COMPARATIVE DATA REPORT ON MEDICAID

A Report Submitted to the

FISCAL AFFAIRS AND GOVERNMENTAL OPERATIONS COMMITTEE

Southern Legislative Conference **Council of State Governments**

October 23-27, 1999

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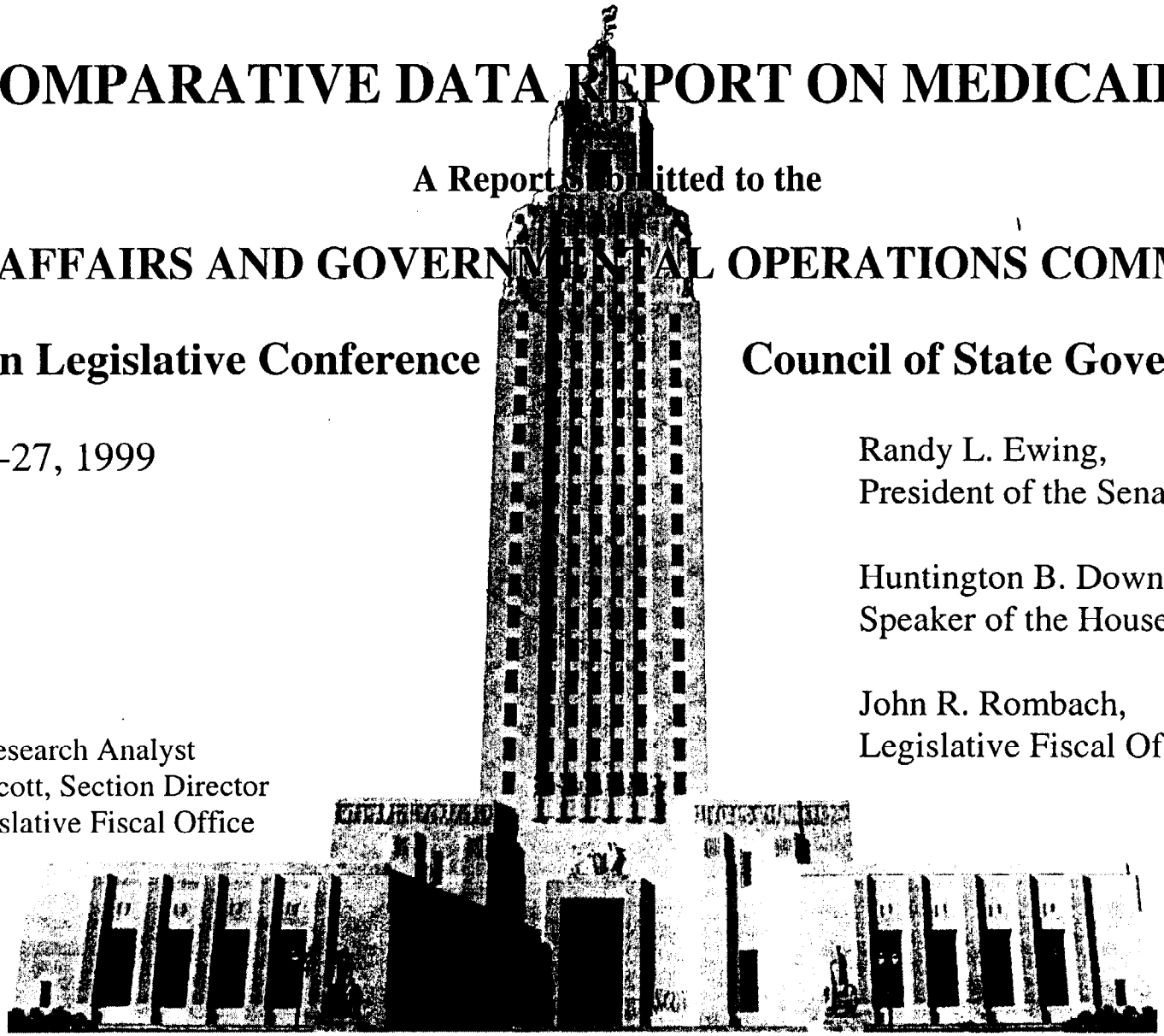

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SUMMARY

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 meaningful amount of information without overwhelming the reader with excessive data. Data prior to FFY 92 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 98.

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 Bill Perkins, Acting Director of Financial Research and Planning of the Louisiana Department of Health and Hospitals for their advice.

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

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BACKGROUND

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

Medicaid is a federal entitlement program established with the 1965 Title XIX amendment to the Social Security Act. This program provides medical assistance to certain individuals having low incomes or resources. The Medicaid 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 grandfathered 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 (FFY 97 to FFY 2007). 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. As of September 30, 1999, the gross cost savings projections for the Medicaid program had not been revised.

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 September of 1999, all of the states in the SLC had HCFA approved plans to participate in CHIP, although many of them did not draw the full federal allocation 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 are aware of such inconsistencies, we attempt to adjust for them when making comparisons among states. One should therefore exercise caution when comparing state expenditures for some services. For example, one state may include payments for rehabilitative services under "clinic services" while another may classify such payments as "other care."

A questionnaire was sent to each of the 16 states in the Southern Legislative Conference. Each questionnaire included several pages of data about the state taken from the HCFA 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, *Major Health Care Policies: 50 State Profiles*, 1998; published by the Health Policy Tracking Service in January of 1999. Key demographic and economic indicators

- 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 (69.6%). Expenditures for Children were next, accounting for 16.2% of the payments. The remaining classifications of Adults (10.8%), Foster Care Children (1.3%), and unknown (2.1%) make up the balance (14.2%). The total amount of Medicaid payments in the SLC for FFY 98 was $43,581,634,931. This is an average annual increase of approximately 7.6% per year over the six year period from FFY 92 to FFY 98.

The total number of Medicaid recipients in the SLC was 14,385,106 during FFY 98 as compared to the FFY 92 number of 11,102,203 recipients, or an annual increase of 4.4% per year. **Chart 2** provides a percentage distribution of these recipients by the same eligibility standards as Chart 1. The greatest number of Medicaid recipients in the southern region were Children (47.7%). The aged, blind, or disabled followed with approximately 29.3%, while adults represented 18.1% of the total number of recipients. The balance of 4.9% is distributed among foster care children (1.2%) and unknown status (3.7%). The average payment per recipient for all Medicaid services in the 16 southern states was approximately $3,030. This is a increase of $7 from FFY 97 and approximately a 3.0% annual increase from FFY 92.

CHART 1.
TOTAL MEDICAID EXPENDITURES IN SLC BY ELIGIBILITY
(FFY 98)

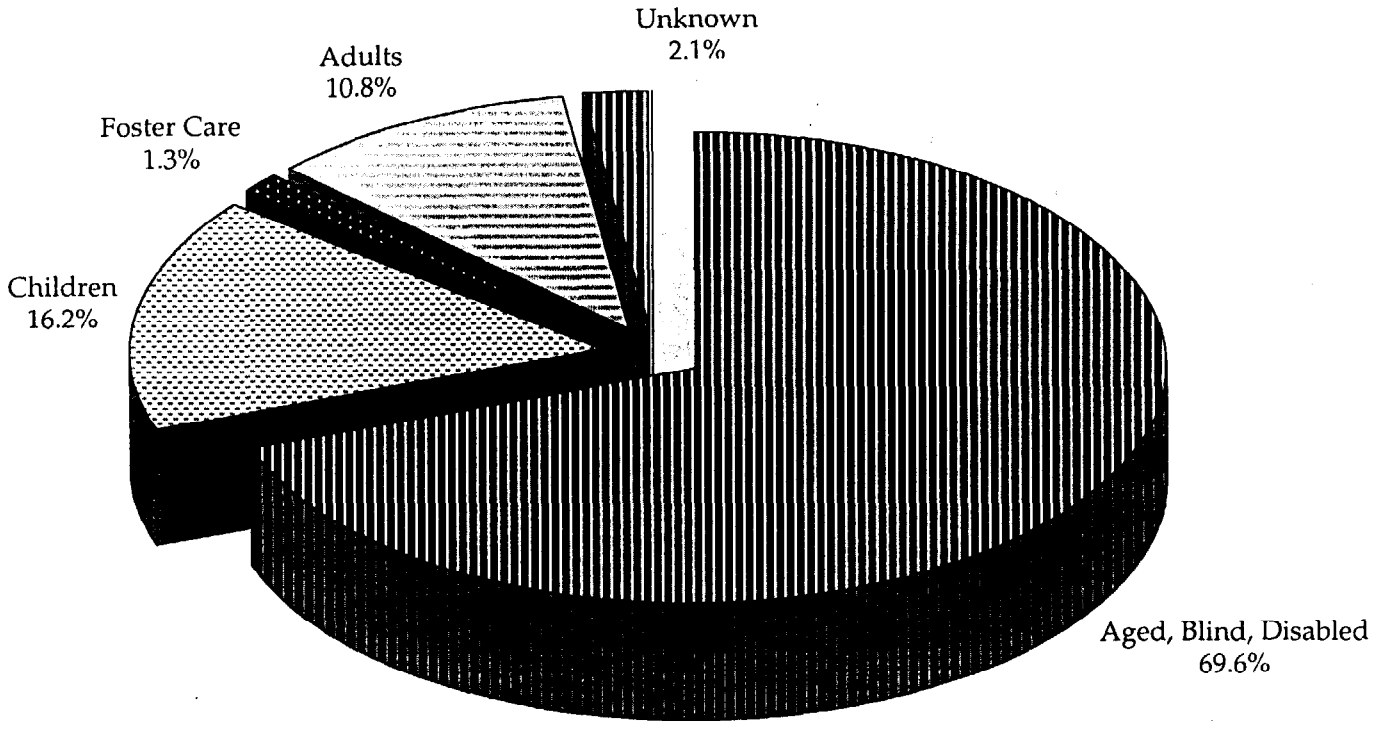
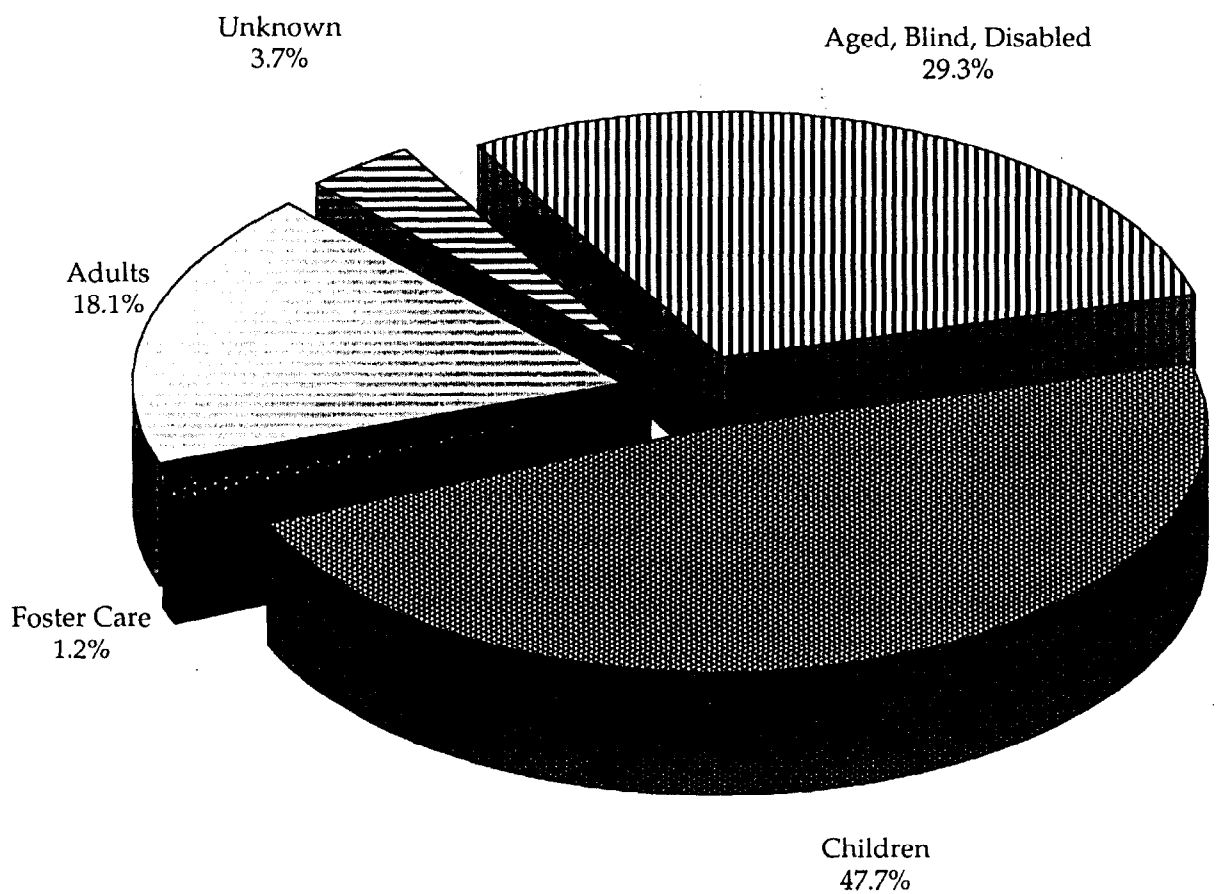


CHART 2
TOTAL MEDICAID RECIPIENTS IN SLC BY ELIGIBILITY BASIS
(FFY 98)



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 $397 in FFY 92 to $553 for FFY 98. 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 98 ranges from $363 in Virginia to $779 in West Virginia. All other SLC states were between $437 to $755. West Virginia has increased per capita expenditures by $95 ($684 to $779) from FFY 97, and now has the highest expenditure level ($779) in the SLC. West Virginia had a decrease in population of approximately 4,100 during FFY 98 coupled with an increase in total Medicaid expenditures of approximately $166 million. Thus, the state's average for per capita expenditures increased from $684 to $779, or $95 per person. Virginia maintained its position as the state with the lowest average per capita expenditure, reporting an average of $363 per person (34.4% under the SLC average of $553). This is due to the fact that: 1) the state's population increased from approximately 6.74 million to 6.79 million (4.0%); 2) total Medicaid expenditures increased from $2.27 billion to $2.34 billion (3.0%) and; 3) only 11.7% of the total population has incomes less than the FPL ($13,880 for a family of three for FFY 98).

Payments per Recipient. Annual payments per recipient for the southern region have increased from $2,536 in FFY 92 to $3,030 in FFY 98, an overall increase of 3.0% per year. Payments per recipient for FFY 98 range from $1,718 in Tennessee to $4,433 in Maryland. **(See Chart 4)** Fourteen of the sixteen states have calculated average annual payments to recipients in the $2,450 to $4,000 range (between Georgia's $2,465 and West Virginia's $3,966). 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 62% of all Medicaid payments in the region for FFY 98. This is a slight decrease from the 68% of all Medicaid payments in FFY 97. Tennessee's HCFA 2082 line item expenditure data for payments by type of service has been excluded from the FFY 98 averages due to the state's method of reporting. However, recipient and payment totals have been included in all other average calculations.

•Payments for general hospital inpatient services in the region have decreased from $7.6 billion in FFY 92 to $7.4 billion in FFY 98, an annual rate of decline of -.5%. (FFY 98 marks the third consecutive year of decreased payments for this service). These payments represent on an average 17.0% of each state's Medicaid payments, or a 10.0% decrease from the 27.0% level in FFY 92. If all disproportionate share payments were included in these figures, the growth rates and the share of total spending on hospitals would be significantly greater. The accompanying chart excludes all such payments reported to have been included on the HCFA 2082 form in order to make consistent comparisons.

The total number of recipients for inpatient services decreased at a -2.2% annual rate, from 2.2 million in FFY 92 to 1.9 million by FFY 98 (The third consecutive year of decreased number of recipients for this service). The SLC average for annual payments per recipient for inpatient services has increased from $3,471 in FFY 92 to $3,848 in FFY 98, an annual growth rate of 1.7%. Payments range from $2,626 in Oklahoma to $7,681 in Maryland. Again it should be noted that these figures do not include disproportionate share payments. **(See Chart 5)**

•Payments for skilled and intermediate care nursing facilities grew from $6.4 billion to $8.6 billion during the period FFY 92-98, an annual growth rate of 5.0%. The average share of a southern state's Medicaid budget devoted to these services has fallen from 22.7% to 19.7% during the period. The number of recipients utilizing these services decreased at a -0.2% annual rate, from approximately 565,000 in FFY 92 to 560,000 in FFY 98. However, the payment per recipient during the period increased by 5.2% annually in the southern region, from $11,320 to $15,309. Average annual payments ranged from a low of $10,738 in Florida to a high of $22,294 in West Virginia. **(See Chart 6)**

•The cost of intermediate care for the mentally retarded (ICF-MR) rose from $2.3 billion in FFY 92 to $2.7 billion in FFY 98, an annual growth rate of 2.8%. Southern states applied an average of 6.3% of their expenditures to this service in FFY 98, down from 8.3% in FFY 92. This service experienced a decline in recipients from approximately 50,800 in FFY 92 to 46,300 in FFY 98, a 1.5% decrease during the seven-year period. FFY 98 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 approximately 4.4% annually from $45,800 to $59,200 during the period FFY 92-98. Average payments range from $50,403 in Mississippi to $87,871 in Maryland in FFY 98. **(See Chart 7)**

•The cost of physician services grew from approximately $2.9 billion in FFY 92 to $3.2 billion in FFY 98, an annual rate of 1.5% 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 8.7 million to 10.0 million from FFY 92 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 98, the number of recipients decreased from FFY 97 by approximately 850,000 (9.5 million to 8.65 million). Average annual payments per recipient in the region experienced growth of about 1.7% per year, from approximately $334 in FFY 92 to $369 per year in FFY 98. Payments per recipient vary widely from $197 in Missouri to $490 in Mississippi for FFY 98. **(See Chart 8)**

•The cost of providing prescribed drugs grew 12.8% per year from about $2.5 billion in FFY 92 to $5.2 billion in FFY 98. Recipients decreased -0.4% annually from 8.4 million in FFY 92 to 8.3 million in FFY 98. The regional average payment per recipient grew from $299 in FFY 92 to $628 in FFY 98 , an average growth rate of 13.2% per year. States range from a low of $432 per recipient annually for prescription drug costs in Texas to $1,081 in Missouri. For FFY 98, 15 states in the SLC experienced increases in payments for prescribed drugs. Missouri and Florida had the largest increases in the SLC, while Georgia and Louisiana had the lowest increases. Payments in Missouri increased from $321 million in FFY 97 to $380 million in FFY 98, or $59 million (19.5%); and payments in Florida increased from $767 million in FFY 97 to $924 million in FFY 98, or $156 million (18.8%). Payments in Georgia increased from $339 million in FFY 97 to $370 million in FFY 98, or $31 million (8.9%); and payments in Louisiana increased from $315 million in FFY 97 to $353 million in FFY 98, or $38 million (9.4%). **(See Chart 9)**

Recipients per 100,000 Population. The number of recipients per 100,000 population in the southern region grew during FFY 92-98 from 12,054 to 14,443. According to this indicator, the highest state was Tennessee with 33,949 per 100,000 population and the lowest was Virginia with 9,616. 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 September 3, 1999, all 16 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, 9 states have opted to expand Medicaid, 3 states have designed a state plan, and 4 have combined Medicaid expansion with a state designed plan. Of the $1.8 billion federal allocation for the 16 SLC states for which data is available in **Table 1**, $902.0 million (50%) 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 utilized the largest portion of available federal funding--$248 million (91%); Texas only requested $54 million (10%) for Phase I, although Texas plans to expand the program at a later date. West Virginia was alloted the fewest CHIP dollars in the SLC, $23.7 million and requested $617,000 (2.6%). Overall, SLC state movement with the CHIP initiative appears to be an "approach with caution" effort. For the reported SLC states, 3 are using 20% or less of the total program allotment, 3 are using between 21% and 40%, and 10 are using over 60%. **(Table 1 and Chart 11)**

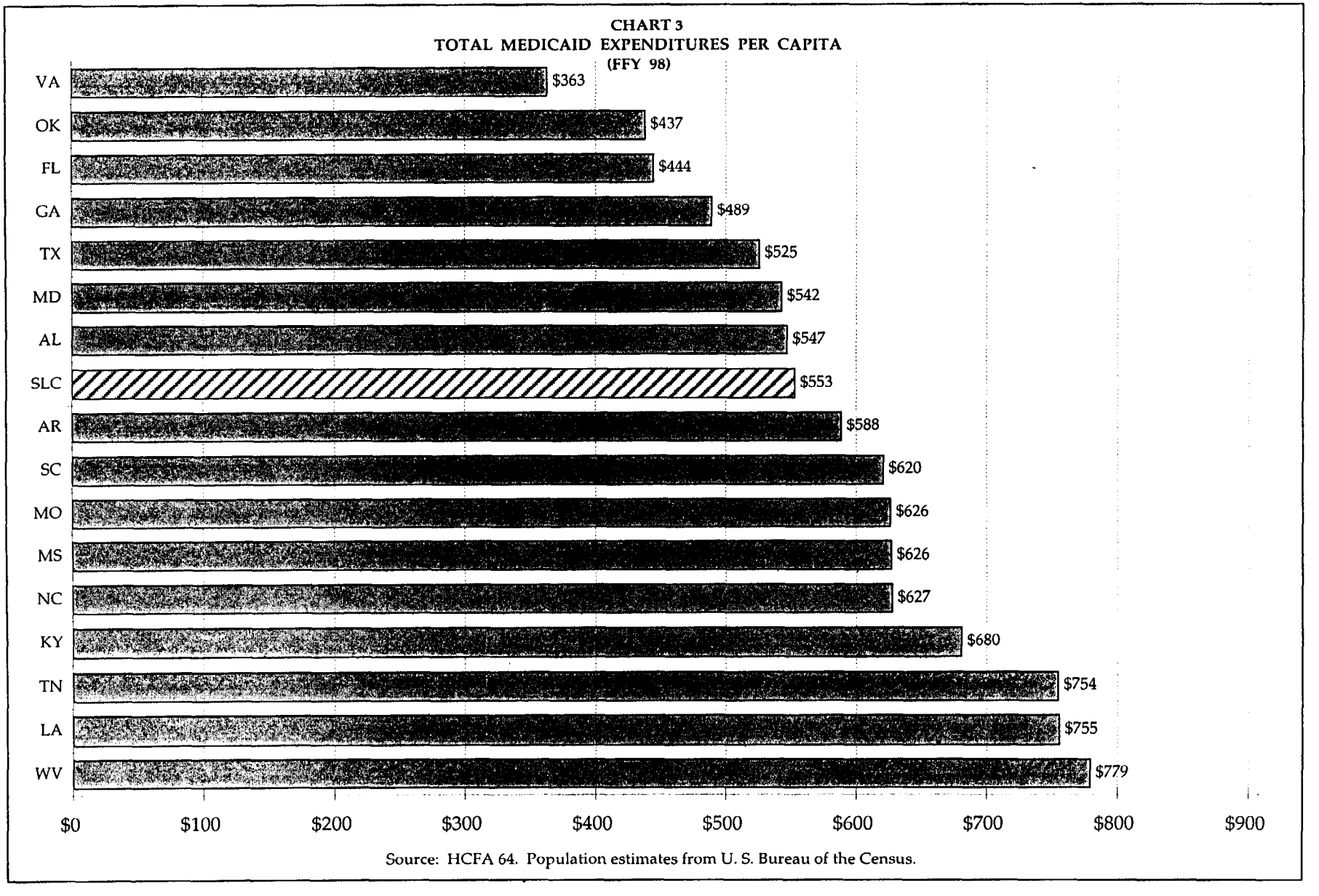


CHART 3
TOTAL MEDICAID EXPENDITURES PER CAPITA
(FFY 98)
VA $363
OK $437
FL $444
GA $489
TX $525
MD $542
AL $547
SLC $553
AR $588
SC $620
MO $626
MS $626
NC $627
KY $680
TN $754
LA $755
WV $779
$0
$100
$200
$300
$400
$500
$600
$700
$800
$900
Source: HCFA 64. Population estimates from U. S. Bureau of the Census.

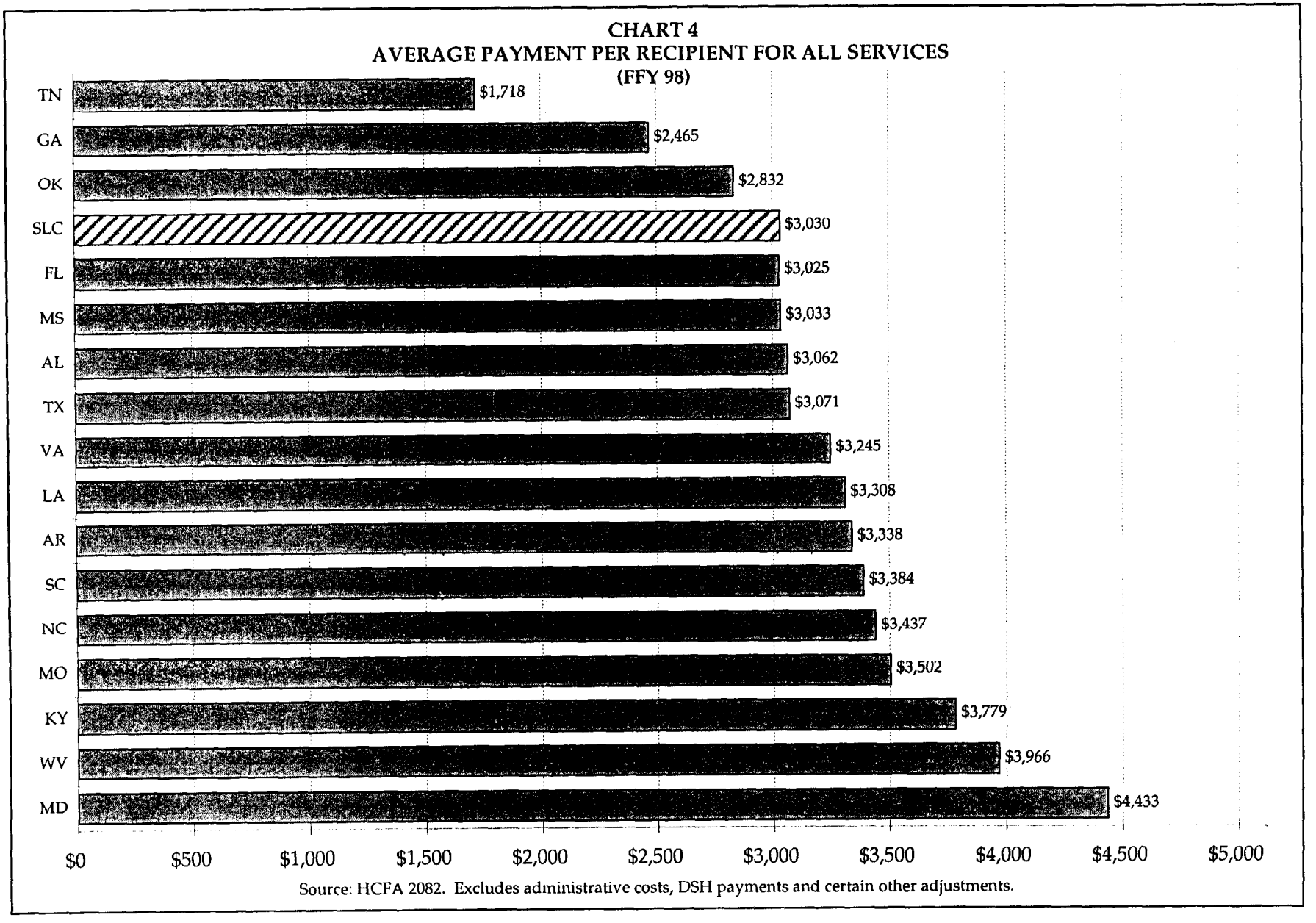
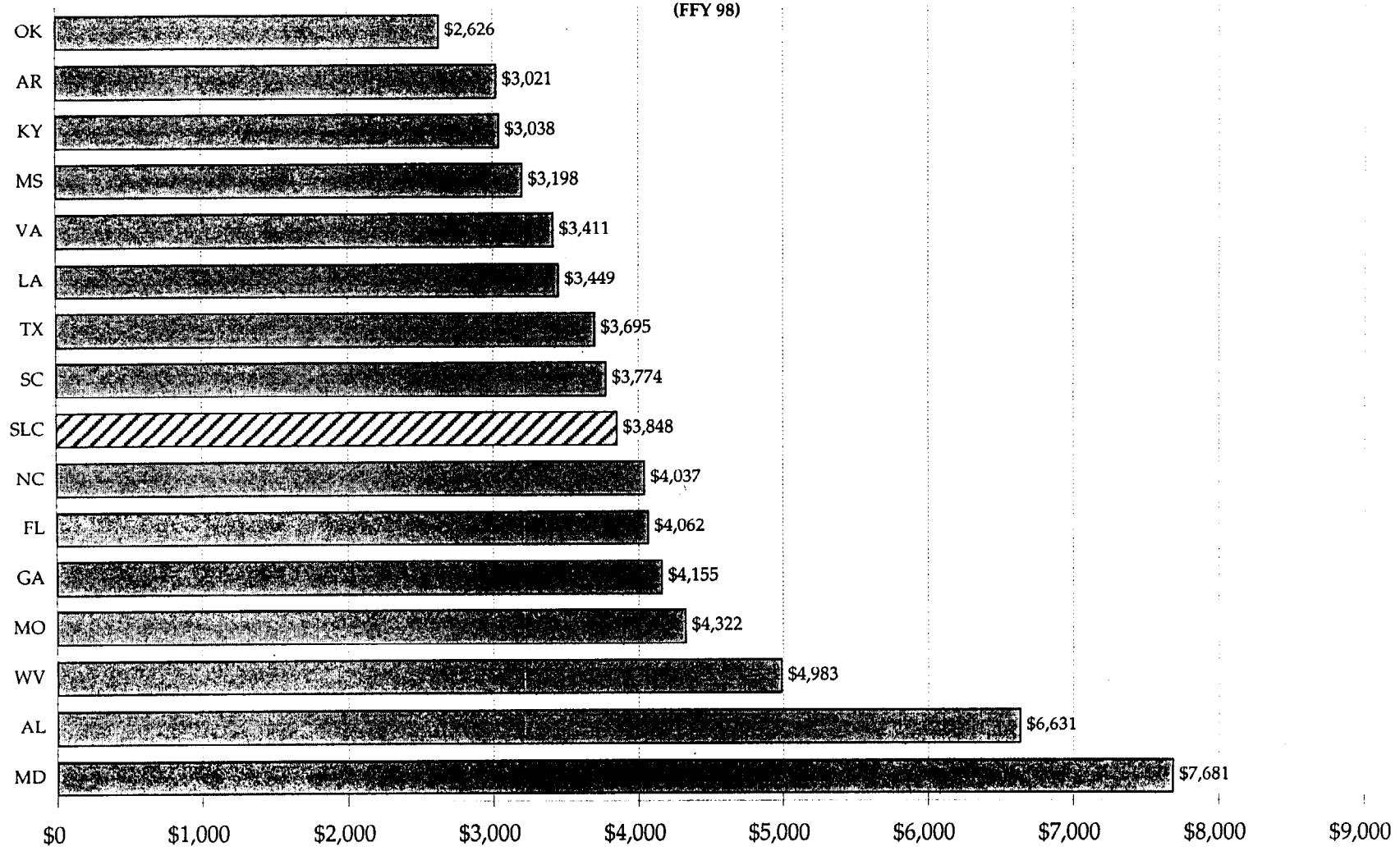


CHART 4
AVERAGE PAYMENT PER RECIPIENT FOR ALL SERVICES
(FFY 98)
TN
$1,718
GA
$2,465
OK
$2,832
SLC
$3,030
FL
$3,025
MS
$3,033
AL
$3,062
TX
$3,071
VA
$3,245
LA
$3,308
AR
$3,338
SC
$3,384
NC
$3,437
MO
$3,502
KY
$3,779
WV
$3,966
MD
$4,433
$0
$500
$1,000
$1,500
$2,000
$2,500
$3,000
$3,500
$4,000
$4,500
$5,000
Source: HCFA 2082. Excludes administrative costs, DSH payments and certain other adjustments.

CHART 5
AVERAGE PAYMENT PER RECIPIENT FOR GENERAL HOSPITAL INPATIENT SERVICES
(FFY 98)



Source: HCFA 2082. Excludes disproportionate share payments.

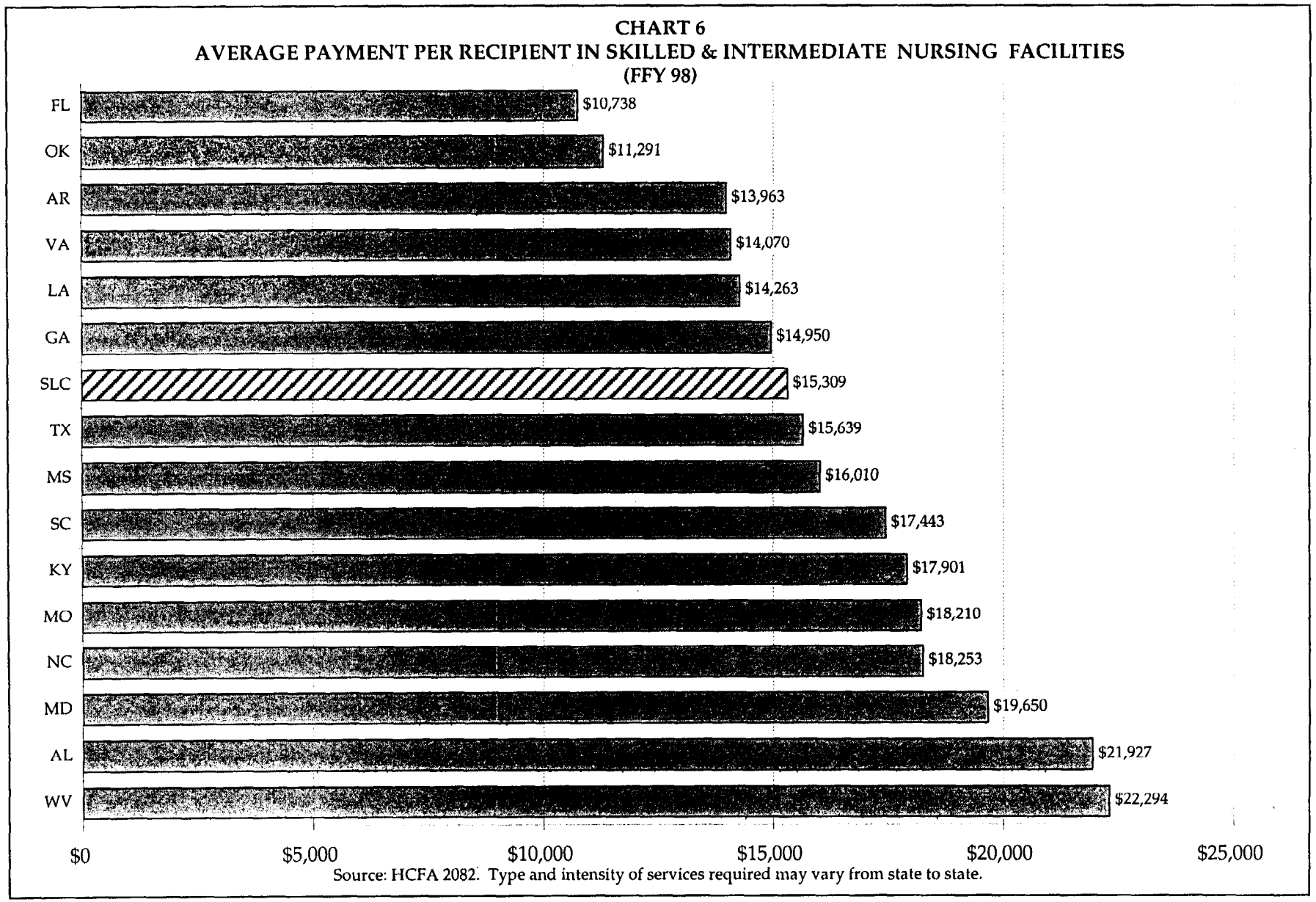
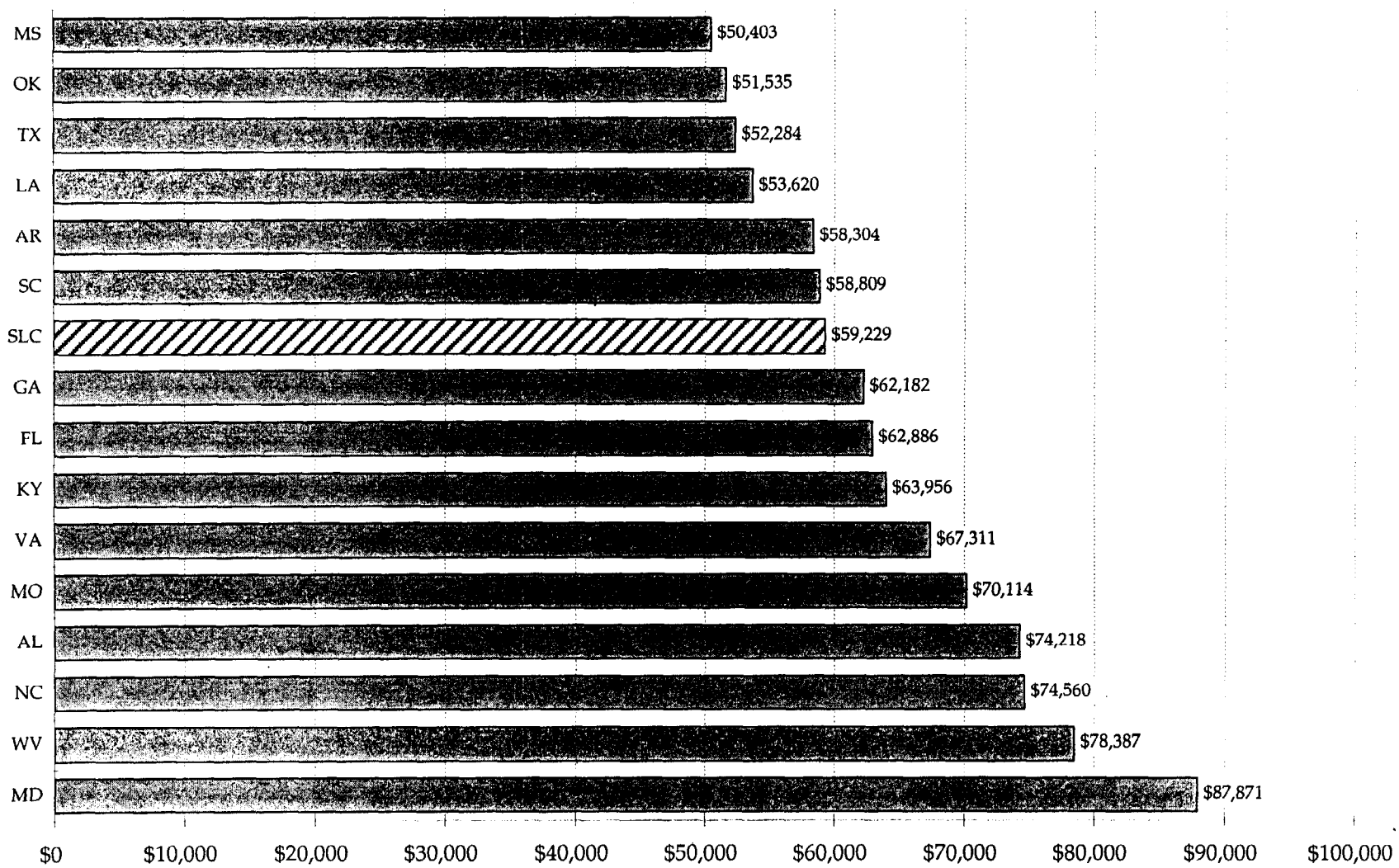


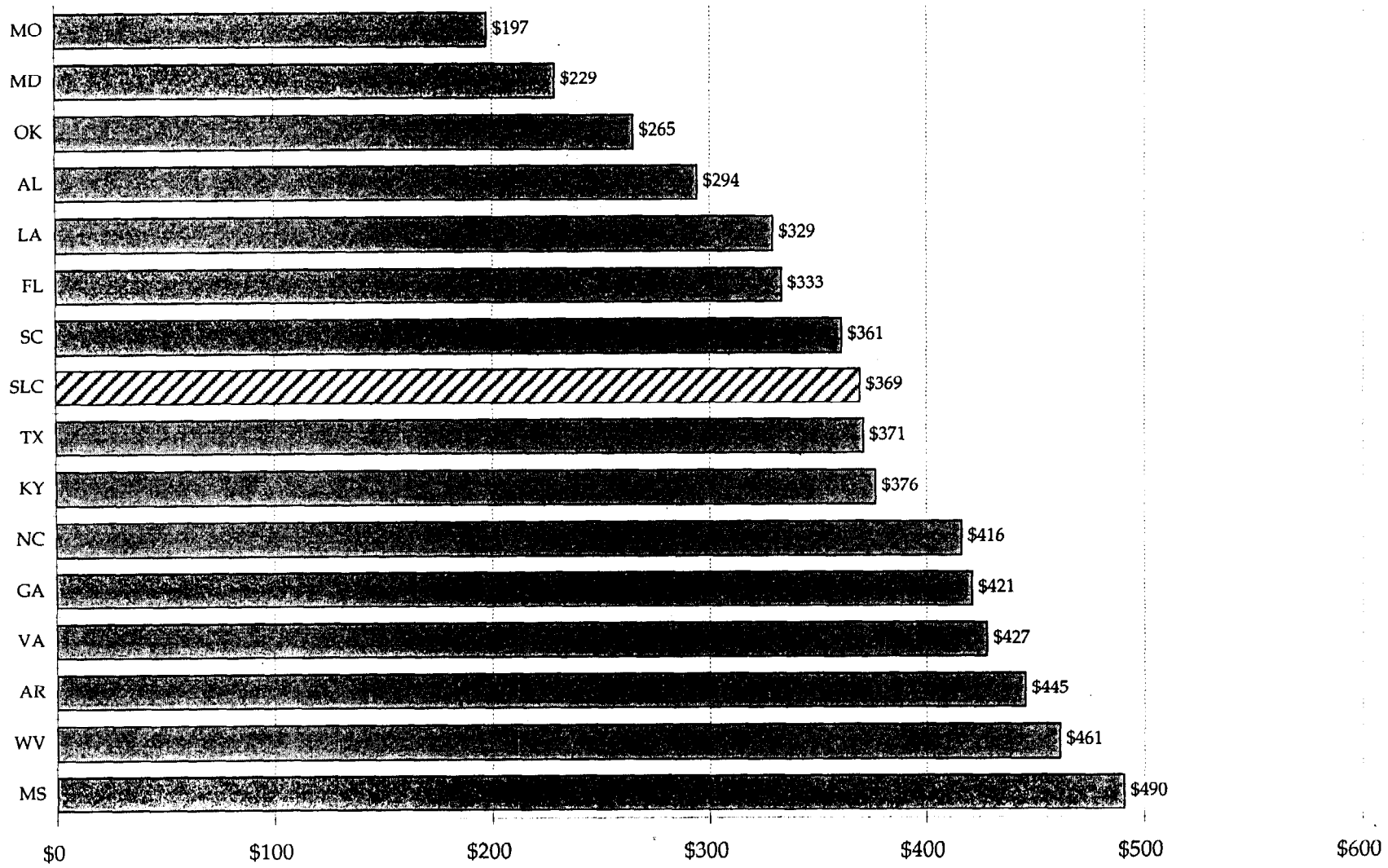
CHART 6
AVERAGE PAYMENT PER RECIPIENT IN SKILLED & INTERMEDIATE NURSING FACILITIES
(FFY 98)
FL
$10,738
OK
$11,291
AR
$13,963
VA
$14,070
LA
$14,263
GA
$14,950
SLC
$15,309
TX
$15,639
MS
$16,010
SC
$17,443
KY
$17,901
MO
$18,210
NC
$18,253
MD
$19,650
AL
$21,927
WV
$22,294
$0
$5,000
$10,000
$15,000
$20,000
$25,000
Source: HCFA 2082. Type and intensity of services required may vary from state to state.

CHART 7
AVERAGE PAYMENT PER RECIPIENT IN ICF/MR FACILITIES
(FFY 98)



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 98)



Source: HCFA 2082.

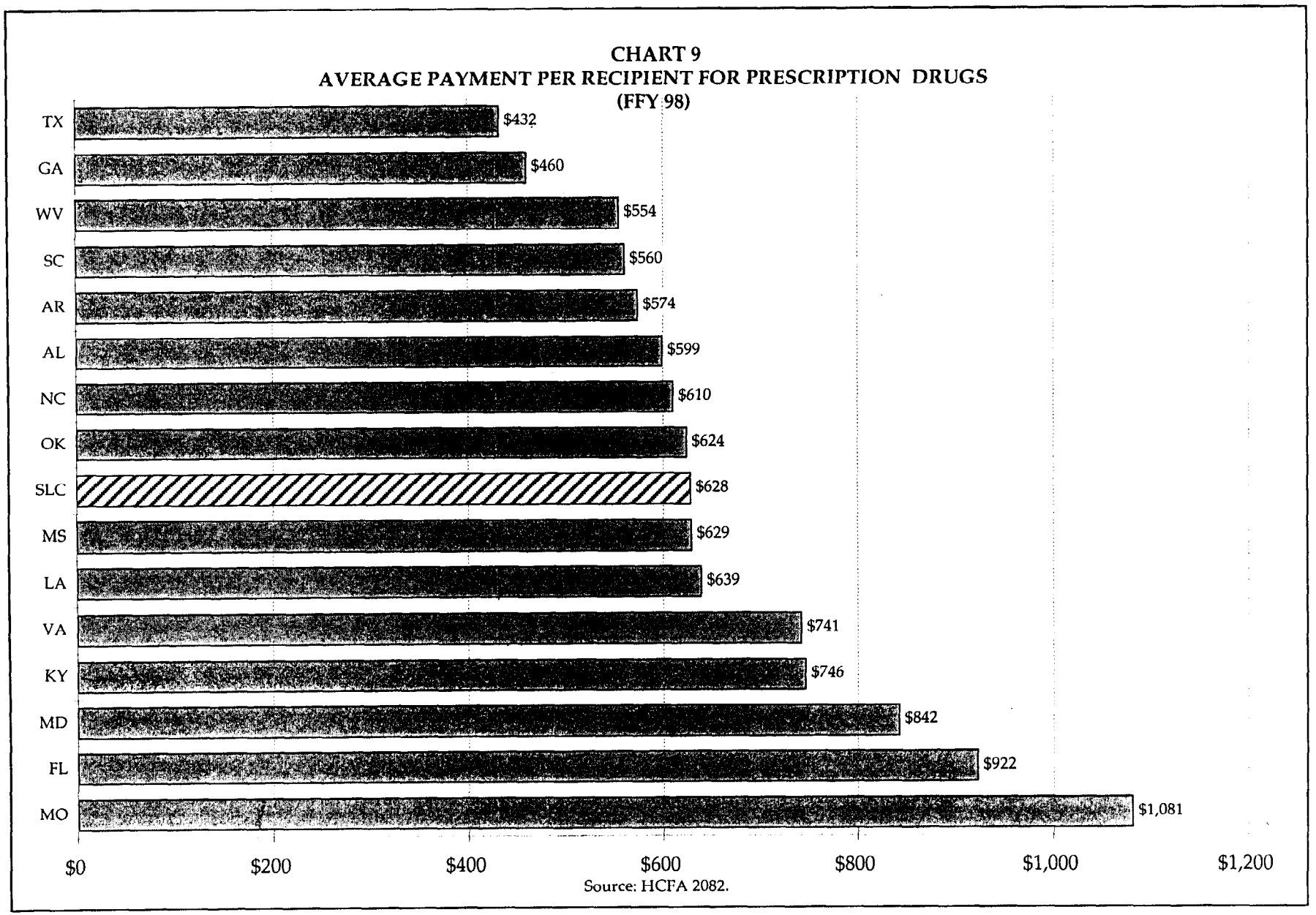
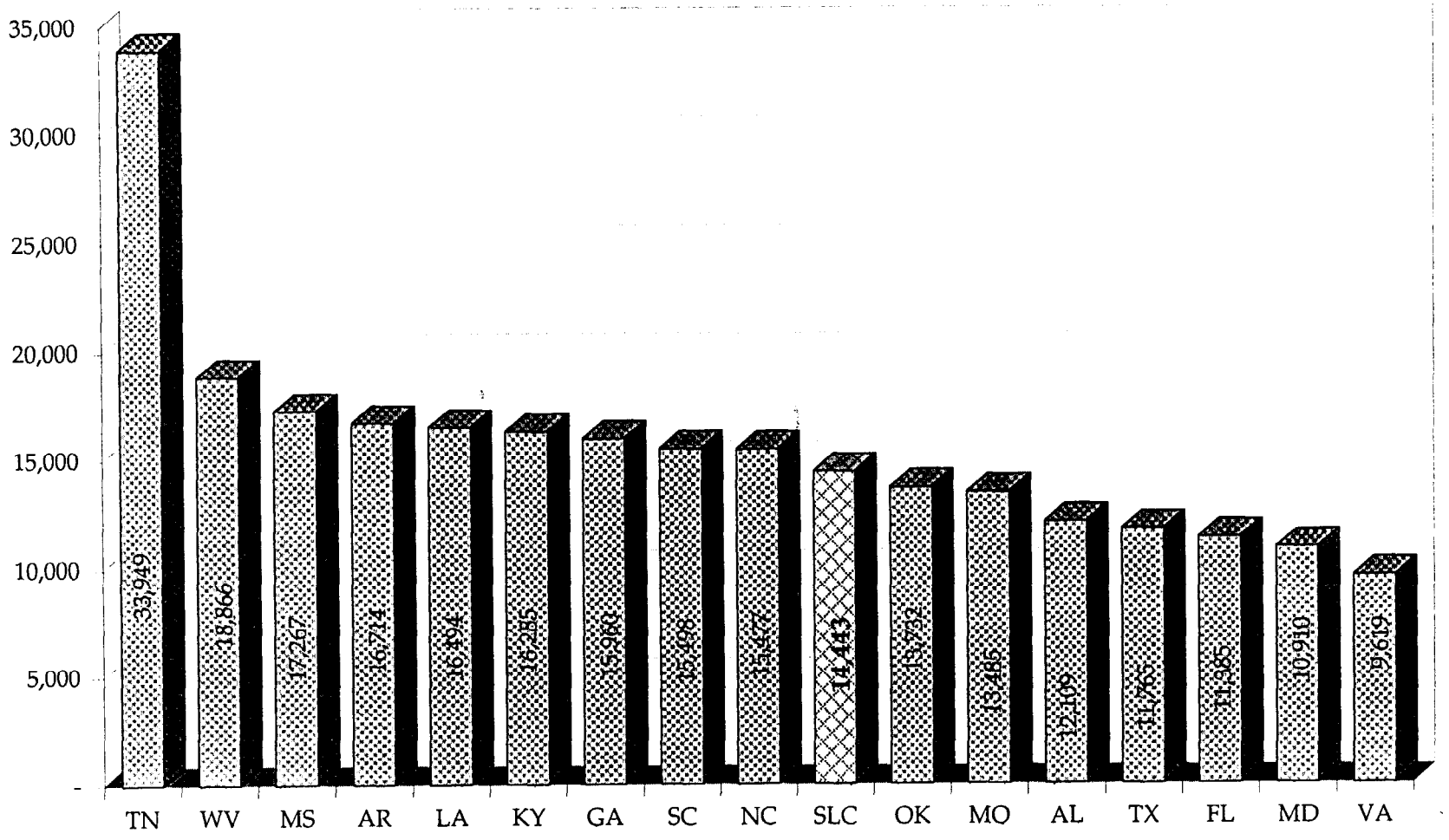


CHART 9
AVERAGE PAYMENT PER RECIPIENT FOR PRESCRIPTION DRUGS
(FFY 98)
TX
$432
GA
$460
WV
$554
SC
$560
AR
$574
AL
$599
NC
$610
OK
$624
SLC
$628
MS
$629
LA
$639
VA
$741
KY
$746
MD
$842
FL
$922
MO
$1,081
$0
$200
$400
$600
$800
$1,000
$1,200
Source: HCFA 2082.

CHART 10
MEDICAID RECIPIENTS PER 100,000 POPULATION
(FFY 98)



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 99 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	$ 54.4	$ 15.3	$ 69.7	63.4%	$ 2.5
• • 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	$ 248.2	$ 108.8	$ 357.0	90.6%	$ 29.6
• • 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	$ 22.8	$ 6.0	$ 28.8	22.3%	$ 27.5
† • 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%	Combination	$ 44.9	$ 8.7	$ 53.6	79.9%	$ 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	$ 79.9	$ 28.1	$ 108.0	100.3%	$ 55.7
† • OK	$ 81.6	$ 21.2	$ 102.8	71%	79%	8%	Medicaid Expansion	$ 27.7	$ 7.3	$ 35.0	34.0%	Not reported
† • SC	$ 63.9	$ 16.8	$ 80.7	70%	79%	9%	Medicaid Expansion	$ 63.9	$ 16.8	$ 80.7	100.0%	$ 31.3
• • TN	$ 66.5	$ 22.9	$ 89.4	63%	74%	11%	Medicaid Expansion	$ 59.6	$ 34.8	$ 94.4	105.6%	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
SLC TOTAL	**$ 1,801.3**	**$ 640.1**	**$ 2,441.4**					**$ 902.0**	**$ 355.3**	**$ 1,257.2**		**$ 178.1**

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

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

Type of program	# of states	Percent
Medicaid Expansion	9	56.3%
State Plan Option	3	18.8%
Combination	4	25.0%
Total	16	

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

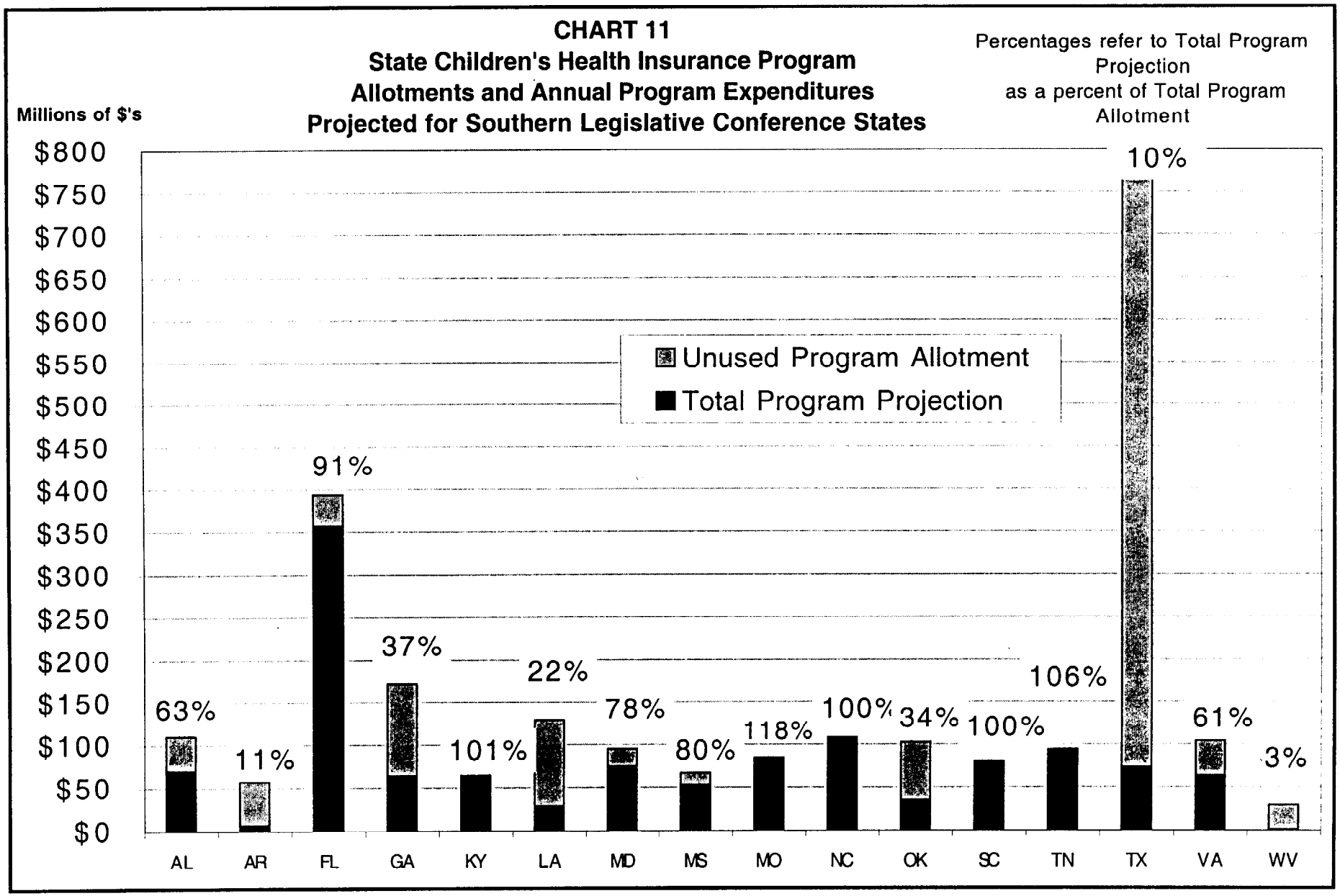


CHART 11
State Children's Health Insurance Program
Allotments and Annual Program Expenditures
Projected for Southern Legislative Conference States
Percentages refer to Total Program Projection
as a percent of Total Program Allotment
Millions of $'s
$800
$750
$700
$650
$600
$550
$500
$450
$400
$350
$300
$250
$200
$150
$100
$50
$0
Unused Program Allotment
Total Program Projection
63%
11%
91%
37%
101%
22%
78%
80%
118%
100%
34%
100%
106%
10%
61%
3%
AL
AR
FL
GA
KY
LA
MD
MS
MO
NC
OK
SC
TN
TX
VA
WV

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 $6.3 billion or 40.3% of the $15.4 billion in nominal growth for the period FFY 92-98 for the entire 16-state region. Inflation-adjusted growth (or growth in real 1992 dollars) is estimated at $15.4 billion during this period. On a region-wide basis, the number of Medicaid recipients increased 29.7% from 11.1 million in FFY 92 to 14.4 million in FFY 98. 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 $8.1 billion of total growth. While reimbursement and utilization policies accounted for a decrease of $1.8 billion 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 -863.63 for Oklahoma to 109.43 for Louisiana, indicating that these two states had the greatest changes in real unit costs, although in opposite directions. **Table 2** shows that overall in the SLC, seven states had a decline in real unit costs and nine showed an increase. Louisiana and Georgia had the largest decreases in payments adjusted for inflation from FFY 92-98, 27.1% and 21.6% respectively. Missouri and West Virginia had the largest increases in payments adjusted for inflation from FFY 92-98, 32.6% and 21.6% respectively.

TABLE 2
REGIONAL MEDICAID GROWTH SUMMARY
(FFY 92-98)

NOMINAL GROWTH	FFY 92				FFY 98				Payments		Recipients		Payment per Recipient	
									Avg. Annual	Total	Avg. Annual	Total	Avg. Annual	Total
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
AL	$1,056,046,771	466,918	$2,262	13	$1,613,410,752	526,964	$3,062	11	7.32%	52.78%	2.04%	12.86%	5.18%	35.37%
AR	$884,814,265	320,875	$2,758	5	$1,415,988,292	424,252	$3,338	7	8.15%	60.03%	4.76%	32.22%	3.23%	21.04%
FL	$3,518,403,365	1,537,926	$2,288	12	$5,137,192,939	1,698,254	$3,025	13	6.51%	46.01%	1.67%	10.42%	4.77%	32.22%
GA	$2,149,142,492	863,670	$2,488	10	$3,006,831,373	1,219,725	$2,465	15	5.76%	39.91%	5.92%	41.23%	-0.16%	-0.93%
KY	$1,543,469,890	583,089	$2,647	8	$2,422,447,708	641,072	$3,779	3	7.80%	56.95%	1.59%	9.94%	6.11%	42.75%
LA	$2,478,913,747	702,264	$3,530	2	$2,383,508,985	720,615	$3,308	8	-0.65%	-3.85%	0.43%	2.61%	-1.08%	-6.30%
MD	$1,612,407,812	377,075	$4,276	1	$2,483,473,404	560,216	$4,433	1	7.46%	54.02%	6.82%	48.57%	0.60%	3.67%
MS	$880,960,740	486,861	$1,809	16	$1,441,091,253	475,190	$3,033	12	8.55%	63.58%	-0.40%	-2.40%	8.99%	67.60%
MO	$1,350,316,390	554,477	$2,435	11	$2,568,341,385	733,408	$3,502	4	11.31%	90.20%	4.77%	32.27%	6.24%	43.80%
NC	$2,083,160,750	785,043	$2,654	7	$4,013,996,742	1,167,988	$3,437	5	11.55%	92.69%	6.85%	48.78%	4.40%	29.51%
OK	$1,003,790,094	360,039	$2,788	4	$1,301,479,635	459,570	$2,832	14	4.42%	29.66%	4.15%	27.64%	0.26%	1.58%
SC	$1,150,912,223	431,083	$2,670	6	$2,012,002,297	594,480	$3,384	6	9.76%	74.82%	5.50%	37.90%	4.03%	26.77%
TN	$1,735,022,726	785,231	$2,210	14	$3,167,149,634	1,843,633	$1,718	16	10.55%	82.54%	15.29%	134.79%	-4.11%	-22.25%
TX	$4,406,614,843	2,024,554	$2,177	15	$7,139,928,846	2,324,810	$3,071	10	8.38%	62.03%	2.33%	14.83%	5.91%	41.10%
VA	$1,511,306,206	515,064	$2,934	3	$2,119,785,490	653,236	$3,245	9	5.80%	40.26%	4.04%	26.83%	1.69%	10.59%
WV	$794,687,514	308,034	$2,580	9	$1,355,006,198	341,693	$3,966	2	9.30%	70.51%	1.74%	10.93%	7.43%	53.71%
SLC TOTAL	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

ADJUSTED FOR INFLATION*	FFY 92				FFY 98				Payments		Recipients		Payment per Recipient	
									Avg. Annual	Total	Avg. Annual	Total	Avg. Annual	Total
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
AL	$1,056,046,771	466,918	$2,262	13	$1,276,294,224	526,964	$2,422	11	3.21%	20.86%	2.04%	12.86%	1.15%	7.08%
AR	$884,814,265	320,875	$2,758	5	$1,120,122,496	424,252	$2,640	7	4.01%	26.59%	4.76%	32.22%	-0.72%	-4.25%
FL	$3,518,403,365	1,537,926	$2,288	12	$4,063,794,461	1,698,254	$2,393	13	2.43%	15.50%	1.67%	10.42%	0.75%	4.60%
GA	$2,149,142,492	863,670	$2,488	10	$2,378,564,485	1,219,725	$1,950	15	1.70%	10.68%	5.92%	41.23%	-3.98%	-21.63%
KY	$1,543,469,890	583,089	$2,647	8	$1,916,285,741	641,072	$2,989	3	3.67%	24.15%	1.59%	9.94%	2.05%	12.93%
LA	$2,478,913,747	702,264	$3,530	2	$1,885,483,128	720,615	$2,573	8	-4.46%	-23.94%	0.43%	2.61%	-5.13%	-27.11%
MD	$1,612,407,812	377,075	$4,276	1	$1,964,560,332	560,216	$3,507	1	3.35%	21.84%	6.82%	48.57%	-3.25%	-17.99%
MS	$880,960,740	486,861	$1,809	16	$1,139,980,281	475,190	$2,399	12	4.39%	29.40%	-0.40%	-2.40%	4.81%	32.58%
MO	$1,350,316,390	554,477	$2,435	11	$2,031,695,445	733,408	$2,770	4	7.05%	50.46%	4.77%	32.27%	2.17%	13.75%
NC	$2,083,160,750	785,043	$2,654	7	$3,175,286,177	1,167,988	$2,719	5	7.28%	52.43%	6.85%	48.78%	0.40%	2.45%
OK	$1,003,790,094	360,039	$2,788	4	$1,029,540,022	459,570	$2,240	14	0.42%	2.57%	4.15%	27.64%	-3.58%	-19.65%
SC	$1,150,912,223	431,083	$2,670	6	$1,591,601,462	594,480	$2,677	6	5.55%	38.29%	5.50%	37.90%	0.05%	0.28%
TN	$1,735,022,726	785,231	$2,210	14	$2,505,384,807	1,843,633	$1,359	16	6.32%	44.40%	15.29%	134.79%	-7.78%	-38.50%
TX	$4,406,614,843	2,024,554	$2,177	15	$5,648,065,713	2,324,810	$2,429	10	4.22%	28.17%	2.33%	14.83%	1.85%	11.62%
VA	$1,511,306,206	515,064	$2,934	3	$1,676,863,734	653,236	$2,567	9	1.75%	10.95%	4.04%	26.83%	-2.20%	-12.51%
WV	$794,687,514	308,034	$2,580	9	$1,071,882,397	341,693	$3,137	2	5.11%	34.88%	1.74%	10.93%	3.31%	21.59%
SLC TOTAL	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

*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 92-98)

	GROWTH INDEX (92-98)						
	Enrollment Factor	Reimbursement/ Utilization Factor	Total		Total Adjusted Growth	Share From Enrollment	Share From Reimbursement & Utilization
AL	63.87	36.13	100		$220,247,453	$140,661,291	$79,586,163
AR	118.43	-18.43	100		$235,308,231	$278,675,130	($43,366,899)
FL	68.81	31.19	100		$545,391,096	$375,298,489	$170,092,607
GA	340.33	-240.33	100		$229,421,993	$780,790,213	($551,368,219)
KY	43.82	56.18	100		$372,815,851	$163,359,039	$209,456,812
LA	-9.43	109.43	100		($593,430,619)	$55,942,513	($649,373,132)
MD	200.40	-100.40	100		$352,152,520	$705,728,643	($353,576,124)
MS	-9.41	109.41	100		$259,019,541	($24,383,148)	$283,402,689
MO	68.46	31.54	100		$681,379,055	$466,465,475	$214,913,580
NC	94.26	5.74	100		$1,092,125,427	$1,029,392,658	$62,732,769
OK	963.63	-863.63	100		$25,749,928	$248,133,234	($222,383,306)
SC	99.14	0.86	100		$440,689,239	$436,883,777	$3,805,462
TN	232.30	-132.30	100		$770,362,081	$1,789,539,615	($1,019,177,534)
TX	55.72	44.28	100		$1,241,450,870	$691,677,945	$549,772,925
VA	228.61	-128.61	100		$165,557,528	$378,489,240	($212,931,712)
WV	34.66	65.34	100		$277,194,883	$96,068,274	$181,126,610
SLG TOTAL*	128.02	-28.02	100		$6,315,435,079	$8,085,273,192	($1,769,838,113)

Explanation: Inflation-adjusted growth data (see Table 1) was analyzed for Federal Fiscal Years 92 through 98 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.

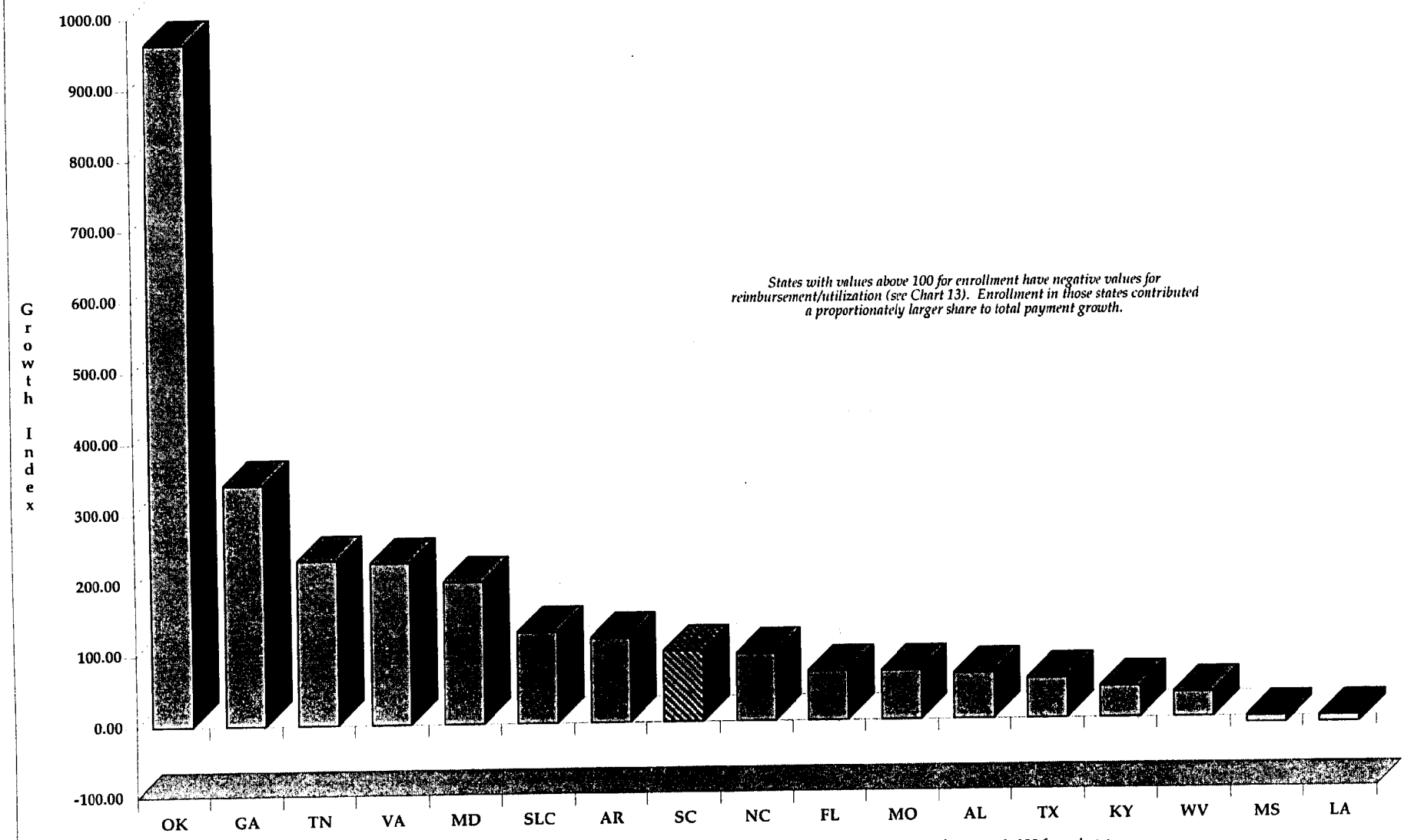
Index values for "Enrollment" indicate the inflation-adjusted cost effect of covering additional recipients that entered Medicaid coverage during this period. On a region-wide basis, the number of Medicaid recipients increased 29.7% from 11.1 million in FFY 92 to 14.4 million in FFY 98.

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 -863.63 for Oklahoma to 109.43 for Louisiana, indicating that these two states had the greatest changes in real unit costs, although in opposite directions.

CHART 12
MEDICAID GROWTH INDEX: ENROLLMENT FACTOR

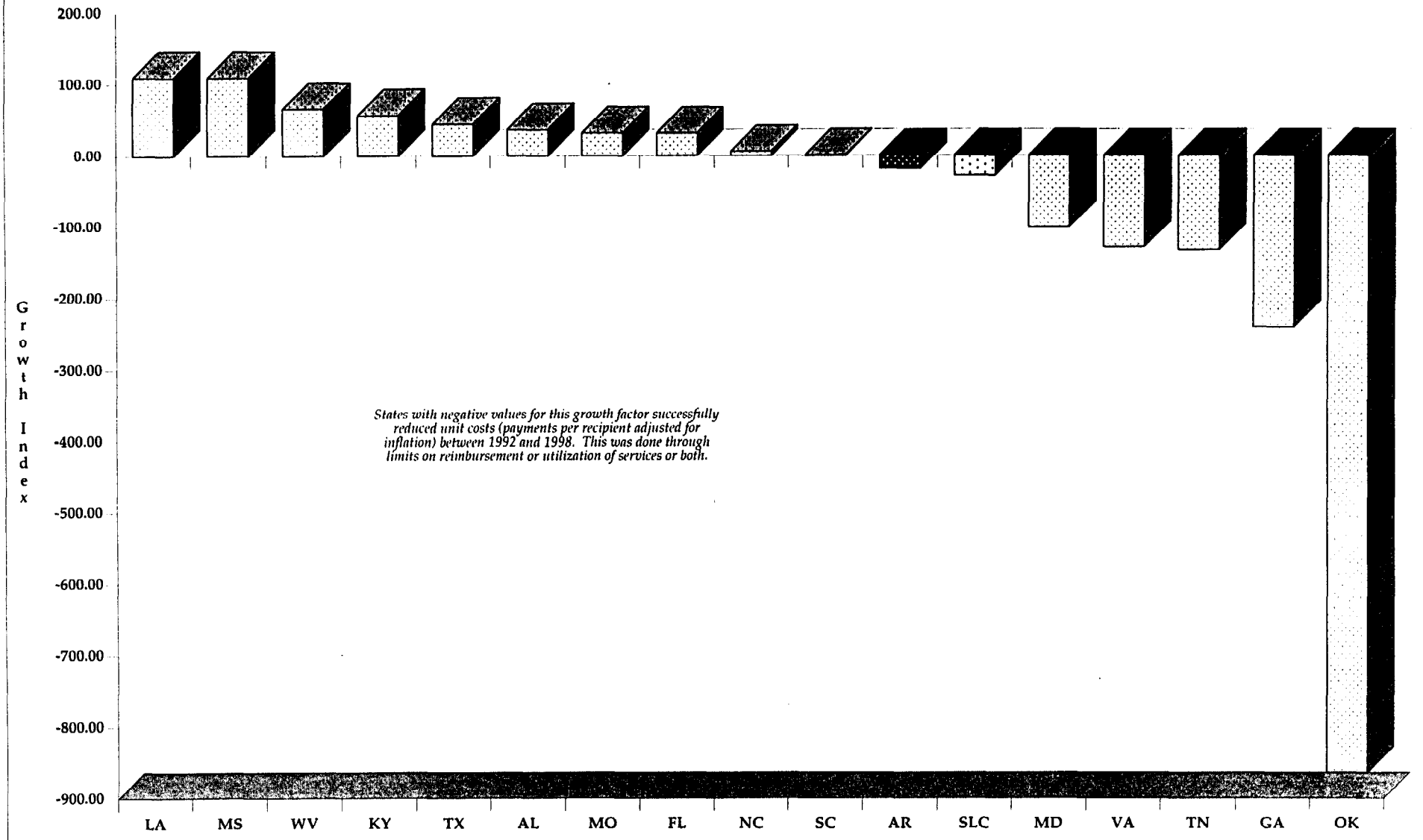
(Shows contribution to payment growth of enrollment when compared to other growth factors for each state.)



States with values above 100 for enrollment have negative values for reimbursement/utilization (see Chart 13). Enrollment in those states contributed a proportionately larger share to total payment growth.

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

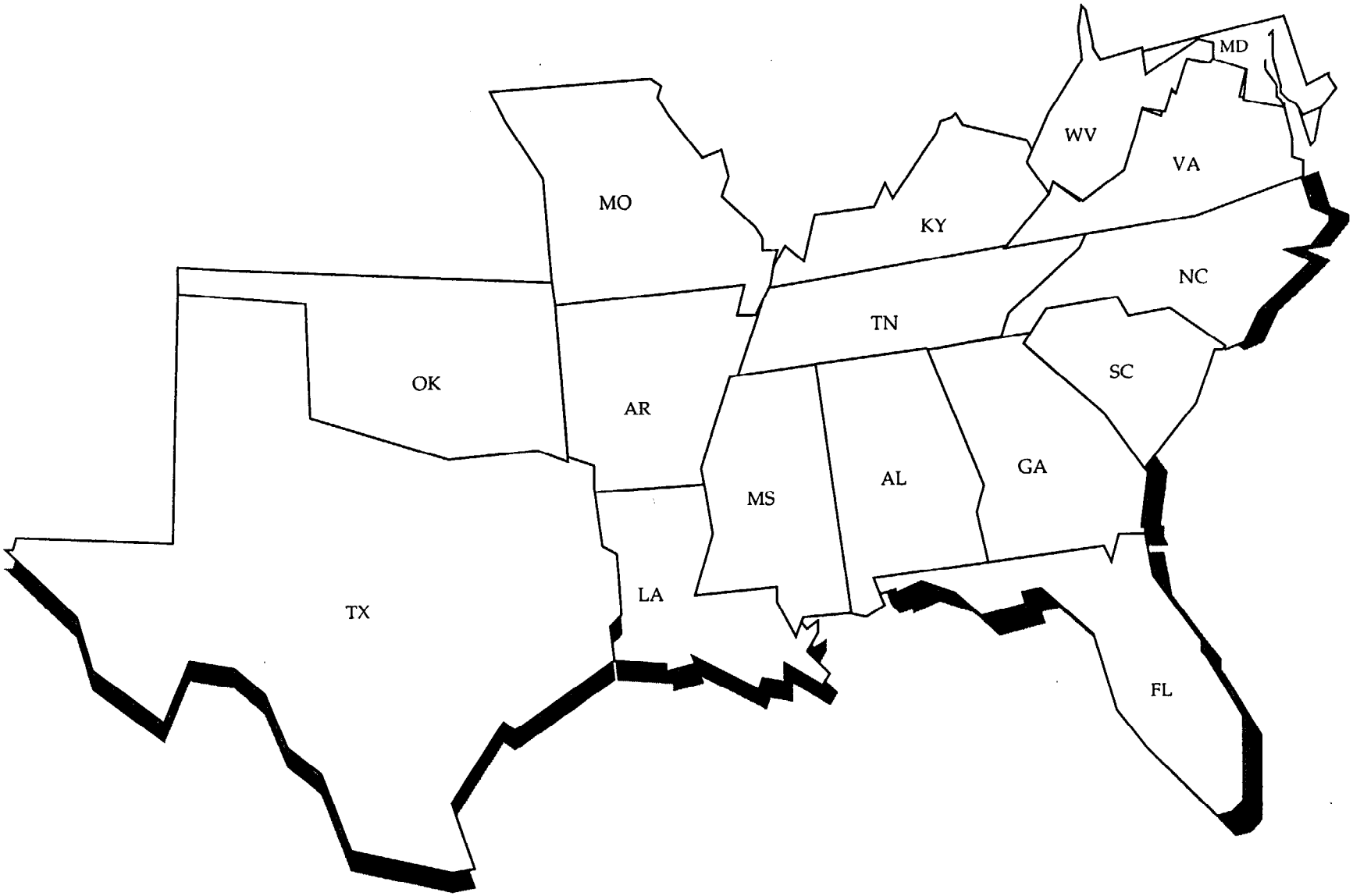
CHART 13
MEDICAID GROWTH INDEX: REIMBURSEMENT/UTILIZATION POLICY FACTOR
(Shows contribution to payment growth of reimbursement and utilization policies compared to enrollment.)



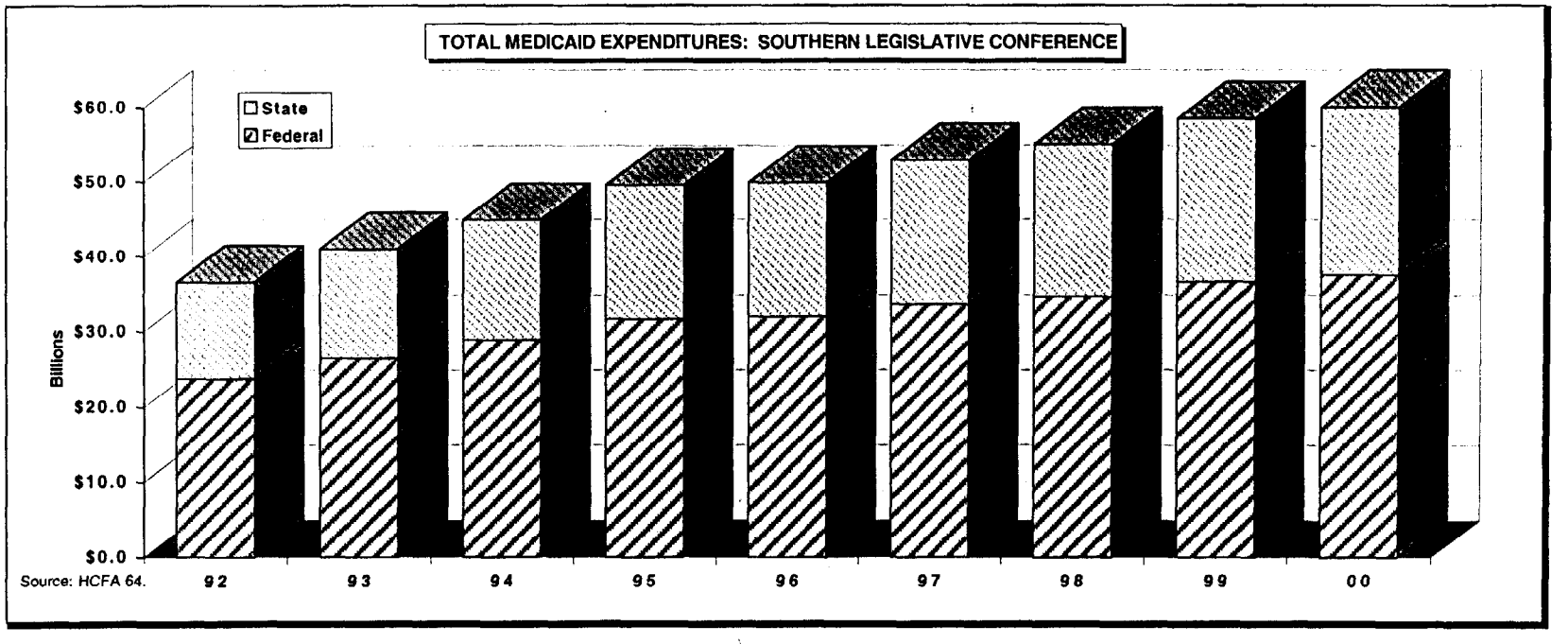
See Table 3 and Chart 12. The sum of the reimbursement/utilization factor and the enrollment factor equals 100 for each state. Calculations are based on inflation-adjusted growth.

