

COMPARATIVE DATA REPORT ON MEDICAID

A Report Submitted to the

FISCAL AFFAIRS AND GOVERNMENTAL OPERATIONS COMMITTEE

Southern Legislative Conference

Council of State Governments

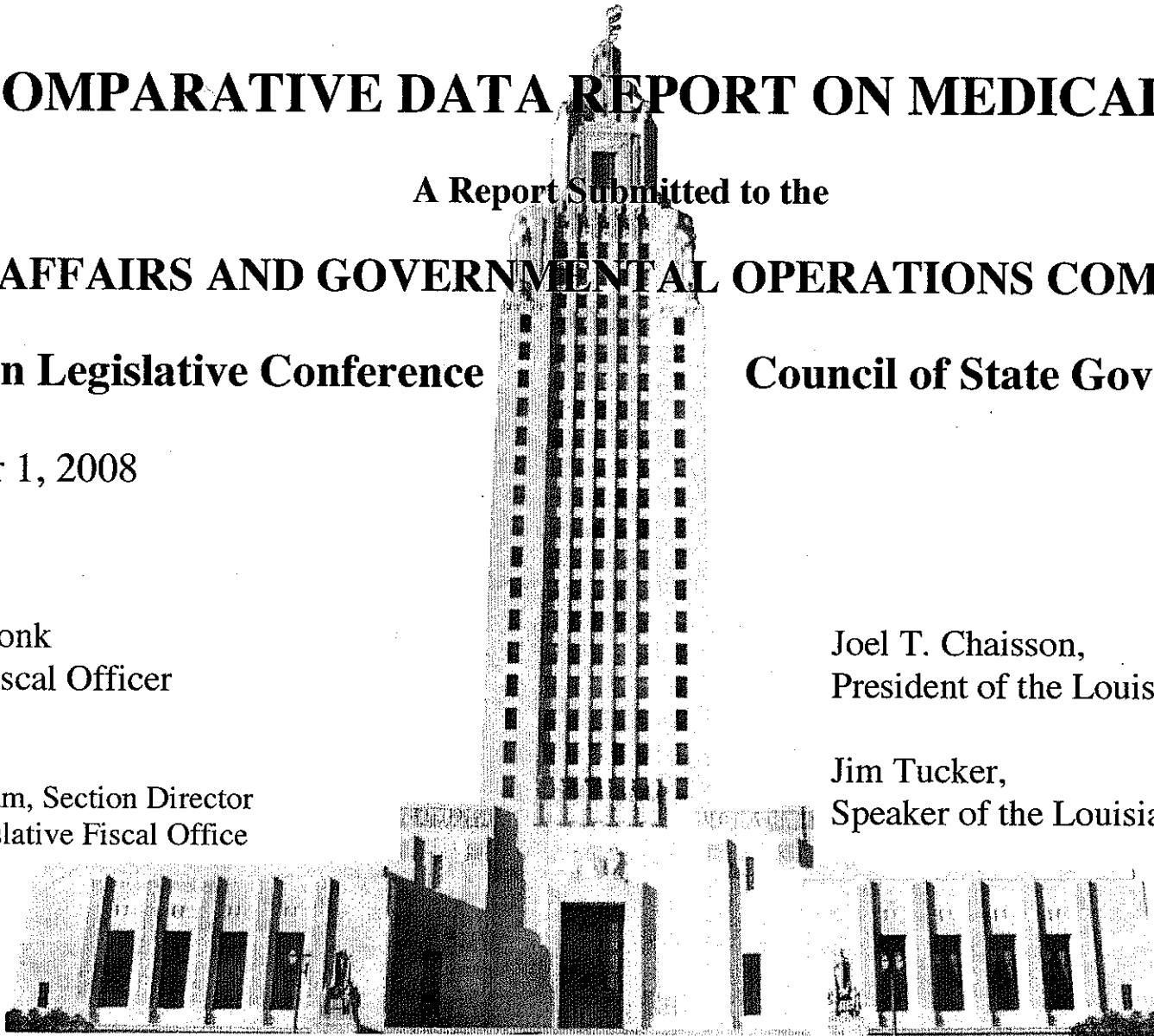
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SUMMARY

INTRODUCTION

This report includes statistical tables and a summary of key findings based upon questionnaires distributed to each member state in the Southern Legislative Conference. This survey was initially conducted in 1992 and presented to the Second Congressional Summit on Federal Mandates in Washington, D. C., on April 29, 1992. Subsequent surveys have been presented each fall to the Fiscal Affairs and Government Operations Committee of the Southern Legislative Conference.

The format of the survey has been modified in an effort to present a meaningful amount of information without overwhelming the reader with excessive data. Data prior to FFY 00 has been removed from the report, but is still available upon request.

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

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BACKGROUND

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

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

Funding is shared between the federal government and the states, with the federal government matching state contributions at an authorized rate between 50 and 76 percent (based on FY 06), depending on the state's per capita income. The federal participation rate is adjusted each year to compensate for changes in the per capita income of each state relative to the nation as a whole.

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

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

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

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

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

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

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

The Balanced Budget Act (BBA) of 1997 (P.L. 105-33), which was signed by the President on August 5, 1997, continued the trend of congressional action to control growth in Medicaid. This act was projected to produce gross federal Medicaid savings of \$17 billion over 5 years and \$61.4 billion from FFY 97 to FFY 07). Although there were some provisions for increases in Medicaid spending, the net effect of the legislation was federal Medicaid savings of \$7.3 billion over the first five years and \$36.9 billion over the next ten years--the most significant reduction in federal Medicaid spending since 1981.

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

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

Additionally, the BBRA of 1999 reallocated funding for SCHIP, effective October 1, 2004. The total amount of federal SCHIP funding allotted to the sixteen states in the SLC was \$1.243 billion (down \$491 million from FFY 00) for FFY 04; states would have been required to provide \$443 million (down \$178 million from FFY 00) in state matching funds to utilize all available federal dollars. As of September of 1999, all of the states in the SLC had HCFA approved plans to participate in SCHIP, although many of them did not draw the full federal allocation available. **Table 1** and **Chart 11** provide the total amount of federal dollars allocated to each state in the SLC for FY 06 and the amount that each state plans to utilize annually.

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

METHODOLOGY

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

The Centers for Medicare and Medicaid Services (CMS) collects voluminous data on state Medicaid programs on CMS Forms 37, 64, and MSIS (formerly 2082). Since each state follows the same report format and utilizes the same definitions and instructions, the information on these forms is the most accurate and consistently available. There are, nevertheless, certain inconsistencies that are introduced because of differences in interpretation about recipient, payment and service definitions. Whenever we are aware of such inconsistencies, we attempt to adjust for them when making comparisons among states. One should therefore exercise caution when comparing state expenditures for some services. For example, one state may include payments for rehabilitative services under "clinic services" while another may classify such payments as "other care."

A questionnaire was sent to each of the 16 states in the Southern Legislative Conference. Each questionnaire included several pages of data about the state taken from the CMS 37, 64 and MSIS reports submitted by the state to CMS. States were asked to verify the accuracy of this data, to provide explanations of extraordinary growth in recipients or payments and to supply certain other information, such as levels of disproportionate share payments, methods of state financing, recent state initiatives, etc.

The data collected from the federal reports and from the states have been organized into a "Medicaid State Profile" for each state. These include multi-year histories of total Medicaid spending as well as recipient and payment data for major eligibility and service categories. Information on provider taxes and eligibility criteria is also included. Each profile contains charts comparing that state to the SLC average in terms of annual payments per recipient and the number of recipients per 100,000 population. As a supplement to state responses regarding program characteristics and initiatives, information was included from a publication, *Issue Briefs*; published by the Health Policy Tracking Service in 2005. Key demographic and poverty indicators were obtained from *Health Care State Rankings 2008 Health Care in the 50 United States* and *State Rankings, 2008: Statistical View of the 50 United States*. Information on the Balanced Budget Act was included from a publication, *Overview of the Medicaid Provisions in the Balanced Budget Act of 1997*, P.L. 105-33, *Andy Schneider*, and September 1997. Information on the Balanced Budget Refinement Act of 1999 was included from a summary publication provided by the Government Printing Office website. Information on the MMA was included in summary publications provided by the Henry Kaiser Family Foundation website.

A large portion of this report is derived from MSIS data (FFY's 00-06) that provides detailed recipient and expenditure data by type of service and by other characteristics (maintenance assistance, basis of eligibility, age, race, and sex). For FFY 06, CMS has provided verified MSIS data to the LFO for 16 of the states in the SLC. This data for all 16 states is included in the FFY 06 CDR.

It is of importance for the reader of this report to be aware of the changes from all previous versions of the Medicaid report. From FFY 92 to FFY 98, all HCFA 37, 64, and 2082 data was complete and used to make all comparisons in the report. For FFY 99 to 04, CMS published verified MSIS data on their website that was used to revise all 16 states for that time period. For FFY 05, MSIS data was not available for Louisiana, Maryland, Oklahoma, and West Virginia at the time the report was published. These states were included in the FFY 05 CDR by projecting historical trend data provided by CMS (from FFY 99 through FFY 04). For the FFY 06 report, FFY 05 data has been revised using the latest data available published by CMS and is totally complete.

MEDICAID SPENDING IN THE SOUTHERN REGION

The rapid rate of growth in Medicaid spending which occurred during the late 1980's and early 1990's began to decline by FFY 94 in the 16-state southern region. Since that time, the growth rate has been variable; however, the trend is more toward controlled growth. Total actual Medicaid payments (administrative costs excluded) for the 16 SLC states for FFY 06 were \$95.3 billion, a decrease of \$3.5 billion (approximately -3.5%) less than the FFY 05 level of \$98.8 billion. The decrease in total payments for FFY 06 follows three consecutive years of single digit increases in total Medicaid spending. FFY 03, FFY 04, and FFY 05 spending represented a continued effort to control Medicaid growth that had exhibited double digit growth from FFY 99 to FFY 02). See "Southern Region Medicaid Profile".

Total spending for FFY 07 is projected at \$104.7 billion, administrative costs excluded, which is an increase of approximately \$9.4 billion, or 9.8% from the \$95.3 billion for FFY 06. Total spending for FFY 08 is projected at \$112.6 billion, or 7.5% over the \$104.7 projected for FFY 07. The annual rate of change projected over the entire eight-year period from FFY 00 to FFY 08 is 7.8% percent.

During the early 1990's several factors contributed to the rapid growth in Medicaid spending:

- First, program enrollment increased significantly, mainly due to federal mandates which directed states to expand coverage to pregnant women and children with family incomes at or above the federal poverty level. Such mandates had a major cost impact in southern states, which tend to have large indigent populations and a limited ability to finance health care programs at the high levels found in other parts of the nation. The number of Medicaid recipients in southern states grew from 11.1 million in FFY 92 to 14.4 million in FFY 98.
- Second, medical inflation has historically accounted for 50% of total growth.
- Third, other factors include higher utilization rates (due, in part, to federal mandates such as those calling for more thorough screening of school age children), the targeting of specific populations (AIDS patients, drug-dependent newborns) and higher payments to certain providers.
- Fourth, states have utilized creative methods to find the revenues needed to pay for Medicaid programs which in many cases have quadrupled in size over the past seven years. These include widespread use of provider taxes, disproportionate share payments and intergovernmental transfers.

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

Medicaid spending in the SLC states reflected double digit increases from FFY 99 to FFY 02. The following 3 years (through FFY 05) indicate a more controlled growth. Actual growth figures for FFY 06 (a reduction of 3.5% from prior year) is the result of 10 of the 16 states in the SLC having a reduction in payments. Although FFY 06 spending projects a level of spending below FFY 05, future Medicaid spending is projected to increase significantly (by almost 10% in FFY 07 and 8% in FFY 08). Projected payments in FFY 07 and FFY 08 indicate that Medicaid spending may experience a pattern of significant growth in those years despite economic uncertainty. It is probable that projections for FFY 07 and FFY 08 will be revised slightly upward as this has been the pattern for the last five federal fiscal years. The overall increase from FFY 06 to 07 is a result of 15 of the 16 SLC states estimating an increase in overall payments. Mississippi is the only state that projects a decrease in payments from FFY 06.

Over the last decade, Medicaid percentage growth in the SLC increased to its highest point in FFY 02 (13.7% from FFY 01). FFY 06 reflects an overall decline in payments from the prior fiscal year, the first in that same time period. Several factors have contributed to the decrease in spending in FFY 06.

- a minimal aggregate increase in the number of Medicaid recipients in the SLC (less than ½ of 1% from FFY 05). The actual number of recipients in six states decreased from FFY 05.
- implementation of federal legislation that impacted prescription drug coverage for some Medicaid enrollees. The Medicare Modernization Act (MMA) of 2003 was implemented in January 2006. This legislation shifted the costs of prescription drug coverage for certain “dual eligibles” from Medicaid to Medicare Part D plans. States are still required to pay a state share for this coverage (what states would pay under Medicaid, called the ‘clawback payment’ or ‘phase down’). Although the clawback payment is still considered as a Medicaid expenditure, the federal matching funds historically drawn down with this general fund is no longer recorded as a Medicaid payment, but is recorded in Medicare. (See “Payments by Type of Service – Prescribed Drugs” expenditures by state.)

It is unknown if implementing any costs containment measures (such as selected waivers for state Medicaid populations or other initiatives through available options of the Deficit Reduction Act) or FMAP (the Federal Medical Assistance

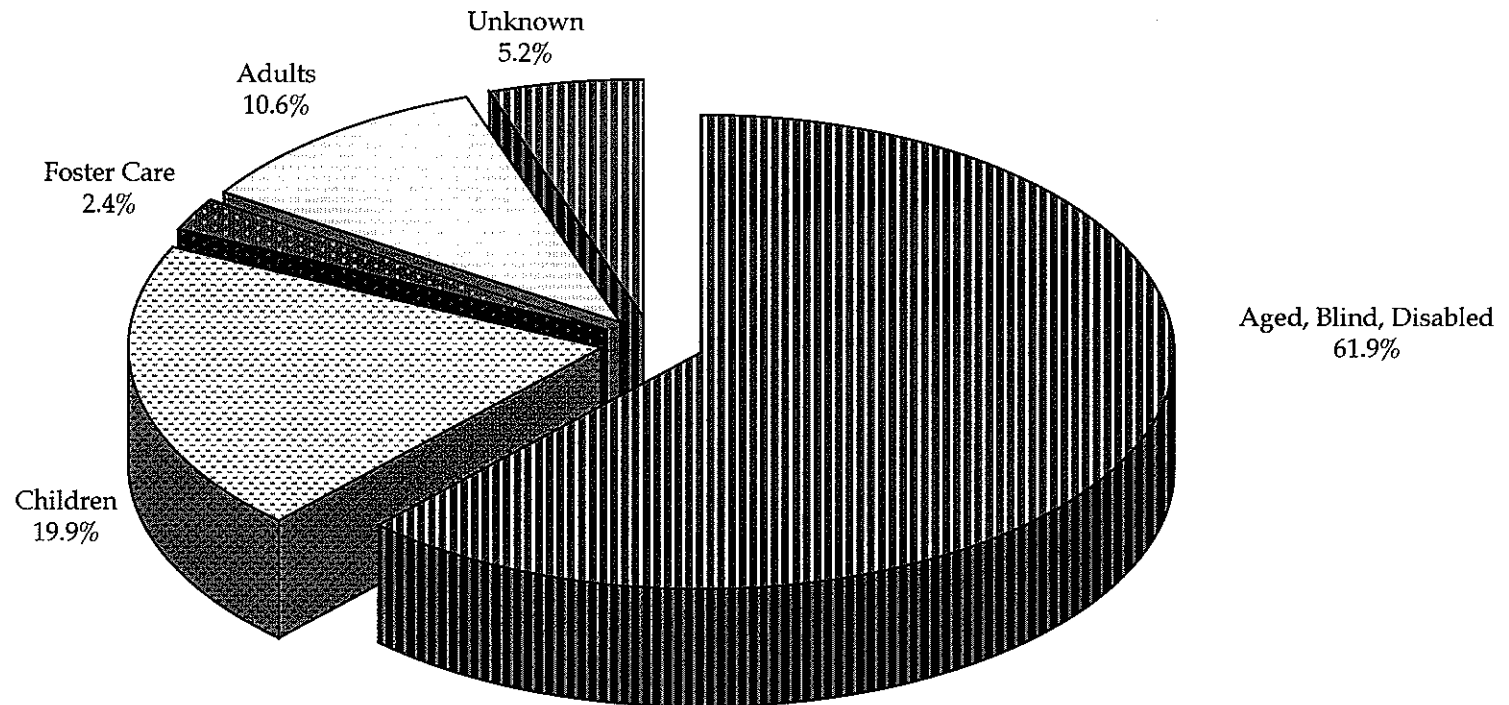
Percentage) changes had any effect on the decline in total spending for the SLC states. The percentage that the federal government matched for state funds spent on Medicaid decreased from FFY 05 to FFY 06 in twelve (12) of the SLC states.

Total Medicaid expenditures by eligibility in the 16 Southern Legislative Conference states are illustrated in **Chart 1**. This chart divides Medicaid dollars spent by the following eligibility categories: aged (65 and older), blind, or disabled, children, foster care children, adults and other Title XIX recipients of unknown eligibility status. By far the greatest amount of Medicaid dollars is spent on those who are aged, blind, or disabled (61.9%). Expenditures for children were next, accounting for 19.9% of the payments. The remaining classifications of adults (10.6%), foster care children (2.4%), and unknown (5.2%) make up the balance (18.2%). The total amount of Medicaid payments in the SLC for FFY 06 was \$95,278,045,321. This is an average annual increase of approximately 7.8% per year over the seven-year period from FFY 00 to FFY 06.

The total number of Medicaid recipients in the 16 states was 21,142,685 during FFY 06 as compared to the FFY 00 number of 15,984,886 recipients, or an average annual increase of 4.8% per year. **Chart 2** provides a percentage distribution of these recipients by the same eligibility standards as Chart 1. The greatest number of Medicaid recipients in the southern region were children (52.5%). The aged, blind, or disabled followed with approximately 23.5%, while adults represented 15.6% of the total number of recipients. The balance of 8.4% is distributed among foster care children (1.4%) and unknown status (7.0%). The average payment per recipient for all Medicaid services in the 16 states was approximately \$4,149. This is a decrease of \$261 from FFY 05 to FFY 06 and approximately a 3.3% annual increase from FFY 00.

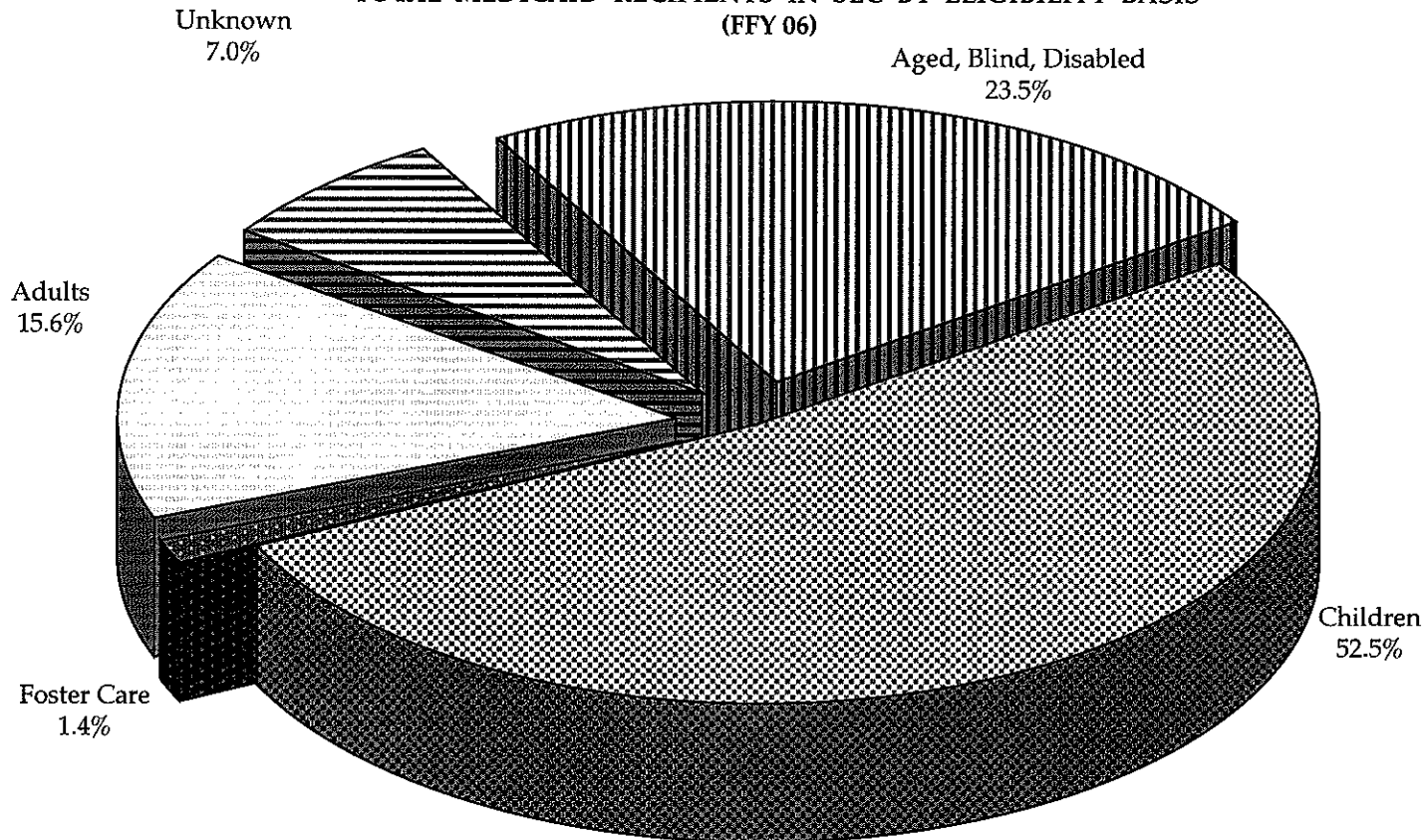
SOUTHERN REGION MEDICAID PROFILE

CHART 1
TOTAL MEDICAID EXPENDITURES IN SLC BY ELIGIBILITY
(FFY 06)



SOUTHERN REGION MEDICAID PROFILE

CHART 2
TOTAL MEDICAID RECIPIENTS IN SLC BY ELIGIBILITY BASIS
(FFY 06)



STATE COMPARISONS

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

Per Capita Expenditures. Medicaid per capita spending in the 16-state southern region has increased from \$664 in FFY 00 to \$882 for FFY 06. States with high numbers of recipients per unit of population combined with a high level of payments per recipient rank high in per capita spending. As shown in **Chart 3**, per capita spending for FFY 06 ranges from \$632 in Virginia to \$1,196 in West Virginia. All other SLC states ranged from \$735 to \$1,152. West Virginia has decreased per capita expenditures by \$52 (\$1,248 to \$1,196) from FFY 05, however now has the highest per capita expenditure level (\$1,196) in the SLC. West Virginia had an increase in population of approximately 6,783 (.4%) during FFY 06, coupled with a decrease in total Medicaid expenditures of approximately \$85.4 million (3.8%). Virginia maintained its position as the state with the lowest average per capita expenditure, reporting an average of \$632 per person (28.4% under the SLC average of \$882). This is due to the fact that: 1) the state's population increased from approximately 7.19 million to 7.64 million (6.3%); 2) total Medicaid expenditures (including admin. costs) increased from \$4.68 billion to \$4.83 billion (3.1%) and; 3) only 9.1% of the total population (44th in the U.S.) have incomes less than the federal poverty level in FFY 06.

Payments per Recipient. Average Annual payments per recipient for the southern region have increased from \$3,415 in FFY 00 to \$4,149 in FFY 06, an overall increase of 3.3% per year. Payments per recipient for FFY 06 range from \$3,324 in Georgia to \$6,876 in Maryland. (**See Chart 4**). Since most states report disproportionate share payments on Form 2082 (FFY 98) and MSIS (FFY's 99-04) such payments are excluded from all regular Medicaid claim payment comparisons.

Expenditure per recipient (by type of service) comparisons should be viewed with caution unless used in conjunction with a specific well-defined service. We have chosen five of the largest and, hopefully, best-defined services for inclusion here: inpatient hospitals, skilled and intermediate care nursing facilities, intermediate care for the mentally retarded, physician services and prescription drugs. Each of these services represents a large part of a state's Medicaid expenditures and each has been an area of rapid growth as well. Payments for these five services represent approximately 55.5% of all Medicaid payments in the region for FFY 06, compared to 60.5% for FFY 05.

- Payments for general hospital inpatient services in the region have increased from \$8.67 billion in FFY 00 to \$14.2 billion in FFY 06, an annual increase of 8.5%. These payments represent an average 16.2% of each state's Medicaid payments. If all disproportionate share payments were included in these figures, the growth rates and the share of total spending on hospitals would be significantly greater. The accompanying chart excludes all such payments that have been included on the MSIS (FFY 00 to 06) in order to make consistent comparisons.

The total number of recipients for inpatient services increased at a 1.4% annual rate, from 2.43 million in FFY 00 to 2.64 million by FFY 06. The SLC average for annual payments per recipient for inpatient services has increased from \$3,571 in FFY 00 to \$5,369 in FFY 06, an annual growth rate of 7%. Payments in FFY 06 range from \$2,542 in Alabama to \$11,291 in West Virginia. Again it should be noted that these figures do not include disproportionate share payments. **(See Chart 5)**

- Payments for skilled and intermediate care nursing facilities grew from \$10.4 billion to \$13.9 billion during the period FFY 00-06, an annual growth rate of 5%. The average share of a southern state's Medicaid budget devoted to these services has fallen from 19.1% to 15.8% during the period. The number of recipients utilizing these services decreased at a 0.8% annual rate, from approximately 604,672 in FFY 00 to 576,850 in FFY 06. The SLC average for annual payments per recipient for skilled and intermediate care nursing facilities increased from \$17,193 in FFY 00 to \$24,096 in FFY 06, an annual growth rate of 5.8%. Average annual payments in FFY 06 ranged from a low of \$16,235 in Texas to a high of \$36,184 in Maryland. **(See Chart 6)**

- The cost of intermediate care for the mentally retarded (ICF-MR) increased from \$3.22 billion in FFY 00 to \$3.6 billion in FFY 06, an annual growth rate of 1.9%. SLC states applied an average of 4.1% of their expenditures to this service in FFY 06, down from 5.9% in FFY 00. This service experienced a decline in recipients from approximately 47,054 in FFY 00 to 41,050 in FFY 06, a 2.2% decrease during the seven-year period. The average cost per recipient has continued to increase approximately 4.2% annually, and has increased from \$68,448 to \$87,676 during the period FFY 00-06. Average payments range from \$44,089 in Arkansas to \$241,773 in Tennessee in FFY 06. **(See Chart 7)**

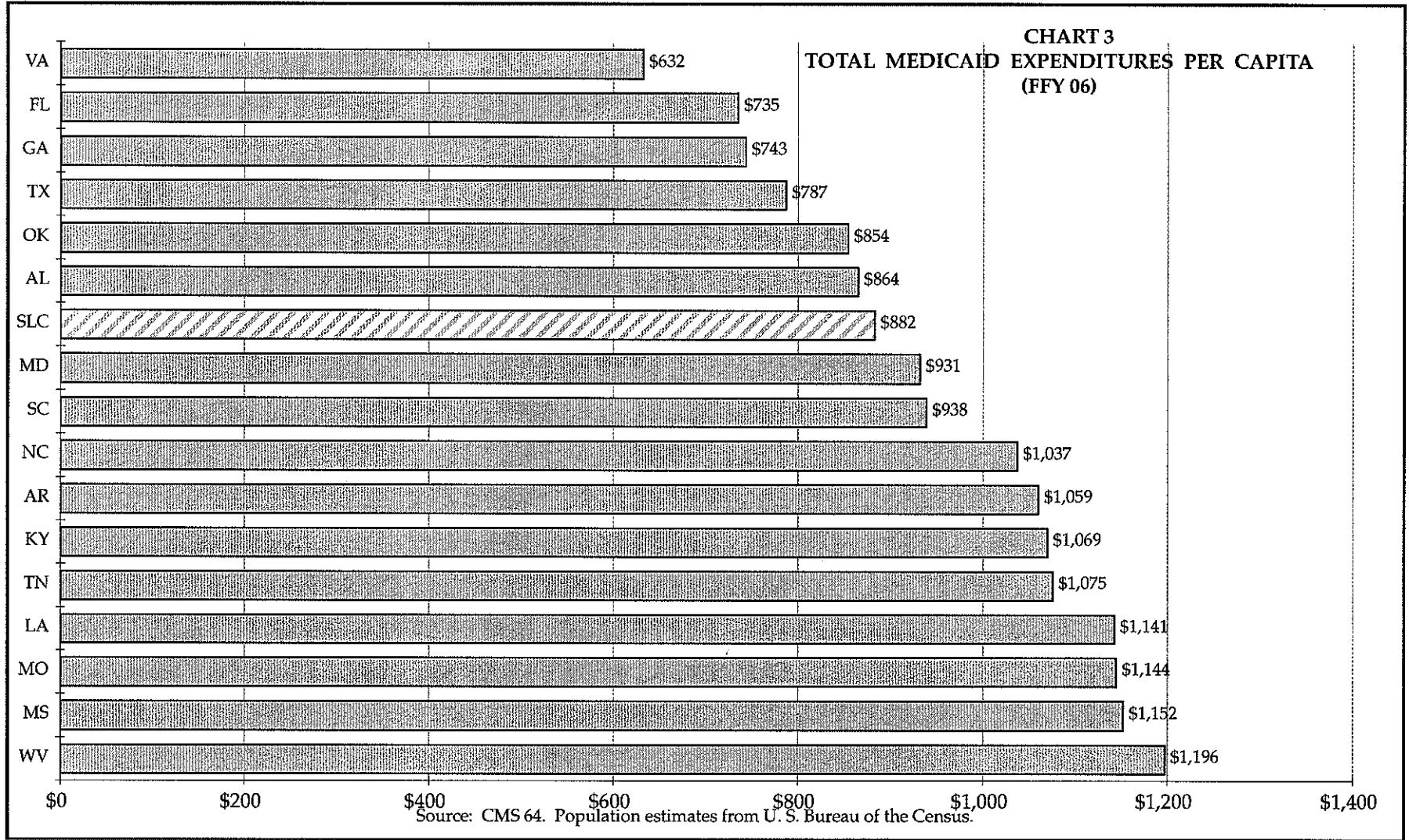
- The cost of physician services increased from approximately \$3.69 billion in FFY 00 to \$5.97 billion in FFY 06, an annual rate of 8.4% per year. The number of recipients of these services increased from more than 9.09 million in FFY 00 to 10.8 million in FFY 06, an annual rate of 2.9% per year. Average annual payments per recipient in the region experienced growth of about 5.3% per year, from approximately \$406 in FFY 00 to \$553 per year in FFY 06. Payments per recipient vary widely from \$187 in Missouri to \$801 in Maryland for FFY 06. (See Chart 8)

- The cost of providing prescribed drugs grew 5.4% per year from about \$8.08 billion in FFY 00 to \$11.08 billion in FFY 06. Recipients increased 2.6% annually from 9.8 million in FFY 00 to 11.45 million in FFY 06. The regional average payment per recipient grew from \$824 in FFY 00 to \$968 in FFY 06, an average growth rate of 2.7% per year. States range from a low of \$637 per recipient annually for prescription drug costs in Mississippi to \$1,429 in Missouri. Payments per recipient in Oklahoma increased from \$803 in FFY 00 to \$819 in FFY 06, an annual rate of .3%; and payments per recipient in Tennessee increased from \$307 in FFY 00 to \$792 in FFY 06, an annual rate of 17.1%. Total payments in all sixteen SLC states decreased from FFY 05 to FFY 06. Of the sixteen states, the decrease in thirteen states appears to be related to a decrease in the number of recipients receiving prescription drug services in FFY 06. (See Charts 9A, 9B, & 9C)

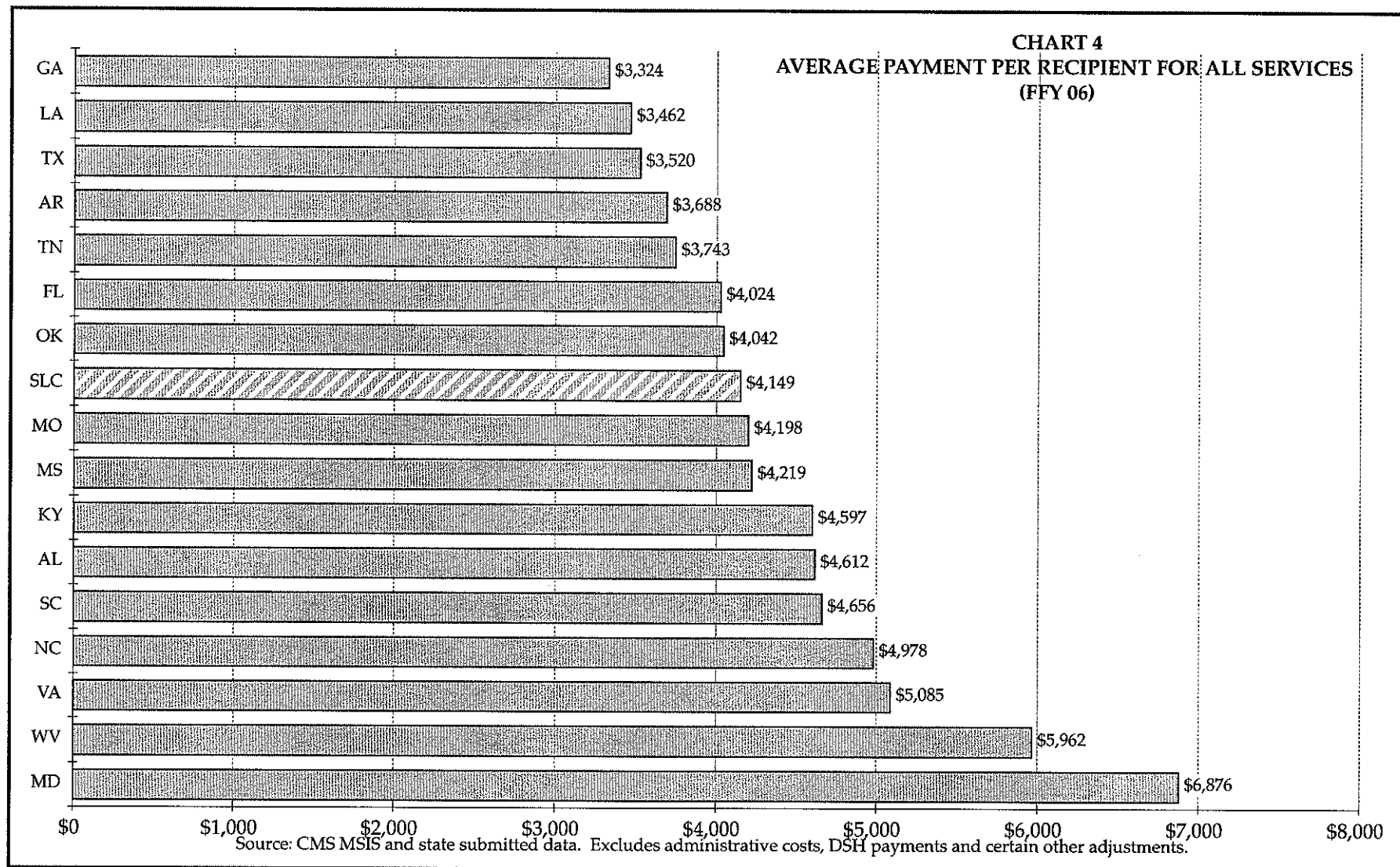
Recipients per 100,000 Population. The number of recipients per 100,000 population increased during FFY 00-06 from 16,461 to 18,662. According to this indicator, the highest state was Louisiana with 27,077 per 100,000 population and the lowest was Virginia with 10,741. A state's rank on this scale is influenced by how liberal its eligibility criteria are for Medicaid and children in low-income families. (See Chart 10)

SCHIPS Allocation per State. All 16 states in the SLC have submitted SCHIP plans to HCFA. As of September 3, 1999, all 16 states had approved plans. Under the provisions of the legislation that created SCHIPs, states have the option of expanding Medicaid, designing a state plan, or doing a combination of both. In the SLC, 6 states have opted to expand Medicaid, 3 states have designed a state plan, and 7 have combined Medicaid expansion with a state-designed plan. Of the \$1.63 billion federal allocation for the 16 SLC states for which data is available in Table 1, \$1.74 billion (107%) has been requested to fund the various SCHIP plans for FFY 06. Texas and Florida topped the federal allocation in the SLC with \$454.7 million and \$249.3 million, respectively. Texas utilized only \$269.4 million of available federal funding (59.2%); Florida utilized \$214.1 million (85.9%) for SCHIP. West Virginia was allotted the fewest SCHIP dollars in the SLC, \$23.3 million, however, actually utilized \$33.7 million (144.6%). Overall, SLC state movement with the SCHIP initiative appears to be growing after a slow start. For the reported SLC states, 1 is using 20% or less of the total program allotment, 1 state is using between 21% and 60%, and 14 states are using over 61% (of which 12 are utilizing funds over their respective allotments). (Table 1 and Chart 11)

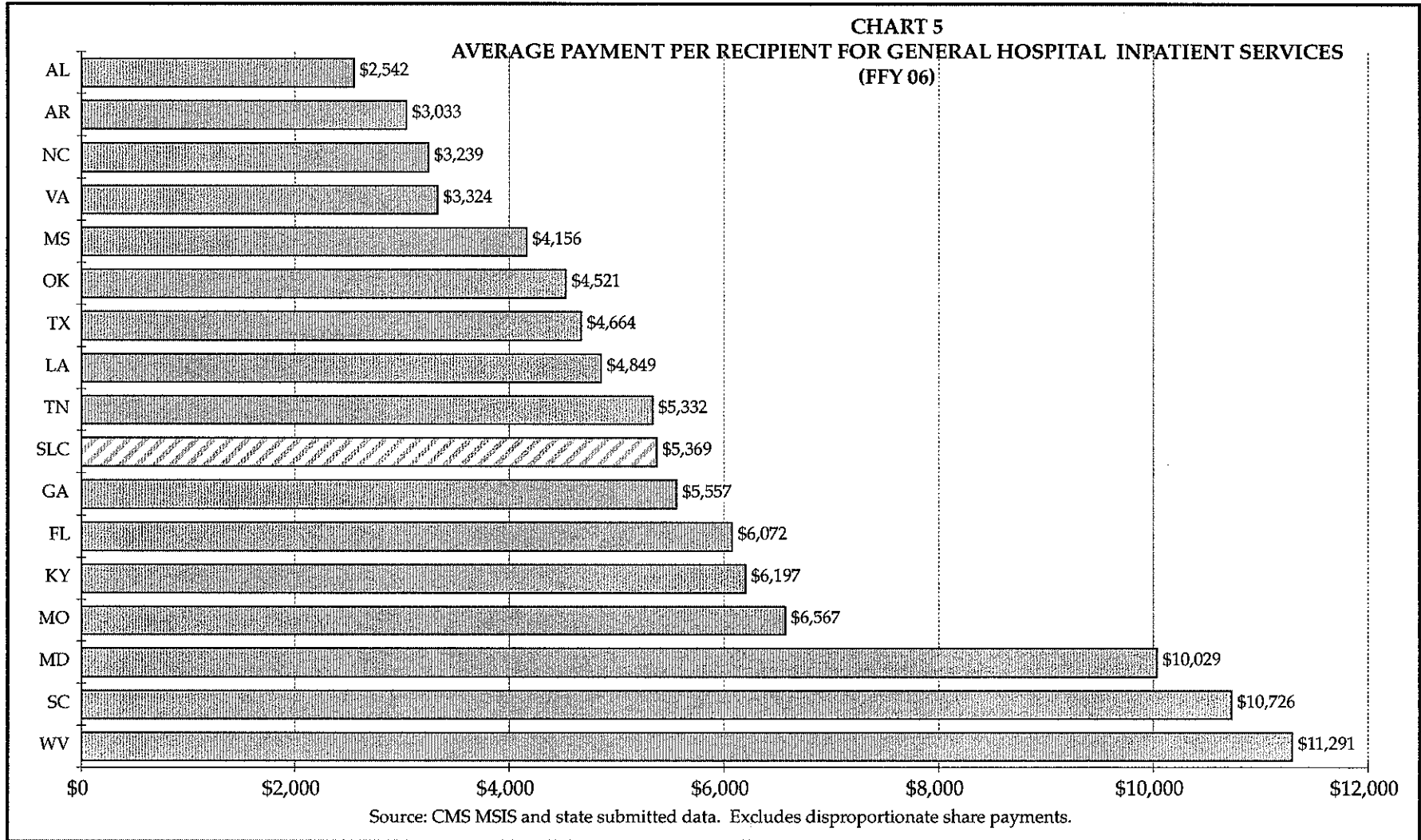
SOUTHERN REGION MEDICAID PROFILE



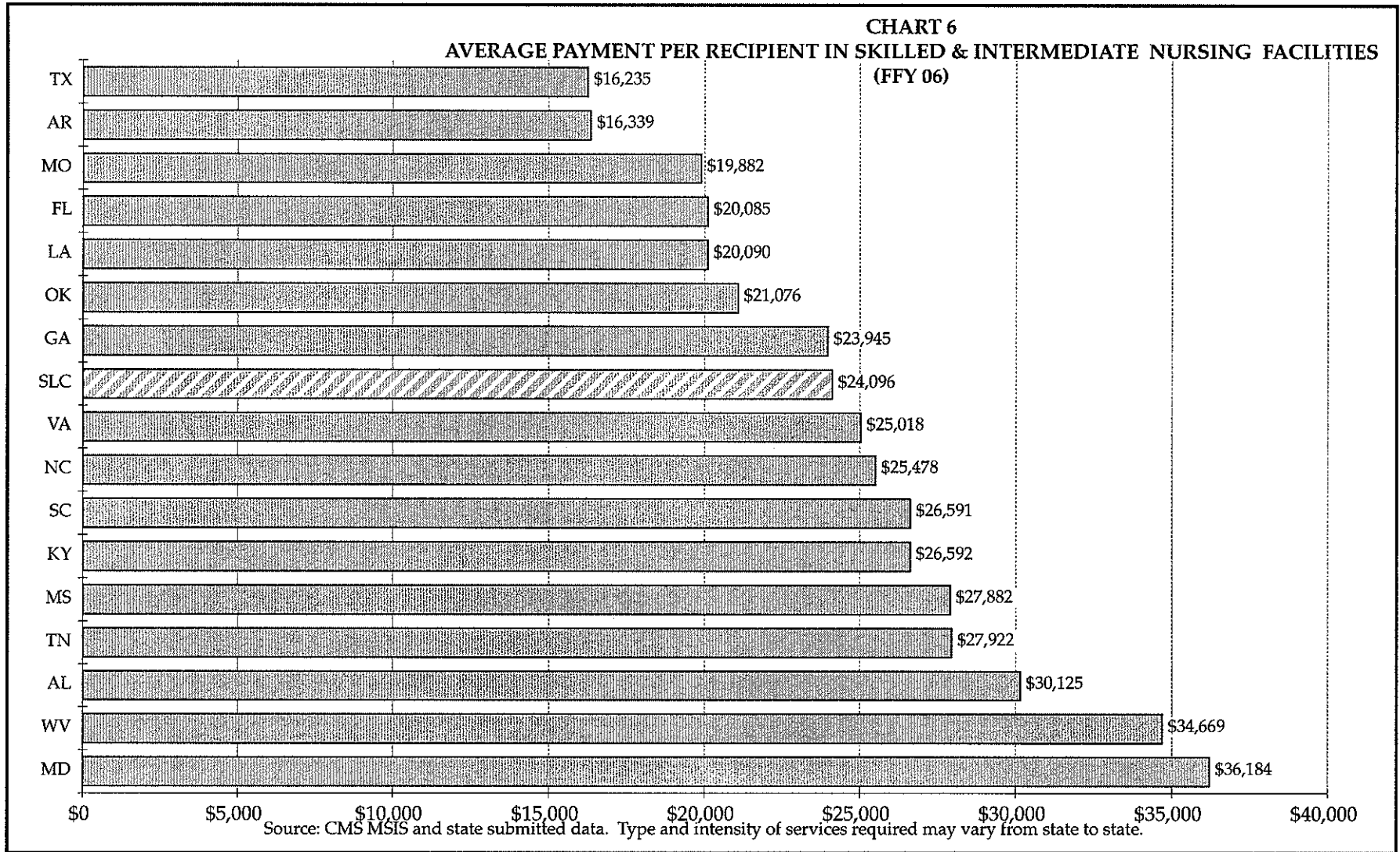
SOUTHERN REGION MEDICAID PROFILE



SOUTHERN REGION MEDICAID PROFILE

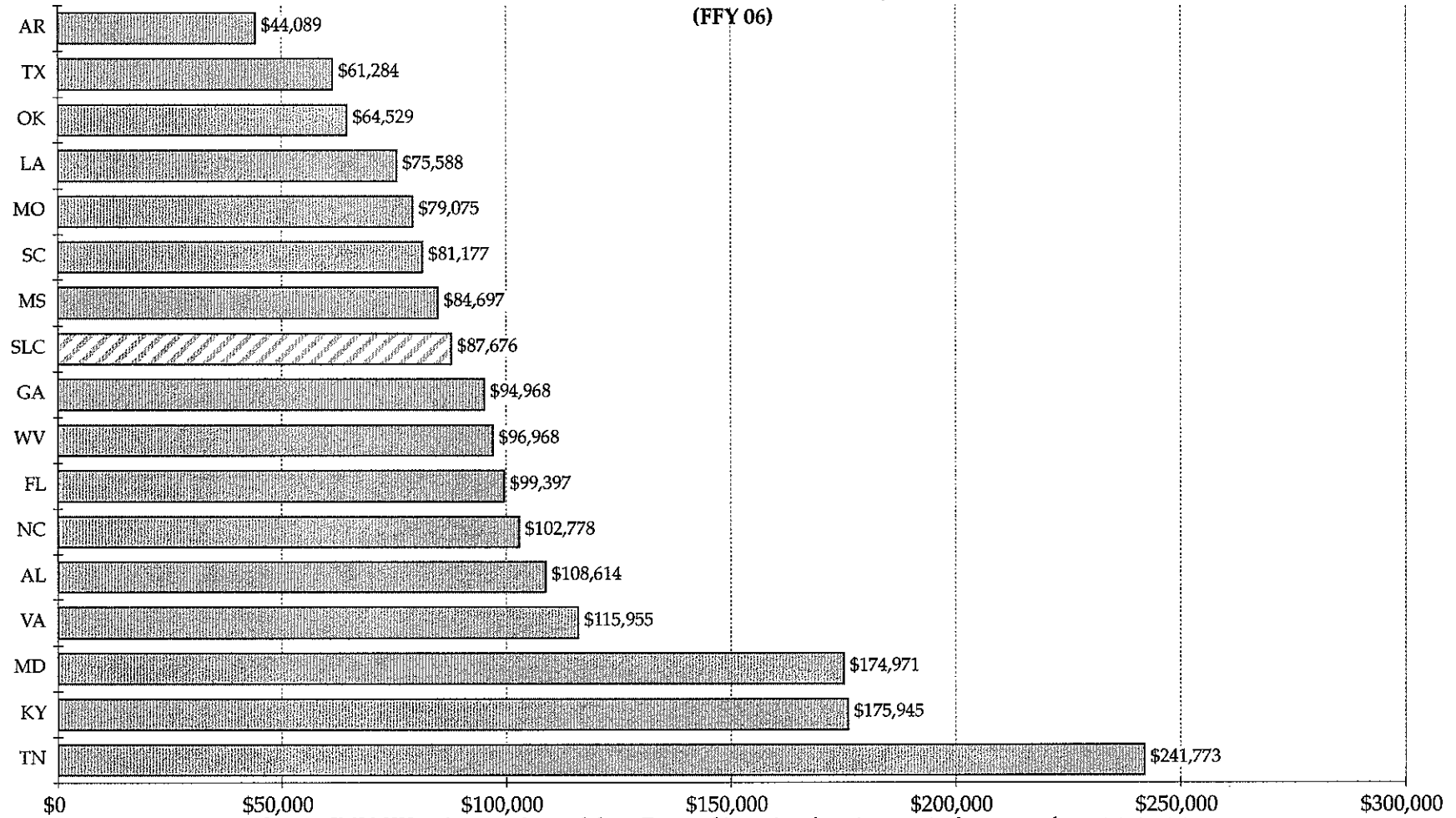


SOUTHERN REGION MEDICAID PROFILE



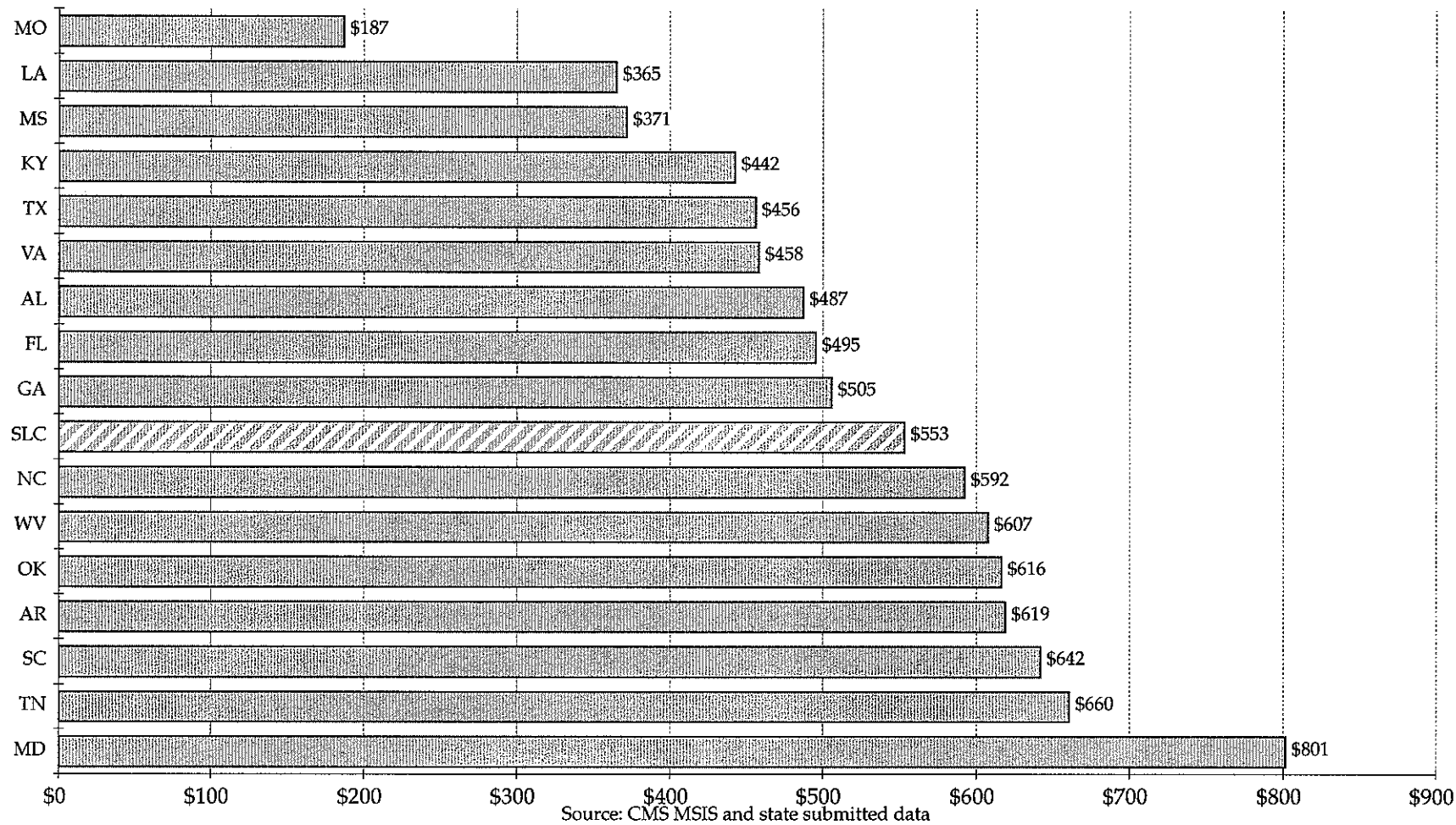
SOUTHERN REGION MEDICAID PROFILE

CHART 7
AVERAGE PAYMENT PER RECIPIENT IN ICF/MR FACILITIES
(FFY 06)

