(+) or (-) SLC Avg. FFY 05</i>	
01. General Hospital	\$3,990.35	\$4,299.91	\$4,300.90	\$4,242.26	\$4,474.86	\$4,458.07	\$4,418.31	1.7%	-15.7%
02. Mental Hospital	\$11,643.91	\$10,217.49	\$10,968.82	\$9,009.27	\$12,875.58	\$10,160.36	\$11,924.55	0.4%	-35.6%
03. Skilled and Intermediate (non-MR) Care Nursing	\$18,062.15	\$17,833.88	\$18,623.03	\$17,781.91	\$18,240.99	\$19,230.75	\$20,101.52	1.8%	-19.7%
04. Intermediate Care for Mentally Retarded	\$73,814.99	\$75,436.53	\$71,252.57	\$91,113.40	\$87,093.21	\$88,839.48	\$87,481.43	2.9%	2.1%
05. Physician Services	\$204.88	\$221.29	\$217.75	\$222.38	\$226.50	\$224.94	\$239.04	2.6%	-60.1%
06. Dental Services	\$132.00	\$146.43	\$208.52	\$243.87	\$242.99	\$270.38	\$295.25	14.4%	-19.1%
07. Other Practitioners	\$65.18	\$66.12	\$71.01	\$71.45	\$64.64	\$109.82	\$115.46	10.0%	-58.2%
08. Outpatient Hospital	\$629.11	\$705.78	\$668.09	\$703.67	\$665.31	\$665.47	\$771.57	3.5%	29.1%
09. Clinic Services	\$234.66	\$255.39	\$274.30	\$307.15	\$334.68	\$382.43	\$433.75	10.8%	-37.4%
10. Lab and X-Ray	\$49.27	\$54.14	\$58.96	\$62.88	\$66.70	\$78.03	\$85.99	9.7%	-60.2%
11. Home Health	\$1,144.56	\$1,287.55	\$1,093.28	\$1,111.50	\$1,056.06	\$884.16	\$780.27	-6.2%	-78.1%
12. Prescribed Drugs	\$1,170.23	\$1,343.18	\$1,439.99	\$1,621.78	\$1,809.00	\$2,059.46	\$2,241.83	11.4%	50.3%
13. Family Planning	\$442.66	\$487.99	\$475.15	\$506.14	\$518.53	\$563.47	\$545.01	3.5%	-61.2%
14. Early & Periodic Screening, Diagnosis & Treatment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	n/a	n/a
15. Other Care	\$1,968.79	\$2,196.76	\$2,445.18	\$2,479.71	\$2,302.79	\$2,281.60	\$2,329.40	2.8%	24.1%
16. Personal Care Support Services	\$2,311.21	\$2,386.48	\$2,510.64	\$2,789.49	\$3,036.50	\$3,089.81	\$3,123.57	5.1%	112.2%
17. Home/Community Based Waiver Services	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	n/a	n/a
18. Prepaid Health Care	\$810.44	\$969.18	\$1,031.65	\$1,226.91	\$1,325.72	\$1,402.55	\$1,502.42	10.8%	36.9%
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%
Total (Average)	\$3,508.32	\$3,673.02	\$3,705.72	\$3,929.49	\$4,074.77	\$4,285.82	\$4,551.56	4.4%	3.2%

TOTAL PER CAPITA EXPENDITURES	\$700.99	\$766.20	\$925.49	\$1,034.96	\$1,052.82	\$1,147.46	\$1,177.66	9.0%	27.6%
--------------------------------------	-----------------	-----------------	-----------------	-------------------	-------------------	-------------------	-------------------	-------------	--------------

Source: MSIS data for FFY 99-05.

SOUTHERN REGION MEDICAID PROFILE
DATA BY OTHER CHARACTERISTICS

RECIPIENTS BY OTHER CHARACTERISTICS

	<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>FFY 05</u>	<i>Annual Change</i>	<i>Share of Total FFY 05</i>
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	268,684	305,326	347,033	637,643	652,952	675,301	593,689	14.1%	51.3%
Poverty Related Eligibles	264,083	405,269	276,241	111,331	128,818	137,084	207,914	-3.9%	18.0%
Medically Needy	0	0	0	0	0	0	0	n/a	0.0%
Other Eligibles	238,161	154,013	314,235	264,206	272,784	302,389	326,346	5.4%	28.2%
Maintenance Assistance Status Unknown	26,650	25,710	41,037	22,970	26,942	25,420	28,359	1.0%	2.5%
Total	797,578	890,318	978,546	1,036,150	1,081,496	1,140,194	1,156,308	6.4%	100.0%
By Basis of Eligibility									
Aged, Blind, or Disabled	203,958	212,239	218,236	227,560	236,110	252,260	264,891	4.5%	22.9%
Children	409,191	455,912	494,611	531,687	558,929	586,268	589,638	6.3%	51.0%
Foster Care Children	18,016	20,107	22,482	23,644	24,116	25,106	26,075	6.4%	2.3%
Adults	139,763	176,350	202,180	230,289	235,399	251,140	246,838	9.9%	21.3%
Basis of Eligibility Unknown	26,650	25,710	41,037	22,970	26,942	25,420	28,866	1.3%	2.5%
Total	797,578	890,318	978,546	1,036,150	1,081,496	1,140,194	1,156,308	6.4%	100.0%
By Age									
Under Age 1	20,870	31,252	47,116	33,353	34,404	37,198	38,522	10.8%	3.3%
Age 1 to 5	143,601	152,387	175,189	173,875	180,990	188,658	189,802	4.8%	16.4%
Age 6 to 14	200,879	219,749	232,282	255,511	266,538	277,056	275,021	5.4%	23.8%
Age 15 to 20	88,285	100,878	102,376	121,702	130,825	138,482	142,068	8.3%	12.3%
Age 21 to 44	165,104	199,278	218,209	250,282	257,289	274,652	273,852	8.8%	23.7%
Age 45 to 64	62,821	70,512	75,255	87,541	95,175	107,717	116,021	10.8%	10.0%
Age 65 to 74	31,706	32,656	32,948	33,671	33,749	35,121	36,946	2.6%	3.2%
Age 75 to 84	31,386	31,821	31,388	32,356	31,550	32,145	32,150	0.4%	2.8%
Age 85 and Over	26,276	26,075	22,744	24,889	24,033	23,744	23,567	-1.8%	2.0%
Age Unknown	26,650	25,710	41,039	22,970	26,943	25,421	28,359	1.0%	2.5%
Total	797,578	890,318	978,546	1,036,150	1,081,496	1,140,194	1,156,308	6.4%	100.0%
By Race									
White	521,247	583,448	645,265	703,338	732,719	777,738	800,245	7.4%	69.2%
Black	229,485	253,910	278,184	271,592	274,484	284,983	287,457	3.8%	24.9%
Hispanic, American Indian or Asian	17,035	17,777	18,514	9,046	10,863	11,992	15,905	-1.1%	1.4%
Other / Unknown	29,811	35,183	36,583	52,174	63,430	65,481	52,701	10.0%	4.6%
Total*	797,578	890,318	978,546	1,036,150	1,081,496	1,140,194	1,156,308	6.4%	100.0%
By Sex									
Female	464,774	518,406	571,708	597,766	619,827	653,539	661,628	6.1%	57.2%
Male	310,117	344,153	377,979	415,414	434,727	461,234	466,321	7.0%	40.3%
Unknown	22,687	27,759	28,859	22,970	26,942	25,421	28,359	3.8%	2.5%
Total*	797,578	890,318	978,546	1,036,150	1,081,496	1,140,194	1,156,308	6.4%	100.0%

Source: MSIS data for FFY 99-05.

SOUTHERN REGION MEDICAID PROFILE

PAYMENTS BY OTHER CHARACTERISTICS

	FFY 99	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05	Annual Change	Share of Total FFY 05
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	\$901,269,587	\$1,064,582,686	\$1,345,029,037	\$1,788,461,369	\$2,071,678,119	\$2,259,018,396	\$2,224,821,338	16.3%	42.3%
Poverty Related Eligibles	\$315,462,161	\$499,127,981	\$404,785,994	\$216,075,595	\$193,990,039	\$218,736,752	\$356,356,703	2.1%	6.8%
Medically Needy	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a	0.0%
Other Eligibles	\$1,565,790,525	\$1,690,386,726	\$1,858,164,764	\$2,053,187,075	\$2,113,298,982	\$2,387,676,163	\$2,660,803,340	9.2%	50.6%
Maintenance Assistance Status Unknown	\$15,635,841	\$16,055,065	\$18,232,807	\$13,820,364	\$27,884,963	\$21,233,346	\$21,022,807	5.1%	0.4%
Total	\$2,798,158,114	\$3,270,152,458	\$3,626,212,602	\$4,071,544,403	\$4,406,852,103	\$4,886,664,657	\$5,263,004,188	11.1%	100.0%
By Basis of Eligibility									
Aged, Blind or Disabled	\$2,104,811,071	\$2,351,501,567	\$2,516,226,068	\$2,768,484,714	\$2,934,966,459	\$3,257,030,600	\$3,534,833,337	9.0%	67.2%
Children	\$443,693,515	\$558,122,694	\$649,965,743	\$745,207,518	\$807,993,897	\$876,024,057	\$946,735,439	13.5%	18.0%
Foster Care Children	\$59,208,809	\$107,532,112	\$142,036,503	\$159,547,739	\$161,096,206	\$175,699,848	\$182,052,448	20.6%	3.5%
Adults	\$174,808,878	\$236,941,020	\$299,751,481	\$384,484,068	\$474,910,578	\$556,676,806	\$571,862,622	21.8%	10.9%
Basis of Eligibility Unknown	\$15,635,841	\$16,055,065	\$18,232,807	\$13,820,364	\$27,884,963	\$21,233,346	\$27,520,342	9.9%	0.5%
Total	\$2,798,158,114	\$3,270,152,458	\$3,626,212,602	\$4,071,544,403	\$4,406,852,103	\$4,886,664,657	\$5,263,004,188	11.1%	100.0%
By Age									
Under Age 1	\$63,700,441	\$106,362,092	\$161,741,559	\$129,345,714	\$132,308,084	\$149,937,177	\$159,705,426	16.6%	3.0%
Age 1 to 5	\$184,447,302	\$214,779,734	\$228,219,391	\$272,981,133	\$290,046,800	\$308,401,840	\$331,954,012	10.3%	6.3%
Age 6 to 14	\$200,435,499	\$250,011,776	\$319,080,946	\$347,841,392	\$367,846,014	\$394,118,177	\$420,151,626	13.1%	8.0%
Age 15 to 20	\$154,704,714	\$204,336,947	\$231,310,693	\$275,766,421	\$306,062,627	\$336,307,203	\$362,850,326	15.3%	6.9%
Age 21 to 44	\$644,506,373	\$750,174,471	\$858,137,119	\$991,187,989	\$1,115,299,519	\$1,250,909,045	\$1,325,349,307	12.8%	25.2%
Age 45 to 64	\$530,899,032	\$642,146,195	\$726,902,470	\$883,924,922	\$1,005,790,480	\$1,183,810,219	\$1,338,395,322	16.7%	25.4%
Age 65 to 74	\$245,383,420	\$276,555,919	\$294,766,100	\$319,753,974	\$330,530,459	\$363,209,603	\$392,494,578	8.1%	7.5%
Age 75 to 84	\$345,248,634	\$377,243,967	\$397,105,372	\$410,979,312	\$409,248,151	\$440,489,264	\$458,205,849	4.8%	8.7%
Age 85 and Over	\$413,196,858	\$432,486,292	\$390,710,799	\$425,943,182	\$421,834,024	\$438,247,371	\$452,874,935	1.5%	8.6%
Age Unknown	\$15,635,841	\$16,055,065	\$18,238,153	\$13,820,364	\$27,885,945	\$21,234,758	\$21,022,807	5.1%	0.4%
Total	\$2,798,158,114	\$3,270,152,458	\$3,626,212,602	\$4,071,544,403	\$4,406,852,103	\$4,886,664,657	\$5,263,004,188	11.1%	100.0%
By Race									
White	\$2,135,596,819	\$2,501,134,856	\$2,779,405,905	\$3,072,119,135	\$3,304,857,158	\$3,679,032,491	\$3,993,932,117	11.0%	75.9%
Black	\$603,469,098	\$701,529,063	\$776,178,610	\$886,035,535	\$939,592,907	\$1,025,569,852	\$1,099,038,352	10.5%	20.9%
Hispanic, American Indian or Asian	\$30,908,803	\$32,958,799	\$34,519,388	\$21,687,977	\$27,349,551	\$31,426,711	\$42,630,210	5.5%	0.8%
Other / Unknown	\$28,183,394	\$34,529,740	\$36,108,699	\$91,701,756	\$135,052,487	\$150,635,603	\$127,403,509	28.6%	2.4%
Total*	\$2,798,158,114	\$3,270,152,458	\$3,626,212,602	\$4,071,544,403	\$4,406,852,103	\$4,886,664,657	\$5,263,004,188	11.1%	100.0%
By Sex									
Female	\$1,725,342,768	\$2,016,557,141	\$2,238,248,240	\$2,453,377,747	\$2,654,572,522	\$2,951,860,293	\$3,177,006,325	10.7%	60.4%
Male	\$1,060,931,406	\$1,236,429,474	\$1,370,029,884	\$1,604,346,292	\$1,724,394,618	\$1,913,569,606	\$2,064,975,056	11.7%	39.2%
Unknown	\$11,883,940	\$17,165,843	\$17,934,478	\$13,820,364	\$27,884,963	\$21,234,758	\$21,022,807	10.0%	0.4%
Total*	\$2,798,158,114	\$3,270,152,458	\$3,626,212,602	\$4,071,544,403	\$4,406,852,103	\$4,886,664,657	\$5,263,004,188	11.1%	100.0%

Source: MSIS data for FFY 99-05.

SOUTHERN REGION MEDICAID PROFILE

AVERAGE PAYMENT PER RECIPIENT BY OTHER CHARACTERISTICS

								Annual Change	Above (+) or Below (-) SLC Avg. FFY 05
By Maintenance Assistance Status	FFY 99	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05		
Receiving Cash Assistance or Eligible Under Section 1931	\$3,354.39	\$3,486.71	\$3,875.80	\$2,804.80	\$3,172.79	\$3,345.20	\$3,747.45	1.9%	-35.8%
Poverty Related Eligibles	\$1,194.56	\$1,231.60	\$1,465.34	\$1,940.84	\$1,505.92	\$1,595.64	\$1,713.96	6.2%	-18.5%
Medically Needy	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	n/a	-100.0%
Other Eligibles	\$6,574.50	\$10,975.61	\$5,913.30	\$7,771.16	\$7,747.15	\$7,896.04	\$8,153.32	3.7%	5.6%
Maintenance Assistance Status Unknown	\$586.71	\$624.47	\$444.30	\$601.67	\$1,035.00	\$835.30	\$741.31	4.0%	-78.2%
Total	\$3,508.32	\$3,673.02	\$3,705.72	\$3,929.49	\$4,074.77	\$4,285.82	\$4,551.56	4.4%	3.2%
By Basis of Eligibility									
Aged, Blind or Disabled	\$10,319.83	\$11,079.50	\$11,529.84	\$12,165.95	\$12,430.50	\$12,911.40	\$13,344.48	4.4%	11.5%
Children	\$1,084.32	\$1,224.19	\$1,314.09	\$1,401.59	\$1,445.61	\$1,494.24	\$1,605.62	6.8%	4.1%
Foster Care Children	\$3,286.46	\$5,347.99	\$6,317.79	\$6,747.92	\$6,680.05	\$6,998.32	\$6,981.88	13.4%	0.2%
Adults	\$1,250.75	\$1,343.58	\$1,482.60	\$1,669.57	\$2,017.47	\$2,216.60	\$2,316.75	10.8%	-19.6%
Basis of Eligibility Unknown	\$586.71	\$624.47	\$444.30	\$601.67	\$1,035.00	\$835.30	\$953.38	8.4%	-72.4%
Total	\$3,508.32	\$3,673.02	\$3,705.72	\$3,929.49	\$4,074.77	\$4,285.82	\$4,551.56	4.4%	3.2%
By Age									
Under Age 1	\$3,052.25	\$3,403.37	\$3,432.84	\$3,878.08	\$3,845.72	\$4,030.79	\$4,145.82	5.2%	12.4%
Age 1 to 5	\$1,284.44	\$1,409.44	\$1,302.70	\$1,569.98	\$1,602.56	\$1,634.71	\$1,748.95	5.3%	-5.9%
Age 6 to 14	\$997.79	\$1,137.72	\$1,373.68	\$1,361.36	\$1,380.09	\$1,422.52	\$1,527.71	7.4%	-13.7%
Age 15 to 20	\$1,752.33	\$2,025.58	\$2,259.42	\$2,265.92	\$2,339.48	\$2,428.53	\$2,554.06	6.5%	-8.3%
Age 21 to 44	\$3,903.64	\$3,764.46	\$3,932.64	\$3,960.28	\$4,334.81	\$4,554.52	\$4,839.66	3.6%	-7.2%
Age 45 to 64	\$8,450.98	\$9,106.91	\$9,659.19	\$10,097.27	\$10,567.80	\$10,990.00	\$11,535.80	5.3%	3.4%
Age 65 to 74	\$7,739.34	\$8,468.76	\$8,946.40	\$9,496.42	\$9,793.79	\$10,341.66	\$10,623.47	5.4%	26.2%
Age 75 to 84	\$11,000.08	\$11,855.19	\$12,651.50	\$12,701.80	\$12,971.42	\$13,703.20	\$14,252.13	4.4%	17.0%
Age 85 and Over	\$15,725.26	\$16,586.24	\$17,178.63	\$17,113.71	\$17,552.28	\$18,457.18	\$19,216.49	3.4%	2.5%
Age Unknown	\$586.71	\$624.47	\$444.41	\$601.67	\$1,035.00	\$835.32	\$741.31	4.0%	-78.3%
Total	\$3,508.32	\$3,673.02	\$3,705.72	\$3,929.49	\$4,074.77	\$4,285.82	\$4,551.56	4.4%	3.2%
By Race									
White	\$4,097.09	\$4,286.82	\$4,307.39	\$4,367.91	\$4,510.40	\$4,730.43	\$4,990.89	3.3%	-8.8%
Black	\$2,629.67	\$2,762.90	\$2,790.16	\$3,262.38	\$3,423.12	\$3,598.71	\$3,823.31	6.4%	0.6%
Hispanic, American Indian or Asian	\$1,814.43	\$1,854.01	\$1,864.50	\$2,397.52	\$2,517.68	\$2,620.64	\$2,680.30	6.7%	-7.6%
Other/Unknown	\$945.40	\$981.43	\$987.03	\$1,757.61	\$2,129.16	\$2,300.45	\$2,417.48	16.9%	-45.0%
Total	\$3,508.32	\$3,673.02	\$3,705.72	\$3,929.49	\$4,074.77	\$4,285.82	\$4,551.56	4.4%	3.2%
By Sex									
Female	\$3,712.22	\$3,889.92	\$3,915.02	\$4,104.24	\$4,282.76	\$4,516.73	\$4,801.80	4.4%	4.8%
Male	\$3,421.07	\$3,592.67	\$3,624.62	\$3,862.04	\$3,966.61	\$4,148.80	\$4,428.23	4.4%	1.8%
Unknown	\$523.82	\$618.39	\$621.45	\$601.67	\$1,035.00	\$835.32	\$741.31	6.0%	-78.1%
Total	\$3,508.32	\$3,673.02	\$3,705.72	\$3,929.49	\$4,074.77	\$4,285.82	\$4,551.56	4.4%	3.2%

Source: MSIS data for FFY 99-05.

SOUTHERN REGION MEDICAID PROFILE

ADDITIONAL STATE HEALTH CARE INFORMATION

Sources: "Issue Briefs", Health Policy Tracking Service, January 2006; "Medicaid Services State by State", CMS, October 2005; "State Health Facts", The Henry Kaiser Foundation, January 2006; state annual report for FY 05; and 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 6/30/04, 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: operating since 4/22/80.
- Mental Retardation/Developmental Disabilities: operating since 7/1/88.
- AIDS: operating since 7/1/98.
- Children with Mental Retardation/Developmental Disabilities, to age 18: operating since 10/1/95.
- Physical Disability Waiver: operating since 7/1/98.
- Independent Living Waiver: operating since 1/1/00.

- Consumer Support Waiver: established 7/1/03.

- 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 2/1/99. The statewide enrollment as of 6/30/04 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, 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 12/31/01, CON will only be required for long-term care facilities and construction of new hospitals.
- 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 3/1/01, 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 9/1/05.
- 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 6/30/03 was 463, increasing to 653 by 6/30/04.
- Enacted legislation 7/1/02 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 6/30/03 there were 12,486 individuals enrolled in the MA-WD program. As of 6/30/04 there were 17,619 individuals enrolled in the MA-WD program. The MA-WD program was eliminated effective 9/1/05.

- 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 1/1/03.
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 9/1/05, required recipients to pay co-pays from \$0.50 to \$10 at the time of service.

SOUTHERN REGION MEDICAID PROFILE

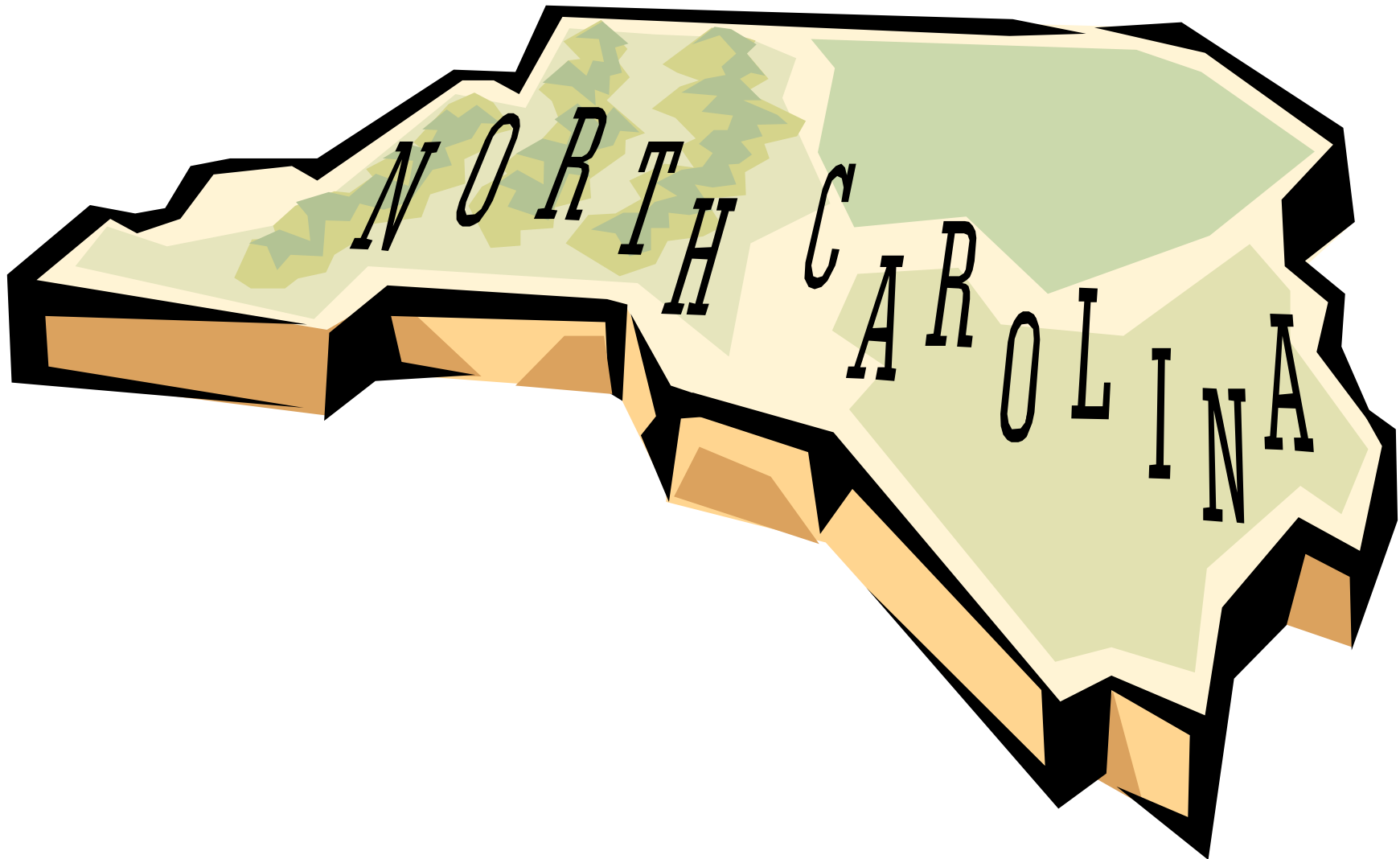
Children's Health Insurance Program: Medicaid Expansion

- 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 and adolescents from birth to age 18 in families with incomes up to 300% of the FPL. The program received CMS approval on 4/28/98. The statewide enrollment as of 6/30/04 was 92,165.

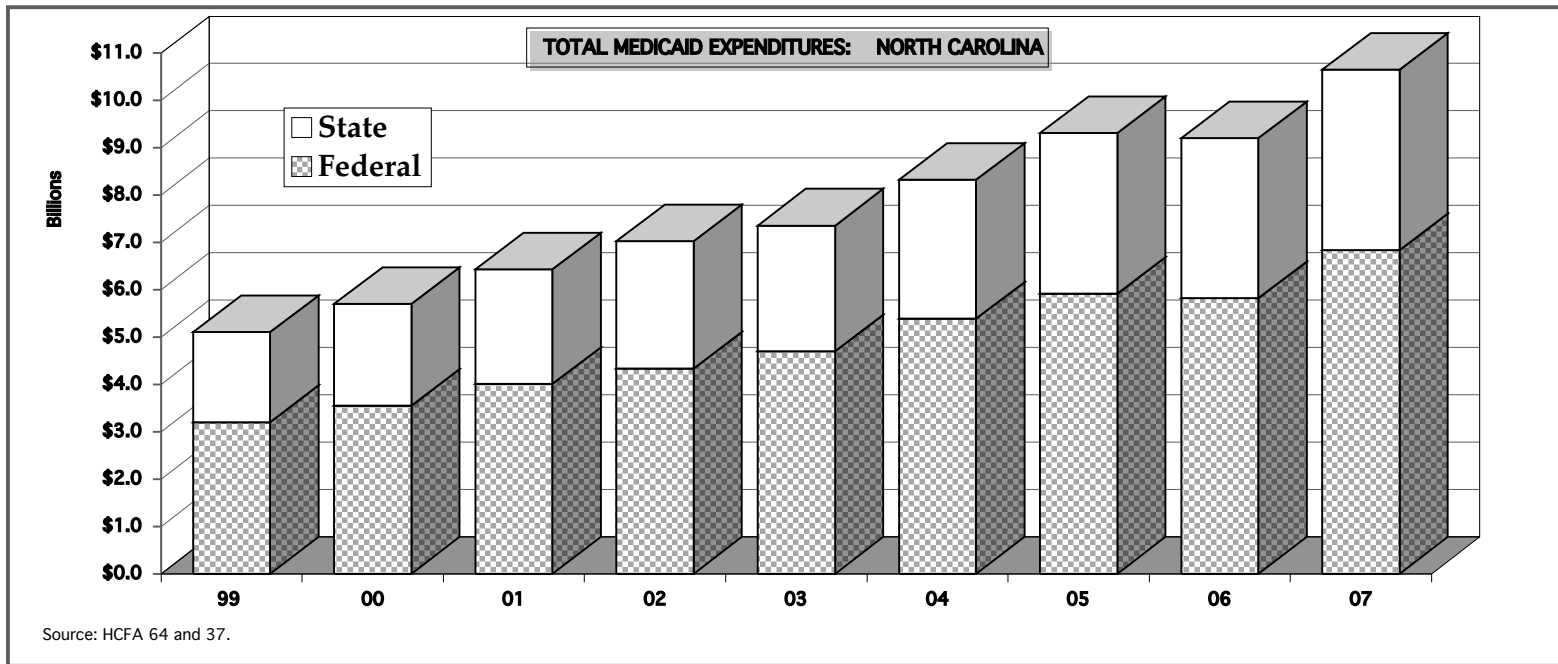
Cost Sharing Provisions of MC+:

- There are no cost sharing obligations for Parent's Fair Share Program participants, those covered under the women's health services program, and children and 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 185-225% of the FPL: \$5 per provider visit.
- Premiums and co-payments for children and adolescents in families with income from 226-300% of the FPL: Co-payments: \$10 per provider visit and \$9 per prescription.
- Effective 7/1/05, premiums will vary from \$65 to \$257 based on income and family size.

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 99	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05	FFY 06**	FFY 07**	Annual Rate of Change	Total Change 99-07
Medicaid Payments	\$4,885,503,195	\$5,464,863,059	\$6,150,681,587	\$6,723,598,560	\$7,050,804,888	\$7,945,585,983	\$8,844,879,833	\$8,726,850,000	\$10,159,946,000	9.6%	108.0%
Federal Share	\$3,087,681,703	\$3,421,052,149	\$3,850,734,836	\$4,161,693,996	\$4,520,695,624	\$5,178,131,847	\$5,648,797,671	\$5,556,924,000	\$6,560,366,000	9.9%	112.5%
State Share	\$1,797,821,492	\$2,043,810,910	\$2,299,946,751	\$2,561,904,564	\$2,530,109,264	\$2,767,454,136	\$3,196,082,162	\$3,169,926,000	\$3,599,580,000	9.1%	100.2%
Administrative Costs	\$209,904,718	\$233,556,917	\$278,725,379	\$302,125,603	\$301,214,843	\$367,458,622	\$464,447,476	\$471,929,000	\$483,124,000	11.0%	130.2%
Federal Share	\$114,242,646	\$128,758,258	\$152,482,886	\$167,160,907	\$171,895,548	\$202,196,203	\$264,450,016	\$263,005,000	\$270,617,000	11.4%	136.9%
State Share	\$95,662,072	\$104,798,659	\$126,242,493	\$134,964,696	\$129,319,295	\$165,262,419	\$199,997,460	\$208,924,000	\$212,507,000	10.5%	122.1%
Admin. Costs as % of Payments	4.30%	4.27%	4.53%	4.49%	4.27%	4.62%	5.25%	5.41%	4.76%		
Federal Match Rate*	63.07%	62.49%	62.47%	61.46%	62.56%	62.85%	63.63%	63.49%	64.52%		

*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 06 and 07 reflect latest estimates reported by each state (CMS 37).

SOUTHERN REGION MEDICAID PROFILE

STATE FINANCING	Payments		Administration	
	FFY 99	FFY 05	FFY 99	FFY 05
State General Fund*	\$1,797,821,492	\$3,196,082,162	\$95,662,072	\$199,997,460
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	\$1,797,821,492	\$3,196,082,162	\$95,662,072	\$199,997,460

Provider Taxes Currently in Place (FFY 05)	
Tax Rate	Amount
NO PROVIDER TAXES	

DISPROPORTIONATE SHARE HOSPITAL (DSH) PAYMENTS

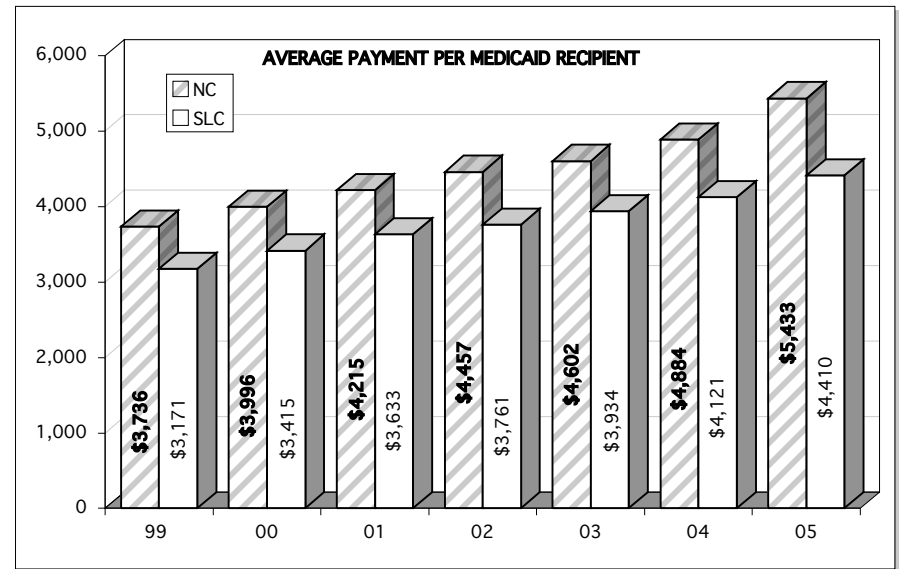
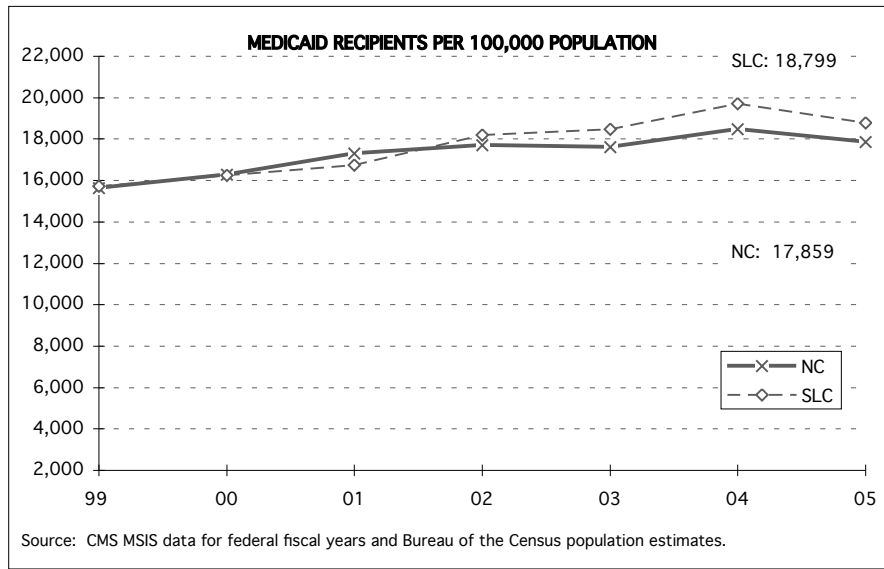
	FFY 99	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05	FFY 06**	FFY 07**	Annual Change
General Hospitals	\$227,672,613	\$236,744,407	\$259,509,072	\$275,834,347	\$378,516,668	\$418,211,290	\$137,473,709	\$262,057,000	\$293,228,000	2.1%
Mental Hospitals	\$170,292,750	\$176,842,977	\$174,935,077	\$179,324,307	\$2,917,716	\$3,178,664	\$286,527,550	\$124,212,000	\$144,426,000	-3.1%
Total	\$397,965,363	\$413,587,384	\$434,444,149	\$455,158,654	\$381,434,384	\$421,389,954	\$424,001,259	\$386,269,000	\$437,654,000	0.1%

SELECTED ELIGIBILITY CRITERIA				DEMOGRAPHIC DATA & POVERTY INDICATORS (2005)		
	At 10/1/05	% of FPL*				Rank in U.S.
TANF-Temporary Assistance for Needy Families (Family of 3)				State population—July 1, 2005*	8,672,459	11
Need Standard	\$544	41.7%		Per capita personal income**	\$31,029	35
Payment Standard	\$272	N/A		Median household income**	\$41,067	39
Maximum Payment	\$272	N/A				
Medically Needy Program (Family of 3)				Population below Federal Poverty Level on July 1, 2003*	1,248,834	
Income Eligibility Standard	\$367			Percent of total state population	14.4%	11
Resource Standard	\$3,000					
Pregnant Women, Children and Infants (% of FPL*)				Population without health insurance coverage*	1,371,000	8
Pregnant women and infants		185.0%		Percent of total state population	15.8%	16
Children 1 to 5		133.0%		Recipients of Food Stamps***	854,407	11
Children 6 to 18		100.0%		Households receiving Food Stamps***	343,397	11
SSI Eligibility Levels				Total value of issuance***	\$920,976,885	12
Income:				Average monthly benefit per recipient	\$89.83	21
Single Person	\$564	72.7%		Average monthly benefit per household	\$223.50	
Couple	\$846	81.3%				
Resources:				Monthly recipients of Temporary Assistance to Needy Families (TANF)****	55,096	18
Single Person	\$2,000			Total TANF payments****	\$92,535,414	39
Couple	\$3,000			Average monthly payment per recipient	\$139.96	39
				Maximum monthly payment per family of 3	\$272.00	42

*Current federal poverty level is \$9,570 per year for a single person, \$12,830 for a family of two and \$16,090 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 99	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05	Annual Change
01. General Hospital	178,092	195,406	197,136	202,664	205,779	210,093	213,784	3.1%
02. Mental Hospital	1,993	2,614	2,631	2,454	2,489	2,313	2,553	4.2%
03. Skilled and Intermediate (non-MR) Care Nursing	42,382	42,752	43,741	43,128	43,143	43,182	43,003	0.2%
04. Intermediate Care for Mentally Retarded	4,802	4,733	4,716	4,661	4,588	4,562	4,411	-1.4%
05. Physician Services	811,612	865,447	946,861	1,006,830	1,062,621	1,205,583	1,222,090	7.1%
06. Dental Services	213,972	219,805	284,384	325,941	370,784	419,131	461,478	13.7%
07. Other Practitioners	152,555	226,147	249,306	252,179	246,175	258,550	250,261	8.6%
08. Outpatient Hospital	488,111	516,576	586,546	637,476	665,035	715,200	738,147	7.1%
09. Clinic Services	516,525	514,140	556,924	533,928	535,202	552,205	488,038	-0.9%
10. Lab and X-Ray	540,123	591,661	651,112	723,426	747,816	860,117	875,168	8.4%
11. Home Health	29,676	30,359	32,279	33,455	33,972	36,541	39,991	5.1%
12. Prescribed Drugs	797,903	827,039	907,413	949,795	1,015,932	1,071,753	1,098,993	5.5%
13. Family Planning	8,438	8,572	9,651	10,824	10,122	10,686	10,434	3.6%
14. Early & Periodic Screening, Diagnosis & Treatment	0	0	0	0	0	0	0	n/a
15. Other Care	211,402	260,384	278,218	315,541	330,136	433,941	494,772	15.2%
16. Personal Care Support Services	99,205	125,805	142,519	142,787	123,769	210,414	229,405	15.0%
17. Home/Community Based Waiver Services	0	0	0	0	0	0	0	n/a
18. Prepaid Health Care	52,062	61,555	66,197	33,718	34,046	27,151	89,231	9.4%
19. Primary Care Case Management (PCCM) Services	736,427	792,641	849,873	945,213	1,013,309	1,059,564	1,084,699	6.7%
Total*	1,141,774	1,208,789	1,304,684	1,355,269	1,416,912	1,512,608	1,548,843	5.2%

