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# **COMPARATIVE DATA REPORT ON MEDICAID**

A Report Submitted to the

**FISCAL AFFAIRS AND GOVERNMENTAL OPERATIONS COMMITTEE**

November 7-11, 1998

**Southern Legislative Conference**

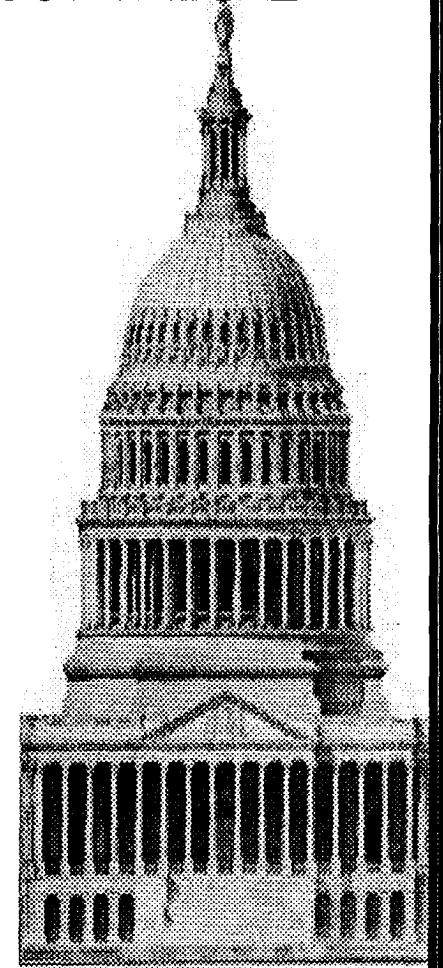
Council of State Governments

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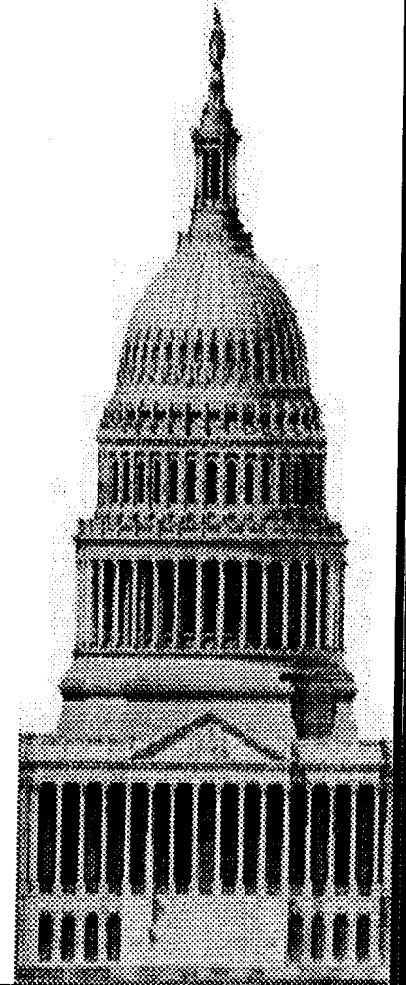
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# SUMMARY



## INTRODUCTION

This report includes statistical tables and a summary of key findings based upon questionnaires distributed to each member state in the Southern Legislative Conference. This survey was initially conducted in 1992 and presented to the Second Congressional Summit on Federal Mandates in Washington, D. C., 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 useful amount of information without overwhelming the reader with excessive data. Data prior to FFY 91 has been removed from the report, but is still available upon request. The section on Medicaid managed care has been expanded to include statistical information for FFY 97.

The assistance of legislative staff in each state and Medicaid agency staff who completed the questionnaires is greatly appreciated. Staff of the Health Care Financing Administration also provides invaluable assistance each year by locating and forwarding the information needed to complete this report. Thanks as well to several co-workers who assisted with preparation of this report: Gordon Monk, Carolyn Nicklas, and Jean Pederson. Thanks are also given to David W. Hood, Secretary of the Louisiana Department of Health and Hospitals, and Christine Crow of the Louisiana State Senate for their advice.

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

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## BACKGROUND

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

Medicaid is a federal entitlement program established with the 1965 Title XIX amendment to the Social Security Act. This program provides medical assistance to certain individuals having low incomes or resources. The Medicaid program is jointly funded by both the federal and state governments and is 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 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 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 has been completely severed. The Welfare Reform Bill amended Title XIX to read that any reference to eligibility for AFDC 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 of 1997 (P.L. 105-33), which was signed by the President on August 5, 1997, continued the trend of congressional action to control growth in Medicaid. This act is projected to produce gross federal Medicaid savings of \$17 billion over the next 5 years and \$61.4 billion over the next ten years. Although there are some provisions for increases in Medicaid spending, the net effect of the legislation will be a federal Medicaid savings of \$7.3 billion over the next five years and \$36.9 billion over the next ten years--the most significant reduction in federal Medicaid spending since 1981.

Under the provisions of the Balanced Budget Act of 1997, the "Boren" amendment was repealed. This effectively eliminated the mandate to fund payments to institutions for inflationary costs. Therefore, states will now have more flexibility in setting reimbursement rates for institutional providers. Specifically, this action will permit SLC state medicaid programs to implement cost avoidance measures for inpatient hospitals, ICF/MR facilities, and nursing homes at the states' discretion.

Additionally, the Balanced Budget Act of 1997 enacted Title XXI of the Social Security Act. The provisions of Title XXI created the State Children's Health Insurance Program and allocated federal funding (at a reduced state match rate) for all 50 states. The total amount of federal CHIP funding allotted to the sixteen states in the SLC was \$1.80 billion for FFY 98; states would have been required to provide \$640 million in state matching funds to utilize all available federal dollars. As of July of 1998, all of the states in the SLC had submitted plans to participate in CHIP, although many of them did not draw the full federal allocation for FFY 98. **Table 1** and **Chart 11** provides the total amount of federal dollars allocated to each state in the SLC and the amount that each state plans to utilize annually.

The Balanced Budget Act also provides for a reduction in disproportionate share hospital payments to all states. The "cap" on available federal DSH dollars to pay for uncompensated care costs may begin to impact SLC state budgets as early as FFY 2000. States with a high number of uninsured and significant reliance on federal funding for assistance to pay for health care services for the uninsured population may be faced with the need to fund costs which exceed the federal allotment for uncompensated care with 100% state dollars.

## METHODOLOGY

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

The Federal Health Care Financing Administration (HCFA) collects voluminous data on state Medicaid programs on HCFA Forms 64 and 2082. Since each state follows the same report format and utilizes the same definitions and instructions, the information on these forms is the most accurate and consistently available. There are, nevertheless, certain inconsistencies which are introduced because of differences in interpretation about recipient, payment and service definitions. Whenever we were aware of such inconsistencies, we attempted 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 64 and HCFA 2082 reports submitted by the state to HCFA. States were asked to verify the accuracy of this data, to provide explanations of extraordinary growth in recipients or payments and to supply certain other information, such as levels of disproportionate share payments, methods of state financing, recent state initiatives, etc.

The data collected from the federal reports and from the states has been organized into a "Medicaid State Profile" for each state. These include multi-year histories of total Medicaid spending, as well as recipient and payment data for major eligibility and service categories. Information on provider taxes and eligibility criteria is also included. Each profile contains charts comparing that state to the SLC average in terms of annual payments per recipient and the number of recipients per 100,000 population. As a supplement to state responses regarding program characteristics and initiatives, information was included from a publication, *Health Care Reform: 50 State Profiles, 1997*; published by the Health Policy Tracking Service in January of 1998. Key demographic and poverty indicators were obtained

from *Health Care State Rankings, 1998 Health Care in the 50 United States* and *State Rankings, 1998: Statistical View of the 50 United States*. Information on the Balanced Budget Act was included from a publication, *Overview of the Medicaid Provisions in the Balanced Budget Act of 1997*, P.L. 105-33, Andy Schneider, September, 1997.

Of the 16 SLC states, North Carolina and Kentucky did not respond to at least one section of the survey - verification of the HCFA data.

## MEDICAID SPENDING IN THE SOUTHERN REGION

The rapid rate of growth in Medicaid spending which occurred during the late 1980's and early 1990's, began to decline by FFY 94 in the 16-state southern region. Since that time, the growth rate has been variable; however, the trend is more toward controlled growth. Total actual medicaid payments (administrative costs excluded) for FFY 97 were \$51.0 billion, an increase of \$2.89 billion over the FFY 96 level of \$48.1 billion. Therefore, the growth rate from FFY 96 to FFY 97 was 6.0%. Although this compares favorably with the 10.5% increase from FFY 94 to FFY 95, it does indicate an upturn when compared to the 0.5% increase from FFY 95 to 96 (see "Regional Medicaid Profile").

Total spending for FFY 99 is projected at \$56.2 billion, administrative costs excluded, which is an increase of approximately \$2.9 billion (or 5.5%) over the \$53.3 billion projected for FFY 98. The average increase projected over the entire eight year period from FFY 91 to FFY 99 is 10.1% percent per year.

The slowdown that occurred in the rate of spending from 1991 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 97 (6.0%) and projections for FFY 98 (4.7%) and 99 (5.5%), indicate that medicaid spending may experience a pattern of moderate growth, at least by health care standards, for the next several years.

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

- First, program enrollment increased significantly, mainly due to federal mandates which directed states to expand coverage to pregnant women and children with family incomes at or above the federal poverty level. Such mandates had a major cost impact in southern states, which tend to have large indigent populations and a limited ability to finance health care programs at the high levels found in other parts of the nation. The number of Medicaid recipients in southern states grew from 9.6 million in FFY 91 to 13.6 million in FFY 97.
- Second, medical inflation has historically accounted for 50% of total growth.



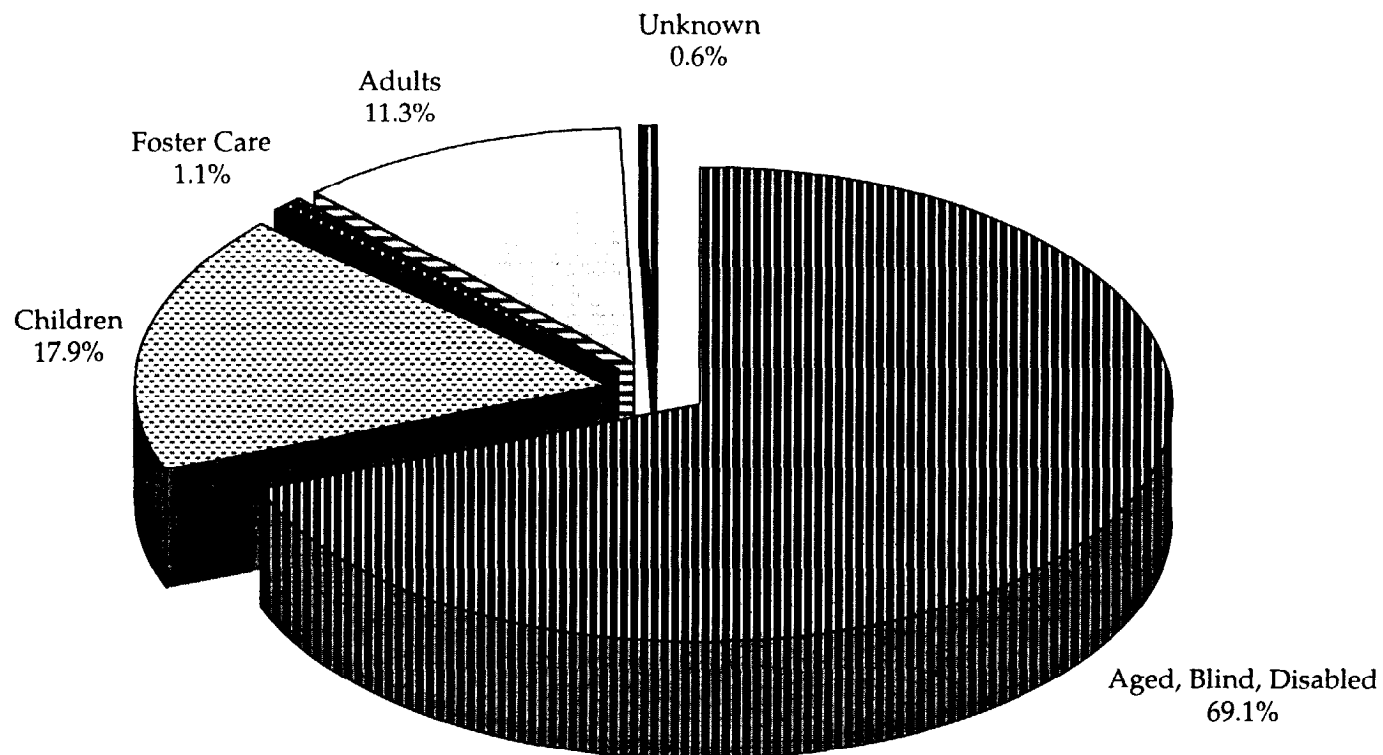
- Third, other factors include higher utilization rates (due, in part, to federal mandates such as those calling for more thorough screening of school age children), the targeting of specific populations (AIDS patients, drug-dependent newborns) and higher payments to certain providers.
- Fourth, states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

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

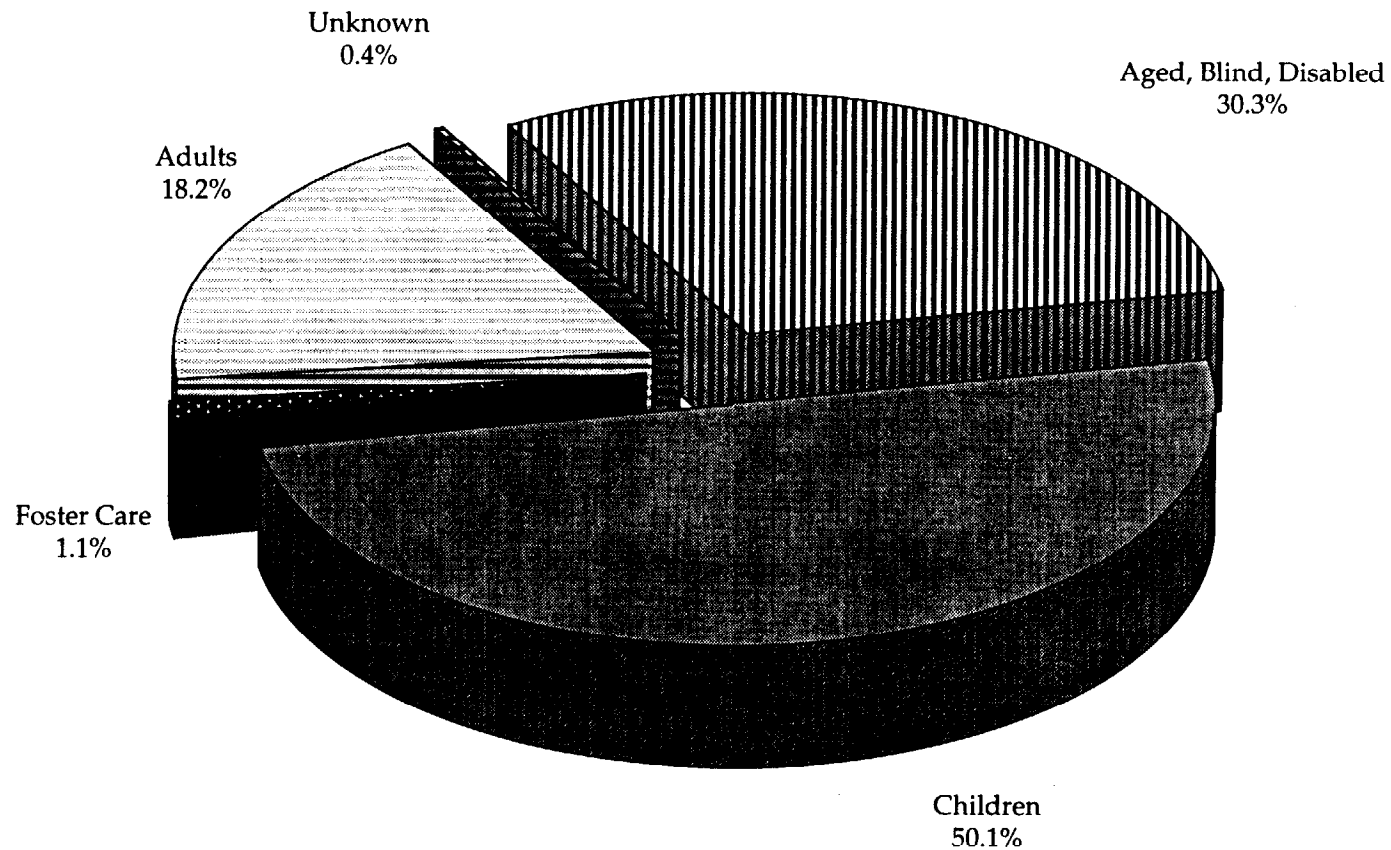
Total Medicaid expenditures in the 16 states which comprise the Southern Legislative Conference are illustrated in **Chart 1**. This chart divides Medicaid dollars spent by eligibility which include the following categories: aged, blind, or disabled (65 and older), Children, Foster Care Children, Adults and Other Title XIX Recipients of unknown eligibility status. By far the greatest amount of Medicaid dollars are spent on those who are aged, blind, or disabled (69.1%). Expenditures for Children were next, accounting for 17.9% of the payments. The remaining classifications of Adults (11.3%), Foster Care Children (1.1%), and unknown (0.6%) make up the balance (13.0%). The total amount of Medicaid payments in the SLC for FFY 97 was \$41,156,112,462. This is an average annual increase of approximately 10.5% per year over the six year period from FFY 91 to FFY 97.

The total number of Medicaid recipients in the SLC was 13,614,624 during FFY 97 as compared to FFY 91 number of 9,683,543 recipients, or an annual increase of 5.8% 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 were Children (50.1%). The aged, blind, or disabled followed with approximately 30.3%, while adults represented 18.2% of the total number of recipients. The balance of 1.5% is distributed among foster care children (1.1%) and unknown status (0.4%). The average payment per recipient for all Medicaid services in the 16 southern states was approximately \$3,023. This is an increase of \$190 over FFY 96 and approximately a 4.4% annual increase from FFY 91.

**CHART 1.**  
**TOTAL MEDICAID EXPENDITURES IN SLC BY ELIGIBILITY**  
**(FFY 97)**



**CHART 2**  
**TOTAL MEDICAID RECIPIENTS IN SLC BY ELIGIBILITY BASIS**  
**(FFY 97)**



## STATE COMPARISONS

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

**Per Capita Expenditures.** Medicaid per capita spending in the 16-state southern region has increased from \$300 in FFY 91 to \$538 for FFY 97. 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 97 ranges from \$353 in Virginia to \$716 in Louisiana. All other SLC states were between \$410 to \$683. Louisiana was able to reduce per capita expenditures by \$40 (\$756 to \$716) from FFY 96, however, the state still has the highest expenditure level (\$716) in the SLC. Louisiana is exceptional in this respect because the state has had a very high level of disproportionate share hospital payments relative to its population. DSH payments represent about 21.7% of total Medicaid spending (\$662 million out of \$3.1 billion in FFY 97), mainly due to the fact that most of the indigent care and much of the Medicaid care in the state is delivered by the state-operated hospital system. Louisiana has maximized DSH revenues and utilized Medicaid funding whenever possible in order to help support these hospitals. For FFY 98, Louisiana is projecting \$697 million in DSH payments within an overall Medicaid budget of \$3.1 billion. However, the DSH "cap" restrictions in the Balanced Budget Act of 1997 pose a budgetary problem for Louisiana and all other states in the SLC with high DSH payments in upcoming fiscal years.

**Payments per Recipient.** Annual payments per recipient for the southern region have increased from \$2,336 in FFY 91 to \$3,023 in FFY 97, an overall increase of 4.4% per year. Payments per recipient for FFY 97 range from \$2,074 in Tennessee to \$5,474 in Maryland. (**See Chart 4**) Fourteen of the sixteen states have calculated average annual payments to recipients in the \$2,550 to \$3,900 range (between Georgia's \$2,557 and Missouri's \$3,880). Since some states report disproportionate share payments on Form 2082 and some do not, we have asked states to indicate any such payments and have excluded any that were reported to us.

Expenditure per recipient comparisons should be viewed with caution unless used in conjunction with a specific well-defined service. We have chosen five of the largest and, hopefully, best-defined services for inclusion here: inpatient hospitals, skilled and intermediate care nursing facilities, intermediate care for the mentally retarded, physician services and prescription drugs. Each of these services represents a large part of each Medicaid program's expenditures and each has been an area of rapid growth as well. Payments for these five services represent approximately 68% of all Medicaid payments in the region for FFY 97. This is a slight decrease from the 69% of all Medicaid payments in FFY 96.

- Payments for general hospital inpatient services in the region have increased from \$6.0 billion in FFY 91 to \$7.9 billion in FFY 97, an annual growth rate of 4.5%. These payments represent on an average 19.1% of each state's Medicaid spending, or an 7.6% decrease from the 26.7% level in FFY 91. If all disproportionate share payments were included in these figures, the growth rates and the share of total spending on hospitals would be significantly greater. The accompanying chart excludes all such payments reported to have been included on the HCFA 2082 form in order to make consistent comparisons. (See Chart 5)

The total number of recipients for inpatient services grew at a 0.8% annual rate, from 2.0 million in FFY 91 to 2.1 million by FFY 97. The SLC average for annual payments per recipient for inpatient services has increased from \$2,950 in FFY 91 to \$3,671 in FFY 97, an annual growth rate of 3.7%. These payments range from \$2,373 in Oklahoma to \$7,704 in Maryland. Again it should be noted that these figures do not include disproportionate share payments. However, it should be noted that although Tennessee's payments for hospital services have been included in the SLC averages, Tennessee has been excluded from the graphical displays comparing the states to the southern average for hospital payments. The Tennessee inpatient hospital payment data does not reflect the payments for Medicaid HMO claims; therefore, displaying Tennessee in a state comparison chart on state averages could be misleading. State officials have indicated that corrected HCFA 2082 encounter data for FFY 94-97 will be submitted in the next few months.

- Payments for skilled and intermediate care nursing facilities grew from \$5.6 billion to \$8.9 billion during the period FFY 91-97, an annual growth rate of 8.0%. The average share of a southern state's Medicaid budget devoted to these services has fallen from 24.8% to 21.7% during the period. The number of recipients utilizing these services grew at a 2.0% annual rate, from approximately 538,000 to 607,000. However, the payment per recipient during the period increased by 5.8% annually in the southern region, from \$10,440 to \$14,677. Average annual payments ranged from a low of \$10,498 in Oklahoma to a high of \$22,168 in Alabama. (See Chart 6 )

- The cost of intermediate care for the mentally retarded (ICF-MR) rose from \$2.2 billion in FFY 91 to \$2.9 billion in FFY 97, a rate of 5.0% per annum for the region. Southern states applied an average of 7.2% of their expenditures to this service in FFY 97, down from 9.7% in FFY 91. This service experienced a decline in recipients from approximately 50,500 in FFY 91 to 49,000 in FFY 97, a 0.5% decrease during the eight-year period. FFY 97 marked the third year of decline in the number of recipients utilizing ICF-MR services. However, the average cost per recipient has continued to increase at approximately 5.5% annually from \$43,400 to \$60,000 during the period FFY 91-97. Average payments range from \$47,913 in Texas to \$102,678 in Tennessee in FFY 97. (See Chart 7)
- The cost of physician services grew from approximately \$2.2 billion in FFY 91 to \$3.5 billion in FFY 97, an annual rate of 8.1% per year. At least a part of this increase over the seven year period can be attributed to federal mandates which called for higher payment rates for physicians, especially those in certain specialties such as obstetrics and gynecology. The number of recipients of these services also grew rapidly, from more than 7.5 million to 10.0 million from FFY 91 to FFY 94. However, the use of these services experienced its first decline in seven years when the number of recipients declined in FFY 95 to 9.6 million; the number of recipients increased again in FFY 96 by 300,000 (9.6 million to 9.9 million). For FFY 97, the number of recipients decreased from FFY 96 by 400,000 (9.9 million to 9.5 million). Average annual payments per recipient in the region experienced growth of about 4.0% per year, from approximately \$294 to \$370 per year. Payments per recipient vary widely from \$191 in Missouri to \$749 in Tennessee. However, it should be noted that Tennessee's average payment for physician services is for payment of claims associated with physician services rendered outside of the HMO network. State officials have indicated that corrected HCFA 2082 encounter data for FFY 94-97 will be submitted in the next few months. (See Chart 8)
- The cost of providing prescribed drugs grew 15.9% per year from about \$1.9 billion in FFY 91 to \$4.6 billion in FFY 97. Recipients increased 3.2% annually from 7.1 million to 8.7 million. The regional average payment per recipient grew from \$265 per annum to \$533, an average growth rate of 12.3% per year. States range from a low of \$378 per recipient annually for prescription drug costs in Texas to \$811 in Missouri. However, it should be noted that Tennessee's average payment for prescription drugs is not included in this chart due to the method of reporting state data on HCFA 2082. State officials have indicated that corrected HCFA 2082 encounter data for FFY 94-97 will be submitted in the next few months. (See Chart 9)

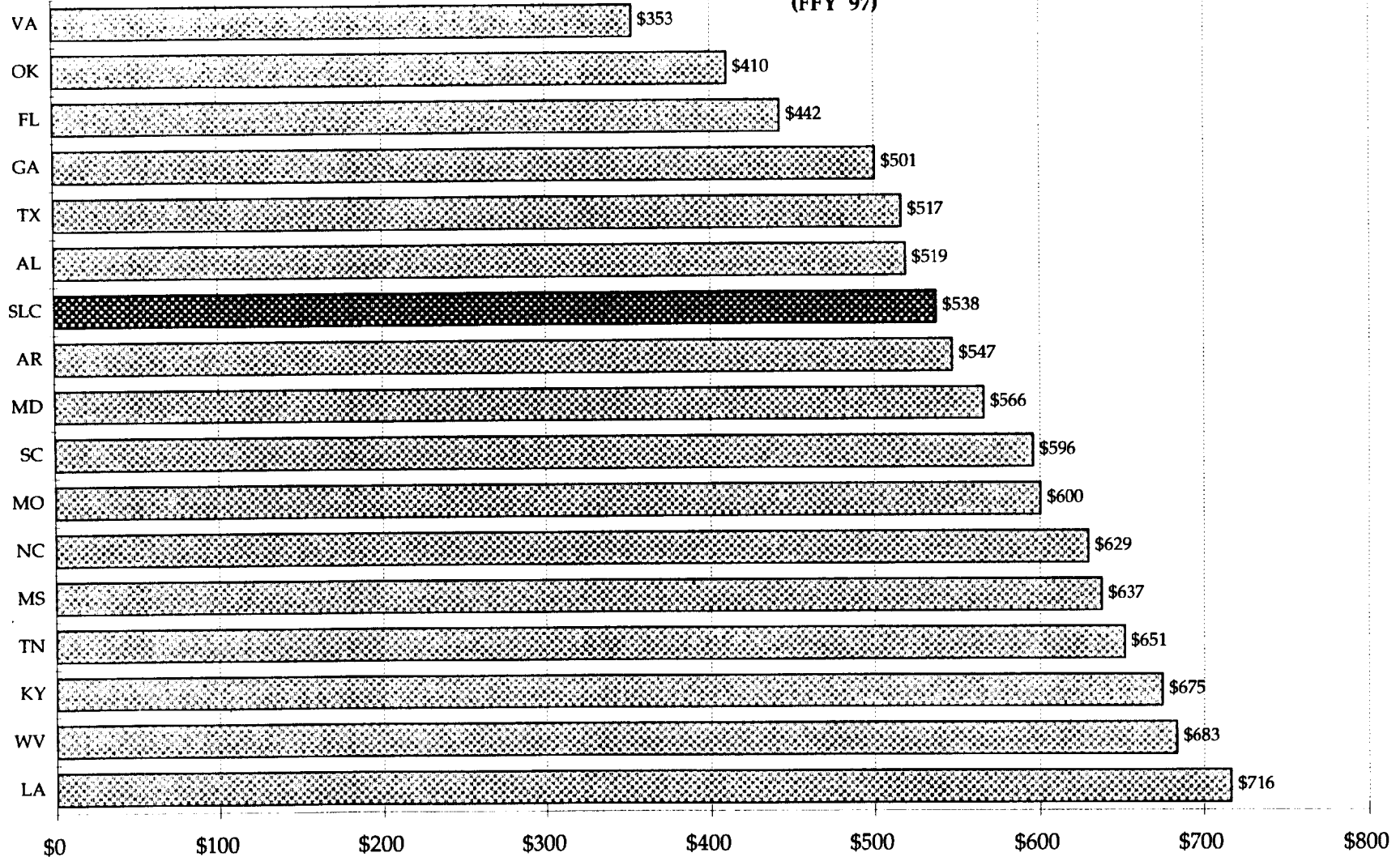
**Recipients per 100,000 Population.** The number of recipients per 100,000 population in the southern region grew during FFY 91-97 from 10,662 to 13,846. According to this indicator, the highest state was Tennessee with 26,370 per 100,000 population and the lowest was Maryland with 7,891. A state's rank on this scale is also influenced by how liberal its eligibility criteria are for Medicaid and children in low income families. (See Chart 10)

**CHIPS Allocation per State.**

All 16 states in the SLC have submitted CHIP plans to HCFA. As of October 1, 1998, 12 states had approved plans. Under the provisions of the legislation that created CHIPs, states have the option of expanding Medicaid, designing a state plan, or a doing a combination of both. In the SLC, 10 states have opted to expand Medicaid, 3 states have designed a state plan, and 3 have combined Medicaid expansion with a state designed plan. Of the \$1.8 billion federal allocation for the 16 SLC states, as noted in Table 1, \$798 million (44%) has been requested to fund the various state CHIP plans. Florida and Texas topped the federal allocation in the SLC with \$272 million and \$564 million, respectively. Florida plans to utilize \$260 million (96%) of the available federal funding; Texas only plans to utilize \$54 million (10%) for Phase I, although Texas plans to expand the program at a later date. West Virginia was allotted the fewest CHIP dollars in the SLC, \$23.7 million and plans to utilize \$600,000 (3%). Overall, SLC state movement with the CHIP initiative appears to be an "approach with caution" effort. For the reported SLC states, 5 are using 20% or less of the total program allotment, 4 are using between 21% and 40%, and 7 are using over 60%.

(See Table 1 and Chart 11)

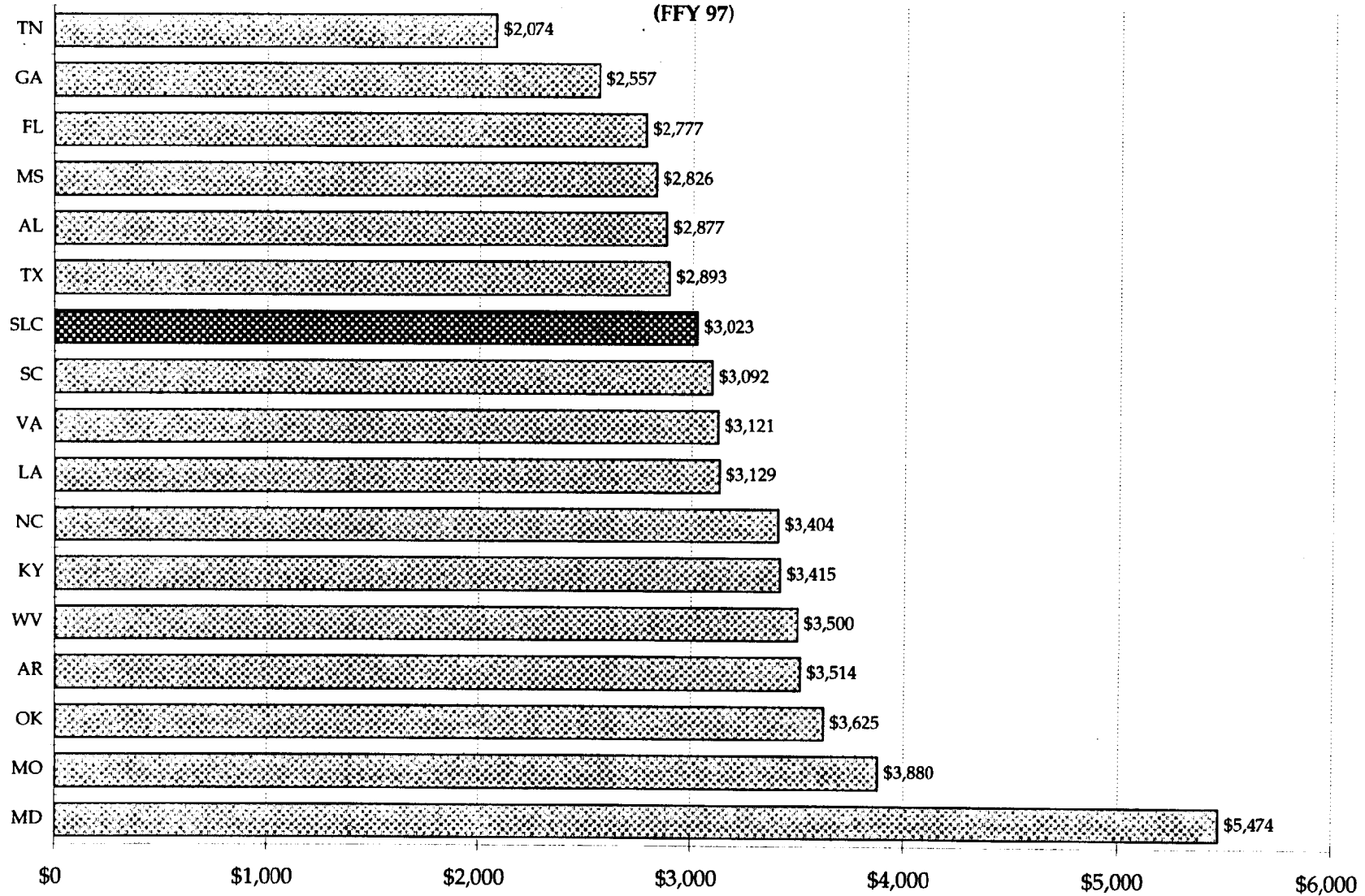
**CHART 3**  
**TOTAL MEDICAID EXPENDITURES PER CAPITA**  
**(FFY 97)**



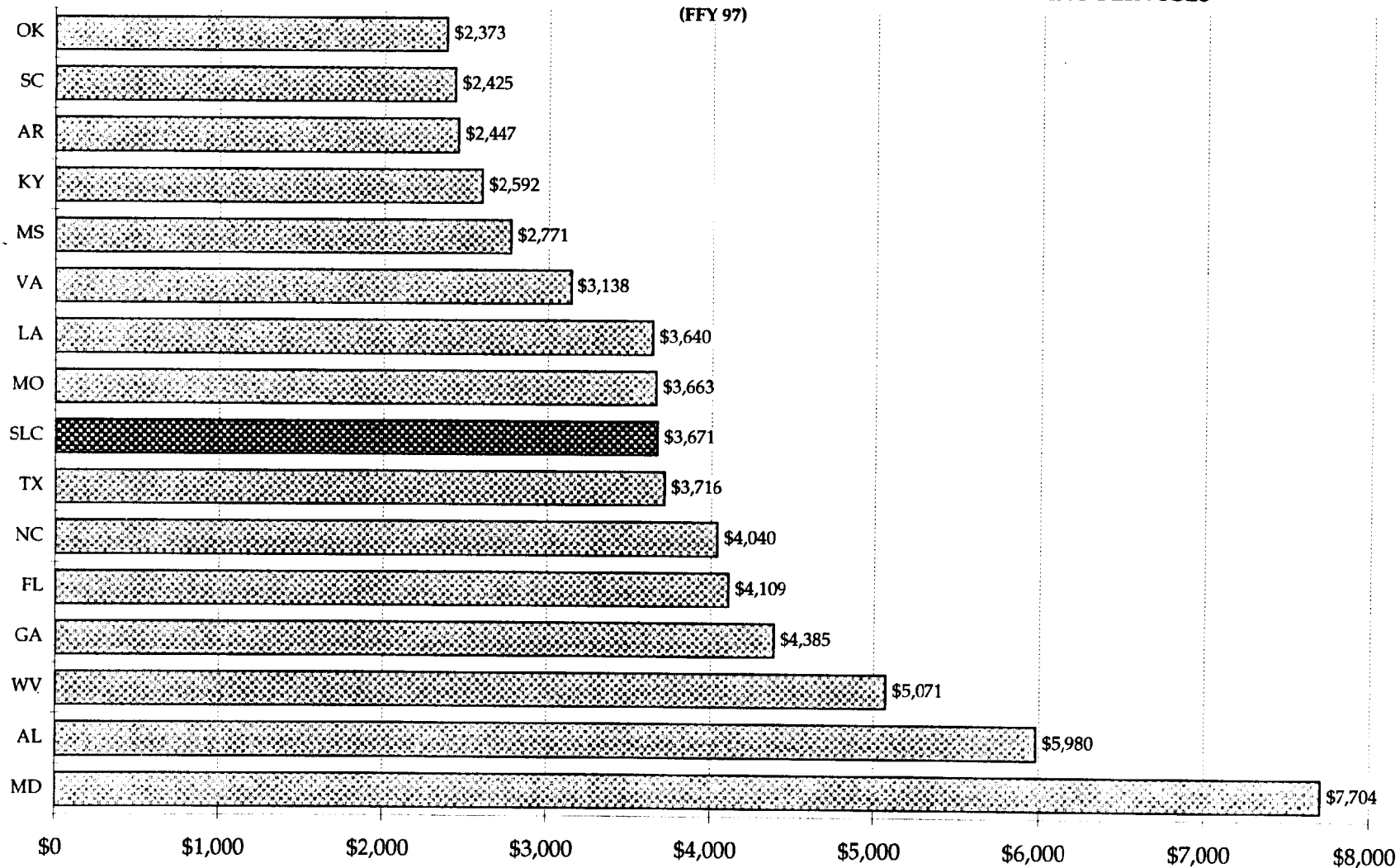
Source: HCFA 64. Population estimates from U. S. Bureau of the Census.



**CHART 4**  
**AVERAGE PAYMENT PER RECIPIENT FOR ALL SERVICES**  
**(FFY 97)**

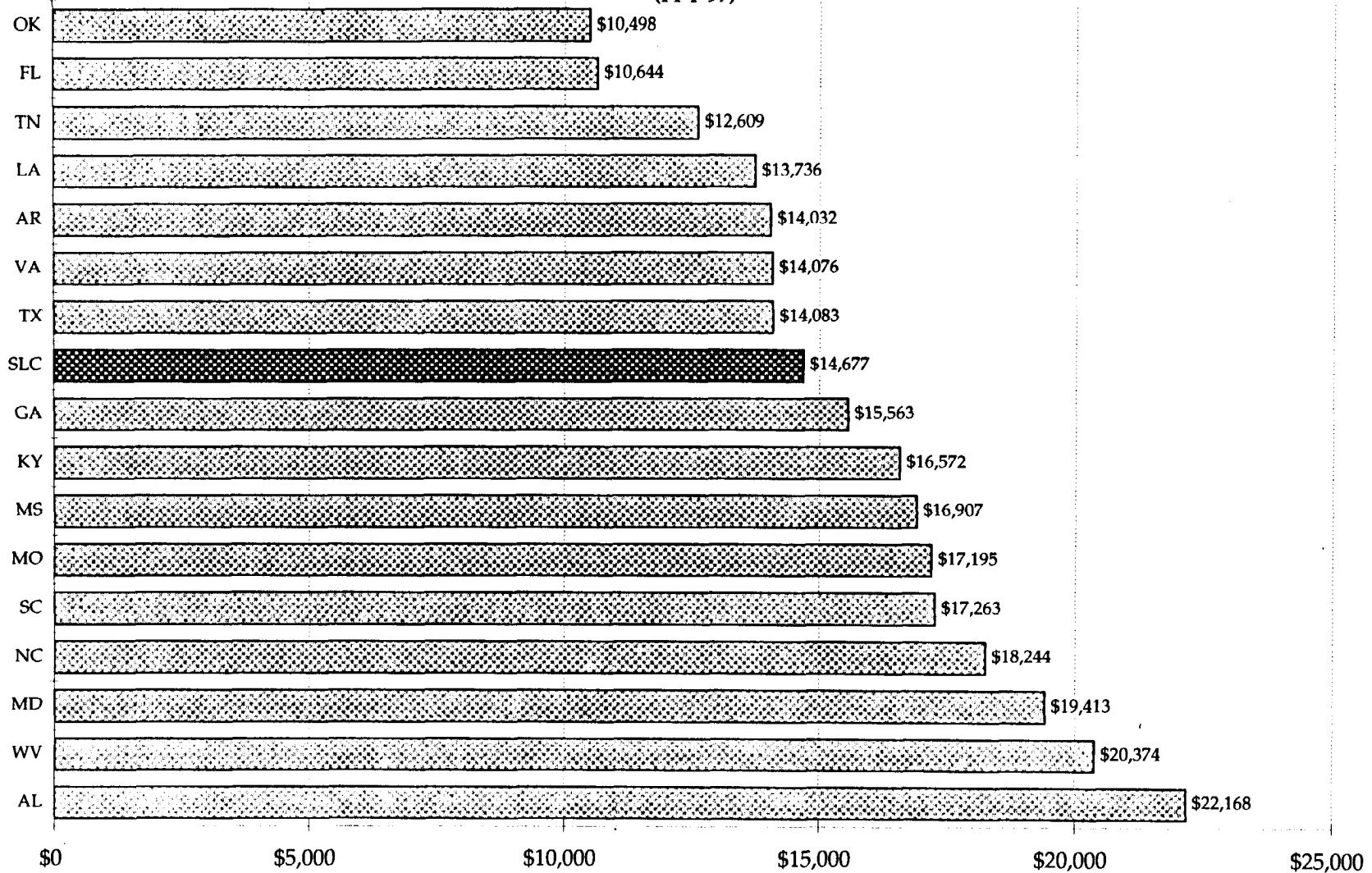


**CHART 5**  
**AVERAGE PAYMENT PER RECIPIENT FOR GENERAL HOSPITAL INPATIENT SERVICES**  
**(FFY 97)**

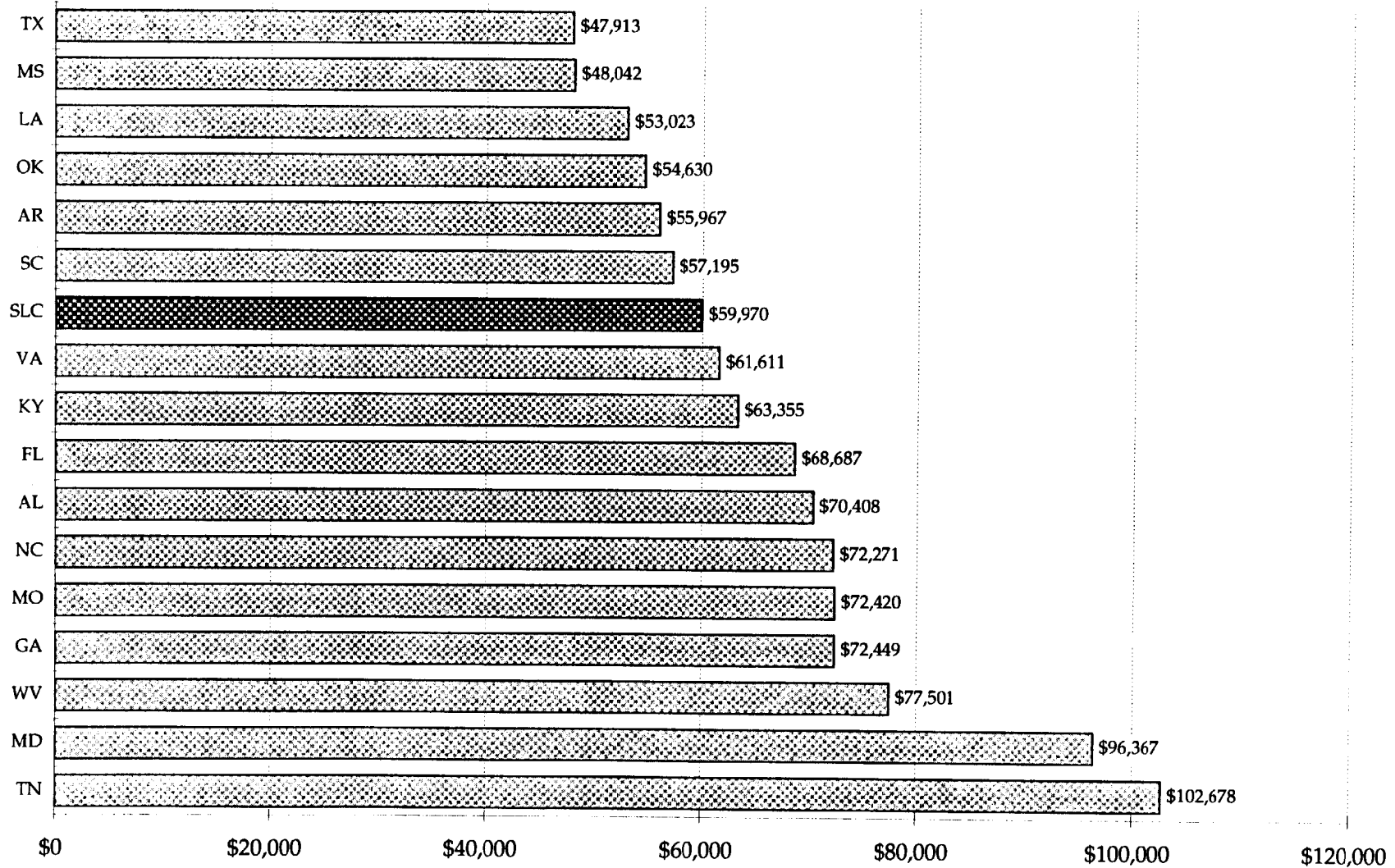


Source: HCFA 2082. Excludes disproportionate share payments.

**CHART 6**  
**AVERAGE PAYMENT PER RECIPIENT IN SKILLED & INTERMEDIATE NURSING FACILITIES**  
**(FFY 97)**

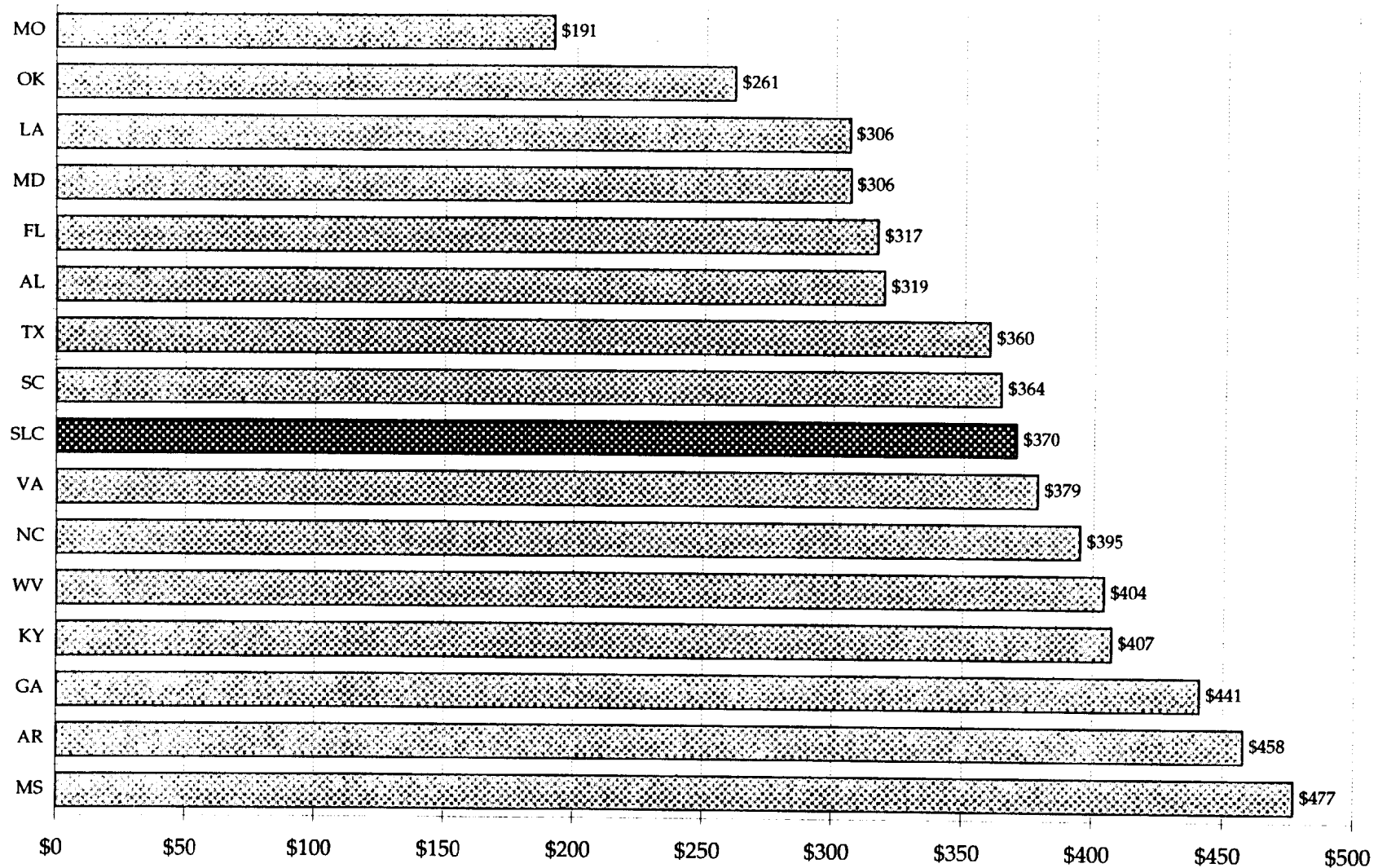


**CHART 7**  
**AVERAGE PAYMENT PER RECIPIENT IN ICF/MR FACILITIES**  
**(FFY 97)**



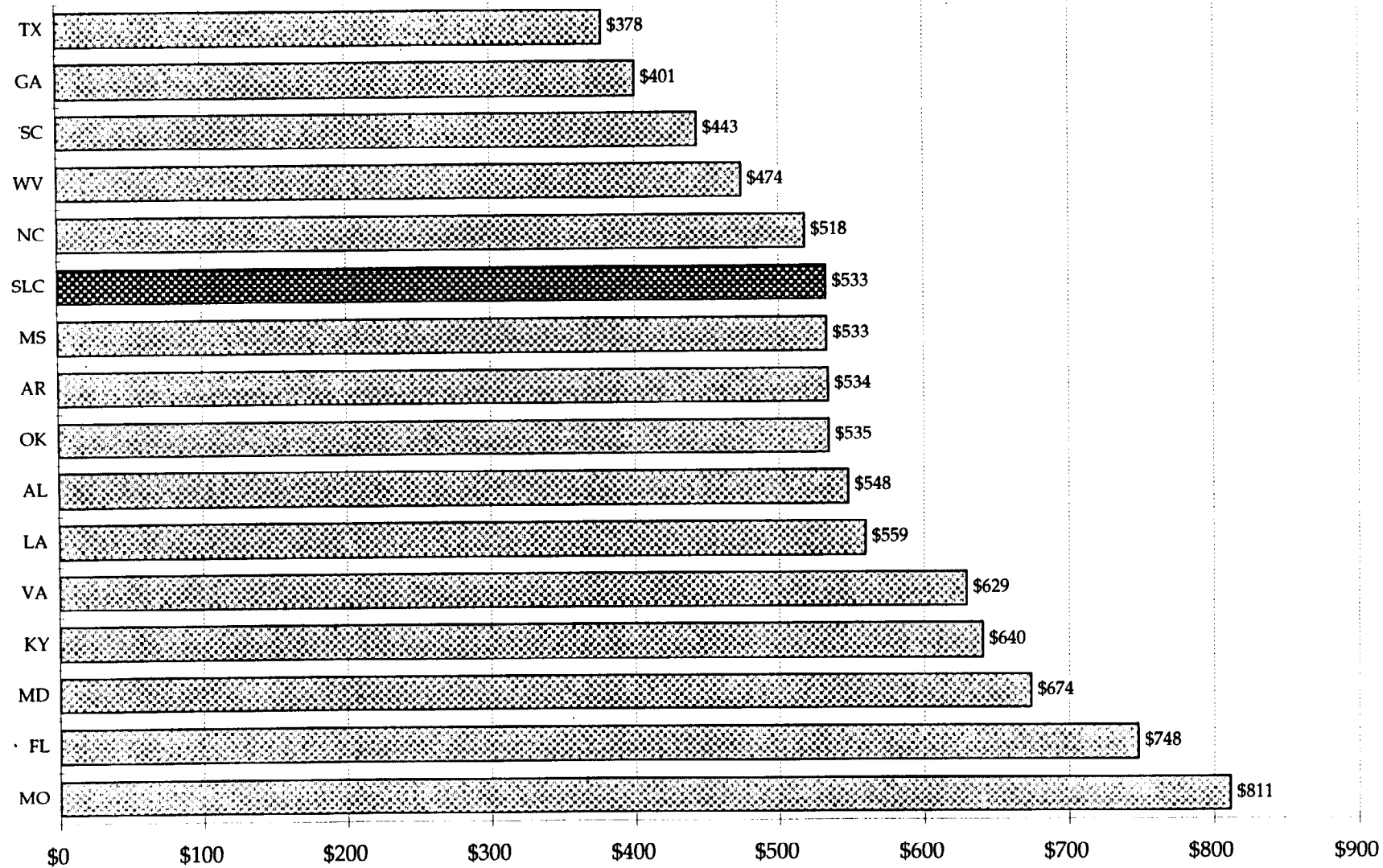
Source: HCFA 2082. Type and intensity of services required may vary from state to state.

**CHART 8**  
**AVERAGE PAYMENT PER RECIPIENT FOR PHYSICIAN SERVICES**  
**(FFY 97)**



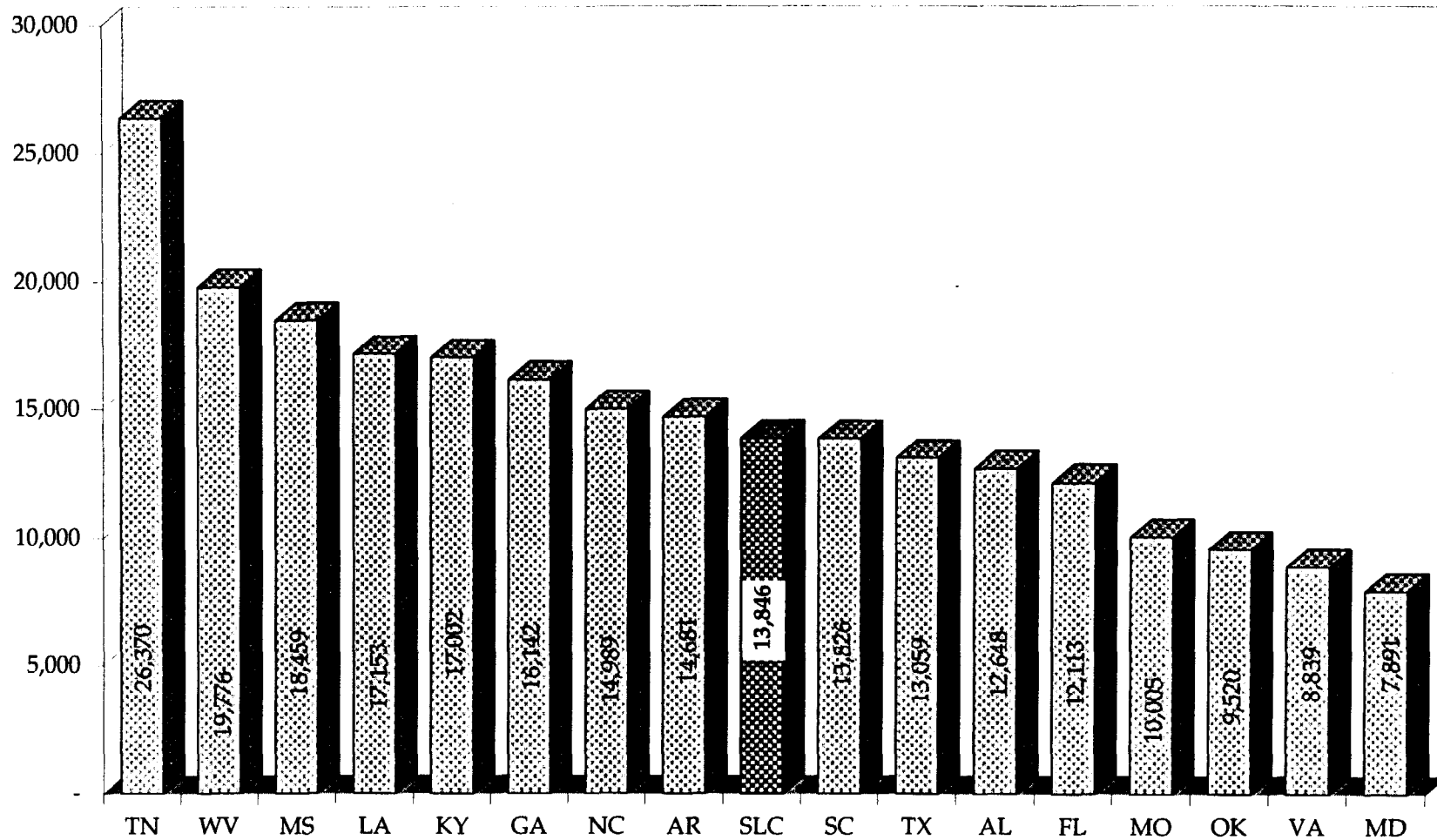
Source: HCFA 2082.

**CHART 9**  
**AVERAGE PAYMENT PER RECIPIENT FOR PRESCRIPTION DRUGS**  
**(FFY 97)**



Source: HCFA 2082.

**CHART 10**  
**MEDICAID RECIPIENTS PER 100,000 POPULATION**  
**(FFY 97)**



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

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

STATE	SCHIP Allotments			FFY 98 Federal Match Rates			Annual Cost Projections for SCHIP				% of Program Allotment^	Medicaid Impact Projected SCHIP Outreach
	Federal \$'s in millions	State \$'s in millions	Total Program Allotment in millions	Medicaid	SCHIP	Difference	Type of Plan	Federal \$'s in millions	State \$'s in millions	Total Program Projection in millions		
† • AL	\$ 86.4	\$ 23.6	\$ 110.0	69%	79%	10%	Combination	\$ 31.7	\$ 8.7	\$ 40.4	36.7%	Not reported
† AR	\$ 47.1	\$ 11.1	\$ 58.2	65%	81%	16%	Medicaid Expansion	\$ 5.3	\$ 1.2	\$ 6.5	11.2%	Not reported
† • FL	\$ 271.6	\$ 122.3	\$ 393.9	56%	69%	13%	Combination	\$ 259.9	\$ 116.4	\$ 376.3	95.5%	\$ 62.9
† GA	\$ 125.3	\$ 47.3	\$ 172.6	61%	73%	12%	State Plan Option	\$ 45.8	\$ 17.7	\$ 63.5	36.8%	\$ 13.9
† • KY	\$ 50.2	\$ 13.1	\$ 63.3	70%	79%	9%	Combination	\$ 50.2	\$ 13.9	\$ 64.1	101.3%	\$ 1.6
† LA	\$ 102.2	\$ 27.1	\$ 129.3	70%	79%	9%	Medicaid Expansion	\$ 15.0	\$ 4.0	\$ 19.0	14.7%	\$ 30.2
† MD	\$ 61.9	\$ 33.3	\$ 95.2	50%	65%	15%	Medicaid Expansion	\$ 43.3	\$ 31.0	\$ 74.3	78.0%	\$ 15.2
† • MS	\$ 56.3	\$ 10.8	\$ 67.1	77%	84%	7%	Medicaid Expansion	\$ 13.4	\$ 2.6	\$ 16.0	23.8%	\$ 0.6
† • MO	\$ 51.9	\$ 19.7	\$ 71.6	60%	72%	12%	Medicaid Expansion	\$ 59.7	\$ 25.0	\$ 84.6	118.2%	\$ 0.3
† NC	\$ 79.9	\$ 27.8	\$ 107.7	63%	74%	11%	State Plan Option	\$ 79.0	\$ 27.0	\$ 106.0	98.4%	\$ 55.7
† OK	\$ 81.6	\$ 21.2	\$ 102.8	71%	79%	8%	Medicaid Expansion	\$ 10.2	\$ 2.6	\$ 12.8	12.4%	Not reported
† SC	\$ 63.9	\$ 16.8	\$ 80.7	70%	79%	9%	Medicaid Expansion	\$ 28.4	\$ 7.6	\$ 36.0	44.6%	Not reported
+ • TN	\$ 66.5	\$ 22.9	\$ 89.4	63%	74%	11%	Medicaid Expansion	\$ 60.0	\$ 20.7	\$ 80.7	90.3%	N/A
+ TX	\$ 564.1	\$ 202.4	\$ 766.5	62%	74%	12%	Medicaid Expansion	\$ 53.9	\$ 19.2	\$ 73.1	9.5%	N/A
+ • VA	\$ 68.7	\$ 35.3	\$ 104.0	51%	66%	15%	State Plan Option	\$ 41.7	\$ 21.4	\$ 63.0	60.6%	N/A
+ WV	\$ 23.7	\$ 5.4	\$ 29.1	74%	81%	7%	Medicaid Expansion	\$ 0.6	\$ 0.1	\$ 0.8	2.6%	N/A
<b>SLC TOTAL</b>	<b>\$ 1,801.3</b>	<b>\$ 640.1</b>	<b>\$ 2,441.4</b>					<b>\$ 798.2</b>	<b>\$ 319.0</b>	<b>\$ 1,117.2</b>		<b>\$ 180.3</b>

- \* Title XXI Plan not yet approved by HCFA (Internet site 10/22/98)
- Title XXI Plan Amendment also approved by HCFA
- † Responded to survey
- + Data from state plan submitted to HCFA

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

Type of program	# of states	Percent
Medicaid Expansion	10	62.5%
State Plan Option	3	18.8%
Combination	3	18.8%
Total	16	

Projected Expenditure as a Percent of Total Allotment	# of SLC states
0-20%	5
21-40%	4
41-60%	0
61-80%	2
81 & above	5

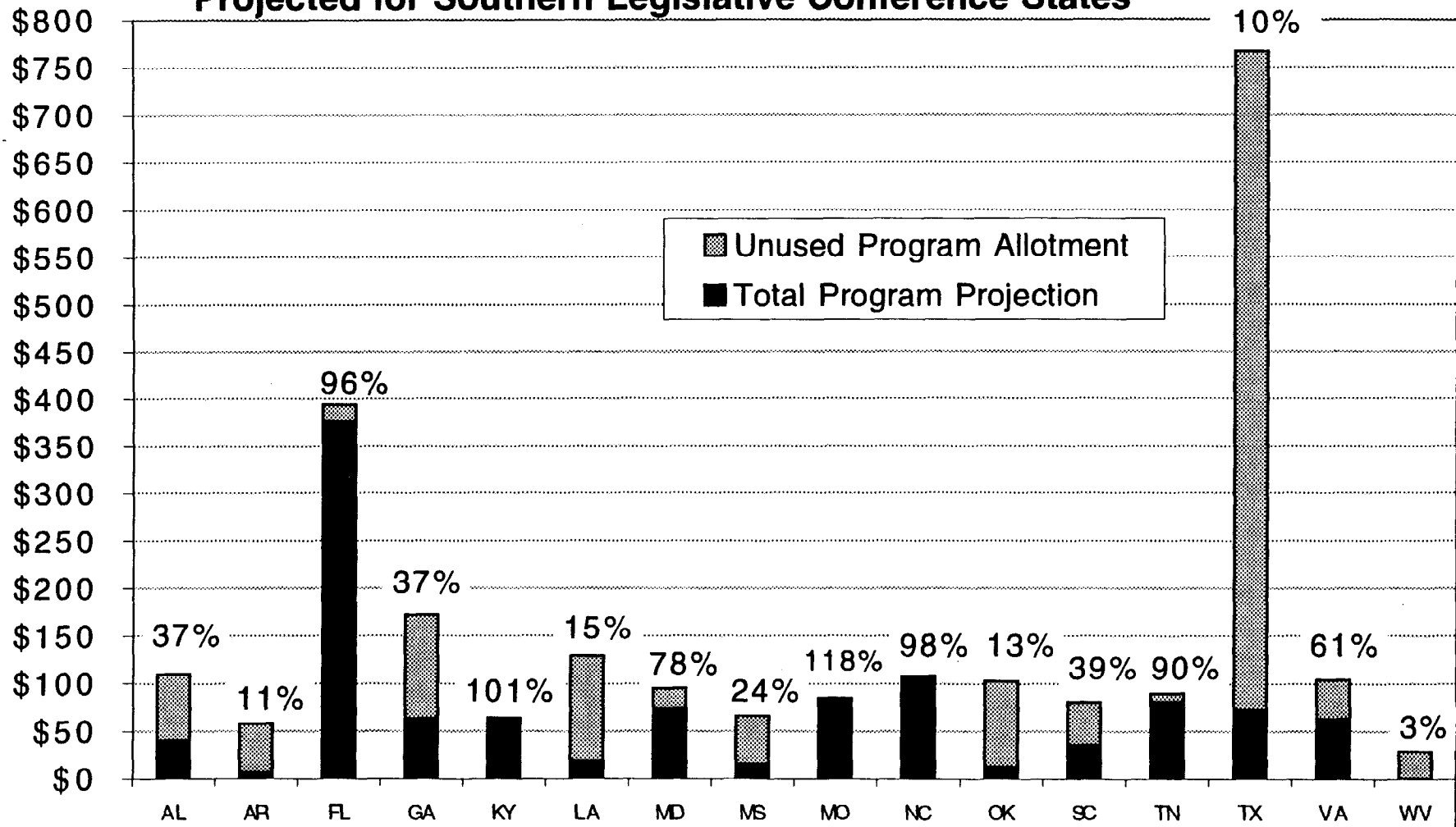


CHART 11

**State Children's Health Insurance Program  
Allotments and Annual Program Expenditures  
Projected for Southern Legislative Conference States**

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

Millions of \$'s



## MEDICAID GROWTH FACTOR ANALYSIS

Payment data from the HCFA 2082 report 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 \$9.2 billion or 49.7% of the \$18.5 billion in nominal growth for the period FFY 91-97 for the entire 16-state region. Inflation-adjusted growth (or growth in real 1991 dollars) is estimated at \$9.3 billion during this period. On a region-wide basis, the number of Medicaid recipients increased 41% from 9.7 million in FFY 91 to 13.6 million in FFY 97. 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 which 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 \$9.2 billion of total growth. While reimbursement and utilization policies accounted for an increase of \$129 million in the aggregate, they played a significant role in several states and resulted either in savings or additional costs, depending on the controls and restrictions exercised by each state.

**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 -199.91 for Louisiana to 81.51 for Mississippi, indicating that these two states had the greatest changes in real unit costs, although in opposite directions. **Table 2** shows that Tennessee had a 24.4% decrease in adjusted payments per recipient during the period while Georgia had a decline of 17.7% in this same indicator. Overall, seven states had a decline in real unit costs and nine showed an increase.

**TABLE 2  
REGIONAL MEDICAID GROWTH SUMMARY  
(FFY 91-97)**

NOMINAL GROWTH										Payments		Recipients		Payment per Recipient	
FFY 91					FFY 97					Avg. Annual	Total	Avg. Annual	Total	Avg. Annual	Total
State	Payments	Recipients	Paymt/Recip	Rank	State	Payments	Recipients	Paymt/Recip	Rank	Growth	Growth	Growth	Growth	Growth	Growth
AL	\$805,455,097	403,255	\$1,997	14	AL	\$1,571,203,741	546,140	\$2,877	12	11.78%	95.07%	5.19%	35.43%	6.27%	44.03%
AR	\$687,966,888	284,674	\$2,417	7	AR	\$1,301,593,755	370,386	\$3,514	4	11.21%	89.19%	4.48%	30.11%	6.44%	45.41%
FL	\$2,944,357,129	1,248,883	\$2,358	9	FL	\$4,929,041,257	1,775,033	\$2,777	14	8.97%	67.41%	6.03%	42.13%	2.77%	17.78%
GA	\$1,799,296,327	746,241	\$2,411	8	GA	\$3,090,016,213	1,208,445	\$2,557	15	9.43%	71.73%	8.37%	61.94%	0.98%	6.05%
KY	\$1,200,294,186	525,498	\$2,284	10	KY	\$2,268,938,421	664,454	\$3,415	6	11.20%	89.03%	3.99%	26.44%	6.93%	49.50%
LA	\$1,723,278,206	640,562	\$2,690	3	LA	\$2,336,007,497	746,461	\$3,129	8	5.20%	35.56%	2.58%	16.53%	2.55%	16.32%
MD	\$1,292,245,064	362,520	\$3,565	1	MD	\$2,200,668,586	402,002	\$5,474	1	9.28%	70.30%	1.74%	10.89%	7.41%	53.57%
MS	\$754,917,219	469,684	\$1,607	16	MS	\$1,424,219,167	504,017	\$2,826	13	11.16%	88.66%	1.18%	7.31%	9.86%	75.81%
MO	\$1,117,882,322	503,310	\$2,221	11	MO	\$2,097,275,522	540,487	\$3,880	2	11.06%	87.61%	1.19%	7.39%	9.75%	74.71%
NC	\$1,787,569,509	667,203	\$2,679	4	NC	\$3,788,456,205	1,112,931	\$3,404	7	13.34%	111.93%	8.90%	66.81%	4.07%	27.05%
OK	\$814,372,251	304,659	\$2,673	5	OK	\$1,144,767,786	315,801	\$3,625	3	5.84%	40.57%	0.60%	3.66%	5.21%	35.61%
SC	\$910,287,195	375,233	\$2,426	6	SC	\$1,607,427,848	519,875	\$3,092	10	9.94%	76.58%	5.58%	38.55%	4.13%	27.45%
TN	\$1,485,247,776	697,411	\$2,130	12	TN	\$2,936,393,617	1,415,612	\$2,074	16	12.03%	97.70%	12.52%	102.98%	-0.44%	-2.60%
TX	\$3,532,103,915	1,728,629	\$2,043	13	TX	\$7,345,173,561	2,538,655	\$2,893	11	12.98%	107.95%	6.61%	46.86%	5.97%	41.60%
VA	\$1,218,430,424	442,073	\$2,756	2	VA	\$1,857,931,916	595,234	\$3,121	9	7.28%	52.49%	5.08%	34.65%	2.10%	13.25%
WV	\$542,490,046	283,708	\$1,912	15	WV	\$1,256,997,370	359,091	\$3,500	5	15.03%	131.71%	4.01%	26.57%	10.60%	83.07%
SLC TOTAL	\$22,616,193,554	9,683,543	\$2,336		SLC TOTAL	\$41,156,112,462	13,614,624	\$3,023		10.49%	81.98%	5.84%	40.60%	4.39%	29.43%

ADJUSTED FOR INFLATION*										Payments		Recipients		Payment per Recipient	
FFY 91					FFY 97					Avg. Annual	Total	Avg. Annual	Total	Avg. Annual	Total
State	Payments	Recipients	Paymt/Recip	Rank	State	Payments	Recipients	Paymt/Recip	Rank	Growth	Growth	Growth	Growth	Growth	Growth
AL	\$805,455,097	403,255	\$1,997	14	AL	\$1,219,745,153	546,140	\$2,233	12	7.16%	51.44%	5.19%	35.43%	1.88%	11.82%
AR	\$687,966,888	284,674	\$2,417	7	AR	\$1,010,443,542	370,386	\$2,728	4	6.62%	46.87%	4.48%	30.11%	2.04%	12.89%
FL	\$2,944,357,129	1,248,883	\$2,358	9	FL	\$3,826,476,494	1,775,033	\$2,156	14	4.46%	29.96%	6.03%	42.13%	-1.48%	-8.56%
GA	\$1,799,296,327	746,241	\$2,411	8	GA	\$2,398,818,307	1,208,445	\$1,985	15	4.91%	33.32%	8.37%	61.94%	-3.19%	-17.67%
KY	\$1,200,294,186	525,498	\$2,284	10	KY	\$1,761,405,328	664,454	\$2,651	6	6.60%	46.75%	3.99%	26.44%	2.51%	16.06%
LA	\$1,723,278,206	640,562	\$2,690	3	LA	\$1,813,471,892	746,461	\$2,388	10	0.85%	5.23%	2.58%	16.53%	-1.97%	-11.25%
MD	\$1,292,245,064	362,520	\$3,565	1	MD	\$1,708,406,600	402,002	\$4,250	1	4.76%	32.20%	1.74%	10.89%	2.97%	19.22%
MS	\$754,917,219	469,684	\$1,607	16	MS	\$1,105,639,186	504,017	\$2,194	13	6.57%	46.46%	1.18%	7.31%	5.32%	36.48%
MO	\$1,117,882,322	503,310	\$2,221	11	MO	\$1,628,141,269	540,487	\$3,012	2	6.47%	45.65%	1.19%	7.39%	5.21%	35.63%
NC	\$1,787,569,509	667,203	\$2,679	4	NC	\$2,941,026,025	1,112,931	\$2,643	7	8.65%	64.53%	8.90%	66.81%	-0.23%	-1.37%
OK	\$814,372,251	304,659	\$2,673	5	OK	\$888,697,577	315,801	\$2,814	3	1.47%	9.13%	0.60%	3.66%	0.86%	5.28%
SC	\$910,287,195	375,233	\$2,426	6	SC	\$1,247,866,381	519,875	\$2,400	9	5.40%	37.08%	5.58%	38.55%	-0.18%	-1.06%
TN	\$1,485,247,776	697,411	\$2,130	12	TN	\$2,279,559,161	1,415,612	\$1,610	16	7.40%	53.48%	12.52%	102.98%	-4.55%	-24.39%
TX	\$3,532,103,915	1,728,629	\$2,043	13	TX	\$5,702,150,278	2,538,655	\$2,246	11	8.31%	61.44%	6.61%	46.86%	1.59%	9.93%
VA	\$1,218,430,424	442,073	\$2,756	2	VA	\$1,442,335,828	595,234	\$2,423	8	2.85%	18.38%	5.08%	34.65%	-2.12%	-12.08%
WV	\$542,490,046	283,708	\$1,912	15	WV	\$975,822,810	359,091	\$2,717	5	10.28%	79.88%	4.01%	26.57%	6.03%	42.12%
SLC TOTAL	\$22,616,193,554	9,683,543	\$2,336		SLC TOTAL	\$31,950,005,832	13,614,624	\$2,344		5.93%	41.27%	5.84%	40.60%	0.06%	0.38%

Table excludes administrative costs, disproportionate share hospital payments and certain other adjustments. \*Implicit price deflator (medical care index, adjusted base=1990), Bureau of Economic Analysis, U. S. Department of Commerce.

**TABLE 3**  
**MEDICAID GROWTH FACTOR ALLOCATION**  
**(FFY 91-97)**

GROWTH INDEX (91-97)							
	Enrollment Factor	Reimbursement/ Utilization Factor	Total		Total Adjusted Growth	Share From Enrollment	Share From Reimbursement & Utilization
AL	73.09	26.91	100		\$414,290,056	\$302,794,833	\$111,495,223
AR	68.47	31.53	100		\$322,476,654	\$220,799,472	\$101,677,182
FL	134.16	-34.16	100		\$882,119,365	\$1,183,444,425	(\$301,325,060)
GA	167.62	-67.62	100		\$599,521,980	\$1,004,915,631	(\$405,393,651)
KY	61.17	38.83	100		\$561,111,142	\$343,238,433	\$217,872,709
LA	299.91	-199.91	100		\$90,193,686	\$270,498,221	(\$180,304,535)
MD	37.03	62.97	100		\$416,161,536	\$154,100,209	\$262,061,327
MS	18.49	81.51	100		\$350,721,967	\$64,846,129	\$285,875,838
MO	18.95	81.05	100		\$510,258,947	\$96,710,013	\$413,548,934
NC	102.76	-2.76	100		\$1,153,456,516	\$1,185,325,032	(\$31,868,516)
OK	41.13	58.87	100		\$74,325,326	\$30,566,982	\$43,758,344
SC	103.36	-3.36	100		\$337,579,186	\$348,935,165	(\$11,355,979)
TN	165.25	-65.25	100		\$794,311,385	\$1,312,619,131	(\$518,307,746)
TX	80.24	19.76	100		\$2,170,046,363	\$1,741,229,849	\$428,816,514
VA	176.34	-76.34	100		\$223,905,404	\$394,825,866	(\$170,920,462)
WV	40.13	59.87	100		\$433,332,764	\$173,913,074	\$259,419,690
SLC TOTAL	98.61	1.39	100		\$9,333,812,278	\$9,204,423,850	\$129,388,428

**Explanation:** Inflation-adjusted growth data (see Table 1) was analyzed for Federal Fiscal Years 91 through 97 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 six-year period.

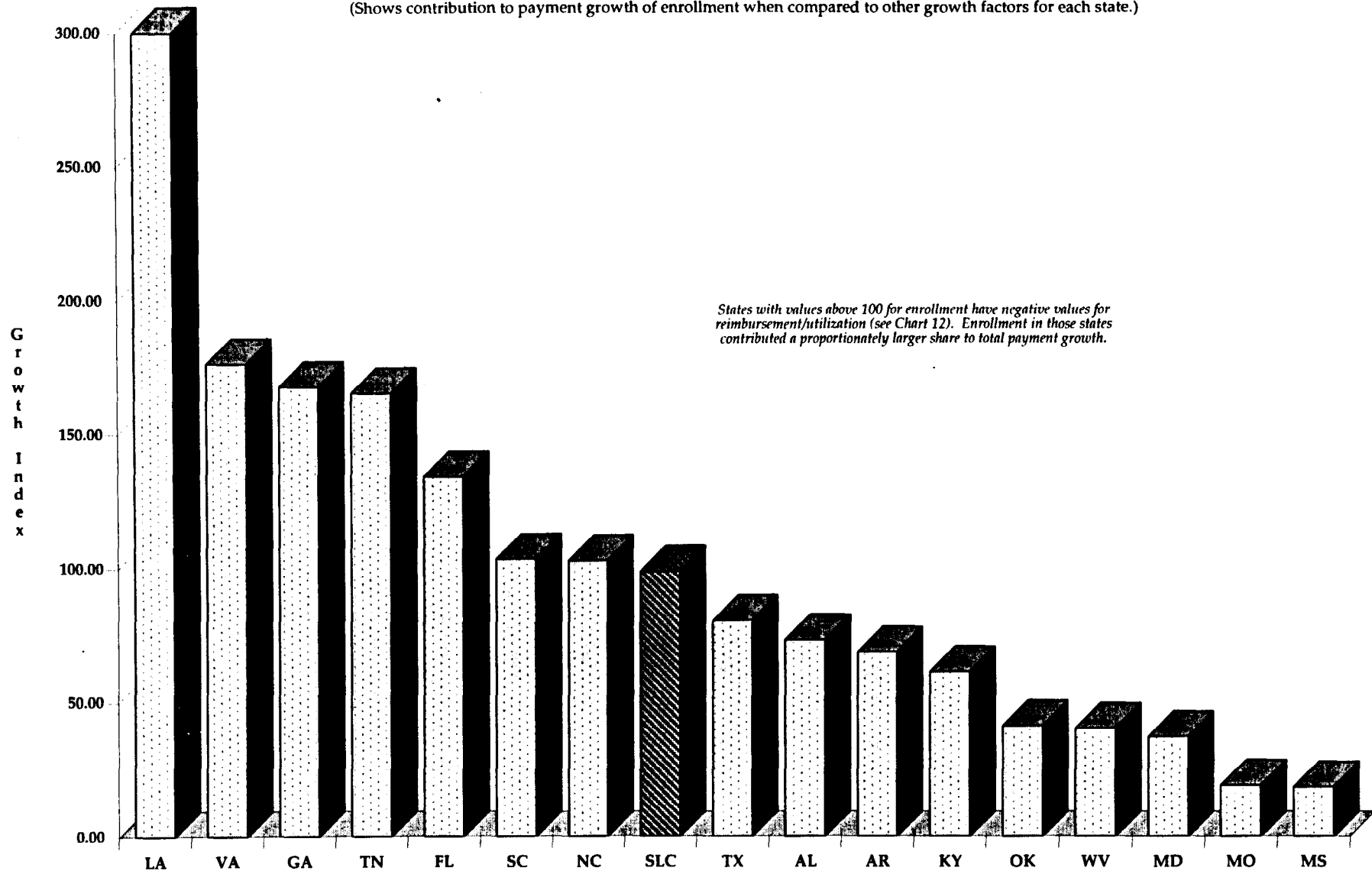
Index values for "Enrollment" indicate the inflation-adjusted cost effect of covering additional recipients that entered Medicaid coverage during this period. On a region-wide basis, the number of Medicaid recipients increased 40.6% from 9.7 million in FFY 91 to 13.6 million in FFY 97.

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

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 -199.91 for Louisiana to 81.51 for Mississippi, indicating that these two states had the greatest changes in real unit costs, although in opposite directions.

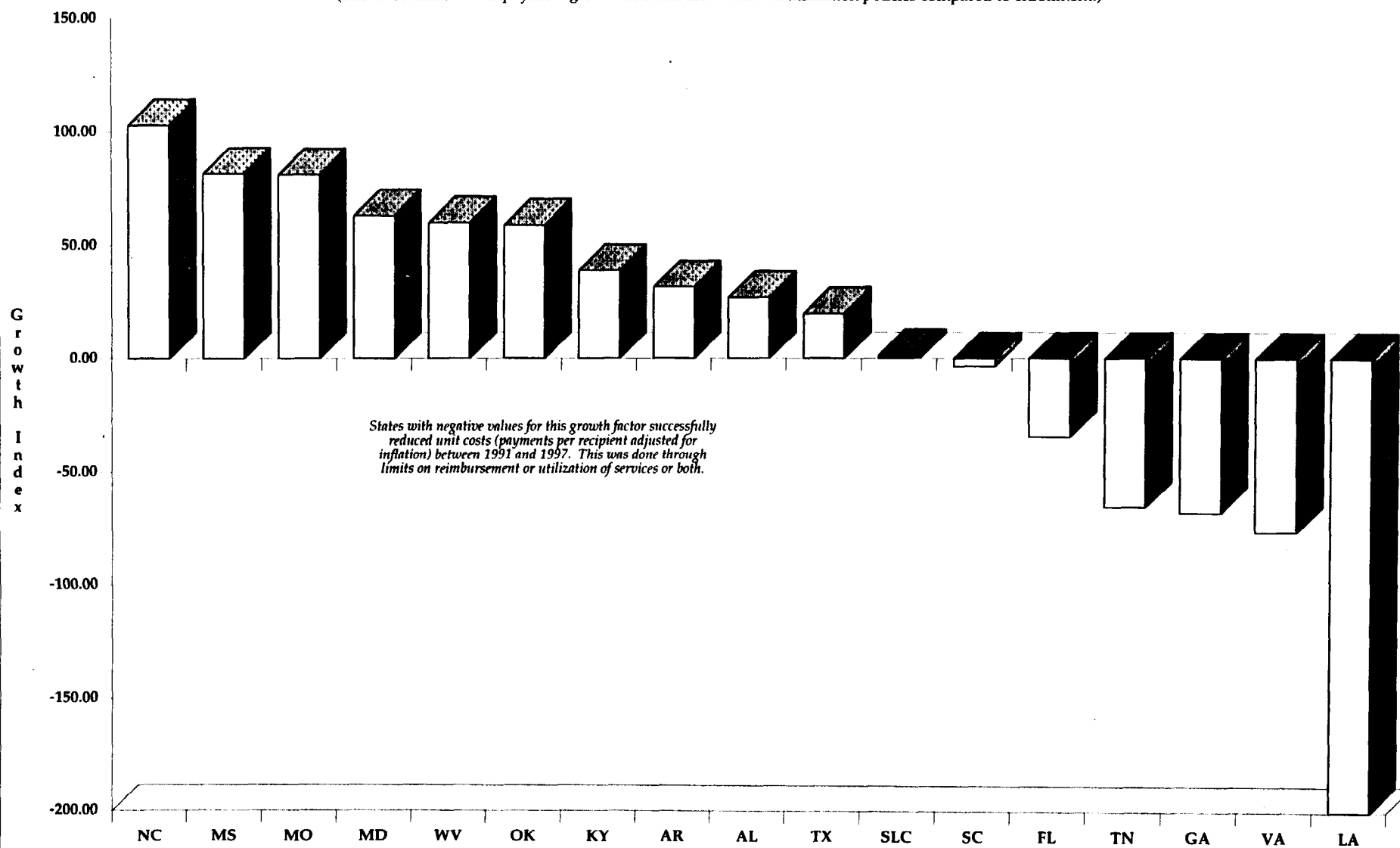
# CHART 12 MEDICAID GROWTH INDEX: ENROLLMENT FACTOR

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



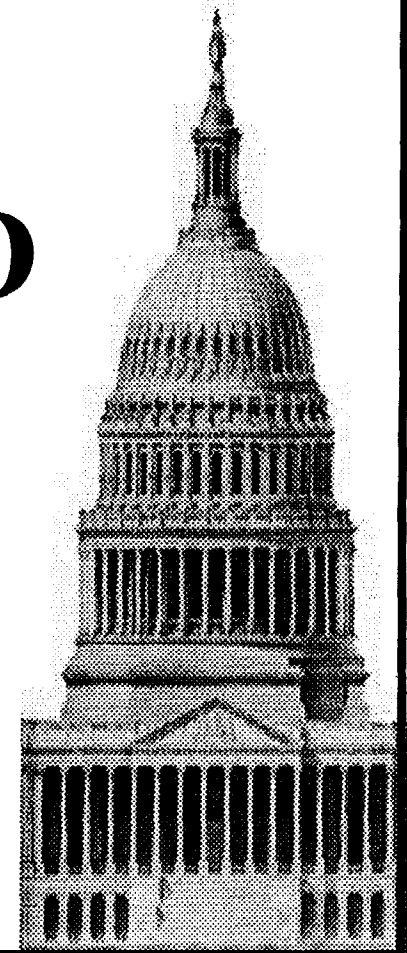
See Table 2 and Chart 12. The sum of the enrollment factor and the reimbursement/utilization factor equals 100 for each state.  
Calculations are based on inflation-adjusted growth.

**CHART 13**  
**MEDICAID GROWTH INDEX: REIMBURSEMENT/UTILIZATION POLICY FACTOR**  
 (Shows contribution to payment growth of reimbursement and utilization policies compared to enrollment.)



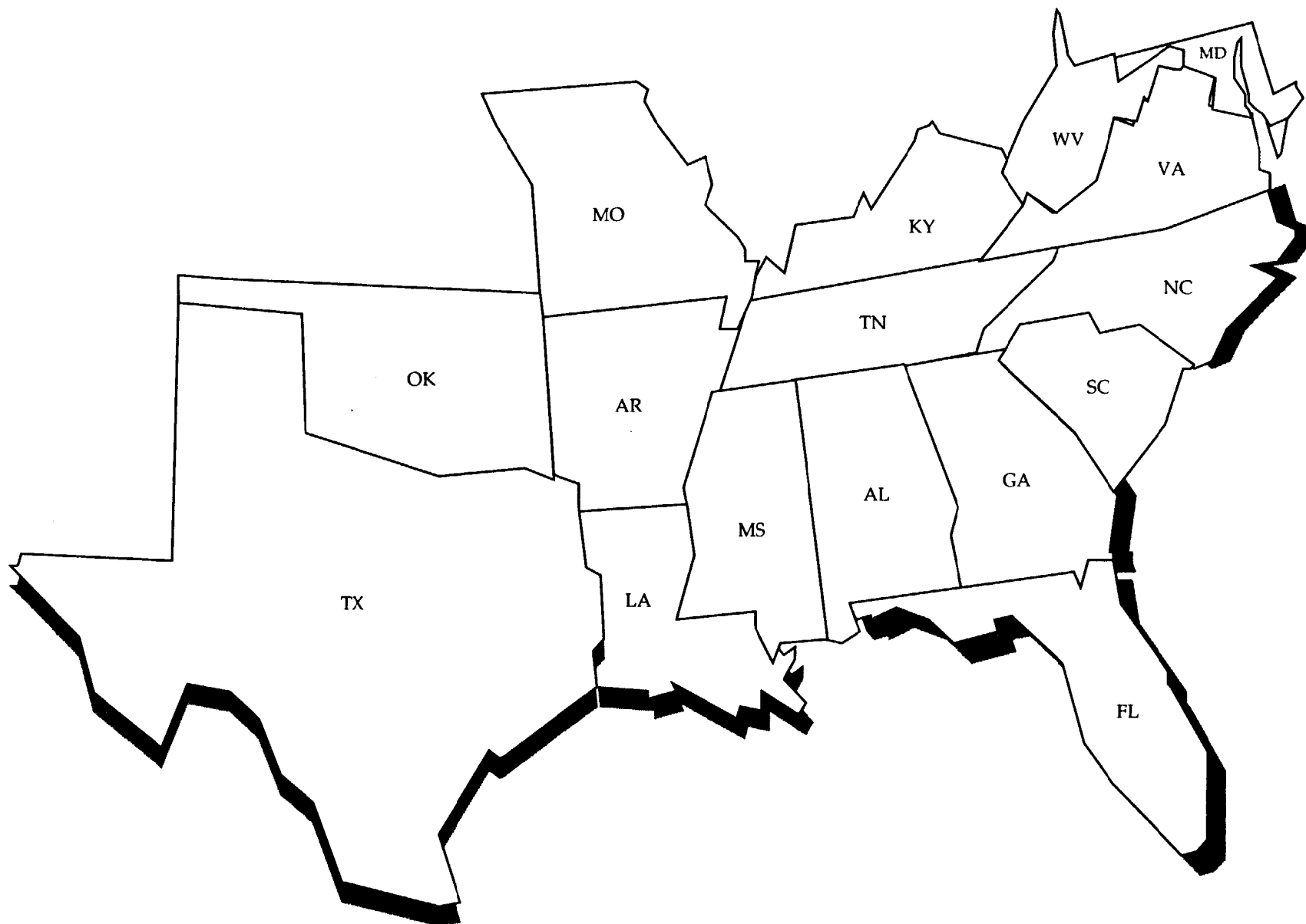
See Table 2 and Chart 11. The sum of the reimbursement/utilization factor and the enrollment factor equals 100 for each state. Calculations are based on inflation-adjusted growth.

# STATE MEDICAID PROFILES

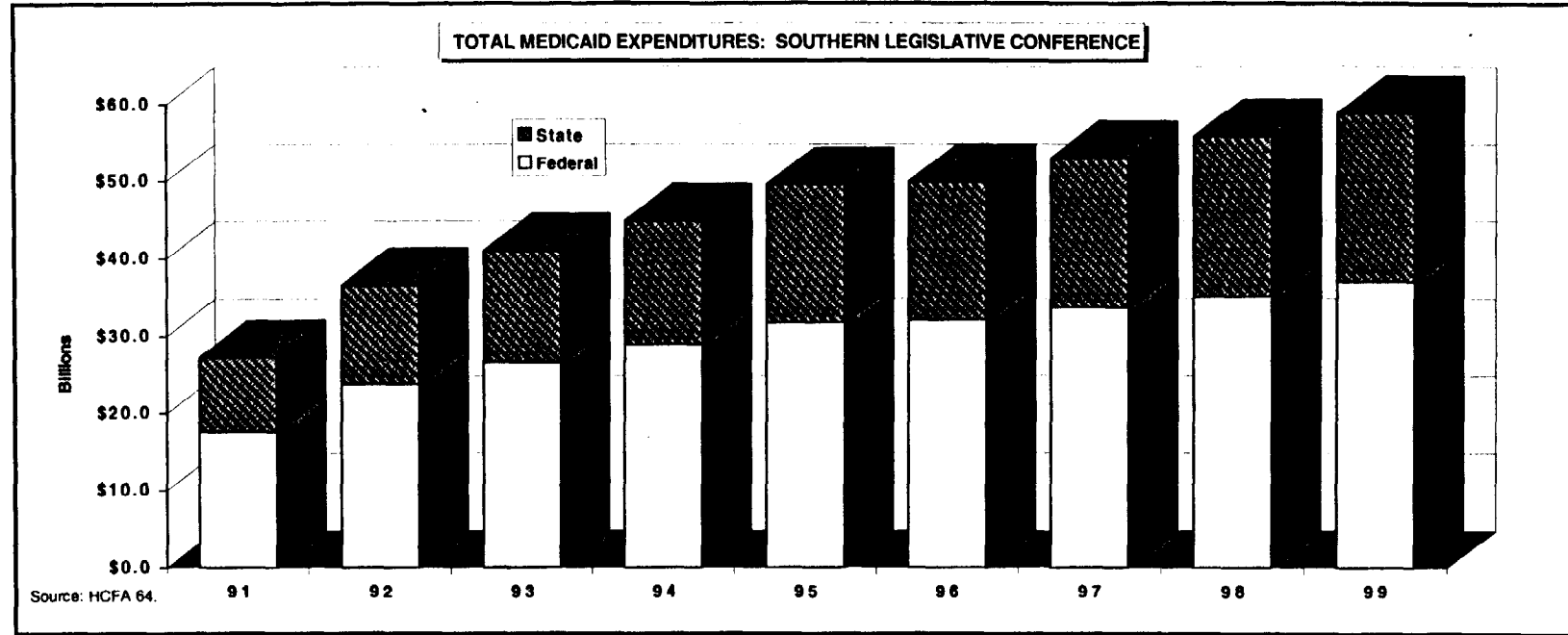




## SOUTHERN REGION MEDICAID PROFILES



# SOUTHERN REGION MEDICAID PROFILE

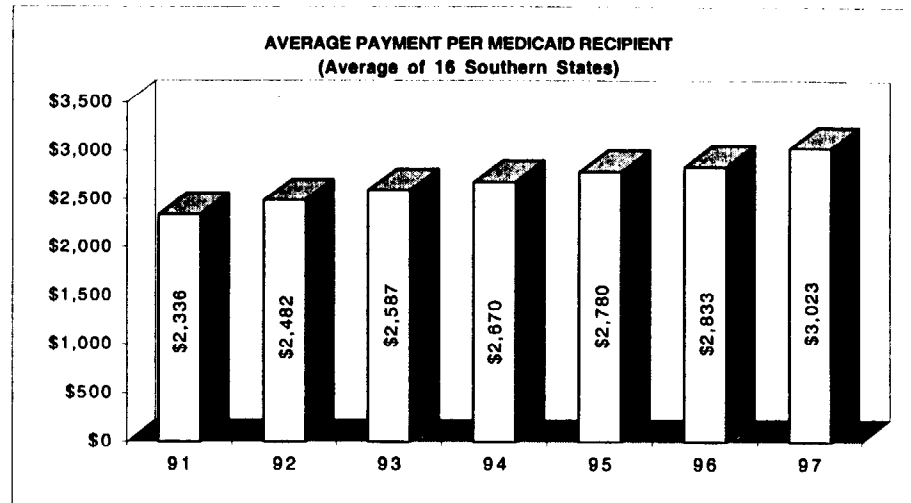
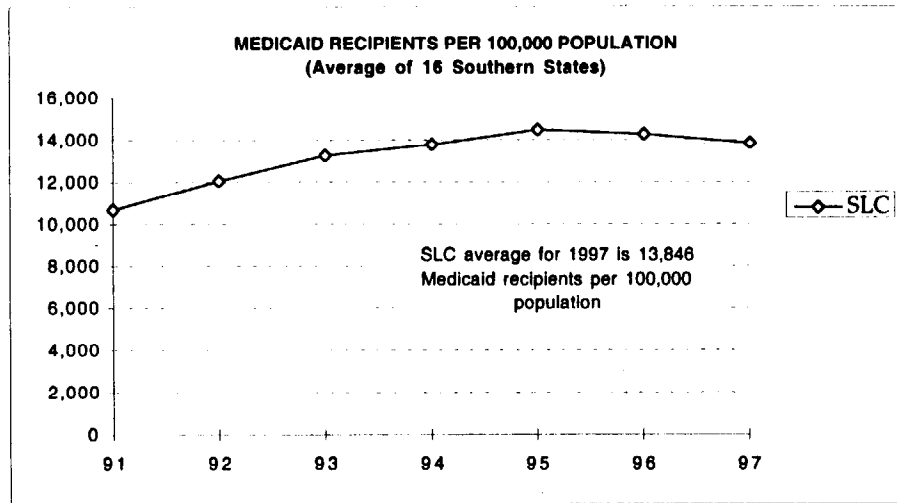


	FFY 91	FFY 92	FFY 93	FFY 94	FFY 95	FFY96	FFY97	FFY98*	FFY99*	Annual Rate of Change	Total Change 91-99
Medicaid Payments	26,153,565,624	35,324,218,070	39,603,831,003	43,282,334,959	47,813,515,971	48,046,660,192	50,940,608,504	53,330,919,361	56,272,632,653	10.1%	115.2%
Federal Share	16,972,779,778	23,080,966,856	25,736,228,402	28,013,482,566	30,705,834,371	30,983,746,451	32,523,796,972	33,699,811,275	35,552,031,184	9.7%	109.5%
State Share	9,180,785,846	12,243,251,214	13,867,602,601	15,268,852,393	17,107,681,600	17,062,913,741	18,416,811,532	19,631,108,086	20,720,601,469	10.7%	125.7%
Administrative Costs	1,070,411,774	1,222,093,320	1,373,965,398	1,561,104,142	1,717,423,989	1,811,205,121	1,962,850,529	2,382,117,940	2,488,101,236	11.1%	132.4%
Federal Share	606,797,005	687,011,997	764,613,128	863,042,357	960,975,160	1,009,434,631	1,110,118,582	1,340,055,158	1,381,949,996	10.8%	127.7%
State Share	463,614,769	535,081,323	609,352,270	698,061,785	756,448,829	801,770,490	852,731,947	1,042,062,782	1,106,151,240	11.5%	138.6%
Admin. Costs as % of Payments	4.09%	3.46%	3.47%	3.61%	3.59%	3.77%	3.85%	4.47%	4.42%		
<b>Growth From Prior Year</b>											
Payments	34.43%	35.06%	12.12%	9.29%	10.47%	0.49%	6.02%	4.69%	5.52%		
Administration	9.58%	14.17%	12.43%	13.62%	10.01%	5.46%	8.37%	21.36%	4.45%		

\*Federal Fiscal Years 98 and 99 reflect total of latest estimates reported by each state in region to the Health Care Financing Administration.

## SOUTHERN LEGISLATIVE CONFERENCE

## SOUTHERN REGION MEDICAID PROFILE



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

#### RECIPIENTS BY TYPE OF SERVICES

	FFY 91	FFY 92	FFY 93	FFY 94	FFY 95	ADD Qualifier FFY 96	FFY 97	Annual Change	Share of Total FFY 97
01. General Hospital	2,046,431	2,193,823	2,360,679	2,374,780	2,280,943	2,171,247	2,142,449	0.8%	N/A**
02. Mental Hospital	18,346	22,559	24,418	29,189	28,018	39,083	33,634	10.6%	
03. Skilled and Intermediate Care Nursing*	538,086	564,947	605,355	594,490	607,731	609,849	607,184	2.0%	
04. Intermediate Care for Mentally Retarded	50,520	50,828	51,105	51,502	50,857	50,018	49,081	-0.5%	
05. Physician Services	7,503,277	8,743,847	9,873,099	10,045,991	9,618,048	9,918,272	9,506,675	4.0%	
06. Dental Services	1,718,060	1,974,425	2,219,181	2,281,396	2,338,413	2,317,544	2,391,037	5.7%	
07. Other Practitioners	1,317,980	1,583,093	1,839,327	1,919,673	1,983,425	1,991,173	1,974,895	7.0%	
08. Outpatient Hospital	4,668,273	5,454,529	6,111,664	6,065,862	5,959,814	5,765,808	5,483,319	2.7%	
09. Clinic Services	971,540	1,321,983	1,636,509	1,765,858	1,869,873	1,672,580	1,511,003	7.6%	
10. Lab and X-Ray	3,827,254	4,491,026	5,085,498	5,184,709	5,019,062	4,824,851	4,627,207	3.2%	
11. Home Health	267,308	321,660	408,171	435,237	502,147	492,183	589,487	14.1%	
12. Prescribed Drugs	7,177,238	8,460,239	9,425,718	9,524,931	9,190,339	9,010,064	8,651,178	3.2%	
13. Family Planning	767,156	894,906	948,262	924,181	893,481	868,365	850,970	1.7%	
14. Early & Periodic Screening, Diagnosis & Treatment	1,704,264	1,996,379	2,425,463	2,697,475	2,931,452	2,936,190	2,921,245	9.4%	
15. Rural Health	175,182	312,664	458,730	542,953	741,098	810,750	794,701	28.7%	
16. Other Care (includes managed care)	1,843,887	2,233,623	2,497,862	4,024,023	4,628,411	6,194,699	5,398,638	19.6%	
17. Waivers	17	0	356	10,966	5,503	57,989	127,147	342.2%	
<b>Total**</b>	<b>9,683,543</b>	<b>11,102,203</b>	<b>12,384,447</b>	<b>13,056,249</b>	<b>13,902,531</b>	<b>13,856,669</b>	<b>13,614,624</b>	<b>5.8%</b>	

\*Prior to FFY 91 this category was divided into "skilled nursing facility" and "all other intermediate care facilities" (non-MR).

\*\*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

## PAYMENTS BY TYPE OF SERVICES

	FFY 91	FFY 92	FFY 93	FFY 94	FFY 95	FFY 96	FFY 97	Annual Change	Share of Total FFY 97
01. General Hospital	\$6,036,698,130	\$7,614,851,701	\$8,512,259,236	\$8,398,186,034	\$8,435,120,635	\$8,114,158,899	\$7,865,485,764	4.5%	19.1%
02. Mental Hospital	\$324,583,592	\$414,382,380	\$455,660,708	\$506,644,147	\$515,827,201	\$443,249,476	\$350,156,444	1.3%	0.9%
03. Skilled and Intermediate Care Nursing*	\$5,617,795,183	\$6,395,017,551	\$7,056,196,400	\$7,526,801,265	\$8,289,638,452	\$8,417,569,367	\$8,911,544,314	8.0%	21.7%
04. Intermediate Care for Mentally Retarded	\$2,192,033,237	\$2,326,194,641	\$2,475,562,572	\$2,641,372,646	\$2,837,776,271	\$2,769,973,116	\$2,943,409,373	5.0%	7.2%
05. Physician Services	\$2,210,045,753	\$2,920,397,909	\$3,353,651,245	\$3,474,821,786	\$3,678,111,046	\$3,568,721,585	\$3,521,578,186	8.1%	8.6%
06. Dental Services	\$240,382,608	\$328,237,410	\$394,425,492	\$370,773,321	\$394,426,834	\$392,726,048	\$418,356,880	9.7%	1.0%
07. Other Practitioners	\$99,991,450	\$148,882,927	\$240,366,133	\$317,753,550	\$361,003,157	\$358,492,184	\$287,276,375	19.2%	0.7%
08. Outpatient Hospital	\$1,417,382,342	\$1,850,529,304	\$2,275,613,663	\$2,313,683,273	\$2,485,192,919	\$2,396,504,413	\$2,412,161,618	9.3%	5.9%
09. Clinic Services	\$486,859,441	\$769,535,455	\$965,064,895	\$1,028,810,222	\$1,241,815,714	\$1,136,940,562	\$1,066,353,218	14.0%	2.6%
10. Lab and X-Ray	\$379,544,552	\$444,487,012	\$483,652,577	\$495,167,558	\$493,875,769	\$453,778,171	\$416,531,897	1.6%	1.0%
11. Home Health	\$710,147,721	\$892,717,536	\$1,150,898,033	\$1,339,726,745	\$1,640,428,376	\$1,950,711,922	\$2,570,344,845	23.9%	6.2%
12. Prescribed Drugs	\$1,902,338,605	\$2,528,771,941	\$3,036,216,541	\$3,281,535,657	\$3,657,132,236	\$4,075,471,152	\$4,609,186,049	15.9%	11.2%
13. Family Planning	\$143,514,137	\$209,712,959	\$231,100,569	\$202,958,861	\$197,234,283	\$188,674,314	\$183,626,584	4.2%	0.4%
14. Early & Periodic Screening, Diagnosis & Treatment	\$128,567,828	\$223,114,472	\$440,940,080	\$478,084,632	\$533,471,602	\$692,044,914	\$796,933,749	35.5%	1.9%
15. Rural Health	\$24,998,952	\$46,933,506	\$70,778,813	\$93,298,900	\$87,161,145	\$143,505,102	\$145,194,478	34.1%	0.4%
16. Other Care	\$701,309,759	\$1,044,859,951	\$1,336,127,450	\$2,430,228,558	\$3,816,209,683	\$4,084,087,371	\$4,550,605,562	36.6%	11.1%
17. Waivers	\$264	\$1,343,173	\$3,404,549	\$3,067,826	\$29,698,634	\$64,891,393	\$107,367,126	760.8%	0.3%
<b>Total*</b>	<b>\$22,616,193,554</b>	<b>\$28,159,969,828</b>	<b>\$32,481,918,956</b>	<b>\$34,902,914,981</b>	<b>\$38,694,123,957</b>	<b>\$39,251,499,989</b>	<b>\$41,156,112,462</b>	<b>10.5%</b>	<b>100.0%</b>

\*Disproportionate share payments, pharmacy rebates, and other adjustments are excluded.

## AVERAGE PAYMENTS PER RECIPIENT BY TYPE OF SERVICES

9.7%

	FFY 91	FFY 92	FFY 93	FFY 94	FFY 95	FFY 96	FFY 97	Annual Change	Share of Total FFY 97
01. General Hospital	\$2,949.87	\$3,210.15	\$3,431.11	\$3,517.54	\$3,698.08	\$3,737.10	\$3,671.26	3.7%	N/A
02. Mental Hospital	\$17,692.34	\$16,890.73	\$17,557.73	\$17,357.37	\$18,410.56	\$11,341.23	\$10,410.79	-8.5%	
03. Skilled and Intermediate Care Nursing*	\$10,440.33	\$11,319.68	\$11,656.29	\$12,660.94	\$13,640.31	\$13,802.71	\$14,676.84	5.8%	
04. Intermediate Care for Mentally Retarded	\$43,389.41	\$45,766.01	\$48,440.71	\$51,286.80	\$55,799.13	\$55,379.53	\$59,970.44	5.5%	
05. Physician Services	\$294.54	\$333.99	\$339.68	\$345.89	\$382.42	\$359.81	\$370.43	3.9%	
06. Dental Services	\$139.92	\$166.24	\$177.73	\$162.52	\$168.67	\$169.46	\$174.97	3.8%	
07. Other Practitioners	\$75.87	\$94.05	\$130.68	\$165.52	\$182.01	\$180.04	\$145.46	11.5%	
08. Outpatient Hospital	\$303.62	\$339.26	\$372.34	\$381.43	\$416.99	\$415.64	\$439.91	6.4%	
09. Clinic Services	\$501.12	\$582.11	\$589.71	\$582.61	\$664.12	\$679.75	\$705.73	5.9%	
10. Lab and X-Ray	\$99.17	\$98.97	\$95.10	\$95.51	\$98.40	\$94.05	\$90.02	-1.6%	
11. Home Health	\$2,656.66	\$2,775.35	\$2,819.65	\$3,078.15	\$3,266.83	\$3,963.39	\$4,260.31	8.6%	
12. Prescribed Drugs	\$265.05	\$298.90	\$322.12	\$344.52	\$397.93	\$452.32	\$532.78	12.3%	
13. Family Planning	\$187.07	\$234.34	\$243.71	\$219.61	\$220.75	\$217.28	\$215.79	2.4%	
14. Early & Periodic Screening, Diagnosis & Treatment	\$75.44	\$111.76	\$181.80	\$177.23	\$181.98	\$235.69	\$272.81	23.9%	
15. Rural Health	\$142.70	\$150.11	\$154.29	\$171.84	\$117.61	\$177.00	\$182.70	4.2%	
16. Other Care	\$380.34	\$467.79	\$534.91	\$603.93	\$824.52	\$659.29	\$842.92	14.2%	
17. Waivers	\$15.53	\$0.00	\$9,563.34	\$279.76	\$5,396.81	\$1,119.03	\$844.43	94.6%	
<b>Total (Average)*</b>	<b>\$2,335.53</b>	<b>\$2,481.87</b>	<b>\$2,587.32</b>	<b>\$2,669.84</b>	<b>\$2,780.02</b>	<b>\$2,832.68</b>	<b>\$3,022.93</b>	<b>4.4%</b>	
		6.3%	4.2%	3.2%	4.1%	1.9%	6.7%	4.4%	
<b>TOTAL PER CAPITA EXPENDITURES</b>	<b>\$299.75</b>	<b>\$396.79</b>	<b>\$438.69</b>	<b>\$473.33</b>	<b>\$515.94</b>	<b>\$513.41</b>	<b>\$538.03</b>	<b>10.2%</b>	

\*Prior to FFY 91 this category was divided into "skilled nursing facility" and "all other intermediate care facilities" (non-MR). HCFA 2082 reports for FFY 92, 93 and 94 include disproportionate share hospital payments of \$605.7 million, \$439.4 million and \$44.8 million, respectively. Direct cost comparisons between states reflect an adjusted unit cost for Louisiana general and mental hospital services and for the total Medicaid cost per recipient.