STATE MEDICAID PROFILES

SOUTHERN REGION MEDICAID PROFILES



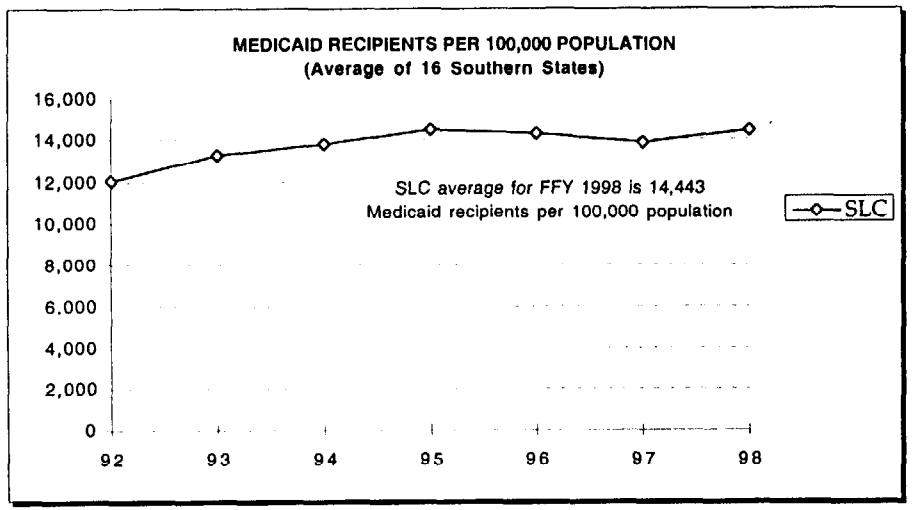
SOUTHERN REGION MEDICAID PROFILE

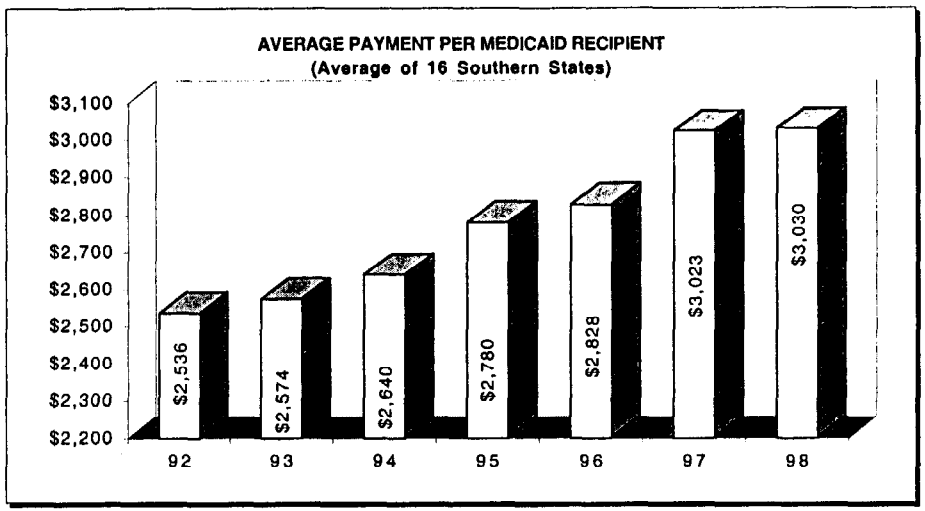


	FFY 92	FFY 93	FFY 94	FFY 95	FFY96	FFY97	FFY98	FFY99*	FFY00*	*Annual Rate of Change*	*Total Change 92-00*
Medicaid Payments	35,324,218,067	39,603,831,003	43,282,334,959	47,813,515,971	48,046,660,192	50,823,475,254	52,542,613,235	55,931,515,986	57,311,630,670	*6.2%*	*62.2%*
Federal Share	23,080,966,856	25,736,228,402	28,013,482,566	30,705,834,371	30,983,746,451	32,448,479,785	33,375,839,476	35,299,568,738	36,095,980,485	*5.7%*	*56.4%*
State Share	12,243,251,211	13,867,602,601	15,268,852,393	17,107,681,600	17,062,913,741	18,374,995,469	19,166,773,759	20,631,947,248	21,215,650,185	*7.1%*	*73.3%*
Administrative Costs	1,244,973,682	1,373,965,398	1,561,104,142	1,717,423,989	1,811,205,121	2,049,875,960	2,504,605,158	2,513,988,000	2,692,549,608	*10.1%*	*116.3%*
Federal Share	705,897,861	764,613,128	863,042,357	960,975,160	1,009,434,631	1,160,546,287	1,389,431,708	1,399,470,000	1,495,990,091	*9.8%*	*111.9%*
State Share	539,075,821	609,352,270	698,061,785	756,448,829	801,770,490	889,329,673	1,115,173,450	1,114,518,000	1,196,559,517	*10.5%*	*122.0%*
Admin. Costs as % of Payments	3.52%	3.47%	3.61%	3.59%	3.77%	4.03%	4.77%	4.49%	4.70%		
Growth From Prior Year											
Payments	81.57%	12.12%	9.29%	10.47%	0.49%	5.78%	3.38%	6.45%	2.47%		
Administration	27.45%	10.36%	13.62%	10.01%	5.46%	13.18%	22.18%	0.37%	7.10%		

**Federal Fiscal Years 99 and 00 reflect total of latest estimates reported by each state in region to the Health Care Financing Administration.*

SOUTHERN REGION MEDICAID PROFILE





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

RECIPIENTS BY TYPE OF SERVICES	FFY 92	FFY 93	FFY94	FFY95	FFY96	FFY97	FFY98**	*Annual Change*
01. General Hospital	2,193,823	2,360,679	2,374,780	2,280,943	2,171,247	2,142,449	1,920,438	*-2.2%*
02. Mental Hospital	22,559	24,418	29,189	28,018	39,083	33,634	60,558	*17.9%*
03. Skilled and Intermediate (non-MR) Care Nursing	564,947	605,355	594,490	607,731	609,849	607,184	559,868	*-0.2%*
04. Intermediate Care for Mentally Retarded	50,828	51,105	51,502	50,857	50,018	49,081	46,289	*-1.5%*
05. Physician Services	8,743,847	9,873,099	10,045,991	9,618,048	9,918,272	9,506,675	8,659,071	*-0.2%*
06. Dental Services	1,974,425	2,219,181	2,281,396	2,338,413	2,317,544	2,391,037	1,625,208	*-3.2%*
07. Other Practitioners	1,583,093	1,839,327	1,919,673	1,983,425	1,991,173	1,974,895	1,764,299	*1.8%*
08. Outpatient Hospital	5,454,529	6,111,664	6,065,862	5,959,814	5,765,808	5,483,319	5,026,551	*-1.4%*
09. Clinic Services	1,634,647	2,095,239	2,308,811	2,610,971	2,483,330	2,305,704	1,955,384	*3.0%*
10. Lab and X-Ray	4,491,026	5,085,498	5,184,709	5,019,062	4,824,851	4,627,207	4,039,199	*-1.8%*
11. Home Health	321,660	408,171	435,237	502,147	492,183	589,487	610,962	*11.3%*
12. Prescribed Drugs	8,460,239	9,425,718	9,524,931	9,190,339	9,010,064	8,651,178	8,276,698	*-0.4%*
13. Family Planning	894,906	948,262	924,181	893,481	868,365	850,970	882,718	*-0.2%*
14. Early & Periodic Screening, Diagnosis & Treatment	1,996,379	2,425,463	2,697,475	2,931,452	2,936,190	2,921,245	3,055,641	*7.4%*
15. Other Care	2,233,623	2,497,862	4,024,023	4,628,411	6,194,699	5,398,638	2,135,107	*-0.7%*
16. Personal Care Support Services	0	0	0	0	0	0	1,236,815	*n/a*
17. Home/Community Based Waiver Services	0	356	10,966	5,503	57,989	127,147	120,872	*220.8%*
18. Prepaid Health Care	0	0	0	0	0	0	1,797,092	*n/a*
19. Primary Care Case Management (PCCM) Services	0	0	0	0	0	0	1,885,036	*n/a*
Total*	**11,102,203**	**12,384,447**	**13,056,249**	**13,902,531**	**13,856,669**	**13,614,624**	**14,385,106**	*4.4%*

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

SOUTHERN REGION MEDICAID PROFILE

PAYMENTS BY TYPE OF SERVICES		FFY 92	FFY 93	FFY94	FFY95	FFY96	FFY97	FFY98**	Annual Change	Share of Total FFY 98
01. General Hospital		$7,614,851,701	$8,512,259,236	$8,398,186,034	$8,435,120,635	$8,114,158,899	$7,865,485,764	$7,389,175,481	-0.5%	17.0%
02. Mental Hospital	0.227096037	$414,382,380	$455,660,708	$506,644,147	$515,827,201	$443,249,476	$350,156,444	$488,095,847	2.8%	1.1%
03. Skilled and Intermediate (non-MR) Care Nursing		$6,395,017,551	$7,056,196,400	$7,526,801,265	$8,289,638,452	$8,417,569,367	$8,911,544,314	$8,571,071,613	5.0%	19.7%
04. Intermediate Care for Mentally Retarded		$2,326,194,641	$2,475,562,572	$2,641,372,646	$2,837,776,271	$2,769,973,114	$2,943,409,373	$2,741,632,446	2.8%	6.3%
05. Physician Services		$2,920,397,909	$3,353,651,245	$3,474,821,786	$3,678,111,046	$3,568,721,585	$3,521,578,186	$3,196,834,790	1.5%	7.3%
06. Dental Services		$328,237,410	$394,425,492	$370,773,321	$394,426,834	$392,726,048	$418,356,880	$281,903,586	-2.5%	0.6%
07. Other Practitioners		$148,882,927	$240,366,133	$317,753,550	$361,003,157	$358,492,182	$287,276,375	$275,902,992	10.8%	0.6%
08. Outpatient Hospital		$1,850,529,304	$2,275,613,663	$2,313,683,273	$2,485,192,919	$2,396,504,413	$2,412,161,618	$2,245,533,469	3.3%	5.2%
09. Clinic Services		$816,468,961	$1,035,843,708	$1,122,109,122	$1,328,976,859	$1,280,445,664	$1,211,547,696	$1,099,400,661	5.1%	2.5%
10. Lab and X-Ray		$444,487,012	$483,652,577	$495,167,558	$493,875,769	$453,778,171	$416,531,897	$381,207,297	-2.5%	0.9%
11. Home Health		$892,717,536	$1,150,898,033	$1,339,726,745	$1,640,428,376	$1,950,711,922	$2,570,344,845	$934,850,097	0.8%	2.1%
12. Prescribed Drugs		$2,528,771,941	$3,036,216,541	$3,281,535,657	$3,657,132,236	$4,075,471,152	$4,609,186,049	$5,195,562,014	12.8%	11.9%
13. Family Planning		$209,712,959	$231,100,569	$202,958,861	$197,234,283	$188,674,314	$183,626,584	$187,741,875	-1.8%	0.4%
14. Early & Periodic Screening, Diagnosis & Treatment		$223,114,472	$440,940,080	$478,084,632	$533,471,602	$692,044,914	$796,933,749	$838,973,144	24.7%	1.9%
15. Other Care		$1,044,859,951	$1,336,127,450	$2,430,228,558	$3,816,209,683	$4,019,196,855	$4,550,605,562	$989,695,009	-0.9%	2.3%
16. Personal Care Support Services		$0	$0	$0	$0	$0	$0	$1,952,671,421	n/a	4.5%
17. Home/Community Based Waiver Services		$1,343,173	$3,404,549	$3,067,826	$29,698,634	$64,891,393	$107,367,126	$1,517,829,598	222.7%	3.5%
18. Prepaid Health Care		$0	$0	$0	$0	$0	$0	$2,001,499,568	n/a	4.6%
19. Primary Care Case Management (PCCM) Services		$0	$0	$0	$0	$0	$0	$124,941,328	n/a	0.3%
Total* (excludes DSH pymts, pharmacy rebates, & other adjs.)		**$28,159,969,828**	**$32,481,918,956**	**$34,902,914,981**	**$38,694,123,957**	**$39,186,609,469**	**$41,156,112,462**	**$43,581,634,931**	7.6%	100.0%
AVERAGE PAYMENTS PER RECIPIENT BY TYPE OF SERVICES										
01. General Hospital		$3,471.04	$3,363.40	$3,362.71	$3,678.44	$3,737.10	$3,671.26	$3,847.65	1.7%	N/A
02. Mental Hospital		$18,368.83	$17,295.28	$16,434.55	$18,410.56	$11,341.23	$10,410.79	$8,059.97	-12.8%	
03. Skilled and Intermediate (non-MR) Care Nursing		$11,319.68	$11,656.29	$12,660.94	$13,640.31	$13,802.71	$14,676.84	$15,309.09	5.2%	
04. Intermediate Care for Mentally Retarded		$45,766.01	$48,440.71	$51,286.80	$55,799.13	$55,379.53	$59,970.44	$59,228.60	4.4%	
05. Physician Services		$333.99	$339.68	$345.89	$382.42	$359.81	$370.43	$369.19	1.7%	
06. Dental Services		$166.24	$177.73	$162.52	$168.67	$169.46	$174.97	$173.46	0.7%	
07. Other Practitioners		$94.05	$130.68	$165.52	$182.01	$180.04	$145.46	$156.38	8.8%	
08. Outpatient Hospital		$339.26	$372.34	$381.43	$416.99	$415.64	$439.91	$446.73	4.7%	
09. Clinic Services		$499.48	$494.38	$486.01	$509.00	$515.62	$525.46	$562.24	2.0%	
10. Lab and X-Ray		$98.97	$95.10	$95.51	$98.40	$94.05	$90.02	$94.38	-0.8%	
11. Home Health		$2,775.35	$2,819.65	$3,078.15	$3,266.83	$3,963.39	$4,360.31	$1,530.13	-9.4%	
12. Prescribed Drugs		$298.90	$322.12	$344.52	$397.93	$452.32	$532.78	$627.73	13.2%	
13. Family Planning		$234.34	$243.71	$219.61	$220.75	$217.28	$215.79	$212.69	-1.6%	
14. Early & Periodic Screening, Diagnosis & Treatment		$111.76	$181.80	$177.23	$181.98	$235.69	$272.81	$274.57	16.2%	
15. Other Care		$467.79	$534.91	$603.93	$824.52	$648.81	$842.92	$463.53	-0.2%	
16. Personal Care Support Services		$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$1,578.79	n/a	
17. Home/Community Based Waiver Services		$0.00	$9,563.34	$279.76	$5,396.81	$1,119.03	$844.43	$12,557.33	5.6%	
18. Prepaid Health Care		$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$1,113.74	n/a	
19. Primary Care Case Management (PCCM) Services		$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$66.28	n/a	
Total (Average)*		**$2,536.43**	**$2,573.89**	**$2,639.62**	**$2,780.02**	**$2,828.00**	**$3,022.93**	**$3,029.64**	3.0%	
TOTAL PER CAPITA EXPENDITURES		**$397.04**	**$438.69**	**$473.33**	**$515.94**	**$513.41**	**$537.54**	**$552.68**	5.7%	

**HCFA 2082 reports for FFY 92, 93 and 94 include disproportionate share hospital payments of $605.7 M, $439.4 M and $44.8 M, respectively. Direct cost comparisons between states reflect an adjusted unit cost for Louisiana general and mental hospital services and for the total Medicaid cost per recipient.*

***HCFA 2082 data for Tennessee is included in the SLC total for Type of Service information, however, individual line item numbers have been excluded.*

DATA BY OTHER CHARACTERISTICS

RECIPIENTS BY OTHER CHARACTERISTICS

By Maintenance Assistance Status	FFY 92	FFY 93	FFY94	FFY95	FFY96	FFY97	FFY98	Annual Change	Share of Total FFY 98
Receiving Cash Assistance or Eligible Under Section 1931	6,639,985	7,128,833	7,253,333	7,128,014	6,814,312	6,077,149	6,039,066	-1.6%	42.0%
Poverty Related Eligibles	1,260,585	1,512,488	1,670,682	1,719,209	1,876,631	3,961,201	4,942,298	25.6%	34.4%
Medically Needy	457,770	497,386	535,133	544,335	498,016	553,797	526,495	2.4%	3.7%
Other Eligibles	2,721,179	3,195,974	3,545,614	3,978,925	4,165,514	2,845,033	2,356,304	-2.4%	16.4%
Maintenance Assistance Status Unknown*	22,684	49,766	51,487	532,048	502,196	177,444	520,943	68.6%	3.6%
Total	**11,102,203**	**12,384,447**	**13,056,249**	**13,902,531**	**13,856,669**	**13,614,624**	**14,385,106**	4.4%	100.0%

**Includes correction in FFY 96 & 97 for managed care in Oklahoma*

By Basis of Eligibility									
Aged, Blind, or Disabled	3,145,857	3,460,941	3,694,799	3,908,307	4,066,697	4,119,636	4,212,554	5.0%	29.3%
Children	5,480,099	6,163,767	6,606,802	6,831,126	6,814,968	6,821,894	6,866,233	3.8%	47.7%
Foster Care Children	93,891	115,574	104,768	99,559	115,047	147,198	168,213	10.2%	1.2%
Adults	2,359,639	2,594,390	2,598,425	2,531,491	2,415,727	2,472,847	2,610,257	1.7%	18.1%
Basis of Eligibility Unknown	22,717	49,775	51,455	532,048	444,230	53,049	527,849	68.9%	3.7%
Total	**11,102,203**	**12,384,447**	**13,056,249**	**13,902,531**	**13,856,669**	**13,614,624**	**14,385,106**	4.4%	100.0%

By Age									
Under Age 1	854,653	919,865	924,498	927,167	895,834	940,483	758,457	-2.0%	5.3%
Age 1 to 5	2,299,269	2,649,741	2,794,988	2,846,816	2,755,519	2,600,029	2,660,649	2.5%	18.5%
Age 6 to 14	1,924,679	2,239,164	2,488,180	2,728,712	2,828,214	2,824,060	3,134,655	8.5%	21.8%
Age 15 to 20	996,786	1,084,831	1,155,322	1,258,370	1,263,972	1,242,865	1,326,659	4.9%	9.2%
Age 21 to 44	2,555,546	2,826,604	2,920,856	3,157,576	3,048,350	2,921,294	2,943,852	2.4%	20.5%
Age 45 to 64	804,183	901,568	961,248	1,131,270	1,164,606	1,207,068	1,246,758	7.6%	8.7%
Age 65 to 74	625,889	666,062	692,616	724,049	726,095	733,348	719,306	2.3%	5.0%
Age 75 to 84	611,236	621,465	631,330	641,851	639,860	647,507	633,735	0.6%	4.4%
Age 85 and Over	398,880	430,789	450,089	459,627	519,267	471,785	503,228	3.9%	3.5%
Age Unknown	31,082	44,358	37,122	27,093	14,952	26,185	457,807	56.6%	3.2%
Total	**11,102,203**	**12,384,447**	**13,056,249**	**13,902,531**	**13,856,669**	**13,614,624**	**14,385,106**	4.4%	100.0%

By Race									
White	5,255,376	5,883,529	6,133,635	6,625,204	6,570,009	6,401,780	6,500,415	3.6%	45.2%
Black	4,243,498	4,584,931	4,822,219	5,025,381	4,932,922	4,800,919	5,070,331	3.0%	35.2%
Hispanic, American Indian or Asian	1,159,037	1,475,464	1,644,923	1,736,648	1,809,172	1,805,183	1,750,286	7.1%	12.2%
Other/Unknown	444,292	440,523	455,472	515,298	544,566	606,742	1,064,074	15.7%	7.4%
Total	**11,102,203**	**12,384,447**	**13,056,249**	**13,902,531**	**13,856,669**	**13,614,624**	**14,385,106**	4.4%	100.0%

By Sex									
Female	7,063,939	7,771,821	8,117,256	8,529,349	8,511,128	8,347,765	8,498,802	3.1%	59.1%
Male	3,955,289	4,488,246	4,805,003	5,263,632	5,295,698	5,227,515	5,418,977	5.4%	37.7%
Unknown	82,975	124,380	133,990	109,550	49,843	39,344	467,327	33.4%	3.2%
Total	**11,102,203**	**12,384,447**	**13,056,249**	**13,902,531**	**13,856,669**	**13,614,624**	**14,385,106**	4.4%	100.0%

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

PAYMENTS BY OTHER CHARACTERISTICS

By Maintenance Assistance Status	FFY 92	FFY 93	FFY94	FFY95	FFY96	FFY97	FFY98	Annual Change	Share of Total FFY 98
Receiving Cash Assistance or Eligible Under Section 1931	$13,532,888,178	$16,053,141,582	$17,123,230,304	$18,030,895,455	$18,509,145,895	$18,681,690,811	$19,323,855,086	6.1%	44.3%
Poverty Related Eligibles	$4,966,921,004	$5,212,743,941	$5,618,921,756	$6,493,919,877	$5,762,677,452	$6,297,833,503	$7,470,227,579	7.0%	17.1%
Medically Needy	$2,101,905,411	$2,335,402,135	$2,472,793,167	$2,640,399,222	$2,450,447,958	$3,466,287,480	$3,005,877,469	6.1%	6.9%
Other Eligibles	$7,528,214,293	$8,836,078,714	$9,638,547,625	$10,850,530,065	$11,719,025,032	$12,155,517,476	$12,871,471,109	9.4%	29.5%
Maintenance Assistance Status Unknown	$30,040,942	$44,552,584	$49,422,129	$678,379,338	$745,313,132	$554,783,192	$910,203,688	76.6%	2.1%
Total	**$28,159,969,828**	**$32,481,918,956**	**$34,902,914,981**	**$38,694,123,957**	**$39,186,609,469**	**$41,156,112,462**	**$43,581,634,931**	7.6%	100.0%
By Basis of Eligibility									
Aged, Blind, or Disabled	$17,944,799,153	$20,620,658,739	$22,676,501,155	$25,383,464,868	$26,647,490,158	$28,446,422,746	$30,334,751,904	9.1%	69.6%
Children	$5,627,795,161	$6,646,264,529	$7,031,060,065	$7,391,039,669	$6,939,231,577	$7,365,057,589	$7,065,987,982	3.9%	16.2%
Foster Care Children	$211,205,805	$268,297,548	$279,287,931	$357,814,429	$338,069,627	$433,544,859	$565,940,318	17.9%	1.3%
Adults	$4,346,106,421	$4,902,142,149	$4,867,683,388	$4,883,425,653	$4,515,467,459	$4,655,967,195	$4,702,098,819	1.3%	10.8%
Basis of Eligibility Unknown	$30,063,288	$44,555,991	$48,382,442	$678,379,338	$746,350,648	$255,120,073	$912,855,908	76.6%	2.1%
Total	**$28,159,969,828**	**$32,481,918,956**	**$34,902,914,981**	**$38,694,123,957**	**$39,186,609,469**	**$41,156,112,462**	**$43,581,634,931**	7.6%	100.0%
By Age									
Under Age 1	$2,000,763,607	$2,329,433,462	$2,355,252,583	$2,362,598,837	$2,181,830,112	$2,380,146,974	$1,848,220,700	-1.3%	4.2%
Age 1 to 5	$2,023,483,594	$2,433,381,762	$2,675,744,074	$2,834,375,349	$2,727,234,270	$2,709,484,283	$2,966,341,113	6.6%	6.8%
Age 6 to 14	$1,669,228,608	$2,142,973,364	$2,489,330,570	$2,884,631,727	$2,937,590,031	$3,018,592,801	$3,464,684,758	12.9%	7.9%
Age 15 to 20	$2,094,807,797	$2,417,078,807	$2,578,234,384	$2,914,295,149	$2,762,759,951	$2,755,535,732	$2,797,069,495	4.9%	6.4%
Age 21 to 44	$7,495,322,297	$8,612,693,408	$9,174,595,631	$10,010,669,527	$9,914,877,589	$10,003,980,246	$10,153,792,470	5.2%	23.3%
Age 45 to 64	$4,114,462,634	$4,777,741,952	$5,220,565,991	$6,059,519,753	$6,432,702,295	$6,982,952,482	$7,577,603,402	10.7%	17.4%
Age 65 to 74	$2,154,105,313	$2,422,618,330	$2,619,196,747	$2,925,581,479	$3,033,661,029	$3,292,147,808	$3,511,963,469	8.5%	8.1%
Age 75 to 84	$3,316,086,471	$3,599,890,870	$3,785,231,913	$4,156,946,096	$4,275,778,525	$4,596,173,766	$4,810,116,639	6.4%	11.0%
Age 85 and Over	$3,160,286,081	$3,673,926,846	$3,960,671,007	$4,456,937,783	$4,730,243,732	$5,012,297,919	$5,387,701,468	9.3%	12.4%
Age Unknown	$131,423,426	$72,180,155	$44,092,081	$88,568,257	$189,931,935	$404,800,451	$1,064,141,417	41.7%	2.4%
Total	**$28,159,969,828**	**$32,481,918,956**	**$34,902,914,981**	**$38,694,123,957**	**$39,186,609,469**	**$41,156,112,462**	**$43,581,634,931**	7.6%	100.0%
By Race									
White	$16,313,746,033	$18,589,329,996	$19,870,046,405	$22,051,048,681	$22,200,543,166	$23,199,775,215	$24,182,701,090	6.8%	55.5%
Black	$8,793,794,754	$9,926,764,313	$10,586,572,458	$11,462,834,325	$11,297,440,979	$11,649,646,024	$12,266,746,828	5.7%	28.1%
Hispanic, American Indian or Asian	$1,673,191,017	$2,358,260,264	$2,708,990,967	$2,960,511,770	$3,170,036,458	$3,314,656,103	$3,312,500,093	12.1%	7.6%
Other/Unknown	$1,379,238,024	$1,607,564,383	$1,737,305,151	$2,219,729,181	$2,518,588,866	$2,992,035,120	$3,819,686,920	18.5%	8.8%
Total	**$28,159,969,828**	**$32,481,918,956**	**$34,902,914,981**	**$38,694,123,957**	**$39,186,609,469**	**$41,156,112,462**	**$43,581,634,931**	7.6%	100.0%
By Sex									
Female	$18,246,132,462	$20,790,607,506	$22,097,880,943	$24,286,894,076	$24,485,090,131	$25,561,500,851	$26,401,712,541	6.4%	60.6%
Male	$9,795,138,019	$11,513,336,016	$12,640,834,810	$14,236,160,712	$14,480,474,763	$15,178,570,621	$16,048,429,347	8.6%	36.8%
Unknown	$118,699,347	$177,975,434	$164,199,228	$171,069,169	$221,044,575	$416,042,990	$1,131,493,042	45.6%	2.6%
Total	**$28,159,969,828**	**$32,481,918,956**	**$34,902,914,981**	**$38,694,123,957**	**$39,186,609,469**	**$41,156,114,462**	**$43,581,634,931**	7.6%	100.0%

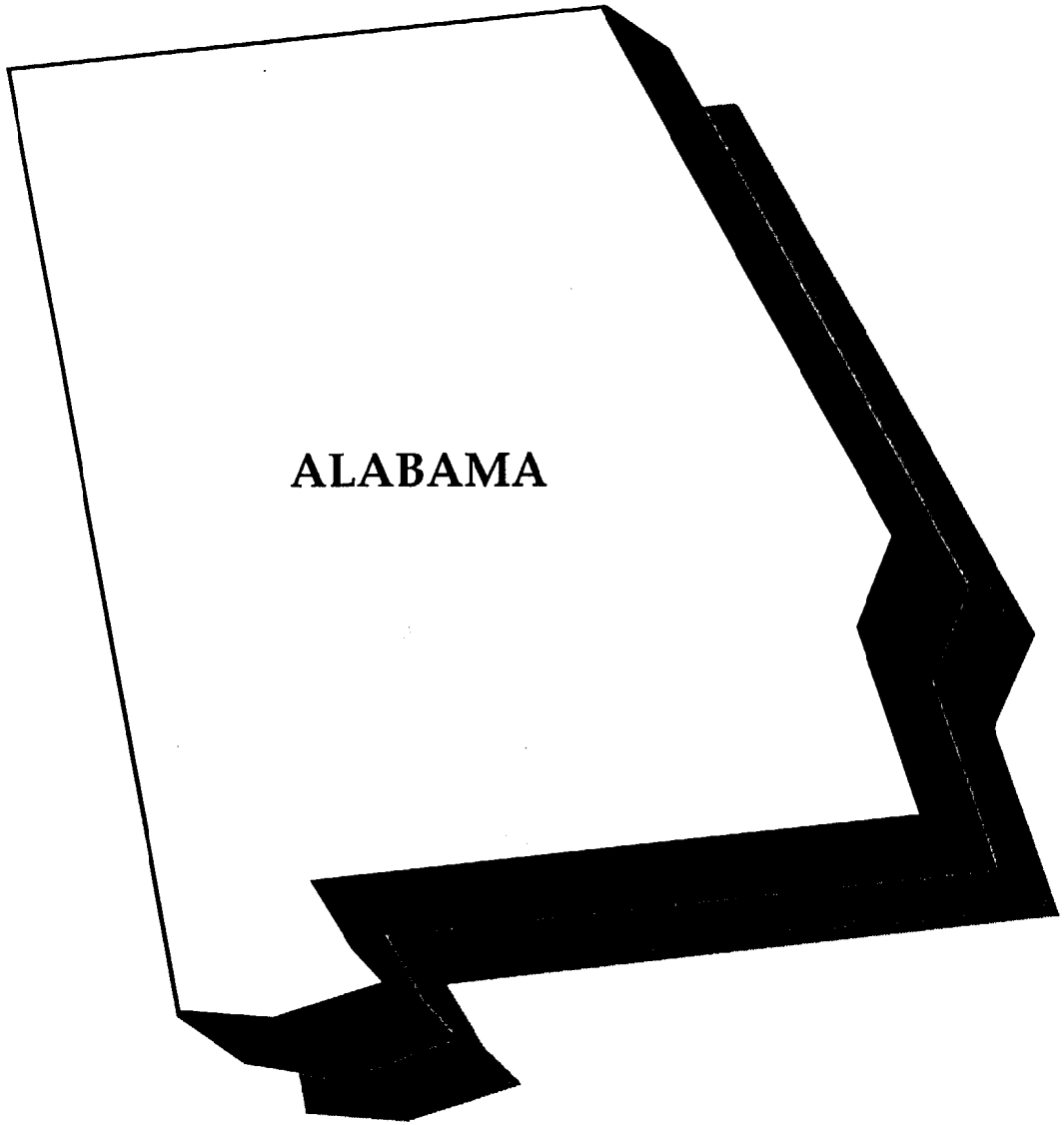
Source: Health Care Financing Administration-Form HCFA 2082 for federal fiscal years

AVERAGE PAYMENT PER RECIPIENT BY OTHER CHARACTERISTICS

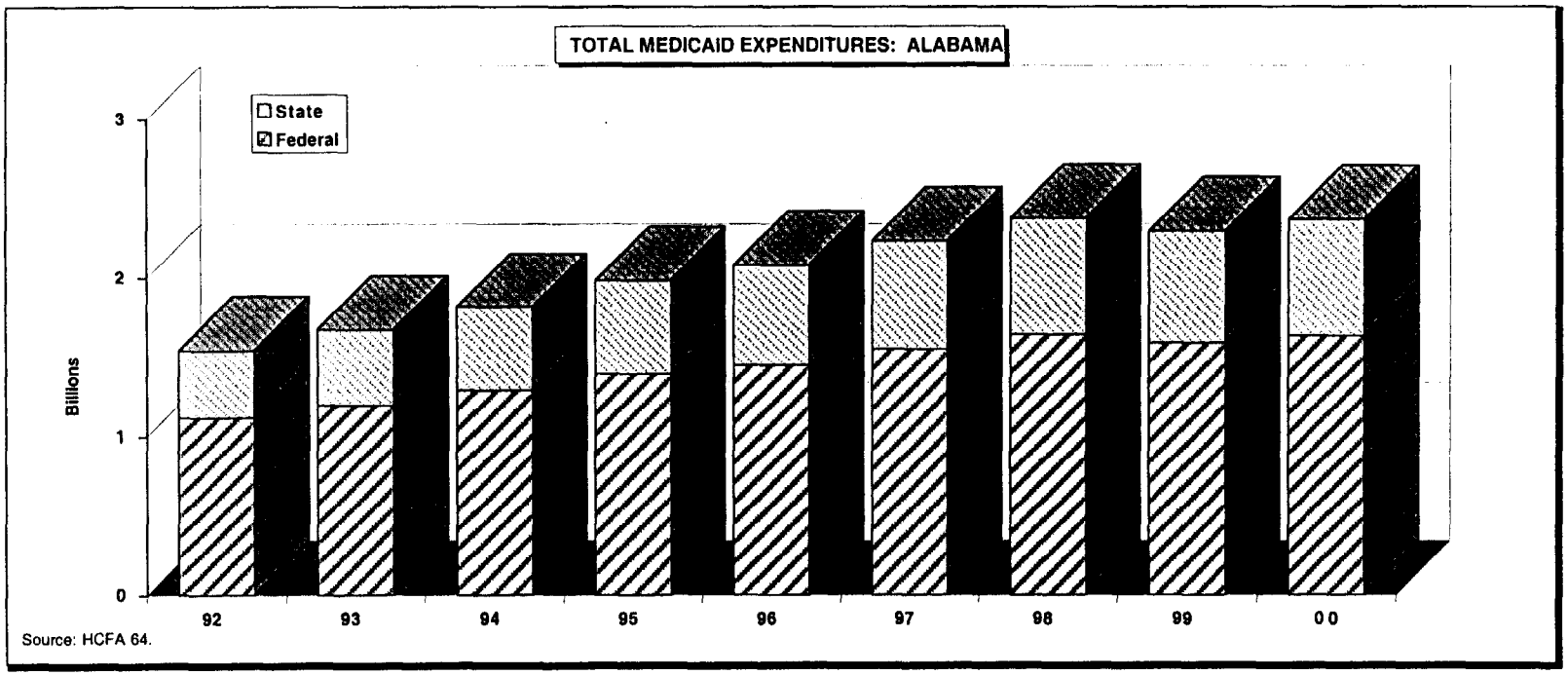
By Maintenance Assistance Status	FFY 92	FFY 93	FFY94	FFY95	FFY96	FFY97	FFY98	Annual Change
Receiving Cash Assistance or Eligible Under Section 1931	$2,038.09	$2,251.86	$2,360.74	$2,529.58	$2,716.22	$3,074.09	$3,199.81	7.8%
Poverty Related Eligibles	$3,940.17	$3,446.47	$3,363.25	$3,777.27	$3,070.76	$1,589.88	$1,511.49	-14.8%
Medically Needy	$4,591.62	$4,695.35	$4,620.89	$4,850.69	$4,920.42	$6,259.13	$5,709.22	3.7%
Other Eligibles	$2,766.53	$2,764.75	$2,718.44	$2,727.00	$2,813.34	$4,272.54	$5,462.57	12.0%
Maintenance Assistance Status Unknown	$1,324.32	$895.24	$959.90	$1,275.03	$1,484.11	$3,126.53	$1,747.22	4.7%
Total	**$2,536.43**	**$2,573.89**	**$2,639.62**	**$2,780.02**	**$2,828.00**	**$3,022.93**	**$3,029.64**	3.0%
By Basis of Eligibility								
Aged, Blind, or Disable	$5,704.26	$5,958.11	$6,137.41	$6,494.75	$6,552.61	$6,905.08	$7,201.04	4.0%
Children	$1,026.95	$1,078.28	$1,064.22	$1,081.97	$1,018.23	$1,079.62	$1,029.09	0.0%
Foster Care Children	$2,249.48	$2,321.44	$2,665.78	$3,593.99	$2,938.53	$2,945.32	$3,364.43	6.9%
Adults	$1,841.85	$1,889.52	$1,873.32	$1,929.07	$1,869.20	$1,882.84	$1,801.39	-0.4%
Basis of Eligibility Unknown	$1,323.38	$895.15	$940.29	$1,275.03	$1,680.10	$4,809.14	$1,729.39	4.6%
Total	**$2,536.43**	**$2,573.89**	**$2,639.62**	**$2,780.02**	**$2,828.00**	**$3,022.93**	**$3,029.64**	3.0%
By Age								
Under Age 1	$2,341.02	$2,532.36	$2,547.60	$2,548.19	$2,435.53	$2,530.77	$2,436.82	0.7%
Age 1 to 5	$880.06	$918.35	$957.34	$995.63	$989.74	$1,042.10	$1,114.89	4.0%
Age 6 to 14	$867.28	$957.04	$1,000.46	$1,057.14	$1,038.67	$1,068.88	$1,105.28	4.1%
Age 15 to 20	$2,101.56	$2,228.07	$2,231.62	$2,315.93	$2,185.78	$2,217.08	$2,108.36	0.1%
Age 21 to 44	$2,932.96	$3,047.01	$3,141.06	$3,170.37	$3,252.54	$3,424.50	$3,449.15	2.7%
Age 45 to 64	$5,116.33	$5,299.37	$5,431.03	$5,356.39	$5,523.50	$5,785.05	$6,077.85	2.9%
Age 65 to 74	$3,441.67	$3,637.23	$3,781.60	$4,040.58	$4,178.05	$4,489.20	$4,882.43	6.0%
Age 75 to 84	$5,425.21	$5,792.59	$5,995.65	$6,476.50	$6,682.37	$7,098.26	$7,590.11	5.8%
Age 85 and Over	$7,922.90	$8,528.37	$8,799.75	$9,696.86	$9,109.46	$10,624.11	$10,706.28	5.1%
Age Unknown	$4,228.28	$1,627.22	$1,187.76	$3,269.05	$12,702.78	$15,459.25	$2,324.43	-9.5%
Total	**$2,536.43**	**$2,573.89**	**$2,639.62**	**$2,780.02**	**$2,828.00**	**$3,022.93**	**$3,029.64**	3.0%
By Race								
White	$3,104.20	$3,159.55	$3,239.52	$3,328.36	$3,379.07	$3,623.96	$3,720.18	3.1%
Black	$2,072.30	$2,165.08	$2,195.37	$2,280.99	$2,290.21	$2,426.55	$2,419.32	2.6%
Hispanic, American Indian or Asian	$1,443.60	$1,598.32	$1,646.88	$1,704.73	$1,752.20	$1,836.19	$1,892.55	4.6%
Other/Unknown	$3,104.35	$3,649.22	$3,814.30	$4,307.66	$4,624.95	$4,931.31	$3,589.68	2.5%
Total	**$2,536.43**	**$2,573.89**	**$2,639.62**	**$2,780.02**	**$2,828.00**	**$3,022.93**	**$3,029.64**	3.0%
By Sex								
Female	$2,583.00	$2,675.13	$2,722.33	$2,847.45	$2,876.83	$3,062.08	$3,106.52	3.1%
Male	$2,476.47	$2,565.22	$2,630.77	$2,704.63	$2,734.38	$2,903.59	$2,961.52	3.0%
Unknown	$1,430.54	$1,430.90	$1,225.46	$1,561.56	$4,434.82	$10,574.50	$2,421.20	9.2%
Total	**$2,536.43**	**$2,573.89**	**$2,639.62**	**$2,780.02**	**$2,828.00**	**$3,022.93**	**$3,029.64**	3.0%

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

SOUTHERN REGION MEDICAID PROFILES



SOUTHERN REGION MEDICAID PROFILE



	FFY 92	FFY 93	FFY 94	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99**	FFY 00**	*Annual Rate of Change*	*Total 92-00*
Medicaid Payments	$1,503,280,933	$1,635,944,698	$1,777,080,749	$1,943,319,998	$2,038,419,446	$2,189,733,000	$2,326,929,484	$2,231,160,000	$2,294,950,000	*5.4%*	*52.7%*
Federal Share	$1,095,978,940	$1,173,859,369	$1,267,492,414	$1,370,486,300	$1,425,188,599	$1,523,813,000	$1,614,516,026	$1,548,103,000	$1,590,564,000	*4.8%*	*45.1%*
State Share	$407,301,993	$462,085,329	$509,588,335	$572,833,698	$613,230,847	$665,920,000	$712,413,458	$683,057,000	$704,386,000	*7.1%*	*72.9%*
Administrative Costs	$37,470,647	$36,964,126	$39,917,949	$40,135,809	$44,448,105	$46,069,028	$53,658,195	$68,220,000	$76,741,000	*9.4%*	*104.8%*
Federal Share	$21,754,157	$21,991,242	$24,431,892	$23,587,709	$25,987,677	$27,082,231	$31,069,394	$45,445,000	$45,368,000	*9.6%*	*108.5%*
State Share	$15,716,490	$14,972,884	$15,486,057	$16,548,100	$18,460,428	$18,986,797	$22,588,801	$22,775,000	$31,373,000	*9.0%*	*99.6%*
Admin. Costs as % of Payments	2.49%	2.26%	2.25%	2.07%	2.18%	2.10%	2.31%	3.06%	3.34%		
Federal Match Rate*	72.93%	71.45%	71.22%	70.45%	69.85%	69.54%	69.32%	69.27%	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 99 and 00 reflect latest estimates reported by each state.*

SOUTHERN REGION MEDICAID PROFILE

STATE FINANCING

	Payments		Administration	
	FFY 92	FFY 00	FFY 92	FFY 00
State General Fund	$407,301,993	$669,636,000	$15,716,490	$31,373,000
Local Funds	$0	$0	$0	$0
Provider Taxes	$0	$34,750,000	$0	$0
Donations	$0	$0	$0	$0
Other	$0	$0	$0	$0
Total State Share	$407,301,993	$704,386,000	$15,716,490	$31,373,000

Provider Taxes Currently in Place (FFY 00)

Provider(s)	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 92	FFY 93	FFY 94	FFY 95	FFY 96	FFY97	FFY98	FFY99*	FFY00*	*Annual Change*
General Hospitals	$416,813,747	$417,333,264	$148,991,949	$413,006,229	$346,707,637	$405,807,000	$417,458,000	$383,548,229	$383,548,229	*17.1%*
Mental Hospitals	$644,244	$112,018	$268,466,050	$4,451,770	$48,180,868	$11,651,000	$0	$4,451,771	$4,451,771	*-49.5%*
Total	$417,457,991	$417,445,282	$417,457,999	$417,457,999	$394,888,505	$417,458,000	$417,458,000	$388,000,000	$388,000,000	*-1.2%*

SELECTED ELIGIBILITY CRITERIA

	At 10/1/99	% of FPL*
TANF-Temporary Assistance for Needy Families (Family of 3)		
Need Standard	$673	58.2%
Payment Standard	$164	14.2%
Maximum Payment	$164	14.2%
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	74.9%
Couple	$761	82.6%
Resources:		
Single Person	$2,000	
Couple	$3,000	

*Current federal poverty level is $8,240 per year for a single person, $11,060 for a family of two and $13,880 for a family of three. Table above shows monthly income levels.

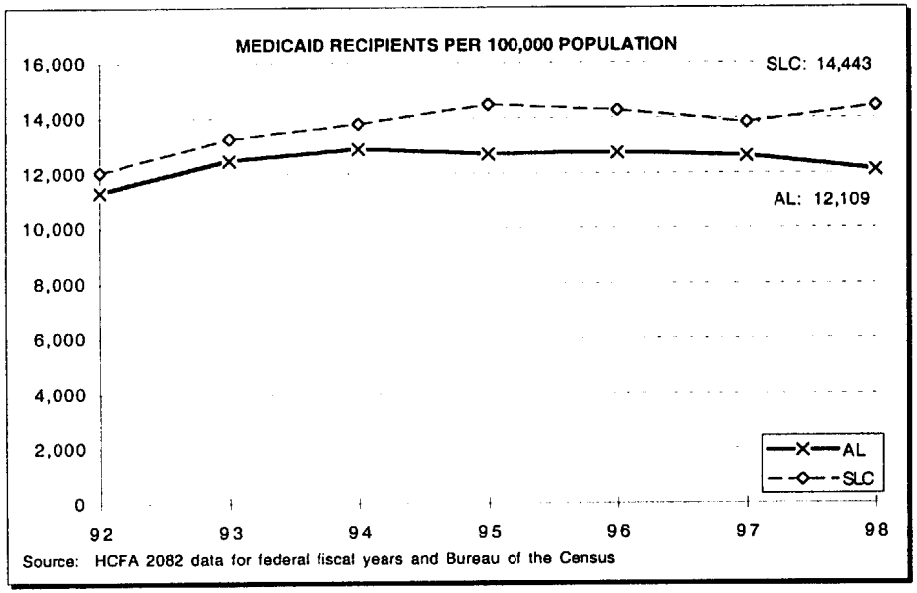
DEMOGRAPHIC DATA & POVERTY INDICATORS (1997)

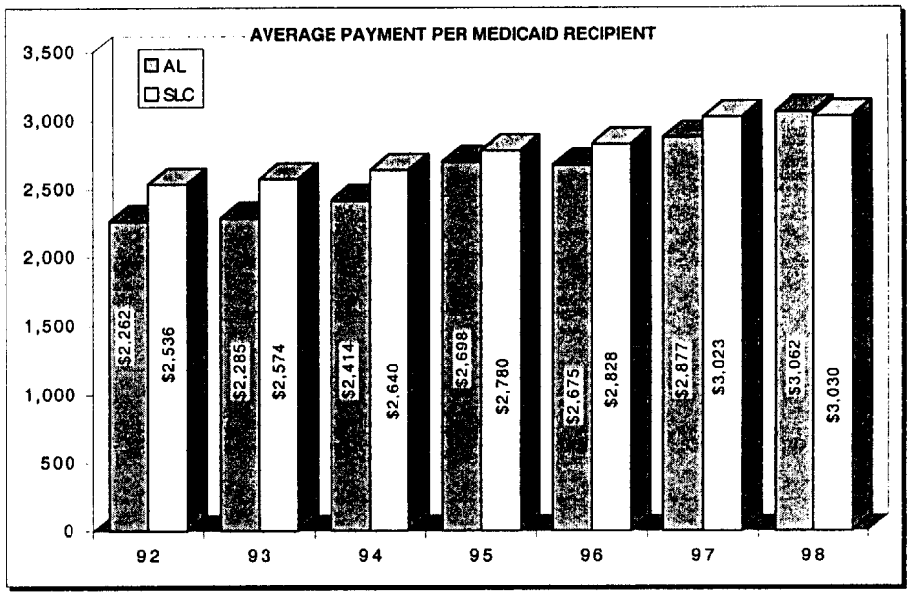
		Rank in U.S.
State population—July 1, 1997*	4,322,113	23
Per capita personal income**	$20,699	38
Median household income**	$30,103	44
Population below Federal Poverty Level on July 1, 1997*	717,471	
Percent of total population	16.6%	9
Population without health insurance coverage*	659,000	20
Percent of total population	15.2%	18
Recipients of Food Stamps***	413,293	13
Households receiving Food Stamps***	186,000	17
Total value of issuance***	$357,317,903	14
Average monthly benefit per recipient	$72.05	26
Average monthly benefit per household	$160.09	8
Monthly recipients of Temporary Assistance to Needy Families (TANF)****	52,076	29
Total TANF payments****	$104,362,930	37
Average monthly payment per recipient	$167.00	
Average monthly payment per family of 3	$164.00	48

*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	FFY 92	FFY 93	FFY 94	FFY95	FFY96	FFY97	FFY98	*Annual Change*
01. General Hospital	70,228	69,974	72,028	71,221	34,367	28,458	28,797	*-13.8%*
02. Mental Hospital	932	1,018	1,045	1,072	1,147	1,129	1,329	*6.1%*
03. Skilled and Intermediate (non-MR) Care Nursing	20,884	21,168	21,733	21,809	22,620	23,476	23,844	*2.2%*
04. Intermediate Care for Mentally Retarded	1,298	1,312	1,265	1,117	968	828	750	*-8.7%*
05. Physician Services	357,383	394,685	414,000	406,821	409,235	415,252	393,194	*1.6%*
06. Dental Services	56,369	63,088	68,214	65,649	70,823	70,968	68,485	*3.3%*
07. Other Practitioners	50,734	64,299	69,715	71,135	75,835	86,045	72,649	*6.2%*
08. Outpatient Hospital	182,536	213,112	223,841	221,182	248,630	262,530	221,538	*3.3%*
09. Clinic Services	69,005	71,184	85,550	108,423	120,341	124,345	111,804	*8.4%*
10. Lab and X-Ray	154,555	175,033	206,188	161,653	186,612	178,743	157,551	*0.3%*
11. Home Health	13,762	36,287	37,421	68,405	45,384	47,268	43,277	*21.0%*
12. Prescribed Drugs	350,933	395,458	409,406	404,581	412,511	412,739	395,290	*2.0%*
13. Family Planning	35,064	39,296	38,413	34,841	37,130	39,639	35,953	*0.4%*
14. Early & Periodic Screening, Diagnosis & Treatment	107,024	135,755	132,428	136,906	139,036	131,285	121,122	*2.1%*
15. Other Care	88,479	95,511	102,267	108,834	116,680	123,061	75,170	*-2.7%*
16. Personal Care Support Services	0	0	0	0	0	0	52,098	*n/a*
17. Home/Community Based Waiver Services	0	0	0	0	0	0	4,112	*n/a*
18. Prepaid Health Care	0	0	0	0	0	0	70	*n/a*
19. Primary Care Case Management (PCCM) Services	0	0	0	0	0	0	3	*n/a*
Total*	**466,918**	**521,539**	**543,537**	**539,251**	**546,272**	**546,140**	**526,964**	*2.0%*

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

ALABAMA

SOUTHERN REGION MEDICAID PROFILE

PAYMENTS BY TYPE OF SERVICES	FFY 92	FFY 93	FFY 94	FFY95	FFY96	FFY97	FFY98	Annual Change	Share of Total FFY 98
01. General Hospital	$217,068,181	$235,494,909	$252,860,631	$269,464,898	$198,637,110	$170,166,297	$190,942,492	-2.1%	11.8%
02. Mental Hospital	$20,686,371	$20,292,291	$19,132,945	$18,227,568	$20,530,209	$21,833,876	$26,475,030	4.2%	1.6%
03. Skilled and Intermediate (non-MR) Care Nursing	$315,677,987	$330,831,471	$382,486,883	$426,102,259	$445,325,482	$520,412,943	$522,825,844	8.8%	32.4%
04. Intermediate Care for Mentally Retarded	$76,832,411	$79,035,541	$79,297,030	$77,870,785	$68,011,776	$58,298,157	$55,663,840	-5.2%	3.5%
05. Physician Services	$98,854,971	$106,935,660	$115,904,923	$114,558,882	$119,428,302	$132,563,184	$115,683,384	2.7%	7.2%
06. Dental Services	$6,745,048	$7,456,614	$8,455,449	$9,038,068	$10,118,678	$10,218,557	$9,698,164	6.2%	0.6%
07. Other Practitioners	$4,531,289	$7,464,353	$7,844,722	$8,024,526	$8,418,026	$8,617,321	$7,888,253	9.7%	0.5%
08. Outpatient Hospital	$28,115,949	$36,110,900	$40,345,687	$47,095,877	$65,223,740	$70,529,433	$57,602,636	12.7%	3.6%
09. Clinic Services	$27,994,017	$15,739,644	$20,701,621	$37,840,054	$46,123,958	$49,128,082	$62,372,094	14.3%	3.9%
10. Lab and X-Ray	$7,029,512	$8,449,904	$10,492,600	$9,992,503	$11,082,415	$10,636,552	$9,563,557	5.3%	0.6%
11. Home Health	$52,269,685	$63,912,347	$70,193,170	$83,981,082	$104,535,592	$128,593,515	$22,844,852	-12.9%	1.4%
12. Prescribed Drugs	$115,718,764	$146,877,201	$163,021,321	$178,667,753	$203,811,076	$226,105,163	$236,674,147	12.7%	14.7%
13. Family Planning	$8,812,326	$11,024,470	$9,567,665	$7,893,848	$7,332,859	$7,565,632	$6,639,031	-4.6%	0.4%
14. Early & Periodic Screening, Diagnosis & Treatment	$8,750,847	$15,595,447	$16,452,308	$15,787,197	$16,485,904	$15,891,150	$16,178,400	10.8%	1.0%
15. Other Care	$66,959,413	$106,597,652	$115,079,562	$130,446,795	$136,035,958	$140,643,879	$19,858,177	-18.3%	1.2%
16. Personal Care Support Services	$0	$0	$0	$0	$0	$0	$61,655,392	n/a	3.8%
17. Home/Community Based Waiver Services	$0	$0	$0	$20,000,000	$0	$0	$117,726,558	80.6%	7.3%
18. Prepaid Health Care	$0	$0	$0	$0	$0	$0	$178,992	n/a	0.0%
19. Primary Care Case Management (PCCM) Services	$0	$0	$0	$0	$0	$0	$72,939,909	n/a	4.5%
Total (excludes DSH pymts, pharmacy rebates, & other adjs.)	**$1,056,046,771**	**$1,191,818,404**	**$1,311,836,517**	**$1,454,992,095**	**$1,461,101,085**	**$1,571,203,741**	**$1,613,410,752**	7.3%	100.0%

AVERAGE PAYMENTS PER RECIPIENT BY TYPE OF SERVICES									(+) or (-) SLC Avg. FFY 98
01. General Hospital	$3,090.91	$3,365.46	$3,510.59	$3,783.50	$5,779.88	$5,979.56	$6,630.64	13.6%	72.3%
02. Mental Hospital	$22,195.68	$19,933.49	$18,309.04	$17,003.33	$17,899.05	$19,339.13	$19,921.02	-1.8%	147.2%
03. Skilled and Intermediate (non-MR) Care Nursing	$15,115.78	$15,628.85	$17,599.36	$19,537.91	$19,687.25	$22,167.87	$21,926.94	6.4%	43.2%
04. Intermediate Care for Mentally Retarded	$59,192.92	$60,240.50	$62,685.40	$69,714.22	$70,260.10	$70,408.40	$74,218.45	3.8%	25.3%
05. Physician Services	$276.61	$270.94	$279.96	$281.60	$291.83	$319.24	$294.21	1.0%	-20.3%
06. Dental Services	$119.66	$118.19	$123.95	$137.67	$142.87	$143.99	$141.61	2.8%	-18.4%
07. Other Practitioners	$89.31	$116.09	$112.53	$112.81	$111.00	$100.15	$108.58	3.3%	-30.6%
08. Outpatient Hospital	$154.03	$169.45	$180.24	$212.93	$262.33	$268.65	$260.01	9.1%	-41.8%
09. Clinic Services	$405.68	$221.11	$241.98	$349.00	$383.28	$395.09	$557.87	5.5%	-0.8%
10. Lab and X-Ray	$45.48	$48.28	$50.89	$61.81	$59.39	$59.51	$60.70	4.9%	-35.7%
11. Home Health	$3,798.12	$1,761.30	$1,875.77	$1,227.70	$2,303.36	$2,720.52	$527.88	-28.0%	-65.5%
12. Prescribed Drugs	$329.75	$371.41	$398.19	$441.61	$494.07	$547.82	$598.74	10.5%	-4.6%
13. Family Planning	$251.32	$280.55	$249.07	$226.57	$197.49	$190.86	$184.66	-5.0%	-13.2%
14. Early & Periodic Screening, Diagnosis & Treatment	$81.77	$114.88	$124.24	$115.31	$118.57	$121.04	$133.57	8.5%	-51.4%
15. Other Care	$756.78	$1,116.08	$1,125.29	$1,198.58	$1,165.89	$1,142.88	$264.18	-16.1%	-43.0%
16. Personal Care Support Services	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$1,183.45	n/a	-25.0%
17. Home/Community Based Waiver Services	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$28,630.00	n/a	128.0%
18. Prepaid Health Care	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$2,557.03	n/a	129.6%
19. Primary Care Case Management (PCCM) Services	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$24,313,303.00	n/a	36682279.0%
Total (Average)	**$2,261.74**	**$2,285.20**	**$2,413.52**	**$2,698.17**	**$2,674.68**	**$2,876.92**	**$3,061.71**	5.2%	1.1%
TOTAL PER CAPITA EXPENDITURES	**$372.98**	**$400.05**	**$431.06**	**$467.11**	**$485.84**	**$517.29**	**$547.01**	6.6%	-1.0%

DATA BY OTHER CHARACTERISTICS

RECIPIENTS BY OTHER CHARACTERISTICS

By Maintenance Assistance Status	FFY 92	FFY 93	FFY 94	FFY95	FFY96	FFY97	FFY98	Annual Change	Share of Total FFY 98
Receiving Cash Assistance or Eligible Under Section 1931	291,652	308,470	307,432	292,535	286,298	275,061	231,939	-3.7%	44.0%
Poverty Related Eligibles	52,592	52,912	55,905	54,499	53,316	65,371	219,012	26.8%	41.6%
Medically Needy	0	0	0	0	0	0	0	n/a	0.0%
Other Eligibles	121,433	158,849	179,115	191,422	205,839	203,308	74,363	-7.8%	14.1%
Maintenance Assistance Status Unknown	1,241	1,308	1,085	795	819	2,400	1,650	4.9%	0.3%
Total	**466,918**	**521,539**	**543,537**	**539,251**	**546,272**	**546,140**	**526,964**	2.0%	100.0%
By Basis of Eligibility									
Aged, Blind, or Disabled	171,655	187,121	196,722	202,666	207,821	210,933	210,449	3.5%	39.9%
Children	198,418	233,535	244,281	243,999	250,149	276,145	262,545	4.8%	49.8%
Foster Care Children	4,574	2,861	2,597	2,879	2,846	3,716	4,037	-2.1%	0.8%
Adults	91,022	96,704	98,852	88,912	84,635	52,944	48,048	-10.1%	9.1%
Basis of Eligibility Unknown	1,249	1,318	1,085	795	821	2,402	1,885	7.1%	0.4%
Total	**466,918**	**521,539**	**543,537**	**539,251**	**546,272**	**546,140**	**526,964**	2.0%	100.0%
By Age									
Under Age 1	27,147	30,272	30,111	29,633	28,103	28,267	27,969	0.5%	5.3%
Age 1 to 5	103,445	125,428	129,135	128,371	127,986	123,033	111,571	1.3%	21.2%
Age 6 to 14	68,496	82,873	92,417	95,977	106,131	112,199	111,384	8.4%	21.1%
Age 15 to 20	41,260	43,418	45,520	43,715	43,683	42,273	43,096	0.7%	8.2%
Age 21 to 44	98,422	107,176	111,269	104,840	102,757	99,867	93,422	-0.9%	17.7%
Age 45 to 64	38,264	42,001	44,457	46,688	48,663	50,685	51,552	5.1%	9.8%
Age 65 to 74	31,248	32,318	32,700	32,729	32,383	32,408	31,800	0.3%	6.0%
Age 75 to 84	33,962	33,333	32,688	32,091	31,319	31,144	30,227	-1.9%	5.7%
Age 85 and Over	23,504	23,855	24,343	24,528	24,601	25,208	25,280	1.2%	4.8%
Age Unknown	1,170	865	897	679	646	1,056	663	-9.0%	0.1%
Total	**466,918**	**521,539**	**543,537**	**539,251**	**546,272**	**546,140**	**526,964**	2.0%	100.0%
By Race									
White	197,163	226,194	238,432	239,275	240,879	242,516	238,049	3.2%	45.2%
Black	244,017	268,533	278,258	272,865	277,678	275,231	260,758	1.1%	49.5%
Hispanic, American Indian or Asian	1,147	3,273	4,140	4,924	5,843	6,488	7,042	35.3%	1.3%
Other/Unknown	24,591	23,539	22,707	22,187	21,872	21,905	21,115	-2.5%	4.0%
Total	**466,918**	**521,539**	**543,537**	**539,251**	**546,272**	**546,140**	**526,964**	2.0%	100.0%
By Sex									
Female	303,194	332,352	344,239	337,439	338,728	336,467	322,586	1.0%	61.2%
Male	158,236	183,360	193,176	195,522	200,646	202,230	196,767	3.7%	37.3%
Unknown	5,488	5,827	6,122	6,290	6,898	7,443	7,611	5.6%	1.4%
Total	**466,918**	**521,539**	**543,537**	**539,251**	**546,272**	**546,140**	**526,964**	2.0%	100.0%

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

SOUTHERN REGION MEDICAID PROFILE

PAYMENTS BY OTHER CHARACTERISTICS

By Maintenance Assistance Status	FFY 92	FFY 93	FFY 94	FFY95	FFY96	FFY97	FFY98	Annual Change	Share of Total FFY 98
Receiving Cash Assistance or Eligible Under Section 1931	$540,423,961	$620,732,190	$662,592,590	$698,745,100	$608,945,773	$646,168,737	$602,257,731	1.8%	37.3%
Poverty Related Eligibles	$367,658,109	$387,786,361	$445,454,643	$503,382,092	$514,790,907	$170,810,424	$178,124,687	-11.4%	11.0%
Medically Needy	$0	$0	$0	$0	$0	$0	$0	n/a	0.0%
Other Eligibles	$146,988,106	$182,404,313	$203,004,522	$218,624,893	$184,828,392	$607,526,099	$607,215,547	26.7%	37.6%
Maintenance Assistance Status Unknown	$976,595	$895,540	$784,762	$34,240,010	$152,536,013	$146,698,481	$225,812,787	147.7%	14.0%
Total	**$1,056,046,771**	**$1,191,818,404**	**$1,311,836,517**	**$1,454,992,095**	**$1,461,101,085**	**$1,571,203,741**	**$1,613,410,752**	7.3%	100.0%
By Basis of Eligibility									
Aged, Blind or Disabled	$749,017,152	$840,775,041	$940,453,294	$1,046,491,356	$1,013,421,923	$1,140,949,944	$1,148,109,264	7.4%	71.2%
Children	$148,110,536	$173,566,537	$191,183,199	$193,833,249	$140,069,631	$191,018,520	$189,774,558	4.2%	11.8%
Foster Care Children	$8,991,897	$5,138,127	$4,815,441	$9,707,101	$9,743,579	$16,062,702	$17,824,964	12.1%	1.1%
Adults	$148,942,190	$171,423,943	$174,599,821	$170,720,379	$145,329,084	$76,474,094	$31,649,422	-22.8%	2.0%
Basis of Eligibility Unknown	$984,996	$914,756	$784,762	$34,240,010	$152,536,868	$146,698,481	$226,052,544	147.4%	14.0%
Total	**$1,056,046,771**	**$1,191,818,404**	**$1,311,836,517**	**$1,454,992,095**	**$1,461,101,085**	**$1,571,203,741**	**$1,613,410,752**	7.3%	100.0%
By Age									
Under Age 1	$50,503,680	$59,488,836	$66,046,869	$69,000,694	$21,718,398	$23,397,438	$22,820,090	-12.4%	1.4%
Age 1 to 5	$89,360,847	$109,666,317	$118,465,241	$118,393,096	$89,906,107	$76,335,290	$67,146,102	-4.7%	4.2%
Age 6 to 14	$45,339,015	$57,448,753	$67,137,104	$79,648,012	$76,274,758	$82,732,315	$137,866,379	20.4%	8.5%
Age 15 to 20	$71,567,153	$81,111,533	$87,591,733	$89,616,766	$79,740,778	$76,750,734	$45,768,326	-7.2%	2.8%
Age 21 to 44	$234,798,136	$269,064,489	$287,541,476	$301,831,978	$268,187,264	$265,892,369	$204,968,841	-2.2%	12.7%
Age 45 to 64	$140,250,006	$163,964,021	$182,334,479	$207,550,327	$192,938,509	$216,275,333	$222,425,685	8.0%	13.8%
Age 65 to 74	$87,146,887	$93,408,453	$102,273,158	$111,382,655	$118,644,726	$140,790,737	$138,305,521	8.0%	8.6%
Age 75 to 84	$159,360,630	$167,647,015	$182,097,708	$195,848,563	$203,861,863	$236,822,941	$233,796,571	6.6%	14.5%
Age 85 and Over	$176,650,776	$189,070,098	$217,436,770	$247,536,114	$257,348,370	$306,824,223	$315,444,008	10.1%	19.6%
Age Unknown	$1,069,641	$948,889	$911,979	$34,183,890	$152,480,312	$145,382,361	$224,869,229	143.8%	13.9%
Total	**$1,056,046,771**	**$1,191,818,404**	**$1,311,836,517**	**$1,454,992,095**	**$1,461,101,085**	**$1,571,203,741**	**$1,613,410,752**	7.3%	100.0%
By Race									
White	$595,505,092	$668,381,196	$746,667,929	$817,806,916	$779,375,247	$861,507,068	$827,945,714	5.6%	51.3%
Black	$400,210,812	$456,625,688	$494,930,645	$527,068,448	$463,114,382	$493,712,277	$438,942,699	1.6%	27.2%
Hispanic, American Indian or Asian	$1,554,944	$4,576,820	$6,257,278	$7,657,954	$6,487,149	$6,966,565	$6,064,149	25.5%	0.4%
Other/Unknown	$58,775,923	$62,234,700	$63,980,665	$102,458,777	$212,124,307	$209,017,831	$340,458,190	34.0%	21.1%
Total	**$1,056,046,771**	**$1,191,818,404**	**$1,311,836,517**	**$1,454,992,095**	**$1,461,101,085**	**$1,571,203,741**	**$1,613,410,752**	7.3%	100.0%
By Sex									
Female	$730,511,447	$819,019,495	$898,392,959	$966,579,837	$908,405,172	$994,732,988	$901,546,013	3.6%	55.9%
Male	$317,217,196	$364,189,010	$403,923,942	$443,200,940	$395,672,055	$427,195,176	$428,860,075	5.2%	26.6%
Unknown	$8,318,128	$8,609,899	$9,519,616	$45,211,318	$157,023,858	$149,275,577	$283,004,664	80.0%	17.5%
Total	**$1,056,046,771**	**$1,191,818,404**	**$1,311,836,517**	**$1,454,992,095**	**$1,461,101,085**	**$1,571,203,741**	**$1,613,410,752**	7.3%	100.0%

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

SOUTHERN REGION MEDICAID PROFILE

AVERAGE PAYMENT PER RECIPIENT BY OTHER CHARACTERISTICS

By Maintenance Assistance Status	FFY 92	FFY 93	FFY 94	FFY95	FFY96	FFY97	FFY98	Annual Change	Above (+) or Below (-) SLC Avg. FFY 98
Receiving Cash Assistance or Eligible Under Section 1931	$1,852.98	$2,012.29	$2,155.25	$2,388.59	$2,126.96	$2,349.18	$2,596.62	5.8%	-18.9%
Poverty Related Eligibles	$6,990.76	$7,328.89	$7,968.06	$9,236.54	$9,655.47	$2,612.94	$813.31	-30.1%	-46.2%
Medically Needy	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	n/a	-100.0%
Other Eligibles	$1,210.45	$1,148.29	$1,133.38	$1,142.11	$897.93	$2,988.21	$8,165.56	37.5%	49.5%
Maintenance Assistance Status Unknown	$786.94	$684.66	$723.28	$43,069.19	$186,246.66	$61,124.37	$136,856.23	136.3%	7732.8%
Total	**$2,261.74**	**$2,285.20**	**$2,413.52**	**$2,698.17**	**$2,674.68**	**$2,876.92**	**$3,061.71**	5.2%	1.1%
By Basis of Eligibility									
Aged, Blind or Disabled	$4,363.50	$4,493.22	$4,780.62	$5,163.63	$4,876.42	$5,409.06	$5,455.52	3.8%	-24.2%
Children	$746.46	$743.21	$782.64	$794.40	$559.94	$691.73	$722.83	-0.5%	-29.8%
Foster Care Children	$1,965.87	$1,795.92	$1,854.23	$3,371.69	$3,423.60	$4,322.58	$4,415.40	14.4%	31.2%
Adults	$1,636.33	$1,772.67	$1,766.28	$1,920.11	$1,717.13	$1,444.43	$658.70	-14.1%	-63.4%
Basis of Eligibility Unknown	$788.63	$694.05	$723.28	$43,069.19	$185,793.99	$61,073.47	$119,921.77	131.0%	6834.3%
Total	**$2,261.74**	**$2,285.20**	**$2,413.52**	**$2,698.17**	**$2,674.68**	**$2,876.92**	**$3,061.71**	5.2%	1.1%
By Age									
Under Age 1	$1,860.38	$1,965.14	$2,193.45	$2,328.51	$772.81	$827.73	$815.91	-12.8%	-66.5%
Age 1 to 5	$863.85	$874.34	$917.38	$922.27	$702.47	$620.45	$601.82	-5.8%	-46.0%
Age 6 to 14	$661.92	$693.21	$726.46	$829.87	$718.69	$737.37	$1,237.76	11.0%	12.0%
Age 15 to 20	$1,734.54	$1,868.15	$1,924.25	$2,050.02	$1,825.44	$1,815.60	$1,062.01	-7.9%	-49.6%
Age 21 to 44	$2,385.63	$2,510.49	$2,584.20	$2,878.98	$2,609.92	$2,662.46	$2,194.01	-1.4%	-36.4%
Age 45 to 64	$3,665.33	$3,903.81	$4,101.37	$4,445.47	$3,964.79	$4,267.05	$4,314.59	2.8%	-29.0%
Age 65 to 74	$2,788.88	$2,890.29	$3,127.62	$3,403.18	$3,663.80	$4,344.32	$4,349.23	7.7%	-10.9%
Age 75 to 84	$4,692.32	$5,029.46	$5,570.78	$6,102.91	$6,509.21	$7,604.13	$7,734.69	8.7%	1.9%
Age 85 and Over	$7,515.78	$7,925.81	$8,932.21	$10,091.98	$10,460.89	$12,171.70	$12,478.01	8.8%	16.5%
Age Unknown	$914.22	$1,096.98	$1,016.70	$50,344.46	$236,037.63	$137,672.69	$339,169.27	168.1%	14491.5%
Total	**$2,261.74**	**$2,285.20**	**$2,413.52**	**$2,698.17**	**$2,674.68**	**$2,876.92**	**$3,061.71**	5.2%	1.1%
By Race									
White	$3,020.37	$2,954.90	$3,131.58	$3,417.85	$3,235.55	$3,552.37	$3,478.05	2.4%	-6.5%
Black	$1,640.09	$1,700.45	$1,778.68	$1,931.61	$1,667.81	$1,793.81	$1,683.33	0.4%	-30.4%
Hispanic, American Indian or Asian	$1,355.66	$1,398.36	$1,511.42	$1,555.23	$1,110.24	$1,073.76	$861.14	-7.3%	-54.5%
Other/Unknown	$2,390.14	$2,643.90	$2,817.66	$4,617.96	$9,698.44	$9,542.01	$16,124.00	37.5%	349.2%
Total	**$2,261.74**	**$2,285.20**	**$2,413.52**	**$2,698.17**	**$2,674.68**	**$2,876.92**	**$3,061.71**	5.2%	1.1%
By Sex									
Female	$2,409.39	$2,464.31	$2,609.79	$2,864.46	$2,681.81	$2,956.41	$2,794.75	2.5%	-10.0%
Male	$2,004.71	$1,986.20	$2,090.96	$2,266.76	$1,971.99	$2,112.42	$2,179.53	1.4%	-26.4%
Unknown	$1,515.69	$1,477.59	$1,554.98	$7,187.81	$22,763.68	$20,055.83	$37,183.64	70.5%	1435.8%
Total	**$2,261.74**	**$2,285.20**	**$2,413.52**	**$2,698.17**	**$2,674.68**	**$2,876.92**	**$3,061.71**	5.2%	1.1%

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

ADDITIONAL STATE HEALTH CARE INFORMATION

Sources: "Major Health Care Policies: 50 State Profiles", Health Policy Tracking Service, January, 1999; and "Medicaid Services State by State", HCFA, October 1998.
**Information supplied by State Medicaid Agency*

Waivers

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

Several Home and Community Based Service Waivers, under Section 1915 (c), enable the state to provide long-term care services to people who otherwise would require institutionalization. These waivers include:
- Mental Retardation/Developmental Disabilities: Serves 3,290 people, operating since October 1, 1980.
- Aged and Disabled: Serves 6,316 people, operating since October 1, 1984.
- Physical Disabilities: Serves 362 people, operating since April 1, 1992.

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

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

Managed Care

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

Coverage for Targeted Population

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

Cost Containment Measures

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

Medicaid

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

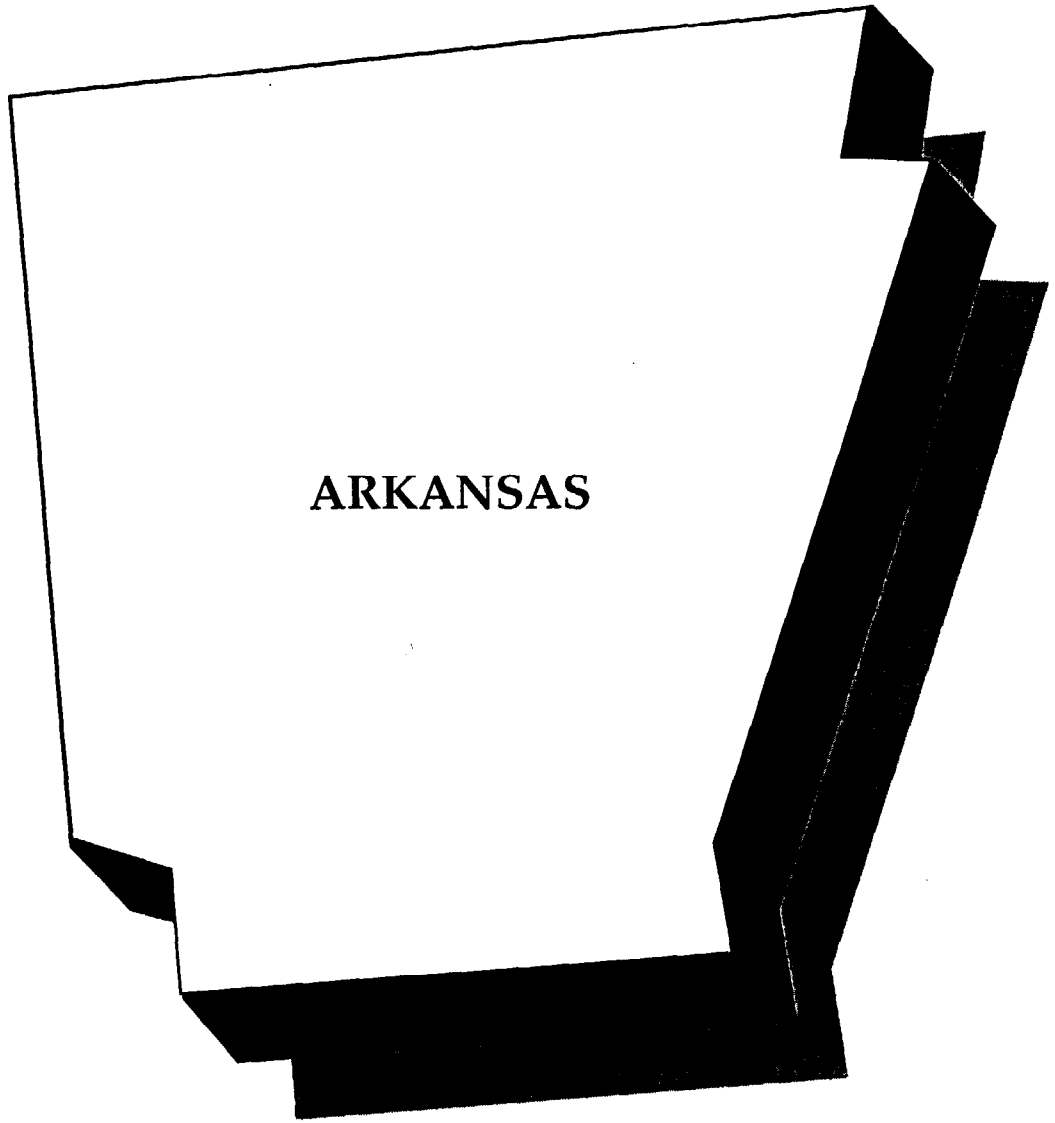
Children's Health Insurance Program: A Combination of Private Insurance and a Medicaid Expansion

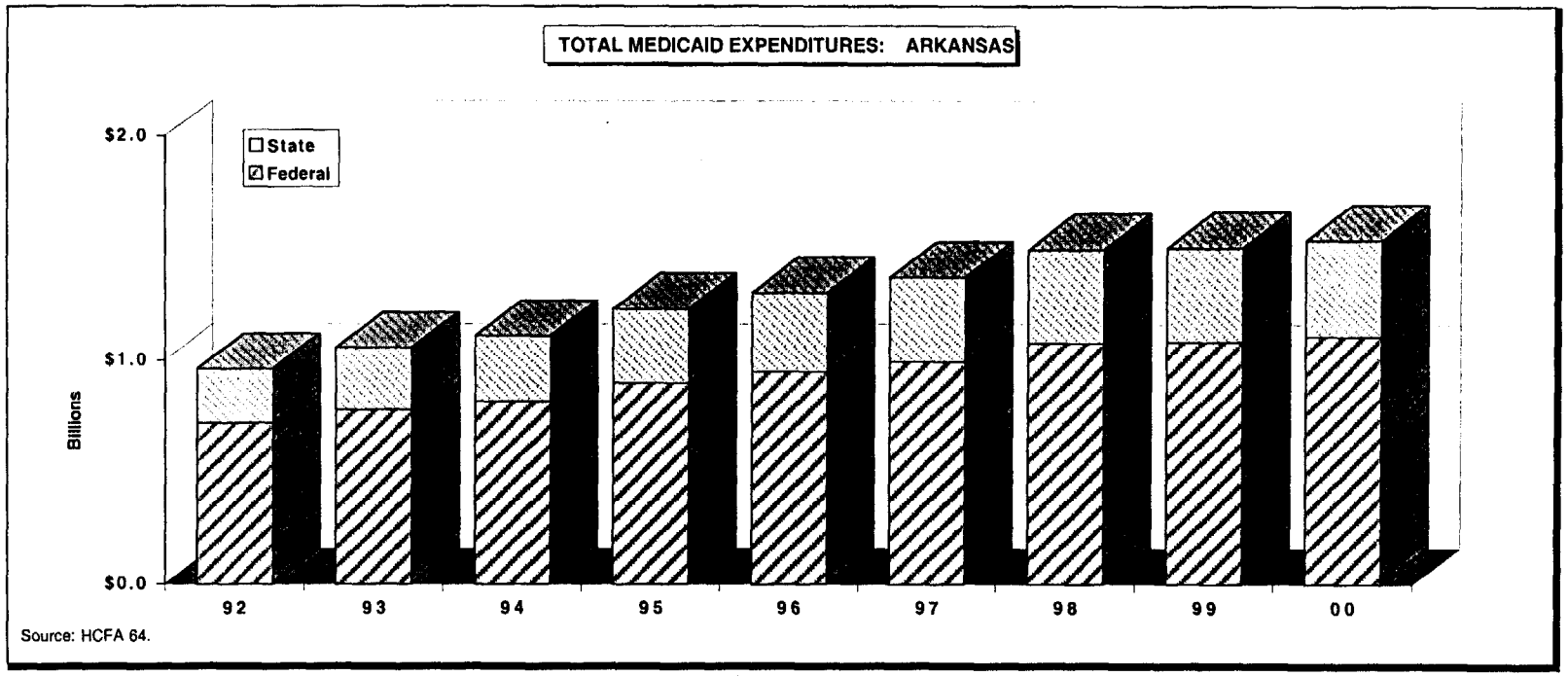
•CHIP in Alabama is administered by the Alabama Department of Public Health. Phase I, approved by HCFA on January 30, 1998, is an expansion of Medicaid to cover children/adolescents through age 18 in families with incomes up to 100% of the FPL. The state had enrolled 10,330 new eligibles by September of 1999.
•Phase II (AL-Kids), approved by HCFA on August 18, 1998, is a separate state children's health insurance plan to cover children/adolescents up to age 19 in families with incomes up to 200% of the FPL. The state had enrolled 25,748 new children by September of 1999.
•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, there is an annual premium of $50 per child/adolescent.
•There are no copayments for preventive services, well-baby care, immunizations, and physical examinations.

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

QUESTIONNAIRE NOT RETURNED

SOUTHERN REGION MEDICAID PROFILES





	FFY 92	FFY 93	FFY 94	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99**	FFY 00**	*Annual Rate of Change*	*Total 92-00*
Medicaid Payments	$924,364,454	$1,017,838,514	$1,066,487,930	$1,183,573,889	$1,243,068,403	$1,302,627,000	$1,407,017,402	$1,412,376,000	$1,442,752,000	*5.7%*	*56.1%*
Federal Share	$700,016,874	$758,035,420	$794,567,518	$873,122,323	$915,615,280	$955,084,000	$1,025,895,613	$1,029,443,000	$1,053,295,000	*5.2%*	*50.5%*
State Share	$224,347,580	$259,803,094	$271,920,412	$310,451,566	$327,453,123	$347,543,000	$381,121,789	$382,933,000	$389,457,000	*7.1%*	*73.6%*
Administrative Costs	$34,775,777	$37,343,758	$40,586,419	$44,860,158	$57,576,753	$67,083,092	$86,229,103	$89,190,000	$92,243,000	*13.0%*	*165.3%*
Federal Share	$19,630,231	$21,673,880	$23,172,647	$25,106,078	$32,744,192	$38,908,941	$51,779,665	$53,863,000	$54,540,000	*13.6%*	*177.8%*
State Share	$15,145,546	$15,669,878	$17,413,772	$19,754,080	$24,832,561	$28,174,151	$34,449,438	$35,327,000	$37,703,000	*12.1%*	*148.9%*
Admin. Costs as % of Payments	3.76%	3.67%	3.81%	3.79%	4.63%	5.15%	6.13%	6.31%	6.39%		
Federal Match Rate*	75.66%	74.41%	74.46%	73.75%	73.61%	73.29%	72.84%	72.96%	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 99 and 00 reflect latest estimates reported by each state.*

SOUTHERN REGION MEDICAID PROFILE

STATE FINANCING

	Payments		Administration	
	FFY 92	FFY 00	FFY 92	FFY 00
State General Fund	$224,347,580	$389,457,000	$15,145,546	$37,703,000
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	$224,347,580	$389,457,000	$15,145,546	$37,703,000

Provider Taxes Currently in Place (FFY 00)

Tax Rate	Amount
NO PROVIDER TAXES	

DISPROPORTIONATE SHARE HOSPITAL (DSH) PAYMENTS

	FFY 92	FFY 93	FFY 94	FFY 95	FFY 96	FFY97	FFY98	FFY99*	FFY00*	*Annual Change*
General Hospitals	$2,353,493	$2,181,652	$1,911,234	$3,242,000	$3,303,456	$29,722,194	$1,189,520	$3,760,000	$3,760,000	*11.9%*
Mental Hospitals	$188,768	$360,609	$631,027	$0	$291,164	$0	$466,593	$0	$0	*-100.0%*
Total	$2,542,261	$2,542,261	$2,542,261	$3,242,000	$3,594,620	$29,722,194	$1,656,113	$3,760,000	$3,760,000	*6.7%*

SELECTED ELIGIBILITY CRITERIA

	At 10/1/99	% of FPL*
TANF-Temporary Assistance for Needy Families (Family of 3)		
Income Eligibility Standard	$223	19.3%
Payment Standard	$204	17.6%
Maximum Payment	$204	17.6%
Medically Needy Program (Family of 3)		
Income Eligibility Standard	$275	
Resource Standard	$3,200	
Pregnant Women, Children and Infants (% of FPL*)		
Pregnant women and infants		200.0%
Children 1 to 5		200.0%
Children 6 to 18		200.0%
SSI Eligibility Levels		
Income:		
Single Person	$484	70.5%
Couple	$726	78.8%
Resources:		
Single Person	$2,000	
Couple	$3,000	

*Current federal poverty level is $8,240 per year for a single person, $11,060 for a family of two and $13,880 for a family of three. Table above shows monthly income levels.

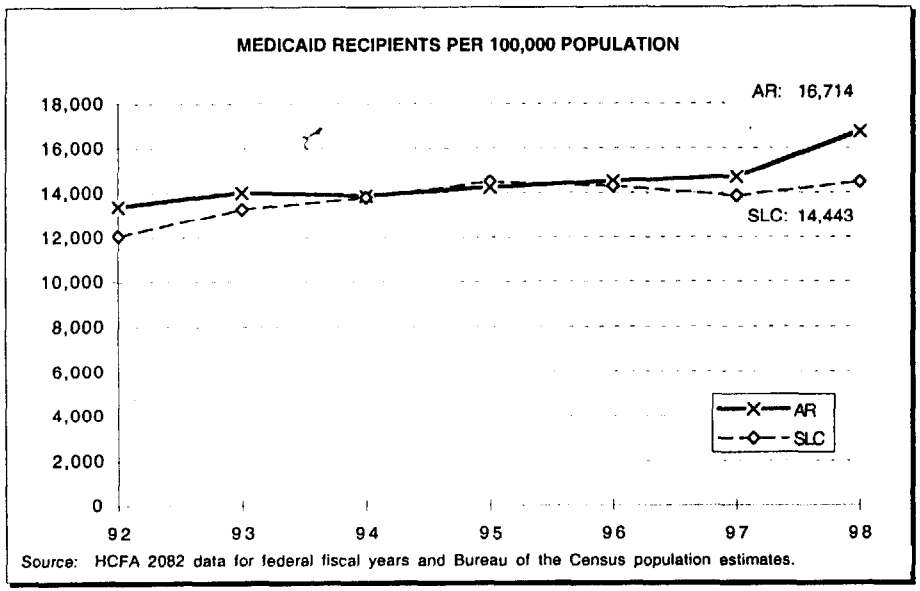
DEMOGRAPHIC DATA & POVERTY INDICATORS (1997)

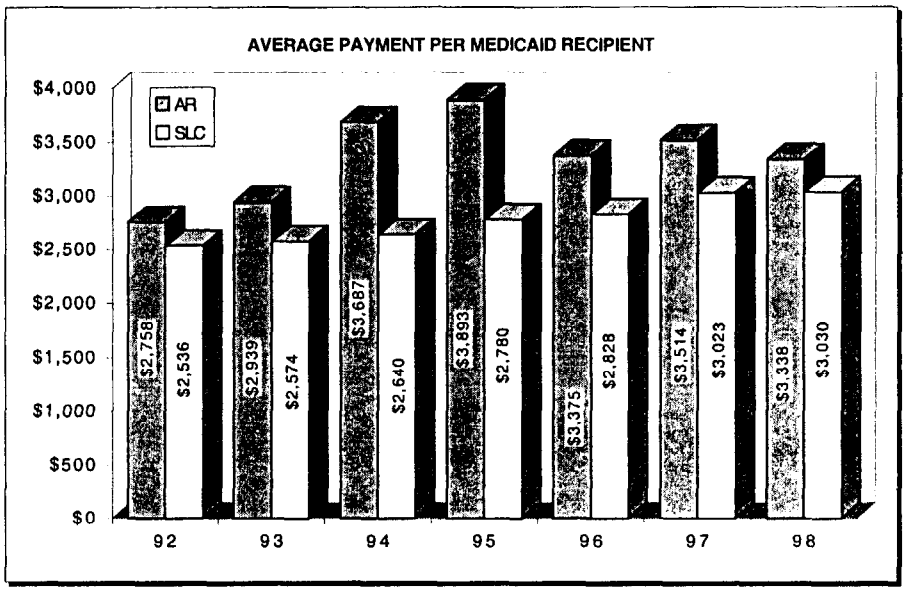
		Rank in U.S.
State population—July 1, 1997*	2,523,186	33
Per capita personal income**	$19,602	47
Median household income**	$27,031	49
Population below Federal Poverty Level on July 1, 1997*	433,988	
Percent of total population	17.2%	5
Population without health insurance coverage*	639,000	23
Percent of total population	25.3%	3
Recipients of Food Stamps***	254,806	26
Households receiving Food Stamps***	105,000	29
Total value of issuance***	$205,780,188	27
Average monthly benefit per recipient	$67.30	43
Average monthly benefit per household	$163.32	6
Monthly recipients of Temporary Assistance to Needy Families (TANF)****	31,412	39
Total TANF payments****	$61,423,571	44
Average monthly payment per recipient	$162.95	
Average monthly payment per family of 3	$204.00	43

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

ARKANSAS

SOUTHERN REGION MEDICAID PROFILE





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

RECIPIENTS BY TYPE OF SERVICES	FFY 92	FFY 93	FFY 94	FFY95	FFY96	FFY97	FFY98	*Annual Change*
01. General Hospital	76,838	75,614	70,256	74,802	72,257	72,761	72,408	*-1.0%*
02. Mental Hospital	1,547	2,071	2,456	2,707	2,645	3,093	3,146	*12.6%*
03. Skilled and Intermediate (non-MR) Care Nursing	21,243	21,551	21,693	21,710	21,745	21,722	21,486	*0.2%*
04. Intermediate Care for Mentally Retarded	1,842	1,894	1,895	1,885	1,882	1,898	1,867	*0.2%*
05. Physician Services	251,284	274,645	259,184	259,199	263,458	260,782	271,538	*1.3%*
06. Dental Services	42,019	44,456	46,307	47,842	51,473	51,012	37,433	*-1.9%*
07. Other Practitioners	59,907	67,527	65,650	67,307	71,465	74,150	77,588	*4.4%*
08. Outpatient Hospital	142,645	160,033	152,681	159,953	158,456	155,223	160,321	*2.0%*
09. Clinic Services	42,850	49,858	59,406	68,682	75,841	77,550	80,534	*11.1%*
10. Lab and X-Ray	108,347	117,631	115,777	119,184	119,257	121,022	120,126	*1.7%*
11. Home Health	16,346	18,288	19,472	21,103	22,379	23,728	9,966	*-7.9%*
12. Prescribed Drugs	244,032	257,281	257,861	253,181	255,211	254,079	262,907	*1.2%*
13. Family Planning	19,110	19,907	17,211	18,204	19,667	16,832	50,089	*17.4%*
14. Early & Periodic Screening, Diagnosis & Treatment	76,073	81,319	80,748	83,177	84,486	83,487	100,589	*4.8%*
15. Other Care	80,803	88,380	178,193	257,851	266,878	285,011	100,502	*3.7%*
16. Personal Care Support Services	0	0	0	0	0	0	30,524	*n/a*
17. Home/Community Based Waiver Services	0	0	3	0	1	14	9,369	*647.6%*
18. Prepaid Health Care	0	0	0	0	0	0	244,768	*n/a*
19. Primary Care Case Management (PCCM) Services	0	0	0	0	0	0	243,266	*n/a*
Total*	320,875	339,451	339,920	353,370	362,635	370,386	424,252	*4.8%*

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

ARKANSAS

SOUTHERN REGION MEDICAID PROFILE

PAYMENTS BY TYPE OF SERVICES	FFY 92	FFY 93	FFY 94	FFY95	FFY96	FFY97	FFY98	Annual Change	Share of Total FFY 98
01. General Hospital	$178,336,276	$196,843,283	$226,860,874	$200,648,777	$167,910,134	$178,022,346	$218,723,759	3.5%	15.4%
02. Mental Hospital	$26,085,747	$46,262,738	$77,538,839	$81,699,059	$47,235,015	$47,058,129	$54,470,602	13.1%	3.8%
03. Skilled and Intermediate (non-MR) Care Nursing	$234,715,139	$252,632,040	$312,337,817	$334,589,129	$295,537,244	$304,806,335	$300,012,732	4.2%	21.2%
04. Intermediate Care for Mentally Retarded	$88,062,531	$89,604,668	$174,728,753	$202,460,593	$104,870,985	$106,224,955	$108,852,817	3.6%	7.7%
05. Physician Services	$94,007,432	$104,304,474	$106,143,618	$114,459,997	$117,986,530	$119,369,382	$120,802,774	4.3%	8.5%
06. Dental Services	$6,909,647	$6,644,467	$6,975,129	$7,849,726	$8,901,872	$8,973,855	$7,789,946	2.0%	0.6%
07. Other Practitioners	$7,450,650	$8,471,581	$9,153,397	$12,907,321	$15,138,697	$16,634,125	$7,022,549	-1.0%	0.5%
08. Outpatient Hospital	$23,921,222	$26,856,052	$27,567,963	$32,452,727	$32,644,267	$34,958,826	$37,099,507	7.6%	2.6%
09. Clinic Services	$50,584,265	$62,619,171	$72,956,165	$89,262,264	$101,577,032	$112,660,243	$128,802,658	16.9%	9.1%
10. Lab and X-Ray	$9,850,606	$10,158,121	$11,166,264	$11,829,129	$11,058,661	$10,924,377	$11,348,972	2.4%	0.8%
11. Home Health	$45,258,766	$54,765,385	$57,224,996	$65,810,373	$67,335,339	$73,575,143	$13,985,570	-17.8%	1.0%
12. Prescribed Drugs	$73,836,333	$78,182,072	$88,069,017	$102,114,998	$115,070,827	$135,757,334	$150,891,615	12.7%	10.7%
13. Family Planning	$2,860,317	$3,213,404	$2,029,043	$1,912,200	$2,062,953	$1,853,557	$8,389,414	19.6%	0.6%
14. Early & Periodic Screening, Diagnosis & Treatment	$12,480,666	$13,291,426	$14,693,045	$16,236,968	$17,438,495	$20,919,649	$55,748,372	28.3%	3.9%
15. Other Care	$30,454,668	$43,965,617	$65,754,920	$101,606,000	$119,071,068	$129,240,501	$54,129,482	10.1%	3.8%
16. Personal Care Support Services	$0	$0	$0	$0	$0	$0	$84,465,101	n/a	6.0%
17. Home/Community Based Waiver Services	$0	$0	$1,500	$0	$85	$614,998	$43,604,265	1205.7%	3.1%
18. Prepaid Health Care	$0	$0	$0	$0	$0	$0	$4,359,975	n/a	0.3%
19. Primary Care Case Management (PCCM) Services	$0	$0	$0	$0	$0	$0	$5,488,182	n/a	0.4%
Total (excludes DSH pymts, pharmacy rebates, & other adjs.)	**$884,814,265**	**$997,814,499**	**$1,253,201,340**	**$1,375,839,261**	**$1,223,839,204**	**$1,301,593,755**	**$1,415,988,292**	8.2%	100.0%

AVERAGE PAYMENTS PER RECIPIENT BY TYPE OF SERVICES									(+) or (-) SLC Avg. FFY 98
01. General Hospital	$2,320.94	$2,603.27	$3,229.06	$2,682.40	$2,323.79	$2,446.67	$3,020.71	4.5%	-21.5%
02. Mental Hospital	$16,862.15	$22,338.36	$31,571.19	$30,180.66	$17,858.23	$15,214.40	$17,314.24	0.4%	114.8%
03. Skilled and Intermediate (non-MR) Care Nursing	$11,049.06	$11,722.52	$14,398.09	$15,411.75	$13,591.04	$14,032.15	$13,963.17	4.0%	-8.8%
04. Intermediate Care for Mentally Retarded	$47,808.11	$47,309.75	$92,205.15	$107,406.15	$55,723.16	$55,966.78	$58,303.60	3.4%	-1.6%
05. Physician Services	$374.11	$379.78	$409.53	$441.59	$447.84	$457.74	$444.88	2.9%	20.5%
06. Dental Services	$164.44	$149.46	$150.63	$164.08	$172.94	$175.92	$208.10	4.0%	20.0%
07. Other Practitioners	$124.37	$125.45	$139.43	$191.77	$211.83	$224.33	$90.51	-5.2%	-42.1%
08. Outpatient Hospital	$167.70	$167.82	$180.56	$202.89	$206.01	$225.22	$231.41	5.5%	-48.2%
09. Clinic Services	$1,180.50	$1,255.95	$1,228.09	$1,299.65	$1,339.34	$1,452.74	$1,599.36	5.2%	184.5%
10. Lab and X-Ray	$90.92	$86.36	$96.45	$99.25	$92.73	$90.27	$94.48	0.6%	0.1%
11. Home Health	$2,768.80	$2,994.61	$2,938.84	$3,118.53	$3,008.86	$3,100.77	$1,403.33	-10.7%	-8.3%
12. Prescribed Drugs	$302.57	$303.88	$341.54	$403.33	$450.89	$534.31	$573.94	11.3%	-8.6%
13. Family Planning	$149.68	$161.42	$117.89	$105.04	$104.89	$110.12	$167.49	1.9%	-21.3%
14. Early & Periodic Screening, Diagnosis & Treatment	$164.06	$163.45	$181.96	$195.21	$206.41	$250.57	$554.22	22.5%	101.9%
15. Other Care	$376.90	$497.46	$369.01	$394.05	$446.16	$453.46	$538.59	6.1%	16.2%
16. Personal Care Support Services	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$2,767.17	n/a	75.3%
17. Home/Community Based Waiver Services	$0.00	$0.00	$500.00	$0.00	$85.00	$43,928.43	$4,654.10	74.7%	-62.9%
18. Prepaid Health Care	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$17.81	n/a	-98.4%
19. Primary Care Case Management (PCCM) Services	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$22.56	n/a	-66.0%
Total (Average)	**$2,757.50**	**$2,939.49**	**$3,686.75**	**$3,893.48**	**$3,374.85**	**$3,514.15**	**$3,337.61**	3.2%	10.2%
TOTAL PER CAPITA EXPENDITURES	**$400.32**	**$434.82**	**$450.98**	**$494.39**	**$518.95**	**$542.85**	**$588.29**	6.6%	6.4%

ARKANSAS

DATA BY OTHER CHARACTERISTICS

RECIPIENTS BY OTHER CHARACTERISTICS

By Maintenance Assistance Status	FFY 92	FFY 93	FFY 94	FFY95	FFY96	FFY97	FFY98	Annual Change	Share of Total FFY 98
Receiving Cash Assistance or Eligible Under Section 1931	176,999	182,776	185,017	184,486	182,512	181,216	157,372	-1.9%	37.1%
Poverty Related Eligibles	43,656	45,360	44,060	47,414	48,679	106,462	162,495	24.5%	38.3%
Medically Needy	29,086	32,248	29,889	33,278	36,126	24,396	33,474	2.4%	7.9%
Other Eligibles	71,134	79,067	78,054	84,850	91,616	54,633	62,991	-2.0%	14.8%
Maintenance Assistance Status Unknown	0	0	2,900	3,342	3,702	3,679	7,920	28.6%	1.9%
Total	**320,875**	**339,451**	**339,920**	**353,370**	**362,635**	**370,386**	**424,252**	4.8%	100.0%
By Basis of Eligibility									
Aged, Blind, or Disabled	120,289	131,362	135,434	140,017	144,034	144,429	147,124	3.4%	34.7%
Children	97,549	108,798	112,370	119,702	124,634	98,140	179,338	10.7%	42.3%
Foster Care Children	32,068	33,473	30,669	31,644	33,970	3,720	4,994	-26.7%	1.2%
Adults	70,969	65,818	58,547	58,665	56,295	120,418	84,878	3.0%	20.0%
Basis of Eligibility Unknown	0	0	2,900	3,342	3,702	3,679	7,918	28.5%	1.9%
Total	**320,875**	**339,451**	**339,920**	**353,370**	**362,635**	**370,386**	**424,252**	4.8%	100.0%
By Age									
Under Age 1	16,540	15,725	15,105	14,903	15,583	15,656	16,244	-0.3%	3.8%
Age 1 to 5	64,497	71,080	69,168	70,569	71,121	72,343	77,182	3.0%	18.2%
Age 6 to 14	49,879	56,076	60,571	66,447	70,723	75,862	93,903	11.1%	22.1%
Age 15 to 20	29,481	31,037	30,680	32,394	33,444	33,963	48,604	8.7%	11.5%
Age 21 to 44	70,966	72,180	69,563	71,530	72,628	73,727	88,434	3.7%	20.8%
Age 45 to 64	25,553	27,929	28,762	30,256	31,798	32,938	34,779	5.3%	8.2%
Age 65 to 74	21,804	22,299	21,973	22,039	21,985	21,693	21,684	-0.1%	5.1%
Age 75 to 84	24,140	24,443	23,868	23,991	23,904	23,318	22,971	-0.8%	5.4%
Age 85 and Over	4,040	18,682	18,570	19,158	19,481	19,420	19,601	30.1%	4.6%
Age Unknown	13,975	0	1,660	2,083	1,968	1,466	850	-37.3%	0.2%
Total	**320,875**	**339,451**	**339,920**	**353,370**	**362,635**	**370,386**	**424,252**	4.8%	100.0%
By Race									
White	190,371	200,562	198,897	208,516	215,381	221,553	257,108	5.1%	60.6%
Black	113,541	119,474	121,527	123,902	124,919	126,060	141,870	3.8%	33.4%
Hispanic, American Indian or Asian	1,068	2,478	2,877	3,487	4,505	5,566	7,118	37.2%	1.7%
Other/Unknown	15,895	16,937	16,619	17,465	17,830	17,207	18,156	2.2%	4.3%
Total	**320,875**	**339,451**	**339,920**	**353,370**	**362,635**	**370,386**	**424,252**	4.8%	100.0%
By Sex									
Female	209,087	217,635	213,853	220,716	225,181	229,053	266,323	4.1%	62.8%
Male	111,707	121,738	124,341	130,501	135,413	139,784	156,974	5.8%	37.0%
Unknown	81	78	1,726	2,153	2,041	1,549	955	50.9%	0.2%
Total	**320,875**	**339,451**	**339,920**	**353,370**	**362,635**	**370,386**	**424,252**	4.8%	100.0%

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

PAYMENTS BY OTHER CHARACTERISTICS

By Maintenance Assistance Status	FFY 92	FFY 93	FFY 94	FFY95	FFY96	FFY97	FFY98	Annual Change	Share of Total FFY 98
Receiving Cash Assistance or Eligible Under Section 1931	$447,787,099	$494,720,086	$617,419,804	$659,008,957	$586,510,112	$647,577,765	$713,064,372	8.1%	50.4%
Poverty Related Eligibles	$300,199,636	$351,053,812	$463,756,379	$529,144,896	$452,970,468	$158,694,341	$222,915,786	-4.8%	15.7%
Medically Needy	$61,634,568	$67,058,924	$74,910,357	$82,271,484	$75,179,623	$52,436,452	$78,939,173	4.2%	5.6%
Other Eligibles	$75,192,962	$84,981,677	$89,382,294	$95,401,305	$100,204,667	$495,044,115	$596,095,105	41.2%	42.1%
Maintenance Assistance Status Unknown	$0	$0	$7,732,506	$10,012,619	$8,974,334	($52,158,918)	($195,026,144)	n/a	-13.8%
Total	**$884,814,265**	**$997,814,499**	**$1,253,201,340**	**$1,375,839,261**	**$1,223,839,204**	**$1,301,593,755**	**$1,415,988,292**	8.2%	100.0%
By Basis of Eligibility									
Aged, Blind or Disabled	$638,421,512	$722,773,975	$948,790,593	$1,057,335,714	$932,432,480	$1,045,833,377	$1,220,922,081	11.4%	86.2%
Children	$87,413,038	$104,077,764	$122,706,764	$121,348,165	$119,728,789	$132,652,261	$262,197,122	20.1%	18.5%
Foster Care Children	$74,385,519	$86,520,512	$98,082,198	$107,676,152	$91,868,256	$23,617,550	$28,862,820	-14.6%	2.0%
Adults	$84,594,196	$84,442,248	$76,928,966	$79,466,611	$70,835,345	$151,649,485	$99,032,413	2.7%	7.0%
Basis of Eligibility Unknown	$0	$0	$6,692,819	$10,012,619	$8,974,334	($52,158,918)	($195,026,144)	n/a	-13.8%
Total	**$884,814,265**	**$997,814,499**	**$1,253,201,340**	**$1,375,839,261**	**$1,223,839,204**	**$1,301,593,755**	**$1,415,988,292**	8.2%	100.0%
By Age									
Under Age 1	$49,275,052	$50,987,204	$57,033,349	$50,823,422	$49,434,512	$52,940,599	$69,981,073	6.0%	4.9%
Age 1 to 5	$78,930,067	$96,112,357	$118,680,212	$124,396,527	$121,769,566	$132,595,375	$170,491,135	13.7%	12.0%
Age 6 to 14	$66,398,838	$88,393,511	$123,264,045	$134,348,337	$116,357,580	$124,677,872	$157,638,852	15.5%	11.1%
Age 15 to 20	$68,616,972	$85,232,997	$120,299,097	$122,992,783	$94,096,091	$96,555,370	$120,839,212	9.9%	8.5%
Age 21 to 44	$194,676,608	$210,443,751	$275,614,567	$311,287,674	$241,591,779	$265,241,304	$350,423,105	10.3%	24.7%
Age 45 to 64	$113,253,812	$123,183,259	$148,515,401	$176,681,456	$161,752,417	$200,004,257	$239,313,993	13.3%	16.9%
Age 65 to 74	$71,259,220	$76,151,721	$89,740,466	$99,881,437	$96,135,569	$110,909,498	$117,027,447	8.6%	8.3%
Age 75 to 84	$115,683,392	$126,629,486	$147,357,661	$163,475,608	$159,722,700	$178,342,427	$181,058,589	7.8%	12.8%
Age 85 and Over	$33,234,052	$140,680,213	$167,856,461	$185,501,948	$177,582,009	$200,159,949	$213,392,523	36.3%	15.1%
Age Unknown	$93,486,252	$0	$4,840,081	$6,450,069	$5,396,981	($59,832,896)	($204,177,637)	n/a	-14.4%
Total	**$884,814,265**	**$997,814,499**	**$1,253,201,340**	**$1,375,839,261**	**$1,223,839,204**	**$1,301,593,755**	**$1,415,988,292**	8.2%	100.0%
By Race									
White	$597,682,346	$659,168,929	$843,070,538	$928,040,270	$808,730,807	$909,155,458	$1,073,101,239	10.2%	75.8%
Black	$226,190,287	$264,602,017	$326,610,670	$350,586,362	$320,347,612	$350,607,983	$424,828,465	11.1%	30.0%
Hispanic, American Indian or Asian	$1,800,118	$4,652,191	$6,654,364	$7,715,494	$8,177,306	$10,071,968	$14,320,451	41.3%	1.0%
Other/Unknown	$59,141,514	$69,391,362	$76,865,768	$89,497,135	$86,583,479	$31,758,346	($96,261,863)	n/a	-6.8%
Total	**$884,814,265**	**$997,814,499**	**$1,253,201,340**	**$1,375,839,261**	**$1,223,839,204**	**$1,301,593,755**	**$1,415,988,292**	8.2%	100.0%
By Sex									
Female	$559,808,051	$622,878,518	$739,196,635	$811,737,408	$744,688,602	$827,278,426	$949,506,410	9.2%	67.1%
Male	$324,683,192	$374,555,985	$508,709,961	$557,262,336	$473,435,673	$533,821,173	$670,313,475	12.8%	47.3%
Unknown	$323,022	$379,996	$5,294,744	$6,839,517	$5,714,929	($59,505,844)	($203,831,593)	n/a	-14.4%
Total	**$884,814,265**	**$997,814,499**	**$1,253,201,340**	**$1,375,839,261**	**$1,223,839,204**	**$1,301,593,755**	**$1,415,988,292**	8.2%	100.0%

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

AVERAGE PAYMENT PER RECIPIENT BY OTHER CHARACTERISTICS

By Maintenance Assistance Status	FFY 92	FFY 93	FFY 94	FFY95	FFY96	FFY97	FFY98	Annual Change	Above (+) or Below (-) SLC Avg. FFY 98
Receiving Cash Assistance or Eligible Under Section 1931	$2,529.88	$2,706.70	$3,337.10	$3,572.14	$3,213.54	$3,573.51	$4,531.08	10.2%	41.6%
Poverty Related Eligibles	$6,876.48	$7,739.28	$10,525.56	$11,160.10	$9,305.25	$1,490.62	$1,371.83	-23.6%	-9.2%
Medically Needy	$2,119.05	$2,079.48	$2,506.29	$2,472.25	$2,081.04	$2,149.39	$2,358.22	1.8%	-58.7%
Other Eligibles	$1,057.06	$1,074.81	$1,145.13	$1,124.35	$1,093.75	$9,061.27	$9,463.18	44.1%	73.2%
Maintenance Assistance Status Unknown	$0.00	$0.00	$2,666.38	$2,996.00	$2,424.19	($14,177.47)	($24,624.51)	n/a	-1509.4%
Total	**$2,757.50**	**$2,939.49**	**$3,686.75**	**$3,893.48**	**$3,374.85**	**$3,514.15**	**$3,337.61**	3.2%	10.2%
By Basis of Eligibility									
Aged, Blind or Disabled	$5,307.40	$5,502.15	$7,005.56	$7,551.48	$6,473.70	$7,241.16	$8,298.59	7.7%	15.2%
Children	$896.09	$956.61	$1,091.99	$1,013.75	$960.64	$1,351.66	$1,462.03	8.5%	42.1%
Foster Care Children	$2,319.62	$2,584.79	$3,198.09	$3,402.74	$2,704.39	$6,348.80	$5,779.50	16.4%	71.8%
Adults	$1,191.99	$1,282.97	$1,313.97	$1,354.58	$1,258.29	$1,259.36	$1,166.76	-0.4%	-35.2%
Basis of Eligibility Unknown	$0.00	$0.00	$2,307.87	$2,996.00	$2,424.19	($14,177.47)	($24,630.73)	n/a	-1524.2%
Total	**$2,757.50**	**$2,939.49**	**$3,686.75**	**$3,893.48**	**$3,374.85**	**$3,514.15**	**$3,337.61**	3.2%	10.2%
By Age									
Under Age 1	$2,979.14	$3,242.43	$3,775.79	$3,410.28	$3,172.34	$3,381.49	$4,308.12	6.3%	76.8%
Age 1 to 5	$1,223.78	$1,352.17	$1,715.83	$1,762.76	$1,712.15	$1,832.87	$2,208.95	10.3%	98.1%
Age 6 to 14	$1,331.20	$1,576.32	$2,035.03	$2,021.89	$1,645.26	$1,643.48	$1,678.74	3.9%	51.9%
Age 15 to 20	$2,327.50	$2,746.17	$3,921.09	$3,796.78	$2,813.54	$2,842.96	$2,486.20	1.1%	17.9%
Age 21 to 44	$2,743.24	$2,915.54	$3,962.09	$4,351.85	$3,326.43	$3,597.61	$3,962.54	6.3%	14.9%
Age 45 to 64	$4,432.11	$4,410.59	$5,163.60	$5,839.55	$5,086.87	$6,072.14	$6,880.99	7.6%	13.2%
Age 65 to 74	$3,268.17	$3,415.03	$4,084.12	$4,532.03	$4,372.78	$5,112.69	$5,396.95	8.7%	10.5%
Age 75 to 84	$4,792.19	$5,180.60	$6,173.86	$6,814.04	$6,681.84	$7,648.27	$7,882.05	8.6%	3.8%
Age 85 and Over	$8,226.25	$7,530.25	$9,039.12	$9,682.74	$9,115.65	$10,306.90	$10,886.82	4.8%	1.7%
Age Unknown	$6,689.54	$0.00	$2,915.71	$3,096.53	$2,742.37	($40,813.71)	($240,208.98)	n/a	-10434.1%
Total	**$2,757.50**	**$2,939.49**	**$3,686.75**	**$3,893.48**	**$3,374.85**	**$3,514.15**	**$3,337.61**	3.2%	10.2%
By Race									
White	$3,139.57	$3,286.61	$4,238.73	$4,450.69	$3,754.88	$4,103.56	$4,173.74	4.9%	12.2%
Black	$1,992.15	$2,214.72	$2,687.56	$2,829.55	$2,564.44	$2,781.28	$2,994.49	7.0%	23.8%
Hispanic, American Indian or Asian	$1,685.50	$1,877.40	$2,312.95	$2,212.65	$1,815.16	$1,809.55	$2,011.86	3.0%	6.3%
Other/Unknown	$3,720.76	$4,097.03	$4,625.17	$5,124.37	$4,856.06	$1,845.66	($5,301.93)	n/a	-247.7%
Total	**$2,757.50**	**$2,939.49**	**$3,686.75**	**$3,893.48**	**$3,374.85**	**$3,514.15**	**$3,337.61**	3.2%	10.2%
By Sex									
Female	$2,677.39	$2,862.03	$3,456.56	$3,677.75	$3,307.07	$3,611.73	$3,565.24	4.9%	14.8%
Male	$2,906.56	$3,076.74	$4,091.25	$4,270.18	$3,496.24	$3,818.90	$4,270.22	6.6%	44.2%
Unknown	$3,987.93	$4,871.74	$3,067.64	$3,176.74	$2,800.06	($38,415.65)	($213,436.22)	n/a	-8915.3%
Total	**$2,757.50**	**$2,939.49**	**$3,686.75**	**$3,893.48**	**$3,374.85**	**$3,514.15**	**$3,337.61**	3.2%	10.2%

ADDITIONAL STATE HEALTH CARE INFORMATION

Sources: "Major Health Care Policies: 50 State Profiles", Health Policy Tracking Service, January, 1999; and "Medicaid Services State by State", HCFA, October 1998.
**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, 1998. Includes provisions for copayments/coinsurance for most services.