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

SOUTHERN REGION MEDICAID PROFILE

PAYMENTS BY TYPE OF SERVICES	FFY 99	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05	<i>Annual Change</i>	<i>Share of Total FFY 05</i>
01. General Hospital	\$684,598,964	\$769,139,076	\$820,619,191	\$867,277,556	\$894,305,809	\$958,912,046	\$1,042,016,489	7.3%	12.4%
02. Mental Hospital	\$17,450,155	\$26,134,143	\$27,742,930	\$32,529,154	\$31,302,231	\$32,591,112	\$37,223,942	13.5%	0.4%
03. Skilled and Intermediate (non-MR) Care Nursing	\$805,603,790	\$817,940,754	\$852,242,911	\$882,268,478	\$869,819,078	\$963,727,050	\$1,113,217,175	5.5%	13.2%
04. Intermediate Care for Mentally Retarded	\$382,579,145	\$383,583,590	\$398,653,623	\$408,643,266	\$410,424,970	\$411,806,550	\$418,011,589	1.5%	5.0%
05. Physician Services	\$349,748,787	\$415,197,398	\$497,972,087	\$516,076,571	\$536,378,224	\$638,186,452	\$711,982,655	12.6%	8.5%
06. Dental Services	\$54,442,765	\$58,412,707	\$84,128,870	\$107,989,669	\$144,328,048	\$180,353,952	\$208,262,967	25.1%	2.5%
07. Other Practitioners	\$9,976,992	\$75,234,970	\$76,287,509	\$56,103,599	\$46,307,851	\$31,935,425	\$27,512,221	18.4%	0.3%
08. Outpatient Hospital	\$240,436,556	\$286,847,001	\$358,577,981	\$444,783,859	\$543,479,178	\$532,646,218	\$601,656,984	16.5%	7.1%
09. Clinic Services	\$288,733,197	\$126,131,200	\$167,381,841	\$326,287,639	\$397,055,585	\$196,387,994	\$113,968,931	-14.4%	1.4%
10. Lab and X-Ray	\$52,742,389	\$68,592,076	\$82,452,628	\$93,632,997	\$99,337,060	\$126,189,170	\$143,110,914	18.1%	1.7%
11. Home Health	\$75,235,845	\$82,325,244	\$83,627,315	\$96,022,709	\$95,229,664	\$100,804,762	\$124,275,664	8.7%	1.5%
12. Prescribed Drugs	\$611,309,477	\$794,550,074	\$971,066,103	\$1,069,140,895	\$1,263,258,395	\$1,555,955,045	\$1,789,468,901	19.6%	21.3%
13. Family Planning	\$11,146,114	\$11,425,652	\$14,055,467	\$17,440,949	\$16,707,208	\$16,639,584	\$14,062,297	3.9%	0.2%
14. Early & Periodic Screening, Diagnosis & Treatment	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a	0.0%
15. Other Care	\$327,644,547	\$591,388,093	\$612,582,758	\$725,692,985	\$821,731,885	\$1,057,024,153	\$1,247,515,704	25.0%	14.8%
16. Personal Care Support Services	\$255,122,949	\$242,698,033	\$356,027,976	\$335,427,496	\$299,671,262	\$523,291,546	\$714,892,833	18.7%	8.5%
17. Home/Community Based Waiver Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a	0.0%
18. Prepaid Health Care	\$45,508,840	\$54,661,005	\$66,802,062	\$33,205,790	\$20,466,589	\$21,718,162	\$61,482,864	5.1%	0.7%
19. Primary Case Management (PCCM) Services	\$53,476,960	\$25,764,816	\$28,872,249	\$28,487,396	\$31,485,023	\$39,839,146	\$46,141,032	-2.4%	0.5%
Total (excludes DSH pymts, pharmacy rebates, & other adjs.)	\$4,265,757,472	\$4,830,025,832	\$5,499,093,501	\$6,041,011,008	\$6,521,288,060	\$7,388,008,367	\$8,414,803,162	12.0%	100.0%

AVERAGE PAYMENTS PER RECIPIENT BY TYPE OF SERVICES

								(+) or (-) SLC Avg. FFY 05	
01. General Hospital	\$3,844.07	\$3,936.11	\$4,162.71	\$4,279.39	\$4,345.95	\$4,564.23	\$4,874.16	4.0%	-7.0%
02. Mental Hospital	\$8,755.72	\$9,997.76	\$10,544.63	\$13,255.56	\$12,576.23	\$14,090.41	\$14,580.47	8.9%	-21.3%
03. Skilled and Intermediate (non-MR) Care Nursing	\$19,008.16	\$19,132.22	\$19,483.85	\$20,456.98	\$20,161.30	\$22,317.80	\$25,886.97	5.3%	3.4%
04. Intermediate Care for Mentally Retarded	\$79,670.79	\$81,044.49	\$84,532.15	\$87,672.87	\$89,456.18	\$90,268.86	\$94,765.72	2.9%	10.6%
05. Physician Services	\$430.93	\$479.75	\$525.92	\$512.58	\$504.77	\$529.36	\$582.59	5.2%	-2.8%
06. Dental Services	\$254.44	\$265.75	\$295.83	\$331.32	\$389.25	\$430.30	\$451.30	10.0%	23.7%
07. Other Practitioners	\$65.40	\$332.68	\$306.00	\$222.48	\$188.11	\$123.52	\$109.93	9.0%	-60.2%
08. Outpatient Hospital	\$492.59	\$555.29	\$611.34	\$697.73	\$817.22	\$744.75	\$815.09	8.8%	36.4%
09. Clinic Services	\$558.99	\$245.32	\$300.55	\$611.11	\$741.88	\$355.64	\$233.52	-13.5%	-66.3%
10. Lab and X-Ray	\$97.65	\$115.93	\$126.63	\$129.43	\$132.84	\$146.71	\$163.52	9.0%	-24.3%
11. Home Health	\$2,535.24	\$2,711.72	\$2,590.77	\$2,870.21	\$2,803.18	\$2,758.68	\$3,107.59	3.5%	-12.8%
12. Prescribed Drugs	\$766.15	\$960.72	\$1,070.15	\$1,125.65	\$1,243.45	\$1,451.79	\$1,628.28	13.4%	9.2%
13. Family Planning	\$1,320.94	\$1,332.90	\$1,456.37	\$1,611.32	\$1,650.58	\$1,557.14	\$1,347.74	0.3%	-4.0%
14. Early & Periodic Screening, Diagnosis & Treatment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	n/a	n/a
15. Other Care	\$1,549.86	\$2,271.22	\$2,201.81	\$2,299.84	\$2,489.07	\$2,435.87	\$2,521.40	8.4%	34.3%
16. Personal Care Support Services	\$2,571.67	\$1,929.16	\$2,498.11	\$2,349.15	\$2,421.21	\$2,486.96	\$3,116.29	3.3%	111.7%
17. Home/Community Based Waiver Services	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	n/a	n/a
18. Prepaid Health Care	\$874.13	\$888.00	\$1,009.14	\$984.81	\$601.15	\$799.90	\$689.03	-3.9%	-37.2%
19. Primary Care Case Management (PCCM) Services	\$72.62	\$32.51	\$33.97	\$30.14	\$31.07	\$37.60	\$42.54	-8.5%	55.7%
Total (Average)	\$3,736.08	\$3,995.76	\$4,214.89	\$4,457.43	\$4,602.47	\$4,884.28	\$5,432.96	6.4%	23.2%

TOTAL PER CAPITA EXPENDITURES	\$697.14	\$766.88	\$851.97	\$918.30	\$913.37	\$1,015.49	\$1,073.44	7.5%	16.3%
--------------------------------------	-----------------	-----------------	-----------------	-----------------	-----------------	-------------------	-------------------	-------------	--------------

Source: MSIS data for FFY 99-05.

SOUTHERN REGION MEDICAID PROFILE

DATA BY OTHER CHARACTERISTICS

RECIPIENTS BY OTHER CHARACTERISTICS

	FFY 99	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05	Annual Change	Share of Total FFY 05
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	373,135	464,932	564,713	577,515	545,303	565,319	551,144	6.7%	35.6%
Poverty Related Eligibles	531,452	585,047	589,618	614,660	649,147	708,316	766,840	6.3%	49.5%
Medically Needy	38,491	34,110	36,174	35,742	36,517	39,024	40,727	0.9%	2.6%
Other Eligibles	145,043	62,649	56,809	64,412	124,739	110,777	106,192	-5.1%	6.9%
Maintenance Assistance Status Unknown	53,653	62,051	57,370	62,940	61,206	89,172	83,940	7.7%	5.4%
Total	1,141,774	1,208,789	1,304,684	1,355,269	1,416,912	1,512,608	1,548,843	5.2%	100.0%
0									
By Basis of Eligibility									
Aged, Blind, or Disabled	349,353	354,783	363,341	367,996	376,371	386,334	398,049	2.2%	25.7%
Children	537,032	585,886	633,766	669,395	706,682	746,408	774,100	6.3%	50.0%
Foster Care Children	13,253	14,061	14,787	15,393	16,043	17,031	18,057	5.3%	1.2%
Adults	188,483	192,008	235,420	239,545	256,610	273,663	274,697	6.5%	17.7%
Basis of Eligibility Unknown	53,653	62,051	57,370	62,940	61,206	89,172	83,940	7.7%	5.4%
Total	1,141,774	1,208,789	1,304,684	1,355,269	1,416,912	1,512,608	1,548,843	5.2%	100.0%
By Age									
Under Age 1	51,025	54,401	56,225	55,897	55,187	58,777	63,466	3.7%	4.1%
Age 1 to 5	207,662	220,839	236,880	252,125	266,408	277,418	285,866	5.5%	18.5%
Age 6 to 14	245,514	267,430	285,683	299,124	314,314	329,865	337,213	5.4%	21.8%
Age 15 to 20	110,662	118,352	129,946	136,925	147,199	160,278	171,418	7.6%	11.1%
Age 21 to 44	221,983	228,186	270,725	277,341	293,903	310,419	312,061	5.8%	20.1%
Age 45 to 64	99,715	104,642	114,993	119,980	128,123	136,869	144,594	6.4%	9.3%
Age 65 to 74	57,459	57,360	57,678	56,831	56,724	56,740	57,266	-0.1%	3.7%
Age 75 to 84	56,972	56,921	56,928	56,420	56,497	55,865	55,358	-0.5%	3.6%
Age 85 and Over	38,263	38,607	38,256	37,686	37,351	37,205	37,661	-0.3%	2.4%
Age Unknown	52,519	62,051	57,370	62,940	61,206	89,172	83,940	8.1%	5.4%
Total	1,141,774	1,208,789	1,304,684	1,355,269	1,416,912	1,512,608	1,548,843	5.2%	100.0%
By Race									
White	500,305	524,091	566,701	559,001	585,888	616,808	634,761	4.0%	41.0%
Black	503,875	512,921	555,283	535,453	554,219	575,838	591,439	2.7%	38.2%
Hispanic, American Indian or Asian	72,603	96,741	102,653	121,401	135,771	113,359	138,144	11.3%	8.9%
Other / Unknown	64,991	75,036	80,047	139,414	141,034	206,603	184,499	19.0%	11.9%
Total*	1,141,774	1,208,789	1,304,684	1,355,269	1,416,912	1,512,608	1,548,843	5.2%	100.0%
By Sex									
Female	707,776	742,656	802,419	784,674	819,060	857,528	880,068	3.7%	56.8%
Male	433,998	466,133	502,265	507,655	536,646	565,908	584,835	5.1%	37.8%
Unknown	0	0	0	62,940	61,206	89,172	83,940	10.1%	5.4%
Total*	1,141,774	1,208,789	1,304,684	1,355,269	1,416,912	1,512,608	1,548,843	5.2%	100.0%

Source: MSIS data for FFY 99-05.

SOUTHERN REGION MEDICAID PROFILE

PAYMENTS BY OTHER CHARACTERISTICS

By Maintenance Assistance Status	FFY 99	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05	Annual Change	Share of Total FFY 05
Receiving Cash Assistance or Eligible Under Section 1931	\$1,871,641,338	\$2,244,906,096	\$2,634,937,237	\$2,910,072,876	\$3,053,331,189	\$3,458,614,435	\$3,887,317,174	13.0%	46.2%
Poverty Related Eligibles	\$1,609,587,357	\$1,891,048,198	\$2,108,749,875	\$2,307,843,040	\$2,478,109,992	\$2,845,553,656	\$3,301,958,998	12.7%	39.2%
Medically Needy	\$503,873,071	\$514,208,302	\$559,588,746	\$571,185,365	\$587,375,322	\$673,435,647	\$787,837,628	7.7%	9.4%
Other Eligibles	\$239,945,999	\$130,973,395	\$149,420,399	\$204,032,350	\$352,877,327	\$357,836,889	\$379,674,409	7.9%	4.5%
Maintenance Assistance Status Unknown	\$40,709,707	\$48,889,841	\$46,397,244	\$47,877,377	\$49,594,230	\$52,567,740	\$58,014,953	6.1%	0.7%
Total	\$4,265,757,472	\$4,830,025,832	\$5,499,093,501	\$6,041,011,008	\$6,521,288,060	\$7,388,008,367	\$8,414,803,162	12.0%	100.0%
By Basis of Eligibility									
Aged, Blind or Disabled	\$3,182,728,411	\$3,576,256,170	\$3,990,542,009	\$4,286,950,365	\$4,520,008,536	\$5,095,361,403	\$5,882,607,618	10.8%	69.9%
Children	\$565,084,454	\$644,703,688	\$776,427,955	\$901,033,395	\$1,027,935,373	\$1,187,241,418	\$1,325,082,958	15.3%	15.7%
Foster Care Children	\$41,503,406	\$58,801,078	\$73,268,460	\$108,552,046	\$129,170,248	\$145,876,250	\$160,533,247	25.3%	1.9%
Adults	\$435,731,494	\$501,375,055	\$612,457,833	\$696,597,825	\$794,579,673	\$906,961,556	\$988,564,386	14.6%	11.7%
Basis of Eligibility Unknown	\$40,709,707	\$48,889,841	\$46,397,244	\$47,877,377	\$49,594,230	\$52,567,740	\$58,014,953	6.1%	0.7%
Total	\$4,265,757,472	\$4,830,025,832	\$5,499,093,501	\$6,041,011,008	\$6,521,288,060	\$7,388,008,367	\$8,414,803,162	12.0%	100.0%
By Age									
Under Age 1	\$140,946,228	\$161,827,329	\$186,302,745	\$191,909,717	\$186,219,896	\$204,876,346	\$233,438,492	8.8%	2.8%
Age 1 to 5	\$289,916,632	\$326,561,490	\$374,957,314	\$416,280,330	\$446,847,033	\$489,670,515	\$548,469,332	11.2%	6.5%
Age 6 to 14	\$315,060,999	\$371,270,929	\$442,629,242	\$549,422,329	\$642,574,945	\$721,588,208	\$818,153,783	17.2%	9.7%
Age 15 to 20	\$273,046,838	\$304,992,329	\$358,249,283	\$441,702,272	\$510,431,271	\$604,003,144	\$694,165,242	16.8%	8.2%
Age 21 to 44	\$1,019,264,723	\$1,144,766,859	\$1,331,187,638	\$1,456,635,431	\$1,597,385,111	\$1,782,836,521	\$1,966,441,354	11.6%	23.4%
Age 45 to 64	\$821,533,998	\$967,542,750	\$1,132,065,452	\$1,251,111,978	\$1,393,473,577	\$1,640,861,571	\$1,934,981,765	15.3%	23.0%
Age 65 to 74	\$346,520,785	\$399,863,260	\$447,605,859	\$466,910,038	\$476,667,166	\$542,430,440	\$617,707,778	10.1%	7.3%
Age 75 to 84	\$511,520,714	\$560,271,570	\$608,891,506	\$632,838,669	\$642,541,798	\$714,030,428	\$803,151,190	7.8%	9.5%
Age 85 and Over	\$508,283,380	\$544,039,475	\$570,807,218	\$586,322,867	\$575,553,033	\$635,143,454	\$740,279,273	6.5%	8.8%
Age Unknown	\$39,663,175	\$48,889,841	\$46,397,244	\$47,877,377	\$49,594,230	\$52,567,740	\$58,014,953	6.5%	0.7%
Total	\$4,265,757,472	\$4,830,025,832	\$5,499,093,501	\$6,041,011,008	\$6,521,288,060	\$7,388,008,367	\$8,414,803,162	12.0%	100.0%
By Race									
White	\$2,240,804,099	\$2,517,211,181	\$2,872,794,367	\$3,092,307,120	\$3,319,995,751	\$3,786,281,128	\$4,370,869,257	11.8%	51.9%
Black	\$1,474,766,663	\$1,612,812,705	\$1,844,496,923	\$2,021,847,257	\$2,179,035,851	\$2,494,716,369	\$2,957,907,461	12.3%	35.2%
Hispanic, American Indian or Asian	\$137,054,944	\$180,606,045	\$201,689,222	\$255,176,490	\$295,881,817	\$293,390,560	\$403,847,135	19.7%	4.8%
Other / Unknown	\$413,131,766	\$519,395,901	\$580,112,989	\$671,680,141	\$726,374,641	\$813,620,310	\$682,179,309	8.7%	8.1%
Total*	\$4,265,757,472	\$4,830,025,832	\$5,499,093,501	\$6,041,011,008	\$6,521,288,060	\$7,388,008,367	\$8,414,803,162	12.0%	100.0%
By Sex									
Female	\$2,633,111,190	\$3,015,091,032	\$3,434,076,966	\$3,677,332,123	\$3,945,941,015	\$4,466,395,392	5,084,261,775	11.6%	60.4%
Male	\$1,632,646,282	\$1,814,934,800	\$2,065,016,535	\$2,315,801,508	\$2,525,752,815	\$2,869,045,235	3,272,526,434	12.3%	38.9%
Unknown	\$0	\$0	\$0	\$47,877,377	\$49,594,230	\$52,567,740	58,014,953	6.6%	0.7%
Total*	\$4,265,757,472	\$4,830,025,832	\$5,499,093,501	\$6,041,011,008	\$6,521,288,060	\$7,388,008,367	\$8,414,803,162	12.0%	100.0%

Source: MSIS data for FFY 99-05.

SOUTHERN REGION MEDICAID PROFILE

AVERAGE PAYMENT PER RECIPIENT BY OTHER CHARACTERISTICS

	FFY 99	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05	Above (+) or Below (-) SLC	
								Annual Change	Avg. FFY 05
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	\$5,015.99	\$4,828.46	\$4,665.98	\$5,038.96	\$5,599.33	\$6,117.99	\$7,053.18	5.8%	20.8%
Poverty Related Eligibles	\$3,028.66	\$3,232.30	\$3,576.47	\$3,754.67	\$3,817.49	\$4,017.35	\$4,305.93	6.0%	104.8%
Medically Needy	\$13,090.67	\$15,075.00	\$15,469.36	\$15,980.79	\$16,084.98	\$17,256.96	\$19,344.36	6.7%	145.5%
Other Eligibles	\$1,654.31	\$2,090.59	\$2,630.22	\$3,167.61	\$2,828.93	\$3,230.25	\$3,575.36	13.7%	-53.7%
Maintenance Assistance Status Unknown	\$758.76	\$787.90	\$808.74	\$760.68	\$810.28	\$589.51	\$691.15	-1.5%	-79.7%
Total	\$3,736.08	\$3,995.76	\$4,214.89	\$4,457.43	\$4,602.47	\$4,884.28	\$5,432.96	6.4%	23.2%
By Basis of Eligibility									
Aged, Blind or Disabled	\$9,110.35	\$10,080.12	\$10,982.91	\$11,649.45	\$12,009.45	\$13,189.01	\$14,778.60	8.4%	23.5%
Children	\$1,052.24	\$1,100.39	\$1,225.10	\$1,346.04	\$1,454.59	\$1,590.61	\$1,711.77	8.4%	11.0%
Foster Care Children	\$3,131.62	\$4,181.86	\$4,954.92	\$7,052.04	\$8,051.50	\$8,565.34	\$8,890.36	19.0%	27.6%
Adults	\$2,311.78	\$2,611.22	\$2,601.55	\$2,908.00	\$3,096.45	\$3,314.15	\$3,598.74	7.7%	25.0%
Basis of Eligibility Unknown	\$758.76	\$787.90	\$808.74	\$760.68	\$810.28	\$589.51	\$691.15	-1.5%	-80.0%
Total	\$3,736.08	\$3,995.76	\$4,214.89	\$4,457.43	\$4,602.47	\$4,884.28	\$5,432.96	6.4%	23.2%
By Age									
Under Age 1	\$2,762.30	\$2,974.71	\$3,313.52	\$3,433.27	\$3,374.34	\$3,485.66	\$3,678.17	4.9%	-0.2%
Age 1 to 5	\$1,396.10	\$1,478.73	\$1,582.90	\$1,651.09	\$1,677.30	\$1,765.10	\$1,918.62	5.4%	3.2%
Age 6 to 14	\$1,283.27	\$1,388.29	\$1,549.37	\$1,836.77	\$2,044.37	\$2,187.53	\$2,426.22	11.2%	37.0%
Age 15 to 20	\$2,467.39	\$2,576.99	\$2,756.91	\$3,225.87	\$3,467.63	\$3,768.47	\$4,049.55	8.6%	45.4%
Age 21 to 44	\$4,591.63	\$5,016.81	\$4,917.12	\$5,252.15	\$5,435.08	\$5,743.32	\$6,301.46	5.4%	20.9%
Age 45 to 64	\$8,238.82	\$9,246.22	\$9,844.65	\$10,427.67	\$10,876.06	\$11,988.56	\$13,382.17	8.4%	19.9%
Age 65 to 74	\$6,030.75	\$6,971.12	\$7,760.43	\$8,215.76	\$8,403.27	\$9,559.93	\$10,786.64	10.2%	28.2%
Age 75 to 84	\$8,978.46	\$9,842.97	\$10,695.82	\$11,216.57	\$11,373.03	\$12,781.36	\$14,508.31	8.3%	19.1%
Age 85 and Over	\$13,283.94	\$14,091.73	\$14,920.72	\$15,558.11	\$15,409.31	\$17,071.45	\$19,656.39	6.7%	4.8%
Age Unknown	\$755.22	\$787.90	\$808.74	\$760.68	\$810.28	\$589.51	\$691.15	-1.5%	-79.8%
Total	\$3,736.08	\$3,995.76	\$4,214.89	\$4,457.43	\$4,602.47	\$4,884.28	\$5,432.96	6.4%	23.2%
By Race									
White	\$4,478.88	\$4,803.00	\$5,069.33	\$5,531.85	\$5,666.60	\$6,138.51	\$6,885.85	7.4%	25.9%
Black	\$2,926.85	\$3,144.37	\$3,321.72	\$3,775.96	\$3,931.72	\$4,332.32	\$5,001.20	9.3%	31.6%
Hispanic, American Indian or Asian	\$1,887.73	\$1,866.90	\$1,964.77	\$2,101.93	\$2,179.27	\$2,588.15	\$2,923.38	7.6%	0.7%
Other/Unknown	\$6,356.75	\$6,921.96	\$7,247.15	\$4,817.88	\$5,150.35	\$3,938.09	\$3,697.47	-8.6%	-15.9%
Total	\$3,736.08	\$3,995.76	\$4,214.89	\$4,457.43	\$4,602.47	\$4,884.28	\$5,432.96	6.4%	23.2%
By Sex									
Female	\$3,720.26	\$4,059.88	\$4,279.66	\$4,686.45	\$4,817.65	\$5,208.45	\$5,777.12	7.6%	26.1%
Male	\$3,761.88	\$3,893.60	\$4,111.41	\$4,561.76	\$4,706.55	\$5,069.81	\$5,595.64	6.8%	28.6%
Unknown	\$0.00	\$0.00	\$0.00	\$760.68	\$810.28	\$589.51	\$691.15	-3.1%	-79.6%
Total	\$3,736.08	\$3,995.76	\$4,214.89	\$4,457.43	\$4,602.47	\$4,884.28	\$5,432.96	6.4%	23.2%

Source: MSIS data for FFY 99-05.

SOUTHERN REGION MEDICAID PROFILE

ADDITIONAL STATE HEALTH CARE INFORMATION

Sources: "Issue Briefs", Health Policy Tracking Service, January 2006; "Medicaid Services State by State", CMS, October 2005; "State Health Facts", The Henry Kaiser Foundation, January 2006; state annual report for FY 05; and 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 12/31/98.
- 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 7/1/82.
- Mental Retardation/Developmental Disabilities: Approved to serve 6,527 recipients, operating since 7/1/83.
- AIDS: Serves 68 people, operating since 10/1/95.
- Blind and Disabled Children under age 19 (includes individuals with AIDS): Serves up to 200 people, operating since 7/1/83.
- 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 7/14/98. 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:
\$6 per prescription

SOUTHERN REGION MEDICAID PROFILE

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

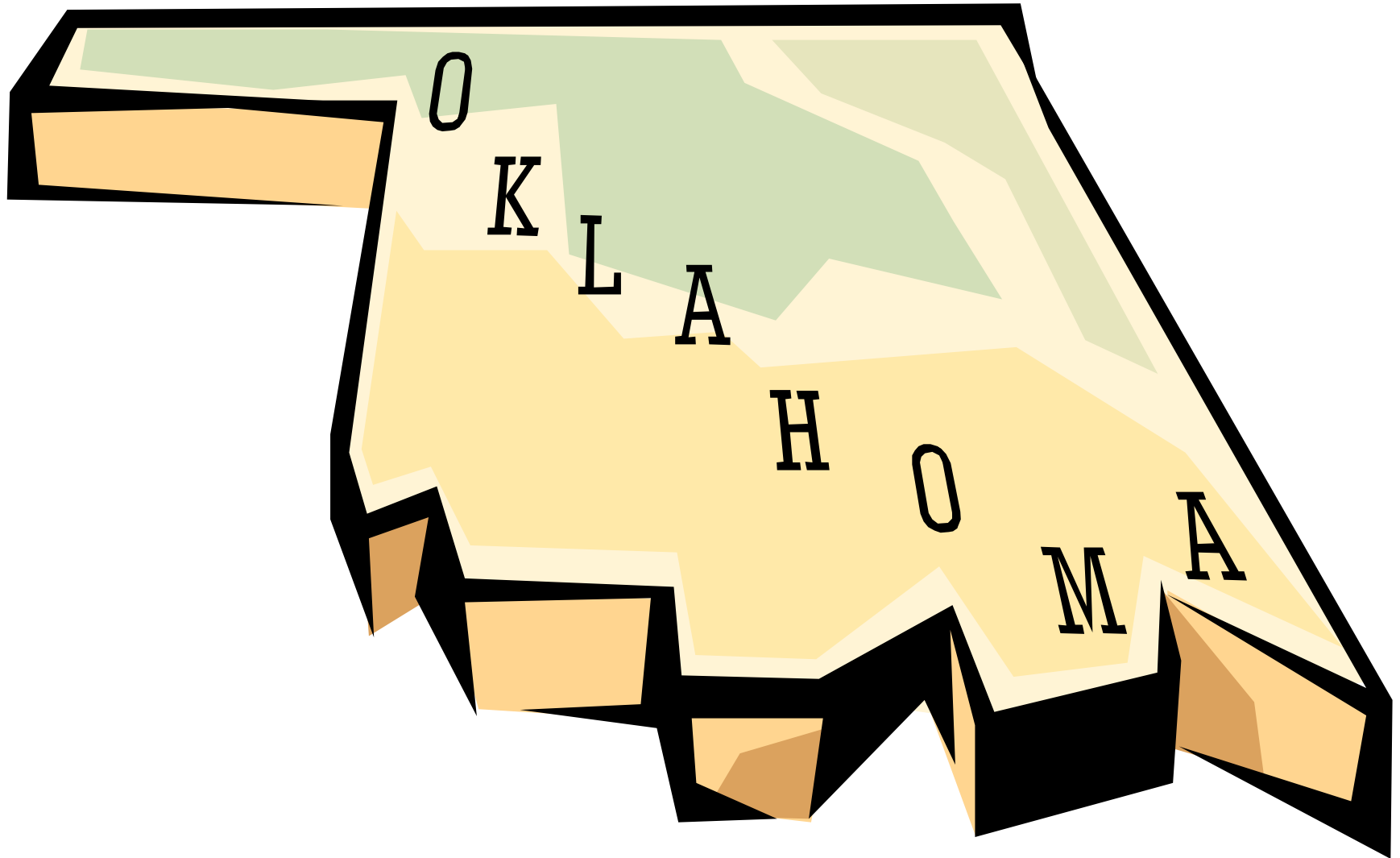
\$5 per physician visit, clinic visit, dental visit, and optometry visit, except for preventive services

\$5 per outpatient hospital visit

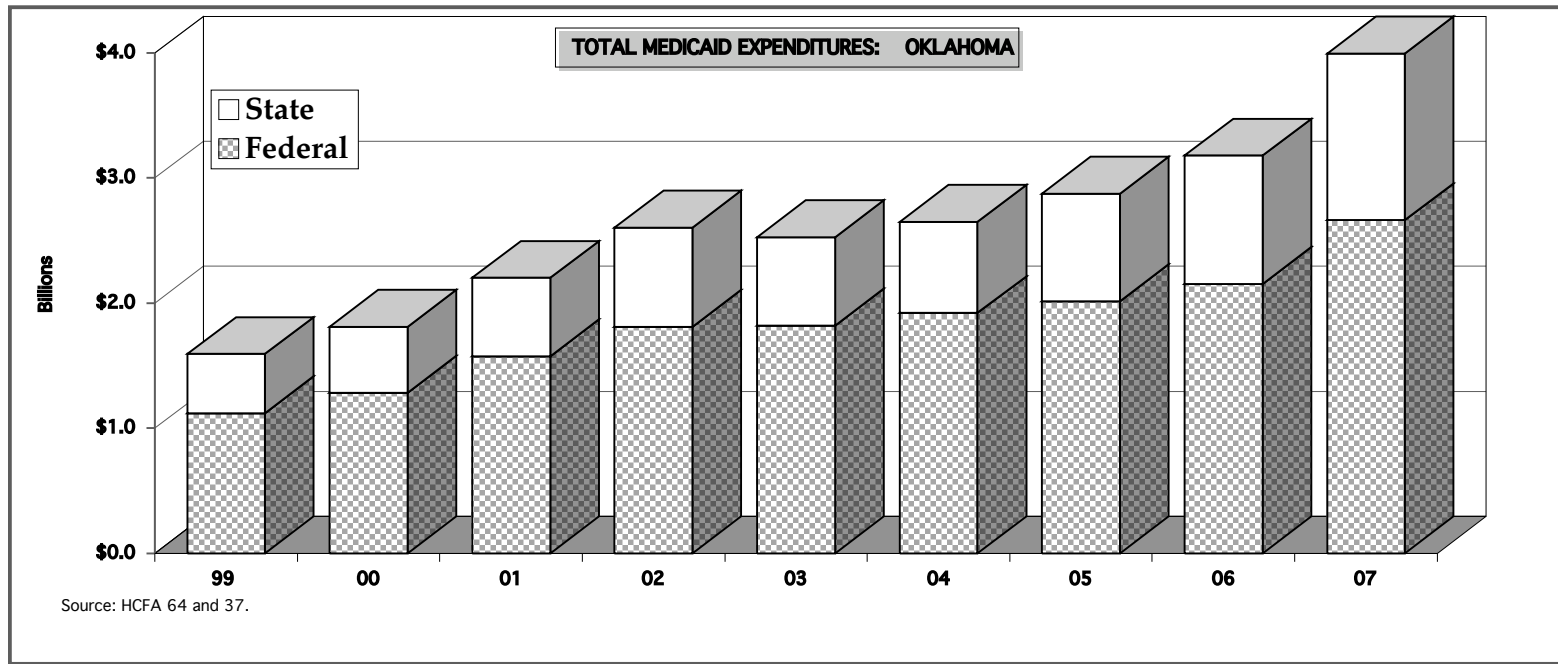
\$20 per unnecessary emergency room use

- 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.

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 99-07
	FFY 99	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05	FFY 06**	FFY 07**		
Medicaid Payments	\$1,478,639,476	\$1,676,208,109	\$2,051,767,584	\$2,390,398,000	\$2,359,551,899	\$2,500,517,344	\$2,712,779,961	\$2,979,443,000	\$3,745,571,000	12.3%	153.3%
Federal Share	\$1,054,504,815	\$1,205,653,562	\$1,490,757,710	\$1,686,751,000	\$1,719,023,427	\$1,836,665,573	\$1,923,981,739	\$2,036,570,000	\$2,520,603,000	11.5%	139.0%
State Share	\$424,134,661	\$470,554,547	\$561,009,874	\$703,647,000	\$640,528,472	\$663,851,771	\$788,798,222	\$942,873,000	\$1,224,968,000	14.2%	188.8%
Administrative Costs	\$115,058,891	\$135,202,870	\$149,559,238	\$213,485,000	\$168,986,258	\$149,002,294	\$161,029,370	\$200,387,000	\$252,000,000	10.3%	119.0%
Federal Share	\$65,627,255	\$76,552,626	\$83,920,691	\$124,884,000	\$101,860,914	\$84,757,491	\$92,116,731	\$116,575,000	\$142,281,000	10.2%	116.8%
State Share	\$49,431,636	\$58,650,244	\$65,638,547	\$88,601,000	\$67,125,344	\$64,244,803	\$68,912,639	\$83,812,000	\$109,719,000	10.5%	122.0%
Admin. Costs as % of Payments	7.78%	8.07%	7.29%	8.93%	7.16%	5.96%	5.94%	6.73%	6.73%		
Federal Match Rate*	70.84%	71.09%	71.24%	70.43%	70.56%	70.24%	70.18%	67.91%	68.14%		

*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 06 and 07 reflect latest estimates reported by each state (CMS 37).