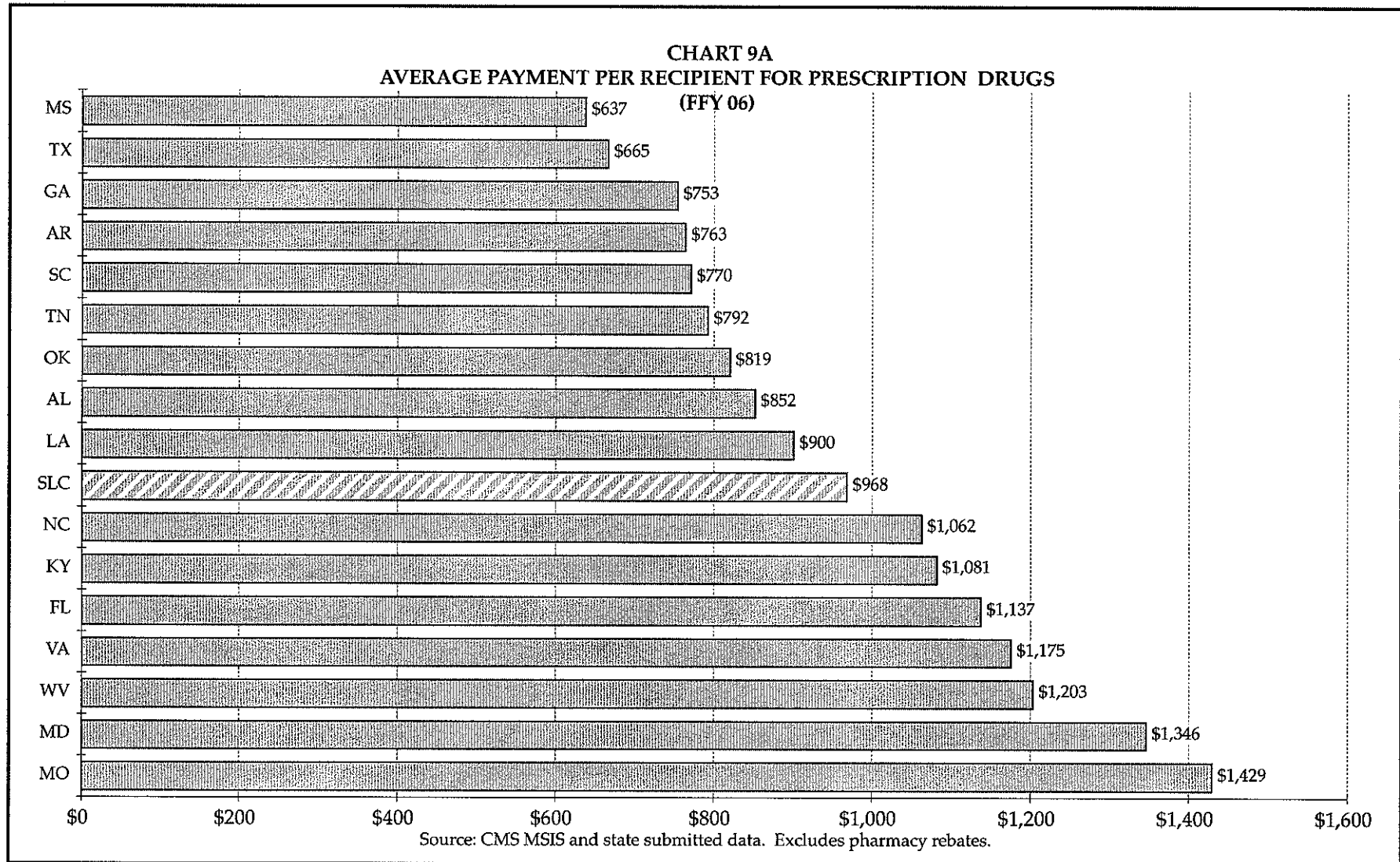


SOUTHERN REGION MEDICAID PROFILE

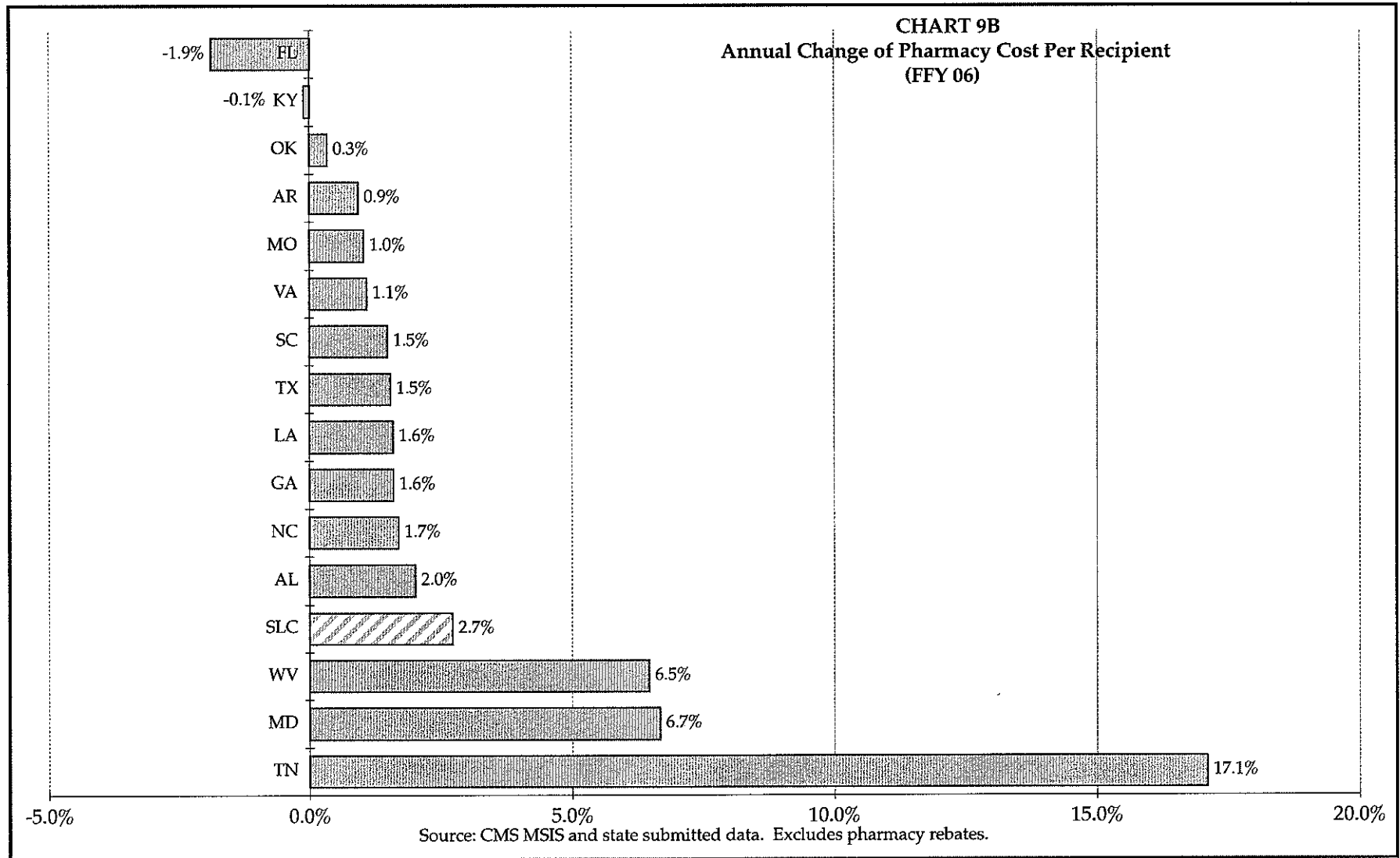
CHART 8
AVERAGE PAYMENT PER RECIPIENT FOR PHYSICIAN SERVICES
(FFY 06)



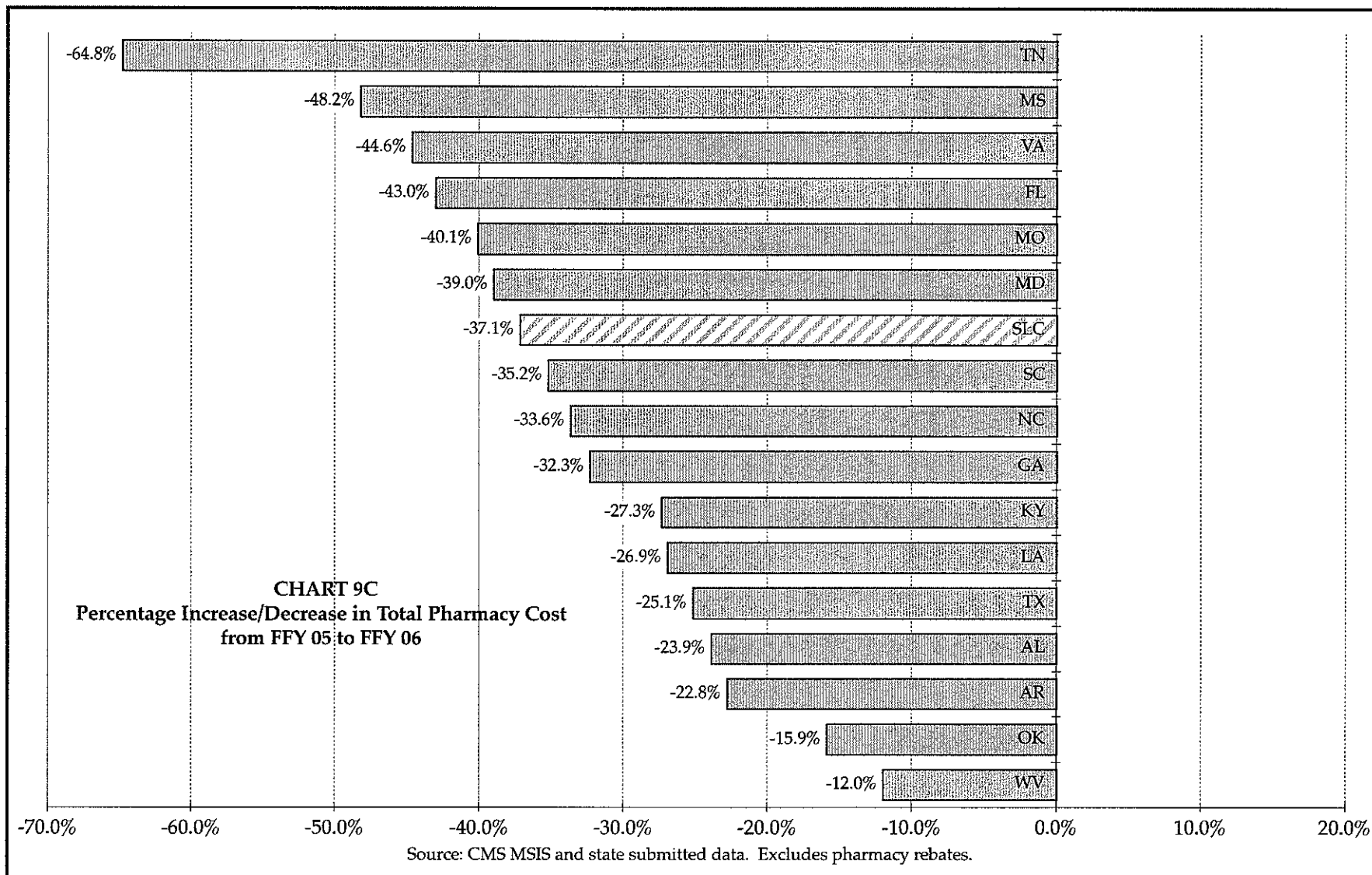
SOUTHERN REGION MEDICAID PROFILE



SOUTHERN REGION MEDICAID PROFILE

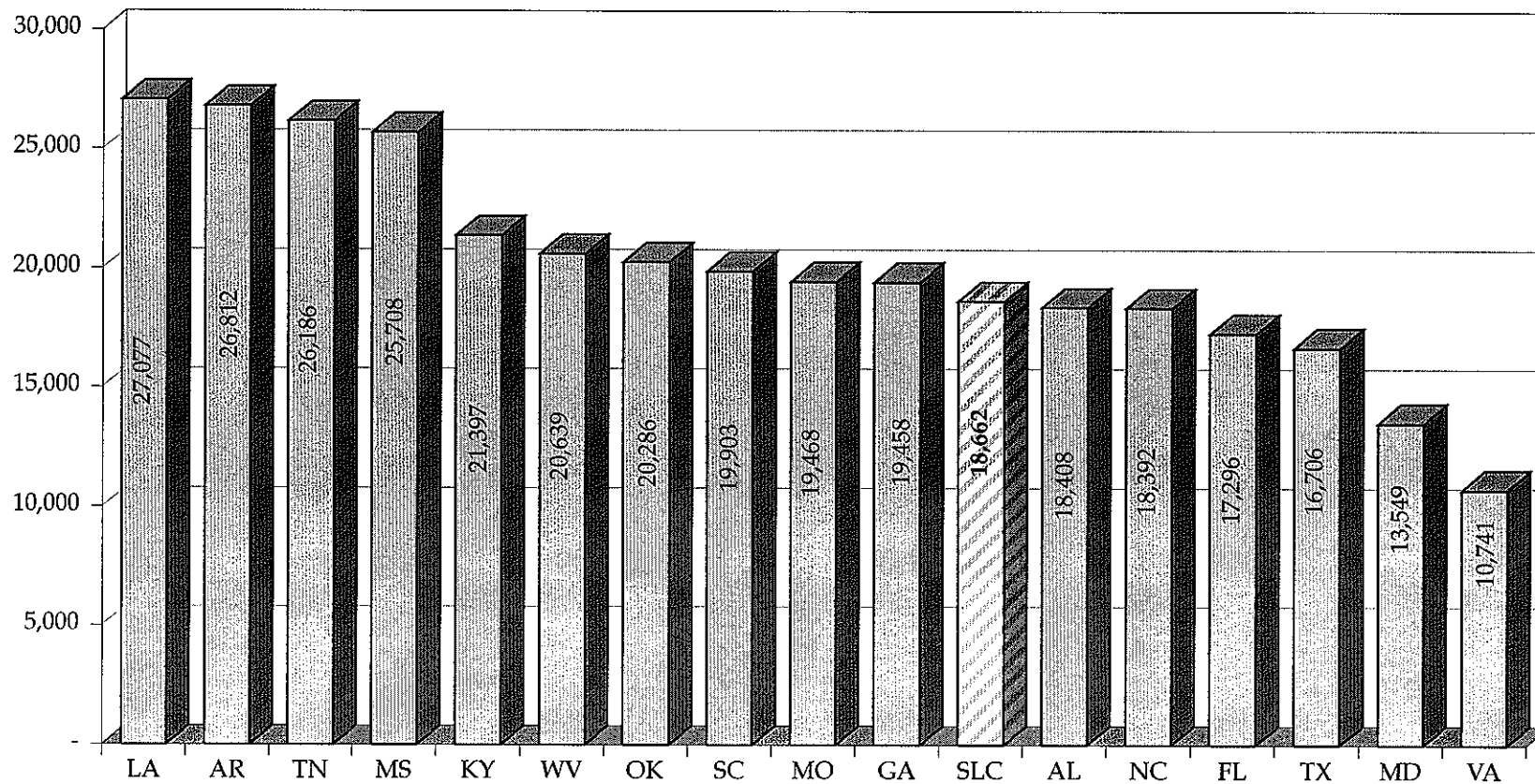


SOUTHERN REGION MEDICAID PROFILE



SOUTHERN REGION MEDICAID PROFILE

CHART 10
MEDICAID RECIPIENTS PER 100,000 POPULATION
(FFY 06)



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

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

	SCHIP Allotments FFY 06			FFY 06 Federal Match Rates			FFY 06 Annual Cost for SCHIP				% of Program Allotment	Projected SCHIP Outreach
	Federal \$'s in millions	State \$'s in millions	Total Program Allotment in millions	Medicaid	SCHIP	Difference	Type of Plan	Federal \$'s in millions	State \$'s in millions	Total Program Projection in millions		
* • AL	\$ 64.2	\$ 17.5	\$ 81.7	69.5%	78.6%	9.1%	Combination	\$ 87.4	\$ 23.8	\$ 111.2	136.1%	N/A
* • AR	\$ 43.8	\$ 9.9	\$ 53.7	73.8%	81.6%	7.8%	Medicaid Expansion	\$ 49.7	\$ 11.2	\$ 60.9	113.5%	N/A
* • FL	\$ 249.3	\$ 100.8	\$ 350.1	58.9%	71.2%	12.3%	Combination	\$ 214.1	\$ 86.6	\$ 300.7	85.9%	N/A
* • GA	\$ 129.5	\$ 49.4	\$ 178.9	60.6%	72.4%	11.8%	State Plan Option	\$ 192.3	\$ 73.3	\$ 265.6	148.5%	N/A
* • KY	\$ 57.8	\$ 15.9	\$ 73.7	69.3%	78.4%	9.1%	Combination	\$ 77.1	\$ 21.2	\$ 98.3	133.4%	N/A
* • LA	\$ 77.1	\$ 20.7	\$ 97.8	69.8%	78.8%	9.0%	Medicaid Expansion	\$ 96.5	\$ 26.0	\$ 122.5	125.2%	N/A
* • MD	\$ 48.7	\$ 26.2	\$ 74.9	50.0%	65.0%	15.0%	Combination	\$ 138.0	\$ 74.3	\$ 212.3	283.4%	N/A
* • MS	\$ 49.9	\$ 10.1	\$ 60.0	76.0%	83.2%	7.2%	Combination	\$ 103.3	\$ 20.9	\$ 124.2	207.0%	N/A
* • MO	\$ 56.3	\$ 20.5	\$ 76.8	61.9%	73.3%	11.4%	Medicaid Expansion	\$ 78.1	\$ 28.4	\$ 106.5	138.7%	N/A
* • NC	\$ 110.3	\$ 38.0	\$ 148.3	63.5%	74.4%	10.9%	State Plan Option	\$ 177.1	\$ 60.9	\$ 238.0	160.6%	N/A
* • OK	\$ 57.4	\$ 16.7	\$ 74.1	67.9%	77.5%	9.6%	Medicaid Expansion	\$ 81.1	\$ 23.5	\$ 104.6	141.3%	N/A
* • SC	\$ 55.5	\$ 15.2	\$ 70.7	69.3%	78.5%	9.2%	Medicaid Expansion	\$ 49.1	\$ 13.4	\$ 62.5	88.5%	N/A
* • TN	\$ 80.4	\$ 27.2	\$ 107.6	63.9%	74.7%	10.8%	Medicaid Expansion	\$ -	\$ -	\$ -	0.0%	N/A
* • TX	\$ 454.7	\$ 173.3	\$ 628.0	60.6%	72.4%	11.8%	Combination	\$ 269.4	\$ 102.7	\$ 372.1	59.2%	N/A
* • VA	\$ 72.3	\$ 38.9	\$ 111.2	50.0%	65.0%	15.0%	State Plan Option	\$ 95.9	\$ 51.6	\$ 147.5	132.6%	N/A
* • WV	\$ 23.3	\$ 5.4	\$ 28.7	72.9%	81.1%	8.2%	Combination	\$ 33.7	\$ 7.9	\$ 41.6	144.6%	N/A
SLC TOTAL	\$ 1,630.5	\$ 585.8	\$ 2,216.3					\$ 1,742.8	\$ 625.9	\$ 2,368.7		\$ -

* Title XXI Plan Amendment also approved by HCFA

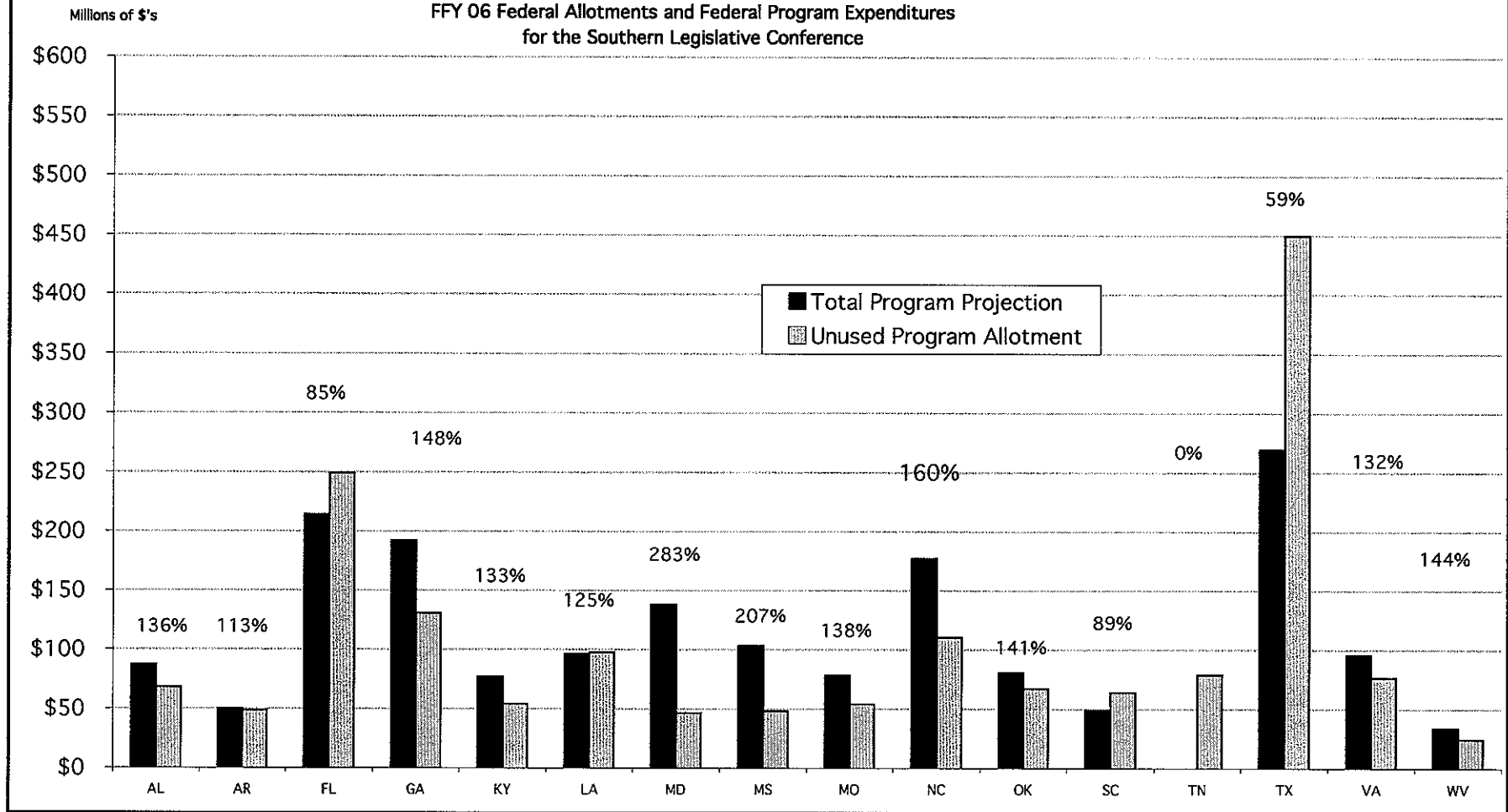
Public Law grants Tennessee the ability to receive some of their SCHIP allotments as increased federal match for specific Medicaid expenditures. Tennessee does not have a separate SCHIP program.

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

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

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

Chart 11
State Children's Health Insurance Program
FFY 06 Federal Allotments and Federal Program Expenditures
for the Southern Legislative Conference



*Percentages refer to Total Program Projection as a percent of Total Program Allotment through FFY 06.

Medicaid Disproportionate Share Hospital (DSH) Payment

The Medicaid Disproportionate Share Hospital (DSH) Payment program was established by the federal government in 1981. The program was designed to enable states to provide financial support to hospitals that incur high levels of unreimbursed costs due to serving a disproportionate share of Medicaid and uninsured patients. The program was not only established to enhance the financial stability of these hospitals, but also to ensure access for the low income and uninsured. Congress authorized DSH payments, or a payment adjustment, to cover these costs.

Individual states make DSH payments to hospitals through their Medicaid programs. States have some flexibility in defining what is considered a low income provider (which hospitals qualify for reimbursement) within federal guidelines, and states can further decide specific payment methodologies (payment levels based on hospital provider type). However, these state guidelines are restricted through a hospital specific DSH cap (typically can not be greater than costs), and a total DSH cap (total amount that a state can receive). The total state allotments that are currently in place are not necessarily based on state need, but historical DSH funding.

DSH payments are jointly financed by states and the federal government. The required state match to draw down federal financial participation (Federal Medical Assistance Percentage) varies by state, and typically depends on the economy of the state. Furthermore, the "state contribution" required to draw down the federal DSH matching funds or allotment may consist of resources other than state general funds, and may include provider fees, intergovernmental transfer (IGT) funds which are fund transfers from local governments or providers, and/or donations.

Chart 12 represents total DSH payments in the SLC from FY 00 to FY 08. Total DSH funding is separated by general hospital inpatient payments and mental health hospital payments. Total DSH payments grew by \$725.7 million, or 14.1%, from FFY 00 to FFY 06. However, FFY 06 total DSH payments in the SLC actually decreased by \$111,162,815, or 1.9% from FFY 05.

Table 2 reflects DSH spending as a percentage (%) of total Medicaid payments. Total DSH payments for the 16 SLC states decreased from 8.4% of total Medicaid spending in FFY 00 to 6.2% of total Medicaid spending in FFY 06. Texas, Missouri, and Louisiana were high spending states in FFY 06, spending \$1.5 billion, \$739.9 million, and \$739.8 million respectively. Four of the sixteen states reflected DSH spending at least 10% of total Medicaid spending in FFY 06. These states included Louisiana (15.8%), Missouri (11.6%), South Carolina (11.3%), and Alabama (10.8%). **(See Table 2)**

SOUTHERN REGION MEDICAID PROFILE

Chart 12
TOTAL DSH EXPENDITURES IN THE SLC

General Hospital
Mental Health Hospital

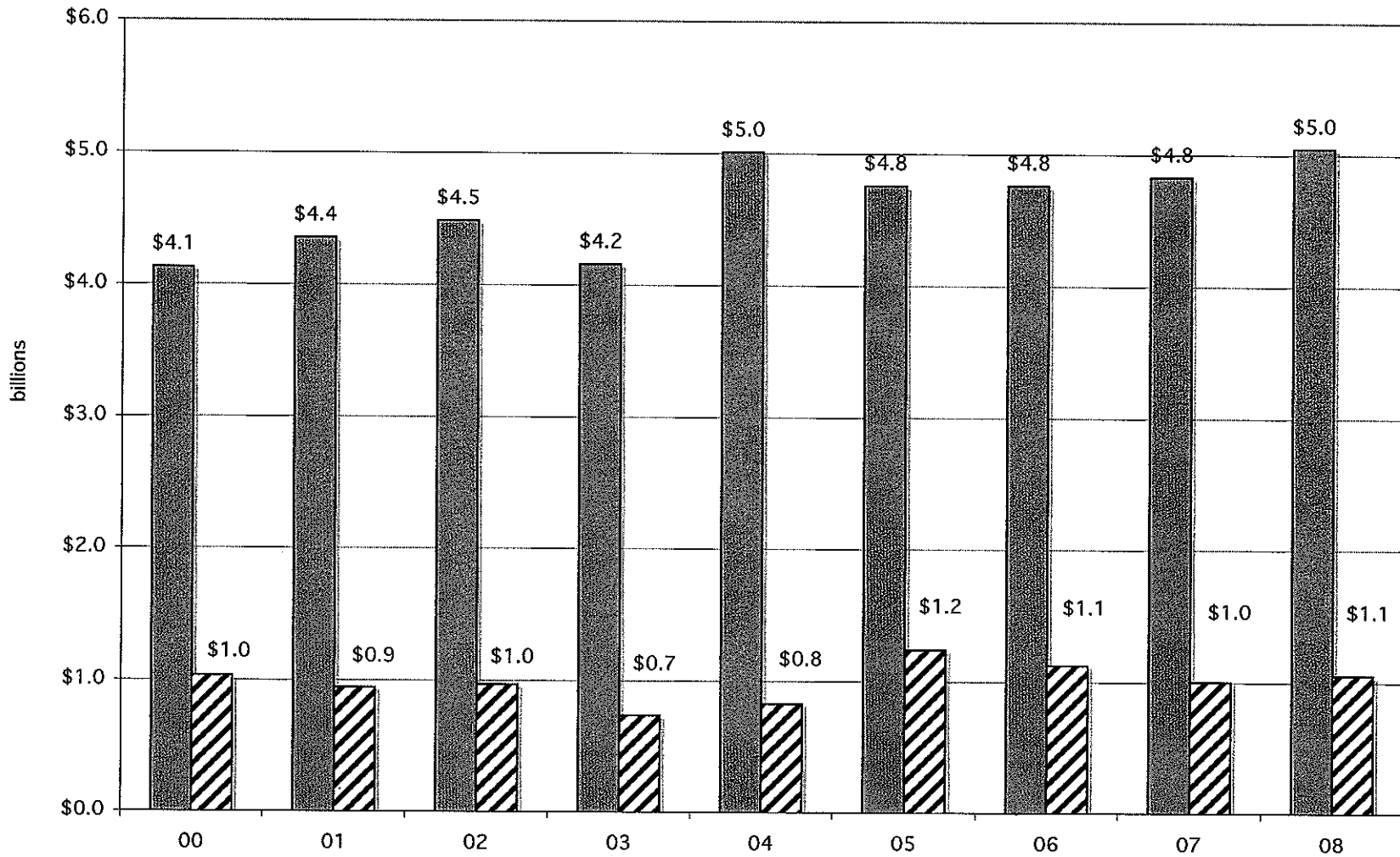


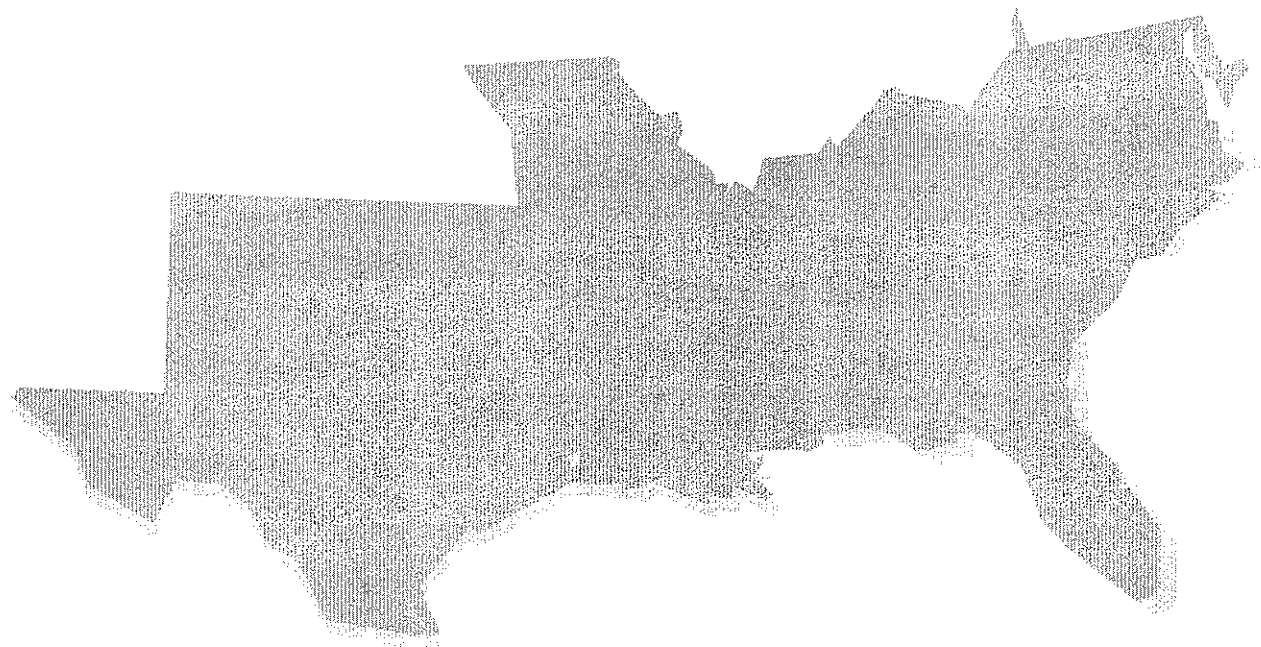
Table #2

DSH Spending as a Percentage of Medicaid Payments (FFY 06)

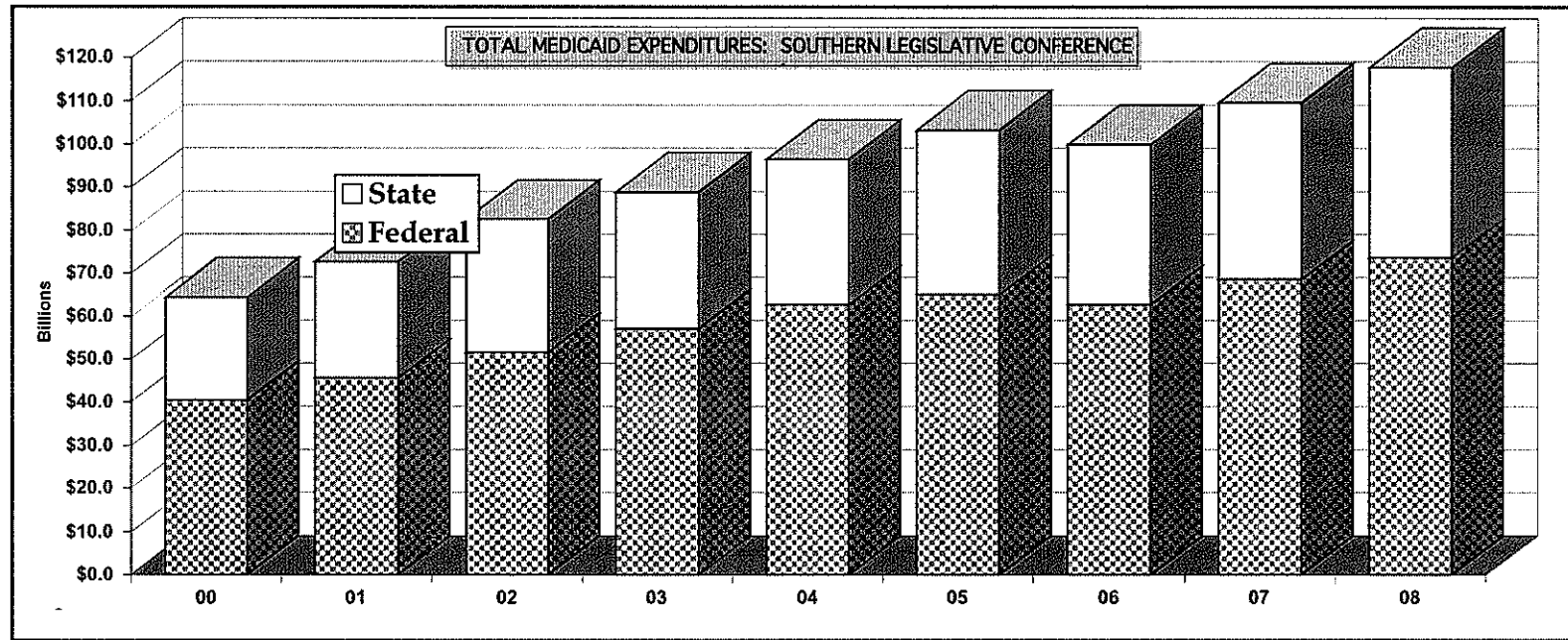
	2006 DSH Payments	% of Medicaid Payments
Alabama	\$416.9 M	10.8%
Arkansas	\$39.0 M	1.4%
Florida	\$319.7 M	2.5%
Georgia	\$424.6 M	6.5%
Kentucky	\$197.2 M	4.5%
Louisiana	\$739.8 M	15.8%
Maryland	\$121.5 M	2.5%
Mississippi	\$171.0 M	5.3%
Missouri	\$739.9 M	11.6%
North Carolina	\$461.5 M	5.3%
Oklahoma	\$39.3 M	1.4%
South Carolina	\$445.0 M	11.3%
Tennessee	N/A	N/A
Texas	\$1,542.8 B	8.7%
Virginia	\$156.8 M	3.4%
West Virginia	\$74.3 M	3.6%

STATE MEDICAID PROFILES

SOUTHERN REGION MEDICAID PROFILES



SOUTHERN REGION MEDICAID PROFILE



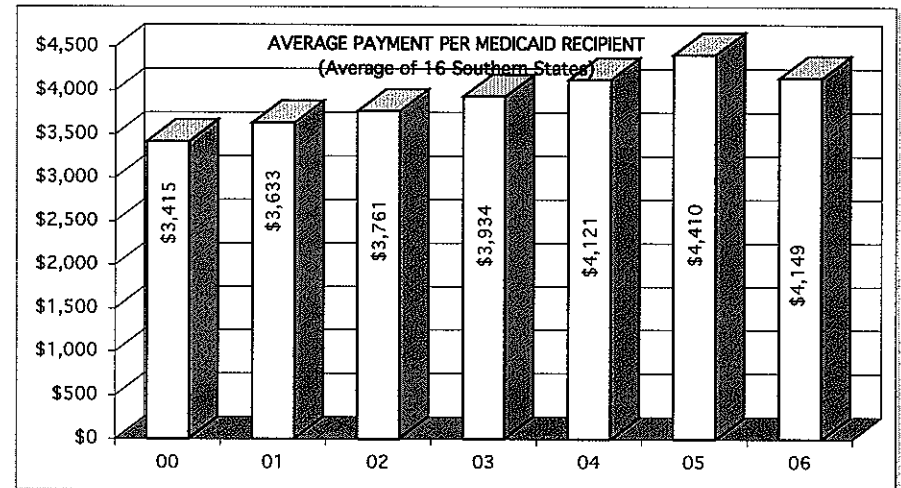
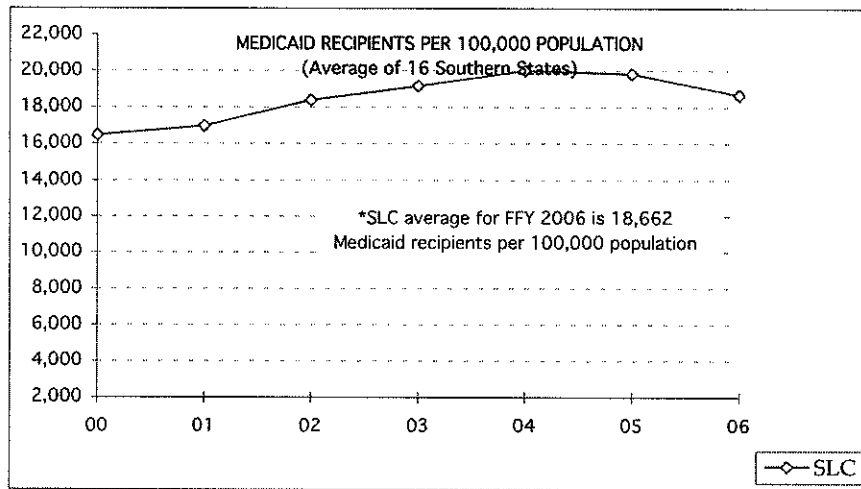
All SLC State profiles revised to reflect MSIS statistical data as reported by CMS for federal fiscal years 00 through 05.

	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05	FFY 06	FFY 07*	FFY 08**	Annual Rate of Change	Total Change 00-08
Medicaid Payments	61,558,380,518	69,355,914,419	78,883,024,391	84,654,612,944	92,331,773,396	98,807,366,732	95,278,045,321	104,684,558,000	112,610,180,000	7.8%	82.9%
Federal Share	38,817,062,848	43,892,061,187	49,486,621,777	54,764,150,922	60,420,363,969	62,643,262,439	60,124,727,980	66,005,930,000	70,886,276,000	7.8%	82.6%
State Share	22,741,317,670	25,463,853,232	29,396,402,614	29,890,462,022	31,911,409,427	36,164,104,293	35,153,317,341	38,678,628,000	41,723,904,000	7.9%	83.5%
Administrative Costs	2,903,777,393	3,293,413,676	3,711,701,150	4,275,905,958	4,299,132,452	4,508,825,701	4,690,574,954	4,939,228,000	5,173,954,000	7.5%	78.2%
Federal Share	1,617,989,388	1,833,144,729	2,084,124,295	2,432,846,598	2,374,093,784	2,494,920,972	2,599,338,448	2,727,217,000	2,797,887,130	7.1%	72.9%
State Share	1,285,788,005	1,460,268,947	1,627,576,855	1,843,059,360	1,925,038,668	2,013,904,729	2,091,236,506	2,212,011,000	2,376,066,870	8.0%	84.8%
Admin. Costs as % of Payments	4.72%	4.75%	4.71%	5.05%	4.66%	4.56%	4.92%	4.72%	4.59%		
<u>Growth From Prior Year</u>											
Payments	10.47%	12.67%	13.74%	7.32%	9.07%	7.01%	-3.57%	9.87%	7.57%		
Administration	10.01%	13.42%	12.70%	15.20%	0.54%	4.88%	4.03%	5.30%	4.75%		

*Federal Fiscal Years 07 and 08 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)

RECIPIENTS BY TYPE OF SERVICES	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05	FFY 06	Annual Change
01. General Hospital	2,429,168	2,388,891	2,443,032	2,542,164	2,667,640	2,686,819	2,642,257	1.4%
02. Mental Hospital	43,023	38,544	42,575	46,328	48,648	48,821	47,669	1.7%
03. Skilled and Intermediate (non-MR) Care Nursing	604,672	625,482	624,123	617,515	641,336	608,508	576,850	-0.8%
04. Intermediate Care for Mentally Retarded	47,054	46,717	45,171	44,162	46,078	44,276	41,050	-2.2%
05. Physician Services	9,091,926	9,469,807	10,521,567	11,346,388	12,505,736	12,169,606	10,801,577	2.9%
06. Dental Services	2,425,206	2,716,809	3,325,878	3,921,498	4,333,278	4,534,683	4,286,966	10.0%
07. Other Practitioners	2,063,209	2,274,851	2,473,820	2,480,706	2,941,631	3,001,701	2,634,499	4.2%
08. Outpatient Hospital	5,995,109	6,158,653	6,561,258	6,949,158	7,434,747	7,420,057	6,779,926	2.1%
09. Clinic Services	3,261,716	3,412,700	3,791,031	4,042,680	4,548,864	4,668,533	4,180,205	4.2%
10. Lab and X-Ray	4,604,128	5,248,679	6,087,312	6,693,940	7,745,336	7,780,632	6,983,974	7.2%
11. Home Health	370,948	432,550	482,817	529,744	558,875	596,157	561,858	7.2%
12. Prescribed Drugs	9,805,542	10,413,648	11,014,837	10,784,896	13,283,389	13,022,249	11,450,467	2.6%
13. Family Planning	72,693	103,352	94,988	131,758	107,001	114,374	100,751	5.6%
14. Early & Periodic Screening, Diagnosis & Treatment	0	162,914	1,170,794	120,257	157	158	0	-100.0%
15. Other Care	3,095,556	3,551,403	4,092,713	4,304,502	5,182,703	5,076,863	5,093,524	8.7%
16. Personal Care Support Services	1,641,216	1,748,615	2,016,328	2,075,220	2,744,228	2,435,804	2,394,112	6.5%
17. Home/Community Based Waiver Services	6,100	6,100	285	13,525	27	14	0	-100.0%
18. Prepaid Health Care	5,181,962	5,731,063	7,589,779	8,056,025	8,583,098	9,954,795	9,456,950	10.5%
19. Primary Care Case Management (PCCM) Services	3,313,318	4,533,142	5,750,844	5,953,095	6,603,965	7,443,773	7,349,150	14.2%
Total*	15,984,886	16,689,284	18,316,848	19,304,913	20,924,754	21,040,633	21,142,685	4.8%

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

SOUTHERN LEGISLATIVE CONFERENCE

SOUTHERN REGION MEDICAID PROFILE

<u>PAYMENTS BY TYPE OF SERVICES</u>	<u>FFY 00</u>	<u>FFY 01</u>	<u>FFY 02</u>	<u>FFY 03</u>	<u>FFY 04</u>	<u>FFY 05</u>	<u>FFY 06</u>	<u>Annual</u> <u>Change</u>	<u>Share of Total</u> <u>FFY 06</u>
01. General Hospital	\$8,674,811,848	\$9,897,701,703	\$10,489,373,641	\$11,527,470,450	\$13,493,803,240	\$13,734,688,319	\$14,185,964,336	8.5%	16.2%
02. Mental Hospital	\$604,637,377	\$684,170,740	\$695,054,169	\$699,902,811	\$800,710,557	\$857,782,377	\$853,680,963	5.9%	1.0%
03. Skilled and Intermediate (non-MR) Care Nursing	\$10,396,053,995	\$10,943,769,669	\$11,917,023,383	\$12,437,285,199	\$13,179,380,158	\$14,363,266,477	\$13,900,060,866	5.0%	15.8%
04. Intermediate Care for Mentally Retarded	\$3,220,782,132	\$3,220,923,709	\$3,392,289,767	\$3,426,263,389	\$3,469,994,706	\$3,676,845,982	\$3,599,117,018	1.9%	4.1%
05. Physician Services	\$3,688,198,622	\$3,943,466,330	\$4,402,093,540	\$5,132,560,764	\$5,965,016,371	\$6,688,562,910	\$5,968,249,155	8.4%	6.8%
06. Dental Services	\$564,839,371	\$708,110,725	\$933,069,334	\$1,194,466,636	\$1,390,569,475	\$1,550,003,884	\$1,558,123,570	18.4%	1.8%
07. Other Practitioners	\$312,335,501	\$362,072,828	\$378,285,886	\$404,420,307	\$482,745,744	\$751,915,584	\$613,005,035	11.9%	0.7%
08. Outpatient Hospital	\$2,749,066,768	\$2,828,381,746	\$3,239,447,179	\$3,827,992,361	\$4,415,170,939	\$4,209,122,254	\$4,227,943,275	7.4%	4.8%
09. Clinic Services	\$1,659,090,308	\$1,803,824,085	\$2,390,762,360	\$2,634,889,362	\$2,899,913,373	\$3,089,231,287	\$2,932,772,562	10.0%	3.3%
10. Lab and X-Ray	\$441,210,031	\$646,249,867	\$939,965,853	\$1,111,915,613	\$1,325,516,690	\$1,508,961,422	\$1,505,072,677	22.7%	1.7%
11. Home Health	\$924,534,653	\$1,096,043,940	\$1,185,850,980	\$1,483,192,353	\$1,535,058,050	\$2,044,323,906	\$2,274,055,932	16.2%	2.6%
12. Prescribed Drugs	\$8,079,724,791	\$9,835,808,374	\$10,940,427,972	\$13,962,281,661	\$16,634,213,455	\$17,626,646,041	\$11,079,558,533	5.4%	12.6%
13. Family Planning	\$59,208,991	\$85,718,977	\$80,804,347	\$103,020,372	\$134,590,822	\$141,191,506	\$120,205,960	12.5%	0.1%
14. Early & Periodic Screening, Diagnosis & Treatment	\$0	\$0	\$61,468,942	\$63,881,633	\$0	\$0	\$0	-100.0%	0.0%
15. Other Care	\$5,351,746,242	\$5,545,478,673	\$6,768,676,051	\$7,763,863,293	\$8,618,805,104	\$9,129,321,532	\$9,457,961,470	10.0%	10.8%
16. Personal Care Support Services	\$2,219,880,938	\$2,728,752,518	\$2,785,509,009	\$2,590,827,658	\$3,517,705,105	\$4,028,881,276	\$4,505,805,873	12.5%	5.1%
17. Home/Community Based Waiver Services	\$0	\$0	\$0	\$139,569	\$0	\$0	\$0	-100.0%	0.0%
18. Prepaid Health Care	\$5,497,036,953	\$6,155,699,579	\$8,124,863,811	\$7,421,714,428	\$8,197,701,928	\$9,179,385,644	\$10,730,253,642	11.8%	12.2%
19. Primary Care Case Management (PCCM) Services	\$140,948,046	\$141,254,881	\$156,765,335	\$166,597,356	\$176,564,583	\$203,325,226	\$204,303,925	6.4%	0.2%
Total*(excludes DSH pymts, pharmacy rebates, & other adjs.)	\$54,584,106,567	\$60,627,428,344	\$68,881,731,559	\$75,952,685,215	\$86,237,460,300	\$92,783,455,627	\$87,716,134,792	8.2%	100.0%
<u>AVERAGE PAYMENTS PER RECIPIENT BY TYPE OF SERVICES</u>									
01. General Hospital	\$3,571.10	\$4,143.22	\$4,293.59	\$4,534.51	\$5,058.33	\$5,111.88	\$5,368.88	7.0%	
02. Mental Hospital	\$14,053.82	\$17,750.31	\$16,325.41	\$15,107.56	\$16,459.27	\$17,569.98	\$17,908.51	4.1%	
03. Skilled and Intermediate (non-MR) Care Nursing	\$17,192.88	\$17,496.54	\$19,094.03	\$20,140.86	\$20,549.88	\$23,604.07	\$24,096.49	5.8%	
04. Intermediate Care for Mentally Retarded	\$68,448.64	\$68,945.17	\$75,098.84	\$77,583.97	\$75,306.97	\$83,043.08	\$87,676.42	4.2%	
05. Physician Services	\$405.66	\$416.43	\$418.39	\$452.35	\$476.98	\$549.61	\$552.53	5.3%	
06. Dental Services	\$232.90	\$260.64	\$280.55	\$304.59	\$320.90	\$341.81	\$363.46	7.7%	
07. Other Practitioners	\$151.38	\$159.16	\$152.92	\$163.03	\$164.11	\$250.50	\$232.68	7.4%	
08. Outpatient Hospital	\$458.55	\$459.25	\$493.72	\$550.86	\$593.86	\$567.26	\$623.60	5.3%	
09. Clinic Services	\$508.66	\$528.56	\$630.64	\$651.77	\$637.50	\$661.71	\$701.59	5.5%	
10. Lab and X-Ray	\$95.83	\$123.13	\$154.41	\$166.11	\$171.14	\$193.94	\$215.50	14.5%	
11. Home Health	\$2,492.36	\$2,533.91	\$2,456.11	\$2,799.83	\$2,746.69	\$3,429.17	\$4,047.39	8.4%	
12. Prescribed Drugs	\$824.00	\$944.51	\$993.24	\$1,294.61	\$1,252.26	\$1,353.58	\$967.61	2.7%	
13. Family Planning	\$814.51	\$829.39	\$850.68	\$781.89	\$1,257.85	\$1,234.47	\$1,193.10	6.6%	
14. Early & Periodic Screening, Diagnosis & Treatment	\$0.00	\$0.00	\$52.50	\$531.21	\$0.00	\$0.00	\$0.00	-100.0%	
15. Other Care	\$1,728.85	\$1,561.49	\$1,653.84	\$1,803.66	\$1,662.99	\$1,798.22	\$1,856.86	1.2%	
16. Personal Care Support Services	\$1,352.58	\$1,560.52	\$1,381.48	\$1,248.46	\$1,281.86	\$1,654.03	\$1,882.04	5.7%	
17. Home/Community Based Waiver Services	\$0.00	\$0.00	\$0.00	\$10.32	\$0.00	\$0.00	\$0.00	-100.0%	
18. Prepaid Health Care	\$1,060.80	\$1,074.09	\$1,070.50	\$921.26	\$955.10	\$922.11	\$1,134.64	1.1%	
19. Primary Care Case Management (PCCM) Services	\$42.54	\$31.16	\$27.26	\$27.98	\$26.74	\$27.31	\$27.80	-6.8%	
Total (Average)*	\$3,414.73	\$3,632.72	\$3,760.57	\$3,934.37	\$4,121.31	\$4,409.73	\$4,148.78	3.3%	
TOTAL PER CAPITA EXPENDITURES	\$663.80	\$738.62	\$829.25	\$883.44	\$924.91	\$973.81	\$882.38	4.9%	

Source: MSIS data for FFY 00-06.