## SOUTHERN LEGISLATIVE CONFERENCE

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

**RECIPIENTS BY OTHER CHARACTERISTICS**

	FFY91	FFY92	FFY93	FFY94	FFY95	FFY96	FFY97	Annual Change	Share of Total FFY 97
<b>By Maintenance Assistance Status</b>									
Receiving Cash Assistance or Eligible Under Section 1931	6,081,637	6,639,985	7,128,833	7,253,333	7,128,014	6,814,312	5,968,767	-0.3%	43.8%
Poverty Related Eligibles	973,311	1,260,585	1,512,488	1,670,682	1,719,209	1,876,631	3,961,201	26.4%	29.1%
Medically Needy	455,007	457,770	497,386	535,133	544,335	498,016	553,797	3.3%	4.1%
Other Eligibles	2,143,718	2,721,179	3,195,974	3,545,614	3,978,925	4,165,514	2,953,415	5.5%	21.7%
Maintenance Assistance Status Unknown*	29,870	22,684	49,766	51,487	532,048	502,196	177,444	34.6%	1.3%
<b>Total</b>	<b>9,683,543</b>	<b>11,102,203</b>	<b>12,384,447</b>	<b>13,056,249</b>	<b>13,902,531</b>	<b>13,856,669</b>	<b>13,614,624</b>	<b>5.8%</b>	<b>100.0%</b>
<i>*Includes correction in FFY 96 &amp; 97 for managed care in Oklahoma</i>									
<b>By Basis of Eligibility</b>									
Aged, Blind, or Disabled	2,853,947	3,145,651	3,460,941	3,694,799	3,908,307	4,066,697	4,119,636	6.3%	30.3%
Children	4,509,474	5,480,105	6,163,767	6,606,802	6,831,126	6,810,131	6,821,894	7.1%	50.1%
Foster Care Children	93,050	93,891	115,574	104,768	99,559	123,151	147,198	7.9%	1.1%
Adults	2,197,158	2,359,639	2,594,390	2,598,425	2,531,491	2,412,460	2,472,847	2.0%	18.2%
Basis of Eligibility Unknown	29,914	22,717	49,775	51,455	532,048	444,230	53,049	10.0%	0.4%
<b>Total</b>	<b>9,683,543</b>	<b>11,102,003</b>	<b>12,384,447</b>	<b>13,056,249</b>	<b>13,902,531</b>	<b>13,856,669</b>	<b>13,614,624</b>	<b>5.8%</b>	<b>100.0%</b>
<b>By Age</b>									
Under Age 1	720,350	854,653	919,865	924,498	927,167	895,834	940,483	4.5%	6.9%
Age 1 to 5	1,833,205	2,299,269	2,649,741	2,794,988	2,846,816	2,755,519	2,600,029	6.0%	19.1%
Age 6 to 14	1,538,429	1,924,679	2,239,164	2,488,180	2,728,712	2,828,214	2,824,060	10.7%	20.7%
Age 15 to 20	898,439	996,786	1,084,831	1,155,322	1,258,370	1,263,972	1,242,865	5.6%	9.1%
Age 21 to 44	2,309,241	2,555,546	2,826,604	2,920,856	3,157,576	3,048,350	2,921,294	4.0%	21.5%
Age 45 to 64	741,082	804,183	901,568	961,248	1,131,270	1,164,606	1,207,068	8.5%	8.9%
Age 65 to 74	597,602	625,889	666,062	692,616	724,049	726,095	733,348	3.5%	5.4%
Age 75 to 84	621,657	611,236	621,465	631,330	641,851	639,860	647,507	0.7%	4.8%
Age 85 and Over	389,647	398,880	430,789	450,089	459,627	519,267	471,785	3.2%	3.5%
Age Unknown	33,891	31,082	44,358	37,122	27,093	14,952	26,185	-4.2%	0.2%
<b>Total</b>	<b>9,683,543</b>	<b>11,102,203</b>	<b>12,384,447</b>	<b>13,056,249</b>	<b>13,902,531</b>	<b>13,856,669</b>	<b>13,614,624</b>	<b>5.8%</b>	<b>100.0%</b>
<b>By Race</b>									
White	4,554,290	5,255,376	5,883,529	6,133,635	6,625,204	6,570,009	6,401,780	5.8%	47.0%
Black	3,832,916	4,243,498	4,584,931	4,822,219	5,025,381	4,932,922	4,800,919	3.8%	35.3%
Hispanic, American Indian or Asian	983,139	1,137,677	1,475,464	1,644,923	1,736,648	1,809,172	1,805,183	10.7%	13.3%
Other/Unknown	313,198	465,652	440,523	455,472	515,298	544,566	606,742	11.7%	4.5%
<b>Total</b>	<b>9,683,543</b>	<b>11,102,203</b>	<b>12,384,447</b>	<b>13,056,249</b>	<b>13,902,531</b>	<b>13,856,669</b>	<b>13,614,624</b>	<b>5.8%</b>	<b>100.0%</b>
<b>By Sex</b>									
Female	6,250,177	7,063,939	7,771,821	8,117,256	8,529,349	8,511,128	8,347,765	4.9%	61.3%
Male	3,361,486	3,955,289	4,488,246	4,805,003	5,263,632	5,295,698	5,227,515	7.6%	38.4%
Unknown	71,880	82,975	124,380	133,990	109,550	49,843	39,344	-9.6%	0.3%
<b>Total</b>	<b>9,683,543</b>	<b>11,102,203</b>	<b>12,384,447</b>	<b>13,056,249</b>	<b>13,902,531</b>	<b>13,856,669</b>	<b>13,614,624</b>	<b>5.8%</b>	<b>100.0%</b>

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

SOUTHERN LEGISLATIVE CONFERENCE

# SOUTHERN REGION MEDICAID PROFILE

## PAYMENTS BY OTHER CHARACTERISTICS

	FFY 91	FFY 92	FFY 93	FFY 94	FFY 95	FFY 96	FFY 97	Annual Change	Share of Total FFY 97
<b>By Maintenance Assistance Status</b>									
Receiving Cash Assistance or Eligible Under Section 1931	\$10,804,296,759	\$13,532,888,178	\$16,053,141,582	\$17,123,230,304	\$18,030,895,455	\$18,509,145,895	\$18,416,371,675	9.3%	44.7%
Poverty Related Eligibles	\$4,144,149,344	\$4,966,921,004	\$5,212,743,941	\$5,618,921,756	\$6,493,919,877	\$5,762,677,455	\$6,297,833,503	7.2%	15.3%
Medically Needy	\$1,906,653,387	\$2,101,905,411	\$2,335,402,135	\$2,472,793,167	\$2,640,399,222	\$2,450,447,958	\$3,466,287,480	10.5%	8.4%
Other Eligibles	\$5,735,700,322	\$7,528,214,293	\$8,836,078,714	\$9,638,547,625	\$10,850,530,065	\$11,719,025,033	\$12,420,836,612	13.7%	30.2%
Maintenance Assistance Status Unknown	\$25,393,742	\$30,040,942	\$44,552,584	\$49,422,129	\$678,379,338	\$810,203,648	\$554,783,192	67.2%	1.3%
<b>Total</b>	<b>\$22,616,193,554</b>	<b>\$28,159,969,828</b>	<b>\$32,481,918,956</b>	<b>\$34,902,914,981</b>	<b>\$38,694,123,957</b>	<b>\$39,251,499,989</b>	<b>\$41,156,112,462</b>	<b>10.5%</b>	<b>100.0%</b>
<b>By Basis of Eligibility</b>									
Aged, Blind, or Disabled	\$14,817,094,538	\$17,944,799,153	\$20,620,658,739	\$22,676,501,155	\$25,383,464,868	\$26,647,490,160	\$28,446,422,746	11.5%	69.1%
Children	\$4,022,197,833	\$5,627,795,161	\$6,646,264,529	\$7,031,060,065	\$7,391,039,669	\$6,939,231,579	\$7,365,057,589	10.6%	17.9%
Foster Care Children	\$189,354,270	\$211,205,805	\$268,297,548	\$279,287,931	\$357,814,429	\$338,069,627	\$433,544,859	14.8%	1.1%
Adults	\$3,562,023,206	\$4,346,106,421	\$4,902,142,149	\$4,867,683,388	\$4,883,425,653	\$4,515,467,459	\$4,655,967,195	4.6%	11.3%
Basis of Eligibility Unknown	\$25,523,707	\$30,062,288	\$44,555,991	\$48,382,442	\$678,379,338	\$811,241,164	\$255,120,073	46.8%	0.6%
<b>Total</b>	<b>\$22,616,193,554</b>	<b>\$28,159,968,828</b>	<b>\$32,481,918,956</b>	<b>\$34,902,914,981</b>	<b>\$38,694,123,957</b>	<b>\$39,251,499,989</b>	<b>\$41,156,112,462</b>	<b>10.5%</b>	<b>100.0%</b>
<b>By Age</b>									
Under Age 1	\$1,324,421,374	\$2,000,763,607	\$2,329,433,462	\$2,355,252,583	\$2,362,598,837	\$2,185,361,259	\$2,380,146,974	10.3%	5.8%
Age 1 to 5	\$1,471,811,810	\$2,023,483,594	\$2,433,381,762	\$2,675,744,074	\$2,834,375,349	\$2,730,903,180	\$2,709,484,283	10.7%	6.6%
Age 6 to 14	\$1,202,514,648	\$1,669,228,608	\$2,142,973,364	\$2,489,330,570	\$2,884,631,727	\$2,944,003,161	\$3,018,592,801	16.6%	7.3%
Age 15 to 20	\$1,680,513,758	\$2,094,807,797	\$2,417,078,807	\$2,578,234,384	\$2,914,295,149	\$2,767,794,808	\$2,755,535,732	8.6%	6.7%
Age 21 to 44	\$6,043,080,335	\$7,495,322,297	\$8,612,693,408	\$9,174,595,631	\$10,010,669,527	\$9,931,195,609	\$10,003,980,245	8.8%	24.3%
Age 45 to 64	\$3,249,071,173	\$4,114,462,634	\$4,777,741,952	\$5,220,565,991	\$6,059,519,753	\$6,441,396,975	\$6,982,952,529	13.6%	17.0%
Age 65 to 74	\$1,895,490,122	\$2,154,105,313	\$2,422,618,330	\$2,619,196,747	\$2,925,581,479	\$3,038,456,438	\$3,292,147,808	9.6%	8.0%
Age 75 to 84	\$2,922,864,053	\$3,316,086,471	\$3,599,890,870	\$3,785,231,913	\$4,156,946,096	\$4,280,573,936	\$4,596,173,766	7.8%	11.2%
Age 85 and Over	\$2,725,709,980	\$3,160,286,081	\$3,673,926,846	\$3,960,671,007	\$4,456,937,783	\$4,737,723,011	\$5,012,297,873	10.7%	12.2%
Age Unknown	\$100,716,301	\$131,423,426	\$72,180,155	\$44,092,081	\$88,568,257	\$194,091,612	\$404,800,451	26.1%	1.0%
<b>Total</b>	<b>\$22,616,193,554</b>	<b>\$28,159,969,828</b>	<b>\$32,481,918,956</b>	<b>\$34,902,914,981</b>	<b>\$38,694,123,957</b>	<b>\$39,251,499,989</b>	<b>\$41,156,112,462</b>	<b>10.5%</b>	<b>100.0%</b>
<b>By Race</b>									
White	\$13,324,368,160	\$16,313,746,033	\$18,589,329,996	\$19,870,046,405	\$22,051,048,681	\$22,251,144,244	\$23,199,775,215	9.7%	56.4%
Black	\$7,060,678,428	\$8,793,794,754	\$9,926,764,313	\$10,586,572,458	\$11,462,834,325	\$11,305,147,028	\$11,649,646,024	8.7%	28.3%
Hispanic, American Indian or Asian	\$1,305,706,080	\$1,673,191,017	\$2,358,260,264	\$2,708,990,967	\$2,960,511,768	\$3,176,090,215	\$3,314,656,103	16.8%	8.1%
Other/Unknown	\$925,440,886	\$1,379,238,024	\$1,607,564,383	\$1,737,305,151	\$2,219,729,183	\$2,519,118,502	\$2,992,035,120	21.6%	7.3%
<b>Total</b>	<b>\$22,616,193,554</b>	<b>\$28,159,969,828</b>	<b>\$32,481,918,956</b>	<b>\$34,902,914,981</b>	<b>\$38,694,123,957</b>	<b>\$39,251,499,989</b>	<b>\$41,156,112,462</b>	<b>10.5%</b>	<b>100.0%</b>
<b>By Sex</b>									
Female	\$14,869,353,577	\$18,246,132,462	\$20,790,607,506	\$22,097,880,943	\$24,286,894,076	\$24,523,845,788	\$25,561,500,851	9.4%	62.1%
Male	\$7,667,151,451	\$9,795,138,019	\$11,513,336,016	\$12,640,834,810	\$14,236,160,712	\$14,506,797,150	\$15,178,570,621	12.1%	36.9%
Unknown	\$79,688,526	\$118,699,347	\$177,975,434	\$164,199,228	\$171,069,169	\$220,857,051	\$416,042,990	31.7%	1.0%
<b>Total</b>	<b>\$22,616,193,554</b>	<b>\$28,159,969,828</b>	<b>\$32,481,918,956</b>	<b>\$34,902,914,981</b>	<b>\$38,694,123,957</b>	<b>\$39,251,499,989</b>	<b>\$41,156,114,462</b>	<b>10.5%</b>	<b>100.0%</b>

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

## SOUTHERN LEGISLATIVE CONFERENCE

# SOUTHERN REGION MEDICAID PROFILE

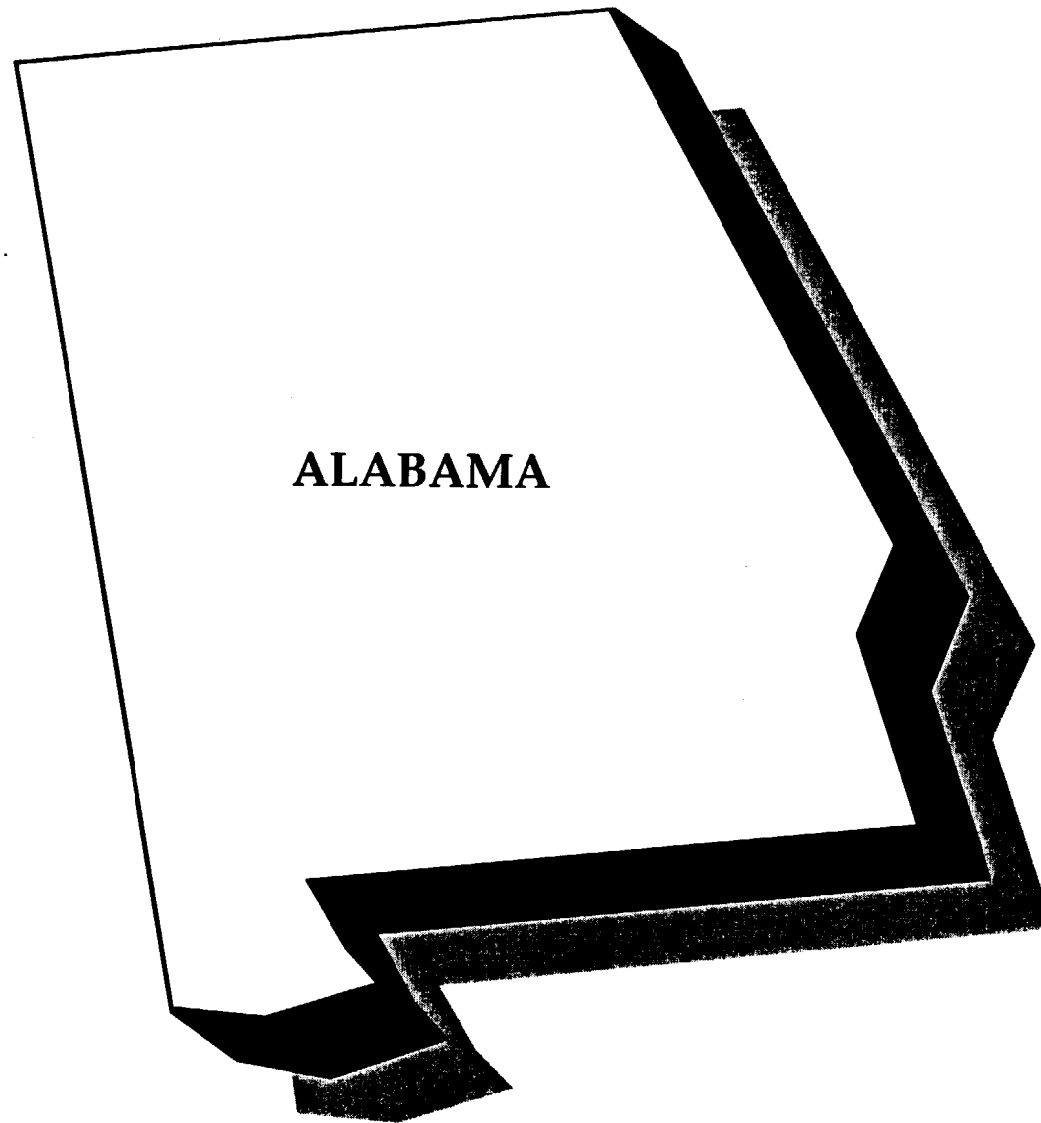
## AVERAGE PAYMENT PER RECIPIENT BY OTHER CHARACTERISTICS

	FFY91	FFY92	FFY93	FFY94	FFY95	FFY96	FFY96	Annual Change
<b>By Maintenance Assistance Status</b>								
Receiving Cash Assistance or Eligible Under Section 1931	\$1,776.54	\$2,038.09	\$2,251.86	\$2,360.74	\$2,529.58	\$2,716.22	\$3,085.46	9.6%
Poverty Related Eligibles	\$4,257.79	\$3,940.17	\$3,446.47	\$3,363.25	\$3,777.27	\$3,070.76	\$1,589.88	-15.1%
Medically Needy	\$4,190.38	\$4,591.62	\$4,695.35	\$4,620.89	\$4,850.69	\$4,920.42	\$6,259.13	6.9%
Other Eligibles	\$2,675.59	\$2,766.53	\$2,764.75	\$2,718.44	\$2,727.00	\$2,813.34	\$4,205.58	7.8%
Maintenance Assistance Status Unknown	\$850.14	\$1,324.32	\$895.24	\$959.90	\$1,275.03	\$1,613.32	\$3,126.53	24.2%
<b>Total</b>	<b>\$2,335.53</b>	<b>\$2,481.87</b>	<b>\$2,587.32</b>	<b>\$2,669.84</b>	<b>\$2,783.24</b>	<b>\$2,832.68</b>	<b>\$3,022.93</b>	<b>4.4%</b>
<b>By Basis of Eligibility</b>								
Aged, Blind, or Disabled	\$5,191.79	\$5,704.64	\$5,958.11	\$6,137.41	\$6,494.75	\$6,552.61	\$6,905.08	4.9%
Children	\$891.94	\$1,026.95	\$1,078.28	\$1,064.22	\$1,081.97	\$1,018.96	\$1,079.62	3.2%
Foster Care Children	\$2,034.97	\$2,249.48	\$2,321.44	\$2,665.78	\$3,593.99	\$2,745.16	\$2,945.32	6.4%
Adults	\$1,621.20	\$1,841.85	\$1,889.52	\$1,873.32	\$1,929.07	\$1,871.73	\$1,882.84	2.5%
Basis of Eligibility Unknown	\$853.24	\$1,323.34	\$895.15	\$940.29	\$1,275.03	\$1,826.17	\$4,809.14	33.4%
<b>Total</b>	<b>\$2,335.53</b>	<b>\$2,481.87</b>	<b>\$2,587.32</b>	<b>\$2,669.84</b>	<b>\$2,783.24</b>	<b>\$2,832.68</b>	<b>\$3,022.93</b>	<b>4.4%</b>
<b>By Age</b>								
Under Age 1	\$1,838.58	\$2,341.02	\$2,532.36	\$2,547.60	\$2,548.19	\$2,439.47	\$2,530.77	5.5%
Age 1 to 5	\$802.86	\$880.06	\$918.35	\$957.34	\$995.63	\$991.07	\$1,042.10	4.4%
Age 6 to 14	\$781.65	\$867.28	\$957.04	\$1,000.46	\$1,057.14	\$1,040.94	\$1,068.88	5.4%
Age 15 to 20	\$1,870.48	\$2,101.56	\$2,228.07	\$2,231.62	\$2,315.93	\$2,189.76	\$2,217.08	2.9%
Age 21 to 44	\$2,616.91	\$2,932.96	\$3,047.01	\$3,141.06	\$3,170.37	\$3,257.89	\$3,424.50	4.6%
Age 45 to 64	\$4,384.23	\$5,116.33	\$5,299.37	\$5,431.03	\$5,356.39	\$5,530.97	\$5,785.05	4.7%
Age 65 to 74	\$3,171.83	\$3,441.67	\$3,637.23	\$3,781.60	\$4,040.58	\$4,184.65	\$4,489.20	6.0%
Age 75 to 84	\$4,701.73	\$5,425.21	\$5,792.59	\$5,995.65	\$6,476.50	\$6,689.86	\$7,098.26	7.1%
Age 85 and Over	\$6,995.33	\$7,922.90	\$8,528.37	\$8,799.75	\$9,696.86	\$9,123.87	\$10,624.11	7.2%
Age Unknown	\$2,971.77	\$4,228.28	\$1,627.22	\$1,187.76	\$3,269.05	\$12,980.98	\$15,459.25	31.6%
<b>Total</b>	<b>\$2,335.53</b>	<b>\$2,481.87</b>	<b>\$2,587.32</b>	<b>\$2,669.84</b>	<b>\$2,783.24</b>	<b>\$2,832.68</b>	<b>\$3,022.93</b>	<b>4.4%</b>
<b>By Race</b>								
White	\$2,925.67	\$3,104.20	\$3,159.55	\$3,239.52	\$3,328.36	\$3,386.78	\$3,623.96	3.6%
Black	\$1,842.12	\$2,072.30	\$2,165.08	\$2,195.37	\$2,280.99	\$2,291.77	\$2,426.55	4.7%
Hispanic, American Indian or Asian	\$1,328.10	\$1,470.71	\$1,598.32	\$1,646.88	\$1,704.73	\$1,755.55	\$1,836.19	5.5%
Other/Unknown	\$2,954.81	\$2,961.95	\$3,649.22	\$3,814.30	\$4,307.66	\$4,625.92	\$4,931.31	8.9%
<b>Total</b>	<b>\$2,335.53</b>	<b>\$2,481.87</b>	<b>\$2,587.32</b>	<b>\$2,669.84</b>	<b>\$2,783.24</b>	<b>\$2,832.68</b>	<b>\$3,022.93</b>	<b>4.4%</b>
<b>By Sex</b>								
Female	\$2,379.03	\$2,583.00	\$2,675.13	\$2,722.33	\$2,847.45	\$2,881.39	\$3,062.08	4.3%
Male	\$2,280.88	\$2,476.47	\$2,565.22	\$2,630.77	\$2,704.63	\$2,739.36	\$2,903.59	4.1%
Unknown	\$1,108.63	\$1,430.54	\$1,430.90	\$1,225.46	\$1,561.56	\$4,431.05	\$10,574.50	45.6%
<b>Total</b>	<b>\$2,335.53</b>	<b>\$2,481.87</b>	<b>\$2,587.32</b>	<b>\$2,669.84</b>	<b>\$2,783.24</b>	<b>\$2,832.68</b>	<b>\$3,022.93</b>	<b>4.4%</b>

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

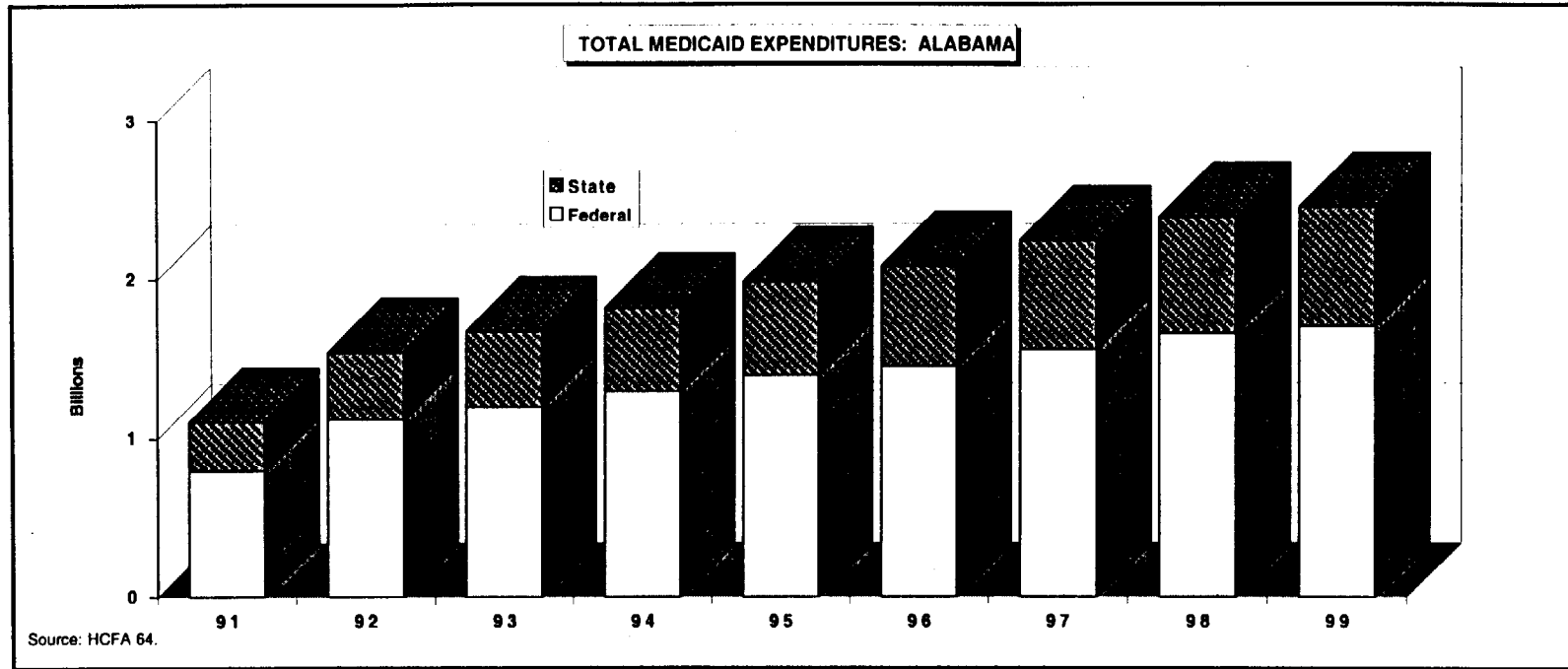
SOUTHERN LEGISLATIVE CONFERENCE

## SOUTHERN REGION MEDICAID PROFILES





# SOUTHERN REGION MEDICAID PROFILE



	FFY 91	FFY 92	FFY 93	FFY 94	FFY 95	FFY96	FFY97	FFY98**	FFY99**	Annual Rate of Change	Total 91-99
Medicaid Payments	\$1,068,204,496	\$1,503,280,933	\$1,635,944,698	\$1,777,080,749	\$1,943,319,998	\$2,038,419,446	\$2,195,359,746	\$2,322,998,000	\$2,380,698,956	10.5%	122.9%
Federal Share	\$776,402,509	\$1,095,978,940	\$1,173,859,369	\$1,267,492,414	\$1,370,486,300	\$1,425,188,599	\$1,528,097,087	\$1,611,969,000	\$1,649,411,182	9.9%	112.4%
State Share	\$291,801,987	\$407,301,993	\$462,085,329	\$509,588,335	\$572,833,698	\$613,230,847	\$667,262,659	\$711,029,000	\$731,287,774	12.2%	150.6%
Administrative Costs	\$34,234,909	\$37,470,647	\$36,964,126	\$39,917,949	\$40,135,809	\$44,448,105	\$46,069,028	\$67,071,000	\$71,721,803	9.7%	109.5%
Federal Share	\$19,824,239	\$21,754,157	\$21,991,242	\$24,431,892	\$23,587,709	\$25,987,677	\$27,082,231	\$44,411,000	\$48,647,902	11.9%	145.4%
State Share	\$14,410,670	\$15,716,490	\$14,972,884	\$15,486,057	\$16,548,100	\$18,460,428	\$18,986,797	\$22,660,000	\$23,073,901	6.1%	60.1%
Admin. Costs as % of Payments	3.20%	2.49%	2.26%	2.25%	2.07%	2.18%	2.10%	2.89%	3.01%		
Federal Match Rate*	72.73%	72.93%	71.45%	71.22%	70.45%	69.85%	69.54%	69.32%	69.27%		

\*Rate shown is for Medicaid payments only. The FMAP (Federal Medical Assistance Percentage) is based on the relationship between each state's per capita personal income and that of the nation as a whole for the three most recent years. Federal share of state administrative costs is usually 50 percent or 75 percent, depending on function and whether or not medical personnel are used. \*\*Federal Fiscal Years 98 and 99 reflect latest estimates reported by each state.

## ALABAMA

# SOUTHERN REGION MEDICAID PROFILE

## STATE FINANCING

	Payments		Administration	
	FFY 91	FFY 92	FFY 91	FFY 92
State General Fund	\$291,801,987	\$195,376,244	\$14,410,670	\$10,473,468
Local Funds	\$0	\$0	\$0	\$0
Provider Taxes	\$0	\$34,750,000	\$0	\$0
Donations	\$0	\$0	\$0	\$0
Other	\$0	\$501,161,530	\$0	\$12,600,433
Total State Share	\$291,801,987	\$731,287,774	\$14,410,670	\$23,073,901

IAT

Provider Taxes Currently in Place (FFY 99)		
Provider	Tax Rate	Amount
Nursing homes	\$1,200 per bed /year	\$30,000,000
Pharmacies	\$ .10 per prescription over \$3.00	\$4,750,000
Total		\$34,750,000

## DISPROPORTIONATE SHARE HOSPITAL (DSH) PAYMENTS

	FFY 91	FFY 92	FFY 93	FFY 94	FFY 95	FFY96	FFY97	FFY98*	FFY99*	Annual Change
General Hospitals	\$0	\$416,813,747	\$417,333,264	\$148,991,949	\$413,006,229	\$346,707,637	\$391,069,616	\$390,267,265	\$383,548,229	-1.4%
Mental Hospitals	\$0	\$644,244	\$112,018	\$268,466,050	\$4,451,770	\$48,180,868	\$26,388,384	\$4,451,771	\$4,451,771	84.7%
Total	\$211,544,510	\$417,457,991	\$417,445,282	\$417,457,999	\$417,457,999	\$394,888,505	\$417,458,000	\$394,719,036	\$388,000,000	-1.2%

## SELECTED ELIGIBILITY CRITERIA

	At 10/1/98	% of FPL*
TANF-Temporary Assistance for Needy Families (Family of 3)		
Need Standard	\$673	59.2%
Payment Standard	\$164	14.4%
Maximum Payment	\$164	14.4%
Medically Needy Program (Family of 3)	N/A	
Income Eligibility Standard		
Resource Standard		
Pregnant Women, Children and Infants (% of FPL*)		
Pregnant women and children to 6		133.0%
Children 6 to 14		100.0%
Children 14 to 18		100.0%
SSI Eligibility Levels		
Income:		
Single Person	\$514	76.6%
Couple	\$761	84.2%
Resources:		
Single Person	\$2,000	
Couple	\$3,000	

## DEMOGRAPHIC DATA & POVERTY INDICATORS (1996)

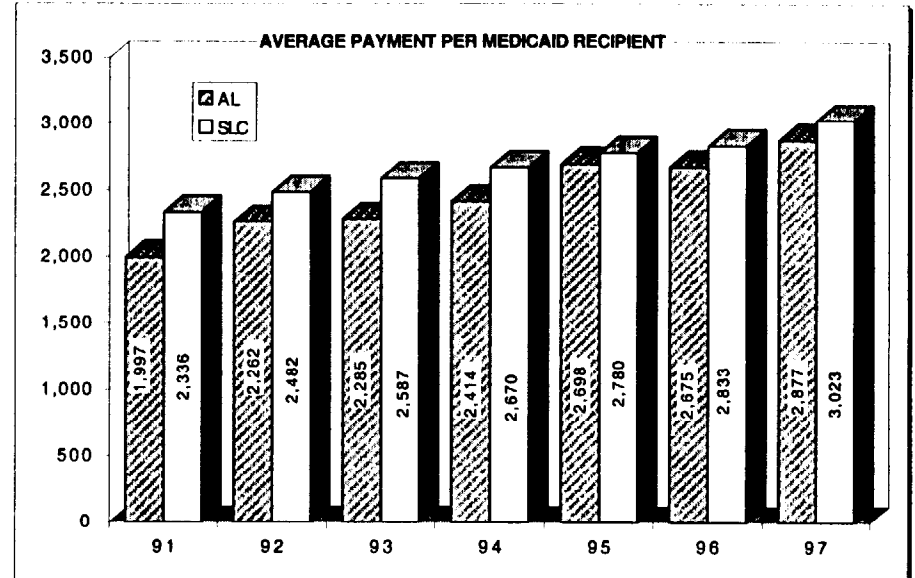
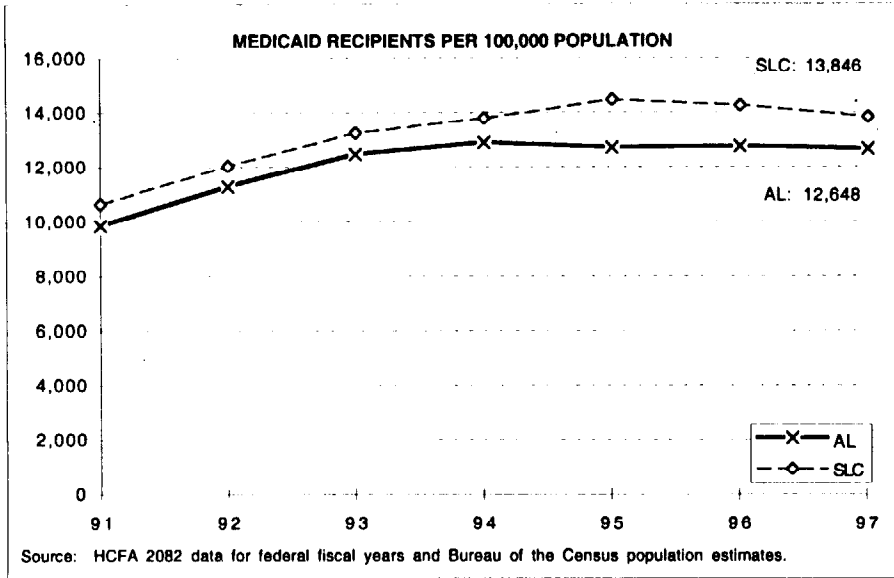
		Rank in U.S.
State population—July 1, 1996*	4,287,178	23
Per capita personal income**	\$20,131	39
Median household income**	\$28,618	45
Population below Federal Poverty Level on July 1, 1996*	720,246	
Percent of total population	16.8%	8
Population without health insurance coverage*	550,000	26
Percent of total population	12.8%	25
Recipients of Food Stamps***	509,000	16
Households receiving Food Stamps***	204,000	17
Total value of issuance***	\$440,000,000	16
Average monthly benefit per recipient	\$72.04	21
Average monthly benefit per household	\$179.74	17
Monthly recipients of Aid to Families with Dependent Children****	108,269	28
Total AFDC payments****	\$104,362,930	37
Average monthly payment per recipient	\$80.33	
Average monthly payment per family	\$149.50	50

\*Current federal poverty level is \$8,050 per year for a single person, \$10,850 for a family of two and \$13,650 for a family of three. Table above shows monthly income levels.

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

ALABAMA

## SOUTHERN REGION MEDICAID PROFILE



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

#### RECIPIENTS BY TYPE OF SERVICES

	FFY91	FFY92	FFY93	FFY94	FFY95	FFY96	FFY97	Annual Change	Share of Total FFY 97
01. General Hospital	63,693	70,228	69,974	72,028	71,221	34,367	28,458	-12.6%	N/A**
02. Mental Hospital	535	932	1,018	1,045	1,072	1,147	1,129	13.3%	
03. Skilled and Intermediate Care Nursing*	20,111	20,884	21,168	21,733	21,809	22,620	23,476	2.6%	
04. Intermediate Care for Mentally Retarded	1,354	1,298	1,312	1,265	1,117	968	828	-7.9%	
05. Physician Services	312,687	357,383	394,685	414,000	406,821	409,235	415,252	4.8%	
06. Dental Services	44,829	56,369	63,088	68,214	65,649	70,823	70,968	8.0%	
07. Other Practitioners	44,982	50,734	64,299	69,715	71,135	75,835	86,045	11.4%	
08. Outpatient Hospital	145,422	182,536	213,112	223,841	221,182	248,630	262,530	10.3%	
09. Clinic Services	22,752	29,551	69,591	75,046	84,986	92,121	91,646	26.1%	
10. Lab and X-Ray	109,831	154,555	175,033	206,188	161,653	186,612	178,743	8.5%	
11. Home Health	12,976	13,762	36,287	37,421	68,405	45,384	47,268	24.0%	
12. Prescribed Drugs	292,399	350,933	395,458	409,406	404,581	412,511	412,739	5.9%	
13. Family Planning	34,825	35,064	39,296	38,413	34,841	37,130	39,639	2.2%	
14. Early & Periodic Screening, Diagnosis & Treatment	77,461	107,024	135,755	132,428	136,906	139,036	131,285	9.2%	
15. Rural Health	26,407	39,454	1,593	10,504	23,437	28,220	32,699	3.6%	
16. Other Care (includes managed care)	69,616	88,479	95,511	102,267	108,834	116,680	123,061	10.0%	
17. Waivers	0	0	0	0	0	0	0	n/a	
<b>Total**</b>	<b>403,255</b>	<b>466,918</b>	<b>521,539</b>	<b>543,537</b>	<b>539,251</b>	<b>546,272</b>	<b>546,140</b>	<b>5.2%</b>	

\*Prior to FFY 91 this category was divided into "skilled nursing facility" and "all other intermediate care facilities" (non-MR).

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

ALABAMA

# SOUTHERN REGION MEDICAID PROFILE

## PAYMENTS BY TYPE OF SERVICES

	FFY 91	FFY 92	FFY 93	FFY 94	FFY 95	FFY 96	FFY 97	Annual Change	of Total FFY 97
01. General Hospital	\$176,378,877	\$217,068,181	\$235,494,909	\$252,860,631	\$269,464,898	\$198,637,110	\$170,166,297	-0.6%	10.8%
02. Mental Hospital	\$10,780,659	\$20,686,371	\$20,292,291	\$19,132,945	\$18,227,568	\$20,530,209	\$21,833,876	12.5%	1.4%
03. Skilled and Intermediate Care Nursing*	\$232,090,813	\$315,677,987	\$330,831,471	\$382,486,883	\$426,102,259	\$445,325,482	\$520,412,943	14.4%	33.1%
04. Intermediate Care for Mentally Retarded	\$72,228,858	\$76,832,411	\$79,035,541	\$79,297,030	\$77,870,785	\$68,011,776	\$58,298,157	-3.5%	3.7%
05. Physician Services	\$77,706,184	\$98,854,971	\$106,935,660	\$115,904,923	\$114,558,882	\$119,428,302	\$132,563,184	9.3%	8.4%
06. Dental Services	\$5,271,526	\$6,745,048	\$7,456,614	\$8,455,449	\$9,038,068	\$10,118,678	\$10,218,557	11.7%	0.7%
07. Other Practitioners	\$2,235,634	\$4,531,289	\$7,464,353	\$7,844,722	\$8,024,526	\$8,418,026	\$8,617,321	25.2%	0.5%
08. Outpatient Hospital	\$19,195,511	\$28,115,949	\$36,110,900	\$40,345,687	\$47,095,877	\$65,223,740	\$70,529,433	24.2%	4.5%
09. Clinic Services	\$16,171,949	\$21,789,741	\$15,620,016	\$19,683,036	\$34,852,249	\$42,273,617	\$44,719,233	18.5%	2.8%
10. Lab and X-Ray	\$4,886,159	\$7,029,512	\$8,449,904	\$10,492,600	\$9,992,503	\$11,082,415	\$10,636,552	13.8%	0.7%
11. Home Health	\$47,479,938	\$52,269,685	\$63,912,347	\$70,193,170	\$83,981,082	\$104,535,592	\$128,593,515	18.1%	8.2%
12. Prescribed Drugs	\$76,064,912	\$115,718,764	\$146,877,201	\$163,021,321	\$178,667,753	\$203,811,076	\$226,105,163	19.9%	14.4%
13. Family Planning	\$5,557,990	\$8,812,326	\$11,024,470	\$9,567,665	\$7,893,848	\$7,332,859	\$7,565,632	5.3%	0.5%
14. Early & Periodic Screening, Diagnosis & Treatment	\$5,233,939	\$8,750,847	\$15,595,447	\$16,452,308	\$15,787,197	\$16,485,904	\$15,891,150	20.3%	1.0%
15. Rural Health	\$3,234,346	\$6,204,276	\$119,628	\$1,018,585	\$2,987,805	\$3,850,341	\$4,408,849	5.3%	0.3%
16. Other Care (includes managed care)	\$50,937,802	\$66,959,413	\$106,597,652	\$115,079,562	\$130,446,795	\$136,035,958	\$140,643,879	18.4%	9.0%
17. Waivers	\$0	\$0	\$0	\$0	\$20,000,000	\$0	\$0	-100.0%	0.0%
<b>Total*</b>	<b>\$805,455,097</b>	<b>\$1,056,046,771</b>	<b>\$1,191,818,404</b>	<b>\$1,311,836,517</b>	<b>\$1,454,992,095</b>	<b>\$1,461,101,085</b>	<b>\$1,571,203,741</b>	<b>11.8%</b>	<b>100.0%</b>

\*Disproportionate share payments, pharmacy rebates, and other adjustments are excluded.

## AVERAGE PAYMENTS PER RECIPIENT BY TYPE OF SERVICES

								Above (+) or Below (-) SLC	Avg. FFY 97
01. General Hospital	\$2,769.20	\$3,090.91	\$3,365.46	\$3,510.59	\$3,783.50	\$5,779.88	\$5,979.56	13.7%	62.9%
02. Mental Hospital	\$20,150.76	\$22,195.68	\$19,933.49	\$18,309.04	\$17,003.33	\$17,899.05	\$19,339.13	-0.7%	85.8%
03. Skilled and Intermediate Care Nursing*	\$11,540.49	\$15,115.78	\$15,628.85	\$17,599.36	\$19,537.91	\$19,687.25	\$22,167.87	11.5%	51.0%
04. Intermediate Care for Mentally Retarded	\$53,344.80	\$59,192.92	\$60,240.50	\$62,685.40	\$69,714.22	\$70,260.10	\$70,408.40	4.7%	17.4%
05. Physician Services	\$248.51	\$276.61	\$270.94	\$279.96	\$281.60	\$291.83	\$319.24	4.3%	-13.8%
06. Dental Services	\$117.59	\$119.66	\$118.19	\$123.95	\$137.67	\$142.87	\$143.99	3.4%	-17.7%
07. Other Practitioners	\$49.70	\$89.31	\$116.09	\$112.53	\$112.81	\$111.00	\$100.15	12.4%	-31.2%
08. Outpatient Hospital	\$132.00	\$154.03	\$169.45	\$180.24	\$212.93	\$262.33	\$268.65	12.6%	-38.9%
09. Clinic Services	\$710.79	\$737.36	\$224.45	\$262.28	\$410.09	\$458.89	\$487.96	-6.1%	-30.9%
10. Lab and X-Ray	\$44.49	\$45.48	\$48.28	\$50.89	\$61.81	\$59.39	\$59.51	5.0%	-33.9%
11. Home Health	\$3,659.06	\$3,798.12	\$1,761.30	\$1,875.77	\$1,227.70	\$2,303.36	\$2,720.52	-4.8%	-37.6%
12. Prescribed Drugs	\$260.14	\$329.75	\$371.41	\$398.19	\$441.61	\$494.07	\$547.82	13.2%	2.8%
13. Family Planning	\$159.60	\$251.32	\$280.55	\$249.07	\$226.57	\$197.49	\$190.86	3.0%	-11.5%
14. Early & Periodic Screening, Diagnosis & Treatment	\$67.57	\$81.77	\$114.88	\$124.24	\$115.31	\$118.57	\$121.04	10.2%	-55.6%
15. Rural Health	\$122.48	\$157.25	\$75.10	\$96.97	\$127.48	\$136.44	\$134.83	1.6%	-26.2%
16. Other Care (includes managed care)	\$731.70	\$756.78	\$1,116.08	\$1,125.29	\$1,198.58	\$1,165.89	\$1,142.88	7.7%	35.6%
17. Waivers	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	n/a	-100.0%
<b>Total (Average)*</b>	<b>\$1,997.38</b>	<b>\$2,261.74</b>	<b>\$2,285.20</b>	<b>\$2,413.52</b>	<b>\$2,698.17</b>	<b>\$2,674.68</b>	<b>\$2,876.92</b>	<b>6.3%</b>	<b>-4.8%</b>

<b>TOTAL PER CAPITA EXPENDITURES</b>	<b>\$269.77</b>	<b>\$372.98</b>	<b>\$400.05</b>	<b>\$431.06</b>	<b>\$467.11</b>	<b>\$485.84</b>	<b>\$519.07</b>	<b>11.5%</b>	<b>-3.5%</b>
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\*Prior to FFY 91 this category was divided into "skilled nursing facility" and "all other intermediate care facilities" (non-MR). HCFA 2082 reports for FFY 92, 93 and 94 include disproportionate share hospital payments of \$605.7 million, \$439.4 million and \$44.8 million, respectively. Direct cost comparisons between states reflect an adjusted unit cost for Louisiana general and mental hospital services and for the total Medicaid cost per recipient.

ALABAMA

# SOUTHERN REGION MEDICAID PROFILE

## DATA BY OTHER CHARACTERISTICS

### RECIPIENTS BY OTHER CHARACTERISTICS

	FFY 91	FFY 92	FFY 93	FFY 94	FFY 95	FFY 96	FFY 97	Annual Change	Share of Total FFY 97
<b>By Maintenance Assistance Status</b>									
Receiving Cash Assistance or Eligible Under Section 1931	277,109	291,652	308,470	307,432	292,535	286,298	275,061	-0.1%	50.4%
Poverty Related Eligibles	48,530	52,592	52,912	55,905	54,499	53,316	65,371	5.1%	12.0%
Medically Needy	0	0	0	0	0	0	0	n/a	0.0%
Other Eligibles	76,520	121,433	158,849	179,115	191,422	205,839	203,308	17.7%	37.2%
Maintenance Assistance Status Unknown	1,096	1,241	1,308	1,085	795	819	2,400	14.0%	0.4%
<b>Total</b>	<b>403,255</b>	<b>466,918</b>	<b>521,539</b>	<b>543,537</b>	<b>539,251</b>	<b>546,272</b>	<b>546,140</b>	<b>5.2%</b>	<b>100.0%</b>
<b>By Basis of Eligibility</b>									
Aged, Blind, or Disabled	159,051	171,655	187,121	196,722	202,666	207,821	210,933	4.8%	38.6%
Children	158,033	198,418	233,535	244,281	243,999	250,149	276,145	9.7%	50.6%
Foster Care Children	5,209	4,574	2,861	2,597	2,879	2,846	3,716	-5.5%	0.7%
Adults	79,865	91,022	96,704	98,852	88,912	84,635	52,944	-6.6%	9.7%
Basis of Eligibility Unknown	1,097	1,249	1,318	1,085	795	821	2,402	14.0%	0.4%
<b>Total</b>	<b>403,255</b>	<b>466,918</b>	<b>521,539</b>	<b>543,537</b>	<b>539,251</b>	<b>546,272</b>	<b>546,140</b>	<b>5.2%</b>	<b>100.0%</b>
<b>By Age</b>									
Under Age 1	22,483	27,147	30,272	30,111	29,633	28,103	28,267	3.9%	5.2%
Age 1 to 5	78,342	103,445	125,428	129,135	128,371	127,986	123,033	7.8%	22.5%
Age 6 to 14	54,883	68,496	82,873	92,417	95,977	106,131	112,199	12.7%	20.5%
Age 15 to 20	36,955	41,260	43,418	45,520	43,715	43,683	42,273	2.3%	7.7%
Age 21 to 44	87,292	98,422	107,176	111,269	104,840	102,757	99,867	2.3%	18.3%
Age 45 to 64	35,107	38,264	42,001	44,457	46,688	48,663	50,685	6.3%	9.3%
Age 65 to 74	30,212	31,248	32,318	32,700	32,729	32,383	32,408	1.2%	5.9%
Age 75 to 84	34,324	33,962	33,333	32,688	32,091	31,319	31,144	-1.6%	5.7%
Age 85 and Over	22,633	23,504	23,855	24,343	24,528	24,601	25,208	1.8%	4.6%
Age Unknown	1,024	1,170	865	897	679	646	1,056	0.5%	0.2%
<b>Total</b>	<b>403,255</b>	<b>466,918</b>	<b>521,539</b>	<b>543,537</b>	<b>539,251</b>	<b>546,272</b>	<b>546,140</b>	<b>5.2%</b>	<b>100.0%</b>
<b>By Race</b>									
White	162,932	197,163	226,194	238,432	239,275	240,879	242,516	6.9%	44.4%
Black	216,395	244,017	268,533	278,258	272,865	277,678	275,231	4.1%	50.4%
Hispanic, American Indian or Asian	1,612	1,147	3,273	4,140	4,924	5,843	6,488	26.1%	1.2%
Other/Unknown	22,316	24,591	23,539	22,707	22,187	21,872	21,905	-0.3%	4.0%
<b>Total</b>	<b>403,255</b>	<b>466,918</b>	<b>521,539</b>	<b>543,537</b>	<b>539,251</b>	<b>546,272</b>	<b>546,140</b>	<b>5.2%</b>	<b>100.0%</b>
<b>By Sex</b>									
Female	268,202	303,194	332,352	344,239	337,439	338,728	336,467	3.9%	61.6%
Male	132,133	158,236	183,360	193,176	195,522	200,646	202,230	7.4%	37.0%
Unknown	2,920	5,488	5,827	6,122	6,290	6,898	7,443	16.9%	1.4%
<b>Total</b>	<b>403,255</b>	<b>466,918</b>	<b>521,539</b>	<b>543,537</b>	<b>539,251</b>	<b>546,272</b>	<b>546,140</b>	<b>5.2%</b>	<b>100.0%</b>

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

ALABAMA

# SOUTHERN REGION MEDICAID PROFILE

## PAYMENTS BY OTHER CHARACTERISTICS

	FFY 91	FFY 92	FFY 93	FFY94	FFY95	FFY96	FFY97	Annual Change	Share of Total FFY 97
<b>By Maintenance Assistance Status</b>									
Receiving Cash Assistance or Eligible Under Section 1931	\$441,023,752	\$540,423,961	\$620,732,190	\$662,592,590	\$698,745,100	\$608,945,773	\$646,168,737	6.6%	41.1%
Poverty Related Eligibles	\$274,142,129	\$367,658,109	\$387,786,361	\$445,454,643	\$503,382,092	\$514,790,907	\$170,810,424	-7.6%	10.9%
Medically Needy	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a	0.0%
Other Eligibles	\$89,503,155	\$146,988,106	\$182,404,313	\$203,004,522	\$218,624,893	\$184,828,392	\$607,526,099	37.6%	38.7%
Maintenance Assistance Status Unknown	\$786,061	\$976,595	\$895,540	\$784,762	\$34,240,010	\$152,536,013	\$146,698,481	139.1%	9.3%
<b>Total</b>	<b>\$805,455,097</b>	<b>\$1,056,046,771</b>	<b>\$1,191,818,404</b>	<b>\$1,311,836,517</b>	<b>\$1,454,992,095</b>	<b>\$1,461,101,085</b>	<b>\$1,571,203,741</b>	<b>11.8%</b>	<b>100.0%</b>
<b>By Basis of Eligibility</b>									
Aged, Blind or Disabled	\$571,876,283	\$749,017,152	\$840,775,041	\$940,453,294	\$1,046,491,356	\$1,013,421,923	\$1,140,949,944	12.2%	72.6%
Children	\$104,923,482	\$148,110,536	\$173,566,537	\$191,183,199	\$193,833,249	\$140,069,631	\$191,018,520	10.5%	12.2%
Foster Care Children	\$8,022,271	\$8,991,897	\$5,138,127	\$4,815,441	\$9,707,101	\$9,743,579	\$16,062,702	12.3%	1.0%
Adults	\$119,745,810	\$148,942,190	\$171,423,943	\$174,599,821	\$170,720,379	\$145,329,084	\$76,474,094	-7.2%	4.9%
Basis of Eligibility Unknown	\$887,251	\$984,996	\$914,756	\$784,762	\$34,240,010	\$152,536,868	\$146,698,481	134.3%	9.3%
<b>Total</b>	<b>\$805,455,097</b>	<b>\$1,056,046,771</b>	<b>\$1,191,818,404</b>	<b>\$1,311,836,517</b>	<b>\$1,454,992,095</b>	<b>\$1,461,101,085</b>	<b>\$1,571,203,741</b>	<b>11.8%</b>	<b>100.0%</b>
<b>By Age</b>									
Under Age 1	\$36,146,328	\$50,503,680	\$59,488,836	\$66,046,869	\$69,000,694	\$21,718,398	\$23,397,438	-7.0%	1.5%
Age 1 to 5	\$59,342,351	\$89,360,847	\$109,666,317	\$118,465,241	\$118,393,096	\$89,906,107	\$76,335,290	4.3%	4.9%
Age 6 to 14	\$30,513,841	\$45,339,015	\$57,448,753	\$67,137,104	\$79,648,012	\$76,274,758	\$82,732,315	18.1%	5.3%
Age 15 to 20	\$57,409,865	\$71,567,153	\$81,111,533	\$87,591,733	\$89,616,766	\$79,740,778	\$76,750,734	5.0%	4.9%
Age 21 to 44	\$193,493,671	\$234,798,136	\$269,064,489	\$287,541,476	\$301,831,978	\$268,187,264	\$265,892,369	5.4%	16.9%
Age 45 to 64	\$112,072,743	\$140,250,006	\$163,964,021	\$182,334,479	\$207,550,327	\$192,938,509	\$216,275,333	11.6%	13.8%
Age 65 to 74	\$65,872,104	\$87,146,887	\$93,408,453	\$102,273,158	\$111,382,655	\$118,644,726	\$140,790,737	13.5%	9.0%
Age 75 to 84	\$121,467,352	\$159,360,630	\$167,647,015	\$182,097,708	\$195,848,563	\$203,861,863	\$236,822,941	11.8%	15.1%
Age 85 and Over	\$128,148,369	\$176,650,776	\$189,070,098	\$217,436,770	\$247,536,114	\$257,348,370	\$306,824,223	15.7%	19.5%
Age Unknown	\$988,473	\$1,069,641	\$948,889	\$911,979	\$34,183,890	\$152,480,312	\$145,382,361	129.8%	9.3%
<b>Total</b>	<b>\$805,455,097</b>	<b>\$1,056,046,771</b>	<b>\$1,191,818,404</b>	<b>\$1,311,836,517</b>	<b>\$1,454,992,095</b>	<b>\$1,461,101,085</b>	<b>\$1,571,203,741</b>	<b>11.8%</b>	<b>100.0%</b>
<b>By Race</b>									
White	\$443,431,532	\$595,505,092	\$668,381,196	\$746,667,929	\$817,806,916	\$779,375,247	\$861,507,068	11.7%	54.8%
Black	\$315,190,577	\$400,210,812	\$456,625,688	\$494,930,645	\$527,068,448	\$463,114,382	\$493,712,277	7.8%	31.4%
Hispanic, American Indian or Asian	\$1,769,758	\$1,554,944	\$4,576,820	\$6,257,278	\$7,657,954	\$6,487,149	\$6,966,565	25.7%	0.4%
Other/Unknown	\$45,063,230	\$58,775,923	\$62,234,700	\$63,980,665	\$102,458,777	\$212,124,307	\$209,017,831	29.1%	13.3%
<b>Total</b>	<b>\$805,455,097</b>	<b>\$1,056,046,771</b>	<b>\$1,191,818,404</b>	<b>\$1,311,836,517</b>	<b>\$1,454,992,095</b>	<b>\$1,461,101,085</b>	<b>\$1,571,203,741</b>	<b>11.8%</b>	<b>100.0%</b>
<b>By Sex</b>									
Female	\$560,749,033	\$730,511,447	\$819,019,495	\$898,392,959	\$966,579,837	\$908,405,172	\$994,732,988	10.0%	63.3%
Male	\$241,582,451	\$317,217,196	\$364,189,010	\$403,923,942	\$443,200,940	\$395,672,055	\$427,195,176	10.0%	27.2%
Unknown	\$3,123,613	\$8,318,128	\$8,609,899	\$9,519,616	\$45,211,318	\$157,023,858	\$149,275,577	90.5%	9.5%
<b>Total</b>	<b>\$805,455,097</b>	<b>\$1,056,046,771</b>	<b>\$1,191,818,404</b>	<b>\$1,311,836,517</b>	<b>\$1,454,992,095</b>	<b>\$1,461,101,085</b>	<b>\$1,571,203,741</b>	<b>11.8%</b>	<b>100.0%</b>

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

ALABAMA

# SOUTHERN REGION MEDICAID PROFILE

## AVERAGE PAYMENT PER RECIPIENT BY OTHER CHARACTERISTICS

								Above (+) or Below (-)	
								SLC Avg.	
	FFY 91	FFY 92	FFY 93	FFY 94	FFY 95	FFY 96	FFY 97	Annual Change	FFY 97
<b>By Maintenance Assistance Status</b>									
Receiving Cash Assistance or Eligible Under Section 1931	\$1,591.52	\$1,852.98	\$2,012.29	\$2,155.25	\$2,388.59	\$2,126.96	\$2,349.18	6.7%	-23.9%
Poverty Related Eligibles	\$5,648.92	\$6,990.76	\$7,328.89	\$7,968.06	\$9,236.54	\$9,655.47	\$2,612.94	-12.1%	64.3%
Medically Needy	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	n/a	-100.0%
Other Eligibles	\$1,169.67	\$1,210.45	\$1,148.29	\$1,133.38	\$1,142.11	\$897.93	\$2,988.21	16.9%	-28.9%
Maintenance Assistance Status Unknown	\$717.21	\$786.94	\$684.66	\$723.28	\$43,069.19	\$186,246.66	\$61,124.37	109.8%	1855.0%
<b>Total</b>	<b>\$1,997.38</b>	<b>\$2,261.74</b>	<b>\$2,285.20</b>	<b>\$2,413.52</b>	<b>\$2,698.17</b>	<b>\$2,674.68</b>	<b>\$2,876.92</b>	<b>6.3%</b>	<b>-4.8%</b>
<b>By Basis of Eligibility</b>									
Aged, Blind or Disabled	\$3,595.55	\$4,363.50	\$4,493.22	\$4,780.62	\$5,163.63	\$4,876.42	\$5,409.06	7.0%	-21.7%
Children	\$663.93	\$746.46	\$743.21	\$782.64	\$794.40	\$559.94	\$691.73	0.7%	-35.9%
Foster Care Children	\$1,540.08	\$1,965.87	\$1,795.92	\$1,854.23	\$3,371.69	\$3,423.60	\$4,322.58	18.8%	46.8%
Adults	\$1,499.35	\$1,636.33	\$1,772.67	\$1,766.28	\$1,920.11	\$1,717.13	\$1,444.43	-0.6%	-23.3%
Basis of Eligibility Unknown	\$808.80	\$788.63	\$694.05	\$723.28	\$43,069.19	\$185,793.99	\$61,073.47	105.6%	1169.9%
<b>Total</b>	<b>\$1,997.38</b>	<b>\$2,261.74</b>	<b>\$2,285.20</b>	<b>\$2,413.52</b>	<b>\$2,698.17</b>	<b>\$2,674.68</b>	<b>\$2,876.92</b>	<b>6.3%</b>	<b>-4.8%</b>
<b>By Age</b>									
Under Age 1	\$1,607.72	\$1,860.38	\$1,965.14	\$2,193.45	\$2,328.51	\$772.81	\$827.73	-10.5%	-67.3%
Age 1 to 5	\$757.48	\$863.85	\$874.34	\$917.38	\$922.27	\$702.47	\$620.45	-3.3%	-40.5%
Age 6 to 14	\$555.98	\$661.92	\$693.21	\$726.46	\$829.87	\$718.69	\$737.37	4.8%	-31.0%
Age 15 to 20	\$1,553.51	\$1,734.54	\$1,868.15	\$1,924.25	\$2,050.02	\$1,825.44	\$1,815.60	2.6%	-18.1%
Age 21 to 44	\$2,216.63	\$2,385.63	\$2,510.49	\$2,584.20	\$2,878.98	\$2,609.92	\$2,662.46	3.1%	-22.3%
Age 45 to 64	\$3,192.32	\$3,665.33	\$3,903.81	\$4,101.37	\$4,445.47	\$3,964.79	\$4,267.05	5.0%	-26.2%
Age 65 to 74	\$2,180.33	\$2,788.88	\$2,890.29	\$3,127.62	\$3,403.18	\$3,663.80	\$4,344.32	12.2%	-3.2%
Age 75 to 84	\$3,538.85	\$4,692.32	\$5,029.46	\$5,570.78	\$6,102.91	\$6,509.21	\$7,604.13	13.6%	7.1%
Age 85 and Over	\$5,662.01	\$7,515.78	\$7,925.81	\$8,932.21	\$10,091.98	\$10,460.89	\$12,171.70	13.6%	14.6%
Age Unknown	\$965.31	\$914.22	\$1,096.98	\$1,016.70	\$50,344.46	\$236,037.63	\$137,672.69	128.6%	790.6%
<b>Total</b>	<b>\$1,997.38</b>	<b>\$2,261.74</b>	<b>\$2,285.20</b>	<b>\$2,413.52</b>	<b>\$2,698.17</b>	<b>\$2,674.68</b>	<b>\$2,876.92</b>	<b>6.3%</b>	<b>-4.8%</b>
<b>By Race</b>									
White	\$2,721.57	\$3,020.37	\$2,954.90	\$3,131.58	\$3,417.85	\$3,235.55	\$3,552.37	4.5%	-2.0%
Black	\$1,456.55	\$1,640.09	\$1,700.45	\$1,778.68	\$1,931.61	\$1,667.81	\$1,793.81	3.5%	-26.1%
Hispanic, American Indian or Asian	\$1,097.86	\$1,355.66	\$1,398.36	\$1,511.42	\$1,555.23	\$1,110.24	\$1,073.76	-0.4%	-41.5%
Other/Unknown	\$2,019.32	\$2,390.14	\$2,643.90	\$2,817.66	\$4,617.96	\$9,698.44	\$9,542.01	29.5%	93.5%
<b>Total</b>	<b>\$1,997.38</b>	<b>\$2,261.74</b>	<b>\$2,285.20</b>	<b>\$2,413.52</b>	<b>\$2,698.17</b>	<b>\$2,674.68</b>	<b>\$2,876.92</b>	<b>6.3%</b>	<b>-4.8%</b>
<b>By Sex</b>									
Female	\$2,090.77	\$2,409.39	\$2,464.31	\$2,609.79	\$2,864.46	\$2,681.81	\$2,956.41	5.9%	-3.5%
Male	\$1,828.33	\$2,004.71	\$1,986.20	\$2,090.96	\$2,266.76	\$1,971.99	\$2,112.42	2.4%	-27.2%
Unknown	\$1,069.73	\$1,515.69	\$1,477.59	\$1,554.98	\$7,187.81	\$22,763.68	\$20,055.83	63.0%	89.7%
<b>Total</b>	<b>\$1,997.38</b>	<b>\$2,261.74</b>	<b>\$2,285.20</b>	<b>\$2,413.52</b>	<b>\$2,698.17</b>	<b>\$2,674.68</b>	<b>\$2,876.92</b>	<b>6.3%</b>	<b>-4.8%</b>

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

ALABAMA

## SOUTHERN REGION MEDICAID PROFILE

### ADDITIONAL STATE HEALTH CARE INFORMATION

Sources: "Major Health Care Policies: 50 State Profiles", Health Policy Tracking Service, January, 1998; and "Medicaid Services State by State", HCFA, October 1997.

\*Information supplied by State Medicaid Agency

#### Waivers

A Freedom of Choice Waiver, approved under Title XIX, Section 1915 (b) of the Social Security Act, operating since October 1, 1988, established a coordinated system of pregnancy-related services in 43 of 67 counties.

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

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

A Section 1115 Freedom of Choice Waiver was submitted in July 1995 to request a fully capitated managed care program for AFDC recipients in Mobile County. The state will contract with one HMO to provide all services, excluding Long Term Care, HCBS Waivers, eyeglasses, and state lab services. The HMO will enroll all recipients except foster children and dual eligibles with aged, blind, and disabled phased in over four months. SOBRA adults will receive 24 months post partum family planning services.

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

#### Managed Care

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

#### Coverage for Targeted Population

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

#### Cost Containment Measures

- Certificate of Need Program since 1978. Regulates introduction or expansion of new institutional health facilities and services. 1993 exemption from certificate of need review for health care services of rural hospitals.
- Significant increase in the thresholds for state review of expenditures for capital and operating costs for existing HMO's and facilities.
- 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.

ALABAMA



## SOUTHERN REGION MEDICAID PROFILE

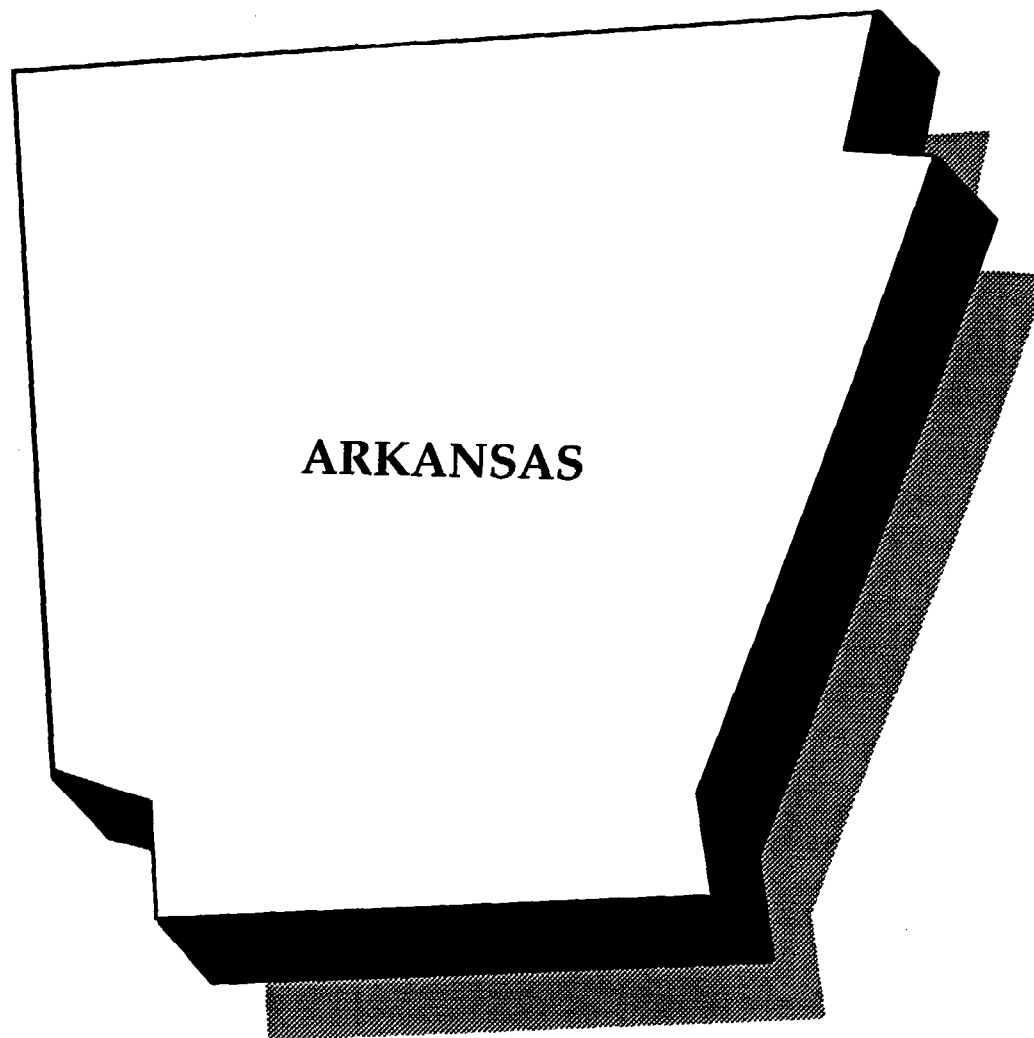
### Medicaid

- 15 optional services are offered.
- Provider tax on hospitals repealed March 1, 1993.
- In 1998, Alabama implemented a program to pay for non-emergency transportation (due to judicial intervention); payments are made through a voucher system.

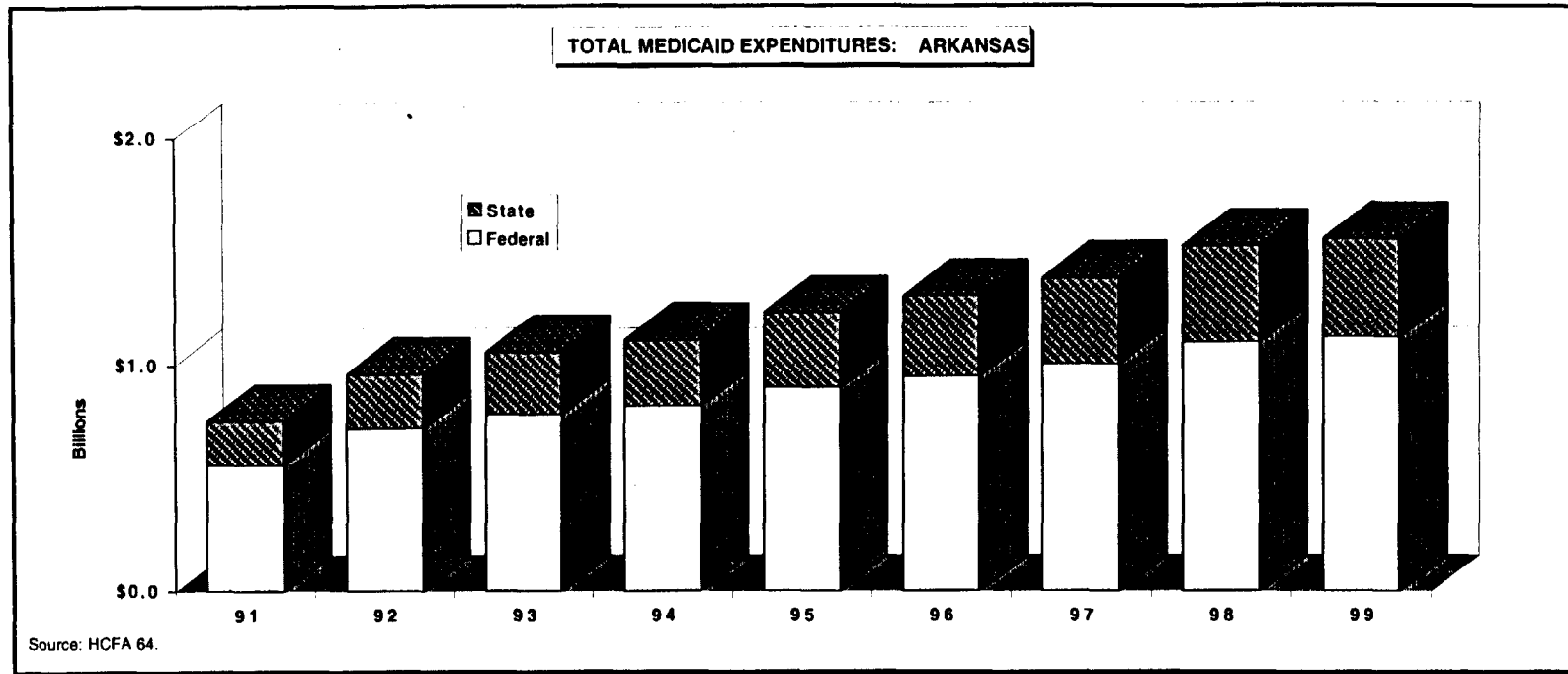
### Children's Health Insurance Program: A Combination of Private Insurance and a Medicaid Expansion

- CHIP in Alabama will be administered by the Alabama Department of Public Health. Phase I, effective February, 1998, is an expansion of Medicaid to cover children through age 18 in families with incomes up to 100% of the FPL. The state expects to enroll 20,000 new children by February of 1999.
- Phase II, effective September of 1998, is a combination of private insurance and an expansion of Medicaid to cover children through age 18 in families with incomes up to 200% of the FPL. The state expects to enroll 34,000 new children by February of 1999.

## SOUTHERN REGION MEDICAID PROFILES



# SOUTHERN REGION MEDICAID PROFILE



	FFY 91	FFY 92	FFY 93	FFY 94	FFY 95	FFY96	FFY97	FFY98**	FFY99**	Annual Rate of Change	Total 91-99
Medicaid Payments	\$726,244,642	\$924,364,454	\$1,017,838,514	\$1,066,487,930	\$1,183,573,889	\$1,243,068,403	\$1,313,548,662	\$1,426,311,184	\$1,454,837,408	9.1%	100.3%
Federal Share	\$545,883,885	\$700,016,874	\$758,035,420	\$794,567,518	\$873,122,323	\$915,615,280	\$963,246,020	\$1,039,353,765	\$1,060,140,840	8.7%	94.2%
State Share	\$180,360,757	\$224,347,580	\$259,803,094	\$271,920,412	\$310,451,566	\$327,453,123	\$350,302,642	\$386,957,419	\$394,696,568	10.3%	118.8%
Administrative Costs	\$26,975,299	\$34,775,777	\$37,343,758	\$40,586,419	\$44,860,158	\$57,576,753	\$67,083,092	\$96,157,965	\$98,850,388	17.6%	266.4%
Federal Share	\$14,880,474	\$19,630,231	\$21,673,880	\$23,172,647	\$25,106,078	\$32,744,192	\$38,908,941	\$58,173,519	\$59,802,378	19.0%	301.9%
State Share	\$12,094,825	\$15,145,546	\$15,669,878	\$17,413,772	\$19,754,080	\$24,832,561	\$28,174,151	\$37,984,446	\$39,048,010	15.8%	222.8%
Admin. Costs as % of Payments	3.71%	3.76%	3.67%	3.81%	3.79%	4.63%	5.11%	6.74%	6.79%		
Federal Match Rate*	75.12%	75.66%	74.41%	74.46%	73.75%	73.61%	73.29%	72.84%	72.96%		

\*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 98 and 99 reflect latest estimates reported by each state.

## ARKANSAS

# SOUTHERN REGION MEDICAID PROFILE

## STATE FINANCING

	Payments		Administration	
	FFY 91	FFY 92	FFY 91	FFY 92
State General Fund	\$180,360,757	\$394,696,568	\$12,094,825	\$39,048,010
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	\$180,360,757	\$394,696,568	\$12,094,825	\$39,048,010

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

## DISPROPORTIONATE SHARE HOSPITAL (DSH) PAYMENTS

	FFY 91	FFY 92	FFY 93	FFY 94	FFY 95	FFY96	FFY97	FFY98*	FFY99*	Annual Change
General Hospitals	\$2,501,511	\$2,353,493	\$2,181,652	\$1,911,234	\$3,242,000	\$3,303,456	\$2,972,194	\$1,740,195	\$2,745,744	-4.4%
Mental Hospitals	\$38,896	\$188,768	\$360,609	\$631,027	\$0	\$291,164	\$0	\$0	\$0	-100.0%
Total	\$2,540,407	\$2,542,261	\$2,542,261	\$2,542,261	\$3,242,000	\$3,594,620	\$2,972,194	\$1,740,195	\$2,745,744	-5.3%

## SELECTED ELIGIBILITY CRITERIA

	At 10/1/98	% of FPL*
TANF-Temporary Assistance for Needy Families (Family of 3)		
Income Eligibility Standard	\$223	19.6%
Payment Standard	\$204	17.9%
Maximum Payment	\$204	17.9%
Medically Needy Program (Family of 3)		
Income Eligibility Standard	\$275	
Resource Standard	\$3,100	
Pregnant Women, Children and Infants (% of FPL*)		
Pregnant women and infants		133.0%
Children 1 to 5		133.0%
Children 6 to 18		
SSI Eligibility Levels		
Income:		
Single Person	\$484	72.1%
Couple	\$726	80.3%
Resources:		
Single Person	\$2,000	
Couple	\$3,000	

## DEMOGRAPHIC DATA & POVERTY INDICATORS (1996)

		Rank in U.S.
State population—July 1, 1996*	2,506,293	33
Per capita personal income**	\$18,959	47
Median household income**	\$26,922	48
Population below Federal Poverty Level on July 1, 1996*	395,994	
Percent of total population	15.8%	12
Population without health insurance coverage*	566,000	25
Percent of total population	22.6%	4
Recipients of Food Stamps***	274,000	30
Households receiving Food Stamps***	109,000	29
Total value of issuance***	\$224,000,000	28
Average monthly benefit per recipient	\$68.13	35
Average monthly benefit per household	\$171.25	29
Monthly recipients of Aid to Families with Dependent Children****	59,223	37
Total AFDC payments****	\$61,423,571	44
Average monthly payment per recipient	\$86.43	
Average monthly payment per family	\$167.36	45

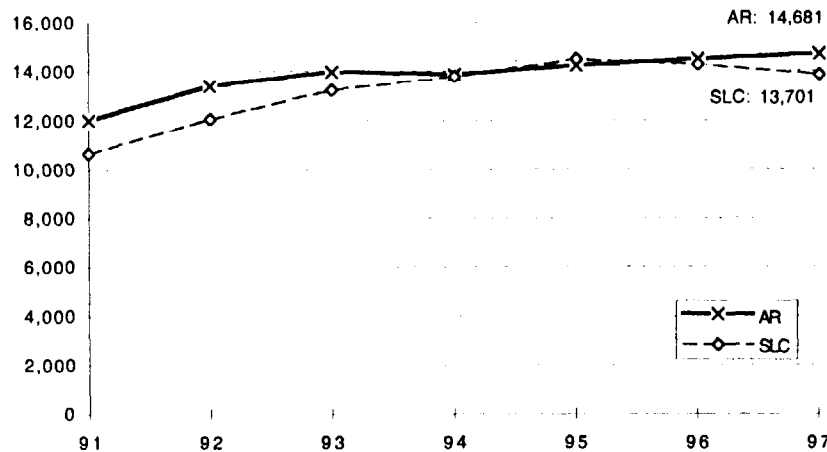
\*Current federal poverty level is \$8,050 per year for a single person, \$10,850 for a family of two and \$13,650 for a family of three. Table above shows monthly income levels.

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

## ARKANSAS

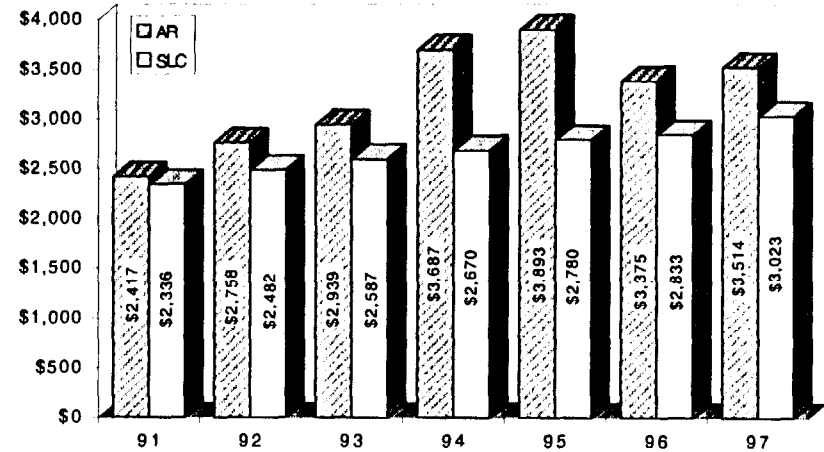
## SOUTHERN REGION MEDICAID PROFILE

**MEDICAID RECIPIENTS PER 100,000 POPULATION**



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

**AVERAGE PAYMENT PER MEDICAID RECIPIENT**



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

#### RECIPIENTS BY TYPE OF SERVICES

	FFY91	FFY92	FFY93	FFY94	FFY95	FFY96	FFY97	Annual Change	Share of Total FFY 97
01. General Hospital	70,822	76,838	75,614	70,256	74,802	72,257	72,761	0.5%	N/A**
02. Mental Hospital	1,090	1,547	2,071	2,456	2,707	2,645	3,093	19.0%	
03. Skilled and Intermediate Care Nursing*	20,922	21,243	21,551	21,693	21,710	21,745	21,722	0.6%	
04. Intermediate Care for Mentally Retarded	1,820	1,842	1,894	1,895	1,885	1,882	1,898	0.7%	
05. Physician Services	227,109	251,284	274,645	259,184	259,199	263,458	260,782	2.3%	
06. Dental Services	33,388	42,019	44,456	46,307	47,842	51,473	51,012	7.3%	
07. Other Practitioners	47,403	59,907	67,527	65,650	67,307	71,465	74,150	7.7%	
08. Outpatient Hospital	126,665	142,645	160,033	152,681	159,953	158,456	155,223	3.4%	
09. Clinic Services	30,029	40,650	42,764	44,906	48,563	49,749	48,684	8.4%	
10. Lab and X-Ray	90,636	108,347	117,631	115,777	119,184	119,257	121,022	4.9%	
11. Home Health	13,903	16,346	18,288	19,472	21,103	22,379	23,728	9.3%	
12. Prescribed Drugs	218,677	244,032	257,281	257,861	253,181	255,211	254,079	2.5%	
13. Family Planning	15,469	19,110	19,907	17,211	18,204	19,667	16,832	1.4%	
14. Early & Periodic Screening, Diagnosis & Treatment	63,177	76,073	81,319	80,748	83,177	84,486	83,487	4.8%	
15. Rural Health	0	2,200	7,094	14,500	20,119	26,092	28,866	67.3%	
16. Other Care (includes managed care)	61,718	80,803	88,380	178,193	257,851	266,878	285,011	29.0%	
17. Waivers	0	0	0	3	0	1	14	67.1%	
<b>Total**</b>	<b>284,674</b>	<b>320,875</b>	<b>339,451</b>	<b>339,920</b>	<b>353,370</b>	<b>362,635</b>	<b>370,386</b>	<b>4.5%</b>	

\*Prior to FFY 91 this category was divided into "skilled nursing facility" and "all other intermediate care facilities" (non-MR). Table combines these categories for FFY 90.

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

ARKANSAS

# SOUTHERN REGION MEDICAID PROFILE

## PAYMENTS BY TYPE OF SERVICES

	FFY 91	FFY 92	FFY 93	FFY 94	FFY 95	FFY 96	FFY 97	Annual Change	of Total FFY 97
01. General Hospital	\$142,608,682	\$178,336,276	\$196,843,283	\$226,860,874	\$200,648,777	\$167,910,134	\$178,022,346	3.8%	13.7%
02. Mental Hospital	\$15,625,685	\$26,085,747	\$46,262,738	\$77,538,839	\$81,699,059	\$47,235,015	\$47,058,129	20.2%	3.6%
03. Skilled and Intermediate Care Nursing*	\$201,386,793	\$234,715,139	\$252,632,040	\$312,337,817	\$334,589,129	\$295,537,244	\$304,806,335	7.2%	23.4%
04. Intermediate Care for Mentally Retarded	\$81,669,189	\$88,062,531	\$89,604,668	\$174,728,753	\$202,460,593	\$104,870,985	\$106,224,955	4.5%	8.2%
05. Physician Services	\$65,802,641	\$94,007,432	\$104,304,474	\$106,143,618	\$114,459,997	\$117,986,530	\$119,369,382	10.4%	9.2%
06. Dental Services	\$4,198,150	\$6,909,647	\$6,644,467	\$6,975,129	\$7,849,726	\$8,901,872	\$8,973,855	13.5%	0.7%
07. Other Practitioners	\$3,373,853	\$7,450,650	\$8,471,581	\$9,153,397	\$12,907,321	\$15,138,697	\$16,634,125	30.5%	1.3%
08. Outpatient Hospital	\$25,504,571	\$23,921,222	\$26,856,052	\$27,567,963	\$32,452,727	\$32,644,267	\$34,958,826	5.4%	2.7%
09. Clinic Services	\$23,644,373	\$50,363,750	\$60,715,425	\$70,729,778	\$86,395,963	\$97,831,270	\$108,341,786	28.9%	8.3%
10. Lab and X-Ray	\$6,270,703	\$9,850,606	\$10,158,121	\$11,166,264	\$11,829,129	\$11,058,661	\$10,924,377	9.7%	0.8%
11. Home Health	\$29,072,267	\$45,258,766	\$54,765,385	\$57,224,996	\$65,810,373	\$67,335,339	\$73,575,143	16.7%	5.7%
12. Prescribed Drugs	\$67,082,664	\$73,836,333	\$78,182,072	\$88,069,017	\$102,114,998	\$115,070,827	\$135,757,334	12.5%	10.4%
13. Family Planning	\$1,037,388	\$2,860,317	\$3,213,404	\$2,029,043	\$1,912,200	\$2,062,953	\$1,853,557	10.2%	0.1%
14. Early & Periodic Screening, Diagnosis & Treatment	\$6,792,664	\$12,480,666	\$13,291,426	\$14,693,045	\$16,236,968	\$17,438,495	\$20,919,649	20.6%	1.6%
15. Rural Health	\$0	\$220,515	\$1,903,746	\$2,226,387	\$2,866,301	\$3,745,762	\$4,318,457	81.3%	0.3%
16. Other Care (includes managed care)	\$13,897,265	\$30,454,668	\$43,965,617	\$65,754,920	\$101,606,000	\$119,071,068	\$129,240,501	45.0%	9.9%
17. Waivers	\$0	\$0	\$0	\$1,500	\$0	\$85	\$614,998	642.9%	0.0%
<b>Total*</b>	<b>\$687,966,888</b>	<b>\$884,814,265</b>	<b>\$997,814,499</b>	<b>\$1,253,201,340</b>	<b>\$1,375,839,261</b>	<b>\$1,223,839,204</b>	<b>\$1,301,593,755</b>	<b>11.2%</b>	<b>100.0%</b>

\*Disproportionate share payments, pharmacy rebates, and other adjustments are excluded.

## AVERAGE PAYMENTS PER RECIPIENT BY TYPE OF SERVICES

								Above (+) or Below (-) SLC Avg. FFY 97	
01. General Hospital	\$2,013.62	\$2,320.94	\$2,603.27	\$3,229.06	\$2,682.40	\$2,323.79	\$2,446.67	3.3%	-33.4%
02. Mental Hospital	\$14,335.49	\$16,862.15	\$22,338.36	\$31,571.19	\$30,180.66	\$17,858.23	\$15,214.40	1.0%	46.1%
03. Skilled and Intermediate Care Nursing*	\$9,625.60	\$11,049.06	\$11,722.52	\$14,398.09	\$15,411.75	\$13,591.04	\$14,032.15	6.5%	-4.4%
04. Intermediate Care for Mentally Retarded	\$44,873.18	\$47,808.11	\$47,309.75	\$92,205.15	\$107,406.15	\$55,723.16	\$55,966.78	3.8%	-6.7%
05. Physician Services	\$289.74	\$374.11	\$379.78	\$409.53	\$441.59	\$447.84	\$457.74	7.9%	23.6%
06. Dental Services	\$125.74	\$164.44	\$149.46	\$150.63	\$164.08	\$172.94	\$175.92	5.8%	0.5%
07. Other Practitioners	\$71.17	\$124.37	\$125.45	\$139.43	\$191.77	\$211.83	\$224.33	21.1%	54.2%
08. Outpatient Hospital	\$201.35	\$167.70	\$167.82	\$180.56	\$202.89	\$206.01	\$225.22	1.9%	-48.8%
09. Clinic Services	\$787.38	\$1,238.96	\$1,419.78	\$1,575.06	\$1,779.05	\$1,966.50	\$2,225.41	18.9%	215.3%
10. Lab and X-Ray	\$69.19	\$90.92	\$86.36	\$96.45	\$99.25	\$92.73	\$90.27	4.5%	0.3%
11. Home Health	\$2,091.08	\$2,768.80	\$2,994.61	\$2,938.84	\$3,118.53	\$3,008.86	\$3,100.77	6.8%	-28.9%
12. Prescribed Drugs	\$306.77	\$302.57	\$303.88	\$341.54	\$403.33	\$450.89	\$534.31	9.7%	0.3%
13. Family Planning	\$67.06	\$149.68	\$161.42	\$117.89	\$105.04	\$104.89	\$110.12	8.6%	-49.0%
14. Early & Periodic Screening, Diagnosis & Treatment	\$107.52	\$164.06	\$163.45	\$181.96	\$195.21	\$206.41	\$250.57	15.1%	-8.1%
15. Rural Health	\$0.00	\$100.23	\$268.36	\$153.54	\$142.47	\$143.56	\$149.60	8.3%	-18.1%
16. Other Care (includes managed care)	\$225.17	\$376.90	\$497.46	\$369.01	\$394.05	\$446.16	\$453.46	12.4%	-46.2%
17. Waivers	\$0.00	\$0.00	\$0.00	\$500.00	\$0.00	\$85.00	\$43,928.43	344.6%	5102.1%
<b>Total (Average)*</b>	<b>\$2,416.68</b>	<b>\$2,757.50</b>	<b>\$2,939.49</b>	<b>\$3,686.75</b>	<b>\$3,893.48</b>	<b>\$3,374.85</b>	<b>\$3,514.15</b>	<b>6.4%</b>	<b>16.2%</b>

## TOTAL PER CAPITA EXPENDITURES

	\$317.63	\$400.32	\$434.82	\$450.98	\$494.39	\$518.95	\$547.26	9.5%	1.7%
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\*Prior to FFY 91 this category was divided into "skilled nursing facility" and "all other intermediate care facilities" (non-MR). HCFA 2082 reports for FFY 92, 93 and 94 include disproportionate share hospital payments of \$605.7 million, \$439.4 million and \$44.8 million, respectively. Direct cost comparisons between states reflect an adjusted unit cost for Louisiana general and mental hospital services and for the total Medicaid cost per recipient.

## ARKANSAS

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

**RECIPIENTS BY OTHER CHARACTERISTICS**

	<b>FFY 91</b>	<b>FFY 92</b>	<b>FFY 93</b>	<b>FFY94</b>	<b>FFY95</b>	<b>FFY96</b>	<b>FFY97</b>	<b>Annual Change</b>	<b>Share of Total FFY 97</b>
<b>By Maintenance Assistance Status</b>									
Receiving Cash Assistance or Eligible Under Section 1931	169,475	176,999	182,776	185,017	184,486	182,512	181,216	1.1%	48.9%
Poverty Related Eligibles	23,391	43,656	45,360	44,060	47,414	48,679	106,462	28.7%	28.7%
Medically Needy	13,625	29,086	32,248	29,889	33,278	36,126	24,396	10.2%	6.6%
Other Eligibles	78,183	71,134	79,067	78,054	84,850	91,616	54,633	-5.8%	14.8%
Maintenance Assistance Status Unknown	0	0	0	2,900	3,342	3,702	3,679	8.3%	1.0%
<b>Total</b>	<b>284,674</b>	<b>320,875</b>	<b>339,451</b>	<b>339,920</b>	<b>353,370</b>	<b>362,635</b>	<b>370,386</b>	<b>4.5%</b>	<b>100.0%</b>
<b>By Basis of Eligibility</b>									
Aged, Blind, or Disabled	104,553	120,289	131,362	135,434	140,017	144,034	144,429	5.5%	39.0%
Children	98,292	97,549	108,798	112,370	119,702	124,634	98,140	0.0%	26.5%
Foster Care Children	32,743	32,068	33,473	30,669	31,644	33,970	3,720	-30.4%	1.0%
Adults	49,086	70,969	65,818	58,547	58,665	56,295	120,418	16.1%	32.5%
Basis of Eligibility Unknown	0	0	0	2,900	3,342	3,702	3,679	8.3%	1.0%
<b>Total</b>	<b>284,674</b>	<b>320,875</b>	<b>339,451</b>	<b>339,920</b>	<b>353,370</b>	<b>362,635</b>	<b>370,386</b>	<b>4.5%</b>	<b>100.0%</b>
<b>By Age</b>									
Under Age 1	15,776	16,540	15,725	15,105	14,903	15,583	15,656	-0.1%	4.2%
Age 1 to 5	55,372	64,497	71,080	69,168	70,569	71,121	72,343	4.6%	19.5%
Age 6 to 14	43,532	49,879	56,076	60,571	66,447	70,723	75,862	9.7%	20.5%
Age 15 to 20	26,404	29,481	31,037	30,680	32,394	33,444	33,963	4.3%	9.2%
Age 21 to 44	59,991	70,966	72,180	69,563	71,530	72,628	73,727	3.5%	19.9%
Age 45 to 64	22,911	25,553	27,929	28,762	30,256	31,798	32,938	6.2%	8.9%
Age 65 to 74	20,276	21,804	22,299	21,973	22,039	21,985	21,693	1.1%	5.9%
Age 75 to 84	23,482	24,140	24,443	23,868	23,991	23,904	23,318	-0.1%	6.3%
Age 85 and Over	4,837	4,040	18,682	18,570	19,158	19,481	19,420	26.1%	5.2%
Age Unknown	12,093	13,975	0	1,660	2,083	1,968	1,466	-29.6%	0.4%
<b>Total</b>	<b>284,674</b>	<b>320,875</b>	<b>339,451</b>	<b>339,920</b>	<b>353,370</b>	<b>362,635</b>	<b>370,386</b>	<b>4.5%</b>	<b>100.0%</b>
<b>By Race</b>									
White	188,713	190,371	200,562	198,897	208,516	215,381	221,553	2.7%	59.8%
Black	81,713	113,541	119,474	121,527	123,902	124,919	126,060	7.5%	34.0%
Hispanic, American Indian or Asian	1,156	1,068	2,478	2,877	3,487	4,505	5,566	29.9%	1.5%
Other/Unknown	13,092	15,895	16,937	16,619	17,465	17,830	17,207	4.7%	4.6%
<b>Total</b>	<b>284,674</b>	<b>320,875</b>	<b>339,451</b>	<b>339,920</b>	<b>353,370</b>	<b>362,635</b>	<b>370,386</b>	<b>4.5%</b>	<b>100.0%</b>
<b>By Sex</b>									
Female	185,741	209,087	217,635	213,853	220,716	225,181	229,053	3.6%	61.8%
Male	98,878	111,707	121,738	124,341	130,501	135,413	139,784	5.9%	37.7%
Unknown	55	81	78	1,726	2,153	2,041	1,549	74.4%	0.4%
<b>Total</b>	<b>284,674</b>	<b>320,875</b>	<b>339,451</b>	<b>339,920</b>	<b>353,370</b>	<b>362,635</b>	<b>370,386</b>	<b>4.5%</b>	<b>100.0%</b>

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

**ARKANSAS**

# SOUTHERN REGION MEDICAID PROFILE

## PAYMENTS BY OTHER CHARACTERISTICS

	FFY 91	FFY 92	FFY 93	FFY 94	FFY 95	FFY 96	FFY 97	Annual Change	Share of Total FFY 97
<b>By Maintenance Assistance Status</b>									
Receiving Cash Assistance or Eligible Under Section 1931	\$346,055,695	\$447,787,099	\$494,720,086	\$617,419,804	\$659,008,957	\$586,510,112	\$647,577,765	11.0%	49.8%
Poverty Related Eligibles	\$232,608,474	\$300,199,636	\$351,053,812	\$463,756,379	\$529,144,896	\$452,970,468	\$158,694,341	-6.2%	12.2%
Medically Needy	\$21,021,016	\$61,634,568	\$67,058,924	\$74,910,357	\$82,271,484	\$75,179,623	\$52,436,452	16.5%	4.0%
Other Eligibles	\$88,281,703	\$75,192,962	\$84,981,677	\$89,382,294	\$95,401,305	\$100,204,667	\$495,044,115	33.3%	38.0%
Maintenance Assistance Status Unknown	\$0	\$0	\$0	\$7,732,506	\$10,012,619	\$8,974,334	(\$52,158,918)	-288.9%	-4.0%
<b>Total</b>	<b>\$687,966,888</b>	<b>\$884,814,265</b>	<b>\$997,814,499</b>	<b>\$1,253,201,340</b>	<b>\$1,375,839,261</b>	<b>\$1,223,839,204</b>	<b>\$1,301,593,755</b>	<b>11.2%</b>	<b>100.0%</b>
<b>By Basis of Eligibility</b>									
Aged, Blind or Disabled	\$498,025,970	\$638,421,512	\$722,773,975	\$948,790,593	\$1,057,335,714	\$932,432,480	\$1,045,833,377	13.2%	80.4%
Children	\$79,708,200	\$87,413,038	\$104,077,764	\$122,706,764	\$121,348,165	\$119,728,789	\$132,652,261	8.9%	10.2%
Foster Care Children	\$58,710,221	\$74,385,519	\$86,520,512	\$98,082,198	\$107,676,152	\$91,868,256	\$23,617,550	-14.1%	1.8%
Adults	\$51,522,497	\$84,594,196	\$84,442,248	\$76,928,966	\$79,466,611	\$70,835,345	\$151,649,485	19.7%	11.7%
Basis of Eligibility Unknown	\$0	\$0	\$0	\$6,692,819	\$10,012,619	\$8,974,334	(\$52,158,918)	-298.3%	-4.0%
<b>Total</b>	<b>\$687,966,888</b>	<b>\$884,814,265</b>	<b>\$997,814,499</b>	<b>\$1,253,201,340</b>	<b>\$1,375,839,261</b>	<b>\$1,223,839,204</b>	<b>\$1,301,593,755</b>	<b>11.2%</b>	<b>100.0%</b>
<b>By Age</b>									
Under Age 1	\$38,921,233	\$49,275,052	\$50,987,204	\$57,033,349	\$50,823,422	\$49,434,512	\$52,940,599	5.3%	4.1%
Age 1 to 5	\$58,250,209	\$78,930,067	\$96,112,357	\$118,680,212	\$124,396,527	\$121,769,566	\$132,595,375	14.7%	10.2%
Age 6 to 14	\$49,166,867	\$66,398,838	\$88,393,511	\$123,264,045	\$134,348,337	\$116,357,580	\$124,677,872	16.8%	9.6%
Age 15 to 20	\$53,749,716	\$68,616,972	\$85,232,997	\$120,299,097	\$122,992,783	\$94,096,091	\$96,555,370	10.3%	7.4%
Age 21 to 44	\$145,485,683	\$194,676,608	\$210,443,751	\$275,614,567	\$311,287,674	\$241,591,779	\$265,241,304	10.5%	20.4%
Age 45 to 64	\$82,776,941	\$113,253,812	\$123,183,259	\$148,515,401	\$176,681,456	\$161,752,417	\$200,004,257	15.8%	15.4%
Age 65 to 74	\$58,684,662	\$71,259,220	\$76,151,721	\$89,740,466	\$99,881,437	\$96,135,569	\$110,909,498	11.2%	8.5%
Age 75 to 84	\$98,202,104	\$115,683,392	\$126,629,486	\$147,357,661	\$163,475,608	\$159,722,700	\$178,342,427	10.5%	13.7%
Age 85 and Over	\$33,855,748	\$33,234,052	\$140,680,213	\$167,856,461	\$185,501,948	\$177,582,009	\$200,159,949	34.5%	15.4%
Age Unknown	\$68,873,725	\$93,486,252	\$0	\$4,840,081	\$6,450,069	\$5,396,981	(\$59,832,896)	#NUM!	-4.6%
<b>Total</b>	<b>\$687,966,888</b>	<b>\$884,814,265</b>	<b>\$997,814,499</b>	<b>\$1,253,201,340</b>	<b>\$1,375,839,261</b>	<b>\$1,223,839,204</b>	<b>\$1,301,593,755</b>	<b>11.2%</b>	<b>100.0%</b>
<b>By Race</b>									
White	\$542,001,607	\$597,682,346	\$659,168,929	\$843,070,538	\$928,040,270	\$808,730,807	\$909,155,458	9.0%	69.8%
Black	\$104,374,656	\$226,190,287	\$264,602,017	\$326,610,670	\$350,586,362	\$320,347,612	\$350,607,983	22.4%	26.9%
Hispanic, American Indian or Asian	\$1,249,309	\$1,800,118	\$4,652,191	\$6,654,364	\$7,715,494	\$8,177,306	\$10,071,968	41.6%	0.8%
Other/Unknown	\$40,341,316	\$59,141,514	\$69,391,362	\$76,865,768	\$89,497,135	\$86,583,479	\$31,758,346	-3.9%	2.4%
<b>Total</b>	<b>\$687,966,888</b>	<b>\$884,814,265</b>	<b>\$997,814,499</b>	<b>\$1,253,201,340</b>	<b>\$1,375,839,261</b>	<b>\$1,223,839,204</b>	<b>\$1,301,593,755</b>	<b>11.2%</b>	<b>100.0%</b>
<b>By Sex</b>									
Female	\$436,470,454	\$559,808,051	\$622,878,518	\$739,196,635	\$811,737,408	\$744,688,602	\$827,278,426	11.2%	63.6%
Male	\$251,270,819	\$324,683,192	\$374,555,985	\$508,709,961	\$557,262,336	\$473,435,673	\$533,821,173	13.4%	41.0%
Unknown	\$225,615	\$323,022	\$379,996	\$5,294,744	\$6,839,517	\$5,714,929	(\$59,505,844)	#NUM!	-4.6%
<b>Total</b>	<b>\$687,966,888</b>	<b>\$884,814,265</b>	<b>\$997,814,499</b>	<b>\$1,253,201,340</b>	<b>\$1,375,839,261</b>	<b>\$1,223,839,204</b>	<b>\$1,301,593,755</b>	<b>11.2%</b>	<b>100.0%</b>

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

ARKANSAS



# SOUTHERN REGION MEDICAID PROFILE

## AVERAGE PAYMENT PER RECIPIENT BY OTHER CHARACTERISTICS

								Above (+) or Below (-)	
								Annual	SLC Avg.
	FFY 91	FFY 92	FFY 93	FFY 94	FFY 95	FFY 96	FFY 97	Change	FFY 97
<b>By Maintenance Assistance Status</b>									
Receiving Cash Assistance or Eligible Under Section 1931	\$2,041.93	\$2,529.88	\$2,706.70	\$3,337.10	\$3,572.14	\$3,213.54	\$3,573.51	9.8%	15.8%
Poverty Related Eligibles	\$9,944.36	\$6,876.48	\$7,739.28	\$10,525.56	\$11,160.10	\$9,305.25	\$1,490.62	-27.1%	-6.2%
Medically Needy	\$1,542.83	\$2,119.05	\$2,079.48	\$2,506.29	\$2,472.25	\$2,081.04	\$2,149.39	5.7%	-65.7%
Other Eligibles	\$1,129.17	\$1,057.06	\$1,074.81	\$1,145.13	\$1,124.35	\$1,093.75	\$9,061.27	41.5%	115.5%
Maintenance Assistance Status Unknown	\$0.00	\$0.00	\$0.00	\$2,666.38	\$2,996.00	\$2,424.19	(\$14,177.47)	-274.5%	-553.5%
<b>Total</b>	<b>\$2,416.68</b>	<b>\$2,757.50</b>	<b>\$2,939.49</b>	<b>\$3,686.75</b>	<b>\$3,893.48</b>	<b>\$3,374.85</b>	<b>\$3,514.15</b>	<b>6.4%</b>	<b>16.2%</b>
<b>By Basis of Eligibility</b>									
Aged, Blind or Disabled	\$4,763.38	\$5,307.40	\$5,502.15	\$7,005.56	\$7,551.48	\$6,473.70	\$7,241.16	7.2%	4.9%
Children	\$810.93	\$896.09	\$956.61	\$1,091.99	\$1,013.75	\$960.64	\$1,351.66	8.9%	25.2%
Foster Care Children	\$1,793.06	\$2,319.62	\$2,584.79	\$3,198.09	\$3,402.74	\$2,704.39	\$6,348.80	23.5%	115.6%
Adults	\$1,049.64	\$1,191.99	\$1,282.97	\$1,313.97	\$1,354.58	\$1,258.29	\$1,259.36	3.1%	-33.1%
Basis of Eligibility Unknown	\$0.00	\$0.00	\$0.00	\$2,307.87	\$2,996.00	\$2,424.19	(\$14,177.47)	-283.1%	-394.8%
<b>Total</b>	<b>\$2,416.68</b>	<b>\$2,757.50</b>	<b>\$2,939.49</b>	<b>\$3,686.75</b>	<b>\$3,893.48</b>	<b>\$3,374.85</b>	<b>\$3,514.15</b>	<b>6.4%</b>	<b>16.2%</b>
<b>By Age</b>									
Under Age 1	\$2,467.12	\$2,979.14	\$3,242.43	\$3,775.79	\$3,410.28	\$3,172.34	\$3,381.49	5.4%	33.6%
Age 1 to 5	\$1,051.98	\$1,223.78	\$1,352.17	\$1,715.83	\$1,762.76	\$1,712.15	\$1,832.87	9.7%	75.9%
Age 6 to 14	\$1,129.44	\$1,331.20	\$1,576.32	\$2,035.03	\$2,021.89	\$1,645.26	\$1,643.48	6.5%	53.8%
Age 15 to 20	\$2,035.67	\$2,327.50	\$2,746.17	\$3,921.09	\$3,796.78	\$2,813.54	\$2,842.96	5.7%	28.2%
Age 21 to 44	\$2,425.13	\$2,743.24	\$2,915.54	\$3,962.09	\$4,351.85	\$3,326.43	\$3,597.61	6.8%	5.1%
Age 45 to 64	\$3,612.98	\$4,432.11	\$4,410.59	\$5,163.60	\$5,839.55	\$5,086.87	\$6,072.14	9.0%	5.0%
Age 65 to 74	\$2,894.29	\$3,268.17	\$3,415.03	\$4,084.12	\$4,532.03	\$4,372.78	\$5,112.69	9.9%	13.9%
Age 75 to 84	\$4,182.02	\$4,792.19	\$5,180.60	\$6,173.86	\$6,814.04	\$6,681.84	\$7,648.27	10.6%	7.7%
Age 85 and Over	\$6,999.33	\$8,226.25	\$7,530.25	\$9,039.12	\$9,682.74	\$9,115.65	\$10,306.90	6.7%	-3.0%
Age Unknown	\$5,695.34	\$6,689.54	\$0.00	\$2,915.71	\$3,096.53	\$2,742.37	(\$40,813.71)	#NUM!	-364.0%
<b>Total</b>	<b>\$2,416.68</b>	<b>\$2,757.50</b>	<b>\$2,939.49</b>	<b>\$3,686.75</b>	<b>\$3,893.48</b>	<b>\$3,374.85</b>	<b>\$3,514.15</b>	<b>6.4%</b>	<b>16.2%</b>
<b>By Race</b>									
White	\$2,872.09	\$3,139.57	\$3,286.61	\$4,238.73	\$4,450.69	\$3,754.88	\$4,103.56	6.1%	13.2%
Black	\$1,277.33	\$1,992.15	\$2,214.72	\$2,687.56	\$2,829.55	\$2,564.44	\$2,781.28	13.8%	14.6%
Hispanic, American Indian or Asian	\$1,080.72	\$1,685.50	\$1,877.40	\$2,312.95	\$2,212.65	\$1,815.16	\$1,809.55	9.0%	-1.5%
Other/Unknown	\$3,081.37	\$3,720.76	\$4,097.03	\$4,625.17	\$5,124.37	\$4,856.06	\$1,845.66	-8.2%	-62.6%
<b>Total</b>	<b>\$2,416.68</b>	<b>\$2,757.50</b>	<b>\$2,939.49</b>	<b>\$3,686.75</b>	<b>\$3,893.48</b>	<b>\$3,374.85</b>	<b>\$3,514.15</b>	<b>6.4%</b>	<b>16.2%</b>
<b>By Sex</b>									
Female	\$2,349.89	\$2,677.39	\$2,862.03	\$3,456.56	\$3,677.75	\$3,307.07	\$3,611.73	7.4%	18.0%
Male	\$2,541.22	\$2,906.56	\$3,076.74	\$4,091.25	\$4,270.18	\$3,496.24	\$3,818.90	7.0%	31.5%
Unknown	\$4,102.09	\$3,987.93	\$4,871.74	\$3,067.64	\$3,176.74	\$2,800.06	(\$38,415.65)	#NUM!	-463.3%
<b>Total</b>	<b>\$2,416.68</b>	<b>\$2,757.50</b>	<b>\$2,939.49</b>	<b>\$3,686.75</b>	<b>\$3,893.48</b>	<b>\$3,374.85</b>	<b>\$3,514.15</b>	<b>6.4%</b>	<b>16.2%</b>

ARKANSAS

## SOUTHERN REGION MEDICAID PROFILE

### ADDITIONAL STATE HEALTH CARE INFORMATION

Sources: "Major Health Care Policies: 50 State Profiles", Health Policy Tracking Service, January, 1998; and "Medicaid Services State by State", HCFA, October 1997.