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

- Developmental Disabilities: Serves 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 approved by the Health Care Financing Administration (HCFA) effective September 1998. This waiver covers Medicaid eligibles under age 21.

Managed Care

- Any Willing Provider Clause: A law enacted in 1995 was repealed as a result of the judicial ruling in the case of the Prudential Insurance Company of America, et al versus the state of Arkansas, 9/2/98.

Coverage for Targeted Population

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

Cost Containment Measures

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

Medicaid

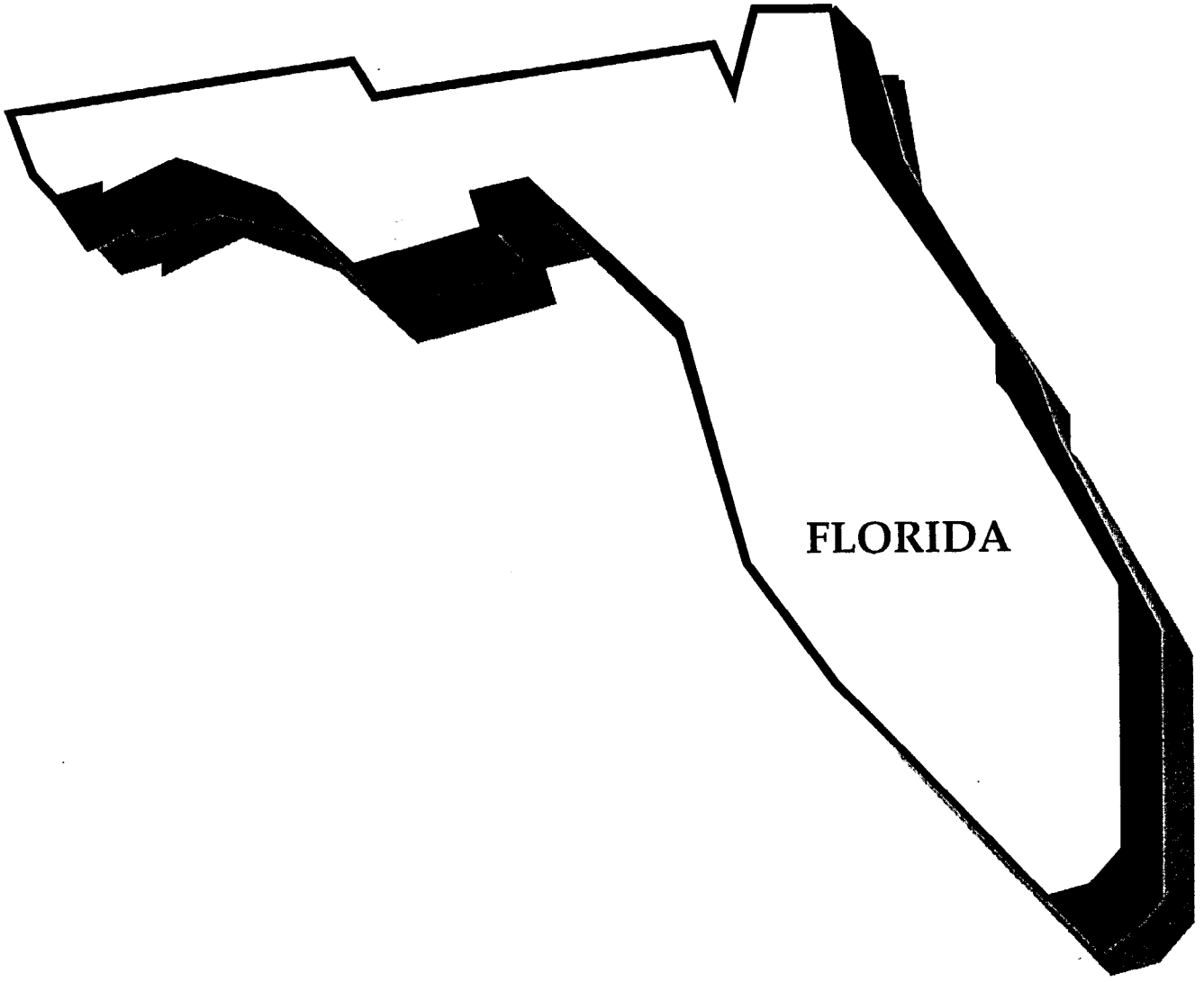
•30 optional services are offered.

Children's Health Insurance Program: Medicaid Expansion

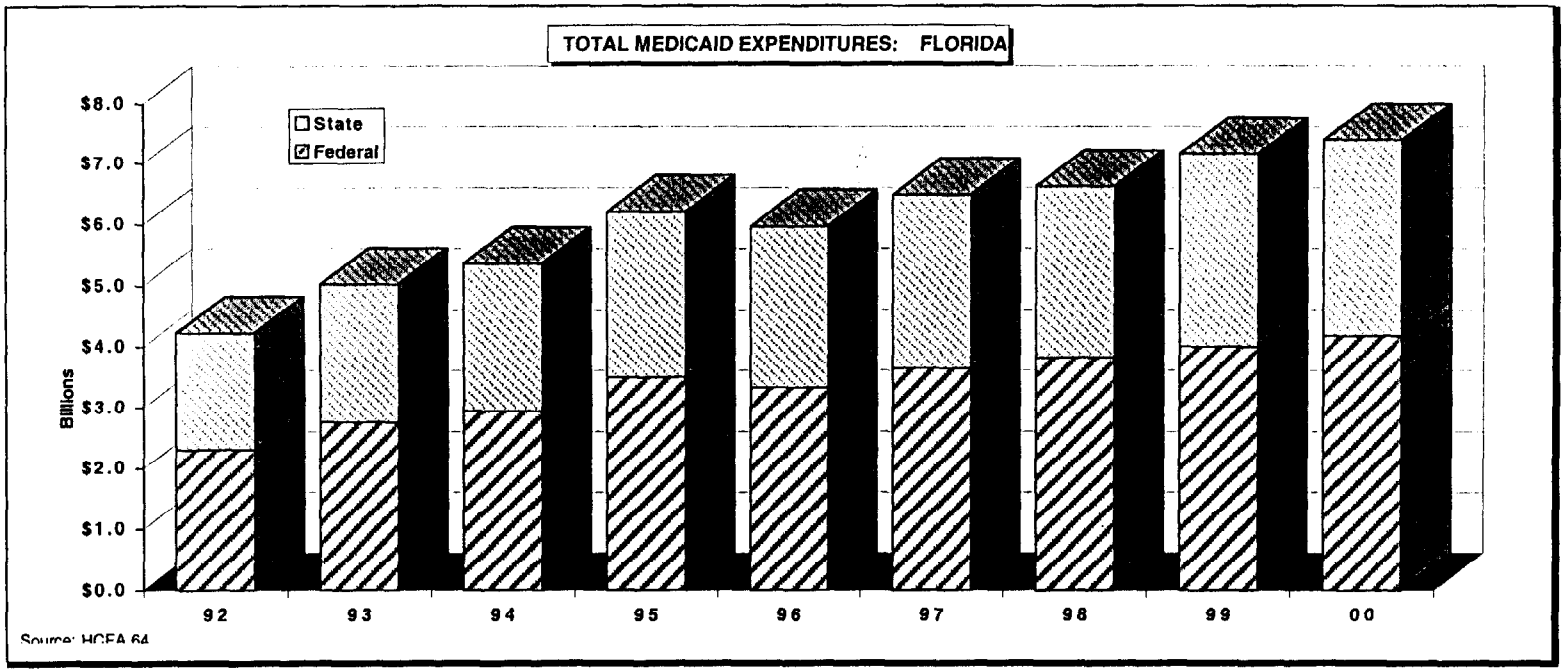
•The first phase of the Arkansas plan to provide health care coverage to uninsured children/adolescents is through an expansion of Medicaid. Children born after September 30, 1982 and prior to October 1, 1983 in families with incomes at or below 100% of the FPL will be eligible for benefits under the Medicaid program.
•The CHIP program in Arkansas is called "ARKids First." The program is administered by the state Medicaid agency, and is a modified expansion of Medicaid. The program received HCFA approval in August of 1998 and provides coverage for eligible children/adolescents birth through age 18 in families with incomes between 100% and 200% of the FPL. ARKids had enrolled 18,556 new eligibles as of April 1998.

QUESTIONNAIRE NOT RETURNED

SOUTHERN REGION MEDICAID PROFILES



SOUTHERN REGION MEDICAID PROFILE



	FFY 92	FFY 93	FFY 94	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99**	FFY 00**	*Annual Rate of Change*	*Total 92-00*
Medicaid Payments	$4,071,960,159	$4,862,005,293	$5,194,946,478	$6,067,457,544	$5,800,663,440	$6,270,107,569	$6,370,758,826	$6,775,803,000	$7,023,401,000	*7.1%*	*72.5%*
Federal Share	$2,230,994,828	$2,680,808,686	$2,850,276,775	$3,418,269,289	$3,237,788,484	$3,502,633,987	$3,687,613,679	$3,786,626,000	$3,980,951,000	*7.5%*	*78.4%*
State Share	$1,840,965,331	$2,181,196,607	$2,344,669,703	$2,649,188,255	$2,562,874,956	$2,767,473,582	$2,683,145,147	$2,989,177,000	$3,042,450,000	*6.5%*	*65.3%*
Administrative Costs	$148,632,163	$152,303,530	$159,434,434	$139,782,819	$160,843,647	$211,625,949	$249,202,960	$377,542,000	$367,393,000	*12.0%*	*147.2%*
Federal Share	$80,695,590	$84,119,308	$86,516,739	$77,058,867	$91,760,403	$139,394,427	$133,451,996	$209,771,000	$192,465,000	*11.5%*	*138.5%*
State Share	$67,936,573	$68,184,222	$72,917,695	$62,723,952	$69,083,244	$72,231,522	$115,750,964	$167,771,000	$174,928,000	*12.5%*	*157.5%*
Admin. Costs as % of Payments	3.65%	3.13%	3.07%	2.30%	2.77%	3.38%	3.91%	5.57%	5.23%		
Federal Match Rate*	54.69%	55.03%	54.78%	56.28%	55.76%	55.79%	55.65%	55.82%	56.52%		

**Rate shown is for Medicaid payments only. The FMAP (Federal Medical Assistance Percentage) is based on the relationship between each state's per capita personal income and that of the nation as a whole for the three most recent years. Federal share of state administrative costs is usually 50 percent or 75 percent, depending on function and whether or not medical personnel are used. **Federal Fiscal Years 99 and 00 reflect latest estimates reported by each state.*

SOUTHERN REGION MEDICAID PROFILE

STATE FINANCING

	Payments		Administration	
	FFY 92	FFY 00	FFY 92	FFY 00
State General Fund	$1,696,865,331	$2,206,265,161	$67,936,573	$174,928,000
Local Funds	$0	$0	$0	$0
Provider Taxes	$144,100,000	$259,400,000	$0	$0
Donations	$0	$328,621,123	$0	$0
Other	$0	$248,163,716	$0	$0
Total State Share	$1,840,965,331	$3,042,450,000	$67,936,573	$174,928,000

Provider Taxes Currently in Place (FFY 00)

Providers	Tax Rate	Amount
General Hospitals	1.5% of net operating revenue	$243,900,000
Ambulatory surgical centers, clinical labs, freestanding radiation centers, diagnostic imaging centers	1.5% of net operating revenue	$15,500,000
Total		$259,400,000

DISPROPORTIONATE SHARE HOSPITAL (DSH) PAYMENTS

	FFY 92	FFY 93	FFY 94	FFY 95	FFY 96	FFY97	FFY98	FFY99*	FFY00*	*Annual Change*
General Hospitals	$187,008,297	$175,714,748	$180,599,942	$184,468,014	$170,831,097	$102,699,091	$221,550,767	$211,610,943	$200,703,599	*1.8%*
Mental Hospitals	$4,391,386	$63,978,146	$105,878,058	$149,714,986	$169,060,227	$101,363,376	$55,514,286	$149,714,986	$147,845,587	*5.7%*
Total	$191,399,683	$239,692,894	$286,478,000	$334,183,000	$339,891,324	$204,062,467	$277,065,053	$361,325,929	$348,549,186	*3.3%*

SELECTED ELIGIBILITY CRITERIA

	At 10/1/99	% of FPL*
TANF-Temporary Assistance for Needy Families (Family of 3)		
Need Standard	$1,138	98.4%
Payment Standard	$198	17.1%
Maximum Payment	$303	26.2%
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	71.9%
Couple	$741	80.4%
Resources:		
Single Person	$2,000	
Couple	$3,000	

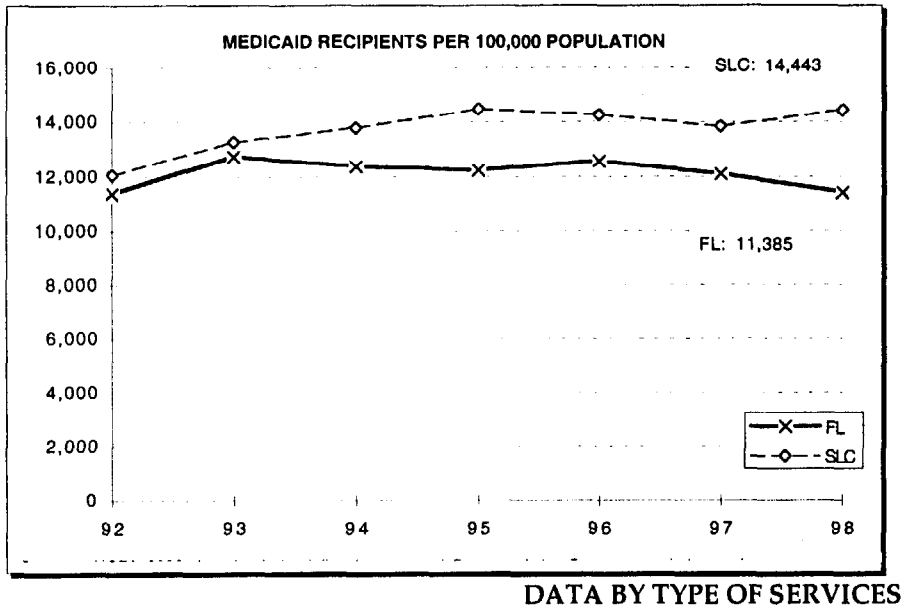
*Current federal poverty level is $8,240 per year for a single person, $11,060 for a family of two and $13,880 for a family of three. Table above shows monthly income levels.

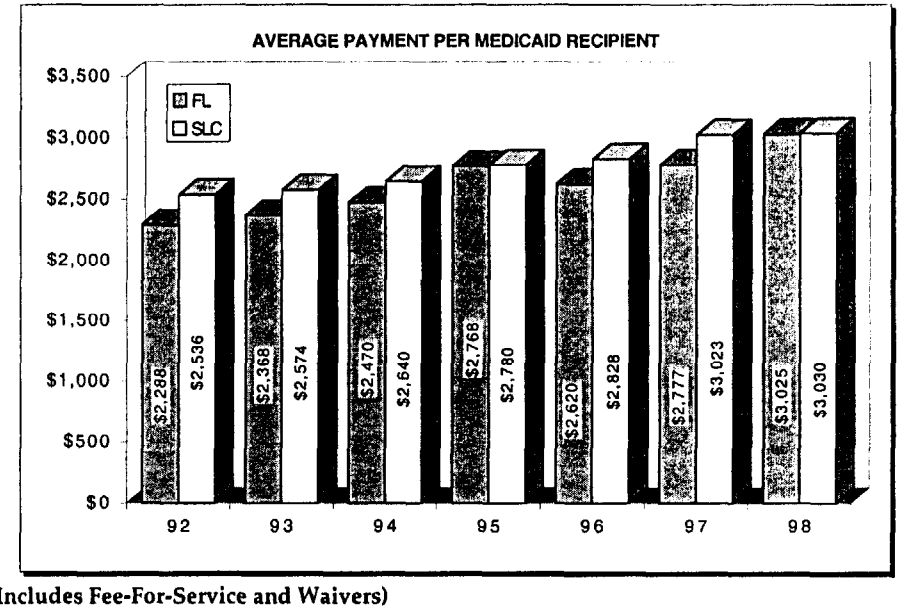
DEMOGRAPHIC DATA & POVERTY INDICATORS (1997)

		Rank in U.S.
State population—July 1, 1997*	14,677,181	4
Per capita personal income**	$24,795	20
Median household income**	$31,708	39
Population below Federal Poverty Level on July 1, 1997*	2,186,900	
Percent of total population	14.9%	16
Population without health insurance coverage*	2,817,000	4
Percent of total population	19.2%	7
Recipients of Food Stamps***	952,782	4
Households receiving Food Stamps***	514,000	4
Total value of issuance***	$847,775,075	4
Average monthly benefit per recipient	$74.15	18
Average monthly benefit per household	$137.45	21
Monthly recipients of Temporary Assistance to Needy Families (TANF)****	246,191	8
Total TANF payments****	$916,857,118	7
Average monthly payment per recipient	$310.35	
Average monthly payment per family of 3	$303.00	35

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

SOUTHERN REGION MEDICAID PROFILE





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

RECIPIENTS BY TYPE OF SERVICES	FFY 92	FFY 93	FFY 94	FFY95	FFY96	FFY97	FFY98	*Annual Change*
01. General Hospital	247,883	287,534	264,247	260,409	250,882	245,209	241,634	*-0.4%*
02. Mental Hospital	382	387	265	259	196	230	256	*-6.5%*
03. Skilled and Intermediate (non-MR) Care Nursing	95,220	100,911	103,218	107,515	110,057	110,792	112,710	*2.9%*
04. Intermediate Care for Mentally Retarded	3,307	3,349	3,575	3,582	3,598	3,571	3,572	*1.3%*
05. Physician Services	1,135,183	1,379,333	1,316,813	1,333,994	1,478,103	1,473,818	1,359,522	*3.1%*
06. Dental Services	264,115	324,205	320,605	339,475	359,991	374,707	373,777	*6.0%*
07. Other Practitioners	188,552	220,077	210,671	191,755	183,816	179,423	283,776	*7.1%*
08. Outpatient Hospital	668,844	770,706	726,164	672,683	658,311	646,996	642,507	*-0.7%*
09. Clinic Services	185,294	258,195	242,457	214,774	28,530	32,376	133,440	*-5.3%*
10. Lab and X-Ray	785,387	916,237	883,091	816,469	768,732	816,897	763,143	*-0.5%*
11. Home Health	42,902	61,439	70,476	81,896	91,959	86,899	86,045	*12.3%*
12. Prescribed Drugs	1,088,925	1,252,458	1,197,915	1,111,466	1,066,383	1,025,981	1,001,220	*-1.4%*
13. Family Planning	114,099	135,832	120,233	123,824	126,812	115,176	107,641	*-1.0%*
14. Early & Periodic Screening, Diagnosis & Treatment	230,896	264,665	230,321	211,273	220,138	239,499	257,300	*1.8%*
15. Other Care	317,885	388,213	385,063	574,416	603,382	600,573	476,934	*7.0%*
16. Personal Care Support Services	0	0	0	0	0	0	0	*0.0%*
17. Home/Community Based Waiver Services	0	0	0	0	0	0	0	*0.0%*
18. Prepaid Health Care	0	0	0	0	0	0	0	*0.0%*
19. Primary Care Case Management (PCCM) Services	0	0	0	0	0	0	0	*0.0%*
Total*	**1,537,926**	**1,744,945**	**1,727,034**	**1,735,141**	**1,810,203**	**1,775,033**	**1,698,254**	*1.7%*

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

Annual *Share of Total*

FLORIDA

SOUTHERN REGION MEDICAID PROFILE

PAYMENTS BY TYPE OF SERVICES	FFY 92	FFY 93	FFY 94	FFY95	FFY96	FFY97	FFY98	Change	FFY 98
01. General Hospital	$1,037,674,540	$1,137,783,315	$1,050,873,649	$1,082,567,115	$1,057,784,501	$1,007,621,356	$981,614,521	-0.9%	19.1%
02. Mental Hospital	$13,372,256	$14,456,571	$13,518,491	$14,743,075	$12,571,637	$14,306,518	$14,620,456	1.5%	0.3%
03. Skilled and Intermediate (non-MR) Care Nursing	$862,091,087	$979,942,401	$1,032,342,331	$1,197,518,853	$1,093,579,298	$1,179,324,299	$1,210,323,809	5.8%	23.6%
04. Intermediate Care for Mentally Retarded	$177,584,173	$185,631,645	$203,116,998	$238,568,131	$202,118,958	$245,280,777	$224,629,752	4.0%	4.4%
05. Physician Services	$350,660,139	$432,090,623	$430,800,509	$466,767,232	$480,987,507	$466,670,860	$452,769,679	4.4%	8.8%
06. Dental Services	$46,440,275	$58,154,651	$57,788,469	$63,805,840	$69,592,088	$75,892,330	$78,889,366	9.2%	1.5%
07. Other Practitioners	$22,583,716	$35,086,755	$39,136,597	$47,250,234	$54,752,592	$65,401,314	$105,343,204	29.3%	2.1%
08. Outpatient Hospital	$267,225,972	$341,330,797	$320,042,552	$342,819,724	$300,379,403	$310,888,020	$309,840,777	2.5%	6.0%
09. Clinic Services	$81,935,925	$118,943,229	$154,374,056	$48,868,810	$7,867,483	$9,632,245	$175,053,302	13.5%	3.4%
10. Lab and X-Ray	$82,789,712	$82,743,354	$80,936,066	$81,212,499	$81,589,158	$67,702,042	$63,879,732	-4.2%	1.2%
11. Home Health	$70,670,488	$125,958,363	$184,246,238	$240,850,078	$254,877,845	$254,374,199	$320,562,888	28.7%	6.2%
12. Prescribed Drugs	$356,872,793	$424,291,459	$484,052,934	$556,864,923	$652,806,640	$767,198,803	$923,614,353	17.2%	18.0%
13. Family Planning	$11,992,328	$13,481,191	$10,105,612	$11,631,018	$12,205,980	$11,350,788	$10,666,233	-1.9%	0.2%
14. Early & Periodic Screening, Diagnosis & Treatment	$10,343,663	$12,275,247	$12,584,990	$16,499,719	$22,041,347	$25,256,097	$28,153,195	18.2%	0.5%
15. Other Care	$126,166,298	$169,136,068	$192,301,672	$392,337,004	$440,117,181	$428,141,609	$237,231,672	11.1%	4.6%
16. Personal Care Support Services	$0	$0	$0	$0	$0	$0	$0	n/a	0.0%
17. Home/Community Based Waiver Services	$0	$0	$0	$0	$0	$0	$0	n/a	0.0%
18. Prepaid Health Care	$0	$0	$0	$0	$0	$0	$0	n/a	0.0%
19. Primary Case Management (PCCM) Services	$0	$0	$0	$0	$0	$0	$0	n/a	0.0%
Total (excludes DSH pymts, pharmacy rebates, & other adjs.)	**$3,518,403,365**	**$4,131,305,669**	**$4,266,221,164**	**$4,802,304,255**	**$4,743,271,618**	**$4,929,041,257**	**$5,137,192,939**	6.5%	100.0%

AVERAGE PAYMENTS PER RECIPIENT BY TYPE OF SERVICES									(+) or (-) SLC Avg. FFY 98
01. General Hospital	$4,186.15	$3,957.04	$3,976.86	$4,157.18	$4,216.26	$4,109.23	$4,062.40	-0.5%	5.6%
02. Mental Hospital	$35,005.91	$37,355.48	$51,013.17	$56,923.07	$64,141.01	$62,202.25	$57,111.16	8.5%	608.6%
03. Skilled and Intermediate (non-MR) Care Nursing	$9,053.68	$9,710.96	$10,001.57	$11,138.16	$9,936.48	$10,644.49	$10,738.39	2.9%	-29.9%
04. Intermediate Care for Mentally Retarded	$53,699.48	$55,428.98	$56,815.94	$66,601.93	$56,175.36	$68,686.86	$62,886.27	2.7%	6.2%
05. Physician Services	$308.90	$313.26	$327.15	$349.90	$325.41	$316.64	$333.04	1.3%	-9.8%
06. Dental Services	$175.83	$179.38	$180.25	$187.95	$193.32	$202.54	$211.06	3.1%	21.7%
07. Other Practitioners	$119.77	$159.43	$185.77	$246.41	$297.87	$364.51	$371.22	20.7%	137.4%
08. Outpatient Hospital	$399.53	$442.88	$440.73	$509.63	$456.29	$480.51	$482.24	3.2%	7.9%
09. Clinic Services	$442.19	$460.67	$636.71	$227.54	$275.76	$297.51	$1,311.85	19.9%	133.3%
10. Lab and X-Ray	$105.41	$90.31	$91.65	$99.47	$106.13	$82.88	$83.71	-3.8%	-11.3%
11. Home Health	$1,647.25	$2,050.14	$2,614.31	$2,940.93	$2,771.65	$2,927.24	$3,725.53	14.6%	143.5%
12. Prescribed Drugs	$327.73	$338.77	$404.08	$501.02	$612.17	$747.77	$922.49	18.8%	47.0%
13. Family Planning	$105.10	$99.25	$84.05	$93.93	$96.25	$98.55	$99.09	-1.0%	-53.4%
14. Early & Periodic Screening, Diagnosis & Treatment	$44.80	$46.38	$54.64	$78.10	$100.13	$105.45	$109.42	16.0%	-60.1%
15. Other Care	$396.89	$435.68	$499.40	$683.02	$729.42	$712.89	$497.41	3.8%	7.3%
16. Personal Care Support Services	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	n/a	0.0%
17. Home/Community Based Waiver Services	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	n/a	0.0%
18. Prepaid Health Care	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	n/a	0.0%
19. Primary Care Case Management (PCCM) Services	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	n/a	0.0%
Total (Average)	**$2,287.76**	**$2,367.59**	**$2,470.26**	**$2,767.67**	**$2,620.30**	**$2,776.87**	**$3,024.99**	4.8%	-0.2%
TOTAL PER CAPITA EXPENDITURES	**$312.33**	**$365.65**	**$383.42**	**$437.62**	**$413.45**	**$441.62**	**$443.82**	6.0%	-19.7%

FLORIDA

DATA BY OTHER CHARACTERISTICS

RECIPIENTS BY OTHER CHARACTERISTICS

By Maintenance Assistance Status	FFY 92	FFY 93	FFY 94	FFY95	FFY96	FFY97	FFY98	Annual Change	Share of Total FFY 98
Receiving Cash Assistance or Eligible Under Section 1931	969,603	1,054,497	1,014,462	1,008,286	1,037,380	985,560	929,843	-0.7%	54.8%
Poverty Related Eligibles	116,160	150,622	168,814	167,330	172,338	185,581	471,227	26.3%	27.7%
Medically Needy	36,747	40,518	49,305	49,610	50,184	47,076	46,685	4.1%	2.7%
Other Eligibles	415,416	499,308	494,453	509,915	550,301	556,816	250,499	-8.1%	14.8%
Maintenance Assistance Status Unknown	0	0	0	0	0	0	0	n/a	0.0%
Total	**1,537,926**	**1,744,945**	**1,727,034**	**1,735,141**	**1,810,203**	**1,775,033**	**1,698,254**	1.7%	100.0%
By Basis of Eligibility									
Aged, Blind, or Disabled	393,956	433,349	455,372	487,642	525,517	545,686	543,476	5.5%	32.0%
Children	811,973	981,935	990,980	996,873	1,051,250	1,016,971	810,723	0.0%	47.7%
Foster Care Children	37,840	60,573	51,227	41,474	32,879	30,185	19,101	-10.8%	1.1%
Adults	294,157	269,088	229,455	209,152	200,557	182,191	324,954	1.7%	19.1%
Basis of Eligibility Unknown	0	0	0	0	0	0	0	n/a	0.0%
Total	**1,537,926**	**1,744,945**	**1,727,034**	**1,735,141**	**1,810,203**	**1,775,033**	**1,698,254**	1.7%	100.0%
By Age									
Under Age 1	127,359	138,731	133,226	128,859	128,439	119,551	116,067	-1.5%	6.8%
Age 1 to 5	333,198	378,805	369,866	354,205	354,307	331,299	297,472	-1.9%	17.5%
Age 6 to 14	272,631	326,445	332,553	345,156	389,048	392,021	367,520	5.1%	21.6%
Age 15 to 20	132,471	151,441	146,092	148,019	156,978	155,906	149,469	2.0%	8.8%
Age 21 to 44	360,764	409,833	398,384	394,102	403,926	390,820	378,230	0.8%	22.3%
Age 45 to 64	95,552	111,238	116,244	123,594	131,804	137,092	142,209	6.9%	8.4%
Age 65 to 74	85,079	92,036	94,111	98,526	100,709	100,665	98,125	2.4%	5.8%
Age 75 to 84	77,795	79,994	79,706	82,373	83,415	84,798	84,641	1.4%	5.0%
Age 85 and Over	53,077	56,422	56,852	60,307	61,577	62,881	64,521	3.3%	3.8%
Age Unknown	0	0	0	0	0	0	0	n/a	0.0%
Total	**1,537,926**	**1,744,945**	**1,727,034**	**1,735,141**	**1,810,203**	**1,775,033**	**1,698,254**	1.7%	100.0%
By Race									
White	704,356	818,092	791,200	779,846	787,520	759,150	712,005	0.2%	41.9%
Black	541,585	570,162	561,431	556,439	588,130	582,344	555,351	0.4%	32.7%
Hispanic, American Indian or Asian	197,041	252,097	262,615	274,445	296,839	291,557	284,314	6.3%	16.7%
Other/Unknown	94,944	104,594	111,788	124,411	137,714	141,982	146,584	7.5%	8.6%
Total	**1,537,926**	**1,744,945**	**1,727,034**	**1,735,141**	**1,810,203**	**1,775,033**	**1,698,254**	1.7%	100.0%
By Sex									
Female	980,153	1,097,831	1,080,977	1,079,502	1,115,254	1,091,595	1,038,406	1.0%	61.1%
Male	557,756	647,110	646,054	655,637	694,948	683,437	659,845	2.8%	38.9%
Unknown	17	4	3	2	1	1	3	-25.1%	0.0%
Total	**1,537,926**	**1,744,945**	**1,727,034**	**1,735,141**	**1,810,203**	**1,775,033**	**1,698,254**	1.7%	100.0%

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

PAYMENTS BY OTHER CHARACTERISTICS

By Maintenance Assistance Status	FFY 92	FFY 93	FFY 94	FFY95	FFY96	FFY97	FFY98	Annual Change	Share of Total FFY 98
Receiving Cash Assistance or Eligible Under Section 1931	$1,814,488,073	$2,107,300,401	$2,121,002,172	$2,391,537,870	$2,378,842,497	$2,398,742,590	$2,482,338,693	5.4%	48.3%
Poverty Related Eligibles	$189,813,821	$288,095,068	$335,056,586	$352,301,176	$368,330,415	$400,279,310	$1,304,660,651	37.9%	25.4%
Medically Needy	$83,915,440	$97,948,460	$114,443,159	$125,375,368	$129,542,795	$140,481,455	$148,509,716	10.0%	2.9%
Other Eligibles	$1,430,186,031	$1,637,961,740	$1,695,719,247	$1,933,089,841	$1,866,555,911	$1,989,537,902	$1,201,683,877	-2.9%	23.4%
Maintenance Assistance Status Unknown	$0	$0	$0	$0	$0	$0	$0	n/a	0.0%
Total	**$3,518,403,365**	**$4,131,305,669**	**$4,266,221,164**	**$4,802,304,255**	**$4,743,271,618**	**$4,929,041,257**	**$5,137,192,937**	6.5%	100.0%
By Basis of Eligibility									
Aged, Blind or Disabled	$2,248,490,094	$2,616,700,261	$2,824,344,713	$3,352,715,445	$3,346,893,436	$3,585,170,266	$3,823,418,777	9.3%	74.4%
Children	$756,412,792	$1,048,788,252	$1,051,819,266	$1,092,875,659	$1,086,101,792	$1,055,102,564	$741,532,823	-0.3%	14.4%
Foster Care Children	$56,577,050	$73,140,499	$67,286,620	$63,605,252	$45,274,771	$39,361,048	$62,835,048	1.8%	1.2%
Adults	$456,923,429	$392,676,657	$322,770,565	$293,107,899	$265,001,619	$249,407,379	$509,406,289	1.8%	9.9%
Basis of Eligibility Unknown	$0	$0	$0	$0	$0	$0	$0	n/a	0.0%
Total	**$3,518,403,365**	**$4,131,305,669**	**$4,266,221,164**	**$4,802,304,255**	**$4,743,271,618**	**$4,929,041,257**	**$5,137,192,937**	6.5%	100.0%
By Age									
Under Age 1	$284,785,457	$320,957,628	$315,484,732	$315,409,988	$314,964,221	$248,666,091	$299,397,034	0.8%	5.8%
Age 1 to 5	$261,051,499	$319,065,421	$317,725,872	$333,503,456	$324,563,830	$383,269,622	$301,757,445	2.4%	5.9%
Age 6 to 14	$199,590,870	$268,784,590	$286,483,154	$340,881,477	$353,322,071	$301,697,296	$382,054,252	11.4%	7.4%
Age 15 to 20	$224,853,831	$262,701,216	$260,344,792	$281,082,652	$275,842,593	$245,434,893	$278,248,305	3.6%	5.4%
Age 21 to 44	$904,490,912	$1,072,454,348	$1,098,790,495	$1,192,475,627	$1,173,606,768	$1,172,730,340	$1,221,379,975	5.1%	23.8%
Age 45 to 64	$478,644,934	$565,933,126	$608,126,041	$709,549,229	$740,664,692	$782,057,164	$869,725,031	10.5%	16.9%
Age 65 to 74	$272,241,700	$313,039,186	$322,412,864	$387,242,306	$390,112,930	$432,188,820	$457,325,525	9.0%	8.9%
Age 75 to 84	$421,595,434	$469,957,338	$487,878,756	$569,285,255	$543,151,136	$606,789,641	$625,596,320	6.8%	12.2%
Age 85 and Over	$471,148,728	$538,412,816	$568,974,458	$672,874,265	$627,043,377	$756,207,390	$701,709,050	6.9%	13.7%
Age Unknown	$0	$0	$0	$0	$0	$0	$0	n/a	0.0%
Total	**$3,518,403,365**	**$4,131,305,669**	**$4,266,221,164**	**$4,802,304,255**	**$4,743,271,618**	**$4,929,041,257**	**$5,137,192,937**	6.5%	100.0%
By Race									
White	$2,002,995,479	$2,303,588,158	$2,353,115,904	$2,630,638,153	$2,520,343,898	$2,644,300,097	$2,699,389,297	5.1%	52.5%
Black	$911,467,520	$1,042,199,021	$1,046,882,180	$1,134,020,260	$1,122,589,551	$1,166,498,346	$1,224,250,384	5.0%	23.8%
Hispanic, American Indian or Asian	$242,917,516	$331,491,004	$350,451,793	$398,017,299	$421,677,103	$425,221,283	$442,031,028	10.5%	8.6%
Other/Unknown	$361,022,850	$454,027,486	$515,771,287	$639,628,543	$678,661,066	$693,021,531	$771,522,228	13.5%	15.0%
Total	**$3,518,403,365**	**$4,131,305,669**	**$4,266,221,164**	**$4,802,304,255**	**$4,743,271,618**	**$4,929,041,257**	**$5,137,192,937**	6.5%	100.0%
By Sex									
Female	$2,277,798,436	$2,647,210,897	$2,694,209,142	$2,992,985,793	$2,916,483,988	$3,023,752,366	$3,123,515,197	5.4%	60.8%
Male	$1,240,603,361	$1,484,093,932	$1,572,019,242	$1,809,318,240	$1,826,786,887	$1,905,287,511	$2,013,674,603	8.4%	39.2%
Unknown	$1,568	$840	($7,220)	$222	$743	$1,380	$3,137	12.3%	0.0%
Total	**$3,518,403,365**	**$4,131,305,669**	**$4,266,221,164**	**$4,802,304,255**	**$4,743,271,618**	**$4,929,041,257**	**$5,137,192,937**	6.5%	100.0%

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

AVERAGE PAYMENT PER RECIPIENT BY OTHER CHARACTERISTICS

By Maintenance Assistance Status	FFY 92	FFY 93	FFY 94	FFY95	FFY96	FFY97	FFY98	Annual Change	Above (+) or Below (-) SLC Avg. FFY 98
Receiving Cash Assistance or Eligible Under Section 1931	$1,871.37	$1,998.39	$2,090.77	$2,371.88	$2,293.13	$2,433.89	$2,669.63	6.1%	-16.6%
Poverty Related Eligibles	$1,634.07	$1,912.70	$1,984.77	$2,105.43	$2,137.26	$2,156.90	$2,768.65	9.2%	83.2%
Medically Needy	$2,283.60	$2,417.41	$2,321.13	$2,527.22	$2,581.36	$2,984.14	$3,181.10	5.7%	-44.3%
Other Eligibles	$3,442.78	$3,280.46	$3,429.49	$3,791.00	$3,391.88	$3,573.06	$4,797.16	5.7%	-12.2%
Maintenance Assistance Status Unknown	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	n/a	0.0%
Total	**$2,287.76**	**$2,367.59**	**$2,470.26**	**$2,767.67**	**$2,620.30**	**$2,776.87**	**$3,024.99**	4.8%	-0.2%
By Basis of Eligibility									
Aged, Blind or Disabled	$5,707.47	$6,038.32	$6,202.28	$6,875.36	$6,368.76	$6,570.02	$7,035.12	3.5%	-2.3%
Children	$931.57	$1,068.08	$1,061.39	$1,096.30	$1,033.15	$1,037.50	$914.66	-0.3%	-11.1%
Foster Care Children	$1,495.17	$1,207.48	$1,313.50	$1,533.62	$1,377.01	$1,303.99	$3,289.62	14.0%	-2.2%
Adults	$1,553.33	$1,459.29	$1,406.68	$1,401.41	$1,321.33	$1,368.93	$1,567.63	0.2%	-13.0%
Basis of Eligibility Unknown	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	n/a	0.0%
Total	**$2,287.76**	**$2,367.59**	**$2,470.26**	**$2,767.67**	**$2,620.30**	**$2,776.87**	**$3,024.99**	4.8%	-0.2%
By Age									
Under Age 1	$2,236.08	$2,313.52	$2,368.04	$2,447.71	$2,452.25	$2,080.00	$2,579.52	2.4%	5.9%
Age 1 to 5	$783.47	$842.29	$859.03	$941.55	$916.05	$1,156.87	$1,014.41	4.4%	-9.0%
Age 6 to 14	$732.09	$823.37	$861.47	$987.62	$908.17	$769.59	$1,039.55	6.0%	-5.9%
Age 15 to 20	$1,697.38	$1,734.68	$1,782.06	$1,898.96	$1,757.21	$1,574.25	$1,861.58	1.6%	-11.7%
Age 21 to 44	$2,507.15	$2,616.81	$2,758.12	$3,025.80	$2,905.50	$3,000.69	$3,229.20	4.3%	-6.4%
Age 45 to 64	$5,009.26	$5,087.59	$5,231.46	$5,740.97	$5,619.44	$5,704.62	$6,115.82	3.4%	0.6%
Age 65 to 74	$3,199.87	$3,401.27	$3,425.88	$3,930.36	$3,873.67	$4,293.34	$4,660.64	6.5%	-4.5%
Age 75 to 84	$5,419.31	$5,874.91	$6,120.98	$6,911.07	$6,511.43	$7,155.71	$7,391.17	5.3%	-2.6%
Age 85 and Over	$8,876.70	$9,542.60	$10,007.99	$11,157.48	$10,183.08	$12,026.01	$10,875.67	3.4%	1.6%
Age Unknown	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	n/a	0.0%
Total	**$2,287.76**	**$2,367.59**	**$2,470.26**	**$2,767.67**	**$2,620.30**	**$2,776.87**	**$3,024.99**	4.8%	-0.2%
By Race									
White	$2,843.73	$2,815.81	$2,974.11	$3,373.28	$3,200.36	$3,483.24	$3,791.25	4.9%	1.9%
Black	$1,682.96	$1,827.90	$1,864.67	$2,038.00	$1,908.74	$2,003.11	$2,204.46	4.6%	-8.9%
Hispanic, American Indian or Asian	$1,232.83	$1,314.93	$1,334.47	$1,450.26	$1,420.56	$1,458.45	$1,554.73	3.9%	-17.8%
Other/Unknown	$3,802.48	$4,340.86	$4,613.83	$5,141.25	$4,928.05	$4,881.05	$5,263.35	5.6%	46.6%
Total	**$2,287.76**	**$2,367.59**	**$2,470.26**	**$2,767.67**	**$2,620.30**	**$2,776.87**	**$3,024.99**	4.8%	-0.2%
By Sex									
Female	$2,323.92	$2,411.31	$2,492.38	$2,772.56	$2,615.08	$2,770.03	$3,007.99	4.4%	-3.2%
Male	$2,224.28	$2,293.42	$2,433.26	$2,759.63	$2,628.67	$2,787.80	$3,051.74	5.4%	3.0%
Unknown	$92.24	$210.00	($2,406.67)	$111.00	$743.00	$1,380.00	$1,045.67	49.9%	-56.8%
Total	**$2,287.76**	**$2,367.59**	**$2,470.26**	**$2,767.67**	**$2,620.30**	**$2,776.87**	**$3,024.99**	4.8%	-0.2%

ADDITIONAL STATE HEALTH CARE INFORMATION

Sources: "Major Health Care Policies: 50 State Profiles", Health Policy Tracking Service, January, 1999; and "Medicaid Services State by State", HCFA, October 1998.
**Information supplied by State Medicaid Agency*

Waivers

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 (MediPass), which provides case management services for TANF and SSI-No Medicare recipients statewide and has been operating since 1991.
•Prepaid Mental Health Plan through Florida Health Partnership provides mental health services for beneficiaries in a five-county area and has been operating since March, 1996. Through this program, approximately 55,000 individuals receive a broad array of mental health services.
•Family Planning Waiver, under Section 1115, Title IV-A, of the Social Security Act, extends family planning services to women with incomes up to 185% of the FPL for two years post partum, operating since October 1, 1998.

Several Home and Community Based Service Waivers, under Section 1915 (c), enable the state to provide long-term care services to people who otherwise would require institutionalization. These waivers include:
•Elderly & Disabled Age 18 and Over: Two waivers serve 13,000 people, operating since July 1, 1981.
•Mental Retardation/Developmental Disabilities: Two waivers serve 14,000 people, operating since July 1, 1980. In the Regular Session of 1999, the Florida legislature appropriated an additional $200 million for expansion of the program.
•AIDS: Project Aids Care Serves 5,700 people, operating since January 1, 1990.
•Disabled Frail Elderly Over Age 60: Serves 1,300 people, operating since November 15, 1994.
•Disabled People with Degenerative Spinocerebellar Diseases: Serves 3 people, operating since July 1, 1991. For FY 98-99, provided additional funding for up to 5 individuals.
•Nursing Home Diversion Waiver authorizes a long-term care demonstration project to allow the state to contract with various pre-paid, capitated risk-based health plans designed to provide primary and long-term health care services to individuals who are eligible for both Medicare and Medicaid. Implementation of the program began in December of 1998. As of September 1, 1999, enrollment was 216 individuals (173 from Area 7 and 43 from Area 9). The program expects to enroll 2,300 when fully operational.
•Traumatic Brain Injury and Spinal Cord Waiver, authorized in R.S. 1998. The state implemented the program in September of 1999 and expects to serve 200 individuals.
•The Channeling Project: Provides home and community based services thgrough an organized health care delivery system to approximately 2,000 individuals, operating since 1985.
•Consumer Directed Care: This is a five year 1115 demonstration waiver to test the feasibility of recipients purchasing services from providers of their choice as opposed to receiving traditional services from a home and community based services waiver. The waiver is approved for operation from October 1998 to October 2003, and projects serving approximately 6,000 individuals (3,000 in the project and 3,000 in a control group).

Managed Care

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

Coverage for Targeted Population

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

Cost Containment Measures

•Certificate of Need Program since 1973, amended in 1997. Regulates introduction or expansion of new institutional health facilities and services.
•Rate-setting established. A state authority approves a budget or rate structure for hospitals.
•Patient Transportation Services: Established prepaid capitation rates, prior authorization, and increased use of mass transit. For FY 98-99, capped funding at $85.9 million.
•Nursing Homes: Reduced holding bed days from 15 to 8, therapeutic leave days from 30 to 16, and inflation limitations from 1.5 to 1.4 times inflation; reform incentives; and minor changes to the Fair Rental Value System.
•Home Health Care: Develop policy and procedures to ensure that Medicare is the primary payer for dual eligible recipients; and established prior authorization for home health, durable medical equipment and private duty nursing.
•Outpatient Hospital: Limited the inflation rate increase allowed by reducing the target rate increase from 3.2 to approximately 1.4 times inflation.
•Inpatient Psychiatric Hospital: Developed prior authorization process and managed care policies for community based services for children.
•Implemented provider enrollment reforms for transportation, durable medical equipment, home health, and physician group providers.
•Established a methodology to bill counties for 35% of the cost of hospital inpatient days (13 through 45) utilized by Medicaid recipients enrolled in Medicaid PHP and HMOs.
•Pharmacy Reforms: Implemented a variable dispensing fee for prescription drugs. The current Medicaid program pays for the cost of the drug plus a dispensing fee of $4.23 for each prescription. The new policy will permit the development of a variable dispensing fee determined by volume and other factors.
•For FY 99-00, Florida projects an increase of $20.7 million in collections from pharmaceutical manufacturers for drug rebates based on the utilization of drugs by Medicaid eligible persons enrolled in Health Maintenance Organizations and Prepaid plans.

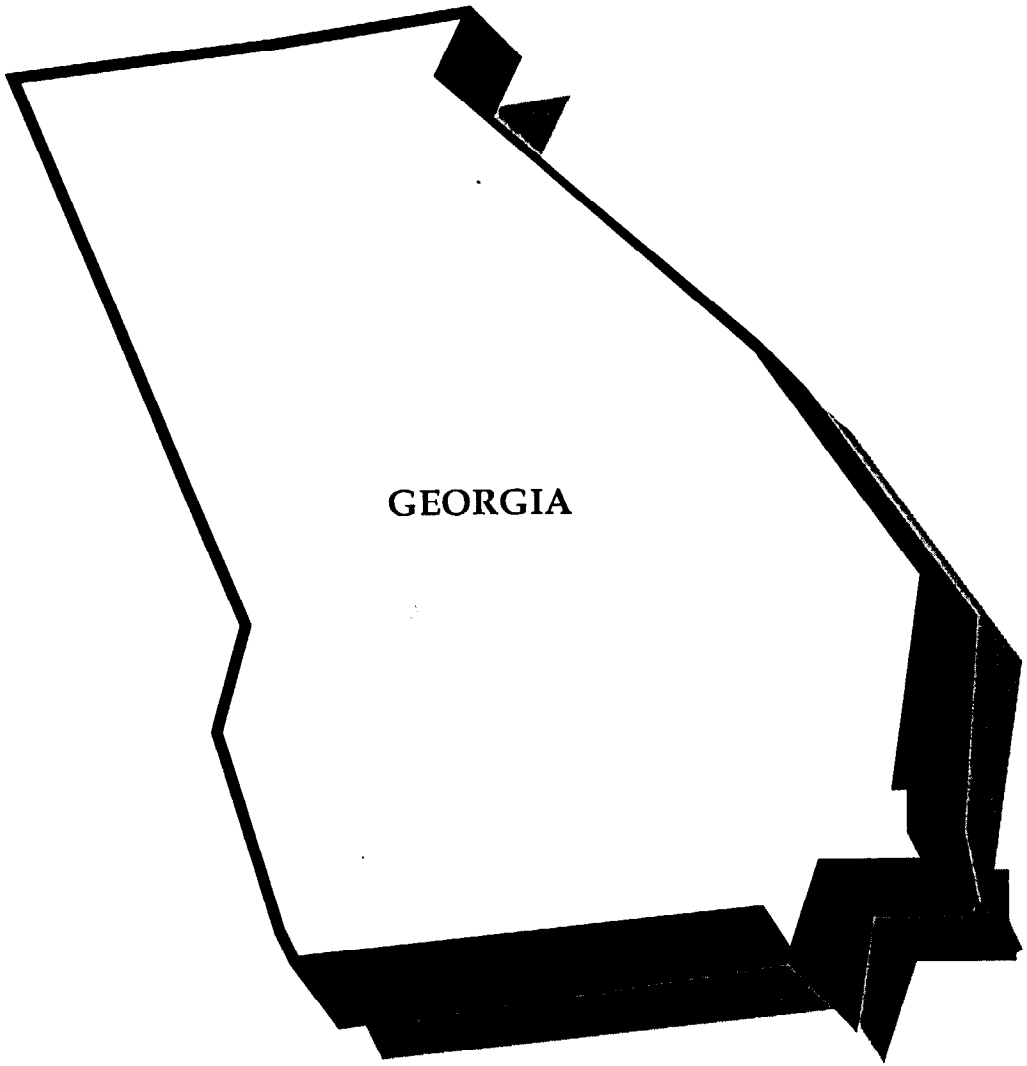
Medicaid

•24 optional services are offered.
•All licensed HMO's have to take part in Medicaid unless they already have enrolled a specified number of Medicaid or Medicare enrollees.
•Counties pay 35% or $55 per month for each nursing home resident and 35% of the non-federal share for the 13th through 45th day of of an inpatient stay for nursing home residents.
•Funded the Adult Cardiac Transplant Program as a result of the completion of a study as to the long term cost for this initiative.
•Expanded the Elderly Assisted Living Facility Waiver and the Elder Home and Community Based Services Waiver.

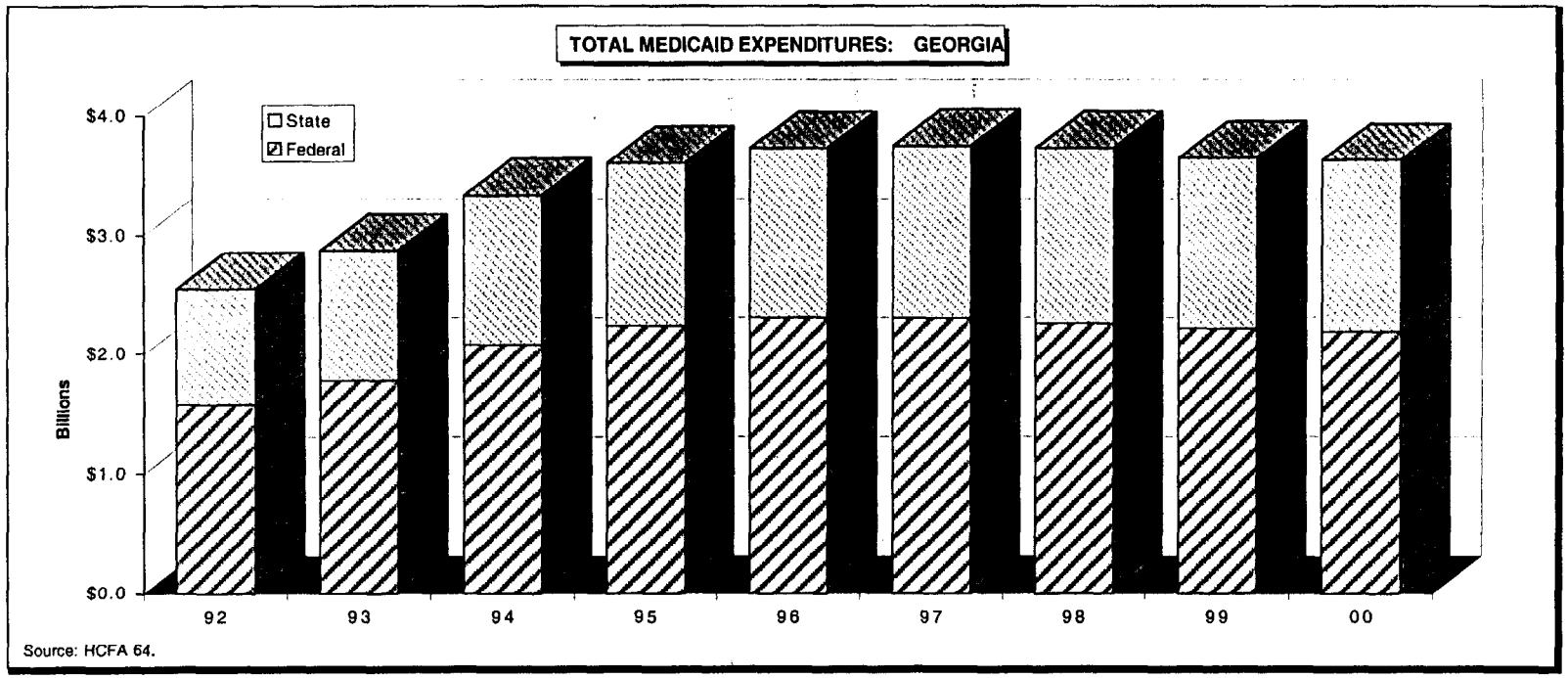
Childrens Health Insurance Program: A Combination expansion of Medicaid and Florida Healthy Kids (Title XXI)

•Expanded Medicaid coverage for children age 15 to 19 in families with incomes up to 100% of the FPL; provides coverage for an additional 24,369 children/adolescents. The plan received HCFA approval on March 5, 1998.
•Expanded Florida Healthy Kids program for children/adolescents age 5 to 19 in families with incomes up to 200% of the FPL (includes premium subsidies); provides coverage for an additional 119,000 individuals. The Florida Healthy Kids program also offers full pay buy-in above 200% of the FPL; premiums of $54 per month per member.
•Added Medikids program to provide coverage for children from birth to age 5 in families with incomes up to 200% of the FPL; provides coverage for an additional 23,000 children. The plan received HCFA approval on September 8, 1998.
•Added Children's Medical Services (CMS) Network program to provide coverage for individuals under the age of 18 with special health care needs in families with incomes up to 200% of the FPL; provides coverage for an additional 6,326 eligibles. CMS allows individuals with special needs to have a specialist as their primary care physician without any special authorization.

SOUTHERN REGION MEDICAID PROFILES



SOUTHERN REGION MEDICAID PROFILE



	FFY 92	FFY 93	FFY 94	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99**	FFY 00**	*Annual Rate of Change*	*Total 92-00*
Medicaid Payments	$2,440,454,470	$2,766,141,517	$3,219,044,503	$3,472,965,969	$3,589,643,840	$3,584,015,676	$3,487,596,382	$3,472,385,000	$3,458,559,000	*4.5%*	*41.7%*
Federal Share	$1,514,341,599	$1,720,266,980	$2,017,083,363	$2,165,409,386	$2,228,051,751	$2,211,414,478	$2,126,785,792	$2,112,599,000	$2,091,391,000	*4.1%*	*38.1%*
State Share	$926,112,871	$1,045,874,537	$1,201,961,140	$1,307,556,583	$1,361,592,089	$1,372,601,198	$1,360,810,590	$1,359,786,000	$1,367,168,000	*5.0%*	*47.6%*
Administrative Costs	$106,501,413	$109,062,133	$118,162,631	$136,047,842	$141,133,008	$164,529,357	$247,246,597	$175,932,000	$171,723,000	*6.2%*	*61.2%*
Federal Share	$60,460,047	$62,346,417	$64,733,579	$75,409,513	$78,950,993	$90,065,174	$133,995,592	$106,942,000	$102,812,000	*6.9%*	*70.0%*
State Share	$46,041,366	$46,715,716	$53,429,052	$60,638,329	$62,182,015	$74,464,183	$113,251,005	$68,990,000	$68,911,000	*5.2%*	*49.7%*
Admin. Costs as % of Payments	4.36%	3.94%	3.67%	3.92%	3.93%	4.59%	7.09%	5.07%	4.97%		
Federal Match Rate*	61.78%	62.08%	62.47%	62.23%	61.90%	61.52%	60.84%	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 99 and 00 reflect latest estimates reported by each state.*

SOUTHERN REGION MEDICAID PROFILE

STATE FINANCING	Payments		Administration	
	FFY 92	FFY 00	FFY 92	FFY 00
State General Fund	$926,112,871	$1,563,410,050	$46,041,366	$89,233,000
Local Funds	$0	$0	$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	$926,112,871	$1,564,571,000	$46,041,366	$89,233,000

Provider Taxes Currently in Place (FFY 00)

Providers	Tax Rate	Amount
Ambulance		$1,160,950
Total		$1,160,950

DISPROPORTIONATE SHARE HOSPITAL (DSH) PAYMENTS

	FFY 92	FFY 93	FFY 94	FFY 95	FFY 96	FFY97	FFY98	FFY99*	FFY00*	*Annual Change*
General Hospitals	$0	$342,772,173	$382,343,824	$407,147,839	$384,936,697	$413,147,837	$342,433,313	$411,519,000	$401,519,000	*0.8%*
Mental Hospitals	$0	$0	$0	$0	$0	$0	$0	$0	$0	*n/a*
Total	$0	$342,772,173	$382,343,824	$407,147,839	$384,936,697	$413,147,837	$342,433,313	$411,519,000	$401,519,000	*0.8%*

SELECTED ELIGIBILITY CRITERIA

	At 10/1/99	% of FPL*
TANF-Temporary Assistance for Needy Families (Family of 3)		
Need Standard	$424	36.7%
Payment Standard (Income Ceiling)	$784	67.8%
Maximum Payment	$280	24.2%
Medically Needy Program (Family of 3)		
Income Eligibility Standard	$375	
Resource Standard	$4,100	
Pregnant Women, Children and Infants (% of FPL*)		
Pregnant women and infants		185.0%
Children to 6		133.0%
Children 6 to 18		100.0%
SSI Eligibility Levels		
Income:		
Single Person	$494	71.9%
Couple	$741	80.4%
Resources:		
Single Person	$2,000	
Couple	$4,000	

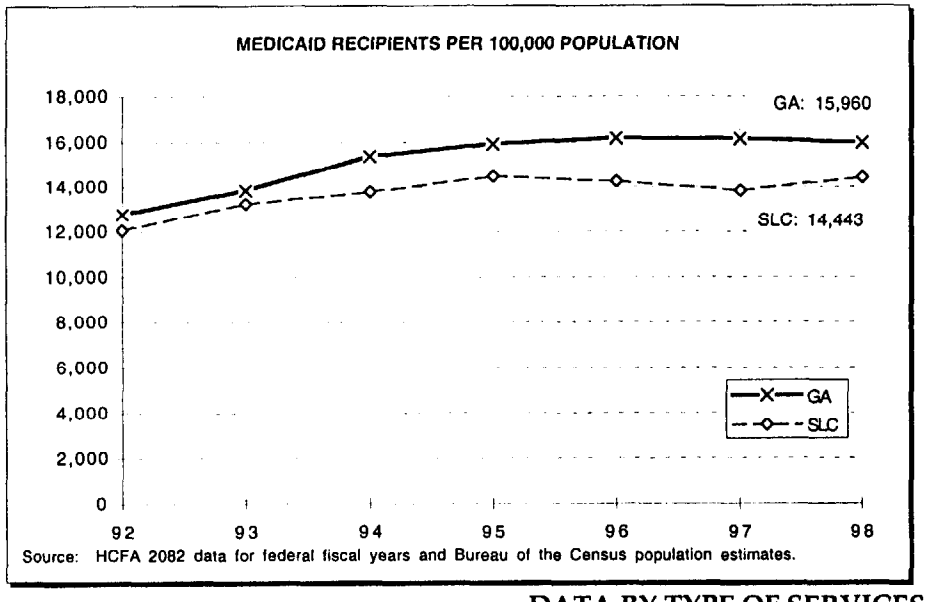
*Current federal poverty level is $8,240 per year for a single person, $11,060 for a family of two and $13,880 for a family of three. Table above shows monthly income levels.

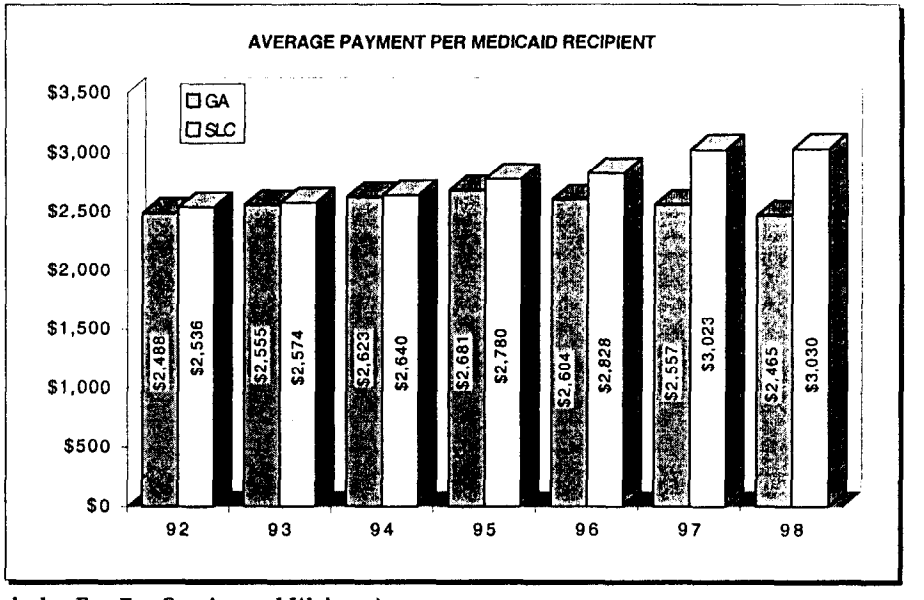
DEMOGRAPHIC DATA & POVERTY INDICATORS (1997)

		Rank in U.S.
State population—July 1, 1997*	7,489,982	*10*
Per capita personal income**	$23,893	*25*
Median household income**	$35,272	*27*
Population below Federal Poverty Level on July 1, 1997*	1,033,618	
Percent of total population	13.8%	*18*
Population without health insurance coverage*	1,344,000	*6*
Percent of total population	17.9%	*12*
Recipients of Food Stamps***	606,519	*9*
Households receiving Food Stamps***	284,000	*9*
Total value of issuance***	$538,294,023	*9*
Average monthly benefit per recipient	$73.96	*19*
Average monthly benefit per household	$157.95	*10*
Monthly recipients of Temporary Assistance to Needy Families (TANF)****	172,065	*11*
Total TANF payments****	$471,614,277	*12*
Average monthly payment per recipient	$228.41	
Average monthly payment per family of 3	$208.00	*42*

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

SOUTHERN REGION MEDICAID PROFILE





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

RECIPIENTS BY TYPE OF SERVICES	FFY 92	FFY 93	FFY 94	FFY95	FFY96	FFY97	FFY98	*Annual Change*
01. General Hospital	158,802	170,583	238,665	190,901	174,955	176,113	159,453	*0.1%*
02. Mental Hospital	0	0	0	0	0	0	0	*n/a*
03. Skilled and Intermediate (non-MR) Care Nursing	38,252	41,792	40,284	40,277	40,873	39,104	40,390	*0.9%*
04. Intermediate Care for Mentally Retarded	1,760	1,747	1,818	1,876	1,837	1,755	1,728	*-0.3%*
05. Physician Services	722,806	803,522	886,815	933,101	936,768	899,821	872,557	*3.2%*
06. Dental Services	213,297	217,088	251,200	260,538	253,582	240,018	229,794	*1.2%*
07. Other Practitioners	113,381	133,610	180,750	201,989	207,090	208,935	132,412	*2.6%*
08. Outpatient Hospital	476,817	531,217	575,905	610,689	606,680	567,063	540,218	*2.1%*
09. Clinic Services	37,462	41,704	46,034	52,099	55,934	56,268	60,632	*8.4%*
10. Lab and X-Ray	113,821	147,555	201,070	204,505	199,829	169,653	167,860	*6.7%*
11. Home Health	20,530	23,477	21,673	23,083	21,548	22,163	84,820	*26.7%*
12. Prescribed Drugs	694,862	756,130	825,875	875,647	891,335	846,963	805,923	*2.5%*
13. Family Planning	83,562	87,032	97,313	100,160	84,093	96,505	107,414	*4.3%*
14. Early & Periodic Screening, Diagnosis & Treatment	210,332	241,932	272,604	310,255	297,193	308,257	287,928	*5.4%*
15. Other Care	236,050	293,808	461,049	574,356	714,653	922,524	137,889	*-8.6%*
16. Personal Care Support Services	0	0	0	0	0	0	194,528	*n/a*
17. Home/Community Based Waiver Services	0	193	10,030	3,957	20	251	15,251	*139.6%*
18. Prepaid Health Care	0	0	0	0	0	0	78,463	*n/a*
19. Primary Care Case Management (PCCM) Services	0	0	0	0	0	0	879,554	*n/a*
Total*	**863,670**	**955,262**	**1,084,929**	**1,147,443**	**1,184,833**	**1,208,445**	**1,219,725**	*5.9%*

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

GEORGIA

SOUTHERN REGION MEDICAID PROFILE

PAYMENTS BY TYPE OF SERVICES	FFY 92	FFY 93	FFY 94	FFY95	FFY96	FFY97	FFY98	Annual Change	Share of Total FFY 98
01. General Hospital	$591,673,545	$683,445,887	$798,628,433	$818,919,186	$805,063,489	$772,217,549	$662,568,695	1.9%	22.0%
02. Mental Hospital	$0	$0	$0	$0	$0	$0	$0	n/a	0.0%
03. Skilled and Intermediate (non-MR) Care Nursing	$507,051,626	$539,960,199	$584,830,810	$623,848,347	$643,326,691	$608,591,712	$603,835,584	3.0%	20.1%
04. Intermediate Care for Mentally Retarded	$115,068,340	$115,979,389	$115,978,764	$124,940,898	$125,578,454	$127,147,570	$107,450,025	-1.1%	3.6%
05. Physician Services	$312,290,815	$352,869,387	$411,681,554	$452,974,924	$437,034,835	$396,915,837	$367,096,683	2.7%	12.2%
06. Dental Services	$26,664,233	$27,201,278	$32,365,192	$33,577,036	$32,152,495	$30,990,607	$32,076,080	3.1%	1.1%
07. Other Practitioners	$13,709,830	$19,865,581	$33,596,287	$39,582,343	$34,732,584	$33,286,304	$18,735,368	5.3%	0.6%
08. Outpatient Hospital	$163,671,025	$201,174,796	$228,569,661	$254,730,016	$253,006,189	$256,218,944	$266,142,731	8.4%	8.9%
09. Clinic Services	$43,393,418	$47,484,499	$55,487,845	$63,684,654	$71,120,384	$94,758,210	$114,306,637	17.5%	3.8%
10. Lab and X-Ray	$7,265,691	$10,301,004	$14,713,050	$15,733,477	$16,123,398	$13,685,581	$12,445,037	9.4%	0.4%
11. Home Health	$61,903,633	$63,421,957	$71,710,646	$92,384,121	$110,557,783	$132,907,346	$42,656,324	-6.0%	1.4%
12. Prescribed Drugs	$191,357,072	$221,384,507	$260,307,087	$288,511,672	$319,230,386	$339,257,021	$370,562,935	11.6%	12.3%
13. Family Planning	$33,174,497	$35,220,878	$28,644,215	$28,563,942	$24,355,643	$25,846,670	$27,083,829	-3.3%	0.9%
14. Early & Periodic Screening, Diagnosis & Treatment	$16,876,167	$22,481,495	$24,931,943	$26,625,741	$25,584,313	$25,725,521	$25,513,441	7.1%	0.8%
15. Other Care	$65,042,600	$99,010,411	$183,482,639	$209,145,178	$187,340,495	$232,454,003	$27,214,508	-13.5%	0.9%
16. Personal Care Support Services	$0	$0	$0	$0	$0	$0	$101,836,605	n/a	3.4%
17. Home/Community Based Waiver Services	$0	$816,908	$564,818	$3,227,382	$792	$13,338	$146,244,447	182.2%	4.9%
18. Prepaid Health Care	$0	$0	$0	$0	$0	$0	$57,871,451	n/a	1.9%
19. Primary Case Management (PCCM) Services	$0	$0	$0	$0	$0	$0	$23,190,993	n/a	0.8%
Total (excludes DSH pymts, pharmacy rebates, & other adjs.)	**$2,149,142,492**	**$2,440,618,176**	**$2,845,492,944**	**$3,076,448,917**	**$3,085,207,931**	**$3,090,016,213**	**$3,006,831,373**	5.8%	100.0%

AVERAGE PAYMENTS PER RECIPIENT BY TYPE OF SERVICES									(+) or (-) SLC Avg. FFY 98
01. General Hospital	$3,725.86	$4,006.53	$3,346.23	$4,289.76	$4,601.55	$4,384.78	$4,155.26	1.8%	8.0%
02. Mental Hospital	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	n/a	-100.0%
03. Skilled and Intermediate (non-MR) Care Nursing	$13,255.56	$12,920.18	$14,517.69	$15,488.95	$15,739.65	$15,563.41	$14,950.13	2.0%	-2.3%
04. Intermediate Care for Mentally Retarded	$65,379.74	$66,387.74	$63,794.70	$66,599.63	$68,360.62	$72,448.76	$62,181.73	-0.8%	5.0%
05. Physician Services	$432.05	$439.15	$464.22	$485.45	$466.53	$441.11	$420.71	-0.4%	14.0%
06. Dental Services	$125.01	$125.30	$128.84	$128.88	$126.79	$129.12	$139.59	1.9%	-19.5%
07. Other Practitioners	$120.92	$148.68	$185.87	$195.96	$167.72	$159.31	$141.49	2.7%	-9.5%
08. Outpatient Hospital	$343.26	$378.71	$396.89	$417.12	$417.03	$451.84	$492.66	6.2%	10.3%
09. Clinic Services	$1,158.33	$1,138.61	$1,205.37	$1,222.38	$1,271.51	$1,684.05	$1,885.25	8.5%	235.3%
10. Lab and X-Ray	$63.83	$69.81	$73.17	$76.93	$80.69	$80.67	$74.14	2.5%	-21.4%
11. Home Health	$3,015.28	$2,701.45	$3,308.75	$4,002.26	$5,130.77	$5,996.81	$502.90	-25.8%	-67.1%
12. Prescribed Drugs	$275.39	$292.79	$315.19	$329.48	$358.15	$400.56	$459.80	8.9%	-26.8%
13. Family Planning	$397.00	$404.69	$294.35	$285.18	$289.63	$267.83	$252.14	-7.3%	18.6%
14. Early & Periodic Screening, Diagnosis & Treatment	$80.24	$92.92	$91.46	$85.82	$86.09	$83.45	$88.61	1.7%	-67.7%
15. Other Care	$275.55	$336.99	$397.97	$364.14	$262.14	$251.98	$197.37	-5.4%	-57.4%
16. Personal Care Support Services	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$523.51	n/a	-66.8%
17. Home/Community Based Waiver Services	$0.00	$4,232.68	$56.31	$815.61	$39.60	$53.14	$9,589.17	17.8%	-23.6%
18. Prepaid Health Care	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$737.56	n/a	-33.8%
19. Primary Care Case Management (PCCM) Services	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$26.37	n/a	-60.2%
Total (Average)	**$2,488.38**	**$2,554.92**	**$2,622.75**	**$2,681.13**	**$2,603.92**	**$2,557.02**	**$2,465.17**	-0.2%	-18.6%
TOTAL PER CAPITA EXPENDITURES	**$376.36**	**$416.31**	**$472.49**	**$500.65**	**$508.68**	**$500.47**	**$488.71**	4.5%	-11.6%

DATA BY OTHER CHARACTERISTICS

RECIPIENTS BY OTHER CHARACTERISTICS

By Maintenance Assistance Status	FFY 92	FFY 93	FFY 94	FFY95	FFY96	FFY97	FFY98	Annual Change	Share of Total FFY 98
Receiving Cash Assistance or Eligible Under Section 1931	582,389	588,434	605,157	599,867	574,269	560,794	473,342	-3.4%	38.8%
Poverty Related Eligibles	62,544	90,165	101,344	109,046	116,447	449,852	535,541	43.0%	43.9%
Medically Needy	2,674	1,789	786	578	543	816	836	-17.6%	0.1%
Other Eligibles	207,872	264,539	365,310	427,453	484,068	182,243	179,588	-2.4%	14.7%
Maintenance Assistance Status Unknown	8,191	10,335	12,332	10,499	9,506	14,740	30,418	24.4%	2.5%
Total	**863,670**	**955,262**	**1,084,929**	**1,147,443**	**1,184,833**	**1,208,445**	**1,219,725**	5.9%	100.0%
By Basis of Eligibility									
Aged, Blind, or Disabled	243,441	265,252	282,933	295,406	306,376	309,328	315,211	4.4%	25.8%
Children	412,087	461,006	542,580	597,092	629,386	655,741	666,194	8.3%	54.6%
Foster Care Children	1,113	616	163	100	55	6,271	6,508	34.2%	0.5%
Adults	198,838	218,054	246,953	244,346	239,510	222,365	201,394	0.2%	16.5%
Basis of Eligibility Unknown	8,191	10,334	12,300	10,499	9,506	14,740	30,418	24.4%	2.5%
Total	**863,670**	**955,262**	**1,084,929**	**1,147,443**	**1,184,833**	**1,208,445**	**1,219,725**	5.9%	100.0%
By Age									
Under Age 1	43,058	46,065	48,948	54,431	57,949	62,035	64,467	7.0%	5.3%
Age 1 to 5	190,343	214,714	238,288	250,370	255,974	260,904	254,884	5.0%	20.9%
Age 6 to 14	157,911	181,263	224,441	250,898	269,468	284,038	280,817	10.1%	23.0%
Age 15 to 20	75,705	83,126	103,290	116,768	123,686	131,439	129,473	9.4%	10.6%
Age 21 to 44	202,047	222,337	253,260	253,598	251,936	240,424	225,056	1.8%	18.5%
Age 45 to 64	61,924	67,922	73,810	77,729	82,044	84,605	87,043	5.8%	7.1%
Age 65 to 74	48,345	50,833	52,316	52,724	52,920	53,163	53,426	1.7%	4.4%
Age 75 to 84	48,782	50,470	50,966	51,217	50,854	50,242	49,858	0.4%	4.1%
Age 85 and Over	30,576	32,837	33,568	34,436	34,811	35,309	68,167	14.3%	5.6%
Age Unknown	4,979	5,695	6,042	5,272	5,191	6,286	6,534	4.6%	0.5%
Total	**863,670**	**955,262**	**1,084,929**	**1,147,443**	**1,184,833**	**1,208,445**	**1,219,725**	5.9%	100.0%
By Race									
White	340,390	379,622	432,236	448,904	451,125	447,255	443,206	4.5%	36.3%
Black	475,500	517,216	582,714	615,145	632,470	643,610	646,459	5.3%	53.0%
Hispanic, American Indian or Asian	8,135	17,269	25,500	32,952	43,169	50,179	41,185	31.0%	3.4%
Other/Unknown	39,645	41,155	44,479	50,442	58,069	67,401	88,875	14.4%	7.3%
Total	**863,670**	**955,262**	**1,084,929**	**1,147,443**	**1,184,833**	**1,208,445**	**1,219,725**	5.9%	100.0%
By Sex									
Female	560,997	616,681	696,407	727,316	744,696	749,009	747,147	4.9%	61.3%
Male	297,683	332,877	382,473	414,844	434,945	453,144	466,045	7.8%	38.2%
Unknown	4,990	5,704	6,049	5,283	5,192	6,292	6,533	4.6%	0.5%
Total	**863,670**	**955,262**	**1,084,929**	**1,147,443**	**1,184,833**	**1,208,445**	**1,219,725**	5.9%	100.0%

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

SOUTHERN REGION MEDICAID PROFILE

PAYMENTS BY OTHER CHARACTERISTICS

By Maintenance Assistance Status	FFY 92	FFY 93	FFY 94	FFY95	FFY96	FFY97	FFY98	Annual Change	Share of Total FFY 98
Receiving Cash Assistance or Eligible Under Section 1931	$1,214,247,677	$1,330,264,947	$1,516,138,961	$1,579,912,507	$1,497,011,074	$1,476,472,911	$1,377,301,404	2.1%	45.8%
Poverty Related Eligibles	$65,769,478	$103,695,677	$124,065,724	$133,130,765	$136,270,254	$671,343,738	$688,427,217	47.9%	22.9%
Medically Needy	$4,634,531	$3,407,468	$2,509,724	$2,085,386	$2,188,136	$4,072,584	$3,788,801	-3.3%	0.1%
Other Eligibles	$845,719,755	$980,527,251	$1,180,178,052	$1,341,166,513	$1,429,092,593	$905,343,467	$889,155,658	0.8%	29.6%
Maintenance Assistance Status Unknown	$18,771,051	$22,722,833	$22,600,483	$20,153,746	$20,645,874	$32,783,513	$48,158,293	17.0%	1.6%
Total	**$2,149,142,492**	**$2,440,618,176**	**$2,845,492,944**	**$3,076,448,917**	**$3,085,207,931**	**$3,090,016,213**	**$3,006,831,373**	5.8%	100.0%
By Basis of Eligibility									
Aged, Blind or Disabled	$1,301,735,131	$1,456,701,230	$1,644,881,910	$1,802,981,679	$1,857,800,801	$1,857,153,410	$1,895,348,370	6.5%	63.0%
Children	$356,430,491	$426,042,663	$576,012,247	$642,601,853	$618,667,247	$619,714,194	$582,613,258	8.5%	19.4%
Foster Care Children	$1,229,445	$858,743	$363,268	$339,834	$158,272	$21,716,984	$23,957,528	64.0%	0.8%
Adults	$470,976,374	$534,306,088	$601,635,036	$610,371,805	$587,935,737	$558,812,319	$456,753,924	-0.5%	15.2%
Basis of Eligibility Unknown	$18,771,051	$22,709,452	$22,600,483	$20,153,746	$20,645,874	$32,619,306	$48,158,293	17.0%	1.6%
Total	**$2,149,142,492**	**$2,440,618,176**	**$2,845,492,944**	**$3,076,448,917**	**$3,085,207,931**	**$3,090,016,213**	**$3,006,831,373**	5.8%	100.0%
By Age									
Under Age 1	$75,155,525	$95,196,218	$106,906,737	$119,222,813	$117,034,113	$116,190,597	$130,255,712	9.6%	4.3%
Age 1 to 5	$212,020,445	$252,998,740	$326,162,874	$340,005,677	$323,376,173	$307,847,423	$256,223,030	3.2%	8.5%
Age 6 to 14	$110,447,454	$138,594,446	$207,968,499	$240,649,162	$229,498,271	$239,303,673	$228,958,957	12.9%	7.6%
Age 15 to 20	$168,411,048	$189,677,622	$233,182,093	$271,041,521	$261,476,695	$263,589,850	$229,642,826	5.3%	7.6%
Age 21 to 44	$603,423,890	$692,985,949	$780,834,754	$814,218,579	$810,798,064	$818,413,173	$735,710,213	3.4%	24.5%
Age 45 to 64	$300,731,036	$340,048,748	$387,665,063	$429,088,216	$452,935,764	$477,409,453	$506,762,353	9.1%	16.9%
Age 65 to 74	$166,702,491	$179,392,246	$198,351,258	$214,027,733	$221,937,199	$222,067,879	$225,566,756	5.2%	7.5%
Age 75 to 84	$256,691,263	$274,192,010	$296,913,582	$317,088,940	$324,793,939	$310,065,313	$302,511,621	2.8%	10.1%
Age 85 and Over	$241,685,853	$261,873,806	$294,936,249	$318,233,551	$330,247,882	$321,060,648	$372,693,372	7.5%	12.4%
Age Unknown	$13,873,487	$15,658,391	$12,571,835	$12,872,725	$13,109,831	$14,068,204	$18,506,533	4.9%	0.6%
Total	**$2,149,142,492**	**$2,440,618,176**	**$2,845,492,944**	**$3,076,448,917**	**$3,085,207,931**	**$3,090,016,213**	**$3,006,831,373**	5.8%	100.0%
By Race									
White	$1,092,357,469	$1,219,727,490	$1,386,607,897	$1,491,925,419	$1,509,948,577	$1,482,725,620	$1,448,648,192	4.8%	48.2%
Black	$911,599,966	$1,044,980,598	$1,248,311,881	$1,336,311,250	$1,297,219,832	$1,306,996,330	$1,238,312,269	5.2%	41.2%
Hispanic, American Indian or Asian	$20,482,745	$29,404,651	$40,008,407	$51,887,350	$60,690,293	$71,650,212	$48,958,336	15.6%	1.6%
Other/Unknown	$124,702,312	$146,505,437	$170,564,759	$196,324,898	$217,349,229	$228,644,051	$270,912,576	13.8%	9.0%
Total	**$2,149,142,492**	**$2,440,618,176**	**$2,845,492,944**	**$3,076,448,917**	**$3,085,207,931**	**$3,090,016,213**	**$3,006,831,373**	5.8%	100.0%
By Sex									
Female	$1,491,221,558	$1,678,272,854	$1,937,762,701	$2,075,463,148	$2,078,712,807	$2,059,074,878	$1,964,578,095	4.7%	65.3%
Male	$644,023,955	$746,670,423	$895,143,247	$988,106,443	$993,383,565	$1,016,859,298	$1,023,748,347	8.0%	34.0%
Unknown	$13,896,979	$15,674,899	$12,586,996	$12,879,326	$13,111,559	$14,082,037	$18,504,931	4.9%	0.6%
Total	**$2,149,142,492**	**$2,440,618,176**	**$2,845,492,944**	**$3,076,448,917**	**$3,085,207,931**	**$3,090,016,213**	**$3,006,831,373**	5.8%	100.0%

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

AVERAGE PAYMENT PER RECIPIENT BY OTHER CHARACTERISTICS

By Maintenance Assistance Status	FFY 92	FFY 93	FFY 94	FFY95	FFY96	FFY97	FFY98	Annual Change	Above (+) or Below (-) SLC Avg. FFY 98
Receiving Cash Assistance or Eligible Under Section 1931	$2,084.94	$2,260.69	$2,505.36	$2,633.77	$2,606.81	$2,632.83	$2,909.74	5.7%	-9.1%
Poverty Related Eligibles	$1,051.57	$1,150.07	$1,224.20	$1,220.87	$1,170.23	$1,492.37	$1,285.48	3.4%	-15.0%
Medically Needy	$1,733.18	$1,904.68	$3,193.03	$3,607.93	$4,029.72	$4,990.91	$4,532.06	17.4%	-20.6%
Other Eligibles	$4,068.46	$3,706.55	$3,230.62	$3,137.58	$2,952.26	$4,967.78	$4,951.09	3.3%	-9.4%
Maintenance Assistance Status Unknown	$2,291.67	$2,198.63	$1,832.67	$1,919.59	$2,171.88	$2,224.12	$1,583.22	-6.0%	-9.4%
Total	**$2,488.38**	**$2,554.92**	**$2,622.75**	**$2,681.13**	**$2,603.92**	**$2,557.02**	**$2,465.17**	-0.2%	-18.6%
By Basis of Eligibility									
Aged, Blind or Disabled	$5,347.23	$5,491.76	$5,813.68	$6,103.40	$6,063.79	$6,003.83	$6,012.95	2.0%	-16.5%
Children	$864.94	$924.16	$1,061.62	$1,076.22	$982.97	$945.06	$874.54	0.2%	-15.0%
Foster Care Children	$1,104.62	$1,394.06	$2,228.64	$3,398.34	$2,877.67	$3,463.08	$3,681.24	22.2%	9.4%
Adults	$2,368.64	$2,450.34	$2,436.23	$2,497.98	$2,454.74	$2,513.04	$2,267.96	-0.7%	25.9%
Basis of Eligibility Unknown	$2,291.67	$2,197.55	$1,837.44	$1,919.59	$2,171.88	$2,212.98	$1,583.22	-6.0%	-8.5%
Total	**$2,488.38**	**$2,554.92**	**$2,622.75**	**$2,681.13**	**$2,603.92**	**$2,557.02**	**$2,465.17**	-0.2%	-18.6%
By Age									
Under Age 1	$1,745.45	$2,066.56	$2,184.09	$2,190.35	$2,019.61	$1,872.98	$2,020.50	2.5%	-17.1%
Age 1 to 5	$1,113.89	$1,178.31	$1,368.78	$1,358.01	$1,263.32	$1,179.93	$1,005.25	-1.7%	-9.8%
Age 6 to 14	$699.43	$764.60	$926.61	$959.15	$851.67	$842.51	$815.33	2.6%	-26.2%
Age 15 to 20	$2,224.57	$2,281.81	$2,257.55	$2,321.20	$2,114.04	$2,005.42	$1,773.67	-3.7%	-15.9%
Age 21 to 44	$2,986.55	$3,116.83	$3,083.13	$3,210.67	$3,218.27	$3,404.04	$3,269.01	1.5%	-5.2%
Age 45 to 64	$4,856.45	$5,006.46	$5,252.20	$5,520.31	$5,520.64	$5,642.80	$5,821.98	3.1%	-4.2%
Age 65 to 74	$3,448.18	$3,529.05	$3,791.41	$4,059.40	$4,193.82	$4,177.11	$4,222.04	3.4%	-13.5%
Age 75 to 84	$5,262.01	$5,432.77	$5,825.72	$6,191.09	$6,386.79	$6,171.44	$6,067.46	2.4%	-20.1%
Age 85 and Over	$7,904.43	$7,974.96	$8,786.23	$9,241.30	$9,486.88	$9,092.88	$5,467.36	-6.0%	-48.9%
Age Unknown	$2,786.40	$2,749.50	$2,080.74	$2,441.72	$2,525.49	$2,238.02	$2,832.34	0.3%	21.9%
Total	**$2,488.38**	**$2,554.92**	**$2,622.75**	**$2,681.13**	**$2,603.92**	**$2,557.02**	**$2,465.17**	-0.2%	-18.6%
By Race									
White	$3,209.14	$3,213.01	$3,207.99	$3,323.48	$3,347.07	$3,315.17	$3,268.57	0.3%	-12.1%
Black	$1,917.14	$2,020.39	$2,142.24	$2,172.35	$2,051.04	$2,030.73	$1,915.53	0.0%	-20.8%
Hispanic, American Indian or Asian	$2,517.85	$1,702.74	$1,568.96	$1,574.63	$1,405.88	$1,427.89	$1,188.74	-11.8%	-37.2%
Other/Unknown	$3,145.47	$3,559.85	$3,834.73	$3,892.09	$3,742.95	$3,392.29	$3,048.24	-0.5%	-15.1%
Total	**$2,488.38**	**$2,554.92**	**$2,622.75**	**$2,681.13**	**$2,603.92**	**$2,557.02**	**$2,465.17**	-0.2%	-18.6%
By Sex									
Female	$2,658.16	$2,721.46	$2,782.51	$2,853.59	$2,791.36	$2,749.07	$2,629.44	-0.2%	-15.4%
Male	$2,163.46	$2,243.08	$2,340.41	$2,381.87	$2,283.93	$2,244.01	$2,196.67	0.3%	-25.8%
Unknown	$2,784.97	$2,748.05	$2,080.84	$2,437.88	$2,525.34	$2,238.09	$2,832.53	0.3%	17.0%
Total	**$2,488.38**	**$2,554.92**	**$2,622.75**	**$2,681.13**	**$2,603.92**	**$2,557.02**	**$2,465.17**	-0.2%	-18.6%

ADDITIONAL STATE HEALTH CARE INFORMATION

Sources: "Major Health Care Policies: 50 State Profiles", Health Policy Tracking Service, January, 1999; and "Medicaid Services State by State", HCFA, October 1998.
**Information supplied by State Medicaid Agency*

Waivers

Two Freedom of Choice Waivers, under Title XIX, Section 1915 (b), of the Social Security Act, established a coordinated network of Medicaid providers:
•Georgia Better Health Care Program (GBHC) provides a statewide case managed health care system for TANF, TANF-related, and SSI beneficiaries. It has been operating since October 1, 1993. The state was granted an extension on this program through July 2000. Approximately 364,313 Medicaid recipients were enrolled as of June 1996. Projected enrollment was 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 expanded HMO coverage to 28 counties and had approximately 60,000 Medicaid recipients by June 1998, increasing to 120,000 by June 1999.
•Mental Health/Mental Retardation Waiver provides rehabilitation services to nursing home residents. It has been operating since April, 1994.

Georgia 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: Yes. Broad, applies only to Blue Cross/Blue Shield.

Coverage for Targeted Population

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

Cost Containment Measures

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

Medicaid

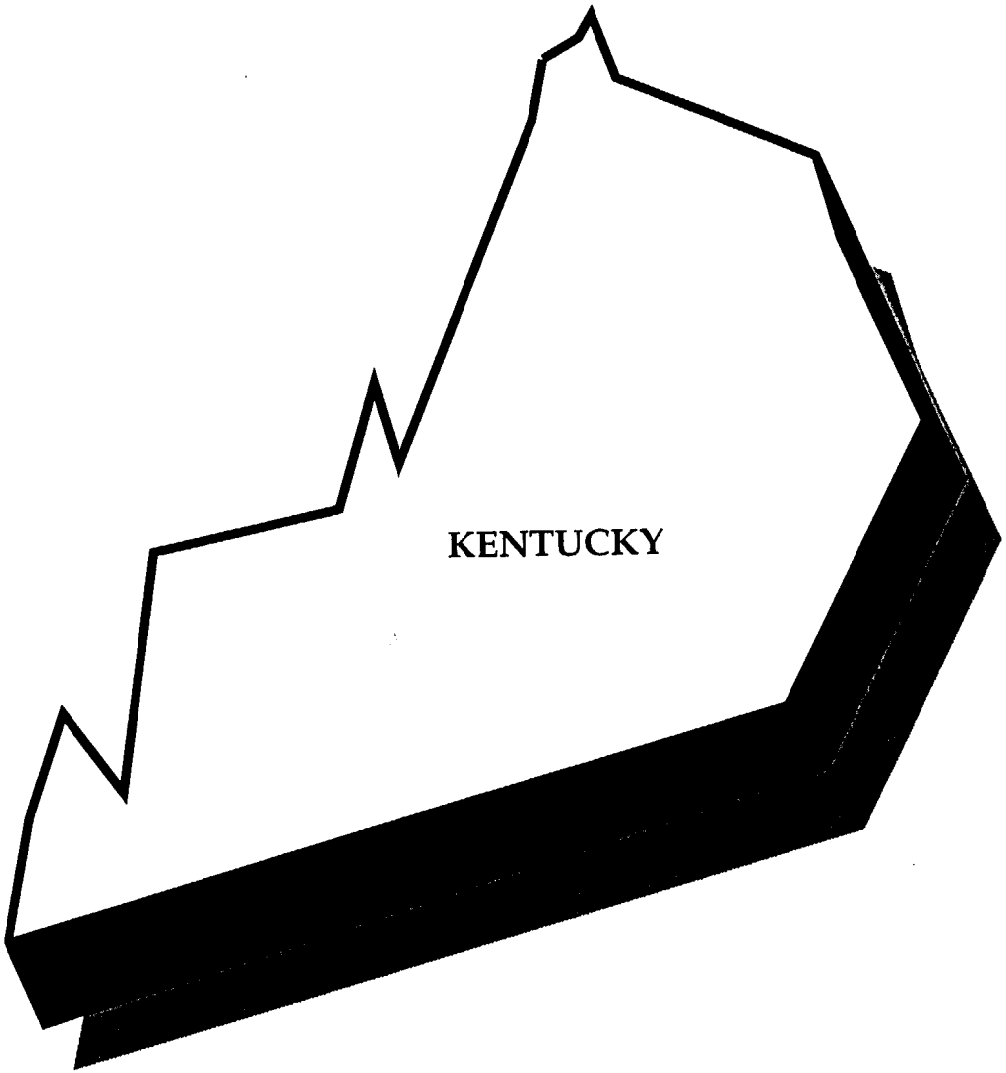
•37 optional services are offered.
•Non-Emergency Transportation (NET) Broker Program, was implemented in 1998, and replaced direct providers of NET services with a broker to administer services to recipients. Payments to brokers will be made on a capitated rate based on the number of Medicaid eligibles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

Children's Health Insurance Program: State Designed Plan

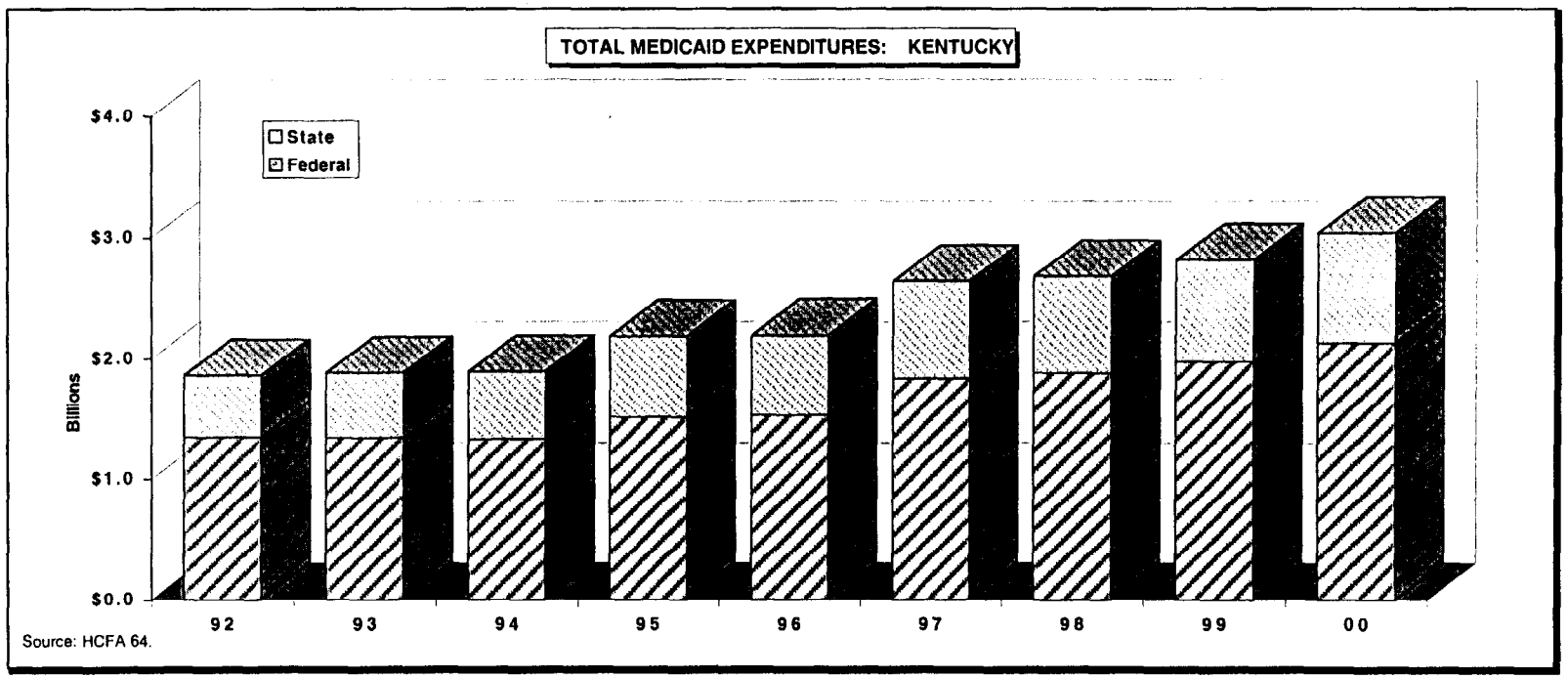
•The state initiated and expanded health insurance coverage for the Children's Health Insurance Program with funds made available in the Balanced Budget Act of 1997. State officials estimate that Georgia has 299,000 uninsured children/adolescents at the current time.
•CHIP in Georgia is called "PeachCare for Kids." The program is administered by the state Medicaid agency, but as a separate program and not an expansion of Medicaid. The program was approved by HCFA on September 3, 1998. As of September, 1999 approximately 43,200 children/adolescents had enroll
•Uninsured children/adolescents will be eligible for PeachCare benefits if their families' incomes are less than or equal to 200% of the FPL ($33,400 for a family of 4 in 1999)
•Families with children age 6 and older will be charged a monthly premium for the cost of PeachCare coverage; $7.50 per month for one child and $15.00 for two or more children. No premiums will be charged to families with children age 5 or younger.
•Children/adolescents enrolled in PeachCare for Kids have the option to use the primary care case management program or enroll in a managed care organization.