SOUTHERN LEGISLATIVE CONFERENCE

SOUTHERN REGION MEDICAID PROFILE

DATA BY OTHER CHARACTERISTICS

RECIPIENTS BY OTHER CHARACTERISTICS

	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05	FFY 06	Annual Change	Share of Total FFY 06
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	5,459,073	5,783,398	6,293,268	6,446,196	6,937,899	6,637,505	6,376,078	2.6%	30.2%
Poverty Related Eligibles	6,761,678	7,056,063	7,103,016	7,832,246	8,606,763	9,080,898	9,379,395	5.6%	44.4%
Medically Needy	409,047	398,099	425,163	542,860	596,469	527,277	468,011	2.3%	2.2%
Other Eligibles	2,155,657	2,548,213	3,231,636	3,142,465	3,437,872	3,343,502	3,452,095	8.2%	16.3%
Maintenance Assistance Status Unknown	1,199,431	903,510	1,263,765	1,341,146	1,345,751	1,451,451	1,467,106	3.4%	6.9%
Total*	15,984,886	16,689,284	18,316,848	19,304,913	20,924,754	21,040,633	21,142,685	4.8%	100.0%
By Basis of Eligibility									
Aged, Blind, or Disabled	4,311,641	4,421,709	4,821,029	4,627,923	5,058,779	4,932,367	4,970,045	2.4%	23.5%
Children	7,673,404	8,271,663	9,340,179	9,883,375	10,629,724	10,932,819	11,098,025	6.3%	52.5%
Foster Care Children	196,864	210,280	230,829	244,391	262,556	278,002	294,933	7.0%	1.4%
Adults	2,603,546	2,878,947	3,308,281	3,321,776	3,627,873	3,437,253	3,293,653	4.0%	15.6%
Basis of Eligibility Unknown	1,199,431	906,686	616,530	1,227,448	1,345,822	1,460,192	1,486,029	3.6%	7.0%
Total*	15,984,886	16,689,284	18,316,848	19,304,913	20,924,754	21,040,633	21,142,685	4.8%	100.0%
By Age									
Under Age 1	686,260	816,563	759,235	751,232	816,514	860,576	850,878	3.6%	4.0%
Age 1 to 5	2,852,696	3,082,716	3,422,699	3,649,337	3,931,942	4,002,973	4,057,402	6.0%	19.2%
Age 6 to 14	3,549,239	3,774,077	4,245,657	4,534,605	4,856,255	4,911,520	4,977,429	5.8%	23.5%
Age 15 to 20	1,620,524	1,725,551	1,958,043	2,122,630	2,321,430	2,400,040	2,508,798	7.6%	11.9%
Age 21 to 44	2,986,202	3,193,166	3,484,069	3,608,553	3,905,780	3,818,769	3,732,374	3.8%	17.7%
Age 45 to 64	1,332,954	1,420,920	1,520,147	1,592,665	1,822,193	1,740,018	1,735,326	4.5%	8.2%
Age 65 to 74	707,391	727,529	724,284	748,254	817,959	773,774	753,126	1.0%	3.6%
Age 75 to 84	614,378	623,727	628,558	649,672	679,265	664,427	645,486	0.8%	3.1%
Age 85 and Over	435,875	421,645	421,822	422,589	427,711	422,221	414,748	-0.8%	2.0%
Age Unknown	1,199,367	903,390	1,152,334	1,225,376	1,345,705	1,446,315	1,467,118	3.4%	6.9%
Total*	15,984,886	16,689,284	18,316,848	19,304,913	20,924,754	21,040,633	21,142,685	4.8%	100.0%
By Race									
White	7,278,347	7,645,208	7,888,507	8,192,033	8,944,268	8,747,310	8,578,215	2.8%	40.6%
Black	5,638,161	5,881,619	5,998,346	6,156,850	6,568,869	6,550,269	6,601,416	2.7%	31.2%
Hispanic, American Indian or Asian	2,178,276	2,241,169	2,544,473	2,897,881	3,177,615	3,490,204	3,632,462	8.9%	17.2%
Other/Unknown	890,103	921,288	1,885,522	2,058,149	2,234,002	2,252,850	2,330,592	17.4%	11.0%
Total*	15,984,886	16,689,284	18,316,848	19,304,913	20,924,754	21,040,633	21,142,685	4.8%	100.0%
By Sex									
Female	9,537,782	9,969,406	10,206,635	10,693,802	11,561,261	11,535,391	11,560,440	3.3%	54.7%
Male	6,247,316	6,515,417	6,972,574	7,376,549	8,025,172	8,036,806	8,102,611	4.4%	38.3%
Unknown	199,789	204,461	1,137,639	1,234,562	1,338,321	1,468,436	1,479,634	39.6%	7.0%
Total*	15,984,886	16,689,284	18,316,848	19,304,913	20,924,754	21,040,633	21,142,685	4.8%	100.0%

Source: MSIS data for FFY 00-06.

SOUTHERN LEGISLATIVE CONFERENCE

SOUTHERN REGION MEDICAID PROFILE

PAYMENTS BY OTHER CHARACTERISTICS

	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05	FFY 06	Annual Change	Share of Total FFY 06
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	\$23,910,613,694	\$26,402,473,600	\$29,248,406,147	\$32,054,713,187	\$36,867,554,955	\$38,766,035,250	\$36,564,155,124	7.3%	41.7%
Poverty Related Eligibles	\$11,179,400,537	\$12,937,788,156	\$13,488,576,200	\$14,953,560,910	\$17,494,065,818	\$19,095,897,268	\$18,622,626,232	8.9%	21.2%
Medically Needy	\$2,415,698,764	\$2,598,822,225	\$2,799,172,066	\$3,445,363,423	\$3,729,870,852	\$4,154,651,420	\$3,702,264,538	7.4%	4.2%
Other Eligibles	\$14,817,418,144	\$16,731,033,037	\$20,085,041,223	\$22,048,318,572	\$24,111,641,932	\$25,823,845,344	\$24,443,838,258	8.7%	27.9%
Maintenance Assistance Status Unknown	\$2,260,975,428	\$1,957,311,326	\$3,260,535,923	\$3,450,729,123	\$4,034,326,743	\$4,943,026,345	\$4,383,250,640	11.7%	5.0%
Total*	\$54,584,106,567	\$60,627,428,344	\$68,881,731,559	\$75,952,685,215	\$86,237,460,300	\$92,783,455,627	\$87,716,134,792	8.2%	100.0%
By Basis of Eligibility									
Aged, Blind, or Disabled	\$37,093,256,744	\$40,818,434,711	\$44,757,928,741	\$49,108,587,839	\$55,342,994,603	\$59,036,526,337	\$54,309,146,082	6.6%	61.9%
Children	\$8,750,447,703	\$10,209,916,123	\$12,167,928,160	\$13,524,852,835	\$15,485,293,514	\$16,860,820,193	\$17,455,679,458	12.2%	19.9%
Foster Care Children	\$978,270,045	\$1,155,806,641	\$1,397,663,131	\$1,599,457,558	\$1,856,663,803	\$1,937,481,234	\$2,078,166,520	13.4%	2.4%
Adults	\$5,501,156,647	\$6,481,524,826	\$7,284,584,100	\$8,291,597,993	\$9,467,978,724	\$9,898,490,985	\$9,305,912,965	9.2%	10.6%
Basis of Eligibility Unknown	\$2,260,975,428	\$1,961,746,043	\$3,273,627,427	\$3,428,188,990	\$4,084,529,656	\$5,050,136,878	\$4,567,229,767	12.4%	5.2%
Total*	\$54,584,106,567	\$60,627,428,344	\$68,881,731,559	\$75,952,685,215	\$86,237,460,300	\$92,783,455,627	\$87,716,134,792	8.2%	100.0%
By Age									
Under Age 1	\$1,854,647,115	\$2,442,062,235	\$2,453,625,720	\$2,527,984,440	\$2,918,269,446	\$3,172,926,361	\$3,363,272,453	10.4%	3.8%
Age 1 to 5	\$4,006,652,524	\$4,553,081,803	\$5,498,473,538	\$6,171,374,664	\$6,996,689,144	\$7,442,341,880	\$7,698,461,627	11.5%	8.8%
Age 6 to 14	\$4,621,225,325	\$5,348,507,429	\$6,288,536,759	\$7,142,988,351	\$8,092,089,922	\$8,695,471,067	\$9,136,195,273	12.0%	10.4%
Age 15 to 20	\$3,750,426,988	\$4,187,527,145	\$4,793,828,275	\$5,339,396,092	\$6,135,466,234	\$6,686,301,895	\$7,225,169,846	11.5%	8.2%
Age 21 to 44	\$12,580,356,699	\$13,833,745,959	\$15,229,902,065	\$16,732,096,179	\$18,921,056,298	\$19,905,431,735	\$19,103,064,655	7.2%	21.8%
Age 45 to 64	\$10,164,965,717	\$11,585,785,552	\$13,355,271,930	\$15,257,332,732	\$17,775,080,485	\$19,420,109,135	\$17,998,879,667	10.0%	20.5%
Age 65 to 74	\$4,187,972,763	\$4,542,448,455	\$4,925,909,326	\$5,466,053,449	\$6,187,118,890	\$6,511,981,259	\$5,069,775,857	3.2%	5.8%
Age 75 to 84	\$5,385,404,473	\$6,006,962,861	\$6,483,374,682	\$6,997,816,695	\$7,706,887,980	\$8,090,825,106	\$6,671,296,120	3.6%	7.6%
Age 85 and Over	\$5,771,480,936	\$6,170,224,725	\$6,664,694,452	\$6,951,624,725	\$7,471,204,439	\$7,917,974,344	\$7,066,856,982	3.4%	8.1%
Age Unknown	\$2,260,974,027	\$1,957,082,180	\$3,188,114,812	\$3,366,017,888	\$4,033,597,462	\$4,940,092,845	\$4,383,162,312	11.7%	5.0%
Total*	\$54,584,106,567	\$60,627,428,344	\$68,881,731,559	\$75,952,685,215	\$86,237,460,300	\$92,783,455,627	\$87,716,134,792	8.2%	100.0%
By Race									
White	\$29,944,532,785	\$33,504,740,464	\$36,677,278,080	\$39,740,327,855	\$44,920,223,093	\$47,855,600,007	\$43,734,919,697	6.5%	49.9%
Black	\$15,557,777,755	\$17,340,782,043	\$18,870,882,139	\$20,420,324,699	\$23,406,897,825	\$24,893,117,970	\$24,386,742,974	7.8%	27.8%
Hispanic, American Indian or Asian	\$4,555,703,285	\$5,007,164,901	\$6,408,580,065	\$7,409,206,239	\$8,367,342,582	\$10,128,688,266	\$10,130,255,483	14.2%	11.5%
Other/Unknown	\$4,526,092,742	\$4,774,740,936	\$6,924,991,275	\$8,382,826,422	\$9,542,996,800	\$9,906,049,384	\$9,464,216,638	13.1%	10.8%
Total*	\$54,584,106,567	\$60,627,428,344	\$68,881,731,559	\$75,952,685,215	\$86,237,460,300	\$92,783,455,627	\$87,716,134,792	8.2%	100.0%
By Sex									
Female	\$32,615,665,096	\$36,457,826,597	\$39,964,120,554	\$44,032,826,085	\$49,568,988,289	\$52,856,062,691	\$49,601,810,377	7.2%	56.5%
Male	\$20,513,530,376	\$22,942,800,029	\$25,718,118,136	\$28,536,922,552	\$32,658,751,140	\$34,963,984,916	\$33,710,990,646	8.6%	38.4%
Unknown	\$1,454,911,095	\$1,226,801,718	\$3,199,492,869	\$3,382,936,578	\$4,009,720,871	\$4,963,408,020	\$4,403,333,769	20.3%	5.0%
Total*	\$54,584,106,567	\$60,627,428,344	\$68,881,731,559	\$75,952,685,215	\$86,237,460,300	\$92,783,455,627	\$87,716,134,792	8.2%	100.0%

Source: MSIS data for FFY 00-06.

SOUTHERN LEGISLATIVE CONFERENCE

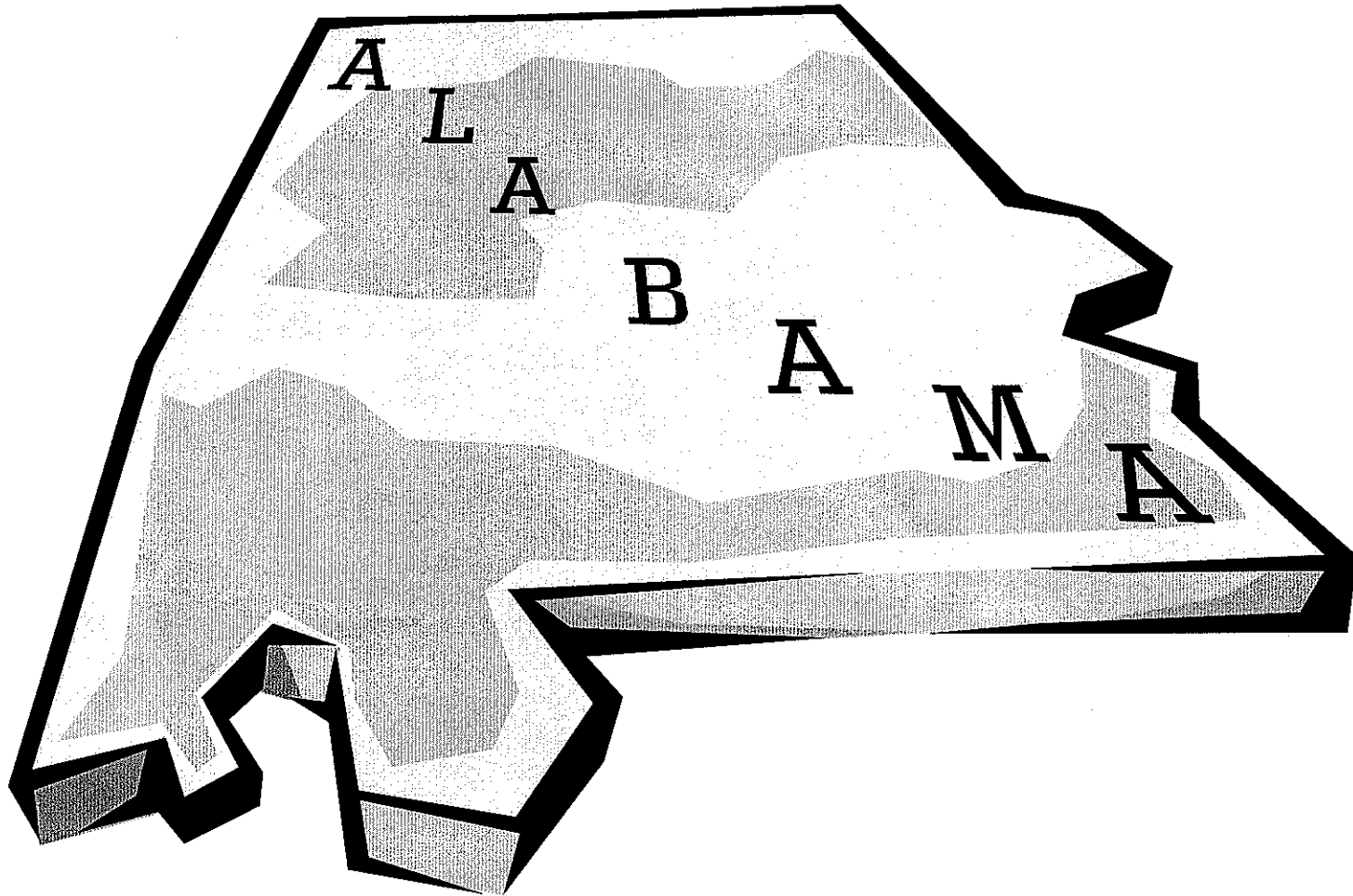
SOUTHERN REGION MEDICAID PROFILE

AVERAGE PAYMENT PER RECIPIENT BY OTHER CHARACTERISTICS

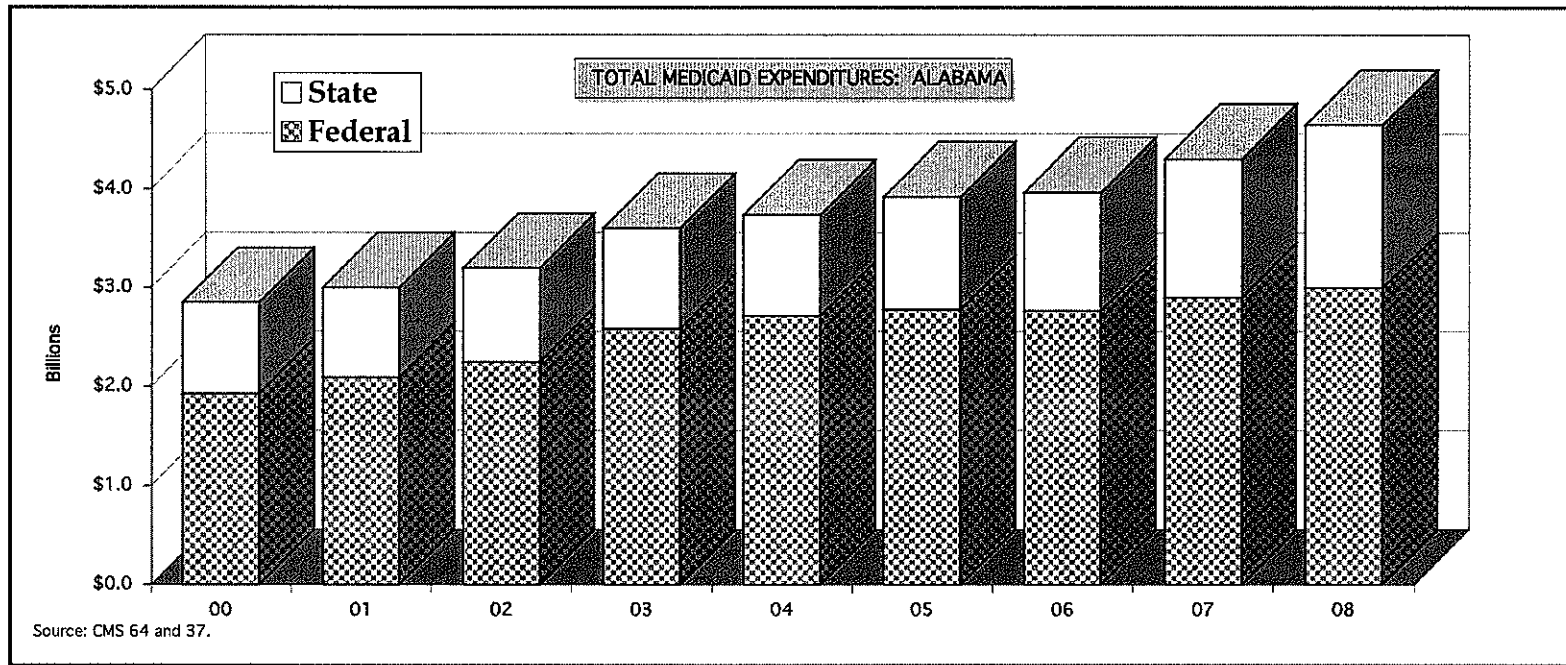
	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05	FFY 06	Annual Change
By Maintenance Assistance Status								
Receiving Cash Assistance or Eligible Under Section 1931	\$4,379.98	\$4,565.22	\$4,647.57	\$4,972.66	\$5,313.94	\$5,840.45	\$5,734.58	4.6%
Poverty Related Eligibles	\$1,653.35	\$1,833.57	\$1,898.99	\$1,909.23	\$2,032.60	\$2,102.86	\$1,985.48	3.1%
Medically Needy	\$5,905.68	\$6,528.08	\$6,583.76	\$6,346.69	\$6,253.25	\$7,879.45	\$7,910.64	5.0%
Other Eligibles	\$6,873.74	\$6,565.79	\$6,215.13	\$7,016.25	\$7,013.54	\$7,723.59	\$7,080.87	0.5%
Maintenance Assistance Status Unknown	\$1,885.04	\$2,166.34	\$2,580.02	\$2,572.97	\$2,997.83	\$3,405.58	\$2,987.69	8.0%
Total*	\$3,414.73	\$3,632.72	\$3,760.57	\$3,934.37	\$4,121.31	\$4,409.73	\$4,148.78	3.3%
By Basis of Eligibility								
Aged, Blind, or Disable	\$8,603.05	\$9,231.37	\$9,283.90	\$10,611.37	\$10,939.99	\$11,969.21	\$10,927.29	4.1%
Children	\$1,140.36	\$1,234.32	\$1,302.75	\$1,368.44	\$1,456.79	\$1,542.22	\$1,572.86	5.5%
Foster Care Children	\$4,969.27	\$5,496.52	\$6,054.97	\$6,544.67	\$7,071.50	\$6,969.31	\$7,046.23	6.0%
Adults	\$2,112.95	\$2,251.35	\$2,201.92	\$2,496.13	\$2,609.79	\$2,879.77	\$2,825.41	5.0%
Basis of Eligibility Unknown	\$1,885.04	\$2,163.64	\$5,309.76	\$2,792.94	\$3,034.97	\$3,458.54	\$3,073.45	8.5%
Total*	\$3,414.73	\$3,632.72	\$3,760.57	\$3,934.37	\$4,121.31	\$4,409.73	\$4,148.78	3.3%
By Age								
Under Age 1	\$2,702.54	\$2,990.66	\$3,231.71	\$3,365.12	\$3,574.06	\$3,686.98	\$3,952.71	6.5%
Age 1 to 5	\$1,404.51	\$1,476.97	\$1,606.47	\$1,691.09	\$1,779.45	\$1,859.20	\$1,897.39	5.1%
Age 6 to 14	\$1,302.03	\$1,417.17	\$1,481.17	\$1,575.22	\$1,666.32	\$1,770.42	\$1,835.52	5.9%
Age 15 to 20	\$2,314.33	\$2,426.78	\$2,448.28	\$2,515.46	\$2,642.97	\$2,785.91	\$2,879.93	3.7%
Age 21 to 44	\$4,212.83	\$4,332.30	\$4,371.30	\$4,636.79	\$4,844.37	\$5,212.53	\$5,118.21	3.3%
Age 45 to 64	\$7,625.89	\$8,153.72	\$8,785.51	\$9,579.75	\$9,754.77	\$11,160.87	\$10,372.05	5.3%
Age 65 to 74	\$5,920.31	\$6,243.66	\$6,801.07	\$7,305.08	\$7,564.09	\$8,415.87	\$6,731.64	2.2%
Age 75 to 84	\$8,765.62	\$9,630.75	\$10,314.68	\$10,771.31	\$11,345.92	\$12,177.15	\$10,335.31	2.8%
Age 85 and Over	\$13,241.14	\$14,633.69	\$15,799.78	\$16,450.08	\$17,467.88	\$18,753.15	\$17,038.92	4.3%
Age Unknown	\$1,885.14	\$2,166.38	\$2,766.66	\$2,746.93	\$2,997.39	\$3,415.64	\$2,987.60	8.0%
Total*	\$3,414.73	\$3,632.72	\$3,760.57	\$3,934.37	\$4,121.31	\$4,409.73	\$4,148.78	3.3%
By Race								
White	\$4,114.19	\$4,382.45	\$4,649.46	\$4,851.09	\$5,022.24	\$5,470.89	\$5,098.37	3.6%
Black	\$2,759.37	\$2,948.30	\$3,146.01	\$3,316.68	\$3,563.31	\$3,800.32	\$3,694.17	5.0%
Hispanic, American Indian or Asian	\$2,091.43	\$2,234.18	\$2,518.63	\$2,556.77	\$2,633.21	\$2,902.03	\$2,788.81	4.9%
Other/Unknown	\$5,084.91	\$5,182.68	\$3,672.72	\$4,072.99	\$4,271.70	\$4,397.12	\$4,060.86	-3.7%
Total*	\$3,414.73	\$3,632.72	\$3,760.57	\$3,934.37	\$4,121.31	\$4,409.73	\$4,148.78	3.3%
By Sex								
Female	\$3,419.63	\$3,656.97	\$3,915.50	\$4,117.60	\$4,287.51	\$4,582.08	\$4,290.65	3.9%
Male	\$3,283.58	\$3,521.31	\$3,688.47	\$3,868.60	\$4,069.54	\$4,350.48	\$4,160.51	4.0%
Unknown	\$7,282.24	\$6,000.17	\$2,812.40	\$2,740.19	\$2,996.08	\$3,380.06	\$2,975.96	-13.9%
Total*	\$3,414.73	\$3,632.72	\$3,760.57	\$3,934.37	\$4,121.31	\$4,409.73	\$4,148.78	3.3%

Source: MSIS data for FFY 00-06.

STATE MEDICAID PROFILE



SOUTHERN REGION MEDICAID PROFILE



State profile revised to reflect MSIS statistical data as reported by CMS for federal fiscal years 00 through 05.

	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05	FFY 06	FFY 07*	FFY 08**	Annual Rate of Change	Total Change 00-08
Medicaid Payments	\$2,773,701,447	\$2,886,401,740	\$3,097,899,240	\$3,477,983,432	\$3,636,777,895	\$3,837,473,614	\$3,860,046,716	\$4,203,437,000	\$4,528,599,000	6.3%	63.3%
Federal Share	\$1,884,058,352	\$2,024,861,694	\$2,188,351,619	\$2,508,354,966	\$2,650,074,779	\$2,725,400,547	\$2,700,082,264	\$2,842,837,000	\$2,996,649,000	6.0%	59.1%
State Share	\$889,643,095	\$861,540,046	\$909,547,621	\$969,628,466	\$986,703,116	\$1,112,073,067	\$1,159,964,452	\$1,360,600,000	\$1,531,950,000	7.0%	72.2%
Administrative Costs	\$74,090,808	\$112,293,202	\$101,262,707	\$127,998,912	\$105,702,103	\$87,376,814	\$107,798,418	\$104,864,000	\$118,774,000	6.1%	60.3%
Federal Share	\$42,231,761	\$64,813,395	\$58,063,419	\$78,210,631	\$61,917,937	\$50,434,909	\$63,561,920	\$58,175,000	\$65,130	-55.5%	-99.8%
State Share	\$31,859,047	\$47,479,807	\$43,199,288	\$49,788,281	\$43,784,166	\$36,941,905	\$44,236,498	\$46,689,000	\$118,708,870	17.9%	272.6%
Admin. Costs as % of Payments	2.67%	3.89%	3.27%	3.68%	2.91%	2.28%	2.79%	2.49%	2.62%		
Federal Match Rate*	69.57%	69.99%	70.45%	70.60%	70.80%	70.83%	69.51%	68.85%	67.62%		

*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 07 and 08 reflect latest estimates reported by each state (CMS 37).

SOUTHERN REGION MEDICAID PROFILE

STATE FINANCING

	Payments ***		Administration	
	FFY00	FFY 06	FFY 00	FFY 06
State General Fund	\$519,054,760	\$1,159,964,452	\$31,859,047	\$44,236,498
Local Funds	\$0	\$0	\$0	\$0
Provider Taxes	\$29,000,000	\$0	\$0	\$0
Donations	\$0	\$0	\$0	\$0
Other	\$341,588,335	\$0	\$0	\$0
Total State Share	\$889,643,095	\$1,159,964,452	\$31,859,047	\$44,236,498

***Note: State financing in FY 06 reflects state general fund support only, as other revenue source amounts that support Medicaid spending are unknown at the time this report is generated.

DISPROPORTIONATE SHARE HOSPITAL (DSH) PAYMENTS

	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05	FFY 06	FFY 07*	FFY 08**	Annual Change
General Hospitals	\$353,173,872	\$363,436,268	\$370,514,816	\$350,366,735	\$405,765,866	\$405,621,719	\$413,662,335	\$420,683,000	\$441,717,000	3.0%
Mental Hospitals	\$3,301,620	\$3,301,620	\$3,301,620	\$3,301,620	\$3,301,620	\$3,301,620	\$3,301,620	\$0	\$0	-100.0%
Total	\$356,475,492	\$366,737,888	\$373,816,436	\$353,668,355	\$409,067,486	\$408,923,339	\$416,963,955	\$420,683,000	\$441,717,000	2.8%

Provider Taxes Currently in Place (FFY 06)		
Provider(s)	Tax Rate	Amount
Nursing homes	\$1,900 per bed/year, capped at 6% of gross revenue	
Pharmacies	\$.10 per prescription over \$3.00	
Total		\$0
*Total amount generated from provider taxes for FY 06 is unknown.		

SELECTED ELIGIBILITY CRITERIA

	2006	% of FPL*
TANF-Temporary Assistance for Needy Families (Family of 3)		
Need Standard	N/A	N/A
Payment Standard	\$215	15.5%
Maximum Payment	\$215	15.5%
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 children to 6		133.0%
Children 6 to 14		100.0%
Children 14 to 18		100.0%
SSI Eligibility Levels		
Income:		
Single Person	\$603	73.8%
Couple	\$904	82.2%
Resources:		
Single Person	\$2,000	
Couple	\$3,000	

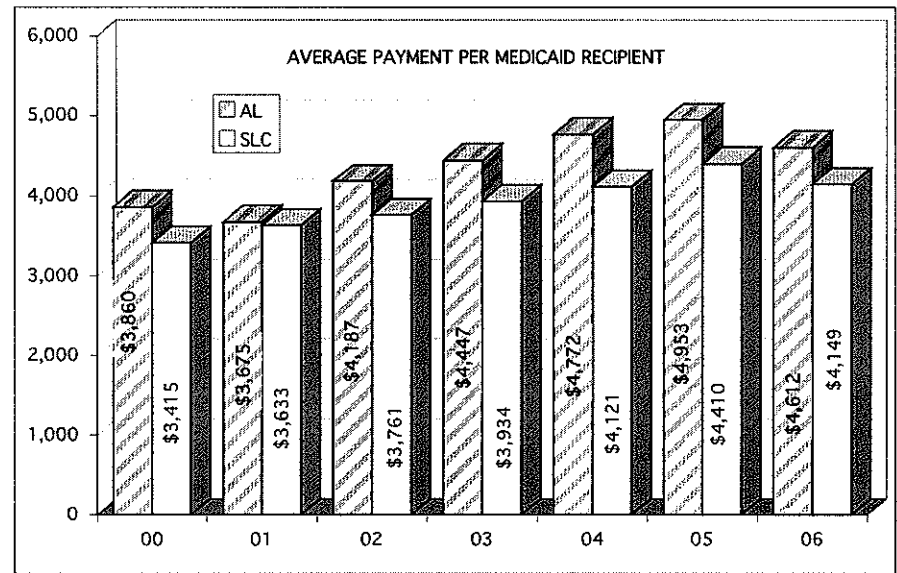
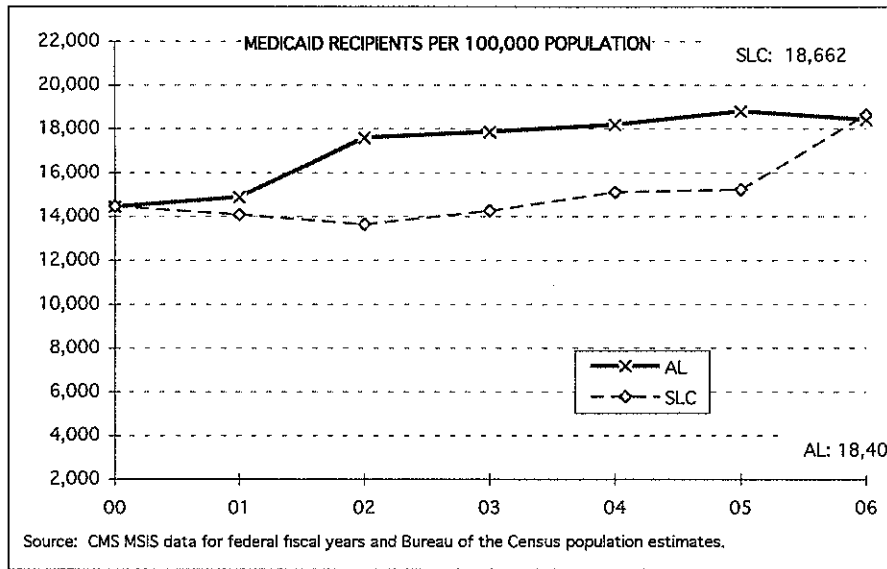
DEMOGRAPHIC DATA & POVERTY INDICATORS (2006)

		Rank in U.S.
State population—December 21, 2007*	4,590,240	23
Per capita personal income**	\$30,841	42
Median household income**	\$38,473	45
Population below Federal Poverty Level*	734,438	
Percent of total state population	16.0%	6
Population without health insurance coverage*	689,000	21
Percent of total state population	15.0%	
Recipients of Food Stamps***	546,684	16
Households receiving Food Stamps***	220,915	
Total value of issuance***	\$593,698,537	18
Average monthly benefit per recipient	\$90.50	26
Average monthly benefit per household	\$223.95	
Monthly recipients of Temporary Assistance to Needy Families (TANF)****	44,838	20
Total TANF payments****	\$34,910,920	31
Average monthly payment per recipient	\$64.88	
Maximum monthly payment per family of 3	\$215.00	49

*Current (2006) federal poverty level is \$9,800 per year for a single person, \$13,200 for a family of two and \$16,600 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 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05	FFY 06	Annual Change
01. General Hospital	54,225	55,652	68,429	68,754	67,777	68,607	65,573	3.2%
02. Mental Hospital	1,604	1,786	567	496	313	263	194	-29.7%
03. Skilled and Intermediate (non-MR) Care Nursing	25,118	28,550	26,530	26,692	26,723	26,448	26,312	0.8%
04. Intermediate Care for Mentally Retarded	674	796	558	418	341	243	248	-15.3%
05. Physician Services	404,612	444,067	511,827	526,291	536,214	558,443	567,822	5.8%
06. Dental Services	72,287	82,592	116,462	138,858	155,541	167,899	176,271	16.0%
07. Other Practitioners	70,759	89,460	98,840	97,032	99,803	107,342	110,992	7.8%
08. Outpatient Hospital	218,623	245,726	264,266	276,616	285,241	291,596	295,665	5.2%
09. Clinic Services	167,483	154,812	273,701	268,759	281,862	295,073	302,853	10.4%
10. Lab and X-Ray	303,590	357,197	345,876	345,618	347,567	376,910	375,237	3.6%
11. Home Health	51,088	60,339	62,771	68,241	65,149	76,983	76,071	6.9%
12. Prescribed Drugs	438,529	496,797	500,790	527,855	543,088	545,201	544,417	3.7%
13. Family Planning	3,703	33,576	3,398	3,449	3,265	2,913	3,079	-3.0%
14. Early & Periodic Screening, Diagnosis & Treatment	0	162,914	0	0	0	0	0	-100.0%
15. Other Care	88,808	148,251	126,078	122,197	123,656	133,631	131,029	6.7%
16. Personal Care Support Services	37,473	0	50,298	53,440	53,502	43,943	48,128	4.3%
17. Home/Community Based Waiver Services	0	0	0	0	0	0	0	n/a
18. Prepaid Health Care	0	8,461	489,447	517,964	530,504	597,730	603,000	134.7%
19. Primary Care Case Management (PCCM) Services	417,457	380,000	424,889	442,633	402,261	415,405	448,694	1.2%
Total*	619,480	643,527	765,328	780,617	808,192	838,787	844,988	5.3%

*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 00</u>	<u>FFY 01</u>	<u>FFY 02</u>	<u>FFY 03</u>	<u>FFY 04</u>	<u>FFY 05</u>	<u>FFY 06</u>	<u>Annual Change</u>	<u>Share of Total FFY 06</u>
01. General Hospital	\$148,854,036	\$334,616,062	\$182,897,571	\$201,752,940	\$203,383,116	\$176,338,839	\$166,695,824	1.9%	4.3%
02. Mental Hospital	\$34,894,808	\$35,450,442	\$25,804,158	\$19,628,270	\$13,730,915	\$9,878,954	\$10,633,211	-18.0%	0.3%
03. Skilled and Intermediate (non-MR) Care Nursing	\$622,181,339	\$666,221,211	\$667,433,222	\$710,889,268	\$730,490,157	\$774,335,142	\$792,659,930	4.1%	20.3%
04. Intermediate Care for Mentally Retarded	\$62,973,298	\$61,589,438	\$60,382,174	\$54,858,987	\$36,883,285	\$27,431,503	\$26,936,270	-13.2%	0.7%
05. Physician Services	\$119,160,192	\$135,989,905	\$190,744,343	\$208,562,768	\$219,939,027	\$235,340,335	\$276,522,480	15.1%	7.1%
06. Dental Services	\$11,465,011	\$23,157,211	\$34,650,020	\$40,696,990	\$44,449,030	\$48,614,051	\$52,972,028	29.1%	1.4%
07. Other Practitioners	\$4,428,368	\$6,340,319	\$8,666,728	\$9,475,258	\$9,795,147	\$10,830,962	\$12,314,725	18.6%	0.3%
08. Outpatient Hospital	\$44,267,996	\$44,166,407	\$50,712,351	\$52,856,683	\$59,948,594	\$62,788,641	\$68,105,647	7.4%	1.7%
09. Clinic Services	\$128,114,224	\$78,498,228	\$215,009,548	\$247,622,034	\$255,995,624	\$267,748,316	\$268,237,679	13.1%	6.9%
10. Lab and X-Ray	\$34,819,967	\$37,294,304	\$39,484,863	\$43,762,928	\$45,412,289	\$57,300,821	\$68,554,152	12.0%	1.8%
11. Home Health	\$29,002,412	\$66,011,518	\$34,733,551	\$35,950,629	\$34,472,022	\$47,034,889	\$47,135,428	8.4%	1.2%
12. Prescribed Drugs	\$331,574,388	\$390,122,853	\$454,370,478	\$537,070,779	\$597,327,339	\$609,128,245	\$463,670,108	5.7%	11.9%
13. Family Planning	\$2,022,347	\$17,993,448	\$1,330,732	\$1,337,296	\$1,244,784	\$1,088,889	\$1,117,815	-9.4%	0.0%
14. Early & Periodic Screening, Diagnosis & Treatment	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a	0.0%
15. Other Care	\$748,496,244	\$189,923,782	\$550,403,857	\$548,467,488	\$810,360,251	\$924,375,329	\$618,719,439	-3.1%	15.9%
16. Personal Care Support Services	\$58,741,458	\$165,456,106	\$86,371,460	\$107,303,975	\$107,727,252	\$107,426,471	\$119,326,832	12.5%	3.1%
17. Home/Community Based Waiver Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a	0.0%
18. Prepaid Health Care	\$0	\$101,047,469	\$579,709,608	\$628,510,702	\$675,667,038	\$779,890,500	\$883,623,507	54.3%	22.7%
19. Primary Care Case Management (PCCM) Services	\$10,198,809	\$11,227,248	\$21,358,938	\$22,572,729	\$9,798,559	\$14,651,858	\$19,534,224	11.4%	0.5%
Total (excludes DSH pymts, pharmacy rebates, & other adjs.)	\$2,391,194,897	\$2,365,105,951	\$3,204,063,602	\$3,471,319,724	\$3,856,624,429	\$4,154,203,745	\$3,896,759,299	8.5%	100.0%

<u>AVERAGE PAYMENTS PER RECIPIENT BY TYPE OF SERVICES</u>									(+) or (-) SLC
									<u>Avg. FFY 06</u>
01. General Hospital	\$2,745.12	\$6,012.65	\$2,672.81	\$2,934.42	\$3,000.77	\$2,570.27	\$2,542.14	-1.3%	-52.7%
02. Mental Hospital	\$21,754.87	\$19,847.34	\$45,509.98	\$39,573.13	\$43,868.74	\$37,562.56	\$54,810.37	16.6%	206.1%
03. Skilled and Intermediate (non-MR) Care Nursing	\$24,770.34	\$23,335.24	\$25,157.68	\$26,633.05	\$27,335.63	\$29,277.64	\$30,125.42	3.3%	25.0%
04. Intermediate Care for Mentally Retarded	\$93,432.19	\$77,356.27	\$108,211.78	\$131,241.60	\$108,162.13	\$112,886.84	\$108,613.99	2.5%	23.9%
05. Physician Services	\$294.50	\$306.24	\$372.67	\$396.29	\$410.17	\$421.42	\$486.99	8.7%	-11.9%
06. Dental Services	\$158.60	\$280.38	\$297.52	\$293.08	\$285.77	\$289.54	\$300.51	11.2%	-17.3%
07. Other Practitioners	\$62.58	\$70.87	\$87.68	\$97.65	\$98.14	\$100.90	\$110.95	10.0%	-52.3%
08. Outpatient Hospital	\$202.49	\$179.74	\$191.90	\$191.08	\$210.17	\$215.33	\$230.35	2.2%	-63.1%
09. Clinic Services	\$764.94	\$507.06	\$785.56	\$921.35	\$908.23	\$907.40	\$885.70	2.5%	26.2%
10. Lab and X-Ray	\$114.69	\$104.41	\$114.16	\$126.62	\$130.66	\$152.03	\$182.70	8.1%	-15.2%
11. Home Health	\$567.70	\$1,094.01	\$553.34	\$526.82	\$529.13	\$610.98	\$619.62	1.5%	-84.7%
12. Prescribed Drugs	\$756.11	\$785.28	\$907.31	\$1,017.46	\$1,099.87	\$1,117.25	\$851.68	2.0%	-12.0%
13. Family Planning	\$546.14	\$535.90	\$391.62	\$387.73	\$381.25	\$373.80	\$363.04	-6.6%	-69.6%
14. Early & Periodic Screening, Diagnosis & Treatment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	n/a	n/a
15. Other Care	\$8,428.25	\$1,281.10	\$4,365.58	\$4,488.39	\$6,553.34	\$6,917.37	\$4,722.00	-9.2%	154.3%
16. Personal Care Support Services	\$1,567.57	\$0.00	\$1,717.19	\$2,007.93	\$2,013.52	\$2,444.68	\$2,479.36	7.9%	31.7%
17. Home/Community Based Waiver Services	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	n/a	n/a
18. Prepaid Health Care	\$0.00	\$11,942.95	\$1,184.42	\$1,213.43	\$1,273.63	\$1,304.75	\$1,465.38	-34.3%	29.1%
19. Primary Care Case Management (PCCM) Services	\$24.43	\$29.55	\$50.27	\$51.00	\$24.36	\$35.27	\$43.54	10.1%	56.6%
Total (Average)	\$3,860.00	\$3,675.22	\$4,186.52	\$4,446.89	\$4,771.92	\$4,952.63	\$4,611.61	3.0%	11.2%

TOTAL PER CAPITA EXPENDITURES	\$664.26	\$693.80	\$735.10	\$825.19	\$841.56	\$879.15	\$864.41	4.5%	-2.0%
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Source: MSIS data for FFY 00-06.

SOUTHERN REGION MEDICAID PROFILE
DATA BY OTHER CHARACTERISTICS

RECIPIENTS BY OTHER CHARACTERISTICS

	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05	FFY 06	Annual Change	Share of Total FFY 06
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	264,650	207,260	274,859	271,399	264,324	259,393	256,803	-0.5%	30.4%
Poverty Related Eligibles	293,953	305,995	350,113	379,603	406,198	430,979	447,208	7.2%	52.9%
Medically Needy	0	0	0	0	0	0	0	n/a	0.0%
Other Eligibles	42,669	130,096	107,442	107,339	112,313	120,200	121,095	19.0%	14.3%
Maintenance Assistance Status Unknown	18,208	175	32,914	22,276	25,357	28,215	19,882	1.5%	2.4%
Total*	619,480	643,527	765,328	780,617	808,192	838,787	844,988	5.3%	100.0%
By Basis of Eligibility									
Aged, Blind, or Disabled	223,391	249,131	233,211	236,981	244,143	249,807	253,794	2.1%	30.0%
Children	327,328	311,334	395,071	414,916	423,922	436,829	429,924	4.6%	50.9%
Foster Care Children	4,907	5,539	6,033	6,630	7,149	7,649	8,256	9.1%	1.0%
Adults	45,646	74,194	98,099	99,551	107,621	115,918	132,755	19.5%	15.7%
Basis of Eligibility Unknown	18,208	3,330	32,914	22,539	25,357	28,584	20,259	1.8%	2.4%
Total*	619,480	643,527	765,328	780,617	808,192	838,787	844,988	5.3%	100.0%
By Age									
Under Age 1	29,543	33,127	30,004	29,739	30,160	30,774	33,024	1.9%	3.9%
Age 1 to 5	125,191	133,269	146,445	151,364	152,119	154,664	156,261	3.8%	18.5%
Age 6 to 14	148,493	141,225	177,466	187,773	191,389	196,199	199,367	5.0%	23.6%
Age 15 to 20	63,554	64,755	84,025	90,309	95,741	100,592	103,676	8.5%	12.3%
Age 21 to 44	94,033	107,748	147,684	149,496	157,167	166,785	167,669	10.1%	19.8%
Age 45 to 64	57,128	64,131	64,979	67,585	72,144	76,586	80,078	5.8%	9.5%
Age 65 to 74	31,389	36,547	31,148	31,372	32,722	33,724	34,343	1.5%	4.1%
Age 75 to 84	28,897	34,301	28,788	29,293	30,269	30,253	30,084	0.7%	3.6%
Age 85 and Over	23,044	28,333	21,876	21,410	21,124	20,995	20,604	-1.8%	2.4%
Age Unknown	18,208	91	32,913	22,276	25,357	28,215	19,882	1.5%	2.4%
Total*	619,480	643,527	765,328	780,617	808,192	838,787	844,988	5.3%	100.0%
By Race									
White	276,241	295,379	323,018	338,022	352,748	364,289	369,020	4.9%	43.7%
Black	310,453	315,513	368,350	376,403	382,455	391,739	395,785	4.1%	46.8%
Hispanic, American Indian or Asian	23,554	24,056	17,650	23,449	27,419	31,021	36,447	7.5%	4.3%
Other/Unknown	9,232	8,579	56,310	42,743	45,570	51,738	43,736	29.6%	5.2%
Total*	619,480	643,527	765,328	780,617	808,192	838,787	844,988	5.3%	100.0%
By Sex									
Female	376,105	396,843	448,541	461,312	477,981	495,578	501,675	4.9%	59.4%
Male	235,900	238,105	278,237	290,639	299,057	309,636	316,636	5.0%	37.5%
Unknown	7,475	8,579	38,550	28,666	31,154	33,573	26,677	23.6%	3.2%
Total*	619,480	643,527	765,328	780,617	808,192	838,787	844,988	5.3%	100.0%

Source: MSIS data for FFY 00-06.

SOUTHERN REGION MEDICAID PROFILE

PAYMENTS BY OTHER CHARACTERISTICS

	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05	FFY 06	Annual Change	Share of Total FFY 06
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	\$800,200,089	\$913,449,432	\$1,109,754,742	\$1,196,751,593	\$1,252,610,376	\$1,302,120,865	\$1,278,840,251	8.1%	32.8%
Poverty Related Eligibles	\$234,579,059	\$402,859,805	\$473,180,870	\$552,493,261	\$593,091,180	\$657,964,464	\$732,243,488	20.9%	18.8%
Medically Needy	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a	0.0%
Other Eligibles	\$752,471,213	\$1,007,304,680	\$937,985,730	\$1,034,707,799	\$1,067,146,626	\$1,125,540,828	\$1,083,902,363	6.3%	27.8%
Maintenance Assistance Status Unknown	\$603,944,536	\$41,492,034	\$683,142,260	\$687,367,071	\$943,776,247	\$1,068,577,588	\$801,773,197	4.8%	20.6%
Total*	\$2,391,194,897	\$2,365,105,951	\$3,204,063,602	\$3,471,319,724	\$3,856,624,429	\$4,154,203,745	\$3,896,759,299	8.5%	100.0%
By Basis of Eligibility									
Aged, Blind or Disabled	\$1,435,119,810	\$1,823,104,915	\$1,762,787,071	\$1,934,996,456	\$2,019,764,188	\$2,124,907,595	\$2,058,360,791	6.2%	52.8%
Children	\$223,369,745	\$260,456,830	\$539,771,384	\$609,105,175	\$630,347,038	\$680,154,703	\$718,557,951	21.5%	18.4%
Foster Care Children	\$38,472,637	\$45,816,824	\$78,065,858	\$89,351,325	\$90,198,685	\$88,935,786	\$79,214,130	12.8%	2.0%
Adults	\$90,288,169	\$189,873,245	\$140,297,029	\$148,033,794	\$172,538,271	\$187,369,386	\$234,120,091	17.2%	6.0%
Basis of Eligibility Unknown	\$603,944,536	\$45,854,137	\$683,142,260	\$689,832,974	\$943,776,247	\$1,072,836,275	\$806,506,336	4.9%	20.7%
Total*	\$2,391,194,897	\$2,365,105,951	\$3,204,063,602	\$3,471,319,724	\$3,856,624,429	\$4,154,203,745	\$3,896,759,299	8.5%	100.0%
By Age									
Under Age 1	\$35,202,698	\$46,950,436	\$55,911,691	\$57,256,270	\$57,899,470	\$55,663,140	\$70,573,979	12.3%	1.8%
Age 1 to 5	\$91,556,637	\$119,608,058	\$225,403,923	\$248,343,089	\$251,530,982	\$264,315,065	\$287,476,005	21.0%	7.4%
Age 6 to 14	\$128,556,471	\$179,079,820	\$307,256,233	\$349,204,394	\$359,604,854	\$382,720,006	\$403,304,095	21.0%	10.3%
Age 15 to 20	\$105,362,045	\$141,251,156	\$196,167,054	\$230,057,353	\$246,053,200	\$265,260,708	\$284,359,491	18.0%	7.3%
Age 21 to 44	\$310,309,789	\$419,311,505	\$424,945,169	\$462,331,834	\$490,756,497	\$526,837,753	\$535,635,179	9.5%	13.7%
Age 45 to 64	\$300,175,187	\$373,617,468	\$422,966,242	\$487,529,915	\$533,438,482	\$573,486,884	\$585,727,448	11.8%	15.0%
Age 65 to 74	\$171,973,879	\$213,088,744	\$201,910,709	\$222,770,364	\$234,440,575	\$250,756,945	\$222,277,889	4.4%	5.7%
Age 75 to 84	\$279,197,320	\$357,021,249	\$308,300,001	\$335,938,153	\$347,726,821	\$357,985,806	\$321,465,300	2.4%	8.2%
Age 85 and Over	\$364,916,335	\$473,826,452	\$378,062,137	\$390,521,281	\$391,397,301	\$408,599,850	\$384,166,716	0.9%	9.9%
Age Unknown	\$603,944,536	\$41,351,063	\$683,140,443	\$687,367,071	\$943,776,247	\$1,068,577,588	\$801,773,197	4.8%	20.6%
Total*	\$2,391,194,897	\$2,365,105,951	\$3,204,063,602	\$3,471,319,724	\$3,856,624,429	\$4,154,203,745	\$3,896,759,299	8.5%	100.0%
By Race									
White	\$1,255,734,290	\$1,372,062,575	\$1,823,366,519	\$1,548,347,097	\$1,624,537,913	\$1,714,530,536	\$1,699,567,621	5.2%	43.6%
Black	\$684,762,003	\$818,115,856	\$1,072,412,710	\$1,089,129,166	\$1,135,092,056	\$1,198,176,224	\$1,212,677,449	10.0%	31.1%
Hispanic, American Indian or Asian	\$23,738,219	\$104,669,801	\$116,545,062	\$41,540,134	\$47,579,754	\$59,189,918	\$72,075,470	20.3%	1.8%
Other/Unknown	\$426,960,385	\$70,257,719	\$191,739,311	\$792,303,327	\$1,049,414,706	\$1,182,307,067	\$912,438,759	13.5%	23.4%
Total*	\$2,391,194,897	\$2,365,105,951	\$3,204,063,602	\$3,471,319,724	\$3,856,624,429	\$4,154,203,745	\$3,896,759,299	8.5%	100.0%
By Sex									
Female	\$1,387,231,537	\$1,575,701,343	\$1,630,176,531	\$1,783,721,953	\$1,867,933,152	\$1,970,268,935	\$1,942,884,948	5.8%	49.9%
Male	\$649,581,968	\$718,582,751	\$882,544,828	\$989,511,107	\$1,034,701,138	\$1,107,551,291	\$1,141,018,091	9.8%	29.3%
Unknown	\$354,381,391	\$70,821,857	\$691,342,243	\$698,086,664	\$953,990,139	\$1,076,383,519	\$812,856,260	14.8%	20.9%
Total*	\$2,391,194,897	\$2,365,105,951	\$3,204,063,602	\$3,471,319,724	\$3,856,624,429	\$4,154,203,745	\$3,896,759,299	8.5%	100.0%

Source: MSIS data for FFY 00-06.

