

PRELIMINARY COMPARATIVE DATA REPORT ON MEDICAID

A Report Submitted to the

FISCAL AFFAIRS AND GOVERNMENTAL OPERATIONS COMMITTEE

Southern Legislative Conference

Council of State Governments

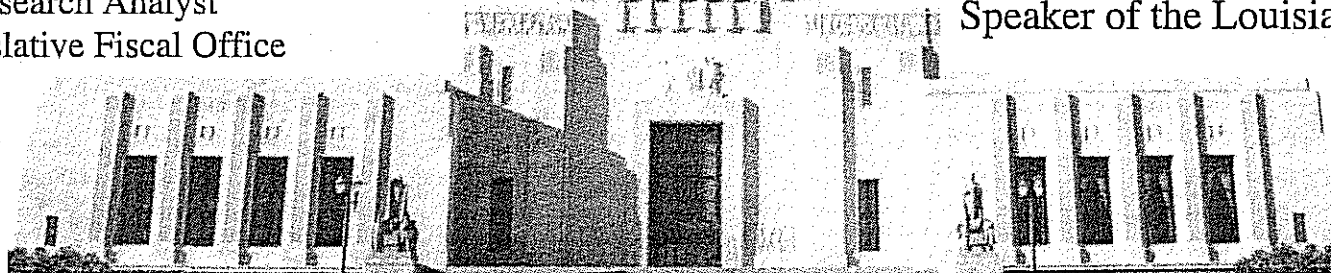
November 7-11, 2003

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IMPORTANT NOTE:

This public document was published without verified HCFA 2082 (Medicaid Statistical Information System--MSIS) data for all 16 states in the SLC. The Centers for Medicare and Medicaid Services (CMS--formerly HCFA) was unable to provide 2082 (MSIS) data for FFY 02 to the Louisiana Legislative Fiscal Office (LFO) due to data processing problems encountered in a change over in state submission of data from "hardcopy" to "electronic" as required by the Balanced Budget Act of 1997. The report uses data provided by the 16 SLC states. Arkansas, Florida, Georgia, Kentucky, and Mississippi provided CMS MSIS data to complete the Section of the Comparative Data Report on Medicaid for FFY 02 that details recipients/expenditures by "Type of Service" and "Other Characteristics". The other 11 SLC states provided state generated data from other sources, including state annual reports, to complete the report. CMS currently is uncertain as to when verified data will be available for all 16 states for FFY 02.

It is important to note that this version of the CDR is a PRELIMINARY DRAFT. The LFO anticipates that revisions will be made to this document prior to publication of the final report once verified MSIS data is received from CMS. Hopefully, the final report, including the Summary Section, will be available in the first quarter of calendar year 2004.

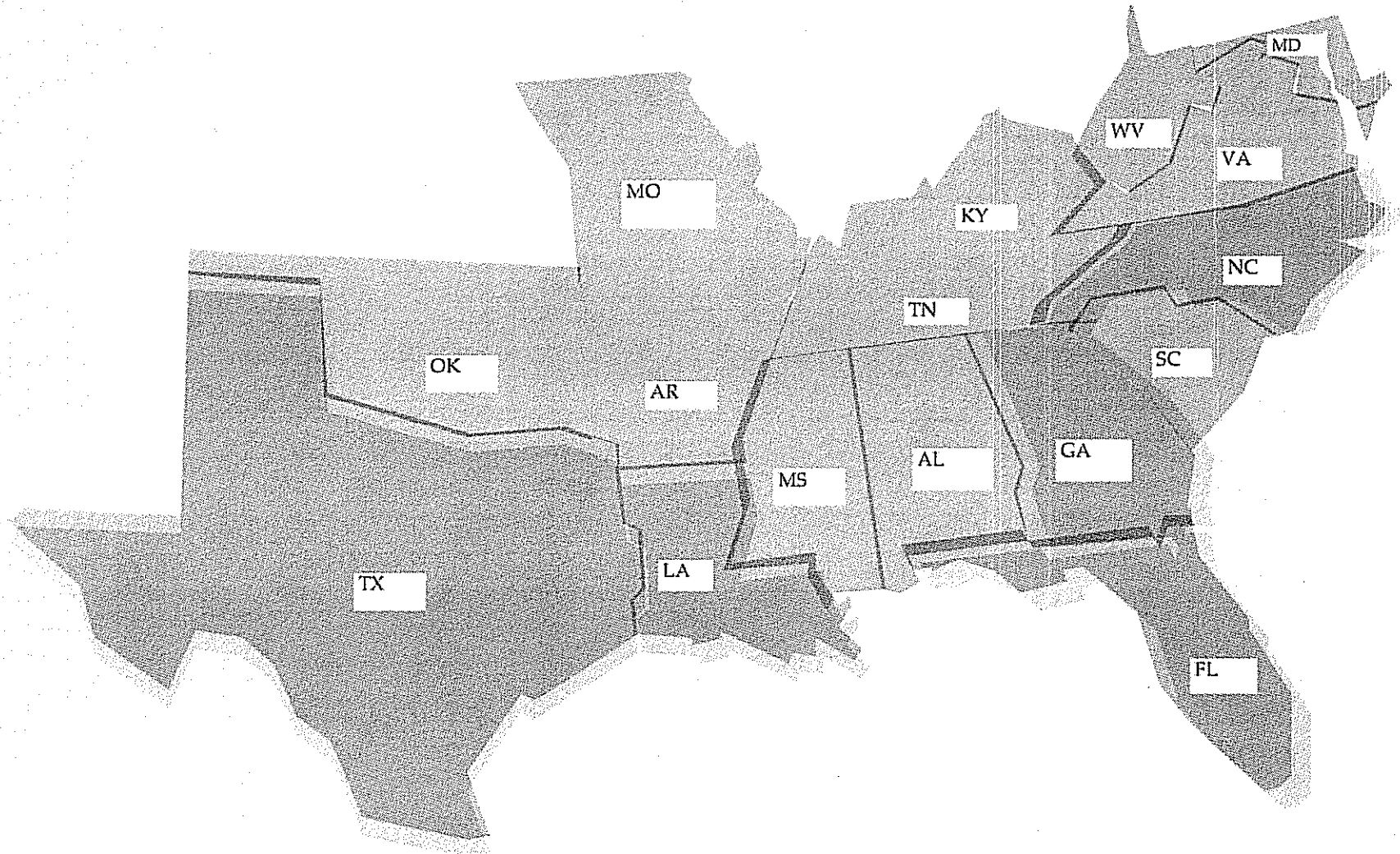
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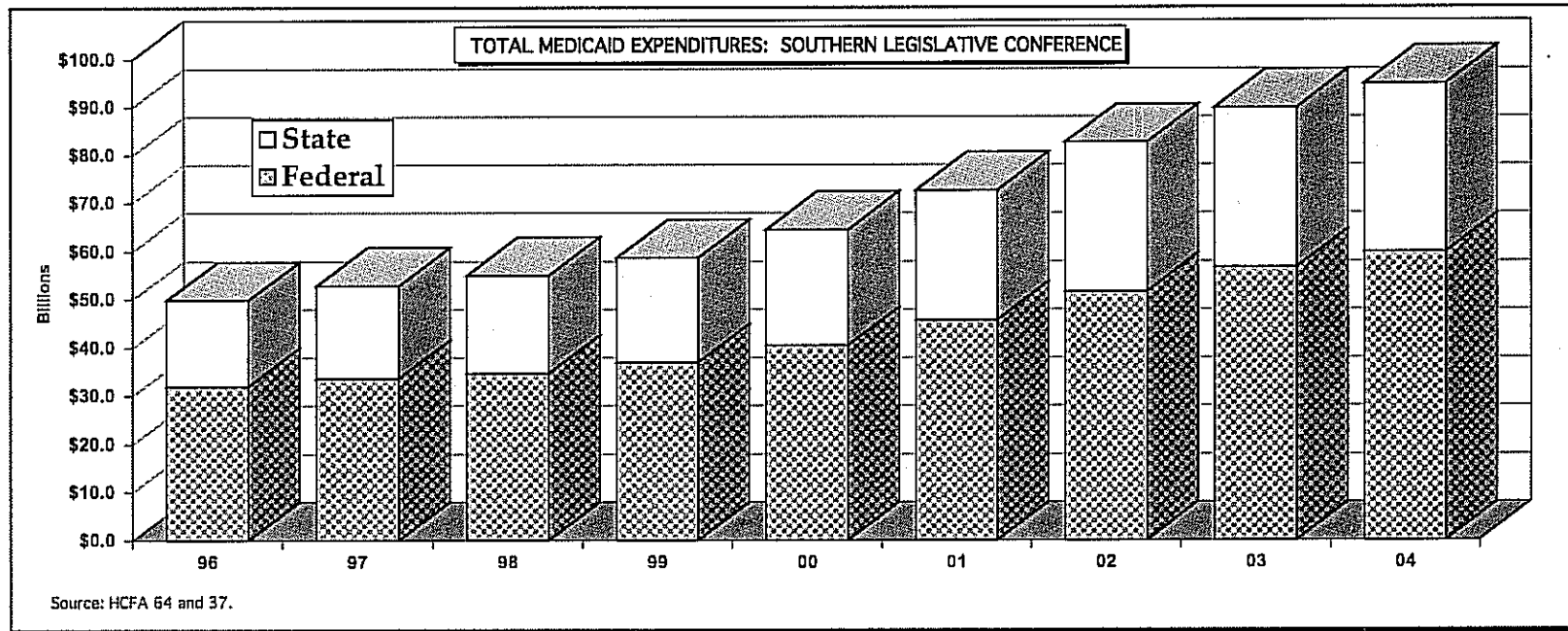
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SOUTHERN REGION MEDICAID PROFILES



SOUTHERN REGION MEDICAID PROFILE



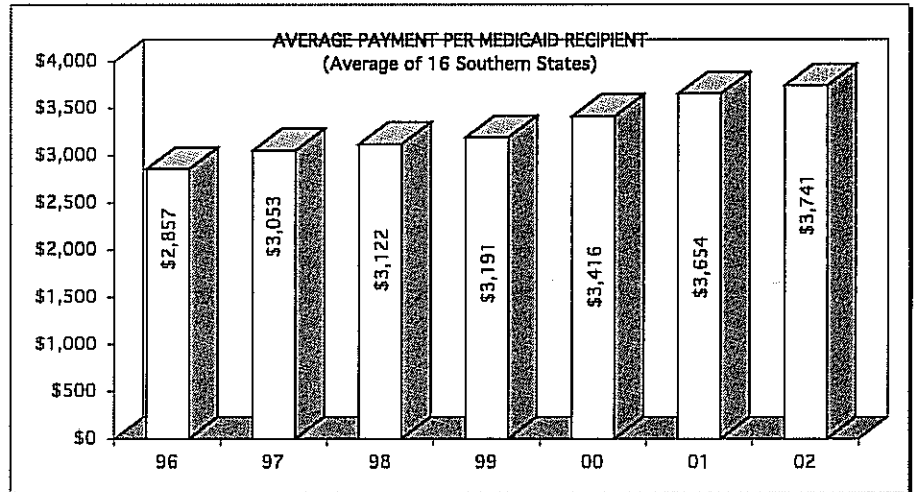
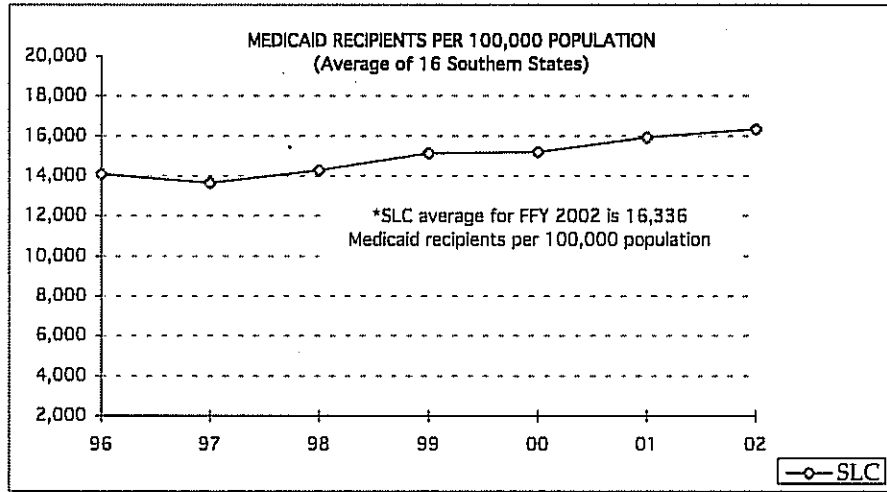
THIS IS A PRELIMINARY DRAFT OF THE FFY 02 MEDICAID COMPARATIVE DATA REPORT. REVISIONS WILL BE REQUIRED PRIOR TO PUBLISHING THE FINAL DOCUMENT. SEE NOTE ON THE FIRST PAGE OF THE REPORT.

	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	FFY 01	FFY 02	FFY 03*	FFY 04*	Annual Rate of Change	Total Change 96-04
Medicaid Payments	48,046,660,192	50,829,102,000	52,539,105,571	55,940,297,429	61,558,380,518	69,355,914,419	78,883,024,391	85,470,173,879	90,502,614,752	8.2%	88.4%
Federal Share	30,983,746,451	32,452,763,872	33,240,352,251	35,382,769,738	38,817,062,848	43,892,061,187	49,486,621,777	54,145,719,054	57,401,754,224	8.0%	85.3%
State Share	17,062,913,741	18,376,338,128	19,298,753,320	20,557,527,691	22,741,317,670	25,463,853,232	29,396,402,614	31,324,454,825	33,100,860,528	8.6%	94.0%
Administrative Costs	1,811,205,121	2,023,265,620	2,479,912,374	2,724,565,076	2,903,777,393	3,293,413,676	3,711,701,150	4,354,295,095	4,300,087,000	11.4%	137.4%
Federal Share	1,009,434,631	1,140,929,121	1,368,733,422	1,532,616,824	1,617,989,388	1,833,144,729	2,084,124,295	2,463,374,000	2,399,584,000	11.4%	137.7%
State Share	801,770,490	882,336,499	1,111,178,952	1,191,948,252	1,285,788,005	1,460,268,947	1,627,576,855	1,890,921,095	1,900,503,000	11.4%	137.0%
Admin. Costs as % of Payments	3.77%	3.98%	4.72%	4.87%	4.72%	4.75%	4.71%	5.09%	4.75%		
Growth From Prior Year											
Payments	10.47%	5.79%	3.36%	6.47%	10.04%	12.67%	13.74%	8.35%	5.89%		
Administration	10.01%	11.71%	22.57%	9.87%	6.58%	13.42%	12.70%	17.31%	-1.24%		

*Federal Fiscal Years 03 and 04 reflect total of latest estimates reported by each state in region to the Centers for Medicare and Medicaid Services (CMS)

SOUTHERN LEGISLATIVE CONFERENCE

SOUTHERN REGION MEDICAID PROFILE



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

<u>RECIPIENTS BY TYPE OF SERVICES</u>	<u>FFY 96</u>	<u>FFY 97</u>	<u>FFY 98</u>	<u>FFY 99</u>	<u>FFY 00</u>	<u>FFY 01</u>	<u>FFY 02</u>	<u>Annual Change</u>
01. General Hospital	2,168,625	2,140,972	1,990,634	2,116,836	2,436,479	2,352,534	2,122,898	-0.4%
02. Mental Hospital	39,074	33,633	60,916	71,834	95,235	91,068	93,079	15.6%
03. Skilled and Intermediate (non-MR) Care Nursing	568,667	567,371	571,590	605,788	615,201	637,543	605,159	1.0%
04. Intermediate Care for Mentally Retarded	50,006	49,069	48,203	47,509	47,001	46,650	47,795	-0.8%
05. Physician Services	9,594,341	9,187,741	8,249,687	8,782,287	9,076,609	9,667,007	10,018,631	0.7%
06. Dental Services	2,323,363	2,392,900	1,625,300	2,243,643	2,416,692	2,624,085	2,817,377	3.3%
07. Other Practitioners	1,978,326	1,979,247	1,649,660	1,262,426	2,118,885	1,685,816	1,916,553	-0.5%
08. Outpatient Hospital	5,768,364	5,486,441	5,141,377	5,568,658	6,023,987	6,164,168	6,099,167	0.9%
09. Clinic Services	2,480,348	2,303,295	2,008,715	2,232,764	2,936,012	3,146,741	3,042,788	3.5%
10. Lab and X-Ray	4,823,760	4,612,403	3,842,128	4,096,644	4,744,122	4,931,093	4,987,671	0.6%
11. Home Health	493,878	584,544	558,771	330,254	373,670	317,580	440,574	-1.9%
12. Prescribed Drugs	9,023,148	8,649,752	9,102,514	9,505,161	9,746,273	10,382,168	9,715,283	1.2%
13. Family Planning	836,207	822,897	775,409	330,354	112,783	139,495	280,202	-16.7%
14. Early & Periodic Screening, Diagnosis & Treatment	2,936,500	2,920,945	3,054,932	1,574,698	406,771	1,830,098	2,070,045	-5.7%
15. Other Care	5,917,568	5,095,561	2,007,526	3,658,160	2,922,077	3,557,350	3,316,621	-9.2%
16. Personal Care Support Services	0	0	1,435,819	1,044,838	1,413,111	1,310,648	1,057,569	-7.4%
17. Home/Community Based Waiver Services	57,989	127,147	126,870	199,735	40,536	41,626	60,627	0.7%
18. Prepaid Health Care	0	0	4,219,218	4,596,260	5,577,977	5,797,831	4,032,338	-1.1%
19. Primary Care Case Management (PCCM) Services	0	0	2,878,247	3,031,720	4,048,332	4,287,254	5,200,778	15.9%
Total*	13,684,515	13,437,052	14,221,110	15,227,817	15,886,481	16,882,211	17,580,294	4.3%

*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.

SOUTHERN REGION MEDICAID PROFILE

<u>PAYMENTS BY TYPE OF SERVICES</u>	<u>FFY 96</u>	<u>FFY 97</u>	<u>FFY 98</u>	<u>FFY 99</u>	<u>FFY 00</u>	<u>FFY 01</u>	<u>FFY 02</u>	<u>Annual</u> <u>Change</u>	<u>Share of Total</u> <u>FFY 02</u>
01. General Hospital	\$8,136,175,319	\$7,893,936,005	\$7,695,805,442	\$7,918,645,629	\$8,525,226,514	\$9,588,896,597	\$9,445,517,965	2.5%	14.4%
02. Mental Hospital	\$443,249,369	\$350,160,314	\$466,698,897	\$635,788,944	\$657,744,271	\$735,558,257	\$718,458,473	8.4%	1.1%
03. Skilled and Intermediate (non-MR) Care Nursing	\$8,439,704,234	\$9,005,463,201	\$9,406,538,879	\$9,680,520,737	\$10,351,541,969	\$11,105,702,310	\$12,368,503,302	6.6%	18.8%
04. Intermediate Care for Mentally Retarded	\$2,788,118,826	\$2,943,554,207	\$3,016,249,021	\$3,014,683,245	\$3,222,604,284	\$3,251,698,738	\$3,517,367,518	3.9%	5.3%
05. Physician Services	\$3,617,395,284	\$3,545,252,588	\$2,966,184,558	\$3,633,828,050	\$3,704,592,702	\$4,235,614,212	\$4,661,223,193	4.3%	7.1%
06. Dental Services	\$394,682,552	\$419,496,327	\$282,618,452	\$476,921,444	\$559,246,133	\$646,411,505	\$795,652,363	12.4%	1.2%
07. Other Practitioners	\$327,760,876	\$253,520,828	\$211,379,409	\$117,800,677	\$375,385,131	\$365,161,262	\$607,499,018	10.8%	0.9%
08. Outpatient Hospital	\$2,405,051,649	\$2,422,997,896	\$2,272,745,475	\$2,375,128,702	\$2,749,645,124	\$2,960,198,719	\$3,301,075,669	5.4%	5.0%
09. Clinic Services	\$1,280,938,061	\$1,211,835,030	\$1,043,342,930	\$1,296,572,535	\$1,556,754,131	\$1,785,740,796	\$2,080,725,427	8.4%	3.2%
10. Lab and X-Ray	\$470,344,030	\$426,004,426	\$355,940,553	\$412,437,231	\$442,073,915	\$486,608,667	\$516,255,014	1.6%	0.8%
11. Home Health	\$1,989,355,907	\$2,616,500,023	\$689,943,909	\$929,548,615	\$893,518,841	\$989,566,089	\$1,382,145,057	-5.9%	2.1%
12. Prescribed Drugs	\$4,080,956,470	\$4,614,767,885	\$5,235,243,723	\$6,518,005,971	\$8,042,138,174	\$9,852,842,818	\$10,633,863,261	17.3%	16.2%
13. Family Planning	\$180,714,017	\$176,269,962	\$177,189,613	\$96,230,867	\$65,145,862	\$79,761,560	\$107,184,801	-8.3%	0.2%
14. Early & Periodic Screening, Diagnosis & Treatment	\$680,549,799	\$708,770,956	\$761,299,119	\$298,720,070	\$17,969,559	\$177,219,100	\$218,085,974	-17.3%	0.3%
15. Other Care	\$3,801,866,748	\$4,327,549,037	\$862,393,918	\$2,938,121,136	\$4,471,445,349	\$5,748,740,050	\$5,914,982,733	7.6%	9.0%
16. Personal Care Support Services	\$0	\$0	\$2,343,900,549	\$1,320,585,323	\$2,139,781,447	\$2,505,504,114	\$1,957,562,695	-4.4%	3.0%
17. Home/Community Based Waiver Services	\$64,891,393	\$107,367,126	\$1,603,984,759	\$1,415,297,522	\$421,388,327	\$165,456,106	\$351,812,635	32.5%	0.5%
18. Prepaid Health Care	\$0	\$0	\$4,857,146,394	\$5,088,823,649	\$5,614,992,050	\$6,607,229,606	\$6,774,461,746	8.7%	10.3%
19. Primary Care Case Management (PCCM) Services	\$0	\$0	\$142,974,019	\$427,307,411	\$460,025,720	\$401,442,115	\$410,862,393	30.2%	0.6%
Total*(excludes DSH pymts, pharmacy rebates, & other adjs.)	\$39,101,754,534	\$41,023,445,811	\$44,391,579,619	\$48,594,967,758	\$54,271,219,502	\$61,689,352,622	\$65,763,239,239	9.1%	100.0%

AVERAGE PAYMENTS PER RECIPIENT BY TYPE OF SERVICES

01. General Hospital	\$3,751.77	\$3,687.08	\$3,866.01	\$3,740.79	\$3,498.99	\$4,075.99	\$4,449.35	2.9%
02. Mental Hospital	\$11,343.84	\$10,411.21	\$7,661.35	\$8,850.81	\$6,906.54	\$8,077.01	\$7,718.80	-6.2%
03. Skilled and Intermediate (non-MR) Care Nursing	\$14,841.21	\$15,872.27	\$16,456.79	\$15,980.05	\$16,826.28	\$17,419.52	\$20,438.44	5.5%
04. Intermediate Care for Mentally Retarded	\$55,755.69	\$59,988.06	\$62,573.89	\$63,454.99	\$68,564.59	\$69,703.58	\$73,592.79	4.7%
05. Physician Services	\$377.03	\$385.87	\$359.55	\$413.77	\$408.15	\$438.15	\$465.26	3.6%
06. Dental Services	\$169.88	\$175.31	\$173.89	\$212.57	\$231.41	\$246.34	\$282.41	8.8%
07. Other Practitioners	\$165.68	\$128.09	\$128.14	\$93.31	\$177.16	\$216.61	\$316.97	11.4%
08. Outpatient Hospital	\$416.94	\$441.63	\$442.05	\$426.52	\$456.45	\$480.23	\$541.23	4.4%
09. Clinic Services	\$516.43	\$526.13	\$519.41	\$580.70	\$530.23	\$567.49	\$683.82	4.8%
10. Lab and X-Ray	\$97.51	\$92.36	\$92.64	\$100.68	\$93.18	\$98.68	\$103.51	1.0%
11. Home Health	\$4,028.03	\$4,476.14	\$1,234.75	\$2,814.65	\$2,391.20	\$3,115.96	\$3,137.15	-4.1%
12. Prescribed Drugs	\$452.28	\$533.51	\$575.14	\$685.73	\$825.15	\$949.02	\$1,094.55	15.9%
13. Family Planning	\$216.11	\$214.21	\$228.51	\$291.30	\$577.62	\$571.79	\$382.53	10.0%
14. Early & Periodic Screening, Diagnosis & Treatment	\$231.76	\$242.65	\$249.20	\$189.70	\$44.18	\$96.84	\$105.35	-12.3%
15. Other Care	\$642.47	\$849.28	\$429.58	\$803.17	\$1,530.23	\$1,616.02	\$1,783.44	18.5%
16. Personal Care Support Services	\$0.00	\$0.00	\$1,632.45	\$1,263.91	\$1,514.23	\$1,911.65	\$1,851.00	3.2%
17. Home/Community Based Waiver Services	\$1,119.03	\$844.43	\$12,642.74	\$7,085.88	\$10,395.41	\$3,974.80	\$5,802.90	31.6%
18. Prepaid Health Care	\$0.00	\$0.00	\$1,151.20	\$1,107.17	\$1,006.64	\$1,139.60	\$1,680.03	9.9%
19. Primary Care Case Management (PCCM) Services	\$0.00	\$0.00	\$49.67	\$140.95	\$113.63	\$93.64	\$79.00	12.3%
Total (Average)*	\$2,857.37	\$3,053.01	\$3,121.53	\$3,191.20	\$3,416.19	\$3,654.10	\$3,740.74	4.6%

TOTAL PER CAPITA EXPENDITURES	\$513.41	\$537.34	\$552.39	\$582.78	\$617.00	\$684.76	\$767.47	6.9%
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*HCFA 2082 and MSIS reports for FFY 96 to FFY 01 were provided by CMS; for FFY 02, the SLC states provided MSIS and state data for the report.

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

RECIPIENTS BY OTHER CHARACTERISTICS

	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	FFY 01	FFY 02	Annual Change	Share of Total FFY 02
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	6,677,672	5,949,650	6,086,892	5,939,158	5,589,333	6,127,660	6,645,662	-0.1%	37.8%
Poverty Related Eligibles	1,853,675	4,182,923	4,542,086	5,709,688	6,691,265	7,009,292	7,510,959	26.3%	42.7%
Medically Needy	496,477	551,749	510,429	577,643	412,858	405,107	401,422	-3.5%	2.3%
Other Eligibles	4,121,752	2,557,246	2,388,385	2,144,901	2,259,284	2,579,581	2,538,018	-7.8%	14.4%
Maintenance Assistance Status Unknown	534,939	195,484	693,318	856,427	933,741	760,570	484,233	-1.6%	2.8%
Total*	13,684,515	13,437,052	14,221,110	15,227,817	15,886,481	16,882,211	17,580,294	4.3%	100.0%
By Basis of Eligibility									
Aged, Blind, or Disabled	4,047,369	4,090,574	4,184,399	4,322,657	4,332,861	4,594,909	4,742,847	2.7%	27.0%
Children	6,815,861	6,584,414	6,832,221	7,197,683	7,717,757	8,309,817	9,210,868	5.1%	52.4%
Foster Care Children	115,047	132,198	169,293	198,730	197,690	197,451	217,194	11.2%	1.2%
Adults	2,229,265	2,558,777	2,335,478	2,612,772	2,716,137	3,033,096	2,940,369	4.7%	16.7%
Basis of Eligibility Unknown	476,973	71,089	699,719	895,975	922,036	746,938	469,016	-0.3%	2.7%
Total*	13,684,515	13,437,052	14,221,110	15,227,817	15,886,481	16,882,211	17,580,294	4.3%	100.0%
By Age									
Under Age 1	840,661	890,064	735,839	825,040	1,011,948	1,081,122	1,166,811	5.6%	6.6%
Age 1 to 5	2,733,653	2,580,918	2,717,525	2,647,931	2,729,566	2,999,863	3,271,466	3.0%	18.6%
Age 6 to 14	2,769,122	2,767,934	3,214,775	3,204,982	3,408,891	3,715,074	3,940,414	6.1%	22.4%
Age 15 to 20	1,241,375	1,220,311	1,350,397	1,557,672	1,723,841	1,875,294	1,964,005	7.9%	11.2%
Age 21 to 44	3,014,054	2,887,097	2,986,878	3,080,195	3,042,367	3,283,006	3,408,935	2.1%	19.4%
Age 45 to 64	1,157,856	1,199,926	1,252,801	1,384,062	1,352,067	1,455,832	1,533,615	4.8%	8.7%
Age 65 to 74	722,377	729,202	723,555	675,587	706,993	767,819	796,317	1.6%	4.5%
Age 75 to 84	639,487	646,677	639,363	588,022	612,644	649,888	676,370	0.9%	3.8%
Age 85 and Over	522,455	474,207	504,970	428,544	458,939	452,381	467,910	-1.8%	2.7%
Age Unknown	43,475	40,716	95,007	835,782	839,225	601,933	354,451	-1.9%	2.0%
Total*	13,684,515	13,437,052	14,221,110	15,227,817	15,886,481	16,882,211	17,580,294	4.3%	100.0%
By Race									
White	6,490,989	6,326,853	6,544,851	6,971,689	7,181,711	7,668,206	8,031,295	3.6%	45.7%
Black	4,848,326	4,724,252	5,185,949	5,276,201	5,501,922	5,846,044	6,098,056	3.9%	34.7%
Hispanic, American Indian or Asian	1,781,321	1,774,776	1,782,371	2,055,251	2,212,417	2,337,407	2,458,650	5.5%	14.0%
Other/Unknown	563,879	611,171	707,939	924,676	990,430	1,030,553	992,293	9.9%	5.6%
Total*	13,684,515	13,437,052	14,221,110	15,227,817	15,886,481	16,882,211	17,580,294	4.3%	100.0%
By Sex									
Female	8,401,527	8,243,653	8,611,455	8,921,961	9,479,481	10,081,375	10,509,000	3.8%	59.8%
Male	5,204,636	5,140,411	5,506,669	6,112,494	6,219,508	6,609,455	6,903,785	4.8%	39.3%
Unknown	78,352	52,988	102,986	193,361	187,492	191,380	167,509	13.5%	1.0%
Total*	13,684,515	13,437,052	14,221,110	15,227,817	15,886,481	16,882,211	17,580,294	4.3%	100.0%

*HCFA 2082 and MSIS reports for FFY 96 to FFY 01 were provided by CMS; for FFY 02, the SLC states provided MSIS and state data for the report.

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

SOUTHERN REGION MEDICAID PROFILE

PAYMENTS BY OTHER CHARACTERISTICS

	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	FFY 01	FFY 02	Annual Change	Share of Total FFY 02
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	\$18,499,030,378	\$18,575,385,326	\$19,885,565,184	\$22,357,035,376	\$23,843,473,598	\$27,386,047,773	\$28,872,683,236	7.7%	43.9%
Poverty Related Eligibles	\$6,781,683,773	\$8,602,270,244	\$8,891,957,726	\$10,079,696,238	\$11,979,988,224	\$13,104,751,296	\$14,622,935,351	13.7%	22.2%
Medically Needy	\$1,326,975,379	\$1,999,186,452	\$1,728,552,324	\$1,869,866,996	\$1,965,337,119	\$2,562,418,352	\$2,636,147,147	12.1%	4.0%
Other Eligibles	\$11,695,806,117	\$11,270,099,044	\$12,791,860,977	\$13,187,522,126	\$15,091,676,206	\$17,237,570,663	\$18,517,606,921	8.0%	28.2%
Maintenance Assistance Status Unknown	\$798,258,887	\$576,504,744	\$1,093,643,511	\$1,100,847,022	\$1,390,744,357	\$1,398,564,538	\$1,113,866,584	5.7%	1.7%
Total*	\$39,101,754,534	\$41,023,445,811	\$44,391,579,722	\$48,594,967,758	\$54,271,219,502	\$61,689,352,622	\$65,763,239,239	9.1%	100.0%
By Basis of Eligibility									
Aged, Blind, or Disabled	\$26,709,993,103	\$28,475,149,418	\$29,254,139,891	\$33,801,694,763	\$36,947,236,339	\$41,737,532,268	\$44,688,673,753	9.0%	68.0%
Children	\$6,996,056,196	\$6,971,151,567	\$6,847,548,537	\$8,148,987,381	\$9,206,434,254	\$10,609,044,877	\$11,817,434,717	9.1%	18.0%
Foster Care Children	\$338,069,627	\$428,260,938	\$637,703,288	\$766,558,801	\$991,083,339	\$1,119,224,845	\$1,178,861,077	23.1%	1.8%
Adults	\$4,258,339,205	\$4,872,042,263	\$6,555,805,822	\$4,825,550,169	\$5,745,627,431	\$6,871,349,290	\$7,032,143,184	8.7%	10.7%
Basis of Eligibility Unknown	\$799,296,403	\$276,841,625	\$1,096,382,080	\$1,052,176,644	\$1,380,838,139	\$1,352,201,342	\$1,046,126,508	4.6%	1.6%
Total*	\$39,101,754,534	\$41,023,445,811	\$44,391,579,619	\$48,594,967,758	\$54,271,219,502	\$61,689,352,622	\$65,763,239,239	9.1%	100.0%
By Age									
Under Age 1	\$2,059,686,073	\$2,309,754,132	\$1,761,694,486	\$2,238,061,627	\$2,706,755,469	\$3,065,339,872	\$3,358,949,059	8.5%	5.1%
Age 1 to 5	\$2,805,188,601	\$2,703,095,300	\$3,126,299,450	\$3,489,990,206	\$3,657,977,453	\$4,178,801,570	\$4,501,956,859	8.2%	6.8%
Age 6 to 14	\$2,879,636,787	\$3,012,076,741	\$3,579,429,183	\$4,181,719,541	\$4,624,421,852	\$5,338,792,142	\$5,887,879,483	12.7%	9.0%
Age 15 to 20	\$2,728,988,023	\$2,749,974,910	\$2,888,648,119	\$3,512,706,991	\$3,926,334,687	\$4,442,330,528	\$4,846,558,875	10.0%	7.4%
Age 21 to 44	\$9,899,538,127	\$9,983,477,483	\$10,531,479,867	\$11,487,556,212	\$12,694,344,974	\$14,229,950,324	\$15,085,022,244	7.3%	22.9%
Age 45 to 64	\$6,421,734,809	\$6,969,519,203	\$7,808,293,513	\$8,703,946,316	\$10,167,743,197	\$11,689,561,250	\$12,684,175,002	12.0%	19.3%
Age 65 to 74	\$3,031,317,365	\$3,285,040,037	\$3,598,545,951	\$3,635,476,828	\$4,171,540,164	\$4,866,231,119	\$5,145,293,124	9.2%	7.8%
Age 75 to 84	\$4,269,884,358	\$4,586,791,335	\$4,935,072,820	\$4,819,025,114	\$5,349,936,380	\$6,142,980,141	\$6,514,502,806	7.3%	9.9%
Age 85 and Over	\$4,766,314,503	\$5,002,291,296	\$5,594,599,987	\$5,313,793,903	\$5,670,146,693	\$6,318,759,367	\$6,577,947,053	5.5%	10.0%
Age Unknown	\$239,465,889	\$421,425,373	\$567,516,242	\$1,212,691,021	\$1,302,018,634	\$1,416,606,309	\$1,160,954,733	30.1%	1.8%
Total*	\$39,101,754,534	\$41,023,445,811	\$44,391,579,619	\$48,594,967,758	\$54,271,219,502	\$61,689,352,622	\$65,763,239,239	9.1%	100.0%
By Race									
White	\$22,143,790,315	\$23,155,425,679	\$24,607,752,543	\$26,084,029,817	\$29,729,761,595	\$33,875,395,956	\$36,155,956,578	8.5%	55.0%
Black	\$11,246,323,532	\$11,595,361,928	\$12,622,185,545	\$13,664,029,257	\$15,434,959,536	\$17,594,166,418	\$18,873,698,746	9.0%	28.7%
Hispanic, American Indian or Asian	\$3,169,107,603	\$3,284,804,327	\$3,364,253,343	\$4,202,126,744	\$4,911,395,725	\$5,462,273,447	\$5,769,593,700	10.5%	8.8%
Other/Unknown	\$2,542,533,085	\$2,987,853,877	\$3,797,388,189	\$4,644,781,941	\$4,195,102,647	\$4,757,516,801	\$4,963,990,215	11.8%	7.5%
Total*	\$39,101,754,534	\$41,023,445,811	\$44,391,579,619	\$48,594,967,758	\$54,271,219,502	\$61,689,352,622	\$65,763,239,239	9.1%	100.0%
By Sex									
Female	\$24,433,342,422	\$25,514,981,366	\$25,670,077,904	\$29,001,661,353	\$32,571,001,159	\$37,033,753,391	\$39,540,098,155	8.4%	60.1%
Male	\$14,397,834,473	\$15,075,797,952	\$17,637,519,437	\$18,097,028,499	\$20,601,979,183	\$23,445,872,381	\$25,008,279,428	9.6%	38.0%
Unknown	\$270,577,639	\$432,666,493	\$1,083,982,277	\$1,496,277,907	\$1,098,239,160	\$1,209,726,850	\$1,214,861,656	28.4%	1.8%
Total*	\$39,101,754,534	\$41,023,445,811	\$44,391,579,619	\$48,594,967,758	\$54,271,219,502	\$61,689,352,622	\$65,763,239,239	9.1%	100.0%

*HCFA 2082 and MSIS reports for FFY 96 to FFY 01 were provided by CMS; for FFY 02, the SLC states provided MSIS and state data for the report.
Source: Health Care Financing Administration-Form HCFA 2082 for federal fiscal years

SOUTHERN REGION MEDICAID PROFILE

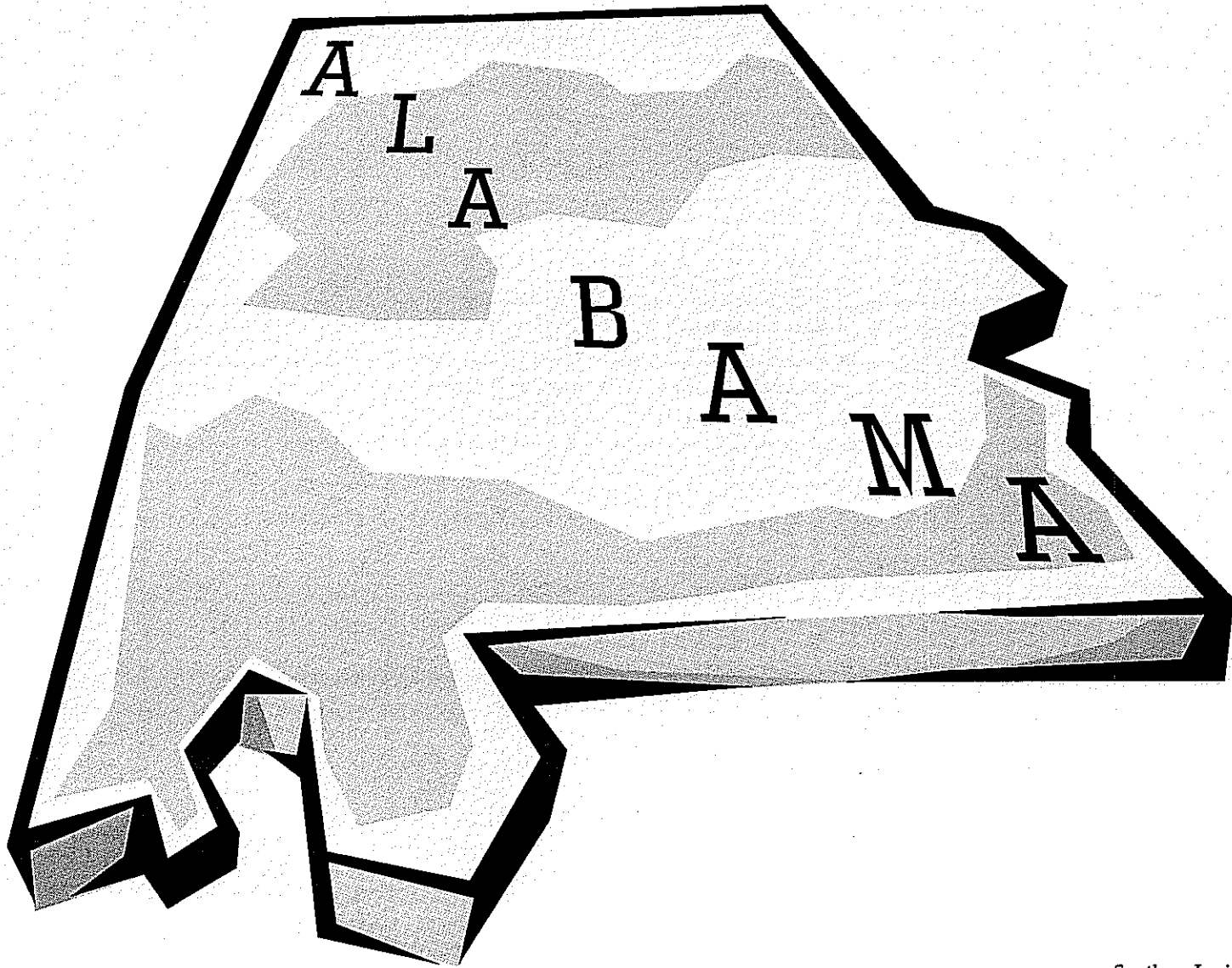
AVERAGE PAYMENT PER RECIPIENT BY OTHER CHARACTERISTICS

	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	FFY 01	FFY 02	Annual Change
By Maintenance Assistance Status								
Receiving Cash Assistance or Eligible Under Section 1931	\$2,770.28	\$3,122.10	\$3,266.95	\$3,764.34	\$4,265.89	\$4,469.25	\$4,344.59	7.8%
Poverty Related Eligibles	\$3,658.51	\$2,056.52	\$1,957.68	\$1,765.37	\$1,790.39	\$1,869.63	\$1,946.88	-10.0%
Medically Needy	\$2,672.78	\$3,623.36	\$3,386.47	\$3,237.06	\$4,760.32	\$6,325.29	\$6,567.02	16.2%
Other Eligibles	\$2,837.58	\$4,407.12	\$5,355.86	\$6,148.31	\$6,679.85	\$6,682.31	\$7,296.09	17.0%
Maintenance Assistance Status Unknown	\$1,492.24	\$2,949.11	\$1,577.41	\$1,285.40	\$1,489.43	\$1,838.84	\$2,300.27	7.5%
Total*	\$2,857.37	\$3,053.01	\$3,121.53	\$3,191.20	\$3,416.19	\$3,654.10	\$3,740.74	4.6%
By Basis of Eligibility								
Aged, Blind, or Disable	\$6,599.35	\$6,961.16	\$6,991.24	\$7,819.66	\$8,527.21	\$9,083.43	\$9,422.33	6.1%
Children	\$1,026.44	\$1,058.74	\$1,002.24	\$1,132.17	\$1,192.89	\$1,276.69	\$1,282.99	3.8%
Foster Care Children	\$2,938.53	\$3,239.54	\$3,766.86	\$3,857.29	\$5,013.32	\$5,668.36	\$5,427.69	10.8%
Adults	\$1,910.20	\$1,904.05	\$2,807.05	\$1,846.91	\$2,115.37	\$2,265.46	\$2,391.59	3.8%
Basis of Eligibility Unknown	\$1,675.77	\$3,894.30	\$1,566.89	\$1,174.34	\$1,497.60	\$1,810.33	\$2,230.47	4.9%
Total*	\$2,857.37	\$3,053.01	\$3,121.53	\$3,191.20	\$3,416.19	\$3,654.10	\$3,740.74	4.6%
By Age								
Under Age 1	\$2,450.08	\$2,595.04	\$2,394.13	\$2,712.67	\$2,674.80	\$2,835.33	\$2,878.74	2.7%
Age 1 to 5	\$1,026.17	\$1,047.34	\$1,150.42	\$1,318.01	\$1,340.13	\$1,393.00	\$1,376.13	5.0%
Age 6 to 14	\$1,039.91	\$1,088.20	\$1,113.43	\$1,304.76	\$1,356.58	\$1,437.06	\$1,494.23	6.2%
Age 15 to 20	\$2,198.36	\$2,253.50	\$2,139.11	\$2,255.10	\$2,277.67	\$2,368.87	\$2,467.69	1.9%
Age 21 to 44	\$3,284.46	\$3,457.96	\$3,525.92	\$3,729.49	\$4,172.52	\$4,334.43	\$4,425.14	5.1%
Age 45 to 64	\$5,546.23	\$5,808.29	\$6,232.67	\$6,288.70	\$7,520.15	\$8,029.47	\$8,270.77	6.9%
Age 65 to 74	\$4,196.31	\$4,504.98	\$4,973.42	\$5,381.21	\$5,900.40	\$6,337.74	\$6,461.36	7.5%
Age 75 to 84	\$6,677.05	\$7,092.86	\$7,718.73	\$8,195.31	\$8,732.54	\$9,452.37	\$9,631.56	6.3%
Age 85 and Over	\$9,122.92	\$10,548.75	\$11,079.07	\$12,399.65	\$12,354.90	\$13,967.78	\$14,058.15	7.5%
Age Unknown	\$5,508.13	\$10,350.36	\$5,973.42	\$1,450.97	\$1,551.45	\$2,353.43	\$3,275.36	-8.3%
Total*	\$2,857.37	\$3,053.01	\$3,121.53	\$3,191.20	\$3,416.19	\$3,654.10	\$3,740.74	4.6%
By Race								
White	\$3,411.47	\$3,659.86	\$3,759.86	\$3,741.42	\$4,139.65	\$4,417.64	\$4,501.88	4.7%
Black	\$2,319.63	\$2,454.43	\$2,433.92	\$2,589.75	\$2,805.38	\$3,009.59	\$3,095.04	4.9%
Hispanic, American Indian or Asian	\$1,779.08	\$1,850.83	\$1,887.52	\$2,044.58	\$2,219.92	\$2,336.89	\$2,346.65	4.7%
Other/Unknown	\$4,509.00	\$4,888.74	\$5,364.00	\$5,023.14	\$4,235.64	\$4,616.47	\$5,002.54	1.7%
Total*	\$2,857.37	\$3,053.01	\$3,121.53	\$3,191.20	\$3,416.19	\$3,654.10	\$3,740.74	4.6%
By Sex								
Female	\$2,908.20	\$3,095.11	\$2,980.92	\$3,250.59	\$3,435.95	\$3,673.48	\$3,762.50	4.4%
Male	\$2,766.35	\$2,932.80	\$3,202.94	\$2,960.66	\$3,312.48	\$3,547.32	\$3,622.40	4.6%
Unknown	\$3,453.36	\$8,165.37	\$10,525.53	\$7,738.24	\$5,857.52	\$6,321.06	\$7,252.52	13.2%
Total*	\$2,857.37	\$3,053.01	\$3,121.53	\$3,191.20	\$3,416.19	\$3,654.10	\$3,740.74	4.6%

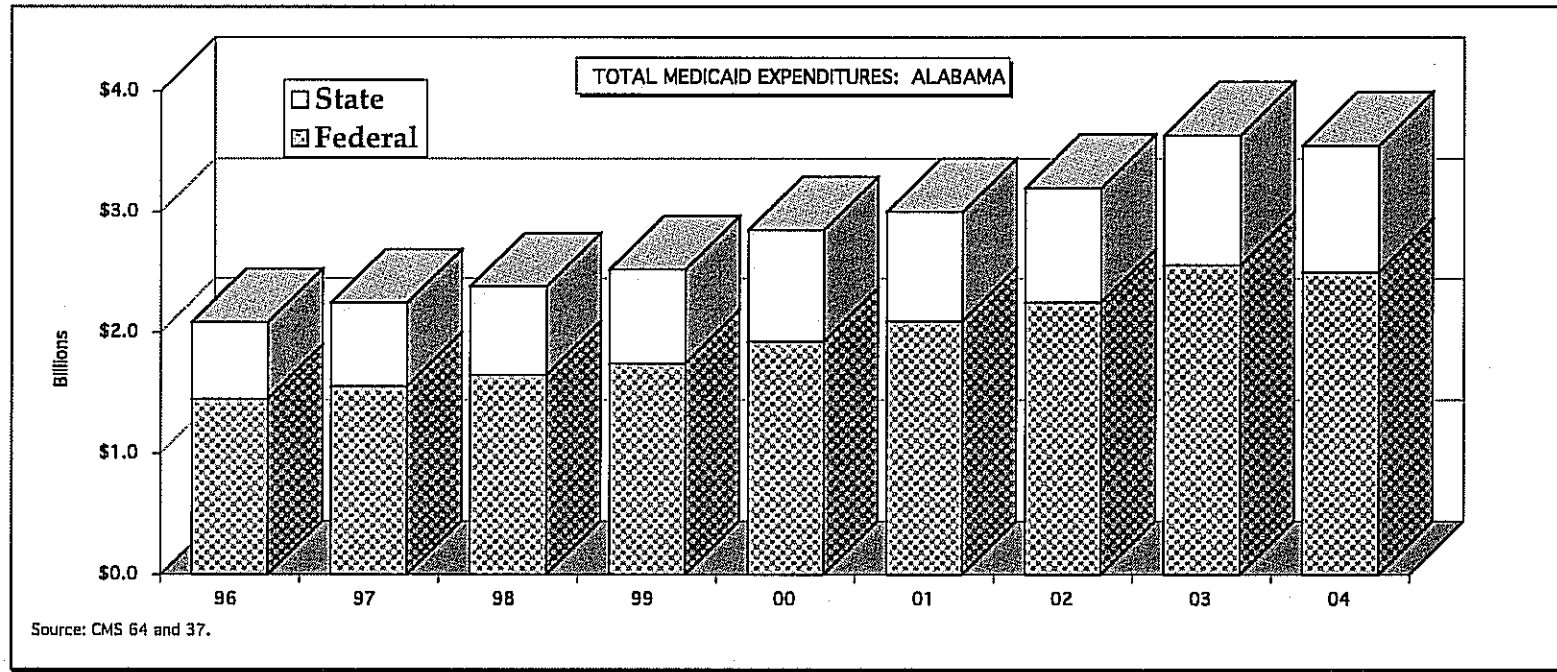
*HCFA 2082 and MSIS reports for FFY 96 to FFY 01 were provided by CMS; for FFY 02, the SLC states provided MSIS and state data for the report.
Source: Health Care Financing Administration-Form HCFA 2082 for federal fiscal years

STATE MEDICAID PROFILES

STATE MEDICAID PROFILE



SOUTHERN REGION MEDICAID PROFILE



THIS IS A PRELIMINARY DRAFT OF THE FFY 02 MEDICAID COMPARATIVE DATA REPORT. REVISIONS WILL BE REQUIRED PRIOR TO PUBLISHING THE FINAL DOCUMENT. SEE NOTE ON THE FIRST PAGE OF THE REPORT.

	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	FFY 01	FFY 02*	FFY 03**	FFY 04**	Annual Rate of Change	Total Change 96-04
Medicaid Payments	\$2,038,419,446	\$2,195,359,746	\$2,326,929,484	\$2,438,540,244	\$2,773,701,447	\$2,886,401,740	\$3,097,899,240	\$3,514,365,000	\$3,449,317,000	6.8%	69.2%
Federal Share	\$1,425,188,599	\$1,528,097,087	\$1,614,516,026	\$1,691,536,003	\$1,884,058,352	\$2,024,861,694	\$2,188,351,619	\$2,485,526,000	\$2,443,952,000	7.0%	71.5%
State Share	\$613,230,847	\$667,262,659	\$712,413,458	\$747,004,241	\$889,643,095	\$861,540,046	\$909,547,621	\$1,028,839,000	\$1,005,365,000	6.4%	63.9%
Administrative Costs	\$44,448,105	\$46,069,028	\$53,658,195	\$79,962,881	\$74,090,808	\$112,293,202	\$101,262,707	\$116,876,000	\$99,764,000	10.6%	124.5%
Federal Share	\$25,987,677	\$27,082,231	\$31,069,394	\$51,456,609	\$42,231,761	\$64,813,395	\$58,063,419	\$69,565,000	\$54,164,000	9.6%	108.4%
State Share	\$18,460,428	\$18,986,797	\$22,588,801	\$28,506,272	\$31,859,047	\$47,479,807	\$43,199,288	\$47,311,000	\$45,600,000	12.0%	147.0%
Admin. Costs as % of Payments	2.18%	2.10%	2.31%	3.28%	2.67%	3.89%	3.27%	3.33%	2.89%		
Federal Match Rate*	69.85%	69.54%	69.32%	69.27%	69.57%	69.99%	70.45%	70.60%	70.75%		

*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 03 and 04 reflect latest estimates reported by each state (CMS 37).

ALABAMA

SOUTHERN REGION MEDICAID PROFILE

STATE FINANCING

	Payments		Administration	
	FFY 96	FFY 02	FFY 96	FFY 02
State General Fund	\$242,642,512	\$231,726,175	\$18,460,428	\$43,199,288
Local Funds	\$0	\$0	\$0	\$0
Provider Taxes	\$29,000,000	\$36,783,726	\$0	\$0
Donations	\$0	\$36,375	\$0	\$0
Other	\$341,588,335	\$641,001,345	\$0	\$0
Total State Share	\$613,230,847	\$909,547,621	\$18,460,428	\$43,199,288

Provider Taxes Currently in Place (FFY 02)		
Provider(s)	Tax Rate	Amount
Nursing homes	\$1,200 per bed/year	\$30,499,502
Pharmacies	\$.10 per prescription over \$3.00	\$6,284,224
Total		\$36,783,726

DISPROPORTIONATE SHARE HOSPITAL (DSH) PAYMENTS

	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	FFY 01	FFY 02*	FFY 03**	FFY 04**	Annual Change
General Hospitals	\$346,707,637	\$391,069,616	\$389,273,781	\$384,333,879	\$353,173,872	\$363,436,268	\$370,514,816	\$394,313,380	\$353,146,380	-1.6%
Mental Hospitals	\$48,180,868	\$26,388,384	\$4,451,769	\$3,301,620	\$3,301,620	\$3,301,620	\$3,301,620	\$3,301,620	\$3,301,620	-4.9%
Total	\$394,888,505	\$417,458,000	\$393,725,550	\$387,635,499	\$356,475,492	\$366,737,888	\$373,816,436	\$397,615,000	\$356,448,000	-1.6%

SELECTED ELIGIBILITY CRITERIA

	At 10/1/02	% of FPL*
TANF-Temporary Assistance for Needy Families (Family of 3)		
Need Standard	\$673	52.9%
Payment Standard	\$164	12.9%
Maximum Payment	\$164	12.9%
Medically Needy Program (Family of 2)		
Income Eligibility Standard	N/A	
Resource Standard	\$2,250	
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	\$565	75.5%
Couple	\$837	82.9%
Resources:		
Single Person	\$2,000	
Couple	\$3,000	

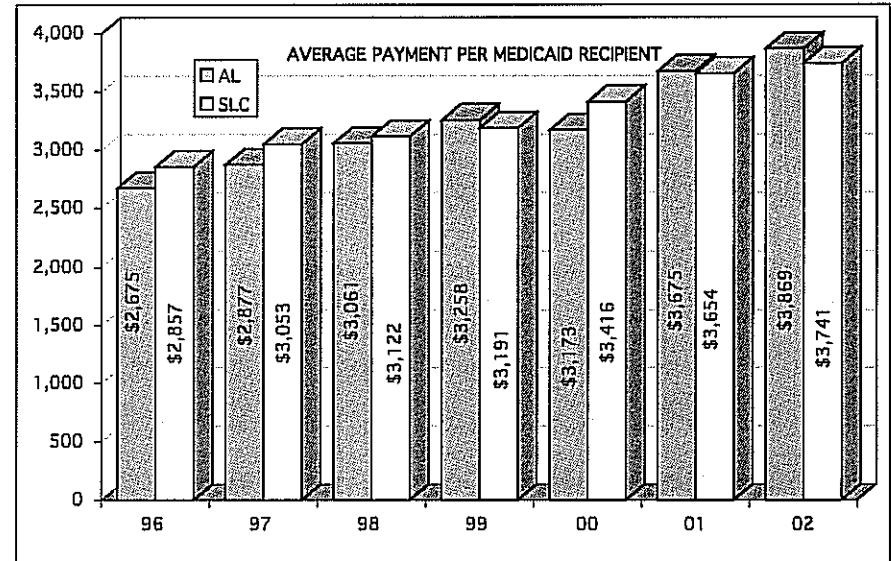
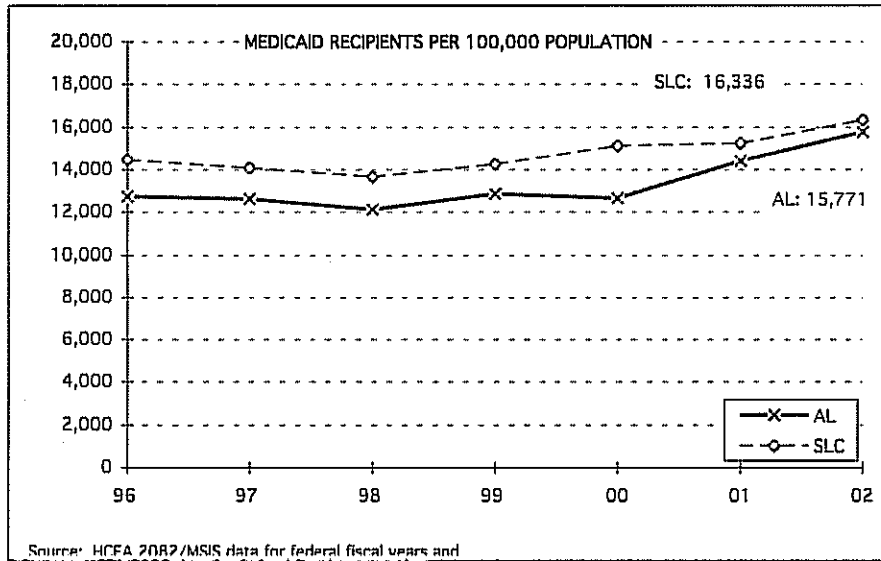
DEMOGRAPHIC DATA & POVERTY INDICATORS (2002)

		Rank in U.S.
State population—July 1, 2002*	4,486,508	23
Per capita personal income**	\$24,589	43
Median household income**	\$35,160	44
Population below Federal Poverty Level on July 1, 2001*	664,003	
Percent of total state population	14.8%	7
Population without health insurance coverage*	587,733	18
Percent of total state population	13.1%	22
Recipients of Food Stamps***	443,547	15
Households receiving Food Stamps***	173,295	16
Total value of issuance***	\$417,620,556	14
Average monthly benefit per recipient	\$78.46	17
Average monthly benefit per household	\$200.82	
Monthly recipients of Temporary Assistance to Needy Families (TANF)****	41,019	28
Total TANF payments****	\$95,493,042	50
Average monthly payment per recipient	\$49.25	50
Maximum monthly payment per family of 3	\$164.00	49

*Current federal poverty level is \$8,980 per year for a single person, \$12,120 for a family of two and \$15,260 for a family of three. Table above shows monthly income levels.

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

SOUTHERN REGION MEDICAID PROFILE



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

RECIPIENTS BY TYPE OF SERVICES	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	FFY 01	FFY 02	Annual Change
01. General Hospital	34,367	28,458	28,911	28,142	35,122	55,652	56,693	8.7%
02. Mental Hospital	1,147	1,129	1,329	1,178	1,604	1,786	1,827	8.1%
03. Skilled and Intermediate (non-MR) Care Nursing	22,620	23,476	23,844	24,592	25,096	28,550	27,177	3.1%
04. Intermediate Care for Mentally Retarded	968	828	750	708	673	796	1,014	0.8%
05. Physician Services	409,235	415,252	393,194	389,005	386,904	444,067	479,200	2.7%
06. Dental Services	70,823	70,968	68,485	76,261	72,227	82,592	84,773	3.0%
07. Other Practitioners	75,835	86,045	72,649	89,914	77,897	89,460	91,891	3.3%
08. Outpatient Hospital	248,630	262,530	221,538	190,517	218,078	245,726	322,818	4.4%
09. Clinic Services	120,341	124,345	111,804	83,653	138,044	154,812	154,812	4.3%
10. Lab and X-Ray	186,612	178,743	157,551	149,460	332,118	357,197	395,125	13.3%
11. Home Health	45,384	47,268	43,277	51,571	52,800	60,339	61,825	5.3%
12. Prescribed Drugs	412,511	412,739	395,290	405,140	436,555	496,797	505,076	3.4%
13. Family Planning	37,130	39,639	35,953	34,280	28,441	33,576	34,610	-1.2%
14. Early & Periodic Screening, Diagnosis & Treatment	139,036	131,285	121,122	122,807	143,508	162,914	166,971	3.1%
15. Other Care	116,680	123,061	75,170	175,204	95,760	112,725	116,179	-0.1%
16. Personal Care Support Services	0	0	52,098	0	0	0	0	-100.0%
17. Home/Community Based Waiver Services	0	0	4,112	6,098	34,436	35,526	35,923	71.9%
18. Prepaid Health Care	0	0	344,907	0	37	8,461	10,208	-58.5%
19. Primary Care Case Management (PCCM) Services	0	0	151,910	0	0	380,000	380,000	25.8%
Total*	546,272	546,140	527,078	562,801	563,308	643,527	704,062	4.3%

*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.

*FFY 02 projected using FFY 96-FFY 01 trends, State Annual report, and state submitted data (SEE "Important Note" prior to table of contents).

ALABAMA

SOUTHERN REGION MEDICAID PROFILE

<u>PAYMENTS BY TYPE OF SERVICES</u>	<u>FFY 96</u>	<u>FFY 97</u>	<u>FFY 98</u>	<u>FFY 99</u>	<u>FFY 00</u>	<u>FFY 01</u>	<u>FFY 02</u>	<u>Annual</u> <u>Change</u>	<u>Share of Total</u> <u>FFY 02</u>
01. General Hospital	\$198,637,110	\$170,166,297	\$190,942,492	\$298,064,323	\$76,159,640	\$334,616,062	\$540,242,762	18.1%	19.8%
02. Mental Hospital	\$20,530,209	\$21,833,876	\$26,475,030	\$30,756,234	\$34,915,895	\$35,450,442	\$34,055,423	8.8%	1.3%
03. Skilled and Intermediate (non-MR) Care Nursing	\$445,325,482	\$520,412,943	\$522,825,844	\$570,237,131	\$624,883,481	\$666,221,211	\$704,151,335	7.9%	25.9%
04. Intermediate Care for Mentally Retarded	\$68,011,776	\$58,298,157	\$55,663,840	\$59,125,341	\$64,466,823	\$61,589,438	\$83,396,380	3.5%	3.1%
05. Physician Services	\$119,428,302	\$132,563,184	\$115,683,384	\$127,125,223	\$95,726,775	\$135,989,905	\$166,318,155	5.7%	6.1%
06. Dental Services	\$10,118,678	\$10,218,557	\$9,698,164	\$11,736,511	\$11,418,475	\$23,157,211	\$34,446,249	22.7%	1.3%
07. Other Practitioners	\$8,418,026	\$8,617,321	\$7,888,253	\$7,580,000	\$5,617,835	\$6,340,319	\$6,078,793	-5.3%	0.2%
08. Outpatient Hospital	\$65,223,740	\$70,529,433	\$57,602,636	\$47,811,861	\$36,818,355	\$44,166,407	\$50,376,944	-4.2%	1.8%
09. Clinic Services	\$46,123,958	\$49,128,082	\$62,372,094	\$73,541,276	\$117,047,331	\$78,498,228	\$56,681,236	3.5%	2.1%
10. Lab and X-Ray	\$11,082,415	\$10,636,552	\$9,563,557	\$13,952,110	\$32,295,622	\$37,294,304	\$42,394,321	25.1%	1.6%
11. Home Health	\$104,535,592	\$128,593,515	\$22,844,852	\$34,883,832	\$39,140,563	\$66,011,518	\$43,110,659	-13.7%	1.6%
12. Prescribed Drugs	\$203,811,076	\$226,105,163	\$236,674,147	\$273,619,269	\$333,198,061	\$390,122,853	\$450,984,232	14.2%	16.6%
13. Family Planning	\$7,332,859	\$7,565,632	\$6,639,031	\$9,498,436	\$4,931,740	\$17,993,448	\$26,266,159	23.7%	1.0%
14. Early & Periodic Screening, Diagnosis & Treatment	\$16,485,904	\$15,891,150	\$16,178,400	\$14,838,637	\$17,969,559	\$24,199,899	\$16,885,055	0.4%	0.6%
15. Other Care	\$136,035,958	\$140,643,879	\$19,858,177	\$31,704,980	\$45,204,998	\$165,723,883	\$201,515,190	6.8%	7.4%
16. Personal Care Support Services	\$0	\$0	\$61,655,392	\$0	\$0	\$0	\$0	-100.0%	0.0%
17. Home/Community Based Waiver Services	\$0	\$0	\$117,726,558	\$138,456,852	\$237,160,407	\$165,456,106	\$160,939,143	8.1%	5.9%
18. Prepaid Health Care	\$0	\$0	\$178,992	\$0	\$0	\$101,047,469	\$95,508,698	380.6%	3.5%
19. Primary Care Case Management (PCCM) Services	\$0	\$0	\$72,939,909	\$90,408,552	\$10,274,672	\$11,227,248	\$10,364,962	-38.6%	0.4%
Total (excludes DSH pymts, pharmacy rebates, & other adjs.)	\$1,461,101,085	\$1,571,203,741	\$1,613,410,752	\$1,833,340,568	\$1,787,230,232	\$2,365,105,951	\$2,723,715,696	10.9%	100.0%

AVERAGE PAYMENTS PER RECIPIENT BY TYPE OF SERVICES

								(+) or (-) SLC	
									<u>Avg. FFY 02</u>
01. General Hospital	\$5,779.88	\$5,979.56	\$6,604.49	\$10,591.44	\$2,168.43	\$6,012.65	\$9,529.27	8.7%	114.2%
02. Mental Hospital	\$17,899.05	\$19,339.13	\$19,921.02	\$26,108.86	\$21,768.01	\$19,847.34	\$18,640.08	0.7%	141.5%
03. Skilled and Intermediate (non-MR) Care Nursing	\$19,687.25	\$22,167.87	\$21,926.94	\$23,187.91	\$24,899.72	\$23,335.24	\$25,909.83	4.7%	26.8%
04. Intermediate Care for Mentally Retarded	\$70,260.10	\$70,408.40	\$74,218.45	\$83,510.37	\$95,790.23	\$77,356.27	\$82,244.95	2.7%	11.8%
05. Physician Services	\$291.83	\$319.24	\$294.21	\$326.80	\$247.42	\$306.24	\$347.07	2.9%	-25.4%
06. Dental Services	\$142.87	\$143.99	\$141.61	\$153.90	\$158.09	\$280.38	\$406.34	19.0%	43.9%
07. Other Practitioners	\$111.00	\$100.15	\$108.58	\$84.30	\$72.12	\$70.87	\$66.15	-8.3%	-79.1%
08. Outpatient Hospital	\$262.33	\$268.65	\$260.01	\$250.96	\$168.83	\$179.74	\$156.05	-8.3%	-71.2%
09. Clinic Services	\$383.28	\$395.09	\$557.87	\$879.12	\$847.90	\$507.06	\$366.13	-0.8%	-46.5%
10. Lab and X-Ray	\$59.39	\$59.51	\$60.70	\$93.35	\$97.24	\$104.41	\$107.29	10.4%	3.7%
11. Home Health	\$2,303.36	\$2,720.52	\$527.88	\$676.42	\$741.30	\$1,094.01	\$697.30	-18.1%	-77.8%
12. Prescribed Drugs	\$494.07	\$547.82	\$598.74	\$675.37	\$763.24	\$785.28	\$892.90	10.4%	-18.4%
13. Family Planning	\$197.49	\$190.86	\$184.66	\$277.08	\$173.40	\$535.90	\$758.92	25.2%	98.4%
14. Early & Periodic Screening, Diagnosis & Treatment	\$118.57	\$121.04	\$133.57	\$120.83	\$125.22	\$148.54	\$101.13	-2.6%	-4.0%
15. Other Care	\$1,165.89	\$1,142.88	\$264.18	\$180.96	\$472.07	\$1,470.16	\$1,734.52	6.8%	-2.7%
16. Personal Care Support Services	\$0.00	\$0.00	\$1,183.45	\$0.00	\$0.00	\$0.00	\$0.00	-100.0%	-100.0%
17. Home/Community Based Waiver Services	\$0.00	\$0.00	\$28,630.00	\$22,705.29	\$6,886.99	\$4,657.29	\$4,480.11	-37.1%	-22.8%
18. Prepaid Health Care	\$0.00	\$0.00	\$0.52	\$0.00	\$0.00	\$11,942.95	\$9,356.26	1058.8%	456.9%
19. Primary Care Case Management (PCCM) Services	\$0.00	\$0.00	\$480.15	\$0.00	\$0.00	\$29.55	\$27.28	-51.2%	-65.5%
Total (Average)	\$2,674.68	\$2,876.92	\$3,061.05	\$3,257.53	\$3,172.74	\$3,675.22	\$3,868.57	6.3%	3.4%

TOTAL PER CAPITA EXPENDITURES	\$485.84	\$518.60	\$547.01	\$576.33	\$640.37	\$671.70	\$716.60	6.7%	-6.6%
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*FFY 02 projected using FFY 96-FFY 01 trends, State Annual report, and state submitted data (SEE "Important Note" prior to table of contents).

ALABAMA

SOUTHERN REGION MEDICAID PROFILE
DATA BY OTHER CHARACTERISTICS

RECIPIENTS BY OTHER CHARACTERISTICS

	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	FFY 01	FFY 02	Annual Change	Share of Total FFY 02
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	286,298	275,061	231,997	214,490	171,320	207,260	232,024	-3.4%	33.0%
Poverty Related Eligibles	53,316	65,371	219,029	276,713	282,754	305,995	327,486	35.3%	46.5%
Medically Needy	0	0	0	0	0	0	0	n/a	0.0%
Other Eligibles	205,839	203,308	74,385	70,098	109,234	130,096	144,260	-5.8%	20.5%
Maintenance Assistance Status Unknown	819	2,400	1,667	1,500	0	175	292	-15.8%	0.0%
Total*	546,272	546,140	527,078	562,801	563,308	643,527	704,062	4.3%	100.0%
By Basis of Eligibility									
Aged, Blind, or Disabled	207,821	210,933	210,544	216,669	218,194	249,131	272,588	4.6%	38.7%
Children	250,149	276,145	262,547	271,119	272,827	311,334	340,700	5.3%	48.4%
Foster Care Children	2,846	3,716	4,038	4,634	4,975	5,539	5,999	13.2%	0.9%
Adults	84,635	52,944	48,048	65,835	64,311	74,194	81,159	-0.7%	11.5%
Basis of Eligibility Unknown	821	2,402	1,901	4,544	3,001	3,330	3,616	28.0%	0.5%
Total*	546,272	546,140	527,078	562,801	563,308	643,527	704,062	4.3%	100.0%
By Age									
Under Age 1	28,103	28,267	27,969	28,004	28,953	33,127	36,243	4.3%	5.1%
Age 1 to 5	127,986	123,033	111,576	117,283	115,592	133,269	146,285	2.3%	20.8%
Age 6 to 14	106,131	112,199	111,380	126,357	124,698	141,225	154,120	6.4%	21.9%
Age 15 to 20	43,683	42,273	43,098	54,806	57,786	64,755	70,228	8.2%	10.0%
Age 21 to 44	102,757	99,867	93,433	95,972	93,335	107,748	118,342	2.4%	16.8%
Age 45 to 64	48,663	50,685	51,573	54,085	56,602	64,131	69,949	6.2%	9.9%
Age 65 to 74	32,383	32,408	31,817	31,416	31,844	36,547	40,056	3.6%	5.7%
Age 75 to 84	31,319	31,144	30,248	29,000	29,817	34,301	37,620	3.1%	5.3%
Age 85 and Over	24,601	25,208	25,309	25,222	24,681	28,333	31,072	4.0%	4.4%
Age Unknown	646	1,056	675	656	0	91	147	-21.9%	0.0%
Total*	546,272	546,140	527,078	562,801	563,308	643,527	704,062	4.3%	100.0%
By Race									
White	240,879	242,516	238,107	250,806	253,223	295,379	322,545	5.0%	45.8%
Black	277,678	275,231	260,790	282,181	279,163	315,513	345,709	3.7%	49.1%
Hispanic, American Indian or Asian	5,843	6,488	7,042	22,084	22,377	24,056	25,626	27.9%	3.6%
Other/Unknown	21,872	21,905	21,139	7,730	8,545	8,579	10,182	-12.0%	1.4%
Total*	546,272	546,140	527,078	562,801	563,308	643,527	704,062	4.3%	100.0%
By Sex									
Female	338,728	336,467	322,644	341,391	339,629	396,843	433,918	4.2%	61.6%
Male	200,646	202,230	196,812	214,684	216,138	238,105	260,764	4.5%	37.0%
Unknown	6,898	7,443	7,622	6,726	7,541	8,579	9,380	5.3%	1.3%
Total*	546,272	546,140	527,078	562,801	563,308	643,527	704,062	4.3%	100.0%

*FFY 02 projected using FFY 96-FFY 01 trends, State Annual report, and state submitted data (SEE "Important Note" prior to table of contents).

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

SOUTHERN REGION MEDICAID PROFILE

PAYMENTS BY OTHER CHARACTERISTICS

	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	FFY 01	FFY 02	Annual Change	Share of Total FFY 02
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	\$608,945,773	\$646,168,737	\$602,257,731	\$633,766,270	\$683,215,328	\$913,449,432	\$1,051,335,989	9.5%	38.6%
Poverty Related Eligibles	\$514,790,907	\$170,810,424	\$178,124,687	\$354,031,879	\$283,684,202	\$402,859,805	\$467,094,215	-1.6%	17.1%
Medically Needy	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a	0.0%
Other Eligibles	\$184,828,392	\$607,526,099	\$607,215,547	\$706,832,522	\$820,330,702	\$1,007,304,680	\$1,140,004,546	35.4%	41.9%
Maintenance Assistance Status Unknown	\$152,536,013	\$146,698,481	\$225,812,787	\$138,709,897	\$0	\$41,492,034	\$65,280,946	-13.2%	2.4%
Total*	\$1,461,101,085	\$1,571,203,741	\$1,613,410,752	\$1,833,340,568	\$1,787,230,232	\$2,365,105,951	\$2,723,715,696	10.9%	100.0%
By Basis of Eligibility									
Aged, Blind or Disabled	\$1,013,421,923	\$1,140,949,944	\$1,148,109,264	\$1,261,859,857	\$1,405,993,785	\$1,823,104,915	\$2,085,987,078	12.8%	76.6%
Children	\$140,069,631	\$191,018,520	\$189,774,558	\$283,399,186	\$189,840,679	\$260,456,830	\$302,774,639	13.7%	11.1%
Foster Care Children	\$9,743,579	\$16,062,702	\$17,824,964	\$25,409,692	\$38,827,608	\$45,816,824	\$51,000,817	31.8%	1.9%
Adults	\$145,329,084	\$76,474,094	\$31,649,422	\$117,218,923	\$148,842,655	\$189,873,245	\$213,801,742	6.6%	7.8%
Basis of Eligibility Unknown	\$152,536,868	\$146,698,481	\$226,052,544	\$145,452,910	\$3,725,505	\$45,854,137	\$70,151,420	-12.1%	2.6%
Total*	\$1,461,101,085	\$1,571,203,741	\$1,613,410,752	\$1,833,340,568	\$1,787,230,232	\$2,365,105,951	\$2,723,715,696	10.9%	100.0%
By Age									
Under Age 1	\$21,718,398	\$23,397,438	\$22,820,090	\$30,129,124	\$34,942,192	\$46,950,436	\$53,020,626	16.0%	1.9%
Age 1 to 5	\$89,906,107	\$76,335,290	\$67,146,102	\$78,629,298	\$88,747,075	\$119,608,058	\$137,160,833	7.3%	5.0%
Age 6 to 14	\$76,274,758	\$82,732,315	\$137,866,379	\$228,971,556	\$135,058,186	\$179,079,820	\$207,413,465	18.1%	7.6%
Age 15 to 20	\$79,740,778	\$76,750,734	\$45,768,326	\$94,268,784	\$111,659,439	\$141,251,156	\$159,784,407	12.3%	5.9%
Age 21 to 44	\$268,187,264	\$265,892,369	\$204,968,841	\$277,967,020	\$321,785,063	\$419,311,505	\$478,614,756	10.1%	17.6%
Age 45 to 64	\$192,938,509	\$216,275,333	\$222,425,685	\$246,269,985	\$291,750,032	\$373,617,468	\$425,674,072	14.1%	15.6%
Age 65 to 74	\$118,644,726	\$140,790,737	\$138,305,521	\$147,230,394	\$164,305,139	\$213,088,744	\$244,201,242	12.8%	9.0%
Age 75 to 84	\$203,861,863	\$236,822,941	\$233,796,571	\$247,214,550	\$274,284,772	\$357,021,249	\$409,405,887	12.3%	15.0%
Age 85 and Over	\$257,348,370	\$306,824,223	\$315,444,008	\$343,949,958	\$364,698,334	\$473,826,452	\$543,383,292	13.3%	20.0%
Age Unknown	\$152,480,312	\$145,382,361	\$224,869,229	\$138,709,899	\$0	\$41,351,063	\$65,057,116	-13.2%	2.4%
Total*	\$1,461,101,085	\$1,571,203,741	\$1,613,410,752	\$1,833,340,568	\$1,787,230,232	\$2,365,105,951	\$2,723,715,696	10.9%	100.0%
By Race									
White	\$779,375,247	\$861,507,068	\$827,945,714	\$951,526,090	\$1,057,278,279	\$1,372,062,575	\$1,569,379,874	12.4%	57.6%
Black	\$463,114,382	\$493,712,277	\$438,942,699	\$544,338,912	\$633,781,223	\$818,115,856	\$932,532,306	12.4%	34.2%
Hispanic, American Indian or Asian	\$6,487,149	\$6,966,565	\$6,064,149	\$191,261,918	\$86,540,545	\$104,669,801	\$118,229,415	62.2%	4.3%
Other/Unknown	\$212,124,307	\$209,017,831	\$340,458,190	\$146,213,648	\$9,630,185	\$70,257,719	\$103,574,101	-11.3%	3.8%
Total*	\$1,461,101,085	\$1,571,203,741	\$1,613,410,752	\$1,833,340,568	\$1,787,230,232	\$2,365,105,951	\$2,723,715,696	10.9%	100.0%
By Sex									
Female	\$908,405,172	\$994,732,988	\$901,546,013	\$1,077,677,892	\$1,215,220,738	\$1,575,701,343	\$1,800,799,303	12.1%	66.1%
Male	\$395,672,055	\$427,195,176	\$428,860,075	\$488,061,795	\$555,778,269	\$718,582,751	\$820,253,687	12.9%	30.1%
Unknown	\$157,023,858	\$149,275,577	\$283,004,664	\$267,600,881	\$16,231,225	\$70,821,857	\$102,662,706	-6.8%	3.8%
Total*	\$1,461,101,085	\$1,571,203,741	\$1,613,410,752	\$1,833,340,568	\$1,787,230,232	\$2,365,105,951	\$2,723,715,696	10.9%	100.0%

*FFY 02 projected using FFY 96-FFY 01 trends, State Annual report, and state submitted data (SEE "Important Note" prior to table of contents).

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

SOUTHERN REGION MEDICAID PROFILE

AVERAGE PAYMENT PER RECIPIENT BY OTHER CHARACTERISTICS

	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	FFY 01	FFY 02	Annual Change	Above (+) or Below (-) SLC Avg. FFY 02
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	\$2,126.96	\$2,349.18	\$2,595.97	\$2,954.76	\$3,987.95	\$4,407.26	\$4,531.15	13.4%	4.3%
Poverty Related Eligibles	\$9,655.47	\$2,612.94	\$813.25	\$1,279.42	\$1,003.29	\$1,316.56	\$1,426.30	-27.3%	-26.7%
Medically Needy	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	n/a	-100.0%
Other Eligibles	\$897.93	\$2,988.21	\$8,163.15	\$10,083.49	\$7,509.85	\$7,742.75	\$7,902.43	43.7%	8.3%
Maintenance Assistance Status Unknown	\$186,246.66	\$61,124.37	\$135,460.58	\$92,473.26	\$0.00	\$236,601.83	\$223,564.88	3.1%	9619.1%
Total*	\$2,674.68	\$2,876.92	\$3,061.05	\$3,257.53	\$3,172.74	\$3,675.22	\$3,868.57	6.3%	3.4%
By Basis of Eligibility									
Aged, Blind or Disabled	\$4,876.42	\$5,409.06	\$5,453.06	\$5,823.91	\$6,443.78	\$7,317.85	\$7,652.53	7.8%	-18.8%
Children	\$559.94	\$691.73	\$722.82	\$1,045.29	\$695.83	\$836.58	\$888.68	8.0%	-30.7%
Foster Care Children	\$3,423.60	\$4,322.58	\$4,414.31	\$5,483.32	\$7,804.54	\$8,271.93	\$8,501.55	16.4%	56.6%
Adults	\$1,717.13	\$1,444.43	\$658.70	\$2,314.42	\$2,314.42	\$2,559.15	\$2,634.36	7.4%	10.2%
Basis of Eligibility Unknown	\$185,793.99	\$61,073.47	\$118,912.44	\$32,009.88	\$1,241.42	\$13,770.83	\$19,400.28	-31.4%	769.8%
Total*	\$2,674.68	\$2,876.92	\$3,061.05	\$3,257.53	\$3,172.74	\$3,675.22	\$3,868.57	6.3%	3.4%
By Age									
Under Age 1	\$772.81	\$827.73	\$815.91	\$1,075.89	\$1,206.86	\$1,417.28	\$1,462.92	11.2%	-49.2%
Age 1 to 5	\$702.47	\$620.45	\$601.80	\$670.42	\$767.76	\$897.49	\$937.63	4.9%	-31.9%
Age 6 to 14	\$718.69	\$737.37	\$1,237.80	\$1,812.10	\$1,083.08	\$1,268.05	\$1,345.79	11.0%	-9.9%
Age 15 to 20	\$1,825.44	\$1,815.60	\$1,061.96	\$1,720.04	\$1,932.29	\$2,181.32	\$2,275.22	3.7%	-7.8%
Age 21 to 44	\$2,609.92	\$2,662.46	\$2,193.75	\$2,896.33	\$3,447.64	\$3,891.58	\$4,044.34	7.6%	-8.6%
Age 45 to 64	\$3,964.79	\$4,267.05	\$4,312.83	\$4,553.39	\$5,154.41	\$5,825.86	\$6,085.49	7.4%	-26.4%
Age 65 to 74	\$3,663.80	\$4,344.32	\$4,346.91	\$4,686.48	\$5,159.69	\$5,830.48	\$6,096.50	8.9%	-5.6%
Age 75 to 84	\$6,509.21	\$7,604.13	\$7,729.32	\$8,524.64	\$9,198.94	\$10,408.44	\$10,882.67	8.9%	13.0%
Age 85 and Over	\$10,460.89	\$12,171.70	\$12,463.71	\$13,636.90	\$14,776.48	\$16,723.41	\$17,487.88	8.9%	24.4%
Age Unknown	\$236,037.63	\$137,672.69	\$333,139.60	\$211,448.02	\$0.00	\$456,159.80	\$442,565.41	11.0%	13412.0%
Total*	\$2,674.68	\$2,876.92	\$3,061.05	\$3,257.53	\$3,172.74	\$3,675.22	\$3,868.57	6.3%	3.4%
By Race									
White	\$3,235.55	\$3,552.37	\$3,477.20	\$3,793.87	\$4,175.29	\$4,645.09	\$4,865.62	7.0%	8.1%
Black	\$1,667.81	\$1,793.81	\$1,683.13	\$1,929.04	\$2,270.29	\$2,592.97	\$2,697.45	8.3%	-12.8%
Hispanic, American Indian or Asian	\$1,110.24	\$1,073.76	\$861.14	\$8,660.66	\$3,867.39	\$4,351.07	\$4,613.65	26.8%	96.6%
Other/Unknown	\$9,698.44	\$9,542.01	\$16,105.69	\$18,915.09	\$1,127.00	\$8,189.50	\$10,172.27	0.8%	103.3%
Total*	\$2,674.68	\$2,876.92	\$3,061.05	\$3,257.53	\$3,172.74	\$3,675.22	\$3,868.57	6.3%	3.4%
By Sex									
Female	\$2,681.81	\$2,956.41	\$2,794.24	\$3,156.73	\$3,578.08	\$3,970.59	\$4,150.09	7.5%	10.3%
Male	\$1,971.99	\$2,112.42	\$2,179.03	\$2,273.40	\$2,571.40	\$3,017.92	\$3,145.58	8.1%	-13.2%
Unknown	\$22,763.68	\$20,055.83	\$37,129.97	\$39,786.04	\$2,152.40	\$8,255.26	\$10,944.85	-11.5%	50.9%
Total*	\$2,674.68	\$2,876.92	\$3,061.05	\$3,257.53	\$3,172.74	\$3,675.22	\$3,868.57	6.3%	3.4%

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

SOUTHERN REGION MEDICAID PROFILE

ADDITIONAL STATE HEALTH CARE INFORMATION

Sources: "Major Health Care Policies: 50 State Profiles 2002", Health Policy Tracking Service, January, 2003; and "Medicaid Services State by State", CMS, October 2002.

*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 66 of 67 counties. This program is no longer a waiver and has been added to the Medicaid State plan for FY 04.

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

- Mental Retardation/Developmental Disabilities: Serves 4,651 people, operating since October 1, 1980.
- Aged and Disabled: Serves 6,316 people, operating since October 1, 1984.
- Physical Disabilities: Serves 463 people, operating since April 1, 1992.

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.
- In 1998, Alabama implemented a program to pay for non-emergency transportation (due to judicial intervention); payments are made through a voucher system.
- Enacted legislation in 2000 that requires Medicaid to provide coverage for breast reconstructive surgery following a medically necessary mastectomy.
- Enacted legislation in 2001 that requires Medicaid to provide coverage to women that have been screened and diagnosed with breast or cervical cancer (Federally mandated by the Breast and Cervical Cancer Prevention and Treatment Act of 2000).
- No major program changes in 2002.

SOUTHERN REGION MEDICAID PROFILE

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

- CHIP in Alabama is administered by the Alabama Department of Public Health. Phase I, approved by HCFA on January 30, 1998, is an expansion of Medicaid to cover children/adolescents through age 18 in families with incomes up to 100% of the FPL. The state had enrolled 20,000 new eligibles by September of 2000.
- Phase II (AL-Kids), approved by HCFA on August 18, 1998, is a separate state children's health insurance plan to cover children/adolescents up to age 19 in families with incomes up to 200% of the FPL. The state had enrolled a total of 83,359 new children as of September of 2002.
- AL-Kids Plus, approved on September 28, 1999, provides a supplementary set of services for children with special health care needs.
- AL-Kids Plus received CMS approval of a third plan amendment on December 21, 2001 that modified some eligibility and cost sharing criteria.
- For families with incomes up to 150% of the FPL, there are no cost sharing obligations.
- Families with incomes between 150% and 200% of the FPL, the premium can be paid annually at \$50 per child/adolescent, or monthly at \$6 per child/adolescent for 10 months (\$60 annual total).
- There are no copayments for preventive services, well-baby care, immunizations, and physical examinations.

•Other cost sharing provisions include:

\$3 co-payment for brand name prescriptive drugs

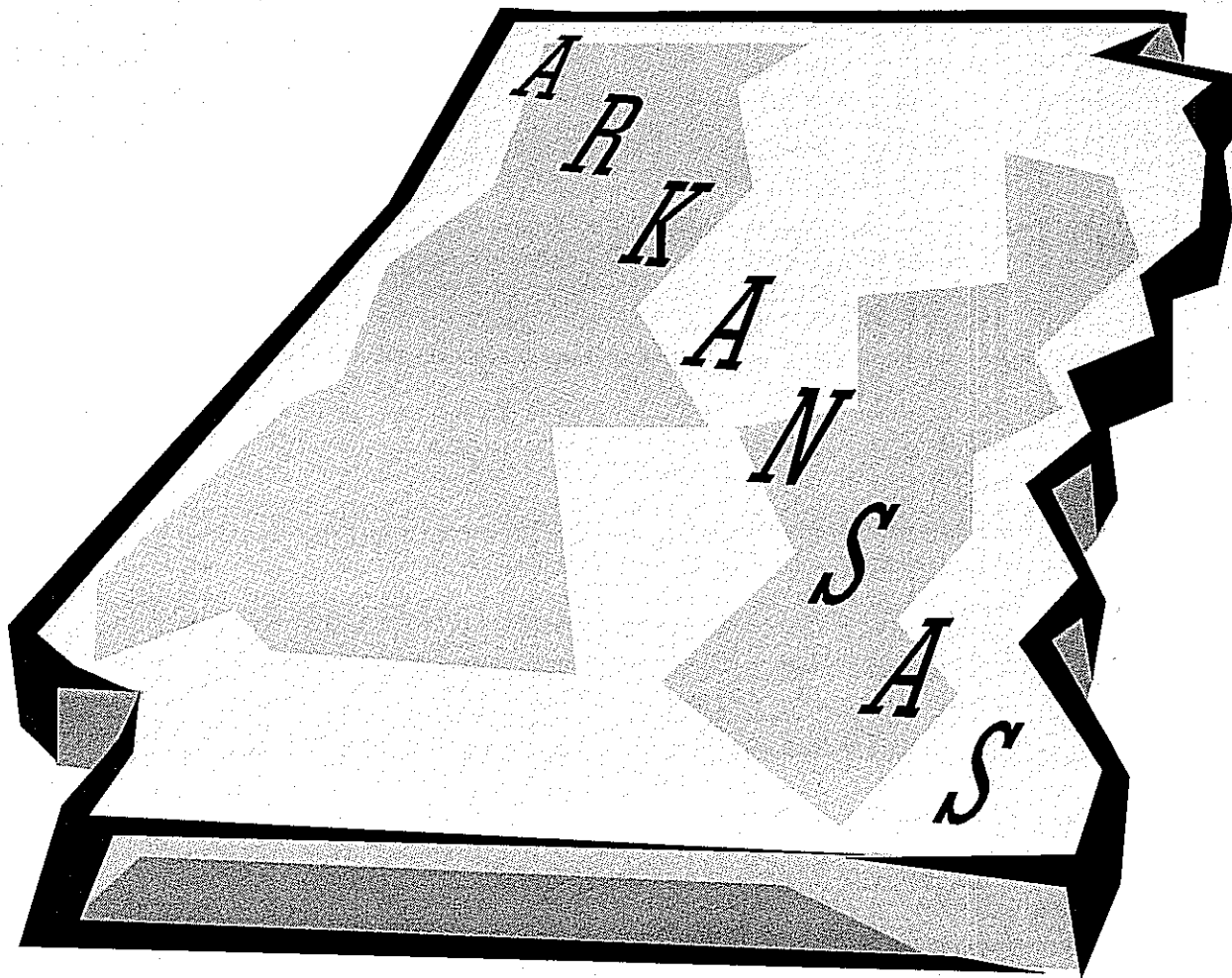
\$1 co-payment for generic prescriptive drugs

\$5 co-payment for inpatient hospital care, physician visits, emergency services, urgent care, inpatient chemical dependency care, and dental services

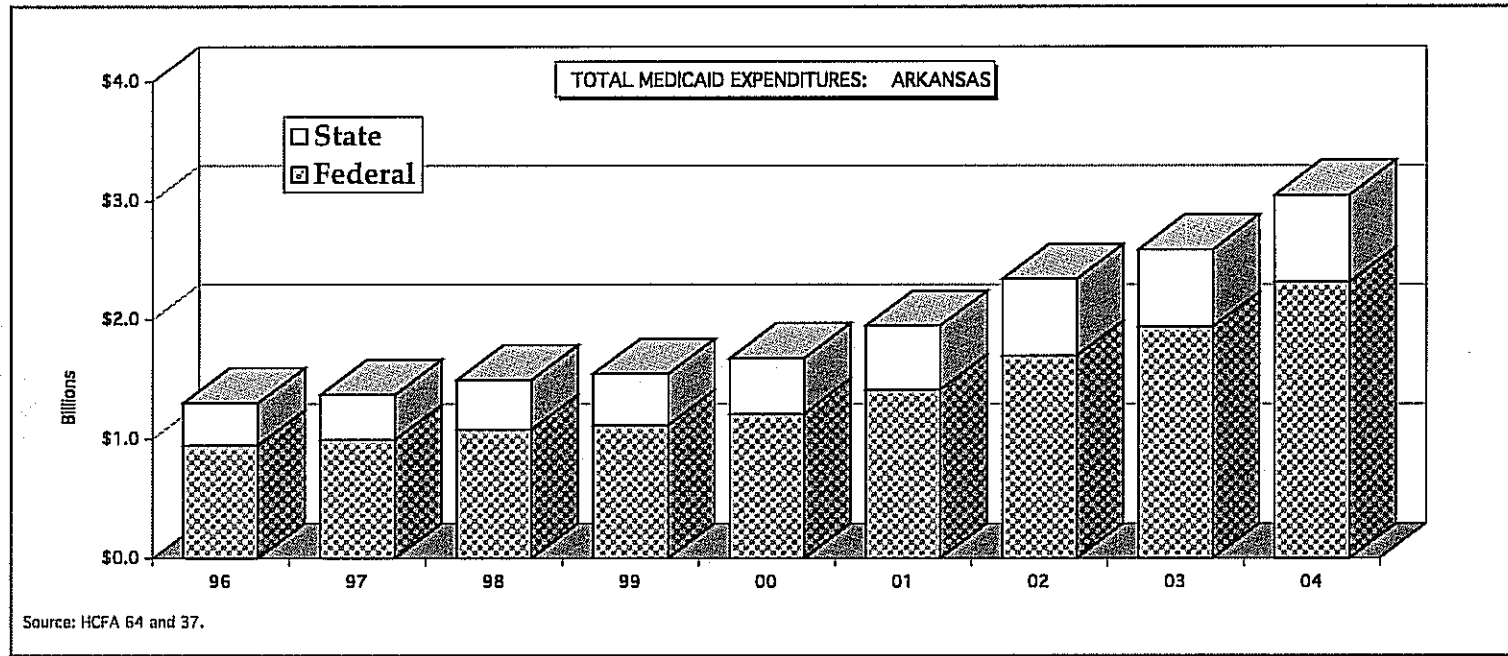
Tobacco Settlement

- Information related to the use of Tobacco Settlement proceeds has been eliminated at the state's request.

STATE MEDICAID PROFILE



SOUTHERN REGION MEDICAID PROFILE



THIS IS A PRELIMINARY DRAFT OF THE FFY 02 MEDICAID COMPARATIVE DATA REPORT. REVISIONS WILL BE REQUIRED PRIOR TO PUBLISHING THE FINAL DOCUMENT. SEE NOTE ON THE FIRST PAGE OF THE REPORT.

	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	FFY 01	FFY 02*	FFY 03**	FFY 04**	Annual Rate of Change	Total Change 96-04
Medicaid Payments	\$1,243,068,403	\$1,302,627,000	\$1,407,017,402	\$1,460,724,048	\$1,581,361,881	\$1,854,913,659	\$2,239,645,980	\$2,410,140,379	\$2,880,194,752	11.1%	131.7%
Federal Share	\$915,615,280	\$955,084,000	\$1,025,895,613	\$1,066,890,276	\$1,156,198,568	\$1,356,367,805	\$1,631,630,198	\$1,832,658,942	\$2,220,803,224	11.7%	142.5%
State Share	\$327,453,123	\$347,543,000	\$381,121,789	\$393,833,772	\$425,163,313	\$498,545,854	\$608,015,782	\$577,481,437	\$659,391,528	9.1%	101.4%
Administrative Costs	\$57,576,753	\$67,083,092	\$86,229,103	\$84,855,266	\$94,524,637	\$95,198,228	\$103,472,005	\$178,727,000	\$167,011,000	14.2%	190.1%
Federal Share	\$32,744,192	\$38,908,941	\$51,779,665	\$49,839,110	\$56,421,645	\$56,886,002	\$63,699,995	\$107,485,000	\$95,715,000	14.3%	192.3%
State Share	\$24,832,561	\$28,174,151	\$34,449,438	\$35,016,156	\$38,102,992	\$38,312,226	\$39,772,010	\$71,242,000	\$71,296,000	14.1%	187.1%
Admin. Costs as % of Payments	4.63%	5.15%	6.13%	5.81%	5.98%	5.13%	4.62%	7.42%	5.80%		
Federal Match Rate*	73.75%	73.61%	73.29%	72.84%	72.96%	73.02%	72.64%	74.28%	74.67%		

*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 03 and 04 reflect latest estimates reported by each state (CMS 37).

SOUTHERN REGION MEDICAID PROFILE

STATE FINANCING

	Payments		Administration	
	FFY 96	FFY 02	FFY 96	FFY 02
State General Fund	\$327,453,123	\$555,067,782	\$24,832,561	\$39,772,010
Local Funds	\$0	\$0	\$0	\$0
Provider Taxes	\$0	\$52,044,491	\$0	\$0
Donations*	\$0	\$903,509	\$0	\$0
Other	\$0	\$0	\$0	\$0
Total State Share	\$327,453,123	\$608,015,782	\$24,832,561	\$39,772,010

*Permissible donations from Outstationed Eligibility Workers Programs.

Provider Taxes Currently in Place (FFY 02)	
Tax Rate	Amount
Quality Assurance Fee effective 01/12/01 on Nursing Facilities.	\$52,044,491
Total	\$52,044,491

DISPROPORTIONATE SHARE HOSPITAL (DSH) PAYMENTS

	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	FFY 01	FFY 02*	FFY 03**	FFY 04**	Annual Change
General Hospitals	\$3,303,456	\$29,722,194	\$1,189,520	\$2,992,782	\$2,256,113	\$21,865,252	\$14,529,026	\$30,329,755	\$28,000,000	69.3%
Mental Hospitals	\$291,164	\$0	\$466,593	\$259,500	\$489,254	\$862,932	\$0	\$638,035	\$500,000	1.2%
Total	\$3,594,620	\$29,722,194	\$1,656,113	\$3,252,282	\$2,745,367	\$22,728,184	\$14,529,026	\$30,967,790	\$28,500,000	60.7%

SELECTED ELIGIBILITY CRITERIA

	At 10/1/02	% of FPL*
TANF-Temporary Assistance for Needy Families (Family of 3)		
Income Eligibility Standard	\$223	17.5%
Payment Standard	\$204	16.0%
Maximum Payment	\$204	16.0%
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		133.0%
Children 1 to 5		133.0%
Children 6 to 18		100.0%
SSI Eligibility Levels		
Income:		
Single Person	\$512	68.4%
Couple	\$769	76.1%
Resources:		
Single Person	\$2,000	
Couple	\$3,000	

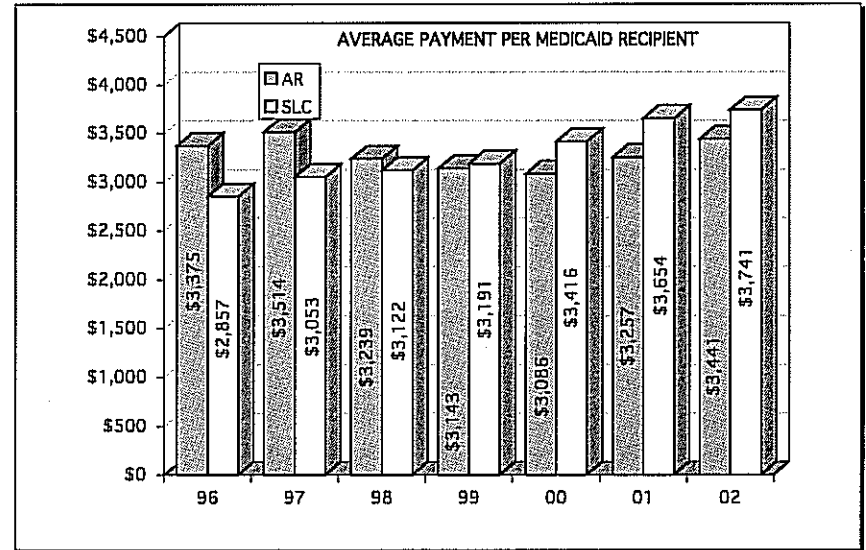
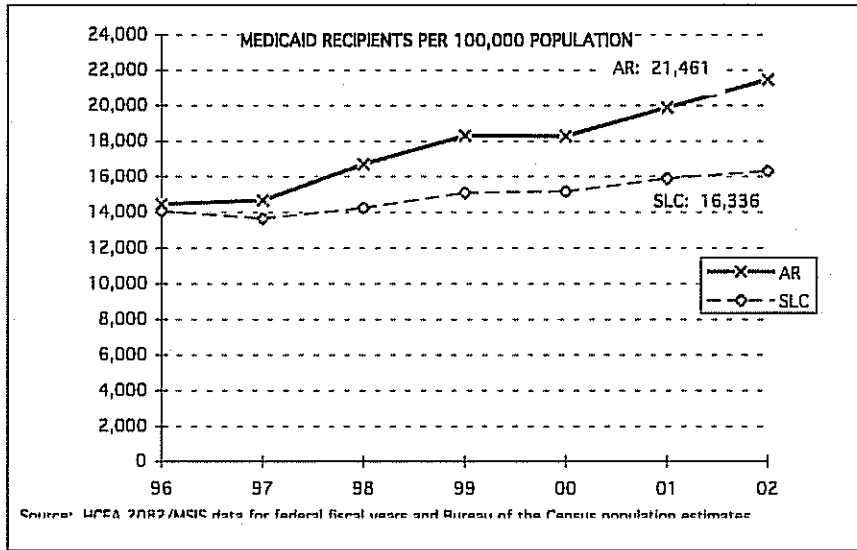
DEMOGRAPHIC DATA & POVERTY INDICATORS (2002)

		Rank in U.S.
State population—July 1, 2002*	2,710,079	33
Per capita personal income**	\$22,887	48
Median household income**	\$33,339	45
Population below Federal Poverty Level on July 1, 2001*	441,743	
Percent of total state population	16.3%	4
Population without health insurance coverage*	436,323	30
Percent of total state population	16.1%	10
Recipients of Food Stamps***	283,909	25
Households receiving Food Stamps***	113,238	26
Total value of issuance***	\$264,534,345	25
Average monthly benefit per recipient	\$77.65	19
Average monthly benefit per household	\$194.67	
Monthly recipients of Temporary Assistance to Needy Families (TANF)****	26,606	38
Total TANF payments****	\$47,207,426	37
Average monthly payment per recipient	\$115.37	32
Maximum monthly payment per family of 3	\$204.00	44

*Current federal poverty level is \$8,980 per year for a single person, \$12,120 for a family of two and \$15,260 for a family of three. Table above shows monthly income levels.