\*Information supplied by State Medicaid Agency

#### Waivers

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

These include:

- The Primary Care Physician Program, under Title XIX, Section 1915 (b), of the Social Security Act, which also provides case-management services for most beneficiaries, except for certain groups of children, has been operating since February, 1994. Under this program, Medicaid recipients must select a primary care physician (PCP). Currently, 130,445 Medicaid recipients are enrolled in the PCP managed care program.
- Family Planning Services Waiver, under Section 1115 of the Social Security Act, which provides services for women of childbearing age who have a family income at or below 133% of the federal poverty guidelines, implemented September 1, 1997.
- ARKids First Waiver, under Section 1115 of the Social Security Act, which provides services for children 18 and under whose family incomes are at or below 200% of the federal poverty guidelines, implemented September 1, 1997. Includes provisions for copayments/coinsurance for most services.

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

- Developmental Disabilities: Serves 470 people, operating since July 1, 1991.
- Aged and Disabled: Serves 5,919 people, operating since July 1, 1995.
- Developmentally Disabled Inappropriately Placed in Nursing Facilities, operating since July 1, 1993.
- End Stage Renal Disease, operating since September 1, 1995.

2176 Home and Community Based Waiver, which provides services to the physically disabled on SSI and other individuals in need of nursing home level care, ages 21 through 64, implemented in July 1, 1997.

The Arkansas Options Mental Health Program waiver was submitted to the Health Care Financing Administration (HCFA) and is pending approval. This waiver would cover Medicaid eligibles under age 21.

#### Managed Care

- Any Willing Provider Clause: For many providers, including but not limited to eye care, pharmacists, rural health clinics, and psychologists. Enacted in 1995.

#### Coverage for Targeted Population

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

## **SOUTHERN REGION MEDICAID PROFILE**

### **Cost Containment Measures**

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

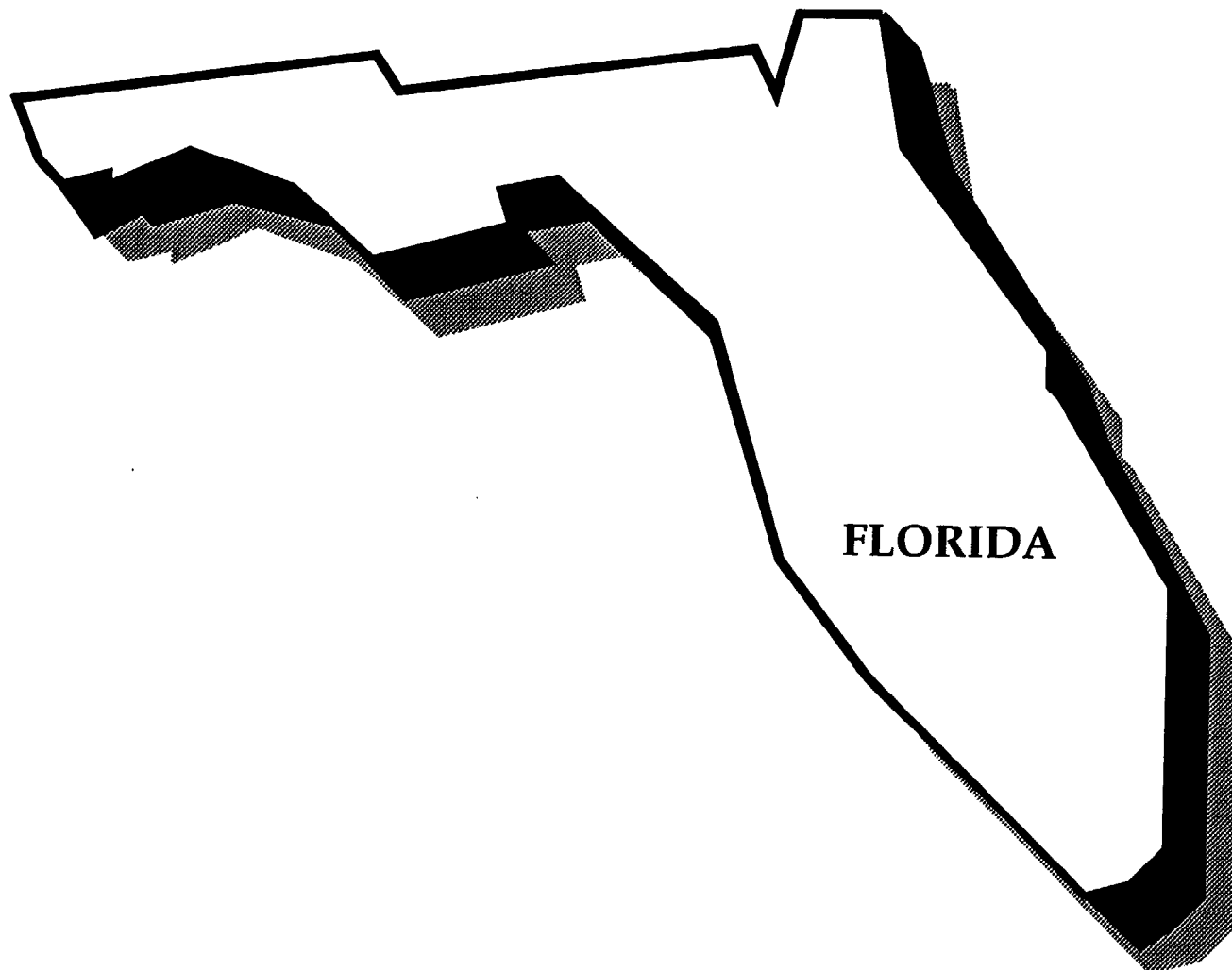
### **Medicaid**

- 30 optional services are offered.
- In March 1995, the Governor signed into law the Patient Protection Law. This is an any-willing-provider law which is currently under legal attack.

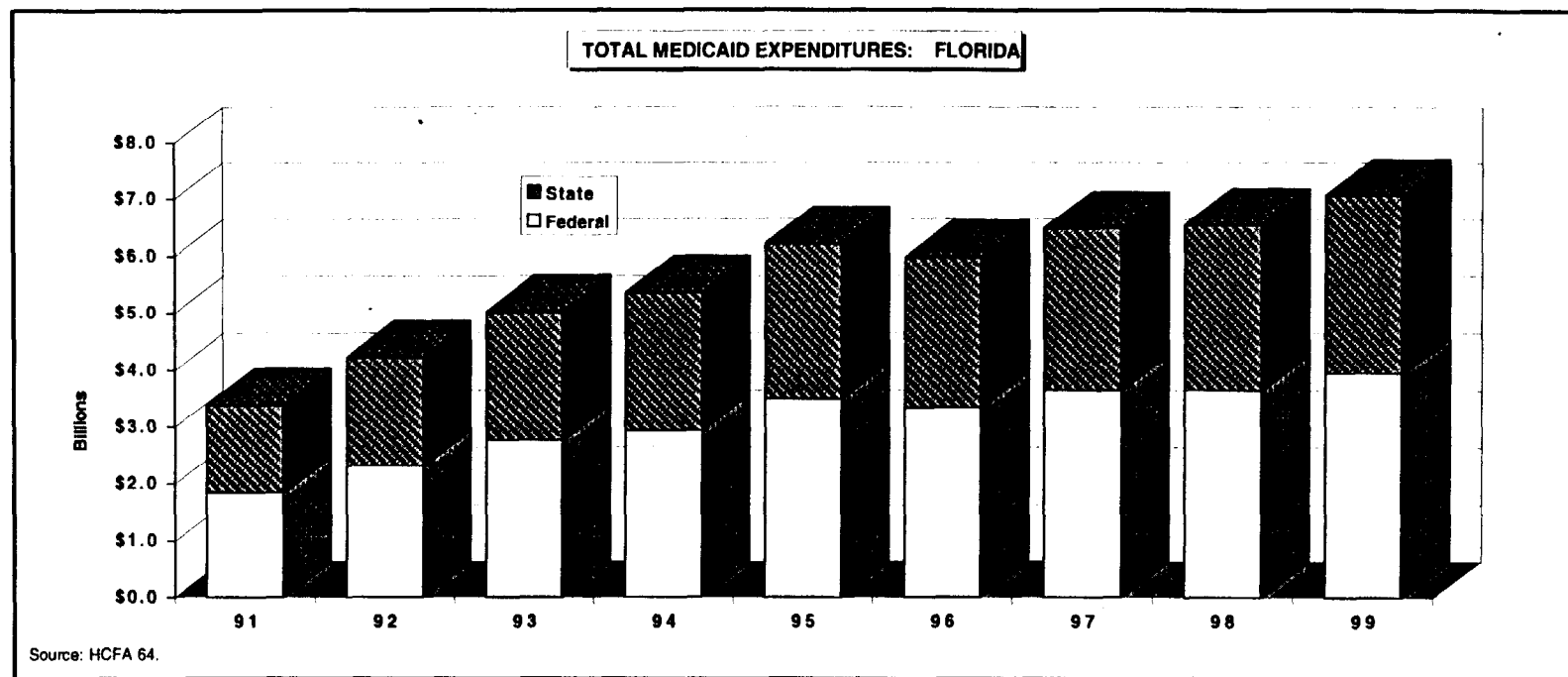
### **Children's Health Insurance Program: Medicaid Expansion**

- The first phase of the Arkansas plan to provide health care coverage to uninsured children will be through an expansion of Medicaid. Children born after September 30, 1982 and prior to October 1, 1983 in families with incomes at or below 100% of the FPL will be eligible for benefits under the Medicaid program.
- The CHIP program in Arkansas will be called "ARKids First." The program will be administered by the state Medicaid agency, and will be a modified expansion of Medicaid. The program is scheduled to start in September, 1998 and will provide coverage for eligible children birth through age 18 in families with incomes between 100% and 200% of the FPL. ARKids expects to initially provide health care coverage to 3,570 new enrollees. Plans for covering additional eligible children are under consideration by the state.

## SOUTHERN REGION MEDICAID PROFILES



# SOUTHERN REGION MEDICAID PROFILE



	FFY 91	FFY 92	FFY 93	FFY 94	FFY 95	FFY96	FFY97	FFY98**	FFY99**	Annual Rate of Change	Total 91-99
Medicaid Payments	\$3,246,586,915	\$4,071,960,159	\$4,862,005,293	\$5,194,946,478	\$6,067,457,544	\$5,800,663,440	\$6,270,107,569	\$6,260,223,840	\$6,760,018,909	9.6%	108.2%
Federal Share	\$1,771,192,434	\$2,230,994,828	\$2,680,808,686	\$2,850,276,775	\$3,418,269,289	\$3,237,788,484	\$3,502,633,987	\$3,490,696,023	\$3,783,617,000	10.0%	113.6%
State Share	\$1,475,394,481	\$1,840,965,331	\$2,181,196,607	\$2,344,669,703	\$2,649,188,255	\$2,562,874,956	\$2,767,473,582	\$2,769,527,817	\$2,976,401,909	9.2%	101.7%
Administrative Costs	\$134,799,949	\$148,632,163	\$152,303,530	\$159,434,434	\$139,782,819	\$160,843,647	\$211,625,949	\$272,586,968	\$297,125,000	10.4%	120.4%
Federal Share	\$74,917,756	\$80,695,590	\$84,119,308	\$86,516,739	\$77,058,867	\$91,760,403	\$139,394,427	\$144,833,393	\$159,205,000	9.9%	112.5%
State Share	\$59,882,193	\$67,936,573	\$68,184,222	\$72,917,695	\$62,723,952	\$69,083,244	\$72,231,522	\$127,753,575	\$137,920,000	11.0%	130.3%
Admin. Costs as % of Payments	4.15%	3.65%	3.13%	3.07%	2.30%	2.77%	3.38%	4.35%	4.40%		
Federal Match Rate*	54.46%	54.69%	55.03%	54.78%	56.28%	55.76%	55.79%	55.65%	55.65%		

\*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 98 and 99 reflect latest estimates reported by each state.

## FLORIDA

# SOUTHERN REGION MEDICAID PROFILE

## STATE FINANCING

	Payments		Administration	
	FFY 91	FFY 92	FFY 91	FFY 92
State General Fund	\$1,331,294,481	\$2,615,116,909	\$59,882,193	\$137,920,000
Local Funds	\$0	\$92,435,000	\$0	\$0
Provider Taxes	\$144,100,000	\$268,850,000	\$0	\$0
Donations	\$0	\$0	\$0	\$0
Other	\$0	\$0	\$0	\$0
Total State Share	\$1,475,394,481	\$2,976,401,909	\$59,882,193	\$137,920,000

Provider Taxes Currently in Place (FFY 99)		
Provider	Tax Rate	Amount
General Hospitals	1.5% of net operating revenue	\$249,650,000
Ambulatory surgical centers, clinical labs, freestanding radiation centers, diagnostic imaging centers	1.5% of net operating revenue	\$19,200,000
Total		\$268,850,000

## DISPROPORTIONATE SHARE HOSPITAL (DSH) PAYMENTS

	FFY 91	FFY 92	FFY 93	FFY 94	FFY 95	FFY96	FFY97	FFY98*	FFY99*	Annual Change
General Hospitals	\$71,015,939	\$187,008,297	\$175,714,748	\$180,599,942	\$184,468,014	\$170,831,097	\$102,699,091	\$221,454,000	\$211,709,344	3.2%
Mental Hospitals	\$198,600	\$4,391,386	\$63,978,146	\$105,878,058	\$149,714,986	\$169,060,227	\$101,363,376	\$149,300,000	\$149,699,617	15.2%
Total	\$71,214,539	\$191,399,683	\$239,692,894	\$286,478,000	\$334,183,000	\$339,891,324	\$204,062,467	\$370,754,000	\$361,408,961	7.1%

## SELECTED ELIGIBILITY CRITERIA

	At 10/1/98	% of FPL*
TANF-Temporary Assistance for Needy Families (Family of 3)		
Need Standard	\$1,138	100.0%
Payment Standard	\$198	17.4%
Maximum Payment	\$303	26.6%
Medically Needy Program (Family of 3)		
Income Eligibility Standard	\$303	
Resource Standard	\$6,000	
Pregnant Women, Children and Infants (% of FPL*)		
Pregnant women and infants		185.0%
Children age 1 to 5		133.0%
Children age 6 to 18		100.0%
SSI Eligibility Levels		
Income:		
Single Person	\$494	73.6%
Couple	\$741	82.0%
Resources:		
Single Person	\$2,000	
Couple	\$3,000	

## DEMOGRAPHIC DATA & POVERTY INDICATORS (1996)

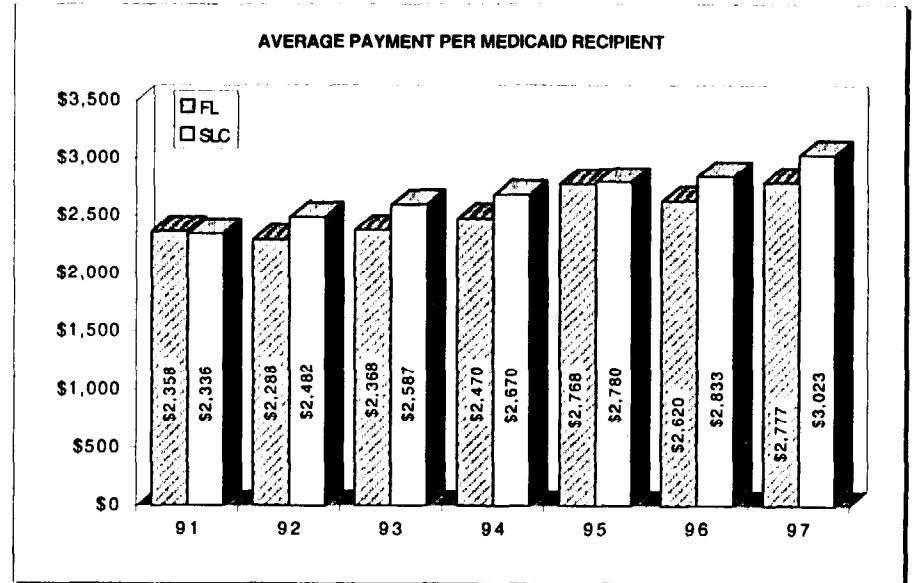
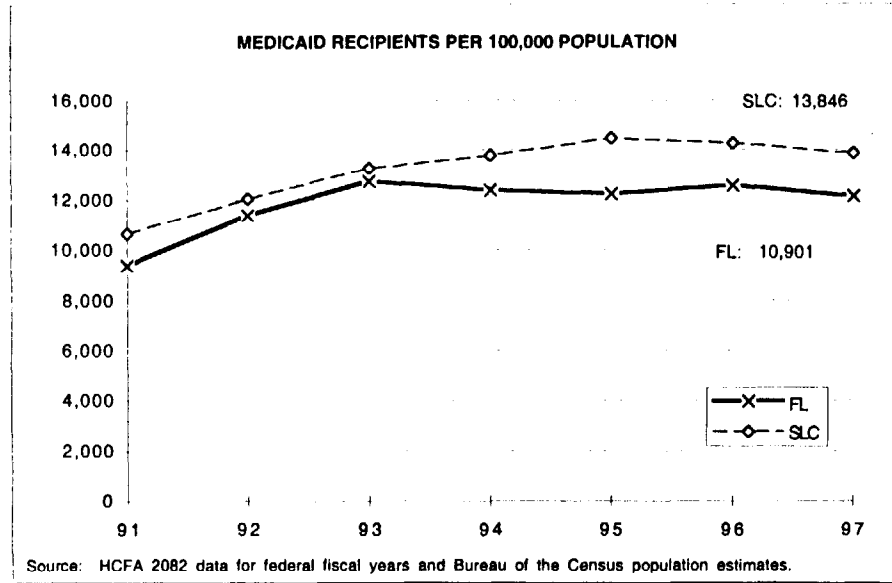
		Rank in U.S.
State population—July 1, 1996*	14,418,917	4
Per capita personal income**	\$24,226	20
Median household income**	\$30,759	38
Population below Federal Poverty Level on July 1, 1996*	2,177,256	
Percent of total population	15.1%	15
Population without health insurance coverage*	2,722,000	4
Percent of total population	18.9%	7
Recipients of Food Stamps***	1,371,000	4
Households receiving Food Stamps***	590,000	4
Total value of issuance***	\$1,296,000,000	4
Average monthly benefit per recipient	\$78.77	5
Average monthly benefit per household	\$183.05	4
Monthly recipients of Aid to Families with Dependent Children****	575,553	5
Total AFDC payments****	\$916,857,118	7
Average monthly payment per recipient	\$132.75	
Average monthly payment per family	\$275.78	35

\*Current federal poverty level is \$8,050 per year for a single person, \$10,850 for a family of two and \$13,650 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 91	FFY 92	FFY 93	FFY94	FFY95	FFY96	FFY97	Annual Change	Share of Total FFY 97
01. General Hospital	238,174	247,883	287,534	264,247	260,409	250,882	245,209	0.5%	N/A**
02. Mental Hospital	274	382	387	265	259	196	230	-2.9%	
03. Skilled and Intermediate Care Nursing*	92,987	95,220	100,911	103,218	107,515	110,057	110,792	3.0%	
04. Intermediate Care for Mentally Retarded	3,259	3,307	3,349	3,575	3,582	3,598	3,571	1.5%	
05. Physician Services	896,165	1,135,183	1,379,333	1,316,813	1,333,994	1,478,103	1,473,818	8.6%	
06. Dental Services	205,254	264,115	324,205	320,605	339,475	359,991	374,707	10.6%	
07. Other Practitioners	144,281	188,552	220,077	210,671	191,755	183,816	179,423	3.7%	
08. Outpatient Hospital	549,092	668,844	770,706	726,164	672,683	658,311	646,996	2.8%	
09. Clinic Services	49,446	99,666	117,131	143,544	124,745	22,700	25,135	-10.7%	
10. Lab and X-Ray	625,064	785,387	916,237	883,091	816,469	768,732	816,897	4.6%	
11. Home Health	25,742	42,902	61,439	70,476	81,896	91,959	86,899	22.5%	
12. Prescribed Drugs	837,093	1,088,925	1,252,458	1,197,915	1,111,466	1,066,383	1,025,981	3.4%	
13. Family Planning	86,685	114,099	135,832	120,233	123,824	126,812	115,176	4.9%	
14. Early & Periodic Screening, Diagnosis & Treatment	193,258	230,896	264,665	230,321	211,273	220,138	239,499	3.6%	
15. Rural Health	50,233	85,628	141,064	98,913	90,029	5,830	7,241	-27.6%	
16. Other Care (includes managed care)	257,912	317,885	388,213	385,063	574,416	603,382	600,573	15.1%	
17. Waivers	0	0	0	0	0	0	0	n/a	
<b>Total**</b>	<b>1,248,883</b>	<b>1,537,926</b>	<b>1,744,945</b>	<b>1,727,034</b>	<b>1,735,141</b>	<b>1,810,203</b>	<b>1,775,033</b>	<b>6.0%</b>	

\*Prior to FFY 91 this category was divided into "skilled nursing facility" and "all other intermediate care facilities" (non-MR). Table combines these categories for FFY 90.

\*\*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

## PAYMENTS BY TYPE OF SERVICES

	FFY 91	FFY 92	FFY 93	FFY 94	FFY 95	FFY 96	FFY 97	Annual Change	of Total FFY 97
01. General Hospital	\$887,788,480	\$1,037,674,540	\$1,137,783,315	\$1,050,873,649	\$1,082,567,115	\$1,057,784,501	\$1,007,621,356	2.1%	20.4%
02. Mental Hospital	\$11,688,181	\$13,372,256	\$14,456,571	\$13,518,491	\$14,743,075	\$12,571,637	\$14,306,518	3.4%	0.3%
03. Skilled and Intermediate Care Nursing*	\$766,934,727	\$862,091,087	\$979,942,401	\$1,032,342,331	\$1,197,518,853	\$1,093,579,298	\$1,179,324,299	7.4%	23.9%
04. Intermediate Care for Mentally Retarded	\$169,060,202	\$177,584,173	\$185,631,645	\$203,116,998	\$238,568,131	\$202,118,958	\$245,280,777	6.4%	5.0%
05. Physician Services	\$283,484,922	\$350,660,139	\$432,090,623	\$430,800,509	\$466,767,232	\$480,987,507	\$466,670,860	8.7%	9.5%
06. Dental Services	\$36,572,234	\$46,440,275	\$58,154,651	\$57,788,469	\$63,805,840	\$69,592,088	\$75,892,330	12.9%	1.5%
07. Other Practitioners	\$11,846,107	\$22,583,716	\$35,086,755	\$39,136,597	\$47,250,234	\$54,752,592	\$65,401,314	32.9%	1.3%
08. Outpatient Hospital	\$186,823,475	\$267,225,972	\$341,330,797	\$320,042,552	\$342,819,724	\$300,379,403	\$310,888,020	8.9%	6.3%
09. Clinic Services	\$45,053,636	\$67,477,887	\$95,618,442	\$131,425,007	\$70,064,849	\$7,411,903	\$9,039,583	-23.5%	0.2%
10. Lab and X-Ray	\$77,581,527	\$82,789,712	\$82,743,354	\$80,936,066	\$81,212,499	\$81,589,158	\$67,702,042	-2.2%	1.4%
11. Home Health	\$42,358,433	\$70,670,488	\$125,958,363	\$184,246,238	\$240,850,078	\$254,877,845	\$254,374,199	34.8%	5.2%
12. Prescribed Drugs	\$276,909,226	\$356,872,793	\$424,291,459	\$484,052,934	\$556,864,923	\$652,806,640	\$767,198,803	18.5%	15.6%
13. Family Planning	\$7,441,065	\$11,992,328	\$13,481,191	\$10,105,612	\$11,631,018	\$12,205,980	\$11,350,788	7.3%	0.2%
14. Early & Periodic Screening, Diagnosis & Treatment	\$8,785,359	\$10,343,663	\$12,275,247	\$12,584,990	\$16,499,719	\$22,041,347	\$25,256,097	19.2%	0.5%
15. Rural Health	\$7,930,245	\$14,458,038	\$23,324,787	\$22,949,049	(\$21,196,039)	\$455,580	\$592,662	-35.1%	0.0%
16. Other Care (includes managed care)	\$124,099,310	\$126,166,298	\$169,136,068	\$192,301,672	\$392,337,004	\$440,117,181	\$428,141,609	22.9%	8.7%
17. Waivers	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a	0.0%
<b>Total*</b>	<b>\$2,944,357,129</b>	<b>\$3,518,403,365</b>	<b>\$4,131,305,669</b>	<b>\$4,266,221,164</b>	<b>\$4,802,304,255</b>	<b>\$4,743,271,618</b>	<b>\$4,929,041,257</b>	<b>9.0%</b>	<b>100.0%</b>

\*Disproportionate share payments, pharmacy rebates, and other adjustments are excluded.

## AVERAGE PAYMENTS PER RECIPIENT BY TYPE OF SERVICES

								Above (+) or Below (-) SLC	
									Aug. FFY 97
01. General Hospital	\$3,727.48	\$4,186.15	\$3,957.04	\$3,976.86	\$4,157.18	\$4,216.26	\$4,109.23	1.6%	11.9%
02. Mental Hospital	\$42,657.59	\$35,005.91	\$37,355.48	\$51,013.17	\$56,923.07	\$64,141.01	\$62,202.25	6.5%	497.5%
03. Skilled and Intermediate Care Nursing*	\$8,247.76	\$9,053.68	\$9,710.96	\$10,001.57	\$11,138.16	\$9,936.48	\$10,644.49	4.3%	-27.5%
04. Intermediate Care for Mentally Retarded	\$51,874.87	\$53,699.48	\$55,428.98	\$56,815.94	\$66,601.93	\$56,175.36	\$68,686.86	4.8%	14.5%
05. Physician Services	\$316.33	\$308.90	\$313.26	\$327.15	\$349.90	\$325.41	\$316.64	0.0%	-14.5%
06. Dental Services	\$178.18	\$175.83	\$179.38	\$180.25	\$187.95	\$193.32	\$202.54	2.2%	15.8%
07. Other Practitioners	\$82.10	\$119.77	\$159.43	\$185.77	\$246.41	\$297.87	\$364.51	28.2%	150.6%
08. Outpatient Hospital	\$340.24	\$399.53	\$442.88	\$440.73	\$509.63	\$456.29	\$480.51	5.9%	9.2%
09. Clinic Services	\$911.17	\$677.04	\$816.34	\$915.57	\$561.66	\$326.52	\$359.64	-14.4%	-49.0%
10. Lab and X-Ray	\$124.12	\$105.41	\$90.31	\$91.65	\$99.47	\$106.13	\$82.88	-6.5%	-7.9%
11. Home Health	\$1,645.50	\$1,647.25	\$2,050.14	\$2,614.31	\$2,940.93	\$2,771.65	\$2,927.24	10.1%	-32.9%
12. Prescribed Drugs	\$330.80	\$327.73	\$338.77	\$404.08	\$501.02	\$612.17	\$747.77	14.6%	40.4%
13. Family Planning	\$85.84	\$105.10	\$99.25	\$84.05	\$93.93	\$96.25	\$98.55	2.3%	-54.3%
14. Early & Periodic Screening, Diagnosis & Treatment	\$45.46	\$44.80	\$46.38	\$54.64	\$78.10	\$100.13	\$105.45	15.1%	-61.3%
15. Rural Health	\$157.87	\$168.85	\$165.35	\$232.01	(\$235.44)	\$78.14	\$81.85	-10.4%	-55.2%
16. Other Care (includes managed care)	\$481.17	\$396.89	\$435.68	\$499.40	\$683.02	\$729.42	\$712.89	6.8%	-15.4%
17. Waivers	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	n/a	-100.0%
<b>Total (Average)*</b>	<b>\$2,357.59</b>	<b>\$2,287.76</b>	<b>\$2,367.59</b>	<b>\$2,470.26</b>	<b>\$2,767.67</b>	<b>\$2,620.30</b>	<b>\$2,776.87</b>	<b>2.8%</b>	<b>-8.1%</b>

## TOTAL PER CAPITA EXPENDITURES

<b>\$254.42</b>	<b>\$312.33</b>	<b>\$365.65</b>	<b>\$383.42</b>	<b>\$437.62</b>	<b>\$413.45</b>	<b>\$442.32</b>	<b>9.7%</b>	<b>-17.8%</b>
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\*Prior to FFY 91 this category was divided into "skilled nursing facility" and "all other intermediate care facilities" (non-MR). HCFA 2082 reports for FFY 92, 93 and 94 include disproportionate share hospital payments of \$605.7 million, \$439.4 million and \$44.8 million, respectively. Direct cost comparisons between states reflect an adjusted unit cost for Louisiana general and mental hospital services and for the total Medicaid cost per recipient.

FLORIDA



# SOUTHERN REGION MEDICAID PROFILE

## DATA BY OTHER CHARACTERISTICS

### RECIPIENTS BY OTHER CHARACTERISTICS

	FFY 91	FFY 92	FFY 93	FFY 94	FFY 95	FFY 96	FFY 97	Annual Change	Share of Total FFY 97
<b>By Maintenance Assistance Status</b>									
Receiving Cash Assistance or Eligible Under Section 1931	782,768	969,603	1,054,497	1,014,462	1,008,286	1,037,380	985,560	3.9%	55.5%
Poverty Related Eligibles	87,038	116,160	150,622	168,814	167,330	172,338	185,581	13.4%	10.5%
Medically Needy	48,233	36,747	40,518	49,305	49,610	50,184	47,076	-0.4%	2.7%
Other Eligibles	330,844	415,416	499,308	494,453	509,915	550,301	556,816	9.1%	31.4%
Maintenance Assistance Status Unknown	0	0	0	0	0	0	0	n/a	0.0%
<b>Total</b>	<b>1,248,883</b>	<b>1,537,926</b>	<b>1,744,945</b>	<b>1,727,034</b>	<b>1,735,141</b>	<b>1,810,203</b>	<b>1,775,033</b>	<b>6.0%</b>	<b>100.0%</b>
<b>By Basis of Eligibility</b>									
Aged, Blind, or Disabled	359,684	393,956	433,349	455,372	487,642	525,517	545,686	7.2%	30.7%
Children	581,922	811,973	981,935	990,980	996,873	1,051,250	1,016,971	9.8%	57.3%
Foster Care Children	22,441	37,840	60,573	51,227	41,474	32,879	30,185	5.1%	1.7%
Adults	284,836	294,157	269,088	229,455	209,152	200,557	182,191	-7.2%	10.3%
Basis of Eligibility Unknown	0	0	0	0	0	0	0	n/a	0.0%
<b>Total</b>	<b>1,248,883</b>	<b>1,537,926</b>	<b>1,744,945</b>	<b>1,727,034</b>	<b>1,735,141</b>	<b>1,810,203</b>	<b>1,775,033</b>	<b>6.0%</b>	<b>100.0%</b>
<b>By Age</b>									
Under Age 1	40,729	127,359	138,731	133,226	128,859	128,439	119,551	19.7%	6.7%
Age 1 to 5	216,648	333,198	378,805	369,866	354,205	354,307	331,299	7.3%	18.7%
Age 6 to 14	141,307	272,631	326,445	332,553	345,156	389,048	392,021	18.5%	22.1%
Age 15 to 20	105,420	132,471	151,441	146,092	148,019	156,978	155,906	6.7%	8.8%
Age 21 to 44	364,124	360,764	409,833	398,384	394,102	403,926	390,820	1.2%	22.0%
Age 45 to 64	107,629	95,552	111,238	116,244	123,594	131,804	137,092	4.1%	7.7%
Age 65 to 74	96,589	85,079	92,036	94,111	98,526	100,709	100,665	0.7%	5.7%
Age 75 to 84	112,150	77,795	79,994	79,706	82,373	83,415	84,798	-4.6%	4.8%
Age 85 and Over	64,287	53,077	56,422	56,852	60,307	61,577	62,881	-0.4%	3.5%
Age Unknown	0	0	0	0	0	0	0	n/a	0.0%
<b>Total</b>	<b>1,248,883</b>	<b>1,537,926</b>	<b>1,744,945</b>	<b>1,727,034</b>	<b>1,735,141</b>	<b>1,810,203</b>	<b>1,775,033</b>	<b>6.0%</b>	<b>100.0%</b>
<b>By Race</b>									
White	569,917	704,356	818,092	791,200	779,846	787,520	759,150	4.9%	42.8%
Black	454,877	541,585	570,162	561,431	556,439	588,130	582,344	4.2%	32.8%
Hispanic, American Indian or Asian	151,268	197,041	252,097	262,615	274,445	296,839	291,557	11.6%	16.4%
Other/Unknown	72,821	94,944	104,594	111,788	124,411	137,714	141,982	11.8%	8.0%
<b>Total</b>	<b>1,248,883</b>	<b>1,537,926</b>	<b>1,744,945</b>	<b>1,727,034</b>	<b>1,735,141</b>	<b>1,810,203</b>	<b>1,775,033</b>	<b>6.0%</b>	<b>100.0%</b>
<b>By Sex</b>									
Female	813,843	980,153	1,097,831	1,080,977	1,079,502	1,115,254	1,091,595	5.0%	61.5%
Male	434,984	557,756	647,110	646,054	655,637	694,948	683,437	7.8%	38.5%
Unknown	56	17	4	3	2	1	1	-48.9%	0.0%
<b>Total</b>	<b>1,248,883</b>	<b>1,537,926</b>	<b>1,744,945</b>	<b>1,727,034</b>	<b>1,735,141</b>	<b>1,810,203</b>	<b>1,775,033</b>	<b>6.0%</b>	<b>100.0%</b>

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

FLORIDA

# SOUTHERN REGION MEDICAID PROFILE

## PAYMENTS BY OTHER CHARACTERISTICS

	FFY 91	FFY 92	FFY 93	FFY 94	FFY 95	FFY 96	FFY 97	Annual Change	Share of Total FFY 97
<b>By Maintenance Assistance Status</b>									
Receiving Cash Assistance or Eligible Under Section 1931	\$1,476,108,283	\$1,814,488,073	\$2,107,300,401	\$2,121,002,172	\$2,391,537,870	\$2,378,842,497	\$2,398,742,590	8.4%	48.7%
Poverty Related Eligibles	\$138,961,192	\$189,813,821	\$288,095,068	\$335,056,586	\$352,301,176	\$368,330,415	\$400,279,310	19.3%	8.1%
Medically Needy	\$96,852,294	\$83,915,440	\$97,948,460	\$114,443,159	\$125,375,368	\$129,542,795	\$140,481,455	6.4%	2.9%
Other Eligibles	\$1,232,435,360	\$1,430,186,031	\$1,637,961,740	\$1,695,719,247	\$1,933,089,841	\$1,866,555,911	\$1,989,537,902	8.3%	40.4%
Maintenance Assistance Status Unknown	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a	0.0%
<b>Total</b>	<b>\$2,944,357,129</b>	<b>\$3,518,403,365</b>	<b>\$4,131,305,669</b>	<b>\$4,266,221,164</b>	<b>\$4,802,304,255</b>	<b>\$4,743,271,618</b>	<b>\$4,929,041,257</b>	<b>9.0%</b>	<b>100.0%</b>
<b>By Basis of Eligibility</b>									
Aged, Blind or Disabled	\$1,907,050,351	\$2,248,490,094	\$2,616,700,261	\$2,824,344,713	\$3,352,715,445	\$3,346,893,436	\$3,585,170,266	11.1%	72.7%
Children	\$566,826,564	\$756,412,792	\$1,048,788,252	\$1,051,819,266	\$1,092,875,659	\$1,086,101,792	\$1,055,102,564	10.9%	21.4%
Foster Care Children	\$43,809,677	\$56,577,050	\$73,140,499	\$67,286,620	\$63,605,252	\$45,274,771	\$39,361,048	-1.8%	0.8%
Adults	\$426,670,537	\$456,923,429	\$392,676,657	\$322,770,565	\$293,107,899	\$265,001,619	\$249,407,379	-8.6%	5.1%
Basis of Eligibility Unknown	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a	0.0%
<b>Total</b>	<b>\$2,944,357,129</b>	<b>\$3,518,403,365</b>	<b>\$4,131,305,669</b>	<b>\$4,266,221,164</b>	<b>\$4,802,304,255</b>	<b>\$4,743,271,618</b>	<b>\$4,929,041,257</b>	<b>9.0%</b>	<b>100.0%</b>
<b>By Age</b>									
Under Age 1	\$83,196,863	\$284,785,457	\$320,957,628	\$315,484,732	\$315,409,988	\$314,964,221	\$248,666,091	20.0%	5.0%
Age 1 to 5	\$225,560,969	\$261,051,499	\$319,065,421	\$317,725,872	\$333,503,456	\$324,563,830	\$383,269,622	9.2%	7.8%
Age 6 to 14	\$144,375,128	\$199,590,870	\$268,784,590	\$286,483,154	\$340,881,477	\$353,322,071	\$301,697,296	13.1%	6.1%
Age 15 to 20	\$182,206,096	\$224,853,831	\$262,701,216	\$260,344,792	\$281,082,652	\$275,842,593	\$245,434,893	5.1%	5.0%
Age 21 to 44	\$816,455,563	\$904,490,912	\$1,072,454,348	\$1,098,790,495	\$1,192,475,627	\$1,173,606,768	\$1,172,730,340	6.2%	23.8%
Age 45 to 64	\$386,505,142	\$478,644,934	\$565,933,126	\$608,126,041	\$709,549,229	\$740,664,692	\$782,057,164	12.5%	15.9%
Age 65 to 74	\$303,512,418	\$272,241,700	\$313,039,186	\$322,412,864	\$387,242,306	\$390,112,930	\$432,188,820	6.1%	8.8%
Age 75 to 84	\$404,536,204	\$421,595,434	\$469,957,338	\$487,878,756	\$569,285,255	\$543,151,136	\$606,789,641	7.0%	12.3%
Age 85 and Over	\$398,008,746	\$471,148,728	\$538,412,816	\$568,974,458	\$672,874,265	\$627,043,377	\$756,207,390	11.3%	15.3%
Age Unknown	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a	0.0%
<b>Total</b>	<b>\$2,944,357,129</b>	<b>\$3,518,403,365</b>	<b>\$4,131,305,669</b>	<b>\$4,266,221,164</b>	<b>\$4,802,304,255</b>	<b>\$4,743,271,618</b>	<b>\$4,929,041,257</b>	<b>9.0%</b>	<b>100.0%</b>
<b>By Race</b>									
White	\$1,683,556,761	\$2,002,995,479	\$2,303,588,158	\$2,353,115,904	\$2,630,638,153	\$2,520,343,898	\$2,644,300,097	7.8%	53.6%
Black	\$809,713,207	\$911,467,520	\$1,042,199,021	\$1,046,882,180	\$1,134,020,260	\$1,122,589,551	\$1,166,498,346	6.3%	23.7%
Hispanic, American Indian or Asian	\$200,460,503	\$242,917,516	\$331,491,004	\$350,451,793	\$398,017,299	\$421,677,103	\$425,221,283	13.4%	8.6%
Other/Unknown	\$250,626,658	\$361,022,850	\$454,027,486	\$515,771,287	\$639,628,543	\$678,661,066	\$693,021,531	18.5%	14.1%
<b>Total</b>	<b>\$2,944,357,129</b>	<b>\$3,518,403,365</b>	<b>\$4,131,305,669</b>	<b>\$4,266,221,164</b>	<b>\$4,802,304,255</b>	<b>\$4,743,271,618</b>	<b>\$4,929,041,257</b>	<b>9.0%</b>	<b>100.0%</b>
<b>By Sex</b>									
Female	\$1,911,005,875	\$2,277,798,436	\$2,647,210,897	\$2,694,209,142	\$2,992,985,793	\$2,916,483,988	\$3,023,752,366	7.9%	61.3%
Male	\$1,033,267,087	\$1,240,603,361	\$1,484,093,932	\$1,572,019,242	\$1,809,318,240	\$1,826,786,887	\$1,905,287,511	10.7%	38.7%
Unknown	\$84,167	\$1,568	\$840	(\$7,220)	\$222	\$743	\$1,380	-49.6%	0.0%
<b>Total</b>	<b>\$2,944,357,129</b>	<b>\$3,518,403,365</b>	<b>\$4,131,305,669</b>	<b>\$4,266,221,164</b>	<b>\$4,802,304,255</b>	<b>\$4,743,271,618</b>	<b>\$4,929,041,257</b>	<b>9.0%</b>	<b>100.0%</b>

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

FLORIDA

# SOUTHERN REGION MEDICAID PROFILE

## AVERAGE PAYMENT PER RECIPIENT BY OTHER CHARACTERISTICS

								Above (+) or Below (-)	
								Annual	SLC Avg.
By Maintenance Assistance Status	FFY91	FFY92	FFY93	FFY94	FFY95	FFY96	FFY97	Change	FFY 97
Receiving Cash Assistance or Eligible Under Section 1931	\$1,885.75	\$1,871.37	\$1,998.39	\$2,090.77	\$2,371.88	\$2,293.13	\$2,433.89	4.3%	-21.1%
Poverty Related Eligibles	\$1,596.56	\$1,634.07	\$1,912.70	\$1,984.77	\$2,105.43	\$2,137.26	\$2,156.90	5.1%	35.7%
Medically Needy	\$2,008.01	\$2,283.60	\$2,417.41	\$2,321.13	\$2,527.22	\$2,581.36	\$2,984.14	6.8%	-52.3%
Other Eligibles	\$3,725.13	\$3,442.78	\$3,280.46	\$3,429.49	\$3,791.00	\$3,391.88	\$3,573.06	-0.7%	-15.0%
Maintenance Assistance Status Unknown	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	n/a	-100.0%
<b>Total</b>	<b>\$2,357.59</b>	<b>\$2,287.76</b>	<b>\$2,367.59</b>	<b>\$2,470.26</b>	<b>\$2,767.67</b>	<b>\$2,620.30</b>	<b>\$2,776.87</b>	<b>2.8%</b>	<b>-8.1%</b>
By Basis of Eligibility									
Aged, Blind or Disabled	\$5,302.02	\$5,707.47	\$6,038.32	\$6,202.28	\$6,875.36	\$6,368.76	\$6,570.02	3.6%	-4.9%
Children	\$974.06	\$931.57	\$1,068.08	\$1,061.39	\$1,096.30	\$1,033.15	\$1,037.50	1.1%	-3.9%
Foster Care Children	\$1,952.22	\$1,495.17	\$1,207.48	\$1,313.50	\$1,533.62	\$1,377.01	\$1,303.99	-6.5%	-55.7%
Adults	\$1,497.95	\$1,553.33	\$1,459.29	\$1,406.68	\$1,401.41	\$1,321.33	\$1,368.93	-1.5%	-27.3%
Basis of Eligibility Unknown	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	n/a	-100.0%
<b>Total</b>	<b>\$2,357.59</b>	<b>\$2,287.76</b>	<b>\$2,367.59</b>	<b>\$2,470.26</b>	<b>\$2,767.67</b>	<b>\$2,620.30</b>	<b>\$2,776.87</b>	<b>2.8%</b>	<b>-8.1%</b>
By Age									
Under Age 1	\$2,042.69	\$2,236.08	\$2,313.52	\$2,368.04	\$2,447.71	\$2,452.25	\$2,080.00	0.3%	-17.8%
Age 1 to 5	\$1,041.14	\$783.47	\$842.29	\$859.03	\$941.55	\$916.05	\$1,156.87	1.8%	11.0%
Age 6 to 14	\$1,021.71	\$732.09	\$823.37	\$861.47	\$987.62	\$908.17	\$769.59	-4.6%	-28.0%
Age 15 to 20	\$1,728.38	\$1,697.38	\$1,734.68	\$1,782.06	\$1,898.96	\$1,757.21	\$1,574.25	-1.5%	-29.0%
Age 21 to 44	\$2,242.25	\$2,507.15	\$2,616.81	\$2,758.12	\$3,025.80	\$2,905.50	\$3,000.69	5.0%	-12.4%
Age 45 to 64	\$3,591.09	\$5,009.26	\$5,087.59	\$5,231.46	\$5,740.97	\$5,619.44	\$5,704.62	8.0%	-1.4%
Age 65 to 74	\$3,142.31	\$3,199.87	\$3,401.27	\$3,425.88	\$3,930.36	\$3,873.67	\$4,293.34	5.3%	-4.4%
Age 75 to 84	\$3,607.10	\$5,419.31	\$5,874.91	\$6,120.98	\$6,911.07	\$6,511.43	\$7,155.71	12.1%	0.8%
Age 85 and Over	\$6,191.12	\$8,876.70	\$9,542.60	\$10,007.99	\$11,157.48	\$10,183.08	\$12,026.01	11.7%	13.2%
Age Unknown	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	n/a	-100.0%
<b>Total</b>	<b>\$2,357.59</b>	<b>\$2,287.76</b>	<b>\$2,367.59</b>	<b>\$2,470.26</b>	<b>\$2,767.67</b>	<b>\$2,620.30</b>	<b>\$2,776.87</b>	<b>2.8%</b>	<b>-8.1%</b>
By Race									
White	\$2,954.04	\$2,843.73	\$2,815.81	\$2,974.11	\$3,373.28	\$3,200.36	\$3,483.24	2.8%	-3.9%
Black	\$1,780.07	\$1,682.96	\$1,827.90	\$1,864.67	\$2,038.00	\$1,908.74	\$2,003.11	2.0%	-17.5%
Hispanic, American Indian or Asian	\$1,325.20	\$1,232.83	\$1,314.93	\$1,334.47	\$1,450.26	\$1,420.56	\$1,458.45	1.6%	-20.6%
Other/Unknown	\$3,441.68	\$3,802.48	\$4,340.86	\$4,613.83	\$5,141.25	\$4,928.05	\$4,881.05	6.0%	-1.0%
<b>Total</b>	<b>\$2,357.59</b>	<b>\$2,287.76</b>	<b>\$2,367.59</b>	<b>\$2,470.26</b>	<b>\$2,767.67</b>	<b>\$2,620.30</b>	<b>\$2,776.87</b>	<b>2.8%</b>	<b>-8.1%</b>
By Sex									
Female	\$2,348.13	\$2,323.92	\$2,411.31	\$2,492.38	\$2,772.56	\$2,615.08	\$2,770.03	2.8%	-9.5%
Male	\$2,375.41	\$2,224.28	\$2,293.42	\$2,433.26	\$2,759.63	\$2,628.67	\$2,787.80	2.7%	-4.0%
Unknown	\$1,502.98	\$92.24	\$210.00	(\$2,406.67)	\$111.00	\$743.00	\$1,380.00	-1.4%	-86.9%
<b>Total</b>	<b>\$2,357.59</b>	<b>\$2,287.76</b>	<b>\$2,367.59</b>	<b>\$2,470.26</b>	<b>\$2,767.67</b>	<b>\$2,620.30</b>	<b>\$2,776.87</b>	<b>2.8%</b>	<b>-8.1%</b>

FLORIDA

## SOUTHERN REGION MEDICAID PROFILE

### ADDITIONAL STATE HEALTH CARE INFORMATION

Sources: "Major Health Care Policies: 50 State Profiles", Health Policy Tracking Service, January, 1998; and "Medicaid Services State by State", HCFA, October 1997.

\*Information supplied by State Medicaid Agency

#### Waivers

The Florida Health Security Waiver, approved September 15, 1994, under Section 1115, Title IV-A, of the Social Security Act, will cover 2.3 million people, including 1.2 million current Medicaid recipients and 1.1 million uninsured individuals with incomes up to 250% of the federal poverty level. The Florida Legislature has not approved implementation of the waiver.

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

- Primary Care Case Management Program, which provides case management services for AFDC and AFDC-related beneficiaries in a four-county area and has been operating since 1989.
- 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.

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

- Elderly & Disabled Age 18 and Over: Two waivers serve 18,323 people, operating since July 1, 1980.
- Mental Retardation/Developmental Disabilities: Two waivers serve 10,418 people, operating since July 1, 1980.
- AIDS: Serves 8,000 people, operating since January 1, 1990.
- Disabled Frail Elderly Over Age 60: Serves 500 people, operating since November 15, 1994.
- Disabled People with Degenerative Spinocerebellar Diseases: Serves 2 people, operating since July 1, 1991. For FY 98-99, provided additional funding for an estimated 200 individuals.
- Nursing Home Diversion Waiver authorizes a long-term care demonstration project to allow the state to contract with various pre-paid, capitated risk-based health plans designed to provide primary and long-term health care services to individuals who are eligible for both Medicare and Medicaid.\*

#### Managed Care

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

#### Coverage for Targeted Population

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

## SOUTHERN REGION MEDICAID PROFILE

### Cost Containment Measures

- Certificate of Need Program since 1973, reauthorized in 1992. Regulates introduction or expansion of new institutional health facilities and services.
- Rate-setting established. A state authority approves a budget or rate structure for hospitals.
- Patient Transportation Services: Established prepaid capitation rates, prior authorization, and increased use of mass transit. For FY 98-99, capped funding at \$85.9 million.
- Nursing Homes: Reduced holding bed days from 15 to 8, therapeutic leave days from 30 to 16, and inflation limitations from 1.5 to 1.4 times inflation; reform incentives; and minor changes to the Fair Rental Value System.
- Home Health Care: Develop policy and procedures to ensure that Medicare is the primary payer for dual eligible recipients; and established prior authorization for home health, durable medical equipment and private duty nursing.
- Outpatient Hospital: Limited the inflation rate increase allowed by reducing the target rate increase from 3.2 to approximately 1.4 times inflation.
- Inpatient Psychiatric Hospital: Developed prior authorization process and managed care policies for community based services for children.
- Implemented provider enrollment reforms for transportation, durable medical equipment, home health, and physician group providers.
- Established a methodology to bill counties for 35% of the cost of hospital inpatient days (13 through 45) utilized by Medicaid recipients enrolled in Medicaid PHP and HMOs.
- Pharmacy Reforms: Implemented a variable dispensing fee for prescription drugs. The current Medicaid program pays for the cost of the drug plus a dispensing fee of \$4.23 for each prescription. The new policy will permit the development of a variable dispensing fee determined by volume and other factors.
- Pharmacy Reforms: Projected an increase of \$11.3 million in collections from pharmaceutical manufacturers for drug rebates for FY 98-99.

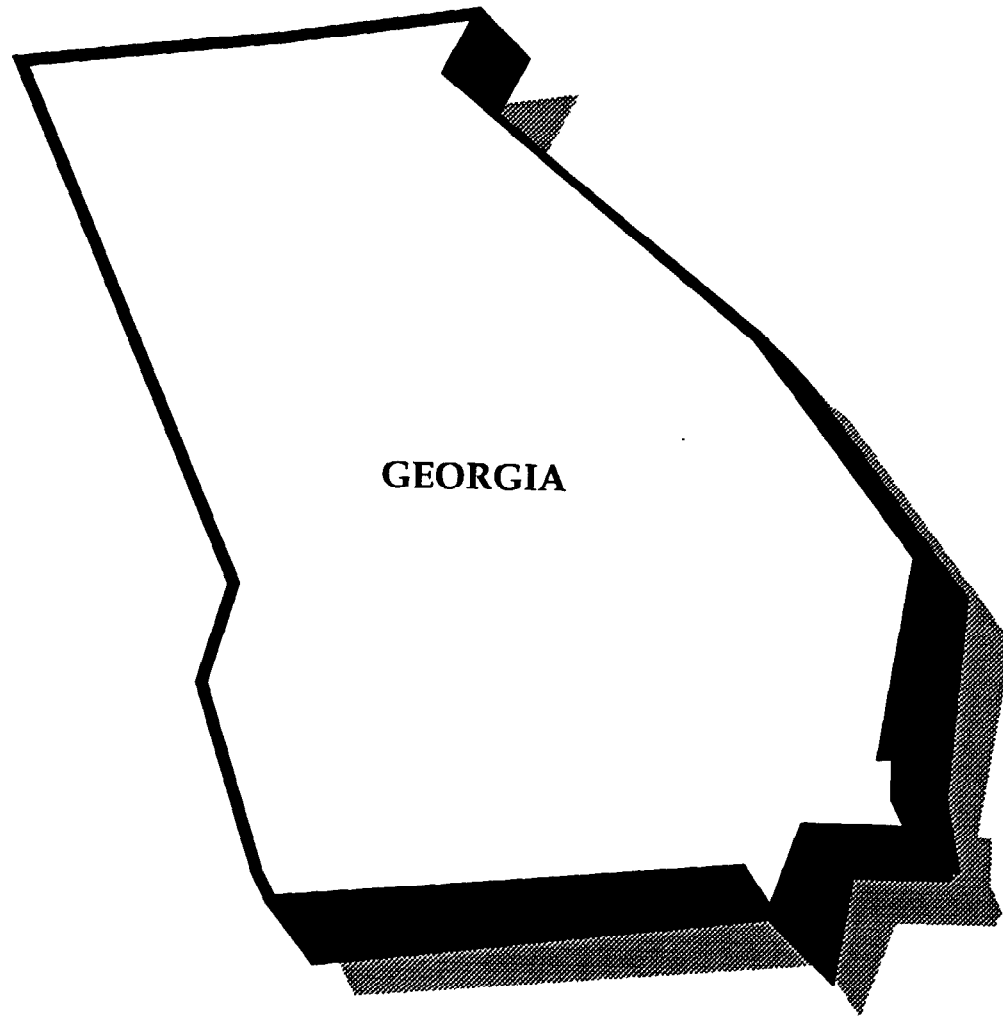
### Medicaid

- 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.
- Suspended the Adult Cardiac Transplant Program pending 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.

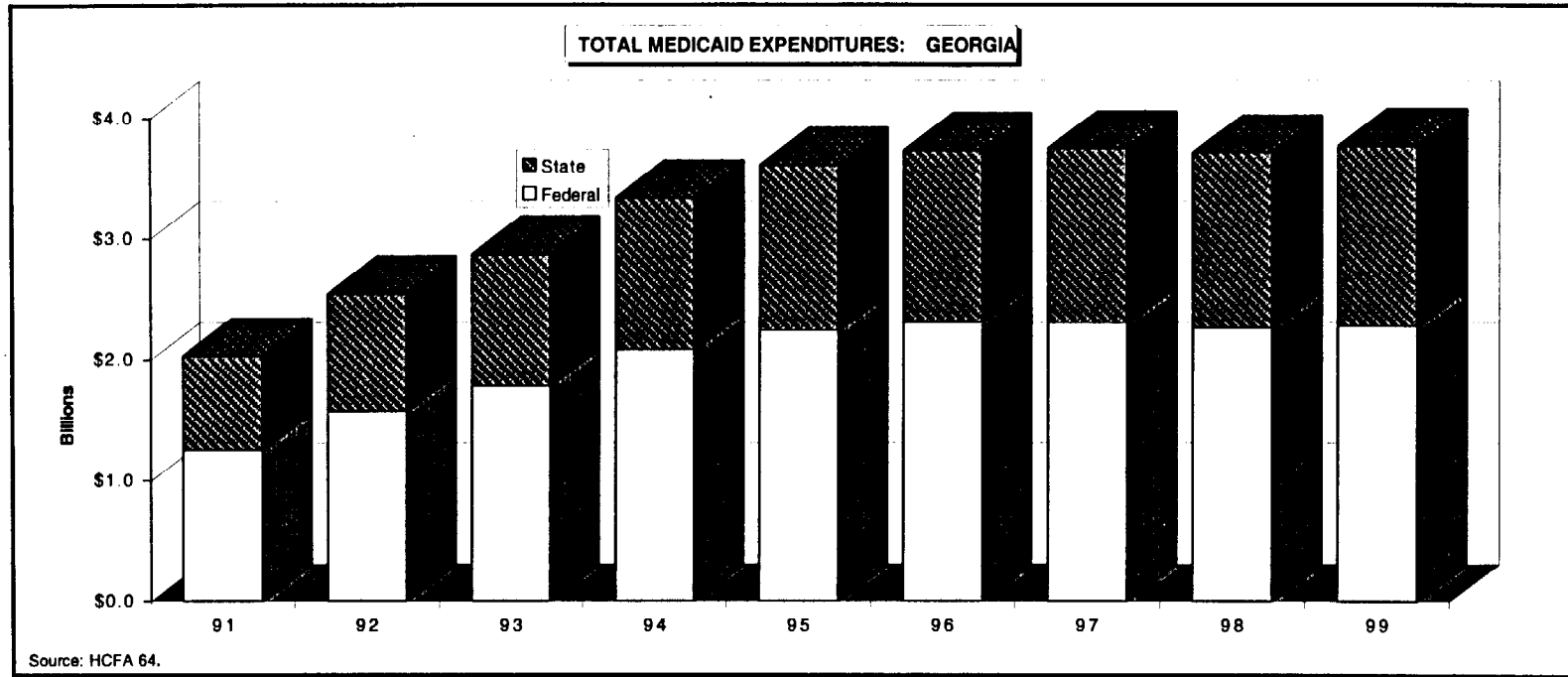
### Childrens Health Insurance Program: A Combination expansion of Medicaid and Florida Healthy Kids (Title XXI)

- Expanded Medicaid coverage for children age 15 to 19 in families with incomes up to 100% of the FPL; expect to provide coverage for an additional 29,971 children. Effective April 1, 1998.
- Expanded Florida Healthy Kids program for children age 5 to 19 in families with incomes up to 200% of the FPL (includes premium subsidies); expect to provide coverage for an additional 162,330 children. The Florida Healthy Kids program also offers full pay buy-in above 200% of the FPL; premiums of \$54 per month per member.
- Added Medikids program to provide coverage for children from birth to age 5 in families with incomes up to 200% of the FPL; expect to provide coverage for an additional 22,818 children.
- Added Children's Medical Services (CMS) Network program to provide coverage for children under the age of 18 with special health care needs in families with incomes up to 200% of the FPL; expect to provide coverage for an additional 7,500 children. CMS allows children with special needs to have a specialist as their primary care physician without any special authorization.

## SOUTHERN REGION MEDICAID PROFILES



# SOUTHERN REGION MEDICAID PROFILE



	FFY 91	FFY 92	FFY 93	FFY 94	FFY 95	FFY96	FFY97	FFY98**	FFY99**	Annual Rate of Change	Total 91-99
Medicaid Payments	\$1,931,143,532	\$2,440,454,470	\$2,766,141,517	\$3,219,044,503	\$3,472,965,969	\$3,589,643,840	\$3,584,015,676	\$3,505,397,000	\$3,563,891,000	8.0%	84.5%
Federal Share	\$1,190,872,236	\$1,514,341,599	\$1,720,266,980	\$2,017,083,363	\$2,165,409,386	\$2,228,051,751	\$2,211,414,478	\$2,132,684,000	\$2,155,085,000	7.7%	81.0%
State Share	\$740,271,296	\$926,112,871	\$1,045,874,537	\$1,201,961,140	\$1,307,556,583	\$1,361,592,089	\$1,372,601,198	\$1,372,713,000	\$1,408,806,000	8.4%	90.3%
Administrative Costs	\$103,160,430	\$106,501,413	\$109,062,133	\$118,162,631	\$136,047,842	\$141,133,008	\$164,529,357	\$206,196,000	\$204,909,000	9.0%	98.6%
Federal Share	\$62,501,769	\$60,460,047	\$62,346,417	\$64,733,579	\$75,409,513	\$78,950,993	\$90,065,174	\$127,689,000	\$123,278,000	8.9%	97.2%
State Share	\$40,658,661	\$46,041,366	\$46,715,716	\$53,429,052	\$60,638,329	\$62,182,015	\$74,464,183	\$78,507,000	\$81,631,000	9.1%	100.8%
Admin. Costs as % of Payments	5.34%	4.36%	3.94%	3.67%	3.92%	3.93%	4.59%	5.88%	5.75%		
Federal Match Rate*	61.34%	61.78%	62.08%	62.47%	62.23%	61.90%	61.52%	60.84%	60.84%		

\*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 98 and 99 reflect latest estimates reported by each state.

GEORGIA

# SOUTHERN REGION MEDICAID PROFILE

## STATE FINANCING

	Payments		Administration	
	FFY 91	FFY 99	FFY 91	FFY 99
State General Fund	\$740,271,296	\$1,408,806,000	\$40,658,661	\$81,631,000
Local Funds	\$0	\$164,147,600	\$0	\$0
Provider Taxes	\$0	\$1,160,950	\$0	\$0
Donations	\$0	\$0	\$0	\$0
Other (License Fees)	\$0	\$0	\$0	\$0
Total State Share	\$740,271,296	\$1,574,114,550	\$40,658,661	\$81,631,000

Provider Taxes Currently in Place (FFY 99)		
Provider	Tax Rate	Amount
Ambulance		\$1,160,950

## DISPROPORTIONATE SHARE HOSPITAL (DSH) PAYMENTS

	FFY 91	FFY 92	FFY 93	FFY 94	FFY 95	FFY96	FFY97	FFY98*	FFY99*	Annual Change
General Hospitals	\$0	\$0	\$342,772,173	\$382,343,824	\$407,147,839	\$384,936,697	\$413,147,837	\$365,314,000	\$352,763,000	0.5%
Mental Hospitals	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a
Total	\$0	\$0	\$342,772,173	\$382,343,824	\$407,147,839	\$384,936,697	\$413,147,837	\$365,314,000	\$352,763,000	0.5%

SELECTED ELIGIBILITY CRITERIA				DEMOGRAPHIC DATA & POVERTY INDICATORS (1996)			
	At 10/1/98	% of FPL*					Rank in U.S.
TANF-Temporary Assistance for Needy Families (Family of 3)				State population—July 1, 1996*	7,334,274		10
Need Standard	\$424	37.3%					
Payment Standard (Income Ceiling)	\$784	68.9%		Per capita personal income**	\$22,977		26
Maximum Payment	\$280	24.6%		Median household income**	\$33,639		30
Medically Needy Program (Family of 3)				Population below Federal Poverty Level on July 1, 1996*	997,461		
Income Eligibility Standard	\$375			Percent of total population	13.6%		17
Resource Standard	\$4,100						
Pregnant Women, Children and Infants (% of FPL*)				Population without health insurance coverage*	1,319,000		6
Pregnant women and infants		185.0%		Percent of total population	18.0%		9
Children to 6		133.0%					
Children 6 to 18		100.0%		Recipients of Food Stamps***	793,000		9
SSI Eligibility Levels				Households receiving Food Stamps***	323,000		9
Income:				Total value of issuance***	\$703,000,000		9
Single Person	\$494	73.6%		Average monthly benefit per recipient	\$73.88		14
Couple	\$2,000	221.2%		Average monthly benefit per household	\$181.37		9
Resources:				Monthly recipients of Aid to Families with Dependent Children****	367,656		9
Single Person	\$741			Total AFDC payments****	\$471,614,277		12
Couple	\$4,000			Average monthly payment per recipient	\$106.90		
				Average monthly payment per family	\$248.21		35

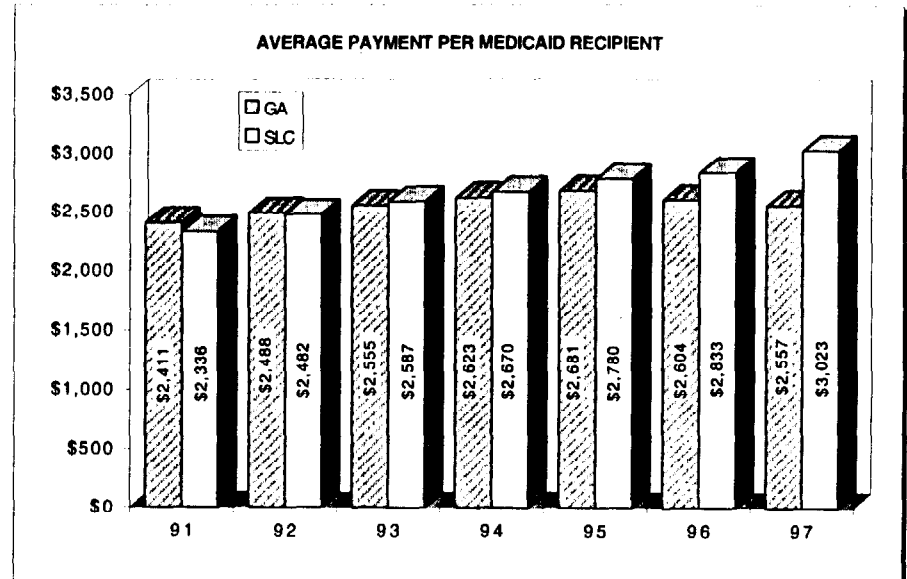
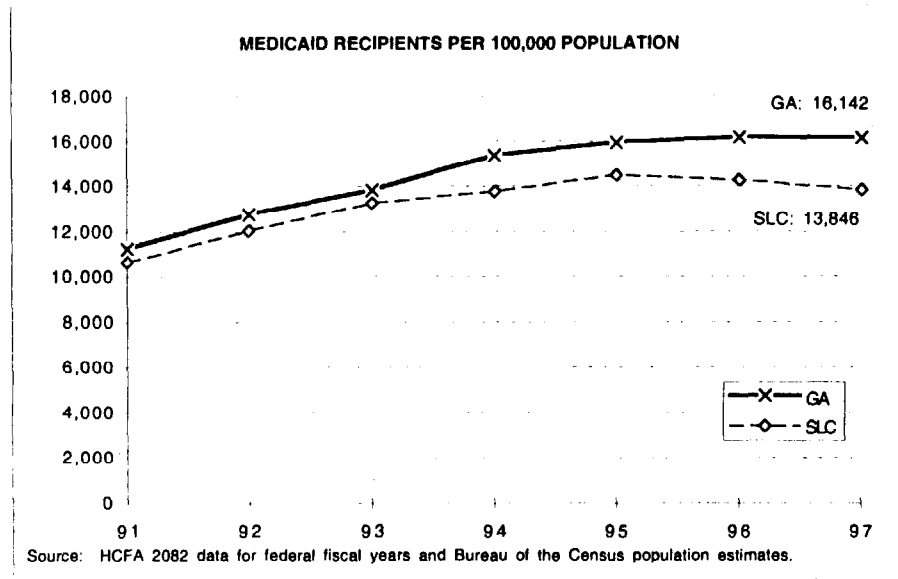
\*Current federal poverty level is \$8,050 per year for a single person, \$10,850 for a family of two and \$13,650 for a family of three. Table above shows monthly income levels.

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

## GEORGIA



## SOUTHERN REGION MEDICAID PROFILE



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

#### RECIPIENTS BY TYPE OF SERVICES

	FFY 91	FFY 92	FFY 93	FFY94	FFY95	FFY96	FFY97	Annual Change	Share of Total FFY 97
01. General Hospital	188,331	158,802	170,583	238,665	190,901	174,955	176,113	-1.1%	N/A**
02. Mental Hospital	0	0	0	0	0	0	0	n/a	
03. Skilled and Intermediate Care Nursing*	37,162	38,252	41,792	40,284	40,277	40,873	39,104	0.9%	
04. Intermediate Care for Mentally Retarded	1,752	1,760	1,747	1,818	1,876	1,837	1,755	0.0%	
05. Physician Services	580,528	722,806	803,522	886,815	933,101	936,768	899,821	7.6%	
06. Dental Services	207,809	213,297	217,088	251,200	260,538	253,582	240,018	2.4%	
07. Other Practitioners	107,266	113,381	133,610	180,750	201,989	207,090	208,935	11.8%	
08. Outpatient Hospital	396,064	476,817	531,217	575,905	610,689	606,680	567,063	6.2%	
09. Clinic Services	30,693	36,069	40,490	44,653	49,327	51,315	51,909	9.2%	
10. Lab and X-Ray	90,049	113,821	147,555	201,070	204,505	199,829	169,653	11.1%	
11. Home Health	20,381	20,530	23,477	21,673	23,083	21,548	22,163	1.4%	
12. Prescribed Drugs	584,075	694,862	756,130	825,875	875,647	891,335	846,963	6.4%	
13. Family Planning	71,914	83,562	87,032	97,313	100,160	84,093	96,505	5.0%	
14. Early & Periodic Screening, Diagnosis & Treatment	172,646	210,332	241,932	272,604	310,255	297,193	308,257	10.1%	
15. Rural Health	759	1,393	1,214	1,381	2,772	4,619	4,359	33.8%	
16. Other Care (includes managed care)	194,596	236,050	293,808	461,049	574,356	714,653	922,524	29.6%	
17. Waivers	17	0	193	10,030	3,957	20	251	56.6%	
<b>Total**</b>	<b>746,241</b>	<b>863,670</b>	<b>955,262</b>	<b>1,084,929</b>	<b>1,147,443</b>	<b>1,184,833</b>	<b>1,208,445</b>	<b>8.4%</b>	

\*Prior to FFY 91 this category was divided into "skilled nursing facility" and "all other intermediate care facilities" (non-MR). Table combines these categories for FFY 90.

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

GEORGIA

# SOUTHERN REGION MEDICAID PROFILE

## PAYMENTS BY TYPE OF SERVICES

	FFY 91	FFY 92	FFY 93	FFY94	FFY95	FFY96	FFY97	Annual Change	of Total FFY 92
01. General Hospital	\$493,214,478	\$591,673,545	\$683,445,887	\$798,628,433	\$818,919,186	\$805,063,489	\$772,217,549	7.8%	25.0%
02. Mental Hospital	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a	0.0%
03. Skilled and Intermediate Care Nursing*	\$440,971,100	\$507,051,626	\$539,960,199	\$584,830,810	\$623,848,347	\$643,326,691	\$608,591,712	5.5%	19.7%
04. Intermediate Care for Mentally Retarded	\$109,394,418	\$115,068,340	\$115,979,389	\$115,978,764	\$124,940,898	\$125,578,454	\$127,147,570	2.5%	4.1%
05. Physician Services	\$231,363,592	\$312,290,815	\$352,869,387	\$411,681,554	\$452,974,924	\$437,034,835	\$396,915,837	9.4%	12.8%
06. Dental Services	\$25,701,365	\$26,664,233	\$27,201,278	\$32,365,192	\$33,577,036	\$32,152,495	\$30,990,607	3.2%	1.0%
07. Other Practitioners	\$11,609,216	\$13,709,830	\$19,865,581	\$33,596,287	\$39,582,343	\$34,732,584	\$33,286,304	19.2%	1.1%
08. Outpatient Hospital	\$146,560,314	\$163,671,025	\$201,174,796	\$228,569,661	\$254,730,016	\$253,006,189	\$256,218,944	9.8%	8.3%
09. Clinic Services	\$35,369,726	\$43,286,506	\$47,388,248	\$55,391,585	\$63,516,651	\$70,651,141	\$94,353,526	17.8%	3.1%
10. Lab and X-Ray	\$4,925,880	\$7,265,691	\$10,301,004	\$14,713,050	\$15,733,477	\$16,123,398	\$13,685,581	18.6%	0.4%
11. Home Health	\$54,376,232	\$61,903,633	\$63,421,957	\$71,710,646	\$92,384,121	\$110,557,783	\$132,907,346	16.1%	4.3%
12. Prescribed Drugs	\$160,447,195	\$191,357,072	\$221,384,507	\$260,307,087	\$288,511,672	\$319,230,386	\$339,257,021	13.3%	11.0%
13. Family Planning	\$24,678,212	\$33,174,497	\$35,220,878	\$28,644,215	\$28,563,942	\$24,355,643	\$25,846,670	0.8%	0.8%
14. Early & Periodic Screening, Diagnosis & Treatment	\$14,029,439	\$16,876,167	\$22,481,495	\$24,931,943	\$26,625,741	\$25,584,313	\$25,725,521	10.6%	0.8%
15. Rural Health	\$41,079	\$106,912	\$96,251	\$96,260	\$168,003	\$469,243	\$404,684	46.4%	0.0%
16. Other Care (includes managed care)	\$46,613,817	\$65,042,600	\$99,010,411	\$183,482,639	\$209,145,178	\$187,340,495	\$232,454,003	30.7%	7.5%
17. Waivers	\$264	\$0	\$816,908	\$564,818	\$3,227,382	\$792	\$13,338	92.3%	0.0%
<b>Total*</b>	<b>\$1,799,296,327</b>	<b>\$2,149,142,492</b>	<b>\$2,440,618,176</b>	<b>\$2,845,492,944</b>	<b>\$3,076,448,917</b>	<b>\$3,085,207,931</b>	<b>\$3,090,016,213</b>	<b>9.4%</b>	<b>100.0%</b>

\*Disproportionate share payments, pharmacy rebates, and other adjustments are excluded.

## AVERAGE PAYMENTS PER RECIPIENT BY TYPE OF SERVICES

								Above (+) or Below (-) SLC Avg. FFY 92	
01. General Hospital	\$2,618.87	\$3,725.86	\$4,006.53	\$3,346.23	\$4,289.76	\$4,601.55	\$4,384.78	9.0%	19.4%
02. Mental Hospital	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	n/a	-100.0%
03. Skilled and Intermediate Care Nursing*	\$11,866.18	\$13,255.56	\$12,920.18	\$14,517.69	\$15,488.95	\$15,739.65	\$15,563.41	4.6%	6.0%
04. Intermediate Care for Mentally Retarded	\$62,439.74	\$65,379.74	\$66,387.74	\$63,794.70	\$66,599.63	\$68,360.62	\$72,448.76	2.5%	20.8%
05. Physician Services	\$398.54	\$432.05	\$439.15	\$464.22	\$485.45	\$466.53	\$441.11	1.7%	19.1%
06. Dental Services	\$123.68	\$125.01	\$125.30	\$128.84	\$128.88	\$126.79	\$129.12	0.7%	-26.2%
07. Other Practitioners	\$108.23	\$120.92	\$148.68	\$185.87	\$195.96	\$167.72	\$159.31	6.7%	9.5%
08. Outpatient Hospital	\$370.04	\$343.26	\$378.71	\$396.89	\$417.12	\$417.03	\$451.84	3.4%	2.7%
09. Clinic Services	\$1,152.37	\$1,200.10	\$1,170.37	\$1,240.49	\$1,287.66	\$1,376.81	\$1,817.67	7.9%	157.6%
10. Lab and X-Ray	\$54.70	\$63.83	\$69.81	\$73.17	\$76.93	\$80.69	\$80.67	6.7%	-10.4%
11. Home Health	\$2,667.99	\$3,015.28	\$2,701.45	\$3,308.75	\$4,002.26	\$5,130.77	\$5,996.81	14.5%	37.5%
12. Prescribed Drugs	\$274.70	\$275.39	\$292.79	\$315.19	\$329.48	\$358.15	\$400.56	6.5%	-24.8%
13. Family Planning	\$343.16	\$397.00	\$404.69	\$294.35	\$285.18	\$289.63	\$267.83	-4.0%	24.1%
14. Early & Periodic Screening, Diagnosis & Treatment	\$81.26	\$80.24	\$92.92	\$91.46	\$85.82	\$86.09	\$83.45	0.4%	-69.4%
15. Rural Health	\$54.12	\$76.75	\$79.28	\$69.70	\$60.61	\$101.59	\$92.84	9.4%	-49.2%
16. Other Care (includes managed care)	\$239.54	\$275.55	\$336.99	\$397.97	\$364.14	\$262.14	\$251.98	0.8%	-70.1%
17. Waivers	\$15.53	\$0.00	\$4,232.68	\$56.31	\$815.61	\$39.60	\$53.14	22.8%	-93.7%
<b>Total (Average)*</b>	<b>\$2,411.15</b>	<b>\$2,488.38</b>	<b>\$2,554.92</b>	<b>\$2,622.75</b>	<b>\$2,681.13</b>	<b>\$2,603.92</b>	<b>\$2,557.02</b>	<b>1.0%</b>	<b>-15.4%</b>

<b>TOTAL PER CAPITA EXPENDITURES</b>	<b>\$307.07</b>	<b>\$376.36</b>	<b>\$416.31</b>	<b>\$472.49</b>	<b>\$500.65</b>	<b>\$508.68</b>	<b>\$500.72</b>	<b>8.5%</b>	<b>-6.9%</b>
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\*Prior to FFY 91 this category was divided into "skilled nursing facility" and "all other intermediate care facilities" (non-MR). HCEA 2082 reports for FFY 92, 93 and 94 include disproportionate share hospital payments of \$605.7 million, \$439.4 million and \$44.8 million, respectively. Direct cost comparisons between states reflect an adjusted unit cost for Louisiana general and mental hospital services and for the total Medicaid cost per recipient.

GEORGIA

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

**RECIPIENTS BY OTHER CHARACTERISTICS**

	FFY 91	FFY 92	FFY 93	FFY 94	FFY 95	FFY 96	FFY 97	Annual Change	Share of Total FFY 97
<b>By Maintenance Assistance Status</b>									
Receiving Cash Assistance or Eligible Under Section 1931	537,301	582,389	588,434	605,157	599,867	574,269	560,794	0.7%	46.4%
Poverty Related Eligibles	42,973	62,544	90,165	101,344	109,046	116,447	449,852	47.9%	37.2%
Medically Needy	2,514	2,674	1,789	786	578	543	816	-17.1%	0.1%
Other Eligibles	150,770	207,872	264,539	365,310	427,453	484,068	182,243	3.2%	15.1%
Maintenance Assistance Status Unknown	12,683	8,191	10,335	12,332	10,499	9,506	14,740	2.5%	1.2%
<b>Total</b>	<b>746,241</b>	<b>863,670</b>	<b>955,262</b>	<b>1,084,929</b>	<b>1,147,443</b>	<b>1,184,833</b>	<b>1,208,445</b>	<b>8.4%</b>	<b>100.0%</b>
<b>By Basis of Eligibility</b>									
Aged, Blind, or Disabled	222,138	243,441	265,252	282,933	295,406	306,376	309,328	5.7%	25.6%
Children	336,094	412,087	461,006	542,580	597,092	629,386	655,741	11.8%	54.3%
Foster Care Children	1,186	1,113	616	163	100	55	6,271	32.0%	0.5%
Adults	174,140	198,838	218,054	246,953	244,346	239,510	222,365	4.2%	18.4%
Basis of Eligibility Unknown	12,683	8,191	10,334	12,300	10,499	9,506	14,740	2.5%	1.2%
<b>Total</b>	<b>746,241</b>	<b>863,670</b>	<b>955,262</b>	<b>1,084,929</b>	<b>1,147,443</b>	<b>1,184,833</b>	<b>1,208,445</b>	<b>8.4%</b>	<b>100.0%</b>
<b>By Age</b>									
Under Age 1	36,819	43,058	46,065	48,948	54,431	57,949	62,035	9.1%	5.1%
Age 1 to 5	152,800	190,343	214,714	238,288	250,370	255,974	260,904	9.3%	21.6%
Age 6 to 14	127,908	157,911	181,263	224,441	250,898	269,468	284,038	14.2%	23.5%
Age 15 to 20	67,006	75,705	83,126	103,290	116,768	123,686	131,439	11.9%	10.9%
Age 21 to 44	176,754	202,047	222,337	253,260	253,598	251,936	240,424	5.3%	19.9%
Age 45 to 64	55,354	61,924	67,922	73,810	77,729	82,044	84,605	7.3%	7.0%
Age 65 to 74	45,275	48,345	50,833	52,316	52,724	52,920	53,163	2.7%	4.4%
Age 75 to 84	47,309	48,782	50,470	50,966	51,217	50,854	50,242	1.0%	4.2%
Age 85 and Over	28,781	30,576	32,837	33,568	34,436	34,811	35,309	3.5%	2.9%
Age Unknown	8,235	4,979	5,695	6,042	5,272	5,191	6,286	-4.4%	0.5%
<b>Total</b>	<b>746,241</b>	<b>863,670</b>	<b>955,262</b>	<b>1,084,929</b>	<b>1,147,443</b>	<b>1,184,833</b>	<b>1,208,445</b>	<b>8.4%</b>	<b>100.0%</b>
<b>By Race</b>									
White	281,348	340,390	379,622	432,236	448,904	451,125	447,255	8.0%	37.0%
Black	420,652	475,500	517,216	582,714	615,145	632,470	643,610	7.3%	53.3%
Hispanic, American Indian or Asian	7,328	8,135	17,269	25,500	32,952	43,169	50,179	37.8%	4.2%
Other/Unknown	36,913	39,645	41,155	44,479	50,442	58,069	67,401	10.6%	5.6%
<b>Total</b>	<b>746,241</b>	<b>863,670</b>	<b>955,262</b>	<b>1,084,929</b>	<b>1,147,443</b>	<b>1,184,833</b>	<b>1,208,445</b>	<b>8.4%</b>	<b>100.0%</b>
<b>By Sex</b>									
Female	490,156	560,997	616,681	696,407	727,316	744,696	749,009	7.3%	62.0%
Male	247,842	297,683	332,877	382,473	414,844	434,945	453,144	10.6%	37.5%
Unknown	8,243	4,990	5,704	6,049	5,283	5,192	6,292	-4.4%	0.5%
<b>Total</b>	<b>746,241</b>	<b>863,670</b>	<b>955,262</b>	<b>1,084,929</b>	<b>1,147,443</b>	<b>1,184,833</b>	<b>1,208,445</b>	<b>8.4%</b>	<b>100.0%</b>

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

GEORGIA

# SOUTHERN REGION MEDICAID PROFILE

## PAYMENTS BY OTHER CHARACTERISTICS

	FFY 91	FFY 92	FFY 93	FFY 94	FFY 95	FFY 96	FFY 97	Annual Change	Share of Total FFY 97
<b>By Maintenance Assistance Status</b>									
Receiving Cash Assistance or Eligible Under Section 1931	\$1,064,826,741	\$1,214,247,677	\$1,330,264,947	\$1,516,138,961	\$1,579,912,507	\$1,497,011,074	\$1,476,472,911	5.6%	47.8%
Poverty Related Eligibles	\$41,127,871	\$65,769,478	\$103,695,677	\$124,065,724	\$133,130,765	\$136,270,254	\$671,343,738	59.3%	21.7%
Medically Needy	\$3,214,416	\$4,634,531	\$3,407,468	\$2,509,724	\$2,085,386	\$2,188,136	\$4,072,584	4.0%	0.1%
Other Eligibles	\$674,385,382	\$845,719,755	\$980,527,251	\$1,180,178,052	\$1,341,166,513	\$1,429,092,593	\$905,343,467	5.0%	29.3%
Maintenance Assistance Status Unknown	\$15,741,917	\$18,771,051	\$22,722,833	\$22,600,483	\$20,153,746	\$20,645,874	\$32,783,513	13.0%	1.1%
<b>Total</b>	<b>\$1,799,296,327</b>	<b>\$2,149,142,492</b>	<b>\$2,440,618,176</b>	<b>\$2,845,492,944</b>	<b>\$3,076,448,917</b>	<b>\$3,085,207,931</b>	<b>\$3,090,016,213</b>	<b>9.4%</b>	<b>100.0%</b>
<b>By Basis of Eligibility</b>									
Aged, Blind or Disabled	\$1,124,961,256	\$1,301,735,131	\$1,456,701,230	\$1,644,881,910	\$1,802,981,679	\$1,857,800,801	\$1,857,153,410	8.7%	60.1%
Children	\$266,970,096	\$356,430,491	\$426,042,663	\$576,012,247	\$642,601,853	\$618,667,247	\$619,714,194	15.1%	20.1%
Foster Care Children	\$1,208,611	\$1,229,445	\$858,743	\$363,268	\$339,834	\$158,272	\$21,716,984	61.8%	0.7%
Adults	\$390,414,447	\$470,976,374	\$534,306,088	\$601,635,036	\$610,371,805	\$587,935,737	\$558,812,319	6.2%	18.1%
Basis of Eligibility Unknown	\$15,741,917	\$18,771,051	\$22,709,452	\$22,600,483	\$20,153,746	\$20,645,874	\$32,619,306	12.9%	1.1%
<b>Total</b>	<b>\$1,799,296,327</b>	<b>\$2,149,142,492</b>	<b>\$2,440,618,176</b>	<b>\$2,845,492,944</b>	<b>\$3,076,448,917</b>	<b>\$3,085,207,931</b>	<b>\$3,090,016,213</b>	<b>9.4%</b>	<b>100.0%</b>
<b>By Age</b>									
Under Age 1	\$60,050,132	\$75,155,525	\$95,196,218	\$106,906,737	\$119,222,813	\$117,034,113	\$116,190,597	11.6%	3.8%
Age 1 to 5	\$154,162,070	\$212,020,445	\$252,998,740	\$326,162,874	\$340,005,677	\$323,376,173	\$307,847,423	12.2%	10.0%
Age 6 to 14	\$84,329,449	\$110,447,454	\$138,594,446	\$207,968,499	\$240,649,162	\$229,498,271	\$239,303,673	19.0%	7.7%
Age 15 to 20	\$142,586,395	\$168,411,048	\$189,677,622	\$233,182,093	\$271,041,521	\$261,476,695	\$263,589,850	10.8%	8.5%
Age 21 to 44	\$507,270,236	\$603,423,890	\$692,985,949	\$780,834,754	\$814,218,579	\$810,798,064	\$818,413,173	8.3%	26.5%
Age 45 to 64	\$252,422,476	\$300,731,036	\$340,048,748	\$387,665,063	\$429,088,216	\$452,935,764	\$477,409,453	11.2%	15.5%
Age 65 to 74	\$148,104,068	\$166,702,491	\$179,392,246	\$198,351,258	\$214,027,733	\$221,937,199	\$222,067,879	7.0%	7.2%
Age 75 to 84	\$233,105,484	\$256,691,263	\$274,192,010	\$296,913,582	\$317,088,940	\$324,793,939	\$310,065,313	4.9%	10.0%
Age 85 and Over	\$206,614,322	\$241,685,853	\$261,873,806	\$294,936,249	\$318,233,551	\$330,247,882	\$321,060,648	7.6%	10.4%
Age Unknown	\$10,651,695	\$13,873,487	\$15,658,391	\$12,571,835	\$12,872,725	\$13,109,831	\$14,068,204	4.7%	0.5%
<b>Total</b>	<b>\$1,799,296,327</b>	<b>\$2,149,142,492</b>	<b>\$2,440,618,176</b>	<b>\$2,845,492,944</b>	<b>\$3,076,448,917</b>	<b>\$3,085,207,931</b>	<b>\$3,090,016,213</b>	<b>9.4%</b>	<b>100.0%</b>
<b>By Race</b>									
White	\$906,176,776	\$1,092,357,469	\$1,219,727,490	\$1,386,607,897	\$1,491,925,419	\$1,509,948,577	\$1,482,725,620	8.6%	48.0%
Black	\$775,502,080	\$911,599,966	\$1,044,980,598	\$1,248,311,881	\$1,336,311,250	\$1,297,219,832	\$1,306,996,330	9.1%	42.3%
Hispanic, American Indian or Asian	\$12,692,800	\$20,482,745	\$29,404,651	\$40,008,407	\$51,887,350	\$60,690,293	\$71,650,212	33.4%	2.3%
Other/Unknown	\$104,924,671	\$124,702,312	\$146,505,437	\$170,564,759	\$196,324,898	\$217,349,229	\$228,644,051	13.9%	7.4%
<b>Total</b>	<b>\$1,799,296,327</b>	<b>\$2,149,142,492</b>	<b>\$2,440,618,176</b>	<b>\$2,845,492,944</b>	<b>\$3,076,448,917</b>	<b>\$3,085,207,931</b>	<b>\$3,090,016,213</b>	<b>9.4%</b>	<b>100.0%</b>
<b>By Sex</b>									
Female	\$1,264,359,803	\$1,491,221,558	\$1,678,272,854	\$1,937,762,701	\$2,075,463,148	\$2,078,712,807	\$2,059,074,878	8.5%	66.6%
Male	\$524,276,508	\$644,023,955	\$746,670,423	\$895,143,247	\$988,106,443	\$993,383,565	\$1,016,859,298	11.7%	32.9%
Unknown	\$10,660,016	\$13,896,979	\$15,674,899	\$12,586,996	\$12,879,326	\$13,111,559	\$14,082,037	4.7%	0.5%
<b>Total</b>	<b>\$1,799,296,327</b>	<b>\$2,149,142,492</b>	<b>\$2,440,618,176</b>	<b>\$2,845,492,944</b>	<b>\$3,076,448,917</b>	<b>\$3,085,207,931</b>	<b>\$3,090,016,213</b>	<b>9.4%</b>	<b>100.0%</b>

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

GEORGIA

# SOUTHERN REGION MEDICAID PROFILE

## AVERAGE PAYMENT PER RECIPIENT BY OTHER CHARACTERISTICS

								Annual	Above (+) or Below (-) SLC Avg.
	FFY91	FFY92	FFY93	FFY94	FFY95	FFY96	FFY97	Change	FFY 97
<b>By Maintenance Assistance Status</b>									
Receiving Cash Assistance or Eligible Under Section 1931	\$1,981.81	\$2,084.94	\$2,260.69	\$2,505.36	\$2,633.77	\$2,606.81	\$2,632.83	4.8%	-14.7%
Poverty Related Eligibles	\$957.06	\$1,051.57	\$1,150.07	\$1,224.20	\$1,220.87	\$1,170.23	\$1,492.37	7.7%	-6.1%
Medically Needy	\$1,278.61	\$1,733.18	\$1,904.68	\$3,193.03	\$3,607.93	\$4,029.72	\$4,990.91	25.5%	-20.3%
Other Eligibles	\$4,472.94	\$4,068.46	\$3,706.55	\$3,230.62	\$3,137.58	\$2,952.26	\$4,967.78	1.8%	18.1%
Maintenance Assistance Status Unknown	\$1,241.18	\$2,291.67	\$2,198.63	\$1,832.67	\$1,919.59	\$2,171.88	\$2,224.12	10.2%	-28.9%
<b>Total</b>	<b>\$2,411.15</b>	<b>\$2,488.38</b>	<b>\$2,554.92</b>	<b>\$2,622.75</b>	<b>\$2,681.13</b>	<b>\$2,603.92</b>	<b>\$2,557.02</b>	<b>1.0%</b>	<b>-15.4%</b>
<b>By Basis of Eligibility</b>									
Aged, Blind or Disabled	\$5,064.25	\$5,347.23	\$5,491.76	\$5,813.68	\$6,103.40	\$6,063.79	\$6,003.83	2.9%	-13.1%
Children	\$794.33	\$864.94	\$924.16	\$1,061.62	\$1,076.22	\$982.97	\$945.06	2.9%	-12.5%
Foster Care Children	\$1,019.06	\$1,104.62	\$1,394.06	\$2,228.64	\$3,398.34	\$2,877.67	\$3,463.08	22.6%	17.6%
Adults	\$2,241.96	\$2,368.64	\$2,450.34	\$2,436.23	\$2,497.98	\$2,454.74	\$2,513.04	1.9%	33.5%
Basis of Eligibility Unknown	\$1,241.18	\$2,291.67	\$2,197.55	\$1,837.44	\$1,919.59	\$2,171.88	\$2,212.98	10.1%	-54.0%
<b>Total</b>	<b>\$2,411.15</b>	<b>\$2,488.38</b>	<b>\$2,554.92</b>	<b>\$2,622.75</b>	<b>\$2,681.13</b>	<b>\$2,603.92</b>	<b>\$2,557.02</b>	<b>1.0%</b>	<b>-15.4%</b>
<b>By Age</b>									
Under Age 1	\$1,630.95	\$1,745.45	\$2,066.56	\$2,184.09	\$2,190.35	\$2,019.61	\$1,872.98	2.3%	-26.0%
Age 1 to 5	\$1,008.91	\$1,113.89	\$1,178.31	\$1,368.78	\$1,358.01	\$1,263.32	\$1,179.93	2.6%	13.2%
Age 6 to 14	\$659.30	\$699.43	\$764.60	\$926.61	\$959.15	\$851.67	\$842.51	4.2%	-21.2%
Age 15 to 20	\$2,127.96	\$2,224.57	\$2,281.81	\$2,257.55	\$2,321.20	\$2,114.04	\$2,005.42	-1.0%	-9.5%
Age 21 to 44	\$2,869.92	\$2,986.55	\$3,116.83	\$3,083.13	\$3,210.67	\$3,218.27	\$3,404.04	2.9%	-0.6%
Age 45 to 64	\$4,560.15	\$4,856.45	\$5,006.46	\$5,252.20	\$5,520.31	\$5,520.64	\$5,642.80	3.6%	-2.5%
Age 65 to 74	\$3,271.21	\$3,448.18	\$3,529.05	\$3,791.41	\$4,059.40	\$4,193.82	\$4,177.11	4.2%	-7.0%
Age 75 to 84	\$4,927.30	\$5,262.01	\$5,432.77	\$5,825.72	\$6,191.09	\$6,386.79	\$6,171.44	3.8%	-13.1%
Age 85 and Over	\$7,178.84	\$7,904.43	\$7,974.96	\$8,786.23	\$9,241.30	\$9,486.88	\$9,092.88	4.0%	-14.4%
Age Unknown	\$1,293.47	\$2,786.40	\$2,749.50	\$2,080.74	\$2,441.72	\$2,525.49	\$2,238.02	9.6%	-85.5%
<b>Total</b>	<b>\$2,411.15</b>	<b>\$2,488.38</b>	<b>\$2,554.92</b>	<b>\$2,622.75</b>	<b>\$2,681.13</b>	<b>\$2,603.92</b>	<b>\$2,557.02</b>	<b>1.0%</b>	<b>-15.4%</b>
<b>By Race</b>									
White	\$3,220.84	\$3,209.14	\$3,213.01	\$3,207.99	\$3,323.48	\$3,347.07	\$3,315.17	0.5%	-8.5%
Black	\$1,843.57	\$1,917.14	\$2,020.39	\$2,142.24	\$2,172.35	\$2,051.04	\$2,030.73	1.6%	-16.3%
Hispanic, American Indian or Asian	\$1,732.10	\$2,517.85	\$1,702.74	\$1,568.96	\$1,574.63	\$1,405.88	\$1,427.89	-3.2%	-22.2%
Other/Unknown	\$2,842.49	\$3,145.47	\$3,559.85	\$3,834.73	\$3,892.09	\$3,742.95	\$3,392.29	3.0%	-31.2%
<b>Total</b>	<b>\$2,411.15</b>	<b>\$2,488.38</b>	<b>\$2,554.92</b>	<b>\$2,622.75</b>	<b>\$2,681.13</b>	<b>\$2,603.92</b>	<b>\$2,557.02</b>	<b>1.0%</b>	<b>-15.4%</b>
<b>By Sex</b>									
Female	\$2,579.50	\$2,658.16	\$2,721.46	\$2,782.51	\$2,853.59	\$2,791.36	\$2,749.07	1.1%	-10.2%
Male	\$2,115.37	\$2,163.46	\$2,243.08	\$2,340.41	\$2,381.87	\$2,283.93	\$2,244.01	1.0%	-22.7%
Unknown	\$1,293.22	\$2,784.97	\$2,748.05	\$2,080.84	\$2,437.88	\$2,525.34	\$2,238.09	9.6%	-78.8%
<b>Total</b>	<b>\$2,411.15</b>	<b>\$2,488.38</b>	<b>\$2,554.92</b>	<b>\$2,622.75</b>	<b>\$2,681.13</b>	<b>\$2,603.92</b>	<b>\$2,557.02</b>	<b>1.0%</b>	<b>-15.4%</b>

GEORGIA

## SOUTHERN REGION MEDICAID PROFILE

### ADDITIONAL STATE HEALTH CARE INFORMATION

Sources: "Major Health Care Policies: 50 State Profiles", Health Policy Tracking Service, January, 1998; and "Medicaid Services State by State", HCFA, October 1997.

\*Information supplied by State Medicaid Agency

#### Waivers

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

- Georgia Better Health Care Program (GBHC) implements a phased-in case managed health care system for AFDC, AFDC-related, and SSI beneficiaries in a 32-county area and should be statewide by January 1998. It has been operating since October 1, 1993. The state was granted an extension on this program until September 1997. Approximately 364,313 Medicaid recipients were enrolled as of June 1996. Projected enrollment is 600,000 recipients by January 1998.
- Voluntary HMO program was implemented in early 1996. By the end of SFY 1996 nearly 8,000 Medicaid recipients in 13 counties area had enrolled in the program. The Department of Medical Assistance plans to expand HMO coverage to 28 counties and have approximately 60,000 Medicaid recipients by June 1998, increasing to 120,000 by June 1999.
- Mental Health/Mental Retardation Waiver provides rehabilitation services to nursing home residents. It has been operating since April, 1994.

Georgia also has four Home and Community Based Waivers, Section 1915 (c), to provide long-term services to people who otherwise would require institutionalization: They include:

- Elderly and Disabled: Serves 13,194 people, operating since October 1, 1984.
- Mental Retardation/Developmental Disabilities: Serves 1,379 people, operating since April 1, 1989.
- Respiratory or Oxygen Dependent Children to Age 21: Serves 92 people, operating since October 1, 1984.
- Adults with Disabilities over Age 21 with Special Impairments: Serves 112 people, operating since April 1, 1992.

#### Managed Care

- Any Willing Provider Clause: No, however there is a freedom-of-choice clause related to pharmacies.

#### Coverage for Targeted Population

- The Uninsured: The State provides disproportionate share payments (DSH) for indigent care through the Indigent Care Trust Fund (ICTF), established in 1990.
- The Indigent Care Trust Fund (ICTF) II, implemented in May of 1997, was specifically designed to assist hospitals in small communities and rural areas. The ICTF II provides disproportionate share payments to 17 small hospitals statewide.

#### Cost Containment Measures

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

GEORGIA

## SOUTHERN REGION MEDICAID PROFILE

### Medicaid

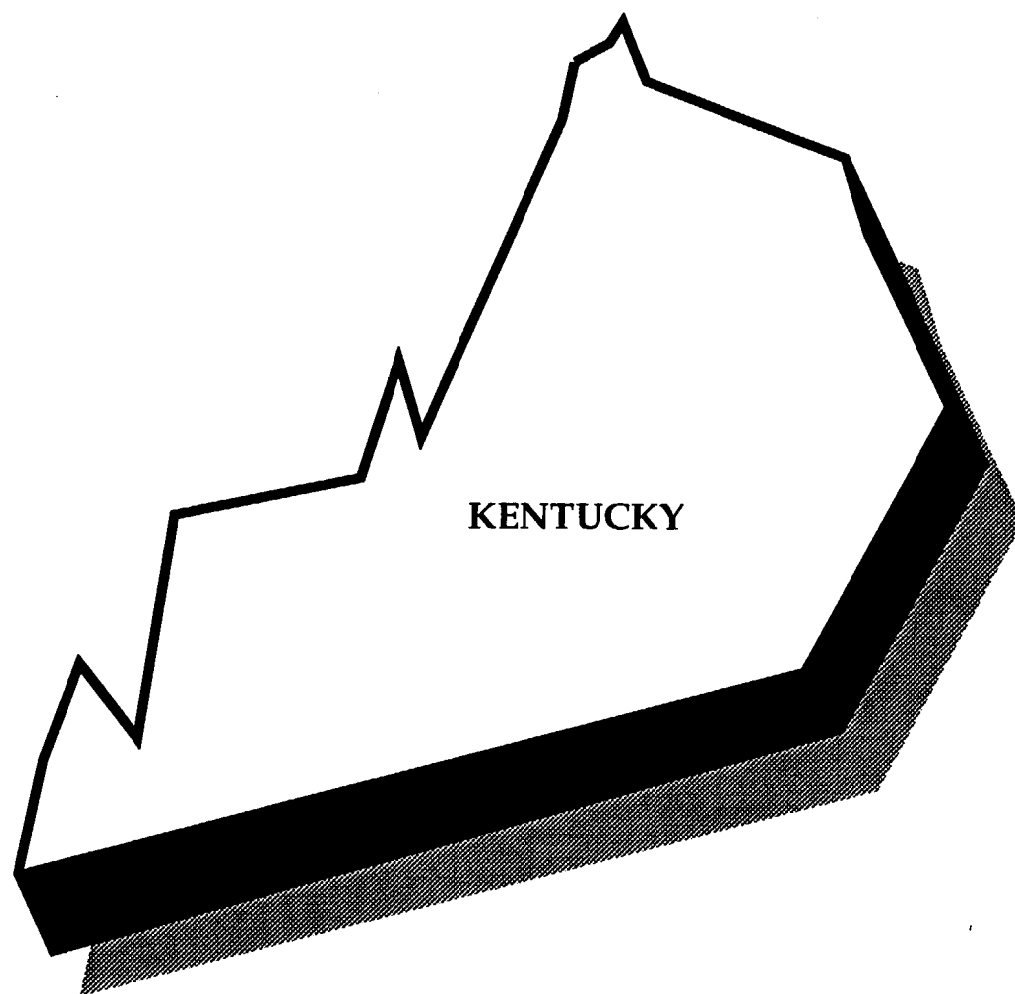
- 37 optional services are offered.
- Non-Emergency Transportation (NET) Broker Program, to be implemented in 1998, will replace direct providers of NET services with a broker to administer services to recipients. Payments to brokers will be made on a capitated rate based on the number of Medicaid eligibles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

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

- The state will initiate and expand health insurance coverage for the Children's Health Insurance Program utilizing funds made available in the Balanced Budget Act of 1997. State officials estimate that Georgia has 370,000 uninsured children at the current time.
- CHIP in Georgia will be called "PeachCare for Kids." The program will be administered by the state Medicaid agency, but as a separate program and not an expansion of Medicaid. The program is scheduled to start in October, 1998 and expects to provide coverage to approximately 113,000 children.
- Uninsured children will be eligible for PeachCare for Kids benefits if their families' incomes are less than or equal to 200% of the FPL (\$32,900 for a family of 4 in 1998).
- Families with children age 6 and older will be charged a monthly premium for the cost of PeachCare coverage; \$7.50 per month for one child and \$15.00 for two or more children. No premiums will be charged to families with children age 5 or younger.
- Children enrolled in PeachCare for Kids will have the option to use the primary care case management program or enroll in a managed care organization.

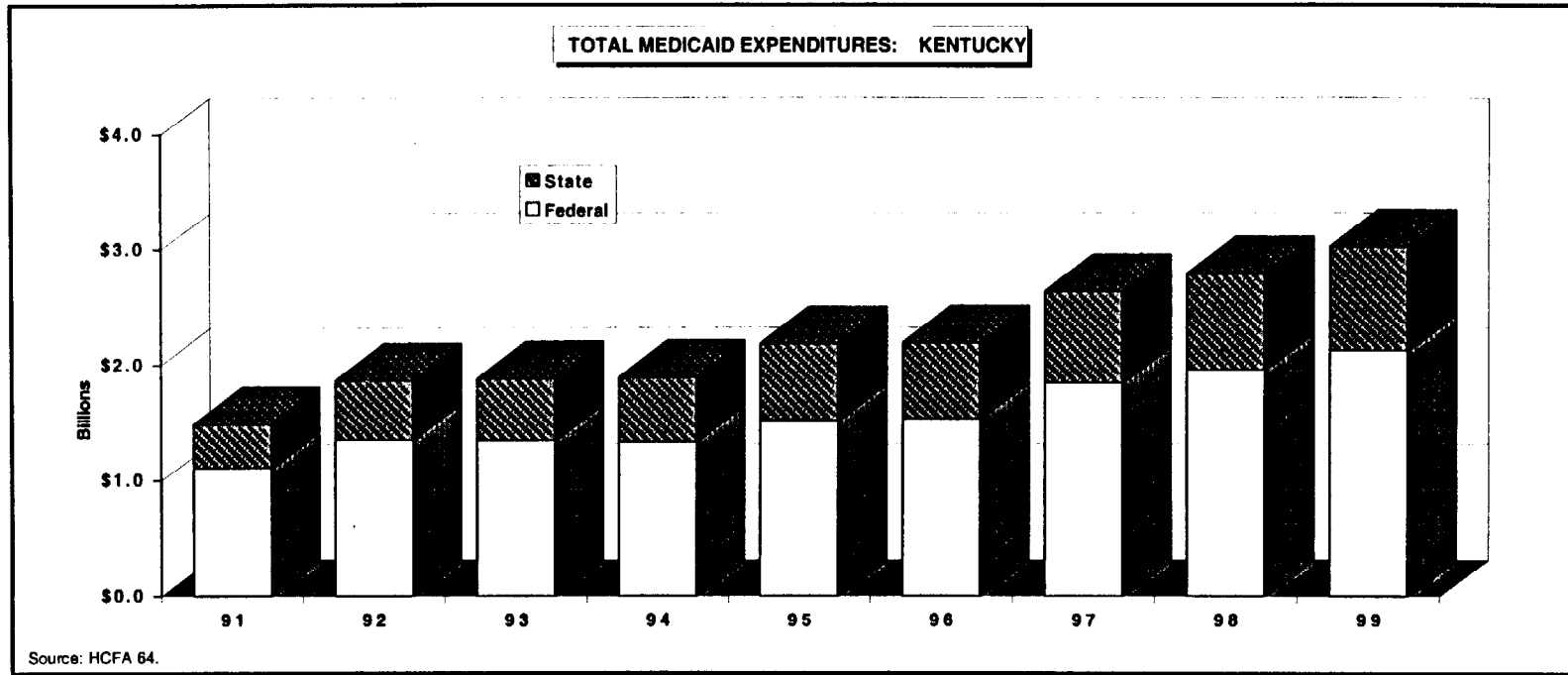
GEORGIA

## SOUTHERN REGION MEDICAID PROFILES





# SOUTHERN REGION MEDICAID PROFILE



	FFY 91	FFY 92	FFY 93	FFY 94	FFY 95	FFY96	FFY97	FFY98**	FFY99**	Annual Rate of Change	Total 91-99
Medicaid Payments	\$1,446,110,619	\$1,812,800,834	\$1,828,432,440	\$1,835,019,970	\$2,121,928,735	\$2,132,812,645	\$2,571,547,988	\$2,703,538,000	\$2,949,537,000	9.3%	104.0%
Federal Share	\$1,089,016,532	\$1,320,052,871	\$1,312,673,304	\$1,303,214,804	\$1,478,866,369	\$1,499,738,794	\$1,802,405,130	\$1,902,480,000	\$2,080,309,000	8.4%	91.0%
State Share	\$357,094,087	\$492,747,963	\$515,759,136	\$531,805,166	\$643,062,366	\$633,073,851	\$769,142,858	\$801,058,000	\$869,228,000	11.8%	143.4%
Administrative Costs	\$40,980,366	\$46,861,400	\$51,974,035	\$55,329,001	\$60,006,090	\$56,720,555	\$64,772,145	\$84,609,000	\$73,941,000	7.7%	80.4%
Federal Share	\$23,821,527	\$27,703,394	\$31,470,092	\$32,250,036	\$35,416,371	\$31,940,888	\$35,313,441	\$52,297,000	\$42,746,000	7.6%	79.4%
State Share	\$17,158,839	\$19,158,006	\$20,503,943	\$23,078,965	\$24,589,719	\$24,779,667	\$29,458,704	\$32,312,000	\$31,195,000	7.8%	81.8%
Admin. Costs as % of Payments	2.83%	2.59%	2.84%	3.02%	2.83%	2.66%	2.52%	3.13%	2.51%		
Federal Match Rate*	72.96%	72.82%	71.69%	70.91%	69.58%	70.30%	70.09%	70.37%	70.37%		

\*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 98 and 99 reflect latest estimates reported by each state.