SOUTHERN REGION MEDICAID PROFILE

AVERAGE PAYMENT PER RECIPIENT BY OTHER CHARACTERISTICS

	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05	FFY 06	Annual Change	Above (+) or Below (-) SLC Avg. FFY 06
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	\$3,023.62	\$4,407.26	\$4,037.54	\$4,409.57	\$4,738.92	\$5,019.88	\$4,979.85	8.7%	-13.2%
Poverty Related Eligibles	\$798.02	\$1,316.56	\$1,351.51	\$1,455.45	\$1,460.10	\$1,526.67	\$1,637.37	12.7%	-17.5%
Medically Needy	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	n/a	-100.0%
Other Eligibles	\$17,635.08	\$7,742.75	\$8,730.16	\$9,639.63	\$9,501.54	\$9,363.90	\$8,950.84	-10.7%	26.4%
Maintenance Assistance Status Unknown	\$33,169.19	\$236,601.83	\$20,755.37	\$30,856.84	\$37,219.55	\$37,872.68	\$40,326.59	3.3%	1249.8%
Total*	\$3,860.00	\$3,675.22	\$4,186.52	\$4,446.89	\$4,771.92	\$4,952.63	\$4,611.61	3.0%	11.2%
By Basis of Eligibility									
Aged, Blind or Disabled	\$6,424.25	\$7,317.85	\$7,558.76	\$8,165.20	\$8,272.87	\$8,506.20	\$8,110.36	4.0%	-25.8%
Children	\$682.40	\$836.58	\$1,366.26	\$1,468.02	\$1,486.94	\$1,557.03	\$1,671.36	16.1%	6.3%
Foster Care Children	\$7,840.36	\$8,271.93	\$12,939.81	\$13,476.82	\$12,616.97	\$11,627.11	\$9,594.73	3.4%	36.2%
Adults	\$1,978.01	\$2,559.15	\$1,430.16	\$1,487.01	\$1,603.20	\$1,616.40	\$1,763.55	-1.9%	-37.6%
Basis of Eligibility Unknown	\$33,169.19	\$13,770.83	\$20,755.37	\$30,606.19	\$37,219.55	\$37,532.76	\$39,809.78	3.1%	1195.3%
Total*	\$3,860.00	\$3,675.22	\$4,186.52	\$4,446.89	\$4,771.92	\$4,952.63	\$4,611.61	3.0%	11.2%
By Age									
Under Age 1	\$1,191.57	\$1,417.28	\$1,863.47	\$1,925.29	\$1,919.74	\$1,808.77	\$2,137.05	10.2%	-45.9%
Age 1 to 5	\$731.34	\$897.49	\$1,539.17	\$1,640.70	\$1,653.51	\$1,708.96	\$1,839.72	16.6%	-3.0%
Age 6 to 14	\$865.74	\$1,268.05	\$1,731.35	\$1,859.72	\$1,878.92	\$1,950.67	\$2,022.92	15.2%	10.2%
Age 15 to 20	\$1,657.83	\$2,181.32	\$2,334.63	\$2,547.45	\$2,569.99	\$2,637.00	\$2,742.77	8.8%	-4.8%
Age 21 to 44	\$3,300.01	\$3,891.58	\$2,877.39	\$3,092.60	\$3,122.52	\$3,158.78	\$3,194.60	-0.5%	-37.6%
Age 45 to 64	\$5,254.43	\$5,825.86	\$6,509.28	\$7,213.58	\$7,394.08	\$7,488.14	\$7,314.46	5.7%	-29.5%
Age 65 to 74	\$5,478.79	\$5,830.48	\$6,482.30	\$7,100.93	\$7,164.62	\$7,435.56	\$6,472.29	2.8%	-3.9%
Age 75 to 84	\$9,661.81	\$10,408.44	\$10,709.32	\$11,468.21	\$11,487.89	\$11,833.07	\$10,685.59	1.7%	3.4%
Age 85 and Over	\$15,835.63	\$16,723.41	\$17,282.05	\$18,240.13	\$18,528.56	\$19,461.77	\$18,645.25	2.8%	9.4%
Age Unknown	\$33,169.19	\$456,159.80	\$20,755.95	\$30,856.84	\$37,219.55	\$37,872.68	\$40,326.59	3.3%	1249.8%
Total*	\$3,860.00	\$3,675.22	\$4,186.52	\$4,446.89	\$4,771.92	\$4,952.63	\$4,611.61	3.0%	11.2%
By Race									
White	\$4,545.79	\$4,645.09	\$5,644.78	\$4,580.61	\$4,605.38	\$4,706.51	\$4,605.62	0.2%	-9.7%
Black	\$2,205.69	\$2,592.97	\$2,911.40	\$2,893.52	\$2,967.91	\$3,058.61	\$3,063.98	5.6%	-17.1%
Hispanic, American Indian or Asian	\$1,007.82	\$4,351.07	\$6,603.12	\$1,771.51	\$1,735.28	\$1,908.06	\$1,977.54	11.9%	-29.1%
Other/Unknown	\$46,247.88	\$8,189.50	\$3,405.07	\$18,536.45	\$23,028.63	\$22,851.81	\$20,862.42	-12.4%	413.7%
Total*	\$3,860.00	\$3,675.22	\$4,186.52	\$4,446.89	\$4,771.92	\$4,952.63	\$4,611.61	3.0%	11.2%
By Sex									
Female	\$3,688.42	\$3,970.59	\$3,634.40	\$3,866.63	\$3,907.97	\$3,975.70	\$3,872.80	0.8%	-9.7%
Male	\$2,753.63	\$3,017.92	\$3,171.92	\$3,404.61	\$3,459.88	\$3,576.95	\$3,603.56	4.6%	-13.4%
Unknown	\$47,408.88	\$8,255.26	\$17,933.65	\$24,352.43	\$30,621.75	\$32,060.99	\$30,470.30	-7.1%	923.9%
Total*	\$3,860.00	\$3,675.22	\$4,186.52	\$4,446.89	\$4,771.92	\$4,952.63	\$4,611.61	3.0%	11.2%

Source: MSIS data for FFY 00-06.

SOUTHERN REGION MEDICAID PROFILE

ADDITIONAL STATE HEALTH CARE INFORMATION

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

Waivers

Several **Home and Community Based Services Waivers**, under Section 1915 (c).

These waivers include:

- Mental Retardation/Developmental Disabilities: Serves 5,600 people as of 2005, operating since 1981.
- Elderly and Disabled: Serves 7,816 people as of FY 2005, operating since 1982.
- Independent Living Program (SAIL): Serves 554 people as of FY 2005, operating since 1992.
- Living at Home (LAH): Serves 96 people, operating since 2002.
- HIV/AIDS: Services to individuals with diagnosis of HIV who meet the nursing facility level of care criteria, operating since 2003.
- Assisted Technology: Services to individuals that received private duty nursing (under EPSDT), and are no longer eligible due to age limit (turned 21), operating since 2003.

Managed Care

- Patient 1st: Primary Care Case Management: implemented in January of 1997 in all of the 67 counties. The program will pay physicians \$3 per member per month up to a maximum of 1,000 eligibles per physician. This 1915 (b) waiver was renewed in 2004, and serves approximately 420,000 recipients statewide.
- Partnership Hospital Program: The state contracts with 8 regional Prepaid Insurance Health Plans (PIHP) to provide inpatient hospital services to all eligibles except Medicare Part A only recipients. The PIHPs receive a per member per month capitated rate for each eligible in their region.
- Maternity Care Program authorized under 1915(b) waiver.

Coverage for Targeted Population

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

Cost Containment Measures

- Certificate of Need Program since 1978. Regulates introduction or expansion of new institutional health facilities and services. 1993 exemption from certificate of need review for health care services of rural hospitals.
- Significant increase in the thresholds for state review of expenditures for capital and operating costs for existing HMO's and facilities in 1994.
- Revised CON laws in 1998 to extend the review period of projects and made changes to appeal procedures related to CON decisions.
- Rate setting. Prospective payment/per diem methodology used for Medicaid.
- Pharmacy Benefit Manager program implemented in 1998 to control increasing costs in the pharmacy program.
- Implemented prescription limits on name brand drugs to 4 per month per recipient, except anti-psychotic and retroviral medications, effective July 1, 2004.

Medicaid

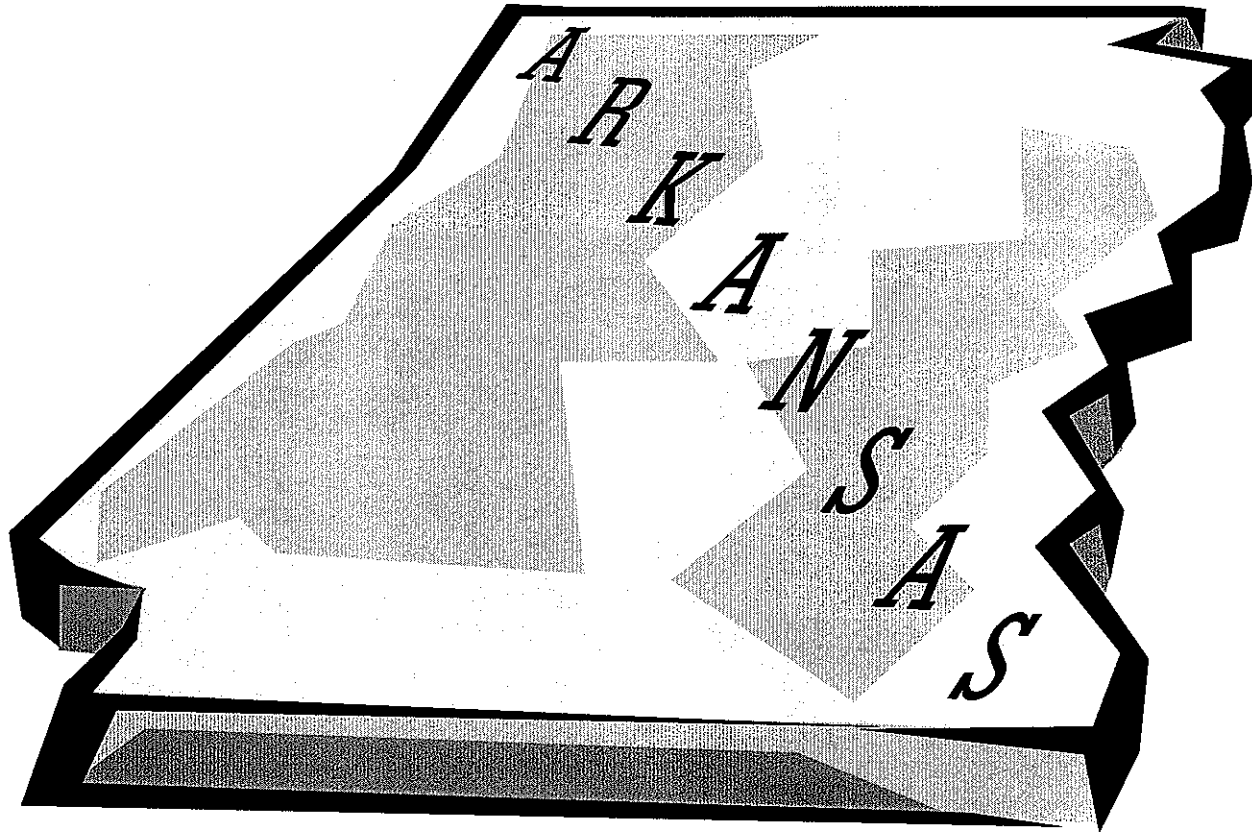
- 15 optional services are offered.

SOUTHERN REGION MEDICAID PROFILE

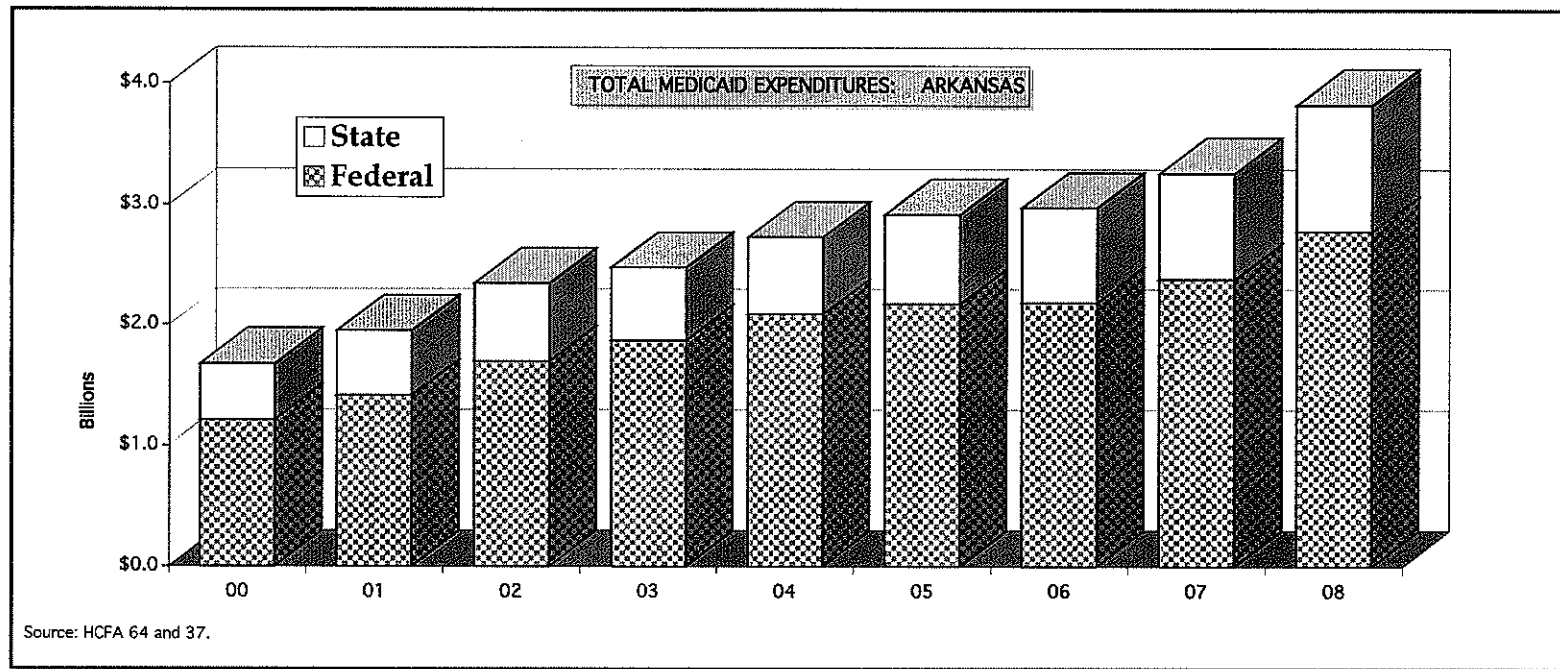
Children's Health Insurance Program: A Combination of Private Insurance and a Medicaid Expansion

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

STATE MEDICAID PROFILE



SOUTHERN REGION MEDICAID PROFILE



State profile revised to reflect MSIS statistical data as reported by CMS for federal fiscal years 00 through 05.

	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05	FFY 06	FFY 07*	FFY 08**	Annual Rate of Change	Total Change 00-08
Medicaid Payments	\$1,581,361,881	\$1,854,913,659	\$2,239,645,980	\$2,366,496,902	\$2,616,597,268	\$2,809,920,508	\$2,854,059,263	\$3,117,067,000	\$3,658,340,000	11.1%	131.3%
Federal Share	\$1,156,198,568	\$1,356,367,805	\$1,631,630,198	\$1,799,239,993	\$2,017,735,788	\$2,103,823,129	\$2,110,542,036	\$2,293,225,000	\$2,676,455,000	11.1%	131.5%
State Share	\$425,163,313	\$498,545,854	\$608,015,782	\$567,256,909	\$598,861,480	\$706,097,379	\$743,517,227	\$823,842,000	\$981,885,000	11.0%	130.9%
Administrative Costs	\$94,524,637	\$95,198,228	\$103,472,005	\$111,158,811	\$113,974,604	\$110,188,017	\$121,527,837	\$146,656,000	\$167,634,000	7.4%	77.3%
Federal Share	\$56,421,645	\$56,886,002	\$63,699,995	\$73,460,178	\$70,832,049	\$68,826,896	\$74,784,233	\$90,976,000	\$102,217,000	7.7%	81.2%
State Share	\$38,102,992	\$38,312,226	\$39,772,010	\$37,698,633	\$43,142,555	\$41,361,121	\$46,743,604	\$55,680,000	\$65,417,000	7.0%	71.7%
Admin. Costs as % of Payments	5.98%	5.13%	4.62%	4.70%	4.36%	3.92%	4.26%	4.70%	4.58%		
Federal Match Rate*	72.85%	73.02%	72.64%	74.28%	74.67%	74.75%	73.77%	73.37%	72.94%		

*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 07 and 08 reflect latest estimates reported by each state (CMS 37).

SOUTHERN REGION MEDICAID PROFILE

STATE FINANCING

	Payments		Administration	
	FFY 00	FFY 06	FFY 00	FFY 06
State General Fund	\$425,163,313	\$525,531,074	\$38,102,992	\$46,743,604
Local Funds	\$0	\$0	\$0	\$0
Provider Taxes	\$0	\$55,231,350	\$0	\$0
Donations*	\$0	\$454,250	\$0	\$0
Other	\$0	\$162,300,553	\$0	\$0
Total State Share	\$425,163,313	\$743,517,227	\$38,102,992	\$46,743,604

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

Provider Taxes Currently in Place (FFY 06)

	Tax Rate	Amount
Quality Assurance Fee on Nursing Homes		\$55,231,350
10/01/05 - 06/30/06	\$8.34 per census day	
07/01/06 - 09/30/06	\$9.31 per census day	

DISPROPORTIONATE SHARE HOSPITAL (DSH) PAYMENTS

	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05	FFY 06	FFY 07*	FFY 08**	Annual Change
General Hospitals	\$2,256,113	\$21,865,252	\$14,529,026	\$30,948,639	\$24,135,625	\$36,687,967	\$38,184,249	\$31,918,000	\$48,347,000	22.2%
Mental Hospitals	\$489,254	\$862,932	\$0	\$638,035	\$800,733	\$819,350	\$819,350	\$819,000	\$819,000	5.1%
Total	\$2,745,367	\$22,728,184	\$14,529,026	\$31,586,674	\$24,936,358	\$37,507,317	\$39,003,599	\$32,737,000	\$49,166,000	22.5%

SELECTED ELIGIBILITY CRITERIA

	2006	% of FPL*
TANF-Temporary Assistance for Needy Families (Family of 3)		
Income Eligibility Standard	\$223	16.1%
Payment Standard	\$204	14.7%
Maximum Payment	\$204	14.7%
Medically Needy Program (Family of 3)		
Income Eligibility Standard	\$275	
Resource Standard	\$3,100	
Pregnant Women, Children and Infants (% of FPL*)		
Pregnant women and infants		133.0%
Children 1 to 5		133.0%
Children 6 to 18		100.0%
SSI Eligibility Levels		
Income:		
Single Person	\$603	73.8%
Couple	\$904	84.6%
Resources:		
Single Person	\$2,000	
Couple	\$3,000	

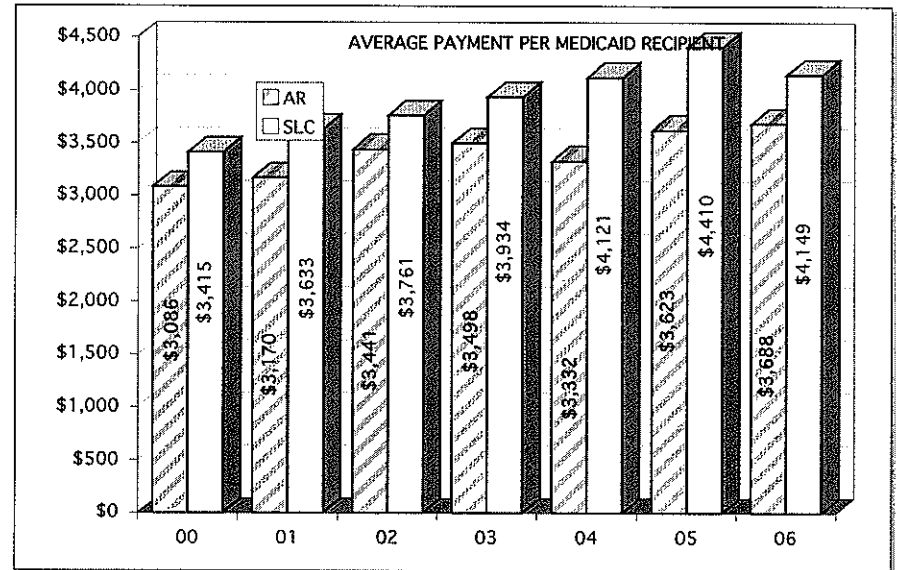
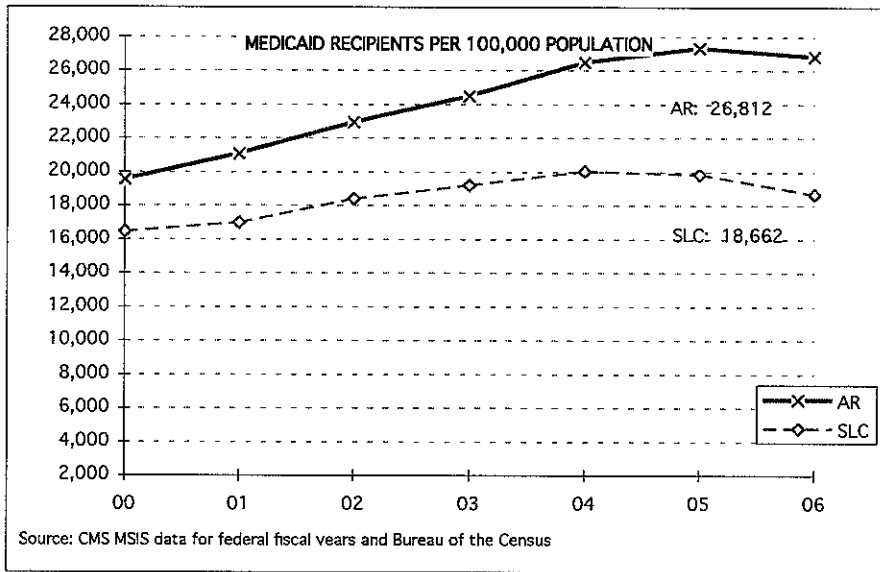
DEMOGRAPHIC DATA & POVERTY INDICATORS (2006)

		Rank in U.S.
State population—December 21, 2007*	2,809,111	32
Per capita personal income**	\$28,444	48
Median household income**	\$37,420	48
Population below Federal Poverty Level*	438,221	
Percent of total state population	15.6%	7
Population without health insurance coverage*	521,000	28
Percent of total state population	18.5%	
Recipients of Food Stamps***	384,889	26
Households receiving Food Stamps***	162,203	
Total value of issuance***	\$414,384,306	26
Average monthly benefit per recipient	\$89.72	32
Average monthly benefit per household	\$212.89	
Monthly recipients of Temporary Assistance to Needy Families (TANF)****	17,847	38
Total TANF payments****	\$13,945,617	46
Average monthly payment per recipient	\$65.12	
Maximum monthly payment per family of 3	\$204.00	44

*Current (2006) federal poverty level is \$9,800 per year for a single person, \$13,200 for a family of two and \$16,600 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 00</u>	<u>FFY 01</u>	<u>FFY 02</u>	<u>FFY 03</u>	<u>FFY 04</u>	<u>FFY 05</u>	<u>FFY 06</u>	<u>Annual Change</u>
01. General Hospital	72,791	80,140	84,745	107,024	101,756	102,864	102,498	5.9%
02. Mental Hospital	2,912	4,023	5,512	5,218	5,520	5,666	6,590	14.6%
03. Skilled and Intermediate (non-MR) Care Nursing	20,350	19,880	20,658	20,449	28,854	27,091	28,433	5.7%
04. Intermediate Care for Mentally Retarded	1,842	1,822	1,809	1,818	3,205	3,111	2,768	7.0%
05. Physician Services	339,780	372,042	411,601	444,459	474,166	482,391	512,423	7.1%
06. Dental Services	67,765	79,539	96,539	111,534	126,071	133,158	140,952	13.0%
07. Other Practitioners	108,683	118,473	129,792	109,713	119,111	154,980	128,283	2.8%
08. Outpatient Hospital	179,151	202,000	225,992	248,633	269,551	279,077	288,231	8.2%
09. Clinic Services	147,131	179,341	186,387	224,628	231,982	340,082	276,970	11.1%
10. Lab and X-Ray	135,454	142,421	164,723	173,329	192,652	245,790	229,224	9.2%
11. Home Health	8,753	8,285	7,867	8,197	11,616	6,695	6,349	-5.2%
12. Prescribed Drugs	290,749	321,920	356,060	398,819	422,930	447,072	455,929	7.8%
13. Family Planning	2,878	3,601	23,128	25,252	4,197	4,725	4,349	7.1%
14. Early & Periodic Screening, Diagnosis & Treatment	0	0	110,187	120,257	0	0	0	-100.0%
15. Other Care	52,087	126,370	166,386	100,063	528,925	555,671	576,695	49.3%
16. Personal Care Support Services	40,452	55,980	45,847	39,184	55,644	79,338	66,991	8.8%
17. Home/Community Based Waiver Services	0	0	0	30	0	0	0	-100.0%
18. Prepaid Health Care	0	0	425,805	470,687	0	0	0	-100.0%
19. Primary Care Case Management (PCCM) Services	404,371	431,579	363,993	395,297	420,926	449,000	474,902	2.7%
Total*	489,325	531,533	581,606	624,722	707,792	734,959	753,166	7.5%

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

SOUTHERN REGION MEDICAID PROFILE

<u>PAYMENTS BY TYPE OF SERVICES</u>	<u>FFY 00</u>	<u>FFY 01</u>	<u>FFY 02</u>	<u>FFY 03</u>	<u>FFY 04</u>	<u>FFY 05</u>	<u>FFY 06</u>	<u>Annual</u>	<u>Share of Total</u>
								<u>Change</u>	<u>FFY 06</u>
01. General Hospital	\$181,602,682	\$199,917,194	\$233,756,777	\$261,162,545	\$271,136,499	\$288,132,334	\$310,901,345	9.4%	11.2%
02. Mental Hospital	\$41,875,551	\$68,810,890	\$87,944,979	\$108,649,942	\$117,401,859	\$122,501,039	\$138,815,601	22.1%	5.0%
03. Skilled and Intermediate (non-MR) Care Nursing	\$285,612,665	\$284,583,476	\$411,569,354	\$444,032,516	\$352,839,240	\$429,558,828	\$464,564,559	8.4%	16.7%
04. Intermediate Care for Mentally Retarded	\$87,918,928	\$104,142,616	\$120,065,393	\$120,704,986	\$129,618,600	\$136,681,230	\$122,038,375	5.6%	4.4%
05. Physician Services	\$154,582,481	\$166,095,692	\$174,852,040	\$190,780,552	\$253,894,415	\$270,664,698	\$317,005,156	12.7%	11.4%
06. Dental Services	\$16,275,309	\$19,766,101	\$24,351,586	\$28,718,488	\$32,983,342	\$35,087,639	\$36,025,736	14.2%	1.3%
07. Other Practitioners	\$12,578,431	\$14,064,856	\$15,259,350	\$9,654,297	\$11,710,868	\$12,001,372	\$14,332,789	2.2%	0.5%
08. Outpatient Hospital	\$47,716,392	\$52,493,897	\$61,635,174	\$72,738,613	\$83,348,254	\$91,770,191	\$112,369,714	15.3%	4.0%
09. Clinic Services	\$166,264,401	\$207,728,405	\$240,911,804	\$270,590,082	\$300,175,005	\$335,768,280	\$383,679,655	15.0%	13.8%
10. Lab and X-Ray	\$12,605,188	\$14,202,822	\$17,313,698	\$19,434,043	\$25,484,001	\$25,263,565	\$31,660,517	16.6%	1.1%
11. Home Health	\$11,880,729	\$10,737,036	\$10,471,199	\$9,892,116	\$9,906,085	\$13,246,452	\$13,047,222	1.6%	0.5%
12. Prescribed Drugs	\$209,933,612	\$248,392,084	\$279,879,349	\$325,295,608	\$396,483,799	\$450,363,313	\$347,891,080	8.8%	12.5%
13. Family Planning	\$1,323,208	\$1,777,398	\$3,948,344	\$4,123,990	\$2,442,306	\$2,445,229	\$2,298,872	9.6%	0.1%
14. Early & Periodic Screening, Diagnosis & Treatment	\$0	\$0	\$61,468,942	\$63,881,633	\$0	\$0	\$0	-100.0%	0.0%
15. Other Care	\$119,530,281	\$139,064,573	\$144,670,913	\$152,482,911	\$250,715,890	\$299,362,041	\$334,836,777	18.7%	12.1%
16. Personal Care Support Services	\$124,680,340	\$132,113,753	\$92,160,438	\$62,941,155	\$108,261,459	\$136,793,209	\$134,575,059	1.3%	4.8%
17. Home/ Community Based Waiver Services	\$0	\$0	\$0	\$139,569	\$0	\$0	\$0	-100.0%	0.0%
18. Prepaid Health Care	\$0	\$0	\$11,479,717	\$29,471,575	\$0	\$0	\$0	-100.0%	0.0%
19. Primary Care Case Management (PCCM) Services	\$35,699,644	\$20,826,973	\$9,545,124	\$10,779,126	\$11,750,907	\$12,804,909	\$13,608,096	-14.8%	0.5%
Total (excludes DSH pymts, pharmacy rebates, & other adjs.)	\$1,510,079,842	\$1,684,717,766	\$2,001,284,181	\$2,185,473,747	\$2,358,152,529	\$2,662,444,329	\$2,777,650,553	10.7%	100.0%

AVERAGE PAYMENTS PER RECIPIENT BY TYPE OF SERVICES

									(+) or (-) SLC
									<u>Avg. FFY 06</u>
01. General Hospital	\$2,494.85	\$2,494.60	\$2,758.35	\$2,440.22	\$2,664.58	\$2,801.10	\$3,033.24	3.3%	-43.5%
02. Mental Hospital	\$14,380.34	\$17,104.37	\$15,955.18	\$20,822.14	\$21,268.45	\$21,620.37	\$21,064.58	6.6%	17.6%
03. Skilled and Intermediate (non-MR) Care Nursing	\$14,035.02	\$14,315.06	\$19,923.00	\$21,714.14	\$12,228.43	\$15,856.15	\$16,338.92	2.6%	-32.2%
04. Intermediate Care for Mentally Retarded	\$47,730.15	\$57,158.41	\$66,371.14	\$66,394.38	\$40,442.62	\$43,934.82	\$44,089.01	-1.3%	-49.7%
05. Physician Services	\$454.95	\$446.44	\$424.81	\$429.24	\$535.45	\$561.09	\$618.64	5.3%	12.0%
06. Dental Services	\$240.17	\$248.51	\$252.25	\$257.49	\$261.63	\$263.50	\$255.59	1.0%	-29.7%
07. Other Practitioners	\$115.74	\$118.72	\$117.57	\$88.00	\$98.32	\$77.44	\$111.73	-0.6%	-52.0%
08. Outpatient Hospital	\$266.35	\$259.87	\$272.73	\$292.55	\$309.21	\$328.83	\$389.86	6.6%	-37.5%
09. Clinic Services	\$1,130.04	\$1,158.29	\$1,292.54	\$1,204.61	\$1,293.96	\$987.32	\$1,385.28	3.5%	97.4%
10. Lab and X-Ray	\$93.06	\$99.72	\$105.11	\$112.12	\$132.28	\$102.79	\$138.12	6.8%	-35.9%
11. Home Health	\$1,357.33	\$1,295.96	\$1,331.03	\$1,206.80	\$852.80	\$1,978.56	\$2,055.00	7.2%	-49.2%
12. Prescribed Drugs	\$722.04	\$771.60	\$786.05	\$815.65	\$937.47	\$1,007.36	\$763.04	0.9%	-21.1%
13. Family Planning	\$459.77	\$493.58	\$170.72	\$163.31	\$581.92	\$517.51	\$528.60	2.4%	-55.7%
14. Early & Periodic Screening, Diagnosis & Treatment	\$0.00	\$0.00	\$557.86	\$531.21	\$0.00	\$0.00	\$0.00	n/a	n/a
15. Other Care	\$2,294.82	\$1,100.46	\$869.49	\$1,523.87	\$474.01	\$538.74	\$580.61	-20.5%	-68.7%
16. Personal Care Support Services	\$3,082.18	\$2,360.02	\$2,010.17	\$1,606.30	\$1,945.61	\$1,724.18	\$2,008.85	-6.9%	6.7%
17. Home/ Community Based Waiver Services	\$0.00	\$0.00	\$0.00	\$4,652.30	\$0.00	\$0.00	\$0.00	n/a	n/a
18. Prepaid Health Care	\$0.00	\$0.00	\$26.96	\$62.61	\$0.00	\$0.00	\$0.00	-100.0%	-100.0%
19. Primary Care Case Management (PCCM) Services	\$88.28	\$48.26	\$26.22	\$27.27	\$27.92	\$28.52	\$28.65	-17.1%	3.1%
Total (Average)	\$3,086.05	\$3,169.55	\$3,440.96	\$3,498.31	\$3,331.70	\$3,622.58	\$3,687.97	3.0%	-11.1%

TOTAL PER CAPITA EXPENDITURES	\$668.67	\$772.88	\$923.10	\$971.11	\$1,021.39	\$1,084.70	\$1,059.26	8.0%	20.0%
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Source: MSIS data for FFY 00-06.

SOUTHERN REGION MEDICAID PROFILE
DATA BY OTHER CHARACTERISTICS

RECIPIENTS BY OTHER CHARACTERISTICS

	<u>FFY 00</u>	<u>FFY 01</u>	<u>FFY 02</u>	<u>FFY 03</u>	<u>FFY 04</u>	<u>FFY 05</u>	<u>FFY 06</u>	<u>Annual</u> <u>Change</u>	<u>Share of Total</u> <u>FFY 06</u>
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	148,933	142,944	160,829	160,471	151,557	154,043	151,625	0.3%	20.1%
Poverty Related Eligibles	238,416	172,911	235,568	273,833	287,384	324,475	338,476	6.0%	44.9%
Medically Needy	25,630	20,411	14,797	15,220	12,000	11,129	9,616	-15.1%	1.3%
Other Eligibles	51,106	164,117	59,041	59,384	177,107	245,312	190,670	24.5%	25.3%
Maintenance Assistance Status Unknown	25,240	31,150	111,371	115,814	79,744	0	62,779	16.4%	8.3%
Total	489,325	531,533	581,606	624,722	707,792	734,959	753,166	7.5%	100.0%
By Basis of Eligibility									
Aged, Blind, or Disabled	146,401	146,337	157,912	163,416	154,931	171,735	163,154	1.8%	21.7%
Children	223,522	256,837	258,698	364,287	344,619	380,616	392,467	9.8%	52.1%
Foster Care Children	5,427	5,735	6,936	6,871	6,181	6,434	6,622	3.4%	0.9%
Adults	88,735	91,474	46,686	90,147	121,917	175,669	127,570	6.2%	16.9%
Basis of Eligibility Unknown	25,240	31,150	111,374	1	80,144	505	63,353	16.6%	8.4%
Total	489,325	531,533	581,606	624,722	707,792	734,959	753,166	7.5%	100.0%
By Age									
Under Age 1	16,635	18,151	19,999	20,207	21,862	24,517	24,140	6.4%	3.2%
Age 1 to 5	83,088	93,749	111,186	120,663	121,102	129,828	132,911	8.1%	17.6%
Age 6 to 14	112,727	128,330	153,335	166,284	173,342	189,751	195,698	9.6%	26.0%
Age 15 to 20	61,727	67,906	81,206	88,270	90,659	105,739	105,494	9.3%	14.0%
Age 21 to 44	94,261	96,354	110,957	119,929	118,769	167,219	124,267	4.7%	16.5%
Age 45 to 64	36,216	37,688	43,325	46,860	46,200	53,969	51,198	5.9%	6.8%
Age 65 to 74	20,740	20,247	20,789	21,586	20,351	23,811	21,131	0.3%	2.8%
Age 75 to 84	21,383	21,140	22,178	22,213	20,223	22,713	20,011	-1.1%	2.7%
Age 85 and Over	17,320	16,830	18,631	18,710	15,541	17,412	15,537	-1.8%	2.1%
Age Unknown	25,228	31,138	0	0	79,743	0	62,779	16.4%	8.3%
Total	489,325	531,533	581,606	624,722	707,792	734,959	753,166	7.5%	100.0%
By Race									
White	296,433	321,928	353,884	380,040	386,821	454,906	413,193	5.7%	54.9%
Black	162,127	176,206	184,594	193,487	192,733	216,649	200,372	3.6%	26.6%
Hispanic, American Indian or Asian	10,663	11,471	20,720	26,817	48,495	63,404	49,014	28.9%	6.5%
Other/ Unknown	20,102	21,928	22,408	24,378	79,743	0	90,587	28.5%	12.0%
Total*	489,325	531,533	581,606	624,722	707,792	734,959	753,166	7.5%	100.0%
By Sex									
Female	304,454	330,687	352,282	377,510	377,411	456,298	409,207	5.1%	54.3%
Male	184,750	200,629	229,090	246,341	249,080	276,670	280,115	7.2%	37.2%
Unknown	122	217	234	871	81,301	1,991	63,844	184.1%	8.5%
Total	489,325	531,533	581,606	624,722	707,792	734,959	753,166	7.5%	100.0%

Source: MSIS data for FFY 00-06.

SOUTHERN REGION MEDICAID PROFILE

PAYMENTS BY OTHER CHARACTERISTICS

	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05	FFY 06	Annual Change	Share of Total FFY 06
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	\$666,324,196	\$730,986,625	\$821,092,916	\$869,100,814	\$947,266,235	\$1,038,136,550	\$1,073,791,787	8.3%	38.7%
Poverty Related Eligibles	\$253,301,116	\$242,847,484	\$346,533,100	\$417,780,177	\$507,673,860	\$570,856,720	\$652,982,213	17.1%	23.5%
Medically Needy	\$57,701,019	\$55,578,469	\$46,371,147	\$51,864,561	\$54,313,926	\$54,997,983	\$50,965,416	-2.0%	1.8%
Other Eligibles	\$518,240,326	\$635,740,058	\$715,255,691	\$762,112,544	\$815,755,911	\$961,724,860	\$958,071,099	10.8%	34.5%
Maintenance Assistance Status Unknown	\$14,513,185	\$19,565,130	\$72,031,327	\$84,615,651	\$33,142,597	\$36,728,216	\$41,840,038	n/a	1.5%
Total	\$1,510,079,842	\$1,684,717,766	\$2,001,284,181	\$2,185,473,747	\$2,358,152,529	\$2,662,444,329	\$2,777,650,553	10.7%	100.0%
By Basis of Eligibility									
Aged, Blind or Disabled	\$1,107,973,513	\$1,206,890,177	\$1,425,140,063	\$1,531,657,304	\$1,591,966,359	\$1,812,408,200	\$1,815,860,259	8.6%	65.4%
Children	\$262,785,694	\$314,570,015	\$376,832,033	\$497,294,044	\$521,092,007	\$578,037,301	\$663,118,396	16.7%	23.9%
Foster Care Children	\$29,752,919	\$38,663,242	\$45,564,122	\$43,756,351	\$44,483,216	\$49,358,388	\$53,748,882	10.4%	1.9%
Adults	\$95,054,531	\$105,029,202	\$81,710,777	\$112,763,334	\$162,442,287	\$180,131,430	\$194,512,342	12.7%	7.0%
Basis of Eligibility Unknown	\$14,513,185	\$19,565,130	\$72,037,186	\$2,714	\$38,168,660	\$42,509,010	\$50,410,674	n/a	1.8%
Total	\$1,510,079,842	\$1,684,717,766	\$2,001,284,181	\$2,185,473,747	\$2,358,152,529	\$2,662,444,329	\$2,777,650,553	10.7%	100.0%
By Age									
Under Age 1	\$60,788,955	\$64,729,966	\$80,286,522	\$83,909,961	\$92,294,988	\$100,207,639	\$114,750,500	11.2%	4.1%
Age 1 to 5	\$170,247,526	\$194,577,536	\$224,120,406	\$247,794,901	\$271,490,606	\$289,887,307	\$314,388,680	10.8%	11.3%
Age 6 to 14	\$160,226,061	\$203,690,069	\$249,556,847	\$273,263,014	\$303,930,478	\$338,606,388	\$377,168,287	15.3%	13.6%
Age 15 to 20	\$116,714,456	\$140,132,414	\$181,624,235	\$211,356,444	\$227,485,359	\$260,464,001	\$286,721,058	16.2%	10.3%
Age 21 to 44	\$281,573,213	\$318,574,809	\$362,992,945	\$391,157,902	\$425,098,603	\$466,039,678	\$486,871,626	9.6%	17.5%
Age 45 to 64	\$225,192,388	\$255,947,487	\$308,256,998	\$346,303,919	\$386,788,015	\$442,112,240	\$464,369,737	12.8%	16.7%
Age 65 to 74	\$113,345,064	\$114,563,471	\$131,227,070	\$141,139,694	\$159,626,596	\$185,823,688	\$177,155,852	7.7%	6.4%
Age 75 to 84	\$172,546,148	\$176,720,727	\$213,874,550	\$226,516,838	\$221,985,679	\$258,985,245	\$241,567,885	5.8%	8.7%
Age 85 and Over	\$194,928,037	\$196,212,819	\$249,344,608	\$264,031,071	\$236,309,617	\$283,589,927	\$272,816,890	5.8%	9.8%
Age Unknown	\$14,517,994	\$19,568,468	\$0	\$3	\$33,142,588	\$36,728,216	\$41,840,038	n/a	1.5%
Total	\$1,510,079,842	\$1,684,717,766	\$2,001,284,181	\$2,185,473,747	\$2,358,152,529	\$2,662,444,329	\$2,777,650,553	10.7%	100.0%
By Race									
White	\$981,314,155	\$1,099,758,919	\$1,305,570,207	\$1,428,210,114	\$1,538,605,849	\$1,739,789,154	\$1,756,840,252	10.2%	63.2%
Black	\$390,814,103	\$437,023,703	\$499,477,618	\$539,651,359	\$608,797,004	\$676,197,216	\$678,881,986	9.6%	24.4%
Hispanic, American Indian or Asian	\$17,019,449	\$19,256,593	\$31,389,363	\$38,766,655	\$177,607,088	\$209,729,743	\$79,513,483	29.3%	2.9%
Other/Unknown	\$120,932,135	\$128,678,551	\$164,846,993	\$178,845,619	\$33,142,588	\$36,728,216	\$262,414,832	n/a	9.4%
Total*	\$1,510,079,842	\$1,684,717,766	\$2,001,284,181	\$2,185,473,747	\$2,358,152,529	\$2,662,444,329	\$2,777,650,553	10.7%	100.0%
By Sex									
Female	\$902,802,265	\$1,009,701,810	\$1,176,603,655	\$1,279,453,295	\$1,338,307,521	\$1,516,443,225	\$1,559,446,873	9.5%	56.1%
Male	\$606,807,796	\$680,965,619	\$824,133,799	\$903,981,296	\$984,108,803	\$1,105,837,940	\$1,174,648,045	11.6%	42.3%
Unknown	\$469,781	(\$5,949,663)	\$546,727	\$2,039,156	\$35,736,205	\$40,163,164	\$43,555,635	n/a	1.6%
Total	\$1,510,079,842	\$1,684,717,766	\$2,001,284,181	\$2,185,473,747	\$2,358,152,529	\$2,662,444,329	\$2,777,650,553	10.7%	100.0%

Source: MSIS data for FFY 00-06.

SOUTHERN REGION MEDICAID PROFILE

AVERAGE PAYMENT PER RECIPIENT BY OTHER CHARACTERISTICS

	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05	FFY 06	Annual Change	Above (+) or Below (-) SLC Avg. FFY 06
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	\$4,473.99	\$5,113.80	\$5,105.38	\$5,415.94	\$6,250.23	\$6,739.26	\$7,081.89	8.0%	23.5%
Poverty Related Eligibles	\$1,062.43	\$1,404.47	\$1,471.05	\$1,525.68	\$1,766.53	\$1,759.32	\$1,929.18	10.5%	-2.8%
Medically Needy	\$2,251.31	\$2,722.97	\$3,133.82	\$3,407.66	\$4,526.16	\$4,941.86	\$5,300.06	15.3%	-33.0%
Other Eligibles	\$10,140.50	\$3,873.70	\$12,114.56	\$12,833.63	\$4,606.01	\$3,920.42	\$5,024.76	-11.0%	-29.0%
Maintenance Assistance Status Unknown	\$575	\$628	\$647	\$731	\$415.61	\$0.00	\$666.47	n/a	-77.7%
Total	\$3,086	\$3,170	\$3,441	\$3,498	\$3,331.70	\$3,622.58	\$3,687.97	3.0%	-11.1%
By Basis of Eligibility									
Aged, Blind or Disabled	\$7,568	\$8,247	\$9,025	\$9,373	\$10,275.32	\$10,553.52	\$11,129.73	6.6%	1.9%
Children	\$1,176	\$1,225	\$1,457	\$1,365	\$1,512.08	\$1,518.69	\$1,689.62	6.2%	7.4%
Foster Care Children	\$5,482	\$6,742	\$6,569	\$6,368	\$7,196.77	\$7,671.49	\$8,116.71	6.8%	15.2%
Adults	\$1,071	\$1,148	\$1,750	\$1,251	\$1,332.40	\$1,025.40	\$1,524.75	6.1%	-46.0%
Basis of Eligibility Unknown	\$575	\$628	\$647	\$2,714	\$476.25	\$84,176.26	\$795.71	n/a	-74.1%
Total	\$3,086	\$3,170	\$3,441	\$3,498	\$3,331.70	\$3,622.58	\$3,687.97	3.0%	-11.1%
By Age									
Under Age 1	\$3,654	\$3,566	\$4,015	\$4,153	\$4,221.71	\$4,087.27	\$4,753.54	4.5%	20.3%
Age 1 to 5	\$2,049	\$2,076	\$2,016	\$2,054	\$2,241.83	\$2,232.86	\$2,365.41	2.4%	24.7%
Age 6 to 14	\$1,421	\$1,587	\$1,628	\$1,643	\$1,753.36	\$1,784.48	\$1,927.30	5.2%	5.0%
Age 15 to 20	\$1,891	\$2,064	\$2,237	\$2,394	\$2,509.24	\$2,463.27	\$2,717.89	6.2%	-5.6%
Age 21 to 44	\$2,987	\$3,306	\$3,271	\$3,262	\$3,579.21	\$2,787.00	\$3,917.95	4.6%	-23.5%
Age 45 to 64	\$6,218	\$6,791	\$7,115	\$7,390	\$8,372.03	\$8,191.97	\$9,070.08	6.5%	-12.6%
Age 65 to 74	\$5,465	\$5,658	\$6,312	\$6,538	\$7,843.67	\$7,804.11	\$8,383.69	7.4%	24.5%
Age 75 to 84	\$8,069	\$8,360	\$9,644	\$10,197	\$10,976.89	\$11,402.51	\$12,071.75	6.9%	16.8%
Age 85 and Over	\$11,255	\$11,659	\$13,383	\$14,112	\$15,205.56	\$16,287.04	\$17,559.17	7.7%	3.1%
Age Unknown	\$575	\$628	\$0	\$0	\$415.62	\$0.00	\$666.47	n/a	-77.7%
Total	\$3,086	\$3,170	\$3,441	\$3,498	\$3,331.70	\$3,622.58	\$3,687.97	3.0%	-11.1%
By Race									
White	\$3,310	\$3,416	\$3,689	\$3,758	\$3,977.57	\$3,824.50	\$4,251.86	4.3%	-16.6%
Black	\$2,411	\$2,480	\$2,706	\$2,789	\$3,158.76	\$3,121.16	\$3,388.11	5.8%	-8.3%
Hispanic, American Indian or Asian	\$1,596	\$1,679	\$1,515	\$1,446	\$3,662.38	\$3,307.83	\$1,622.26	0.3%	-41.8%
Other/Unknown	\$6,016	\$5,868	\$7,357	\$7,336	\$415.62	\$0.00	\$2,896.83	n/a	-28.7%
Total	\$3,086	\$3,170	\$3,441	\$3,498	\$3,331.70	\$3,622.58	\$3,687.97	3.0%	-11.1%
By Sex									
Female	\$2,965	\$3,053	\$3,340	\$3,389	\$3,546.02	\$3,323.36	\$3,810.90	4.3%	-11.2%
Male	\$3,284	\$3,394	\$3,597	\$3,670	\$3,950.97	\$3,996.96	\$4,193.45	4.2%	0.8%
Unknown	\$3,865	(\$27,418)	\$2,336	\$2,341	\$439.55	\$20,172.36	\$682.22	n/a	-77.1%
Total	\$3,086	\$3,170	\$3,441	\$3,498	\$3,331.70	\$3,622.58	\$3,687.97	3.0%	-11.1%

Source: MSIS data for FFY 00-06.