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

SOUTHERN REGION MEDICAID PROFILE



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

<u>RECIPIENTS BY TYPE OF SERVICES</u>	<u>FFY 96</u>	<u>FFY 97</u>	<u>FFY 98</u>	<u>FFY 99</u>	<u>FFY 00</u>	<u>FFY 01</u>	<u>FFY 02</u>	<u>Annual Change</u>
01. General Hospital	72,257	72,761	72,883	74,858	72,791	82,512	84,745	2.7%
02. Mental Hospital	2,645	3,093	3,146	3,427	2,912	4,082	5,512	13.0%
03. Skilled and Intermediate (non-MR) Care Nursing	21,745	21,722	21,486	20,815	20,350	20,725	20,658	-0.9%
04. Intermediate Care for Mentally Retarded	1,882	1,898	1,867	1,842	1,842	1,834	1,809	-0.7%
05. Physician Services	263,458	260,782	271,538	291,717	339,780	378,322	411,601	7.7%
06. Dental Services	51,473	51,012	37,433	61,045	67,765	80,234	96,539	11.1%
07. Other Practitioners	71,465	74,150	77,588	83,444	108,683	119,316	129,792	10.5%
08. Outpatient Hospital	158,456	155,223	160,321	175,975	179,151	205,262	225,992	6.1%
09. Clinic Services	75,841	77,550	80,534	49,275	147,131	180,855	186,387	16.2%
10. Lab and X-Ray	119,257	121,022	120,126	127,064	135,454	142,346	164,723	5.5%
11. Home Health	22,379	23,728	9,966	10,379	8,753	8,357	7,867	-16.0%
12. Prescribed Drugs	255,211	254,079	262,907	277,809	290,749	322,423	356,060	5.7%
13. Family Planning	19,667	16,832	50,089	65,151	2,878	21,011	23,128	2.7%
14. Early & Periodic Screening, Diagnosis & Treatment	84,486	83,487	100,589	113,839	0	104,471	110,187	4.5%
15. Other Care	266,878	285,011	100,502	134,344	52,087	147,103	166,386	-7.6%
16. Personal Care Support Services	0	0	30,524	18,403	40,452	41,857	45,847	10.7%
17. Home/Community Based Waiver Services	1	14	9,369	9,923	0	0	0	-100.0%
18. Prepaid Health Care	0	0	244,768	327,274	335,048	318,138	425,805	14.8%
19. Primary Care Case Management (PCCM) Services	0	0	243,266	259,949	404,371	326,818	363,993	10.6%
Total*	362,635	370,386	424,727	467,716	489,325	535,798	581,606	8.2%

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

SOUTHERN REGION MEDICAID PROFILE

<u>PAYMENTS BY TYPE OF SERVICES</u>	<u>FFY 96</u>	<u>FFY 97</u>	<u>FFY 98</u>	<u>FFY 99</u>	<u>FFY 00</u>	<u>FFY 01</u>	<u>FFY 02</u>	<u>Annual Change</u>	<u>Share of Total FFY 02</u>
01. General Hospital	\$167,910,134	\$178,022,346	\$178,532,888	\$174,302,838	\$181,602,682	\$212,444,114	\$233,756,777	5.7%	11.7%
02. Mental Hospital	\$47,235,015	\$47,058,129	\$54,470,602	\$51,552,471	\$41,875,551	\$68,306,937	\$87,944,979	10.9%	4.4%
03. Skilled and Intermediate (non-MR) Care Nursing	\$295,537,244	\$304,806,335	\$300,012,732	\$297,726,435	\$285,612,665	\$346,724,933	\$411,569,354	5.7%	20.6%
04. Intermediate Care for Mentally Retarded	\$104,870,985	\$106,224,955	\$108,852,817	\$117,053,764	\$87,918,928	\$115,767,505	\$120,065,393	2.3%	6.0%
05. Physician Services	\$117,986,530	\$119,369,382	\$120,802,774	\$121,343,628	\$154,582,481	\$152,211,835	\$174,852,040	6.8%	8.7%
06. Dental Services	\$8,901,872	\$8,973,855	\$7,789,946	\$13,574,698	\$16,275,309	\$19,725,436	\$24,351,586	18.3%	1.2%
07. Other Practitioners	\$15,138,697	\$16,634,125	\$7,022,549	\$7,351,221	\$12,578,431	\$13,775,718	\$15,259,350	0.1%	0.8%
08. Outpatient Hospital	\$32,644,267	\$34,958,826	\$37,099,507	\$43,804,138	\$47,716,392	\$51,494,608	\$61,635,174	11.2%	3.1%
09. Clinic Services	\$101,577,032	\$112,660,243	\$128,802,658	\$135,575,884	\$166,264,401	\$207,583,916	\$240,911,804	15.5%	12.0%
10. Lab and X-Ray	\$11,058,661	\$10,924,377	\$11,348,972	\$11,034,906	\$12,605,188	\$13,671,797	\$17,313,698	7.8%	0.9%
11. Home Health	\$67,335,339	\$73,575,143	\$13,985,570	\$18,588,833	\$11,880,729	\$11,355,708	\$10,471,199	-26.7%	0.5%
12. Prescribed Drugs	\$115,070,827	\$135,757,334	\$150,891,615	\$183,226,701	\$209,933,612	\$247,976,202	\$279,879,349	16.0%	14.0%
13. Family Planning	\$2,062,953	\$1,853,557	\$8,389,414	\$12,287,482	\$1,323,208	\$3,485,172	\$3,948,344	11.4%	0.2%
14. Early & Periodic Screening, Diagnosis & Treatment	\$17,438,495	\$20,919,649	\$55,748,372	\$62,574,485	\$0	\$52,289,615	\$61,468,942	23.4%	3.1%
15. Other Care	\$119,071,068	\$129,240,501	\$54,129,482	\$88,554,496	\$119,530,281	\$120,502,873	\$144,670,913	3.3%	7.2%
16. Personal Care Support Services	\$0	\$0	\$84,465,101	\$61,907,335	\$124,680,340	\$87,400,272	\$92,160,438	2.2%	4.6%
17. Home/Community Based Waiver Services	\$85	\$614,998	\$43,604,265	\$53,135,928	\$0	\$0	\$0	-100.0%	0.0%
18. Prepaid Health Care	\$0	\$0	\$4,359,975	\$9,908,138	\$0	\$11,755,428	\$11,479,717	27.4%	0.6%
19. Primary Care Case Management (PCCM) Services	\$0	\$0	\$5,488,182	\$6,300,624	\$35,699,644	\$8,718,295	\$9,545,124	14.8%	0.5%
Total (excludes DSH pymts, pharmacy rebates, & other adjs.)	\$1,223,839,204	\$1,301,593,755	\$1,375,797,421	\$1,469,804,005	\$1,510,079,842	\$1,745,190,363	\$2,001,284,181	8.5%	100.0%

AVERAGE PAYMENTS PER RECIPIENT BY TYPE OF SERVICES

								(+) or (-) SLIC	
								Avg. FFY 02	
01. General Hospital	\$2,323.79	\$2,446.67	\$2,449.58	\$2,328.45	\$2,494.85	\$2,574.71	\$2,758.35	2.9%	-38.0%
02. Mental Hospital	\$17,858.23	\$15,214.40	\$17,314.24	\$15,043.03	\$14,380.34	\$16,733.69	\$15,955.18	-1.9%	106.7%
03. Skilled and Intermediate (non-MR) Care Nursing	\$13,591.04	\$14,032.15	\$13,963.17	\$14,303.46	\$14,035.02	\$16,729.79	\$19,923.00	6.6%	-2.5%
04. Intermediate Care for Mentally Retarded	\$55,723.16	\$55,966.78	\$58,303.60	\$63,547.10	\$47,730.15	\$63,122.96	\$66,371.14	3.0%	-9.8%
05. Physician Services	\$447.84	\$457.74	\$444.88	\$415.96	\$454.95	\$402.33	\$424.81	-0.9%	-8.7%
06. Dental Services	\$172.94	\$175.92	\$208.10	\$222.37	\$240.17	\$245.85	\$252.25	6.5%	-10.7%
07. Other Practitioners	\$211.83	\$224.33	\$90.51	\$88.10	\$115.74	\$115.46	\$117.57	-9.3%	-62.9%
08. Outpatient Hospital	\$206.01	\$225.22	\$231.41	\$248.92	\$266.35	\$250.87	\$272.73	4.8%	-49.6%
09. Clinic Services	\$1,339.34	\$1,452.74	\$1,599.36	\$2,751.41	\$1,130.04	\$1,147.79	\$1,292.54	-0.6%	89.0%
10. Lab and X-Ray	\$92.73	\$90.27	\$94.48	\$86.85	\$93.06	\$96.05	\$105.11	2.1%	1.5%
11. Home Health	\$3,008.86	\$3,100.77	\$1,403.33	\$1,791.00	\$1,357.33	\$1,358.83	\$1,331.03	-12.7%	-57.6%
12. Prescribed Drugs	\$450.89	\$534.31	\$573.94	\$659.54	\$722.04	\$769.10	\$786.05	9.7%	-28.2%
13. Family Planning	\$104.89	\$110.12	\$167.49	\$188.60	\$459.77	\$165.87	\$170.72	8.5%	-55.4%
14. Early & Periodic Screening, Diagnosis & Treatment	\$206.41	\$250.57	\$554.22	\$549.68	\$0.00	\$500.52	\$557.86	18.0%	429.5%
15. Other Care	\$446.16	\$453.46	\$538.59	\$659.16	\$2,294.82	\$819.17	\$869.49	11.8%	-51.2%
16. Personal Care Support Services	\$0.00	\$0.00	\$2,767.17	\$3,363.98	\$3,082.18	\$2,088.07	\$2,010.17	-7.7%	8.6%
17. Home/Community Based Waiver Services	\$85.00	\$43,928.43	\$4,654.10	\$5,354.82	\$0.00	\$0.00	\$0.00	-100.0%	-100.0%
18. Prepaid Health Care	\$0.00	\$0.00	\$17.81	\$30.27	\$0.00	\$36.95	\$26.96	10.9%	-98.4%
19. Primary Care Case Management (PCCM) Services	\$0.00	\$0.00	\$22.56	\$24.24	\$88.28	\$26.68	\$26.22	3.8%	-66.8%
Total (Average)	\$3,374.85	\$3,514.15	\$3,239.25	\$3,142.51	\$3,086.05	\$3,257.18	\$3,440.96	0.3%	-8.0%

TOTAL PER CAPITA EXPENDITURES	\$518.95	\$542.85	\$588.29	\$605.78	\$626.87	\$724.39	\$864.59	8.9%	12.7%
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DATA BY OTHER CHARACTERISTICS

ARKANSAS

SOUTHERN REGION MEDICAID PROFILE

RECIPIENTS BY OTHER CHARACTERISTICS

	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	FFY 01	FFY 02	Annual Change	Share of Total FFY 02
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	182,512	181,216	157,450	67,771	148,933	150,728	160,829	-2.1%	27.7%
Poverty Related Eligibles	48,679	106,462	162,638	229,270	238,416	184,207	235,568	30.1%	40.5%
Medically Needy	36,126	24,396	33,542	119,021	25,630	25,640	14,797	-13.8%	2.5%
Other Eligibles	91,616	54,633	63,045	51,654	51,106	58,775	59,041	-7.1%	10.2%
Maintenance Assistance Status Unknown	3,702	3,679	8,052	0	25,240	116,448	111,371	76.4%	19.1%
Total	362,635	370,386	424,727	467,716	489,325	535,798	581,606	8.2%	100.0%
By Basis of Eligibility									
Aged, Blind, or Disabled	144,034	144,429	147,253	154,490	146,401	157,370	157,912	1.5%	27.2%
Children	124,634	98,140	179,405	238,449	223,522	212,207	258,698	12.9%	44.5%
Foster Care Children	33,970	3,720	4,994	5,675	5,427	6,287	6,936	-23.3%	1.2%
Adults	56,295	120,418	85,023	69,102	88,735	43,482	46,686	-3.1%	8.0%
Basis of Eligibility Unknown	3,702	3,679	8,052	0	25,240	116,452	111,374	76.4%	19.1%
Total	362,635	370,386	424,727	467,716	489,325	535,798	581,606	8.2%	100.0%
By Age									
Under Age 1	15,583	15,656	16,248	16,353	16,635	18,236	19,999	4.2%	3.4%
Age 1 to 5	71,121	72,343	77,228	83,910	83,088	100,503	111,186	7.7%	19.1%
Age 6 to 14	70,723	75,862	93,906	107,960	112,727	134,051	153,335	13.8%	26.4%
Age 15 to 20	33,444	33,963	48,658	59,769	61,727	72,753	81,206	15.9%	14.0%
Age 21 to 44	72,628	73,727	88,600	98,225	94,261	104,903	110,957	7.3%	19.1%
Age 45 to 64	31,798	32,938	34,820	37,297	36,216	41,175	43,325	5.3%	7.4%
Age 65 to 74	21,985	21,693	21,708	21,746	20,740	21,760	20,789	-0.9%	3.6%
Age 75 to 84	23,904	23,318	22,996	22,967	21,383	23,062	22,178	-1.2%	3.8%
Age 85 and Over	19,481	19,420	19,644	19,489	17,320	19,355	18,631	-0.7%	3.2%
Age Unknown	1,968	1,466	919	0	25,228	0	0	-100.0%	0.0%
Total	362,635	370,386	424,727	467,716	489,325	535,798	581,606	8.2%	100.0%
By Race									
White	215,381	221,553	257,363	284,370	296,433	326,937	353,884	8.6%	60.8%
Black	124,919	126,060	141,972	154,611	162,127	172,799	184,594	6.7%	31.7%
Hispanic, American Indian or Asian	4,505	5,566	7,145	9,025	10,663	14,842	20,720	29.0%	3.6%
Other/Unknown	17,830	17,207	18,247	19,710	20,102	21,220	22,408	3.9%	3.9%
Total*	362,635	370,386	424,727	467,716	489,325	535,798	581,606	8.2%	100.0%
By Sex									
Female	225,181	229,053	266,608	293,446	304,454	328,776	352,282	7.7%	60.6%
Male	135,413	139,784	157,095	174,156	184,750	206,866	229,090	9.2%	39.4%
Unknown	2,041	1,549	1,024	114	122	156	234	-30.3%	0.0%
Total*	362,635	370,386	424,727	467,716	489,325	535,798	581,606	8.2%	100.0%

*FFY 02 projected using FFY 96-FFY 01 trends, State Annual report, and state submitted data (SEE "Important Note" prior to table of contents).

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

SOUTHERN REGION MEDICAID PROFILE

PAYMENTS BY OTHER CHARACTERISTICS

	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	FFY 01	FFY 02	Annual Change	Share of Total FFY 02
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	\$586,510,112	\$647,577,765	\$713,252,376	\$583,031,090	\$666,324,196	\$735,077,144	\$821,092,916	5.8%	41.0%
Poverty Related Eligibles	\$452,970,468	\$158,694,341	\$223,104,306	\$232,775,558	\$253,301,116	\$248,068,488	\$346,533,100	-4.4%	17.3%
Medically Needy	\$75,179,623	\$52,436,452	\$79,146,711	\$133,227,363	\$57,701,019	\$63,689,959	\$46,371,147	-7.7%	2.3%
Other Eligibles	\$100,204,667	\$495,044,115	\$596,207,736	\$520,769,994	\$518,240,326	\$627,828,688	\$715,255,691	38.8%	35.7%
Maintenance Assistance Status Unknown	\$8,974,334	(\$52,158,918)	(\$235,913,708)	\$0	\$14,513,185	\$70,526,084	\$72,031,327	n/a	3.6%
Total	\$1,223,839,204	\$1,301,593,755	\$1,375,797,421	\$1,469,804,005	\$1,510,079,842	\$1,745,190,363	\$2,001,284,181	8.5%	100.0%
By Basis of Eligibility									
Aged, Blind or Disabled	\$932,432,480	\$1,045,833,377	\$1,221,201,053	\$1,092,312,196	\$1,107,973,513	\$1,272,607,858	\$1,425,140,063	7.3%	71.2%
Children	\$119,728,789	\$132,652,261	\$262,322,716	\$274,639,721	\$262,785,694	\$294,514,740	\$376,832,033	21.1%	18.8%
Foster Care Children	\$91,868,256	\$23,617,550	\$28,862,820	\$31,604,090	\$29,752,919	\$38,888,419	\$45,564,122	-11.0%	2.3%
Adults	\$70,835,345	\$151,649,485	\$99,324,540	\$71,247,998	\$95,054,531	\$68,638,341	\$81,710,777	2.4%	4.1%
Basis of Eligibility Unknown	\$8,974,334	(\$52,158,918)	(\$235,913,708)	\$0	\$14,513,185	\$70,541,005	\$72,037,186	n/a	3.6%
Total	\$1,223,839,204	\$1,301,593,755	\$1,375,797,421	\$1,469,804,005	\$1,510,079,842	\$1,745,190,363	\$2,001,284,181	8.5%	100.0%
By Age									
Under Age 1	\$49,434,512	\$52,940,599	\$69,985,612	\$55,521,032	\$60,788,955	\$72,340,729	\$80,286,522	8.4%	4.0%
Age 1 to 5	\$121,769,566	\$132,595,375	\$170,587,004	\$165,362,358	\$170,247,526	\$196,548,847	\$224,120,406	10.7%	11.2%
Age 6 to 14	\$116,357,580	\$124,677,872	\$157,649,124	\$157,385,935	\$160,226,061	\$205,284,295	\$249,556,847	13.6%	12.5%
Age 15 to 20	\$94,096,091	\$96,555,370	\$121,005,431	\$112,975,273	\$116,714,456	\$142,517,412	\$181,624,235	11.6%	9.1%
Age 21 to 44	\$241,591,779	\$265,241,304	\$350,725,626	\$294,365,989	\$281,573,213	\$330,733,171	\$362,992,945	7.0%	18.1%
Age 45 to 64	\$161,752,417	\$200,004,257	\$239,447,900	\$219,951,594	\$225,192,388	\$267,295,350	\$308,256,998	11.3%	15.4%
Age 65 to 74	\$96,135,569	\$110,909,498	\$117,089,152	\$106,107,411	\$113,345,064	\$119,428,426	\$131,227,070	5.3%	6.6%
Age 75 to 84	\$159,722,700	\$178,342,427	\$181,078,028	\$164,862,704	\$172,546,148	\$190,914,781	\$213,874,550	5.0%	10.7%
Age 85 and Over	\$177,582,009	\$200,159,949	\$213,433,778	\$193,271,709	\$194,928,037	\$220,127,352	\$249,344,608	5.8%	12.5%
Age Unknown	\$5,396,981	(\$59,832,896)	(\$245,204,234)	\$0	\$14,517,994	\$0	\$0	n/a	0.0%
Total	\$1,223,839,204	\$1,301,593,755	\$1,375,797,421	\$1,469,804,005	\$1,510,079,842	\$1,745,190,363	\$2,001,284,181	8.5%	100.0%
By Race									
White	\$808,730,807	\$909,155,458	\$1,073,552,240	\$955,238,349	\$981,314,155	\$1,137,545,362	\$1,305,570,207	8.3%	65.2%
Black	\$320,347,612	\$350,607,983	\$425,077,863	\$384,171,520	\$390,814,103	\$439,464,492	\$499,477,618	7.7%	25.0%
Hispanic, American Indian or Asian	\$8,177,306	\$10,071,968	\$14,367,033	\$14,812,895	\$17,019,449	\$22,184,605	\$31,389,363	25.1%	1.6%
Other/Unknown	\$86,583,479	\$31,758,346	(\$137,199,715)	\$115,581,241	\$120,932,135	\$145,995,904	\$164,846,993	n/a	8.2%
Total*	\$1,223,839,204	\$1,301,593,755	\$1,375,797,421	\$1,469,804,005	\$1,510,079,842	\$1,745,190,363	\$2,001,284,181	8.5%	100.0%
By Sex									
Female	\$744,688,602	\$827,278,426	\$950,004,425	\$880,081,536	\$902,802,265	\$1,030,194,730	\$1,176,603,655	7.9%	58.8%
Male	\$473,435,673	\$533,821,173	\$670,651,186	\$589,230,685	\$606,807,796	\$714,565,511	\$824,133,799	9.7%	41.2%
Unknown	\$5,714,929	(\$59,505,844)	(\$244,858,190)	\$491,784	\$469,781	\$430,122	\$546,727	n/a	0.0%
Total*	\$1,223,839,204	\$1,301,593,755	\$1,375,797,421	\$1,469,804,005	\$1,510,079,842	\$1,745,190,363	\$2,001,284,181	8.5%	100.0%

*FFY 02 projected using FFY 96-FFY 01 trends, State Annual report, and state submitted data.

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

SOUTHERN REGION MEDICAID PROFILE

AVERAGE PAYMENT PER RECIPIENT BY OTHER CHARACTERISTICS

	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	FFY 01	FFY 02	Annual Change	Above (+) or Below (-) SLC Avg. FFY 02
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	\$3,213.54	\$3,573.51	\$4,530.02	\$8,602.96	\$4,473.99	\$4,876.85	\$5,105.38	8.0%	17.5%
Poverty Related Eligibles	\$9,305.25	\$1,490.62	\$1,371.78	\$1,015.29	\$1,062.43	\$1,346.68	\$1,471.05	-26.5%	-24.4%
Medically Needy	\$2,081.04	\$2,149.39	\$2,359.63	\$1,119.36	\$2,251.31	\$2,484.01	\$3,133.82	7.1%	-52.3%
Other Eligibles	\$1,093.75	\$9,061.27	\$9,456.86	\$10,081.89	\$10,140.50	\$10,681.90	\$12,114.56	49.3%	66.0%
Maintenance Assistance Status Unknown	\$2,424.19	(\$14,177.47)	(\$29,298.77)	\$0.00	\$575.01	\$605.64	\$646.77	n/a	-71.9%
Total	\$3,374.85	\$3,514.15	\$3,239.25	\$3,142.51	\$3,086.05	\$3,257.18	\$3,440.96	0.3%	-8.0%
By Basis of Eligibility									
Aged, Blind or Disabled	\$6,473.70	\$7,241.16	\$8,293.22	\$7,070.44	\$7,568.07	\$8,086.72	\$9,024.90	5.7%	-4.2%
Children	\$960.64	\$1,351.66	\$1,462.18	\$1,151.78	\$1,175.66	\$1,387.87	\$1,456.65	7.2%	13.5%
Foster Care Children	\$2,704.39	\$6,348.80	\$5,779.50	\$5,569.00	\$5,482.39	\$6,185.53	\$6,569.22	15.9%	21.0%
Adults	\$1,258.29	\$1,259.36	\$1,168.21	\$1,031.06	\$1,071.22	\$1,578.55	\$1,750.22	5.7%	-26.8%
Basis of Eligibility Unknown	\$2,424.19	(\$14,177.47)	(\$29,298.77)	\$0.00	\$575.01	\$605.75	\$646.80	n/a	-71.0%
Total	\$3,374.85	\$3,514.15	\$3,239.25	\$3,142.51	\$3,086.05	\$3,257.18	\$3,440.96	0.3%	-8.0%
By Age									
Under Age 1	\$3,172.34	\$3,381.49	\$4,307.34	\$3,395.16	\$3,654.28	\$3,966.92	\$4,014.53	4.0%	39.5%
Age 1 to 5	\$1,712.15	\$1,832.87	\$2,208.88	\$1,970.71	\$2,049.00	\$1,955.65	\$2,015.73	2.8%	46.5%
Age 6 to 14	\$1,645.26	\$1,643.48	\$1,678.80	\$1,457.82	\$1,421.36	\$1,531.39	\$1,627.53	-0.2%	8.9%
Age 15 to 20	\$2,813.54	\$2,842.96	\$2,486.86	\$1,890.20	\$1,890.82	\$1,958.92	\$2,236.59	-3.8%	-9.4%
Age 21 to 44	\$3,326.43	\$3,597.61	\$3,958.53	\$2,996.85	\$2,987.17	\$3,152.75	\$3,271.47	-0.3%	-26.1%
Age 45 to 64	\$5,086.87	\$6,072.14	\$6,876.73	\$5,897.30	\$6,218.04	\$6,491.69	\$7,114.99	5.8%	-14.0%
Age 65 to 74	\$4,372.78	\$5,112.69	\$5,393.82	\$4,879.40	\$5,465.05	\$5,488.44	\$6,312.33	6.3%	-2.3%
Age 75 to 84	\$6,681.84	\$7,648.27	\$7,874.33	\$7,178.24	\$8,069.31	\$8,278.33	\$9,643.55	6.3%	0.1%
Age 85 and Over	\$9,115.65	\$10,306.90	\$10,865.09	\$9,916.96	\$11,254.51	\$11,373.15	\$13,383.32	6.6%	-4.8%
Age Unknown	\$2,742.37	(\$40,813.71)	(\$266,816.36)	\$0.00	\$575.47	\$0.00	\$0.00	n/a	-100.0%
Total	\$3,374.85	\$3,514.15	\$3,239.25	\$3,142.51	\$3,086.05	\$3,257.18	\$3,440.96	0.3%	-8.0%
By Race									
White	\$3,754.88	\$4,103.56	\$4,171.35	\$3,359.14	\$3,310.41	\$3,479.40	\$3,689.26	-0.3%	-18.1%
Black	\$2,564.44	\$2,781.28	\$2,994.10	\$2,484.76	\$2,410.55	\$2,543.21	\$2,705.82	0.9%	-12.6%
Hispanic, American Indian or Asian	\$1,815.16	\$1,809.55	\$2,010.78	\$1,641.32	\$1,596.05	\$1,494.72	\$1,514.93	-3.0%	-35.4%
Other/ Unknown	\$4,856.06	\$1,845.66	(\$7,519.03)	\$5,864.09	\$6,016.00	\$6,880.11	\$7,356.61	n/a	47.1%
Total	\$3,374.85	\$3,514.15	\$3,239.25	\$3,142.51	\$3,086.05	\$3,257.18	\$3,440.96	0.3%	-8.0%
By Sex									
Female	\$3,307.07	\$3,611.73	\$3,563.30	\$2,999.13	\$2,965.32	\$3,133.42	\$3,339.95	0.2%	-11.2%
Male	\$3,496.24	\$3,818.90	\$4,269.08	\$3,383.35	\$3,284.49	\$3,454.24	\$3,597.42	0.5%	-0.7%
Unknown	\$2,800.06	(\$38,415.65)	(\$239,119.33)	\$4,313.89	\$3,865.03	\$2,757.19	\$2,336.44	n/a	-67.8%
Total	\$3,374.85	\$3,514.15	\$3,239.25	\$3,142.51	\$3,086.05	\$3,257.18	\$3,440.96	0.3%	-8.0%

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

SOUTHERN REGION MEDICAID PROFILE

ADDITIONAL STATE HEALTH CARE INFORMATION

Sources: "Major Health Care Policies: 50 State Profiles 2002", Health Policy Tracking Service, January, 2003; and "Medicaid Services State by State", CMS, October 2002.

*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 Medicare/Medicaid dual eligibles and recipients in a Nursing Facility or an Intermediate Care Facility for the Mentally Retarded, has been operating since February, 1994. Under this program, Medicaid recipients must select a primary care physician (PCP). Currently, 314,516 Medicaid recipients are enrolled in the PCP managed care program.
 - The Non-Emergency Transportation waiver is a statewide 1915(b)(4) selective contracting waiver. The State has contracts with a transportation broker in each region of the state. Medicaid recipients are required to arrange their non-emergency Medicaid transportation through their broker who is paid a capitated rate for qualified Medicaid recipients in their region. The waiver became effective March 1, 1998.
 - Women's Health formerly the Family Planning 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 200% of the federal poverty guidelines, implemented September 1, 1997, the income limit was increased from 133% to 200% effective 8/1/03.
 - ARKids First Waiver, under Section 1115 of the Social Security Act, which provides services for children 18 and under whose family incomes are at or below 200% of the federal poverty guidelines, implemented September 1, 1997. Co-payments/coinsurance are not required for well-health services but are required for other services.
 - IndependentChoices waiver is a Section 1115 demonstration, which increases the opportunity for consumer direction and control for Medicaid recipients receiving or needing personal care by offering a cash allowance and counseling services to self-direct their care rather than receiving traditional personal care services. Current eligibles 979 people. Implemented November 1, 1998.
- receiving or needing personal care by offering a cash allowance and counseling services to self-direct their care rather than receiving traditional personal care services. Implemented November 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:

- Developmental Disabilities: Current eligibles 2,602 people, operating since July 1, 1991.
- Aged and Disabled, ElderChoices: Current eligibles 5,478 people, operating since July 1, 1991.
- Home and Community Based Waiver, Alternatives for Adults with Physical Disabilities, which provides services to the physically disabled on SSI and other individuals in need of nursing home level of care, ages 21 through 64, current eligibles 1,110 people, implemented in July 1, 1997.

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.

SOUTHERN REGION MEDICAID PROFILE

Coverage for Targeted Population

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

Cost Containment Measures

- Certificate of Need Program since 1975. Regulates introduction or expansion of new institutional health care facilities and services.

Medicaid

- 30 optional services are offered.
- Enacted legislation in 2001 that requires Medicaid to provide coverage to women that have been screened and diagnosed with breast or cervical cancer (Federally mandated by the Breast and Cervical Cancer Prevention and Treatment Act of 2000--optional service category).
- Enacted legislation in 2001 that authorizes the Arkansas Department of Health to apply for a Medicaid waiver to provide for a limited pharmacy benefit for Medicare-eligible individuals who do not have prescription drug coverage.
- Under the pharmacy program, beneficiaries will be required to pay a \$25 annual fee and co-payments of \$10 for generic drugs and \$20 for name brands.
- Enacted additional legislation in 2001 relative to Medicaid eligibility as follows:
 1. Raises the Medicaid eligibility limit for individuals age 65 and older to \$4,000 for a single individual and \$6,000 for a married couple.
 2. Prohibits eligibility regulations for ARKids from including an assets or resource test for children or families of children age 18 or younger.

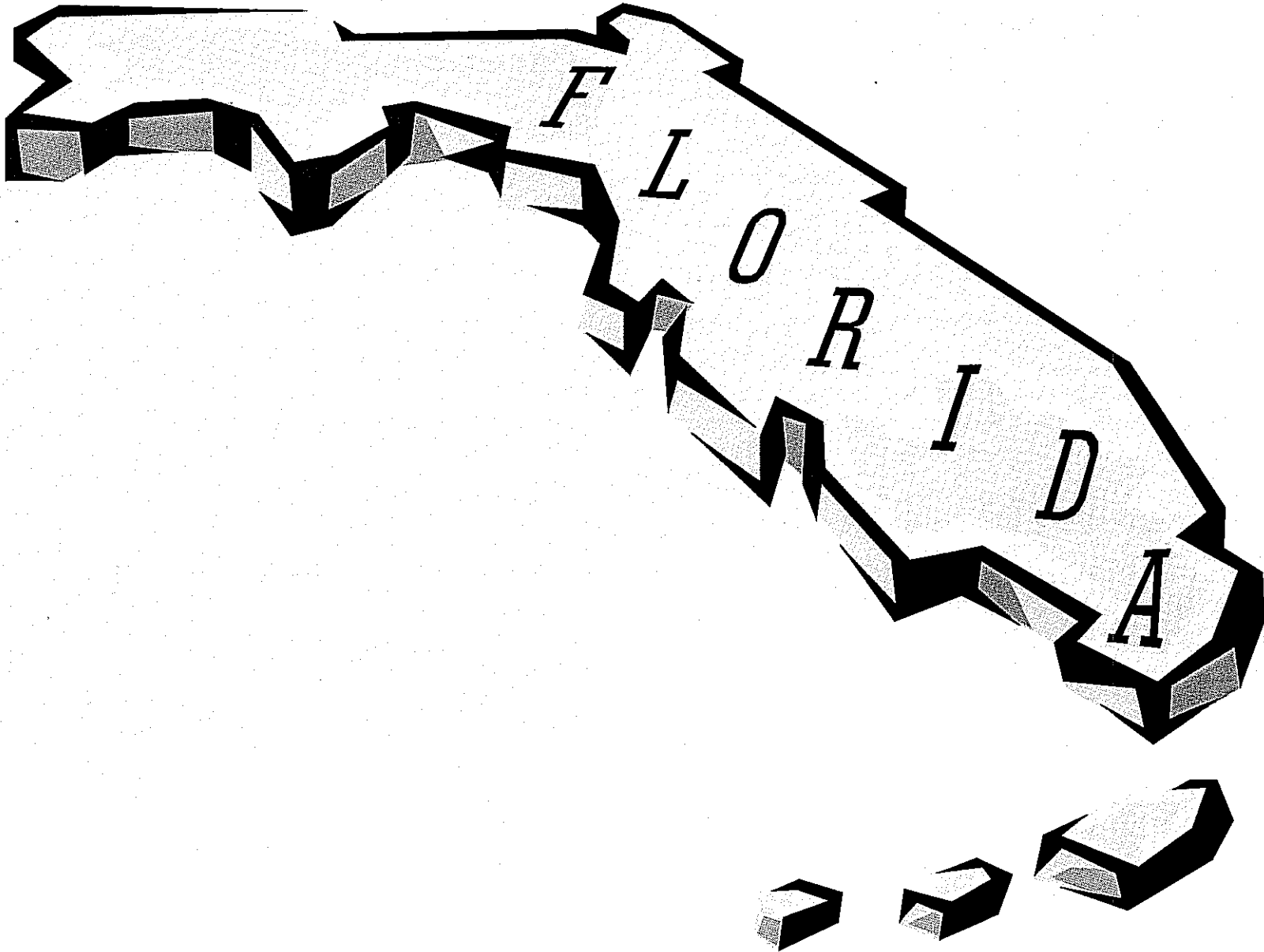
Children's Health Insurance Program: Medicaid Expansion

- The State has an SCHIP Medicaid expansion in place from 10/1/98 through 9/30/02. The Medicaid expansion covered children born after 9/30/82 and prior to 10/1/83 in families with incomes at or below 100% of the Federal Poverty Level.
- The State submitted a State Plan Amendment (SPA) for a separate state program on 12/4/98 to convert the funding for approximately one-third of the ARKids First benefit package to be SCHIP compliant. The modified benefit package provided an enhanced state employee plan with the following changes in the ARKids First benefit plan: 1) providing coverage for occupational and physical therapies, hospice care and skilled nursing care; and 2) eliminating co-payments for dental well health care. This SPA was approved 2/16/01 and provided health care coverage to approximately 10,000 children who had been eligible under ARKids.
- The State submitted a subsequent SPA on July 10, 2002 to revise the benefit package. Under the new state plan, ARKids First has expanded and will now offer two coverage options. ARKids A offers low-income families a comprehensive package of benefits. ARKids B provides coverage for families with higher incomes (up to 200% of the FPL. ARKids A and B require prior authorization for the services provided; ARKids B requires a \$10.00 co-payment for most services.

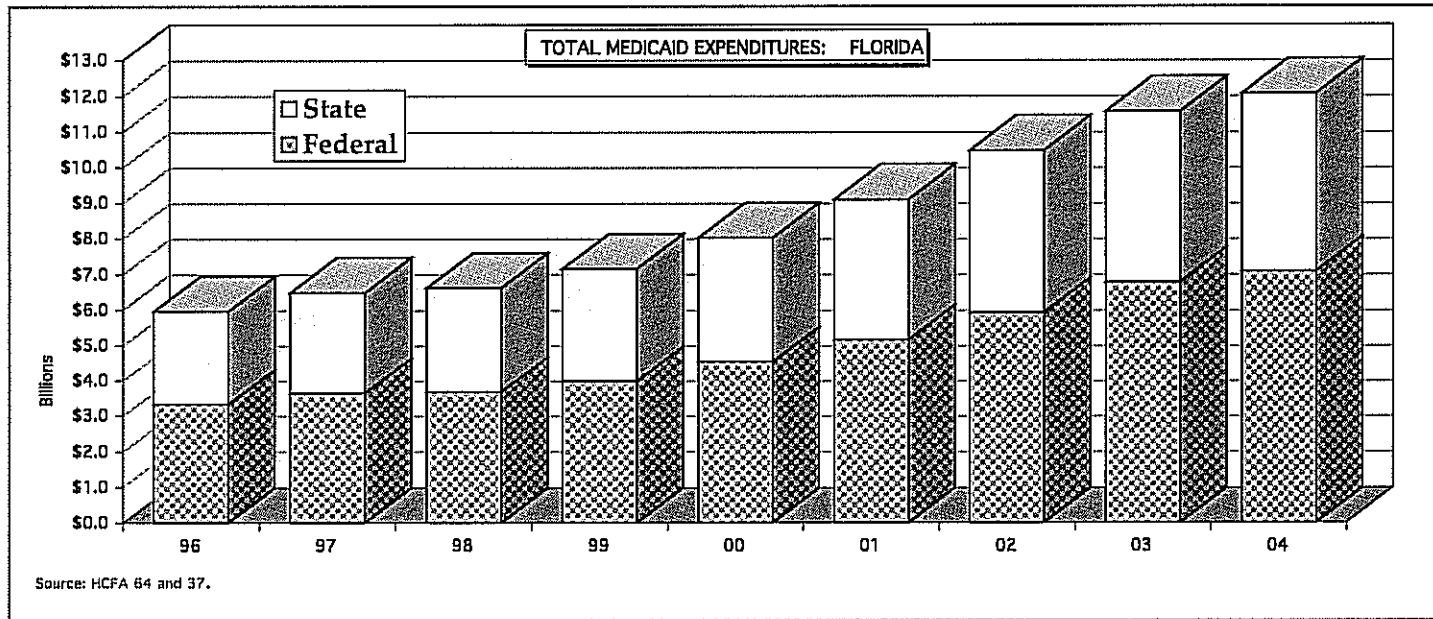
Tobacco Settlement

- Information related to the use of Tobacco Settlement proceeds has been eliminated at the state's request.

STATE MEDICAID PROFILE



SOUTHERN REGION MEDICAID PROFILE



THIS IS A PRELIMINARY DRAFT OF THE FFY 02 MEDICAID COMPARATIVE DATA REPORT. REVISIONS WILL BE REQUIRED PRIOR TO PUBLISHING THE FINAL DOCUMENT. SEE NOTE ON THE FIRST PAGE OF THE REPORT.

	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	FFY 01	FFY 02*	FFY 03**	FFY 04**	Annual Rate of Change	Total Change 96-04
Medicaid Payments	\$5,800,663,440	\$6,270,107,569	\$6,370,758,826	\$6,769,330,858	\$7,564,164,398	\$8,609,434,647	\$9,936,647,680	\$10,893,156,000	\$11,372,926,000	8.8%	96.1%
Federal Share	\$3,237,788,484	\$3,502,633,987	\$3,552,126,454	\$3,781,663,397	\$4,286,107,243	\$4,891,002,952	\$5,631,499,166	\$6,414,441,000	\$6,708,205,000	9.5%	107.2%
State Share	\$2,562,874,956	\$2,767,473,582	\$2,818,632,372	\$3,987,667,461	\$3,278,057,155	\$3,718,431,695	\$4,305,148,514	\$4,478,715,000	\$4,664,721,000	7.8%	82.0%
Administrative Costs	\$160,843,647	\$211,625,949	\$249,202,960	\$375,049,767	\$457,606,645	\$488,243,434	\$528,381,789	\$664,796,000	\$687,459,000	19.9%	327.4%
Federal Share	\$91,760,403	\$139,394,427	\$133,451,996	\$205,391,389	\$247,122,600	\$265,513,881	\$287,929,940	\$362,223,000	\$374,568,000	19.2%	308.2%
State Share	\$69,083,244	\$72,231,522	\$115,750,964	\$169,658,378	\$210,484,045	\$222,729,553	\$240,451,849	\$302,573,000	\$312,891,000	20.8%	352.9%
Admin. Costs as % of Payments	2.77%	3.38%	3.91%	5.54%	6.05%	5.67%	5.32%	6.10%	6.04%		
Federal Match Rate*	55.76%	55.79%	55.65%	55.82%	56.62%	56.62%	56.43%	58.83%	58.93%		

*Rate shown is for Medicaid payments only. The FMAP (Federal Medical Assistance Percentage) is based on the relationship between each state's per capita personal income and that of the nation as a whole for the three most recent years. Federal share of state administrative costs is usually 50 percent or 75 percent, depending on function and whether or not medical personnel are used. **Federal Fiscal Years 03 and 04 reflect latest estimates reported by each state (CMS 37).

SOUTHERN REGION MEDICAID PROFILE

STATE FINANCING	Payments		Administration	
	FFY 96	FFY 02	FFY 96	FFY 02
State General Fund	\$2,418,774,956	\$3,179,723,437	\$69,083,244	\$240,451,849
Local Funds	\$0	\$92,435,000	\$0	\$0
Provider Taxes	\$144,100,000	\$285,845,636	\$0	\$0
Donations*	\$0	\$0	\$0	\$0
Other**	\$0	\$747,144,441	\$0	\$0
Total State Share	\$2,562,874,956	\$4,305,148,514	\$69,083,244	\$240,451,849

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

**Other: Cigarette Tax, Tobacco Settlement, Interest

DISPROPORTIONATE SHARE HOSPITAL (DSH) PAYMENTS

	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	FFY 01	FFY 02*	FFY 03**	FFY 04**	Annual Change
General Hospitals	\$170,831,097	\$184,105,646	\$221,802,934	\$211,015,425	\$200,639,067	\$189,094,373	\$222,430,909	\$186,665,000	\$191,007,000	-2.5%
Mental Hospitals	\$169,060,227	\$181,687,357	\$148,951,110	\$149,714,985	\$147,845,588	\$149,714,986	\$148,287,275	\$89,385,000	\$91,464,000	-7.8%
Total	\$339,891,324	\$365,793,003	\$370,754,044	\$360,730,410	\$348,484,655	\$338,809,359	\$370,718,184	\$276,050,000	\$282,471,000	-4.4%

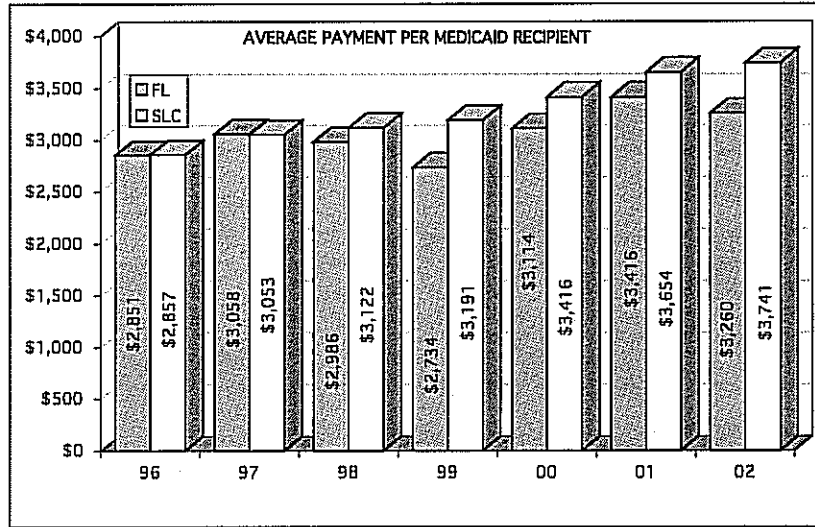
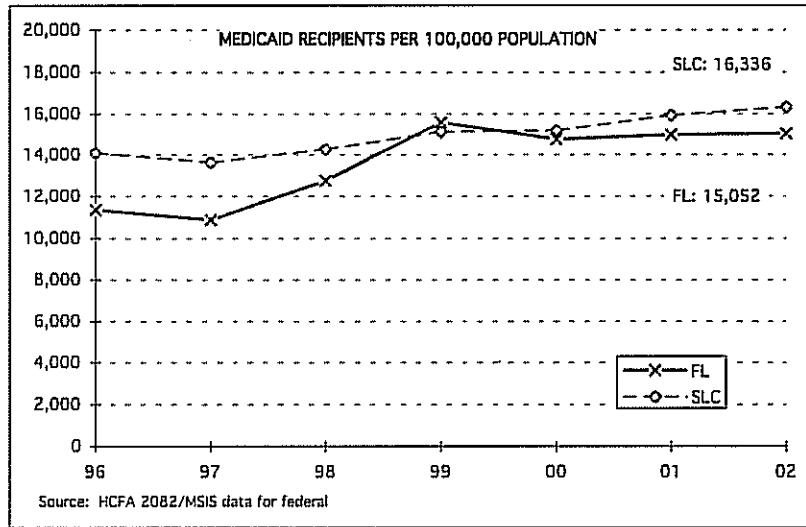
Provider Taxes Currently in Place (FFY 02)		
	Tax Rate	Amount
General Hospitals		\$285,722,154
Inpatient Services	1.5% of net operating revenue	
Outpatient Services	1.0% of net operating revenue	
Ambulatory surgical centers, clinical labs, diagnostic imaging centers	1.0% of net operating revenue	\$123,482
Total		\$285,845,636

SELECTED ELIGIBILITY CRITERIA				DEMOGRAPHIC DATA & POVERTY INDICATORS (2002)			
	At 10/1/02	% of FPL*				Rank in U.S.	
TANF-Temporary Assistance for Needy Families (Family of 3)				State population—July 1, 2002*	16,713,149	4	
Need Standard	\$1,180	92.8%		Per capita personal income**	\$28,947	22	
Payment Standard	\$198	15.6%		Median household income**	\$36,421	40	
Maximum Payment	\$303	23.8%					
Medically Needy Program (Family of 3)				Population below Federal Poverty Level on July 1, 2001*	2,005,578		
Income Eligibility Standard	\$303			Percent of total state population	12.0%	20	
Resource Standard	\$6,000						
Pregnant Women, Children and Infants (% of FPL*)				Population without health insurance coverage*	2,924,801	4	
Pregnant women and infants		185.0%		Percent of total state population	17.5%	7	
Children age 1 to 5		133.0%					
Children age 6 to 18		100.0%		Recipients of Food Stamps***	989,685	4	
SSI Eligibility Levels				Households receiving Food Stamps***	474,489	4	
Income:				Total value of issuance***	\$878,454,831	5	
Single Person	\$512	68.4%		Average monthly benefit per recipient	\$73.97	36	
Couple	\$769	76.1%		Average monthly benefit per household	\$154.28		
Resources:				Monthly recipients of Temporary Assistance to Needy Families (TANF)****	118,861	12	
Single Person	\$2,000			Total TANF payments****	\$603,225,082	33	
Couple	\$3,000			Average monthly payment per recipient	\$115.89	30	
				Maximum monthly payment per family of 3	\$303.00	35	

*Current federal poverty level is \$8,980 per year for a single person, \$12,120 for a family of two and \$15,260 for a family of three. Table above shows monthly income levels.

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

SOUTHERN REGION MEDICAID PROFILE



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

RECIPIENTS BY TYPE OF SERVICES

	FFY 96**	FFY 97**	FFY 98**	FFY 99	FFY 00	FFY 01	FFY 02	Annual Change
01. General Hospital	248,260	243,732	241,668	405,623	448,982	410,596	230,263	-1.2%
02. Mental Hospital	187	229	253	220	234	144	202	1.3%
03. Skilled and Intermediate (non-MR) Care Nursing	68,875	70,979	73,030	91,985	89,954	111,174	121,377	9.9%
04. Intermediate Care for Mentally Retarded	3,586	3,559	3,567	3,664	3,589	3,551	6,717	11.0%
05. Physician Services	1,154,172	1,154,884	754,818	1,026,745	1,037,041	1,162,536	1,343,323	2.6%
06. Dental Services	365,810	376,570	374,202	341,397	358,949	374,477	337,861	-1.3%
07. Other Practitioners	170,969	183,775	121,191	161,606	182,617	226,893	312,137	10.6%
08. Outpatient Hospital	660,867	650,118	644,876	1,055,037	1,111,223	1,036,386	654,967	-0.1%
09. Clinic Services	25,548	29,967	169,145	226,449	243,761	280,990	142,768	33.2%
10. Lab and X-Ray	767,641	802,093	463,748	667,887	696,834	780,039	706,455	-1.4%
11. Home Health	93,654	81,956	33,307	56,606	63,906	76,529	194,987	13.0%
12. Prescribed Drugs	1,079,467	1,024,555	1,014,372	1,079,997	1,072,082	1,159,155	1,107,559	0.4%
13. Family Planning	94,654	87,103	137	9,879	12,005	9,952	102,248	1.3%
14. Early & Periodic Screening, Diagnosis & Treatment	220,448	239,199	256,591	0	0	0	344,679	7.7%
15. Other Care	326,251	297,496	275,172	582,943	606,677	701,699	353,615	1.4%
16. Personal Care Support Services	0	0	199,651	212,120	229,299	268,265	0	0.0%
17. Home/Community Based Waiver Services	0	0	0	0	0	0	0	0.0%
18. Prepaid Health Care	0	0	791,752	836,479	768,754	879,352	691,936	0.0%
19. Primary Care Case Management (PCCM) Services	0	0	841,304	740,487	879,072	947,040	947,040	0.0%
Total*	1,638,049	1,597,461	1,904,591	2,355,638	2,360,417	2,458,609	2,515,601	7.4%

*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.

**Recipient/expenditure data revised to reflect numbers reported in Medicaid Statistics, Health Care Financing Administration FFY 96, 97, & 98.

SOUTHERN REGION MEDICAID PROFILE

PAYMENTS BY TYPE OF SERVICES

	FFY 96**	FFY 97**	FFY 98**	FFY 99	FFY 00	FFY 01	FFY 02	Annual Change	Share of Total FFY 02
01. General Hospital	\$1,079,800,921	\$1,036,071,597	\$1,038,563,277	\$1,104,464,305	\$1,289,042,041	\$1,606,925,885	\$993,231,599	-1.4%	12.1%
02. Mental Hospital	\$12,571,530	\$14,310,388	\$14,638,423	\$36,866,458	\$88,838,028	\$98,367,444	\$9,680,733	-4.3%	0.1%
03. Skilled and Intermediate (non-MR) Care Nursing	\$1,115,714,165	\$1,273,243,186	\$1,340,608,163	\$1,390,332,461	\$1,513,576,612	\$1,531,822,453	\$2,470,684,582	14.2%	30.1%
04. Intermediate Care for Mentally Retarded	\$220,264,670	\$245,425,611	\$255,636,949	\$267,027,364	\$279,634,012	\$288,706,246	\$456,680,349	12.9%	5.6%
05. Physician Services	\$529,661,206	\$490,345,262	\$201,410,207	\$346,965,626	\$377,329,125	\$416,450,728	\$424,754,311	-3.6%	5.2%
06. Dental Services	\$71,548,592	\$77,031,777	\$79,571,073	\$86,994,473	\$93,258,140	\$84,342,950	\$71,197,848	-0.1%	0.9%
07. Other Practitioners	\$24,021,286	\$31,645,767	\$37,239,783	\$11,538,834	\$14,345,085	\$19,371,157	\$127,146,117	32.0%	1.6%
08. Outpatient Hospital	\$308,926,639	\$321,724,298	\$322,884,138	\$303,908,598	\$357,121,891	\$352,754,166	\$270,820,787	-2.2%	3.3%
09. Clinic Services	\$8,359,880	\$9,919,579	\$103,185,250	\$199,964,978	\$215,937,614	\$250,223,795	\$198,351,848	69.5%	2.4%
10. Lab and X-Ray	\$98,155,017	\$77,174,571	\$36,231,750	\$60,300,118	\$65,678,261	\$76,519,161	\$62,318,590	-7.3%	0.8%
11. Home Health	\$293,521,830	\$300,529,377	\$75,237,726	\$136,690,552	\$169,113,580	\$202,103,358	\$600,383,359	12.7%	7.3%
12. Prescribed Drugs	\$658,291,958	\$772,780,639	\$933,782,041	\$1,092,855,918	\$1,366,193,807	\$1,487,935,645	\$1,408,239,002	13.5%	17.2%
13. Family Planning	\$4,245,683	\$3,994,166	\$81,663	\$2,600,867	\$3,438,081	\$3,232,247	\$10,324,811	16.0%	0.1%
14. Early & Periodic Screening, Diagnosis & Treatment	\$22,214,826	\$25,307,597	\$28,486,368	\$0	\$0	\$0	\$35,263,910	8.0%	0.4%
15. Other Care	\$222,787,074	\$205,085,084	\$108,796,297	\$433,324,033	\$527,926,702	\$721,805,085	\$256,993,424	2.1%	3.1%
16. Personal Care Support Services	\$0	\$0	\$391,136,226	\$184,878,467	\$225,888,869	\$285,758,188	\$0	-100.0%	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	\$701,322,837	\$764,245,423	\$742,735,652	\$948,734,189	\$805,794,349	3.5%	9.8%
19. Primary Case Management (PCCM) Services	\$0	\$0	\$18,032,691	\$16,669,626	\$20,305,524	\$23,106,828	\$0	-100.0%	0.0%
Total (excludes DSH pymts, pharmacy rebates, & other adjs.)	\$4,670,085,277	\$4,884,588,899	\$5,686,844,862	\$6,439,628,101	\$7,350,363,024	\$8,398,159,525	\$8,201,865,619	9.8%	100.0%

AVERAGE PAYMENTS PER RECIPIENT BY TYPE OF SERVICES

								(+) or (-) SLC	
								Avg. FFY 02	
01. General Hospital	\$4,349.48	\$4,250.86	\$4,297.48	\$2,722.88	\$2,871.03	\$3,913.64	\$4,313.47	-0.1%	-3.1%
02. Mental Hospital	\$67,227.43	\$62,490.78	\$57,859.38	\$167,574.81	\$379,649.69	\$683,107.25	\$47,924.42	-5.5%	520.9%
03. Skilled and Intermediate (non-MR) Care Nursing	\$16,199.12	\$17,938.31	\$18,356.95	\$15,114.77	\$16,826.12	\$16,826.12	\$20,355.46	3.9%	-0.4%
04. Intermediate Care for Mentally Retarded	\$61,423.50	\$68,959.15	\$71,667.21	\$72,878.65	\$77,914.19	\$81,302.80	\$67,988.74	1.7%	-7.6%
05. Physician Services	\$458.91	\$424.58	\$266.83	\$337.93	\$363.85	\$358.23	\$316.20	-6.0%	-32.0%
06. Dental Services	\$195.59	\$204.56	\$212.64	\$254.82	\$259.81	\$225.23	\$210.73	1.3%	-25.4%
07. Other Practitioners	\$140.50	\$172.20	\$307.28	\$71.40	\$78.55	\$85.38	\$407.34	19.4%	28.5%
08. Outpatient Hospital	\$467.46	\$494.87	\$500.69	\$288.05	\$321.38	\$340.37	\$413.49	-2.0%	-23.6%
09. Clinic Services	\$327.22	\$331.02	\$610.04	\$883.05	\$885.86	\$890.51	\$1,389.33	27.3%	103.2%
10. Lab and X-Ray	\$127.87	\$96.22	\$78.13	\$90.28	\$94.25	\$98.10	\$88.21	-6.0%	-14.8%
11. Home Health	\$3,134.11	\$3,666.96	\$2,258.92	\$2,414.77	\$2,646.29	\$2,640.87	\$3,079.09	-0.3%	-1.9%
12. Prescribed Drugs	\$609.83	\$754.26	\$920.55	\$1,011.91	\$1,274.34	\$1,283.64	\$1,271.48	13.0%	16.2%
13. Family Planning	\$44.85	\$45.86	\$596.08	\$263.27	\$286.39	\$324.78	\$100.98	14.5%	-73.6%
14. Early & Periodic Screening, Diagnosis & Treatment	\$100.77	\$105.80	\$111.02	\$0.00	\$0.00	\$0.00	\$102.31	0.3%	-2.9%
15. Other Care	\$682.87	\$689.37	\$395.38	\$743.34	\$870.19	\$1,028.65	\$726.76	1.0%	-59.2%
16. Personal Care Support Services	\$0.00	\$0.00	\$1,959.10	\$871.57	\$985.13	\$1,065.21	\$0.00	-100.0%	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	\$885.79	\$913.65	\$966.16	\$1,078.90	\$1,164.55	7.1%	0.0%
19. Primary Case Management (PCCM) Services	\$0.00	\$0.00	\$21.43	\$22.51	\$23.10	\$24.40	\$0.00	-100.0%	0.0%
Total (Average)	\$2,851.00	\$3,057.72	\$2,985.86	\$2,733.71	\$3,114.01	\$3,415.82	\$3,260.40	2.3%	-12.8%
TOTAL PER CAPITA EXPENDITURES	\$413.45	\$441.62	\$443.82	\$472.79	\$501.91	\$554.85	\$626.16	7.2%	-18.4%

SOUTHERN REGION MEDICAID PROFILE
DATA BY OTHER CHARACTERISTICS

RECIPIENTS BY OTHER CHARACTERISTICS

	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	FFY 01	FFY 02	Annual Change	Share of Total FFY 02
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	900,740	858,061	1,100,787	981,059	971,716	1,004,077	1,192,563	4.8%	47.4%
Poverty Related Eligibles	149,382	407,303	498,267	639,175	688,275	799,583	872,954	34.2%	34.7%
Medically Needy	48,645	45,028	41,070	40,037	45,079	43,713	58,847	3.2%	2.3%
Other Eligibles	506,539	269,029	249,348	215,341	271,694	327,317	391,237	-4.2%	15.6%
Maintenance Assistance Status Unknown	32,743	18,040	15,119	480,026	383,653	283,919	0	-100.0%	0.0%
Total	1,638,049	1,597,461	1,904,591	2,355,638	2,360,417	2,458,609	2,515,601	7.4%	100.0%
By Basis of Eligibility									
Aged, Blind, or Disabled	506,189	516,624	570,544	580,354	598,659	630,460	773,852	7.3%	30.8%
Children	1,052,143	779,491	944,280	921,175	973,911	1,092,438	1,305,453	3.7%	51.9%
Foster Care Children	32,879	15,185	20,311	33,418	35,912	37,322	51,207	7.7%	2.0%
Adults	14,095	268,121	354,337	340,665	368,282	414,470	385,089	73.5%	15.3%
Basis of Eligibility Unknown	32,743	18,040	15,119	480,026	383,653	283,919	0	-100.0%	0.0%
Total	1,638,049	1,597,461	1,904,591	2,355,638	2,360,417	2,458,609	2,515,601	7.4%	100.0%
By Age									
Under Age 1	73,266	69,132	72,385	74,724	80,350	86,292	140,985	11.5%	5.6%
Age 1 to 5	332,441	312,188	360,477	349,318	374,752	424,557	450,452	5.2%	17.9%
Age 6 to 14	329,956	335,895	457,266	458,153	476,199	525,077	546,336	8.8%	21.7%
Age 15 to 20	134,381	133,352	175,370	193,695	206,132	229,984	237,810	10.0%	9.5%
Age 21 to 44	369,630	356,623	424,619	404,760	429,386	470,685	507,018	5.4%	20.2%
Age 45 to 64	125,054	129,950	150,693	153,880	163,126	177,479	221,779	10.0%	8.8%
Age 65 to 74	96,991	96,519	100,119	97,685	100,804	107,882	136,509	5.9%	5.4%
Age 75 to 84	83,042	83,968	85,574	82,802	85,355	91,228	118,581	6.1%	4.7%
Age 85 and Over	64,765	66,177	65,924	60,594	60,671	61,516	83,562	4.3%	3.3%
Age Unknown	28,523	13,657	12,164	480,027	383,642	283,909	72,569	16.8%	2.9%
Total	1,638,049	1,597,461	1,904,591	2,355,638	2,360,417	2,458,609	2,515,601	7.4%	100.0%
By Race									
White	708,500	684,223	759,097	980,230	965,595	1,006,913	1,030,536	6.4%	41.0%
Black	503,534	505,677	663,851	748,484	734,168	765,614	783,762	7.7%	31.2%
Hispanic, American Indian or Asian	268,988	261,150	315,386	409,300	431,608	448,219	458,098	9.3%	18.2%
Other/Unknown	157,027	146,411	166,257	217,625	229,046	237,863	243,205	7.6%	9.7%
Total*	1,638,049	1,597,461	1,904,591	2,355,638	2,360,417	2,458,609	2,515,601	7.4%	100.0%
By Sex									
Female	1,005,653	987,483	1,144,816	1,433,096	1,427,997	1,487,960	1,522,610	7.2%	60.5%
Male	603,873	596,320	747,611	917,937	928,698	966,395	988,428	8.6%	39.3%
Unknown	28,523	13,658	12,164	4,604	3,722	4,253	4,563	-26.3%	0.2%
Total*	1,638,049	1,597,461	1,904,591	2,355,638	2,360,417	2,458,609	2,515,601	7.4%	100.0%

*FFY 02 projected using FFY 96-FFY 01 trends, State Annual report, and state submitted data (SEE "Important Note" prior to table of contents).

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

SOUTHERN REGION MEDICAID PROFILE

PAYMENTS BY OTHER CHARACTERISTICS

	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	FFY 01	FFY 02	Annual Change	Share of Total FFY 02
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	\$2,374,345,763	\$2,332,644,904	\$2,950,414,878	\$3,221,206,318	\$3,582,721,921	\$4,001,851,080	\$3,572,105,553	7.0%	43.6%
Poverty Related Eligibles	\$280,168,877	\$1,267,892,330	\$1,348,334,446	\$1,576,409,431	\$1,719,640,919	\$1,922,771,392	\$2,184,638,745	40.8%	26.6%
Medically Needy	\$115,047,998	\$124,857,895	\$126,182,907	\$136,691,215	\$169,564,543	\$171,946,765	\$206,449,942	10.2%	2.5%
Other Eligibles	\$1,847,576,884	\$1,137,472,218	\$1,236,568,867	\$1,294,893,932	\$1,534,339,321	\$1,746,670,103	\$2,238,671,379	3.3%	27.3%
Maintenance Assistance Status Unknown	\$52,945,755	\$21,721,552	\$25,343,867	\$210,427,205	\$344,096,320	\$554,920,185	\$0	-100.0%	0.0%
Total	\$4,670,085,277	\$4,884,588,899	\$5,686,844,965	\$6,439,628,101	\$7,350,363,024	\$8,398,159,525	\$8,201,865,619	9.8%	100.0%
By Basis of Eligibility									
Aged, Blind or Disabled	\$3,416,530,617	\$3,669,788,753	\$4,214,444,584	\$4,686,681,537	\$5,304,896,347	\$5,810,939,356	\$6,380,592,334	11.0%	77.8%
Children	\$1,145,551,648	\$680,900,305	\$846,258,629	\$869,970,939	\$961,815,244	\$1,144,625,407	\$1,093,195,355	-0.8%	13.3%
Foster Care Children	\$45,274,771	\$34,407,029	\$51,456,136	\$110,904,666	\$120,979,089	\$135,777,344	\$81,418,507	10.3%	1.0%
Adults	\$9,782,486	\$477,771,260	\$549,341,749	\$561,643,754	\$618,576,024	\$751,897,233	\$646,659,423	101.1%	7.9%
Basis of Eligibility Unknown	\$52,945,755	\$21,721,552	\$25,343,764	\$210,427,205	\$344,096,320	\$554,920,185	\$0	-100.0%	0.0%
Total	\$4,670,085,277	\$4,884,588,899	\$5,686,844,862	\$6,439,628,101	\$7,350,363,024	\$8,398,159,525	\$8,201,865,619	9.8%	100.0%
By Age									
Under Age 1	\$194,056,113	\$187,590,057	\$207,214,109	\$214,468,858	\$243,285,913	\$281,784,505	\$370,432,049	11.4%	4.5%
Age 1 to 5	\$403,453,232	\$383,269,622	\$426,888,964	\$511,848,067	\$570,377,512	\$682,240,625	\$542,969,921	5.1%	6.6%
Age 6 to 14	\$296,219,761	\$301,697,296	\$428,913,238	\$527,916,518	\$587,540,095	\$704,285,780	\$665,128,704	14.4%	8.1%
Age 15 to 20	\$242,860,692	\$245,434,893	\$295,567,125	\$363,868,824	\$403,783,164	\$483,348,256	\$470,189,430	11.6%	5.7%
Age 21 to 44	\$1,161,159,224	\$1,172,730,340	\$1,379,641,858	\$1,476,598,270	\$1,635,143,608	\$1,847,143,319	\$1,866,888,111	8.2%	22.8%
Age 45 to 64	\$731,400,865	\$782,057,164	\$948,473,963	\$1,085,760,072	\$1,290,961,928	\$1,486,934,092	\$1,574,822,464	13.6%	19.2%
Age 65 to 74	\$388,626,285	\$432,188,820	\$492,763,811	\$520,768,585	\$588,764,856	\$624,266,453	\$680,797,420	9.8%	8.3%
Age 75 to 84	\$538,398,002	\$606,789,641	\$672,651,882	\$694,789,645	\$783,612,856	\$824,070,714	\$931,026,895	9.6%	11.4%
Age 85 and Over	\$664,377,149	\$756,207,390	\$814,255,757	\$833,142,370	\$902,815,626	\$909,280,238	\$1,021,016,057	7.4%	12.4%
Age Unknown	\$49,533,954	\$16,623,676	\$20,474,155	\$210,466,892	\$344,077,466	\$554,805,543	\$78,594,568	8.0%	1.0%
Total	\$4,670,085,277	\$4,884,588,899	\$5,686,844,862	\$6,439,628,101	\$7,350,363,024	\$8,398,159,525	\$8,201,865,619	9.8%	100.0%
By Race									
White	\$2,468,780,450	\$2,638,586,213	\$2,882,195,485	\$3,360,406,164	\$3,760,149,721	\$4,309,561,680	\$4,207,718,281	9.3%	51.3%
Black	\$1,073,638,418	\$1,128,400,696	\$1,489,923,156	\$1,532,181,868	\$1,750,088,067	\$2,001,191,843	\$1,954,121,670	10.5%	23.8%
Hispanic, American Indian or Asian	\$424,652,409	\$423,883,192	\$499,546,175	\$565,044,456	\$675,289,579	\$767,776,170	\$750,175,159	9.9%	9.1%
Other/Unknown	\$703,014,000	\$693,718,798	\$815,180,046	\$981,995,612	\$1,164,835,657	\$1,319,629,832	\$1,289,850,509	10.6%	15.7%
Total*	\$4,670,085,277	\$4,884,588,899	\$5,686,844,862	\$6,439,628,101	\$7,350,363,024	\$8,398,159,525	\$8,201,865,619	9.8%	100.0%
By Sex									
Female	\$2,872,152,578	\$3,033,106,030	\$2,186,073,956	\$3,836,511,323	\$4,374,828,179	\$4,972,393,755	\$4,860,820,081	9.2%	59.3%
Male	\$1,748,398,745	\$1,834,857,917	\$3,480,296,751	\$2,599,731,918	\$2,972,203,906	\$3,419,543,912	\$3,335,345,863	11.4%	40.7%
Unknown	\$49,533,954	\$16,624,952	\$20,474,155	\$3,384,859	\$3,330,938	\$6,221,858	\$5,699,675	-30.3%	0.1%
Total*	\$4,670,085,277	\$4,884,588,899	\$5,686,844,862	\$6,439,628,101	\$7,350,363,024	\$8,398,159,525	\$8,201,865,619	9.8%	100.0%

*FFY 02 projected using FFY 96-FFY 01 trends, State Annual report, and state submitted data (SEE "Important Note" prior to table of contents).

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

SOUTHERN REGION MEDICAID PROFILE

AVERAGE PAYMENT PER RECIPIENT BY OTHER CHARACTERISTICS

	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	FFY 01	FFY 02	Annual Change	Above (+) or Below (-) SL Avg. FFY 02
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	\$2,635.99	\$2,718.51	\$2,680.28	\$3,283.40	\$3,687.01	\$3,985.60	\$2,995.32	2.2%	-31.1%
Poverty Related Eligibles	\$1,875.52	\$3,112.90	\$2,706.05	\$2,466.32	\$2,498.48	\$2,404.72	\$2,502.58	4.9%	28.5%
Medically Needy	\$2,365.05	\$2,772.89	\$3,072.39	\$3,414.12	\$3,761.50	\$3,933.54	\$3,508.25	6.8%	-46.6%
Other Eligibles	\$3,647.45	\$4,228.07	\$4,959.21	\$6,013.23	\$5,647.31	\$5,336.33	\$5,722.03	7.8%	-21.6%
Maintenance Assistance Status Unknown	\$1,617.01	\$1,204.08	\$1,676.29	\$438.37	\$896.89	\$1,954.50	\$0.00	-100.0%	0.0%
Total	\$2,851.00	\$3,057.72	\$2,985.86	\$2,733.71	\$3,114.01	\$3,415.82	\$3,260.40	2.3%	-12.8%
By Basis of Eligibility									
Aged, Blind or Disabled	\$6,749.52	\$7,103.40	\$7,386.71	\$8,075.56	\$8,861.30	\$9,216.98	\$8,245.24	3.4%	-12.5%
Children	\$1,088.78	\$873.52	\$896.19	\$944.41	\$987.58	\$1,047.77	\$837.41	-4.3%	-34.7%
Foster Care Children	\$1,377.01	\$2,265.86	\$2,533.41	\$3,318.71	\$3,368.77	\$3,638.00	\$1,589.99	2.4%	-70.7%
Adults	\$694.04	\$1,781.92	\$1,550.34	\$1,648.67	\$1,679.63	\$1,814.12	\$1,679.25	15.9%	-29.8%
Basis of Eligibility Unknown	\$1,617.01	\$1,204.08	\$1,676.29	\$438.37	\$896.89	\$1,954.50	\$0.00	-100.0%	0.0%
Total	\$2,851.00	\$3,057.72	\$2,985.86	\$2,733.71	\$3,114.01	\$3,415.82	\$3,260.40	2.3%	-12.8%
By Age									
Under Age 1	\$2,648.65	\$2,713.51	\$2,862.67	\$2,870.15	\$3,027.83	\$3,265.48	\$2,627.46	-0.1%	-8.7%
Age 1 to 5	\$1,213.61	\$1,227.69	\$1,184.23	\$1,465.28	\$1,522.01	\$1,606.95	\$1,205.39	-0.1%	-12.4%
Age 6 to 14	\$897.76	\$898.19	\$938.00	\$1,152.27	\$1,233.81	\$1,341.30	\$1,217.44	5.2%	-18.5%
Age 15 to 20	\$1,807.25	\$1,840.50	\$1,685.39	\$1,878.57	\$1,958.86	\$2,101.66	\$1,977.16	1.5%	-19.9%
Age 21 to 44	\$3,141.41	\$3,288.43	\$3,249.13	\$3,648.08	\$3,808.10	\$3,924.37	\$3,682.09	2.7%	-16.8%
Age 45 to 64	\$5,848.68	\$6,018.14	\$6,294.08	\$7,055.89	\$7,913.89	\$8,378.08	\$7,100.86	3.3%	-14.1%
Age 65 to 74	\$4,006.83	\$4,477.76	\$4,921.78	\$5,331.10	\$5,840.69	\$5,786.57	\$4,987.20	3.7%	-22.8%
Age 75 to 84	\$6,483.44	\$7,226.44	\$7,860.47	\$8,390.98	\$9,180.63	\$9,033.09	\$7,851.40	3.2%	-18.5%
Age 85 and Over	\$10,258.27	\$11,427.04	\$12,351.43	\$13,749.59	\$14,880.51	\$14,781.20	\$12,218.66	3.0%	-13.1%
Age Unknown	\$1,736.63	\$1,217.23	\$1,683.18	\$438.45	\$896.87	\$1,954.17	\$1,083.03	-7.6%	0.0%
Total	\$2,851.00	\$3,057.72	\$2,985.86	\$2,733.71	\$3,114.01	\$3,415.82	\$3,260.40	2.3%	-12.8%
By Race									
White	\$3,484.52	\$3,856.32	\$3,796.87	\$3,428.18	\$3,894.13	\$4,279.98	\$4,083.04	2.7%	-9.3%
Black	\$2,132.21	\$2,231.47	\$2,244.36	\$2,047.05	\$2,383.77	\$2,613.84	\$2,493.26	2.6%	-19.4%
Hispanic, American Indian or Asian	\$1,578.70	\$1,623.14	\$1,583.92	\$1,380.52	\$1,564.59	\$1,712.95	\$1,637.59	0.6%	-30.2%
Other/Unknown	\$4,477.03	\$4,738.16	\$4,903.13	\$4,512.34	\$5,085.59	\$5,547.86	\$5,303.55	2.9%	6.0%
Total	\$2,851.00	\$3,057.72	\$2,985.86	\$2,733.71	\$3,114.01	\$3,415.82	\$3,260.40	2.3%	-12.8%
By Sex									
Female	\$2,856.01	\$3,071.55	\$1,909.59	\$2,677.08	\$3,063.61	\$3,341.75	\$3,192.43	1.9%	-15.2%
Male	\$2,895.31	\$3,076.97	\$4,655.22	\$2,832.15	\$3,200.40	\$3,538.45	\$3,374.39	2.6%	-6.8%
Unknown	\$1,736.63	\$1,217.23	\$1,683.18	\$735.12	\$894.90	\$1,462.91	\$1,249.11	-5.3%	-82.8%
Total	\$2,851.00	\$3,057.72	\$2,985.86	\$2,733.71	\$3,114.01	\$3,415.82	\$3,260.40	2.3%	-12.8%

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

SOUTHERN REGION MEDICAID PROFILE

ADDITIONAL STATE HEALTH CARE INFORMATION

Sources: "Major Health Care Policies: 50 State Profiles 2002", Health Policy Tracking Service, January, 2003; and "Medicaid Services State by State", CMS, October 2002.

*Information supplied by State Medicaid Agency

Waivers

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

- Primary Care Case Management Program (MediPass), which provides case management services for TANF and SSI-No Medicare recipients statewide and has been operating since 1991.
- Prepaid Mental Health Plan through Florida Health Partnership provides mental health services for beneficiaries in a five-county area and has been operating since March, 1996. Through this program, approximately 55,000 individuals receive a broad array of mental health services.
- In 2001, CMS approved another 1915 (b) waiver authorizing the state to implement a Statewide Inpatient Psychiatric Program (SIPP) for Medicaid recipients under the age of 18 that require placement in a psychiatric residential setting due to serious mental illness or emotional disturbance. The approved waiver provides for selection, through a proposal process, of 15 SIPP providers with one or two providers located in every area of the state.

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:

- Aged & Disabled Age 18 and Over: The waiver serves 15,314 people, operating since April 1, 1982.
- Developmental Services (MR/DD): Two waivers serve approximately 25,000 people, operating since June 14, 1980. In the Regular Session of 1999, the Florida legislature appropriated an additional \$200 million for expansion of the program.
- AIDS: Project Aids Care served 6,500 beneficiaries in FY 02, operating since November 1, 1989.
- Model Waiver: Serves children with Degenerative Spinocerebellar Diseases, serves 5 people, operating since June 14, 1991.
- Nursing Home Diversion Waiver authorizes a long-term care demonstration project to allow the state to contract with various pre-paid, capitated risk-based health plans designed to provide primary and long-term health care services to individuals who are eligible for both Medicare and Medicaid. Implementation of the program began in December of 1998. The waiver is approved to serve up to 1,200 individuals.
- Traumatic Brain Injury and Spinal Cord Waiver, authorized in Regular Session 1998. The state implemented the program in September of 1999. Current enrollment is approximately 209 individuals.
- The Channeling Project: Provides home and community based services through an organized health care delivery system to approximately 1,500 individuals, operating since 1985. During FY 03-04, the waiver can serve 1,855 recipients.
- The Agency operates one 1115 Research and Demonstration waiver:
Consumer Directed Care was implemented in 1999 and enrolled approximately 3,750 participants. The state will expand the waiver under the authority of the Independence Plus 1115 Waiver amendment granted by CMS in May 2003. The amendment approves an extension of the demonstration, ends the experimental design, and addresses the expansion of the CDC project authorized by the 2002 Florida Legislature.
- Adult Cystic Fibrosis Waiver: Approved 2002. Provides HCBS to reduce risk of hospitalization for 75 people in first year.
- 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.
- Silver Saver Drug Program: This is a five year 1115 demonstration waiver to extend access to Medicaid prescription drug coverage to individuals with incomes between 88% and 120% of the FPL. Single individual: (\$679.01 up to \$918.00 gross monthly income). Married individual or couple: (\$908.01 up to \$1232.00 gross monthly combined income). The waiver started 8/1/2002 and serves 47,843.
- Diabetes Mail Order Waiver: Provides mail delivery of diabetes drugs and supplies at a lower rate than Medicaid fee for service allowable charges which results the Medicaid program. Currently there are approximately 4,000 recipients in areas 4, 5, 6, & 7 using this service. These recipients can also access other prescription services through the mail order contractor if they desire or they can use other community pharmacy providers.

SOUTHERN REGION MEDICAID PROFILE

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.
- Enacted legislation in 1999 that prohibits an HMO from canceling or failing to renew a contract without giving the subscriber at least 45 days notice in writing.
- Enacted legislation in 1999 that requires each exclusive provider organization, HMO and prepaid health clinic to allow female subscribers to visit a contracted OB/GYN for one annual visit and any medically necessary follow-up care.

Coverage for Targeted Population

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

Cost Containment Measures

- Certificate of Need Program since 1973, amended in 2000. Regulates introduction or expansion of new institutional health facilities and services; exempts CON requirements for Medicare-certified home health agencies, respite care services, retirement communities and residential facilities that only serve retired military personnel and their dependents.
- 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.
- Enacted legislation in 2002 to alleviate fiscal problems through the following actions:
 - Reduced the number of products covered under its preferred drug list.
 - Amended the Pharmaceutical Expense Assistance Program.
 - Reduced adult dental services to emergency need only.
 - Increased reimbursement rates to Medicaid participating organ transplant facilities.
 - Authorized Medically necessary lung transplants for qualified recipients.
 - Lowered the income standard for the aged and disabled population.
 - Increased the income disregard for the medically needy program.
 - Eliminated implementation of "Ticket to Work" coverage for the working disabled.

SOUTHERN REGION MEDICAID PROFILE

Medicaid

- 24 optional services are offered.
- All licensed HMO's have to take part in Medicaid unless they already have enrolled a specified number of Medicaid or Medicare enrollees.
- Counties pay 35% or \$55 per month for each nursing home resident and 35% of the non-federal share for the 13th through 45th day of an inpatient stay for nursing home residents.
- Funded the Adult Cardiac Transplant Program as a result of the completion of a study as to the long term cost for this initiative.
- Expanded the Elderly Assisted Living Facility Waiver and the Elder Home and Community Based Services Waiver.
- In 2000, enacted new laws to: 1) require hospitals and clinics to provide newborn hearing screening; 2) allow the state to contract with an entity to provide behavioral health services through a capitated, prepaid arrangement; 3) expand eligibility for MediKids, Florida KidCare and Medicaid to children and pregnant women; 4) implement clinical eligibility and fee collection requirements for publicly funded substance abuse and mental health services; and 5) direct the Medicaid agency to implement a Medicaid prescription drug spending control program.
- Enacted the Prescription Affordability Act for Seniors to provide prescription drug subsidies, up to \$80 per person per month, to low income Florida residents age 65 and older with incomes between 90% and 120% of the FPL.
- Effective January 1, 2001, the Florida Medicare Prescription Discount Program will ensure that seniors do not pay full retail price for prescription drugs. The program requires pharmacies to charge Medicare beneficiaries a price no greater than average wholesale price of the ingredients minus 9% plus a dispensing fee of \$4.50 (applies to Medicaid dual eligibles).
- Enacted legislation in 2001 that requires Medicaid to provide coverage to women that have been screened and diagnosed with breast or cervical cancer (Federally mandated by the Breast and Cervical Cancer Prevention and Treatment Act of 2000).
- Enacted legislation to extend Medicaid coverage to individuals that could be eligible as a result of the federal Ticket to Work and Medicaid Buy-in legislation. The programs will provide services to individuals with disabilities that are required to enable them to gain or keep employment.

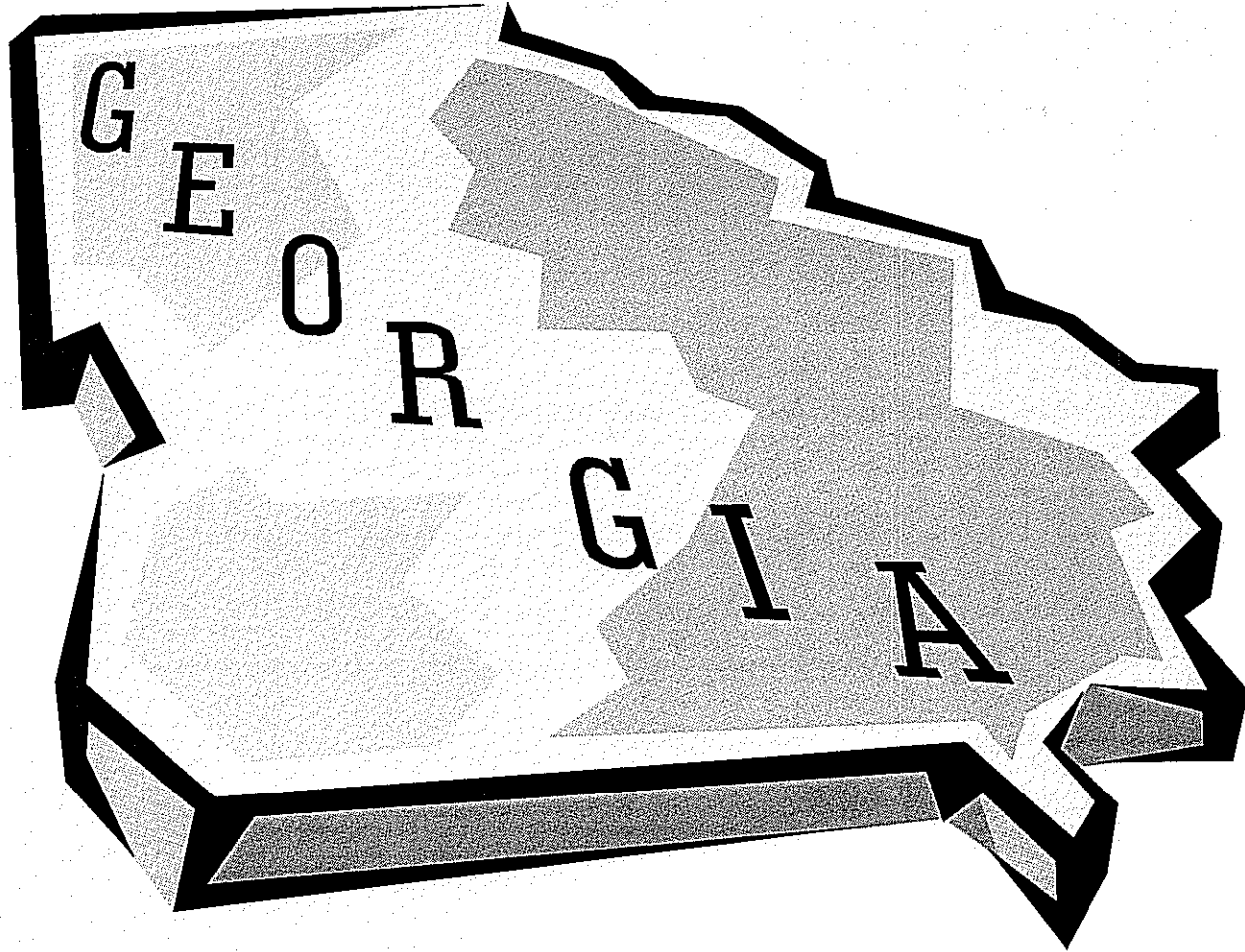
Children's Health Insurance Program: A Combination expansion of Medicaid and Florida Healthy Kids (Title XXI)

- Expanded Medicaid coverage for children age 15 to 19 in families with incomes up to 100% of the FPL; provides coverage for an additional 24,369 children/adolescents. The plan received HCFA approval on March 5, 1998.
- Expanded Florida Healthy Kids program for children/adolescents age 5 to 19 in families with incomes up to 200% of the FPL (includes premium subsidies); provides coverage for an additional 119,000 individuals. The Florida Healthy Kids program also offers full pay buy-in above 200% of the FPL; premiums of \$54 per month per member.
- Added Medikids program to provide coverage for children from birth to age 5 in families with incomes up to 200% of the FPL; provides coverage for an additional 23,000 children. The plan received HCFA approval on September 8, 1998.
- Added Children's Medical Services (CMS) Network program to provide coverage for individuals under the age of 18 with special health care needs in families with incomes up to 200% of the FPL; provides coverage for an additional 6,326 eligibles. CMS allows individuals with special needs to have a specialist as their primary care physician without any special authorization.
- Shifted coverage from MediKids and CMS Network to Medicaid for children birth to age one effective July 1, 2000.
- Received HCFA approval in March 2000 to implement a dental pilot program in Palm Beach and Dade counties.
- Expanded Medicaid coverage to enroll children under age 1 with family incomes between 185% and 200% of the FPL and eliminated coverage for this group under MediKids and Title XXI CMS Network.
- The four programs combined provide health care coverage to approximately 368,180 individuals as of September 2002.

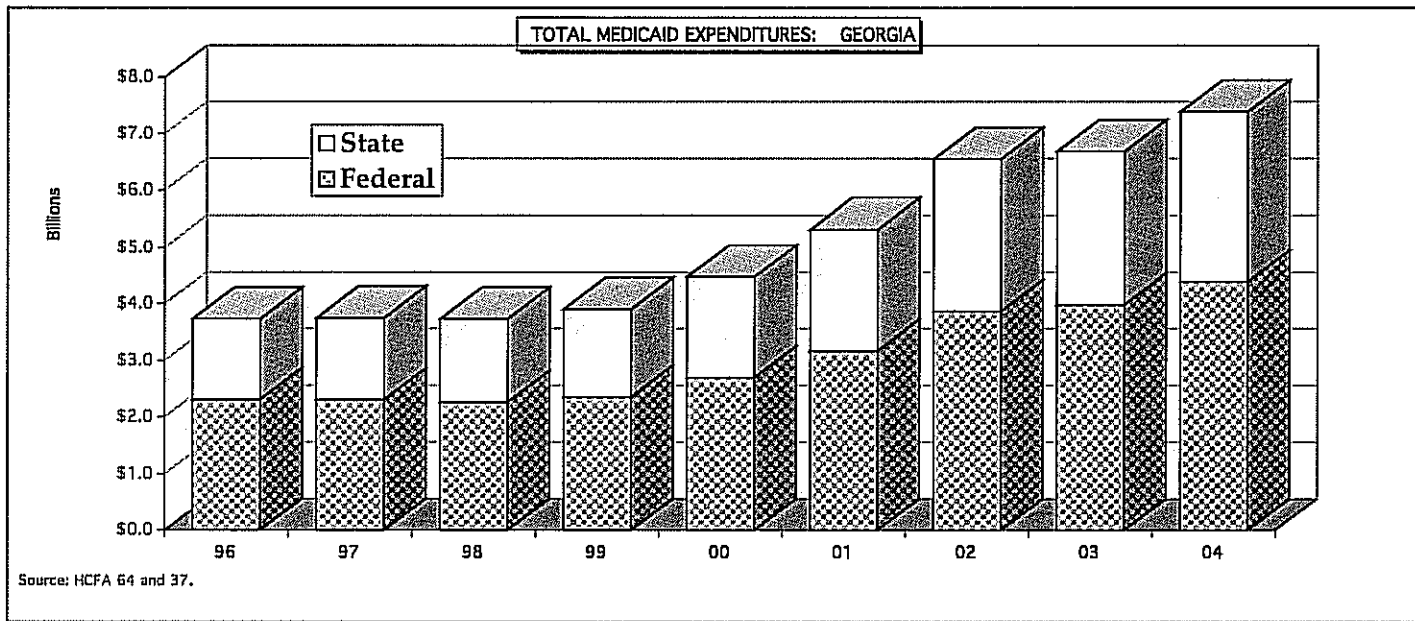
Tobacco Settlement

- Information related to the use of Tobacco Settlement proceeds has been eliminated at the state's request.

STATE MEDICAID PROFILE



SOUTHERN REGION MEDICAID PROFILE



THIS IS A PRELIMINARY DRAFT OF THE FFY 02 MEDICAID COMPARATIVE DATA REPORT. REVISIONS WILL BE REQUIRED PRIOR TO PUBLISHING THE FINAL DOCUMENT. SEE NOTE ON THE FIRST PAGE OF THE REPORT.

	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	FFY 01	FFY 02*	FFY 03**	FFY 04**	Annual Rate of Change	Total Change 96-04
Medicaid Payments	\$3,589,643,840	\$3,584,015,676	\$3,487,596,382	\$3,673,705,109	\$4,321,247,201	\$5,037,084,881	\$6,241,211,454	\$6,385,411,000	\$7,133,605,000	9.0%	98.7%
Federal Share	\$2,228,051,751	\$2,211,414,478	\$2,126,785,792	\$2,226,304,953	\$2,592,499,901	\$3,012,109,157	\$3,684,679,643	\$3,810,153,000	\$4,254,670,000	8.4%	91.0%
State Share	\$1,361,592,089	\$1,372,601,198	\$1,360,810,590	\$1,447,400,156	\$1,728,747,300	\$2,024,975,724	\$2,556,531,811	\$2,575,258,000	\$2,878,935,000	9.8%	111.4%
Administrative Costs	\$141,133,008	\$164,529,357	\$247,246,597	\$230,872,445	\$158,819,383	\$277,430,878	\$302,658,380	\$297,756,000	\$256,254,000	7.7%	81.6%
Federal Share	\$78,950,993	\$90,065,174	\$133,995,592	\$126,008,191	\$96,825,459	\$155,839,950	\$180,016,435	\$173,142,000	\$140,835,000	7.5%	78.4%
State Share	\$62,182,015	\$74,464,183	\$113,251,005	\$104,864,254	\$61,993,924	\$121,590,928	\$122,641,945	\$124,614,000	\$115,419,000	8.0%	85.6%
Admin. Costs as % of Payments	3.93%	4.59%	7.09%	6.28%	4.97%	4.97%	4.97%	4.97%	4.97%		
Federal Match Rate*	61.90%	61.52%	60.84%	60.47%	59.88%	59.67%	59.00%	59.60%	59.58%		

*Rate shown is for Medicaid payments only. The FMAP (Federal Medical Assistance Percentage) is based on the relationship between each state's per capita personal income and that of the nation as a whole for the three most recent years. Federal share of state administrative costs is usually 50 percent or 75 percent, depending on function and whether or not medical personnel are used. **Federal Fiscal Years 03 and 04 reflect latest estimates reported by each state (CMS 37).

SOUTHERN REGION MEDICAID PROFILE

STATE FINANCING	Payments		Administration	
	FFY 96	FFY 02	FFY 96	FFY 02
State General Fund	\$1,361,592,089	\$2,554,366,895	\$62,182,015	\$122,641,945
Local Funds	\$0	\$0	\$0	\$0
Provider Taxes	\$0	\$2,164,916	\$0	\$0
Donations	\$0	\$0	\$0	\$0
Other (License Fees)	\$0	\$0	\$0	\$0
Total State Share	\$1,361,592,089	\$2,556,531,811	\$62,182,015	\$122,641,945

Provider Taxes Currently in Place (FFY 02)	
Tax Rate	Amount
Ambulance	\$2,164,916
Medical	\$0
Nursing (Registered)	\$0
Nursing Home Administrators	\$0
Pharmacy	\$0
Other professionals	\$0
Total	\$2,164,916

DISPROPORTIONATE SHARE HOSPITAL (DSH) PAYMENTS

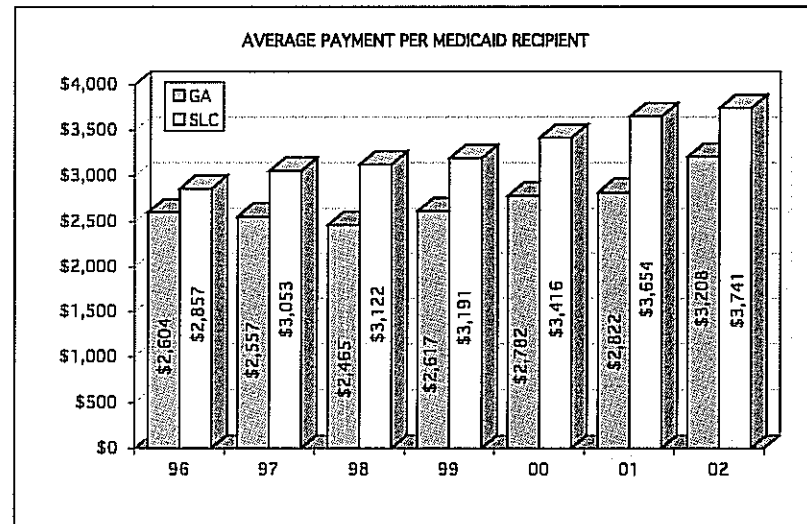
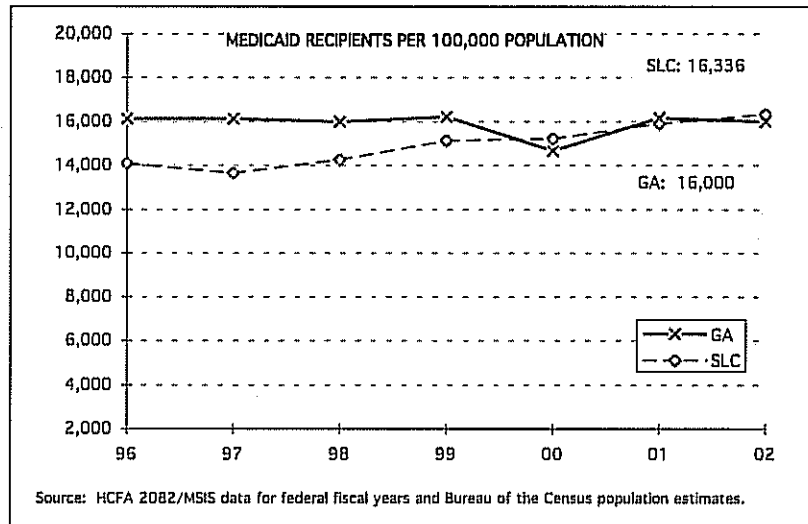
	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	FFY 01	FFY 02*	FFY 03**	FFY 04**	Annual Change
General Hospitals	\$384,936,697	\$413,147,837	\$342,433,313	\$391,688,680	\$402,093,625	\$418,024,133	\$433,162,860	\$437,914,000	\$438,914,000	4.2%
Mental Hospitals	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a
Total	\$384,936,697	\$413,147,837	\$342,433,313	\$391,688,680	\$402,093,625	\$418,024,133	\$433,162,860	\$437,914,000	\$438,914,000	4.2%

SELECTED ELIGIBILITY CRITERIA				DEMOGRAPHIC DATA & POVERTY INDICATORS (2002)			
	At 10/1/02	% of FPL*					Rank in U.S.
TANF-Temporary Assistance for Needy Families (Family of 3)				State population—July 1, 2002*	8,560,310		10
Need Standard	\$424	33.3%		Per capita personal income**	\$28,733		25
Payment Standard (Income Ceiling)	\$784	61.7%		Median household income**	\$42,576		22
Maximum Payment	\$280	22.0%					
Medically Needy Program (Family of 3)				Population below Federal Poverty Level on July 1, 2001*	1,078,599		
Income Eligibility Standard	\$375			Percent of total state population	12.6%		17
Resource Standard	\$4,100						
Pregnant Women, Children and Infants (% of FPL*)				Population without health insurance coverage*	1,421,011		7
Pregnant women and infants		185.0%		Percent of total state population	16.6%		8
Children to 6		133.0%					
Children 6 to 18		100.0%		Recipients of Food Stamps***	645,633		9
SSI Eligibility Levels				Households receiving Food Stamps***	263,076		9
Income:				Total value of issuance***	\$621,290,583		9
Single Person	\$545	72.8%		Average monthly benefit per recipient	\$80.19		14
Couple	\$817	80.9%		Average monthly benefit per household	\$196.80		
Resources:				Monthly recipients of Temporary Assistance to Needy Families (TANF)****	126,568		10
Single Person	\$2,000			Total TANF payments****	\$333,345,635		35
Couple	\$3,000			Average monthly payment per recipient	\$94.53		42
				Maximum monthly payment per family of 3	\$208.00		39

*Current federal poverty level is \$8,980 per year for a single person, \$12,120 for a family of two and \$15,260 for a family of three. Table above shows monthly income levels.

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

SOUTHERN REGION MEDICAID PROFILE



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

RECIPIENTS BY TYPE OF SERVICES	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	FFY 01	FFY 02	Annual Change
01. General Hospital	174,955	176,113	161,694	165,310	192,473	203,679	221,346	4.0%
02. Mental Hospital	0	0	0	0	53,648	50,467	50,935	-2.6%
03. Skilled and Intermediate (non-MR) Care Nursing	40,873	39,104	40,390	41,874	50,099	52,790	52,186	4.2%
04. Intermediate Care for Mentally Retarded	1,837	1,755	1,728	1,791	1,420	1,527	1,341	-5.1%
05. Physician Services	936,768	899,821	872,557	904,606	850,386	906,633	990,755	0.9%
06. Dental Services	253,582	240,018	229,794	238,234	205,074	291,456	294,313	2.5%
07. Other Practitioners	207,090	208,935	132,412	131,321	130,046	145,452	147,324	-5.5%
08. Outpatient Hospital	606,680	567,063	540,218	560,060	541,973	577,696	645,823	1.0%
09. Clinic Services	55,934	56,268	60,632	50,472	48,925	53,863	54,502	-0.4%
10. Lab and X-Ray	199,829	169,653	167,860	174,025	162,425	173,620	196,772	-0.3%
11. Home Health	21,548	22,163	84,820	21,189	9,755	23,157	23,515	1.5%
12. Prescribed Drugs	891,335	846,963	805,923	835,524	809,481	862,330	940,675	0.9%
13. Family Planning	84,093	96,505	107,414	2,768	20,156	26,416	24,445	-18.6%
14. Early & Periodic Screening, Diagnosis & Treatment	297,193	308,257	287,928	298,503	263,263	290,145	326,371	1.6%
15. Other Care	714,653	922,524	137,889	142,954	0	0	3,758	-58.3%
16. Personal Care Support Services	0	0	194,528	11,071	9,916	13,197	13,646	-48.5%
17. Home/Community Based Waiver Services	20	251	15,251	15,811	0	0	23,502	234.8%
18. Prepaid Health Care	0	0	78,463	58,091	25,563	63,501	26,035	-24.1%
19. Primary Care Case Management (PCCM) Services	0	0	879,554	911,860	906,079	942,804	949,936	1.9%
Total*	1,184,833	1,208,445	1,221,978	1,264,525	1,201,669	1,355,059	1,369,629	2.4%

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

SOUTHERN REGION MEDICAID PROFILE

PAYMENTS BY TYPE OF SERVICES	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	FFY 01	FFY 02	Annual	Share of Total
								Change	FFY 02
01. General Hospital	\$805,063,489	\$772,217,549	\$668,075,530	\$709,051,404	\$683,527,983	\$956,908,717	\$873,646,289	1.4%	19.9%
02. Mental Hospital	\$0	\$0	\$0	\$0	\$63,901,505	\$21,060,127	\$82,924,776	13.9%	1.9%
03. Skilled and Intermediate (non-MR) Care Nursing	\$643,326,691	\$608,591,712	\$603,835,584	\$787,217,929	\$699,057,680	\$832,719,588	\$787,598,188	3.4%	17.9%
04. Intermediate Care for Mentally Retarded	\$125,578,454	\$127,147,570	\$107,450,025	\$99,964,520	\$109,816,562	\$125,027,526	\$107,148,842	-2.6%	2.4%
05. Physician Services	\$437,034,835	\$396,915,837	\$367,096,683	\$394,348,608	\$386,925,219	\$460,881,618	\$500,732,913	2.3%	11.4%
06. Dental Services	\$32,152,495	\$30,990,607	\$32,076,080	\$42,267,580	\$36,314,579	\$45,799,787	\$97,851,271	20.4%	2.2%
07. Other Practitioners	\$34,732,584	\$33,286,304	\$18,735,368	\$14,787,774	\$75,270,523	\$38,473,704	\$155,698,321	28.4%	3.5%
08. Outpatient Hospital	\$253,006,189	\$256,218,944	\$266,142,731	\$332,052,864	\$325,041,240	\$390,916,583	\$442,879,326	9.8%	10.1%
09. Clinic Services	\$71,120,384	\$94,758,210	\$114,306,637	\$91,759,834	\$60,766,217	\$92,736,878	\$106,678,584	7.0%	2.4%
10. Lab and X-Ray	\$16,123,398	\$13,685,581	\$12,445,037	\$14,912,139	\$15,532,543	\$18,478,889	\$19,289,558	3.0%	0.4%
11. Home Health	\$110,557,783	\$132,907,346	\$42,656,324	\$13,769,621	\$27,878,892	\$57,965,836	\$39,805,330	-15.7%	0.9%
12. Prescribed Drugs	\$319,230,386	\$339,257,021	\$370,562,935	\$498,274,151	\$538,978,630	\$601,828,866	\$757,869,724	15.5%	17.2%
13. Family Planning	\$24,355,643	\$25,846,670	\$27,091,933	\$3,494,866	\$1,982,843	\$9,819,034	\$2,679,492	-30.8%	0.1%
14. Early & Periodic Screening, Diagnosis & Treatment	\$25,584,313	\$25,725,521	\$25,513,441	\$26,962,276	\$0	\$0	\$34,773,474	5.2%	0.8%
15. Other Care	\$187,340,495	\$232,454,003	\$27,214,508	\$26,414,961	\$1,365,314	\$79,948,870	\$100,614,872	-9.8%	2.3%
16. Personal Care Support Services	\$0	\$0	\$101,836,605	\$47,863,039	\$95,407,829	\$77,345,277	\$83,723,068	-4.8%	1.9%
17. Home/Community Based Waiver Services	\$792	\$13,338	\$146,244,447	\$152,617,027	\$184,227,920	\$0	\$182,005,098	682.6%	4.1%
18. Prepaid Health Care	\$0	\$0	\$57,871,451	\$29,748,353	\$14,813,724	\$13,403,947	\$15,079,686	-28.6%	0.3%
19. Primary Case Management (PCCM) Services	\$0	\$0	\$23,190,993	\$23,312,451	\$22,390,700	\$0	\$2,857,568	-40.8%	0.1%
Total (excludes DSH pymts, pharmacy rebates, & other adjs.)	\$3,085,207,931	\$3,090,016,213	\$3,012,346,312	\$3,308,819,397	\$3,343,199,902	\$3,823,315,247	\$4,393,856,380	6.1%	100.0%

AVERAGE PAYMENTS PER RECIPIENT BY TYPE OF SERVICES

									(+) or (-) SLC
									Avg. FFY 02
01. General Hospital	\$4,601.55	\$4,384.78	\$4,131.73	\$4,289.22	\$3,551.29	\$4,698.13	\$3,946.97	-2.5%	-11.3%
02. Mental Hospital	\$0.00	\$0.00	\$0.00	\$0.00	\$1,191.13	\$417.31	\$1,628.05	16.9%	-78.9%
03. Skilled and Intermediate (non-MR) Care Nursing	\$15,739.65	\$15,563.41	\$14,950.13	\$18,799.68	\$13,953.53	\$15,774.08	\$15,092.14	-0.7%	-26.2%
04. Intermediate Care for Mentally Retarded	\$68,360.62	\$72,448.76	\$62,181.73	\$55,814.92	\$77,335.61	\$81,866.98	\$79,902.19	2.6%	8.6%
05. Physician Services	\$466.53	\$441.11	\$420.71	\$435.93	\$455.00	\$508.34	\$505.41	1.3%	8.6%
06. Dental Services	\$126.79	\$129.12	\$139.59	\$177.42	\$177.08	\$157.14	\$332.47	17.4%	17.7%
07. Other Practitioners	\$167.72	\$159.31	\$141.49	\$112.61	\$578.80	\$264.51	\$1,056.84	35.9%	233.4%
08. Outpatient Hospital	\$417.03	\$451.84	\$492.66	\$592.89	\$599.74	\$676.68	\$685.76	8.6%	26.7%
09. Clinic Services	\$1,271.51	\$1,684.05	\$1,885.25	\$1,818.03	\$1,242.04	\$1,721.71	\$1,957.33	7.5%	186.2%
10. Lab and X-Ray	\$80.69	\$80.67	\$74.14	\$85.69	\$95.63	\$106.43	\$98.03	3.3%	-5.3%
11. Home Health	\$5,130.77	\$5,996.81	\$502.90	\$649.85	\$2,857.91	\$2,503.14	\$1,692.76	-16.9%	-46.0%
12. Prescribed Drugs	\$358.15	\$400.56	\$459.80	\$596.36	\$665.83	\$697.91	\$805.67	14.5%	-26.4%
13. Family Planning	\$289.63	\$267.83	\$252.22	\$1,262.60	\$98.37	\$371.71	\$109.61	-15.0%	-71.3%
14. Early & Periodic Screening, Diagnosis & Treatment	\$86.09	\$83.45	\$88.61	\$90.32	\$0.00	\$0.00	\$106.55	3.6%	1.1%
15. Other Care	\$262.14	\$251.98	\$197.37	\$184.78	\$0.00	\$0.00	\$26,773.52	116.2%	1401.2%
16. Personal Care Support Services	\$0.00	\$0.00	\$523.51	\$4,323.28	\$9,621.83	\$5,860.63	\$6,135.36	85.0%	231.5%
17. Home/Community Based Waiver Services	\$39.60	\$53.14	\$9,589.17	\$9,652.59	\$0.00	\$0.00	\$7,744.24	140.9%	33.5%
18. Prepaid Health Care	\$0.00	\$0.00	\$737.56	\$512.10	\$579.50	\$211.08	\$579.21	-5.9%	-65.5%
19. Primary Care Case Management (PCCM) Services	\$0.00	\$0.00	\$26.37	\$25.57	\$24.71	\$0.00	\$3.01	-41.9%	-96.2%
Total (Average)	\$2,603.92	\$2,557.02	\$2,465.14	\$2,616.65	\$2,782.13	\$2,821.51	\$3,208.06	3.5%	-14.2%

TOTAL PER CAPITA EXPENDITURES	\$508.68	\$500.47	\$488.71	\$501.34	\$547.25	\$633.89	\$764.44	7.0%	-0.4%
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SOUTHERN REGION MEDICAID PROFILE
DATA BY OTHER CHARACTERISTICS

RECIPIENTS BY OTHER CHARACTERISTICS

	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	FFY 01	FFY 02	Annual Change	Share of Total FFY 02
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	574,269	560,794	473,537	695,362	658,181	735,945	743,190	4.4%	54.3%
Poverty Related Eligibles	116,447	449,852	536,420	442,457	417,566	463,943	468,698	26.1%	34.2%
Medically Needy	543	816	841	632	603	686	694	4.2%	0.1%
Other Eligibles	484,068	182,243	179,778	109,002	109,084	136,149	138,501	-18.8%	10.1%
Maintenance Assistance Status Unknown	9,506	14,740	31,402	17,072	16,235	18,336	18,546	11.8%	1.4%
Total*	1,184,833	1,208,445	1,221,978	1,264,525	1,201,669	1,355,059	1,369,629	2.4%	100.0%
By Basis of Eligibility									
Aged, Blind, or Disabled	306,376	309,328	315,460	319,040	321,649	361,190	296,092	-0.6%	21.6%
Children	629,386	655,741	666,385	702,317	675,723	759,714	846,992	5.1%	61.8%
Foster Care Children	55	6,271	6,508	6,448	6,637	7,033	7,098	124.8%	0.5%
Adults	239,510	222,365	202,223	205,865	196,973	224,948	219,447	-1.4%	16.0%
Basis of Eligibility Unknown	9,506	14,740	31,402	30,855	687	2,174	0	-100.0%	0.0%
Total*	1,184,833	1,208,445	1,221,978	1,264,525	1,201,669	1,355,059	1,369,629	2.4%	100.0%
By Age									
Under Age 1	57,949	62,035	64,474	168,941	165,168	176,824	164,384	19.0%	12.0%
Age 1 to 5	255,974	260,904	255,052	197,392	218,466	249,130	304,868	3.0%	22.3%
Age 6 to 14	269,468	284,038	280,857	143,650	170,840	198,163	199,064	-4.9%	14.5%
Age 15 to 20	123,686	131,439	129,665	192,081	221,941	243,690	244,797	12.1%	17.9%
Age 21 to 44	251,936	240,424	225,920	348,503	209,637	242,424	241,980	-0.7%	17.7%
Age 45 to 64	82,044	84,605	87,177	171,975	90,288	102,949	96,603	2.8%	7.1%
Age 65 to 74	52,920	53,163	53,477	19,600	37,478	64,598	54,048	0.4%	3.9%
Age 75 to 84	50,854	50,242	49,912	13,404	34,979	45,457	38,033	-4.7%	2.8%
Age 85 and Over	34,811	35,309	68,219	8,852	47,809	30,898	25,852	-4.8%	1.9%
Age Unknown	5,191	6,286	7,225	127	5,063	925	0	-100.0%	0.0%
Total*	1,184,833	1,208,445	1,221,978	1,264,525	1,201,669	1,355,059	1,369,629	2.4%	100.0%
By Race									
White	451,125	447,255	443,904	478,243	396,566	453,471	544,497	3.2%	39.8%
Black	632,470	643,610	647,000	590,154	590,400	669,508	670,634	1.0%	49.0%
Hispanic, American Indian or Asian	43,169	50,179	51,996	51,087	28,429	34,003	22,436	-10.3%	1.6%
Other/Unknown	58,069	67,401	79,078	145,041	186,274	198,077	132,062	14.7%	9.6%
Total*	1,184,833	1,208,445	1,221,978	1,264,525	1,201,669	1,355,059	1,369,629	2.4%	100.0%
By Sex									
Female	744,696	749,009	748,398	821,562	729,667	825,591	828,356	1.8%	60.5%
Male	434,945	453,144	466,356	442,963	472,002	528,959	541,273	3.7%	39.5%
Unknown	5,192	6,292	7,224	0	0	509	0	-100.0%	0.0%
Total*	1,184,833	1,208,445	1,221,978	1,264,525	1,201,669	1,355,059	1,369,629	2.4%	100.0%

*FFY 02 projected using FFY 96-FFY 01 trends, State Annual report, and state submitted data (SEE "Important Note" prior to table of contents).