QUESTIONNAIRE NOT RETURNED

SOUTHERN REGION MEDICAID PROFILES



SOUTHERN REGION MEDICAID PROFILE



	FFY 92	FFY 93	FFY 94	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99**	FFY 00**	*Annual Rate of Change*	*Total 92-00*
Medicaid Payments	$1,812,800,834	$1,828,432,440	$1,835,019,970	$2,121,928,735	$2,132,812,645	$2,571,547,988	$2,595,560,522	$2,729,377,000	$2,962,811,000	*6.3%*	*63.4%*
Federal Share	$1,320,052,871	$1,312,673,304	$1,303,214,804	$1,478,866,369	$1,499,738,794	$1,802,405,130	$1,831,785,078	$1,920,663,000	$2,089,951,000	*5.9%*	*58.3%*
State Share	$492,747,963	$515,759,136	$531,805,166	$643,062,366	$633,073,851	$769,142,858	$763,775,444	$808,714,000	$872,860,000	*7.4%*	*77.1%*
Administrative Costs	$46,861,400	$51,974,035	$55,329,001	$60,006,090	$56,720,555	$64,772,145	$82,295,409	$84,609,000	$73,941,000	*5.9%*	*57.8%*
Federal Share	$27,703,394	$31,470,092	$32,250,036	$35,416,371	$31,940,888	$35,313,441	$50,814,765	$52,297,000	$42,746,000	*5.6%*	*54.3%*
State Share	$19,158,006	$20,503,943	$23,078,965	$24,589,719	$24,779,667	$29,458,704	$31,480,644	$32,312,000	$31,195,000	*6.3%*	*62.8%*
Admin. Costs as % of Payments	2.59%	2.84%	3.02%	2.83%	2.66%	2.52%	3.17%	3.10%	2.50%		
Federal Match Rate*	72.82%	71.69%	70.91%	69.58%	70.30%	70.09%	70.37%	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 99 and 00 reflect latest estimates reported by each state.*

SOUTHERN REGION MEDICAID PROFILE

STATE FINANCING	Payments		Administration	
	FFY 92	FFY 00	FFY 92	FFY 00
State General Fund	$492,747,963	$684,027,734	$19,158,006	$31,195,000
Local Funds	$0	$0	$0	$0
Provider Taxes	$0	$124,686,266	$0	$0
Donations	$0	$0	$0	$0
Other	$0	$0	$0	$0
Total State Share	$492,747,963	$808,714,000	$19,158,006	$31,195,000

Provider Taxes Currently in Place (FFY 00)

Providers	Tax Rate	Amt. Generated
Hospitals	2.50%	$83,407,106
Pharmacies	0.25% per Rx	$11,057,872
Physicians	2.00%	$9,724,007
HHC	2.00%	$4,465,524
HMO	2.00%	$6,049
ICF/MR	2.00%	$1,365,668
Nurse Fac	$0	$14,660,040
Total		$124,686,266

DISPROPORTIONATE SHARE HOSPITAL (DSH) PAYMENTS

	FFY 92	FFY 93	FFY 94	FFY 95	FFY 96	FFY97	FFY98	FFY99*	FFY00*	*Annual Change*
General Hospitals	$275,334,301	$136,763,311	$81,155,370	$161,480,654	$117,706,563	$165,640,794	$160,194,731	$162,000,000	$152,000,000	*11.0%*
Mental Hospitals	$0	$0	$0	$34,767,327	$33,791,199	$65,158,786	$34,490,470	$33,000,000	$32,000,000	*-1.6%*
Total	$275,334,301	$136,763,311	$81,155,370	$196,247,981	$151,497,762	$230,799,580	$194,685,201	$195,000,000	$184,000,000	*14.6%*

SELECTED ELIGIBILITY CRITERIA

	At 10/1/99	% of FPL*
TANF-Temporary Assistance for Needy Families (Family of 3)		
Need Standard	$526	45.5%
Payment Standard	$262	22.7%
Maximum Payment	$262	22.7%
Medically Needy Program (Family of 3)		
Income Eligibility Standard	$308	
Resource Standard	$2,000	
Pregnant Women, Children and Infants (% of FPL*)		
Pregnant women and infants	$2,140	185.0%
Children 1 to 5	$1,539	133.0%
Children 6 to 18	$1,157	100
SSI Eligibility Levels		
Income:		
Single Person	$500	72.8%
Couple	$751	81.5%
Resources:		
Single Person	$2,000	
Couple	$3,000	

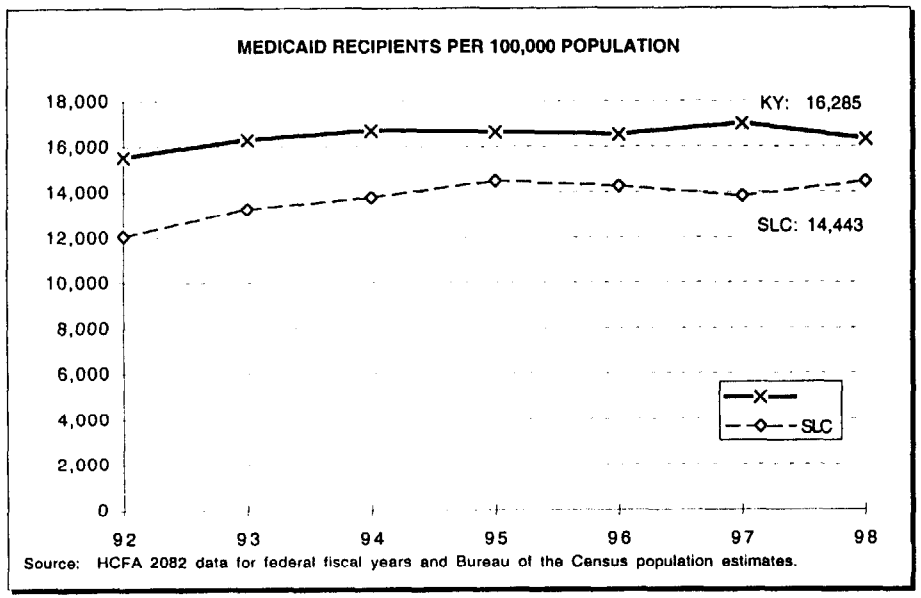
*Current federal poverty level is $8,240 per year for a single person, $11,060 for a family of two and $13,880 for a family of three. Table above shows monthly income levels.

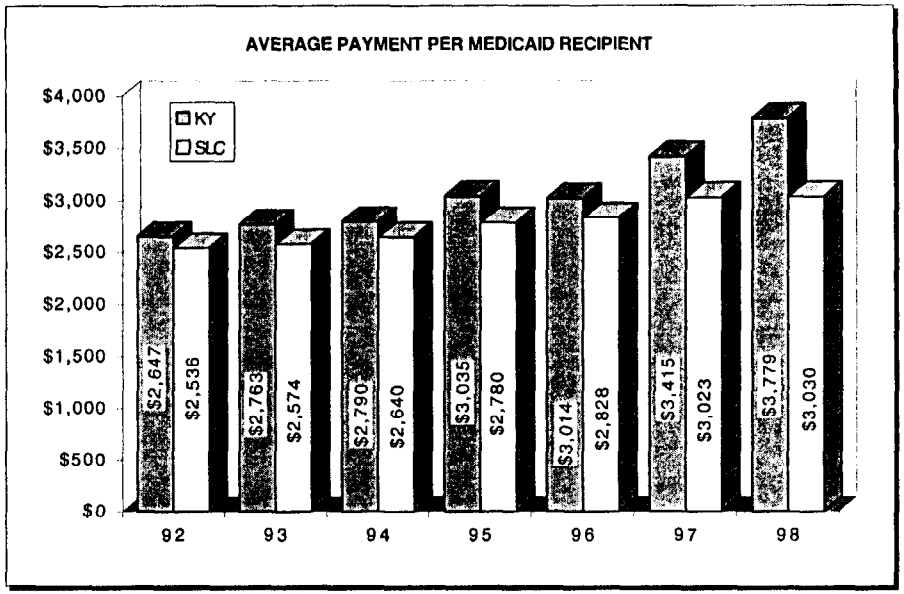
DEMOGRAPHIC DATA & POVERTY INDICATORS (1997)

		Rank in U.S.
State population—July 1, 1997*	3,910,366	24
Per capita personal income**	$20,599	40
Median household income**	$32,668	37
Population below Federal Poverty Level on July 1, 1997*	621,748	
Percent of total population	15.9%	12
Population without health insurance coverage*	587,000	26
Percent of total population	15.0%	23
Recipients of Food Stamps***	396,542	16
Households receiving Food Stamps***	174,000	18
Total value of issuance***	$344,940,784	16
Average monthly benefit per recipient	$72.49	24
Average monthly benefit per household	$165.20	5
Monthly recipients of Temporary Assistance to Needy Families (TANF)****	112,676	20
Total TANF payments****	$215,045,149	24
Average monthly payment per recipient	$159.04	
Average monthly payment per family of 3	$262.00	41

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

KENTUCKY





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

RECIPIENTS BY TYPE OF SERVICES	FFY 92	FFY 93	FFY 94	FFY95	FFY96	FFY97	FFY98	*Annual Change*
01. General Hospital	108,233	111,190	109,147	103,979	104,194	142,868	90,473	*-2.9%*
02. Mental Hospital	3,072	2,822	2,669	3,201	3,361	4,395	4,338	*5.9%*
03. Skilled and Intermediate (non-MR) Care Nursing	25,341	25,658	25,639	24,247	25,793	27,843	27,439	*1.3%*
04. Intermediate Care for Mentally Retarded	1,301	1,300	1,267	1,261	1,250	1,252	1,240	*-0.8%*
05. Physician Services	468,020	494,335	499,962	490,896	498,979	502,644	438,403	*-1.1%*
06. Dental Services	151,519	160,516	163,786	158,174	162,546	172,039	131,560	*-2.3%*
07. Other Practitioners	99,198	107,963	105,253	114,084	110,344	121,377	95,907	*-0.6%*
08. Outpatient Hospital	313,302	328,114	337,172	332,416	341,335	350,200	292,864	*-1.1%*
09. Clinic Services	104,269	113,695	123,547	135,575	149,467	171,596	144,896	*5.6%*
10. Lab and X-Ray	280,239	290,102	292,929	275,450	280,638	288,327	238,713	*-2.6%*
11. Home Health	39,620	44,417	51,987	59,098	64,169	73,688	67,405	*9.3%*
12. Prescribed Drugs	457,708	482,752	493,689	491,370	497,251	494,293	429,102	*-1.1%*
13. Family Planning	43,675	41,216	41,060	29,269	43,361	50,835	34,697	*-3.8%*
14. Early & Periodic Screening, Diagnosis & Treatment	30,338	29,231	37,106	36,942	42,378	55,616	38,422	*4.0%*
15. Other Care	165,102	161,597	184,110	197,094	203,343	241,613	208,539	*4.0%*
16. Personal Care Support Services	0	0	0	0	0	0	27,589	*n/a*
17. Home/Community Based Waiver Services	0	163	933	1,546	0	0	13,125	*140.5%*
18. Prepaid Health Care	0	0	0	0	0	0	194,164	*n/a*
19. Primary Care Case Management (PCCM) Services	0	0	0	0	0	0	0	*n/a*
Total*	**583,089**	**617,759**	**637,558**	**640,930**	**640,541**	**664,454**	**641,072**	*1.6%*

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

KENTUCKY

SOUTHERN REGION MEDICAID PROFILE

PAYMENTS BY TYPE OF SERVICES	FFY 92	FFY 93	FFY 94	FFY95	FFY96	FFY97	FFY98	Annual Change	Share of Total FFY 98
01. General Hospital	$332,302,439	$342,477,130	$327,767,965	$385,531,677	$340,460,365	$370,294,056	$274,880,426	-3.1%	11.3%
02. Mental Hospital	$34,152,059	$35,714,571	$32,829,450	$41,592,073	$40,936,172	$40,101,982	$42,689,470	3.8%	1.8%
03. Skilled and Intermediate (non-MR) Care Nursing	$302,090,663	$334,016,080	$372,077,240	$391,712,567	$401,859,802	$461,422,826	$491,196,404	8.4%	20.3%
04. Intermediate Care for Mentally Retarded	$59,884,904	$69,624,495	$71,128,316	$72,342,236	$57,547,393	$79,320,366	$79,305,645	4.8%	3.3%
05. Physician Services	$196,910,891	$215,553,695	$213,101,036	$196,856,415	$181,826,315	$204,705,525	$164,972,078	-2.9%	6.8%
06. Dental Services	$35,389,676	$38,951,623	$36,924,426	$36,248,065	$33,657,300	$37,749,109	$23,876,778	-6.3%	1.0%
07. Other Practitioners	$10,366,754	$11,092,870	$10,328,285	$9,583,863	$9,138,360	$11,221,622	$8,865,468	-2.6%	0.4%
08. Outpatient Hospital	$137,607,622	$160,480,370	$170,861,562	$206,270,545	$214,277,032	$248,098,689	$211,965,422	7.5%	8.8%
09. Clinic Services	$80,260,794	$82,881,980	$87,781,691	$98,971,523	$103,145,364	$115,098,014	$98,656,658	3.5%	4.1%
10. Lab and X-Ray	$42,309,246	$46,371,767	$43,856,250	$35,152,875	$29,173,403	$32,453,053	$26,978,851	-7.2%	1.1%
11. Home Health	$85,318,392	$99,390,166	$108,052,735	$129,841,848	$138,983,963	$170,278,969	$96,406,052	2.1%	4.0%
12. Prescribed Drugs	$161,860,930	$194,148,552	$217,044,606	$251,745,610	$272,539,525	$316,464,180	$319,983,951	12.0%	13.2%
13. Family Planning	$15,321,679	$14,665,668	$12,606,068	$10,789,430	$9,331,020	$13,979,776	$8,543,666	-9.3%	0.4%
14. Early & Periodic Screening, Diagnosis & Treatment	$2,860,147	$3,011,168	$4,409,918	$3,980,010	$25,387,150	$54,906,308	$61,282,505	66.7%	2.5%
15. Other Care	$45,490,521	$55,927,534	$67,327,658	$68,364,867	$72,549,221	$112,843,946	$92,951,173	12.6%	3.8%
16. Personal Care Support Services	$0	$0	$0	$0	$0	$0	$23,492,967	n/a	1.0%
17. Home/Community Based Waiver Services	$1,343,173	$2,587,641	$2,501,508	$6,471,252	$0	$0	$84,874,155	99.6%	3.5%
18. Prepaid Health Care	$0	$0	$0	$0	$0	$0	$311,526,039	n/a	12.9%
19. Primary Case Management (PCCM) Services	$0	$0	$0	$0	$0	$0	$0	n/a	0.0%
Total (excludes DSH pymts, pharmacy rebates, & other adjs.)	**$1,543,469,890**	**$1,706,895,310**	**$1,778,598,714**	**$1,945,454,856**	**$1,930,812,385**	**$2,268,938,421**	**$2,422,447,708**	7.8%	100.0%

AVERAGE PAYMENTS PER RECIPIENT BY TYPE OF SERVICES									(+) or (-) SLC Avg. FFY 98
01. General Hospital	$3,070.25	$3,080.11	$3,003.00	$3,707.78	$3,267.56	$2,591.86	$3,038.26	-0.2%	-21.0%
02. Mental Hospital	$11,117.21	$12,655.77	$12,300.28	$12,993.46	$12,179.76	$9,124.46	$9,840.82	-2.0%	22.1%
03. Skilled and Intermediate (non-MR) Care Nursing	$11,921.02	$13,018.01	$14,512.16	$16,155.09	$15,580.19	$16,572.31	$17,901.40	7.0%	16.9%
04. Intermediate Care for Mentally Retarded	$46,029.90	$53,557.30	$56,139.16	$57,368.94	$46,037.91	$63,354.92	$63,956.17	5.6%	8.0%
05. Physician Services	$420.73	$436.05	$426.23	$401.01	$364.40	$407.26	$376.30	-1.8%	1.9%
06. Dental Services	$233.57	$242.67	$225.44	$229.17	$207.06	$219.42	$181.49	-4.1%	4.6%
07. Other Practitioners	$104.51	$102.75	$98.13	$84.01	$82.82	$92.45	$92.44	-2.0%	-40.9%
08. Outpatient Hospital	$439.22	$489.10	$506.75	$620.52	$627.76	$708.45	$723.77	8.7%	62.0%
09. Clinic Services	$769.75	$728.99	$710.51	$730.01	$690.09	$670.75	$680.88	-2.0%	21.1%
10. Lab and X-Ray	$150.98	$159.85	$149.72	$127.62	$103.95	$112.56	$113.02	-4.7%	19.8%
11. Home Health	$2,153.42	$2,237.66	$2,078.46	$2,197.06	$2,165.91	$2,310.81	$1,430.25	-6.6%	-6.5%
12. Prescribed Drugs	$353.63	$402.17	$439.64	$512.33	$548.09	$640.24	$745.71	13.2%	18.8%
13. Family Planning	$350.81	$355.82	$307.02	$368.63	$215.19	$275.00	$246.24	-5.7%	15.8%
14. Early & Periodic Screening, Diagnosis & Treatment	$94.28	$103.01	$118.85	$107.74	$599.06	$987.24	$1,594.98	60.2%	480.9%
15. Other Care	$275.53	$346.09	$365.69	$346.86	$356.78	$467.04	$445.73	8.3%	-3.8%
16. Personal Care Support Services	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$851.53	n/a	-46.1%
17. Home/Community Based Waiver Services	$0.00	$15,875.10	$2,681.14	$4,185.80	$0.00	$0.00	$6,466.60	-16.4%	-48.5%
18. Prepaid Health Care	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$1,604.45	n/a	44.1%
19. Primary Care Case Management (PCCM) Services	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	n/a	-100.0%
Total (Average)	**$2,647.06**	**$2,763.04**	**$2,789.70**	**$3,035.36**	**$3,014.35**	**$3,414.74**	**$3,778.75**	6.1%	24.7%
TOTAL PER CAPITA EXPENDITURES	**$495.57**	**$495.63**	**$494.10**	**$565.73**	**$564.01**	**$674.19**	**$680.26**	5.4%	23.1%

SOUTHERN REGION MEDICAID PROFILE

DATA BY OTHER CHARACTERISTICS

RECIPIENTS BY OTHER CHARACTERISTICS

By Maintenance Assistance Status	FFY 92	FFY 93	FFY 94	FFY95	FFY96	FFY97	FFY98	Annual Change	Share of Total FFY 98
Receiving Cash Assistance or Eligible Under Section 1931	385,782	388,051	377,732	366,309	367,625	369,361	346,128	-1.8%	54.0%
Poverty Related Eligibles	22,626	18,794	18,551	16,203	22,593	158,048	184,321	41.8%	28.8%
Medically Needy	53,233	62,266	70,217	68,872	59,641	55,066	50,301	-0.9%	7.8%
Other Eligibles	110,303	132,567	148,692	164,409	184,082	62,039	53,126	-11.5%	8.3%
Maintenance Assistance Status Unknown	11,145	16,081	22,366	25,137	6,600	19,940	7,196	-7.0%	1.1%
Total	**583,089**	**617,759**	**637,558**	**640,930**	**640,541**	**664,454**	**641,072**	1.6%	100.0%
By Basis of Eligibility									
Aged, Blind, or Disabled	176,292	193,622	208,260	219,554	233,528	239,181	244,100	5.6%	38.1%
Children	257,105	270,305	272,754	270,303	280,731	276,601	272,901	1.0%	42.6%
Foster Care Children	1,882	0	0	0	0	5,637	6,366	22.5%	1.0%
Adults	136,641	137,751	134,178	125,936	119,682	123,094	110,506	-3.5%	17.2%
Basis of Eligibility Unknown	11,169	16,081	22,366	25,137	6,600	19,941	7,199	-7.1%	1.1%
Total	**583,089**	**617,759**	**637,558**	**640,930**	**640,541**	**664,454**	**641,072**	1.6%	100.0%
By Age									
Under Age 1	23,508	23,335	22,658	23,979	21,679	21,595	22,487	-0.7%	3.5%
Age 1 to 5	106,410	113,136	117,660	117,065	116,746	114,103	107,931	0.2%	16.8%
Age 6 to 14	105,653	112,519	117,099	119,327	126,952	132,747	136,803	4.4%	21.3%
Age 15 to 20	54,243	55,417	56,314	56,339	57,364	58,861	56,303	0.6%	8.8%
Age 21 to 44	150,695	158,745	161,661	158,343	159,374	163,583	152,474	0.2%	23.8%
Age 45 to 64	54,700	59,473	63,753	66,239	69,723	72,966	74,803	5.4%	11.7%
Age 65 to 74	30,291	31,828	32,792	33,546	33,555	34,711	35,092	2.5%	5.5%
Age 75 to 84	28,318	28,745	28,694	28,491	29,107	30,023	30,087	1.0%	4.7%
Age 85 and Over	19,471	20,336	20,565	20,283	20,758	22,102	22,201	2.2%	3.5%
Age Unknown	9,800	14,225	16,362	17,318	5,283	13,763	2,891	-18.4%	0.5%
Total	**583,089**	**617,759**	**637,558**	**640,930**	**640,541**	**664,454**	**641,072**	1.6%	100.0%
By Race									
White	479,758	504,813	521,045	520,848	528,339	539,963	524,218	1.5%	81.8%
Black	72,411	73,529	75,378	75,998	78,232	80,666	82,590	2.2%	12.9%
Hispanic, American Indian or Asian	637	3,321	4,197	4,767	4,923	5,776	6,532	47.4%	1.0%
Other/Unknown	30,283	36,096	36,938	39,317	29,047	38,049	27,732	-1.5%	4.3%
Total	**583,089**	**617,759**	**637,558**	**640,930**	**640,541**	**664,454**	**641,072**	1.6%	100.0%
By Sex									
Female	355,352	371,921	380,808	380,144	385,961	399,283	384,850	1.3%	60.0%
Male	217,954	231,695	240,414	243,466	249,295	251,402	253,325	2.5%	39.5%
Unknown	9,783	14,143	16,336	17,320	5,285	13,769	2,897	-18.4%	0.5%
Total	**583,089**	**617,759**	**637,558**	**640,930**	**640,541**	**664,454**	**641,072**	1.6%	100.0%

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

PAYMENTS BY OTHER CHARACTERISTICS

By Maintenance Assistance Status	FFY 92	FFY 93	FFY 94	FFY95	FFY96	FFY97	FFY98	Annual Change	Share of Total FFY 98
Receiving Cash Assistance or Eligible Under Section 1931	$928,276,220	$1,018,941,269	$1,034,491,576	$1,127,503,491	$1,124,760,797	$1,300,650,468	$1,376,135,794	6.8%	56.8%
Poverty Related Eligibles	$45,730,824	$21,416,519	$24,665,652	$20,954,710	$26,637,459	$243,629,982	$275,166,386	34.9%	11.4%
Medically Needy	$152,291,812	$172,913,072	$178,983,450	$194,192,593	$176,879,998	$193,036,218	$174,401,560	2.3%	7.2%
Other Eligibles	$410,020,581	$484,400,534	$523,947,769	$574,677,261	$598,606,502	$521,236,305	$588,047,760	6.2%	24.3%
Maintenance Assistance Status Unknown	$7,150,453	$9,223,916	$16,510,267	$28,126,801	$3,927,629	$10,385,448	$8,696,208	3.3%	0.4%
Total	**$1,543,469,890**	**$1,706,895,310**	**$1,778,598,714**	**$1,945,454,856**	**$1,930,812,385**	**$2,268,938,421**	**$2,422,447,708**	7.8%	100.0%
By Basis of Eligibility									
Aged, Blind or Disabled	$977,575,667	$1,118,010,263	$1,218,674,498	$1,359,088,770	$1,392,267,819	$1,598,820,480	$1,744,815,578	10.1%	72.0%
Children	$279,004,124	$296,391,028	$278,558,083	$294,491,060	$296,083,553	$334,134,796	$386,484,353	5.6%	16.0%
Foster Care Children	$1,095,893	$0	$0	$0	$0	$37,167,562	$43,227,548	84.5%	1.8%
Adults	$278,630,813	$283,272,531	$264,855,866	$263,748,225	$238,533,384	$288,429,288	$239,221,447	-2.5%	9.9%
Basis of Eligibility Unknown	$7,163,393	$9,221,488	$16,510,267	$28,126,801	$3,927,629	$10,386,295	$8,698,782	3.3%	0.4%
Total	**$1,543,469,890**	**$1,706,895,310**	**$1,778,598,714**	**$1,945,454,856**	**$1,930,812,385**	**$2,268,938,421**	**$2,422,447,708**	7.8%	100.0%
By Age									
Under Age 1	$49,646,086	$52,703,462	$45,837,193	$49,172,997	$45,765,514	$49,250,825	$39,767,195	-3.6%	1.6%
Age 1 to 5	$125,204,067	$127,404,707	$128,903,698	$145,934,260	$148,639,618	$162,615,425	$182,013,267	6.4%	7.5%
Age 6 to 14	$113,310,446	$127,545,731	$127,901,228	$145,295,959	$156,357,153	$195,078,510	$257,197,929	14.6%	10.6%
Age 15 to 20	$118,241,237	$125,178,796	$121,749,412	$131,507,835	$133,385,766	$173,285,034	$170,607,416	6.3%	7.0%
Age 21 to 44	$435,284,487	$484,542,936	$492,936,854	$518,255,634	$491,955,830	$576,771,990	$570,297,726	4.6%	23.5%
Age 45 to 64	$269,629,045	$308,484,585	$333,911,722	$378,512,104	$377,933,946	$449,889,275	$492,049,951	10.5%	20.3%
Age 65 to 74	$108,951,119	$122,208,893	$134,169,481	$147,021,495	$147,236,316	$171,765,456	$183,210,865	9.0%	7.6%
Age 75 to 84	$157,164,735	$173,400,794	$185,919,339	$198,032,462	$204,333,509	$229,688,829	$250,142,075	8.1%	10.3%
Age 85 and Over	$160,013,697	$177,005,614	$197,017,373	$213,865,930	$221,980,205	$254,456,627	$271,836,255	9.2%	11.2%
Age Unknown	$6,024,971	$8,419,792	$10,252,414	$17,856,180	$3,224,528	$6,136,450	$5,325,029	-2.0%	0.2%
Total	**$1,543,469,890**	**$1,706,895,310**	**$1,778,598,714**	**$1,945,454,856**	**$1,930,812,385**	**$2,268,938,421**	**$2,422,447,708**	7.8%	100.0%
By Race									
White	$1,295,084,583	$1,423,732,053	$1,483,994,092	$1,604,557,918	$1,595,801,919	$1,871,308,004	$1,991,948,439	7.4%	82.2%
Black	$166,742,532	$179,174,117	$184,038,119	$200,842,454	$200,518,049	$241,563,523	$265,860,315	8.1%	11.0%
Hispanic, American Indian or Asian	$902,229	$7,253,941	$8,911,304	$11,237,044	$9,522,259	$12,131,697	$15,442,384	60.5%	0.6%
Other/Unknown	$80,740,546	$96,735,199	$101,655,199	$128,817,440	$124,970,158	$143,935,197	$149,196,570	10.8%	6.2%
Total	**$1,543,469,890**	**$1,706,895,310**	**$1,778,598,714**	**$1,945,454,856**	**$1,930,812,385**	**$2,268,938,421**	**$2,422,447,708**	7.8%	100.0%
By Sex									
Female	$1,007,433,286	$1,104,221,711	$1,146,549,697	$1,243,429,604	$1,236,983,005	$1,450,856,412	$1,508,963,351	7.0%	62.3%
Male	$530,004,466	$594,394,135	$621,864,646	$684,170,851	$690,599,299	$811,937,748	$908,130,984	9.4%	37.5%
Unknown	$6,032,138	$8,279,464	$10,184,371	$17,854,401	$3,230,081	$6,144,261	$5,353,373	-2.0%	0.2%
Total	**$1,543,469,890**	**$1,706,895,310**	**$1,778,598,714**	**$1,945,454,856**	**$1,930,812,385**	**$2,268,938,421**	**$2,422,447,708**	7.8%	100.0%

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

AVERAGE PAYMENT PER RECIPIENT BY OTHER CHARACTERISTICS

By Maintenance Assistance Status	FFY 92	FFY 93	FFY 94	FFY95	FFY96	FFY97	FFY98	Annual Change	Above (+) or Below (-) SLC Avg. FFY 98
Receiving Cash Assistance or Eligible Under Section 1931	$2,406.22	$2,625.79	$2,738.69	$3,078.01	$3,059.53	$3,521.35	$3,975.80	8.7%	24.3%
Poverty Related Eligibles	$2,021.16	$1,139.54	$1,329.61	$1,293.26	$1,179.01	$1,541.49	$1,492.87	-4.9%	-1.2%
Medically Needy	$2,860.85	$2,777.01	$2,549.00	$2,819.62	$2,965.75	$3,505.54	$3,467.16	3.3%	-39.3%
Other Eligibles	$3,717.22	$3,654.01	$3,523.71	$3,495.41	$3,251.85	$8,401.75	$11,068.93	19.9%	102.6%
Maintenance Assistance Status Unknown	$641.58	$573.59	$738.19	$1,118.94	$595.10	$520.83	$1,208.48	11.1%	-30.8%
Total	**$2,647.06**	**$2,763.04**	**$2,789.70**	**$3,035.36**	**$3,014.35**	**$3,414.74**	**$3,778.75**	6.1%	24.7%
By Basis of Eligibility									
Aged, Blind or Disabled	$5,545.21	$5,774.19	$5,851.70	$6,190.23	$5,961.89	$6,684.56	$7,147.95	4.3%	-0.7%
Children	$1,085.18	$1,096.51	$1,021.28	$1,089.48	$1,054.69	$1,208.00	$1,416.21	4.5%	37.6%
Foster Care Children	$582.30	$0.00	$0.00	$0.00	$0.00	$6,593.50	$6,790.38	50.6%	101.8%
Adults	$2,039.15	$2,056.41	$1,973.91	$2,094.30	$1,993.06	$2,343.16	$2,164.78	1.0%	20.2%
Basis of Eligibility Unknown	$641.36	$573.44	$738.19	$1,118.94	$595.10	$520.85	$1,208.33	11.1%	-30.1%
Total	**$2,647.06**	**$2,763.04**	**$2,789.70**	**$3,035.36**	**$3,014.35**	**$3,414.74**	**$3,778.75**	6.1%	24.7%
By Age									
Under Age 1	$2,111.88	$2,258.56	$2,023.00	$2,050.67	$2,111.05	$2,280.66	$1,768.45	-2.9%	-27.4%
Age 1 to 5	$1,176.62	$1,126.12	$1,095.56	$1,246.61	$1,273.19	$1,425.16	$1,686.39	6.2%	51.3%
Age 6 to 14	$1,072.48	$1,133.55	$1,092.25	$1,217.63	$1,231.62	$1,469.55	$1,880.06	9.8%	70.1%
Age 15 to 20	$2,179.84	$2,258.85	$2,161.97	$2,334.22	$2,325.25	$2,943.97	$3,030.17	5.6%	43.7%
Age 21 to 44	$2,888.51	$3,052.34	$3,049.20	$3,272.99	$3,086.80	$3,525.87	$3,740.29	4.4%	8.4%
Age 45 to 64	$4,929.23	$5,186.97	$5,237.58	$5,714.34	$5,420.51	$6,165.74	$6,577.94	4.9%	8.2%
Age 65 to 74	$3,596.81	$3,839.67	$4,091.53	$4,382.68	$4,387.91	$4,948.44	$5,220.87	6.4%	6.9%
Age 75 to 84	$5,549.99	$6,032.38	$6,479.38	$6,950.70	$7,020.08	$7,650.43	$8,313.96	7.0%	9.5%
Age 85 and Over	$8,218.05	$8,704.05	$9,580.23	$10,544.10	$10,693.72	$11,512.83	$12,244.32	6.9%	14.4%
Age Unknown	$614.79	$591.90	$626.60	$1,031.08	$610.36	$445.87	$1,841.93	20.1%	-20.8%
Total	**$2,647.06**	**$2,763.04**	**$2,789.70**	**$3,035.36**	**$3,014.35**	**$3,414.74**	**$3,778.75**	6.1%	24.7%
By Race									
White	$2,699.45	$2,820.32	$2,848.11	$3,080.66	$3,020.41	$3,465.62	$3,799.85	5.9%	2.1%
Black	$2,302.72	$2,436.78	$2,441.54	$2,642.73	$2,563.12	$2,994.61	$3,219.04	5.7%	33.1%
Hispanic, American Indian or Asian	$1,416.37	$2,184.26	$2,123.26	$2,357.26	$1,934.24	$2,100.36	$2,364.11	8.9%	24.9%
Other/Unknown	$2,666.20	$2,679.94	$2,752.05	$3,276.38	$4,302.34	$3,782.89	$5,379.94	12.4%	49.9%
Total	**$2,647.06**	**$2,763.04**	**$2,789.70**	**$3,035.36**	**$3,014.35**	**$3,414.74**	**$3,778.75**	6.1%	24.7%
By Sex									
Female	$2,835.03	$2,968.97	$3,010.83	$3,270.94	$3,204.94	$3,633.65	$3,920.91	5.6%	26.2%
Male	$2,431.73	$2,565.42	$2,586.64	$2,810.13	$2,770.21	$3,229.64	$3,584.85	6.7%	21.0%
Unknown	$616.59	$585.41	$623.43	$1,030.85	$611.18	$446.24	$1,847.90	20.1%	-23.7%
Total	**$2,647.06**	**$2,763.04**	**$2,789.70**	**$3,035.36**	**$3,014.35**	**$3,414.74**	**$3,778.75**	6.1%	24.7%

ADDITIONAL STATE HEALTH CARE INFORMATION

Sources: "Major Health Care Policies: 50 State Profiles", Health Policy Tracking Service, January, 1999; and "Medicaid Services State by State", HCFA, October 1998.
**Information supplied by State Medicaid Agency*

Waivers

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

Kentucky has one health reform demonstration wavier, The Partnership, approved October 12, 1995, under Title IV-A, Section 1115, of the Social Security Act, implemented on July 1, 1996. Under The Partnership, the state was divided into eight managed care regions with a network consisting of public and private providers. As of July 1, 1998, two of the eight partnerships had been approved. The Partnership will improve access for 493,000 current Medicaid 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 13,000 people, operating since January 1, 1987.
- Mental Retardation/Developmental Disabilities: Serves 1,000 people, operating since January 1, 1984.
- Children Under Age 13 with Campomelic Sysplasia: Serves 2 people, operating since April 1, 1989.
- Ventilator-Dependent Individuals: Serves 50 people, operating since October 1, 1987.
- Traumatic Brain Injury: HCFA approved in March of 1999. Operational since April 1999.

Managed Care

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

Coverage for Targeted Population

- The Uninsured: The Medical Assistance Indigent Trust Fund provides funds for disproportionate share hospitals. The fund imposes provider taxes to generate federal revenue to be used to pay uncompensated care costs to hospitals, nursing homes, physicians, home health agencies, and pharmacies.
- Legislation passed in 1996 phases out the provider tax over three years--as of July 1, 1999 the provider tax no longer exists.

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.

Cost Containment Measures (Continued)

•Physicians' offices must now apply for a certificate of need for any new major equipment in excess of $500,000.

•Rate setting. Prospective payment/per diem methodology used for Medicaid.

Medicaid

•24 optional services are offered.

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

•CHIP in Kentucky, called "Kentucky Children's Health Insurance Program" (KCHIP), received HCFA approval on November 30, 1998. The program, which is a combination of Medicaid expansion and a state-designed insurance plan, is administered by the state Medicaid agency. The Medicaid expansion provides health care coverage for eligibles age 14 to 19 in families with incomes up to 100% of the FPL. The KCHIP insurance program provides health care coverage to individuals birth to 19 in families with incomes between 100% and 200% of the FPL who are not Medicaid eligible; expected to provide coverage to an additional 78,000 eligibles through both programs.

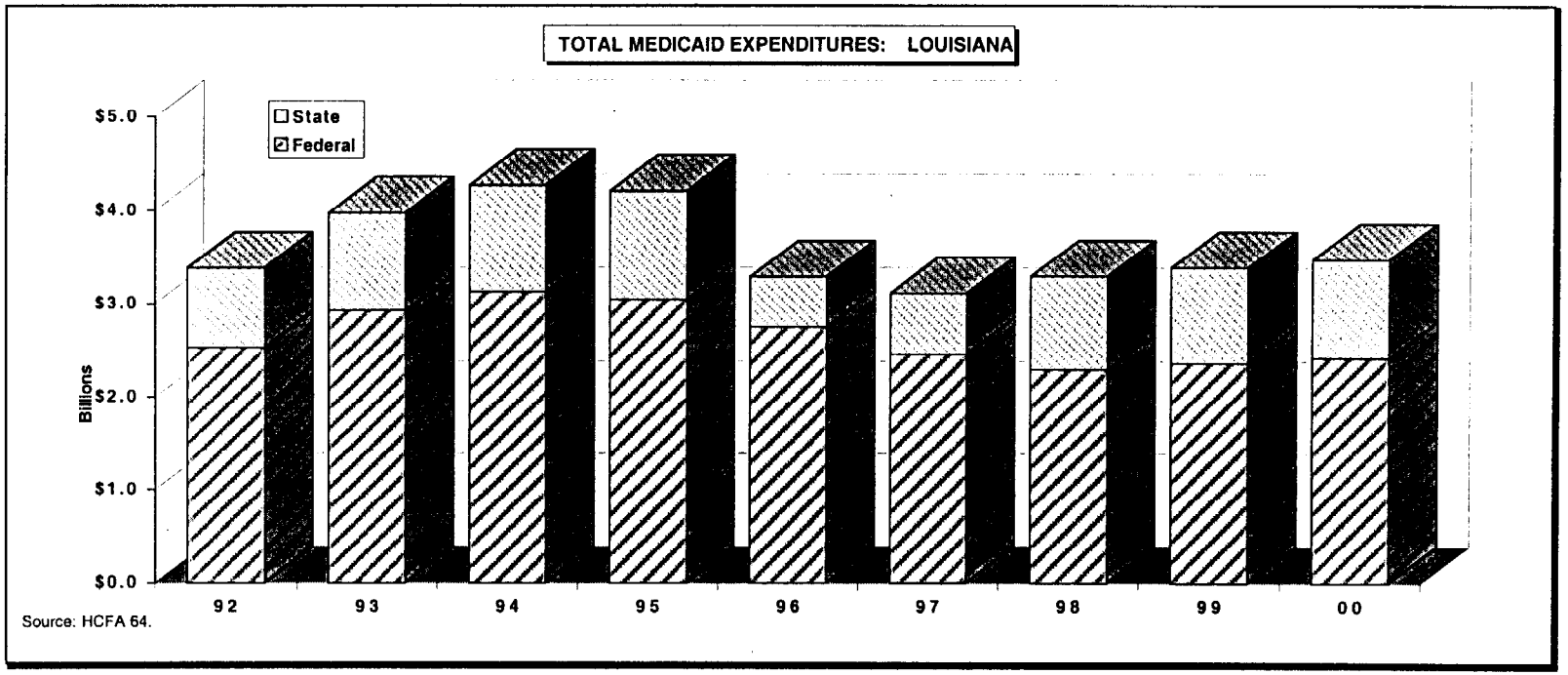
•For families with incomes up to 100% of the FPL, there are no cost sharing obligations.

•Families with incomes between 101% and 200% of the FPL are required to pay premiums as follows:

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

SOUTHERN REGION MEDICAID PROFILES

SOUTHERN REGION MEDICAID PROFILE



	FFY 92	FFY 93	FFY 94	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99**	FFY 00**	*Annual Rate of Change*	*Total 92-00*
Medicaid Payments	$3,328,516,919	$3,906,296,927	$4,194,943,911	$4,125,254,361	$3,211,411,620	$3,030,956,227	$3,200,211,547	$3,283,967,000	$3,365,037,000	*0.1%*	*1.1%*
Federal Share	$2,500,421,564	$2,890,398,576	$3,086,295,785	$3,001,284,321	$2,687,813,365	$2,400,089,770	$2,243,759,832	$2,310,927,000	$2,366,292,000	*-0.7%*	*-5.4%*
State Share	$828,095,355	$1,015,898,351	$1,108,648,126	$1,123,970,040	$523,598,255	$630,866,457	$956,451,715	$973,040,000	$998,745,000	*2.4%*	*20.6%*
Administrative Costs	$56,486,135	$63,897,514	$74,764,443	$83,414,438	$78,943,296	$86,130,925	$98,638,983	$105,877,000	$113,531,000	*9.1%*	*101.0%*
Federal Share	$30,820,590	$34,952,384	$40,772,739	$45,115,920	$65,974,677	$65,485,070	$54,423,948	$58,392,000	$62,219,000	*9.2%*	*101.9%*
State Share	$25,665,545	$28,945,130	$33,991,704	$38,298,518	$12,968,619	$20,645,855	$44,215,035	$47,485,000	$51,312,000	*9.0%*	*99.9%*
Admin. Costs as % of Payments	1.70%	1.64%	1.78%	2.02%	2.46%	2.84%	3.08%	3.22%	3.37%		
Federal Match Rate*	75.44%	73.71%	73.49%	72.65%	76.93%	79.04%	70.03%	70.37%	70.32%		

**Rate shown is for Medicaid payments only. The FMAP (Federal Medical Assistance Percentage) is based on the relationship between each state's per capita personal income and that of the nation as a whole for the three most recent years. Federal share of state administrative costs is usually 50 percent or 75 percent, depending on function and whether or not medical personnel are used. **Federal Fiscal Years 99 and 00 reflect latest estimates reported by each state.*

SOUTHERN REGION MEDICAID PROFILE

STATE FINANCING

	Payments		Administration	
	FFY 92	FFY 00	FFY 92	FFY 00
State General Fund	$828,095,355	$919,740,071	$25,665,545	$51,312,000
Local Funds	$0	$0	$0	$0
Provider Taxes	$0	$79,004,929	$0	$0
Donations	$0	$0	$0	$0
Other	$0	$0	$0	$0
Total State Share	$828,095,355	$998,745,000	$25,665,545	$51,312,000

Provider Taxes Currently in Place (FFY 00)

Providers	Tax Rate	Amount
Nursing Homes	$4.22 per patient day	$55,099,733
MR Facilities	$9.62 per patient day	$19,471,612
Pharmacy	$0.10 per prescription	$4,433,584
Total		$79,004,929

DISPROPORTIONATE SHARE HOSPITAL (DSH) PAYMENTS

	FFY 92	FFY 93	FFY 94	FFY 95	FFY 96	FFY97	FFY98	FFY99*	FFY00*	*Annual Change*
General Hospitals	$572,360,964	$1,171,917,344	$856,745,848	$1,091,279,423	$572,364,336	$572,055,820	$654,692,384	$700,240,000	$696,098,000	*-3.4%*
Mental Hospitals	$33,344,500	$21,188,158	$360,890,152	$126,097,087	$93,925,765	$89,976,091	$83,569,366	$85,589,000	$79,382,000	*-22.3%*
Total	$605,705,464	$1,193,105,502	$1,217,636,000	$1,217,376,510	$666,290,101	$662,031,911	$738,261,750	$785,829,000	$775,480,000	*-7.2%*

*Estimated.

SELECTED ELIGIBILITY CRITERIA

At 10/1/99

TANF(Family of 3)	Urban	% of FPL*	Rural	% of FPL*
Need Standard	$658	56.9%	$599	51.8%
Payment Standard	$190	16.4%	$174	15.0%
Maximum Payment	$190	16.4%	$174	15.0%

Medically Needy Program (Family of 3)	Urban	Rural
Income Eligibility Standard	$258	$233
Resource Standard	$3,025	$3,025
Pregnant Women, Children and Infants (% of FPL*)		
Pregnant women and infants		133.0%
Children 1 to 5		150.0%
Children 6 to 18		150.0%
SSI Eligibility Levels		
Income:		
Single Person	$500	72.8%
Couple	$751	81.5%
Resources:		
Single Person	$2,000	
Couple	$3,000	

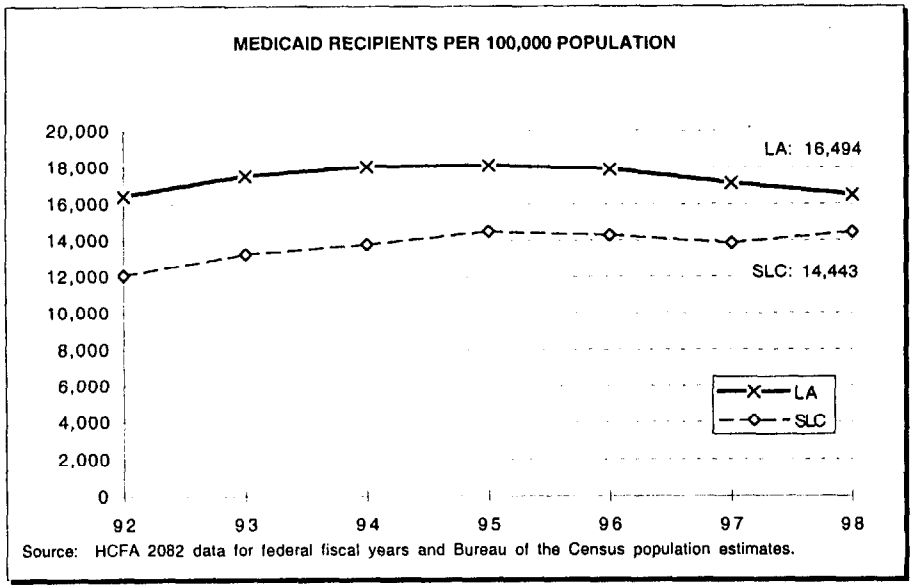
*Current federal poverty level is $8,240 per year for a single person, $11,060 for a family of two and $13,880 for a family of three. Table above shows monthly income levels.

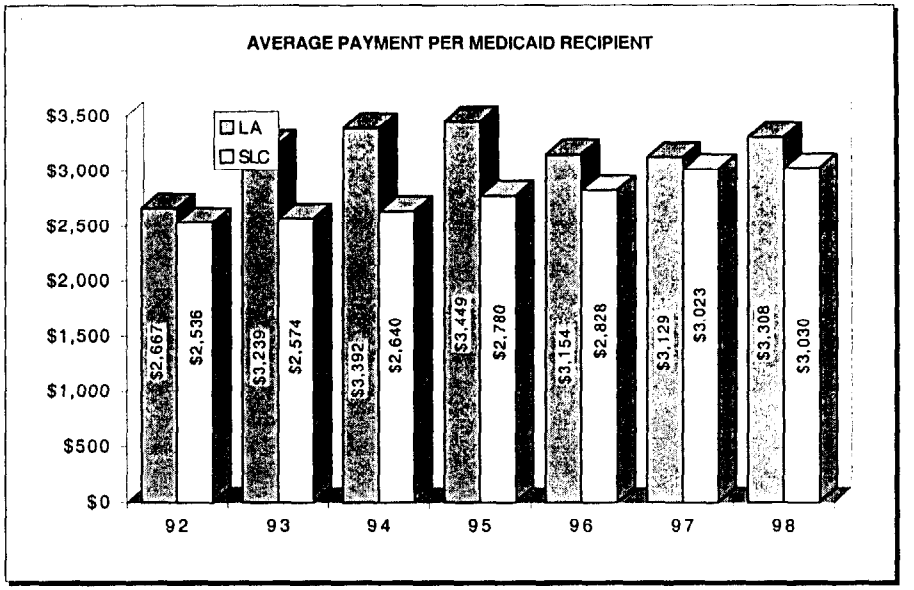
DEMOGRAPHIC DATA & POVERTY INDICATORS (1997)

		Rank in U.S.
State population—July 1, 1997*	4,353,646	*22*
Per capita personal income**	$20,473	*41*
Median household income**	$31,217	*41*
Population below Federal Poverty Level on July 1, 1997*	818,485	
Percent of total population	18.8%	*3*
Population without health insurance coverage*	827,000	*14*
Percent of total population	19.0%	*24*
Recipients of Food Stamps***	528,505	*10*
Households receiving Food Stamps***	220,000	*12*
Total value of issuance***	$467,294,781	*10*
Average monthly benefit per recipient	$73.68	*20*
Average monthly benefit per household	$177.01	*3*
Monthly recipients of Temporary Assistance to Needy Families (TANF)****	121,772	*17*
Total TANF payments****	$170,351,440	*29*
Average monthly payment per recipient	$116.58	
Average monthly payment per family of 3	$190.00	*45*

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

LOUISIANA





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

RECIPIENTS BY TYPE OF SERVICES	FFY 92	FFY 93	FFY 94	FFY95	FFY96	FFY97	FFY98	*Annual Change*
01. General Hospital	136,634	146,247	147,112	150,015	150,582	148,522	153,081	*1.9%*
02. Mental Hospital	1,321	1,991	4,852	3,286	4,546	4,322	2,847	*13.7%*
03. Skilled and Intermediate (non-MR) Care Nursing	36,615	37,628	38,794	39,209	41,090	34,605	34,403	*-1.0%*
04. Intermediate Care for Mentally Retarded	6,119	6,106	6,087	6,141	6,153	6,057	6,014	*-0.3%*
05. Physician Services	582,352	627,751	651,112	661,360	649,849	618,042	598,546	*0.5%*
06. Dental Services	140,016	149,238	161,038	154,863	153,702	137,578	128,341	*-1.4%*
07. Other Practitioners	100,033	121,672	144,154	144,938	126,438	117,231	71,230	*-5.5%*
08. Outpatient Hospital	362,737	393,645	403,838	406,798	383,296	360,379	355,568	*-0.3%*
09. Clinic Services	61,077	90,534	93,490	115,695	124,533	94,124	69,912	*2.3%*
10. Lab and X-Ray	397,028	438,986	456,595	483,052	471,759	450,728	432,781	*1.4%*
11. Home Health	11,139	13,174	15,220	15,485	15,986	22,226	41,705	*24.6%*
12. Prescribed Drugs	544,404	577,942	604,163	598,579	593,415	563,864	552,481	*0.2%*
13. Family Planning	65,059	67,679	68,939	64,716	62,680	43,251	60,975	*-1.1%*
14. Early & Periodic Screening, Diagnosis & Treatment	228,761	269,766	280,481	283,287	285,561	214,047	279,309	*3.4%*
15. Other Care	222,933	215,438	230,189	185,560	165,127	416,446	142,350	*-7.2%*
16. Personal Care Support Services	0	0	0	0	0	0	67,602	*n/a*
17. Home/Community Based Waiver Services	0	0	0	0	0	0	2,751	*n/a*
18. Prepaid Health Care	0	0	0	0	0	0	0	*n/a*
19. Primary Care Case Management (PCCM) Services	0	0	0	0	0	0	0	*n/a*
Total*	**702,264**	**751,242**	**778,223**	**785,399**	**777,708**	**746,461**	**720,615**	*0.4%*

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

LOUISIANA

SOUTHERN REGION MEDICAID PROFILE

PAYMENTS BY TYPE OF SERVICES	FFY 92	FFY 93	FFY 94	FFY95	FFY96	FFY97	FFY98	Annual Change	Share of Total FFY 98
01. General Hospital	$1,016,966,294	$1,037,623,098	$707,289,683	$683,716,231	$616,280,300	$540,567,154	$527,916,078	-10.4%	22.1%
02. Mental Hospital	$48,210,842	$66,784,772	$94,592,929	$47,310,088	$28,808,286	$15,888,556	$15,963,066	-16.8%	0.7%
03. Skilled and Intermediate (non-MR) Care Nursing	$412,552,766	$522,116,659	$509,559,921	$524,516,799	$509,799,469	$475,319,276	$490,677,315	2.9%	20.6%
04. Intermediate Care for Mentally Retarded	$260,306,570	$319,349,686	$298,898,584	$303,913,854	$311,422,516	$321,158,168	$322,468,549	3.6%	13.5%
05. Physician Services	$197,914,991	$226,891,926	$246,025,471	$249,516,117	$212,744,176	$188,896,154	$196,895,190	-0.1%	8.3%
06. Dental Services	$27,803,457	$28,920,800	$29,928,263	$28,225,881	$25,548,524	$19,690,000	$18,204,824	-6.8%	0.8%
07. Other Practitioners	$9,519,771	$15,040,362	$24,647,621	$28,343,812	$12,897,019	$11,545,797	$4,492,336	-11.8%	0.2%
08. Outpatient Hospital	$111,633,645	$142,256,683	$157,534,440	$167,956,912	$141,663,462	$135,156,773	$146,755,783	4.7%	6.2%
09. Clinic Services	$19,277,906	$26,303,081	$30,896,038	$46,537,987	$41,972,627	$42,579,181	$33,718,060	9.8%	1.4%
10. Lab and X-Ray	$41,323,093	$51,990,845	$57,009,115	$59,898,621	$45,323,812	$41,218,672	$42,386,889	0.4%	1.8%
11. Home Health	$15,882,784	$22,114,861	$29,261,622	$32,188,687	$27,148,462	$39,435,412	$41,600,791	17.4%	1.7%
12. Prescribed Drugs	$202,245,516	$234,322,114	$269,035,462	$292,293,619	$297,433,210	$315,444,016	$352,784,785	9.7%	14.8%
13. Family Planning	$9,576,794	$10,364,701	$9,941,658	$9,807,458	$9,608,629	$9,522,358	$11,599,544	3.2%	0.5%
14. Early & Periodic Screening, Diagnosis & Treatment	$24,706,096	$41,213,788	$40,534,915	$41,949,888	$34,477,455	$16,898,557	$43,497,715	9.9%	1.8%
15. Other Care	$80,993,222	$127,750,807	$178,994,046	$192,302,301	$137,415,999	$162,687,423	$41,368,967	-10.6%	1.7%
16. Personal Care Support Services	$0	$0	$0	$0	$0	$0	$30,413,215	n/a	1.3%
17. Home/Community Based Waiver Services	$0	$0	$0	$0	$0	$0	$62,765,878	n/a	2.6%
18. Prepaid Health Care	$0	$0	$0	$0	$0	$0	$0	n/a	0.0%
19. Primary Case Management (PCCM) Services	$0	$0	$0	$0	$0	$0	$0	n/a	0.0%
Total (excludes DSH pymts, pharmacy rebates, & other adjs.)	**$2,478,913,747**	**$2,873,044,183**	**$2,684,149,768**	**$2,708,478,255**	**$2,452,543,946**	**$2,336,007,497**	**$2,383,508,985**	-0.7%	100.0%

AVERAGE PAYMENTS PER RECIPIENT BY TYPE OF SERVICES									(+) or (-) SLC Avg. FFY 98
01. General Hospital	$3,253.99	$4,274.43	$4,503.32	$4,557.65	$4,092.66	$3,639.64	$3,448.61	1.0%	-10.4%
02. Mental Hospital	$11,253.85	$20,014.45	$19,495.66	$14,397.47	$6,337.06	$3,676.20	$5,606.98	-11.0%	-30.4%
03. Skilled and Intermediate (non-MR) Care Nursing	$11,267.32	$13,875.75	$13,135.02	$13,377.46	$12,406.90	$13,735.57	$14,262.63	4.0%	-6.8%
04. Intermediate Care for Mentally Retarded	$42,540.70	$52,300.96	$49,104.42	$49,489.31	$50,613.12	$53,022.65	$53,619.65	3.9%	-9.5%
05. Physician Services	$339.85	$361.44	$377.85	$377.28	$327.37	$305.64	$328.96	-0.5%	-10.9%
06. Dental Services	$198.57	$193.79	$185.85	$182.26	$166.22	$143.12	$141.85	-5.5%	-18.2%
07. Other Practitioners	$95.17	$123.61	$170.98	$195.56	$102.00	$98.49	$63.07	-6.6%	-59.7%
08. Outpatient Hospital	$307.75	$361.38	$390.09	$412.88	$369.59	$375.04	$412.74	5.0%	-7.6%
09. Clinic Services	$315.63	$290.53	$330.47	$402.25	$337.04	$452.37	$482.29	7.3%	-14.2%
10. Lab and X-Ray	$104.08	$118.43	$124.86	$124.00	$96.07	$91.45	$97.94	-1.0%	3.8%
11. Home Health	$1,425.87	$1,678.67	$1,922.58	$2,078.70	$1,698.26	$1,774.29	$997.50	-5.8%	-34.8%
12. Prescribed Drugs	$371.50	$405.44	$445.30	$488.31	$501.22	$559.43	$638.55	9.4%	1.7%
13. Family Planning	$147.20	$153.15	$144.21	$151.55	$153.30	$220.17	$190.23	4.4%	-10.6%
14. Early & Periodic Screening, Diagnosis & Treatment	$108.00	$152.78	$144.52	$148.08	$120.74	$78.95	$155.73	6.3%	-43.3%
15. Other Care	$363.31	$592.98	$777.60	$1,036.33	$832.18	$390.66	$290.61	-3.7%	-37.3%
16. Personal Care Support Services	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$449.89	n/a	-71.5%
17. Home/Community Based Waiver Services	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$22,815.66	n/a	81.7%
18. Prepaid Health Care	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	n/a	-100.0%
19. Primary Care Case Management (PCCM) Services	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	n/a	-100.0%
Total (Average)	**$2,667.38**	**$3,239.45**	**$3,391.51**	**$3,448.54**	**$3,153.55**	**$3,129.44**	**$3,307.60**	3.7%	9.2%
TOTAL PER CAPITA EXPENDITURES	**$792.05**	**$925.43**	**$989.59**	**$970.17**	**$758.00**	**$715.97**	**$755.06**	-0.8%	36.6%

DATA BY OTHER CHARACTERISTICS

RECIPIENTS BY OTHER CHARACTERISTICS

By Maintenance Assistance Status	FFY 92	FFY 93	FFY 94	FFY95	FFY96	FFY97	FFY98	Annual Change	Share of Total FFY 98
Receiving Cash Assistance or Eligible Under Section 1931	442,269	452,594	455,676	440,439	421,272	390,569	372,578	-2.8%	51.7%
Poverty Related Eligibles	87,397	111,485	129,915	151,198	98,848	113,057	190,227	13.8%	26.4%
Medically Needy	14,126	15,752	16,192	15,846	11,736	2,333	8,629	-7.9%	1.2%
Other Eligibles	158,472	171,411	176,440	177,916	245,852	240,502	149,181	-1.0%	20.7%
Maintenance Assistance Status Unknown	0	0	0	0	0	0	0	n/a	0.0%
Total	**702,264**	**751,242**	**778,223**	**785,399**	**777,708**	**746,461**	**720,615**	0.4%	100.0%
By Basis of Eligibility									
Aged, Blind, or Disabled	209,225	232,473	250,193	262,555	256,919	252,334	254,382	3.3%	35.3%
Children	345,662	366,049	375,960	376,075	370,294	409,561	345,723	0.0%	48.0%
Foster Care Children	0	0	0	0	21,492	6,430	141	-91.9%	0.0%
Adults	147,377	152,720	152,070	146,769	129,003	78,136	120,369	-3.3%	16.7%
Basis of Eligibility Unknown	0	0	0	0	0	0	0	n/a	0.0%
Total	**702,264**	**751,242**	**778,223**	**785,399**	**777,708**	**746,461**	**720,615**	0.4%	100.0%
By Age									
Under Age 1	56,450	59,477	59,710	59,974	58,547	58,310	57,639	0.3%	8.0%
Age 1 to 5	145,432	157,734	163,451	163,195	162,670	155,503	144,132	-0.1%	20.0%
Age 6 to 14	137,295	149,261	159,470	163,054	164,331	162,340	158,730	2.4%	22.0%
Age 15 to 20	62,436	67,486	70,628	71,957	71,214	66,876	64,869	0.6%	9.0%
Age 21 to 44	154,696	163,817	166,366	163,697	156,676	144,144	139,767	-1.7%	19.4%
Age 45 to 64	50,084	54,539	58,192	61,533	62,716	59,878	59,953	3.0%	8.3%
Age 65 to 74	36,870	38,631	39,202	39,853	39,371	37,822	36,578	-0.1%	5.1%
Age 75 to 84	36,194	36,424	36,258	36,640	36,099	35,139	33,406	-1.3%	4.6%
Age 85 and Over	22,807	23,872	24,941	25,496	26,077	26,308	25,404	1.8%	3.5%
Age Unknown	0	1	5	0	7	141	137	167.5%	0.0%
Total	**702,264**	**751,242**	**778,223**	**785,399**	**777,708**	**746,461**	**720,615**	0.4%	100.0%
By Race									
White	224,427	248,153	259,631	265,082	262,675	250,193	238,916	1.0%	33.2%
Black	438,236	457,369	468,146	468,171	461,576	446,611	431,382	-0.3%	59.9%
Hispanic, American Indian or Asian	0	0	0	0	0	0	0	n/a	0.0%
Other/Unknown	39,601	45,720	50,446	52,146	53,457	49,657	50,317	4.1%	7.0%
Total	**702,264**	**751,242**	**778,223**	**785,399**	**777,708**	**746,461**	**720,615**	0.4%	100.0%
By Sex									
Female	445,304	470,346	481,684	484,065	476,926	457,056	442,067	-0.1%	61.3%
Male	256,270	278,559	293,080	298,643	298,983	289,084	278,337	1.4%	38.6%
Unknown	690	2,337	3,459	2,691	1,799	321	211	-17.9%	0.0%
Total	**702,264**	**751,242**	**778,223**	**785,399**	**777,708**	**746,461**	**720,615**	0.4%	100.0%

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

PAYMENTS BY OTHER CHARACTERISTICS

By Maintenance Assistance Status	FFY 92	FFY 93	FFY 94	FFY95	FFY96	FFY97	FFY98	Annual Change	Share of Total FFY 98
Receiving Cash Assistance or Eligible Under Section 1931	$1,103,709,079	$1,240,378,806	$1,172,291,982	$1,134,653,860	$1,235,497,618	$1,348,379,936	$1,227,251,177	1.8%	51.5%
Poverty Related Eligibles	$719,161,729	$935,436,653	$895,531,596	$971,829,595	$177,255,314	$171,487,969	$227,270,626	-17.5%	9.5%
Medically Needy	$91,613,121	$94,914,719	$68,646,090	$63,321,189	$42,305,737	$4,144,860	$35,159,084	-14.8%	1.5%
Other Eligibles	$564,429,818	$602,314,005	$547,680,100	$538,673,611	$997,485,277	$811,994,732	$893,828,098	8.0%	37.5%
Maintenance Assistance Status Unknown	$0	$0	$0	$0	$0	$0	$0	n/a	0.0%
Total	**$2,478,913,747**	**$2,873,044,183**	**$2,684,149,768**	**$2,708,478,255**	**$2,452,543,946**	**$2,336,007,497**	**$2,383,508,985**	-0.7%	100.0%
By Basis of Eligibility									
Aged, Blind or Disabled	$1,513,375,602	$1,853,680,823	$1,804,700,495	$1,863,731,331	$1,773,167,284	$1,696,556,683	$1,773,580,236	2.7%	74.4%
Children	$532,745,701	$577,912,488	$518,884,507	$509,299,314	$403,818,250	$496,257,971	$371,500,804	-5.8%	15.6%
Foster Care Children	$0	$0	$0	$0	$17,541,487	$9,056,369	$154,433	-90.6%	0.0%
Adults	$432,792,444	$441,450,872	$360,564,766	$335,447,610	$258,016,925	$134,136,474	$238,273,512	-9.5%	10.0%
Basis of Eligibility Unknown	$0	$0	$0	$0	$0	$0	$0	n/a	0.0%
Total	**$2,478,913,747**	**$2,873,044,183**	**$2,684,149,768**	**$2,708,478,255**	**$2,452,543,946**	**$2,336,007,497**	**$2,383,508,985**	-0.7%	100.0%
By Age									
Under Age 1	$227,151,595	$228,894,105	$168,424,402	$185,643,781	$158,333,577	$170,823,079	$168,716,699	-4.8%	7.1%
Age 1 to 5	$174,323,907	$192,076,658	$184,483,225	$179,531,647	$164,835,541	$150,918,959	$139,107,477	-3.7%	5.8%
Age 6 to 14	$174,063,971	$214,588,831	$242,579,320	$237,916,294	$184,107,717	$167,817,607	$164,913,424	-0.9%	6.9%
Age 15 to 20	$207,228,673	$240,374,564	$220,669,467	$211,840,764	$174,839,819	$162,196,290	$157,908,697	-4.4%	6.6%
Age 21 to 44	$737,948,853	$846,063,696	$750,161,900	$732,495,009	$646,844,692	$607,447,243	$611,395,836	-3.1%	25.7%
Age 45 to 64	$425,826,823	$494,053,925	$455,750,824	$478,533,204	$464,597,582	$435,578,938	$465,816,270	1.5%	19.5%
Age 65 to 74	$150,283,231	$184,015,839	$186,296,013	$191,988,340	$183,182,776	$180,219,739	$195,457,195	4.5%	8.2%
Age 75 to 84	$204,091,517	$248,380,603	$245,979,784	$251,937,468	$239,680,640	$231,540,476	$240,901,709	2.8%	10.1%
Age 85 and Over	$177,995,177	$224,595,962	$229,804,833	$238,591,748	$236,117,537	$229,347,187	$239,184,115	5.0%	10.0%
Age Unknown	$0	$0	$0	$0	$4,065	$117,979	$107,563	414.4%	0.0%
Total	**$2,478,913,747**	**$2,873,044,183**	**$2,684,149,768**	**$2,708,478,255**	**$2,452,543,946**	**$2,336,007,497**	**$2,383,508,985**	-0.7%	100.0%
By Race									
White	$1,008,358,534	$1,230,762,043	$1,193,362,609	$1,224,510,591	$1,133,930,928	$1,078,814,223	$1,099,777,803	1.5%	46.1%
Black	$1,296,538,373	$1,422,772,773	$1,274,048,862	$1,260,214,800	$1,104,109,588	$1,051,322,993	$1,065,218,687	-3.2%	44.7%
Hispanic, American Indian or Asian	$0	$0	$0	$0	$0	$0	$0	n/a	0.0%
Other/Unknown	$174,016,840	$219,509,367	$216,738,297	$223,752,864	$214,503,430	$205,870,281	$218,512,495	3.9%	9.2%
Total	**$2,478,913,747**	**$2,873,044,183**	**$2,684,149,768**	**$2,708,478,255**	**$2,452,543,946**	**$2,336,007,497**	**$2,383,508,985**	-0.7%	100.0%
By Sex									
Female	$1,537,435,282	$1,748,443,170	$1,621,609,892	$1,628,300,154	$1,484,406,435	$1,429,136,719	$1,465,177,548	-0.8%	61.5%
Male	$940,529,918	$1,120,068,947	$1,055,036,817	$1,072,796,277	$964,143,561	$906,188,099	$917,846,494	-0.4%	38.5%
Unknown	$948,547	$4,532,066	$7,503,059	$7,381,824	$3,993,950	$682,679	$484,943	-10.6%	0.0%
Total	**$2,478,913,747**	**$2,873,044,183**	**$2,684,149,768**	**$2,708,478,255**	**$2,452,543,946**	**$2,336,007,497**	**$2,383,508,985**	-0.7%	100.0%

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

AVERAGE PAYMENT PER RECIPIENT BY OTHER CHARACTERISTICS

By Maintenance Assistance Status	FFY 92	FFY 93	FFY 94	FFY95	FFY96	FFY97	FFY98	Annual Change	Above (+) or Below (-) SLC Avg. FFY 98
Receiving Cash Assistance or Eligible Under Section 1931	$2,495.56	$2,740.60	$2,572.64	$2,576.19	$2,932.78	$3,452.35	$3,293.94	4.7%	2.9%
Poverty Related Eligibles	$8,228.68	$8,390.70	$6,893.21	$6,427.53	$1,793.21	$1,516.83	$1,194.73	-27.5%	-21.0%
Medically Needy	$6,485.43	$6,025.57	$4,239.51	$3,996.04	$3,604.78	$1,776.62	$4,074.53	-7.5%	-28.6%
Other Eligibles	$3,561.70	$3,513.86	$3,104.06	$3,027.69	$4,057.26	$3,376.25	$5,991.57	9.1%	9.7%
Maintenance Assistance Status Unknown	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	n/a	-100.0%
Total	**$2,667.38**	**$3,239.45**	**$3,391.51**	**$3,448.54**	**$3,153.55**	**$3,129.44**	**$3,307.60**	3.7%	9.2%
By Basis of Eligibility									
Aged, Blind or Disabled	$7,233.24	$7,973.75	$7,213.23	$7,098.44	$6,901.66	$6,723.46	$6,972.11	-0.6%	-3.2%
Children	$1,541.23	$1,578.78	$1,380.16	$1,354.25	$1,090.53	$1,211.68	$1,074.56	-5.8%	4.4%
Foster Care Children	$0.00	$0.00	$0.00	$0.00	$816.19	$1,408.46	$1,095.27	15.8%	-67.4%
Adults	$2,936.63	$2,890.59	$2,371.04	$2,285.55	$2,000.08	$1,716.71	$1,979.53	-6.4%	9.9%
Basis of Eligibility Unknown	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	n/a	-100.0%
Total	**$2,667.38**	**$3,239.45**	**$3,391.51**	**$3,448.54**	**$3,153.55**	**$3,129.44**	**$3,307.60**	3.7%	9.2%
By Age									
Under Age 1	$4,023.94	$3,848.45	$2,820.71	$3,095.40	$2,704.38	$2,929.57	$2,927.13	-5.2%	20.1%
Age 1 to 5	$1,198.66	$1,217.73	$1,128.68	$1,100.11	$1,013.31	$970.52	$965.14	-3.5%	-13.4%
Age 6 to 14	$1,267.81	$1,437.68	$1,521.16	$1,459.13	$1,120.35	$1,033.74	$1,038.96	-3.3%	-6.0%
Age 15 to 20	$3,319.06	$3,561.84	$3,124.39	$2,943.99	$2,455.13	$2,425.33	$2,434.27	-5.0%	15.5%
Age 21 to 44	$4,770.32	$5,164.69	$4,509.11	$4,474.70	$4,128.55	$4,214.17	$4,374.39	-1.4%	26.8%
Age 45 to 64	$8,502.25	$9,058.73	$7,831.85	$7,776.85	$7,407.96	$7,274.44	$7,769.69	-1.5%	27.8%
Age 65 to 74	$4,076.03	$4,763.42	$4,752.21	$4,817.41	$4,652.73	$4,764.94	$5,343.57	4.6%	9.4%
Age 75 to 84	$5,638.82	$6,819.15	$6,784.15	$6,876.02	$6,639.54	$6,589.27	$7,211.33	4.2%	-5.0%
Age 85 and Over	$7,804.41	$9,408.34	$9,213.94	$9,358.01	$9,054.63	$8,717.77	$9,415.21	3.2%	-12.1%
Age Unknown	$0.00	$0.00	$0.00	$0.00	$580.71	$836.73	$785.13	16.3%	-66.2%
Total	**$2,667.38**	**$3,239.45**	**$3,391.51**	**$3,448.54**	**$3,153.55**	**$3,129.44**	**$3,307.60**	3.7%	9.2%
By Race									
White	$4,493.04	$4,959.69	$4,596.38	$4,619.37	$4,316.86	$4,311.93	$4,603.20	0.4%	23.7%
Black	$2,958.54	$3,110.78	$2,721.48	$2,691.78	$2,392.04	$2,354.00	$2,469.32	-3.0%	2.1%
Hispanic, American Indian or Asian	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	n/a	-100.0%
Other/Unknown	$4,394.25	$4,801.17	$4,296.44	$4,290.89	$4,012.64	$4,145.85	$4,342.72	-0.2%	21.0%
Total	**$2,667.38**	**$3,239.45**	**$3,391.51**	**$3,448.54**	**$3,153.55**	**$3,129.44**	**$3,307.60**	3.7%	9.2%
By Sex									
Female	$3,452.55	$3,717.36	$3,366.54	$3,363.80	$3,112.45	$3,126.83	$3,314.38	-0.7%	6.7%
Male	$3,670.07	$4,020.94	$3,599.83	$3,592.24	$3,224.74	$3,134.69	$3,297.61	-1.8%	11.3%
Unknown	$1,374.71	$1,939.27	$2,169.14	$2,743.15	$2,220.09	$2,126.73	$2,298.31	8.9%	-5.1%
Total	**$2,667.38**	**$3,239.45**	**$3,391.51**	**$3,448.54**	**$3,153.55**	**$3,129.44**	**$3,307.60**	3.7%	9.2%

ADDITIONAL STATE HEALTH CARE INFORMATION

Sources: "Major Health Care Policies: 50 State Profiles", Health Policy Tracking Service, January, 1999; and "Medicaid Services State by State", HCFA, October 1998.
**Information supplied by State Medicaid Agency*

Waivers

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

Louisiana also has several Home and Community Based Waivers under Section 1915 (c), which enables the state to provide long-term care services to people who otherwise would require institutionalization. They include:
- Elderly & Adults with Disabilities: Serves 679 people, operating since January 1, 1985.
- Mental Retardation/Developmental Disabilities: Serves 4,251 people, operating since June 1, 1990.
- Adult Day Health Care: Serves 500 people, operating since July 1, 1993.
- Personal Care Attendant: Serves 124 people, operating since October 1, 1993.

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.

Managed Care

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

Coverage for Targeted Population

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

Cost Containment Measures

- Drug Utilization Review and Lock-in Program: A point-of-sale prospective drug utilization review was instituted in April 1996. It provides eligibility verification, drug coverage determination and utilization compliance. Whenever abuse or misuse is detected, the lock-in program would limit an individual's ability to receive prescriptions from a single provider or selected providers. It also limits prescriptions to five per month, unless the prescribing physician deems it otherwise.
- Enhancement of computer system to scan 5% of cases (up from the current 1%) to combat fraud in Medicaid claims.
- The Department provided plastic magnetic strip cards for Medicaid recipients. This will reduce fraud and lower administrative costs over time for both providers and the state. The program was implemented in SFY 98 and completed statewide in January 1999. For calendar year 98, the Medicaid program issued magnetic strip cards to approximately 640,000 eligibles.

Medicaid

•16 optional services are offered.

Children's Health Insurance Program: Medicaid Expansion

•The Children's Insurance Program (LaChip-Phase I) was implemented in November of 1998. The Medicaid program was expanded to provide health care benefits to children/adolescents from birth to age 19 in families with incomes up to 133% of the FPL. The program expects to provide coverage to approximately 52,000 children by October 1, 1999.

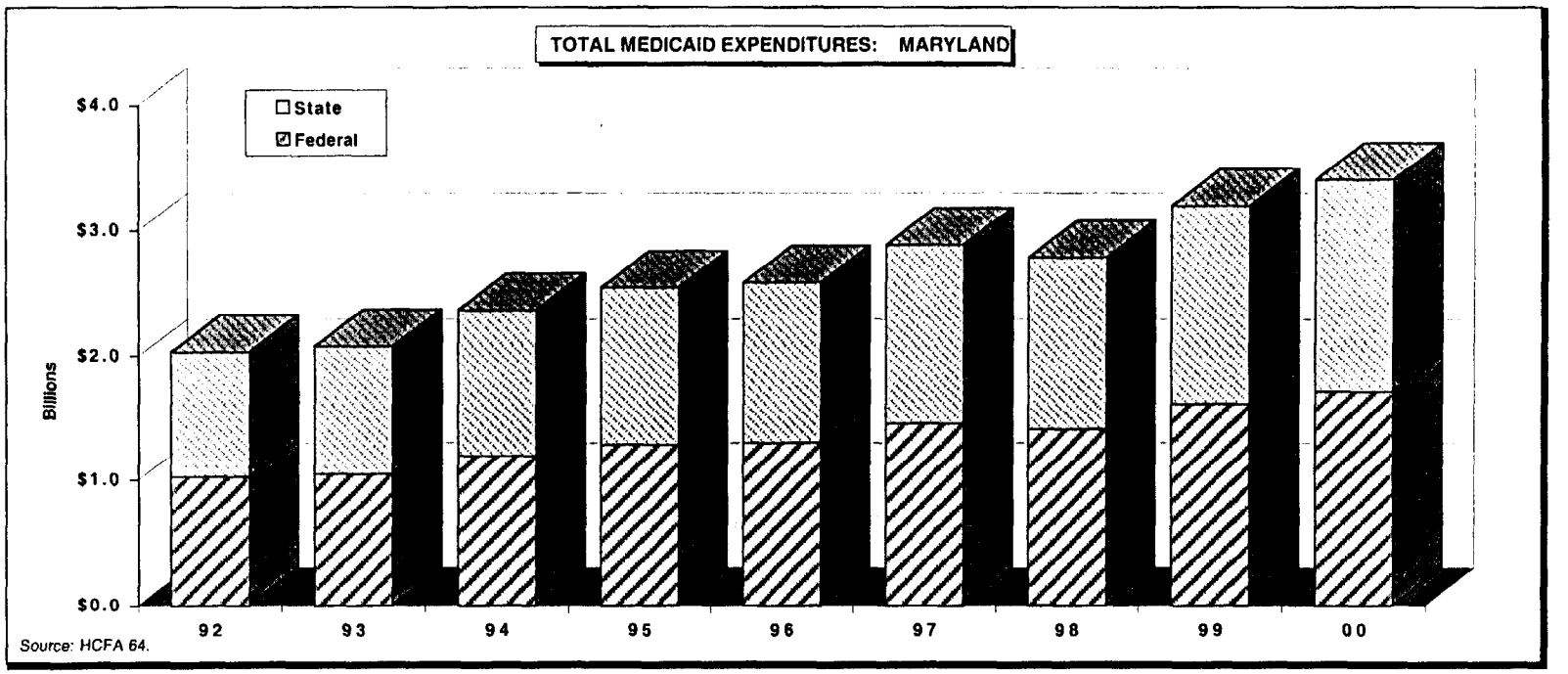
•Legislation enacted in the Regular Session of 1999 (ACT 1197) authorized the expansion of LaCHIP.

•The bill provides for Phase II, which expands Medicaid to provide health care benefits to children/adolescents from birth to age 19 in families with income up to 150% of the FPL, effective October 1, 1999. The Phase II expansion expects to provide health care coverage for an additional 10,725 eligibles.

•The bill authorizes Phase III after July 1, 2000, provided funding is appropriated for such purpose in the Regular Session of 2000. The LaCHIP Phase III expansion would be administered through a state-designed insurance program to provide health care benefits to children/adolescents from birth to age 19 in families with incomes between 150% and 200% the FPL. The Phase III expansion expects to provide health care coverage for an additional 12,000 eligible.

SOUTHERN REGION MEDICAID PROFILES

SOUTHERN REGION MEDICAID PROFILE



	FFY 92	FFY 93	FFY 94	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99**	FFY 00**	*Annual Rate of Change*	*Total 92-00*
Medicaid Payments	$1,947,732,818	$1,981,737,793	$2,240,390,059	$2,414,240,139	$2,441,028,457	$2,688,167,110	$2,578,582,453	$3,010,535,000	$3,176,096,000	*6.3%*	*63.1%*
Federal Share	$978,049,934	$994,776,687	$1,123,985,686	$1,210,984,504	$1,222,985,965	$1,350,201,604	$1,293,965,501	$1,511,903,000	$1,592,443,000	*6.3%*	*62.8%*
State Share	$969,682,884	$986,961,106	$1,116,404,373	$1,203,255,635	$1,218,042,492	$1,337,965,506	$1,284,616,952	$1,498,632,000	$1,583,653,000	*6.3%*	*63.3%*
Administrative Costs	$83,704,049	$94,660,583	$121,841,027	$128,666,447	$140,585,936	$195,914,659	$206,657,092	$185,149,000	$221,314,000	*12.9%*	*164.4%*
Federal Share	$47,236,979	$53,009,518	$67,884,327	$71,816,035	$75,929,644	$101,175,092	$114,207,850	$99,819,000	$120,331,000	*12.4%*	*154.7%*
State Share	$36,467,070	$41,651,065	$53,956,700	$56,850,412	$64,656,292	$94,739,567	$92,449,242	$85,330,000	$100,983,000	*13.6%*	*176.9%*
Admin. Costs as % of Payments	4.30%	4.78%	5.44%	5.33%	5.76%	7.29%	8.01%	7.56%	8.34%		
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 99 and 00 reflect latest estimates reported by each state.*

SOUTHERN REGION MEDICAID PROFILE

STATE FINANCING

	Payments		Administration	
	FFY 92	FFY 00	FFY 92	FFY 00
State General Fund	$969,682,884	$1,583,653,000	$36,467,070	$100,983,000
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	$969,682,884	$1,583,653,000	$36,467,070	$100,983,000

Provider Taxes Currently in Place (FFY 00)

Providers	Tax Rate	Amount
	NO PROVIDER TAXES	

DISPROPORTIONATE SHARE HOSPITAL (DSH) PAYMENTS

	FFY 92	FFY 93	FFY 94	FFY 95	FFY 96	FFY97	FFY98	FFY99*	FFY00*	*Annual Change*
General Hospitals	$33,000,000	$30,517,387	$34,767,040	$39,338,352	$38,178,277	$37,133,045	$27,132,390	$28,831,000	$28,520,000	*-3.2%*
Mental Hospitals	$80,000,000	$105,449,000	$116,072,643	$120,873,531	$111,087,695	$122,526,661	$116,151,573	$178,255,000	$144,000,000	*3.7%*
Total	$113,000,000	$135,966,387	$150,839,683	$160,211,883	$149,265,972	$159,659,706	$143,283,963	$207,086,000	$172,520,000	*2.3%*

SELECTED ELIGIBILITY CRITERIA

	At 10/1/99	% of FPL*
TANF-Temporary Assistance for Needy Families (Family of 3)		
Need Standard	Eliminated	N/A
Payment Standard	$399	34.5%
Maximum Payment	$399	34.5%
Medically Needy Program (Family of 4)		
Income Eligibility Standard	$434	
Resource Standard	$3,100	
Pregnant Women, Children and Infants (% of FPL*)		
Pregnant women and children to age 6		200.0%
Children age 6 to 14		200.0%
Children age14 to 18		200.0%
SSI Eligibility Levels		
Income:		
Single Person	$514	74.9%
Couple	$716	77.7%
Resources:		
Single Person	$2,000	
Couple	$3,000	

*Current federal poverty level is $8,240 per year for a single person, $11,060 for a family of two and $13,880 for a family of three. Table above shows monthly income levels.