SOUTHERN REGION MEDICAID PROFILE

ADDITIONAL STATE HEALTH CARE INFORMATION

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

Waivers

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

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

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

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

Managed Care

- Primary Care Case Management Program: ConnectCare
- Prepaid Ambulatory Health Plan (PAHP) - Non emergency transportation

SOUTHERN REGION MEDICAID PROFILE

Coverage for Targeted Population

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

Children's Health Insurance Program: Medicaid Expansion

- The State had a SCHIP medicaid expansion in place from 10/1/98 through 9/30/02. The Medicaid expansion covered children born after 9/30/82 and prior to 10/1/83 in families with incomes at or below 100% of the Federal Poverty Level. The last child aged out of the program on 9/30/02.
- The State submitted a State Plan Amendment (SPA) for a separate state program on 12/4/98 to convert the funding for approximately one-third of the ArKids First beneficiaries and to modify the benefit package to be SCHIP compliant. The modified benefit package provided an enhanced state employee plan with the following changes in the ArKids First benefit plan: 1) providing coverage for occupational and physical therapies, hospice care and skilled nursing care; and 2) eliminating co-payments for dental well health care. This SPA was approved 2/16/01 but has not been implemented.
- The State submitted a SPA on 4/1/04 to add the unborn child option as a separate state program; and to reflect that CMS authorized the State to use SCHIP funds for ARKids-B beneficiaries (Medicaid 1115 demonstration) that meet the definition of an SCHIP targeted-low-income child: it was approved June 30, 2004; the funding authorization was implemented retroactively; and the unborn child portion was implemented on July 1, 2004.

Cost sharing requirements for the ARKids B are as follows:

\$5 co-payment for prescription drugs;

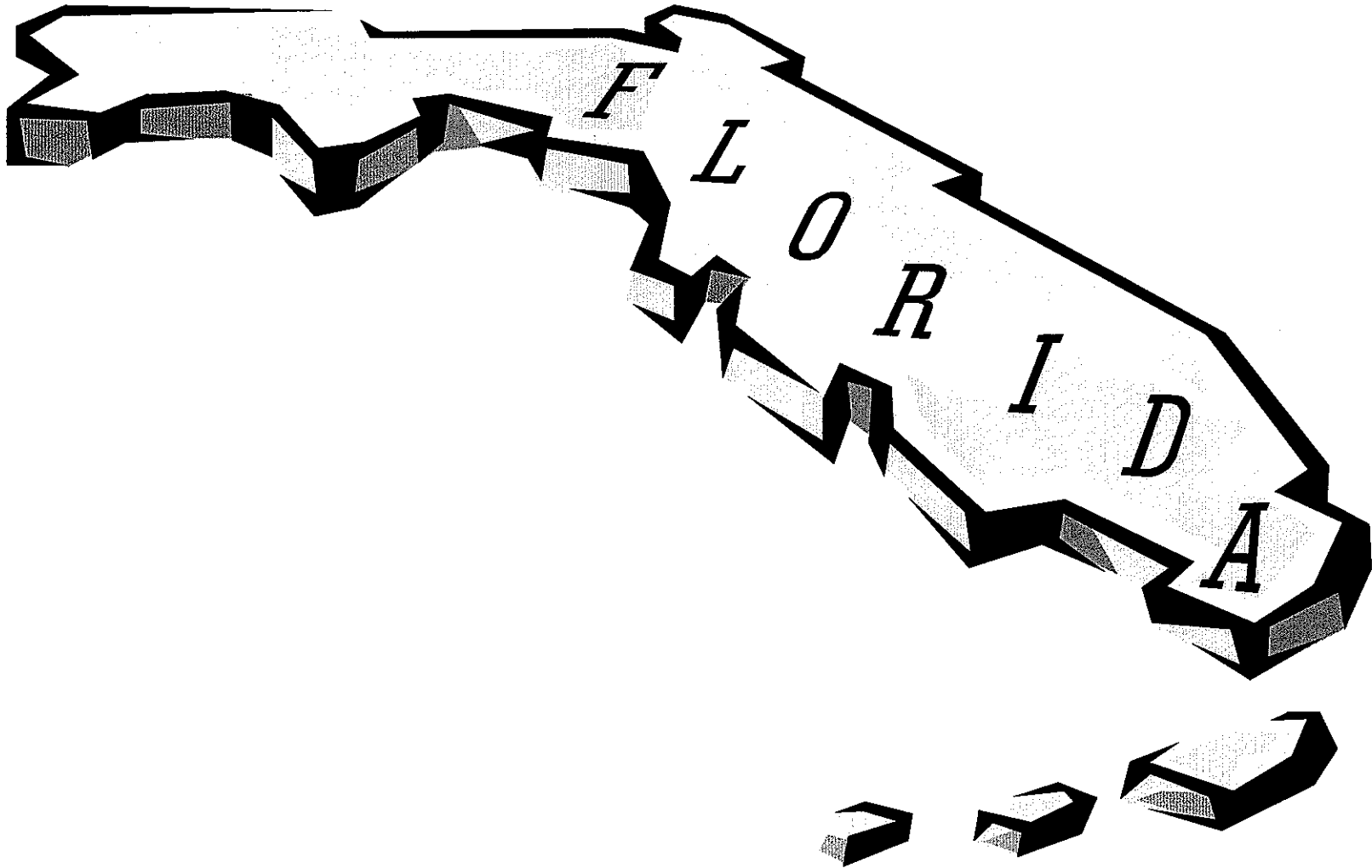
\$10 co-payment for doctor's office visits other than well-child visits;

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

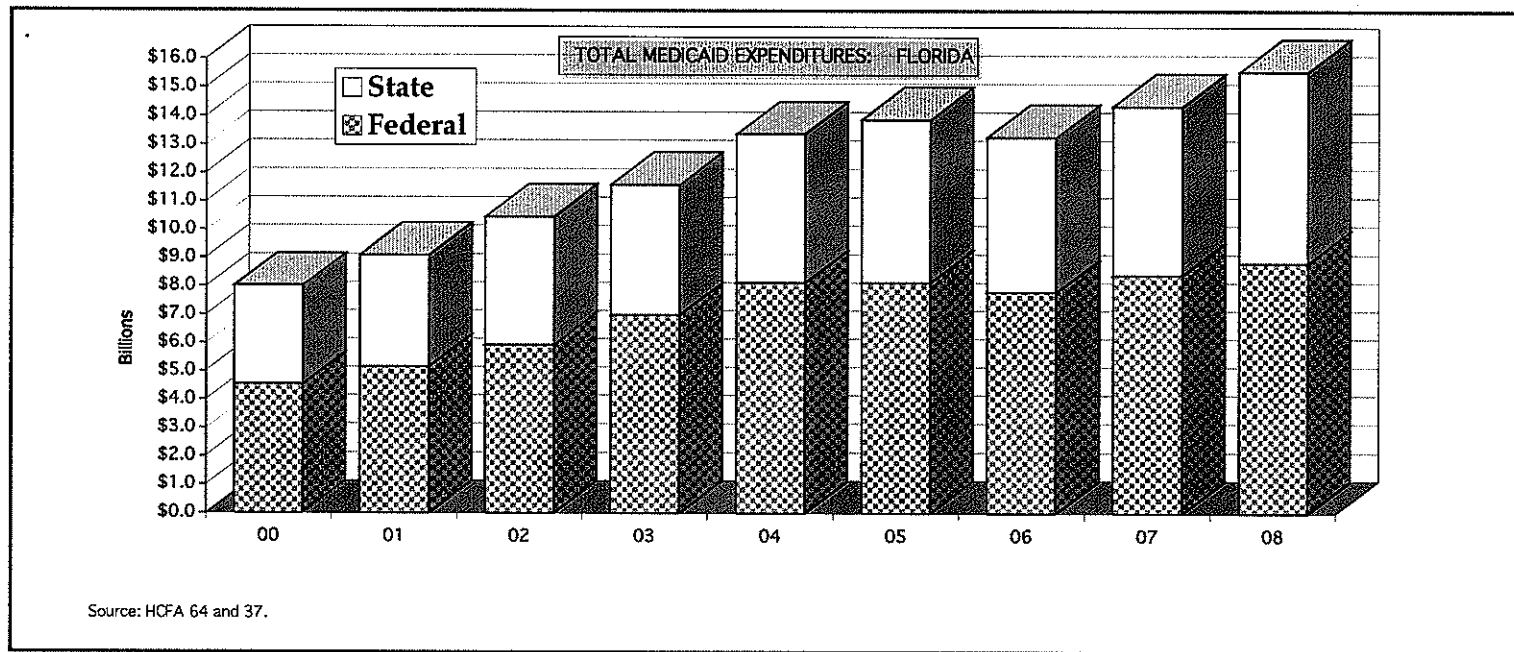
20% of the Medicaid per diem cost for the first inpatient day.

There are no deductibles or premiums for the ARKids B program

STATE MEDICAID PROFILE



SOUTHERN REGION MEDICAID PROFILE



State profile revised to reflect MSIS statistical data as reported by CMS for federal fiscal years 00 through 05.

	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05	FFY 06*	FFY 07*	FFY 08**	Annual Rate of Change	Total Change 00-08
Medicaid Payments	\$7,564,164,398	\$8,609,434,647	\$9,936,647,680	\$11,038,180,825	\$12,789,934,905	\$13,218,246,322	\$12,620,833,494	\$13,618,051,000	\$14,817,617,000	8.8%	95.9%
Federal Share	\$4,286,107,243	\$4,891,002,952	\$5,631,499,166	\$6,674,640,012	\$7,819,116,022	\$7,799,055,617	\$7,448,025,614	\$8,015,122,000	\$8,435,631,000	8.8%	96.8%
State Share	\$3,278,057,155	\$3,718,431,695	\$4,305,148,514	\$4,363,540,813	\$4,970,818,883	\$5,419,190,705	\$5,172,807,880	\$5,602,929,000	\$6,381,986,000	8.7%	94.7%
Administrative Costs	\$457,606,645	\$488,243,434	\$528,381,789	\$548,942,130	\$578,830,618	\$658,687,998	\$643,867,358	\$739,431,000	\$761,809,000	6.6%	66.5%
Federal Share	\$247,122,600	\$265,513,881	\$287,929,940	\$304,067,260	\$316,439,854	\$353,871,317	\$346,377,429	\$394,913,000	\$406,862,000	6.4%	64.6%
State Share	\$210,484,045	\$222,729,553	\$240,451,849	\$244,874,870	\$262,390,764	\$304,816,681	\$297,489,929	\$344,518,000	\$354,947,000	6.8%	68.6%
Admin. Costs as % of Payments	6.05%	5.67%	5.32%	4.97%	4.53%	5.45%	4.90%	5.43%	5.14%		
Federal Match Rate*	56.52%	56.62%	56.43%	58.83%	58.93%	58.90%	58.89%	58.76%	56.83%		

*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 07 and 08 reflect latest estimates reported by each state (CMS 37).

FLORIDA

SOUTHERN REGION MEDICAID PROFILE

STATE FINANCING

	Payments		Administration	
	FFY 00	FFY 06	FFY 00	FFY 06
State General Fund	\$3,133,957,155	\$4,402,138,289	\$210,484,045	\$297,489,929
Local Funds	\$0	\$400,751,128	\$0	\$0
Provider Taxes	\$144,100,000	\$296,155,447	\$0	\$0
Donations	\$0	\$0	\$0	\$0
Other**	\$0	\$73,763,016	\$0	\$0
Total State Share	\$3,278,057,155	\$5,172,807,880	\$210,484,045	\$297,489,929

**Other: Cigarette Tax, Tobacco Settlement, Interest

Provider Taxes Currently in Place (FFY 06)

	Tax Rate	Amount
General Hospitals		\$296,155,447
Inpatient Services	1.5% of net operating revenue	0
Outpatient Services	1.0% of net operating revenue	
Total		\$296,155,447

DISPROPORTIONATE SHARE HOSPITAL (DSH) PAYMENTS

	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05	FFY 06	FFY 07*	FFY 08**	Annual Change
General Hospitals	\$200,639,067	\$189,094,373	\$222,430,909	\$182,536,044	\$203,645,375	\$228,786,040	\$214,327,186	\$216,921,000	\$224,320,000	0.1%
Mental Hospitals	\$147,845,588	\$149,714,986	\$148,287,275	\$88,239,048	\$103,505,949	\$104,685,103	\$105,439,143	\$103,810,000	\$107,335,000	-5.2%
Total	\$348,484,655	\$338,809,359	\$370,718,184	\$270,775,092	\$307,151,324	\$333,471,143	\$319,766,329	\$320,731,000	\$331,655,000	-1.8%

SELECTED ELIGIBILITY CRITERIA

	2006	% of FPL*
TANF-Temporary Assistance for Needy Families (Family of 3)		
Need Standard	\$2,560	185.1%
Payment Standard	\$198	14.3%
Maximum Payment	\$303	21.9%
Medically Needy Program (Family of 3)		
Income Eligibility Standard	\$303	
Resource Standard	\$6,000	
Pregnant Women, Children and Infants (% of FPL*)		
Pregnant women and infants		185.0%
Children age 1 to 5		133.0%
Children age 6 to 18		100.0%
SSI Eligibility Levels		
Income:		
Single Person	\$603	73.8%
Couple	\$904	82.2%
Resources:		
Single Person	\$2,000	
Couple	\$3,000	

*Current (2006) federal poverty level is \$9,800 per year for a single person, \$13,200 for a family of two and \$16,600 for a family of three. Table above shows monthly income levels.

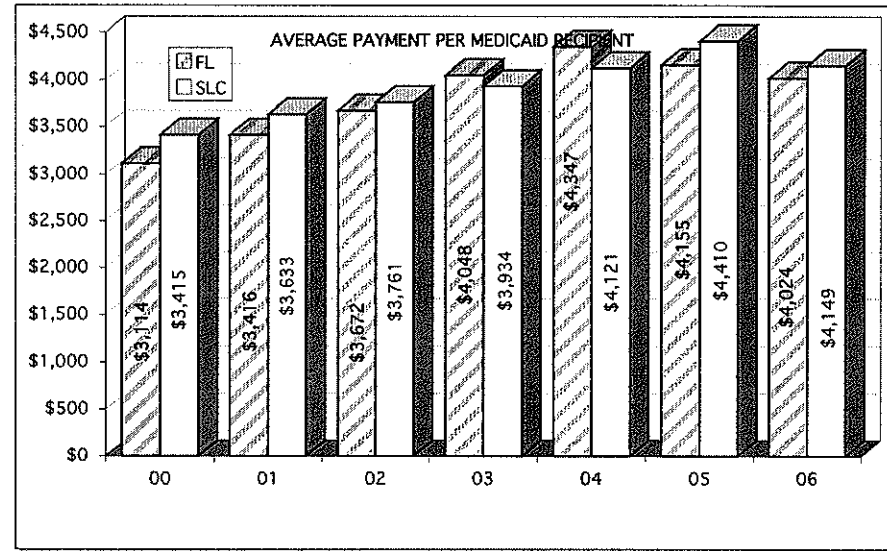
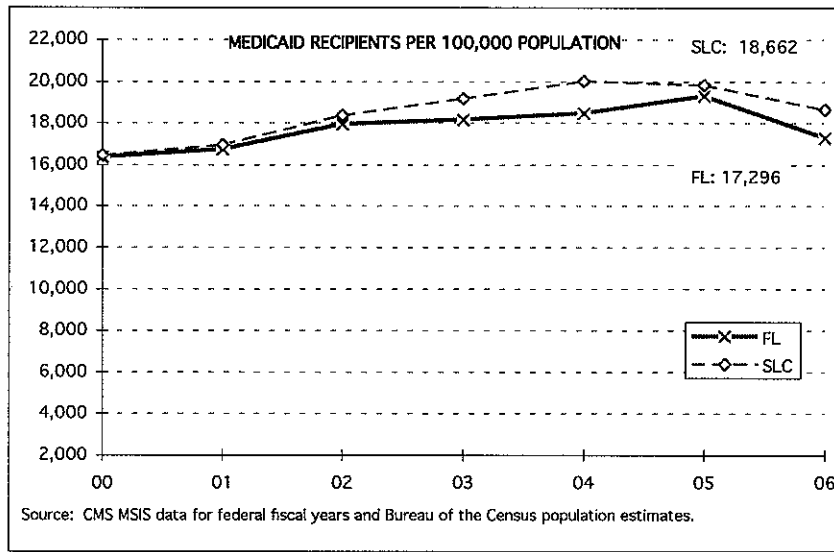
DEMOGRAPHIC DATA & POVERTY INDICATORS (2006)

		Rank in U.S.
State population—December 21, 2007*	18,057,508	4
Per capita personal income**	\$36,665	20
Median household income**	\$44,448	35
Population below Federal Poverty Level*	2,058,556	
Percent of total state population	11.4%	27
Population without health insurance coverage*	3,828,000	3
Percent of total state population	21.2%	
Recipients of Food Stamps***	1,417,749	4
Households receiving Food Stamps***	682,180	
Total value of issuance***	\$1,684,348,395	4
Average monthly benefit per recipient	\$99.00	8
Average monthly benefit per household	\$205.76	
Monthly recipients of Temporary Assistance to Needy Families (TANF)****	80,008	15
Total TANF payments****	\$35,676,817	30
Average monthly payment per recipient	\$37.16	
Maximum monthly payment per family of 3	\$303.00	35

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

FLORIDA

SOUTHERN REGION MEDICAID PROFILE



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

RECIPIENTS BY TYPE OF SERVICES	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05	FFY 06	Annual Change
01. General Hospital	448,982	410,596	432,107	408,060	433,417	533,915	488,764	1.4%
02. Mental Hospital	234	144	346	125	160	223	180	-4.3%
03. Skilled and Intermediate (non-MR) Care Nursing	89,954	111,174	107,237	98,808	114,134	94,067	115,409	4.2%
04. Intermediate Care for Mentally Retarded	3,589	3,551	3,468	3,448	3,376	3,260	3,164	-2.1%
05. Physician Services	1,037,041	1,162,536	1,228,615	1,278,637	1,330,443	1,319,809	1,313,936	4.0%
06. Dental Services	358,949	374,477	415,419	396,846	410,093	351,691	340,935	-0.9%
07. Other Practitioners	182,617	226,893	252,701	259,220	224,025	224,065	218,557	3.0%
08. Outpatient Hospital	1,111,223	1,036,386	1,011,120	939,204	1,042,007	1,249,359	1,069,918	-0.6%
09. Clinic Services	243,761	280,990	310,422	306,911	338,137	376,648	336,478	5.5%
10. Lab and X-Ray	696,834	780,039	816,760	862,123	916,450	923,591	919,345	4.7%
11. Home Health	63,906	76,529	87,207	96,057	105,263	106,246	114,909	10.3%
12. Prescribed Drugs	1,072,082	1,159,155	1,245,461	1,309,456	1,350,741	1,322,096	1,257,984	2.7%
13. Family Planning	12,005	9,952	9,363	9,248	9,531	10,578	8,767	-5.1%
14. Early & Periodic Screening, Diagnosis & Treatment	0	0	0	0	0	0	0	n/a
15. Other Care	606,677	701,699	915,937	838,570	821,437	780,140	732,244	3.2%
16. Personal Care Support Services	229,299	268,265	296,865	300,111	295,758	314,128	321,759	0.0%
17. Home/Community Based Waiver Services	0	0	0	0	0	0	0	0.0%
18. Prepaid Health Care	768,754	879,352	1,097,790	1,133,720	1,428,958	1,585,126	1,702,513	0.0%
19. Primary Care Case Management (PCCM) Services	879,072	947,040	948,864	1,128,371	1,182,219	1,196,046	1,199,911	0.0%
Total*	2,360,417	2,458,609	2,676,235	2,743,368	2,952,363	3,166,071	3,123,301	4.8%

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

SOUTHERN REGION MEDICAID PROFILE

<u>PAYMENTS BY TYPE OF SERVICES</u>	<u>FFY 00</u>	<u>FFY 01</u>	<u>FFY 02</u>	<u>FFY 03</u>	<u>FFY 04</u>	<u>FFY 05</u>	<u>FFY 06</u>	<u>Annual Change</u>	<u>Share of Total FFY 06</u>
01. General Hospital	\$1,289,042,041	\$1,606,925,885	\$1,911,377,694	\$2,179,604,877	\$2,737,077,824	\$2,683,700,591	\$2,967,891,896	14.9%	23.6%
02. Mental Hospital	\$88,838,028	\$98,367,444	\$93,246,258	\$58,321,968	\$71,191,165	\$67,497,365	\$68,673,413	-4.2%	0.5%
03. Skilled and Intermediate (non-MR) Care Nursing	\$1,513,576,612	\$1,531,822,453	\$1,886,566,368	\$2,141,536,789	\$2,265,302,558	\$2,244,057,678	\$2,318,024,582	7.4%	18.4%
04. Intermediate Care for Mentally Retarded	\$279,634,012	\$288,706,246	\$310,394,497	\$315,468,812	\$309,107,576	\$300,046,230	\$314,493,046	2.0%	2.5%
05. Physician Services	\$377,329,125	\$416,450,728	\$464,444,671	\$522,810,315	\$632,338,890	\$645,527,943	\$650,444,666	9.5%	5.2%
06. Dental Services	\$93,258,140	\$84,342,950	\$94,114,479	\$86,063,822	\$91,784,546	\$88,464,442	\$91,293,496	-0.4%	0.7%
07. Other Practitioners	\$14,345,085	\$19,371,157	\$22,428,448	\$24,648,641	\$20,424,203	\$21,132,402	\$21,833,402	7.3%	0.2%
08. Outpatient Hospital	\$357,121,891	\$352,754,166	\$357,058,855	\$400,590,600	\$461,875,721	\$474,620,067	\$537,560,979	7.1%	4.3%
09. Clinic Services	\$215,937,614	\$250,223,795	\$264,417,717	\$294,099,648	\$319,334,458	\$351,308,090	\$308,277,662	6.1%	2.5%
10. Lab and X-Ray	\$65,678,261	\$76,519,161	\$84,502,326	\$97,110,704	\$113,286,155	\$120,926,406	\$127,603,743	11.7%	1.0%
11. Home Health	\$169,113,580	\$202,103,358	\$228,095,839	\$246,385,426	\$260,027,573	\$262,990,058	\$269,669,543	8.1%	2.1%
12. Prescribed Drugs	\$1,366,193,807	\$1,487,935,645	\$1,736,991,594	\$2,062,349,922	\$2,458,521,754	\$2,509,260,698	\$1,430,480,636	0.8%	11.4%
13. Family Planning	\$3,438,081	\$3,232,247	\$3,930,124	\$3,641,193	\$3,897,802	\$3,704,768	\$3,033,291	-2.1%	0.0%
14. Early & Periodic Screening, Diagnosis & Treatment	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a	0.0%
15. Other Care	\$527,926,702	\$721,805,085	\$899,031,616	\$1,018,739,075	\$1,065,333,345	\$1,031,235,577	\$1,142,537,151	13.7%	9.1%
16. Personal Care Support Services	\$225,888,869	\$285,758,188	\$328,213,643	\$379,373,858	\$446,261,503	\$468,933,487	\$503,943,681	14.3%	0.0%
17. Home/Community Based Waiver Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a	0.0%
18. Prepaid Health Care	\$742,735,652	\$948,734,189	\$1,118,823,609	\$1,246,828,073	\$1,550,576,155	\$1,852,036,235	\$1,784,521,908	15.7%	14.2%
19. Primary Case Management (PCCM) Services	\$20,305,524	\$23,106,828	\$23,365,950	\$26,802,327	\$28,093,464	\$29,011,398	\$28,577,627	5.9%	0.2%
Total (excludes DSH pymts, pharmacy rebates, & other adjs.)	\$7,350,363,024	\$8,398,159,525	\$9,827,003,688	\$11,104,376,050	\$12,834,434,692	\$13,154,453,435	\$12,568,860,722	9.4%	100.0%

AVERAGE PAYMENTS PER RECIPIENT BY TYPE OF SERVICES

								(+) or (-) SLC	
									<u>Avg. FFY 06</u>
01. General Hospital	\$2,871.03	\$3,913.64	\$4,423.39	\$5,341.38	\$6,315.11	\$5,026.46	\$6,072.24	13.3%	13.1%
02. Mental Hospital	\$379,649.69	\$683,107.25	\$269,497.86	\$466,575.74	\$444,944.78	\$302,678.77	\$381,518.96	0.1%	2030.4%
03. Skilled and Intermediate (non-MR) Care Nursing	\$16,826.12	\$13,778.60	\$17,592.49	\$21,673.72	\$19,847.75	\$23,855.95	\$20,085.30	3.0%	-16.6%
04. Intermediate Care for Mentally Retarded	\$77,914.19	\$81,302.80	\$89,502.45	\$91,493.27	\$91,560.30	\$92,038.72	\$99,397.30	4.1%	13.4%
05. Physician Services	\$363.85	\$358.23	\$378.02	\$408.88	\$475.28	\$489.11	\$495.04	5.3%	-10.4%
06. Dental Services	\$259.81	\$225.23	\$226.55	\$216.87	\$223.81	\$251.54	\$267.77	0.5%	-26.3%
07. Other Practitioners	\$78.55	\$85.38	\$88.75	\$95.09	\$91.17	\$94.31	\$99.90	4.1%	-57.1%
08. Outpatient Hospital	\$321.38	\$340.37	\$353.13	\$426.52	\$443.26	\$379.89	\$502.43	7.7%	-19.4%
09. Clinic Services	\$885.86	\$890.51	\$851.80	\$958.26	\$944.39	\$932.72	\$916.19	0.6%	30.6%
10. Lab and X-Ray	\$94.25	\$98.10	\$103.46	\$112.64	\$123.61	\$130.93	\$138.80	6.7%	-35.6%
11. Home Health	\$2,646.29	\$2,640.87	\$2,615.57	\$2,564.99	\$2,470.27	\$2,475.29	\$2,346.81	-2.0%	-42.0%
12. Prescribed Drugs	\$1,274.34	\$1,283.64	\$1,394.66	\$1,574.97	\$1,820.13	\$1,897.94	\$1,137.12	-1.9%	17.5%
13. Family Planning	\$286.39	\$324.78	\$419.75	\$393.73	\$408.96	\$350.23	\$345.99	3.2%	-71.0%
14. Early & Periodic Screening, Diagnosis & Treatment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	n/a	n/a
15. Other Care	\$870.19	\$1,028.65	\$981.54	\$1,214.85	\$1,296.91	\$1,321.86	\$1,560.32	10.2%	-16.0%
16. Personal Care Support Services	\$985.13	\$1,065.21	\$1,105.60	\$1,264.11	\$1,508.87	\$1,492.81	\$1,566.21	8.0%	0.0%
17. Home/Community Based Waiver Services	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	n/a	n/a
18. Prepaid Health Care	\$966.16	\$1,078.90	\$1,019.16	\$1,099.77	\$1,085.11	\$1,168.38	\$1,048.17	1.4%	0.0%
19. Primary Care Case Management (PCCM) Services	\$23.10	\$24.40	\$24.63	\$23.75	\$23.76	\$24.26	\$23.82	0.5%	0.0%
Total (Average)	\$3,114.01	\$3,415.82	\$3,671.95	\$4,047.72	\$4,347.17	\$4,154.82	\$4,024.22	4.4%	-3.0%

TOTAL PER CAPITA EXPENDITURES	\$556.34	\$619.85	\$701.60	\$766.79	\$836.47	\$846.33	\$734.58	4.7%	-16.8%
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Source: MSIS data for FFY 00-06.

FLORIDA

SOUTHERN REGION MEDICAID PROFILE

DATA BY OTHER CHARACTERISTICS

RECIPIENTS BY OTHER CHARACTERISTICS

	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05	FFY 06	Annual Change	Share of Total FFY 06
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	971,716	1,004,077	1,033,046	1,063,659	1,152,371	1,148,451	1,118,588	2.4%	35.8%
Poverty Related Eligibles	688,275	799,583	832,529	932,107	995,386	1,026,084	1,062,818	7.5%	34.0%
Medically Needy	45,079	43,713	47,717	57,567	61,534	86,034	77,476	9.4%	2.5%
Other Eligibles	271,694	327,317	462,626	463,590	492,274	469,926	484,473	10.1%	15.5%
Maintenance Assistance Status Unknown	383,653	283,919	300,317	226,445	250,798	435,576	379,946	-0.2%	12.2%
Total	2,360,417	2,458,609	2,676,235	2,743,368	2,952,363	3,166,071	3,123,301	4.8%	100.0%
By Basis of Eligibility									
Aged, Blind, or Disabled	598,659	630,460	762,698	688,111	743,331	743,890	740,536	3.6%	23.7%
Children	973,911	1,092,438	1,331,626	1,248,947	1,342,820	1,428,140	1,445,875	6.8%	46.3%
Foster Care Children	35,912	37,322	43,369	41,929	44,989	46,041	46,118	4.3%	1.5%
Adults	368,282	414,470	538,542	537,774	574,590	512,217	510,550	5.6%	16.3%
Basis of Eligibility Unknown	383,653	283,919	0	226,607	246,633	435,783	380,222	-0.1%	12.2%
Total	2,360,417	2,458,609	2,676,235	2,743,368	2,952,363	3,166,071	3,123,301	4.8%	100.0%
By Age									
Under Age 1	80,350	86,292	93,939	99,727	107,041	112,388	116,066	6.3%	3.7%
Age 1 to 5	374,752	424,557	472,468	506,219	542,079	545,732	544,650	6.4%	17.4%
Age 6 to 14	476,199	525,077	580,830	611,335	656,148	646,995	650,297	5.3%	20.8%
Age 15 to 20	206,132	229,984	257,194	279,195	298,533	318,522	332,121	8.3%	10.6%
Age 21 to 44	429,386	470,685	503,685	523,217	562,949	554,828	551,108	4.2%	17.6%
Age 45 to 64	163,126	177,479	191,990	203,717	218,721	234,702	239,023	6.6%	7.7%
Age 65 to 74	100,804	107,882	116,004	124,218	133,540	135,835	131,279	4.5%	4.2%
Age 75 to 84	85,355	91,228	96,855	103,856	111,722	112,727	109,895	4.3%	3.5%
Age 85 and Over	60,671	61,516	62,967	65,407	70,842	68,748	68,899	2.1%	2.2%
Age Unknown	383,642	283,909	300,303	226,477	250,788	435,594	379,963	-0.2%	12.2%
Total	2,360,417	2,458,609	2,676,235	2,743,368	2,952,363	3,166,071	3,123,301	4.8%	100.0%
By Race									
White	965,595	1,006,913	888,501	923,075	1,002,693	972,686	949,351	-0.3%	30.4%
Black	734,168	765,614	738,367	759,961	823,536	807,920	806,213	1.6%	25.8%
Hispanic, American Indian or Asian	431,608	448,219	500,550	540,348	578,480	727,171	757,022	9.8%	24.2%
Other/Unknown	229,046	237,863	548,817	519,984	547,654	658,294	610,715	17.8%	19.6%
Total*	2,360,417	2,458,609	2,676,235	2,743,368	2,952,363	3,166,071	3,123,301	4.8%	100.0%
By Sex									
Female	1,427,997	1,487,960	1,409,826	1,485,966	1,606,899	1,596,129	1,603,614	2.0%	51.3%
Male	928,698	966,396	964,823	1,029,220	1,109,288	1,132,954	1,137,831	3.4%	36.4%
Unknown	3,722	4,253	301,586	228,182	236,176	436,988	381,856	116.4%	12.2%
Total*	2,360,417	2,458,609	2,676,235	2,743,368	2,952,363	3,166,071	3,123,301	4.8%	100.0%

Source: MSIS data for FFY 00-06.

SOUTHERN REGION MEDICAID PROFILE

PAYMENTS BY OTHER CHARACTERISTICS

	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05	FFY 06	Annual Change	Share of Total FFY 06
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	\$3,582,721,921	\$4,001,851,080	\$4,342,667,334	\$4,908,672,895	\$5,724,229,952	\$5,564,502,635	\$5,352,572,344	6.9%	42.6%
Poverty Related Eligibles	\$1,719,640,919	\$1,922,771,392	\$2,106,706,190	\$2,473,495,408	\$2,868,640,152	\$3,001,914,991	\$2,733,893,203	8.0%	21.8%
Medically Needy	\$169,564,543	\$171,946,765	\$202,582,853	\$278,927,981	\$317,420,170	\$481,742,684	\$346,373,844	12.6%	2.8%
Other Eligibles	\$1,534,339,321	\$1,746,670,103	\$2,328,918,754	\$2,630,065,022	\$3,011,885,029	\$2,884,003,784	\$2,947,214,675	11.5%	23.4%
Maintenance Assistance Status Unknown	\$344,096,320	\$554,920,185	\$846,128,557	\$813,214,744	\$912,259,389	\$1,222,289,341	\$1,188,806,656	23.0%	9.5%
Total	\$7,350,363,024	\$8,398,159,525	\$9,827,003,688	\$11,104,376,050	\$12,834,434,692	\$13,154,453,435	\$12,568,860,722	9.4%	100.0%
By Basis of Eligibility									
Aged, Blind or Disabled	\$5,304,896,347	\$5,810,939,356	\$6,672,203,209	\$7,611,255,400	\$8,827,115,797	\$8,658,118,748	\$8,013,706,912	7.1%	63.8%
Children	\$961,815,244	\$1,144,625,407	\$1,303,537,814	\$1,436,019,441	\$1,668,633,281	\$1,844,758,284	\$1,869,304,361	11.7%	14.9%
Foster Care Children	\$120,979,089	\$135,777,344	\$154,779,453	\$182,593,611	\$209,409,218	\$202,292,908	\$203,633,413	9.1%	1.6%
Adults	\$618,576,024	\$751,897,233	\$850,492,790	\$1,059,556,240	\$1,215,223,731	\$1,224,368,217	\$1,289,690,287	13.0%	10.3%
Basis of Eligibility Unknown	\$344,096,320	\$554,920,185	\$845,990,422	\$814,951,358	\$914,052,665	\$1,224,915,278	\$1,192,525,749	23.0%	9.5%
Total	\$7,350,363,024	\$8,398,159,525	\$9,827,003,688	\$11,104,376,050	\$12,834,434,692	\$13,154,453,435	\$12,568,860,722	9.4%	100.0%
By Age									
Under Age 1	\$243,285,913	\$281,784,505	\$284,968,780	\$348,364,745	\$404,374,703	\$419,210,682	\$473,742,242	11.7%	3.8%
Age 1 to 5	\$570,377,512	\$682,240,625	\$769,927,897	\$881,051,296	\$1,017,252,022	\$1,011,750,852	\$1,003,569,542	9.9%	8.0%
Age 6 to 14	\$587,540,095	\$704,285,780	\$798,380,718	\$888,881,967	\$1,028,400,000	\$1,000,623,570	\$1,019,657,847	9.6%	8.1%
Age 15 to 20	\$403,783,164	\$483,348,256	\$543,683,069	\$623,960,160	\$720,171,843	\$753,254,074	\$822,554,550	12.6%	6.5%
Age 21 to 44	\$1,635,143,608	\$1,847,143,319	\$2,046,695,874	\$2,289,183,622	\$2,667,563,479	\$2,618,103,811	\$2,655,854,260	8.4%	21.1%
Age 45 to 64	\$1,290,961,928	\$1,486,934,092	\$1,747,683,325	\$2,054,164,321	\$2,359,507,352	\$2,519,762,054	\$2,356,497,119	10.6%	18.7%
Age 65 to 74	\$588,764,856	\$624,266,453	\$726,621,030	\$849,959,230	\$984,770,759	\$1,001,714,446	\$744,383,870	4.0%	5.9%
Age 75 to 84	\$783,612,856	\$824,070,714	\$982,720,274	\$1,134,133,908	\$1,314,631,286	\$1,271,239,490	\$1,056,997,937	5.1%	8.4%
Age 85 and Over	\$902,815,626	\$909,280,238	\$1,080,283,779	\$1,221,377,550	\$1,425,595,472	\$1,336,460,960	\$1,246,812,081	5.5%	9.9%
Age Unknown	\$344,077,466	\$554,805,543	\$846,038,942	\$813,299,251	\$912,167,776	\$1,222,333,496	\$1,188,791,274	23.0%	9.5%
Total	\$7,350,363,024	\$8,398,159,525	\$9,827,003,688	\$11,104,376,050	\$12,834,434,692	\$13,154,453,435	\$12,568,860,722	9.4%	100.0%
By Race									
White	\$3,760,149,721	\$4,309,561,680	\$4,354,833,378	\$4,895,171,895	\$5,730,394,593	\$5,504,243,049	\$5,131,296,957	5.3%	40.8%
Black	\$1,750,088,067	\$2,001,191,843	\$2,199,521,262	\$2,424,610,929	\$2,828,623,169	\$2,857,351,265	\$2,772,197,877	8.0%	22.1%
Hispanic, American Indian or Asian	\$675,289,579	\$767,776,170	\$992,737,256	\$1,171,440,057	\$1,337,044,370	\$2,233,458,149	\$2,175,050,170	21.5%	17.3%
Other/Unknown	\$1,164,835,657	\$1,319,629,832	\$2,279,911,792	\$2,613,153,169	\$2,938,372,560	\$2,559,400,972	\$2,490,315,718	13.5%	19.8%
Total*	\$7,350,363,024	\$8,398,159,525	\$9,827,003,688	\$11,104,376,050	\$12,834,434,692	\$13,154,453,435	\$12,568,860,722	9.4%	100.0%
By Sex									
Female	\$4,374,828,179	\$4,972,393,755	\$5,373,848,783	\$6,154,803,718	\$7,108,283,923	\$7,141,102,095	\$6,779,241,779	7.6%	53.9%
Male	\$2,972,203,906	\$3,419,543,912	\$3,605,408,049	\$4,132,882,060	\$4,849,276,183	\$4,787,040,703	\$4,597,566,793	7.5%	36.6%
Unknown	\$3,330,939	\$6,221,858	\$847,746,856	\$816,690,272	\$876,874,586	\$1,226,310,637	\$1,192,052,150	166.5%	9.5%
Total*	\$7,350,363,024	\$8,398,159,525	\$9,827,003,688	\$11,104,376,050	\$12,834,434,692	\$13,154,453,435	\$12,568,860,722	9.4%	100.0%

Source: MSIS data for FFY 00-06.

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SOUTHERN REGION MEDICAID PROFILE

AVERAGE PAYMENT PER RECIPIENT BY OTHER CHARACTERISTICS

	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05	FFY 06	Annual Change	Above (+) or Below (-) SLC Avg. FFY 06
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	\$3,687.01	\$3,985.60	\$4,203.75	\$4,614.89	\$4,967.35	\$4,845.22	\$4,785.12	4.4%	-16.6%
Poverty Related Eligibles	\$2,498.48	\$2,404.72	\$2,530.49	\$2,653.66	\$2,881.94	\$2,925.60	\$2,572.31	0.5%	29.6%
Medically Needy	\$3,761.50	\$3,933.54	\$4,245.51	\$4,845.28	\$5,158.45	\$5,599.45	\$4,470.72	2.9%	-43.5%
Other Eligibles	\$5,647.31	\$5,336.33	\$5,034.13	\$5,673.26	\$6,118.31	\$6,137.14	\$6,083.34	1.2%	-14.1%
Maintenance Assistance Status Unknown	\$896.89	\$1,954.50	\$2,817.45	\$3,591.22	\$3,637.43	\$2,806.14	\$3,128.88	23.2%	0.0%
Total	\$3,114.01	\$3,415.82	\$3,671.95	\$4,047.72	\$4,347.17	\$4,154.82	\$4,024.22	4.4%	-3.0%
By Basis of Eligibility									
Aged, Blind or Disabled	\$8,861.30	\$9,216.98	\$8,748.16	\$11,061.09	\$11,875.08	\$11,638.98	\$10,821.50	3.4%	-1.0%
Children	\$987.58	\$1,047.77	\$978.91	\$1,149.78	\$1,242.63	\$1,291.72	\$1,292.85	4.6%	-17.8%
Foster Care Children	\$3,368.77	\$3,638.00	\$3,568.90	\$4,354.83	\$4,654.68	\$4,393.76	\$4,415.49	4.6%	-37.3%
Adults	\$1,679.63	\$1,814.12	\$1,579.25	\$1,970.26	\$2,114.94	\$2,390.33	\$2,526.08	7.0%	-10.6%
Basis of Eligibility Unknown	\$896.89	\$1,954.50	\$0.00	\$3,596.32	\$3,706.12	\$2,810.84	\$3,136.39	23.2%	0.0%
Total	\$3,114.01	\$3,415.82	\$3,671.95	\$4,047.72	\$4,347.17	\$4,154.82	\$4,024.22	4.4%	-3.0%
By Age									
Under Age 1	\$3,027.83	\$3,265.48	\$3,033.55	\$3,493.18	\$3,777.76	\$3,730.03	\$4,081.66	5.1%	3.3%
Age 1 to 5	\$1,522.01	\$1,606.95	\$1,629.59	\$1,740.45	\$1,876.58	\$1,853.93	\$1,842.60	3.2%	-2.9%
Age 6 to 14	\$1,233.81	\$1,341.30	\$1,374.55	\$1,454.00	\$1,567.33	\$1,546.57	\$1,567.99	4.1%	-14.6%
Age 15 to 20	\$1,958.86	\$2,101.66	\$2,113.90	\$2,234.85	\$2,412.37	\$2,364.84	\$2,476.67	4.0%	-14.0%
Age 21 to 44	\$3,808.10	\$3,924.37	\$4,063.44	\$4,375.21	\$4,738.55	\$4,718.77	\$4,819.12	4.0%	-5.8%
Age 45 to 64	\$7,913.89	\$8,378.08	\$9,102.99	\$10,083.42	\$10,787.75	\$10,736.01	\$9,858.87	3.7%	-4.9%
Age 65 to 74	\$5,840.69	\$5,786.57	\$6,263.76	\$6,842.48	\$7,374.35	\$7,374.49	\$5,670.24	-0.5%	-15.8%
Age 75 to 84	\$9,180.63	\$9,033.09	\$10,146.30	\$10,920.25	\$11,766.99	\$11,277.15	\$9,618.25	0.8%	-6.9%
Age 85 and Over	\$14,880.51	\$14,781.20	\$17,156.35	\$18,673.50	\$20,123.59	\$19,440.00	\$18,096.23	3.3%	6.2%
Age Unknown	\$896.87	\$1,954.17	\$2,817.28	\$3,591.09	\$3,637.21	\$2,806.13	\$3,128.70	23.2%	0.0%
Total	\$3,114.01	\$3,415.82	\$3,671.95	\$4,047.72	\$4,347.17	\$4,154.82	\$4,024.22	4.4%	-3.0%
By Race									
White	\$3,894.13	\$4,279.97	\$4,901.33	\$5,303.11	\$5,715.00	\$5,658.81	\$5,405.06	5.6%	6.0%
Black	\$2,383.77	\$2,613.84	\$2,978.90	\$3,190.44	\$3,434.73	\$3,536.68	\$3,438.54	6.3%	-6.9%
Hispanic, American Indian or Asian	\$1,564.59	\$1,712.95	\$1,983.29	\$2,167.94	\$2,311.31	\$3,071.43	\$2,873.17	10.7%	3.0%
Other/Unknown	\$5,085.60	\$5,547.86	\$4,154.23	\$5,025.45	\$5,365.38	\$3,887.93	\$4,077.71	-3.6%	0.4%
Total	\$3,114.01	\$3,415.82	\$3,671.95	\$4,047.72	\$4,347.17	\$4,154.82	\$4,024.22	4.4%	-3.0%
By Sex									
Female	\$3,063.61	\$3,341.75	\$3,811.71	\$4,141.95	\$4,423.60	\$4,474.01	\$4,227.48	5.5%	-1.5%
Male	\$3,200.40	\$3,538.45	\$3,736.86	\$4,015.55	\$4,371.52	\$4,225.27	\$4,040.64	4.0%	-2.9%
Unknown	\$894.93	\$1,462.93	\$2,810.96	\$3,579.12	\$3,712.80	\$2,806.28	\$3,121.73	23.1%	4.9%
Total	\$3,114.01	\$3,415.82	\$3,671.95	\$4,047.72	\$4,347.17	\$4,154.82	\$4,024.22	4.4%	-3.0%

Source: MSIS data for FFY 00-06.

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SOUTHERN REGION MEDICAID PROFILE

ADDITIONAL STATE HEALTH CARE INFORMATION

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

Waivers

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

- Consumer Directed Care was implemented in 1999 and approximately 1,092 participants are currently receiving a monthly budget.
- Family Planning Waiver, under Section 1115, Title IV-A, of the Social Security Act, extends family planning services to women with incomes up to 185% of the FPL for two years post partum, operating since October 1, 1998. The program serves approximately 28,650 individuals in need of family planning.

The state operates two general managed care and selective contracting waivers, under Title XIX, Section 1915 (b), to establish a coordinated network of Medicaid providers. These include:

- Primary Care Case Management Program (MediPass), which provides case management services for TANF and SSI-Non Medicare recipients statewide and has been operating since 1991.
- Non-emergency Medical Transportation: Provides services to approximately 2 million Medicaid recipients. Implemented June 2001 and renewed December 2004.

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

- Prepaid Mental Health Plan through Florida Health Partnership provides mental health services for beneficiaries in a five-county area and has been operating since March, 1996. Through this program, approximately 55,000 individuals receive a broad array of mental health services.
- Aged & Disabled Adult: The waiver serves 9,557 people, operating since April 1, 1982.
- Developmental Services (MR/DD): Two waivers serve approximately 25,000 people, operating since June 14, 1980.
- Assisted Living for the Elderly Waiver. Implemented statewide February 1, 1995. Serves recipients who reside in qualified ALFs.
- AIDS: Project Aids Care (PAC), 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.
- Traumatic Brain Injury and Spinal Cord Waiver, authorized in Regular Session 1998. The state implemented the program in September of 1999.
- The Channeling Project for the frail elderly: Provides home and community based services through an organized health care delivery system to approximately 1,500 individuals operating since 1985.
- The Family and Supported Living Waiver is a home and community-based services program, effective October 1, 1998. It replaced the Supp. Liv. Arrang. Program.
- Adult Day Health Care Waiver: Implemented in two areas of the state in 2004.
- Alzheimer's Disease Waiver: Began operation in 2005.
- Program of All Inclusive Care for the Elderly (PACE)
- Familial Dysautonomia
- Adult Cystic Fibrosis Waiver: Approved 2002. Provides HCBS to reduce risk of hospitalization.

SOUTHERN REGION MEDICAID PROFILE

Managed Care

- Primary Care Case Management: The Medicaid Provider Access System, or MEDIPASS. Providers receive a \$3 case management fee per month per enrollee.
 - Commercial and Medicaid-only Managed Care Organization
 - Prepaid Inpatient Health Plan (PIHP)
 - Prepaid Ambulatory Health Plan (PAHP)
- Some plans include Provider Services Networks.

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
- Low-income pool to cover uninsured as a component of Medicaid reform
- Health Flex Plans for eligibles under 200% of the FPL to assist in providing preventive care through basic health care coverage
- Medicaid Needy program for the aged, blind, and disabled
- Presumptive Eligibility for pregnant women

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.

Medicaid

- 24 optional services are offered.
- Florida Medicaid Reform: 5 year 1115 demonstration waiver (2005 to 2010) approved October 2005. Implementation began in 2 counties (Broward and Duval) in 2006, and expanded to 3 other counties in 2007 (Baker, Clay, and Nassau). The demonstration offers choice counseling, customized benefits, risk adjusted premiums, and a low income pool. In addition, beneficiaries may decide to opt out and participate in private employer sponsored health insurance, in which Medicaid premiums can be used to cover employer sponsored care premiums. New and existing HMO's and PSN's participate.
- Disease Management program offered under MEDIPASS through Disease Management Organization (consisting of a nurse that coordinates disease/options).
- Drugs not on Florida's Preferred Drug List (PDL) require prior authorization and does not reimburse pharmacies for certain drugs.

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

- Expanded Medicaid coverage for children age 15 to 19 in families with incomes up to 100% of the FPL; provides coverage for an additional 24,369 children/adolescents. The plan received HCFA approval on March 5, 1998.
- Expanded Florida Healthy Kids Program for children/adolescents age 5 to 19 in families with incomes up to 200% of the FPL (includes premium subsidies); provides coverage for an additional 279,146 individuals. The Florida Healthy Kids Program also offers full pay buy-in above 200% of the FPL; premiums of \$110 per month per member.
- Added Medikids Program to provide coverage for children from birth to age 5 in families with incomes up to 200% of the FPL; provides coverage for an additional 33,343 children. The plan received HCFA (CMS) approval on September 8, 1998.
- Added Children's Medical Services (CMS) Network program to provide coverage for individuals under the age of 18 with special health care needs in

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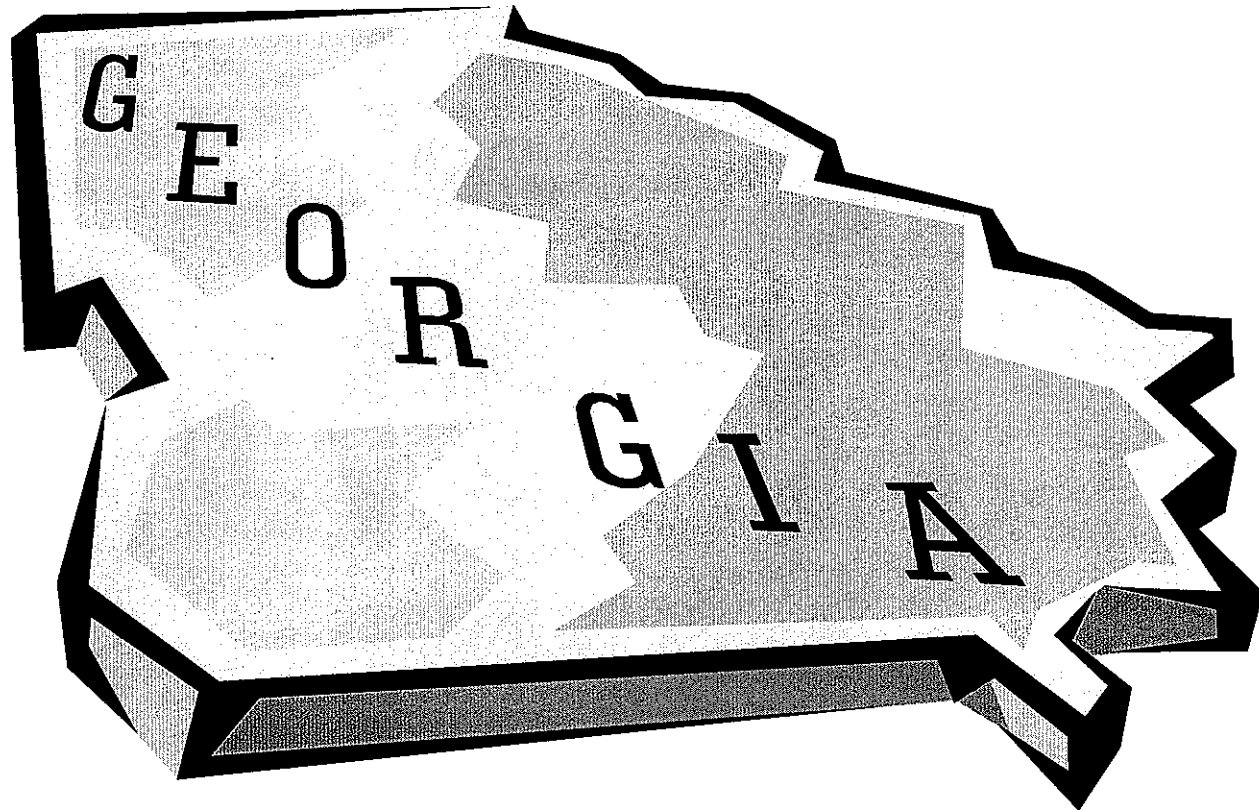
SOUTHERN REGION MEDICAID PROFILE

families with incomes up to 200% of the FPL; provides coverage for an additional 9,751 eligibles. CMS allows individuals with special needs to have a specialist as their primary care physician without any special authorization.