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

SOUTHERN REGION MEDICAID PROFILE

PAYMENTS BY OTHER CHARACTERISTICS

	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	FFY 01	FFY 02	Annual Change	Share of Total FFY 02
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	\$1,497,011,074	\$1,476,472,911	\$1,377,872,299	\$1,580,953,908	\$1,594,093,620	\$1,827,930,882	\$2,099,357,343	5.8%	47.8%
Poverty Related Eligibles	\$136,270,254	\$671,343,738	\$689,569,489	\$718,675,573	\$773,642,661	\$813,794,805	\$924,151,698	37.6%	21.0%
Medically Needy	\$2,188,136	\$4,072,584	\$3,794,773	\$4,301,465	\$4,520,927	\$4,909,125	\$5,599,331	17.0%	0.1%
Other Eligibles	\$1,429,092,593	\$905,343,467	\$889,614,162	\$945,329,702	\$906,367,643	\$1,109,400,277	\$1,288,869,244	-1.7%	29.3%
Maintenance Assistance Status Unknown	\$20,645,874	\$32,783,513	\$51,495,589	\$59,558,749	\$64,575,051	\$67,280,158	\$75,878,764	24.2%	1.7%
Total*	\$3,085,207,931	\$3,090,016,213	\$3,012,346,312	\$3,308,819,397	\$3,343,199,902	\$3,823,315,247	\$4,393,856,380	6.1%	100.0%
By Basis of Eligibility									
Aged, Blind or Disabled	\$1,857,800,801	\$1,857,153,410	\$1,896,108,233	\$2,085,705,704	\$2,174,637,317	\$2,450,084,453	\$2,696,917,554	6.4%	61.4%
Children	\$618,667,247	\$619,714,194	\$582,740,389	\$688,823,404	\$687,795,671	\$813,041,681	\$1,049,476,338	9.2%	23.9%
Foster Care Children	\$158,272	\$21,716,984	\$23,957,528	\$26,363,349	\$25,568,009	\$31,696,343	\$35,452,784	146.4%	0.8%
Adults	\$587,935,737	\$558,812,319	\$458,044,573	\$502,627,534	\$404,103,045	\$513,140,987	\$612,009,704	0.7%	13.9%
Basis of Eligibility Unknown	\$20,645,874	\$32,619,306	\$51,495,589	\$59,558,749	\$64,575,051	\$67,280,158	\$75,878,764	-100.0%	0.0%
Total*	\$3,085,207,931	\$3,090,016,213	\$3,012,346,312	\$3,308,819,397	\$3,343,199,902	\$3,823,315,247	\$4,393,856,380	6.1%	100.0%
By Age									
Under Age 1	\$117,034,113	\$116,190,597	\$130,274,039	\$553,565,485	\$326,516,496	\$365,608,753	\$429,161,098	24.2%	9.8%
Age 1 to 5	\$323,376,173	\$307,847,423	\$256,674,945	\$346,962,802	\$201,877,583	\$241,079,204	\$314,176,463	-0.5%	7.2%
Age 6 to 14	\$229,498,271	\$239,303,673	\$228,998,832	\$276,091,199	\$181,407,063	\$213,405,159	\$270,580,761	2.8%	6.2%
Age 15 to 20	\$261,476,695	\$263,589,850	\$229,873,552	\$452,050,906	\$297,022,244	\$341,197,838	\$421,969,222	8.3%	9.6%
Age 21 to 44	\$810,798,064	\$818,413,173	\$737,273,945	\$967,730,409	\$746,450,035	\$864,451,440	\$1,020,365,216	3.9%	23.2%
Age 45 to 64	\$452,935,764	\$477,409,453	\$507,321,902	\$554,690,484	\$602,930,150	\$683,288,635	\$823,172,940	10.5%	18.7%
Age 65 to 74	\$221,937,199	\$222,067,879	\$225,627,074	\$70,501,015	\$241,551,216	\$486,807,762	\$486,871,757	14.0%	11.1%
Age 75 to 84	\$324,793,939	\$310,065,313	\$302,572,083	\$50,112,070	\$323,926,793	\$356,102,455	\$356,149,268	1.5%	8.1%
Age 85 and Over	\$330,247,882	\$321,060,648	\$372,731,195	\$36,301,058	\$399,037,543	\$264,935,346	\$264,970,174	-3.6%	6.0%
Age Unknown	\$13,109,831	\$14,068,204	\$20,998,745	\$813,969	\$22,480,779	\$6,438,635	\$6,439,481	-11.2%	0.1%
Total*	\$3,085,207,931	\$3,090,016,213	\$3,012,346,312	\$3,308,819,397	\$3,343,199,902	\$3,823,315,247	\$4,393,856,380	6.1%	100.0%
By Race									
White	\$1,509,948,577	\$1,482,725,620	\$1,449,477,236	\$1,281,836,634	\$1,588,004,228	\$1,813,142,432	\$2,142,020,516	6.0%	48.8%
Black	\$1,297,219,832	\$1,306,996,330	\$1,239,615,206	\$1,397,314,431	\$1,317,597,290	\$1,513,897,066	\$1,743,317,300	5.0%	39.7%
Hispanic, American Indian or Asian	\$60,690,293	\$71,650,212	\$63,396,255	\$133,345,422	\$56,714,603	\$66,738,654	\$32,872,302	-9.7%	0.7%
Other/Unknown	\$217,349,229	\$228,644,051	\$259,857,615	\$496,322,910	\$380,883,781	\$429,537,095	\$475,646,262	13.9%	10.8%
Total*	\$3,085,207,931	\$3,090,016,213	\$3,012,346,312	\$3,308,819,397	\$3,343,199,902	\$3,823,315,247	\$4,393,856,380	6.1%	100.0%
By Sex									
Female	\$2,078,712,807	\$2,059,074,878	\$1,966,718,337	\$2,062,718,012	\$2,185,216,413	\$2,486,920,639	\$2,806,127,418	5.1%	63.9%
Male	\$993,383,565	\$1,016,859,298	\$1,024,630,832	\$1,246,101,385	\$1,157,983,489	\$1,332,201,835	\$1,587,728,962	8.1%	36.1%
Unknown	\$13,111,559	\$14,082,037	\$20,997,143	\$0	\$0	\$4,192,773	\$0	-100.0%	0.0%
Total*	\$3,085,207,931	\$3,090,016,213	\$3,012,346,312	\$3,308,819,397	\$3,343,199,902	\$3,823,315,247	\$4,393,856,380	6.1%	100.0%

*FFY 02 projected using FFY 96-FFY 01 trends, State Annual report, and state submitted data (SEE "Important Note" prior to table of contents).

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

SOUTHERN REGION MEDICAID PROFILE

AVERAGE PAYMENT PER RECIPIENT BY OTHER CHARACTERISTICS

	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	FFY 01	FFY 02	Annual Change	Above (+) or Below (-) SLC Avg. FFY 02
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	\$2,606.81	\$2,632.83	\$2,909.75	\$2,273.57	\$2,421.97	\$2,483.79	\$2,824.79	1.3%	-35.0%
Poverty Related Eligibles	\$1,170.23	\$1,492.37	\$1,285.50	\$1,624.28	\$1,852.74	\$1,754.08	\$1,971.74	9.1%	1.3%
Medically Needy	\$4,029.72	\$4,990.91	\$4,512.22	\$6,806.12	\$7,495.91	\$7,154.48	\$8,068.20	12.3%	22.9%
Other Eligibles	\$2,952.26	\$4,967.78	\$4,948.40	\$8,672.59	\$8,308.92	\$8,148.43	\$9,305.85	21.1%	27.5%
Maintenance Assistance Status Unknown	\$2,171.88	\$2,224.12	\$1,639.88	\$3,488.68	\$3,977.48	\$3,669.36	\$4,091.38	11.1%	77.9%
Total	\$2,603.92	\$2,557.02	\$2,465.14	\$2,616.65	\$2,782.13	\$2,821.51	\$3,208.06	3.5%	-14.2%
By Basis of Eligibility									
Aged, Blind or Disabled	\$6,063.79	\$6,003.83	\$6,010.61	\$6,537.44	\$6,760.90	\$6,783.38	\$9,108.38	7.0%	-3.3%
Children	\$982.97	\$945.06	\$874.48	\$980.79	\$1,017.87	\$1,070.19	\$1,239.06	3.9%	-3.4%
Foster Care Children	\$2,877.67	\$3,463.08	\$3,681.24	\$4,088.61	\$3,852.23	\$4,506.55	\$4,994.78	9.6%	-8.0%
Adults	\$2,454.74	\$2,513.04	\$2,265.05	\$2,441.54	\$2,051.57	\$2,281.15	\$2,788.87	2.1%	16.6%
Basis of Eligibility Unknown	\$2,171.88	\$2,212.98	\$1,639.88	\$171.75	\$74,375.34	\$7,060.99	\$0.00	-100.0%	-100.0%
Total	\$2,603.92	\$2,557.02	\$2,465.14	\$2,616.65	\$2,782.13	\$2,821.51	\$3,208.06	3.5%	-14.2%
By Age									
Under Age 1	\$2,019.61	\$1,872.98	\$2,020.57	\$3,276.68	\$1,976.88	\$2,067.64	\$2,610.72	4.4%	-9.3%
Age 1 to 5	\$1,263.32	\$1,179.93	\$1,006.36	\$1,757.73	\$924.07	\$967.68	\$1,030.53	-3.3%	-25.1%
Age 6 to 14	\$851.67	\$842.51	\$815.36	\$1,921.97	\$1,061.85	\$1,076.91	\$1,359.27	8.1%	-9.0%
Age 15 to 20	\$2,114.04	\$2,005.42	\$1,772.83	\$2,353.44	\$1,338.29	\$1,400.13	\$1,723.75	-3.3%	-30.1%
Age 21 to 44	\$3,218.27	\$3,404.04	\$3,263.43	\$2,776.82	\$3,560.68	\$3,565.87	\$4,216.73	4.6%	-4.7%
Age 45 to 64	\$5,520.64	\$5,642.80	\$5,819.45	\$3,225.41	\$6,677.85	\$6,637.17	\$8,521.19	7.5%	3.0%
Age 65 to 74	\$4,193.82	\$4,177.11	\$4,219.14	\$3,596.99	\$6,445.15	\$7,535.92	\$9,008.14	13.6%	39.4%
Age 75 to 84	\$6,386.79	\$6,171.44	\$6,062.11	\$3,738.59	\$9,260.61	\$7,833.77	\$9,364.18	6.6%	-2.8%
Age 85 and Over	\$9,486.88	\$9,092.88	\$5,463.74	\$4,100.89	\$8,346.49	\$8,574.43	\$10,249.54	1.3%	-27.1%
Age Unknown	\$2,525.49	\$2,238.02	\$2,906.40	\$6,409.20	\$4,440.21	\$6,960.97	\$0.00	-100.0%	-100.0%
Total	\$2,603.92	\$2,557.02	\$2,465.14	\$2,616.65	\$2,782.13	\$2,821.51	\$3,208.06	3.5%	-14.2%
By Race									
White	\$3,347.07	\$3,315.17	\$3,265.29	\$2,680.30	\$4,004.39	\$3,998.37	\$3,933.94	2.7%	-12.6%
Black	\$2,051.04	\$2,030.73	\$1,915.94	\$2,367.71	\$2,231.70	\$2,261.21	\$2,599.51	4.0%	-16.0%
Hispanic, American Indian or Asian	\$1,405.88	\$1,427.89	\$1,219.25	\$2,610.16	\$1,994.96	\$1,962.72	\$1,465.16	0.7%	-37.6%
Other/Unknown	\$3,742.95	\$3,392.29	\$3,286.09	\$3,421.95	\$2,044.75	\$2,168.54	\$3,601.69	-0.6%	-28.0%
Total	\$2,603.92	\$2,557.02	\$2,465.14	\$2,616.65	\$2,782.13	\$2,821.51	\$3,208.06	3.5%	-14.2%
By Sex									
Female	\$2,791.36	\$2,749.07	\$2,627.90	\$2,510.73	\$2,994.81	\$3,012.29	\$3,387.59	3.3%	-10.0%
Male	\$2,283.93	\$2,244.01	\$2,197.10	\$2,813.10	\$2,453.34	\$2,518.53	\$2,933.32	4.3%	-19.0%
Unknown	\$2,525.34	\$2,238.09	\$2,906.58	\$0.00	\$0.00	\$8,236.23	\$0.00	-100.0%	-100.0%
Total	\$2,603.92	\$2,557.02	\$2,465.14	\$2,616.65	\$2,782.13	\$2,821.51	\$3,208.06	3.5%	-14.2%

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

SOUTHERN REGION MEDICAID PROFILE

ADDITIONAL STATE HEALTH CARE INFORMATION

Sources: "Major Health Care Policies: 50 State Profiles 2002", Health Policy Tracking Service, January, 2003; and "Medicaid Services State by State", CMS, October 2002.

*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 2003. Approximately 1,053,733 Medicaid recipients (around 77% of all recipients) were enrolled as of June 2002.

Georgia has 5 home and community-based waivers and 2 demonstration projects that have been approved by the Centers for Medicare and Medicaid Services (CMS). Some of the services provided to individuals in waiver programs include: personal support, skilled nursing, environmental modification services, specialized medical equipment and supplies, counseling, emergency response system, home health services, transportation, day care, day habilitation, personal care home, home delivered meals, respite care services, and case management services. They include:

- The Community Care Program: offers services to help elderly and/or functionally impaired or disabled individuals remain in the community or return to the community from a nursing home, served approximately 14,930 in FY 02.
- The Mental Retardation Waiver Program and the Community Habilitation and Support services Waiver Program: helps individuals that have mental retardation or a developmental disability, served approximately 7,145 in FY 02.
- The Model Waiver: covers private duty nursing and medical day care for individuals under age 21 that are respirator or oxygen dependent, served 160 in FY 02.
- The Independent Care Waiver Program (ICWP): helps adult Medicaid recipients with disabilities live in their own home or in the community instead of living in a hospital setting. The ICWP also includes services for adult Medicaid recipients with traumatic brain injuries, served 670 in FY 02.
- SOURCE (Service Options Using Resources in a Community Environment) Project: links primary care with an array of long-term health services in an individual's home or community to avoid preventable hospital and nursing home care for frail elderly and disabled individuals, served approximately 1,778 in FFY 02.
- ShepardCare: provides primary care through an outreach program that is managed by advanced practice nurses that coordinate medical care for severely disabled individuals at the ShepardCare Clinic in Atlanta, served 85 in FY 02.

Managed Care

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

Coverage for Targeted Population

- The Uninsured: The State provides disproportionate share payments (DSH) for indigent care through the Indigent Care Trust Fund (ICTF), established in 1990.
- The Indigent Care Trust Fund (ICTF) II, implemented in May of 1997, was specifically designed to assist hospitals in small communities and rural areas. In FFY 02, trust fund payments to 89 participating hospitals totaled \$433,507,525 (does not include any state matching funds).

Cost Containment Measures

- Certificate of Need Program since 1979. Regulates introduction or expansion of new institutional health care facilities and services. 1994 legislation revised composition and duties of the Health Planning Review Board and sets procedures for appeals of certificate of need decisions.
- Privatization of administrative functions, including claims payment and the Medicaid Management Information System (MMIS) which maintains the Department's claims data.

SOUTHERN REGION MEDICAID PROFILE

Cost Containment Measures (Continued)

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

Medicaid

- 37 optional services are offered.
- Non-Emergency Transportation (NET) Broker Program, was implemented in 1998, and replaced direct providers of NET services with a broker to administer services to recipients. Payments to brokers will be made on a capitated rate based on the number of Medicaid eligibles in one of the five regions.
- Enacted legislation in 2000 that exempted durable medical equipment from state sales and use tax if paid for directly by Medicare or Medicaid.
- Enacted legislation in 2001 that requires Medicaid to provide coverage to women that have been screened and diagnosed with breast or cervical cancer (Federally mandated by the Breast and Cervical Cancer Prevention and Treatment Act of 2000).
- Amended the Medicaid program in 2002 to provide services as follows :
 - Implementation of prior authorization for certain drugs.
 - Establishment of a new preferred drug list.
 - Increased reimbursement rates for inpatient hospital providers.
 - Adjusted case-mix reimbursement rates for nursing-home providers.
 - Increased reimbursement rates for physicians and dentists.
 - Extended Medicaid coverage for traumatic burn care medical services.
 - Eliminated and the optional second year of Medicaid for people who are making the transition from TANF eligibility to work.

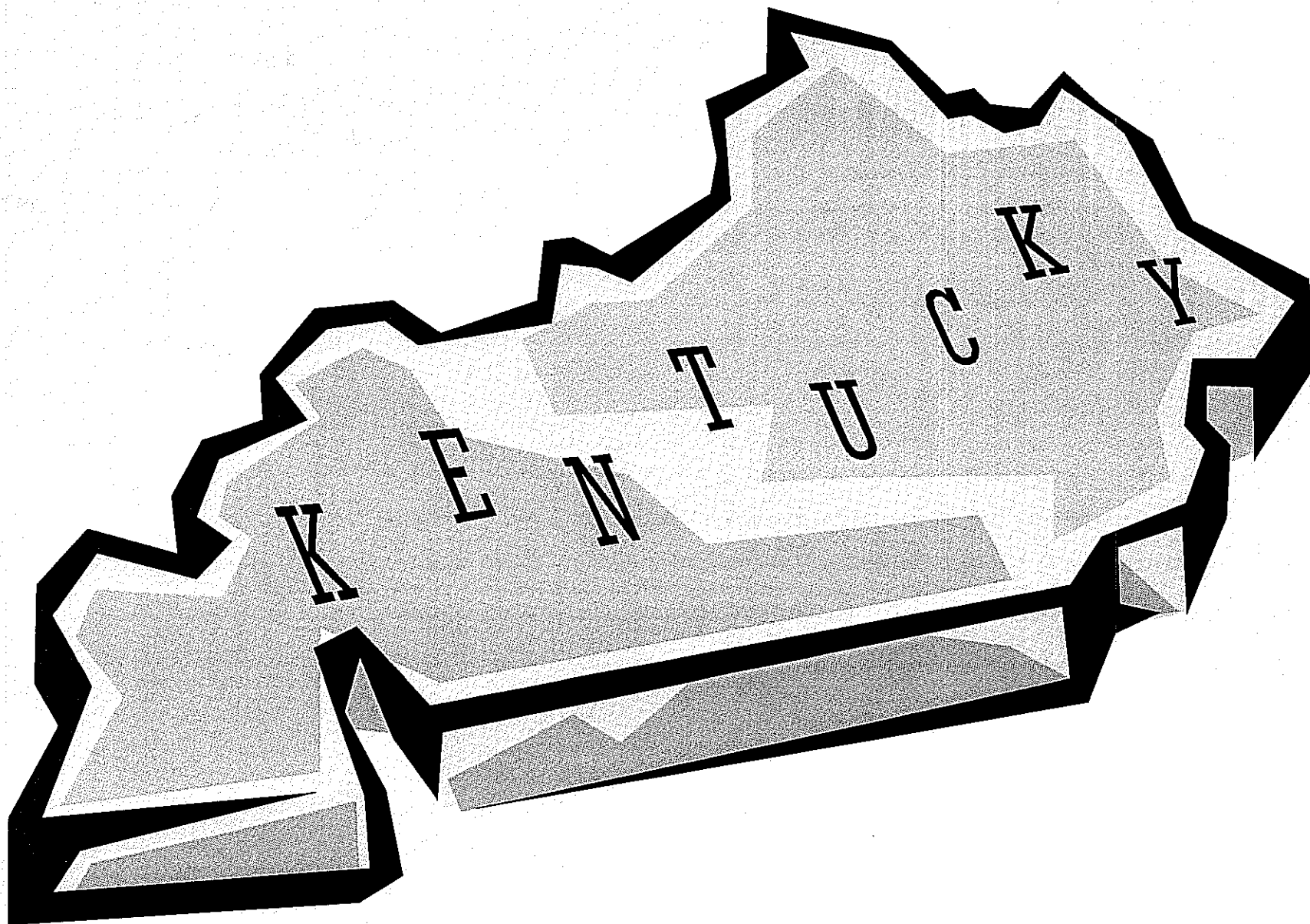
Children's Health Insurance Program: State Designed Plan

- 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 2002, approximately 221,005 children/adolescents had enrolled in the program. CMS approved an amendment in February 2002 that allows an additional exception to Georgia's 3 month waiting period. The new exception applies to families who have dropped high-cost, private insurance that cost more than 5 percent of the family's income.
- Uninsured children/adolescents will be eligible for PeachCare benefits if their families' incomes are less than or equal to 235% of the FPL.
- Families with children age 6 and older will be charged a monthly premium for the cost of PeachCare coverage; \$7.50 per month for one child and \$15.00 for two or more children. No premiums will be charged to families with children age 5 or younger.
- Children/adolescents enrolled in PeachCare for Kids have the option to use the primary care case management program or enroll in a managed care organization.

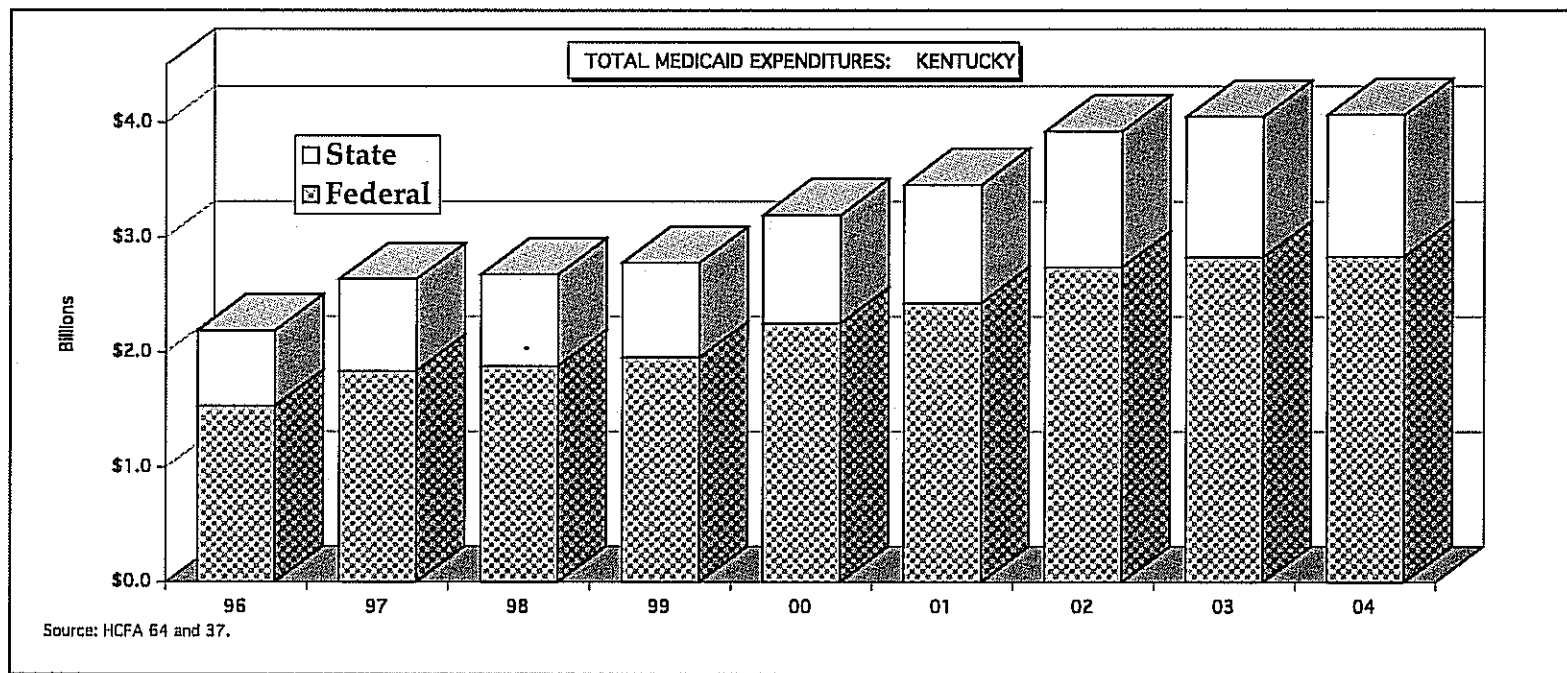
Tobacco Settlement

- The state expects to receive approximately \$4.81 billion over 25 years.
- For Fiscal Year 2002, the tobacco settlement payment was approximately \$178.4 million.
- Created the Georgia Tobacco Community Development Board and Board Overview Committee; charged with determining the allocation of private trust funds among tobacco growers and tobacco quota owners.
- In 2001, the legislature created the OneGeorgia Fund to direct funds to assist the state's most economically challenged areas.
- The Legislature appropriated tobacco monies (\$103.3 million) for the FY 02 budget for health care initiatives.

STATE MEDICAID PROFILE



SOUTHERN REGION MEDICAID PROFILE



THIS IS A PRELIMINARY DRAFT OF THE FFY 02 MEDICAID COMPARATIVE DATA REPORT. REVISIONS WILL BE REQUIRED PRIOR TO PUBLISHING THE FINAL DOCUMENT. SEE NOTE ON THE FIRST PAGE OF THE REPORT.

	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	FFY 01	FFY 02*	FFY 03**	FFY 04**	Annual Rate of Change	Total Change 96-04
Medicaid Payments	\$2,132,812,645	\$2,571,547,988	\$2,595,560,522	\$2,697,336,889	\$3,094,832,031	\$3,364,490,045	\$3,823,465,694	\$3,929,380,000	\$3,954,107,000	8.0%	85.4%
Federal Share	\$1,499,738,794	\$1,802,405,130	\$1,831,785,078	\$1,907,514,929	\$2,190,728,391	\$2,375,932,336	\$2,682,138,350	\$2,752,828,000	\$2,769,674,000	8.0%	84.7%
State Share	\$633,073,851	\$769,142,858	\$763,775,444	\$789,821,960	\$904,103,640	\$988,557,709	\$1,141,327,344	\$1,176,552,000	\$1,184,433,000	8.1%	87.1%
Administrative Costs	\$56,720,555	\$64,772,145	\$82,295,409	\$82,702,943	\$101,052,332	\$94,086,870	\$100,440,133	\$122,500,000	\$112,500,000	8.9%	98.3%
Federal Share	\$31,940,888	\$35,313,441	\$50,814,765	\$48,067,997	\$61,318,656	\$56,046,971	\$60,021,963	\$78,528,000	\$69,566,000	10.2%	117.8%
State Share	\$24,779,667	\$29,458,704	\$31,480,644	\$34,634,946	\$39,733,676	\$38,039,899	\$40,418,170	\$43,972,000	\$42,934,000	7.1%	73.3%
Admin. Costs as % of Payments	2.66%	2.52%	3.17%	3.10%	2.50%	2.50%	2.50%	2.50%	2.50%		
Federal Match Rate*	70.30%	70.09%	70.37%	70.53%	70.55%	70.39%	69.94%	69.89%	70.09%		

*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 03 and 04 reflect latest estimates reported by each state (CMS 37).

SOUTHERN REGION MEDICAID PROFILE

STATE FINANCING

	Payments		Administration	
	FFY 96	FFY 02	FFY 96	FFY 02
State General Fund	\$633,073,851	\$966,382,068	\$24,779,667	\$40,418,170
Local Funds	\$0	\$0	\$0	\$0
Provider Taxes	\$0	\$174,945,276	\$0	\$0
Donations	\$0	\$0	\$0	\$0
Other	\$0	\$0	\$0	\$0
Total State Share	\$633,073,851	\$1,141,327,344	\$24,779,667	\$40,418,170

Provider Taxes Currently in Place (FFY 02)		
	Tax Rate	Amt. Generated
Hospitals	2.50%	\$141,724,204
Physicians	2.00%	\$222
Home Health	2.00%	\$6,388,941
ICF/MR	2.00%	\$2,035,159
Nurse Fac	2.00%	\$24,796,750
Total		\$174,945,276

DISPROPORTIONATE SHARE HOSPITAL (DSH) PAYMENTS

	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	FFY 01	FFY 02*	FFY 03**	FFY 04**	Annual Change
General Hospitals	\$117,706,563	\$165,640,794	\$160,194,731	\$154,172,283	\$150,069,000	\$154,679,034	\$159,937,965	\$135,525,000	\$135,525,000	-2.7%
Mental Hospitals	\$33,791,199	\$65,158,786	\$34,490,470	\$35,817,792	\$35,177,066	\$36,470,274	\$26,187,685	\$31,931,000	\$31,931,000	-1.3%
Total	\$151,497,762	\$230,799,580	\$194,685,201	\$189,990,075	\$185,246,066	\$191,149,308	\$186,125,650	\$167,456,000	\$167,456,000	-2.5%

SELECTED ELIGIBILITY CRITERIA

	At 10/1/02	% of FPL*
TANF-Temporary Assistance for Needy Families (Family of 3)		
Need Standard	\$526	41.4%
Payment Standard	\$262	20.6%
Maximum Payment	\$262	20.6%
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	66.8%
Couple	\$751	74.4%
Resources:		
Single Person	\$2,000	
Couple	\$3,000	

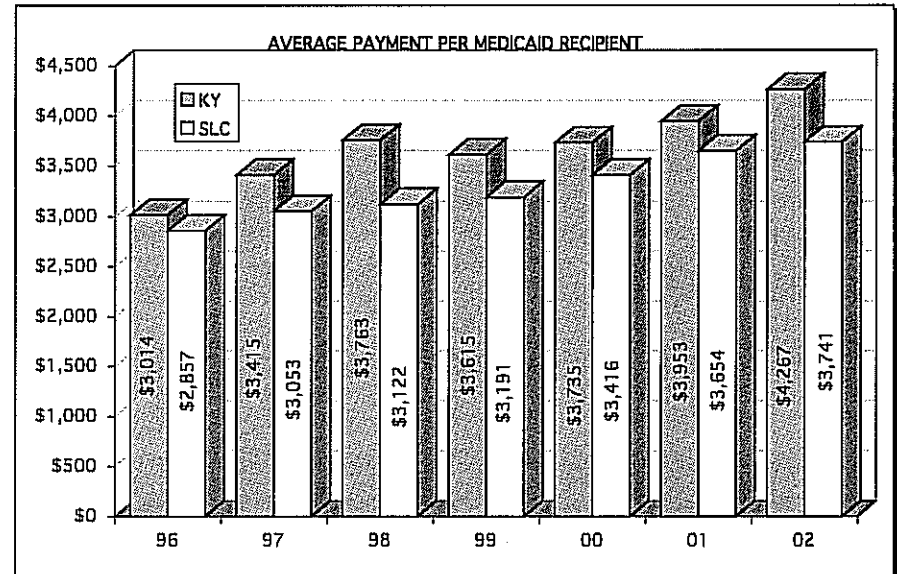
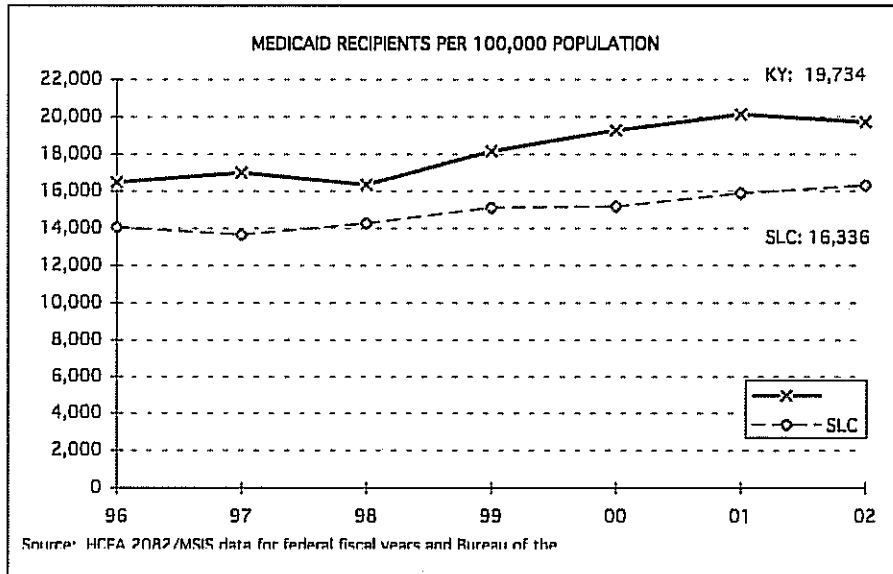
DEMOGRAPHIC DATA & POVERTY INDICATORS (2002)

		Rank in U.S.
State population—July 1, 2002*	4,092,891	26
Per capita personal income**	\$24,923	40
Median household income**	\$38,437	35
Population below Federal Poverty Level on July 1, 2001*	507,518	
Percent of total state population	12.4%	18
Population without health insurance coverage*	503,426	23
Percent of total state population	12.3%	26
Recipients of Food Stamps***	450,102	14
Households receiving Food Stamps***	187,471	14
Total value of issuance***	\$410,097,309	15
Average monthly benefit per recipient	\$75.93	30
Average monthly benefit per household	\$182.29	
Monthly recipients of Temporary Assistance to Needy Families (TANF)****	75,582	19
Total TANF payments****	\$134,731,057	30
Average monthly payment per recipient	\$103.33	37
Maximum monthly payment per family of 3	\$262.00	43

*Current federal poverty level is \$8,980 per year for a single person, \$12,120 for a family of two and \$15,260 for a family of three. Table above shows monthly income levels.

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

SOUTHERN REGION MEDICAID PROFILE



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

RECIPIENTS BY TYPE OF SERVICES	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	FFY 01	FFY 02	Annual Change
01. General Hospital	104,194	142,868	93,875	67,869	93,744	114,166	93,565	-1.8%
02. Mental Hospital	3,361	4,395	4,338	3,338	4,281	4,225	4,138	3.5%
03. Skilled and Intermediate (non-MR) Care Nursing	25,793	27,843	27,439	28,622	30,445	33,046	31,151	3.2%
04. Intermediate Care for Mentally Retarded	1,250	1,252	1,240	1,182	1,163	1,016	935	-4.7%
05. Physician Services	498,979	502,644	438,403	356,477	420,912	472,908	480,948	-0.6%
06. Dental Services	162,546	172,039	131,560	98,313	132,473	157,207	160,589	-0.2%
07. Other Practitioners	110,344	121,377	95,907	72,055	117,557	153,862	152,585	5.6%
08. Outpatient Hospital	341,335	350,200	292,864	284,794	293,726	334,084	345,072	0.2%
09. Clinic Services	149,467	171,596	144,896	148,794	144,829	160,800	177,702	2.9%
10. Lab and X-Ray	280,638	288,327	238,713	186,042	218,843	253,887	266,980	-0.8%
11. Home Health	64,169	73,688	67,405	18,431	22,013	23,413	23,053	-15.7%
12. Prescribed Drugs	497,251	494,293	429,102	361,545	429,211	477,267	487,687	-0.3%
13. Family Planning	43,361	50,835	34,697	16,953	4,319	4,608	4,081	-32.6%
14. Early & Periodic Screening, Diagnosis & Treatment	42,378	55,616	38,422	57,775	0	0	0	-100.0%
15. Other Care	203,343	241,613	208,539	653,958	230,824	290,554	315,685	7.6%
16. Personal Care Support Services	0	0	27,589	12,773	41,268	55,614	76,076	28.9%
17. Home/Community Based Waiver Services	0	0	13,125	12,567	0	0	0	-100.0%
18. Prepaid Health Care	0	0	194,164	204,778	705,862	755,019	742,918	39.9%
19. Primary Care Case Management (PCCM) Services	0	0	0	0	273,165	404,836	437,870	26.6%
Total*	640,541	664,454	644,482	719,117	779,845	818,311	807,675	3.9%

*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.

KENTUCKY

SOUTHERN REGION MEDICAID PROFILE

<u>PAYMENTS BY TYPE OF SERVICES</u>	<u>FFY 96</u>	<u>FFY 97</u>	<u>FFY 98</u>	<u>FFY 99</u>	<u>FFY 00</u>	<u>FFY 01</u>	<u>FFY 02</u>	<u>Annual</u> <u>Change</u>	<u>Share of Total</u> <u>FFY 02</u>
01. General Hospital	\$340,460,365	\$370,294,056	\$277,720,828	\$190,382,455	\$263,189,262	\$329,486,848	\$340,996,515	0.0%	9.9%
02. Mental Hospital	\$40,936,172	\$40,101,982	\$42,689,470	\$42,743,683	\$43,386,622	\$45,645,516	\$50,620,442	3.6%	1.5%
03. Skilled and Intermediate (non-MR) Care Nursing	\$401,859,802	\$461,422,826	\$491,196,404	\$384,060,622	\$555,718,129	\$565,631,267	\$580,906,123	6.3%	16.9%
04. Intermediate Care for Mentally Retarded	\$57,547,393	\$79,320,366	\$79,305,645	\$72,474,072	\$83,538,075	\$94,291,645	\$97,873,304	9.3%	2.8%
05. Physician Services	\$181,826,315	\$204,705,525	\$164,972,078	\$171,972,078	\$162,638,905	\$199,588,049	\$206,608,110	2.2%	6.0%
06. Dental Services	\$33,657,300	\$37,749,109	\$23,876,778	\$26,297,339	\$29,705,366	\$45,996,569	\$46,888,494	5.7%	1.4%
07. Other Practitioners	\$9,138,360	\$11,221,622	\$8,865,468	\$9,281,991	\$22,435,246	\$32,347,210	\$34,284,028	24.7%	1.0%
08. Outpatient Hospital	\$214,277,032	\$248,098,689	\$211,965,422	\$208,460,794	\$251,931,838	\$282,267,544	\$270,302,493	3.9%	7.8%
09. Clinic Services	\$103,145,364	\$115,098,014	\$98,656,658	\$101,657,859	\$106,322,391	\$119,699,753	\$131,917,235	4.2%	3.8%
10. Lab and X-Ray	\$29,173,403	\$32,453,033	\$26,978,851	\$72,620,176	\$25,809,802	\$33,215,049	\$35,594,852	3.4%	1.0%
11. Home Health	\$138,983,963	\$170,278,969	\$96,406,052	\$96,908,187	\$75,348,484	\$79,240,064	\$70,073,721	-10.8%	2.0%
12. Prescribed Drugs	\$272,539,525	\$316,464,180	\$319,983,951	\$350,199,429	\$465,179,369	\$598,093,323	\$658,914,863	15.9%	19.1%
13. Family Planning	\$9,331,020	\$13,979,776	\$8,543,697	\$8,996,034	\$5,415,861	\$5,184,049	\$5,616,937	-8.1%	0.2%
14. Early & Periodic Screening, Diagnosis & Treatment	\$25,387,150	\$54,906,308	\$61,282,505	\$61,050,004	\$0	\$0	\$0	-100.0%	0.0%
15. Other Care	\$72,549,221	\$112,843,946	\$92,951,173	\$376,338,122	\$325,708,968	\$386,323,173	\$448,046,034	35.5%	13.0%
16. Personal Care Support Services	\$0	\$0	\$23,492,967	\$23,589,201	\$25,798,449	\$30,985,533	\$37,916,548	12.7%	1.1%
17. Home/Community Based Waiver Services	\$0	\$0	\$84,874,155	\$86,875,389	\$0	\$0	\$0	-18.2%	1.1%
18. Prepaid Health Care	\$0	\$0	\$311,526,039	\$315,352,134	\$466,971,176	\$374,020,294	\$414,489,884	7.4%	12.0%
19. Primary Case Management (PCCM) Services	\$0	\$0	\$0	\$0	\$3,702,440	\$13,065,840	\$15,220,444	102.8%	0.4%
Total (excludes DSH pymts, pharmacy rebates, & other adjs.)	\$1,930,812,385	\$2,268,938,421	\$2,425,288,141	\$2,599,259,569	\$2,912,800,383	\$3,235,081,726	\$3,446,270,027	10.1%	100.0%

AVERAGE PAYMENTS PER RECIPIENT BY TYPE OF SERVICES

								(+) or (-) SLC Avg. FFY 02
01. General Hospital	\$3,267.56	\$2,591.86	\$2,958.41	\$2,805.15	\$2,807.53	\$2,886.03	\$3,644.49	1.8%
02. Mental Hospital	\$12,179.76	\$9,124.46	\$9,840.82	\$12,805.18	\$10,134.69	\$10,803.67	\$12,233.07	0.1%
03. Skilled and Intermediate (non-MR) Care Nursing	\$15,580.19	\$16,572.31	\$17,901.40	\$13,418.37	\$18,253.18	\$17,116.48	\$18,648.07	3.0%
04. Intermediate Care for Mentally Retarded	\$46,037.91	\$63,354.92	\$63,956.17	\$61,314.78	\$71,829.82	\$92,806.74	\$104,677.33	14.7%
05. Physician Services	\$364.40	\$407.26	\$376.30	\$482.42	\$386.40	\$422.04	\$429.59	2.8%
06. Dental Services	\$207.06	\$219.42	\$181.49	\$267.49	\$224.24	\$292.59	\$291.98	5.9%
07. Other Practitioners	\$82.82	\$92.45	\$92.44	\$128.82	\$190.85	\$210.24	\$224.69	18.1%
08. Outpatient Hospital	\$627.76	\$708.45	\$723.77	\$731.97	\$837.71	\$844.90	\$783.32	3.8%
09. Clinic Services	\$690.09	\$670.75	\$680.88	\$683.21	\$734.12	\$744.40	\$742.35	1.2%
10. Lab and X-Ray	\$103.95	\$112.56	\$113.02	\$390.34	\$117.94	\$130.83	\$133.32	4.2%
11. Home Health	\$2,165.91	\$2,310.81	\$1,430.25	\$5,257.89	\$3,422.91	\$3,384.45	\$3,039.68	5.8%
12. Prescribed Drugs	\$548.09	\$640.24	\$745.71	\$968.62	\$1,083.80	\$1,253.16	\$1,351.10	16.2%
13. Family Planning	\$215.19	\$275.00	\$246.24	\$530.65	\$1,253.96	\$1,125.01	\$1,376.36	36.2%
14. Early & Periodic Screening, Diagnosis & Treatment	\$599.06	\$987.24	\$1,594.98	\$1,056.69	\$0.00	\$0.00	\$0.00	-100.0%
15. Other Care	\$356.78	\$467.04	\$445.73	\$575.48	\$1,411.07	\$1,329.61	\$1,419.28	25.9%
16. Personal Care Support Services	\$0.00	\$0.00	\$851.53	\$1,846.80	\$0.00	\$0.00	\$0.00	-100.0%
17. Home/Community Based Waiver Services	\$0.00	\$0.00	\$6,466.60	\$6,912.98	\$0.00	\$0.00	\$0.00	-100.0%
18. Prepaid Health Care	\$0.00	\$0.00	\$1,604.45	\$1,539.97	\$661.56	\$495.38	\$557.92	-23.2%
19. Primary Case Management (PCCM) Services	\$0.00	\$0.00	\$0.00	\$0.00	\$13.55	\$32.27	\$34.76	60.1%
Total (Average)	\$3,014.35	\$3,414.74	\$3,763.16	\$3,614.52	\$3,735.10	\$3,953.36	\$4,266.90	6.0%

TOTAL PER CAPITA EXPENDITURES	\$564.01	\$674.19	\$680.26	\$701.88	\$790.71	\$850.70	\$958.71	9.2%	24.9%
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KENTUCKY

SOUTHERN REGION MEDICAID PROFILE
DATA BY OTHER CHARACTERISTICS

RECIPIENTS BY OTHER CHARACTERISTICS

	<u>FFY 96</u>	<u>FFY 97</u>	<u>FFY 98</u>	<u>FFY 99</u>	<u>FFY 00</u>	<u>FFY 01</u>	<u>FFY 02</u>	<u>Annual</u> <u>Change</u>	<u>Share of Total</u> <u>FFY 02</u>
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	367,625	369,361	346,507	307,717	312,752	332,965	346,110	-1.0%	42.9%
Poverty Related Eligibles	22,593	158,048	184,829	215,825	272,862	301,411	304,076	54.2%	37.6%
Medically Needy	59,641	55,066	50,532	57,330	50,064	39,493	34,828	-8.6%	4.3%
Other Eligibles	184,082	62,039	53,190	72,655	72,297	71,377	78,408	-13.3%	9.7%
Maintenance Assistance Status Unknown	6,600	19,940	9,424	65,590	71,870	73,065	44,253	37.3%	5.5%
Total	640,541	664,454	644,482	719,117	779,845	818,311	807,675	3.9%	100.0%
By Basis of Eligibility									
Aged, Blind, or Disabled	233,528	239,181	244,411	250,172	256,806	262,914	261,488	1.9%	32.4%
Children	280,731	276,601	273,114	298,192	345,735	372,901	383,466	5.3%	47.5%
Foster Care Children	0	5,637	6,369	7,558	8,033	8,502	9,333	10.6%	1.2%
Adults	119,682	123,094	111,161	97,605	97,401	100,929	109,135	-1.5%	13.5%
Basis of Eligibility Unknown	6,600	19,941	9,427	65,590	71,870	73,065	44,253	37.3%	5.5%
Total	640,541	664,454	644,482	719,117	779,845	818,311	807,675	3.9%	100.0%
By Age									
Under Age 1	21,679	21,595	22,487	29,842	32,323	31,296	32,815	7.2%	4.1%
Age 1 to 5	116,746	114,103	108,103	112,271	122,660	129,315	133,723	2.3%	16.6%
Age 6 to 14	126,952	132,747	136,877	145,004	166,633	179,679	183,656	6.3%	22.7%
Age 15 to 20	57,364	58,861	56,460	63,929	78,225	85,716	87,325	7.3%	10.8%
Age 21 to 44	159,374	163,583	153,490	143,840	145,858	152,902	158,267	-0.1%	19.6%
Age 45 to 64	69,723	72,966	75,170	75,574	78,329	82,950	84,704	3.3%	10.5%
Age 65 to 74	33,555	34,711	35,195	34,426	34,938	35,287	35,324	0.9%	4.4%
Age 75 to 84	29,107	30,023	30,128	28,874	29,205	28,891	28,756	-0.2%	3.6%
Age 85 and Over	20,758	22,102	22,252	19,905	19,804	19,210	18,852	-1.6%	2.3%
Age Unknown	5,283	13,763	4,320	65,452	71,870	73,065	44,253	42.5%	5.5%
Total	640,541	664,454	644,482	719,117	779,845	818,311	807,675	3.9%	100.0%
By Race									
White	528,339	539,963	525,911	532,888	577,426	607,765	599,508	2.1%	74.2%
Black	78,232	80,666	82,799	84,216	90,117	94,745	93,472	3.0%	11.6%
Hispanic, American Indian or Asian	4,923	5,776	6,492	7,050	9,869	10,235	10,124	12.8%	1.3%
Other/Unknown	29,047	38,049	29,280	94,963	102,433	105,566	104,571	23.8%	12.9%
Total*	640,541	664,454	644,482	719,117	779,845	818,311	807,675	3.9%	100.0%
By Sex									
Female	385,961	399,283	386,239	384,919	410,332	432,407	426,427	1.7%	52.8%
Male	249,295	251,402	253,917	268,737	298,001	312,720	308,647	3.6%	38.2%
Unknown	5,285	13,769	4,326	65,461	71,512	73,183	72,601	54.8%	9.0%
Total*	640,541	664,454	644,482	719,117	779,845	818,311	807,675	3.9%	100.0%

*FFY 02 projected using FFY 96-FFY 01 trends, State Annual report, and state submitted data (SEE "Important Note" prior to table of contents).
Source: Health Care Financing Administration-Form HCFA 2082 for federal fiscal years

SOUTHERN REGION MEDICAID PROFILE

PAYMENTS BY OTHER CHARACTERISTICS

	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	FFY 01	FFY 02	Annual Change	Share of Total FFY 02
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	\$1,124,760,797	\$1,300,650,468	\$1,376,672,479	\$1,384,784,916	\$1,514,360,527	\$1,700,076,752	\$1,812,651,609	8.3%	52.6%
Poverty Related Eligibles	\$26,637,459	\$243,629,982	\$275,954,959	\$296,670,692	\$403,589,908	\$482,833,728	\$511,701,113	63.7%	14.8%
Medically Needy	\$176,879,998	\$193,036,218	\$174,912,771	\$140,436,727	\$131,929,043	\$129,431,732	\$134,459,246	-4.5%	3.9%
Other Eligibles	\$598,606,502	\$521,236,305	\$588,092,271	\$750,118,937	\$839,324,903	\$892,340,866	\$957,383,579	8.1%	27.8%
Maintenance Assistance Status Unknown	\$3,927,629	\$10,385,448	\$9,655,661	\$27,248,297	\$23,596,002	\$30,398,648	\$30,074,480	40.4%	0.9%
Total	\$1,930,812,385	\$2,268,938,421	\$2,425,288,141	\$2,599,259,569	\$2,912,800,383	\$3,235,081,726	\$3,446,270,027	10.1%	100.0%
By Basis of Eligibility									
Aged, Blind or Disabled	\$1,392,267,819	\$1,598,820,480	\$1,745,501,467	\$1,905,619,746	\$2,106,571,951	\$2,294,816,645	\$2,411,421,664	9.6%	70.0%
Children	\$296,083,553	\$334,134,796	\$386,980,809	\$402,849,981	\$494,097,961	\$571,179,400	\$618,020,459	13.0%	17.9%
Foster Care Children	\$0	\$37,167,562	\$43,231,020	\$56,686,452	\$67,525,710	\$71,266,198	\$96,531,366	21.0%	2.8%
Adults	\$238,533,384	\$288,429,288	\$239,916,610	\$206,855,093	\$221,008,759	\$267,420,835	\$290,222,058	3.3%	8.4%
Basis of Eligibility Unknown	\$3,927,629	\$10,386,295	\$9,658,235	\$27,248,297	\$23,596,002	\$30,398,648	\$30,074,480	40.4%	0.9%
Total	\$1,930,812,385	\$2,268,938,421	\$2,425,288,141	\$2,599,259,569	\$2,912,800,383	\$3,235,081,726	\$3,446,270,027	10.1%	100.0%
By Age									
Under Age 1	\$45,765,514	\$49,250,825	\$39,767,195	\$39,452,304	\$43,077,161	\$53,312,548	\$58,689,848	4.2%	1.7%
Age 1 to 5	\$148,639,618	\$162,615,425	\$182,568,410	\$182,741,390	\$203,023,936	\$231,517,783	\$258,213,070	9.6%	7.5%
Age 6 to 14	\$156,357,153	\$195,078,510	\$257,295,529	\$286,089,147	\$340,983,772	\$374,776,307	\$415,998,326	17.7%	12.1%
Age 15 to 20	\$133,385,766	\$173,285,034	\$170,759,041	\$200,550,776	\$236,707,048	\$262,041,210	\$289,257,096	13.8%	8.4%
Age 21 to 44	\$491,955,830	\$576,771,990	\$571,166,507	\$589,358,433	\$635,500,955	\$723,220,638	\$757,104,082	7.4%	22.0%
Age 45 to 64	\$377,933,946	\$449,889,275	\$492,554,678	\$525,443,960	\$593,504,458	\$681,280,914	\$736,155,375	11.8%	21.4%
Age 65 to 74	\$147,236,316	\$171,765,456	\$183,342,077	\$195,955,332	\$224,740,805	\$247,626,025	\$258,986,216	9.9%	7.5%
Age 75 to 84	\$204,333,509	\$229,688,829	\$250,195,634	\$268,355,735	\$300,679,017	\$314,648,155	\$326,586,764	8.1%	9.5%
Age 85 and Over	\$221,980,205	\$254,456,627	\$271,845,644	\$284,356,117	\$310,987,229	\$316,259,498	\$315,204,770	6.0%	9.1%
Age Unknown	\$3,224,528	\$6,136,450	\$5,793,426	\$26,956,375	\$23,596,002	\$30,398,648	\$30,074,480	45.1%	0.9%
Total	\$1,930,812,385	\$2,268,938,421	\$2,425,288,141	\$2,599,259,569	\$2,912,800,383	\$3,235,081,726	\$3,446,270,027	10.1%	100.0%
By Race									
White	\$1,595,801,919	\$1,871,308,004	\$1,993,823,547	\$2,105,514,712	\$2,360,334,904	\$2,624,231,363	\$2,796,661,513	9.8%	81.2%
Black	\$200,518,049	\$241,563,523	\$266,183,359	\$270,558,288	\$299,793,416	\$333,651,058	\$355,800,945	10.0%	10.3%
Hispanic, American Indian or Asian	\$9,522,259	\$12,131,697	\$15,525,260	\$14,743,618	\$20,236,507	\$22,145,045	\$23,440,632	16.2%	0.7%
Other/Unknown	\$124,970,158	\$143,935,197	\$149,755,975	\$208,442,951	\$232,435,556	\$255,054,260	\$270,366,937	13.7%	7.8%
Total*	\$1,930,812,385	\$2,268,938,421	\$2,425,288,141	\$2,599,259,569	\$2,912,800,383	\$3,235,081,726	\$3,446,270,027	10.1%	100.0%
By Sex									
Female	\$1,236,983,005	\$1,450,856,412	\$1,510,527,921	\$1,595,033,998	\$1,784,939,539	\$1,986,827,073	\$2,118,236,637	9.4%	61.5%
Male	\$690,599,299	\$811,937,748	\$908,938,450	\$977,242,308	\$1,103,229,746	\$1,221,685,988	\$1,300,181,849	11.1%	37.7%
Unknown	\$3,230,081	\$6,144,261	\$5,821,770	\$26,983,263	\$24,631,098	\$26,568,665	\$27,851,541	43.2%	0.8%
Total*	\$1,930,812,385	\$2,268,938,421	\$2,425,288,141	\$2,599,259,569	\$2,912,800,383	\$3,235,081,726	\$3,446,270,027	10.1%	100.0%

*FFY 02 projected using FFY 96-FFY 01 trends, State Annual report, and state submitted data (SEE "Important Note" prior to table of contents).

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

SOUTHERN REGION MEDICAID PROFILE

AVERAGE PAYMENT PER RECIPIENT BY OTHER CHARACTERISTICS

	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	FFY 01	FFY 02	Annual Change	Above (+) or Below (-) SLC Avg. FFY 02
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	\$3,059.53	\$3,521.35	\$3,973.00	\$4,500.19	\$4,842.05	\$5,105.87	\$5,237.21	9.4%	20.5%
Poverty Related Eligibles	\$1,179.01	\$1,541.49	\$1,493.03	\$1,374.59	\$1,479.10	\$1,601.91	\$1,682.81	6.1%	-13.6%
Medically Needy	\$2,965.75	\$3,505.54	\$3,461.43	\$2,449.62	\$2,635.21	\$3,277.33	\$3,860.67	4.5%	-41.2%
Other Eligibles	\$3,251.85	\$8,401.75	\$11,056.44	\$10,324.40	\$11,609.40	\$12,501.80	\$12,210.28	24.7%	67.4%
Maintenance Assistance Status Unknown	\$595.10	\$520.83	\$1,024.58	\$415.43	\$328.32	\$416.05	\$679.60	2.2%	-70.5%
Total	\$3,014.35	\$3,414.74	\$3,763.16	\$3,614.52	\$3,735.10	\$3,953.36	\$4,266.90	6.0%	14.1%
By Basis of Eligibility									
Aged, Blind or Disabled	\$5,961.89	\$6,684.56	\$7,141.66	\$7,617.24	\$8,202.97	\$8,728.39	\$9,221.92	7.5%	-2.1%
Children	\$1,054.69	\$1,208.00	\$1,416.92	\$1,350.98	\$1,429.12	\$1,531.72	\$1,611.67	7.3%	25.6%
Foster Care Children	\$0.00	\$6,593.50	\$6,787.72	\$7,500.19	\$8,406.04	\$8,382.29	\$10,343.02	9.4%	90.6%
Adults	\$1,993.06	\$2,343.16	\$2,158.28	\$2,119.31	\$2,269.06	\$2,649.59	\$2,659.29	4.9%	11.2%
Basis of Eligibility Unknown	\$595.10	\$520.85	\$1,024.53	\$415.43	\$328.32	\$416.05	\$679.60	2.2%	-69.5%
Total	\$3,014.35	\$3,414.74	\$3,763.16	\$3,614.52	\$3,735.10	\$3,953.36	\$4,266.90	6.0%	14.1%
By Age									
Under Age 1	\$2,111.05	\$2,280.66	\$1,768.45	\$1,322.04	\$1,332.71	\$1,703.49	\$1,788.51	-2.7%	-37.9%
Age 1 to 5	\$1,273.19	\$1,425.16	\$1,688.84	\$1,627.68	\$1,655.18	\$1,790.34	\$1,930.95	7.2%	40.3%
Age 6 to 14	\$1,231.62	\$1,469.55	\$1,879.76	\$1,972.97	\$2,046.32	\$2,085.81	\$2,265.10	10.7%	51.6%
Age 15 to 20	\$2,325.25	\$2,943.97	\$3,024.43	\$3,137.09	\$3,025.98	\$3,057.09	\$3,312.42	6.1%	34.2%
Age 21 to 44	\$3,086.80	\$3,525.87	\$3,721.20	\$4,097.32	\$4,356.98	\$4,729.96	\$4,783.71	7.6%	8.1%
Age 45 to 64	\$5,420.51	\$6,165.74	\$6,552.54	\$6,952.71	\$7,577.07	\$8,213.15	\$8,690.92	8.2%	5.1%
Age 65 to 74	\$4,387.91	\$4,948.44	\$5,209.32	\$5,692.07	\$6,432.56	\$7,017.49	\$7,331.74	8.9%	13.5%
Age 75 to 84	\$7,020.08	\$7,650.43	\$8,304.42	\$9,294.03	\$10,295.46	\$10,890.87	\$11,357.17	8.3%	17.9%
Age 85 and Over	\$10,693.72	\$11,512.83	\$12,216.68	\$14,285.66	\$15,703.25	\$16,463.27	\$16,719.96	7.7%	18.9%
Age Unknown	\$610.36	\$445.87	\$1,341.07	\$411.85	\$328.32	\$416.05	\$679.60	1.8%	-79.3%
Total	\$3,014.35	\$3,414.74	\$3,763.16	\$3,614.52	\$3,735.10	\$3,953.36	\$4,266.90	6.0%	14.1%
By Race									
White	\$3,020.41	\$3,465.62	\$3,791.18	\$3,951.14	\$4,087.68	\$4,317.84	\$4,664.93	7.5%	3.6%
Black	\$2,563.12	\$2,994.61	\$3,214.81	\$3,212.67	\$3,326.72	\$3,521.57	\$3,806.50	6.8%	23.0%
Hispanic, American Indian or Asian	\$1,934.24	\$2,100.36	\$2,391.44	\$2,091.29	\$2,050.47	\$2,163.69	\$2,315.35	3.0%	-1.3%
Other/Unknown	\$4,302.34	\$3,782.89	\$5,114.62	\$2,194.99	\$2,269.14	\$2,416.06	\$2,585.49	-8.1%	-48.3%
Total	\$3,014.35	\$3,414.74	\$3,763.16	\$3,614.52	\$3,735.10	\$3,953.36	\$4,266.90	6.0%	14.1%
By Sex									
Female	\$3,204.94	\$3,633.65	\$3,910.86	\$4,143.82	\$4,349.99	\$4,594.81	\$4,967.41	7.6%	32.0%
Male	\$2,770.21	\$3,229.64	\$3,579.67	\$3,636.43	\$3,702.10	\$3,906.64	\$4,212.52	7.2%	16.3%
Unknown	\$611.18	\$446.24	\$1,345.76	\$412.20	\$344.43	\$363.04	\$383.62	-7.5%	-94.7%
Total	\$3,014.35	\$3,414.74	\$3,763.16	\$3,614.52	\$3,735.10	\$3,953.36	\$4,266.90	6.0%	14.1%

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

SOUTHERN REGION MEDICAID PROFILE

ADDITIONAL STATE HEALTH CARE INFORMATION

Sources: "Major Health Care Policies: 50 State Profiles 2002", Health Policy Tracking Service, January, 2003; and "Medicaid Services State by State", CMS, October 2002.

*Information supplied by State Medicaid Agency

Waivers

Kentucky does not operate any waivers under Title XIX, Section 1915 (b). The Kentucky Patient Access and Care System (KenPAC) was started in 1986 under a 1915(b) waiver and converted to a state plan option in 2000.

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

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

- Elderly & Disabled: Serves 17,500 people, operating since January 1, 1987.
- Mental Retardation/Developmental Disabilities: Serves 1,609 people, operating since January 1, 1984.
- Ventilator-Dependent Individuals: Serves 100 people, operating since October 1, 1987.
- Traumatic Brain Injury: HCFA approved in March of 1999. Operational since April 1999. The waiver is approved for 110 personal care and 990 home care slots.
- Disabled adults age 18 and older with severe physical disabilities:

Managed Care

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

Coverage for Targeted Population

- The Uninsured: The Medical Assistance Indigent Trust Fund provides funds for disproportionate share hospitals. The fund imposes provider taxes to generate federal revenue to be used to pay uncompensated care costs to hospitals, nursing homes, physicians, home health agencies, and pharmacies.
- Legislation passed in 1996 phases out various provider taxes over four years--as of July 1, 2000 all provider taxes, except a hospital tax of 2.5%, were to expire.
- Enacted legislation in 2000 that creates the Kentucky Access program, the state's high-risk pool, to provide health insurance to the sickest population. The program will be funded with approximately \$17 million in tobacco settlement monies and up to \$16 million in existing assessments on insurance companies.

Cost Containment Measures

- Certificate of Need Program since 1972. Regulates introduction or expansion of new institutional health facilities and services.
- Physicians' offices must now apply for a certificate of need for any new major equipment in excess of \$500,000.
- Rate setting. Prospective payment/per diem methodology used for Medicaid.

Medicaid

- 24 optional services are offered.
 - In 2000, enacted at least 10 pieces of legislation in the areas of telehealth, mental retardation and developmental disabilities, senior pharmacy assistance, inherited metabolic disorders, transportation services, chiropractors, critical access hospitals, provider taxes, and disproportionate share hospitals.
- Did not pass any significant Medicaid legislation in 2001.

SOUTHERN REGION MEDICAID PROFILE

Medicaid (Continued)

- In 2002, enacted legislation 3 measures that dealt with the Medicaid Pharmacy Program as follows:
 1. Created The Pharmacy and Therapeutics Advisory Committee to develop and administer a formulary and make recommendations on prior authorization.
 2. Commissioned a study regarding Medicaid pharmaceutical dispensing fees to be completed by October 31, 2003.
 3. Required Medicaid recipients to pay co-payments of no more than \$1 for each prescription drug purchase.
- Also enacted another law that extended Medicaid coverage to abandoned newborns and low income, uninsured women diagnosed with breast or cervical cancer.

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. As of September 2003, the program covered 93,941 individuals.
- For families with incomes up to 100% of the FPL, there are no cost sharing obligations.
- Families with incomes between 101% and 200% of the FPL are required to pay premiums as follows:

100%-133%:	\$10 per 6 month period
134%-149%:	\$20 per 6 month period
150%-200%:	\$20 per month per six month period (not to exceed 5% of the family's annual income)

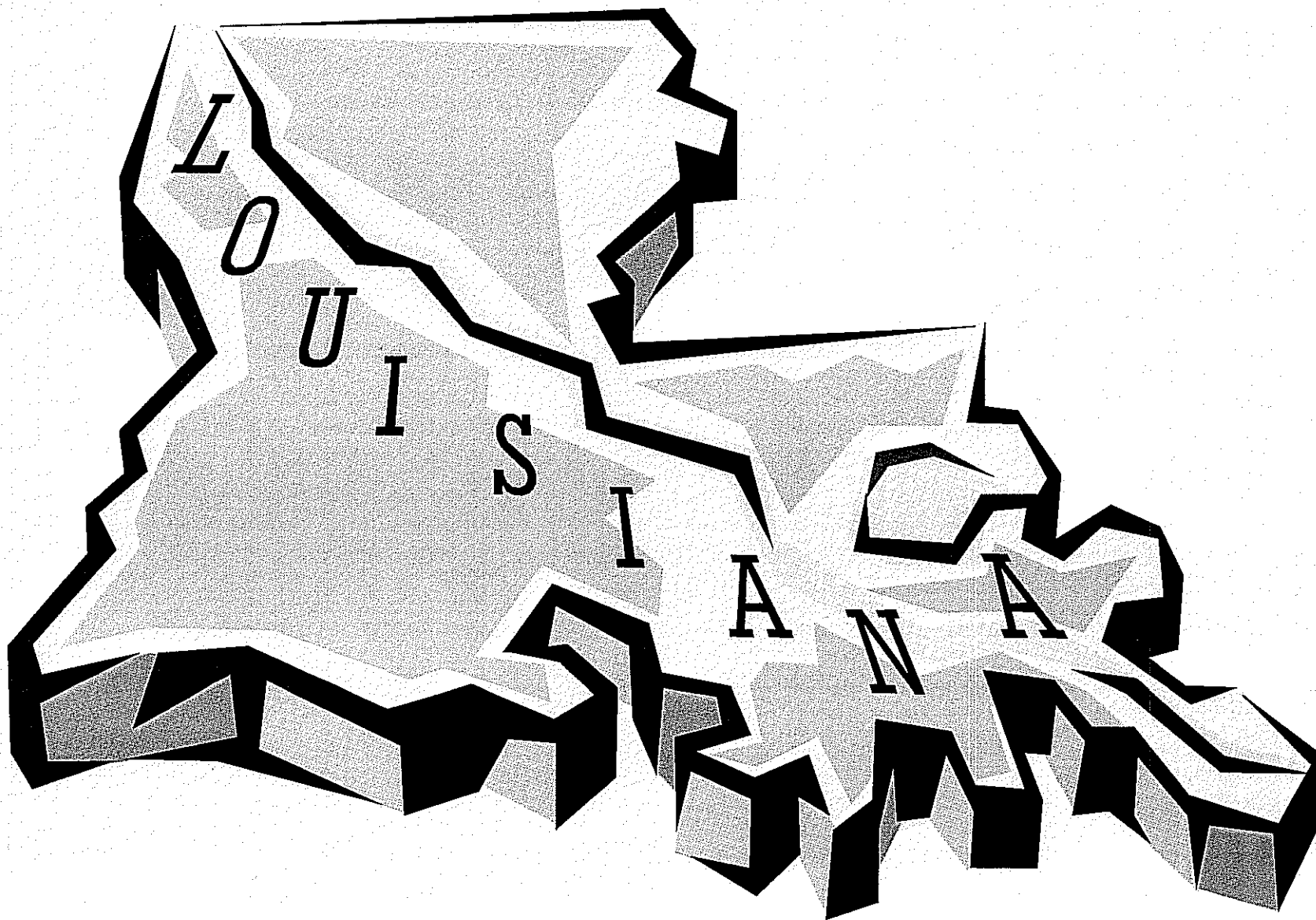
Tobacco Settlement

- The state expects to receive approximately \$3.45 billion over 25 years.
- For Fiscal Year 2002, the tobacco settlement allocation was approximately \$131.9 million.
- Several specific measures for use of tobacco settlement monies were adopted by the Legislature in FFY 00 as follows:
 - 50% of the tobacco settlement funds will go to farmers, rural counties, and agriculture projects
 - 25% of the tobacco settlement funds will be used to fund early childhood development programs
 - 25% of the tobacco settlement funds will be used to fund health care initiatives, including Kentucky Access (70%), lung cancer research (20%) and tobacco use prevention and control (10%).

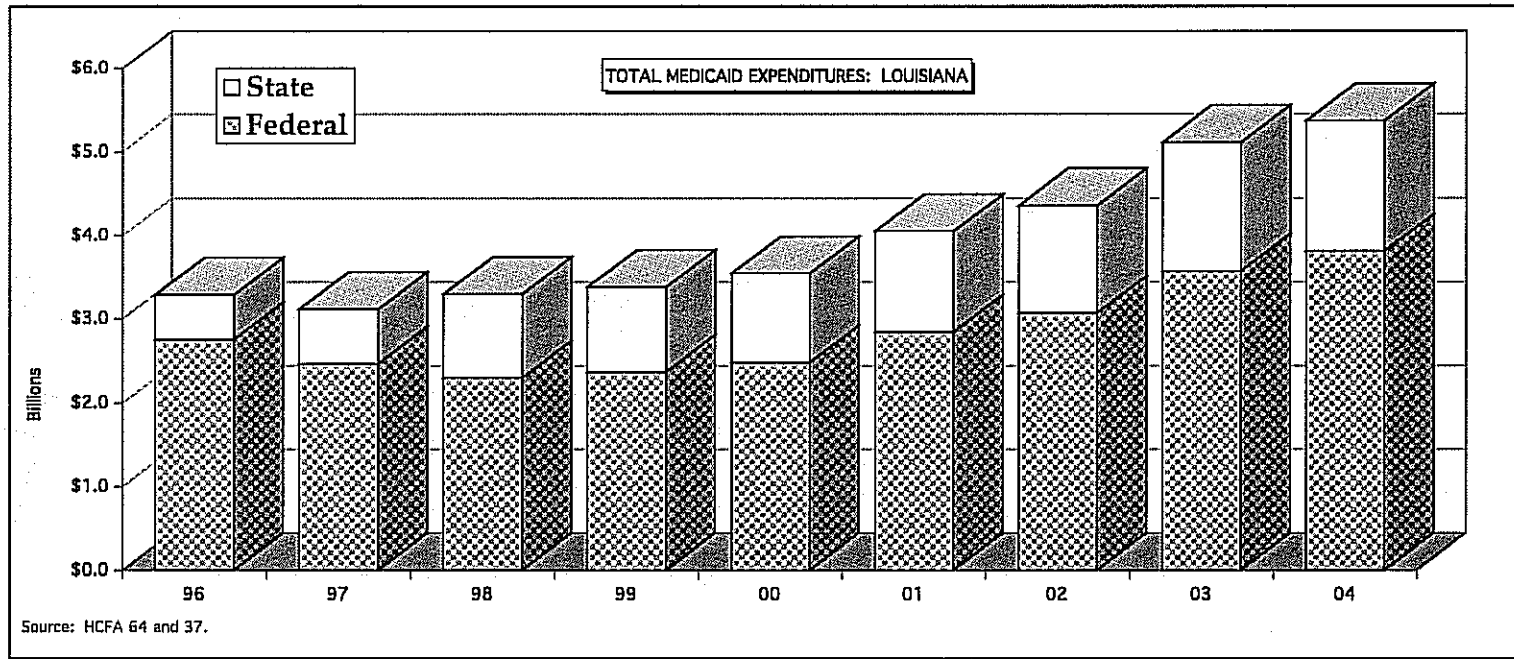
	FY 2001	FY 2002
*Agricultural Development Initiatives	\$119,450,000	\$70,500,000
Early Childhood Initiatives (Health and Child Care)	\$25,275,000	\$17,400,000
Smoking Cessation	\$5,057,500	\$0
Lung Cancer	\$5,055,000	\$0
Kentucky Access Health Insurance Program	\$15,192,500	\$44,000,000
TOTAL	\$170,030,000	\$131,900,000

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

STATE MEDICAID PROFILE



SOUTHERN REGION MEDICAID PROFILE



THIS IS A PRELIMINARY DRAFT OF THE FFY 02 MEDICAID COMPARATIVE DATA REPORT. REVISIONS WILL BE REQUIRED PRIOR TO PUBLISHING THE FINAL DOCUMENT. SEE NOTE ON THE FIRST PAGE OF THE REPORT.

	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	FFY 01	FFY 02*	FFY 03**	FFY 04**	Annual Rate of Change 96-04	Total Change 96-04
Medicaid Payments*	\$3,211,411,620	\$3,030,956,227	\$3,200,211,547	\$3,282,146,476	\$3,443,282,971	\$3,942,492,295	\$4,220,008,399	\$4,954,776,726	\$5,188,900,000	6.2%	61.6%
Federal Share	\$2,687,813,365	\$2,400,089,770	\$2,243,759,832	\$2,310,956,891	\$2,422,693,898	\$2,785,236,446	\$2,980,108,561	\$3,490,802,010	\$3,714,400,000	4.1%	38.2%
State Share	\$523,598,255	\$630,866,457	\$956,451,715	\$971,189,585	\$1,020,589,073	\$1,157,255,849	\$1,239,899,838	\$1,463,974,716	\$1,474,500,000	13.8%	181.6%
Administrative Costs	\$78,943,296	\$86,130,925	\$98,638,983	\$100,826,708	\$99,694,716	\$107,688,302	\$136,430,738	\$151,277,000	\$173,449,000	10.3%	119.7%
Federal Share	\$65,974,677	\$65,485,070	\$54,423,948	\$58,392,000	\$55,200,964	\$59,333,150	\$88,161,061	\$81,503,000	\$93,450,000	4.4%	41.6%
State Share	\$12,968,619	\$20,645,855	\$44,215,035	\$42,434,708	\$44,493,752	\$48,355,152	\$48,269,677	\$69,774,000	\$79,999,000	25.5%	516.9%
Admin. Costs as % of Payments	2.46%	2.84%	3.08%	3.07%	2.90%	2.73%	3.23%	3.05%	3.34%		
Federal Match Rate*	76.93%	79.04%	70.03%	70.37%	70.32%	70.53%	70.30%	71.28%	71.63%		

*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 03 and 04 reflect latest estimates reported by each state (CMS 37).

SOUTHERN REGION MEDICAID PROFILE

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

STATE FINANCING

	Payments		Administration	
	FFY 96	FFY 02	FFY 96	FFY 02
State General Fund	\$523,598,255	\$1,147,380,064	\$12,968,619	\$48,269,677
Local Funds	\$0	\$0	\$0	\$0
Provider Taxes	\$0	\$92,519,774	\$0	\$0
Donations	\$0	\$0	\$0	\$0
Other*	\$0	\$1,387,889	\$0	\$0
Total State Share	\$523,598,255	\$1,239,899,838	\$12,968,619	\$48,269,677

*Licensing and Title Fees

Provider Taxes Currently in Place (FFY 02)		
	Tax Rate	Amount
Nursing Homes	\$6.27 per patient day	\$63,371,496
MR Facilities	\$10.93 per patient day	\$23,081,255
Pharmacy	\$0.10 per prescription	\$6,067,023
Total		\$92,519,774

DISPROPORTIONATE SHARE HOSPITAL (DSH) PAYMENTS

	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	FFY 01	FFY 02*	FFY 03**	FFY 04**	Annual Change
General Hospitals	\$572,364,336	\$572,055,820	\$654,692,384	\$696,535,584	\$698,563,704	\$794,907,241	\$770,547,308	\$715,710,000	\$723,736,000	1.7%
Mental Hospitals	\$93,925,765	\$89,976,091	\$83,569,366	\$77,341,613	\$65,389,470	\$77,400,268	\$63,735,769	\$96,020,000	\$87,994,000	0.9%
Total	\$666,290,101	\$662,031,911	\$738,261,730	\$773,877,197	\$763,953,174	\$872,307,509	\$834,283,077	\$811,730,000	\$811,730,000	1.6%

*Estimated.

SELECTED ELIGIBILITY CRITERIA

	At 10/1/02			
	Urban	% of FPL*	Rural	% of FPL*
TANF(Family of 3)				
Need Standard	\$658	54.0%	\$599	47.1%
Payment Standard	\$190	15.6%	\$174	13.7%
Maximum Payment	\$190	15.6%	\$174	13.7%
Medically Needy Program (Family of 3)			Rural	
Income Eligibility Std	\$258	N/A	\$233	N/A
Resource Standard	\$3,025	N/A	N/A	N/A
Pregnant Women, Children and Infants (% of FPL*)				
Pregnant women and infants				133.0%
Children 1 to 5				133.0%
Children 6 to 18 (born after 10/1/1983)				100.0%
SSI Eligibility Levels				
Income:				
Single Person			\$484	64.7%
Couple			\$726	71.9%
Resources:				
Single Person			\$2,000	N/A
Couple			\$3,000	N/A

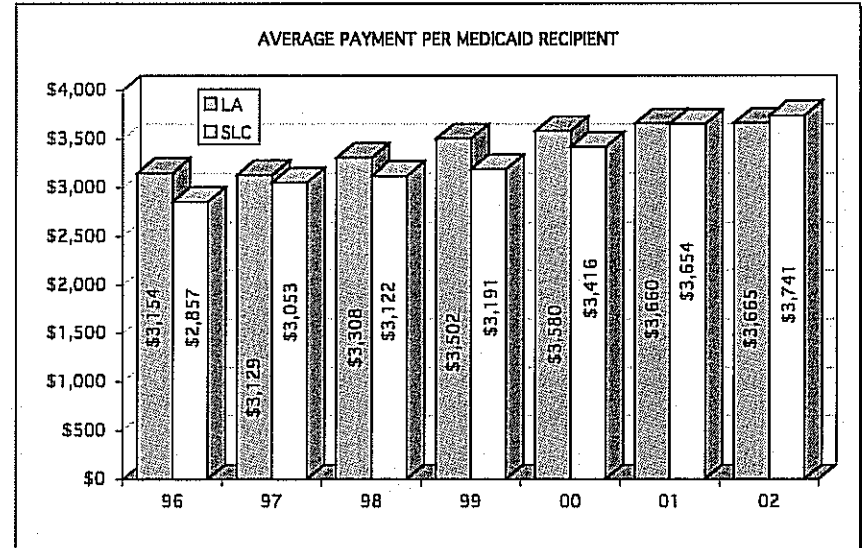
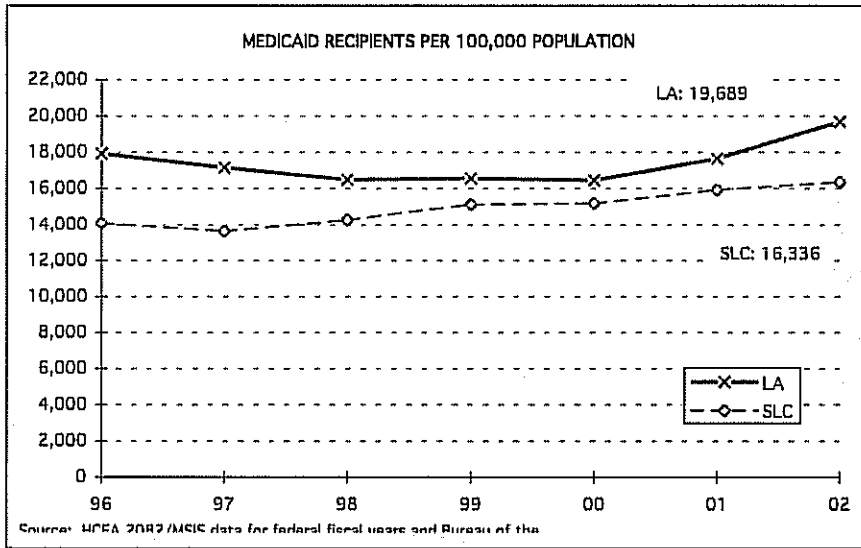
*Current federal poverty level is \$8,980 per year for a single person, \$12,120 for a family of two and \$15,260 for a family of three. Table above shows monthly income levels.

DEMOGRAPHIC DATA & POVERTY INDICATORS (2002)

		Rank in U.S.
State population—July 1, 2002*	4,482,646	24
Per capita personal income**	\$24,535	44
Median household income**	\$33,332	46
Population below Federal Poverty Level on July 1, 2001*	784,463	
Percent of total state population	17.5%	2
Population without health insurance coverage*	865,151	13
Percent of total state population	19.3%	4
Recipients of Food Stamps***	588,458	11
Households receiving Food Stamps***	224,450	12
Total value of issuance***	\$587,074,354	10
Average monthly benefit per recipient	\$83.14	6
Average monthly benefit per household	\$217.97	
Monthly recipients of Temporary Assistance to Needy Families (TANF)****	57,003	22
Total TANF payments****	\$184,767,308	46
Average monthly payment per recipient	\$88.52	43
Maximum monthly payment per family of 3	\$190.00	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)

<u>RECIPIENTS BY TYPE OF SERVICES</u>	<u>FFY 96</u>	<u>FFY 97</u>	<u>FFY 98</u>	<u>FFY 99</u>	<u>FFY 00</u>	<u>FFY 01</u>	<u>FFY 02</u>	<u>Annual Change</u>
01. General Hospital	150,582	148,522	153,081	159,990	166,320	169,754	185,220	3.5%
02. Mental Hospital	4,546	4,322	2,847	6,576	6,297	6,462	6,841	7.0%
03. Skilled and Intermediate (non-MR) Care Nursing	41,090	34,605	34,403	35,941	35,064	35,201	35,041	-2.6%
04. Intermediate Care for Mentally Retarded	6,153	6,057	6,014	5,902	5,921	5,902	5,877	-0.8%
05. Physician Services	649,849	618,042	598,546	595,420	601,882	644,376	766,509	2.8%
06. Dental Services	153,702	137,578	128,341	133,153	137,388	167,095	187,329	3.4%
07. Other Practitioners	126,438	117,231	71,230	93,523	117,612	127,370	129,210	0.4%
08. Outpatient Hospital	383,296	360,379	355,568	321,686	334,699	370,073	419,921	1.5%
09. Clinic Services	124,533	94,124	69,912	108,809	116,973	105,111	128,339	0.5%
10. Lab and X-Ray	471,759	450,728	432,781	431,117	442,632	468,302	496,982	0.9%
11. Home Health	15,986	22,226	41,705	10,019	9,965	9,776	10,836	-6.3%
12. Prescribed Drugs	593,415	563,864	552,481	547,443	559,157	616,636	677,486	2.2%
13. Family Planning	62,680	43,251	60,975	64,902	5,347	11	4	-80.0%
14. Early & Periodic Screening, Diagnosis & Treatment	285,561	214,047	279,309	299,116	0	0	0	-100.0%
15. Other Care	165,127	416,446	142,350	338,784	365,190	379,924	415,745	16.6%
16. Personal Care Support Services	0	0	67,602	86,954	103,885	113,921	128,009	17.3%
17. Home/Community Based Waiver Services	0	0	2,751	3,008	0	0	0	-100.0%
18. Prepaid Health Care	0	0	0	0	0	0	0	n/a
19. Primary Care Case Management (PCCM) Services	0	0	0	63,490	67,858	82,364	290,847	66.1%
Total*	777,708	746,461	720,615	723,450	735,310	787,752	882,610	2.1%

*Recipient and expenditure data for FFY 99 through FFY 01 have been revised to reflect corrections in CMS MSIS system.

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

SOUTHERN REGION MEDICAID PROFILE

<u>PAYMENTS BY TYPE OF SERVICES</u>	<u>FFY 96</u>	<u>FFY 97</u>	<u>FFY 98</u>	<u>FFY 99</u>	<u>FFY 00</u>	<u>FFY 01</u>	<u>FFY 02</u>	<u>Annual Change</u>	<u>Share of Total FFY 02</u>
01. General Hospital	\$616,280,300	\$540,567,154	\$527,916,078	\$538,749,206	\$538,641,209	\$557,607,917	\$607,324,009	-0.2%	18.8%
02. Mental Hospital	\$28,808,286	\$15,888,556	\$15,963,066	\$22,528,379	\$19,490,750	\$20,800,304	\$22,295,959	-4.2%	0.7%
03. Skilled and Intermediate (non-MR) Care Nursing	\$509,799,469	\$475,319,276	\$490,677,315	\$508,563,276	\$492,782,730	\$566,861,360	\$579,704,726	2.2%	17.9%
04. Intermediate Care for Mentally Retarded	\$311,422,516	\$321,158,168	\$322,468,549	\$340,879,591	\$349,877,547	\$353,813,991	\$358,065,867	2.4%	11.1%
05. Physician Services	\$212,744,176	\$188,896,154	\$196,895,190	\$208,991,077	\$205,071,310	\$221,643,950	\$244,276,898	2.3%	7.6%
06. Dental Services	\$25,548,524	\$19,690,000	\$18,204,824	\$22,287,022	\$22,192,495	\$27,821,170	\$36,094,484	5.9%	1.1%
07. Other Practitioners	\$12,897,019	\$11,545,797	\$4,492,336	\$9,435,146	\$11,188,008	\$12,239,444	\$15,974,796	3.6%	0.5%
08. Outpatient Hospital	\$141,663,462	\$135,156,773	\$146,755,783	\$148,345,144	\$146,370,868	\$158,230,524	\$217,650,444	7.4%	6.7%
09. Clinic Services	\$41,972,627	\$42,579,181	\$33,718,060	\$45,906,725	\$43,335,583	\$39,753,015	\$54,221,228	4.4%	1.7%
10. Lab and X-Ray	\$45,323,812	\$41,218,672	\$42,386,889	\$43,130,104	\$45,921,180	\$46,317,902	\$52,952,152	2.6%	1.6%
11. Home Health	\$27,148,462	\$39,435,412	\$41,600,791	\$18,653,768	\$21,265,468	\$21,973,982	\$24,537,224	-1.7%	0.8%
12. Prescribed Drugs	\$297,433,210	\$315,444,016	\$352,784,785	\$406,823,637	\$478,815,294	\$557,340,325	\$682,617,887	14.9%	21.1%
13. Family Planning	\$9,608,629	\$9,522,358	\$11,599,544	\$12,243,448	\$2,179,189	\$507	\$7,549	-69.6%	0.0%
14. Early & Periodic Screening, Diagnosis & Treatment	\$34,477,455	\$16,898,557	\$43,497,715	\$61,317,108	\$0	\$0	\$0	-100.0%	0.0%
15. Other Care	\$137,415,999	\$162,687,423	\$41,368,967	\$41,093,057	\$207,099,887	\$237,889,794	\$262,237,990	11.4%	8.1%
16. Personal Care Support Services	\$0	\$0	\$30,413,215	\$38,257,246	\$46,280,146	\$59,292,855	\$70,941,376	23.6%	2.2%
17. Home/Community Based Waiver Services	\$0	\$0	\$62,765,878	\$65,000,084	\$0	\$0	\$0	-100.0%	0.0%
18. Prepaid Health Care	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a	0.0%
19. Primary Case Management (PCCM) Services	\$0	\$0	\$0	\$1,455,155	\$1,705,510	\$1,922,628	\$5,496,592	55.7%	0.2%
Total (excludes DSH pymts, pharmacy rebates, & other adjs.)	\$2,452,543,946	\$2,336,007,497	\$2,383,508,985	\$2,533,659,173	\$2,632,217,174	\$2,883,509,670	\$3,234,399,181	4.7%	100.0%

AVERAGE PAYMENTS PER RECIPIENT BY TYPE OF SERVICES

								(+) or (-) %LC	Avg. FFY 02
01. General Hospital	\$4,092.66	\$3,639.64	\$3,448.61	\$3,367.39	\$3,238.58	\$3,284.80	\$3,278.93	-3.6%	-26.3%
02. Mental Hospital	\$6,337.06	\$3,676.20	\$5,606.98	\$3,425.85	\$3,095.24	\$3,218.86	\$3,259.17	-10.5%	-57.8%
03. Skilled and Intermediate (non-MR) Care Nursing	\$12,406.90	\$13,735.57	\$14,262.63	\$14,149.95	\$14,053.81	\$16,103.56	\$16,543.61	4.9%	-19.1%
04. Intermediate Care for Mentally Retarded	\$50,613.12	\$53,022.65	\$53,619.65	\$57,756.62	\$59,090.96	\$59,948.15	\$60,926.64	3.1%	-17.2%
05. Physician Services	\$327.37	\$305.64	\$328.96	\$351.00	\$340.72	\$343.97	\$318.69	-0.4%	-31.5%
06. Dental Services	\$166.22	\$143.12	\$141.85	\$167.38	\$161.53	\$166.50	\$192.68	2.5%	-31.8%
07. Other Practitioners	\$102.00	\$98.49	\$63.07	\$100.89	\$95.13	\$96.09	\$123.63	3.3%	-61.0%
08. Outpatient Hospital	\$369.59	\$375.04	\$412.74	\$461.15	\$437.32	\$427.57	\$518.31	5.8%	-4.2%
09. Clinic Services	\$337.04	\$452.37	\$482.29	\$421.90	\$370.48	\$378.20	\$422.48	3.8%	-38.2%
10. Lab and X-Ray	\$96.07	\$91.45	\$97.94	\$100.04	\$103.75	\$98.91	\$106.55	1.7%	2.9%
11. Home Health	\$1,698.26	\$1,774.29	\$997.50	\$1,861.84	\$2,134.02	\$2,247.75	\$2,264.42	4.9%	-27.8%
12. Prescribed Drugs	\$501.22	\$559.43	\$638.55	\$743.13	\$856.32	\$903.84	\$1,007.57	12.3%	-7.9%
13. Family Planning	\$153.30	\$220.17	\$190.23	\$188.65	\$407.55	\$46.11	\$1,887.25	52.0%	393.4%
14. Early & Periodic Screening, Diagnosis & Treatment	\$120.74	\$78.95	\$155.73	\$204.99	\$0.00	\$0.00	\$0.00	-100.0%	-100.0%
15. Other Care	\$832.18	\$390.66	\$290.61	\$121.30	\$567.10	\$626.15	\$630.77	-4.5%	-64.6%
16. Personal Care Support Services	\$0.00	\$0.00	\$449.89	\$439.97	\$445.49	\$520.47	\$554.19	5.4%	-70.1%
17. Home/Community Based Waiver Services	\$0.00	\$0.00	\$22,815.66	\$21,609.07	\$0.00	\$0.00	\$0.00	-100.0%	-100.0%
18. Prepaid Health Care	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	n/a	-100.0%
19. Primary Care Case Management (PCCM) Services	\$0.00	\$0.00	\$0.00	\$22.92	\$25.13	\$23.34	\$18.90	-6.2%	-76.1%
Total (Average)	\$3,153.55	\$3,129.44	\$3,307.60	\$3,502.19	\$3,579.74	\$3,660.43	\$3,664.58	2.5%	-2.0%

TOTAL PER CAPITA EXPENDITURES	\$758.00	\$715.97	\$755.06	\$773.78	\$792.79	\$907.01	\$971.85	4.2%	26.6%
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SOUTHERN REGION MEDICAID PROFILE

DATA BY OTHER CHARACTERISTICS

RECIPIENTS BY OTHER CHARACTERISTICS

	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	FFY 01	FFY 02	Annual Change	Share of Total FFY 02
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	421,272	390,569	372,578	425,805	225,639	439,474	479,870	2.2%	54.4%
Poverty Related Eligibles	98,848	113,057	190,227	209,519	284,935	286,977	341,981	23.0%	38.7%
Medically Needy	11,736	2,333	8,629	8,636	8,611	10,573	12,681	1.3%	1.4%
Other Eligibles	245,852	240,502	149,181	79,490	216,125	50,677	48,078	-23.8%	5.4%
Maintenance Assistance Status Unknown	0	0	0	0	0	51	0	-100.0%	0.0%
Total	777,708	746,461	720,615	723,450	735,310	787,752	882,610	2.1%	100.0%
By Basis of Eligibility									
Aged, Blind, or Disabled	256,919	252,334	254,382	254,927	231,577	254,283	262,391	0.4%	29.7%
Children	370,294	409,561	345,723	352,024	380,068	447,073	532,707	6.2%	60.4%
Foster Care Children	21,492	6,430	141	5,565	13,586	5,060	4,494	-23.0%	0.5%
Adults	129,003	78,136	120,369	88,213	109,237	81,285	83,018	-7.1%	9.4%
Basis of Eligibility Unknown	0	0	0	22,721	842	51	0	-100.0%	0.0%
Total	777,708	746,461	720,615	723,450	735,310	787,752	882,610	2.1%	100.0%
By Age									
Under Age 1	58,547	58,310	57,639	68,001	52,940	55,052	56,877	-0.5%	6.4%
Age 1 to 5	162,670	155,503	144,132	131,848	135,358	149,178	172,756	1.0%	19.6%
Age 6 to 14	164,331	162,340	158,730	165,567	179,300	202,102	241,260	6.6%	27.3%
Age 15 to 20	71,214	66,876	64,869	70,837	81,462	92,818	110,779	7.6%	12.6%
Age 21 to 44	156,676	144,144	139,767	132,571	130,293	131,661	138,895	-2.0%	15.7%
Age 45 to 64	62,716	59,878	59,953	61,127	63,317	66,020	71,168	2.1%	8.1%
Age 65 to 74	39,371	37,822	36,578	36,040	35,771	35,300	35,461	-1.7%	4.0%
Age 75 to 84	36,099	35,139	33,406	32,750	32,347	31,968	32,285	-1.8%	3.7%
Age 85 and Over	26,077	26,308	25,404	24,709	24,522	23,653	23,129	-2.0%	2.6%
Age Unknown	7	141	137	0	0	0	0	-100.0%	0.0%
Total	777,708	746,461	720,615	723,450	735,310	787,752	882,610	2.1%	100.0%
By Race									
White	262,675	250,193	238,916	234,609	249,296	270,587	310,167	2.8%	35.1%
Black	461,576	446,611	431,382	420,071	435,443	463,572	511,317	1.7%	57.9%
Hispanic, American Indian or Asian	0	0	0	0	0	0	0	n/a	0.0%
Other/Unknown	53,457	49,657	50,317	68,770	50,571	53,593	61,126	2.3%	6.9%
Total	777,708	746,461	720,615	723,450	735,310	787,752	882,610	2.1%	100.0%
By Sex									
Female	476,926	457,056	442,067	427,146	444,325	471,390	520,033	1.5%	58.9%
Male	298,983	289,084	278,337	273,552	290,274	316,264	362,517	3.3%	41.1%
Unknown	1,799	321	211	22,752	711	98	60	-43.3%	0.0%
Total	777,708	746,461	720,615	723,450	735,310	787,752	882,610	2.1%	100.0%

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

SOUTHERN REGION MEDICAID PROFILE

PAYMENTS BY OTHER CHARACTERISTICS

	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	FFY 01	FFY 02	Annual Change	Share of Total FFY 02
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	\$1,235,497,618	\$1,348,379,936	\$1,227,251,177	\$1,484,038,718	\$1,058,511,788	\$1,744,366,522	\$1,999,439,812	8.4%	61.8%
Poverty Related Eligibles	\$177,255,314	\$171,487,969	\$227,270,626	\$276,882,722	\$351,729,002	\$393,744,414	\$477,242,986	17.9%	14.8%
Medically Needy	\$42,305,737	\$4,144,860	\$35,159,084	\$40,986,008	\$46,168,781	\$54,656,604	\$67,514,191	8.1%	2.1%
Other Eligibles	\$997,485,277	\$811,994,732	\$893,828,098	\$694,200,787	\$1,175,807,604	\$690,713,446	\$690,202,192	-6.0%	21.3%
Maintenance Assistance Status Unknown	\$0	\$0	\$0	\$37,550,938	\$0	\$28,684	\$0	-100.0%	0.0%
Total	\$2,452,543,946	\$2,336,007,497	\$2,383,508,985	\$2,533,659,173	\$2,632,217,174	\$2,883,509,670	\$3,234,399,181	4.7%	100.0%
By Basis of Eligibility									
Aged, Blind or Disabled	\$1,773,167,284	\$1,696,556,683	\$1,773,580,236	\$1,951,476,308	\$1,854,365,441	\$2,176,425,864	\$2,376,512,257	5.0%	73.5%
Children	\$403,818,250	\$496,257,971	\$371,500,804	\$358,431,651	\$463,894,290	\$506,413,739	\$633,680,979	7.8%	19.6%
Foster Care Children	\$17,541,487	\$9,056,369	\$154,433	\$8,455,214	\$38,815,952	\$10,201,892	\$10,502,033	-8.2%	0.3%
Adults	\$258,016,925	\$134,136,474	\$238,273,512	\$177,745,062	\$275,294,023	\$190,439,489	\$213,703,912	-3.1%	6.6%
Basis of Eligibility Unknown	\$0	\$0	\$0	\$37,550,938	(\$152,532)	\$28,686	\$0	-100.0%	0.0%
Total	\$2,452,543,946	\$2,336,007,497	\$2,383,508,985	\$2,533,659,173	\$2,632,217,174	\$2,883,509,670	\$3,234,399,181	4.7%	100.0%
By Age									
Under Age 1	\$158,333,577	\$170,823,079	\$168,716,699	\$188,934,036	\$182,345,428	\$207,739,915	\$223,761,537	5.9%	6.9%
Age 1 to 5	\$164,835,541	\$150,918,959	\$139,107,477	\$137,330,999	\$158,002,010	\$182,108,931	\$226,530,326	5.4%	7.0%
Age 6 to 14	\$184,107,717	\$167,817,607	\$164,913,424	\$177,783,007	\$194,978,153	\$227,174,729	\$282,846,645	7.4%	8.7%
Age 15 to 20	\$174,839,819	\$162,196,290	\$157,908,697	\$167,990,425	\$187,560,666	\$210,198,943	\$242,450,475	5.6%	7.5%
Age 21 to 44	\$646,844,692	\$607,447,243	\$611,395,836	\$641,265,251	\$672,281,805	\$707,547,484	\$779,108,305	3.1%	24.1%
Age 45 to 64	\$464,597,582	\$435,578,938	\$465,816,270	\$512,789,009	\$547,776,503	\$603,129,837	\$692,304,953	6.9%	21.4%
Age 65 to 74	\$183,182,776	\$180,219,739	\$195,457,195	\$209,356,296	\$205,695,396	\$215,239,732	\$234,568,708	4.2%	7.3%
Age 75 to 84	\$239,680,640	\$231,540,476	\$240,901,709	\$252,797,701	\$246,589,854	\$271,175,104	\$288,627,713	3.1%	8.9%
Age 85 and Over	\$236,117,537	\$229,347,187	\$239,184,115	\$245,412,449	\$236,987,360	\$259,194,995	\$264,200,519	1.9%	8.2%
Age Unknown	\$4,065	\$117,979	\$107,563	\$0	\$0	\$0	\$0	-100.0%	0.0%
Total	\$2,452,543,946	\$2,336,007,497	\$2,383,508,985	\$2,533,659,173	\$2,632,217,174	\$2,883,509,670	\$3,234,399,181	4.7%	100.0%
By Race									
White	\$1,133,930,928	\$1,078,814,223	\$1,099,777,803	\$1,166,230,596	\$1,221,615,280	\$1,342,411,825	\$1,498,292,634	4.8%	46.3%
Black	\$1,104,109,588	\$1,051,322,993	\$1,065,218,687	\$1,103,161,544	\$1,174,181,170	\$1,282,843,517	\$1,449,260,748	4.6%	44.8%
Hispanic, American Indian or Asian	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a	0.0%
Other/Unknown	\$214,503,430	\$205,870,281	\$218,512,495	\$264,267,034	\$236,420,724	\$258,254,328	\$286,845,799	5.0%	8.9%
Total	\$2,452,543,946	\$2,336,007,497	\$2,383,508,985	\$2,533,659,173	\$2,632,217,174	\$2,883,509,670	\$3,234,399,181	4.7%	100.0%
By Sex									
Female	\$1,484,406,435	\$1,429,136,719	\$1,465,177,548	\$1,525,339,623	\$1,592,243,139	\$1,735,437,798	\$1,938,047,272	4.5%	59.9%
Male	\$964,143,561	\$906,188,099	\$917,846,494	\$970,657,564	\$1,040,349,917	\$1,147,923,956	\$1,296,162,241	5.1%	40.1%
Unknown	\$3,993,950	\$682,679	\$484,943	\$37,661,987	(\$375,882)	\$147,916	\$189,668	-39.8%	0.0%
Total	\$2,452,543,946	\$2,336,007,497	\$2,383,508,985	\$2,533,659,173	\$2,632,217,174	\$2,883,509,670	\$3,234,399,181	4.7%	100.0%

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

SOUTHERN REGION MEDICAID PROFILE

AVERAGE PAYMENT PER RECIPIENT BY OTHER CHARACTERISTICS

	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	FFY 01	FFY 02	Annual Change	Above (+) or Below (-) SLC Avg. FFY 02
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	\$2,932.78	\$3,452.35	\$3,293.94	\$3,485.25	\$4,691.17	\$3,969.21	\$4,166.63	6.0%	-4.1%
Poverty Related Eligibles	\$1,793.21	\$1,516.83	\$1,194.73	\$1,321.52	\$1,234.42	\$1,372.04	\$1,395.52	-4.1%	-28.3%
Medically Needy	\$3,604.78	\$1,776.62	\$4,074.53	\$4,745.95	\$5,361.61	\$5,169.45	\$5,324.04	6.7%	-18.9%
Other Eligibles	\$4,057.26	\$3,376.25	\$5,991.57	\$8,733.18	\$5,440.41	\$13,629.72	\$14,355.88	23.4%	96.8%
Maintenance Assistance Status Unknown	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$562.43	\$0.00	-100.0%	-100.0%
Total	\$3,153.55	\$3,129.44	\$3,307.60	\$3,502.19	\$3,579.74	\$3,660.43	\$3,664.58	2.5%	-2.0%
By Basis of Eligibility									
Aged, Blind or Disabled	\$6,901.66	\$6,723.46	\$6,972.11	\$7,655.04	\$8,007.55	\$8,559.07	\$9,057.14	4.6%	-3.9%
Children	\$1,090.53	\$1,211.68	\$1,074.56	\$1,018.20	\$1,220.56	\$1,132.73	\$1,189.55	1.5%	-7.3%
Foster Care Children	\$816.19	\$1,408.46	\$1,095.27	\$1,519.36	\$2,857.06	\$2,016.18	\$2,336.90	19.2%	-56.9%
Adults	\$2,000.08	\$1,716.71	\$1,979.53	\$2,014.95	\$2,520.15	\$2,342.86	\$2,574.19	4.3%	7.6%
Basis of Eligibility Unknown	\$0.00	\$0.00	\$0.00	\$1,652.70	(\$181.15)	\$562.47	\$0.00	-100.0%	-100.0%
Total	\$3,153.55	\$3,129.44	\$3,307.60	\$3,502.19	\$3,579.74	\$3,660.43	\$3,664.58	2.5%	-2.0%
By Age									
Under Age 1	\$2,704.38	\$2,929.57	\$2,927.13	\$2,778.40	\$3,444.38	\$3,773.52	\$3,934.13	6.4%	36.7%
Age 1 to 5	\$1,013.31	\$970.52	\$965.14	\$1,041.59	\$1,167.29	\$1,220.75	\$1,311.27	4.4%	-4.7%
Age 6 to 14	\$1,120.35	\$1,033.74	\$1,038.96	\$1,073.78	\$1,087.44	\$1,124.06	\$1,172.37	0.8%	-21.5%
Age 15 to 20	\$2,455.13	\$2,425.33	\$2,434.27	\$2,371.51	\$2,302.43	\$2,264.64	\$2,188.60	-1.9%	-11.3%
Age 21 to 44	\$4,128.55	\$4,214.17	\$4,374.39	\$4,837.15	\$5,159.77	\$5,374.01	\$5,609.33	5.2%	26.8%
Age 45 to 64	\$7,407.96	\$7,274.44	\$7,769.69	\$8,388.91	\$8,651.33	\$9,135.56	\$9,727.76	4.6%	17.6%
Age 65 to 74	\$4,652.73	\$4,764.94	\$5,343.57	\$5,809.00	\$5,750.34	\$6,097.44	\$6,614.84	6.0%	2.4%
Age 75 to 84	\$6,639.54	\$6,589.27	\$7,211.33	\$7,719.01	\$7,623.27	\$8,482.70	\$8,939.99	5.1%	-7.2%
Age 85 and Over	\$9,054.63	\$8,717.77	\$9,415.21	\$9,932.11	\$9,664.28	\$10,958.23	\$11,422.91	3.9%	-18.7%
Age Unknown	\$580.71	\$836.73	\$785.13	\$0.00	\$0.00	\$0.00	\$0.00	-100.0%	-100.0%
Total	\$3,153.55	\$3,129.44	\$3,307.60	\$3,502.19	\$3,579.74	\$3,660.43	\$3,664.58	2.5%	-2.0%
By Race									
White	\$4,316.86	\$4,311.93	\$4,603.20	\$4,970.95	\$4,900.26	\$4,961.11	\$4,830.60	1.9%	7.3%
Black	\$2,392.04	\$2,354.00	\$2,469.32	\$2,626.13	\$2,696.52	\$2,767.30	\$2,834.37	2.9%	-8.4%
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	\$4,012.64	\$4,145.85	\$4,342.72	\$3,842.77	\$4,675.03	\$4,818.81	\$4,692.70	2.6%	-6.2%
Total	\$3,153.55	\$3,129.44	\$3,307.60	\$3,502.19	\$3,579.74	\$3,660.43	\$3,664.58	2.5%	-2.0%
By Sex									
Female	\$3,112.45	\$3,126.83	\$3,314.38	\$3,571.00	\$3,583.51	\$3,681.53	\$3,726.78	3.0%	-0.9%
Male	\$3,224.74	\$3,134.69	\$3,297.61	\$3,548.35	\$3,584.03	\$3,629.64	\$3,575.45	1.7%	-1.3%
Unknown	\$2,220.09	\$2,126.73	\$2,298.31	\$1,655.33	(\$528.67)	\$1,509.35	\$3,161.13	6.1%	-56.4%
Total	\$3,153.55	\$3,129.44	\$3,307.60	\$3,502.19	\$3,579.74	\$3,660.43	\$3,664.58	2.5%	-2.0%

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

SOUTHERN REGION MEDICAID PROFILE

ADDITIONAL STATE HEALTH CARE INFORMATION

Sources: "Major Health Care Policies: 50 State Profiles 2002", Health Policy Tracking Service, January, 2003; and "Medicaid Services State by State", CMS, October 2002.