SOUTHERN REGION MEDICAID PROFILE

STATE FINANCING

	Payments		Administration	
	FFY 99	FFY 05	FFY 99	FFY 05
State General Fund	\$424,134,661	\$732,465,200	\$49,431,636	\$68,912,639
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	\$424,134,661	\$788,798,222	\$49,431,636	\$68,912,639

Provider Taxes Currently in Place (FFY 05)		
	Tax Rate	Amount
MR facilities	6 % of third quarter gross revenues	\$56,333,022
Total		\$56,333,022

DISPROPORTIONATE SHARE HOSPITAL (DSH) PAYMENTS

	FFY 99	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05	FFY 06**	FFY 07**	Annual Change
General Hospitals	\$19,312,860	\$19,436,724	\$21,761,671	\$20,850,790	\$19,781,599	\$23,289,046	\$27,999,197	\$29,273,000	\$40,000,000	10.7%
Mental Hospitals	\$3,271,460	\$2,928,955	\$1,320,022	\$3,273,248	\$3,234,274	\$3,273,247	\$3,138,655	\$3,338,000	\$3,531,000	17.8%
Total	\$22,584,320	\$22,365,679	\$23,081,693	\$24,124,038	\$23,015,873	\$26,562,293	\$31,137,852	\$32,611,000	\$43,531,000	11.2%

SELECTED ELIGIBILITY CRITERIA

	At 10/1/05	% 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	

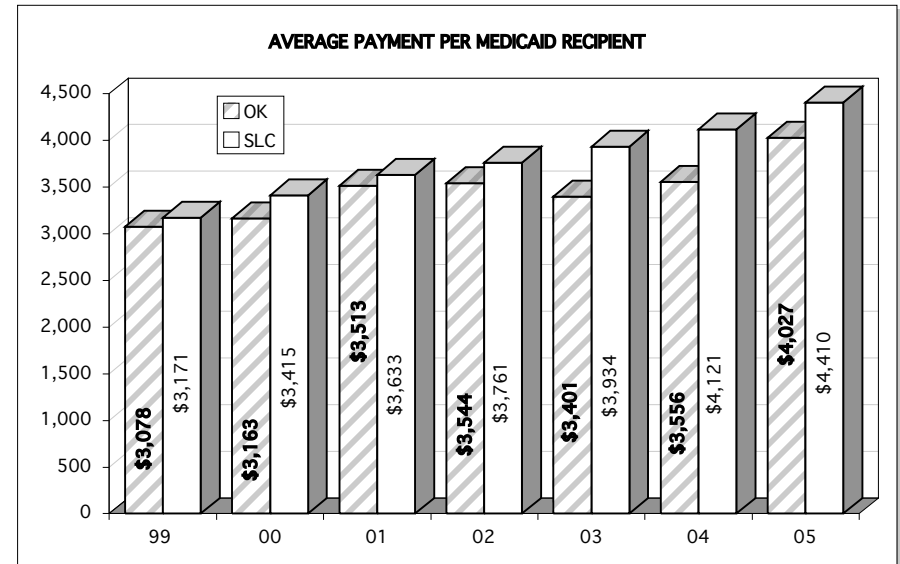
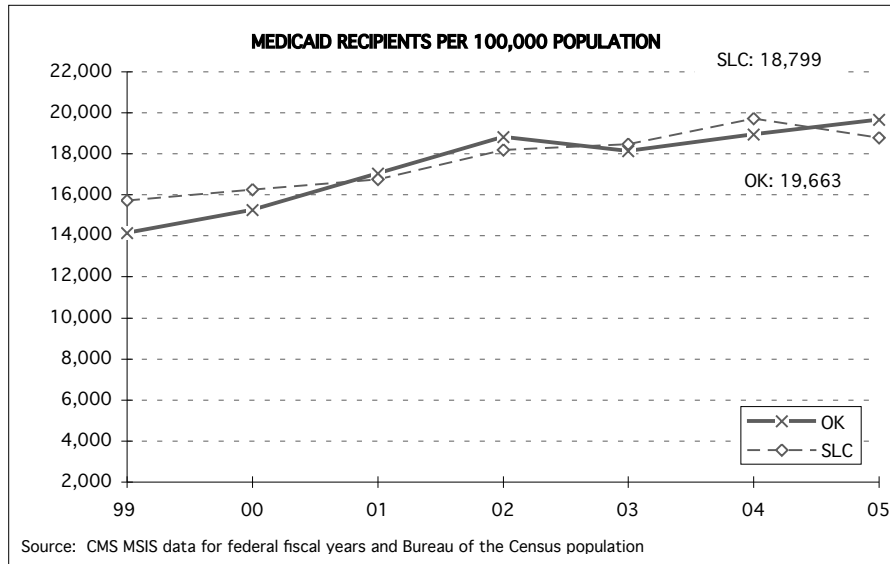
DEMOGRAPHIC DATA & POVERTY INDICATORS (2005)

		Rank in U.S.
State population—July 1, 2005*	3,543,442	28
Per capita personal income**	\$29,908	39
Median household income**	\$38,895	43
Population below Federal Poverty Level on July 1, 2003*	464,191	
Percent of total state population	13.1%	16
Population without health insurance coverage*	647,000	23
Percent of total state population	18.3%	4
Recipients of Food Stamps***	435,519	22
Households receiving Food Stamps***	172,837	23
Total value of issuance***	\$467,306,464	22
Average monthly benefit per recipient	\$89.42	39
Average monthly benefit per household	\$225.31	
Monthly recipients of Temporary Assistance to Needy Families (TANF)****	20,738	37
Total TANF payments****	\$83,380,656	44
Average monthly payment per recipient	\$335.06	7
Maximum monthly payment per family of 3	\$292.00	36

*Current federal poverty level is \$9,570 per year for a single person, \$12,830 for a family of two and \$16,090 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 99	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05	Annual Change
01. General Hospital	60,905	64,044	62,926	70,793	70,078	103,560	108,672	10.1%
02. Mental Hospital	2,428	2,196	2,490	2,923	2,922	3,775	3,973	8.6%
03. Skilled and Intermediate (non-MR) Care Nursing	25,758	25,513	24,225	25,051	22,261	22,917	24,640	-0.7%
04. Intermediate Care for Mentally Retarded	2,058	2,012	2,060	2,001	1,955	1,968	2,111	0.4%
05. Physician Services	210,411	208,843	219,411	246,394	262,243	390,182	408,362	11.7%
06. Dental Services	34,939	35,787	48,793	60,995	62,419	113,594	117,810	22.5%
07. Other Practitioners	45,086	47,332	55,435	61,247	40,010	64,140	67,844	7.0%
08. Outpatient Hospital	146,370	156,495	168,272	182,325	173,208	272,009	285,000	11.7%
09. Clinic Services	64,337	62,875	57,301	64,931	65,769	101,090	106,013	8.7%
10. Lab and X-Ray	77,215	89,726	96,150	113,076	131,167	232,559	241,308	20.9%
11. Home Health	3,203	3,644	3,505	3,622	3,153	4,352	4,606	6.2%
12. Prescribed Drugs	224,742	221,984	249,678	276,111	302,424	421,476	421,476	11.0%
13. Family Planning	1,904	1,765	1,611	2,006	3,118	4,915	5,096	17.8%
14. Early & Periodic Screening, Diagnosis & Treatment	0	0	0	0	0	0	0	n/a
15. Other Care	69,212	92,813	95,412	90,606	85,772	108,217	114,626	8.8%
16. Personal Care Support Services	37,931	40,139	46,431	49,395	48,339	52,613	55,863	6.7%
17. Home/Community Based Waiver Services	0	0	0	0	0	0	0	n/a
18. Prepaid Health Care	313,785	382,307	459,869	496,991	498,188	513,290	544,795	9.6%
19. Primary Care Case Management (PCCM) Services	0	0	782	4,169	6,070	10,034	10,283	90.4%
Total*	465,844	507,059	570,671	631,498	625,875	655,868	696,743	6.9%

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

SOUTHERN REGION MEDICAID PROFILE

PAYMENTS BY TYPE OF SERVICES	FFY 99	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05	<i>Annual Change</i>	<i>Share of Total FFY 05</i>
01. General Hospital	\$174,786,789	\$208,673,999	\$272,307,383	\$292,904,161	\$207,768,168	\$309,295,121	\$367,299,079	13.2%	13.1%
02. Mental Hospital	\$41,736,983	\$37,161,249	\$43,464,247	\$51,280,588	\$51,866,923	\$60,977,736	\$73,049,840	9.8%	2.6%
03. Skilled and Intermediate (non-MR) Care Nursing	\$323,793,016	\$316,262,282	\$433,811,452	\$458,915,799	\$435,978,619	\$456,010,147	\$554,141,527	9.4%	19.8%
04. Intermediate Care for Mentally Retarded	\$95,054,376	\$101,349,288	\$114,009,480	\$108,733,187	\$106,834,378	\$108,222,759	\$134,305,531	5.9%	4.8%
05. Physician Services	\$58,978,604	\$60,091,554	\$69,161,019	\$71,229,424	\$81,993,187	\$148,130,265	\$168,453,966	19.1%	6.0%
06. Dental Services	\$6,897,050	\$7,658,904	\$16,866,030	\$23,796,070	\$25,735,942	\$47,392,608	\$52,411,096	40.2%	1.9%
07. Other Practitioners	\$7,199,427	\$7,305,175	\$8,923,906	\$9,919,808	\$6,250,338	\$9,643,619	\$11,658,083	8.4%	0.4%
08. Outpatient Hospital	\$57,087,453	\$44,411,364	\$43,850,083	\$52,006,954	\$45,898,864	\$74,915,498	\$88,965,155	7.7%	3.2%
09. Clinic Services	\$77,551,274	\$68,254,685	\$71,825,065	\$71,203,972	\$69,639,639	\$88,228,395	\$107,408,631	5.6%	3.8%
10. Lab and X-Ray	\$4,540,933	\$5,996,892	\$6,602,277	\$8,044,406	\$9,084,231	\$18,651,076	\$20,807,164	28.9%	0.7%
11. Home Health	\$1,111,619	\$945,979	\$995,598	\$1,274,660	\$4,457,923	\$7,773,650	\$8,480,587	40.3%	0.3%
12. Prescribed Drugs	\$167,704,485	\$178,254,361	\$215,717,760	\$267,549,002	\$290,182,401	\$396,855,999	\$459,100,860	18.3%	16.4%
13. Family Planning	\$511,202	\$453,829	\$449,536	\$604,638	\$2,055,398	\$3,179,767	\$3,489,922	37.7%	0.1%
14. Early & Periodic Screening, Diagnosis & Treatment	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a	0.0%
15. Other Care	\$222,051,875	\$280,761,045	\$297,766,356	\$354,764,301	\$325,585,852	\$352,120,400	\$426,620,602	11.5%	15.2%
16. Personal Care Support Services	\$69,002,202	\$65,582,518	\$111,519,473	\$84,011,095	\$80,989,391	\$86,493,816	\$105,786,480	7.4%	3.8%
17. Home/Community Based Waiver Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a	0.0%
18. Prepaid Health Care	\$0	\$220,625,874	\$297,527,058	\$381,927,861	\$384,131,235	\$164,050,755	\$212,834,919	-0.7%	7.6%
19. Primary Case Management (PCCM) Services	\$125,719,800	\$0	\$2,488	\$47,161	\$71,966	\$116,487	\$10,785,979	-33.6%	0.4%
Total (excludes DSH pymts, pharmacy rebates, & other adjs.)	\$1,433,727,088	\$1,603,788,998	\$2,004,799,211	\$2,238,213,087	\$2,128,524,455	\$2,332,058,098	\$2,805,599,501	11.8%	100.0%

AVERAGE PAYMENTS PER RECIPIENT BY TYPE OF SERVICES

								(+) or (-) SLC Avg. FFY 05	
01. General Hospital	\$2,869.83	\$3,258.29	\$4,327.42	\$4,137.47	\$2,964.81	\$2,986.63	\$3,379.89	2.8%	-35.5%
02. Mental Hospital	\$17,189.86	\$16,922.24	\$17,455.52	\$17,543.82	\$17,750.49	\$16,153.04	\$18,386.57	1.1%	-0.7%
03. Skilled and Intermediate (non-MR) Care Nursing	\$12,570.58	\$12,396.12	\$17,907.59	\$18,319.26	\$19,584.86	\$19,898.34	\$22,489.51	10.2%	-10.2%
04. Intermediate Care for Mentally Retarded	\$46,187.74	\$50,372.41	\$55,344.41	\$54,339.42	\$54,646.74	\$54,991.24	\$63,621.76	5.5%	-25.7%
05. Physician Services	\$280.30	\$287.74	\$315.21	\$289.09	\$312.66	\$379.64	\$412.51	6.7%	-31.2%
06. Dental Services	\$197.40	\$214.01	\$345.66	\$390.13	\$412.31	\$417.21	\$444.88	14.5%	22.0%
07. Other Practitioners	\$159.68	\$154.34	\$160.98	\$161.96	\$156.22	\$150.35	\$171.84	1.2%	-37.8%
08. Outpatient Hospital	\$390.02	\$283.79	\$260.59	\$285.24	\$264.99	\$275.42	\$312.16	-3.6%	-47.8%
09. Clinic Services	\$1,205.39	\$1,085.56	\$1,253.47	\$1,096.61	\$1,058.85	\$872.77	\$1,013.16	-2.9%	46.1%
10. Lab and X-Ray	\$58.81	\$66.84	\$68.67	\$71.14	\$69.26	\$80.20	\$86.23	6.6%	-60.1%
11. Home Health	\$347.06	\$259.60	\$284.05	\$351.92	\$1,413.87	\$1,786.22	\$1,841.20	32.1%	-48.3%
12. Prescribed Drugs	\$746.21	\$803.01	\$863.98	\$968.99	\$959.52	\$941.59	\$1,089.27	6.5%	-27.0%
13. Family Planning	\$268.49	\$257.13	\$279.04	\$301.41	\$659.20	\$646.95	\$684.84	16.9%	-51.2%
14. Early & Periodic Screening, Diagnosis & Treatment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	n/a	n/a
15. Other Care	\$3,208.29	\$3,025.02	\$3,120.85	\$3,915.46	\$3,795.95	\$3,253.84	\$3,721.85	2.5%	98.3%
16. Personal Care Support Services	\$1,819.15	\$1,633.89	\$2,401.83	\$1,700.80	\$1,675.45	\$1,643.96	\$1,893.68	0.7%	28.7%
17. Home/Community Based Waiver Services	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	n/a	n/a
18. Prepaid Health Care	\$0.00	\$577.09	\$646.98	\$768.48	\$771.06	\$319.61	\$390.67	-7.5%	-64.4%
19. Primary Care Case Management (PCCM) Services	\$0.00	\$0.00	\$3.18	\$11.31	\$11.86	\$11.61	\$1,048.91	326.1%	3740.1%
Total (Average)	\$3,077.70	\$3,162.92	\$3,513.06	\$3,544.29	\$3,400.88	\$3,555.68	\$4,026.74	4.6%	-8.7%

TOTAL PER CAPITA EXPENDITURES	\$483.63	\$545.34	\$657.76	\$775.42	\$732.77	\$765.74	\$811.02	9.0%	-12.1%
--------------------------------------	-----------------	-----------------	-----------------	-----------------	-----------------	-----------------	-----------------	-------------	---------------

Source: MSIS data for FFY 99-04; FFY 05 is projected using state annual report for SFY 05.

SOUTHERN REGION MEDICAID PROFILE
DATA BY OTHER CHARACTERISTICS

RECIPIENTS BY OTHER CHARACTERISTICS

	<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>FFY 05</u>	<i>Annual Change</i>	<i>Share of Total FFY 05</i>
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	118,062	97,934	99,000	99,355	173,503	174,326	183,338	7.6%	26.3%
Poverty Related Eligibles	246,246	301,904	380,628	416,140	383,334	408,367	433,631	9.9%	62.2%
Medically Needy	4,401	4,040	3,759	3,650	1,416	1	205	-40.0%	0.0%
Other Eligibles	79,356	86,712	87,284	91,791	52,869	52,635	57,964	-5.1%	8.3%
Maintenance Assistance Status Unknown (Managed Care)	17,779	16,469	0	20,562	14,753	20,539	21,605	3.3%	3.1%
Total*	465,844	507,059	570,671	631,498	625,875	655,868	696,743	6.9%	100.0%
By Basis of Eligibility									
Aged, Blind, or Disabled	114,564	119,494	122,772	128,518	128,050	132,688	141,510	3.6%	20.3%
Children	253,257	289,189	364,435	394,462	385,763	404,447	429,179	9.2%	61.6%
Foster Care Children	6,968	6,806	6,178	5,653	14,757	14,522	15,171	13.8%	2.2%
Adults	73,276	75,101	77,286	82,303	82,552	83,672	89,279	3.3%	12.8%
Basis of Eligibility Unknown	17,779	16,469	0	20,562	14,753	20,539	21,604	3.3%	3.1%
Total*	465,844	507,059	570,671	631,498	625,875	655,868	696,743	6.9%	100.0%
By Age									
Under Age 1	21,867	22,773	24,717	25,398	26,686	29,837	31,626	6.3%	4.5%
Age 1 to 5	96,221	110,891	132,078	140,892	138,316	142,969	151,972	7.9%	21.8%
Age 6 to 14	115,068	127,136	164,653	178,028	175,917	183,541	194,707	9.2%	27.9%
Age 15 to 20	47,201	55,998	69,343	76,266	79,108	83,724	88,591	11.1%	12.7%
Age 21 to 44	82,393	85,660	88,918	95,647	97,055	99,584	106,079	4.3%	15.2%
Age 45 to 64	31,425	33,912	36,341	39,589	40,725	42,653	45,309	6.3%	6.5%
Age 65 to 74	18,853	19,305	19,834	20,581	20,137	20,547	21,957	2.6%	3.2%
Age 75 to 84	18,418	18,688	19,253	19,565	18,939	18,837	20,181	1.5%	2.9%
Age 85 and Over	16,619	16,227	15,534	14,970	14,239	13,637	14,716	-2.0%	2.1%
Age Unknown	17,779	16,469	0	20,562	14,753	20,539	21,605	3.3%	3.1%
Total*	465,844	507,059	570,671	631,498	625,875	655,868	696,743	6.9%	100.0%
By Race									
White	305,058	343,373	386,903	380,290	377,880	390,444	416,268	5.3%	59.7%
Black	84,471	64,799	73,975	101,928	99,135	101,338	107,553	4.1%	15.4%
Hispanic, American Indian or Asian	76,315	98,887	109,793	128,718	134,107	143,547	151,722	12.1%	21.8%
Other / Unknown	0	0	0	20,562	14,753	20,539	21,200	1.0%	3.0%
Total*	465,844	507,059	570,671	631,498	625,875	655,868	696,743	6.9%	100.0%
By Sex									
Female	285,753	307,591	346,813	357,320	356,474	369,462	393,388	5.5%	56.5%
Male	180,091	199,468	223,858	253,616	254,648	265,867	282,156	7.8%	40.5%
Unknown	0	0	0	20,562	14,753	20,539	21,199	1.0%	3.0%
Total*	465,844	507,059	570,671	631,498	625,875	655,868	696,743	6.9%	100.0%

Source: MSIS data for FFY 99-04; FFY 05 is projected using state annual report for SFY 05.

SOUTHERN REGION MEDICAID PROFILE

PAYMENTS BY OTHER CHARACTERISTICS

	FFY 99	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05	Annual Change	Share of Total FFY 05
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	\$274,311,813	\$273,475,909	\$316,881,105	\$359,938,334	\$518,729,637	\$497,180,306	\$587,544,635	13.5%	20.9%
Poverty Related Eligibles	\$262,978,316	\$333,221,659	\$449,544,506	\$522,307,393	\$578,464,201	\$746,419,526	\$863,097,138	21.9%	30.8%
Medically Needy	\$11,038,078	\$11,314,192	\$13,357,842	\$13,403,897	\$4,551,559	\$1,288	\$2,165,775	-23.8%	0.1%
Other Eligibles	\$814,638,364	\$866,655,581	\$1,096,472,478	\$1,186,500,816	\$1,012,176,075	\$1,074,749,592	\$1,318,805,746	8.4%	47.0%
Maintenance Assistance Status Unknown (Managed Care)	\$70,760,517	\$119,121,657	\$128,543,280	\$156,062,647	\$14,602,983	\$13,707,386	\$33,986,207	-11.5%	1.2%
Total*	\$1,433,727,088	\$1,603,788,998	\$2,004,799,211	\$2,238,213,087	\$2,128,524,455	\$2,332,058,098	\$2,805,599,501	11.8%	100.0%
By Basis of Eligibility									
Aged, Blind or Disabled	\$972,546,284	\$1,035,973,908	\$1,298,507,176	\$1,432,112,932	\$1,405,180,579	\$1,410,318,130	\$1,715,011,133	9.9%	61.1%
Children	\$262,083,583	\$314,732,384	\$428,996,281	\$490,452,162	\$457,248,295	\$622,520,477	\$726,416,810	18.5%	25.9%
Foster Care Children	\$40,003,285	\$39,044,084	\$41,567,584	\$39,680,364	\$104,259,040	\$110,558,815	\$125,687,845	21.0%	4.5%
Adults	\$88,333,419	\$94,916,965	\$107,184,890	\$119,904,982	\$147,233,558	\$174,953,290	\$204,497,506	15.0%	7.3%
Basis of Eligibility Unknown (Includes Managed Care)	\$70,760,517	\$119,121,657	\$128,543,280	\$156,062,647	\$14,602,983	\$13,707,386	\$33,986,207	-11.5%	1.2%
Total*	\$1,433,727,088	\$1,603,788,998	\$2,004,799,211	\$2,238,213,087	\$2,128,524,455	\$2,332,058,098	\$2,805,599,501	11.8%	100.0%
By Age									
Under Age 1	\$52,088,292	\$56,765,263	\$70,529,990	\$74,831,975	\$77,984,374	\$107,035,025	\$124,750,207	15.7%	4.4%
Age 1 to 5	\$93,038,885	\$111,628,898	\$145,884,103	\$165,773,271	\$170,357,660	\$180,655,427	\$215,636,833	15.0%	7.7%
Age 6 to 14	\$143,079,901	\$163,335,113	\$214,752,884	\$247,969,473	\$254,546,983	\$276,820,576	\$329,272,421	14.9%	11.7%
Age 15 to 20	\$107,771,079	\$118,093,917	\$148,198,797	\$167,566,698	\$184,094,715	\$204,635,279	\$242,158,492	14.4%	8.6%
Age 21 to 44	\$325,530,331	\$347,427,330	\$409,062,694	\$446,740,003	\$463,745,828	\$502,852,323	\$603,494,892	10.8%	21.5%
Age 45 to 64	\$208,384,143	\$240,330,648	\$315,718,000	\$374,394,443	\$380,950,532	\$435,996,100	\$514,876,191	16.3%	18.4%
Age 65 to 74	\$103,103,781	\$111,938,369	\$141,244,830	\$151,906,257	\$151,801,777	\$167,924,786	\$201,316,371	11.8%	7.2%
Age 75 to 84	\$144,461,036	\$152,047,129	\$199,539,879	\$214,619,166	\$206,915,894	\$218,546,045	\$264,368,301	10.6%	9.4%
Age 85 and Over	\$185,509,123	\$183,100,674	\$231,324,754	\$238,349,154	\$223,523,709	\$223,885,151	\$275,739,585	6.8%	9.8%
Age Unknown	\$70,760,517	\$119,121,657	\$128,543,280	\$156,062,647	\$14,602,983	\$13,707,386	\$33,986,208	-11.5%	1.2%
Total*	\$1,433,727,088	\$1,603,788,998	\$2,004,799,211	\$2,238,213,087	\$2,128,524,455	\$2,332,058,098	\$2,805,599,501	11.8%	100.0%
By Race									
White	\$1,013,011,937	\$1,205,736,481	\$1,503,629,549	\$1,542,862,580	\$1,543,953,811	\$1,693,709,362	\$2,036,647,690	12.3%	72.6%
Black	\$143,322,159	\$164,565,963	\$207,075,917	\$269,458,059	\$277,957,110	\$289,373,879	\$343,892,660	15.7%	12.3%
Hispanic, American Indian or Asian	\$130,727,783	\$175,765,896	\$216,398,764	\$269,829,801	\$292,010,551	\$335,267,471	\$392,538,791	20.1%	14.0%
Other / Unknown	\$146,665,209	\$57,720,658	\$77,694,981	\$156,062,647	\$14,602,983	\$13,707,386	\$32,520,360	-22.2%	1.2%
Total*	\$1,433,727,088	\$1,603,788,998	\$2,004,799,211	\$2,238,213,087	\$2,128,524,455	\$2,332,058,098	\$2,805,599,501	11.8%	100.0%
By Sex									
Female	\$766,415,829	\$914,878,802	\$1,184,857,799	\$1,223,367,618	\$1,251,380,217	\$1,250,356,520	\$1,516,194,481	12.0%	54.0%
Male	\$520,622,034	\$631,751,859	\$787,124,143	\$858,782,822	\$862,541,255	\$1,067,994,192	\$1,258,716,375	15.9%	44.9%
Unknown	\$146,689,225	\$57,158,337	\$32,817,269	\$156,062,647	\$14,602,983	\$13,707,386	\$30,688,645	-23.0%	1.1%
Total*	\$1,433,727,088	\$1,603,788,998	\$2,004,799,211	\$2,238,213,087	\$2,128,524,455	\$2,332,058,098	\$2,805,599,501	11.8%	100.0%

Source: MSIS data for FFY 99-04; FFY 05 is projected using state annual report for SFY 05.

SOUTHERN REGION MEDICAID PROFILE

AVERAGE PAYMENT PER RECIPIENT BY OTHER CHARACTERISTICS

								Annual Change	Above (+) or Below (-) SLC Avg. FFY 05
By Maintenance Assistance Status	FFY 99	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05		
Receiving Cash Assistance or Eligible Under Section 1931	\$2,323.46	\$2,792.45	\$3,200.82	\$3,622.75	\$2,989.74	\$2,852.01	\$3,204.71	5.5%	-45.1%
Poverty Related Eligibles	\$1,067.95	\$1,103.73	\$1,181.06	\$1,255.12	\$1,509.03	\$1,827.82	\$1,990.40	10.9%	-5.3%
Medically Needy	\$2,508.08	\$2,800.54	\$3,553.56	\$3,672.30	\$3,214.38	\$1,288.00	\$10,564.76	27.1%	34.1%
Other Eligibles	\$10,265.62	\$9,994.64	\$12,562.12	\$12,926.11	\$19,144.98	\$20,418.92	\$22,752.15	14.2%	194.6%
Maintenance Assistance Status Unknown	\$3,980.01	\$7,233.08	\$0.00	\$7,589.86	\$989.83	\$667.38	\$1,573.07	-14.3%	-53.8%
Total	\$3,077.70	\$3,162.92	\$3,513.06	\$3,544.29	\$3,400.88	\$3,555.68	\$4,026.74	4.6%	-8.7%
 By Basis of Eligibility									
Aged, Blind or Disabled	\$8,489.11	\$8,669.67	\$10,576.57	\$11,143.29	\$10,973.69	\$10,628.83	\$12,119.36	6.1%	1.3%
Children	\$1,034.85	\$1,088.33	\$1,177.15	\$1,243.34	\$1,185.31	\$1,539.19	\$1,692.57	8.5%	9.7%
Foster Care Children	\$5,741.00	\$5,736.72	\$6,728.32	\$7,019.35	\$7,065.06	\$7,613.19	\$8,284.74	6.3%	18.9%
Adults	\$1,205.49	\$1,263.86	\$1,386.86	\$1,456.87	\$1,783.53	\$2,090.94	\$2,290.54	11.3%	-20.5%
Basis of Eligibility Unknown (Includes Managed Care)	\$3,980.01	\$7,233.08	\$0.00	\$7,589.86	\$989.83	\$667.38	\$1,573.14	-14.3%	-54.5%
Total	\$3,077.70	\$3,162.92	\$3,513.06	\$3,544.29	\$3,400.88	\$3,555.68	\$4,026.74	4.6%	-8.7%
 By Age									
Under Age 1	\$2,382.05	\$2,492.66	\$2,853.50	\$2,946.37	\$2,922.30	\$3,587.33	\$3,944.55	8.8%	7.0%
Age 1 to 5	\$966.93	\$1,006.65	\$1,104.53	\$1,176.60	\$1,231.66	\$1,263.60	\$1,418.92	6.6%	-23.7%
Age 6 to 14	\$1,243.44	\$1,284.73	\$1,304.28	\$1,392.87	\$1,446.97	\$1,508.22	\$1,691.12	5.3%	-4.5%
Age 15 to 20	\$2,283.24	\$2,108.90	\$2,137.18	\$2,197.14	\$2,327.13	\$2,444.17	\$2,733.44	3.0%	-1.9%
Age 21 to 44	\$3,950.95	\$4,055.89	\$4,600.45	\$4,670.72	\$4,778.18	\$5,049.53	\$5,689.11	6.3%	9.1%
Age 45 to 64	\$6,631.16	\$7,086.89	\$8,687.65	\$9,457.03	\$9,354.22	\$10,221.93	\$11,363.66	9.4%	1.8%
Age 65 to 74	\$5,468.83	\$5,798.41	\$7,121.35	\$7,380.90	\$7,538.45	\$8,172.72	\$9,168.66	9.0%	8.9%
Age 75 to 84	\$7,843.47	\$8,136.08	\$10,364.09	\$10,969.55	\$10,925.39	\$11,601.96	\$13,099.86	8.9%	7.6%
Age 85 and Over	\$11,162.47	\$11,283.70	\$14,891.51	\$15,921.79	\$15,697.99	\$16,417.48	\$18,737.40	9.0%	-0.1%
Age Unknown	\$3,980.01	\$7,233.08	\$0.00	\$7,589.86	\$989.83	\$667.38	\$1,573.07	-14.3%	-53.9%
Total	\$3,077.70	\$3,162.92	\$3,513.06	\$3,544.29	\$3,400.88	\$3,555.68	\$4,026.74	4.6%	-8.7%
 By Race									
White	\$3,320.72	\$3,511.45	\$3,886.32	\$4,057.07	\$4,085.83	\$4,337.91	\$4,892.64	6.7%	-10.6%
Black	\$1,696.70	\$2,539.64	\$2,799.27	\$2,643.61	\$2,803.82	\$2,855.53	\$3,197.43	11.1%	-15.9%
Hispanic, American Indian or Asian	\$1,713.00	\$1,777.44	\$1,970.97	\$2,096.29	\$2,177.44	\$2,335.59	\$2,587.22	7.1%	-10.8%
Other/Unknown	\$0.00	\$0.00	\$0.00	\$7,589.86	\$989.83	\$667.38	\$1,533.98	-41.3%	-65.1%
Total	\$3,077.70	\$3,162.92	\$3,513.06	\$3,544.29	\$3,400.88	\$3,555.68	\$4,026.74	4.6%	-8.7%
 By Sex									
Female	\$2,682.09	\$2,974.34	\$3,416.42	\$3,423.73	\$3,510.44	\$3,384.26	\$3,854.20	6.2%	-15.9%
Male	\$2,890.88	\$3,167.18	\$3,516.18	\$3,386.15	\$3,387.19	\$4,017.02	\$4,461.07	7.5%	2.5%
Unknown	\$0.00	\$0.00	\$0.00	\$7,589.86	\$989.83	\$667.38	\$1,447.65	-42.4%	-57.2%
Total	\$3,077.70	\$3,162.92	\$3,513.06	\$3,544.29	\$3,400.88	\$3,555.68	\$4,026.74	4.6%	-8.7%

Source: MSIS data for FFY 99-04; FFY 05 is projected using state annual report for SFY 05.

SOUTHERN REGION MEDICAID PROFILE

ADDITIONAL STATE HEALTH CARE INFORMATION

Sources: "Issue Briefs", Health Policy Tracking Service, January 2006; "Medicaid Services State by State", CMS, October 2005; "State Health Facts", The Henry Kaiser Foundation, January 2006; state annual report for FY 05; and 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 12/31/04 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 7/1/93.
- Community Waiver: Serves 3,180 people with mental retardation and certain related conditions, operating since 7/1/88.
- The In-home Supports Waiver for Children: Implemented in July 1999 to provide waiver services for additional MR clients, serves approximately 370 children.
- The In-home Supports Waiver for Adults: Implemented in July 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 been 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 1/1/05, with eligible women receiving full Medicaid benefits for the duration of their cancer treatment. As of 5/13/05, approximately 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

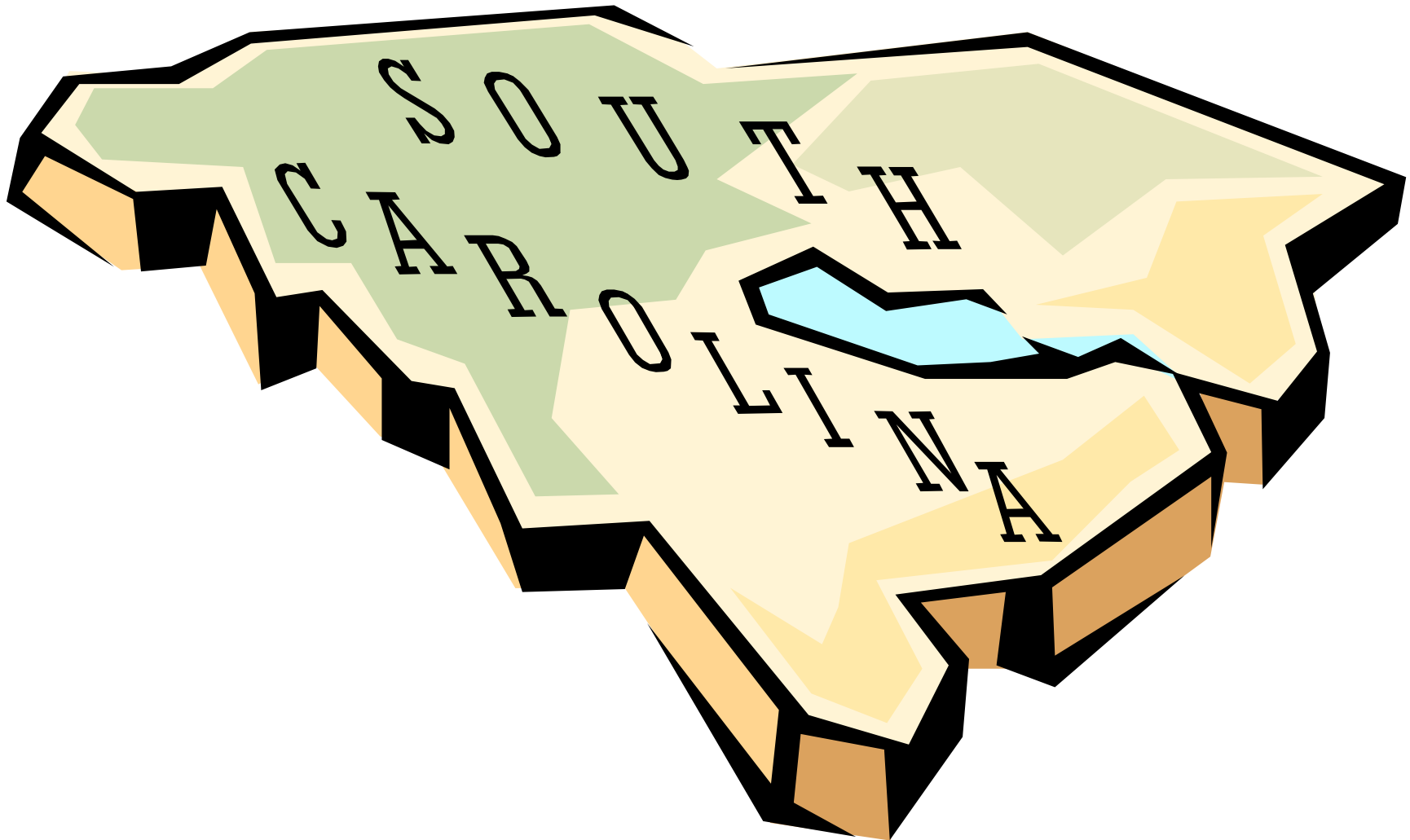
•CHIP in Oklahoma is called "SoonerCare". The program received HCFA approval on May 26, 1998. The program is administered by the Oklahoma Health Care Authority through an expansion of Medicaid. SoonerCare provides health care coverage to approximately 115,000 children, adolescents and eligible pregnant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

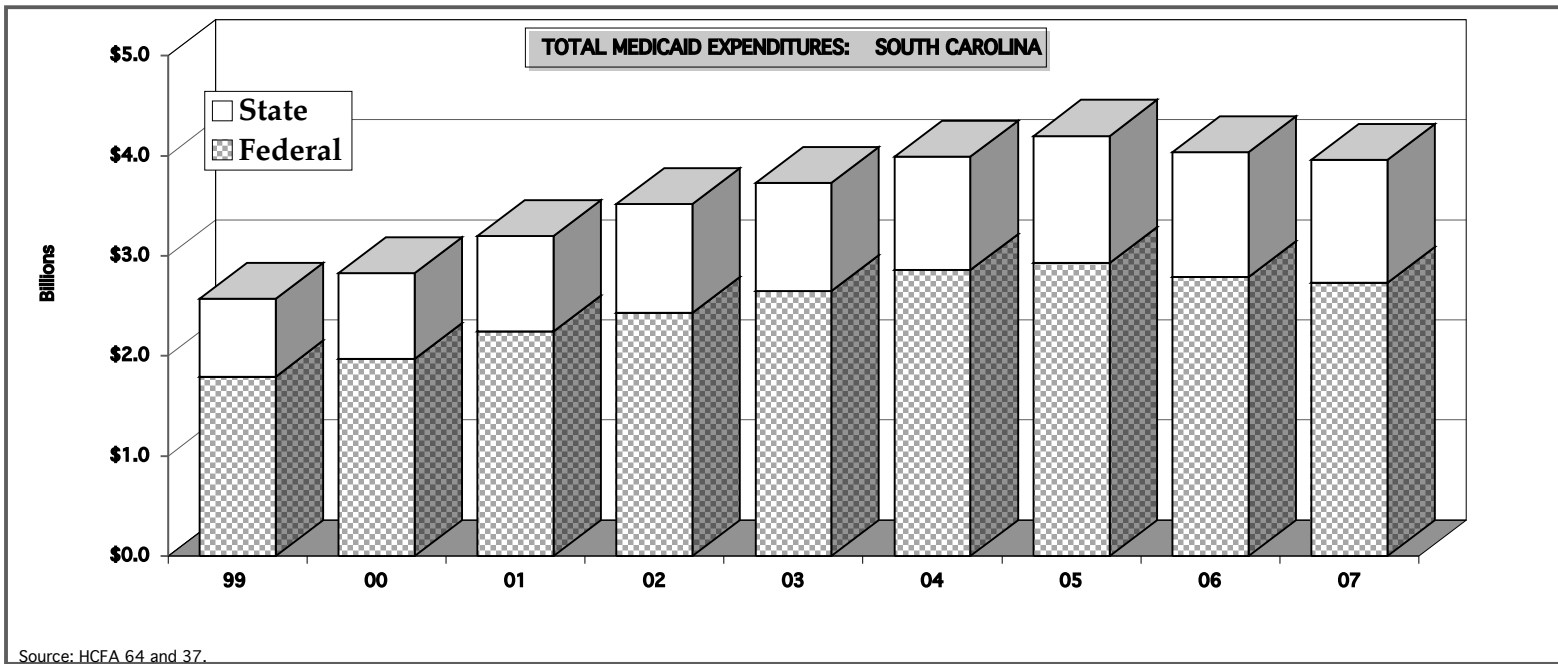
•Phase II provides coverage for eligible children/adolescents birth through age 17 in families with income between 100% and 185% of the FPL. The program received HCFA approval on 3/25/99 and expects to cover an additional 4,915 new enrollees.

•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 9/30/04.

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 99	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05	FFY 06**	FFY 07**	Annual Rate of Change	Total Change 99-07
Medicaid Payments	\$2,474,493,301	\$2,720,979,699	\$3,094,578,743	\$3,384,424,285	\$3,590,736,666	\$3,848,423,641	\$4,068,509,449	\$3,906,157,000	\$3,811,301,000	5.5%	54.0%
Federal Share	\$1,740,195,472	\$1,913,722,149	\$2,186,607,862	\$2,355,610,887	\$2,567,499,604	\$2,773,422,352	\$2,854,572,796	\$2,715,023,000	\$2,647,412,000	5.4%	52.1%
State Share	\$734,297,829	\$807,257,550	\$907,970,881	\$1,028,813,398	\$1,023,237,062	\$1,075,001,289	\$1,213,936,653	\$1,191,134,000	\$1,163,889,000	5.9%	58.5%
Administrative Costs	\$96,945,550	\$103,626,017	\$100,847,624	\$133,484,748	\$136,496,403	\$141,733,356	\$129,160,005	\$130,501,000	\$144,560,000	5.1%	49.1%
Federal Share	\$53,554,056	\$56,629,109	\$60,135,239	\$76,596,265	\$79,946,155	\$85,315,889	\$73,017,179	\$74,129,000	\$80,721,000	5.3%	50.7%
State Share	\$43,391,494	\$46,996,908	\$40,712,385	\$56,888,483	\$56,550,248	\$56,417,467	\$56,142,826	\$56,372,000	\$63,839,000	4.9%	47.1%
Admin. Costs as % of Payments	3.92%	3.81%	3.26%	3.94%	3.80%	3.68%	3.17%	3.34%	3.79%		
Federal Match Rate*	69.85%	69.95%	70.44%	69.34%	69.81%	69.86%	69.89%	69.32%	69.54%		

*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 06 and 07 reflect latest estimates reported by each state (CMS 37).