KENTUCKY

# SOUTHERN REGION MEDICAID PROFILE

## STATE FINANCING

	Payments		Administration	
	FFY 91	FFY 92	FFY 91	FFY 92
State General Fund	\$357,094,087	\$869,228,000	\$17,158,839	\$31,195,000
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	\$357,094,087	\$869,228,000	\$17,158,839	\$31,195,000

## Provider Taxes Currently in Place (FFY 99)

Provider	Tax Rate	Amount
NO RESPONSE FROM STATE		

## DISPROPORTIONATE SHARE HOSPITAL (DSH) PAYMENTS

	FFY 91	FFY 92	FFY 93	FFY 94	FFY 95	FFY 96	FFY 97	FFY 98*	FFY 99*	Annual Change
General Hospitals	\$167,240,957	\$275,334,301	\$136,763,311	\$81,155,370	\$161,480,654	\$117,706,563	\$165,640,794	\$160,194,765	\$160,194,765	2.7%
Mental Hospitals	\$0	\$0	\$0	\$0	\$34,767,327	\$33,791,199	\$65,158,786	\$34,490,470	\$34,490,470	-0.2%
Total	\$167,240,957	\$275,334,301	\$136,763,311	\$81,155,370	\$196,247,981	\$151,497,762	\$230,799,580	\$194,685,235	\$194,685,235	6.1%

## SELECTED ELIGIBILITY CRITERIA

## DEMOGRAPHIC DATA & POVERTY INDICATORS (1996)

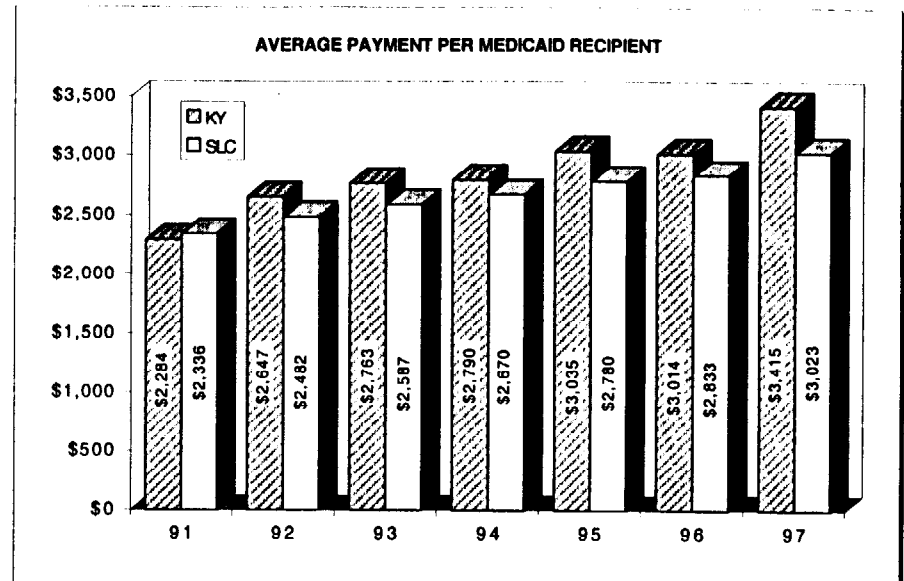
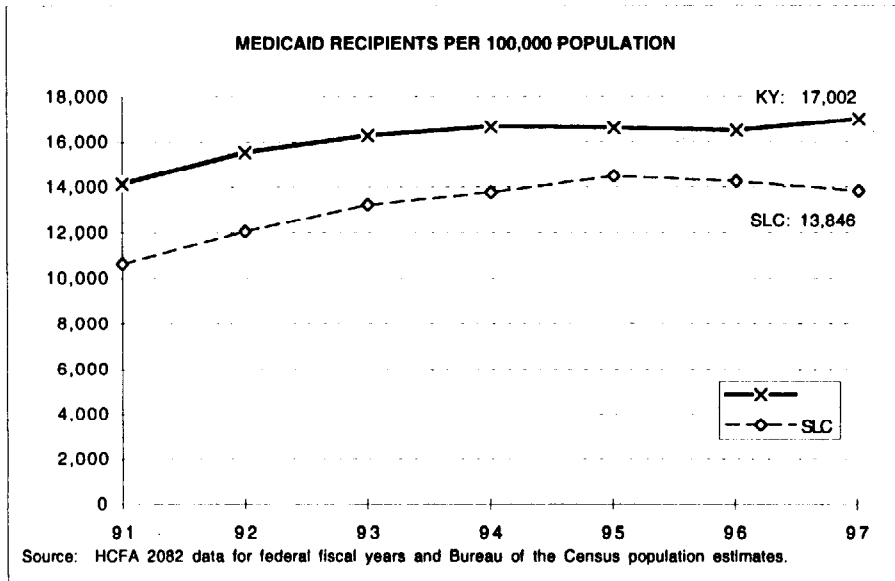
		At 10/1/98	% of FPL*			Rank in U.S.
TANF-Temporary Assistance for Needy Families (Family of 3)	Need Standard		0.0%	State population—July 1, 1996*	3,882,071	24
	Payment Standard		0.0%	Per capita personal income**	\$19,797	42
	Maximum Payment		0.0%	Median household income**	\$30,420	41
Medically Needy Program (Family of 3)	Income Eligibility Standard	NO RESPONSE FROM STATE		Population below Federal Poverty Level on July 1, 1996*	648,306	
	Resource Standard			Percent of total population	16.7%	10
Pregnant Women, Children and Infants (% of FPL*)	Pregnant women and infants			Population without health insurance coverage*	601,000	21
	Children 1 to 5			Percent of total population	15.5%	18
	Children 6 to 18					
SSI Eligibility Levels	Income:			Recipients of Food Stamps***	478,000	17
	Single Person		0.0%	Households receiving Food Stamps***	186,000	18
	Couple		0.0%	Total value of issuance***	\$414,000,000	18
				Average monthly benefit per recipient	\$72.18	20
	Resources:			Average monthly benefit per household	\$185.48	18
	Single Person					
	Couple			Monthly recipients of Aid to Families with Dependent Children****	176,601	19
				Total AFDC payments****	\$215,045,149	24
				Average monthly payment per recipient	\$101.47	
				Average monthly payment per family	\$201.82	43

\*Current federal poverty level is \$8,050 per year for a single person, \$10,850 for a family of two and \$13,650 for a family of three. Table above shows monthly income levels.

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

KENTUCKY

## SOUTHERN REGION MEDICAID PROFILE



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

#### RECIPIENTS BY TYPE OF SERVICES

	FFY91	FFY92	FFY93	FFY94	FFY95	FFY96	FFY97	Annual Change	Share of Total FFY 97
01. General Hospital	98,912	108,233	111,190	109,147	103,979	104,194	142,868	6.3%	N/A**
02. Mental Hospital	2,408	3,072	2,822	2,669	3,201	3,361	4,395	10.5%	
03. Skilled and Intermediate Care Nursing*	23,584	25,341	25,658	25,639	24,247	25,793	27,843	2.8%	
04. Intermediate Care for Mentally Retarded	1,287	1,301	1,300	1,267	1,261	1,250	1,252	-0.5%	
05. Physician Services	418,319	468,020	494,335	499,962	490,896	498,979	502,644	3.1%	
06. Dental Services	129,728	151,519	160,516	163,786	158,174	162,546	172,039	4.8%	
07. Other Practitioners	80,864	99,198	107,963	105,253	114,084	110,344	121,377	7.0%	
08. Outpatient Hospital	264,977	313,302	328,114	337,172	332,416	341,335	350,200	4.8%	
09. Clinic Services	74,358	98,490	107,353	115,133	121,241	126,734	130,275	9.8%	
10. Lab and X-Ray	252,293	280,239	290,102	292,929	275,450	280,638	288,327	2.3%	
11. Home Health	33,624	39,620	44,417	51,987	59,098	64,169	73,688	14.0%	
12. Prescribed Drugs	406,532	457,708	482,752	493,689	491,370	497,251	494,293	3.3%	
13. Family Planning	39,492	43,675	41,216	41,060	29,269	43,361	50,835	4.3%	
14. Early & Periodic Screening, Diagnosis & Treatment	25,557	30,338	29,231	37,106	36,942	42,378	55,616	13.8%	
15. Rural Health	5,203	5,779	6,342	8,414	14,334	22,733	41,321	41.2%	
16. Other Care (includes managed care)	151,818	165,102	161,597	184,110	197,094	203,343	241,613	8.1%	
17. Waivers	0	0	163	933	1,546	0	0	-100.0%	
<b>Total**</b>	<b>525,498</b>	<b>583,089</b>	<b>617,759</b>	<b>637,558</b>	<b>640,930</b>	<b>640,541</b>	<b>664,454</b>	<b>4.0%</b>	

\*Prior to FFY 91 this category was divided into "skilled nursing facility" and "all other intermediate care facilities" (non-MR).

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

KENTUCKY

## SOUTHERN REGION MEDICAID PROFILE

### PAYMENTS BY TYPE OF SERVICES

	FFY 91	FFY 92	FFY 93	FFY 94	FFY 95	FFY 96	FFY 97	Annual Change	of Total FFY 97
01. General Hospital	\$277,738,802	\$332,302,439	\$342,477,130	\$327,767,965	\$385,531,677	\$340,460,365	\$370,294,056	4.9%	16.3%
02. Mental Hospital	\$27,313,101	\$34,152,059	\$35,714,571	\$32,829,450	\$41,592,073	\$40,936,172	\$40,101,982	6.6%	1.8%
03. Skilled and Intermediate Care Nursing*	\$270,197,665	\$302,090,663	\$334,016,080	\$372,077,240	\$391,712,567	\$401,859,802	\$461,422,826	9.3%	20.3%
04. Intermediate Care for Mentally Retarded	\$57,325,273	\$59,884,904	\$69,624,495	\$71,128,316	\$72,342,236	\$57,547,393	\$79,320,366	5.6%	3.5%
05. Physician Services	\$127,280,132	\$196,910,891	\$215,553,695	\$213,101,036	\$196,856,415	\$181,826,315	\$204,705,525	8.2%	9.0%
06. Dental Services	\$22,920,304	\$35,389,676	\$38,951,623	\$36,924,426	\$36,248,065	\$33,657,300	\$37,749,109	8.7%	1.7%
07. Other Practitioners	\$6,968,497	\$10,366,754	\$11,092,870	\$10,328,285	\$9,583,863	\$9,138,360	\$11,221,622	8.3%	0.5%
08. Outpatient Hospital	\$94,796,024	\$137,607,622	\$160,480,370	\$170,861,562	\$206,270,545	\$214,277,032	\$248,098,689	17.4%	10.9%
09. Clinic Services	\$58,303,840	\$78,701,738	\$81,241,710	\$85,577,297	\$94,837,627	\$96,970,083	\$105,542,110	10.4%	4.7%
10. Lab and X-Ray	\$27,896,737	\$42,309,246	\$46,371,767	\$43,856,250	\$35,152,875	\$29,173,403	\$32,453,053	2.6%	1.4%
11. Home Health	\$71,655,303	\$85,318,392	\$99,390,166	\$108,052,735	\$129,841,848	\$138,983,963	\$170,278,969	15.5%	7.5%
12. Prescribed Drugs	\$111,386,790	\$161,860,930	\$194,148,552	\$217,044,606	\$251,745,610	\$272,539,525	\$316,464,180	19.0%	13.9%
13. Family Planning	\$10,181,818	\$15,321,679	\$14,665,668	\$12,606,068	\$10,789,430	\$9,331,020	\$13,979,776	5.4%	0.6%
14. Early & Periodic Screening, Diagnosis & Treatment	\$2,177,652	\$2,860,147	\$3,011,168	\$4,409,918	\$3,980,010	\$25,387,150	\$54,906,308	71.2%	2.4%
15. Rural Health	\$1,111,768	\$1,559,056	\$1,640,270	\$2,204,394	\$4,133,896	\$6,175,281	\$9,555,904	43.1%	0.4%
16. Other Care (includes managed care)	\$33,040,480	\$45,490,521	\$55,927,534	\$67,327,658	\$68,364,867	\$72,549,221	\$112,843,946	22.7%	5.0%
17. Waivers	\$0	\$1,343,173	\$2,587,641	\$2,501,508	\$6,471,252	\$0	\$0	-100.0%	0.0%
<b>Total*</b>	<b>\$1,200,294,186</b>	<b>\$1,543,469,890</b>	<b>\$1,706,895,310</b>	<b>\$1,778,598,714</b>	<b>\$1,945,454,856</b>	<b>\$1,930,812,385</b>	<b>\$2,268,938,421</b>	<b>11.2%</b>	<b>100.0%</b>

\*Disproportionate share payments, pharmacy rebates, and other adjustments are excluded.

### AVERAGE PAYMENTS PER RECIPIENT BY TYPE OF SERVICES

								Above (+) or Below (-) SLC	Avg. FFY 97
01. General Hospital	\$2,807.94	\$3,070.25	\$3,080.11	\$3,003.00	\$3,707.78	\$3,267.56	\$2,591.86	-1.3%	-29.4%
02. Mental Hospital	\$11,342.65	\$11,117.21	\$12,655.77	\$12,300.28	\$12,993.46	\$12,179.76	\$9,124.46	-3.6%	-12.4%
03. Skilled and Intermediate Care Nursing*	\$11,456.82	\$11,921.02	\$13,018.01	\$14,512.16	\$16,155.09	\$15,580.19	\$16,572.31	6.3%	12.9%
04. Intermediate Care for Mentally Retarded	\$44,541.78	\$46,029.90	\$53,557.30	\$56,139.16	\$57,368.94	\$46,037.91	\$63,354.92	6.0%	5.6%
05. Physician Services	\$304.27	\$420.73	\$436.05	\$426.23	\$401.01	\$364.40	\$407.26	5.0%	9.9%
06. Dental Services	\$176.68	\$233.57	\$242.67	\$225.44	\$229.17	\$207.06	\$219.42	3.7%	25.4%
07. Other Practitioners	\$86.18	\$104.51	\$102.75	\$98.13	\$84.01	\$82.82	\$92.45	1.2%	-36.4%
08. Outpatient Hospital	\$357.75	\$439.22	\$489.10	\$506.75	\$620.52	\$627.76	\$708.45	12.1%	61.0%
09. Clinic Services	\$784.10	\$799.08	\$756.77	\$743.29	\$782.22	\$765.15	\$810.15	0.5%	14.8%
10. Lab and X-Ray	\$110.57	\$150.98	\$159.85	\$149.72	\$127.62	\$103.95	\$112.56	0.3%	25.0%
11. Home Health	\$2,131.08	\$2,153.42	\$2,237.66	\$2,078.46	\$2,197.06	\$2,165.91	\$2,310.81	1.4%	-47.0%
12. Prescribed Drugs	\$273.99	\$353.63	\$402.17	\$439.64	\$512.33	\$548.09	\$640.24	15.2%	20.2%
13. Family Planning	\$257.82	\$350.81	\$355.82	\$307.02	\$368.63	\$215.19	\$275.00	1.1%	27.4%
14. Early & Periodic Screening, Diagnosis & Treatment	\$85.21	\$94.28	\$103.01	\$118.85	\$107.74	\$599.06	\$987.24	50.4%	261.9%
15. Rural Health	\$213.68	\$269.78	\$258.64	\$261.99	\$288.40	\$271.64	\$231.26	1.3%	26.6%
16. Other Care (includes managed care)	\$217.63	\$275.53	\$346.09	\$365.69	\$346.86	\$356.78	\$467.04	13.6%	-44.6%
17. Waivers	\$0.00	\$0.00	\$15,875.10	\$2,681.14	\$4,185.80	\$0.00	\$0.00	-100.0%	-100.0%
<b>Total (Average)*</b>	<b>\$2,284.11</b>	<b>\$2,647.06</b>	<b>\$2,763.04</b>	<b>\$2,789.70</b>	<b>\$3,035.36</b>	<b>\$3,014.35</b>	<b>\$3,414.74</b>	<b>6.9%</b>	<b>13.0%</b>
<b>TOTAL PER CAPITA EXPENDITURES</b>	<b>\$400.29</b>	<b>\$495.57</b>	<b>\$495.63</b>	<b>\$494.10</b>	<b>\$565.73</b>	<b>\$564.01</b>	<b>\$674.57</b>	<b>9.1%</b>	<b>25.4%</b>

\*Prior to FFY 91 this category was divided into "skilled nursing facility" and "all other intermediate care facilities" (non-MR). HCFA 2082 reports for FFY 92, 93 and 94 include disproportionate share hospital payments of \$605.7 million, \$439.4 million and \$44.8 million, respectively. Direct cost comparisons between states reflect an adjusted unit cost for Louisiana general and mental hospital services and for the total Medicaid cost per recipient.

KENTUCKY

# SOUTHERN REGION MEDICAID PROFILE

## DATA BY OTHER CHARACTERISTICS

### RECIPIENTS BY OTHER CHARACTERISTICS

	FFY 91	FFY 92	FFY 93	FFY 94	FFY 95	FFY 96	FFY 97	Annual Change	Share of Total FFY 97
<b>By Maintenance Assistance Status</b>									
Receiving Cash Assistance or Eligible Under Section 1931	365,763	385,782	388,051	377,732	366,309	367,625	369,361	0.2%	55.6%
Poverty Related Eligibles	27,395	22,626	18,794	18,551	16,203	22,593	158,048	33.9%	23.8%
Medically Needy	51,433	53,233	62,266	70,217	68,872	59,641	55,066	1.1%	8.3%
Other Eligibles	72,021	110,303	132,567	148,692	164,409	184,082	62,039	-2.5%	9.3%
Maintenance Assistance Status Unknown	8,886	11,145	16,081	22,366	25,137	6,600	19,940	14.4%	3.0%
<b>Total</b>	<b>525,498</b>	<b>583,089</b>	<b>617,759</b>	<b>637,558</b>	<b>640,930</b>	<b>640,541</b>	<b>664,454</b>	<b>4.0%</b>	<b>100.0%</b>
<b>By Basis of Eligibility</b>									
Aged, Blind, or Disabled	159,558	176,292	193,622	208,260	219,554	233,528	239,181	7.0%	36.0%
Children	219,453	257,105	270,305	272,754	270,303	280,731	276,601	3.9%	41.6%
Foster Care Children	16,424	1,882	0	0	0	0	5,637	-16.3%	0.8%
Adults	121,135	136,641	137,751	134,178	125,936	119,682	123,094	0.3%	18.5%
Basis of Eligibility Unknown	8,928	11,169	16,081	22,366	25,137	6,600	19,941	14.3%	3.0%
<b>Total</b>	<b>525,498</b>	<b>583,089</b>	<b>617,759</b>	<b>637,558</b>	<b>640,930</b>	<b>640,541</b>	<b>664,454</b>	<b>4.0%</b>	<b>100.0%</b>
<b>By Age</b>									
Under Age 1	21,207	23,508	23,335	22,658	23,979	21,679	21,595	0.3%	3.3%
Age 1 to 5	92,768	106,410	113,136	117,660	117,065	116,746	114,103	3.5%	17.2%
Age 6 to 14	94,282	105,653	112,519	117,099	119,327	126,952	132,747	5.9%	20.0%
Age 15 to 20	51,238	54,243	55,417	56,314	56,339	57,364	58,861	2.3%	8.9%
Age 21 to 44	136,005	150,695	158,745	161,661	158,343	159,374	163,583	3.1%	24.6%
Age 45 to 64	49,532	54,700	59,473	63,753	66,239	69,723	72,966	6.7%	11.0%
Age 65 to 74	28,490	30,291	31,828	32,792	33,546	33,555	34,711	3.3%	5.2%
Age 75 to 84	27,180	28,318	28,745	28,694	28,491	29,107	30,023	1.7%	4.5%
Age 85 and Over	18,028	19,471	20,336	20,565	20,283	20,758	22,102	3.5%	3.3%
Age Unknown	6,768	9,800	14,225	16,362	17,318	5,283	13,763	12.6%	2.1%
<b>Total</b>	<b>525,498</b>	<b>583,089</b>	<b>617,759</b>	<b>637,558</b>	<b>640,930</b>	<b>640,541</b>	<b>664,454</b>	<b>4.0%</b>	<b>100.0%</b>
<b>By Race</b>									
White	431,443	479,758	504,813	521,045	520,848	528,339	539,963	3.8%	81.3%
Black	67,715	72,411	73,529	75,378	75,998	78,232	80,666	3.0%	12.1%
Hispanic, American Indian or Asian	1,058	637	3,321	4,197	4,767	4,923	5,776	32.7%	0.9%
Other /Unknown	25,282	30,283	36,096	36,938	39,317	29,047	38,049	7.1%	5.7%
<b>Total</b>	<b>525,498</b>	<b>583,089</b>	<b>617,759</b>	<b>637,558</b>	<b>640,930</b>	<b>640,541</b>	<b>664,454</b>	<b>4.0%</b>	<b>100.0%</b>
<b>By Sex</b>									
Female	325,791	355,352	371,921	380,808	380,144	385,961	399,283	3.4%	60.1%
Male	192,963	217,954	231,695	240,414	243,466	249,295	251,402	4.5%	37.8%
Unknown	6,744	9,783	14,143	16,336	17,320	5,285	13,769	12.6%	2.1%
<b>Total</b>	<b>525,498</b>	<b>583,089</b>	<b>617,759</b>	<b>637,558</b>	<b>640,930</b>	<b>640,541</b>	<b>664,454</b>	<b>4.0%</b>	<b>100.0%</b>

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

KENTUCKY

# SOUTHERN REGION MEDICAID PROFILE

## PAYMENTS BY OTHER CHARACTERISTICS

	FFY 91	FFY 92	FFY 93	FFY 94	FFY 95	FFY 96	FFY 97	Annual Change	Share of Total FFY 97
<b>By Maintenance Assistance Status</b>									
Receiving Cash Assistance or Eligible Under Section 1931	\$719,016,482	\$928,276,220	\$1,018,941,269	\$1,034,491,576	\$1,127,503,491	\$1,124,760,797	\$1,300,650,468	10.4%	57.3%
Poverty Related Eligibles	\$266,239,924	\$45,730,824	\$21,416,519	\$24,665,652	\$20,954,710	\$26,637,459	\$243,629,982	-1.5%	10.7%
Medically Needy	\$121,337,465	\$152,291,812	\$172,913,072	\$178,983,450	\$194,192,593	\$176,879,998	\$193,036,218	8.0%	8.5%
Other Eligibles	\$89,247,352	\$410,020,581	\$484,400,534	\$523,947,769	\$574,677,261	\$598,606,502	\$521,236,305	34.2%	23.0%
Maintenance Assistance Status Unknown	\$4,452,963	\$7,150,453	\$9,223,916	\$16,510,267	\$28,126,801	\$3,927,629	\$10,385,448	15.2%	0.5%
<b>Total</b>	<b>\$1,200,294,186</b>	<b>\$1,543,469,890</b>	<b>\$1,706,895,310</b>	<b>\$1,778,598,714</b>	<b>\$1,945,454,856</b>	<b>\$1,930,812,385</b>	<b>\$2,268,938,421</b>	<b>11.2%</b>	<b>100.0%</b>
<b>By Basis of Eligibility</b>		\$13,587							
Aged, Blind or Disabled	\$786,501,155	\$977,575,667	\$1,118,010,263	\$1,218,674,498	\$1,359,088,770	\$1,392,267,819	\$1,598,820,480	12.6%	70.5%
Children	\$186,796,521	\$279,004,124	\$296,391,028	\$278,558,083	\$294,491,060	\$296,083,553	\$334,134,796	10.2%	14.7%
Foster Care Children	\$31,444,654	\$1,095,893	\$0	\$0	\$0	\$0	\$37,167,562	2.8%	1.6%
Adults	\$191,070,121	\$278,630,813	\$283,272,531	\$264,855,866	\$263,748,225	\$238,533,384	\$288,429,288	7.1%	12.7%
Basis of Eligibility Unknown	\$4,481,735	\$7,163,393	\$9,221,488	\$16,510,267	\$28,126,801	\$3,927,629	\$10,386,295	15.0%	0.5%
<b>Total</b>	<b>\$1,200,294,186</b>	<b>\$1,543,469,890</b>	<b>\$1,706,895,310</b>	<b>\$1,778,598,714</b>	<b>\$1,945,454,856</b>	<b>\$1,930,812,385</b>	<b>\$2,268,938,421</b>	<b>11.2%</b>	<b>100.0%</b>
<b>By Age</b>									
Under Age 1	\$37,956,761	\$49,646,086	\$52,703,462	\$45,837,193	\$49,172,997	\$45,765,514	\$49,250,825	4.4%	2.2%
Age 1 to 5	\$87,446,424	\$125,204,067	\$127,404,707	\$128,903,698	\$145,934,260	\$148,639,618	\$162,615,425	10.9%	7.2%
Age 6 to 14	\$81,638,586	\$113,310,446	\$127,545,731	\$127,901,228	\$145,295,959	\$156,357,153	\$195,078,510	15.6%	8.6%
Age 15 to 20	\$93,208,123	\$118,241,237	\$125,178,796	\$121,749,412	\$131,507,835	\$133,385,766	\$173,285,034	10.9%	7.6%
Age 21 to 44	\$328,328,884	\$435,284,487	\$484,542,936	\$492,936,854	\$518,255,634	\$491,955,830	\$576,771,990	9.8%	25.4%
Age 45 to 64	\$204,780,255	\$269,629,045	\$308,484,585	\$333,911,722	\$378,512,104	\$377,933,946	\$449,889,275	14.0%	19.8%
Age 65 to 74	\$90,306,586	\$108,951,119	\$122,208,893	\$134,169,481	\$147,021,495	\$147,236,316	\$171,765,456	11.3%	7.6%
Age 75 to 84	\$138,421,495	\$157,164,735	\$173,400,794	\$185,919,339	\$198,032,462	\$204,333,509	\$229,688,829	8.8%	10.1%
Age 85 and Over	\$134,891,159	\$160,013,697	\$177,005,614	\$197,017,373	\$213,865,930	\$221,980,205	\$254,456,627	11.2%	11.2%
Age Unknown	\$3,315,913	\$6,024,971	\$8,419,792	\$10,252,414	\$17,856,180	\$3,224,528	\$6,136,450	10.8%	0.3%
<b>Total</b>	<b>\$1,200,294,186</b>	<b>\$1,543,469,890</b>	<b>\$1,706,895,310</b>	<b>\$1,778,598,714</b>	<b>\$1,945,454,856</b>	<b>\$1,930,812,385</b>	<b>\$2,268,938,421</b>	<b>11.2%</b>	<b>100.0%</b>
<b>By Race</b>									
White	\$1,006,162,782	\$1,295,084,583	\$1,423,732,053	\$1,483,994,092	\$1,604,557,918	\$1,595,801,919	\$1,871,308,004	10.9%	82.5%
Black	\$130,517,083	\$166,742,532	\$179,174,117	\$184,038,119	\$200,842,454	\$200,518,049	\$241,563,523	10.8%	10.6%
Hispanic, American Indian or Asian	\$1,092,651	\$902,229	\$7,253,941	\$8,911,304	\$11,237,044	\$9,522,259	\$12,131,697	49.4%	0.5%
Other/Unknown	\$62,521,670	\$80,740,546	\$96,735,199	\$101,655,199	\$128,817,440	\$124,970,158	\$143,935,197	14.9%	6.3%
<b>Total</b>	<b>\$1,200,294,186</b>	<b>\$1,543,469,890</b>	<b>\$1,706,895,310</b>	<b>\$1,778,598,714</b>	<b>\$1,945,454,856</b>	<b>\$1,930,812,385</b>	<b>\$2,268,938,421</b>	<b>11.2%</b>	<b>100.0%</b>
<b>By Sex</b>									
Female	\$790,229,131	\$1,007,433,286	\$1,104,221,711	\$1,146,549,697	\$1,243,429,604	\$1,236,983,005	\$1,450,856,412	10.7%	63.9%
Male	\$406,792,700	\$530,004,466	\$594,394,135	\$621,864,646	\$684,170,851	\$690,599,299	\$811,937,748	12.2%	35.8%
Unknown	\$3,272,355	\$6,032,138	\$8,279,464	\$10,184,371	\$17,854,401	\$3,230,081	\$6,144,261	11.1%	0.3%
<b>Total</b>	<b>\$1,200,294,186</b>	<b>\$1,543,469,890</b>	<b>\$1,706,895,310</b>	<b>\$1,778,598,714</b>	<b>\$1,945,454,856</b>	<b>\$1,930,812,385</b>	<b>\$2,268,938,421</b>	<b>11.2%</b>	<b>100.0%</b>

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

KENTUCKY

# SOUTHERN REGION MEDICAID PROFILE

## AVERAGE PAYMENT PER RECIPIENT BY OTHER CHARACTERISTICS

								Annual	Above (+) or Below (-) SLC Avg.
By Maintenance Assistance Status	FFY 91	FFY 92	FFY 93	FFY 94	FFY 95	FFY 96	FFY 97	Change	FFY 97
Receiving Cash Assistance or Eligible Under Section 1931	\$1,965.80	\$2,406.22	\$2,625.79	\$2,738.69	\$3,078.01	\$3,059.53	\$3,521.35	10.2%	14.1%
Poverty Related Eligibles	\$9,718.56	\$2,021.16	\$1,139.54	\$1,329.61	\$1,293.26	\$1,179.01	\$1,541.49	-26.4%	-3.0%
Medically Needy	\$2,359.14	\$2,860.85	\$2,777.01	\$2,549.00	\$2,819.62	\$2,965.75	\$3,505.54	6.8%	-44.0%
Other Eligibles	\$1,239.19	\$3,717.22	\$3,654.01	\$3,523.71	\$3,495.41	\$3,251.85	\$8,401.75	37.6%	99.8%
Maintenance Assistance Status Unknown	\$501.12	\$641.58	\$573.59	\$738.19	\$1,118.94	\$595.10	\$520.83	0.6%	-83.3%
Total	\$2,284.11	\$2,647.06	\$2,763.04	\$2,789.70	\$3,035.36	\$3,014.35	\$3,414.74	6.9%	13.0%
By Basis of Eligibility									
Aged, Blind or Disabled	\$4,929.25	\$5,545.21	\$5,774.19	\$5,851.70	\$6,190.23	\$5,961.89	\$6,684.56	5.2%	-3.2%
Children	\$851.19	\$1,085.18	\$1,096.51	\$1,021.28	\$1,089.48	\$1,054.69	\$1,208.00	6.0%	11.9%
Foster Care Children	\$1,914.56	\$582.30	\$0.00	\$0.00	\$0.00	\$0.00	\$6,593.50	22.9%	123.9%
Adults	\$1,577.33	\$2,039.15	\$2,056.41	\$1,973.91	\$2,094.30	\$1,993.06	\$2,343.16	6.8%	24.4%
Basis of Eligibility Unknown	\$501.99	\$641.36	\$573.44	\$738.19	\$1,118.94	\$595.10	\$520.85	0.6%	-89.2%
Total	\$2,284.11	\$2,647.06	\$2,763.04	\$2,789.70	\$3,035.36	\$3,014.35	\$3,414.74	6.9%	13.0%
By Age									
Under Age 1	\$1,789.82	\$2,111.88	\$2,258.56	\$2,023.00	\$2,050.67	\$2,111.05	\$2,280.66	4.1%	-9.9%
Age 1 to 5	\$942.64	\$1,176.62	\$1,126.12	\$1,095.56	\$1,246.61	\$1,273.19	\$1,425.16	7.1%	36.8%
Age 6 to 14	\$865.90	\$1,072.48	\$1,133.55	\$1,092.25	\$1,217.63	\$1,231.62	\$1,469.55	9.2%	37.5%
Age 15 to 20	\$1,819.12	\$2,179.84	\$2,258.85	\$2,161.97	\$2,334.22	\$2,325.25	\$2,943.97	8.4%	32.8%
Age 21 to 44	\$2,414.09	\$2,888.51	\$3,052.34	\$3,049.20	\$3,272.99	\$3,086.80	\$3,525.87	6.5%	3.0%
Age 45 to 64	\$4,134.30	\$4,929.23	\$5,186.97	\$5,237.58	\$5,714.34	\$5,420.51	\$6,165.74	6.9%	6.6%
Age 65 to 74	\$3,169.76	\$3,596.81	\$3,839.67	\$4,091.53	\$4,382.68	\$4,387.91	\$4,948.44	7.7%	10.2%
Age 75 to 84	\$5,092.77	\$5,549.99	\$6,032.38	\$6,479.38	\$6,950.70	\$7,020.08	\$7,650.43	7.0%	7.8%
Age 85 and Over	\$7,482.31	\$8,218.05	\$8,704.05	\$9,580.23	\$10,544.10	\$10,693.72	\$11,512.83	7.4%	8.4%
Age Unknown	\$489.94	\$614.79	\$591.90	\$626.60	\$1,031.08	\$610.36	\$445.87	-1.6%	-97.1%
Total	\$2,284.11	\$2,647.06	\$2,763.04	\$2,789.70	\$3,035.36	\$3,014.35	\$3,414.74	6.9%	13.0%
By Race									
White	\$2,332.09	\$2,699.45	\$2,820.32	\$2,848.11	\$3,080.66	\$3,020.41	\$3,465.62	6.8%	-4.4%
Black	\$1,927.45	\$2,302.72	\$2,436.78	\$2,441.54	\$2,642.73	\$2,563.12	\$2,994.61	7.6%	23.4%
Hispanic, American Indian or Asian	\$1,032.75	\$1,416.37	\$2,184.26	\$2,123.26	\$2,357.26	\$1,934.24	\$2,100.36	12.6%	14.4%
Other/Unknown	\$2,472.97	\$2,666.20	\$2,679.94	\$2,752.05	\$3,276.38	\$4,302.34	\$3,782.89	7.3%	-23.3%
Total	\$2,284.11	\$2,647.06	\$2,763.04	\$2,789.70	\$3,035.36	\$3,014.35	\$3,414.74	6.9%	13.0%
By Sex									
Female	\$2,425.57	\$2,835.03	\$2,968.97	\$3,010.83	\$3,270.94	\$3,204.94	\$3,633.65	7.0%	18.7%
Male	\$2,108.14	\$2,431.73	\$2,565.42	\$2,586.64	\$2,810.13	\$2,770.21	\$3,229.64	7.4%	11.2%
Unknown	\$485.22	\$616.59	\$585.41	\$623.43	\$1,030.85	\$611.18	\$446.24	-1.4%	-95.8%
Total	\$2,284.11	\$2,647.06	\$2,763.04	\$2,789.70	\$3,035.36	\$3,014.35	\$3,414.74	6.9%	13.0%

KENTUCKY

## SOUTHERN REGION MEDICAID PROFILE

### ADDITIONAL STATE HEALTH CARE INFORMATION

Sources: "Major Health Care Policies: 50 State Profiles", Health Policy Tracking Service, January, 1998; and "Medicaid Services State by State", HCFA, October 1997.

\*Information supplied by State Medicaid Agency

#### Waivers

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

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

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 7,571 people, operating since January 1, 1987.
- Mental Retardation/Developmental Disabilities: Serves 841 people, operating since January 1, 1984.
- Children Under Age 13 with Campomelic Sympylasia: Serves 2 people, operating since April 1, 1989.
- Ventilator-Dependent Individuals: Serves 29 people, operating since October 1, 1987.

#### 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 will phase out the provider tax over the next three years--by July 1, 1999 the provider tax will no longer exist.

#### Cost Containment Measures

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

KENTUCKY



## SOUTHERN REGION MEDICAID PROFILE

### Cost Containment Measures (Continued)

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

### Medicaid

- 24 optional services are offered.

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

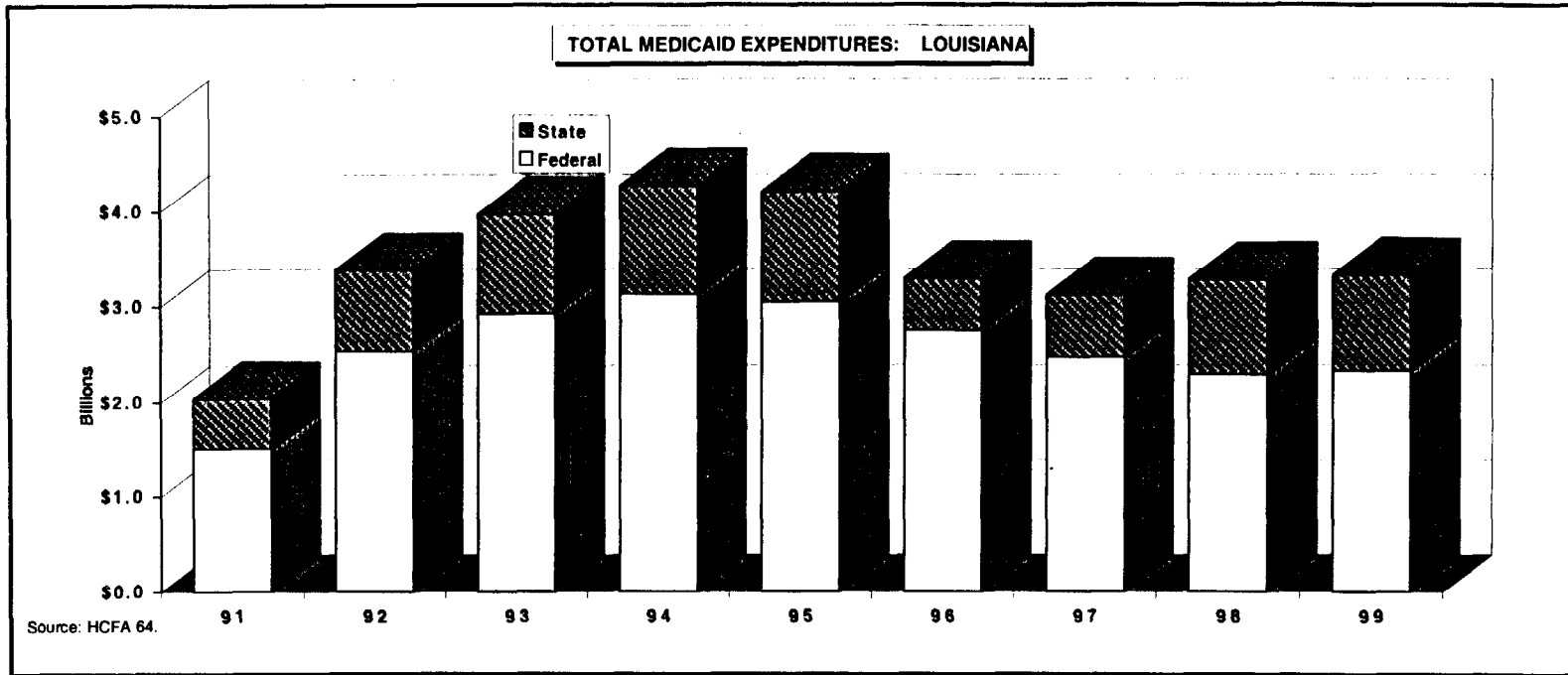
- CHIP in Kentucky is called "Kentucky Children's Health Insurance Program" (KCHIP). The program, which is a combination of Medicaid expansion and a state-designed insurance plan, is administered by the state Medicaid agency. The Medicaid expansion provides health care coverage for children age 14 to 19 in families with incomes up to 100% of the FPL. The KCHIP insurance program provides health care coverage to children, birth to 19, in families with incomes between 100% and 200% of the FPL who are not Medicaid eligible; expect to provide coverage to an additional 78,000 children through both programs.
- For families with incomes up to 100% of the FPL, there are no cost sharing obligations.
- Families with incomes between 101% and 200% of the FPL are required to pay premiums as follows:

100%-133%:	\$10 per 6 month period
134%-149%:	\$20 per 6 month period
150%-200%:	\$20 per month per six month period

## SOUTHERN REGION MEDICAID PROFILES



# SOUTHERN REGION MEDICAID PROFILE



	FFY 91	FFY 92	FFY 93	FFY 94	FFY 95	FFY96	FFY97	FFY98**	FFY99**	Annual Rate of Change	Total 91-99
Medicaid Payments	\$1,994,592,434	\$3,328,516,919	\$3,906,296,927	\$4,194,943,911	\$4,125,254,361	\$3,211,411,620	\$3,030,956,227	\$3,185,517,000	\$3,221,541,000	6.2%	61.5%
Federal Share	\$1,485,615,625	\$2,500,421,564	\$2,890,398,576	\$3,086,295,785	\$3,001,284,321	\$2,687,813,365	\$2,400,089,770	\$2,230,815,000	\$2,268,940,000	5.4%	52.7%
State Share	\$508,976,809	\$828,095,355	\$1,015,898,351	\$1,108,648,126	\$1,123,970,040	\$523,598,255	\$630,866,457	\$954,702,000	\$952,601,000	8.2%	87.2%
Administrative Costs	\$40,746,757	\$56,486,135	\$63,897,514	\$74,764,443	\$83,414,438	\$78,943,296	\$86,130,925	\$93,366,000	\$104,640,000	12.5%	156.8%
Federal Share	\$23,304,971	\$30,820,590	\$34,952,384	\$40,772,739	\$45,115,920	\$65,974,677	\$65,485,070	\$53,295,000	\$55,290,000	11.4%	137.2%
State Share	\$17,441,786	\$25,665,545	\$28,945,130	\$33,991,704	\$38,298,518	\$12,968,619	\$20,645,855	\$40,071,000	\$49,350,000	13.9%	182.9%
Admin. Costs as % of Payments	2.04%	1.70%	1.64%	1.78%	2.02%	2.46%	2.84%	2.93%	3.25%		
Federal Match Rate*	74.48%	75.44%	73.71%	73.49%	72.65%	76.93%	79.04%	70.03%	70.03%		

\*Rate shown is for Medicaid payments only. The FMAP (Federal Medical Assistance Percentage) is based on the relationship between each state's per capita personal income and that of the nation as a whole for the three most recent years. Federal share of state administrative costs is usually 50 percent or 75 percent, depending on function and whether or not medical personnel are used. \*\*Federal Fiscal Years 98 and 99 reflect latest estimates reported by each state.

## LOUISIANA

# SOUTHERN REGION MEDICAID PROFILE

## STATE FINANCING

	Payments		Administration	
	FFY 91	FFY 92	FFY 91	FFY 92
State General Fund	\$508,976,809	\$883,590,382	\$17,441,786	\$49,350,000
Local Funds	\$0	\$0	\$0	\$0
Provider Taxes	\$0	\$69,010,618	\$0	\$0
Donations	\$0	\$0	\$0	\$0
Other	\$0	\$0	\$0	\$0
Total State Share	\$508,976,809	\$952,601,000	\$17,441,786	\$49,350,000

Provider Taxes Currently in Place (FFY 99)		
Provider	Tax Rate	Amount
Nursing Homes	\$4.22 per patient day	\$50,694,805
MR Facilities	\$9.62 per patient day	\$13,707,230
Pharmacy	\$0.10 per prescription	\$4,608,583
Total		\$69,010,618

## DISPROPORTIONATE SHARE HOSPITAL (DSH) PAYMENTS

	FFY 91	FFY 92	FFY 93	FFY 94	FFY 95	FFY96	FFY97	FFY98*	FFY99*	Annual Change
General Hospitals	\$0	\$572,360,964	\$1,171,917,344	\$856,745,848	\$1,091,279,423	\$572,364,336	\$572,055,820	\$613,955,018	\$613,955,018	-10.2%
Mental Hospitals	\$0	\$33,344,500	\$21,188,158	\$360,890,152	\$126,097,087	\$93,925,765	\$89,976,091	\$83,162,898	\$83,162,898	25.6%
Total	\$300,000,000	\$605,705,464	\$1,193,105,502	\$1,217,636,000	\$1,217,376,510	\$666,290,101	\$662,031,911	\$697,117,916	\$697,117,916	-8.6%

\*Estimated.

SELECTED ELIGIBILITY CRITERIA					DEMOGRAPHIC DATA & POVERTY INDICATORS (1996)		
	At 10/	At 10/1/98					Rank in U.S.
TANF(Family of 3)	Urban	% of FPL*	Rural	% of FPL*	State population—July 1, 1996*	4,340,818	22
Need Standard	\$658	59.4%	\$599	52.7%			
Payment Standard	\$190	17.2%	\$174	15.3%	Per capita personal income**	\$19,664	43
Maximum Payment	\$190	17.2%	\$174	15.3%	Median household income**	\$28,740	44
Medically Needy Program (Family of 3)			Urban	Rural	Population below Federal Poverty Level on July 1, 1996*	954,980	
Income Eligibility Standard			\$258	\$233	Percent of total population	22.0%	2
Resource Standard			\$1,000	\$1,000	Population without health insurance coverage*	890,000	12
Pregnant Women, Children and Infants (% of FPL*)					Percent of total population	20.5%	5
Pregnant women and infants				133.0%	Recipients of Food Stamps***	670,000	10
Children 1 to 5				133.0%	Households receiving Food Stamps***	256,000	12
Children 6 to 18					Total value of issuance***	\$597,000,000	10
SSI Eligibility Levels					Average monthly benefit per recipient	\$74.25	13
Income:					Average monthly benefit per household	\$194.34	4
Single Person			\$494	73.6%	Monthly recipients of Aid to Families with Dependent Children****	239,247	15
Couple			\$741	82.0%	Total AFDC payments****	\$170,351,440	29
Resources:					Average monthly payment per recipient	\$59.34	
Single Person			\$2,000		Average monthly payment per family	\$157.77	48
Couple			\$3,000				

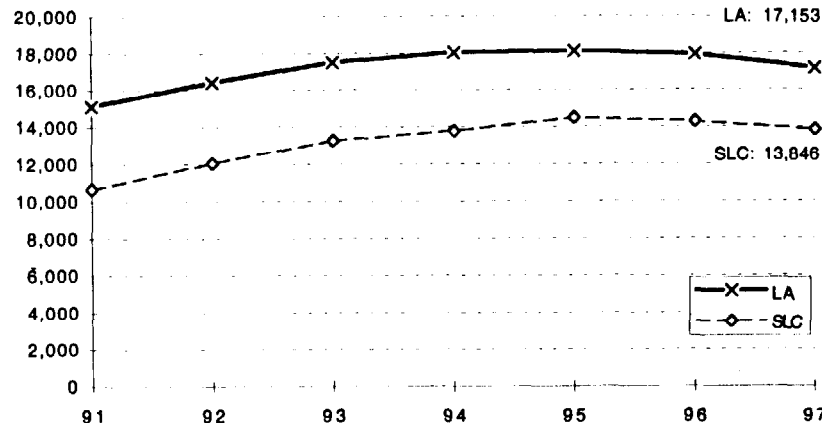
\*Current federal poverty level is \$8,050 per year for a single person, \$10,850 for a family of two and \$13,650 for a family of three. Table above shows monthly income levels.

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

## LOUISIANA

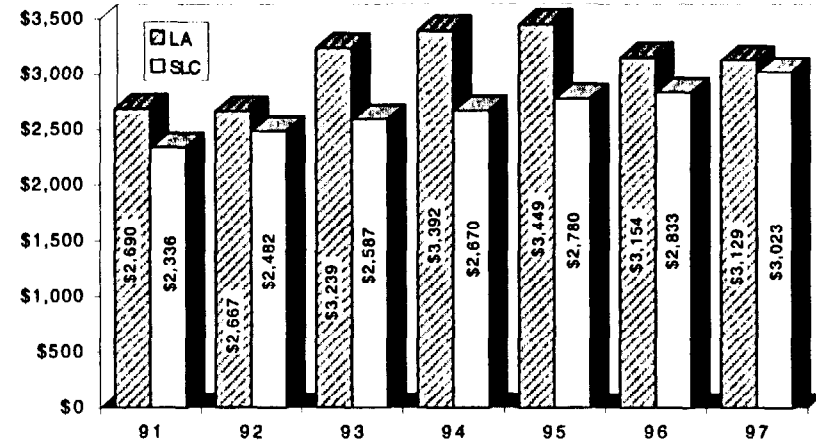
## SOUTHERN REGION MEDICAID PROFILE

**MEDICAID RECIPIENTS PER 100,000 POPULATION**



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

**AVERAGE PAYMENT PER MEDICAID RECIPIENT**



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

#### RECIPIENTS BY TYPE OF SERVICES

	FFY91	FFY92	FFY93	FFY94	FFY95	FFY96	FFY97	Annual Change	Share of Total FFY 97
01. General Hospital	117,900	136,634	146,247	147,112	150,015	150,582	148,522	3.9%	N/A**
02. Mental Hospital	1,082	1,321	1,991	4,852	3,286	4,546	4,322	26.0%	
03. Skilled and Intermediate Care Nursing*	36,353	36,615	37,628	38,794	39,209	41,090	34,605	-0.8%	
04. Intermediate Care for Mentally Retarded	6,042	6,119	6,106	6,087	6,141	6,153	6,057	0.0%	
05. Physician Services	523,516	582,352	627,751	651,112	661,360	649,849	618,042	2.8%	
06. Dental Services	118,015	140,016	149,238	161,038	154,863	153,702	137,578	2.6%	
07. Other Practitioners	91,509	100,033	121,672	144,154	144,938	126,438	117,231	4.2%	
08. Outpatient Hospital	317,946	362,737	393,645	403,838	406,798	383,296	360,379	2.1%	
09. Clinic Services	58,388	61,077	90,534	90,581	96,383	94,822	67,512	2.4%	
10. Lab and X-Ray	352,645	397,028	438,986	456,595	483,052	471,759	450,728	4.2%	
11. Home Health	9,459	11,139	13,174	15,220	15,485	15,986	22,226	15.3%	
12. Prescribed Drugs	493,160	544,404	577,942	604,163	598,579	593,415	563,864	2.3%	
13. Family Planning	47,604	65,059	67,679	68,939	64,716	62,680	43,251	-1.6%	
14. Early & Periodic Screening, Diagnosis & Treatment	197,713	228,761	269,766	280,481	283,287	285,561	214,047	1.3%	
15. Rural Health	0	0	0	2,909	19,312	29,711	26,612	109.1%	
16. Other Care (includes managed care)	162,156	222,933	215,438	230,189	185,560	165,127	416,446	17.0%	
17. Waivers	0	0	0	0	0	0	0	n/a	
<b>Total**</b>	<b>640,562</b>	<b>702,264</b>	<b>751,242</b>	<b>778,223</b>	<b>785,399</b>	<b>777,708</b>	<b>746,461</b>	<b>2.6%</b>	

\*Prior to FFY 91 this category was divided into "skilled nursing facility" and "all other intermediate care facilities" (non-MR).

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

#### LOUISIANA

## SOUTHERN REGION MEDICAID PROFILE

### PAYMENTS BY TYPE OF SERVICES

	FFY 91	FFY 92	FFY 93	FFY 94	FFY 95	FFY 96	FFY 97	Annual Change	of Total FFY 97
01. General Hospital	\$544,861,870	\$1,016,966,294	\$1,037,623,098	\$707,289,683	\$683,716,231	\$616,280,300	\$540,567,154	-0.1%	23.1%
02. Mental Hospital	\$49,112,507	\$48,210,842	\$66,784,772	\$94,592,929	\$47,310,088	\$28,808,286	\$15,888,556	-17.1%	0.7%
03. Skilled and Intermediate Care Nursing*	\$319,545,675	\$412,552,766	\$522,116,659	\$509,559,921	\$524,516,799	\$509,799,469	\$475,319,276	6.8%	20.3%
04. Intermediate Care for Mentally Retarded	\$235,707,301	\$260,306,570	\$319,349,686	\$298,898,584	\$303,913,854	\$311,422,516	\$321,158,168	5.3%	13.7%
05. Physician Services	\$164,451,476	\$197,914,991	\$226,891,926	\$246,025,471	\$249,516,117	\$212,744,176	\$188,896,154	2.3%	8.1%
06. Dental Services	\$22,512,182	\$27,803,457	\$28,920,800	\$29,928,263	\$28,225,881	\$25,548,524	\$19,690,000	-2.2%	0.8%
07. Other Practitioners	\$8,097,232	\$9,519,771	\$15,040,362	\$24,647,621	\$28,343,812	\$12,897,019	\$11,545,797	6.1%	0.5%
08. Outpatient Hospital	\$82,850,244	\$111,633,645	\$142,256,683	\$157,534,440	\$167,956,912	\$141,663,462	\$135,156,773	8.5%	5.8%
09. Clinic Services	\$16,085,153	\$19,277,906	\$26,303,081	\$30,691,764	\$43,289,751	\$36,909,298	\$37,231,711	15.0%	1.6%
10. Lab and X-Ray	\$33,958,494	\$41,323,093	\$51,990,845	\$57,009,115	\$59,898,621	\$45,323,812	\$41,218,672	3.3%	1.8%
11. Home Health	\$11,354,396	\$15,882,784	\$22,114,861	\$29,261,622	\$32,188,687	\$27,148,462	\$39,435,412	23.1%	1.7%
12. Prescribed Drugs	\$160,185,889	\$202,245,516	\$234,322,114	\$269,035,462	\$292,293,619	\$297,433,210	\$315,444,016	12.0%	13.5%
13. Family Planning	\$6,725,471	\$9,576,794	\$10,364,701	\$9,941,658	\$9,807,458	\$9,608,629	\$9,522,358	6.0%	0.4%
14. Early & Periodic Screening, Diagnosis & Treatment	\$18,805,818	\$24,706,096	\$41,213,788	\$40,534,915	\$41,949,888	\$34,477,455	\$16,898,557	-1.8%	0.7%
15. Rural Health	\$0	\$0	\$0	\$204,274	\$3,248,236	\$5,063,329	\$5,347,470	196.9%	0.2%
16. Other Care (includes managed care)	\$49,024,498	\$80,993,222	\$127,750,807	\$178,994,046	\$192,302,301	\$137,415,999	\$162,687,423	22.1%	7.0%
17. Waivers	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a	0.0%
<b>Total*</b>	<b>\$1,723,278,206</b>	<b>\$2,478,913,747</b>	<b>\$2,873,044,183</b>	<b>\$2,684,149,768</b>	<b>\$2,708,478,255</b>	<b>\$2,452,543,946</b>	<b>\$2,336,007,497</b>	<b>5.2%</b>	<b>100.0%</b>

\*Disproportionate share payments, pharmacy rebates, and other adjustments are excluded.

### AVERAGE PAYMENTS PER RECIPIENT BY TYPE OF SERVICES

								Above (+) or Below (-) SLC	
									Avg. FFY 97
01. General Hospital	\$4,621.39	\$3,253.99	\$4,274.43	\$4,503.32	\$4,557.65	\$4,092.66	\$3,639.64	-3.9%	-0.9%
02. Mental Hospital	\$45,390.49	\$11,253.85	\$20,014.45	\$19,495.66	\$14,397.47	\$6,337.06	\$3,676.20	-34.2%	-64.7%
03. Skilled and Intermediate Care Nursing*	\$8,790.08	\$11,267.32	\$13,875.75	\$13,135.02	\$13,377.46	\$12,406.90	\$13,735.57	7.7%	-6.4%
04. Intermediate Care for Mentally Retarded	\$39,011.47	\$42,540.70	\$52,300.96	\$49,104.42	\$49,489.31	\$50,613.12	\$53,022.65	5.2%	-11.6%
05. Physician Services	\$314.13	\$339.85	\$361.44	\$377.85	\$377.28	\$327.37	\$305.64	-0.5%	-17.5%
06. Dental Services	\$190.76	\$198.57	\$193.79	\$185.85	\$182.26	\$166.22	\$143.12	-4.7%	-18.2%
07. Other Practitioners	\$88.49	\$95.17	\$123.61	\$170.98	\$195.56	\$102.00	\$98.49	1.8%	-32.3%
08. Outpatient Hospital	\$260.58	\$307.75	\$361.38	\$390.09	\$412.88	\$369.59	\$375.04	6.3%	-14.7%
09. Clinic Services	\$275.49	\$315.63	\$290.53	\$338.83	\$449.14	\$389.25	\$551.48	12.3%	-21.9%
10. Lab and X-Ray	\$96.30	\$104.08	\$118.43	\$124.86	\$124.00	\$96.07	\$91.45	-0.9%	1.6%
11. Home Health	\$1,200.38	\$1,425.87	\$1,678.67	\$1,922.58	\$2,078.70	\$1,698.26	\$1,774.29	6.7%	-59.3%
12. Prescribed Drugs	\$324.82	\$371.50	\$405.44	\$445.30	\$488.31	\$501.22	\$559.43	9.5%	5.0%
13. Family Planning	\$141.28	\$147.20	\$153.15	\$144.21	\$151.55	\$153.30	\$220.17	7.7%	2.0%
14. Early & Periodic Screening, Diagnosis & Treatment	\$95.12	\$108.00	\$152.78	\$144.52	\$148.08	\$120.74	\$78.95	-3.1%	-71.1%
15. Rural Health	\$0.00	\$0.00	\$0.00	\$70.22	\$168.20	\$170.42	\$200.94	42.0%	10.0%
16. Other Care (includes managed care)	\$302.33	\$363.31	\$592.98	\$777.60	\$1,036.33	\$832.18	\$390.66	4.4%	-53.7%
17. Waivers	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	n/a	-100.0%
<b>Total (Average)*</b>	<b>\$2,690.26</b>	<b>\$2,667.38</b>	<b>\$3,239.45</b>	<b>\$3,391.51</b>	<b>\$3,448.54</b>	<b>\$3,153.55</b>	<b>\$3,129.44</b>	<b>2.6%</b>	<b>3.5%</b>
<b>TOTAL PER CAPITA EXPENDITURES</b>	<b>\$479.89</b>	<b>\$792.05</b>	<b>\$925.43</b>	<b>\$989.59</b>	<b>\$970.17</b>	<b>\$758.00</b>	<b>\$716.28</b>	<b>6.9%</b>	<b>33.1%</b>

\*Prior to FFY 91 this category was divided into "skilled nursing facility" and "all other intermediate care facilities" (non-MR). HCFA 2082 reports for FFY 92, 93 and 94 include disproportionate share hospital payments of \$605.7 million, \$439.4 million and \$44.8 million, respectively. Direct cost comparisons between states reflect an adjusted unit cost for Louisiana general and mental hospital services and for the total Medicaid cost per recipient.

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## SOUTHERN REGION MEDICAID PROFILE

### DATA BY OTHER CHARACTERISTICS

#### **RECIPIENTS BY OTHER CHARACTERISTICS**

	FFY 91	FFY 92	FFY 93	FFY 94	FFY 95	FFY 96	FFY 97	Annual Change	Share of Total FFY 97
<b>By Maintenance Assistance Status</b>									
Receiving Cash Assistance or Eligible Under Section 1931	429,252	442,269	452,594	455,676	440,439	421,272	282,187	-6.8%	37.8%
Poverty Related Eligibles	61,705	87,397	111,485	129,915	151,198	98,848	113,057	10.6%	15.1%
Medically Needy	13,026	14,126	15,752	16,192	15,846	11,736	2,333	-24.9%	0.3%
Other Eligibles	136,579	158,472	171,411	176,440	177,916	245,852	348,884	16.9%	46.7%
Maintenance Assistance Status Unknown	0	0	0	0	0	0	0	n/a	0.0%
<b>Total</b>	<b>640,562</b>	<b>702,264</b>	<b>751,242</b>	<b>778,223</b>	<b>785,399</b>	<b>777,708</b>	<b>746,461</b>	<b>2.6%</b>	<b>100.0%</b>
<b>By Basis of Eligibility</b>									
Aged, Blind, or Disabled	187,266	209,019	232,473	250,193	262,555	256,919	252,334	5.1%	33.8%
Children	314,083	345,668	366,049	375,960	376,075	370,294	409,561	4.5%	54.9%
Foster Care Children	0	0	0	0	0	21,492	6,430	-70.1%	0.9%
Adults	139,213	147,377	152,720	152,070	146,769	129,003	78,136	-9.2%	10.5%
Basis of Eligibility Unknown	0	0	0	0	0	0	0	n/a	0.0%
<b>Total</b>	<b>640,562</b>	<b>702,064</b>	<b>751,242</b>	<b>778,223</b>	<b>785,399</b>	<b>777,708</b>	<b>746,461</b>	<b>2.6%</b>	<b>100.0%</b>
<b>By Age</b>									
Under Age 1	51,409	56,450	59,477	59,710	59,974	58,547	58,310	2.1%	7.8%
Age 1 to 5	131,648	145,432	157,734	163,451	163,195	162,670	155,503	2.8%	20.8%
Age 6 to 14	121,005	137,295	149,261	159,470	163,054	164,331	162,340	5.0%	21.7%
Age 15 to 20	57,245	62,436	67,486	70,628	71,957	71,214	66,876	2.6%	9.0%
Age 21 to 44	143,871	154,696	163,817	166,366	163,697	156,676	144,144	0.0%	19.3%
Age 45 to 64	44,470	50,084	54,539	58,192	61,533	62,716	59,878	5.1%	8.0%
Age 65 to 74	34,610	36,870	38,631	39,202	39,853	39,371	37,822	1.5%	5.1%
Age 75 to 84	34,854	36,194	36,424	36,258	36,640	36,099	35,139	0.1%	4.7%
Age 85 and Over	21,450	22,807	23,872	24,941	25,496	26,077	26,308	3.5%	3.5%
Age Unknown	0	0	1	5	0	7	141	244.6%	0.0%
<b>Total</b>	<b>640,562</b>	<b>702,264</b>	<b>751,242</b>	<b>778,223</b>	<b>785,399</b>	<b>777,708</b>	<b>746,461</b>	<b>2.6%</b>	<b>100.0%</b>
<b>By Race</b>									
White	197,588	224,427	248,153	259,631	265,082	262,675	250,193	4.0%	33.5%
Black	408,810	438,236	457,369	468,146	468,171	461,576	446,611	1.5%	59.8%
Hispanic, American Indian or Asian	0	0	0	0	0	0	0	n/a	0.0%
Other/Unknown	34,164	39,601	45,720	50,446	52,146	53,457	49,657	6.4%	6.7%
<b>Total</b>	<b>640,562</b>	<b>702,264</b>	<b>751,242</b>	<b>778,223</b>	<b>785,399</b>	<b>777,708</b>	<b>746,461</b>	<b>2.6%</b>	<b>100.0%</b>
<b>By Sex</b>									
Female	411,916	445,304	470,346	481,684	484,065	476,926	457,056	1.7%	61.2%
Male	228,600	256,270	278,559	293,080	298,643	298,983	289,084	4.0%	38.7%
Unknown	46	690	2,337	3,459	2,691	1,799	321	38.2%	0.0%
<b>Total</b>	<b>640,562</b>	<b>702,264</b>	<b>751,242</b>	<b>778,223</b>	<b>785,399</b>	<b>777,708</b>	<b>746,461</b>	<b>2.6%</b>	<b>100.0%</b>

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

LOUISIANA

# SOUTHERN REGION MEDICAID PROFILE

## PAYMENTS BY OTHER CHARACTERISTICS

	FFY 91	FFY 92	FFY 93	FFY94	FFY95	FFY96	FFY97	Annual Change	Share of Total FFY 97
<b>By Maintenance Assistance Status</b>									
Receiving Cash Assistance or Eligible Under Section 1931	\$767,706,154	\$1,103,709,079	\$1,240,378,806	\$1,172,291,982	\$1,134,653,860	\$1,235,497,618	\$1,083,060,800	5.9%	46.4%
Poverty Related Eligibles	\$445,902,667	\$719,161,729	\$935,436,653	\$895,531,596	\$971,829,595	\$177,255,314	\$171,487,969	-14.7%	7.3%
Medically Needy	\$68,652,890	\$91,613,121	\$94,914,719	\$68,646,090	\$63,321,189	\$42,305,737	\$4,144,860	-37.4%	0.2%
Other Eligibles	\$441,016,495	\$564,429,818	\$602,314,005	\$547,680,100	\$538,673,611	\$997,485,277	\$1,077,313,868	16.1%	46.1%
Maintenance Assistance Status Unknown	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a	0.0%
<b>Total</b>	<b>\$1,723,278,206</b>	<b>\$2,478,913,747</b>	<b>\$2,873,044,183</b>	<b>\$2,684,149,768</b>	<b>\$2,708,478,255</b>	<b>\$2,452,543,946</b>	<b>\$2,336,007,497</b>	<b>5.2%</b>	<b>100.0%</b>
<b>By Basis of Eligibility</b>									
Aged, Blind or Disabled	\$1,068,007,308	\$1,513,375,602	\$1,853,680,823	\$1,804,700,495	\$1,863,731,331	\$1,773,167,284	\$1,696,556,683	8.0%	72.6%
Children	\$358,742,122	\$532,745,701	\$577,912,488	\$518,884,507	\$509,299,314	\$403,818,250	\$496,257,971	5.6%	21.2%
Foster Care Children	\$0	\$0	\$0	\$0	\$0	\$17,541,487	\$9,056,369	-48.4%	0.4%
Adults	\$296,528,776	\$432,792,444	\$441,450,872	\$360,564,766	\$335,447,610	\$258,016,925	\$134,136,474	-12.4%	5.7%
Basis of Eligibility Unknown	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a	0.0%
<b>Total</b>	<b>\$1,723,278,206</b>	<b>\$2,478,913,747</b>	<b>\$2,873,044,183</b>	<b>\$2,684,149,768</b>	<b>\$2,708,478,255</b>	<b>\$2,452,543,946</b>	<b>\$2,336,007,497</b>	<b>5.2%</b>	<b>100.0%</b>
<b>By Age</b>									
Under Age 1	\$132,861,500	\$227,151,595	\$228,894,105	\$168,424,402	\$185,643,781	\$158,333,577	\$170,823,079	4.3%	7.3%
Age 1 to 5	\$118,939,952	\$174,323,907	\$192,076,658	\$184,483,225	\$179,531,647	\$164,835,541	\$150,918,959	4.0%	6.5%
Age 6 to 14	\$130,201,916	\$174,063,971	\$214,588,831	\$242,579,320	\$237,916,294	\$184,107,717	\$167,817,607	4.3%	7.2%
Age 15 to 20	\$151,977,453	\$207,228,673	\$240,374,564	\$220,669,467	\$211,840,764	\$174,839,819	\$162,196,290	1.1%	6.9%
Age 21 to 44	\$507,406,202	\$737,948,853	\$846,063,696	\$750,161,900	\$732,495,009	\$646,844,692	\$607,447,243	3.0%	26.0%
Age 45 to 64	\$266,676,480	\$425,826,823	\$494,053,925	\$455,750,824	\$478,533,204	\$464,597,582	\$435,578,938	8.5%	18.6%
Age 65 to 74	\$114,270,483	\$150,283,231	\$184,015,839	\$186,296,013	\$191,988,340	\$183,182,776	\$180,219,739	7.9%	7.7%
Age 75 to 84	\$163,246,285	\$204,091,517	\$248,380,603	\$245,979,784	\$251,937,468	\$239,680,640	\$231,540,476	6.0%	9.9%
Age 85 and Over	\$137,697,935	\$177,995,177	\$224,595,962	\$229,804,833	\$238,591,748	\$236,117,537	\$229,347,187	8.9%	9.8%
Age Unknown	\$0	\$0	\$0	\$0	\$0	\$4,065	\$117,979	2802.3%	0.0%
<b>Total</b>	<b>\$1,723,278,206</b>	<b>\$2,478,913,747</b>	<b>\$2,873,044,183</b>	<b>\$2,684,149,768</b>	<b>\$2,708,478,255</b>	<b>\$2,452,543,946</b>	<b>\$2,336,007,497</b>	<b>5.2%</b>	<b>100.0%</b>
<b>By Race</b>									
White	\$744,941,683	\$1,008,358,534	\$1,230,762,043	\$1,193,362,609	\$1,224,510,591	\$1,133,930,928	\$1,078,814,223	6.4%	46.2%
Black	\$866,137,692	\$1,296,538,373	\$1,422,772,773	\$1,274,048,862	\$1,260,214,800	\$1,104,109,588	\$1,051,322,993	3.3%	45.0%
Hispanic, American Indian or Asian	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a	0.0%
Other/Unknown	\$112,198,831	\$174,016,840	\$219,509,367	\$216,738,297	\$223,752,864	\$214,503,430	\$205,870,281	10.6%	8.8%
<b>Total</b>	<b>\$1,723,278,206</b>	<b>\$2,478,913,747</b>	<b>\$2,873,044,183</b>	<b>\$2,684,149,768</b>	<b>\$2,708,478,255</b>	<b>\$2,452,543,946</b>	<b>\$2,336,007,497</b>	<b>5.2%</b>	<b>100.0%</b>
<b>By Sex</b>									
Female	\$1,092,517,185	\$1,537,435,282	\$1,748,443,170	\$1,621,609,892	\$1,628,300,154	\$1,484,406,435	\$1,429,138,719	4.6%	61.2%
Male	\$630,692,330	\$940,529,918	\$1,120,068,947	\$1,055,036,817	\$1,072,796,277	\$964,143,561	\$906,188,099	6.2%	38.8%
Unknown	\$68,691	\$948,547	\$4,532,066	\$7,503,059	\$7,381,824	\$3,993,950	\$682,679	46.6%	0.0%
<b>Total</b>	<b>\$1,723,278,206</b>	<b>\$2,478,913,747</b>	<b>\$2,873,044,183</b>	<b>\$2,684,149,768</b>	<b>\$2,708,478,255</b>	<b>\$2,452,543,946</b>	<b>\$2,336,009,497</b>	<b>5.2%</b>	<b>100.0%</b>

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

LOUISIANA



## SOUTHERN REGION MEDICAID PROFILE

### AVERAGE PAYMENT PER RECIPIENT BY OTHER CHARACTERISTICS

								Above (+) or Below (-)	
								Annual	SLC Avg.
	FFY 91	FFY 92	FFY 93	FFY 94	FFY 95	FFY 96	FFY 97	Change	FFY 97
<b>By Maintenance Assistance Status</b>									
Receiving Cash Assistance or Eligible Under Section 1931	\$1,788.47	\$2,495.56	\$2,740.60	\$2,572.64	\$2,576.19	\$2,932.78	\$3,838.10	13.6%	24.4%
Poverty Related Eligibles	\$7,226.36	\$8,228.68	\$8,390.70	\$6,893.21	\$6,427.53	\$1,793.21	\$1,516.83	-22.9%	-4.6%
Medically Needy	\$5,270.45	\$6,485.43	\$6,025.57	\$4,239.51	\$3,996.04	\$3,604.78	\$1,776.62	-16.6%	-71.6%
Other Eligibles	\$3,229.02	\$3,561.70	\$3,513.86	\$3,104.06	\$3,027.69	\$4,057.26	\$3,087.89	-0.7%	-26.6%
Maintenance Assistance Status Unknown	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	n/a	-100.0%
<b>Total</b>	<b>\$2,690.26</b>	<b>\$2,667.38</b>	<b>\$3,239.45</b>	<b>\$3,391.51</b>	<b>\$3,448.54</b>	<b>\$3,153.55</b>	<b>\$3,129.44</b>	<b>2.6%</b>	<b>3.5%</b>
<b>By Basis of Eligibility</b>									
Aged, Blind or Disabled	\$5,703.16	\$7,240.37	\$7,973.75	\$7,213.23	\$7,098.44	\$6,901.66	\$6,723.46	2.8%	-2.6%
Children	\$1,142.19	\$1,541.21	\$1,578.78	\$1,380.16	\$1,354.25	\$1,090.53	\$1,211.68	1.0%	12.2%
Foster Care Children	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$816.19	\$1,408.46	72.6%	-52.2%
Adults	\$2,130.04	\$2,936.63	\$2,890.59	\$2,371.04	\$2,285.55	\$2,000.08	\$1,716.71	-3.5%	-8.8%
Basis of Eligibility Unknown	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	n/a	-100.0%
<b>Total</b>	<b>\$2,690.26</b>	<b>\$2,667.38</b>	<b>\$3,239.45</b>	<b>\$3,391.51</b>	<b>\$3,448.54</b>	<b>\$3,153.55</b>	<b>\$3,129.44</b>	<b>2.6%</b>	<b>3.5%</b>
<b>By Age</b>									
Under Age 1	\$2,584.40	\$4,023.94	\$3,848.45	\$2,820.71	\$3,095.40	\$2,704.38	\$2,929.57	2.1%	15.8%
Age 1 to 5	\$903.47	\$1,198.66	\$1,217.73	\$1,128.68	\$1,100.11	\$1,013.31	\$970.52	1.2%	-6.9%
Age 6 to 14	\$1,076.00	\$1,267.81	\$1,437.68	\$1,521.16	\$1,459.13	\$1,120.35	\$1,033.74	-0.7%	-3.3%
Age 15 to 20	\$2,654.86	\$3,319.06	\$3,561.84	\$3,124.39	\$2,943.99	\$2,455.13	\$2,425.33	-1.5%	9.4%
Age 21 to 44	\$3,526.81	\$4,770.32	\$5,164.69	\$4,509.11	\$4,474.70	\$4,128.55	\$4,214.17	3.0%	23.1%
Age 45 to 64	\$5,996.77	\$8,502.25	\$9,058.73	\$7,831.85	\$7,776.85	\$7,407.96	\$7,274.44	3.3%	25.7%
Age 65 to 74	\$3,301.66	\$4,076.03	\$4,763.42	\$4,752.21	\$4,817.41	\$4,652.73	\$4,764.94	6.3%	6.1%
Age 75 to 84	\$4,683.72	\$5,638.82	\$6,819.15	\$6,784.15	\$6,876.02	\$6,639.54	\$6,589.27	5.9%	-7.2%
Age 85 and Over	\$6,419.48	\$7,804.41	\$9,408.34	\$9,213.94	\$9,358.01	\$9,054.63	\$8,717.77	5.2%	-17.9%
Age Unknown	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$580.71	\$836.73	44.1%	-94.6%
<b>Total</b>	<b>\$2,690.26</b>	<b>\$2,667.38</b>	<b>\$3,239.45</b>	<b>\$3,391.51</b>	<b>\$3,448.54</b>	<b>\$3,153.55</b>	<b>\$3,129.44</b>	<b>2.6%</b>	<b>3.5%</b>
<b>By Race</b>									
White	\$3,770.18	\$4,493.04	\$4,959.69	\$4,596.38	\$4,619.37	\$4,316.86	\$4,311.93	2.3%	19.0%
Black	\$2,118.68	\$2,958.54	\$3,110.78	\$2,721.48	\$2,691.78	\$2,392.04	\$2,354.00	1.8%	-3.0%
Hispanic, American Indian or Asian	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	n/a	-100.0%
Other/Unknown	\$3,284.12	\$4,394.25	\$4,801.17	\$4,296.44	\$4,290.89	\$4,012.64	\$4,145.85	4.0%	-15.9%
<b>Total</b>	<b>\$2,690.26</b>	<b>\$2,667.38</b>	<b>\$3,239.45</b>	<b>\$3,391.51</b>	<b>\$3,448.54</b>	<b>\$3,153.55</b>	<b>\$3,129.44</b>	<b>2.6%</b>	<b>3.5%</b>
<b>By Sex</b>									
Female	\$2,652.28	\$3,452.55	\$3,717.36	\$3,366.54	\$3,363.80	\$3,112.45	\$3,126.84	2.8%	2.1%
Male	\$2,758.93	\$3,670.07	\$4,020.94	\$3,599.83	\$3,592.24	\$3,224.74	\$3,134.69	2.2%	8.0%
Unknown	\$1,493.28	\$1,374.71	\$1,939.27	\$2,169.14	\$2,743.15	\$2,220.09	\$2,126.73	6.1%	-79.9%
<b>Total</b>	<b>\$2,690.26</b>	<b>\$2,667.38</b>	<b>\$3,239.45</b>	<b>\$3,391.51</b>	<b>\$3,448.54</b>	<b>\$3,153.55</b>	<b>\$3,129.45</b>	<b>2.6%</b>	<b>3.5%</b>

LOUISIANA

## SOUTHERN REGION MEDICAID PROFILE

### ADDITIONAL STATE HEALTH CARE INFORMATION

Sources: "Major Health Care Policies: 50 State Profiles", Health Policy Tracking Service, January, 1998; and "Medicaid Services State by State", HCFA, October 1997.

\*Information supplied by State Medicaid Agency

#### Waivers

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

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

- Adult Day Health Care: Serves 500 people, operating since January 1, 1985.
- Mental Retardation/Developmental Disabilities: Serves 3,450 people, operating since June 1, 1990.
- Elderly and Disabled Adults: Serves 629 people, operating since July 1, 1993.
- Personal Care Attendant: Serves 124 people, operating since July 1, 1992.
- Assisted Living: A pilot program designed to provide an alternate setting for 60 people in need of institutional services.
- The Waiver Unit: To assist people in need of services provided through the Home and Community Based Waiver, operating since July 1, 1998.

#### Managed Care

- Any Willing Provider Clause: Enacted legislation in 1997 to allow rural providers to be reimbursed at the same rate as a contract provider as long as the rural provider meets the requirements and standards for participation.
- The Department of Health and Hospitals has plans for a capitated, managed care pilot program in 1999. The initial phase of this program is expected to cover approximately 28,000 AFDC eligible children. The program was originally scheduled to be implemented in October of 1998, but has been postponed as the procurement process for HMO contracts has not been completed.

#### Coverage for Targeted Population

- Provides coverage for the uninsured mainly through state charity hospital system. In 1997, the state reinstated the Medically Needy Program.
- In partnership with state-owned medical teaching hospitals, Institutes of Excellence will be identified according to specialized activities.

#### Cost Containment Measures

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

LOUISIANA

## SOUTHERN REGION MEDICAID PROFILE

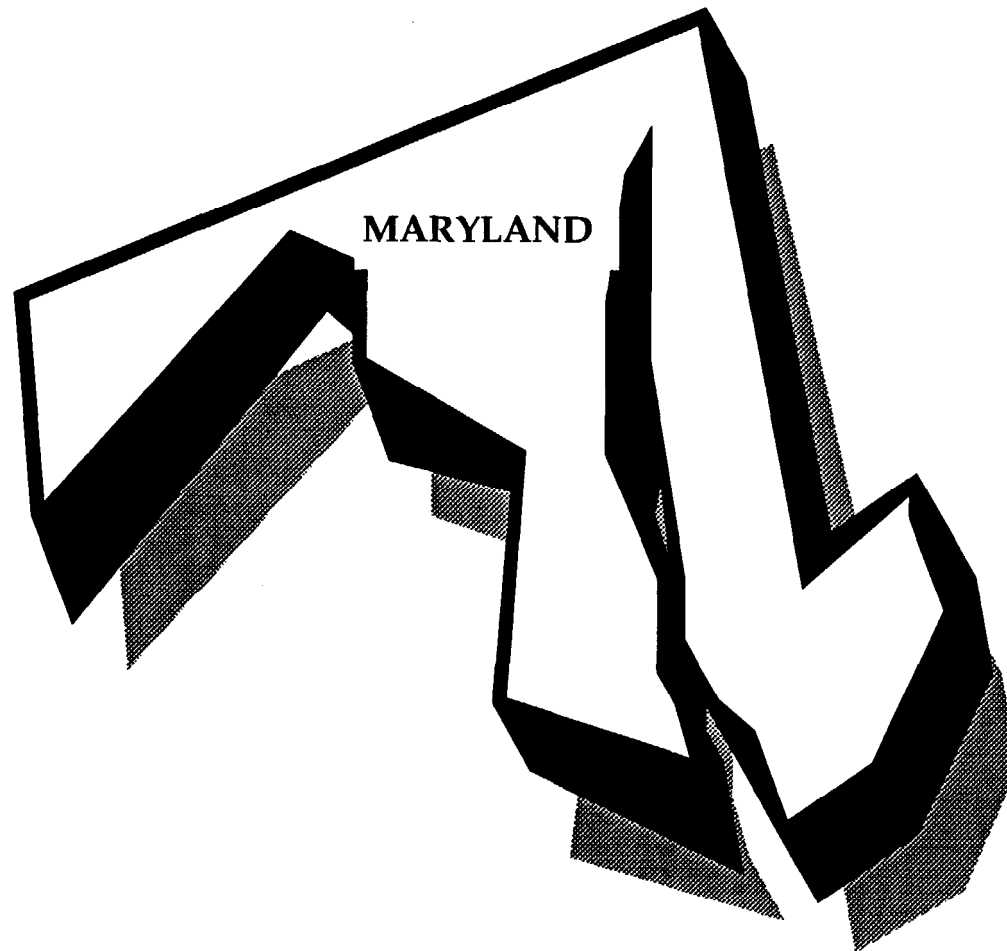
### **Medicaid**

- 16 optional services are offered.
- Medicaid program lost special consideration from the federal government for a reduction in the state match requirement in SFY 96-97.
- Created the Jefferson Parish Health Authority and the Capital Area Human Services District as community based programs. These entities are restrictive to outpatient care services in the areas of substance abuse, mental retardation, mental health, and public health.
- Increased reimbursement rates for physicians for the three most common office visit codes (CPT 99212, 99213, 99214), effective July 1, 1998.

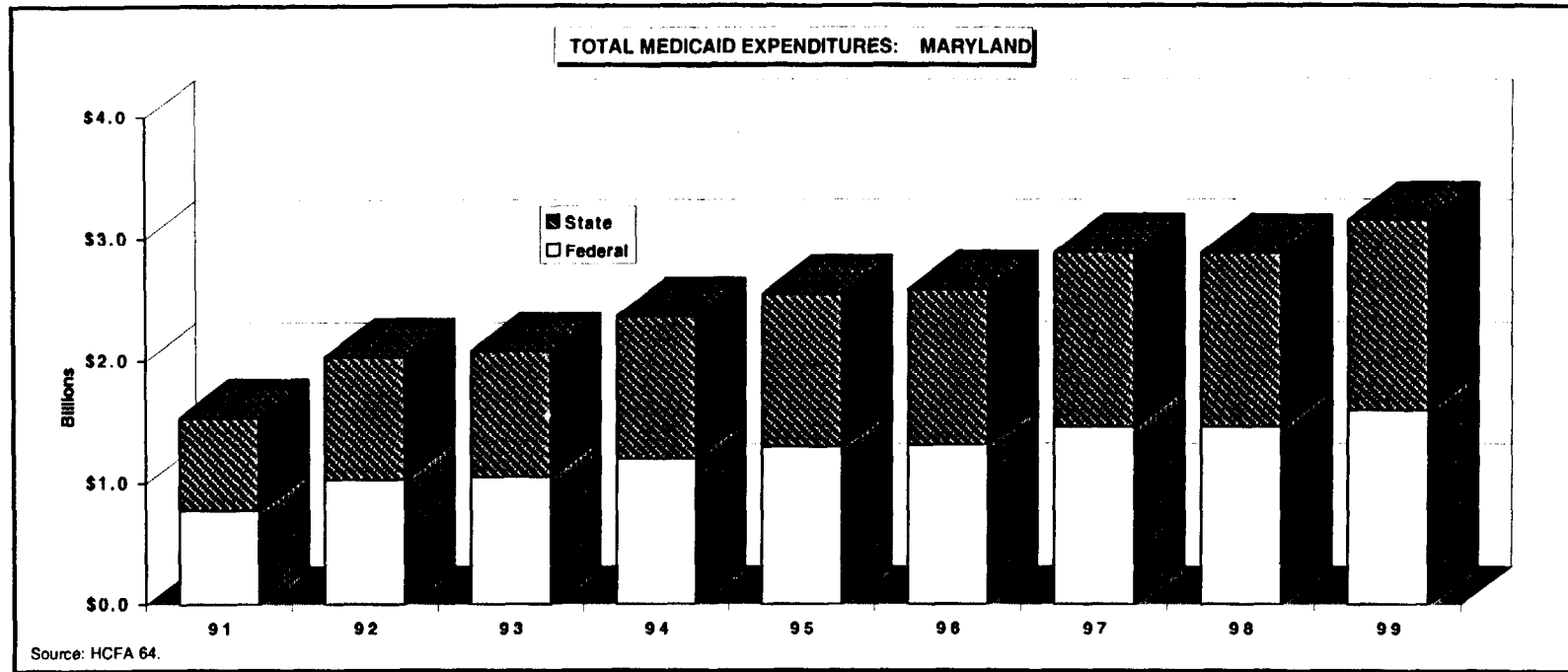
### **Children's Health Insurance Program: Medicaid Expansion**

- The Children's Insurance Program (LaCHIP-Phase I) will be implemented in November of 1998. The Medicaid program will be expanded to provide health care benefits to children from birth to age 19 in families with incomes up to 133% of the FPL. The program is expected to provide coverage to approximately 52,000 children.
- The legislation enacted in the First Extraordinary Session of 1998 (ACT 128) contains provisions for LaCHIP to be expanded if funding is provided.
- Phase II would expand Medicaid to provide health care benefits to children from birth to age 19 in families with income up to 150% of the FPL.
- Phase III would be administered through a state-designed insurance program to provide health care benefits to children from birth to age 19 in families with incomes between 150% and 200% the FPL.

## SOUTHERN REGION MEDICAID PROFILES



# SOUTHERN REGION MEDICAID PROFILE



	FFY 91	FFY 92	FFY 93	FFY 94	FFY 95	FFY96	FFY97	FFY98**	FFY99**	Annual Rate of Change	Total 91-99
Medicaid Payments	\$1,452,530,762	\$1,947,732,818	\$1,981,737,793	\$2,240,390,059	\$2,414,240,139	\$2,441,028,457	\$2,688,167,110	\$2,657,978,000	\$2,895,076,000	9.0%	99.3%
Federal Share	\$728,575,650	\$978,049,934	\$994,776,687	\$1,123,985,686	\$1,210,984,504	\$1,222,985,965	\$1,350,201,604	\$1,331,195,000	\$1,453,054,000	9.0%	99.4%
State Share	\$723,955,112	\$969,682,884	\$986,961,106	\$1,116,404,373	\$1,203,255,635	\$1,218,042,492	\$1,337,965,506	\$1,326,783,000	\$1,442,022,000	9.0%	99.2%
Administrative Costs	\$78,806,883	\$83,704,049	\$94,660,583	\$121,841,027	\$128,666,447	\$140,585,936	\$195,914,659	\$219,805,000	\$249,669,000	15.5%	216.8%
Federal Share	\$44,133,447	\$47,236,979	\$53,009,518	\$67,884,327	\$71,816,035	\$75,929,644	\$101,175,092	\$120,042,000	\$132,554,000	14.7%	200.3%
State Share	\$34,673,436	\$36,467,070	\$41,651,065	\$53,956,700	\$56,850,412	\$64,656,292	\$94,739,567	\$99,763,000	\$117,115,000	16.4%	237.8%
Admin. Costs as % of Payments	5.43%	4.30%	4.78%	5.44%	5.33%	5.76%	7.29%	8.27%	8.62%		
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 98 and 99 reflect latest estimates reported by each state.

## MARYLAND

# SOUTHERN REGION MEDICAID PROFILE

## STATE FINANCING

	Payments		Administration	
	FFY 91	FFY 99	FFY 91	FFY 99
State General Fund	\$723,955,112	\$1,442,022,000	\$34,673,436	\$117,115,000
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	\$723,955,112	\$1,442,022,000	\$34,673,436	\$117,115,000

## Provider Taxes Currently in Place (FFY 99)

Provider	Tax Rate	Amount
NO PROVIDER TAXES		

## DISPROPORTIONATE SHARE HOSPITAL (DSH) PAYMENTS

	FFY 91	FFY 92	FFY 93	FFY 94	FFY 95	FFY96	FFY97	FFY98*	FFY99*	Annual Change
General Hospitals	\$0	\$33,000,000	\$30,517,387	\$34,767,040	\$39,338,352	\$38,178,277	\$37,133,045	\$40,688,000	\$44,380,000	6.4%
Mental Hospitals	\$0	\$80,000,000	\$105,449,000	\$116,072,643	\$120,873,531	\$111,087,695	\$122,526,661	\$132,777,000	\$140,245,000	4.9%
Total	\$0	\$113,000,000	\$135,966,387	\$150,839,683	\$160,211,883	\$149,265,972	\$159,659,706	\$173,465,000	\$184,625,000	5.2%

## SELECTED ELIGIBILITY CRITERIA

## DEMOGRAPHIC DATA & POVERTY INDICATORS (1996)

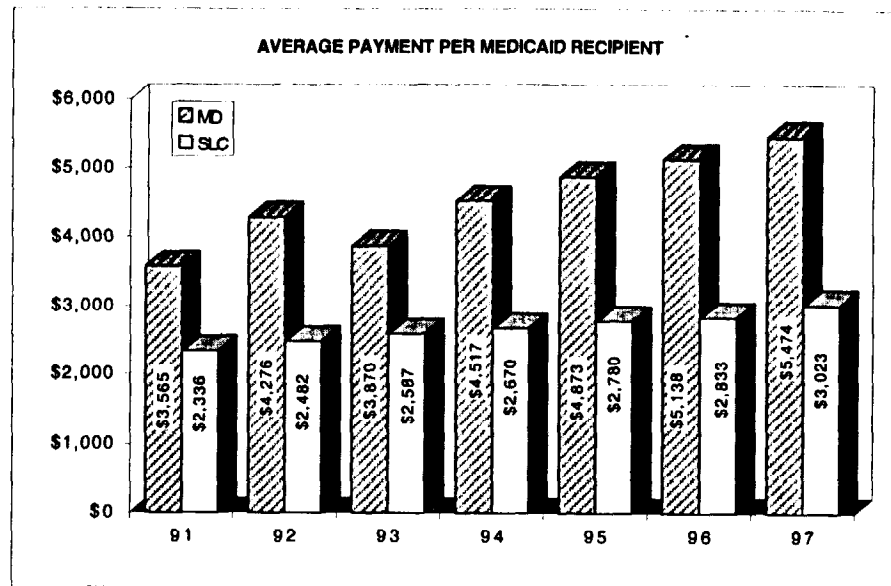
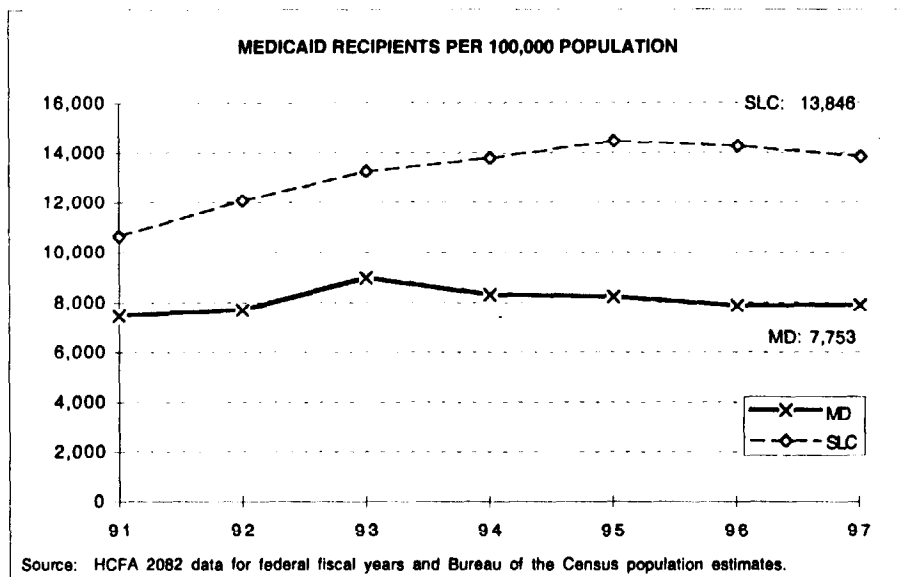
		At 10/1/98	% of FPL*			
TANF-Temporary Assistance for Needy Families (Family of 3)				State population—July 1, 1996*	5,060,296	Rank in U.S. 19
	Need Standard	Eliminated				
	Payment Standard	\$399	35.1%	Per capita personal income**	\$27,618	6
	Maximum Payment	\$399	35.1%	Median household income**	\$42,582	4
Medically Needy Program (Family of 4)				Population below Federal Poverty Level on July 1, 1996*	526,271	
	Income Eligibility Standard	\$434		Percent of total population	10.4%	36
	Resource Standard	\$3,100				
Pregnant Women, Children and Infants (% of FPL*)				Population without health insurance coverage*	581,000	23
	Pregnant women and children to age 6		200.0%	Percent of total population	11.5%	35
	Children age 6 to 14		200.0%			
SSI Eligibility Levels	Children age 14 to 18		200.0%	Recipients of Food Stamps***	375,000	22
				Households receiving Food Stamps***	165,000	20
				Total value of issuance***	\$362,000,000	21
	Income:			Average monthly benefit per recipient	\$80.44	4
	Single Person	\$514	76.6%	Average monthly benefit per household	\$182.83	13
	Couple	\$716	79.2%			
	Resources:			Monthly recipients of Aid to Families with Dependent Children****	207,800	17
	Single Person	\$2,000		Total AFDC payments****	\$420,933,364	14
	Couple	\$3,000		Average monthly payment per recipient	\$168.81	
				Average monthly payment per family	\$319.17	25

\*Current federal poverty level is \$8,050 per year for a single person, \$10,850 for a family of two and \$13,650 for a family of three. Table above shows monthly income levels.

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

## MARYLAND

## SOUTHERN REGION MEDICAID PROFILE



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

#### RECIPIENTS BY TYPE OF SERVICES

								Annual Change	Share of Total FFY 97 N/A**
01. General Hospital	78,992	84,323	95,094	95,255	97,645	77,581	82,251	0.7%	
02. Mental Hospital	1,859	2,058	2,846	3,155	3,714	13,481	8,456	28.7%	
03. Skilled and Intermediate Care Nursing*	25,577	32,326	41,545	33,324	36,273	23,449	26,575	0.6%	
04. Intermediate Care for Mentally Retarded	1,209	1,083	942	863	821	749	635	-10.2%	
05. Physician Services	270,699	270,667	334,466	324,854	323,424	282,816	292,897	1.3%	
06. Dental Services	55,590	58,145	52,288	42,287	41,177	28,623	35,028	-7.4%	
07. Other Practitioners	21,155	26,418	34,456	33,872	40,510	27,960	32,157	7.2%	
08. Outpatient Hospital	188,383	186,645	213,485	208,551	209,356	187,343	183,008	-0.5%	
09. Clinic Services	57,537	68,086	91,371	96,337	99,538	93,789	95,719	8.9%	
10. Lab and X-Ray	81,018	99,732	124,118	122,857	115,233	93,990	101,771	3.9%	
11. Home Health	9,373	10,169	12,168	14,175	14,854	17,400	19,173	12.7%	
12. Prescribed Drugs	254,225	280,131	312,816	299,875	291,626	268,440	256,423	0.1%	
13. Family Planning	32,869	32,035	38,842	35,388	35,295	29,557	37,002	2.0%	
14. Early & Periodic Screening, Diagnosis & Treatment	48,032	62,401	93,614	88,747	89,411	97,546	93,592	11.8%	
15. Rural Health	661	754	1		0	0	0	-100.0%	
16. Other Care (includes managed care)	124,375	127,134	122,167	71,706	83,343	162,933	171,642	5.5%	
17. Waivers	0	0	0	0	0	0	0	n/a	
<b>Total**</b>	<b>362,520</b>	<b>377,075</b>	<b>444,673</b>	<b>415,101</b>	<b>414,261</b>	<b>398,537</b>	<b>402,002</b>	<b>1.7%</b>	

\*Prior to FFY 91 this category was divided into "skilled nursing facility" and "all other intermediate care facilities" (non-MR).

\*\*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.

#### MARYLAND

## SOUTHERN REGION MEDICAID PROFILE

### PAYMENTS BY TYPE OF SERVICES

	FFY 91	FFY 92	FFY 93	FFY 94	FFY 95	FFY 96	FFY 97	Annual Change	of Total FFY 97
01. General Hospital	\$403,999,337	\$457,591,492	\$550,874,628	\$587,099,071	\$583,335,743	\$558,635,117	\$633,631,779	7.8%	28.8%
02. Mental Hospital	\$47,412,354	\$57,968,198	\$78,948,400	\$82,401,927	\$91,492,981	\$124,805,267	\$49,810,491	0.8%	2.3%
03. Skilled and Intermediate Care Nursing*	\$344,784,526	\$377,328,357	\$399,081,933	\$417,988,497	\$459,287,275	\$416,315,221	\$515,887,379	6.9%	23.4%
04. Intermediate Care for Mentally Retarded	\$60,483,827	\$62,466,819	\$58,427,044	\$57,044,716	\$75,040,829	\$62,760,867	\$61,193,341	0.2%	2.8%
05. Physician Services	\$101,727,648	\$184,563,126	\$98,374,344	\$96,502,175	\$102,747,239	\$90,520,475	\$89,643,749	-2.1%	4.1%
06. Dental Services	\$4,822,671	\$8,003,573	\$3,628,982	\$3,144,089	\$3,287,715	\$2,140,511	\$2,374,879	-11.1%	0.1%
07. Other Practitioners	\$1,462,394	\$2,359,913	\$2,906,179	\$3,262,857	\$4,764,779	\$2,191,699	\$2,925,025	12.2%	0.1%
08. Outpatient Hospital	\$98,095,490	\$120,479,000	\$145,430,547	\$159,391,400	\$175,655,101	\$165,726,010	\$161,722,969	8.7%	7.3%
09. Clinic Services	\$35,623,971	\$54,910,308	\$78,774,953	\$95,577,623	\$105,446,838	\$108,631,811	\$107,134,470	20.1%	4.9%
10. Lab and X-Ray	\$5,204,672	\$6,705,888	\$8,364,269	\$8,758,727	\$8,528,905	\$6,949,317	\$7,935,667	7.3%	0.4%
11. Home Health	\$31,465,097	\$43,340,902	\$50,701,469	\$57,536,285	\$67,859,355	\$210,449,214	\$226,698,580	39.0%	10.3%
12. Prescribed Drugs	\$77,754,038	\$96,825,858	\$110,500,576	\$125,216,705	\$139,205,331	\$154,908,882	\$172,701,282	14.2%	7.8%
13. Family Planning	\$8,259,687	\$10,944,627	\$11,387,185	\$9,557,534	\$9,518,287	\$6,814,312	\$11,348,865	5.4%	0.5%
14. Early & Periodic Screening, Diagnosis & Treatment	\$5,435,614	\$8,483,706	\$12,347,597	\$12,308,046	\$11,739,471	\$68,843,619	\$74,079,692	54.6%	3.4%
15. Rural Health	\$95,482	\$115,081	\$52	\$40	\$0	\$0	\$0	-100.0%	0.0%
16. Other Care (includes managed care)	\$65,618,256	\$120,320,964	\$110,921,932	\$159,187,991	\$180,827,804	\$67,799,858	\$83,580,418	4.1%	3.8%
17. Waivers	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a	0.0%
<b>Total*</b>	<b>\$1,292,245,064</b>	<b>\$1,612,407,812</b>	<b>\$1,720,670,090</b>	<b>\$1,874,977,683</b>	<b>\$2,018,737,653</b>	<b>\$2,047,492,180</b>	<b>\$2,200,668,586</b>	<b>9.3%</b>	<b>100.0%</b>

\*Disproportionate share payments, pharmacy rebates, and other adjustments are excluded.

### AVERAGE PAYMENTS PER RECIPIENT BY TYPE OF SERVICES

								Above (+) or Below (-) SLIC	Aug. FFY 97
01. General Hospital	\$5,114.43	\$5,426.65	\$5,792.95	\$6,163.45	\$5,974.05	\$7,200.67	\$7,703.64	7.1%	109.8%
02. Mental Hospital	\$25,504.22	\$28,167.25	\$27,740.13	\$26,117.88	\$24,634.62	\$9,257.86	\$5,890.55	-21.7%	-43.4%
03. Skilled and Intermediate Care Nursing*	\$13,480.26	\$11,672.60	\$9,606.02	\$12,543.17	\$12,661.96	\$17,754.07	\$19,412.51	6.3%	32.3%
04. Intermediate Care for Mentally Retarded	\$50,027.98	\$57,679.43	\$62,024.46	\$66,100.48	\$91,401.74	\$83,792.88	\$96,367.47	11.5%	60.7%
05. Physician Services	\$375.80	\$681.88	\$294.12	\$297.06	\$317.69	\$320.07	\$306.06	-3.4%	-17.4%
06. Dental Services	\$86.75	\$137.65	\$69.40	\$74.35	\$79.84	\$74.78	\$67.80	-4.0%	-61.3%
07. Other Practitioners	\$69.13	\$89.33	\$84.34	\$96.33	\$117.62	\$78.39	\$90.96	4.7%	-37.5%
08. Outpatient Hospital	\$520.72	\$645.50	\$681.22	\$764.28	\$839.03	\$884.61	\$883.69	9.2%	100.9%
09. Clinic Services	\$619.15	\$806.48	\$862.14	\$992.12	\$1,059.36	\$1,158.26	\$1,119.26	10.4%	58.6%
10. Lab and X-Ray	\$64.24	\$67.24	\$67.39	\$71.29	\$74.01	\$73.94	\$77.98	3.3%	-13.4%
11. Home Health	\$3,356.99	\$4,262.06	\$4,166.79	\$4,059.00	\$4,568.42	\$12,094.78	\$11,823.84	23.3%	171.2%
12. Prescribed Drugs	\$305.85	\$345.64	\$353.24	\$417.56	\$477.34	\$577.07	\$673.50	14.1%	26.4%
13. Family Planning	\$251.29	\$341.65	\$293.17	\$270.08	\$269.68	\$230.55	\$306.71	3.4%	42.1%
14. Early & Periodic Screening, Diagnosis & Treatment	\$113.17	\$135.95	\$131.90	\$138.69	\$131.30	\$705.76	\$791.52	38.3%	190.1%
15. Rural Health	\$144.45	\$152.63	\$52.00	\$40.00	\$0.00	\$0.00	\$0.00	-100.0%	-100.0%
16. Other Care (includes managed care)	\$527.58	\$946.41	\$907.95	\$2,220.01	\$2,169.68	\$416.12	\$486.95	-1.3%	-42.2%
17. Waivers	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	n/a	-100.0%
<b>Total (Average)*</b>	<b>\$3,564.62</b>	<b>\$4,276.09</b>	<b>\$3,869.52</b>	<b>\$4,516.92</b>	<b>\$4,873.11</b>	<b>\$5,137.52</b>	<b>\$5,474.27</b>	<b>7.4%</b>	<b>81.1%</b>

### TOTAL PER CAPITA EXPENDITURES

	\$315.13	\$413.79	\$419.23	\$472.48	\$504.65	\$510.17	\$566.14	10.3%	5.2%
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\*Prior to FFY 91 this category was divided into "skilled nursing facility" and "all other intermediate care facilities" (non-MR). HCFA 2082 reports for FFY 92, 93 and 94 include disproportionate share hospital payments of \$605.7 million, \$439.4 million and \$44.8 million, respectively. Direct cost comparisons between states reflect an adjusted unit cost for Louisiana general and mental hospital services and for the total Medicaid cost per recipient.