*Information supplied by State Medicaid Agency

Waivers

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

- Elderly and Disabled Adult Waiver (EDA): Can serve up to 2,179 people; anticipates providing services to 1,421 individuals in FY 03, operating since July 1, 1993
 - Mental Retardation/Developmental Disabilities: Can serve up to 4,576 people, operating since June 1, 1990. Beginning in October 2003, individuals will be transitioned out of the MR/DD waiver into the New Opportunity Waiver (NOW), an Independence Plus waiver which encompasses additional services and an option for participants to elect consumer direction.
 - Adult Day Health Care Waiver (ADHC): Currently can serve up to 638 people, operating since January 1, 1985
 - Personal Care Attendant Waiver (PCA): Currently can serve up to 149 people, but will be increasing to 362 people toward the end of FY 03, operating since October 1, 1993.
 - Children's Choice Waiver (CC): Can serve up to 800 children during FY 03, operating since February 21, 2001.
- Created the Jefferson Parish Health Authority and the Capital Area Human Services District as community based programs. These entities are restrictive to outpatient and inpatient care services in the area of substance abuse, and outpatient care services for mental retardation, mental health, and public health.
- Enacted legislation in FY 03 (Act 594) that created the Florida Parishes Human Service Authority. The new law provides for DHH to implement the framework for the program by July 5, 2004, and have individual provider agreements in place by July 1, 2005.

Managed Care

- Any Willing Provider Clause: Enacted legislation in 1997 to allow rural providers to be reimbursed at the same rate as a contract provider as long as the rural provider meets the requirements and standards for participation.
- Received approval on March 26, 2001 to extend the operation of the Louisiana CommunityCARE (LCC) program for 2 more years. LCC is a primary care case management program that serves approximately 611,000 Medicaid recipients statewide with 1,557 enrolled primary care providers as of September 2003.

Coverage for Targeted Population

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

Cost Containment Measures

- For FY 02, Act 395 of the 2001 Regular Legislative Session permits the Department of Health and Hospitals to utilize a prior authorization process and a preferred drug list for its Medicaid prescription benefits management program in an effort to promote cost effectiveness in the Medicaid Program. With the implementation of the PA process, drugs will be considered "preferred" or "non-preferred". Non-preferred drugs will require PA as a condition for payment by the program. The Department is also negotiating State Supplemental Drug Rebates with drug manufacturers. Act 395 also mandates the Department to implement the Peer Based Prescriber Practitioner Profile Program. This program will begin in October 2002.
- Enhancement of computer system to scan 5% of cases (up from the current 1%) to combat fraud in Medicaid claims.
- The Department provided plastic magnetic strip cards for Medicaid recipients. This will reduce fraud and lower administrative costs over time for both providers and the state. The program was implemented in SFY 98 and completed statewide in January 1999, served approximately 880,000 in FFY 02.

Medicaid

- 28 services are offered (10 mandatory and 18 optional).
- Enacted legislation in 2000 that created the Medicaid Nursing Home Trust Fund. Interest earnings (approximately \$60 to \$80 million per year) from monies

SOUTHERN REGION MEDICAID PROFILE

Medicaid (Continued)

deposited in the fund will be appropriated by the legislature to provide additional support for nursing home providers and to increase the state's effort relative to the Medicaid assisted living program.

•Enacted legislation in 2001 as follows:

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

•Enacted legislation in 2002 as follows:

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

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.

•Phase II expanded Medicaid to provide health care benefits to children/adolescents from birth to age 19 in families with incomes up 150% FPL and was expected to enroll 10,725, effective October 1, 1999.

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

All three phases are Medicaid expansions and serve approximately 87,675 individuals as of September 2002.

Tobacco Settlement

•The state expects to receive approximately \$4.42 billion over 25 years.

Legislation was enacted in 1999 that required passage of a constitutional amendment. This measure received voter approval in November 1999.

The law created the Tobacco Settlement Trust Fund (The Millennium Fund) and The Louisiana Fund.

LOUISIANA

SOUTHERN REGION MEDICAID PROFILE

Tobacco Settlement (Continued)

The Millennium Fund is a constitutionally created endowment fund for the deposit of tobacco settlement monies as follows:

SFY 01	45%
SFY 02	60%
SFY 03 and subsequent years	75%

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

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

- In 2001, the state securitized 60% of the tobacco settlement revenue and received approximately \$1.2 billion from the transaction. The revenue realized from the sale of the bonds will be distributed to the Louisiana Fund and the Millennium Fund as required by law.

- For 2002, the legislature allocated a portion (\$67 million) of the revenue received from securitization of the tobacco settlement monies as follows:

From the Louisiana Trust Fund

- \$20.5 million for Medicaid;
- \$15.0 million for LaCHIP;
- \$5.8 million for school clinics;
- \$0.5 million for tobacco cessation;
- \$2.8 million for health science grants; and
- \$1.5 million for preschool programs.

From the Millennium Trust Fund

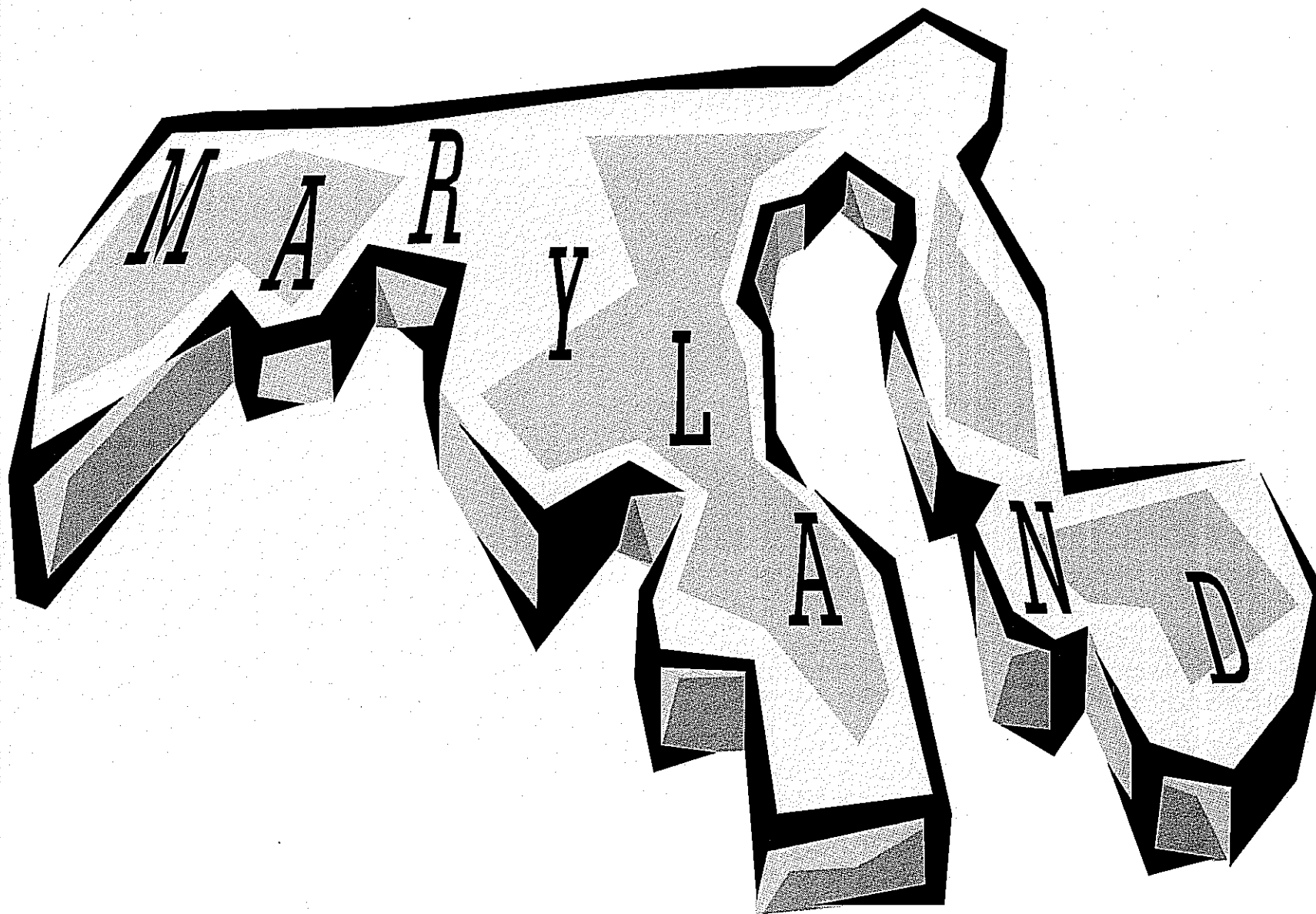
- \$1.6 million for health care; and
- \$1.3 million for tuition assistance.

From the Education Excellence Trust Fund

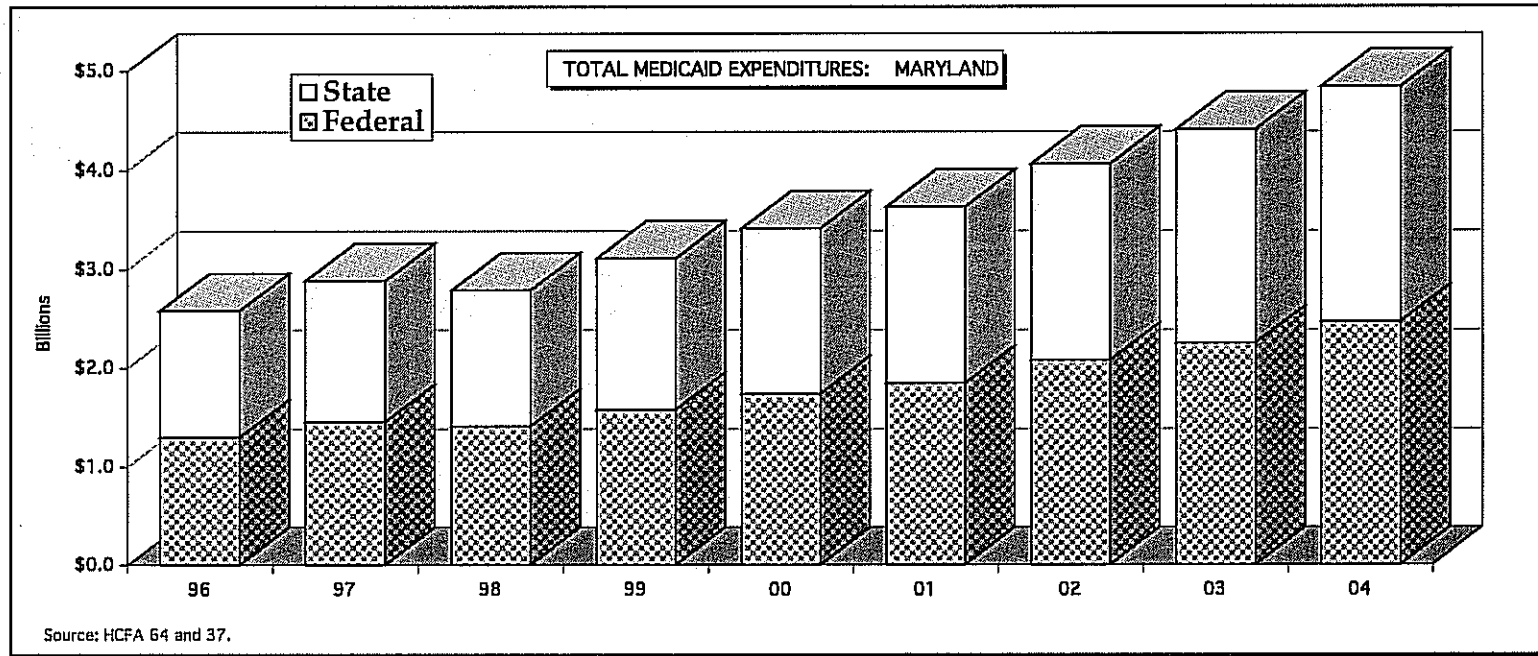
- \$18.0 million to private and public school systems.

- Enacted legislation in FY 03 (Act 1210) to authorize the securitization of the remaining 40% of the tobacco settlement; estimates provided by the LFO indicate that the net proceeds would be approximately \$624 million and be deposited into the Millennium Trust Fund.

STATE MEDICAID PROFILE



SOUTHERN REGION MEDICAID PROFILE



THIS IS A PRELIMINARY DRAFT OF THE FFY 02 MEDICAID COMPARATIVE DATA REPORT. REVISIONS WILL BE REQUIRED PRIOR TO PUBLISHING THE FINAL DOCUMENT. SEE NOTE ON THE FIRST PAGE OF THE REPORT.

	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	FFY 01	FFY 02*	FFY 03**	FFY 04**	Annual Rate of Change	Total Change 96-04
Medicaid Payments	\$2,441,028,457	\$2,688,167,110	\$2,578,582,453	\$2,931,170,173	\$3,170,221,094	\$3,389,359,931	\$3,779,629,018	\$4,114,596,000	\$4,505,927,000	8.0%	84.6%
Federal Share	\$1,222,985,965	\$1,350,201,604	\$1,293,965,501	\$1,473,199,888	\$1,610,382,156	\$1,713,456,381	\$1,927,846,222	\$2,093,636,000	\$2,291,509,000	8.2%	87.4%
State Share	\$1,218,042,492	\$1,337,965,506	\$1,284,616,952	\$1,457,970,285	\$1,559,838,938	\$1,675,903,550	\$1,851,782,796	\$2,020,960,000	\$2,214,418,000	7.8%	81.8%
Administrative Costs	\$140,585,936	\$195,914,659	\$206,657,092	\$177,403,959	\$235,198,416	\$237,787,627	\$274,488,455	\$284,030,000	\$332,374,000	11.4%	136.4%
Federal Share	\$75,929,644	\$101,175,092	\$114,207,850	\$97,893,210	\$126,726,599	\$130,711,305	\$145,227,839	\$152,252,000	\$175,864,000	11.1%	131.6%
State Share	\$64,656,292	\$94,739,567	\$92,449,242	\$79,510,749	\$108,471,817	\$107,076,322	\$129,260,616	\$131,778,000	\$156,510,000	11.7%	142.1%
Admin. Costs as % of Payments	5.76%	7.29%	8.01%	6.05%	7.42%	7.02%	7.26%	6.90%	7.38%		
Federal Match Rate*	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%		

*Rate shown is for Medicaid payments only. The FMAP (Federal Medical Assistance Percentage) is based on the relationship between each state's per capita personal income and that of the nation as a whole for the three most recent years. Federal share of state administrative costs is usually 50 percent or 75 percent, depending on function and whether or not medical personnel are used. **Federal Fiscal Years 03 and 04 reflect latest estimates reported by each state (CMS 37).

SOUTHERN REGION MEDICAID PROFILE

STATE FINANCING

	Payments		Administration	
	FFY 96	FFY 02	FFY 96	FFY 02
State General Fund	\$1,218,042,492	\$1,843,575,669	\$64,656,292	\$129,260,616
Local Funds	\$0	\$0	\$0	\$0
Provider Taxes	\$0	\$0	\$0	\$0
Donations	\$0	\$7,116,427	\$0	\$0
Other*	\$0	\$1,090,700	\$0	\$0
Total State Share	\$1,218,042,492	\$1,851,782,796	\$64,656,292	\$129,260,616

*Outstationed Eligibility Workers

Provider Taxes Currently in Place (FFY 02)	
Tax Rate	Amount
Permissible Taxes Program	\$7,116,427
	\$7,116,427

DISPROPORTIONATE SHARE HOSPITAL (DSH) PAYMENTS

	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	FFY 01	FFY 02*	FFY 03**	FFY 04**	Annual Change
General Hospitals	\$38,178,277	\$37,133,045	\$27,132,390	\$28,539,341	\$29,841,259	\$31,081,634	\$35,380,547	\$34,568,000	\$34,568,000	4.1%
Mental Hospitals	\$111,087,695	\$122,526,661	\$116,151,573	\$118,275,027	\$114,809,891	\$31,443,762	\$62,616,528	\$23,045,000	\$23,045,000	-23.6%
Total	\$149,265,972	\$159,659,706	\$143,283,963	\$146,814,368	\$144,651,150	\$62,525,396	\$97,997,075	\$57,613,000	\$57,613,000	-14.1%

SELECTED ELIGIBILITY CRITERIA

	At 10/1/02	% of FPL*
TANF-Temporary Assistance for Needy Families (Family of 3)		
Need Standard	Eliminated	N/A
Payment Standard	\$472	37.1%
Maximum Payment	\$472	37.1%
Medically Needy Program (Family of 4)		
Income Eligibility Standard	\$475	
Resource Standard	\$3,200	
Pregnant Women, Children and Infants (% of FPL*)		
Pregnant women and children to age 6		200.0%
Children age 6 to 14		200.0%
Children age 14 to 18		200.0%
SSI Eligibility Levels		
Income:		
Single Person	\$565	75.5%
Couple	\$834	82.6%
Resources:		
Single Person	\$2,000	
Couple	\$3,000	

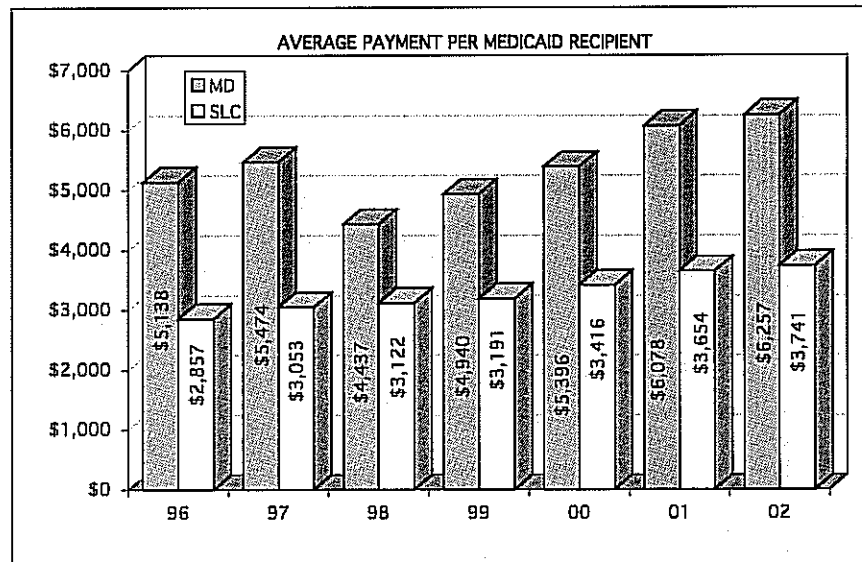
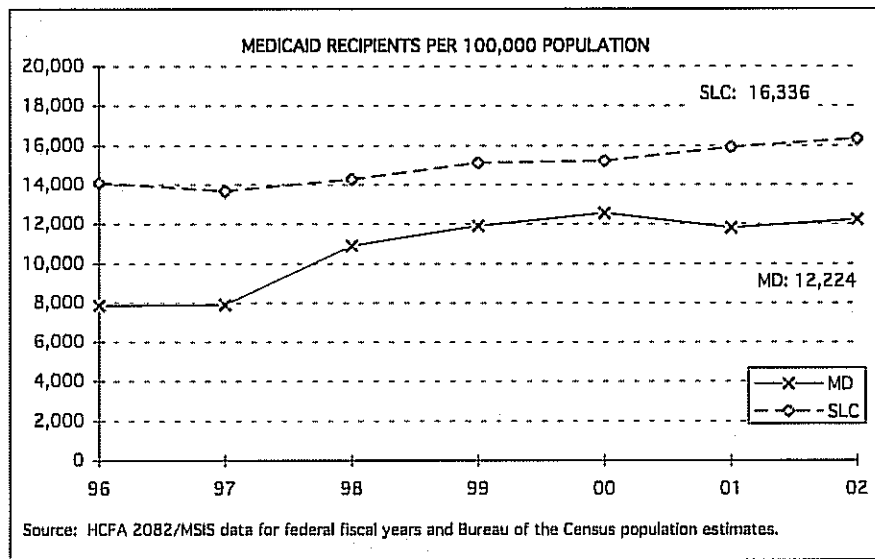
DEMOGRAPHIC DATA & POVERTY INDICATORS (2002)

		Rank in U.S.
State population—July 1, 2002*	5,458,137	18
Per capita personal income**	\$35,188	5
Median household income**	\$53,530	2
Population below Federal Poverty Level on July 1, 2001*	398,444	
Percent of total state population	7.3%	48
Population without health insurance coverage*	671,351	24
Percent of total state population	12.3%	26
Recipients of Food Stamps***	228,398	29
Households receiving Food Stamps***	104,844	28
Total value of issuance***	\$215,189,301	26
Average monthly benefit per recipient	\$78.51	16
Average monthly benefit per household	\$171.04	
Monthly recipients of Temporary Assistance to Needy Families (TANF)****	62,297	21
Total TANF payments****	\$250,800,193	21
Average monthly payment per recipient	\$135.02	21
Maximum monthly payment per family of 3	\$388.00	25

*Current federal poverty level is \$8,980 per year for a single person, \$12,120 for a family of two and \$15,260 for a family of three. Table above shows monthly income levels.

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

SOUTHERN REGION MEDICAID PROFILE



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

<u>RECIPIENTS BY TYPE OF SERVICES</u>	<u>FFY 96</u>	<u>FFY 97</u>	<u>FFY 98</u>	<u>FFY 99</u>	<u>FFY 00</u>	<u>FFY 01</u>	<u>FFY 02</u>	<u>Annual Change</u>
01. General Hospital	77,581	82,251	43,196	48,726	73,365	71,063	72,239	-1.2%
02. Mental Hospital	13,481	8,456	1,827	3,351	3,328	3,153	3,227	-21.2%
03. Skilled and Intermediate (non-MR) Care Nursing	23,449	26,575	27,834	27,923	27,270	22,339	22,826	-0.4%
04. Intermediate Care for Mentally Retarded	749	635	627	594	561	549	560	-4.7%
05. Physician Services	282,816	292,897	203,528	315,899	398,274	412,016	418,007	6.7%
06. Dental Services	28,623	35,028	8,725	15,084	18,001	35,893	36,309	4.0%
07. Other Practitioners	27,960	32,157	19,151	20,595	22,613	23,939	24,376	-2.3%
08. Outpatient Hospital	187,343	183,008	105,346	151,879	227,957	226,547	229,850	3.5%
09. Clinic Services	93,789	95,719	39,897	39,333	48,462	61,467	62,519	-6.5%
10. Lab and X-Ray	93,990	101,771	50,211	39,211	70,890	101,025	102,366	1.4%
11. Home Health	17,400	19,173	8,114	10,181	11,798	14,800	15,037	-2.4%
12. Prescribed Drugs	268,440	256,423	176,403	345,746	409,511	413,755	419,669	7.7%
13. Family Planning	29,557	37,002	19,141	6,102	1,457	1,529	1,770	-37.5%
14. Early & Periodic Screening, Diagnosis & Treatment	97,546	93,592	45,814	45,814	0	0	684	-56.3%
15. Other Care	162,933	171,642	44,395	115,788	206,784	210,455	213,221	4.6%
16. Personal Care Support Services	0	0	63,467	40,516	115,999	119,201	120,453	17.4%
17. Home/Community Based Waiver Services	0	0	3,820	73,332	0	0	285	-47.7%
18. Prepaid Health Care	0	0	449,825	481,362	507,109	534,929	542,214	4.8%
19. Primary Care Case Management (PCCM) Services	0	0	0	0	0	0	0	n/a
Total*	398,537	402,002	561,085	616,251	664,576	634,273	667,225	9.0%

*FFY 02 projected using FFY 96-FFY 01 trends, State Annual report, and state submitted data (SEE "Important Note" prior to table of contents).

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

SOUTHERN REGION MEDICAID PROFILE

<u>PAYMENTS BY TYPE OF SERVICES</u>	<u>FFY 96</u>	<u>FFY 97</u>	<u>FFY 98</u>	<u>FFY 99</u>	<u>FFY 00</u>	<u>FFY 01**</u>	<u>FFY 02</u>	<u>Annual Change</u>	<u>Share of Total FFY 02</u>
01. General Hospital	\$558,635,117	\$633,631,779	\$324,280,148	\$414,033,521	\$552,860,871	\$521,438,517	\$573,017,317	0.4%	13.7%
02. Mental Hospital	\$124,805,267	\$49,810,491	\$56,546,963	\$91,425,580	\$94,005,602	\$94,377,684	\$102,519,958	-3.2%	2.5%
03. Skilled and Intermediate (non-MR) Care Nursing	\$416,315,221	\$515,887,379	\$546,941,004	\$556,048,487	\$608,979,795	\$687,569,111	\$749,040,539	10.3%	17.9%
04. Intermediate Care for Mentally Retarded	\$62,760,867	\$61,193,341	\$55,095,149	\$52,351,664	\$57,849,332	\$58,895,626	\$64,912,939	0.6%	1.6%
05. Physician Services	\$90,520,475	\$89,643,749	\$46,541,325	\$102,208,201	\$148,195,731	\$155,388,195	\$166,815,724	10.7%	4.0%
06. Dental Services	\$2,140,511	\$2,374,879	\$354,031	\$7,368,965	\$3,162,591	\$3,909,032	\$4,271,049	12.2%	0.1%
07. Other Practitioners	\$2,191,699	\$2,925,025	\$1,016,724	\$1,282,147	\$1,293,615	\$1,487,928	\$1,656,722	-4.6%	0.0%
08. Outpatient Hospital	\$165,726,010	\$161,722,969	\$53,105,201	\$106,336,777	\$167,264,324	\$180,813,853	\$194,924,770	2.7%	4.7%
09. Clinic Services	\$108,631,811	\$107,134,470	\$6,643,345	\$6,728,622	\$9,083,590	\$14,161,429	\$17,192,412	-26.5%	0.4%
10. Lab and X-Ray	\$6,949,317	\$7,935,667	\$3,137,857	\$4,294,912	\$10,066,063	\$11,181,365	\$11,953,406	9.5%	0.3%
11. Home Health	\$210,449,214	\$226,698,580	\$48,456,286	\$190,676,603	\$224,242,460	\$272,309,723	\$292,601,475	5.6%	7.0%
12. Prescribed Drugs	\$154,908,882	\$172,701,282	\$148,532,940	\$291,445,346	\$374,121,433	\$417,080,496	\$446,681,181	19.3%	10.7%
13. Family Planning	\$6,814,312	\$11,348,865	\$4,613,117	\$1,843,920	\$2,541,543	\$2,842,858	\$3,331,823	-11.2%	0.1%
14. Early & Periodic Screening, Diagnosis & Treatment	\$68,843,619	\$74,079,692	\$73,840,753	\$0	\$0	\$0	\$3,118,886	-40.3%	0.1%
15. Other Care	\$67,799,858	\$83,580,418	\$35,058,148	\$56,176,252	\$114,433,801	\$107,874,033	\$116,247,320	9.4%	2.8%
16. Personal Care Support Services	\$0	\$0	\$79,099,039	\$53,074,542	\$306,345,343	\$335,151,875	\$351,464,638	45.2%	8.4%
17. Home/Community Based Waiver Services	\$0	\$0	\$154,029,172	\$266,575,073	\$0	\$0	\$8,868,394	-51.0%	0.2%
18. Prepaid Health Care	\$0	\$0	\$851,988,946	\$842,493,067	\$911,334,953	\$990,520,806	\$1,066,349,188	5.8%	25.5%
19. Primary Case Management (PCCM) Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a	0.0%
Total (excludes DSH pymts, pharmacy rebates, & other adjs.)	\$2,047,492,180	\$2,200,668,586	\$2,489,280,148	\$3,044,363,679	\$3,585,781,047	\$3,855,002,531	\$4,174,967,741	12.6%	100.0%

AVERAGE PAYMENTS PER RECIPIENT BY TYPE OF SERVICES

								(+) or (-) SLG	
									Aug. FFY 02
01. General Hospital	\$7,200.67	\$7,703.64	\$7,507.18	\$8,497.18	\$7,535.76	\$7,337.69	\$7,932.24	1.6%	78.3%
02. Mental Hospital	\$9,257.86	\$5,890.55	\$30,950.72	\$27,283.07	\$28,246.88	\$29,932.66	\$31,769.43	22.8%	311.6%
03. Skilled and Intermediate (non-MR) Care Nursing	\$17,754.07	\$19,412.51	\$19,650.10	\$19,913.64	\$22,331.49	\$30,778.87	\$32,815.23	10.8%	60.6%
04. Intermediate Care for Mentally Retarded	\$83,792.88	\$96,367.47	\$87,871.05	\$88,134.11	\$103,118.24	\$107,278.01	\$115,915.96	5.6%	57.5%
05. Physician Services	\$320.07	\$306.06	\$228.67	\$323.55	\$372.09	\$377.14	\$399.07	3.7%	-14.2%
06. Dental Services	\$74.78	\$67.80	\$40.58	\$488.53	\$175.69	\$108.91	\$117.63	7.8%	-58.3%
07. Other Practitioners	\$78.39	\$90.96	\$53.09	\$62.26	\$57.21	\$62.15	\$67.97	-2.3%	-78.6%
08. Outpatient Hospital	\$884.61	\$883.69	\$504.10	\$700.14	\$733.75	\$798.13	\$848.05	-0.7%	56.7%
09. Clinic Services	\$1,158.26	\$1,119.26	\$166.51	\$171.07	\$187.44	\$230.39	\$274.99	-21.3%	-59.8%
10. Lab and X-Ray	\$73.94	\$77.98	\$62.49	\$109.53	\$142.00	\$110.68	\$116.77	7.9%	12.8%
11. Home Health	\$12,094.78	\$11,823.84	\$5,971.94	\$18,728.67	\$19,006.82	\$18,399.31	\$19,458.77	8.2%	520.3%
12. Prescribed Drugs	\$577.07	\$673.50	\$842.01	\$842.95	\$913.58	\$1,008.04	\$1,064.37	10.7%	-2.8%
13. Family Planning	\$230.55	\$306.71	\$241.01	\$302.18	\$1,744.37	\$1,859.29	\$1,882.39	41.9%	392.1%
14. Early & Periodic Screening, Diagnosis & Treatment	\$705.76	\$791.52	\$1,611.75	\$0.00	\$0.00	\$0.00	\$4,559.77	36.5%	4228.1%
15. Other Care	\$416.12	\$486.95	\$789.69	\$485.16	\$553.40	\$512.58	\$545.20	4.6%	-69.4%
16. Personal Care Support Services	\$0.00	\$0.00	\$1,246.30	\$1,309.97	\$2,640.93	\$2,811.65	\$2,917.86	23.7%	57.6%
17. Home/Community Based Waiver Services	\$0.00	\$0.00	\$40,321.77	\$3,635.18	\$0.00	\$0.00	\$31,117.17	-6.3%	436.2%
18. Prepaid Health Care	\$0.00	\$0.00	\$1,894.05	\$1,750.23	\$1,797.12	\$1,851.69	\$1,966.66	0.9%	17.1%
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)	\$5,137.52	\$5,474.27	\$4,436.55	\$4,940.14	\$5,395.59	\$6,077.83	\$6,257.21	3.3%	67.3%

TOTAL PER CAPITA EXPENDITURES	\$510.17	\$566.07	\$542.42	\$601.08	\$642.96	\$674.80	\$742.77	6.5%	-3.2%
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MARYLAND

SOUTHERN REGION MEDICAID PROFILE
DATA BY OTHER CHARACTERISTICS

RECIPIENTS BY OTHER CHARACTERISTICS

	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	FFY 01	FFY 02	Annual Change	Share of Total FFY 02
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	220,614	208,404	274,117	230,948	201,428	196,879	210,278	-0.8%	31.5%
Poverty Related Eligibles	18,840	108,549	142,031	228,953	283,076	317,319	328,369	61.0%	49.2%
Medically Needy	60,421	65,639	49,892	57,621	75,838	75,224	79,092	4.6%	11.9%
Other Eligibles	98,662	19,410	69,419	50,713	56,802	44,851	48,269	-11.2%	7.2%
Maintenance Assistance Status Unknown	0	0	25,626	48,016	47,432	0	1,217	-53.3%	0.2%
Total*	398,537	402,002	561,085	616,251	664,576	634,273	667,225	9.0%	100.0%
By Basis of Eligibility									
Aged, Blind, or Disabled	129,946	134,219	148,963	151,240	152,130	152,165	160,901	3.6%	24.1%
Children	185,663	185,801	264,965	308,892	348,322	369,326	386,049	13.0%	57.9%
Foster Care Children	0	0	15,219	15,046	15,423	15,709	16,326	1.8%	2.4%
Adults	82,928	81,982	106,312	93,057	101,269	97,073	102,731	3.6%	15.4%
Basis of Eligibility Unknown	0	0	25,626	48,016	47,432	0	1,218	-53.3%	0.2%
Total*	398,537	402,002	561,085	616,251	664,576	634,273	667,225	9.0%	100.0%
By Age									
Under Age 1	25,780	82,051	23,208	24,009	25,204	25,710	27,781	1.3%	4.2%
Age 1 to 5	58,125	45,938	102,693	107,983	116,242	123,560	129,137	14.2%	19.4%
Age 6 to 14	65,326	50,179	133,175	154,867	170,700	181,039	188,634	19.3%	28.3%
Age 15 to 20	30,641	29,303	50,928	62,103	73,264	78,687	81,955	17.8%	12.3%
Age 21 to 44	81,911	88,569	128,022	119,112	128,543	121,216	127,927	7.7%	19.2%
Age 45 to 64	31,694	44,604	44,058	44,010	46,429	46,827	49,418	7.7%	7.4%
Age 65 to 74	20,547	26,368	23,068	22,390	22,766	22,862	24,250	2.8%	3.6%
Age 75 to 84	18,009	20,673	19,948	19,981	20,377	20,753	21,957	3.4%	3.3%
Age 85 and Over	66,504	14,317	14,168	13,787	13,619	13,619	14,987	-22.0%	2.2%
Age Unknown	0	0	21,817	48,009	47,432	0	1,179	-51.8%	0.2%
Total*	398,537	402,002	561,085	616,251	664,576	634,273	667,225	9.0%	100.0%
By Race									
White	163,424	164,110	184,348	194,285	202,094	191,135	202,191	3.6%	30.3%
Black	202,848	203,389	307,223	316,525	387,564	371,544	389,536	11.5%	58.4%
Hispanic, American Indian or Asian	24,273	24,742	31,710	38,951	49,200	47,304	49,478	12.6%	7.4%
Other/Unknown	7,992	9,761	37,804	66,490	25,718	24,289	26,020	21.7%	3.9%
Total*	398,537	402,002	561,085	616,251	664,576	634,273	667,225	9.0%	100.0%
By Sex									
Female	247,687	251,556	329,915	340,962	372,698	354,757	373,840	7.1%	56.0%
Male	150,850	150,446	209,354	227,281	258,891	247,437	259,949	9.5%	39.0%
Unknown	0	0	21,816	48,008	32,987	32,079	33,436	n/a	5.0%
Total*	398,537	402,002	561,085	616,251	664,576	634,273	667,225	9.0%	100.0%

*FFY 02 projected using FFY 96-FFY 01 trends, State Annual report, and state submitted data (SEE "Important Note" prior to table of contents).

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

SOUTHERN REGION MEDICAID PROFILE

PAYMENTS BY OTHER CHARACTERISTICS

	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	FFY 01	FFY 02	Annual Change	Share of Total FFY 02
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	\$896,783,012	\$969,169,243	\$1,233,921,421	\$1,530,959,429	\$1,673,251,254	\$1,782,002,419	\$1,932,227,602	13.6%	46.3%
Poverty Related Eligibles	\$791,684,933	\$860,750,740	\$798,379,206	\$866,983,169	\$1,018,429,969	\$697,644,828	\$791,165,277	0.0%	19.0%
Medically Needy	\$51,667,180	\$337,588,288	\$231,634,487	\$389,361,251	\$580,952,121	\$1,110,661,049	\$1,160,856,908	68.0%	27.8%
Other Eligibles	\$307,357,055	\$33,160,315	\$189,104,492	\$209,546,232	\$241,266,293	\$264,694,235	\$287,826,521	-1.1%	6.9%
Maintenance Assistance Status Unknown	\$0	\$0	\$36,240,542	\$47,513,598	\$71,881,410	\$0	\$2,891,433	-46.9%	0.1%
Total*	\$2,047,492,180	\$2,200,668,586	\$2,489,280,148	\$3,044,363,679	\$3,585,781,047	\$3,855,002,531	\$4,174,967,741	12.6%	100.0%
By Basis of Eligibility									
Aged, Blind or Disabled	\$1,483,050,526	\$1,603,610,489	\$1,787,572,156	\$2,117,055,216	\$2,359,643,226	\$2,547,177,259	\$2,768,223,066	11.0%	66.3%
Children	\$335,335,990	\$353,018,677	\$386,698,407	\$517,492,686	\$669,496,146	\$761,700,764	\$817,876,552	16.0%	19.6%
Foster Care Children	\$0	\$0	\$40,001,794	\$70,734,060	\$77,005,141	\$86,726,340	\$91,825,457	23.1%	2.2%
Adults	\$229,105,664	\$244,039,420	\$238,767,249	\$291,568,119	\$407,755,124	\$459,398,168	\$494,151,233	13.7%	11.8%
Basis of Eligibility Unknown	\$0	\$0	\$36,240,542	\$47,513,598	\$71,881,410	\$0	\$2,891,433	-46.9%	0.1%
Total*	\$2,047,492,180	\$2,200,668,586	\$2,489,280,148	\$3,044,363,679	\$3,585,781,047	\$3,855,002,531	\$4,174,967,741	12.6%	100.0%
By Age									
Under Age 1	\$84,125,495	\$303,845,683	\$59,865,791	\$70,239,065	\$83,226,495	\$82,700,168	\$95,407,728	2.1%	2.3%
Age 1 to 5	\$99,685,252	\$124,226,005	\$176,722,191	\$207,859,310	\$263,420,671	\$285,295,249	\$306,794,138	20.6%	7.3%
Age 6 to 14	\$175,877,703	\$184,319,654	\$242,862,808	\$354,307,023	\$398,797,163	\$457,735,072	\$491,434,113	18.7%	11.8%
Age 15 to 20	\$122,117,418	\$122,312,174	\$154,004,636	\$235,160,071	\$296,430,481	\$333,243,532	\$356,712,822	19.6%	8.5%
Age 21 to 44	\$532,324,099	\$531,530,309	\$641,599,245	\$810,559,804	\$957,463,422	\$1,041,361,655	\$1,125,239,365	13.3%	27.0%
Age 45 to 64	\$342,909,763	\$376,927,278	\$472,837,550	\$592,947,891	\$693,208,421	\$767,096,800	\$827,400,393	15.8%	19.8%
Age 65 to 74	\$155,759,229	\$162,359,173	\$201,989,548	\$205,685,132	\$237,262,529	\$242,726,634	\$265,127,934	9.3%	6.4%
Age 75 to 84	\$205,005,899	\$204,018,594	\$245,346,175	\$251,358,183	\$289,032,078	\$317,065,911	\$345,152,978	9.1%	8.3%
Age 85 and Over	\$329,687,322	\$191,129,716	\$266,497,836	\$268,782,165	\$295,058,377	\$327,777,510	\$358,969,113	1.4%	8.6%
Age Unknown	\$0	\$0	\$27,554,368	\$47,465,035	\$71,881,410	\$0	\$2,729,157	-43.9%	0.1%
Total*	\$2,047,492,180	\$2,200,668,586	\$2,489,280,148	\$3,044,363,679	\$3,585,781,047	\$3,855,002,531	\$4,174,967,741	12.6%	100.0%
By Race									
White	\$1,044,091,195	\$1,093,016,721	\$1,131,688,380	\$1,342,453,679	\$1,601,439,292	1,722,520,627	\$1,869,942,784	10.2%	44.8%
Black	\$907,557,313	\$991,921,132	\$1,174,483,476	\$1,451,209,685	\$1,699,828,452	1,827,111,555	\$1,976,705,539	13.9%	47.3%
Hispanic, American Indian or Asian	\$63,177,612	\$70,965,553	\$94,097,261	\$117,329,952	\$136,131,461	146,231,204	\$157,897,088	16.5%	3.8%
Other/Unknown	\$32,666,060	\$44,765,180	\$89,011,031	\$133,370,363	\$148,381,843	159,139,145	\$170,422,330	31.7%	4.1%
Total*	\$2,047,492,180	\$2,200,668,586	\$2,489,280,148	\$3,044,363,679	\$3,585,781,047	\$3,855,002,531	\$4,174,967,741	12.6%	100.0%
By Sex									
Female	\$1,202,962,228	\$1,287,609,639	\$1,458,030,690	\$1,740,286,124	\$2,055,800,237	2,210,692,047	\$2,395,645,408	12.2%	57.4%
Male	\$844,529,952	\$913,058,947	\$1,003,696,022	\$1,256,659,867	\$1,479,123,393	1,589,974,435	\$1,721,639,146	12.6%	41.2%
Unknown	\$0	\$0	\$27,553,436	\$47,417,688	\$50,857,417	54,336,049	\$57,683,187	n/a	1.4%
Total*	\$2,047,492,180	\$2,200,668,586	\$2,489,280,148	\$3,044,363,679	\$3,585,781,047	\$3,855,002,531	\$4,174,967,741	12.6%	100.0%

*FFY 02 projected using FFY 96-FFY 01 trends, State Annual report, and state submitted data (SEE "Important Note" prior to table of contents).

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

SOUTHERN REGION MEDICAID PROFILE

AVERAGE PAYMENT PER RECIPIENT BY OTHER CHARACTERISTICS

	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	FFY 01	FFY 02	Annual Change	Above (+) or Below (-) SLC Avg. FFY 02
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	\$4,064.94	\$4,650.43	\$4,501.44	\$6,629.02	\$8,306.94	\$9,051.26	\$9,188.92	14.6%	111.5%
Poverty Related Eligibles	\$42,021.49	\$7,929.61	\$5,621.16	\$3,786.73	\$3,597.73	\$2,198.56	\$2,409.38	-37.9%	23.8%
Medically Needy	\$855.12	\$5,143.11	\$4,642.72	\$6,757.28	\$7,660.44	\$14,764.72	\$14,677.30	60.6%	123.5%
Other Eligibles	\$3,115.25	\$1,708.41	\$2,724.10	\$4,132.00	\$4,247.50	\$5,901.64	\$5,962.97	11.4%	-18.3%
Maintenance Assistance Status Unknown	\$0.00	\$0.00	\$1,414.21	\$989.54	\$1,515.46	\$0.00	\$2,375.87	13.8%	3.3%
Total	\$5,137.52	\$5,474.27	\$4,436.55	\$4,940.14	\$5,395.59	\$6,077.83	\$6,257.21	3.3%	67.3%
By Basis of Eligibility									
Aged, Blind or Disabled	\$11,412.82	\$11,947.72	\$12,000.11	\$13,997.98	\$15,510.70	\$16,739.57	\$17,204.51	7.1%	82.6%
Children	\$1,806.15	\$1,899.98	\$1,459.43	\$1,675.32	\$1,922.06	\$2,062.41	\$2,118.58	2.7%	65.1%
Foster Care Children	\$0.00	\$0.00	\$2,628.41	\$4,701.19	\$4,992.88	\$5,520.81	\$5,624.49	20.9%	3.6%
Adults	\$2,762.71	\$2,976.74	\$2,245.91	\$3,133.22	\$4,026.46	\$4,732.50	\$4,810.15	9.7%	101.1%
Basis of Eligibility Unknown	\$0.00	\$0.00	\$1,414.21	\$989.54	\$1,515.46	\$0.00	\$2,373.92	13.8%	6.4%
Total	\$5,137.52	\$5,474.27	\$4,436.55	\$4,940.14	\$5,395.59	\$6,077.83	\$6,257.21	3.3%	67.3%
By Age									
Under Age 1	\$3,263.21	\$3,703.13	\$2,579.53	\$2,925.53	\$3,302.11	\$3,216.65	\$3,434.28	0.9%	19.3%
Age 1 to 5	\$1,715.02	\$2,704.21	\$1,720.88	\$1,924.93	\$2,266.14	\$2,308.96	\$2,375.73	5.6%	72.6%
Age 6 to 14	\$2,692.31	\$3,673.24	\$1,823.64	\$2,287.81	\$2,336.25	\$2,528.38	\$2,605.23	-0.5%	74.4%
Age 15 to 20	\$3,985.43	\$4,174.05	\$3,023.97	\$3,786.61	\$4,046.06	\$4,235.05	\$4,352.54	1.5%	76.4%
Age 21 to 44	\$6,498.81	\$6,001.31	\$5,011.63	\$6,805.02	\$7,448.58	\$8,590.96	\$8,795.95	5.2%	98.8%
Age 45 to 64	\$10,819.39	\$8,450.53	\$10,732.16	\$13,473.03	\$14,930.51	\$16,381.51	\$16,742.90	7.5%	102.4%
Age 65 to 74	\$7,580.63	\$6,157.43	\$8,756.27	\$9,186.47	\$10,421.79	\$10,617.03	\$10,933.11	6.3%	69.2%
Age 75 to 84	\$11,383.52	\$9,868.84	\$12,299.29	\$12,579.86	\$14,184.23	\$15,278.08	\$15,719.50	5.5%	63.2%
Age 85 and Over	\$4,957.41	\$13,349.84	\$18,809.84	\$19,495.33	\$21,665.20	\$24,067.66	\$23,952.03	30.0%	70.4%
Age Unknown	\$0.00	\$0.00	\$1,262.98	\$988.67	\$1,515.46	\$0.00	\$2,314.81	16.4%	-29.3%
Total	\$5,137.52	\$5,474.27	\$4,436.55	\$4,940.14	\$5,395.59	\$6,077.83	\$6,257.21	3.3%	67.3%
By Race									
White	\$6,388.85	\$6,660.27	\$6,138.87	\$6,909.71	\$7,924.23	\$9,012.06	\$9,248.40	6.4%	105.4%
Black	\$4,474.08	\$4,876.97	\$3,822.90	\$4,584.82	\$4,385.93	\$4,917.62	\$5,074.51	2.1%	64.0%
Hispanic, American Indian or Asian	\$2,602.79	\$2,868.22	\$2,967.43	\$3,012.24	\$2,766.89	\$3,091.29	\$3,191.26	3.5%	36.0%
Other/Unknown	\$4,087.34	\$4,586.13	\$2,354.54	\$2,005.87	\$5,769.58	\$6,551.79	\$6,549.67	8.2%	30.9%
Total	\$5,137.52	\$5,474.27	\$4,436.55	\$4,940.14	\$5,395.59	\$6,077.83	\$6,257.21	3.3%	67.3%
By Sex									
Female	\$4,856.78	\$5,118.58	\$4,419.41	\$5,104.05	\$5,515.99	\$6,231.56	\$6,408.21	4.7%	70.3%
Male	\$5,598.47	\$6,069.01	\$4,794.25	\$5,529.10	\$5,713.30	\$6,425.79	\$6,622.99	2.8%	82.8%
Unknown	\$0.00	\$0.00	\$1,262.99	\$987.70	\$1,541.74	\$1,693.81	\$1,725.18	n/a	-76.2%
Total	\$5,137.52	\$5,474.27	\$4,436.55	\$4,940.14	\$5,395.59	\$6,077.83	\$6,257.21	3.3%	67.3%

*FFY 01 projected using FFY 95-FFY 00 trends and State Annual report.

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

SOUTHERN REGION MEDICAID PROFILE

ADDITIONAL STATE HEALTH CARE INFORMATION

Sources: "Major Health Care Policies: 50 State Profiles 2002", Health Policy Tracking Service, January, 2003; and "Medicaid Services State by State", CMS, October 2002.

*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. Within the program, there was a State Fiscal Year 2003 average enrollment of 460,000 recipients in MCOs, which includes Medicaid and Maryland Children's management to an expanded set of benefits known as optional services.

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

- Stop Loss Case Management (SLM) Program: Under the HealthChoice Program, a Managed Care Organization (MCO) may apply for Stop Loss protection when the plan is to be submitted to the Maryland Insurance Administration. There is one MCO for which the Department of Health and Mental Hygiene provides stop-loss protection at a rate determined by the Department. The Department assumes responsibility for 90% of the accrued inpatient hospital costs in excess of \$30,000; the MCO is responsible for the remaining 10%. The Department provides for extended stop-loss coverage if an enrollee remains hospitalized at the end of a calendar year and the costs for that stay exceed the \$30,000 threshold in the following calendar year.

- Pharmacy Point-of-Sale: The pharmacy electronic point-of-sale claims management and prospective drug utilization review system began January 1993. This successful system provides on-line real time pharmacy claims adjudication for all outpatient prescription drugs for the fee-for service Medicaid population. Additionally, this system also has an enhanced feature called Coordinated PRO DUR which checks for drug interactions or conflicts with dispensing of medication and for inappropriate utilization. PRO DUR is available to both the Medicaid fee-for-service population and to the Health Choice population.

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

- Waiver For Older Adults: Provides services to individuals aged 50 and above, in participating licensed assisted living facilities or in their own homes. The waiver currently serves approximately 3,000 individuals.
- Waiver For Individuals With Developmental Disabilities: For developmentally disabled individuals as an alternative to institutionalization in an ICF/MR. This waiver serves over 7,500 individuals and has been in operation since April 1, 1984.
- Model Waiver For Disabled Children: For medically-fragile/technology-dependent children so that they can be cared for at home. This waiver serves approximately 200 individuals and has been in operation since January 1, 1985. This waiver is capped at 200 slots.
- Traumatic Brain Injury (TBI) Waiver: Targets individuals aged 22-64 who have suffered traumatic brain injuries that occurred on or after age 22. These individuals must meet a hospital or nursing home level of care. The waiver became effective July 1, 2003 and is capped at 10 slots.
- Waiver For Children With Autism Spectrum Disorder: Targets children age 1-21 who are diagnosed with Autism Spectrum Disorder and who require an ICF/MR level of care. This waiver became effective July 1, 2001 and currently serves over 700 children.

SOUTHERN REGION MEDICAID PROFILE

Waivers (Continued)

- **Waiver For Adults With Physical Disabilities:** Targets persons aged 21-59 who meet nursing home level of care. It became effective in April 2001 and serves approximately 400 individuals.

Managed Care

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

Coverage for Targeted Population

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

SOUTHERN REGION MEDICAID PROFILE

Coverage for Targeted Population (Continued)

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

Cost Containment Measures

- **All-payer System:** In July of 1977, Maryland received a federal waiver for Medicare and Medicaid reimbursement requirements. Under the waiver, hospitals are paid rates that are approved by the Maryland Health Services Cost Review Commission (HSCRC). All rates must be set equitably and non-discriminatory for all purchasers of service. Under current rules, general hospitals are paid the approved rate minus a 6% discount.
- Established a Pharmaceutical and Therapeutics Committee to develop a preferred drug list for pharmacy programs (implement in stages beginning October 2003)
- Reduced average wholesale price for prescription drugs and placed a limit on the number of prescription drugs allowed per month.
- Created a tiered co-pay system for prescription drugs that charges \$0 for generic drugs and brand-name drugs on the preferred drug list, and \$2 for brand-name drugs not on the preferred drug list.
- Reduced reimbursement rates for nursing homes.

Medicaid

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

SOUTHERN REGION MEDICAID PROFILE

Medicaid (Continued)

• Enacted legislation in 2003 for the following:

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

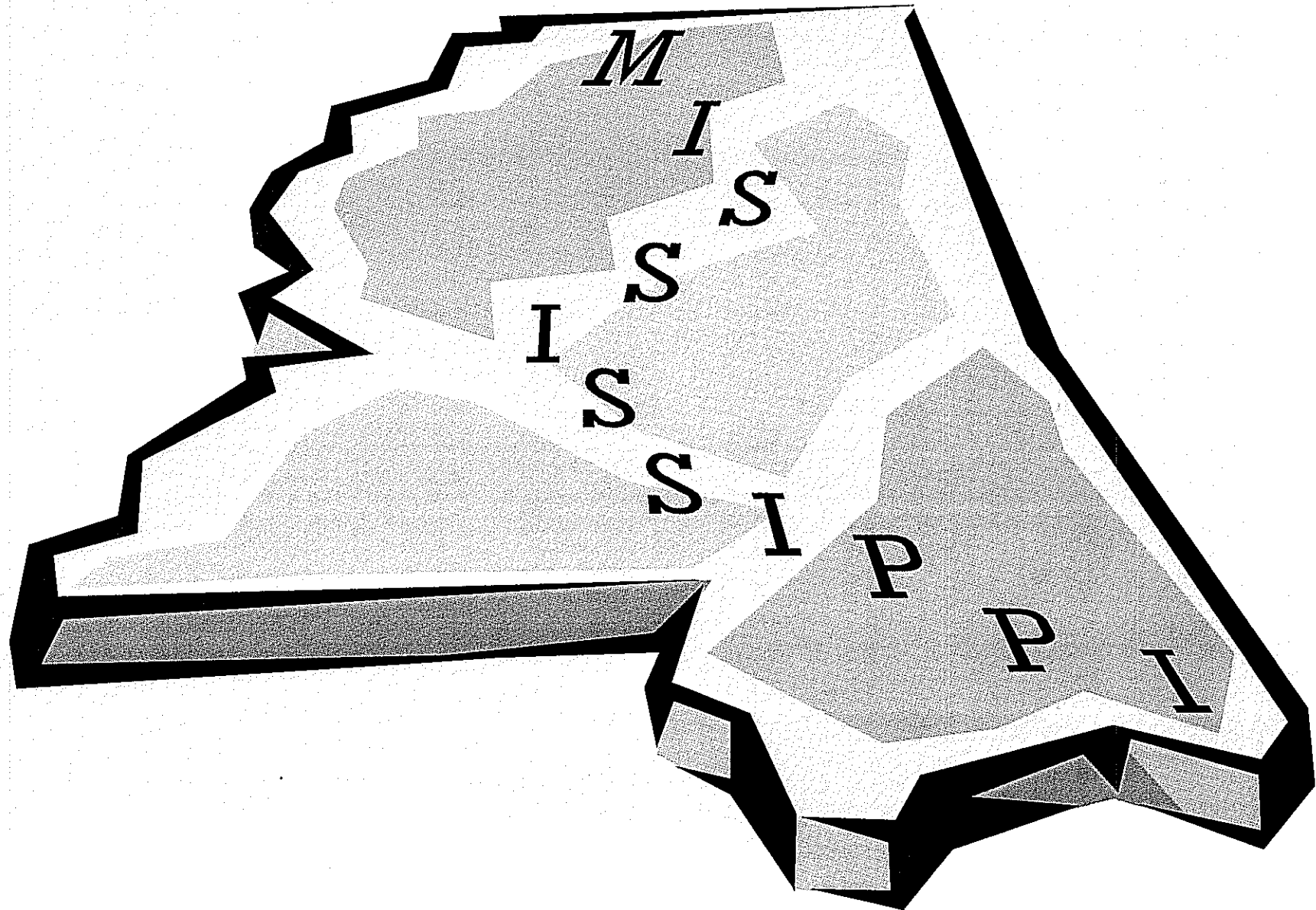
Children's Health Insurance Program: Medicaid Expansion

• Maryland Children's Health Program: Lowered the income standard for the MCHP Premium program from 200% of the federal poverty level to 185% of poverty, and required children whose family income is between 185-200% of poverty to start paying a monthly premium for coverage, effective July 1, 2003; enrollment in MCHP Premium for children whose family income is between 200-300% of poverty is frozen effective July 1, 2003; and the Employer-Sponsored Insurance Program was eliminated as an enrollment option under MCHP Premium. The program served approximately 125,180 during FY 02.

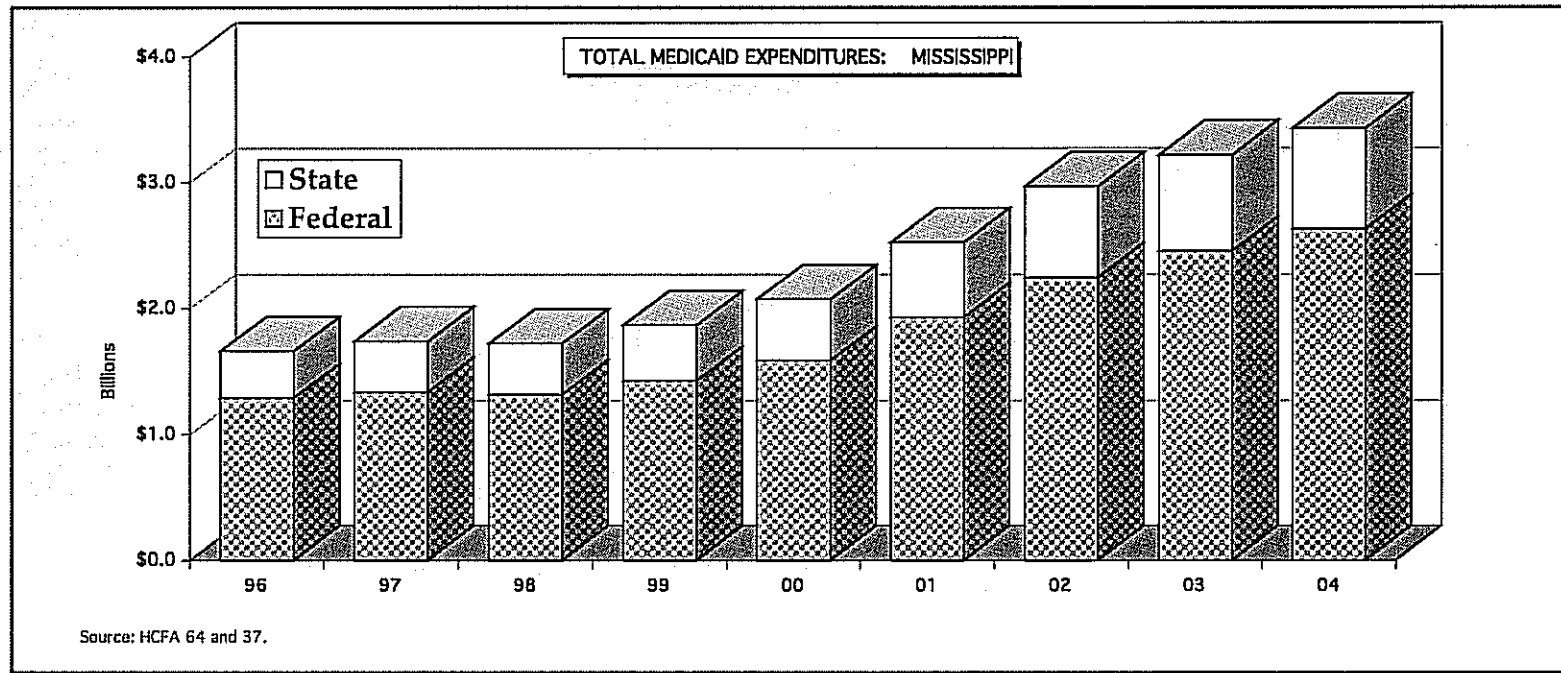
Tobacco Settlement

- The state expects to receive approximately \$4.0 billion over 25 years.
- The Cigarette Restitution Fund (CRF) will act as a depository for all monies received as a result of the tobacco settlement.
- For FY2004, the tobacco settlement payment is expected to be approximately \$106.5 million.
- Based on the budget for FY2004, the Maryland General Assembly has allocated all of the funds for disabled eligibles.

STATE MEDICAID PROFILE



SOUTHERN REGION MEDICAID PROFILE



THIS IS A PRELIMINARY DRAFT OF THE FFY 02 MEDICAID COMPARATIVE DATA REPORT. REVISIONS WILL BE REQUIRED PRIOR TO PUBLISHING THE FINAL DOCUMENT. SEE NOTE ON THE FIRST PAGE OF THE REPORT.

	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	FFY 01	FFY 02*	FFY 03**	FFY 04**	Annual Rate of Change	Total Change 96-04
Medicaid Payments	\$1,623,379,510	\$1,702,265,458	\$1,655,615,964	\$1,805,174,518	\$2,006,699,000	\$2,450,252,810	\$2,882,310,335	\$3,114,247,000	\$3,329,616,000	9.4%	105.1%
Federal Share	\$1,268,803,576	\$1,315,729,583	\$1,278,026,690	\$1,388,137,686	\$1,545,915,000	\$1,884,881,153	\$2,195,750,066	\$2,387,157,000	\$2,567,368,000	9.2%	102.3%
State Share	\$354,575,934	\$386,535,875	\$377,589,274	\$417,036,832	\$460,784,000	\$565,371,657	\$686,560,269	\$727,090,000	\$762,248,000	10.0%	115.0%
Administrative Costs	\$39,704,961	\$38,272,533	\$68,312,651	\$65,017,894	\$69,030,000	\$77,574,664	\$87,664,878	\$104,392,000	\$100,000,000	12.2%	151.9%
Federal Share	\$24,183,512	\$23,077,629	\$40,819,467	\$39,166,005	\$41,815,000	\$46,219,319	\$52,422,363	\$69,490,000	\$64,425,000	13.0%	166.4%
State Share	\$15,521,449	\$15,194,904	\$27,493,184	\$25,851,889	\$27,215,000	\$31,355,345	\$35,242,515	\$34,902,000	\$35,575,000	10.9%	129.2%
Admin. Costs as % of Payments	2.45%	2.25%	4.13%	3.60%	3.44%	3.17%	3.04%	3.35%	3.00%		
Federal Match Rate*	78.07%	77.22%	77.09%	76.78%	76.82%	76.82%	76.09%	76.62%	77.08%		

*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 03 and 04 reflect latest estimates reported by each state (CMS 37).

SOUTHERN REGION MEDICAID PROFILE

STATE FINANCING

	Payments		Administration	
	FFY 96	FFY 02	FFY 96	FFY 02
State General Fund	\$354,575,934	\$646,653,945	\$15,521,449	\$35,242,515
Local Funds	\$0	\$0	\$0	\$0
Provider Taxes	\$0	\$39,906,324	\$0	\$0
Donations	\$0	\$0	\$0	\$0
Other	\$0	\$0	\$0	\$0
Total State Share	\$354,575,934	\$686,560,269	\$15,521,449	\$35,242,515

Provider Taxes Currently in Place (FFY 02)		
	Tax Rate	Amount
Nursing homes	\$3.00 per patient day (7/1/02)	\$26,229,809
Hospitals (IGT)		\$13,676,515
Total		\$39,906,324

DISPROPORTIONATE SHARE HOSPITAL (DSH) PAYMENTS

	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	FFY 01	FFY 02*	FFY 03**	FFY 04**	Annual Change
General Hospitals	\$200,283,473	\$213,573,007	\$183,879,961	\$179,989,816	\$177,778,000	\$178,733,044	\$189,419,753	\$161,616,000	\$161,616,000	-2.1%
Mental Hospitals	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a
Total	\$200,283,473	\$213,573,007	\$183,879,961	\$179,989,816	\$177,778,000	\$178,733,044	\$189,419,753	\$161,616,000	\$161,616,000	-2.1%

SELECTED ELIGIBILITY CRITERIA

	At 10/1/02	% of FPL*
TANF-Temporary Assistance for Needy Families (Family of 3)		
Need Standard (Net)	\$368	28.9%
Payment Standard	\$120	9.4%
Maximum Payment	\$120	9.4%
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	64.7%
Couple	\$726	71.9%
Resources:		
Single Person	\$2,000	
Couple	\$3,000	

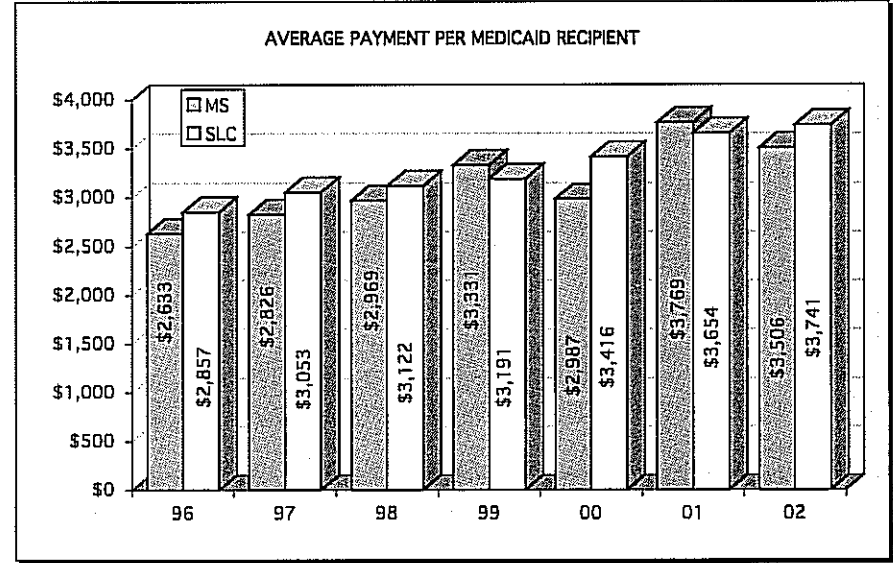
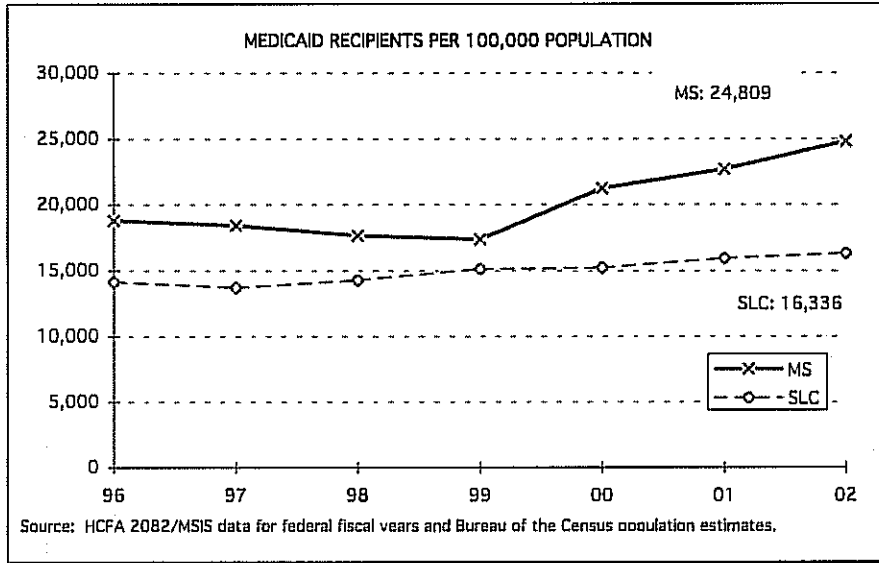
DEMOGRAPHIC DATA & POVERTY INDICATORS (2002)

		Rank in U.S.
State population—July 1, 2002*	2,871,782	31
Per capita personal income**	\$21,750	50
Median household income**	\$30,161	49
Population below Federal Poverty Level on July 1, 2001*	482,459	50
Percent of total state population	16.8%	3
Population without health insurance coverage*	470,972	30
Percent of total state population	16.4%	9
Recipients of Food Stamps***	324,852	22
Households receiving Food Stamps***	126,389	24
Total value of issuance***	\$297,925,151	23
Average monthly benefit per recipient	\$76.43	25
Average monthly benefit per household	\$196.43	
Monthly recipients of Temporary Assistance to Needy Families (TANF)****	39,887	30
Total TANF payments****	\$122,044,580	49
Average monthly payment per recipient	\$67.16	45
Maximum monthly payment per family of 3	\$120.00	50

*Current federal poverty level is \$8,980 per year for a single person, \$12,120 for a family of two and \$15,260 for a family of three. Table above shows monthly income levels.

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

SOUTHERN REGION MEDICAID PROFILE



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

RECIPIENTS BY TYPE OF SERVICES	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	FFY 01	FFY 02	Annual Change
01. General Hospital	100,186	118,299	111,615	118,653	162,784	125,697	115,872	2.5%
02. Mental Hospital	1,923	2,125	2,334	2,376	3,323	2,079	1,789	-1.2%
03. Skilled and Intermediate (non-MR) Care Nursing	18,381	17,985	19,552	20,151	23,217	18,695	19,864	1.3%
04. Intermediate Care for Mentally Retarded	2,281	2,485	2,490	2,805	2,848	2,778	2,741	3.1%
05. Physician Services	407,534	391,783	365,280	380,049	395,696	513,851	514,039	3.9%
06. Dental Services	27,921	27,169	24,282	23,802	107,403	35,267	156,833	33.3%
07. Other Practitioners	9,923	10,283	9,598	11,017	154,126	51,764	227,013	68.5%
08. Outpatient Hospital	214,085	201,823	177,966	204,065	316,224	320,086	404,417	11.2%
09. Clinic Services	161,854	155,937	134,967	150,833	183,670	208,147	246,728	7.3%
10. Lab and X-Ray	88,234	86,837	74,063	67,938	71,469	100,136	111,775	4.0%
11. Home Health	6,340	7,114	10,879	8,611	8,444	9,586	9,986	7.9%
12. Prescribed Drugs	404,263	391,328	368,609	381,638	415,925	515,856	526,920	4.5%
13. Family Planning	0	0	10,879	0	169	0	0	-100.0%
14. Early & Periodic Screening, Diagnosis & Treatment	176,166	167,897	143,184	151,092	0	226,223	0	-100.0%
15. Other Care	60,417	67,595	63,361	98,183	95,750	163,180	129,649	13.6%
16. Personal Care Support Services	0	0	4,430	0	66,495	0	114,626	125.5%
17. Home/Community Based Waiver Services	0	1,246	0	0	0	0	0	-100.0%
18. Prepaid Health Care	0	0	17,628	0	9,111	0	0	-100.0%
19. Primary Care Case Management (PCCM) Services	0	0	0	0	301,868	0	355,389	8.5%
Total*	509,581	504,017	485,767	480,964	605,077	648,851	712,453	5.7%

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

SOUTHERN REGION MEDICAID PROFILE

<u>PAYMENTS BY TYPE OF SERVICES</u>	<u>FFY 96</u>	<u>FFY 97</u>	<u>FFY 98</u>	<u>FFY 99</u>	<u>FFY 00</u>	<u>FFY 01</u>	<u>FFY 02</u>	<u>Annual</u>	<u>Share of Total</u>
								<u>Change</u>	<u>FFY 02</u>
01. General Hospital	\$323,906,167	\$327,808,579	\$324,944,298	\$343,230,461	\$352,800,343	\$443,661,794	\$439,445,840	5.2%	17.6%
02. Mental Hospital	\$13,400,756	\$14,732,690	\$15,483,002	\$16,291,411	\$7,533,110	\$36,171,754	\$12,161,788	-1.6%	0.5%
03. Skilled and Intermediate (non-MR) Care Nursing	\$287,149,171	\$304,079,742	\$313,037,056	\$338,309,223	\$379,062,380	\$404,206,078	\$434,455,241	7.1%	17.4%
04. Intermediate Care for Mentally Retarded	\$101,926,076	\$119,385,548	\$125,503,877	\$144,188,672	\$156,657,841	\$177,151,512	\$176,816,045	9.6%	7.1%
05. Physician Services	\$177,221,994	\$187,028,378	\$179,155,371	\$202,186,735	\$165,218,996	\$293,407,186	\$234,858,387	4.8%	9.4%
06. Dental Services	\$3,076,508	\$2,988,733	\$2,746,014	\$3,057,406	\$26,221,636	\$6,620,411	\$39,952,803	53.3%	1.6%
07. Other Practitioners	\$536,020	\$576,021	\$522,487	\$641,896	\$15,487,591	\$8,156,698	\$28,599,096	94.0%	1.1%
08. Outpatient Hospital	\$97,048,337	\$96,761,174	\$69,828,913	\$79,123,819	\$117,244,679	\$146,253,169	\$192,821,210	12.1%	7.7%
09. Clinic Services	\$70,342,099	\$72,883,571	\$72,866,687	\$80,770,405	\$100,265,627	\$134,297,458	\$148,084,717	13.2%	5.9%
10. Lab and X-Ray	\$6,602,861	\$6,387,516	\$5,643,549	\$5,160,311	\$5,676,758	\$9,453,592	\$10,589,583	8.2%	0.4%
11. Home Health	\$12,600,309	\$10,671,566	\$11,727,240	\$5,590,698	\$8,985,498	\$13,005,818	\$14,297,442	2.1%	0.6%
12. Prescribed Drugs	\$176,758,960	\$208,577,199	\$231,735,360	\$274,525,298	\$370,355,016	\$567,739,563	\$568,073,493	21.5%	22.7%
13. Family Planning	\$0	\$0	\$0	\$0	\$163,532	\$0	\$0	-100.0%	0.0%
14. Early & Periodic Screening, Diagnosis & Treatment	\$27,098,341	\$25,979,090	\$21,663,630	\$23,631,977	\$0	\$53,523,912	\$0	-100.0%	0.0%
15. Other Care	\$43,993,216	\$46,359,360	\$30,018,167	\$68,748,501	\$80,678,320	\$151,874,685	\$165,953,071	24.8%	6.6%
16. Personal Care Support Services	\$0	\$0	\$15,345,300	\$16,524,526	\$13,734,253	\$0	\$26,019,975	14.1%	1.0%
17. Home/Community Based Waiver Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a	0.0%
18. Prepaid Health Care	\$0	\$0	\$22,152,325	\$0	\$0	\$0	\$0	-100.0%	0.0%
19. Primary Case Management (PCCM) Services	\$0	\$0	\$0	\$0	\$7,306,311	\$0	\$5,461,200	-13.5%	0.2%
Total (excludes DSH pymts, pharmacy rebates, & other adjs.)	\$1,341,660,815	\$1,424,219,167	\$1,442,373,276	\$1,601,981,339	\$1,807,391,891	\$2,445,523,630	\$2,497,589,891	10.9%	100.0%

AVERAGE PAYMENTS PER RECIPIENT BY TYPE OF SERVICES

									(+) or (-) SLC
									<u>Avg. FFY 02</u>
01. General Hospital	\$3,233.05	\$2,771.02	\$2,911.30	\$2,892.72	\$2,167.29	\$3,529.61	\$3,792.51	2.7%	-14.8%
02. Mental Hospital	\$6,968.67	\$6,933.03	\$6,633.68	\$6,856.65	\$2,266.96	\$17,398.63	\$6,798.09	-0.4%	-11.9%
03. Skilled and Intermediate (non-MR) Care Nursing	\$15,622.06	\$16,907.41	\$16,010.49	\$16,788.71	\$16,326.93	\$21,621.08	\$21,871.49	5.8%	7.0%
04. Intermediate Care for Mentally Retarded	\$44,684.82	\$48,042.47	\$50,403.16	\$51,404.16	\$55,006.26	\$63,769.44	\$64,507.86	6.3%	-12.3%
05. Physician Services	\$434.86	\$477.38	\$490.46	\$532.00	\$417.54	\$571.00	\$456.89	0.8%	-1.8%
06. Dental Services	\$110.19	\$110.01	\$113.09	\$128.45	\$244.14	\$187.72	\$254.75	15.0%	-9.8%
07. Other Practitioners	\$54.02	\$56.02	\$54.44	\$58.26	\$100.49	\$157.57	\$125.98	15.2%	-60.3%
08. Outpatient Hospital	\$453.32	\$479.44	\$392.37	\$387.74	\$370.76	\$456.92	\$476.79	0.8%	-11.9%
09. Clinic Services	\$434.60	\$467.39	\$539.89	\$535.50	\$545.90	\$645.20	\$600.19	5.5%	-12.2%
10. Lab and X-Ray	\$74.83	\$73.56	\$76.20	\$75.96	\$79.43	\$94.41	\$94.74	4.0%	-8.5%
11. Home Health	\$1,987.43	\$1,500.08	\$1,077.97	\$649.25	\$1,064.13	\$1,356.75	\$1,431.75	-5.3%	-54.4%
12. Prescribed Drugs	\$437.24	\$533.00	\$628.68	\$719.33	\$890.44	\$1,100.58	\$1,078.10	16.2%	-1.5%
13. Family Planning	\$0.00	\$0.00	\$0.00	\$0.00	\$967.64	\$0.00	\$0.00	-100.0%	-100.0%
14. Early & Periodic Screening, Diagnosis & Treatment	\$153.82	\$154.73	\$151.30	\$156.41	\$0.00	\$236.60	\$0.00	-100.0%	-100.0%
15. Other Care	\$728.16	\$685.84	\$473.76	\$700.21	\$842.59	\$930.72	\$1,280.02	9.9%	-28.2%
16. Personal Care Support Services	\$0.00	\$0.00	\$3,463.95	\$0.00	\$206.55	\$0.00	\$227.00	-49.4%	-87.7%
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	\$1,256.66	\$0.00	\$0.00	\$0.00	\$0.00	-100.0%	-100.0%
19. Primary Care Case Management (PCCM) Services	\$0.00	\$0.00	\$0.00	\$0.00	\$24.20	\$0.00	\$15.37	-20.3%	-80.5%
Total (Average)	\$2,632.87	\$2,825.74	\$2,969.27	\$3,330.77	\$2,987.04	\$3,769.01	\$3,505.62	4.9%	-6.3%

TOTAL PER CAPITA EXPENDITURES	\$613.51	\$637.18	\$626.41	\$675.50	\$729.69	\$884.47	\$1,034.19	9.1%	34.8%
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MISSISSIPPI

SOUTHERN REGION MEDICAID PROFILE
DATA BY OTHER CHARACTERISTICS

RECIPIENTS BY OTHER CHARACTERISTICS

	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	FFY 01	FFY 02	Annual Change	Share of Total FFY 02
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	294,297	250,448	235,016	203,616	184,617	179,616	287,323	-0.4%	40.3%
Poverty Related Eligibles	158,623	78,159	200,645	212,827	289,291	297,038	357,744	14.5%	50.2%
Medically Needy	0	13,640	231	0	0	68	0	-100.0%	0.0%
Other Eligibles	53,848	153,935	38,716	61,828	70,701	171,104	21,269	-14.3%	3.0%
Maintenance Assistance Status Unknown	2,813	7,835	11,159	2,693	60,468	1,025	46,117	59.4%	6.5%
Total	509,581	504,017	485,767	480,964	605,077	648,851	712,453	5.7%	100.0%
 By Basis of Eligibility									
Aged, Blind, or Disabled	191,998	193,184	192,006	195,958	198,807	223,810	218,003	2.1%	30.6%
Children	242,146	191,635	218,491	156,664	284,717	203,764	365,760	7.1%	51.3%
Foster Care Children	1,998	1,420	2,894	2,204	2,820	1,789	2,730	5.3%	0.4%
Adults	70,626	109,943	61,217	123,445	58,265	219,092	79,843	2.1%	11.2%
Basis of Eligibility Unknown	2,813	7,835	11,159	2,693	60,468	396	46,117	59.4%	6.5%
Total	509,581	504,017	485,767	480,964	605,077	648,851	712,453	5.7%	100.0%
 By Age									
Under Age 1	26,231	25,777	26,367	28,106	27,452	29,712	44,833	9.3%	6.3%
Age 1 to 5	104,134	98,914	90,526	94,914	104,764	113,245	156,605	7.0%	22.0%
Age 6 to 14	99,927	98,407	96,034	102,097	130,698	139,523	154,621	7.5%	21.7%
Age 15 to 20	46,725	45,495	42,668	44,482	60,845	64,912	63,041	5.1%	8.8%
Age 21 to 44	101,957	102,213	95,579	97,311	88,580	96,925	102,063	0.0%	14.3%
Age 45 to 64	44,431	46,746	47,702	50,430	51,487	55,504	63,809	6.2%	9.0%
Age 65 to 74	31,499	31,324	30,780	23,922	32,016	34,579	36,590	2.5%	5.1%
Age 75 to 84	30,573	29,911	28,555	22,224	28,482	30,896	29,294	-0.7%	4.1%
Age 85 and Over	23,051	22,754	22,461	17,478	20,285	22,103	15,507	-6.4%	2.2%
Age Unknown	1,053	2,476	5,095	0	60,468	61,453	46,090	87.7%	6.5%
Total*	509,581	504,017	485,767	480,964	605,077	648,851	712,453	3.8%	100.0%
 By Race									
White	157,815	157,375	151,798	153,597	196,364	225,589	229,654	6.5%	32.2%
Black	321,006	314,143	298,883	294,891	368,281	382,832	436,169	5.2%	61.2%
Hispanic, American Indian or Asian	4,900	4,798	4,830	4,985	6,732	9,121	7,791	8.0%	1.1%
Other/Unknown	25,860	27,701	30,256	27,491	33,701	31,309	38,839	7.0%	5.5%
Total*	509,581	504,017	485,767	480,964	605,077	648,851	712,453	5.7%	100.0%
 By Sex									
Female	323,155	319,225	304,322	299,288	374,544	396,166	444,245	5.4%	62.4%
Male	185,367	182,314	176,349	181,676	230,273	252,670	266,245	6.2%	37.4%
Unknown	1,059	2,478	5,096	0	260	15	1,963	10.8%	0.3%
Total*	509,581	504,017	485,767	480,964	605,077	648,851	712,453	5.7%	100.0%

*FFY 02 projected using FFY 96-FFY 01 trends, State Annual report, and state submitted data (SEE "Important Note" prior to table of contents).
Source: Health Care Financing Administration-Form HCFA 2082 for federal fiscal years

SOUTHERN REGION MEDICAID PROFILE

PAYMENTS BY OTHER CHARACTERISTICS

	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	FFY 01	FFY 02	Annual Change	Share of Total FFY 02
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	\$720,731,300	\$688,270,948	\$714,491,940	\$757,535,644	\$810,426,530	\$1,001,277,216	\$1,175,633,976	8.5%	47.1%
Poverty Related Eligibles	\$201,874,128	\$343,738,060	\$306,914,267	\$305,803,994	\$442,170,533	\$484,262,571	\$740,383,701	24.2%	29.6%
Medically Needy	\$0	\$174,041,466	\$29,257	\$0	\$0	\$62,024	\$0	-100.0%	0.0%
Other Eligibles	\$416,674,167	\$213,828,001	\$417,485,900	\$534,838,119	\$534,681,790	\$956,252,404	\$565,392,404	5.2%	22.6%
Maintenance Assistance Status Unknown	\$2,381,220	\$4,340,692	\$3,451,912	\$3,803,582	\$20,113,038	\$3,669,415	\$16,179,906	37.6%	0.6%
Total*	\$1,341,660,815	\$1,424,219,167	\$1,442,373,276	\$1,601,981,339	\$1,807,391,891	\$2,445,523,630	\$2,497,589,891	10.9%	100.0%
By Basis of Eligibility									
Aged, Blind or Disabled	\$951,626,240	\$1,037,662,701	\$1,080,722,666	\$1,196,986,099	\$1,360,802,244	\$1,733,681,719	\$1,778,947,680	11.0%	71.2%
Children	\$241,534,473	\$228,602,554	\$225,920,481	\$196,386,636	\$270,710,403	\$272,855,987	\$453,556,521	11.1%	18.2%
Foster Care Children	\$7,695,696	\$4,791,631	\$12,397,385	\$12,065,246	\$7,846,151	\$13,525,902	\$10,003,153	4.5%	0.4%
Adults	\$138,423,186	\$148,821,589	\$119,880,832	\$193,893,824	\$147,920,055	\$423,814,226	\$238,902,631	9.5%	9.6%
Basis of Eligibility Unknown	\$2,381,220	\$4,340,692	\$3,451,912	\$2,649,534	\$20,113,038	\$1,645,796	\$16,179,906	37.6%	0.6%
Total*	\$1,341,660,815	\$1,424,219,167	\$1,442,373,276	\$1,601,981,339	\$1,807,391,891	\$2,445,523,630	\$2,497,589,891	10.9%	100.0%
By Age									
Under Age 1	\$47,052,904	\$46,915,130	\$55,834,210	\$62,067,799	\$62,451,005	\$85,542,428	\$86,734,087	10.7%	3.5%
Age 1 to 5	\$114,612,895	\$108,401,967	\$96,211,119	\$106,624,260	\$124,989,723	\$172,142,663	\$235,963,595	12.8%	9.4%
Age 6 to 14	\$100,899,015	\$107,013,434	\$111,359,490	\$123,762,576	\$130,963,563	\$178,879,215	\$218,693,888	13.8%	8.8%
Age 15 to 20	\$109,075,250	\$107,439,917	\$104,913,877	\$116,432,935	\$127,765,582	\$176,030,324	\$179,205,442	8.6%	7.2%
Age 21 to 44	\$311,146,374	\$317,104,100	\$310,382,434	\$344,249,995	\$387,623,570	\$528,830,594	\$532,852,963	9.4%	21.3%
Age 45 to 64	\$220,521,858	\$246,610,716	\$257,489,521	\$286,091,530	\$348,610,958	\$460,727,351	\$510,053,657	15.0%	20.4%
Age 65 to 74	\$106,329,143	\$121,524,574	\$127,851,781	\$142,127,444	\$163,683,196	\$218,421,614	\$231,913,567	13.9%	9.3%
Age 75 to 84	\$150,432,329	\$166,046,783	\$168,177,532	\$186,908,109	\$203,543,407	\$276,931,358	\$269,551,231	10.2%	10.8%
Age 85 and Over	\$179,576,947	\$200,697,453	\$208,776,837	\$232,083,985	\$237,647,849	\$325,802,951	\$216,653,723	3.2%	8.7%
Age Unknown	\$2,014,100	\$2,465,093	\$1,376,475	\$1,632,706	\$20,113,038	\$22,215,132	\$15,967,738	41.2%	0.6%
Total*	\$1,341,660,815	\$1,424,219,167	\$1,442,373,276	\$1,601,981,339	\$1,807,391,891	\$2,445,523,630	\$2,497,589,891	10.9%	100.0%
By Race									
White	\$574,226,312	\$616,694,488	\$632,011,633	\$691,792,754	\$774,791,590	\$1,053,356,751	\$1,077,864,972	11.1%	43.2%
Black	\$650,101,049	\$680,779,249	\$678,234,773	\$750,347,274	\$844,456,092	\$1,151,223,278	\$1,180,186,496	10.4%	47.3%
Hispanic, American Indian or Asian	\$10,404,535	\$9,368,754	\$10,707,741	\$13,401,194	\$14,147,735	\$22,416,106	\$19,966,042	11.5%	0.8%
Other/Unknown	\$106,928,919	\$117,376,676	\$121,419,129	\$146,440,117	\$173,996,475	\$218,527,495	\$219,572,381	12.7%	8.8%
Total*	\$1,341,660,815	\$1,424,219,167	\$1,442,373,276	\$1,601,981,339	\$1,807,391,891	\$2,445,523,630	\$2,497,589,891	10.9%	100.0%
By Sex									
Female	\$893,517,417	\$942,897,971	\$945,154,295	\$1,044,549,808	\$1,176,435,808	\$1,569,715,327	\$1,631,182,730	10.6%	65.3%
Male	\$445,911,308	\$478,854,818	\$495,820,726	\$557,361,889	\$630,889,861	\$875,682,614	\$864,829,091	11.7%	34.6%
Unknown	\$2,232,090	\$2,466,378	\$1,398,255	\$69,642	\$66,222	\$125,689	\$1,578,070	-5.6%	0.1%
Total*	\$1,341,660,815	\$1,424,219,167	\$1,442,373,276	\$1,601,981,339	\$1,807,391,891	\$2,445,523,630	\$2,497,589,891	10.9%	100.0%

*FFY 02 projected using FFY 96-FFY 01 trends, State Annual report, and state submitted data (SEE "Important Note" prior to table of contents).

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

SOUTHERN REGION MEDICAID PROFILE

AVERAGE PAYMENT PER RECIPIENT BY OTHER CHARACTERISTICS

	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	FFY 01	FFY 02	Annual Change	Above (+) or Below (-) SLC Avg. FFY 02
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	\$2,448.99	\$2,748.16	\$3,040.18	\$3,720.41	\$4,389.77	\$5,574.54	\$4,091.68	8.9%	-5.8%
Poverty Related Eligibles	\$1,272.67	\$4,397.93	\$1,529.64	\$1,436.87	\$1,528.46	\$1,630.31	\$2,069.59	8.4%	6.3%
Medically Needy	\$0.00	\$12,759.64	\$126.65	\$0.00	\$0.00	\$912.12	\$0.00	-100.0%	-100.0%
Other Eligibles	\$7,737.97	\$1,389.08	\$10,783.29	\$8,650.42	\$7,562.58	\$5,588.72	\$26,582.93	22.8%	264.3%
Maintenance Assistance Status Unknown	\$846.51	\$554.01	\$309.34	\$1,412.40	\$332.62	\$3,579.92	\$350.84	-13.7%	-84.7%
Total	\$2,632.87	\$2,825.74	\$2,969.27	\$3,330.77	\$2,987.04	\$3,769.01	\$3,505.62	4.9%	-6.3%
By Basis of Eligibility									
Aged, Blind or Disabled	\$4,956.44	\$5,371.37	\$5,628.59	\$6,108.38	\$6,844.84	\$7,746.22	\$8,160.20	8.7%	-13.4%
Children	\$997.47	\$1,192.91	\$1,034.00	\$1,253.55	\$950.81	\$1,339.08	\$1,240.04	3.7%	-3.3%
Foster Care Children	\$3,851.70	\$3,374.39	\$4,283.82	\$5,474.25	\$2,782.32	\$7,560.59	\$3,664.16	-0.8%	-32.5%
Adults	\$1,959.95	\$1,353.62	\$1,958.29	\$1,570.69	\$2,538.75	\$1,934.41	\$2,992.15	7.3%	25.1%
Basis of Eligibility Unknown	\$846.51	\$554.01	\$309.34	\$983.86	\$332.62	\$4,156.05	\$350.84	-13.7%	-84.3%
Total	\$2,632.87	\$2,825.74	\$2,969.27	\$3,330.77	\$2,987.04	\$3,769.01	\$3,505.62	4.9%	-6.3%
By Age									
Under Age 1	\$1,793.79	\$1,820.04	\$2,117.58	\$2,208.35	\$2,274.92	\$2,879.09	\$1,934.60	1.3%	-32.8%
Age 1 to 5	\$1,100.63	\$1,095.92	\$1,062.80	\$1,123.38	\$1,193.06	\$1,520.09	\$1,506.74	5.4%	9.5%
Age 6 to 14	\$1,009.73	\$1,087.46	\$1,159.58	\$1,212.21	\$1,002.03	\$1,282.08	\$1,414.39	5.8%	-5.3%
Age 15 to 20	\$2,334.41	\$2,361.58	\$2,458.84	\$2,617.53	\$2,099.85	\$2,711.81	\$2,842.68	3.3%	15.2%
Age 21 to 44	\$3,051.74	\$3,102.39	\$3,247.39	\$3,537.63	\$4,375.97	\$5,456.07	\$5,220.82	9.4%	18.0%
Age 45 to 64	\$4,963.24	\$5,275.55	\$5,397.88	\$5,673.04	\$6,770.85	\$8,300.87	\$7,993.44	8.3%	-3.4%
Age 65 to 74	\$3,375.64	\$3,879.60	\$4,153.73	\$5,941.29	\$5,112.54	\$6,316.62	\$6,338.17	11.1%	-1.9%
Age 75 to 84	\$4,920.43	\$5,551.36	\$5,889.60	\$8,410.19	\$7,146.39	\$8,963.29	\$9,201.59	11.0%	-4.5%
Age 85 and Over	\$7,790.42	\$8,820.32	\$9,295.08	\$13,278.64	\$11,715.45	\$14,740.41	\$13,971.35	10.2%	-0.6%
Age Unknown	\$1,912.73	\$995.59	\$270.16	\$0.00	\$332.62	\$361.50	\$346.45	-24.8%	-89.4%
Total	\$2,632.87	\$2,825.74	\$2,969.27	\$3,330.77	\$2,987.04	\$3,769.01	\$3,505.62	4.9%	-6.3%
By Race									
White	\$3,638.60	\$3,918.63	\$4,163.50	\$4,503.95	\$3,945.70	\$4,669.36	\$4,693.43	4.3%	4.3%
Black	\$2,025.20	\$2,167.10	\$2,269.23	\$2,544.49	\$2,292.97	\$3,007.12	\$2,705.80	4.9%	-12.6%
Hispanic, American Indian or Asian	\$2,123.37	\$1,952.64	\$2,216.92	\$2,688.30	\$2,101.56	\$2,457.64	\$2,562.71	3.2%	9.2%
Other/Unknown	\$4,134.92	\$4,237.27	\$4,013.06	\$5,326.84	\$5,163.00	\$6,979.70	\$5,653.40	5.4%	13.0%
Total	\$2,632.87	\$2,825.74	\$2,969.27	\$3,330.77	\$2,987.04	\$3,769.01	\$3,505.62	4.9%	-6.3%
By Sex									
Female	\$2,764.98	\$2,953.71	\$3,105.77	\$3,490.12	\$3,140.98	\$3,962.27	\$3,671.81	4.8%	-2.4%
Male	\$2,405.56	\$2,626.54	\$2,811.59	\$3,067.89	\$2,739.75	\$3,465.72	\$3,248.25	5.1%	-10.3%
Unknown	\$2,107.73	\$995.31	\$274.38	\$0.00	\$254.60	\$8,379.27	\$803.91	-14.8%	-88.9%
Total	\$2,632.87	\$2,825.74	\$2,969.27	\$3,330.77	\$2,987.04	\$3,769.01	\$3,505.62	4.9%	-6.3%

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

SOUTHERN REGION MEDICAID PROFILE

ADDITIONAL STATE HEALTH CARE INFORMATION

Sources: "Major Health Care Policies: 50 State Profiles 2002", Health Policy Tracking Service, January, 2003; and "Medicaid Services State by State", CMS, October 2002.

*Information supplied by State Medicaid Agency

Waivers

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

- Elderly and Disabled: Serves 6,857 people, operating since July 1, 1994.
- Mental Retardation/Developmental Disabilities: Serves 1,900, operating since July 1, 1995.
- Independent Living: Served 354 people in FY 2001.
- Assisted Living: Served 5 people in FY 2001. Implemented Oct. 1, 2000.

Managed Care

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

Coverage for Targeted Population

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

Cost Containment Measures

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

Medicaid

- 23 optional services are offered.

- In 1999, enacted 3 new laws for the following purposes:

Allows disabled workers with income above the Medicaid eligibility limits to purchase Medicaid coverage on a sliding fee scale.

Reimburses physician's fees that are covered by Medicaid at 90% of the rate established on January 1, 1999.