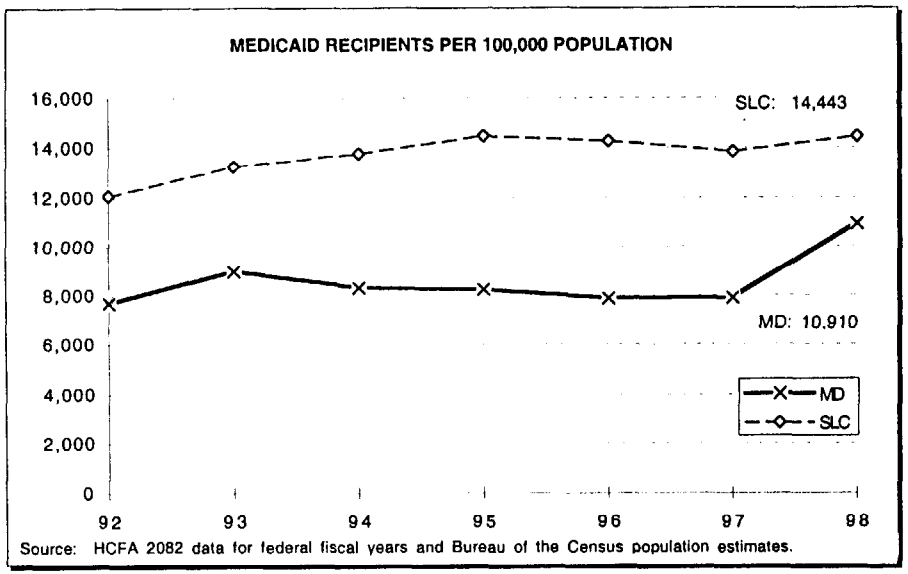
DEMOGRAPHIC DATA & POVERTY INDICATORS (1997)

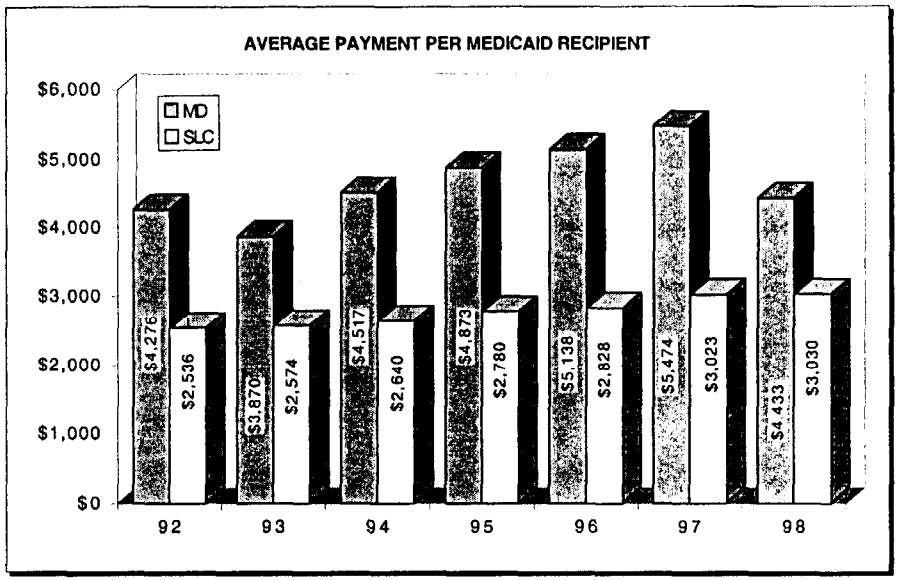
		Rank in U.S.
State population—July 1, 1997*	5,094,924	*19*
Per capita personal income**	$28,671	*5*
Median household income**	$44,970	*3*
Population below Federal Poverty Level on July 1, 1997*	489,113	
Percent of total population	9.6%	*41*
Population without health insurance coverage*	677,000	*17*
Percent of total population	13.3%	*27*
Recipients of Food Stamps***	304,036	*20*
Households receiving Food Stamps***	152,000	*20*
Total value of issuance***	$281,553,321	*19*
Average monthly benefit per recipient	$77.17	*11*
Average monthly benefit per household	$154.36	*12*
Monthly recipients of Temporary Assistance to Needy Families (TANF)****	108,636	*21*
Total TANF payments****	$420,933,364	*14*
Average monthly payment per recipient	$322.89	
Average monthly payment per family of 3	$388.00	*26*

*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	FFY 92	FFY 93	FFY 94	FFY95	FFY96	FFY97	FFY98	*Annual Change*
01. General Hospital	84,323	95,094	95,255	97,645	77,581	82,251	42,338	*-10.8%*
02. Mental Hospital	2,058	2,846	3,155	3,714	13,481	8,456	1,827	*-2.0%*
03. Skilled and Intermediate (non-MR) Care Nursing	32,326	41,545	33,324	36,273	23,449	26,575	27,834	*-2.5%*
04. Intermediate Care for Mentally Retarded	1,083	942	863	821	749	635	627	*-8.7%*
05. Physician Services	270,667	334,466	324,854	323,424	282,816	292,897	203,528	*-4.6%*
06. Dental Services	58,145	52,288	42,287	41,177	28,623	35,028	8,725	*-27.1%*
07. Other Practitioners	26,418	34,456	33,872	40,510	27,960	32,157	19,151	*-5.2%*
08. Outpatient Hospital	186,645	213,485	208,551	209,356	187,343	183,008	105,346	*-9.1%*
09. Clinic Services	68,840	91,372	96,338	99,538	93,789	95,719	39,897	*-8.7%*
10. Lab and X-Ray	99,732	124,118	122,857	115,233	93,990	101,771	50,211	*-10.8%*
11. Home Health	10,169	12,168	14,175	14,854	17,400	19,173	8,114	*-3.7%*
12. Prescribed Drugs	280,131	312,816	299,875	291,626	268,440	256,423	176,403	*-7.4%*
13. Family Planning	32,035	38,842	35,388	35,295	29,557	37,002	19,135	*-8.2%*
14. Early & Periodic Screening, Diagnosis & Treatment	62,401	93,614	88,747	89,411	97,546	93,592	45,814	*-5.0%*
15. Other Care	127,134	122,167	71,706	83,343	162,933	171,642	44,395	*-16.1%*
16. Personal Care Support Services	0	0	0	0	0	0	63,467	*n/a*
17. Home/Community Based Waiver Services	0	0	0	0	0	0	3,820	*n/a*
18. Prepaid Health Care	0	0	0	0	0	0	449,825	*n/a*
19. Primary Care Case Management (PCCM) Services	0	0	0	0	0	0	0	*n/a*
Total*	**377,075**	**444,673**	**415,101**	**414,261**	**398,537**	**402,002**	**560,216**	*6.8%*

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

SOUTHERN REGION MEDICAID PROFILE

PAYMENTS BY TYPE OF SERVICES	FFY 92	FFY 93	FFY 94	FFY95	FFY96	FFY97	FFY98	Annual Change	Share of Total FFY 98
01. General Hospital	$457,591,492	$550,874,628	$587,099,071	$583,335,743	$558,635,117	$633,631,779	$325,189,037	-5.5%	13.1%
02. Mental Hospital	$57,968,198	$78,948,400	$82,401,927	$91,492,981	$124,805,267	$49,810,491	$56,546,963	-0.4%	2.3%
03. Skilled and Intermediate (non-MR) Care Nursing	$377,328,357	$399,081,933	$417,988,497	$459,287,275	$416,315,221	$515,887,379	$546,941,004	6.4%	22.0%
04. Intermediate Care for Mentally Retarded	$62,466,819	$58,427,044	$57,044,716	$75,040,829	$62,760,867	$61,193,341	$55,095,149	-2.1%	2.2%
05. Physician Services	$184,563,126	$98,374,344	$96,502,175	$102,747,239	$90,520,475	$89,643,749	$46,541,325	-20.5%	1.9%
06. Dental Services	$8,003,573	$3,628,982	$3,144,089	$3,287,715	$2,140,511	$2,374,879	$354,031	-40.5%	0.0%
07. Other Practitioners	$2,359,913	$2,906,179	$3,262,857	$4,764,779	$2,191,699	$2,925,025	$1,016,724	-13.1%	0.0%
08. Outpatient Hospital	$120,479,000	$145,430,547	$159,391,400	$175,655,101	$165,726,010	$161,722,969	$53,105,201	-12.8%	2.1%
09. Clinic Services	$55,025,389	$78,775,005	$95,577,663	$105,446,838	$108,631,811	$107,134,470	$6,643,345	-29.7%	0.3%
10. Lab and X-Ray	$6,705,888	$8,364,269	$8,758,727	$8,528,905	$6,949,317	$7,935,667	$3,137,857	-11.9%	0.1%
11. Home Health	$43,340,902	$50,701,469	$57,536,285	$67,859,355	$210,449,214	$226,698,580	$48,456,286	1.9%	2.0%
12. Prescribed Drugs	$96,825,858	$110,500,576	$125,216,705	$139,205,331	$154,908,882	$172,701,282	$148,532,940	7.4%	6.0%
13. Family Planning	$10,944,627	$11,387,185	$9,557,534	$9,518,287	$6,814,312	$11,348,865	$4,598,064	-13.5%	0.2%
14. Early & Periodic Screening, Diagnosis & Treatment	$8,483,706	$12,347,597	$12,308,046	$11,739,471	$68,843,619	$74,079,692	$73,840,753	43.4%	3.0%
15. Other Care	$120,320,964	$110,921,932	$159,187,991	$180,827,804	$67,799,858	$83,580,418	$28,357,568	-21.4%	1.1%
16. Personal Care Support Services	$0	$0	$0	$0	$0	$0	$79,099,039	n/a	3.2%
17. Home/Community Based Waiver Services	$0	$0	$0	$0	$0	$0	$154,029,172	n/a	6.2%
18. Prepaid Health Care	$0	$0	$0	$0	$0	$0	$851,988,946	n/a	34.3%
19. Primary Case Management (PCCM) Services	$0	$0	$0	$0	$0	$0	$0	n/a	0.0%
Total (excludes DSH pymts, pharmacy rebates, & other adjs.)	**$1,612,407,812**	**$1,720,670,090**	**$1,874,977,683**	**$2,018,737,653**	**$2,047,492,180**	**$2,200,668,586**	**$2,483,473,404**	7.5%	100.0%

AVERAGE PAYMENTS PER RECIPIENT BY TYPE OF SERVICES									(+) or (-) SLC Avg. FFY 98
01. General Hospital	$5,426.65	$5,792.95	$6,163.45	$5,974.05	$7,200.67	$7,703.64	$7,680.78	6.0%	99.6%
02. Mental Hospital	$28,167.25	$27,740.13	$26,117.88	$24,634.62	$9,257.86	$5,890.55	$30,950.72	1.6%	284.0%
03. Skilled and Intermediate (non-MR) Care Nursing	$11,672.60	$9,606.02	$12,543.17	$12,661.96	$17,754.07	$19,412.51	$19,650.10	9.1%	28.4%
04. Intermediate Care for Mentally Retarded	$57,679.43	$62,024.46	$66,100.48	$91,401.74	$83,792.88	$96,367.47	$87,871.05	7.3%	48.4%
05. Physician Services	$681.88	$294.12	$297.06	$317.69	$320.07	$306.06	$228.67	-16.6%	-38.1%
06. Dental Services	$137.65	$69.40	$74.35	$79.84	$74.78	$67.80	$40.58	-18.4%	-76.6%
07. Other Practitioners	$89.33	$84.34	$96.33	$117.62	$78.39	$90.96	$53.09	-8.3%	-66.1%
08. Outpatient Hospital	$645.50	$681.22	$764.28	$839.03	$884.61	$883.69	$504.10	-4.0%	12.8%
09. Clinic Services	$799.32	$862.14	$992.11	$1,059.36	$1,158.26	$1,119.26	$166.51	-23.0%	-70.4%
10. Lab and X-Ray	$67.24	$67.39	$71.29	$74.01	$73.94	$77.98	$62.49	-1.2%	-33.8%
11. Home Health	$4,262.06	$4,166.79	$4,059.00	$4,568.42	$12,094.78	$11,823.84	$5,971.94	5.8%	290.3%
12. Prescribed Drugs	$345.64	$353.24	$417.56	$477.34	$577.07	$673.50	$842.01	16.0%	34.1%
13. Family Planning	$341.65	$293.17	$270.08	$269.68	$230.55	$306.71	$240.30	-5.7%	13.0%
14. Early & Periodic Screening, Diagnosis & Treatment	$135.95	$131.90	$138.69	$131.30	$705.76	$791.52	$1,611.75	51.0%	487.0%
15. Other Care	$946.41	$907.95	$2,220.01	$2,169.68	$416.12	$486.95	$638.76	-6.3%	37.8%
16. Personal Care Support Services	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$1,246.30	n/a	-21.1%
17. Home/Community Based Waiver Services	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$40,321.77	n/a	221.1%
18. Prepaid Health Care	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$1,894.05	n/a	70.1%
19. Primary Care Case Management (PCCM) Services	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	n/a	-100.0%
Total (Average)	**$4,276.09**	**$3,869.52**	**$4,516.92**	**$4,873.11**	**$5,137.52**	**$5,474.27**	**$4,433.06**	0.6%	46.3%
TOTAL PER CAPITA EXPENDITURES	**$413.79**	**$419.23**	**$472.48**	**$504.65**	**$510.17**	**$566.07**	**$542.42**	4.6%	-1.9%

MARYLAND

DATA BY OTHER CHARACTERISTICS

RECIPIENTS BY OTHER CHARACTERISTICS

By Maintenance Assistance Status	FFY 92	FFY 93	FFY 94	FFY95	FFY96	FFY97	FFY98	Annual Change	Share of Total FFY 98
Receiving Cash Assistance or Eligible Under Section 1931	236,925	278,080	247,804	232,628	220,614	208,404	274,117	2.5%	48.9%
Poverty Related Eligibles	23,997	25,977	28,510	27,442	18,840	108,549	142,031	34.5%	25.4%
Medically Needy	69,288	78,598	80,001	92,699	60,421	65,639	49,892	-5.3%	8.9%
Other Eligibles	46,865	62,018	58,786	61,492	98,662	19,410	69,419	6.8%	12.4%
Maintenance Assistance Status Unknown	0	0	0	0	0	0	24,757	n/a	4.4%
Total	**377,075**	**444,673**	**415,101**	**414,261**	**398,537**	**402,002**	**560,216**	6.8%	100.0%
By Basis of Eligibility									
Aged, Blind, or Disabled	111,100	124,859	127,648	133,595	129,946	134,219	148,963	5.0%	26.6%
Children	188,273	226,631	207,236	206,942	185,663	185,801	264,965	5.9%	47.3%
Foster Care Children	0	0	0	0	0	0	15,219	n/a	2.7%
Adults	77,702	93,183	80,217	73,724	82,928	81,982	106,312	5.4%	19.0%
Basis of Eligibility Unknown	0	0	0	0	0	0	24,757	n/a	4.4%
Total	**377,075**	**444,673**	**415,101**	**414,261**	**398,537**	**402,002**	**560,216**	6.8%	100.0%
By Age									
Under Age 1	32,113	34,261	32,002	33,179	25,780	82,051	23,208	-5.3%	4.1%
Age 1 to 5	70,126	86,682	79,193	75,898	58,125	45,938	102,693	6.6%	18.3%
Age 6 to 14	60,515	75,209	70,634	72,962	65,326	50,179	133,175	14.0%	23.8%
Age 15 to 20	31,266	38,157	34,886	35,828	30,641	29,303	50,928	8.5%	9.1%
Age 21 to 44	98,008	118,137	108,344	102,626	81,911	88,569	128,022	4.6%	22.9%
Age 45 to 64	28,548	34,831	35,813	37,015	31,694	44,604	44,058	7.5%	7.9%
Age 65 to 74	21,094	22,129	21,758	22,577	20,547	26,368	23,068	1.5%	4.1%
Age 75 to 84	19,117	19,131	18,221	19,260	18,009	20,673	19,948	0.7%	3.6%
Age 85 and Over	16,288	16,136	14,250	14,916	66,504	14,317	14,168	-2.3%	2.5%
Age Unknown	0	0	0	0	0	0	20,948	n/a	3.7%
Total	**377,075**	**444,673**	**415,101**	**414,261**	**398,537**	**402,002**	**560,216**	6.8%	100.0%
By Race									
White	156,222	186,023	178,233	174,659	163,424	164,110	184,348	2.8%	32.9%
Black	204,064	236,492	211,145	208,180	202,848	203,389	307,223	7.1%	54.8%
Hispanic, American Indian or Asian	7,354	20,030	22,319	24,057	24,273	24,742	31,710	27.6%	5.7%
Other/Unknown	9,435	2,128	3,404	7,365	7,992	9,761	36,935	25.5%	6.6%
Total	**377,075**	**444,673**	**415,101**	**414,261**	**398,537**	**402,002**	**560,216**	6.8%	100.0%
By Sex									
Female	244,304	283,733	260,266	256,613	247,687	251,556	329,915	5.1%	58.9%
Male	132,771	160,939	154,835	157,648	150,850	150,446	209,354	7.9%	37.4%
Unknown	0	1	0	0	0	0	20,947	n/a	3.7%
Total	**377,075**	**444,673**	**415,101**	**414,261**	**398,537**	**402,002**	**560,216**	6.8%	100.0%

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

SOUTHERN REGION MEDICAID PROFILE

PAYMENTS BY OTHER CHARACTERISTICS

By Maintenance Assistance Status	FFY 92	FFY 93	FFY 94	FFY95	FFY96	FFY97	FFY98	Annual Change	Share of Total FFY 98
Receiving Cash Assistance or Eligible Under Section 1931	$763,287,370	$796,975,597	$887,010,627	$896,828,915	$896,783,012	$969,169,243	$1,233,921,421	8.3%	49.7%
Poverty Related Eligibles	$85,520,457	$75,307,392	$63,357,128	$74,889,313	$51,667,180	$337,588,288	$231,634,487	18.1%	9.3%
Medically Needy	$669,100,968	$736,172,656	$813,191,264	$913,403,586	$791,684,933	$860,750,740	$798,379,206	3.0%	32.1%
Other Eligibles	$94,499,017	$112,214,445	$111,418,664	$133,615,839	$307,357,055	$33,160,315	$189,104,492	12.3%	7.6%
Maintenance Assistance Status Unknown	$0	$0	$0	$0	$0	$0	$30,433,798	n/a	1.2%
Total	**$1,612,407,812**	**$1,720,670,090**	**$1,874,977,683**	**$2,018,737,653**	**$2,047,492,180**	**$2,200,668,586**	**$2,483,473,404**	7.5%	100.0%
By Basis of Eligibility									
Aged, Blind or Disabled	$1,091,379,788	$1,154,487,249	$1,319,425,293	$1,434,700,633	$1,483,050,526	$1,603,610,489	$1,787,572,156	8.6%	72.0%
Children	$327,998,609	$364,756,630	$370,452,185	$394,953,139	$335,335,990	$353,018,677	$386,698,407	2.8%	15.6%
Foster Care Children	$0	$0	$0	$0	$0	$0	$40,001,794	n/a	1.6%
Adults	$193,029,415	$201,426,211	$185,100,205	$189,083,881	$229,105,664	$244,039,420	$238,767,249	3.6%	9.6%
Basis of Eligibility Unknown	$0	$0	$0	$0	$0	$0	$30,433,798	n/a	1.2%
Total	**$1,612,407,812**	**$1,720,670,090**	**$1,874,977,683**	**$2,018,737,653**	**$2,047,492,180**	**$2,200,668,586**	**$2,483,473,404**	7.5%	100.0%
By Age									
Under Age 1	$95,562,070	$103,764,915	$101,803,623	$100,449,481	$84,125,495	$303,845,683	$59,865,791	-7.5%	2.4%
Age 1 to 5	$92,181,532	$100,010,109	$100,860,579	$110,260,867	$99,685,252	$124,226,005	$176,722,191	11.5%	7.1%
Age 6 to 14	$98,093,023	$111,927,848	$135,307,645	$153,744,720	$175,877,703	$184,319,654	$242,862,808	16.3%	9.8%
Age 15 to 20	$106,861,807	$123,446,881	$124,918,032	$136,873,482	$122,117,418	$122,312,174	$154,004,636	6.3%	6.2%
Age 21 to 44	$467,969,223	$493,807,525	$552,224,019	$576,826,004	$532,324,099	$531,530,309	$641,599,245	5.4%	25.8%
Age 45 to 64	$258,885,685	$283,693,953	$328,619,168	$363,577,419	$342,909,763	$376,927,278	$472,837,550	10.6%	19.0%
Age 65 to 74	$134,978,320	$136,108,376	$143,544,136	$154,999,318	$155,759,229	$162,359,173	$201,989,548	6.9%	8.1%
Age 75 to 84	$180,170,741	$179,747,874	$188,017,331	$204,267,973	$205,005,899	$204,018,594	$245,346,175	5.3%	9.9%
Age 85 and Over	$177,705,411	$188,162,609	$199,683,150	$217,738,389	$329,687,322	$191,129,716	$266,497,836	7.0%	10.7%
Age Unknown	$0	$0	$0	$0	$0	$0	$21,747,624	n/a	0.9%
Total	**$1,612,407,812**	**$1,720,670,090**	**$1,874,977,683**	**$2,018,737,653**	**$2,047,492,180**	**$2,200,668,586**	**$2,483,473,404**	7.5%	100.0%
By Race									
White	$847,026,762	$898,828,373	$966,655,245	$1,033,509,224	$1,044,091,195	$1,093,016,721	$1,131,688,380	4.9%	45.6%
Black	$714,443,846	$765,518,569	$837,816,528	$893,635,457	$907,557,313	$991,921,132	$1,174,483,476	8.6%	47.3%
Hispanic, American Indian or Asian	$21,467,970	$46,965,545	$57,049,897	$64,220,679	$63,177,612	$70,965,553	$94,097,261	27.9%	3.8%
Other/Unknown	$29,469,234	$9,357,603	$13,456,013	$27,372,293	$32,666,060	$44,765,180	$83,204,287	18.9%	3.4%
Total	**$1,612,407,812**	**$1,720,670,090**	**$1,874,977,683**	**$2,018,737,653**	**$2,047,492,180**	**$2,200,668,586**	**$2,483,473,404**	7.5%	100.0%
By Sex									
Female	$1,011,319,868	$1,047,343,421	$1,110,641,549	$1,187,945,789	$1,202,962,228	$1,287,609,639	$1,458,030,690	6.3%	58.7%
Male	$601,087,944	$673,326,606	$764,336,134	$830,791,864	$844,529,952	$913,058,947	$1,003,696,022	8.9%	40.4%
Unknown	$0	$63	$0	$0	$0	$0	$21,746,692	n/a	0.9%
Total	**$1,612,407,812**	**$1,720,670,090**	**$1,874,977,683**	**$2,018,737,653**	**$2,047,492,180**	**$2,200,668,586**	**$2,483,473,404**	7.5%	100.0%

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

AVERAGE PAYMENT PER RECIPIENT BY OTHER CHARACTERISTICS

By Maintenance Assistance Status	FFY 92	FFY 93	FFY 94	FFY95	FFY96	FFY97	FFY98	Annual Change	Above (+) or Below (-) SLC Avg. FFY 98
Receiving Cash Assistance or Eligible Under Section 1931	$3,221.64	$2,865.99	$3,579.48	$3,855.21	$4,064.94	$4,650.43	$4,501.44	5.7%	40.7%
Poverty Related Eligibles	$3,563.80	$2,899.00	$2,222.28	$2,729.00	$2,742.42	$3,110.01	$1,630.87	-12.2%	7.9%
Medically Needy	$9,656.81	$9,366.30	$10,164.76	$9,853.44	$13,102.81	$13,113.40	$16,002.15	8.8%	180.3%
Other Eligibles	$2,016.41	$1,809.39	$1,895.33	$2,172.90	$3,115.25	$1,708.41	$2,724.10	5.1%	-50.1%
Maintenance Assistance Status Unknown	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$1,229.30	n/a	-29.6%
Total	**$4,276.09**	**$3,869.52**	**$4,516.92**	**$4,873.11**	**$5,137.52**	**$5,474.27**	**$4,433.06**	0.6%	46.3%
By Basis of Eligibility									
Aged, Blind or Disabled	$9,823.40	$9,246.33	$10,336.44	$10,739.18	$11,412.82	$11,947.72	$12,000.11	3.4%	66.6%
Children	$1,742.14	$1,609.47	$1,787.59	$1,908.52	$1,806.15	$1,899.98	$1,459.43	-2.9%	41.8%
Foster Care Children	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$2,628.41	n/a	-21.9%
Adults	$2,484.23	$2,161.62	$2,307.49	$2,564.75	$2,762.71	$2,976.74	$2,245.91	-1.7%	24.7%
Basis of Eligibility Unknown	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$1,229.30	n/a	-28.9%
Total	**$4,276.09**	**$3,869.52**	**$4,516.92**	**$4,873.11**	**$5,137.52**	**$5,474.27**	**$4,433.06**	0.6%	46.3%
By Age									
Under Age 1	$2,975.81	$3,028.66	$3,181.16	$3,027.50	$3,263.21	$3,703.13	$2,579.53	-2.4%	5.9%
Age 1 to 5	$1,314.51	$1,153.76	$1,273.60	$1,452.75	$1,715.02	$2,704.21	$1,720.88	4.6%	54.4%
Age 6 to 14	$1,620.97	$1,488.22	$1,915.62	$2,107.19	$2,692.31	$3,673.24	$1,823.64	2.0%	65.0%
Age 15 to 20	$3,417.83	$3,235.24	$3,580.75	$3,820.29	$3,985.43	$4,174.05	$3,023.97	-2.0%	43.4%
Age 21 to 44	$4,774.81	$4,179.96	$5,096.95	$5,620.66	$6,498.81	$6,001.31	$5,011.63	0.8%	45.3%
Age 45 to 64	$9,068.44	$8,144.87	$9,175.97	$9,822.43	$10,819.39	$8,450.53	$10,732.16	2.8%	76.6%
Age 65 to 74	$6,398.90	$6,150.68	$6,597.30	$6,865.36	$7,580.63	$6,157.43	$8,756.27	5.4%	79.3%
Age 75 to 84	$9,424.63	$9,395.63	$10,318.72	$10,605.81	$11,383.52	$9,868.84	$12,299.29	4.5%	62.0%
Age 85 and Over	$10,910.20	$11,661.04	$14,012.85	$14,597.64	$4,957.41	$13,349.84	$18,809.84	9.5%	75.7%
Age Unknown	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$1,038.17	n/a	-55.3%
Total	**$4,276.09**	**$3,869.52**	**$4,516.92**	**$4,873.11**	**$5,137.52**	**$5,474.27**	**$4,433.06**	0.6%	46.3%
By Race									
White	$5,421.94	$4,831.81	$5,423.55	$5,917.30	$6,388.85	$6,660.27	$6,138.87	2.1%	65.0%
Black	$3,501.08	$3,236.97	$3,967.97	$4,292.61	$4,474.08	$4,876.97	$3,822.90	1.5%	58.0%
Hispanic, American Indian or Asian	$2,919.22	$2,344.76	$2,556.11	$2,669.52	$2,602.79	$2,868.22	$2,967.43	0.3%	56.8%
Other/Unknown	$3,123.40	$4,397.37	$3,953.00	$3,716.54	$4,087.34	$4,586.13	$2,252.72	-5.3%	-37.2%
Total	**$4,276.09**	**$3,869.52**	**$4,516.92**	**$4,873.11**	**$5,137.52**	**$5,474.27**	**$4,433.06**	0.6%	46.3%
By Sex									
Female	$4,139.60	$3,691.30	$4,267.33	$4,629.33	$4,856.78	$5,118.58	$4,419.41	1.1%	42.3%
Male	$4,527.25	$4,183.74	$4,936.46	$5,269.92	$5,598.47	$6,069.01	$4,794.25	1.0%	61.9%
Unknown	$0.00	$63.00	$0.00	$0.00	$0.00	$0.00	$1,038.18	n/a	-57.1%
Total	**$4,276.09**	**$3,869.52**	**$4,516.92**	**$4,873.11**	**$5,137.52**	**$5,474.27**	**$4,433.06**	0.6%	46.3%

ADDITIONAL STATE HEALTH CARE INFORMATION

Sources: "Major Health Care Policies: 50 State Profiles", Health Policy Tracking Service, January, 1999; and "Medicaid Services State by State", HCFA, October 1998.
**Information supplied by State Medicaid Agency*

Waivers

Maryland's Medicaid managed care program is called HealthChoice. Under a 1115 Waiver, approved on October 30, 1996, HealthChoice enrollment began in June of 1997. Service delivery began July 1, 1997. The program enrolled over 350,000 recipients to receive services through one of eight managed care organizations (MCOs). Pregnant women and children determined eligible for the new Maryland Children's Health Program (SCHIP expansion) receive services through the HealthChoice Program.

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

•Stop Loss Case Management (SLM) Program: HealthChoice enrollees whose inpatient costs exceed $61,000 in a contract year are transferred to the SLM program for the remainder of the contract year. The state assumes responsibility for 90% of the accrued inpatient hospital costs in excess of $61,000; the MCO is responsible for the remaining 10%. The MCO reassumes full responsibility for the enrollee at the beginning of the new contract year. Beginning July 1, 1999, all but one MCO took responsibility for purchasing their own stop loss coverage. That one MCO continues to receive stop loss coverage through the state.

•Pharmacy Point-of-Sale: The Pharmacy Electronic Point-of -Sale claims management and prospective drug utilization review system began January 3, 1993. This successful system provides on-line real time claims adjudication for all outpatient prescription drugs and checks for drug interactions or conflicts with dispensing of medication and for inappropriate utilization. The program has continued for the fee-for-service population and for carved-out AIDS and mental health drugs.

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

•Senior Assisted Housing Waiver (age 62 and over): Provides the appropriate level of assistance in a residential setting for eligible recipients who reside in group homes approved by the Maryland Department of Aging. Serves 135 people, operating since July 1, 1993. In August 1999, an amendment request was filed with HCFA to expand the waiver to allow it to serve more individuals who have disabling conditions associated with aging and to be cared for in their own homes.

•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.
•Model Waiver for 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.
•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 suffered traumatic brain injuries that occurred on or after age 22, and are being discharged from state psychiatric hospitals after a stay of 30 days, who either meet a hospital or nursing home level of care. The application to amend this program was submitted to HCFA in August of 1999.

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; pending HCFA approval.

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 ca services of the covered population.

•Self-referred Services: A MCO is responsible for reimbursing out-of-plan providers within 30 days for services to an enrollee who has self-referred: 1) to a school-based health center; 2) for family planning services; 3) for an initial medical examination as a state supervised enrollee under the age of 19; 4) for an annual diagnostic evaluation as an enrollee with a diagnosis of HIV/AIDS; 5) for renal dialysis services; and 6) for obstetrical care provided to a pregnant woman by an out-of-network provider prior to her enrollment in the MCO.

•Specialty Mental Health (SMH) System: Mental health services for persons with low income and serious mental illness are not provided through HealthChoice. These services are "carved-out" and managed by the Mental Hygiene Administration, in conjunction with local Core Service Agencies and Maryland Healthy Partners. Mental health clinics and other providers are paid on a fee-for-service basis.

Coverage for Targeted Population

•The Pharmacy Assistance Program: A pharmacy benefit program for certain low-income Maryland residents not eligible for Medicaid. The program pays for certain maintenance drugs used to treat long-term illnesses, anti-infective drugs, insulin and syringes (there is a $5.00 co-pay for prescriptions). Eligibility is based on an income standard of $11,500 per year for a family of 3. The program is funded with 100% state dollars.

•AIDS Insurance Assistance Program: The state pays to maintain employee-based insurance coverage for HIV positive individuals who can no longer work because of their illness, effective October of 1997.

Cost Containment Measures

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

Medicaid

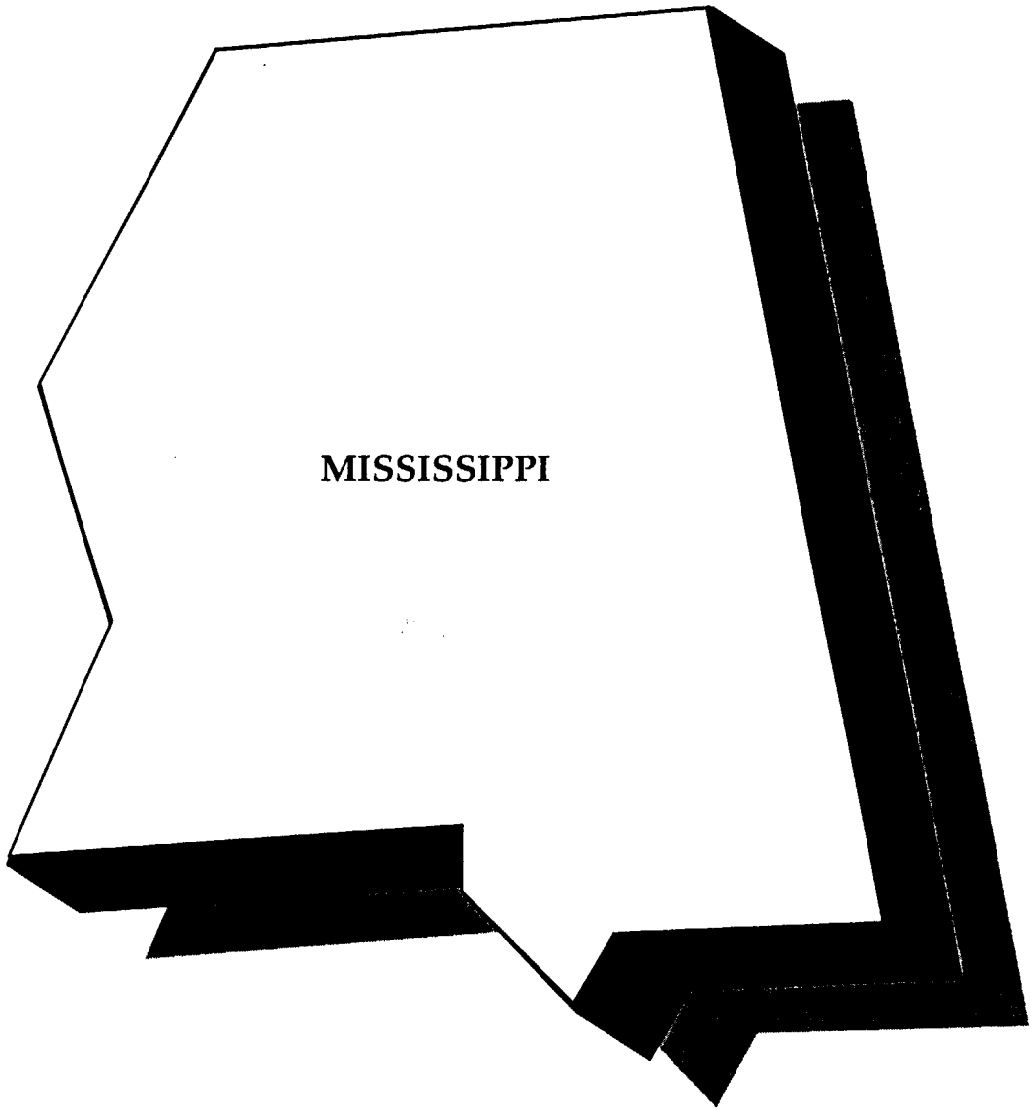
•22 optional services are offered.

Childrens Health Insurance Program: Medicaid Expansion

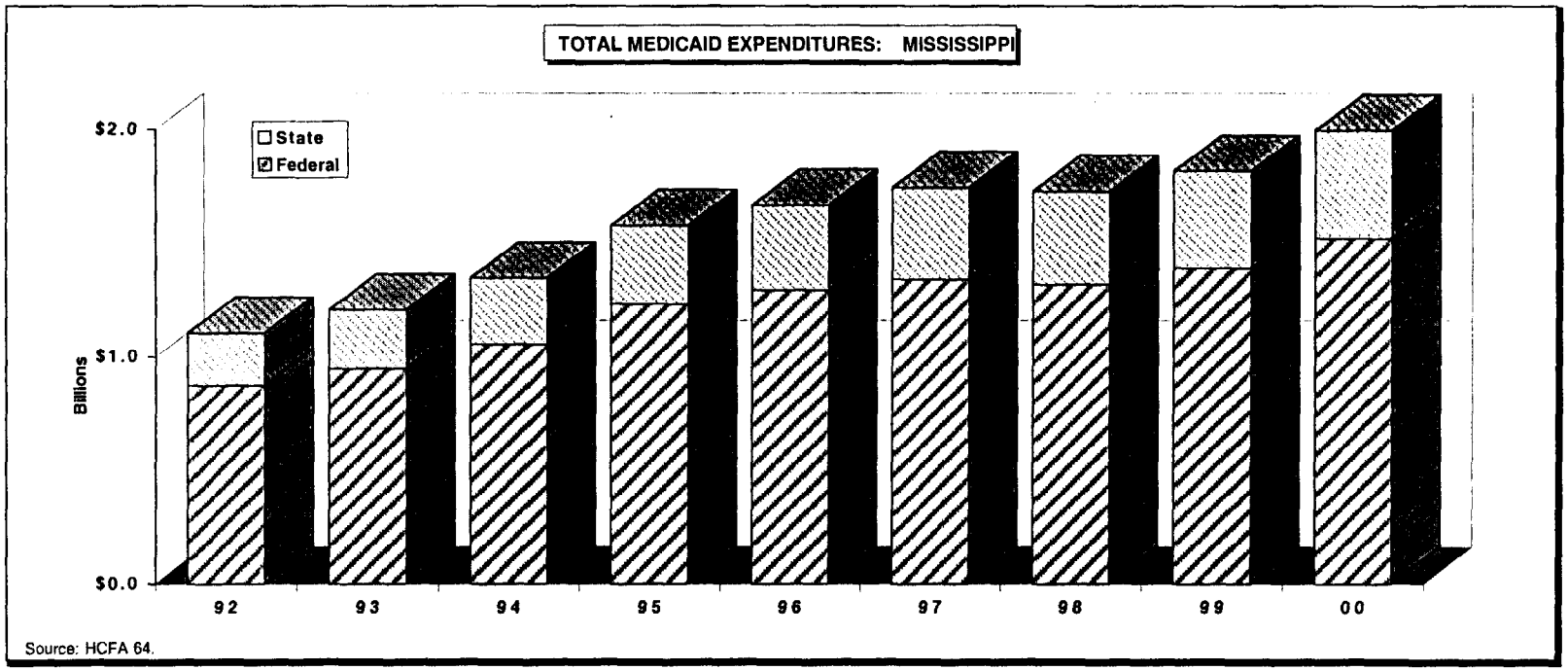
•Maryland Children's Health Program (MCHP) provides health insurance coverage for children/adolescents in low income families and pregnant women. The program's services through HealthChoice are available for individuals up to age 19 and pregnant women in families with incomes up to 200% of the FPL. The program, which received HCFA approval on July 29, 1998, uses funds provided under Title XIX and XXI of the Social Security Act.

•MCHP offers the same benefit package as regular Medicaid. As of July 1, 1999, approximately 14,900 children have been enrolled in MCHP.

SOUTHERN REGION MEDICAID PROFILES



SOUTHERN REGION MEDICAID PROFILE



	FFY 92	FFY 93	FFY 94	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99**	FFY 00**	*Annual Rate of Change*	*Total 92-00*
Medicaid Payments	$1,070,457,525	$1,175,245,153	$1,310,152,595	$1,542,007,576	$1,623,379,510	$1,702,265,458	$1,655,615,964	$1,752,803,000	$1,938,938,000	*7.7%*	*81.1%*
Federal Share	$856,199,726	$929,162,984	$1,035,042,032	$1,212,038,076	$1,268,803,576	$1,315,729,583	$1,278,026,690	$1,351,856,000	$1,489,356,000	*7.2%*	*73.9%*
State Share	$214,257,799	$246,082,169	$275,110,563	$329,969,500	$354,575,934	$386,535,875	$377,589,274	$400,947,000	$449,582,000	*9.7%*	*109.8%*
Administrative Costs	$34,408,337	$29,761,452	$35,134,804	$32,583,172	$39,704,961	$38,272,533	$68,312,651	$60,106,000	$54,030,000	*5.8%*	*57.0%*
Federal Share	$19,008,846	$18,017,306	$20,625,571	$19,733,600	$24,183,512	$23,077,629	$40,819,467	$36,243,000	$32,565,000	*7.0%*	*71.3%*
State Share	$15,399,491	$11,744,146	$14,509,233	$12,849,572	$15,521,449	$15,194,904	$27,493,184	$23,863,000	$21,465,000	*4.2%*	*39.4%*
Admin. Costs as % of Payments	3.21%	2.53%	2.68%	2.11%	2.45%	2.25%	4.13%	3.43%	2.79%		
Federal Match Rate*	79.99%	79.01%	78.85%	78.58%	78.07%	77.22%	77.09%	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 99 and 00 reflect latest estimates reported by each state.*

SOUTHERN REGION MEDICAID PROFILE

STATE FINANCING

	Payments		Administration	
	FFY 92	FFY 00	FFY 92	FFY 00
State General Fund	$214,257,799	$435,949,516	$15,399,491	$21,465,000
Local Funds	$0	$0	$0	$0
Provider Taxes	$0	$13,632,484	$0	$0
Donations	$0	$0	$0	$0
Other	$0	$0	$0	$0
Total State Share	$214,257,799	$449,582,000	$15,399,491	$21,465,000

Provider Taxes Currently in Place (FFY 00)

Providers	Tax Rate	Amount
Nursing homes	$2.00 per patient day	$13,632,484
Total		$13,632,484

DISPROPORTIONATE SHARE HOSPITAL (DSH) PAYMENTS

	FFY 92	FFY 93	FFY 94	FFY 95	FFY 96	FFY97	FFY98	FFY99*	FFY00*	*Annual Change*
General Hospitals	$152,343,000	$152,342,000	$158,378,989	$182,608,063	$200,283,473	$213,573,007	$183,879,961	$143,000,000	$141,000,000	*-1.9%*
Mental Hospitals	$0	$0	$0	$0	$0	$0	$0	$0	$0	*n/a*
Total	$152,343,000	$152,342,000	$158,378,989	$182,608,063	$200,283,473	$213,573,007	$183,879,961	$143,000,000	$141,000,000	*-1.9%*

SELECTED ELIGIBILITY CRITERIA

	At 10/1/99	% of FPL*
TANF-Temporary Assistance for Needy Families (Family of 3)		
Need Standard (Net)	$368	31.8%
Payment Standard	$120	10.4%
Maximum Payment	$120	10.4%
Medically Needy Program (Family of 3)		
Income Eligibility Standard	N/A	
Resource Standard		
Pregnant Women, Children and Infants (% of FPL*)		
Pregnant women and infants	185%	
Children 1 to 5	133%	
Children 6 to 18	100%	
SSI Eligibility Levels		
Income:		
Single Person	$484	70.5%
Couple	$726	78.8%
Resources:		
Single Person	$2,000	
Couple	$3,000	

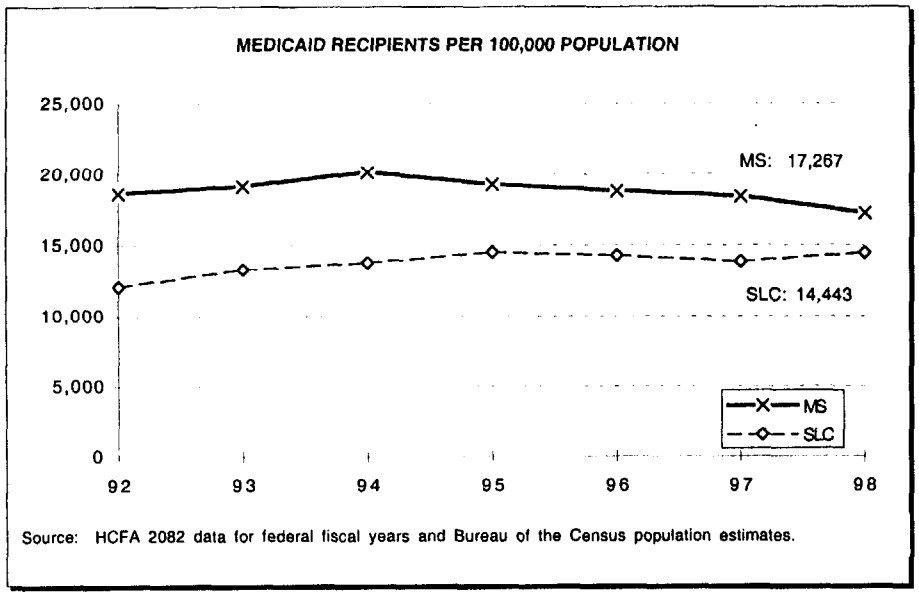
*Current federal poverty level is $8,240 per year for a single person, $11,060 for a family of two and $13,880 for a family of three. Table above shows monthly income levels.

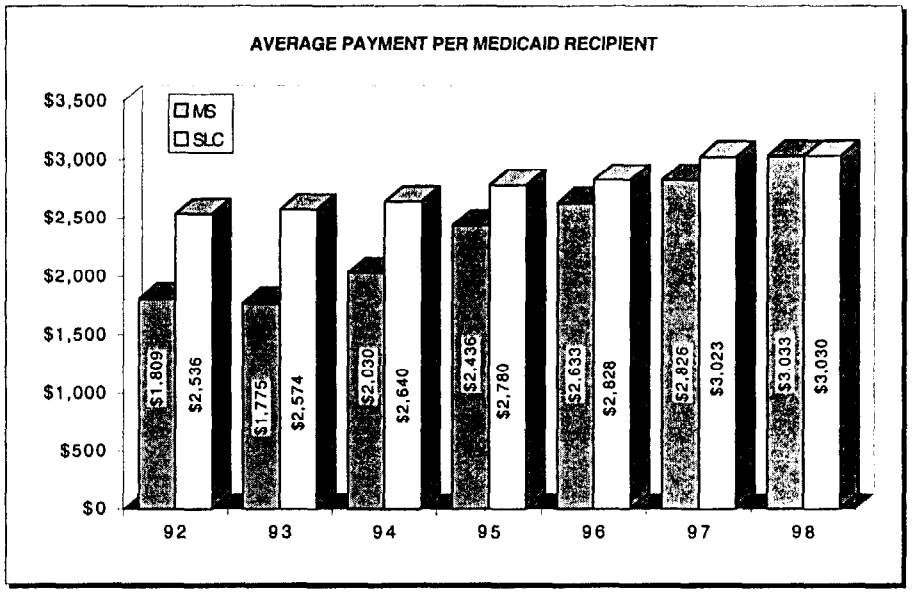
DEMOGRAPHIC DATA & POVERTY INDICATORS (1997)

		Rank in U.S.
State population—July 1, 1997*	2,731,644	*31*
Per capita personal income**	$18,087	*50*
Median household income**	$27,912	*47*
Population below Federal Poverty Level on July 1, 1997*	551,792	
Percent of total population	20.2%	*2*
Population without health insurance coverage*	550,000	*27*
Percent of total population	20.1%	*6*
Recipients of Food Stamps***	301,924	*21*
Households receiving Food Stamps***	155,000	*19*
Total value of issuance***	$254,346,378	*22*
Average monthly benefit per recipient	$70.20	*32*
Average monthly benefit per household	$136.75	*21*
Monthly recipients of Temporary Assistance to Needy Families (TANF)****	45,009	*32*
Total TANF payments****	$88,928,158	*38*
Average monthly payment per recipient	$164.65	
Average monthly payment per family of 3	$120.00	*49*

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

SOUTHERN REGION MEDICAID PROFILE





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

RECIPIENTS BY TYPE OF SERVICES	FFY 92	FFY 93	FFY 94	FFY95	FFY96	FFY97	FFY98	*Annual Change*
01. General Hospital	91,253	94,621	98,866	103,014	100,186	118,299	101,192	*1.7%*
02. Mental Hospital	565	784	1,331	1,559	1,923	2,125	2,334	*26.7%*
03. Skilled and Intermediate (non-MR) Care Nursing	16,501	16,427	16,856	18,015	18,381	17,985	19,552	*2.9%*
04. Intermediate Care for Mentally Retarded	1,889	2,021	2,089	2,166	2,281	2,485	2,490	*4.7%*
05. Physician Services	406,789	420,880	434,988	421,417	407,534	391,783	365,280	*-1.8%*
06. Dental Services	29,120	28,952	27,322	29,907	27,921	27,169	24,282	*-3.0%*
07. Other Practitioners	7,669	4,396	6,549	9,955	9,923	10,283	9,598	*3.8%*
08. Outpatient Hospital	223,250	220,875	217,802	225,067	214,085	201,823	177,966	*-3.7%*
09. Clinic Services	44,654	81,011	111,573	142,712	161,854	155,937	134,967	*20.2%*
10. Lab and X-Ray	69,830	78,350	79,182	85,880	88,234	86,837	74,063	*1.0%*
11. Home Health	4,781	4,859	5,336	6,172	6,340	7,114	10,879	*14.7%*
12. Prescribed Drugs	396,229	409,132	411,813	416,065	404,263	391,328	368,609	*-1.2%*
13. Family Planning	49,016	33,390	19,383	0	0	0	10,879	*-22.2%*
14. Early & Periodic Screening, Diagnosis & Treatment	164,429	182,004	205,012	182,313	176,166	167,897	143,184	*-2.3%*
15. Other Care	156,522	47,168	53,352	62,190	60,417	67,595	63,361	*-14.0%*
16. Personal Care Support Services	0	0	0	0	0	0	4,430	*n/a*
17. Home/Community Based Waiver Services	0	0	0	0	0	1,246	0	*-100.0%*
18. Prepaid Health Care	0	0	0	0	0	0	17,628	*n/a*
19. Primary Care Case Management (PCCM) Services	0	0	0	0	0	0	0	*n/a*
Total*	**486,861**	**504,498**	**536,916**	**519,697**	**509,581**	**504,017**	**475,190**	*-0.4%*

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

MISSISSIPPI

SOUTHERN REGION MEDICAID PROFILE

PAYMENTS BY TYPE OF SERVICES	FFY 92	FFY 93	FFY 94	FFY95	FFY96	FFY97	FFY98	Annual Change	Share of Total FFY 98
01. General Hospital	$223,067,454	$234,412,802	$277,913,181	$309,884,349	$323,906,167	$327,808,579	$323,662,275	6.4%	22.5%
02. Mental Hospital	$8,635,813	$9,045,902	$9,989,511	$13,103,148	$13,400,756	$14,732,690	$15,483,002	10.2%	1.1%
03. Skilled and Intermediate (non-MR) Care Nursing	$205,422,140	$175,407,923	$234,644,564	$274,217,118	$287,149,171	$304,079,742	$313,037,056	7.3%	21.7%
04. Intermediate Care for Mentally Retarded	$62,708,631	$55,935,548	$84,931,914	$89,584,943	$101,926,076	$119,385,548	$125,503,877	12.3%	8.7%
05. Physician Services	$93,730,726	$130,087,888	$148,269,641	$171,874,303	$177,221,994	$187,028,378	$179,155,371	11.4%	12.4%
06. Dental Services	$1,961,740	$1,938,613	$2,494,275	$3,259,186	$3,076,508	$2,988,733	$2,746,014	5.8%	0.2%
07. Other Practitioners	$224,333	$196,869	$327,477	$540,325	$536,020	$576,021	$522,487	15.1%	0.0%
08. Outpatient Hospital	$67,229,516	$67,677,444	$78,735,383	$95,943,406	$97,048,337	$96,761,174	$69,828,913	0.6%	4.8%
09. Clinic Services	$11,124,349	$34,536,566	$46,223,754	$59,064,267	$70,342,099	$72,883,571	$72,866,687	36.8%	5.1%
10. Lab and X-Ray	$4,261,580	$5,177,814	$5,554,533	$6,212,829	$6,602,861	$6,387,516	$5,643,549	4.8%	0.4%
11. Home Health	$6,947,867	$7,888,281	$8,084,684	$11,477,114	$12,600,309	$10,671,566	$11,727,240	9.1%	0.8%
12. Prescribed Drugs	$115,106,986	$130,918,361	$140,045,378	$162,743,883	$176,758,960	$208,577,199	$231,735,360	12.4%	16.1%
13. Family Planning	$5,942,811	$3,740,726	$84,644	($6,882)	$0	$0	$0	-100.0%	0.0%
14. Early & Periodic Screening, Diagnosis & Treatment	$16,913,446	$20,114,529	$23,076,224	$26,595,751	$27,098,341	$25,979,090	$21,663,630	4.2%	1.5%
15. Other Care	$57,683,348	$18,512,203	$29,651,024	$41,305,560	$43,993,216	$46,359,360	$30,018,167	-10.3%	2.1%
16. Personal Care Support Services	$0	$0	$0	$0	$0	$0	$15,345,300	n/a	1.1%
17. Home/Community Based Waiver Services	$0	$0	$0	$0	$0	$0	$0	n/a	0.0%
18. Prepaid Health Care	$0	$0	$0	$0	$0	$0	$22,152,325	n/a	1.5%
19. Primary Case Management (PCCM) Services	$0	$0	$0	$0	$0	$0	$0	n/a	0.0%
Total (excludes DSH pymts, pharmacy rebates, & other adjs.)	**$880,960,740**	**$895,591,469**	**$1,090,026,187**	**$1,265,799,300**	**$1,341,660,815**	**$1,424,219,167**	**$1,441,091,253**	8.5%	100.0%

AVERAGE PAYMENTS PER RECIPIENT BY TYPE OF SERVICES									(+) or (-) SLC Avg. FFY 98
01. General Hospital	$2,444.49	$2,477.39	$2,811.01	$3,008.18	$3,233.05	$2,771.02	$3,198.50	4.6%	-16.9%
02. Mental Hospital	$15,284.62	$11,538.14	$7,505.27	$8,404.84	$6,968.67	$6,933.03	$6,633.68	-13.0%	-17.7%
03. Skilled and Intermediate (non-MR) Care Nursing	$12,449.07	$10,678.03	$13,920.54	$15,221.60	$15,622.06	$16,907.41	$16,010.49	4.3%	4.6%
04. Intermediate Care for Mentally Retarded	$33,196.73	$27,677.16	$40,656.73	$41,359.62	$44,684.82	$48,042.47	$50,403.16	7.2%	-14.9%
05. Physician Services	$230.42	$309.09	$340.86	$407.85	$434.86	$477.38	$490.46	13.4%	32.8%
06. Dental Services	$67.37	$66.96	$91.29	$108.98	$110.19	$110.01	$113.09	9.0%	-34.8%
07. Other Practitioners	$29.25	$44.78	$50.00	$54.28	$54.02	$56.02	$54.44	10.9%	-65.2%
08. Outpatient Hospital	$301.14	$306.41	$361.50	$426.29	$453.32	$479.44	$392.37	4.5%	-12.2%
09. Clinic Services	$249.12	$426.32	$414.29	$413.87	$434.60	$467.39	$539.89	13.8%	-4.0%
10. Lab and X-Ray	$61.03	$66.09	$70.15	$72.34	$74.83	$73.56	$76.20	3.8%	-19.3%
11. Home Health	$1,453.22	$1,623.44	$1,515.12	$1,859.55	$1,987.43	$1,500.08	$1,077.97	-4.9%	-29.6%
12. Prescribed Drugs	$290.51	$319.99	$340.07	$391.15	$437.24	$533.00	$628.68	13.7%	0.1%
13. Family Planning	$121.24	$112.03	$4.37	$0.00	$0.00	$0.00	$0.00	-100.0%	-100.0%
14. Early & Periodic Screening, Diagnosis & Treatment	$102.86	$110.52	$112.56	$145.88	$153.82	$154.73	$151.30	6.6%	-44.9%
15. Other Care	$368.53	$392.47	$555.76	$664.18	$728.16	$685.84	$473.76	4.3%	2.2%
16. Personal Care Support Services	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$3,463.95	n/a	119.4%
17. Home/Community Based Waiver Services	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	n/a	-100.0%
18. Prepaid Health Care	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$1,256.66	n/a	12.8%
19. Primary Care Case Management (PCCM) Services	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	n/a	-100.0%
Total (Average)	**$1,809.47**	**$1,775.21**	**$2,030.16**	**$2,435.65**	**$2,632.87**	**$2,825.74**	**$3,032.66**	9.0%	0.1%

TOTAL PER CAPITA EXPENDITURES	$422.96	$456.64	$504.20	$584.01	$613.51	$637.18	$626.41	6.8%	13.3%

MISSISSIPPI

DATA BY OTHER CHARACTERISTICS

RECIPIENTS BY OTHER CHARACTERISTICS

By Maintenance Assistance Status	FFY 92	FFY 93	FFY 94	FFY95	FFY96	FFY97	FFY98	Annual Change	Share of Total FFY 98
Receiving Cash Assistance or Eligible Under Section 1931	321,372	318,395	324,542	311,725	294,297	250,448	233,541	-5.2%	49.1%
Poverty Related Eligibles	54,279	121,523	152,052	153,527	158,623	78,159	198,667	24.1%	41.8%
Medically Needy	0	0	0	0	0	13,640	225	-98.4%	0.0%
Other Eligibles	111,210	45,833	48,943	52,914	53,848	153,935	37,712	-16.5%	7.9%
Maintenance Assistance Status Unknown	0	18,747	11,379	1,531	2,813	7,835	5,045	-23.1%	1.1%
Total	**486,861**	**504,498**	**536,916**	**519,697**	**509,581**	**504,017**	**475,190**	-0.4%	100.0%
By Basis of Eligibility									
Aged, Blind, or Disabled	160,407	169,744	182,309	192,450	191,998	193,184	191,551	3.0%	40.3%
Children	321,010	237,624	258,293	247,312	242,146	191,635	216,851	-6.3%	45.6%
Foster Care Children	1,471	1,610	1,782	2,076	1,998	1,420	2,884	11.9%	0.6%
Adults	3,973	76,773	83,153	76,328	70,626	109,943	58,859	56.7%	12.4%
Basis of Eligibility Unknown	0	18,747	11,379	1,531	2,813	7,835	5,045	-23.1%	1.1%
Total	**486,861**	**504,498**	**536,916**	**519,697**	**509,581**	**504,017**	**475,190**	-0.4%	100.0%
By Age									
Under Age 1	35,331	26,299	26,585	26,353	26,231	25,777	26,367	-4.8%	5.5%
Age 1 to 5	102,641	105,017	115,086	108,338	104,134	98,914	89,043	-2.3%	18.7%
Age 6 to 14	86,388	92,211	98,941	98,821	99,927	98,407	95,781	1.7%	20.2%
Age 15 to 20	44,831	44,471	49,258	48,303	46,725	45,495	41,730	-1.2%	8.8%
Age 21 to 44	96,974	98,661	109,972	106,322	101,957	102,213	91,291	-1.0%	19.2%
Age 45 to 64	36,337	37,647	41,244	44,116	44,431	46,746	47,310	4.5%	10.0%
Age 65 to 74	31,582	31,190	31,741	32,255	31,499	31,324	30,707	-0.5%	6.5%
Age 75 to 84	35,627	30,497	31,120	31,503	30,573	29,911	28,526	-3.6%	6.0%
Age 85 and Over	17,150	19,747	21,552	22,910	23,051	22,754	22,434	4.6%	4.7%
Age Unknown	0	18,758	11,417	776	1,053	2,476	2,001	-36.1%	0.4%
Total	**486,861**	**504,498**	**536,916**	**519,697**	**509,581**	**504,017**	**475,190**	-0.4%	100.0%
By Race									
White	146,088	146,535	162,073	160,790	157,815	157,375	149,575	0.4%	31.5%
Black	310,690	311,989	334,912	328,736	321,006	314,143	293,892	-0.9%	61.8%
Hispanic, American Indian or Asian	1,751	3,985	4,617	4,643	4,900	4,798	2,989	9.3%	0.6%
Other/Unknown	28,332	41,989	35,314	25,528	25,860	27,701	28,734	0.2%	6.0%
Total	**486,861**	**504,498**	**536,916**	**519,697**	**509,581**	**504,017**	**475,190**	-0.4%	100.0%
By Sex									
Female	312,477	311,513	337,381	331,344	323,155	319,225	298,317	-0.8%	62.8%
Male	172,397	174,047	187,993	187,659	185,367	182,314	174,871	0.2%	36.8%
Unknown	1,987	18,938	11,542	694	1,059	2,478	2,002	0.1%	0.4%
Total	**486,861**	**504,498**	**536,916**	**519,697**	**509,581**	**504,017**	**475,190**	-0.4%	100.0%

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

SOUTHERN REGION MEDICAID PROFILE

PAYMENTS BY OTHER CHARACTERISTICS

By Maintenance Assistance Status	FFY 92	FFY 93	FFY 94	FFY95	FFY96	FFY97	FFY98	Annual Change	Share of Total FFY 98
Receiving Cash Assistance or Eligible Under Section 1931	$487,349,883	$518,954,699	$610,908,464	$690,508,754	$720,731,300	$688,270,948	$714,122,667	6.6%	49.6%
Poverty Related Eligibles	$268,477,327	$125,153,070	$158,736,656	$185,615,461	$201,874,128	$174,041,466	$306,170,460	2.2%	21.2%
Medically Needy	$0	$0	$0	$0	$0	$343,738,060	$19,475	-100.0%	0.0%
Other Eligibles	$125,133,530	$247,755,049	$319,698,560	$387,950,785	$416,674,167	$213,828,001	$417,200,137	22.2%	29.0%
Maintenance Assistance Status Unknown	$0	$3,728,651	$682,507	$1,724,300	$2,381,220	$4,340,692	$3,578,514	-0.8%	0.2%
Total	**$880,960,740**	**$895,591,469**	**$1,090,026,187**	**$1,265,799,300**	**$1,341,660,815**	**$1,424,219,167**	**$1,441,091,253**	8.5%	100.0%
By Basis of Eligibility									
Aged, Blind or Disabled	$585,959,354	$590,239,323	$747,582,985	$885,597,082	$951,626,240	$1,037,662,701	$1,080,404,034	10.7%	75.0%
Children	$288,666,754	$175,516,443	$204,838,112	$232,019,339	$241,534,473	$228,602,554	$225,409,973	-4.0%	15.6%
Foster Care Children	$4,050,916	$5,220,811	$5,261,143	$7,108,065	$7,695,696	$4,791,631	$12,361,745	20.4%	0.9%
Adults	$2,283,716	$120,886,241	$131,661,440	$139,350,514	$138,423,186	$148,821,589	$119,336,987	93.4%	8.3%
Basis of Eligibility Unknown	$0	$3,728,651	$682,507	$1,724,300	$2,381,220	$4,340,692	$3,578,514	-0.8%	0.2%
Total	**$880,960,740**	**$895,591,469**	**$1,090,026,187**	**$1,265,799,300**	**$1,341,660,815**	**$1,424,219,167**	**$1,441,091,253**	8.5%	100.0%
By Age									
Under Age 1	$37,922,771	$35,748,592	$38,309,788	$47,134,434	$47,052,904	$46,915,130	$55,834,210	6.7%	3.9%
Age 1 to 5	$70,448,952	$80,781,313	$98,889,452	$105,575,663	$114,612,895	$108,401,967	$95,915,779	5.3%	6.7%
Age 6 to 14	$53,720,663	$66,399,555	$80,770,637	$93,035,255	$100,899,015	$107,013,434	$111,332,861	12.9%	7.7%
Age 15 to 20	$77,505,673	$75,540,445	$93,819,525	$106,265,454	$109,075,250	$107,439,917	$104,739,350	5.1%	7.3%
Age 21 to 44	$203,187,095	$212,707,183	$260,917,425	$295,235,158	$311,146,374	$317,104,100	$309,676,302	7.3%	21.5%
Age 45 to 64	$127,938,544	$130,078,706	$166,162,224	$201,446,652	$220,521,858	$246,610,716	$257,358,804	12.4%	17.9%
Age 65 to 74	$76,120,526	$74,421,067	$84,248,904	$100,496,857	$106,329,143	$121,524,574	$127,853,310	9.0%	8.9%
Age 75 to 84	$141,535,019	$106,405,480	$125,338,226	$146,524,812	$150,432,329	$166,046,783	$168,136,566	2.9%	11.7%
Age 85 and Over	$92,581,497	$109,781,411	$140,870,919	$168,423,258	$179,576,947	$200,697,453	$208,775,341	14.5%	14.5%
Age Unknown	$0	$3,727,717	$699,087	$1,661,757	$2,014,100	$2,465,093	$1,468,730	-17.0%	0.1%
Total	**$880,960,740**	**$895,591,469**	**$1,090,026,187**	**$1,265,799,300**	**$1,341,660,815**	**$1,424,219,167**	**$1,441,091,253**	8.5%	100.0%
By Race									
White	$386,957,180	$375,952,899	$469,734,377	$545,534,963	$574,226,312	$616,694,488	$631,385,246	8.5%	43.8%
Black	$426,143,798	$444,690,637	$533,443,982	$615,051,035	$650,101,049	$680,779,249	$677,545,401	8.0%	47.0%
Hispanic, American Indian or Asian	$1,568,552	$5,063,259	$7,040,128	$9,123,368	$10,404,535	$9,368,754	$7,861,120	30.8%	0.5%
Other/Unknown	$66,291,210	$69,884,674	$79,807,700	$96,089,934	$106,928,919	$117,376,676	$124,299,486	11.0%	8.6%
Total	**$880,960,740**	**$895,591,469**	**$1,090,026,187**	**$1,265,799,300**	**$1,341,660,815**	**$1,424,219,167**	**$1,441,091,253**	8.5%	100.0%
By Sex									
Female	$603,795,858	$607,904,619	$731,441,269	$844,463,861	$893,517,417	$942,897,971	$944,272,869	7.7%	65.5%
Male	$275,882,488	$283,730,134	$357,744,146	$419,544,219	$445,911,308	$478,854,818	$495,327,874	10.2%	34.4%
Unknown	$1,282,394	$3,956,716	$840,772	$1,791,220	$2,232,090	$2,466,378	$1,490,510	2.5%	0.1%
Total	**$880,960,740**	**$895,591,469**	**$1,090,026,187**	**$1,265,799,300**	**$1,341,660,815**	**$1,424,219,167**	**$1,441,091,253**	8.5%	100.0%

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

AVERAGE PAYMENT PER RECIPIENT BY OTHER CHARACTERISTICS

By Maintenance Assistance Status	FFY 92	FFY 93	FFY 94	FFY95	FFY96	FFY97	FFY98	Annual Change	Above (+) or Below (-) SLC Avg. FFY 98
Receiving Cash Assistance or Eligible Under Section 1931	$1,516.47	$1,629.91	$1,882.37	$2,215.12	$2,448.99	$2,748.16	$3,057.80	12.4%	-4.4%
Poverty Related Eligibles	$4,946.25	$1,029.87	$1,043.96	$1,209.01	$1,272.67	$2,226.76	$1,541.12	-17.7%	2.0%
Medically Needy	$0.00	$0.00	$0.00	$0.00	$0.00	$25,200.74	$86.56	-99.7%	-98.5%
Other Eligibles	$1,125.20	$5,405.60	$6,532.06	$7,331.72	$7,737.97	$1,389.08	$11,062.80	46.4%	102.5%
Maintenance Assistance Status Unknown	$0.00	$198.89	$59.98	$1,126.26	$846.51	$554.01	$709.32	29.0%	-59.4%
Total	**$1,809.47**	**$1,775.21**	**$2,030.16**	**$2,435.65**	**$2,632.87**	**$2,825.74**	**$3,032.66**	9.0%	0.1%
By Basis of Eligibility									
Aged, Blind or Disabled	$3,652.95	$3,477.23	$4,100.64	$4,601.70	$4,956.44	$5,371.37	$5,640.29	7.5%	-21.7%
Children	$899.25	$738.63	$793.05	$938.16	$997.47	$1,192.91	$1,039.47	2.4%	1.0%
Foster Care Children	$2,753.85	$3,242.74	$2,952.38	$3,423.92	$3,851.70	$3,374.39	$4,286.32	7.7%	27.4%
Adults	$574.81	$1,574.59	$1,583.36	$1,825.68	$1,959.95	$1,353.62	$2,027.51	23.4%	12.6%
Basis of Eligibility Unknown	$0.00	$198.89	$59.98	$1,126.26	$846.51	$554.01	$709.32	29.0%	-59.0%
Total	**$1,809.47**	**$1,775.21**	**$2,030.16**	**$2,435.65**	**$2,632.87**	**$2,825.74**	**$3,032.66**	9.0%	0.1%
By Age									
Under Age 1	$1,073.36	$1,359.31	$1,441.03	$1,788.58	$1,793.79	$1,820.04	$2,117.58	12.0%	-13.1%
Age 1 to 5	$686.36	$769.22	$859.27	$974.50	$1,100.63	$1,095.92	$1,077.18	7.8%	-3.4%
Age 6 to 14	$621.85	$720.08	$816.35	$941.45	$1,009.73	$1,087.46	$1,162.37	11.0%	5.2%
Age 15 to 20	$1,728.84	$1,698.65	$1,904.66	$2,199.98	$2,334.41	$2,361.58	$2,509.93	6.4%	19.0%
Age 21 to 44	$2,095.27	$2,155.94	$2,372.58	$2,776.80	$3,051.74	$3,102.39	$3,392.19	8.4%	-1.7%
Age 45 to 64	$3,520.89	$3,455.22	$4,028.76	$4,566.29	$4,963.24	$5,275.55	$5,439.84	7.5%	-10.5%
Age 65 to 74	$2,410.25	$2,386.06	$2,654.26	$3,115.70	$3,375.64	$3,879.60	$4,163.65	9.5%	-14.7%
Age 75 to 84	$3,972.69	$3,489.05	$4,027.58	$4,651.14	$4,920.43	$5,551.36	$5,894.15	6.8%	-22.3%
Age 85 and Over	$5,398.34	$5,559.40	$6,536.33	$7,351.52	$7,790.42	$8,820.32	$9,306.20	9.5%	-13.1%
Age Unknown	$0.00	$198.73	$61.23	$2,141.44	$1,912.73	$995.59	$734.00	29.9%	-68.4%
Total	**$1,809.47**	**$1,775.21**	**$2,030.16**	**$2,435.65**	**$2,632.87**	**$2,825.74**	**$3,032.66**	9.0%	0.1%
By Race									
White	$2,648.80	$2,565.62	$2,898.29	$3,392.84	$3,638.60	$3,918.63	$4,221.20	8.1%	13.5%
Black	$1,371.60	$1,425.34	$1,592.79	$1,870.96	$2,025.20	$2,167.10	$2,305.42	9.0%	-4.7%
Hispanic, American Indian or Asian	$895.80	$1,270.58	$1,524.83	$1,964.97	$2,123.37	$1,952.64	$2,630.02	19.7%	39.0%
Other/Unknown	$2,339.80	$1,664.36	$2,259.95	$3,764.10	$4,134.92	$4,237.27	$4,325.87	10.8%	20.5%
Total	**$1,809.47**	**$1,775.21**	**$2,030.16**	**$2,435.65**	**$2,632.87**	**$2,825.74**	**$3,032.66**	9.0%	0.1%
By Sex									
Female	$1,932.29	$1,951.46	$2,168.00	$2,548.60	$2,764.98	$2,953.71	$3,165.33	8.6%	1.9%
Male	$1,600.27	$1,630.19	$1,902.97	$2,235.67	$2,405.56	$2,626.54	$2,832.53	10.0%	-4.4%
Unknown	$645.39	$208.93	$72.84	$2,581.01	$2,107.73	$995.31	$744.51	2.4%	-69.3%
Total	**$1,809.47**	**$1,775.21**	**$2,030.16**	**$2,435.65**	**$2,632.87**	**$2,825.74**	**$3,032.66**	9.0%	0.1%

ADDITIONAL STATE HEALTH CARE INFORMATION

Sources: "Major Health Care Policies: 50 State Profiles", Health Policy Tracking Service, January, 1999; and "Medicaid Services State by State", HCFA, October 1998.
**Information supplied by State Medicaid Agency*

Waivers

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

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

Several Home and Community Based Service Waivers under Section 1915 (c), enable the state to provide long-term care services to people who otherwise would require institutionalization. They include:
- Elderly and Disabled: Serves 1,200 people, operating since July 1, 1994.
- Mental Retardation/Developmental Disabilities: Serves 200, operating since July 1, 1995.
- Physical Disabilities: Serves 100 people, operating since January 1, 1994.

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

Managed Care

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

Coverage for Targeted Population

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

Cost Containment Measures

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

Medicaid

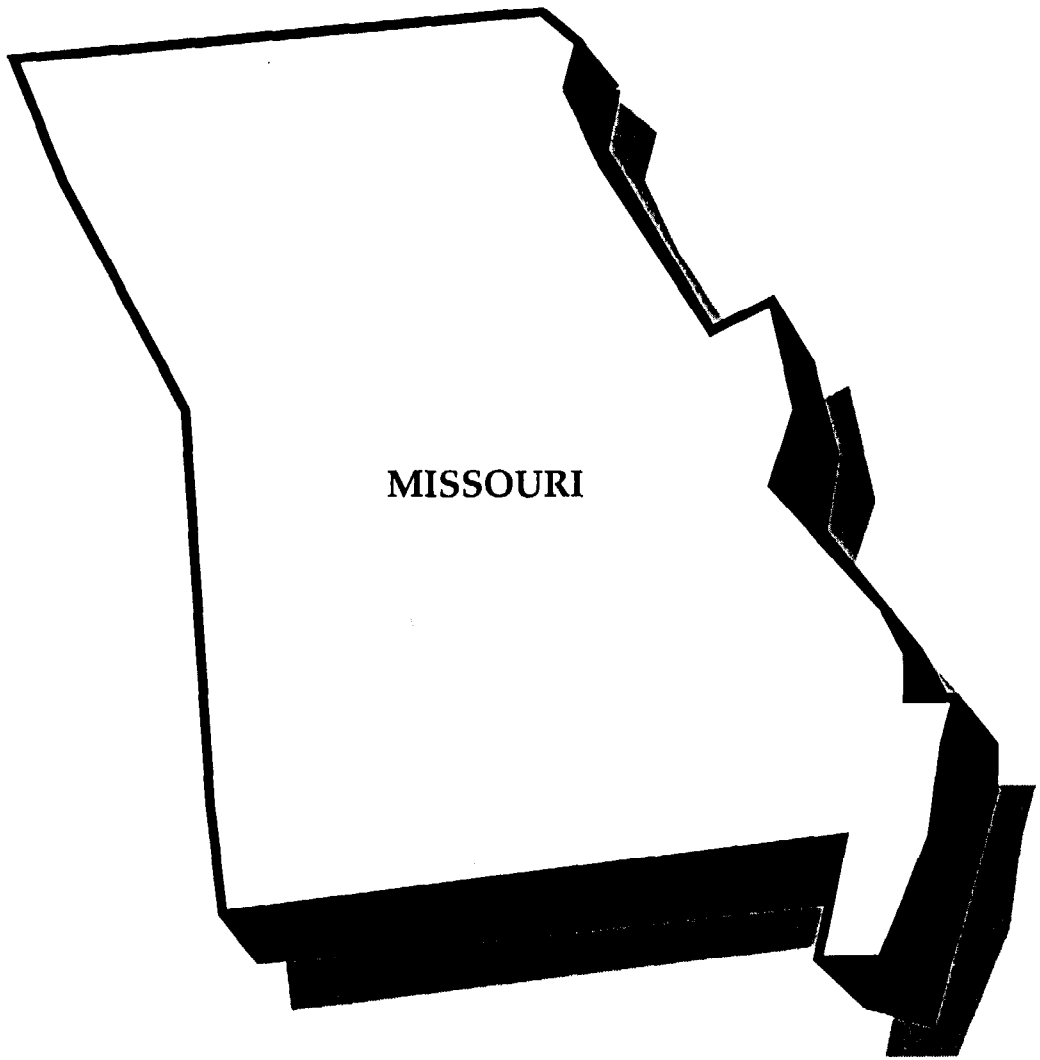
- 23 optional services are offered.

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

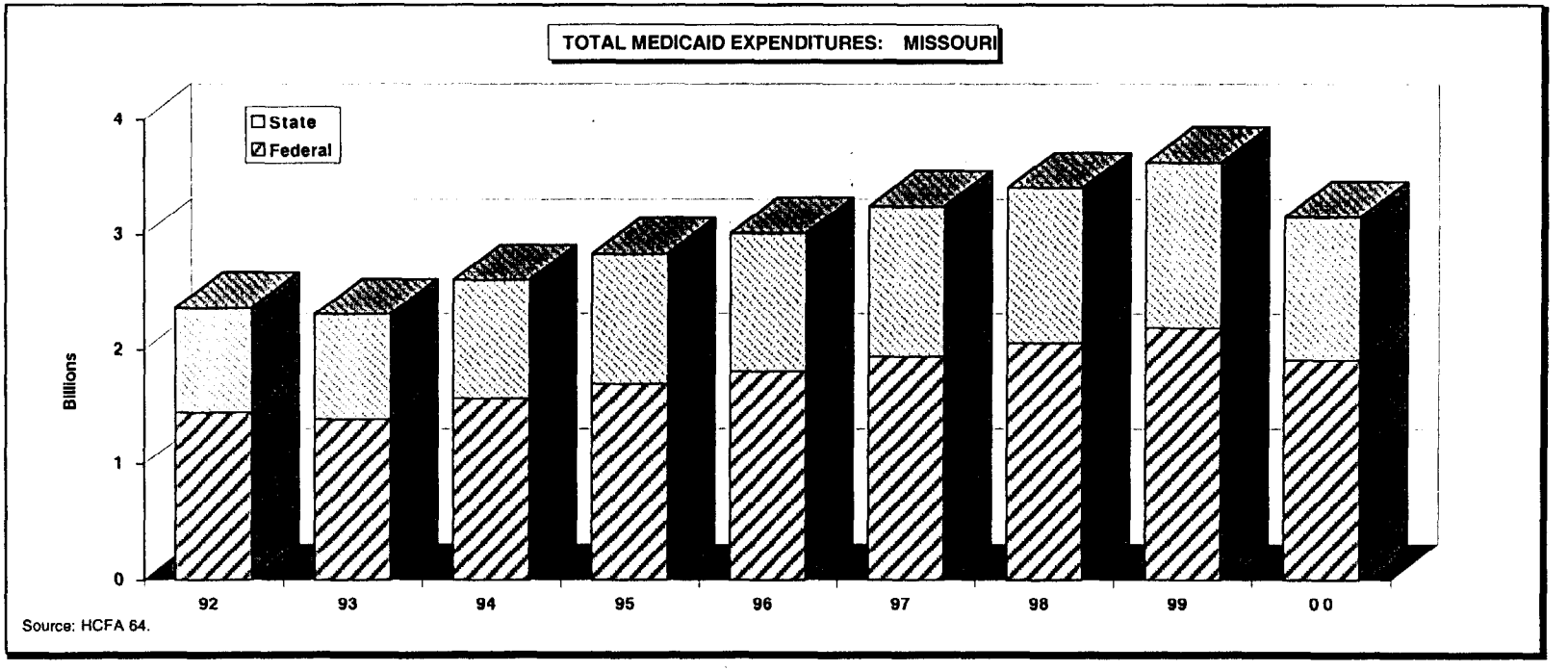
•Mississippi Children's Health Program (CHIP I) provides health insurance coverage for children age 15 through 18 in families with incomes below 100% of the FPL. The program (Phase I) received HCFA approval on October 26, 1999. The benefit package is the same as the regular Medicaid program and does not include any cost sharing provisions. Phase I expects to provide coverage to 15,000 new enrollees.

•CHIP II will be a state plan option and expand coverage for children/adolescents birth through18 in families with income from 100% to 200% of the FPL. CHIP II was submitted to HCFA for approval in July, 1999 and should be operational on January 1, 2000. Phase II expects to provide coverage to 85,000 new enrollees.

SOUTHERN REGION MEDICAID PROFILES



SOUTHERN REGION MEDICAID PROFILE



	FFY 92	FFY 93	FFY 94	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99**	FFY 00**	*Annual Rate of Change*	*Total 92-00*
Medicaid Payments	$2,310,286,683	$2,244,592,456	$2,519,652,046	$2,746,884,816	$2,918,346,687	$3,142,586,502	$3,282,989,240	$3,499,167,000	$3,021,169,000	*3.4%*	*30.8%*
Federal Share	$1,421,032,785	$1,357,021,133	$1,533,326,105	$1,647,983,996	$1,755,869,077	$1,889,111,316	$1,994,323,165	$2,113,744,000	$1,828,109,362	*3.2%*	*28.6%*
State Share	$889,253,898	$887,571,323	$986,325,941	$1,098,900,820	$1,162,477,610	$1,253,475,186	$1,288,666,075	$1,385,423,000	$1,193,059,638	*3.7%*	*34.2%*
Administrative Costs	$53,921,093	$62,544,308	$85,949,486	$90,675,210	$96,830,872	$100,685,069	$121,442,623	$129,548,000	$133,243,000	*12.0%*	*147.1%*
Federal Share	$29,282,193	$33,664,372	$44,721,525	$49,728,738	$52,896,410	$53,673,372	$66,243,446	$73,002,000	$76,848,000	*12.8%*	*162.4%*
State Share	$24,638,900	$28,879,936	$41,227,961	$40,946,472	$43,934,462	$47,011,697	$55,199,177	$56,546,000	$56,395,000	*10.9%*	*128.9%*
Admin. Costs as % of Payments	2.33%	2.79%	3.41%	3.30%	3.32%	3.20%	3.70%	3.70%	4.41%		
Federal Match Rate*	60.84%	60.26%	60.64%	59.85%	60.06%	60.04%	60.68%	60.24%	60.51%		

**Rate shown is for Medicaid payments only. The FMAP (Federal Medical Assistance Percentage) is based on the relationship between each state's per capita personal income and that of the nation as a whole for the three most recent years. Federal share of state administrative costs is usually 50 percent or 75 percent, depending on function and whether or not medical personnel are used. **Federal Fiscal Years 99 and 00 reflect latest estimates reported by each state.*

SOUTHERN REGION MEDICAID PROFILE

STATE FINANCING

	Payments		Administration	
	FFY 92	FFY 00	FFY 92	FFY 00
State General Fund	$889,253,898	$754,003,986	$24,638,900	$56,395,000
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	$889,253,898	$1,193,059,638	$24,638,900	$56,395,000

Provider Taxes Currently in Place (FFY 00)

Providers	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 92	FFY 93	FFY 94	FFY 95	FFY 96	FFY97	FFY98	FFY99*	FFY00*	*Annual Change*
General Hospitals	$0	$564,044,000	$578,515,000	$521,946,524	$570,642,615	$482,177,618	$467,025,524	$440,782,000	$441,152,000	*-4.4%*
Mental Hospitals	$0	$139,045,000	$134,488,000	$207,234,618	$153,925,326	$208,819,742	$199,031,452	$194,520,000	$193,312,000	*6.2%*
Total	$0	$703,089,000	$713,003,000	$729,181,142	$724,567,941	$690,997,360	$666,056,976	$635,302,000	$634,464,000	*-1.9%*

SELECTED ELIGIBILITY CRITERIA

	At 10/1/99	% of FPL*
TANF-Temporary Assistance for Needy Families (Family of 3)		
Need Standard	$846	73.1%
Payment Standard	$292	25.2%
Maximum Payment	$292	25.2%
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	70.5%
Couple	$741	80.4%
Resources:		
Single Person	$1,000	
Couple	$2,000	

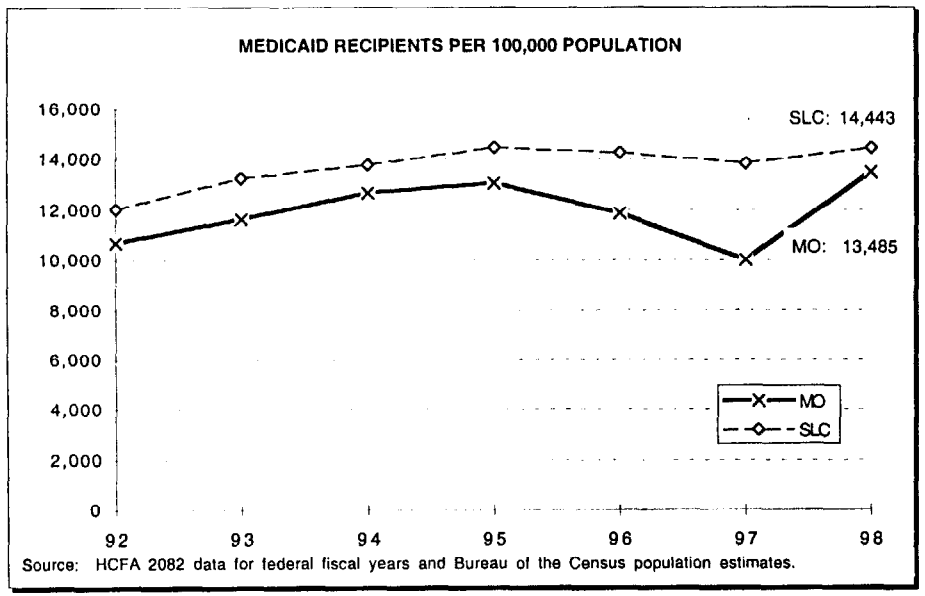
*Current federal poverty level is $8,240 per year for a single person, $11,060 for a family of two and $13,880 for a family of three. Table above shows monthly income levels.

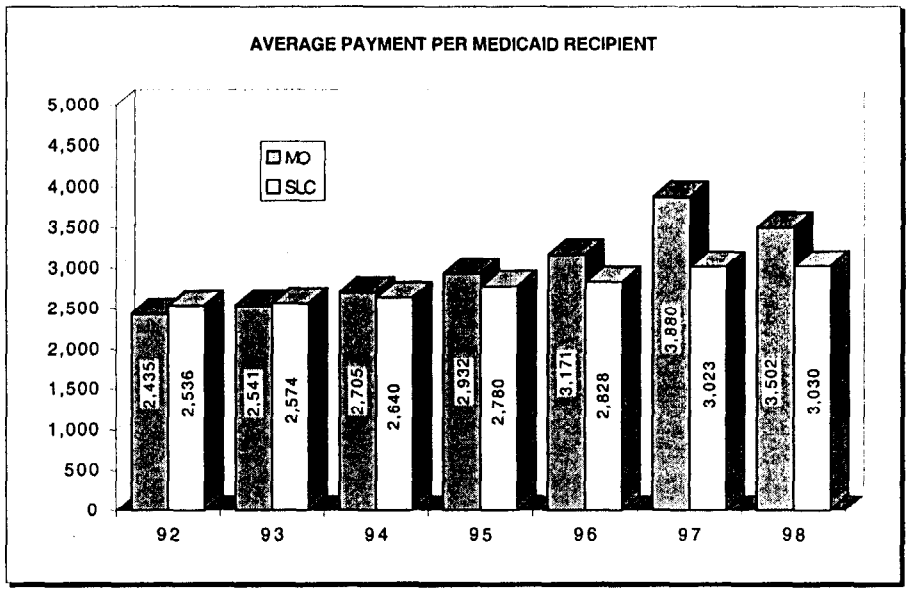
DEMOGRAPHIC DATA & POVERTY INDICATORS (1997)

		Rank in U.S.
State population—July 1, 1997*	5,408,455	*16*
Per capita personal income**	$23,723	*26*
Median household income**	$36,093	*23*
Population below Federal Poverty Level on July 1, 1997*	551,662	
Percent of total population	10.2%	*37*
Population without health insurance coverage*	669,000	*18*
Percent of total population	12.4%	*31*
Recipients of Food Stamps***	401,870	*14*
Households receiving Food Stamps***	199,000	*15*
Total value of issuance***	$345,484,843	*15*
Average monthly benefit per recipient	$71.64	*28*
Average monthly benefit per household	$144.68	*15*
Monthly recipients of Temporary Assistance to Needy Families (TANF)****	139,475	*16*
Total TANF payments****	$302,600,587	*18*
Average monthly payment per recipient	$180.80	
Average monthly payment per family of 3	$292.00	*36*

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

SOUTHERN REGION MEDICAID PROFILE





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

RECIPIENTS BY TYPE OF SERVICES	FFY 92	FFY 93	FFY 94	FFY95	FFY96	FFY97	FFY98	*Annual Change*
01. General Hospital	117,231	120,763	119,234	118,999	92,178	77,371	72,245	*-7.8%*
02. Mental Hospital	87	21	10	11	11	7	9	*-31.5%*
03. Skilled and Intermediate (non-MR) Care Nursing	34,870	35,814	36,497	36,657	36,272	36,395	37,226	*1.1%*
04. Intermediate Care for Mentally Retarded	1,874	1,624	1,618	1,590	1,512	1,460	1,442	*-4.3%*
05. Physician Services	335,151	355,866	379,142	388,094	330,754	281,908	259,688	*-4.2%*
06. Dental Services	134,179	145,013	168,260	173,376	133,535	107,898	85,188	*-7.3%*
07. Other Practitioners	82,466	86,587	98,186	106,555	96,657	91,456	84,827	*0.5%*
08. Outpatient Hospital	295,633	337,785	363,757	384,357	316,719	268,421	246,492	*-3.0%*
09. Clinic Services	314,403	365,734	412,401	455,428	404,818	355,330	293,062	*-1.2%*
10. Lab and X-Ray	130,320	145,361	171,207	174,749	143,668	120,993	118,223	*-1.6%*
11. Home Health	14,231	17,487	26,676	31,016	33,691	36,164	24,954	*9.8%*
12. Prescribed Drugs	437,551	494,466	543,833	561,167	469,821	395,478	353,902	*-3.5%*
13. Family Planning	60,682	50,455	52,692	53,482	43,658	32,146	23,557	*-14.6%*
14. Early & Periodic Screening, Diagnosis & Treatment	79,403	107,142	145,335	155,490	125,839	99,147	71,161	*-1.8%*
15. Other Care	90,065	101,190	120,128	123,711	123,796	121,488	92,017	*0.4%*
16. Personal Care Support Services	0	0	0	0	0	0	75,373	*n/a*
17. Home/Community Based Waiver Services	0	0	0	0	0	0	104	*n/a*
18. Prepaid Health Care	0	0	0	0	0	0	336,057	*n/a*
19. Primary Care Case Management (PCCM) Services	0	0	0	0	0	0	0	*n/a*
Total*	**554,477**	**609,386**	**668,765**	**695,458**	**636,176**	**540,487**	**733,408**	*4.8%*

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

MISSOURI

SOUTHERN REGION MEDICAID PROFILE

PAYMENTS BY TYPE OF SERVICES	FFY 92	FFY 93	FFY 94	FFY95	FFY96	FFY97	FFY98	Annual Change	Share of Total FFY 98
01. General Hospital	$299,960,025	$359,969,649	$392,127,463	$413,409,319	$319,210,097	$283,395,984	$312,237,227	0.7%	12.2%
02. Mental Hospital	$1,062,094	$362,745	$216,193	$184,866	$211,912	$223,480	$248,998	-21.5%	0.0%
03. Skilled and Intermediate (non-MR) Care Nursing	$372,814,201	$417,837,538	$426,119,193	$493,790,314	$550,835,274	$625,830,099	$677,899,462	10.5%	26.4%
04. Intermediate Care for Mentally Retarded	$91,265,701	$73,977,548	$106,141,956	$101,886,792	$104,065,899	$105,733,517	$101,104,939	1.7%	3.9%
05. Physician Services	$61,252,799	$62,624,151	$69,491,684	$71,686,010	$61,754,033	$53,960,482	$51,276,977	-2.9%	2.0%
06. Dental Services	$15,242,251	$15,306,300	$17,874,810	$18,819,716	$14,627,847	$12,109,650	$9,726,354	-7.2%	0.4%
07. Other Practitioners	$4,640,823	$4,588,361	$5,249,093	$5,797,278	$5,383,012	$5,141,704	$4,862,991	0.8%	0.2%
08. Outpatient Hospital	$103,873,419	$124,144,015	$149,738,840	$176,320,507	$152,356,437	$143,351,842	$154,379,218	6.8%	6.0%
09. Clinic Services	$51,775,671	$60,270,880	$74,578,374	$83,488,964	$71,702,944	$65,475,950	$68,809,727	4.9%	2.7%
10. Lab and X-Ray	$7,164,216	$7,279,643	$9,401,375	$9,807,617	$7,673,687	$6,532,453	$6,568,226	-1.4%	0.3%
11. Home Health	$31,372,620	$37,038,185	$61,182,546	$78,958,783	$94,708,888	$113,629,295	$46,793,370	6.9%	1.8%
12. Prescribed Drugs	$162,786,021	$188,313,966	$228,660,484	$259,657,652	$281,700,005	$320,660,206	$382,512,566	15.3%	14.9%
13. Family Planning	$10,894,896	$10,878,197	$12,176,224	$11,953,165	$7,936,313	$5,918,097	$5,124,562	-11.8%	0.2%
14. Early & Periodic Screening, Diagnosis & Treatment	$10,106,699	$20,957,461	$36,984,193	$52,904,659	$48,477,303	$45,982,751	$40,121,136	25.8%	1.6%
15. Other Care	$126,104,954	$164,777,232	$218,804,226	$260,478,466	$296,965,575	$309,330,012	$67,554,180	-9.9%	2.6%
16. Personal Care Support Services	$0	$0	$0	$0	$0	$0	360,789,849	n/a	14.0%
17. Home/Community Based Waiver Services	$0	$0	$0	$0	$0	$0	679,049	n/a	0.0%
18. Prepaid Health Care	$0	$0	$0	$0	$0	$0	277,652,554	n/a	10.8%
19. Primary Case Management (PCCM) Services	$0	$0	$0	$0	$0	$0	0	n/a	0.0%
Total (excludes DSH pymts, pharmacy rebates, & other adjs.)	**$1,350,316,390**	**$1,548,325,871**	**$1,808,746,654**	**$2,039,144,108**	**$2,017,609,226**	**$2,097,275,522**	**$2,568,341,385**	11.3%	100.0%

AVERAGE PAYMENTS PER RECIPIENT BY TYPE OF SERVICES									(+) or (-) SLC Avg. FFY 98
01. General Hospital	$2,558.71	$2,980.79	$3,288.72	$3,474.06	$3,462.97	$3,662.82	$4,321.92	9.1%	12.3%
02. Mental Hospital	$12,207.98	$17,273.57	$21,619.30	$16,806.00	$19,264.73	$31,925.71	$27,666.44	14.6%	243.3%
03. Skilled and Intermediate (non-MR) Care Nursing	$10,691.55	$11,666.88	$11,675.46	$13,470.56	$15,186.24	$17,195.50	$18,210.38	9.3%	19.0%
04. Intermediate Care for Mentally Retarded	$48,701.01	$45,552.68	$65,600.71	$64,079.74	$68,826.65	$72,420.22	$70,114.38	6.3%	18.4%
05. Physician Services	$182.76	$175.98	$183.29	$184.71	$186.71	$191.41	$197.46	1.3%	-46.5%
06. Dental Services	$113.60	$105.55	$106.23	$108.55	$109.54	$112.23	$114.18	0.1%	-34.2%
07. Other Practitioners	$56.28	$52.99	$53.46	$54.41	$55.69	$56.22	$57.33	0.3%	-63.3%
08. Outpatient Hospital	$351.36	$367.52	$411.65	$458.74	$481.05	$534.06	$626.31	10.1%	40.2%
09. Clinic Services	$164.68	$164.79	$180.84	$183.32	$177.12	$184.27	$234.80	6.1%	-58.2%
10. Lab and X-Ray	$54.97	$50.08	$54.91	$56.12	$53.41	$53.99	$55.56	0.2%	-41.1%
11. Home Health	$2,204.53	$2,118.04	$2,293.54	$2,545.74	$2,811.10	$3,142.06	$1,875.19	-2.7%	22.6%
12. Prescribed Drugs	$372.04	$380.84	$420.46	$462.71	$599.59	$810.82	$1,080.84	19.5%	72.2%
13. Family Planning	$179.54	$215.60	$231.08	$223.50	$181.78	$184.10	$217.54	3.3%	2.3%
14. Early & Periodic Screening, Diagnosis & Treatment	$127.28	$195.60	$254.48	$340.24	$385.23	$463.78	$563.81	28.2%	105.3%
15. Other Care	$1,400.15	$1,628.39	$1,821.43	$2,105.54	$2,398.83	$2,546.18	$734.15	-10.2%	58.4%
16. Personal Care Support Services	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$4,786.73	n/a	203.2%
17. Home/Community Based Waiver Services	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$6,529.32	n/a	-48.0%
18. Prepaid Health Care	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$826.21	n/a	-25.8%
19. Primary Care Case Management (PCCM) Services	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	n/a	-100.0%
Total (Average)	**$2,435.30**	**$2,540.80**	**$2,704.61**	**$2,932.09**	**$3,171.46**	**$3,880.34**	**$3,501.93**	6.2%	15.6%
TOTAL PER CAPITA EXPENDITURES	**$455.64**	**$440.87**	**$493.94**	**$533.44**	**$562.15**	**$599.67**	**$625.98**	5.4%	13.3%

SOUTHERN REGION MEDICAID PROFILE

DATA BY OTHER CHARACTERISTICS

RECIPIENTS BY OTHER CHARACTERISTICS

By Maintenance Assistance Status	FFY 92	FFY 93	FFY 94	FFY95	FFY96	FFY97	FFY98	Annual Change	Share of Total FFY 98
Receiving Cash Assistance or Eligible Under Section 1931	250,206	329,891	354,162	345,998	285,230	141,306	206,135	-3.2%	28.1%
Poverty Related Eligibles	203,702	146,179	131,106	134,254	134,746	159,990	259,771	4.1%	35.4%
Medically Needy	0	0	0	0	0	0	0	n/a	0.0%
Other Eligibles	98,462	130,021	182,072	213,667	214,635	235,977	251,488	16.9%	34.3%
Maintenance Assistance Status Unknown	2,107	3,295	1,425	1,539	1,565	3,214	16,014	40.2%	2.2%
Total	**554,477**	**609,386**	**668,765**	**695,458**	**636,176**	**540,487**	**733,408**	4.8%	100.0%
By Basis of Eligibility									
Aged, Blind, or Disabled	156,381	169,907	181,806	190,655	197,447	199,400	202,186	4.4%	27.6%
Children	258,573	287,662	328,035	347,712	296,797	226,723	384,713	6.8%	52.5%
Foster Care Children	2	0	0	0	0	10,830	14,857	341.7%	2.0%
Adults	137,413	148,522	157,499	155,552	140,367	100,320	115,638	-2.8%	15.8%
Basis of Eligibility Unknown	2,108	3,295	1,425	1,539	1,565	3,214	16,014	40.2%	2.2%
Total	**554,477**	**609,386**	**668,765**	**695,458**	**636,176**	**540,487**	**733,408**	4.8%	100.0%
By Age									
Under Age 1	24,200	27,071	27,687	27,356	22,761	19,291	27,330	2.0%	3.7%
Age 1 to 5	121,640	136,892	147,245	146,328	124,512	91,238	142,138	2.6%	19.4%
Age 6 to 14	97,818	111,057	135,496	148,827	127,431	97,643	181,365	10.8%	24.7%
Age 15 to 20	46,511	49,892	59,040	67,415	63,590	53,332	80,999	9.7%	11.0%
Age 21 to 44	138,586	150,097	158,731	159,889	149,311	128,201	146,855	1.0%	20.0%
Age 45 to 64	40,171	43,978	48,045	51,014	53,198	54,750	58,663	6.5%	8.0%
Age 65 to 74	28,228	30,044	31,685	32,606	33,022	33,246	32,925	2.6%	4.5%
Age 75 to 84	30,397	31,282	32,031	32,521	32,864	32,923	32,906	1.3%	4.5%
Age 85 and Over	25,901	27,250	28,163	28,815	28,832	29,076	29,306	2.1%	4.0%
Age Unknown	1,025	1,823	642	687	655	787	921	-1.8%	0.1%
Total	**554,477**	**609,386**	**668,765**	**695,458**	**636,176**	**540,487**	**733,408**	4.8%	100.0%
By Race									
White	389,466	430,783	468,321	493,891	476,475	427,183	505,913	4.5%	69.0%
Black	163,600	176,261	191,671	199,885	158,986	112,514	226,573	5.6%	30.9%
Hispanic, American Indian or Asian	385	519	8,131	995	60	3	1	-62.9%	0.0%
Other/Unknown	1,026	1,823	642	687	655	787	921	-1.8%	0.1%
Total	**554,477**	**609,386**	**668,765**	**695,458**	**636,176**	**540,487**	**733,408**	4.8%	100.0%
By Sex									
Female	352,577	383,397	417,195	430,846	397,109	338,765	443,906	3.9%	60.5%
Male	200,875	224,166	250,928	263,925	238,412	200,935	288,581	6.2%	39.3%
Unknown	1,025	1,823	642	687	655	787	921	-1.8%	0.1%
Total	**554,477**	**609,386**	**668,765**	**695,458**	**636,176**	**540,487**	**733,408**	4.8%	100.0%

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

SOUTHERN REGION MEDICAID PROFILE

PAYMENTS BY OTHER CHARACTERISTICS

By Maintenance Assistance Status	FFY 92	FFY 93	FFY 94	FFY95	FFY96	FFY97	FFY98	Annual Change	Share of Total FFY 98
Receiving Cash Assistance or Eligible Under Section 1931	$252,399,640	$654,739,537	$805,963,183	$859,020,361	$764,183,384	$214,586,323	$340,060,645	5.1%	13.2%
Poverty Related Eligibles	$982,342,022	$736,855,078	$795,847,756	$918,716,440	$1,015,921,337	$165,129,830	$273,889,497	-19.2%	10.7%
Medically Needy	$0	$0	$0	$0	$0	$0	$0	n/a	0.0%
Other Eligibles	$112,431,885	$148,749,612	$205,824,111	$259,853,836	$235,814,289	$1,712,914,426	$1,942,189,662	60.8%	75.6%
Maintenance Assistance Status Unknown	$3,142,843	$7,981,644	$1,111,604	$1,553,471	$1,690,216	$4,644,943	$12,201,581	25.4%	0.5%
Total	**$1,350,316,390**	**$1,548,325,871**	**$1,808,746,654**	**$2,039,144,108**	**$2,017,609,226**	**$2,097,275,522**	**$2,568,341,385**	11.3%	100.0%
By Basis of Eligibility									
Aged, Blind or Disabled	$937,569,963	$1,062,125,537	$1,246,685,006	$1,427,978,296	$1,577,398,964	$1,741,774,106	$1,942,911,960	12.9%	75.6%
Children	$234,272,445	$275,190,602	$331,511,898	$373,840,953	$275,575,486	$210,612,241	$410,125,120	9.8%	16.0%
Foster Care Children	$685	$0	$0	$0	$0	$31,665,819	$46,604,108	538.9%	1.8%
Adults	$175,329,449	$203,028,088	$229,438,146	$235,771,388	$162,944,560	$108,578,413	$156,498,616	-1.9%	6.1%
Basis of Eligibility Unknown	$3,143,848	$7,981,644	$1,111,604	$1,553,471	$1,690,216	$4,644,943	$12,201,581	25.4%	0.5%
Total	**$1,350,316,390**	**$1,548,325,871**	**$1,808,746,654**	**$2,039,144,108**	**$2,017,609,226**	**$2,097,275,522**	**$2,568,341,385**	11.3%	100.0%
By Age									
Under Age 1	$62,217,619	$81,048,310	$87,405,098	$88,154,238	$56,845,757	$44,200,520	$72,341,660	2.5%	2.8%
Age 1 to 5	$107,273,341	$124,795,386	$147,087,459	$156,952,459	$115,705,052	$86,037,652	$163,200,355	7.2%	6.4%
Age 6 to 14	$66,707,274	$77,800,483	$105,042,082	$128,951,359	$108,187,939	$93,774,151	$176,170,196	17.6%	6.9%
Age 15 to 20	$73,839,711	$85,191,316	$103,434,327	$123,066,935	$106,060,099	$99,675,801	$140,463,716	11.3%	5.5%
Age 21 to 44	$356,157,925	$399,054,320	$487,968,650	$522,222,506	$500,554,889	$499,560,859	$589,512,664	8.8%	23.0%
Age 45 to 64	$187,224,691	$221,930,200	$272,451,973	$313,110,669	$348,210,155	$392,676,704	$465,618,376	16.4%	18.1%
Age 65 to 74	$108,943,079	$120,820,560	$142,412,708	$165,920,049	$182,188,319	$204,485,964	$228,206,886	13.1%	8.9%
Age 75 to 84	$177,378,812	$193,763,555	$208,665,948	$242,281,708	$267,102,540	$299,021,776	$325,800,891	10.7%	12.7%
Age 85 and Over	$208,202,904	$238,328,077	$253,530,707	$297,663,949	$331,902,353	$377,123,718	$406,498,189	11.8%	15.8%
Age Unknown	$2,371,034	$5,593,664	$747,702	$820,236	$852,123	$718,377	$528,452	-22.1%	0.0%
Total	**$1,350,316,390**	**$1,548,325,871**	**$1,808,746,654**	**$2,039,144,108**	**$2,017,609,226**	**$2,097,275,522**	**$2,568,341,385**	11.3%	100.0%
By Race									
White	$1,034,622,730	$1,183,245,353	$1,372,150,762	$1,573,354,025	$1,638,399,174	$1,715,733,200	$1,995,098,573	11.6%	77.7%
Black	$312,754,336	$358,647,051	$422,785,278	$464,018,579	$378,345,223	$380,823,843	$572,714,308	10.6%	22.3%
Hispanic, American Indian or Asian	$568,516	$839,803	$13,062,912	$951,268	$12,706	$102	$52	-78.8%	0.0%
Other/Unknown	$2,370,808	$5,593,664	$747,702	$820,236	$852,123	$718,377	$528,452	-22.1%	0.0%
Total	**$1,350,316,390**	**$1,548,325,871**	**$1,808,746,654**	**$2,039,144,108**	**$2,017,609,226**	**$2,097,275,522**	**$2,568,341,385**	11.3%	100.0%
By Sex									
Female	$871,720,879	$997,068,858	$1,139,905,726	$1,284,714,435	$1,266,375,218	$1,317,333,523	$1,598,674,056	10.6%	62.2%
Male	$476,224,477	$545,663,349	$668,093,226	$753,609,437	$750,381,885	$779,223,622	$969,138,877	12.6%	37.7%
Unknown	$2,371,034	$5,593,664	$747,702	$820,236	$852,123	$718,377	$528,452	-22.1%	0.0%
Total	**$1,350,316,390**	**$1,548,325,871**	**$1,808,746,654**	**$2,039,144,108**	**$2,017,609,226**	**$2,097,275,522**	**$2,568,341,385**	11.3%	100.0%

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

AVERAGE PAYMENT PER RECIPIENT BY OTHER CHARACTERISTICS

By Maintenance Assistance Status	FFY 92	FFY 93	FFY 94	FFY95	FFY96	FFY97	FFY98	Annual Change	Above (+) or Below (-) SLC Avg. FFY 98
Receiving Cash Assistance or Eligible Under Section 1931	$1,008.77	$1,984.71	$2,275.69	$2,482.73	$2,679.18	$1,518.59	$1,649.70	8.5%	-48.4%
Poverty Related Eligibles	$4,822.45	$5,040.77	$6,070.26	$6,843.12	$7,539.53	$1,032.13	$1,054.35	-22.4%	-30.2%
Medically Needy	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	n/a	-100.0%
Other Eligibles	$1,141.88	$1,144.04	$1,130.45	$1,216.16	$1,098.68	$7,258.82	$7,722.79	37.5%	41.4%
Maintenance Assistance Status Unknown	$1,491.62	$2,422.35	$780.07	$1,009.40	$1,080.01	$1,445.22	$761.93	-10.6%	-56.4%
Total	**$2,435.30**	**$2,540.80**	**$2,704.61**	**$2,932.09**	**$3,171.46**	**$3,880.34**	**$3,501.93**	6.2%	15.6%
By Basis of Eligibility									
Aged, Blind or Disabled	$5,995.42	$6,251.22	$6,857.23	$7,489.85	$7,988.97	$8,735.08	$9,609.53	8.2%	33.4%
Children	$906.02	$956.65	$1,010.60	$1,075.15	$928.50	$928.94	$1,066.05	2.7%	3.6%
Foster Care Children	$342.50	$0.00	$0.00	$0.00	$0.00	$2,923.90	$3,136.85	44.6%	-6.8%
Adults	$1,275.93	$1,366.99	$1,456.76	$1,515.71	$1,160.85	$1,082.32	$1,353.35	1.0%	-24.9%
Basis of Eligibility Unknown	$1,491.39	$2,422.35	$780.07	$1,009.40	$1,080.01	$1,445.22	$761.93	-10.6%	-55.9%
Total	**$2,435.30**	**$2,540.80**	**$2,704.61**	**$2,932.09**	**$3,171.46**	**$3,880.34**	**$3,501.93**	6.2%	15.6%
By Age									
Under Age 1	$2,570.98	$2,993.92	$3,156.90	$3,222.48	$2,497.51	$2,291.25	$2,646.97	0.5%	8.6%
Age 1 to 5	$881.89	$911.63	$998.93	$1,072.61	$929.27	$943.00	$1,148.18	4.5%	3.0%
Age 6 to 14	$681.95	$700.55	$775.24	$866.45	$848.99	$960.38	$971.36	6.1%	-12.1%
Age 15 to 20	$1,587.58	$1,707.51	$1,751.94	$1,825.51	$1,667.87	$1,868.97	$1,734.14	1.5%	-17.7%
Age 21 to 44	$2,569.94	$2,658.64	$3,074.19	$3,266.16	$3,352.43	$3,896.70	$4,014.25	7.7%	16.4%
Age 45 to 64	$4,660.69	$5,046.39	$5,670.77	$6,137.74	$6,545.55	$7,172.18	$7,937.17	9.3%	30.6%
Age 65 to 74	$3,859.40	$4,021.45	$4,494.64	$5,088.64	$5,517.18	$6,150.69	$6,931.11	10.3%	42.0%
Age 75 to 84	$5,835.41	$6,194.09	$6,514.50	$7,450.01	$8,127.51	$9,082.46	$9,900.96	9.2%	30.4%
Age 85 and Over	$8,038.41	$8,745.98	$9,002.26	$10,330.17	$11,511.60	$12,970.28	$13,870.82	9.5%	29.6%
Age Unknown	$2,313.20	$3,068.38	$1,164.64	$1,193.94	$1,300.95	$912.80	$573.78	-20.7%	-75.3%
Total	**$2,435.30**	**$2,540.80**	**$2,704.61**	**$2,932.09**	**$3,171.46**	**$3,880.34**	**$3,501.93**	6.2%	15.6%
By Race									
White	$2,656.52	$2,746.73	$2,929.94	$3,185.63	$3,438.58	$4,016.39	$3,943.56	6.8%	6.0%
Black	$1,911.70	$2,034.75	$2,205.79	$2,321.43	$2,379.74	$3,384.68	$2,527.73	4.8%	4.5%
Hispanic, American Indian or Asian	$1,476.66	$1,618.12	$1,606.56	$956.05	$211.77	$34.00	$52.00	-42.7%	-97.3%
Other/Unknown	$2,310.73	$3,068.38	$1,164.64	$1,193.94	$1,300.95	$912.80	$573.78	-20.7%	-84.0%
Total	**$2,435.30**	**$2,540.80**	**$2,704.61**	**$2,932.09**	**$3,171.46**	**$3,880.34**	**$3,501.93**	6.2%	15.6%
By Sex									
Female	$2,472.43	$2,600.62	$2,732.31	$2,981.84	$3,188.99	$3,888.64	$3,601.38	6.5%	15.9%
Male	$2,370.75	$2,434.19	$2,662.49	$2,855.39	$3,147.42	$3,877.99	$3,358.29	6.0%	13.4%
Unknown	$2,313.20	$3,068.38	$1,164.64	$1,193.94	$1,300.95	$912.80	$573.78	-20.7%	-76.3%
Total	**$2,435.30**	**$2,540.80**	**$2,704.61**	**$2,932.09**	**$3,171.46**	**$3,880.34**	**$3,501.93**	6.2%	15.6%

ADDITIONAL STATE HEALTH CARE INFORMATION

Sources: "Major Health Care Policies: 50 State Profiles", Health Policy Tracking Service, January, 1999; and "Medicaid Services State by State", HCFA, October 1998.
**Information supplied by State Medicaid Agency*

Waivers

Missouri has one Freedom of Choice Waiver, under Title XIX, Section 1915 (b), called Managed Care Plus (MC+).
•The Prepaid Health Plan Program, effective 1995, requires TANF adult and child recipients and pregnant women in four geographical areas to choose a prepaid plan. As of June 30, 1998, this program covers 44% of the Medicaid population as shown below:

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

Missouri also operates a number of Home and Community Based Service Waivers under Section 1915 (c), enabling the state to provide long-term care services to people who otherwise would require institutionalization. They include:
•Aged and Disabled: Serves 19,165 people, operating since April 22, 1980.
•Mental Retardation/Developmental Disabilities: Serves 8,159 people, operating since July 1, 1988.
•AIDS: Serves 93 people, operating since July 1, 1989.
•Children with Mental Retardation/Developmental Disabilities, to age 18: Serves 164 people, operating since October 1, 1995.
•Physical Disability Waiver: serves 11 people, approved July,1, 1998.