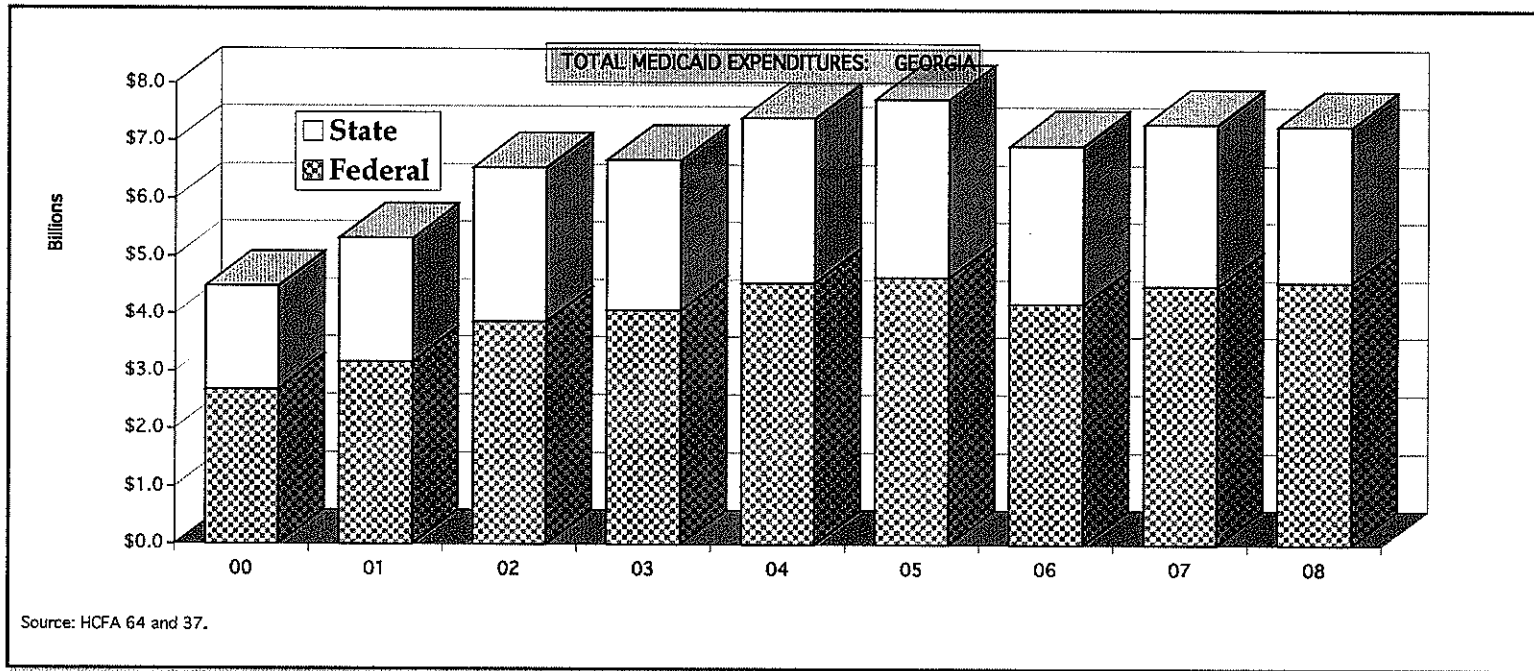
- Shifted coverage from MediKids and CMS Network to Medicaid for children birth to age one effective July 1, 2000.
- Received HCFA approval in March 2000 to implement a dental pilot program in Palm Beach and Dade counties.
- Expanded Medicaid coverage to enroll children under age 1 with family incomes between 185% and 200% of the FPL and eliminated coverage for this group under MediKids and Title XXI CMS Network.

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STATE MEDICAID PROFILE



SOUTHERN REGION MEDICAID PROFILE



State profile revised to reflect MSIS statistical data as reported by CMS for federal fiscal years 00 through 05.

	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05	FFY 06	FFY 07*	FFY 08**	Annual Rate of Change	Total Change 00-08
Medicaid Payments	\$4,321,247,201	\$5,037,084,881	\$6,241,211,454	\$6,300,856,479	\$7,044,051,167	\$7,333,266,041	\$6,480,304,080	\$6,915,158,000	\$6,842,757,000	5.9%	58.4%
Federal Share	\$2,592,499,901	\$3,012,109,157	\$3,684,679,643	\$3,864,544,309	\$4,368,498,042	\$4,403,242,227	\$3,916,998,303	\$4,279,527,000	\$4,327,969,000	6.6%	66.9%
State Share	\$1,728,747,300	\$2,024,975,724	\$2,556,531,811	\$2,436,312,170	\$2,675,553,125	\$2,930,023,814	\$2,563,305,777	\$2,635,631,000	\$2,514,788,000	4.8%	45.5%
Administrative Costs	\$158,819,383	\$277,430,878	\$302,658,380	\$380,246,357	\$368,841,269	\$407,426,231	\$461,996,808	\$403,053,000	\$436,807,000	13.5%	175.0%
Federal Share	\$96,825,459	\$155,839,950	\$180,016,435	\$205,358,125	\$184,173,084	\$246,025,413	\$271,299,261	\$222,576,000	\$245,792,000	12.3%	153.9%
State Share	\$61,993,924	\$121,590,928	\$122,641,945	\$174,888,232	\$184,668,185	\$161,400,818	\$190,697,547	\$180,477,000	\$191,015,000	15.1%	208.1%
Admin. Costs as % of Payments	3.68%	5.51%	4.85%	6.03%	5.24%	5.56%	7.13%	5.83%	6.38%		
Federal Match Rate*	59.88%	59.67%	59.00%	59.60%	59.58%	60.44%	60.60%	61.97%	63.10%		

*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 07 and 08 reflect latest estimates reported by each state (CMS 37).

SOUTHERN REGION MEDICAID PROFILE

STATE FINANCING	Payments ***		Administration	
	FFY 00	FFY 06	FFY 00	FFY 06
State General Fund	\$1,728,747,300	\$2,563,305,777	\$61,993,924	\$190,697,547
Local Funds	\$0	\$0	\$0	\$0
Provider Taxes	\$0	\$0	\$0	\$0
Donations	\$0	\$0	\$0	\$0
Other (License Fees)	\$0	\$0	\$0	\$0
Total State Share	\$1,728,747,300	\$2,563,305,777	\$61,993,924	\$190,697,547

***Note: State financing in FY 06 reflects state general fund support only, as other revenue source amounts that support Medicaid spending are unknown at the time this report is generated.

DISPROPORTIONATE SHARE HOSPITAL (DSH) PAYMENTS

	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05	FFY 06	FFY 07*	FFY 08**	Annual Change
General Hospitals	\$402,093,625	\$418,024,133	\$433,162,860	\$366,149,330	\$424,567,736	\$412,317,266	\$424,388,699	\$402,763,000	\$408,490,000	-1.0%
Mental Hospitals	\$0	\$0	\$0	\$0	\$0	\$0	\$238,815	\$0	\$0	-100.0%
Total	\$402,093,625	\$418,024,133	\$433,162,860	\$366,149,330	\$424,567,736	\$412,317,266	\$424,627,514	\$402,763,000	\$408,490,000	-1.0%

Provider Taxes Currently in Place (FFY 06)	
	Amount
Managed Care Organizations	
Nursing Home	
Total	\$0
*Total amount generated from provider taxes for FY 06 is unknown.	

SELECTED ELIGIBILITY CRITERIA

	2006	% of FPL*
TANF-Temporary Assistance for Needy Families (Family of 3)		
Need Standard	N/A	N/A
Payment Standard (Income Ceiling)	\$784	56.7%
Maximum Payment(monthly)	\$280	20.2%
Medically Needy Program (Family of 3)		
Income Eligibility Standard	\$375	
Resource Standard	\$4,100	
Pregnant Women, Children and Infants (% of FPL*)		
Pregnant women and infants		185% to 200%
Children 2 to 5		133.0%
Children 6 to 19		100.0%
SSI Eligibility Levels		
Income:		
Single Person	\$603	73.8%
Couple	\$904	82.2%
Resources:		
Single Person	\$2,000	
Couple	\$3,000	

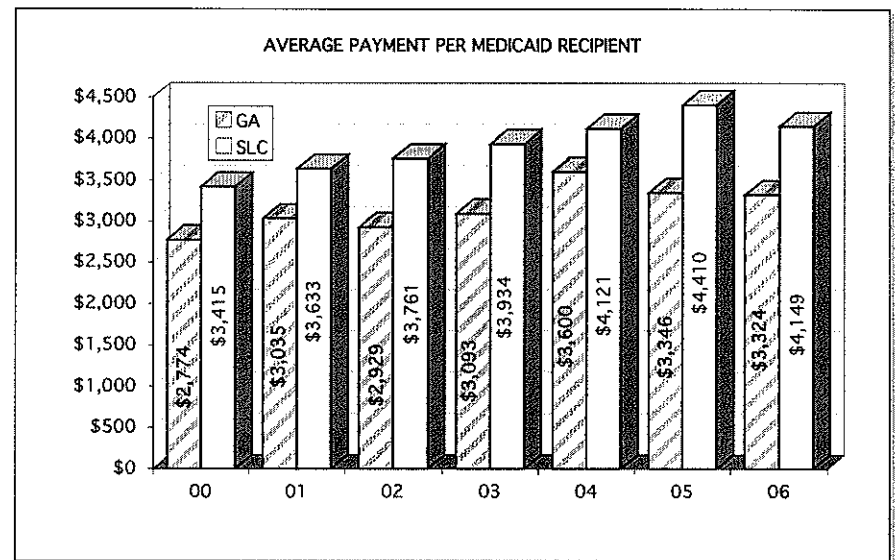
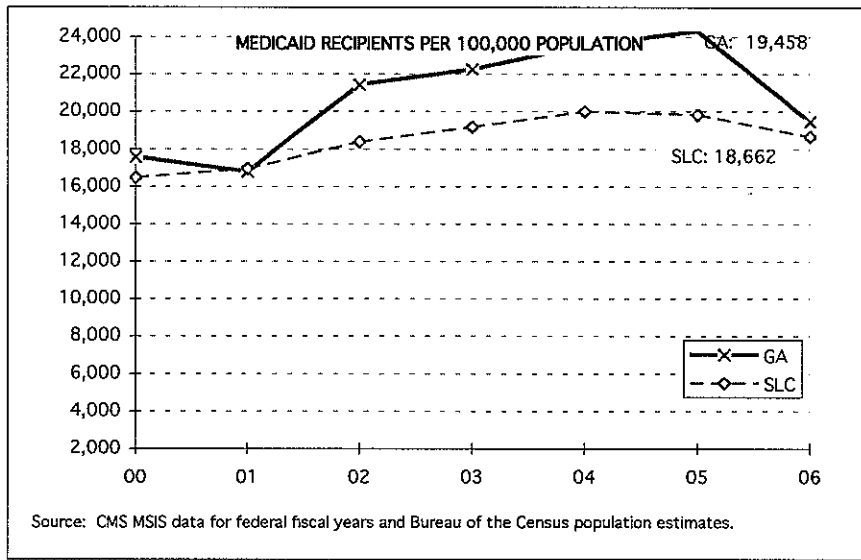
DEMOGRAPHIC DATA & POVERTY INDICATORS (2006)

		Rank in U.S.
State population—December 21, 2007*	9,342,080	9
Per capita personal income**	\$32,025	37
Median household income**	\$46,841	26
Population below Federal Poverty Level*	1,242,497	
Percent of total state population	13.3%	16
Population without health insurance coverage*	1,659,000	6
Percent of total state population	17.8%	
Recipients of Food Stamps***	946,812	9
Households receiving Food Stamps***	391,704	
Total value of issuance***	\$1,098,314,441	9
Average monthly benefit per recipient	\$96.67	10
Average monthly benefit per household	\$233.66	
Monthly recipients of Temporary Assistance to Needy Families (TANF)****	51,533	19
Total TANF payments****	\$82,309,202	14
Average monthly payment per recipient	\$133.10	
Maximum monthly payment per family of 3	\$280.00	39

*Current (2006) federal poverty level is \$9,800 per year for a single person, \$13,200 for a family of two and \$16,600 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 00</u>	<u>FFY 01</u>	<u>FFY 02</u>	<u>FFY 03</u>	<u>FFY 04</u>	<u>FFY 05</u>	<u>FFY 06</u>	<u>Annual Change</u>
01. General Hospital	211,400	202,621	227,976	225,915	282,589	259,946	237,344	1.9%
02. Mental Hospital	0	0	0	0	0	0	0	n/a
03. Skilled and Intermediate (non-MR) Care Nursing	40,326	39,591	41,616	41,601	43,349	47,590	40,275	0.0%
04. Intermediate Care for Mentally Retarded	1,414	1,369	1,317	1,258	1,252	1,173	1,147	-3.4%
05. Physician Services	909,574	901,368	1,184,321	1,295,908	1,498,142	1,481,072	1,239,368	5.3%
06. Dental Services	227,960	230,533	393,445	488,144	564,634	632,886	447,387	11.9%
07. Other Practitioners	132,286	138,583	190,431	242,939	388,047	373,021	314,815	15.5%
08. Outpatient Hospital	578,918	580,333	731,565	774,612	910,875	912,613	752,727	4.5%
09. Clinic Services	371,269	364,029	480,661	530,530	686,880	684,493	531,642	6.2%
10. Lab and X-Ray	176,254	177,257	221,980	249,884	305,749	316,489	310,269	9.9%
11. Home Health	18,049	19,719	20,909	20,663	12,246	13,380	8,621	-11.6%
12. Prescribed Drugs	847,730	856,797	1,076,904	122,323	1,276,736	1,323,854	1,096,383	4.4%
13. Family Planning	0	0	0	26,015	12,301	9,723	7,728	-33.3%
14. Early & Periodic Screening, Diagnosis & Treatment	0	0	0	0	0	0	0	n/a
15. Other Care	179,440	190,418	247,982	217,243	312,126	330,015	310,570	9.6%
16. Personal Care Support Services	216,809	236,696	316,160	411,034	338,762	339,885	390,739	10.3%
17. Home/Community Based Waiver Services	0	0	0	0	0	0	0	n/a
18. Prepaid Health Care	22,459	0	0	0	0	1,502,402	1,647,258	104.6%
19. Primary Care Case Management (PCCM) Services	59,742	958,577	1,278,572	1,206,439	1,409,923	1,488,835	1,201,531	64.9%
Total*	1,289,795	1,256,990	1,637,329	1,732,120	1,928,820	2,038,468	1,817,822	5.9%

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

SOUTHERN REGION MEDICAID PROFILE

<u>PAYMENTS BY TYPE OF SERVICES</u>	<u>FFY 00</u>	<u>FFY 01</u>	<u>FFY 02</u>	<u>FFY 03</u>	<u>FFY 04</u>	<u>FFY 05</u>	<u>FFY 06</u>	<u>Annual</u>	<u>Share of Total</u>
								<u>Change</u>	<u>FFY 06</u>
01. General Hospital	\$770,287,080	\$815,115,674	\$1,029,166,797	\$1,122,690,289	\$1,322,968,703	\$1,416,722,664	\$1,318,935,805	9.4%	21.8%
02. Mental Hospital	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a	0.0%
03. Skilled and Intermediate (non-MR) Care Nursing	\$746,513,288	\$733,447,215	\$806,319,046	\$827,035,470	\$1,024,250,660	\$981,196,430	\$964,383,899	4.4%	16.0%
04. Intermediate Care for Mentally Retarded	\$109,493,463	\$110,190,694	\$110,193,235	\$102,917,036	\$121,412,043	\$91,893,474	\$108,928,390	-0.1%	1.8%
05. Physician Services	\$423,743,500	\$449,717,740	\$592,889,173	\$649,384,798	\$708,700,093	\$727,220,925	\$626,237,434	6.7%	10.4%
06. Dental Services	\$47,014,714	\$71,867,392	\$141,126,963	\$186,245,205	\$218,599,261	\$245,890,665	\$163,044,731	23.0%	2.7%
07. Other Practitioners	\$19,195,790	\$20,329,582	\$30,601,958	\$39,709,926	\$53,129,028	\$58,590,888	\$50,898,883	17.6%	0.8%
08. Outpatient Hospital	\$341,117,230	\$370,631,403	\$496,845,562	\$606,810,676	\$982,122,181	\$710,242,405	\$445,329,555	4.5%	7.4%
09. Clinic Services	\$111,650,111	\$109,400,936	\$155,863,139	\$159,706,661	\$408,663,526	\$348,496,726	\$185,089,114	8.8%	3.1%
10. Lab and X-Ray	\$16,875,460	\$16,571,798	\$21,024,404	\$24,181,841	\$27,362,549	\$24,759,738	\$30,740,893	10.5%	0.5%
11. Home Health	\$76,206,271	\$87,693,524	\$101,040,695	\$66,138,776	\$8,631,403	\$6,573,866	\$7,058,619	-32.7%	0.1%
12. Prescribed Drugs	\$580,612,920	\$655,515,772	\$749,552,199	\$1,003,853,892	\$1,156,607,078	\$1,219,442,107	\$825,807,649	6.0%	13.7%
13. Family Planning	\$0	\$0	\$0	\$15,901,097	\$26,715,524	\$24,248,145	\$20,018,878	8.0%	0.3%
14. Early & Periodic Screening, Diagnosis & Treatment	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a	0.0%
15. Other Care	\$177,025,081	\$209,266,762	\$310,564,683	\$307,085,482	\$627,246,384	\$623,703,451	\$552,689,020	20.9%	9.1%
16. Personal Care Support Services	\$125,074,607	\$142,839,088	\$217,765,580	\$216,803,781	\$226,894,829	\$260,997,030	\$292,312,282	15.2%	4.8%
17. Home/Community Based Waiver Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a	0.0%
18. Prepaid Health Care	\$7,266,806	\$0	\$0	\$0	\$0	\$45,147,986	\$420,168,212	96.6%	7.0%
19. Primary Case Management (PCCM) Services	\$25,826,967	\$22,679,694	\$33,051,927	\$29,085,728	\$31,165,952	\$35,896,123	\$30,096,563	2.6%	0.5%
Total (excludes DSH pymts, pharmacy rebates, & other adjs.)	\$3,577,903,288	\$3,815,267,274	\$4,796,005,361	\$5,357,550,658	\$6,944,469,214	\$6,821,022,623	\$6,041,739,927	9.1%	100.0%
<u>AVERAGE PAYMENTS PER RECIPIENT BY TYPE OF SERVICES</u>									(+) or (-) SLC
									<u>Avg. FFY 06</u>
01. General Hospital	\$3,643.74	\$4,022.86	\$4,514.36	\$4,969.53	\$4,681.60	\$5,450.07	\$5,557.06	7.3%	3.5%
02. Mental Hospital	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	n/a	-100.0%
03. Skilled and Intermediate (non-MR) Care Nursing	\$18,511.96	\$18,525.60	\$19,375.22	\$19,880.18	\$23,628.01	\$20,617.70	\$23,944.98	4.4%	-0.6%
04. Intermediate Care for Mentally Retarded	\$77,435.26	\$80,489.92	\$83,669.88	\$81,810.04	\$96,974.48	\$78,340.56	\$94,968.08	3.5%	8.3%
05. Physician Services	\$465.87	\$498.93	\$500.62	\$501.10	\$473.05	\$491.01	\$505.29	1.4%	-8.6%
06. Dental Services	\$206.24	\$311.74	\$358.70	\$381.54	\$387.15	\$388.52	\$364.44	10.0%	0.3%
07. Other Practitioners	\$145.11	\$146.70	\$160.70	\$163.46	\$136.91	\$157.07	\$161.68	1.8%	-30.5%
08. Outpatient Hospital	\$589.23	\$638.65	\$679.15	\$783.37	\$1,078.22	\$778.25	\$591.62	0.1%	-5.1%
09. Clinic Services	\$300.73	\$300.53	\$324.27	\$301.03	\$594.96	\$509.13	\$348.15	2.5%	-50.4%
10. Lab and X-Ray	\$95.75	\$93.49	\$94.71	\$96.77	\$89.49	\$78.23	\$99.08	0.6%	-54.0%
11. Home Health	\$4,222.19	\$4,447.16	\$4,832.40	\$3,200.83	\$704.83	\$491.32	\$818.77	-23.9%	-79.8%
12. Prescribed Drugs	\$684.90	\$765.08	\$696.03	\$8,206.58	\$905.91	\$921.13	\$753.21	1.6%	-22.2%
13. Family Planning	\$0.00	\$0.00	\$0.00	\$611.23	\$2,171.82	\$2,493.90	\$2,590.43	61.8%	117.1%
14. Early & Periodic Screening, Diagnosis & Treatment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	n/a	n/a
15. Other Care	\$986.54	\$1,098.99	\$1,252.37	\$1,413.56	\$2,009.59	\$1,889.92	\$1,779.60	10.3%	-4.2%
16. Personal Care Support Services	\$576.89	\$603.47	\$688.78	\$527.46	\$669.78	\$767.90	\$748.10	4.4%	-60.3%
17. Home/Community Based Waiver Services	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	n/a	n/a
18. Prepaid Health Care	\$323.56	\$0.00	\$0.00	\$0.00	\$0.00	\$30.05	\$255.07	-3.9%	-77.5%
19. Primary Care Case Management (PCCM) Services	\$432.31	\$23.66	\$25.85	\$24.11	\$22.10	\$24.11	\$25.05	-37.8%	-9.9%
Total (Average)	\$2,774.01	\$3,035.24	\$2,929.16	\$3,093.06	\$3,600.37	\$3,346.15	\$3,323.61	3.1%	-19.9%
TOTAL PER CAPITA EXPENDITURES	\$610.84	\$709.55	\$856.28	\$857.85	\$905.51	\$923.28	\$743.12	3.3%	-15.8%

Source: MSIS data for FFY 00-06.

SOUTHERN REGION MEDICAID PROFILE

DATA BY OTHER CHARACTERISTICS

RECIPIENTS BY OTHER CHARACTERISTICS

	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05	FFY 06	Annual Change	Share of Total FFY 06
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	381,281	515,762	504,757	527,867	572,312	580,408	577,204	7.2%	31.8%
Poverty Related Eligibles	549,926	501,780	593,853	651,553	744,332	805,823	793,622	6.3%	43.7%
Medically Needy	8,994	9,425	10,313	11,464	8,216	7,425	7,207	-3.6%	0.4%
Other Eligibles	243,330	230,023	265,977	267,747	282,522	304,390	318,353	4.6%	17.5%
Maintenance Assistance Status Unknown	106,264	0	262,429	273,489	321,438	340,422	121,436	2.2%	6.7%
Total*	1,289,795	1,256,990	1,637,329	1,732,120	1,928,820	2,038,468	1,817,822	5.9%	100.0%
By Basis of Eligibility									
Aged, Blind, or Disabled	319,038	322,510	341,408	333,745	352,382	360,825	365,019	2.3%	20.1%
Children	660,917	685,118	844,963	853,845	951,542	1,011,560	996,435	7.1%	54.8%
Foster Care Children	11,519	15,932	19,550	18,781	22,078	25,297	32,842	19.1%	1.8%
Adults	192,057	233,430	252,563	252,259	278,802	296,948	298,092	7.6%	16.4%
Basis of Eligibility Unknown	106,264	0	178,845	273,490	324,016	343,838	125,434	2.8%	6.9%
Total*	1,289,795	1,256,990	1,637,329	1,732,120	1,928,820	2,038,468	1,817,822	5.9%	100.0%
By Age									
Under Age 1	77,969	77,756	81,499	83,244	89,451	95,517	88,696	2.2%	4.9%
Age 1 to 5	262,334	269,241	320,543	339,550	371,805	389,689	384,644	6.6%	21.2%
Age 6 to 14	283,009	293,690	341,811	367,446	409,226	432,770	432,009	7.3%	23.8%
Age 15 to 20	127,714	136,503	147,669	162,924	187,728	205,882	212,391	8.8%	11.7%
Age 21 to 44	214,751	255,716	255,797	272,584	299,418	316,146	317,936	6.8%	17.5%
Age 45 to 64	89,302	96,438	100,513	107,450	118,609	124,172	127,661	6.1%	7.0%
Age 65 to 74	50,357	50,254	50,242	50,091	53,961	56,422	57,043	2.1%	3.1%
Age 75 to 84	46,076	45,856	45,940	45,220	46,910	47,069	46,270	0.1%	2.5%
Age 85 and Over	32,019	31,536	30,886	30,122	30,272	30,379	29,733	-1.2%	1.6%
Age Unknown	106,264	0	262,429	273,489	321,440	340,422	121,439	2.2%	6.7%
Total*	1,289,795	1,256,990	1,637,329	1,732,120	1,928,820	2,038,468	1,817,822	5.9%	100.0%
By Race									
White	468,202	456,330	560,642	604,949	673,128	714,787	702,963	7.0%	38.7%
Black	681,641	664,452	697,261	720,904	790,707	829,391	845,100	3.6%	46.5%
Hispanic, American Indian or Asian	54,364	53,112	23,361	38,753	47,398	49,096	48,112	-2.0%	2.6%
Other/Unknown	85,588	83,096	356,065	367,514	417,587	445,194	221,647	17.2%	12.2%
Total*	1,289,795	1,256,990	1,637,329	1,732,120	1,928,820	2,038,468	1,817,822	5.9%	100.0%
By Sex									
Female	790,381	770,183	826,934	874,969	958,277	1,009,844	1,009,350	4.2%	55.5%
Male	491,992	479,533	547,966	583,650	649,088	688,147	686,948	5.7%	37.8%
Unknown	7,422	7,274	262,429	273,501	321,455	340,477	121,524	59.4%	6.7%
Total*	1,289,795	1,256,990	1,637,329	1,732,120	1,928,820	2,038,468	1,817,822	5.9%	100.0%

Source: MSIS data for FFY 00-06.

SOUTHERN REGION MEDICAID PROFILE

PAYMENTS BY OTHER CHARACTERISTICS

	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05	FFY 06	Annual Change	Share of Total FFY 06
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	\$1,498,547,853	\$1,730,796,612	\$2,030,818,708	\$2,122,692,203	\$2,917,683,587	\$2,881,085,606	\$2,616,309,465	9.7%	43.3%
Poverty Related Eligibles	\$682,763,454	\$693,186,999	\$822,349,971	\$1,008,562,523	\$1,404,344,359	\$1,378,940,390	\$1,257,329,194	10.7%	20.8%
Medically Needy	\$59,470,116	\$67,165,688	\$83,707,979	\$112,396,672	\$102,957,722	\$89,374,407	\$67,401,500	2.1%	1.1%
Other Eligibles	\$1,246,534,428	\$1,324,117,975	\$1,564,443,172	\$1,794,780,099	\$2,106,380,301	\$2,065,629,537	\$1,930,256,938	7.6%	31.9%
Maintenance Assistance Status Unknown	\$90,587,437	\$0	\$294,685,531	\$319,119,161	\$413,103,245	\$405,992,683	\$170,442,830	11.1%	2.8%
Total*	\$3,577,903,288	\$3,815,267,274	\$4,796,005,361	\$5,357,550,658	\$6,944,469,214	\$6,821,022,623	\$6,041,739,927	9.1%	100.0%
By Basis of Eligibility									
Aged, Blind or Disabled	\$2,329,126,304	\$2,465,506,511	\$2,812,930,628	\$3,048,713,892	\$4,128,329,869	\$3,911,658,404	\$3,428,827,572	6.7%	56.8%
Children	\$672,141,195	\$784,754,155	\$986,664,537	\$1,141,356,199	\$1,343,916,270	\$1,409,946,789	\$1,373,960,546	12.7%	22.7%
Foster Care Children	\$36,080,606	\$47,381,816	\$68,432,271	\$68,080,671	\$151,054,249	\$156,528,184	\$134,925,132	24.6%	2.2%
Adults	\$449,967,746	\$517,624,792	\$622,361,459	\$740,880,454	\$874,388,979	\$898,590,077	\$889,982,768	12.0%	14.7%
Basis of Eligibility Unknown	\$90,587,437	\$0	\$305,616,466	\$358,519,442	\$446,779,847	\$444,299,169	\$214,043,909	15.4%	3.5%
Total*	\$3,577,903,288	\$3,815,267,274	\$4,796,005,361	\$5,357,550,658	\$6,944,469,214	\$6,821,022,623	\$6,041,739,927	9.1%	100.0%
By Age									
Under Age 1	\$232,347,201	\$259,039,763	\$283,687,721	\$272,471,479	\$308,426,474	\$341,122,407	\$363,707,201	7.8%	6.0%
Age 1 to 5	\$307,812,480	\$374,497,712	\$458,485,978	\$553,135,849	\$646,701,777	\$669,492,680	\$651,871,461	13.3%	10.8%
Age 6 to 14	\$247,391,746	\$290,344,739	\$389,821,361	\$479,046,570	\$605,698,645	\$620,808,204	\$591,730,782	15.6%	9.8%
Age 15 to 20	\$227,688,839	\$246,963,669	\$313,540,556	\$367,418,487	\$468,613,201	\$491,869,045	\$474,500,147	13.0%	7.9%
Age 21 to 44	\$784,657,252	\$876,280,104	\$1,055,769,741	\$1,194,403,569	\$1,508,770,225	\$1,458,264,956	\$1,376,944,216	9.8%	22.8%
Age 45 to 64	\$637,519,329	\$715,187,442	\$853,355,081	\$965,824,351	\$1,370,878,544	\$1,351,916,727	\$1,199,499,082	11.1%	19.9%
Age 65 to 74	\$277,327,308	\$282,896,200	\$311,368,483	\$336,776,996	\$499,521,941	\$436,693,322	\$333,496,307	3.1%	5.5%
Age 75 to 84	\$376,233,367	\$381,141,345	\$415,373,977	\$436,487,337	\$578,131,396	\$523,118,678	\$422,528,367	2.0%	7.0%
Age 85 and Over	\$396,338,329	\$388,916,300	\$419,916,932	\$432,866,859	\$544,622,216	\$521,743,921	\$457,015,127	2.4%	7.6%
Age Unknown	\$90,587,437	\$0	\$294,685,531	\$319,119,161	\$413,104,795	\$405,992,683	\$170,447,237	11.1%	2.8%
Total*	\$3,577,903,288	\$3,815,267,274	\$4,796,005,361	\$5,357,550,658	\$6,944,469,214	\$6,821,022,623	\$6,041,739,927	9.1%	100.0%
By Race									
White	\$1,717,330,905	\$1,809,275,320	\$2,221,842,335	\$2,477,092,197	\$3,164,560,719	\$3,069,141,566	\$2,760,624,350	8.2%	45.7%
Black	\$1,471,170,128	\$1,510,584,335	\$1,838,958,060	\$2,039,484,545	\$2,723,996,360	\$2,662,113,593	\$2,451,467,406	8.9%	40.6%
Hispanic, American Indian or Asian	\$75,297,476	\$66,573,712	\$32,251,832	\$86,511,726	\$118,124,020	\$117,494,886	\$100,878,227	5.0%	1.7%
Other/Unknown	\$314,104,779	\$428,833,907	\$702,953,134	\$754,462,190	\$937,788,115	\$972,272,578	\$728,769,944	15.1%	12.1%
Total*	\$3,577,903,288	\$3,815,267,274	\$4,796,005,361	\$5,357,550,658	\$6,944,469,214	\$6,821,022,623	\$6,041,739,927	9.1%	100.0%
By Sex									
Female	\$2,337,735,771	\$2,481,626,198	\$2,853,058,293	\$3,217,244,674	\$4,119,404,225	\$4,053,616,059	\$3,664,751,633	7.8%	60.7%
Male	\$1,217,278,898	\$1,329,487,630	\$1,648,261,537	\$1,821,172,207	\$2,411,950,243	\$2,361,370,870	\$2,206,440,951	10.4%	36.5%
Unknown	\$22,888,619	\$4,153,446	\$294,685,531	\$319,133,777	\$413,114,746	\$406,035,694	\$170,547,343	39.8%	2.8%
Total*	\$3,577,903,288	\$3,815,267,274	\$4,796,005,361	\$5,357,550,658	\$6,944,469,214	\$6,821,022,623	\$6,041,739,927	9.1%	100.0%

Source: MSIS data for FFY 00-06.

SOUTHERN REGION MEDICAID PROFILE

AVERAGE PAYMENT PER RECIPIENT BY OTHER CHARACTERISTICS

	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05	FFY 06	Annual Change	Above (+) or Below (-) SLC Avg. FFY 06
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	\$3,930.30	\$3,355.80	\$4,023.36	\$4,021.26	\$5,098.06	\$4,963.90	\$4,532.73	2.4%	-21.0%
Poverty Related Eligibles	\$1,241.56	\$1,381.46	\$1,384.77	\$1,547.94	\$1,886.72	\$1,711.22	\$1,584.29	4.1%	-20.2%
Medically Needy	\$6,612.20	\$7,126.33	\$8,116.74	\$9,804.32	\$12,531.37	\$12,036.96	\$9,352.23	5.9%	18.2%
Other Eligibles	\$5,122.81	\$5,756.46	\$5,881.87	\$6,703.27	\$7,455.63	\$6,786.13	\$6,063.26	2.8%	-14.4%
Maintenance Assistance Status Unknown	\$852.48	\$0.00	\$1,122.92	\$1,166.84	\$1,285.17	\$1,192.62	\$1,403.56	8.7%	-53.0%
Total	\$2,774.01	\$3,035.24	\$2,929.16	\$3,093.06	\$3,600.37	\$3,346.15	\$3,323.61	3.1%	-19.9%
By Basis of Eligibility									
Aged, Blind or Disabled	\$7,300.47	\$7,644.74	\$8,239.21	\$9,134.86	\$11,715.50	\$10,840.87	\$9,393.56	4.3%	-14.0%
Children	\$1,016.98	\$1,145.43	\$1,167.70	\$1,336.73	\$1,412.36	\$1,393.83	\$1,378.88	5.2%	-12.3%
Foster Care Children	\$3,132.27	\$2,974.00	\$3,500.37	\$3,624.98	\$6,841.84	\$6,187.62	\$4,108.31	4.6%	-41.7%
Adults	\$2,342.89	\$2,217.47	\$2,464.18	\$2,936.98	\$3,136.24	\$3,026.09	\$2,985.60	4.1%	5.7%
Basis of Eligibility Unknown	\$852.48	\$0.00	\$1,708.83	\$1,310.91	\$1,378.88	\$1,292.18	\$1,706.43	12.3%	-44.5%
Total	\$2,774.01	\$3,035.24	\$2,929.16	\$3,093.06	\$3,600.37	\$3,346.15	\$3,323.61	3.1%	-19.9%
By Age									
Under Age 1	\$2,979.99	\$3,331.44	\$3,480.87	\$3,273.17	\$3,447.99	\$3,571.33	\$4,100.60	5.5%	3.7%
Age 1 to 5	\$1,173.36	\$1,390.94	\$1,430.34	\$1,629.03	\$1,739.36	\$1,718.02	\$1,694.74	6.3%	-10.7%
Age 6 to 14	\$874.15	\$988.61	\$1,140.46	\$1,303.72	\$1,480.11	\$1,434.50	\$1,369.72	7.8%	-25.4%
Age 15 to 20	\$1,782.80	\$1,809.22	\$2,123.27	\$2,255.15	\$2,496.23	\$2,389.08	\$2,234.09	3.8%	-22.4%
Age 21 to 44	\$3,653.80	\$3,426.77	\$4,127.37	\$4,381.78	\$5,039.01	\$4,612.63	\$4,330.88	2.9%	-15.4%
Age 45 to 64	\$7,138.91	\$7,416.03	\$8,490.00	\$8,988.59	\$11,557.96	\$10,887.45	\$9,395.97	4.7%	-9.4%
Age 65 to 74	\$5,507.22	\$5,629.33	\$6,197.37	\$6,723.30	\$9,257.09	\$7,739.77	\$5,846.40	1.0%	-13.2%
Age 75 to 84	\$8,165.50	\$8,311.70	\$9,041.66	\$9,652.53	\$12,324.27	\$11,113.87	\$9,131.80	1.9%	-11.6%
Age 85 and Over	\$12,378.22	\$12,332.45	\$13,595.70	\$14,370.46	\$17,990.96	\$17,174.49	\$15,370.64	3.7%	-9.8%
Age Unknown	\$852.48	\$0.00	\$1,122.92	\$1,166.84	\$1,285.17	\$1,192.62	\$1,403.56	8.7%	-53.0%
Total	\$2,774.01	\$3,035.24	\$2,929.16	\$3,093.06	\$3,600.37	\$3,346.15	\$3,323.61	3.1%	-19.9%
By Race									
White	\$3,667.93	\$3,964.84	\$3,963.03	\$4,094.71	\$4,701.28	\$4,293.78	\$3,927.13	1.1%	-23.0%
Black	\$2,158.28	\$2,273.43	\$2,637.40	\$2,829.07	\$3,445.01	\$3,209.72	\$2,900.80	5.1%	-21.5%
Hispanic, American Indian or Asian	\$1,385.06	\$1,253.46	\$1,380.58	\$2,232.39	\$2,492.17	\$2,393.17	\$2,096.74	7.2%	-24.8%
Other/Unknown	\$3,669.96	\$5,160.70	\$1,974.23	\$2,052.88	\$2,245.73	\$2,183.93	\$3,287.98	-1.8%	-19.0%
Total	\$2,774.01	\$3,035.24	\$2,929.16	\$3,093.06	\$3,600.37	\$3,346.15	\$3,323.61	3.1%	-19.9%
By Sex									
Female	\$2,957.73	\$3,222.13	\$3,450.16	\$3,676.98	\$4,298.76	\$4,014.10	\$3,630.80	3.5%	-15.4%
Male	\$2,474.18	\$2,772.46	\$3,007.96	\$3,120.32	\$3,715.91	\$3,431.49	\$3,211.95	4.4%	-22.8%
Unknown	\$3,083.89	\$571.00	\$1,122.92	\$1,166.85	\$1,285.14	\$1,192.55	\$1,403.40	-12.3%	-52.8%
Total	\$2,774.01	\$3,035.24	\$2,929.16	\$3,093.06	\$3,600.37	\$3,346.15	\$3,323.61	3.1%	-19.9%

Source: MSIS data for FFY 00-06.

SOUTHERN REGION MEDICAID PROFILE

ADDITIONAL STATE HEALTH CARE INFORMATION

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

Waivers

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

- Georgia Better Health Care Program (GBHC) provides a statewide case managed health care system for TANF, TANF-related, and SSI beneficiaries. It has been operating since October 1, 1993. The state was granted an extension on this program through July 2003. Approximately 1,053,733 Medicaid recipients (around 77% of all recipients) were enrolled as of June 2002. The waiver expired in December 2002.
- Non-emergency Transportation: Serves approximately 850,000 recipients, implemented in September 1999 and renewed through January 2007.

Georgia has four **Home and Community-Based Services Waivers** and 1 demonstration project 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:

- Community Care Services Program: offers services to help elderly and/or functionally impaired or disabled individuals remain in the community or return to the community from a nursing home.
- MR/DD: helps individuals that have mental retardation or a developmental disability.
- The Independent Care Waiver Program (ICWP): helps adult Medicaid recipients with disabilities live in their own home or in the community instead of living in a hospital setting. The ICWP also includes services for adult Medicaid recipients with traumatic brain injuries.
- SOURCE (Service Options Using Resources in a Community Environment) Project: links primary care with an array of long-term health services in an individual's home or community to avoid preventable hospital and nursing home care for frail elderly and disabled individuals.

Managed Care

- Primary Care Case Management Program, or the Georgia Better Health Care service delivery system
- Medicaid only MCO
- Prepaid Ambulatory Health Plan (PAHP)

Coverage for Targeted Population

- The Uninsured: The State provides disproportionate share payments (DSH) for indigent care through the Indigent Care Trust Fund (ICTF), established in 1990.
- The Indigent Care Trust Fund (ICTF) II, implemented in May of 1997, was specifically designed to assist hospitals in small communities and rural areas. In FFY 04, trust fund payments to 96 participating hospitals totaled \$424.7 million (does not include any state matching funds).

Cost Containment Measures

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

SOUTHERN REGION MEDICAID PROFILE

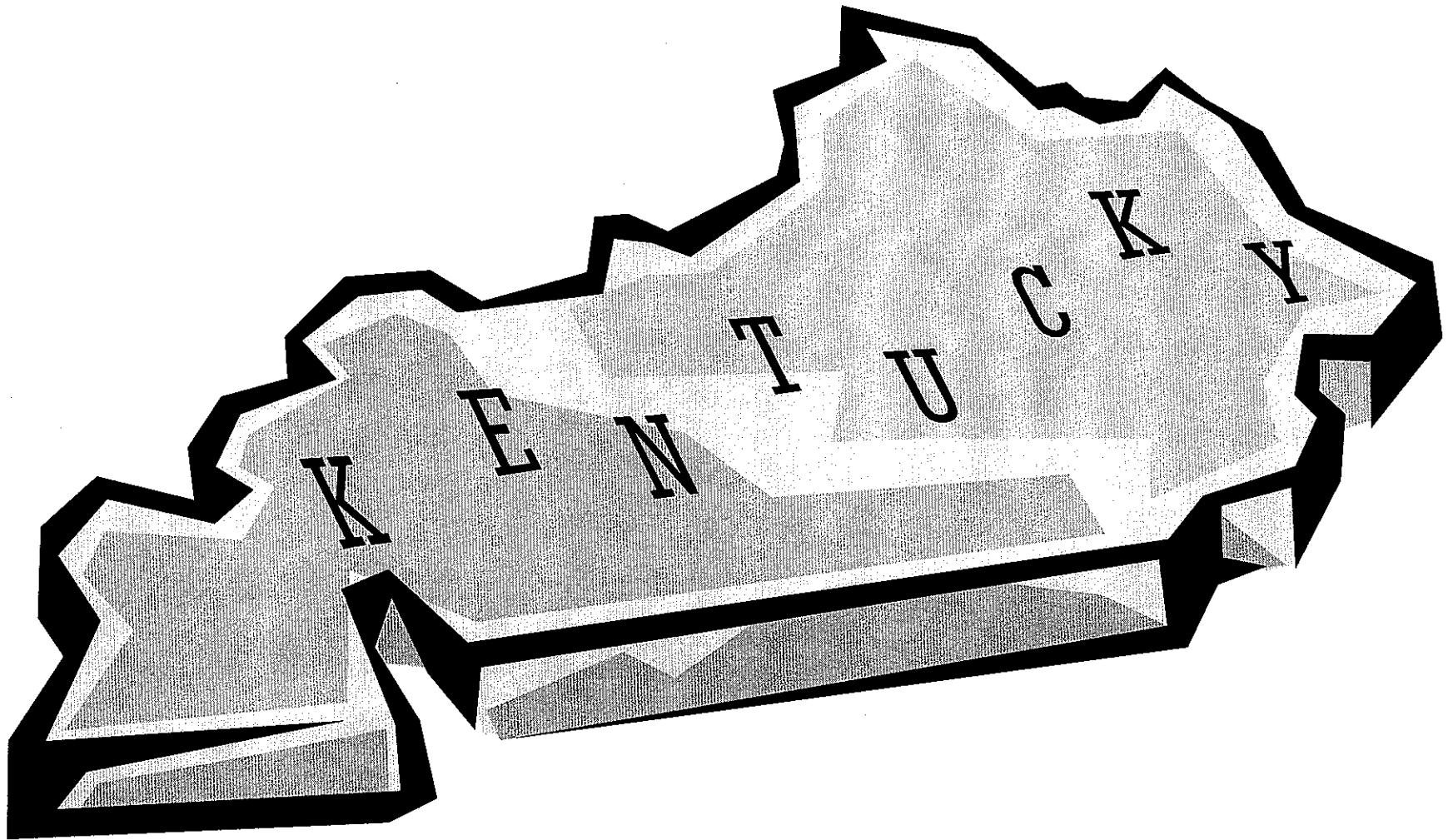
Medicaid

- 37 optional services are offered.
- Prescription Drug Outreach program: a patient assistance program that provides generic drugs to uninsured and underinsured (at or below 250% of the federal poverty level). Individuals/families of all ages may participate.
- Consumer directed care added (2005) as an option to two waivers (Independent Care and MR waivers) to add an option to direct a delivery system to fit needs.
- Georgia's Disease Management program (Enhanced Care) are for the aged, blind, and disabled.

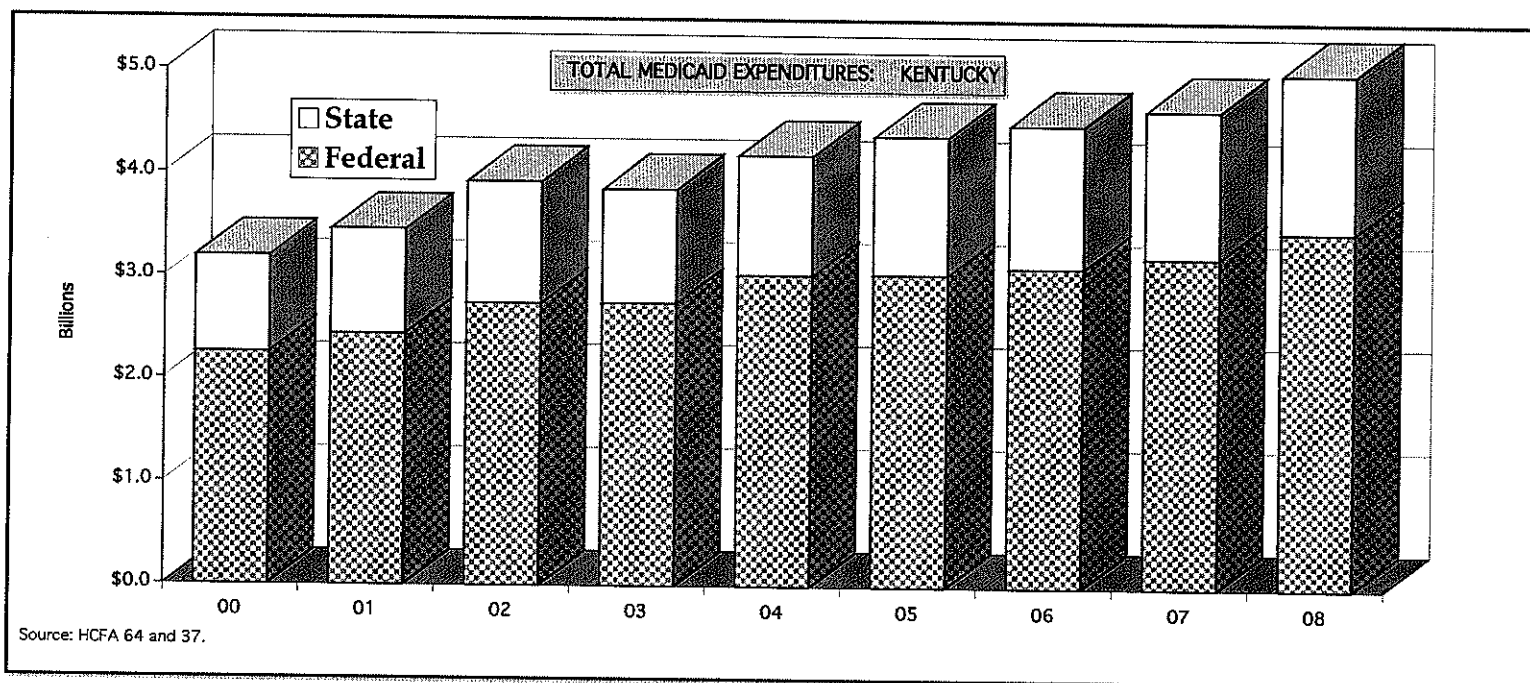
Children's Health Insurance Program: State Designed Plan

- The state initiated and expanded health insurance coverage for the Children's Health Insurance Program with funds made available in the Balanced Budget Act of 1997. State officials estimate that Georgia has 299,000 uninsured children/adolescents at the current time.
- CHIP in Georgia is called "PeachCare for Kids." The program is administered by the state Medicaid agency, but as a separate program and not an expansion of Medicaid. The program was approved by HCFA on September 3, 1998. As of September 2004, approximately 180,000 children/adolescents had received services under the PeachCare Program. CMS approved an amendment in February 2002 that allows an additional exception to Georgia's 3 month waiting period. The new exception applies to families who have dropped high-cost, private insurance that costs more than 5 percent of the family's income.
- Uninsured children/adolescents will be eligible for PeachCare benefits if their families' incomes are less than or equal to 235% of the FPL.
- Families with children from birth to 18 years of age will be charged a monthly premium from \$10 to \$70 depending on the number of children enrolled and family income.
- Children/adolescents enrolled in PeachCare for Kids have the option to use the primary care case management program or enroll in a managed care organization.

STATE MEDICAID PROFILE



SOUTHERN REGION MEDICAID PROFILE



State profile revised to reflect MSIS statistical data as reported by CMS for federal fiscal years 00 through 05.

	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05	FFY 06	FFY 07*	FFY 08**	Annual Rate of Change	Total Change 00-08
Medicaid Payments	\$3,094,832,031	\$3,364,490,045	\$3,823,465,694	\$3,753,565,564	\$4,086,404,587	\$4,253,083,096	\$4,328,810,426	\$4,458,549,000	\$4,852,389,000	5.8%	56.8%
Federal Share	\$2,190,728,391	\$2,375,932,336	\$2,682,138,350	\$2,682,947,801	\$2,957,814,195	\$2,968,564,303	\$3,011,288,244	\$3,102,259,000	\$3,385,996,000	5.6%	54.6%
State Share	\$904,103,640	\$988,557,709	\$1,141,327,344	\$1,070,617,763	\$1,128,590,392	\$1,284,518,793	\$1,317,522,182	\$1,356,290,000	\$1,466,393,000	6.2%	62.2%
Administrative Costs	\$101,052,332	\$94,086,870	\$100,440,133	\$106,527,425	\$104,002,696	\$125,336,656	\$164,958,179	\$187,330,000	\$148,076,000	4.9%	46.5%
Federal Share	\$61,318,656	\$56,046,971	\$60,021,963	\$64,305,180	\$66,403,343	\$70,298,840	\$97,850,594	\$109,809,000	\$85,160,000	4.2%	38.9%
State Share	\$39,733,676	\$38,039,899	\$40,418,170	\$42,222,245	\$37,599,353	\$55,037,816	\$67,107,585	\$77,521,000	\$62,916,000	5.9%	58.3%
Admin. Costs as % of Payments	3.27%	2.80%	2.63%	2.84%	2.55%	2.95%	3.81%	4.20%	3.05%		
Federal Match Rate*	70.55%	70.39%	69.94%	69.89%	70.09%	69.60%	69.26%	69.58%	69.78%		

*Rate shown is for Medicaid payments only. The FMAP (Federal Medical Assistance Percentage) is based on the relationship between each state's per capita personal income and that of the nation as a whole for the three most recent years. Federal share of state administrative costs is usually 50 percent or 75 percent, depending on function and whether or not medical personnel are used. **Federal Fiscal Years 07 and 08 reflect latest estimates reported by each state (CMS 37).