Authorizes Medicaid payments to nursing homes for each day a patient is absent from the facility, not to exceed 52 days per year.

- In 2000, enacted new laws for the following purposes:

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

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

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

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

• Established new reimbursement rates for physicians.

• Established a Medicare Upper Payment Limit program.

SOUTHERN REGION MEDICAID PROFILE

Medicaid (continued)

- In 2002, enacted legislation for the following purposes:

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

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

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

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

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

As of September 30, 2002, the program had an enrollment of 64,805 individuals.

Tobacco Settlement

- The state expects to receive approximately \$4.1 billion over 25 years.

- The legislature passed a law in 1999 that created the Health Care Trust Fund (HCTF) and the Health Care Expendable Fund. The law authorizes the legislature to appropriate funds based on annual interest earned from the Health Care Expendable Fund (the principal of the HCTF cannot be expended).

- For Fiscal Year 2002, the tobacco settlement payment was approximately \$229 million.

For FY 2002 and FY 2003, the legislature appropriated funds from the HCTF as follows:

\$24.9 million for Medicaid;

\$17.5 million for mental health and substance abuse services;

\$7.0 million for SCHIP;

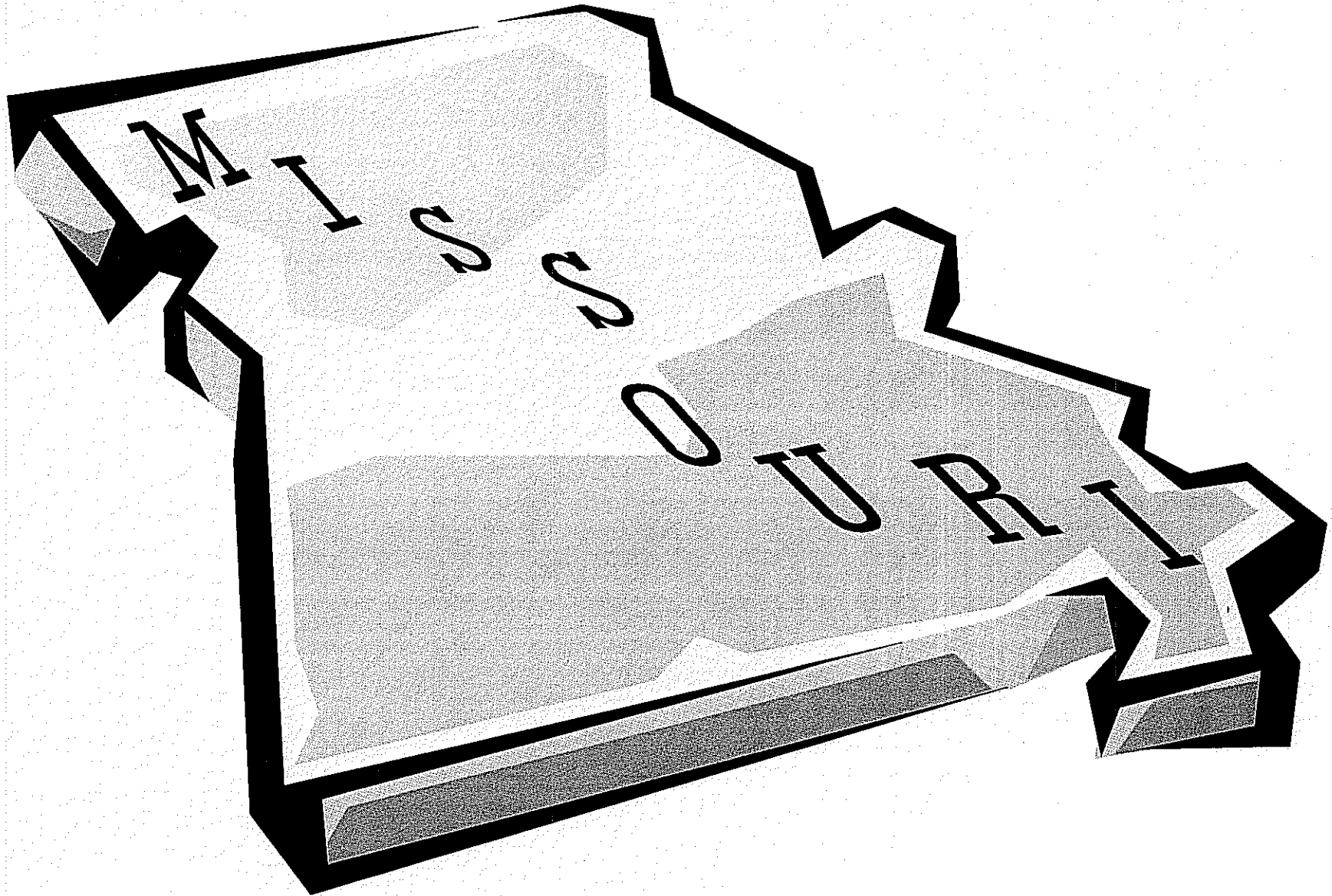
\$6.0 million for trauma care system;

\$4.2 million for rehabilitative services;

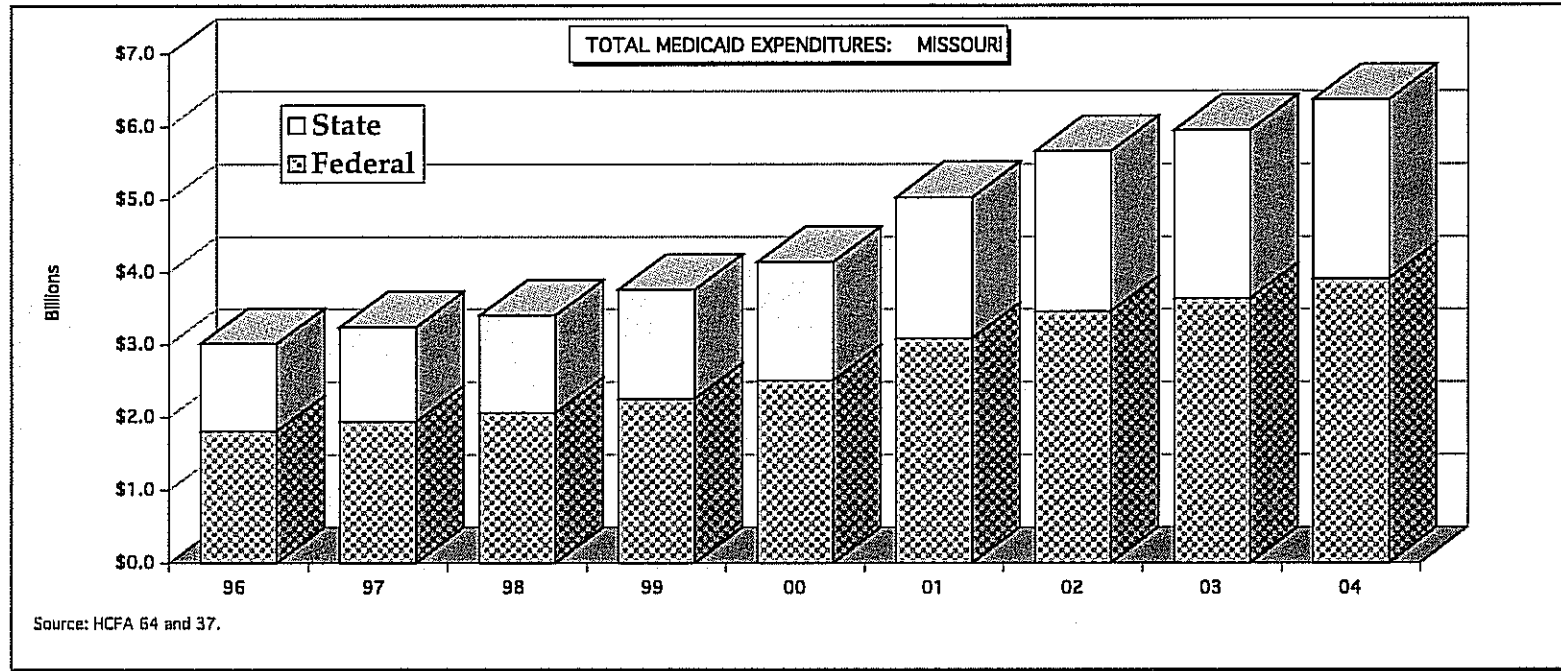
\$4.0 million for qualified health care grants; and

\$1.4 million for maternal and child health care.

STATE MEDICAID PROFILE



SOUTHERN REGION MEDICAID PROFILE



THIS IS A PRELIMINARY DRAFT OF THE FFY 02 MEDICAID COMPARATIVE DATA REPORT. REVISIONS WILL BE REQUIRED PRIOR TO PUBLISHING THE FINAL DOCUMENT. SEE NOTE ON THE FIRST PAGE OF THE REPORT.

	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	FFY 01	FFY 02*	FFY 03**	FFY 04**	Annual Rate of Change	Total Change 96-04
Medicaid Payments	\$2,918,346,687	\$3,142,586,502	\$3,282,989,240	\$3,636,191,199	\$3,994,735,362	\$4,814,979,882	\$5,443,859,735	\$5,680,764,000	\$6,118,932,000	9.7%	109.7%
Federal Share	\$1,755,869,077	\$1,889,111,316	\$1,994,323,165	\$2,187,517,595	\$2,426,112,864	\$2,964,514,311	\$3,341,118,516	\$3,496,191,000	\$3,782,226,000	10.1%	115.4%
State Share	\$1,162,477,610	\$1,253,475,186	\$1,288,666,075	\$1,448,673,604	\$1,568,622,498	\$1,850,465,571	\$2,102,741,219	\$2,184,573,000	\$2,336,706,000	9.1%	101.0%
Administrative Costs	\$96,830,872	\$100,685,069	\$121,442,623	\$123,675,073	\$149,211,690	\$218,348,725	\$215,632,683	\$265,886,000	\$246,323,000	12.4%	154.4%
Federal Share	\$52,896,410	\$53,673,372	\$66,243,446	\$67,332,001	\$79,492,465	\$124,727,677	\$115,805,669	\$143,002,000	\$130,058,000	11.9%	145.9%
State Share	\$43,934,462	\$47,011,697	\$55,199,177	\$56,343,072	\$69,719,225	\$93,621,048	\$99,827,014	\$122,884,000	\$116,265,000	12.9%	164.6%
Admin. Costs as % of Payments	3.32%	3.20%	3.70%	3.40%	3.74%	4.53%	3.96%	4.68%	4.03%		
Federal Match Rate*	60.06%	60.04%	60.68%	60.24%	60.51%	61.03%	61.06%	61.23%	61.47%		

*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 03 and 04 reflect latest estimates reported by each state (CMS 37).

SOUTHERN REGION MEDICAID PROFILE

STATE FINANCING

	Payments		Administration	
	FFY 96	FFY 02	FFY 96	FFY 02
State General Fund	\$1,162,477,610	\$1,460,667,627	\$43,934,462	\$99,827,014
Local Funds	\$0	\$0	\$0	\$0
Provider Taxes	\$0	\$641,394,944	\$0	\$0
Donations*	\$0	\$678,648	\$0	\$0
Other	\$0	\$0	\$0	\$0
Total State Share	\$1,162,477,610	\$2,102,741,219	\$43,934,462	\$99,827,014

*Donations from Outstationed Eligibility Workers Program

Provider Taxes Currently in Place (FFY 02)

	Tax Rate	Amount
General and mental hospitals	5.5% of net non-Medicaid operating revenue	\$518,178,950
Nursing homes	\$7.30 per patient day	\$116,273,434
Pharmacy	1.7% of gross prescription sales	\$6,942,560
Total		\$641,394,944

DISPROPORTIONATE SHARE HOSPITAL (DSH) PAYMENTS

	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	FFY 01	FFY 02*	FFY 03**	FFY 04**	Annual Change
General Hospitals	\$570,642,615	\$482,177,618	\$467,025,524	\$436,165,215	\$277,424,914	\$278,578,549	\$345,377,967	\$339,788,000	\$348,724,000	-4.8%
Mental Hospitals	\$153,925,326	\$208,819,742	\$199,031,452	\$199,562,749	\$178,006,610	\$176,489,923	\$187,325,542	\$178,904,000	\$175,913,000	-2.0%
Total	\$724,567,941	\$690,997,360	\$666,056,976	\$635,727,964	\$455,431,524	\$455,068,472	\$532,703,509	\$518,692,000	\$524,637,000	-3.9%

SELECTED ELIGIBILITY CRITERIA

	At 10/1/02	% of FPL*
TANF-Temporary Assistance for Needy Families (Family of 3)		
Need Standard	\$846	66.5%
Payment Standard	\$292	23.0%
Maximum Payment	\$292	23.0%
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	\$599	80.0%
Couple	\$829	82.1%
Resources:		
Single Person	\$1,000	
Couple	\$2,000	

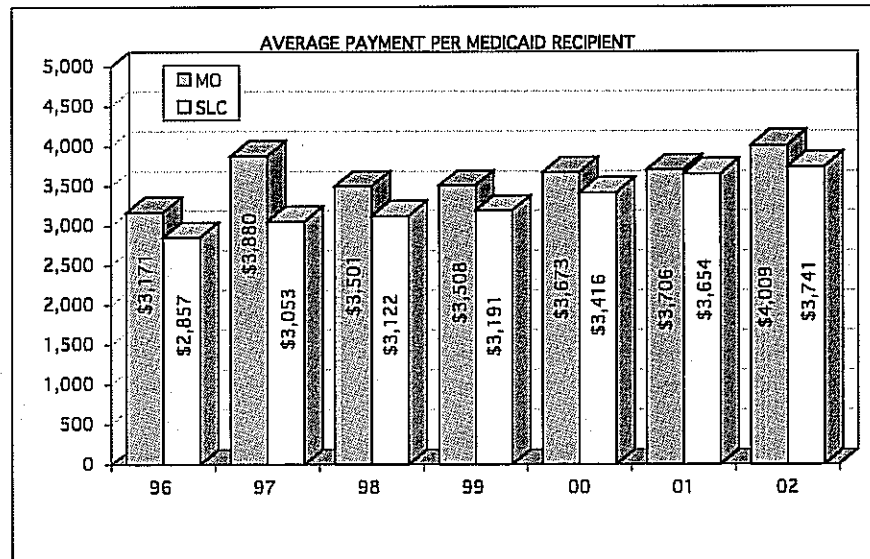
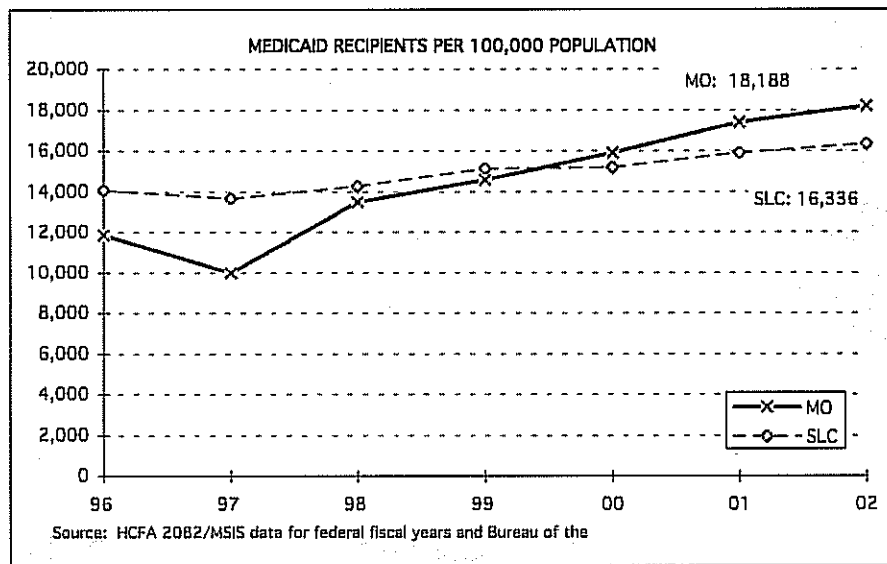
DEMOGRAPHIC DATA & POVERTY INDICATORS (2002)

		Rank in U.S.
State population—July 1, 2002*	5,672,579	17
Per capita personal income**	\$28,226	29
Median household income**	\$41,339	27
Population below Federal Poverty Level on July 1, 2001*	578,603	
Percent of total state population	10.2%	27
Population without health insurance coverage*	578,603	20
Percent of total state population	10.2%	36
Recipients of Food Stamps***	515,006	13
Households receiving Food Stamps***	220,639	13
Total value of issuance***	\$476,894,198	13
Average monthly benefit per recipient	\$77.17	22
Average monthly benefit per household	\$180.12	
Monthly recipients of Temporary Assistance to Needy Families (TANF)****	114,848	13
Total TANF payments****	\$193,259,521	23
Average monthly payment per recipient	\$94.80	41
Maximum monthly payment per family of 3	\$292.00	36

*Current federal poverty level is \$8,980 per year for a single person, \$12,120 for a family of two and \$15,260 for a family of three. Table above shows monthly income levels.

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

SOUTHERN REGION MEDICAID PROFILE



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

<u>RECIPIENTS BY TYPE OF SERVICES</u>	<u>FFY 96</u>	<u>FFY 97</u>	<u>FFY 98</u>	<u>FFY 99</u>	<u>FFY 00</u>	<u>FFY 01</u>	<u>FFY 02</u>	<u>Annual Change</u>
01. General Hospital	92,178	77,371	72,848	88,444	87,585	95,453	110,490	3.1%
02. Mental Hospital	11	7	9	414	453	420	1,693	131.5%
03. Skilled and Intermediate (non-MR) Care Nursing	36,272	36,395	37,226	40,092	41,074	39,501	51,909	6.2%
04. Intermediate Care for Mentally Retarded	1,512	1,460	1,442	1,383	1,331	1,325	1,298	-2.5%
05. Physician Services	330,754	281,908	259,688	284,682	320,726	330,264	338,942	0.4%
06. Dental Services	133,535	107,898	85,188	86,939	90,736	101,405	105,691	-3.8%
07. Other Practitioners	96,657	91,456	84,827	97,507	115,395	113,039	122,400	4.0%
08. Outpatient Hospital	316,719	268,421	246,492	268,922	311,317	330,978	351,128	1.7%
09. Clinic Services	404,818	355,330	293,062	322,870	377,983	406,759	381,580	-1.0%
10. Lab and X-Ray	143,668	120,993	118,223	122,271	137,891	137,931	161,994	2.0%
11. Home Health	33,691	36,164	24,954	7,140	6,652	6,022	4,744	-27.9%
12. Prescribed Drugs	469,821	395,478	353,902	412,597	447,062	472,624	484,168	0.5%
13. Family Planning	43,658	32,146	23,557	1,592	941	1,116	46,886	1.2%
14. Early & Periodic Screening, Diagnosis & Treatment	125,839	99,147	71,161	0	0	0	60,512	-11.5%
15. Other Care	123,796	121,488	92,017	143,047	189,329	199,833	324,331	17.4%
16. Personal Care Support Services	0	0	75,373	76,392	97,189	108,536		-100.0%
17. Home/Community Based Waiver Services	0	0	104	43,876	0		0	-100.0%
18. Prepaid Health Care	0	0	336,057	353,232	395,214	475,265	495,226	10.2%
19. Primary Care Case Management (PCCM) Services	0	0	0	0	0	0	0	n/a
Total*	636,176	540,487	734,015	797,578	890,318	978,546	1,031,705	8.4%

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

SOUTHERN REGION MEDICAID PROFILE

<u>PAYMENTS BY TYPE OF SERVICES</u>	<u>FFY 96</u>	<u>FFY 97</u>	<u>FFY 98</u>	<u>FFY 99</u>	<u>FFY 00</u>	<u>FFY 01</u>	<u>FFY 02</u>	<u>Annual Change</u>	<u>Share of Total FFY 02</u>
01. General Hospital	\$319,210,097	\$283,395,984	\$313,541,971	\$351,084,382	\$376,607,207	\$410,534,009	\$429,030,995	5.1%	10.4%
02. Mental Hospital	\$211,912	\$223,480	\$248,998	\$4,749,353	\$4,628,523	\$4,606,906	\$3,902,134	62.5%	0.1%
03. Skilled and Intermediate (non-MR) Care Nursing	\$550,835,274	\$625,830,099	\$677,899,462	\$718,758,459	\$732,508,771	\$735,628,334	\$728,493,068	4.8%	17.6%
04. Intermediate Care for Mentally Retarded	\$104,065,899	\$105,733,517	\$101,104,939	\$101,939,146	\$100,406,019	\$94,409,653	\$109,350,747	0.8%	2.6%
05. Physician Services	\$61,754,033	\$53,960,482	\$51,276,977	\$58,268,824	\$70,972,252	\$71,914,021	\$345,948,753	33.3%	8.4%
06. Dental Services	\$14,627,847	\$12,109,650	\$9,726,354	\$11,471,922	\$13,286,049	\$21,144,900	\$26,485,067	10.4%	0.6%
07. Other Practitioners	\$5,383,012	\$5,141,704	\$4,862,991	\$6,351,128	\$7,629,740	\$8,027,304	\$10,504,083	11.8%	0.3%
08. Outpatient Hospital	\$152,356,437	\$143,351,842	\$154,379,218	\$168,884,851	\$219,722,488	\$221,122,747	\$274,834,067	10.3%	6.6%
09. Clinic Services	\$71,702,944	\$65,475,950	\$68,809,727	\$75,626,016	\$96,534,961	\$111,575,286	\$95,737,295	4.9%	2.3%
10. Lab and X-Ray	\$7,673,687	\$6,532,453	\$6,568,226	\$6,013,247	\$7,464,955	\$8,131,990	\$10,782,089	5.8%	0.3%
11. Home Health	\$94,708,888	\$113,629,295	\$46,793,370	\$8,156,089	\$8,564,806	\$6,583,746	\$5,370,705	-38.0%	0.1%
12. Prescribed Drugs	\$281,700,005	\$320,660,206	\$382,512,566	\$482,192,881	\$600,484,118	\$680,574,899	\$797,526,725	18.9%	19.3%
13. Family Planning	\$7,936,313	\$5,918,097	\$5,124,562	\$692,293	\$459,200	\$530,268	\$10,019,332	4.0%	0.2%
14. Early & Periodic Screening, Diagnosis & Treatment	\$48,477,303	\$45,982,751	\$40,121,136	\$0	\$0	\$0	\$6,005,765	-29.4%	0.1%
15. Other Care	\$296,965,575	\$309,330,012	\$67,554,180	\$323,539,503	\$415,909,665	\$488,627,413	\$674,935,070	14.7%	16.3%
16. Personal Care Support Services	\$0	\$0	\$360,789,849	\$103,337,510	\$231,939,181	\$272,495,153		-100.0%	0.0%
17. Home/Community Based Waiver Services	\$0	\$0	\$679,049	\$91,021,604	\$0	\$0	\$0	-100.0%	0.0%
18. Prepaid Health Care	\$0	\$0	\$277,652,554	\$285,936,120	\$383,034,523	\$490,305,973	\$607,098,278	21.6%	14.7%
19. Primary Care Management (PCCM) Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a	0.0%
Total (excludes DSH pymts, pharmacy rebates, & other adjs.)	\$2,017,609,226	\$2,097,275,522	\$2,569,646,129	\$2,798,023,328	\$3,270,152,458	\$3,626,212,602	\$4,136,024,175	12.7%	100.0%

AVERAGE PAYMENTS PER RECIPIENT BY TYPE OF SERVICES

								(+) or (-) SLC	
									<u>Avg. FFY 02</u>
01. General Hospital	\$3,462.97	\$3,662.82	\$4,304.06	\$3,969.57	\$4,299.91	\$4,300.90	\$3,882.98	1.9%	-12.7%
02. Mental Hospital	\$19,264.73	\$31,925.71	\$27,666.44	\$11,471.87	\$10,217.49	\$10,968.82	\$2,304.86	-29.8%	-70.1%
03. Skilled and Intermediate (non-MR) Care Nursing	\$15,186.24	\$17,195.50	\$18,210.38	\$17,927.73	\$17,833.88	\$18,623.03	\$14,034.04	-1.3%	-31.3%
04. Intermediate Care for Mentally Retarded	\$68,826.65	\$72,420.22	\$70,114.38	\$73,708.71	\$75,436.53	\$71,252.57	\$84,245.57	3.4%	14.5%
05. Physician Services	\$186.71	\$191.41	\$197.46	\$204.68	\$221.29	\$217.75	\$1,020.67	32.7%	119.4%
06. Dental Services	\$109.54	\$112.23	\$114.18	\$131.95	\$146.43	\$208.52	\$250.59	14.8%	-11.3%
07. Other Practitioners	\$55.69	\$56.22	\$57.33	\$65.14	\$66.12	\$71.01	\$85.82	7.5%	-72.9%
08. Outpatient Hospital	\$481.05	\$534.06	\$626.31	\$628.01	\$705.78	\$668.09	\$782.72	8.5%	44.6%
09. Clinic Services	\$177.12	\$184.27	\$234.80	\$234.23	\$255.39	\$274.30	\$250.90	6.0%	-63.3%
10. Lab and X-Ray	\$53.41	\$53.99	\$55.56	\$49.18	\$54.14	\$58.96	\$66.56	3.7%	-35.7%
11. Home Health	\$2,811.10	\$3,142.06	\$1,875.19	\$1,142.31	\$1,287.55	\$1,093.28	\$1,132.10	-14.1%	-63.9%
12. Prescribed Drugs	\$599.59	\$810.82	\$1,080.84	\$1,168.68	\$1,343.18	\$1,439.99	\$1,647.21	18.3%	50.5%
13. Family Planning	\$181.78	\$184.10	\$217.54	\$434.86	\$487.99	\$475.15	\$213.70	2.7%	-44.1%
14. Early & Periodic Screening, Diagnosis & Treatment	\$385.23	\$463.78	\$563.81	\$0.00	\$0.00	\$0.00	\$99.25	-20.2%	-5.8%
15. Other Care	\$2,398.83	\$2,546.18	\$734.15	\$2,261.77	\$2,196.76	\$2,445.18	\$2,081.01	-2.3%	16.7%
16. Personal Care Support Services	\$0.00	\$0.00	\$4,786.73	\$1,352.73	\$2,386.48	\$2,510.64	\$0.00	-100.0%	-100.0%
17. Home/Community Based Waiver Services	\$0.00	\$0.00	\$6,529.32	\$2,074.52	\$0.00	\$0.00	\$0.00	-100.0%	-100.0%
18. Prepaid Health Care	\$0.00	\$0.00	\$826.21	\$809.49	\$969.18	\$1,031.65	\$1,225.90	10.4%	-27.0%
19. Primary Care Case Management (PCCM) Services	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	n/a	-100.0%
Total (Average)	\$3,171.46	\$3,880.34	\$3,500.81	\$3,508.15	\$3,673.02	\$3,705.72	\$4,008.92	4.0%	7.2%

TOTAL PER CAPITA EXPENDITURES	\$562.15	\$599.67	\$625.98	\$687.57	\$740.62	\$894.07	\$997.69	10.0%	30.0%
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SOUTHERN REGION MEDICAID PROFILE
DATA BY OTHER CHARACTERISTICS

RECIPIENTS BY OTHER CHARACTERISTICS

	<u>FFY 96</u>	<u>FFY 97</u>	<u>FFY 98</u>	<u>FFY 99</u>	<u>FFY 00</u>	<u>FFY 01</u>	<u>FFY 02</u>	<i>Annual Change</i>	<i>Share of Total FFY 02</i>
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	285,230	141,306	206,175	268,684	305,326	347,033	365,078	4.2%	35.4%
Poverty Related Eligibles	134,746	159,990	259,920	264,083	405,269	276,241	293,665	13.9%	28.5%
Medically Needy	0	0	0	0	0	0	0	n/a	0.0%
Other Eligibles	214,635	235,977	251,738	238,161	154,013	314,235	330,596	7.5%	32.0%
Maintenance Assistance Status Unknown	1,565	3,214	16,182	26,650	25,710	41,037	42,366	73.3%	4.1%
Total	636,176	540,487	734,015	797,578	890,318	978,546	1,031,705	8.4%	100.0%
By Basis of Eligibility									
Aged, Blind, or Disabled	197,447	199,400	202,428	203,958	212,239	218,236	232,564	2.8%	22.5%
Children	296,797	226,723	384,773	409,191	455,912	494,611	520,952	9.8%	50.5%
Foster Care Children	0	10,830	14,859	18,016	20,107	22,482	23,484	16.7%	2.3%
Adults	140,367	100,320	115,773	139,763	176,350	202,180	212,339	7.1%	20.6%
Basis of Eligibility Unknown	1,565	3,214	16,182	26,650	25,710	41,037	42,366	73.3%	4.1%
Total	636,176	540,487	734,015	797,578	890,318	978,546	1,031,705	8.4%	100.0%
By Age									
Under Age 1	22,761	19,291	27,330	20,870	31,252	47,116	49,074	13.7%	4.8%
Age 1 to 5	124,512	91,238	142,186	143,601	152,387	175,189	184,818	6.8%	17.9%
Age 6 to 14	127,431	97,643	181,373	200,879	219,749	232,282	244,585	11.5%	23.7%
Age 15 to 20	63,590	53,332	81,044	88,285	100,878	102,376	108,061	9.2%	10.5%
Age 21 to 44	149,311	128,201	147,058	165,104	199,278	218,209	229,906	7.5%	22.3%
Age 45 to 64	53,198	54,750	58,750	62,821	70,512	75,255	79,614	7.0%	7.7%
Age 65 to 74	33,022	33,246	32,984	31,706	32,656	32,948	35,231	1.1%	3.4%
Age 75 to 84	32,864	32,923	32,949	31,386	31,821	31,388	33,633	0.4%	3.3%
Age 85 and Over	28,832	29,076	29,374	26,276	26,075	22,744	24,630	-2.6%	2.4%
Age Unknown	655	787	967	26,650	25,710	41,039	42,153	100.2%	4.1%
Total	636,176	540,487	734,015	797,578	890,318	978,546	1,031,705	8.4%	100.0%
By Race									
White	476,475	427,183	506,398	521,247	583,448	645,265	716,106	7.0%	69.4%
Black	158,986	112,514	226,649	229,485	253,910	278,184	272,680	9.4%	26.4%
Hispanic, American Indian or Asian	60	3	1	17,035	17,777	18,514	8,901	130.1%	0.9%
Other/Unknown	655	787	967	29,811	35,184	36,583	34,018	93.2%	3.3%
Total*	636,176	540,487	734,015	797,578	890,318	978,546	1,031,705	8.4%	100.0%
By Sex									
Female	397,109	338,765	444,292	464,774	518,406	571,708	609,223	7.4%	59.1%
Male	238,412	200,935	288,756	310,117	344,153	377,979	422,482	10.0%	40.9%
Unknown	655	787	967	22,687	27,759	28,859	0	-100.0%	0.0%
Total*	636,176	540,487	734,015	797,578	890,318	978,546	1,031,705	8.4%	100.0%

*FFY 02 projected using FFY 96-FFY 01 trends, State Annual report, and state submitted data (SEE "Important Note" prior to table of contents).

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

SOUTHERN REGION MEDICAID PROFILE

PAYMENTS BY OTHER CHARACTERISTICS

	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	FFY 01	FFY 02	Annual Change	Share of Total FFY 02
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	\$764,183,384	\$214,586,323	\$340,186,310	\$901,284,304	\$1,064,582,686	\$1,345,029,037	\$1,489,138,188	11.8%	36.0%
Poverty Related Eligibles	\$1,015,921,337	\$165,129,830	\$274,104,538	\$315,476,290	\$499,127,981	\$404,785,994	\$488,034,129	-11.5%	11.8%
Medically Needy	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a	0.0%
Other Eligibles	\$235,814,289	\$1,712,914,426	\$1,942,734,440	\$1,565,813,026	\$1,690,386,726	\$1,858,164,764	\$2,138,480,888	44.4%	51.7%
Maintenance Assistance Status Unknown	\$1,690,216	\$4,644,943	\$12,620,841	\$15,449,708	\$16,055,065	\$18,232,807	\$20,370,970	51.4%	0.5%
Total	\$2,017,609,226	\$2,097,275,522	\$2,569,646,129	\$2,798,023,328	\$3,270,152,458	\$3,626,212,602	\$4,136,024,175	12.7%	100.0%
By Basis of Eligibility									
Aged, Blind or Disabled	\$1,577,398,964	\$1,741,774,106	\$1,943,366,578	\$2,104,851,777	\$2,351,501,567	\$2,516,226,068	\$2,897,057,379	10.7%	70.0%
Children	\$275,575,486	\$210,612,241	\$410,373,527	\$443,699,643	\$558,122,694	\$649,965,743	\$729,285,872	17.6%	17.6%
Foster Care Children	\$0	\$31,665,819	\$46,608,272	\$59,209,071	\$107,532,112	\$142,036,503	\$154,083,908	37.2%	3.7%
Adults	\$162,944,560	\$108,578,413	\$156,676,911	\$174,813,129	\$236,941,020	\$299,751,481	\$335,226,047	12.8%	8.1%
Basis of Eligibility Unknown	\$1,690,216	\$4,644,943	\$12,620,841	\$15,449,708	\$16,055,065	\$18,232,807	\$20,370,969	51.4%	0.5%
Total	\$2,017,609,226	\$2,097,275,522	\$2,569,646,129	\$2,798,023,328	\$3,270,152,458	\$3,626,212,602	\$4,136,024,175	12.7%	100.0%
By Age									
Under Age 1	\$56,845,757	\$44,200,520	\$72,341,660	\$63,700,441	\$106,362,092	\$161,741,559	\$177,466,207	20.9%	4.3%
Age 1 to 5	\$115,705,052	\$86,037,652	\$163,428,780	\$184,447,302	\$214,779,734	\$228,219,391	\$259,115,697	14.4%	6.3%
Age 6 to 14	\$108,187,939	\$93,774,151	\$176,213,721	\$200,435,499	\$250,011,776	\$319,080,946	\$354,804,475	21.9%	8.6%
Age 15 to 20	\$106,060,099	\$99,675,801	\$140,570,168	\$154,704,714	\$204,336,947	\$231,310,693	\$260,465,199	16.2%	6.3%
Age 21 to 44	\$500,554,889	\$499,560,859	\$589,861,158	\$644,506,373	\$750,174,471	\$858,137,119	\$977,748,264	11.8%	23.6%
Age 45 to 64	\$348,210,155	\$392,676,704	\$465,882,450	\$530,899,032	\$642,146,195	\$726,902,470	\$823,602,396	15.4%	19.9%
Age 65 to 74	\$182,188,319	\$204,485,964	\$228,326,459	\$245,248,634	\$276,555,919	\$294,766,100	\$339,325,308	10.9%	8.2%
Age 75 to 84	\$267,102,540	\$299,021,776	\$325,826,357	\$345,248,634	\$377,243,967	\$397,105,372	\$459,716,999	9.5%	11.1%
Age 85 and Over	\$331,902,353	\$377,123,718	\$406,569,598	\$413,196,858	\$432,486,292	\$390,710,799	\$463,919,019	5.7%	11.2%
Age Unknown	\$852,123	\$718,377	\$625,778	\$15,635,841	\$16,055,065	\$18,238,153	\$19,860,611	69.0%	0.5%
Total	\$2,017,609,226	\$2,097,275,522	\$2,569,646,129	\$2,798,023,328	\$3,270,152,458	\$3,626,212,602	\$4,136,024,175	12.7%	100.0%
By Race									
White	\$1,638,399,174	\$1,715,733,200	\$1,996,030,667	\$2,135,596,819	\$2,501,134,856	\$2,779,405,905	\$3,176,770,816	11.7%	76.8%
Black	\$378,345,223	\$380,823,843	\$572,989,632	\$603,469,098	\$701,529,063	\$776,178,610	\$882,422,368	15.2%	21.3%
Hispanic, American Indian or Asian	\$12,706	\$102	\$52	\$30,908,803	\$32,958,799	\$34,519,388	\$37,582,189	278.9%	0.9%
Other/Unknown	\$852,123	\$718,377	\$625,778	\$28,048,608	\$34,529,740	\$36,108,699	\$39,248,802	89.3%	0.9%
Total*	\$2,017,609,226	\$2,097,275,522	\$2,569,646,129	\$2,798,023,328	\$3,270,152,458	\$3,626,212,602	\$4,136,024,175	12.7%	100.0%
By Sex									
Female	\$1,266,375,218	\$1,317,333,523	\$1,599,417,760	\$1,725,342,768	\$2,016,557,141	\$2,238,248,240	\$2,554,591,153	12.4%	61.8%
Male	\$750,381,885	\$779,223,622	\$969,602,591	\$1,060,931,406	\$1,236,429,474	\$1,370,029,884	\$1,561,971,942	13.0%	37.8%
Unknown	\$852,123	\$718,377	\$625,778	\$11,749,154	\$17,165,843	\$17,934,478	\$19,461,080	68.4%	0.5%
Total*	\$2,017,609,226	\$2,097,275,522	\$2,569,646,129	\$2,798,023,328	\$3,270,152,458	\$3,626,212,602	\$4,136,024,175	12.7%	100.0%

*FFY 02 projected using FFY 96-FFY 01 trends, State Annual report, and state submitted data (SEE "Important Note" prior to table of contents).

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

SOUTHERN REGION MEDICAID PROFILE

AVERAGE PAYMENT PER RECIPIENT BY OTHER CHARACTERISTICS

	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	FFY 01	FFY 02	Annual Change	Above (+) or Below (-) SLC Avg. FFY 02
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	\$2,679.18	\$1,518.59	\$1,649.99	\$3,354.44	\$3,486.71	\$3,875.80	\$4,078.96	7.3%	-6.1%
Poverty Related Eligibles	\$7,539.53	\$1,032.13	\$1,054.57	\$1,194.61	\$1,231.60	\$1,465.34	\$1,661.87	-22.3%	-14.6%
Medically Needy	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	n/a	-100.0%
Other Eligibles	\$1,098.68	\$7,258.82	\$7,717.29	\$6,574.60	\$10,975.61	\$5,913.30	\$6,468.56	34.4%	-11.3%
Maintenance Assistance Status Unknown	\$1,080.01	\$1,445.22	\$779.93	\$579.73	\$624.47	\$444.30	\$480.83	-12.6%	-79.1%
Total	\$3,171.46	\$3,880.34	\$3,500.81	\$3,508.15	\$3,673.02	\$3,705.72	\$4,008.92	4.0%	7.2%
By Basis of Eligibility									
Aged, Blind or Disabled	\$7,988.97	\$8,735.08	\$9,600.29	\$10,320.03	\$11,079.50	\$11,529.84	\$12,457.03	7.7%	32.2%
Children	\$928.50	\$928.94	\$1,066.53	\$1,084.33	\$1,224.19	\$1,314.09	\$1,399.91	7.1%	9.1%
Foster Care Children	\$0.00	\$2,923.90	\$3,136.70	\$3,286.47	\$5,347.99	\$6,317.79	\$6,561.23	17.5%	20.9%
Adults	\$1,160.85	\$1,082.32	\$1,353.31	\$1,250.78	\$1,343.58	\$1,482.60	\$1,578.73	5.3%	-34.0%
Basis of Eligibility Unknown	\$1,080.01	\$1,445.22	\$779.93	\$579.73	\$624.47	\$444.30	\$480.83	-12.6%	-78.4%
Total	\$3,171.46	\$3,880.34	\$3,500.81	\$3,508.15	\$3,673.02	\$3,705.72	\$4,008.92	4.0%	7.2%
By Age									
Under Age 1	\$2,497.51	\$2,291.25	\$2,646.97	\$3,052.25	\$3,403.37	\$3,432.84	\$3,616.30	6.4%	25.6%
Age 1 to 5	\$929.27	\$943.00	\$1,149.40	\$1,284.44	\$1,409.44	\$1,302.70	\$1,402.00	7.1%	1.9%
Age 6 to 14	\$848.99	\$960.38	\$971.55	\$997.79	\$1,137.72	\$1,373.68	\$1,450.64	9.3%	-2.9%
Age 15 to 20	\$1,667.87	\$1,868.97	\$1,734.49	\$1,752.33	\$2,025.58	\$2,259.42	\$2,410.35	6.3%	-2.3%
Age 21 to 44	\$3,352.43	\$3,896.70	\$4,011.08	\$3,903.64	\$3,764.46	\$3,932.64	\$4,252.82	4.0%	-3.9%
Age 45 to 64	\$6,545.55	\$7,172.18	\$7,929.91	\$8,450.98	\$9,106.91	\$9,659.19	\$10,344.94	7.9%	25.1%
Age 65 to 74	\$5,517.18	\$6,150.69	\$6,922.34	\$7,735.09	\$8,468.76	\$8,946.40	\$9,631.44	9.7%	49.1%
Age 75 to 84	\$8,127.51	\$9,082.46	\$9,888.81	\$11,000.08	\$11,855.19	\$12,651.50	\$13,668.63	9.1%	41.9%
Age 85 and Over	\$11,511.60	\$12,970.28	\$13,841.14	\$15,725.26	\$16,586.24	\$17,178.63	\$18,835.53	8.6%	34.0%
Age Unknown	\$1,300.95	\$912.80	\$647.13	\$586.71	\$624.47	\$444.41	\$471.16	-15.6%	-85.6%
Total	\$3,171.46	\$3,880.34	\$3,500.81	\$3,508.15	\$3,673.02	\$3,705.72	\$4,008.92	4.0%	7.2%
By Race									
White	\$3,438.58	\$4,016.39	\$3,941.62	\$4,097.09	\$4,286.82	\$4,307.38	\$4,436.17	4.3%	-1.5%
Black	\$2,379.74	\$3,384.68	\$2,528.09	\$2,629.67	\$2,762.91	\$2,790.16	\$3,236.11	5.3%	4.6%
Hispanic, American Indian or Asian	\$211.77	\$34.00	\$52.00	\$1,814.43	\$1,854.06	\$1,864.54	\$4,222.24	64.7%	79.9%
Other/Unknown	\$1,300.95	\$912.80	\$647.13	\$940.88	\$981.41	\$987.04	\$1,153.77	-2.0%	-76.9%
Total	\$3,171.46	\$3,880.34	\$3,500.81	\$3,508.15	\$3,673.02	\$3,705.72	\$4,008.92	4.0%	7.2%
By Sex									
Female	\$3,188.99	\$3,888.64	\$3,599.92	\$3,712.22	\$3,889.92	\$3,915.02	\$4,193.20	4.7%	11.4%
Male	\$3,147.42	\$3,877.99	\$3,357.86	\$3,421.07	\$3,592.68	\$3,624.62	\$3,697.13	2.7%	2.1%
Unknown	\$1,300.95	\$912.80	\$647.13	\$517.88	\$618.39	\$621.45	\$0.00	-100.0%	-100.0%
Total	\$3,171.46	\$3,880.34	\$3,500.81	\$3,508.15	\$3,673.02	\$3,705.72	\$4,008.92	4.0%	7.2%

*FFY 01 projected using FFY 96-FFY 01 trends, State Annual report, and state submitted data.

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

SOUTHERN REGION MEDICAID PROFILE

ADDITIONAL STATE HEALTH CARE INFORMATION

Sources: "Major Health Care Policies: 50 State Profiles 2002", Health Policy Tracking Service, January, 2003; and "Medicaid Services State by State", CMS, October 2002.

*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+).

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

- As of June 30, 2003, the MC+ Managed Care program covers 58% of the MC+ population as follows:

<u>Region</u>	<u>Number of Counties</u>	<u>Number of Eligibles</u>	<u>Start Date</u>
Eastern	10	230,911	9/1/95
Central	18	62,188	3/1/96
Western	9	132,062	1/1/97

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

- Aged and Disabled: Serves 24,159 people, operating since April 22, 1980.
- Mental Retardation/Developmental Disabilities: Serves 7,996 people, operating since July 1, 1988.
- AIDS: Serves 78 people, operating since July 1, 1998.
- Children with Mental Retardation/Developmental Disabilities, to age 18: Serves 182 people, operating since October 1, 1995.
- Physical Disability Waiver: serves 22 people, operating since July 1, 1998.
- Independent Living Waiver: serves 466 individuals age 18 to 64, operating since January 1, 2000.
- Consumer Support Waiver: will serve approximately 550 individuals, established July 1, 2003.

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

Recipients receive their care through either a Fee-For-Service or the MC+ Managed Care delivery system, depending on where the individual lives in Missouri.

The Uninsured Parents Program was implemented February 1, 1999. The statewide enrollment as of June 30, 2003 was 10,579.

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

Uninsured Medicaid-ineligible adults transitioning off welfare with family income up to 100% of the FPL.

Uninsured women losing their Medicaid eligibility 60 days after the birth of their child continue to be eligible for women's health services, regardless of income level, for 1 year plus 60 days.

Managed Care

- Any Willing Provider Clause: Yes

Coverage for Targeted Population

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

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

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SOUTHERN REGION MEDICAID PROFILE

Cost Containment Measures

- Certificate of Need Program since 1979. Regulates introduction or expansion of new institutional health facilities and services. After December 31, 2001, CON will only be required for long-term care facilities and construction of new hospitals. As of January 1, 2003, the moratorium expired.
- In 1999, amended CON laws to allow certain facilities to purchase beds from underused facilities.
- Large Case Management (LCM) Program: MC+ managed care enrollees whose inpatient costs exceed \$50,000 in a contract year are transferred to the LCM program for the remainder of the contract year. The state assumes responsibility for 80% of the accrued inpatient hospital costs in excess of \$50,000; the MCO is responsible for the remaining 20%. The MCO reassumes full responsibility for the enrollee at the beginning of the new contract year. As of March 1, 2001, all MC+ managed care regions are responsible for their own reinsurance and LCM.

Medicaid

- 41 optional services are offered.
- State has broad-based taxes on facilities such as hospitals and nursing homes to generate funds for the state Medicaid program.
- In August 2001, received approval from the HHS to extend Medicaid coverage to low-income, uninsured women for breast or cervical treatment.
- Enacted legislation to extend Medicaid coverage to individuals that could be eligible as a result of the federal *Ticket to Work* and *Medicaid Buy-in* legislation. The programs will provide services to individuals with disabilities (income up to 250% of the FPL) that are required to enable them to gain or keep employment.
- In FY 02, enacted legislation as follows:
 1. Established prior authorization for all new drugs and prior authorization of overused or misused drugs.
 2. Approved a preferred drug list to be implemented by January 1, 2003.
 3. Limit use of over-the-counter drugs to a specific limited list, except insulin and expanded MAC coverage list.
 4. Implemented a pharmacy provider tax utilizing a portion of the tax for an increase in the dispensing fee for pharmacies from \$4.09 to \$8.04.

Children's Health Insurance Program: Medicaid Expansion

- SCHIP in Missouri is administered by the Division of Medical Services through an HMO style program (MC+), as well as a FFS program.
- The SCHIP program is an expansion of Medicaid to provide health care benefits for children/adolescents from birth to age 18 in families with incomes up to 300% of the FPL. The program received CMS approval on April 28, 1998. The statewide enrollment as of June 30, 2003 was 84,824.

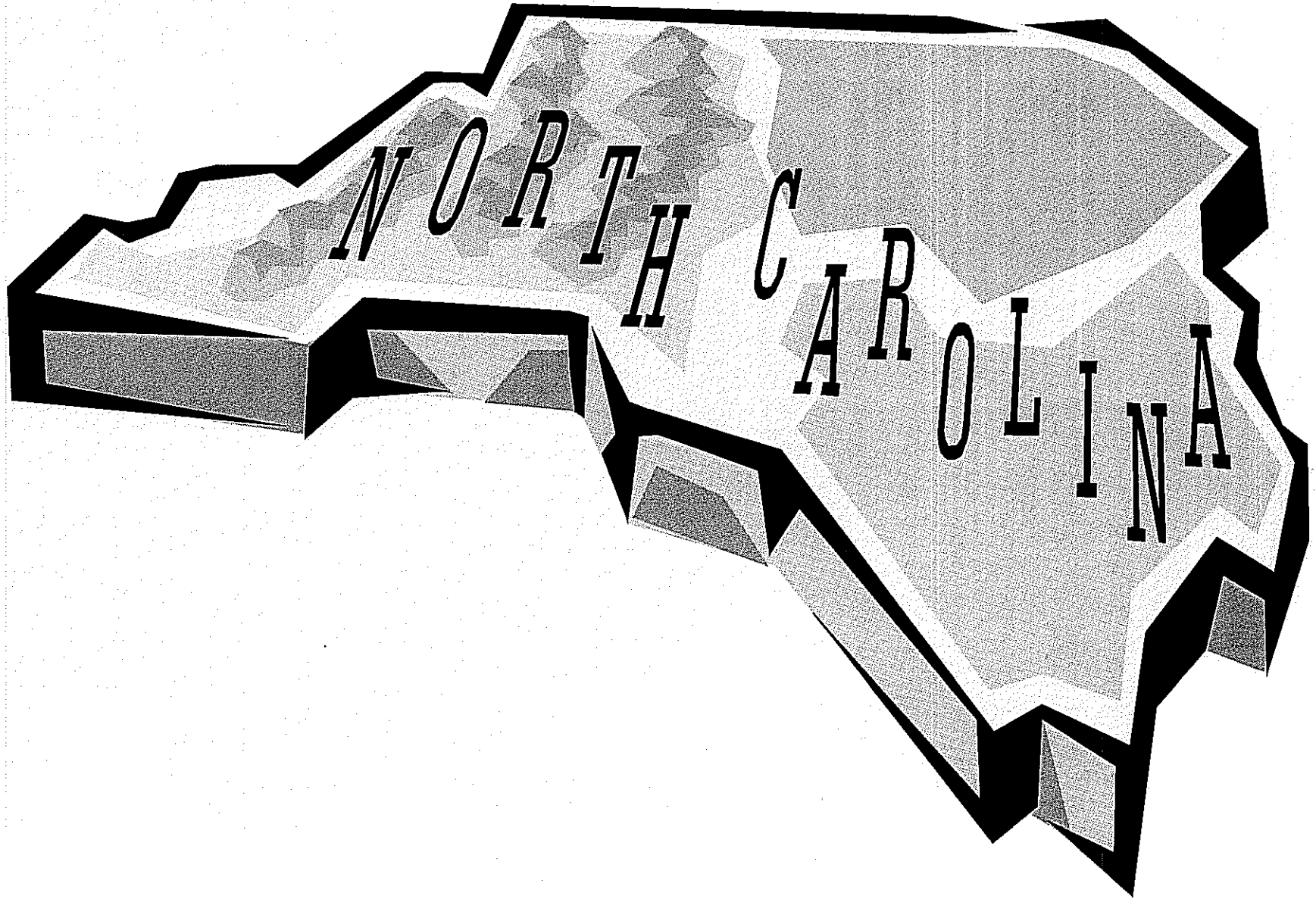
Cost Sharing Provisions of MC+:

- There are no cost sharing obligations for Parent's Fair Share Program participants, those covered under the women's health services program, and children/adolescents in families with income up to 185% of the FPL.
 - Co-payments for adults: \$10 per provider visit and \$5 per prescription.
 - Co-payments for children/adolescents in families with income from 185% to 225% of the FPL: \$5 per provider visit.
 - Premiums and co-payments for children/adolescents in families with income from 226% to 300% of the FPL: Co-payments: \$10 per provider visit and \$9 per prescription.
- Effective July 1, 2003, premiums will vary from \$59 to \$225 based on income and family size.

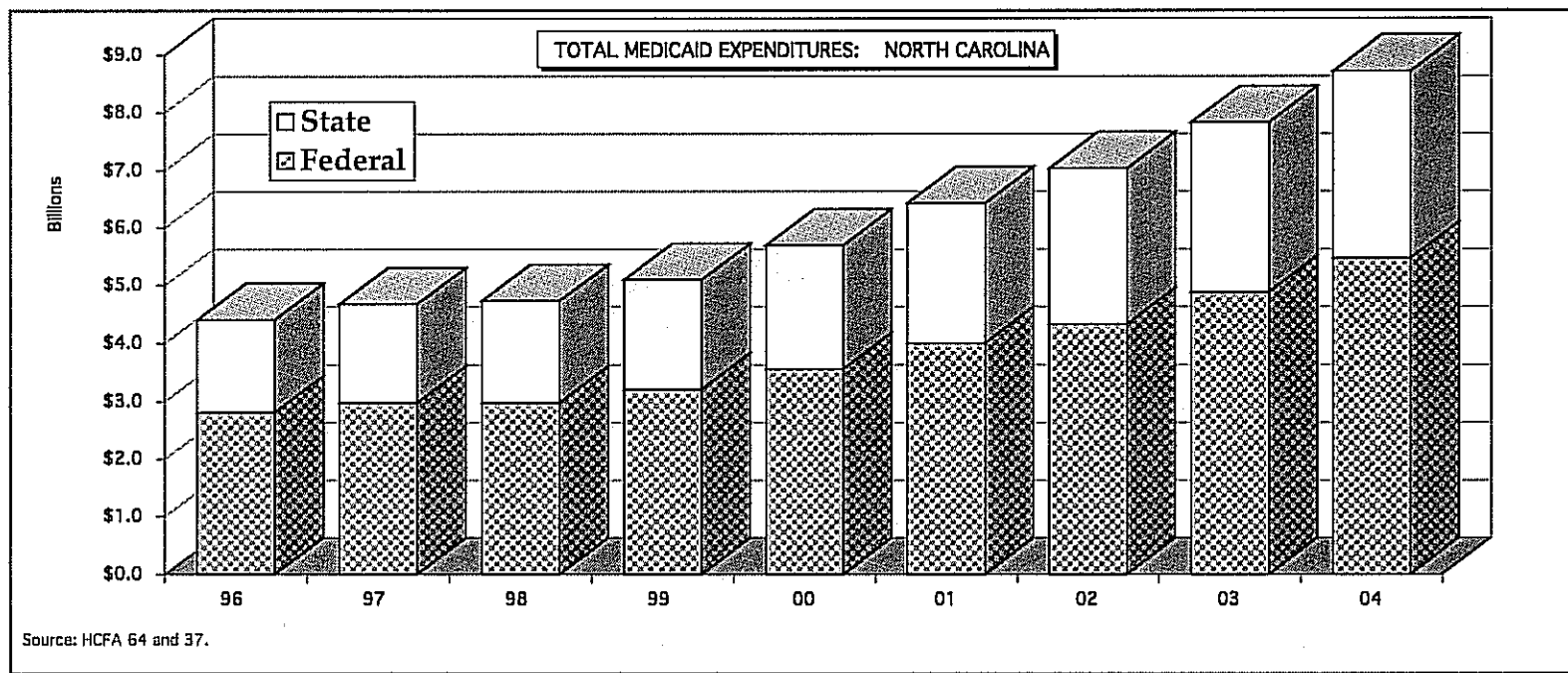
Tobacco Settlement

- The state expects to receive approximately \$4.6 billion over 25 years.
- For FY 02, the tobacco settlement payment was approximately \$167.4 million.
- For FY 02, the legislature passed legislation to secure up to 30% of the state's annual share of the tobacco settlement. The amount is uncertain at this time.

STATE MEDICAID PROFILE



SOUTHERN REGION MEDICAID PROFILE



THIS IS A PRELIMINARY DRAFT OF THE FFY 02 MEDICAID COMPARATIVE DATA REPORT. REVISIONS WILL BE REQUIRED PRIOR TO PUBLISHING THE FINAL DOCUMENT. SEE NOTE ON THE FIRST PAGE OF THE REPORT.

	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	FFY 01	FFY 02*	FFY 03**	FFY 04**	Annual Rate of Change	Total Change 96-04
Medicaid Payments	\$4,235,586,425	\$4,529,992,284	\$4,547,756,041	\$4,885,503,195	\$5,464,863,059	\$6,150,681,587	\$6,723,598,560	\$7,487,632,000	\$8,365,314,000	8.9%	97.5%
Federal Share	\$2,742,000,903	\$2,900,554,637	\$2,875,510,338	\$3,087,681,703	\$3,421,052,149	\$3,850,734,836	\$4,161,693,996	\$4,697,139,000	\$5,274,456,000	8.5%	92.4%
State Share	\$1,493,585,522	\$1,629,437,647	\$1,672,245,703	\$1,797,821,492	\$2,043,810,910	\$2,299,946,751	\$2,561,904,564	\$2,790,493,000	\$3,090,858,000	9.5%	106.9%
Administrative Costs	\$161,567,426	\$143,879,074	\$185,333,494	\$209,904,718	\$233,556,917	\$278,725,379	\$302,125,603	\$337,756,000	\$353,654,000	10.3%	118.9%
Federal Share	\$70,258,593	\$76,592,961	\$99,010,462	\$114,242,646	\$128,758,258	\$152,482,886	\$167,160,907	\$187,932,000	\$197,788,000	13.8%	181.5%
State Share	\$91,308,833	\$67,286,113	\$86,323,032	\$95,662,072	\$104,798,659	\$126,242,493	\$134,964,696	\$149,824,000	\$155,866,000	6.9%	70.7%
Admin. Costs as % of Payments	3.81%	3.18%	4.08%	4.30%	4.27%	4.53%	4.49%	4.51%	4.23%		
Federal Match Rate*	64.59%	63.89%	63.09%	63.07%	62.49%	62.47%	61.46%	61.56%	62.85%		

*Rate shown is for Medicaid payments only. The FMAP (Federal Medical Assistance Percentage) is based on the relationship between each state's per capita personal income and that of the nation as a whole for the three most recent years. Federal share of state administrative costs is usually 50 percent or 75 percent, depending on function and whether or not medical personnel are used. **Federal Fiscal Years 03 and 04 reflect latest estimates reported by each state (CMS 37).

NORTH CAROLINA

SOUTHERN REGION MEDICAID PROFILE

STATE FINANCING

	Payments		Administration	
	FFY 96	FFY 02	FFY 96	FFY 02
State General Fund*	\$1,493,585,522	\$2,561,904,564	\$91,308,833	\$134,964,696
Local Funds	\$0	\$0	\$0	\$0
Provider Taxes	\$0	\$0	\$0	\$0
Donations	\$0	\$0	\$0	\$0
Other	\$0	\$0	\$0	\$0
Total State Share	\$1,493,585,522	\$2,561,904,564	\$91,308,833	\$134,964,696

Provider Taxes Currently in Place (FFY 02)	
Tax Rate	Amount
NO PROVIDER TAXES	

DISPROPORTIONATE SHARE HOSPITAL (DSH) PAYMENTS

	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	FFY 01	FFY 02*	FFY 03**	FFY 04**	Annual Change
General Hospitals	\$164,508,095	\$271,699,000	\$187,665,204	\$227,672,613	\$236,744,407	\$259,509,072	\$275,834,347	\$192,700,000	\$192,700,000	0.4%
Mental Hospitals	\$198,246,079	\$271,700,000	\$166,439,546	\$170,292,750	\$176,842,977	\$174,935,077	\$179,324,307	\$190,000,000	\$190,000,000	2.2%
Total	\$362,754,174	\$543,399,000	\$354,104,750	\$397,965,363	\$413,587,384	\$434,444,149	\$455,158,654	\$382,700,000	\$382,700,000	1.3%

SELECTED ELIGIBILITY CRITERIA

	At 10/1/02	% of FPL*
TANF-Temporary Assistance for Needy Families (Family of 3)		
Need Standard	\$185	14.5%
Payment Standard	N/A	N/A
Maximum Payment	N/A	N/A
Medically Needy Program (Family of 3)		
Income Eligibility Standard	\$367	
Resource Standard	\$3,000	
Pregnant Women, Children and Infants (% of FPL*)		
Pregnant women and infants	\$1,366	185.0%
Children 1 to 5	\$982	133.0%
Children 6 to 18	\$739	100.0%
SSI Eligibility Levels		
Income:		
Single Person	\$739	98.8%
Couple	\$995	98.5%
Resources:		
Single Person	\$2,000	
Couple	\$3,000	

DEMOGRAPHIC DATA & POVERTY INDICATORS (2002)

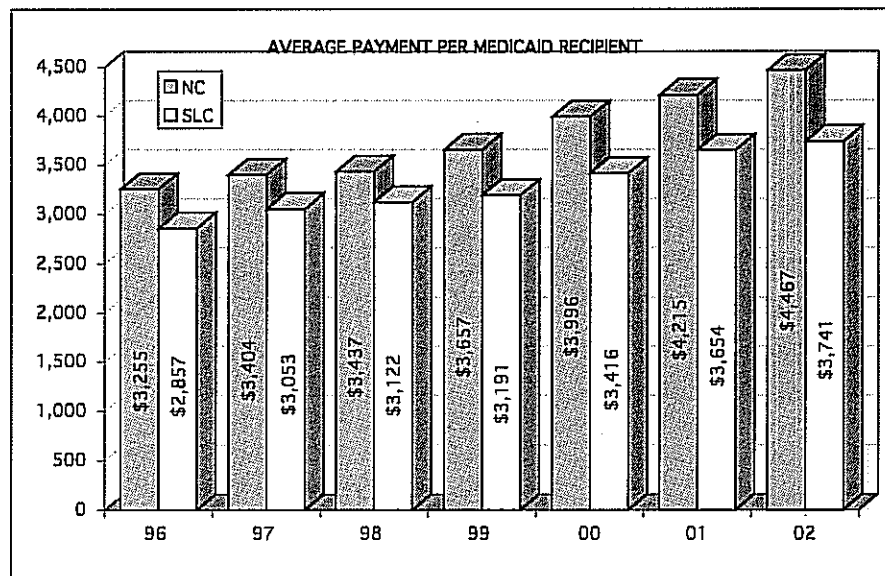
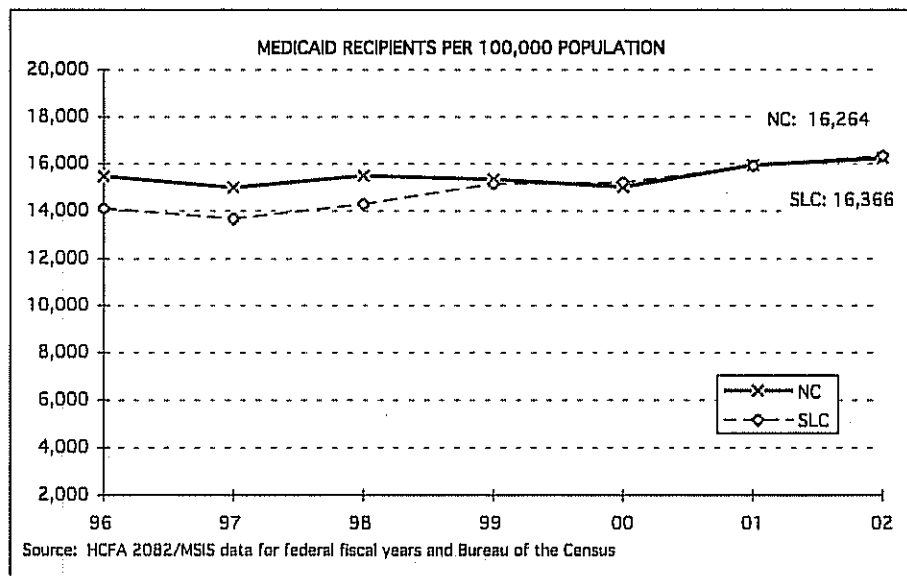
		Rank in U.S.
State population—July 1, 2002*	8,320,146	11
Per capita personal income**	\$27,514	32
Median household income**	\$38,162	37
Population below Federal Poverty Level on July 1, 2001*	1,098,259	
Percent of total state population	13.2%	15
Population without health insurance coverage*	1,198,101	10
Percent of total state population	14.4%	18
Recipients of Food Stamps***	574,369	12
Households receiving Food Stamps***	244,907	11
Total value of issuance***	\$536,423,418	12
Average monthly benefit per recipient	\$77.83	18
Average monthly benefit per household	\$182.53	
Monthly recipients of Temporary Assistance to Needy Families (TANF)****	86,533	18
Total TANF payments****	\$279,108,856	27
Average monthly payment per recipient	\$101.23	39
Maximum monthly payment per family of 3	\$272.00	42

*Current federal poverty level is \$8,980 per year for a single person, \$12,120 for a family of two and \$15,260 for a family of three. Table above shows monthly income levels.

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

NORTH CAROLINA

SOUTHERN REGION MEDICAID PROFILE



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

RECIPIENTS BY TYPE OF SERVICES	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	FFY 01	FFY 02	Annual Change
01. General Hospital	222,468	176,232	171,477	177,386	195,406	197,136	202,611	-1.5%
02. Mental Hospital	2,895	2,286	2,387	2,043	2,614	2,631	2,450	-2.7%
03. Skilled and Intermediate (non-MR) Care Nursing	42,394	42,274	41,683	42,542	42,752	43,741	43,128	0.3%
04. Intermediate Care for Mentally Retarded	4,960	4,915	4,853	4,806	4,733	4,716	4,660	-1.0%
05. Physician Services	908,407	831,983	805,816	806,194	865,447	946,861	1,005,241	1.7%
06. Dental Services	225,413	225,887	212,697	218,730	219,805	284,384	325,579	6.3%
07. Other Practitioners	167,346	179,709	159,902	158,590	226,147	249,306	251,984	7.1%
08. Outpatient Hospital	494,842	485,399	459,214	454,822	516,576	586,546	637,080	4.3%
09. Clinic Services	352,557	319,687	182,633	177,375	514,140	556,924	532,893	7.1%
10. Lab and X-Ray	584,723	602,528	594,307	574,942	591,661	651,112	723,426	3.6%
11. Home Health	43,665	46,814	62,187	68,298	30,359	32,279	33,451	-4.3%
12. Prescribed Drugs	764,482	779,229	764,886	807,670	827,039	907,413	949,495	3.7%
13. Family Planning	75,745	73,837	73,849	69,767	8,572	9,651	10,824	-27.7%
14. Early & Periodic Screening, Diagnosis & Treatment	383,786	388,963	387,904	388,510	0	0	0	-100.0%
15. Other Care	264,514	275,983	165,210	168,795	260,384	278,218	315,305	3.0%
16. Personal Care Support Services	0	0	356,450	369,928	125,805	142,519	142,624	-20.5%
17. Home/Community Based Waiver Services	0	0	14,421	16,692	0	0	0	-100.0%
18. Prepaid Health Care	0	0	220,700	213,882	61,555	66,197	33,713	-37.5%
19. Primary Care Case Management (PCCM) Services	0	0	591,740	713,432	792,641	849,873	945,215	12.4%
Total*	1,130,024	1,112,931	1,167,988	1,172,107	1,208,789	1,304,684	1,351,714	3.0%

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

NORTH CAROLINA

SOUTHERN REGION MEDICAID PROFILE

<u>PAYMENTS BY TYPE OF SERVICES</u>	<u>FFY 96</u>	<u>FFY 97</u>	<u>FFY 98</u>	<u>FFY 99</u>	<u>FFY 00</u>	<u>FFY 01</u>	<u>FFY 02</u>	<u>Annual</u> <u>Change</u>	<u>Share of Total</u> <u>FFY 02</u>
01. General Hospital	\$869,138,988	\$712,064,082	\$692,184,068	\$692,204,075	\$769,139,076	\$820,619,191	\$866,919,007	0.0%	14.4%
02. Mental Hospital	\$33,219,385	\$28,217,026	\$26,557,229	\$18,213,632	\$26,134,143	\$27,742,930	\$32,519,152	-0.4%	0.5%
03. Skilled and Intermediate (non-MR) Care Nursing	\$735,288,662	\$771,242,159	\$760,826,548	\$815,377,322	\$817,940,754	\$852,242,911	\$882,267,835	3.1%	14.6%
04. Intermediate Care for Mentally Retarded	\$346,024,865	\$355,211,525	\$361,838,061	\$386,344,149	\$383,583,590	\$398,653,623	\$408,622,645	2.8%	6.8%
05. Physician Services	\$320,072,693	\$328,694,654	\$335,106,875	\$345,190,548	\$415,197,398	\$497,972,087	\$515,541,390	8.3%	8.5%
06. Dental Services	\$41,572,421	\$42,488,716	\$42,821,503	\$55,399,252	\$58,412,707	\$84,128,870	\$107,898,588	17.2%	1.8%
07. Other Practitioners	\$11,099,291	\$11,940,649	\$10,405,963	\$10,531,583	\$75,234,970	\$76,287,509	\$56,003,560	31.0%	0.9%
08. Outpatient Hospital	\$203,698,155	\$214,122,272	\$209,392,736	\$226,053,665	\$286,847,001	\$358,577,981	\$444,605,388	13.9%	7.4%
09. Clinic Services	\$98,658,048	\$106,394,068	\$47,713,966	\$50,627,028	\$126,131,200	\$167,381,841	\$326,036,601	22.0%	5.4%
10. Lab and X-Ray	\$66,427,820	\$68,144,825	\$69,535,830	\$67,541,674	\$68,592,076	\$82,452,628	\$93,272,863	5.8%	1.5%
11. Home Health	\$302,854,673	\$377,532,116	\$98,708,726	\$107,654,983	\$82,325,244	\$83,627,315	\$96,021,509	-17.4%	1.6%
12. Prescribed Drugs	\$344,950,165	\$403,811,339	\$466,528,812	\$611,444,842	\$794,550,074	\$971,066,103	\$1,069,090,899	20.7%	17.7%
13. Family Planning	\$24,072,911	\$23,381,261	\$22,561,251	\$21,040,091	\$11,425,652	\$14,055,467	\$17,440,949	-5.2%	0.3%
14. Early & Periodic Screening, Diagnosis & Treatment	\$27,037,616	\$31,250,990	\$30,846,296	\$31,810,985	\$0	\$0	\$0	-100.0%	0.0%
15. Other Care	\$253,640,314	\$313,960,523	\$12,764,633	\$13,454,087	\$591,388,093	\$612,582,758	\$725,076,238	19.1%	12.0%
16. Personal Care Support Services	\$0	\$0	\$452,804,716	\$416,668,074	\$242,698,033	\$356,027,976	\$335,377,532	-7.2%	5.6%
17. Home/Community Based Waiver Services	\$0	\$0	\$275,215,305	\$317,649,915	\$0	\$0	\$0	-100.0%	0.0%
18. Prepaid Health Care	\$0	\$0	\$85,665,363	\$79,214,119	\$54,661,005	\$66,802,062	\$33,229,744	-21.1%	0.6%
19. Primary Case Management (PCCM) Services	\$0	\$0	\$12,518,861	\$19,438,725	\$25,764,816	\$28,872,249	\$28,487,381	22.8%	0.5%
Total (excludes DSH pymts, pharmacy rebates, & other adjs.)	\$3,677,756,007	\$3,788,456,205	\$4,013,996,742	\$4,285,858,749	\$4,830,025,832	\$5,499,093,501	\$6,038,411,281	8.6%	100.0%

AVERAGE PAYMENTS PER RECIPIENT BY TYPE OF SERVICES

								(+) or (-) SLC	
									<u>Avg. FFY 02</u>
01. General Hospital	\$3,906.80	\$4,040.49	\$4,036.60	\$3,902.25	\$3,936.11	\$4,162.71	\$4,278.74	1.5%	-3.8%
02. Mental Hospital	\$11,474.74	\$12,343.41	\$11,125.78	\$8,915.14	\$9,997.76	\$10,544.63	\$13,273.12	2.5%	72.0%
03. Skilled and Intermediate (non-MR) Care Nursing	\$17,344.17	\$18,243.89	\$18,252.68	\$19,166.41	\$19,132.22	\$19,483.85	\$20,456.96	2.8%	0.1%
04. Intermediate Care for Mentally Retarded	\$69,763.08	\$72,270.91	\$74,559.67	\$80,387.88	\$81,044.49	\$84,532.15	\$87,687.26	3.9%	19.2%
05. Physician Services	\$352.35	\$395.07	\$415.86	\$428.17	\$479.75	\$525.92	\$512.85	6.5%	10.2%
06. Dental Services	\$184.43	\$188.10	\$201.33	\$253.28	\$265.75	\$295.83	\$331.41	10.3%	17.3%
07. Other Practitioners	\$66.33	\$66.44	\$65.08	\$66.41	\$332.68	\$306.00	\$222.25	22.3%	-29.9%
08. Outpatient Hospital	\$411.64	\$441.13	\$455.98	\$497.02	\$555.29	\$611.34	\$697.88	9.2%	28.9%
09. Clinic Services	\$279.84	\$332.81	\$261.26	\$285.42	\$245.32	\$300.55	\$611.82	13.9%	-10.5%
10. Lab and X-Ray	\$113.61	\$113.10	\$117.00	\$117.48	\$115.93	\$126.63	\$128.93	2.1%	24.6%
11. Home Health	\$6,935.87	\$8,064.51	\$1,587.29	\$1,576.25	\$2,711.72	\$2,590.77	\$2,870.51	-13.7%	-8.5%
12. Prescribed Drugs	\$451.22	\$518.22	\$609.93	\$757.05	\$960.72	\$1,070.15	\$1,125.96	16.5%	2.9%
13. Family Planning	\$317.82	\$316.66	\$305.51	\$301.58	\$1,332.90	\$1,456.37	\$1,611.32	31.1%	321.2%
14. Early & Periodic Screening, Diagnosis & Treatment	\$70.45	\$80.34	\$79.52	\$81.88	\$0.00	\$0.00	\$0.00	-100.0%	-100.0%
15. Other Care	\$958.89	\$1,137.61	\$77.26	\$79.71	\$2,271.22	\$2,201.81	\$2,299.60	15.7%	28.9%
16. Personal Care Support Services	\$0.00	\$0.00	\$1,270.32	\$1,126.35	\$1,929.16	\$2,498.11	\$2,351.48	16.6%	27.0%
17. Home/Community Based Waiver Services	\$0.00	\$0.00	\$19,084.34	\$19,030.07	\$0.00	\$0.00	\$0.00	-100.0%	-100.0%
18. Prepaid Health Care	\$0.00	\$0.00	\$388.15	\$370.36	\$888.00	\$1,009.14	\$985.67	26.2%	-41.3%
19. Primary Care Case Management (PCCM) Services	\$0.00	\$0.00	\$21.16	\$27.25	\$32.51	\$33.97	\$30.14	9.3%	-61.9%
Total (Average)	\$3,254.58	\$3,404.04	\$3,436.68	\$3,656.54	\$3,995.76	\$4,214.89	\$4,467.23	5.4%	19.4%

TOTAL PER CAPITA EXPENDITURES	\$601.60	\$629.00	\$627.19	\$666.00	\$707.94	\$785.39	\$844.42	5.8%	10.0%
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NORTH CAROLINA

SOUTHERN REGION MEDICAID PROFILE
DATA BY OTHER CHARACTERISTICS

RECIPIENTS BY OTHER CHARACTERISTICS

	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	FFY 01	FFY 02	Annual Change	Share of Total FFY 02
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	500,432	599,481	594,269	546,076	464,932	564,713	577,518	2.4%	42.7%
Poverty Related Eligibles	40,348	337,930	389,458	441,210	585,047	589,618	614,663	57.4%	45.5%
Medically Needy	61,039	117,574	122,027	117,780	34,110	36,174	35,742	-8.5%	2.6%
Other Eligibles	528,205	57,946	62,234	67,041	62,649	56,809	64,411	-29.6%	4.8%
Maintenance Assistance Status Unknown	0	0	0	0	62,051	57,370	59,380	-2.2%	4.4%
Total	1,130,024	1,112,931	1,167,988	1,172,107	1,208,789	1,304,684	1,351,714	3.0%	100.0%
By Basis of Eligibility									
Aged, Blind, or Disabled	340,395	348,911	356,930	366,724	354,783	363,341	367,996	1.3%	27.2%
Children	548,381	568,991	609,190	614,117	585,886	633,766	669,395	3.4%	49.5%
Foster Care Children	0	10,766	12,176	12,793	14,061	14,787	15,398	7.4%	1.1%
Adults	241,248	184,263	189,692	178,473	192,008	235,420	239,545	-0.1%	17.7%
Basis of Eligibility Unknown	0	0	0	0	62,051	57,370	59,380	-2.2%	4.4%
Total	1,130,024	1,112,931	1,167,988	1,172,107	1,208,789	1,304,684	1,351,714	3.0%	100.0%
By Age									
Under Age 1	76,001	77,012	79,785	82,171	54,401	56,225	55,897	-5.0%	4.1%
Age 1 to 5	216,649	207,805	213,089	210,700	220,839	236,880	252,127	2.6%	18.7%
Age 6 to 14	221,080	224,019	250,288	257,397	267,430	285,683	299,125	5.2%	22.1%
Age 15 to 20	109,409	109,520	117,711	117,305	118,352	129,946	136,926	3.8%	10.1%
Age 21 to 44	251,554	235,086	243,112	236,018	228,186	270,725	277,342	1.6%	20.5%
Age 45 to 64	95,670	98,424	102,889	106,192	104,642	114,993	119,980	3.8%	8.9%
Age 65 to 74	61,518	62,371	62,261	61,582	57,360	57,678	56,831	-1.3%	4.2%
Age 75 to 84	60,205	60,310	59,626	60,627	56,921	56,928	56,420	-1.1%	4.2%
Age 85 and Over	37,938	38,384	39,227	40,115	38,607	38,256	37,686	-0.1%	2.8%
Age Unknown	0	0	0	0	62,051	57,370	59,380	-2.2%	4.4%
Total	1,130,024	1,112,931	1,167,988	1,172,107	1,208,789	1,304,684	1,351,714	3.0%	100.0%
By Race									
White	510,087	499,426	511,841	510,844	524,091	566,701	587,397	2.4%	43.5%
Black	509,453	492,805	515,303	507,904	512,921	555,283	575,785	2.1%	42.6%
Hispanic, American Indian or Asian	57,825	63,562	74,368	82,606	96,741	102,653	105,819	10.6%	7.8%
Other/Unknown	52,659	57,138	66,476	70,753	75,037	80,048	82,713	7.8%	6.1%
Total*	1,130,024	1,112,931	1,167,988	1,172,107	1,208,789	1,304,684	1,351,714	3.0%	100.0%
By Sex									
Female	709,750	695,947	724,022	723,370	742,656	802,419	831,567	2.7%	61.5%
Male	420,274	416,984	443,966	448,737	466,133	502,265	520,147	3.6%	38.5%
Unknown	0	0	0	0	0	0	0	n/a	0.0%
Total*	1,130,024	1,112,931	1,167,988	1,172,107	1,208,789	1,304,684	1,351,714	3.0%	100.0%

*FFY 02 projected using FFY 96-FFY 01 trends, State Annual report, and state submitted data (SEE "Important Note" prior to table of contents).

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

NORTH CAROLINA

SOUTHERN REGION MEDICAID PROFILE

PAYMENTS BY OTHER CHARACTERISTICS

	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	FFY 01	FFY 02	Annual Change	Share of Total FFY 02
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	\$1,284,840,493	\$1,971,787,837	\$2,080,692,247	\$2,164,360,435	\$2,244,906,096	\$2,634,937,237	\$2,909,395,356	14.6%	48.2%
Poverty Related Eligibles	\$539,406,506	\$1,241,003,068	\$1,266,350,628	\$1,350,878,520	\$1,891,048,198	\$2,108,749,875	\$2,307,199,615	27.4%	38.2%
Medically Needy	\$170,638,234	\$484,198,914	\$558,638,298	\$605,704,585	\$514,208,302	\$559,588,746	\$571,062,609	22.3%	9.5%
Other Eligibles	\$1,682,870,774	\$91,466,386	\$108,315,569	\$164,915,209	\$130,973,395	\$149,420,399	\$204,003,938	-29.6%	3.4%
Maintenance Assistance Status Unknown	\$0	\$0	\$0	\$0	\$48,889,841	\$46,397,244	\$46,749,763	-2.2%	0.8%
Total	\$3,677,756,007	\$3,788,456,205	\$4,013,996,742	\$4,285,858,749	\$4,830,025,832	\$5,499,093,501	\$6,038,411,281	8.6%	100.0%
By Basis of Eligibility									
Aged, Blind or Disabled	\$2,557,044,247	\$2,714,862,350	\$2,856,357,139	\$3,140,220,337	\$3,576,256,170	\$3,990,542,009	\$4,285,767,074	9.0%	71.0%
Children	\$589,983,023	\$636,246,582	\$716,185,408	\$706,428,941	\$644,703,688	\$776,427,955	\$900,836,686	7.3%	14.9%
Foster Care Children	\$0	\$33,821,574	\$44,483,297	\$40,099,665	\$58,801,078	\$73,268,460	\$108,548,104	26.3%	1.8%
Adults	\$530,728,737	\$403,525,699	\$396,970,898	\$399,109,806	\$501,375,055	\$612,457,833	\$696,509,654	4.6%	11.5%
Basis of Eligibility Unknown	\$0	\$0	\$0	\$0	\$48,889,841	\$46,397,244	\$46,749,763	-2.2%	0.8%
Total	\$3,677,756,007	\$3,788,456,205	\$4,013,996,742	\$4,285,858,749	\$4,830,025,832	\$5,499,093,501	\$6,038,411,281	8.6%	100.0%
By Age									
Under Age 1	\$217,577,976	\$214,802,933	\$219,104,317	\$228,599,932	\$161,827,329	\$186,302,745	\$191,901,689	-2.1%	3.2%
Age 1 to 5	\$226,162,526	\$208,114,457	\$233,057,550	\$231,245,617	\$326,561,490	\$374,957,314	\$416,228,589	10.7%	6.9%
Age 6 to 14	\$239,020,647	\$268,169,155	\$335,643,471	\$324,913,011	\$371,270,929	\$442,629,242	\$549,295,499	14.9%	9.1%
Age 15 to 20	\$256,443,000	\$261,270,797	\$294,081,459	\$285,639,373	\$304,992,329	\$358,249,283	\$441,654,174	9.5%	7.3%
Age 21 to 44	\$975,288,041	\$967,212,573	\$991,888,410	\$1,038,607,593	\$1,144,766,859	\$1,331,187,638	\$1,456,415,095	6.9%	24.1%
Age 45 to 64	\$657,077,116	\$690,838,617	\$730,963,532	\$827,369,494	\$967,542,750	\$1,132,065,452	\$1,250,746,155	11.3%	20.7%
Age 65 to 74	\$282,471,198	\$301,808,253	\$312,081,536	\$351,760,547	\$399,863,260	\$447,605,859	\$466,663,052	8.7%	7.7%
Age 75 to 84	\$433,849,846	\$455,286,327	\$462,921,843	\$519,348,386	\$560,271,570	\$608,891,506	\$632,585,548	6.5%	10.5%
Age 85 and Over	\$389,865,657	\$420,953,093	\$434,254,624	\$478,374,796	\$544,039,475	\$570,807,218	\$586,171,717	7.0%	9.7%
Age Unknown	\$0	\$0	\$0	\$0	\$48,889,841	\$46,397,244	\$46,749,763	-2.2%	0.8%
Total	\$3,677,756,007	\$3,788,456,205	\$4,013,996,742	\$4,285,858,749	\$4,830,025,832	\$5,499,093,501	\$6,038,411,281	8.6%	100.0%
By Race									
White	\$1,968,457,969	\$2,032,111,627	\$2,108,139,775	\$2,252,040,975	\$2,517,211,181	\$2,872,794,367	\$3,156,985,744	8.2%	52.3%
Black	\$1,307,410,819	\$1,316,773,324	\$1,388,709,316	\$1,449,704,979	\$1,612,812,705	\$1,844,496,923	\$2,028,847,585	7.6%	33.6%
Hispanic, American Indian or Asian	\$101,580,286	\$112,512,497	\$128,663,746	\$144,702,155	\$180,606,045	\$201,689,222	\$219,664,712	13.7%	3.6%
Other/Unknown	\$300,306,933	\$327,058,757	\$388,483,905	\$439,410,640	\$519,395,901	\$580,112,989	\$632,913,240	13.2%	10.5%
Total*	\$3,677,756,007	\$3,788,456,205	\$4,013,996,742	\$4,285,858,749	\$4,830,025,832	\$5,499,093,501	\$6,038,411,281	8.6%	100.0%
By Sex									
Female	\$2,310,909,369	\$2,365,405,876	\$2,476,014,621	\$2,681,678,461	\$3,015,091,032	\$3,434,076,966	3,770,606,706	8.5%	62.4%
Male	\$1,366,846,638	\$1,423,050,329	\$1,537,982,121	\$1,604,180,288	\$1,814,934,800	\$2,065,016,535	2,267,804,575	8.8%	37.6%
Unknown	\$0	\$0	\$0	\$0	\$0	\$0	0	n/a	0.0%
Total*	\$3,677,756,007	\$3,788,456,205	\$4,013,996,742	\$4,285,858,749	\$4,830,025,832	\$5,499,093,501	\$6,038,411,281	8.6%	100.0%

*FFY 02 projected using FFY 96-FFY 01 trends, State Annual report, and state submitted data (SEE "Important Note" prior to table of contents).

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

NORTH CAROLINA

SOUTHERN REGION MEDICAID PROFILE

AVERAGE PAYMENT PER RECIPIENT BY OTHER CHARACTERISTICS

	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	FFY 01	FFY 02	Annual Change	Above (+) or Below (-) SLC Avg. FFY 02
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	\$2,567.46	\$3,289.16	\$3,501.26	\$3,963.48	\$4,828.46	\$4,665.98	\$5,037.76	11.9%	16.0%
Poverty Related Eligibles	\$13,368.85	\$3,672.37	\$3,251.57	\$3,061.76	\$3,232.30	\$3,576.47	\$3,753.60	-19.1%	92.8%
Medically Needy	\$2,795.56	\$4,118.25	\$4,577.99	\$5,142.68	\$15,075.00	\$15,469.36	\$15,977.35	33.7%	143.3%
Other Eligibles	\$3,186.02	\$1,578.48	\$1,740.46	\$2,459.92	\$2,090.59	\$2,630.22	\$3,167.22	-0.1%	-56.6%
Maintenance Assistance Status Unknown	\$0.00	\$0.00	\$0.00	\$0.00	\$787.90	\$808.74	\$787.30	0.0%	-65.8%
Total	\$3,254.58	\$3,404.04	\$3,436.68	\$3,656.54	\$3,995.76	\$4,214.89	\$4,467.23	5.4%	19.4%
By Basis of Eligibility									
Aged, Blind or Disabled	\$7,511.99	\$7,780.96	\$8,002.57	\$8,562.90	\$10,080.12	\$10,982.91	\$11,646.23	7.6%	23.6%
Children	\$1,075.86	\$1,118.20	\$1,175.64	\$1,150.32	\$1,100.39	\$1,225.10	\$1,345.75	3.8%	4.9%
Foster Care Children	\$0.00	\$3,141.52	\$3,653.36	\$3,134.50	\$4,181.86	\$4,954.92	\$7,049.49	17.5%	29.9%
Adults	\$2,199.93	\$2,189.94	\$2,092.71	\$2,236.25	\$2,611.22	\$2,601.55	\$2,907.64	4.8%	21.6%
Basis of Eligibility Unknown	\$0.00	\$0.00	\$0.00	\$0.00	\$787.90	\$808.74	\$787.30	0.0%	-64.7%
Total	\$3,254.58	\$3,404.04	\$3,436.68	\$3,656.54	\$3,995.76	\$4,214.89	\$4,467.23	5.4%	19.4%
By Age									
Under Age 1	\$2,862.83	\$2,789.21	\$2,746.18	\$2,782.00	\$2,974.71	\$3,313.52	\$3,433.13	3.1%	19.3%
Age 1 to 5	\$1,043.91	\$1,001.49	\$1,093.71	\$1,097.51	\$1,478.73	\$1,582.90	\$1,650.87	7.9%	20.0%
Age 6 to 14	\$1,081.15	\$1,197.08	\$1,341.03	\$1,262.30	\$1,388.29	\$1,549.37	\$1,836.34	9.2%	22.9%
Age 15 to 20	\$2,343.89	\$2,385.60	\$2,498.33	\$2,435.01	\$2,576.99	\$2,756.91	\$3,225.50	5.5%	30.7%
Age 21 to 44	\$3,877.05	\$4,114.29	\$4,079.96	\$4,400.54	\$5,016.81	\$4,917.12	\$5,251.33	5.2%	18.7%
Age 45 to 64	\$6,868.16	\$7,019.01	\$7,104.39	\$7,791.26	\$9,246.22	\$9,844.65	\$10,424.62	7.2%	26.0%
Age 65 to 74	\$4,591.68	\$4,838.92	\$5,012.47	\$5,712.07	\$6,971.12	\$7,760.43	\$8,211.42	10.2%	27.1%
Age 75 to 84	\$7,206.21	\$7,549.10	\$7,763.76	\$8,566.29	\$9,842.97	\$10,695.82	\$11,212.08	7.6%	16.4%
Age 85 and Over	\$10,276.39	\$10,966.89	\$11,070.30	\$11,925.09	\$14,091.73	\$14,920.72	\$15,554.10	7.2%	10.6%
Age Unknown	\$0.00	\$0.00	\$0.00	\$0.00	\$787.90	\$808.74	\$787.30	0.0%	-76.0%
Total	\$3,254.58	\$3,404.04	\$3,436.68	\$3,656.54	\$3,995.76	\$4,214.89	\$4,467.23	5.4%	19.4%
By Race									
White	\$3,859.06	\$4,068.89	\$4,118.74	\$4,408.47	\$4,803.00	\$5,069.33	\$5,374.54	5.7%	19.4%
Black	\$2,566.30	\$2,672.00	\$2,694.94	\$2,854.29	\$3,144.37	\$3,321.73	\$3,523.62	5.4%	13.8%
Hispanic, American Indian or Asian	\$1,756.68	\$1,770.12	\$1,730.10	\$1,751.71	\$1,866.91	\$1,964.77	\$2,075.85	2.8%	-11.5%
Other/Unknown	\$5,702.86	\$5,724.01	\$5,843.97	\$6,210.49	\$6,921.91	\$7,247.11	\$7,651.92	5.0%	53.0%
Total	\$3,254.58	\$3,404.04	\$3,436.68	\$3,656.54	\$3,995.76	\$4,214.89	\$4,467.23	5.4%	19.4%
By Sex									
Female	\$3,255.95	\$3,398.83	\$3,419.81	\$3,707.20	\$4,059.88	\$4,279.65	\$4,534.34	5.7%	20.5%
Male	\$3,252.28	\$3,412.72	\$3,464.19	\$3,574.88	\$3,893.60	\$4,111.41	\$4,359.93	5.0%	20.4%
Unknown	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	n/a	-100.0%
Total	\$3,254.58	\$3,404.04	\$3,436.68	\$3,656.54	\$3,995.76	\$4,214.89	\$4,467.23	5.4%	19.4%

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

SOUTHERN REGION MEDICAID PROFILE

ADDITIONAL STATE HEALTH CARE INFORMATION

Sources: "Major Health Care Policies: 50 State Profiles 2002", Health Policy Tracking Service, January, 2003; and "Medicaid Services State by State", CMS, October 2002.

*Information supplied by State Medicaid Agency

Waivers

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

- Carolina ACCESS I is a primary care case management program for Medicaid children under the age of 18, operating since 1991 and is operating in 100 counties as of December 31, 1998.
- Carolina ACCESS II, an expansion of ACCESS I, requires doctors, hospitals, community clinics and other providers to create networks similar to HMOs to serve the medical needs of low-income individuals. The expanded program is currently operating at seven different sites statewide.
- Carolina ACCESS III, a comprehensive full-risk program, is currently in the implementation phase. Two Carolina ACCESS I sites are receiving an additional \$2.50 per member per month to develop the program.

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

- Elderly and Disabled: Serves 10,100 people, operating since July 1, 1982.
- Mental Retardation/Developmental Disabilities: Serves 5,860 people, operating since July 1, 1983.
- AIDS: Serves 68 people, operating since October 1, 1995.
- Blind and Disabled Children under age 19 (includes individuals with AIDS): Serves up to 200 people, operating since July 1, 1983.
- Implemented a mandatory HMO enrollment in one county (Macklenburg) in June 1996 via a Section 1915 (b) waiver.
- Family Planning Waiver: Plans for implementation in 2004.
- Pharmacy Waiver: New program to serve eligible recipients over 65 up to 200% of the FPL, pending CMS approval.

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

Managed Care

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

Coverage for Targeted Population

- The Uninsured: North Carolina does not have an indigent care program.
- In December 2001, initiated the Prescription Drug Assistance Program for senior citizens with incomes below 200% of the FPL. The plan covers medications used to treat cardiovascular disease, diabetes, and chronic obstructive pulmonary disease up to \$1,000 annually.

Cost Containment Measures

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

SOUTHERN REGION MEDICAID PROFILE

Medicaid

- 23 optional services are offered.
- In 1999, the state expanded Medicaid eligibility from 12 to 24 months for Work First Families; also expanded Medicaid eligibility for the blind, disabled, and elderly up to 100% of the FPL.
- Counties pay 15% of the non-federal share of all program costs, and 100% of the non-federal share of administrative costs.
- In 2000, enacted legislation that directs Medicaid to apply for a demonstration waiver to provide Medicaid coverage for family planning services to men and women of childbearing age with family incomes up to 185% of the FPL.
- In 2001, enacted legislation to control Medicaid costs as follows:

Directs the Division of Medical Assistance to develop a plan that will reduce the rate of growth in payments for medical services without reducing the rate of growth in the number of eligibles (must reduce growth rate by 8% or less of expenditures for FY 02);

Consider modifying or restructuring existing methods of reimbursement and contracting for services; and

Develop and implement a pharmacy management plan that will control growth in payments for prescription drugs.

- In 2002, enacted legislation and policy changes in Medicaid costs as follows:

1. Adopted the SSI method for considering equity value in income-producing property for the aged, blind, and disabled population.
2. Reduced the monthly hour limit for personal care services.
3. Modified the policy for determining eligibility for minors who are pregnant by counting parental income.
4. Eliminated optional circumcision procedures, except in cases of medical necessity.
5. Reduced expenditures for the Medicaid program to reflect anticipated savings from the expansion of Carolina ACCESS II/III activities.
6. Limited Medicare crossover claims payments to 95% of the Medicare rate.
7. Reduced case management services for adults and children by reducing reimbursement rates, streamlining services, and eliminating duplicative services.

Children's Health Insurance Program: State Designed

• SCHIP in North Carolina, NC Health Choice, is administered by the Division of Medicaid Assistance through a state-designed program. The plan received HCFA approval on July 14, 1998. The program provides health care coverage through a state employees equivalent plan, plus Medicaid equivalent benefits to an estimated 120,090 new enrollees as of September 2002.

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

\$6 per prescription

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

\$5 per outpatient hospital visit

\$20 per unnecessary emergency room use

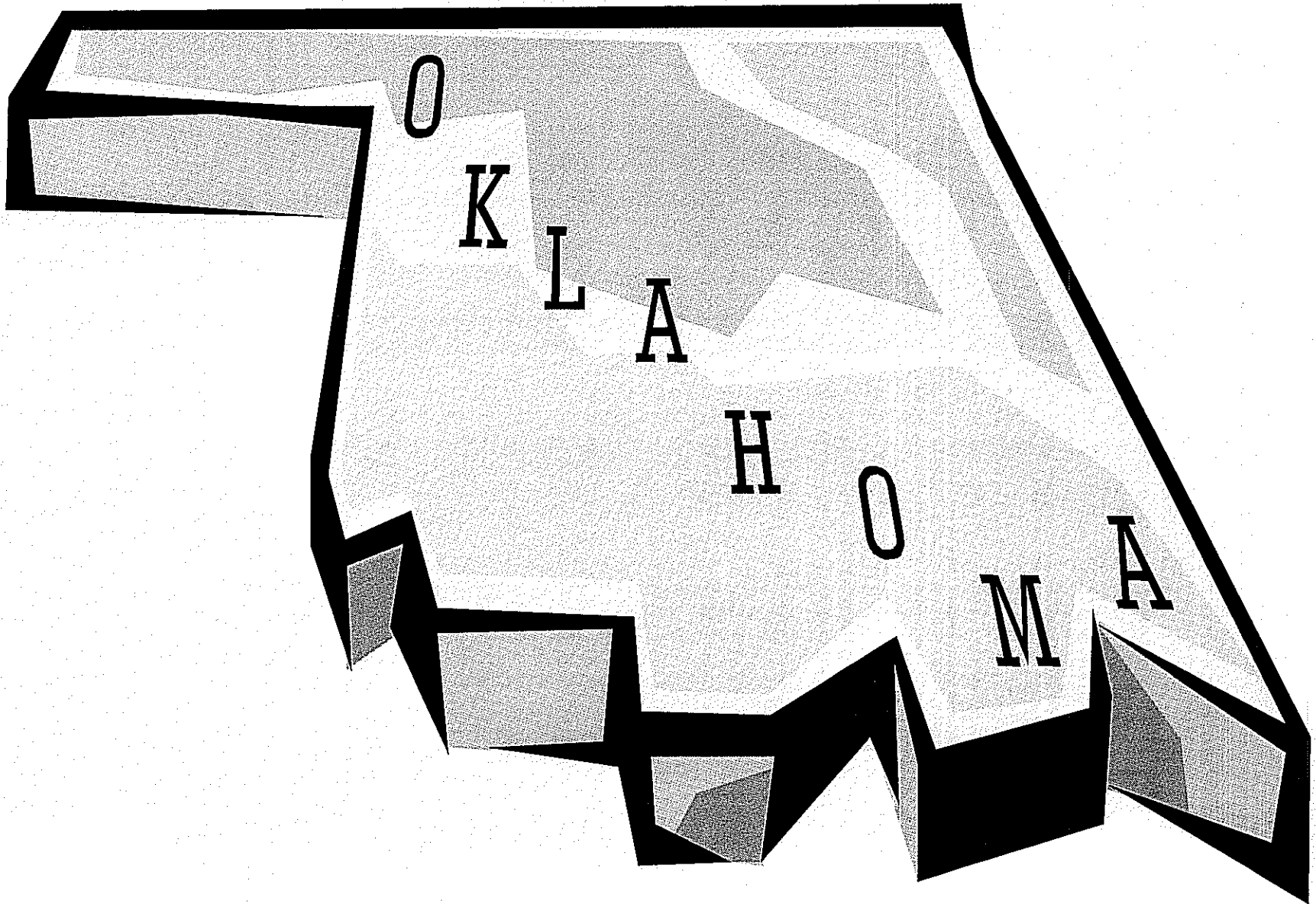
- For families with incomes above 150% of the FPL, there will be an annual enrollment fee of \$50 per child with a maximum of \$100 for 2 or more children.
- In 1999, the dental benefits in the plan were expanded to include: oral examinations, teeth cleaning and scaling twice during a 12-month period; full mouth x-rays once every 60 months; supplemental bitewing x-rays showing back of the teeth once every 12 months, fluoride applications twice during a 12 month period, sealants, simple extractions, therapeutic pulpoptomies, prefabricated stainless steel crowns, and routine fillings to restore diseased teeth.

Tobacco Settlement

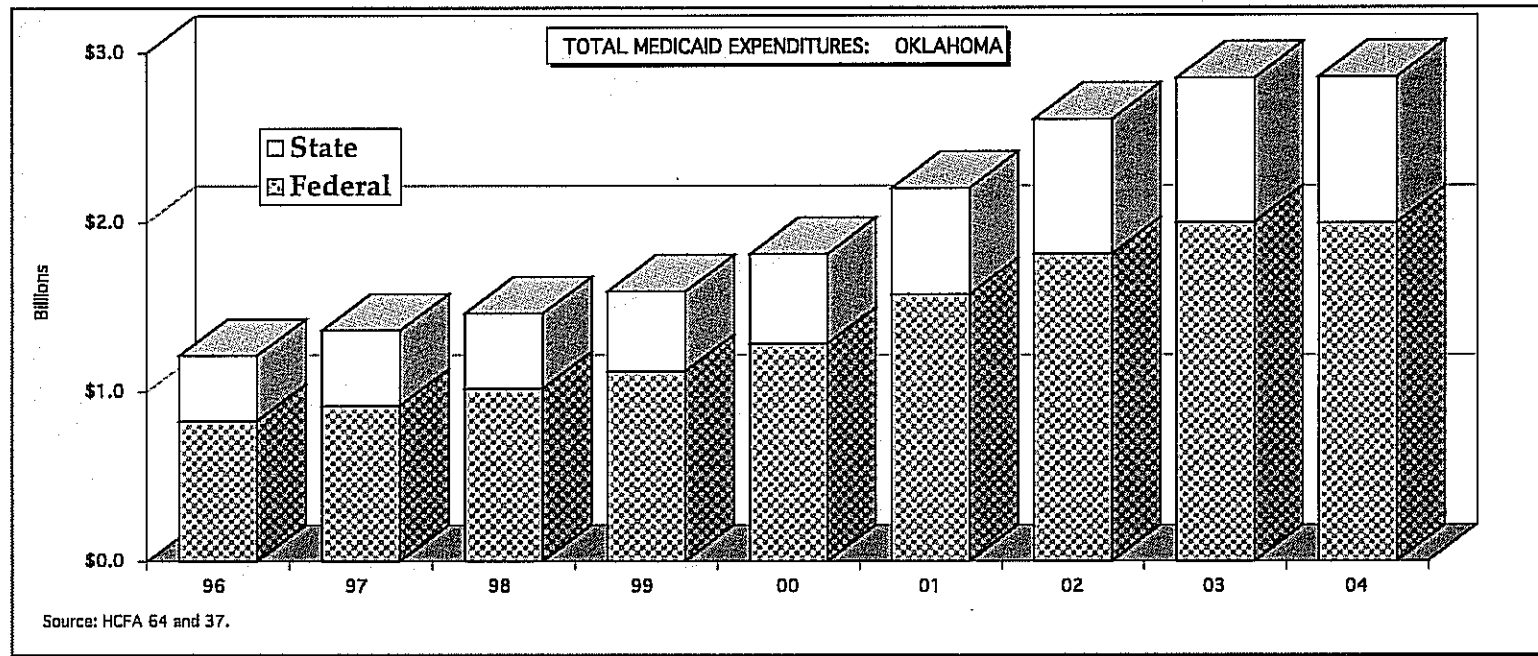
- Information related to the use of Tobacco Settlement proceeds has been eliminated at the state's request.

NORTH CAROLINA

STATE MEDICAID PROFILE



SOUTHERN REGION MEDICAID PROFILE



THIS IS A PRELIMINARY DRAFT OF THE FFY 02 MEDICAID COMPARATIVE DATA REPORT. REVISIONS WILL BE REQUIRED PRIOR TO PUBLISHING THE FINAL DOCUMENT. SEE NOTE ON THE FIRST PAGE OF THE REPORT.