SOUTHERN REGION MEDICAID PROFILE

STATE FINANCING	Payments		Administration	
	FFY 99	FFY 05	FFY 99	FFY 05
State General Fund	\$734,297,829	\$1,155,208,390	\$43,391,494	\$56,142,826
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	\$734,297,829	\$1,213,936,653	\$43,391,494	\$56,142,826

*Donations from Outstationed Eligibility Workers Program

Provider Taxes Currently in Place (FFY 05)		
	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

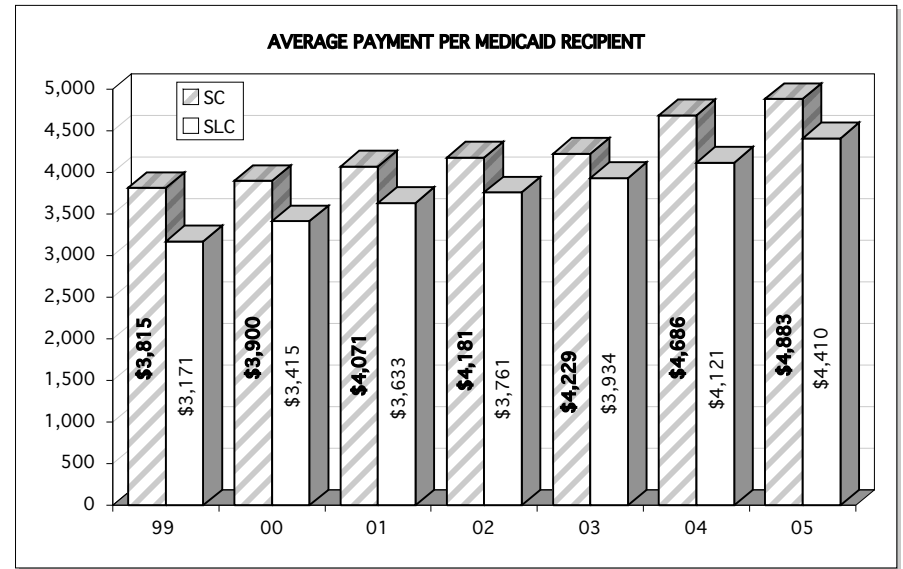
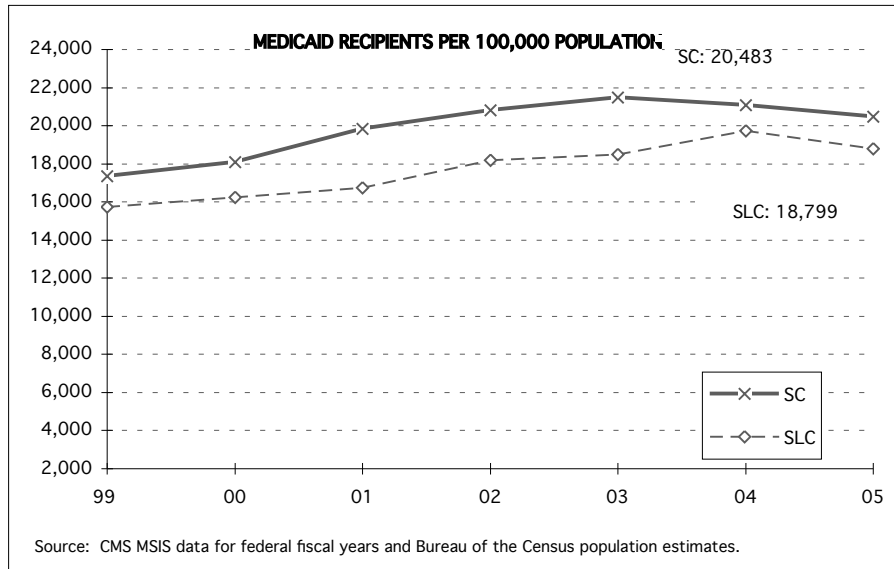
	FFY 99	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05	FFY 06**	FFY 07**	Annual Change
General Hospitals	\$397,673,493	\$328,512,395	\$320,695,867	\$346,379,176	\$290,548,478	\$422,915,188	\$372,563,497	\$355,691,000	\$484,911,000	7.1%
Mental Hospitals	\$36,113,205	\$46,833,976	\$51,251,895	\$44,693,798	\$42,543,221	\$66,459,970	\$68,814,096	\$84,723,000	\$66,540,000	4.4%
Total	\$433,786,698	\$375,346,371	\$371,947,762	\$391,072,974	\$333,091,699	\$489,375,158	\$441,377,593	\$440,414,000	\$551,451,000	6.8%

SELECTED ELIGIBILITY CRITERIA				DEMOGRAPHIC DATA & POVERTY INDICATORS (2005)			
	At 10/1/05	% of FPL*					Rank in U.S.
TANF-Temporary Assistance for Needy Families (Family of 3)				State population—July 1, 2005*	4,246,933		25
Need Standard		\$652	49.9%				
Payment Standard		\$240	18.4%	Per capita personal income**	\$28,212		44
Maximum Payment		\$240	18.4%	Median household income**	\$40,350		40
Medically Needy Program (Family of 3)				Population below Federal Poverty Level on July 1, 2003*	603,064		
Income Eligibility Standard		N/A		Percent of total state population	14.2%		14
Resource Standard							
Pregnant Women, Children and Infants (% of FPL*)				Population without health insurance coverage*	741,000		20
Pregnant women and infants		185.0%		Percent of total state population	17.4%		28
Children to age 6		150.0%		Recipients of Food Stamps***	534,294		19
Children age 6 to 18		150.0%		Households receiving Food Stamps***	219,503		20
SSI Eligibility Levels				Total value of issuance***	\$589,430,436		19
Income:				Average monthly benefit per recipient	\$91.93		20
Single Person		\$564	72.7%	Average monthly benefit per household	\$223.77		
Couple		\$846	81.3%				
Resources:				Monthly recipients of Temporary Assistance to Needy Families (TANF)****	35,732		27
Single Person		\$4,000		Total TANF payments****	\$33,341,211		48
Couple		\$6,000		Average monthly payment per recipient	\$77.76		48
				Maximum monthly payment per family of 3	\$201.00		45

*Current federal poverty level is \$9,570 per year for a single person, \$12,830 for a family of two and \$16,090 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 99	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05	Annual Change
01. General Hospital	137,578	148,303	159,066	126,736	119,466	105,631	109,610	-3.7%
02. Mental Hospital	1,970	2,023	1,841	1,420	1,207	1,257	1,257	-7.2%
03. Skilled and Intermediate (non-MR) Care Nursing	17,458	17,663	18,859	18,251	17,617	17,618	16,976	-0.5%
04. Intermediate Care for Mentally Retarded	2,504	2,387	2,411	2,317	2,173	2,178	1,955	-4.0%
05. Physician Services	470,740	499,921	546,422	561,552	563,619	553,073	567,750	3.2%
06. Dental Services	139,267	162,503	202,078	231,455	251,831	256,782	265,752	11.4%
07. Other Practitioners	100,472	112,500	130,242	127,041	129,977	126,639	135,372	5.1%
08. Outpatient Hospital	263,419	292,783	317,038	365,265	369,932	358,560	364,124	5.5%
09. Clinic Services	333,007	334,661	355,385	375,240	383,630	393,287	396,599	3.0%
10. Lab and X-Ray	211,494	234,429	262,805	275,988	300,789	286,980	304,595	6.3%
11. Home Health	10,223	9,657	9,053	8,502	7,849	7,460	7,062	-6.0%
12. Prescribed Drugs	446,938	474,465	542,764	576,136	614,417	611,557	623,706	5.7%
13. Family Planning	5,774	6,243	5,971	6,393	5,882	5,599	6,534	2.1%
14. Early & Periodic Screening, Diagnosis & Treatment	0	0	0	0	0	0	0	n/a
15. Other Care	135,522	142,519	162,906	154,333	173,435	167,780	179,714	4.8%
16. Personal Care Support Services	78,001	81,026	89,000	100,945	102,511	101,370	98,098	3.9%
17. Home/Community Based Waiver Services	0	0	0	0	0	0	0	n/a
18. Prepaid Health Care	25,108	43,315	60,055	85,547	100,032	94,977	118,040	29.4%
19. Primary Care Case Management (PCCM) Services	0	0	0	0	0	3,630	38,804	969.0%
Total*	644,580	685,104	760,797	809,136	861,216	856,715	869,910	5.1%

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

SOUTHERN REGION MEDICAID PROFILE

PAYMENTS BY TYPE OF SERVICES	FFY 99	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05	<i>Annual Change</i>	<i>Share of Total FFY 05</i>
01. General Hospital	\$751,959,296	\$725,513,341	\$827,496,295	\$885,920,177	\$908,044,538	\$1,082,975,223	\$1,089,114,901	6.4%	25.6%
02. Mental Hospital	\$85,913,142	\$97,722,852	\$98,066,992	\$89,266,785	\$84,332,255	\$112,501,296	\$114,307,944	4.9%	2.7%
03. Skilled and Intermediate (non-MR) Care Nursing	\$309,472,299	\$334,646,176	\$355,576,568	\$373,077,530	\$401,871,513	\$442,479,446	\$477,320,064	7.5%	11.2%
04. Intermediate Care for Mentally Retarded	\$163,499,835	\$169,196,133	\$165,568,171	\$172,179,187	\$167,321,229	\$165,562,921	\$156,137,783	-0.8%	3.7%
05. Physician Services	\$174,104,766	\$190,995,097	\$231,918,553	\$235,463,733	\$287,064,707	\$314,192,779	\$342,291,742	11.9%	8.1%
06. Dental Services	\$18,755,973	\$48,151,420	\$75,981,863	\$79,788,905	\$85,572,962	\$89,304,420	\$94,738,763	31.0%	2.2%
07. Other Practitioners	\$7,075,946	\$8,109,207	\$9,507,546	\$10,097,690	\$10,863,541	\$11,574,736	\$13,332,661	11.1%	0.3%
08. Outpatient Hospital	\$60,423,664	\$77,354,626	\$80,136,150	\$133,733,346	\$150,336,330	\$185,330,490	\$198,850,113	22.0%	4.7%
09. Clinic Services	\$255,820,928	\$287,781,398	\$348,039,263	\$488,911,223	\$491,474,709	\$463,878,692	\$485,364,033	11.3%	11.4%
10. Lab and X-Ray	\$14,065,499	\$16,537,070	\$19,449,759	\$22,150,684	\$25,303,934	\$28,483,413	\$34,131,799	15.9%	0.8%
11. Home Health	\$14,652,302	\$15,196,149	\$20,129,679	\$12,760,384	\$11,764,035	\$12,114,429	\$13,185,408	-1.7%	0.3%
12. Prescribed Drugs	\$268,317,914	\$334,740,332	\$438,498,935	\$456,976,916	\$559,908,608	\$651,239,970	\$719,568,283	17.9%	16.9%
13. Family Planning	\$7,352,496	\$8,212,530	\$7,833,357	\$8,179,742	\$5,476,846	\$4,412,411	\$5,017,160	-6.2%	0.1%
14. Early & Periodic Screening, Diagnosis & Treatment	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a	0.0%
15. Other Care	\$136,003,473	\$142,594,379	\$137,395,749	\$134,401,907	\$147,650,495	\$154,179,195	\$173,622,568	4.2%	4.1%
16. Personal Care Support Services	\$172,840,441	\$187,606,225	\$243,996,181	\$217,761,516	\$226,705,935	\$215,971,458	\$229,277,203	4.8%	5.4%
17. Home/Community Based Waiver Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a	0.0%
18. Prepaid Health Care	\$18,900,551	\$27,788,595	\$37,258,467	\$62,280,779	\$78,023,312	\$80,463,295	\$100,374,214	32.1%	2.4%
19. Primary Case Management (PCCM) Services	\$0	\$0	\$0	\$0	\$0	\$31,090	\$1,182,866	3704.7%	0.0%
Total (excludes DSH pymts, pharmacy rebates, & other adjs.)	\$2,459,158,525	\$2,672,145,530	\$3,096,853,528	\$3,382,950,504	\$3,641,714,949	\$4,014,695,264	\$4,247,817,505	9.5%	100.0%

AVERAGE PAYMENTS PER RECIPIENT BY TYPE OF SERVICES

								(+) or (-) SLC Avg. FFY 05	
01. General Hospital	\$5,465.69	\$4,892.10	\$5,202.22	\$6,990.28	\$7,600.86	\$10,252.44	\$9,936.27	10.5%	89.6%
02. Mental Hospital	\$43,610.73	\$48,305.91	\$53,268.33	\$62,863.93	\$69,869.31	\$89,499.84	\$90,937.11	13.0%	1287.8%
03. Skilled and Intermediate (non-MR) Care Nursing	\$17,726.68	\$18,946.17	\$18,854.48	\$20,441.48	\$22,811.57	\$25,115.19	\$28,117.35	8.0%	12.3%
04. Intermediate Care for Mentally Retarded	\$65,295.46	\$70,882.33	\$68,671.99	\$74,311.26	\$77,000.11	\$76,016.03	\$79,865.87	3.4%	-6.8%
05. Physician Services	\$369.85	\$382.05	\$424.43	\$419.31	\$509.32	\$568.09	\$602.89	8.5%	0.6%
06. Dental Services	\$134.68	\$296.31	\$376.00	\$344.73	\$339.80	\$347.78	\$356.49	17.6%	-2.3%
07. Other Practitioners	\$70.43	\$72.08	\$73.00	\$79.48	\$83.58	\$91.40	\$98.49	5.7%	-64.3%
08. Outpatient Hospital	\$229.38	\$264.20	\$252.77	\$366.13	\$406.39	\$516.87	\$546.11	15.6%	-8.6%
09. Clinic Services	\$768.21	\$859.92	\$979.33	\$1,302.93	\$1,281.12	\$1,179.49	\$1,223.82	8.1%	76.5%
10. Lab and X-Ray	\$66.51	\$70.54	\$74.01	\$80.26	\$84.13	\$99.25	\$112.06	9.1%	-48.1%
11. Home Health	\$1,433.27	\$1,573.59	\$2,223.54	\$1,500.87	\$1,498.79	\$1,623.92	\$1,867.09	4.5%	-47.6%
12. Prescribed Drugs	\$600.35	\$705.51	\$807.90	\$793.18	\$911.28	\$1,064.89	\$1,153.70	11.5%	-22.6%
13. Family Planning	\$1,273.38	\$1,315.48	\$1,311.90	\$1,279.48	\$931.12	\$788.07	\$767.85	-8.1%	-45.3%
14. Early & Periodic Screening, Diagnosis & Treatment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	n/a	n/a
15. Other Care	\$1,003.55	\$1,000.53	\$843.41	\$870.86	\$851.33	\$918.94	\$966.10	-0.6%	-48.5%
16. Personal Care Support Services	\$2,215.87	\$2,315.38	\$2,741.53	\$2,157.23	\$2,211.53	\$2,130.53	\$2,337.23	0.9%	58.8%
17. Home/Community Based Waiver Services	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	n/a	n/a
18. Prepaid Health Care	\$752.77	\$641.55	\$620.41	\$728.03	\$779.98	\$847.19	\$850.34	2.1%	-22.5%
19. Primary Care Case Management (PCCM) Services	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$8.56	\$30.48	255.9%	11.6%
Total (Average)	\$3,815.13	\$3,900.35	\$4,070.54	\$4,180.94	\$4,228.57	\$4,686.15	\$4,883.05	4.2%	10.7%

TOTAL PER CAPITA EXPENDITURES	\$691.87	\$745.65	\$833.02	\$905.34	\$929.02	\$982.07	\$988.40	6.1%	7.1%
--------------------------------------	-----------------	-----------------	-----------------	-----------------	-----------------	-----------------	-----------------	-------------	-------------

Source: MSIS data for FFY 99-05.

SOUTHERN REGION MEDICAID PROFILE

DATA BY OTHER CHARACTERISTICS

RECIPIENTS BY OTHER CHARACTERISTICS

	<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>FFY 05</u>	<i>Annual Change</i>	<i>Share of Total FFY 05</i>
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	173,708	188,071	245,555	265,731	267,121	269,055	270,630	7.7%	31.1%
Poverty Related Eligibles	284,950	316,749	322,006	345,977	385,254	379,901	387,156	5.2%	44.5%
Medically Needy	0	0	0	0	0	0	0	n/a	0.0%
Other Eligibles	171,055	165,765	175,329	178,265	191,241	186,414	193,011	2.0%	22.2%
Maintenance Assistance Status Unknown	14,867	14,519	17,907	19,163	17,600	21,345	19,113	4.3%	2.2%
Total*	644,580	685,104	760,797	809,136	861,216	856,715	869,910	5.1%	100.0%
By Basis of Eligibility									
Aged, Blind, or Disabled	181,200	184,028	188,842	189,623	217,404	225,962	229,405	4.0%	26.4%
Children	309,070	341,545	383,146	416,054	434,612	418,115	426,282	5.5%	49.0%
Foster Care Children	6,938	6,523	7,136	7,793	8,507	9,374	10,313	6.8%	1.2%
Adults	132,505	138,489	163,766	176,504	182,960	181,919	184,562	5.7%	21.2%
Basis of Eligibility Unknown	14,867	14,519	17,907	19,162	17,733	21,345	19,348	4.5%	2.2%
Total*	644,580	685,104	760,797	809,136	861,216	856,715	869,910	5.1%	100.0%
By Age									
Under Age 1	27,776	29,086	30,098	29,653	28,867	30,194	32,910	2.9%	3.8%
Age 1 to 5	107,798	116,757	129,096	140,810	146,037	141,049	144,721	5.0%	16.6%
Age 6 to 14	151,975	165,970	187,277	202,065	211,150	200,367	200,158	4.7%	23.0%
Age 15 to 20	76,389	84,331	93,619	101,165	108,848	109,191	113,010	6.7%	13.0%
Age 21 to 44	140,315	145,897	167,242	178,252	183,822	182,011	184,666	4.7%	21.2%
Age 45 to 64	50,003	53,060	58,829	62,537	65,510	68,140	71,536	6.2%	8.2%
Age 65 to 74	29,409	29,340	30,166	29,833	38,975	40,942	40,482	5.5%	4.7%
Age 75 to 84	28,334	28,419	28,803	28,267	39,059	41,122	40,503	6.1%	4.7%
Age 85 and Over	17,717	17,728	17,746	17,397	21,347	22,354	22,811	4.3%	2.6%
Age Unknown	14,864	14,516	17,921	19,157	17,601	21,345	19,113	4.3%	2.2%
Total*	644,580	685,104	760,797	809,136	861,216	856,715	869,910	5.1%	100.0%
By Race									
White	243,227	262,209	290,688	314,936	336,470	339,429	348,007	6.2%	40.0%
Black	354,424	372,453	414,733	426,833	433,847	420,090	421,951	2.9%	48.5%
Hispanic, American Indian or Asian	6,536	7,849	8,559	13,721	20,085	24,804	30,763	29.5%	3.5%
Other / Unknown	40,393	42,593	46,817	53,646	70,814	72,392	69,189	9.4%	8.0%
Total*	644,580	685,104	760,797	809,136	861,216	856,715	869,910	5.1%	100.0%
By Sex									
Female	400,921	422,242	469,645	492,084	526,126	522,242	531,393	4.8%	61.1%
Male	228,684	248,225	275,420	297,730	317,359	313,046	319,356	5.7%	36.7%
Unknown	14,975	14,637	15,732	19,322	17,731	21,427	19,161	4.2%	2.2%
Total*	644,580	685,104	760,797	809,136	861,216	856,715	869,910	5.1%	100.0%

Source: MSIS data for FFY 99-05.

SOUTHERN REGION MEDICAID PROFILE

PAYMENTS BY OTHER CHARACTERISTICS

	FFY 99	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05	Annual Change	Share of Total FFY 05
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	\$800,780,183	\$923,581,109	\$1,057,516,672	\$1,160,807,506	\$1,261,409,930	\$1,315,085,074	\$1,395,882,923	9.7%	32.9%
Poverty Related Eligibles	\$494,051,338	\$596,044,085	\$654,849,603	\$706,337,963	\$842,263,025	\$879,868,060	\$948,268,797	11.5%	22.3%
Medically Needy	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a	0.0%
Other Eligibles	\$660,860,620	\$718,108,307	\$776,823,075	\$829,400,518	\$848,514,748	\$891,393,207	\$994,502,247	7.0%	23.4%
Maintenance Assistance Status Unknown	\$503,466,384	\$434,412,029	\$607,664,178	\$686,404,517	\$689,527,246	\$928,348,923	\$909,163,538	10.4%	21.4%
Total	\$2,459,158,525	\$2,672,145,530	\$3,096,853,528	\$3,382,950,504	\$3,641,714,949	\$4,014,695,264	\$4,247,817,505	9.5%	100.0%
By Basis of Eligibility									
Aged, Blind or Disabled	\$1,379,379,798	\$1,555,748,570	\$1,666,366,711	\$1,738,978,228	\$1,894,876,081	\$1,993,439,679	\$2,146,893,610	7.7%	50.5%
Children	\$348,626,273	\$423,251,932	\$510,809,246	\$574,644,858	\$627,484,689	\$636,058,585	\$692,939,375	12.1%	16.3%
Foster Care Children	\$56,630,829	\$53,323,601	\$61,705,826	\$73,399,624	\$76,391,721	\$86,782,205	\$98,589,425	9.7%	2.3%
Adults	\$171,055,241	\$205,409,398	\$250,307,567	\$308,733,801	\$351,583,405	\$370,065,872	\$397,776,655	15.1%	9.4%
Basis of Eligibility Unknown	\$503,466,384	\$434,412,029	\$607,664,178	\$687,193,993	\$691,379,053	\$928,348,923	\$911,618,440	10.4%	21.5%
Total	\$2,459,158,525	\$2,672,145,530	\$3,096,853,528	\$3,382,950,504	\$3,641,714,949	\$4,014,695,264	\$4,247,817,505	9.5%	100.0%
By Age									
Under Age 1	\$79,204,351	\$94,434,546	\$102,536,801	\$104,672,077	\$111,940,821	\$117,964,214	\$137,192,048	9.6%	3.2%
Age 1 to 5	\$131,384,923	\$156,235,953	\$183,407,248	\$205,429,387	\$221,807,674	\$232,279,860	\$255,367,570	11.7%	6.0%
Age 6 to 14	\$189,042,393	\$217,798,359	\$267,987,946	\$305,908,581	\$337,774,810	\$345,166,030	\$372,175,008	12.0%	8.8%
Age 15 to 20	\$169,018,036	\$190,801,369	\$221,974,123	\$252,103,734	\$280,088,263	\$292,895,962	\$318,793,054	11.2%	7.5%
Age 21 to 44	\$453,055,007	\$512,420,215	\$566,690,322	\$640,243,181	\$702,018,014	\$721,995,093	\$757,288,384	8.9%	17.8%
Age 45 to 64	\$387,420,138	\$455,039,643	\$508,665,152	\$565,268,993	\$624,222,208	667,061,503	730,745,306	11.2%	17.2%
Age 65 to 74	\$154,385,164	\$178,202,298	\$190,165,279	\$185,970,687	\$208,957,325	222,217,729	239,440,576	7.6%	5.6%
Age 75 to 84	\$201,390,113	\$224,699,561	\$235,321,451	\$225,901,970	\$247,624,993	260,601,343	276,782,162	5.4%	6.5%
Age 85 and Over	\$190,845,601	\$208,059,651	\$212,410,712	\$211,040,614	\$217,752,927	226,164,607	250,869,859	4.7%	5.9%
Age Unknown	\$503,412,799	\$434,453,935	\$607,694,494	\$686,411,280	\$689,527,914	928,348,923	909,163,538	10.4%	21.4%
Total	\$2,459,158,525	\$2,672,145,530	\$3,096,853,528	\$3,382,950,504	\$3,641,714,949	\$4,014,695,264	\$4,247,817,505	9.5%	100.0%
By Race									
White	\$979,645,956	\$1,080,036,909	\$1,260,968,411	\$1,264,431,835	\$1,373,776,503	\$1,435,128,810	\$1,542,351,357	7.9%	36.3%
Black	\$913,165,680	\$1,041,245,496	\$1,217,091,514	\$1,220,407,972	\$1,311,856,557	\$1,359,296,949	\$1,463,845,822	8.2%	34.5%
Hispanic, American Indian or Asian	\$8,788,052	\$11,179,398	\$12,746,174	\$21,874,349	\$39,316,024	\$50,045,667	\$65,172,730	39.6%	1.5%
Other / Unknown	\$557,558,837	\$539,683,727	\$606,047,429	\$876,236,348	\$916,765,865	\$1,170,223,838	\$1,176,447,596	13.3%	27.7%
Total*	\$2,459,158,525	\$2,672,145,530	\$3,096,853,528	\$3,382,950,504	\$3,641,714,949	\$4,014,695,264	\$4,247,817,505	9.5%	100.0%
By Sex									
Female	\$1,226,029,669	\$1,395,515,420	\$1,629,577,454	\$1,609,416,417	\$1,763,020,832	\$1,846,398,859	\$1,996,777,619	8.5%	47.0%
Male	\$821,601,056	\$934,681,893	\$1,087,089,084	\$1,086,981,830	\$1,189,034,835	\$1,239,839,164	\$1,341,805,923	8.5%	31.6%
Unknown	\$411,527,800	\$341,948,216	\$380,186,990	\$686,552,257	\$689,659,282	\$928,457,241	\$909,233,963	14.1%	21.4%
Total*	\$2,459,158,525	\$2,672,145,530	\$3,096,853,528	\$3,382,950,504	\$3,641,714,949	\$4,014,695,264	\$4,247,817,505	9.5%	100.0%

Source: MSIS data for FFY 99-05.

SOUTHERN REGION MEDICAID PROFILE

AVERAGE PAYMENT PER RECIPIENT BY OTHER CHARACTERISTICS

								Above (+) or Annual Below (-) SLC <u>Change</u> <u>Avg. FFY 05</u>	
By Maintenance Assistance Status	FFY 99	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05		
Receiving Cash Assistance or Eligible Under Section 1931	\$4,609.92	\$4,910.81	\$4,306.64	\$4,368.36	\$4,722.24	\$4,887.79	\$5,157.90	1.9%	-11.7%
Poverty Related Eligibles	\$1,733.82	\$1,881.76	\$2,033.66	\$2,041.57	\$2,186.25	\$2,316.05	\$2,449.32	5.9%	16.5%
Medically Needy	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	n/a	-100.0%
Other Eligibles	\$3,863.44	\$4,332.09	\$4,430.66	\$4,652.63	\$4,436.89	\$4,781.79	\$5,152.57	4.9%	-33.3%
Maintenance Assistance Status Unknown	\$33,864.69	\$29,920.24	\$33,934.45	\$35,819.26	\$39,177.68	\$43,492.57	\$47,567.81	5.8%	1296.8%
Total	\$3,815.13	\$3,900.35	\$4,070.54	\$4,180.94	\$4,228.57	\$4,686.15	\$4,883.05	4.2%	10.7%
By Basis of Eligibility									
Aged, Blind or Disabled	\$7,612.47	\$8,453.87	\$8,824.13	\$9,170.71	\$8,715.92	\$8,822.01	\$9,358.53	3.5%	-21.8%
Children	\$1,127.98	\$1,239.23	\$1,333.20	\$1,381.18	\$1,443.78	\$1,521.25	\$1,625.54	6.3%	5.4%
Foster Care Children	\$8,162.41	\$8,174.71	\$8,647.12	\$9,418.66	\$8,979.87	\$9,257.76	\$9,559.72	2.7%	37.2%
Adults	\$1,290.93	\$1,483.22	\$1,528.45	\$1,749.16	\$1,921.64	\$2,034.23	\$2,155.25	8.9%	-25.2%
Basis of Eligibility Unknown	\$33,864.69	\$29,920.24	\$33,934.45	\$35,862.33	\$38,988.27	\$43,492.57	\$47,116.93	5.7%	1262.3%
Total	\$3,815.13	\$3,900.35	\$4,070.54	\$4,180.94	\$4,228.57	\$4,686.15	\$4,883.05	4.2%	10.7%
By Age									
Under Age 1	\$2,851.54	\$3,246.74	\$3,406.76	\$3,529.90	\$3,877.81	\$3,906.88	\$4,168.70	6.5%	13.1%
Age 1 to 5	\$1,218.81	\$1,338.13	\$1,420.70	\$1,458.91	\$1,518.85	\$1,646.80	\$1,764.55	6.4%	-5.1%
Age 6 to 14	\$1,243.90	\$1,312.28	\$1,430.97	\$1,513.91	\$1,599.69	\$1,722.67	\$1,859.41	6.9%	5.0%
Age 15 to 20	\$2,212.60	\$2,262.53	\$2,371.04	\$2,492.01	\$2,573.21	\$2,682.42	\$2,820.93	4.1%	1.3%
Age 21 to 44	\$3,228.84	\$3,512.21	\$3,388.45	\$3,591.79	\$3,819.01	\$3,966.77	\$4,100.85	4.1%	-21.3%
Age 45 to 64	\$7,747.94	\$8,575.95	\$8,646.50	\$9,038.95	\$9,528.66	\$9,789.57	\$10,215.07	4.7%	-8.5%
Age 65 to 74	\$5,249.59	\$6,073.70	\$6,303.96	\$6,233.72	\$5,361.32	\$5,427.62	\$5,914.74	2.0%	-29.7%
Age 75 to 84	\$7,107.72	\$7,906.67	\$8,170.03	\$7,991.72	\$6,339.77	\$6,337.27	\$6,833.62	-0.7%	-43.9%
Age 85 and Over	\$10,771.89	\$11,736.22	\$11,969.50	\$12,130.86	\$10,200.63	\$10,117.41	\$10,997.76	0.3%	-41.4%
Age Unknown	\$33,867.92	\$29,929.31	\$33,909.63	\$35,830.83	\$39,175.50	\$43,492.57	\$47,567.81	5.8%	1292.6%
Total	\$3,815.13	\$3,900.35	\$4,070.54	\$4,180.94	\$4,228.57	\$4,686.15	\$4,883.05	4.2%	10.7%
By Race									
White	\$4,027.70	\$4,118.99	\$4,337.88	\$4,014.89	\$4,082.91	\$4,228.07	\$4,431.95	1.6%	-19.0%
Black	\$2,576.48	\$2,795.64	\$2,934.64	\$2,859.22	\$3,023.78	\$3,235.73	\$3,469.23	5.1%	-8.7%
Hispanic, American Indian or Asian	\$1,344.56	\$1,424.31	\$1,489.21	\$1,594.22	\$1,957.48	\$2,017.65	\$2,118.54	7.9%	-27.0%
Other/Unknown	\$13,803.35	\$12,670.71	\$12,945.03	\$16,333.68	\$12,946.11	\$16,165.10	\$17,003.39	3.5%	286.7%
Total	\$3,815.13	\$3,900.35	\$4,070.54	\$4,180.94	\$4,228.57	\$4,686.15	\$4,883.05	4.2%	10.7%
By Sex									
Female	\$3,058.03	\$3,305.01	\$3,469.81	\$3,270.61	\$3,350.95	\$3,535.52	\$3,757.63	3.5%	-18.0%
Male	\$3,592.74	\$3,765.46	\$3,947.02	\$3,650.90	\$3,746.66	\$3,960.57	\$4,201.60	2.6%	-3.4%
Unknown	\$27,480.99	\$23,361.91	\$24,166.48	\$35,532.15	\$38,895.68	\$43,331.18	\$47,452.32	9.5%	1303.9%
Total	\$3,815.13	\$3,900.35	\$4,070.54	\$4,180.94	\$4,228.57	\$4,686.15	\$4,883.05	4.2%	10.7%

Source: MSIS data for FFY 99-05.

SOUTHERN REGION MEDICAID PROFILE

ADDITIONAL STATE HEALTH CARE INFORMATION

Sources: "Issue Briefs", Health Policy Tracking Service, January 2006; "Medicaid Services State by State", CMS, October 2005; "State Health Facts", The Henry Kaiser Foundation, January 2006; state annual report for FY 05; and 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 1/1/03.

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 10/1/84.
- Elderly and Disabled (SC Choice): Serves 69 people, operating since 5/1/03.
- AIDS: Serves 990 people, operating since 10/1/88.
- Mental Retardation and Related Conditions: Serves 4,574 people, operating since 10/1/91.
- Traumatic Brain Injury (including spinal cord injuries): Serves 458 people, operating since 4/1/95.
- People Age 21 and Over Dependent on Mechanical Ventilation: Serves 33 people, operating since 12/1/94.
- People Age 18 and Over with Amyotrophic Lateral Sclerosis: Operating since 1/1/87.

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 1/1/95.

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.

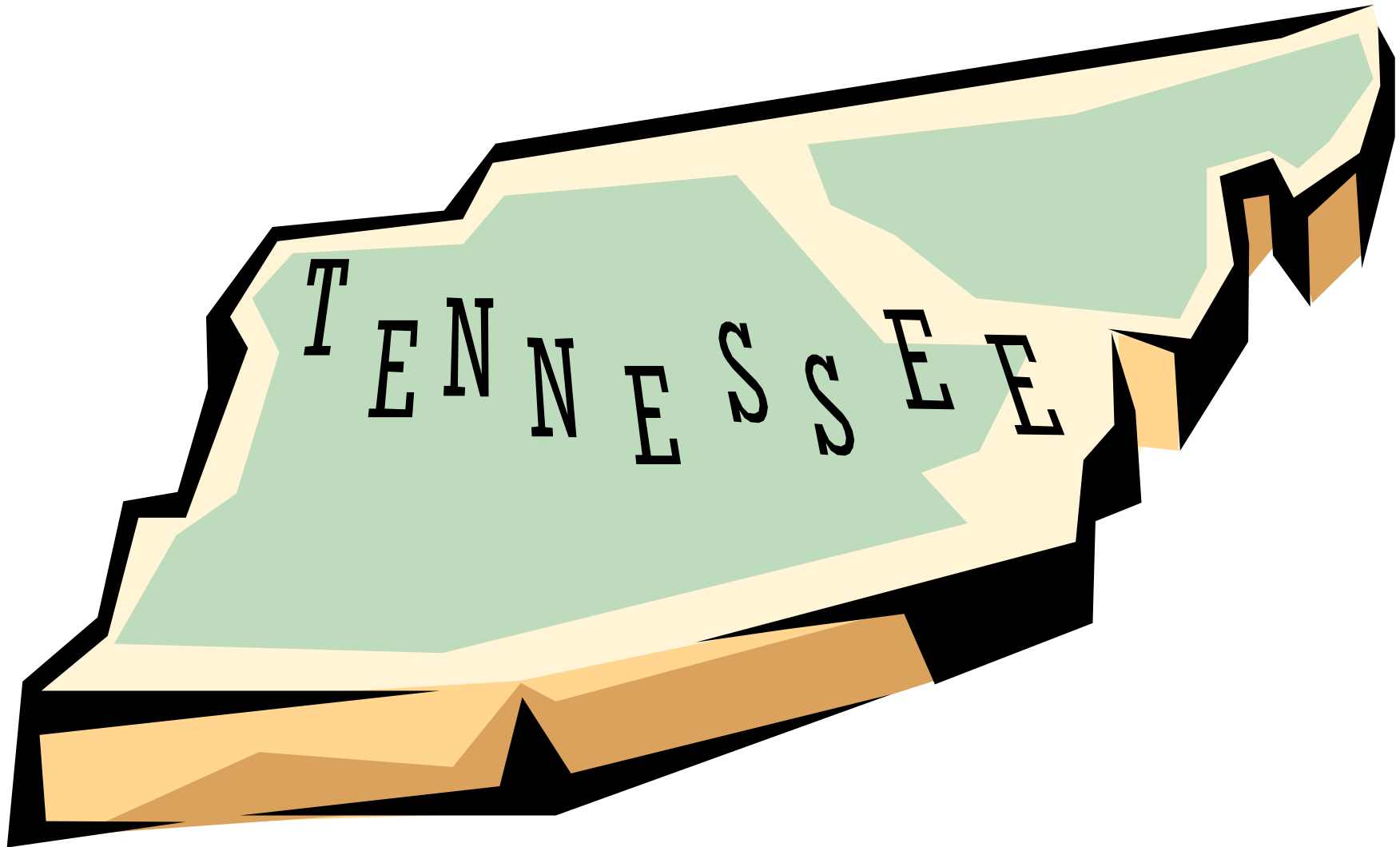
Medicaid

- 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 CMS 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 for physician office visits and other outpatient services, \$3 for outpatient hospital visits, durable medical equipment, dental visits, and pharmacy for recipients over 19, and \$25 for inpatient hospital stays.

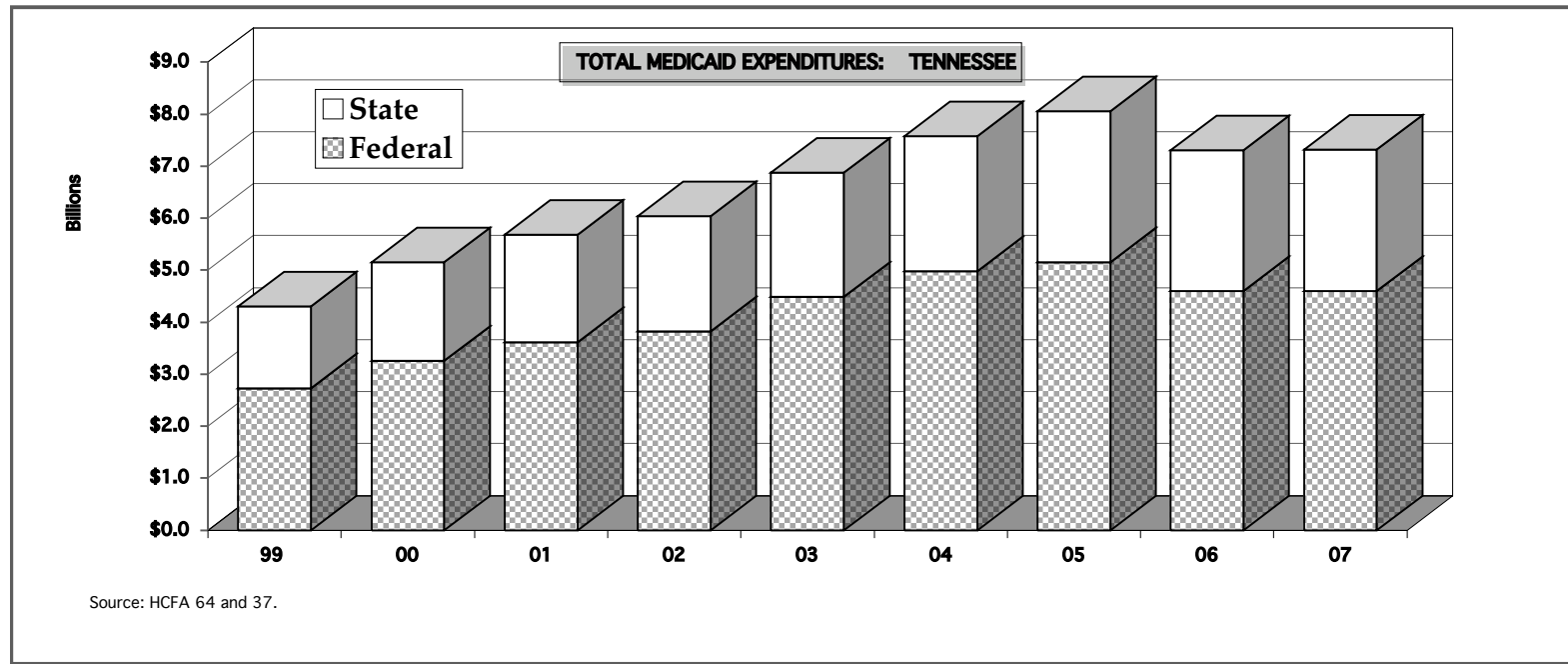
Children's Health Insurance Program: Medicaid Expansion

- The Partners for Healthy Children Program (PHC) received HCFA approval on 2/18/98. 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 52,561 SCHIP recipients in the program as of September 2005.