SOUTHERN REGION MEDICAID PROFILE

STATE FINANCING

	Payments ***		Administration	
	FFY 00	FFY 06	FFY 00	FFY 06
State General Fund	\$904,103,640	\$1,317,522,182	\$39,733,676	\$67,107,585
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	\$904,103,640	\$1,317,522,182	\$39,733,676	\$67,107,585

***Note: State financing in FY 06 reflects state general fund support only, as other revenue source amounts that support Medicaid spending are unknown at the time this report is generated.

DISPROPORTIONATE SHARE HOSPITAL (DSH) PAYMENTS

	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05	FFY 06	FFY 07*	FFY 08**	Annual Change
General Hospitals	\$150,069,000	\$154,679,034	\$159,937,965	\$136,322,555	\$157,682,934	\$158,802,714	\$159,753,581	\$158,839,000	\$159,319,000	-0.1%
Mental Hospitals	\$35,177,066	\$36,470,274	\$26,187,685	\$32,142,175	\$37,178,530	\$37,430,614	\$37,443,072	\$37,451,000	\$37,451,000	6.1%
Total	\$185,246,066	\$191,149,308	\$186,125,650	\$168,464,730	\$194,861,464	\$196,233,328	\$197,196,653	\$196,290,000	\$196,770,000	0.9%

Provider Taxes Currently in Place (FFY 06)		
	Tax Rate (on gross revenues)	Amt. Generated
Hospitals	2.50%	
Health Provider	2.00%	
Home Health	2.00%	
ICF / MR	5.50%	
Nurse Fac	2.00%	
Total		\$0
*Total amount generated from provider taxes for FY 06 is unknown.		

SELECTED ELIGIBILITY CRITERIA

	2006	% of FPL*
TANF-Temporary Assistance for Needy Families (Family of 3)		
Need Standard	\$526	38.0%
Payment Standard	\$262	18.9%
Maximum Payment	\$262	18.9%
Medically Needy Program (Family of 3)		
Income Eligibility Standard	\$308	
Resource Standard	\$2,100	
Pregnant Women, Children and Infants (% of FPL*)		
Pregnant women and infants		185.0%
Children 1 to 5		133.0%
Children 6 to 18		100%
SSI Eligibility Levels		
Income:		
Single Person	\$603	73.8%
Couple	\$904	82.2%
Resources:		
Single Person	\$2,000	
Couple	\$3,000	

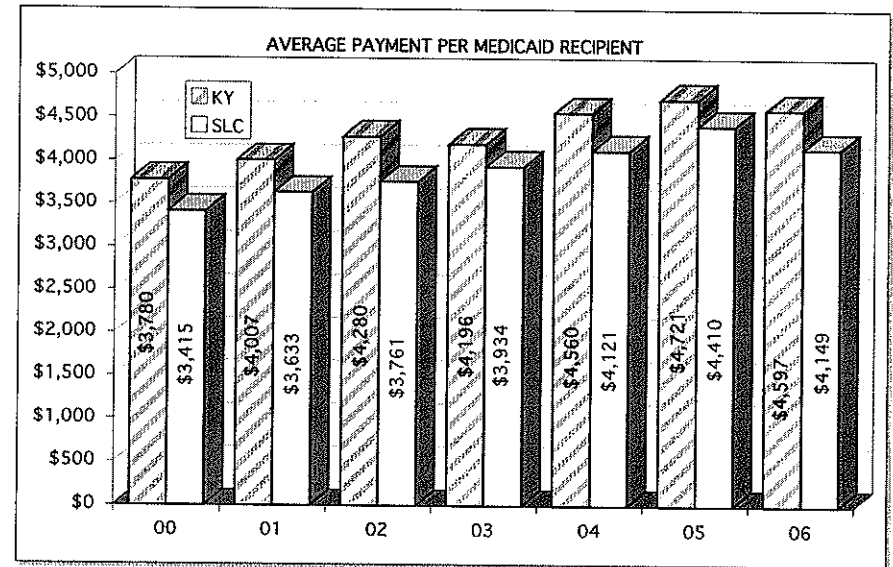
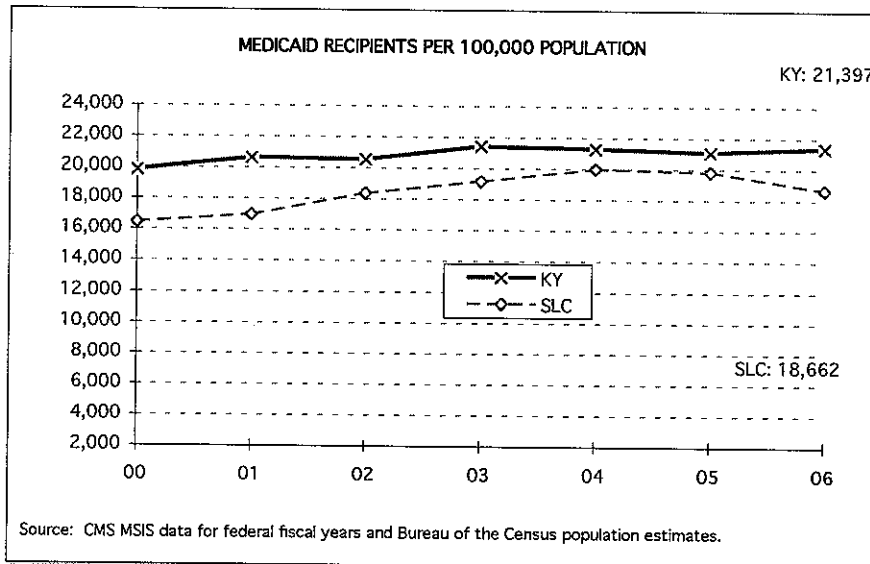
DEMOGRAPHIC DATA & POVERTY INDICATORS (2006)

		Rank in U.S.
State population—December 21, 2007*	4,204,444	26
Per capita personal income**	\$29,719	46
Median household income**	\$38,466	46
Population below Federal Poverty Level*	693,733	
Percent of total state population	16.5%	4
Population without health insurance coverage*	639,000	26
Percent of total state population	15.2%	
Recipients of Food Stamps***	589,102	14
Households receiving Food Stamps***	257,698	
Total value of issuance***	\$645,357,318	15
Average monthly benefit per recipient	\$91.29	24
Average monthly benefit per household	\$208.69	
Monthly recipients of Temporary Assistance to Needy Families (TANF)****	67,790	16
Total TANF payments****	\$56,883,668	21
Average monthly payment per recipient	\$69.93	
Maximum monthly payment per family of 3	\$262.00	43

*Current (2006) federal poverty level is \$9,800 per year for a single person, \$13,200 for a family of two and \$16,600 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 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05	FFY 06	Annual Change
01. General Hospital	92,763	112,781	93,954	75,869	72,995	67,993	72,681	-4.0%
02. Mental Hospital	4,281	4,224	4,195	3,994	4,181	4,303	3,729	-2.3%
03. Skilled and Intermediate (non-MR) Care Nursing	30,444	33,045	31,161	27,382	26,736	28,533	28,259	-1.2%
04. Intermediate Care for Mentally Retarded	1,163	1,016	935	930	850	787	736	-7.3%
05. Physician Services	417,972	470,350	481,959	495,220	519,131	506,188	523,050	3.8%
06. Dental Services	132,448	157,173	164,759	175,189	196,283	191,400	195,598	6.7%
07. Other Practitioners	117,505	153,801	155,402	161,537	178,424	175,248	184,647	7.8%
08. Outpatient Hospital	292,654	333,250	349,128	353,352	377,441	361,313	374,286	4.2%
09. Clinic Services	144,334	160,374	178,944	214,674	245,364	250,422	272,960	11.2%
10. Lab and X-Ray	218,297	253,391	272,594	278,526	308,879	305,694	335,882	7.4%
11. Home Health	21,988	23,390	23,070	21,234	20,045	20,109	19,781	-1.7%
12. Prescribed Drugs	427,514	475,365	489,416	512,351	537,941	532,122	524,642	3.5%
13. Family Planning	4,319	4,608	4,123	4,063	4,880	4,140	4,140	-0.7%
14. Early & Periodic Screening, Diagnosis & Treatment	0	0	0	0	0	0	0	n/a
15. Other Care	229,707	289,334	315,330	323,277	343,374	294,698	313,287	5.3%
16. Personal Care Support Services	41,198	55,543	76,868	85,215	93,980	95,886	96,230	15.2%
17. Home/Community Based Waiver Services	0	0	0	13,495	0	0	0	-100.0%
18. Prepaid Health Care	699,602	745,940	730,920	777,932	778,321	790,240	826,827	2.8%
19. Primary Care Case Management (PCCM) Services	321	402,253	437,677	462,350	453,139	452,003	462,248	236.0%
Total*	770,536	807,435	808,294	847,943	860,508	856,566	899,616	2.6%

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

SOUTHERN REGION MEDICAID PROFILE

PAYMENTS BY TYPE OF SERVICES

	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05	FFY 06	Annual Change	Share of Total FFY 06
01. General Hospital	\$263,184,467	\$329,486,270	\$342,098,283	\$335,771,489	\$398,296,189	\$388,145,550	\$450,385,266	9.4%	10.9%
02. Mental Hospital	\$43,386,622	\$45,645,516	\$50,959,253	\$51,474,624	\$52,582,129	\$49,226,623	\$38,822,718	-1.8%	0.9%
03. Skilled and Intermediate (non-MR) Care Nursing	\$555,718,129	\$565,631,267	\$581,096,867	\$602,189,547	\$616,808,606	\$728,126,257	\$751,465,013	5.2%	18.2%
04. Intermediate Care for Mentally Retarded	\$83,538,075	\$94,291,645	\$97,873,304	\$110,771,071	\$106,736,998	\$106,923,082	\$129,495,224	7.6%	3.1%
05. Physician Services	\$162,639,256	\$199,587,354	\$207,825,661	\$210,404,038	\$232,711,746	\$222,442,986	\$231,229,866	6.0%	5.6%
06. Dental Services	\$29,705,366	\$45,996,404	\$48,179,358	\$52,052,674	\$56,908,811	\$55,492,309	\$60,792,462	12.7%	1.5%
07. Other Practitioners	\$22,435,246	\$32,347,161	\$34,739,682	\$34,210,496	\$36,287,069	\$31,884,236	\$34,629,458	7.5%	0.8%
08. Outpatient Hospital	\$251,930,215	\$282,267,157	\$271,712,521	\$273,737,802	\$268,951,578	\$265,790,897	\$287,478,226	2.2%	7.0%
09. Clinic Services	\$106,322,724	\$119,699,294	\$133,056,530	\$147,698,202	\$187,458,968	\$195,553,110	\$207,733,187	11.8%	5.0%
10. Lab and X-Ray	\$25,809,754	\$33,215,049	\$34,572,386	\$40,853,378	\$53,734,609	\$54,563,640	\$62,486,341	15.9%	1.5%
11. Home Health	\$75,348,484	\$79,240,064	\$70,087,392	\$59,924,107	\$56,142,682	\$52,894,687	\$55,507,814	-5.0%	1.3%
12. Prescribed Drugs	\$465,178,958	\$598,093,343	\$661,409,737	\$693,988,604	\$812,180,180	\$780,430,366	\$567,259,685	3.4%	13.7%
13. Family Planning	\$5,415,861	\$5,184,049	\$5,625,089	\$5,959,334	\$8,696,049	\$7,683,124	\$8,491,547	7.8%	0.2%
14. Early & Periodic Screening, Diagnosis & Treatment	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a	0.0%
15. Other Care	\$325,631,012	\$386,269,307	\$448,881,876	\$444,954,512	\$465,767,519	\$474,621,855	\$544,392,416	8.9%	13.2%
16. Personal Care Support Services	\$25,798,449	\$30,985,533	\$38,067,460	\$38,152,644	\$45,867,444	\$47,680,550	\$50,784,355	11.9%	1.2%
17. Home/Community Based Waiver Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a	1.2%
18. Prepaid Health Care	\$467,047,231	\$374,067,752	\$417,635,942	\$439,584,361	\$507,907,833	\$565,671,159	\$637,841,423	5.3%	15.4%
19. Primary Case Management (PCCM) Services	\$3,702,440	\$13,065,788	\$15,544,240	\$16,093,300	\$16,720,972	\$16,500,202	\$16,295,908	28.0%	0.4%
Total (excludes DSH pymts, pharmacy rebates, & other adjs.)	\$2,912,792,289	\$3,235,072,953	\$3,459,365,581	\$3,557,820,183	\$3,923,759,382	\$4,043,630,633	\$4,135,090,909	6.0%	100.0%

AVERAGE PAYMENTS PER RECIPIENT BY TYPE OF SERVICES

								(+) or (-) SLC	Avg. FFY 06
01. General Hospital	\$2,837.17	\$2,921.47	\$3,641.13	\$4,425.67	\$5,456.49	\$5,708.61	\$6,196.74	13.9%	15.4%
02. Mental Hospital	\$10,134.69	\$10,806.23	\$12,147.62	\$12,887.99	\$12,576.45	\$11,440.07	\$10,411.03	0.4%	-41.9%
03. Skilled and Intermediate (non-MR) Care Nursing	\$18,253.78	\$17,117.00	\$18,648.21	\$21,992.17	\$23,070.34	\$25,518.74	\$26,592.06	6.5%	10.4%
04. Intermediate Care for Mentally Retarded	\$71,829.82	\$92,806.74	\$104,677.33	\$119,108.68	\$125,572.94	\$135,861.60	\$175,944.60	16.1%	100.7%
05. Physician Services	\$389.12	\$424.34	\$431.21	\$424.87	\$448.27	\$439.45	\$442.08	2.1%	-20.0%
06. Dental Services	\$224.28	\$292.65	\$292.42	\$297.12	\$289.93	\$289.93	\$310.80	5.6%	-14.5%
07. Other Practitioners	\$190.93	\$210.32	\$223.55	\$211.78	\$203.38	\$181.94	\$187.54	-0.3%	-19.4%
08. Outpatient Hospital	\$860.85	\$847.01	\$778.26	\$774.69	\$712.57	\$735.63	\$768.07	-1.9%	23.2%
09. Clinic Services	\$736.64	\$746.38	\$743.57	\$688.01	\$764.00	\$780.89	\$761.04	0.5%	8.5%
10. Lab and X-Ray	\$118.23	\$131.08	\$126.83	\$146.68	\$173.97	\$178.49	\$186.04	7.8%	-13.7%
11. Home Health	\$3,426.80	\$3,387.78	\$3,038.03	\$2,822.08	\$2,800.83	\$2,630.40	\$2,806.12	-3.3%	-30.7%
12. Prescribed Drugs	\$1,088.10	\$1,258.18	\$1,351.43	\$1,354.52	\$1,509.79	\$1,466.64	\$1,081.23	-0.1%	11.7%
13. Family Planning	\$1,253.96	\$1,125.01	\$1,364.32	\$1,466.73	\$1,781.98	\$1,855.83	\$2,051.10	8.5%	71.9%
14. Early & Periodic Screening, Diagnosis & Treatment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	n/a	n/a
15. Other Care	\$1,417.59	\$1,335.03	\$1,423.53	\$1,376.39	\$1,356.44	\$1,610.54	\$1,737.68	3.5%	-6.4%
16. Personal Care Support Services	\$626.21	\$557.87	\$495.23	\$0.00	\$0.00	\$0.00	\$0.00	-100.0%	-100.0%
17. Home/Community Based Waiver Services	\$0.00	\$0.00	\$0.00	\$2,827.17	\$0.00	\$0.00	\$0.00	n/a	n/a
18. Prepaid Health Care	\$667.59	\$501.47	\$571.38	\$565.07	\$652.57	\$715.82	\$771.43	2.4%	-32.0%
19. Primary Case Management (PCCM) Services	\$11,534.08	\$32.48	\$35.52	\$34.81	\$36.90	\$36.50	\$35.25	-61.9%	26.8%
Total (Average)	\$3,780.22	\$4,006.60	\$4,279.84	\$4,195.82	\$4,559.82	\$4,720.75	\$4,596.51	3.3%	10.8%

TOTAL PER CAPITA EXPENDITURES

\$823.24	\$884.46	\$996.80	\$974.57	\$1,036.78	\$1,076.95	\$1,068.81	4.4%	21.1%
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Source: MSIS data for FFY 00-06.

SOUTHERN REGION MEDICAID PROFILE

DATA BY OTHER CHARACTERISTICS

RECIPIENTS BY OTHER CHARACTERISTICS

	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05	FFY 06	Annual Change	Share of Total FFY 06
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	312,752	332,967	342,548	361,154	380,688	386,165	386,012	3.6%	42.9%
Poverty Related Eligibles	272,862	301,410	293,187	301,135	307,916	319,447	325,964	3.0%	36.2%
Medically Needy	50,064	39,492	34,256	32,131	29,624	27,379	25,533	-10.6%	2.8%
Other Eligibles	72,297	71,377	77,744	77,425	77,077	79,125	79,133	1.5%	8.8%
Maintenance Assistance Status Unknown	62,561	62,189	60,559	76,098	65,203	44,450	82,974	4.8%	9.2%
Total	770,536	807,435	808,294	847,943	860,508	856,566	899,616	2.6%	100.0%
By Basis of Eligibility									
Aged, Blind, or Disabled	256,806	262,916	280,076	264,436	266,514	268,406	273,179	1.0%	30.4%
Children	345,735	372,901	370,090	379,308	392,310	401,581	397,208	2.3%	44.2%
Foster Care Children	8,033	8,502	9,403	10,111	10,963	11,982	12,687	7.9%	1.4%
Adults	97,401	100,927	110,257	117,743	125,165	129,719	133,094	5.3%	14.8%
Basis of Eligibility Unknown	62,561	62,189	38,468	76,345	65,556	44,878	83,448	4.9%	9.3%
Total	770,536	807,435	808,294	847,943	860,508	856,566	899,616	2.6%	100.0%
By Age									
Under Age 1	32,323	47,147	25,767	25,885	26,995	28,352	22,813	-5.6%	2.5%
Age 1 to 5	122,660	135,012	125,487	130,229	134,311	137,523	138,518	2.0%	15.4%
Age 6 to 14	166,633	174,922	183,428	188,649	194,303	197,328	197,387	2.9%	21.9%
Age 15 to 20	78,225	77,120	87,246	90,278	94,849	98,870	102,543	4.6%	11.4%
Age 21 to 44	145,858	149,423	158,178	167,220	173,752	176,569	178,570	3.4%	19.8%
Age 45 to 64	78,329	81,984	84,707	88,234	91,700	95,234	98,485	3.9%	10.9%
Age 65 to 74	34,938	34,555	35,320	35,369	35,340	35,237	35,726	0.4%	4.0%
Age 75 to 84	29,205	28,168	28,751	28,176	27,290	26,813	26,162	-1.8%	2.9%
Age 85 and Over	19,804	16,915	18,851	17,773	16,741	16,189	16,438	-3.1%	1.8%
Age Unknown	62,561	62,189	60,559	76,130	65,227	44,451	82,974	4.8%	9.2%
Total	770,536	807,435	808,294	847,943	860,508	856,566	899,616	2.6%	100.0%
By Race									
White	570,199	599,322	607,428	621,587	639,520	649,227	649,076	2.2%	72.2%
Black	89,002	93,443	95,225	97,410	100,370	101,927	103,105	2.5%	11.5%
Hispanic, American Indian or Asian	9,772	10,122	13,807	16,261	20,368	22,984	23,885	16.1%	2.7%
Other/Unknown	101,563	104,548	91,834	112,685	100,250	82,428	123,550	3.3%	13.7%
Total*	770,536	807,435	808,294	847,943	860,508	856,566	899,616	2.6%	100.0%
By Sex									
Female	405,097	426,291	433,763	448,121	461,268	470,226	473,588	2.6%	52.6%
Male	294,436	308,555	313,967	323,716	334,034	341,888	343,053	2.6%	38.1%
Unknown	71,003	72,589	60,564	76,106	65,206	44,452	82,975	2.6%	9.2%
Total*	770,536	807,435	808,294	847,943	860,508	856,566	899,616	2.6%	100.0%

Source: MSIS data for FFY 00-06.

SOUTHERN REGION MEDICAID PROFILE

PAYMENTS BY OTHER CHARACTERISTICS

By Maintenance Assistance Status	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05	FFY 06	Annual Change	Share of Total FFY 06
Receiving Cash Assistance or Eligible Under Section 1931	\$1,515,213,923	\$1,701,355,344	\$1,813,931,875	\$1,877,197,468	\$2,144,701,120	\$2,160,748,853	\$2,156,509,192	6.1%	52.2%
Poverty Related Eligibles	\$404,921,369	\$484,073,262	\$507,152,073	\$518,525,427	\$578,109,038	\$611,569,773	\$641,594,536	8.0%	15.5%
Medically Needy	\$132,145,581	\$129,501,122	\$134,460,223	\$131,171,340	\$134,459,647	\$128,819,802	\$137,557,765	0.7%	3.3%
Other Eligibles	\$839,563,932	\$892,503,820	\$957,580,268	\$988,819,799	\$1,014,544,064	\$1,102,637,853	\$1,078,245,796	4.3%	26.1%
Maintenance Assistance Status Unknown	\$20,947,484	\$27,639,405	\$46,241,142	\$42,106,149	\$51,945,513	\$39,854,352	\$121,183,620	34.0%	2.9%
Total	\$2,912,792,289	\$3,235,072,953	\$3,459,365,581	\$3,557,820,183	\$3,923,759,382	\$4,043,630,633	\$4,135,090,909	6.0%	100.0%
By Basis of Eligibility									
Aged, Blind or Disabled	\$2,106,900,543	\$2,295,532,904	\$2,411,932,356	\$2,463,019,744	\$2,648,070,461	\$2,723,492,029	\$2,681,303,265	4.1%	64.8%
Children	\$496,331,114	\$573,161,912	\$615,081,582	\$628,822,054	\$693,410,711	\$726,086,923	\$719,451,286	6.4%	17.4%
Foster Care Children	\$67,559,845	\$71,319,144	\$96,432,835	\$101,683,157	\$112,148,916	\$124,258,788	\$135,545,528	12.3%	3.3%
Adults	\$221,053,303	\$267,419,588	\$289,677,666	\$320,548,779	\$415,763,582	\$425,739,318	\$472,726,479	13.5%	11.4%
Basis of Eligibility Unknown	\$20,947,484	\$27,639,405	\$46,241,142	\$43,746,449	\$54,365,712	\$44,053,575	\$126,064,351	34.9%	3.0%
Total	\$2,912,792,289	\$3,235,072,953	\$3,459,365,581	\$3,557,820,183	\$3,923,759,382	\$4,043,630,633	\$4,135,090,909	6.0%	100.0%
By Age									
Under Age 1	\$43,616,243	\$100,844,551	\$58,714,699	\$49,924,877	\$69,719,772	\$75,426,010	\$43,875,591	0.1%	1.1%
Age 1 to 5	\$205,042,258	\$222,915,401	\$257,912,510	\$272,466,039	\$290,927,674	\$290,255,796	\$298,497,594	6.5%	7.2%
Age 6 to 14	\$341,002,381	\$387,979,926	\$415,677,405	\$430,761,484	\$461,719,868	\$473,178,498	\$512,159,406	7.0%	12.4%
Age 15 to 20	\$236,718,516	\$242,157,059	\$288,898,449	\$298,744,751	\$340,415,039	\$359,870,152	\$404,537,386	9.3%	9.8%
Age 21 to 44	\$635,535,217	\$729,719,806	\$755,932,270	\$800,945,310	\$932,908,132	\$929,862,115	\$971,971,377	7.3%	23.5%
Age 45 to 64	\$593,516,833	\$674,140,944	\$735,481,214	\$759,747,228	\$868,371,217	\$916,392,852	\$939,364,235	8.0%	22.7%
Age 65 to 74	\$224,741,821	\$245,193,742	\$258,806,305	\$259,489,719	\$271,789,986	\$282,160,545	\$233,968,145	0.7%	5.7%
Age 75 to 84	\$300,678,885	\$322,304,578	\$326,525,497	\$331,816,895	\$332,306,247	\$344,497,006	\$295,309,044	-0.3%	7.1%
Age 85 and Over	\$310,992,651	\$282,177,541	\$315,176,090	\$311,734,331	\$303,622,796	\$332,132,461	\$314,224,511	0.2%	7.6%
Age Unknown	\$20,947,484	\$27,639,405	\$46,241,142	\$42,189,549	\$51,978,651	\$39,855,198	\$121,183,620	34.0%	2.9%
Total	\$2,912,792,289	\$3,235,072,953	\$3,459,365,581	\$3,557,820,183	\$3,923,759,382	\$4,043,630,633	\$4,135,090,909	6.0%	100.0%
By Race									
White	\$2,360,328,296	\$2,624,231,363	\$2,783,070,068	\$2,844,145,040	\$3,123,209,984	\$3,204,105,126	\$3,174,164,062	5.1%	76.8%
Black	\$299,792,567	\$333,651,058	\$367,613,603	\$368,926,916	\$408,140,822	\$433,792,210	\$459,826,091	7.4%	11.1%
Hispanic, American Indian or Asian	\$20,236,457	\$22,145,045	\$33,455,178	\$33,212,111	\$53,886,704	\$59,187,909	\$57,624,533	19.1%	1.4%
Other/Unknown	\$232,434,969	\$255,045,487	\$275,226,732	\$311,536,116	\$338,521,872	\$346,545,388	\$443,476,223	11.4%	10.7%
Total*	\$2,912,792,289	\$3,235,072,953	\$3,459,365,581	\$3,557,820,183	\$3,923,759,382	\$4,043,630,633	\$4,135,090,909	6.0%	100.0%
By Sex									
Female	\$1,784,934,503	\$1,986,827,073	\$2,093,861,382	\$2,164,673,858	\$2,373,212,440	\$2,454,949,811	\$2,430,349,402	5.3%	58.8%
Male	\$1,103,226,738	\$1,221,685,988	\$1,319,176,968	\$1,350,967,105	\$1,498,600,237	\$1,548,817,420	\$1,583,557,771	6.2%	38.3%
Unknown	\$24,631,048	\$26,559,892	\$46,327,231	\$42,179,220	\$51,946,705	\$39,863,402	\$121,183,736	30.4%	2.9%
Total*	\$2,912,792,289	\$3,235,072,953	\$3,459,365,581	\$3,557,820,183	\$3,923,759,382	\$4,043,630,633	\$4,135,090,909	6.0%	100.0%

Source: MSIS data for FFY 00-06.

SOUTHERN REGION MEDICAID PROFILE

AVERAGE PAYMENT PER RECIPIENT BY OTHER CHARACTERISTICS

	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05	FFY 06	Annual Change	Above (+) or Below (-) SLC Avg. FFY 06
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	\$4,844.78	\$5,109.68	\$5,295.41	\$5,197.78	\$5,633.75	\$5,595.40	\$5,586.64	2.4%	-2.6%
Poverty Related Eligibles	\$1,483.98	\$1,606.03	\$1,729.79	\$1,721.90	\$1,877.49	\$1,914.46	\$1,968.30	4.8%	-0.9%
Medically Needy	\$2,639.53	\$3,279.17	\$3,925.16	\$4,082.39	\$4,538.88	\$4,705.06	\$5,387.45	12.6%	-31.9%
Other Eligibles	\$11,612.71	\$12,504.08	\$12,317.10	\$12,771.32	\$13,162.73	\$13,935.39	\$13,625.74	2.7%	92.4%
Maintenance Assistance Status Unknown	\$334.83	\$444.44	\$763.57	\$553.31	\$796.67	\$896.61	\$1,460.50	27.8%	-51.1%
Total	\$3,780.22	\$4,006.60	\$4,279.84	\$4,195.82	\$4,559.82	\$4,720.75	\$4,596.51	3.3%	10.8%
By Basis of Eligibility									
Aged, Blind or Disabled	\$8,204.25	\$8,731.05	\$8,611.71	\$9,314.24	\$9,935.95	\$10,146.91	\$9,815.19	3.0%	-10.2%
Children	\$1,435.58	\$1,537.04	\$1,661.98	\$1,657.81	\$1,767.51	\$1,808.07	\$1,811.27	4.0%	15.2%
Foster Care Children	\$8,410.29	\$8,388.51	\$10,255.54	\$10,056.69	\$10,229.77	\$10,370.45	\$10,683.81	4.1%	51.6%
Adults	\$2,269.52	\$2,649.63	\$2,627.30	\$2,722.44	\$3,321.72	\$3,282.01	\$3,551.82	7.8%	25.7%
Basis of Eligibility Unknown	\$334.83	\$444.44	\$1,202.07	\$573.01	\$829.30	\$981.63	\$1,510.69	28.5%	-50.8%
Total	\$3,780.22	\$4,006.60	\$4,279.84	\$4,195.82	\$4,559.82	\$4,720.75	\$4,596.51	3.3%	10.8%
By Age									
Under Age 1	\$1,349.39	\$2,138.94	\$2,278.68	\$1,928.72	\$2,582.69	\$2,660.34	\$1,923.27	6.1%	-51.3%
Age 1 to 5	\$1,671.63	\$1,651.08	\$2,055.29	\$2,092.21	\$2,166.07	\$2,110.60	\$2,154.94	4.3%	13.6%
Age 6 to 14	\$2,046.43	\$2,218.02	\$2,266.16	\$2,283.40	\$2,376.29	\$2,397.93	\$2,594.70	4.0%	41.4%
Age 15 to 20	\$3,026.12	\$3,140.00	\$3,311.31	\$3,309.16	\$3,589.02	\$3,639.83	\$3,945.05	4.5%	37.0%
Age 21 to 44	\$4,357.22	\$4,883.58	\$4,779.00	\$4,789.77	\$5,369.19	\$5,266.28	\$5,443.08	3.8%	6.3%
Age 45 to 64	\$7,577.23	\$8,222.84	\$8,682.65	\$8,610.59	\$9,469.70	\$9,622.54	\$9,538.15	3.9%	-8.0%
Age 65 to 74	\$6,432.59	\$7,095.75	\$7,327.47	\$7,336.64	\$7,690.72	\$8,007.51	\$6,548.96	0.3%	-2.7%
Age 75 to 84	\$10,295.46	\$11,442.22	\$11,357.01	\$11,776.58	\$12,176.85	\$12,848.13	\$11,287.71	1.5%	9.2%
Age 85 and Over	\$15,703.53	\$16,682.09	\$16,719.33	\$17,539.77	\$18,136.48	\$20,515.93	\$19,115.74	3.3%	12.2%
Age Unknown	\$334.83	\$444.44	\$763.57	\$554.18	\$796.89	\$896.61	\$1,460.50	27.8%	-51.1%
Total	\$3,780.22	\$4,006.60	\$4,279.84	\$4,195.82	\$4,559.82	\$4,720.75	\$4,596.51	3.3%	10.8%
By Race									
White	\$4,139.48	\$4,378.67	\$4,581.73	\$4,575.62	\$4,883.68	\$4,935.26	\$4,890.28	2.8%	-4.1%
Black	\$3,368.38	\$3,570.64	\$3,860.47	\$3,787.36	\$4,066.36	\$4,255.91	\$4,459.78	4.8%	20.7%
Hispanic, American Indian or Asian	\$2,070.86	\$2,187.81	\$2,423.06	\$2,042.44	\$2,645.66	\$2,575.18	\$2,412.58	2.6%	-13.5%
Other/Unknown	\$2,288.58	\$2,439.51	\$2,997.00	\$2,764.66	\$3,376.78	\$4,204.22	\$3,589.45	7.8%	-11.6%
Total	\$3,780.22	\$4,006.60	\$4,279.84	\$4,195.82	\$4,559.82	\$4,720.75	\$4,596.51	3.3%	10.8%
By Sex									
Female	\$4,406.19	\$4,660.73	\$4,827.20	\$4,830.56	\$5,144.98	\$5,220.79	\$5,131.78	2.6%	19.6%
Male	\$3,746.92	\$3,959.38	\$4,201.64	\$4,173.31	\$4,486.37	\$4,530.19	\$4,616.07	3.5%	10.9%
Unknown	\$346.90	\$365.89	\$764.93	\$554.22	\$796.66	\$896.77	\$1,460.48	27.1%	-50.9%
Total	\$3,780.22	\$4,006.60	\$4,279.84	\$4,195.82	\$4,559.82	\$4,720.75	\$4,596.51	3.3%	10.8%

Source: MSIS data for FFY 00-06.

SOUTHERN REGION MEDICAID PROFILE

ADDITIONAL STATE HEALTH CARE INFORMATION

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

Waivers

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

Kentucky has one health reform demonstration waiver, The Partnership, approved October 12, 1995, under Title IV-A, Section 1115, of the Social Security Act, implemented on November 1, 1997. Under The Partnership, the state has one managed care region with a network consisting of public and private providers.

Kentucky also operates a number of **Home and Community Based Services 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 12,683 as of 2004, operating since January 1, 1987.
- Mental Retardation/Developmental Disabilities (Support for Community Living) , operating since 1984.
- Ventilator-Dependent Individuals: , operating since October 1, 1987.
- Traumatic/Acquired Brain Injury: HCFA approved in March of 1999. Operational since April 1999.
- Consumer Directed Option: New option offered to Kentucky Medicaid home and community based waiver recipients (and eligibles). The CDO provides flexibility by offering consumer choice in providers and services.

Managed Care

- Primary Care Case Management (PCCM), or KenPAC (Kentucky Patient Access and Care Services). Provides a medical home and a primary care physician.
- Medicaid only Managed Care Organization (MCO): The Kentucky Passport Health Plan provides Medicaid managed care to 16 counties to approximately 140,000 plan members.
- Prepaid Ambulatory Health Plan (PAHP)

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.

Medicaid

- 24 optional services are offered.
- Medicaid Reform: Kentucky has requested and was granted waiver approval (1115) in 2006 to transform its Medicaid program. The waiver is targeted to cover over 700,000 beneficiaries. The changes to the traditional Medicaid program incorporate the following concepts:
 - 1) limited or targeted benefits (standard benefits offered to all recipients, with optional benefits offered to tailor the needs specifically to recipients;
 - 2) 4 categories of beneficiaries, which include a general population, children, elderly, and MR/DD;
 - 3) cost sharing by the majority of members (recipients), including co-payments and premiums on a sliding fee scale based on individual income;
 - 4) encourages employer sponsored care when available by subsidizing premiums
 - 5) implementation of disease management initiatives for recipients to address chronic illnesses such as diabetes and cardiovascular diseases.
 - 6) incentives to beneficiaries to be used for health related costs

SOUTHERN REGION MEDICAID PROFILE

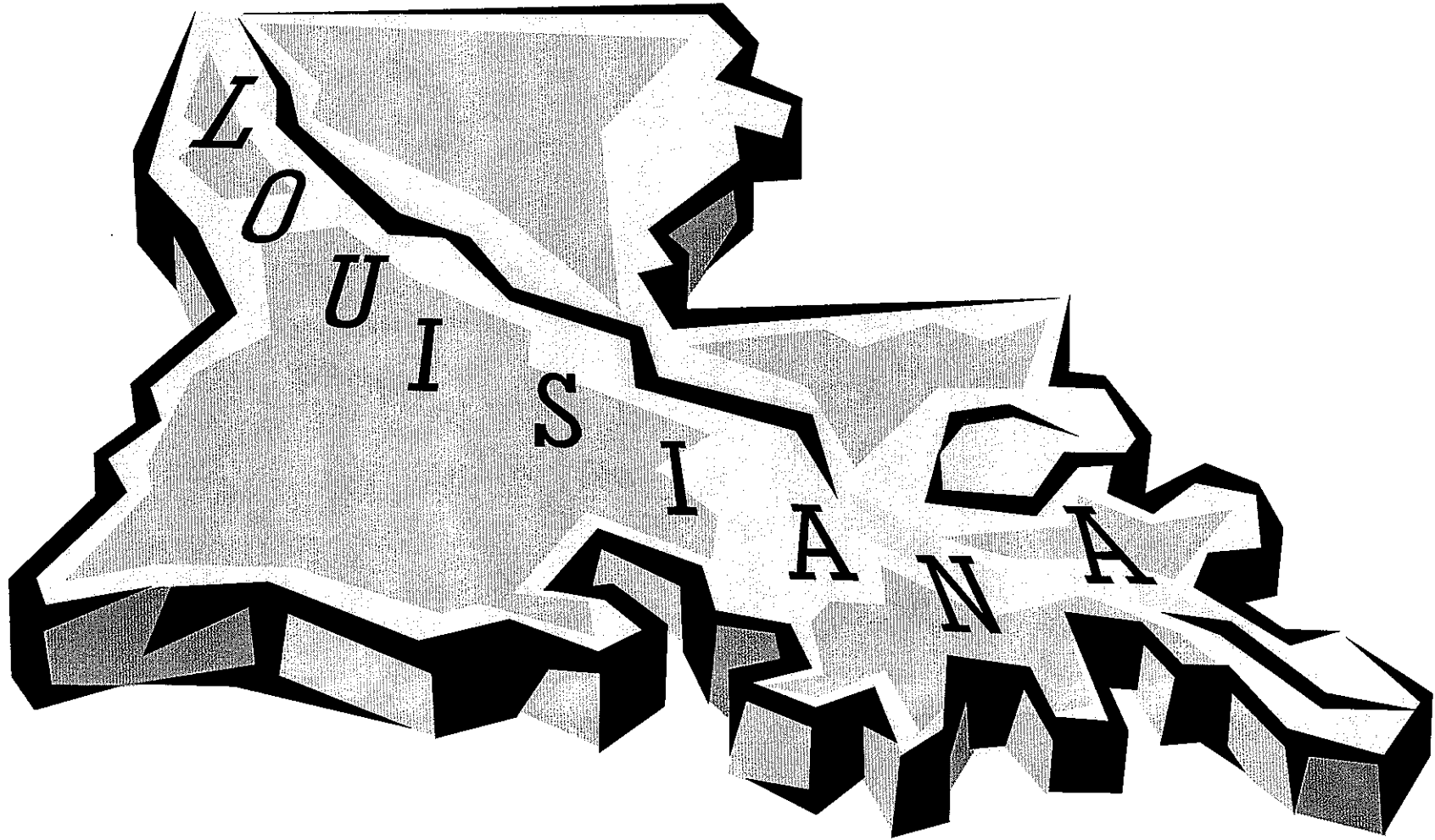
Children's Health Insurance Program: Medicaid expansion and state designed plan

•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.

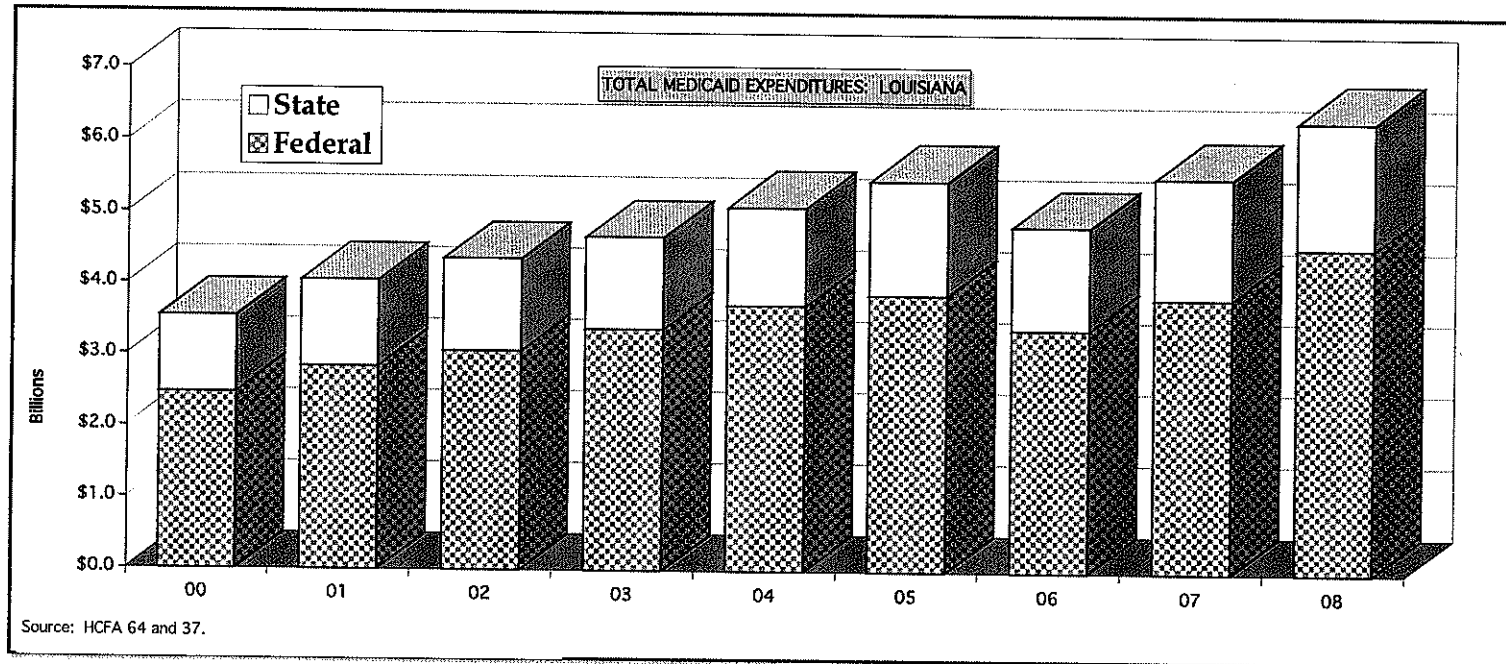
- For families with incomes up to 150% of the FPL, there are no cost sharing obligations.
- Families with incomes between 151% and 200% of the FPL are required to pay premiums as follows:
151%-200%: \$20 per month per six month period (not to exceed 5% of the family's annual income)
- Additional cost sharing obligations:

A co-payment is required for prescription drugs. Pharmacy co-payments range from \$1 to \$3 per perscription, depending on the type of prescription received.
No co-payment is required for allergy shots; \$2 dollar co-pays for allergy testing

STATE MEDICAID PROFILE



SOUTHERN REGION MEDICAID PROFILE



State profile revised to reflect MSIS statistical data as reported by CMS for federal fiscal years 00 through 05.

	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05	FFY 06	FFY 07*	FFY 08**	Annual Rate of Change	Total Change 00-08
Medicaid Payments*	\$3,443,282,971	\$3,942,492,295	\$4,220,008,399	\$4,510,559,559	\$4,933,031,400	\$5,313,395,456	\$4,687,949,677	\$5,361,214,000	\$6,130,844,000	7.5%	78.1%
Federal Share	\$2,422,693,898	\$2,785,236,446	\$2,980,108,561	\$3,282,205,273	\$3,623,928,889	\$3,778,999,011	\$3,313,901,491	\$3,745,128,000	\$4,446,865,000	7.9%	83.6%
State Share	\$1,020,589,073	\$1,157,255,849	\$1,239,899,838	\$1,228,354,286	\$1,309,102,511	\$1,534,396,445	\$1,374,048,186	\$1,616,086,000	\$1,683,979,000	6.5%	65.0%
Administrative Costs	\$99,694,716	\$107,688,302	\$136,430,738	\$161,791,590	\$165,305,982	\$161,949,822	\$155,485,375	\$171,160,000	\$196,371,000	8.8%	97.0%
Federal Share	\$55,200,964	\$59,333,150	\$88,161,061	\$99,329,586	\$96,671,081	\$93,148,355	\$86,525,202	\$94,268,000	\$108,152,000	8.8%	95.9%
State Share	\$44,493,752	\$48,355,152	\$48,269,677	\$62,462,004	\$68,634,901	\$68,801,467	\$68,960,173	\$76,892,000	\$88,219,000	8.9%	98.3%
Admin. Costs as % of Payments	2.90%	2.73%	3.23%	3.59%	3.35%	3.05%	3.32%	3.19%	3.20%		
Federal Match Rate*	70.32%	70.53%	70.30%	71.28%	70.09%	69.60%	69.79%	69.69%	72.47%		

*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 07 and 08 reflect latest estimates reported by each state (CMS 37).

*Medicaid payments have been adjusted to remove IGT Funds that were deposited into trust as follows: FFY 01 \$306,381,184; FFY 02 \$744,448,177; and FFY 03 \$5,255,274.

SOUTHERN REGION MEDICAID PROFILE

STATE FINANCING

	Payments		Administration	
	FFY 00	FFY 06	FFY 00	FFY 06
State General Fund	\$1,020,589,073	\$1,271,083,079	\$44,493,752	\$68,960,173
Local Funds	\$0	\$0	\$0	\$0
Provider Taxes	\$0	\$102,965,107	\$0	\$0
Donations	\$0	\$0	\$0	\$0
Other*	\$0	\$0	\$0	\$0
Total State Share	\$1,020,589,073	\$1,374,048,186	\$44,493,752	\$68,960,173

Provider Taxes Currently in Place (FFY 06)

	Tax Rate	Amount
Nursing Homes	\$7.27 per patient day	\$71,716,855
MR Facilities	\$12.68 per patient day	\$24,386,383
Pharmacy	\$0.10 per prescription	\$6,861,869
Total		\$102,965,107

DISPROPORTIONATE SHARE HOSPITAL (DSH) PAYMENTS

	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05	FFY 06	FFY 07*	FFY 08**	Annual Change
General Hospitals	\$698,563,704	\$794,907,241	\$770,547,308	\$730,035,964	\$914,779,162	\$913,199,890	\$671,831,909	\$852,044,000	\$883,678,000	2.3%
Mental Hospitals	\$65,389,470	\$77,400,268	\$63,735,769	\$95,212,813	\$110,566,189	\$117,845,178	\$67,998,379	\$97,986,000	\$106,288,000	8.9%
Total	\$763,953,174	\$872,307,509	\$834,283,077	\$825,248,777	\$1,025,345,351	\$1,031,045,068	\$739,830,288	\$950,030,000	\$989,966,000	2.9%

*Estimated.