## MARYLAND



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

**RECIPIENTS BY OTHER CHARACTERISTICS**

	<b>FFY 91</b>	<b>FFY 92</b>	<b>FFY 93</b>	<b>FFY 94</b>	<b>FFY 95</b>	<b>FFY 96</b>	<b>FFY 97</b>	<b>Annual Change</b>	<b>Share of Total FFY 97</b>
<b>By Maintenance Assistance Status</b>									
Receiving Cash Assistance or Eligible Under Section 1931	251,553	236,925	278,080	247,804	232,628	220,614	208,404	-3.1%	51.8%
Poverty Related Eligibles	15,546	23,997	25,977	28,510	27,442	18,840	108,549	38.3%	27.0%
Medically Needy	64,469	69,288	78,598	80,001	92,699	60,421	65,639	0.3%	16.3%
Other Eligibles	30,952	46,865	62,018	58,786	61,492	98,662	19,410	-7.5%	4.8%
Maintenance Assistance Status Unknown	0	0	0	0	0	0	0	n/a	0.0%
<b>Total</b>	<b>362,520</b>	<b>377,075</b>	<b>444,673</b>	<b>415,101</b>	<b>414,261</b>	<b>398,537</b>	<b>402,002</b>	<b>1.7%</b>	<b>100.0%</b>
<b>By Basis of Eligibility</b>									
Aged, Blind, or Disabled	98,817	111,100	124,859	127,648	133,595	129,946	134,219	5.2%	33.4%
Children	184,526	188,273	226,631	207,236	206,942	185,663	185,801	0.1%	46.2%
Foster Care Children	0	0	0	0	0	0	0	n/a	0.0%
Adults	79,177	77,702	93,183	80,217	73,724	82,928	81,982	0.6%	20.4%
Basis of Eligibility Unknown	0	0	0	0	0	0	0	n/a	0.0%
<b>Total</b>	<b>362,520</b>	<b>377,075</b>	<b>444,673</b>	<b>415,101</b>	<b>414,261</b>	<b>398,537</b>	<b>402,002</b>	<b>1.7%</b>	<b>100.0%</b>
<b>By Age</b>									
Under Age 1	30,596	32,113	34,261	32,002	33,179	25,780	82,051	17.9%	20.4%
Age 1 to 5	65,881	70,126	86,682	79,193	75,898	58,125	45,938	-5.8%	11.4%
Age 6 to 14	58,903	60,515	75,209	70,634	72,962	65,326	50,179	-2.6%	12.5%
Age 15 to 20	33,821	31,266	38,157	34,886	35,828	30,641	29,303	-2.4%	7.3%
Age 21 to 44	96,492	98,008	118,137	108,344	102,626	81,911	88,569	-1.4%	22.0%
Age 45 to 64	26,542	28,548	34,831	35,813	37,015	31,694	44,604	9.0%	11.1%
Age 65 to 74	19,403	21,094	22,129	21,758	22,577	20,547	26,368	5.2%	6.6%
Age 75 to 84	17,479	19,117	19,131	18,221	19,260	18,009	20,673	2.8%	5.1%
Age 85 and Over	13,403	16,288	16,136	14,250	14,916	66,504	14,317	1.1%	3.6%
Age Unknown	0	0	0	0	0	0	0	n/a	0.0%
<b>Total</b>	<b>362,520</b>	<b>377,075</b>	<b>444,673</b>	<b>415,101</b>	<b>414,261</b>	<b>398,537</b>	<b>402,002</b>	<b>1.7%</b>	<b>100.0%</b>
<b>By Race</b>									
White	148,741	156,222	186,023	178,233	174,659	163,424	164,110	1.7%	40.8%
Black	200,638	204,064	236,492	211,145	208,180	202,848	203,389	0.2%	50.6%
Hispanic, American Indian or Asian	11,165	7,354	20,030	22,319	24,057	24,273	24,742	14.2%	6.2%
Other/Unknown	1,976	9,435	2,128	3,404	7,365	7,992	9,761	30.5%	2.4%
<b>Total</b>	<b>362,520</b>	<b>377,075</b>	<b>444,673</b>	<b>415,101</b>	<b>414,261</b>	<b>398,537</b>	<b>402,002</b>	<b>1.7%</b>	<b>100.0%</b>
<b>By Sex</b>									
Female	237,205	244,304	283,733	260,266	256,613	247,687	251,556	1.0%	62.6%
Male	125,315	132,771	160,939	154,835	157,648	150,850	150,446	3.1%	37.4%
Unknown	0	0	1	0	0	0	0	-100.0%	0.0%
<b>Total</b>	<b>362,520</b>	<b>377,075</b>	<b>444,673</b>	<b>415,101</b>	<b>414,261</b>	<b>398,537</b>	<b>402,002</b>	<b>1.7%</b>	<b>100.0%</b>

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

**MARYLAND**

## SOUTHERN REGION MEDICAID PROFILE

### PAYMENTS BY OTHER CHARACTERISTICS

	FFY 91	FFY 92	FFY 93	FFY 94	FFY 95	FFY 96	FFY 97	Annual Change	Share of Total FFY 97
<b>By Maintenance Assistance Status</b>									
Receiving Cash Assistance or Eligible Under Section 1931	\$588,151,528	\$763,287,370	\$796,975,597	\$887,010,627	\$896,828,915	\$896,783,012	\$969,169,243	8.7%	44.0%
Poverty Related Eligibles	\$74,286,651	\$85,520,457	\$75,307,392	\$63,357,128	\$74,889,313	\$51,667,180	\$337,588,288	28.7%	15.3%
Medically Needy	\$559,702,243	\$669,100,968	\$736,172,656	\$813,191,264	\$913,403,586	\$791,684,933	\$860,750,740	7.4%	39.1%
Other Eligibles	\$70,104,642	\$94,499,017	\$112,214,445	\$111,418,664	\$133,615,839	\$307,357,055	\$33,160,315	-11.7%	1.5%
Maintenance Assistance Status Unknown	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a	0.0%
<b>Total</b>	<b>\$1,292,245,064</b>	<b>\$1,612,407,812</b>	<b>\$1,720,670,090</b>	<b>\$1,874,977,683</b>	<b>\$2,018,737,653</b>	<b>\$2,047,492,180</b>	<b>\$2,200,668,586</b>	<b>9.3%</b>	<b>100.0%</b>
<b>By Basis of Eligibility</b>									
Aged, Blind or Disabled	\$852,297,859	\$1,091,379,788	\$1,154,487,249	\$1,319,425,293	\$1,434,700,633	\$1,483,050,526	\$1,603,610,489	11.1%	72.9%
Children	\$279,278,111	\$327,998,609	\$364,756,630	\$370,452,185	\$394,953,139	\$335,335,990	\$353,018,677	4.0%	16.0%
Foster Care Children	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a	0.0%
Adults	\$160,669,094	\$193,029,415	\$201,426,211	\$185,100,205	\$189,083,881	\$229,105,664	\$244,039,420	7.2%	11.1%
Basis of Eligibility Unknown	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a	0.0%
<b>Total</b>	<b>\$1,292,245,064</b>	<b>\$1,612,407,812</b>	<b>\$1,720,670,090</b>	<b>\$1,874,977,683</b>	<b>\$2,018,737,653</b>	<b>\$2,047,492,180</b>	<b>\$2,200,668,586</b>	<b>9.3%</b>	<b>100.0%</b>
<b>By Age</b>									
Under Age 1	\$77,087,924	\$95,562,070	\$103,764,915	\$101,803,623	\$100,449,481	\$84,125,495	\$303,845,683	25.7%	13.8%
Age 1 to 5	\$81,524,682	\$92,181,532	\$100,010,109	\$100,860,579	\$110,260,867	\$99,685,252	\$124,226,005	7.3%	5.6%
Age 6 to 14	\$77,565,048	\$98,093,023	\$111,927,848	\$135,307,645	\$153,744,720	\$175,877,703	\$184,319,654	15.5%	8.4%
Age 15 to 20	\$90,898,716	\$106,861,807	\$123,446,881	\$124,918,032	\$136,873,482	\$122,117,418	\$122,312,174	5.1%	5.6%
Age 21 to 44	\$346,075,482	\$467,969,223	\$493,807,525	\$552,224,019	\$576,826,004	\$532,324,099	\$531,530,309	7.4%	24.2%
Age 45 to 64	\$193,963,576	\$258,885,685	\$283,693,953	\$328,619,168	\$363,577,419	\$342,909,763	\$376,927,278	11.7%	17.1%
Age 65 to 74	\$109,811,145	\$134,978,320	\$136,108,376	\$143,544,136	\$154,999,318	\$155,759,229	\$162,359,173	6.7%	7.4%
Age 75 to 84	\$158,329,234	\$180,170,741	\$179,747,874	\$188,017,331	\$204,267,973	\$205,005,899	\$204,018,594	4.3%	9.3%
Age 85 and Over	\$156,989,257	\$177,705,411	\$188,162,609	\$199,683,150	\$217,738,389	\$329,687,322	\$191,129,716	3.3%	8.7%
Age Unknown	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a	0.0%
<b>Total</b>	<b>\$1,292,245,064</b>	<b>\$1,612,407,812</b>	<b>\$1,720,670,090</b>	<b>\$1,874,977,683</b>	<b>\$2,018,737,653</b>	<b>\$2,047,492,180</b>	<b>\$2,200,668,586</b>	<b>9.3%</b>	<b>100.0%</b>
<b>By Race</b>									
White	\$682,687,360	\$847,026,762	\$898,828,373	\$966,655,245	\$1,033,509,224	\$1,044,091,195	\$1,093,016,721	8.2%	49.7%
Black	\$574,842,688	\$714,443,846	\$765,518,569	\$837,816,528	\$893,635,457	\$907,557,313	\$991,921,132	9.5%	45.1%
Hispanic, American Indian or Asian	\$26,401,643	\$21,467,970	\$46,965,545	\$57,049,897	\$64,220,679	\$63,177,612	\$70,965,553	17.9%	3.2%
Other/Unknown	\$8,313,373	\$29,469,234	\$9,357,603	\$13,456,013	\$27,372,293	\$32,666,060	\$44,765,180	32.4%	2.0%
<b>Total</b>	<b>\$1,292,245,064</b>	<b>\$1,612,407,812</b>	<b>\$1,720,670,090</b>	<b>\$1,874,977,683</b>	<b>\$2,018,737,653</b>	<b>\$2,047,492,180</b>	<b>\$2,200,668,586</b>	<b>9.3%</b>	<b>100.0%</b>
<b>By Sex</b>									
Female	\$827,200,510	\$1,011,319,868	\$1,047,343,421	\$1,110,641,549	\$1,187,945,789	\$1,202,962,228	\$1,287,609,639	7.7%	58.5%
Male	\$465,044,554	\$601,087,944	\$673,326,606	\$764,336,134	\$830,791,864	\$844,529,952	\$913,058,947	11.9%	41.5%
Unknown	\$0	\$0	\$63	\$0	\$0	\$0	\$0	-100.0%	0.0%
<b>Total</b>	<b>\$1,292,245,064</b>	<b>\$1,612,407,812</b>	<b>\$1,720,670,090</b>	<b>\$1,874,977,683</b>	<b>\$2,018,737,653</b>	<b>\$2,047,492,180</b>	<b>\$2,200,668,586</b>	<b>9.3%</b>	<b>100.0%</b>

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

## MARYLAND

## SOUTHERN REGION MEDICAID PROFILE

### AVERAGE PAYMENT PER RECIPIENT BY OTHER CHARACTERISTICS

	FFY 91	FFY 92	FFY 93	FFY 94	FFY 95	FFY 96	FFY 97	Annual Change	Above (+) or Below (-) SLC Avg. FFY 97
<b>By Maintenance Assistance Status</b>									
Receiving Cash Assistance or Eligible Under Section 1931	\$2,338.08	\$3,221.64	\$2,865.99	\$3,579.48	\$3,855.21	\$4,064.94	\$4,650.43	12.1%	50.7%
Poverty Related Eligibles	\$4,778.51	\$3,563.80	\$2,899.00	\$2,222.28	\$2,729.00	\$2,742.42	\$3,110.01	-6.9%	95.6%
Medically Needy	\$8,681.73	\$9,656.81	\$9,366.30	\$10,164.76	\$9,853.44	\$13,102.81	\$13,113.40	7.1%	109.5%
Other Eligibles	\$2,264.95	\$2,016.41	\$1,809.39	\$1,895.33	\$2,172.90	\$3,115.25	\$1,708.41	-4.6%	-59.4%
Maintenance Assistance Status Unknown	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	n/a	-100.0%
<b>Total</b>	<b>\$3,564.62</b>	<b>\$4,276.09</b>	<b>\$3,869.52</b>	<b>\$4,516.92</b>	<b>\$4,873.11</b>	<b>\$5,137.52</b>	<b>\$5,474.27</b>	<b>7.4%</b>	<b>81.1%</b>
<b>By Basis of Eligibility</b>									
Aged, Blind or Disabled	\$8,625.01	\$9,823.40	\$9,246.33	\$10,336.44	\$10,739.18	\$11,412.82	\$11,947.72	5.6%	73.0%
Children	\$1,513.49	\$1,742.14	\$1,609.47	\$1,787.59	\$1,908.52	\$1,806.15	\$1,899.98	3.9%	76.0%
Foster Care Children	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	n/a	-100.0%
Adults	\$2,029.24	\$2,484.23	\$2,161.62	\$2,307.49	\$2,564.75	\$2,762.71	\$2,976.74	6.6%	58.1%
Basis of Eligibility Unknown	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	n/a	-100.0%
<b>Total</b>	<b>\$3,564.62</b>	<b>\$4,276.09</b>	<b>\$3,869.52</b>	<b>\$4,516.92</b>	<b>\$4,873.11</b>	<b>\$5,137.52</b>	<b>\$5,474.27</b>	<b>7.4%</b>	<b>81.1%</b>
<b>By Age</b>									
Under Age 1	\$2,519.54	\$2,975.81	\$3,028.66	\$3,181.16	\$3,027.50	\$3,263.21	\$3,703.13	6.6%	46.3%
Age 1 to 5	\$1,237.45	\$1,314.51	\$1,153.76	\$1,273.60	\$1,452.75	\$1,715.02	\$2,704.21	13.9%	159.5%
Age 6 to 14	\$1,316.83	\$1,620.97	\$1,488.22	\$1,915.62	\$2,107.19	\$2,692.31	\$3,673.24	18.6%	243.7%
Age 15 to 20	\$2,687.64	\$3,417.83	\$3,235.24	\$3,580.75	\$3,820.29	\$3,985.43	\$4,174.05	7.6%	88.3%
Age 21 to 44	\$3,586.57	\$4,774.81	\$4,179.96	\$5,096.95	\$5,620.66	\$6,498.81	\$6,001.31	9.0%	75.2%
Age 45 to 64	\$7,307.80	\$9,068.44	\$8,144.87	\$9,175.97	\$9,822.43	\$10,819.39	\$8,450.53	2.5%	46.1%
Age 65 to 74	\$5,659.49	\$6,398.90	\$6,150.68	\$6,597.30	\$6,865.36	\$7,580.63	\$6,157.43	1.4%	37.2%
Age 75 to 84	\$9,058.25	\$9,424.63	\$9,395.63	\$10,318.72	\$10,605.81	\$11,383.52	\$9,868.84	1.4%	39.0%
Age 85 and Over	\$11,712.99	\$10,910.20	\$11,661.04	\$14,012.85	\$14,597.64	\$4,957.41	\$13,349.84	2.2%	25.7%
Age Unknown	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	n/a	-100.0%
<b>Total</b>	<b>\$3,564.62</b>	<b>\$4,276.09</b>	<b>\$3,869.52</b>	<b>\$4,516.92</b>	<b>\$4,873.11</b>	<b>\$5,137.52</b>	<b>\$5,474.27</b>	<b>7.4%</b>	<b>81.1%</b>
<b>By Race</b>									
White	\$4,589.77	\$5,421.94	\$4,831.81	\$5,423.55	\$5,917.30	\$6,388.85	\$6,660.27	6.4%	83.8%
Black	\$2,865.07	\$3,501.08	\$3,236.97	\$3,967.97	\$4,292.61	\$4,474.08	\$4,876.97	9.3%	101.0%
Hispanic, American Indian or Asian	\$2,364.68	\$2,919.22	\$2,344.76	\$2,556.11	\$2,669.52	\$2,602.79	\$2,868.22	3.3%	56.2%
Other/Unknown	\$4,207.17	\$3,123.40	\$4,397.37	\$3,953.00	\$3,716.54	\$4,087.34	\$4,586.13	1.4%	-7.0%
<b>Total</b>	<b>\$3,564.62</b>	<b>\$4,276.09</b>	<b>\$3,869.52</b>	<b>\$4,516.92</b>	<b>\$4,873.11</b>	<b>\$5,137.52</b>	<b>\$5,474.27</b>	<b>7.4%</b>	<b>81.1%</b>
<b>By Sex</b>									
Female	\$3,487.28	\$4,139.60	\$3,691.30	\$4,267.33	\$4,629.33	\$4,856.78	\$5,118.58	6.6%	67.2%
Male	\$3,711.00	\$4,527.25	\$4,183.74	\$4,936.46	\$5,269.92	\$5,598.47	\$6,069.01	8.5%	109.0%
Unknown	\$0.00	\$0.00	\$63.00	\$0.00	\$0.00	\$0.00	\$0.00	100.0%	-100.0%
<b>Total</b>	<b>\$3,564.62</b>	<b>\$4,276.09</b>	<b>\$3,869.52</b>	<b>\$4,516.92</b>	<b>\$4,873.11</b>	<b>\$5,137.52</b>	<b>\$5,474.27</b>	<b>7.4%</b>	<b>81.1%</b>

MARYLAND

## SOUTHERN REGION MEDICAID PROFILE

### ADDITIONAL STATE HEALTH CARE INFORMATION

Sources: "Major Health Care Policies: 50 State Profiles", Health Policy Tracking Service, January, 1998; and "Medicaid Services State by State", HCFA, October 1997.

\*Information supplied by State Medicaid Agency

#### Waivers

Two Freedom of Choice Waivers, 1915 (b), allowed the state to establish a coordinated system of Medicaid providers. These include a Diabetes Managed Care Waiver, operating since 1991 and was implemented statewide in 1993, which requires diabetic patients to have a physician who will manage care and provide special educational and other services to this population; and Maryland Access to Care (MAC), effective 1992, which implements a primary-care case management program for Medicaid recipients. Beginning in January 1997, Medicaid recipients in these programs will be phased into a Medicaid managed care program. The MAC Program and Diabetes Care Waiver Care Program were eliminated in June, 1997.

Maryland's new Medicaid managed care program is called HealthChoice. Under a 1115 Waiver, approved on October 30, 1996, HealthChoice enrollment began in June of 1997. Service delivery began July 1, 1997. The program enrolled over 320,000 recipients who receive services through one of eight managed care organizations (MCOs). Pregnant women and children determined eligible for the new Maryland Children's Health Program (SCHIP expansion) will receive services through the HealthChoice Program.

- The Rare and Expensive Case Management Program (REM): The REM, as part of HealthChoice Program, was developed to address the special requirements of waiver eligible individuals diagnosed with rare and expensive conditions and diseases. In addition to standard Medicaid benefits, this program provides intensive case management to an expanded set of benefits known as optional services.

- Stop Loss Case Management (SLM) Program: HealthChoice enrollees whose inpatient costs exceed \$61,000 in a contract year are transferred to the SLM program for the remainder of the contract year. The state assumes responsibility for 90% of the accrued inpatient hospital costs in excess of \$61,000; the MCO is responsible for the remaining 10%. The MCO reassumes full responsibility for the enrollee at the beginning of the new contract year.

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

- Senior Assisted Housing Waiver (age 62 and over): For eligible recipients who reside in group homes, are certified for having a nursing facility of care, and are being discharged from a nursing home. Serves 37 people, operating since July 1, 1993.
- Mental Retardation/Developmental Disabilities: For developmentally disabled individuals as an alternative to institutionalization in an ICF/MR. Serves 3,792 people, operating since April 1, 1984.
- Disabled Children: For medically fragile/technology dependent children so that they can be cared for at home. Serves 186 people, operating since January 1, 1985.
- Pharmacy Point-of-Sale: The Pharmacy Electronic Point-of-Sale claims management and prospective drug utilization review system began January 3, 1993. This successful system provides on-line real time claims adjudication for all outpatient prescription drugs and checks for drug interactions or conflicts with dispensing of medication and for inappropriate utilization. The program was continued for the fee-for-service population and for carved-out AIDS drugs with the onset of HealthChoice.
- Residential Treatment Center (RTC) Waiver: Targets children 5-18 and adults 18-22 who have been admitted to a RTC prior to their 18th birthday and would not be Medicaid once discharged from a RTC. The waiver is scheduled to become effective sometime in 1999, pending HCFA approval.
- Traumatic Brain Injury (TBI) Waiver: Targets individuals age 22-64 who have been diagnosed with traumatic brain injuries that occurred on or after age 22.

#### MARYLAND

## SOUTHERN REGION MEDICAID PROFILE

### Waivers (Continued)

- Autistic Children Waiver: Targets children age 1-21 that are diagnosed with Autism Spectrum Disorder and who require an ICF/MR level of care. Application submitted to HCFA in August of 1998.
- Personal Care Waiver: Targets persons age 21-59 who are physically disabled and require personal care services.

### Managed Care

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

### Coverage for Targeted Population

- The Pharmaceutical Assistance Program: A pharmacy benefit program for certain low-income Maryland residents not eligible for Medicaid. The program pays for certain maintenance drugs used to treat long-term illnesses, anti-infective drugs, insulin and syringes (there is a \$5.00 co-pay for prescriptions). Eligibility is based on an income standard of \$11,000 per year for a family of 3. The program is funded with 100% state 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.

### Medicaid

- 22 optional services are offered.

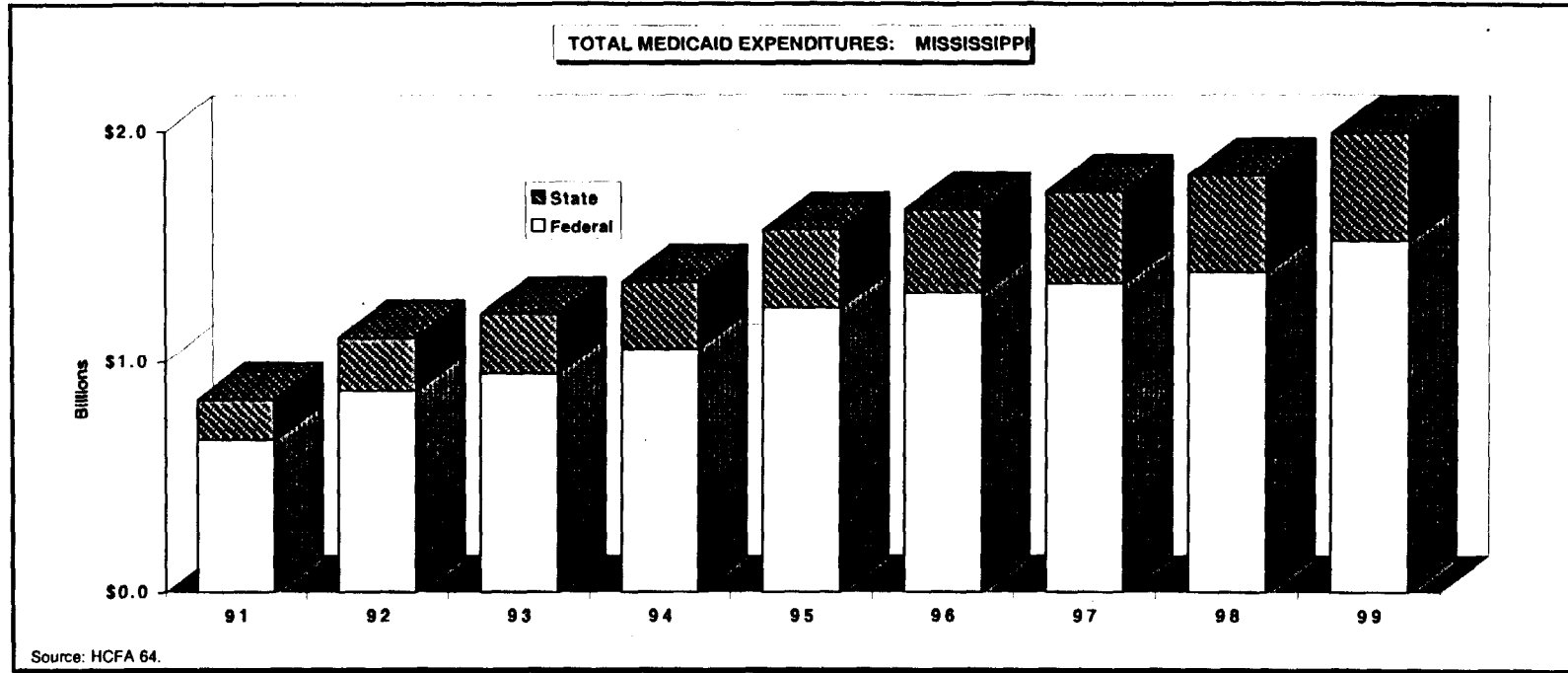
### Childrens Health Insurance Program: Medicaid Expansion

- Maryland Children's Health Program (MCHP) provides health insurance coverage for children in low income families and pregnant women. As of July 1, 1998, services through HealthChoice are available for children up to age 19 and pregnant women in families with incomes up to 200% of the FPL. The program will use funds provided under Title XIX and XXI of the Social Security Act.

## SOUTHERN REGION MEDICAID PROFILES



# SOUTHERN REGION MEDICAID PROFILE



	FFY 91	FFY 92	FFY 93	FFY 94	FFY 95	FFY96	FFY97	FFY98**	FFY99**	Annual Rate of Change	Total 91-99
Medicaid Payments	\$806,879,744	\$1,070,457,525	\$1,175,245,153	\$1,310,152,595	\$1,542,007,576	\$1,623,379,510	\$1,702,265,458	\$1,752,803,000	\$1,938,938,000	11.6%	140.3%
Federal Share	\$643,345,183	\$856,199,726	\$929,162,984	\$1,035,042,032	\$1,212,038,076	\$1,268,803,576	\$1,315,729,583	\$1,351,856,000	\$1,489,356,000	11.1%	131.5%
State Share	\$163,534,561	\$214,257,799	\$246,082,169	\$275,110,563	\$329,969,500	\$354,575,934	\$386,535,875	\$400,947,000	\$449,582,000	13.5%	174.9%
Administrative Costs	\$29,531,322	\$34,408,337	\$29,761,452	\$35,134,804	\$32,583,172	\$39,704,961	\$38,272,533	\$57,192,000	\$54,030,000	7.8%	83.0%
Federal Share	\$17,087,296	\$19,008,846	\$18,017,306	\$20,625,571	\$19,733,600	\$24,183,512	\$23,077,629	\$34,786,000	\$32,565,000	8.4%	90.6%
State Share	\$12,444,026	\$15,399,491	\$11,744,146	\$14,509,233	\$12,849,572	\$15,521,449	\$15,194,904	\$22,406,000	\$21,465,000	7.1%	72.5%
Admin. Costs as % of Payments	3.66%	3.21%	2.53%	2.68%	2.11%	2.45%	2.25%	3.26%	2.79%		
Federal Match Rate*	79.93%	79.99%	79.01%	78.85%	78.58%	78.07%	77.22%	77.09%	77.09%		

\*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 98 and 99 reflect latest estimates reported by each state.

## MISSISSIPPI

## SOUTHERN REGION MEDICAID PROFILE

### STATE FINANCING

	Payments		Administration	
	FFY 91	FFY 99	FFY 91	FFY 99
State General Fund	\$163,534,561	\$227,967,593	\$12,444,026	\$21,465,000
Local Funds	\$0	\$207,864,407	\$0	\$0
Provider Taxes	\$0	\$13,750,000	\$0	\$0
Donations	\$0	\$0	\$0	\$0
Other	\$0	\$0	\$0	\$0
Total State Share	\$163,534,561	\$449,582,000	\$12,444,026	\$21,465,000

Provider Taxes Currently in Place (FFY 99)		
Provider	Tax Rate	Amount
Nursing homes	\$2.00 per patient day	\$13,750,000
Total		\$13,750,000

### DISPROPORTIONATE SHARE HOSPITAL (DSH) PAYMENTS

	FFY 91	FFY 92	FFY 93	FFY 94	FFY 95	FFY 96	FFY 97	FFY 98*	FFY 99*	Annual Change
General Hospitals	\$5,000,000	\$152,343,000	\$152,342,000	\$158,378,989	\$182,608,063	\$200,283,473	\$213,573,007	\$185,497,470	\$185,497,470	3.3%
Mental Hospitals	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a
Total	\$5,000,000	\$152,343,000	\$152,342,000	\$158,378,989	\$182,608,063	\$200,283,473	\$213,573,007	\$185,497,470	\$185,497,470	3.3%

SELECTED ELIGIBILITY CRITERIA				DEMOGRAPHIC DATA & POVERTY INDICATORS (1996)			
	At 10/1/98	% of FPL*					Rank in U.S.
TANF-Temporary Assistance for Needy Families (Family of 3)				State population—July 1, 1996*	2,710,750		31
Need Standard (Net)	\$368	32.4%		Per capita personal income**	\$17,575		50
Payment Standard	\$120	10.5%		Median household income**	\$26,963		47
Maximum Payment	\$120	10.5%					
Medically Needy Program (Family of 3)				Population below Federal Poverty Level on July 1, 1996*	577,390		
Income Eligibility Standard	N/A			Percent of total population	21.3%		3
Resource Standard							
Pregnant Women, Children and Infants (% of FPL*)				Population without health insurance coverage*	518,000		27
Pregnant women and infants	185%			Percent of total population	19.1%		8
Children 1 to 5	133%						
Children 6 to 18	100%			Recipients of Food Stamps***	457,000		19
SSI Eligibility Levels				Households receiving Food Stamps***	179,000		19
Income:				Total value of issuance***	\$376,000,000		19
Single Person	\$484	72.1%		Average monthly benefit per recipient	\$68.56		34
Couple	\$726	80.3%		Average monthly benefit per household	\$175.05		21
Resources:				Monthly recipients of Aid to Families with Dependent Children****	133,029		25
Single Person	\$2,000			Total AFDC payments****	\$88,928,158		38
Couple	\$3,000			Average monthly payment per recipient	\$55.71		
				Average monthly payment per family	\$119.09		50

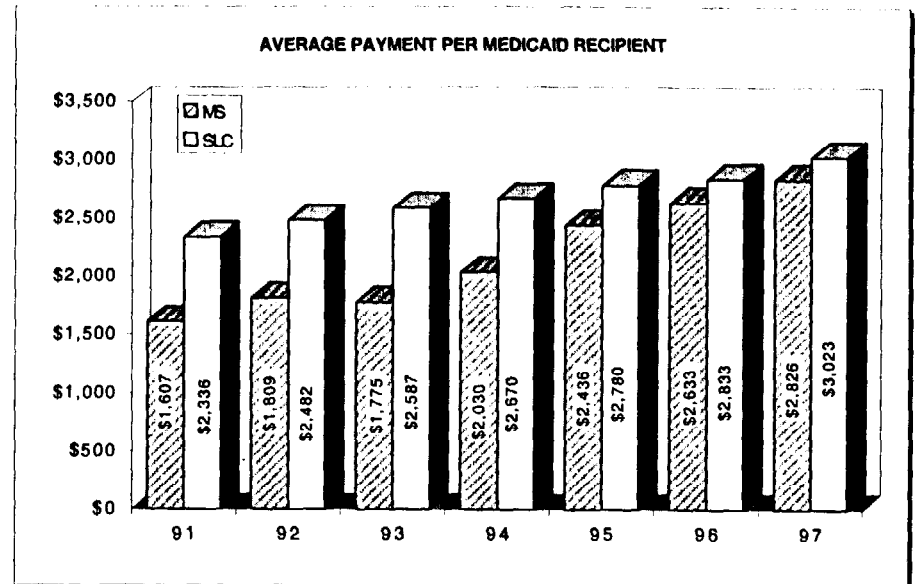
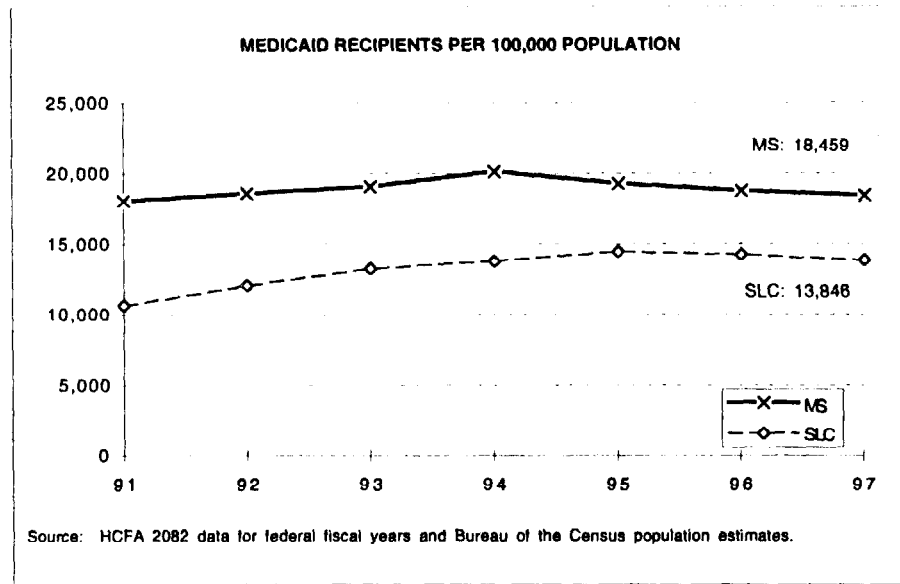
\*Current federal poverty level is \$8,050 per year for a single person, \$10,850 for a family of two and \$13,650 for a family of three. Table above shows monthly income levels.

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

### MISSISSIPPI



# SOUTHERN REGION MEDICAID PROFILE



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

### RECIPIENTS BY TYPE OF SERVICES

	FFY91	FFY92	FFY93	FFY94	FFY95	FFY96	FFY97	Annual Change	Share of Total FFY 97
01. General Hospital	99,708	91,253	94,621	98,866	103,014	100,186	118,299	2.9%	N/A**
02. Mental Hospital	130	565	784	1,331	1,559	1,923	2,125	59.3%	
03. Skilled and Intermediate Care Nursing*	16,430	16,501	16,427	16,856	18,015	18,381	17,985	1.5%	
04. Intermediate Care for Mentally Retarded	1,929	1,889	2,021	2,089	2,166	2,281	2,485	4.3%	
05. Physician Services	387,289	406,789	420,880	434,988	421,417	407,534	391,783	0.2%	
06. Dental Services	95,618	29,120	28,952	27,322	29,907	27,921	27,169	-18.9%	
07. Other Practitioners	42,493	7,669	4,396	6,549	9,955	9,923	10,283	-21.1%	
08. Outpatient Hospital	222,908	223,250	220,875	217,802	225,067	214,085	201,823	-1.6%	
09. Clinic Services	35,259	19,053	28,728	30,740	32,567	32,477	33,161	-1.0%	
10. Lab and X-Ray	71,542	69,830	78,350	79,182	85,880	88,234	86,837	3.3%	
11. Home Health	4,594	4,781	4,859	5,336	6,172	6,340	7,114	7.6%	
12. Prescribed Drugs	356,429	396,229	409,132	411,813	416,065	404,263	391,328	1.6%	
13. Family Planning	46,948	49,016	33,390	19,383	0	0	0	-100.0%	
14. Early & Periodic Screening, Diagnosis & Treatment	111,005	164,429	182,004	205,012	182,313	176,166	167,897	7.1%	
15. Rural Health	1,886	25,601	52,283	80,833	110,145	129,377	122,776	100.6%	
16. Other Care (includes managed care)	67,610	156,522	47,168	53,352	62,190	60,417	67,595	0.0%	
17. Waivers	0	0	0	0	0	0	1,246	n/a	
<b>Total**</b>	<b>469,684</b>	<b>486,861</b>	<b>504,498</b>	<b>536,916</b>	<b>519,697</b>	<b>509,581</b>	<b>504,017</b>	<b>1.2%</b>	

\*Prior to FFY 91 this category was divided into "skilled nursing facility" and "all other intermediate care facilities" (non-MR).

\*\*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.

MISSISSIPPI

## SOUTHERN REGION MEDICAID PROFILE

### PAYMENTS BY TYPE OF SERVICES

	FFY 91	FFY 92	FFY 93	FFY 94	FFY 95	FFY 96	FFY 97	Annual Change	of Total FFY 97
01. General Hospital	\$218,484,964	\$223,067,454	\$234,412,802	\$277,913,181	\$309,884,349	\$323,906,167	\$327,808,579	7.0%	23.0%
02. Mental Hospital	\$2,174,898	\$8,635,813	\$9,045,902	\$9,989,511	\$13,103,148	\$13,400,756	\$14,732,690	37.6%	1.0%
03. Skilled and Intermediate Care Nursing*	\$182,973,304	\$205,422,140	\$175,407,923	\$234,644,564	\$274,217,118	\$287,149,171	\$304,079,742	8.8%	21.4%
04. Intermediate Care for Mentally Retarded	\$57,663,620	\$62,708,631	\$55,935,548	\$84,931,914	\$89,584,943	\$101,926,076	\$119,385,548	12.9%	8.4%
05. Physician Services	\$84,172,799	\$93,730,726	\$130,087,888	\$148,269,641	\$171,874,303	\$177,221,994	\$187,028,378	14.2%	13.1%
06. Dental Services	\$9,146,631	\$1,961,740	\$1,938,613	\$2,494,275	\$3,259,186	\$3,076,508	\$2,988,733	-17.0%	0.2%
07. Other Practitioners	\$2,747,890	\$224,333	\$196,869	\$327,477	\$540,325	\$536,020	\$576,021	-22.9%	0.0%
08. Outpatient Hospital	\$59,850,751	\$67,229,516	\$67,677,444	\$78,735,383	\$95,943,406	\$97,048,337	\$96,761,174	8.3%	6.8%
09. Clinic Services	\$4,906,161	\$8,587,066	\$27,055,099	\$30,519,022	\$35,676,952	\$36,605,063	\$39,866,450	41.8%	2.8%
10. Lab and X-Ray	\$3,978,433	\$4,261,580	\$5,177,814	\$5,554,533	\$6,212,829	\$6,602,861	\$6,387,516	8.2%	0.4%
11. Home Health	\$5,665,429	\$6,947,867	\$7,888,281	\$8,084,684	\$11,477,114	\$12,600,309	\$10,671,566	11.1%	0.7%
12. Prescribed Drugs	\$86,631,141	\$115,106,986	\$130,918,361	\$140,045,378	\$162,743,883	\$176,758,960	\$208,577,199	15.8%	14.6%
13. Family Planning	\$4,356,999	\$5,942,811	\$3,740,726	\$84,644	(\$6,882)	\$0	\$0	-100.0%	0.0%
14. Early & Periodic Screening, Diagnosis & Treatment	\$6,703,727	\$16,913,446	\$20,114,529	\$23,076,224	\$26,595,751	\$27,098,341	\$25,979,090	25.3%	1.8%
15. Rural Health	\$142,768	\$2,537,283	\$7,481,467	\$15,704,732	\$23,387,315	\$33,737,036	\$33,017,121	147.8%	2.3%
16. Other Care (includes managed care)	\$25,317,704	\$57,683,348	\$18,512,203	\$29,651,024	\$41,305,560	\$43,993,216	\$46,359,360	10.6%	3.3%
17. Waivers	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a	0.0%
<b>Total*</b>	<b>\$754,917,219</b>	<b>\$880,960,740</b>	<b>\$895,591,469</b>	<b>\$1,090,026,187</b>	<b>\$1,265,799,300</b>	<b>\$1,341,660,815</b>	<b>\$1,424,219,167</b>	<b>11.2%</b>	<b>100.0%</b>

\*Disproportionate share payments, pharmacy rebates, and other adjustments are excluded.

### AVERAGE PAYMENTS PER RECIPIENT BY TYPE OF SERVICES

								Above (+) or Below (-) SLC	Arx. FFY 97
01. General Hospital	\$2,191.25	\$2,444.49	\$2,477.39	\$2,811.01	\$3,008.18	\$3,233.05	\$2,771.02	4.0%	-24.5%
02. Mental Hospital	\$16,729.98	\$15,284.62	\$11,538.14	\$7,505.27	\$8,404.84	\$6,968.67	\$6,933.03	-13.7%	-33.4%
03. Skilled and Intermediate Care Nursing*	\$11,136.54	\$12,449.07	\$10,678.03	\$13,920.54	\$15,221.60	\$15,622.06	\$16,907.41	7.2%	15.2%
04. Intermediate Care for Mentally Retarded	\$29,893.01	\$33,196.73	\$27,677.16	\$40,656.73	\$41,359.62	\$44,684.82	\$48,042.47	8.2%	-19.9%
05. Physician Services	\$217.34	\$230.42	\$309.09	\$340.86	\$407.85	\$434.86	\$477.38	14.0%	28.9%
06. Dental Services	\$95.66	\$67.37	\$66.96	\$91.29	\$108.98	\$110.19	\$110.01	2.4%	-37.1%
07. Other Practitioners	\$64.67	\$29.25	\$44.78	\$50.00	\$54.28	\$54.02	\$56.02	-2.4%	-61.5%
08. Outpatient Hospital	\$268.50	\$301.14	\$306.41	\$361.50	\$426.29	\$453.32	\$479.44	10.1%	9.0%
09. Clinic Services	\$139.15	\$450.69	\$941.77	\$992.81	\$1,095.49	\$1,127.11	\$1,202.21	43.2%	70.4%
10. Lab and X-Ray	\$55.61	\$61.03	\$66.09	\$70.15	\$72.34	\$74.83	\$73.56	4.8%	-18.3%
11. Home Health	\$1,233.22	\$1,453.22	\$1,623.44	\$1,515.12	\$1,859.55	\$1,987.43	\$1,500.08	3.3%	-65.6%
12. Prescribed Drugs	\$243.05	\$290.51	\$319.99	\$340.07	\$391.15	\$437.24	\$533.00	14.0%	0.0%
13. Family Planning	\$92.80	\$121.24	\$112.03	\$4.37	\$0.00	\$0.00	\$0.00	-100.0%	-100.0%
14. Early & Periodic Screening, Diagnosis & Treatment	\$60.39	\$102.86	\$110.52	\$112.56	\$145.88	\$153.82	\$154.73	17.0%	-43.3%
15. Rural Health	\$75.70	\$99.11	\$143.10	\$194.29	\$212.33	\$260.77	\$268.92	23.5%	47.2%
16. Other Care (includes managed care)	\$374.47	\$368.53	\$392.47	\$555.76	\$664.18	\$728.16	\$685.84	10.6%	-18.6%
17. Waivers	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	n/a	-100.0%
<b>Total (Average)*</b>	<b>\$1,607.29</b>	<b>\$1,809.47</b>	<b>\$1,775.21</b>	<b>\$2,030.16</b>	<b>\$2,435.65</b>	<b>\$2,632.87</b>	<b>\$2,825.74</b>	<b>9.9%</b>	<b>-6.5%</b>

### TOTAL PER CAPITA EXPENDITURES

<b>\$322.69</b>	<b>\$422.96</b>	<b>\$456.64</b>	<b>\$504.20</b>	<b>\$584.01</b>	<b>\$613.51</b>	<b>\$637.44</b>	<b>12.0%</b>	<b>18.5%</b>
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\*Prior to FFY 91 this category was divided into "skilled nursing facility" and "all other intermediate care facilities" (non-MR). HCFA 2082 reports for FFY 92, 93 and 94 include disproportionate share hospital payments of \$605.7 million, \$439.4 million and \$44.8 million, respectively. Direct cost comparisons between states reflect an adjusted unit cost for Louisiana general and mental hospital services and for the total Medicaid cost per recipient.

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

**RECIPIENTS BY OTHER CHARACTERISTICS**

	<b>FFY 91</b>	<b>FFY 92</b>	<b>FFY 93</b>	<b>FFY 94</b>	<b>FFY 95</b>	<b>FFY 96</b>	<b>FFY 97</b>	<i>Annual Change</i>	<i>Share of Total FFY 97</i>
<b>By Maintenance Assistance Status</b>									
Receiving Cash Assistance or Eligible Under Section 1931	320,585	321,372	318,395	324,542	311,725	294,297	250,448	-4.0%	49.7%
Poverty Related Eligibles	34,487	54,279	121,523	152,052	153,527	158,623	78,159	14.6%	15.5%
Medically Needy	0	0	0	0	0	0	13,640	n/a	2.7%
Other Eligibles	114,612	111,210	45,833	48,943	52,914	53,848	153,935	5.0%	30.5%
Maintenance Assistance Status Unknown	0	0	18,747	11,379	1,531	2,813	7,835	-19.6%	1.6%
<b>Total</b>	<b>469,684</b>	<b>486,861</b>	<b>504,498</b>	<b>536,916</b>	<b>519,697</b>	<b>509,581</b>	<b>504,017</b>	<b>1.2%</b>	<b>100.0%</b>
<b>By Basis of Eligibility</b>									
Aged, Blind, or Disabled	155,128	160,407	169,744	182,309	192,450	191,998	193,184	3.7%	38.3%
Children	225,502	321,010	237,624	258,293	247,312	242,146	191,635	-2.7%	38.0%
Foster Care Children	1,147	1,471	1,610	1,782	2,076	1,998	1,420	3.6%	0.3%
Adults	87,907	3,973	76,773	83,153	76,328	70,626	109,943	3.8%	21.8%
Basis of Eligibility Unknown	0	0	18,747	11,379	1,531	2,813	7,835	-19.6%	1.6%
<b>Total</b>	<b>469,684</b>	<b>486,861</b>	<b>504,498</b>	<b>536,916</b>	<b>519,697</b>	<b>509,581</b>	<b>504,017</b>	<b>1.2%</b>	<b>100.0%</b>
<b>By Age</b>									
Under Age 1	58,819	35,331	26,299	26,585	26,353	26,231	25,777	-12.8%	5.1%
Age 1 to 5	79,633	102,641	105,017	115,086	108,338	104,134	98,914	3.7%	19.6%
Age 6 to 14	79,242	86,388	92,211	98,941	98,821	99,927	98,407	3.7%	19.5%
Age 15 to 20	43,175	44,831	44,471	49,258	48,303	46,725	45,495	0.9%	9.0%
Age 21 to 44	92,999	96,974	98,661	109,972	106,322	101,957	102,213	1.6%	20.3%
Age 45 to 64	34,302	36,337	37,647	41,244	44,116	44,431	46,746	5.3%	9.3%
Age 65 to 74	30,410	31,582	31,190	31,741	32,255	31,499	31,324	0.5%	6.2%
Age 75 to 84	32,153	35,627	30,497	31,120	31,503	30,573	29,911	-1.2%	5.9%
Age 85 and Over	18,951	17,150	19,747	21,552	22,910	23,051	22,754	3.1%	4.5%
Age Unknown	0	0	18,758	11,417	776	1,053	2,476	-39.7%	0.5%
<b>Total</b>	<b>469,684</b>	<b>486,861</b>	<b>504,498</b>	<b>536,916</b>	<b>519,697</b>	<b>509,581</b>	<b>504,017</b>	<b>1.2%</b>	<b>100.0%</b>
<b>By Race</b>									
White	136,583	146,088	146,535	162,073	160,790	157,815	157,375	2.4%	31.2%
Black	330,143	310,690	311,989	334,912	328,736	321,006	314,143	-0.8%	62.3%
Hispanic, American Indian or Asian	2,910	1,751	3,985	4,617	4,643	4,900	4,798	8.7%	1.0%
Other/Unknown	48	28,332	41,989	35,314	25,528	25,860	27,701	188.5%	5.5%
<b>Total</b>	<b>469,684</b>	<b>486,861</b>	<b>504,498</b>	<b>536,916</b>	<b>519,697</b>	<b>509,581</b>	<b>504,017</b>	<b>1.2%</b>	<b>100.0%</b>
<b>By Sex</b>									
Female	307,764	312,477	311,513	337,381	331,344	323,155	319,225	0.6%	63.3%
Male	161,918	172,397	174,047	187,993	187,659	185,367	182,314	2.0%	36.2%
Unknown	2	1,987	18,938	11,542	694	1,059	2,478	227.7%	0.5%
<b>Total</b>	<b>469,684</b>	<b>486,861</b>	<b>504,498</b>	<b>536,916</b>	<b>519,697</b>	<b>509,581</b>	<b>504,017</b>	<b>1.2%</b>	<b>100.0%</b>

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

MISSISSIPPI

# SOUTHERN REGION MEDICAID PROFILE

## PAYMENTS BY OTHER CHARACTERISTICS

	FFY 91	FFY 92	FFY 93	FFY 94	FFY 95	FFY 96	FFY 97	Annual Change	Share of Total FFY 92
<b>By Maintenance Assistance Status</b>									
Receiving Cash Assistance or Eligible Under Section 1931	\$441,010,259	\$487,349,883	\$518,954,699	\$610,908,464	\$690,508,754	\$720,731,300	\$688,270,948	7.7%	48.3%
Poverty Related Eligibles	\$194,227,311	\$268,477,327	\$125,153,070	\$158,736,656	\$185,615,461	\$201,874,128	\$174,041,466	-1.8%	12.2%
Medically Needy	\$0	\$0	\$0	\$0	\$0	\$0	\$343,738,060	n/a	24.1%
Other Eligibles	\$119,679,649	\$125,133,530	\$247,755,049	\$319,698,560	\$387,950,785	\$416,674,167	\$213,828,001	10.2%	15.0%
Maintenance Assistance Status Unknown	\$0	\$0	\$3,728,651	\$682,507	\$1,724,300	\$2,381,220	\$4,340,692	3.9%	0.3%
<b>Total</b>	<b>\$754,917,219</b>	<b>\$880,960,740</b>	<b>\$895,591,469</b>	<b>\$1,090,026,187</b>	<b>\$1,265,799,300</b>	<b>\$1,341,660,815</b>	<b>\$1,424,219,167</b>	<b>11.2%</b>	<b>100.0%</b>
<b>By Basis of Eligibility</b>									
Aged, Blind or Disabled	\$508,229,090	\$585,959,354	\$590,239,323	\$747,582,985	\$885,597,082	\$951,626,240	\$1,037,662,701	12.6%	72.9%
Children	\$124,711,057	\$288,666,754	\$175,516,443	\$204,838,112	\$232,019,339	\$241,534,473	\$228,602,554	10.6%	16.1%
Foster Care Children	\$1,823,654	\$4,050,916	\$5,220,811	\$5,261,143	\$7,108,065	\$7,695,696	\$4,791,631	17.5%	0.3%
Adults	\$120,153,418	\$2,283,716	\$120,886,241	\$131,661,440	\$139,350,514	\$138,423,186	\$148,821,589	3.6%	10.4%
Basis of Eligibility Unknown	\$0	\$0	\$3,728,651	\$682,507	\$1,724,300	\$2,381,220	\$4,340,692	3.9%	0.3%
<b>Total</b>	<b>\$754,917,219</b>	<b>\$880,960,740</b>	<b>\$895,591,469</b>	<b>\$1,090,026,187</b>	<b>\$1,265,799,300</b>	<b>\$1,341,660,815</b>	<b>\$1,424,219,167</b>	<b>11.2%</b>	<b>100.0%</b>
<b>By Age</b>									
Under Age 1	\$47,863,707	\$37,922,771	\$35,748,592	\$38,309,788	\$47,134,434	\$47,052,904	\$46,915,130	-0.3%	3.3%
Age 1 to 5	\$46,227,532	\$70,448,952	\$80,781,313	\$98,889,452	\$105,575,663	\$114,612,895	\$108,401,967	15.3%	7.6%
Age 6 to 14	\$41,230,827	\$53,720,663	\$66,399,555	\$80,770,637	\$93,035,255	\$100,899,015	\$107,013,434	17.2%	7.5%
Age 15 to 20	\$63,416,057	\$77,505,673	\$75,540,445	\$93,819,525	\$106,265,454	\$109,075,250	\$107,439,917	9.2%	7.5%
Age 21 to 44	\$174,559,232	\$203,187,095	\$212,707,183	\$260,917,425	\$295,235,158	\$311,146,374	\$317,104,100	10.5%	22.3%
Age 45 to 64	\$108,976,937	\$127,938,544	\$130,078,706	\$166,162,224	\$201,446,652	\$220,521,858	\$246,610,716	14.6%	17.3%
Age 65 to 74	\$67,190,317	\$76,120,526	\$74,421,067	\$84,248,904	\$100,496,857	\$106,329,143	\$121,524,574	10.4%	8.5%
Age 75 to 84	\$110,677,382	\$141,535,019	\$106,405,480	\$125,338,226	\$146,524,812	\$150,432,329	\$166,046,783	7.0%	11.7%
Age 85 and Over	\$94,775,228	\$92,581,497	\$109,781,411	\$140,870,919	\$168,423,258	\$179,576,947	\$200,697,453	13.3%	14.1%
Age Unknown	\$0	\$0	\$3,727,717	\$699,087	\$1,661,757	\$2,014,100	\$2,465,093	-9.8%	0.2%
<b>Total</b>	<b>\$754,917,219</b>	<b>\$880,960,740</b>	<b>\$895,591,469</b>	<b>\$1,090,026,187</b>	<b>\$1,265,799,300</b>	<b>\$1,341,660,815</b>	<b>\$1,424,219,167</b>	<b>11.2%</b>	<b>100.0%</b>
<b>By Race</b>									
White	\$331,617,918	\$386,957,180	\$375,952,899	\$469,734,377	\$545,534,963	\$574,226,312	\$616,694,488	10.9%	43.3%
Black	\$420,692,176	\$426,143,798	\$444,690,637	\$533,443,982	\$615,051,035	\$650,101,049	\$680,779,249	8.4%	47.8%
Hispanic, American Indian or Asian	\$2,577,280	\$1,568,552	\$5,063,259	\$7,040,128	\$9,123,368	\$10,404,535	\$9,368,754	24.0%	0.7%
Other/Unknown	\$29,845	\$66,291,210	\$69,884,674	\$79,807,700	\$96,089,934	\$106,928,919	\$117,376,676	297.3%	8.2%
<b>Total</b>	<b>\$754,917,219</b>	<b>\$880,960,740</b>	<b>\$895,591,469</b>	<b>\$1,090,026,187</b>	<b>\$1,265,799,300</b>	<b>\$1,341,660,815</b>	<b>\$1,424,219,167</b>	<b>11.2%</b>	<b>100.0%</b>
<b>By Sex</b>									
Female	\$526,460,144	\$603,795,858	\$607,904,619	\$731,441,269	\$844,463,861	\$893,517,417	\$942,897,971	10.2%	66.2%
Male	\$228,441,031	\$275,882,488	\$283,730,134	\$357,744,146	\$419,544,219	\$445,911,308	\$478,854,818	13.1%	33.6%
Unknown	\$16,044	\$1,282,394	\$3,956,716	\$840,772	\$1,791,220	\$2,232,090	\$2,466,378	131.5%	0.2%
<b>Total</b>	<b>\$754,917,219</b>	<b>\$880,960,740</b>	<b>\$895,591,469</b>	<b>\$1,090,026,187</b>	<b>\$1,265,799,300</b>	<b>\$1,341,660,815</b>	<b>\$1,424,219,167</b>	<b>11.2%</b>	<b>100.0%</b>

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

MISSISSIPPI

## SOUTHERN REGION MEDICAID PROFILE

### AVERAGE PAYMENT PER RECIPIENT BY OTHER CHARACTERISTICS

								Above (+) or Below (-)	
	FFY 91	FFY 92	FFY 93	FFY 94	FFY 95	FFY 96	FFY 97	Annual Change	SLC Avg. FFY 97
<b>By Maintenance Assistance Status</b>									
Receiving Cash Assistance or Eligible Under Section 1931	\$1,375.64	\$1,516.47	\$1,629.91	\$1,882.37	\$2,215.12	\$2,448.99	\$2,748.16	12.2%	-10.9%
Poverty Related Eligibles	\$5,631.90	\$4,946.25	\$1,029.87	\$1,043.96	\$1,209.01	\$1,272.67	\$2,226.76	-14.3%	40.1%
Medically Needy	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$25,200.74	n/a	302.6%
Other Eligibles	\$1,044.22	\$1,125.20	\$5,405.60	\$6,532.06	\$7,331.72	\$7,737.97	\$1,389.08	4.9%	-67.0%
Maintenance Assistance Status Unknown	\$0.00	\$0.00	\$198.89	\$59.98	\$1,126.26	\$846.51	\$554.01	29.2%	-82.3%
<b>Total</b>	<b>\$1,607.29</b>	<b>\$1,809.47</b>	<b>\$1,775.21</b>	<b>\$2,030.16</b>	<b>\$2,435.65</b>	<b>\$2,632.87</b>	<b>\$2,825.74</b>	<b>9.9%</b>	<b>-6.5%</b>
 <b>By Basis of Eligibility</b>									
Aged, Blind or Disabled	\$3,276.19	\$3,652.95	\$3,477.23	\$4,100.64	\$4,601.70	\$4,956.44	\$5,371.37	8.6%	-22.2%
Children	\$553.04	\$899.25	\$738.63	\$793.05	\$938.16	\$997.47	\$1,192.91	13.7%	10.5%
Foster Care Children	\$1,589.93	\$2,753.85	\$3,242.74	\$2,952.38	\$3,423.92	\$3,851.70	\$3,374.39	13.4%	14.6%
Adults	\$1,366.82	\$574.81	\$1,574.59	\$1,583.36	\$1,825.68	\$1,959.95	\$1,353.62	-0.2%	-28.1%
Basis of Eligibility Unknown	\$0.00	\$0.00	\$198.89	\$59.98	\$1,126.26	\$846.51	\$554.01	29.2%	-88.5%
<b>Total</b>	<b>\$1,607.29</b>	<b>\$1,809.47</b>	<b>\$1,775.21</b>	<b>\$2,030.16</b>	<b>\$2,435.65</b>	<b>\$2,632.87</b>	<b>\$2,825.74</b>	<b>9.9%</b>	<b>-6.5%</b>
 <b>By Age</b>									
Under Age 1	\$813.75	\$1,073.36	\$1,359.31	\$1,441.03	\$1,788.58	\$1,793.79	\$1,820.04	14.4%	-28.1%
Age 1 to 5	\$580.51	\$686.36	\$769.22	\$859.27	\$974.50	\$1,100.63	\$1,095.92	11.2%	5.2%
Age 6 to 14	\$520.32	\$621.85	\$720.08	\$816.35	\$941.45	\$1,009.73	\$1,087.46	13.1%	1.7%
Age 15 to 20	\$1,468.81	\$1,728.84	\$1,698.65	\$1,904.66	\$2,199.98	\$2,334.41	\$2,361.58	8.2%	6.5%
Age 21 to 44	\$1,877.00	\$2,095.27	\$2,155.94	\$2,372.58	\$2,776.80	\$3,051.74	\$3,102.39	8.7%	-9.4%
Age 45 to 64	\$3,176.98	\$3,520.89	\$3,455.22	\$4,028.76	\$4,566.29	\$4,963.24	\$5,275.55	8.8%	-8.8%
Age 65 to 74	\$2,209.48	\$2,410.25	\$2,386.06	\$2,654.26	\$3,115.70	\$3,375.64	\$3,879.60	9.8%	-13.6%
Age 75 to 84	\$3,442.21	\$3,972.69	\$3,489.05	\$4,027.58	\$4,651.14	\$4,920.43	\$5,551.36	8.3%	-21.8%
Age 85 and Over	\$5,001.07	\$5,398.34	\$5,559.40	\$6,536.33	\$7,351.52	\$7,790.42	\$8,820.32	9.9%	-17.0%
Age Unknown	\$0.00	\$0.00	\$198.73	\$61.23	\$2,141.44	\$1,912.73	\$995.59	49.6%	-93.6%
<b>Total</b>	<b>\$1,607.29</b>	<b>\$1,809.47</b>	<b>\$1,775.21</b>	<b>\$2,030.16</b>	<b>\$2,435.65</b>	<b>\$2,632.87</b>	<b>\$2,825.74</b>	<b>9.9%</b>	<b>-6.5%</b>
 <b>By Race</b>									
White	\$2,427.96	\$2,648.80	\$2,565.62	\$2,898.29	\$3,392.84	\$3,638.60	\$3,918.63	8.3%	8.1%
Black	\$1,274.27	\$1,371.60	\$1,425.34	\$1,592.79	\$1,870.96	\$2,025.20	\$2,167.10	9.3%	-10.7%
Hispanic, American Indian or Asian	\$885.66	\$895.80	\$1,270.58	\$1,524.83	\$1,964.97	\$2,123.37	\$1,952.64	14.1%	6.3%
Other/Unknown	\$621.77	\$2,339.80	\$1,664.36	\$2,259.95	\$3,764.10	\$4,134.92	\$4,237.27	37.7%	-14.1%
<b>Total</b>	<b>\$1,607.29</b>	<b>\$1,809.47</b>	<b>\$1,775.21</b>	<b>\$2,030.16</b>	<b>\$2,435.65</b>	<b>\$2,632.87</b>	<b>\$2,825.74</b>	<b>9.9%</b>	<b>-6.5%</b>
 <b>By Sex</b>									
Female	\$1,710.60	\$1,932.29	\$1,951.46	\$2,168.00	\$2,548.60	\$2,764.98	\$2,953.71	9.5%	-3.5%
Male	\$1,410.84	\$1,600.27	\$1,630.19	\$1,902.97	\$2,235.67	\$2,405.56	\$2,626.54	10.9%	-9.5%
Unknown	\$8,022.00	\$645.39	\$208.93	\$72.84	\$2,581.01	\$2,107.73	\$995.31	-29.4%	-90.6%
<b>Total</b>	<b>\$1,607.29</b>	<b>\$1,809.47</b>	<b>\$1,775.21</b>	<b>\$2,030.16</b>	<b>\$2,435.65</b>	<b>\$2,632.87</b>	<b>\$2,825.74</b>	<b>9.9%</b>	<b>-6.5%</b>

MISSISSIPPI

## SOUTHERN REGION MEDICAID PROFILE

### ADDITIONAL STATE HEALTH CARE INFORMATION

Sources: "Major Health Care Policies: 50 State Profiles", Health Policy Tracking Service, January, 1998; and "Medicaid Services State by State", HCFA, October 1997.

\*Information supplied by State Medicaid Agency

#### Waivers

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

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

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

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

Mississippi submitted a waiver in 1995 allowing for establishment of a managed mental health care network for children under age 21.

In 1995, Mississippi passed a new HMO act based upon the NAIC model. It gives the state oversight authority over HMOs, PPOs and other prepaid plans.

#### 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 Uninsured: 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 facilities and services.
- Rate setting. Prospective/per diem methodology used for Medicaid.

#### Medicaid

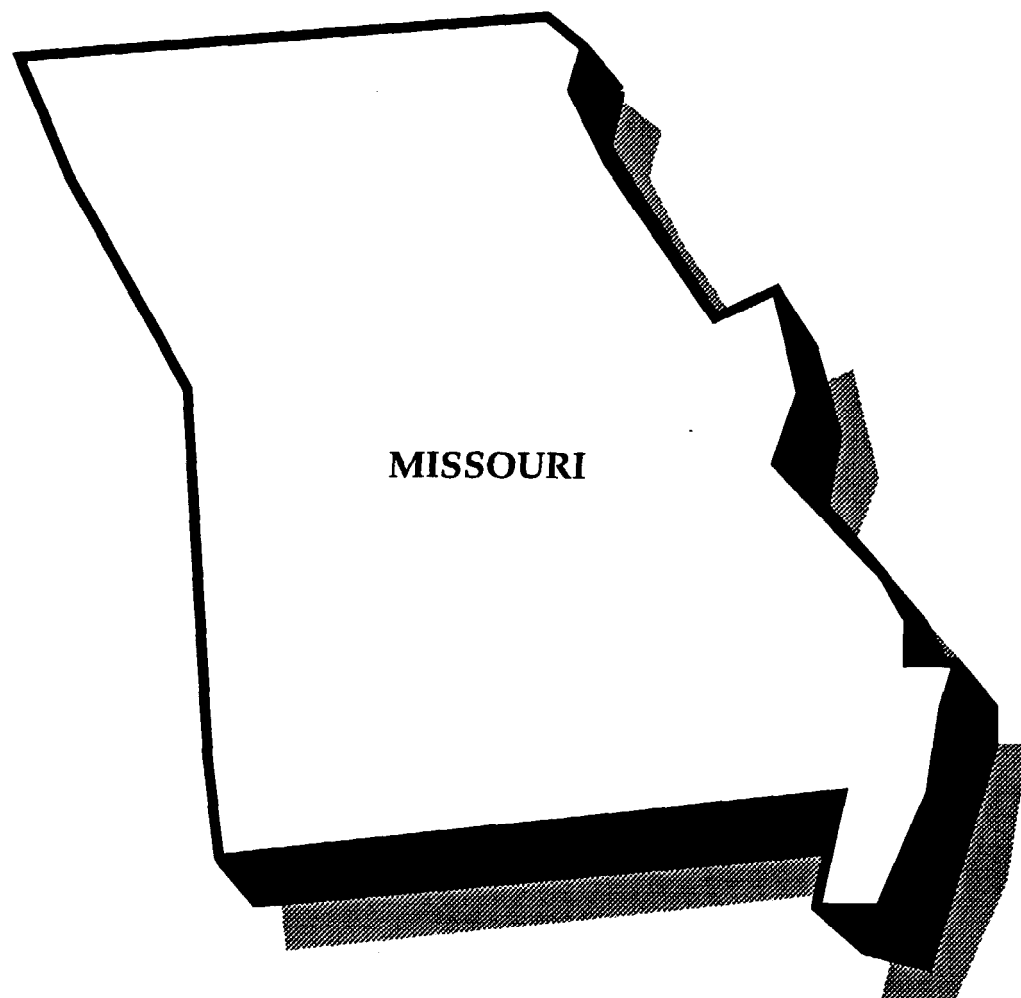
- 23 optional services are offered.

## **SOUTHERN REGION MEDICAID PROFILE**

### **Childrens Health Insurance Program: Medicaid Expansion**

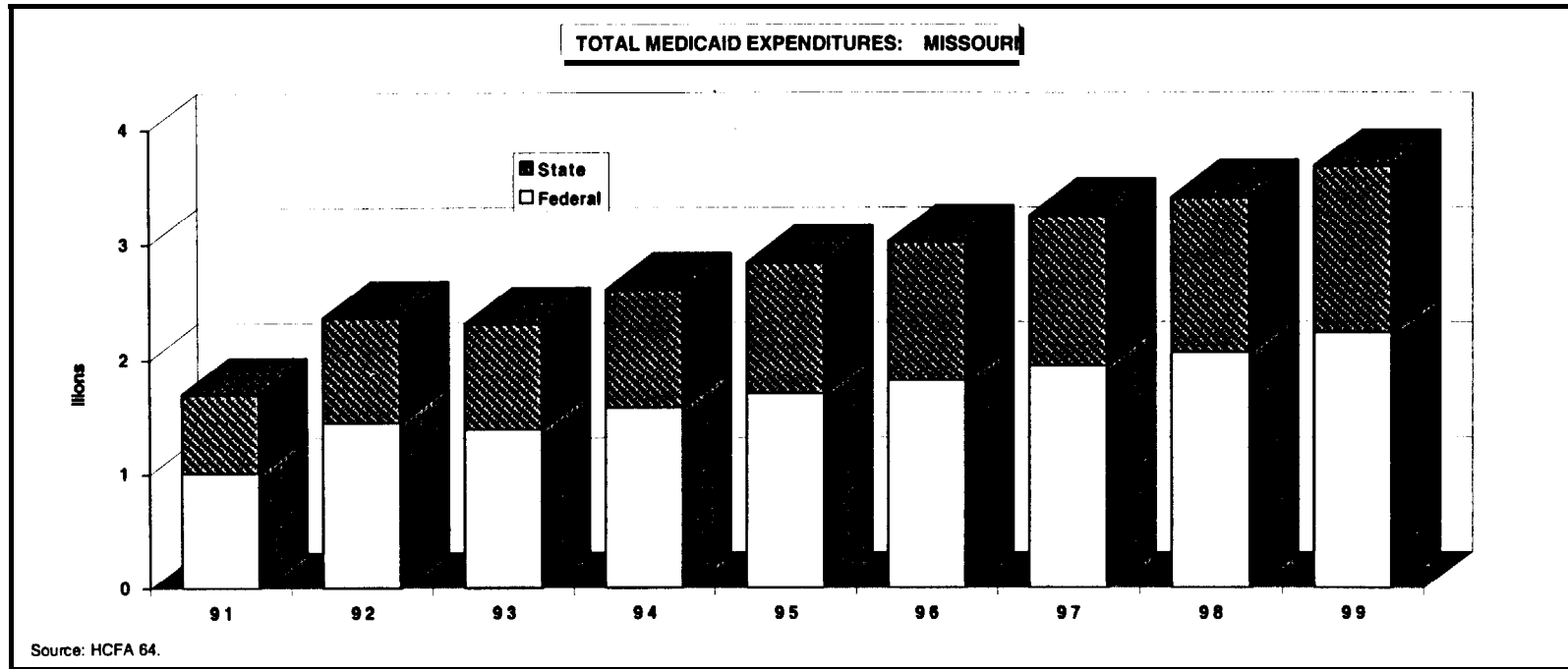
- CHIP in Mississippi will be administered by the Mississippi Division of Medicaid. Phase I, effective July 1, 1998, is an expansion of Medicaid to cover children age 15 up to 19 in families with incomes up to 100% of the FPL. The state expects to enroll 15,000 new children through the program.
- Phase II, effective January 1, 1999, is an expansion of Medicaid to cover children through age 19 in families with incomes between 100% and 133% of the FPL, and are not eligible for Medicaid coverage or have no other creditable health care coverage. The state expects to enroll 50,000 new children in Phase II.

## SOUTHERN REGION MEDICAID PROFILES





# SOUTHERN REGION MEDICAID PROFILE



	FFY 91	FFY 92	FFY 93	FFY 94	FFY 95	FFY96	FFY97	FFY98**	FFY99**	Annual Rate of Change	Total 91-99
Medicaid Payments	\$1,650,000,258	\$2,310,286,683	\$2,244,592,456	\$2,519,652,046	\$2,746,884,816	\$2,918,346,687	\$3,142,586,502	\$3,285,898,000	\$3,556,094,000	10.1%	115.5%
Federal Share	\$986,304,039	\$1,421,032,785	\$1,357,021,133	\$1,533,326,105	\$1,647,983,996	\$1,755,869,077	\$1,889,111,316	\$1,996,187,000	\$2,160,555,000	10.3%	119.1%
State Share	\$663,696,219	\$889,253,898	\$887,571,323	\$986,325,941	\$1,098,900,820	\$1,162,477,610	\$1,253,475,186	\$1,289,711,000	\$1,395,539,000	9.7%	110.3%
Administrative Costs	\$48,421,044	\$53,921,093	\$62,544,308	\$85,949,486	\$90,675,210	\$96,830,872	\$100,685,069	\$111,951,000	\$114,426,000	11.3%	136.3%
Federal Share	\$26,355,051	\$29,282,193	\$33,664,372	\$44,721,525	\$49,728,738	\$52,896,410	\$53,673,372	\$61,437,000	\$64,306,000	11.8%	144.0%
State Share	\$22,065,993	\$24,638,900	\$28,879,936	\$41,227,961	\$40,946,472	\$43,934,462	\$47,011,697	\$50,514,000	\$50,120,000	10.8%	127.1%
Admin. Costs as % of Payments	2.93%	2.33%	2.79%	3.41%	3.30%	3.32%	3.20%	3.41%	3.22%		
Federal Match Rate*	59.82%	60.84%	60.26%	60.64%	59.85%	60.06%	60.04%	60.68%	60.24%		

\*Rate shown is for Medicaid payments only. The FMAP (Federal Medical Assistance Percentage) is based on the relationship between each state's per capita personal income and that of the nation as a whole for the three most recent years. Federal share of state administrative costs is usually 50 percent or 75 percent, depending on function and whether or not medical personnel are used. \*\*Federal Fiscal Years 98 and 99 reflect latest estimates reported by each state.

MISSOURI

# SOUTHERN REGION MEDICAID PROFILE

## STATE FINANCING

	Payments		Administration	
	FFY 91	FFY 99	FFY 91	FFY 99
State General Fund	\$663,696,219	\$956,483,348	\$22,065,993	\$50,120,000
Local Funds	\$0	\$0	\$0	\$0
Provider Taxes	\$0	\$439,055,652	\$0	\$0
Donations	\$0	\$0	\$0	\$0
Other	\$0	\$0	\$0	\$0
Total State Share	\$663,696,219	\$1,395,539,000	\$22,065,993	\$50,120,000

Provider Taxes Currently in Place (FFY 99)		
Provider	Tax Rate	Amount
General and mental hospitals	5.63% of net non-Medicaid operating revenue	\$340,891,212
Nursing homes	\$5.88 per patient day	\$98,164,440
Total		\$439,055,652

## DISPROPORTIONATE SHARE HOSPITAL (DSH) PAYMENTS

	FFY 91	FFY 92	FFY 93	FFY 94	FFY 95	FFY 96	FFY 97	FFY 98*	FFY 99*	Annual Change
General Hospitals	\$0	\$0	\$564,044,000	\$578,515,000	\$521,946,524	\$570,642,615	\$482,177,618	\$463,899,896	\$280,321,118	-11.0%
Mental Hospitals	\$0	\$0	\$139,045,000	\$134,488,000	\$207,234,618	\$153,925,326	\$208,819,742	\$200,933,765	\$199,397,472	6.2%
Total	\$0	\$0	\$703,089,000	\$713,003,000	\$729,181,142	\$724,567,941	\$690,997,360	\$664,833,661	\$479,718,590	-6.2%

## SELECTED ELIGIBILITY CRITERIA

	At 10/1/98	% of FPL*
TANF-Temporary Assistance for Needy Families (Family of 3)		
Need Standard	\$846	74.4%
Payment Standard	\$292	25.7%
Maximum Payment	\$292	25.7%
Medically Needy Program (Family of 2)		
Income Eligibility Standard	N/A	
Resource Standard	N/A	
Pregnant Women, Children and Infants (% of FPL*)		
Pregnant women and infants		185.0%
Children to age 6		133.0%
Children 6 to 18		100.0%
SSI Eligibility Levels		
Income:		
Single Person	\$484	72.1%
Couple	\$741	82.0%
Resources:		
Single Person	\$1,000	
Couple	\$2,000	

\*Current federal poverty level is \$8,050 per year for a single person, \$10,850 for a family of two and \$13,650 for a family of three. Table above shows monthly income levels.

## DEMOGRAPHIC DATA & POVERTY INDICATORS (1996)

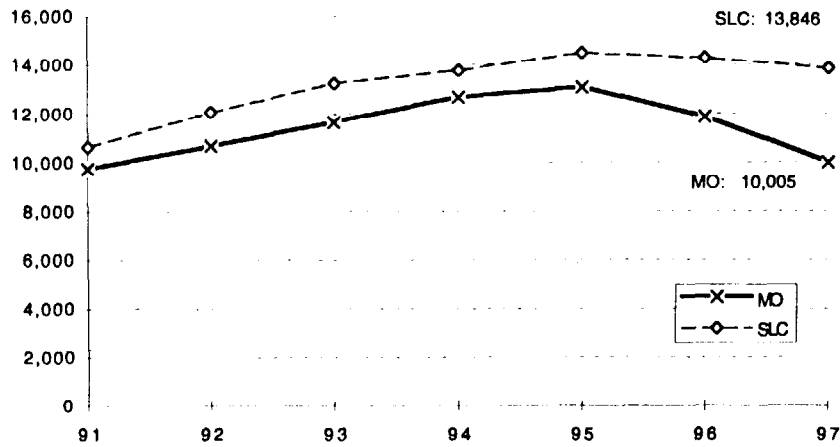
		Rank in U.S.
State population—July 1, 1996*	5,363,669	16
Per capita personal income**	\$23,022	25
Median household income**	\$34,027	26
Population below Federal Poverty Level on July 1, 1996*	616,822	
Percent of total population	11.5%	28
Population without health insurance coverage*	700,000	18
Percent of total population	13.1%	27
Recipients of Food Stamps***	554,000	13
Households receiving Food Stamps***	233,000	14
Total value of issuance***	\$480,000,000	14
Average monthly benefit per recipient	\$72.20	19
Average monthly benefit per household	\$171.67	23
Monthly recipients of Aid to Families with Dependent Children****	238,052	16
Total AFDC payments****	\$302,600,587	18
Average monthly payment per recipient	\$105.93	
Average monthly payment per family	\$257.16	37

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

## MISSOURI

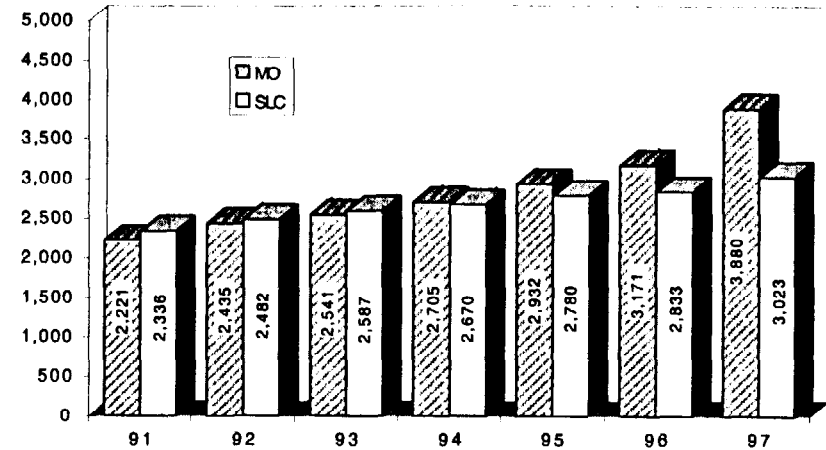
## SOUTHERN REGION MEDICAID PROFILE

**MEDICAID RECIPIENTS PER 100,000 POPULATION**



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

**AVERAGE PAYMENT PER MEDICAID RECIPIENT**



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

#### RECIPIENTS BY TYPE OF SERVICES

	FFY91	FFY92	FFY93	FFY94	FFY95	FFY96	FFY97	Annual Change	Share of Total FFY 97
01. General Hospital	107,482	117,231	120,763	119,234	118,999	92,178	77,371	-5.3%	N/A**
02. Mental Hospital	434	87	21	10	11	11	7	-49.7%	
03. Skilled and Intermediate Care Nursing*	33,817	34,870	35,814	36,497	36,657	36,272	36,395	1.2%	
04. Intermediate Care for Mentally Retarded	2,278	1,874	1,624	1,618	1,590	1,512	1,460	-7.1%	
05. Physician Services	317,371	335,151	355,866	379,142	388,094	330,754	281,908	-2.0%	
06. Dental Services	125,913	134,179	145,013	168,260	173,376	133,535	107,898	-2.5%	
07. Other Practitioners	72,724	82,466	86,587	98,186	106,555	96,657	91,456	3.9%	
08. Outpatient Hospital	268,593	295,633	337,785	363,757	384,357	316,719	268,421	0.0%	
09. Clinic Services	260,847	307,931	345,255	381,968	403,375	340,709	284,383	1.5%	
10. Lab and X-Ray	118,192	130,320	145,361	171,207	174,749	143,668	120,993	0.4%	
11. Home Health	13,347	14,231	17,487	26,676	31,016	33,691	36,164	18.1%	
12. Prescribed Drugs	383,031	437,551	494,466	543,833	561,167	469,821	395,478	0.5%	
13. Family Planning	51,785	60,682	50,455	52,692	53,482	43,658	32,146	-7.6%	
14. Early & Periodic Screening, Diagnosis & Treatment	51,891	79,403	107,142	145,335	155,490	125,839	99,147	11.4%	
15. Rural Health	1,858	6,472	20,479	30,433	52,053	64,109	70,947	83.5%	
16. Other Care (includes managed care)	65,280	90,065	101,190	120,128	123,711	123,796	121,488	10.9%	
17. Waivers	0	0	0	0	0	0	0	n/a	
<b>Total**</b>	<b>503,310</b>	<b>554,477</b>	<b>609,386</b>	<b>668,765</b>	<b>695,458</b>	<b>636,176</b>	<b>540,487</b>	<b>1.2%</b>	

\*Prior to FFY 91 this category was divided into "skilled nursing facility" and "all other intermediate care facilities" (non-MR).

\*\*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.

#### MISSOURI

## SOUTHERN REGION MEDICAID PROFILE

### PAYMENTS BY TYPE OF SERVICES

	FFY 91	FFY 92	FFY 93	FFY 94	FFY 95	FFY 96	FFY 97	Annual Change	of Total FFY 97
01. General Hospital	\$264,535,341	\$299,960,025	\$359,969,649	\$392,127,463	\$413,409,319	\$319,210,097	\$283,395,984	1.2%	13.5%
02. Mental Hospital	\$7,272,354	\$1,062,094	\$362,745	\$216,193	\$184,866	\$211,912	\$223,480	-44.0%	0.0%
03. Skilled and Intermediate Care Nursing*	\$347,597,473	\$372,814,201	\$417,837,538	\$426,119,193	\$493,790,314	\$550,835,274	\$625,830,099	10.3%	29.8%
04. Intermediate Care for Mentally Retarded	\$103,774,496	\$91,265,701	\$73,977,548	\$106,141,956	\$101,886,792	\$104,065,899	\$105,733,517	0.3%	5.0%
05. Physician Services	\$55,519,193	\$61,252,799	\$62,624,151	\$69,491,684	\$71,686,010	\$61,754,033	\$53,960,482	-0.5%	2.6%
06. Dental Services	\$13,134,135	\$15,242,251	\$15,306,300	\$17,874,810	\$18,819,716	\$14,627,847	\$12,109,650	-1.3%	0.6%
07. Other Practitioners	\$3,821,182	\$4,640,823	\$4,588,361	\$5,249,093	\$5,797,278	\$5,383,012	\$5,141,704	5.1%	0.2%
08. Outpatient Hospital	\$86,106,874	\$103,873,419	\$124,144,015	\$149,738,840	\$176,320,507	\$152,356,437	\$143,351,842	8.9%	6.8%
09. Clinic Services	\$37,728,650	\$50,794,932	\$57,232,387	\$70,252,877	\$74,608,007	\$59,086,353	\$50,947,743	5.1%	2.4%
10. Lab and X-Ray	\$5,872,032	\$7,164,216	\$7,279,643	\$9,401,375	\$9,807,617	\$7,673,687	\$6,532,453	1.8%	0.3%
11. Home Health	\$25,118,850	\$31,372,620	\$37,038,185	\$61,182,546	\$78,958,783	\$94,708,888	\$113,629,295	28.6%	5.4%
12. Prescribed Drugs	\$99,369,991	\$162,786,021	\$188,313,966	\$228,660,484	\$259,657,652	\$281,700,005	\$320,660,206	21.6%	15.3%
13. Family Planning	\$4,014,276	\$10,894,896	\$10,878,197	\$12,176,224	\$11,953,165	\$7,936,313	\$5,918,097	6.7%	0.3%
14. Early & Periodic Screening, Diagnosis & Treatment	\$2,543,051	\$10,106,699	\$20,957,461	\$36,984,193	\$52,904,659	\$48,477,303	\$45,982,751	62.0%	2.2%
15. Rural Health	\$142,225	\$980,739	\$3,038,493	\$4,325,497	\$8,880,957	\$12,616,591	\$14,528,207	116.2%	0.7%
16. Other Care (includes managed care)	\$61,332,199	\$126,104,954	\$164,777,232	\$218,804,226	\$260,478,466	\$296,965,575	\$309,330,012	31.0%	14.7%
17. Waivers	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a	0.0%
<b>Total*</b>	<b>\$1,117,882,322</b>	<b>\$1,350,316,390</b>	<b>\$1,548,325,871</b>	<b>\$1,808,746,654</b>	<b>\$2,039,144,108</b>	<b>\$2,017,609,226</b>	<b>\$2,097,275,522</b>	<b>11.1%</b>	<b>100.0%</b>

\*Disproportionate share payments, pharmacy rebates, and other adjustments are excluded.

### AVERAGE PAYMENTS PER RECIPIENT BY TYPE OF SERVICES

								Above (+) or Below (-) SLC Avg. FFY 97	
01. General Hospital	\$2,461.21	\$2,558.71	\$2,980.79	\$3,288.72	\$3,474.06	\$3,462.97	\$3,662.82	6.9%	-0.2%
02. Mental Hospital	\$16,756.58	\$12,207.98	\$17,273.57	\$21,619.30	\$16,806.00	\$19,264.73	\$31,925.71	11.3%	206.7%
03. Skilled and Intermediate Care Nursing*	\$10,278.78	\$10,691.55	\$11,666.88	\$11,675.46	\$13,470.56	\$15,186.24	\$17,195.50	9.0%	17.2%
04. Intermediate Care for Mentally Retarded	\$45,555.09	\$48,701.01	\$45,552.68	\$65,600.71	\$64,079.74	\$68,826.65	\$72,420.22	8.0%	20.8%
05. Physician Services	\$174.93	\$182.76	\$175.98	\$183.29	\$184.71	\$186.71	\$191.41	1.5%	-48.3%
06. Dental Services	\$104.31	\$113.60	\$105.55	\$106.23	\$108.55	\$109.54	\$112.23	1.2%	-35.9%
07. Other Practitioners	\$52.54	\$56.28	\$52.99	\$53.46	\$54.41	\$55.69	\$56.22	1.1%	-61.4%
08. Outpatient Hospital	\$320.58	\$351.36	\$367.52	\$411.65	\$458.74	\$481.05	\$534.06	8.9%	21.4%
09. Clinic Services	\$144.64	\$164.96	\$165.77	\$183.92	\$184.96	\$173.42	\$179.15	3.6%	-74.6%
10. Lab and X-Ray	\$49.68	\$54.97	\$50.08	\$54.91	\$56.12	\$53.41	\$53.99	1.4%	-40.0%
11. Home Health	\$1,881.98	\$2,204.53	\$2,118.04	\$2,293.54	\$2,545.74	\$2,811.10	\$3,142.06	8.9%	-27.9%
12. Prescribed Drugs	\$259.43	\$372.04	\$380.84	\$420.46	\$462.71	\$599.59	\$810.82	20.9%	52.2%
13. Family Planning	\$77.52	\$179.54	\$215.60	\$231.08	\$223.50	\$181.78	\$184.10	15.5%	-14.7%
14. Early & Periodic Screening, Diagnosis & Treatment	\$49.01	\$127.28	\$195.60	\$254.48	\$340.24	\$385.23	\$463.78	45.4%	70.0%
15. Rural Health	\$76.55	\$151.54	\$148.37	\$142.13	\$170.61	\$196.80	\$204.78	17.8%	12.1%
16. Other Care (includes managed care)	\$939.53	\$1,400.15	\$1,628.39	\$1,821.43	\$2,105.54	\$2,398.83	\$2,546.18	18.1%	202.1%
17. Waivers	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	n/a	-100.0%
<b>Total (Average)*</b>	<b>\$2,221.06</b>	<b>\$2,435.30</b>	<b>\$2,540.80</b>	<b>\$2,704.61</b>	<b>\$2,932.09</b>	<b>\$3,171.46</b>	<b>\$3,880.34</b>	<b>9.7%</b>	<b>28.4%</b>

### TOTAL PER CAPITA EXPENDITURES

<b>\$329.35</b>	<b>\$455.64</b>	<b>\$440.87</b>	<b>\$493.94</b>	<b>\$533.44</b>	<b>\$562.15</b>	<b>\$600.38</b>	<b>10.5%</b>	<b>11.6%</b>
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\*Prior to FFY 91 this category was divided into "skilled nursing facility" and "all other intermediate care facilities" (non-MR). HCFA 2082 reports for FFY 92, 93 and 94 include disproportionate share hospital payments of \$605.7 million, \$439.4 million and \$44.8 million, respectively. Direct cost comparisons between states reflect an adjusted unit cost for Louisiana general and mental hospital services and for the total Medicaid cost per recipient.

## MISSOURI

# SOUTHERN REGION MEDICAID PROFILE

## DATA BY OTHER CHARACTERISTICS

### RECIPIENTS BY OTHER CHARACTERISTICS

	FFY91	FFY92	FFY93	FFY94	FFY95	FFY96	FFY97	Annual Change	Share of Total FFY 97
<b>By Maintenance Assistance Status</b>									
Receiving Cash Assistance or Eligible Under Section 1931	241,867	250,206	329,891	354,162	345,998	285,230	141,306	-8.6%	26.1%
Poverty Related Eligibles	187,679	203,702	146,179	131,106	134,254	134,746	159,990	-2.6%	29.6%
Medically Needy	0	0	0	0	0	0	0	n/a	0.0%
Other Eligibles	66,559	98,462	130,021	182,072	213,667	214,635	235,977	23.5%	43.7%
Maintenance Assistance Status Unknown	7,205	2,107	3,295	1,425	1,539	1,565	3,214	-12.6%	0.6%
<b>Total</b>	<b>503,310</b>	<b>554,477</b>	<b>609,386</b>	<b>668,765</b>	<b>695,458</b>	<b>636,176</b>	<b>540,487</b>	<b>1.2%</b>	<b>100.0%</b>
<b>By Basis of Eligibility</b>									
Aged, Blind, or Disabled	145,437	156,381	169,907	181,806	190,655	197,447	199,400	5.4%	36.9%
Children	226,416	258,573	287,662	328,035	347,712	296,797	226,723	0.0%	41.9%
Foster Care Children	5	2	0	0	0	0	10,830	259.7%	2.0%
Adults	124,246	137,413	148,522	157,499	155,552	140,367	100,320	-3.5%	18.6%
Basis of Eligibility Unknown	7,206	2,108	3,295	1,425	1,539	1,565	3,214	-12.6%	0.6%
<b>Total</b>	<b>503,310</b>	<b>554,477</b>	<b>609,386</b>	<b>668,765</b>	<b>695,458</b>	<b>636,176</b>	<b>540,487</b>	<b>1.2%</b>	<b>100.0%</b>
<b>By Age</b>									
Under Age 1	23,946	24,200	27,071	27,687	27,356	22,761	19,291	-3.5%	3.6%
Age 1 to 5	104,096	121,640	136,892	147,245	146,328	124,512	91,238	-2.2%	16.9%
Age 6 to 14	82,518	97,818	111,057	135,496	148,827	127,431	97,643	2.8%	18.1%
Age 15 to 20	43,452	46,511	49,892	59,040	67,415	63,590	53,332	3.5%	9.9%
Age 21 to 44	124,826	138,586	150,097	158,731	159,889	149,311	128,201	0.4%	23.7%
Age 45 to 64	37,217	40,171	43,978	48,045	51,014	53,198	54,750	6.6%	10.1%
Age 65 to 74	26,632	28,228	30,044	31,685	32,606	33,022	33,246	3.8%	6.2%
Age 75 to 84	29,959	30,397	31,282	32,031	32,521	32,864	32,923	1.6%	6.1%
Age 85 and Over	25,037	25,901	27,250	28,163	28,815	28,832	29,076	2.5%	5.4%
Age Unknown	5,627	1,025	1,823	642	687	655	787	-28.0%	0.1%
<b>Total</b>	<b>503,310</b>	<b>554,477</b>	<b>609,386</b>	<b>668,765</b>	<b>695,458</b>	<b>636,176</b>	<b>540,487</b>	<b>1.2%</b>	<b>100.0%</b>
<b>By Race</b>									
White	346,084	389,466	430,783	468,321	493,891	476,475	427,183	3.6%	79.0%
Black	151,299	163,600	176,261	191,671	199,885	158,986	112,514	-4.8%	20.8%
Hispanic, American Indian or Asian	300	385	519	8,131	995	60	3	-53.6%	0.0%
Other/Unknown	5,627	1,026	1,823	642	687	655	787	-28.0%	0.1%
<b>Total</b>	<b>503,310</b>	<b>554,477</b>	<b>609,386</b>	<b>668,765</b>	<b>695,458</b>	<b>636,176</b>	<b>540,487</b>	<b>1.2%</b>	<b>100.0%</b>
<b>By Sex</b>									
Female	320,650	352,577	383,397	417,195	430,846	397,109	338,765	0.9%	62.7%
Male	177,033	200,875	224,166	250,928	263,925	238,412	200,935	2.1%	37.2%
Unknown	5,627	1,025	1,823	642	687	655	787	-28.0%	0.1%
<b>Total</b>	<b>503,310</b>	<b>554,477</b>	<b>609,386</b>	<b>668,765</b>	<b>695,458</b>	<b>636,176</b>	<b>540,487</b>	<b>1.2%</b>	<b>100.0%</b>

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

MISSOURI

## SOUTHERN REGION MEDICAID PROFILE

### PAYMENTS BY OTHER CHARACTERISTICS

	FFY91	FFY92	FFY93	FFY94	FFY95	FFY96	FFY97	Annual Change	Share of Total FFY 97
<b>By Maintenance Assistance Status</b>									
Receiving Cash Assistance or Eligible Under Section 1931	\$216,445,570	\$252,399,640	\$654,739,537	\$805,963,183	\$859,020,361	\$764,183,384	\$214,586,323	-0.1%	10.2%
Poverty Related Eligibles	\$824,823,984	\$982,342,022	\$736,855,078	\$795,847,756	\$918,716,440	\$1,015,921,337	\$165,129,830	-23.5%	7.9%
Medically Needy	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a	0.0%
Other Eligibles	\$72,199,967	\$112,431,885	\$148,749,612	\$205,824,111	\$259,853,836	\$235,814,289	\$1,712,914,426	69.5%	81.7%
Maintenance Assistance Status Unknown	\$4,412,801	\$3,142,843	\$7,981,644	\$1,111,604	\$1,553,471	\$1,690,216	\$4,644,943	0.9%	0.2%
<b>Total</b>	<b>\$1,117,882,322</b>	<b>\$1,350,316,390</b>	<b>\$1,548,325,871</b>	<b>\$1,808,746,654</b>	<b>\$2,039,144,108</b>	<b>\$2,017,609,226</b>	<b>\$2,097,275,522</b>	<b>11.1%</b>	<b>100.0%</b>
<b>By Basis of Eligibility</b>									
Aged, Blind or Disabled	\$789,789,631	\$937,569,963	\$1,062,125,537	\$1,246,685,006	\$1,427,978,296	\$1,577,398,964	\$1,741,774,106	14.1%	83.0%
Children	\$187,225,531	\$234,272,445	\$275,190,602	\$331,511,898	\$373,840,953	\$275,575,486	\$210,612,241	2.0%	10.0%
Foster Care Children	\$10,388	\$685	\$0	\$0	\$0	\$0	\$31,665,819	280.8%	1.5%
Adults	\$136,443,968	\$175,329,449	\$203,028,088	\$229,438,146	\$235,771,388	\$162,944,560	\$108,578,413	-3.7%	5.2%
Basis of Eligibility Unknown	\$4,412,804	\$3,142,848	\$7,981,644	\$1,111,604	\$1,553,471	\$1,690,216	\$4,644,943	0.9%	0.2%
<b>Total</b>	<b>\$1,117,882,322</b>	<b>\$1,350,315,390</b>	<b>\$1,548,325,871</b>	<b>\$1,808,746,654</b>	<b>\$2,039,144,108</b>	<b>\$2,017,609,226</b>	<b>\$2,097,275,522</b>	<b>11.1%</b>	<b>100.0%</b>
<b>By Age</b>									
Under Age 1	\$51,794,696	\$62,217,619	\$81,048,310	\$87,405,098	\$88,154,238	\$56,845,757	\$44,200,520	-2.6%	2.1%
Age 1 to 5	\$84,864,578	\$107,273,341	\$124,795,386	\$147,087,459	\$156,952,459	\$115,705,052	\$86,037,652	0.2%	4.1%
Age 6 to 14	\$46,263,948	\$66,707,274	\$77,800,483	\$105,042,082	\$128,951,359	\$108,187,939	\$93,774,151	12.5%	4.5%
Age 15 to 20	\$62,144,055	\$73,839,711	\$85,191,316	\$103,434,327	\$123,066,935	\$106,060,099	\$99,675,801	8.2%	4.8%
Age 21 to 44	\$280,524,747	\$356,157,925	\$399,054,320	\$487,968,650	\$522,222,506	\$500,554,889	\$499,560,859	10.1%	23.8%
Age 45 to 64	\$147,384,713	\$187,224,691	\$221,930,200	\$272,451,973	\$313,110,669	\$348,210,155	\$392,676,704	17.7%	18.7%
Age 65 to 74	\$90,662,244	\$108,943,079	\$120,820,560	\$142,412,708	\$165,920,049	\$182,188,319	\$204,485,964	14.5%	9.8%
Age 75 to 84	\$161,623,367	\$177,378,812	\$193,763,555	\$208,665,948	\$242,281,708	\$267,102,540	\$299,021,776	10.8%	14.3%
Age 85 and Over	\$188,970,461	\$208,202,904	\$238,328,077	\$253,530,707	\$297,663,949	\$331,902,353	\$377,123,718	12.2%	18.0%
Age Unknown	\$3,649,513	\$2,371,034	\$5,593,664	\$747,702	\$820,236	\$852,123	\$718,377	-23.7%	0.0%
<b>Total</b>	<b>\$1,117,882,322</b>	<b>\$1,350,316,390</b>	<b>\$1,548,325,871</b>	<b>\$1,808,746,654</b>	<b>\$2,039,144,108</b>	<b>\$2,017,609,226</b>	<b>\$2,097,275,522</b>	<b>11.1%</b>	<b>100.0%</b>
<b>By Race</b>									
White	\$850,842,495	\$1,034,622,730	\$1,183,245,353	\$1,372,150,762	\$1,573,354,025	\$1,638,399,174	\$1,715,733,200	12.4%	81.8%
Black	\$262,935,805	\$312,754,336	\$358,647,051	\$422,785,278	\$464,018,579	\$378,345,223	\$380,823,843	6.4%	18.2%
Hispanic, American Indian or Asian	\$454,509	\$568,516	\$839,803	\$13,062,912	\$951,268	\$12,706	\$102	-75.3%	0.0%
Other/Unknown	\$3,649,513	\$2,370,808	\$5,593,664	\$747,702	\$820,236	\$852,123	\$718,377	-23.7%	0.0%
<b>Total</b>	<b>\$1,117,882,322</b>	<b>\$1,350,316,390</b>	<b>\$1,548,325,871</b>	<b>\$1,808,746,654</b>	<b>\$2,039,144,108</b>	<b>\$2,017,609,226</b>	<b>\$2,097,275,522</b>	<b>11.1%</b>	<b>100.0%</b>
<b>By Sex</b>									
Female	\$731,606,949	\$871,720,879	\$997,068,858	\$1,139,905,726	\$1,284,714,435	\$1,266,375,218	\$1,317,333,523	10.3%	62.8%
Male	\$382,625,860	\$476,224,477	\$545,663,349	\$668,093,226	\$753,609,437	\$750,381,885	\$779,223,622	12.6%	37.2%
Unknown	\$3,649,513	\$2,371,034	\$5,593,664	\$747,702	\$820,236	\$852,123	\$718,377	-23.7%	0.0%
<b>Total</b>	<b>\$1,117,882,322</b>	<b>\$1,350,316,390</b>	<b>\$1,548,325,871</b>	<b>\$1,808,746,654</b>	<b>\$2,039,144,108</b>	<b>\$2,017,609,226</b>	<b>\$2,097,275,522</b>	<b>11.1%</b>	<b>100.0%</b>

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

MISSOURI

# SOUTHERN REGION MEDICAID PROFILE

## AVERAGE PAYMENT PER RECIPIENT BY OTHER CHARACTERISTICS

								Annual	Above (+) or Below (-) SLC Avg.
By Maintenance Assistance Status	FFY 91	FFY 92	FFY 93	FFY 94	FFY 95	FFY 96	FFY 97	Change	FFY 97
Receiving Cash Assistance or Eligible Under Section 1931	\$894.90	\$1,008.77	\$1,984.71	\$2,275.69	\$2,482.73	\$2,679.18	\$1,518.59	9.2%	-50.8%
Poverty Related Eligibles	\$4,394.87	\$4,822.45	\$5,040.77	\$6,070.26	\$6,843.12	\$7,539.53	\$1,032.13	-21.5%	-35.1%
Medically Needy	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	n/a	-100.0%
Other Eligibles	\$1,084.75	\$1,141.88	\$1,144.04	\$1,130.45	\$1,216.16	\$1,098.68	\$7,258.82	37.3%	72.6%
Maintenance Assistance Status Unknown	\$612.46	\$1,491.62	\$2,422.35	\$780.07	\$1,009.40	\$1,080.01	\$1,445.22	15.4%	-53.8%
<b>Total</b>	<b>\$2,221.06</b>	<b>\$2,435.30</b>	<b>\$2,540.80</b>	<b>\$2,704.61</b>	<b>\$2,932.09</b>	<b>\$3,171.46</b>	<b>\$3,880.34</b>	<b>9.7%</b>	<b>28.4%</b>
By Basis of Eligibility									
Aged, Blind or Disabled	\$5,430.46	\$5,995.42	\$6,251.22	\$6,857.23	\$7,489.85	\$7,988.97	\$8,735.08	8.2%	26.5%
Children	\$826.91	\$906.02	\$956.65	\$1,010.60	\$1,075.15	\$928.50	\$928.94	2.0%	-14.0%
Foster Care Children	\$2,077.60	\$342.50	\$0.00	\$0.00	\$0.00	\$0.00	\$2,923.90	5.9%	-0.7%
Adults	\$1,098.18	\$1,275.93	\$1,366.99	\$1,456.76	\$1,515.71	\$1,160.85	\$1,082.32	-0.2%	-42.5%
Basis of Eligibility Unknown	\$612.38	\$1,490.91	\$2,422.35	\$780.07	\$1,009.40	\$1,080.01	\$1,445.22	15.4%	-69.9%
<b>Total</b>	<b>\$2,221.06</b>	<b>\$2,435.30</b>	<b>\$2,540.80</b>	<b>\$2,704.61</b>	<b>\$2,932.09</b>	<b>\$3,171.46</b>	<b>\$3,880.34</b>	<b>9.7%</b>	<b>28.4%</b>
By Age									
Under Age 1	\$2,162.98	\$2,570.98	\$2,993.92	\$3,156.90	\$3,222.48	\$2,497.51	\$2,291.25	1.0%	-9.5%
Age 1 to 5	\$815.25	\$881.89	\$911.63	\$998.93	\$1,072.61	\$929.27	\$943.00	2.5%	-9.5%
Age 6 to 14	\$560.65	\$681.95	\$700.55	\$775.24	\$866.45	\$848.99	\$960.38	9.4%	-10.2%
Age 15 to 20	\$1,430.18	\$1,587.58	\$1,707.51	\$1,751.94	\$1,825.51	\$1,667.87	\$1,868.97	4.6%	-15.7%
Age 21 to 44	\$2,247.33	\$2,569.94	\$2,658.64	\$3,074.19	\$3,266.16	\$3,352.43	\$3,896.70	9.6%	13.8%
Age 45 to 64	\$3,960.14	\$4,660.69	\$5,046.39	\$5,670.77	\$6,137.74	\$6,545.55	\$7,172.18	10.4%	24.0%
Age 65 to 74	\$3,404.26	\$3,859.40	\$4,021.45	\$4,494.64	\$5,088.64	\$5,517.18	\$6,150.69	10.4%	37.0%
Age 75 to 84	\$5,394.82	\$5,835.41	\$6,194.09	\$6,514.50	\$7,450.01	\$8,127.51	\$9,082.46	9.1%	28.0%
Age 85 and Over	\$7,547.65	\$8,038.41	\$8,745.98	\$9,002.26	\$10,330.17	\$11,511.60	\$12,970.28	9.4%	22.1%
Age Unknown	\$648.57	\$2,313.20	\$3,068.38	\$1,164.64	\$1,193.94	\$1,300.95	\$912.80	5.9%	-94.1%
<b>Total</b>	<b>\$2,221.06</b>	<b>\$2,435.30</b>	<b>\$2,540.80</b>	<b>\$2,704.61</b>	<b>\$2,932.09</b>	<b>\$3,171.46</b>	<b>\$3,880.34</b>	<b>9.7%</b>	<b>28.4%</b>
By Race									
White	\$2,458.49	\$2,656.52	\$2,746.73	\$2,929.94	\$3,185.63	\$3,438.58	\$4,016.39	8.5%	10.8%
Black	\$1,737.86	\$1,911.70	\$2,034.75	\$2,205.79	\$2,321.43	\$2,379.74	\$3,384.68	11.8%	39.5%
Hispanic, American Indian or Asian	\$1,515.03	\$1,476.66	\$1,618.12	\$1,606.56	\$956.05	\$211.77	\$34.00	-46.9%	-98.1%
Other/Unknown	\$648.57	\$2,310.73	\$3,068.38	\$1,164.64	\$1,193.94	\$1,300.95	\$912.80	5.9%	-81.5%
<b>Total</b>	<b>\$2,221.06</b>	<b>\$2,435.30</b>	<b>\$2,540.80</b>	<b>\$2,704.61</b>	<b>\$2,932.09</b>	<b>\$3,171.46</b>	<b>\$3,880.34</b>	<b>9.7%</b>	<b>28.4%</b>
By Sex									
Female	\$2,281.64	\$2,472.43	\$2,600.62	\$2,732.31	\$2,981.84	\$3,188.99	\$3,888.64	9.3%	27.0%
Male	\$2,161.33	\$2,370.75	\$2,434.19	\$2,662.49	\$2,855.39	\$3,147.42	\$3,877.99	10.2%	33.6%
Unknown	\$648.57	\$2,313.20	\$3,068.38	\$1,164.64	\$1,193.94	\$1,300.95	\$912.80	5.9%	-91.4%
<b>Total</b>	<b>\$2,221.06</b>	<b>\$2,435.30</b>	<b>\$2,540.80</b>	<b>\$2,704.61</b>	<b>\$2,932.09</b>	<b>\$3,171.46</b>	<b>\$3,880.34</b>	<b>9.7%</b>	<b>28.4%</b>

MISSOURI

## SOUTHERN REGION MEDICAID PROFILE

### ADDITIONAL STATE HEALTH CARE INFORMATION

Sources: "Major Health Care Policies: 50 State Profiles", Health Policy Tracking Service, January, 1998; and "Medicaid Services State by State", HCFA, October 1997.

\*Information supplied by State Medicaid Agency

#### Waivers

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

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

<u>Region</u>	<u>Number of Counties</u>	<u>Number of Eligibles</u>	<u>Start Date</u>
Eastern	5	132,279	9/1/95
Central	18	30,723	3/1/96
Western	7	71,774	1/1/97
Northwestern	16	15,165	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:

- Elderly: Serves 19,000 people, operating since April 22, 1980.
- Mental Retardation/Developmental Disabilities: Serves 7,483 people, operating since July 1, 1988.
- AIDS: Serves 104 people, operating since July 1, 1989.
- Children with Mental Retardation/Developmental Disabilities, to age 18: Serves 88 people, operating since October 1, 1995.
- Physical Disability Waiver: Serves 10 people, approved July 1, 1998.

#### Managed Care

- Any Willing Provider Clause: No

#### Coverage for Targeted Population

- The Uninsured: The state has a pilot program for the unemployed.

#### Cost Containment Measures

- Certificate of Need Program since 1979. Regulates introduction or expansion of new institutional health facilities and services. Scheduled to sunset in 1999.
- Facility rate setting: No.
- Regulation of physician fees: No.
- Large Case Management (LCM) Program: MC+ enrollees whose inpatient costs exceed \$50,000 in a contract year are transferred to the LCM program for the remainder of the contract year. The state assumes responsibility for 80% of the accrued inpatient hospital costs in excess of \$50,000; the MCO is responsible for the remaining 20%. The MCO reassumes full responsibility for the enrollee at the beginning of the new contract year.

MISSOURI



## **SOUTHERN REGION MEDICAID PROFILE**

### **Medicaid**

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

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

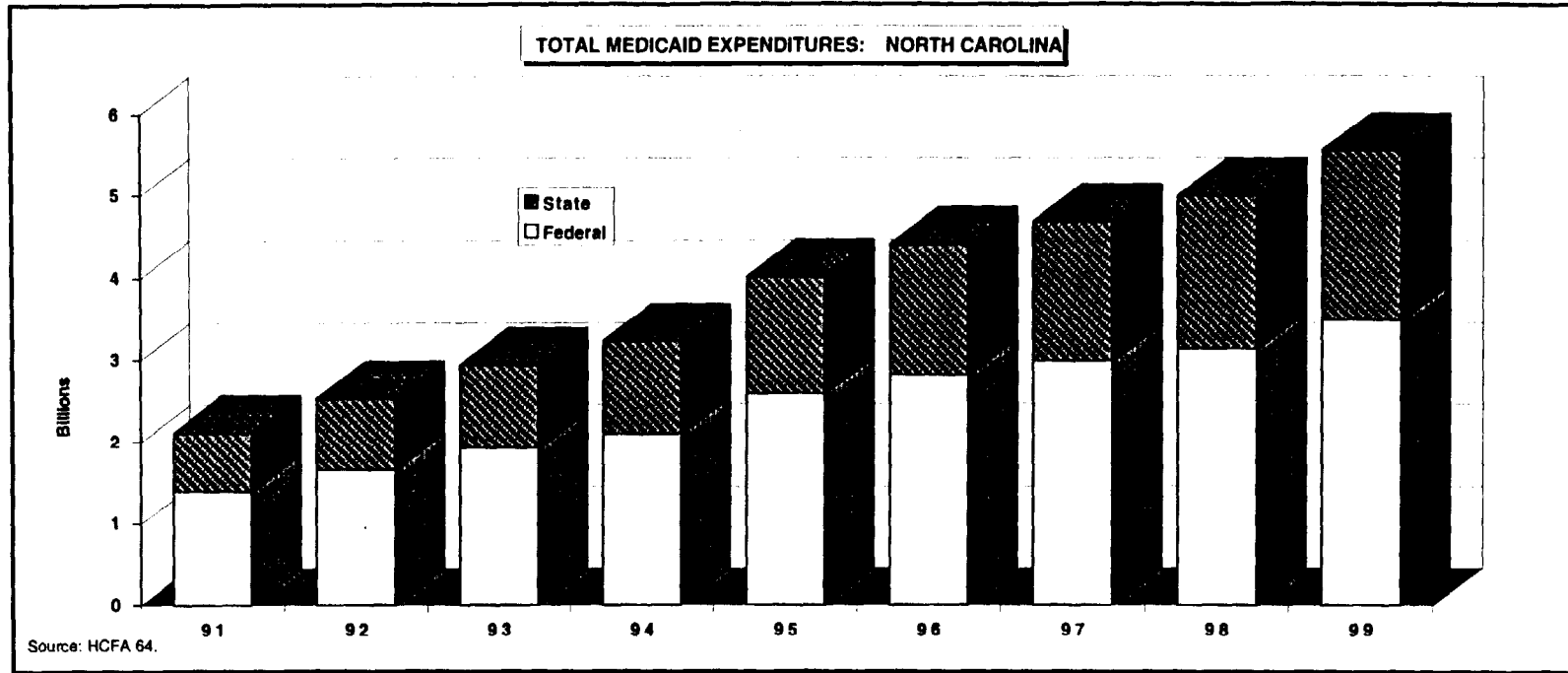
- CHIP in Missouri will be administered by the Division of Medical Services through an HMO style program, Managed Care Plus (MC+) . The program has been operating in the Eastern Region of the state since 1995, in the Central Region since 1996, and in the Western and Northwestern Regions since January, 1997. The remaining regions in the state are scheduled for implementation by June of 1999.
- The MC+ program is an expansion of Medicaid to provide health care benefits for children from birth to age 18 in families with incomes up to 300% of the FPL. Initial implementation of MC+ CHIP began in July, 1998. The state expects to enroll 90,000 new children by February of 1999.

**MISSOURI**

## SOUTHERN REGION MEDICAID PROFILES



# SOUTHERN REGION MEDICAID PROFILE



	FFY 91	FFY 92	FFY 93	FFY 94	FFY 95	FFY96	FFY97	FFY98**	FFY99**	Annual Rate of Change	Total 91-99
Medicaid Payments	\$2,024,753,357	\$2,433,587,594	\$2,839,007,091	\$3,111,425,752	\$3,871,188,758	\$4,235,586,425	\$4,529,992,284	\$4,817,253,000	\$5,367,923,000	13.0%	165.1%
Federal Share	\$1,359,693,364	\$1,617,555,754	\$1,875,257,887	\$2,031,157,423	\$2,510,797,880	\$2,742,000,903	\$2,900,554,637	\$3,043,166,000	\$3,385,540,000	12.1%	149.0%
State Share	\$665,059,993	\$816,031,840	\$963,749,204	\$1,080,268,329	\$1,360,390,878	\$1,493,585,522	\$1,629,437,647	\$1,774,087,000	\$1,982,383,000	14.6%	198.1%
Administrative Costs	\$83,807,441	\$91,994,955	\$98,469,687	\$116,179,567	\$133,612,797	\$161,567,426	\$143,879,074	\$164,501,000	\$174,024,000	9.6%	107.6%
Federal Share	\$44,773,653	\$48,900,800	\$51,894,192	\$60,740,795	\$71,293,389	\$70,258,593	\$76,592,961	\$87,369,000	\$92,455,000	9.5%	106.5%
State Share	\$39,033,788	\$43,094,155	\$46,575,495	\$55,438,772	\$62,319,408	\$91,308,833	\$67,286,113	\$77,132,000	\$81,569,000	9.7%	109.0%
Admin. Costs as % of Payments	4.14%	3.78%	3.47%	3.73%	3.45%	3.81%	3.18%	3.41%	3.24%		
Federal Match Rate*	66.60%	66.52%	65.92%	65.14%	64.71%	64.59%	63.89%	63.09%	63.09%		

\*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 98 and 99 reflect latest estimates reported by each state.