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 99	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05	FFY 06**	FFY 07**	Annual Rate of Change	Total Change 99-07
Medicaid Payments	\$4,178,613,010	\$4,993,964,836	\$5,519,373,714	\$5,791,956,207	\$6,357,163,063	\$7,029,807,190	\$7,557,403,733	\$6,690,504,000	\$6,735,445,000	6.1%	61.2%
Federal Share	\$2,657,217,024	\$3,161,527,392	\$3,528,514,477	\$3,692,883,112	\$4,211,212,123	\$4,699,732,707	\$4,902,146,888	\$4,280,259,000	\$4,287,111,000	6.2%	61.3%
State Share	\$1,521,395,986	\$1,832,437,444	\$1,990,859,237	\$2,099,073,095	\$2,145,950,940	\$2,330,074,483	\$2,655,256,845	\$2,410,245,000	\$2,448,334,000	6.1%	60.9%
Administrative Costs	\$126,015,624	\$163,074,995	\$164,842,053	\$245,058,264	\$523,444,783	\$545,895,059	\$501,249,768	\$613,990,000	\$588,556,000	21.2%	367.1%
Federal Share	\$68,589,229	\$96,478,650	\$88,991,229	\$129,957,668	\$272,102,238	\$286,021,444	\$251,872,151	\$317,048,000	\$307,154,000	20.6%	347.8%
State Share	\$57,426,395	\$66,596,345	\$75,850,824	\$115,100,596	\$251,342,545	\$259,873,615	\$249,377,617	\$296,942,000	\$281,402,000	22.0%	390.0%
Admin. Costs as % of Payments	3.02%	3.27%	2.99%	4.23%	8.23%	7.77%	6.63%	9.18%	8.74%		
Federal Match Rate*	63.09%	63.10%	63.79%	63.64%	64.59%	64.40%	64.81%	63.99%	63.65%		

*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 06 and 07 reflect latest estimates reported by each state (CMS 37).

SOUTHERN REGION MEDICAID PROFILE

STATE FINANCING	Payments		Administration	
	FFY 99	FFY 05	FFY 99	FFY 05
State General Fund	\$1,521,395,986	\$2,466,967,094	\$57,426,395	\$249,377,617
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	\$1,521,395,986	\$2,655,256,845	\$57,426,395	\$249,377,617

*Donations from Outstationed Eligibility Workers Program

Provider Taxes Currently in Place (FFY 05)		
	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

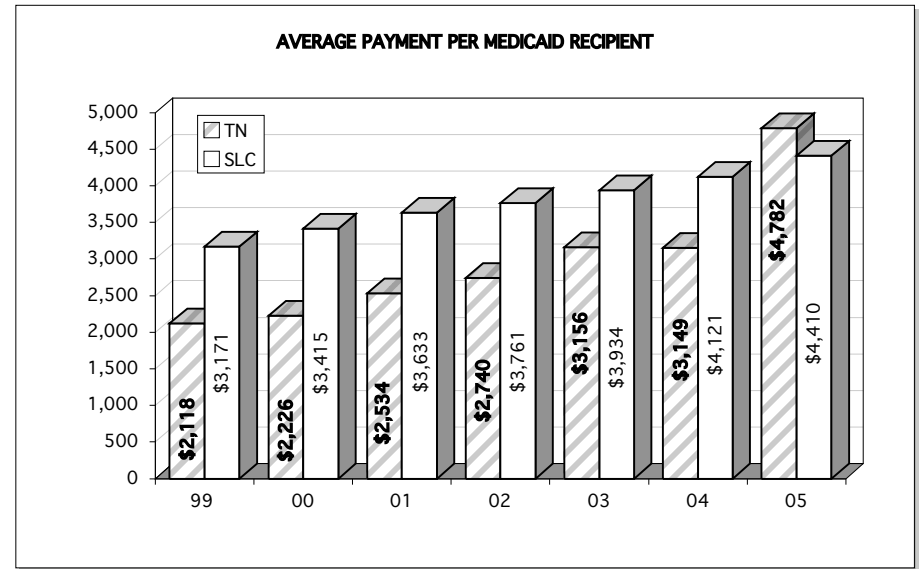
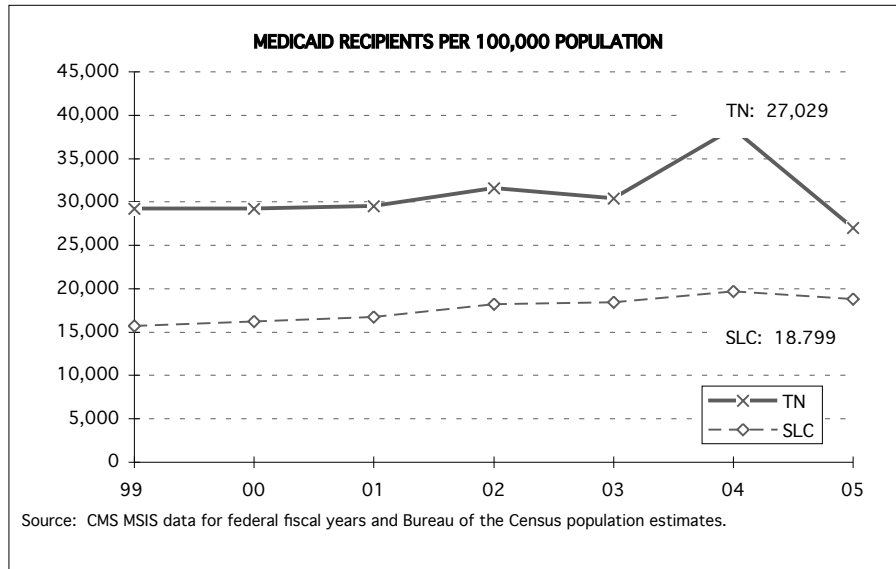
	FFY 99	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05	FFY 06**	FFY 07**	Annual Change
General Hospitals	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a
Mental Hospitals	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a
Total	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a

SELECTED ELIGIBILITY CRITERIA				DEMOGRAPHIC DATA & POVERTY INDICATORS (2005)			
	At 10/1/05	% of FPL*					Rank in U.S.
TANF-Temporary Assistance for Needy Families (Family of 3)				State population—July 1, 2005*	5,955,745		16
Need Standard	\$942	72.1%		Per capita personal income**	\$30,952		36
Payment Standard	\$180	13.8%		Median household income**	\$39,524		41
Maximum Payment	\$185	14.2%					
Medically Needy Program (Family of 3)				Population below Federal Poverty Level on July 1, 2003*	893,362		
Income Eligibility Standard	\$317			Percent of total state population	15.0%		9
Resource Standard	\$3,000						
Pregnant Women, Children and Infants (% of FPL* for Family of 3))				Population without health insurance coverage*	836,000		16
Pregnant women and infants		185.0%		Percent of total state population	14.0%		31
Children to age 6		133.0%					
Children 6 to19		100.0%		Recipients of Food Stamps***	870,416		10
SSI Eligibility Levels				Households receiving Food Stamps***	374,011		10
Income:				Total value of issuance***	\$976,012,959		11
Single Person	\$564	72.7%		Average monthly benefit per recipient	\$93.44		23
Couple	\$846	81.3%		Average monthly benefit per household	\$217.47		
Resources:				Monthly recipients of Temporary Assistance to Needy Families (TANF)****	175,285		5
Single Person	\$2,000			Total TANF payments****	\$59,554,137		47
Couple	\$3,000			Average monthly payment per recipient	\$28.31		47
				Maximum monthly payment per family of 3	\$185.00		48

*Current federal poverty level is \$9,570 per year for a single person, \$12,830 for a family of two and \$16,090 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 99	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05	<i>Annual Change</i>
01. General Hospital	49,847	47,803	47,803	70,649	137,938	149,428	65,784	4.7%
02. Mental Hospital	413	379	379	2,249	5,348	6,225	2,500	35.0%
03. Skilled and Intermediate (non-MR) Care Nursing	51,028	51,928	51,928	37,954	37,032	45,129	34,744	-6.2%
04. Intermediate Care for Mentally Retarded	1,766	1,689	1,689	1,529	1,590	1,772	1,356	-4.3%
05. Physician Services	196,023	205,513	205,513	950,918	1,145,932	1,502,861	1,009,024	31.4%
06. Dental Services	375	400	400	131,899	249,521	264,706	285,644	202.2%
07. Other Practitioners	49,430	52,672	52,672	81,693	126,547	279,630	278,307	33.4%
08. Outpatient Hospital	112,727	110,361	110,361	391,827	533,956	696,022	377,959	22.3%
09. Clinic Services	17,016	18,543	18,543	69,361	91,596	246,755	212,767	52.3%
10. Lab and X-Ray	105,888	111,650	111,650	390,011	548,900	951,684	797,062	40.0%
11. Home Health	412	351	351	5,102	8,359	21,031	22,382	94.6%
12. Prescribed Drugs	864,679	890,000	890,000	916,968	852,307	1,617,417	1,201,771	5.6%
13. Family Planning	411	351	351	5	18	7,548	13,799	79.6%
14. Early & Periodic Screening, Diagnosis & Treatment	0	0	0	0	0	0	0	n/a
15. Other Care	77,076	80,554	80,554	266,227	355,936	395,003	212,951	18.5%
16. Personal Care Support Services	0	0	0	13,044	19,275	131,134	86,575	87.9%
17. Home/Community Based Waiver Services	6,000	6,100	6,100	0	0	0	0	-100.0%
18. Prepaid Health Care	1,302,300	1,352,855	1,352,855	1,687,571	1,634,125	2,157,894	1,591,056	3.4%
19. Primary Care Case Management (PCCM) Services	0	0	0	0	0	0	0	n/a
Total*	1,550,955	1,568,318	1,602,027	1,732,381	1,729,589	2,205,488	1,609,782	0.6%

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

SOUTHERN REGION MEDICAID PROFILE

<u>PAYMENTS BY TYPE OF SERVICES</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>FFY 05</u>	<i>Annual</i>	<i>Share of Total</i>
								<u>Change</u>	<u>FFY 05</u>
01. General Hospital	\$321,723,323	\$348,677,006	\$454,987,177	\$194,193,842	\$437,895,269	\$586,525,457	\$388,456,595	3.2%	5.0%
02. Mental Hospital	\$19,373,596	\$647,437	\$21,769,187	\$10,295,186	\$13,196,910	\$29,036,171	\$18,547,871	-0.7%	0.2%
03. Skilled and Intermediate (non-MR) Care Nursing	\$585,765,916	\$661,337,949	\$705,391,029	\$702,819,530	\$741,492,076	\$827,155,826	\$958,294,005	8.5%	12.4%
04. Intermediate Care for Mentally Retarded	\$217,093,714	\$216,098,144	\$208,463,437	\$237,844,313	\$214,037,612	\$145,047,534	\$264,237,869	3.3%	3.4%
05. Physician Services	\$121,551,963	\$127,497,595	\$144,940,411	\$435,059,614	\$754,584,648	\$974,874,987	\$1,281,698,440	48.1%	16.6%
06. Dental Services	\$22,546	\$21,284	\$23,656	\$28,660,471	\$101,851,789	\$130,447,614	\$145,171,181	331.3%	1.9%
07. Other Practitioners	\$7,072,248	\$8,333,854	\$9,674,941	\$11,580,358	\$15,566,927	\$100,180,951	\$353,763,088	92.0%	4.6%
08. Outpatient Hospital	\$19,237,055	\$13,662,007	\$15,943,430	\$182,739,332	\$369,401,816	\$446,316,726	\$283,532,176	56.6%	3.7%
09. Clinic Services	\$18,653,214	\$2,793,119	\$6,346,412	\$5,370,258	\$6,643,693	\$89,342,599	\$164,348,946	43.7%	2.1%
10. Lab and X-Ray	\$1,891,029	\$2,402,437	\$2,508,205	\$35,509,587	\$74,735,062	\$128,287,383	\$182,510,831	114.2%	2.4%
11. Home Health	\$4,150,319	\$4,604,678	\$4,811,705	\$11,471,581	\$19,815,921	\$147,802,937	\$489,899,300	121.5%	6.4%
12. Prescribed Drugs	\$136,656,315	\$273,537,047	\$680,583,468	\$573,588,021	\$1,772,766,619	\$2,337,847,829	\$2,286,677,371	59.9%	29.7%
13. Family Planning	\$0	\$0	\$0	\$653	\$1,242	\$10,518,259	\$19,658,174	3010.8%	0.3%
14. Early & Periodic Screening, Diagnosis & Treatment	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a	0.0%
15. Other Care	\$50,570,025	\$105,070,890	\$226,803,335	\$320,774,534	\$390,087,275	\$361,360,963	\$162,792,334	21.5%	2.1%
16. Personal Care Support Services	\$41,575	\$191,690	\$527,049	\$6,497,696	\$15,477,428	\$48,648,013	\$59,295,021	235.5%	0.8%
17. Home/Community Based Waiver Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a	0.0%
18. Prepaid Health Care	\$1,781,520,135	\$1,726,081,444	\$1,576,558,611	\$1,991,144,922	\$531,739,476	\$581,579,509	\$639,266,034	-15.7%	8.3%
19. Primary Case Management (PCCM) Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a	0.0%
Total (excludes DSH pymts, pharmacy rebates, & other adjs.)	\$3,285,322,973	\$3,490,956,581	\$4,059,332,053	\$4,747,549,898	\$5,459,293,763	\$6,944,972,758	\$7,698,149,236	15.2%	100.0%

AVERAGE PAYMENTS PER RECIPIENT BY TYPE OF SERVICES

									(+) or (-) SLC
									<u>Avg. FFY 05</u>
01. General Hospital	\$6,454.22	\$7,294.04	\$9,517.96	\$2,748.71	\$3,174.58	\$3,925.14	\$5,905.03	-1.5%	12.7%
02. Mental Hospital	\$46,909.43	\$1,708.28	\$57,438.49	\$4,577.67	\$2,467.63	\$4,664.45	\$7,419.15	-26.5%	-59.9%
03. Skilled and Intermediate (non-MR) Care Nursing	\$11,479.30	\$12,735.67	\$13,584.02	\$18,517.67	\$20,023.01	\$18,328.70	\$27,581.57	15.7%	10.2%
04. Intermediate Care for Mentally Retarded	\$122,929.62	\$127,944.43	\$123,424.18	\$155,555.47	\$134,614.85	\$81,855.27	\$194,865.69	8.0%	127.5%
05. Physician Services	\$620.09	\$620.39	\$705.26	\$457.52	\$658.49	\$648.68	\$1,270.24	12.7%	112.0%
06. Dental Services	\$60.12	\$53.21	\$59.14	\$217.29	\$408.19	\$492.80	\$508.22	42.7%	39.3%
07. Other Practitioners	\$143.08	\$158.22	\$183.68	\$141.75	\$123.01	\$358.26	\$1,271.13	43.9%	360.4%
08. Outpatient Hospital	\$170.65	\$123.79	\$144.47	\$466.38	\$691.82	\$641.24	\$750.17	28.0%	25.5%
09. Clinic Services	\$1,096.22	\$150.63	\$342.25	\$77.42	\$72.53	\$362.07	\$772.44	-5.7%	11.4%
10. Lab and X-Ray	\$17.86	\$21.52	\$22.46	\$91.05	\$136.15	\$134.80	\$228.98	53.0%	6.0%
11. Home Health	\$10,073.59	\$13,118.74	\$13,708.56	\$2,248.45	\$2,370.61	\$7,027.86	\$21,888.09	13.8%	514.3%
12. Prescribed Drugs	\$158.04	\$307.34	\$764.70	\$625.53	\$2,079.96	\$1,445.42	\$1,902.76	51.4%	27.6%
13. Family Planning	\$0.00	\$0.00	\$0.00	\$130.60	\$69.00	\$1,393.52	\$1,424.61	121.8%	1.5%
14. Early & Periodic Screening, Diagnosis & Treatment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	n/a	n/a
15. Other Care	\$656.11	\$1,304.35	\$2,815.54	\$1,204.89	\$1,095.95	\$914.83	\$764.46	2.6%	-59.3%
16. Personal Care Support Services	\$0.00	\$0.00	\$0.00	\$498.14	\$802.98	\$370.98	\$684.90	11.2%	-53.5%
17. Home/Community Based Waiver Services	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	n/a	n/a
18. Prepaid Health Care	\$1,367.98	\$1,275.88	\$1,165.36	\$1,179.89	\$325.40	\$269.51	\$401.79	-18.5%	-63.4%
19. Primary Care Case Management (PCCM) Services	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	n/a	-100.0%
Total (Average)	\$2,118.26	\$2,225.92	\$2,533.87	\$2,740.48	\$3,156.41	\$3,148.95	\$4,782.11	14.5%	8.4%

TOTAL PER CAPITA EXPENDITURES	\$811.06	\$960.04	\$1,046.70	\$1,100.93	\$1,209.40	\$1,319.80	\$1,353.09	8.9%	46.6%
--------------------------------------	-----------------	-----------------	-------------------	-------------------	-------------------	-------------------	-------------------	-------------	--------------

Source: MSIS data for FFY 99-05.

SOUTHERN REGION MEDICAID PROFILE

DATA BY OTHER CHARACTERISTICS

RECIPIENTS BY OTHER CHARACTERISTICS

	<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>FFY 05</u>	<i>Annual Change</i>	<i>Share of Total FFY 05</i>
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	413,274	415,106	437,646	478,675	537,217	842,351	658,794	8.1%	40.9%
Poverty Related Eligibles	735,897	798,341	811,828	243,007	258,158	302,059	274,954	-15.1%	17.1%
Medically Needy	113,604	107,099	105,120	116,637	204,234	268,662	168,656	6.8%	10.5%
Other Eligibles	235,613	182,861	219,360	835,754	619,475	716,189	455,562	11.6%	28.3%
Maintenance Assistance Status Unknown	52,567	64,911	28,073	58,308	110,505	76,227	51,816	-0.2%	3.2%
Total	1,550,955	1,568,318	1,602,027	1,732,381	1,729,589	2,205,488	1,609,782	0.6%	100.0%
By Basis of Eligibility									
Aged, Blind, or Disabled	404,122	402,202	408,179	430,553	415,076	691,540	452,302	8.9%	28.1%
Children	628,402	636,781	667,829	723,890	692,450	769,751	674,450	-44.8%	41.9%
Foster Care Children	12,213	12,498	12,579	11,368	15,369	19,344	17,775	79.7%	1.1%
Adults	453,651	451,926	485,367	531,554	496,186	647,956	411,765	-30.0%	25.6%
Basis of Eligibility Unknown	52,567	64,911	28,073	35,016	110,508	76,897	53,490	76.9%	3.3%
Total	1,550,955	1,568,318	1,602,027	1,732,381	1,729,589	2,205,488	1,609,782	-100.0%	100.0%
By Age									
Under Age 1	32,728	32,460	33,812	34,308	34,563	36,901	37,582	45.1%	2.3%
Age 1 to 5	193,563	195,053	202,304	213,237	211,592	245,389	212,793	-1.3%	13.2%
Age 6 to 14	297,421	301,720	316,617	335,549	317,722	354,946	305,113	5.6%	19.0%
Age 15 to 20	160,150	163,104	171,631	183,391	179,763	222,034	179,411	8.4%	11.1%
Age 21 to 44	430,494	423,659	443,946	476,353	445,576	611,015	413,583	-24.0%	25.7%
Age 45 to 64	236,642	240,148	253,768	274,498	268,184	423,812	259,896	-23.8%	16.1%
Age 65 to 74	72,448	74,665	78,939	83,202	86,767	138,381	82,989	-16.1%	5.2%
Age 75 to 84	45,519	44,537	45,240	46,372	47,885	64,626	46,470	0.4%	2.9%
Age 85 and Over	29,456	28,101	27,719	27,182	27,034	32,162	25,256	94.8%	1.6%
Age Unknown	52,534	64,871	28,051	58,289	110,503	76,222	46,689	-100.0%	2.9%
Total	1,550,955	1,568,318	1,602,027	1,732,381	1,729,589	2,205,488	1,609,782	-100.0%	100.0%
By Race									
White	1,027,100	1,036,087	1,058,265	1,104,503	1,069,293	1,419,031	1,005,968	-0.3%	62.5%
Black	440,208	442,131	451,943	464,842	443,673	560,902	439,824	0.0%	27.3%
Hispanic, American Indian or Asian	27,995	19,597	20,037	50,220	48,600	65,404	61,847	14.1%	3.8%
Other/Unknown	55,653	70,503	71,782	112,816	168,023	160,151	102,143	10.7%	6.3%
Total*	1,550,955	1,568,318	1,602,027	1,732,381	1,729,589	2,205,488	1,609,782	0.6%	100.0%
By Sex									
Female	654,416	906,219	924,750	960,387	933,886	1,249,793	909,502	5.6%	56.5%
Male	896,539	662,099	677,277	713,705	685,199	879,470	653,591	-5.1%	40.6%
Unknown	0	0	0	58,289	110,504	76,225	46,689	-7.1%	2.9%
Total*	1,550,955	1,568,318	1,602,027	1,732,381	1,729,589	2,205,488	1,609,782	0.6%	100.0%

Source: MSIS data for FFY 99-05.

SOUTHERN REGION MEDICAID PROFILE

PAYMENTS BY OTHER CHARACTERISTICS

	FFY 99	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05	Annual Change	Share of Total FFY 05
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	\$1,241,486,538	\$1,531,196,651	\$1,502,199,446	\$1,797,648,574	\$2,328,432,770	\$3,266,166,282	\$3,952,109,782	21.3%	51.3%
Poverty Related Eligibles	\$1,284,753,013	\$1,431,821,061	\$1,785,669,064	\$781,659,107	\$313,262,419	\$410,263,750	\$601,436,680	-11.9%	7.8%
Medically Needy	\$150,830,604	\$169,347,881	\$172,640,159	\$205,773,920	\$509,826,438	\$660,194,391	\$643,207,000	27.3%	8.4%
Other Eligibles	\$605,837,323	\$343,222,015	\$598,823,384	\$1,949,198,034	\$2,270,147,260	\$2,529,507,821	\$2,446,459,251	26.2%	31.8%
Maintenance Assistance Status Unknown	\$2,415,495	\$15,368,973	\$0	\$13,270,263	\$37,624,876	\$78,840,514	\$54,936,523	68.3%	0.7%
Total	\$3,285,322,973	\$3,490,956,581	\$4,059,332,053	\$4,747,549,898	\$5,459,293,763	\$6,944,972,758	\$7,698,149,236	15.2%	100.0%
By Basis of Eligibility									
Aged, Blind or Disabled	\$1,962,310,619	\$1,664,387,569	\$2,113,343,387	\$2,637,036,147	\$3,239,966,357	\$4,095,307,261	\$4,759,264,213	15.9%	61.8%
Children	\$542,319,291	\$758,377,426	\$710,732,689	\$714,704,280	\$729,551,275	\$951,471,275	\$1,090,305,046	12.3%	14.2%
Foster Care Children	\$78,596,493	\$77,993,878	\$72,873,756	\$92,344,399	\$112,749,461	\$123,920,913	\$73,213,659	-1.2%	1.0%
Adults	\$699,681,075	\$974,828,735	\$1,162,382,221	\$1,290,194,809	\$1,339,391,041	\$1,690,341,791	\$1,702,697,825	16.0%	22.1%
Basis of Eligibility Unknown	\$2,415,495	\$15,368,973	\$0	\$13,270,263	\$37,635,629	\$83,931,518	\$72,668,493	76.4%	0.9%
Total	\$3,285,322,973	\$3,490,956,581	\$4,059,332,053	\$4,747,549,898	\$5,459,293,763	\$6,944,972,758	\$7,698,149,236	15.2%	100.0%
By Age									
Under Age 1	\$21,358,039	\$38,192,217	\$38,216,039	\$52,485,225	\$66,264,878	\$85,985,719	\$100,934,595	29.5%	1.3%
Age 1 to 5	\$171,331,655	\$221,217,724	\$195,769,464	\$208,501,627	\$250,860,590	\$337,610,882	\$373,333,090	13.9%	4.8%
Age 6 to 14	\$295,865,131	\$397,902,682	\$360,791,541	\$350,454,250	\$367,989,272	\$486,623,272	\$542,609,841	10.6%	7.0%
Age 15 to 20	\$336,871,580	\$438,127,593	\$399,439,472	\$386,414,328	\$360,035,607	\$477,319,899	\$503,303,566	6.9%	6.5%
Age 21 to 44	\$988,904,646	\$1,267,243,826	\$1,256,244,945	\$1,440,318,095	\$1,465,441,787	\$1,932,001,761	\$2,126,628,222	13.6%	27.6%
Age 45 to 64	\$700,539,993	\$874,282,371	\$1,023,861,705	\$1,394,324,512	\$1,691,386,390	\$2,184,433,054	\$2,423,659,308	23.0%	31.5%
Age 65 to 74	\$219,442,200	\$163,402,124	\$213,957,036	\$282,720,936	\$447,452,865	\$526,096,163	\$573,604,790	17.4%	7.5%
Age 75 to 84	\$254,721,104	\$62,842,730	\$265,122,590	\$300,332,862	\$399,975,673	\$441,803,405	\$521,591,321	12.7%	6.8%
Age 85 and Over	\$293,937,238	\$12,406,917	\$305,929,261	\$318,755,176	\$372,266,675	\$394,260,688	\$480,293,015	8.5%	6.2%
Age Unknown	\$2,351,387	\$15,338,397	\$0	\$13,242,887	\$37,620,026	\$78,837,915	\$52,191,488	67.6%	0.7%
Total	\$3,285,322,973	\$3,490,956,581	\$4,059,332,053	\$4,747,549,898	\$5,459,293,763	\$6,944,972,758	\$7,698,149,236	15.2%	100.0%
By Race									
White	\$1,993,081,754	\$2,379,721,705	\$2,753,991,672	\$3,421,275,083	\$3,979,573,999	\$4,979,277,117	\$5,510,758,367	18.5%	71.6%
Black	\$697,530,394	\$1,053,223,802	\$1,196,334,667	\$1,024,268,757	\$1,060,123,414	\$1,373,567,912	\$1,523,023,909	13.9%	19.8%
Hispanic, American Indian or Asian	\$23,393,737	\$50,533,812	\$55,206,195	\$58,734,913	\$59,117,964	\$109,609,676	\$142,678,463	35.2%	1.9%
Other/Unknown	\$571,317,087	\$7,477,262	\$53,799,519	\$243,271,145	\$360,478,386	\$482,518,053	\$521,688,497	-1.5%	6.8%
Total*	\$3,285,322,973	\$3,490,956,581	\$4,059,332,053	\$4,747,549,898	\$5,459,293,763	\$6,944,972,758	\$7,698,149,236	15.2%	100.0%
By Sex									
Female	\$1,758,322,407	\$1,765,144,052	\$2,085,929,055	\$2,895,365,294	\$3,356,141,655	\$4,210,915,777	\$4,656,709,024	17.6%	60.5%
Male	\$1,066,048,064	\$1,333,639,315	\$1,542,091,553	\$1,838,941,717	\$2,065,531,512	\$2,655,205,343	\$2,989,248,724	18.7%	38.8%
Unknown	\$460,952,502	\$392,173,214	\$431,311,445	\$13,242,887	\$37,620,596	\$78,851,638	\$52,191,488	-30.4%	0.7%
Total*	\$3,285,322,973	\$3,490,956,581	\$4,059,332,053	\$4,747,549,898	\$5,459,293,763	\$6,944,972,758	\$7,698,149,236	15.2%	100.0%

Source: MSIS data for FFY 99-05.

SOUTHERN REGION MEDICAID PROFILE

AVERAGE PAYMENT PER RECIPIENT BY OTHER CHARACTERISTICS

								<i>Annual Change</i>	<i>Above (+) or Below (-) SLC Avg. FFY 05</i>
By Maintenance Assistance Status	FFY 99	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05		
Receiving Cash Assistance or Eligible Under Section 1931	\$3,004.03	\$3,688.69	\$3,432.45	\$3,755.47	\$4,334.25	\$3,877.44	\$5,999.01	12.2%	2.7%
Poverty Related Eligibles	\$1,745.83	\$1,793.50	\$2,199.57	\$3,216.61	\$1,213.45	\$1,358.22	\$2,187.41	3.8%	4.0%
Medically Needy	\$1,327.69	\$1,581.23	\$1,642.32	\$1,764.23	\$2,496.29	\$2,457.34	\$3,813.72	19.2%	-51.6%
Other Eligibles	\$2,571.32	\$1,876.96	\$2,729.87	\$2,332.26	\$3,664.63	\$3,531.90	\$5,370.20	13.1%	-30.5%
Maintenance Assistance Status Unknown	\$45.95	\$236.77	\$0.00	\$227.59	\$340.48	\$1,034.29	\$1,060.22	68.7%	-68.9%
Total	\$2,118.26	\$2,225.92	\$2,533.87	\$2,740.48	\$3,156.41	\$3,148.95	\$4,782.11	14.5%	8.4%
 By Basis of Eligibility									
Aged, Blind or Disabled	\$4,855.74	\$4,138.19	\$5,177.49	\$6,124.77	\$7,805.72	\$5,922.01	\$10,522.32	13.8%	-12.1%
Children	\$863.01	\$1,190.95	\$1,064.24	\$987.31	\$1,053.58	\$1,236.08	\$1,616.58	11.0%	4.8%
Foster Care Children	\$6,435.48	\$6,240.51	\$5,793.29	\$8,123.19	\$7,336.16	\$6,406.17	\$4,118.91	-7.2%	-40.9%
Adults	\$1,542.33	\$2,157.05	\$2,394.85	\$2,427.21	\$2,699.37	\$2,608.73	\$4,135.12	17.9%	43.6%
Basis of Eligibility Unknown	\$45.95	\$236.77	\$0.00	\$378.98	\$340.57	\$1,091.48	\$1,358.54	75.8%	-60.7%
Total	\$2,118.26	\$2,225.92	\$2,533.87	\$2,740.48	\$3,156.41	\$3,148.95	\$4,782.11	14.5%	8.4%
 By Age									
Under Age 1	\$652.59	\$1,176.59	\$1,130.25	\$1,529.82	\$1,917.22	\$2,330.17	\$2,685.72	26.6%	-27.2%
Age 1 to 5	\$885.15	\$1,134.14	\$967.70	\$977.79	\$1,185.59	\$1,375.82	\$1,754.44	12.1%	-5.6%
Age 6 to 14	\$994.77	\$1,318.78	\$1,139.52	\$1,044.42	\$1,158.21	\$1,370.98	\$1,778.39	10.2%	0.4%
Age 15 to 20	\$2,103.48	\$2,686.19	\$2,327.32	\$2,107.05	\$2,002.83	\$2,149.76	\$2,805.31	4.9%	0.7%
Age 21 to 44	\$2,297.14	\$2,991.19	\$2,829.72	\$3,023.64	\$3,288.87	\$3,161.95	\$5,141.96	14.4%	-1.4%
Age 45 to 64	\$2,960.34	\$3,640.60	\$4,034.64	\$5,079.54	\$6,306.81	\$5,154.25	\$9,325.50	21.1%	-16.4%
Age 65 to 74	\$3,028.96	\$2,188.47	\$2,710.41	\$3,398.01	\$5,156.95	\$3,801.79	\$6,911.82	14.7%	-17.9%
Age 75 to 84	\$5,595.93	\$1,411.02	\$5,860.36	\$6,476.60	\$8,352.84	\$6,836.31	\$11,224.26	12.3%	-7.8%
Age 85 and Over	\$9,978.86	\$441.51	\$11,036.81	\$11,726.70	\$13,770.31	\$12,258.59	\$19,016.99	11.3%	1.4%
Age Unknown	\$44.76	\$236.44	\$0.00	\$227.19	\$340.44	\$1,034.32	\$1,117.85	71.0%	-67.3%
Total	\$2,118.26	\$2,225.92	\$2,533.87	\$2,740.48	\$3,156.41	\$3,148.95	\$4,782.11	14.5%	8.4%
 By Race									
White	\$1,940.49	\$2,296.84	\$2,602.36	\$3,097.57	\$3,721.69	\$3,508.93	\$5,478.07	18.9%	0.1%
Black	\$1,584.55	\$2,382.15	\$2,647.09	\$2,203.48	\$2,389.43	\$2,448.86	\$3,462.80	13.9%	-8.9%
Hispanic, American Indian or Asian	\$835.65	\$2,578.67	\$2,755.28	\$1,169.55	\$1,216.42	\$1,675.89	\$2,306.96	18.4%	-20.5%
Other/Unknown	\$10,265.73	\$106.06	\$749.48	\$2,156.35	\$2,145.41	\$3,012.89	\$5,107.43	-11.0%	16.2%
Total	\$2,118.26	\$2,225.92	\$2,533.87	\$2,740.48	\$3,156.41	\$3,148.95	\$4,782.11	14.5%	8.4%
 By Sex									
Female	\$2,686.86	\$1,947.81	\$2,255.67	\$3,014.79	\$3,593.74	\$3,369.29	\$5,120.06	11.3%	11.7%
Male	\$1,189.07	\$2,014.26	\$2,276.90	\$2,576.61	\$3,014.50	\$3,019.10	\$4,573.58	25.2%	5.1%
Unknown	\$0.00	\$0.00	\$0.00	\$227.19	\$340.45	\$1,034.46	\$1,117.85	70.1%	-66.9%
Total	\$2,118.26	\$2,225.92	\$2,533.87	\$2,740.48	\$3,156.41	\$3,148.95	\$4,782.11	14.5%	8.4%

Source: MSIS data for FFY 99-05.

SOUTHERN REGION MEDICAID PROFILE

ADDITIONAL STATE HEALTH CARE INFORMATION

Sources: "Issue Briefs", Health Policy Tracking Service, January 2006; "Medicaid Services State by State", CMS, October 2005; "State Health Facts", The Henry Kaiser Foundation, January 2006; state annual report for FY 05; and 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 7/1/02 Tennessee reached a new five-year agreement with the federal government to continue TennCare. The agreement separated TennCare into 3 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 began 1/1/03. 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 3/24/05 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 12/31/01, 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 6/1/05, 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 12/31/01, as uninsured with no access to insurance, and 4) uninsured children under age 19 that have Medicare, but not Medicaid, were enrolled before 12/31/01, 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 100-200% 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
- Limit out-of-pocket expenses to \$1,000 for individuals and \$2,000 for families.

SOUTHERN REGION MEDICAID PROFILE

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 (100-600% 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 7/1/87.
- Mental Health-Global Budget: Effective 7/1/97, 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 a 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 6/30/03.
- 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 10/15/03. The PDL is projected to achieve a \$150 million cost savings in the pharmacy program.

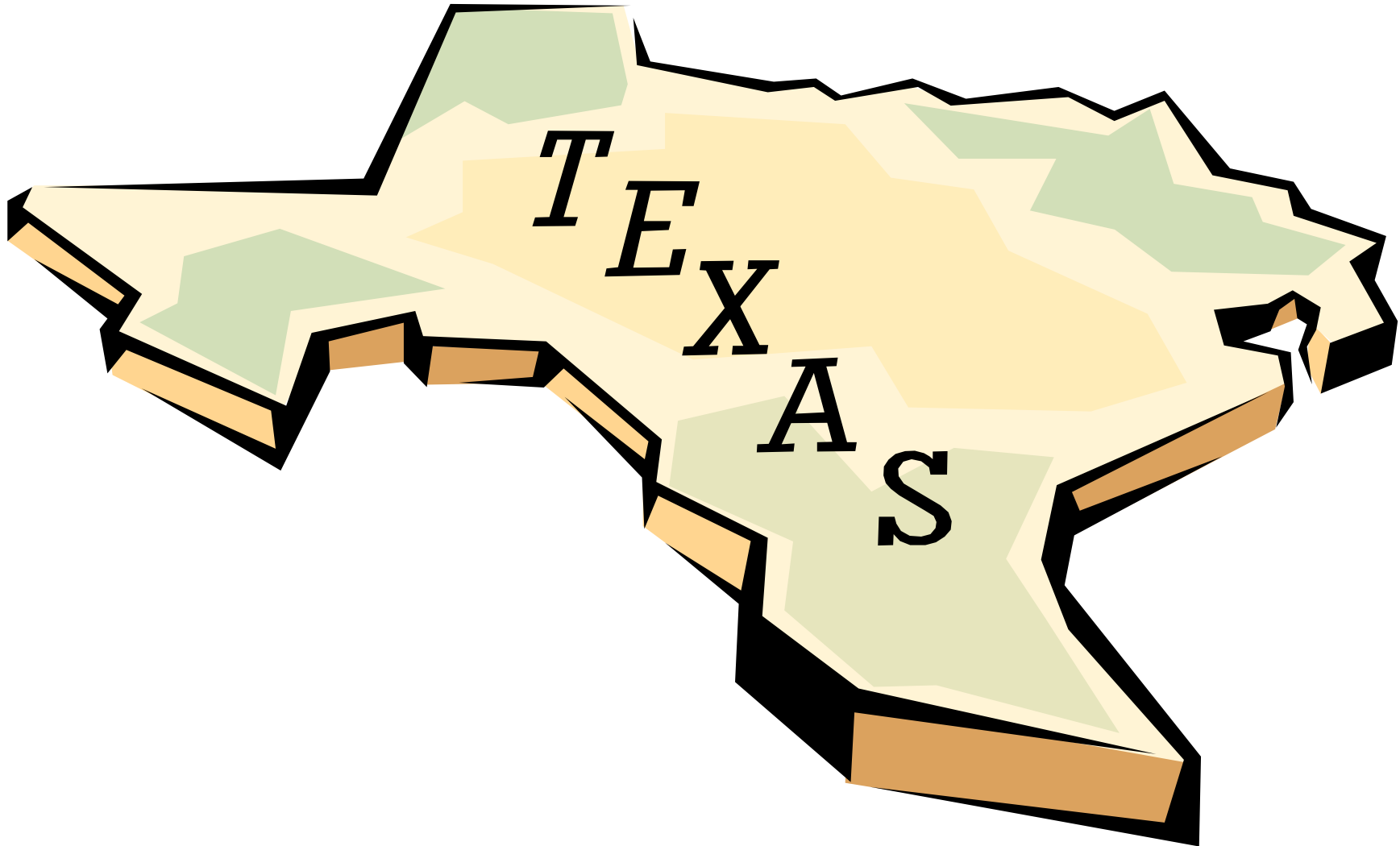
Medicaid

- 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 6/30/07.