Managed Care

•Any Willing Provider Clause: No

Coverage for Targeted Population

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

Cost Containment Measures

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

Medicaid

•35 optional services are offered.

Medicaid (Continued)

•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 is 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 program expected to provide statewide coverage by June of 1999. However, due to economic considerations, HMO's operating in the Northwest region withdrew from the program in December of 1998.

•The MC+ program is an expansion of Medicaid to provide health care benefits for children/adolescents from birth to age 18 in families with incomes up to 300% of the FPL. The program received HCFA approval on April 28, 1998. The statewide enrollment as of June 30, 1999 was 42,818.

•The MC+ program also provides Medicaid coverage to adults who qualify as follows:

Uninsured Medicaid-ineligible adults transitioning off welfare with family income up to 300% of the FPL.

Uninsured non-custodial parents with family income up to 125% of the FPL who are current in paying their child support.

Uninsured non-custodial parents actively participating in Missouri's Parents' Fair Share Program.

Uninsured custodial parents with family income up to 100% of the FPL.

Uninsured women losing their Medicaid eligibility 60 days after the birth of their child continue to be eligible for women's health services, regardless of income level, for 2 years.

Cost Sharing Provisions of MC+:

•There are no cost sharing obligations for Parent's Fair Share Program participants, those covered under the women's health services program, and children/adolescents in families with income up to 185% of the FPL

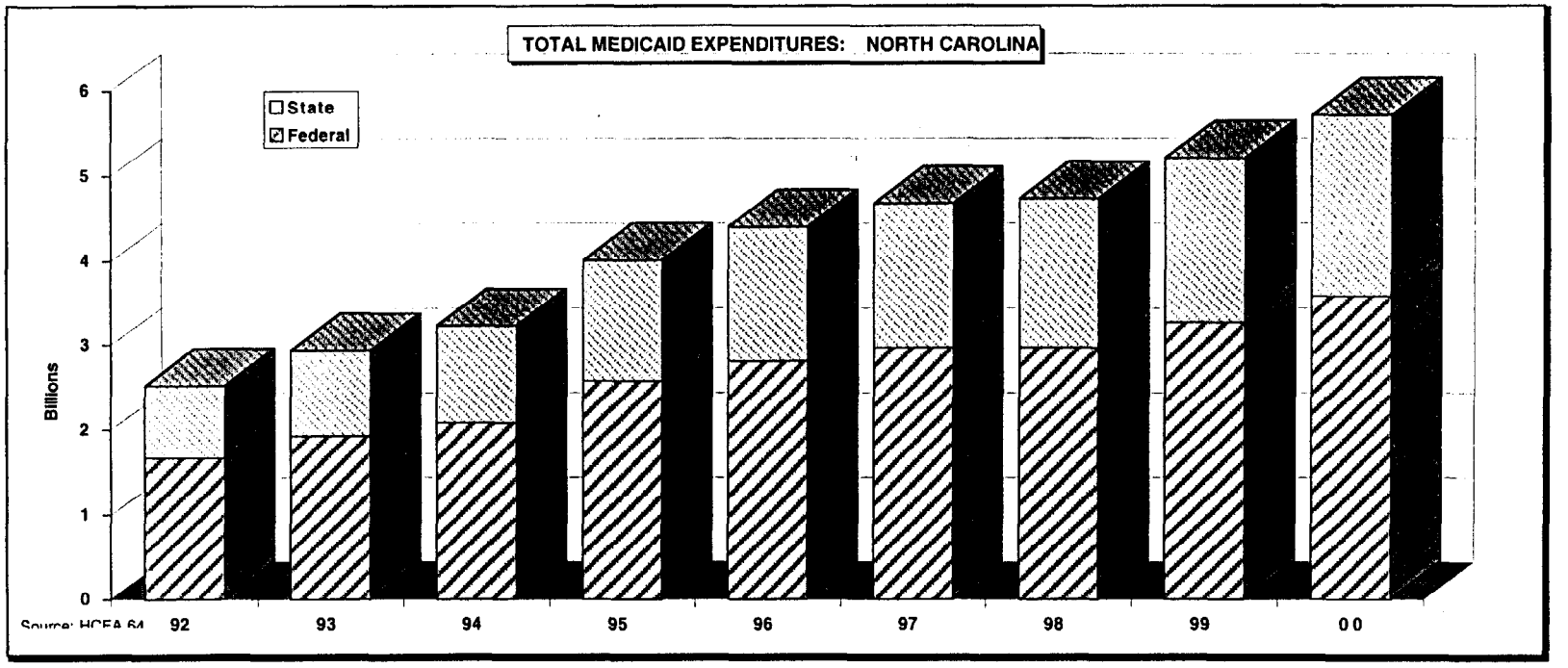
•Copayments for adults: $10 per provider visit and $5 per prescription

•Copayments for children/adolescents in families with income from 185% to 225% of the FPL: $5 per provider visit

•Premiums and copayments for children/adolescents in families with income from 226% to 300% of the FPL: $65 premium and copayments of $10 per provider visit and $5 per prescription

SOUTHERN REGION MEDICAID PROFILES

SOUTHERN REGION MEDICAID PROFILE



	FFY 92	FFY 93	FFY 94	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99**	FFY 00**	*Annual Rate of Change*	*Total 92-00*
Medicaid Payments	$2,433,587,594	$2,839,007,091	$3,111,425,752	$3,871,188,758	$4,235,586,425	$4,529,992,284	$4,547,756,041	$5,049,933,000	$5,538,373,000	*10.8%*	*127.6%*
Federal Share	$1,617,555,754	$1,875,257,887	$2,031,157,423	$2,510,797,880	$2,742,000,903	$2,900,554,637	$2,875,510,338	$3,190,262,000	$3,493,038,000	*10.1%*	*115.9%*
State Share	$816,031,840	$963,749,204	$1,080,268,329	$1,360,390,878	$1,493,585,522	$1,629,437,647	$1,672,245,703	$1,859,671,000	$2,045,335,000	*12.2%*	*150.6%*
Administrative Costs	$91,994,955	$98,469,687	$116,179,567	$133,612,797	$161,567,426	$143,879,074	$185,333,494	$157,572,000	$170,828,000	*8.0%*	*85.7%*
Federal Share	$48,900,800	$51,894,192	$60,740,795	$71,293,389	$70,258,593	$76,592,961	$99,010,462	$83,721,000	$90,474,000	*8.0%*	*85.0%*
State Share	$43,094,155	$46,575,495	$55,438,772	$62,319,408	$91,308,833	$67,286,113	$86,323,032	$73,851,000	$80,354,000	*8.1%*	*86.5%*
Admin. Costs as % of Payments	3.78%	3.47%	3.73%	3.45%	3.81%	3.18%	4.08%	3.12%	3.08%		
Federal Match Rate*	66.52%	65.92%	65.14%	64.71%	64.59%	63.89%	63.09%	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 99 and 00 reflect latest estimates reported by each state.*

SOUTHERN REGION MEDICAID PROFILE

STATE FINANCING

	Payments		Administration	
	FFY 92	FFY 00	FFY 92	FFY 00
State General Fund*	$816,031,840	$2,045,335,000	$43,094,155	$80,354,000
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	$816,031,840	$2,045,335,000	$43,094,155	$80,354,000

Provider Taxes Currently in Place (FFY 00)

Providers	Tax Rate	Amount
	NO PROVIDER TAXES	

DISPROPORTIONATE SHARE HOSPITAL (DSH) PAYMENTS

	FFY 92	FFY 93	FFY 94	FFY 95	FFY 96	FFY97	FFY98	FFY99*	FFY00*	*Annual Change*
General Hospitals	$297,081,845	$13,205,692	$15,331,555	$131,410,030	$164,508,095	$271,699,000	$187,665,204	$292,090,000	$312,398,000	*65.3%*
Mental Hospitals	$35,358,123	$332,339,308	$373,934,445	$297,864,563	$198,246,079	$271,700,000	$166,439,546	$292,090,000	$312,398,000	*-3.0%*
Total	$332,439,968	$345,545,000	$389,266,000	$429,274,593	$362,754,174	$543,399,000	$354,104,750	$584,180,000	$624,796,000	*8.2%*

SELECTED ELIGIBILITY CRITERIA

	At 10/1/99	% of FPL*
TANF-Temporary Assistance for Needy Families (Family of 3)		
Need Standard	$185	16.0%
Payment Standard	N/A	N/A
Maximum Payment	N/A	N/A
Medically Needy Program (Family of 3)		
Income Eligibility Standard	$367	
Resource Standard	$2,350	
Pregnant Women, Children and Infants (% of FPL*)		
Pregnant women and infants		185.0%
Children 1 to 5		133.0%
Children 6 to 18		100.0%
SSI Eligibility Levels		
Income:		
Single Person	$494	71.9%
Couple	$741	80.4%
Resources:		
Single Person	$2,000	
Couple	$3,000	

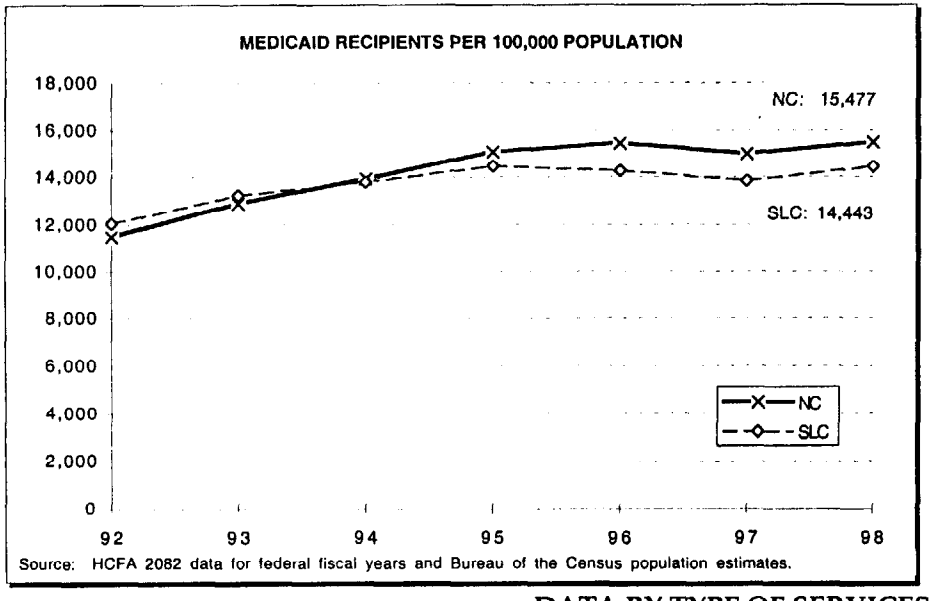
*Current federal poverty level is $8,240 per year for a single person, $11,060 for a family of two and $13,880 for a family of three. Table above shows monthly income levels.

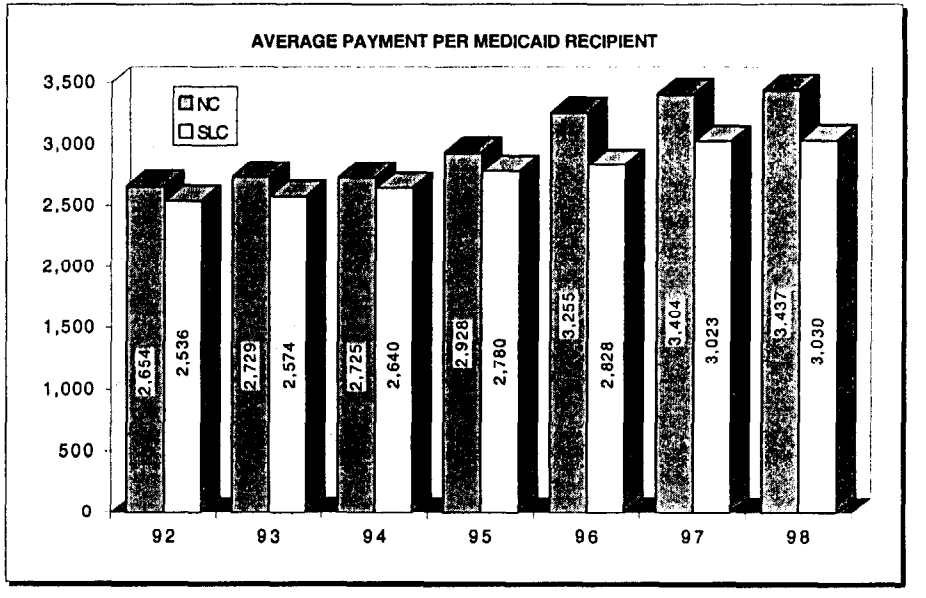
DEMOGRAPHIC DATA & POVERTY INDICATORS (1997)

		Rank in U.S.
State population—July 1, 1997*	7,430,675	*11*
Per capita personal income**	$23,174	*31*
Median household income**	$35,312	*26*
Population below Federal Poverty Level on July 1, 1997*	899,112	
Percent of total population	12.1%	*22*
Population without health insurance coverage*	1,141,000	*10*
Percent of total population	15.4%	*18*
Recipients of Food Stamps***	502,209	*12*
Households receiving Food Stamps***	250,000	*11*
Total value of issuance***	$421,099,231	*12*
Average monthly benefit per recipient	$69.87	*34*
Average monthly benefit per household	$140.37	*18*
Monthly recipients of Temporary Assistance to Needy Families (TANF)****	162,282	*13*
Total TANF payments****	$410,209,885	*17*
Average monthly payment per recipient	$210.65	
Average monthly payment per family of 3	$272.00	*40*

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

NORTH CAROLINA





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

RECIPIENTS BY TYPE OF SERVICES	FFY 92	FFY 93	FFY 94	FFY95	FFY96	FFY97	FFY98	*Annual Change*
01. General Hospital	178,751	188,517	190,242	186,666	222,468	176,232	171,477	*-0.7%*
02. Mental Hospital	2,571	2,418	2,210	2,364	2,895	2,286	2,387	*-1.2%*
03. Skilled and Intermediate (non-MR) Care Nursing	34,813	38,433	40,070	41,595	42,394	42,274	41,683	*3.0%*
04. Intermediate Care for Mentally Retarded	4,537	4,786	4,922	5,003	4,960	4,915	4,853	*1.1%*
05. Physician Services	636,530	738,937	785,631	562,542	908,407	831,983	805,816	*4.0%*
06. Dental Services	179,578	203,847	206,963	226,844	225,413	225,887	212,697	*2.9%*
07. Other Practitioners	116,288	133,587	137,278	158,291	167,346	179,709	159,902	*5.5%*
08. Outpatient Hospital	401,303	459,137	465,447	499,585	494,842	485,399	459,214	*2.3%*
09. Clinic Services	149,434	184,601	241,155	338,517	352,557	319,687	182,633	*3.4%*
10. Lab and X-Ray	437,822	500,308	543,795	587,111	584,723	602,528	594,307	*5.2%*
11. Home Health	30,879	40,741	31,288	39,289	43,665	46,814	62,187	*12.4%*
12. Prescribed Drugs	548,559	622,062	653,792	737,558	764,482	779,229	764,886	*5.7%*
13. Family Planning	66,453	67,696	72,031	84,450	75,745	73,837	73,849	*1.8%*
14. Early & Periodic Screening, Diagnosis & Treatment	133,655	156,088	250,231	341,062	383,786	388,963	387,904	*19.4%*
15. Other Care	134,147	190,970	371,374	256,915	264,514	275,983	165,210	*3.5%*
16. Personal Care Support Services	0	0	0	0	0	0	356,450	*n/a*
17. Home/Community Based Waiver Services	0	0	0	0	0	0	14,421	*n/a*
18. Prepaid Health Care	0	0	0	0	0	0	220,700	*n/a*
19. Primary Care Case Management (PCCM) Services	0	0	0	0	0	0	591,740	*n/a*
Total*	**785,043**	**898,416**	**985,273**	**1,084,337**	**1,130,024**	**1,112,931**	**1,167,988**	*6.8%*

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

NORTH CAROLINA

SOUTHERN REGION MEDICAID PROFILE

PAYMENTS BY TYPE OF SERVICES	FFY 92	FFY 93	FFY 94	FFY95	FFY96	FFY97	FFY98	Annual Change	Share of Total FFY 98
01. General Hospital	$513,653,224	$552,860,283	$567,978,782	$640,116,969	$869,138,988	$712,064,082	$692,184,068	5.1%	17.2%
02. Mental Hospital	$36,612,411	$32,392,255	$29,182,775	$32,862,108	$33,219,385	$28,217,026	$26,557,229	-5.2%	0.7%
03. Skilled and Intermediate (non-MR) Care Nursing	$483,244,556	$575,418,390	$631,498,036	$703,847,992	$735,288,662	$771,242,159	$760,826,548	7.9%	19.0%
04. Intermediate Care for Mentally Retarded	$269,447,732	$301,757,018	$322,161,542	$355,344,407	$346,024,865	$355,211,525	$361,838,061	5.0%	9.0%
05. Physician Services	$186,974,264	$236,667,148	$260,029,983	$299,293,437	$320,072,693	$328,694,654	$335,106,875	10.2%	8.3%
06. Dental Services	$28,162,206	$34,334,376	$34,421,326	$40,191,481	$41,572,421	$42,488,716	$42,821,503	7.2%	1.1%
07. Other Practitioners	$5,788,019	$7,400,187	$8,057,646	$9,987,626	$11,099,291	$11,940,649	$10,405,963	10.3%	0.3%
08. Outpatient Hospital	$114,624,136	$150,314,359	$161,561,785	$189,805,701	$203,698,155	$214,122,272	$209,392,736	10.6%	5.2%
09. Clinic Services	$42,701,753	$54,822,643	$72,131,482	$150,229,014	$98,658,048	$106,394,068	$47,713,966	1.9%	1.2%
10. Lab and X-Ray	$49,785,410	$59,023,726	$62,371,959	$69,487,763	$66,427,820	$68,144,825	$69,535,830	5.7%	1.7%
11. Home Health	$130,823,322	$171,834,647	$179,411,035	$223,823,621	$302,854,673	$377,532,116	$98,708,726	-4.6%	2.5%
12. Prescribed Drugs	$157,873,275	$189,861,296	$215,197,252	$277,430,790	$344,950,165	$403,811,339	$466,528,812	19.8%	11.6%
13. Family Planning	$18,097,601	$19,631,610	$20,697,361	$29,091,710	$24,072,911	$23,381,261	$22,561,251	3.7%	0.6%
14. Early & Periodic Screening, Diagnosis & Treatment	$9,372,551	$11,906,460	$17,117,383	$29,216,247	$27,037,616	$31,250,990	$30,846,296	22.0%	0.8%
15. Other Care	$36,000,290	$53,732,655	$102,722,770	$124,330,947	$253,640,314	$313,960,523	$12,764,633	-15.9%	0.3%
16. Personal Care Support Services	$0	$0	$0	$0	$0	$0	$452,804,716	n/a	11.3%
17. Home/Community Based Waiver Services	$0	$0	$0	$0	$0	$0	$275,215,305	n/a	6.9%
18. Prepaid Health Care	$0	$0	$0	$0	$0	$0	$85,665,363	n/a	2.1%
19. Primary Case Management (PCCM) Services	$0	$0	$0	$0	$0	$0	$12,518,861	n/a	0.3%
Total (excludes DSH pymts, pharmacy rebates, & other adjs.)	**$2,083,160,750**	**$2,451,957,053**	**$2,684,541,117**	**$3,175,059,813**	**$3,677,756,007**	**$3,788,456,205**	**$4,013,996,742**	11.6%	100.0%

AVERAGE PAYMENTS PER RECIPIENT BY TYPE OF SERVICES									(+) or (-) SLC Avg. FFY 98
01. General Hospital	$2,873.57	$2,932.68	$2,985.56	$3,429.21	$3,906.80	$4,040.49	$4,036.60	5.8%	4.9%
02. Mental Hospital	$14,240.53	$13,396.30	$13,204.88	$13,901.06	$11,474.74	$12,343.41	$11,125.78	-4.0%	38.0%
03. Skilled and Intermediate (non-MR) Care Nursing	$13,881.15	$14,971.99	$15,759.87	$16,921.46	$17,344.17	$18,243.89	$18,252.68	4.7%	19.2%
04. Intermediate Care for Mentally Retarded	$59,388.96	$63,049.94	$65,453.38	$71,026.27	$69,763.08	$72,270.91	$74,559.67	3.9%	25.9%
05. Physician Services	$293.74	$320.28	$330.98	$532.04	$352.35	$395.07	$415.86	6.0%	12.6%
06. Dental Services	$156.82	$168.43	$166.32	$177.18	$184.43	$188.10	$201.33	4.3%	16.1%
07. Other Practitioners	$49.77	$55.40	$58.70	$63.10	$66.33	$66.44	$65.08	4.6%	-58.4%
08. Outpatient Hospital	$285.63	$327.38	$347.11	$379.93	$411.64	$441.13	$455.98	8.1%	2.1%
09. Clinic Services	$285.76	$296.98	$299.11	$443.79	$279.84	$332.81	$261.26	-1.5%	-53.5%
10. Lab and X-Ray	$113.71	$117.97	$114.70	$118.36	$113.61	$113.10	$117.00	0.5%	24.0%
11. Home Health	$4,236.64	$4,217.73	$5,734.18	$5,696.85	$6,935.87	$8,064.51	$1,587.29	-15.1%	3.7%
12. Prescribed Drugs	$287.80	$305.21	$329.15	$376.15	$451.22	$518.22	$609.93	13.3%	-2.8%
13. Family Planning	$272.34	$290.00	$287.34	$344.48	$317.82	$316.66	$305.51	1.9%	43.6%
14. Early & Periodic Screening, Diagnosis & Treatment	$70.12	$76.28	$68.41	$85.66	$70.45	$80.34	$79.52	2.1%	-71.0%
15. Other Care	$268.36	$281.37	$276.60	$483.94	$958.89	$1,137.61	$77.26	-18.7%	-83.3%
16. Personal Care Support Services	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$1,270.32	n/a	-19.5%
17. Home/Community Based Waiver Services	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$19,084.34	n/a	52.0%
18. Prepaid Health Care	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$388.15	n/a	-65.1%
19. Primary Care Case Management (PCCM) Services	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$21.16	n/a	-68.1%
Total (Average)	**$2,653.56**	**$2,729.20**	**$2,724.67**	**$2,928.11**	**$3,254.58**	**$3,404.04**	**$3,436.68**	4.4%	13.4%

TOTAL PER CAPITA EXPENDITURES	**$369.21**	**$422.06**	**$455.96**	**$556.04**	**$601.60**	**$629.00**	**$627.19**	9.2%	13.5%

NORTH CAROLINA

DATA BY OTHER CHARACTERISTICS

RECIPIENTS BY OTHER CHARACTERISTICS

By Maintenance Assistance Status	FFY 92	FFY 93	FFY 94	FFY95	FFY96	FFY97	FFY98	Annual Change	Share of Total FFY 98
Receiving Cash Assistance or Eligible Under Section 1931	411,455	449,690	476,530	463,539	500,432	599,481	594,269	6.3%	50.9%
Poverty Related Eligibles	19,929	45,824	49,343	79,162	40,348	337,930	389,458	64.1%	33.3%
Medically Needy	58,671	68,251	69,680	65,719	61,039	117,574	122,027	13.0%	10.4%
Other Eligibles	294,988	334,651	389,720	475,917	528,205	57,946	62,234	-22.8%	5.3%
Maintenance Assistance Status Unknown	0	0		0	0	0	0	n/a	0.0%
Total	**785,043**	**898,416**	**985,273**	**1,084,337**	**1,130,024**	**1,112,931**	**1,167,988**	6.8%	100.0%
By Basis of Eligibility									
Aged, Blind, or Disabled	213,031	236,317	251,265	296,192	340,395	348,911	356,930	9.0%	30.6%
Children	368,882	433,866	491,043	536,678	548,381	568,991	609,190	8.7%	52.2%
Foster Care Children	0	0	0	0	0	10,766	12,176	13.1%	1.0%
Adults	203,130	228,233	242,965	251,467	241,248	184,263	189,692	-1.1%	16.2%
Basis of Eligibility Unknown	0	0	0	0	0	0	0	n/a	0.0%
Total	**785,043**	**898,416**	**985,273**	**1,084,337**	**1,130,024**	**1,112,931**	**1,167,988**	6.8%	100.0%
By Age									
Under Age 1	68,905	74,056	74,771	74,971	76,001	77,012	79,785	2.5%	6.8%
Age 1 to 5	144,960	177,915	201,498	215,691	216,649	207,805	213,089	6.6%	18.2%
Age 6 to 14	121,326	143,247	170,619	198,800	221,080	224,019	250,288	12.8%	21.4%
Age 15 to 20	76,047	83,547	91,242	103,927	109,409	109,520	117,711	7.6%	10.1%
Age 21 to 44	189,553	215,679	230,950	248,792	251,554	235,086	243,112	4.2%	20.8%
Age 45 to 64	61,768	70,313	76,182	87,783	95,670	98,424	102,889	8.9%	8.8%
Age 65 to 74	46,713	51,259	53,957	60,351	61,518	62,371	62,261	4.9%	5.3%
Age 75 to 84	47,873	51,483	53,321	58,117	60,205	60,310	59,626	3.7%	5.1%
Age 85 and Over	27,898	30,917	32,733	35,905	37,938	38,384	39,227	5.8%	3.4%
Age Unknown	0	0	0	0	0	0	0	n/a	0.0%
Total	**785,043**	**898,416**	**985,273**	**1,084,337**	**1,130,024**	**1,112,931**	**1,167,988**	6.8%	100.0%
By Race									
White	367,688	429,099	470,074	499,065	510,087	499,426	511,841	5.7%	43.8%
Black	388,001	432,957	470,630	499,189	509,453	492,805	515,303	4.8%	44.1%
Hispanic, American Indian or Asian	1,447	34,059	41,546	48,830	57,825	63,562	74,368	92.8%	6.4%
Other/Unknown	27,907	2,301	3,023	37,253	52,659	57,138	66,476	15.6%	5.7%
Total	**785,043**	**898,416**	**985,273**	**1,084,337**	**1,130,024**	**1,112,931**	**1,167,988**	6.8%	100.0%
By Sex									
Female	515,734	582,494	632,620	689,609	709,750	695,947	724,022	5.8%	62.0%
Male	269,309	315,922	352,653	394,728	420,274	416,984	443,966	8.7%	38.0%
Unknown	0	0	0	0	0	0	0	n/a	0.0%
Total	**785,043**	**898,416**	**985,273**	**1,084,337**	**1,130,024**	**1,112,931**	**1,167,988**	6.8%	100.0%

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

PAYMENTS BY OTHER CHARACTERISTICS

By Maintenance Assistance Status	FFY 92	FFY 93	FFY 94	FFY95	FFY96	FFY97	FFY98	Annual Change	Share of Total FFY 98
Receiving Cash Assistance or Eligible Under Section 1931	$721,641,474	$819,827,443	$854,207,143	$705,395,953	$1,284,840,493	$1,971,787,837	$2,080,692,247	19.3%	51.8%
Poverty Related Eligibles	$96,677,990	$142,195,991	$148,733,385	$450,513,851	$170,638,234	$484,198,914	$558,638,298	34.0%	13.9%
Medically Needy	$403,766,605	$494,843,762	$518,302,862	$582,504,709	$539,406,506	$1,241,003,068	$1,266,350,628	21.0%	31.5%
Other Eligibles	$861,074,681	$995,089,857	$1,163,297,727	$1,436,645,300	$1,682,870,774	$91,466,386	$108,315,569	-29.2%	2.7%
Maintenance Assistance Status Unknown	$0	$0	$0	$0	$0	$0	$0	n/a	0.0%
Total	**$2,083,160,750**	**$2,451,957,053**	**$2,684,541,117**	**$3,175,059,813**	**$3,677,756,007**	**$3,788,456,205**	**$4,013,996,742**	11.6%	100.0%
By Basis of Eligibility									
Aged, Blind or Disabled	$1,328,644,096	$1,556,191,002	$1,693,875,384	$2,004,618,393	$2,557,044,247	$2,714,862,350	$2,856,357,139	13.6%	71.2%
Children	$413,553,648	$491,687,375	$557,045,164	$632,532,521	$589,983,023	$636,246,582	$716,185,408	9.6%	17.8%
Foster Care Children	$0	$0	$0	$0	$0	$33,821,574	$44,483,297	31.5%	1.1%
Adults	$340,963,006	$404,078,676	$433,620,569	$537,908,899	$530,728,737	$403,525,699	$396,970,898	2.6%	9.9%
Basis of Eligibility Unknown	$0	$0	$0	$0	$0	$0	$0	n/a	0.0%
Total	**$2,083,160,750**	**$2,451,957,053**	**$2,684,541,117**	**$3,175,059,813**	**$3,677,756,007**	**$3,788,456,205**	**$4,013,996,742**	11.6%	100.0%
By Age									
Under Age 1	$162,918,611	$184,928,166	$195,262,641	$200,009,262	$217,577,976	$214,802,933	$219,104,317	5.1%	5.5%
Age 1 to 5	$108,993,084	$138,812,946	$168,449,332	$204,137,034	$226,162,526	$208,114,457	$233,057,550	13.5%	5.8%
Age 6 to 14	$105,157,399	$127,125,441	$150,323,287	$177,270,370	$239,020,647	$268,169,155	$335,643,471	21.3%	8.4%
Age 15 to 20	$149,545,188	$170,054,310	$183,804,192	$232,101,934	$256,443,000	$261,270,797	$294,081,459	11.9%	7.3%
Age 21 to 44	$580,829,919	$676,476,218	$722,428,550	$865,602,644	$975,288,041	$967,212,573	$991,888,410	9.3%	24.7%
Age 45 to 64	$318,908,313	$384,191,527	$419,583,270	$523,654,840	$657,077,116	$690,838,617	$730,963,532	14.8%	18.2%
Age 65 to 74	$163,156,645	$188,771,680	$205,489,584	$243,429,521	$282,471,198	$301,808,253	$312,081,536	11.4%	7.8%
Age 75 to 84	$267,805,228	$310,356,689	$335,634,730	$382,437,884	$433,849,846	$455,286,327	$462,921,843	9.6%	11.5%
Age 85 and Over	$225,846,363	$271,240,076	$303,565,531	$346,416,324	$389,865,657	$420,953,093	$434,254,624	11.5%	10.8%
Age Unknown	$0	$0	$0	$0	$0	$0	$0	n/a	0.0%
Total	**$2,083,160,750**	**$2,451,957,053**	**$2,684,541,117**	**$3,175,059,813**	**$3,677,756,007**	**$3,788,456,205**	**$4,013,996,742**	11.6%	100.0%
By Race									
White	$1,217,340,940	$1,426,042,370	$1,561,295,132	$1,755,472,786	$1,968,457,969	$2,032,111,627	$2,108,139,775	9.6%	52.5%
Black	$813,917,102	$960,621,231	$1,046,579,663	$1,156,044,826	$1,307,410,819	$1,316,773,324	$1,388,709,316	9.3%	34.6%
Hispanic, American Indian or Asian	$34,292,167	$60,775,089	$71,151,185	$80,994,673	$101,580,286	$112,512,497	$128,663,746	24.7%	3.2%
Other/Unknown	$17,610,541	$4,518,363	$5,515,137	$182,547,528	$300,306,933	$327,058,757	$388,483,905	67.5%	9.7%
Total	**$2,083,160,750**	**$2,451,957,053**	**$2,684,541,117**	**$3,175,059,813**	**$3,677,756,007**	**$3,788,456,205**	**$4,013,996,742**	11.6%	100.0%
By Sex									
Female	$1,333,659,918	$1,569,513,255	$1,713,641,165	$2,036,956,775	$2,310,909,369	$2,365,405,876	$2,476,014,621	10.9%	61.7%
Male	$749,500,832	$882,443,798	$970,899,952	$1,138,103,038	$1,366,846,638	$1,423,050,329	$1,537,982,121	12.7%	38.3%
Unknown	$0	$0	$0	$0	$0	$0	$0	n/a	0.0%
Total	**$2,083,160,750**	**$2,451,957,053**	**$2,684,541,117**	**$3,175,059,813**	**$3,677,756,007**	**$3,788,456,205**	**$4,013,996,742**	11.6%	100.0%

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

AVERAGE PAYMENT PER RECIPIENT BY OTHER CHARACTERISTICS

By Maintenance Assistance Status	FFY 92	FFY 93	FFY 94	FFY95	FFY96	FFY97	FFY98	Annual Change	Above (+) or Below (-) SLC Avg. FFY 98
Receiving Cash Assistance or Eligible Under Section 1931	$1,753.88	$1,823.09	$1,792.56	$1,521.76	$2,567.46	$3,289.16	$3,501.26	12.2%	9.4%
Poverty Related Eligibles	$4,851.12	$3,103.09	$3,014.28	$5,691.04	$4,229.16	$1,432.84	$1,434.40	-18.4%	-5.1%
Medically Needy	$6,881.88	$7,250.35	$7,438.33	$8,863.57	$8,837.08	$10,555.08	$10,377.63	7.1%	81.8%
Other Eligibles	$2,919.02	$2,973.52	$2,984.96	$3,018.69	$3,186.02	$1,578.48	$1,740.46	-8.3%	-68.1%
Maintenance Assistance Status Unknown	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	n/a	-100.0%
Total	**$2,653.56**	**$2,729.20**	**$2,724.67**	**$2,928.11**	**$3,254.58**	**$3,404.04**	**$3,436.68**	4.4%	13.4%
By Basis of Eligibility									
Aged, Blind or Disabled	$6,236.86	$6,585.18	$6,741.39	$6,767.97	$7,511.99	$7,780.96	$8,002.57	4.2%	11.1%
Children	$1,121.10	$1,133.27	$1,134.41	$1,178.61	$1,075.86	$1,118.20	$1,175.64	0.8%	14.2%
Foster Care Children	$0.00	$0.00	$0.00	$0.00	$0.00	$3,141.52	$3,653.36	16.3%	8.6%
Adults	$1,678.55	$1,770.47	$1,784.70	$2,139.08	$2,199.93	$2,189.94	$2,092.71	3.7%	16.2%
Basis of Eligibility Unknown	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	n/a	-100.0%
Total	**$2,653.56**	**$2,729.20**	**$2,724.67**	**$2,928.11**	**$3,254.58**	**$3,404.04**	**$3,436.68**	4.4%	13.4%
By Age									
Under Age 1	$2,364.39	$2,497.14	$2,611.48	$2,667.82	$2,862.83	$2,789.21	$2,746.18	2.5%	12.7%
Age 1 to 5	$751.88	$780.22	$835.99	$946.43	$1,043.91	$1,001.49	$1,093.71	6.4%	-1.9%
Age 6 to 14	$866.73	$887.46	$881.05	$891.70	$1,081.15	$1,197.08	$1,341.03	7.5%	21.3%
Age 15 to 20	$1,966.48	$2,035.43	$2,014.47	$2,233.32	$2,343.89	$2,385.60	$2,498.33	4.1%	18.5%
Age 21 to 44	$3,064.21	$3,136.50	$3,128.07	$3,479.22	$3,877.05	$4,114.29	$4,079.96	4.9%	18.3%
Age 45 to 64	$5,163.00	$5,464.02	$5,507.64	$5,965.33	$6,868.16	$7,019.01	$7,104.39	5.5%	16.9%
Age 65 to 74	$3,492.75	$3,682.70	$3,808.40	$4,033.56	$4,591.68	$4,838.92	$5,012.47	6.2%	2.7%
Age 75 to 84	$5,594.08	$6,028.33	$6,294.61	$6,580.48	$7,206.21	$7,549.10	$7,763.76	5.6%	2.3%
Age 85 and Over	$8,095.43	$8,773.17	$9,273.99	$9,648.14	$10,276.39	$10,966.89	$11,070.30	5.4%	3.4%
Age Unknown	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	n/a	-100.0%
Total	**$2,653.56**	**$2,729.20**	**$2,724.67**	**$2,928.11**	**$3,254.58**	**$3,404.04**	**$3,436.68**	4.4%	13.4%
By Race									
White	$3,310.80	$3,323.34	$3,321.38	$3,517.52	$3,859.06	$4,068.89	$4,118.74	3.7%	10.7%
Black	$2,097.72	$2,218.75	$2,223.78	$2,315.85	$2,566.30	$2,672.00	$2,694.94	4.3%	11.4%
Hispanic, American Indian or Asian	$23,698.80	$1,784.41	$1,712.59	$1,658.71	$1,756.68	$1,770.12	$1,730.10	-35.4%	-8.6%
Other/Unknown	$631.04	$1,963.65	$1,824.39	$4,900.21	$5,702.86	$5,724.01	$5,843.97	44.9%	62.8%
Total	**$2,653.56**	**$2,729.20**	**$2,724.67**	**$2,928.11**	**$3,254.58**	**$3,404.04**	**$3,436.68**	4.4%	13.4%
By Sex									
Female	$2,585.95	$2,694.47	$2,708.80	$2,953.79	$3,255.95	$3,398.83	$3,419.81	4.8%	10.1%
Male	$2,783.05	$2,793.23	$2,753.13	$2,883.26	$3,252.28	$3,412.72	$3,464.19	3.7%	17.0%
Unknown	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	n/a	-100.0%
Total	**$2,653.56**	**$2,729.20**	**$2,724.67**	**$2,928.11**	**$3,254.58**	**$3,404.04**	**$3,436.68**	4.4%	13.4%

ADDITIONAL STATE HEALTH CARE INFORMATION

Sources: "Major Health Care Policies: 50 State Profiles", Health Policy Tracking Service, January, 1999; and "Medicaid Services State by State", HCFA, October 1998.
**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 and is now in 84 counties; the state plans to expand the program to all 100 counties in 1999.
•North Carolina Alternatives provides a capitated mental health and substance abuse program for Medicaid children. The program covers 10 areas in 32 counties and has been operating since January 1, 1994. The state plans to expand beyond the 10 area programs and add adults in 1999.

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.

Children's Health Insurance Program: State Designed

•CHIP in North Carolina is administered by the Division of Medicaid Assistance through a state-designed program. The plan received HCFA approval on July 14, 1998. The program provides health care coverage through a state employees equivalent plan, plus Medicaid equivalent benefits to an estimated 52,583 new enrollees.

•For families with incomes up to 150% of the FPL, there are no cost sharing obligations.

•Families with incomes between 150% and 200% of the FPL are required to pay copayments as follows:

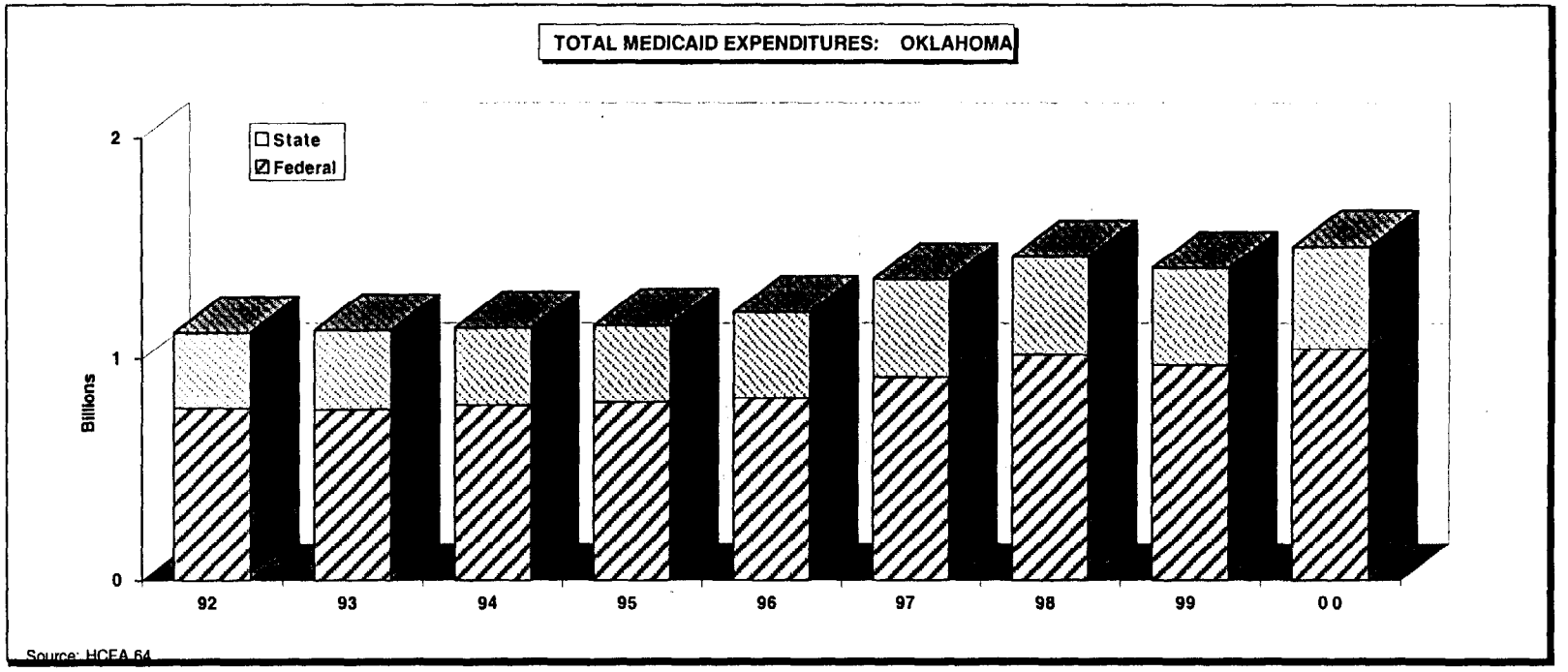
$6 per prescription
$5 per physcian visit, clinic visit, dental visit, and optometry visit, except for preventive services
$5 per outpatient hospital visit
$20 per unnecessary emergency room use

•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.

QUESTIONNAIRE NOT RETURNED

SOUTHERN REGION MEDICAID PROFILES

SOUTHERN REGION MEDICAID PROFILE



	FFY 92	FFY 93	FFY 94	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99**	FFY 00**	*Annual Rate of Change*	*Total 92-00*
Medicaid Payments	$1,032,769,952	$1,043,449,614	$1,052,337,618	$1,054,871,918	$1,089,121,860	$1,256,419,354	$1,340,387,625	$1,287,551,000	$1,378,073,000	*3.7%*	*33.4%*
Federal Share	$735,041,934	$726,971,346	$743,595,014	$738,937,779	$761,187,268	$864,442,262	$948,581,466	$907,848,000	$976,231,000	*3.6%*	*32.8%*
State Share	$297,728,018	$316,478,268	$308,742,604	$315,934,139	$327,934,592	$391,977,092	$391,806,159	$379,703,000	$401,842,000	*3.8%*	*35.0%*
Administrative Costs	$85,194,782	$86,201,493	$88,856,257	$98,942,083	$122,639,000	$104,645,820	$123,772,726	$124,225,000	$130,764,000	*5.5%*	*53.5%*
Federal Share	$45,966,036	$47,440,854	$49,343,431	$69,308,929	$67,453,000	$56,169,049	$70,438,186	$67,227,000	$71,654,000	*5.7%*	*55.9%*
State Share	$39,228,746	$38,760,639	$39,512,826	$29,633,154	$55,186,000	$48,476,771	$53,334,540	$56,998,000	$59,110,000	*5.3%*	*50.7%*
Admin. Costs as % of Payments	8.25%	8.26%	8.44%	9.38%	11.26%	8.33%	9.23%	9.65%	9.49%		
Federal Match Rate*	70.74%	69.67%	70.30%	70.05%	69.89%	70.01%	70.51%	70.84%	71.09%		

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

SOUTHERN REGION MEDICAID PROFILE

STATE FINANCING

	Payments		Administration	
	FFY 92	FFY 00	FFY 92	FFY 00
State General Fund	$297,728,018	$398,768,426	$39,228,746	$59,110,000
Local Funds	$0	$0	$0	$0
Provider Taxes	$0	$3,073,574	$0	$0
Donations	$0	$0	$0	$0
Other	$0	$0	$0	$0
Total State Share	$297,728,018	$401,842,000	$39,228,746	$59,110,000

Provider Taxes Currently in Place (FFY 00)

Providers	Tax Rate	Amount
MR facilities	6 % of third quarter gross revenues	$3,073,574

DISPROPORTIONATE SHARE HOSPITAL (DSH) PAYMENTS

	FFY 92	FFY 93	FFY 94	FFY 95	FFY 96	FFY97	FFY98	FFY99*	FFY00*	*Annual Change*
General Hospitals	$16,609,904	$14,059,190	$20,636,475	$15,731,786	$21,784,148	$21,993,050	$19,529,207	$22,477,000	$22,477,000	*1.4%*
Mental Hospitals	$5,659,703	$5,207,547	$2,931,525	$2,605,693	$3,236,852	$3,754,953	$3,193,191	$3,563,000	$3,563,000	*3.3%*
Total	$22,269,607	$19,266,737	$23,568,000	$18,337,479	$25,021,000	$25,748,003	$22,722,398	$26,040,000	$26,040,000	*1.7%*

SELECTED ELIGIBILITY CRITERIA

	At 10/1/99	% of FPL*
TANF-Temporary Assistance for Needy Families (Family of 3)		
Need Standard	$645	55.8%
Payment Standard	$292	25.2%
Maximum Payment	$292	25.2%
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	79.7%
Couple	$847	91.9%
Resources:		
Single Person	$2,000	
Couple	$3,000	

*Current federal poverty level is $8,240 per year for a single person, $11,060 for a family of two and $13,880 for a family of three. Table above shows monthly income levels.

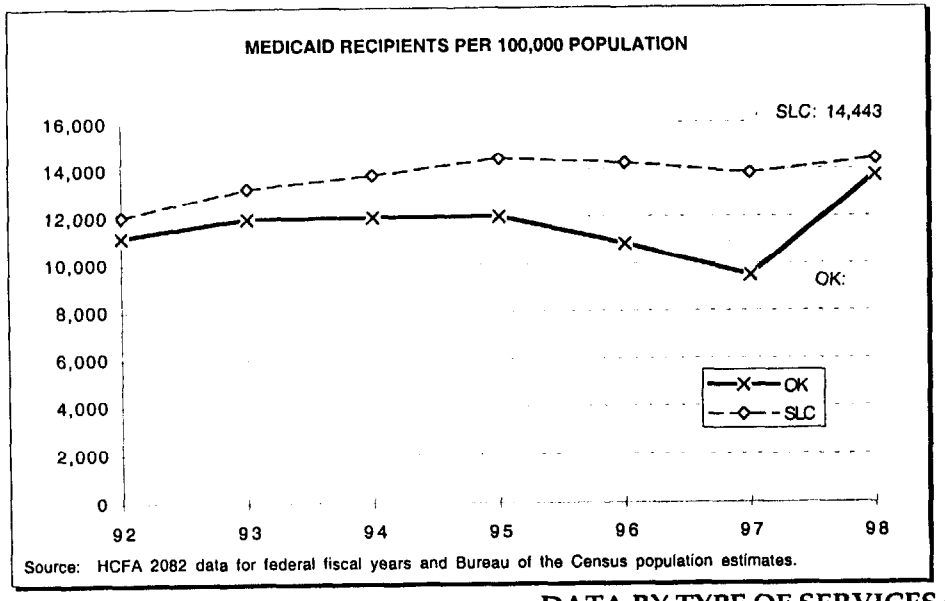
DEMOGRAPHIC DATA & POVERTY INDICATORS (1997)

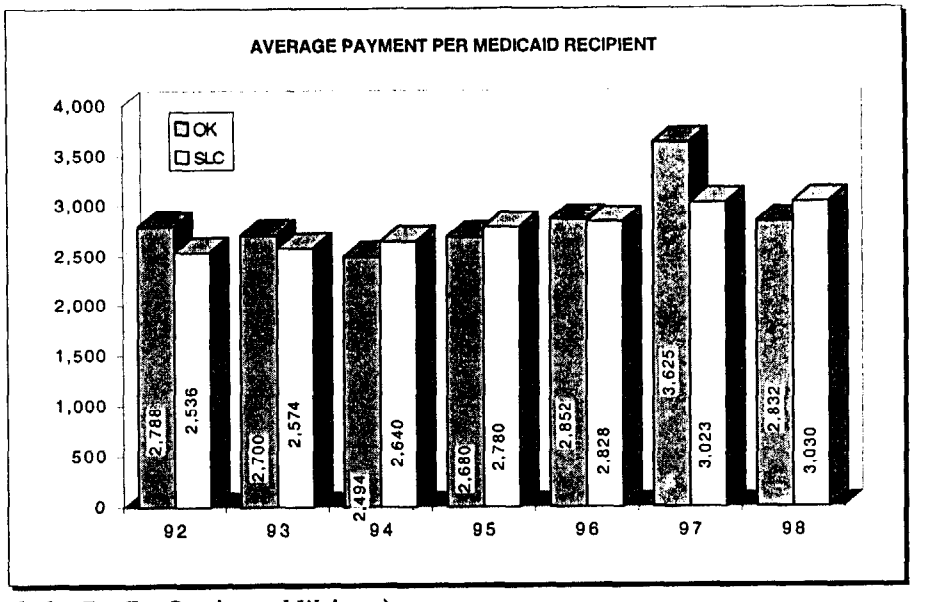
		Rank in U.S.
State population—July 1, 1997*	3,321,611	27
Per capita personal income**	$20,214	44
Median household income**	$29,042	46
Population below Federal Poverty Level on July 1, 1997*	524,815	
Percent of total population	15.8%	13
Population without health insurance coverage*	593,000	24
Percent of total population	17.9%	10
Recipients of Food Stamps***	283,796	23
Households receiving Food Stamps***	131,000	25
Total value of issuance***	$230,899,828	24
Average monthly benefit per recipient	$67.80	41
Average monthly benefit per household	$146.88	14
Monthly recipients of Temporary Assistance to Needy Families (TANF)****	58,044	26
Total TANF payments****	$188,071,204	25
Average monthly payment per recipient	$270.01	
Average monthly payment per family of 3	$292.00	36

*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 92	FFY 93	FFY 94	FFY95	FFY96	FFY97	FFY98	*Annual Change*
01. General Hospital	79,652	86,093	81,910	81,364	69,533	62,313	64,326	*-3.5%*
02. Mental Hospital	3,043	2,765	2,121	2,545	2,513	2,188	2,284	*-4.7%*
03. Skilled and Intermediate (non-MR) Care Nursing	25,107	35,289	25,723	26,379	27,331	27,331	27,820	*1.7%*
04. Intermediate Care for Mentally Retarded	2,881	2,739	2,558	2,433	2,336	2,236	2,180	*-4.5%*
05. Physician Services	267,160	293,209	293,037	293,379	257,576	203,815	208,725	*-4.0%*
06. Dental Services	61,111	53,084	49,176	48,253	33,712	24,691	28,909	*-11.7%*
07. Other Practitioners	53,054	55,603	60,174	65,339	57,212	39,191	58,502	*1.6%*
08. Outpatient Hospital	144,872	170,119	179,226	191,842	166,112	132,897	144,240	*-0.1%*
09. Clinic Services	28,030	35,640	45,926	60,469	54,316	38,678	17,085	*-7.9%*
10. Lab and X-Ray	134,789	147,715	124,141	127,473	104,325	75,266	97,913	*-5.2%*
11. Home Health	12,066	12,838	12,297	11,077	10,524	11,508	15,395	*4.1%*
12. Prescribed Drugs	260,537	288,004	283,428	285,654	245,075	207,441	217,322	*-3.0%*
13. Family Planning	25,263	28,230	26,724	26,747	21,581	14,779	15,354	*-8.0%*
14. Early & Periodic Screening, Diagnosis & Treatment	54,897	55,653	53,928	51,323	38,130	22,978	20,297	*-15.3%*
15. Other Care	42,912	49,307	54,680	62,435	61,722	134,386	192,576	*28.4%*
16. Personal Care Support Services	0	0	0	0	0	0	0	*n/a*
17. Home/Community Based Waiver Services	0	0	0	0	57,968	125,636	7,454	*-64.1%*
18. Prepaid Health Care	0	0	0	0	0	0	78,830	*n/a*
19. Primary Care Case Management (PCCM) Services	0	0	0	0	0	0	59,914	*n/a*
Total*	**360,039**	**386,531**	**390,628**	**393,613**	**358,121**	**315,801**	**459,570**	*4.2%*

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

OKLAHOMA

SOUTHERN REGION MEDICAID PROFILE

PAYMENTS BY TYPE OF SERVICES	FFY 92	FFY 93	FFY 94	FFY95	FFY96	FFY97	FFY98	Annual Change	Share of Total FFY 98
01. General Hospital	$266,993,365	$243,548,656	$194,861,083	$188,696,685	$157,561,197	$147,891,848	$168,923,561	-7.3%	13.0%
02. Mental Hospital	$73,954,936	$51,704,018	$26,833,701	$36,528,697	$35,315,890	$33,541,952	$38,703,623	-10.2%	3.0%
03. Skilled and Intermediate (non-MR) Care Nursing	$227,466,163	$236,543,853	$252,287,953	$265,628,806	$277,471,420	$286,928,847	$314,113,798	5.5%	24.1%
04. Intermediate Care for Mentally Retarded	$108,725,548	$130,518,876	$90,914,993	$94,091,873	$96,741,869	$122,151,681	$112,345,595	0.5%	8.6%
05. Physician Services	$76,535,081	$79,649,110	$75,746,070	$78,042,433	$64,378,030	$53,279,513	$55,270,240	-5.3%	4.2%
06. Dental Services	$9,093,244	$7,961,620	$6,539,818	$6,349,765	$4,206,350	$3,230,659	$5,370,560	-8.4%	0.4%
07. Other Practitioners	$7,579,235	$7,969,634	$8,128,872	$12,667,637	$15,800,721	$11,484,606	$12,165,663	8.2%	0.9%
08. Outpatient Hospital	$47,934,134	$61,575,644	$69,188,803	$81,122,690	$69,832,413	$51,847,043	$47,943,420	0.0%	3.7%
09. Clinic Services	$5,932,061	$8,351,888	$9,336,351	$12,301,930	$11,470,614	$7,668,701	$8,810,431	6.8%	0.7%
10. Lab and X-Ray	$8,493,211	$8,245,474	$6,279,647	$6,891,924	$5,359,509	$4,219,305	$4,705,888	-9.4%	0.4%
11. Home Health	$54,642,489	$69,267,476	$84,014,100	$96,878,445	$100,982,685	$116,075,624	$51,042,300	-1.1%	3.9%
12. Prescribed Drugs	$75,551,978	$89,523,200	$89,253,227	$100,909,395	$98,292,786	$110,880,180	$135,622,036	10.2%	10.4%
13. Family Planning	$6,428,620	$5,998,000	$4,563,511	$4,034,923	$3,144,194	$2,192,674	$2,370,400	-15.3%	0.2%
14. Early & Periodic Screening, Diagnosis & Treatment	$5,001,486	$5,743,021	$5,807,952	$5,762,361	$4,146,066	$2,149,148	$1,715,088	-16.3%	0.1%
15. Other Care	$29,458,543	$36,849,144	$50,383,625	$64,964,354	$11,637,084	$84,487,215	$109,565,323	24.5%	8.4%
16. Personal Care Support Services	$0	$0	$0	$0	$0	$0	$0	n/a	0.0%
17. Home/Community Based Waiver Services	$0	$0	$0	$0	$64,890,516	$106,738,790	$109,186,013	29.7%	8.4%
18. Prepaid Health Care	$0	$0	$0	$0	$0	$0	$114,519,798	n/a	8.8%
19. Primary Case Management (PCCM) Services	$0	$0	$0	$0	$0	$0	$9,105,898	n/a	0.7%
Total (excludes DSH pymts, pharmacy rebates, & other adjs.)	**$1,003,790,094**	**$1,043,449,614**	**$974,139,706**	**$1,054,871,918**	**$1,021,231,344**	**$1,144,767,786**	**$1,301,479,635**	4.4%	100.0%

AVERAGE PAYMENTS PER RECIPIENT BY TYPE OF SERVICES									(+) or (-) SLC Avg. FFY 98
01. General Hospital	$3,352.00	$2,828.90	$2,378.97	$2,319.17	$2,265.99	$2,373.37	$2,626.05	-4.0%	-31.7%
02. Mental Hospital	$24,303.30	$18,699.46	$12,651.44	$14,353.12	$14,053.28	$15,329.96	$16,945.54	-5.8%	110.2%
03. Skilled and Intermediate (non-MR) Care Nursing	$9,059.87	$6,703.05	$9,807.87	$10,069.71	$10,152.26	$10,498.29	$11,290.93	3.7%	-26.2%
04. Intermediate Care for Mentally Retarded	$37,738.82	$47,652.02	$35,541.44	$38,673.19	$41,413.47	$54,629.55	$51,534.68	5.3%	-13.0%
05. Physician Services	$286.48	$271.65	$258.49	$266.01	$249.94	$261.41	$264.80	-1.3%	-28.3%
06. Dental Services	$148.80	$149.98	$132.99	$131.59	$124.77	$130.84	$185.77	3.8%	7.1%
07. Other Practitioners	$142.86	$143.33	$135.09	$193.88	$276.18	$293.04	$207.95	6.5%	33.0%
08. Outpatient Hospital	$330.87	$361.96	$386.04	$422.86	$420.39	$390.13	$332.39	0.1%	-25.6%
09. Clinic Services	$211.63	$234.34	$203.29	$203.44	$211.18	$198.27	$515.68	16.0%	-8.3%
10. Lab and X-Ray	$63.01	$55.82	$50.58	$54.07	$51.37	$56.06	$48.06	-4.4%	-49.1%
11. Home Health	$4,528.63	$5,395.50	$6,832.08	$8,745.91	$9,595.47	$10,086.52	$3,315.51	-5.1%	116.7%
12. Prescribed Drugs	$289.99	$310.84	$314.91	$353.26	$401.07	$534.51	$624.06	13.6%	-0.6%
13. Family Planning	$254.47	$212.47	$170.76	$150.86	$145.69	$148.36	$154.38	-8.0%	-27.4%
14. Early & Periodic Screening, Diagnosis & Treatment	$91.11	$103.19	$107.70	$112.28	$108.74	$93.53	$84.50	-1.2%	-69.2%
15. Other Care	$686.49	$747.34	$921.43	$1,040.51	$188.54	$628.69	$568.95	-3.1%	22.7%
16. Personal Care Support Services	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	n/a	-100.0%
17. Home/Community Based Waiver Services	$0.00	$0.00	$0.00	$0.00	$1,119.42	$849.59	$14,647.98	261.7%	16.6%
18. Prepaid Health Care	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$1,452.74	n/a	30.4%
19. Primary Care Case Management (PCCM) Services	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$151.98	n/a	129.3%
Total (Average)	**$2,788.00**	**$2,699.52**	**$2,493.78**	**$2,679.97**	**$2,851.64**	**$3,624.97**	**$2,831.95**	0.3%	-6.5%
TOTAL PER CAPITA EXPENDITURES	**$348.06**	**$349.63**	**$350.39**	**$352.74**	**$367.72**	**$409.76**	**$437.49**	3.9%	-20.8%

OKLAHOMA

DATA BY OTHER CHARACTERISTICS

RECIPIENTS BY OTHER CHARACTERISTICS

By Maintenance Assistance Status	FFY 92	FFY 93	FFY 94	FFY95	FFY96	FFY97	FFY98	Annual Change	Share of Total FFY 98
Receiving Cash Assistance or Eligible Under Section 1931	222,649	227,640	233,744	229,582	110,753	981	197,595	-2.0%	43.0%
Poverty Related Eligibles	64,369	87,129	75,156	81,612	109,793	113,143	154,364	15.7%	33.6%
Medically Needy	14,560	11,428	14,241	13,466	11,961	10,963	12,978	-1.9%	2.8%
Other Eligibles	58,461	60,334	67,487	68,953	67,646	65,078	94,633	8.4%	20.6%
Maintenance Assistance Status Unknown (Managed Care)	0	0	0	0	57,968	125,636	0	-100.0%	0.0%
Total	**360,039**	**386,531**	**390,628**	**393,613**	**358,121**	**315,801**	**459,570**	4.2%	100.0%
By Basis of Eligibility									
Aged, Blind, or Disabled	99,488	97,017	106,027	107,831	107,842	108,411	123,719	3.7%	26.9%
Children	178,902	188,691	197,674	198,806	172,377	140,482	203,277	2.2%	44.2%
Foster Care Children	698	371	600	944	976	33,899	37,042	93.9%	8.1%
Adults	80,951	100,452	86,327	86,032	76,926	31,771	89,368	1.7%	19.4%
Basis of Eligibility Unknown	0	0	0	0	0	1,238	6,164	397.9%	1.3%
Total	**360,039**	**386,531**	**390,628**	**393,613**	**358,121**	**315,801**	**459,570**	4.2%	100.0%
By Age									
Under Age 1	28,360	25,384	24,636	24,496	22,852	19,644	38,814	5.4%	8.4%
Age 1 to 5	62,008	78,761	80,791	80,849	70,061	55,897	85,156	5.4%	18.5%
Age 6 to 14	64,299	70,254	71,593	73,546	65,601	56,082	107,513	8.9%	23.4%
Age 15 to 20	38,924	40,013	39,595	39,969	34,763	30,536	43,302	1.8%	9.4%
Age 21 to 44	83,991	89,005	89,024	89,047	79,927	68,548	90,134	1.2%	19.6%
Age 45 to 64	23,827	25,674	27,212	28,460	28,990	29,539	34,260	6.2%	7.5%
Age 65 to 74	18,823	19,272	19,515	19,519	19,121	19,257	23,018	3.4%	5.0%
Age 75 to 84	21,846	21,336	21,204	20,571	19,703	19,232	20,740	-0.9%	4.5%
Age 85 and Over	17,961	16,831	17,057	17,033	17,091	16,982	16,615	-1.3%	3.6%
Age Unknown	0	1	1	123	12	84	18	78.3%	0.0%
Total	**360,039**	**386,531**	**390,628**	**393,613**	**358,121**	**315,801**	**459,570**	4.2%	100.0%
By Race									
White	246,430	263,328	265,175	265,910	246,787	223,106	300,791	3.4%	65.5%
Black	67,568	70,973	71,392	71,512	58,313	42,509	83,570	3.6%	18.2%
Hispanic, American Indian or Asian	33,854	52,230	54,061	56,067	53,021	50,122	75,209	14.2%	16.4%
Other/Unknown	12,187	0	0	124	0	64	0	-100.0%	0.0%
Total	**360,039**	**386,531**	**390,628**	**393,613**	**358,121**	**315,801**	**459,570**	4.2%	100.0%
By Sex									
Female	233,192	248,283	249,698	250,778	228,288	200,747	281,884	3.2%	61.3%
Male	126,847	138,248	140,930	142,711	129,833	114,990	177,686	5.8%	38.7%
Unknown	0	0	0	124	0	64	0	-100.0%	0.0%
Total	**360,039**	**386,531**	**390,628**	**393,613**	**358,121**	**315,801**	**459,570**	4.2%	100.0%

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

PAYMENTS BY OTHER CHARACTERISTICS

By Maintenance Assistance Status	FFY 92	FFY 93	FFY 94	FFY95	FFY96	FFY97	FFY98	Annual Change	Share of Total FFY 98
Receiving Cash Assistance or Eligible Under Section 1931	$363,420,889	$382,931,584	$382,686,038	$424,368,961	$325,410,311	$1,765,800	$408,446,264	2.0%	31.4%
Poverty Related Eligibles	$462,604,251	$492,703,384	$437,361,090	$477,588,798	$560,579,510	$612,980,866	$647,895,453	5.8%	49.8%
Medically Needy	$47,849,847	$35,962,778	$29,329,453	$27,412,122	$27,529,399	$25,029,799	$20,851,529	-12.9%	1.6%
Other Eligibles	$129,915,107	$131,851,868	$124,763,125	$125,502,037	$107,712,124	$96,902,288	$100,660,691	-4.2%	7.7%
Maintenance Assistance Status Unknown (Managed Care)	$0	$0	$0	$0	$0	$408,089,033	$123,625,698	-69.7%	9.5%
Total	**$1,003,790,094**	**$1,043,449,614**	**$974,139,706**	**$1,054,871,918**	**$1,021,231,344**	**$1,144,767,786**	**$1,301,479,635**	4.4%	100.0%
By Basis of Eligibility									
Aged, Blind or Disabled	$589,556,384	$640,707,146	$641,921,301	$699,701,173	$730,287,575	$799,444,437	$900,845,050	7.3%	69.2%
Children	$272,102,317	$259,950,335	$220,255,274	$243,467,089	$204,868,658	$164,947,248	$188,563,374	-5.9%	14.5%
Foster Care Children	$713,522	$444,252	$479,132	$881,932	$44,605,890	$43,274,604	$44,980,549	99.5%	3.5%
Adults	$141,417,871	$142,347,881	$111,483,999	$110,821,724	$40,432,561	$28,512,223	$41,639,350	-18.4%	3.2%
Basis of Eligibility Unknown (Includes Managed Care)	$0	$0	$0	$0	$1,036,660	$108,589,274	$125,451,312	1000.1%	9.6%
Total	**$1,003,790,094**	**$1,043,449,614**	**$974,139,706**	**$1,054,871,918**	**$1,021,231,344**	**$1,144,767,786**	**$1,301,479,635**	4.4%	100.0%
By Age									
Under Age 1	$56,668,295	$72,154,677	$63,353,224	$62,781,768	$55,572,828	$42,954,023	$40,163,677	-5.6%	3.1%
Age 1 to 5	$64,742,056	$68,279,943	$67,686,901	$71,396,975	$57,741,364	$47,396,079	$52,837,675	-3.3%	4.1%
Age 6 to 14	$105,019,530	$98,149,435	$83,602,329	$106,115,457	$100,930,155	$87,756,430	$105,951,421	0.1%	8.1%
Age 15 to 20	$125,334,138	$109,451,753	$83,315,701	$89,777,834	$79,237,632	$71,578,794	$78,791,074	-7.4%	6.1%
Age 21 to 44	$251,205,036	$263,979,698	$249,102,817	$268,133,862	$256,809,842	$259,973,366	$295,698,867	2.8%	22.7%
Age 45 to 64	$106,332,576	$109,579,753	$113,430,096	$126,632,997	$136,844,006	$156,085,301	$184,322,199	9.6%	14.2%
Age 65 to 74	$64,839,558	$67,146,948	$68,119,455	$73,182,701	$75,474,718	$81,003,153	$94,789,404	6.5%	7.3%
Age 75 to 84	$111,978,240	$112,933,341	$115,940,735	$118,936,668	$117,702,849	$120,888,596	$137,780,875	3.5%	10.6%
Age 85 and Over	$114,729,288	$122,938,008	$128,905,449	$138,774,712	$143,861,461	$149,809,005	$169,495,487	6.7%	13.0%
Age Unknown	$2,941,377	$18,836,058	$682,999	($861,056)	($2,943,511)	$127,323,039	$141,648,956	90.7%	10.9%
Total	**$1,003,790,094**	**$1,043,449,614**	**$974,139,706**	**$1,054,871,918**	**$1,021,231,344**	**$1,144,767,786**	**$1,301,479,635**	4.4%	100.0%
By Race									
White	$770,742,140	$788,861,958	$749,209,006	$811,486,293	$796,347,625	$798,294,727	$914,770,638	2.9%	70.3%
Black	$136,224,269	$137,429,615	$132,466,247	$142,401,748	$127,285,081	$116,967,142	$129,301,888	-0.9%	9.9%
Hispanic, American Indian or Asian	$74,459,490	$98,321,988	$91,767,236	$101,849,204	$100,712,160	$102,451,180	$116,101,387	7.7%	8.9%
Other/Unknown	$22,364,195	$18,836,053	$697,217	($865,327)	($3,113,522)	$127,054,737	$141,305,722	36.0%	10.9%
Total	**$1,003,790,094**	**$1,043,449,614**	**$974,139,706**	**$1,054,871,918**	**$1,021,231,344**	**$1,144,767,786**	**$1,301,479,635**	4.4%	100.0%
By Sex									
Female	$617,117,065	$627,569,326	$598,630,070	$640,929,495	$609,927,176	$608,156,652	$691,028,833	1.9%	53.1%
Male	$383,731,652	$397,044,233	$374,814,034	$414,807,750	$414,255,363	$409,237,836	$468,864,411	3.4%	36.0%
Unknown	$2,941,377	$18,836,055	$695,602	($865,327)	($2,951,195)	$127,373,298	$141,586,391	90.7%	10.9%
Total	**$1,003,790,094**	**$1,043,449,614**	**$974,139,706**	**$1,054,871,918**	**$1,021,231,344**	**$1,144,767,786**	**$1,301,479,635**	4.4%	100.0%

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

OKLAHOMA

AVERAGE PAYMENT PER RECIPIENT BY OTHER CHARACTERISTICS

By Maintenance Assistance Status	FFY 92	FFY 93	FFY 94	FFY95	FFY96	FFY97	FFY98	Annual Change	Above (+) or Below (-) SLC Avg. FFY 98
Receiving Cash Assistance or Eligible Under Section 1931	$1,632.26	$1,682.18	$1,637.20	$1,848.44	$2,938.16	$1,800.00	$2,067.09	4.0%	-35.4%
Poverty Related Eligibles	$7,186.76	$5,654.87	$5,819.38	$5,851.94	$5,105.79	$5,417.75	$4,197.19	-8.6%	177.7%
Medically Needy	$3,286.39	$3,146.90	$2,059.51	$2,035.65	$2,301.60	$2,283.12	$1,606.68	-11.2%	-71.9%
Other Eligibles	$2,222.25	$2,185.37	$1,848.70	$1,820.11	$1,592.29	$1,489.02	$1,063.70	-11.6%	-80.5%
Maintenance Assistance Status Unknown	$0.00	$0.00	$0.00	$0.00	$0.00	$3,248.19	$0.00	-100.0%	-100.0%
Total	**$2,788.00**	**$2,699.52**	**$2,493.78**	**$2,679.97**	**$2,851.64**	**$3,624.97**	**$2,831.95**	0.3%	-6.5%
By Basis of Eligibility									
Aged, Blind or Disabled	$5,925.90	$6,604.07	$6,054.32	$6,488.87	$6,771.83	$7,374.20	$7,281.38	3.5%	1.1%
Children	$1,520.96	$1,377.65	$1,114.23	$1,224.65	$1,188.49	$1,174.15	$927.62	-7.9%	-9.9%
Foster Care Children	$1,022.24	$1,197.44	$798.55	$934.25	$45,702.76	$1,276.57	$1,214.31	2.9%	-63.9%
Adults	$1,746.96	$1,417.07	$1,291.42	$1,288.15	$525.60	$897.43	$465.93	-19.8%	-74.1%
Basis of Eligibility Unknown (Includes Managed Care)	$0.00	$0.00	$0.00	$0.00	$0.00	$87,713.47	$20,352.26	-76.8%	1076.8%
Total	**$2,788.00**	**$2,699.52**	**$2,493.78**	**$2,679.97**	**$2,851.64**	**$3,624.97**	**$2,831.95**	0.3%	-6.5%
By Age									
Under Age 1	$1,998.18	$2,842.53	$2,571.57	$2,562.94	$2,431.86	$2,186.62	$1,034.77	-10.4%	-57.5%
Age 1 to 5	$1,044.09	$866.93	$837.80	$883.09	$824.16	$847.92	$620.48	-8.3%	-44.3%
Age 6 to 14	$1,633.30	$1,397.07	$1,167.74	$1,442.84	$1,538.55	$1,564.79	$985.48	-8.1%	-10.8%
Age 15 to 20	$3,219.97	$2,735.40	$2,104.20	$2,246.19	$2,279.37	$2,344.08	$1,819.57	-9.1%	-13.7%
Age 21 to 44	$2,990.86	$2,965.90	$2,798.15	$3,011.15	$3,213.05	$3,792.57	$3,280.66	1.6%	-4.9%
Age 45 to 64	$4,462.69	$4,268.12	$4,168.39	$4,449.51	$4,720.39	$5,284.04	$5,380.10	3.2%	-11.5%
Age 65 to 74	$3,444.70	$3,484.17	$3,490.62	$3,749.31	$3,947.22	$4,206.43	$4,118.06	3.0%	-15.7%
Age 75 to 84	$5,125.80	$5,293.09	$5,467.87	$5,781.76	$5,973.85	$6,285.80	$6,643.24	4.4%	-12.5%
Age 85 and Over	$6,387.69	$7,304.26	$7,557.33	$8,147.40	$8,417.38	$8,821.63	$10,201.35	8.1%	-4.7%
Age Unknown	$0.00	$18,836,058.00	$682,999.00	($7,000.46)	($245,292.58)	$1,515,750.46	$7,869,386.44	-16.0%	338450.9%
Total	**$2,788.00**	**$2,699.52**	**$2,493.78**	**$2,679.97**	**$2,851.64**	**$3,624.97**	**$2,831.95**	0.3%	-6.5%
By Race									
White	$3,127.63	$2,995.74	$2,825.34	$3,051.73	$3,226.86	$3,578.10	$3,041.22	-0.5%	-18.3%
Black	$2,016.11	$1,936.36	$1,855.48	$1,991.30	$2,182.79	$2,751.59	$1,547.23	-4.3%	-36.0%
Hispanic, American Indian or Asian	$2,199.43	$1,882.48	$1,697.48	$1,816.56	$1,899.48	$2,044.04	$1,543.72	-5.7%	-18.4%
Other/Unknown	$1,835.09	$0.00	$0.00	($6,978.44)	$0.00	$1,985,230.27	$0.00	-100.0%	-100.0%
Total	**$2,788.00**	**$2,699.52**	**$2,493.78**	**$2,679.97**	**$2,851.64**	**$3,624.97**	**$2,831.95**	0.3%	-6.5%
By Sex									
Female	$2,646.39	$2,527.64	$2,397.42	$2,555.76	$2,671.74	$3,029.47	$2,451.47	-1.3%	-21.1%
Male	$3,025.15	$2,871.97	$2,659.58	$2,906.63	$3,190.68	$3,558.90	$2,638.72	-2.3%	-10.9%
Unknown	$0.00	$0.00	$0.00	($6,978.44)	$0.00	$1,990,207.78	$0.00	-100.0%	-100.0%
Total	**$2,788.00**	**$2,699.52**	**$2,493.78**	**$2,679.97**	**$2,851.64**	**$3,624.97**	**$2,831.95**	0.3%	-6.5%

ADDITIONAL STATE HEALTH CARE INFORMATION

Sources: "Major Health Care Policies: 50 State Profiles", Health Policy Tracking Service, January, 1999; and "Medicaid Services State by State", HCFA, October 1998.
**Information supplied by State Medicaid Agency*

Waivers

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

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

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

Managed Care

- Any Willing Provider Clause: No

Coverage for Targeted Population

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

Cost Containment Measures

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

Medicaid

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

Significant Changes

- Removed asset test as eligibility requirement and shortened application.
- Changed work related disregard from $90 to $120 and changed the exemption on an automobile from $1,500 to $5,000 for 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.

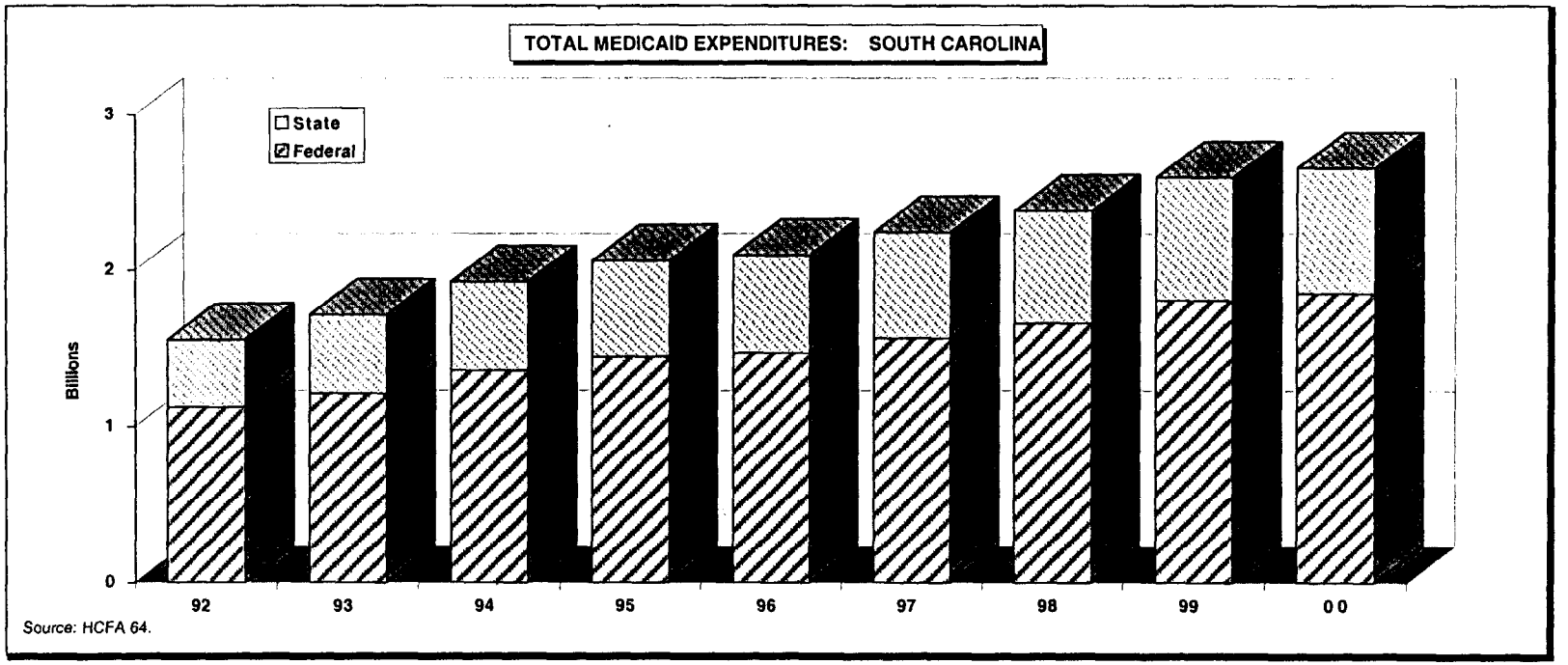
Children's Health Insurance Program: Medicaid Expansion

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

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

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

SOUTHERN REGION MEDICAID PROFILES



	FFY 92	FFY 93	FFY 94	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99**	FFY 00**	*Annual Rate of Change*	*Total 92-00*
Medicaid Payments	$1,500,068,528	$1,639,402,075	$1,854,446,011	$1,973,576,244	$2,013,832,070	$2,152,056,132	$2,291,868,201	$2,497,108,000	$2,557,597,000	*6.9%*	*70.5%*
Federal Share	$1,090,457,194	$1,172,998,410	$1,320,066,327	$1,398,296,056	$1,429,689,028	$1,519,082,799	$1,618,889,674	$1,756,313,000	$1,801,883,000	*6.5%*	*65.2%*
State Share	$409,611,334	$466,403,665	$534,379,684	$575,280,188	$584,143,042	$632,973,333	$672,978,527	$740,795,000	$755,714,000	*8.0%*	*84.5%*
Administrative Costs	$55,740,359	$74,251,142	$71,800,090	$86,424,297	$81,361,452	$88,870,964	$87,867,286	$96,341,000	$96,394,000	*7.1%*	*72.9%*
Federal Share	$32,553,168	$40,246,695	$41,202,505	$50,085,084	$45,439,898	$49,891,814	$45,813,555	$52,640,000	$52,647,000	*6.2%*	*61.7%*
State Share	$23,187,191	$34,004,447	$30,597,585	$36,339,213	$35,921,554	$38,979,150	$42,053,731	$43,701,000	$43,747,000	*8.3%*	*88.7%*
Admin. Costs as % of Payments	3.72%	4.53%	3.87%	4.38%	4.04%	4.13%	3.83%	3.86%	3.77%		
Federal Match Rate*	72.66%	71.28%	71.08%	70.71%	70.77%	70.43%	70.23%	69.85%	69.95%		

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

SOUTHERN REGION MEDICAID PROFILE

STATE FINANCING

	Payments		Administration	
	FFY 92	FFY 00	FFY 92	FFY 00
State General Fund	$409,611,334	$734,214,000	$23,187,191	$43,747,000
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	$409,611,334	$755,714,000	$23,187,191	$43,747,000

STATE to call back

Provider Taxes Currently in Place (FFY 00)

Providers	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 92	FFY 93	FFY 94	FFY 95	FFY 96	FFY97	FFY98	FFY99*	FFY00*	*Annual Change*
General Hospitals	$401,519,000	$411,565,799	$391,843,935	$367,034,942	$395,316,780	$401,352,000	$408,098,253	$397,674,000	$326,646,000	*-3.0%*
Mental Hospitals	$21,132,000	$28,193,201	$47,915,065	$73,076,341	$44,442,220	$38,407,000	$37,580,232	$36,114,000	$47,907,000	*0.0%*
Total	$422,651,000	$439,759,000	$439,759,000	$440,111,283	$439,759,000	$439,759,000	$445,678,485	$433,788,000	$374,553,000	*-2.6%*

SELECTED ELIGIBILITY CRITERIA

	At 10/1/99	% of FPL*
TANF-Temporary Assistance for Needy Families (Family of 3)		
Need Standard	$555	48.0%
Payment Standard	$201	17.4%
Maximum Payment	$201	17.4%
Medically Needy Program (Family of 3)		
Income Eligibility Standard	N/A	
Resource Standard		
Pregnant Women, Children and Infants (% of FPL*)		
Pregnant women and infants		185.0%
Children to age 6		150.0%
Children age 6 to18		150.0%
SSI Eligibility Levels		
Income:		
Single Person	$494	71.9%
Couple	$741	80.4%
Resources:		
Single Person	$2,000	
Couple	$4,000	

*Current federal poverty level is $8,240 per year for a single person, $11,060 for a family of two and $13,880 for a family of three. Table above shows monthly income levels.