NORTH CAROLINA

# SOUTHERN REGION MEDICAID PROFILE

## STATE FINANCING

	Payments		Administration	
	FFY 91	FFY 99	FFY 91	FFY 99
State General Fund*	\$665,059,993	\$1,982,383,000	\$39,033,788	\$81,569,000
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	\$665,059,993	\$1,982,383,000	\$39,033,788	\$81,569,000

Provider Taxes Currently in Place (FFY 99)		
Provider	Tax Rate	Amount
NO RESPONSE FROM STATE		

## DISPROPORTIONATE SHARE HOSPITAL (DSH) PAYMENTS

	FFY 91	FFY 92	FFY 93	FFY 94	FFY 95	FFY 96	FFY 97	FFY 98*	FFY 99*	Annual Change
General Hospitals	\$193,367,590	\$297,081,845	\$13,205,692	\$15,331,555	\$131,410,030	\$164,508,095	\$271,699,000	\$292,090,000	\$292,090,000	67.5%
Mental Hospitals	\$21,569,923	\$35,358,123	\$332,339,308	\$373,934,445	\$297,864,563	\$198,246,079	\$271,700,000	\$292,090,000	\$292,090,000	-2.1%
Total	\$214,937,513	\$332,439,968	\$345,545,000	\$389,266,000	\$429,274,593	\$362,754,174	\$543,399,000	\$584,180,000	\$584,180,000	9.1%

## SELECTED ELIGIBILITY CRITERIA

	At 10/1/98	% of FPL*
TANF-Temporary Assistance for Needy Families (Family of 3)		
Need Standard		0.0%
Payment Standard		0.0%
Maximum Payment		0.0%
Medically Needy Program (Family of 3)	NO RESPONSE FROM STATE	
Income Eligibility Standard		
Resource Standard		
Pregnant Women, Children and Infants (% of FPL*)		
Pregnant women and infants		
Children 1 to 5		
Children 6 to 18		
SSI Eligibility Levels		
Income:		
Single Person		0.0%
Couple		0.0%
Resources:		
Single Person		
Couple		

## DEMOGRAPHIC DATA & POVERTY INDICATORS (1996)

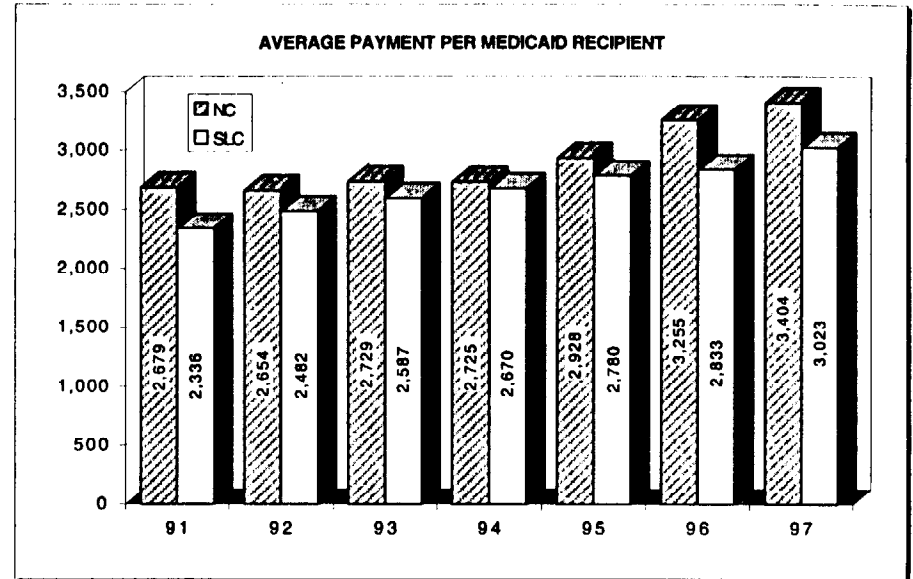
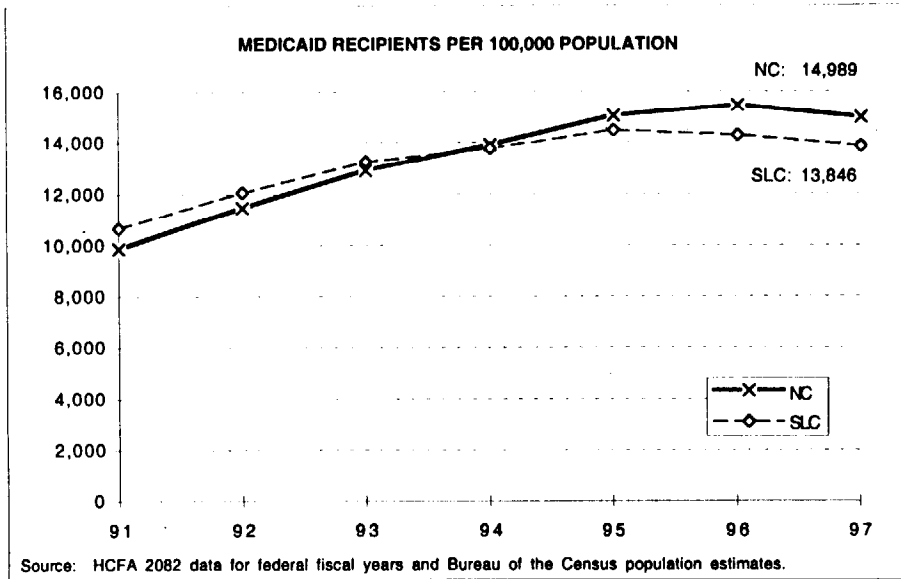
		Rank in U.S.
State population—July 1, 1996*	7,309,055	11
Per capita personal income**	\$22,205	32
Median household income**	\$33,469	31
Population below Federal Poverty Level on July 1, 1996*	950,177	
Percent of total population	13.0%	19
Population without health insurance coverage*	1,160,000	9
Percent of total population	15.9%	16
Recipients of Food Stamps***	631,000	12
Households receiving Food Stamps***	265,000	11
Total value of issuance***	\$551,000,000	11
Average monthly benefit per recipient	\$72.77	16
Average monthly benefit per household	\$173.27	39
Monthly recipients of Aid to Families with Dependent Children****	282,086	10
Total AFDC payments****	\$410,209,885	17
Average monthly payment per recipient	\$121.18	
Average monthly payment per family	\$222.07	42

\*Current federal poverty level is \$8,050 per year for a single person, \$10,850 for a family of two and \$13,650 for a family of three. Table above shows monthly income levels.

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

## NORTH CAROLINA

## SOUTHERN REGION MEDICAID PROFILE



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

#### RECIPIENTS BY TYPE OF SERVICES

	FFY91	FFY92	FFY93	FFY94	FFY95	FFY96	FFY97	Annual Change	Share of Total FFY97
01. General Hospital	162,508	178,751	188,517	190,242	186,666	222,468	176,232	1.4%	N/A**
02. Mental Hospital	2,415	2,571	2,418	2,210	2,364	2,895	2,286	-0.9%	
03. Skilled and Intermediate Care Nursing*	31,218	34,813	38,433	40,070	41,595	42,394	42,274	5.2%	
04. Intermediate Care for Mentally Retarded	4,250	4,537	4,786	4,922	5,003	4,960	4,915	2.5%	
05. Physician Services	533,919	636,530	738,937	785,631	562,542	908,407	831,983	7.7%	
06. Dental Services	153,607	179,578	203,847	206,963	226,844	225,413	225,887	6.6%	
07. Other Practitioners	101,828	116,288	133,587	137,278	158,291	167,346	179,709	9.9%	
08. Outpatient Hospital	335,879	401,303	459,137	465,447	499,585	494,842	485,399	6.3%	
09. Clinic Services	84,957	108,828	133,010	186,297	255,088	245,710	220,661	17.2%	
10. Lab and X-Ray	371,819	437,822	500,308	543,795	587,111	584,723	602,528	8.4%	
11. Home Health	25,767	30,879	40,741	31,288	39,289	43,665	46,814	10.5%	
12. Prescribed Drugs	461,643	548,559	622,062	653,792	737,558	764,482	779,229	9.1%	
13. Family Planning	56,618	66,453	67,696	72,031	84,450	75,745	73,837	4.5%	
14. Early & Periodic Screening, Diagnosis & Treatment	104,371	133,655	156,088	250,231	341,062	383,786	388,963	24.5%	
15. Rural Health	29,903	40,606	51,591	54,858	83,429	106,847	99,026	22.1%	
16. Other Care (includes managed care)	114,773	134,147	190,970	371,374	256,915	264,514	275,983	15.7%	
17. Waivers	0	0	0	0	0	0	0	n/a	
<b>Total**</b>	<b>667,203</b>	<b>785,043</b>	<b>898,416</b>	<b>985,273</b>	<b>1,084,337</b>	<b>1,130,024</b>	<b>1,112,931</b>	<b>8.9%</b>	

\*Prior to FFY 91 this category was divided into "skilled nursing facility" and "all other intermediate care facilities" (non-MR).

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

#### NORTH CAROLINA

# SOUTHERN REGION MEDICAID PROFILE

## PAYMENTS BY TYPE OF SERVICES

	FFY 91	FFY 92	FFY 93	FFY 94	FFY 95	FFY 96	FFY 97	Annual Change	of Total FFY 97
01. General Hospital	\$464,837,156	\$513,653,224	\$552,860,283	\$567,978,782	\$640,116,969	\$869,138,988	\$712,064,082	7.4%	18.8%
02. Mental Hospital	\$37,122,562	\$36,612,411	\$32,392,255	\$29,182,775	\$32,862,108	\$33,219,385	\$28,217,026	-4.5%	0.7%
03. Skilled and Intermediate Care Nursing*	\$423,119,753	\$483,244,556	\$575,418,390	\$631,498,036	\$703,847,992	\$735,288,662	\$771,242,159	10.5%	20.4%
04. Intermediate Care for Mentally Retarded	\$243,038,039	\$269,447,732	\$301,757,018	\$322,161,542	\$355,344,407	\$346,024,865	\$355,211,525	6.5%	9.4%
05. Physician Services	\$155,488,095	\$186,974,264	\$236,667,148	\$260,029,983	\$299,293,437	\$320,072,693	\$328,694,654	13.3%	8.7%
06. Dental Services	\$23,261,434	\$28,162,206	\$34,334,376	\$34,421,326	\$40,191,481	\$41,572,421	\$42,488,716	10.6%	1.1%
07. Other Practitioners	\$4,940,802	\$5,788,019	\$7,400,187	\$8,057,646	\$9,987,626	\$11,099,291	\$11,940,649	15.8%	0.3%
08. Outpatient Hospital	\$85,139,478	\$114,624,136	\$150,314,359	\$161,561,785	\$189,805,701	\$203,698,155	\$214,122,272	16.6%	5.7%
09. Clinic Services	\$25,086,320	\$37,989,773	\$48,529,870	\$65,785,032	\$141,334,254	\$86,955,465	\$93,650,749	24.6%	2.5%
10. Lab and X-Ray	\$39,584,720	\$49,785,410	\$59,023,726	\$62,371,959	\$69,487,763	\$66,427,820	\$68,144,825	9.5%	1.8%
11. Home Health	\$111,806,851	\$130,823,322	\$171,834,647	\$179,411,035	\$223,823,621	\$302,854,673	\$377,532,116	22.5%	10.0%
12. Prescribed Drugs	\$125,411,106	\$157,873,275	\$189,861,296	\$215,197,252	\$277,430,790	\$344,950,165	\$403,811,339	21.5%	10.7%
13. Family Planning	\$12,361,316	\$18,097,601	\$19,631,610	\$20,697,361	\$29,091,710	\$24,072,911	\$23,381,261	11.2%	0.6%
14. Early & Periodic Screening, Diagnosis & Treatment	\$5,965,270	\$9,372,551	\$11,906,460	\$17,117,383	\$29,216,247	\$27,037,616	\$31,250,990	31.8%	0.8%
15. Rural Health	\$3,456,907	\$4,711,980	\$6,292,773	\$6,346,450	\$8,894,760	\$11,702,583	\$12,743,319	24.3%	0.3%
16. Other Care (includes managed care)	\$26,949,700	\$36,000,290	\$53,732,655	\$102,722,770	\$124,330,947	\$253,640,314	\$313,960,523	50.6%	8.3%
17. Waivers	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a	0.0%
<b>Total*</b>	<b>\$1,787,569,509</b>	<b>\$2,083,160,750</b>	<b>\$2,451,957,053</b>	<b>\$2,684,541,117</b>	<b>\$3,175,059,813</b>	<b>\$3,677,756,007</b>	<b>\$3,788,456,205</b>	<b>13.3%</b>	<b>100.0%</b>

\*Disproportionate share payments, pharmacy rebates, and other adjustments are excluded.

## AVERAGE PAYMENTS PER RECIPIENT BY TYPE OF SERVICES

								Above (+) or Below (-) SLC Avg. FFY 97	
01. General Hospital	\$2,860.40	\$2,873.57	\$2,932.68	\$2,985.56	\$3,429.21	\$3,906.80	\$4,040.49	5.9%	10.1%
02. Mental Hospital	\$15,371.66	\$14,240.53	\$13,396.30	\$13,204.88	\$13,901.06	\$11,474.74	\$12,343.41	-3.6%	18.6%
03. Skilled and Intermediate Care Nursing*	\$13,553.71	\$13,881.15	\$14,971.99	\$15,759.87	\$16,921.46	\$17,344.17	\$18,243.89	5.1%	24.3%
04. Intermediate Care for Mentally Retarded	\$57,185.42	\$59,388.96	\$63,049.94	\$65,453.38	\$71,026.27	\$69,763.08	\$72,270.91	4.0%	20.5%
05. Physician Services	\$291.22	\$293.74	\$320.28	\$330.98	\$532.04	\$352.35	\$395.07	5.2%	6.7%
06. Dental Services	\$151.43	\$156.82	\$168.43	\$166.32	\$177.18	\$184.43	\$188.10	3.7%	7.5%
07. Other Practitioners	\$48.52	\$49.77	\$55.40	\$58.70	\$63.10	\$66.33	\$66.44	5.4%	-54.3%
08. Outpatient Hospital	\$253.48	\$285.63	\$327.38	\$347.11	\$379.93	\$411.64	\$441.13	9.7%	0.3%
09. Clinic Services	\$295.28	\$349.08	\$364.86	\$353.12	\$554.06	\$353.89	\$424.41	6.2%	-39.9%
10. Lab and X-Ray	\$106.46	\$113.71	\$117.97	\$114.70	\$118.36	\$113.61	\$113.10	1.0%	25.6%
11. Home Health	\$4,339.15	\$4,236.64	\$4,217.73	\$5,734.18	\$5,696.85	\$6,935.87	\$8,064.51	10.9%	85.0%
12. Prescribed Drugs	\$271.66	\$287.80	\$305.21	\$329.15	\$376.15	\$451.22	\$518.22	11.4%	-2.7%
13. Family Planning	\$218.33	\$272.34	\$290.00	\$287.34	\$344.48	\$317.82	\$316.66	6.4%	46.7%
14. Early & Periodic Screening, Diagnosis & Treatment	\$57.15	\$70.12	\$76.28	\$68.41	\$85.66	\$70.45	\$80.34	5.8%	-70.5%
15. Rural Health	\$115.60	\$116.04	\$121.97	\$115.69	\$106.61	\$109.53	\$128.69	1.8%	-29.6%
16. Other Care (includes managed care)	\$234.81	\$268.36	\$281.37	\$276.60	\$483.94	\$958.89	\$1,137.61	30.1%	35.0%
17. Waivers	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	n/a	-100.0%
<b>Total (Average)*</b>	<b>\$2,679.20</b>	<b>\$2,653.56</b>	<b>\$2,729.20</b>	<b>\$2,724.67</b>	<b>\$2,928.11</b>	<b>\$3,254.58</b>	<b>\$3,404.04</b>	<b>4.1%</b>	<b>12.6%</b>

## TOTAL PER CAPITA EXPENDITURES

<b>\$312.21</b>	<b>\$369.21</b>	<b>\$422.06</b>	<b>\$455.96</b>	<b>\$556.04</b>	<b>\$601.60</b>	<b>\$629.46</b>	<b>12.4%</b>	<b>17.0%</b>
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\*Prior to FFY 91 this category was divided into "skilled nursing facility" and "all other intermediate care facilities" (non-MR). HCFA 2082 reports for FFY 92, 93 and 94 include disproportionate share hospital payments of \$605.7 million, \$439.4 million and \$44.8 million, respectively. Direct cost comparisons between states reflect an adjusted unit cost for Louisiana general and mental hospital services and for the total Medicaid cost per recipient.

## NORTH CAROLINA

# SOUTHERN REGION MEDICAID PROFILE

## DATA BY OTHER CHARACTERISTICS

### RECIPIENTS BY OTHER CHARACTERISTICS

	FFY91	FFY92	FFY93	FFY94	FFY95	FFY96	FFY97	Annual Change	Share of Total FFY 97
<b>By Maintenance Assistance Status</b>									
Receiving Cash Assistance or Eligible Under Section 1931	354,980	411,455	449,690	476,530	463,539	500,432	599,481	9.1%	53.9%
Poverty Related Eligibles	21,448	19,929	45,824	49,343	79,162	40,348	337,930	58.3%	30.4%
Medically Needy	58,912	58,671	68,251	69,680	65,719	61,039	117,574	12.2%	10.6%
Other Eligibles	231,863	294,988	334,651	389,720	475,917	528,205	57,946	-20.6%	5.2%
Maintenance Assistance Status Unknown	0	0	0	0	0	0	0	n/a	0.0%
<b>Total</b>	<b>667,203</b>	<b>785,043</b>	<b>898,416</b>	<b>985,273</b>	<b>1,084,337</b>	<b>1,130,024</b>	<b>1,112,931</b>	<b>8.9%</b>	<b>100.0%</b>
<b>By Basis of Eligibility</b>									
Aged, Blind, or Disabled	190,945	213,031	236,317	251,265	296,192	340,395	348,911	10.6%	31.4%
Children	302,847	368,882	433,866	491,043	536,678	548,381	568,991	11.1%	51.1%
Foster Care Children	1	0	0	0	0	0	10,766	369.9%	1.0%
Adults	173,410	203,130	228,233	242,965	251,467	241,248	184,263	1.0%	16.6%
Basis of Eligibility Unknown	0	0	0	0	0	0	0	n/a	0.0%
<b>Total</b>	<b>667,203</b>	<b>785,043</b>	<b>898,416</b>	<b>985,273</b>	<b>1,084,337</b>	<b>1,130,024</b>	<b>1,112,931</b>	<b>8.9%</b>	<b>100.0%</b>
<b>By Age</b>									
Under Age-1	61,918	68,905	74,056	74,771	74,971	76,001	77,012	3.7%	6.9%
Age 1 to 5	111,949	144,960	177,915	201,498	215,691	216,649	207,805	10.9%	18.7%
Age 6 to 14	100,203	121,326	143,247	170,619	198,800	221,080	224,019	14.3%	20.1%
Age 15 to 20	67,372	76,047	83,547	91,242	103,927	109,409	109,520	8.4%	9.8%
Age 21 to 44	159,866	189,553	215,679	230,950	248,792	251,554	235,086	6.6%	21.1%
Age 45 to 64	54,111	61,768	70,313	76,182	87,783	95,670	98,424	10.5%	8.8%
Age 65 to 74	42,298	46,713	51,259	53,957	60,351	61,518	62,371	6.7%	5.6%
Age 75 to 84	44,153	47,873	51,483	53,321	58,117	60,205	60,310	5.3%	5.4%
Age 85 and Over	25,333	27,898	30,917	32,733	35,905	37,938	38,384	7.2%	3.4%
Age Unknown	0	0	0	0	0	0	0	n/a	0.0%
<b>Total</b>	<b>667,203</b>	<b>785,043</b>	<b>898,416</b>	<b>985,273</b>	<b>1,084,337</b>	<b>1,130,024</b>	<b>1,112,931</b>	<b>8.9%</b>	<b>100.0%</b>
<b>By Race</b>									
White	303,686	367,688	429,099	470,074	499,065	510,087	499,426	8.6%	44.9%
Black	340,106	388,001	432,957	470,630	499,189	509,453	492,805	6.4%	44.3%
Hispanic, American Indian or Asian	21,976	1,447	34,059	41,546	48,830	57,825	63,562	19.4%	5.7%
Other/Unknown	1,435	27,907	2,301	3,023	37,253	52,659	57,138	84.8%	5.1%
<b>Total</b>	<b>667,203</b>	<b>785,043</b>	<b>898,416</b>	<b>985,273</b>	<b>1,084,337</b>	<b>1,130,024</b>	<b>1,112,931</b>	<b>8.9%</b>	<b>100.0%</b>
<b>By Sex</b>									
Female	444,454	515,734	582,494	632,620	689,609	709,750	695,947	7.8%	62.5%
Male	222,749	269,309	315,922	352,653	394,728	420,274	416,984	11.0%	37.5%
Unknown	0	0	0	0	0	0	0	n/a	0.0%
<b>Total</b>	<b>667,203</b>	<b>785,043</b>	<b>898,416</b>	<b>985,273</b>	<b>1,084,337</b>	<b>1,130,024</b>	<b>1,112,931</b>	<b>8.9%</b>	<b>100.0%</b>

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

## NORTH CAROLINA

## SOUTHERN REGION MEDICAID PROFILE

### PAYMENTS BY OTHER CHARACTERISTICS

	FFY 91	FFY 92	FFY 93	FFY 94	FFY 95	FFY 96	FFY 97	Annual Change	Share of Total FFY 97
<b>By Maintenance Assistance Status</b>									
Receiving Cash Assistance or Eligible Under Section 1931	\$617,334,923	\$721,641,474	\$819,827,443	\$854,207,143	\$705,395,953	\$1,284,840,493	\$1,971,787,837	21.4%	52.0%
Poverty Related Eligibles	\$101,284,219	\$96,677,990	\$142,195,991	\$148,733,385	\$450,513,851	\$170,638,234	\$484,198,914	29.8%	12.8%
Medically Needy	\$472,363,307	\$403,766,605	\$494,843,762	\$518,302,862	\$582,504,709	\$539,406,506	\$1,241,003,068	17.5%	32.8%
Other Eligibles	\$596,587,060	\$861,074,681	\$995,089,857	\$1,163,297,727	\$1,436,645,300	\$1,682,870,774	\$91,466,386	-26.8%	2.4%
Maintenance Assistance Status Unknown	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a	0.0%
<b>Total</b>	<b>\$1,787,569,509</b>	<b>\$2,083,160,750</b>	<b>\$2,451,957,053</b>	<b>\$2,684,541,117</b>	<b>\$3,175,059,813</b>	<b>\$3,677,756,007</b>	<b>\$3,788,456,205</b>	<b>13.3%</b>	<b>100.0%</b>
<b>By Basis of Eligibility</b>									
Aged, Blind or Disabled	\$1,170,145,684	\$1,328,644,096	\$1,556,191,002	\$1,693,875,384	\$2,004,618,393	\$2,557,044,247	\$2,714,862,350	15.1%	71.7%
Children	\$342,427,866	\$413,553,648	\$491,687,375	\$557,045,164	\$632,532,521	\$589,983,023	\$636,246,582	10.9%	16.8%
Foster Care Children	\$81	\$0	\$0	\$0	\$0	\$0	\$33,821,574	764.5%	0.9%
Adults	\$274,995,878	\$340,963,006	\$404,078,676	\$433,620,569	\$537,908,899	\$530,728,737	\$403,525,699	6.6%	10.7%
Basis of Eligibility Unknown	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a	0.0%
<b>Total</b>	<b>\$1,787,569,509</b>	<b>\$2,083,160,750</b>	<b>\$2,451,957,053</b>	<b>\$2,684,541,117</b>	<b>\$3,175,059,813</b>	<b>\$3,677,756,007</b>	<b>\$3,788,456,205</b>	<b>13.3%</b>	<b>100.0%</b>
<b>By Age</b>									
Under Age 1	\$133,307,631	\$162,918,611	\$184,928,166	\$195,262,641	\$200,009,262	\$217,577,976	\$214,802,933	8.3%	5.7%
Age 1 to 5	\$83,518,235	\$108,993,084	\$138,812,946	\$168,449,332	\$204,137,034	\$226,162,526	\$208,114,457	16.4%	5.5%
Age 6 to 14	\$86,930,494	\$105,157,399	\$127,125,441	\$150,323,287	\$177,270,370	\$239,020,647	\$268,169,155	20.7%	7.1%
Age 15 to 20	\$133,198,369	\$149,545,188	\$170,054,310	\$183,804,192	\$232,101,934	\$256,443,000	\$261,270,797	11.9%	6.9%
Age 21 to 44	\$488,180,883	\$580,829,919	\$676,476,218	\$722,428,550	\$865,602,644	\$975,288,041	\$967,212,573	12.1%	25.5%
Age 45 to 64	\$271,547,127	\$318,908,313	\$384,191,527	\$419,583,270	\$523,654,840	\$657,077,116	\$690,838,617	16.8%	18.2%
Age 65 to 74	\$150,093,839	\$163,156,645	\$188,771,680	\$205,489,584	\$243,429,521	\$282,471,198	\$301,808,253	12.3%	8.0%
Age 75 to 84	\$240,855,226	\$267,805,228	\$310,356,689	\$335,634,730	\$382,437,884	\$433,849,846	\$455,286,327	11.2%	12.0%
Age 85 and Over	\$199,937,705	\$225,846,363	\$271,240,076	\$303,565,531	\$346,416,324	\$389,865,657	\$420,953,093	13.2%	11.1%
Age Unknown	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a	0.0%
<b>Total</b>	<b>\$1,787,569,509</b>	<b>\$2,083,160,750</b>	<b>\$2,451,957,053</b>	<b>\$2,684,541,117</b>	<b>\$3,175,059,813</b>	<b>\$3,677,756,007</b>	<b>\$3,788,456,205</b>	<b>13.3%</b>	<b>100.0%</b>
<b>By Race</b>									
White	\$1,044,779,145	\$1,217,340,940	\$1,426,042,370	\$1,561,295,132	\$1,755,472,786	\$1,968,457,969	\$2,032,111,627	11.7%	53.6%
Black	\$702,358,979	\$813,917,102	\$960,621,231	\$1,046,579,663	\$1,156,044,826	\$1,307,410,819	\$1,316,773,324	11.0%	34.8%
Hispanic, American Indian or Asian	\$37,991,112	\$34,292,167	\$60,775,089	\$71,151,185	\$80,994,673	\$101,580,286	\$112,512,497	19.8%	3.0%
Other/Unknown	\$2,440,273	\$17,610,541	\$4,518,363	\$5,515,137	\$182,547,528	\$300,306,933	\$327,058,757	126.2%	8.6%
<b>Total</b>	<b>\$1,787,569,509</b>	<b>\$2,083,160,750</b>	<b>\$2,451,957,053</b>	<b>\$2,684,541,117</b>	<b>\$3,175,059,813</b>	<b>\$3,677,756,007</b>	<b>\$3,788,456,205</b>	<b>13.3%</b>	<b>100.0%</b>
<b>By Sex</b>									
Female	\$1,152,384,916	\$1,333,659,918	\$1,569,513,255	\$1,713,641,165	\$2,036,956,775	\$2,310,909,369	\$2,365,405,876	12.7%	62.4%
Male	\$635,184,593	\$749,500,832	\$882,443,798	\$970,899,952	\$1,138,103,038	\$1,366,846,638	\$1,423,050,329	14.4%	37.6%
Unknown	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a	0.0%
<b>Total</b>	<b>\$1,787,569,509</b>	<b>\$2,083,160,750</b>	<b>\$2,451,957,053</b>	<b>\$2,684,541,117</b>	<b>\$3,175,059,813</b>	<b>\$3,677,756,007</b>	<b>\$3,788,456,205</b>	<b>13.3%</b>	<b>100.0%</b>

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

## NORTH CAROLINA



## SOUTHERN REGION MEDICAID PROFILE

### AVERAGE PAYMENT PER RECIPIENT BY OTHER CHARACTERISTICS

	FFY91	FFY92	FFY93	FFY94	FFY95	FFY96	FFY97	Annual Change	Above (+) or Below (-) SLC Avg. FFY 97
<b>By Maintenance Assistance Status</b>									
Receiving Cash Assistance or Eligible Under Section 1931	\$1,739.07	\$1,753.88	\$1,823.09	\$1,792.56	\$1,521.76	\$2,567.46	\$3,289.16	11.2%	6.6%
Poverty Related Eligibles	\$4,722.32	\$4,851.12	\$3,103.09	\$3,014.28	\$5,691.04	\$4,229.16	\$1,432.84	-18.0%	-9.9%
Medically Needy	\$8,018.12	\$6,881.88	\$7,250.35	\$7,438.33	\$8,863.57	\$8,837.08	\$10,555.08	4.7%	68.6%
Other Eligibles	\$2,573.02	\$2,919.02	\$2,973.52	\$2,984.96	\$3,018.69	\$3,186.02	\$1,578.48	-7.8%	-62.5%
Maintenance Assistance Status Unknown	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	n/a	-100.0%
<b>Total</b>	<b>\$2,679.20</b>	<b>\$2,653.56</b>	<b>\$2,729.20</b>	<b>\$2,724.67</b>	<b>\$2,928.11</b>	<b>\$3,254.58</b>	<b>\$3,404.04</b>	<b>4.1%</b>	<b>12.6%</b>
<b>By Basis of Eligibility</b>									
Aged, Blind or Disabled	\$6,128.18	\$6,236.86	\$6,585.18	\$6,741.39	\$6,767.97	\$7,511.99	\$7,780.96	4.1%	12.7%
Children	\$1,130.70	\$1,121.10	\$1,133.27	\$1,134.41	\$1,178.61	\$1,075.86	\$1,118.20	-0.2%	3.6%
Foster Care Children	\$81.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3,141.52	84.0%	6.7%
Adults	\$1,585.81	\$1,678.55	\$1,770.47	\$1,784.70	\$2,139.08	\$2,199.93	\$2,189.94	5.5%	16.3%
Basis of Eligibility Unknown	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	n/a	-100.0%
<b>Total</b>	<b>\$2,679.20</b>	<b>\$2,653.56</b>	<b>\$2,729.20</b>	<b>\$2,724.67</b>	<b>\$2,928.11</b>	<b>\$3,254.58</b>	<b>\$3,404.04</b>	<b>4.1%</b>	<b>12.6%</b>
<b>By Age</b>									
Under Age 1	\$2,152.97	\$2,364.39	\$2,497.14	\$2,611.48	\$2,667.82	\$2,862.83	\$2,789.21	4.4%	10.2%
Age 1 to 5	\$746.04	\$751.88	\$780.22	\$835.99	\$946.43	\$1,043.91	\$1,001.49	5.0%	-3.9%
Age 6 to 14	\$867.54	\$866.73	\$887.46	\$881.05	\$891.70	\$1,081.15	\$1,197.08	5.5%	12.0%
Age 15 to 20	\$1,977.06	\$1,966.48	\$2,035.43	\$2,014.47	\$2,233.32	\$2,343.89	\$2,385.60	3.2%	7.6%
Age 21 to 44	\$3,053.69	\$3,064.21	\$3,136.50	\$3,128.07	\$3,479.22	\$3,877.05	\$4,114.29	5.1%	20.1%
Age 45 to 64	\$5,018.34	\$5,163.00	\$5,464.02	\$5,507.64	\$5,965.33	\$6,868.16	\$7,019.01	5.8%	21.3%
Age 65 to 74	\$3,548.49	\$3,492.75	\$3,682.70	\$3,808.40	\$4,033.56	\$4,591.68	\$4,838.92	5.3%	7.8%
Age 75 to 84	\$5,455.01	\$5,594.08	\$6,028.33	\$6,294.61	\$6,580.48	\$7,206.21	\$7,549.10	5.6%	6.4%
Age 85 and Over	\$7,892.38	\$8,095.43	\$8,773.17	\$9,273.99	\$9,648.14	\$10,276.39	\$10,966.89	5.6%	3.2%
Age Unknown	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	n/a	-100.0%
<b>Total</b>	<b>\$2,679.20</b>	<b>\$2,653.56</b>	<b>\$2,729.20</b>	<b>\$2,724.67</b>	<b>\$2,928.11</b>	<b>\$3,254.58</b>	<b>\$3,404.04</b>	<b>4.1%</b>	<b>12.6%</b>
<b>By Race</b>									
White	\$3,440.33	\$3,310.80	\$3,323.34	\$3,321.38	\$3,517.52	\$3,859.06	\$4,068.89	2.8%	12.3%
Black	\$2,065.12	\$2,097.72	\$2,218.75	\$2,223.78	\$2,315.85	\$2,566.30	\$2,672.00	4.4%	10.1%
Hispanic, American Indian or Asian	\$1,728.75	\$23,698.80	\$1,784.41	\$1,712.59	\$1,658.71	\$1,756.68	\$1,770.12	0.4%	-3.6%
Other/Unknown	\$1,700.54	\$631.04	\$1,963.65	\$1,824.39	\$4,900.21	\$5,702.86	\$5,724.01	22.4%	16.1%
<b>Total</b>	<b>\$2,679.20</b>	<b>\$2,653.56</b>	<b>\$2,729.20</b>	<b>\$2,724.67</b>	<b>\$2,928.11</b>	<b>\$3,254.58</b>	<b>\$3,404.04</b>	<b>4.1%</b>	<b>12.6%</b>
<b>By Sex</b>									
Female	\$2,592.81	\$2,585.95	\$2,694.47	\$2,708.80	\$2,953.79	\$3,255.95	\$3,398.83	4.6%	11.0%
Male	\$2,851.57	\$2,783.05	\$2,793.23	\$2,753.13	\$2,883.26	\$3,252.28	\$3,412.72	3.0%	17.5%
Unknown	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	n/a	-100.0%
<b>Total</b>	<b>\$2,679.20</b>	<b>\$2,653.56</b>	<b>\$2,729.20</b>	<b>\$2,724.67</b>	<b>\$2,928.11</b>	<b>\$3,254.58</b>	<b>\$3,404.04</b>	<b>4.1%</b>	<b>12.6%</b>

## NORTH CAROLINA

## SOUTHERN REGION MEDICAID PROFILE

### ADDITIONAL STATE HEALTH CARE INFORMATION

Sources: "Major Health Care Policies: 50 State Profiles", Health Policy Tracking Service, January, 1998; and "Medicaid Services State by State", HCFA, October 1997.

\*Information supplied by State Medicaid Agency

#### Waivers

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

- Carolina ACCESS is a primary care case management program for Medicaid children under the age of 18, operating since 1991 in 32 counties; the state plans to expand the program to all 100 counties.
- Carolina Alternatives provides a capitated mental health and substance abuse program for Medicaid children. It has been operating since January 1, 1994.

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

- Elderly and Disabled: Serves 11,500 people, operating since July 1, 1982.
- Mental Retardation/Developmental Disabilities: Serves 4,667 people, operating since July 1, 1983.
- AIDS: Serves 45 people, operating since October 1, 1995.
- Blind and Disabled Children under age 19 (includes individuals with AIDS): Serves up to 200 people, operating since July 1, 1983.

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

Implemented a mandatory HMO enrollment in one county (Macklenburg) in June 1996 via a Section 1915 (b) waiver.

Implemented a voluntary HMO enrollment in one county (Gaston) in October 1997 via a Section 1915 (b) waiver.

#### Managed Care

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

#### Coverage for Targeted Population

- The Uninsured: North Carolina does not have an indigent care program.
- The Caring Program, a children's insurance program, was appropriated additional state funds in 1995 to purchase coverage for outpatient services for non-Medicaid eligible children.

#### Cost Containment Measures

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

#### Medicaid

- 23 optional services are offered.
- Counties pay 15% of the non-federal share of all program costs, and 100% of the non-federal share of administrative costs.

## NORTH CAROLINA

## SOUTHERN REGION MEDICAID PROFILE

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

•CHIP in North Carolina will be administered by the Division of Medicaid Assistance through a state-designed program. The program will provide health care coverage through a state employees equivalent plan, plus Medicaid equivalent benefits to an estimated 71,000 currently eligible children and new enrollees, effective July 14, 1998.

- For families with incomes up to 150% of the FPL, there are no cost sharing obligations.
- Families with incomes between 150% and 200% of the FPL are required to pay copayments as follows:

\$6 per prescription

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

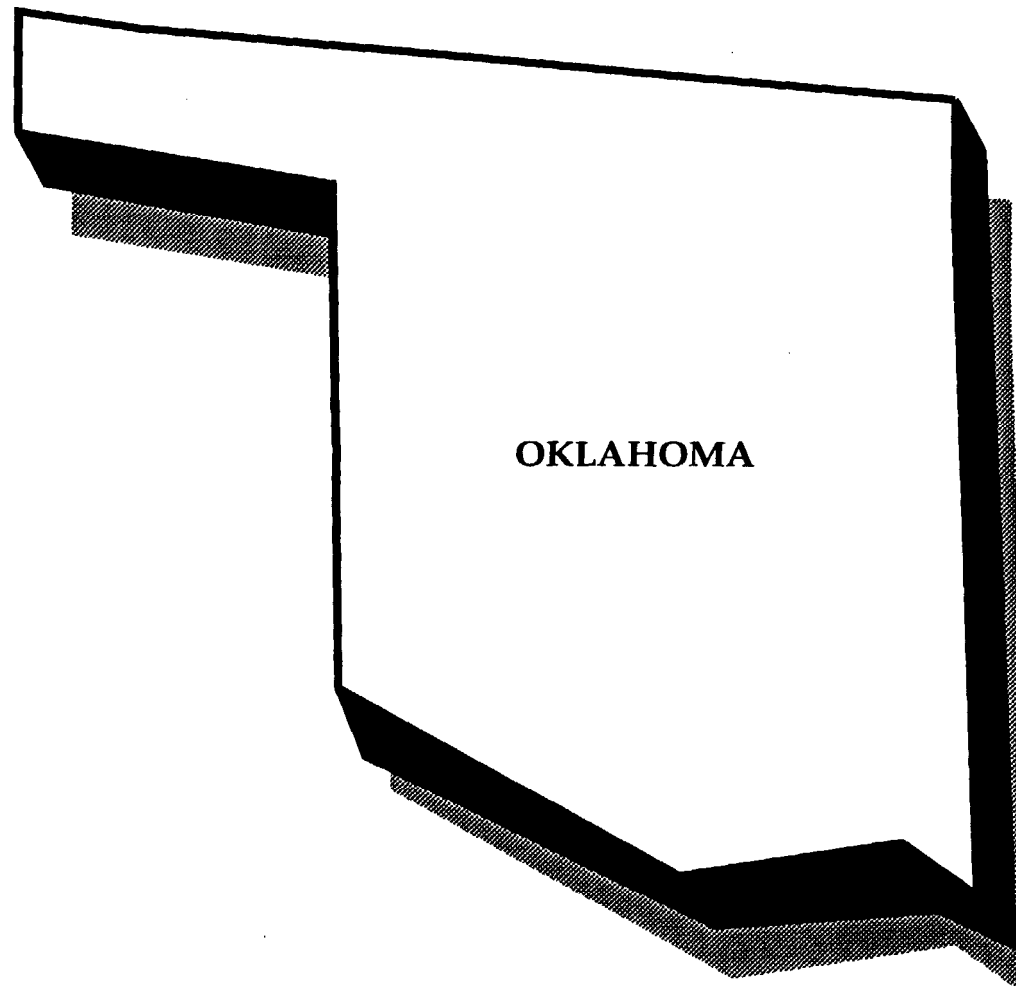
\$5 per outpatient hospital visit

\$20 per unnecessary emergency room use

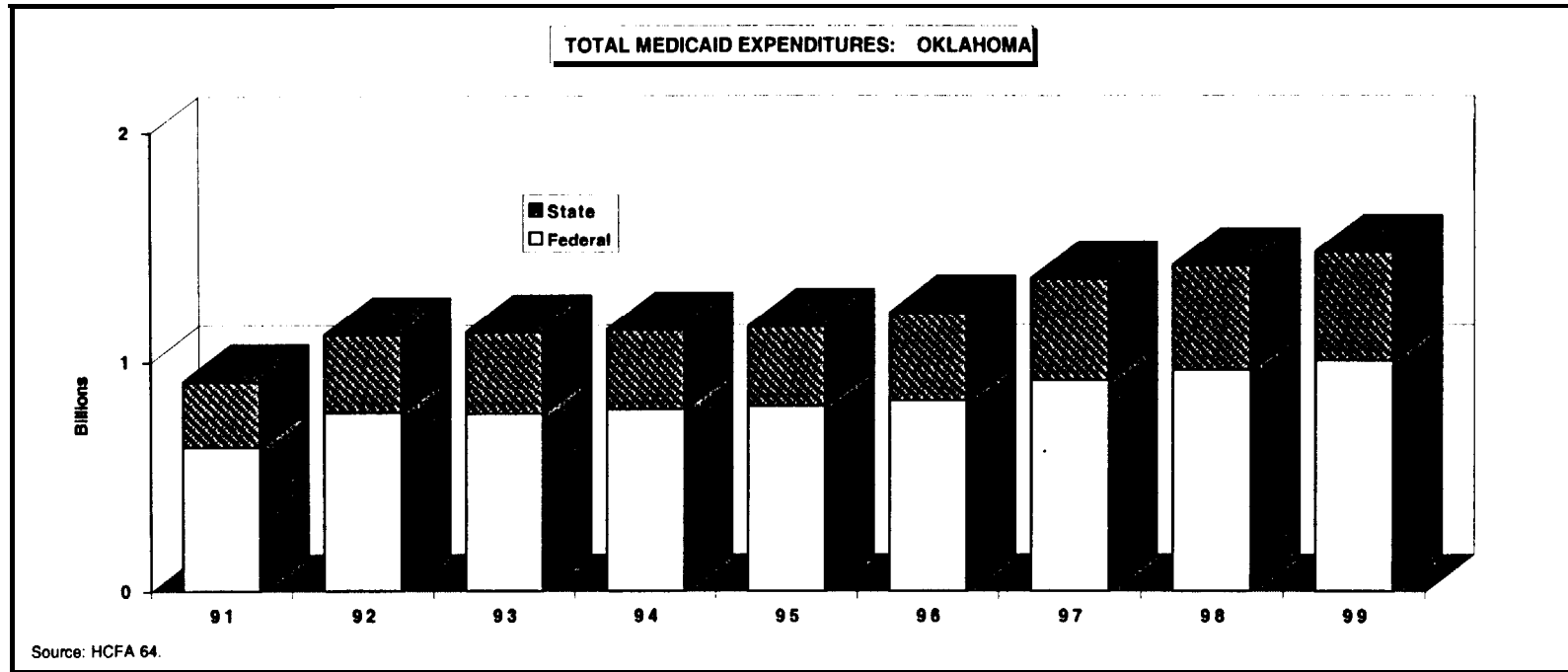
- For families with incomes above 150% of the FPL, there will be an annual enrollment fee of \$50 per child with a maximum of \$100 for 2 or more children.

NORTH CAROLINA

## SOUTHERN REGION MEDICAID PROFILES



# SOUTHERN REGION MEDICAID PROFILE



	FFY 91	FFY 92	FFY 93	FFY 94	FFY 95	FFY96	FFY97	FFY98**	FFY99**	Annual Rate of Change	Total 91-99
Medicaid Payments	\$846,822,938	\$1,032,769,952	\$1,043,449,614	\$1,052,337,618	\$1,054,871,918	\$1,089,121,860	\$1,256,419,354	\$1,299,742,867	\$1,343,066,380	5.9%	58.6%
Federal Share	\$592,322,303	\$735,041,934	\$726,971,346	\$743,595,014	\$738,937,779	\$761,187,268	\$864,442,262	\$896,972,712	\$929,503,162	5.8%	56.9%
State Share	\$254,500,635	\$297,728,018	\$316,478,268	\$308,742,604	\$315,934,139	\$327,934,592	\$391,977,092	\$402,770,155	\$413,563,218	6.3%	62.5%
Administrative Costs	\$70,973,503	\$85,194,782	\$86,201,493	\$88,856,257	\$98,942,083	\$122,639,000	\$104,645,820	\$118,899,049	\$133,155,045	8.2%	87.6%
Federal Share	\$39,471,377	\$45,966,036	\$47,440,854	\$49,343,431	\$69,308,929	\$67,453,000	\$56,169,049	\$66,041,510	\$75,914,716	8.5%	92.3%
State Share	\$31,502,126	\$39,228,746	\$38,760,639	\$39,512,826	\$29,633,154	\$55,186,000	\$48,476,771	\$52,857,539	\$57,240,329	7.8%	81.7%
Admin. Costs as % of Payments	8.38%	8.25%	8.26%	8.44%	9.38%	11.26%	8.33%	9.15%	9.91%		
Federal Match Rate*	69.65%	70.74%	69.67%	70.30%	70.05%	69.89%	70.01%	70.51%	70.84%		

\*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 98 and 99 reflect latest estimates reported by each state.

OKLAHOMA

# SOUTHERN REGION MEDICAID PROFILE

## STATE FINANCING

	Payments		Administration	
	FFY 91	FFY 92	FFY 91	FFY 92
State General Fund	\$254,500,635	\$410,762,194	\$31,502,126	\$57,240,329
Local Funds	\$0	\$0	\$0	\$0
Provider Taxes	\$0	\$2,801,024	\$0	\$0
Donations	\$0	\$0	\$0	\$0
Other	\$0	\$0	\$0	\$0
Total State Share	\$254,500,635	\$413,563,218	\$31,502,126	\$57,240,329

## Provider Taxes Currently in Place (FFY 99)

Provider	Tax Rate	Amount
MR facilities	6 % of third quarter gross revenues	\$2,801,024

## DISPROPORTIONATE SHARE HOSPITAL (DSH) PAYMENTS

	FFY 91	FFY 92	FFY 93	FFY 94	FFY 95	FFY 96	FFY 97	FFY 98*	FFY 99*	Annual Change
General Hospitals	\$10,801,398	\$16,609,904	\$14,059,190	\$20,636,475	\$15,731,786	\$21,784,148	\$21,993,050	\$19,470,001	\$20,582,038	6.6%
Mental Hospitals	\$2,701,327	\$5,659,703	\$5,207,547	\$2,931,525	\$2,605,693	\$3,236,852	\$3,754,953	\$3,221,816	\$2,151,693	-13.7%
Total	\$13,502,725	\$22,269,607	\$19,266,737	\$23,568,000	\$18,337,479	\$25,021,000	\$25,748,003	\$22,691,817	\$22,733,731	2.8%

## SELECTED ELIGIBILITY CRITERIA

	At 10/1/98	% of FPL*
TANF-Temporary Assistance for Needy Families (Family of 3)		
Need Standard	\$645	56.7%
Payment Standard	\$292	25.7%
Maximum Payment	\$292	25.7%
Medically Needy Program (Family of 3)		
Income Eligibility Standard	\$2,105	
Resource Standard	None	
Pregnant Women, Children and Infants (% of FPL*)		
Pregnant women and infants		185.0%
Children to 6		185.0%
Children 6 to 17		185.0%
SSI Eligibility Levels		
Income:	209.b	1902(f)
Single Person	\$547	81.5%
Couple	\$847	93.7%
Resources:		
Single Person	\$2,000	
Couple	\$3,000	
Maximum State	\$53	

## DEMOGRAPHIC DATA & POVERTY INDICATORS (1996)

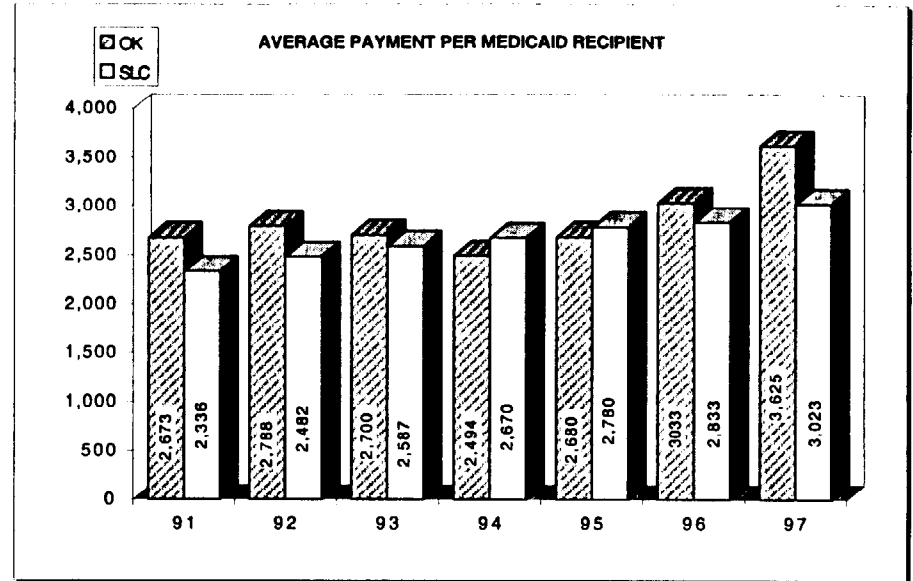
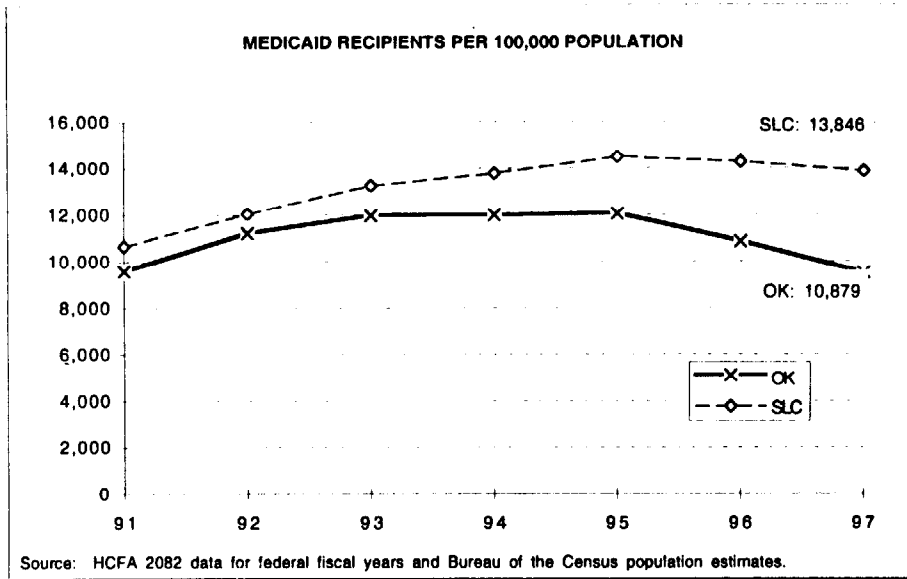
		Rank in U.S.
State population—July 1, 1996*	3,295,315	27
Per capita personal income**	\$19,544	45
Median household income**	\$27,700	46
Population below Federal Poverty Level on July 1, 1996*	553,613	
Percent of total population	16.8%	8
Population without health insurance coverage*	570,000	24
Percent of total population	17.3%	11
Recipients of Food Stamps***	354,000	24
Households receiving Food Stamps***	147,000	24
Total value of issuance***	\$308,000,000	23
Average monthly benefit per recipient	\$72.50	18
Average monthly benefit per household	\$174.60	22
Monthly recipients of Aid to Families with Dependent Children****	110,498	27
Total AFDC payments****	\$188,071,204	25
Average monthly payment per recipient	\$141.84	
Average monthly payment per family	\$282.73	33

\*Current federal poverty level is \$8,050 per year for a single person, \$10,850 for a family of two and \$13,650 for a family of three. Table above shows monthly income levels.

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

OKLAHOMA

## SOUTHERN REGION MEDICAID PROFILE



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

#### RECIPIENTS BY TYPE OF SERVICES

	FFY 91	FFY 92	FFY 93	FFY 94	FFY 95	FFY 96	FFY 97	Annual Change	Share of Total FFY 97
01. General Hospital	59,954	79,652	86,093	81,910	81,364	69,533	62,313	0.6%	N/A**
02. Mental Hospital	2,247	3,043	2,765	2,121	2,545	2,513	2,188	-0.4%	
03. Skilled and Intermediate Care Nursing*	24,135	25,107	35,289	25,723	26,379	27,331	27,331	2.1%	
04. Intermediate Care for Mentally Retarded	2,955	2,881	2,739	2,558	2,433	2,336	2,236	-4.5%	
05. Physician Services	225,243	267,160	293,209	293,037	293,379	257,576	203,815	-1.7%	
06. Dental Services	48,990	61,111	53,084	49,176	48,253	33,712	24,691	-10.8%	
07. Other Practitioners	41,859	53,054	55,603	60,174	65,339	57,212	39,191	-1.1%	
08. Outpatient Hospital	96,500	144,872	170,119	179,226	191,842	166,112	132,897	5.5%	
09. Clinic Services	21,920	26,742	32,121	36,151	39,730	30,399	18,715	-2.6%	
10. Lab and X-Ray	110,776	134,789	147,715	124,141	127,473	104,325	75,266	-6.2%	
11. Home Health	11,630	12,066	12,838	12,297	11,077	10,524	11,508	-0.2%	
12. Prescribed Drugs	215,950	260,537	288,004	283,428	285,654	245,075	207,441	-0.7%	
13. Family Planning	18,430	25,263	28,230	26,724	26,747	21,581	14,779	-3.6%	
14. Early & Periodic Screening, Diagnosis & Treatment	43,019	54,897	55,653	53,928	51,323	38,130	22,978	-9.9%	
15. Rural Health	697	1,288	3,519	9,775	20,739	23,917	19,963	74.9%	
16. Other Care (includes managed care)	32,501	42,912	49,307	54,680	62,435	61,722	134,386	26.7%	
17. Waivers (Capitation)	0	0	0	0	0	57,968	125,636	116.7%	
<b>Total**</b>	<b>304,659</b>	<b>360,039</b>	<b>386,531</b>	<b>390,628</b>	<b>393,613</b>	<b>358,121</b>	<b>315,801</b>	<b>0.6%</b>	

\*Prior to FFY 91 this category was divided into "skilled nursing facility" and "all other intermediate care facilities" (non-MR).

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

OKLAHOMA

# SOUTHERN REGION MEDICAID PROFILE

## PAYMENTS BY TYPE OF SERVICES

	FFY 91	FFY 92	FFY 93	FFY 94	FFY 95	FFY 96	FFY 97	Annual Change	of Total FFY 97
01. General Hospital	\$213,172,602	\$266,993,365	\$243,548,656	\$194,861,083	\$188,696,685	\$157,561,197	\$147,891,848	-5.9%	12.9%
02. Mental Hospital	\$45,190,276	\$73,954,936	\$51,704,018	\$26,833,701	\$36,528,697	\$35,315,890	\$33,541,952	-4.8%	2.9%
03. Skilled and Intermediate Care Nursing*	\$213,454,302	\$227,466,163	\$236,543,853	\$252,287,953	\$265,628,806	\$277,471,420	\$286,928,847	5.1%	25.1%
04. Intermediate Care for Mentally Retarded	\$108,645,291	\$108,725,548	\$130,518,876	\$90,914,993	\$94,091,873	\$96,741,869	\$122,151,681	2.0%	10.7%
05. Physician Services	\$57,973,066	\$76,535,081	\$79,649,110	\$75,746,070	\$78,042,433	\$64,378,030	\$53,279,513	-1.4%	4.7%
06. Dental Services	\$6,920,212	\$9,093,244	\$7,961,620	\$6,539,818	\$6,349,765	\$4,206,350	\$3,230,659	-11.9%	0.3%
07. Other Practitioners	\$5,068,162	\$7,579,235	\$7,969,634	\$8,128,872	\$12,667,637	\$15,800,721	\$11,484,606	14.6%	1.0%
08. Outpatient Hospital	\$28,352,161	\$47,934,134	\$61,575,644	\$69,188,803	\$81,122,690	\$69,832,413	\$51,847,043	10.6%	4.5%
09. Clinic Services	\$12,394,970	\$5,742,356	\$7,776,139	\$7,962,662	\$9,238,382	\$7,863,397	\$5,218,440	-13.4%	0.5%
10. Lab and X-Ray	\$7,067,360	\$8,493,211	\$8,245,474	\$6,279,647	\$6,891,924	\$5,359,509	\$4,219,305	-8.2%	0.4%
11. Home Health	\$36,460,938	\$54,642,489	\$69,267,476	\$84,014,100	\$96,878,445	\$100,982,685	\$116,075,624	21.3%	10.1%
12. Prescribed Drugs	\$58,134,128	\$75,551,978	\$89,523,200	\$89,253,227	\$100,909,395	\$98,292,786	\$110,880,180	11.4%	9.7%
13. Family Planning	\$3,448,118	\$6,428,620	\$5,998,000	\$4,563,511	\$4,034,923	\$3,144,194	\$2,192,674	-7.3%	0.2%
14. Early & Periodic Screening, Diagnosis & Treatment	\$3,208,695	\$5,001,486	\$5,743,021	\$5,807,952	\$5,762,361	\$4,146,066	\$2,149,148	-6.5%	0.2%
15. Rural Health	\$66,349	\$189,705	\$575,749	\$1,373,689	\$3,063,548	\$3,607,217	\$2,450,261	82.5%	0.2%
16. Other Care (includes managed care)	\$14,815,621	\$29,458,543	\$36,849,144	\$50,383,625	\$64,964,354	\$76,527,600	\$84,487,215	33.7%	7.4%
17. Waivers (Capitated Services)	\$0	\$0	\$0	\$0	\$0	\$64,890,516	\$106,738,790	64.5%	9.3%
<b>Total*</b>	<b>\$814,372,251</b>	<b>\$1,003,790,094</b>	<b>\$1,043,449,614</b>	<b>\$974,139,706</b>	<b>\$1,054,871,918</b>	<b>\$1,086,121,860</b>	<b>\$1,144,767,786</b>	<b>5.8%</b>	<b>100.0%</b>

\*Disproportionate share payments, pharmacy rebates, and other adjustments are excluded.

## AVERAGE PAYMENTS PER RECIPIENT BY TYPE OF SERVICES

								Above (+) or Below (-) SLC Avg. FFY 97	
01. General Hospital	\$3,555.60	\$3,352.00	\$2,828.90	\$2,378.97	\$2,319.17	\$2,265.99	\$2,373.37	-6.5%	-35.4%
02. Mental Hospital	\$20,111.38	\$24,303.30	\$18,699.46	\$12,651.44	\$14,353.12	\$14,053.28	\$15,329.96	-4.4%	47.3%
03. Skilled and Intermediate Care Nursing*	\$8,844.18	\$9,059.87	\$6,703.05	\$9,807.87	\$10,069.71	\$10,152.26	\$10,498.29	2.9%	-28.5%
04. Intermediate Care for Mentally Retarded	\$36,766.60	\$37,738.82	\$47,652.02	\$35,541.44	\$38,673.19	\$41,413.47	\$54,629.55	6.8%	-8.9%
05. Physician Services	\$257.38	\$286.48	\$271.65	\$258.49	\$266.01	\$249.94	\$261.41	0.3%	-29.4%
06. Dental Services	\$141.26	\$148.80	\$149.98	\$132.99	\$131.59	\$124.77	\$130.84	-1.3%	-25.2%
07. Other Practitioners	\$121.08	\$142.86	\$143.33	\$135.09	\$193.88	\$276.18	\$293.04	15.9%	101.5%
08. Outpatient Hospital	\$293.80	\$330.87	\$361.96	\$386.04	\$422.86	\$420.39	\$390.13	4.8%	-11.3%
09. Clinic Services	\$565.46	\$214.73	\$242.09	\$220.26	\$232.53	\$258.67	\$278.84	-11.1%	-60.5%
10. Lab and X-Ray	\$63.80	\$63.01	\$55.82	\$50.58	\$54.07	\$51.37	\$56.06	-2.1%	-37.7%
11. Home Health	\$3,135.08	\$4,528.63	\$5,395.50	\$6,832.08	\$8,745.91	\$9,595.47	\$10,086.52	21.5%	131.3%
12. Prescribed Drugs	\$269.20	\$289.99	\$310.84	\$314.91	\$353.26	\$401.07	\$534.51	12.1%	0.3%
13. Family Planning	\$187.09	\$254.47	\$212.47	\$170.76	\$150.86	\$145.69	\$148.36	-3.8%	-31.2%
14. Early & Periodic Screening, Diagnosis & Treatment	\$74.59	\$91.11	\$103.19	\$107.70	\$112.28	\$108.74	\$93.53	3.8%	-65.7%
15. Rural Health	\$95.19	\$147.29	\$163.61	\$140.53	\$147.72	\$150.82	\$122.74	4.3%	-32.8%
16. Other Care (includes managed care)	\$455.85	\$686.49	\$747.34	\$921.43	\$1,040.51	\$1,239.88	\$628.69	5.5%	-25.4%
17. Waivers	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,119.42	\$849.59	-24.1%	0.6%
<b>Total (Average)*</b>	<b>\$2,673.06</b>	<b>\$2,788.00</b>	<b>\$2,699.52</b>	<b>\$2,493.78</b>	<b>\$2,679.97</b>	<b>\$3,032.83</b>	<b>\$3,624.97</b>	<b>5.2%</b>	<b>19.9%</b>
<b>TOTAL PER CAPITA EXPENDITURES</b>	<b>\$289.07</b>	<b>\$348.06</b>	<b>\$349.63</b>	<b>\$350.39</b>	<b>\$352.74</b>	<b>\$367.72</b>	<b>\$410.32</b>	<b>6.0%</b>	<b>-23.7%</b>

\*Prior to FFY 91 this category was divided into "skilled nursing facility" and "all other intermediate care facilities" (non-MR). HCFA 2082 reports for FFY 92, 93 and 94 include disproportionate share hospital payments of \$605.7 million, \$439.4 million and \$44.8 million, respectively. Direct cost comparisons between states reflect an adjusted unit cost for Louisiana general and mental hospital services and for the total Medicaid cost per recipient.

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

**RECIPIENTS BY OTHER CHARACTERISTICS**

	FFY91	FFY92	FFY93	FFY94	FFY95	FFY96	FFY97	Annual Change	Share of Total FFY97
<b>By Maintenance Assistance Status</b>									
Receiving Cash Assistance or Eligible Under Section 1931	195,077	222,649	227,640	233,744	229,582	110,753	981	-58.6%	0.3%
Poverty Related Eligibles	52,186	64,369	87,129	75,156	81,612	109,793	113,143	13.8%	35.8%
Medically Needy	13,578	14,560	11,428	14,241	13,466	11,961	10,963	-3.5%	3.5%
Other Eligibles	43,818	58,461	60,334	67,487	68,953	67,646	65,078	6.8%	20.6%
Maintenance Assistance Status Unknown (Managed Care)	0	0	0	0	0	57,968	125,636	116.7%	39.8%
<b>Total</b>	<b>304,659</b>	<b>360,039</b>	<b>386,531</b>	<b>390,628</b>	<b>393,613</b>	<b>358,121</b>	<b>315,801</b>	<b>0.6%</b>	<b>100.0%</b>
<b>By Basis of Eligibility</b>									
Aged, Blind, or Disabled	92,140	99,488	97,017	106,027	107,831	107,842	108,411	2.7%	34.3%
Children	143,424	178,902	188,691	197,674	198,806	172,377	140,482	-0.3%	44.5%
Foster Care Children	1,045	698	371	600	944	976	33,899	78.6%	10.7%
Adults	68,050	80,951	100,452	86,327	86,032	76,926	31,771	-11.9%	10.1%
Basis of Eligibility Unknown	0	0	0	0	0	0	1,238	n/a	0.4%
<b>Total</b>	<b>304,659</b>	<b>360,039</b>	<b>386,531</b>	<b>390,628</b>	<b>393,613</b>	<b>358,121</b>	<b>315,801</b>	<b>0.6%</b>	<b>100.0%</b>
<b>By Age</b>									
Under Age 1	19,249	28,360	25,384	24,636	24,496	22,852	19,644	0.3%	6.2%
Age 1 to 5	49,368	62,008	78,761	80,791	80,849	70,061	55,897	2.1%	17.7%
Age 6 to 14	54,285	64,299	70,254	71,593	73,546	65,601	56,082	0.5%	17.8%
Age 15 to 20	33,645	38,924	40,013	39,595	39,969	34,763	30,536	-1.6%	9.7%
Age 21 to 44	71,408	83,991	89,005	89,024	89,047	79,927	68,548	-0.7%	21.7%
Age 45 to 64	21,459	23,827	25,674	27,212	28,460	28,990	29,539	5.5%	9.4%
Age 65 to 74	17,669	18,823	19,272	19,515	19,519	19,121	19,257	1.4%	6.1%
Age 75 to 84	21,459	21,846	21,336	21,204	20,571	19,703	19,232	-1.8%	6.1%
Age 85 and Over	16,117	17,961	16,831	17,057	17,033	17,091	16,982	0.9%	5.4%
Age Unknown	0	0	1	1	123	12	84	202.7%	0.0%
<b>Total</b>	<b>304,659</b>	<b>360,039</b>	<b>386,531</b>	<b>390,628</b>	<b>393,613</b>	<b>358,121</b>	<b>315,801</b>	<b>0.6%</b>	<b>100.0%</b>
<b>By Race</b>									
White	208,514	246,430	263,328	265,175	265,910	246,787	223,106	1.1%	70.6%
Black	59,190	67,568	70,973	71,392	71,512	58,313	42,509	-5.4%	13.5%
Hispanic, American Indian or Asian	36,955	33,854	52,230	54,061	56,067	53,021	50,122	5.2%	15.9%
Other/Unknown	0	12,187	0	0	124	0	64	-65.0%	0.0%
<b>Total</b>	<b>304,659</b>	<b>360,039</b>	<b>386,531</b>	<b>390,628</b>	<b>393,613</b>	<b>358,121</b>	<b>315,801</b>	<b>0.6%</b>	<b>100.0%</b>
<b>By Sex</b>									
Female	199,746	233,192	248,283	249,698	250,778	228,288	200,747	0.1%	63.6%
Male	104,913	126,847	138,248	140,930	142,711	129,833	114,990	1.5%	36.4%
Unknown	0	0	0	0	124	0	64	-28.2%	0.0%
<b>Total</b>	<b>304,659</b>	<b>360,039</b>	<b>386,531</b>	<b>390,628</b>	<b>393,613</b>	<b>358,121</b>	<b>315,801</b>	<b>0.6%</b>	<b>100.0%</b>

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

OKLAHOMA

## SOUTHERN REGION MEDICAID PROFILE

### PAYMENTS BY OTHER CHARACTERISTICS

	FFY91	FFY92	FFY93	FFY94	FFY95	FFY96	FFY97	Annual Change	Share of Total FFY97
<b>By Maintenance Assistance Status</b>									
Receiving Cash Assistance or Eligible Under Section 1931	\$278,626,029	\$363,420,889	\$382,931,584	\$382,686,038	\$424,368,961	\$325,410,311	\$1,765,800	-57.0%	0.2%
Poverty Related Eligibles	\$407,052,949	\$462,604,251	\$492,703,384	\$437,361,090	\$477,588,798	\$560,579,510	\$612,980,866	7.1%	53.5%
Medically Needy	\$35,866,276	\$47,849,847	\$35,962,778	\$29,329,453	\$27,412,122	\$27,529,399	\$25,029,799	-5.8%	2.2%
Other Eligibles	\$92,826,997	\$129,915,107	\$131,851,868	\$124,763,125	\$125,502,037	\$107,712,124	\$96,902,288	0.7%	8.5%
Maintenance Assistance Status Unknown (Managed Care)	\$0	\$0	\$0	\$0	\$0	\$64,890,516	\$408,089,033	528.9%	35.6%
<b>Total</b>	<b>\$814,372,251</b>	<b>\$1,003,790,094</b>	<b>\$1,043,449,614</b>	<b>\$974,139,706</b>	<b>\$1,054,871,918</b>	<b>\$1,086,121,860</b>	<b>\$1,144,767,786</b>	<b>5.8%</b>	<b>100.0%</b>
<b>By Basis of Eligibility</b>									
Aged, Blind or Disabled	\$515,510,079	\$589,556,384	\$640,707,146	\$641,921,301	\$699,701,173	\$730,287,575	\$799,444,437	7.6%	69.8%
Children	\$176,522,084	\$272,102,317	\$259,950,335	\$220,255,274	\$243,467,089	\$204,868,658	\$164,947,248	-1.1%	14.4%
Foster Care Children	\$1,462,973	\$713,522	\$444,252	\$479,132	\$881,932	\$44,605,890	\$43,274,604	75.9%	3.8%
Adults	\$120,877,115	\$141,417,871	\$142,347,881	\$111,483,999	\$110,821,724	\$40,432,561	\$28,512,223	-21.4%	2.5%
Basis of Eligibility Unknown (Includes Managed Care)	\$0	\$0	\$0	\$0	\$0	\$65,927,176	\$108,589,274	64.7%	9.5%
<b>Total</b>	<b>\$814,372,251</b>	<b>\$1,003,790,094</b>	<b>\$1,043,449,614</b>	<b>\$974,139,706</b>	<b>\$1,054,871,918</b>	<b>\$1,086,121,860</b>	<b>\$1,144,767,786</b>	<b>5.8%</b>	<b>100.0%</b>
<b>By Age</b>									
Under Age 1	\$31,433,553	\$56,668,295	\$72,154,677	\$63,353,224	\$62,781,768	\$59,103,975	\$42,954,023	5.3%	3.8%
Age 1 to 5	\$40,444,252	\$64,742,056	\$68,279,943	\$67,686,901	\$71,396,975	\$61,410,274	\$47,396,079	2.7%	4.1%
Age 6 to 14	\$72,657,556	\$105,019,530	\$98,149,435	\$83,602,329	\$106,115,457	\$107,343,285	\$87,756,430	3.2%	7.7%
Age 15 to 20	\$102,583,185	\$125,334,138	\$109,451,753	\$83,315,701	\$89,777,834	\$84,272,487	\$71,578,794	-5.8%	6.3%
Age 21 to 44	\$207,385,337	\$251,205,036	\$263,979,698	\$249,102,817	\$268,133,862	\$273,127,860	\$259,973,366	3.8%	22.7%
Age 45 to 64	\$89,366,572	\$106,332,576	\$109,579,753	\$113,430,096	\$126,632,997	\$145,538,686	\$156,085,301	9.7%	13.6%
Age 65 to 74	\$58,257,766	\$64,839,558	\$67,146,948	\$68,119,455	\$73,182,701	\$80,270,127	\$81,003,153	5.6%	7.1%
Age 75 to 84	\$105,110,745	\$111,978,240	\$112,933,341	\$115,940,735	\$118,936,668	\$122,498,258	\$120,888,596	2.4%	10.6%
Age 85 and Over	\$103,199,540	\$114,729,288	\$122,938,008	\$128,905,449	\$138,774,712	\$151,340,742	\$149,809,005	6.4%	13.1%
Age Unknown	\$3,933,745	\$2,941,377	\$18,836,058	\$682,999	(\$861,056)	\$1,216,166	\$127,323,039	78.5%	11.1%
<b>Total</b>	<b>\$814,372,251</b>	<b>\$1,003,790,094</b>	<b>\$1,043,449,614</b>	<b>\$974,139,706</b>	<b>\$1,054,871,918</b>	<b>\$1,086,121,860</b>	<b>\$1,144,767,786</b>	<b>5.8%</b>	<b>100.0%</b>
<b>By Race</b>									
White	\$629,468,857	\$770,742,140	\$788,861,958	\$749,209,006	\$811,486,293	\$846,948,704	\$798,294,727	4.0%	69.7%
Black	\$110,278,508	\$136,224,269	\$137,429,615	\$132,466,247	\$142,401,748	\$134,991,131	\$116,967,142	1.0%	10.2%
Hispanic, American Indian or Asian	\$70,691,141	\$74,459,490	\$98,321,988	\$91,767,236	\$101,849,204	\$106,765,917	\$102,451,180	6.4%	8.9%
Other/Unknown	\$3,933,745	\$22,364,195	\$18,836,053	\$697,217	(\$865,327)	(\$2,583,892)	\$127,054,737	78.5%	11.1%
<b>Total</b>	<b>\$814,372,251</b>	<b>\$1,003,790,094</b>	<b>\$1,043,449,614</b>	<b>\$974,139,706</b>	<b>\$1,054,871,918</b>	<b>\$1,086,121,860</b>	<b>\$1,144,767,786</b>	<b>5.8%</b>	<b>100.0%</b>
<b>By Sex</b>									
Female	\$515,554,846	\$617,117,065	\$627,569,326	\$598,630,070	\$640,929,495	\$648,682,831	\$608,156,652	2.8%	53.1%
Male	\$294,883,095	\$383,731,652	\$397,044,233	\$374,814,034	\$414,807,750	\$440,577,748	\$409,237,836	5.6%	35.7%
Unknown	\$3,934,310	\$2,941,377	\$18,836,055	\$695,602	(\$865,327)	(\$3,138,719)	\$127,373,298	78.5%	11.1%
<b>Total</b>	<b>\$814,372,251</b>	<b>\$1,003,790,094</b>	<b>\$1,043,449,614</b>	<b>\$974,139,706</b>	<b>\$1,054,871,918</b>	<b>\$1,086,121,860</b>	<b>\$1,144,767,786</b>	<b>5.8%</b>	<b>100.0%</b>

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

OKLAHOMA

# SOUTHERN REGION MEDICAID PROFILE

## AVERAGE PAYMENT PER RECIPIENT BY OTHER CHARACTERISTICS

	FFY 91	FFY 92	FFY 93	FFY 94	FFY 95	FFY 96	FFY 97	Annual Change	Above (+) or Below (-) SLC Avg. FFY 97
<b>By Maintenance Assistance Status</b>									
Receiving Cash Assistance or Eligible Under Section 1931	\$1,428.29	\$1,632.26	\$1,682.18	\$1,637.20	\$1,848.44	\$2,938.16	\$1,800.00	3.9%	-41.7%
Poverty Related Eligibles	\$7,800.04	\$7,186.76	\$5,654.87	\$5,819.38	\$5,851.94	\$5,105.79	\$5,417.75	-5.9%	240.8%
Medically Needy	\$2,641.50	\$3,286.39	\$3,146.90	\$2,059.51	\$2,035.65	\$2,301.60	\$2,283.12	-2.4%	-63.5%
Other Eligibles	\$2,118.47	\$2,222.25	\$2,185.37	\$1,848.70	\$1,820.11	\$1,592.29	\$1,489.02	-5.7%	-64.6%
Maintenance Assistance Status Unknown	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,119.42	\$3,248.19	190.2%	3.9%
<b>Total</b>	<b>\$2,673.06</b>	<b>\$2,788.00</b>	<b>\$2,699.52</b>	<b>\$2,493.78</b>	<b>\$2,679.97</b>	<b>\$3,032.83</b>	<b>\$3,624.97</b>	<b>5.2%</b>	<b>19.9%</b>
<b>By Basis of Eligibility</b>									
Aged, Blind or Disabled	\$5,594.86	\$5,925.90	\$6,604.07	\$6,054.32	\$6,488.87	\$6,771.83	\$7,374.20	4.7%	6.8%
Children	\$1,230.77	\$1,520.96	\$1,377.65	\$1,114.23	\$1,224.65	\$1,188.49	\$1,174.15	-0.8%	8.8%
Foster Care Children	\$1,399.97	\$1,022.24	\$1,197.44	\$798.55	\$934.25	\$45,702.76	\$1,276.57	-1.5%	-56.7%
Adults	\$1,776.30	\$1,746.96	\$1,417.07	\$1,291.42	\$1,288.15	\$525.60	\$897.43	-10.8%	-52.3%
Basis of Eligibility Unknown (Includes Managed Care)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$87,713.47	n/a	1723.9%
<b>Total</b>	<b>\$2,673.06</b>	<b>\$2,788.00</b>	<b>\$2,699.52</b>	<b>\$2,493.78</b>	<b>\$2,679.97</b>	<b>\$3,032.83</b>	<b>\$3,624.97</b>	<b>5.2%</b>	<b>19.9%</b>
<b>By Age</b>									
Under Age 1	\$1,633.00	\$1,998.18	\$2,842.53	\$2,571.57	\$2,562.94	\$2,586.38	\$2,186.62	5.0%	-13.6%
Age 1 to 5	\$819.24	\$1,044.09	\$866.93	\$837.80	\$883.09	\$876.53	\$847.92	0.6%	-18.6%
Age 6 to 14	\$1,338.45	\$1,633.30	\$1,397.07	\$1,167.74	\$1,442.84	\$1,636.31	\$1,564.79	2.6%	46.4%
Age 15 to 20	\$3,048.99	\$3,219.97	\$2,735.40	\$2,104.20	\$2,246.19	\$2,424.20	\$2,344.08	-4.3%	5.7%
Age 21 to 44	\$2,904.23	\$2,990.86	\$2,965.90	\$2,798.15	\$3,011.15	\$3,417.22	\$3,792.57	4.5%	10.7%
Age 45 to 64	\$4,164.53	\$4,462.69	\$4,268.12	\$4,168.39	\$4,449.51	\$5,020.31	\$5,284.04	4.0%	-8.7%
Age 65 to 74	\$3,297.17	\$3,444.70	\$3,484.17	\$3,490.62	\$3,749.31	\$4,198.01	\$4,206.43	4.1%	-6.3%
Age 75 to 84	\$4,898.21	\$5,125.80	\$5,293.09	\$5,467.87	\$5,781.76	\$6,217.24	\$6,285.80	4.2%	-11.4%
Age 85 and Over	\$6,403.15	\$6,387.69	\$7,304.26	\$7,557.33	\$8,147.40	\$8,855.00	\$8,821.63	5.5%	-17.0%
Age Unknown	\$0.00	\$0.00	\$18,836,058.00	\$682,999.00	(\$7,000.46)	\$101,347.17	\$1,515,750.46	-46.7%	9704.8%
<b>Total</b>	<b>\$2,673.06</b>	<b>\$2,788.00</b>	<b>\$2,699.52</b>	<b>\$2,493.78</b>	<b>\$2,679.97</b>	<b>\$3,032.83</b>	<b>\$3,624.97</b>	<b>5.2%</b>	<b>19.9%</b>
<b>By Race</b>									
White	\$3,018.83	\$3,127.63	\$2,995.74	\$2,825.34	\$3,051.73	\$3,431.90	\$3,578.10	2.9%	-1.3%
Black	\$1,863.13	\$2,016.11	\$1,936.36	\$1,855.48	\$1,991.30	\$2,314.94	\$2,751.59	6.7%	13.4%
Hispanic, American Indian or Asian	\$1,912.90	\$2,199.43	\$1,882.48	\$1,697.48	\$1,816.56	\$2,013.65	\$2,044.04	1.1%	11.3%
Other/Unknown	\$0.00	\$1,835.09	\$0.00	\$0.00	(\$6,978.44)	\$0.00	\$1,985,230.27	304.4%	40157.6%
<b>Total</b>	<b>\$2,673.06</b>	<b>\$2,788.00</b>	<b>\$2,699.52</b>	<b>\$2,493.78</b>	<b>\$2,679.97</b>	<b>\$3,032.83</b>	<b>\$3,624.97</b>	<b>5.2%</b>	<b>19.9%</b>
<b>By Sex</b>									
Female	\$2,581.05	\$2,646.39	\$2,527.64	\$2,397.42	\$2,555.76	\$2,841.51	\$3,029.47	2.7%	-1.1%
Male	\$2,810.74	\$3,025.15	\$2,871.97	\$2,659.58	\$2,906.63	\$3,393.42	\$3,558.90	4.0%	22.6%
Unknown	\$0.00	\$0.00	\$0.00	\$0.00	(\$6,978.44)	\$0.00	\$1,990,207.78	n/a	18720.8%
<b>Total</b>	<b>\$2,673.06</b>	<b>\$2,788.00</b>	<b>\$2,699.52</b>	<b>\$2,493.78</b>	<b>\$2,679.97</b>	<b>\$3,032.83</b>	<b>\$3,624.97</b>	<b>5.2%</b>	<b>19.9%</b>

OKLAHOMA

## SOUTHERN REGION MEDICAID PROFILE

### ADDITIONAL STATE HEALTH CARE INFORMATION

Sources: "Major Health Care Policies: 50 State Profiles", Health Policy Tracking Service, January, 1998; and "Medicaid Services State by State", HCFA, October 1997.

\*Information supplied by State Medicaid Agency

#### Waivers

Oklahoma has one waiver from the U.S. Department of Health & Human Services to operate a health reform demonstration under Section 1115. SoonerCare serves 121,357 current AFDC-related beneficiaries and will cover an additional 84,000 SSI-related beneficiaries in the future. The program was approved October 12, 1995 and was implemented on July 1, 1996. To guarantee the development of managed care in rural areas, key incentives will be provided to urban plans that undertake linkage efforts with rural providers.

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 2,812 people, operating since July 1, 1993.
- Mental Retardation: Serves 2,354 people, operating since July 1, 1988.
- Mental Retardation or Related Conditions, Inappropriately Placed in Nursing Facilities: Serves 100 people, operating since August 4, 1991.
- In 1995, the Oklahoma Legislature passed a medical savings account law, called the Individual Medical Account Act.

#### Managed Care

- Any Willing Provider Clause: For pharmacies only. It does not apply to a health insurance plan, policy, or HMO that offers an open pharmacy network.

#### Coverage for Targeted Population

- The Uninsured: 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. At the current time, the program is inoperational due to lack of funding.

#### Cost Containment Measures

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

#### Medicaid

- 18 optional services are offered.

#### Significant Changes

- Emergency room assessment fee of \$10.00, effective 7/1/97.
- Targeted Case Management for persons under the age of 18 who are in temporary custody or supervision of the Office of Juvenile Affairs, effective 8/1/97.
- Targeted Case Management for persons under the age of 18 who are in emergency, temporary or permanent custody of the Department of Human Services or in voluntary status who are placed in out-of-home care or trial adoption, effective 8/1/97.
- Targeted Case Management for persons served by the Home and Community Based Services Waiver and persons with mental retardation and related conditions who are participating in the Alternative Disposition Plan Waiver, effective 8/1/97.
- Changed coverage for children under 14 years of age or younger and pregnant women whose family incomes do not exceed 185% of the poverty level, effective 8/1/97.

OKLAHOMA

## SOUTHERN REGION MEDICAID PROFILE

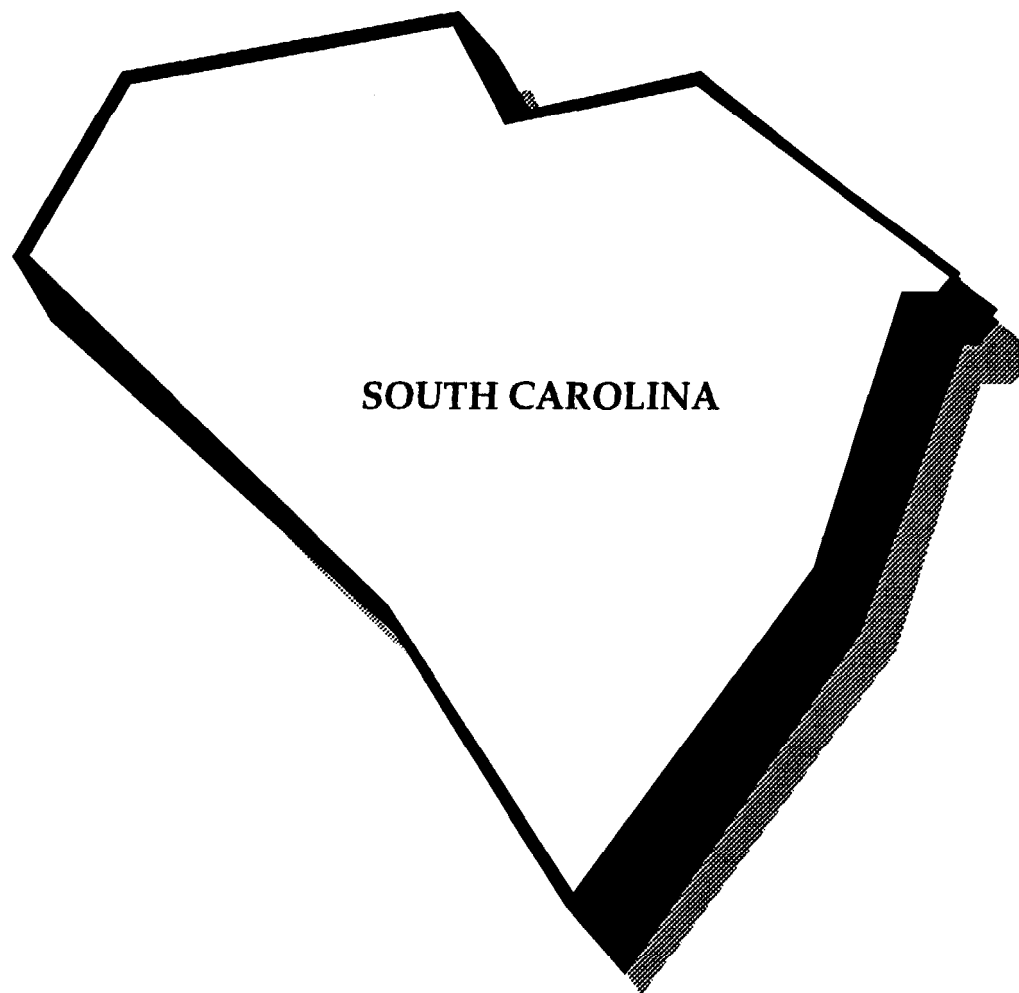
### Significant Changes (Continued)

- Changed work related disregard from \$90 to \$120 and changed the exemption on an automobile from \$1,500 to \$5,000 for Medicaid eligibility purposes, 8/1/97.
- Changed residential treatment centers payment methodology to the statewide median payment for all facilities, effective 7/1/98.
- Changed reimbursement methodology for payments to inpatient acute care hospitals to eliminate annual cost of living adjustments, effective 7/1/98.
- Changed home health reimbursement rates from a cost based methodology to a flat rate for all providers, effective 7/1/98.

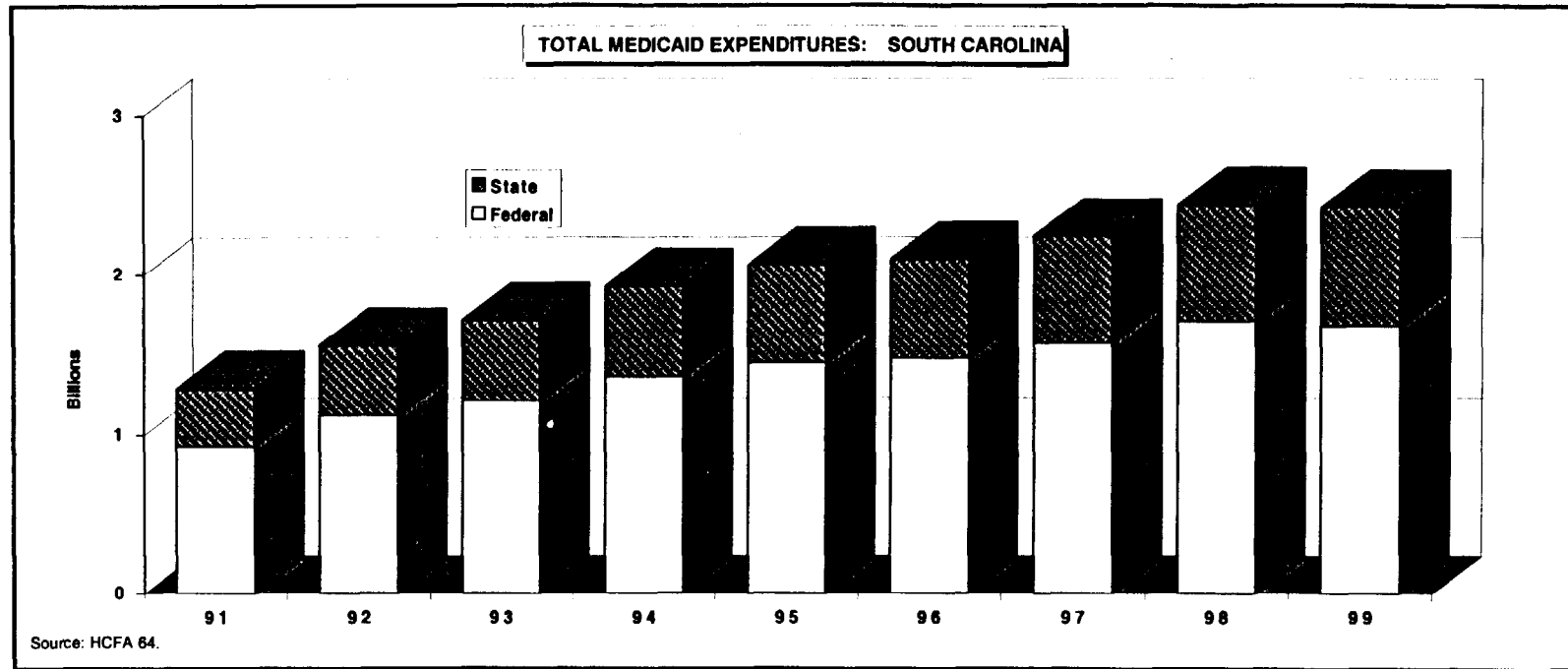
### Children's Health Insurance Program: Medicaid Expansion

- CHIP in Oklahoma will be called "SoonerCare". The program will be administered by the Oklahoma Health Care Authority through an expansion of Medicaid. The program started on December 1, 1997. SoonerCare expects to provide coverage to approximately 125,000 children.
- Phase I: provides coverage for children birth to age 17 in families with incomes up to 185% of the FPL.
- Children ages 15 through 17 are to be added by age cohort:
  - October 1, 1998: children age 15 in families with incomes up to 185% of the FPL.
  - October 1, 1999: children age 16 in families with incomes up to 185% of the FPL.
  - October 1, 2000: children age 17 in families with incomes up to 185% of the FPL.

## **SOUTHERN REGION MEDICAID PROFILES**



# SOUTHERN REGION MEDICAID PROFILE



	FFY 91	FFY 92	FFY 93	FFY 94	FFY 95	FFY96	FFY97	FFY98**	FFY99**	Annual Rate of Change	Total 91-99
Medicaid Payments	\$1,238,166,225	\$1,500,068,528	\$1,639,402,075	\$1,854,446,011	\$1,973,576,244	\$2,013,832,070	\$2,152,056,132	\$2,339,339,470	\$2,325,539,000	8.2%	87.8%
Federal Share	\$899,993,949	\$1,090,457,194	\$1,172,998,410	\$1,320,066,327	\$1,398,296,056	\$1,429,689,028	\$1,519,082,799	\$1,649,244,775	\$1,624,402,000	7.7%	80.5%
State Share	\$338,172,276	\$409,611,334	\$466,403,665	\$534,379,684	\$575,280,188	\$584,143,042	\$632,973,333	\$690,094,695	\$701,137,000	9.5%	107.3%
Administrative Costs	\$49,270,906	\$55,740,359	\$74,251,142	\$71,800,090	\$86,424,297	\$81,361,452	\$88,870,964	\$96,612,958	\$97,512,000	8.9%	97.9%
Federal Share	\$27,769,909	\$32,553,168	\$40,246,695	\$41,202,505	\$50,085,084	\$45,439,898	\$49,891,814	\$56,420,736	\$53,466,000	8.5%	92.5%
State Share	\$21,500,997	\$23,187,191	\$34,004,447	\$30,597,585	\$36,339,213	\$35,921,554	\$38,979,150	\$40,192,222	\$44,046,000	9.4%	104.9%
Admin. Costs as % of Payments	3.98%	3.72%	4.53%	3.87%	4.38%	4.04%	4.13%	4.13%	4.19%		
Federal Match Rate*	72.58%	72.66%	71.28%	71.08%	70.71%	70.77%	70.43%	70.23%	69.85%		

\*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 98 and 99 reflect latest estimates reported by each state.

## SOUTH CAROLINA

# SOUTHERN REGION MEDICAID PROFILE

## STATE FINANCING

	Payments		Administration	
	FFY 91	FFY 92	FFY 91	FFY 92
State General Fund	\$338,172,276	\$701,137,000	\$21,500,997	\$44,046,000
Local Funds	\$0	\$0	\$0	\$0
Provider Taxes	\$0	\$21,500,000	\$0	\$0
Donations	\$0	\$0	\$0	\$0
Other	\$0	\$0	\$0	\$0
Total State Share	\$338,172,276	\$722,637,000	\$21,500,997	\$44,046,000

Provider Taxes Currently in Place (FFY 99)		
Provider	Tax Rate	Amount
General hospitals	Flat tax on previous year gross revenues	\$21,500,000
Total		\$21,500,000

## DISPROPORTIONATE SHARE HOSPITAL (DSH) PAYMENTS

	FFY 91	FFY 92	FFY 93	FFY 94	FFY 95	FFY96	FFY97	FFY98*	FFY99*	Annual Change
General Hospitals	\$0	\$401,519,000	\$411,565,799	\$391,843,935	\$367,034,942	\$395,316,780	\$401,352,000	\$408,099,000	\$397,208,851	-0.6%
Mental Hospitals	\$0	\$21,132,000	\$28,193,201	\$47,915,065	\$73,076,341	\$44,442,220	\$38,407,000	\$37,581,000	\$36,578,149	4.4%
Total	\$0	\$422,651,000	\$439,759,000	\$439,759,000	\$440,111,283	\$439,759,000	\$439,759,000	\$445,680,000	\$433,787,000	-0.2%

SELECTED ELIGIBILITY CRITERIA				DEMOGRAPHIC DATA & POVERTY INDICATORS (1996)		
	At 10/1/98	% of FPL*				Rank in U.S.
TANF-Temporary Assistance for Needy Families (Family of 3)				State population—July 1, 1996*	3,716,645	26
Need Standard	\$555	48.8%		Per capita personal income**	\$19,977	40
Payment Standard	\$201	17.7%		Median household income**	\$32,064	36
Maximum Payment	\$201	17.7%				
Medically Needy Program (Family of 3)				Population below Federal Poverty Level on July 1, 1996*	579,797	
Income Eligibility Standard	N/A			Percent of total population	15.6%	13
Resource Standard						
Pregnant Women, Children and Infants (% of FPL*)				Population without health insurance coverage*	634,000	20
Pregnant women and infants		185.0%		Percent of total population	17.1%	10
Children to age 6		150.0%				
Children age 6 to 18		150.0%		Recipients of Food Stamps***	358,000	24
SSI Eligibility Levels				Households receiving Food Stamps***	140,000	25
Income:				Total value of issuance***	\$299,000,000	24
Single Person	\$494	73.6%		Average monthly benefit per recipient	\$69.60	32
Couple	\$741	82.0%		Average monthly benefit per household	\$177.98	15
Resources:				Monthly recipients of Aid to Families with Dependent Children****	121,703	26
Single Person	\$2,000			Total AFDC payments****	\$125,366,902	32
Couple	\$4,000			Average monthly payment per recipient	\$85.84	
				Average monthly payment per family	\$182.14	44

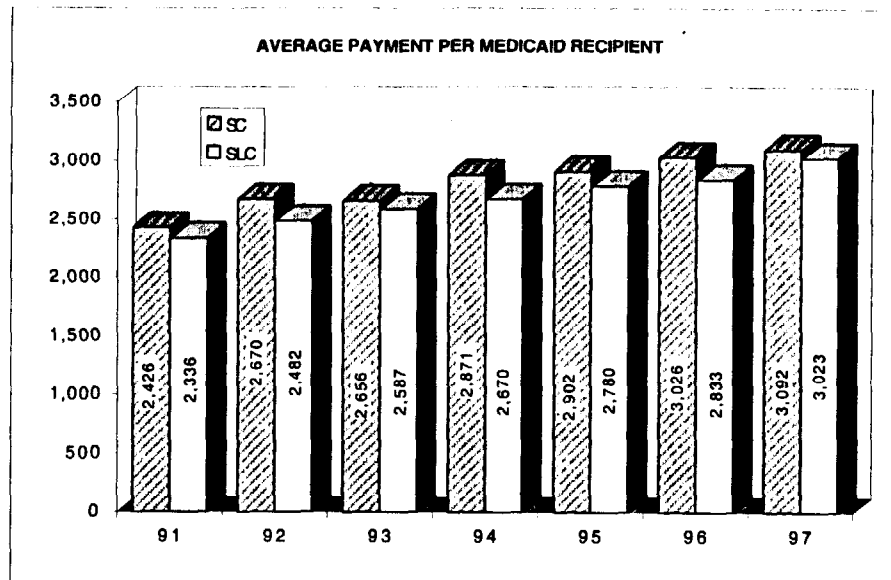
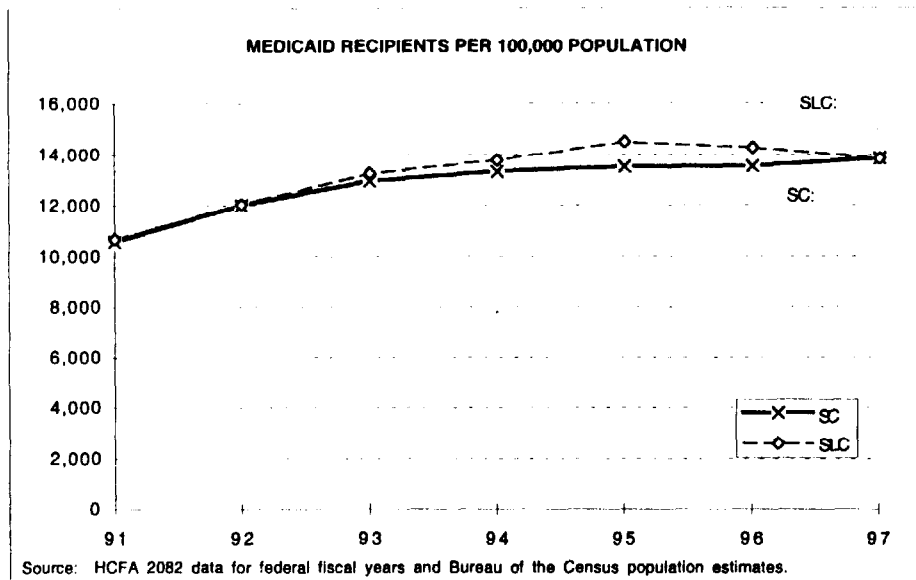
\*Current federal poverty level is \$8,050 per year for a single person, \$10,850 for a family of two and \$13,650 for a family of three. Table above shows monthly income levels.

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

## SOUTH CAROLINA



## SOUTHERN REGION MEDICAID PROFILE



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

#### RECIPIENTS BY TYPE OF SERVICES

	FFY91	FFY92	FFY93	FFY94	FFY95	FFY96	FFY97	Annual Change	Share of Total FFY 97
01. General Hospital	112,319	137,805	136,475	134,914	138,312	135,838	137,519	3.4%	N/A**
02. Mental Hospital	1,135	1,449	1,772	1,535	1,783	1,303	1,181	0.7%	
03. Skilled and Intermediate Care Nursing*	13,081	13,786	14,629	14,768	15,359	16,106	16,313	3.7%	
04. Intermediate Care for Mentally Retarded	3,426	3,448	3,386	3,322	3,137	3,025	2,837	-3.1%	
05. Physician Services	296,023	345,069	376,676	384,734	389,236	386,894	393,019	4.8%	
06. Dental Services	73,257	87,893	102,722	114,470	113,238	112,781	116,292	8.0%	
07. Other Practitioners	59,202	69,673	79,221	84,024	88,422	89,557	93,858	8.0%	
08. Outpatient Hospital	178,293	196,878	211,121	211,326	216,198	212,316	218,299	3.4%	
09. Clinic Services	79,404	101,853	148,207	169,638	170,910	166,396	169,697	13.5%	
10. Lab and X-Ray	92,341	109,014	126,444	143,127	145,387	145,398	146,784	8.0%	
11. Home Health	10,177	9,927	11,162	13,075	15,906	18,553	21,792	13.5%	
12. Prescribed Drugs	270,369	313,928	341,554	355,545	365,571	365,409	359,910	4.9%	
13. Family Planning	40,785	46,806	51,577	49,138	55,788	66,319	79,256	11.7%	
14. Early & Periodic Screening, Diagnosis & Treatment	73,130	84,714	96,421	96,170	105,862	102,334	102,936	5.9%	
15. Rural Health	2,455	7,419	10,471	14,764	30,644	45,578	53,911	67.3%	
16. Other Care (includes managed care)	71,387	88,998	110,152	122,632	141,651	134,608	127,397	10.1%	
17. Waivers	0	0	0	0	0	0	0	n/a	
<b>Total**</b>	<b>375,233</b>	<b>431,083</b>	<b>470,416</b>	<b>486,110</b>	<b>495,500</b>	<b>503,295</b>	<b>519,875</b>	<b>5.6%</b>	

\*Prior to FFY 91 this category was divided into "skilled nursing facility" and "all other intermediate care facilities" (non-MR).

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

#### SOUTH CAROLINA

## SOUTHERN REGION MEDICAID PROFILE

### PAYMENTS BY TYPE OF SERVICES

	FFY 91	FFY 92	FFY 93	FFY 94	FFY 95	FFY 96	FFY 97	Annual Change	of Total FFY 97
01. General Hospital	\$249,644,375	\$356,275,942	\$352,376,783	\$392,709,515	\$331,618,553	\$327,693,359	\$333,432,020	4.9%	20.7%
02. Mental Hospital	\$24,584,763	\$43,776,451	\$45,250,697	\$48,945,566	\$48,948,962	\$27,732,879	\$23,672,509	-0.6%	1.5%
03. Skilled and Intermediate Care Nursing*	\$167,442,334	\$203,440,797	\$203,359,820	\$227,693,380	\$238,471,153	\$268,110,314	\$281,609,211	9.1%	17.5%
04. Intermediate Care for Mentally Retarded	\$144,240,561	\$156,720,468	\$157,217,763	\$157,986,025	\$162,291,354	\$169,209,598	\$162,263,264	2.0%	10.1%
05. Physician Services	\$91,360,754	\$104,082,148	\$111,184,492	\$115,849,113	\$121,998,248	\$131,025,788	\$143,150,356	7.8%	8.9%
06. Dental Services	\$7,981,829	\$10,111,351	\$12,255,974	\$14,032,412	\$14,354,425	\$14,492,151	\$15,590,151	11.8%	1.0%
07. Other Practitioners	\$4,758,301	\$6,015,308	\$6,929,331	\$7,498,155	\$7,881,310	\$8,126,951	\$8,417,004	10.0%	0.5%
08. Outpatient Hospital	\$34,343,816	\$35,638,239	\$37,073,980	\$37,939,033	\$41,457,108	\$42,047,434	\$47,599,416	5.6%	3.0%
09. Clinic Services	\$37,390,045	\$49,541,767	\$73,242,394	\$94,026,270	\$112,585,992	\$119,384,646	\$120,840,459	21.6%	7.5%
10. Lab and X-Ray	\$6,221,514	\$7,997,880	\$7,477,743	\$9,284,036	\$9,866,228	\$10,769,176	\$11,924,976	11.5%	0.7%
11. Home Health	\$33,949,838	\$31,342,661	\$51,000,205	\$62,024,768	\$77,678,849	\$92,608,371	\$124,959,128	24.3%	7.8%
12. Prescribed Drugs	\$63,439,773	\$77,902,920	\$94,030,373	\$110,845,482	\$124,500,348	\$143,804,519	\$159,606,414	16.6%	9.9%
13. Family Planning	\$7,890,796	\$11,800,140	\$12,037,139	\$10,419,800	\$13,554,764	\$24,040,363	\$17,771,271	14.5%	1.1%
14. Early & Periodic Screening, Diagnosis & Treatment	\$4,589,721	\$5,683,654	\$6,627,430	\$6,489,663	\$7,736,383	\$7,525,154	\$7,715,555	9.0%	0.5%
15. Rural Health	\$261,540	\$1,035,202	\$1,459,160	\$2,104,529	\$4,378,893	\$6,804,447	\$8,500,627	78.6%	0.5%
16. Other Care (includes managed care)	\$32,187,235	\$49,547,295	\$77,788,286	\$97,901,965	\$120,791,541	\$129,365,422	\$140,375,487	27.8%	8.7%
17. Waivers	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a	0.0%
<b>Total*</b>	<b>\$910,287,195</b>	<b>\$1,150,912,223</b>	<b>\$1,249,311,570</b>	<b>\$1,395,749,712</b>	<b>\$1,438,114,111</b>	<b>\$1,522,740,572</b>	<b>\$1,607,427,848</b>	<b>9.9%</b>	<b>100.0%</b>

\*Disproportionate share payments, pharmacy rebates, and other adjustments are excluded.

### AVERAGE PAYMENTS PER RECIPIENT BY TYPE OF SERVICES

								Above (+) or Below (-) SLC	Avg. FFY 97
01. General Hospital	\$2,222.64	\$2,585.36	\$2,581.99	\$2,910.81	\$2,397.61	\$2,412.38	\$2,424.63	1.5%	-34.0%
02. Mental Hospital	\$21,660.58	\$30,211.49	\$25,536.51	\$31,886.36	\$27,453.15	\$21,283.87	\$20,044.46	-1.3%	92.5%
03. Skilled and Intermediate Care Nursing*	\$12,800.42	\$14,757.06	\$13,901.14	\$15,418.02	\$15,526.48	\$16,646.61	\$17,262.87	5.1%	17.6%
04. Intermediate Care for Mentally Retarded	\$42,101.74	\$45,452.57	\$46,431.71	\$47,557.50	\$51,734.57	\$55,937.06	\$57,195.37	5.2%	-4.6%
05. Physician Services	\$308.63	\$301.63	\$295.17	\$301.11	\$313.43	\$338.66	\$364.23	2.8%	-1.7%
06. Dental Services	\$108.96	\$115.04	\$119.31	\$122.59	\$126.76	\$128.50	\$134.06	3.5%	-23.4%
07. Other Practitioners	\$80.37	\$86.34	\$87.47	\$89.24	\$89.13	\$90.75	\$89.68	1.8%	-38.4%
08. Outpatient Hospital	\$192.63	\$181.02	\$175.61	\$179.53	\$191.76	\$198.04	\$218.05	2.1%	-50.4%
09. Clinic Services	\$470.88	\$486.40	\$494.19	\$554.28	\$658.74	\$717.47	\$712.10	7.1%	0.9%
10. Lab and X-Ray	\$67.38	\$73.37	\$59.14	\$64.87	\$67.86	\$74.07	\$81.24	3.2%	-9.7%
11. Home Health	\$3,335.94	\$3,157.31	\$4,569.09	\$4,743.77	\$4,883.62	\$4,991.56	\$5,734.17	9.4%	31.5%
12. Prescribed Drugs	\$234.64	\$248.16	\$275.30	\$311.76	\$340.56	\$393.54	\$443.46	11.2%	-16.8%
13. Family Planning	\$193.47	\$252.11	\$233.38	\$212.05	\$242.97	\$362.50	\$224.23	2.5%	3.9%
14. Early & Periodic Screening, Diagnosis & Treatment	\$62.76	\$67.09	\$68.73	\$67.48	\$73.08	\$73.54	\$74.95	3.0%	-72.5%
15. Rural Health	\$106.53	\$139.53	\$139.35	\$142.54	\$142.90	\$149.29	\$157.68	6.8%	-13.7%
16. Other Care (includes managed care)	\$450.88	\$556.72	\$706.19	\$798.34	\$852.74	\$961.05	\$1,101.87	16.1%	30.7%
17. Waivers	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	n/a	-100.0%
<b>Total (Average)*</b>	<b>\$2,425.93</b>	<b>\$2,669.82</b>	<b>\$2,655.76</b>	<b>\$2,871.26</b>	<b>\$2,902.35</b>	<b>\$3,025.54</b>	<b>\$3,091.95</b>	<b>4.1%</b>	<b>2.3%</b>

### TOTAL PER CAPITA EXPENDITURES

	<b>\$362.09</b>	<b>\$432.82</b>	<b>\$472.28</b>	<b>\$528.76</b>	<b>\$561.77</b>	<b>\$563.73</b>	<b>\$595.96</b>	<b>8.7%</b>	<b>10.8%</b>
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\*Prior to FFY 91 this category was divided into "skilled nursing facility" and "all other intermediate care facilities" (non-MR). HCFA 2082 reports for FFY 92, 93 and 94 include disproportionate share hospital payments of \$605.7 million, \$439.4 million and \$44.8 million, respectively. Direct cost comparisons between states reflect an adjusted unit cost for Louisiana general and mental hospital services and for the total Medicaid cost per recipient.