	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	FFY 01	FFY 02*	FFY 03**	FFY 04**	Annual Rate of Change	Total Change 96-04
Medicaid Payments	\$1,089,121,860	\$1,256,419,354	\$1,340,387,625	\$1,478,639,476	\$1,676,208,109	\$2,051,767,584	\$2,390,398,000	\$2,641,079,000	\$2,641,079,000	11.7%	142.5%
Federal Share	\$761,187,268	\$864,442,262	\$948,581,466	\$1,054,504,815	\$1,205,653,562	\$1,490,757,710	\$1,686,751,000	\$1,868,647,000	\$1,860,253,000	11.8%	144.4%
State Share	\$327,934,592	\$391,977,092	\$391,806,159	\$424,134,661	\$470,554,547	\$561,009,874	\$703,647,000	\$772,432,000	\$780,826,000	11.5%	138.1%
Administrative Costs	\$122,639,000	\$104,645,820	\$123,772,726	\$115,058,891	\$135,202,870	\$149,559,238	\$213,485,000	\$205,582,000	\$212,358,000	7.1%	73.2%
Federal Share	\$67,453,000	\$56,169,049	\$70,438,186	\$65,627,255	\$76,552,626	\$83,920,691	\$124,884,000	\$129,905,000	\$136,003,000	9.2%	101.6%
State Share	\$55,186,000	\$48,476,771	\$53,334,540	\$49,431,636	\$58,650,244	\$65,638,547	\$88,601,000	\$75,677,000	\$76,355,000	4.1%	38.4%
Admin. Costs as % of Payments	11.26%	8.33%	9.23%	7.78%	8.07%	7.29%	8.93%	7.78%	8.04%		
Federal Match Rate*	69.89%	70.01%	70.51%	70.84%	71.09%	71.24%	70.43%	70.56%	70.24%		

*Rate shown is for Medicaid payments only. The FMAP (Federal Medical Assistance Percentage) is based on the relationship between each state's per capita personal income and that of the nation as a whole for the three most recent years. Federal share of state administrative costs is usually 50 percent or 75 percent, depending on function and whether or not medical personnel are used. **Federal Fiscal Years 03 and 04 reflect latest estimates reported by each state (CMS 37).

SOUTHERN REGION MEDICAID PROFILE

STATE FINANCING

	Payments		Administration	
	FFY 96	FFY 02	FFY 96	FFY 02
State General Fund	\$327,934,592	\$649,775,153	\$55,186,000	\$88,601,000
Local Funds	\$0	\$0	\$0	\$0
Provider Taxes	\$0	\$53,871,847	\$0	\$0
Donations	\$0	\$0	\$0	\$0
Other	\$0	\$0	\$0	\$0
Total State Share	\$327,934,592	\$703,647,000	\$55,186,000	\$88,601,000

Provider Taxes Currently in Place (FFY 02)		
	Tax Rate	Amount
MR facilities	6 % of third quarter gross revenues	\$53,871,847
Total		\$53,871,847

DISPROPORTIONATE SHARE HOSPITAL (DSH) PAYMENTS

	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	FFY 01	FFY 02*	FFY 03**	FFY 04**	Annual Change
General Hospitals	\$21,784,148	\$21,993,050	\$19,529,207	\$19,312,860	\$19,436,724	\$21,761,671	\$20,850,790	\$22,363,000	\$22,363,000	2.3%
Mental Hospitals	\$3,236,852	\$3,754,953	\$3,193,191	\$3,271,460	\$2,928,955	\$1,320,022	\$3,273,248	\$3,531,000	\$3,531,000	1.7%
Total	\$25,021,000	\$25,748,003	\$22,722,398	\$22,584,320	\$22,365,679	\$23,081,693	\$24,124,038	\$25,894,000	\$25,894,000	2.2%

SELECTED ELIGIBILITY CRITERIA

	At 10/1/02	% of FPL*
TANF-Temporary Assistance for Needy Families (Family of 3)		
Need Standard	\$645	50.7%
Payment Standard	\$292	23.0%
Maximum Payment	\$292	23.0%
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	73.1%
Couple	\$847	83.9%
Resources:		
Single Person	\$2,000	
Couple	\$3,000	

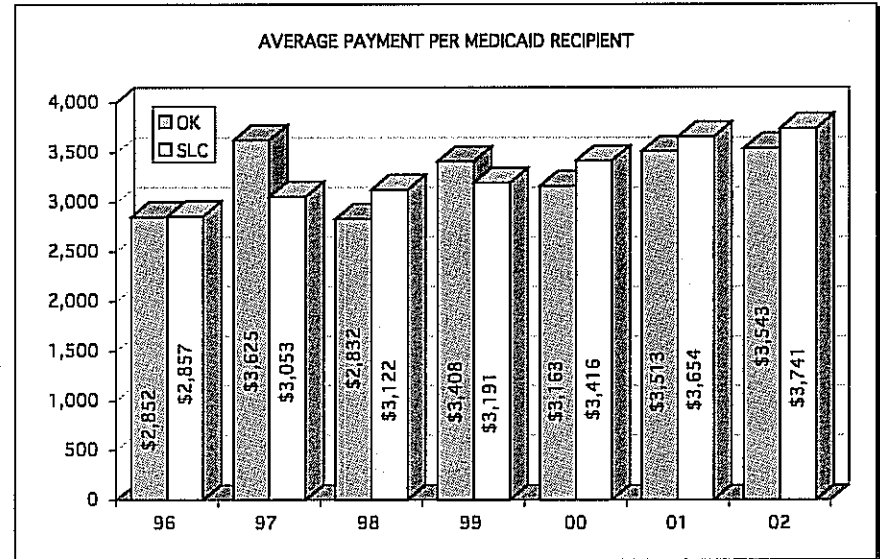
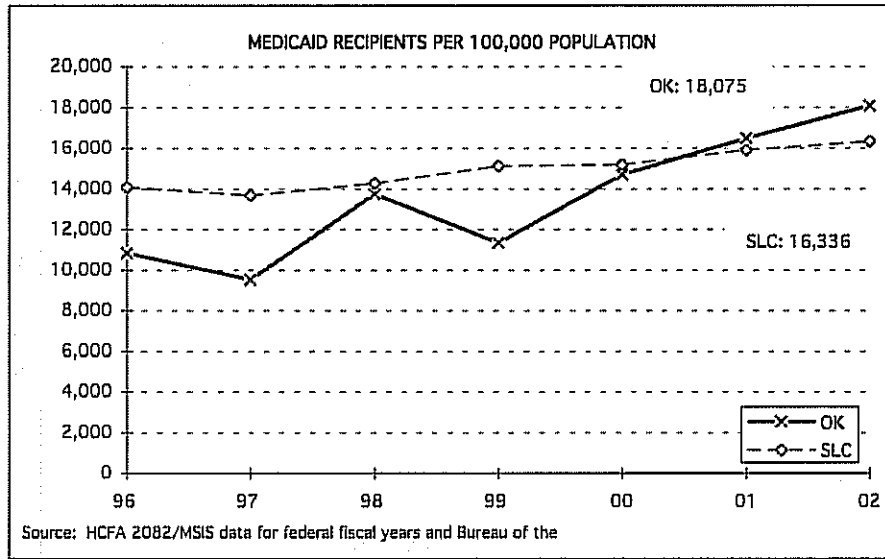
DEMOGRAPHIC DATA & POVERTY INDICATORS (2002)

		Rank in U.S.
State population—July 1, 2002*	3,493,714	28
Per capita personal income**	\$25,071	39
Median household income**	\$335,609	43
Population below Federal Poverty Level on July 1, 2001*	499,601	
Percent of total state population	14.3%	9
Population without health insurance coverage*	639,350	17
Percent of total state population	18.3%	5
Recipients of Food Stamps***	316,659	24
Households receiving Food Stamps***	129,972	23
Total value of issuance***	\$288,441,518	24
Average monthly benefit per recipient	\$75.91	31
Average monthly benefit per household	\$184.94	
Monthly recipients of Temporary Assistance to Needy Families (TANF)****	35,689	34
Total TANF payments****	\$86,524,440	39
Average monthly payment per recipient	N/A	
Maximum monthly payment per family of 3	\$292.00	36

*Current federal poverty level is \$8,980 per year for a single person, \$12,120 for a family of two and \$15,260 for a family of three. Table above shows monthly income levels.

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

SOUTHERN REGION MEDICAID PROFILE



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

<u>RECIPIENTS BY TYPE OF SERVICES</u>	<u>FFY 96</u>	<u>FFY 97</u>	<u>FFY 98</u>	<u>FFY 99</u>	<u>FFY 00</u>	<u>FFY 01</u>	<u>FFY 02</u>	<u>Annual Change</u>
01. General Hospital	69,533	62,313	64,326	63,621	64,044	62,926	55,508	-3.7%
02. Mental Hospital	2,513	2,188	2,284	2,581	2,196	2,490	1,911	-4.5%
03. Skilled and Intermediate (non-MR) Care Nursing	27,331	27,331	27,820	27,934	25,513	24,225	22,397	-3.3%
04. Intermediate Care for Mentally Retarded	2,336	2,236	2,180	2,122	2,012	2,060	1,756	-4.6%
05. Physician Services	257,576	203,815	208,725	215,637	208,843	219,411	180,019	-5.8%
06. Dental Services	33,712	24,691	28,909	38,534	35,787	48,793	30,568	-1.6%
07. Other Practitioners	57,212	39,191	58,502	50,508	47,332	55,435	40,427	-5.6%
08. Outpatient Hospital	166,112	132,897	144,240	151,306	156,495	168,272	137,146	-3.1%
09. Clinic Services	54,316	38,678	17,085	22,495	62,875	57,301	56,896	0.8%
10. Lab and X-Ray	104,325	75,266	97,913	81,994	89,726	96,150	76,988	-4.9%
11. Home Health	10,524	11,508	15,395	19,516	3,644	3,505	2,139	-23.3%
12. Prescribed Drugs	245,075	207,441	217,322	235,574	221,984	249,678	192,043	-4.0%
13. Family Planning	21,581	14,779	15,354	15,142	1,765	1,611	2,125	-32.0%
14. Early & Periodic Screening, Diagnosis & Treatment	38,130	22,978	20,297	17,970	0	0	459	-52.1%
15. Other Care	61,722	134,386	192,576	236,845	92,813	95,412	75,077	3.3%
16. Personal Care Support Services	0	0	0	0	40,139	46,431	38,568	-2.0%
17. Home/Community Based Waiver Services	57,968	125,636	7,454	7,454	0	0	917	-49.9%
18. Prepaid Health Care	0	0	78,830	78,830	382,307	459,869	368,074	47.0%
19. Primary Care Case Management (PCCM) Services	0	0	59,914	26,205	0	782	398	-71.5%
Total*	358,121	315,801	459,570	381,211	507,059	570,671	631,499	9.9%

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

SOUTHERN REGION MEDICAID PROFILE

<u>PAYMENTS BY TYPE OF SERVICES</u>	<u>FFY 96</u>	<u>FFY 97</u>	<u>FFY 98</u>	<u>FFY 99</u>	<u>FFY 00</u>	<u>FFY 01</u>	<u>FFY 02</u>	<u>Annual Change</u>	<u>Share of Total FFY 02</u>
01. General Hospital	\$157,561,197	\$147,891,848	\$168,923,561	\$165,474,857	\$208,673,999	\$272,307,383	\$292,917,122	10.9%	13.1%
02. Mental Hospital	\$35,315,890	\$33,541,952	\$38,703,623	\$40,337,852	\$37,161,249	\$43,464,247	\$51,280,588	6.4%	2.3%
03. Skilled and Intermediate (non-MR) Care Nursing	\$277,471,420	\$286,928,847	\$314,113,798	\$316,719,064	\$316,262,282	\$433,811,452	\$458,912,159	8.7%	20.5%
04. Intermediate Care for Mentally Retarded	\$96,741,869	\$122,151,681	\$112,345,595	\$101,802,771	\$101,349,288	\$114,009,480	\$108,733,187	2.0%	4.9%
05. Physician Services	\$64,378,030	\$53,279,513	\$55,270,240	\$58,321,100	\$60,091,554	\$69,161,019	\$71,168,980	1.7%	3.2%
06. Dental Services	\$4,206,350	\$3,230,659	\$5,370,560	\$7,780,122	\$7,658,904	\$16,866,030	\$23,796,119	33.5%	1.1%
07. Other Practitioners	\$15,800,721	\$11,484,606	\$12,165,663	\$5,559,086	\$7,305,175	\$8,923,906	\$9,913,173	-7.5%	0.4%
08. Outpatient Hospital	\$69,832,413	\$51,847,043	\$47,943,420	\$56,616,128	\$44,411,364	\$43,850,083	\$52,006,823	-4.8%	2.3%
09. Clinic Services	\$11,470,614	\$7,668,701	\$8,810,431	\$9,449,191	\$68,254,685	\$71,825,065	\$71,199,507	35.6%	3.2%
10. Lab and X-Ray	\$5,359,509	\$4,219,305	\$4,705,888	\$4,522,482	\$5,996,892	\$6,602,277	\$8,025,497	7.0%	0.4%
11. Home Health	\$100,982,685	\$116,075,624	\$51,042,300	\$188,789,321	\$945,979	\$995,598	\$1,274,660	-51.7%	0.1%
12. Prescribed Drugs	\$98,292,786	\$110,880,180	\$135,622,036	\$169,510,492	\$178,254,361	\$215,717,760	\$267,045,528	18.1%	11.9%
13. Family Planning	\$3,144,194	\$2,192,674	\$2,370,400	\$2,333,388	\$453,829	\$449,536	\$604,638	-24.0%	0.0%
14. Early & Periodic Screening, Diagnosis & Treatment	\$4,146,066	\$2,149,148	\$1,715,088	\$1,452,515	\$0	\$0	\$0	-100.0%	0.0%
15. Other Care	\$11,637,084	\$84,487,215	\$109,565,323	\$135,874,244	\$280,761,045	\$297,766,356	\$388,844,931	79.5%	17.4%
16. Personal Care Support Services	\$0	\$0	\$0	\$0	\$65,582,518	\$111,519,473	\$84,010,305	13.2%	3.8%
17. Home/Community Based Waiver Services	\$64,890,516	\$106,738,790	\$109,186,013	\$0	\$0	\$0	\$0	-100.0%	0.0%
18. Prepaid Health Care	\$0	\$0	\$114,519,798	\$0	\$220,625,874	\$297,527,058	\$347,773,623	32.0%	15.5%
19. Primary Case Management (PCCM) Services	\$0	\$0	\$9,105,898	\$34,734,960	\$0	\$2,488	\$47,207	-73.2%	0.0%
Total (excludes DSH pymts, pharmacy rebates, & other adjs.)	\$1,021,231,344	\$1,144,767,786	\$1,301,479,635	\$1,299,277,573	\$1,603,788,998	\$2,004,799,211	\$2,237,554,047	14.0%	100.0%

AVERAGE PAYMENTS PER RECIPIENT BY TYPE OF SERVICES

								(+) or (-) SLC	
									<u>Avg. FFY 02</u>
01. General Hospital	\$2,265.99	\$2,373.37	\$2,626.05	\$2,600.95	\$3,258.29	\$4,327.42	\$5,277.03	15.1%	18.6%
02. Mental Hospital	\$14,053.28	\$15,329.96	\$16,945.54	\$15,628.77	\$16,922.24	\$17,455.52	\$26,834.43	11.4%	247.7%
03. Skilled and Intermediate (non-MR) Care Nursing	\$10,152.26	\$10,498.29	\$11,290.93	\$11,338.12	\$12,396.12	\$17,907.59	\$20,489.89	12.4%	0.3%
04. Intermediate Care for Mentally Retarded	\$41,413.47	\$54,629.55	\$51,534.68	\$47,974.92	\$50,372.41	\$55,344.41	\$61,920.95	6.9%	-15.9%
05. Physician Services	\$249.94	\$261.41	\$264.80	\$270.46	\$287.74	\$315.21	\$395.34	7.9%	-15.0%
06. Dental Services	\$124.77	\$130.84	\$185.77	\$201.90	\$214.01	\$345.66	\$778.47	35.7%	175.7%
07. Other Practitioners	\$276.18	\$293.04	\$207.95	\$110.06	\$154.34	\$160.98	\$245.21	-2.0%	-22.6%
08. Outpatient Hospital	\$420.39	\$390.13	\$332.39	\$374.18	\$283.79	\$260.59	\$379.21	-1.7%	-29.9%
09. Clinic Services	\$211.18	\$198.27	\$515.68	\$420.06	\$1,085.56	\$1,253.47	\$1,251.40	34.5%	83.0%
10. Lab and X-Ray	\$51.37	\$56.06	\$48.06	\$55.16	\$66.84	\$68.67	\$104.24	12.5%	0.7%
11. Home Health	\$9,595.47	\$10,086.52	\$3,315.51	\$9,673.57	\$259.60	\$284.05	\$595.91	-37.1%	-81.0%
12. Prescribed Drugs	\$401.07	\$534.51	\$624.06	\$719.56	\$803.01	\$863.98	\$1,390.55	23.0%	27.0%
13. Family Planning	\$145.69	\$148.36	\$154.38	\$154.10	\$257.13	\$279.04	\$284.54	11.8%	-25.6%
14. Early & Periodic Screening, Diagnosis & Treatment	\$108.74	\$93.53	\$84.50	\$80.83	\$0.00	\$0.00	\$0.00	-100.0%	-100.0%
15. Other Care	\$188.54	\$628.69	\$568.95	\$573.68	\$3,025.02	\$3,120.85	\$5,179.28	73.7%	190.4%
16. Personal Care Support Services	\$0.00	\$0.00	\$0.00	\$0.00	\$1,633.89	\$2,401.83	\$2,178.24	15.5%	17.7%
17. Home/Community Based Waiver Services	\$1,119.42	\$849.59	\$14,647.98	\$0.00	\$0.00	\$0.00	\$0.00	-100.0%	-100.0%
18. Prepaid Health Care	\$0.00	\$0.00	\$1,452.74	\$0.00	\$577.09	\$646.98	\$944.85	-10.2%	-43.8%
19. Primary Case Management (PCCM) Services	\$0.00	\$0.00	\$151.98	\$1,325.51	\$0.00	\$3.18	\$118.61	-6.0%	50.1%
Total (Average)	\$2,851.64	\$3,624.97	\$2,831.95	\$3,408.29	\$3,162.92	\$3,513.06	\$3,543.24	3.7%	-5.3%

TOTAL PER CAPITA EXPENDITURES	\$367.72	\$409.76	\$437.49	\$474.59	\$524.95	\$636.20	\$745.31	12.5%	-2.9%
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OKLAHOMA

SOUTHERN REGION MEDICAID PROFILE
DATA BY OTHER CHARACTERISTICS

RECIPIENTS BY OTHER CHARACTERISTICS

	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	FFY 01	FFY 02	Annual Change	Share of Total FFY 02
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	110,753	981	197,595	114,634	97,934	99,000	102,624	-1.3%	16.3%
Poverty Related Eligibles	109,793	113,143	154,364	220,897	301,904	380,628	430,146	25.6%	68.1%
Medically Needy	11,961	10,963	12,978	8,539	4,040	3,759	3,650	-17.9%	0.6%
Other Eligibles	67,646	65,078	94,633	37,141	86,712	87,284	95,079	5.8%	15.1%
Maintenance Assistance Status Unknown (Managed Care)	57,968	125,636	0	0	16,469	0	0	-100.0%	0.0%
Total*	358,121	315,801	459,570	381,211	507,059	570,671	631,499	9.9%	100.0%
By Basis of Eligibility									
Aged, Blind, or Disabled	107,842	108,411	123,719	111,476	119,494	122,772	132,705	3.5%	21.0%
Children	172,377	140,482	203,277	159,473	289,189	364,435	407,305	15.4%	64.5%
Foster Care Children	976	33,899	37,042	34,006	6,806	6,178	5,653	34.0%	0.9%
Adults	76,926	31,771	89,368	76,256	75,101	77,286	85,836	1.8%	13.6%
Basis of Eligibility Unknown	0	1,238	6,164	0	16,469	0	0	-100.0%	0.0%
Total*	358,121	315,801	459,570	381,211	507,059	570,671	631,499	9.9%	100.0%
By Age									
Under Age 1	22,852	19,644	38,814	21,189	22,773	24,717	26,264	2.3%	4.2%
Age 1 to 5	70,061	55,897	85,156	72,019	110,891	132,078	145,600	13.0%	23.1%
Age 6 to 14	65,601	56,082	107,513	90,315	127,136	164,653	184,011	18.8%	29.1%
Age 15 to 20	34,763	30,536	43,302	39,869	55,998	69,343	78,856	14.6%	12.5%
Age 21 to 44	79,927	68,548	90,134	69,040	85,660	88,918	98,855	3.6%	15.7%
Age 45 to 64	28,990	29,539	34,260	32,266	33,912	36,341	40,905	5.9%	6.5%
Age 65 to 74	19,121	19,257	23,018	20,009	19,305	19,834	21,281	1.8%	3.4%
Age 75 to 84	19,703	19,232	20,740	19,391	18,688	19,253	20,244	0.5%	3.2%
Age 85 and Over	17,091	16,982	16,615	17,105	16,227	15,534	15,483	-1.6%	2.5%
Age Unknown	12	84	18	8	16,469	0	0	-100.0%	0.0%
Total*	358,121	315,801	459,570	381,211	507,059	570,671	631,499	9.9%	100.0%
By Race									
White	246,787	223,106	300,791	262,042	343,373	386,903	428,270	9.6%	67.8%
Black	58,313	42,509	83,570	49,106	64,799	73,975	82,710	6.0%	13.1%
Hispanic, American Indian or Asian	53,021	50,122	75,209	70,063	98,886	109,793	120,519	14.7%	19.1%
Other/Unknown	0	64	0	0	0	0	0	-100.0%	0.0%
Total*	358,121	315,801	459,570	381,211	507,059	570,671	631,499	9.9%	100.0%
By Sex									
Female	228,288	200,747	281,884	233,515	307,591	346,813	384,328	9.1%	60.9%
Male	129,833	114,990	177,686	147,696	199,468	223,858	247,171	11.3%	39.1%
Unknown	0	64	0	0	0	0	0	-100.0%	0.0%
Total*	358,121	315,801	459,570	381,211	507,059	570,671	631,499	9.9%	100.0%

*FFY 02 projected using FFY 96-FFY 01 trends, State Annual report, and state submitted data (SEE "Important Note" prior to table of contents).

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

SOUTHERN REGION MEDICAID PROFILE

PAYMENTS BY OTHER CHARACTERISTICS

	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	FFY 01	FFY 02	Annual Change	Share of Total FFY 02
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	\$325,410,311	\$1,765,800	\$408,446,264	\$454,478,316	\$273,475,909	\$316,881,105	\$359,690,264	1.7%	16.1%
Poverty Related Eligibles	\$560,579,510	\$612,980,866	\$647,895,453	\$337,366,593	\$333,221,659	\$449,544,506	\$522,180,885	-1.2%	23.3%
Medically Needy	\$27,529,399	\$25,029,799	\$20,851,529	\$17,439,694	\$11,314,192	\$13,357,842	\$13,397,373	-11.3%	0.6%
Other Eligibles	\$107,712,124	\$96,902,288	\$100,660,691	\$489,992,970	\$866,655,581	\$1,225,015,758	\$1,342,285,525	52.3%	60.0%
Maintenance Assistance Status Unknown (Managed Care)	\$0	\$408,089,033	\$123,625,698	\$0	\$119,121,657	\$0	\$0	-100.0%	0.0%
Total*	\$1,021,231,344	\$1,144,767,786	\$1,301,479,635	\$1,299,277,573	\$1,603,788,998	\$2,004,799,211	\$2,237,554,047	14.0%	100.0%
By Basis of Eligibility									
Aged, Blind or Disabled	\$730,287,575	\$799,444,437	\$900,845,050	\$967,447,564	\$1,035,973,908	\$1,382,076,854	\$1,531,487,482	13.1%	68.4%
Children	\$204,868,658	\$164,947,248	\$188,563,374	\$244,411,622	\$314,732,384	\$453,992,574	\$524,526,027	17.0%	23.4%
Foster Care Children	\$44,605,890	\$43,274,604	\$44,980,549	\$45,032,001	\$39,044,084	\$41,567,584	\$42,436,283	-0.8%	1.9%
Adults	\$40,432,561	\$28,512,223	\$41,639,350	\$42,386,386	\$94,916,965	\$127,162,199	\$139,104,255	22.9%	6.2%
Basis of Eligibility Unknown (Includes Managed Care)	\$1,036,660	\$108,589,274	\$125,451,312	\$0	\$119,121,657	\$0	\$0	-100.0%	0.0%
Total*	\$1,021,231,344	\$1,144,767,786	\$1,301,479,635	\$1,299,277,573	\$1,603,788,998	\$2,004,799,211	\$2,237,554,047	14.0%	100.0%
By Age									
Under Age 1	\$55,572,828	\$42,954,023	\$40,163,677	\$45,116,388	\$56,765,263	\$75,101,634	\$80,288,287	6.3%	3.6%
Age 1 to 5	\$57,741,364	\$47,396,079	\$52,837,675	\$58,611,555	\$111,628,898	\$154,636,650	\$178,051,981	20.6%	8.0%
Age 6 to 14	\$100,930,155	\$87,756,430	\$105,951,421	\$129,605,562	\$163,335,113	\$227,740,832	\$266,614,829	17.6%	11.9%
Age 15 to 20	\$79,237,632	\$71,578,794	\$78,791,074	\$97,175,246	\$118,093,917	\$157,621,346	\$180,032,518	14.7%	8.0%
Age 21 to 44	\$256,809,842	\$259,973,366	\$295,698,867	\$326,983,353	\$347,427,330	\$437,083,968	\$480,156,571	11.0%	21.5%
Age 45 to 64	\$136,844,006	\$156,085,301	\$184,322,199	\$207,740,201	\$240,330,648	\$334,935,313	\$403,251,246	19.7%	18.0%
Age 65 to 74	\$75,474,718	\$81,003,153	\$94,789,404	\$105,865,666	\$111,938,369	\$150,258,032	\$162,757,052	13.7%	7.3%
Age 75 to 84	\$117,702,849	\$120,888,596	\$137,780,875	\$148,524,340	\$152,047,129	\$214,375,606	\$230,153,042	11.8%	10.3%
Age 85 and Over	\$143,861,461	\$149,809,005	\$169,495,487	\$177,356,979	\$183,100,674	\$253,045,830	\$256,248,521	10.1%	11.5%
Age Unknown	(\$2,943,511)	\$127,323,039	\$141,648,956	\$2,298,283	\$119,121,657	\$0	\$0	-100.0%	0.0%
Total*	\$1,021,231,344	\$1,144,767,786	\$1,301,479,635	\$1,299,277,573	\$1,603,788,998	\$2,004,799,211	\$2,237,554,047	14.0%	100.0%
By Race									
White	\$796,347,625	\$798,294,727	\$914,770,638	\$1,002,926,630	\$1,205,736,481	\$1,503,629,549	\$1,676,533,729	13.2%	74.9%
Black	\$127,285,081	\$116,967,142	\$129,301,888	\$142,719,776	\$164,565,963	\$207,075,917	\$231,751,521	10.5%	10.4%
Hispanic, American Indian or Asian	\$100,712,160	\$102,451,180	\$116,101,387	\$137,177,810	\$175,765,896	\$294,093,745	\$329,268,797	21.8%	14.7%
Other/Unknown	(\$3,113,522)	\$127,054,737	\$141,305,722	\$16,453,357	\$57,720,658	\$0	\$0	-100.0%	0.0%
Total*	\$1,021,231,344	\$1,144,767,786	\$1,301,479,635	\$1,299,277,573	\$1,603,788,998	\$2,004,799,211	\$2,237,554,047	14.0%	100.0%
By Sex									
Female	\$609,927,176	\$608,156,652	\$691,028,833	\$765,473,821	\$914,878,802	\$1,184,857,799	\$1,317,538,524	13.7%	58.9%
Male	\$414,255,363	\$409,237,836	\$468,864,411	\$533,803,752	\$631,751,859	\$819,941,412	\$920,015,523	14.2%	41.1%
Unknown	(\$2,951,195)	\$127,373,298	\$141,586,391	\$0	\$57,158,336	\$0	\$0	-100.0%	0.0%
Total*	\$1,021,231,344	\$1,144,767,786	\$1,301,479,635	\$1,299,277,573	\$1,603,788,998	\$2,004,799,211	\$2,237,554,047	14.0%	100.0%

*FFY 02 projected using FFY 96-FFY 01 trends, State Annual report, and state submitted data (SEE "Important Note" prior to table of contents).

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

SOUTHERN REGION MEDICAID PROFILE

AVERAGE PAYMENT PER RECIPIENT BY OTHER CHARACTERISTICS

	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	FFY 01	FFY 02	Annual Change	Above (+) or Below (-) SLC Avg. FFY 02
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	\$2,938.16	\$1,800.00	\$2,067.09	\$3,964.60	\$2,792.45	\$3,200.82	\$3,504.93	3.0%	-19.3%
Poverty Related Eligibles	\$5,105.79	\$5,417.75	\$4,197.19	\$1,527.26	\$1,103.73	\$1,181.06	\$1,213.96	-21.3%	-37.6%
Medically Needy	\$2,301.60	\$2,283.12	\$1,606.68	\$2,042.36	\$2,800.54	\$3,553.56	\$3,670.51	8.1%	-44.1%
Other Eligibles	\$1,592.29	\$1,489.02	\$1,063.70	\$13,192.78	\$9,994.64	\$14,034.83	\$14,117.58	43.9%	93.5%
Maintenance Assistance Status Unknown	\$0.00	\$3,248.19	\$0.00	\$0.00	\$7,233.08	\$0.00	\$0.00	-100.0%	-100.0%
Total	\$2,851.64	\$3,624.97	\$2,831.95	\$3,408.29	\$3,162.92	\$3,513.06	\$3,543.24	3.7%	-5.3%
By Basis of Eligibility									
Aged, Blind or Disabled	\$6,771.83	\$7,374.20	\$7,281.38	\$8,678.53	\$8,669.67	\$11,257.26	\$11,540.54	9.3%	22.5%
Children	\$1,188.49	\$1,174.15	\$927.62	\$1,532.62	\$1,088.33	\$1,245.74	\$1,287.80	1.3%	0.4%
Foster Care Children	\$45,702.76	\$1,276.57	\$1,214.31	\$1,324.24	\$5,736.72	\$6,728.32	\$7,506.86	-26.0%	38.3%
Adults	\$525.60	\$897.43	\$465.93	\$555.84	\$1,263.86	\$1,645.35	\$1,620.58	20.6%	-32.2%
Basis of Eligibility Unknown (Includes Managed Care)	\$0.00	\$87,713.47	\$20,352.26	\$0.00	\$7,233.08	\$0.00	\$0.00	-100.0%	-100.0%
Total	\$2,851.64	\$3,624.97	\$2,831.95	\$3,408.29	\$3,162.92	\$3,513.06	\$3,543.24	3.7%	-5.3%
By Age									
Under Age 1	\$2,431.86	\$2,186.62	\$1,034.77	\$2,129.24	\$2,492.66	\$3,038.46	\$3,056.97	3.9%	6.2%
Age 1 to 5	\$824.16	\$847.92	\$620.48	\$813.83	\$1,006.65	\$1,170.80	\$1,222.88	6.8%	-11.1%
Age 6 to 14	\$1,538.55	\$1,564.79	\$985.48	\$1,435.04	\$1,284.73	\$1,383.16	\$1,448.91	-1.0%	-3.0%
Age 15 to 20	\$2,279.37	\$2,344.08	\$1,819.57	\$2,437.36	\$2,108.90	\$2,273.07	\$2,283.05	0.0%	-7.5%
Age 21 to 44	\$3,213.05	\$3,792.57	\$3,280.66	\$4,736.14	\$4,055.89	\$4,915.58	\$4,857.18	7.1%	9.8%
Age 45 to 64	\$4,720.39	\$5,284.04	\$5,380.10	\$6,438.36	\$7,086.89	\$9,216.46	\$9,858.24	13.1%	19.2%
Age 65 to 74	\$3,947.22	\$4,206.43	\$4,118.06	\$5,290.90	\$5,798.41	\$7,575.78	\$7,648.00	11.7%	18.4%
Age 75 to 84	\$5,973.85	\$6,285.80	\$6,643.24	\$7,659.45	\$8,136.08	\$11,134.66	\$11,368.95	11.3%	18.0%
Age 85 and Over	\$8,417.38	\$8,821.63	\$10,201.35	\$10,368.72	\$11,283.70	\$16,289.80	\$16,550.31	11.9%	17.7%
Age Unknown	(\$245,292.58)	\$1,515,750.46	\$7,869,386.44	\$287,285.38	\$7,233.08	\$0.00	\$0.00	-100.0%	-100.0%
Total	\$2,851.64	\$3,624.97	\$2,831.95	\$3,408.29	\$3,162.92	\$3,513.06	\$3,543.24	3.7%	-5.3%
By Race									
White	\$3,226.86	\$3,578.10	\$3,041.22	\$3,827.35	\$3,511.45	\$3,886.32	\$3,914.67	3.3%	-13.0%
Black	\$2,182.79	\$2,751.59	\$1,547.23	\$2,906.36	\$2,539.63	\$2,799.27	\$2,801.98	4.2%	-9.5%
Hispanic, American Indian or Asian	\$1,899.48	\$2,044.04	\$1,543.72	\$1,957.92	\$1,777.45	\$2,678.62	\$2,732.09	6.2%	16.4%
Other/Unknown	\$0.00	\$1,985,230.27	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-100.0%	-100.0%
Total	\$2,851.64	\$3,624.97	\$2,831.95	\$3,408.29	\$3,162.93	\$3,513.06	\$3,543.24	3.7%	-5.3%
By Sex									
Female	\$2,671.74	\$3,029.47	\$2,451.47	\$3,278.05	\$2,974.34	\$3,416.42	\$3,428.16	4.2%	-8.9%
Male	\$3,190.68	\$3,558.90	\$2,638.72	\$3,614.21	\$3,167.18	\$3,662.77	\$3,722.18	2.6%	2.8%
Unknown	\$0.00	\$1,990,207.78	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-100.0%	-100.0%
Total	\$2,851.64	\$3,624.97	\$2,831.95	\$3,408.29	\$3,162.93	\$3,513.06	\$3,543.24	3.7%	-5.3%

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

SOUTHERN REGION MEDICAID PROFILE

ADDITIONAL STATE HEALTH CARE INFORMATION

Sources: "Major Health Care Policies: 50 State Profiles 2002", Health Policy Tracking Service, January, 2003; and "Medicaid Services State by State", CMS, October 2002.

*Information supplied by State Medicaid Agency

Waivers

Oklahoma has two waivers from the Centers for Medicare and Medicaid Services (CMS) to operate a health reform demonstration under Section 1115. SoonerCare Plus, a pre-paid capitated plan, served 183,503 adults and children in FY 02; and SoonerCare Choice, a primary care case management system, served 155,316 adults and children in FY 02.

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

- Advantage Waiver: Serves 13,900 "frail elderly" that are 65 or older with physical disabilities, operating since July 1, 1993.
- Community Waiver: Serves 3,180 people with mental retardation and certain related conditions, operating since July 1, 1988.
- The In-home Supports Waiver for Children: Implemented in July of 1999 to provide waiver services for additional MR clients, serves approximately 280 children.
- The In-home Supports Waiver for Adults: Implemented in July of 1999 to provide waiver services for additional MR clients, serves approximately 700 adults.

Managed Care

- Any Willing Provider Clause: No

Coverage for Targeted Population

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

Cost Containment Measures

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

Medicaid

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

Significant Changes in Medicaid

- Enacted legislation in 2000, known as the Oklahoma Healthcare Initiative, that increased Medicaid reimbursement to private providers as follows:
18% increase to physicians, home health care, laboratory and clinic services, ambulatory clinic, chiropractors, optometrists, psychologists, speech pathologists, and occupational therapists;
10% increase for behavioral health counseling services;
60% increase for dental services; and
40% increase for ambulance services.

SOUTHERN REGION MEDICAID PROFILE

Significant Changes in Medicaid (Continued)

- Increased Medicaid coverage to include children in families with incomes up to 150% of the FPL, effective June 2000 and covers approximately 240,845 individuals.

- Enacted legislation in 2001 to extend Medicaid coverage to individuals that could be eligible as a result of the federal Ticket to Work and Medicaid Buy-in legislation. The programs will provide services to individuals with disabilities that are required to enable them to gain or keep employment.

- Enacted other legislation in 2001 as follows:

Offer elective income deferral programs to physicians that maintain Medicaid contracts and provide Medicaid services;

Establish a reimbursement methodology that will enhance payments for services provided to Medicaid recipients in emergency hospitals in the rural areas;

Implement a case mix reimbursement system for all state regulated long-care providers, effective November 2003 and;

Immediately provide coverage under prior authorization for any new FDA approved drug if the drug falls within a drug class that has already placed under prior authorization authority.

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

Expanded drug classes subject to the product based prior authorization program (PDL).

Changed the reimbursement rate for prescription drugs to the average wholesale price minus 12% (was 10.5%).

Reduced the maximum number of visits authorized for outpatient mental health care.

Reduced the per diem rate for nursing facility leave days by 25%.

Limited Part B Medicare crossover payments to no more than the Medicaid allowable (15% reduction).

Reduced rates for outpatient behavioral health services provided to nursing facility clients by 10%.

Children's Health Insurance Program: Medicaid Expansion

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

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

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

- Amended the State Medicaid plan to cover children in families with incomes between 150% and 185% of the FPL, effective June 2000 and covers approximately 34,840 individuals.

Tobacco Settlement

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

- For Fiscal Year 2002, the tobacco settlement payment was approximately \$75.3 million.

- Enacted legislation in 2000 that establishes an endowment (trust fund) for health care.

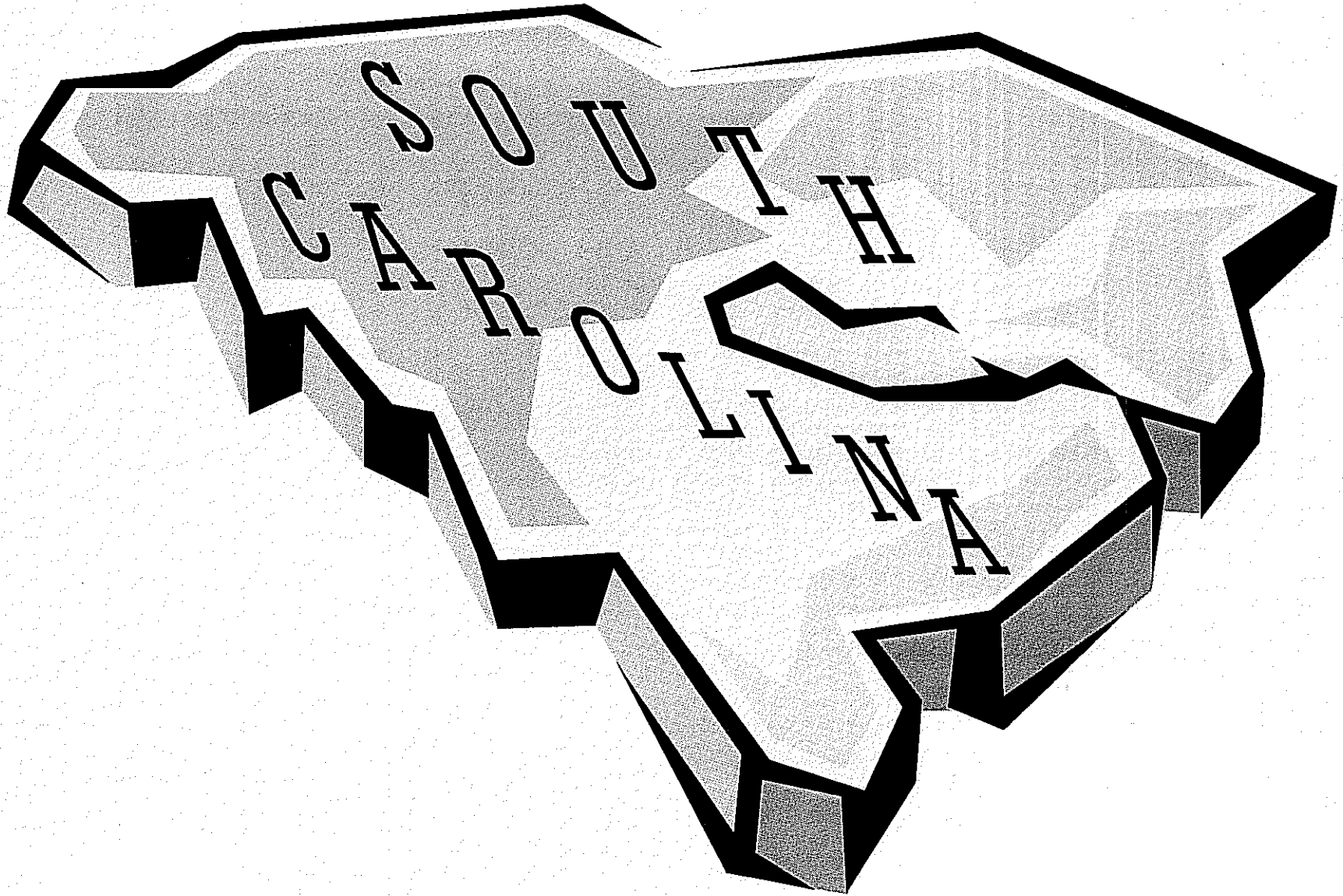
50% of the tobacco settlement funds initially will be placed in the endowment, and the percentage will increase steadily to 75% by FY 08.

The board of directors for the trust will expend the interest earned for tobacco prevention, health care, education, children's services, and services for senior citizens.

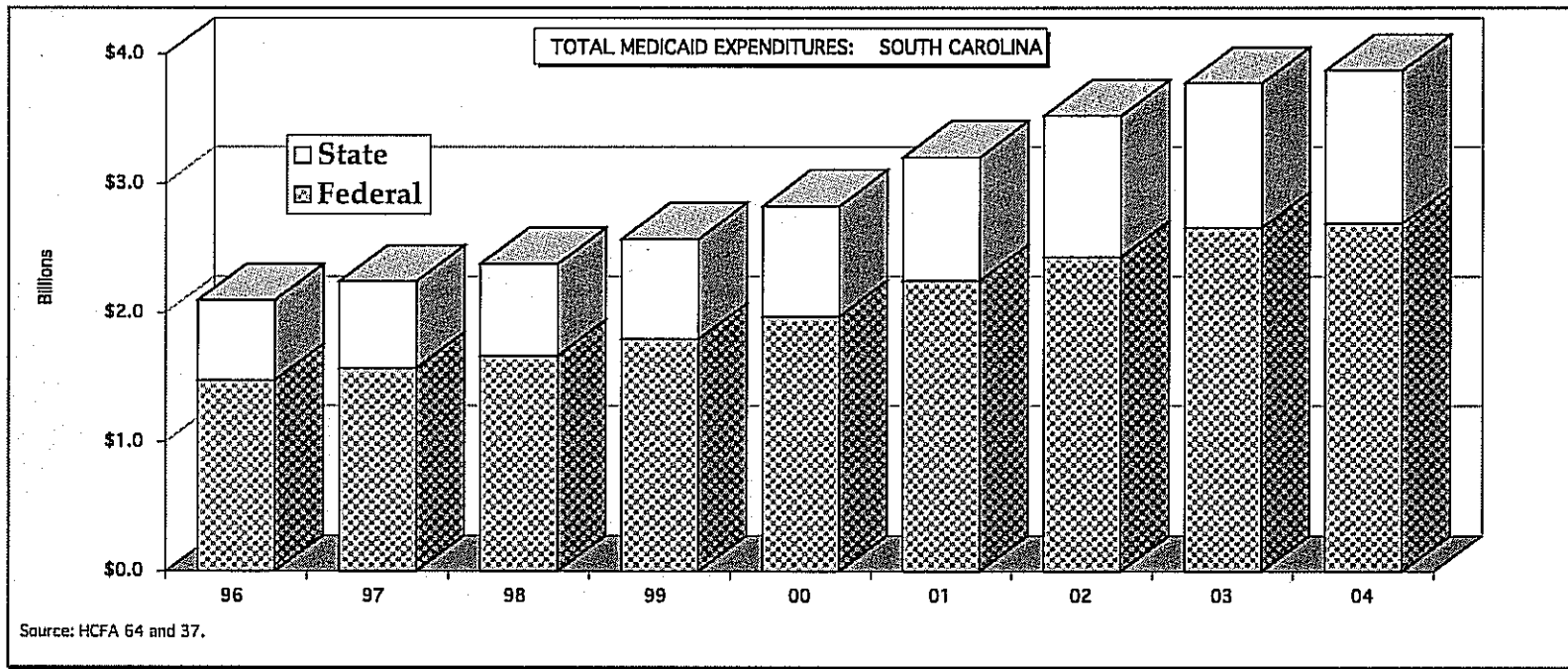
For FY 01, the legislature appropriated \$36.4 million for various Medicaid programs, services and reimbursements.

For FY 02, the Legislature, as required by the ballot initiative from 2000, placed 50% of the state's tobacco settlement revenue in the trust fund. The other half was appropriated to health and human Services, Medicaid, mental-health, and tobacco use prevention.

STATE MEDICAID PROFILE



SOUTHERN REGION MEDICAID PROFILE



THIS IS A PRELIMINARY DRAFT OF THE FFY 02 MEDICAID COMPARATIVE DATA REPORT. REVISIONS WILL BE REQUIRED PRIOR TO PUBLISHING THE FINAL DOCUMENT. SEE NOTE ON THE FIRST PAGE OF THE REPORT.

	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	FFY 01	FFY 02*	FFY 03**	FFY 04**	Annual Rate of Change	Total Change 96-04
Medicaid Payments	\$2,013,832,070	\$2,152,056,132	\$2,291,868,201	\$2,474,493,301	\$2,720,979,699	\$3,094,578,743	\$3,384,424,285	\$3,647,182,774	\$3,699,390,000	7.9%	83.7%
Federal Share	\$1,429,689,028	\$1,519,082,799	\$1,618,889,674	\$1,740,195,472	\$1,913,722,149	\$2,186,607,862	\$2,355,610,887	\$2,582,057,102	\$2,591,007,000	7.7%	81.2%
State Share	\$584,143,042	\$632,973,333	\$672,978,527	\$734,297,829	\$807,257,550	\$907,970,881	\$1,028,813,398	\$1,065,125,672	\$1,108,383,000	8.3%	89.7%
Administrative Costs	\$81,361,452	\$88,870,964	\$87,867,286	\$96,945,550	\$103,626,017	\$100,847,624	\$133,484,748	\$128,517,095	\$174,304,000	10.0%	114.2%
Federal Share	\$45,439,898	\$49,891,814	\$45,813,555	\$53,554,056	\$56,629,109	\$60,135,239	\$76,596,265	\$74,773,000	\$101,950,000	10.6%	124.4%
State Share	\$35,921,554	\$38,979,150	\$42,053,731	\$43,391,494	\$46,996,908	\$40,712,385	\$56,888,483	\$53,744,095	\$72,354,000	9.1%	101.4%
Admin. Costs as % of Payments	4.04%	4.13%	3.83%	3.92%	3.81%	3.26%	3.94%	3.52%	4.71%		
Federal Match Rate*	70.77%	70.43%	70.23%	69.85%	69.95%	70.44%	69.34%	69.81%	72.76%		

*Rate shown is for Medicaid payments only. The FMAP (Federal Medical Assistance Percentage) is based on the relationship between each state's per capita personal income and that of the nation as a whole for the three most recent years. Federal share of state administrative costs is usually 50 percent or 75 percent, depending on function and whether or not medical personnel are used. **Federal Fiscal Years 03 and 04 reflect latest estimates reported by each state (CMS 37).

SOUTHERN REGION MEDICAID PROFILE

STATE FINANCING

	Payments		Administration	
	FFY 96	FFY 02	FFY 96	FFY 02
State General Fund	\$584,143,042	\$980,431,397	\$35,921,554	\$56,888,483
Local Funds	\$0	\$0	\$0	\$0
Provider Taxes	\$0	\$48,382,001	\$0	\$0
Donations*	\$0	\$3,851,834	\$0	\$0
Other	\$0	\$0	\$0	\$0
Total State Share	\$584,143,042	\$1,028,813,398	\$35,921,554	\$56,888,483

*Donations from Outstationed Eligibility Workers Program

Provider Taxes Currently in Place (FFY 02)		
	Tax Rate	Amount
General hospitals	Flat tax on previous year gross revenues	\$42,024,101
ICF/MR	\$8.50 per patient day	\$6,357,900
Total		\$48,382,001

DISPROPORTIONATE SHARE HOSPITAL (DSH) PAYMENTS

	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	FFY 01	FFY 02*	FFY 03**	FFY 04**	Annual Change
General Hospitals	\$395,316,780	\$401,352,000	\$408,098,253	\$397,673,493	\$328,512,395	\$320,695,867	\$346,379,176	\$290,548,478	\$331,176,000	-3.4%
Mental Hospitals	\$44,442,220	\$38,407,000	\$37,580,232	\$36,113,205	\$46,833,976	\$51,251,895	\$44,693,798	\$42,543,221	\$49,485,000	4.7%
Total	\$439,759,000	\$439,759,000	\$445,678,485	\$433,786,698	\$375,346,371	\$371,947,762	\$391,072,974	\$333,091,699	\$380,661,000	-2.6%

SELECTED ELIGIBILITY CRITERIA

	At 10/1/02	% of FPL*
TANF-Temporary Assistance for Needy Families (Family of 3)		
Need Standard	\$609	47.9%
Payment Standard	\$204	16.0%
Maximum Payment	\$205	16.1%
Medically Needy Program (Family of 3)		
Income Eligibility Standard	N/A	
Resource Standard		
Pregnant Women, Children and Infants (% of FPL*)		
Pregnant women and infants		185.0%
Children to age 6		150.0%
Children age 6 to 18		150.0%
SSI Eligibility Levels		
Income:		
Single Person	\$545	72.8%
Couple	\$817	80.9%
Resources:		
Single Person	\$2,000	
Couple	\$4,000	

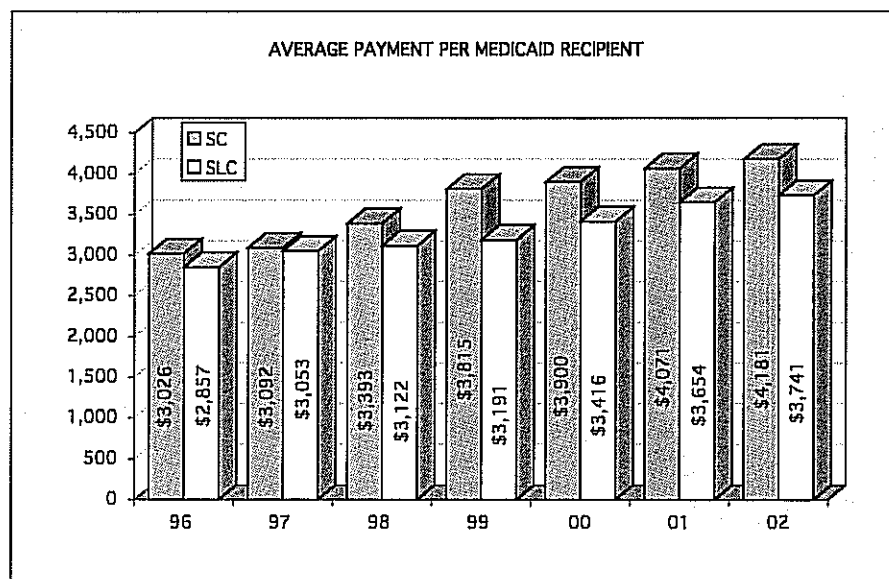
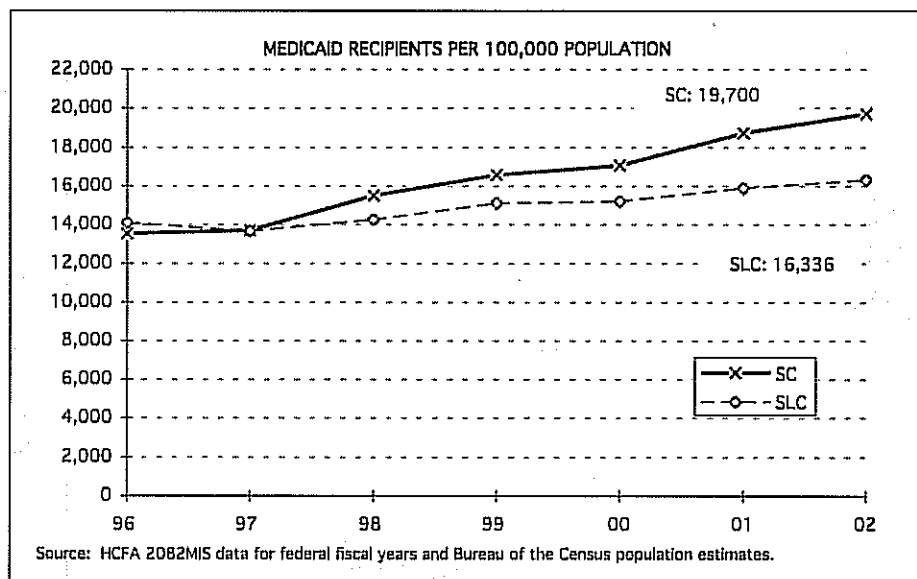
DEMOGRAPHIC DATA & POVERTY INDICATORS (2002)

		Rank in U.S.
State population—July 1, 2002*	4,107,183	25
Per capita personal income**	\$24,886	41
Median household income**	\$37,736	38
Population below Federal Poverty Level on July 1, 2001*	521,612	
Percent of total state population	12.7%	15
Population without health insurance coverage*	505,184	26
Percent of total state population	12.3%	26
Recipients of Food Stamps***	379,310	17
Households receiving Food Stamps***	154,584	20
Total value of issuance***	\$351,661,564	18
Average monthly benefit per recipient	\$77.26	20
Average monthly benefit per household	\$189.57	
Monthly recipients of Temporary Assistance to Needy Families (TANF)****	46,574	25
Total TANF payments****	\$98,050,751	45
Average monthly payment per recipient	\$65.60	46
Maximum monthly payment per family of 3	\$201.00	45

*Current federal poverty level is \$8,980 per year for a single person, \$12,120 for a family of two and \$15,260 for a family of three. Table above shows monthly income levels.

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

SOUTHERN REGION MEDICAID PROFILE



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

RECIPIENTS BY TYPE OF SERVICES	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	FFY 01	FFY 02	Annual Change
01. General Hospital	135,838	137,519	137,289	137,578	148,303	159,066	126,734	-1.1%
02. Mental Hospital	1,303	1,181	1,531	1,552	2,023	1,841	1,420	1.4%
03. Skilled and Intermediate (non-MR) Care Nursing	16,106	16,313	17,352	17,458	17,663	18,859	18,246	2.1%
04. Intermediate Care for Mentally Retarded	3,025	2,837	2,856	2,504	2,387	2,411	2,317	-4.3%
05. Physician Services	386,894	393,019	418,331	470,740	499,921	546,422	561,541	6.4%
06. Dental Services	112,781	116,292	130,360	139,267	162,503	202,078	231,454	12.7%
07. Other Practitioners	89,557	93,858	87,212	100,472	112,500	130,242	127,040	6.0%
08. Outpatient Hospital	212,316	218,299	233,585	263,419	292,783	317,038	361,261	9.3%
09. Clinic Services	211,974	223,608	224,554	333,007	334,661	355,385	375,238	10.0%
10. Lab and X-Ray	145,398	146,784	150,252	211,494	234,429	262,805	275,988	11.3%
11. Home Health	18,553	21,792	10,331	10,223	9,657	9,053	8,502	-12.2%
12. Prescribed Drugs	365,409	359,910	401,611	446,938	474,465	542,764	576,131	7.9%
13. Family Planning	66,319	79,256	112,341	0	0	5,971	6,393	-32.3%
14. Early & Periodic Screening, Diagnosis & Treatment	102,334	102,936	108,591	0	0	0	0	-100.0%
15. Other Care	134,608	127,397	113,086	102,147	142,519	162,845	154,391	2.3%
16. Personal Care Support Services	0	0	61,734	15,888	81,026	89,000	100,944	13.1%
17. Home/Community Based Waiver Services	0	0	14,675	0	0	0	0	-100.0%
18. Prepaid Health Care	0	0	17,195	15,607	43,315	60,055	85,475	49.3%
19. Primary Care Case Management (PCCM) Services	0	0	0	0	0	0	0	n/a
Total*	503,295	519,875	594,962	644,580	685,104	760,797	809,122	8.2%

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

SOUTH CAROLINA

SOUTHERN REGION MEDICAID PROFILE

<u>PAYMENTS BY TYPE OF SERVICES</u>	<u>FFY 96</u>	<u>FFY 97</u>	<u>FFY 98</u>	<u>FFY 99</u>	<u>FFY 00</u>	<u>FFY 01</u>	<u>FFY 02</u>	<u>Annual</u> <u>Change</u>	<u>Share of Total</u> <u>FFY 02</u>
01. General Hospital	\$327,693,359	\$333,432,020	\$522,891,024	\$751,959,296	\$725,513,341	\$830,534,319	\$885,917,176	18.0%	26.2%
02. Mental Hospital	\$27,732,879	\$23,672,509	\$47,960,982	\$85,913,142	\$97,722,852	\$98,066,992	\$89,266,785	21.5%	2.6%
03. Skilled and Intermediate (non-MR) Care Nursing	\$268,110,314	\$281,609,211	\$302,667,749	\$309,472,299	\$334,646,176	\$355,576,568	\$373,068,086	5.7%	11.0%
04. Intermediate Care for Mentally Retarded	\$169,209,598	\$162,263,264	\$167,959,347	\$163,499,835	\$169,196,133	\$165,568,171	\$172,179,187	0.3%	5.1%
05. Physician Services	\$131,025,788	\$143,150,356	\$150,905,913	\$174,104,766	\$190,995,097	\$231,918,553	\$235,369,051	10.3%	7.0%
06. Dental Services	\$14,492,151	\$15,590,151	\$18,640,048	\$18,755,973	\$48,151,420	\$75,981,863	\$79,788,640	32.9%	2.4%
07. Other Practitioners	\$8,126,951	\$8,417,004	\$6,023,393	\$7,075,946	\$8,109,207	\$9,507,546	\$10,097,350	3.7%	0.3%
08. Outpatient Hospital	\$42,047,434	\$47,599,416	\$52,518,262	\$60,423,664	\$77,354,626	\$80,136,150	\$133,732,658	21.3%	4.0%
09. Clinic Services	\$126,189,093	\$129,341,086	\$138,424,592	\$255,820,928	\$287,781,398	\$348,039,263	\$488,908,477	25.3%	14.5%
10. Lab and X-Ray	\$10,769,176	\$11,924,976	\$12,185,658	\$14,065,499	\$16,537,070	\$19,449,759	\$22,142,365	12.8%	0.7%
11. Home Health	\$92,608,371	\$124,959,128	\$15,473,934	\$14,652,302	\$15,196,149	\$20,129,679	\$12,760,384	-28.1%	0.4%
12. Prescribed Drugs	\$143,804,519	\$159,606,414	\$224,962,203	\$268,317,914	\$334,740,332	\$438,498,935	\$456,972,236	21.3%	13.5%
13. Family Planning	\$24,040,363	\$17,771,271	\$34,421,428	\$0	\$8,212,530	\$4,795,333	\$8,179,742	-16.4%	0.2%
14. Early & Periodic Screening, Diagnosis & Treatment	\$7,525,154	\$7,715,555	\$7,942,631	\$0	\$0	\$0	\$0	-100.0%	0.0%
15. Other Care	\$129,365,422	\$140,375,487	\$102,108,042	\$245,205,321	\$142,594,379	\$137,395,749	\$139,232,054	1.2%	4.1%
16. Personal Care Support Services	\$0	\$0	\$73,310,778	\$70,991,089	\$187,606,225	\$243,996,181	\$217,761,477	31.3%	6.4%
17. Home/Community Based Waiver Services	\$0	\$0	\$123,052,297	\$0	\$0	\$0	\$0	-100.0%	0.0%
18. Prepaid Health Care	\$0	\$0	\$17,172,147	\$18,900,551	\$27,788,595	\$37,258,467	\$57,428,787	35.2%	1.7%
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.)	\$1,522,740,572	\$1,607,427,848	\$2,018,620,428	\$2,459,158,525	\$2,672,145,530	\$3,096,853,528	\$3,382,804,455	14.2%	100.0%

AVERAGE PAYMENTS PER RECIPIENT BY TYPE OF SERVICES

								(+) or (-) SLC Avg. FFY 02	
01. General Hospital	\$2,412.38	\$2,424.63	\$3,808.69	\$5,465.69	\$4,892.10	\$5,221.32	\$6,990.37	19.4%	57.1%
02. Mental Hospital	\$21,283.87	\$20,044.46	\$31,326.57	\$55,356.41	\$48,305.91	\$53,268.33	\$62,863.93	19.8%	859.4%
03. Skilled and Intermediate (non-MR) Care Nursing	\$16,646.61	\$17,262.87	\$17,442.82	\$17,726.68	\$18,946.17	\$18,854.48	\$20,446.57	3.5%	0.0%
04. Intermediate Care for Mentally Retarded	\$55,937.06	\$57,195.37	\$58,809.30	\$65,295.46	\$70,882.33	\$68,671.99	\$74,311.26	4.8%	1.0%
05. Physician Services	\$338.66	\$364.23	\$360.73	\$369.85	\$382.05	\$424.43	\$419.15	3.6%	-9.9%
06. Dental Services	\$128.50	\$134.06	\$142.99	\$134.68	\$296.31	\$376.00	\$344.73	17.9%	22.1%
07. Other Practitioners	\$90.75	\$89.68	\$69.07	\$70.43	\$72.08	\$73.00	\$79.48	-2.2%	-74.9%
08. Outpatient Hospital	\$198.04	\$218.05	\$224.84	\$229.38	\$264.20	\$252.77	\$370.18	11.0%	-31.6%
09. Clinic Services	\$595.30	\$578.43	\$616.44	\$768.21	\$859.92	\$979.33	\$1,302.93	13.9%	90.5%
10. Lab and X-Ray	\$74.07	\$81.24	\$81.10	\$66.51	\$70.54	\$74.01	\$80.23	1.3%	-22.5%
11. Home Health	\$4,991.56	\$5,734.17	\$1,497.82	\$1,433.27	\$1,573.59	\$2,223.54	\$1,500.87	-18.2%	-52.2%
12. Prescribed Drugs	\$393.54	\$443.46	\$560.15	\$600.35	\$705.51	\$807.90	\$793.17	12.4%	-27.5%
13. Family Planning	\$362.50	\$224.23	\$306.40	\$0.00	\$0.00	\$803.10	\$1,279.48	23.4%	234.5%
14. Early & Periodic Screening, Diagnosis & Treatment	\$73.54	\$74.95	\$73.14	\$0.00	\$0.00	\$0.00	\$0.00	-100.0%	-100.0%
15. Other Care	\$961.05	\$1,101.87	\$902.92	\$2,400.51	\$1,000.53	\$843.72	\$901.81	-1.1%	-49.4%
16. Personal Care Support Services	\$0.00	\$0.00	\$1,187.53	\$4,468.22	\$2,315.38	\$2,741.53	\$2,157.25	16.1%	16.5%
17. Home/Community Based Waiver Services	\$0.00	\$0.00	\$8,385.17	\$0.00	\$0.00	\$0.00	\$0.00	-100.0%	-100.0%
18. Prepaid Health Care	\$0.00	\$0.00	\$998.67	\$1,211.03	\$641.55	\$620.41	\$671.88	-9.4%	-60.0%
19. Primary Case Case Management (PCCM) Services	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	n/a	-100.0%
Total (Average)	\$3,025.54	\$3,091.95	\$3,392.86	\$3,815.13	\$3,900.35	\$4,070.54	\$4,180.83	5.5%	11.8%

TOTAL PER CAPITA EXPENDITURES	\$563.73	\$591.57	\$620.38	\$661.76	\$704.04	\$786.47	\$856.53	7.2%	11.6%
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SOUTH CAROLINA

SOUTHERN REGION MEDICAID PROFILE
DATA BY OTHER CHARACTERISTICS

RECIPIENTS BY OTHER CHARACTERISTICS

	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	FFY 01	FFY 02	Annual Change	Share of Total FFY 02
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	245,107	197,281	190,767	173,708	188,071	215,593	265,732	1.4%	32.8%
Poverty Related Eligibles	55,794	194,689	225,889	284,950	316,749	341,523	345,977	35.5%	42.8%
Medically Needy	3	0	0	0	0	0	0	-100.0%	0.0%
Other Eligibles	202,391	127,905	155,498	171,055	165,765	188,014	178,265	-2.1%	22.0%
Maintenance Assistance Status Unknown	0	0	22,808	14,867	14,519	15,667	19,148	-4.3%	2.4%
Total*	503,295	519,875	594,962	644,580	685,104	760,797	809,122	8.2%	100.0%
By Basis of Eligibility									
Aged, Blind, or Disabled	176,276	178,845	174,978	181,200	184,028	207,491	189,623	1.2%	23.4%
Children	236,162	244,194	269,751	309,070	341,545	377,498	416,054	9.9%	51.4%
Foster Care Children	1,569	2,831	6,412	6,938	6,523	7,096	7,793	30.6%	1.0%
Adults	89,288	94,005	121,013	132,505	138,489	153,046	176,504	12.0%	21.8%
Basis of Eligibility Unknown	0	0	22,808	14,867	14,519	15,666	19,148	-4.3%	2.4%
Total*	503,295	519,875	594,962	644,580	685,104	760,797	809,122	8.2%	100.0%
By Age									
Under Age 1	39,925	41,450	27,168	27,776	29,086	33,621	29,647	-4.8%	3.7%
Age 1 to 5	95,377	92,463	100,788	107,798	116,757	130,184	140,816	6.7%	17.4%
Age 6 to 14	96,955	103,589	130,359	151,975	165,970	182,239	202,067	13.0%	25.0%
Age 15 to 20	45,163	49,379	64,024	76,389	84,331	92,289	101,163	14.4%	12.5%
Age 21 to 44	104,364	110,538	131,514	140,315	145,897	162,055	178,246	9.3%	22.0%
Age 45 to 64	43,725	46,723	46,949	50,003	53,060	59,270	62,540	6.1%	7.7%
Age 65 to 74	32,365	30,695	29,380	29,409	29,340	33,390	29,829	-1.4%	3.7%
Age 75 to 84	28,333	28,321	27,507	28,334	28,419	32,142	28,269	0.0%	3.5%
Age 85 and Over	16,952	16,592	17,408	17,717	17,728	19,999	17,397	0.4%	2.2%
Age Unknown	136	125	19,865	14,864	14,516	15,608	19,148	128.1%	2.4%
Total*	503,295	519,875	594,962	644,580	685,104	760,797	809,122	8.2%	100.0%
By Race									
White	188,387	196,643	220,674	243,227	262,209	290,688	308,954	8.6%	38.2%
Black	288,669	295,146	326,308	354,424	372,453	414,733	441,468	7.3%	54.6%
Hispanic, American Indian or Asian	4,033	4,832	5,667	6,536	7,849	8,559	9,048	14.4%	1.1%
Other/Unknown	22,206	23,254	42,313	40,393	42,593	46,817	49,652	14.4%	6.1%
Total*	503,295	519,875	594,962	644,580	685,104	760,797	809,122	8.2%	100.0%
By Sex									
Female	318,798	331,412	369,944	400,921	422,242	469,645	499,784	7.8%	61.8%
Male	184,442	188,363	205,046	228,684	248,225	275,420	292,753	8.0%	36.2%
Unknown	55	100	19,972	14,975	14,637	15,732	16,585	159.0%	2.0%
Total*	503,295	519,875	594,962	644,580	685,104	760,797	809,122	8.2%	100.0%

*FFY 02 projected using FFY 96-FFY 01 trends, State Annual report, and state submitted data (SEE "Important Note" prior to table of contents).

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

SOUTHERN REGION MEDICAID PROFILE

PAYMENTS BY OTHER CHARACTERISTICS

	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	FFY 01	FFY 02	Annual Change	Share of Total FFY 02
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	\$746,410,451	\$718,713,823	\$751,927,407	\$857,200,691	\$923,581,109	\$1,094,283,031	\$1,160,747,576	7.6%	34.3%
Poverty Related Eligibles	\$78,680,449	\$326,182,355	\$448,329,281	\$529,534,698	\$596,044,085	\$670,520,893	\$706,290,531	44.2%	20.9%
Medically Needy	\$18,596	\$0	\$0	\$0	\$0	\$0	\$0	-100.0%	0.0%
Other Eligibles	\$697,631,076	\$562,531,670	\$558,650,582	\$660,860,620	\$718,108,307	\$857,563,662	\$829,381,489	2.9%	24.5%
Maintenance Assistance Status Unknown	\$0	\$0	\$259,713,158	\$411,562,516	\$434,412,029	\$474,485,942	\$686,384,859	27.5%	20.3%
Total	\$1,522,740,572	\$1,607,427,848	\$2,018,620,428	\$2,459,158,525	\$2,672,145,530	\$3,096,853,528	\$3,382,804,455	14.2%	100.0%
By Basis of Eligibility									
Aged, Blind or Disabled	\$1,090,644,731	\$1,154,772,516	\$1,240,263,794	\$1,448,755,776	\$1,555,748,570	\$1,827,732,102	\$1,738,900,042	8.1%	51.4%
Children	\$270,986,259	\$273,775,606	\$305,302,576	\$354,976,903	\$423,251,932	\$491,780,545	\$574,609,191	13.3%	17.0%
Foster Care Children	\$1,479,650	\$19,242,618	\$51,231,425	\$56,630,829	\$53,323,601	\$59,974,022	\$73,397,241	91.7%	2.2%
Adults	\$159,629,932	\$159,637,108	\$162,109,475	\$187,232,501	\$205,409,398	\$242,880,917	\$309,513,122	11.7%	9.1%
Basis of Eligibility Unknown	\$0	\$0	\$259,713,158	\$411,562,516	\$434,412,029	\$474,485,942	\$686,384,859	27.5%	20.3%
Total	\$1,522,740,572	\$1,607,427,848	\$2,018,620,428	\$2,459,158,525	\$2,672,145,530	\$3,096,853,528	\$3,382,804,455	14.2%	100.0%
By Age									
Under Age 1	\$100,158,295	\$108,036,981	\$79,118,760	\$79,204,351	\$94,434,546	\$115,060,903	\$104,690,541	0.7%	3.1%
Age 1 to 5	\$79,270,797	\$86,712,318	\$117,683,342	\$131,384,923	\$156,235,953	\$179,697,145	\$205,394,390	17.2%	6.1%
Age 6 to 14	\$130,904,482	\$137,137,669	\$163,537,315	\$189,042,393	\$217,798,359	\$252,443,892	\$305,885,904	15.2%	9.0%
Age 15 to 20	\$119,820,676	\$120,856,349	\$146,855,007	\$176,347,386	\$190,801,369	\$222,263,962	\$252,084,810	13.2%	7.5%
Age 21 to 44	\$381,480,400	\$395,298,868	\$426,843,487	\$474,114,727	\$512,420,215	\$604,917,128	\$640,338,150	9.0%	18.9%
Age 45 to 64	\$270,939,325	\$306,032,977	\$338,951,033	\$450,934,936	\$455,039,643	\$529,883,196	\$565,110,408	13.0%	16.7%
Age 65 to 74	\$127,990,689	\$126,588,198	\$137,571,468	\$154,385,164	\$178,202,298	\$208,948,718	\$185,957,443	6.4%	5.5%
Age 75 to 84	\$156,957,161	\$165,383,092	\$179,507,553	\$201,390,113	\$224,699,561	\$263,726,921	\$225,908,809	6.3%	6.7%
Age 85 and Over	\$139,425,579	\$144,856,257	\$173,537,576	\$190,845,601	\$208,059,651	\$243,851,510	\$211,037,505	7.2%	6.2%
Age Unknown	\$15,793,168	\$16,525,139	\$255,014,887	\$411,508,931	\$434,453,935	\$476,060,153	\$686,396,495	87.5%	20.3%
Total	\$1,522,740,572	\$1,607,427,848	\$2,018,620,428	\$2,459,158,525	\$2,672,145,530	\$3,096,853,528	\$3,382,804,455	14.2%	100.0%
By Race									
White	\$702,460,735	\$738,043,044	\$823,140,050	\$979,645,956	\$1,080,036,909	\$1,260,968,411	\$1,380,340,524	11.9%	40.8%
Black	\$693,817,051	\$730,748,650	\$819,207,631	\$913,165,680	\$1,041,245,496	\$1,217,091,514	\$1,332,850,608	11.5%	39.4%
Hispanic, American Indian or Asian	\$5,219,991	\$6,501,127	\$6,968,889	\$8,788,052	\$11,179,398	\$12,746,174	\$13,844,998	17.7%	0.4%
Other/Unknown	\$121,242,795	\$132,135,027	\$369,303,858	\$557,558,837	\$539,683,728	\$606,047,429	\$655,768,325	32.5%	19.4%
Total*	\$1,522,740,572	\$1,607,427,848	\$2,018,620,428	\$2,459,158,525	\$2,672,145,530	\$3,096,853,528	\$3,382,804,455	14.2%	100.0%
By Sex									
Female	\$918,593,270	\$970,056,165	\$1,072,190,466	\$1,226,029,669	\$1,395,515,420	\$1,629,577,454	\$1,783,743,231	11.7%	52.7%
Male	\$588,648,232	\$620,757,369	\$691,382,912	\$821,601,056	\$934,681,893	\$1,087,089,084	\$1,188,502,146	12.4%	35.1%
Unknown	\$15,499,070	\$16,614,314	\$255,047,050	\$411,527,800	\$341,948,216	\$380,186,990	\$410,559,078	72.7%	12.1%
Total*	\$1,522,740,572	\$1,607,427,848	\$2,018,620,428	\$2,459,158,525	\$2,672,145,530	\$3,096,853,528	\$3,382,804,455	14.2%	100.0%

*FFY 02 projected using FFY 96-FFY 01 trends, State Annual report, and state submitted data (SEE "Important Note" prior to table of contents).

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

SOUTHERN REGION MEDICAID PROFILE

AVERAGE PAYMENT PER RECIPIENT BY OTHER CHARACTERISTICS

	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	FFY 01	FFY 02	Annual Change	Above (+) or Below (-) SLC Avg. FFY 02
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	\$3,045.24	\$3,643.10	\$3,941.60	\$4,934.72	\$4,910.81	\$5,075.69	\$4,368.11	6.2%	0.5%
Poverty Related Eligibles	\$1,410.20	\$1,675.40	\$1,984.73	\$1,858.34	\$1,881.76	\$1,963.33	\$2,041.44	6.4%	4.9%
Medically Needy	\$6,198.67	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-100.0%	-100.0%
Other Eligibles	\$3,446.95	\$4,398.04	\$3,592.65	\$3,863.44	\$4,332.09	\$4,561.17	\$4,652.52	5.1%	-36.2%
Maintenance Assistance Status Unknown	\$0.00	\$0.00	\$11,386.93	\$27,682.96	\$29,920.24	\$30,285.69	\$35,846.30	33.2%	1458.4%
Total	\$3,025.54	\$3,091.95	\$3,392.86	\$3,815.13	\$3,900.35	\$4,070.54	\$4,180.83	5.5%	11.8%
By Basis of Eligibility									
Aged, Blind or Disabled	\$6,187.14	\$6,456.83	\$7,088.11	\$7,995.34	\$8,453.87	\$8,808.72	\$9,170.30	6.8%	-2.7%
Children	\$1,147.46	\$1,121.14	\$1,131.79	\$1,148.53	\$1,239.23	\$1,302.74	\$1,381.09	3.1%	7.6%
Foster Care Children	\$943.05	\$6,797.11	\$7,989.93	\$8,162.41	\$8,174.71	\$8,451.78	\$9,418.36	46.7%	73.5%
Adults	\$1,787.81	\$1,698.18	\$1,339.60	\$1,413.02	\$1,483.22	\$1,586.98	\$1,753.58	-0.3%	-26.7%
Basis of Eligibility Unknown	\$0.00	\$0.00	\$11,386.93	\$27,682.96	\$29,920.24	\$30,286.93	\$35,846.30	33.2%	1507.1%
Total	\$3,025.54	\$3,091.95	\$3,392.86	\$3,815.13	\$3,900.35	\$4,070.54	\$4,180.83	5.5%	11.8%
By Age									
Under Age 1	\$2,508.66	\$2,606.44	\$2,912.20	\$2,851.54	\$3,246.74	\$3,422.29	\$3,531.24	5.9%	22.7%
Age 1 to 5	\$831.13	\$937.81	\$1,167.63	\$1,218.81	\$1,338.13	\$1,380.33	\$1,458.60	9.8%	6.0%
Age 6 to 14	\$1,350.16	\$1,323.86	\$1,254.51	\$1,243.90	\$1,312.28	\$1,385.24	\$1,513.78	1.9%	1.3%
Age 15 to 20	\$2,653.07	\$2,447.53	\$2,293.75	\$2,308.54	\$2,262.53	\$2,408.35	\$2,491.87	-1.0%	1.0%
Age 21 to 44	\$3,655.29	\$3,576.14	\$3,245.61	\$3,378.93	\$3,512.21	\$3,732.79	\$3,592.44	-0.3%	-18.8%
Age 45 to 64	\$6,196.44	\$6,549.94	\$7,219.56	\$9,018.16	\$8,575.95	\$8,940.16	\$9,035.98	6.5%	9.3%
Age 65 to 74	\$3,954.60	\$4,124.07	\$4,682.49	\$5,249.59	\$6,073.70	\$6,257.82	\$6,234.12	7.9%	-3.5%
Age 75 to 84	\$5,539.73	\$5,839.59	\$6,525.89	\$7,107.72	\$7,906.67	\$8,205.06	\$7,991.40	6.3%	-17.0%
Age 85 and Over	\$8,224.73	\$8,730.49	\$9,968.84	\$10,771.89	\$11,736.22	\$12,193.19	\$12,130.68	6.7%	-13.7%
Age Unknown	\$116,126.24	\$132,201.11	\$12,837.40	\$27,684.94	\$29,929.31	\$30,501.03	\$35,846.90	-17.8%	994.4%
Total	\$3,025.54	\$3,091.95	\$3,392.86	\$3,815.13	\$3,900.35	\$4,070.54	\$4,180.83	5.5%	11.8%
By Race									
White	\$3,728.82	\$3,753.21	\$3,730.12	\$4,027.70	\$4,118.99	\$4,337.88	\$4,467.79	3.1%	-0.8%
Black	\$2,403.50	\$2,475.89	\$2,510.53	\$2,576.48	\$2,795.64	\$2,934.64	\$3,019.13	3.9%	-2.5%
Hispanic, American Indian or Asian	\$1,294.32	\$1,345.43	\$1,229.73	\$1,344.56	\$1,424.33	\$1,489.21	\$1,530.17	2.8%	-34.8%
Other/Unknown	\$5,459.91	\$5,682.25	\$8,727.91	\$13,803.35	\$12,670.60	\$12,945.03	\$13,207.29	15.9%	164.0%
Total	\$3,025.54	\$3,091.95	\$3,392.86	\$3,815.13	\$3,900.35	\$4,070.54	\$4,180.83	5.5%	11.8%
By Sex									
Female	\$2,881.43	\$2,927.04	\$2,898.25	\$3,058.03	\$3,305.01	\$3,469.81	\$3,569.03	3.6%	-5.1%
Male	\$3,191.51	\$3,295.54	\$3,371.84	\$3,592.74	\$3,765.46	\$3,947.02	\$4,059.74	4.1%	12.1%
Unknown	\$281,801.27	\$166,143.14	\$12,770.23	\$27,480.99	\$23,361.91	\$24,166.48	\$24,754.84	-33.3%	241.3%
Total	\$3,025.54	\$3,091.95	\$3,392.86	\$3,815.13	\$3,900.35	\$4,070.54	\$4,180.83	5.5%	11.8%

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

SOUTHERN REGION MEDICAID PROFILE

ADDITIONAL STATE HEALTH CARE INFORMATION

Sources: "Major Health Care Policies: 50 State Profiles 2002", Health Policy Tracking Service, January, 2003; and "Medicaid Services State by State", CMS, October 2002.

*Information supplied by State Medicaid Agency

Waivers

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

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

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

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

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

Managed Care

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

Coverage for Targeted Population

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

Cost Containment Measures

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

Medicaid

- 19 optional services are offered.
- Counties provide \$0.50 per capita to provide Medicaid services. An additional \$13 million is assessed for use as matching funds for Medicaid, with \$7.5 million of this amount going to the Medicaid Expansion Fund.

SOUTH CAROLINA

SOUTHERN REGION MEDICAID PROFILE

Medicaid (Continued)

- 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.
- Enacted legislation in 2000 that created a pharmacy assistance program, SILVERxCARD, for individuals who are 65 and older, have lived in the state for 6 months, have incomes up to 150% of the FPL, and have no other prescription drug coverage. The Legislature appropriated \$20 million in tobacco settlement funds for the program, effective January 1, 2001.
- In August 2001, received approval from the HHS to extend Medicaid coverage to low-income, uninsured women for breast or cervical treatment.
- Appropriated funds to extend Medicaid benefits to working disabled individuals whose family income is less than 250% of the FPL and who could receive Supplemental Security Income (SSI) benefits except for their earned income.
- Appropriated funds to establish the Rehabilitative Therapy Services Fund for payment to private providers for Medicaid services to eligible children, including physical, occupational, and speech therapies and audiology services.
- In FY 02, enacted legislation as follows:
 - Added medications to the list of items requiring prior authorization.
 - Increased co-payments for prescription drugs by \$1.
 - Limited Medicare crossover payments.
 - Increased physician reimbursement rates.
- Created the SILVERxCARD program to assist approximately 50,000 seniors with the cost of prescription drugs. Received CMS approval to implement the program in January 2003.

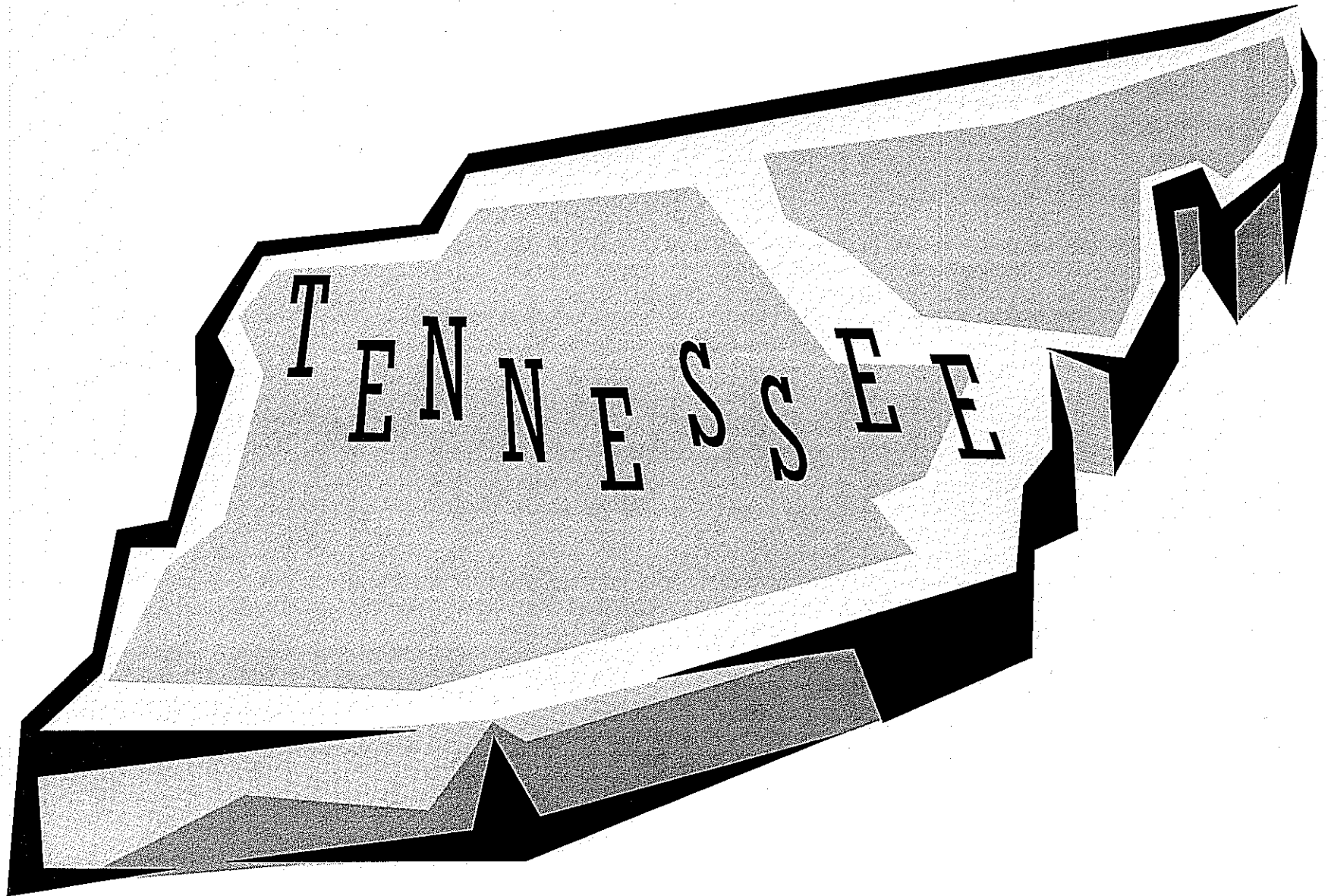
Children's Health Insurance Program: Medicaid Expansion

- The Partners for Healthy Children Program (PHC) received HCFA approval on February 18, 1998. PHC provides coverage through an expansion of Medicaid to children from birth through age 18 in families with incomes at or below 150% of the FPL. The benefit package will be the same as the regular Medicaid package.
- PHC expanded net enrollment of children in Medicaid by over 252,491 by March 2003. SCHIP eligibles accounted for 54,981 of the net increase. There were 54,156 SCHIP recipients in the program as of May 2003.

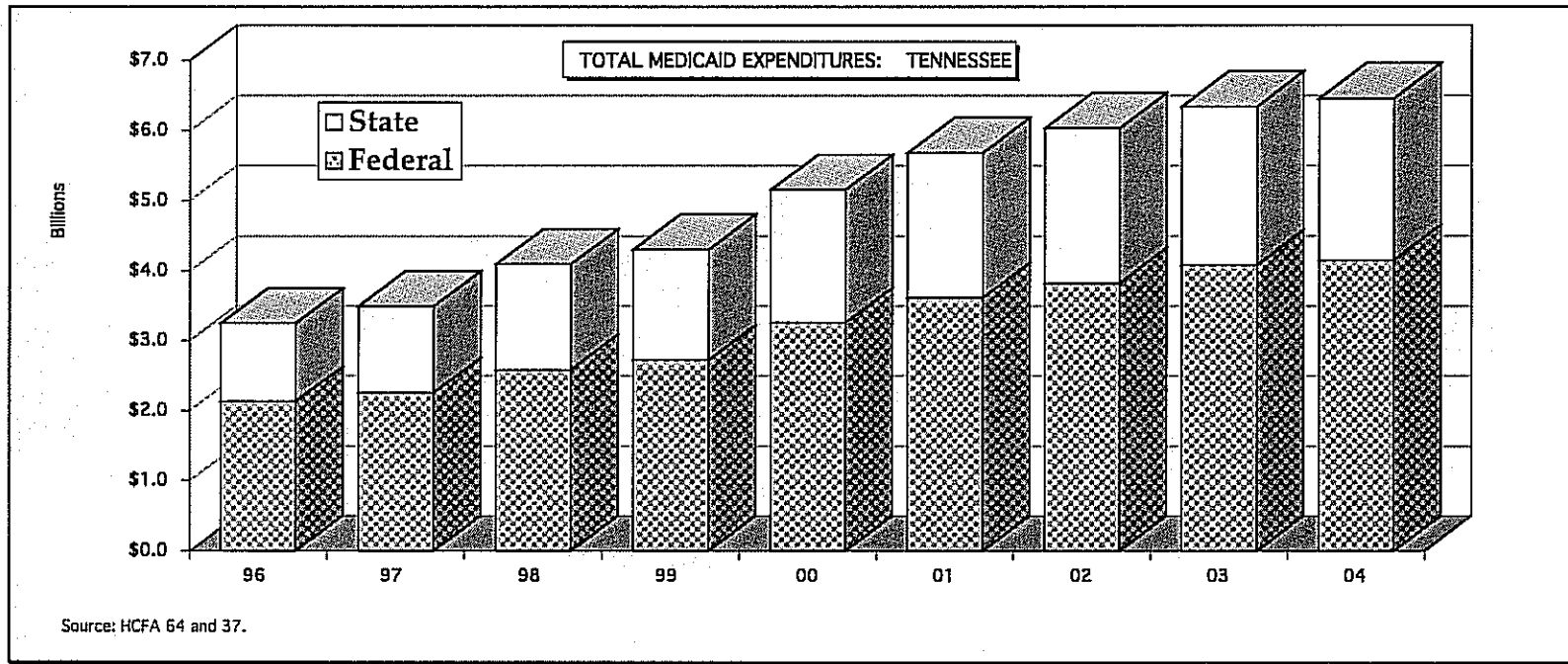
Tobacco Settlement

- The state expects to receive approximately \$2.4 billion over 25 years.
- Enacted legislation in 1998 that provides for Tobacco Settlement monies to be deposited in the State General Fund for appropriation by the General Assembly.
- In 2001, the state sold the tobacco settlement funds for approximately \$765.2 million to be used for new programs as follows:
 - 15% (\$118 million) of the funds for the Community Trust Fund for tobacco farmers and quota holders;
 - 10% (\$78.5 million) of the funds for the Economic Development Trust Fund to upgrade water and sewer systems, and develop technology infrastructure; and
 - 75% (\$568.7 million) of the funds were placed in the Health Care Endowment.
- In 2002, the state withdrew \$100 million from the Health Care Trust Fund and appropriated the funds, along with the 2001 interest, to help with the state's general fund revenue shortfall.

STATE MEDICAID PROFILE



SOUTHERN REGION MEDICAID PROFILE



THIS IS A PRELIMINARY DRAFT OF THE FFY 02 MEDICAID COMPARATIVE DATA REPORT. REVISIONS WILL BE REQUIRED PRIOR TO PUBLISHING THE FINAL DOCUMENT. SEE NOTE ON THE FIRST PAGE OF THE REPORT.

	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	FFY 01	FFY 02*	FFY 03**	FFY 04**	Annual Rate of Change	Total Change 96-04
Medicaid Payments	\$3,201,718,656	\$3,434,971,957	\$3,973,329,340	\$4,178,613,010	\$4,993,964,836	\$5,519,373,714	\$5,791,956,207	\$5,988,246,000	\$6,235,072,000	8.7%	94.7%
Federal Share	\$2,101,608,128	\$2,218,304,890	\$2,521,519,369	\$2,657,217,024	\$3,161,527,392	\$3,528,514,477	\$3,692,883,112	\$3,886,175,000	\$4,028,334,000	8.5%	91.7%
State Share	\$1,100,110,528	\$1,216,667,067	\$1,451,809,971	\$1,521,395,986	\$1,832,437,444	\$1,990,859,237	\$2,099,073,095	\$2,102,071,000	\$2,206,738,000	9.1%	100.6%
Administrative Costs	\$50,806,343	\$61,788,755	\$123,168,141	\$126,015,624	\$163,074,995	\$164,842,053	\$245,058,264	\$356,894,000	\$223,763,000	20.4%	340.4%
Federal Share	\$29,340,004	\$35,458,089	\$66,979,817	\$68,589,229	\$96,478,650	\$88,991,229	\$129,957,668	\$198,970,000	\$126,134,000	20.0%	329.9%
State Share	\$21,466,339	\$26,330,666	\$56,188,324	\$57,426,395	\$66,596,345	\$75,850,824	\$115,100,596	\$157,924,000	\$97,629,000	20.8%	354.8%
Admin. Costs as % of Payments	1.59%	1.80%	3.10%	3.02%	3.27%	2.99%	4.23%	5.96%	3.59%		
Federal Match Rate*	65.64%	64.58%	63.36%	63.09%	63.10%	63.79%	63.64%	64.59%	64.40%		

*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 03 and 04 reflect latest estimates reported by each state (CMS 37).

SOUTHERN REGION MEDICAID PROFILE

STATE FINANCING

	Payments		Administration	
	FFY 96	FFY 02	FFY 96	FFY 02
State General Fund	\$1,100,110,528	\$1,913,930,538	\$21,466,339	\$115,100,596
Local Funds	\$0	\$0	\$0	\$0
Provider Taxes	\$0	\$185,026,168	\$0	\$0
Donations	\$0	\$116,389	\$0	\$0
Other	\$0	\$0	\$0	\$0
Total State Share	\$1,100,110,528	\$2,099,073,095	\$21,466,339	\$115,100,596

*Donations from Outstationed Eligibility Workers Program

Provider Taxes Currently in Place (FFY 02)

	Tax Rate	Amount
Nursing homes	\$3,250 per bed per year	\$86,428,991
ICF/MR facilities	6% of revenues	\$14,857,416
HMO's	2% of enrollee revenue	\$70,965,162
Physician Professional fee		\$12,774,599
Total		\$185,026,168

DISPROPORTIONATE SHARE HOSPITAL (DSH) PAYMENTS

	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	FFY 01	FFY 02*	FFY 03**	FFY 04**	Annual Change
General Hospitals	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a
Mental Hospitals	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a
Total	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a

SELECTED ELIGIBILITY CRITERIA

	At 10/1/02	% of FPL*
TANF-Temporary Assistance for Needy Families (Family of 3)		
Need Standard	\$1,430	112.5%
Payment Standard	\$185	14.5%
Maximum Payment	N/A	N/A
Medically Needy Program (Family of 3)		
Income Eligibility Standard	\$250	
Resource Standard	N/A	
Pregnant Women, Children and Infants (% of FPL*)		
Pregnant women and Infants		185.0%
Children to age 6		133.0%
Children 6 to 14		100.0%
Children 15 to 18		28.0%
SSI Eligibility Levels		
Income:		
Single Person	\$458	61.2%
Couple	\$687	68.0%
Resources:		
Single Person	\$2,000	
Income to community spouse	\$1,279	

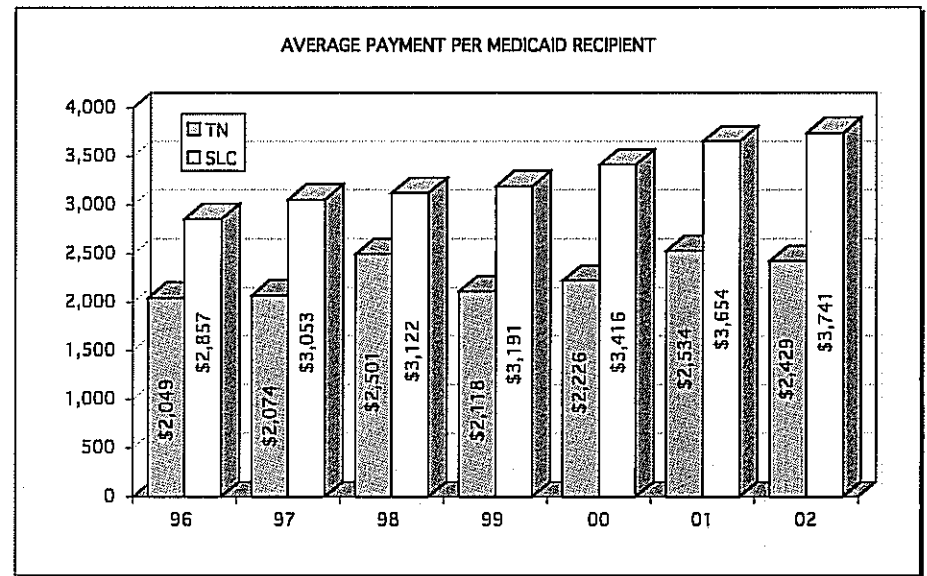
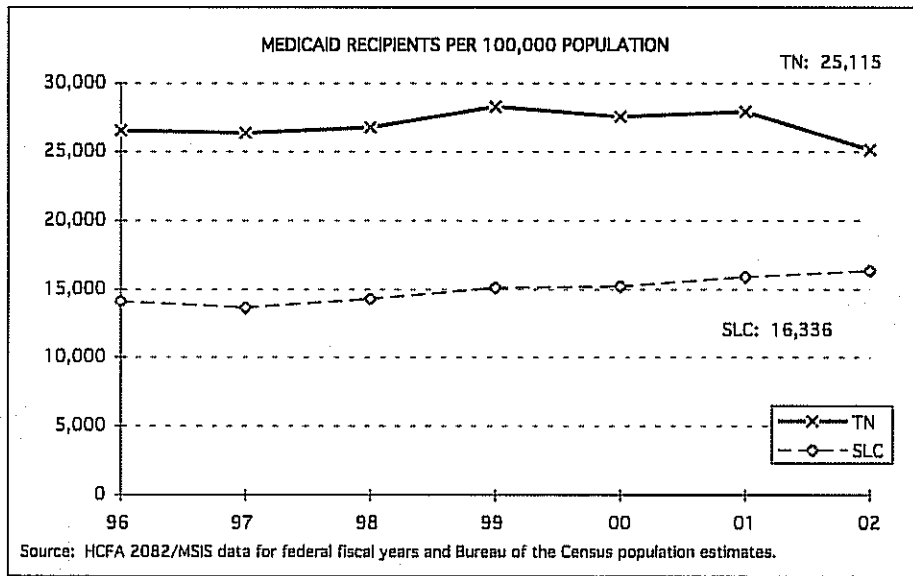
DEMOGRAPHIC DATA & POVERTY INDICATORS (2002)

		Rank in U.S.
State population—July 1, 2002*	5,797,289	16
Per capita personal income**	\$26,988	34
Median household income**	\$35,783	42
Population below Federal Poverty Level on July 1, 2001*	765,242	
Percent of total state population	13.2%	11
Population without health insurance coverage*	655,094	21
Percent of total state population	11.3%	31
Recipients of Food Stamps***	598,012	10
Households receiving Food Stamps***	255,900	10
Total value of issuance***	\$551,508,090	11
Average monthly benefit per recipient	\$76.85	24
Average monthly benefit per household	\$179.60	
Monthly recipients of Temporary Assistance to Needy Families (TANF)****	164,680	7
Total TANF payments****	\$223,168,826	32
Average monthly payment per recipient	\$64.31	47
Maximum monthly payment per family of 3	\$185.00	48

*Current federal poverty level is \$8,980 per year for a single person, \$12,120 for a family of two and \$15,260 for a family of three. Table above shows monthly income levels.

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

SOUTHERN REGION MEDICAID PROFILE



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

<u>RECIPIENTS BY TYPE OF SERVICES</u>	<u>FFY 96</u>	<u>FFY 97</u>	<u>FFY 98</u>	<u>FFY 99</u>	<u>FFY 00</u>	<u>FFY 01</u>	<u>FFY 02</u>	<u>Annual Change</u>
01. General Hospital	50,459	33,932	51,793	49,847	47,803	47,803	45,284	-1.8%
02. Mental Hospital	628	556	378	413	379	379	356	-9.0%
03. Skilled and Intermediate (non-MR) Care Nursing	48,627	48,090	51,279	51,028	51,928	51,928	49,157	0.2%
04. Intermediate Care for Mentally Retarded	2,225	2,048	1,919	1,766	1,689	1,689	1,590	-5.4%
05. Physician Services	194,000	196,685	193,930	196,023	205,513	205,513	194,640	0.1%
06. Dental Services	5	1	400	375	400	400	383	106.1%
07. Other Practitioners	42,247	47,533	48,093	49,430	52,672	52,672	49,943	2.8%
08. Outpatient Hospital	102,000	87,696	113,469	112,727	110,361	110,361	104,535	0.4%
09. Clinic Services	79,627	24,187	17,167	17,016	18,543	18,543	17,503	-22.3%
10. Lab and X-Ray	97,960	102,467	102,396	105,888	111,650	111,650	105,830	1.3%
11. Home Health	970	582	612	412	351	351	326	-16.6%
12. Prescribed Drugs	18	3	813,981	864,679	890,000	890,000	852,307	501.5%
13. Family Planning	322	314	388	411	351	351	331	0.5%
14. Early & Periodic Screening, Diagnosis & Treatment	25	0			0	0	0	-100.0%
15. Other Care	2,677,094	1,394,167	74,471	77,076	80,554	80,554	61,953	-46.6%
16. Personal Care Support Services	0	0			0	0	0	n/a
17. Home/Community Based Waiver Services	0	0	6,000	6,000	6,100	6,100	5,836	-0.7%
18. Prepaid Health Care	0	0	1,285,485	1,302,300	1,352,855	1,352,855	1,295,166	0.2%
19. Primary Care Case Management (PCCM) Services	0	0	0	0	0	0	0	n/a
Total*	1,408,918	1,415,612	1,453,538	1,550,955	1,568,318	1,602,027	1,456,018	0.5%

*FFY 02 projected using FFY 96-FFY 01 trends, State Annual report, and state submitted data (SEE "Important Note" prior to table of contents).