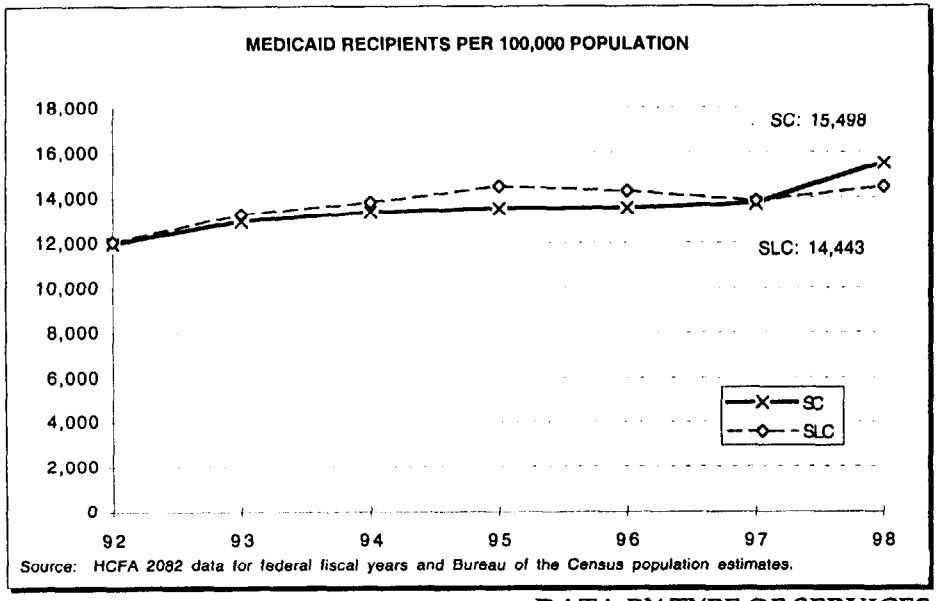
DEMOGRAPHIC DATA & POVERTY INDICATORS (1997)

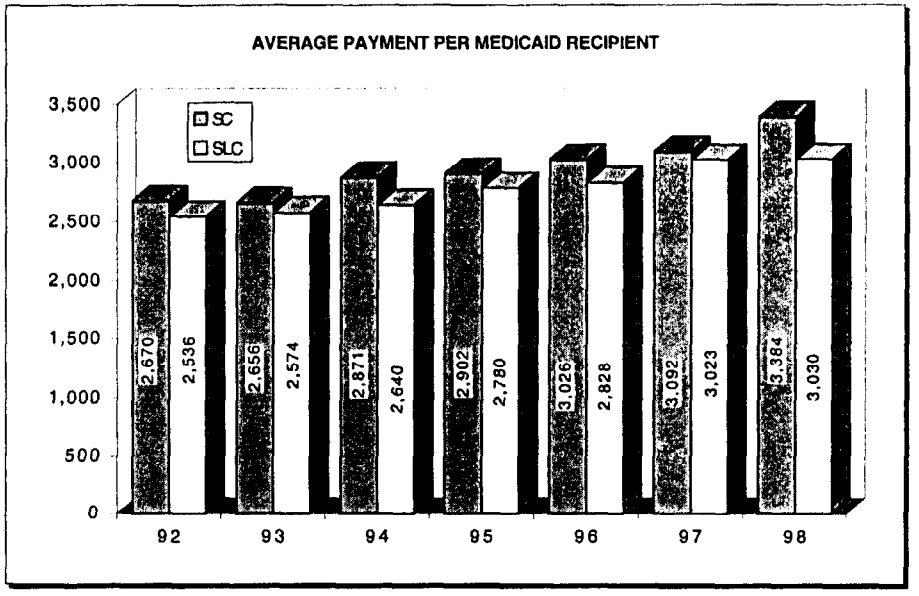
		Rank in U.S.
State population—July 1, 1997*	3,788,119	*26*
Per capita personal income**	$20,651	*39*
Median household income**	$33,446	*35*
Population below Federal Poverty Level on July 1, 1997*	583,370	
Percent of total population	15.4%	*14*
Population without health insurance coverage*	640,000	*22*
Percent of total population	16.9%	*16*
Recipients of Food Stamps***	323,037	*19*
Households receiving Food Stamps***	140,000	*22*
Total value of issuance***	$263,759,224	*20*
Average monthly benefit per recipient	$68.04	*40*
Average monthly benefit per household	$157.00	*11*
Monthly recipients of Temporary Assistance to Needy Families (TANF)****	52,280	*28*
Total TANF payments****	$125,366,902	*32*
Average monthly payment per recipient	$199.83	
Average monthly payment per family of 3	$200.00	*44*

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

SOUTH CAROLINA

SOUTHERN REGION MEDICAID PROFILE





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

RECIPIENTS BY TYPE OF SERVICES	FFY 92	FFY 93	FFY 94	FFY95	FFY96	FFY97	FFY98	*Annual Change*
01. General Hospital	137,805	136,475	134,914	138,312	135,838	137,519	136,807	*-0.1%*
02. Mental Hospital	1,449	1,772	1,535	1,783	1,303	1,181	1,531	*0.9%*
03. Skilled and Intermediate (non-MR) Care Nursing	13,786	14,629	14,768	15,359	16,106	16,313	17,352	*3.9%*
04. Intermediate Care for Mentally Retarded	3,448	3,386	3,322	3,137	3,025	2,837	2,856	*-3.1%*
05. Physician Services	345,069	376,676	384,734	389,236	386,894	393,019	418,331	*3.3%*
06. Dental Services	87,893	102,722	114,470	113,238	112,781	116,292	130,360	*6.8%*
07. Other Practitioners	69,673	79,221	84,024	88,422	89,557	93,858	87,212	*3.8%*
08. Outpatient Hospital	196,878	211,121	211,326	216,198	212,316	218,299	233,585	*2.9%*
09. Clinic Services	109,272	158,678	184,402	201,554	211,974	223,608	224,554	*12.8%*
10. Lab and X-Ray	109,014	126,444	143,127	145,387	145,398	146,784	150,252	*5.5%*
11. Home Health	9,927	11,162	13,075	15,906	18,553	21,792	10,331	*0.7%*
12. Prescribed Drugs	313,928	341,554	355,545	365,571	365,409	359,910	401,611	*4.2%*
13. Family Planning	46,806	51,577	49,138	55,788	66,319	79,256	112,341	*15.7%*
14. Early & Periodic Screening, Diagnosis & Treatment	84,714	96,421	96,170	105,862	102,334	102,936	108,591	*4.2%*
15. Other Care	88,998	110,152	122,632	141,651	134,608	127,397	113,086	*4.1%*
16. Personal Care Support Services	0	0	0	0	0	0	61,734	*n/a*
17. Home/Community Based Waiver Services	0	0	0	0	0	0	14,675	*n/a*
18. Prepaid Health Care	0	0	0	0	0	0	17,195	*n/a*
19. Primary Care Case Management (PCCM) Services	0	0	0	0	0	0	0	*n/a*
Total*	**431,083**	**470,416**	**486,110**	**495,500**	**503,295**	**519,875**	**594,480**	*5.5%*

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

SOUTH CAROLINA

SOUTHERN REGION MEDICAID PROFILE

PAYMENTS BY TYPE OF SERVICES	FFY 92	FFY 93	FFY 94	FFY95	FFY96	FFY97	FFY98	Annual Change	Share of Total FFY 98
01. General Hospital	$356,275,942	$352,376,783	$392,709,515	$331,618,553	$327,693,359	$333,432,020	$516,272,893	6.4%	25.7%
02. Mental Hospital	$43,776,451	$45,250,697	$48,945,566	$48,948,962	$27,732,879	$23,672,509	$47,960,982	1.5%	2.4%
03. Skilled and Intermediate (non-MR) Care Nursing	$203,440,797	$203,359,820	$227,693,380	$238,471,153	$268,110,314	$281,609,211	$302,667,749	6.8%	15.0%
04. Intermediate Care for Mentally Retarded	$156,720,468	$157,217,763	$157,986,025	$162,291,354	$169,209,598	$162,263,264	$167,959,347	1.2%	8.3%
05. Physician Services	$104,082,148	$111,184,492	$115,849,113	$121,998,248	$131,025,788	$143,150,356	$150,905,913	6.4%	7.5%
06. Dental Services	$10,111,351	$12,255,974	$14,032,412	$14,354,425	$14,492,151	$15,590,151	$18,640,048	10.7%	0.9%
07. Other Practitioners	$6,015,308	$6,929,331	$7,498,155	$7,881,310	$8,126,951	$8,417,004	$6,023,393	0.0%	0.3%
08. Outpatient Hospital	$35,638,239	$37,073,980	$37,939,033	$41,457,108	$42,047,434	$47,599,416	$52,518,262	6.7%	2.6%
09. Clinic Services	$50,576,969	$74,701,554	$96,130,799	$116,964,885	$126,189,093	$129,341,086	$138,424,592	18.3%	6.9%
10. Lab and X-Ray	$7,997,880	$7,477,743	$9,284,036	$9,866,228	$10,769,176	$11,924,976	$12,185,658	7.3%	0.6%
11. Home Health	$31,342,661	$51,000,205	$62,024,768	$77,678,849	$92,608,371	$124,959,128	$15,473,934	-11.1%	0.8%
12. Prescribed Drugs	$77,902,920	$94,030,373	$110,845,482	$124,500,348	$143,804,519	$159,606,414	$224,962,203	19.3%	11.2%
13. Family Planning	$11,800,140	$12,037,139	$10,419,800	$13,554,764	$24,040,363	$17,771,271	$34,421,428	19.5%	1.7%
14. Early & Periodic Screening, Diagnosis & Treatment	$5,683,654	$6,627,430	$6,489,663	$7,736,383	$7,525,154	$7,715,555	$7,942,631	5.7%	0.4%
15. Other Care	$49,547,295	$77,788,286	$97,901,965	$120,791,541	$129,365,422	$140,375,487	$102,108,042	12.8%	5.1%
16. Personal Care Support Services	$0	$0	$0	$0	$0	$0	$73,310,778	n/a	3.6%
17. Home/Community Based Waiver Services	$0	$0	$0	$0	$0	$0	$123,052,297	n/a	6.1%
18. Prepaid Health Care	$0	$0	$0	$0	$0	$0	$17,172,147	n/a	0.9%
19. Primary Case Management (PCCM) Services	$0	$0	$0	$0	$0	$0	$0	n/a	0.0%
Total (excludes DSH pymts, pharmacy rebates, & other adjs.)	**$1,150,912,223**	**$1,249,311,570**	**$1,395,749,712**	**$1,438,114,111**	**$1,522,740,572**	**$1,607,427,848**	**$2,012,002,297**	9.8%	100.0%

AVERAGE PAYMENTS PER RECIPIENT BY TYPE OF SERVICES									(+) or (-) SLC Avg. FFY 98
01. General Hospital	$2,585.36	$2,581.99	$2,910.81	$2,397.61	$2,412.38	$2,424.63	$3,773.73	6.5%	-1.9%
02. Mental Hospital	$30,211.49	$25,536.51	$31,886.36	$27,453.15	$21,283.87	$20,044.46	$31,326.57	0.6%	288.7%
03. Skilled and Intermediate (non-MR) Care Nursing	$14,757.06	$13,901.14	$15,418.02	$15,526.48	$16,646.61	$17,262.87	$17,442.82	2.8%	13.9%
04. Intermediate Care for Mentally Retarded	$45,452.57	$46,431.71	$47,557.50	$51,734.57	$55,937.06	$57,195.37	$58,809.30	4.4%	-0.7%
05. Physician Services	$301.63	$295.17	$301.11	$313.43	$338.66	$364.23	$360.73	3.0%	-2.3%
06. Dental Services	$115.04	$119.31	$122.59	$126.76	$128.50	$134.06	$142.99	3.7%	-17.6%
07. Other Practitioners	$86.34	$87.47	$89.24	$89.13	$90.75	$89.68	$69.07	-3.7%	-55.8%
08. Outpatient Hospital	$181.02	$175.61	$179.53	$191.76	$198.04	$218.05	$224.84	3.7%	-49.7%
09. Clinic Services	$462.85	$470.77	$521.31	$580.32	$595.30	$578.43	$616.44	4.9%	9.6%
10. Lab and X-Ray	$73.37	$59.14	$64.87	$67.86	$74.07	$81.24	$81.10	1.7%	-14.1%
11. Home Health	$3,157.31	$4,569.09	$4,743.77	$4,883.62	$4,991.56	$5,734.17	$1,497.82	-11.7%	-2.1%
12. Prescribed Drugs	$248.16	$275.30	$311.76	$340.56	$393.54	$443.46	$560.15	14.5%	-10.8%
13. Family Planning	$252.11	$233.38	$212.05	$242.97	$362.50	$224.23	$306.40	3.3%	44.1%
14. Early & Periodic Screening, Diagnosis & Treatment	$67.09	$68.73	$67.48	$73.08	$73.54	$74.95	$73.14	1.4%	-73.4%
15. Other Care	$556.72	$706.19	$798.34	$852.74	$961.05	$1,101.87	$902.92	8.4%	94.8%
16. Personal Care Support Services	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$1,187.53	n/a	-24.8%
17. Home/Community Based Waiver Services	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$8,385.17	n/a	-33.2%
18. Prepaid Health Care	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$998.67	n/a	-10.3%
19. Primary Care Case Management (PCCM) Services	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	n/a	-100.0%
Total (Average)	**$2,669.82**	**$2,655.76**	**$2,871.26**	**$2,902.35**	**$3,025.54**	**$3,091.95**	**$3,384.47**	4.0%	11.7%
TOTAL PER CAPITA EXPENDITURES	**$432.82**	**$472.28**	**$528.76**	**$561.77**	**$563.73**	**$591.57**	**$620.38**	6.2%	12.2%

SOUTH CAROLINA

SOUTHERN REGION MEDICAID PROFILE

DATA BY OTHER CHARACTERISTICS

RECIPIENTS BY OTHER CHARACTERISTICS

By Maintenance Assistance Status	FFY 92	FFY 93	FFY 94	FFY95	FFY96	FFY97	FFY98	Annual Change	Share of Total FFY 98
Receiving Cash Assistance or Eligible Under Section 1931	257,561	272,447	265,410	257,072	245,107	197,281	190,767	-4.9%	32.1%
Poverty Related Eligibles	7,212	10,291	24,119	48,921	55,794	194,689	225,889	77.5%	38.0%
Medically Needy	7,559	3,396	161	10	3	0	0	-100.0%	0.0%
Other Eligibles	158,751	184,282	196,420	189,497	202,391	127,905	155,498	-0.3%	26.2%
Maintenance Assistance Status Unknown	0	0	0	0	0	0	22,326	n/a	3.8%
Total	**431,083**	**470,416**	**486,110**	**495,500**	**503,295**	**519,875**	**594,480**	5.5%	100.0%
By Basis of Eligibility									
Aged, Blind, or Disabled	141,836	153,576	165,462	172,026	176,276	178,845	174,978	3.6%	29.4%
Children	198,972	223,197	231,724	234,783	236,162	244,194	269,751	5.2%	45.4%
Foster Care Children	63	429	1,342	1,794	1,569	2,831	6,412	116.1%	1.1%
Adults	90,212	93,214	87,582	86,897	89,288	94,005	121,013	5.0%	20.4%
Basis of Eligibility Unknown	0	0	0	0	0	0	22,326	n/a	3.8%
Total	**431,083**	**470,416**	**486,110**	**495,500**	**503,295**	**519,875**	**594,480**	5.5%	100.0%
By Age									
Under Age 1	40,872	41,896	41,226	40,906	39,925	41,450	27,168	-6.6%	4.6%
Age 1 to 5	78,949	93,478	98,529	97,639	95,377	92,463	100,788	4.2%	17.0%
Age 6 to 14	67,986	78,424	84,995	91,237	96,955	103,589	130,359	11.5%	21.9%
Age 15 to 20	38,100	39,795	40,836	42,726	45,163	49,379	64,024	9.0%	10.8%
Age 21 to 44	95,187	101,189	102,286	102,402	104,364	110,538	131,514	5.5%	22.1%
Age 45 to 64	35,327	38,561	39,747	42,028	43,725	46,723	46,949	4.9%	7.9%
Age 65 to 74	31,708	32,661	33,571	33,068	32,365	30,695	29,380	-1.3%	4.9%
Age 75 to 84	27,963	28,536	28,476	28,454	28,333	28,321	27,507	-0.3%	4.6%
Age 85 and Over	14,868	15,753	16,349	16,899	16,952	16,592	17,408	2.7%	2.9%
Age Unknown	123	123	95	141	136	125	19,383	132.4%	3.3%
Total	**431,083**	**470,416**	**486,110**	**495,500**	**503,295**	**519,875**	**594,480**	5.5%	100.0%
By Race									
White	158,096	173,882	180,159	184,392	188,387	196,643	220,674	5.7%	37.1%
Black	253,262	274,119	281,582	286,346	288,669	295,146	326,308	4.3%	54.9%
Hispanic, American Indian or Asian	1,410	2,781	3,041	3,403	4,033	4,832	5,667	26.1%	1.0%
Other/Unknown	18,315	19,634	21,328	21,359	22,206	23,254	41,831	14.8%	7.0%
Total	**431,083**	**470,416**	**486,110**	**495,500**	**503,295**	**519,875**	**594,480**	5.5%	100.0%
By Sex									
Female	280,508	301,895	309,106	313,065	318,798	331,412	369,944	4.7%	62.2%
Male	150,366	168,247	176,924	182,363	184,442	188,363	205,046	5.3%	34.5%
Unknown	209	274	80	72	55	100	19,490	112.9%	3.3%
Total	**431,083**	**470,416**	**486,110**	**495,500**	**503,295**	**519,875**	**594,480**	5.5%	100.0%

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

PAYMENTS BY OTHER CHARACTERISTICS

By Maintenance Assistance Status	FFY 92	FFY 93	FFY 94	FFY95	FFY96	FFY97	FFY98	Annual Change	Share of Total FFY 98
Receiving Cash Assistance or Eligible Under Section 1931	$548,614,993	$613,101,008	$704,995,787	$712,038,867	$746,410,451	$718,713,823	$751,927,407	5.4%	37.4%
Poverty Related Eligibles	$5,925,453	$8,180,689	$19,327,043	$76,134,287	$78,680,449	$326,182,355	$448,329,281	105.7%	22.3%
Medically Needy	$25,157,115	$6,439,552	$85,002	$186,805	$18,596	$0	$0	-100.0%	0.0%
Other Eligibles	$571,214,662	$621,590,321	$671,341,880	$649,754,152	$697,631,076	$562,531,670	$558,650,582	-0.4%	27.8%
Maintenance Assistance Status Unknown	$0	$0	$0	$0	$0	$0	$253,095,027	n/a	12.6%
Total	**$1,150,912,223**	**$1,249,311,570**	**$1,395,749,712**	**$1,438,114,111**	**$1,522,740,572**	**$1,607,427,848**	**$2,012,002,297**	9.8%	100.0%
By Basis of Eligibility									
Aged, Blind or Disabled	$748,653,462	$822,586,838	$963,242,442	$1,014,169,010	$1,090,644,731	$1,154,772,516	$1,240,263,794	8.8%	61.6%
Children	$218,199,462	$246,419,965	$256,795,168	$262,493,979	$270,986,259	$273,775,606	$305,302,576	5.8%	15.2%
Foster Care Children	$152,390	$344,700	$1,163,023	$1,585,042	$1,479,650	$19,242,618	$51,231,425	163.7%	2.5%
Adults	$183,906,909	$179,960,067	$174,549,079	$159,866,080	$159,629,932	$159,637,108	$162,109,475	-2.1%	8.1%
Basis of Eligibility Unknown	$0	$0	$0	$0	$0	$0	$253,095,027	n/a	12.6%
Total	**$1,150,912,223**	**$1,249,311,570**	**$1,395,749,712**	**$1,438,114,111**	**$1,522,740,572**	**$1,607,427,848**	**$2,012,002,297**	9.8%	100.0%
By Age									
Under Age 1	$104,615,824	$108,835,344	$120,756,166	$108,153,196	$100,158,295	$108,036,981	$79,118,760	-4.5%	3.9%
Age 1 to 5	$50,662,457	$63,434,992	$73,614,323	$76,035,305	$79,270,797	$86,712,318	$117,683,342	15.1%	5.8%
Age 6 to 14	$61,089,055	$82,107,636	$102,208,441	$117,491,921	$130,904,482	$137,137,669	$163,537,315	17.8%	8.1%
Age 15 to 20	$89,262,861	$95,088,645	$107,427,279	$113,410,195	$119,820,676	$120,856,349	$146,855,007	8.7%	7.3%
Age 21 to 44	$316,626,223	$335,807,919	$361,083,557	$361,943,923	$381,480,400	$395,298,868	$426,843,487	5.1%	21.2%
Age 45 to 64	$183,741,843	$202,401,867	$227,060,957	$243,126,166	$270,939,325	$306,032,977	$338,951,033	10.7%	16.8%
Age 65 to 74	$99,369,173	$107,530,717	$121,586,148	$123,593,083	$127,990,689	$126,588,198	$137,571,468	5.6%	6.8%
Age 75 to 84	$132,114,055	$134,860,383	$146,351,214	$148,874,558	$156,957,161	$165,383,092	$179,507,553	5.2%	8.9%
Age 85 and Over	$104,140,984	$107,285,238	$122,277,291	$130,815,986	$139,425,579	$144,856,257	$173,537,576	8.9%	8.6%
Age Unknown	$9,289,748	$11,958,829	$13,384,336	$14,669,778	$15,793,168	$16,525,139	$248,396,756	72.9%	12.3%
Total	**$1,150,912,223**	**$1,249,311,570**	**$1,395,749,712**	**$1,438,114,111**	**$1,522,740,572**	**$1,607,427,848**	**$2,012,002,297**	9.8%	100.0%
By Race									
White	$548,390,056	$587,140,477	$649,794,701	$668,792,154	$702,460,735	$738,043,044	$823,140,050	7.0%	40.9%
Black	$527,586,001	$574,700,230	$631,654,230	$653,619,676	$693,817,051	$730,748,650	$819,207,631	7.6%	40.7%
Hispanic, American Indian or Asian	$2,101,051	$4,098,782	$4,469,437	$4,571,798	$5,219,991	$6,501,127	$6,968,889	22.1%	0.3%
Other/Unknown	$72,835,115	$83,372,081	$109,831,344	$111,130,483	$121,242,795	$132,135,027	$362,685,727	30.7%	18.0%
Total	**$1,150,912,223**	**$1,249,311,570**	**$1,395,749,712**	**$1,438,114,111**	**$1,522,740,572**	**$1,607,427,848**	**$2,012,002,297**	9.8%	100.0%
By Sex									
Female	$730,873,793	$775,394,039	$859,499,563	$875,669,421	$918,593,270	$970,056,165	$1,072,190,466	6.6%	53.3%
Male	$410,859,410	$462,024,587	$523,561,106	$548,027,139	$588,648,232	$620,757,369	$691,382,912	9.1%	34.4%
Unknown	$9,179,020	$11,892,944	$12,689,043	$14,417,551	$15,499,070	$16,614,314	$248,428,919	73.3%	12.3%
Total	**$1,150,912,223**	**$1,249,311,570**	**$1,395,749,712**	**$1,438,114,111**	**$1,522,740,572**	**$1,607,427,848**	**$2,012,002,297**	9.8%	100.0%

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

AVERAGE PAYMENT PER RECIPIENT BY OTHER CHARACTERISTICS

By Maintenance Assistance Status	FFY 92	FFY 93	FFY 94	FFY95	FFY96	FFY97	FFY98	Annual Change	Above (+) or Below (-) SLC Avg. FFY 98
Receiving Cash Assistance or Eligible Under Section 1931	$2,130.04	$2,250.35	$2,656.25	$2,769.80	$3,045.24	$3,643.10	$3,941.60	10.8%	23.2%
Poverty Related Eligibles	$821.61	$794.94	$801.32	$1,556.27	$1,410.20	$1,675.40	$1,984.73	15.8%	31.3%
Medically Needy	$3,328.10	$1,896.22	$527.96	$18,680.50	$6,198.67	$0.00	$0.00	-100.0%	-100.0%
Other Eligibles	$3,598.18	$3,373.04	$3,417.89	$3,428.84	$3,446.95	$4,398.04	$3,592.65	0.0%	-34.2%
Maintenance Assistance Status Unknown	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$11,336.34	n/a	548.8%
Total	**$2,669.82**	**$2,655.76**	**$2,871.26**	**$2,902.35**	**$3,025.54**	**$3,091.95**	**$3,384.47**	4.0%	11.7%
By Basis of Eligibility									
Aged, Blind or Disabled	$5,278.30	$5,356.22	$5,821.53	$5,895.44	$6,187.14	$6,456.83	$7,088.11	5.0%	-1.6%
Children	$1,096.63	$1,104.05	$1,108.19	$1,118.03	$1,147.46	$1,121.14	$1,131.79	0.5%	10.0%
Foster Care Children	$2,418.89	$803.50	$866.63	$883.52	$943.05	$6,797.11	$7,989.93	22.0%	137.5%
Adults	$2,038.61	$1,930.61	$1,992.98	$1,839.72	$1,787.81	$1,698.18	$1,339.60	-6.8%	-25.6%
Basis of Eligibility Unknown	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$11,336.34	n/a	555.5%
Total	**$2,669.82**	**$2,655.76**	**$2,871.26**	**$2,902.35**	**$3,025.54**	**$3,091.95**	**$3,384.47**	4.0%	11.7%
By Age									
Under Age 1	$2,559.60	$2,597.75	$2,929.13	$2,643.94	$2,508.66	$2,606.44	$2,912.20	2.2%	19.5%
Age 1 to 5	$641.71	$678.61	$747.13	$778.74	$831.13	$937.81	$1,167.63	10.5%	4.7%
Age 6 to 14	$898.55	$1,046.97	$1,202.52	$1,287.77	$1,350.16	$1,323.86	$1,254.51	5.7%	13.5%
Age 15 to 20	$2,342.86	$2,389.46	$2,630.70	$2,654.36	$2,653.07	$2,447.53	$2,293.75	-0.4%	8.8%
Age 21 to 44	$3,326.36	$3,318.62	$3,530.14	$3,534.54	$3,655.29	$3,576.14	$3,245.61	-0.4%	-5.9%
Age 45 to 64	$5,201.17	$5,248.87	$5,712.66	$5,784.86	$6,196.44	$6,549.94	$7,219.56	5.6%	18.8%
Age 65 to 74	$3,133.88	$3,292.33	$3,621.76	$3,737.54	$3,954.60	$4,124.07	$4,682.49	6.9%	-4.1%
Age 75 to 84	$4,724.60	$4,725.97	$5,139.46	$5,232.11	$5,539.73	$5,839.59	$6,525.89	5.5%	-14.0%
Age 85 and Over	$7,004.37	$6,810.46	$7,479.19	$7,741.05	$8,224.73	$8,730.49	$9,968.84	6.1%	-6.9%
Age Unknown	$75,526.41	$97,226.25	$140,887.75	$104,040.98	$116,126.24	$132,201.11	$12,815.19	-25.6%	451.3%
Total	**$2,669.82**	**$2,655.76**	**$2,871.26**	**$2,902.35**	**$3,025.54**	**$3,091.95**	**$3,384.47**	4.0%	11.7%
By Race									
White	$3,468.72	$3,376.66	$3,606.78	$3,627.01	$3,728.82	$3,753.21	$3,730.12	1.2%	0.3%
Black	$2,083.16	$2,096.54	$2,243.23	$2,282.62	$2,403.50	$2,475.89	$2,510.53	3.2%	3.8%
Hispanic, American Indian or Asian	$1,490.11	$1,473.85	$1,469.73	$1,343.46	$1,294.32	$1,345.43	$1,229.73	-3.2%	-35.0%
Other/Unknown	$3,976.80	$4,246.31	$5,149.63	$5,202.98	$5,459.91	$5,682.25	$8,670.26	13.9%	141.5%
Total	**$2,669.82**	**$2,655.76**	**$2,871.26**	**$2,902.35**	**$3,025.54**	**$3,091.95**	**$3,384.47**	4.0%	11.7%
By Sex									
Female	$2,605.54	$2,568.42	$2,780.60	$2,797.09	$2,881.43	$2,927.04	$2,898.25	1.8%	-6.7%
Male	$2,732.40	$2,746.11	$2,959.24	$3,005.14	$3,191.51	$3,295.54	$3,371.84	3.6%	13.9%
Unknown	$43,918.76	$43,404.91	$158,613.04	$200,243.76	$281,801.27	$166,143.14	$12,746.48	-18.6%	426.5%
Total	**$2,669.82**	**$2,655.76**	**$2,871.26**	**$2,902.35**	**$3,025.54**	**$3,091.95**	**$3,384.47**	4.0%	11.7%

ADDITIONAL STATE HEALTH CARE INFORMATION

Sources: "Major Health Care Policies: 50 State Profiles", Health Policy Tracking Service, January, 1999; and "Medicaid Services State by State", HCFA, October 1998.
**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 wavier to include all women at or below 185% of the federal poverty level. These individuals would be eligible for family planning services without the requirement of having a Medicaid reimbursed pregnancy. The program was implemented in June 1997.

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

Managed Care

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

Coverage for Targeted Population

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

Cost Containment Measures

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

Medicaid

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

Medicaid (Continued)

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

•Pharmacy Services: Effective July 1, 1998, Medicaid eligible recipients from birth through the month of their 21st birthday are eligible to receive an unlimited number of prescriptions per month.

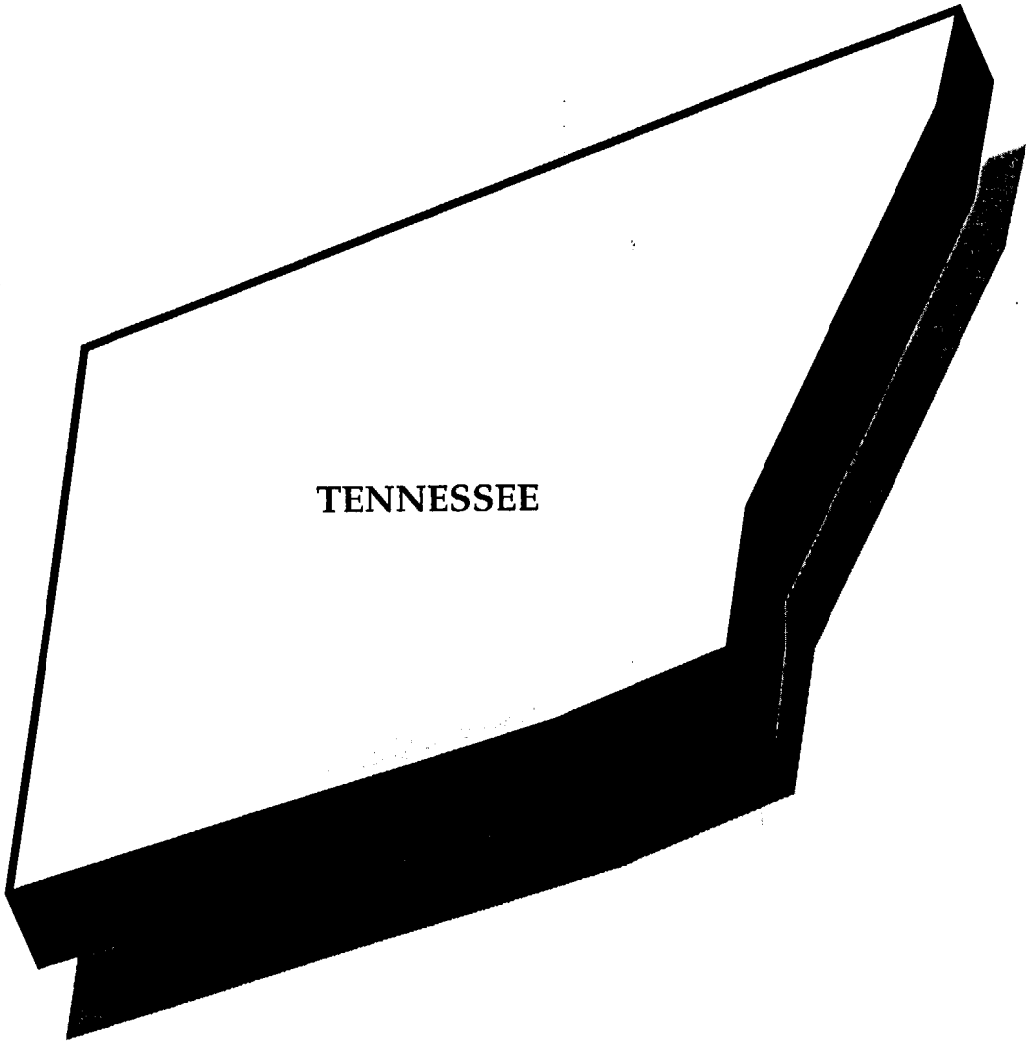
•Pharmacy Services: Effective July 1, 1999, Medicaid eligible recipients 21 years and one month old and older will be eligible to receive 4 prescriptions per month.

Childrens Health Insurance Program: Medicaid Expansion

•The Partners for Healthy Children Program (PHC) received HCFA approval on February 18, 1998. PHC provides coverage through an expansion of Medicaid to children from birth through age 18 in families with incomes at or below 150% of the FPL. The benefit package will be the same as the regular Medicaid package.

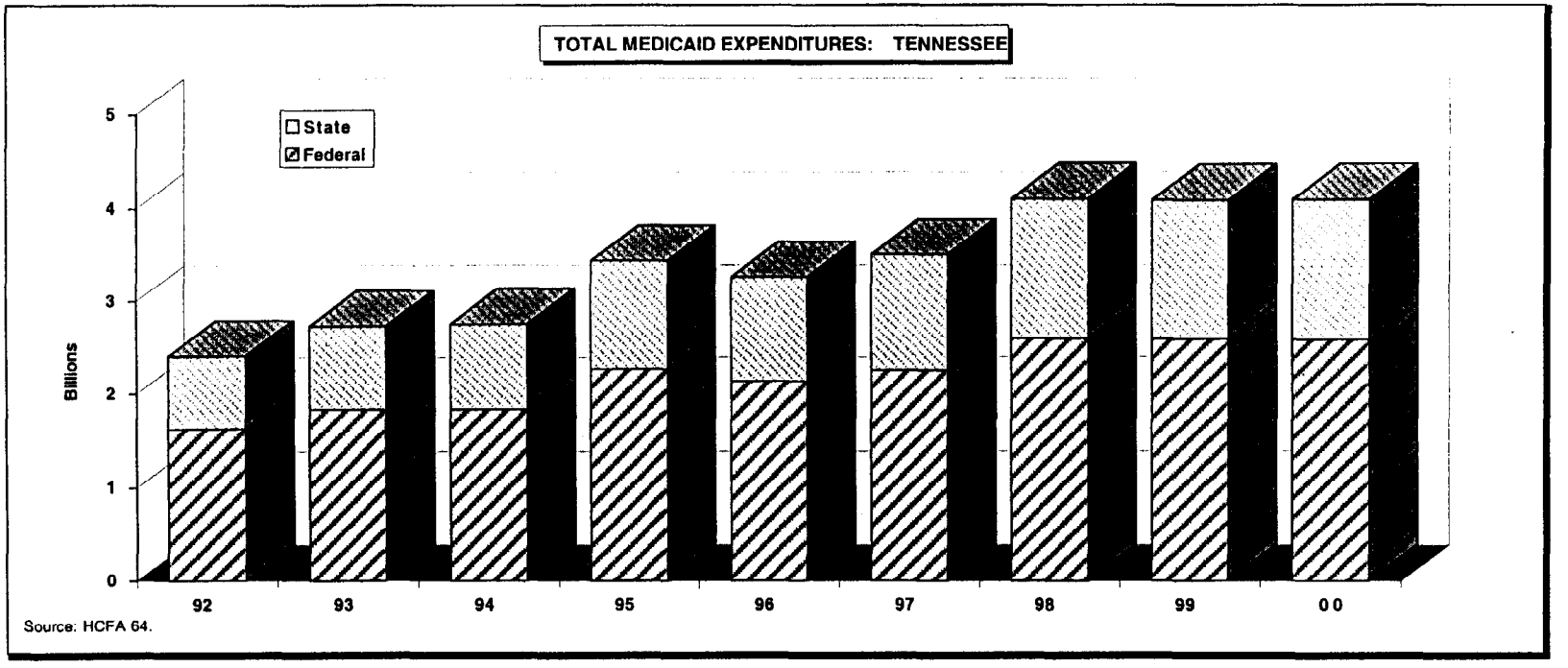
•PHC expects to provide Medicaid services to approximately 75,000 recipients.

SOUTHERN REGION MEDICAID PROFILES



TENNESSEE

SOUTHERN REGION MEDICAID PROFILE



	FFY 92	FFY 93	FFY 94	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99**	FFY 00**	*Annual Rate of Change*	*Total 92-00*
Medicaid Payments	$2,349,296,256	$2,645,294,589	$2,671,299,981	$3,307,512,305	$3,201,718,656	$3,434,971,957	$3,973,329,340	$3,956,529,000	$3,956,939,000	*6.7%*	*68.4%*
Federal Share	$1,601,079,546	$1,787,677,849	$1,794,063,099	$2,199,863,390	$2,101,608,128	$2,218,304,890	$2,521,519,369	$2,510,067,000	$2,501,507,000	*5.7%*	*56.2%*
State Share	$748,216,710	$857,616,740	$877,236,882	$1,107,648,915	$1,100,110,528	$1,216,667,067	$1,451,809,971	$1,446,462,000	$1,455,432,000	*8.7%*	*94.5%*
Administrative Costs	$56,164,728	$85,150,015	$78,110,695	$127,408,331	$50,806,343	$61,788,755	$123,168,141	$127,300,000	$133,440,000	*11.4%*	*137.6%*
Federal Share	$34,482,295	$46,891,354	$42,094,569	$68,684,812	$29,340,004	$35,458,089	$66,979,817	$70,774,000	$74,187,000	*10.1%*	*115.1%*
State Share	$21,682,433	$38,258,661	$36,016,126	$58,723,519	$21,466,339	$26,330,666	$56,188,324	$56,526,000	$59,253,000	*13.4%*	*173.3%*
Admin. Costs as % of Payments	2.39%	3.22%	2.92%	3.85%	1.59%	1.80%	3.10%	3.22%	3.37%		
Federal Match Rate*	68.41%	67.57%	67.15%	66.52%	65.64%	64.58%	63.36%	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 99 and 00 reflect latest estimates reported by each state.*

SOUTHERN REGION MEDICAID PROFILE

STATE FINANCING

	Payments		Administration	
	FFY 92	FFY 00	FFY 92	FFY 00
State General Fund	$748,216,710	$1,289,200,645	$21,682,433	$59,253,000
Local Funds	$0	$0	$0	$0
Provider Taxes	$0	$166,231,355	$0	$0
Donations	$0	$0	$0	$0
Other	$0	$0	$0	$0
Total State Share	$748,216,710	$1,455,432,000	$21,682,433	$59,253,000

Provider Taxes Currently in Place (FFY 00)

Providers	Tax Rate	Amount
Nursing homes	$2,600 per bed per year	$84,978,913
ICF/MR facilities	6% of revenues	$11,252,442
HMO's	2% of enrollee revenue	$63,000,000
Physician Professional fee		$7,000,000
Total		$166,231,355

DISPROPORTIONATE SHARE HOSPITAL (DSH) PAYMENTS

	FFY 92	FFY 93	FFY 94	FFY 95	FFY 96	FFY97	FFY98	FFY99*	FFY00*	*Annual Change*
General Hospitals	$0	$426,778,463	$106,267,823	$0	$0	$0	$0	$0	$0	*-100.0%*
Mental Hospitals	$0	$3,294,504	$1,280,027	$0	$0	$0	$0	$0	$0	*-100.0%*
Total	$0	$430,072,967	$107,547,850	$0	$0	$0	$0	$0	$0	*-100.0%*

SELECTED ELIGIBILITY CRITERIA

	At 10/1/99	% of FPL*
TANF-Temporary Assistance for Needy Families (Family of 3)		
Need Standard	$1,430	123.6%
Payment Standard	$185	16.0%
Maximum Payment	N/A	N/A
Medically Needy Program (Family of 3)		
Income Eligibility Standard	$250	
Resource Standard	N/A	
Pregnant Women, Children and Infants (% of FPL*)		
Pregnant women and infants		185.0%
Children to age 6		133.0%
Children 6 to14		100.0%
Children 15 to 18		28.0%
SSI Eligibility Levels		
Income:		
Single Person	$458	*66.7%*
Couple	$687	74.5%
Resources:		
Single Person	$2,000	
Income to community spouse	$1,279	

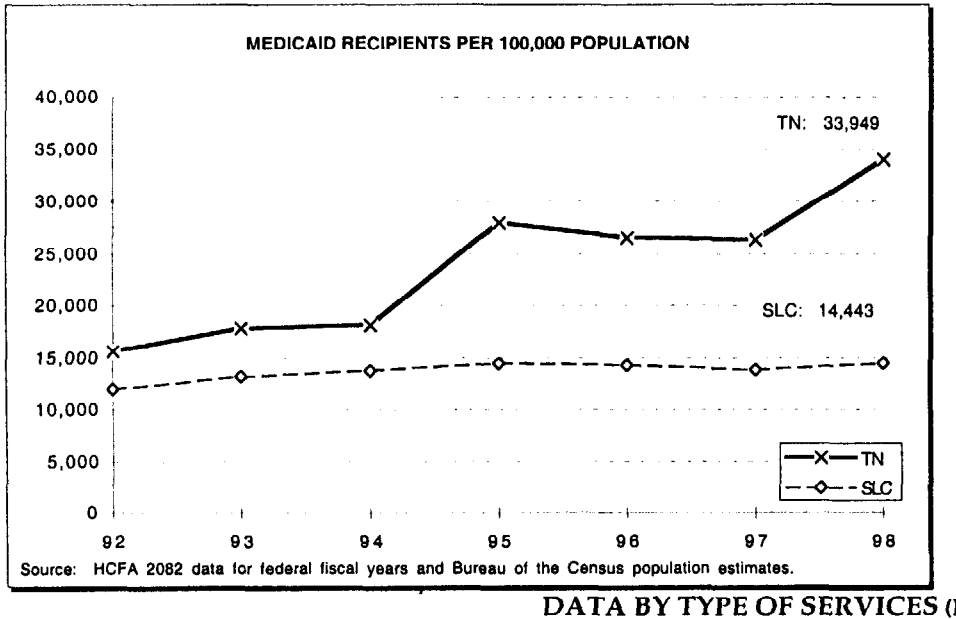
*Current federal poverty level is $8,240 per year for a single person, $11,060 for a family of two and $13,880 for a family of three. Table above shows monthly income levels.

DEMOGRAPHIC DATA & POVERTY INDICATORS (1997)

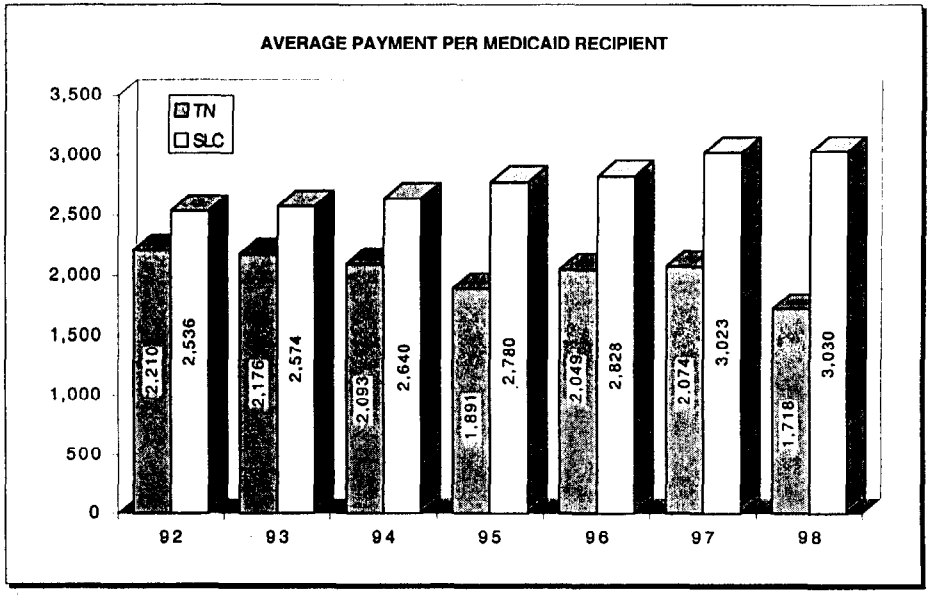
		Rank in U.S.
State population—July 1, 1997*	5,371,693	*17*
Per capita personal income**	$22,752	33
Median household income**	$30,896	42
Population below Federal Poverty Level on July 1, 1997*	816,497	
Percent of total population	15.2%	*15*
Population without health insurance coverage*	756,000	*15*
Percent of total population	14.1%	*26*
Recipients of Food Stamps***	522,898	*11*
Households receiving Food Stamps***	253,000	*10*
Total value of issuance***	$437,307,628	*11*
Average monthly benefit per recipient	$69.69	*35*
Average monthly benefit per household	$144.04	*16*
Monthly recipients of Temporary Assistance to Needy Families (TANF)****	148,532	*14*
Total TANF payments****	$232,991,527	*22*
Average monthly payment per recipient	$130.72	
Average monthly payment per family of 3	$185.00	*47*

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

SOUTHERN REGION MEDICAID PROFILE



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



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

RECIPIENTS BY TYPE OF SERVICES	FFY 92	FFY 93	FFY 94	FFY95	FFY96	FFY97	FFY98	*Annual Change*
01. General Hospital	139,689	149,490	90,701	52,028	50,459	33,932	30	*-75.5%*
02. Mental Hospital	4,429	4,021	5,064	1,649	628	556	0	*-100.0%*
03. Skilled and Intermediate (non-MR) Care Nursing	41,502	43,955	44,735	46,086	48,627	48,090	82,150	*12.1%*
04. Intermediate Care for Mentally Retarded	2,501	2,514	2,501	2,409	2,225	2,048	4,367	*9.7%*
05. Physician Services	606,249	696,460	505,105	203,020	194,000	196,685	220,657	*-15.5%*
06. Dental Services	144,481	158,888	74,165	430	5	1	0	*-100.0%*
07. Other Practitioners	114,740	142,027	79,456	38,343	42,247	47,533	1	*-85.7%*
08. Outpatient Hospital	449,202	499,846	307,545	101,566	102,000	87,696	0	*-100.0%*
09. Clinic Services	128,186	181,203	115,160	81,359	79,627	24,187	31	*-75.0%*
10. Lab and X-Ray	388,712	408,989	248,658	95,330	97,960	102,467	0	*-100.0%*
11. Home Health	12,887	14,243	9,310	1,293	970	582	13	*-68.3%*
12. Prescribed Drugs	608,456	701,136	454,323	1,395	18	3	1	*-89.1%*
13. Family Planning	35,067	37,803	18,251	839	322	314	0	*-100.0%*
14. Early & Periodic Screening, Diagnosis & Treatment	126,443	134,874	60,964	814	25	0	0	*-100.0%*
15. Other Care	131,044	157,038	980,147	1,504,680	2,677,094	1,394,167	2	*-84.3%*
16. Personal Care Support Services	0	0	0	0	0	0	4,337	*n/a*
17. Home/Community Based Waiver Services	0	0	0	0	0	0	0	*n/a*
18. Prepaid Health Care	0	0	0	0	0	0	1,764,279	*n/a*
19. Primary Care Case Management (PCCM) Services	0	0	0	0	0	0	0	*n/a*
Total*	**785,231**	**908,943**	**938,711**	**1,466,194**	**1,408,918**	**1,415,612**	**1,843,633**	*15.3%*

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

TENNESSEE

SOUTHERN REGION MEDICAID PROFILE

PAYMENTS BY TYPE OF SERVICES	FFY 92	FFY 93	FFY 94	FFY95	FFY96	FFY97	FFY98	Annual Change	Share of Total FFY 98
01. General Hospital	$345,990,172	$341,138,342	$160,606,850	$37,889,701	$18,469,754	$4,453,494	$36,937	-78.2%	0.0%
02. Mental Hospital	$27,008,054	$25,784,872	$29,199,755	$32,540,636	$11,096,279	$1,093,770	$0	-100.0%	0.0%
03. Skilled and Intermediate (non-MR) Care Nursing	$424,041,157	$517,042,863	$515,676,048	$580,030,491	$619,886,256	$606,379,844	$792,249,918	11.0%	25.0%
04. Intermediate Care for Mentally Retarded	$110,872,075	$115,073,172	$126,623,497	$151,151,062	$206,632,349	$210,285,462	$274,743,037	16.3%	8.7%
05. Physician Services	$207,444,317	$253,800,289	$155,948,698	$202,076,911	$140,559,405	$147,219,192	$112,908,373	-9.6%	3.6%
06. Dental Services	$20,067,873	$21,753,931	$7,143,127	$29,639	$810	$169	$0	-100.0%	0.0%
07. Other Practitioners	$9,269,710	$11,813,862	$5,024,091	$944,347	$971,050	$1,173,050	$18	-88.8%	0.0%
08. Outpatient Hospital	$174,920,016	$202,985,082	$80,376,582	$11,653,811	$9,835,461	$7,416,231	$0	-100.0%	0.0%
09. Clinic Services	$72,236,172	$87,091,942	$38,331,120	$96,823,041	$85,112,743	$5,531,639	$1,196	-84.0%	0.0%
10. Lab and X-Ray	$39,492,288	$37,449,705	$14,597,503	$3,102,910	$2,960,828	$3,107,346	$0	-100.0%	0.0%
11. Home Health	$12,737,857	$14,715,222	$8,032,987	$546,565	$348,970	$124,859	$4,524	-73.4%	0.0%
12. Prescribed Drugs	$193,886,536	$240,079,482	$76,314,794	$190,467	$15,337	$1,118	$36	-92.4%	0.0%
13. Family Planning	$12,779,298	$14,531,710	$7,096,833	$277,354	$10,922	$16,611	$0	-100.0%	0.0%
14. Early & Periodic Screening, Diagnosis & Treatment	$8,099,842	$8,563,127	$2,692,070	$18,988	$1,043	$0	$0	-100.0%	0.0%
15. Other Care	$76,177,359	$85,645,070	$737,151,608	$1,654,750,173	$1,790,433,602	$1,949,590,832	$1,476	-83.6%	0.0%
16. Personal Care Support Services	$0	$0	$0	$0	$0	$0	$128,077,009	n/a	4.0%
17. Home/Community Based Waiver Services	$0	$0	$0	$0	$0	$0	$0	n/a	0.0%
18. Prepaid Health Care	$0	$0	$0	$0	$0	$0	$1,859,127,110	n/a	58.7%
19. Primary Case Management (PCCM) Services	$0	$0	$0	$0	$0	$0	$0	n/a	0.0%
Total (excludes DSH pymts, pharmacy rebates, & other adjs.)	**$1,735,022,726**	**$1,977,468,671**	**$1,964,815,563**	**$2,772,026,096**	**$2,886,334,809**	**$2,936,393,617**	**$3,167,149,634**	10.6%	100.0%

AVERAGE PAYMENTS PER RECIPIENT BY TYPE OF SERVICES									(+) or (-) SLC Avg. FFY 98
01. General Hospital	$2,476.86	$2,282.01	$1,770.73	$728.26	$366.03	$131.25	$1,231.23	-11.0%	-68.0%
02. Mental Hospital	$6,098.00	$6,412.55	$5,766.14	$19,733.56	$17,669.23	$1,967.21	$0.00	-100.0%	-100.0%
03. Skilled and Intermediate (non-MR) Care Nursing	$10,217.37	$11,763.00	$11,527.35	$12,585.83	$12,747.78	$12,609.27	$9,643.94	-1.0%	-37.0%
04. Intermediate Care for Mentally Retarded	$44,331.10	$45,772.94	$50,629.15	$62,744.32	$92,868.47	$102,678.45	$62,913.45	6.0%	6.2%
05. Physician Services	$342.18	$364.41	$308.75	$995.35	$724.53	$748.50	$511.69	6.9%	38.6%
06. Dental Services	$138.90	$136.91	$96.31	$68.93	$162.00	$169.00	$0.00	-100.0%	-100.0%
07. Other Practitioners	$80.79	$83.18	$63.23	$24.63	$22.99	$24.68	$18.00	-22.1%	-88.5%
08. Outpatient Hospital	$389.40	$406.10	$261.35	$114.74	$96.43	$84.57	$0.00	-100.0%	-100.0%
09. Clinic Services	$563.53	$480.63	$332.85	$1,190.07	$1,068.89	$228.70	$38.58	-36.0%	-93.1%
10. Lab and X-Ray	$101.60	$91.57	$58.71	$32.55	$30.22	$30.33	$0.00	-100.0%	-100.0%
11. Home Health	$988.43	$1,033.15	$862.83	$422.71	$359.76	$214.53	$348.00	-16.0%	-77.3%
12. Prescribed Drugs	$318.65	$342.41	$167.97	$136.54	$852.06	$372.67	$36.00	-30.5%	-94.3%
13. Family Planning	$364.43	$384.41	$388.85	$330.58	$33.92	$52.90	$0.00	-100.0%	-100.0%
14. Early & Periodic Screening, Diagnosis & Treatment	$64.06	$63.49	$44.16	$23.33	$41.72	$0.00	$0.00	-100.0%	-100.0%
15. Other Care	$581.31	$545.38	$752.08	$1,099.74	$668.80	$1,398.39	$738.00	4.1%	59.2%
16. Personal Care Support Services	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$29,531.24	n/a	1770.5%
17. Home/Community Based Waiver Services	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	n/a	-100.0%
18. Prepaid Health Care	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$1,053.76	n/a	-5.4%
19. Primary Care Case Management (PCCM) Services	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	n/a	-100.0%
Total (Average)	**$2,209.57**	**$2,175.57**	**$2,093.10**	**$1,890.63**	**$2,048.62**	**$2,074.29**	**$1,717.89**	-4.1%	-43.3%

TOTAL PER CAPITA EXPENDITURES	$479.18	$536.01	$531.29	$654.68	$612.83	$650.96	$754.33	7.9%	36.5%

TENNESSEE

DATA BY OTHER CHARACTERISTICS

RECIPIENTS BY OTHER CHARACTERISTICS

By Maintenance Assistance Status	FFY 92	FFY 93	FFY 94	FFY95	FFY96	FFY97	FFY98	Annual Change	Share of Total FFY 98
Receiving Cash Assistance or Eligible Under Section 1931	455,067	531,048	572,815	589,560	577,414	358,682	449,326	-0.2%	24.4%
Poverty Related Eligibles	77,639	64,078	65,633	85,734	97,133	724,771	628,086	41.7%	34.1%
Medically Needy	81,999	91,376	114,988	122,956	129,735	139,644	139,188	9.2%	7.5%
Other Eligibles	170,526	222,441	185,275	178,739	185,413	192,515	221,416	4.4%	12.0%
Maintenance Assistance Status Unknown	0	0	0	489,205	419,223	0	405,617	-6.1%	22.0%
Total	**785,231**	**908,943**	**938,711**	**1,466,194**	**1,408,918**	**1,415,612**	**1,843,633**	15.3%	100.0%
By Basis of Eligibility									
Aged, Blind, or Disabled	252,752	293,791	307,704	329,023	340,254	342,544	391,418	7.6%	21.2%
Children	367,193	426,031	451,584	460,778	453,939	587,805	554,235	7.1%	30.1%
Foster Care Children	11,336	12,273	12,534	14,475	14,616	14,000	12,130	1.1%	0.7%
Adults	153,950	176,848	166,889	172,713	180,886	471,263	479,727	20.9%	26.0%
Basis of Eligibility Unknown	0	0	0	489,205	419,223	0	406,123	-6.0%	22.0%
Total	**785,231**	**908,943**	**938,711**	**1,466,194**	**1,408,918**	**1,415,612**	**1,843,633**	15.3%	100.0%
By Age									
Under Age 1	48,638	51,431	49,030	50,911	49,690	51,803	33,132	-6.2%	1.8%
Age 1 to 5	142,162	165,091	167,180	194,431	188,323	187,009	191,472	5.1%	10.4%
Age 6 to 14	133,171	160,039	177,188	243,982	246,374	260,736	284,213	13.5%	15.4%
Age 15 to 20	81,823	94,096	97,433	148,824	144,115	146,527	152,278	10.9%	8.3%
Age 21 to 44	184,912	222,672	222,785	471,696	425,144	406,501	410,025	14.2%	22.2%
Age 45 to 64	77,079	90,647	92,172	207,975	204,000	209,306	222,467	19.3%	12.1%
Age 65 to 74	46,729	51,148	55,130	65,797	67,990	69,760	68,911	6.7%	3.7%
Age 75 to 84	44,178	45,660	47,598	50,539	50,653	51,109	45,752	0.6%	2.5%
Age 85 and Over	26,539	28,159	30,195	32,039	32,629	32,861	31,923	3.1%	1.7%
Age Unknown	0	0	0	0	0	0	403,460	n/a	21.9%
Total	**785,231**	**908,943**	**938,711**	**1,466,194**	**1,408,918**	**1,415,612**	**1,843,633**	15.3%	100.0%
By Race									
White	493,278	573,787	574,489	950,425	921,552	933,778	952,473	11.6%	51.7%
Black	254,620	289,168	317,286	449,905	420,364	411,488	414,173	8.4%	22.5%
Hispanic, American Indian or Asian	2,735	8,450	8,737	17,069	18,281	20,098	23,374	43.0%	1.3%
Other/Unknown	34,598	37,538	38,199	48,795	48,721	50,248	453,613	53.6%	24.6%
Total	**785,231**	**908,943**	**938,711**	**1,466,194**	**1,408,918**	**1,415,612**	**1,843,633**	15.3%	100.0%
By Sex									
Female	498,548	570,754	572,066	830,397	813,747	822,795	836,338	9.0%	45.4%
Male	286,671	338,175	366,634	635,784	595,158	592,804	603,827	13.2%	32.8%
Unknown	12	14	11	13	13	13	403,468	468.1%	21.9%
Total	**785,231**	**908,943**	**938,711**	**1,466,194**	**1,408,918**	**1,415,612**	**1,843,633**	15.3%	100.0%

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

PAYMENTS BY OTHER CHARACTERISTICS

By Maintenance Assistance Status	FFY 92	FFY 93	FFY 94	FFY95	FFY96	FFY97	FFY98	Annual Change	Share of Total FFY 98
Receiving Cash Assistance or Eligible Under Section 1931	$1,018,950,427	$1,343,961,596	$1,363,825,528	$1,525,686,565	$1,625,626,167	$1,293,503,842	$988,402,868	-0.5%	31.2%
Poverty Related Eligibles	$400,204,253	$267,354,379	$267,824,229	$352,801,645	$355,336,606	$968,542,314	$693,524,367	9.6%	21.9%
Medically Needy	$145,356,394	$143,381,908	$167,043,874	$145,368,827	$157,444,692	$178,715,519	$162,210,873	1.8%	5.1%
Other Eligibles	$170,511,652	$222,770,788	$166,121,932	$165,600,668	$192,769,498	$495,631,942	$923,383,603	32.5%	29.2%
Maintenance Assistance Status Unknown	$0	$0	$0	$582,568,391	$555,157,846	$0	$399,627,923	-11.8%	12.6%
Total	**$1,735,022,726**	**$1,977,468,671**	**$1,964,815,563**	**$2,772,026,096**	**$2,886,334,809**	**$2,936,393,617**	**$3,167,149,634**	10.6%	100.0%
By Basis of Eligibility									
Aged, Blind or Disabled	$1,094,480,515	$1,284,001,527	$1,312,860,636	$1,488,290,558	$1,632,588,274	$1,582,035,384	$1,665,818,313	7.3%	52.6%
Children	$353,860,726	$381,223,588	$367,525,457	$365,541,737	$376,128,182	$614,550,846	$410,584,137	2.5%	13.0%
Foster Care Children	$31,945,535	$44,695,956	$51,591,807	$118,625,894	$80,375,729	$80,000,000	$57,825,355	10.4%	1.8%
Adults	$254,735,950	$267,547,600	$232,837,663	$216,999,516	$242,084,777	$659,807,387	$632,709,631	16.4%	20.0%
Basis of Eligibility Unknown	$0	$0	$0	$582,568,391	$555,157,847	$0	$400,212,198	-11.8%	12.6%
Total	**$1,735,022,726**	**$1,977,468,671**	**$1,964,815,563**	**$2,772,026,096**	**$2,886,334,809**	**$2,936,393,617**	**$3,167,149,634**	10.6%	100.0%
By Age									
Under Age 1	$89,171,466	$92,542,102	$68,848,026	$51,845,062	$55,810,350	$60,847,281	$30,739,369	-16.3%	1.0%
Age 1 to 5	$113,282,957	$129,620,285	$113,416,603	$128,647,483	$137,835,339	$144,820,453	$139,001,982	3.5%	4.4%
Age 6 to 14	$117,404,181	$136,325,362	$156,104,376	$246,079,367	$254,329,640	$275,743,328	$237,099,354	12.4%	7.5%
Age 15 to 20	$141,638,931	$159,772,968	$193,236,641	$331,958,527	$290,631,977	$307,126,821	$253,428,307	10.2%	8.0%
Age 21 to 44	$461,549,747	$509,753,394	$507,163,834	$818,661,578	$868,034,308	$861,368,159	$763,980,092	8.8%	24.1%
Age 45 to 64	$304,933,800	$340,436,195	$315,124,144	$502,124,364	$542,171,190	$563,084,113	$536,687,431	9.9%	16.9%
Age 65 to 74	$122,884,818	$145,343,483	$146,436,879	$173,038,039	$183,879,128	$177,283,148	$187,217,995	7.3%	5.9%
Age 75 to 84	$196,801,085	$233,420,379	$228,809,133	$253,592,234	$265,761,567	$260,285,597	$281,906,447	6.2%	8.9%
Age 85 and Over	$187,355,741	$230,254,503	$235,675,927	$266,079,442	$287,881,310	$285,834,717	$340,325,499	10.5%	10.7%
Age Unknown	$0	$0	$0	$0	$0	$0	$396,763,158	n/a	12.5%
Total	**$1,735,022,726**	**$1,977,468,671**	**$1,964,815,563**	**$2,772,026,096**	**$2,886,334,809**	**$2,936,393,617**	**$3,167,149,634**	10.6%	100.0%
By Race									
White	$1,208,384,127	$1,373,751,144	$1,326,991,137	$1,899,097,312	$1,982,400,031	$2,024,469,812	$1,948,698,449	8.3%	61.5%
Black	$429,294,565	$482,461,779	$523,437,069	$732,747,197	$754,336,955	$756,940,510	$688,986,766	8.2%	21.8%
Hispanic, American Indian or Asian	$3,494,949	$10,307,839	$8,032,476	$16,805,268	$18,640,700	$21,191,292	$22,372,147	36.3%	0.7%
Other/Unknown	$93,849,085	$110,947,909	$106,354,881	$123,376,319	$130,957,123	$133,792,003	$507,092,272	32.5%	16.0%
Total	**$1,735,022,726**	**$1,977,468,671**	**$1,964,815,563**	**$2,772,026,096**	**$2,886,334,809**	**$2,936,393,617**	**$3,167,149,634**	10.6%	100.0%
By Sex									
Female	$1,133,228,153	$1,283,648,071	$1,246,113,916	$1,670,909,541	$1,757,684,143	$1,800,773,042	$1,719,918,660	7.2%	54.3%
Male	$601,785,918	$693,803,122	$718,938,816	$1,101,063,934	$1,128,589,057	$1,135,546,091	$1,050,449,413	9.7%	33.2%
Unknown	$8,655	$17,478	($237,169)	$52,621	$61,609	$74,484	$396,781,561	498.2%	12.5%
Total	**$1,735,022,726**	**$1,977,468,671**	**$1,964,815,563**	**$2,772,026,096**	**$2,886,334,809**	**$2,936,393,617**	**$3,167,149,634**	10.6%	100.0%

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

SOUTHERN REGION MEDICAID PROFILE

AVERAGE PAYMENT PER RECIPIENT BY OTHER CHARACTERISTICS

By Maintenance Assistance Status	FFY 92	FFY 93	FFY 94	FFY95	FFY96	FFY97	FFY98	Annual Change	Above (+) or Below (-) SLC Avg. FFY 98
Receiving Cash Assistance or Eligible Under Section 1931	$2,239.12	$2,530.77	$2,380.92	$2,587.84	$2,815.36	$3,606.27	$2,199.75	-0.3%	-31.3%
Poverty Related Eligibles	$5,154.68	$4,172.33	$4,080.63	$4,115.07	$3,658.25	$1,336.34	$1,104.19	-22.6%	-26.9%
Medically Needy	$1,772.66	$1,569.14	$1,452.71	$1,182.28	$1,213.59	$1,279.79	$1,165.41	-6.8%	-79.6%
Other Eligibles	$999.92	$1,001.48	$896.62	$926.49	$1,039.68	$2,574.51	$4,170.36	26.9%	-23.7%
Maintenance Assistance Status Unknown	$0.00	$0.00	$0.00	$1,190.85	$1,324.25	$0.00	$985.23	-6.1%	-43.6%
Total	**$2,209.57**	**$2,175.57**	**$2,093.10**	**$1,890.63**	**$2,048.62**	**$2,074.29**	**$1,717.89**	-4.1%	-43.3%
By Basis of Eligibility									
Aged, Blind or Disabled	$4,330.25	$4,370.46	$4,266.63	$4,523.36	$4,798.15	$4,618.49	$4,255.86	-0.3%	-40.9%
Children	$963.69	$894.83	$813.86	$793.31	$828.59	$1,045.50	$740.81	-4.3%	-28.0%
Foster Care Children	$2,818.06	$3,641.81	$4,116.15	$8,195.23	$5,499.16	$5,714.29	$4,767.14	9.2%	41.7%
Adults	$1,654.67	$1,512.87	$1,395.16	$1,256.42	$1,338.33	$1,400.08	$1,318.90	-3.7%	-26.8%
Basis of Eligibility Unknown	$0.00	$0.00	$0.00	$1,190.85	$1,324.25	$0.00	$985.45	-6.1%	-43.0%
Total	**$2,209.57**	**$2,175.57**	**$2,093.10**	**$1,890.63**	**$2,048.62**	**$2,074.29**	**$1,717.89**	-4.1%	-43.3%
By Age									
Under Age 1	$1,833.37	$1,799.34	$1,404.20	$1,018.35	$1,123.17	$1,174.59	$927.78	-10.7%	-61.9%
Age 1 to 5	$796.86	$785.14	$678.41	$661.66	$731.91	$774.40	$725.97	-1.5%	-34.9%
Age 6 to 14	$881.60	$851.83	$881.01	$1,008.60	$1,032.29	$1,057.56	$834.23	-0.9%	-24.5%
Age 15 to 20	$1,731.04	$1,697.98	$1,983.28	$2,230.54	$2,016.67	$2,096.04	$1,664.25	-0.7%	-21.1%
Age 21 to 44	$2,496.05	$2,289.26	$2,276.47	$1,735.57	$2,041.74	$2,118.98	$1,863.25	-4.8%	-46.0%
Age 45 to 64	$3,956.12	$3,755.63	$3,418.87	$2,414.35	$2,657.70	$2,690.24	$2,412.44	-7.9%	-60.3%
Age 65 to 74	$2,629.73	$2,841.63	$2,656.21	$2,629.88	$2,704.50	$2,541.33	$2,716.81	0.5%	-44.4%
Age 75 to 84	$4,454.73	$5,112.14	$4,807.12	$5,017.75	$5,246.71	$5,092.75	$6,161.62	5.6%	-18.8%
Age 85 and Over	$7,059.64	$8,176.94	$7,805.13	$8,304.86	$8,822.87	$8,698.30	$10,660.82	7.1%	-0.4%
Age Unknown	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$983.40	n/a	-57.7%
Total	**$2,209.57**	**$2,175.57**	**$2,093.10**	**$1,890.63**	**$2,048.62**	**$2,074.29**	**$1,717.89**	-4.1%	-43.3%
By Race									
White	$2,449.70	$2,394.18	$2,309.86	$1,998.16	$2,151.15	$2,168.04	$2,045.94	-3.0%	-45.0%
Black	$1,686.02	$1,668.45	$1,649.73	$1,628.67	$1,794.49	$1,839.52	$1,663.52	-0.2%	-31.2%
Hispanic, American Indian or Asian	$1,277.86	$1,219.86	$919.36	$984.55	$1,019.68	$1,054.40	$957.14	-4.7%	-49.4%
Other/Unknown	$2,712.56	$2,955.62	$2,784.23	$2,528.46	$2,687.90	$2,662.63	$1,117.90	-13.7%	-68.9%
Total	**$2,209.57**	**$2,175.57**	**$2,093.10**	**$1,890.63**	**$2,048.62**	**$2,074.29**	**$1,717.89**	-4.1%	-43.3%
By Sex									
Female	$2,273.06	$2,249.04	$2,178.27	$2,012.18	$2,159.99	$2,188.60	$2,056.49	-1.7%	-33.8%
Male	$2,099.22	$2,051.61	$1,960.92	$1,731.82	$1,896.28	$1,915.55	$1,739.65	-3.1%	-41.3%
Unknown	$721.25	$1,248.43	($21,560.82)	$4,047.77	$4,739.15	$5,729.54	$983.43	5.3%	-59.4%
Total	**$2,209.57**	**$2,175.57**	**$2,093.10**	**$1,890.63**	**$2,048.62**	**$2,074.29**	**$1,717.89**	-4.1%	-43.3%

ADDITIONAL STATE HEALTH CARE INFORMATION

Sources: "Major Health Care Policies: 50 State Profiles", Health Policy Tracking Service, January, 1999; and "Medicaid Services State by State", HCFA, October 1998.
**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 July 1, 1997, rates for seriously and persistently mentally ill (SPMI) were set at $319.41 per member per month.

Managed Care

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

Coverage for Targeted Population

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

Cost Containment Measures

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

Cost Containment Measures (Continued)

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

Medicaid

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

Children's Health Insurance Program: State Designed

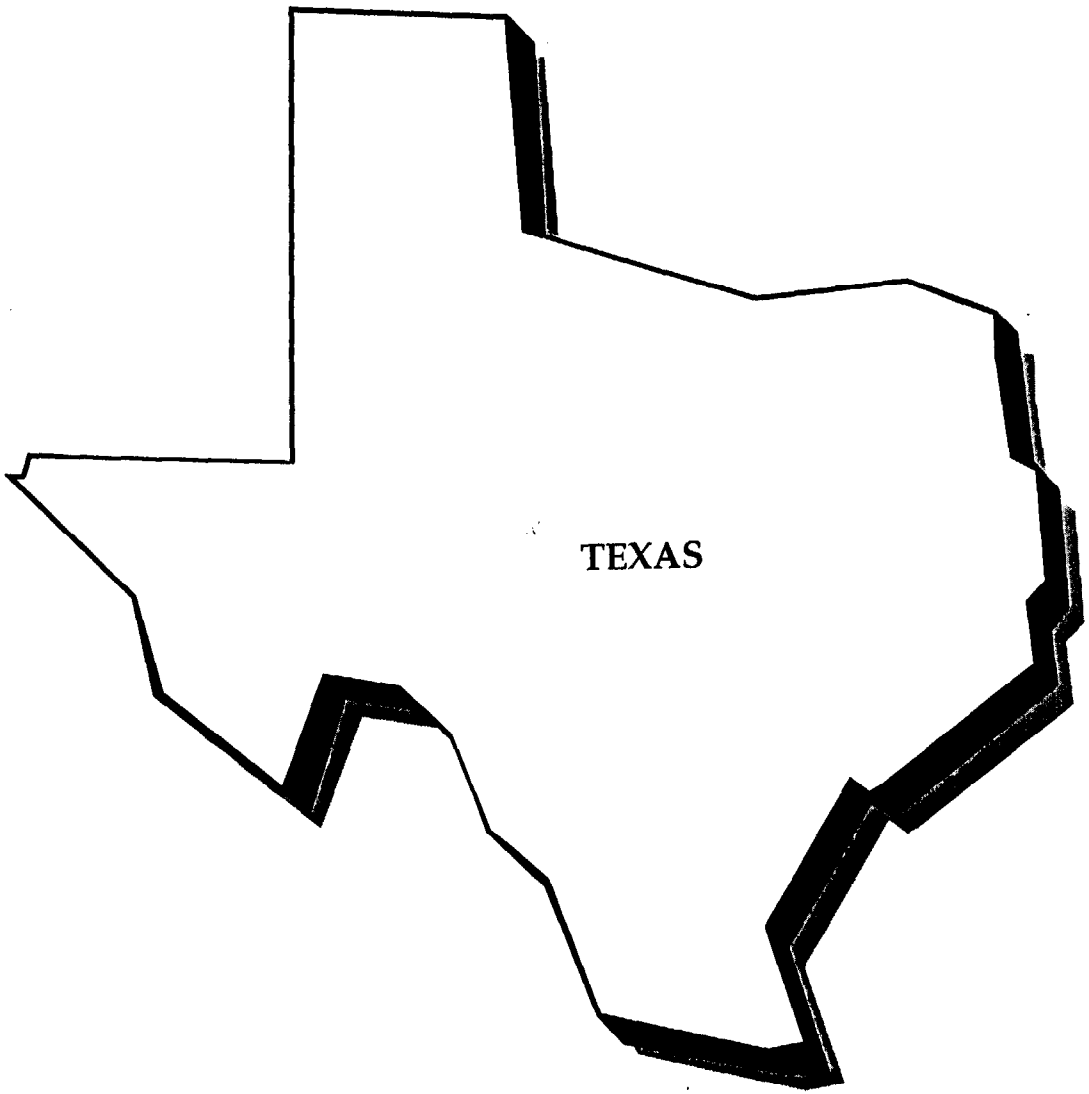
- Tennessee submitted its CHIP plan to HCFA in January of 1998, and received approval on September 3, 1999. The plan proposes to expand TennCare to provide managed health care coverage for children/adolescents birth through age 18 in families with income up to 200% of the FPL. The program expects to provide coverage to approximately 28,000 new enrollees.
- For families with incomes up to 100% of the FPL, there are no cost sharing obligations.
- Families with incomes between 101% and 200% of the FPL are required to pay monthly premiums as follows:

101%-119%:	$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.

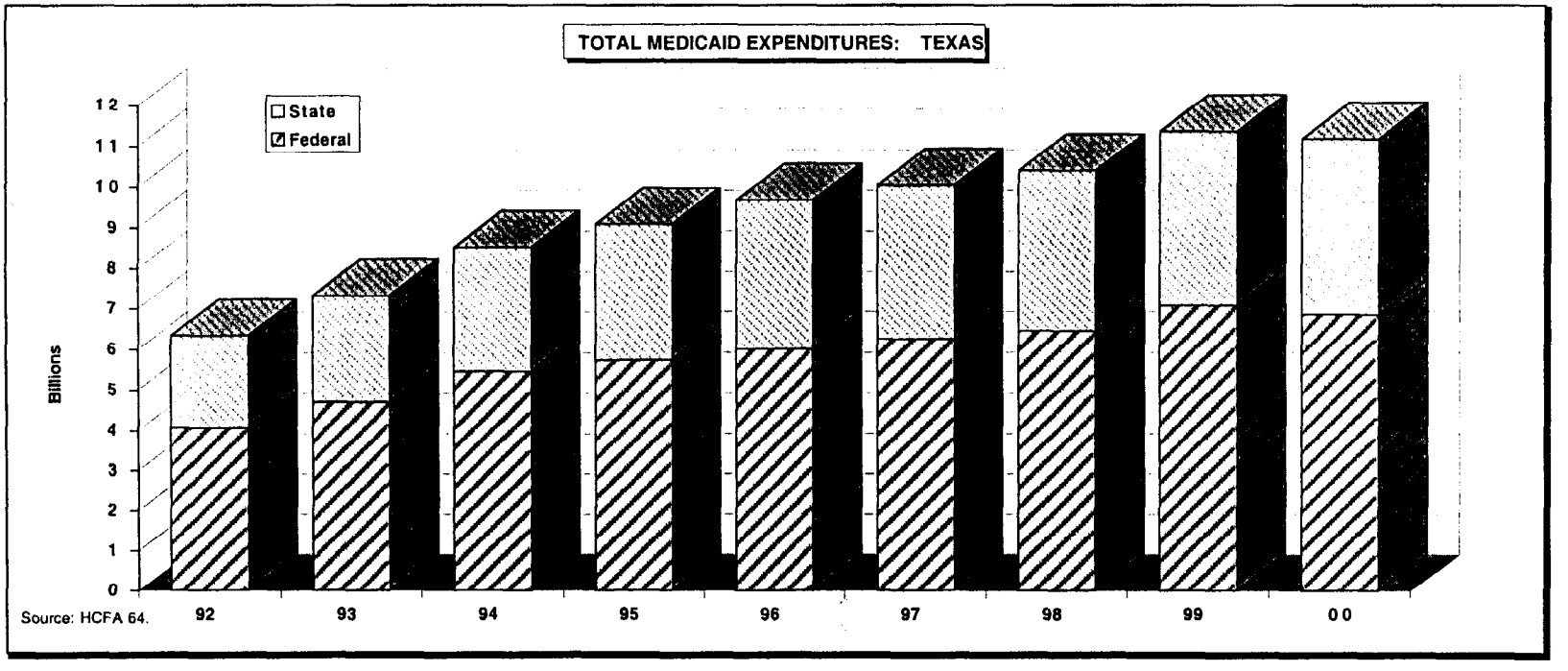
QUESTIONNAIRE NOT RETURNED

SOUTHERN REGION MEDICAID PROFILES



Southern Legislative Conference:
Louisiana Legislative Fiscal Office

SOUTHERN REGION MEDICAID PROFILE



	FFY 92	FFY 93	FFY 94	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99**	FFY 00**	*Annual Rate of Change*	*Total 92-00*
Medicaid Payments	$6,087,909,114	$7,030,300,931	$8,143,853,425	$8,669,814,871	$9,206,669,731	$9,499,542,092	$9,780,440,257	$10,849,936,648	$10,527,503,000	*7.1%*	*72.9%*
Federal Share	$3,919,709,649	$4,544,238,113	$5,241,703,050	$5,502,364,674	$5,750,703,059	$5,956,261,415	$6,104,238,675	$6,798,857,617	$6,476,072,000	*6.5%*	*65.2%*
State Share	$2,168,199,465	$2,486,062,818	$2,902,150,375	$3,167,450,197	$3,455,966,672	$3,543,280,677	$3,676,201,582	$4,051,079,031	$4,051,431,000	*8.1%*	*86.9%*
	$240,497,359										
Administrative Costs	$240,497,359	$285,022,191	$358,096,334	$400,503,427	$453,797,768	$528,263,813	$601,645,024	$501,315,000	$642,477,608	*13.1%*	*167.1%*
Federal Share	$142,300,726	$155,868,466	$198,029,052	$211,689,405	$247,143,021	$288,902,080	$340,461,141	$269,457,000	$362,351,091	*12.4%*	*154.6%*
State Share	$98,196,633	$129,153,725	$160,067,282	$188,814,022	$206,654,747	$239,361,733	$261,183,883	$231,858,000	$280,126,517	*14.0%*	*185.3%*
Admin. Costs as % of Payments	3.95%	4.05%	4.40%	4.62%	4.93%	5.56%	6.15%	4.62%	6.10%		
Federal Match Rate*	64.18%	64.44%	64.18%	63.31%	62.30%	62.56%	62.28%	62.45%	61.36%		

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

SOUTHERN REGION MEDICAID PROFILE

STATE FINANCING

	Payments		Administration	
	FFY 92	FFY 00	FFY 92	FFY 00
State General Fund	$2,168,199,465	$4,051,431,000	$98,196,633	$280,126,517
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	$2,168,199,465	$4,051,431,000	$98,196,633	$280,126,517

Provider Taxes Currently in Place (FFY 00)

Providers	Tax Rate	Amount
	NO PROVIDER TAXES	

DISPROPORTIONATE SHARE HOSPITAL (DSH) PAYMENTS

	FFY 92	FFY 93	FFY 94	FFY 95	FFY 96	FFY97	FFY98	FFY99*	FFY00*	*Annual Change*
General Hospitals	$1,409,900,000	$1,271,609,734	$1,261,535,327	$1,229,298,406	$1,194,046,660	$1,122,995,000	$1,278,486,408	$1,228,486,408	$1,059,000,000	-2.9%
Mental Hospitals	$103,100,000	$241,390,266	$251,493,673	$283,730,587	$318,982,340	$390,034,000	$292,513,592	$292,513,592	$254,000,000	0.2%
Total	$1,513,000,000	$1,513,000,000	$1,513,029,000	$1,513,028,993	$1,513,029,000	$1,513,029,000	$1,571,000,000	$1,521,000,000	$1,313,000,000	-2.3%

SELECTED ELIGIBILITY CRITERIA

	At 10/1/99	% of FPL*
TANF-Temporary Assistance for Needy Families (Family of 3)		
Need Standard	$751	64.9%
Payment Standard	$188	16.3%
Maximum Payment	$188	16.3%
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	74.9%
Couple	$761	82.6%
Resources:		
Single Person	$2,000	
Couple	$3,000	

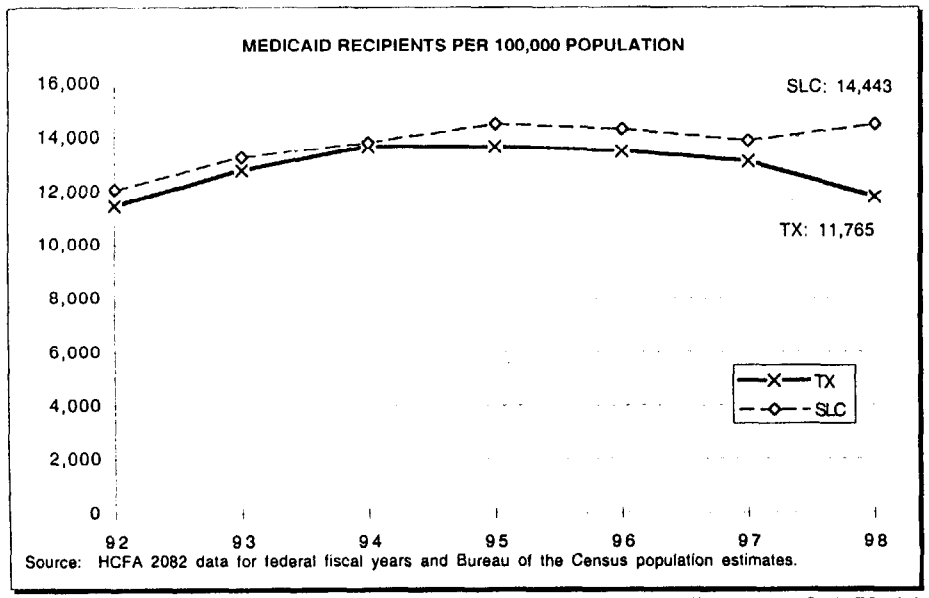
*Current federal poverty level is $8,240 per year for a single person, $11,060 for a family of two and $13,880 for a family of three. Table above shows monthly income levels.

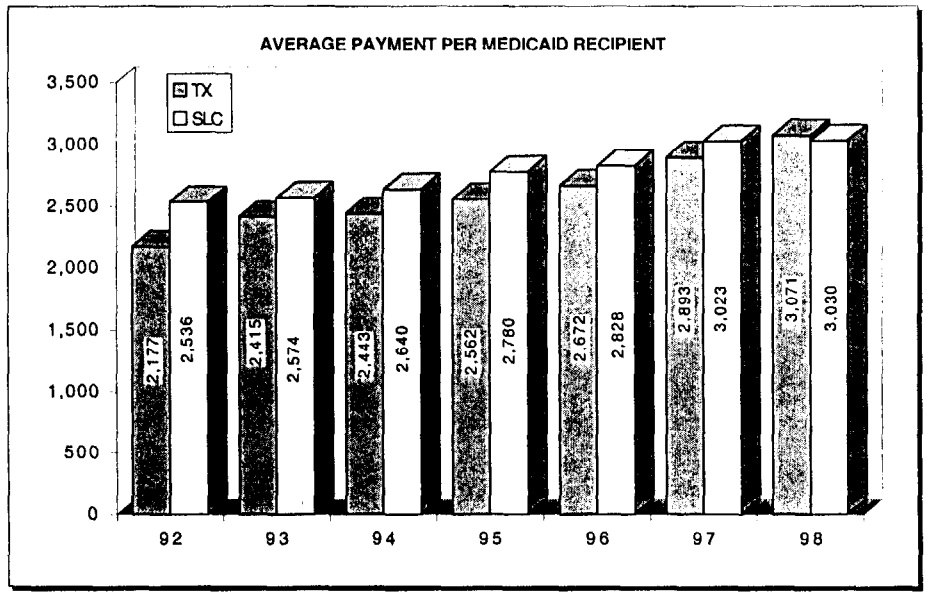
DEMOGRAPHIC DATA & POVERTY INDICATORS (1997)

		Rank in U.S.
State population—July 1, 1997*	19,385,699	2
Per capita personal income**	$23,647	28
Median household income**	$34,216	33
Population below Federal Poverty Level on July 1, 1997*	3,276,183	
Percent of total population	16.9%	7
Population without health insurance coverage*	4,836,000	2
Percent of total population	24.9%	1
Recipients of Food Stamps***	1,494,394	3
Households receiving Food Stamps***	751,000	3
Total value of issuance***	$1,424,902,631	3
Average monthly benefit per recipient	$79.46	9
Average monthly benefit per household	$158.11	10
Monthly recipients of Temporary Assistance to Needy Families (TANF)****	346,232	4
Total TANF payments****	$717,479,138	9
Average monthly payment per recipient	$172.69	
Average monthly payment per family of 3	$188.00	46

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

SOUTHERN REGION MEDICAID PROFILE





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

RECIPIENTS BY TYPE OF SERVICES	FFY 92	FFY 93	FFY 94	FFY95	FFY96	FFY97	FFY98	*Annual Change*
01. General Hospital	423,078	476,240	499,363	496,114	493,659	492,102	444,750	*0.8%*
02. Mental Hospital	0	0	0	10	0	0	0	*-100.0%*
03. Skilled and Intermediate (non-MR) Care Nursing	91,186	92,278	92,590	94,166	96,681	95,469	88,522	*-0.5%*
04. Intermediate Care for Mentally Retarded	13,457	13,946	14,317	14,211	14,150	14,170	13,935	*0.6%*
05. Physician Services	1,693,982	1,929,643	2,061,223	2,043,099	2,068,773	1,951,521	1,783,470	*0.9%*
06. Dental Services	255,015	326,740	411,952	486,381	529,754	644,659	7,026	*-45.0%*
07. Other Practitioners	383,570	442,881	488,199	518,718	556,808	549,889	478,837	*3.8%*
08. Outpatient Hospital	950,462	1,089,119	1,150,268	1,165,818	1,168,092	1,092,506	1,011,359	*1.0%*
09. Clinic Services	113,699	170,618	215,823	280,060	305,085	291,563	267,969	*15.4%*
10. Lab and X-Ray	1,044,043	1,173,862	1,273,836	1,295,995	1,244,323	1,089,151	815,014	*-4.0%*
11. Home Health	62,890	76,261	85,873	91,408	76,677	108,269	116,552	*10.8%*
12. Prescribed Drugs	1,614,779	1,843,546	1,989,651	2,020,864	2,058,903	1,986,178	1,894,447	*2.7%*
13. Family Planning	172,607	196,730	217,364	218,010	221,626	205,520	181,434	*0.8%*
14. Early & Periodic Screening, Diagnosis & Treatment	265,371	399,576	563,735	743,340	768,599	849,487	1,046,345	*25.7%*
15. Other Care	211,504	317,545	523,946	298,543	452,747	337,278	186,423	*-2.1%*
16. Personal Care Support Services	0	0	0	0	0	0	209,980	*n/a*
17. Home/Community Based Waiver Services	0	0	0	0	0	0	25,762	*n/a*
18. Prepaid Health Care	0	0	0	0	0	0	0	*n/a*
19. Primary Care Case Management (PCCM) Services	0	0	0	0	0	0	0	*n/a*
Total*	**2,024,554**	**2,308,443**	**2,513,959**	**2,561,957**	**2,571,547**	**2,538,655**	**2,324,810**	*2.3%*

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

TEXAS

SOUTHERN REGION MEDICAID PROFILE

PAYMENTS BY TYPE OF SERVICES	FFY 92	FFY 93	FFY 94	FFY95	FFY96	FFY97	FFY98	Annual Change	Share of Total FFY 98
01. General Hospital	$1,209,383,144	$1,677,627,367	$1,872,726,471	$1,902,738,610	$1,844,573,863	$1,828,889,216	$1,643,167,233	5.2%	23.0%
02. Mental Hospital	$0	$0	$0	$25,624	$0	$0	$0	-100.0%	0.0%
03. Skilled and Intermediate (non-MR) Care Nursing	$978,773,927	$1,048,264,392	$1,071,552,767	$1,190,137,169	$1,270,530,921	$1,344,465,477	$1,384,415,773	5.9%	19.4%
04. Intermediate Care for Mentally Retarded	$498,655,175	$536,312,150	$558,310,296	$588,993,815	$616,103,076	$678,928,647	$728,574,336	6.5%	10.2%
05. Physician Services	$496,715,411	$605,789,426	$682,504,462	$697,157,004	$727,815,694	$702,433,071	$661,475,584	4.9%	9.3%
06. Dental Services	$36,737,158	$58,946,732	$83,615,308	$96,801,677	$102,183,878	$127,393,712	$2,165,089	-37.6%	0.0%
07. Other Practitioners	$30,023,726	$37,989,277	$47,040,294	$53,800,860	$66,998,447	$77,156,691	$70,751,155	15.4%	1.0%
08. Outpatient Hospital	$308,063,855	$392,736,341	$434,834,257	$456,748,725	$461,121,845	$449,816,009	$446,493,014	6.4%	6.3%
09. Clinic Services	$14,477,413	$25,204,789	$35,406,647	$50,293,240	$56,437,297	$54,047,997	$52,613,253	24.0%	0.7%
10. Lab and X-Ray	$111,137,757	$116,256,363	$134,355,181	$138,711,820	$129,963,038	$110,874,612	$94,105,854	-2.7%	1.3%
11. Home Health	$185,037,810	$248,065,020	$279,690,238	$345,907,303	$322,907,568	$553,233,326	$98,543,991	-10.0%	1.4%
12. Prescribed Drugs	$348,061,498	$444,718,089	$511,841,929	$578,661,512	$667,743,192	$750,056,208	$817,591,112	15.3%	11.5%
13. Family Planning	$43,646,484	$54,182,110	$57,129,957	$51,743,872	$53,925,994	$48,535,665	$40,544,186	-1.2%	0.6%
14. Early & Periodic Screening, Diagnosis & Treatment	$72,147,225	$229,146,452	$242,465,386	$257,922,252	$347,236,037	$432,688,519	$416,748,794	33.9%	5.8%
15. Other Care	$73,754,260	$99,410,982	$129,264,531	$155,033,909	$203,683,746	$186,654,411	$53,173,074	-5.3%	0.7%
16. Personal Care Support Services	$0	$0	$0	$0	$0	$0	$425,887,769	n/a	6.0%
17. Home/Community Based Waiver Services	$0	$0	$0	$0	$0	$0	$203,678,629	n/a	2.9%
18. Prepaid Health Care	$0	$0	$0	$0	$0	$0	$0	n/a	0.0%
19. Primary Case Management (PCCM) Services	$0	$0	$0	$0	$0	$0	$0	n/a	0.0%
Total (excludes DSH pymts, pharmacy rebates, & other adjs.)	**$4,406,614,843**	**$5,574,649,490**	**$6,140,737,724**	**$6,564,677,392**	**$6,871,224,596**	**$7,345,173,561**	**$7,139,928,846**	8.4%	100.0%

AVERAGE PAYMENTS PER RECIPIENT BY TYPE OF SERVICES									(+) or (-) SLC Avg. FFY 98
01. General Hospital	$2,858.53	$3,522.65	$3,750.23	$3,835.29	$3,736.53	$3,716.48	$3,694.59	4.4%	-4.0%
02. Mental Hospital	$0.00	$0.00	$0.00	$2,562.40	$0.00	$0.00	$0.00	-100.0%	-100.0%
03. Skilled and Intermediate (non-MR) Care Nursing	$10,733.82	$11,359.85	$11,573.09	$12,638.71	$13,141.47	$14,082.74	$15,639.23	6.5%	2.2%
04. Intermediate Care for Mentally Retarded	$37,055.45	$38,456.34	$38,996.32	$41,446.33	$43,540.85	$47,913.10	$52,283.77	5.9%	-11.7%
05. Physician Services	$293.22	$313.94	$331.12	$341.23	$351.81	$359.94	$370.89	4.0%	0.5%
06. Dental Services	$144.06	$180.41	$202.97	$199.02	$192.89	$197.61	$308.15	13.5%	77.7%
07. Other Practitioners	$78.27	$85.78	$96.35	$103.72	$120.33	$140.31	$147.76	11.2%	-5.5%
08. Outpatient Hospital	$324.12	$360.60	$378.03	$391.78	$394.77	$411.73	$441.48	5.3%	-1.2%
09. Clinic Services	$127.33	$147.73	$164.05	$179.58	$184.99	$185.37	$196.34	7.5%	-65.1%
10. Lab and X-Ray	$106.45	$99.04	$105.47	$107.03	$104.44	$101.80	$115.47	1.4%	22.3%
11. Home Health	$2,942.25	$3,252.84	$3,257.02	$3,784.21	$4,211.27	$5,109.80	$845.49	-18.8%	-44.7%
12. Prescribed Drugs	$215.55	$241.23	$257.25	$286.34	$324.32	$377.64	$431.57	12.3%	-31.2%
13. Family Planning	$252.87	$275.41	$262.83	$237.35	$243.32	$236.16	$223.47	-2.0%	5.1%
14. Early & Periodic Screening, Diagnosis & Treatment	$271.87	$573.47	$430.11	$346.98	$451.78	$509.35	$398.29	6.6%	45.1%
15. Other Care	$348.71	$313.06	$246.71	$519.30	$449.88	$553.41	$285.23	-3.3%	-38.5%
16. Personal Care Support Services	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$2,028.23	n/a	28.5%
17. Home/Community Based Waiver Services	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$7,906.17	n/a	-37.0%
18. Prepaid Health Care	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	n/a	-100.0%
19. Primary Care Case Management (PCCM) Services	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	n/a	-100.0%
Total (Average)	**$2,176.59**	**$2,414.90**	**$2,442.66**	**$2,562.37**	**$2,672.02**	**$2,893.33**	**$3,071.19**	5.9%	1.4%
TOTAL PER CAPITA EXPENDITURES	**$357.59**	**$404.94**	**$461.22**	**$482.43**	**$506.02**	**$517.28**	**$525.42**	6.6%	-4.9%

SOUTHERN REGION MEDICAID PROFILE

DATA BY OTHER CHARACTERISTICS

RECIPIENTS BY OTHER CHARACTERISTICS

By Maintenance Assistance Status	FFY 92	FFY 93	FFY 94	FFY95	FFY96	FFY97	FFY98	Annual Change	Share of Total FFY 98
Receiving Cash Assistance or Eligible Under Section 1931	1,127,783	1,205,799	1,266,103	1,231,727	1,192,877	1,090,058	917,603	-3.4%	39.5%
Poverty Related Eligibles	328,642	426,848	493,111	400,656	575,644	907,434	903,813	18.4%	38.9%
Medically Needy	38,035	37,839	39,802	38,867	37,255	45,282	38,247	0.1%	1.6%
Other Eligibles	530,094	637,957	714,943	890,707	765,771	495,881	465,147	-2.2%	20.0%
Maintenance Assistance Status Unknown	0	0	0	0	0	0	0	n/a	0.0%
Total	**2,024,554**	**2,308,443**	**2,513,959**	**2,561,957**	**2,571,547**	**2,538,655**	**2,324,810**	2.3%	100.0%
By Basis of Eligibility									
Aged, Blind, or Disabled	458,646	508,993	559,564	578,186	590,052	603,553	589,661	4.3%	25.4%
Children	1,100,136	1,285,793	1,407,134	1,451,316	1,474,113	1,469,276	1,327,276	3.2%	57.1%
Foster Care Children	0	0	0	0	0	8,104	16,087	98.5%	0.7%
Adults	465,772	513,657	547,261	532,455	507,382	457,722	391,786	-2.8%	16.9%
Basis of Eligibility Unknown	0	0	0	0	0	0	0	n/a	0.0%
Total	**2,024,554**	**2,308,443**	**2,513,959**	**2,561,957**	**2,571,547**	**2,538,655**	**2,324,810**	2.3%	100.0%
By Age									
Under Age 1	218,816	256,464	268,331	267,111	261,384	253,689	144,065	-6.7%	6.2%
Age 1 to 5	471,897	556,025	607,760	624,837	614,653	582,420	558,876	2.9%	24.0%
Age 6 to 14	362,008	431,305	488,874	528,102	559,648	569,632	574,293	8.0%	24.7%
Age 15 to 20	172,012	185,586	203,199	199,993	200,470	195,399	179,470	0.7%	7.7%
Age 21 to 44	427,926	472,876	504,676	494,512	484,792	470,231	417,767	-0.4%	18.0%
Age 45 to 64	108,889	122,730	135,340	142,285	147,049	152,308	148,914	5.4%	6.4%
Age 65 to 74	101,552	111,573	121,215	125,676	126,039	129,296	122,019	3.1%	5.2%
Age 75 to 84	94,100	97,977	103,620	102,767	100,270	106,242	103,321	1.6%	4.4%
Age 85 and Over	67,347	71,040	80,944	76,674	77,242	79,438	76,084	2.1%	3.3%
Age Unknown	7	2,867	0	0	0	0	1	-27.7%	0.0%
Total	**2,024,554**	**2,308,443**	**2,513,959**	**2,561,957**	**2,571,547**	**2,538,655**	**2,324,810**	2.3%	100.0%
By Race									
White	632,678	711,561	761,594	760,485	744,746	713,214	645,978	0.3%	27.8%
Black	459,476	504,161	536,805	531,626	523,889	503,281	458,055	-0.1%	19.7%
Hispanic, American Indian or Asian	890,842	1,047,780	1,169,877	1,220,367	1,250,998	1,231,395	1,149,293	4.3%	49.4%
Other/Unknown	41,558	44,941	45,683	49,479	51,914	90,765	71,484	9.5%	3.1%
Total	**2,024,554**	**2,308,443**	**2,513,959**	**2,561,957**	**2,571,547**	**2,538,655**	**2,324,810**	2.3%	100.0%
By Sex									
Female	1,285,952	1,449,051	1,567,239	1,585,643	1,583,759	1,554,996	1,414,555	1.6%	60.8%
Male	738,595	859,373	946,711	976,293	987,771	983,650	910,233	3.5%	39.2%
Unknown	7	19	9	21	17	9	22	21.0%	0.0%
Total	**2,024,554**	**2,308,443**	**2,513,959**	**2,561,957**	**2,571,547**	**2,538,655**	**2,324,810**	2.3%	100.0%

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

SOUTHERN REGION MEDICAID PROFILE

PAYMENTS BY OTHER CHARACTERISTICS

By Maintenance Assistance Status	FFY 92	FFY 93	FFY 94	FFY95	FFY96	FFY97	FFY98	Annual Change	Share of Total FFY 98
Receiving Cash Assistance or Eligible Under Section 1931	$2,163,314,162	$2,736,088,486	$2,963,796,666	$3,134,316,354	$3,308,703,449	$3,347,907,120	$3,164,249,057	6.5%	44.3%
Poverty Related Eligibles	$534,845,419	$743,584,069	$861,273,729	$792,292,923	$952,881,120	$1,069,080,737	$1,024,387,837	11.4%	14.3%
Medically Needy	$53,959,577	$86,638,411	$100,949,298	$114,326,602	$112,918,856	$151,065,227	$125,836,860	15.2%	1.8%
Other Eligibles	$1,654,495,685	$2,008,338,524	$2,214,718,031	$2,523,741,513	$2,496,721,171	$2,777,120,477	$2,825,455,089	9.3%	39.6%
Maintenance Assistance Status Unknown	$0	$0	$0	$0	$0	$0	$3	n/a	0.0%
Total	**$4,406,614,843**	**$5,574,649,490**	**$6,140,737,724**	**$6,564,677,392**	**$6,871,224,596**	**$7,345,173,561**	**$7,139,928,846**	8.4%	100.0%
By Basis of Eligibility									
Aged, Blind or Disabled	$2,645,880,959	$3,156,773,746	$3,469,058,523	$3,887,971,095	$4,201,100,585	$4,653,838,594	$4,826,860,821	10.5%	67.6%
Children	$975,689,926	$1,393,318,364	$1,526,836,131	$1,526,517,271	$1,545,909,822	$1,640,636,182	$1,397,377,640	6.2%	19.6%
Foster Care Children	$0	$0	$0	$0	$0	$27,469,355	$44,174,708	60.8%	0.6%
Adults	$785,043,958	$1,024,557,380	$1,144,843,070	$1,150,189,026	$1,124,214,189	$1,023,229,430	$871,515,674	1.8%	12.2%
Basis of Eligibility Unknown	$0	$0	$0	$0	$0	$0	$3	n/a	0.0%
Total	**$4,406,614,843**	**$5,574,649,490**	**$6,140,737,724**	**$6,564,677,392**	**$6,871,224,596**	**$7,345,173,561**	**$7,139,928,846**	8.4%	100.0%
By Age									
Under Age 1	$499,601,685	$690,970,053	$774,802,954	$757,541,408	$727,796,262	$775,765,091	$428,826,197	-2.5%	6.0%
Age 1 to 5	$329,586,379	$458,261,107	$526,943,880	$546,071,550	$550,630,576	$531,979,397	$681,906,816	12.9%	9.6%
Age 6 to 14	$226,908,235	$378,632,276	$419,065,698	$452,542,876	$501,085,339	$542,560,536	$523,617,925	15.0%	7.3%
Age 15 to 20	$312,168,654	$414,649,017	$440,080,560	$455,352,425	$465,218,891	$463,022,468	$410,885,399	4.7%	5.8%
Age 21 to 44	$1,108,039,592	$1,389,156,369	$1,570,062,466	$1,631,566,386	$1,702,948,785	$1,707,164,951	$1,602,967,228	6.3%	22.5%
Age 45 to 64	$538,601,792	$678,501,862	$788,904,124	$897,999,744	$1,003,224,896	$1,118,523,590	$1,149,707,375	13.5%	16.1%
Age 65 to 74	$329,956,630	$388,416,219	$436,298,439	$471,201,468	$504,668,519	$591,829,400	$620,704,247	11.1%	8.7%
Age 75 to 84	$522,565,031	$571,137,299	$577,733,846	$645,837,013	$671,914,274	$781,229,193	$810,913,914	7.6%	11.4%
Age 85 and Over	$536,860,685	$597,888,473	$606,845,757	$706,564,522	$743,737,054	$833,202,661	$910,398,748	9.2%	12.8%
Age Unknown	$2,326,160	$7,036,815	$0	$0	$0	($103,726)	$997	-72.5%	0.0%
Total	**$4,406,614,843**	**$5,574,649,490**	**$6,140,737,724**	**$6,564,677,392**	**$6,871,224,596**	**$7,345,173,561**	**$7,139,928,846**	8.4%	100.0%
By Race									
White	$2,128,461,984	$2,575,437,243	$2,787,670,807	$2,947,569,650	$3,055,857,142	$3,217,002,145	$3,237,522,830	7.2%	45.3%
Black	$879,790,005	$1,105,210,910	$1,161,901,897	$1,238,066,231	$1,275,666,413	$1,347,766,378	$1,265,091,322	6.2%	17.7%
Hispanic, American Indian or Asian	$1,249,396,471	$1,706,575,524	$1,988,523,575	$2,140,490,754	$2,299,022,868	$2,374,195,334	$2,324,986,587	10.9%	32.6%
Other/Unknown	$148,966,383	$187,425,813	$202,641,445	$238,550,757	$240,678,173	$406,209,704	$312,328,107	13.1%	4.4%
Total	**$4,406,614,843**	**$5,574,649,490**	**$6,140,737,724**	**$6,564,677,392**	**$6,871,224,596**	**$7,345,173,561**	**$7,139,928,846**	8.4%	100.0%
By Sex									
Female	$2,900,802,429	$3,612,738,092	$3,935,841,202	$4,196,767,220	$4,367,197,701	$4,652,117,841	$4,511,436,005	7.6%	63.2%
Male	$1,505,810,211	$1,961,893,122	$2,204,878,920	$2,367,776,038	$2,503,940,326	$2,693,049,935	$2,628,419,627	9.7%	36.8%
Unknown	$2,203	$18,276	$17,602	$134,134	$86,569	$5,785	$73,214	79.3%	0.0%
Total	**$4,406,614,843**	**$5,574,649,490**	**$6,140,737,724**	**$6,564,677,392**	**$6,871,224,596**	**$7,345,173,561**	**$7,139,928,846**	8.4%	100.0%

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

SOUTHERN REGION MEDICAID PROFILE

AVERAGE PAYMENT PER RECIPIENT BY OTHER CHARACTERISTICS

By Maintenance Assistance Status	FFY 92	FFY 93	FFY 94	FFY95	FFY96	FFY97	FFY98	Annual Change	Above (+) or Below (-) SLC Avg. FFY 98
Receiving Cash Assistance or Eligible Under Section 1931	$1,918.20	$2,269.11	$2,340.88	$2,544.65	$2,773.72	$3,071.31	$3,448.39	10.3%	7.8%
Poverty Related Eligibles	$1,627.44	$1,742.03	$1,746.61	$1,977.49	$1,655.33	$1,178.14	$1,133.41	-5.9%	-25.0%
Medically Needy	$1,418.68	$2,289.66	$2,536.29	$2,941.48	$3,030.97	$3,336.10	$3,290.11	15.1%	-42.4%
Other Eligibles	$3,121.14	$3,148.08	$3,097.75	$2,833.41	$3,260.40	$5,600.38	$6,074.33	11.7%	11.2%
Maintenance Assistance Status Unknown	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	n/a	-100.0%
Total	**$2,176.59**	**$2,414.90**	**$2,442.66**	**$2,562.37**	**$2,672.02**	**$2,893.33**	**$3,071.19**	5.9%	1.4%
By Basis of Eligibility									
Aged, Blind or Disabled	$5,768.90	$6,202.00	$6,199.57	$6,724.43	$7,119.88	$7,710.74	$8,185.82	6.0%	13.7%
Children	$886.88	$1,083.63	$1,085.07	$1,051.82	$1,048.71	$1,116.63	$1,052.82	2.9%	2.3%
Foster Care Children	$0.00	$0.00	$0.00	$0.00	$0.00	$3,389.60	$2,745.99	-19.0%	-18.4%
Adults	$1,685.47	$1,994.63	$2,091.95	$2,160.16	$2,215.72	$2,235.48	$2,224.47	4.7%	23.5%
Basis of Eligibility Unknown	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	n/a	-100.0%
Total	**$2,176.59**	**$2,414.90**	**$2,442.66**	**$2,562.37**	**$2,672.02**	**$2,893.33**	**$3,071.19**	5.9%	1.4%
By Age									
Under Age 1	$2,283.20	$2,694.22	$2,887.49	$2,836.05	$2,784.39	$3,057.94	$2,976.62	4.5%	22.2%
Age 1 to 5	$698.43	$824.17	$867.03	$873.94	$895.84	$913.39	$1,220.14	9.7%	9.4%
Age 6 to 14	$626.80	$877.88	$857.21	$856.92	$895.36	$952.48	$911.76	6.4%	-17.5%
Age 15 to 20	$1,814.81	$2,234.27	$2,165.76	$2,276.84	$2,320.64	$2,369.63	$2,289.44	3.9%	8.6%
Age 21 to 44	$2,589.33	$2,937.68	$3,111.03	$3,299.35	$3,512.74	$3,630.48	$3,836.99	6.8%	11.2%
Age 45 to 64	$4,946.34	$5,528.41	$5,829.05	$6,311.27	$6,822.39	$7,343.83	$7,720.61	7.7%	27.0%
Age 65 to 74	$3,249.14	$3,481.27	$3,599.38	$3,749.34	$4,004.07	$4,577.32	$5,086.95	7.8%	4.2%
Age 75 to 84	$5,553.29	$5,829.30	$5,575.51	$6,284.48	$6,701.05	$7,353.30	$7,848.49	5.9%	3.4%
Age 85 and Over	$7,971.56	$8,416.22	$7,497.11	$9,215.18	$9,628.66	$10,488.72	$11,965.71	7.0%	11.8%
Age Unknown	$332,308.57	$2,454.42	$0.00	$0.00	$0.00	$0.00	$997.00	-62.0%	-57.1%
Total	**$2,176.59**	**$2,414.90**	**$2,442.66**	**$2,562.37**	**$2,672.02**	**$2,893.33**	**$3,071.19**	5.9%	1.4%
By Race									
White	$3,364.21	$3,619.42	$3,660.31	$3,875.91	$4,103.22	$4,510.57	$5,011.82	6.9%	34.7%
Black	$1,914.77	$2,192.18	$2,164.48	$2,328.83	$2,434.99	$2,677.96	$2,761.88	6.3%	14.2%
Hispanic, American Indian or Asian	$1,402.49	$1,628.75	$1,699.77	$1,753.97	$1,837.75	$1,928.05	$2,022.97	6.3%	6.9%
Other/Unknown	$3,584.54	$4,170.49	$4,435.82	$4,821.25	$4,636.09	$4,475.40	$4,369.20	3.4%	21.7%
Total	**$2,176.59**	**$2,414.90**	**$2,442.66**	**$2,562.37**	**$2,672.02**	**$2,893.33**	**$3,071.19**	5.9%	1.4%
By Sex									
Female	$2,255.76	$2,493.18	$2,511.32	$2,646.73	$2,757.49	$2,991.72	$3,189.30	5.9%	2.7%
Male	$2,038.75	$2,282.94	$2,328.99	$2,425.27	$2,534.94	$2,737.81	$2,887.63	6.0%	-2.5%
Unknown	$314.71	$961.89	$1,955.78	$6,387.33	$5,092.29	$642.78	$3,327.91	48.2%	37.4%
Total	**$2,176.59**	**$2,414.90**	**$2,442.66**	**$2,562.37**	**$2,672.02**	**$2,893.33**	**$3,071.19**	5.9%	1.4%

ADDITIONAL STATE HEALTH CARE INFORMATION

Sources: "Major Health Care Policies: 50 State Profiles", Health Policy Tracking Service, January, 1999; and "Medicaid Services State by State", HCFA, October 1998.
**Information supplied by State Medicaid Agency*

Waivers

Texas has seven waiver sites operating under the provisions of Title XIX, Section 1915 (b), of the Social Security Act as follows:
•(1) Southeast Region: PCCM model, effective December 1, 1995; serves approximately 23,000 recipients.
•(2) Travis County service delivery area: HMO model, effective September 1, 1996; serves approximately 28,300 recipients.
•(3) Bexar County service delivery area: HMO and PCCM model, effective October 1, 1996; serves approximately 94,500.
•(4) Lubbock County service delivery area: HMO and PCCM model, effective October 1, 1996; serves approximately 22,000.
•(5) Tarrant County service delivery area: HMO model, effective October 1, 1996; serves approximately 45,000.
•(6) Harris County service delivery area: HMO and PCCM model, effective December 1, 1997; serves approximately 130,000 (STAR) and 55,000 (STAR+PLUS).
•(7) Dallas service district area: HMO model, effective July 1, 1999; serves approximately 90,500.
•NorthSTAR (Behavioral Health Waiver) : A Medicaid pilot project designed to create a single, seamless system of public behavioral health care in which both chemical dependency and mental health services will be provided (only for Dallas area recipients). The waiver was approved September 10, 1999.