## SOUTH CAROLINA

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

**RECIPIENTS BY OTHER CHARACTERISTICS**

	<b>FFY 91</b>	<b>FFY 92</b>	<b>FFY 93</b>	<b>FFY 94</b>	<b>FFY 95</b>	<b>FFY 96</b>	<b>FFY 97</b>	<i>Annual Change</i>	<i>Share of Total FFY 97</i>
<b>By Maintenance Assistance Status</b>									
Receiving Cash Assistance or Eligible Under Section 1931	237,023	257,561	272,447	265,410	257,072	245,107	197,281	-3.0%	37.9%
Poverty Related Eligibles	4,523	7,212	10,291	24,119	48,921	55,794	194,689	87.2%	37.4%
Medically Needy	4,972	7,559	3,396	161	10	3	0	-100.0%	0.0%
Other Eligibles	128,715	158,751	184,282	196,420	189,497	202,391	127,905	-0.1%	24.6%
Maintenance Assistance Status Unknown	0	0	0	0	0	0	0	n/a	0.0%
<b>Total</b>	<b>375,233</b>	<b>431,083</b>	<b>470,416</b>	<b>486,110</b>	<b>495,500</b>	<b>503,295</b>	<b>519,875</b>	<b>5.6%</b>	<b>100.0%</b>
<b>By Basis of Eligibility</b>									
Aged, Blind, or Disabled	130,713	141,836	153,576	165,462	172,026	176,276	178,845	5.4%	34.4%
Children	164,238	198,972	223,197	231,724	234,783	236,162	244,194	6.8%	47.0%
Foster Care Children	26	63	429	1,342	1,794	1,569	2,831	118.5%	0.5%
Adults	80,256	90,212	93,214	87,582	86,897	89,288	94,005	2.7%	18.1%
Basis of Eligibility Unknown	0	0	0	0	0	0	0	n/a	0.0%
<b>Total</b>	<b>375,233</b>	<b>431,083</b>	<b>470,416</b>	<b>486,110</b>	<b>495,500</b>	<b>503,295</b>	<b>519,875</b>	<b>5.6%</b>	<b>100.0%</b>
<b>By Age</b>									
Under Age 1	35,719	40,872	41,896	41,226	40,906	39,925	41,450	2.5%	8.0%
Age 1 to 5	61,557	78,949	93,478	98,529	97,639	95,377	92,463	7.0%	17.8%
Age 6 to 14	56,882	67,986	78,424	84,995	91,237	96,955	103,589	10.5%	19.9%
Age 15 to 20	35,110	38,100	39,795	40,836	42,726	45,163	49,379	5.8%	9.5%
Age 21 to 44	83,647	95,187	101,189	102,286	102,402	104,364	110,538	4.8%	21.3%
Age 45 to 64	31,538	35,327	38,561	39,747	42,028	43,725	46,723	6.8%	9.0%
Age 65 to 74	29,774	31,708	32,661	33,571	33,068	32,365	30,695	0.5%	5.9%
Age 75 to 84	26,801	27,963	28,536	28,476	28,454	28,333	28,321	0.9%	5.4%
Age 85 and Over	14,062	14,868	15,753	16,349	16,899	16,952	16,592	2.8%	3.2%
Age Unknown	143	123	123	95	141	136	125	-2.2%	0.0%
<b>Total</b>	<b>375,233</b>	<b>431,083</b>	<b>470,416</b>	<b>486,110</b>	<b>495,500</b>	<b>503,295</b>	<b>519,875</b>	<b>5.6%</b>	<b>100.0%</b>
<b>By Race</b>									
White	132,143	158,096	173,882	180,159	184,392	188,387	196,643	6.8%	37.8%
Black	224,873	253,262	274,119	281,582	286,346	288,669	295,146	4.6%	56.8%
Hispanic, American Indian or Asian	1,708	1,410	2,781	3,041	3,403	4,033	4,832	18.9%	0.9%
Other/Unknown	16,509	18,315	19,634	21,328	21,359	22,206	23,254	5.9%	4.5%
<b>Total</b>	<b>375,233</b>	<b>431,083</b>	<b>470,416</b>	<b>486,110</b>	<b>495,500</b>	<b>503,295</b>	<b>519,875</b>	<b>5.6%</b>	<b>100.0%</b>
<b>By Sex</b>									
Female	247,971	280,508	301,895	309,106	313,065	318,798	331,412	5.0%	63.7%
Male	127,108	150,366	168,247	176,924	182,363	184,442	188,363	6.8%	36.2%
Unknown	154	209	274	80	72	55	100	-6.9%	0.0%
<b>Total</b>	<b>375,233</b>	<b>431,083</b>	<b>470,416</b>	<b>486,110</b>	<b>495,500</b>	<b>503,295</b>	<b>519,875</b>	<b>5.6%</b>	<b>100.0%</b>

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

SOUTH CAROLINA

## SOUTHERN REGION MEDICAID PROFILE

### PAYMENTS BY OTHER CHARACTERISTICS

	FFY 91	FFY 92	FFY 93	FFY 94	FFY 95	FFY 96	FFY 97	Annual Change	Share of Total FFY 97
<b>By Maintenance Assistance Status</b>									
Receiving Cash Assistance or Eligible Under Section 1931	\$450,067,674	\$548,614,993	\$613,101,008	\$704,995,787	\$712,038,867	\$746,410,451	\$718,713,823	8.1%	44.7%
Poverty Related Eligibles	\$3,573,453	\$5,925,453	\$8,180,689	\$19,327,043	\$76,134,287	\$78,680,449	\$326,182,355	112.2%	20.3%
Medically Needy	\$14,683,185	\$25,157,115	\$6,439,552	\$85,002	\$186,805	\$18,596	\$0	-100.0%	0.0%
Other Eligibles	\$441,962,883	\$571,214,662	\$621,590,321	\$671,341,880	\$649,754,152	\$697,631,076	\$562,531,670	4.1%	35.0%
Maintenance Assistance Status Unknown	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a	0.0%
<b>Total</b>	<b>\$910,287,195</b>	<b>\$1,150,912,223</b>	<b>\$1,249,311,570</b>	<b>\$1,395,749,712</b>	<b>\$1,438,114,111</b>	<b>\$1,522,740,572</b>	<b>\$1,607,427,848</b>	<b>9.9%</b>	<b>100.0%</b>
<b>By Basis of Eligibility</b>									
Aged, Blind or Disabled	\$621,162,583	\$748,653,462	\$822,586,838	\$963,242,442	\$1,014,169,010	\$1,090,644,731	\$1,154,772,516	10.9%	71.8%
Children	\$145,856,846	\$218,199,462	\$246,419,965	\$256,795,168	\$262,493,979	\$270,986,259	\$273,775,606	11.1%	17.0%
Foster Care Children	\$125,896	\$152,390	\$344,700	\$1,163,023	\$1,585,042	\$1,479,650	\$19,242,618	131.2%	1.2%
Adults	\$143,141,870	\$183,906,909	\$179,960,067	\$174,549,079	\$159,866,080	\$159,629,932	\$159,637,108	1.8%	9.9%
Basis of Eligibility Unknown	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a	0.0%
<b>Total</b>	<b>\$910,287,195</b>	<b>\$1,150,912,223</b>	<b>\$1,249,311,570</b>	<b>\$1,395,749,712</b>	<b>\$1,438,114,111</b>	<b>\$1,522,740,572</b>	<b>\$1,607,427,848</b>	<b>9.9%</b>	<b>100.0%</b>
<b>By Age</b>									
Under Age 1	\$74,785,837	\$104,615,824	\$108,835,344	\$120,756,166	\$108,153,196	\$100,158,295	\$108,036,981	6.3%	6.7%
Age 1 to 5	\$37,818,082	\$50,662,457	\$63,434,992	\$73,614,323	\$76,035,305	\$79,270,797	\$86,712,318	14.8%	5.4%
Age 6 to 14	\$37,191,041	\$61,089,055	\$82,107,636	\$102,208,441	\$117,491,921	\$130,904,482	\$137,137,669	24.3%	8.5%
Age 15 to 20	\$65,291,569	\$89,262,861	\$95,088,645	\$107,427,279	\$113,410,195	\$119,820,676	\$120,856,349	10.8%	7.5%
Age 21 to 44	\$258,014,327	\$316,626,223	\$335,807,919	\$361,083,557	\$361,943,923	\$381,480,400	\$395,298,868	7.4%	24.6%
Age 45 to 64	\$146,261,460	\$183,741,843	\$202,401,867	\$227,060,957	\$243,126,166	\$270,939,325	\$306,032,977	13.1%	19.0%
Age 65 to 74	\$83,815,492	\$99,369,173	\$107,530,717	\$121,586,148	\$123,593,083	\$127,990,689	\$126,588,198	7.1%	7.9%
Age 75 to 84	\$111,576,900	\$132,114,055	\$134,860,383	\$146,351,214	\$148,874,558	\$156,957,161	\$165,383,092	6.8%	10.3%
Age 85 and Over	\$86,164,338	\$104,140,984	\$107,285,238	\$122,277,291	\$130,815,986	\$139,425,579	\$144,856,257	9.0%	9.0%
Age Unknown	\$9,368,149	\$9,289,748	\$11,958,829	\$13,384,336	\$14,669,778	\$15,793,168	\$16,525,139	9.9%	1.0%
<b>Total</b>	<b>\$910,287,195</b>	<b>\$1,150,912,223</b>	<b>\$1,249,311,570</b>	<b>\$1,395,749,712</b>	<b>\$1,438,114,111</b>	<b>\$1,522,740,572</b>	<b>\$1,607,427,848</b>	<b>9.9%</b>	<b>100.0%</b>
<b>By Race</b>									
White	\$438,241,066	\$548,390,056	\$587,140,477	\$649,794,701	\$668,792,154	\$702,460,735	\$738,043,044	9.1%	45.9%
Black	\$410,343,117	\$527,586,001	\$574,700,230	\$631,654,230	\$653,619,676	\$693,817,051	\$730,748,650	10.1%	45.5%
Hispanic, American Indian or Asian	\$2,082,375	\$2,101,051	\$4,098,782	\$4,469,437	\$4,571,798	\$5,219,991	\$6,501,127	20.9%	0.4%
Other/Unknown	\$59,620,637	\$72,835,115	\$83,372,081	\$109,831,344	\$111,130,483	\$121,242,795	\$132,135,027	14.2%	8.2%
<b>Total</b>	<b>\$910,287,195</b>	<b>\$1,150,912,223</b>	<b>\$1,249,311,570</b>	<b>\$1,395,749,712</b>	<b>\$1,438,114,111</b>	<b>\$1,522,740,572</b>	<b>\$1,607,427,848</b>	<b>9.9%</b>	<b>100.0%</b>
<b>By Sex</b>									
Female	\$583,671,667	\$730,873,793	\$775,394,039	\$859,499,563	\$875,669,421	\$918,593,270	\$970,056,165	8.8%	60.3%
Male	\$317,558,757	\$410,859,410	\$462,024,587	\$523,561,106	\$548,027,139	\$588,648,232	\$620,757,369	11.8%	38.6%
Unknown	\$9,056,771	\$9,179,020	\$11,892,944	\$12,689,043	\$14,417,551	\$15,499,070	\$16,614,314	10.6%	1.0%
<b>Total</b>	<b>\$910,287,195</b>	<b>\$1,150,912,223</b>	<b>\$1,249,311,570</b>	<b>\$1,395,749,712</b>	<b>\$1,438,114,111</b>	<b>\$1,522,740,572</b>	<b>\$1,607,427,848</b>	<b>9.9%</b>	<b>100.0%</b>

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

## SOUTH CAROLINA

# SOUTHERN REGION MEDICAID PROFILE

## AVERAGE PAYMENT PER RECIPIENT BY OTHER CHARACTERISTICS

									Above (+) or Below (-)
	FFY 91	FFY 92	FFY 93	FFY 94	FFY 95	FFY 96	FFY 97	Annual Change	SLC Avg. FFY 97
<b>By Maintenance Assistance Status</b>									
Receiving Cash Assistance or Eligible Under Section 1931	\$1,898.84	\$2,130.04	\$2,250.35	\$2,656.25	\$2,769.80	\$3,045.24	\$3,643.10	11.5%	18.1%
Poverty Related Eligibles	\$790.06	\$821.61	\$794.94	\$801.32	\$1,556.27	\$1,410.20	\$1,675.40	13.3%	5.4%
Medically Needy	\$2,953.17	\$3,328.10	\$1,896.22	\$527.96	\$18,680.50	\$6,198.67	\$0.00	-100.0%	-100.0%
Other Eligibles	\$3,433.65	\$3,598.18	\$3,373.04	\$3,417.89	\$3,428.84	\$3,446.95	\$4,398.04	4.2%	4.6%
Maintenance Assistance Status Unknown	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	n/a	-100.0%
<b>Total</b>	<b>\$2,425.93</b>	<b>\$2,669.82</b>	<b>\$2,655.76</b>	<b>\$2,871.26</b>	<b>\$2,902.35</b>	<b>\$3,025.54</b>	<b>\$3,091.95</b>	<b>4.1%</b>	<b>2.3%</b>
<b>By Basis of Eligibility</b>									
Aged, Blind or Disabled	\$4,752.11	\$5,278.30	\$5,356.22	\$5,821.53	\$5,895.44	\$6,187.14	\$6,456.83	5.2%	-6.5%
Children	\$888.08	\$1,096.63	\$1,104.05	\$1,108.19	\$1,118.03	\$1,147.46	\$1,121.14	4.0%	3.8%
Foster Care Children	\$4,842.15	\$2,418.89	\$803.50	\$866.63	\$883.52	\$943.05	\$6,797.11	5.8%	130.8%
Adults	\$1,783.57	\$2,038.61	\$1,930.61	\$1,992.98	\$1,839.72	\$1,787.81	\$1,698.18	-0.8%	-9.8%
Basis of Eligibility Unknown	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	n/a	-100.0%
<b>Total</b>	<b>\$2,425.93</b>	<b>\$2,669.82</b>	<b>\$2,655.76</b>	<b>\$2,871.26</b>	<b>\$2,902.35</b>	<b>\$3,025.54</b>	<b>\$3,091.95</b>	<b>4.1%</b>	<b>2.3%</b>
<b>By Age</b>									
Under Age 1	\$2,093.73	\$2,559.60	\$2,597.75	\$2,929.13	\$2,643.94	\$2,508.66	\$2,606.44	3.7%	3.0%
Age 1 to 5	\$614.36	\$641.71	\$678.61	\$747.13	\$778.74	\$831.13	\$937.81	7.3%	-10.0%
Age 6 to 14	\$653.83	\$898.55	\$1,046.97	\$1,202.52	\$1,287.77	\$1,350.16	\$1,323.86	12.5%	23.9%
Age 15 to 20	\$1,859.63	\$2,342.86	\$2,389.46	\$2,630.70	\$2,654.36	\$2,653.07	\$2,447.53	4.7%	10.4%
Age 21 to 44	\$3,084.56	\$3,326.36	\$3,318.62	\$3,530.14	\$3,534.54	\$3,655.29	\$3,576.14	2.5%	4.4%
Age 45 to 64	\$4,637.63	\$5,201.17	\$5,248.87	\$5,712.66	\$5,784.86	\$6,196.44	\$6,549.94	5.9%	13.2%
Age 65 to 74	\$2,815.06	\$3,133.88	\$3,292.33	\$3,621.76	\$3,737.54	\$3,954.60	\$4,124.07	6.6%	-8.1%
Age 75 to 84	\$4,163.16	\$4,724.60	\$4,725.97	\$5,139.46	\$5,232.11	\$5,539.73	\$5,839.59	5.8%	-17.7%
Age 85 and Over	\$6,127.46	\$7,004.37	\$6,810.46	\$7,479.19	\$7,741.05	\$8,224.73	\$8,730.49	6.1%	-17.8%
Age Unknown	\$65,511.53	\$75,526.41	\$97,226.25	\$140,887.75	\$104,040.98	\$116,126.24	\$132,201.11	12.4%	755.2%
<b>Total</b>	<b>\$2,425.93</b>	<b>\$2,669.82</b>	<b>\$2,655.76</b>	<b>\$2,871.26</b>	<b>\$2,902.35</b>	<b>\$3,025.54</b>	<b>\$3,091.95</b>	<b>4.1%</b>	<b>2.3%</b>
<b>By Race</b>									
White	\$3,316.42	\$3,468.72	\$3,376.66	\$3,606.78	\$3,627.01	\$3,728.82	\$3,753.21	2.1%	3.6%
Black	\$1,824.78	\$2,083.16	\$2,096.54	\$2,243.23	\$2,282.62	\$2,403.50	\$2,475.89	5.2%	2.0%
Hispanic, American Indian or Asian	\$1,219.19	\$1,490.11	\$1,473.85	\$1,469.73	\$1,343.46	\$1,294.32	\$1,345.43	1.7%	-26.7%
Other/Unknown	\$3,611.40	\$3,976.80	\$4,246.31	\$5,149.63	\$5,202.98	\$5,459.91	\$5,682.25	7.8%	15.2%
<b>Total</b>	<b>\$2,425.93</b>	<b>\$2,669.82</b>	<b>\$2,655.76</b>	<b>\$2,871.26</b>	<b>\$2,902.35</b>	<b>\$3,025.54</b>	<b>\$3,091.95</b>	<b>4.1%</b>	<b>2.3%</b>
<b>By Sex</b>									
Female	\$2,353.79	\$2,605.54	\$2,568.42	\$2,780.60	\$2,797.09	\$2,881.43	\$2,927.04	3.7%	-4.4%
Male	\$2,498.34	\$2,732.40	\$2,746.11	\$2,959.24	\$3,005.14	\$3,191.51	\$3,295.54	4.7%	13.5%
Unknown	\$58,810.20	\$43,918.76	\$43,404.91	\$158,613.04	\$200,243.76	\$281,801.27	\$166,143.14	18.9%	1471.2%
<b>Total</b>	<b>\$2,425.93</b>	<b>\$2,669.82</b>	<b>\$2,655.76</b>	<b>\$2,871.26</b>	<b>\$2,902.35</b>	<b>\$3,025.54</b>	<b>\$3,091.95</b>	<b>4.1%</b>	<b>2.3%</b>

SOUTH CAROLINA

## SOUTHERN REGION MEDICAID PROFILE

### ADDITIONAL STATE HEALTH CARE INFORMATION

Sources: "Major Health Care Policies: 50 State Profiles", Health Policy Tracking Service, January, 1998; and "Medicaid Services State by State", HCFA, October 1997.

\*Information supplied by State Medicaid Agency

#### Waivers

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

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

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

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

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

#### Managed Care

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

#### Coverage for Targeted Population

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

#### Cost Containment Measures

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

## SOUTH CAROLINA

## **SOUTHERN REGION MEDICAID PROFILE**

### **Medicaid**

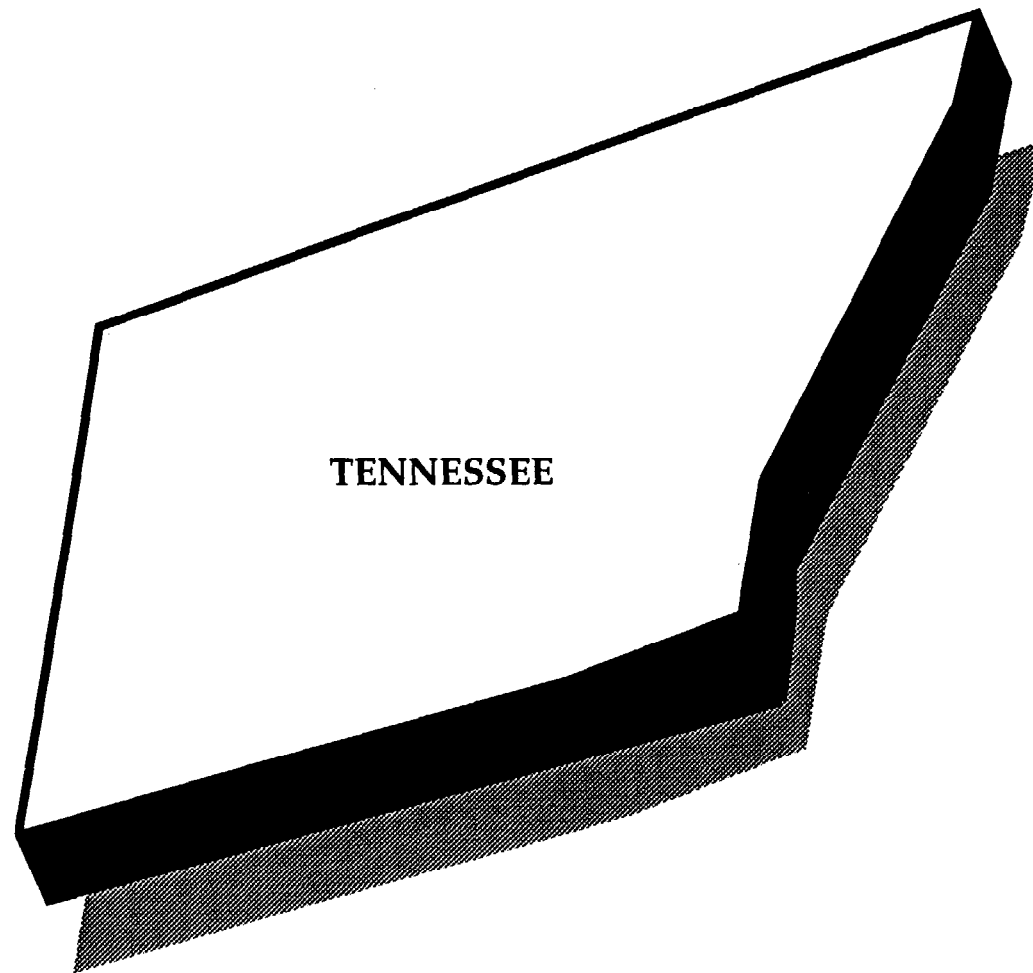
- 19 optional services are offered.
- Counties provide \$0.50 per capita to provide Medicaid services. An additional \$13 million is assessed for use as matching funds for Medicaid, with \$7.5 million of this amount going to the Medicaid Expansion Fund.
- Pharmacy Services: Effective July 1, 1998, Medicaid eligible recipients from birth through the month of their 21st birthday are eligible to receive an unlimited number of prescriptions per month.
- Pharmacy Services: Effective July 1, 1999, Medicaid eligible recipients 21 years and one month old and older will be eligible to receive 4 prescriptions per month.

### **Childrens Health Insurance Program: Medicaid Expansion**

- The Partners for Healthy Children Program, effective 8/1/97, provides infants with Medicaid coverage in families with incomes at or below 185% of the FPL.
- The program also expands Medicaid coverage for children birth to age 19 in families with incomes at or below 150% of the FPL.

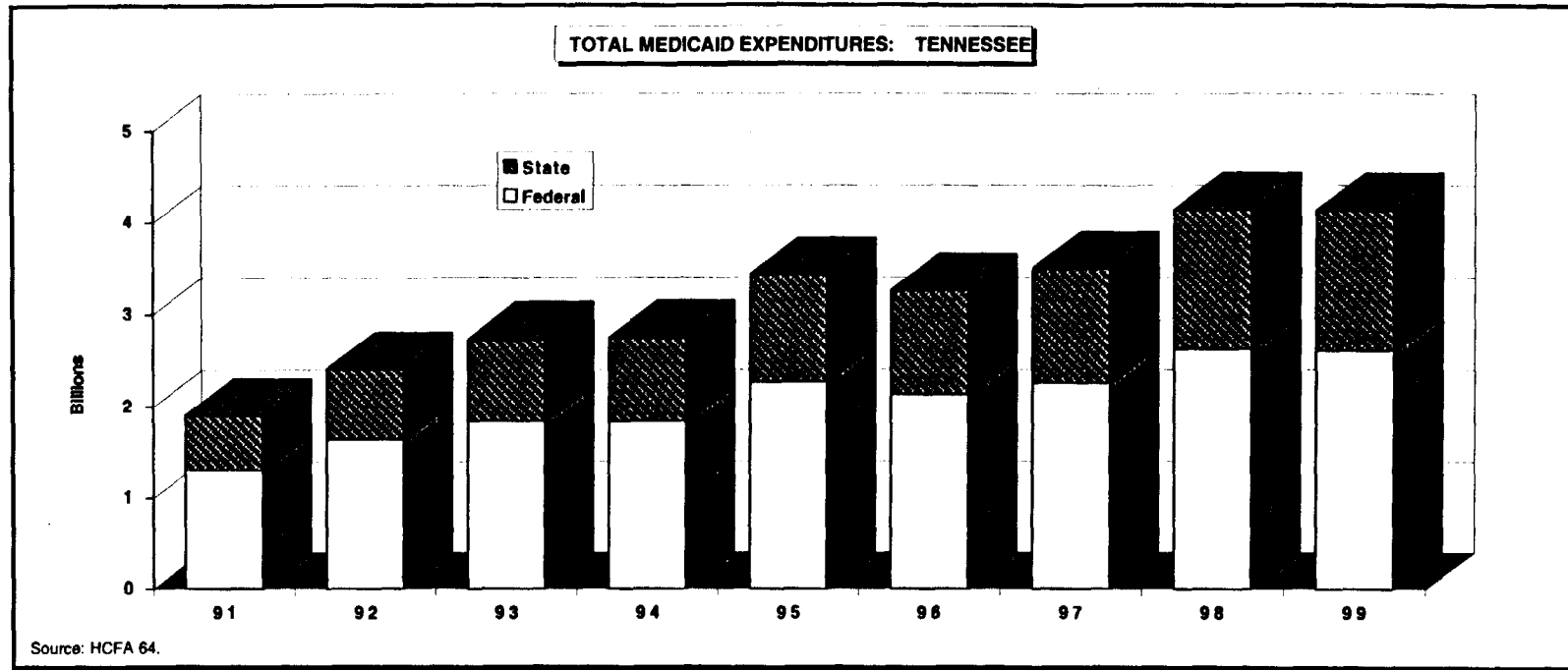
**SOUTH CAROLINA**

## SOUTHERN REGION MEDICAID PROFILES





# SOUTHERN REGION MEDICAID PROFILE



	FFY 91	FFY 92	FFY 93	FFY 94	FFY 95	FFY96	FFY97	FFY98**	FFY99**	Annual Rate of Change	Total 91-99
Medicaid Payments	\$1,852,323,368	\$2,349,296,256	\$2,645,294,589	\$2,671,299,981	\$3,307,512,305	\$3,201,718,656	\$3,434,971,957	\$4,008,020,000	\$3,993,411,000	10.1%	115.6%
Federal Share	\$1,270,532,608	\$1,601,079,546	\$1,787,677,849	\$1,794,063,099	\$2,199,863,390	\$2,101,608,128	\$2,218,304,890	\$2,542,693,000	\$2,524,558,000	9.0%	98.7%
State Share	\$581,790,760	\$748,216,710	\$857,616,740	\$877,236,882	\$1,107,648,915	\$1,100,110,528	\$1,216,667,067	\$1,465,327,000	\$1,468,853,000	12.3%	152.5%
Administrative Costs	\$48,908,309	\$56,164,728	\$85,150,015	\$78,110,695	\$127,408,331	\$50,806,343	\$61,788,755	\$132,563,000	\$138,397,000	13.9%	183.0%
Federal Share	\$28,920,540	\$34,482,295	\$46,891,354	\$42,094,569	\$68,684,812	\$29,340,004	\$35,458,089	\$73,700,000	\$76,942,000	13.0%	166.0%
State Share	\$19,987,769	\$21,682,433	\$38,258,661	\$36,016,126	\$58,723,519	\$21,466,339	\$26,330,666	\$58,863,000	\$61,455,000	15.1%	207.5%
Admin. Costs as % of Payments	2.64%	2.39%	3.22%	2.92%	3.85%	1.59%	1.80%	3.31%	3.47%		
Federal Match Rate*	68.57%	68.41%	67.57%	67.15%	66.52%	65.64%	64.58%	63.36%	63.09%		

\*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 98 and 99 reflect latest estimates reported by each state.

TENNESSEE

# SOUTHERN REGION MEDICAID PROFILE

## STATE FINANCING

	Payments		Administration	
	FFY 91	FFY 92	FFY 91	FFY 92
State General Fund	\$581,790,760	\$1,310,853,000	\$19,987,769	\$61,455,000
Local Funds	\$0	\$0	\$0	\$0
Provider Taxes	\$0	\$158,000,000	\$0	\$0
Donations	\$0	\$0	\$0	\$0
Other	\$0	\$0	\$0	\$0
Total State Share	\$581,790,760	\$1,468,853,000	\$19,987,769	\$61,455,000

Provider Taxes Currently in Place (FFY 99)		
Provider	Tax Rate	Amount
Nursing homes	\$2,600 per bed per year	\$100,000,000
ICF/MR facilities	6% of revenues	\$14,000,000
HMO's	2% of enrollee revenue	\$40,000,000
Physician Professional fee		\$4,000,000
Total		\$158,000,000

## DISPROPORTIONATE SHARE HOSPITAL (DSH) PAYMENTS

	FFY 91	FFY 92	FFY 93	FFY 94	FFY 95	FFY96	FFY97	FFY98*	FFY99*	Annual Change
General Hospitals	\$0	\$0	\$426,778,463	\$106,267,823	\$0	\$0	\$0	\$0	\$0	-100.0%
Mental Hospitals	\$0	\$0	\$3,294,504	\$1,280,027	\$0	\$0	\$0	\$0	\$0	-100.0%
Total	\$0	\$0	\$430,072,967	\$107,547,850	\$0	\$0	\$0	\$0	\$0	-100.0%

SELECTED ELIGIBILITY CRITERIA				DEMOGRAPHIC DATA & POVERTY INDICATORS (1996)			
	At 10/1/98	% of FPL*					Rank in U.S.
TANF-Temporary Assistance for Needy Families (Family of 3)				State population—July 1, 1996*	5,307,381		17
Need Standard	\$1,430	125.7%		Per capita personal income**	\$21,949		33
Payment Standard	\$185	16.3%		Median household income**	\$30,327		42
Maximum Payment	N/A	N/A					
Medically Needy Program (Family of 3)				Population below Federal Poverty Level on July 1, 1996*	812,029		
Income Eligibility Standard	\$250			Percent of total population	15.3%		14
Resource Standard	N/A						
Pregnant Women, Children and Infants (% of FPL*)				Population without health insurance coverage*	841,000		14
Pregnant women and infants		185.0%		Percent of total population	15.8%		20
Children to age 6		133.0%					
Children 6 to 14		100.0%		Recipients of Food Stamps***	638,000		11
Children 15 to 18		28.0%		Households receiving Food Stamps***	274,000		10
SSI Eligibility Levels				Total value of issuance***	\$542,000,000		12
Income:				Average monthly benefit per recipient	\$70.79		25
Single Person	\$458	68.3%		Average monthly benefit per household	\$164.84		33
Couple	\$687	76.0%					
Resources:				Monthly recipients of Aid to Families with Dependent Children****	265,320		12
Single Person	\$2,000			Total AFDC payments****	\$232,991,527		22
Income to community spouse	\$1,279			Average monthly payment per recipient	\$73.18		
				Average monthly payment per family	\$159.17		46

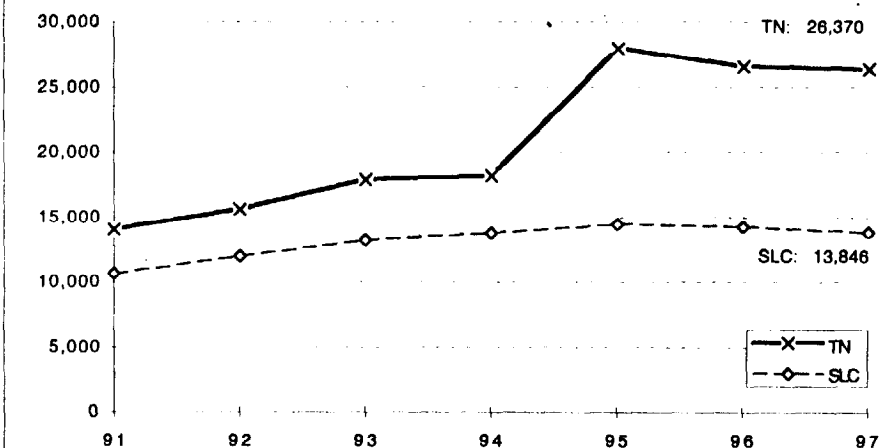
\*Current federal poverty level is \$8,050 per year for a single person, \$10,850 for a family of two and \$13,650 for a family of three. Table above shows monthly income levels.

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

TENNESSEE

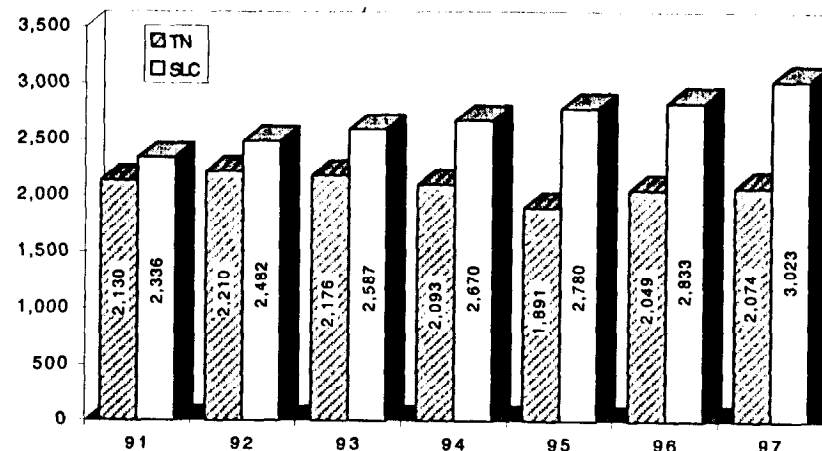
## SOUTHERN REGION MEDICAID PROFILE

**MEDICAID RECIPIENTS PER 100,000 POPULATION**



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

**AVERAGE PAYMENT PER MEDICAID RECIPIENT**



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

#### RECIPIENTS BY TYPE OF SERVICES

	FFY91	FFY92	FFY93	FFY94	FFY95	FFY96	FFY97	Annual Change	Share of Total FFY 97
01. General Hospital	139,927	139,689	149,490	90,701	52,028	50,459	33,932	-21.0%	N/A**
02. Mental Hospital	3,718	4,429	4,021	5,064	1,649	628	556	-27.1%	
03. Skilled and Intermediate Care Nursing*	39,356	41,502	43,955	44,735	46,086	48,627	48,090	3.4%	
04. Intermediate Care for Mentally Retarded	2,422	2,501	2,514	2,501	2,409	2,225	2,048	-2.8%	
05. Physician Services	536,677	606,249	696,460	505,105	203,020	194,000	196,685	-15.4%	
06. Dental Services	124,023	144,481	158,888	74,165	430	5	1	-85.8%	
07. Other Practitioners	96,067	114,740	142,027	79,456	38,343	42,247	47,533	-11.1%	
08. Outpatient Hospital	397,702	449,202	499,846	307,545	101,566	102,000	87,696	-22.3%	
09. Clinic Services	37,141	124,284	169,681	101,695	73,930	72,646	17,328	-11.9%	
10. Lab and X-Ray	382,449	388,712	408,989	248,658	95,330	97,960	102,467	-19.7%	
11. Home Health	11,572	12,887	14,243	9,310	1,293	970	582	-39.2%	
12. Prescribed Drugs	532,999	608,456	701,136	454,323	1,395	18	3	-86.7%	
13. Family Planning	31,011	35,067	37,803	18,251	839	322	314	-53.5%	
14. Early & Periodic Screening, Diagnosis & Treatment	113,328	126,443	134,874	60,964	814	25	0	-100.0%	
15. Rural Health	2,732	3,902	11,522	13,465	7,429	6,981	6,859	16.6%	
16. Other Care (includes managed care)	103,783	131,044	157,038	980,147	1,504,680	2,677,094	1,394,167	54.2%	
17. Waivers	0	0	0	0	0	0	0	n/a	
<b>Total**</b>	<b>697,411</b>	<b>785,231</b>	<b>908,943</b>	<b>938,711</b>	<b>1,466,194</b>	<b>1,408,918</b>	<b>1,415,612</b>	<b>12.5%</b>	

\*Prior to FFY 91 this category was divided into "skilled nursing facility" and "all other intermediate care facilities" (non-MR).

\*\*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.

TENNESSEE

# SOUTHERN REGION MEDICAID PROFILE

## PAYMENTS BY TYPE OF SERVICES

	FFY 91	FFY 92	FFY 93	FFY94	FFY95	FFY96	FFY97	Annual Change	of Total FFY 97
01. General Hospital	\$331,609,182	\$345,990,172	\$341,138,342	\$160,606,850	\$37,889,701	\$18,469,754	\$4,453,494	-51.2%	0.2%
02. Mental Hospital	\$24,602,806	\$27,008,054	\$25,784,872	\$29,199,755	\$32,540,636	\$11,096,279	\$1,093,770	-40.5%	0.0%
03. Skilled and Intermediate Care Nursing*	\$361,863,678	\$424,041,157	\$517,042,863	\$515,676,048	\$580,030,491	\$619,886,256	\$606,379,844	9.0%	20.7%
04. Intermediate Care for Mentally Retarded	\$101,674,282	\$110,872,075	\$115,073,172	\$126,623,497	\$151,151,062	\$206,632,349	\$210,285,462	12.9%	7.2%
05. Physician Services	\$171,520,630	\$207,444,317	\$253,800,289	\$155,948,698	\$202,076,911	\$140,559,405	\$147,219,192	-2.5%	5.0%
06. Dental Services	\$17,067,388	\$20,067,873	\$21,753,931	\$7,143,127	\$29,639	\$810	\$169	-85.3%	0.0%
07. Other Practitioners	\$7,579,642	\$9,269,710	\$11,813,862	\$5,024,091	\$944,347	\$971,050	\$1,173,050	-26.7%	0.0%
08. Outpatient Hospital	\$134,774,043	\$174,920,016	\$202,985,082	\$80,376,582	\$11,653,811	\$9,835,461	\$7,416,231	-38.3%	0.3%
09. Clinic Services	\$48,261,532	\$71,727,782	\$85,827,666	\$37,186,208	\$96,374,650	\$84,649,885	\$5,191,738	-31.0%	0.2%
10. Lab and X-Ray	\$44,846,423	\$39,492,288	\$37,449,705	\$14,597,503	\$3,102,910	\$2,960,828	\$3,107,346	-35.9%	0.1%
11. Home Health	\$11,870,588	\$12,737,857	\$14,715,222	\$8,032,987	\$546,565	\$348,970	\$124,859	-53.2%	0.0%
12. Prescribed Drugs	\$144,580,884	\$193,886,536	\$240,079,482	\$76,314,794	\$190,467	\$15,337	\$1,118	-85.9%	0.0%
13. Family Planning	\$10,154,584	\$12,779,298	\$14,531,710	\$7,096,833	\$277,354	\$10,922	\$16,611	-65.7%	0.0%
14. Early & Periodic Screening, Diagnosis & Treatment	\$7,036,500	\$8,099,842	\$8,563,127	\$2,692,070	\$18,988	\$1,043	\$0	-100.0%	0.0%
15. Rural Health	\$316,682	\$508,390	\$1,264,276	\$1,144,912	\$448,391	\$462,858	\$339,901	1.2%	0.0%
16. Other Care (includes managed care)	\$67,488,932	\$76,177,359	\$85,645,070	\$737,151,608	\$1,654,750,173	\$1,790,433,602	\$1,949,590,832	75.2%	66.4%
17. Waivers	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a	0.0%
<b>Total*</b>	<b>\$1,485,247,776</b>	<b>\$1,735,022,726</b>	<b>\$1,977,468,671</b>	<b>\$1,964,815,563</b>	<b>\$2,772,026,096</b>	<b>\$2,886,334,809</b>	<b>\$2,936,393,617</b>	<b>12.0%</b>	<b>100.0%</b>

\*Disproportionate share payments, pharmacy rebates, and other adjustments are excluded.

## AVERAGE PAYMENTS PER RECIPIENT BY TYPE OF SERVICES

								Above (+) or Below (-) SLC	Aug. FFY 97
01. General Hospital	\$2,369.87	\$2,476.86	\$2,282.01	\$1,770.73	\$728.26	\$366.03	\$131.25	-38.3%	-96.4%
02. Mental Hospital	\$6,617.22	\$6,098.00	\$6,412.55	\$5,766.14	\$19,733.56	\$17,669.23	\$1,967.21	-18.3%	-81.1%
03. Skilled and Intermediate Care Nursing*	\$9,194.63	\$10,217.37	\$11,763.00	\$11,527.35	\$12,585.83	\$12,747.78	\$12,609.27	5.4%	-14.1%
04. Intermediate Care for Mentally Retarded	\$41,979.47	\$44,331.10	\$45,772.94	\$50,629.15	\$62,744.32	\$92,868.47	\$102,678.45	16.1%	71.2%
05. Physician Services	\$319.60	\$342.18	\$364.41	\$308.75	\$995.35	\$724.53	\$748.50	15.2%	102.1%
06. Dental Services	\$137.61	\$138.90	\$136.91	\$96.31	\$68.93	\$162.00	\$169.00	3.5%	-3.4%
07. Other Practitioners	\$78.90	\$80.79	\$83.18	\$63.23	\$24.63	\$22.99	\$24.68	-17.6%	-83.0%
08. Outpatient Hospital	\$338.88	\$389.40	\$406.10	\$261.35	\$114.74	\$96.43	\$84.57	-20.7%	-80.8%
09. Clinic Services	\$1,299.41	\$577.13	\$505.82	\$365.66	\$1,303.59	\$1,165.24	\$299.62	-21.7%	-57.5%
10. Lab and X-Ray	\$117.26	\$101.60	\$91.57	\$58.71	\$32.55	\$30.22	\$30.33	-20.2%	-66.3%
11. Home Health	\$1,025.80	\$988.43	\$1,033.15	\$862.83	\$422.71	\$359.76	\$214.53	-23.0%	-95.1%
12. Prescribed Drugs	\$271.26	\$318.65	\$342.41	\$167.97	\$136.54	\$852.06	\$372.67	5.4%	-30.1%
13. Family Planning	\$327.45	\$364.43	\$384.41	\$388.85	\$330.58	\$33.92	\$52.90	-26.2%	-75.5%
14. Early & Periodic Screening, Diagnosis & Treatment	\$62.09	\$64.06	\$63.49	\$44.16	\$23.33	\$41.72	\$0.00	-100.0%	-100.0%
15. Rural Health	\$115.92	\$130.29	\$109.73	\$85.03	\$60.36	\$66.30	\$49.56	-13.2%	-72.9%
16. Other Care (includes managed care)	\$650.29	\$581.31	\$545.38	\$752.08	\$1,099.74	\$668.80	\$1,398.39	13.6%	65.9%
17. Waivers	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	n/a	-100.0%
<b>Total (Average)*</b>	<b>\$2,129.66</b>	<b>\$2,209.57</b>	<b>\$2,175.57</b>	<b>\$2,093.10</b>	<b>\$1,890.63</b>	<b>\$2,048.62</b>	<b>\$2,074.29</b>	<b>-0.4%</b>	<b>-31.4%</b>

## TOTAL PER CAPITA EXPENDITURES

<b>\$384.14</b>	<b>\$479.18</b>	<b>\$536.01</b>	<b>\$531.29</b>	<b>\$654.68</b>	<b>\$612.83</b>	<b>\$651.38</b>	<b>9.2%</b>	<b>21.1%</b>
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\*Prior to FFY 91 this category was divided into "skilled nursing facility" and "all other intermediate care facilities" (non-MR). HCFA 2082 reports for FFY 92, 93 and 94 include disproportionate share hospital payments of \$605.7 million, \$439.4 million and \$44.8 million, respectively. Direct cost comparisons between states reflect an adjusted unit cost for Louisiana general and mental hospital services and for the total Medicaid cost per recipient.

TENNESSEE

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

**RECIPIENTS BY OTHER CHARACTERISTICS**

	<b>FFY 91</b>	<b>FFY 92</b>	<b>FFY 93</b>	<b>FFY 94</b>	<b>FFY 95</b>	<b>FFY 96</b>	<b>FFY 97</b>	<i>Annual Change</i>	<i>Share of Total FFY 97</i>
<b>By Maintenance Assistance Status</b>									
Receiving Cash Assistance or Eligible Under Section 1931	415,203	455,067	531,048	572,815	589,560	577,414	358,682	-2.4%	25.3%
Poverty Related Eligibles	78,014	77,639	64,078	65,633	85,734	97,133	724,771	45.0%	51.2%
Medically Needy	73,337	81,999	91,376	114,988	122,956	129,735	139,644	11.3%	9.9%
Other Eligibles	130,857	170,526	222,441	185,275	178,739	185,413	192,515	6.6%	13.6%
Maintenance Assistance Status Unknown	0	0	0	0	489,205	419,223	0	-100.0%	0.0%
<b>Total</b>	<b>697,411</b>	<b>785,231</b>	<b>908,943</b>	<b>938,711</b>	<b>1,466,194</b>	<b>1,408,918</b>	<b>1,415,612</b>	<b>12.5%</b>	<b>100.0%</b>
<b>By Basis of Eligibility</b>									
Aged, Blind, or Disabled	226,642	252,752	293,791	307,704	329,023	340,254	342,544	7.1%	24.2%
Children	322,389	367,193	426,031	451,584	460,778	453,939	587,805	10.5%	41.5%
Foster Care Children	10,629	11,336	12,273	12,534	14,475	14,616	14,000	4.7%	1.0%
Adults	137,751	153,950	176,848	166,889	172,713	180,886	471,263	22.8%	33.3%
Basis of Eligibility Unknown	0	0	0	0	489,205	419,223	0	-100.0%	0.0%
<b>Total</b>	<b>697,411</b>	<b>785,231</b>	<b>908,943</b>	<b>938,711</b>	<b>1,466,194</b>	<b>1,408,918</b>	<b>1,415,612</b>	<b>12.5%</b>	<b>100.0%</b>
<b>By Age</b>									
Under Age 1	45,780	48,638	51,431	49,030	50,911	49,690	51,803	2.1%	3.7%
Age 1 to 5	121,877	142,162	165,091	167,180	194,431	188,323	187,009	7.4%	13.2%
Age 6 to 14	114,485	133,171	160,039	177,188	243,982	246,374	260,736	14.7%	18.4%
Age 15 to 20	75,687	81,823	94,096	97,433	148,824	144,115	146,527	11.6%	10.4%
Age 21 to 44	160,609	184,912	222,672	222,785	471,696	425,144	406,501	16.7%	28.7%
Age 45 to 64	67,098	77,079	90,647	92,172	207,975	204,000	209,306	20.9%	14.8%
Age 65 to 74	43,643	46,729	51,148	55,130	65,797	67,990	69,760	8.1%	4.9%
Age 75 to 84	42,784	44,178	45,660	47,598	50,539	50,653	51,109	3.0%	3.6%
Age 85 and Over	25,448	26,539	28,159	30,195	32,039	32,629	32,861	4.4%	2.3%
Age Unknown	0	0	0	0	0	0	0	n/a	0.0%
<b>Total</b>	<b>697,411</b>	<b>785,231</b>	<b>908,943</b>	<b>938,711</b>	<b>1,466,194</b>	<b>1,408,918</b>	<b>1,415,612</b>	<b>12.5%</b>	<b>100.0%</b>
<b>By Race</b>									
White	433,843	493,278	573,787	574,489	950,425	921,552	933,778	13.6%	66.0%
Black	230,861	254,620	289,168	317,286	449,905	420,364	411,488	10.1%	29.1%
Hispanic, American Indian or Asian	3,729	2,735	8,450	8,737	17,069	18,281	20,098	32.4%	1.4%
Other/Unknown	28,978	34,598	37,538	38,199	48,795	48,721	50,248	9.6%	3.5%
<b>Total</b>	<b>697,411</b>	<b>785,231</b>	<b>908,943</b>	<b>938,711</b>	<b>1,466,194</b>	<b>1,408,918</b>	<b>1,415,612</b>	<b>12.5%</b>	<b>100.0%</b>
<b>By Sex</b>									
Female	448,165	498,548	570,754	572,066	830,397	813,747	822,795	10.7%	58.1%
Male	249,230	286,671	338,175	366,634	635,784	595,158	592,804	15.5%	41.9%
Unknown	16	12	14	11	13	13	13	-3.4%	0.0%
<b>Total</b>	<b>697,411</b>	<b>785,231</b>	<b>908,943</b>	<b>938,711</b>	<b>1,466,194</b>	<b>1,408,918</b>	<b>1,415,612</b>	<b>12.5%</b>	<b>100.0%</b>

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

TENNESSEE

# SOUTHERN REGION MEDICAID PROFILE

## PAYMENTS BY OTHER CHARACTERISTICS

	FFY 91	FFY 92	FFY 93	FFY94	FFY95	FFY96	FFY97	Annual Change	Share of Total FFY 97
<b>By Maintenance Assistance Status</b>									
Receiving Cash Assistance or Eligible Under Section 1931	\$779,199,467	\$1,018,950,427	\$1,343,961,596	\$1,363,825,528	\$1,525,686,565	\$1,625,626,167	\$1,293,503,842	8.8%	44.1%
Poverty Related Eligibles	\$455,765,990	\$400,204,253	\$267,354,379	\$267,824,229	\$352,801,645	\$355,336,606	\$968,542,314	13.4%	33.0%
Medically Needy	\$126,192,160	\$145,356,394	\$143,381,908	\$167,043,874	\$145,368,827	\$157,444,692	\$178,715,519	6.0%	6.1%
Other Eligibles	\$124,090,159	\$170,511,652	\$222,770,788	\$166,121,932	\$165,600,668	\$192,769,498	\$495,631,942	26.0%	16.9%
Maintenance Assistance Status Unknown	\$0	\$0	\$0	\$0	\$582,568,391	\$555,157,846	\$0	-100.0%	0.0%
<b>Total</b>	<b>\$1,485,247,776</b>	<b>\$1,735,022,726</b>	<b>\$1,977,468,671</b>	<b>\$1,964,815,563</b>	<b>\$2,772,026,096</b>	<b>\$2,886,334,809</b>	<b>\$2,936,393,617</b>	<b>12.0%</b>	<b>100.0%</b>
<b>By Basis of Eligibility</b>									
Aged, Blind or Disabled	\$936,742,446	\$1,094,480,515	\$1,284,001,527	\$1,312,860,636	\$1,488,290,558	\$1,632,588,274	\$1,582,035,384	9.1%	53.9%
Children	\$297,228,795	\$353,860,726	\$381,223,588	\$367,525,457	\$365,541,737	\$376,128,182	\$614,550,846	12.9%	20.9%
Foster Care Children	\$32,002,445	\$31,945,535	\$44,695,956	\$51,591,807	\$118,625,894	\$80,375,729	\$80,000,000	16.5%	2.7%
Adults	\$219,274,090	\$254,735,950	\$267,547,600	\$232,837,663	\$216,999,516	\$242,084,777	\$659,807,387	20.2%	22.5%
Basis of Eligibility Unknown	\$0	\$0	\$0	\$0	\$582,568,391	\$555,157,847	\$0	-100.0%	0.0%
<b>Total</b>	<b>\$1,485,247,776</b>	<b>\$1,735,022,726</b>	<b>\$1,977,468,671</b>	<b>\$1,964,815,563</b>	<b>\$2,772,026,096</b>	<b>\$2,886,334,809</b>	<b>\$2,936,393,617</b>	<b>12.0%</b>	<b>100.0%</b>
<b>By Age</b>									
Under Age 1	\$79,675,544	\$89,171,466	\$92,542,102	\$68,848,026	\$51,845,062	\$55,810,350	\$60,847,281	-4.4%	2.1%
Age 1 to 5	\$90,848,092	\$113,282,957	\$129,620,285	\$113,416,603	\$128,647,483	\$137,835,339	\$144,820,453	8.1%	4.9%
Age 6 to 14	\$95,657,035	\$117,404,181	\$136,325,362	\$156,104,376	\$246,079,367	\$254,329,640	\$275,743,328	19.3%	9.4%
Age 15 to 20	\$125,400,680	\$141,638,931	\$159,772,968	\$193,236,641	\$331,958,527	\$290,631,977	\$307,126,821	16.1%	10.5%
Age 21 to 44	\$393,501,851	\$461,549,747	\$509,753,394	\$507,163,834	\$818,661,578	\$868,034,308	\$861,368,158	13.9%	29.3%
Age 45 to 64	\$259,429,608	\$304,933,800	\$340,436,195	\$315,124,144	\$502,124,364	\$542,171,190	\$563,084,160	13.8%	19.2%
Age 65 to 74	\$107,774,831	\$122,884,818	\$145,343,483	\$146,436,879	\$173,038,039	\$183,879,128	\$177,283,148	8.6%	6.0%
Age 75 to 84	\$173,156,903	\$196,801,085	\$233,420,379	\$228,809,133	\$253,592,234	\$265,761,567	\$260,285,597	7.0%	8.9%
Age 85 and Over	\$159,803,232	\$187,355,741	\$230,254,503	\$235,675,927	\$266,079,442	\$287,881,310	\$285,834,671	10.2%	9.7%
Age Unknown	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a	0.0%
<b>Total</b>	<b>\$1,485,247,776</b>	<b>\$1,735,022,726</b>	<b>\$1,977,468,671</b>	<b>\$1,964,815,563</b>	<b>\$2,772,026,096</b>	<b>\$2,886,334,809</b>	<b>\$2,936,393,617</b>	<b>12.0%</b>	<b>100.0%</b>
<b>By Race</b>									
White	\$1,035,015,401	\$1,208,384,127	\$1,373,751,144	\$1,326,991,137	\$1,899,097,312	\$1,982,400,031	\$2,024,469,812	11.8%	68.9%
Black	\$371,129,880	\$429,294,565	\$482,461,779	\$523,437,069	\$732,747,197	\$754,336,955	\$756,940,510	12.6%	25.8%
Hispanic, American Indian or Asian	\$3,817,328	\$3,494,949	\$10,307,839	\$8,032,476	\$16,805,266	\$18,640,700	\$21,191,292	33.1%	0.7%
Other/Unknown	\$75,285,167	\$93,849,085	\$110,947,909	\$106,354,881	\$123,376,321	\$130,957,123	\$133,792,003	10.1%	4.6%
<b>Total</b>	<b>\$1,485,247,776</b>	<b>\$1,735,022,726</b>	<b>\$1,977,468,671</b>	<b>\$1,964,815,563</b>	<b>\$2,772,026,096</b>	<b>\$2,886,334,809</b>	<b>\$2,936,393,617</b>	<b>12.0%</b>	<b>100.0%</b>
<b>By Sex</b>									
Female	\$975,584,297	\$1,133,228,153	\$1,283,648,071	\$1,246,113,916	\$1,670,909,541	\$1,757,684,143	\$1,800,773,042	10.8%	61.3%
Male	\$509,650,271	\$601,785,918	\$693,803,122	\$718,938,816	\$1,101,063,934	\$1,128,589,057	\$1,135,546,091	14.3%	38.7%
Unknown	\$13,208	\$8,655	\$17,478	(\$237,169)	\$52,621	\$61,609	\$74,484	33.4%	0.0%
<b>Total</b>	<b>\$1,485,247,776</b>	<b>\$1,735,022,726</b>	<b>\$1,977,468,671</b>	<b>\$1,964,815,563</b>	<b>\$2,772,026,096</b>	<b>\$2,886,334,809</b>	<b>\$2,936,393,617</b>	<b>12.0%</b>	<b>100.0%</b>

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

TENNESSEE

# SOUTHERN REGION MEDICAID PROFILE

## AVERAGE PAYMENT PER RECIPIENT BY OTHER CHARACTERISTICS

								Annual Change	Above (+) or Below (-) SLC Avg. FFY 97
<b>By Maintenance Assistance Status</b>	<b>FFY 91</b>	<b>FFY 92</b>	<b>FFY 93</b>	<b>FFY 94</b>	<b>FFY 95</b>	<b>FFY 96</b>	<b>FFY 97</b>		
Receiving Cash Assistance or Eligible Under Section 1931	\$1,876.67	\$2,239.12	\$2,530.77	\$2,380.92	\$2,587.84	\$2,815.36	\$3,606.27	11.5%	16.9%
Poverty Related Eligibles	\$5,842.11	\$5,154.68	\$4,172.33	\$4,080.63	\$4,115.07	\$3,658.25	\$1,336.34	-21.8%	-15.9%
Medically Needy	\$1,720.72	\$1,772.66	\$1,569.14	\$1,452.71	\$1,182.28	\$1,213.59	\$1,279.79	-4.8%	-79.6%
Other Eligibles	\$948.29	\$999.92	\$1,001.48	\$896.62	\$926.49	\$1,039.68	\$2,574.51	18.1%	-38.8%
Maintenance Assistance Status Unknown	\$0.00	\$0.00	\$0.00	\$0.00	\$1,190.85	\$1,324.25	\$0.00	-100.0%	-100.0%
<b>Total</b>	<b>\$2,129.66</b>	<b>\$2,209.57</b>	<b>\$2,175.57</b>	<b>\$2,093.10</b>	<b>\$1,890.63</b>	<b>\$2,048.62</b>	<b>\$2,074.29</b>	<b>-0.4%</b>	<b>-31.4%</b>
<b>By Basis of Eligibility</b>									
Aged, Blind or Disabled	\$4,133.14	\$4,330.25	\$4,370.46	\$4,266.63	\$4,523.36	\$4,798.15	\$4,618.49	1.9%	-33.1%
Children	\$921.96	\$963.69	\$894.83	\$813.86	\$793.31	\$828.59	\$1,045.50	2.1%	-3.2%
Foster Care Children	\$3,010.86	\$2,818.06	\$3,641.81	\$4,116.15	\$8,195.23	\$5,499.16	\$5,714.29	11.3%	94.0%
Adults	\$1,591.81	\$1,654.67	\$1,512.87	\$1,395.16	\$1,256.42	\$1,338.33	\$1,400.08	-2.1%	-25.6%
Basis of Eligibility Unknown	\$0.00	\$0.00	\$0.00	\$0.00	\$1,190.85	\$1,324.25	\$0.00	-100.0%	-100.0%
<b>Total</b>	<b>\$2,129.66</b>	<b>\$2,209.57</b>	<b>\$2,175.57</b>	<b>\$2,093.10</b>	<b>\$1,890.63</b>	<b>\$2,048.62</b>	<b>\$2,074.29</b>	<b>-0.4%</b>	<b>-31.4%</b>
<b>By Age</b>									
Under Age 1	\$1,740.40	\$1,833.37	\$1,799.34	\$1,404.20	\$1,018.35	\$1,123.17	\$1,174.59	-6.3%	-53.6%
Age 1 to 5	\$745.41	\$796.86	\$785.14	\$678.41	\$661.66	\$731.91	\$774.40	0.6%	-25.7%
Age 6 to 14	\$835.54	\$881.60	\$851.83	\$881.01	\$1,008.60	\$1,032.29	\$1,057.56	4.0%	-1.1%
Age 15 to 20	\$1,656.83	\$1,731.04	\$1,697.98	\$1,983.28	\$2,230.54	\$2,016.67	\$2,096.04	4.0%	-5.5%
Age 21 to 44	\$2,450.06	\$2,496.05	\$2,289.26	\$2,276.47	\$1,735.57	\$2,041.74	\$2,118.98	-2.4%	-38.1%
Age 45 to 64	\$3,866.43	\$3,956.12	\$3,755.63	\$3,418.87	\$2,414.35	\$2,657.70	\$2,690.24	-5.9%	-53.5%
Age 65 to 74	\$2,469.46	\$2,629.73	\$2,841.63	\$2,656.21	\$2,629.88	\$2,704.50	\$2,541.33	0.5%	-43.4%
Age 75 to 84	\$4,047.24	\$4,454.73	\$5,112.14	\$4,807.12	\$5,017.75	\$5,246.71	\$5,092.75	3.9%	-28.3%
Age 85 and Over	\$6,279.60	\$7,059.64	\$8,176.94	\$7,805.13	\$8,304.86	\$8,822.87	\$8,698.29	5.6%	-18.1%
Age Unknown	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	n/a	-100.0%
<b>Total</b>	<b>\$2,129.66</b>	<b>\$2,209.57</b>	<b>\$2,175.57</b>	<b>\$2,093.10</b>	<b>\$1,890.63</b>	<b>\$2,048.62</b>	<b>\$2,074.29</b>	<b>-0.4%</b>	<b>-31.4%</b>
<b>By Race</b>									
White	\$2,385.69	\$2,449.70	\$2,394.18	\$2,309.86	\$1,998.16	\$2,151.15	\$2,168.04	-1.6%	-40.2%
Black	\$1,607.59	\$1,686.02	\$1,668.45	\$1,649.73	\$1,628.67	\$1,794.49	\$1,839.52	2.3%	-24.2%
Hispanic, American Indian or Asian	\$1,023.69	\$1,277.86	\$1,219.86	\$919.36	\$984.55	\$1,019.68	\$1,054.40	0.5%	-42.6%
Other/Unknown	\$2,598.01	\$2,712.56	\$2,955.62	\$2,784.23	\$2,528.46	\$2,687.90	\$2,662.63	0.4%	-46.0%
<b>Total</b>	<b>\$2,129.66</b>	<b>\$2,209.57</b>	<b>\$2,175.57</b>	<b>\$2,093.10</b>	<b>\$1,890.63</b>	<b>\$2,048.62</b>	<b>\$2,074.29</b>	<b>-0.4%</b>	<b>-31.4%</b>
<b>By Sex</b>									
Female	\$2,176.84	\$2,273.06	\$2,249.04	\$2,178.27	\$2,012.18	\$2,159.99	\$2,188.60	0.1%	-28.5%
Male	\$2,044.90	\$2,099.22	\$2,051.61	\$1,960.92	\$1,731.82	\$1,896.28	\$1,915.55	-1.1%	-34.0%
Unknown	\$825.50	\$721.25	\$1,248.43	(\$21,560.82)	\$4,047.77	\$4,739.15	\$5,729.54	38.1%	-45.8%
<b>Total</b>	<b>\$2,129.66</b>	<b>\$2,209.57</b>	<b>\$2,175.57</b>	<b>\$2,093.10</b>	<b>\$1,890.63</b>	<b>\$2,048.62</b>	<b>\$2,074.29</b>	<b>-0.4%</b>	<b>-31.4%</b>

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## SOUTHERN REGION MEDICAID PROFILE

### ADDITIONAL STATE HEALTH CARE INFORMATION

Sources: "Major Health Care Policies: 50 State Profiles", Health Policy Tracking Service, January, 1998; and "Medicaid Services State by State", HCFA, October 1997.

\*Information supplied by State Medicaid Agency

#### Waivers

Tennessee operates a health care reform demonstration waiver under Title XIX, Section 1115. The waiver has been renewed through December 31, 2001. TennCare is a statewide program that provides health care benefits to Medicaid beneficiaries, uninsured state residents, and those whose medical conditions make them uninsurable. All TennCare enrollees receive services, exclusive of long-term care and Medicare costs, through capitated managed care plans that are either HMO or PPO. It limits enrollment to 1,500,000 per year with Medicaid eligibles having first priority. The capitated statewide monthly rates, effective 7/1/98, are as follows:

#### **Medical Capitated Rates**

Less than one year of age	\$144.29
Ages 1 to 13	\$40.80
Ages 14 to 44 (male)	\$81.07
Ages 14 to 44 (female)	\$140.54
Ages 45 to 64	\$148.68
Ages 65 and over	\$167.66
Aid to Blind & Disabled	\$295.23
Medicaid/Medicare	\$92.25

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

- Elderly and Disabled: Two waivers serve 550, operating since July 1, 1986. Tennessee received approval in 1995 to continue this waiver.
- Mental Retardation/Developmental Disabilities: One waiver, serving 5,982 people, operating since July 1, 1987.
- Mental Health-Global Budget: Effective 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 10 HMO's to provide statewide coverage to all individuals enrolled in the program. Enrollment in an HMO is mandatory.
- TennCare implemented TennCare Partners to provide mental health and substance abuse services to enrollees, effective 7/1/97.

#### Coverage for Targeted Population

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

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## **SOUTHERN REGION MEDICAID PROFILE**

### **Cost Containment Measures**

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

### **Medicaid**

- 18 optional services are offered.
- Broad based taxes on nursing homes to generate funds for the state Medicaid program.

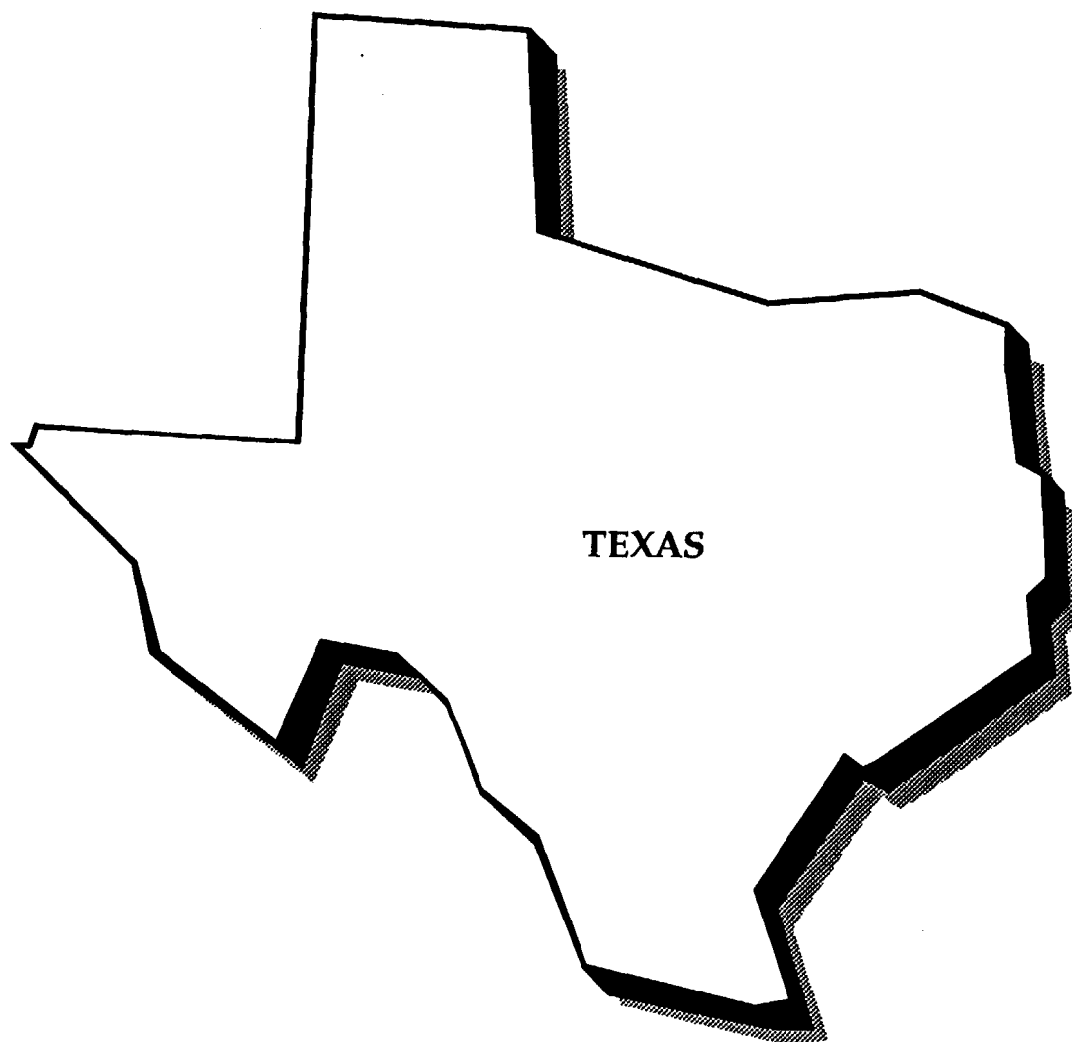
### **Childrens Health Insurance Program: Medicaid Expansion**

- The Children's Insurance Program in TennCare was implemented in January of 1998. The Medicaid program was expanded to provide health care benefits to children from birth to age 18 in families with incomes up to 200% of the FPL. The program expects to provide coverage to approximately 50,000 new enrollees.
- For families with incomes up to 100% of the FPL, there are no cost sharing obligations.
- Families with incomes between 101% and 200% of the FPL are required to pay monthly premiums as follows:

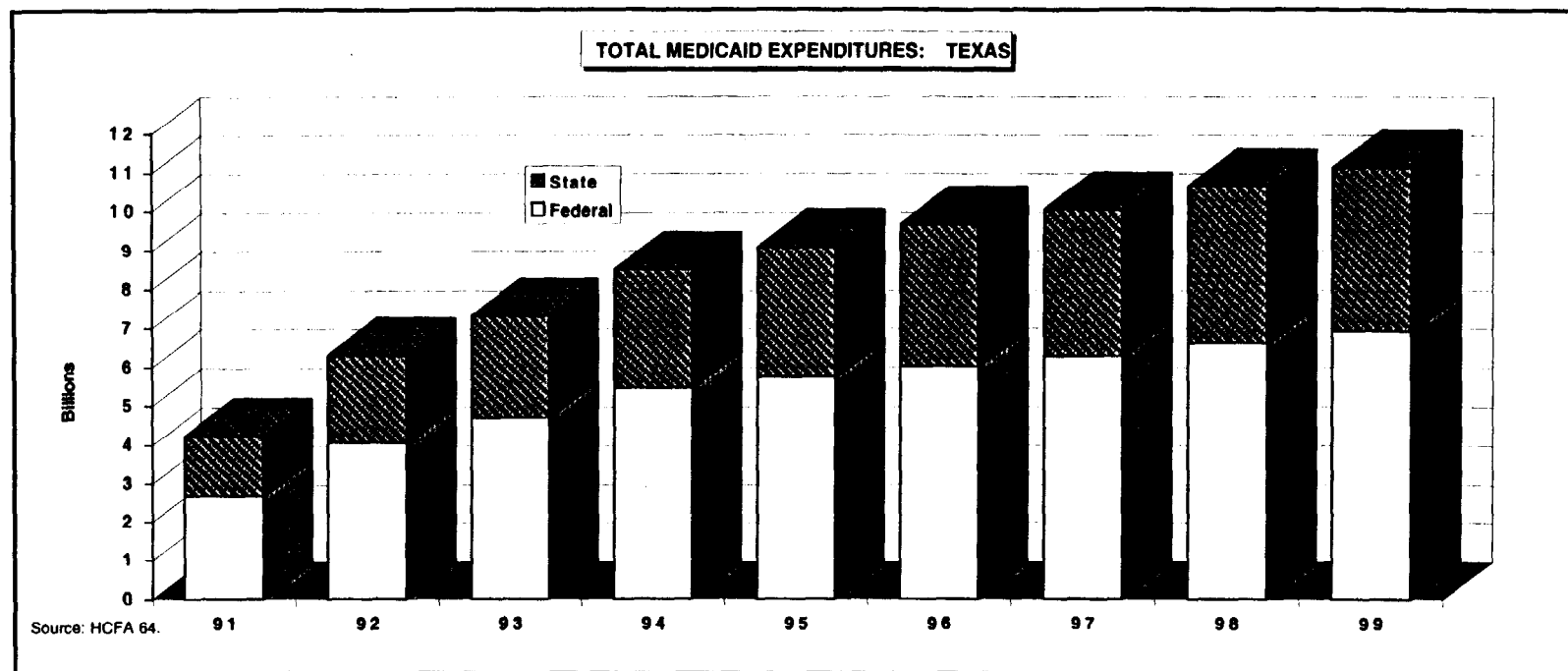
101%-119%:	\$24.50
120%-139%:	\$32.25
140%-169%:	\$47.50
170%-200%:	\$70.50

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

## SOUTHERN REGION MEDICAID PROFILES



# SOUTHERN REGION MEDICAID PROFILE



	FFY 91	FFY 92	FFY 93	FFY 94	FFY 95	FFY96	FFY97	FFY98**	FFY99**	Annual Rate of Change	Total 91-99
Medicaid Payments	\$4,021,852,878	\$6,087,909,117	\$7,030,300,931	\$8,143,853,425	\$8,669,814,871	\$9,206,669,731	\$9,600,126,934	\$10,120,773,000	\$10,604,729,000	12.9%	163.7%
Federal Share	\$2,564,957,379	\$3,919,709,649	\$4,544,238,113	\$5,241,703,050	\$5,502,364,674	\$5,750,703,059	\$6,019,132,495	\$6,316,637,000	\$6,634,165,000	12.6%	158.6%
State Share	\$1,456,895,499	\$2,168,199,468	\$2,486,062,818	\$2,902,150,375	\$3,167,450,197	\$3,455,966,672	\$3,580,994,439	\$3,804,136,000	\$3,970,564,000	13.4%	172.5%
Administrative Costs	\$207,091,912	\$217,616,997	\$285,022,191	\$358,096,334	\$400,503,427	\$453,797,768	\$441,238,382	\$509,331,000	\$514,695,000	12.1%	148.5%
Federal Share	\$118,060,228	\$123,414,862	\$155,868,466	\$198,029,052	\$211,689,405	\$247,143,021	\$238,474,375	\$273,165,000	\$274,238,000	11.1%	132.3%
State Share	\$89,031,684	\$94,202,135	\$129,153,725	\$160,067,282	\$188,814,022	\$206,654,747	\$202,764,007	\$236,166,000	\$240,457,000	13.2%	170.1%
Admin. Costs as % of Payments	5.15%	3.57%	4.05%	4.40%	4.62%	4.93%	4.60%	5.03%	4.85%		
Federal Match Rate*	63.53%	64.18%	64.44%	64.18%	63.31%	62.30%	62.56%	62.28%	62.28%		

\*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 98 and 99 reflect latest estimates reported by each state.

TEXAS

## SOUTHERN REGION MEDICAID PROFILE

### STATE FINANCING

	Payments		Administration	
	FFY 91	FFY 92	FFY 91	FFY 92
State General Fund	\$1,456,895,499	\$3,970,564,000	\$89,031,684	\$240,457,000
Local Funds	\$0	\$0	\$0	\$0
Provider Taxes	\$0	\$0	\$0	\$0
Donations	\$0	\$0	\$0	\$2,304,500
Other	\$0	\$0	\$0	\$0
Total State Share	\$1,456,895,499	\$3,970,564,000	\$89,031,684	\$242,761,500

### Provider Taxes Currently in Place (FFY 99)

Provider	Tax Rate	Amount
NO PROVIDER TAXES		

### DISPROPORTIONATE SHARE HOSPITAL (DSH) PAYMENTS

	FFY 91	FFY 92	FFY 93	FFY 94	FFY 95	FFY 96	FFY 97	FFY 98*	FFY 99*	Annual Change
General Hospitals	\$0	\$1,409,900,000	\$1,271,609,734	\$1,261,535,327	\$1,229,298,406	\$1,194,046,660	\$1,122,995,000	\$1,283,479,000	\$1,243,103,866	-0.4%
Mental Hospitals	\$0	\$103,100,000	\$241,390,266	\$251,493,673	\$283,730,587	\$318,982,340	\$390,034,000	\$288,454,000	\$278,112,134	2.4%
Total	\$338,100,000	\$1,513,000,000	\$1,513,000,000	\$1,513,029,000	\$1,513,028,993	\$1,513,029,000	\$1,513,029,000	\$1,571,933,000	\$1,521,216,000	0.1%

### SELECTED ELIGIBILITY CRITERIA

	At 10/1/98	% of FPL*
TANF-Temporary Assistance for Needy Families (Family of 3)		
Need Standard	\$751	66.0%
Payment Standard	\$188	16.5%
Maximum Payment	\$188	16.5%
Medically Needy Program (Family of 3)		
Income Eligibility Standard	\$276	
Resource Standard	\$2,000	
Resource Standard-Aged/Disabled	\$3,000	
Pregnant Women, Children and Infants (% of FPL*)		
Pregnant women and infants		185.0%
Children to age 5		133.0%
Children age 6 to 18		100.0%
SSI Eligibility Levels		
Income:		
Single Person	\$514	76.6%
Couple	\$761	84.2%
Resources:		
Single Person	\$2,000	
Couple	\$3,000	

### DEMOGRAPHIC DATA & POVERTY INDICATORS (1996)

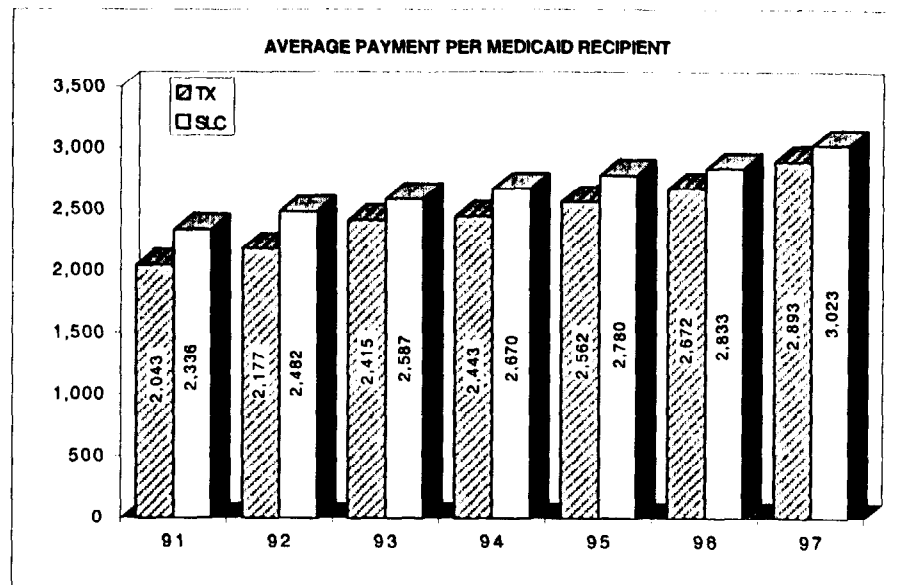
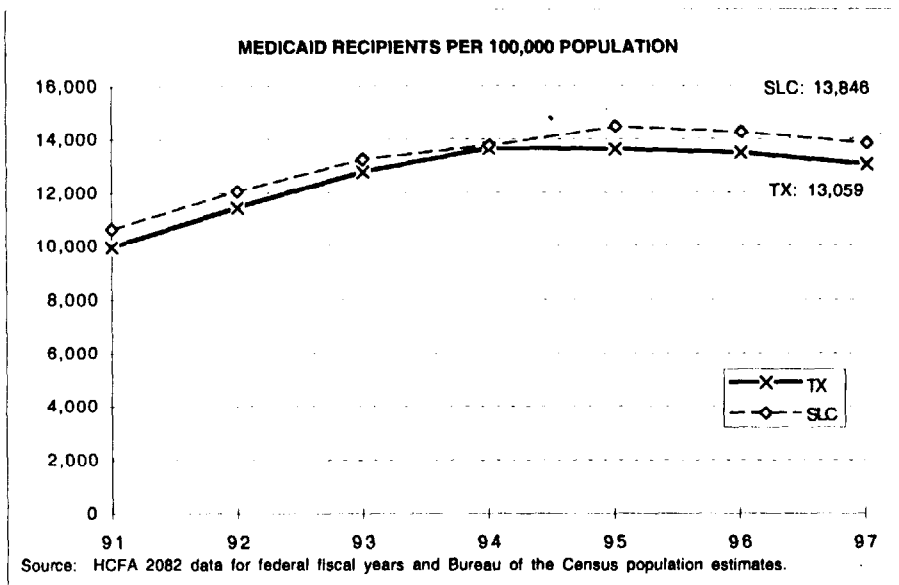
		Rank in U.S.
State population—July 1, 1996*	19,091,207	2
Per capita personal income**	\$22,282	31
Median household income**	\$32,872	33
Population below Federal Poverty Level on July 1, 1996*	3,379,144	
Percent of total population	17.7%	5
Population without health insurance coverage*	4,680,000	2
Percent of total population	24.5%	1
Recipients of Food Stamps***	2,372,000	2
Households receiving Food Stamps***	885,000	3
Total value of issuance***	\$2,140,000,000	2
Average monthly benefit per recipient	\$75.18	9
Average monthly benefit per household	\$201.51	3
Monthly recipients of Aid to Families with Dependent Children****	714,523	3
Total AFDC payments****	\$717,479,138	9
Average monthly payment per recipient	\$83.68	
Average monthly payment per family	\$157.80	47

\*Current federal poverty level is \$8,050 per year for a single person, \$10,850 for a family of two and \$13,650 for a family of three. Table above shows monthly income levels.

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

TEXAS

## SOUTHERN REGION MEDICAID PROFILE



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

#### RECIPIENTS BY TYPE OF SERVICES

	FFY91	FFY92	FFY93	FFY94	FFY95	FFY96	FFY97	Annual Change	Share of Total FFY 97
01. General Hospital	372,691	423,078	476,240	499,363	496,114	493,659	492,102	4.7%	N/A**
02. Mental Hospital	0	0	0	0	10	0	0	-100.0%	
03. Skilled and Intermediate Care Nursing*	87,621	91,186	92,278	92,590	94,166	96,681	95,469	1.4%	
04. Intermediate Care for Mentally Retarded	12,945	13,457	13,946	14,317	14,211	14,150	14,170	1.5%	
05. Physician Services	1,437,861	1,693,982	1,929,643	2,061,223	2,043,099	2,068,773	1,951,521	5.2%	
06. Dental Services	207,694	255,015	326,740	411,952	486,381	529,754	644,659	20.8%	
07. Other Practitioners	295,594	383,570	442,881	488,199	518,718	556,808	549,889	10.9%	
08. Outpatient Hospital	773,487	950,462	1,089,119	1,150,268	1,165,818	1,168,092	1,092,506	5.9%	
09. Clinic Services	32,997	69,704	77,318	84,777	93,127	82,873	68,223	12.9%	
10. Lab and X-Ray	884,374	1,044,043	1,173,862	1,273,836	1,295,995	1,244,323	1,089,151	3.5%	
11. Home Health	49,546	62,890	76,261	85,873	91,408	76,677	108,269	13.9%	
12. Prescribed Drugs	1,332,771	1,614,779	1,843,546	1,989,651	2,020,864	2,058,903	1,986,178	6.9%	
13. Family Planning	147,588	172,607	196,730	217,364	218,010	221,626	205,520	5.7%	
14. Early & Periodic Screening, Diagnosis & Treatment	172,271	265,371	399,576	563,735	743,340	768,599	849,487	30.5%	
15. Rural Health	13,846	43,995	93,300	131,046	186,933	222,212	223,340	59.0%	
16. Other Care (includes managed care)	248,197	211,504	317,545	523,946	298,543	452,747	337,278	5.2%	
17. Waivers	0	0	0	0	0	0	0	n/a	
<b>Total**</b>	<b>1,728,629</b>	<b>2,024,554</b>	<b>2,308,443</b>	<b>2,513,959</b>	<b>2,561,957</b>	<b>2,571,547</b>	<b>2,538,655</b>	<b>6.6%</b>	

\*Prior to FFY 91 this category was divided into "skilled nursing facility" and "all other intermediate care facilities" (non-MR).

\*\*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.

TEXAS

## SOUTHERN REGION MEDICAID PROFILE

### PAYMENTS BY TYPE OF SERVICES

	FFY 91	FFY 92	FFY 93	FFY 94	FFY 95	FFY 96	FFY 97	Annual Change	of Total FFY 97
01. General Hospital	\$923,620,373	\$1,209,383,144	\$1,677,627,367	\$1,872,726,471	\$1,902,738,610	\$1,844,573,863	\$1,828,889,216	12.1%	24.9%
02. Mental Hospital	\$0	\$0	\$0	\$0	\$25,624	\$0	\$0	-100.0%	0.0%
03. Skilled and Intermediate Care Nursing*	\$899,821,195	\$978,773,927	\$1,048,264,392	\$1,071,552,767	\$1,190,137,169	\$1,270,530,921	\$1,344,465,477	6.9%	18.3%
04. Intermediate Care for Mentally Retarded	\$472,481,944	\$498,655,175	\$536,312,150	\$558,310,296	\$588,993,815	\$616,103,078	\$678,928,647	6.2%	9.2%
05. Physician Services	\$387,351,452	\$496,715,411	\$605,789,426	\$682,504,462	\$697,157,004	\$727,815,694	\$702,433,071	10.4%	9.6%
06. Dental Services	\$30,005,299	\$36,737,158	\$58,946,732	\$83,615,308	\$96,801,677	\$102,183,878	\$127,393,712	27.3%	1.7%
07. Other Practitioners	\$19,860,117	\$30,023,726	\$37,989,277	\$47,040,294	\$53,800,860	\$66,998,449	\$77,156,691	25.4%	1.1%
08. Outpatient Hospital	\$220,300,473	\$308,063,855	\$392,736,341	\$434,834,257	\$456,748,725	\$461,121,845	\$449,816,009	12.6%	6.1%
09. Clinic Services	\$4,200,764	\$8,796,116	\$12,289,551	\$16,306,525	\$21,481,041	\$22,112,151	\$18,704,818	28.3%	0.3%
10. Lab and X-Ray	\$97,036,313	\$111,137,757	\$116,256,363	\$134,355,181	\$138,711,820	\$129,963,038	\$110,874,612	2.2%	1.5%
11. Home Health	\$148,781,478	\$185,037,810	\$248,065,020	\$279,690,238	\$345,907,303	\$322,907,568	\$553,233,326	24.5%	7.5%
12. Prescribed Drugs	\$247,615,290	\$348,061,498	\$444,718,089	\$511,841,929	\$578,661,512	\$667,743,192	\$750,056,208	20.3%	10.2%
13. Family Planning	\$31,439,114	\$43,646,484	\$54,182,110	\$57,129,957	\$51,743,872	\$53,925,994	\$48,535,665	7.5%	0.7%
14. Early & Periodic Screening, Diagnosis & Treatment	\$9,112,572	\$72,147,225	\$229,146,452	\$242,465,386	\$257,922,252	\$347,236,037	\$432,688,519	90.3%	5.9%
15. Rural Health	\$1,590,108	\$5,681,297	\$12,915,238	\$19,100,122	\$28,812,199	\$34,325,146	\$35,343,179	67.7%	0.5%
16. Other Care (includes managed care)	\$38,887,423	\$73,754,260	\$99,410,982	\$129,264,531	\$155,033,909	\$203,683,746	\$186,654,411	29.9%	2.5%
17. Waivers	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a	0.0%
<b>Total*</b>	<b>\$3,532,103,915</b>	<b>\$4,406,614,843</b>	<b>\$5,574,649,490</b>	<b>\$6,140,737,724</b>	<b>\$6,564,677,392</b>	<b>\$6,871,224,600</b>	<b>\$7,345,173,561</b>	<b>13.0%</b>	<b>100.0%</b>

\*Disproportionate share payments, pharmacy rebates, and other adjustments are excluded.

### AVERAGE PAYMENTS PER RECIPIENT BY TYPE OF SERVICES

								Above (+) or Below (-) SLC	Avg. FFY 97
01. General Hospital	\$2,478.25	\$2,858.53	\$3,522.65	\$3,750.23	\$3,835.29	\$3,736.53	\$3,716.48	7.0%	1.2%
02. Mental Hospital	\$0.00	\$0.00	\$0.00	\$0.00	\$2,562.40	\$0.00	\$0.00	-100.0%	-100.0%
03. Skilled and Intermediate Care Nursing*	\$10,269.47	\$10,733.82	\$11,359.85	\$11,573.09	\$12,638.71	\$13,141.47	\$14,082.74	5.4%	-4.0%
04. Intermediate Care for Mentally Retarded	\$36,499.18	\$37,055.45	\$38,456.34	\$38,996.32	\$41,446.33	\$43,540.85	\$47,913.10	4.6%	-20.1%
05. Physician Services	\$269.39	\$293.22	\$313.94	\$331.12	\$341.23	\$351.81	\$359.94	4.9%	-2.8%
06. Dental Services	\$144.47	\$144.06	\$180.41	\$202.97	\$199.02	\$192.89	\$197.61	5.4%	12.9%
07. Other Practitioners	\$67.19	\$78.27	\$85.78	\$96.35	\$103.72	\$120.33	\$140.31	13.1%	-3.5%
08. Outpatient Hospital	\$284.81	\$324.12	\$360.60	\$378.03	\$391.78	\$394.77	\$411.73	6.3%	-6.4%
09. Clinic Services	\$127.31	\$126.19	\$158.95	\$192.35	\$230.66	\$266.82	\$274.17	13.6%	-61.2%
10. Lab and X-Ray	\$109.72	\$106.45	\$99.04	\$105.47	\$107.03	\$104.44	\$101.80	-1.2%	13.1%
11. Home Health	\$3,002.90	\$2,942.25	\$3,252.84	\$3,257.02	\$3,784.21	\$4,211.27	\$5,109.80	9.3%	17.2%
12. Prescribed Drugs	\$185.79	\$215.55	\$241.23	\$257.25	\$286.34	\$324.32	\$377.64	12.5%	-29.1%
13. Family Planning	\$213.02	\$252.87	\$275.41	\$262.83	\$237.35	\$243.32	\$236.16	1.7%	9.4%
14. Early & Periodic Screening, Diagnosis & Treatment	\$52.90	\$271.87	\$573.47	\$430.11	\$346.98	\$451.78	\$509.35	45.9%	86.7%
15. Rural Health	\$114.84	\$129.14	\$138.43	\$145.75	\$154.13	\$154.47	\$158.25	5.5%	-13.4%
16. Other Care (includes managed care)	\$156.68	\$348.71	\$313.06	\$246.71	\$519.30	\$449.88	\$553.41	23.4%	-34.3%
17. Waivers	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	n/a	-100.0%
<b>Total (Average)*</b>	<b>\$2,043.30</b>	<b>\$2,176.59</b>	<b>\$2,414.90</b>	<b>\$2,442.66</b>	<b>\$2,562.37</b>	<b>\$2,672.02</b>	<b>\$2,893.33</b>	<b>6.0%</b>	<b>-4.3%</b>

### **TOTAL PER CAPITA EXPENDITURES**

<b>\$243.51</b>	<b>\$356.30</b>	<b>\$404.94</b>	<b>\$461.22</b>	<b>\$482.43</b>	<b>\$506.02</b>	<b>\$516.55</b>	<b>13.4%</b>	<b>-4.0%</b>
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\*Prior to FFY 91 this category was divided into "skilled nursing facility" and "all other intermediate care facilities" (non-MR). HCFA 2082 reports for FFY 92, 93 and 94 include disproportionate share hospital payments of \$605.7 million, \$439.4 million and \$44.8 million, respectively. Direct cost comparisons between states reflect an adjusted unit cost for Louisiana general and mental hospital services and for the total Medicaid cost per recipient.

TEXAS

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

**RECIPIENTS BY OTHER CHARACTERISTICS**

	<b>FFY 91</b>	<b>FFY 92</b>	<b>FFY 93</b>	<b>FFY 94</b>	<b>FFY 95</b>	<b>FFY 96</b>	<b>FFY 97</b>	<b>Annual Change</b>	<b>Share of Total FFY 97</b>
<b>By Maintenance Assistance Status</b>									
Receiving Cash Assistance or Eligible Under Section 1931	1,034,052	1,127,783	1,205,799	1,266,103	1,231,727	1,192,877	1,090,058	0.9%	42.9%
Poverty Related Eligibles	203,478	328,642	426,848	493,111	400,656	575,644	907,434	28.3%	35.7%
Medically Needy	63,383	38,035	37,839	39,802	38,867	37,255	45,282	-5.5%	1.8%
Other Eligibles	427,716	530,094	637,957	714,943	890,707	765,771	495,881	2.5%	19.5%
Maintenance Assistance Status Unknown	0	0	0	0	0	0	0	n/a	0.0%
<b>Total</b>	<b>1,728,629</b>	<b>2,024,554</b>	<b>2,308,443</b>	<b>2,513,959</b>	<b>2,561,957</b>	<b>2,571,547</b>	<b>2,538,655</b>	<b>6.6%</b>	<b>100.0%</b>
<b>By Basis of Eligibility</b>									
Aged, Blind, or Disabled	409,150	458,646	508,993	559,564	578,186	590,052	603,553	6.7%	23.8%
Children	909,551	1,100,136	1,285,793	1,407,134	1,451,316	1,469,276	1,469,276	8.3%	57.9%
Foster Care Children	0	0	0	0	0	8,104	8,104	0.0%	0.3%
Adults	409,928	465,772	513,657	547,261	532,455	504,115	457,722	1.9%	18.0%
Basis of Eligibility Unknown	0	0	0	0	0	0	0	n/a	0.0%
<b>Total</b>	<b>1,728,629</b>	<b>2,024,554</b>	<b>2,308,443</b>	<b>2,513,959</b>	<b>2,561,957</b>	<b>2,571,547</b>	<b>2,538,655</b>	<b>6.6%</b>	<b>100.0%</b>
<b>By Age</b>									
Under Age 1	198,232	218,816	256,464	268,331	267,111	261,384	253,689	4.2%	10.0%
Age 1 to 5	376,505	471,897	556,025	607,760	624,837	614,653	582,420	7.5%	22.9%
Age 6 to 14	291,007	362,008	431,305	488,874	528,102	559,648	569,632	11.8%	22.4%
Age 15 to 20	154,250	172,012	185,586	203,199	199,993	200,470	195,399	4.0%	7.7%
Age 21 to 44	371,789	427,926	472,876	504,676	494,512	484,792	470,231	4.0%	18.5%
Age 45 to 64	94,740	108,889	122,730	135,340	142,285	147,049	152,308	8.2%	6.0%
Age 65 to 74	90,576	101,552	111,573	121,215	125,676	126,039	129,296	6.1%	5.1%
Age 75 to 84	89,258	94,100	97,977	103,620	102,767	100,270	106,242	2.9%	4.2%
Age 85 and Over	62,272	67,347	71,040	80,944	76,674	77,242	79,438	4.1%	3.1%
Age Unknown	0	7	2,867	0	0	0	0	-100.0%	0.0%
<b>Total</b>	<b>1,728,629</b>	<b>2,024,554</b>	<b>2,308,443</b>	<b>2,513,959</b>	<b>2,561,957</b>	<b>2,571,547</b>	<b>2,538,655</b>	<b>6.6%</b>	<b>100.0%</b>
<b>By Race</b>									
White	544,854	632,678	711,561	761,594	760,485	744,746	713,214	4.6%	28.1%
Black	416,313	459,476	504,161	536,805	531,626	523,889	503,281	3.2%	19.8%
Hispanic, American Indian or Asian	728,159	869,482	1,047,780	1,169,877	1,220,367	1,250,998	1,231,395	9.2%	48.5%
Other/Unknown	39,303	62,918	44,941	45,683	49,479	51,914	90,765	15.0%	3.6%
<b>Total</b>	<b>1,728,629</b>	<b>2,024,554</b>	<b>2,308,443</b>	<b>2,513,959</b>	<b>2,561,957</b>	<b>2,571,547</b>	<b>2,538,655</b>	<b>6.6%</b>	<b>100.0%</b>
<b>By Sex</b>									
Female	1,111,414	1,285,952	1,449,051	1,567,239	1,585,643	1,583,759	1,554,996	5.8%	61.3%
Male	617,209	738,595	859,373	946,711	976,293	987,771	983,650	8.1%	38.7%
Unknown	6	7	19	9	21	17	9	7.0%	0.0%
<b>Total</b>	<b>1,728,629</b>	<b>2,024,554</b>	<b>2,308,443</b>	<b>2,513,959</b>	<b>2,561,957</b>	<b>2,571,547</b>	<b>2,538,655</b>	<b>6.6%</b>	<b>100.0%</b>

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

TEXAS

## SOUTHERN REGION MEDICAID PROFILE

### PAYMENTS BY OTHER CHARACTERISTICS

	FFY 91	FFY 92	FFY 93	FFY 94	FFY 95	FFY 96	FFY 97	Annual Change	Share of Total FFY 97
<b>By Maintenance Assistance Status</b>									
Receiving Cash Assistance or Eligible Under Section 1931	\$1,744,653,589	\$2,163,314,162	\$2,736,088,486	\$2,963,796,666	\$3,134,316,354	\$3,308,703,449	\$3,347,907,120	11.5%	45.6%
Poverty Related Eligibles	\$292,130,865	\$534,845,419	\$743,584,069	\$861,273,729	\$792,292,923	\$952,881,123	\$1,069,080,737	24.1%	14.6%
Medically Needy	\$66,063,054	\$53,959,577	\$86,638,411	\$100,949,298	\$114,326,602	\$112,918,856	\$151,065,227	14.8%	2.1%
Other Eligibles	\$1,429,256,407	\$1,654,495,685	\$2,008,338,524	\$2,214,718,031	\$2,523,741,513	\$2,496,721,172	\$2,777,120,477	11.7%	37.8%
Maintenance Assistance Status Unknown	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a	0.0%
<b>Total</b>	<b>\$3,532,103,915</b>	<b>\$4,406,614,843</b>	<b>\$5,574,649,490</b>	<b>\$6,140,737,724</b>	<b>\$6,564,677,392</b>	<b>\$6,871,224,600</b>	<b>\$7,345,173,561</b>	<b>13.0%</b>	<b>100.0%</b>
<b>By Basis of Eligibility</b>									
Aged, Blind or Disabled	\$2,244,633,895	\$2,645,880,959	\$3,156,773,746	\$3,469,058,523	\$3,887,971,095	\$4,201,100,587	\$4,653,838,594	12.9%	63.4%
Children	\$657,466,270	\$975,689,926	\$1,393,318,364	\$1,526,836,131	\$1,526,517,271	\$1,545,909,824	\$1,640,636,182	16.5%	22.3%
Foster Care Children	\$0	\$0	\$0	\$0	\$0	\$0	\$27,469,355	n/a	0.4%
Adults	\$630,003,750	\$785,043,958	\$1,024,557,380	\$1,144,843,070	\$1,150,189,026	\$1,124,214,189	\$1,023,229,430	8.4%	13.9%
Basis of Eligibility Unknown	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a	0.0%
<b>Total</b>	<b>\$3,532,103,915</b>	<b>\$4,406,614,843</b>	<b>\$5,574,649,490</b>	<b>\$6,140,737,724</b>	<b>\$6,564,677,392</b>	<b>\$6,871,224,600</b>	<b>\$7,345,173,561</b>	<b>13.0%</b>	<b>100.0%</b>
<b>By Age</b>									
Under Age 1	\$342,256,391	\$499,601,685	\$690,970,053	\$774,802,954	\$757,541,408	\$727,796,262	\$775,765,091	14.6%	10.6%
Age 1 to 5	\$206,277,502	\$329,586,379	\$458,261,107	\$526,943,880	\$546,071,550	\$550,630,576	\$531,979,397	17.1%	7.2%
Age 6 to 14	\$145,693,951	\$226,908,235	\$378,632,276	\$419,065,698	\$452,542,876	\$501,085,339	\$542,560,536	24.5%	7.4%
Age 15 to 20	\$243,088,232	\$312,168,654	\$414,649,017	\$440,080,560	\$455,352,425	\$465,218,893	\$463,022,468	11.3%	6.3%
Age 21 to 44	\$926,428,902	\$1,108,039,592	\$1,389,156,369	\$1,570,062,466	\$1,631,566,386	\$1,702,948,787	\$1,707,164,951	10.7%	23.2%
Age 45 to 64	\$447,998,716	\$538,601,792	\$678,501,862	\$788,904,124	\$897,999,744	\$1,003,224,896	\$1,118,523,590	16.5%	15.2%
Age 65 to 74	\$278,779,714	\$329,956,630	\$388,416,219	\$436,298,439	\$471,201,468	\$504,668,519	\$591,829,400	13.4%	8.1%
Age 75 to 84	\$466,279,838	\$522,565,031	\$571,137,299	\$577,733,846	\$645,837,013	\$671,914,276	\$781,229,193	9.0%	10.6%
Age 85 and Over	\$475,379,577	\$536,860,685	\$597,888,473	\$606,845,757	\$706,564,522	\$743,737,052	\$833,202,661	9.8%	11.3%
Age Unknown	(\$78,908)	\$2,326,160	\$7,036,815	\$0	\$0	\$0	(\$103,726)	-153.7%	0.0%
<b>Total</b>	<b>\$3,532,103,915</b>	<b>\$4,406,614,843</b>	<b>\$5,574,649,490</b>	<b>\$6,140,737,724</b>	<b>\$6,564,677,392</b>	<b>\$6,871,224,600</b>	<b>\$7,345,173,561</b>	<b>13.0%</b>	<b>100.0%</b>
<b>By Race</b>									
White	\$1,785,390,265	\$2,128,461,984	\$2,575,437,243	\$2,787,670,807	\$2,947,569,650	\$3,055,857,141	\$3,217,002,145	10.3%	43.8%
Black	\$701,744,044	\$879,790,005	\$1,105,210,910	\$1,161,901,897	\$1,238,066,231	\$1,275,666,412	\$1,347,766,378	11.5%	18.3%
Hispanic, American Indian or Asian	\$919,576,827	\$1,249,396,471	\$1,706,575,524	\$1,988,523,575	\$2,140,490,754	\$2,299,022,868	\$2,374,195,334	17.1%	32.3%
Other/Unknown	\$125,392,779	\$148,966,383	\$187,425,813	\$202,641,445	\$238,550,757	\$240,678,179	\$406,209,704	21.6%	5.5%
<b>Total</b>	<b>\$3,532,103,915</b>	<b>\$4,406,614,843</b>	<b>\$5,574,649,490</b>	<b>\$6,140,737,724</b>	<b>\$6,564,677,392</b>	<b>\$6,871,224,600</b>	<b>\$7,345,173,561</b>	<b>13.0%</b>	<b>100.0%</b>
<b>By Sex</b>									
Female	\$2,372,140,808	\$2,900,802,429	\$3,612,738,092	\$3,935,841,202	\$4,196,767,220	\$4,367,197,703	\$4,652,117,841	11.9%	63.3%
Male	\$1,159,960,399	\$1,505,810,211	\$1,961,893,122	\$2,204,878,920	\$2,367,776,038	\$2,503,940,328	\$2,693,049,935	15.1%	36.7%
Unknown	\$2,708	\$2,203	\$18,276	\$17,602	\$134,134	\$86,569	\$5,785	13.5%	0.0%
<b>Total</b>	<b>\$3,532,103,915</b>	<b>\$4,406,614,843</b>	<b>\$5,574,649,490</b>	<b>\$6,140,737,724</b>	<b>\$6,564,677,392</b>	<b>\$6,871,224,600</b>	<b>\$7,345,173,561</b>	<b>13.0%</b>	<b>100.0%</b>

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

TEXAS



# SOUTHERN REGION MEDICAID PROFILE

## AVERAGE PAYMENT PER RECIPIENT BY OTHER CHARACTERISTICS

								Annual Change	Above (+) or Below (-) SLC Avg. FFY 92
<b>By Maintenance Assistance Status</b>	<b>FFY 91</b>	<b>FFY 92</b>	<b>FFY 93</b>	<b>FFY 94</b>	<b>FFY 95</b>	<b>FFY 96</b>	<b>FFY 97</b>		
Receiving Cash Assistance or Eligible Under Section 1931	\$1,687.20	\$1,918.20	\$2,269.11	\$2,340.88	\$2,544.65	\$2,773.72	\$3,071.31	10.5%	-0.5%
Poverty Related Eligibles	\$1,435.69	\$1,627.44	\$1,742.03	\$1,746.61	\$1,977.49	\$1,655.33	\$1,178.14	-3.2%	-25.9%
Medically Needy	\$1,042.28	\$1,418.68	\$2,289.66	\$2,536.29	\$2,941.48	\$3,030.97	\$3,336.10	21.4%	-46.7%
Other Eligibles	\$3,341.60	\$3,121.14	\$3,148.08	\$3,097.75	\$2,833.41	\$3,260.40	\$5,600.38	9.0%	33.2%
Maintenance Assistance Status Unknown	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	n/a	-100.0%
<b>Total</b>	<b>\$2,043.30</b>	<b>\$2,176.59</b>	<b>\$2,414.90</b>	<b>\$2,442.66</b>	<b>\$2,562.37</b>	<b>\$2,672.02</b>	<b>\$2,893.33</b>	<b>6.0%</b>	<b>-4.3%</b>
<b>By Basis of Eligibility</b>									
Aged, Blind or Disabled	\$5,486.09	\$5,768.90	\$6,202.00	\$6,199.57	\$6,724.43	\$7,119.88	\$7,710.74	5.8%	11.7%
Children	\$722.85	\$886.88	\$1,083.63	\$1,085.07	\$1,051.82	\$1,052.16	\$1,116.63	7.5%	3.4%
Foster Care Children	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3,389.60	n/a	15.1%
Adults	\$1,536.86	\$1,685.47	\$1,994.63	\$2,091.95	\$2,160.16	\$2,230.07	\$2,235.48	6.4%	18.7%
Basis of Eligibility Unknown	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	n/a	-100.0%
<b>Total</b>	<b>\$2,043.30</b>	<b>\$2,176.59</b>	<b>\$2,414.90</b>	<b>\$2,442.66</b>	<b>\$2,562.37</b>	<b>\$2,672.02</b>	<b>\$2,893.33</b>	<b>6.0%</b>	<b>-4.3%</b>
<b>By Age</b>									
Under Age 1	\$1,726.54	\$2,283.20	\$2,694.22	\$2,887.49	\$2,836.05	\$2,784.39	\$3,057.94	10.0%	20.8%
Age 1 to 5	\$547.87	\$698.43	\$824.17	\$867.03	\$873.94	\$895.84	\$913.39	8.9%	-12.4%
Age 6 to 14	\$500.65	\$626.80	\$877.88	\$857.21	\$856.92	\$895.36	\$952.48	11.3%	-10.9%
Age 15 to 20	\$1,575.94	\$1,814.81	\$2,234.27	\$2,165.76	\$2,276.84	\$2,320.64	\$2,369.63	7.0%	6.9%
Age 21 to 44	\$2,491.81	\$2,589.33	\$2,937.68	\$3,111.03	\$3,299.35	\$3,512.74	\$3,630.48	6.5%	6.0%
Age 45 to 64	\$4,728.72	\$4,946.34	\$5,528.41	\$5,829.05	\$6,311.27	\$6,822.39	\$7,343.83	7.6%	26.9%
Age 65 to 74	\$3,077.85	\$3,249.14	\$3,481.27	\$3,599.38	\$3,749.34	\$4,004.07	\$4,577.32	6.8%	2.0%
Age 75 to 84	\$5,223.96	\$5,553.29	\$5,829.30	\$5,575.51	\$6,284.48	\$6,701.05	\$7,353.30	5.9%	3.6%
Age 85 and Over	\$7,633.92	\$7,971.56	\$8,416.22	\$7,497.11	\$9,215.18	\$9,628.66	\$10,488.72	5.4%	-1.3%
Age Unknown	\$0.00	\$332,308.57	\$2,454.42	\$0.00	\$0.00	\$0.00	\$0.00	-100.0%	-100.0%
<b>Total</b>	<b>\$2,043.30</b>	<b>\$2,176.59</b>	<b>\$2,414.90</b>	<b>\$2,442.66</b>	<b>\$2,562.37</b>	<b>\$2,672.02</b>	<b>\$2,893.33</b>	<b>6.0%</b>	<b>-4.3%</b>
<b>By Race</b>									
White	\$3,276.82	\$3,364.21	\$3,619.42	\$3,660.31	\$3,875.91	\$4,103.22	\$4,510.57	5.5%	24.5%
Black	\$1,685.62	\$1,914.77	\$2,192.18	\$2,164.48	\$2,328.83	\$2,434.99	\$2,677.96	8.0%	10.4%
Hispanic, American Indian or Asian	\$1,262.88	\$1,436.94	\$1,628.75	\$1,699.77	\$1,753.97	\$1,837.75	\$1,928.05	7.3%	5.0%
Other/Unknown	\$3,190.41	\$2,367.63	\$4,170.49	\$4,435.82	\$4,821.25	\$4,636.09	\$4,475.40	5.8%	-9.2%
<b>Total</b>	<b>\$2,043.30</b>	<b>\$2,176.59</b>	<b>\$2,414.90</b>	<b>\$2,442.66</b>	<b>\$2,562.37</b>	<b>\$2,672.02</b>	<b>\$2,893.33</b>	<b>6.0%</b>	<b>-4.3%</b>
<b>By Sex</b>									
Female	\$2,134.34	\$2,255.76	\$2,493.18	\$2,511.32	\$2,646.73	\$2,757.49	\$2,991.72	5.8%	-2.3%
Male	\$1,879.36	\$2,038.75	\$2,282.94	\$2,328.99	\$2,425.27	\$2,534.94	\$2,737.81	6.5%	-5.7%
Unknown	\$451.33	\$314.71	\$961.89	\$1,955.78	\$6,387.33	\$5,092.29	\$642.78	6.1%	-93.9%
<b>Total</b>	<b>\$2,043.30</b>	<b>\$2,176.59</b>	<b>\$2,414.90</b>	<b>\$2,442.66</b>	<b>\$2,562.37</b>	<b>\$2,672.02</b>	<b>\$2,893.33</b>	<b>6.0%</b>	<b>-4.3%</b>

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## SOUTHERN REGION MEDICAID PROFILE

### ADDITIONAL STATE HEALTH CARE INFORMATION

Sources: "Major Health Care Policies: 50 State Profiles", Health Policy Tracking Service, January, 1998; and "Medicaid Services State by State", HCFA, October 1997.  
\*Information supplied by State Medicaid Agency

#### Waivers

Texas operates three health care reform demonstrations with waivers under Title XIX, Section 1915 (b), of the Social Security Act. The first operates under a Freedom of Choice Waiver; the remaining two operate under waivers that allow the state to contract with select health care providers. They include:

- LoneSTAR Health Plan implements a primary care case management program for Medicaid beneficiaries in the Galveston and Austin areas. It has been operating since 1993. State officials submitted a proposal to renew the waiver in June 1995.
- LoneSTAR Select Waiver provides non-emergency treatment and inpatient care to Medicaid beneficiaries. (Effective September 1, 1994)
- LoneSTAR Select II Waiver implements a selective mental health contracting program for Medicaid beneficiaries, effective March 1, 1995. The state has had a new waiver approved for the period 8/21/97 to 8/20/99.