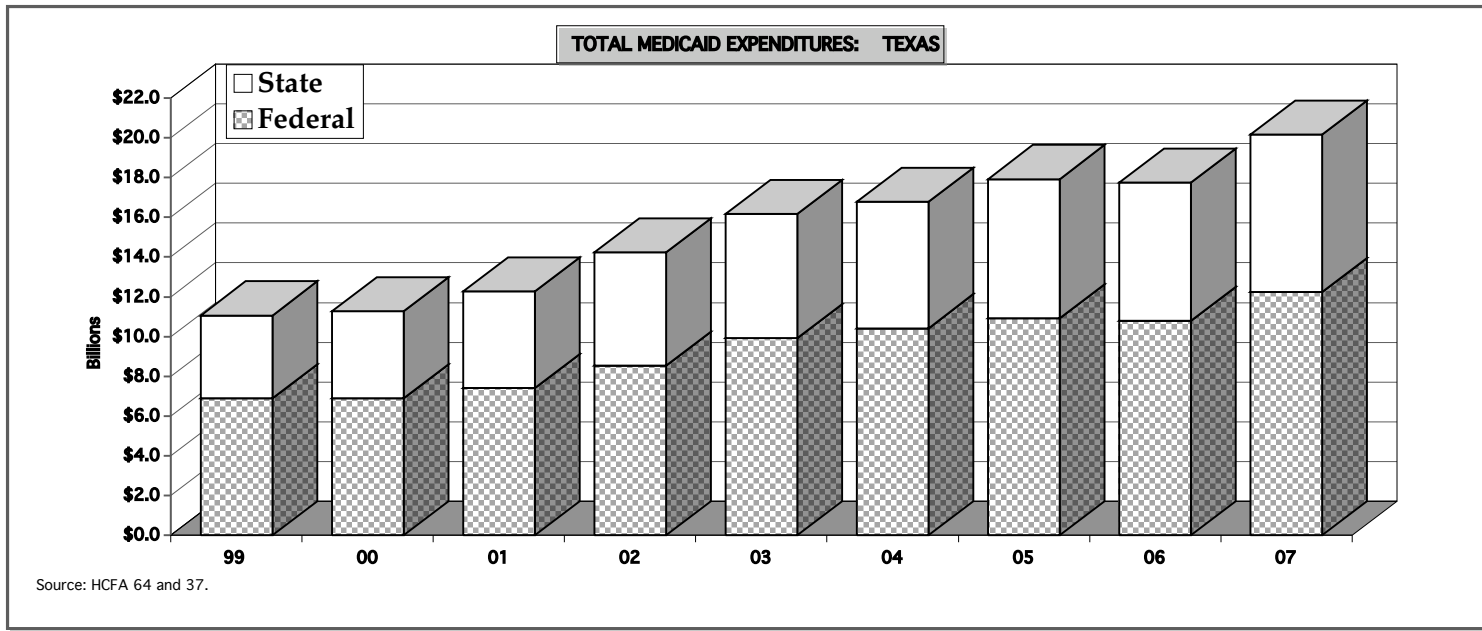
Children's Health Insurance Program: State Designed

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

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 99	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05	FFY 06**	FFY 07**	Annual Rate of Change 99-07	Total Change 99-07
Medicaid Payments	\$10,398,353,951	\$10,643,772,061	\$11,604,639,613	\$13,530,826,351	\$15,420,479,085	\$16,077,695,030	\$17,264,066,130	\$17,029,133,000	\$19,500,770,000	8.2%	87.5%
Federal Share	\$6,516,178,649	\$6,552,379,660	\$7,050,331,820	\$8,163,909,015	\$9,490,380,707	\$10,031,272,125	\$10,535,339,319	\$10,374,032,000	\$11,863,767,000	7.8%	82.1%
State Share	\$3,882,175,302	\$4,091,392,401	\$4,554,307,793	\$5,366,917,336	\$5,930,098,378	\$6,046,422,905	\$6,728,726,811	\$6,655,101,000	\$7,637,003,000	8.8%	96.7%
Administrative Costs	\$667,216,364	\$619,051,157	\$656,595,682	\$706,759,839	\$749,960,111	\$695,157,913	\$662,460,980	\$711,522,000	\$674,079,000	0.1%	1.0%
Federal Share	\$381,132,417	\$337,690,078	\$356,949,745	\$385,752,228	\$441,560,500	\$389,375,329	\$373,116,681	\$406,786,000	\$381,004,000	0.0%	0.0%
State Share	\$286,083,947	\$281,361,079	\$299,645,937	\$321,007,611	\$308,399,611	\$305,782,584	\$289,344,299	\$304,736,000	\$293,075,000	0.3%	2.4%
Admin. Costs as % of Payments	6.42%	5.82%	5.66%	5.22%	4.86%	4.32%	3.84%	4.18%	3.46%		
Federal Match Rate*	62.45%	61.36%	60.57%	60.17%	59.99%	60.22%	60.87%	60.66%	60.78%		

*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 06 and 07 reflect latest estimates reported by each state (CMS 37).

SOUTHERN REGION MEDICAID PROFILE

STATE FINANCING	Payments		Administration	
	FFY 99	FFY 05	FFY 99	FFY 05
State General Fund	\$3,882,175,302	\$6,722,015,944	\$286,083,947	\$289,344,299
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	\$3,882,175,302	\$6,728,726,811	\$286,083,947	\$289,344,299

*Donations from Outstationed Eligibility Workers Program

Provider Taxes Currently in Place (FFY 05)	
Tax Rate	Amount
NO PROVIDER TAXES	

DISPROPORTIONATE SHARE HOSPITAL (DSH) PAYMENTS

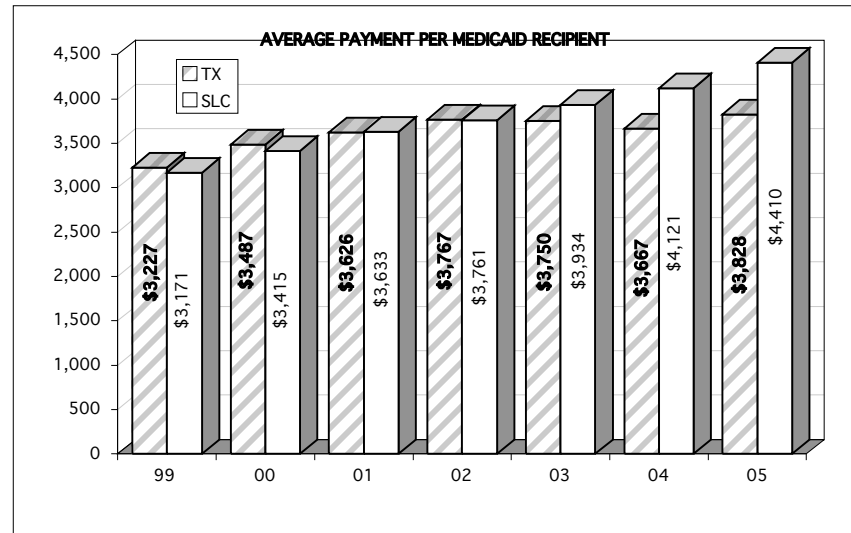
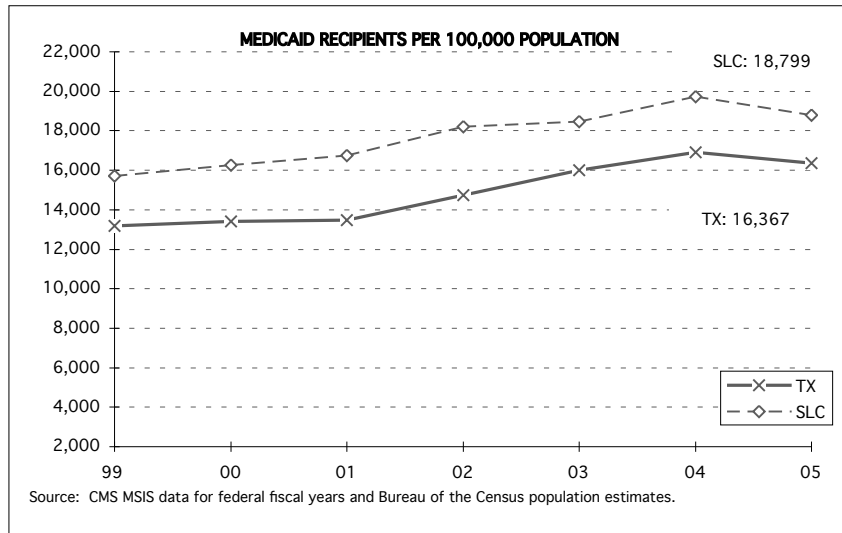
	FFY 99	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05	FFY 06**	FFY 07**	Annual Change
General Hospitals	\$1,142,184,571	\$1,073,086,000	\$1,015,303,172	\$1,057,502,792	\$954,235,533	\$1,186,118,733	\$1,187,333,846	\$1,197,786,000	\$1,197,786,000	2.8%
Mental Hospitals	\$292,400,774	\$240,473,000	\$223,024,783	\$227,650,322	\$229,339,250	\$257,716,302	\$306,781,041	\$287,066,000	\$287,066,000	4.3%
Total	\$1,434,585,345	\$1,313,559,000	\$1,238,327,955	\$1,285,153,114	\$1,183,574,783	\$1,443,835,035	\$1,494,114,887	\$1,484,852,000	\$1,484,852,000	3.1%

SELECTED ELIGIBILITY CRITERIA				DEMOGRAPHIC DATA & POVERTY INDICATORS (2005)			
	At 10/1/05	% of FPL*					Rank in U.S.
TANF-Temporary Assistance for Needy Families (Family of 3)				State population—July 1, 2005*	22,928,508		2
Need Standard	\$751	57.5%					
Payment Standard	\$188	14.4%		Per capita personal income**	\$32,604		27
Maximum Payment	\$223	17.1%		Median household income**	\$41,959		37
Medically Needy Program (Family of 3)				Population below Federal Poverty Level on July 1, 2003*	3,783,204		
Income Eligibility Standard	\$275			Percent of total state population	16.5%		4
Resource Standard	\$2,000						
Resource Standard-Aged / Disabled	\$3,000			Population without health insurance coverage*	5,516,000		2
Pregnant Women, Children and Infants (% of FPL*)				Percent of total state population	24.1%		1
Pregnant women and infants		185.0%					
Children to age 5		133.0%		Recipients of Food Stamps***	2,622,548		1
Children age 6 to 18		100.0%		Households receiving Food Stamps***	941,050		1
SSI Eligibility Levels				Total value of issuance***	\$2,939,331,493		1
Income:				Average monthly benefit per recipient	\$93.40		17
Single Person	\$564	72.7%		Average monthly benefit per household	\$260.29		
Couple	\$846	81.3%					
Resources:				Monthly recipients of Temporary Assistance to Needy Families (TANF)****	152,124		7
Single Person	\$2,000			Total TANF payments****	\$149,035,803		41
Couple	\$3,000			Average monthly payment per recipient	\$81.64		46
				Maximum monthly payment per family of 3	\$188.00		47

*Current federal poverty level is \$9,570 per year for a single person, \$12,830 for a family of two and \$16,090 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 99</u>	<u>FFY 00</u>	<u>FFY 01</u>	<u>FFY 02</u>	<u>FFY 03</u>	<u>FFY 04</u>	<u>FFY 05</u>	<i>Annual Change</i>
01. General Hospital	396,110	491,100	459,366	505,328	524,866	520,829	523,708	4.8%
02. Mental Hospital	6,364	7,838	5,590	6,871	7,033	6,271	8,199	4.3%
03. Skilled and Intermediate (non-MR) Care Nursing	95,812	95,230	97,384	112,195	126,159	111,437	104,113	1.4%
04. Intermediate Care for Mentally Retarded	13,827	14,090	13,969	13,527	13,081	12,975	12,902	-1.1%
05. Physician Services	1,885,426	1,867,977	1,759,336	1,633,843	1,836,338	1,962,778	2,057,842	1.5%
06. Dental Services	617,985	648,887	672,609	800,166	1,007,153	1,142,879	1,243,010	12.4%
07. Other Practitioners	4,951	505,972	473,150	493,175	556,201	466,872	491,956	115.2%
08. Outpatient Hospital	941,835	959,741	859,496	744,982	835,081	849,339	884,138	-1.0%
09. Clinic Services	287,727	286,422	258,236	254,034	275,204	289,852	308,635	1.2%
10. Lab and X-Ray	838,408	926,803	1,242,800	1,598,924	1,770,760	1,766,141	1,808,267	13.7%
11. Home Health	8,056	94,609	124,746	152,636	177,289	186,497	212,816	72.6%
12. Prescribed Drugs	1,853,536	1,852,801	1,917,351	2,153,316	2,475,742	2,679,025	2,753,651	6.8%
13. Family Planning	18,725	19,262	21,119	22,738	24,626	23,130	26,063	5.7%
14. Early & Periodic Screening, Diagnosis & Treatment	0	0	0	1,060,182	0	0	0	-100.0%
15. Other Care	518,113	286,033	346,528	422,013	466,759	681,625	719,194	5.6%
16. Personal Care Support Services	164,363	343,084	313,208	330,560	369,035	322,339	365,402	14.2%
17. Home/Community Based Waiver Services	0	0	0	0	0	0	0	n/a
18. Prepaid Health Care	520,222	726,596	851,560	1,036,216	1,240,733	1,425,989	1,446,184	18.6%
19. Primary Care Case Management (PCCM) Services	243,529	294,574	1,958	418,877	485,517	535,691	1,174,904	30.0%
Total*	2,518,222	2,602,616	2,659,682	2,952,569	3,339,796	3,603,539	3,752,644	6.9%

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

SOUTHERN REGION MEDICAID PROFILE

PAYMENTS BY TYPE OF SERVICES	FFY 99	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05	Annual	Share of Total
								Change	FFY 05
01. General Hospital	\$1,326,163,356	\$1,664,827,087	\$1,821,796,697	\$2,127,893,917	\$2,319,999,313	\$2,326,611,168	\$2,406,471,661	10.4%	16.8%
02. Mental Hospital	\$35,870,950	\$42,666,675	\$33,523,139	\$50,069,021	\$57,270,224	\$50,365,540	\$73,754,773	12.8%	0.5%
03. Skilled and Intermediate (non-MR) Care Nursing	\$1,437,040,893	\$1,575,060,537	\$1,604,753,732	\$1,803,710,704	\$1,820,433,002	\$1,767,241,962	\$2,027,169,336	5.9%	14.1%
04. Intermediate Care for Mentally Retarded	\$689,957,035	\$839,351,663	\$765,161,054	\$810,581,046	\$858,769,874	\$840,627,835	\$903,991,117	4.6%	6.3%
05. Physician Services	\$937,196,510	\$843,385,764	\$760,315,233	\$689,779,234	\$796,174,746	\$866,787,946	\$980,382,620	0.8%	6.8%
06. Dental Services	\$135,075,124	\$154,644,785	\$158,259,031	\$207,353,103	\$281,589,583	\$323,098,169	\$389,330,384	19.3%	2.7%
07. Other Practitioners	\$301,821	\$88,088,408	\$86,357,097	\$95,698,371	\$113,357,367	\$92,108,385	\$98,190,659	162.3%	0.7%
08. Outpatient Hospital	\$386,357,309	\$451,246,016	\$331,040,421	\$234,561,780	\$294,370,899	\$283,687,820	\$293,055,490	-4.5%	2.0%
09. Clinic Services	\$55,408,155	\$103,757,356	\$56,220,495	\$61,588,767	\$75,515,365	\$83,931,354	\$98,766,251	10.1%	0.7%
10. Lab and X-Ray	\$62,176,712	\$77,378,285	\$237,107,417	\$462,274,801	\$541,879,779	\$533,159,003	\$603,952,742	46.1%	4.2%
11. Home Health	\$68,245,666	\$172,485,103	\$203,975,224	\$279,228,444	\$318,157,925	\$345,854,397	\$446,554,236	36.8%	3.1%
12. Prescribed Drugs	\$952,419,862	\$1,125,238,856	\$1,327,222,456	\$1,591,828,224	\$1,921,877,468	\$2,202,193,332	\$2,417,258,652	16.8%	16.8%
13. Family Planning	\$14,187,285	\$14,222,275	\$22,893,809	\$29,768,817	\$32,266,238	\$29,738,668	\$31,252,260	14.1%	0.2%
14. Early & Periodic Screening, Diagnosis & Treatment*	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a	0.0%
15. Other Care	\$988,770,560	\$977,638,786	\$1,060,580,092	\$1,204,041,493	\$1,398,692,827	\$1,479,165,070	\$1,596,000,591	8.3%	11.1%
16. Personal Care Support Services	\$186,413,300	\$302,479,378	\$316,449,739	\$325,774,296	\$387,597,146	\$454,602,039	\$527,805,016	18.9%	3.7%
17. Home/Community Based Waiver Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a	0.0%
18. Prepaid Health Care	\$615,598,443	\$634,466,433	\$851,313,187	\$1,137,787,529	\$1,295,382,939	\$1,525,021,819	\$1,465,223,173	15.5%	10.2%
19. Primary Case Management (PCCM) Services	\$234,642,837	\$8,368,179	\$7,631,535	\$9,080,493	\$11,191,638	\$10,209,690	\$6,160,689	-45.5%	0.0%
Total (excludes DSH pymts, pharmacy rebates, & other adjs.)	\$8,125,825,818	\$9,075,305,586	\$9,644,600,358	\$11,121,020,040	\$12,524,526,333	\$13,214,404,197	\$14,365,319,650	10.0%	100.0%

AVERAGE PAYMENTS PER RECIPIENT BY TYPE OF SERVICES

									(+) or (-) SLC
									Avg. FFY 05
01. General Hospital	\$3,347.97	\$3,390.00	\$3,965.89	\$4,210.92	\$4,420.17	\$4,467.13	\$4,595.06	5.4%	-12.3%
02. Mental Hospital	\$5,636.54	\$5,443.57	\$5,996.98	\$7,287.01	\$8,143.07	\$8,031.50	\$8,995.58	8.1%	-51.4%
03. Skilled and Intermediate (non-MR) Care Nursing	\$14,998.55	\$16,539.54	\$16,478.62	\$16,076.57	\$14,429.67	\$15,858.66	\$19,470.86	4.4%	-22.2%
04. Intermediate Care for Mentally Retarded	\$49,899.26	\$59,570.74	\$54,775.65	\$59,923.19	\$65,650.17	\$64,788.27	\$70,065.97	5.8%	-18.2%
05. Physician Services	\$497.07	\$451.50	\$432.16	\$422.18	\$433.57	\$441.61	\$476.41	-0.7%	-20.5%
06. Dental Services	\$218.57	\$238.32	\$235.29	\$259.14	\$279.59	\$282.71	\$313.22	6.2%	-14.1%
07. Other Practitioners	\$60.96	\$174.10	\$182.52	\$194.05	\$203.81	\$197.29	\$199.59	21.9%	-27.7%
08. Outpatient Hospital	\$410.22	\$470.17	\$385.16	\$314.86	\$352.51	\$334.01	\$331.46	-3.5%	-44.5%
09. Clinic Services	\$192.57	\$362.25	\$217.71	\$242.44	\$274.40	\$289.57	\$320.01	8.8%	-53.8%
10. Lab and X-Ray	\$74.16	\$83.49	\$190.78	\$289.12	\$306.02	\$301.88	\$334.00	28.5%	54.6%
11. Home Health	\$8,471.41	\$1,823.14	\$1,635.12	\$1,829.37	\$1,794.57	\$1,854.48	\$2,098.31	-20.8%	-41.1%
12. Prescribed Drugs	\$513.84	\$607.32	\$692.22	\$739.25	\$776.28	\$822.01	\$877.84	9.3%	-41.1%
13. Family Planning	\$757.67	\$738.36	\$1,084.04	\$1,309.21	\$1,310.25	\$1,285.72	\$1,199.10	8.0%	-14.6%
14. Early & Periodic Screening, Diagnosis & Treatment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	n/a	n/a
15. Other Care	\$1,908.41	\$3,417.92	\$3,060.59	\$2,853.09	\$2,996.61	\$2,170.06	\$2,219.15	2.5%	18.2%
16. Personal Care Support Services	\$1,134.16	\$881.65	\$1,040.12	\$0.00	\$0.00	\$0.00	\$0.00	-100.0%	-100.0%
17. Home/Community Based Waiver Services	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	n/a	n/a
18. Prepaid Health Care	\$1,183.34	\$873.20	\$999.71	\$1,098.02	\$1,044.05	\$1,069.45	\$1,013.17	-2.6%	-7.7%
19. Primary Care Case Management (PCCM) Services	\$963.51	\$28.41	\$3,897.62	\$21.68	\$23.05	\$19.06	\$5.24	-58.1%	-80.8%
Total (Average)	\$3,226.81	\$3,486.99	\$3,626.22	\$3,766.56	\$3,750.09	\$3,667.06	\$3,828.05	2.9%	-13.2%

TOTAL PER CAPITA EXPENDITURES

	\$579.62	\$580.99	\$620.52	\$710.31	\$775.49	\$786.53	\$781.84	5.1%	-15.3%
--	-----------------	-----------------	-----------------	-----------------	-----------------	-----------------	-----------------	-------------	---------------

Source: MSIS data for FFY 99-05.

SOUTHERN REGION MEDICAID PROFILE

DATA BY OTHER CHARACTERISTICS

RECIPIENTS BY OTHER CHARACTERISTICS

	FFY 99	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05	Annual Change	Share of Total FFY 05
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	847,938	850,168	846,443	861,940	829,060	789,893	758,725	-1.8%	20.2%
Poverty Related Eligibles	1,024,428	1,065,782	1,115,671	1,376,166	1,711,029	2,042,132	2,192,388	13.5%	58.4%
Medically Needy	31,805	38,795	45,428	59,787	78,219	66,603	70,655	14.2%	1.9%
Other Eligibles	466,605	447,772	458,345	502,201	577,598	563,251	560,810	3.1%	14.9%
Maintenance Assistance Status Unknown	147,446	200,099	193,795	152,475	143,890	141,660	170,066	2.4%	4.5%
Total*	2,518,222	2,602,616	2,659,682	2,952,569	3,339,796	3,603,539	3,752,644	6.9%	100.0%
By Basis of Eligibility									
Aged, Blind, or Disabled	609,366	605,536	604,310	762,848	615,222	634,264	660,889	1.4%	17.6%
Children	1,348,414	1,373,457	1,418,218	1,620,539	2,019,147	2,285,138	2,390,582	10.0%	63.7%
Foster Care Children	23,733	27,062	29,364	34,544	35,075	37,761	43,419	10.6%	1.2%
Adults	389,263	396,462	413,995	534,638	526,001	504,716	486,688	3.8%	13.0%
Basis of Eligibility Unknown	147,446	200,099	193,795	0	144,351	141,660	171,066	2.5%	4.6%
Total*	2,518,222	2,602,616	2,659,682	2,952,569	3,339,796	3,603,539	3,752,644	6.9%	100.0%
By Age									
Under Age 1	149,086	161,218	240,016	195,738	204,070	214,895	222,890	6.9%	5.9%
Age 1 to 5	552,865	559,641	586,226	697,442	830,961	931,775	967,550	9.8%	25.8%
Age 6 to 14	580,219	578,162	559,181	697,132	842,613	960,734	1,004,787	9.6%	26.8%
Age 15 to 20	232,906	246,509	237,689	295,640	349,227	395,647	420,400	10.3%	11.2%
Age 21 to 44	396,133	401,572	397,111	472,848	513,270	502,002	501,120	4.0%	13.4%
Age 45 to 64	153,136	156,634	161,800	168,753	181,960	184,400	195,039	4.1%	5.2%
Age 65 to 74	123,388	121,638	121,596	107,752	107,795	106,340	104,745	-2.7%	2.8%
Age 75 to 84	106,291	103,964	99,437	98,860	100,878	102,426	102,532	-0.6%	2.7%
Age 85 and Over	76,743	73,176	62,831	65,928	65,129	63,649	63,505	-3.1%	1.7%
Age Unknown	147,455	200,102	193,795	152,476	143,893	141,671	170,076	2.4%	4.5%
Total*	2,518,222	2,602,616	2,659,682	2,952,569	3,339,796	3,603,539	3,752,644	6.9%	100.0%
By Race									
White	690,907	714,222	730,053	723,285	819,053	871,205	883,861	4.2%	23.6%
Black	487,805	504,275	515,455	533,579	596,194	632,847	641,383	4.7%	17.1%
Hispanic, American Indian or Asian	1,268,790	1,311,004	1,339,437	1,513,063	1,751,325	1,925,458	2,010,126	8.0%	53.6%
Other/Unknown	70,720	73,115	74,737	182,642	173,224	174,029	217,274	20.6%	5.8%
Total*	2,518,222	2,602,616	2,659,682	2,952,569	3,339,796	3,603,539	3,752,644	6.9%	100.0%
By Sex									
Female	1,519,533	1,570,900	1,605,591	1,657,274	1,864,814	1,993,970	2,050,536	5.1%	54.6%
Male	993,372	1,026,342	1,048,658	1,142,798	1,331,058	1,467,859	1,531,986	7.5%	40.8%
Unknown	5,317	5,374	5,433	152,497	143,924	141,710	170,122	78.2%	4.5%
Total*	2,518,222	2,602,616	2,659,682	2,952,569	3,339,796	3,603,539	3,752,644	6.9%	100.0%

Source: MSIS data for FFY 99-05.

SOUTHERN REGION MEDICAID PROFILE

PAYMENTS BY OTHER CHARACTERISTICS

	FFY 99	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05	Annual Change	Share of Total FFY 05
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	\$3,454,276,260	\$3,981,942,467	\$4,156,474,616	\$4,605,276,710	\$4,995,238,179	\$5,286,912,454	\$5,589,684,784	8.4%	38.9%
Poverty Related Eligibles	\$1,239,768,586	\$1,337,991,819	\$1,469,040,409	\$2,019,022,693	\$2,521,058,766	\$3,037,812,596	\$3,333,807,337	17.9%	23.2%
Medically Needy	\$83,337,665	\$123,185,260	\$162,440,892	\$216,062,059	\$291,098,832	\$208,293,563	\$233,280,602	18.7%	1.6%
Other Eligibles	\$3,201,836,270	\$3,428,670,184	\$3,631,911,414	\$4,137,558,144	\$4,537,505,028	\$4,518,123,417	\$4,995,553,173	7.7%	34.8%
Maintenance Assistance Status Unknown	\$146,607,037	\$203,515,856	\$224,733,027	\$143,100,434	\$179,625,528	\$163,262,167	\$212,993,754	6.4%	1.5%
Total*	\$8,125,825,818	\$9,075,305,586	\$9,644,600,358	\$11,121,020,040	\$12,524,526,333	\$13,214,404,197	\$14,365,319,650	10.0%	100.0%
By Basis of Eligibility								0.0%	
Aged, Blind or Disabled	\$5,371,322,978	\$6,108,888,216	\$6,260,647,062	\$6,919,597,956	\$7,582,885,692	\$7,955,563,284	\$8,695,129,441	8.4%	60.5%
Children	\$1,578,965,373	\$1,646,523,165	\$1,936,943,993	\$2,552,870,922	\$3,053,129,496	\$3,447,279,793	\$3,754,791,992	15.5%	26.1%
Foster Care Children	\$114,045,806	\$156,434,965	\$184,882,555	\$225,951,005	\$257,228,725	\$287,902,176	\$316,777,028	18.6%	2.2%
Adults	\$914,884,624	\$959,943,384	\$1,037,393,721	\$1,279,499,723	\$1,446,076,050	\$1,360,396,777	\$1,370,509,448	7.0%	9.5%
Basis of Eligibility Unknown	\$146,607,037	\$203,515,856	\$224,733,027	\$143,100,434	\$185,206,370	\$163,262,167	\$228,111,741	7.6%	1.6%
Total*	\$8,125,825,818	\$9,075,305,586	\$9,644,600,358	\$11,121,020,040	\$12,524,526,333	\$13,214,404,197	\$14,365,319,650	10.0%	100.0%
By Age									
Under Age 1	\$450,690,626	\$481,534,957	\$779,690,671	\$753,846,092	\$814,168,610	\$874,090,200	\$960,460,288	13.4%	6.7%
Age 1 to 5	\$801,566,001	\$825,057,094	\$910,053,507	\$1,290,191,014	\$1,546,740,655	\$1,771,758,357	\$1,922,612,566	15.7%	13.4%
Age 6 to 14	\$670,076,592	\$741,734,172	\$785,042,189	\$1,006,959,263	\$1,252,539,847	\$1,442,016,864	\$1,598,715,901	15.6%	11.1%
Age 15 to 20	\$526,600,438	\$569,428,451	\$618,486,582	\$730,054,921	\$837,569,184	\$926,729,620	\$1,036,205,165	11.9%	7.2%
Age 21 to 44	\$1,758,038,398	\$1,961,677,868	\$1,999,108,338	\$2,334,313,199	\$2,581,617,842	\$2,569,387,173	\$2,686,424,738	7.3%	18.7%
Age 45 to 64	\$1,261,573,423	\$1,540,256,466	\$1,641,515,451	\$1,893,963,580	\$2,169,154,217	\$2,283,139,762	\$2,510,061,434	12.1%	17.5%
Age 65 to 74	\$677,717,904	\$756,574,445	\$774,716,403	\$798,643,705	\$863,248,954	\$892,292,579	\$945,481,189	5.7%	6.6%
Age 75 to 84	\$873,536,760	\$960,844,411	\$984,384,163	\$1,078,428,531	\$1,167,423,904	\$1,208,128,015	\$1,304,867,093	6.9%	9.1%
Age 85 and Over	\$959,401,954	\$1,034,680,461	\$926,870,027	\$1,091,519,175	\$1,112,435,415	\$1,083,578,437	\$1,187,468,359	3.6%	8.3%
Age Unknown	\$146,623,722	\$203,517,261	\$224,733,027	\$143,100,560	\$179,627,705	\$163,283,190	\$213,022,917	6.4%	1.5%
Total*	\$8,125,825,818	\$9,075,305,586	\$9,644,600,358	\$11,121,020,040	\$12,524,526,333	\$13,214,404,197	\$14,365,319,650	10.0%	100.0%
By Race									
White	\$3,623,853,179	\$4,042,074,489	\$4,294,220,084	\$4,601,981,581	\$5,045,563,598	\$5,170,720,646	\$5,518,834,774	7.3%	38.4%
Black	\$1,487,478,219	\$1,660,264,025	\$1,764,032,001	\$1,949,103,828	\$2,179,461,567	\$2,303,393,216	\$2,364,829,259	8.0%	16.5%
Hispanic, American Indian or Asian	\$2,714,023,858	\$3,033,913,002	\$3,224,137,992	\$4,196,467,229	\$4,879,812,837	\$5,308,024,190	\$5,824,664,983	13.6%	40.5%
Other/Unknown	\$300,470,562	\$339,054,070	\$362,210,281	\$373,467,402	\$419,688,331	\$432,266,145	\$656,990,634	13.9%	4.6%
Total*	\$8,125,825,818	\$9,075,305,586	\$9,644,600,358	\$11,121,020,040	\$12,524,526,333	\$13,214,404,197	\$14,365,319,650	10.0%	100.0%
By Sex									
Female	\$5,042,670,151	\$5,635,630,359	\$5,991,727,193	\$6,656,901,918	\$7,406,124,450	\$7,774,597,141	\$8,366,148,738	8.8%	58.2%
Male	\$3,070,937,470	\$3,426,469,527	\$3,639,119,970	\$4,320,985,259	\$4,938,507,941	\$5,276,394,638	\$5,785,813,596	11.1%	40.3%
Unknown	\$12,218,197	\$13,205,700	\$13,753,195	\$143,132,863	\$179,893,942	\$163,412,418	\$213,357,316	61.1%	1.5%
Total*	\$8,125,825,818	\$9,075,305,586	\$9,644,600,358	\$11,121,020,040	\$12,524,526,333	\$13,214,404,197	\$14,365,319,650	10.0%	100.0%

Source: MSIS data for FFY 99-05.

SOUTHERN REGION MEDICAID PROFILE

AVERAGE PAYMENT PER RECIPIENT BY OTHER CHARACTERISTICS

								Annual Change	Above (+) or Below (-) SLC Avg. FFY 05
By Maintenance Assistance Status	FFY 99	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05		
Receiving Cash Assistance or Eligible Under Section 1931	\$4,073.74	\$4,683.71	\$4,910.52	\$5,342.92	\$6,025.18	\$6,693.20	\$7,367.21	10.4%	26.1%
Poverty Related Eligibles	\$1,210.21	\$1,255.41	\$1,316.73	\$1,467.14	\$1,473.42	\$1,487.57	\$1,520.63	3.9%	-27.7%
Medically Needy	\$2,620.27	\$3,175.29	\$3,575.79	\$3,613.86	\$3,721.59	\$3,127.39	\$3,301.69	3.9%	-58.1%
Other Eligibles	\$6,861.98	\$7,657.18	\$7,923.97	\$8,238.85	\$7,855.82	\$8,021.51	\$8,907.75	4.4%	15.3%
Maintenance Assistance Status Unknown	\$994.31	\$1,017.08	\$1,159.64	\$938.52	\$1,248.35	\$1,152.49	\$1,252.42	3.9%	-63.2%
Total	\$3,226.81	\$3,486.99	\$3,626.22	\$3,766.56	\$3,750.09	\$3,667.06	\$3,828.05	2.9%	-13.2%
By Basis of Eligibility									
Aged, Blind or Disabled	\$8,814.61	\$10,088.40	\$10,359.99	\$9,070.74	\$12,325.45	\$12,542.98	\$13,156.72	6.9%	9.9%
Children	\$1,170.98	\$1,198.82	\$1,365.76	\$1,575.32	\$1,512.09	\$1,508.57	\$1,570.66	5.0%	1.8%
Foster Care Children	\$4,805.37	\$5,780.61	\$6,296.23	\$6,540.96	\$7,333.68	\$7,624.33	\$7,295.82	7.2%	4.7%
Adults	\$2,350.30	\$2,421.27	\$2,505.81	\$2,393.21	\$2,749.19	\$2,695.37	\$2,815.99	3.1%	-2.2%
Basis of Eligibility Unknown	\$994.31	\$1,017.08	\$1,159.64	\$0.00	\$1,283.03	\$1,152.49	\$1,333.47	5.0%	-61.4%
Total	\$3,226.81	\$3,486.99	\$3,626.22	\$3,766.56	\$3,750.09	\$3,667.06	\$3,828.05	2.9%	-13.2%
By Age									
Under Age 1	\$3,023.02	\$2,986.86	\$3,248.49	\$3,851.30	\$3,989.65	\$4,067.52	\$4,309.12	6.1%	16.9%
Age 1 to 5	\$1,449.84	\$1,474.26	\$1,552.39	\$1,849.89	\$1,861.39	\$1,901.49	\$1,987.09	5.4%	6.9%
Age 6 to 14	\$1,154.87	\$1,282.92	\$1,403.91	\$1,444.43	\$1,486.49	\$1,500.95	\$1,591.10	5.5%	-10.1%
Age 15 to 20	\$2,261.00	\$2,309.97	\$2,602.08	\$2,469.41	\$2,398.35	\$2,342.31	\$2,464.81	1.4%	-11.5%
Age 21 to 44	\$4,438.00	\$4,885.00	\$5,034.13	\$4,936.71	\$5,029.75	\$5,118.28	\$5,360.84	3.2%	2.8%
Age 45 to 64	\$8,238.26	\$9,833.47	\$10,145.34	\$11,223.29	\$11,921.05	\$12,381.45	\$12,869.54	7.7%	15.3%
Age 65 to 74	\$5,492.58	\$6,219.89	\$6,371.23	\$7,411.87	\$8,008.25	\$8,390.94	\$9,026.50	8.6%	7.3%
Age 75 to 84	\$8,218.35	\$9,242.09	\$9,899.58	\$10,908.64	\$11,572.63	\$11,795.13	\$12,726.44	7.6%	4.5%
Age 85 and Over	\$12,501.49	\$14,139.61	\$14,751.79	\$16,556.23	\$17,080.49	\$17,024.28	\$18,698.82	6.9%	-0.3%
Age Unknown	\$994.36	\$1,017.07	\$1,159.64	\$938.51	\$1,248.34	\$1,152.55	\$1,252.52	3.9%	-63.3%
Total	\$3,226.81	\$3,486.99	\$3,626.22	\$3,766.56	\$3,750.09	\$3,667.06	\$3,828.05	2.9%	-13.2%
By Race									
White	\$5,245.07	\$5,659.41	\$5,882.07	\$6,362.61	\$6,160.24	\$5,935.14	\$6,244.01	2.9%	14.1%
Black	\$3,049.33	\$3,292.38	\$3,422.28	\$3,652.89	\$3,655.62	\$3,639.73	\$3,687.08	3.2%	-3.0%
Hispanic, American Indian or Asian	\$2,139.06	\$2,314.19	\$2,407.08	\$2,773.49	\$2,786.35	\$2,756.76	\$2,897.66	5.2%	-0.2%
Other/Unknown	\$4,248.74	\$4,637.27	\$4,846.47	\$2,044.81	\$2,422.81	\$2,483.87	\$3,023.79	-5.5%	-31.2%
Total	\$3,226.81	\$3,486.99	\$3,626.22	\$3,766.56	\$3,750.09	\$3,667.06	\$3,828.05	2.9%	-13.2%
By Sex									
Female	\$3,318.57	\$3,587.52	\$3,731.79	\$4,016.78	\$3,971.51	\$3,899.05	\$4,079.98	3.5%	-11.0%
Male	\$3,091.43	\$3,338.53	\$3,470.26	\$3,781.06	\$3,710.21	\$3,594.62	\$3,776.68	3.4%	-13.2%
Unknown	\$2,297.95	\$2,457.33	\$2,531.42	\$938.59	\$1,249.92	\$1,153.15	\$1,254.14	-9.6%	-62.9%
Total	\$3,226.81	\$3,486.99	\$3,626.22	\$3,766.56	\$3,750.09	\$3,667.06	\$3,828.05	2.9%	-13.2%

Source: MSIS data for FFY 99-05.

SOUTHERN REGION MEDICAID PROFILE

ADDITIONAL STATE HEALTH CARE INFORMATION

Sources: "Issue Briefs", Health Policy Tracking Service, January 2006; "Medicaid Services State by State", CMS, October 2005; "State Health Facts", The Henry Kaiser Foundation, January 2006; state annual report for FY 05; and state Medicaid Website.

Waivers

Texas has several 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 12/1/95; serves approximately 38,285 recipients.
- (2) Travis County service delivery area: HMO model, effective 9/1/96; serves approximately 75,468 recipients.
- (3) Bexar County service delivery area: HMO and PCCM model, effective 10/1/96; serves approximately 153,385
- (4) Lubbock County service delivery area: HMO and PCCM model, effective 10/1/96; serves approximately 31,887.
- (5) Tarrant County service delivery area: HMO model, effective 10/1/96; serves approximately 121,646.
- (6) Harris County service delivery area: HMO and PCCM model, effective 12/1/97; serves approximately 351,085 (STAR) and 64,604 (STAR+PLUS).
- (7) Dallas service district area: HMO model, effective 7/1/99; 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 9/10/99, 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 9/1/93.
- Mental Retardation/Developmental Disabilities and Mental Retardation-Related: Four waivers, serving approximately 10,348 clients of all ages, with the first waiver operating since 9/1/85
- Medically Dependent Children Under Age 21: Serves 979 people, operating since 7/1/88.
- Developmental Disabilities: This waiver services approximately 143 clients over age 18 who are deaf or blind and have multiple disabilities.
- Texas Women's Health Waiver (1115 Family Planning Waiver): eligibility expansion for Family Planning Services to uninsured women (ages 18-44) with incomes up to 185% of the FPL who are not otherwise eligible for Medicaid, SCHIP, Medicare, or any other insurance coverage.