*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

<u>PAYMENTS BY TYPE OF SERVICES</u>	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	FFY 01	FFY 02	Annual Change	Share of Total FFY 02
01. General Hospital	\$18,469,754	\$4,453,494	\$295,266,324	\$321,723,323	\$348,677,006	\$454,987,177	\$412,168,904	67.8%	11.7%
02. Mental Hospital	\$11,096,279	\$1,093,770	\$584,854	\$19,373,596	\$647,437	\$21,769,187	\$20,463,137	10.7%	0.6%
03. Skilled and Intermediate (non-MR) Care Nursing	\$619,886,256	\$606,379,844	\$706,182,082	\$585,765,916	\$661,337,949	\$705,391,029	\$607,290,282	-0.3%	17.2%
04. Intermediate Care for Mentally Retarded	\$206,632,349	\$210,285,462	\$243,609,178	\$217,093,714	\$216,098,144	\$208,463,437	\$175,546,930	-2.7%	5.0%
05. Physician Services	\$140,559,405	\$147,219,192	\$20,810,346	\$121,551,963	\$127,497,595	\$144,940,411	\$128,054,171	-1.5%	3.6%
06. Dental Services	\$810	\$169	\$32,683	\$22,546	\$21,284	\$23,656	\$20,641	71.5%	0.0%
07. Other Practitioners	\$971,050	\$1,173,050	\$3,578,828	\$7,072,248	\$8,333,854	\$9,674,941	\$8,778,592	44.3%	0.2%
08. Outpatient Hospital	\$9,835,461	\$7,416,231	\$14,150,088	\$19,237,055	\$13,662,007	\$15,943,430	\$13,827,952	5.8%	0.4%
09. Clinic Services	\$85,112,743	\$5,531,639	\$15,773,054	\$18,653,214	\$2,793,119	\$6,346,412	\$4,871,248	-37.9%	0.1%
10. Lab and X-Ray	\$2,960,828	\$3,107,346	\$2,375,511	\$1,891,029	\$2,402,437	\$2,508,205	\$2,139,108	-5.3%	0.1%
11. Home Health	\$348,970	\$124,859	\$415,361	\$4,150,319	\$4,604,678	\$4,811,705	\$4,387,853	52.5%	0.1%
12. Prescribed Drugs	\$15,337	\$1,118	\$29,538,580	\$136,656,315	\$273,537,047	\$680,583,468	\$646,922,832	490.0%	18.3%
13. Family Planning	\$10,922	\$16,611	\$0	\$0	\$0	\$0	\$0	-100.0%	0.0%
14. Early & Periodic Screening, Diagnosis & Treatment	\$1,043	\$0	\$0	\$0	\$0	\$0	\$0	-100.0%	0.0%
15. Other Care	\$1,790,433,602	\$1,949,590,832	\$17,401,517	\$50,570,025	\$105,070,890	\$226,803,335	\$156,212,491	-33.4%	4.4%
16. Personal Care Support Services	\$0	\$0	\$0	\$41,575	\$191,690	\$527,049	\$504,205	129.8%	0.0%
17. Home/Community Based Waiver Services	\$0	\$0	\$86,147,127	\$0	\$0	\$0	\$0	-100.0%	0.0%
18. Prepaid Health Care	\$0	\$0	\$2,199,906,620	\$1,781,520,135	\$1,726,081,444	\$1,576,558,611	\$1,355,115,760	-11.4%	38.3%
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.)	\$2,886,334,809	\$2,936,393,617	\$3,635,772,153	\$3,285,322,973	\$3,490,956,581	\$4,059,332,053	\$3,536,304,106	3.4%	100.0%

AVERAGE PAYMENTS PER RECIPIENT BY TYPE OF SERVICES

								(+) or (-) SLC Avg. FFY 02	
01. General Hospital	\$366.03	\$131.25	\$5,700.89	\$6,454.22	\$7,294.04	\$9,517.96	\$9,101.87	70.8%	104.6%
02. Mental Hospital	\$17,669.23	\$1,967.21	\$1,547.23	\$46,909.43	\$1,708.28	\$57,438.49	\$57,480.72	21.7%	644.7%
03. Skilled and Intermediate (non-MR) Care Nursing	\$12,747.78	\$12,609.27	\$13,771.37	\$11,479.30	\$12,735.67	\$13,584.02	\$12,354.10	-0.5%	-39.6%
04. Intermediate Care for Mentally Retarded	\$92,868.47	\$102,678.45	\$126,945.90	\$122,929.62	\$127,944.43	\$123,424.18	\$110,406.87	2.9%	50.0%
05. Physician Services	\$724.53	\$748.50	\$107.31	\$620.09	\$620.39	\$705.26	\$657.90	-1.6%	41.4%
06. Dental Services	\$162.00	\$169.00	\$81.71	\$60.12	\$53.21	\$59.14	\$53.89	-16.8%	-80.9%
07. Other Practitioners	\$22.99	\$24.68	\$74.41	\$143.08	\$158.22	\$183.68	\$175.77	40.4%	-44.5%
08. Outpatient Hospital	\$96.43	\$84.57	\$124.70	\$170.65	\$123.79	\$144.47	\$132.28	5.4%	-75.6%
09. Clinic Services	\$1,068.89	\$228.70	\$918.80	\$1,096.22	\$150.63	\$342.25	\$278.31	-20.1%	-59.3%
10. Lab and X-Ray	\$30.22	\$30.33	\$23.20	\$17.86	\$21.52	\$22.46	\$20.21	-6.5%	-80.5%
11. Home Health	\$359.76	\$214.53	\$678.69	\$10,073.59	\$13,118.74	\$13,708.56	\$13,459.67	82.9%	329.0%
12. Prescribed Drugs	\$852.06	\$372.67	\$36.29	\$158.04	\$307.34	\$764.70	\$759.03	-1.9%	-30.7%
13. Family Planning	\$33.92	\$52.90	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-100.0%	-100.0%
14. Early & Periodic Screening, Diagnosis & Treatment	\$41.72	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-100.0%	-100.0%
15. Other Care	\$668.80	\$1,398.39	\$233.67	\$656.11	\$1,304.35	\$2,815.54	\$2,521.47	24.8%	41.4%
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	\$14,357.85	\$0.00	\$0.00	\$0.00	\$0.00	-100.0%	-100.0%
18. Prepaid Health Care	\$0.00	\$0.00	\$1,711.34	\$1,367.98	\$1,275.88	\$1,165.36	\$1,046.29	-11.6%	-37.7%
19. Primary Case Management (PCCM) Services	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	n/a	-100.0%
Total (Average)	\$2,048.62	\$2,074.29	\$2,501.33	\$2,118.26	\$2,225.92	\$2,533.87	\$2,428.75	2.9%	-35.1%

TOTAL PER CAPITA EXPENDITURES	\$612.83	\$650.96	\$754.33	\$785.01	\$906.45	\$990.28	\$1,041.35	9.2%	35.7%
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SOUTHERN REGION MEDICAID PROFILE
DATA BY OTHER CHARACTERISTICS

RECIPIENTS BY OTHER CHARACTERISTICS

	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	FFY 01	FFY 02	Annual Change	Share of Total FFY 02
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	577,414	358,682	330,240	413,274	415,106	437,646	396,560	-6.1%	27.2%
Poverty Related Eligibles	97,133	724,771	199,930	735,897	798,341	811,828	757,186	40.8%	52.0%
Medically Needy	129,735	139,644	130,661	113,604	107,099	105,120	93,343	-5.3%	6.4%
Other Eligibles	185,413	192,515	266,534	235,613	182,861	219,360	198,556	1.1%	13.6%
Maintenance Assistance Status Unknown	419,223	0	526,173	52,567	64,911	28,073	10,373	-46.0%	0.7%
Total	1,408,918	1,415,612	1,453,538	1,550,955	1,568,318	1,602,027	1,456,018	0.5%	100.0%
By Basis of Eligibility									
Aged, Blind, or Disabled	340,254	342,544	343,264	404,122	402,202	408,179	371,827	10.3%	25.5%
Children	453,939	587,805	396,653	628,402	636,781	667,829	613,130	-46.0%	42.1%
Foster Care Children	14,616	14,000	12,918	12,213	12,498	12,579	11,300	77.0%	0.8%
Adults	180,886	471,263	174,530	453,651	451,926	485,367	449,387	-37.9%	30.9%
Basis of Eligibility Unknown	419,223	0	526,173	52,567	64,911	28,073	10,374	23.1%	0.7%
Total	1,408,918	1,415,612	1,453,538	1,550,955	1,568,318	1,602,027	1,456,018	-100.0%	100.0%
By Age									
Under Age 1	49,690	51,803	54,283	32,728	32,460	33,812	29,678	34.1%	2.0%
Age 1 to 5	188,323	187,009	187,926	193,563	195,053	202,304	183,578	-3.0%	12.6%
Age 6 to 14	246,374	260,736	276,711	297,421	301,720	316,617	289,042	8.5%	19.9%
Age 15 to 20	144,115	146,527	150,886	160,150	163,104	171,631	156,438	8.2%	10.7%
Age 21 to 44	425,144	406,501	405,717	430,494	423,659	443,946	402,810	-25.6%	27.7%
Age 45 to 64	204,000	209,306	221,241	236,642	240,148	253,768	231,620	-23.6%	15.9%
Age 65 to 74	67,990	69,760	71,973	72,448	74,665	78,939	71,869	-15.5%	4.9%
Age 75 to 84	50,653	51,109	51,387	45,519	44,537	45,240	40,560	-10.7%	2.8%
Age 85 and Over	32,629	32,861	33,414	29,456	28,101	27,719	24,731	88.3%	1.7%
Age Unknown	0	0	0	52,534	64,871	28,051	25,692	-100.0%	1.8%
Total	1,408,918	1,415,612	1,453,538	1,550,955	1,568,318	1,602,027	1,456,018	-100.0%	100.0%
By Race									
White	921,552	933,778	962,743	1,027,100	1,036,087	1,058,265	961,900	0.7%	66.1%
Black	420,364	411,488	415,847	440,208	442,131	451,943	410,052	-0.4%	28.2%
Hispanic, American Indian or Asian	18,281	20,098	12,566	27,995	19,597	20,037	18,113	-0.2%	1.2%
Other/Unknown	48,721	50,248	62,382	55,653	70,503	71,782	65,953	5.2%	4.5%
Total*	1,408,918	1,415,612	1,453,538	1,550,955	1,568,318	1,602,027	1,456,018	0.5%	100.0%
By Sex									
Female	813,747	822,795	844,815	654,416	906,219	924,750	844,167	0.6%	58.0%
Male	595,171	592,817	608,723	896,539	662,099	677,277	611,851	0.5%	42.0%
Unknown	0	0	0	0	0	0	0	n/a	0.0%
Total*	1,408,918	1,415,612	1,453,538	1,550,955	1,568,318	1,602,027	1,456,018	0.5%	100.0%

*FFY 02 projected using FFY 96-FFY 01 trends, State Annual report, and state submitted data (SEE "Important Note" prior to table of contents).
Source: Health Care Financing Administration-Form HCFA 2082 for federal fiscal years

SOUTHERN REGION MEDICAID PROFILE

PAYMENTS BY OTHER CHARACTERISTICS

	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	FFY 01	FFY 02	Annual Change	Share of Total FFY 02
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	\$1,625,626,167	\$1,293,503,842	\$1,134,650,408	\$1,241,486,538	\$1,531,196,651	\$1,502,199,446	\$1,274,255,123	-4.0%	36.0%
Poverty Related Eligibles	\$355,336,606	\$968,542,314	\$796,140,654	\$1,284,753,013	\$1,431,821,061	\$1,785,669,064	\$1,601,702,771	28.5%	45.3%
Medically Needy	\$157,444,692	\$178,715,519	\$186,212,160	\$150,830,604	\$169,347,881	\$172,640,159	\$146,476,252	-1.2%	4.1%
Other Eligibles	\$192,769,498	\$495,631,942	\$1,060,010,665	\$605,837,323	\$343,222,015	\$598,823,384	\$513,869,960	17.8%	14.5%
Maintenance Assistance Status Unknown	\$555,157,846	\$0	\$458,758,266	\$2,415,495	\$15,368,973	\$0	\$0	-100.0%	0.0%
Total	\$2,886,334,809	\$2,936,393,617	\$3,635,772,153	\$3,285,322,973	\$3,490,956,581	\$4,059,332,053	\$3,536,304,106	3.4%	100.0%
By Basis of Eligibility									
Aged, Blind or Disabled	\$1,632,588,274	\$1,582,035,384	\$1,912,298,607	\$1,962,310,619	\$1,664,387,569	\$2,113,343,387	\$1,819,481,560	1.8%	51.5%
Children	\$376,128,182	\$614,550,846	\$471,335,600	\$542,319,291	\$758,377,426	\$710,732,689	\$616,539,511	8.6%	17.4%
Foster Care Children	\$80,375,729	\$80,000,000	\$66,381,396	\$78,596,493	\$77,993,878	\$72,873,756	\$61,317,541	-4.4%	1.7%
Adults	\$242,084,777	\$659,807,387	\$726,327,557	\$699,681,075	\$974,828,735	\$1,162,382,221	\$1,038,965,494	27.5%	29.4%
Basis of Eligibility Unknown	\$555,157,847	\$0	\$459,428,993	\$2,415,495	\$15,368,973	\$0	\$0	-100.0%	0.0%
Total	\$2,886,334,809	\$2,936,393,617	\$3,635,772,153	\$3,285,322,973	\$3,490,956,581	\$4,059,332,053	\$3,536,304,106	3.4%	100.0%
By Age									
Under Age 1	\$55,810,350	\$60,847,281	\$41,226,951	\$21,358,039	\$38,192,217	\$38,216,039	\$31,627,303	-9.0%	0.9%
Age 1 to 5	\$137,835,339	\$144,820,453	\$182,377,106	\$171,331,655	\$221,217,724	\$195,769,464	\$168,622,063	3.4%	4.8%
Age 6 to 14	\$254,329,640	\$275,743,328	\$311,085,447	\$295,865,131	\$397,902,682	\$360,791,541	\$311,934,347	3.5%	8.8%
Age 15 to 20	\$290,631,977	\$307,126,821	\$332,509,797	\$336,871,580	\$438,127,593	\$399,439,472	\$345,196,118	2.9%	9.8%
Age 21 to 44	\$868,034,308	\$861,368,159	\$1,002,377,630	\$988,904,646	\$1,267,243,826	\$1,256,244,945	\$1,094,861,710	3.9%	31.0%
Age 45 to 64	\$542,171,190	\$563,084,113	\$704,159,023	\$700,539,993	\$874,282,371	\$1,023,861,705	\$910,254,436	9.0%	25.7%
Age 65 to 74	\$183,879,128	\$177,283,148	\$245,638,770	\$219,442,200	\$163,402,124	\$213,957,036	\$182,937,315	-0.1%	5.2%
Age 75 to 84	\$265,761,567	\$260,285,597	\$369,874,449	\$254,721,104	\$62,842,730	\$265,122,590	\$227,015,314	-2.6%	6.4%
Age 85 and Over	\$287,881,310	\$285,834,717	\$446,522,980	\$293,937,238	\$12,406,917	\$305,929,261	\$263,855,500	-1.4%	7.5%
Age Unknown	\$0	\$0	\$0	\$2,351,387	\$15,338,397	\$0	\$0	-100.0%	0.0%
Total	\$2,886,334,809	\$2,936,393,617	\$3,635,772,153	\$3,285,322,973	\$3,490,956,581	\$4,059,332,053	\$3,536,304,106	3.4%	100.0%
By Race									
White	\$1,982,400,031	\$2,024,469,812	\$2,237,034,676	\$1,993,081,754	\$2,379,721,705	\$2,753,991,672	\$2,409,396,672	3.3%	68.1%
Black	\$754,336,955	\$756,940,510	\$790,931,654	\$697,530,394	\$1,053,223,802	\$1,196,334,667	\$1,061,047,667	5.9%	30.0%
Hispanic, American Indian or Asian	\$18,640,700	\$21,191,292	\$25,682,408	\$23,393,737	\$50,533,812	\$55,206,195	\$50,189,645	17.9%	1.4%
Other/Unknown	\$130,957,123	\$133,792,003	\$582,123,415	\$571,317,087	\$7,477,262	\$53,799,519	\$15,670,122	-29.8%	0.4%
Total*	\$2,886,334,809	\$2,936,393,617	\$3,635,772,153	\$3,285,322,973	\$3,490,956,581	\$4,059,332,053	\$3,536,304,106	3.4%	100.0%
By Sex									
Female	\$1,757,684,143	\$1,800,773,042	\$1,974,403,831	\$1,758,322,407	\$1,765,144,052	\$2,085,929,055	\$1,798,766,380	0.4%	50.9%
Male	\$1,128,589,057	\$1,135,546,091	\$1,205,877,576	\$1,066,048,064	\$1,333,639,315	\$1,542,091,553	\$1,351,071,905	3.0%	38.2%
Unknown	\$61,609	\$74,484	\$455,490,746	\$460,952,502	\$392,173,214	\$431,311,445	\$386,465,821	329.4%	10.9%
Total*	\$2,886,334,809	\$2,936,393,617	\$3,635,772,153	\$3,285,322,973	\$3,490,956,581	\$4,059,332,053	\$3,536,304,106	3.4%	100.0%

*FFY 02 projected using FFY 96-FFY 01 trends, State Annual report, and state submitted data (SEE "Important Note" prior to table of contents).

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

SOUTHERN REGION MEDICAID PROFILE

AVERAGE PAYMENT PER RECIPIENT BY OTHER CHARACTERISTICS

	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	FFY 01	FFY 02	Annual Change	Above (+) or Below (-) SLC Avg. FFY 02
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	\$2,815.36	\$3,606.27	\$3,435.84	\$3,004.03	\$3,688.69	\$3,432.45	\$3,213.27	2.2%	-26.0%
Poverty Related Eligibles	\$3,658.25	\$1,336.34	\$3,982.10	\$1,745.83	\$1,793.50	\$2,199.57	\$2,115.34	-8.7%	8.7%
Medically Needy	\$1,213.59	\$1,279.79	\$1,425.15	\$1,327.69	\$1,581.23	\$1,642.32	\$1,569.23	4.4%	-76.1%
Other Eligibles	\$1,039.68	\$2,574.51	\$3,977.02	\$2,571.32	\$1,876.96	\$2,729.87	\$2,588.04	16.4%	-64.5%
Maintenance Assistance Status Unknown	\$1,324.25	\$0.00	\$871.88	\$45.95	\$236.77	\$0.00	\$0.00	-100.0%	-100.0%
Total	\$2,048.62	\$2,074.29	\$2,501.33	\$2,118.26	\$2,225.92	\$2,533.87	\$2,428.75	2.9%	-35.1%
By Basis of Eligibility									
Aged, Blind or Disabled	\$4,798.15	\$4,618.49	\$5,570.93	\$4,855.74	\$4,138.19	\$5,177.49	\$4,893.36	0.3%	-48.1%
Children	\$828.59	\$1,045.50	\$1,188.28	\$863.01	\$1,190.95	\$1,064.24	\$1,005.56	3.3%	-21.6%
Foster Care Children	\$5,499.16	\$5,714.29	\$5,138.67	\$6,435.48	\$6,240.51	\$5,793.29	\$5,426.33	-0.2%	0.0%
Adults	\$1,338.33	\$1,400.08	\$4,161.62	\$1,542.33	\$2,157.05	\$2,394.85	\$2,311.96	9.5%	-3.3%
Basis of Eligibility Unknown	\$1,324.25	\$0.00	\$873.15	\$45.95	\$236.77	\$0.00	\$0.00	-100.0%	-100.0%
Total	\$2,048.62	\$2,074.29	\$2,501.33	\$2,118.26	\$2,225.92	\$2,533.87	\$2,428.75	2.9%	-35.1%
By Age									
Under Age 1	\$1,123.17	\$1,174.59	\$759.48	\$652.59	\$1,176.59	\$1,130.25	\$1,065.68	-0.9%	-63.0%
Age 1 to 5	\$731.91	\$774.40	\$970.47	\$885.15	\$1,134.14	\$967.70	\$918.53	3.9%	-33.3%
Age 6 to 14	\$1,032.29	\$1,057.56	\$1,124.23	\$994.77	\$1,318.78	\$1,139.52	\$1,079.20	0.7%	-27.8%
Age 15 to 20	\$2,016.67	\$2,096.04	\$2,203.72	\$2,103.48	\$2,686.19	\$2,327.32	\$2,206.60	1.5%	-10.6%
Age 21 to 44	\$2,041.74	\$2,118.98	\$2,470.63	\$2,297.14	\$2,991.19	\$2,829.72	\$2,718.06	4.9%	-38.6%
Age 45 to 64	\$2,657.70	\$2,690.24	\$3,182.77	\$2,960.34	\$3,640.60	\$4,034.64	\$3,929.95	6.7%	-52.5%
Age 65 to 74	\$2,704.50	\$2,541.33	\$3,412.93	\$3,028.96	\$2,188.47	\$2,710.41	\$2,545.43	-1.0%	-60.6%
Age 75 to 84	\$5,246.71	\$5,092.75	\$7,197.82	\$5,595.93	\$1,411.02	\$5,860.36	\$5,597.02	1.1%	-41.9%
Age 85 and Over	\$8,822.87	\$8,698.30	\$13,363.35	\$9,978.86	\$441.51	\$11,036.81	\$10,669.02	3.2%	-24.1%
Age Unknown	\$0.00	\$0.00	\$0.00	\$44.76	\$236.44	\$0.00	\$0.00	-100.0%	-100.0%
Total	\$2,048.62	\$2,074.29	\$2,501.33	\$2,118.26	\$2,225.92	\$2,533.87	\$2,428.75	2.9%	-35.1%
By Race									
White	\$2,151.15	\$2,168.04	\$2,323.61	\$1,940.49	\$2,296.84	\$2,602.36	\$2,504.83	2.6%	-44.4%
Black	\$1,794.49	\$1,839.52	\$1,901.98	\$1,584.55	\$2,382.15	\$2,647.09	\$2,587.59	6.3%	-16.4%
Hispanic, American Indian or Asian	\$1,019.68	\$1,054.40	\$2,043.80	\$835.65	\$2,578.67	\$2,755.28	\$2,770.92	18.1%	18.1%
Other/Unknown	\$2,687.90	\$2,662.63	\$9,331.59	\$10,265.73	\$106.06	\$749.48	\$237.60	-33.3%	-95.3%
Total	\$2,048.62	\$2,074.29	\$2,501.33	\$2,118.26	\$2,225.92	\$2,533.87	\$2,428.75	2.9%	-35.1%
By Sex									
Female	\$2,159.99	\$2,188.60	\$2,337.08	\$2,686.86	\$1,947.81	\$2,255.67	\$2,130.82	-0.2%	-43.4%
Male	\$1,896.24	\$1,915.51	\$1,981.00	\$1,189.07	\$2,014.26	\$2,276.90	\$2,208.17	2.6%	-39.0%
Unknown	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	n/a	-100.0%
Total	\$2,048.62	\$2,074.29	\$2,501.33	\$2,118.26	\$2,225.92	\$2,533.87	\$2,428.75	2.9%	-35.1%

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

SOUTHERN REGION MEDICAID PROFILE

ADDITIONAL STATE HEALTH CARE INFORMATION

Sources: "Major Health Care Policies: 50 State Profiles 2002", Health Policy Tracking Service, January, 2003; and "Medicaid Services State by State", CMS, October 2002.

*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 January 31, 2002. TennCare is a statewide program that provides health care benefits to Medicaid beneficiaries, uninsured state residents, and those whose medical conditions make them uninsurable. All TennCare enrollees receive services, exclusive of long-term care and Medicare costs, through capitated managed care plans that are either HMO or PPO. It limits enrollment to 1,500,000 per year with Medicaid eligibles having first priority.

- On July 1, 2002 Tennessee reached a new five-year agreement with the federal government to continue TennCare. The agreement separated TennCare into three products: TennCare Medicaid, TennCare Standard and TennCare Assist (the Assist program will be implemented at a later date determined by the legislature).
- TennCare Medicaid is a continuation of the federal Medicaid program with a few minor changes in benefits, and a three-tiered pharmacy co-payment structure that begins January 1, 2003. Tennessee added a new Medicaid eligibility category: women under 65 who have been screened by the Centers for Disease Control (CDC) and are in need of treatment for breast or cervical cancer.

- Eligibility for TennCare is as follows:

1. TennCare Medicaid will cover those that were previously enrolled in the program and receive benefits required by CMS for all Medicaid programs;
2. TennCare Standard will cover the uninsured, medically eligible, and grandfathered children from the state CHIP. The benefit package will be comparable to the State Employees HMO package. The plan has received CMS approval to cover individuals as follows:

- Uninsured, without access to group health insurance, with income up to 200% of the FPL;
- Medically eligible without insurance, at any income level who meet specific medical criteria (based on medical diagnosis);
- Grandfathered children under the age of 19, enrolled in the previous demonstration project as uninsured, as of 12/31/02 that had access to group health insurance, and family income under 200% of the FPL (will transfer to the Employer Sponsored Program (ESI) when implemented);
- Grandfathered individuals, with Medicare but not Medicaid coverage, enrolled as of 12/31/02 as uninsurable, at any income level will receive only pharmacy benefits;

3. TennCare Assist will cover employed, with access to group health insurance, up to 200% of the FPL. The state will cover up to 40% of the cost of employer sponsored health insurance coverage that offers at least a basic HMO package; limits employee out-of-pocket expenses to \$2,000 per individual and \$4,000 per family; and

4. Pharmacy-only will provide pharmacy benefits to grandfathered Medicare enrollees with a three-tiered pharmacy co-payment.

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

Enrollees will share in program costs through payment of premiums and co-payments;

Medicaid enrollees will have nominal pharmacy co-payments (\$1, \$3, or \$5 depending on the drug);

Non-Medicaid eligible individuals will pay monthly premiums based on income to enroll in TennCare Standard;

Annual out-of-pocket maximums for TennCare Standard are as follows:

100% to 199%	\$1,000 individual; \$2,000 family
200% and over	\$2,000 individual; \$4,000 family
Plus additional co-payments for pharmacy	\$5, \$15, or \$25 depending on the drug

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

A \$25 evaluation fee for individuals that want to enroll as medically eligible.

TENNESSEE

SOUTHERN REGION MEDICAID PROFILE

Waivers (Continued)

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

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

Managed Care

- Any Willing Provider Clause: Limited to optometrists, podiatrists, and social workers.
- TennCare contracts with 9 HMO's to provide statewide coverage to all individuals enrolled in the program. Enrollment in an HMO is mandatory.

Coverage for Targeted Population

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

Cost Containment Measures

- Certificate of Need Program since 1973. Regulates introduction or expansion of new institutional health facilities and services. The Health Facilities Commission, which operates the Certificate of Need Program, is scheduled to terminate on June 30, 2003.
- Medical Care and Cost Containment Committee was appointed to oversee the medical cost containment system, including reasonable fee levels.
- Skilled and Intermediate Care Cost is now controlled by a global budget. Reimbursement rates are set by determining the number of days of care limited to an annual funding amount.

Medicaid

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

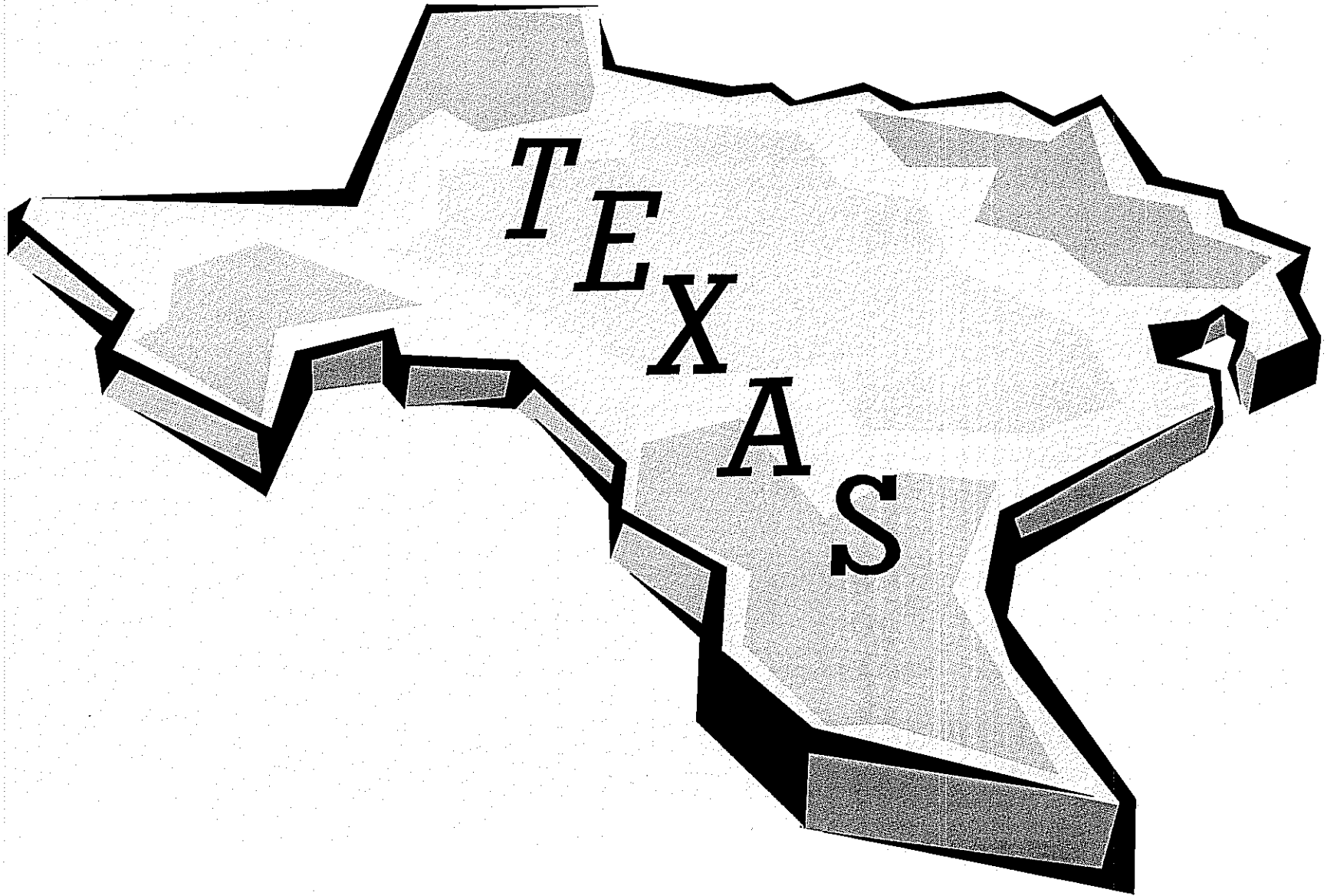
Children's Health Insurance Program: State Designed

- Effective January 1, 2003, all eligible children will be covered under the revised TennCare 1115 demonstration waiver.

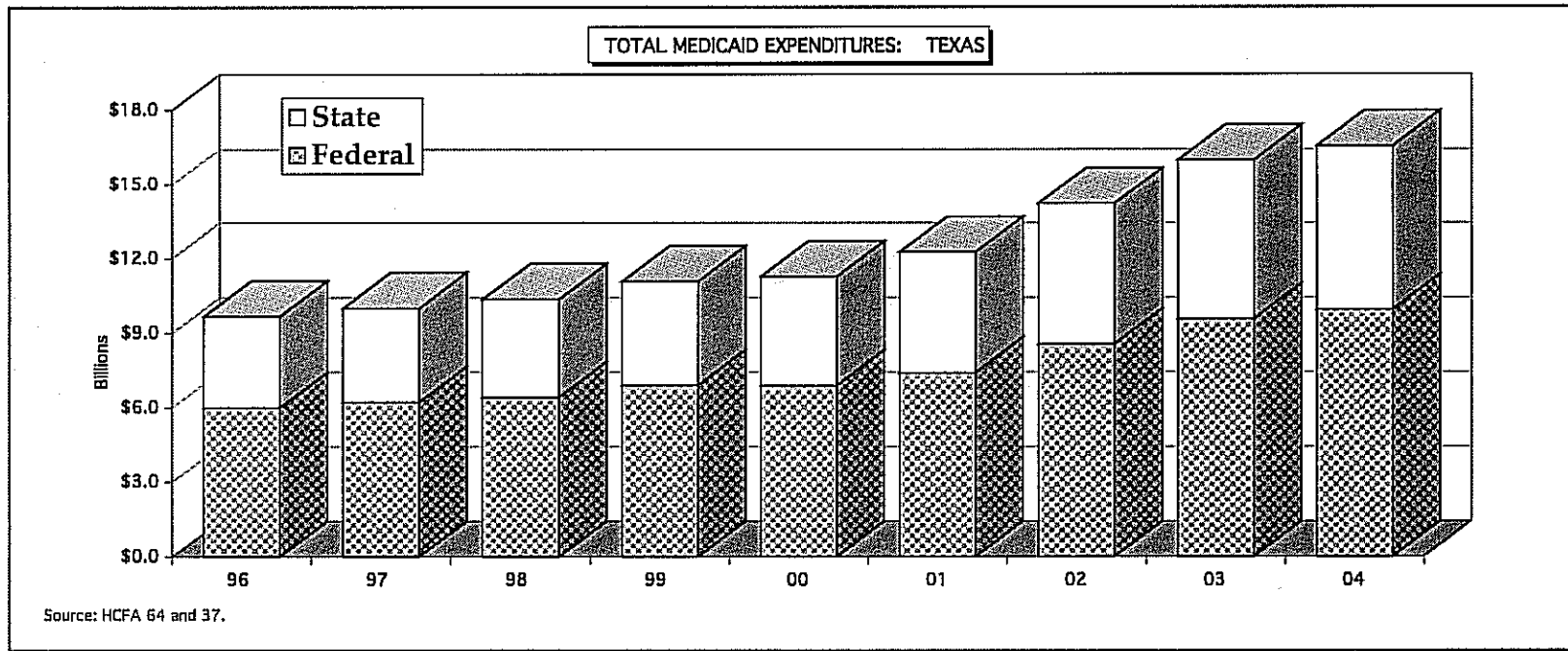
Tobacco Settlement

- The state expects to receive approximately \$4.78 billion over 25 years.
- For Fiscal Year 2002, the tobacco settlement payment was approximately \$177.4 million.
- For 2001, the state wanted to place the entire amount of tobacco settlement funds on hand (\$369 million) in the rainy day fund. However, a critical shortfall in revenues necessary to fund the state budget for 2001 required legislative action as follows:
 - \$25 million was placed in the general fund;
 - \$100 million was set aside for possible federal liability relative to the nursing home tax; and
 - \$243.8 million to carryforward to 2002 to mitigate a projected shortfall in state funding available for the Medicaid program.
- For 2002, the state continued to place all of its tobacco settlement funds in the general fund and use it to fund normal operations of state government.

STATE MEDICAID PROFILE



SOUTHERN REGION MEDICAID PROFILE



THIS IS A PRELIMINARY DRAFT OF THE FFY 02 MEDICAID COMPARATIVE DATA REPORT. REVISIONS WILL BE REQUIRED PRIOR TO PUBLISHING THE FINAL DOCUMENT. SEE NOTE ON THE FIRST PAGE OF THE REPORT.

	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	FFY 01	FFY 02*	FFY 03**	FFY 04**	Annual Rate of Change	Total Change 96-04
Medicaid Payments	\$9,206,669,731	\$9,499,542,092	\$9,776,932,593	\$10,398,353,951	\$10,643,772,061	\$11,604,639,613	\$13,530,826,351	\$15,225,519,000	\$15,767,004,000	7.0%	71.3%
Federal Share	\$5,750,703,059	\$5,956,261,415	\$6,104,238,675	\$6,516,178,649	\$6,552,379,660	\$7,050,331,820	\$8,163,909,015	\$9,155,507,000	\$9,511,939,000	6.5%	65.4%
State Share	\$3,455,966,672	\$3,543,280,677	\$3,672,693,918	\$3,882,175,302	\$4,091,392,401	\$4,554,307,793	\$5,366,917,336	\$6,070,012,000	\$6,255,065,000	7.7%	81.0%
Administrative Costs	\$453,797,768	\$501,653,473	\$576,952,240	\$667,216,364	\$619,051,157	\$656,595,682	\$706,759,839	\$758,699,000	\$773,400,000	6.9%	70.4%
Federal Share	\$247,143,021	\$269,284,914	\$319,762,855	\$381,132,417	\$337,690,078	\$356,949,745	\$385,752,228	\$415,671,000	\$423,850,000	7.0%	71.5%
State Share	\$206,654,747	\$232,368,559	\$257,189,385	\$286,083,947	\$281,361,079	\$299,645,937	\$321,007,611	\$343,028,000	\$349,550,000	6.8%	69.1%
Admin. Costs as % of Payments	4.93%	5.28%	5.90%	6.42%	5.82%	5.66%	5.22%	4.98%	4.91%		
Federal Match Rate*	62.30%	62.56%	62.28%	62.45%	61.36%	60.57%	60.17%	59.99%	60.22%		

*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 03 and 04 reflect latest estimates reported by each state (CMS 37).

SOUTHERN REGION MEDICAID PROFILE

STATE FINANCING

	Payments		Administration	
	FFY 96	FFY 02	FFY 96	FFY 02
State General Fund	\$3,455,966,672	\$5,359,049,756	\$206,654,747	\$321,007,611
Local Funds	\$0	\$0	\$0	\$0
Provider Taxes	\$0	\$0	\$0	\$0
Donations	\$0	\$7,867,580	\$0	\$0
Other	\$0	\$0	\$0	\$0
Total State Share	\$3,455,966,672	\$5,366,917,336	\$206,654,747	\$321,007,611

*Donations from Outstationed Eligibility Workers Program

Provider Taxes Currently in Place (FFY 02)

Tax Rate	Amount
NO PROVIDER TAXES	

DISPROPORTIONATE SHARE HOSPITAL (DSH) PAYMENTS

	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	FFY 01	FFY 02*	FFY 03**	FFY 04**	Annual Change
General Hospitals	\$1,194,046,660	\$1,122,995,000	\$1,278,486,408	\$1,142,184,571	\$1,073,086,000	\$1,015,303,172	\$1,057,502,792	\$1,044,106,000	\$1,040,118,000	-3.4%
Mental Hospitals	\$318,982,340	\$390,034,000	\$292,513,592	\$292,400,774	\$240,473,000	\$223,024,783	\$227,650,322	\$250,235,000	\$249,279,000	-2.6%
Total	\$1,513,029,000	\$1,513,029,000	\$1,571,000,000	\$1,434,585,345	\$1,313,559,000	\$1,238,327,955	\$1,285,153,114	\$1,294,341,000	\$1,289,397,000	-3.2%

SELECTED ELIGIBILITY CRITERIA

	At 10/1/02	% of FPL*
TANF-Temporary Assistance for Needy Families (Family of 3)		
Need Standard	\$751	59.1%
Payment Standard	\$188	14.8%
Maximum Payment	\$201	15.8%
Medically Needy Program (Family of 3)		
Income Eligibility Standard	\$275	
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	\$500	66.8%
Couple	\$751	74.4%
Resources:		
Single Person	\$2,000	
Couple	\$3,000	

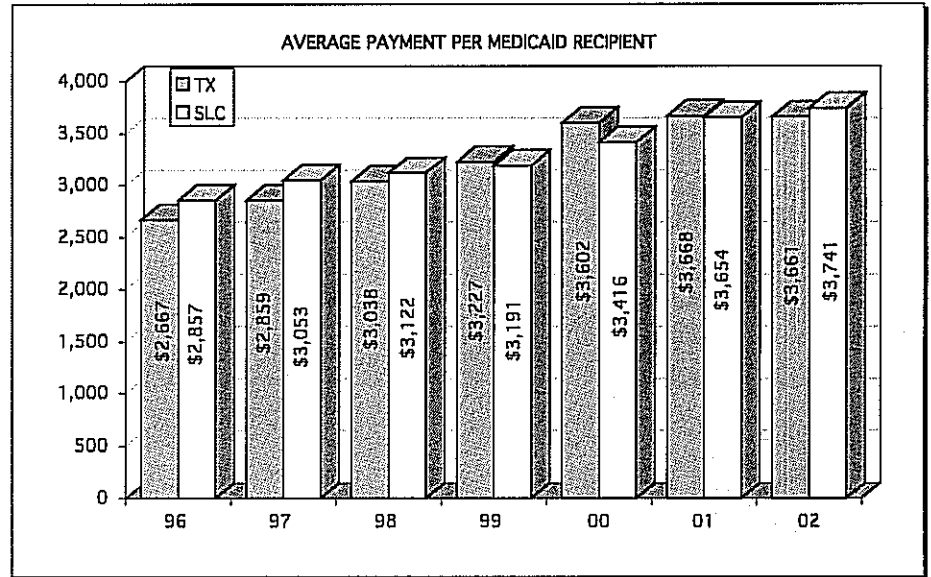
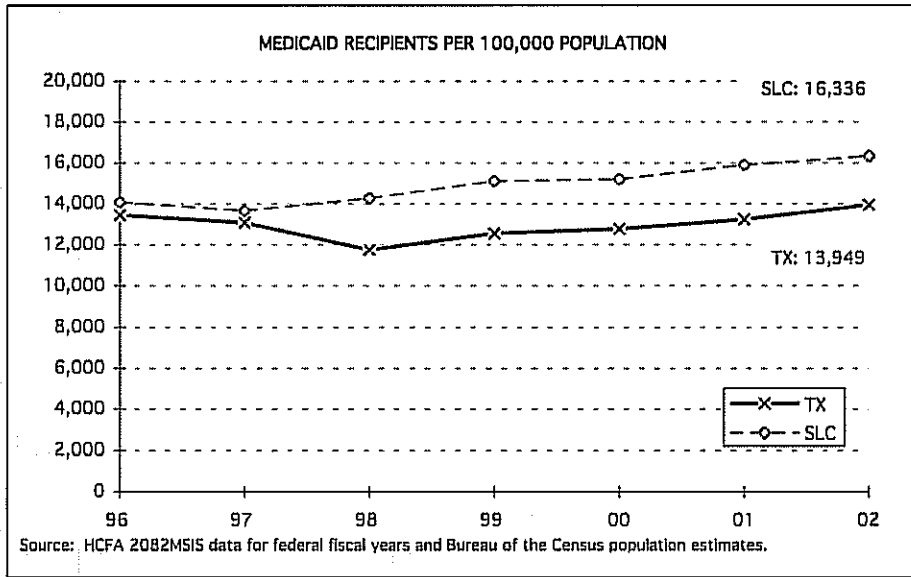
DEMOGRAPHIC DATA & POVERTY INDICATORS (2002)

		Rank in U.S.
State population—July 1, 2002*	21,779,893	2
Per capita personal income**	\$28,581	27
Median household income**	\$40,860	30
Population below Federal Poverty Level on July 1, 2001*	3,310,544	
Percent of total state population	15.2%	6
Population without health insurance coverage*	5,118,275	2
Percent of total state population	23.5%	1
Recipients of Food Stamps***	1,554,428	2
Households receiving Food Stamps***	570,337	3
Total value of issuance***	\$1,522,294,908	2
Average monthly benefit per recipient	\$81.61	13
Average monthly benefit per household	\$222.43	
Monthly recipients of Temporary Assistance to Needy Families (TANF)****	322,779	3
Total TANF payments****	\$495,445,289	41
Average monthly payment per recipient	\$67.83	44
Maximum monthly payment per family of 3	\$188.00	47

*Current federal poverty level is \$8,980 per year for a single person, \$12,120 for a family of two and \$15,260 for a family of three. Table above shows monthly income levels.

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

SOUTHERN REGION MEDICAID PROFILE



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

<u>RECIPIENTS BY TYPE OF SERVICES</u>	<u>FFY 96</u>	<u>FFY 97</u>	<u>FFY 98</u>	<u>FFY 99</u>	<u>FFY 00</u>	<u>FFY 01</u>	<u>FFY 02</u>	<u>Annual Change</u>
01. General Hospital	493,659	492,102	444,750	396,110	526,001	427,428	438,181	-2.0%
02. Mental Hospital	0	0	0	6,364	8,657	8,056	8,165	8.7%
03. Skilled and Intermediate (non-MR) Care Nursing	96,681	95,469	88,522	95,812	95,582	96,448	98,667	0.3%
04. Intermediate Care for Mentally Retarded	14,150	14,170	13,935	13,827	14,095	13,849	14,178	0.0%
05. Physician Services	2,068,773	1,951,521	1,783,470	1,885,426	1,944,593	1,900,247	1,944,763	-1.0%
06. Dental Services	529,754	644,659	7,026	617,985	663,613	619,024	631,028	3.0%
07. Other Practitioners	556,808	549,889	478,837	4,951	523,590	5,014	12,362	-47.0%
08. Outpatient Hospital	1,168,092	1,092,506	1,011,359	941,835	1,026,340	954,364	978,004	-2.9%
09. Clinic Services	305,085	291,563	267,969	287,727	313,041	303,677	310,562	0.3%
10. Lab and X-Ray	1,244,323	1,089,151	815,014	838,408	1,046,589	904,768	926,844	-4.8%
11. Home Health	76,677	108,269	116,552	8,056	103,964	8,173	9,796	-29.0%
12. Prescribed Drugs	2,058,903	1,986,178	1,894,447	1,853,536	1,854,257	1,854,809	1,899,222	-1.3%
13. Family Planning	221,626	205,520	181,434	18,725	20,701	19,079	21,174	-32.4%
14. Early & Periodic Screening, Diagnosis & Treatment	768,599	849,487	1,046,345	0	0	1,046,345	1,060,182	5.5%
15. Other Care	452,747	337,278	186,423	518,113	295,815	520,014	528,751	2.6%
16. Personal Care Support Services	0	0	209,980	164,363	356,576	166,252	170,593	-5.1%
17. Home/Community Based Waiver Services	0	0	25,762	0	0	0	0	-100.0%
18. Prepaid Health Care	0	0	0	520,222	778,162	527,632	536,220	1.0%
19. Primary Care Case Management (PCCM) Services	0	0	0	243,529	329,435	248,355	252,218	1.2%
Total*	2,571,547	2,538,655	2,324,810	2,518,222	2,665,138	2,820,625	3,038,000	2.8%

*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.

*FFY 02 projected using FFY 96-FFY 01 trends, State Annual report, and state submitted data (SEE "Important Note" prior to table of contents).

SOUTHERN REGION MEDICAID PROFILE

<u>PAYMENTS BY TYPE OF SERVICES</u>	<u>FFY 96</u>	<u>FFY 97</u>	<u>FFY 98</u>	<u>FFY 99</u>	<u>FFY 00</u>	<u>FFY 01</u>	<u>FFY 02</u>	<u>Annual Change</u>	<u>Share of Total FFY 02</u>
01. General Hospital	\$1,844,573,863	\$1,828,889,216	\$1,643,167,233	\$1,326,163,356	\$1,665,074,725	\$1,300,000,000	\$1,442,054,051	-4.0%	13.0%
02. Mental Hospital	\$0	\$0	\$0	\$35,870,950	\$40,628,014	\$47,901,411	\$50,177,710	11.8%	0.5%
03. Skilled and Intermediate (non-MR) Care Nursing	\$1,270,530,921	\$1,344,465,477	\$1,384,415,773	\$1,437,040,893	\$1,575,260,091	\$1,604,116,766	\$1,738,522,265	5.4%	15.6%
04. Intermediate Care for Mentally Retarded	\$616,103,076	\$678,928,647	\$728,574,336	\$689,957,035	\$839,359,693	\$762,533,008	\$830,224,378	5.1%	7.5%
05. Physician Services	\$727,815,694	\$702,433,071	\$661,475,584	\$937,196,510	\$921,042,255	\$958,555,000	\$1,035,054,186	6.0%	9.3%
06. Dental Services	\$102,183,878	\$127,393,712	\$2,165,089	\$135,075,124	\$159,856,778	\$151,031,882	\$161,562,890	7.9%	1.5%
07. Other Practitioners	\$66,998,447	\$77,156,691	\$70,751,155	\$301,821	\$91,363,746	\$88,555,000	\$94,559,148	5.9%	0.9%
08. Outpatient Hospital	\$461,121,845	\$449,816,009	\$446,493,014	\$386,357,309	\$475,150,479	\$452,550,000	\$492,995,658	1.1%	4.4%
09. Clinic Services	\$56,437,297	\$54,047,997	\$52,613,253	\$55,408,155	\$64,377,836	\$56,525,000	\$61,702,873	1.5%	0.6%
10. Lab and X-Ray	\$129,963,038	\$110,874,612	\$94,105,854	\$62,176,712	\$82,188,351	\$75,660,000	\$83,436,822	-7.1%	0.8%
11. Home Health	\$322,907,568	\$553,233,326	\$98,543,991	\$68,245,666	\$179,682,915	\$125,000,000	\$143,750,238	-12.6%	1.3%
12. Prescribed Drugs	\$667,743,192	\$750,056,208	\$817,591,112	\$952,419,862	\$1,125,248,059	\$1,325,987,804	\$1,416,953,532	13.4%	12.7%
13. Family Planning	\$53,925,994	\$48,535,665	\$40,544,186	\$14,187,285	\$15,266,910	\$10,818,447	\$13,185,360	-20.9%	0.1%
14. Early & Periodic Screening, Diagnosis & Treatment*	\$335,567,443	\$344,474,226	\$338,681,191	\$0	\$0	\$47,205,674	\$60,569,942	-24.8%	0.5%
15. Other Care	\$203,683,746	\$186,654,411	\$53,173,074	\$988,770,560	\$979,685,271	\$1,418,990,511	\$1,489,089,914	39.3%	13.4%
16. Personal Care Support Services	\$0	\$0	\$425,887,769	\$186,413,300	\$309,482,777	\$388,256,702	\$412,228,041	-0.8%	3.7%
17. Home/Community Based Waiver Services	\$0	\$0	\$203,678,629	\$0	\$0	\$0	\$0	-100.0%	0.0%
18. Prepaid Health Care	\$0	\$0	\$0	\$615,598,443	\$744,950,667	\$1,219,664,114	\$1,266,877,283	27.2%	11.4%
19. Primary Case Management (PCCM) Services	\$0	\$0	\$0	\$234,642,837	\$330,806,167	\$312,000,000	\$328,055,709	11.8%	2.9%
Total (excludes DSH pymts, pharmacy rebates, & other adjs.)	\$6,859,556,002	\$7,256,959,268	\$7,061,861,243	\$8,125,825,818	\$9,599,424,734	\$10,345,351,319	\$11,121,000,000	8.4%	100.0%

*Expenditures for FFY 96-FFY 02 revised 8/01/03

AVERAGE PAYMENTS PER RECIPIENT BY TYPE OF SERVICES

								(+) or (-) SLC	
									Aug. FFY 02
01. General Hospital	\$3,736.53	\$3,716.48	\$3,694.59	\$3,347.97	\$3,165.54	\$3,041.45	\$3,291.00	-2.1%	-26.0%
02. Mental Hospital	\$0.00	\$0.00	\$0.00	\$5,636.54	\$4,693.08	\$5,946.05	\$6,145.46	2.9%	-20.4%
03. Skilled and Intermediate (non-MR) Care Nursing	\$13,141.47	\$14,082.74	\$15,639.23	\$14,998.55	\$16,480.72	\$16,631.93	\$17,620.10	5.0%	-13.8%
04. Intermediate Care for Mentally Retarded	\$43,540.85	\$47,913.10	\$52,283.77	\$49,899.26	\$59,550.17	\$55,060.51	\$58,557.23	5.1%	-20.4%
05. Physician Services	\$351.81	\$359.94	\$370.89	\$497.07	\$473.64	\$504.44	\$532.23	7.1%	14.4%
06. Dental Services	\$192.89	\$197.61	\$308.15	\$218.57	\$240.89	\$243.98	\$256.03	4.8%	-9.3%
07. Other Practitioners	\$120.33	\$140.31	\$147.76	\$60.96	\$174.49	\$17,661.55	\$7,649.18	99.8%	2313.2%
08. Outpatient Hospital	\$394.77	\$411.73	\$441.48	\$410.22	\$462.96	\$474.19	\$504.08	4.2%	-6.9%
09. Clinic Services	\$184.99	\$185.37	\$196.34	\$192.57	\$205.65	\$186.14	\$198.68	1.2%	-70.9%
10. Lab and X-Ray	\$104.44	\$101.80	\$115.47	\$74.16	\$78.53	\$83.62	\$90.02	-2.4%	-13.0%
11. Home Health	\$4,211.27	\$5,109.80	\$845.49	\$8,471.41	\$1,728.32	\$15,294.26	\$14,674.38	23.1%	367.8%
12. Prescribed Drugs	\$324.32	\$377.64	\$431.57	\$513.84	\$606.85	\$714.89	\$746.07	14.9%	-31.8%
13. Family Planning	\$243.32	\$236.16	\$223.47	\$757.67	\$737.50	\$567.03	\$622.71	17.0%	62.8%
14. Early & Periodic Screening, Diagnosis & Treatment	\$436.60	\$405.51	\$323.68	\$0.00	\$0.00	\$45.11	\$57.13	-28.7%	-45.8%
15. Other Care	\$449.88	\$553.41	\$285.23	\$1,908.41	\$3,311.82	\$2,728.75	\$2,816.24	35.8%	57.9%
16. Personal Care Support Services	\$0.00	\$0.00	\$2,028.23	\$1,882.92	\$0.00	\$0.00	\$0.00	-100.0%	-100.0%
17. Home/Community Based Waiver Services	\$0.00	\$0.00	\$7,906.17	\$0.00	\$0.00	\$0.00	\$0.00	-100.0%	-100.0%
18. Prepaid Health Care	\$0.00	\$0.00	\$0.00	\$1,183.34	\$957.32	\$2,311.58	\$2,362.61	25.9%	40.6%
19. Primary Care Case Management (PCCM) Services	\$0.00	\$0.00	\$0.00	\$963.51	\$1,004.16	\$1,256.27	\$1,300.68	10.5%	1546.4%
Total (Average)	\$2,667.48	\$2,858.58	\$3,037.61	\$3,226.81	\$3,601.85	\$3,667.75	\$3,660.63	5.4%	-2.1%

TOTAL PER CAPITA EXPENDITURES	\$506.02	\$515.91	\$523.99	\$552.06	\$540.14	\$574.97	\$653.70	4.4%	-14.8%
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SOUTHERN REGION MEDICAID PROFILE
DATA BY OTHER CHARACTERISTICS

RECIPIENTS BY OTHER CHARACTERISTICS

	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	FFY 01	FFY 02	Annual Change	Share of Total FFY 02
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	1,192,877	1,090,058	917,603	847,938	878,418	937,519	1,020,088	-2.6%	33.6%
Poverty Related Eligibles	575,644	907,434	903,813	1,024,428	1,140,666	1,198,508	1,279,473	14.2%	42.1%
Medically Needy	37,255	45,282	38,247	31,805	48,474	51,012	54,561	6.6%	1.8%
Other Eligibles	765,771	495,881	465,147	466,605	499,278	531,794	577,193	-4.6%	19.0%
Maintenance Assistance Status Unknown	0	0	0	147,446	98,302	101,792	106,685	-10.2%	3.5%
Total*	2,571,547	2,538,655	2,324,810	2,518,222	2,665,138	2,820,625	3,038,000	2.8%	100.0%
By Basis of Eligibility									
Aged, Blind, or Disabled	590,052	603,553	589,661	609,366	630,694	667,865	719,836	3.4%	23.7%
Children	1,474,113	1,469,276	1,327,276	1,348,414	1,445,358	1,531,939	1,652,973	1.9%	54.4%
Foster Care Children	0	8,104	16,087	23,733	27,991	29,045	30,523	30.4%	1.0%
Adults	507,382	457,722	391,786	389,263	462,793	489,983	527,983	0.7%	17.4%
Basis of Eligibility Unknown	0	0	0	147,446	98,302	101,793	106,685	-10.2%	3.5%
Total*	2,571,547	2,538,655	2,324,810	2,518,222	2,665,138	2,820,625	3,038,000	2.8%	100.0%
By Age									
Under Age 1	261,384	253,689	144,065	149,086	374,194	390,020	412,159	7.9%	13.6%
Age 1 to 5	614,653	582,420	558,876	552,865	494,188	527,748	574,644	-1.1%	18.9%
Age 6 to 14	559,648	569,632	574,293	580,219	574,685	609,610	658,439	2.7%	21.7%
Age 15 to 20	200,470	195,399	179,470	232,906	261,762	275,305	294,246	6.6%	9.7%
Age 21 to 44	484,792	470,231	417,767	396,133	455,706	482,980	521,102	1.2%	17.2%
Age 45 to 64	147,049	152,308	148,914	153,136	172,248	181,869	195,322	4.8%	6.4%
Age 65 to 74	126,039	129,296	122,019	123,388	131,143	138,906	149,758	2.9%	4.9%
Age 75 to 84	100,270	106,242	103,321	106,291	109,816	116,284	125,326	3.8%	4.1%
Age 85 and Over	77,242	79,438	76,084	76,743	76,371	81,074	87,649	2.1%	2.9%
Age Unknown	0	0	1	147,455	15,025	16,829	19,355	1079.5%	0.6%
Total*	2,571,547	2,538,655	2,324,810	2,518,222	2,665,138	2,820,625	3,038,000	2.8%	100.0%
By Race									
White	744,746	713,214	645,978	690,907	713,714	756,677	816,730	1.5%	26.9%
Black	523,889	503,281	458,055	487,805	504,807	535,156	577,578	1.6%	19.0%
Hispanic, American Indian or Asian	1,250,998	1,231,395	1,149,293	1,268,790	1,372,161	1,449,925	1,558,656	3.7%	51.3%
Other/Unknown	51,914	90,765	71,484	70,720	74,456	78,867	85,036	8.6%	2.8%
Total*	2,571,547	2,538,655	2,324,810	2,518,222	2,665,138	2,820,625	3,038,000	2.8%	100.0%
By Sex									
Female	1,583,759	1,554,996	1,414,555	1,519,533	1,620,257	1,715,009	1,847,471	2.6%	60.8%
Male	987,771	983,650	910,233	993,372	1,044,807	1,105,547	1,190,383	3.2%	39.2%
Unknown	17	9	22	5,317	74	69	146	43.1%	0.0%
Total*	2,571,547	2,538,655	2,324,810	2,518,222	2,665,138	2,820,625	3,038,000	2.8%	100.0%

*FFY 02 projected using FFY 96-FFY 01 trends, State Annual report, and state submitted data (SEE "Important Note" prior to table of contents).
Source: Health Care Financing Administration-Form HCFA 2082 for federal fiscal years

SOUTHERN REGION MEDICAID PROFILE

PAYMENTS BY OTHER CHARACTERISTICS

	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	FFY 01	FFY 02	Annual Change	Share of Total FFY 02
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	\$3,303,084,666	\$3,307,699,321	\$3,129,651,326	\$3,454,276,260	\$4,165,835,373	\$4,500,635,490	\$4,844,939,024	6.6%	43.6%
Poverty Related Eligibles	\$951,262,954	\$1,056,241,258	\$1,013,187,235	\$1,239,768,586	\$1,532,368,632	\$1,639,916,164	\$1,756,978,465	10.8%	15.8%
Medically Needy	\$112,727,099	\$149,250,959	\$124,460,966	\$83,337,665	\$154,771,383	\$166,841,656	\$179,305,679	8.0%	1.6%
Other Eligibles	\$2,492,481,283	\$2,743,767,729	\$2,794,561,713	\$3,201,836,270	\$3,682,367,698	\$3,970,438,453	\$4,267,875,624	9.4%	38.4%
Maintenance Assistance Status Unknown	\$0	\$0	\$3	\$146,607,037	\$64,081,648	\$67,519,556	\$71,901,208	6916.1%	0.6%
Total*	\$6,859,556,002	\$7,256,959,268	\$7,061,861,243	\$8,125,825,818	\$9,599,424,734	\$10,345,351,319	\$11,121,000,000	8.4%	100.0%
By Basis of Eligibility								0.0%	
Aged, Blind or Disabled	\$4,193,966,349	\$4,597,946,779	\$3,129,651,326	\$5,371,322,978	\$6,246,387,789	\$6,694,397,239	\$7,170,563,627	9.4%	64.5%
Children	\$1,543,284,585	\$1,620,932,419	\$1,013,187,235	\$1,578,965,373	\$1,995,758,629	\$2,147,345,669	\$2,303,257,814	6.9%	20.7%
Foster Care Children	\$0	\$27,139,453	\$124,460,966	\$114,045,806	\$162,315,637	\$169,298,896	\$178,705,477	45.8%	1.6%
Adults	\$1,122,305,068	\$1,010,940,617	\$2,794,561,713	\$914,884,624	\$1,130,881,031	\$1,263,578,187	\$1,393,309,518	3.7%	12.5%
Basis of Eligibility Unknown	\$0	\$0	\$3	\$146,607,037	\$64,081,648	\$70,731,328	\$75,163,564	6974.9%	0.7%
Total*	\$6,859,556,002	\$7,256,959,268	\$7,061,861,243	\$8,125,825,818	\$9,599,424,734	\$10,345,351,319	\$11,121,000,000	8.4%	100.0%
By Age									
Under Age 1	\$726,560,331	\$766,448,283	\$424,137,434	\$450,690,626	\$1,118,482,750	\$1,187,822,643	\$1,261,438,223	9.6%	11.3%
Age 1 to 5	\$549,695,505	\$525,590,414	\$674,450,883	\$801,566,001	\$613,270,385	\$673,884,194	\$734,338,126	4.9%	6.6%
Age 6 to 14	\$500,234,405	\$536,044,476	\$517,892,714	\$670,076,592	\$801,373,168	\$858,182,273	\$919,350,388	10.7%	8.3%
Age 15 to 20	\$464,428,864	\$457,461,646	\$406,392,800	\$526,600,438	\$662,546,773	\$711,109,666	\$761,957,684	8.6%	6.9%
Age 21 to 44	\$1,700,056,867	\$1,686,662,188	\$1,585,440,469	\$1,758,038,398	\$2,098,253,627	\$2,269,130,276	\$2,443,912,068	6.2%	22.0%
Age 45 to 64	\$1,001,521,237	\$1,105,090,311	\$1,137,136,536	\$1,261,573,423	\$1,583,202,412	\$1,697,312,482	\$1,819,935,812	10.5%	16.4%
Age 65 to 74	\$503,811,500	\$584,721,629	\$613,917,500	\$677,717,904	\$782,736,691	\$842,092,619	\$905,169,487	10.3%	8.1%
Age 75 to 84	\$670,773,241	\$771,846,762	\$802,047,424	\$873,536,760	\$979,836,074	\$1,057,321,589	\$1,138,516,159	9.2%	10.2%
Age 85 and Over	\$742,474,053	\$823,196,038	\$900,444,496	\$959,401,954	\$942,269,851	\$1,025,155,140	\$1,110,091,480	6.9%	10.0%
Age Unknown	\$0	\$(102,480)	\$986	\$146,623,722	\$17,453,003	\$23,340,437	\$26,290,573	1177.8%	0.2%
Total*	\$6,859,556,002	\$7,256,959,268	\$7,061,861,243	\$8,125,825,818	\$9,599,424,734	\$10,345,351,319	\$11,121,000,000	8.4%	100.0%
By Race									
White	\$3,050,667,739	\$3,178,366,493	\$3,202,123,927	\$3,623,853,179	\$4,154,314,212	\$4,483,577,162	\$4,825,230,368	7.9%	43.4%
Black	\$1,273,500,099	\$1,331,579,932	\$1,251,258,881	\$1,487,478,219	\$1,741,261,867	\$1,877,222,984	\$2,018,375,104	8.0%	18.1%
Hispanic, American Indian or Asian	\$2,295,118,707	\$2,345,681,649	\$2,299,565,307	\$2,714,023,858	\$3,345,385,940	\$3,592,693,432	\$3,854,017,160	9.0%	34.7%
Other/Unknown	\$240,269,458	\$401,331,194	\$308,913,128	\$300,470,562	\$358,462,715	\$391,857,741	\$423,377,368	9.9%	3.8%
Total*	\$6,859,556,002	\$7,256,959,268	\$7,061,861,243	\$8,125,825,818	\$9,599,424,734	\$10,345,351,319	\$11,121,000,000	8.4%	100.0%
By Sex									
Female	\$4,359,781,402	\$4,596,246,692	\$4,462,108,203	\$5,042,670,151	\$5,914,488,553	\$6,381,215,518	\$6,865,616,364	7.9%	61.7%
Male	\$2,499,688,178	\$2,660,706,860	\$2,599,680,626	\$3,070,937,470	\$3,667,368,306	\$3,942,865,231	\$4,233,306,355	9.2%	38.1%
Unknown	\$86,422	\$5,716	\$72,413	\$12,218,197	\$17,567,875	\$21,270,570	\$22,077,281	151.9%	0.2%
Total*	\$6,859,556,002	\$7,256,959,268	\$7,061,861,243	\$8,125,825,818	\$9,599,424,734	\$10,345,351,319	\$11,121,000,000	8.4%	100.0%

*FFY 02 projected using FFY 96-FFY 01 trends, State Annual report, and state submitted data (SEE "Important Note" prior to table of contents).

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

SOUTHERN REGION MEDICAID PROFILE

AVERAGE PAYMENT PER RECIPIENT BY OTHER CHARACTERISTICS

								Annual Change	Above (+) or Below (-) SLC Avg. FFY 02
By Maintenance Assistance Status	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	FFY 01	FFY 02		
Receiving Cash Assistance or Eligible Under Section 1931	\$2,769.01	\$3,034.43	\$3,410.68	\$4,073.74	\$4,742.43	\$4,800.58	\$4,749.53	9.4%	9.3%
Poverty Related Eligibles	\$1,652.52	\$1,163.99	\$1,121.01	\$1,210.21	\$1,343.40	\$1,368.30	\$1,373.20	-3.0%	-29.5%
Medically Needy	\$3,025.82	\$3,296.03	\$3,254.14	\$2,620.27	\$3,192.87	\$3,270.64	\$3,286.33	1.4%	-50.0%
Other Eligibles	\$3,254.87	\$5,533.12	\$6,007.91	\$6,861.98	\$7,375.39	\$7,466.12	\$7,394.19	14.7%	1.3%
Maintenance Assistance Status Unknown	\$0.00	\$0.00	\$0.00	\$994.31	\$651.89	\$663.31	\$673.96	-12.2%	-70.7%
Total	\$2,667.48	\$2,858.58	\$3,037.61	\$3,226.81	\$3,601.85	\$3,667.75	\$3,660.63	5.4%	-2.1%
By Basis of Eligibility									
Aged, Blind or Disabled	\$7,107.79	\$7,618.13	\$5,307.54	\$8,814.61	\$9,903.99	\$10,023.58	\$9,961.39	5.8%	5.7%
Children	\$1,046.92	\$1,103.22	\$763.36	\$1,170.98	\$1,380.81	\$1,401.72	\$1,393.40	4.9%	8.6%
Foster Care Children	\$0.00	\$3,348.90	\$7,736.74	\$4,805.37	\$5,798.85	\$5,828.85	\$5,854.78	11.8%	7.9%
Adults	\$2,211.95	\$2,208.63	\$7,132.88	\$2,350.30	\$2,443.60	\$2,578.82	\$2,638.93	3.0%	10.3%
Basis of Eligibility Unknown	\$0.00	\$0.00	\$0.00	\$994.31	\$651.89	\$694.85	\$704.54	-10.8%	-68.4%
Total	\$2,667.48	\$2,858.58	\$3,037.61	\$3,226.81	\$3,601.85	\$3,667.75	\$3,660.63	5.4%	-2.1%
By Age									
Under Age 1	\$2,779.67	\$3,021.21	\$2,944.07	\$3,023.02	\$2,989.05	\$3,045.54	\$3,060.56	1.6%	6.3%
Age 1 to 5	\$894.32	\$902.43	\$1,206.80	\$1,449.84	\$1,240.97	\$1,276.91	\$1,277.90	6.1%	-7.1%
Age 6 to 14	\$893.84	\$941.04	\$901.79	\$1,154.87	\$1,394.46	\$1,407.76	\$1,396.26	7.7%	-6.6%
Age 15 to 20	\$2,316.70	\$2,341.17	\$2,264.41	\$2,261.00	\$2,531.10	\$2,582.99	\$2,589.53	1.9%	4.9%
Age 21 to 44	\$3,506.78	\$3,586.88	\$3,795.04	\$4,438.00	\$4,604.40	\$4,698.19	\$4,689.89	5.0%	6.0%
Age 45 to 64	\$6,810.80	\$7,255.63	\$7,636.20	\$8,238.26	\$9,191.41	\$9,332.61	\$9,317.62	5.4%	12.7%
Age 65 to 74	\$3,997.27	\$4,522.35	\$5,031.33	\$5,492.58	\$5,968.57	\$6,062.32	\$6,044.21	7.1%	-6.5%
Age 75 to 84	\$6,689.67	\$7,264.99	\$7,762.68	\$8,218.35	\$8,922.53	\$9,092.58	\$9,084.44	5.2%	-5.7%
Age 85 and Over	\$9,612.31	\$10,362.75	\$11,834.87	\$12,501.49	\$12,338.06	\$12,644.68	\$12,665.19	4.7%	-9.9%
Age Unknown	\$0.00	\$0.00	\$986.10	\$994.36	\$1,161.60	\$1,386.92	\$1,358.33	8.3%	-58.5%
Total	\$2,667.48	\$2,858.58	\$3,037.61	\$3,226.81	\$3,601.85	\$3,667.75	\$3,660.63	5.4%	-2.1%
By Race									
White	\$4,096.25	\$4,456.40	\$4,957.02	\$5,245.07	\$5,820.70	\$5,925.35	\$5,907.99	6.3%	31.2%
Black	\$2,430.86	\$2,645.80	\$2,731.68	\$3,049.33	\$3,449.36	\$3,507.81	\$3,494.55	6.2%	12.9%
Hispanic, American Indian or Asian	\$1,834.63	\$1,904.90	\$2,000.85	\$2,139.06	\$2,438.04	\$2,477.85	\$2,472.65	5.1%	5.4%
Other/Unknown	\$4,628.22	\$4,421.65	\$4,321.43	\$4,248.74	\$4,814.42	\$4,968.59	\$4,978.80	1.2%	-0.5%
Total	\$2,667.48	\$2,858.58	\$3,037.61	\$3,226.81	\$3,601.85	\$3,667.75	\$3,660.63	5.4%	-2.1%
By Sex									
Female	\$2,752.81	\$2,955.79	\$3,154.43	\$3,318.57	\$3,650.34	\$3,720.81	\$3,716.22	5.1%	-1.2%
Male	\$2,530.64	\$2,704.93	\$2,856.06	\$3,091.43	\$3,510.09	\$3,566.44	\$3,556.26	5.8%	-1.8%
Unknown	\$5,083.65	\$635.06	\$3,291.52	\$2,297.95	\$237,403.72	\$308,269.13	\$151,214.25	76.0%	1985.0%
Total	\$2,667.48	\$2,858.58	\$3,037.61	\$3,226.81	\$3,601.85	\$3,667.75	\$3,660.63	5.4%	-2.1%

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

SOUTHERN REGION MEDICAID PROFILE

ADDITIONAL STATE HEALTH CARE INFORMATION

Sources: "Major Health Care Policies: 50 State Profiles 2002", Health Policy Tracking Service, January, 2003; and "Medicaid Services State by State", CMS, October 2002.

*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 36,070 recipients.
- (2) Travis County service delivery area: HMO model, effective September 1, 1996; serves approximately 67,003 recipients.
- (3) Bexar County service delivery area: HMO and PCCM model, effective October 1, 1996; serves approximately 147,919
- (4) Lubbock County service delivery area: HMO and PCCM model, effective October 1, 1996; serves approximately 30,473
- (5) Tarrant County service delivery area: HMO model, effective October 1, 1996; serves approximately 111,770
- (6) Harris County service delivery area: HMO and PCCM model, effective December 1, 1997; serves approximately 251,218 (STAR) and 56,681 (STAR+PLUS).
- (7) Dallas service district area: HMO model, effective July 1, 1999; serves approximately 195,070
- (8) El Paso service delivery area: HMO, PHP, and PCCM model effective December, 1999; serves approximately 95,989
- NorthSTAR (Behavioral Health Waiver): A Medicaid pilot project designed to create a single, seamless system of public behavioral health care in which both chemical dependency and mental health services will be provided (only for Dallas area recipients). The waiver was approved September 10, 1999, serves 408,050

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

- Elderly and Disabled: Community Based Alternatives (CBA) program serves approximately 31,182 clients over the age of 21. Operating since September 1, 1993.
- Mental Retardation/Developmental Disabilities and Mental Retardation-Related: Four waivers, serving approximately 7,886 clients of all ages, with the first waiver operating since September 1, 1985
- Medically Dependent Children Under Age 21: Serves 966 people, operating since July 1, 1988.
- Developmental Disabilities: This waiver services approximately 88 clients over age 18 who are deaf-blind and have multiple disabilities.

Managed Care

- State of Texas Access Reform (STAR): The STAR program, the state's managed care program, serves approximately 992,793 Medicaid recipients statewide.
- STAR+Plus: The state's Medicaid pilot project designed to integrate delivery of acute care and long-term care services through a managed care system. The project, effective December, 1997, serves approximately 61,177 aged and disabled Medicaid recipients in the Houston area.
- Significant Traditional Provider Requirement: All HMOs are required to make a good faith effort to include providers who have traditionally served the Medicaid population in a service district area in their provider networks.

Coverage for Targeted Population

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

SOUTHERN REGION MEDICAID PROFILE

Coverage for Targeted Population (Continued)

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

- Enacted legislation in 2001 that establishes a state prescription drug program for Medicare eligible individuals--approved \$17.5 million for FY 02 and 03.

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, approximately \$390,069,853 in FY 99; and \$319,198,306 in FY 00.
- Enacted legislation in 1999 requiring the Health and Human Services Commission to develop and oversee the implementation of a voucher system as a payment option for the delivery of certain state funded and Medicaid funded services for individuals with disabilities. The program is scheduled for implementation in the fall of 2001 in all Medicaid programs that offer personal attendant services.
- Enacted legislation in 2001 that requires Medicaid to provide coverage to women that have been screened and diagnosed with breast or cervical cancer (Federally mandated by the Breast and Cervical Cancer Prevention and Treatment Act of 2000).
- Enacted legislation to extend Medicaid coverage to individuals that could be eligible as a result of the federal *Ticket to Work* and *Medicaid Buy-in* legislation. The programs will provide services to individuals with disabilities that are required to enable them to gain or keep employment.
- Allocated funds (approximately \$162 million) in FY 02 and 03 for Medicaid provider rate increases.

Children's Health Insurance Program: Medicaid Expansion

- The Texas Children's Health Insurance Program (Phase 1) received HCFA approval on June 15, 1998. The state plan is an expansion of Medicaid and provides health care coverage to children/adolescents age 15 to 18 in families with incomes up to 100% of the FPL. The second phase of the program projects expansion of Medicaid coverage for children/adolescents age 1-19 up to 200% of the FPL.
- TexCare, the CHIP in Texas, provides a benefit package the same as regular Medicaid to eligible individuals. The plan currently serves approximately 728,000 individuals.
- TexCare provides for cost sharing by covered individuals as follows:
 - 100%-150% pay an annual enrollment fee of \$15
 - 151-185% pay a monthly premium of \$15
 - 186%-200% pay a monthly premium of \$18

SOUTHERN REGION MEDICAID PROFILE

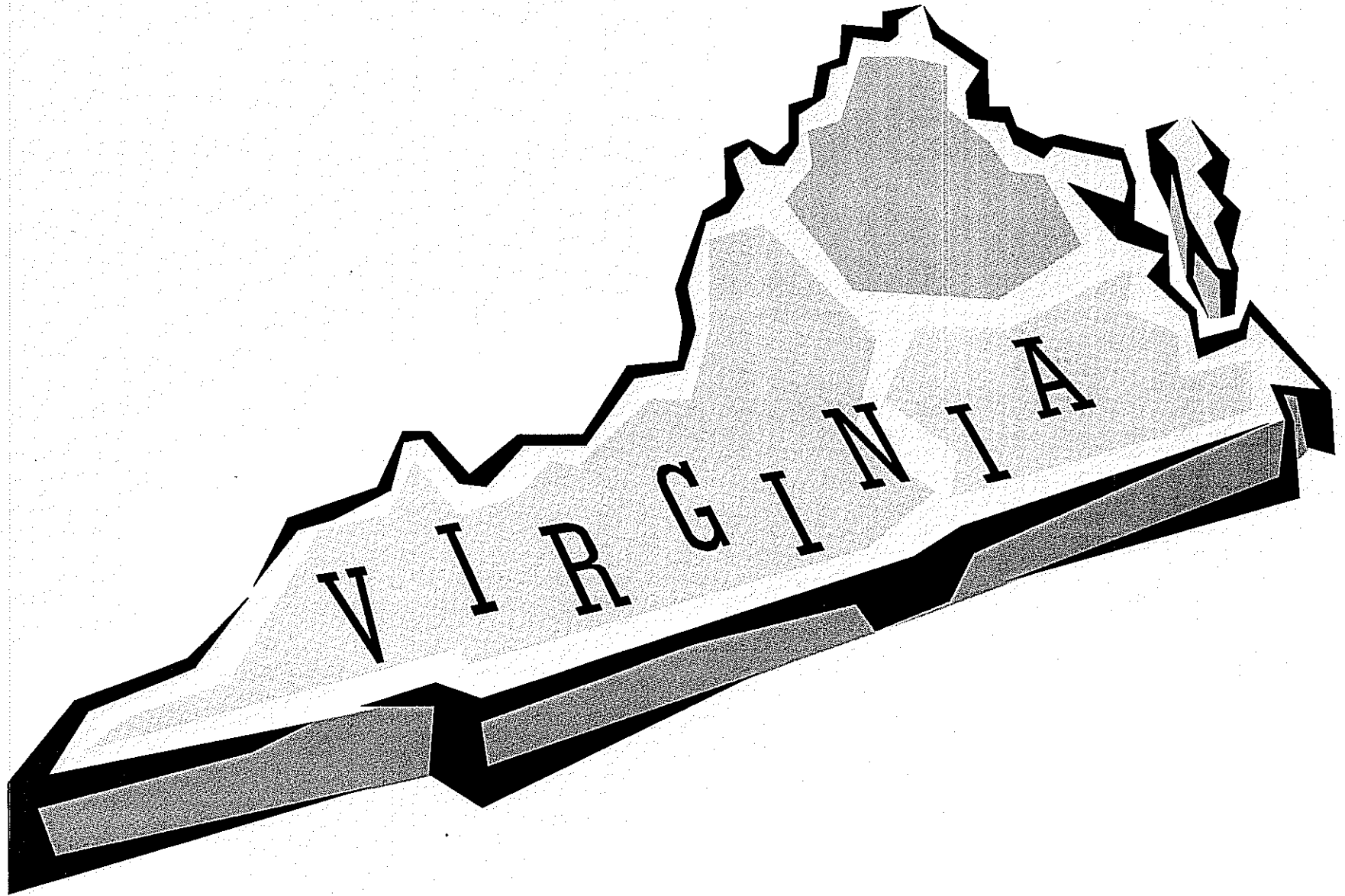
Tobacco Settlement

- The state expects to receive approximately \$17.3 billion over 25 years.
- The tobacco settlement payment is projected to be \$2.0 billion for the FY 01 and FY 02 biennium.
- Established nine separate endowments with the initial \$1.5 billion payment as follows:
 - \$350 million for the Higher Education Permanent Health Fund;
 - \$595 million for Individual Endowments to 13 medical schools;
 - \$45 million for the Higher Education Nursing and Allied Health Fund;
 - \$25 million for the Minority Health Research and Education Fund;
 - \$200 million for the Tobacco Education Enforcement Trust Fund;
 - \$100 million for the Children and Public Trust Fund;
 - \$100 million for the Emergency Medical Services and Trauma Care Fund;
 - \$50 million for the Rural Health Facility Capital Improvement Fund; and
 - \$25 million for the Community Hospital Capital Improvement Fund.
- A separate settlement between the state and the tobacco industry awarded \$2.28 billion over 25 years to counties, hospital districts, and other health care providers that serve the indigent population. Annual payments from the \$1.8 billion initial payment will be made beginning in FY 04.
- In 2001, the legislature appropriated tobacco settlement funds for FY 02 and FY 03 as follows:
 - \$204.2 million for SCHIP;
 - \$73.9 million for respite care;
 - \$61.3 for Medicaid simplification;
 - \$60.0 million for increasing Medicaid provider reimbursement rates;
 - \$17.3 million for home and community care;
 - \$15.3 million for SCHIP new generation of medications;
 - \$14.4 million for match rate change costs;
 - \$8.5 million for medically dependent children program waivers; and
 - \$7.5 million for newborn hearing and screening.

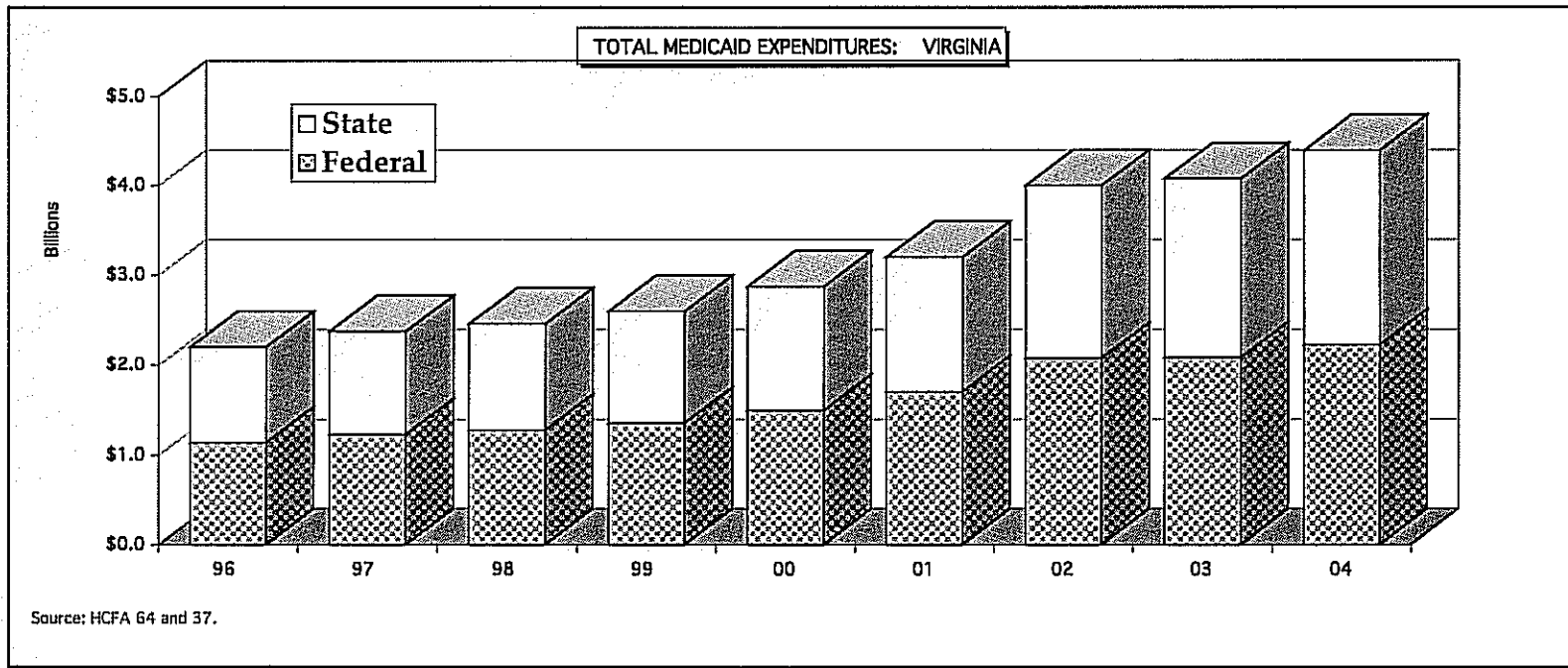
From interest earned (\$62.2 million) on previously established trust funds, the legislature appropriated the following:

- \$1.13 million for minority health services;
- \$9.0 million for tobacco use prevention;
- \$4.5 million for children and public health;
- \$4.5 million for emergency medical services and trauma care;
- \$2.25 million for rural health facility capital;
- \$1.13 million for small urban hospitals;
- \$15.8 million for health related higher education;
- \$2.0 million for nursing allied health fund; and
- 26.8 million for endowment funds for higher education to 13 university health centers.

STATE MEDICAID PROFILE



SOUTHERN REGION MEDICAID PROFILE



THIS IS A PRELIMINARY DRAFT OF THE FFY 02 MEDICAID COMPARATIVE DATA REPORT. REVISIONS WILL BE REQUIRED PRIOR TO PUBLISHING THE FINAL DOCUMENT. SEE NOTE ON THE FIRST PAGE OF THE REPORT.

	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	FFY 01	FFY 02*	FFY 03**	FFY 04**	Annual Rate of Change	Total Change 96-04
Medicaid Payments	\$2,123,142,475	\$2,274,509,097	\$2,343,757,339	\$2,477,370,906	\$2,728,848,408	\$3,036,846,387	\$3,812,974,394	\$3,771,549,000	\$4,084,006,000	8.5%	92.4%
Federal Share	\$1,093,719,144	\$1,172,394,679	\$1,208,808,080	\$1,285,612,965	\$1,416,141,298	\$1,609,651,633	\$1,970,610,963	\$1,908,811,000	\$2,046,501,000	8.1%	87.1%
State Share	\$1,029,423,331	\$1,102,114,418	\$1,134,949,259	\$1,191,757,941	\$1,312,707,110	\$1,427,194,754	\$1,842,363,431	\$1,862,738,000	\$2,037,505,000	8.9%	97.9%
Administrative Costs	\$81,776,255	\$100,519,359	\$118,333,750	\$126,088,305	\$147,814,821	\$164,701,821	\$187,346,225	\$307,513,000	\$313,663,000	18.3%	283.6%
Federal Share	\$45,022,011	\$54,003,775	\$65,843,598	\$69,518,715	\$80,346,985	\$91,978,257	\$107,612,082	\$177,677,000	\$174,289,000	18.4%	287.1%
State Share	\$36,754,244	\$46,515,584	\$52,490,152	\$56,569,590	\$67,467,836	\$72,723,564	\$79,734,143	\$129,836,000	\$139,374,000	18.1%	279.2%
Admin. Costs as % of Payments	3.85%	4.42%	5.05%	5.09%	5.42%	5.42%	4.91%	8.15%	7.68%		
Federal Match Rate*	51.37%	51.45%	51.49%	51.60%	51.67%	51.85%	51.45%	50.53%	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 03 and 04 reflect latest estimates reported by each state (CMS 37).

VIRGINIA

SOUTHERN REGION MEDICAID PROFILE

STATE FINANCING

	Payments		Administration	
	FFY 96	FFY 02	FFY 96	FFY 02
State General Fund*	\$1,029,423,331	\$1,842,363,431	\$36,754,244	\$79,734,143
Local Funds	\$0	\$0	\$0	\$0
Provider Taxes	\$0	\$0	\$0	\$0
Donations	\$0	\$0	\$0	\$0
Other	\$0	\$0	\$0	\$0
Total State Share	\$1,029,423,331	\$1,842,363,431	\$36,754,244	\$79,734,143

Provider Taxes Currently in Place (FFY 02)	Amount
Tax Rate	
NO PROVIDER TAXES	

DISPROPORTIONATE SHARE HOSPITAL (DSH) PAYMENTS

	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	FFY 01	FFY 02*	FFY 03**	FFY 04**	Annual Change
General Hospitals	\$148,762,000	\$157,204,000	\$152,457,493	\$157,022,000	\$131,366,225	\$231,973,515	\$178,098,932	\$188,994,000	\$185,994,000	3.4%
Mental Hospitals	\$9,312,000	\$2,588,000	\$8,220,282	\$3,900,000	\$9,187,746	\$1,752,745	\$2,919,603	\$3,848,000	\$4,002,000	-11.3%
Total	\$158,074,000	\$159,792,000	\$160,677,775	\$160,922,000	\$140,553,971	\$233,726,260	\$181,018,535	\$192,842,000	\$189,996,000	2.8%

SELECTED ELIGIBILITY CRITERIA

	At 10/1/02	% 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	\$552	73.8%
Couple	\$829	82.1%
Resources:		
Single Person	\$2,000	
Couple	\$3,000	

DEMOGRAPHIC DATA & POVERTY INDICATORS (2002)

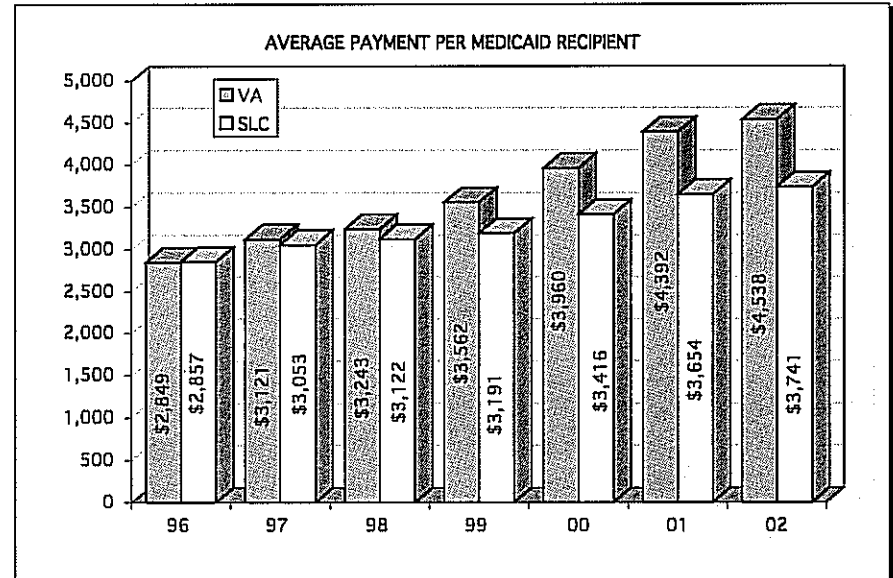
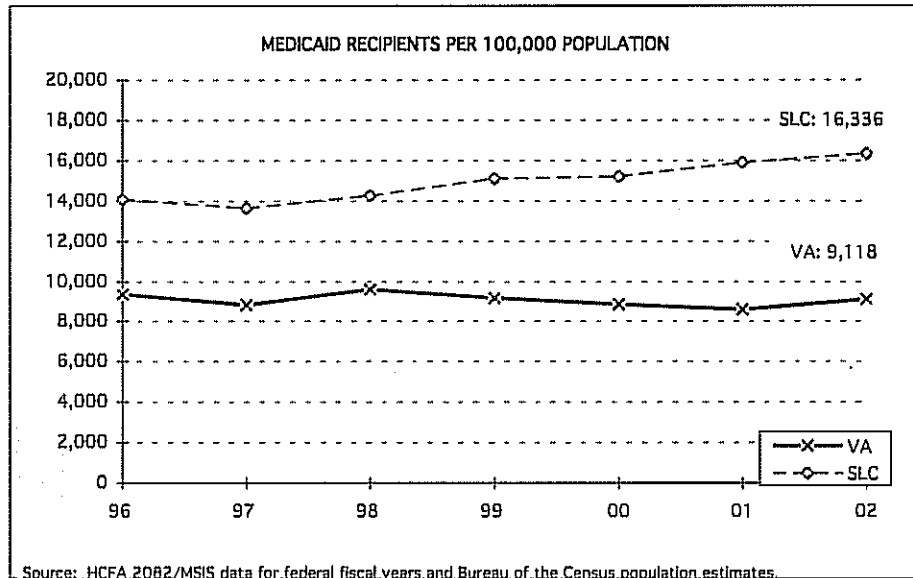
		Rank in U.S.
State population—July 1, 2002*	7,293,542	12
Per capita personal income**	\$32,431	12
Median household income**	\$50,241	8
Population below Federal Poverty Level on July 1, 2001*	583,483	
Percent of total state population	8.0%	41
Population without health insurance coverage*	794,996	12
Percent of total state population	10.9%	33
Recipients of Food Stamps***	353,978	20
Households receiving Food Stamps***	159,325	19
Total value of issuance***	\$303,674,409	22
Average monthly benefit per recipient	\$71.49	44
Average monthly benefit per household	\$158.83	
Monthly recipients of Temporary Assistance to Needy Families (TANF)****	67,012	20
Total TANF payments****	\$136,325,930	44
Average monthly payment per recipient	\$114.07	33
Maximum monthly payment per family of 3	\$354.00	31

*Current federal poverty level is \$8,980 per year for a single person, \$12,120 for a family of two and \$15,260 for a family of three. Table above shows monthly income levels.

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

VIRGINIA

SOUTHERN REGION MEDICAID PROFILE



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

<u>RECIPIENTS BY TYPE OF SERVICES</u>	<u>FFY 96</u>	<u>FFY 97</u>	<u>FFY 98</u>	<u>FFY 99</u>	<u>FFY 00</u>	<u>FFY 01</u>	<u>FFY 02</u>	<u>Annual Change</u>
01. General Hospital	90,914	102,450	98,015	94,935	82,264	84,208	80,658	-2.0%
02. Mental Hospital	2,593	2,213	36,689	36,152	1,282	1,072	1,161	-12.5%
03. Skilled and Intermediate (non-MR) Care Nursing	26,963	27,565	28,053	27,217	27,558	28,157	28,704	1.0%
04. Intermediate Care for Mentally Retarded	2,458	2,301	2,126	2,043	2,174	2,096	2,043	-3.0%
05. Physician Services	540,079	520,943	438,974	420,723	370,014	351,659	353,221	-6.8%
06. Dental Services	86,056	78,351	76,341	72,952	64,429	60,290	53,453	-7.6%
07. Other Practitioners	68,503	75,799	70,449	63,580	55,577	51,402	50,635	-4.9%
08. Outpatient Hospital	298,998	285,018	267,436	259,439	220,843	210,509	208,909	-5.8%
09. Clinic Services	142,022	141,580	95,786	85,596	94,799	92,688	87,036	-7.8%
10. Lab and X-Ray	200,206	188,157	180,726	177,062	244,111	225,937	214,483	1.2%
11. Home Health	18,818	20,511	7,470	6,255	5,928	4,767	4,245	-22.0%
12. Prescribed Drugs	417,580	396,719	383,880	375,111	347,251	333,883	319,184	-4.4%
13. Family Planning	26,926	24,065	23,655	21,514	2,737	1,821	0	-100.0%
14. Early & Periodic Screening, Diagnosis & Treatment	103,912	91,571	85,641	79,272	0	0	0	-100.0%
15. Other Care	103,542	103,219	100,122	91,219	155,986	152,456	131,505	4.1%
16. Personal Care Support Services	0	0	31,984	34,146	40,638	41,473	40,966	6.4%
17. Home/Community Based Waiver Services	0	0	4,589	4,974	0	0	0	-100.0%
18. Prepaid Health Care	0	0	159,392	204,203	213,085	228,310	0	-100.0%
19. Primary Care Case Management (PCCM) Services	0	0	110,559	10,667	0	0	157,364	9.2%
Total*	623,315	595,234	653,236	629,240	627,214	618,385	665,001	1.1%

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

VIRGINIA

SOUTHERN REGION MEDICAID PROFILE

<u>PAYMENTS BY TYPE OF SERVICES</u>	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	FFY 01	FFY 02	Annual	Share of Total
								Change	FFY 02
01. General Hospital	\$330,862,231	\$321,509,929	\$334,376,705	\$322,282,749	\$290,073,429	\$306,796,032	\$301,664,044	-1.5%	10.0%
02. Mental Hospital	\$26,164,133	\$21,324,339	\$101,470,932	\$95,911,210	\$17,425,643	\$20,369,771	\$21,474,903	-3.2%	0.7%
03. Skilled and Intermediate (non-MR) Care Nursing	\$383,993,853	\$387,991,885	\$394,719,042	\$403,215,645	\$482,194,747	\$528,748,396	\$558,400,477	6.4%	18.5%
04. Intermediate Care for Mentally Retarded	\$145,912,289	\$141,767,958	\$143,102,604	\$153,721,704	\$176,202,282	\$185,046,982	\$201,609,510	5.5%	6.7%
05. Physician Services	\$186,600,962	\$197,208,572	\$187,632,422	\$169,735,990	\$132,056,707	\$124,707,230	\$117,207,736	-7.5%	3.9%
06. Dental Services	\$11,147,739	\$10,128,667	\$10,991,455	\$15,580,950	\$14,148,248	\$14,307,117	\$12,592,040	2.1%	0.4%
07. Other Practitioners	\$9,210,639	\$9,835,427	\$7,747,728	\$6,649,885	\$6,633,878	\$7,016,406	\$7,161,823	-4.1%	0.2%
08. Outpatient Hospital	\$120,200,446	\$122,810,586	\$120,861,961	\$124,342,138	\$110,176,809	\$107,939,792	\$112,240,596	-1.1%	3.7%
09. Clinic Services	\$156,863,212	\$193,699,630	\$44,638,404	\$45,490,009	\$34,567,196	\$33,109,619	\$32,639,052	-23.0%	1.1%
10. Lab and X-Ray	\$15,969,779	\$14,978,314	\$12,882,268	\$15,902,453	\$28,482,687	\$27,252,897	\$25,839,911	8.4%	0.9%
11. Home Health	\$101,652,172	\$114,153,676	\$8,156,865	\$6,845,561	\$6,664,484	\$5,207,547	\$4,750,009	-40.0%	0.2%
12. Prescribed Drugs	\$221,421,619	\$249,620,903	\$284,578,559	\$331,291,307	\$382,471,744	\$419,133,380	\$453,634,681	12.7%	15.0%
13. Family Planning	\$2,730,543	\$2,376,375	\$2,750,995	\$2,514,626	\$2,976,456	\$2,527,392	\$2,137,997	-4.0%	0.1%
14. Early & Periodic Screening, Diagnosis & Treatment	\$11,418,270	\$8,851,274	\$8,139,340	\$7,909,519	\$0	\$0	\$0	-100.0%	0.0%
15. Other Care	\$51,920,529	\$61,674,381	\$54,680,560	\$53,249,971	\$340,586,197	\$415,415,016	\$435,565,189	42.5%	14.4%
16. Personal Care Support Services	\$0	\$0	\$117,734,231	\$116,863,633	\$137,275,767	\$139,909,909	\$141,990,902	4.8%	4.7%
17. Home/Community Based Waiver Services	\$0	\$0	\$95,785,869	\$122,650,960	\$0	\$0	\$0	-100.0%	0.0%
18. Prepaid Health Care	\$0	\$0	\$186,255,441	\$246,996,610	\$321,994,437	\$378,468,262	\$586,504,330	33.2%	19.4%
19. Primary Case Management (PCCM) Services	\$0	\$0	\$1,697,485	\$36,258	\$0	\$0	\$2,318,832	8.1%	0.1%
Total (excludes DSH pymts, pharmacy rebates, & other adjs.)	\$1,776,068,416	\$1,857,931,916	\$2,118,202,866	\$2,241,187,178	\$2,483,930,711	\$2,715,955,748	\$3,017,732,032	9.2%	100.0%

AVERAGE PAYMENTS PER RECIPIENT BY TYPE OF SERVICES

									(+) or (-) SLC
									Avg. FFY 02
01. General Hospital	\$3,639.29	\$3,138.21	\$3,411.49	\$3,394.77	\$3,526.13	\$3,643.31	\$3,740.04	0.5%	-15.9%
02. Mental Hospital	\$10,090.29	\$9,635.94	\$2,765.70	\$2,653.00	\$13,592.55	\$19,001.65	\$18,496.90	10.6%	139.6%
03. Skilled and Intermediate (non-MR) Care Nursing	\$14,241.51	\$14,075.53	\$14,070.48	\$14,814.85	\$17,497.45	\$18,778.58	\$19,453.75	5.3%	-4.8%
04. Intermediate Care for Mentally Retarded	\$59,362.20	\$61,611.46	\$67,310.73	\$75,243.12	\$81,049.81	\$88,285.77	\$98,683.07	8.8%	34.1%
05. Physician Services	\$345.51	\$378.56	\$427.43	\$403.44	\$356.90	\$354.63	\$331.83	-0.7%	-28.7%
06. Dental Services	\$129.54	\$129.27	\$143.98	\$213.58	\$219.59	\$237.30	\$235.57	10.5%	-16.6%
07. Other Practitioners	\$134.46	\$129.76	\$109.98	\$104.59	\$119.36	\$136.50	\$141.44	0.8%	-55.4%
08. Outpatient Hospital	\$402.01	\$430.89	\$451.93	\$479.27	\$498.89	\$512.76	\$537.27	5.0%	-0.7%
09. Clinic Services	\$1,104.50	\$1,368.13	\$466.02	\$531.45	\$364.64	\$357.22	\$375.01	-16.5%	-45.2%
10. Lab and X-Ray	\$79.77	\$79.61	\$71.28	\$89.81	\$116.68	\$120.62	\$120.48	7.1%	16.4%
11. Home Health	\$5,401.86	\$5,565.49	\$1,091.95	\$1,094.41	\$1,124.24	\$1,092.42	\$1,118.97	-23.1%	-64.3%
12. Prescribed Drugs	\$530.25	\$629.21	\$741.32	\$883.18	\$1,101.43	\$1,255.33	\$1,421.23	17.9%	29.8%
13. Family Planning	\$101.41	\$98.75	\$116.30	\$116.88	\$1,087.49	\$1,387.91	\$0.00	-100.0%	-100.0%
14. Early & Periodic Screening, Diagnosis & Treatment	\$109.88	\$96.66	\$95.04	\$99.78	\$0.00	\$0.00	\$0.00	-100.0%	-100.0%
15. Other Care	\$501.44	\$597.51	\$546.14	\$583.72	\$2,183.44	\$2,724.82	\$3,312.16	37.0%	85.7%
16. Personal Care Support Services	\$0.00	\$0.00	\$3,681.04	\$3,422.47	\$3,378.01	\$3,373.52	\$3,466.07	-1.5%	87.3%
17. Home/Community Based Waiver Services	\$0.00	\$0.00	\$20,872.93	\$24,658.42	\$0.00	\$0.00	\$0.00	-100.0%	-100.0%
18. Prepaid Health Care	\$0.00	\$0.00	\$1,168.54	\$1,209.56	\$1,511.11	\$1,657.69	\$0.00	-100.0%	-100.0%
19. Primary Care Case Management (PCCM) Services	\$0.00	\$0.00	\$15.35	\$3.40	\$0.00	\$0.00	\$14.74	-1.0%	-81.3%
Total (Average)	\$2,849.39	\$3,121.35	\$3,242.63	\$3,561.74	\$3,960.26	\$4,392.01	\$4,537.94	8.1%	21.3%

TOTAL PER CAPITA EXPENDITURES	\$330.76	\$352.69	\$362.53	\$378.80	\$406.39	\$445.42	\$548.47	8.8%	-28.5%
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VIRGINIA

SOUTHERN REGION MEDICAID PROFILE
DATA BY OTHER CHARACTERISTICS

RECIPIENTS BY OTHER CHARACTERISTICS

	<u>FFY 96</u>	<u>FFY 97</u>	<u>FFY 98</u>	<u>FFY 99</u>	<u>FFY 00</u>	<u>FFY 01</u>	<u>FFY 02</u>	<i>Annual Change</i>	<i>Share of Total FFY 02</i>
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	295,476	267,331	285,976	261,630	195,118	139,373	134,495	-12.3%	20.2%
Poverty Related Eligibles	59,396	219,194	245,429	245,431	264,873	309,638	359,518	35.0%	54.1%
Medically Needy	26,512	21,667	17,884	16,647	8,966	7,728	6,773	-20.3%	1.0%
Other Eligibles	241,931	87,042	103,947	105,532	130,344	138,034	139,730	-8.7%	21.0%
Maintenance Assistance Status Unknown	0	0	0	0	27,913	23,612	24,485	-6.3%	3.7%
Total	623,315	595,234	653,236	629,240	627,214	618,385	665,001	1.1%	100.0%
 By Basis of Eligibility									
Aged, Blind, or Disabled	198,729	197,352	207,662	208,094	197,120	198,632	203,457	0.4%	30.6%
Children	317,789	296,453	333,370	316,959	307,718	304,983	338,626	1.1%	50.9%
Foster Care Children	0	4,205	4,260	4,539	11,520	11,891	12,593	24.5%	1.9%
Adults	106,797	97,224	107,944	99,648	82,943	79,267	85,840	-3.6%	12.9%
Basis of Eligibility Unknown	0	0	0	0	27,913	23,612	24,485	-6.3%	3.7%
Total	623,315	595,234	653,236	629,240	627,214	618,385	665,001	1.1%	100.0%
 By Age									
Under Age 1	38,923	38,663	41,524	40,756	25,531	25,519	26,383	-6.3%	4.0%
Age 1 to 5	124,037	119,519	123,243	113,898	114,543	114,468	124,523	0.1%	18.7%
Age 6 to 14	135,273	127,628	152,702	147,192	148,654	145,616	161,524	3.0%	24.3%
Age 15 to 20	60,592	56,703	66,403	63,313	63,557	63,498	71,544	2.8%	10.8%
Age 21 to 44	125,288	113,260	125,801	119,319	110,614	107,701	114,589	-1.5%	17.2%
Age 45 to 64	49,488	49,251	52,956	54,686	53,524	55,184	58,446	2.8%	8.8%
Age 65 to 74	37,313	36,608	36,481	35,805	33,334	33,156	33,421	-1.8%	5.0%
Age 75 to 84	31,501	32,330	32,497	32,622	30,068	30,260	30,746	-0.4%	4.6%
Age 85 and Over	20,900	21,272	21,629	21,649	19,477	19,390	19,340	-1.3%	2.9%
Age Unknown	0	0	0	0	27,912	23,593	24,485	-6.3%	3.7%
Total	623,315	595,234	653,236	629,240	627,214	618,385	665,001	1.1%	100.0%
 By Race									
White	310,280	297,941	300,535	289,206	271,176	267,036	288,638	-1.2%	43.4%
Black	271,035	256,256	311,541	300,097	287,478	283,426	304,700	2.0%	45.8%
Hispanic, American Indian or Asian	40,272	39,645	39,844	38,717	39,478	38,926	41,873	0.7%	6.3%
Other/Unknown	1,728	1,392	1,316	1,220	29,082	28,997	29,790	60.7%	4.5%
Total*	623,315	595,234	653,236	629,240	627,214	618,385	665,001	1.1%	100.0%
 By Sex									
Female	382,934	363,090	399,382	384,509	362,442	357,080	385,068	0.1%	57.9%
Male	240,381	232,144	253,854	244,731	236,860	233,457	251,392	0.7%	37.8%
Unknown	0	0	0	0	27,912	27,847	28,541	1.1%	4.3%
Total*	623,315	595,234	653,236	629,240	627,214	618,385	665,001	1.1%	100.0%

*FFY 02 projected using FFY 96-FFY 01 trends, State Annual report, and state submitted data (SEE "Important Note" prior to table of contents).
Source: Health Care Financing Administration-Form HCFA 2082 for federal fiscal years

SOUTHERN REGION MEDICAID PROFILE

PAYMENTS BY OTHER CHARACTERISTICS

	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	FFY 01	FFY 02	Annual Change	Share of Total FFY 02
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	\$831,337,272	\$864,124,581	\$1,013,741,200	\$1,075,128,501	\$1,087,712,653	\$1,110,786,259	\$1,194,865,327	6.2%	39.6%
Poverty Related Eligibles	\$432,408,659	\$228,236,491	\$276,531,633	\$290,833,098	\$314,524,110	\$382,816,927	\$538,499,844	3.7%	17.8%
Medically Needy	\$283,237,718	\$210,507,166	\$163,396,812	\$143,896,707	\$98,539,846	\$84,548,596	\$75,207,439	-19.8%	2.5%
Other Eligibles	\$229,084,767	\$555,063,678	\$664,533,221	\$731,328,872	\$962,110,325	\$1,114,190,185	\$1,183,036,494	31.5%	39.2%
Maintenance Assistance Status Unknown	\$0	\$0	\$0	\$0	\$21,043,777	\$23,613,781	\$26,122,928	11.4%	0.9%
Total	\$1,776,068,416	\$1,857,931,916	\$2,118,202,866	\$2,241,187,178	\$2,483,930,711	\$2,715,955,748	\$3,017,732,032	9.2%	100.0%
By Basis of Eligibility									
Aged, Blind or Disabled	\$1,342,368,831	\$1,439,765,992	\$1,571,334,621	\$1,684,001,841	\$1,881,789,124	\$2,062,875,489	\$2,245,552,674	9.0%	74.4%
Children	\$268,791,825	\$249,277,682	\$336,821,911	\$350,800,226	\$356,524,289	\$372,602,858	\$449,945,120	9.0%	14.9%
Foster Care Children	\$0	\$9,595,824	\$9,388,574	\$10,278,066	\$39,406,198	\$71,982,234	\$82,153,361	53.6%	2.7%
Adults	\$164,907,760	\$159,292,418	\$200,657,760	\$196,107,045	\$185,167,323	\$184,881,386	\$213,957,949	4.4%	7.1%
Basis of Eligibility Unknown	\$0	\$0	\$0	\$0	\$21,043,777	\$23,613,781	\$26,122,928	11.4%	0.9%
Total	\$1,776,068,416	\$1,857,931,916	\$2,118,202,866	\$2,241,187,178	\$2,483,930,711	\$2,715,955,748	\$3,017,732,032	9.2%	100.0%
By Age									
Under Age 1	\$90,235,105	\$85,469,576	\$114,024,927	\$119,812,974	\$74,142,678	\$78,613,731	\$88,571,217	-0.3%	2.9%
Age 1 to 5	\$107,835,294	\$100,451,708	\$126,666,594	\$124,920,570	\$174,953,639	\$182,249,217	\$215,500,150	12.2%	7.1%
Age 6 to 14	\$112,036,137	\$117,483,134	\$147,224,727	\$161,572,400	\$183,901,586	\$204,973,175	\$238,067,849	13.4%	7.9%
Age 15 to 20	\$97,397,201	\$96,864,174	\$122,588,008	\$126,688,489	\$134,382,892	\$163,804,855	\$190,578,549	11.8%	6.3%
Age 21 to 44	\$455,829,239	\$475,764,858	\$552,938,255	\$583,949,802	\$622,611,314	\$660,739,223	\$716,750,450	7.8%	23.8%
Age 45 to 64	\$306,633,992	\$339,101,798	\$390,567,507	\$447,645,978	\$509,435,844	\$579,840,724	\$657,508,591	13.6%	21.8%
Age 65 to 74	\$178,362,031	\$188,462,451	\$198,282,074	\$204,344,583	\$226,162,232	\$241,655,302	\$264,885,321	6.8%	8.8%
Age 75 to 84	\$220,372,545	\$237,721,684	\$244,845,675	\$248,327,327	\$274,192,117	\$297,083,029	\$320,948,060	6.5%	10.6%
Age 85 and Over	\$207,366,872	\$216,612,533	\$221,065,099	\$223,925,055	\$263,104,723	\$283,425,575	\$298,798,917	6.3%	9.9%
Age Unknown	\$0	\$0	\$0	\$0	\$21,043,686	\$23,570,917	\$26,122,928	11.4%	0.9%
Total	\$1,776,068,416	\$1,857,931,916	\$2,118,202,866	\$2,241,187,178	\$2,483,930,711	\$2,715,955,748	\$3,017,732,032	9.2%	100.0%
By Race									
White	\$1,054,577,375	\$1,104,584,511	\$1,185,068,839	\$1,249,583,611	\$1,390,383,251	\$1,522,977,154	\$1,694,692,440	8.2%	56.2%
Black	\$654,119,251	\$676,490,155	\$848,667,684	\$896,939,176	\$962,905,449	\$1,052,500,138	\$1,168,963,299	10.2%	38.7%
Hispanic, American Indian or Asian	\$64,154,642	\$74,019,429	\$81,559,117	\$91,329,299	\$105,441,247	\$114,505,584	\$126,651,621	12.0%	4.2%
Other/Unknown	\$3,217,148	\$2,837,821	\$2,907,226	\$3,335,092	\$25,200,764	\$25,972,872	\$27,424,672	42.9%	0.9%
Total*	\$1,776,068,416	\$1,857,931,916	\$2,118,202,866	\$2,241,187,178	\$2,483,930,711	\$2,715,955,748	\$3,017,732,032	9.2%	100.0%
By Sex									
Female	\$1,101,339,385	\$1,153,204,693	\$1,316,194,909	\$1,383,761,417	\$1,508,799,560	\$1,652,226,130	\$1,837,856,533	8.9%	60.9%
Male	\$674,729,031	\$704,727,223	\$802,007,957	\$857,425,761	\$953,525,708	\$1,041,716,948	\$1,156,865,130	9.4%	38.3%
Unknown	\$0	\$0	\$0	\$0	\$21,605,443	\$22,012,670	\$23,010,369	3.2%	0.8%
Total*	\$1,776,068,416	\$1,857,931,916	\$2,118,202,866	\$2,241,187,178	\$2,483,930,711	\$2,715,955,748	\$3,017,732,032	9.2%	100.0%

*FFY 02 projected using FFY 96-FFY 01 trends, State Annual report, and state submitted data (SEE "Important Note" prior to table of contents).