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

•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.

Managed Care

•Any Willing Provider Clause: Pharmacy, pharmacist ; 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 the El Paso Service Area.
•STAR+Plus: The state's Medicaid pilot project designed to integrate delivery of acute care and long-term care services through a managed care system. The project, effective December, 1997, serves approximately 55,000 aged and disabled Medicaid recipients in the Houston area.
•Significant Traditional Provider Requirement: All HMOs are required to make a good faith effort to include providers who have traditionally served the Medicaid population in a service district area in their provider networks.

Coverage for Targeted Population

•The state requires public hospitals, hospital districts and certain counties to provide care to indigents. Legislation passed in 1985, the Indigent Health Care and Treatment Act, requires those counties not fully served by a hospital district or public hospital to operate a County Indigent Care Health Program (CIHCP) to provide care to their eligible indigent residents. Of the 254 counties in the state, 136 administer a CIHCP.

Coverage for Targeted Population (Continued)

In 1999, the Texas Legislature significantly amended the Indigent Health Care and Treatment Act for the first time since its enactment. Changes to the law include a focus on preventive services, a lower eligibility threshold, and a lower level at which counties may become eligible to receive state assistance funds (counties become eligible for state funds once they have spent a certain percentage of their general revenue tax levy on allowable indigent health services). The new law also increase the state's match for county expenditures from 80% to 90%. The intent of these changes was to offer incentives to counties to provide services, improve coordination between counties and other health care providers, and allow flexibility for future changes in the health care system.

Cost Containment Measures

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

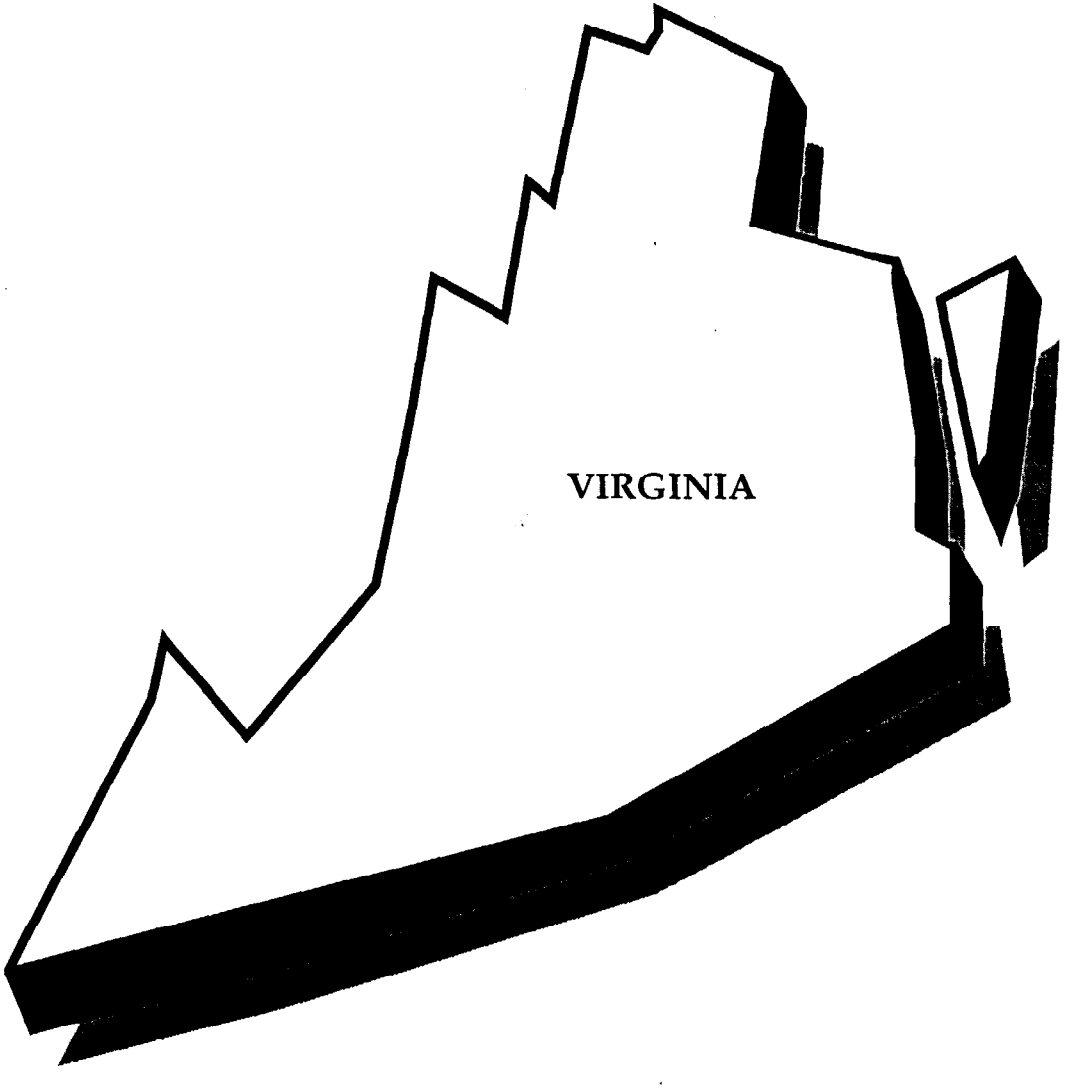
Medicaid

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

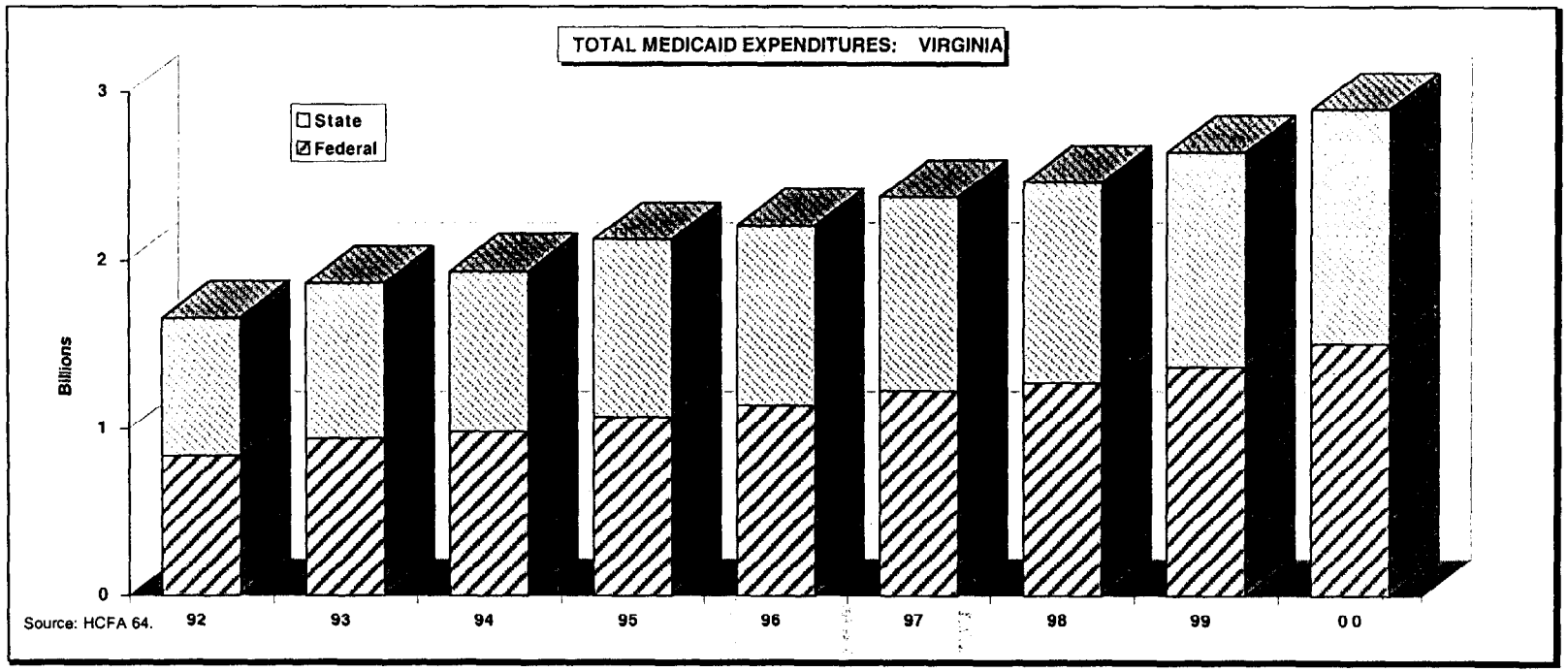
Children's Health Insurance Program: Medicaid Expansion

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

SOUTHERN REGION MEDICAID PROFILES



SOUTHERN REGION MEDICAID PROFILE



	FFY 92	FFY 93	FFY 94	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99**	FFY 00**	*Annual Rate of Change*	*Total 92-00*
Medicaid Payments	$1,579,921,708	$1,788,466,944	$1,849,207,961	$2,044,756,023	$2,123,142,475	$2,274,509,097	$2,343,757,339	$2,510,982,000	$2,755,444,000	*7.2%*	*74.4%*
Federal Share	$794,600,146	$898,042,564	$931,207,056	$1,026,474,417	$1,093,719,144	$1,172,394,679	$1,208,808,080	$1,296,715,000	$1,423,693,000	*7.6%*	*79.2%*
State Share	$785,321,562	$890,424,380	$918,000,905	$1,018,281,606	$1,029,423,331	$1,102,114,418	$1,134,949,259	$1,214,267,000	$1,331,751,000	*6.8%*	*69.6%*
Administrative Costs	$77,976,341	$75,041,659	$84,456,361	$76,336,648	$81,776,255	$100,519,359	$118,333,750	$130,588,000	$141,576,000	*7.7%*	*81.6%*
Federal Share	$43,545,738	$42,787,552	$47,756,289	$44,400,414	$45,022,011	$54,003,775	$65,843,598	$73,604,000	$80,314,000	*8.0%*	*84.4%*
State Share	$34,430,603	$32,254,107	$36,700,072	$31,936,234	$36,754,244	$46,515,584	$52,490,152	$56,984,000	$61,262,000	*7.5%*	*77.9%*
Admin. Costs as % of Payments	4.94%	4.20%	4.57%	3.73%	3.85%	4.42%	5.05%	5.20%	5.14%		
Federal Match Rate*	50.00%	50.00%	50.00%	50.00%	51.37%	51.45%	51.49%	51.60%	51.67%		

**Rate shown is for Medicaid payments only. The FMAP (Federal Medical Assistance Percentage) is based on the relationship between each state's per capita personal income and that of the nation as a whole for the three most recent years. Federal share of state administrative costs is usually 50 percent or 75 percent, depending on function and whether or not medical personnel are used. **Federal Fiscal Years 99 and 00 reflect latest estimates reported by each state.*

VIRGINIA

SOUTHERN REGION MEDICAID PROFILE

STATE FINANCING

	Payments		Administration	
	FFY 92	FFY 00	FFY 92	FFY 00
State General Fund*	$785,321,562	$1,331,751,000	$34,430,603	$61,262,000
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	$785,321,562	$1,331,751,000	$34,430,603	$61,262,000

Provider Taxes Currently in Place (FFY 00)

Provider(s)	Tax Rate	Amount
	NO PROVIDER TAXES	

DISPROPORTIONATE SHARE HOSPITAL (DSH) PAYMENTS

	FFY 92	FFY 93	FFY 94	FFY 95	FFY 96	FFY97	FFY98	FFY99*	FFY00*	*Annual Change*
General Hospitals	$88,502,000	$120,342,592	$133,062,000	$138,537,653	$148,762,000	$157,204,000	$152,457,493	$157,022,000	$150,008,000	*2.0%*
Mental Hospitals	$12,500,000	$10,413,469	$11,395,000	$6,732,097	$9,312,000	$2,588,000	$8,220,282	$3,900,000	$3,900,000	*-16.4%*
Total	$101,002,000	$130,756,061	$144,457,000	$145,269,750	$158,074,000	$159,792,000	$160,677,775	$160,922,000	$153,908,000	*1.1%*

SELECTED ELIGIBILITY CRITERIA

	At 10/1/99	% 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	68.4%
Couple	$705	76.5%
Resources:		
Single Person	$2,000	
Couple	$3,000	

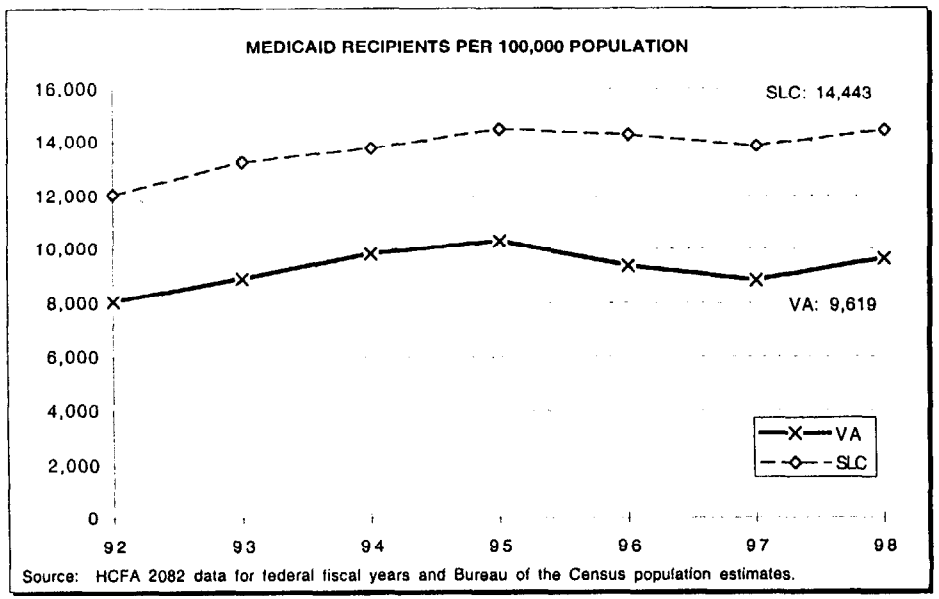
*Current federal poverty level is $8,240 per year for a single person, $11,060 for a family of two and $13,880 for a family of three. Table above shows monthly income levels.

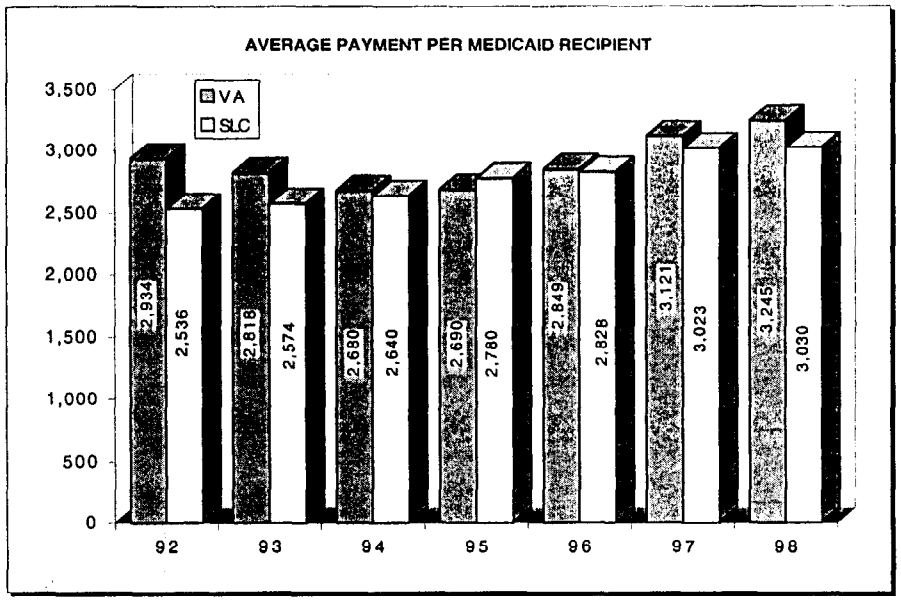
DEMOGRAPHIC DATA & POVERTY INDICATORS (1997)

		Rank in U.S.
State population—July 1, 1997*	6,737,489	*12*
Per capita personal income**	$26,172	*14*
Median household income**	$40,405	*12*
Population below Federal Poverty Level on July 1, 1997*	788,286	
Percent of total population	11.7%	*25*
Population without health insurance coverage*	854,000	*13*
Percent of total population	12.7%	*31*
Recipients of Food Stamps***	372,858	*17*
Households receiving Food Stamps***	206,000	*14*
Total value of issuance***	$306,853,117	*18*
Average monthly benefit per recipient	$68.58	*38*
Average monthly benefit per household	$124.13	*28*
Monthly recipients of Temporary Assistance to Needy Families (TANF)****	94,431	*23*
Total TANF payments****	$264,892,785	*20*
Average monthly payment per recipient	$233.76	
Average monthly payment per family of 3	$354.00	*29*

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

SOUTHERN REGION MEDICAID PROFILE





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

RECIPIENTS BY TYPE OF SERVICES	FFY 92	FFY 93	FFY 94	FFY95	FFY96	FFY97	FFY98	*Annual Change*
01. General Hospital	97,811	102,317	104,770	103,147	90,914	102,450	98,015	*0.0%*
02. Mental Hospital	604	935	1,493	2,179	2,593	2,213	36,689	*98.3%*
03. Skilled and Intermediate (non-MR) Care Nursing	26,876	27,772	27,727	27,301	26,963	27,565	28,053	*0.7%*
04. Intermediate Care for Mentally Retarded	2,830	2,749	2,720	2,591	2,458	2,301	2,126	*-4.7%*
05. Physician Services	426,242	478,893	559,282	603,578	540,079	520,943	438,974	*0.5%*
06. Dental Services	74,109	89,358	103,363	106,156	86,056	78,351	76,341	*0.5%*
07. Other Practitioners	54,886	63,749	73,127	75,977	68,503	75,799	70,449	*4.2%*
08. Outpatient Hospital	295,071	328,978	348,081	351,152	298,998	285,018	267,436	*-1.6%*
09. Clinic Services	94,810	100,472	118,901	134,669	142,022	141,580	95,786	*0.2%*
10. Lab and X-Ray	177,379	219,191	236,382	242,930	200,206	188,157	180,726	*0.3%*
11. Home Health	17,189	18,618	17,616	18,282	18,818	20,511	7,470	*-13.0%*
12. Prescribed Drugs	381,893	429,746	470,048	480,405	417,580	396,719	383,880	*0.1%*
13. Family Planning	37,522	40,596	40,563	37,947	26,926	24,065	23,655	*-7.4%*
14. Early & Periodic Screening, Diagnosis & Treatment	94,659	115,518	136,396	124,871	103,912	91,571	85,641	*-1.7%*
15. Other Care	74,761	92,188	107,999	117,388	103,542	103,219	100,122	*5.0%*
16. Personal Care Support Services	0	0	0	0	0	0	31,984	*n/a*
17. Home/Community Based Waiver Services	0	0	0	0	0	0	4,589	*n/a*
18. Prepaid Health Care	0	0	0	0	0	0	159,392	*n/a*
19. Primary Care Case Management (PCCM) Services	0	0	0	0	0	0	110,559	*n/a*
Total*	**515,064**	**575,929**	**642,947**	**681,313**	**623,315**	**595,234**	**653,236**	*4.0%*

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

VIRGINIA

SOUTHERN REGION MEDICAID PROFILE

PAYMENTS BY TYPE OF SERVICES	FFY 92	FFY 93	FFY 94	FFY95	FFY96	FFY97	FFY98	Annual Change	Share of Total FFY 98
01. General Hospital	$404,778,604	$390,091,912	$374,922,573	$395,238,330	$330,862,231	$321,509,929	$334,376,704	-3.1%	15.8%
02. Mental Hospital	$12,725,576	$15,444,481	$19,515,026	$22,350,887	$26,164,133	$21,324,339	$101,470,933	41.3%	4.8%
03. Skilled and Intermediate (non-MR) Care Nursing	$339,129,712	$359,414,970	$371,902,193	$377,639,158	$383,993,853	$387,991,885	$394,719,040	2.6%	18.6%
04. Intermediate Care for Mentally Retarded	$141,295,249	$138,663,572	$146,534,791	$147,747,735	$145,912,289	$141,767,958	$143,102,604	0.2%	6.8%
05. Physician Services	$172,365,466	$193,317,470	$210,637,917	$215,204,029	$186,600,962	$197,208,572	$187,632,420	1.4%	8.9%
06. Dental Services	$9,169,079	$10,907,586	$12,589,652	$12,796,843	$11,147,739	$10,128,667	$10,991,455	3.1%	0.5%
07. Other Practitioners	$5,496,798	$7,402,858	$9,480,961	$10,817,994	$9,210,639	$9,835,427	$7,747,728	5.9%	0.4%
08. Outpatient Hospital	$109,732,668	$128,045,436	$135,254,751	$135,343,521	$120,200,446	$122,810,586	$120,861,961	1.6%	5.7%
09. Clinic Services	$64,264,274	$77,061,674	$95,200,906	$129,025,022	$156,863,212	$193,699,630	$44,638,404	-5.9%	2.1%
10. Lab and X-Ray	$14,218,072	$18,037,238	$18,973,315	$20,019,722	$15,969,779	$14,978,314	$12,882,267	-1.6%	0.6%
11. Home Health	$61,765,031	$66,620,566	$72,946,114	$85,013,264	$101,652,172	$114,153,676	$8,156,865	-28.6%	0.4%
12. Prescribed Drugs	$133,845,169	$161,448,803	$195,777,613	$213,182,924	$221,421,619	$249,620,903	$284,578,559	13.4%	13.4%
13. Family Planning	$5,639,570	$7,973,359	$6,810,501	$5,236,144	$2,730,543	$2,376,375	$2,750,995	-11.3%	0.1%
14. Early & Periodic Screening, Diagnosis & Treatment	$7,842,109	$10,065,944	$10,532,368	$11,371,490	$11,418,270	$8,851,274	$8,139,340	0.6%	0.4%
15. Other Care	$29,038,829	$38,389,808	$42,077,423	$51,772,755	$51,920,529	$61,674,381	$54,680,560	11.1%	2.6%
16. Personal Care Support Services	$0	$0	$0	$0	$0	$0	$117,734,231	n/a	5.6%
17. Home/Community Based Waiver Services	$0	$0	$0	$0	$0	$0	$95,785,869	n/a	4.5%
18. Prepaid Health Care	$0	$0	$0	$0	$0	$0	$187,838,070	n/a	8.9%
19. Primary Case Management (PCCM) Services	$0	$0	$0	$0	$0	$0	$1,697,485	n/a	0.1%
Total (excludes DSH pymts, pharmacy rebates, & other adjs.)	**$1,511,306,206**	**$1,622,885,677**	**$1,723,156,104**	**$1,832,759,818**	**$1,776,068,416**	**$1,857,931,916**	**$2,119,785,490**	5.8%	100.0%

AVERAGE PAYMENTS PER RECIPIENT BY TYPE OF SERVICES									(+) or (-) SLC Avg. FFY 98
01. General Hospital	$4,138.38	$3,812.58	$3,578.53	$3,831.80	$3,639.29	$3,138.21	$3,411.49	-3.2%	-11.3%
02. Mental Hospital	$21,068.83	$16,518.16	$13,071.02	$10,257.41	$10,090.29	$9,635.94	$2,765.70	-28.7%	-65.7%
03. Skilled and Intermediate (non-MR) Care Nursing	$12,618.31	$12,941.63	$13,413.00	$13,832.43	$14,241.51	$14,075.53	$14,070.48	1.8%	-8.1%
04. Intermediate Care for Mentally Retarded	$49,927.65	$50,441.46	$53,873.08	$57,023.44	$59,362.20	$61,611.46	$67,310.73	5.1%	13.6%
05. Physician Services	$404.38	$403.68	$376.62	$356.55	$345.51	$378.56	$427.43	0.9%	15.8%
06. Dental Services	$123.72	$122.07	$121.80	$120.55	$129.54	$129.27	$143.98	2.6%	-17.0%
07. Other Practitioners	$100.15	$116.13	$129.65	$142.39	$134.46	$129.76	$109.98	1.6%	-29.7%
08. Outpatient Hospital	$371.89	$389.22	$388.57	$385.43	$402.01	$430.89	$451.93	3.3%	1.2%
09. Clinic Services	$677.82	$767.00	$800.67	$958.09	$1,104.50	$1,368.13	$466.02	-6.1%	-17.1%
10. Lab and X-Ray	$80.16	$82.29	$80.27	$82.41	$79.77	$79.61	$71.28	-1.9%	-24.5%
11. Home Health	$3,593.29	$3,578.29	$4,140.90	$4,650.11	$5,401.86	$5,565.49	$1,091.95	-18.0%	-28.6%
12. Prescribed Drugs	$350.48	$375.68	$416.51	$443.76	$530.25	$629.21	$741.32	13.3%	18.1%
13. Family Planning	$150.30	$196.41	$167.90	$137.99	$101.41	$98.75	$116.30	-4.2%	-45.3%
14. Early & Periodic Screening, Diagnosis & Treatment	$82.85	$87.14	$77.22	$91.07	$109.88	$96.66	$95.04	2.3%	-65.4%
15. Other Care	$388.42	$416.43	$389.61	$441.04	$501.44	$597.51	$546.14	5.8%	17.8%
16. Personal Care Support Services	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$3,681.04	n/a	133.2%
17. Home/Community Based Waiver Services	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$20,872.93	n/a	66.2%
18. Prepaid Health Care	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$1,178.47	n/a	5.8%
19. Primary Care Case Management (PCCM) Services	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$15.35	n/a	-76.8%
Total (Average)	**$2,934.21**	**$2,817.86**	**$2,680.09**	**$2,690.04**	**$2,849.39**	**$3,121.35**	**$3,245.05**	1.7%	7.1%
TOTAL PER CAPITA EXPENDITURES	**$259.52**	**$287.82**	**$295.23**	**$320.64**	**$330.76**	**$352.51**	**$362.53**	5.7%	-34.4%

SOUTHERN REGION MEDICAID PROFILE

DATA BY OTHER CHARACTERISTICS

RECIPIENTS BY OTHER CHARACTERISTICS

By Maintenance Assistance Status	FFY 92	FFY 93	FFY 94	FFY95	FFY96	FFY97	FFY98	Annual Change	Share of Total FFY 98
Receiving Cash Assistance or Eligible Under Section 1931	298,848	316,824	341,142	350,944	295,476	267,331	285,976	-0.7%	43.8%
Poverty Related Eligibles	48,035	52,192	52,957	54,557	59,396	219,194	245,429	31.2%	37.6%
Medically Needy	39,783	38,821	36,770	32,462	26,512	21,667	17,884	-12.5%	2.7%
Other Eligibles	128,398	168,092	212,078	243,350	241,931	87,042	103,947	-3.5%	15.9%
Maintenance Assistance Status Unknown	0	0	0	0	0	0	0	n/a	0.0%
Total	**515,064**	**575,929**	**642,947**	**681,313**	**623,315**	**595,234**	**653,236**	4.0%	100.0%
By Basis of Eligibility									
Aged, Blind, or Disabled	156,309	169,438	181,940	191,099	198,729	197,352	207,662	4.8%	31.8%
Children	244,340	284,210	334,420	363,954	317,789	296,453	333,370	5.3%	51.0%
Foster Care Children	0	0	0	0	0	4,205	4,260	1.3%	0.7%
Adults	114,415	122,281	126,587	126,260	106,797	97,224	107,944	-1.0%	16.5%
Basis of Eligibility Unknown	0	0	0	0	0	0	0	n/a	0.0%
Total	**515,064**	**575,929**	**642,947**	**681,313**	**623,315**	**595,234**	**653,236**	4.0%	100.0%
By Age									
Under Age 1	42,454	45,105	46,124	44,818	38,923	38,663	41,524	-0.4%	6.4%
Age 1 to 5	105,503	123,027	139,145	146,023	124,037	119,519	123,243	2.6%	18.9%
Age 6 to 14	84,785	105,528	133,115	150,363	135,273	127,628	152,702	10.3%	23.4%
Age 15 to 20	42,721	45,232	54,072	63,287	60,592	56,703	66,403	7.6%	10.2%
Age 21 to 44	118,860	129,368	136,567	139,665	125,288	113,260	125,801	1.0%	19.3%
Age 45 to 64	39,416	42,819	45,868	48,076	49,488	49,251	52,956	5.0%	8.1%
Age 65 to 74	33,180	35,134	36,378	37,267	37,313	36,608	36,481	1.6%	5.6%
Age 75 to 84	29,610	30,265	31,255	31,309	31,501	32,330	32,497	1.6%	5.0%
Age 85 and Over	18,535	19,451	20,423	20,505	20,900	21,272	21,629	2.6%	3.3%
Age Unknown	0	0	0	0	0	0	0	n/a	0.0%
Total	**515,064**	**575,929**	**642,947**	**681,313**	**623,315**	**595,234**	**653,236**	4.0%	100.0%
By Race									
White	248,742	278,579	303,158	316,902	310,280	297,941	300,535	3.2%	46.0%
Black	243,954	268,273	304,592	321,916	271,035	256,256	311,541	4.2%	47.7%
Hispanic, American Indian or Asian	11,126	26,969	33,053	40,409	40,272	39,645	39,844	23.7%	6.1%
Other/Unknown	11,242	2,108	2,144	2,086	1,728	1,392	1,316	-30.1%	0.2%
Total	**515,064**	**575,929**	**642,947**	**681,313**	**623,315**	**595,234**	**653,236**	4.0%	100.0%
By Sex									
Female	331,711	365,938	401,759	420,995	382,934	363,090	399,382	3.1%	61.1%
Male	183,353	209,991	241,180	260,318	240,381	232,144	253,854	5.6%	38.9%
Unknown	0	0	8	0	0	0	0	-100.0%	0.0%
Total	**515,064**	**575,929**	**642,947**	**681,313**	**623,315**	**595,234**	**653,236**	4.0%	100.0%

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

SOUTHERN REGION MEDICAID PROFILE

PAYMENTS BY OTHER CHARACTERISTICS

By Maintenance Assistance Status	FFY 92	FFY 93	FFY 94	FFY95	FFY96	FFY97	FFY98	Annual Change	Share of Total FFY 98
Receiving Cash Assistance or Eligible Under Section 1931	$721,164,198	$776,863,009	$828,969,621	$879,247,891	$831,337,272	$864,124,581	$1,013,821,200	5.8%	47.8%
Poverty Related Eligibles	$273,457,512	$303,153,349	$315,277,853	$347,419,117	$432,408,659	$228,236,491	$277,531,633	0.2%	13.1%
Medically Needy	$330,109,394	$350,252,237	$361,165,965	$350,493,064	$283,237,718	$210,507,166	$163,896,812	-11.0%	7.7%
Other Eligibles	$186,575,102	$192,617,082	$217,742,665	$255,599,746	$229,084,767	$555,063,678	$664,535,845	23.6%	31.3%
Maintenance Assistance Status Unknown	$0	$0	$0	$0	$0	$0	$0	n/a	0.0%
Total	**$1,511,306,206**	**$1,622,885,677**	**$1,723,156,104**	**$1,832,759,818**	**$1,776,068,416**	**$1,857,931,916**	**$2,119,785,490**	5.8%	100.0%
By Basis of Eligibility									
Aged, Blind or Disabled	$1,017,079,044	$1,111,587,865	$1,198,652,822	$1,293,681,358	$1,342,368,831	$1,439,765,992	$1,572,834,621	7.5%	74.2%
Children	$272,716,691	$280,021,731	$298,745,273	$329,177,150	$268,791,825	$249,277,682	$336,821,911	3.6%	15.9%
Foster Care Children	$0	$0	$0	$0	$0	$9,595,824	$9,468,574	-1.3%	0.4%
Adults	$221,510,471	$231,276,081	$225,758,009	$209,901,310	$164,907,760	$159,292,418	$200,660,384	-1.6%	9.5%
Basis of Eligibility Unknown	$0	$0	$0	$0	$0	$0	$0	n/a	0.0%
Total	**$1,511,306,206**	**$1,622,885,677**	**$1,723,156,104**	**$1,832,759,818**	**$1,776,068,416**	**$1,857,931,916**	**$2,119,785,490**	5.8%	100.0%
By Age									
Under Age 1	$126,395,394	$114,491,602	$103,793,229	$117,196,847	$90,235,105	$85,469,576	$114,024,927	-1.7%	5.4%
Age 1 to 5	$95,525,849	$107,215,492	$114,342,904	$122,027,418	$107,835,294	$100,451,708	$126,668,524	4.8%	6.0%
Age 6 to 14	$70,051,058	$85,367,639	$109,378,127	$121,707,113	$112,036,137	$117,483,134	$147,224,727	13.2%	6.9%
Age 15 to 20	$86,787,687	$90,301,494	$99,911,092	$108,583,105	$97,397,201	$96,864,174	$122,599,008	5.9%	5.8%
Age 21 to 44	$403,800,813	$432,065,649	$460,094,859	$483,557,475	$455,829,239	$475,764,858	$553,938,255	5.4%	26.1%
Age 45 to 64	$227,456,699	$248,910,117	$269,239,540	$294,728,157	$306,633,992	$339,101,798	$390,587,501	9.4%	18.4%
Age 65 to 74	$142,731,483	$158,407,954	$166,475,065	$171,723,647	$178,362,031	$188,462,451	$198,282,074	5.6%	9.4%
Age 75 to 84	$192,590,405	$204,421,036	$210,951,095	$216,102,098	$220,372,545	$237,721,684	$244,845,375	4.1%	11.6%
Age 85 and Over	$165,966,818	$181,704,694	$188,970,193	$197,133,958	$207,366,872	$216,612,533	$221,615,096	4.9%	10.5%
Age Unknown	$0	$0	$0	$0	$0	$0	$3	n/a	0.0%
Total	**$1,511,306,206**	**$1,622,885,677**	**$1,723,156,104**	**$1,832,759,818**	**$1,776,068,416**	**$1,857,931,916**	**$2,119,785,490**	5.8%	100.0%
							$0		
By Race									
White	$859,911,041	$926,810,807	$983,794,206	$1,050,567,690	$1,054,577,375	$1,104,584,511	$1,186,268,795	5.5%	56.0%
Black	$610,806,913	$645,841,873	$680,555,884	$714,321,618	$654,119,251	$676,490,155	$848,997,693	5.6%	40.1%
Hispanic, American Indian or Asian	$17,948,651	$47,017,822	$54,751,396	$64,404,408	$64,154,642	$74,019,429	$81,609,140	28.7%	3.8%
Other/Unknown	$22,639,601	$3,215,175	$4,054,618	$3,466,102	$3,217,148	$2,837,821	$2,909,862	-29.0%	0.1%
Total	**$1,511,306,206**	**$1,622,885,677**	**$1,723,156,104**	**$1,832,759,818**	**$1,776,068,416**	**$1,857,931,916**	**$2,119,785,490**	5.8%	100.0%
By Sex									
Female	$981,166,696	$1,048,652,323	$1,101,637,000	$1,146,192,071	$1,101,339,385	$1,153,204,693	$1,317,294,935	5.0%	62.1%
Male	$530,139,510	$574,233,354	$621,477,642	$686,567,747	$674,729,031	$704,727,223	$802,490,549	7.2%	37.9%
Unknown	$0	$0	$41,462	$0	$0	$0	$6	-89.0%	0.0%
Total	**$1,511,306,206**	**$1,622,885,677**	**$1,723,156,104**	**$1,832,759,818**	**$1,776,068,416**	**$1,857,931,916**	**$2,119,785,490**	5.8%	100.0%

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

SOUTHERN REGION MEDICAID PROFILE

AVERAGE PAYMENT PER RECIPIENT BY OTHER CHARACTERISTICS

By Maintenance Assistance Status	FFY 92	FFY 93	FFY 94	FFY95	FFY96	FFY97	FFY98	Annual Change	Above (+) or Below (-) SLC Avg. FFY 98
Receiving Cash Assistance or Eligible Under Section 1931	$2,413.15	$2,452.03	$2,429.98	$2,505.38	$2,813.55	$3,232.41	$3,545.13	6.6%	10.8%
Poverty Related Eligibles	$5,692.88	$5,808.43	$5,953.47	$6,368.00	$7,280.10	$1,041.25	$1,130.80	-23.6%	-25.2%
Medically Needy	$8,297.75	$9,022.24	$9,822.30	$10,797.03	$10,683.38	$9,715.57	$9,164.44	1.7%	60.5%
Other Eligibles	$1,453.10	$1,145.90	$1,026.71	$1,050.34	$946.90	$6,376.96	$6,393.03	28.0%	17.0%
Maintenance Assistance Status Unknown	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	n/a	-100.0%
Total	**$2,934.21**	**$2,817.86**	**$2,680.09**	**$2,690.04**	**$2,849.39**	**$3,121.35**	**$3,245.05**	1.7%	7.1%
By Basis of Eligibility									
Aged, Blind or Disabled	$6,506.85	$6,560.44	$6,588.18	$6,769.69	$6,754.77	$7,295.42	$7,574.01	2.6%	5.2%
Children	$1,116.14	$985.26	$893.32	$904.45	$845.82	$840.87	$1,010.35	-1.6%	-1.8%
Foster Care Children	$0.00	$0.00	$0.00	$0.00	$0.00	$2,282.00	$2,222.67	-2.6%	-33.9%
Adults	$1,936.03	$1,891.35	$1,783.42	$1,662.45	$1,544.12	$1,638.41	$1,858.93	-0.7%	3.2%
Basis of Eligibility Unknown	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	n/a	-100.0%
Total	**$2,934.21**	**$2,817.86**	**$2,680.09**	**$2,690.04**	**$2,849.39**	**$3,121.35**	**$3,245.05**	1.7%	7.1%
By Age									
Under Age 1	$2,977.23	$2,538.34	$2,250.31	$2,614.95	$2,318.30	$2,210.63	$2,746.00	-1.3%	12.7%
Age 1 to 5	$905.43	$871.48	$821.75	$835.67	$869.38	$840.47	$1,027.79	2.1%	-7.8%
Age 6 to 14	$826.22	$808.96	$821.68	$809.42	$828.22	$920.51	$964.13	2.6%	-12.8%
Age 15 to 20	$2,031.50	$1,996.41	$1,847.74	$1,715.73	$1,607.43	$1,708.27	$1,846.29	-1.6%	-12.4%
Age 21 to 44	$3,397.28	$3,339.82	$3,369.00	$3,462.27	$3,638.25	$4,200.64	$4,403.29	4.4%	27.7%
Age 45 to 64	$5,770.67	$5,813.08	$5,869.88	$6,130.46	$6,196.13	$6,885.18	$7,375.70	4.2%	21.4%
Age 65 to 74	$4,301.73	$4,508.68	$4,576.26	$4,607.93	$4,780.16	$5,148.12	$5,435.21	4.0%	11.3%
Age 75 to 84	$6,504.24	$6,754.37	$6,749.36	$6,902.24	$6,995.73	$7,352.98	$7,534.40	2.5%	-0.7%
Age 85 and Over	$8,954.24	$9,341.66	$9,252.81	$9,613.95	$9,921.86	$10,182.99	$10,246.20	2.3%	-4.3%
Age Unknown	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	n/a	-100.0%
Total	**$2,934.21**	**$2,817.86**	**$2,680.09**	**$2,690.04**	**$2,849.39**	**$3,121.35**	**$3,245.05**	1.7%	7.1%
By Race									
White	$3,457.04	$3,326.92	$3,245.15	$3,315.12	$3,398.79	$3,707.39	$3,947.19	2.2%	6.1%
Black	$2,503.78	$2,407.41	$2,234.32	$2,218.97	$2,413.41	$2,639.90	$2,725.16	1.4%	12.6%
Hispanic, American Indian or Asian	$1,613.22	$1,743.40	$1,656.47	$1,593.81	$1,593.03	$1,867.06	$2,048.22	4.1%	8.2%
Other/Unknown	$2,013.84	$1,525.23	$1,891.15	$1,661.60	$1,861.78	$2,038.66	$2,211.14	1.6%	-38.4%
Total	**$2,934.21**	**$2,817.86**	**$2,680.09**	**$2,690.04**	**$2,849.39**	**$3,121.35**	**$3,245.05**	1.7%	7.1%
By Sex									
Female	$2,957.90	$2,865.66	$2,742.03	$2,722.58	$2,876.06	$3,176.08	$3,298.33	1.8%	6.2%
Male	$2,891.36	$2,734.56	$2,576.82	$2,637.42	$2,806.91	$3,035.73	$3,161.23	1.5%	6.7%
Unknown	$0.00	$0.00	$5,182.75	$0.00	$0.00	$0.00	$0.00	-100.0%	-100.0%
Total	**$2,934.21**	**$2,817.86**	**$2,680.09**	**$2,690.04**	**$2,849.39**	**$3,121.35**	**$3,245.05**	1.7%	7.1%

TANF AND MEDICALLY NEEDY PROGRAM ELIGIBILITY CRITERIA

Sources: "Major Health Care Policies: 50 State Profiles", Health Policy Tracking Service, January, 1999; and "Medicaid Services State by State", HCFA, October 1998.

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

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

ADDITIONAL STATE HEALTH CARE INFORMATION

Sources: "Major Health Care Policies: 50 State Profiles", Health Policy Tracking Service, January, 1999; and "Medicaid Services State by State", HCFA, October 1998.
**Information supplied by State Medicaid Agency*

Waivers

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

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

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

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

Managed Care

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

Coverage for Targeted Population

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

Cost Containment Measures

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

•Legislation passed in 1998 added certain medical equipment to the CON review process and exempted the replacement or upgrade of existing MRI systems from CON requirements.

•Rate setting. Prospective payment/per diem methodology used for Medicaid.

Medicaid

•21 optional services are offered.

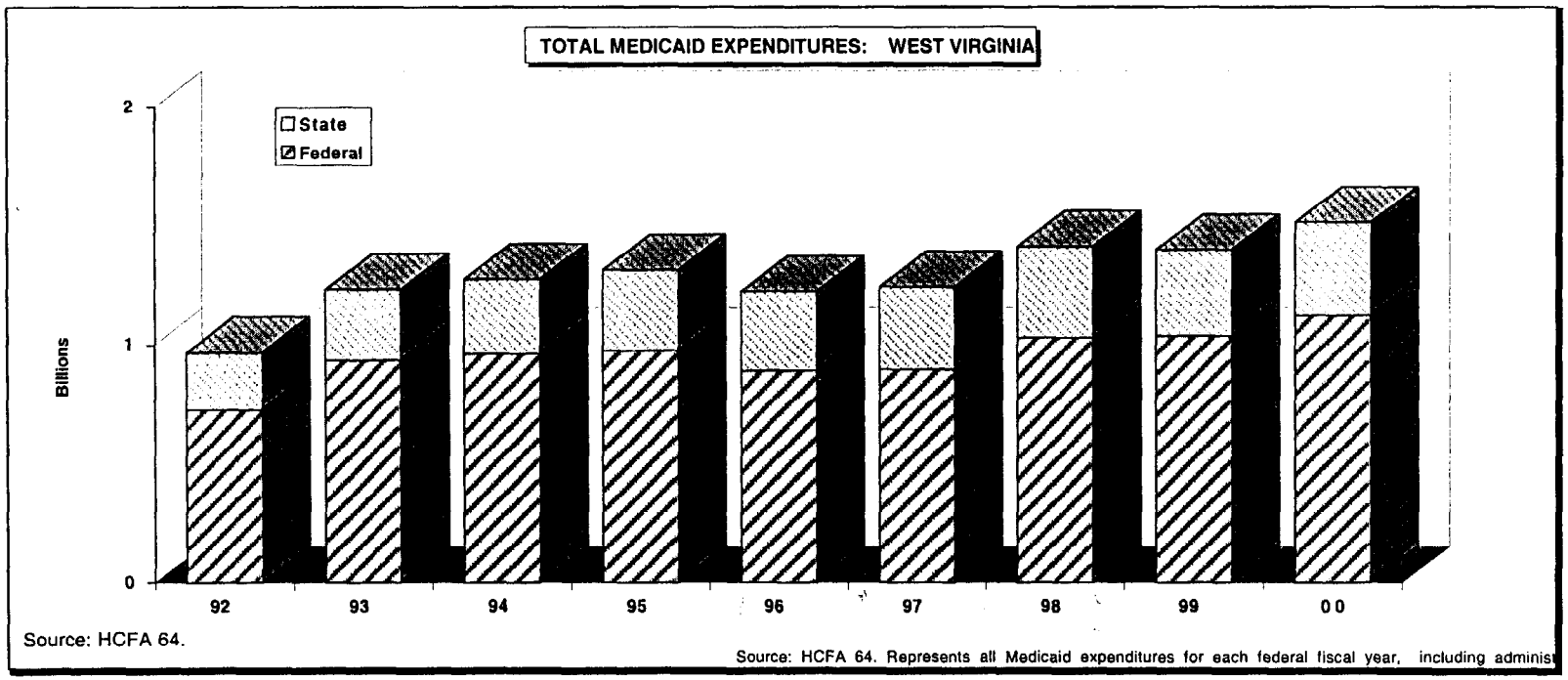
•Counties pay 20% of the non-federal share of administrative costs related to eligibility determinations.

Children's Health Insurance Program: State Designed

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

SOUTHERN REGION MEDICAID PROFILES

SOUTHERN REGION MEDICAID PROFILE



	FFY 92	FFY 93	FFY 94	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99**	FFY 00**	*Annual Rate of Change*	*Total 92-00*
Medicaid Payments	$930,810,120	$1,199,674,968	$1,242,045,970	$1,274,162,825	$1,177,814,927	$1,193,977,808	$1,359,812,612	$1,353,185,338	$1,470,354,670	*5.9%*	*58.0%*
Federal Share	$705,433,512	$914,039,094	$940,406,115	$950,655,611	$862,984,030	$866,956,235	$1,001,620,498	$1,007,717,121	$1,094,973,123	*5.6%*	*55.2%*
State Share	$225,376,608	$285,635,874	$301,639,855	$323,507,214	$314,830,897	$327,021,573	$358,192,114	$345,468,217	$375,381,547	*6.6%*	*66.6%*
Administrative Costs	$34,644,144	$31,317,772	$32,484,644	$38,024,421	$42,469,744	$46,825,418	$50,801,124	$42,093,000	$42,444,000	*2.6%*	*22.5%*
Federal Share	$21,557,071	$18,239,496	$18,766,661	$22,540,296	$24,409,708	$25,353,142	$24,078,826	$24,507,000	$24,324,000	*1.5%*	*12.8%*
State Share	$13,087,073	$13,078,276	$13,717,983	$15,484,125	$18,060,036	$21,472,276	$26,722,298	$17,586,000	$18,120,000	*4.2%*	*38.5%*
Admin. Costs as % of Payments	3.72%	2.61%	2.62%	2.98%	3.61%	3.92%	3.74%	3.11%	2.89%		
Federal Match Rate*	77.68%	76.29%	76.72%	74.60%	73.26%	72.60%	73.67%	74.47%	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 99 and 00 reflect latest estimates reported by each state.*

SOUTHERN REGION MEDICAID PROFILE

STATE FINANCING

	Payments		Administration	
	FFY 92	FFY 00	FFY 92	FFY 00
State General Fund	$225,376,608	$166,799,535	$13,087,073	$18,120,000
Local Funds	$0	$0	$0	$0
Provider Taxes	$0	$134,428,000	$0	$0
Donations	$0	$0	$0	$0
Other	$0	$74,154,012	$0	$0
Total State Share	$225,376,608	$375,381,547	$13,087,073	$18,120,000

Provider Taxes Currently in Place (FFY 00)

Providers	Tax Rate *	Amount
•Hospitals	2.50%	$48,000,000
•Nursing facilities & ICF-MR's	5.50%	$26,400,000
•Ambulatory surgical ctrs., chiropractors, dentists svcs, opticians, optometrists, podiatrists, psych svcs & therapists	1.75%	$17,828,000
•Behavioral health ctrs., community care centers, lab services	5.00%	$9,300,000
•Physicians	2.00%	$25,600,000
•Nurses, Ambulance	1.75%/ 5.50%	$7,300,000
Total		$134,428,000

** annualized, based on gross revenues.*

DISPROPORTIONATE SHARE HOSPITAL (DSH) PAYMENTS

	FFY 92	FFY 93	FFY 94	FFY 95	FFY 96	FFY97	FFY98	FFY99*	FFY00*	Annual Change
General Hospitals	$24,440,169	$115,028,129	$134,057,692	$19,540,228	$63,450,141	$49,007,819	$63,897,097	$59,036,000	$58,700,000	-12.9%
Mental Hospitals	$0	$0	$0	$5,340,379	$13,894,199	$11,388,172	$20,611,473	$24,661,276	$22,678,000	33.5%
Total	$24,440,169	$115,028,129	$134,057,692	$24,880,607	$77,344,340	$60,395,991	$84,508,570	$83,697,276	$81,378,000	-8.0%

SELECTED ELIGIBILITY CRITERIA

	At 10/1/99	% of FPL*
TANF-Temporary Assistance for Needy Families (Family of 3)		
Need Standard	$991	85.7%
Payment Standard	$253	21.9%
Maximum Payment	$253	21.9%
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	65.0%
Couple	$669	72.6%
Resources:		
Single Person	$2,000	
Couple	$3,000	

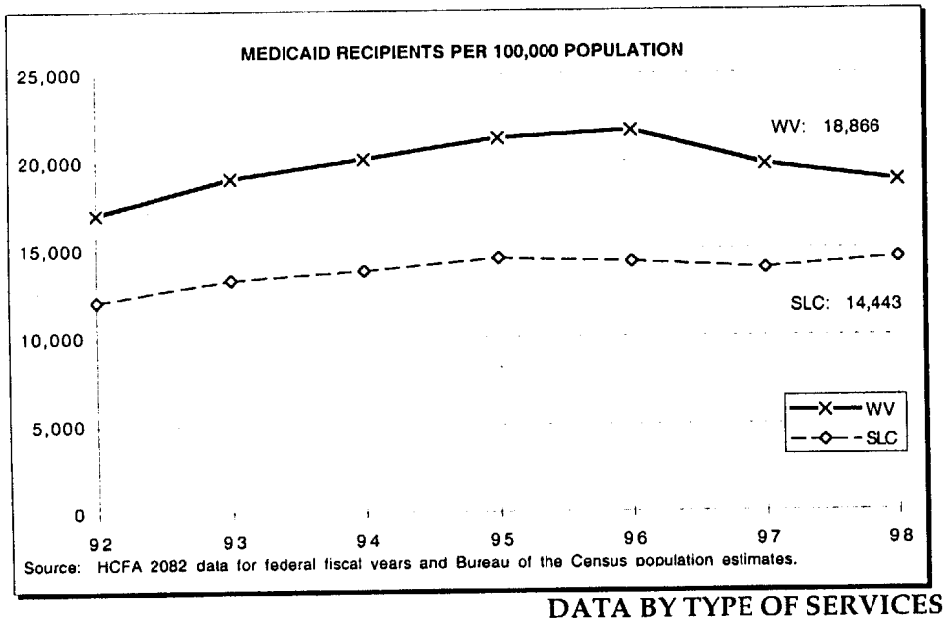
*Current federal poverty level is $8,240 per year for a single person, $11,060 for a family of two and $13,880 for a family of three. Table above shows monthly income levels.

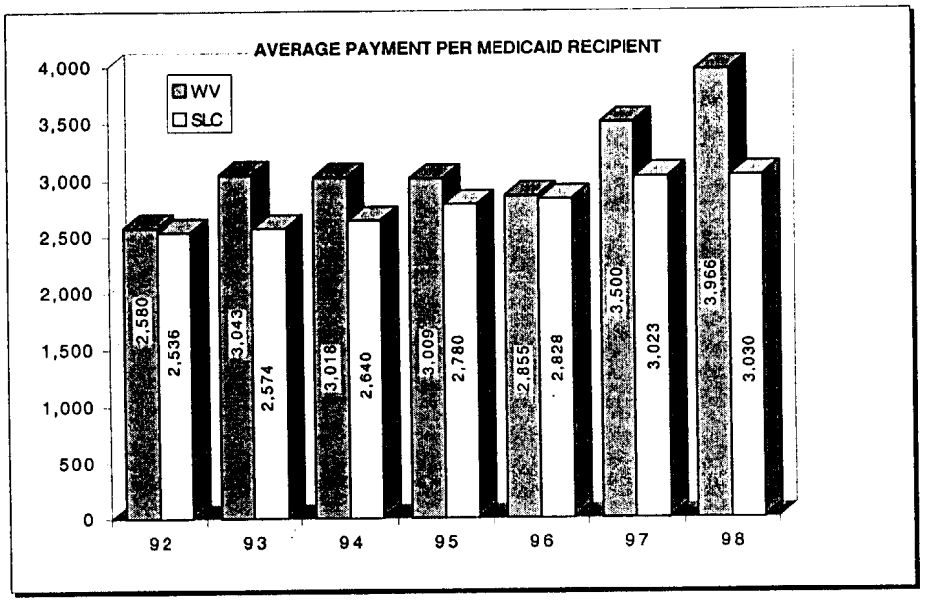
DEMOGRAPHIC DATA & POVERTY INDICATORS (1997)

		Rank in U.S.
State population—July 1, 1997*	1,815,231	35
Per capita personal income**	$18,734	49
Median household income**	$26,505	50
Population below Federal Poverty Level on July 1, 1997*	312,220	
Percent of total population	17.2%	5
Population without health insurance coverage*	300,000	36
Percent of total population	16.5%	15
Recipients of Food Stamps***	254,490	27
Households receiving Food Stamps***	117,000	27
Total value of issuance***	$224,256,623	25
Average monthly benefit per recipient	$73.43	22
Average monthly benefit per household	$159.73	8
Monthly recipients of Temporary Assistance to Needy Families (TANF)****	34,995	36
Total TANF payments****	$115,572,970	35
Average monthly payment per recipient	$275.21	
Average monthly payment per family of 3	N/A	

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

SOUTHERN REGION MEDICAID PROFILE





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

RECIPIENTS BY TYPE OF SERVICES	FFY 92	FFY 93	FFY 94	FFY95	FFY96	FFY97	FFY98	*Annual Change*
01. General Hospital	45,612	49,927	58,070	52,327	51,194	46,049	43,442	*-0.8%*
02. Mental Hospital	499	567	983	1,679	1,841	1,453	1,581	*21.2%*
03. Skilled and Intermediate (non-MR) Care Nursing	10,425	10,505	10,839	11,133	11,467	11,645	11,554	*1.7%*
04. Intermediate Care for Mentally Retarded	701	690	685	634	634	633	609	*-2.3%*
05. Physician Services	238,980	273,798	290,109	304,888	305,047	271,762	241,499	*0.2%*
06. Dental Services	83,459	99,698	72,288	86,110	87,627	84,739	82,290	*-0.2%*
07. Other Practitioners	62,524	81,672	82,615	90,107	99,972	67,859	62,259	*-0.1%*
08. Outpatient Hospital	164,332	184,372	194,258	211,152	208,593	185,861	167,897	*0.4%*
09. Clinic Services	83,362	100,740	116,648	121,417	122,642	103,156	98,213	*2.8%*
10. Lab and X-Ray	60,008	75,616	85,874	88,661	95,197	87,883	78,316	*4.5%*
11. Home Health	2,342	2,712	3,342	3,780	4,120	41,588	21,862	*45.1%*
12. Prescribed Drugs	237,312	261,235	273,714	295,210	299,967	280,550	268,715	*2.1%*
13. Family Planning	8,886	11,981	9,478	9,909	8,888	21,813	25,745	*19.4%*
14. Early & Periodic Screening, Diagnosis & Treatment	46,983	61,905	63,269	75,126	71,061	72,483	62,034	*4.7%*
15. Other Care	65,284	67,190	77,188	79,444	83,263	76,255	36,533	*-9.2%*
16. Personal Care Support Services	0	0	0	0	0	0	61,056	*n/a*
17. Home/Community Based Waiver Services	0	0	0	0	0	0	5,439	*n/a*
18. Prepaid Health Care	0	0	0	0	0	0	0	*n/a*
19. Primary Care Case Management (PCCM) Services	0	0	0	0	0	0	0	*n/a*
Total*	**308,034**	**347,014**	**366,638**	**388,667**	**394,963**	**359,091**	**341,693**	*1.7%*

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

WEST VIRGINIA

SOUTHERN REGION MEDICAID PROFILE

PAYMENTS BY TYPE OF SERVICES	FFY 92	FFY 93	FFY 94	FFY95	FFY96	FFY97	FFY98	Annual Change	Share of Total FFY 98
01. General Hospital	$163,137,004	$175,691,192	$212,959,810	$191,344,492	$177,972,227	$233,520,075	$216,479,575	4.8%	16.0%
02. Mental Hospital	$10,131,572	$13,216,395	$22,747,039	$34,217,429	$21,221,656	$38,351,126	$46,905,493	29.1%	3.5%
03. Skilled and Intermediate (non-MR) Care Nursing	$149,177,273	$164,325,868	$183,803,632	$208,301,022	$218,560,289	$237,252,280	$257,579,495	9.5%	19.0%
04. Intermediate Care for Mentally Retarded	$46,298,314	$48,454,457	$47,574,471	$51,546,964	$51,046,144	$49,058,437	$47,737,910	0.5%	3.5%
05. Physician Services	$86,095,332	$143,511,162	$136,184,932	$122,897,865	$118,764,846	$109,839,277	$111,250,297	4.4%	8.2%
06. Dental Services	$39,736,599	$60,061,945	$16,481,576	$19,791,771	$19,306,876	$18,537,086	$18,553,374	-11.9%	1.4%
07. Other Practitioners	$9,323,052	$56,148,073	$98,977,195	$108,108,902	$103,097,074	$11,919,715	$10,059,710	1.3%	0.7%
08. Outpatient Hospital	$35,858,886	$57,421,217	$61,740,574	$69,816,548	$67,443,782	$60,863,391	$61,603,888	9.4%	4.5%
09. Clinic Services	$144,908,585	$181,055,163	$136,994,610	$140,174,366	$123,230,955	$45,514,609	$45,970,847	-17.4%	3.4%
10. Lab and X-Ray	$4,662,850	$6,325,607	$7,417,937	$7,426,947	$6,751,309	$5,806,606	$5,839,130	3.8%	0.4%
11. Home Health	$3,403,229	$4,203,883	$6,114,581	$7,228,888	$8,160,088	$134,102,091	$17,890,908	31.9%	1.3%
12. Prescribed Drugs	$65,040,292	$87,616,490	$106,852,366	$130,451,359	$124,984,023	$133,044,683	$148,986,640	14.8%	11.0%
13. Family Planning	$1,800,971	$2,770,221	$1,528,235	$1,233,050	$1,101,678	$1,966,984	$2,449,272	5.3%	0.2%
14. Early & Periodic Screening, Diagnosis & Treatment	$3,446,168	$7,599,488	$7,004,228	$9,124,477	$8,846,801	$8,639,448	$7,581,848	14.0%	0.6%
15. Other Care	$31,667,387	$47,712,049	$60,142,898	$67,752,029	$77,227,587	$168,581,562	$58,719,483	10.8%	4.3%
16. Personal Care Support Services	$0	$0	$0	$0	$0	$0	125,836,459	n/a	9.3%
17. Home/Community Based Waiver Services	$0	$0	$0	$0	$0	$0	100,987,961	n/a	7.5%
18. Prepaid Health Care	$0	$0	$0	$0	$0	$0	70,573,908	n/a	5.2%
19. Primary Case Management (PCCM) Services	$0	$0	$0	$0	$0	$0	0	n/a	0.0%
Total (excludes DSH pymts, pharmacy rebates, & other adjs.)	**$794,687,514**	**$1,056,113,210**	**$1,106,524,084**	**$1,169,416,109**	**$1,127,715,335**	**$1,256,997,370**	**$1,355,006,198**	9.3%	100.0%

AVERAGE PAYMENTS PER RECIPIENT BY TYPE OF SERVICES									(+) or (-) SLC Avg. FFY 98
01. General Hospital	$3,576.62	$3,518.96	$3,667.29	$3,656.71	$3,476.43	$5,071.12	$4,983.19	5.7%	29.5%
02. Mental Hospital	$20,303.75	$23,309.34	$23,140.43	$20,379.65	$11,527.24	$26,394.44	$29,668.24	6.5%	268.1%
03. Skilled and Intermediate (non-MR) Care Nursing	$14,309.57	$15,642.63	$16,957.62	$18,710.23	$19,059.94	$20,373.75	$22,293.53	7.7%	45.6%
04. Intermediate Care for Mentally Retarded	$66,046.10	$70,223.85	$69,451.78	$81,304.36	$80,514.42	$77,501.48	$78,387.37	2.9%	32.3%
05. Physician Services	$360.26	$524.15	$469.43	$403.09	$389.33	$404.17	$460.67	4.2%	24.8%
06. Dental Services	$476.12	$602.44	$228.00	$229.84	$220.33	$218.76	$225.46	-11.7%	30.0%
07. Other Practitioners	$149.11	$687.48	$1,198.05	$1,199.78	$1,031.26	$175.65	$161.58	1.3%	3.3%
08. Outpatient Hospital	$218.21	$311.44	$317.83	$330.65	$323.33	$327.47	$366.91	9.0%	-17.9%
09. Clinic Services	$1,738.31	$1,797.25	$1,174.43	$1,154.49	$1,004.80	$441.22	$468.07	-19.6%	-16.7%
10. Lab and X-Ray	$77.70	$83.65	$86.38	$83.77	$70.92	$66.07	$74.56	-0.7%	-21.0%
11. Home Health	$1,453.13	$1,550.10	$1,829.62	$1,912.40	$1,980.60	$3,224.54	$818.36	-9.1%	-46.5%
12. Prescribed Drugs	$274.07	$335.39	$390.38	$441.89	$416.66	$474.23	$554.44	12.5%	-11.7%
13. Family Planning	$202.68	$231.22	$161.24	$124.44	$123.95	$90.17	$95.14	-11.8%	-55.3%
14. Early & Periodic Screening, Diagnosis & Treatment	$73.35	$122.76	$110.71	$121.46	$124.50	$119.19	$122.22	8.9%	-55.5%
15. Other Care	$485.07	$710.11	$779.17	$852.83	$927.51	$2,210.76	$1,607.30	22.1%	246.7%
16. Personal Care Support Services	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$2,061.00	n/a	30.5%
17. Home/Community Based Waiver Services	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$18,567.38	n/a	47.9%
18. Prepaid Health Care	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	n/a	0.0%
19. Primary Care Case Management (PCCM) Services	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	n/a	0.0%
Total (Average)	**$2,579.87**	**$3,043.43**	**$3,018.03**	**$3,008.79**	**$2,855.24**	**$3,500.50**	**$3,965.57**	7.4%	30.9%
TOTAL PER CAPITA EXPENDITURES	**$534.24**	**$676.81**	**$699.46**	**$718.91**	**$670.34**	**$683.55**	**$778.85**	6.5%	40.9%

WEST VIRGINIA

SOUTHERN REGION MEDICAID PROFILE

DATA BY OTHER CHARACTERISTICS

RECIPIENTS BY OTHER CHARACTERISTICS

By Maintenance Assistance Status	FFY 92	FFY 93	FFY 94	FFY95	FFY96	FFY97	FFY98	Annual Change	Share of Total FFY 98
Receiving Cash Assistance or Eligible Under Section 1931	209,425	224,197	225,605	223,317	222,756	200,616	178,535	-2.6%	52.3%
Poverty Related Eligibles	47,806	63,109	80,106	107,654	114,093	38,971	31,967	-6.5%	9.4%
Medically Needy	12,009	15,104	13,101	9,972	12,860	9,701	6,129	-10.6%	1.8%
Other Eligibles	38,794	44,604	47,826	47,724	45,254	109,803	125,062	21.5%	36.6%
Maintenance Assistance Status Unknown	0	0	0	0	0	0	0	n/a	0.0%
Total	**308,034**	**347,014**	**366,638**	**388,667**	**394,963**	**359,091**	**341,693**	1.7%	100.0%
By Basis of Eligibility									
Aged, Blind, or Disabled	81,049	94,120	102,160	109,410	119,563	111,326	110,744	5.3%	32.4%
Children	131,024	148,434	160,734	178,801	181,157	177,375	165,181	3.9%	48.3%
Foster Care Children	2,844	3,368	3,854	4,173	4,646	5,184	5,999	13.2%	1.8%
Adults	93,117	101,092	99,890	96,283	89,597	65,206	59,769	-7.1%	17.5%
Basis of Eligibility Unknown	0	0	0	0	0	0	0	n/a	0.0%
Total	**308,034**	**347,014**	**366,638**	**388,667**	**394,963**	**359,091**	**341,693**	1.7%	100.0%
By Age									
Under Age 1	20,902	24,293	24,348	25,287	21,987	25,689	12,191	-8.6%	3.6%
Age 1 to 5	56,058	65,956	70,993	73,007	70,844	61,641	60,979	1.4%	17.8%
Age 6 to 14	54,518	63,453	70,174	81,213	83,946	76,938	75,809	5.6%	22.2%
Age 15 to 20	28,955	32,117	33,237	38,906	42,135	37,353	38,000	4.6%	11.1%
Age 21 to 44	83,959	94,832	97,018	96,515	96,805	85,582	81,948	-0.4%	24.0%
Age 45 to 64	26,744	31,266	34,407	36,479	39,613	37,253	37,953	6.0%	11.1%
Age 65 to 74	12,643	13,707	14,572	15,516	15,758	13,961	13,831	1.5%	4.0%
Age 75 to 84	11,334	11,889	12,304	12,007	13,051	11,792	11,722	0.6%	3.4%
Age 85 and Over	12,918	9,501	9,584	9,723	10,823	8,881	9,260	-5.4%	2.7%
Age Unknown	3	0	1	14	1	1	0	-100.0%	0.0%
Total	**308,034**	**347,014**	**366,638**	**388,667**	**394,963**	**359,091**	**341,693**	1.7%	100.0%
By Race									
White	280,223	312,516	328,918	356,214	364,537	328,374	314,785	2.0%	92.1%
Black	12,973	14,255	14,750	15,566	15,354	14,866	15,283	2.8%	4.5%
Hispanic, American Indian or Asian	105	223	212	233	230	6,420	1,640	58.1%	0.5%
Other/Unknown	14,733	20,020	22,758	16,654	14,842	9,431	9,985	-6.3%	2.9%
Total	**308,034**	**347,014**	**366,638**	**388,667**	**394,963**	**359,091**	**341,693**	1.7%	100.0%
By Sex									
Female	154,849	167,997	171,958	190,877	219,155	206,769	199,160	4.3%	58.3%
Male	94,499	103,799	106,677	123,590	148,980	145,804	140,266	6.8%	41.1%
Unknown	58,686	75,218	88,003	74,200	26,828	6,518	2,267	-41.9%	0.7%
Total	**308,034**	**347,014**	**366,638**	**388,667**	**394,963**	**359,091**	**341,693**	1.7%	100.0%

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

PAYMENTS BY OTHER CHARACTERISTICS

By Maintenance Assistance Status	FFY 92	FFY 93	FFY 94	FFY95	FFY96	FFY97	FFY98	Annual Change	Share of Total FFY 98
Receiving Cash Assistance or Eligible Under Section 1931	$443,813,033	$597,360,924	$596,930,162	$612,121,049	$573,552,185	$793,868,887	$849,862,139	11.4%	62.7%
Poverty Related Eligibles	$168,532,723	$230,772,450	$262,652,307	$307,204,808	$266,435,412	$115,606,478	$111,660,913	-6.6%	8.2%
Medically Needy	$32,516,039	$45,468,188	$43,232,669	$39,457,487	$112,110,969	$61,306,332	$27,533,752	-2.7%	2.0%
Other Eligibles	$149,825,719	$182,511,648	$203,708,946	$210,632,765	$175,616,769	$286,215,673	$365,949,394	16.0%	27.0%
Maintenance Assistance Status Unknown	$0	$0	$0	$0	$0	$0	$0	n/a	0.0%
Total	**$794,687,514**	**$1,056,113,210**	**$1,106,524,084**	**$1,169,416,109**	**$1,127,715,335**	**$1,256,997,370**	**$1,355,006,198**	9.3%	100.0%
By Basis of Eligibility									
Aged, Blind or Disabled	$476,980,430	$633,316,913	$701,351,260	$764,412,975	$765,396,442	$794,172,017	$854,689,710	10.2%	63.1%
Children	$110,617,901	$151,400,764	$157,891,337	$176,047,191	$165,648,597	$164,509,665	$154,816,518	5.8%	11.4%
Foster Care Children	$32,062,953	$51,933,948	$50,245,299	$48,285,157	$39,326,297	$36,701,219	$37,946,422	2.8%	2.8%
Adults	$175,026,230	$219,461,585	$197,036,188	$180,670,786	$157,343,999	$261,614,469	$307,553,548	9.9%	22.7%
Basis of Eligibility Unknown	$0	$0	$0	$0	$0	$0	$0	n/a	0.0%
Total	**$794,687,514**	**$1,056,113,210**	**$1,106,524,084**	**$1,169,416,109**	**$1,127,715,335**	**$1,256,997,370**	**$1,355,006,198**	9.3%	100.0%
By Age									
Under Age 1	$29,172,477	$36,722,248	$41,184,552	$40,059,446	$39,404,805	$36,041,127	$17,263,989	-8.4%	1.3%
Age 1 to 5	$49,896,155	$64,845,989	$70,031,519	$71,505,932	$64,664,340	$57,762,153	$62,608,443	3.9%	4.6%
Age 6 to 14	$55,927,596	$83,781,827	$92,194,598	$108,954,048	$98,401,424	$93,328,037	$92,614,887	8.8%	6.8%
Age 15 to 20	$72,944,233	$109,305,250	$104,450,441	$108,822,937	$97,376,065	$87,576,266	$88,206,757	3.2%	6.5%
Age 21 to 44	$235,333,838	$324,329,964	$317,669,408	$316,355,490	$297,477,215	$282,505,784	$283,512,224	3.2%	20.9%
Age 45 to 64	$132,103,035	$182,350,108	$203,686,965	$213,204,209	$213,347,084	$231,856,968	$254,476,318	11.5%	18.8%
Age 65 to 74	$54,540,433	$67,434,988	$71,342,189	$96,452,830	$79,288,539	$78,861,365	$86,373,692	8.0%	6.4%
Age 75 to 84	$78,560,884	$92,637,588	$101,642,825	$102,422,852	$111,135,728	$113,042,497	$118,950,115	7.2%	8.8%
Age 85 and Over	$86,168,107	$94,705,248	$104,319,939	$110,723,687	$126,619,797	$124,022,742	$142,043,749	8.7%	10.5%
Age Unknown	$40,756	$0	$1,648	$914,678	$338	$152,000,431	$208,956,024	315.3%	15.4%
Total	**$794,687,514**	**$1,056,113,210**	**$1,106,524,084**	**$1,169,416,109**	**$1,127,715,335**	**$1,256,997,370**	**$1,355,006,198**	9.3%	100.0%
By Race									
White	$719,925,570	$947,899,503	$995,932,063	$1,068,185,317	$1,035,594,232	$1,012,014,470	$1,065,177,670	6.7%	78.6%
Black	$30,084,429	$41,288,204	$41,109,323	$43,884,384	$40,902,810	$39,734,189	$44,296,208	6.7%	3.3%
Hispanic, American Indian or Asian	$235,648	$916,006	$859,579	$585,209	$556,848	$17,409,110	$3,023,416	53.0%	0.2%
Other/Unknown	$44,441,867	$66,009,497	$68,623,119	$56,761,199	$50,661,445	$187,839,601	$242,508,904	32.7%	17.9%
Total	**$794,687,514**	**$1,056,113,210**	**$1,106,524,084**	**$1,169,416,109**	**$1,127,715,335**	**$1,256,997,370**	**$1,355,006,198**	9.3%	100.0%
By Sex									
Female	$458,239,743	$600,728,857	$622,808,457	$683,849,524	$686,904,215	$679,111,660	$699,564,792	7.3%	51.6%
Male	$263,053,489	$355,201,279	$379,392,979	$421,014,459	$418,621,931	$419,775,446	$438,103,563	8.9%	32.3%
Unknown	$73,394,282	$100,183,074	$104,322,648	$64,552,126	$22,189,189	$158,110,264	$217,337,842	19.8%	16.0%
Total	**$794,687,514**	**$1,056,113,210**	**$1,106,524,084**	**$1,169,416,109**	**$1,127,715,335**	**$1,256,997,370**	**$1,355,006,198**	9.3%	100.0%

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

AVERAGE PAYMENT PER RECIPIENT BY OTHER CHARACTERISTICS

By Maintenance Assistance Status	FFY 92	FFY 93	FFY 94	FFY95	FFY96	FFY97	FFY98	Annual Change	Above (+) or Below (-) SLC Avg. FFY 98
Receiving Cash Assistance or Eligible Under Section 1931	$2,119.20	$2,664.45	$2,645.91	$2,741.04	$2,574.80	$3,957.16	$4,760.20	14.4%	48.8%
Poverty Related Eligibles	$3,525.35	$3,656.73	$3,278.81	$2,853.63	$2,335.25	$2,966.47	$3,493.01	-0.2%	131.1%
Medically Needy	$2,707.64	$3,010.34	$3,299.95	$3,956.83	$8,717.80	$6,319.59	$4,492.37	8.8%	-21.3%
Other Eligibles	$3,862.08	$4,091.82	$4,259.38	$4,413.56	$3,880.69	$2,606.63	$2,926.14	-4.5%	-46.4%
Maintenance Assistance Status Unknown	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	n/a	-100.0%
Total	**$2,579.87**	**$3,043.43**	**$3,018.03**	**$3,008.79**	**$2,855.24**	**$3,500.50**	**$3,965.57**	7.4%	30.9%
By Basis of Eligibility									
Aged, Blind or Disabled	$5,885.09	$6,728.82	$6,865.22	$6,986.68	$6,401.62	$7,133.75	$7,717.71	4.6%	7.2%
Children	$844.26	$1,019.99	$982.31	$984.60	$914.39	$927.47	$937.25	1.8%	-8.9%
Foster Care Children	$11,273.89	$15,419.82	$13,037.18	$11,570.85	$8,464.55	$7,079.71	$6,325.46	-9.2%	88.0%
Adults	$1,879.64	$2,170.91	$1,972.53	$1,876.46	$1,756.13	$4,012.12	$5,145.70	18.3%	185.7%
Basis of Eligibility Unknown	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	n/a	-100.0%
Total	**$2,579.87**	**$3,043.43**	**$3,018.03**	**$3,008.79**	**$2,855.24**	**$3,500.50**	**$3,965.57**	7.4%	30.9%
By Age									
Under Age 1	$1,395.68	$1,511.64	$1,691.50	$1,584.19	$1,792.19	$1,402.98	$1,416.13	0.2%	-41.9%
Age 1 to 5	$890.08	$983.17	$986.46	$979.44	$912.77	$937.07	$1,026.72	2.4%	-7.9%
Age 6 to 14	$1,025.86	$1,320.38	$1,313.80	$1,341.58	$1,172.20	$1,213.03	$1,221.69	3.0%	10.5%
Age 15 to 20	$2,519.23	$3,403.35	$3,142.60	$2,797.07	$2,311.05	$2,344.56	$2,321.23	-1.4%	10.1%
Age 21 to 44	$2,802.96	$3,420.05	$3,274.33	$3,277.79	$3,072.95	$3,301.00	$3,459.66	3.6%	0.3%
Age 45 to 64	$4,939.54	$5,832.22	$5,919.93	$5,844.57	$5,385.78	$6,223.85	$6,705.04	5.2%	10.3%
Age 65 to 74	$4,313.88	$4,919.75	$4,895.84	$6,216.35	$5,031.64	$5,648.69	$6,244.93	6.4%	27.9%
Age 75 to 84	$6,931.43	$7,791.87	$8,260.96	$8,530.26	$8,515.50	$9,586.37	$10,147.60	6.6%	33.7%
Age 85 and Over	$6,670.39	$9,967.92	$10,884.80	$11,387.81	$11,699.14	$13,964.95	$15,339.50	14.9%	43.3%
Age Unknown	$13,585.33	$0.00	$1,648.00	$65,334.14	$338.00	$152,000,431	$0.00	-100.0%	-100.0%
Total	**$2,579.87**	**$3,043.43**	**$3,018.03**	**$3,008.79**	**$2,855.24**	**$3,500.50**	**$3,965.57**	7.4%	30.9%
By Race									
White	$2,569.12	$3,033.12	$3,027.90	$2,998.72	$2,840.85	$3,081.90	$3,383.83	4.7%	-9.0%
Black	$2,319.00	$2,896.40	$2,787.07	$2,819.25	$2,663.98	$2,672.82	$2,898.40	3.8%	19.8%
Hispanic, American Indian or Asian	$2,244.27	$4,107.65	$4,054.62	$2,511.63	$2,421.08	$2,711.70	$1,843.55	-3.2%	-2.6%
Other/Unknown	$3,016.48	$3,297.18	$3,015.34	$3,408.26	$3,413.38	$19,917.25	$24,287.32	41.6%	576.6%
Total	**$2,579.87**	**$3,043.43**	**$3,018.03**	**$3,008.79**	**$2,855.24**	**$3,500.50**	**$3,965.57**	7.4%	30.9%
By Sex									
Female	$2,959.27	$3,575.83	$3,621.86	$3,582.67	$3,134.33	$3,284.40	$3,512.58	2.9%	13.1%
Male	$2,783.66	$3,422.01	$3,556.46	$3,406.54	$2,809.92	$2,879.04	$3,123.38	1.9%	5.5%
Unknown	$1,250.63	$1,331.90	$1,185.44	$869.97	$827.09	$24,257.48	$95,870.24	106.1%	3859.6%
Total	**$2,579.87**	**$3,043.43**	**$3,018.03**	**$3,008.79**	**$2,855.24**	**$3,500.50**	**$3,965.57**	7.4%	30.9%

ADDITIONAL STATE HEALTH CARE INFORMATION

Sources: "Major Health Care Policies: 50 State Profiles", Health Policy Tracking Service, January, 1999; and "Medicaid Services State by State", HCFA, October 1998.
**Information supplied by State Medicaid Agency*

Waivers

West Virginia has a Freedom of Choice Waiver, under Title XIX, Section 1915 (b), of the Social Security Act. The West Virginia Physician Assured Access System implements a primary care case management program for TANF and TANF-related Medicaid beneficiaries.
HCFA approved a 1915(b) waiver to implement Medicaid managed care in 16 counties for acute care health services, effective July of 1999.
A total of 49,000 TANF recipients are enrolled in the 16 counties with managed care programs. Enrollment of SSI recipients has been delayed until 2000.

In addition, West Virginia has several Home and Community Based Service Waivers, under Section 1915 (c), which enables the state to provide long-term care services to people who otherwise would require institutionalization. They include:
- Elderly and Disabled: Serves 3,498 people, operating since July 1, 1985.
- Mental Retardation/Developmental Disabilities: Serves 1,800 people, operating since July 1, 1985.

Managed Care

- Any Willing Provider Clause: No

Coverage for Targeted Population

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

Cost Containment Measures

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

Medicaid

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

Children's Health Insurance Program: Medicaid Expansion

•West Virginia's Children's Health Insurance Program received HCFA approval on September 15, 1998. The CHIP program provides health care coverage for children age 1 to 6 in families with incomes up to 150% of the FPL. Phase II of the program, which includes all children/adolescents under age 19 in families with income up to 150% of the FPL, received HCFA approval on April 1, 1999. When the program is fully operational, the state expects to provide coverage to an additional 10,700 eligible children.

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 TANF and TANF-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 five 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 1995 to 1998. During this four year period the total number of programs in the United States increased from 403 in 1995 to 585 in 1998, or approximately 45%. Their use, as determined by total enrollments or the number of individuals subscribing to a plan, increased from 11,619,929 to 16,573,996 (or approximately 43%) during this same period. Health maintenance organizations (federally qualified and state defined), the most common form, increased from 250 to 419 programs, or approximately 68% while their number of enrollments increased from 5,118,926 to 7,299,128 or approximately 43%. In 1998, the largest number of Medicaid managed care programs in the U.S. took the form of the health maintenance organizations (72%) with approximately 44% of total enrollment.

Table 2 also provides comparative summary statistics for the sixteen states comprising the Southern Legislative Conference. From 1995 to 1998, the total number of Medicaid managed care programs increased from 73 to 134 (or approximately 84%) with total enrollments increasing from 3,282,144 to 6,082,074 (or approximately 85%). The southern region as a percent of the total number of programs in the United States increased from 18.1% to 22.9%. The percentage of enrollees in the southern region as a percent of national enrollment increased from 28.2% in 1995 to 36.7% in 1998. It appears the HMO is the most popular form of Medicaid managed care in the southern region with approximately 88 programs in 1998, or 66% of the total number of programs. However, a higher number of beneficiaries (66%) are enrolled in the primary care case management model.

METHODOLOGY

The underlying purpose of this section of the 1999 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 30th 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, 1995 to 1998, the total number of programs in the SLC increased from 73 to 134, or approximately 84%. Their use, again by the number of individuals subscribing to the plan, increased from 3,282,144 to 6,082,074 (or approximately 85%).

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 13,902,531 to 14,385,106 or approximately 3.5% from 1995 to 1998; the number recipients enrolled in Medicaid managed care almost doubled, increasing from 3,282,144 to 6,082,074. In 1995, only one state (Oklahoma) reported no enrollments; in 1998, all 16 states indicate some enrollment in a MMC. From FFY 97 to FFY 98, North Carolina moved an additional 207,992 recipients into managed care, increasing MMC enrollment from 351,043 to 559,035, or approximately 48% of all recipients. As of June 30, 1998, all but three states in the SLC (Louisiana, 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
1995 - 1998

Program Type	1995				1996				1997				1998			
	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	1.5%	207,555	1.8%	7	1.4%	483,297	3.6%	6	1.1%	351,053	2.3%	6	1.0%	352,488	2.1%
HMO/Federally Qualified																
SLC	19	26.0%	541,301	16.5%	28	25.5%	543,081	11.9%	32	25.0%	755,397	13.7%	62	46.3%	1,071,073	17.6%
US	97	24.1%	3,497,291	30.1%	114	22.3%	2,671,439	20.0%	118	20.8%	2,752,264	17.9%	283	48.4%	4,448,258	26.8%
5,118,926																
HMO/State Plan Defined																
SLC	31	42.5%	904,670	27.6%	37	33.6%	1,686,895	37.0%	37	28.9%	582,740	10.6%	26	19.4%	484,838	8.0%
US	153	38.0%	1,621,635	14.0%	235	46.0%	5,349,996	40.1%	252	44.4%	5,654,681	36.8%	136	23.2%	2,850,870	17.2%
Prepaid Health Plan																
SLC	4	5.5%	30,656	0.9%	5	4.5%	142,099	3.1%	5	3.9%	516,952	9.4%	9	6.7%	1,956,081	32.2%
US	99	24.6%	2,664,999	22.9%	89	17.4%	2,791,375	20.9%	60	10.6%	4,337,486	28.3%	91	15.6%	4,904,986	29.6%
Primary Care Case Management																
SLC	19	26.0%	1,805,517	55.0%	39	35.5%	2,200,848	48.3%	40	31.3%	2,683,613	48.7%	35	26.1%	2,559,217	42.1%
US	48	11.9%	3,628,449	31.2%	59	11.5%	4,016,773	30.1%	113	19.9%	3,850,589	25.1%	58	9.9%	4,003,421	24.2%
Other																
SLC	N/A	N/A	N/A	N/A	1	0.9%	2,266	0.0%	14	10.9%	1,191,270	21.6%	2	1.5%	10,865	0.2%
US	N/A	N/A	N/A	N/A	7	1.4%	55,593	0.4%	19	3.3%	2,510,808	16.4%	11	1.9%	13,973	0.1%
Total																
SLC	73		3,282,144		110		4,553,951		128		5,511,514		134		6,082,074	
US	403		11,619,929		511		13,330,119		568		15,345,502		585		16,573,996	

** 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 refrom programs that expanded eligibility beyond traditional eligibility standards.*

*****The number of enrollees excludes 4,593,489 (431,788 in SLC) individuals who were enrolled in more than one managed care plan. It also includes individuals enrolled in State health care refrom 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, 1995, 1996, 1997, and 1998.

TABLE 2
SUMMARY OF MEDICAID MANAGED CARE PROGRAMS & THEIR ENROLLMENTS
SOUTHERN LEGISLATIVE CONFERENCE
1995 - 1998

State	1995		1996		1997		1998	
	Programs	Enrollments	Programs	Enrollments	Programs	Enrollments	Programs	Enrollments
Alabama	1	39,543	26	56,929	29	407,643	26	362,272
Arkansas	1	137,070	1	143,232	1	159,458	2	186,215
Florida	27	647,967	23	980,371	16	896,559	18	915,554
Georgia	3	139,748	2	309,503	4	560,771	5	673,528
Kentucky	1	287,577	1	282,813	1	268,205	4	325,233
Louisiana	1	45,181	1	44,772	1	40,469	1	40,729
Maryland	7	320,106	8	296,036	8	347,640	9	306,474
Mississippi	1	30,947	1	35,137	5	81,255	5	153,562
Missouri	5	40,625	14	221,915	13	264,496	11	252,097
North Carolina	3	320,972	3	304,782	8	351,043	8	559,035
Oklahoma*****	0	0	5	64,631	6	222,818	6	154,270
South Carolina	3	16,088	1	2,266	3	14,311	5	15,823
Tennessee	12	803,265	12	1,180,449	13	1,188,570	11	1,268,769
Texas	2	63,156	3	75,776	8	275,951	12	437,898
Virginia	5	294,202	8	461,720	8	306,804	7	299,266
West Virginia	1	95,697	1	93,619	4	125,521	4	131,349
SLC	73	3,282,144	110	4,553,951 **	128	5,511,514 ***	134	6,082,074 ****
United States	403	11,619,929*	511	13,330,119*	568	15,345,502***	585	16,573,996 ****
SLC as a Percent of United States	18.1%	28.2%	21.5%	34.2%	22.5%	35.9%	22.9%	36.7%

**The total includes 321,845 enhanced eligibilty individuals included under the Tennessee's Health Care Reform (Section 1115 Research and Demostration Waiver) plan, otherwise known as TENNCare.*

***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.*

*****The number of enrollees excludes 4,593,489 (431,788 in SLC) individuals who were enrolled in more than one managed care plan. It also includes individuals enrolled in State health care refrom 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, 1995, 1996, 1997, and 1998.

TABLE 3
SUMMARY OF MEDICAID MANAGED CARE ENROLLMENTS
AS A PERCENT OF THE TOTAL MEDICAID POPULATION
SOUTHERN LEGISLATIVE CONFERENCE
1995 - 1998

	1995			1996			1997			1998		
State	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	39,543	539,251	7.3%	56,929	546,272	10.4%	407,643	546,140	74.6%	362,272	526,964	68.7%
Arkansas	137,070	353,370	38.8%	143,232	362,635	39.5%	159,458	370,386	43.1%	186,215	424,252	43.9%
Florida	647,967	1,735,141	37.3%	980,371	1,810,203	54.2%	896,559	1,775,033	50.5%	915,554	1,698,254	53.9%
Georgia	139,748	1,147,443	12.2%	309,503	1,184,833	26.1%	560,771	1,208,445	46.4%	673,528	1,219,725	55.2%
Kentucky	287,577	640,930	44.9%	282,813	640,541	44.2%	268,205	664,454	40.4%	325,233	641,072	50.7%
Louisiana	45,181	785,399	5.8%	44,772	777,708	5.8%	40,469	746,461	5.4%	40,729	720,615	5.7%
Maryland	320,106	414,261	77.3%	296,036	398,537	74.3%	347,640	402,002	86.5%	306,474	560,216	54.7%
Mississippi	30,947	519,697	6.0%	35,137	509,581	6.9%	81,255	504,017	16.1%	153,562	475,190	32.3%
Missouri	40,625	695,458	5.8%	221,915	636,176	34.9%	264,496	540,487	48.9%	252,097	733,408	34.4%
North Carolina	320,972	1,084,337	29.6%	304,782	1,130,024	27.0%	351,043	1,112,931	31.5%	559,035	1,167,988	47.9%
Oklahoma*	0	393,613	0.0%	0	358,121	0.0%	0	315,801	0.0%	154,270	459,570	33.6%
South Carolina	16,088	495,500	3.2%	2,266	503,295	0.5%	14,311	519,875	2.8%	15,823	594,480	2.7%
Tennessee**	803,265	1,466,194	54.8%	1,180,449	1,408,918	83.8%	1,188,570	1,415,612	84.0%	1,268,769	1,843,633	68.8%
Texas	63,156	2,561,957	2.5%	75,776	2,571,547	2.9%	275,951	2,538,655	10.9%	437,898	2,324,810	18.8%
Virginia	294,202	681,313	43.2%	461,720	623,315	74.1%	306,804	595,234	51.5%	299,266	653,236	45.8%
West Virginia	95,697	388,667	24.6%	93,619	394,963	23.7%	125,521	359,091	35.0%	131,349	341,693	38.4%
SLC	3,282,144	13,902,531	23.6%	4,553,951	13,856,669	32.9%	5,511,514	13,614,624	40.5%	6,082,074	14,385,106	42.3%
United States	11,619,929	33,373,000	34.8%	16,330,119	33,241,147	40.1%	15,345,502	32,092,380	47.8%	16,573,996	30,896,635	53.6%
SLC as a Percent of United States	28.2%	41.7%		34.2%	41.7%		35.9%	42.4%		36.7%	46.6%	

** 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.*

**** Total number of recipients reflect the number of recipients reported on HCFA 2082 (as of September 30, 1995, 1996, 1997, and 1998)*

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, 1995, 1996, 1997, and 1998; 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 that 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 states 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 TANF 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.