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 6/30/05. Phased rollouts were 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.

SOUTHERN REGION MEDICAID PROFILE

Cost Containment Measures (Continued)

2. Hearing aids.
3. Services provided by a Licensed Psychologist, Licensed Marriage and Family Therapist, Licensed Master Social worker
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 12/1/02. 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 6/15/98. 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 the FPL.
 2. Eliminated deductions to income so that eligibility is based on gross income.
 3. Restricted eligibility to families at or above 150% of the 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.

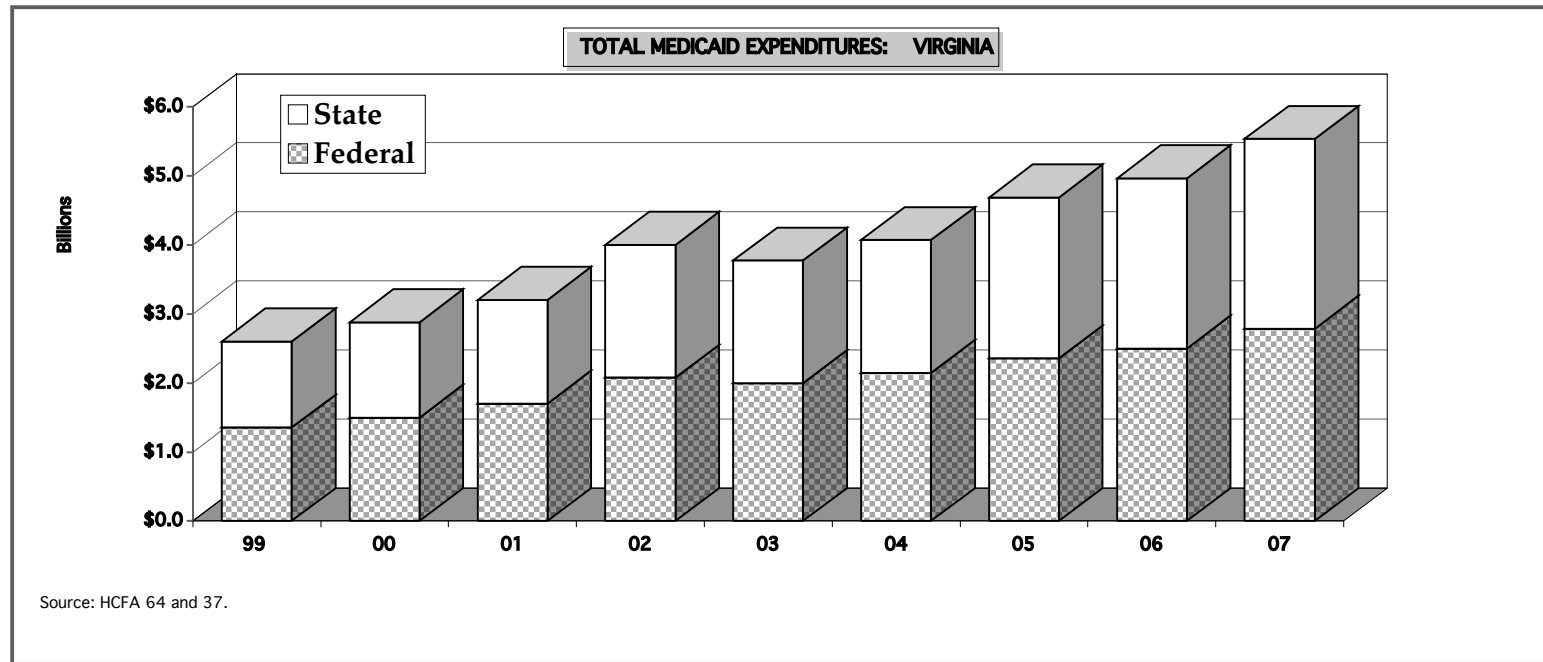
Children's Health Insurance Program: Medicaid Expansion (Continued)

- 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.

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 99	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05	FFY 06**	FFY 07**	Annual Rate of Change	Total Change 99-07
Medicaid Payments	\$2,477,370,906	\$2,728,848,408	\$3,036,846,387	\$3,812,974,394	\$3,546,523,934	\$3,825,216,022	\$4,425,080,633	\$4,728,773,000	\$5,284,685,000	9.9%	113.3%
Federal Share	\$1,285,612,965	\$1,416,141,298	\$1,609,651,633	\$1,970,610,963	\$1,869,950,793	\$2,015,926,926	\$2,220,054,737	\$2,372,003,000	\$2,644,817,000	9.4%	105.7%
State Share	\$1,191,757,941	\$1,312,707,110	\$1,427,194,754	\$1,842,363,431	\$1,676,573,141	\$1,809,289,096	\$2,205,025,896	\$2,356,770,000	\$2,639,868,000	10.5%	121.5%
Administrative Costs	\$126,088,305	\$147,814,821	\$164,701,821	\$187,346,225	\$226,683,382	\$245,400,541	\$259,286,946	\$233,325,000	\$251,620,000	9.0%	99.6%
Federal Share	\$69,518,715	\$80,346,985	\$91,978,257	\$107,612,082	\$126,857,855	\$132,460,212	\$137,217,207	\$129,949,000	\$142,572,000	9.4%	105.1%
State Share	\$56,569,590	\$67,467,836	\$72,723,564	\$79,734,143	\$99,825,527	\$112,940,329	\$122,069,739	\$103,376,000	\$109,048,000	8.5%	92.8%
Admin. Costs as % of Payments	5.09%	5.42%	5.42%	4.91%	6.39%	6.42%	5.86%	4.93%	4.76%		
Federal Match Rate*	51.60%	51.67%	51.85%	51.45%	50.53%	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 06 and 07 reflect latest estimates reported by each state (CMS 37).

SOUTHERN REGION MEDICAID PROFILE

STATE FINANCING	Payments		Administration	
	FFY 99	FFY 05	FFY 99	FFY 05
State General Fund*	\$1,191,757,941	\$2,205,025,896	\$56,569,590	\$122,069,739
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	\$1,191,757,941	\$2,205,025,896	\$56,569,590	\$122,069,739

Provider Taxes Currently in Place (FFY 05)	
Tax Rate	Amount
NO PROVIDER TAXES	

DISPROPORTIONATE SHARE HOSPITAL (DSH) PAYMENTS

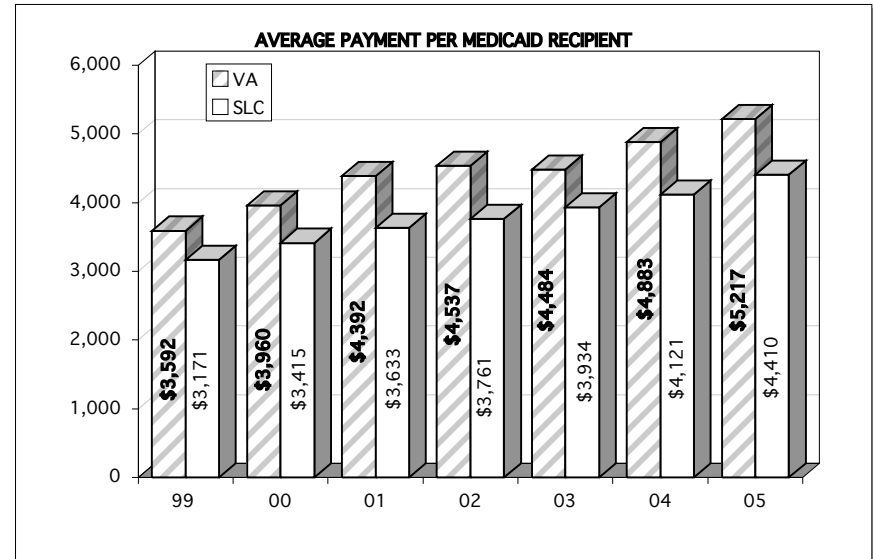
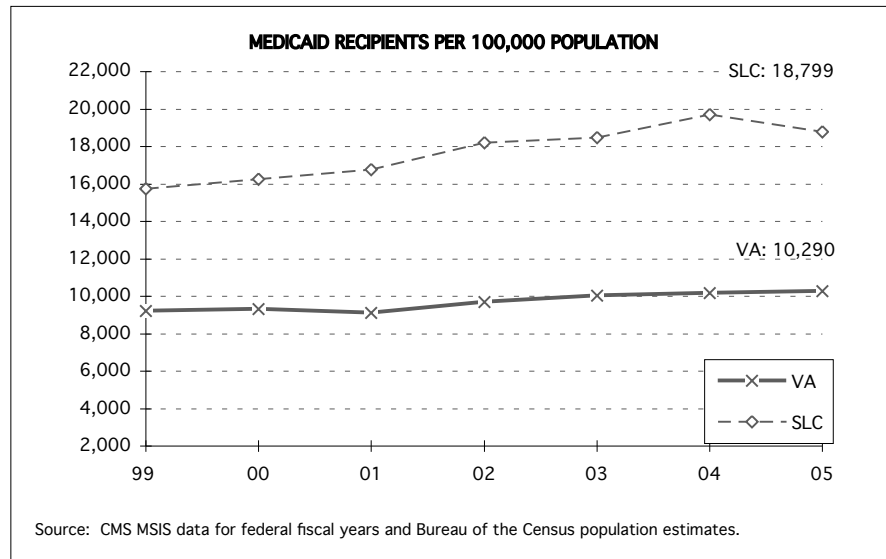
	FFY 99	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05	FFY 06**	FFY 07**	Annual Change
General Hospitals	\$157,022,000	\$131,366,225	\$231,973,515	\$178,098,932	\$151,299,116	\$109,878,282	\$136,511,580	\$162,738,000	\$146,829,000	-7.3%
Mental Hospitals	\$3,900,000	\$9,187,746	\$1,752,745	\$2,919,603	\$3,996,406	\$4,434,210	\$4,675,525	\$4,908,000	\$115,008,000	100.8%
Total	\$160,922,000	\$140,553,971	\$233,726,260	\$181,018,535	\$155,295,522	\$114,312,492	\$141,187,105	\$167,646,000	\$261,837,000	1.9%

SELECTED ELIGIBILITY CRITERIA				DEMOGRAPHIC DATA & POVERTY INDICATORS (2005)			
	At 10/1/05	% of FPL*					Rank in U.S.
TANF-Temporary Assistance for Needy Families (Family of 3)				State population—July 1, 2005*	7,564,327		12
Need Standard		0.0%					
Payment Standard		0.0%		Per capita personal income**	\$37,552		7
Max. Payment				Median household income**	\$54,301		9
	PLEASE REFER TO LAST VA. PAGE FOR DETAILED EXPLANATION.						
Medically Needy Program (Family of 3)				Population below Federal Poverty Level on July 1, 2003*	718,611		
Income Eligibility				Percent of total state population	9.5%		41
Resource Standard							
Pregnant Women, Children and Infants (% of FPL*)				Population without health insurance coverage*	1,011,000		13
Pregnant women and infants		133.0%		Percent of total state population	13.4%		30
Children 1 to 5		133.0%					
Children 6 to 18		133.0%		Recipients of Food Stamps***	506,656		21
SSI Eligibility Levels				Households receiving Food Stamps***	214,983		18
Income:				Total value of issuance***	\$525,712,148		20
Single Person		\$564	72.7%	Average monthly benefit per recipient	\$86.47		34
Couple		\$846	81.3%	Average monthly benefit per household	\$203.78		
Resources:				Monthly recipients of Temporary Assistance to Needy Families (TANF)****	24,480		33
Single Person		\$2,000		Total TANF payments****	\$67,756,851		33
Couple		\$3,000		Average monthly payment per recipient	\$230.65		33
				Maximum monthly payment per family of 3	\$354.00		31

*Current federal poverty level is \$9,570 per year for a single person, \$12,830 for a family of two and \$16,090 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 99</u>	<u>FFY 00</u>	<u>FFY 01</u>	<u>FFY 02</u>	<u>FFY 03</u>	<u>FFY 04</u>	<u>FFY 05</u>	<i>Annual Change</i>
01. General Hospital	77,754	82,264	84,209	80,664	71,321	114,805	129,721	8.9%
02. Mental Hospital	1,819	1,282	1,072	1,161	1,092	1,088	1,461	-3.6%
03. Skilled and Intermediate (non-MR) Care Nursing	27,746	27,558	28,157	28,704	27,717	27,902	27,918	0.1%
04. Intermediate Care for Mentally Retarded	2,301	2,174	2,096	2,043	1,990	1,997	2,009	-2.2%
05. Physician Services	399,472	370,014	354,665	353,344	355,133	370,216	378,882	-0.9%
06. Dental Services	71,128	64,429	60,289	53,457	55,788	49,572	44,453	-7.5%
07. Other Practitioners	61,732	55,577	51,402	50,645	48,323	32,473	32,021	-10.4%
08. Outpatient Hospital	238,853	220,843	210,511	208,943	193,907	131,841	136,315	-8.9%
09. Clinic Services	97,550	94,799	92,692	87,055	76,957	78,451	84,103	-2.4%
10. Lab and X-Ray	273,540	244,111	225,936	214,515	219,910	154,804	137,796	-10.8%
11. Home Health	6,257	5,928	4,767	4,245	3,849	3,433	4,047	-7.0%
12. Prescribed Drugs	373,491	347,251	333,880	319,196	325,047	314,942	323,447	-2.4%
13. Family Planning	3,267	2,737	1,821	1,548	1,015	3,111	2,395	-5.0%
14. Early & Periodic Screening, Diagnosis & Treatment	0	0	0	0	0	0	0	n/a
15. Other Care	158,579	155,986	152,456	131,519	130,545	127,303	99,482	-7.5%
16. Personal Care Support Services	35,548	40,638	41,474	40,977	40,966	34,788	38,378	1.3%
17. Home/Community Based Waiver Services	0	0	0	0	0	13	0	-100.0%
18. Prepaid Health Care	197,269	213,085	228,312	364,939	460,732	402,401	449,964	14.7%
19. Primary Care Case Management (PCCM) Services	0	0	0	157,363	97,508	115,751	119,255	-8.8%
Total*	614,515	627,214	618,395	665,203	709,488	732,009	778,407	4.0%

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

SOUTHERN REGION MEDICAID PROFILE

<u>PAYMENTS BY TYPE OF SERVICES</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>FFY 05</u>	<u>Annual</u>	<u>Share of Total</u>
								<u>Change</u>	<u>FFY 05</u>
01. General Hospital	\$299,332,357	\$290,073,429	\$306,800,486	\$301,672,203	\$270,602,504	\$335,741,809	\$388,448,193	4.4%	9.6%
02. Mental Hospital	\$17,680,342	\$17,425,643	\$20,369,771	\$21,474,944	\$19,076,833	\$23,841,347	\$25,375,704	6.2%	0.6%
03. Skilled and Intermediate (non-MR) Care Nursing	\$424,166,215	\$482,194,747	\$528,748,396	\$558,401,245	\$569,073,108	\$636,710,235	\$676,239,132	8.1%	16.7%
04. Intermediate Care for Mentally Retarded	\$165,893,863	\$176,202,282	\$185,046,982	\$201,609,510	\$188,051,360	\$221,877,862	\$228,011,377	5.4%	5.6%
05. Physician Services	\$136,672,029	\$132,056,707	\$124,707,825	\$117,218,044	\$130,824,089	\$157,115,548	\$179,963,122	4.7%	4.4%
06. Dental Services	\$15,179,443	\$14,148,248	\$14,306,994	\$12,594,214	\$13,351,434	\$13,075,726	\$11,966,202	-3.9%	0.3%
07. Other Practitioners	\$7,095,870	\$6,633,878	\$7,016,406	\$7,163,009	\$6,842,826	\$4,957,832	\$4,705,350	-6.6%	0.1%
08. Outpatient Hospital	\$114,410,112	\$110,176,809	\$107,939,847	\$112,247,860	\$103,053,593	\$89,019,327	\$99,271,432	-2.3%	2.4%
09. Clinic Services	\$32,652,744	\$34,567,196	\$33,111,173	\$32,639,726	\$29,270,386	\$32,421,159	\$83,006,490	16.8%	2.0%
10. Lab and X-Ray	\$29,836,988	\$28,482,687	\$27,252,883	\$25,843,168	\$26,214,303	\$18,484,915	\$17,546,442	-8.5%	0.4%
11. Home Health	\$6,835,806	\$6,664,484	\$5,207,547	\$4,750,009	\$4,235,869	\$3,173,499	\$4,759,567	-5.9%	0.1%
12. Prescribed Drugs	\$327,518,802	\$382,471,744	\$419,133,293	\$453,663,058	\$506,529,241	\$578,855,766	\$631,070,476	11.6%	15.5%
13. Family Planning	\$3,207,784	\$2,976,456	\$2,527,392	\$2,137,997	\$1,531,497	\$5,673,872	\$5,722,341	10.1%	0.1%
14. Early & Periodic Screening, Diagnosis & Treatment	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a	0.0%
15. Other Care	\$279,958,118	\$340,586,197	\$415,415,016	\$435,632,317	\$465,716,321	\$514,563,272	\$568,108,754	12.5%	14.0%
16. Personal Care Support Services	\$131,135,173	\$137,275,767	\$139,909,931	\$141,998,594	\$140,330,684	\$148,956,028	\$173,046,318	4.7%	4.3%
17. Home/Community Based Waiver Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a	0.0%
18. Prepaid Health Care	\$215,674,816	\$321,994,437	\$378,468,376	\$586,504,919	\$704,444,392	\$786,679,373	\$960,249,739	28.3%	23.6%
19. Primary Case Management (PCCM) Services	\$0	\$0	\$0	\$2,318,832	\$1,841,649	\$3,024,216	\$3,256,305	12.0%	0.1%
Total (excludes DSH pymts, pharmacy rebates, & other adjs.)	\$2,207,250,462	\$2,483,930,711	\$2,715,962,318	\$3,017,869,649	\$3,180,990,089	\$3,574,171,786	\$4,060,746,944	10.7%	100.0%
<u>AVERAGE PAYMENTS PER RECIPIENT BY TYPE OF SERVICES</u>									(+) or (-) SLC
									<u>Avg. FFY 05</u>
01. General Hospital	\$3,849.74	\$3,526.13	\$3,643.32	\$3,739.86	\$3,794.15	\$2,924.45	\$2,994.49	-4.1%	-42.9%
02. Mental Hospital	\$9,719.81	\$13,592.55	\$19,001.65	\$18,496.94	\$17,469.63	\$21,913.00	\$17,368.72	10.2%	-6.2%
03. Skilled and Intermediate (non-MR) Care Nursing	\$15,287.47	\$17,497.45	\$18,778.58	\$19,453.78	\$20,531.55	\$22,819.52	\$24,222.33	8.0%	-3.2%
04. Intermediate Care for Mentally Retarded	\$72,096.42	\$81,049.81	\$88,285.77	\$98,683.07	\$94,498.17	\$111,105.59	\$113,494.96	7.9%	32.5%
05. Physician Services	\$342.13	\$356.90	\$351.62	\$331.74	\$368.38	\$424.39	\$474.98	5.6%	-20.7%
06. Dental Services	\$213.41	\$219.59	\$237.31	\$235.60	\$239.32	\$263.77	\$269.19	3.9%	-26.2%
07. Other Practitioners	\$114.95	\$119.36	\$136.50	\$141.44	\$141.61	\$152.68	\$146.95	4.2%	-46.8%
08. Outpatient Hospital	\$479.00	\$498.89	\$512.75	\$537.22	\$531.46	\$675.20	\$728.25	7.2%	21.8%
09. Clinic Services	\$334.73	\$364.64	\$357.22	\$374.93	\$380.35	\$413.27	\$986.96	19.7%	42.4%
10. Lab and X-Ray	\$109.08	\$116.68	\$120.62	\$120.47	\$119.20	\$119.41	\$127.34	2.6%	-41.1%
11. Home Health	\$1,092.51	\$1,124.24	\$1,092.42	\$1,118.97	\$1,100.51	\$924.41	\$1,176.07	1.2%	-67.0%
12. Prescribed Drugs	\$876.91	\$1,101.43	\$1,255.34	\$1,421.27	\$1,558.33	\$1,837.98	\$1,951.08	14.3%	30.8%
13. Family Planning	\$981.87	\$1,087.49	\$1,387.91	\$1,381.14	\$1,508.86	\$1,823.81	\$2,389.29	16.0%	70.2%
14. Early & Periodic Screening, Diagnosis & Treatment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	n/a	n/a
15. Other Care	\$1,765.42	\$2,183.44	\$2,724.82	\$3,312.31	\$3,567.48	\$4,042.04	\$5,710.67	21.6%	204.3%
16. Personal Care Support Services	\$3,688.96	\$3,378.01	\$3,373.44	\$3,465.32	\$3,425.54	\$4,281.82	\$4,509.00	3.4%	206.3%
17. Home/Community Based Waiver Services	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	n/a	n/a
18. Prepaid Health Care	\$1,093.30	\$1,511.11	\$1,657.68	\$1,607.13	\$1,528.97	\$1,954.96	\$2,134.06	11.8%	94.4%
19. Primary Care Case Management (PCCM) Services	\$0.00	\$0.00	\$0.00	\$14.74	\$18.89	\$26.13	\$27.31	22.8%	0.0%
Total (Average)	\$3,591.86	\$3,960.26	\$4,391.95	\$4,536.76	\$4,483.50	\$4,882.69	\$5,216.74	6.4%	18.3%
TOTAL PER CAPITA EXPENDITURES	\$390.55	\$427.19	\$471.42	\$582.04	\$533.05	\$566.33	\$619.27	8.0%	-32.9%

Source: MSIS data for FFY 99-05.

SOUTHERN REGION MEDICAID PROFILE
DATA BY OTHER CHARACTERISTICS

RECIPIENTS BY OTHER CHARACTERISTICS

	<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>FFY 05</u>	<i>Annual Change</i>	<i>Share of Total FFY 05</i>
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	232,531	195,118	139,233	134,495	136,553	140,262	142,739	-7.8%	18.3%
Poverty Related Eligibles	232,001	264,873	310,379	359,514	400,493	424,606	450,010	11.7%	57.8%
Medically Needy	10,548	8,966	7,756	6,773	6,226	7,260	7,904	-4.7%	1.0%
Other Eligibles	110,510	130,344	137,511	139,729	126,459	136,384	155,959	5.9%	20.0%
Maintenance Assistance Status Unknown	28,925	27,913	23,516	24,692	39,757	23,497	21,795	-4.6%	2.8%
Total	614,515	627,214	618,395	665,203	709,488	732,009	778,407	4.0%	100.0%
By Basis of Eligibility									
Aged, Blind, or Disabled	195,155	197,120	198,590	203,452	204,705	210,060	216,226	1.7%	27.8%
Children	295,055	307,718	304,900	338,626	363,561	386,701	412,610	5.7%	53.0%
Foster Care Children	10,903	11,520	11,895	12,593	11,925	12,784	13,177	3.2%	1.7%
Adults	84,477	82,943	79,473	85,840	89,330	98,967	114,239	5.2%	14.7%
Basis of Eligibility Unknown	28,925	27,913	23,537	24,692	39,967	23,497	22,155	-4.3%	2.8%
Total	614,515	627,214	618,395	665,203	709,488	732,009	778,407	4.0%	100.0%
By Age									
Under Age 1	23,578	25,531	25,522	26,381	27,078	29,046	32,340	5.4%	4.2%
Age 1 to 5	112,019	114,543	114,477	124,523	131,652	145,041	154,374		19.8%
Age 6 to 14	143,241	148,654	145,627	161,520	171,791	175,609	184,049	4.3%	23.6%
Age 15 to 20	60,774	63,557	63,521	71,544	76,625	81,778	89,018	6.6%	11.4%
Age 21 to 44	110,905	110,614	107,808	114,589	118,942	128,150	142,613	4.3%	18.3%
Age 45 to 64	52,061	53,524	55,184	58,446	60,620	64,943	69,861	5.0%	9.0%
Age 65 to 74	33,445	33,334	33,143	33,421	33,092	33,555	33,702	0.1%	4.3%
Age 75 to 84	30,051	30,068	30,225	30,746	30,711	31,195	31,093	0.6%	4.0%
Age 85 and Over	19,516	19,477	19,372	19,340	19,220	19,195	19,560	0.0%	2.5%
Age Unknown	28,925	27,912	23,516	24,693	39,757	23,497	21,797	-4.6%	2.8%
Total	614,515	627,214	618,395	665,203	709,488	732,009	778,407	4.0%	100.0%
By Race									
White	282,592	271,176	267,089	289,560	302,705	314,996	331,477	2.7%	42.6%
Black	293,870	287,478	283,452	300,204	308,911	323,055	340,176	2.5%	43.7%
Hispanic, American Indian or Asian	37,396	39,478	38,922	49,260	56,628	69,314	83,084	14.2%	10.7%
Other / Unknown	657	29,082	28,932	26,179	41,244	24,644	23,670	81.7%	3.0%
Total*	614,515	627,214	618,395	665,203	709,488	732,009	778,407	4.0%	100.0%
By Sex									
Female	370,989	362,442	357,158	382,953	398,627	421,685	451,441	3.3%	58.0%
Male	235,678	236,860	233,475	257,559	271,097	286,785	305,144	4.4%	39.2%
Unknown	7,848	27,912	27,762	24,691	39,764	23,539	21,822	18.6%	2.8%
Total*	614,515	627,214	618,395	665,203	709,488	732,009	778,407	4.0%	100.0%

Source: MSIS data for FFY 99-05.

SOUTHERN REGION MEDICAID PROFILE

PAYMENTS BY OTHER CHARACTERISTICS

	FFY 99	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05	Annual Change	Share of Total FFY 05
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	\$1,018,157,154	\$1,087,712,653	\$1,110,404,548	\$1,194,902,103	\$1,254,777,240	\$1,403,195,799	\$1,525,271,811	7.0%	37.6%
Poverty Related Eligibles	\$273,238,981	\$314,524,110	\$386,174,941	\$538,512,263	\$659,704,101	\$658,848,235	\$776,147,980	19.0%	19.1%
Medically Needy	\$109,033,550	\$98,539,846	\$83,483,138	\$75,208,245	\$69,933,437	\$93,662,322	\$116,428,679	1.1%	2.9%
Other Eligibles	\$784,273,835	\$962,110,325	\$1,111,702,252	\$1,183,053,561	\$1,141,383,137	\$1,385,502,660	\$1,609,520,271	12.7%	39.6%
Maintenance Assistance Status Unknown	\$22,546,942	\$21,043,777	\$24,197,439	\$26,193,477	\$55,192,174	\$32,962,770	\$33,378,203	6.8%	0.8%
Total	\$2,207,250,462	\$2,483,930,711	\$2,715,962,318	\$3,017,869,649	\$3,180,990,089	\$3,574,171,786	\$4,060,746,944	10.7%	100.0%
By Basis of Eligibility									
Aged, Blind or Disabled	\$1,663,463,825	\$1,881,789,124	\$2,062,331,683	\$2,245,634,923	\$2,331,455,149	\$2,617,797,463	\$2,864,409,763	9.5%	70.5%
Children	\$316,099,706	\$356,524,289	\$372,517,263	\$448,607,412	\$489,713,489	\$556,884,352	\$664,658,608	13.2%	16.4%
Foster Care Children	\$25,484,978	\$39,406,198	\$71,981,745	\$82,154,781	\$74,890,109	\$100,828,450	\$116,962,657	28.9%	2.9%
Adults	\$179,655,011	\$185,167,323	\$184,861,574	\$213,941,075	\$227,137,553	\$265,698,751	\$375,701,225	13.1%	9.3%
Basis of Eligibility Unknown	\$22,546,942	\$21,043,777	\$24,270,053	\$27,531,458	\$57,793,789	\$32,962,770	\$39,014,691	9.6%	1.0%
Total	\$2,207,250,462	\$2,483,930,711	\$2,715,962,318	\$3,017,869,649	\$3,180,990,089	\$3,574,171,786	\$4,060,746,944	10.7%	100.0%
By Age									
Under Age 1	\$65,057,489	\$74,142,678	\$78,724,164	\$88,568,250	\$86,845,468	\$98,959,235	\$120,197,280	10.8%	3.0%
Age 1 to 5	\$157,093,288	\$174,953,639	\$182,084,505	\$215,506,887	\$217,796,177	\$253,201,206	\$286,175,741	10.5%	7.0%
Age 6 to 14	\$155,931,592	\$183,901,586	\$204,966,655	\$238,065,733	\$259,542,654	\$289,492,194	\$340,787,137	13.9%	8.4%
Age 15 to 20	\$119,078,013	\$134,382,892	\$163,655,354	\$190,580,444	\$209,274,245	\$247,275,103	\$291,424,671	16.1%	7.2%
Age 21 to 44	\$565,613,101	\$622,611,314	\$660,803,841	\$716,756,954	\$744,213,985	\$828,317,002	\$975,276,955	9.5%	24.0%
Age 45 to 64	\$440,163,917	\$509,435,844	\$579,694,991	\$657,522,290	\$699,035,518	\$815,030,543	\$941,132,688	13.5%	23.2%
Age 65 to 74	\$201,405,297	\$226,162,232	\$241,634,542	\$264,906,730	\$277,327,512	\$308,937,354	\$326,607,416	8.4%	8.0%
Age 75 to 84	\$244,321,110	\$274,192,117	\$296,822,232	\$320,962,297	\$327,397,076	\$365,996,529	\$387,666,767	8.0%	9.5%
Age 85 and Over	\$236,039,713	\$263,104,723	\$283,378,595	\$298,804,739	\$304,365,280	\$333,999,850	\$358,094,380	7.2%	8.8%
Age Unknown	\$22,546,942	\$21,043,686	\$24,197,439	\$26,195,325	\$55,192,174	\$32,962,770	\$33,383,909	6.8%	0.8%
Total	\$2,207,250,462	\$2,483,930,711	\$2,715,962,318	\$3,017,869,649	\$3,180,990,089	\$3,574,171,786	\$4,060,746,944	10.7%	100.0%
By Race									
White	\$1,235,738,273	\$1,390,383,251	\$1,522,509,121	\$1,681,790,686	\$1,740,435,085	\$1,961,183,112	\$2,185,324,452	10.0%	53.8%
Black	\$883,033,421	\$962,905,449	\$1,052,438,102	\$1,158,956,731	\$1,216,848,210	\$1,376,878,915	\$1,588,003,529	10.3%	39.1%
Hispanic, American Indian or Asian	\$85,143,147	\$105,441,247	\$114,695,173	\$146,011,056	\$163,075,425	\$197,521,902	\$246,443,082	19.4%	6.1%
Other / Unknown	\$3,335,621	\$25,200,764	\$26,319,922	\$31,111,176	\$60,631,369	\$38,587,857	\$40,975,881	51.9%	1.0%
Total*	\$2,207,250,462	\$2,483,930,711	\$2,715,962,318	\$3,017,869,649	\$3,180,990,089	\$3,574,171,786	\$4,060,746,944	10.7%	100.0%
By Sex									
Female	\$1,370,970,390	\$1,508,799,560	\$1,651,670,755	\$1,810,956,030	\$1,888,500,408	\$2,127,336,625	\$2,434,887,704	10.0%	60.0%
Male	\$835,985,673	\$953,525,708	\$1,041,911,834	\$1,180,721,261	\$1,237,271,558	\$1,413,393,155	\$1,591,960,499	11.3%	39.2%
Unknown	\$294,399	\$21,605,443	\$22,379,729	\$26,192,358	\$55,218,123	\$33,442,006	\$33,898,741	120.6%	0.8%
Total*	\$2,207,250,462	\$2,483,930,711	\$2,715,962,318	\$3,017,869,649	\$3,180,990,089	\$3,574,171,786	\$4,060,746,944	10.7%	100.0%

Source: MSIS data for FFY 99-05.

SOUTHERN REGION MEDICAID PROFILE

AVERAGE PAYMENT PER RECIPIENT BY OTHER CHARACTERISTICS

								Annual Change	Above (+) or Below (-) SLC Avg. FFY 05
By Maintenance Assistance Status	FFY 99	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05		
Receiving Cash Assistance or Eligible Under Section 1931	\$4,378.59	\$5,574.64	\$7,975.15	\$8,884.36	\$9,188.94	\$10,004.11	\$10,685.74	16.0%	83.0%
Poverty Related Eligibles	\$1,177.75	\$1,187.45	\$1,244.20	\$1,497.89	\$1,647.23	\$1,551.67	\$1,724.73	6.6%	-18.0%
Medically Needy	\$10,336.89	\$10,990.39	\$10,763.68	\$11,104.13	\$11,232.48	\$12,901.15	\$14,730.35	6.1%	86.9%
Other Eligibles	\$7,096.86	\$7,381.32	\$8,084.46	\$8,466.77	\$9,025.72	\$10,158.84	\$10,320.15	6.4%	33.6%
Maintenance Assistance Status Unknown	\$779.50	\$753.91	\$1,028.98	\$1,060.81	\$1,388.24	\$1,402.85	\$1,531.46	11.9%	-55.0%
Total	\$3,591.86	\$3,960.26	\$4,391.95	\$4,536.76	\$4,483.50	\$4,882.69	\$5,216.74	6.4%	18.3%
By Basis of Eligibility									
Aged, Blind or Disabled	\$8,523.81	\$9,546.41	\$10,384.87	\$11,037.66	\$11,389.34	\$12,462.14	\$13,247.30	7.6%	10.7%
Children	\$1,071.32	\$1,158.61	\$1,221.77	\$1,324.79	\$1,346.99	\$1,440.09	\$1,610.86	7.0%	4.5%
Foster Care Children	\$2,337.43	\$3,420.68	\$6,051.43	\$6,523.85	\$6,280.09	\$7,887.08	\$8,876.27	24.9%	27.4%
Adults	\$2,126.67	\$2,232.46	\$2,326.09	\$2,492.32	\$2,542.68	\$2,684.72	\$3,288.73	7.5%	14.2%
Basis of Eligibility Unknown	\$779.50	\$753.91	\$1,031.14	\$1,115.00	\$1,446.04	\$1,402.85	\$1,760.99	14.5%	-49.1%
Total	\$3,591.86	\$3,960.26	\$4,391.95	\$4,536.76	\$4,483.50	\$4,882.69	\$5,216.74	6.4%	18.3%
By Age									
Under Age 1	\$2,759.25	\$2,904.03	\$3,084.56	\$3,357.27	\$3,207.23	\$3,406.98	\$3,716.68	5.1%	0.8%
Age 1 to 5	\$1,402.38	\$1,527.41	\$1,590.58	\$1,730.66	\$1,654.33	\$1,745.72	\$1,853.78	4.8%	-0.3%
Age 6 to 14	\$1,088.60	\$1,237.11	\$1,407.48	\$1,473.91	\$1,510.80	\$1,648.50	\$1,851.61	9.3%	4.6%
Age 15 to 20	\$1,959.36	\$2,114.37	\$2,576.40	\$2,663.82	\$2,731.15	\$3,023.74	\$3,273.77	8.9%	17.5%
Age 21 to 44	\$5,099.98	\$5,628.68	\$6,129.45	\$6,255.02	\$6,256.95	\$6,463.65	\$6,838.63	5.0%	31.2%
Age 45 to 64	\$8,454.77	\$9,517.90	\$10,504.77	\$11,250.08	\$11,531.43	\$12,549.94	\$13,471.50	8.1%	20.7%
Age 65 to 74	\$6,021.99	\$6,784.73	\$7,290.67	\$7,926.36	\$8,380.50	\$9,206.89	\$9,691.04	8.3%	15.2%
Age 75 to 84	\$8,130.22	\$9,119.07	\$9,820.42	\$10,439.16	\$10,660.58	\$11,732.54	\$12,467.98	7.4%	2.4%
Age 85 and Over	\$12,094.68	\$13,508.48	\$14,628.26	\$15,450.09	\$15,835.86	\$17,400.36	\$18,307.48	7.2%	-2.4%
Age Unknown	\$779.50	\$753.93	\$1,028.98	\$1,060.84	\$1,388.24	\$1,402.85	\$1,531.58	11.9%	-55.2%
Total	\$3,591.86	\$3,960.26	\$4,391.95	\$4,536.76	\$4,483.50	\$4,882.69	\$5,216.74	6.4%	18.3%
By Race									
White	\$4,372.87	\$5,127.24	\$5,700.38	\$5,808.09	\$5,749.61	\$6,226.06	\$6,592.69	7.1%	20.5%
Black	\$3,004.84	\$3,349.50	\$3,712.93	\$3,860.56	\$3,939.15	\$4,262.06	\$4,668.18	7.6%	22.8%
Hispanic, American Indian or Asian	\$2,276.80	\$2,670.86	\$2,946.80	\$2,964.09	\$2,879.77	\$2,849.67	\$2,966.19	4.5%	2.2%
Other/Unknown	\$5,077.05	\$866.54	\$909.72	\$1,188.40	\$1,470.07	\$1,565.81	\$1,731.13	-16.4%	-60.6%
Total	\$3,591.86	\$3,960.26	\$4,391.95	\$4,536.76	\$4,483.50	\$4,882.69	\$5,216.74	6.4%	18.3%
By Sex									
Female	\$3,695.45	\$4,162.88	\$4,624.48	\$4,728.93	\$4,737.51	\$5,044.85	\$5,393.59	6.5%	17.7%
Male	\$3,547.15	\$4,025.69	\$4,462.63	\$4,584.27	\$4,563.94	\$4,928.41	\$5,217.08	6.6%	19.9%
Unknown	\$37.51	\$774.05	\$806.13	\$1,060.81	\$1,388.65	\$1,420.71	\$1,553.42	86.0%	-54.0%
Total	\$3,591.86	\$3,960.26	\$4,391.95	\$4,536.76	\$4,483.50	\$4,882.69	\$5,216.74	6.4%	18.3%

Source: MSIS data for FFY 99-05.

SOUTHERN REGION MEDICAID PROFILE

TANF AND MEDICALLY NEEDY PROGRAM ELIGIBILITY CRITERIA

Temporary Assistance to Needy Families (Family of 3)	<u>Group I</u>	<u>Group II</u>	<u>Group III</u>	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.
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	

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 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 1/1/96.