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

SOUTHERN REGION MEDICAID PROFILE

AVERAGE PAYMENT PER RECIPIENT BY OTHER CHARACTERISTICS

	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	FFY 01	FFY 02	Annual Change	Above (+) or Below (-) SL Avg. FFY 02
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	\$2,813.55	\$3,232.41	\$3,544.85	\$4,109.35	\$5,574.64	\$7,969.88	\$8,884.09	21.1%	104.5%
Poverty Related Eligibles	\$7,280.10	\$1,041.25	\$1,126.73	\$1,184.99	\$1,187.45	\$1,236.34	\$1,497.84	-23.2%	-23.1%
Medically Needy	\$10,683.38	\$9,715.57	\$9,136.48	\$8,644.00	\$10,990.39	\$10,940.55	\$11,104.01	0.6%	69.1%
Other Eligibles	\$946.90	\$6,376.96	\$6,393.00	\$6,929.93	\$7,381.32	\$8,071.85	\$8,466.59	44.1%	16.0%
Maintenance Assistance Status Unknown	\$0.00	\$0.00	\$0.00	\$0.00	\$753.91	\$1,000.08	\$1,066.90	19.0%	-53.6%
Total	\$2,849.39	\$3,121.35	\$3,242.63	\$3,561.74	\$3,960.26	\$4,392.01	\$4,537.94	8.1%	21.3%
By Basis of Eligibility									
Aged, Blind or Disabled	\$6,754.77	\$7,295.42	\$7,566.79	\$8,092.51	\$9,546.41	\$10,385.41	\$11,036.99	8.5%	17.1%
Children	\$845.82	\$840.87	\$1,010.35	\$1,106.77	\$1,158.61	\$1,221.72	\$1,328.74	7.8%	3.6%
Foster Care Children	\$0.00	\$2,282.00	\$2,203.89	\$2,264.39	\$3,420.68	\$6,053.51	\$6,523.73	23.4%	20.2%
Adults	\$1,544.12	\$1,638.41	\$1,858.91	\$1,968.00	\$2,232.46	\$2,332.39	\$2,492.52	8.3%	4.2%
Basis of Eligibility Unknown	\$0.00	\$0.00	\$0.00	\$0.00	\$753.91	\$1,000.08	\$1,066.90	19.0%	-52.2%
Total	\$2,849.39	\$3,121.35	\$3,242.63	\$3,561.74	\$3,960.26	\$4,392.01	\$4,537.94	8.1%	21.3%
By Age									
Under Age 1	\$2,318.30	\$2,210.63	\$2,746.00	\$2,939.76	\$2,904.03	\$3,080.60	\$3,357.13	6.4%	16.6%
Age 1 to 5	\$869.38	\$840.47	\$1,027.78	\$1,096.78	\$1,527.41	\$1,592.14	\$1,730.61	12.2%	25.8%
Age 6 to 14	\$828.22	\$920.51	\$964.13	\$1,097.70	\$1,237.11	\$1,407.63	\$1,473.89	10.1%	-1.4%
Age 15 to 20	\$1,607.43	\$1,708.27	\$1,846.12	\$2,000.99	\$2,114.37	\$2,579.69	\$2,663.79	8.8%	7.9%
Age 21 to 44	\$3,638.25	\$4,200.64	\$4,395.34	\$4,894.02	\$5,628.68	\$6,134.94	\$6,254.97	9.5%	41.4%
Age 45 to 64	\$6,196.13	\$6,885.18	\$7,375.32	\$8,185.75	\$9,517.90	\$10,507.41	\$11,249.85	10.5%	36.0%
Age 65 to 74	\$4,780.16	\$5,148.12	\$5,435.21	\$5,707.15	\$6,784.73	\$7,288.43	\$7,925.71	8.8%	22.7%
Age 75 to 84	\$6,995.73	\$7,352.98	\$7,534.41	\$7,612.27	\$9,119.07	\$9,817.68	\$10,438.69	6.9%	8.4%
Age 85 and Over	\$9,921.86	\$10,182.99	\$10,220.77	\$10,343.44	\$13,508.48	\$14,617.10	\$15,449.79	7.7%	9.9%
Age Unknown	\$0.00	\$0.00	\$0.00	\$0.00	\$753.93	\$999.06	\$1,066.90	19.0%	-67.4%
Total	\$2,849.39	\$3,121.35	\$3,242.63	\$3,561.74	\$3,960.26	\$4,392.01	\$4,537.94	8.1%	21.3%
By Race									
White	\$3,398.79	\$3,707.39	\$3,943.20	\$4,320.74	\$5,127.24	\$5,703.25	\$5,871.34	9.5%	30.4%
Black	\$2,413.41	\$2,639.90	\$2,724.10	\$2,988.83	\$3,349.50	\$3,713.49	\$3,836.44	8.0%	24.0%
Hispanic, American Indian or Asian	\$1,593.03	\$1,867.06	\$2,046.96	\$2,358.89	\$2,670.86	\$2,941.63	\$3,024.66	11.3%	28.9%
Other/Unknown	\$1,861.78	\$2,038.66	\$2,209.14	\$2,733.68	\$866.54	\$895.72	\$920.60	-11.1%	-81.6%
Total	\$2,849.39	\$3,121.35	\$3,242.63	\$3,561.74	\$3,960.26	\$4,392.01	\$4,537.94	8.1%	21.3%
By Sex									
Female	\$2,876.06	\$3,176.08	\$3,295.58	\$3,598.78	\$4,162.88	\$4,627.04	\$4,772.81	8.8%	26.9%
Male	\$2,806.91	\$3,035.73	\$3,159.33	\$3,503.54	\$4,025.69	\$4,462.13	\$4,601.84	8.6%	27.0%
Unknown	\$0.00	\$0.00	\$0.00	\$0.00	\$774.05	\$790.48	\$806.22	2.1%	-88.9%
Total	\$2,849.39	\$3,121.35	\$3,242.63	\$3,561.74	\$3,960.26	\$4,392.01	\$4,537.94	8.1%	21.3%

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

SOUTHERN REGION MEDICAID PROFILE

TANF AND MEDICALLY NEEDY PROGRAM ELIGIBILITY CRITERIA

Sources: "Virginia Department of Medical Assistance", October 2003

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

ADDITIONAL STATE HEALTH CARE INFORMATION

Sources: "Major Health Care Policies: 50 State Profiles 2002", Health Policy Tracking Service, January, 2003; and "Medicaid Services State by State", CMS, October 2002.

*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 currently serves 255,000 individuals and has been in operation since January 1, 1996.

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

- Elderly and Disabled: Serves 11,091 people, operating since July 1, 1982.
- Mental Retardation/Developmental Disabilities: Serves 5,367 people, operating since January 1, 1991.
- AIDS: Serves 337 people, operating since July 1, 1991.
- Technology Assisted People: Serves 308 people, operating since December 1, 1988.
- Assisted Living Waiver, implemented on July 1, 1996.
- Consumer-Directed Personal Attendant Services Waiver for the aged, blind, or disabled individuals who would be eligible for Medicaid if they were institutionalized, and have been determined to need home and community-based services to remain in the community. The program serves 199 individuals, operating since 1997.
- Individual and Family Developmental Disabilities Support: Serves 124 individuals, operating since July 2000.

Managed Care

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

SOUTHERN REGION MEDICAID PROFILE

Coverage for Targeted Population

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

Cost Containment Measures

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

Medicaid

- 21 optional services are offered.
- Counties pay 20% of the non-federal share of administrative costs related to eligibility determinations.
- Enacted legislation in 1999 directing the Department of Medical Assistance (DMAS) to develop and implement a program to enroll children birth and age 3 for services under the Federal Individuals with Disabilities Education Act.
- Enacted legislation in 2000 that provides for the following:
 - Requires Medicaid to provide special food products for the management of phenylketonuria to the parents or guardian of any child or pregnant woman;
 - Requires Coverage for colorectal cancer screening;
 - Requires coverage for high-dose chemotherapy and bone marrow transplants on behalf of eligible individuals over age 21 that have been diagnosed with myeloma, leukemia, or a diagnosed condition for which high-dose chemotherapy and bone marrow transplant is the appropriate treatment; and
 - Requires the Medicaid program to issue standardized prescription benefit cards.
- Enacted legislation in 2001 that requires Medicaid to provide coverage to women that have been screened and diagnosed with breast or cervical cancer (Federally mandated by the Breast and Cervical Cancer Prevention and Treatment Act of 2000).
- Enacted legislation to extend Medicaid coverage to individuals that could be eligible as a result of the federal Ticket to Work and Medicaid Buy-in legislation. The programs will provide services to individuals with disabilities that are required to enable them to gain or keep employment.
- Enacted legislation in 2002 affecting the state's Medicaid program as follows:
 - Enhanced the prospective drug utilization review (pro-DUR) program.
 - Changed average wholesale price (AWP) discount for prescription drugs from 11% to 10.25%.
 - Eliminated the increase for inflation to indirect patient care rates for nursing facilities.

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,

VIRGINIA

SOUTHERN REGION MEDICAID PROFILE

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

in families with income up to 185% of the FPL are eligible for VCMSIP benefits.

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

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

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

- During FY 2003 children age 6 -19 under 133% of FPL were converted to the Medicaid program but still federal funding for this population continues to be at the S-CHIP rate (and out of the S-CHIP allotment).

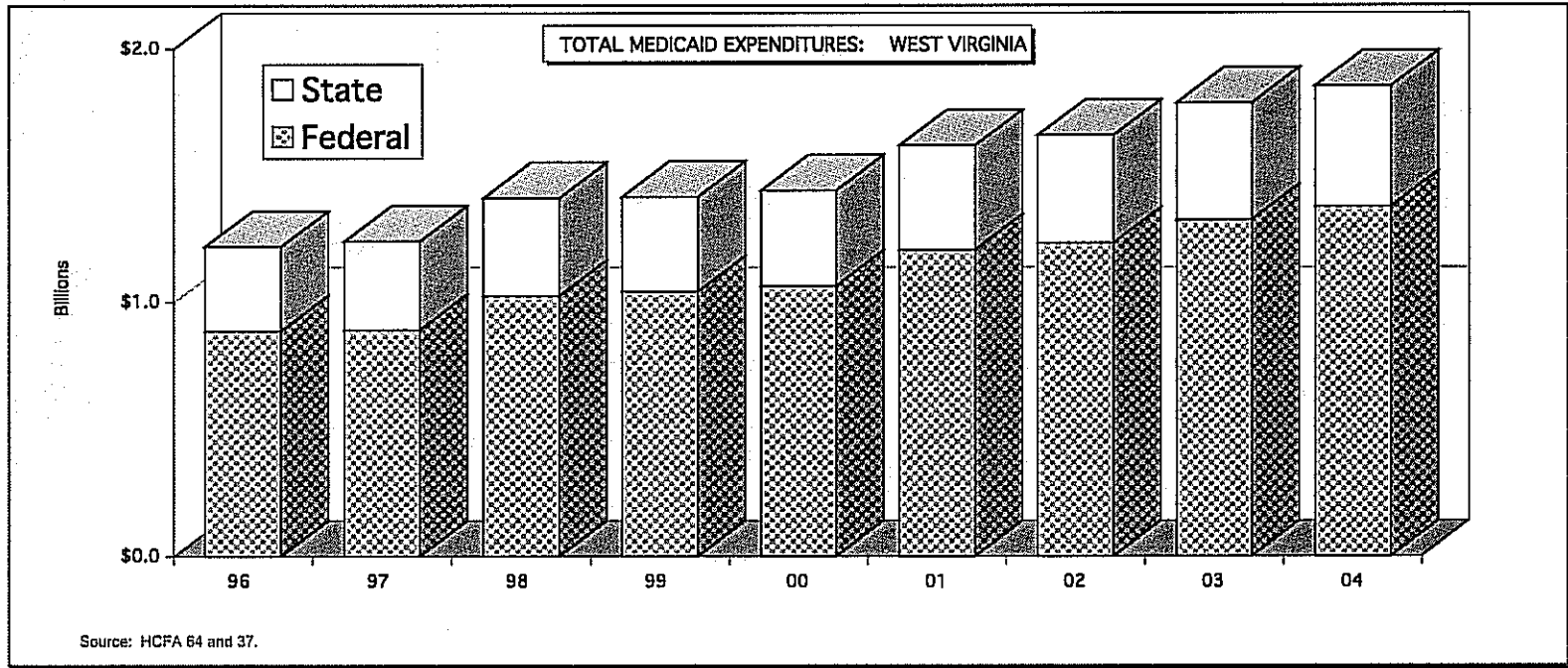
Tobacco Settlement

- The state expects to receive approximately \$4.1 billion over 25 years.
- For Fiscal Year 2002, the tobacco settlement payment was approximately \$148.6 million
- Enacted legislation in 1999 that created three trust funds and provided for deposit of monies as follows:
 - 50% to the Tobacco Indemnification and Revitalization Trust Fund to indemnify tobacco growers from the adverse effects of the tobacco settlement and to revitalize tobacco dependent communities;
 - 10% to the Tobacco Prevention Trust Fund, to be administered by the Virginia Tobacco Settlement Foundation; and
 - 40% for discretionary appropriation by the legislature to other state programs.
- For 2001, the state did not commit tobacco settlement revenues to any specific purpose as the legislature rejected a proposal to securitize the tobacco settlement.
- For 2002, the Virginia General Assembly enacted legislation to allow the Tobacco Indemnification and Community Revitalization Commission to securitize its share of the tobacco settlement revenue.

STATE MEDICAID PROFILE



SOUTHERN REGION MEDICAID PROFILE



THIS IS A PRELIMINARY DRAFT OF THE FFY 02 MEDICAID COMPARATIVE DATA REPORT. REVISIONS WILL BE REQUIRED PRIOR TO PUBLISHING THE FINAL DOCUMENT. SEE NOTE ON THE FIRST PAGE OF THE REPORT.

	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	FFY 01	FFY 02*	FFY 03**	FFY 04**	Annual Rate of Change	Total Change 96-04
Medicaid Payments	\$1,177,814,927	\$1,193,977,808	\$1,359,812,612	\$1,353,004,076	\$1,379,498,961	\$1,548,616,901	\$1,584,169,059	\$1,712,130,000	\$1,777,225,000	5.3%	50.9%
Federal Share	\$862,984,030	\$866,956,235	\$1,001,620,498	\$1,007,657,492	\$1,031,890,265	\$1,167,100,614	\$1,192,040,463	\$1,283,990,000	\$1,336,457,000	5.6%	54.9%
State Share	\$314,830,897	\$327,021,573	\$358,192,114	\$345,346,584	\$347,608,696	\$381,516,287	\$392,128,596	\$428,140,000	\$440,768,000	4.3%	40.0%
Administrative Costs	\$42,469,744	\$46,825,418	\$50,801,124	\$62,968,688	\$62,221,989	\$69,489,949	\$73,009,703	\$73,094,000	\$73,811,000	7.2%	73.8%
Federal Share	\$24,409,708	\$25,353,142	\$24,078,826	\$36,405,994	\$34,378,533	\$38,595,032	\$40,812,461	\$41,256,000	\$40,925,000	6.7%	67.7%
State Share	\$18,060,036	\$21,472,276	\$26,722,298	\$26,562,694	\$27,843,456	\$30,894,917	\$32,197,242	\$31,838,000	\$32,886,000	7.8%	82.1%
Admin. Costs as % of Payments	3.61%	3.92%	3.74%	4.65%	4.51%	4.49%	4.61%	4.27%	4.15%		
Federal Match Rate*	73.26%	72.60%	73.67%	74.47%	74.78%	75.34%	75.27%	75.04%	75.19%		

*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 03 and 04 reflect latest estimates reported by each state (CMS 37).

SOUTHERN REGION MEDICAID PROFILE

STATE FINANCING

	Payments		Administration	
	FFY 96	FFY 02	FFY 96	FFY 02
State General Fund	\$314,830,897	\$241,035,778	\$18,060,036	\$32,197,242
Local Funds	\$0	\$0	\$0	\$0
Provider Taxes	\$0	\$150,490,936	\$0	\$0
Donations*	\$0	\$601,882	\$0	\$0
Other	\$0	\$0	\$0	\$0
Total State Share	\$314,830,897	\$392,128,596	\$18,060,036	\$32,197,242

*Donations from Outstationed Eligibility Workers Program

DISPROPORTIONATE SHARE HOSPITAL (DSH) PAYMENTS

	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	FFY 01	FFY 02*	FFY 03**	FFY 04**	Annual Change
General Hospitals	\$19,540,228	\$63,450,141	\$49,007,819	\$63,897,097	\$49,806,898	\$73,409,402	\$64,896,245	\$60,869,000	\$63,190,000	4.3%
Mental Hospitals	\$5,340,379	\$13,894,199	\$11,388,172	\$20,611,473	\$11,811,654	\$18,310,287	\$18,898,562	\$17,035,000	\$17,685,000	7.6%
Total	\$24,880,607	\$77,344,340	\$60,395,991	\$84,508,570	\$61,618,552	\$91,719,689	\$83,794,807	\$77,904,000	\$80,875,000	5.0%

Provider Taxes Currently in Place (FFY 02)

	Tax Rate *	Amount
•Hospitals	2.50%	N/A
•Nursing facilities & ICF-MR's	5.50%	N/A
•Ambulatory surgical ctrs., chiropractors, dentists svcs, opticians, optometrists, podiatrists, psych svcs & therapists	1.75%	N/A
•Behavioral health ctrs., community care centers, lab services	5.00%	N/A
•Physicians	2.00%	N/A
•Nurses, Ambulance	1.75% / 5.50%	N/A
* annualized, based on gross revenues.		
Total (Based on amounts reported on HCFA 64 for FFY 02)		\$150,490,936

SELECTED ELIGIBILITY CRITERIA

	At 10/1/02	% of FPL*
TANF-Temporary Assistance for Needy Families (Family of 3)		
Need Standard	\$991	77.9%
Payment Standard	\$253	19.9%
Maximum Payment	\$253	19.9%
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	59.6%
Couple	\$669	66.2%
Resources:		
Single Person	\$2,000	
Couple	\$3,000	

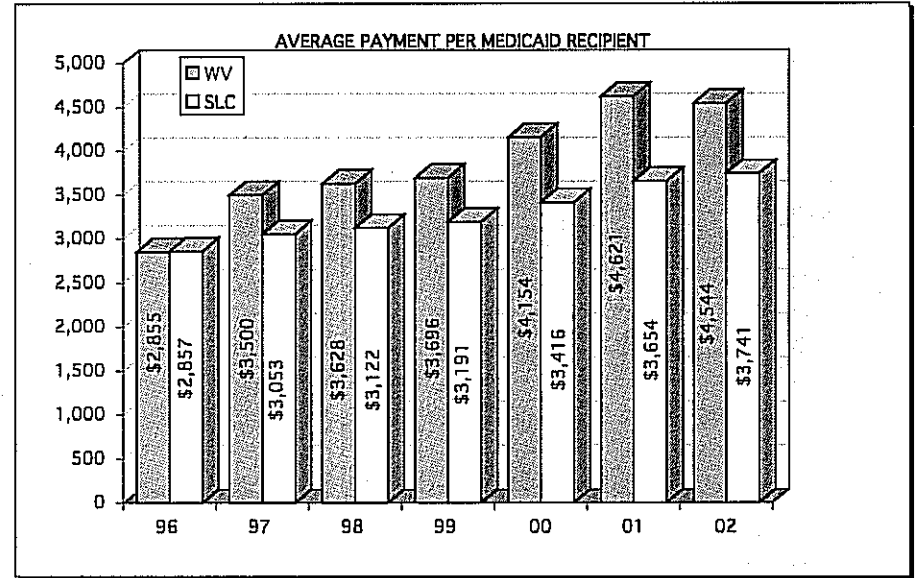
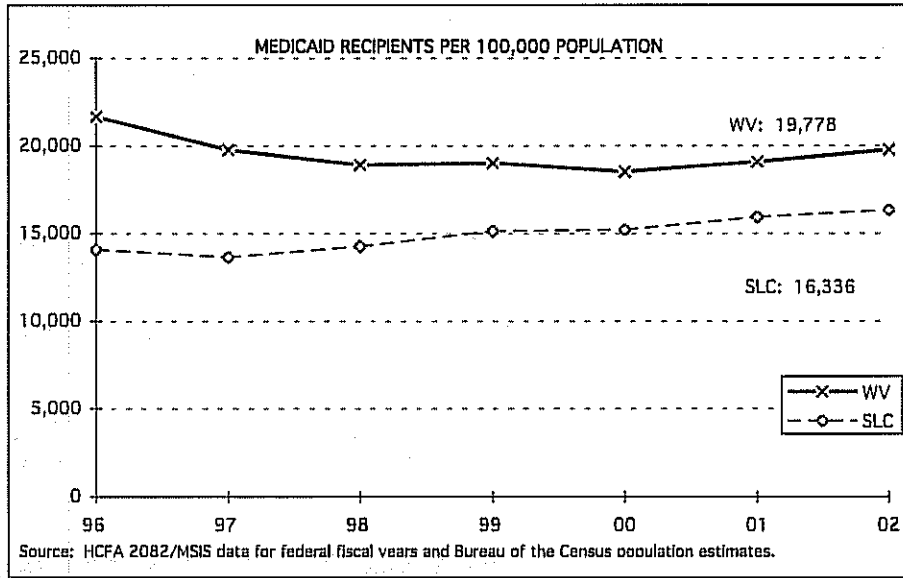
DEMOGRAPHIC DATA & POVERTY INDICATORS (2002)

		Rank in U.S.
State population—July 1, 2002*	1,801,873	37
Per capita personal income**	\$22,881	49
Median household income**	\$29,673	50
Population below Federal Poverty Level on July 1, 2001*	281,092	
Percent of total state population	15.6%	5
Population without health insurance coverage*	237,847	36
Percent of total state population	13.2%	21
Recipients of Food Stamps***	235,736	28
Households receiving Food Stamps***	100,359	30
Total value of issuance***	\$198,011,265	29
Average monthly benefit per recipient	\$70.00	48
Average monthly benefit per household	\$164.42	
Monthly recipients of Temporary Assistance to Needy Families (TANF)****	39,383	31
Total TANF payments****	\$179,748,041	17
Average monthly payment per recipient	\$137.70	17
Maximum monthly payment per family of 3	\$278.00	40

*Current federal poverty level is \$8,980 per year for a single person, \$12,120 for a family of two and \$15,260 for a family of three. Table above shows monthly income levels.

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

SOUTHERN REGION MEDICAID PROFILE



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

RECIPIENTS BY TYPE OF SERVICES	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	FFY 01	FFY 02	Annual Change
01. General Hospital	51,194	46,049	43,213	39,744	39,492	45,395	48,773	-0.8%
02. Mental Hospital	1,841	1,453	1,564	1,849	2,004	1,781	1,808	-0.3%
03. Skilled and Intermediate (non-MR) Care Nursing	11,467	11,645	11,677	11,802	11,636	12,164	11,828	0.5%
04. Intermediate Care for Mentally Retarded	634	633	609	570	563	551	549	-2.4%
05. Physician Services	305,047	271,762	242,889	242,944	230,677	231,921	230,522	-4.6%
06. Dental Services	87,627	84,739	81,557	81,572	80,139	83,490	85,058	-0.5%
07. Other Practitioners	99,972	67,859	62,112	73,913	74,521	90,650	97,377	-0.4%
08. Outpatient Hospital	208,593	185,861	166,885	172,175	166,241	170,240	176,779	-2.7%
09. Clinic Services	122,642	103,156	98,672	129,060	148,175	149,419	144,826	2.8%
10. Lab and X-Ray	95,197	87,883	78,244	141,841	157,400	164,188	166,770	9.8%
11. Home Health	4,120	41,588	21,797	23,367	25,681	27,473	30,591	39.7%
12. Prescribed Drugs	299,967	280,550	267,398	274,214	261,544	266,778	273,908	-1.5%
13. Family Planning	8,888	21,813	25,546	3,168	2,944	2,791	2,514	-19.0%
14. Early & Periodic Screening, Diagnosis & Treatment	71,061	72,483	62,034	0	0	0	0	-100.0%
15. Other Care	83,263	76,255	36,243	78,760	51,605	62,378	73,023	-2.2%
16. Personal Care Support Services	0	0	60,409	2,284	64,424	104,382	65,217	1.9%
17. Home/Community Based Waiver Services	0	0	5,437	0	0	0	0	-100.0%
18. Prepaid Health Care	0	0	52	0	0	68,249	74,514	515.3%
19. Primary Care Case Management (PCCM) Services	0	0	0	62,101	93,843	104,382	120,508	24.7%
Total*	394,963	359,091	342,668	343,462	335,014	344,296	356,374	-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

<u>PAYMENTS BY TYPE OF SERVICES</u>	<u>FFY 96</u>	<u>FFY 97</u>	<u>FFY 98</u>	<u>FFY 99</u>	<u>FFY 00</u>	<u>FFY 01</u>	<u>FFY 02</u>	<u>Annual</u> <u>Change</u>	<u>Share of Total</u> <u>FFY 02</u>
01. General Hospital	\$177,972,227	\$233,520,075	\$194,479,017	\$215,475,078	\$203,643,700	\$230,028,632	\$213,185,558	3.1%	13.2%
02. Mental Hospital	\$21,221,656	\$38,351,126	\$24,905,723	\$43,254,993	\$39,449,347	\$51,456,605	\$47,170,006	14.2%	2.9%
03. Skilled and Intermediate (non-MR) Care Nursing	\$218,560,289	\$237,252,280	\$256,580,323	\$261,675,575	\$271,717,727	\$288,430,853	\$303,439,042	5.6%	18.7%
04. Intermediate Care for Mentally Retarded	\$51,046,144	\$49,058,437	\$47,738,110	\$47,259,903	\$46,650,015	\$47,770,895	\$46,141,815	-1.7%	2.8%
05. Physician Services	\$118,764,846	\$109,839,277	\$111,149,189	\$94,317,173	\$91,051,302	\$100,884,425	\$93,662,388	-3.9%	5.8%
06. Dental Services	\$19,306,876	\$18,537,086	\$18,553,850	\$19,251,561	\$19,162,152	\$25,554,621	\$28,454,594	6.7%	1.8%
07. Other Practitioners	\$103,097,074	\$11,919,715	\$10,060,720	\$12,359,971	\$12,558,227	\$24,976,472	\$25,784,066	-20.6%	1.6%
08. Outpatient Hospital	\$67,443,782	\$60,863,391	\$61,622,445	\$63,369,897	\$72,810,763	\$73,181,682	\$75,421,379	1.9%	4.7%
09. Clinic Services	\$123,230,955	\$45,514,609	\$46,008,114	\$49,592,411	\$57,290,982	\$53,983,838	\$45,591,310	-15.3%	2.8%
10. Lab and X-Ray	\$6,751,309	\$5,806,606	\$5,844,856	\$14,919,359	\$16,824,030	\$18,418,852	\$18,210,199	18.0%	1.1%
11. Home Health	\$8,160,088	\$134,102,091	\$17,894,521	\$15,292,280	\$17,678,912	\$19,244,492	\$18,549,290	14.7%	1.1%
12. Prescribed Drugs	\$124,984,023	\$133,044,683	\$148,962,081	\$195,202,609	\$216,077,217	\$253,163,196	\$272,457,097	13.9%	16.8%
13. Family Planning	\$1,101,678	\$1,966,984	\$2,458,392	\$4,498,131	\$4,375,288	\$4,027,802	\$3,441,668	20.9%	0.2%
14. Early & Periodic Screening, Diagnosis & Treatment	\$8,846,801	\$8,639,448	\$7,642,253	\$7,172,564	\$0	\$0	\$0	-100.0%	0.0%
15. Other Care	\$77,227,587	\$168,581,562	\$35,751,670	\$5,107,023	\$193,501,538	\$179,216,516	\$209,748,032	18.1%	13.0%
16. Personal Care Support Services	\$0	\$0	\$125,929,361	\$175,786	\$126,870,027	\$116,837,671	\$103,464,190	-4.8%	6.4%
17. Home/Community Based Waiver Services	\$0	\$0	\$100,995,995	\$121,314,690	\$0	\$0	\$0	-100.0%	0.0%
18. Prepaid Health Care	\$0	\$0	\$26,573,906	\$98,910,556	\$0	\$101,162,926	\$111,732,419	43.2%	6.9%
19. Primary Case Management (PCCM) Services	\$0	\$0	\$0	\$38,223	\$2,069,936	\$2,526,539	\$3,007,374	113.7%	0.2%
Total (excludes DSH pymts, pharmacy rebates, & other adjs.)	\$1,127,715,335	\$1,256,997,370	\$1,243,150,526	\$1,269,457,783	\$1,391,731,163	\$1,590,866,017	\$1,619,460,427	6.2%	100.0%

AVERAGE PAYMENTS PER RECIPIENT BY TYPE OF SERVICES

								(+) or (-) SLC Avg. FFY 02	
01. General Hospital	\$3,476.43	\$5,071.12	\$4,500.47	\$5,421.58	\$5,156.58	\$5,067.27	\$4,370.97	3.9%	-1.8%
02. Mental Hospital	\$11,527.24	\$26,394.44	\$15,924.38	\$23,393.72	\$19,685.30	\$28,891.97	\$26,089.61	14.6%	238.0%
03. Skilled and Intermediate (non-MR) Care Nursing	\$19,059.94	\$20,373.75	\$21,973.14	\$22,172.14	\$23,351.47	\$23,711.84	\$25,654.30	5.1%	25.5%
04. Intermediate Care for Mentally Retarded	\$80,514.42	\$77,501.48	\$78,387.70	\$82,912.11	\$82,859.71	\$86,698.54	\$84,047.02	0.7%	14.2%
05. Physician Services	\$389.33	\$404.17	\$457.61	\$388.23	\$394.71	\$434.99	\$406.31	0.7%	-12.7%
06. Dental Services	\$220.33	\$218.76	\$227.50	\$236.01	\$239.11	\$306.08	\$334.53	7.2%	18.5%
07. Other Practitioners	\$1,031.26	\$175.65	\$161.98	\$167.22	\$168.52	\$275.53	\$264.79	-20.3%	-16.5%
08. Outpatient Hospital	\$323.33	\$327.47	\$369.25	\$368.06	\$437.98	\$429.87	\$426.64	4.7%	-21.2%
09. Clinic Services	\$1,004.80	\$441.22	\$466.27	\$384.26	\$386.64	\$361.29	\$314.80	-17.6%	-54.0%
10. Lab and X-Ray	\$70.92	\$66.07	\$74.70	\$105.18	\$106.89	\$112.18	\$109.19	7.5%	5.5%
11. Home Health	\$1,980.60	\$3,224.54	\$820.96	\$654.44	\$688.40	\$700.49	\$606.36	-17.9%	-80.7%
12. Prescribed Drugs	\$416.66	\$474.23	\$557.08	\$711.86	\$826.16	\$948.97	\$994.70	15.6%	-9.1%
13. Family Planning	\$123.95	\$90.17	\$96.23	\$1,419.86	\$1,486.17	\$1,443.14	\$1,369.00	49.2%	257.9%
14. Early & Periodic Screening, Diagnosis & Treatment	\$124.50	\$119.19	\$123.19	\$0.00	\$0.00	\$0.00	\$0.00	-100.0%	-100.0%
15. Other Care	\$927.51	\$2,210.76	\$986.44	\$64.84	\$3,749.67	\$2,873.07	\$2,872.36	20.7%	61.1%
16. Personal Care Support Services	\$0.00	\$0.00	\$2,084.61	\$76.96	\$1,969.30	\$1,119.33	\$1,586.46	-6.6%	-14.3%
17. Home/Community Based Waiver Services	\$0.00	\$0.00	\$18,575.68	\$0.00	\$0.00	\$0.00	\$0.00	-100.0%	-100.0%
18. Prepaid Health Care	\$0.00	\$0.00	\$511,036.65	\$0.00	\$0.00	\$1,482.26	\$1,499.48	-76.7%	0.0%
19. Primary Care Case Management (PCCM) Services	\$0.00	\$0.00	\$0.00	\$4.96	\$22.06	\$24.20	\$24.96	71.3%	0.0%
Total (Average)	\$2,855.24	\$3,500.50	\$3,627.86	\$3,696.06	\$4,154.25	\$4,620.63	\$4,544.27	8.1%	21.5%

TOTAL PER CAPITA EXPENDITURES	\$670.34	\$683.55	\$778.85	\$783.64	\$797.26	\$897.99	\$919.70	5.4%	19.8%
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WEST VIRGINIA

SOUTHERN REGION MEDICAID PROFILE
DATA BY OTHER CHARACTERISTICS

RECIPIENTS BY OTHER CHARACTERISTICS

	<u>FFY 96</u>	<u>FFY 97</u>	<u>FFY 98</u>	<u>FFY 99</u>	<u>FFY 00</u>	<u>FFY 01</u>	<u>FFY 02</u>	<i>Annual Change</i>	<i>Share of Total FFY 02</i>
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	222,756	200,616	172,278	186,446	169,842	139,839	131,380	-8.4%	36.9%
Poverty Related Eligibles	114,093	38,971	29,197	38,053	121,241	144,835	193,455	9.2%	54.3%
Medically Needy	12,860	9,701	3,895	5,991	4,344	5,917	6,414	-10.9%	1.8%
Other Eligibles	45,254	109,803	111,592	112,972	20,619	53,705	25,125	-9.3%	7.1%
Maintenance Assistance Status Unknown	0	0	25,706	0	18,968	0	0	-100.0%	0.0%
Total	394,963	359,091	342,668	343,462	335,014	344,296	356,374	-1.7%	100.0%
 By Basis of Eligibility									
Aged, Blind, or Disabled	119,563	111,326	102,194	114,867	108,078	117,070	121,612	0.3%	34.1%
Children	181,157	177,375	153,021	163,225	150,543	166,000	172,608	-0.8%	48.4%
Foster Care Children	4,646	5,184	5,065	5,944	5,371	6,152	6,327	5.3%	1.8%
Adults	89,597	65,206	56,682	59,426	52,054	55,074	55,827	-7.6%	15.7%
Basis of Eligibility Unknown	0	0	25,706	0	18,968	0	0	-100.0%	0.0%
Total	394,963	359,091	342,668	343,462	335,014	344,296	356,374	-1.7%	100.0%
 By Age									
Under Age 1	21,987	25,689	12,093	12,484	13,226	13,843	13,792	-7.5%	3.9%
Age 1 to 5	70,844	61,641	56,474	58,568	53,986	58,255	60,348	-2.6%	16.9%
Age 6 to 14	83,946	76,938	73,311	75,929	71,752	77,515	80,595	-0.7%	22.6%
Age 15 to 20	42,135	37,353	35,841	37,753	34,477	37,591	39,630	-1.0%	11.1%
Age 21 to 44	96,805	85,582	76,345	83,478	73,474	80,008	80,636	-3.0%	22.6%
Age 45 to 64	39,613	37,253	35,696	39,938	38,227	42,118	44,433	1.9%	12.5%
Age 65 to 74	15,758	13,961	12,697	14,015	12,833	14,152	15,070	-0.7%	4.2%
Age 75 to 84	13,051	11,792	10,569	11,850	10,429	11,836	12,468	-0.8%	3.5%
Age 85 and Over	10,823	8,007	7,838	9,447	7,642	8,978	9,402	-2.3%	2.6%
Age Unknown	1	875	21,804	0	18,968	0	0	-100.0%	0.0%
Total	394,963	359,091	342,668	343,462	335,014	344,296	356,374	-1.7%	100.0%
 By Race									
White	364,537	328,374	296,447	318,088	310,618	318,895	330,318	-1.6%	92.7%
Black	15,354	14,866	14,776	16,039	16,161	17,216	17,890	2.6%	5.0%
Hispanic, American Indian or Asian	230	6,420	822	1,028	1,049	1,221	1,448	35.9%	0.4%
Other/Unknown	14,842	9,431	30,623	8,307	7,186	6,964	6,718	-12.4%	1.9%
Total*	394,963	359,091	342,668	343,462	335,014	344,296	356,374	-1.7%	100.0%
 By Sex									
Female	219,155	206,769	187,552	199,113	196,023	200,060	205,681	-1.1%	57.7%
Male	148,980	145,804	132,574	141,632	138,736	144,236	150,693	0.2%	42.3%
Unknown	26,828	6,518	22,542	2,717	255	0	0	-100.0%	0.0%
Total*	394,963	359,091	342,668	343,462	335,014	344,296	356,374	-1.7%	100.0%

*FFY 02 projected using FFY 96-FFY 01 trends, State Annual report, and state submitted data (SEE "Important Note" prior to table of contents).

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

SOUTHERN REGION MEDICAID PROFILE

PAYMENTS BY OTHER CHARACTERISTICS

	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	FFY 01	FFY 02	Annual Change	Share of Total FFY 02
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	\$573,552,185	\$793,868,887	\$830,135,721	\$1,032,544,038	\$969,277,957	\$1,175,264,721	\$1,175,807,578	12.7%	72.6%
Poverty Related Eligibles	\$266,435,412	\$115,606,478	\$121,766,318	\$102,852,422	\$135,644,187	\$216,767,842	\$259,138,276	-0.5%	16.0%
Medically Needy	\$112,110,969	\$61,306,332	\$24,132,569	\$23,653,712	\$26,319,081	\$30,084,095	\$29,447,030	-20.0%	1.8%
Other Eligibles	\$175,616,769	\$286,215,673	\$144,277,023	\$110,407,611	\$127,493,577	\$168,749,359	\$155,067,543	-2.1%	9.6%
Maintenance Assistance Status Unknown	\$0	\$0	\$122,838,895	\$0	\$132,996,361	\$0	\$0	-100.0%	0.0%
Total	\$1,127,715,335	\$1,256,997,370	\$1,243,150,526	\$1,269,457,783	\$1,391,731,163	\$1,590,866,017	\$1,619,460,427	6.2%	100.0%
By Basis of Eligibility									
Aged, Blind or Disabled	\$765,396,442	\$794,172,017	\$832,783,118	\$825,087,208	\$960,307,818	\$1,041,501,051	\$1,076,122,219	5.8%	66.4%
Children	\$165,648,597	\$164,509,665	\$153,582,113	\$335,391,178	\$154,527,124	\$381,408,296	\$373,021,620	14.5%	23.0%
Foster Care Children	\$39,326,297	\$36,701,219	\$32,282,729	\$20,444,101	\$46,346,172	\$54,324,128	\$55,920,923	6.0%	3.5%
Adults	\$157,343,999	\$261,614,469	\$101,663,671	\$88,535,296	\$97,553,688	\$113,632,542	\$114,395,665	-5.2%	7.1%
Basis of Eligibility Unknown	\$0	\$0	\$122,838,895	\$0	\$132,996,361	\$0	\$0	-100.0%	0.0%
Total	\$1,127,715,335	\$1,256,997,370	\$1,243,150,526	\$1,269,457,783	\$1,391,731,163	\$1,590,866,017	\$1,619,460,427	6.2%	100.0%
By Age									
Under Age 1	\$39,404,805	\$36,041,127	\$17,099,015	\$15,201,173	\$19,914,949	\$26,501,136	\$25,472,097	-7.0%	1.6%
Age 1 to 5	\$64,664,340	\$57,762,153	\$59,891,308	\$49,124,099	\$58,643,594	\$78,846,835	\$78,777,111	3.3%	4.9%
Age 6 to 14	\$98,401,424	\$93,328,037	\$92,021,543	\$77,901,992	\$108,874,183	\$132,329,864	\$140,273,443	6.1%	8.7%
Age 15 to 20	\$97,376,065	\$87,576,266	\$87,059,121	\$65,381,771	\$95,409,787	\$108,702,580	\$113,396,694	2.6%	7.0%
Age 21 to 44	\$297,477,215	\$282,505,784	\$279,277,299	\$270,356,149	\$313,625,661	\$349,910,221	\$351,674,193	2.8%	21.7%
Age 45 to 64	\$213,347,084	\$231,856,968	\$249,943,764	\$253,298,734	\$301,828,496	\$341,389,441	\$355,925,106	8.9%	22.0%
Age 65 to 74	\$79,288,539	\$78,861,365	\$85,512,581	\$78,980,521	\$93,331,070	\$99,342,063	\$103,904,232	4.6%	6.4%
Age 75 to 84	\$111,135,728	\$113,042,497	\$117,549,030	\$111,529,752	\$124,588,307	\$131,423,801	\$139,283,589	3.8%	8.6%
Age 85 and Over	\$126,619,797	\$124,022,742	\$140,540,957	\$139,455,611	\$142,518,755	\$148,629,692	\$154,082,138	3.3%	9.5%
Age Unknown	\$338	\$152,000,431	\$114,255,908	\$208,227,981	\$132,996,361	\$173,790,384	\$156,671,823	779.7%	9.7%
Total	\$1,127,715,335	\$1,256,997,370	\$1,243,150,526	\$1,269,457,783	\$1,391,731,163	\$1,590,866,017	\$1,619,460,427	6.2%	100.0%
By Race									
White	\$1,035,594,232	\$1,012,014,470	\$1,050,971,933	\$992,301,914	\$1,156,295,553	\$1,323,219,121	\$1,368,555,504	4.8%	84.5%
Black	\$40,902,810	\$39,734,189	\$43,439,640	\$39,738,413	\$46,875,378	\$55,767,000	\$58,037,972	6.0%	3.6%
Hispanic, American Indian or Asian	\$556,848	\$17,409,110	\$2,008,562	\$1,863,575	\$3,444,710	\$4,658,122	\$4,404,577	41.2%	0.3%
Other/Unknown	\$50,661,445	\$187,839,601	\$146,730,391	\$235,553,881	\$185,115,522	\$207,221,774	\$188,462,374	24.5%	11.6%
Total*	\$1,127,715,335	\$1,256,997,370	\$1,243,150,526	\$1,269,457,783	\$1,391,731,163	\$1,590,866,017	\$1,619,460,427	6.2%	100.0%
By Sex									
Female	\$686,904,215	\$679,111,660	\$695,486,096	\$656,184,343	\$753,040,278	\$859,739,517	\$883,916,760	4.3%	54.6%
Male	\$418,621,931	\$419,775,446	\$431,380,707	\$397,053,291	\$483,281,451	\$556,960,732	\$578,467,214	5.5%	35.7%
Unknown	\$22,189,189	\$158,110,264	\$116,283,723	\$16,220,149	\$155,409,434	\$174,165,768	\$157,076,453	38.6%	9.7%
Total*	\$1,127,715,335	\$1,256,997,370	\$1,243,150,526	\$1,269,457,783	\$1,391,731,163	\$1,590,866,017	\$1,619,460,427	6.2%	100.0%

*FFY 02 projected using FFY 96-FFY 01 trends, State Annual report, and state submitted data (SEE "Important Note" prior to table of contents).

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

SOUTHERN REGION MEDICAID PROFILE

AVERAGE PAYMENT PER RECIPIENT BY OTHER CHARACTERISTICS

	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	FFY 01	FFY 02	Annual Change	Above (+) or Below (-) SLC Avg. FFY 02
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	\$2,574.80	\$3,957.16	\$4,818.58	\$5,538.03	\$5,706.94	\$8,404.41	\$8,949.67	23.1%	106.0%
Poverty Related Eligibles	\$2,335.25	\$2,966.47	\$4,170.51	\$2,702.87	\$1,118.80	\$1,496.65	\$1,339.53	-8.8%	-31.2%
Medically Needy	\$8,717.80	\$6,319.59	\$6,195.78	\$3,948.21	\$6,058.72	\$5,084.35	\$4,591.06	-10.1%	-30.1%
Other Eligibles	\$3,880.69	\$2,606.63	\$1,292.90	\$977.30	\$6,183.31	\$3,142.15	\$6,171.84	8.0%	-15.4%
Maintenance Assistance Status Unknown	\$0.00	\$0.00	\$4,778.61	\$0.00	\$7,011.62	\$0.00	\$0.00	-100.0%	-100.0%
Total	\$2,855.24	\$3,500.50	\$3,627.86	\$3,696.06	\$4,154.25	\$4,620.63	\$4,544.27	8.1%	21.5%
By Basis of Eligibility									
Aged, Blind or Disabled	\$6,401.62	\$7,133.75	\$8,149.04	\$7,182.98	\$8,885.32	\$8,896.40	\$8,848.82	5.5%	-6.1%
Children	\$914.39	\$927.47	\$1,003.67	\$2,054.78	\$1,026.47	\$2,297.64	\$2,161.09	15.4%	68.4%
Foster Care Children	\$8,464.55	\$7,079.71	\$6,373.69	\$3,439.45	\$8,628.97	\$8,830.32	\$8,838.46	0.7%	62.8%
Adults	\$1,756.13	\$4,012.12	\$1,793.58	\$1,489.84	\$1,874.09	\$2,063.27	\$2,049.11	2.6%	-14.3%
Basis of Eligibility Unknown	\$0.00	\$0.00	\$4,778.61	\$0.00	\$7,011.62	\$0.00	\$0.00	-100.0%	-100.0%
Total	\$2,855.24	\$3,500.50	\$3,627.86	\$3,696.06	\$4,154.25	\$4,620.63	\$4,544.27	8.1%	21.5%
By Age									
Under Age 1	\$1,792.19	\$1,402.98	\$1,413.96	\$1,217.65	\$1,505.74	\$1,914.41	\$1,846.87	0.5%	-35.8%
Age 1 to 5	\$912.77	\$937.07	\$1,060.51	\$838.75	\$1,086.27	\$1,353.48	\$1,305.38	6.1%	-5.1%
Age 6 to 14	\$1,172.20	\$1,213.03	\$1,255.22	\$1,025.98	\$1,517.37	\$1,707.15	\$1,740.47	6.8%	16.5%
Age 15 to 20	\$2,311.05	\$2,344.56	\$2,429.04	\$1,731.83	\$2,767.35	\$2,891.72	\$2,861.39	3.6%	16.0%
Age 21 to 44	\$3,072.95	\$3,301.00	\$3,658.10	\$3,238.65	\$4,268.53	\$4,373.44	\$4,361.26	6.0%	-1.4%
Age 45 to 64	\$5,385.78	\$6,223.85	\$7,002.01	\$6,342.30	\$7,895.69	\$8,105.55	\$8,010.38	6.8%	-3.1%
Age 65 to 74	\$5,031.64	\$5,648.69	\$6,734.87	\$5,635.43	\$7,272.74	\$7,019.65	\$6,894.77	5.4%	6.7%
Age 75 to 84	\$8,515.50	\$9,586.37	\$11,122.06	\$9,411.79	\$11,946.33	\$11,103.73	\$11,171.29	4.6%	16.0%
Age 85 and Over	\$11,699.14	\$15,489.29	\$17,930.72	\$14,761.89	\$18,649.41	\$16,554.88	\$16,388.23	5.8%	16.6%
Age Unknown	\$338.00	\$173,714.78	\$5,240.14	\$0.00	\$7,012	\$0.00	\$0.00	-100.0%	-100.0%
Total	\$2,855.24	\$3,500.50	\$3,627.86	\$3,696.06	\$4,154.25	\$4,620.63	\$4,544.27	8.1%	21.5%
By Race									
White	\$2,840.85	\$3,081.90	\$3,545.23	\$3,119.58	\$3,722.57	\$4,149.39	\$4,143.15	6.5%	-8.0%
Black	\$2,663.98	\$2,672.82	\$2,939.88	\$2,477.61	\$2,900.47	\$3,239.25	\$3,244.16	3.3%	4.8%
Hispanic, American Indian or Asian	\$2,421.08	\$2,711.70	\$2,443.51	\$1,812.82	\$3,283.60	\$3,815.01	\$3,041.83	3.9%	29.6%
Other/Unknown	\$3,413.38	\$19,917.25	\$4,791.51	\$28,356.07	\$25,761.67	\$29,756.14	\$28,053.35	42.1%	460.8%
Total	\$2,855.24	\$3,500.50	\$3,627.86	\$3,696.06	\$4,154.25	\$4,620.63	\$4,544.27	8.1%	21.5%
By Sex									
Female	\$3,134.33	\$3,284.40	\$3,708.23	\$3,295.54	\$3,841.59	\$4,297.41	\$4,297.51	5.4%	14.2%
Male	\$2,809.92	\$2,879.04	\$3,253.89	\$2,803.42	\$3,483.47	\$3,861.45	\$3,838.71	5.3%	6.0%
Unknown	\$827.09	\$24,257.48	\$5,158.54	\$79,580.47	\$608,849.45	\$0.00	\$0.00	-100.0%	-100.0%
Total	\$2,855.24	\$3,500.50	\$3,627.86	\$3,696.06	\$4,154.25	\$4,620.63	\$4,544.27	8.1%	21.5%

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

SOUTHERN REGION MEDICAID PROFILE

ADDITIONAL STATE HEALTH CARE INFORMATION

Sources: "Major Health Care Policies: 50 State Profiles 2002", Health Policy Tracking Service, January, 2003; and "Medicaid Services State by State", CMS, October 2002.

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

A total of 47,000 TANF recipients are enrolled in the 23 counties with managed care programs. Enrollment of SSI recipients has been delayed until indefinitely.

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

- Elderly and Disabled: Serves 5,411 people, operating since July 1, 1985.
- Mental Retardation/Developmental Disabilities: Serves 2,836 people, operating since July 1, 1985.

Managed Care

- Any Willing Provider Clause: No

Coverage for Targeted Population

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

Cost Containment Measures

- Certificate of Need Program since 1977. Regulates introduction or expansion of new institutional health facilities and services. The program was due to sunset in 1996. However, it was extended pending completion of a study of the entire CON program.
- Rate setting. Retrospective payment methodology used for Medicaid.
- West Virginia changed Inpatient Hospital Services reimbursement from Medicare Cost Principal to a Prospective Payment System using DRG's effective January 1, 1996.
- Enacted legislation in 1999 to begin an incremental reduction in the scope of the state's CON program.

Medicaid

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

SOUTHERN REGION MEDICAID PROFILE

Children's Health Insurance Program: Medicaid Expansion

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

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

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

- In 2002, the CHIP plan received approval from CMS to add cost sharing for pharmaceuticals for recipients at or below 150 percent of the FPL, and to place a lifetime limit of \$1 million on benefits.

Tobacco Settlement

- The state expects to receive approximately \$1.74 billion over 25 years.
- For Fiscal Year 2002, the tobacco settlement payment was approximately \$64.4 million.
- Enacted legislation in 1999 that created two funds to receive monies from the Tobacco Settlement: 1) the West Virginia Medical Trust Fund Endowment to educate, reduce, and stop tobacco use; and 2) the West Virginia Tobacco Settlement Fund to be used for Medicaid, public health, and state facilities.
- In 2000, the legislature appropriated \$5.9 million from the Medical Trust Fund for tobacco prevention and \$52 million from the tobacco settlement fund—\$5 million for the state employees insurance and \$47 million for the state's mental health hospital.
- In 2001, the legislature appropriated tobacco settlement revenues according to the plan that was adopted in 1999.
- In 2002, the legislature appropriated tobacco settlement revenues according to the plan that was adopted in 1999.

GRAPHS

CHART 1
TOTAL MEDICAID EXPENDITURES IN SLC BY ELIGIBILITY
(FFY 02)

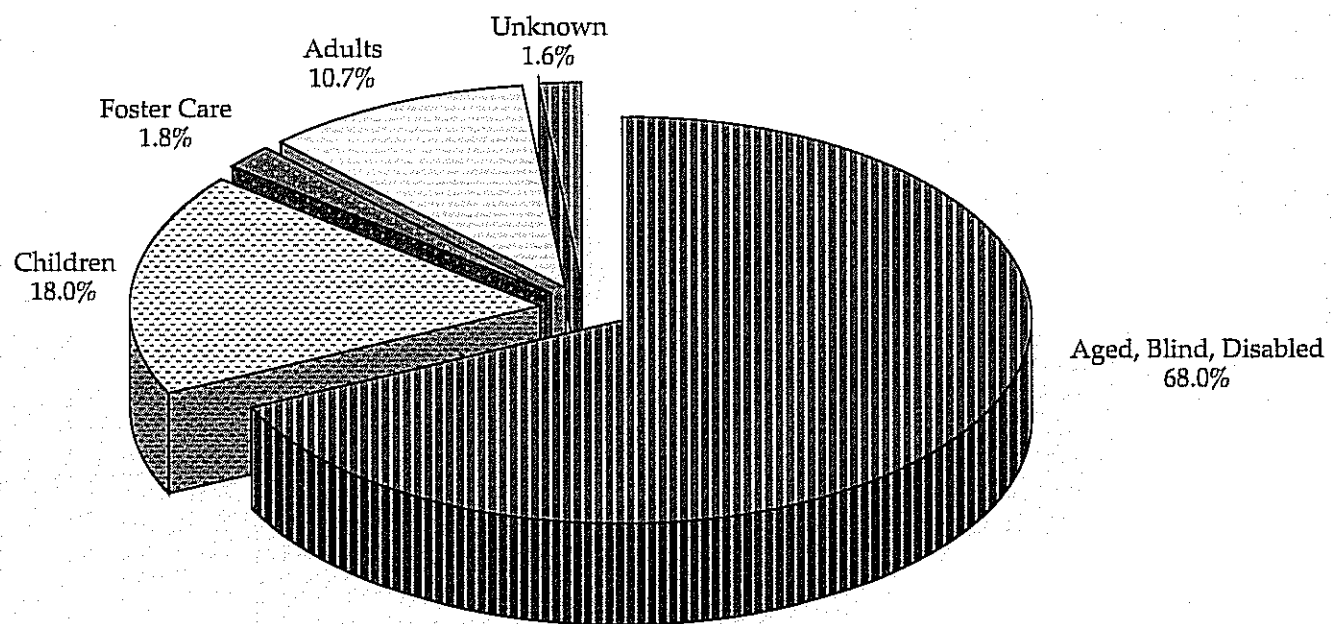


CHART 2
TOTAL MEDICAID RECIPIENTS IN SLC BY ELIGIBILITY BASIS
(FFY 02)

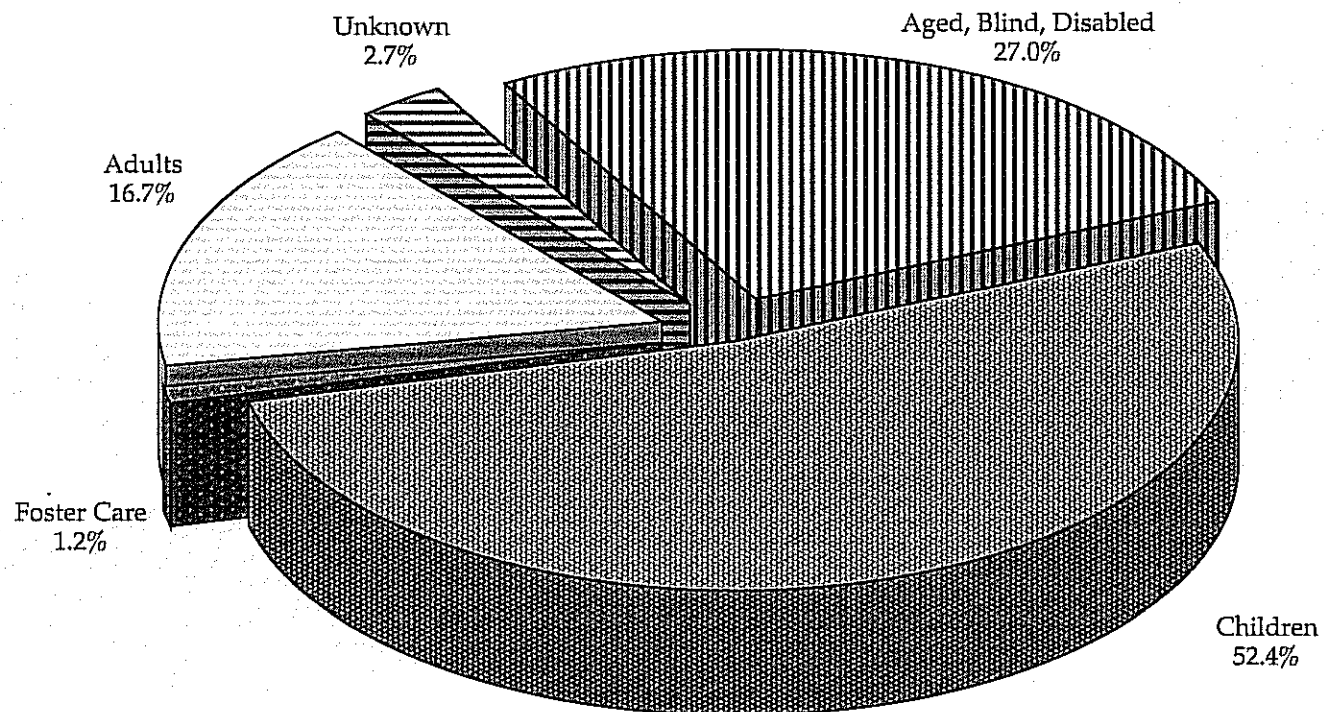
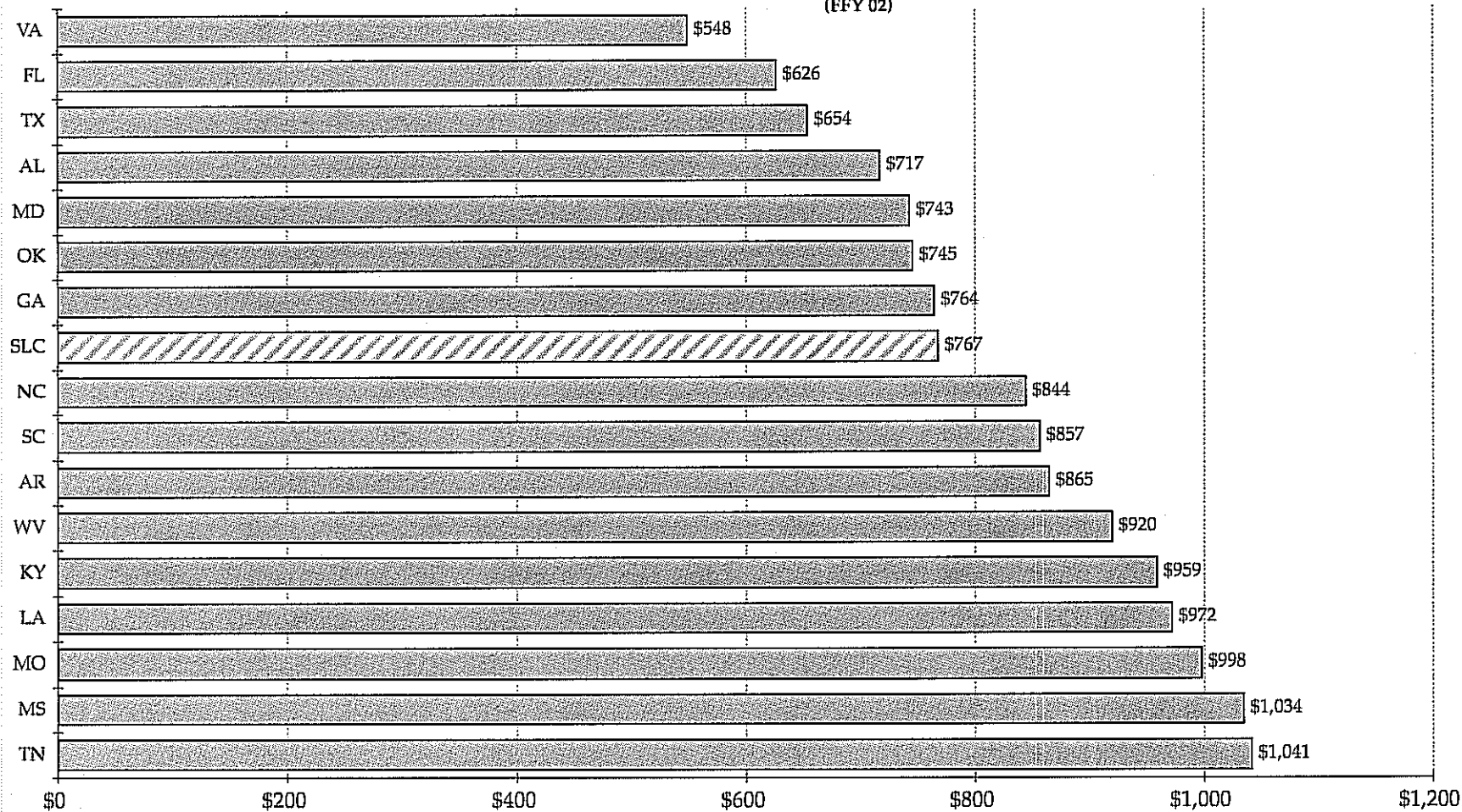
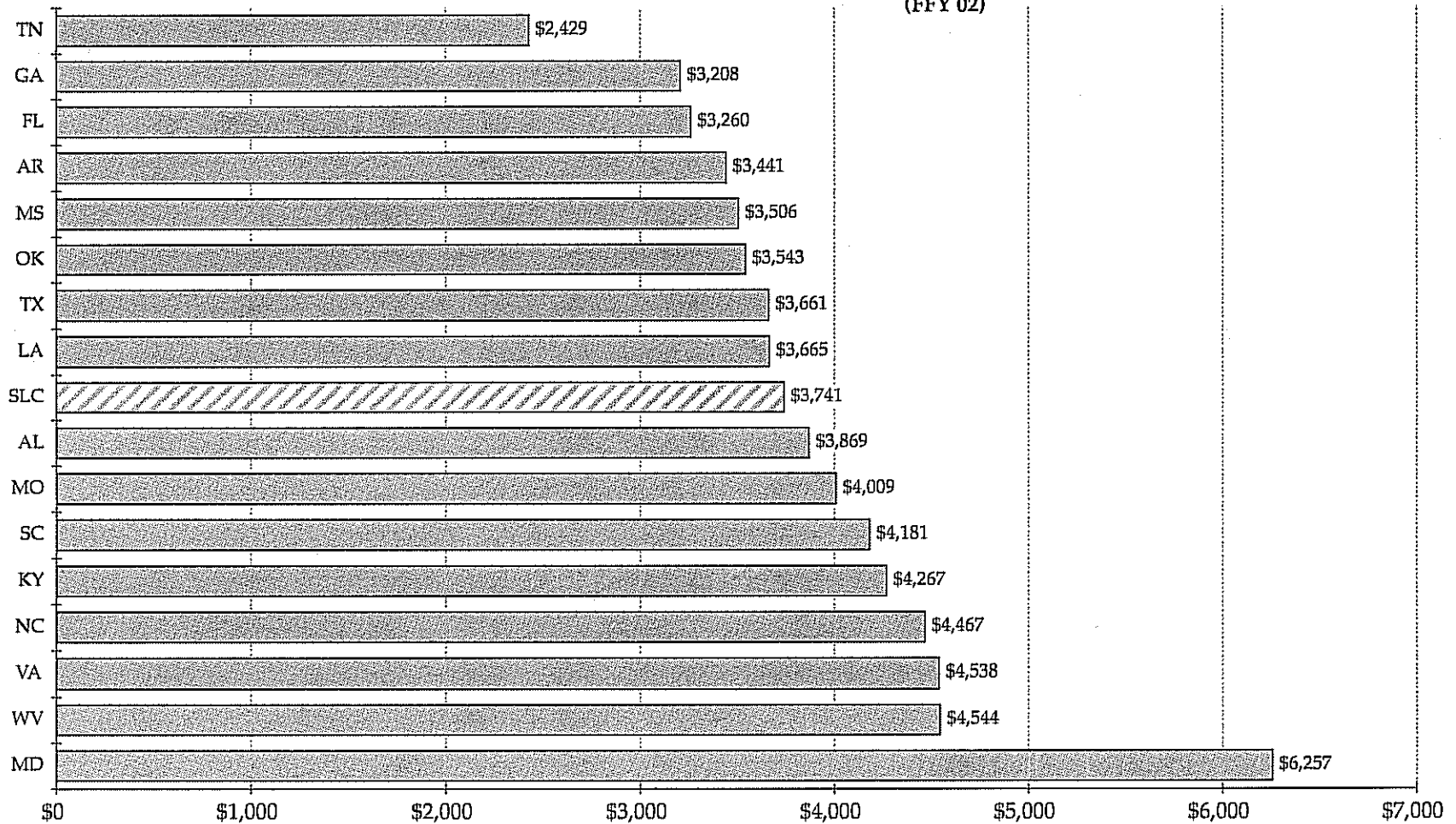


CHART 3
TOTAL MEDICAID EXPENDITURES PER CAPITA
(FFY 02)



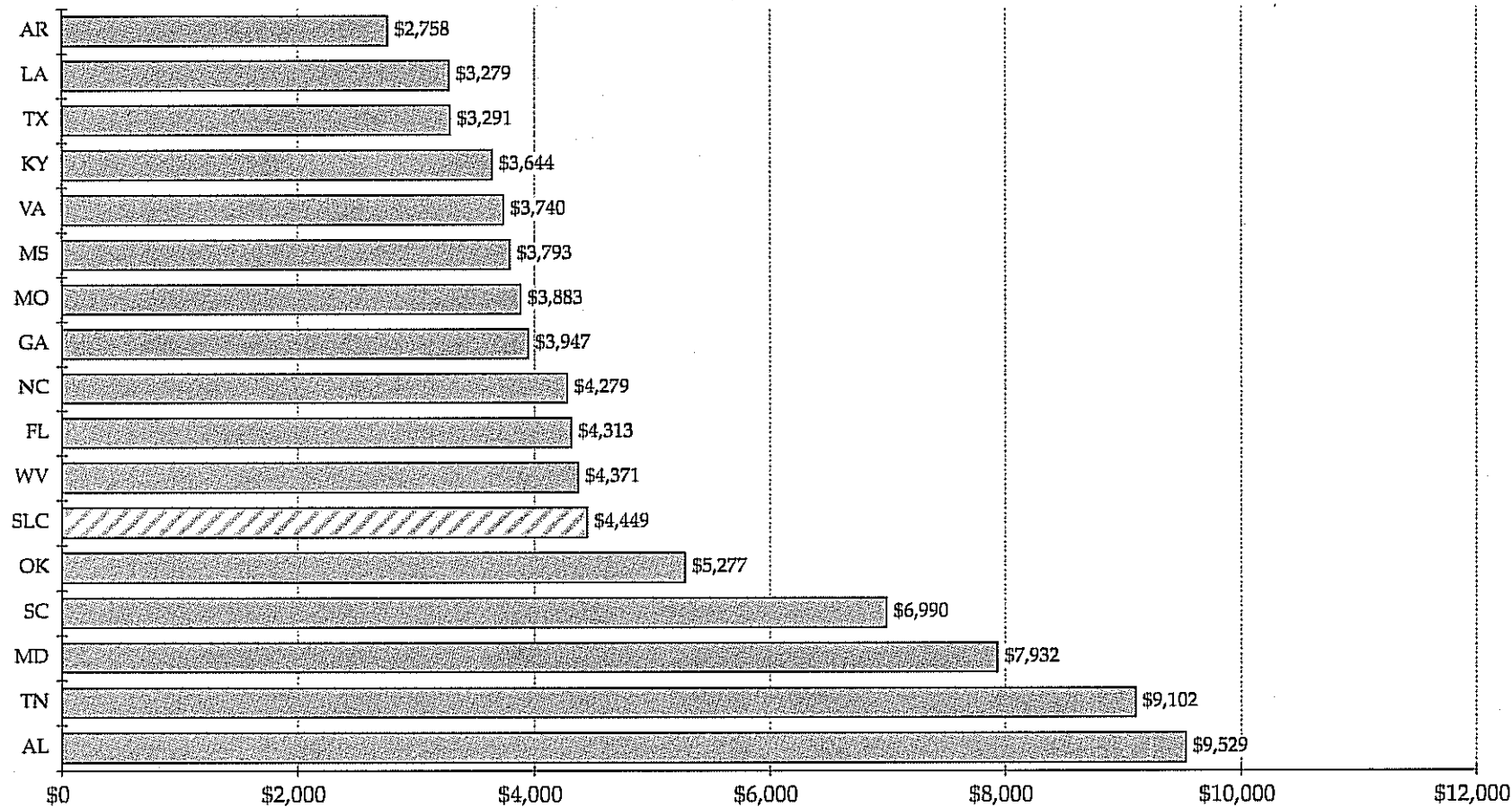
Source: HCFA 64. Population estimates from U. S. Bureau of the Census.

CHART 4
AVERAGE PAYMENT PER RECIPIENT FOR ALL SERVICES
(FFY 02)



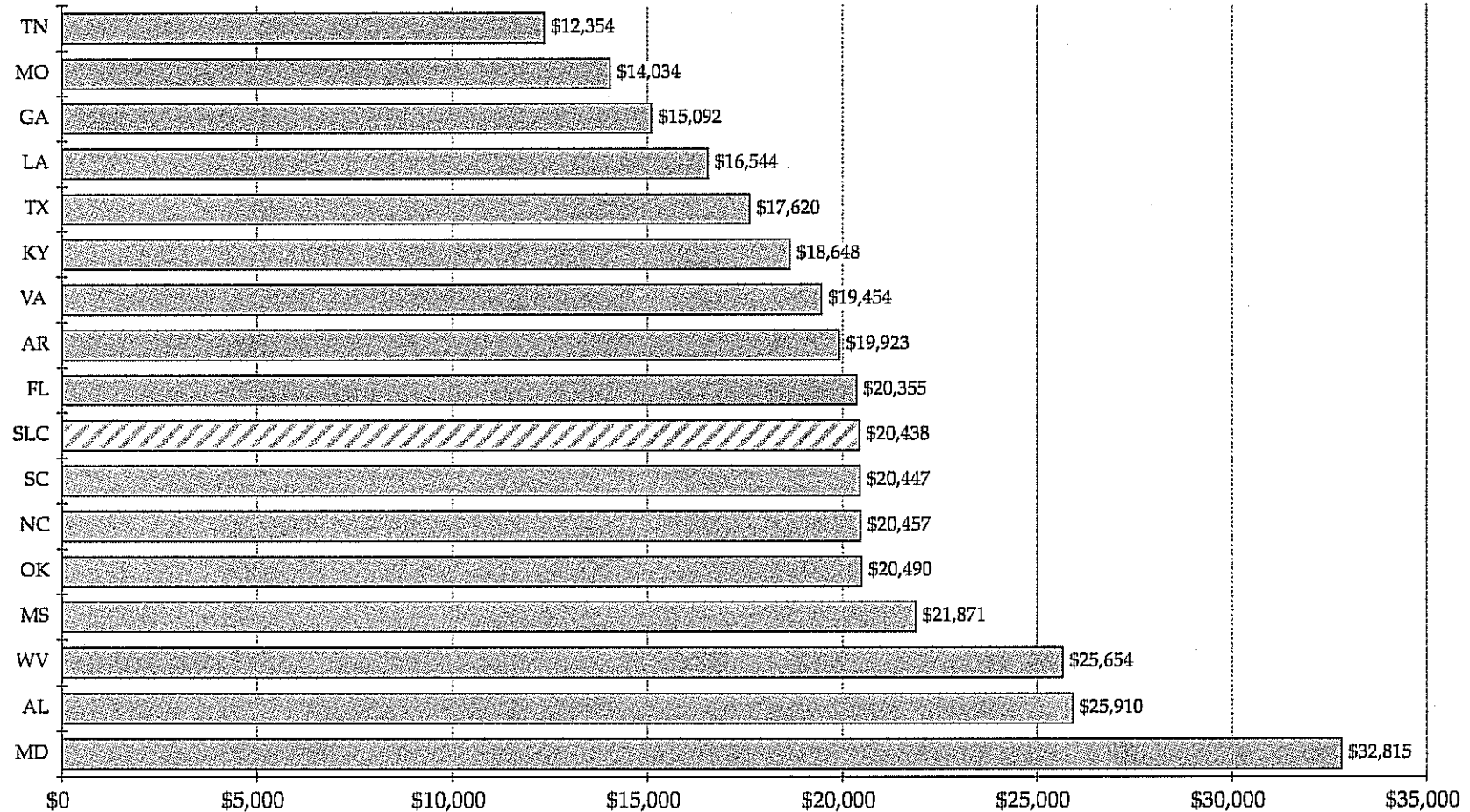
Source: CMS MSIS and state submitted data. Excludes administrative costs, DSH payments and certain other adjustments.

CHART 5
AVERAGE PAYMENT PER RECIPIENT FOR GENERAL HOSPITAL INPATIENT SERVICES
 (FFY 02)



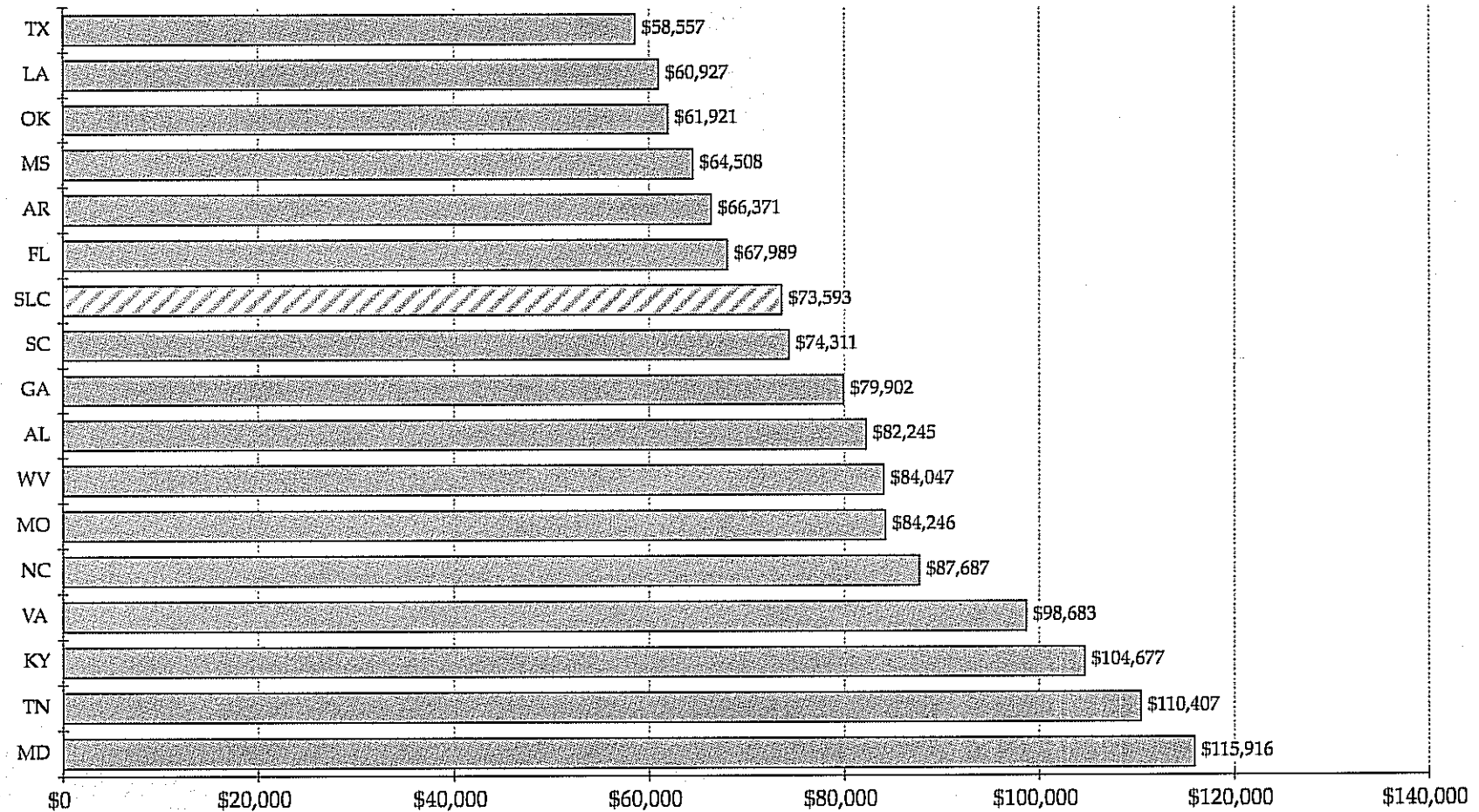
Source: CMS MSIS and state submitted data. Excludes disproportionate share payments.

CHART 6
AVERAGE PAYMENT PER RECIPIENT IN SKILLED & INTERMEDIATE NURSING FACILITIES
(FFY 02)



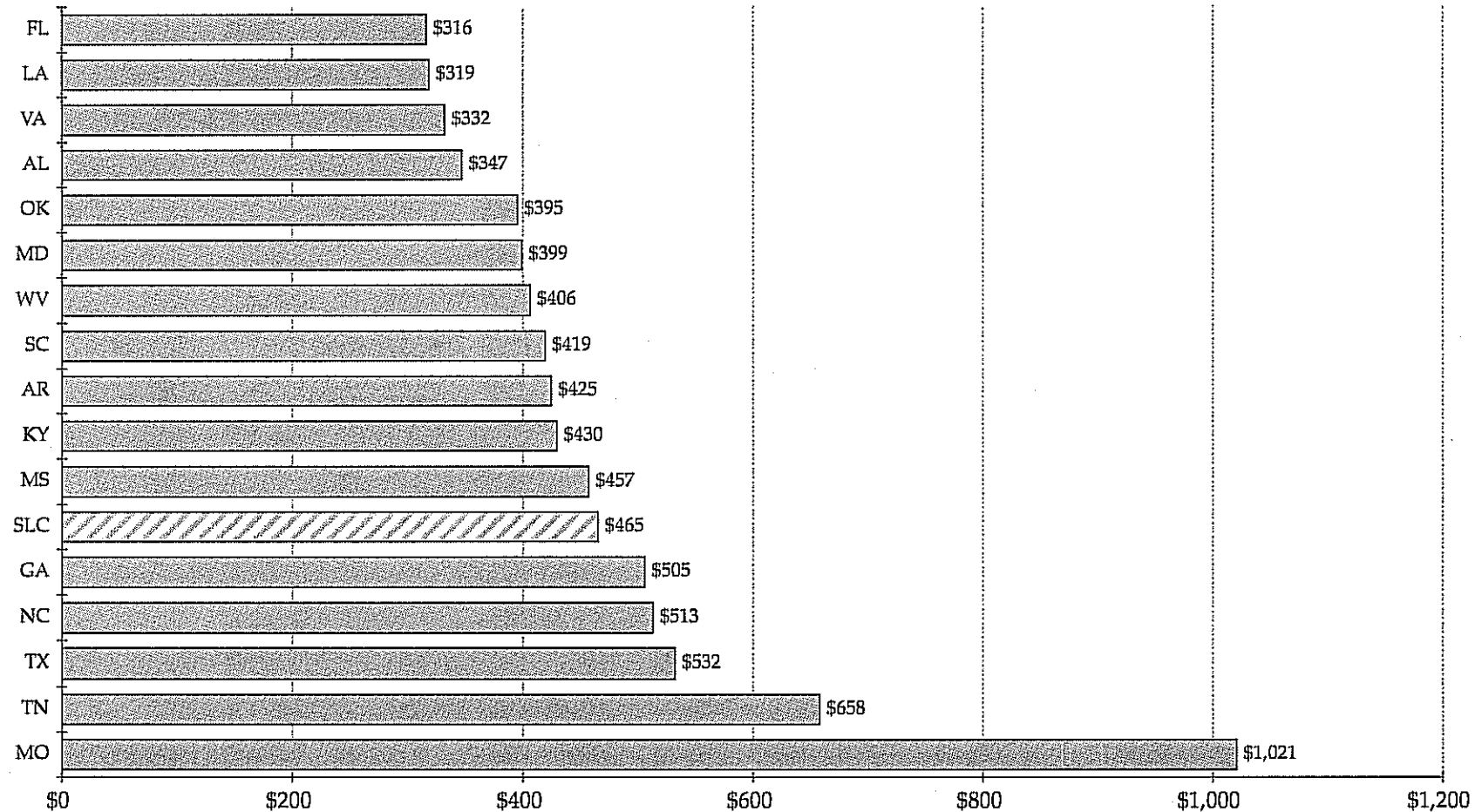
Source: CMS MSIS and state submitted data. Type and intensity of services required may vary from state to state.

CHART 7
AVERAGE PAYMENT PER RECIPIENT IN ICF/MR FACILITIES
(FFY 02)



Source: CMS MSIS and state submitted data. Type and intensity of services required may vary from state to state.

CHART 8
AVERAGE PAYMENT PER RECIPIENT FOR PHYSICIAN SERVICES
(FFY 02)



Source: CMS MSIS and state submitted data

CHART 9A
AVERAGE PAYMENT PER RECIPIENT FOR PRESCRIPTION DRUGS
(FFY 02)

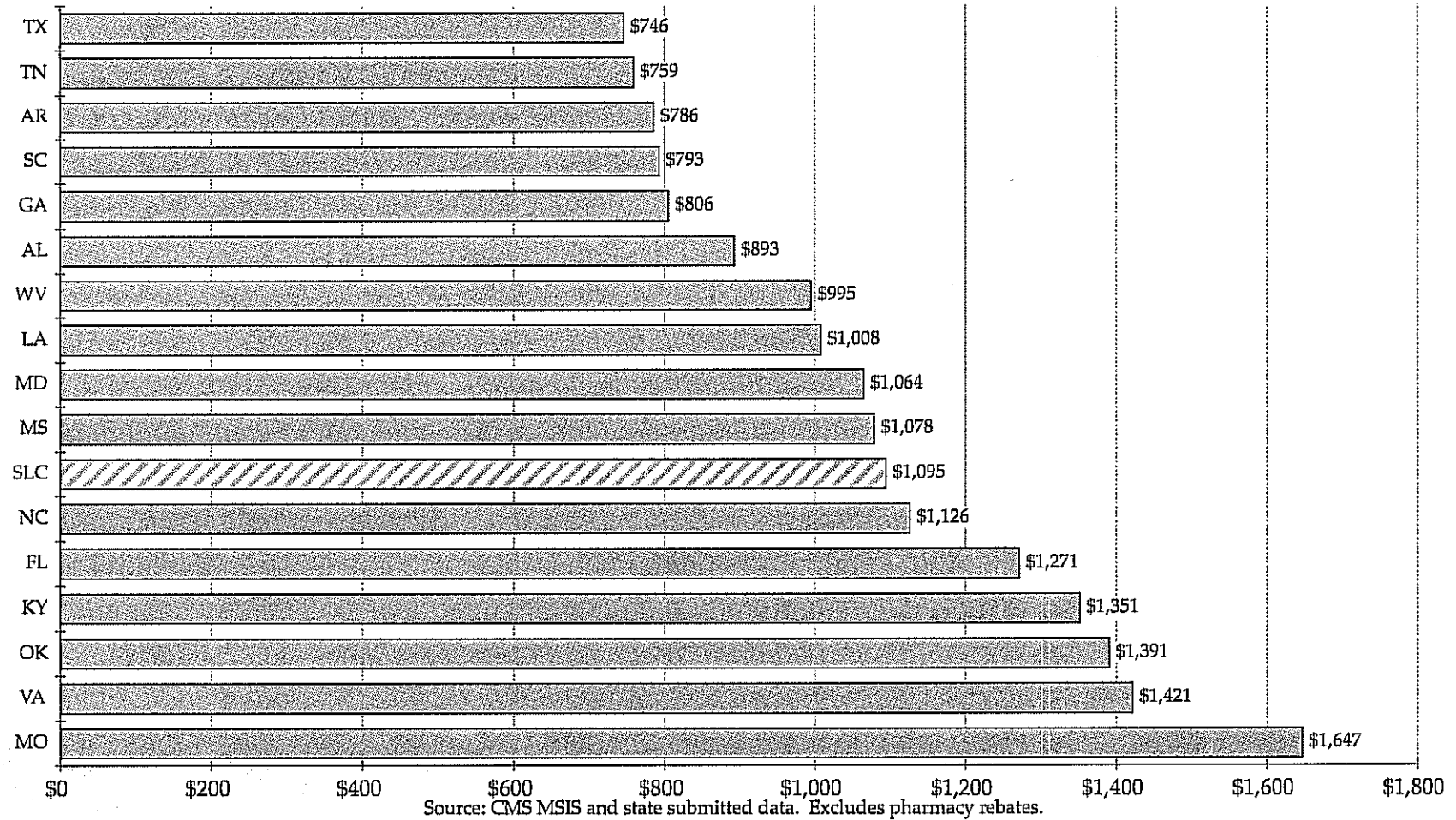
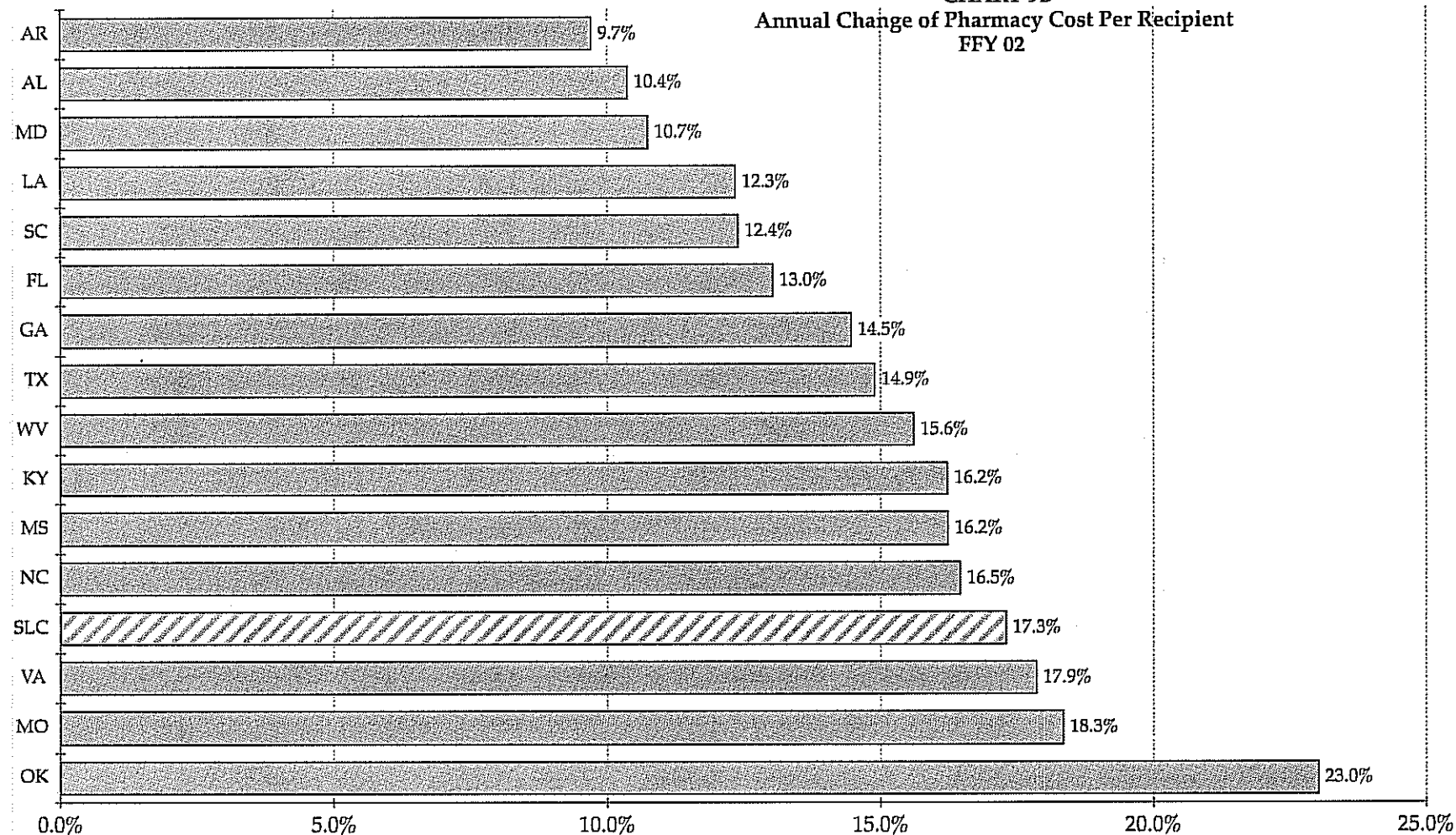
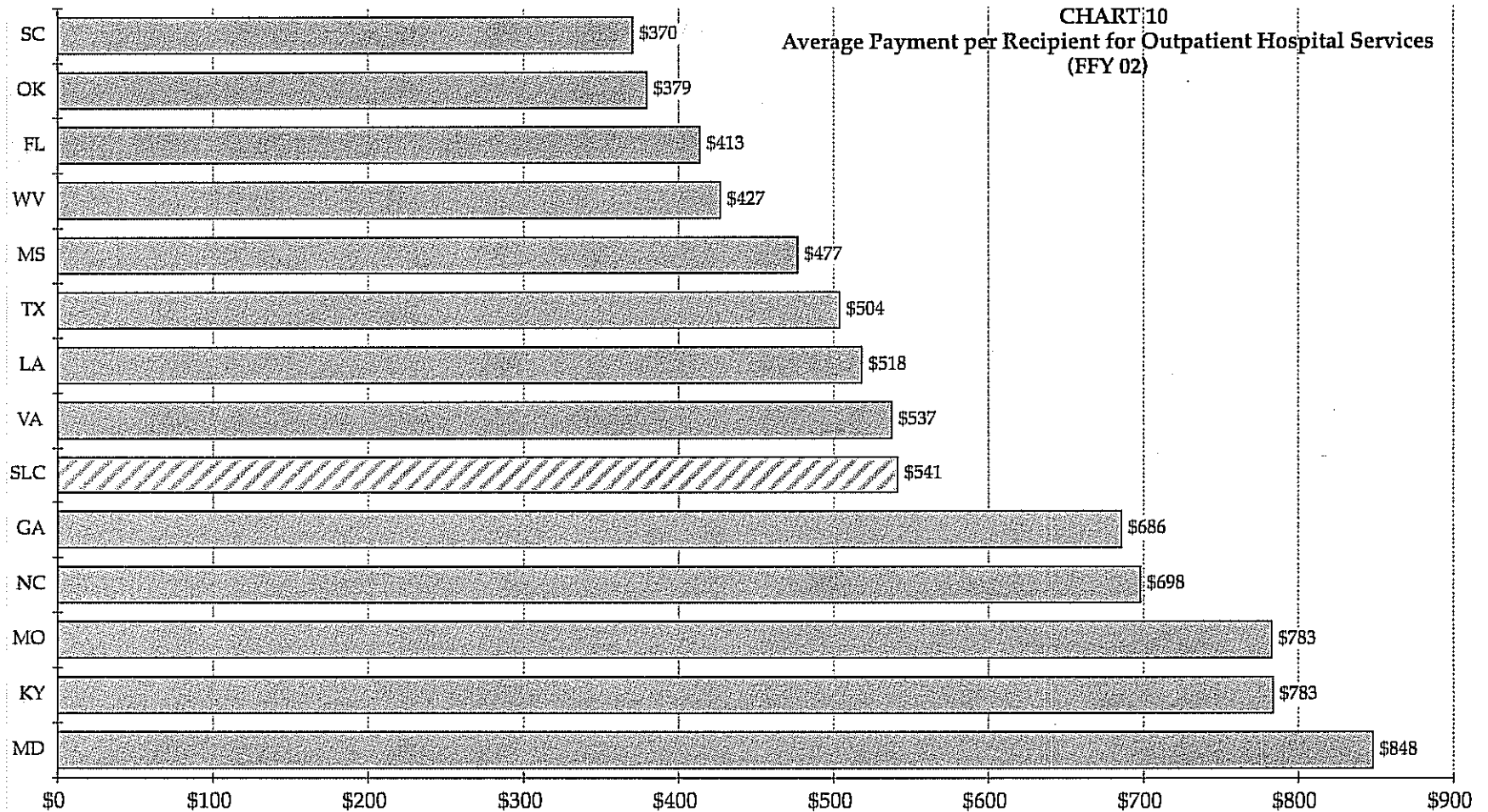


CHART 9B
Annual Change of Pharmacy Cost Per Recipient
FFY 02



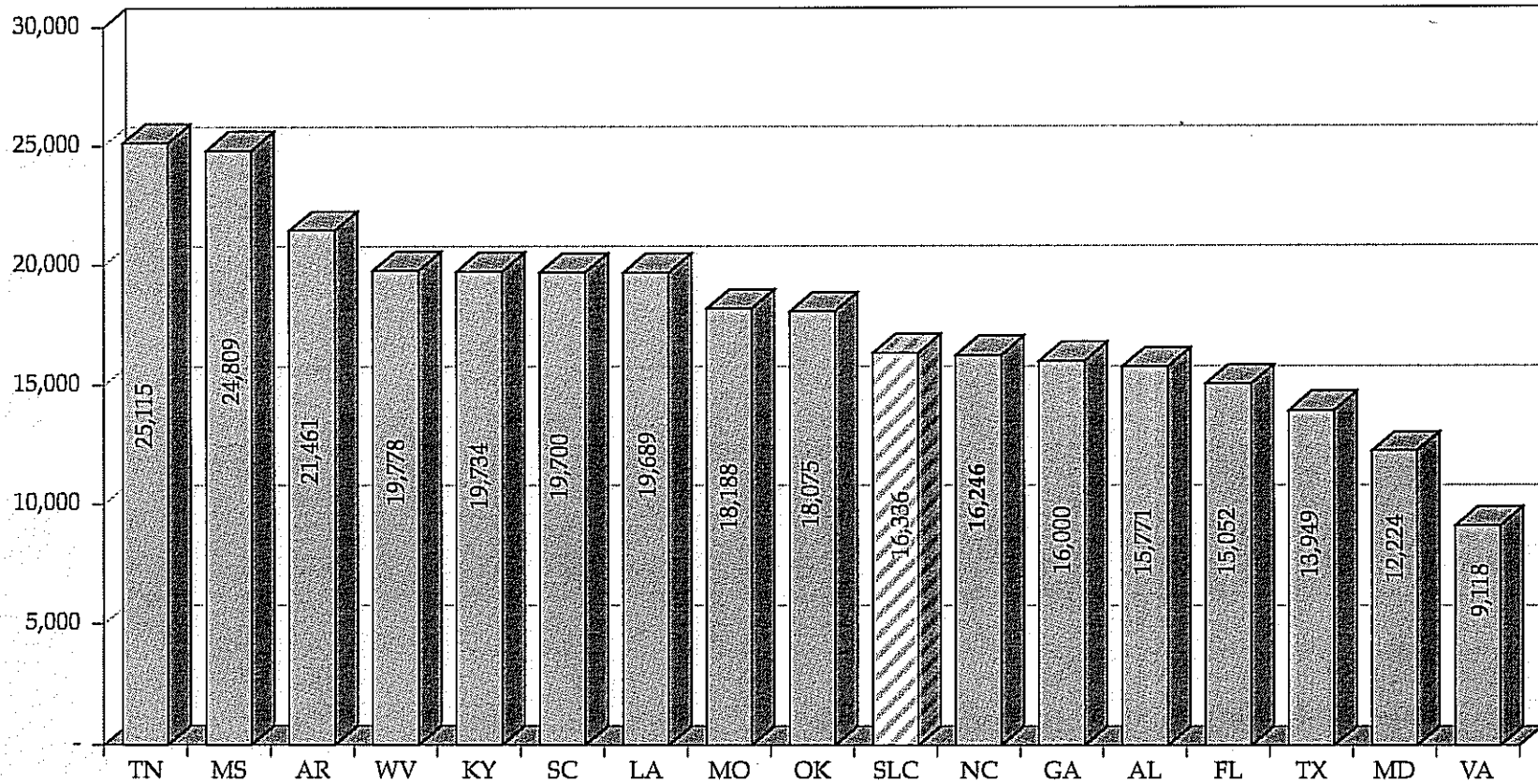
Source: CMS MSIS and state submitted data. Excludes pharmacy rebates.

CHART 10
Average Payment per Recipient for Outpatient Hospital Services
(FFY 02)



Source: CMS MSIS and state submitted data. Type and intensity of services required may vary from state to state.

CHART 11
 MEDICAID RECIPIENTS PER 100,000 POPULATION
 (FFY 02)



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