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: Serves approximately 18,400 people, operating since September 1, 1993.
- Mental Retardation/Developmental Disabilities and Mental Retardation-Related: Three waivers, serving 4,194 people, operating since September 1, 1985.
- Medically Dependent Children Under Age 21: Serves 376 people, operating since July 1, 1988.
- Developmental Disabilities, age 18 and over, with Deaf-Blindness and Multiple Personalities: Serves 165 people, operating since March 1, 1995.

Passage of 1995 legislation created a pilot program for medical savings accounts. Implementation date is January 1, 1997.

- The legislature has directed the state Medicaid office to study the feasibility of using Medicaid funds for the Texas Health Insurance Risk Pool and for medical savings accounts.

- 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.

#### Managed Care

- Any Willing Provider Clause: Provisions are in Texas Administrative Code.
- State of Texas Access Reform (STAR): The STAR program, the state's managed care program, serves approximately 400,000 Medicaid recipients in 6 geographic areas of the state. In 1999, the state plans to implement Medicaid managed care in 3 additional areas: Dallas, El Paso, and the Hill Country Service Areas.
- 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 April of 1998, is expected to serve approximately 60,000 aged and disabled Medicaid recipients in the Houston area.

#### Coverage for Targeted Population

- The state does not have a statewide program to provide indigent care. However, public hospitals, hospitals, and certain counties are required to provide health care to the indigents.
- In 1995, the state enacted a law which required the Department of Health to set up a pilot program to provide primary health insurance coverage for children under the age of 13 who are not eligible for Medicaid.

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## **SOUTHERN REGION MEDICAID PROFILE**

### **Cost Containment Measures**

- Certificate of Need Program repealed in 1985.
- Rate setting: Prospective payment methodology used for Medicaid.
- Texas Integrated Enrollment Services (TIES): Implemented to achieve cost savings by streamlining eligibility determinations and multiple health and human services in the state's largest programs (Food Stamps, TANF, WIC, Primary Health Care, and Job Training/Employment Services).

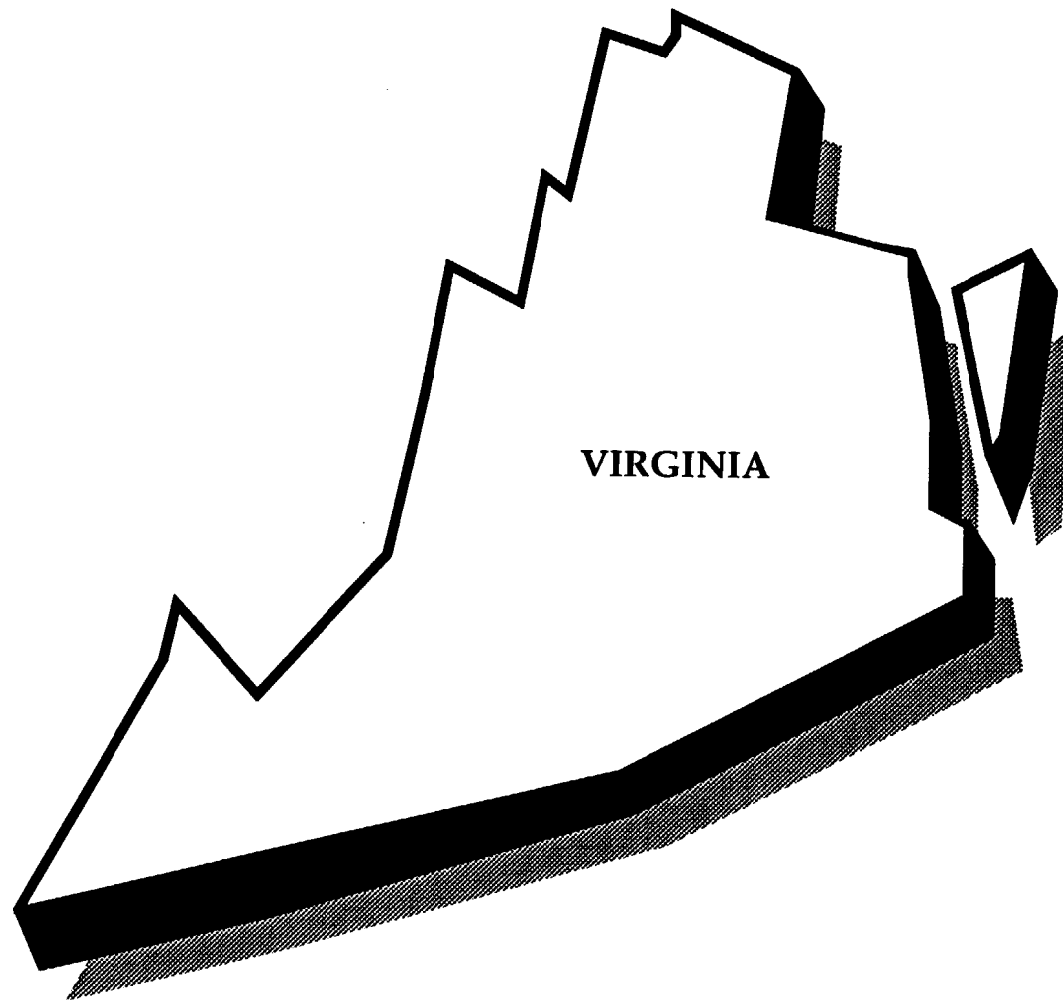
### **Medicaid**

- 23 optional services are offered.
- Urban county hospital districts contribute funding to match federal disproportionate share funds.

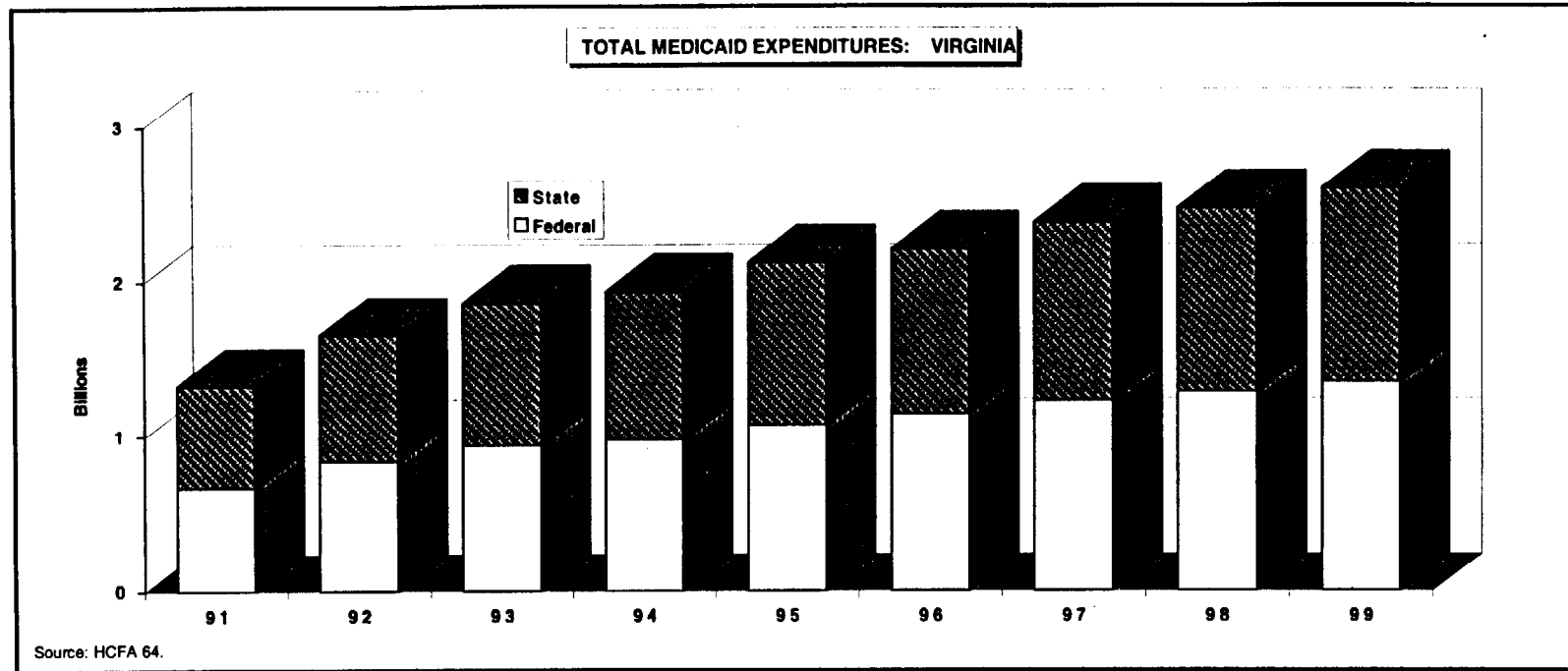
### **Children's Health Insurance Program: Medicaid Expansion**

- The Texas Children's Health Insurance Program (Phase 1), effective 7/1/98, will provide Medicaid coverage to children 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 age 1-19 up to some level of income above 100% of the FPL, subject to the approval of the Governor and the Legislature. The state expects to enroll 58,000 new children by September of 1999.

## SOUTHERN REGION MEDICAID PROFILES



# SOUTHERN REGION MEDICAID PROFILE



	FFY 91	FFY 92	FFY 93	FFY 94	FFY 95	FFY96	FFY97	FFY98**	FFY99**	Annual Rate of Change	Total 91-99
Medicaid Payments	\$1,270,655,046	\$1,579,921,708	\$1,788,466,944	\$1,849,207,961	\$2,044,756,023	\$2,123,142,475	\$2,274,509,097	\$2,358,546,000	\$2,473,309,000	8.7%	94.6%
Federal Share	\$639,417,187	\$794,600,146	\$898,042,564	\$931,207,056	\$1,026,474,417	\$1,093,719,144	\$1,172,394,679	\$1,216,191,000	\$1,278,029,000	9.0%	99.9%
State Share	\$631,237,859	\$785,321,562	\$890,424,380	\$918,000,905	\$1,018,281,606	\$1,029,423,331	\$1,102,114,418	\$1,142,355,000	\$1,195,280,000	8.3%	89.4%
Administrative Costs	\$54,733,680	\$77,976,341	\$75,041,659	\$84,456,361	\$76,336,648	\$81,776,255	\$100,519,359	\$107,735,000	\$118,562,000	10.1%	116.6%
Federal Share	\$31,626,962	\$43,545,738	\$42,787,552	\$47,756,289	\$44,400,414	\$45,022,011	\$54,003,775	\$61,101,000	\$66,216,000	9.7%	109.4%
State Share	\$23,106,718	\$34,430,603	\$32,254,107	\$36,700,072	\$31,936,234	\$36,754,244	\$46,515,584	\$46,634,000	\$52,346,000	10.8%	126.5%
Admin. Costs as % of Payments	4.31%	4.94%	4.20%	4.57%	3.73%	3.85%	4.42%	4.57%	4.79%		
Federal Match Rate*	50.00%	50.00%	50.00%	50.00%	50.00%	51.37%	51.45%	51.49%	51.49%		

\*Rate shown is for Medicaid payments only. The EMAP (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 98 and 99 reflect latest estimates reported by each state.

## VIRGINIA

## SOUTHERN REGION MEDICAID PROFILE

STATE FINANCING	Payments		Administration	
	FFY 91	FFY 92	FFY 91	FFY 92
State General Fund*	\$631,237,859	\$1,195,280,000	\$23,106,718	\$52,346,000
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	\$631,237,859	\$1,195,280,000	\$23,106,718	\$52,346,000

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

### DISPROPORTIONATE SHARE HOSPITAL (DSH) PAYMENTS

	FFY 91	FFY 92	FFY 93	FFY 94	FFY 95	FFY96	FFY97	FFY98*	FFY99*	Annual Change
General Hospitals	\$20,800,000	\$88,502,000	\$120,342,592	\$133,062,000	\$138,537,653	\$148,762,000	\$157,204,000	\$156,163,000	\$156,163,000	4.4%
Mental Hospitals	\$10,500,000	\$12,500,000	\$10,413,469	\$11,395,000	\$6,732,097	\$9,312,000	\$2,588,000	\$2,588,000	\$2,588,000	-20.7%
Total	\$31,300,000	\$101,002,000	\$130,756,061	\$144,457,000	\$145,269,750	\$158,074,000	\$159,792,000	\$158,751,000	\$158,751,000	3.3%

### SELECTED ELIGIBILITY CRITERIA

	At 10/1/98	% of FPL*
TANF-Temporary Assistance for Needy Families (Family of 3)		
Need Standard		0.0%
Payment Standard		0.0%
Max. Payment	PLEASE REFER TO LAST VA. PAGE FOR DETAILED EXPLANATION.	
Medically Needy Program (Family of 3)		
Income Eligibility		
Resource Standard		
Pregnant Women, Children and Infants (% of FPL*)		
Pregnant women and infants		133.0%
Children 1 to 5		133.0%
Children 6 to 18		
SSI Eligibility Levels		
Income:		
Single Person	\$470	70.1%
Couple	\$705	78.0%
Resources:		
Single Person	\$2,000	
Couple	\$3,000	

### DEMOGRAPHIC DATA & POVERTY INDICATORS (1996)

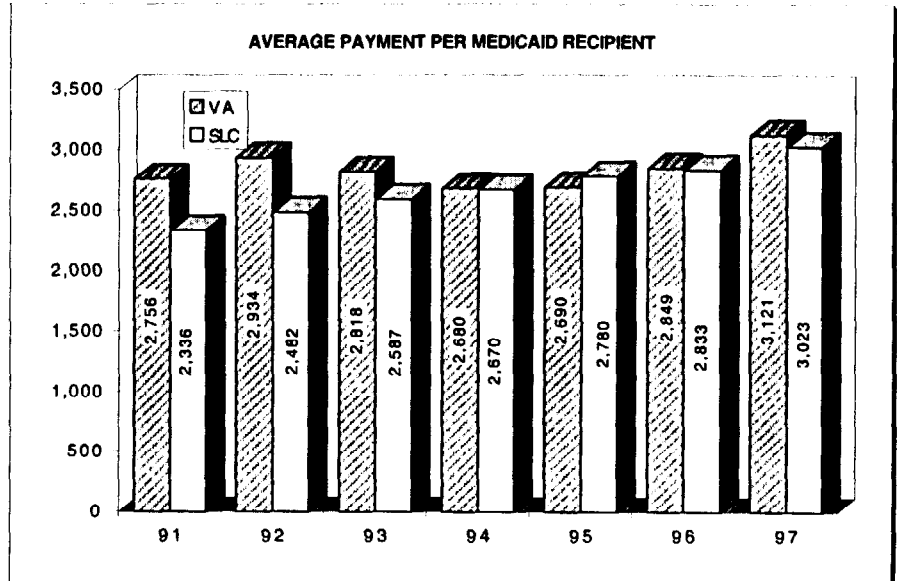
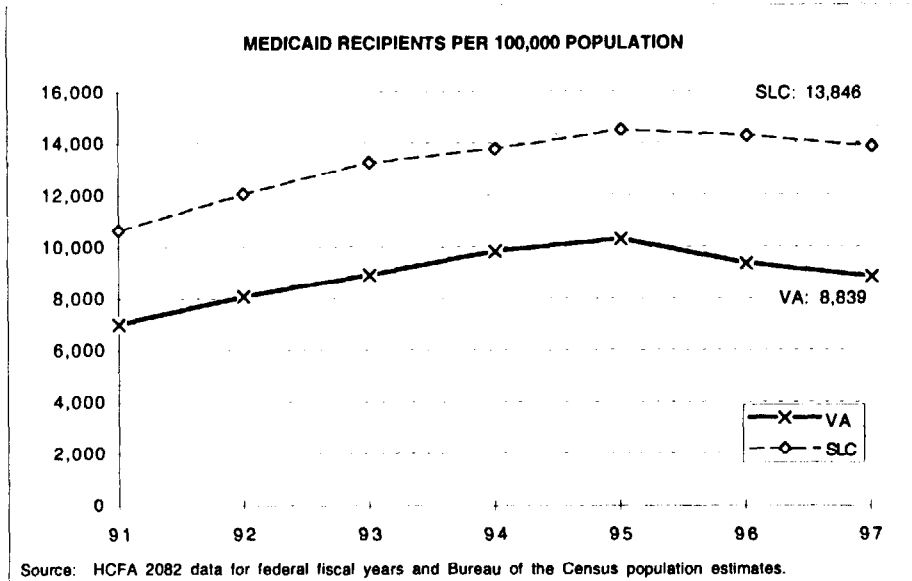
		Rank in U.S.
State population—July 1, 1996*	6,666,167	12
Per capita personal income**	\$25,212	14
Median household income**	\$38,787	10
Population below Federal Poverty Level on July 1, 1996*	739,945	
Percent of total population	11.1%	29
Population without health insurance coverage*	811,000	15
Percent of total population	12.2%	29
Recipients of Food Stamps***	538,000	15
Households receiving Food Stamps***	235,000	13
Total value of issuance***	\$451,000,000	15
Average monthly benefit per recipient	\$69.86	30
Average monthly benefit per household	\$159.93	41
Monthly recipients of Aid to Families with Dependent Children****	166,012	22
Total AFDC payments****	\$264,892,785	20
Average monthly payment per recipient	\$132.97	
Average monthly payment per family	\$256.85	38

\*Current federal poverty level is \$8,050 per year for a single person, \$10,850 for a family of two and \$13,650 for a family of three. Table above shows monthly income levels.

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

VIRGINIA

## SOUTHERN REGION MEDICAID PROFILE



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

#### RECIPIENTS BY TYPE OF SERVICES

	FFY91	FFY92	FFY93	FFY94	FFY95	FFY96	FFY97	Annual Change	Share of Total FFY 97
01. General Hospital	88,444	97,811	102,317	104,770	103,147	90,914	102,450	2.5%	N/A**
02. Mental Hospital	611	604	935	1,493	2,179	2,593	2,213	23.9%	
03. Skilled and Intermediate Care Nursing*	25,672	26,876	27,772	27,727	27,301	26,963	27,565	1.2%	
04. Intermediate Care for Mentally Retarded	2,854	2,830	2,749	2,720	2,591	2,458	2,301	-3.5%	
05. Physician Services	313,417	426,242	478,893	559,282	603,578	540,079	520,943	8.8%	
06. Dental Services	58,121	74,109	89,358	103,363	106,156	86,056	78,351	5.1%	
07. Other Practitioners	45,384	54,886	63,749	73,127	75,977	68,503	75,799	8.9%	
08. Outpatient Hospital	252,130	295,071	328,978	348,081	351,152	298,998	285,018	2.1%	
09. Clinic Services	66,757	93,063	97,874	115,348	125,752	125,259	117,882	9.9%	
10. Lab and X-Ray	139,803	177,379	219,191	236,382	242,930	200,206	188,157	5.1%	
11. Home Health	12,929	17,189	18,618	17,616	18,282	18,818	20,511	8.0%	
12. Prescribed Drugs	324,173	381,893	429,746	470,048	480,405	417,580	396,719	3.4%	
13. Family Planning	33,940	37,522	40,596	40,563	37,947	26,926	24,065	-5.6%	
14. Early & Periodic Screening, Diagnosis & Treatment	202,942	94,659	115,518	136,396	124,871	103,912	91,571	-12.4%	
15. Rural Health	388	1,747	2,598	3,553	8,917	16,763	23,698	98.4%	
16. Other Care (includes managed care)	61,553	74,761	92,188	107,999	117,388	103,542	103,219	9.0%	
17. Waivers	0	0	0	0	0	0	0	n/a	
Total**	442,073	515,064	575,929	642,947	681,313	623,315	595,234	5.1%	

\*Prior to FFY 91 this category was divided into "skilled nursing facility" and "all other intermediate care facilities" (non-MR).

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

VIRGINIA

# SOUTHERN REGION MEDICAID PROFILE

## PAYMENTS BY TYPE OF SERVICES

	FFY 91	FFY 92	FFY 93	FFY 94	FFY 95	FFY 96	FFY 97	Annual Change	of Total FFY 97
01. General Hospital	\$284,040,831	\$404,778,604	\$390,091,912	\$374,922,573	\$395,238,330	\$330,862,231	\$321,509,929	2.1%	17.3%
02. Mental Hospital	\$15,260,768	\$12,725,576	\$15,444,481	\$19,515,026	\$22,350,887	\$26,164,133	\$21,324,339	5.7%	1.1%
03. Skilled and Intermediate Care Nursing*	\$315,254,911	\$339,129,712	\$359,414,970	\$371,902,193	\$377,639,158	\$383,993,853	\$387,991,885	3.5%	20.9%
04. Intermediate Care for Mentally Retarded	\$133,039,417	\$141,295,249	\$138,663,572	\$146,534,791	\$147,747,735	\$145,912,289	\$141,767,958	1.1%	7.6%
05. Physician Services	\$109,665,920	\$172,365,466	\$193,317,470	\$210,637,917	\$215,204,029	\$186,600,962	\$197,208,572	10.3%	10.6%
06. Dental Services	\$6,912,623	\$9,169,079	\$10,907,586	\$12,589,652	\$12,796,843	\$11,147,739	\$10,128,667	6.6%	0.5%
07. Other Practitioners	\$3,946,425	\$5,496,798	\$7,402,858	\$9,480,961	\$10,817,994	\$9,210,639	\$9,835,427	16.4%	0.5%
08. Outpatient Hospital	\$94,940,332	\$109,732,668	\$128,045,436	\$135,254,751	\$135,343,521	\$120,200,446	\$122,810,586	4.4%	6.6%
09. Clinic Services	\$36,390,367	\$64,091,585	\$76,794,462	\$94,855,795	\$127,374,521	\$153,598,483	\$188,196,934	31.5%	10.1%
10. Lab and X-Ray	\$10,458,983	\$14,218,072	\$18,037,238	\$18,973,315	\$20,019,722	\$15,969,779	\$14,978,314	6.2%	0.8%
11. Home Health	\$45,223,942	\$61,765,031	\$66,620,566	\$72,946,114	\$85,013,264	\$101,652,172	\$114,153,676	16.7%	6.1%
12. Prescribed Drugs	\$104,199,762	\$133,845,169	\$161,448,803	\$195,777,613	\$213,182,924	\$221,421,619	\$249,620,903	15.7%	13.4%
13. Family Planning	\$4,806,898	\$5,639,570	\$7,973,359	\$6,810,501	\$5,236,144	\$2,730,543	\$2,376,375	-11.1%	0.1%
14. Early & Periodic Screening, Diagnosis & Treatment	\$26,208,242	\$7,842,109	\$10,065,944	\$10,532,368	\$11,371,490	\$11,418,270	\$8,851,274	-16.5%	0.5%
15. Rural Health	\$17,669	\$172,689	\$267,212	\$345,111	\$1,650,501	\$3,264,729	\$5,502,696	160.4%	0.3%
16. Other Care (includes managed care)	\$28,063,334	\$29,038,829	\$38,389,808	\$42,077,423	\$51,772,755	\$51,920,529	\$61,674,381	14.0%	3.3%
17. Waivers	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a	0.0%
<b>Total*</b>	<b>\$1,218,430,424</b>	<b>\$1,511,306,206</b>	<b>\$1,622,885,677</b>	<b>\$1,723,156,104</b>	<b>\$1,832,759,818</b>	<b>\$1,776,068,416</b>	<b>\$1,857,931,916</b>	<b>7.3%</b>	<b>100.0%</b>

\*Disproportionate share payments, pharmacy rebates, and other adjustments are excluded.

## AVERAGE PAYMENTS PER RECIPIENT BY TYPE OF SERVICES

								Above (+) or Below (-) SLC Avg. FFY 97	
01. General Hospital	\$3,211.53	\$4,138.38	\$3,812.58	\$3,578.53	\$3,831.80	\$3,639.29	\$3,138.21	-0.4%	-14.5%
02. Mental Hospital	\$24,976.71	\$21,068.83	\$16,518.16	\$13,071.02	\$10,257.41	\$10,090.29	\$9,635.94	-14.7%	-7.4%
03. Skilled and Intermediate Care Nursing*	\$12,280.11	\$12,618.31	\$12,941.63	\$13,413.00	\$13,832.43	\$14,241.51	\$14,075.53	2.3%	-4.1%
04. Intermediate Care for Mentally Retarded	\$46,615.07	\$49,927.65	\$50,441.46	\$53,873.08	\$57,023.44	\$59,362.20	\$61,611.46	4.8%	2.7%
05. Physician Services	\$349.90	\$404.38	\$403.68	\$376.62	\$356.55	\$345.51	\$378.56	1.3%	2.2%
06. Dental Services	\$118.94	\$123.72	\$122.07	\$121.80	\$120.55	\$129.54	\$129.27	1.4%	-26.1%
07. Other Practitioners	\$86.96	\$100.15	\$116.13	\$129.65	\$142.39	\$134.46	\$129.76	6.9%	-10.8%
08. Outpatient Hospital	\$376.55	\$371.89	\$389.22	\$388.57	\$385.43	\$402.01	\$430.89	2.3%	-2.1%
09. Clinic Services	\$545.12	\$688.69	\$784.63	\$822.34	\$1,012.90	\$1,226.25	\$1,596.49	19.6%	126.2%
10. Lab and X-Ray	\$74.81	\$80.16	\$82.29	\$80.27	\$82.41	\$79.77	\$79.61	1.0%	-11.6%
11. Home Health	\$3,497.87	\$3,593.29	\$3,578.29	\$4,140.90	\$4,650.11	\$5,401.86	\$5,565.49	8.0%	27.6%
12. Prescribed Drugs	\$321.43	\$350.48	\$375.68	\$416.51	\$443.76	\$530.25	\$629.21	11.8%	18.1%
13. Family Planning	\$141.63	\$150.30	\$196.41	\$167.90	\$137.99	\$101.41	\$98.75	-5.8%	-54.2%
14. Early & Periodic Screening, Diagnosis & Treatment	\$129.14	\$82.85	\$87.14	\$77.22	\$91.07	\$109.88	\$96.66	-4.7%	-64.6%
15. Rural Health	\$45.54	\$98.85	\$102.85	\$97.13	\$185.10	\$194.76	\$232.20	31.2%	27.1%
16. Other Care (includes managed care)	\$455.92	\$388.42	\$416.43	\$389.61	\$441.04	\$501.44	\$597.51	4.6%	-29.1%
17. Waivers	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	n/a	-100.0%
<b>Total (Average)*</b>	<b>\$2,756.17</b>	<b>\$2,934.21</b>	<b>\$2,817.86</b>	<b>\$2,680.09</b>	<b>\$2,690.04</b>	<b>\$2,849.39</b>	<b>\$3,121.35</b>	<b>2.1%</b>	<b>3.3%</b>

## TOTAL PER CAPITA EXPENDITURES

<b>\$210.85</b>	<b>\$259.52</b>	<b>\$287.82</b>	<b>\$295.23</b>	<b>\$320.64</b>	<b>\$330.76</b>	<b>\$352.69</b>	<b>9.0%</b>	<b>-34.4%</b>
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\*Prior to FFY 91 this category was divided into "skilled nursing facility" and "all other intermediate care facilities" (non-MR). HCFA 2082 reports for FFY 92, 93 and 94 include disproportionate share hospital payments of \$605.7 million, \$439.4 million and \$44.8 million, respectively. Direct cost comparisons between states reflect an adjusted unit cost for Louisiana general and mental hospital services and for the total Medicaid cost per recipient.

VIRGINIA



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

**RECIPIENTS BY OTHER CHARACTERISTICS**

	FFY91	FFY92	FFY93	FFY94	FFY95	FFY96	FFY97	Annual Change	Share of Total FFY97
<b>By Maintenance Assistance Status</b>									
Receiving Cash Assistance or Eligible Under Section 1931	271,834	298,848	316,824	341,142	350,944	295,476	267,331	-0.3%	44.9%
Poverty Related Eligibles	41,458	48,035	52,192	52,957	54,557	59,396	219,194	32.0%	36.8%
Medically Needy	38,479	39,783	38,821	36,770	32,462	26,512	21,667	-9.1%	3.6%
Other Eligibles	90,302	128,398	168,092	212,078	243,350	241,931	87,042	-0.6%	14.6%
Maintenance Assistance Status Unknown	0	0	0	0	0	0	0	n/a	0.0%
<b>Total</b>	<b>442,073</b>	<b>515,064</b>	<b>575,929</b>	<b>642,947</b>	<b>681,313</b>	<b>623,315</b>	<b>595,234</b>	<b>5.1%</b>	<b>100.0%</b>
<b>By Basis of Eligibility</b>									
Aged, Blind, or Disabled	140,822	156,309	169,438	181,940	191,099	198,729	197,352	5.8%	33.2%
Children	200,723	244,340	284,210	334,420	363,954	317,789	296,453	6.7%	49.8%
Foster Care Children	0	0	0	0	0	0	4,205	n/a	0.7%
Adults	100,528	114,415	122,281	126,587	126,260	106,797	97,224	-0.6%	16.3%
Basis of Eligibility Unknown	0	0	0	0	0	0	0	n/a	0.0%
<b>Total</b>	<b>442,073</b>	<b>515,064</b>	<b>575,929</b>	<b>642,947</b>	<b>681,313</b>	<b>623,315</b>	<b>595,234</b>	<b>5.1%</b>	<b>100.0%</b>
<b>By Age</b>									
Under Age 1	36,784	42,454	45,105	46,124	44,818	38,923	38,663	0.8%	6.5%
Age 1 to 5	83,637	105,503	123,027	139,145	146,023	124,037	119,519	6.1%	20.1%
Age 6 to 14	68,484	84,785	105,528	133,115	150,363	135,273	127,628	10.9%	21.4%
Age 15 to 20	39,409	42,721	45,232	54,072	63,287	60,592	56,703	6.3%	9.5%
Age 21 to 44	103,150	118,860	129,368	136,567	139,665	125,288	113,260	1.6%	19.0%
Age 45 to 64	35,458	39,416	42,819	45,868	48,076	49,488	49,251	5.6%	8.3%
Age 65 to 74	30,193	33,180	35,134	36,378	37,267	37,313	36,608	3.3%	6.2%
Age 75 to 84	27,453	29,610	30,265	31,255	31,309	31,501	32,330	2.8%	5.4%
Age 85 and Over	17,505	18,535	19,451	20,423	20,505	20,900	21,272	3.3%	3.6%
Age Unknown	0	0	0	0	0	0	0	n/a	0.0%
<b>Total</b>	<b>442,073</b>	<b>515,064</b>	<b>575,929</b>	<b>642,947</b>	<b>681,313</b>	<b>623,315</b>	<b>595,234</b>	<b>5.1%</b>	<b>100.0%</b>
<b>By Race</b>									
White	210,237	248,742	278,579	303,158	316,902	310,280	297,941	6.0%	50.1%
Black	216,795	243,954	268,273	304,592	321,916	271,035	256,256	2.8%	43.1%
Hispanic, American Indian or Asian	13,665	11,126	26,969	33,053	40,409	40,272	39,645	19.4%	6.7%
Other/Unknown	1,376	11,242	2,108	2,144	2,086	1,728	1,392	0.2%	0.2%
<b>Total</b>	<b>442,073</b>	<b>515,064</b>	<b>575,929</b>	<b>642,947</b>	<b>681,313</b>	<b>623,315</b>	<b>595,234</b>	<b>5.1%</b>	<b>100.0%</b>
<b>By Sex</b>									
Female	288,789	331,711	365,938	401,759	420,995	382,934	363,090	3.9%	61.0%
Male	153,283	183,353	209,991	241,180	260,318	240,381	232,144	7.2%	39.0%
Unknown	1	0	0	8	0	0	0	-100.0%	0.0%
<b>Total</b>	<b>442,073</b>	<b>515,064</b>	<b>575,929</b>	<b>642,947</b>	<b>681,313</b>	<b>623,315</b>	<b>595,234</b>	<b>5.1%</b>	<b>100.0%</b>

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

VIRGINIA

# SOUTHERN REGION MEDICAID PROFILE

## PAYMENTS BY OTHER CHARACTERISTICS

	FFY 91	FFY 92	FFY 93	FFY 94	FFY 95	FFY 96	FFY 97	Annual Change	Share of Total FFY 97
<b>By Maintenance Assistance Status</b>									
Receiving Cash Assistance or Eligible Under Section 1931	\$591,521,806	\$721,164,198	\$776,863,009	\$828,969,621	\$879,247,891	\$831,337,272	\$864,124,581	6.5%	46.5%
Poverty Related Eligibles	\$211,080,393	\$273,457,512	\$303,153,349	\$315,277,853	\$347,419,117	\$432,408,659	\$228,236,491	1.3%	12.3%
Medically Needy	\$302,031,570	\$330,109,394	\$350,252,237	\$361,165,965	\$350,493,064	\$283,237,718	\$210,507,166	-5.8%	11.3%
Other Eligibles	\$113,796,655	\$186,575,102	\$192,617,082	\$217,742,665	\$255,599,746	\$229,084,767	\$555,063,678	30.2%	29.9%
Maintenance Assistance Status Unknown	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a	0.0%
<b>Total</b>	<b>\$1,218,430,424</b>	<b>\$1,511,306,206</b>	<b>\$1,622,885,677</b>	<b>\$1,723,156,104</b>	<b>\$1,832,759,818</b>	<b>\$1,776,068,416</b>	<b>\$1,857,931,916</b>	<b>7.3%</b>	<b>100.0%</b>
<b>By Basis of Eligibility</b>									
Aged, Blind or Disabled	\$866,466,917	\$1,017,079,044	\$1,111,587,865	\$1,198,652,822	\$1,293,681,358	\$1,342,368,831	\$1,439,765,992	8.8%	77.5%
Children	\$181,623,381	\$272,716,691	\$280,021,731	\$298,745,273	\$329,177,150	\$268,791,825	\$249,277,682	5.4%	13.4%
Foster Care Children	\$0	\$0	\$0	\$0	\$0	\$0	\$9,595,824	n/a	0.5%
Adults	\$170,340,126	\$221,510,471	\$231,276,081	\$225,758,009	\$209,901,310	\$164,907,760	\$159,292,418	-1.1%	8.6%
Basis of Eligibility Unknown	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a	0.0%
<b>Total</b>	<b>\$1,218,430,424</b>	<b>\$1,511,306,206</b>	<b>\$1,622,885,677</b>	<b>\$1,723,156,104</b>	<b>\$1,832,759,818</b>	<b>\$1,776,068,416</b>	<b>\$1,857,931,916</b>	<b>7.3%</b>	<b>100.0%</b>
<b>By Age</b>									
Under Age 1	\$76,800,325	\$126,395,394	\$114,491,602	\$103,793,229	\$117,196,847	\$90,235,105	\$85,469,576	1.8%	4.6%
Age 1 to 5	\$68,463,206	\$95,525,849	\$107,215,492	\$114,342,904	\$122,027,418	\$107,835,294	\$100,451,708	6.6%	5.4%
Age 6 to 14	\$48,430,851	\$70,051,058	\$85,367,639	\$109,378,127	\$121,707,113	\$112,036,137	\$117,483,134	15.9%	6.3%
Age 15 to 20	\$70,117,371	\$86,787,687	\$90,301,494	\$99,911,092	\$108,583,105	\$97,397,201	\$96,864,174	5.5%	5.2%
Age 21 to 44	\$318,409,986	\$403,800,813	\$432,065,649	\$460,094,859	\$483,557,475	\$455,829,239	\$475,764,858	6.9%	25.6%
Age 45 to 64	\$186,653,356	\$227,456,699	\$248,910,117	\$269,239,540	\$294,728,157	\$306,633,992	\$339,101,798	10.5%	18.3%
Age 65 to 74	\$126,384,825	\$142,731,483	\$158,407,954	\$166,475,065	\$171,723,647	\$178,362,031	\$188,462,451	6.9%	10.1%
Age 75 to 84	\$171,823,862	\$192,590,405	\$204,421,036	\$210,951,095	\$216,102,098	\$220,372,545	\$237,721,684	5.6%	12.8%
Age 85 and Over	\$151,346,642	\$165,966,818	\$181,704,694	\$188,970,193	\$197,133,958	\$207,366,872	\$216,612,533	6.2%	11.7%
Age Unknown	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a	0.0%
<b>Total</b>	<b>\$1,218,430,424</b>	<b>\$1,511,306,206</b>	<b>\$1,622,885,677</b>	<b>\$1,723,156,104</b>	<b>\$1,832,759,818</b>	<b>\$1,776,068,416</b>	<b>\$1,857,931,916</b>	<b>7.3%</b>	<b>100.0%</b>
<b>By Race</b>									
White	\$707,872,649	\$859,911,041	\$926,810,807	\$983,794,206	\$1,050,567,690	\$1,054,577,375	\$1,104,584,511	7.7%	59.5%
Black	\$483,741,605	\$610,806,913	\$645,841,873	\$680,555,884	\$714,321,618	\$654,119,251	\$676,490,155	5.7%	36.4%
Hispanic, American Indian or Asian	\$24,600,710	\$17,948,651	\$47,017,822	\$54,751,396	\$64,404,408	\$64,154,642	\$74,019,429	20.2%	4.0%
Other/Unknown	\$2,215,460	\$22,639,601	\$3,215,175	\$4,054,618	\$3,466,102	\$3,217,148	\$2,837,821	4.2%	0.2%
<b>Total</b>	<b>\$1,218,430,424</b>	<b>\$1,511,306,206</b>	<b>\$1,622,885,677</b>	<b>\$1,723,156,104</b>	<b>\$1,832,759,818</b>	<b>\$1,776,068,416</b>	<b>\$1,857,931,916</b>	<b>7.3%</b>	<b>100.0%</b>
<b>By Sex</b>									
Female	\$802,269,168	\$981,166,696	\$1,048,652,323	\$1,101,637,000	\$1,146,192,071	\$1,101,339,385	\$1,153,204,693	6.2%	62.1%
Male	\$416,160,947	\$530,139,510	\$574,233,354	\$621,477,642	\$686,567,747	\$674,729,031	\$704,727,223	9.2%	37.9%
Unknown	\$309	\$0	\$0	\$41,462	\$0	\$0	\$0	100.0%	0.0%
<b>Total</b>	<b>\$1,218,430,424</b>	<b>\$1,511,306,206</b>	<b>\$1,622,885,677</b>	<b>\$1,723,156,104</b>	<b>\$1,832,759,818</b>	<b>\$1,776,068,416</b>	<b>\$1,857,931,916</b>	<b>7.3%</b>	<b>100.0%</b>

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

VIRGINIA

# SOUTHERN REGION MEDICAID PROFILE

## AVERAGE PAYMENT PER RECIPIENT BY OTHER CHARACTERISTICS

	FFY91	FFY92	FFY93	FFY94	FFY95	FFY96	FFY97	Annual Change	Above (+) or Below (-) SLC Avg. FFY92
<b>By Maintenance Assistance Status</b>									
Receiving Cash Assistance or Eligible Under Section 1931	\$2,176.04	\$2,413.15	\$2,452.03	\$2,429.98	\$2,505.38	\$2,813.55	\$3,232.41	6.8%	4.8%
Poverty Related Eligibles	\$5,091.43	\$5,692.88	\$5,808.43	\$5,953.47	\$6,368.00	\$7,280.10	\$1,041.25	-23.2%	-34.5%
Medically Needy	\$7,849.26	\$8,297.75	\$9,022.24	\$9,822.30	\$10,797.03	\$10,683.38	\$9,715.57	3.6%	55.2%
Other Eligibles	\$1,260.18	\$1,453.10	\$1,145.90	\$1,026.71	\$1,050.34	\$946.90	\$6,376.96	31.0%	51.6%
Maintenance Assistance Status Unknown	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	n/a	-100.0%
<b>Total</b>	<b>\$2,756.17</b>	<b>\$2,934.21</b>	<b>\$2,817.86</b>	<b>\$2,680.09</b>	<b>\$2,690.04</b>	<b>\$2,849.39</b>	<b>\$3,121.35</b>	<b>2.1%</b>	<b>3.3%</b>
<b>By Basis of Eligibility</b>									
Aged, Blind or Disabled	\$6,152.92	\$6,506.85	\$6,560.44	\$6,588.18	\$6,769.69	\$6,754.77	\$7,295.42	2.9%	5.7%
Children	\$904.85	\$1,116.14	\$985.26	\$893.32	\$904.45	\$845.82	\$840.87	-1.2%	-22.1%
Foster Care Children	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,282.00	n/a	-22.5%
Adults	\$1,694.45	\$1,936.03	\$1,891.35	\$1,783.42	\$1,662.45	\$1,544.12	\$1,638.41	-0.6%	-13.0%
Basis of Eligibility Unknown	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	n/a	-100.0%
<b>Total</b>	<b>\$2,756.17</b>	<b>\$2,934.21</b>	<b>\$2,817.86</b>	<b>\$2,680.09</b>	<b>\$2,690.04</b>	<b>\$2,849.39</b>	<b>\$3,121.35</b>	<b>2.1%</b>	<b>3.3%</b>
<b>By Age</b>									
Under Age 1	\$2,087.87	\$2,977.23	\$2,538.34	\$2,250.31	\$2,614.95	\$2,318.30	\$2,210.63	1.0%	-12.6%
Age 1 to 5	\$818.58	\$905.43	\$871.48	\$821.75	\$835.67	\$869.38	\$840.47	0.4%	-19.3%
Age 6 to 14	\$707.18	\$826.22	\$808.96	\$821.68	\$809.42	\$828.22	\$920.51	4.5%	-13.9%
Age 15 to 20	\$1,779.22	\$2,031.50	\$1,996.41	\$1,847.74	\$1,715.73	\$1,607.43	\$1,708.27	-0.7%	-22.9%
Age 21 to 44	\$3,086.86	\$3,397.28	\$3,339.82	\$3,369.00	\$3,462.27	\$3,638.25	\$4,200.64	5.3%	22.7%
Age 45 to 64	\$5,264.07	\$5,770.67	\$5,813.08	\$5,869.88	\$6,130.46	\$6,196.13	\$6,885.18	4.6%	19.0%
Age 65 to 74	\$4,185.90	\$4,301.73	\$4,508.68	\$4,576.26	\$4,607.93	\$4,780.16	\$5,148.12	3.5%	14.7%
Age 75 to 84	\$6,258.84	\$6,504.24	\$6,754.37	\$6,749.36	\$6,902.24	\$6,995.73	\$7,352.98	2.7%	3.6%
Age 85 and Over	\$8,645.91	\$8,954.24	\$9,341.66	\$9,252.81	\$9,613.95	\$9,921.86	\$10,182.99	2.8%	-4.2%
Age Unknown	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	n/a	-100.0%
<b>Total</b>	<b>\$2,756.17</b>	<b>\$2,934.21</b>	<b>\$2,817.86</b>	<b>\$2,680.09</b>	<b>\$2,690.04</b>	<b>\$2,849.39</b>	<b>\$3,121.35</b>	<b>2.1%</b>	<b>3.3%</b>
<b>By Race</b>									
White	\$3,367.02	\$3,457.04	\$3,326.92	\$3,245.15	\$3,315.12	\$3,398.79	\$3,707.39	1.6%	2.3%
Black	\$2,231.33	\$2,503.78	\$2,407.41	\$2,234.32	\$2,218.97	\$2,413.41	\$2,639.90	2.8%	8.8%
Hispanic, American Indian or Asian	\$1,800.27	\$1,613.22	\$1,743.40	\$1,656.47	\$1,593.81	\$1,593.03	\$1,867.06	0.6%	1.7%
Other/Unknown	\$1,610.07	\$2,013.84	\$1,525.23	\$1,891.15	\$1,661.60	\$1,861.78	\$2,038.66	4.0%	-58.7%
<b>Total</b>	<b>\$2,756.17</b>	<b>\$2,934.21</b>	<b>\$2,817.86</b>	<b>\$2,680.09</b>	<b>\$2,690.04</b>	<b>\$2,849.39</b>	<b>\$3,121.35</b>	<b>2.1%</b>	<b>3.3%</b>
<b>By Sex</b>									
Female	\$2,778.05	\$2,957.90	\$2,865.66	\$2,742.03	\$2,722.58	\$2,876.06	\$3,176.08	2.3%	3.7%
Male	\$2,714.98	\$2,891.36	\$2,734.56	\$2,576.82	\$2,637.42	\$2,806.91	\$3,035.73	1.9%	4.6%
Unknown	\$309.00	\$0.00	\$0.00	\$5,182.75	\$0.00	\$0.00	\$0.00	-100.0%	-100.0%
<b>Total</b>	<b>\$2,756.17</b>	<b>\$2,934.21</b>	<b>\$2,817.86</b>	<b>\$2,680.09</b>	<b>\$2,690.04</b>	<b>\$2,849.39</b>	<b>\$3,121.35</b>	<b>2.1%</b>	<b>3.3%</b>

VIRGINIA

## SOUTHERN REGION MEDICAID PROFILE

### AFDC AND MEDICALLY NEEDY PROGRAM ELIGIBILITY CRITERIA

Sources: "Major Health Care Policies: 50 State Profiles", Health Policy Tracking Service, January, 1998; and "Medicaid Services State by State", HCFA, October 1997.

	Group I	Group II	Group III	
Aid to Families With Dependent Children (Family of 3)				The State of Virginia is subdivided into three areas: Group I is the northern and Tidewater areas (Virginia Beach); and Group III is the western and southwestern sections of the state.
Need Standard	\$295	\$322	\$393	
Payment Standard	\$265	\$291	\$354	
Medically Needy Program (Family of 3)				
Income Eligibility	\$325	\$358	\$442	
Resource Standard	\$3,100 for 3	\$3,100 for 3	\$3,100 for 3	

### ADDITIONAL STATE HEALTH CARE INFORMATION

Sources: "Major Health Care Policies: 50 State Profiles", Health Policy Tracking Service, January, 1997; and "Medicaid Services State by State", HCFA, October 1995.

\*Information supplied by State Medicaid Agency

#### Waivers

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

They include:

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

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

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

#### Managed Care

- Freedom-of-Choice Clause : For pharmacies, as long as the providers agree to the rates and terms of participation.

VIRGINIA

## **SOUTHERN REGION MEDICAID PROFILE**

### **Coverage for Targeted Population**

- The Uninsured: The Indigent Care Trust Fund which includes state general funds and funds provided by private acute care hospitals, subsidizes the cost of uncompensated care at the hospitals. In 1997, a resolution adopted by the legislature, requested the Joint Commission on Health Care, in cooperation with other departments, to study the provision of health care for the indigent and uninsured. Results of the study, along with recommendations for a program to provide basic health insurance to low-income, uninsured Virginia residents, was to be presented to the 1998 session of General Assembly. If the plan is adopted by the the General Assembly, implementation could begin as early as April 1, 1998.

### **Cost Containment Measures**

- Certificate of Need Program since 1973. Regulates introduction or expansion of new institutional health facilities and services. Nursing home moratorium which had been extended until June 30, 1996 was allowed to expire. The state implemented a new program whereby the department requests proposals for new nursing home beds based on need in each health planning district.
- 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.

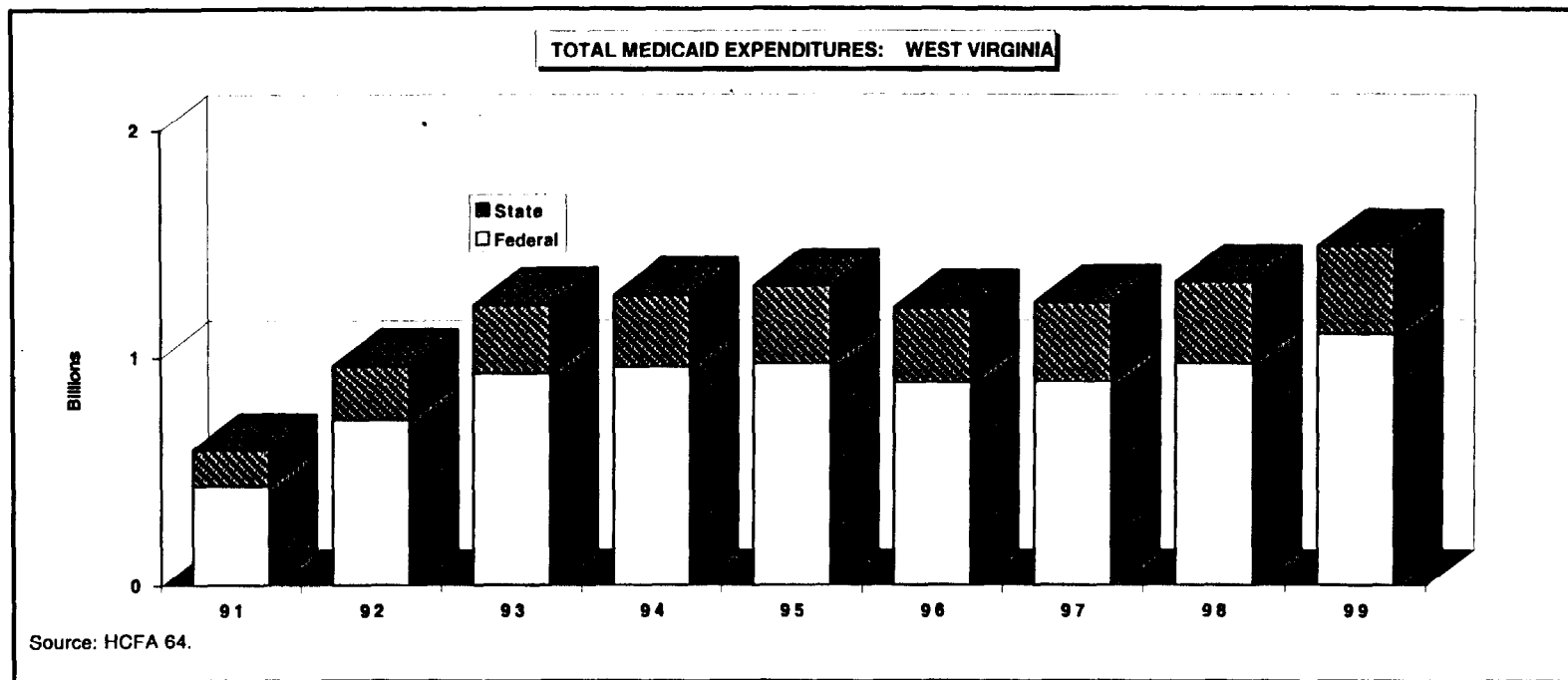
### **Children's Health Insurance Program: State Designed**

- CHIP in Virginia will be administered by the Department of Medical Assistance Services through a state-designed program, Children's Health Insurance Law in the Dominion (CHILD). The program will provide health care coverage through a state employees equivalent plan to an estimated 23,900 currently eligible children and 32,800 new enrollees. Children, birth through age 18, in families with incomes up to 185% of the FPL are eligible for CHILD benefits.
- The implementation date for the CHILD plan is uncertain at this time as the plan has not yet received approval by HCFA.

## SOUTHERN REGION MEDICAID PROFILES



# SOUTHERN REGION MEDICAID PROFILE



	FFY 91	FFY 92	FFY 93	FFY 94	FFY 95	FFY96	FFY97	FFY98**	FFY99**	Annual Rate of Change	Total 91-99
Medicaid Payments	\$576,698,410	\$930,810,120	\$1,199,674,968	\$1,242,045,970	\$1,274,162,825	\$1,177,814,927	\$1,193,977,808	\$1,286,581,000	\$1,444,023,000	12.2%	150.4%
Federal Share	\$428,654,895	\$705,433,512	\$914,039,094	\$940,406,115	\$950,655,611	\$862,984,030	\$866,956,235	\$947,671,000	\$1,075,366,000	12.2%	150.9%
State Share	\$148,043,515	\$225,376,608	\$285,635,874	\$301,639,855	\$323,507,214	\$314,830,897	\$327,021,573	\$338,910,000	\$368,657,000	12.1%	149.0%
Administrative Costs	\$17,969,064	\$34,644,144	\$31,317,772	\$32,484,644	\$38,024,421	\$42,469,744	\$46,825,418	\$43,541,000	\$42,444,000	11.3%	136.2%
Federal Share	\$9,347,806	\$21,557,071	\$18,239,496	\$18,766,661	\$22,540,296	\$24,409,708	\$25,353,142	\$25,294,000	\$24,324,000	12.7%	160.2%
State Share	\$8,621,258	\$13,087,073	\$13,078,276	\$13,717,983	\$15,484,125	\$18,060,036	\$21,472,276	\$18,247,000	\$18,120,000	9.7%	110.2%
Admin. Costs as % of Payments	3.12%	3.72%	2.61%	2.62%	2.98%	3.61%	3.92%	3.38%	2.94%		
Federal Match Rate*	77.00%	77.68%	76.29%	76.72%	74.60%	73.26%	72.60%	73.67%	74.47%		

\*Rate shown is for Medicaid payments only. The FMAP (Federal Medical Assistance Percentage) is based on the relationship between each state's per capita personal income and that of the nation as a whole for the three most recent years. Federal share of state administrative costs is usually 50 percent or 75 percent, depending on function and whether or not medical personnel are used. \*\*Federal Fiscal Years 98 and 99 reflect latest estimates reported by each state.

## WEST VIRGINIA

# SOUTHERN REGION MEDICAID PROFILE

## STATE FINANCING

	Payments		Administration	
	FFY 91	FFY 99	FFY 91	FFY 99
State General Fund	\$148,043,515	\$159,502,988	\$8,621,258	\$18,120,000
Local Funds	\$0	\$0	\$0	\$0
Provider Taxes	\$0	\$135,000,000	\$0	\$0
Donations	\$0	\$0	\$0	\$0
Other	\$0	\$74,154,012	\$0	\$0
Total State Share	\$148,043,515	\$368,657,000	\$8,621,258	\$18,120,000

## Provider Taxes Currently in Place (FFY 99)

Provider	Tax Rate *	Amount
•Hospitals	2.50%	\$55,000,000
•Nursing facilities & ICF-MR's	5.50%	\$25,509,000
•Ambulatory surgical ctrs., chiropractors, dentists svcs, opticians, optometrists, podiatrists, psych svcs & therapists	1.75%	\$11,000,000
•Behavioral health ctrs., community care centers, lab services	5.00%	\$11,943,000
•Physicians	2.00%	\$22,300,000
•Nurses, Ambulance	1.75%/ 5.50%	\$9,248,000
* annualized, based on gross revenues.		
Total		\$135,000,000

## DISPROPORTIONATE SHARE HOSPITAL (DSH) PAYMENTS

	FFY 91	FFY 92	FFY 93	FFY 94	FFY 95	FFY96	FFY97	FFY98*	FFY99*	Annual Change
General Hospitals	\$56,380,386	\$24,440,169	\$115,028,129	\$134,057,692	\$19,540,228	\$63,450,141	\$49,007,819	\$45,375,000	\$62,705,000	-9.6%
Mental Hospitals	\$0	\$0	\$0	\$0	\$5,340,379	\$13,894,199	\$11,388,172	\$12,301,000	\$22,483,000	43.2%
Total	\$56,380,386	\$24,440,169	\$115,028,129	\$134,057,692	\$24,880,607	\$77,344,340	\$60,395,991	\$57,676,000	\$85,188,000	-4.9%

## SELECTED ELIGIBILITY CRITERIA

	At 10/1/98	% of FPL*
TANF-Temporary Assistance for Needy Families (Family of 3)		
Need Standard	\$991	87.1%
Payment Standard	\$253	22.2%
Maximum Payment	\$253	22.2%
Medically Needy Program (Family of 3)		
Income Eligibility Standard	\$290	
Resource Standard	\$3,050	
Pregnant Women, Children and Infants (% of FPL*)		
Pregnant women and infants under 1		150.0%
Children 1 to 5		133.0%
Children 6 to 18		100.0%
SSI Eligibility Levels		
Income:		
Single Person	\$446	66.5%
Couple	\$669	74.0%
Resources:		
Single Person	\$2,000	
Couple	\$3,000	

## DEMOGRAPHIC DATA & POVERTY INDICATORS (1996)

		Rank in U.S.
State population—July 1, 1996*	1,820,407	35
Per capita personal income**	\$18,160	49
Median household income**	\$25,270	50
Population below Federal Poverty Level on July 1, 1996*	325,853	
Percent of total population	17.9%	4
Population without health insurance coverage*	261,000	35
Percent of total population	14.3%	21
Recipients of Food Stamps***	300,000	26
Households receiving Food Stamps***	121,000	28
Total value of issuance***	\$252,000,000	27
Average monthly benefit per recipient	\$70.00	29
Average monthly benefit per household	\$173.55	24
Monthly recipients of Aid to Families with Dependent Children****	98,439	31
Total AFDC payments****	\$115,572,970	35
Average monthly payment per recipient	\$97.84	
Average monthly payment per family	\$236.32	41

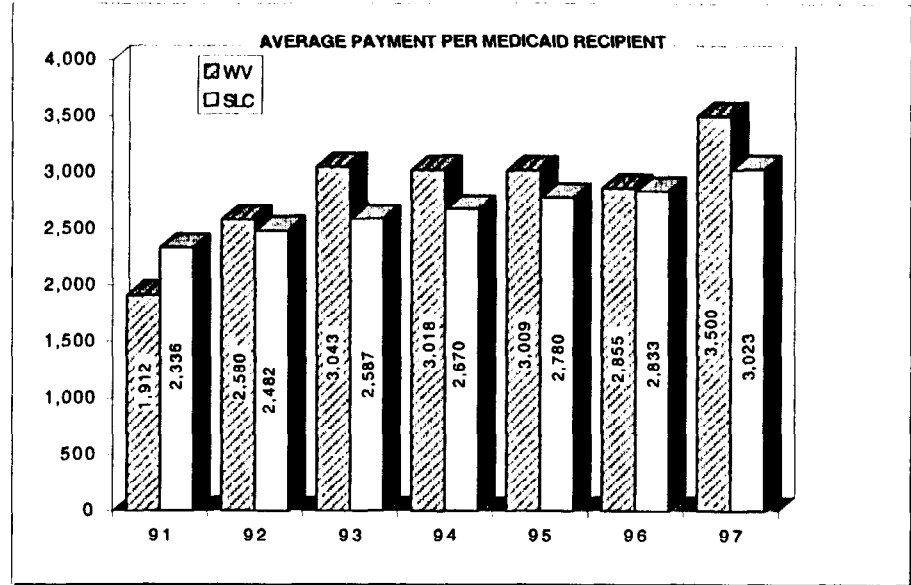
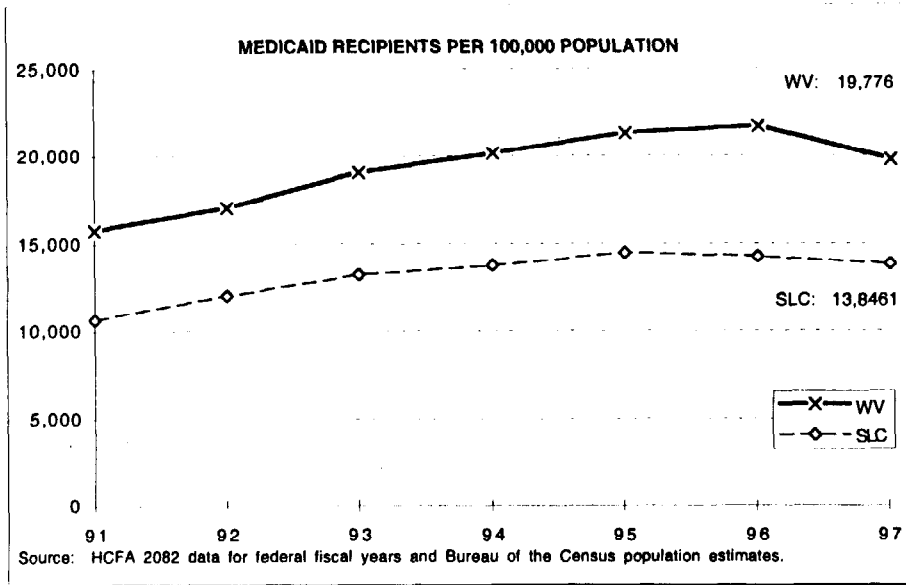
\*Current federal poverty level is \$8,050 per year for a single person, \$10,850 for a family of two and \$13,650 for a family of three. Table above shows monthly income levels.

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

## WEST VIRGINIA



## SOUTHERN REGION MEDICAID PROFILE



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

#### RECIPIENTS BY TYPE OF SERVICES

	FFY 91	FFY 92	FFY 93	FFY 94	FFY 95	FFY 96	FFY 97	Annual Change	Share of Total FFY 97
01. General Hospital	46,574	45,612	49,927	58,070	52,327	51,194	46,049	-0.2%	N/A**
02. Mental Hospital	408	499	567	983	1,679	1,841	1,453	23.6%	
03. Skilled and Intermediate Care Nursing*	10,060	10,425	10,505	10,839	11,133	11,467	11,645	2.5%	
04. Intermediate Care for Mentally Retarded	738	701	690	685	634	634	633	-2.5%	
05. Physician Services	226,454	238,980	273,798	290,109	304,888	305,047	271,762	3.1%	
06. Dental Services	36,224	83,459	99,698	72,288	86,110	87,627	84,739	15.2%	
07. Other Practitioners	25,369	62,524	81,672	82,615	90,107	99,972	67,859	17.8%	
08. Outpatient Hospital	154,232	164,332	184,372	194,258	211,152	208,593	185,861	3.2%	
09. Clinic Services	29,055	36,936	45,081	49,044	50,611	44,881	70,073	15.8%	
10. Lab and X-Ray	54,422	60,008	75,616	85,874	88,661	95,197	87,883	8.3%	
11. Home Health	2,288	2,342	2,712	3,342	3,780	4,120	41,588	62.2%	
12. Prescribed Drugs	213,712	237,312	261,235	273,714	295,210	299,967	280,550	4.6%	
13. Family Planning	11,193	8,886	11,981	9,478	9,909	8,888	21,813	11.8%	
14. Early & Periodic Screening, Diagnosis & Treatment	54,463	46,983	61,905	63,269	75,126	71,061	72,483	4.9%	
15. Rural Health	38,154	46,426	55,659	67,604	70,806	77,761	33,083	-2.3%	
16. Other Care (includes managed care)	56,612	65,284	67,190	77,188	79,444	83,263	76,255	5.1%	
17. Waivers	0	0	0	0	0	0	0	n/a	
<b>Total**</b>	<b>283,708</b>	<b>308,034</b>	<b>347,014</b>	<b>366,638</b>	<b>388,667</b>	<b>394,963</b>	<b>359,091</b>	<b>4.0%</b>	

\*Prior to FFY 91 this category was divided into "skilled nursing facility" and "all other intermediate care facilities" (non-MR).

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

#### WEST VIRGINIA

# SOUTHERN REGION MEDICAID PROFILE

## PAYMENTS BY TYPE OF SERVICES

	FFY 91	FFY 92	FFY 93	FFY 94	FFY 95	FFY 96	FFY 97	Annual Change	of Total FFY 97
01. General Hospital	\$160,162,780	\$163,137,004	\$175,691,192	\$212,959,810	\$191,344,492	\$177,972,227	\$233,520,075	6.5%	18.6%
02. Mental Hospital	\$6,442,678	\$10,131,572	\$13,216,395	\$22,747,039	\$34,217,429	\$21,221,656	\$38,351,126	34.6%	3.1%
03. Skilled and Intermediate Care Nursing*	\$130,356,934	\$149,177,273	\$164,325,868	\$183,803,632	\$208,301,022	\$218,560,289	\$237,252,280	10.5%	18.9%
04. Intermediate Care for Mentally Retarded	\$41,606,519	\$46,298,314	\$48,454,457	\$47,574,471	\$51,546,964	\$51,046,144	\$49,058,437	2.8%	3.9%
05. Physician Services	\$45,177,249	\$86,095,332	\$143,511,162	\$136,184,932	\$122,897,865	\$118,764,846	\$109,839,277	16.0%	8.7%
06. Dental Services	\$3,954,625	\$39,736,599	\$60,061,945	\$16,481,576	\$19,791,771	\$19,306,876	\$18,537,086	29.4%	1.5%
07. Other Practitioners	\$1,675,996	\$9,323,052	\$56,148,073	\$98,977,195	\$108,108,902	\$103,097,074	\$11,919,715	38.7%	0.9%
08. Outpatient Hospital	\$19,748,785	\$35,858,886	\$57,421,217	\$61,740,574	\$69,816,548	\$67,443,782	\$60,863,391	20.6%	4.8%
09. Clinic Services	\$50,247,984	\$136,456,242	\$170,655,452	\$122,839,741	\$124,737,987	\$106,005,996	\$37,373,468	-4.8%	3.0%
10. Lab and X-Ray	\$3,754,602	\$4,662,850	\$6,325,607	\$7,417,937	\$7,426,947	\$6,751,309	\$5,806,606	7.5%	0.5%
11. Home Health	\$3,508,141	\$3,403,229	\$4,203,883	\$6,114,581	\$7,228,888	\$8,160,088	\$134,102,091	83.5%	10.7%
12. Prescribed Drugs	\$43,125,816	\$65,040,292	\$87,616,490	\$106,852,366	\$130,451,359	\$124,984,023	\$133,044,683	20.7%	10.6%
13. Family Planning	\$1,160,405	\$1,800,971	\$2,770,221	\$1,528,235	\$1,233,050	\$1,101,678	\$1,966,984	9.2%	0.2%
14. Early & Periodic Screening, Diagnosis & Treatment	\$1,939,565	\$3,446,168	\$7,599,488	\$7,004,228	\$9,124,477	\$8,846,801	\$8,639,448	28.3%	0.7%
15. Rural Health	\$6,591,784	\$8,452,343	\$10,399,711	\$14,154,869	\$15,436,379	\$17,224,959	\$8,141,141	3.6%	0.6%
16. Other Care (includes managed care)	\$23,036,183	\$31,667,387	\$47,712,049	\$60,142,898	\$67,752,029	\$77,227,587	\$168,581,562	39.3%	13.4%
17. Waivers	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a	0.0%
<b>Total*</b>	<b>\$542,490,046</b>	<b>\$794,687,514</b>	<b>\$1,056,113,210</b>	<b>\$1,106,524,084</b>	<b>\$1,169,416,109</b>	<b>\$1,127,715,335</b>	<b>\$1,256,997,370</b>	<b>15.0%</b>	<b>100.0%</b>

\*Disproportionate share payments, pharmacy rebates, and other adjustments are excluded.

## AVERAGE PAYMENTS PER RECIPIENT BY TYPE OF SERVICES

								Above (+) or Below (-) SLIC Avg. FFY 97	
01. General Hospital	\$3,438.89	\$3,576.62	\$3,518.96	\$3,667.29	\$3,656.71	\$3,476.43	\$5,071.12	6.7%	38.1%
02. Mental Hospital	\$15,790.88	\$20,303.75	\$23,309.34	\$23,140.43	\$20,379.65	\$11,527.24	\$26,394.44	8.9%	153.5%
03. Skilled and Intermediate Care Nursing*	\$12,957.95	\$14,309.57	\$15,642.63	\$16,957.62	\$18,710.23	\$19,059.94	\$20,373.75	7.8%	38.8%
04. Intermediate Care for Mentally Retarded	\$56,377.40	\$66,046.10	\$70,223.85	\$69,451.78	\$81,304.36	\$80,514.42	\$77,501.48	5.4%	29.2%
05. Physician Services	\$199.50	\$360.26	\$524.15	\$469.43	\$403.09	\$389.33	\$404.17	12.5%	9.1%
06. Dental Services	\$109.17	\$476.12	\$602.44	\$228.00	\$229.84	\$220.33	\$218.76	12.3%	25.0%
07. Other Practitioners	\$66.06	\$149.11	\$687.48	\$1,198.05	\$1,199.78	\$1,031.26	\$175.65	17.7%	20.8%
08. Outpatient Hospital	\$128.05	\$218.21	\$311.44	\$317.83	\$330.65	\$323.33	\$327.47	16.9%	-25.6%
09. Clinic Services	\$1,729.41	\$3,694.40	\$3,785.53	\$2,504.68	\$2,464.64	\$2,361.93	\$533.35	-17.8%	-24.4%
10. Lab and X-Ray	\$68.99	\$77.70	\$83.65	\$86.38	\$83.77	\$70.92	\$66.07	-0.7%	-26.6%
11. Home Health	\$1,533.28	\$1,453.13	\$1,550.10	\$1,829.62	\$1,912.40	\$1,980.60	\$3,224.54	13.2%	-26.0%
12. Prescribed Drugs	\$201.79	\$274.07	\$335.39	\$390.38	\$441.89	\$416.66	\$474.23	15.3%	-11.0%
13. Family Planning	\$103.67	\$202.68	\$231.22	\$161.24	\$124.44	\$123.95	\$90.17	-2.3%	-58.2%
14. Early & Periodic Screening, Diagnosis & Treatment	\$35.61	\$73.35	\$122.76	\$110.71	\$121.46	\$124.50	\$119.19	22.3%	-56.3%
15. Rural Health	\$172.77	\$182.06	\$186.85	\$209.38	\$218.01	\$221.51	\$246.08	6.1%	34.7%
16. Other Care (includes managed care)	\$406.91	\$485.07	\$710.11	\$779.17	\$852.83	\$927.51	\$2,210.76	32.6%	162.3%
17. Waivers	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	n/a	-100.0%
<b>Total (Average)*</b>	<b>\$1,912.14</b>	<b>\$2,579.87</b>	<b>\$3,043.43</b>	<b>\$3,018.03</b>	<b>\$3,008.79</b>	<b>\$2,855.24</b>	<b>\$3,500.50</b>	<b>10.6%</b>	<b>15.8%</b>
<b>TOTAL PER CAPITA EXPENDITURES</b>	<b>\$330.57</b>	<b>\$534.24</b>	<b>\$676.81</b>	<b>\$699.46</b>	<b>\$718.91</b>	<b>\$670.34</b>	<b>\$683.34</b>	<b>12.9%</b>	<b>27.0%</b>

\*Prior to FFY 91 this category was divided into "skilled nursing facility" and "all other intermediate care facilities" (non-MR). HCFA 2082 reports for FFY 92, 93 and 94 include disproportionate share hospital payments of \$605.7 million, \$439.4 million and \$44.8 million, respectively. Direct cost comparisons between states reflect an adjusted unit cost for Louisiana general and mental hospital services and for the total Medicaid cost per recipient.

## WEST VIRGINIA

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

**RECIPIENTS BY OTHER CHARACTERISTICS**

	<b>FFY 91</b>	<b>FFY 92</b>	<b>FFY 93</b>	<b>FFY94</b>	<b>FFY95</b>	<b>FFY96</b>	<b>FFY97</b>	<b>Annual Change</b>	<b>Share of Total FFY 97</b>
<b>By Maintenance Assistance Status</b>									
Receiving Cash Assistance or Eligible Under Section 1931	197,795	209,425	224,197	225,605	223,317	222,756	200,616	0.2%	55.9%
Poverty Related Eligibles	43,460	47,806	63,109	80,106	107,654	114,093	38,971	-1.8%	10.9%
Medically Needy	9,046	12,009	15,104	13,101	9,972	12,860	9,701	1.2%	2.7%
Other Eligibles	33,407	38,794	44,604	47,826	47,724	45,254	109,803	21.9%	30.6%
Maintenance Assistance Status Unknown	0	0	0	0	0	0	0	n/a	0.0%
<b>Total</b>	<b>283,708</b>	<b>308,034</b>	<b>347,014</b>	<b>366,638</b>	<b>388,667</b>	<b>394,963</b>	<b>359,091</b>	<b>4.0%</b>	<b>100.0%</b>
<b>By Basis of Eligibility</b>									
Aged, Blind, or Disabled	71,903	81,049	94,120	102,160	109,410	119,563	111,326	7.6%	31.0%
Children	121,981	131,024	148,434	160,734	178,801	181,157	177,375	6.4%	49.4%
Foster Care Children	2,194	2,844	3,368	3,854	4,173	4,646	5,184	15.4%	1.4%
Adults	87,630	93,117	101,092	99,890	96,283	89,597	65,206	-4.8%	18.2%
Basis of Eligibility Unknown	0	0	0	0	0	0	0	n/a	0.0%
<b>Total</b>	<b>283,708</b>	<b>308,034</b>	<b>347,014</b>	<b>366,638</b>	<b>388,667</b>	<b>394,963</b>	<b>359,091</b>	<b>4.0%</b>	<b>100.0%</b>
<b>By Age</b>									
Under Age 1	20,884	20,902	24,293	24,348	25,287	21,987	25,689	3.5%	7.2%
Age 1 to 5	51,124	56,058	65,956	70,993	73,007	70,844	61,641	3.2%	17.2%
Age 6 to 14	49,503	54,518	63,453	70,174	81,213	83,946	76,938	7.6%	21.4%
Age 15 to 20	28,250	28,955	32,117	33,237	38,906	42,135	37,353	4.8%	10.4%
Age 21 to 44	76,418	83,959	94,832	97,018	96,515	96,805	85,582	1.9%	23.8%
Age 45 to 64	23,614	26,744	31,266	34,407	36,479	39,613	37,253	7.9%	10.4%
Age 65 to 74	11,552	12,643	13,707	14,572	15,516	15,758	13,961	3.2%	3.9%
Age 75 to 84	10,859	11,334	11,889	12,304	12,007	13,051	11,792	1.4%	3.3%
Age 85 and Over	11,503	12,918	9,501	9,584	9,723	10,823	8,881	-4.2%	2.5%
Age Unknown	1	3	0	1	14	1	1	0.0%	0.0%
<b>Total</b>	<b>283,708</b>	<b>308,034</b>	<b>347,014</b>	<b>366,638</b>	<b>388,667</b>	<b>394,963</b>	<b>359,091</b>	<b>4.0%</b>	<b>100.0%</b>
<b>By Race</b>									
White	257,664	280,223	312,516	328,918	356,214	364,537	328,374	4.1%	91.4%
Black	12,536	12,973	14,255	14,750	15,566	15,354	14,866	2.9%	4.1%
Hispanic, American Indian or Asian	150	105	223	212	233	230	6,420	87.0%	1.8%
Other/Unknown	13,358	14,733	20,020	22,758	16,654	14,842	9,431	-5.6%	2.6%
<b>Total</b>	<b>283,708</b>	<b>308,034</b>	<b>347,014</b>	<b>366,638</b>	<b>388,667</b>	<b>394,963</b>	<b>359,091</b>	<b>4.0%</b>	<b>100.0%</b>
<b>By Sex</b>									
Female	148,370	154,849	167,997	171,958	190,877	219,155	206,769	5.7%	57.6%
Male	87,328	94,499	103,799	106,677	123,590	148,980	145,804	8.9%	40.6%
Unknown	48,010	58,686	75,218	88,003	74,200	26,828	6,518	-28.3%	1.8%
<b>Total</b>	<b>283,708</b>	<b>308,034</b>	<b>347,014</b>	<b>366,638</b>	<b>388,667</b>	<b>394,963</b>	<b>359,091</b>	<b>4.0%</b>	<b>100.0%</b>

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

WEST VIRGINIA

# SOUTHERN REGION MEDICAID PROFILE

## PAYMENTS BY OTHER CHARACTERISTICS

	FFY 91	FFY 92	FFY 93	FFY94	FFY95	FFY96	FFY97	Annual Change	Share of Total FFY 97
<b>By Maintenance Assistance Status</b>									
Receiving Cash Assistance or Eligible Under Section 1931	\$282,548,807	\$443,813,033	\$597,360,924	\$596,930,162	\$612,121,049	\$573,552,185	\$793,868,887	18.8%	63.2%
Poverty Related Eligibles	\$180,941,272	\$168,532,723	\$230,772,450	\$262,652,307	\$307,204,808	\$266,435,412	\$115,606,478	-7.2%	9.2%
Medically Needy	\$18,673,511	\$32,516,039	\$45,468,188	\$43,232,669	\$39,457,487	\$112,110,969	\$61,306,332	21.9%	4.9%
Other Eligibles	\$60,326,456	\$149,825,719	\$182,511,648	\$203,708,946	\$210,632,765	\$175,616,769	\$286,215,673	29.6%	22.8%
Maintenance Assistance Status Unknown	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a	0.0%
<b>Total</b>	<b>\$542,490,046</b>	<b>\$794,687,514</b>	<b>\$1,056,113,210</b>	<b>\$1,106,524,084</b>	<b>\$1,169,416,109</b>	<b>\$1,127,715,335</b>	<b>\$1,256,997,370</b>	<b>15.0%</b>	<b>100.0%</b>
<b>By Basis of Eligibility</b>									
Aged, Blind or Disabled	\$355,694,031	\$476,980,430	\$633,316,913	\$701,351,260	\$764,412,975	\$765,396,442	\$794,172,017	14.3%	63.2%
Children	\$65,890,907	\$110,617,901	\$151,400,764	\$157,891,337	\$176,047,191	\$165,648,597	\$164,509,665	16.5%	13.1%
Foster Care Children	\$10,733,399	\$32,062,953	\$51,933,948	\$50,245,299	\$48,285,157	\$39,326,297	\$36,701,219	22.7%	2.9%
Adults	\$110,171,709	\$175,026,230	\$219,461,585	\$197,036,188	\$180,670,786	\$157,343,999	\$261,614,469	15.5%	20.8%
Basis of Eligibility Unknown	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a	0.0%
<b>Total</b>	<b>\$542,490,046</b>	<b>\$794,687,514</b>	<b>\$1,056,113,210</b>	<b>\$1,106,524,084</b>	<b>\$1,169,416,109</b>	<b>\$1,127,715,335</b>	<b>\$1,256,997,370</b>	<b>15.0%</b>	<b>100.0%</b>
<b>By Age</b>									
Under Age 1	\$20,282,949	\$29,172,477	\$36,722,248	\$41,184,552	\$40,059,446	\$39,404,805	\$36,041,127	10.1%	2.9%
Age 1 to 5	\$28,123,674	\$49,896,155	\$64,845,989	\$70,031,519	\$71,505,932	\$64,664,340	\$57,762,153	12.7%	4.6%
Age 6 to 14	\$30,668,110	\$55,927,596	\$83,781,827	\$92,194,598	\$108,954,048	\$98,401,424	\$93,328,037	20.4%	7.4%
Age 15 to 20	\$43,237,876	\$72,944,233	\$109,305,250	\$104,450,441	\$108,822,937	\$97,376,065	\$87,576,266	12.5%	7.0%
Age 21 to 44	\$151,559,349	\$235,333,838	\$324,329,964	\$317,669,408	\$316,355,490	\$297,477,215	\$282,505,784	10.9%	22.5%
Age 45 to 64	\$92,255,071	\$132,103,035	\$182,350,108	\$203,686,965	\$213,204,209	\$213,347,084	\$231,856,968	16.6%	18.4%
Age 65 to 74	\$41,969,628	\$54,540,433	\$67,434,988	\$71,342,189	\$96,452,830	\$79,288,539	\$78,861,365	11.1%	6.3%
Age 75 to 84	\$64,451,672	\$78,560,884	\$92,637,588	\$101,642,825	\$102,422,852	\$111,135,728	\$113,042,497	9.8%	9.0%
Age 85 and Over	\$69,927,721	\$86,168,107	\$94,705,248	\$104,319,939	\$110,723,687	\$126,619,797	\$124,022,742	10.0%	9.9%
Age Unknown	\$13,996	\$40,756	\$0	\$1,648	\$914,678	\$338	\$152,000,431	370.6%	12.1%
<b>Total</b>	<b>\$542,490,046</b>	<b>\$794,687,514</b>	<b>\$1,056,113,210</b>	<b>\$1,106,524,084</b>	<b>\$1,169,416,109</b>	<b>\$1,127,715,335</b>	<b>\$1,256,997,370</b>	<b>15.0%</b>	<b>100.0%</b>
<b>By Race</b>									
White	\$492,181,863	\$719,925,570	\$947,899,503	\$995,932,063	\$1,068,185,317	\$1,035,594,232	\$1,012,014,470	12.8%	80.5%
Black	\$21,176,331	\$30,084,429	\$41,288,204	\$41,109,323	\$43,884,384	\$40,902,810	\$39,734,189	11.1%	3.2%
Hispanic, American Indian or Asian	\$248,134	\$235,648	\$916,006	\$859,579	\$585,209	\$556,848	\$17,409,110	103.1%	1.4%
Other/Unknown	\$28,883,718	\$44,441,867	\$66,009,497	\$68,623,119	\$56,761,199	\$50,661,445	\$187,839,601	36.6%	14.9%
<b>Total</b>	<b>\$542,490,046</b>	<b>\$794,687,514</b>	<b>\$1,056,113,210</b>	<b>\$1,106,524,084</b>	<b>\$1,169,416,109</b>	<b>\$1,127,715,335</b>	<b>\$1,256,997,370</b>	<b>15.0%</b>	<b>100.0%</b>
<b>By Sex</b>									
Female	\$327,148,791	\$458,239,743	\$600,728,857	\$622,808,457	\$683,849,524	\$686,904,215	\$679,111,660	12.9%	54.0%
Male	\$169,760,049	\$263,053,489	\$355,201,279	\$379,392,979	\$421,014,459	\$418,621,931	\$419,775,446	16.3%	33.4%
Unknown	\$45,581,206	\$73,394,282	\$100,183,074	\$104,322,648	\$64,552,126	\$22,189,189	\$158,110,264	23.0%	12.6%
<b>Total</b>	<b>\$542,490,046</b>	<b>\$794,687,514</b>	<b>\$1,056,113,210</b>	<b>\$1,106,524,084</b>	<b>\$1,169,416,109</b>	<b>\$1,127,715,335</b>	<b>\$1,256,997,370</b>	<b>15.0%</b>	<b>100.0%</b>

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

## WEST VIRGINIA

# SOUTHERN REGION MEDICAID PROFILE

## AVERAGE PAYMENT PER RECIPIENT BY OTHER CHARACTERISTICS

								<i>Annual Change</i>	<i>Above (+) or Below (-) SLC Avg. FFY 97</i>
<b>By Maintenance Assistance Status</b>	<b>FFY 91</b>	<b>FFY 92</b>	<b>FFY 93</b>	<b>FFY 94</b>	<b>FFY 95</b>	<b>FFY 96</b>	<b>FFY 97</b>		
Receiving Cash Assistance or Eligible Under Section 1931	\$1,428.49	\$2,119.20	\$2,664.45	\$2,645.91	\$2,741.04	\$2,574.80	\$3,957.16	18.5%	28.3%
Poverty Related Eligibles	\$4,163.40	\$3,525.35	\$3,656.73	\$3,278.81	\$2,853.63	\$2,335.25	\$2,966.47	-5.5%	86.6%
Medically Needy	\$2,064.28	\$2,707.64	\$3,010.34	\$3,299.95	\$3,956.83	\$8,717.80	\$6,319.59	20.5%	1.0%
Other Eligibles	\$1,805.80	\$3,862.08	\$4,091.82	\$4,259.38	\$4,413.56	\$3,880.69	\$2,606.63	6.3%	-38.0%
Maintenance Assistance Status Unknown	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	n/a	-100.0%
<b>Total</b>	<b>\$1,912.14</b>	<b>\$2,579.87</b>	<b>\$3,043.43</b>	<b>\$3,018.03</b>	<b>\$3,008.79</b>	<b>\$2,855.24</b>	<b>\$3,500.50</b>	<b>10.6%</b>	<b>15.8%</b>
<b>By Basis of Eligibility</b>									
Aged, Blind or Disabled	\$4,946.86	\$5,885.09	\$6,728.82	\$6,865.22	\$6,986.68	\$6,401.62	\$7,133.75	6.3%	3.3%
Children	\$540.17	\$844.26	\$1,019.99	\$982.31	\$984.60	\$914.39	\$927.47	9.4%	-14.1%
Foster Care Children	\$4,892.16	\$11,273.89	\$15,419.82	\$13,037.18	\$11,570.85	\$8,464.55	\$7,079.71	6.4%	140.4%
Adults	\$1,257.24	\$1,879.64	\$2,170.91	\$1,972.53	\$1,876.46	\$1,756.13	\$4,012.12	21.3%	113.1%
Basis of Eligibility Unknown	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	n/a	-100.0%
<b>Total</b>	<b>\$1,912.14</b>	<b>\$2,579.87</b>	<b>\$3,043.43</b>	<b>\$3,018.03</b>	<b>\$3,008.79</b>	<b>\$2,855.24</b>	<b>\$3,500.50</b>	<b>10.6%</b>	<b>15.8%</b>
<b>By Age</b>									
Under Age 1	\$971.22	\$1,395.68	\$1,511.64	\$1,691.50	\$1,584.19	\$1,792.19	\$1,402.98	6.3%	-44.6%
Age 1 to 5	\$550.11	\$890.08	\$983.17	\$986.46	\$979.44	\$912.77	\$937.07	9.3%	-10.1%
Age 6 to 14	\$619.52	\$1,025.86	\$1,320.38	\$1,313.80	\$1,341.58	\$1,172.20	\$1,213.03	11.8%	13.5%
Age 15 to 20	\$1,530.54	\$2,519.23	\$3,403.35	\$3,142.60	\$2,797.07	\$2,311.05	\$2,344.56	7.4%	5.7%
Age 21 to 44	\$1,983.29	\$2,802.96	\$3,420.05	\$3,274.33	\$3,277.79	\$3,072.95	\$3,301.00	8.9%	-3.6%
Age 45 to 64	\$3,906.80	\$4,939.54	\$5,832.22	\$5,919.93	\$5,844.57	\$5,385.78	\$6,223.85	8.1%	7.6%
Age 65 to 74	\$3,633.10	\$4,313.88	\$4,919.75	\$4,895.84	\$6,216.35	\$5,031.64	\$5,648.69	7.6%	25.8%
Age 75 to 84	\$5,935.32	\$6,931.43	\$7,791.87	\$8,260.96	\$8,530.26	\$8,515.50	\$9,586.37	8.3%	35.1%
Age 85 and Over	\$6,079.09	\$6,670.39	\$9,967.92	\$10,884.80	\$11,387.81	\$11,699.14	\$13,964.95	14.9%	31.4%
Age Unknown	\$13,996.00	\$13,585.33	\$0.00	\$1,648.00	\$65,334.14	\$338.00	\$152,000,431.00	370.6%	983132.9%
<b>Total</b>	<b>\$1,912.14</b>	<b>\$2,579.87</b>	<b>\$3,043.43</b>	<b>\$3,018.03</b>	<b>\$3,008.79</b>	<b>\$2,855.24</b>	<b>\$3,500.50</b>	<b>10.6%</b>	<b>15.8%</b>
<b>By Race</b>									
White	\$1,910.17	\$2,569.12	\$3,033.12	\$3,027.90	\$2,998.72	\$2,840.85	\$3,081.90	8.3%	-15.0%
Black	\$1,689.24	\$2,319.00	\$2,896.40	\$2,787.07	\$2,819.25	\$2,663.98	\$2,672.82	7.9%	10.1%
Hispanic, American Indian or Asian	\$1,654.23	\$2,244.27	\$4,107.65	\$4,054.62	\$2,511.63	\$2,421.08	\$2,711.70	8.6%	47.7%
Other/Unknown	\$2,162.28	\$3,016.48	\$3,297.18	\$3,015.34	\$3,408.26	\$3,413.38	\$19,917.25	44.8%	303.9%
<b>Total</b>	<b>\$1,912.14</b>	<b>\$2,579.87</b>	<b>\$3,043.43</b>	<b>\$3,018.03</b>	<b>\$3,008.79</b>	<b>\$2,855.24</b>	<b>\$3,500.50</b>	<b>10.6%</b>	<b>15.8%</b>
<b>By Sex</b>									
Female	\$2,204.95	\$2,959.27	\$3,575.83	\$3,621.86	\$3,582.67	\$3,134.33	\$3,284.40	6.9%	7.3%
Male	\$1,943.94	\$2,783.66	\$3,422.01	\$3,556.46	\$3,406.54	\$2,809.92	\$2,879.04	6.8%	-0.8%
Unknown	\$949.41	\$1,250.63	\$1,331.90	\$1,185.44	\$869.97	\$827.09	\$24,257.48	71.6%	129.4%
<b>Total</b>	<b>\$1,912.14</b>	<b>\$2,579.87</b>	<b>\$3,043.43</b>	<b>\$3,018.03</b>	<b>\$3,008.79</b>	<b>\$2,855.24</b>	<b>\$3,500.50</b>	<b>10.6%</b>	<b>15.8%</b>

WEST VIRGINIA

## SOUTHERN REGION MEDICAID PROFILE

### ADDITIONAL STATE HEALTH CARE INFORMATION

Sources: "Major Health Care Policies: 50 State Profiles", Health Policy Tracking Service, January, 1998; and "Medicaid Services State by State", HCFA, October 1997.

\*Information supplied by State Medicaid Agency

#### Waivers

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

HCFA approved a 1915(b) waiver to implement Medicaid managed care in 12 counties for acute care health services effective September 1, 1996. Only 9 of the 12 approved counties have a managed care program. A total of 47,075 AFDC recipients are enrolled in the 9 counties with managed care programs. Enrollment of SSI recipients was delayed until 1998.

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

- Elderly and Disabled: Serves 3,520 people, operating since July 1, 1985.
- Mental Retardation/Developmental Disabilities: Serves 1,005 people, operating since July 1, 1985.

#### Managed Care

- Any Willing Provider Clause: No

#### Coverage for Targeted Population

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

#### Cost Containment Measures

- Certificate of Need Program since 1977. Regulates introduction or expansion of new institutional health facilities and services. The program was due to sunset in 1996. However, it was extended pending completion of a study of the entire CON program.
- Rate setting. Retrospective payment methodology used for Medicaid.
- Medicaid Crisis Panel: In 1995 Governor Caperton appointed a 13-member Medicaid Crisis Panel to review Medicaid expenditures and to make recommendations to reduce the size of the Medicaid Program by \$200,000,000. As a result, the Medicaid budget was reduced an estimated \$72,155,815 for SFY 96 and \$163,550,956 for SFY 97. The Legislature authorized the Joint Legislative Commission on Health and Human Resources to monitor health-related laws and activities in the state.
- West Virginia changed Inpatient Hospital Services reimbursement from Medicare Cost Principal to a Prospective Payment System using DRG's effective January 1, 1996.

#### Medicaid

- 24 optional services are offered.

WEST VIRGINIA

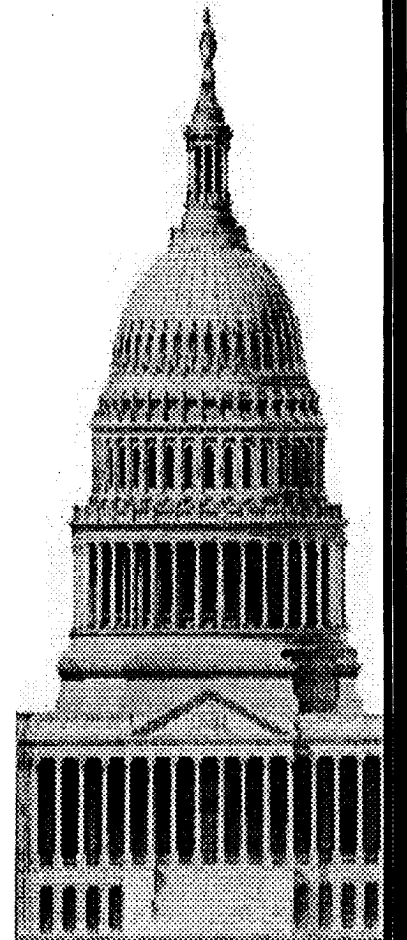
## **SOUTHERN REGION MEDICAID PROFILE**

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

• West Virginia's Children's Health Insurance Program was initiated in July of 1998, and provides health care coverage for children age 1 to 6 in families with incomes up to 150% of the FPL. State plans call for a second expansion (in January, 1999) to include all children under age 19 in families with income up to 150% of the FPL.

**WEST VIRGINIA**

# **MEDICAID MANAGED CARE**





## INTRODUCTION

In an effort to combat rising costs, the health care industry is transforming itself from a fee-for-service basis to that of managed care. Managed care describes a health care system which integrates the financing and delivery of services with specific providers in an effort to provide a more comprehensive system of care. The idea of providing more efficient utilization of services is never more prevalent than with Medicaid. As a result of this increasing trend, practically all states within the 16 states comprising the SLC have either applied for, been granted approval by HCFA, or implemented at least one Medicaid managed care waiver. For the most part, states begin by moving their AFDC and AFDC-related populations into managed care. Although, states may not realize significant cost savings as compared to that of long term care; these populations are easiest to carve-out since they consist of the greatest number of Medicaid eligibles.

A managed care plan often designates a group of providers which members are required to use. These providers, rather than receiving payment on a fee-for-services basis, receive compensation in a predetermined form, usually by a fixed amount per member. A Medicaid managed care system is one in which a state has moved all or part of its Medicaid recipients into a managed care setting. According to the Health Care Financing Administration's Office of Managed Care, there are four different entity-types of managed care organizations (MCO). These include the health maintenance organization (HMO), prepaid health plan (PHP), health insuring organization (HIO), primary care case management (PCCM), and physician enhanced program (PEP). These entities may be placed into one of three common models of Medicaid managed care: primary care case management (which is a category unto itself), limited risk and full risk plans. Brief definitions of these and other common terms are given in the last section on managed care.

**Table 1** provides summary information on Medicaid managed care and total enrollments from 1994 to 1997. During this four year period the total number of programs in the United States increased from 340 in 1994 to 568 in 1997, or approximately 67%. Their use, as determined by total enrollments or the number of individuals subscribing to a plan, increased from 7,794,250 to 15,345,502 (or approximately 97%) during this same period. Health maintenance organizations, the most common form, increased from 210 to 370 programs, or approximately 76% while their number of enrollments increased from 3,954,712 to 8,406,945 or approximately 113%. In the U.S. in 1997, the largest number of Medicaid managed care programs took the form of the health maintenance organizations (65%) while maintaining approximately 55% of total enrollment.

Table 1 also provides comparative summary statistics for the sixteen states comprising the Southern Legislative Conference. From 1994 to 1997, the total number of Medicaid managed care programs increased from 72 to 128 (or approximately 78%) with total enrollments increasing from 2,960,766 to 5,511,514 (or approximately 86%). The southern region as a percent of the total number of programs in the United States increased from 21.2% to 22.5%. The percentage of enrollees in the southern region as a percent of national enrollment decreased from 38.0% in 1994 to 35.9% in 1997. It appears the HMO is the most popular form of Medicaid managed care in the southern region with approximately 69 programs in 1997, or 54% of the total number of programs. However, a higher number of beneficiaries (48.7%) are enrolled in the primary care case management model.

## METHODOLOGY

The underlying purpose of this section of the 1998 Medicaid survey is to present to the Southern Legislative Conference a brief and concise overview of the growth in Medicaid managed care plans and their enrollments while at the same time providing a possible direction for future surveys. In order to complete this task and to provide the readers with comparable and reliable information, use of data received from the Health Care Financing Administration will be presented. In particular, state level information was taken from HCFA's Office of Managed Care's *Medicaid Managed Care Enrollment Reports* which are published June 30<sup>th</sup> of each year. Through this publication, HCFA distributes state by state information as to the name, number, and size of each Medicaid managed care provider. It also provides data as to the program type, payment arrangement, eligible populations included, and geographic area covered.

## MEDICAID MANAGED IN THE SOUTHERN REGION

The prevalence of Medicaid Managed Care (MMC) by various states, as means of cost containment, is best illustrated by the number of states and their frequency of either proposed use or implementation of approved waivers. **Table 2** provides information on the number of Medicaid managed care programs and their enrollments on a state by state basis. During this four year period, 1994 to 1997, the total number of programs in the SLC increased from 72 to 128, or approximately 78%. Their use, again by the number of individuals subscribing to the plan, increased from 2,960,766 to 5,511,514 (or approximately 86%).

**Table 3** compares a state's use of Medicaid managed care as a means of cost containment to its Medicaid population. While the total number of Medicaid recipients in the southern region increased from 13,056,249 to 13,614,624 or approximately 4.3% from 1994 to 1997; the number recipients enrolled in Medicaid managed care almost doubled, increasing from 2,960,766 to 5,511,514. In 1994, Tennessee had approximately 95% (45,000 long-term care recipients were not in managed care) of its Medicaid recipients enrolled in a MMC with an additional 143,000 non-Medicaid individuals receiving health care benefits through TENNCARE. In 1994, only one state (Oklahoma) reported no enrollments; in 1997, all 16 states indicate some enrollment in a MMC. From FFY 96 to FFY 97, Alabama moved an additional 350,714 recipients into managed care, increasing MMC enrollment from 56,929 to 407,643, or approximately 75% of all recipients. As of June 30, 1997, all but four states in the SLC (Louisiana, Mississippi, South Carolina, and Texas) had at least 30% of the states' medicaid recipients enrolled in a managed care program.

**TABLE 1**  
**SUMMARY OF MEDICAID MANAGED CARE PROGRAMS & THEIR ENROLLMENTS**  
**UNITED STATES & SLC**  
**1993 - 1996**

Program Type	1994				1995				1996				1997			
	Programs	Enrollments	Programs	Enrollments	Programs	Enrollments	Programs	Enrollments	Programs	Enrollments	Programs	Enrollments	Programs	Enrollments	Programs	Enrollments
Health Insuring Organization																
SLC	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
US	6	1.8%	222,814	2.9%	6	1.5%	207,555	1.8%	7	1.4%	483,297	3.6%	6	1.1%	351,053	2.3%
HMO/Federally Qualified																
SLC	5	6.9%	50,765	1.7%	19	26.0%	541,301	16.5%	28	25.5%	543,081	11.9%	32	25.0%	755,397	13.7%
US	65	19.1%	1,276,059	16.4%	97	24.1%	3,497,291	30.1%	114	22.3%	2,671,439	20.0%	118	20.8%	2,752,264	17.9%
HMO/State Plan Defined																
SLC	42	58.3%	1,492,134	50.4%	31	42.5%	904,670	27.6%	37	33.6%	1,686,895	37.0%	37	28.9%	582,740	10.6%
US	145	42.6%	2,678,653	34.4%	153	38.0%	1,621,635	14.0%	235	46.0%	5,349,996	40.1%	252	44.4%	5,654,681	36.8%
Prepaid Health Plan																
SLC	5	6.9%	63,250	2.1%	4	5.5%	30,656	0.9%	5	4.5%	142,099	3.1%	5	3.9%	516,952	9.4%
US	74	21.8%	1,231,567	15.8%	99	24.6%	2,664,999	22.9%	89	17.4%	2,791,375	20.9%	60	10.6%	4,337,486	28.3%
Primary Care Case Management																
SLC	20	27.8%	1,354,617	45.8%	19	26.0%	1,805,517	55.0%	39	35.5%	2,200,848	48.3%	40	31.3%	2,683,613	48.7%
US	50	14.7%	2,385,157	30.6%	48	11.9%	3,628,449	31.2%	59	11.5%	4,016,773	30.1%	113	19.9%	3,850,589	25.1%
Other																
SLC	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	1	0.9%	2,266	0.0%	14	10.9%	1,191,270	21.6%
US	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	7	1.4%	55,593	0.4%	19	3.3%	2,510,808	16.4%
Total																
SLC	72		2,960,766		73		3,282,144		110		4,553,951		128		5,511,514	
US	340		7,794,250		403		11,619,929 *		511		13,330,119 **		568		15,345,502 ***	

\* The total Medicaid Managed Care enrollment figure includes 411,845 enhanced individuals enrolled in state health care reform programs which expands eligibility beyond traditional Medicaid standards. 90,000 individuals are included under Oregon's Section 1115 Research and Demonstration Waiver (the Oregon Plan) and 321,845 individuals are included under Tennessee's Section 1115 Research and Demonstration Waiver (TENNCare). The total number of enrollees includes 1,819,929 individuals enrolled in more than one health plan.

\*\* The total number of enrollees excludes 2,038,354 (504,535 in SLC) individuals who were enrolled in more than one managed care plan. It also includes individuals enrolled in state health care reform programs that expand eligibility beyond traditional eligibility standards.

\*\*\*The number of enrollees excludes 4,111,379 (218,458 in SLC) individuals who were enrolled in more than one managed care plan. It also includes individuals enrolled in State health care reform programs that expanded eligibility beyond traditional eligibility standards.

SOURCE: U. S. Department of Health and Human Services, Health Care Financing Administration, Office of Managed Care, Medicaid Managed Care Enrollment Reports, Summary Statistics as of June 30, 1994, 1995, 1996, and 1997.

**TABLE 2**  
**SUMMARY OF MEDICAID MANAGED CARE PROGRAMS & THEIR ENROLLMENTS**  
**SOUTHERN LEGISLATIVE CONFERENCE**  
**1994 - 1997**

State	1994		1995		1996		1997	
	Programs	Enrollments	Programs	Enrollments	Programs	Enrollments	Programs	Enrollments
Alabama	1	36,487	1	39,543	26	56,929	29	407,643
Arkansas	1	76,784	1	137,070	1	143,232	1	159,458
Florida	29	492,048	27	647,967	23	980,371	16	896,559
Georgia	3	2,548	3	139,748	2	309,503	4	560,771
Kentucky	1	304,785	1	287,577	1	282,813	1	268,205
Louisiana	1	26,867	1	45,181	1	44,772	1	40,469
Maryland	7	312,759	7	320,106	8	296,036	8	347,640
Mississippi	1	31,989	1	30,947	1	35,137	5	81,255
Missouri	5	37,536	5	40,625	14	221,915	13	264,496
North Carolina	3	196,562	3	320,972	3	304,782	8	351,043
Oklahoma****	0	0	0	0	5	64,631	6	222,818
South Carolina	3	12,340	3	16,088	1	2,266	3	14,311
Tennessee	13	1,081,768	12	803,265	12	1,180,449	13	1,188,570
Texas	2	65,617	2	63,156	3	75,776	8	275,951
Virginia	1	196,710	5	294,202	8	461,720	8	306,804
West Virginia	1	85,966	1	95,697	1	93,619	4	125,521
SLC	72	2,960,766	73	3,282,144 *	110	4,553,951 **	128	5,511,514 ***
United States	340	7,794,250	403	11,619,929 *	511	13,330,119 **	568	15,345,502 ***
SLC as a Percent of United States	21.2%	38.0%	18.1%	28.2%	21.5%	34.2%	22.5%	35.9%

\*The total includes 321,845 enhanced eligibility individuals included under the Tennessee's Health Care Reform (Section 1115 Research and Demonstration Project) plan, otherwise known as TEN-1000.

\*\*Excludes 2,038,354 (504,535 in SLC) enrollees who were enrolled in more than one managed care plan.

\*\*\*The number of enrollees excludes 4,111,379 (218,458 in SLC) individuals who were enrolled in more than one managed care plan. It also includes individuals enrolled in State health care reform programs that expanded eligibility beyond traditional eligibility standards.

\*\*\*\* No Medicaid Managed Care enrollment reported by state for years with zero indicated.

SOURCE: U. S. Department of Health and Human Services, Health Care Financing Administration, Office of Managed Care, Medicaid Managed Care Enrollment Reports, Summary Statistics as of June 30, 1994, 1995, 1996 and 1997.

**TABLE 3**  
**SUMMARY OF MEDICAID MANAGED CARE ENROLLMENTS**  
**AS A PERCENT OF THE TOTAL MEDICAID POPULATION**  
**SOUTHERN LEGISLATIVE CONFERENCE**  
**1994 - 1997**

State	1994			1995			1996			1997		
	MMC Enrollment	Total Medicaid Recipients	Percent Enrollment	MMC Enrollment	Total Medicaid Recipients	Percent Enrollment	MMC Enrollment	Total Medicaid Recipients	Percent Enrollment	MMC Enrollment	Total Medicaid Recipients	Percent Enrollment
Alabama	36,487	543,537	6.7%	39,543	539,251	7.3%	56,929	546,272	10.4%	407,643	546,140	74.6%
Arkansas	76,784	339,920	22.6%	137,070	353,370	38.8%	143,232	362,635	39.5%	159,458	370,386	43.1%
Florida	492,048	1,727,034	28.5%	647,967	1,735,141	37.3%	980,371	1,638,049	59.8%	896,559	1,775,033	50.5%
Georgia	2,548	1,084,929	0.2%	139,748	1,147,443	12.2%	309,503	1,184,833	26.1%	560,771	1,208,445	46.4%
Kentucky	304,785	637,558	47.8%	287,577	640,930	44.9%	282,813	640,541	44.2%	268,205	664,454	40.4%
Louisiana	26,867	778,223	3.5%	45,181	785,399	5.8%	44,772	777,708	5.8%	40,469	746,461	5.4%
Maryland	312,759	415,101	75.3%	320,106	414,261	77.3%	296,036	398,537	74.3%	347,640	402,002	86.5%
Mississippi	31,989	536,916	6.0%	30,947	519,697	6.0%	35,137	509,581	6.9%	81,255	504,017	16.1%
Missouri	37,536	668,765	5.6%	40,625	695,458	5.8%	221,915	636,176	34.9%	264,496	540,487	48.9%
North Carolina	196,562	985,273	20.0%	320,972	1,084,337	29.6%	304,782	1,130,024	27.0%	351,043	1,112,931	31.5%
Oklahoma*	0	390,628	0.0%	0	393,613	0.0%	0	358,121	0.0%	125,636	315,801	39.8%
South Carolina	12,340	486,110	2.5%	16,088	495,500	3.2%	2,266	503,295	0.5%	14,311	519,875	2.8%
Tennessee**	1,081,768	938,711	115.2%	803,265	1,466,194	54.8%	1,180,449	1,408,918	83.8%	1,188,570	1,415,612	84.0%
Texas	65,617	2,513,959	2.6%	63,156	2,561,957	2.5%	75,776	2,571,547	2.9%	275,951	2,538,655	10.9%
Virginia	196,710	642,947	30.6%	294,202	681,313	43.2%	461,720	623,315	74.1%	306,804	595,234	51.5%
West Virginia	85,966	366,638	23.4%	95,697	388,667	24.6%	93,619	394,963	23.7%	125,521	359,091	35.0%
SLC	2,960,766	13,056,249	22.7%	3,282,144	13,902,531	23.6%	4,553,951	13,684,515	33.3%	5,511,514	13,614,624	40.5%
United States	7,794,250	33,634,000	23.2%	11,619,929	33,373,000	34.8%	13,330,119	33,241,147	40.1%	15,345,502	32,092,380	47.8%
SLC as a Percent of United States	38.0%	38.8%		28.2%	41.7%		34.2%	41.2%		35.9%	42.4%	

\* No Medicaid Managed Care enrollment reported by state for years with zero indicated.

\*\*Tennessee enrolls all Medicaid eligibles (except long-term care) in TENNCARE; health care benefits through TENNCARE are also offered to non-Medicaid individuals who purchase policies. Premium amounts are determined on a sliding scale based on the individuals ability to pay.

SOURCE: U. S. Department of Health and Human Services, Health Care Financing Administration, Office of Managed Care, Medicaid Managed Care Enrollment Reports, Summary Statistics as of June 30, 1994, 1995, 1996, and 1997; HCFA 2082.

## 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 which regulate expenditures for the introduction or expansion of health facilities, institutional health services, and/or the purchase of major medical equipment.

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

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

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

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

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

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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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