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 7/1/82.
- Mental Retardation/Developmental Disabilities: Serves 5,536 people, operating since 1/1/91.
- AIDS: Serves 337 people, operating since 7/1/91.
- Technology Assisted People: Serves 308 people, operating since 12/1/88.
- Assisted Living Waiver, implemented on 7/1/96.
- 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 6/30/96 was allowed to expire. The state implemented a new program whereby the department requests proposals for new nursing home beds based on need in each health planning district.
- Legislation passed in 1998 added certain medical equipment to the CON review process and exempted the replacement or upgrade of existing MRI systems from CON requirements.
- Rate setting. Prospective payment/per diem methodology used for Medicaid.

Medicaid

- 21 optional services are offered.
- Counties pay 20% of the non-federal share of administrative costs related to eligibility determinations.
- Enacted legislation in 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 per month.
 2. Increased reimbursement rates for mental health case management services from \$208.25 to \$260 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 95-80% 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.

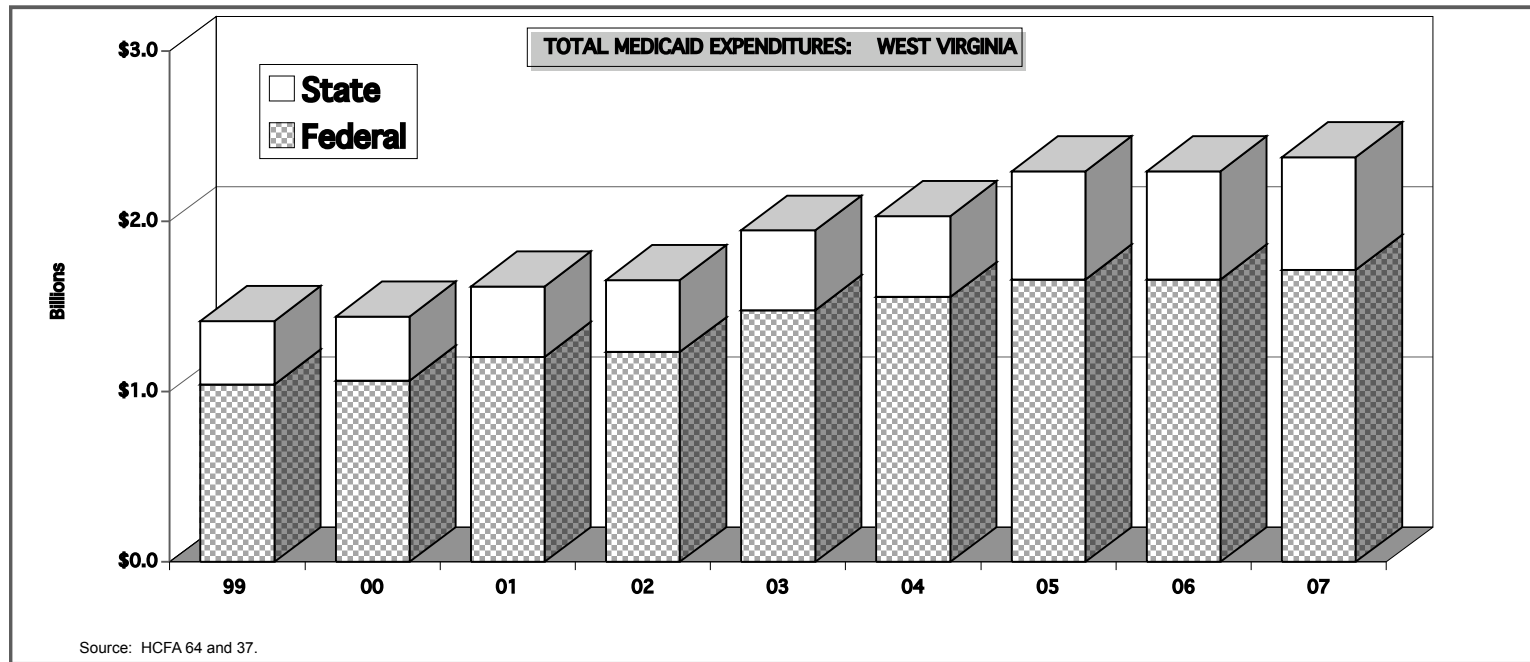
•During FY 03, children age 6-19 under 133% of the FPL were converted to the Medicaid program but still federal funding for this population continues to be at the SCHIP rate (and out of the SCHIP allotment). The state reported that approximately 31,000 children were added to Medicaid as a result of this 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.

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 99	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05	FFY 06**	FFY 07**	Annual Rate of Change	Total Change 99-07
Medicaid Payments	\$1,353,004,076	\$1,379,498,961	\$1,548,616,901	\$1,584,169,059	\$1,857,747,927	\$1,937,298,997	\$2,161,356,254	\$2,198,316,000	\$2,281,087,000	6.7%	68.6%
Federal Share	\$1,007,657,492	\$1,031,890,265	\$1,167,100,614	\$1,192,040,463	\$1,424,820,633	\$1,500,814,359	\$1,615,036,128	\$1,605,532,000	\$1,662,087,000	6.5%	64.9%
State Share	\$345,346,584	\$347,608,696	\$381,516,287	\$392,128,596	\$432,927,294	\$436,484,638	\$546,320,126	\$592,784,000	\$619,000,000	7.6%	79.2%
Administrative Costs	\$62,968,688	\$62,221,989	\$69,489,949	\$73,009,703	\$88,915,675	\$94,256,418	\$87,988,910	\$97,310,000	\$96,985,000	5.5%	54.0%
Federal Share	\$36,405,994	\$34,378,533	\$38,595,032	\$40,812,461	\$54,801,069	\$56,056,989	\$47,815,048	\$52,978,000	\$54,196,000	5.1%	48.9%
State Share	\$26,562,694	\$27,843,456	\$30,894,917	\$32,197,242	\$34,114,606	\$38,199,429	\$40,173,862	\$44,332,000	\$42,789,000	6.1%	61.1%
Admin. Costs as % of Payments	4.65%	4.51%	4.49%	4.61%	4.79%	4.87%	4.07%	4.43%	4.25%		
Federal Match Rate*	74.47%	74.78%	75.34%	75.27%	75.04%	75.19%	74.65%	72.99%	72.82%		

*Rate shown is for Medicaid payments only. The FMAP (Federal Medical Assistance Percentage) is based on the relationship between each state's per capita personal income and that of the nation as a whole for the three most recent years. Federal share of state administrative costs is usually 50 percent or 75 percent, depending on function and whether or not medical personnel are used. **Federal Fiscal Years 06 and 07 reflect latest estimates reported by each state (CMS 37).

SOUTHERN REGION MEDICAID PROFILE

STATE FINANCING

	Payments		Administration	
	FFY 99	FFY 05	FFY 99	FFY 05
State General Fund	\$345,346,584	\$399,927,054	\$26,562,694	\$40,173,862
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	\$345,346,584	\$546,320,126	\$26,562,694	\$40,173,862

*Donations from Outstationed Eligibility Workers Program

DISPROPORTIONATE SHARE HOSPITAL (DSH) PAYMENTS

	FFY 99	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05	FFY 06**	FFY 07**	Annual Change
General Hospitals	\$63,897,097	\$49,806,898	\$73,409,402	\$64,896,245	\$59,615,007	\$54,647,047	\$59,021,029	\$53,489,000	\$53,720,000	-5.1%
Mental Hospitals	\$20,611,473	\$11,811,654	\$18,310,287	\$18,898,562	\$16,186,917	\$12,489,463	\$23,291,631	\$18,041,000	\$20,283,000	1.7%
Total	\$84,508,570	\$61,618,552	\$91,719,689	\$83,794,807	\$75,801,924	\$67,136,510	\$82,312,660	\$71,530,000	\$74,003,000	-3.5%

Provider Taxes Currently in Place (FFY 05)

	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 10/1/05	% 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	

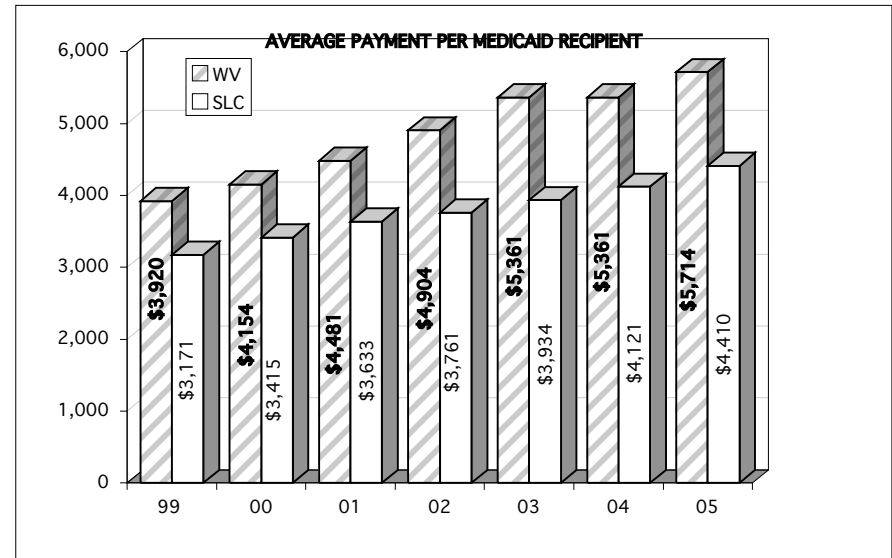
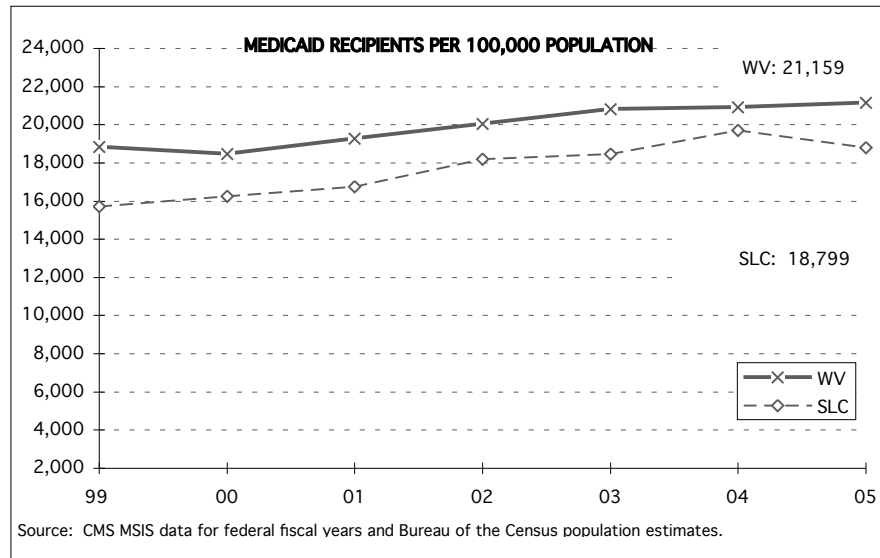
DEMOGRAPHIC DATA & POVERTY INDICATORS (2005)

		Rank in U.S.
State population—July 1, 2005*	1,814,083	37
Per capita personal income**	\$26,029	48
Median household income**	\$35,234	49
Population below Federal Poverty Level on July 1, 2003*	282,997	
Percent of total state population	15.6%	6
Population without health insurance coverage*	322,000	35
Percent of total state population	17.8%	19
Recipients of Food Stamps***	267,630	29
Households receiving Food Stamps***	114,038	30
Total value of issuance***	\$266,402,597	31
Average monthly benefit per recipient	\$82.95	48
Average monthly benefit per household	\$194.67	
Monthly recipients of Temporary Assistance to Needy Families (TANF)****	22,373	35
Total TANF payments****	\$29,084,750	26
Average monthly payment per recipient	\$108.33	26
Maximum monthly payment per family of 3	\$278.00	40

*Current federal poverty level is \$9,570 per year for a single person, \$12,830 for a family of two and \$16,090 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 99</u>	<u>FFY 00</u>	<u>FFY 01</u>	<u>FFY 02</u>	<u>FFY 03</u>	<u>FFY 04</u>	<u>FFY 05</u>	<i>Annual Change</i>
01. General Hospital	39,222	39,492	37,305	36,173	37,776	38,367	39,131	0.0%
02. Mental Hospital	1,776	2,004	1,820	1,791	1,909	1,937	1,975	1.8%
03. Skilled and Intermediate (non-MR) Care Nursing	11,788	11,636	11,923	11,450	11,479	11,656	11,890	0.1%
04. Intermediate Care for Mentally Retarded	570	563	552	577	604	613	625	1.5%
05. Physician Services	242,967	230,677	227,329	223,397	236,437	239,997	244,684	0.1%
06. Dental Services	81,595	80,139	83,379	84,852	93,568	94,849	96,583	2.9%
07. Other Practitioners	74,640	74,521	88,660	94,339	104,316	105,580	107,394	6.3%
08. Outpatient Hospital	170,268	166,241	163,401	168,553	172,330	174,885	178,283	0.8%
09. Clinic Services	113,254	148,175	148,734	144,008	153,764	155,809	158,699	5.8%
10. Lab and X-Ray	146,142	157,400	145,139	149,237	166,962	169,100	172,225	2.8%
11. Home Health	22,840	25,681	27,237	29,778	31,354	31,756	32,320	6.0%
12. Prescribed Drugs	274,842	261,544	269,174	276,338	285,582	285,582	285,582	0.6%
13. Family Planning	2,360	2,944	2,700	2,420	3,076	3,175	3,231	5.4%
14. Early & Periodic Screening, Diagnosis & Treatment	0	0	0	0	0	157	158	0.3%
15. Other Care	45,866	51,605	65,012	71,226	72,158	73,026	74,294	8.4%
16. Personal Care Support Services	61,665	64,424	69,244	66,062	69,457	70,449	71,792	2.6%
17. Home/Community Based Waiver Services	0	0	0	0	0	14	14	0.0%
18. Prepaid Health Care	0	0	68,268	74,600	74,060	74,610	75,585	2.6%
19. Primary Care Case Management (PCCM) Services	67,237	93,843	104,426	120,517	130,575	131,885	134,055	12.2%
Total*	342,885	335,014	349,229	362,030	373,154	376,680	383,837	1.9%

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

SOUTHERN REGION MEDICAID PROFILE

PAYMENTS BY TYPE OF SERVICES	FFY 99	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05	<i>Annual Change</i>	<i>Share of Total FFY 05</i>
01. General Hospital	\$217,627,084	\$203,643,700	\$230,495,787	\$213,211,473	\$273,576,825	\$280,462,095	\$306,149,857	5.9%	14.0%
02. Mental Hospital	\$43,248,989	\$39,449,347	\$51,959,014	\$47,259,579	\$50,268,199	\$48,189,716	\$53,152,536	3.5%	2.4%
03. Skilled and Intermediate (non-MR) Care Nursing	\$263,162,629	\$271,717,727	\$288,456,159	\$303,439,124	\$323,955,981	\$373,141,836	\$405,998,609	7.5%	18.5%
04. Intermediate Care for Mentally Retarded	\$45,794,140	\$46,650,015	\$47,771,016	\$46,141,959	\$52,967,636	\$58,329,775	\$63,731,266	5.7%	2.9%
05. Physician Services	\$96,967,239	\$91,051,302	\$100,992,794	\$93,953,027	\$110,379,510	\$126,588,410	\$137,839,902	6.0%	6.3%
06. Dental Services	\$19,253,138	\$19,162,152	\$25,731,915	\$28,648,451	\$34,182,703	\$33,867,750	\$36,687,759	11.3%	1.7%
07. Other Practitioners	\$12,564,068	\$12,558,227	\$25,056,816	\$25,857,167	\$35,393,182	\$36,285,596	\$38,755,861	20.7%	1.8%
08. Outpatient Hospital	\$63,845,080	\$72,810,763	\$81,753,788	\$85,921,388	\$99,355,296	\$100,543,581	\$109,427,781	9.4%	5.0%
09. Clinic Services	\$46,010,436	\$57,290,982	\$56,310,221	\$49,582,358	\$54,353,769	\$51,202,034	\$56,763,780	3.6%	2.6%
10. Lab and X-Ray	\$16,358,455	\$16,824,030	\$18,481,450	\$18,267,102	\$22,042,470	\$19,331,576	\$21,326,133	4.5%	1.0%
11. Home Health	\$15,289,233	\$17,678,912	\$19,350,719	\$18,560,451	\$20,531,451	\$16,144,119	\$18,034,755	2.8%	0.8%
12. Prescribed Drugs	\$195,644,951	\$216,077,217	\$256,395,319	\$274,613,136	\$339,840,738	\$360,089,285	\$388,987,899	12.1%	17.7%
13. Family Planning	\$2,217,073	\$4,375,288	\$4,029,544	\$3,449,632	\$6,018,735	\$4,261,636	\$4,673,390	13.2%	0.2%
14. Early & Periodic Screening, Diagnosis & Treatment*	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a	0.0%
15. Other Care	\$177,890,005	\$193,501,538	\$196,137,253	\$194,580,129	\$223,322,696	\$221,539,756	\$243,255,576	5.4%	11.1%
16. Personal Care Support Services	\$127,807,167	\$126,870,027	\$116,463,714	\$103,718,433	\$108,770,164	\$134,567,393	\$147,894,764	2.5%	6.7%
17. Home/Community Based Waiver Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a	0.0%
18. Prepaid Health Care	\$0	\$0	\$43,095,629	\$67,486,939	\$71,717,596	\$152,939,381	\$158,276,317	38.4%	7.2%
19. Primary Case Management (PCCM) Services	\$518,322	\$2,069,936	\$2,527,447	\$3,007,481	\$3,290,676	\$2,073,408	\$2,283,094	28.0%	0.1%
Total (excludes DSH pymts, pharmacy rebates, & other adjs.)	\$1,344,198,009	\$1,391,731,163	\$1,565,008,585	\$1,577,697,829	\$1,829,967,627	\$2,019,557,347	\$2,193,239,279	8.5%	100.0%

AVERAGE PAYMENTS PER RECIPIENT BY TYPE OF SERVICES

								<i>(+) or (-) SLC Avg. FFY 05</i>	
01. General Hospital	\$5,548.60	\$5,156.58	\$6,178.68	\$7,242.08	\$7,242.08	\$7,309.98	\$7,823.72	5.9%	49.3%
02. Mental Hospital	\$24,351.91	\$19,685.30	\$28,548.91	\$26,332.22	\$26,332.22	\$24,878.53	\$26,912.68	1.7%	45.3%
03. Skilled and Intermediate (non-MR) Care Nursing	\$22,324.62	\$23,351.47	\$24,193.25	\$28,221.62	\$28,221.62	\$32,012.85	\$34,146.22	7.3%	36.4%
04. Intermediate Care for Mentally Retarded	\$80,340.60	\$82,859.71	\$86,541.70	\$87,694.76	\$87,694.76	\$95,154.61	\$101,970.03	4.1%	19.0%
05. Physician Services	\$399.10	\$394.71	\$444.26	\$466.85	\$466.85	\$527.46	\$563.34	5.9%	-6.0%
06. Dental Services	\$235.96	\$239.11	\$308.61	\$365.32	\$365.32	\$357.07	\$379.86	8.3%	4.1%
07. Other Practitioners	\$168.33	\$168.52	\$282.62	\$339.29	\$339.29	\$343.68	\$360.88	13.6%	30.7%
08. Outpatient Hospital	\$374.97	\$437.98	\$500.33	\$576.54	\$576.54	\$574.91	\$613.79	8.6%	2.7%
09. Clinic Services	\$406.26	\$386.64	\$378.60	\$353.49	\$353.49	\$328.62	\$357.68	-2.1%	-48.4%
10. Lab and X-Ray	\$111.94	\$106.89	\$127.34	\$132.02	\$132.02	\$114.32	\$123.83	1.7%	-42.7%
11. Home Health	\$669.41	\$688.40	\$710.46	\$654.83	\$654.83	\$508.38	\$558.01	-3.0%	-84.3%
12. Prescribed Drugs	\$711.85	\$826.16	\$952.53	\$1,189.99	\$1,189.99	\$1,260.90	\$1,362.09	11.4%	-8.7%
13. Family Planning	\$939.44	\$1,486.17	\$1,492.42	\$1,956.68	\$1,956.68	\$1,342.25	\$1,446.42	7.5%	3.0%
14. Early & Periodic Screening, Diagnosis & Treatment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	n/a	#DIV/0!
15. Other Care	\$3,878.47	\$3,749.67	\$3,016.94	\$3,094.91	\$3,094.91	\$3,033.71	\$3,274.23	-2.8%	74.4%
16. Personal Care Support Services	\$2,072.60	\$1,969.30	\$1,681.93	\$1,566.01	\$1,566.01	\$1,910.14	\$2,060.05	-0.1%	40.0%
17. Home/Community Based Waiver Services	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	n/a	#DIV/0!
18. Prepaid Health Care	\$0.00	\$0.00	\$631.27	\$968.37	\$968.37	\$2,049.85	\$2,094.02	35.0%	0.0%
19. Primary Case Management (PCCM) Services	\$7.71	\$22.06	\$24.20	\$25.20	\$25.20	\$15.72	\$17.03	14.1%	0.0%
Total (Average)	\$3,920.26	\$4,154.25	\$4,481.32	\$4,904.05	\$4,904.05	\$5,361.47	\$5,713.99	6.5%	29.6%

TOTAL PER CAPITA EXPENDITURES

\$777.83	\$794.24	\$893.41	\$917.12	\$1,076.49	\$1,127.44	\$1,265.45	8.4%	37.1%
-----------------	-----------------	-----------------	-----------------	-------------------	-------------------	-------------------	-------------	--------------

Source: MSIS data for FFY 99-04; FFY 05 is projected using state historical trend data from FFY 99 through FFY 04.

SOUTHERN REGION MEDICAID PROFILE

DATA BY OTHER CHARACTERISTICS

RECIPIENTS BY OTHER CHARACTERISTICS

	<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>FFY 05</u>	<i>Annual Change</i>	<i>Share of Total FFY 05</i>
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	180,644	169,842	131,322	125,046	108,056	109,542	112,301	-7.6%	29.3%
Poverty Related Eligibles	117,865	121,241	168,587	185,759	186,028	187,383	190,618	8.3%	49.7%
Medically Needy	4,688	4,344	4,556	4,699	5,626	5,673	5,772	3.5%	1.5%
Other Eligibles	20,772	20,619	22,137	23,164	34,365	34,755	35,276	9.2%	9.2%
Maintenance Assistance Status Unknown	18,916	18,968	22,627	23,362	39,079	39,327	39,870	13.2%	10.4%
Total	342,885	335,014	349,229	362,030	373,154	376,680	383,837	1.9%	100.0%
By Basis of Eligibility									
Aged, Blind, or Disabled	108,005	108,078	109,822	111,666	114,707	115,803	118,038	1.5%	30.8%
Children	153,339	150,543	157,587	165,981	158,010	159,582	162,744	1.0%	42.4%
Foster Care Children	5,238	5,371	5,673	5,977	5,991	6,047	6,162	2.7%	1.6%
Adults	57,387	52,054	53,520	55,044	54,999	55,551	56,650	-0.2%	14.8%
Basis of Eligibility Unknown	18,916	18,968	22,627	23,362	39,447	39,697	40,243	13.4%	10.5%
Total	342,885	335,014	349,229	362,030	373,154	376,680	383,837	1.9%	100.0%
By Age									
Under Age 1	11,731	13,226	13,780	13,726	5,538	5,655	5,868	-10.9%	1.5%
Age 1 to 5	56,194	53,986	56,197	59,145	54,838	55,402	56,525	0.1%	14.7%
Age 6 to 14	73,550	71,752	75,161	79,208	81,833	82,595	84,148	2.3%	21.9%
Age 15 to 20	35,669	34,477	35,940	38,183	39,794	40,162	40,912	2.3%	10.7%
Age 21 to 44	77,679	73,474	74,907	75,912	78,379	79,144	80,681	0.6%	21.0%
Age 45 to 64	37,746	38,227	39,675	41,359	42,854	43,249	44,062	2.6%	11.5%
Age 65 to 74	12,901	12,833	12,977	13,272	13,439	13,570	13,834	1.2%	3.6%
Age 75 to 84	10,589	10,429	10,555	10,592	10,361	10,467	10,678	0.1%	2.8%
Age 85 and Over	7,910	7,642	7,410	7,271	7,039	7,115	7,264	-1.4%	1.9%
Age Unknown	18,916	18,968	22,627	23,362	39,079	39,321	39,865	13.2%	10.4%
Total	342,885	335,014	349,229	362,030	373,154	376,680	383,837	1.9%	100.0%
By Race									
White	296,645	310,618	323,468	335,041	315,856	319,002	325,361	1.6%	84.8%
Black	14,786	16,161	16,786	17,345	17,481	17,644	17,979	3.3%	4.7%
Hispanic, American Indian or Asian	823	1,049	1,120	1,183	729	739	758	-1.4%	0.2%
Other / Unknown	30,631	7,186	7,855	8,461	39,088	39,295	39,739	4.4%	10.4%
Total*	342,885	335,014	349,229	362,030	373,154	376,680	383,837	1.9%	100.0%
By Sex									
Female	187,676	196,023	204,055	211,295	193,112	195,088	199,060	1.0%	51.9%
Male	132,661	138,736	144,391	149,473	140,963	142,368	145,207	1.5%	37.8%
Unknown	22,548	255	783	1,262	39,079	39,224	39,570	9.8%	10.3%
Total*	342,885	335,014	349,229	362,030	373,154	376,680	383,837	1.9%	100.0%

Source: MSIS data for FFY 99-04; FFY 05 is projected using state historical trend data from FFY 99 through FFY 04.

SOUTHERN REGION MEDICAID PROFILE

PAYMENTS BY OTHER CHARACTERISTICS

	FFY 99	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05	Annual Change	Share of Total FFY 05
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	\$914,173,541	\$969,277,957	\$1,009,653,817	\$1,018,778,058	\$766,304,101	\$882,965,203	\$982,251,367	1.2%	44.8%
Poverty Related Eligibles	\$124,858,500	\$135,644,187	\$236,768,013	\$256,486,390	\$381,435,337	\$408,056,540	\$435,608,970	23.2%	19.9%
Medically Needy	\$23,612,163	\$26,319,081	\$28,663,753	\$28,142,347	\$36,547,136	\$40,092,872	\$43,366,804	10.7%	2.0%
Other Eligibles	\$113,120,751	\$127,493,577	\$144,004,138	\$151,727,165	\$450,618,802	\$474,577,431	\$500,671,101	28.1%	22.8%
Maintenance Assistance Status Unknown	\$168,433,054	\$132,996,361	\$145,918,864	\$122,563,869	\$195,062,251	\$213,865,301	\$231,341,037	5.4%	10.5%
Total	\$1,344,198,009	\$1,391,731,163	\$1,565,008,585	\$1,577,697,829	\$1,829,967,627	\$2,019,557,347	\$2,193,239,279	8.5%	100.0%
By Basis of Eligibility									
Aged, Blind or Disabled	\$895,658,899	\$960,307,818	\$1,048,490,458	\$1,072,310,863	\$1,224,267,469	\$1,352,058,069	\$1,469,053,872	8.6%	67.0%
Children	\$147,716,916	\$154,527,124	\$204,861,070	\$212,929,998	\$214,949,909	\$238,004,736	\$258,946,735	9.8%	11.8%
Foster Care Children	\$37,672,613	\$46,346,172	\$51,156,357	\$53,807,289	\$62,087,034	\$68,088,167	\$73,786,255	11.9%	3.4%
Adults	\$94,716,527	\$97,553,688	\$114,581,836	\$116,085,810	\$131,452,245	\$145,346,847	\$157,839,616	8.9%	7.2%
Basis of Eligibility Unknown	\$168,433,054	\$132,996,361	\$145,918,864	\$122,563,869	\$197,210,970	\$216,059,528	\$233,612,801	5.6%	10.7%
Total	\$1,344,198,009	\$1,391,731,163	\$1,565,008,585	\$1,577,697,829	\$1,829,967,627	\$2,019,557,347	\$2,193,239,279	8.5%	100.0%
By Age									
Under Age 1	\$15,395,782	\$19,914,949	\$26,289,476	\$25,200,755	\$11,586,112	\$14,031,999	\$16,039,075	0.7%	0.7%
Age 1 to 5	\$57,850,291	\$58,643,594	\$78,515,668	\$78,597,510	\$80,989,242	\$89,767,700	\$97,701,163	9.1%	4.5%
Age 6 to 14	\$102,113,158	\$108,874,183	\$132,623,690	\$140,307,828	\$167,277,188	\$183,017,837	\$197,911,493	11.7%	9.0%
Age 15 to 20	\$87,083,130	\$95,409,787	\$109,387,524	\$112,820,007	\$128,582,317	\$141,720,574	\$153,771,761	9.9%	7.0%
Age 21 to 44	\$294,418,925	\$313,625,661	\$348,958,992	\$343,962,080	\$394,220,568	\$436,037,847	\$474,087,704	8.3%	21.6%
Age 45 to 64	\$271,872,989	\$301,828,496	\$341,256,433	\$353,666,445	\$414,186,677	\$455,120,605	\$493,290,215	10.4%	22.5%
Age 65 to 74	\$86,560,376	\$93,331,070	\$101,348,881	\$106,323,896	\$120,135,471	\$132,699,149	\$144,132,524	8.9%	6.6%
Age 75 to 84	\$117,478,457	\$124,588,307	\$132,489,326	\$140,414,431	\$151,905,653	\$168,519,041	\$183,433,788	7.7%	8.4%
Age 85 and Over	\$142,991,847	\$142,518,755	\$148,219,731	\$153,841,008	\$166,022,148	\$184,959,074	\$201,715,543	5.9%	9.2%
Age Unknown	\$168,433,054	\$132,996,361	\$145,918,864	\$122,563,869	\$195,062,251	\$213,683,521	\$231,156,013	5.4%	10.5%
Total	\$1,344,198,009	\$1,391,731,163	\$1,565,008,585	\$1,577,697,829	\$1,829,967,627	\$2,019,557,347	\$2,193,239,279	8.5%	100.0%
By Race									
White	\$1,135,226,882	\$1,156,295,553	\$1,302,532,776	\$1,360,638,050	\$1,564,826,900	\$1,725,162,798	\$1,872,359,429	8.7%	85.4%
Black	\$46,856,535	\$46,875,378	\$52,834,712	\$58,128,120	\$66,768,158	\$73,437,498	\$79,595,185	9.2%	3.6%
Hispanic, American Indian or Asian	\$2,392,507	\$3,444,710	\$4,108,439	\$4,312,358	\$3,266,628	\$3,680,323	\$4,058,906	9.2%	0.2%
Other/ Unknown	\$159,722,085	\$185,115,522	\$205,532,658	\$154,619,301	\$195,105,941	\$217,276,728	\$237,225,759	6.8%	10.8%
Total*	\$1,344,198,009	\$1,391,731,163	\$1,565,008,585	\$1,577,697,829	\$1,829,967,627	\$2,019,557,347	\$2,193,239,279	8.5%	100.0%
By Sex									
Female	\$751,017,472	\$753,040,278	\$849,437,182	\$883,101,506	\$995,182,456	\$1,099,537,292	\$1,194,720,065	8.0%	54.5%
Male	\$466,094,642	\$483,281,451	\$543,753,945	\$571,627,547	\$639,722,920	\$706,137,509	\$767,029,054	8.7%	35.0%
Unknown	\$127,085,895	\$155,409,434	\$171,817,458	\$122,968,776	\$195,062,251	\$213,882,546	\$231,490,160	10.5%	10.6%
Total*	\$1,344,198,009	\$1,391,731,163	\$1,565,008,585	\$1,577,697,829	\$1,829,967,627	\$2,019,557,347	\$2,193,239,279	8.5%	100.0%

Source: MSIS data for FFY 99-04; FFY 05 is projected using state historical trend data from FFY 99 through FFY 04.

SOUTHERN REGION MEDICAID PROFILE

AVERAGE PAYMENT PER RECIPIENT BY OTHER CHARACTERISTICS

								Annual Change	Above (+) or Below (-) SLC Avg. FFY 05
By Maintenance Assistance Status	FFY 99	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05		
Receiving Cash Assistance or Eligible Under Section 1931	\$5,060.64	\$5,706.94	\$7,688.38	\$7,091.73	\$7,091.73	\$8,060.52	\$8,746.60	9.5%	49.8%
Poverty Related Eligibles	\$1,059.33	\$1,118.80	\$1,404.43	\$2,050.42	\$2,050.42	\$2,177.66	\$2,285.25	13.7%	8.7%
Medically Needy	\$5,036.72	\$6,058.72	\$6,291.43	\$6,496.11	\$6,496.11	\$7,067.31	\$7,513.31	6.9%	-4.6%
Other Eligibles	\$5,445.83	\$6,183.31	\$6,505.13	\$13,112.73	\$13,112.73	\$13,654.94	\$14,192.97	17.3%	83.8%
Maintenance Assistance Status Unknown	\$8,904.26	\$7,011.62	\$6,448.88	\$4,991.49	\$4,991.49	\$5,438.13	\$5,802.38	-6.9%	70.4%
Total	\$3,920.26	\$4,154.25	\$4,481.32	\$4,904.05	\$4,904.05	\$5,361.47	\$5,713.99	6.5%	29.6%
By Basis of Eligibility									
Aged, Blind or Disabled	\$8,292.75	\$8,885.32	\$9,547.18	\$10,673.00	\$10,673.00	\$11,675.50	\$12,445.60	7.0%	4.0%
Children	\$963.34	\$1,026.47	\$1,299.99	\$1,360.36	\$1,360.36	\$1,491.43	\$1,591.13	8.7%	3.2%
Foster Care Children	\$7,192.18	\$8,628.97	\$9,017.51	\$10,363.38	\$10,363.38	\$11,259.83	\$11,974.40	8.9%	71.8%
Adults	\$1,650.49	\$1,874.09	\$2,140.92	\$2,390.08	\$2,390.08	\$2,616.46	\$2,786.22	9.1%	-3.2%
Basis of Eligibility Unknown	\$8,904.26	\$7,011.62	\$6,448.88	\$4,999.39	\$4,999.39	\$5,442.72	\$5,805.05	-6.9%	67.8%
Total	\$3,920.26	\$4,154.25	\$4,481.32	\$4,904.05	\$4,904.05	\$5,361.47	\$5,713.99	6.5%	29.6%
By Age									
Under Age 1	\$1,312.40	\$1,505.74	\$1,907.80	\$2,092.11	\$2,092.11	\$2,481.34	\$2,733.31	13.0%	-25.9%
Age 1 to 5	\$1,029.47	\$1,086.27	\$1,397.15	\$1,476.88	\$1,476.88	\$1,620.30	\$1,728.46	9.0%	-7.0%
Age 6 to 14	\$1,388.35	\$1,517.37	\$1,764.53	\$2,044.13	\$2,044.13	\$2,215.85	\$2,351.95	9.2%	32.8%
Age 15 to 20	\$2,441.42	\$2,767.35	\$3,043.62	\$3,231.20	\$3,231.20	\$3,528.72	\$3,758.60	7.5%	34.9%
Age 21 to 44	\$3,790.20	\$4,268.53	\$4,658.56	\$5,029.67	\$5,029.67	\$5,509.42	\$5,876.08	7.6%	12.7%
Age 45 to 64	\$7,202.70	\$7,895.69	\$8,601.30	\$9,665.06	\$9,665.06	\$10,523.26	\$11,195.37	7.6%	0.3%
Age 65 to 74	\$6,709.59	\$7,272.74	\$7,809.89	\$8,939.32	\$8,939.32	\$9,778.86	\$10,418.72	7.6%	23.8%
Age 75 to 84	\$11,094.39	\$11,946.33	\$12,552.28	\$14,661.29	\$14,661.29	\$16,100.03	\$17,178.67	7.6%	41.1%
Age 85 and Over	\$18,077.35	\$18,649.41	\$20,002.66	\$23,586.04	\$23,586.04	\$25,995.65	\$27,769.21	7.4%	48.1%
Age Unknown	\$8,904.26	\$7,011.62	\$6,448.88	\$4,991.49	\$4,991	\$5,434.34	\$5,798.47	-6.9%	69.8%
Total	\$3,920.26	\$4,154.25	\$4,481.32	\$4,904.05	\$4,904.05	\$5,361.47	\$5,713.99	6.5%	29.6%
By Race									
White	\$3,826.89	\$3,722.57	\$4,026.77	\$4,954.24	\$4,954.24	\$5,408.00	\$5,754.71	7.0%	5.2%
Black	\$3,168.98	\$2,900.47	\$3,147.55	\$3,819.47	\$3,819.47	\$4,162.18	\$4,427.12	5.7%	16.5%
Hispanic, American Indian or Asian	\$2,907.06	\$3,283.60	\$3,668.25	\$4,480.97	\$4,480.97	\$4,980.14	\$5,354.76	10.7%	84.5%
Other / Unknown	\$5,214.39	\$25,761.67	\$26,165.84	\$4,991.45	\$4,991.45	\$5,529.37	\$5,969.60	2.3%	35.8%
Total	\$3,920.26	\$4,154.25	\$4,481.32	\$4,904.05	\$4,904.05	\$5,361.47	\$5,713.99	6.5%	29.6%
By Sex									
Female	\$4,001.68	\$3,841.59	\$4,162.79	\$5,153.40	\$5,153.40	\$5,636.11	\$6,001.81	7.0%	31.0%
Male	\$3,513.42	\$3,483.47	\$3,765.84	\$4,538.23	\$4,538.23	\$4,959.95	\$5,282.31	7.0%	21.4%
Unknown	\$5,636.23	\$608,849.45	\$219,434.81	\$4,991.49	\$4,991.49	\$5,452.85	\$5,850.14	0.6%	73.1%
Total	\$3,920.26	\$4,154.25	\$4,481.32	\$4,904.05	\$4,904.05	\$5,361.47	\$5,713.99	6.5%	29.6%

Source: MSIS data for FFY 99-04; FFY 05 is projected using state historical trend data from FFY 99 through FFY 04.

SOUTHERN REGION MEDICAID PROFILE

ADDITIONAL STATE HEALTH CARE INFORMATION

Sources: "Issue Briefs", Health Policy Tracking Service, January 2006; "Medicaid Services State by State", CMS, October 2005; "State Health Facts", The Henry Kaiser Foundation, January 2006; state annual report for FY 05; and 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 1999. A total of 63,475 recipients are enrolled statewide in the managed care program, 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 7/1/85.
- Mental Retardation/Developmental Disabilities: Serves 3,800 people, operating since 7/1/85.

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 1/1/96.

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 9/15/98. The CHIP program provides health care coverage for children age 1-6 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 150-200% 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% of the FPL, and to place a lifetime limit of \$1 million on benefits.
- As of 6/4/05, the state reported that approximately 25,000 children were enrolled in the CHIP program.

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.