SELECTED ELIGIBILITY CRITERIA

	2006	% of FPL*
TANF-Temporary Assistance for Needy Families (Family of 3)		
Need Standard	\$658	47.6%
Payment Standard	\$240	17.3%
Maximum Payment	\$240	17.3%
Medically Needy Program (Family of 3)		
Income Eligibility Std	\$233	
Resource Standard	N/A	
Pregnant Women, Children and Infants (% of FPL*)		
Pregnant women and infants		200.0%
Children 1 to 5		133.0%
Children 6 to 18		100.0%
SSI Eligibility Levels		
Income:		
Single Person	\$603	73.8%
Couple	\$904	82.2%
Resources:		
Single Person	\$2,000	N/A
Couple	\$3,000	N/A

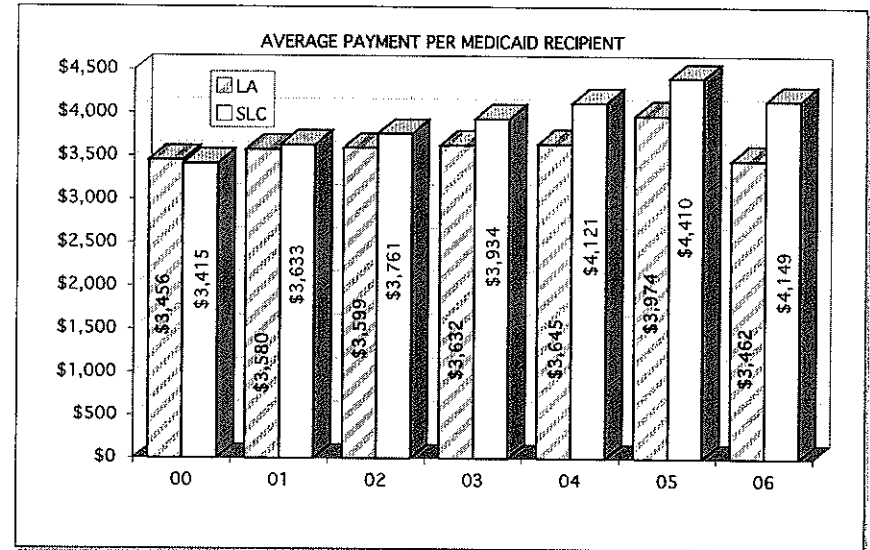
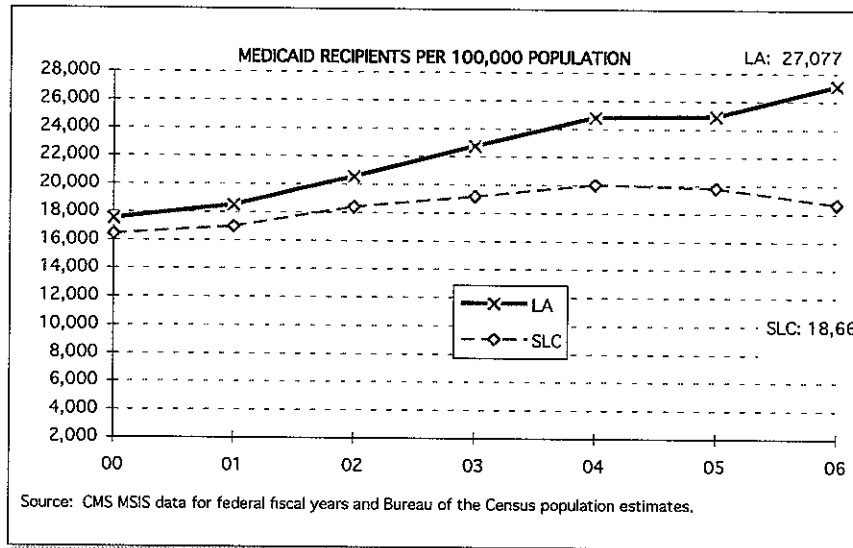
DEMOGRAPHIC DATA & POVERTY INDICATORS (2006)

		Rank in U.S.
State population—December 21, 2007*	4,243,288	25
Per capita personal income**	\$31,369	40
Median household income**	\$37,943	47
Population below Federal Poverty Level*	738,332	
Percent of total state population	17.4%	2
Population without health insurance coverage*	921,000	14
Percent of total state population	21.7%	
Recipients of Food Stamps***	829,882	12
Households receiving Food Stamps***	311,430	
Total value of issuance***	\$1,031,646,570	10
Average monthly benefit per recipient	\$103.59	5
Average monthly benefit per household	\$276.05	
Monthly recipients of Temporary Assistance to Needy Families (TANF)****	25,200	31
Total TANF payments****	\$45,817,376	27
Average monthly payment per recipient	\$151.51	
Maximum monthly payment per family of 3	\$190.00	46

*Current (2006) federal poverty level is \$9,800 per year for a single person, \$13,200 for a family of two and \$16,600 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 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05	FFY 06	Annual Change
01. General Hospital	156,861	158,676	176,229	179,182	180,489	181,301	150,367	-0.7%
02. Mental Hospital	8,552	7,491	8,070	8,613	9,434	9,476	9,495	1.8%
03. Skilled and Intermediate (non-MR) Care Nursing	34,639	34,702	34,356	32,955	32,306	32,471	31,441	-1.6%
04. Intermediate Care for Mentally Retarded	5,984	5,907	5,879	5,848	5,820	5,849	5,608	-1.1%
05. Physician Services	619,859	657,938	731,385	789,162	832,560	835,983	807,303	4.5%
06. Dental Services	137,707	167,187	187,347	232,875	236,225	237,108	222,714	8.3%
07. Other Practitioners	84,504	92,394	110,323	157,591	178,179	178,752	180,906	13.5%
08. Outpatient Hospital	336,002	371,198	420,655	465,274	490,135	492,072	542,636	8.3%
09. Clinic Services	118,008	107,545	113,829	123,544	150,865	151,451	172,053	6.5%
10. Lab and X-Ray	437,669	456,670	487,831	532,212	588,281	590,640	579,605	4.8%
11. Home Health	10,041	9,831	10,980	11,406	11,131	11,182	11,653	2.5%
12. Prescribed Drugs	581,356	628,571	689,973	758,388	804,196	804,196	792,298	5.3%
13. Family Planning	5,347	5,607	6,082	6,465	6,719	6,748	6,508	3.3%
14. Early & Periodic Screening, Diagnosis & Treatment	0	0	0	0	0	0	0	n/a
15. Other Care	377,080	393,452	441,854	487,196	511,907	513,979	584,509	7.6%
16. Personal Care Support Services	101,186	112,336	128,333	145,595	568,898	181,801	195,211	11.6%
17. Home/Community Based Waiver Services	0	0	0	0	0	0	0	n/a
18. Prepaid Health Care	0	0	0	0	0	0	0	n/a
19. Primary Care Case Management (PCCM) Services	69,429	84,036	295,322	585,026	878,942	880,484	867,523	52.3%
Total*	761,248	804,987	898,824	995,362	1,108,054	1,112,319	1,148,972	7.1%

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

SOUTHERN REGION MEDICAID PROFILE

<u>PAYMENTS BY TYPE OF SERVICES</u>	<u>FFY 00</u>	<u>FFY 01</u>	<u>FFY 02</u>	<u>FFY 03</u>	<u>FFY 04</u>	<u>FFY 05</u>	<u>FFY 06</u>	<u>Annual Change</u>	<u>Share of Total FFY 06</u>
01. General Hospital	\$529,025,483	\$547,461,542	\$595,344,285	\$682,696,326	\$778,490,113	\$853,325,153	\$729,072,751	5.5%	18.3%
02. Mental Hospital	\$28,267,787	\$30,563,226	\$33,765,457	\$35,857,553	\$45,863,116	\$50,109,366	\$49,647,890	9.8%	1.2%
03. Skilled and Intermediate (non-MR) Care Nursing	\$492,740,844	\$566,831,499	\$579,678,805	\$585,804,380	\$590,336,369	\$657,391,067	\$631,662,619	4.2%	15.9%
04. Intermediate Care for Mentally Retarded	\$349,880,049	\$353,810,898	\$358,064,677	\$367,634,760	\$417,797,223	\$462,458,541	\$423,899,059	3.3%	10.7%
05. Physician Services	\$206,081,672	\$223,182,715	\$246,465,477	\$276,177,855	\$295,713,111	\$325,363,444	\$294,467,879	6.1%	7.4%
06. Dental Services	\$22,251,055	\$27,872,499	\$36,108,006	\$43,540,602	\$50,438,369	\$54,485,958	\$51,458,240	15.0%	1.3%
07. Other Practitioners	\$8,677,916	\$9,261,247	\$10,742,041	\$16,242,953	\$17,353,900	\$18,810,677	\$22,321,568	17.1%	0.6%
08. Outpatient Hospital	\$146,172,967	\$158,037,617	\$217,035,609	\$250,446,727	\$242,252,823	\$265,921,447	\$257,065,285	9.9%	6.5%
09. Clinic Services	\$44,341,120	\$40,458,341	\$53,391,708	\$61,770,340	\$72,614,896	\$79,284,050	\$80,251,491	10.4%	2.0%
10. Lab and X-Ray	\$46,000,148	\$46,575,385	\$53,319,471	\$61,360,475	\$70,998,756	\$77,536,624	\$80,052,312	9.7%	2.0%
11. Home Health	\$21,289,864	\$21,999,736	\$24,570,127	\$28,344,851	\$27,387,007	\$30,240,158	\$24,746,026	2.5%	0.6%
12. Prescribed Drugs	\$476,400,908	\$554,670,701	\$682,557,080	\$783,761,071	\$900,611,528	\$975,650,922	\$713,360,380	7.0%	17.9%
13. Family Planning	\$2,179,189	\$2,148,382	\$2,801,219	\$4,333,284	\$4,432,117	\$4,802,998	\$7,581,832	23.1%	0.2%
14. Early & Periodic Screening, Diagnosis & Treatment	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a	0.0%
15. Other Care	\$210,574,208	\$238,124,463	\$263,557,479	\$312,383,237	\$383,282,169	\$414,687,198	\$405,667,504	11.5%	10.2%
16. Personal Care Support Services	\$44,974,800	\$58,657,251	\$71,523,905	\$91,172,371	\$117,785,307	\$126,005,040	\$181,527,265	26.2%	4.6%
17. Home/Community Based Waiver Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a	0.0%
18. Prepaid Health Care	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a	0.0%
19. Primary Case Management (PCCM) Services	\$1,705,420	\$1,922,615	\$5,496,593	\$13,383,194	\$23,740,692	\$24,650,771	\$24,857,900	56.3%	0.6%
Total (excludes DSH pymts, pharmacy rebates, & other adjs.)	\$2,630,563,430	\$2,881,578,117	\$3,234,421,939	\$3,614,909,979	\$4,039,097,496	\$4,420,723,414	\$3,977,640,001	7.1%	100.0%

AVERAGE PAYMENTS PER RECIPIENT BY TYPE OF SERVICES

								(+) or (-) SLC Avg. FFY 06
01. General Hospital	\$3,372.57	\$3,450.18	\$3,378.24	\$3,810.07	\$4,313.23	\$4,706.68	\$4,848.62	6.2% -9.7%
02. Mental Hospital	\$3,305.40	\$4,079.99	\$4,184.07	\$4,163.19	\$4,861.47	\$5,288.03	\$5,228.85	7.9% -70.8%
03. Skilled and Intermediate (non-MR) Care Nursing	\$14,225.03	\$16,334.26	\$16,872.71	\$17,775.89	\$18,273.27	\$20,245.48	\$20,090.41	5.9% -16.6%
04. Intermediate Care for Mentally Retarded	\$58,469.26	\$59,896.88	\$60,905.71	\$62,865.04	\$71,786.46	\$79,066.26	\$75,588.28	4.4% -13.8%
05. Physician Services	\$332.47	\$339.22	\$336.98	\$349.96	\$355.19	\$389.20	\$364.76	1.6% -34.0%
06. Dental Services	\$161.58	\$166.71	\$192.73	\$186.97	\$213.52	\$229.79	\$231.05	6.1% -36.4%
07. Other Practitioners	\$102.69	\$100.24	\$97.37	\$103.07	\$97.40	\$105.23	\$123.39	3.1% -47.0%
08. Outpatient Hospital	\$435.04	\$425.75	\$515.95	\$538.28	\$494.26	\$540.41	\$473.73	1.4% -24.0%
09. Clinic Services	\$375.75	\$376.20	\$469.05	\$499.99	\$481.32	\$523.50	\$466.43	3.7% -33.5%
10. Lab and X-Ray	\$105.10	\$101.99	\$109.30	\$115.29	\$120.69	\$131.28	\$138.12	4.7% -35.9%
11. Home Health	\$2,120.29	\$2,237.79	\$2,237.72	\$2,485.08	\$2,460.43	\$2,704.36	\$2,123.58	0.0% -47.5%
12. Prescribed Drugs	\$819.47	\$882.43	\$989.25	\$1,033.46	\$1,119.89	\$1,213.20	\$900.37	1.6% -6.9%
13. Family Planning	\$407.55	\$383.16	\$460.58	\$670.27	\$659.64	\$711.77	\$1,165.00	19.1% -2.4%
14. Early & Periodic Screening, Diagnosis & Treatment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	n/a n/a
15. Other Care	\$558.43	\$605.22	\$596.48	\$641.19	\$748.73	\$806.82	\$694.03	3.7% -62.6%
16. Personal Care Support Services	\$444.48	\$522.16	\$557.33	\$626.21	\$207.04	\$693.09	\$929.90	13.1% -50.6%
17. Home/Community Based Waiver Services	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	n/a n/a
18. Prepaid Health Care	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	n/a n/a
19. Primary Case Management (PCCM) Services	\$24.56	\$22.88	\$18.61	\$22.88	\$27.01	\$28.00	\$28.65	2.6% 3.1%
Total (Average)	\$3,455.59	\$3,579.66	\$3,598.50	\$3,631.75	\$3,645.22	\$3,974.33	\$3,461.91	0.0% -16.6%

TOTAL PER CAPITA EXPENDITURES	\$816.20	\$930.30	\$997.13	\$1,068.69	\$1,140.83	\$1,226.16	\$1,141.43	5.7%	29.4%
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Source: MSIS data for FFY 00-06.

SOUTHERN REGION MEDICAID PROFILE

DATA BY OTHER CHARACTERISTICS

RECIPIENTS BY OTHER CHARACTERISTICS

By Maintenance Assistance Status	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05	FFY 06	Annual Change	Share of Total FFY 06
Receiving Cash Assistance or Eligible Under Section 1931	307,199	301,098	310,808	313,021	340,322	341,842	345,084	2.0%	30.0%
Poverty Related Eligibles	286,673	350,198	445,427	499,742	569,412	571,330	604,225	13.2%	52.6%
Medically Needy	6,088	7,041	9,204	9,659	10,622	10,661	10,318	9.2%	0.9%
Other Eligibles	96,323	82,393	89,334	76,114	99,831	100,278	99,939	0.6%	8.7%
Maintenance Assistance Status Unknown	64,965	64,257	44,051	96,826	87,867	88,208	89,406	5.5%	7.8%
Total	761,248	804,987	898,824	995,362	1,108,054	1,112,319	1,148,972	7.1%	100.0%
By Basis of Eligibility	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05	FFY 06	Annual Change	Share of Total FFY 06
Aged, Blind, or Disabled	232,929	232,613	241,107	245,745	252,159	253,319	258,379	1.7%	22.5%
Children	367,921	411,966	538,077	535,484	633,662	635,928	652,486	10.0%	56.8%
Foster Care Children	8,875	8,639	9,470	8,539	8,849	8,892	9,603	1.3%	0.8%
Adults	86,558	87,512	110,170	108,501	125,517	126,007	138,112	8.1%	12.0%
Basis of Eligibility Unknown	64,965	64,257	0	97,093	87,867	88,173	90,392	5.7%	7.9%
Total	761,248	804,987	898,824	995,362	1,108,054	1,112,319	1,148,972	7.1%	100.0%
By Age	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05	FFY 06	Annual Change	Share of Total FFY 06
Under Age 1	26,837	27,501	35,777	17,970	39,101	39,236	25,835	-0.6%	2.2%
Age 1 to 5	139,568	147,942	180,474	170,264	206,568	207,353	201,173	6.3%	17.5%
Age 6 to 14	180,207	202,706	243,261	278,469	306,124	307,234	323,683	10.3%	28.2%
Age 15 to 20	81,857	93,158	113,506	134,354	153,116	153,636	170,968	13.1%	14.9%
Age 21 to 44	122,450	123,143	130,744	141,485	154,329	154,971	169,433	5.6%	14.7%
Age 45 to 64	60,278	62,671	67,925	72,499	77,326	77,648	86,367	6.2%	7.5%
Age 65 to 74	33,250	32,907	32,980	33,467	34,071	34,233	34,148	0.4%	3.0%
Age 75 to 84	29,756	29,668	29,629	29,827	29,785	29,929	28,776	-0.6%	2.5%
Age 85 and Over	22,080	21,034	20,477	20,199	19,767	19,869	19,183	-2.3%	1.7%
Age Unknown	64,965	64,257	44,051	96,828	87,867	88,210	89,406	5.5%	7.8%
Total	761,248	804,987	898,824	995,362	1,108,054	1,112,319	1,148,972	7.1%	100.0%
By Race	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05	FFY 06	Annual Change	Share of Total FFY 06
White	257,995	276,367	296,734	320,727	366,609	368,022	392,000	7.2%	34.1%
Black	450,797	473,774	498,670	514,116	577,581	579,946	582,070	4.4%	50.7%
Hispanic, American Indian or Asian	0	0	8,817	12,878	17,577	17,609	24,457	29.1%	2.1%
Other/Unknown	52,456	54,846	94,603	147,641	146,287	146,742	150,445	19.2%	13.1%
Total	761,248	804,987	898,824	995,362	1,108,054	1,112,319	1,148,972	7.1%	100.0%
By Sex	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05	FFY 06	Annual Change	Share of Total FFY 06
Female	460,027	481,824	498,794	523,312	586,673	589,073	611,418	4.9%	53.2%
Male	300,360	322,966	355,920	375,166	433,415	435,076	448,034	6.9%	39.0%
Unknown	861	197	44,110	96,884	87,966	88,170	89,520	116.8%	7.8%
Total	761,248	804,987	898,824	995,362	1,108,054	1,112,319	1,148,972	7.1%	100.0%

Source: MSIS data for FFY 00-06.

SOUTHERN REGION MEDICAID PROFILE

PAYMENTS BY OTHER CHARACTERISTICS

	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05	FFY 06	Annual Change	Share of Total FFY 06
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	\$1,287,252,400	\$1,376,935,923	\$1,553,966,380	\$1,699,714,565	\$1,942,915,372	\$2,126,311,541	\$1,771,482,567	5.5%	44.5%
Poverty Related Eligibles	\$321,648,866	\$392,236,048	\$510,213,885	\$583,097,320	\$677,363,988	\$732,750,110	\$737,910,355	14.8%	18.6%
Medically Needy	\$35,472,974	\$43,794,602	\$56,331,308	\$59,852,598	\$74,767,869	\$80,862,502	\$75,322,034	13.4%	1.9%
Other Eligibles	\$882,700,731	\$966,239,542	\$1,053,861,209	\$1,072,900,601	\$1,231,926,150	\$1,354,718,481	\$1,201,524,173	5.3%	30.2%
Maintenance Assistance Status Unknown	\$103,488,459	\$102,372,002	\$60,049,157	\$199,344,895	\$112,124,117	\$126,080,780	\$191,400,872	10.8%	4.8%
Total	\$2,630,563,430	\$2,881,578,117	\$3,234,421,939	\$3,614,909,979	\$4,039,097,496	\$4,420,723,414	\$3,977,640,001	7.1%	100.0%
By Basis of Eligibility									
Aged, Blind or Disabled	\$1,953,941,815	\$2,110,259,299	\$2,303,751,869	\$2,513,203,234	\$2,800,964,969	\$3,074,600,706	\$2,639,210,714	5.1%	66.4%
Children	\$337,035,460	\$412,242,191	\$569,950,655	\$553,716,835	\$702,174,794	\$760,146,205	\$680,597,960	12.4%	17.1%
Foster Care Children	\$21,691,569	\$22,958,250	\$25,792,679	\$28,100,500	\$33,814,036	\$36,822,707	\$37,635,443	9.6%	0.9%
Adults	\$214,406,127	\$233,746,375	\$274,877,579	\$315,908,545	\$390,019,580	\$422,979,578	\$412,546,868	11.5%	10.4%
Basis of Eligibility Unknown	\$103,488,459	\$102,372,002	\$60,049,157	\$203,980,865	\$112,124,117	\$126,174,218	\$207,649,016	12.3%	5.2%
Total	\$2,630,563,430	\$2,881,578,117	\$3,234,421,939	\$3,614,909,979	\$4,039,097,496	\$4,420,723,414	\$3,977,640,001	7.1%	100.0%
By Age									
Under Age 1	\$60,554,574	\$82,788,537	\$118,450,015	\$69,607,689	\$142,993,947	\$153,637,383	\$93,219,872	7.5%	2.3%
Age 1 to 5	\$184,127,591	\$212,808,277	\$275,852,968	\$265,375,029	\$309,600,661	\$338,058,142	\$292,807,639	8.0%	7.4%
Age 6 to 14	\$191,919,045	\$224,251,709	\$281,724,844	\$338,512,433	\$379,274,603	\$411,382,231	\$366,336,215	11.4%	9.2%
Age 15 to 20	\$180,390,620	\$203,151,604	\$236,113,101	\$271,785,984	\$314,808,760	\$342,382,049	\$317,743,146	9.9%	8.0%
Age 21 to 44	\$668,103,084	\$702,180,596	\$775,096,720	\$851,260,156	\$982,907,597	\$1,076,003,219	\$972,915,966	6.5%	24.5%
Age 45 to 64	\$544,918,260	\$601,807,404	\$690,063,729	\$783,968,981	\$923,188,951	\$1,004,860,248	\$958,984,430	9.9%	24.1%
Age 65 to 74	\$204,844,393	\$213,563,390	\$234,357,458	\$249,635,916	\$270,344,942	\$298,193,059	\$230,794,731	2.0%	5.8%
Age 75 to 84	\$243,830,620	\$269,292,605	\$284,966,950	\$300,381,614	\$314,156,048	\$347,619,750	\$278,193,860	2.2%	7.0%
Age 85 and Over	\$248,386,784	\$269,361,993	\$277,746,997	\$285,036,326	\$289,697,870	\$322,506,564	\$275,243,270	1.7%	6.9%
Age Unknown	\$103,488,459	\$102,372,002	\$60,049,157	\$199,345,851	\$112,124,117	\$126,080,769	\$191,400,872	10.8%	4.8%
Total	\$2,630,563,430	\$2,881,578,117	\$3,234,421,939	\$3,614,909,979	\$4,039,097,496	\$4,420,723,414	\$3,977,640,001	7.1%	100.0%
By Race									
White	\$1,220,850,112	\$1,341,518,119	\$1,478,718,886	\$1,594,496,227	\$1,821,042,639	\$1,994,839,352	\$1,813,996,152	6.8%	45.6%
Black	\$1,173,444,462	\$1,281,983,050	\$1,411,445,947	\$1,516,242,310	\$1,755,020,304	\$1,921,126,595	\$1,632,547,924	5.7%	41.0%
Hispanic, American Indian or Asian	\$0	\$0	\$19,952,411	\$32,330,907	\$43,926,797	\$45,865,893	\$48,378,970	24.8%	1.2%
Other/Unknown	\$236,268,856	\$258,076,948	\$324,304,695	\$471,840,535	\$419,107,756	\$458,891,574	\$482,716,955	12.6%	12.1%
Total	\$2,630,563,430	\$2,881,578,117	\$3,234,421,939	\$3,614,909,979	\$4,039,097,496	\$4,420,723,414	\$3,977,640,001	7.1%	100.0%
By Sex									
Female	\$1,591,240,151	\$1,734,266,319	\$1,907,207,677	\$2,060,036,616	\$2,331,028,369	\$2,555,742,870	\$2,246,345,480	5.9%	56.5%
Male	\$1,039,703,789	\$1,147,169,287	\$1,267,011,408	\$1,355,303,057	\$1,595,642,523	\$1,744,298,024	\$1,539,528,102	6.8%	38.7%
Unknown	(\$380,510)	\$142,511	\$60,202,854	\$199,570,306	\$112,426,604	\$120,682,520	\$191,766,419	322.5%	4.8%
Total	\$2,630,563,430	\$2,881,578,117	\$3,234,421,939	\$3,614,909,979	\$4,039,097,496	\$4,420,723,414	\$3,977,640,001	7.1%	100.0%

Source: MSIS data for FFY 00-06.

SOUTHERN REGION MEDICAID PROFILE

AVERAGE PAYMENT PER RECIPIENT BY OTHER CHARACTERISTICS

	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05	FFY 06	Annual Change	Above (+) or Below (-) SLC Avg. FFY 06
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	\$4,190.29	\$4,573.05	\$4,999.76	\$5,430.03	\$5,709.05	\$6,220.16	\$5,133.48	3.4%	-10.5%
Poverty Related Eligibles	\$1,122.01	\$1,120.04	\$1,145.45	\$1,166.80	\$1,189.59	\$1,282.53	\$1,221.25	1.4%	-38.5%
Medically Needy	\$5,826.70	\$6,219.94	\$6,120.31	\$6,196.56	\$7,038.96	\$7,584.89	\$7,300.06	3.8%	-7.7%
Other Eligibles	\$9,163.97	\$11,727.20	\$11,796.87	\$14,095.97	\$12,340.12	\$13,509.63	\$12,022.58	4.6%	69.8%
Maintenance Assistance Status Unknown	\$1,592.99	\$1,593.16	\$1,363.17	\$2,058.80	\$1,276.07	\$1,429.36	\$2,140.81	5.0%	-28.3%
Total	\$3,455.59	\$3,579.66	\$3,598.50	\$3,631.75	\$3,645.22	\$3,974.33	\$3,461.91	0.0%	-16.6%
By Basis of Eligibility									
Aged, Blind or Disabled	\$8,388.57	\$9,071.97	\$9,554.89	\$10,226.87	\$11,107.93	\$12,137.27	\$10,214.49	3.3%	-6.5%
Children	\$916.05	\$1,000.67	\$1,059.24	\$1,034.05	\$1,108.12	\$1,195.33	\$1,043.08	2.2%	-33.7%
Foster Care Children	\$2,444.12	\$2,657.51	\$2,723.62	\$3,290.84	\$3,821.23	\$4,141.11	\$3,919.13	8.2%	-44.4%
Adults	\$2,477.02	\$2,671.02	\$2,495.03	\$2,911.57	\$3,107.30	\$3,356.79	\$2,987.05	3.2%	5.7%
Basis of Eligibility Unknown	\$1,592.99	\$1,593.16	\$0.00	\$2,100.88	\$1,276.07	\$1,430.98	\$2,297.21	6.3%	-25.3%
Total	\$3,455.59	\$3,579.66	\$3,598.50	\$3,631.75	\$3,645.22	\$3,974.33	\$3,461.91	0.0%	-16.6%
By Age									
Under Age 1	\$2,256.38	\$3,010.38	\$3,310.79	\$3,873.55	\$3,657.04	\$3,915.72	\$3,608.28	8.1%	-8.7%
Age 1 to 5	\$1,319.27	\$1,438.46	\$1,528.49	\$1,558.61	\$1,498.78	\$1,630.35	\$1,455.50	1.7%	-23.3%
Age 6 to 14	\$1,064.99	\$1,106.29	\$1,158.12	\$1,215.62	\$1,238.96	\$1,338.99	\$1,131.77	1.0%	-38.3%
Age 15 to 20	\$2,203.73	\$2,180.72	\$2,080.18	\$2,022.91	\$2,056.01	\$2,228.53	\$1,858.49	-2.8%	-35.5%
Age 21 to 44	\$5,456.13	\$5,702.16	\$5,928.35	\$6,016.61	\$6,368.91	\$6,943.26	\$5,742.19	0.9%	12.2%
Age 45 to 64	\$9,040.09	\$9,602.65	\$10,159.20	\$10,813.51	\$11,938.92	\$12,941.23	\$11,103.60	3.5%	7.1%
Age 65 to 74	\$6,160.73	\$6,489.91	\$7,106.05	\$7,459.17	\$7,934.75	\$8,710.69	\$6,758.66	1.6%	0.4%
Age 75 to 84	\$8,194.33	\$9,076.87	\$9,617.84	\$10,070.80	\$10,547.46	\$11,614.81	\$9,667.57	2.8%	-6.5%
Age 85 and Over	\$11,249.40	\$12,806.03	\$13,563.85	\$14,111.41	\$14,655.63	\$16,231.65	\$14,348.29	4.1%	-15.8%
Age Unknown	\$1,592.99	\$1,593.16	\$1,363.17	\$2,058.76	\$1,276.07	\$1,429.33	\$2,140.81	5.0%	-28.3%
Total	\$3,455.59	\$3,579.66	\$3,598.50	\$3,631.75	\$3,645.22	\$3,974.33	\$3,461.91	0.0%	-16.6%
By Race									
White	\$4,732.07	\$4,854.12	\$4,983.31	\$4,971.51	\$4,967.26	\$5,420.44	\$4,627.54	-0.4%	-9.2%
Black	\$2,603.04	\$2,705.90	\$2,830.42	\$2,949.22	\$3,038.57	\$3,312.60	\$2,804.73	1.3%	-24.1%
Hispanic, American Indian or Asian	\$0.00	\$0.00	\$2,262.95	\$2,510.55	\$2,499.11	\$2,604.68	\$1,978.12	-3.3%	-29.1%
Other/Unknown	\$4,504.13	\$4,705.48	\$3,428.06	\$3,195.86	\$2,864.97	\$3,127.20	\$3,208.59	-5.5%	-21.0%
Total	\$3,455.59	\$3,579.66	\$3,598.50	\$3,631.75	\$3,645.22	\$3,974.33	\$3,461.91	0.0%	-16.6%
By Sex									
Female	\$3,459.01	\$3,599.38	\$3,823.64	\$3,936.54	\$3,973.30	\$4,338.58	\$3,673.99	1.0%	-14.4%
Male	\$3,461.53	\$3,551.98	\$3,559.82	\$3,612.54	\$3,681.56	\$4,009.18	\$3,436.19	-0.1%	-17.4%
Unknown	(\$441.94)	\$723.41	\$1,364.83	\$2,059.89	\$1,278.07	\$1,368.75	\$2,142.16	24.2%	-28.0%
Total	\$3,455.59	\$3,579.66	\$3,598.50	\$3,631.75	\$3,645.22	\$3,974.33	\$3,461.91	0.0%	-16.6%

Source: MSIS data for FFY 00-06.

SOUTHERN REGION MEDICAID PROFILE

ADDITIONAL STATE HEALTH CARE INFORMATION

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

Waivers

Louisiana operates a Primary Care Case Management (PCCM) under the authority of a 1915(b) waiver. The program, CommunityCARE, has been in existence since June 1, 1992 and serves approximately 700,000 beneficiaries across the State.

Louisiana also has several **Home and Community Based Services 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 (EDA): Operating since July 1993
- Mental Retardation/Developmental Disabilities: Operating since June 1, 1990. Beginning in October 2003, individuals were transitioned out of the MR/DD waiver into the New Opportunity Waiver (NOW), an Independence Plus waiver which encompasses additional services and an option for participants to elect consumer direction.
- Adult Day Health Care (ADHC): Certain services for 5 or more hours a day in an ADHC facility, and includes activities of daily living services, health and nutrition counseling, social services, and exercise programs. Operating since January 1985.
- Supports: Age 18 years of older with MR or DD which manifested prior to age 22.
- Children's Choice (CC): Supplemental support to children with DD that currently live at home with families. Children's Choice is an option offered to children that are requesting services offered under the New Opportunities Waiver. Operating since February 21, 2001.
- Long Term-Personal Care Services: A state plan service option for Medicaid eligibles age 65 or older or age 21 and older with disabilities that offer activities of daily living services.

•1115 Family Planning Waiver: eligibility expansion for Family Planning Services to uninsured women (ages 19 to 44) with incomes up to 200% of the FPL who are not otherwise eligible for Medicaid, SCHIP, Medicare, or other insurance coverage.

Managed Care

- Primary Care Case Management: Community Care. Each enrollee is linked to a Primary Care Physician that provides a Medical Home.

Coverage for Targeted Population

- Provides coverage for the uninsured mainly through state charity hospital system. Additional indigent care provided through rural hospitals and hospitals authorized in the Community Hospital Pool.
- Medically Needy Program

SOUTHERN REGION MEDICAID PROFILE

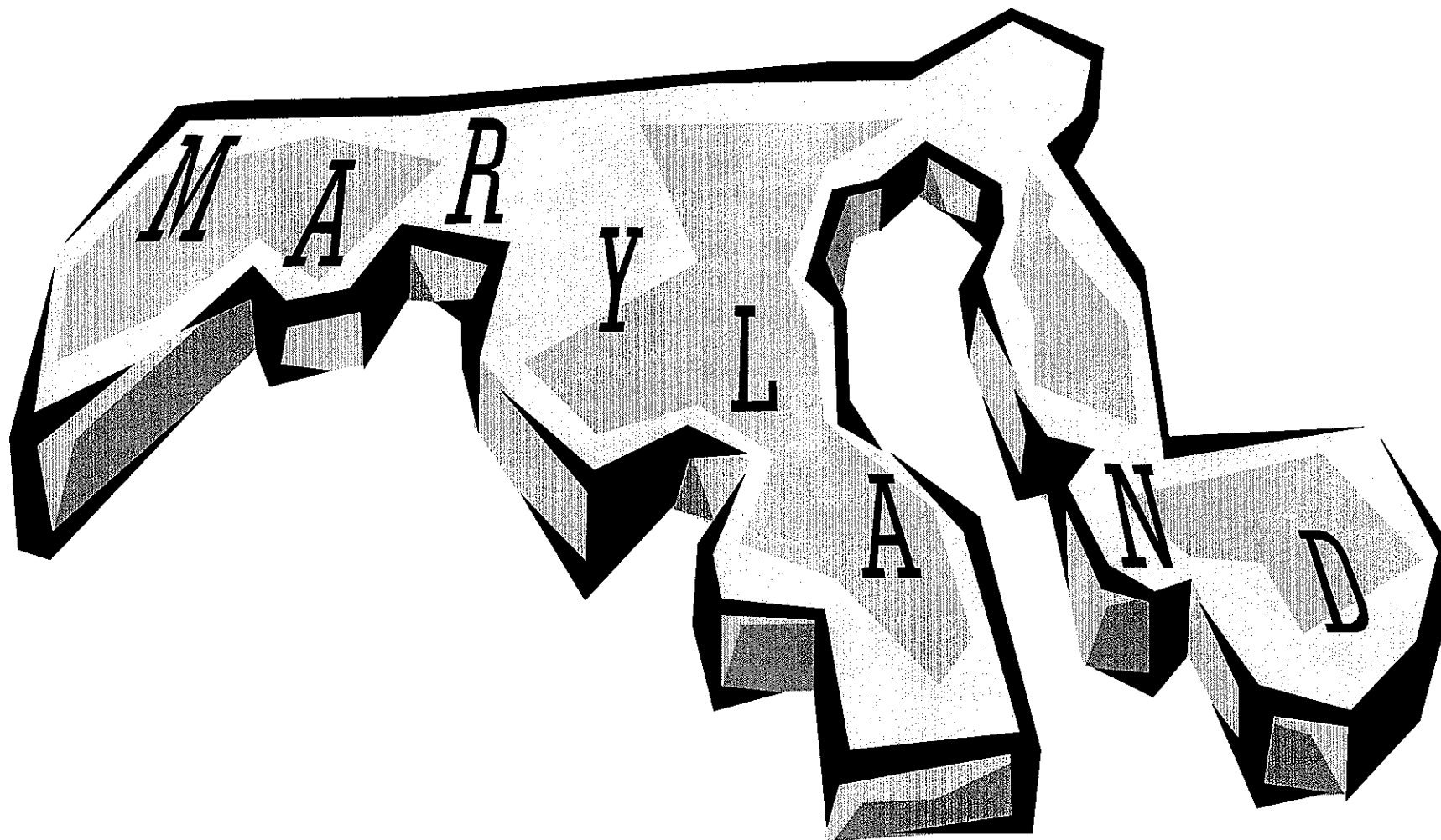
Medicaid

- Created the Jefferson Parish Human Services Authority and the Capital Area Human Services District as community based programs. These entities are restrictive to outpatient and inpatient care services in the area of substance abuse, and outpatient care services for mental retardation, mental health, and public health.
- Enacted legislation in FY 03 that created the Florida Parishes Human Service Authority (Act 594) and the Metropolitan Human Services District (Act 846). The new laws provided for DHH to implement the framework for the program by July 5, 2004, and have individual provider agreements in place by July 1, 2005.

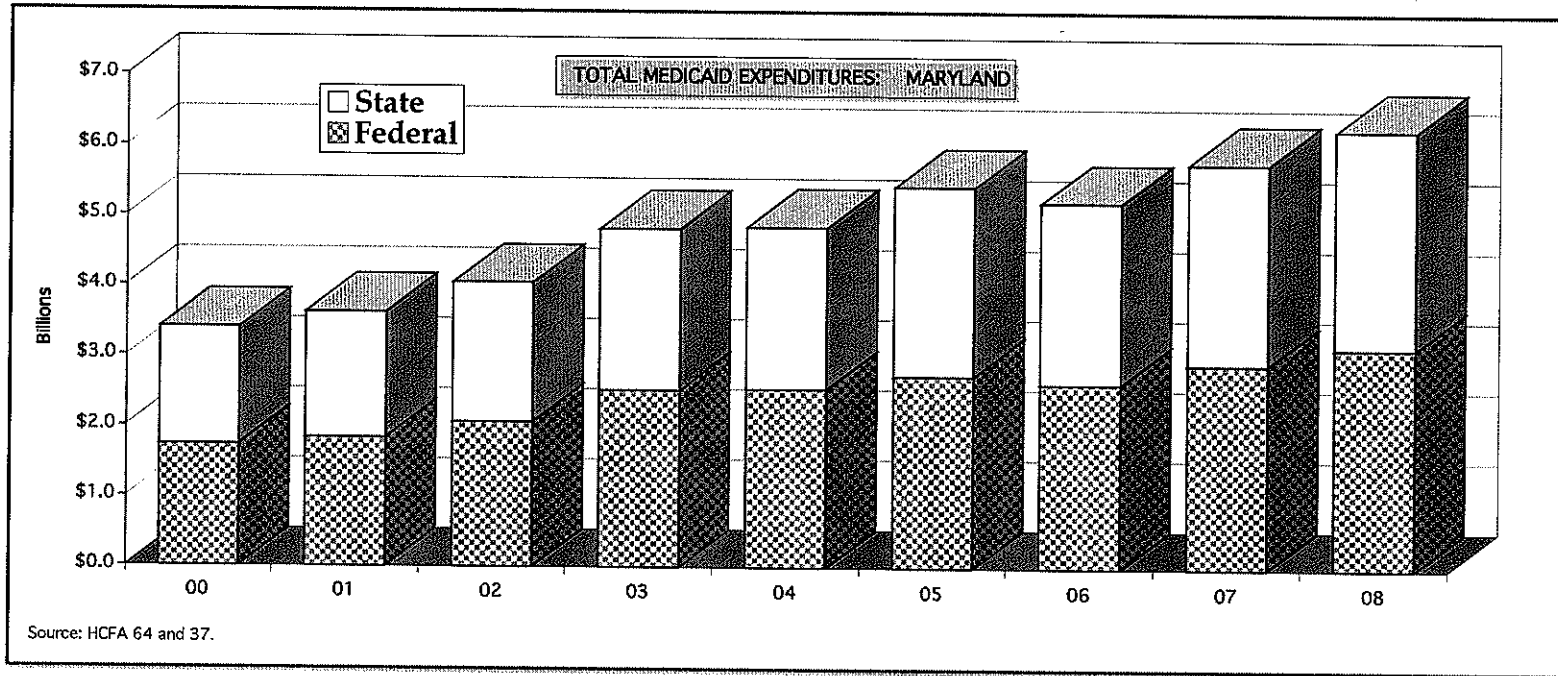
Children's Health Insurance Program: Medicaid Expansion

- The Children's Insurance Program (LaChip-Phase I) was implemented in November of 1998. The Medicaid Program was expanded to provide health care benefits to children/adolescents from birth to age 19 in families with incomes up to 133% of the FPL. The program provided coverage to approximately 52,000 children by October 1, 1999.
- Legislation enacted in the Regular Session of 1999 (ACT 1197) authorized the expansion of LaCHIP.
- Phase II, effective October 1999, expanded Medicaid to provide health care benefits to children/adolescents from birth to age 19 in families with incomes up to 150% of the FPL and enrolled approximately 10,000 children.
- Phase III implemented January 1, 2001 to provide health care benefits to children/adolescents from birth to age 19 in families with income from 151-200% of the FPL and enrolled an additional 12,000 children.
- Phase IV, effective May 2007, offered a separate state program (not a medicaid expansion) to pregnant women that do not meet citizenship requirements.
- Phase V, effective July 2008, offers health care benefits to uninsured children under age 19 under a separate state program (non medicaid expansion) whose families incomes are between 200% and 250% of the federal poverty level. The program is called the LaChip Affordable Plan. Regular LaChip only covers children in families with incomes up to 200% of the fpl. These moderate income families are required to share the cost of the program (\$50 monthly premium per family) and certain services require a co-pay (ER, prescription). The program is administered by the Louisiana Office of Group Benefits (acting as the third party administrator) which functions include claims payments and premium collections.

STATE MEDICAID PROFILE



SOUTHERN REGION MEDICAID PROFILE



State profile revised to reflect MSIS statistical data as reported by CMS for federal fiscal years 00 through 05.

	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05	FFY 06	FFY 07*	FFY 08**	Annual Rate of Change	Total Change 00-08
Medicaid Payments	\$3,170,221,094	\$3,389,359,931	\$3,779,629,018	\$4,533,866,491	\$4,586,430,658	\$5,136,302,340	\$4,915,508,353	\$5,467,628,000	\$5,912,880,000	8.1%	86.5%
Federal Share	\$1,610,382,156	\$1,713,456,381	\$1,927,846,222	\$2,374,645,298	\$2,403,083,672	\$2,580,672,094	\$2,471,234,020	\$2,745,809,000	\$2,967,455,000	7.9%	84.3%
State Share	\$1,559,838,938	\$1,675,903,550	\$1,851,782,796	\$2,159,221,193	\$2,183,346,986	\$2,555,630,246	\$2,444,274,333	\$2,721,819,000	\$2,945,425,000	8.3%	88.8%
Administrative Costs	\$235,198,416	\$237,787,627	\$274,488,455	\$294,904,663	\$267,847,856	\$297,871,779	\$301,708,702	\$310,721,000	\$345,990,000	4.9%	47.1%
Federal Share	\$126,726,599	\$130,711,305	\$145,227,839	\$155,606,047	\$142,877,711	\$160,751,116	\$159,754,358	\$164,714,000	\$184,301,000	4.8%	45.4%
State Share	\$108,471,817	\$107,076,322	\$129,260,616	\$139,298,616	\$124,970,145	\$137,120,663	\$141,954,344	\$146,007,000	\$161,689,000	5.1%	49.1%
Admin. Costs as % of Payments	7.42%	7.02%	7.26%	6.50%	5.84%	5.80%	6.14%	5.68%	5.85%		
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 07 and 08 reflect latest estimates reported by each state (CMS 37).

SOUTHERN REGION MEDICAID PROFILE

STATE FINANCING

	Payments		Administration	
	FFY 00	FFY 06	FFY 00	FFY 06
State General Fund	\$1,559,838,938	\$2,444,274,333	\$108,471,817	\$141,954,344
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	\$1,559,838,938	\$2,444,274,333	\$108,471,817	\$141,954,344

***Note: State financing in FY 06 reflects state general fund support only, as other revenue source amounts that support Medicaid spending are unknown at the time this report is generated.

DISPROPORTIONATE SHARE HOSPITAL (DSH) PAYMENTS

	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05	FFY 06	FFY 07*	FFY 08**	Annual Change
General Hospitals	\$29,841,259	\$31,081,634	\$35,380,547	\$22,959,669	\$31,101,654	\$45,030,494	\$74,156,964	\$60,498,000	\$56,750,000	8.2%
Mental Hospitals	\$114,809,891	\$31,443,762	\$62,616,528	\$40,863,900	\$47,402,124	\$47,538,526	\$47,402,126	\$47,403,000	\$69,947,000	1.9%
Total	\$144,651,150	\$62,525,396	\$97,997,075	\$63,823,569	\$78,503,778	\$92,569,020	\$121,559,090	\$107,901,000	\$126,697,000	4.4%

Provider Taxes Currently in Place (FFY 06)

	Tax Rate	Amount
Permissible Taxes Program		
		\$0
*Total amount generated from provider taxes for FY 06 is unknown.		

SELECTED ELIGIBILITY CRITERIA

	2006	% of FPL*
TANF-Temporary Assistance for Needy Families (Family of 3)		
Need Standard	Eliminated	N/A
Payment Standard	\$477	36.5%
Maximum Payment	\$549	39.7%
Medically Needy Program (Family of 3)		
Income Eligibility Standard	\$434	
Resource Standard	\$3,100	
Pregnant Women, Children and Infants (% of FPL*)		
Pregnant women (250%) and children to age 6		250.0%
Children age 6 to 14		200.0%
Children age 14 to 18		200.0%
SSI Eligibility Levels		
Income:		
Single Person	\$603	73.8%
Couple	\$904	82.2%
Resources:		
Single Person	\$2,000	
Couple	\$3,000	

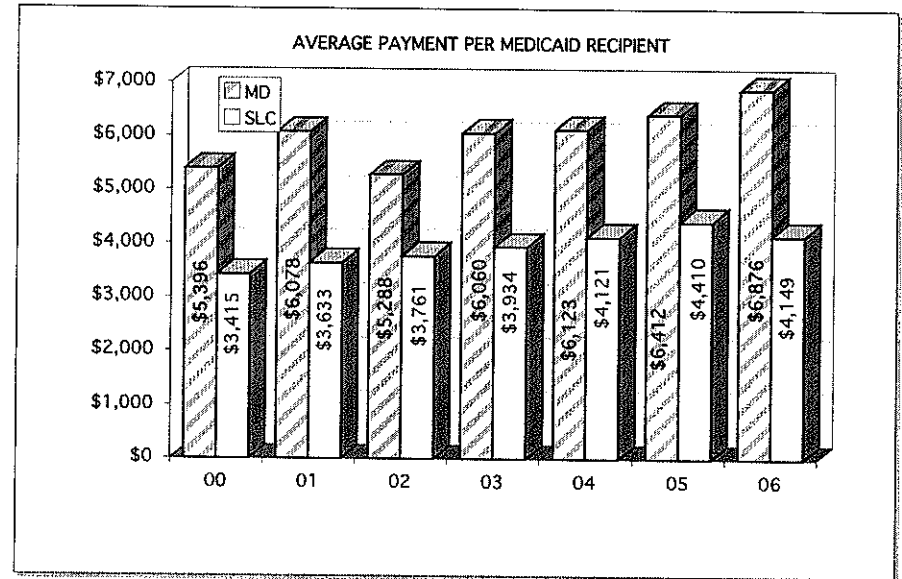
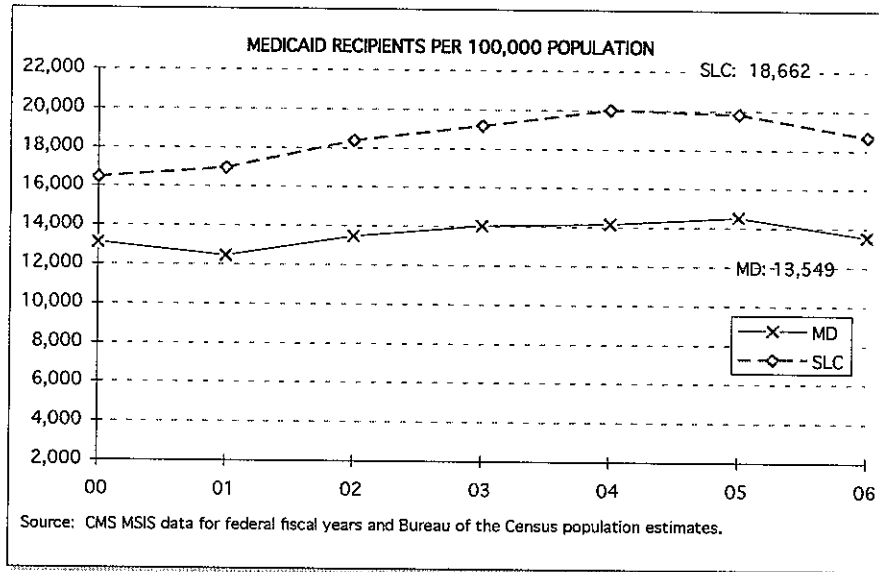
DEMOGRAPHIC DATA & POVERTY INDICATORS (2006)

		Rank in U.S.
State population—December 21, 2007*	5,602,017	19
Per capita personal income**	\$43,774	5
Median household income**	\$62,372	2
Population below Federal Poverty Level*	520,988	
Percent of total state population	9.3%	41
Population without health insurance coverage*	776,000	17
Percent of total state population	13.9%	
Recipients of Food Stamps***	305,395	28
Households receiving Food Stamps***	139,965	
Total value of issuance***	\$335,279,970	28
Average monthly benefit per recipient	\$91.49	23
Average monthly benefit per household	\$199.62	
Monthly recipients of Temporary Assistance to Needy Families (TANF)****	43,032	22
Total TANF payments****	\$86,448,829	13
Average monthly payment per recipient	\$167.41	
Maximum monthly payment per family of 3	\$549.00	25

*Current (2006) federal poverty level is \$9,800 per year for a single person, \$13,200 for a family of two and \$16,600 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 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05	FFY 06	Annual Change
01. General Hospital	73,365	71,063	49,808	50,804	56,398	58,057	58,508	-3.7%
02. Mental Hospital	3,328	3,153	2,871	3,144	3,125	3,215	2,831	-2.7%
03. Skilled and Intermediate (non-MR) Care Nursing	27,270	22,339	25,170	24,875	27,109	27,842	26,040	-0.8%
04. Intermediate Care for Mentally Retarded	561	549	507	428	393	407	362	-7.0%
05. Physician Services	398,274	412,016	152,992	156,671	211,689	219,496	230,870	-8.7%
06. Dental Services	18,001	35,893	1,728	1,615	2,439	2,793	2,267	-29.2%
07. Other Practitioners	22,613	23,939	20,424	20,826	19,247	19,852	22,503	-0.1%
08. Outpatient Hospital	227,957	226,547	104,874	107,550	120,156	124,605	119,162	-10.2%
09. Clinic Services	48,462	61,467	32,227	31,546	37,683	38,871	33,059	-6.2%
10. Lab and X-Ray	70,890	101,025	38,109	40,036	12,019	13,447	15,377	-22.5%
11. Home Health	11,798	14,800	16,175	18,500	20,839	21,276	25,344	13.6%
12. Prescribed Drugs	409,511	413,755	181,101	209,994	213,731	213,731	212,112	-10.4%
13. Family Planning	1,457	1,529	1,770	7,946	447	512	371	-20.4%
14. Early & Periodic Screening, Diagnosis & Treatment	0	0	425	0	0	0	0	-100.0%
15. Other Care	206,784	210,455	81,395	216,230	90,462	94,832	100,069	-11.4%
16. Personal Care Support Services	115,999	119,201	121,419	5,224	119,374	122,132	100,549	-2.4%
17. Home/Community Based Waiver Services	0	0	285	0	0	0	0	-100.0%
18. Prepaid Health Care	507,109	534,929	568,080	597,943	604,604	620,212	610,696	3.1%
19. Primary Care Case Management (PCCM) Services	0	0	0	0	0	0	0	n/a
Total*	664,576	634,273	692,539	725,820	750,287	781,049	759,002	2.2%

* 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. A new system for counting recipients now includes HMO recipients that have not been previously counted.

SOUTHERN REGION MEDICAID PROFILE

PAYMENTS BY TYPE OF SERVICES

	FFY 00	FFY 01**	FFY 02	FFY 03	FFY 04	FFY 05	FFY 06	Annual Change	Share of Total FFY 06
01. General Hospital	\$552,860,871	\$521,438,517	\$443,925,764	\$513,690,220	\$550,785,043	\$604,289,020	\$586,759,305	1.0%	11.2%
02. Mental Hospital	\$94,005,602	\$94,377,684	\$85,786,372	\$99,340,473	\$105,711,902	\$116,224,412	\$102,598,953	1.5%	2.0%
03. Skilled and Intermediate (non-MR) Care Nursing	\$608,979,795	\$687,569,111	\$740,848,260	\$785,586,141	\$857,097,895	\$933,104,194	\$942,225,058	7.5%	18.1%
04. Intermediate Care for Mentally Retarded	\$57,849,332	\$58,895,626	\$54,144,361	\$66,125,462	\$63,138,768	\$69,545,232	\$63,339,493	1.5%	1.2%
05. Physician Services	\$148,195,731	\$155,388,195	\$57,908,926	\$70,418,307	\$126,874,411	\$138,129,689	\$185,003,097	3.8%	3.5%
06. Dental Services	\$3,162,591	\$3,909,032	\$251,199	\$254,450	\$390,329	\$738,399	\$410,963	-28.8%	0.0%
07. Other Practitioners	\$1,293,615	\$1,487,928	\$1,432,974	\$1,272,331	\$1,432,893	\$1,580,962	\$1,860,156	6.2%	0.0%
08. Outpatient Hospital	\$167,264,324	\$180,813,853	\$99,426,292	\$117,473,045	\$139,344,294	\$152,976,792	\$168,861,657	0.2%	3.2%
09. Clinic Services	\$9,083,590	\$14,161,429	\$9,334,595	\$7,885,680	\$12,041,388	\$13,000,656	\$14,170,278	7.7%	0.3%
10. Lab and X-Ray	\$10,066,063	\$11,181,365	\$3,205,777	\$4,101,845	\$789,901	\$1,285,317	\$1,345,723	-28.5%	0.0%
11. Home Health	\$224,242,460	\$272,309,723	\$271,249,461	\$540,715,251	\$467,721,510	\$502,632,753	\$632,889,229	18.9%	12.1%
12. Prescribed Drugs	\$374,121,433	\$417,080,496	\$320,313,995	\$380,007,833	\$429,074,160	\$467,709,606	\$285,480,276	-4.4%	5.5%
13. Family Planning	\$2,541,543	\$2,842,858	\$794,833	\$2,675,773	\$957,204	\$1,112,233	\$1,030,809	-14.0%	0.0%
14. Early & Periodic Screening, Diagnosis & Treatment	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a	0.0%
15. Other Care	\$114,433,801	\$107,874,033	\$78,314,572	\$471,280,137	\$99,212,680	\$115,387,104	\$187,947,896	8.6%	3.6%
16. Personal Care Support Services	\$306,345,343	\$335,151,875	\$369,469,292	\$29,949,417	\$355,317,073	\$386,890,045	\$334,218,603	1.5%	6.4%
17. Home/Community Based Waiver Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a	0.0%
18. Prepaid Health Care	\$911,334,953	\$990,520,806	\$1,125,683,311	\$1,307,524,976	\$1,384,440,511	\$1,503,213,245	\$1,710,476,173	11.1%	32.8%
19. Primary Case Management (PCCM) Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a	0.0%
Total (excludes DSH pymts, pharmacy rebates, & other adjs.)	\$3,585,781,047	\$3,855,002,531	\$3,662,089,984	\$4,398,301,341	\$4,594,329,962	\$5,007,819,659	\$5,218,617,669	6.5%	100.0%

AVERAGE PAYMENTS PER RECIPIENT BY TYPE OF SERVICES

								(+) or (-) SLC	
									Avg. FFY 06
01. General Hospital	\$7,535.76	\$7,337.69	\$8,912.74	\$10,111.22	\$9,766.04	\$10,408.52	\$10,028.70	4.9%	86.8%
02. Mental Hospital	\$28,246.88	\$29,932.66	\$29,880.31	\$31,596.84	\$33,827.81	\$36,151.85	\$36,241.24	4.2%	102.4%
03. Skilled and Intermediate (non-MR) Care Nursing	\$22,331.49	\$30,778.87	\$29,433.78	\$31,581.35	\$31,616.73	\$33,514.34	\$36,183.76	8.4%	50.2%
04. Intermediate Care for Mentally Retarded	\$103,118.24	\$107,278.01	\$106,793.61	\$154,498.74	\$160,658.44	\$170,719.06	\$174,970.98	9.2%	99.6%
05. Physician Services	\$372.09	\$377.14	\$378.51	\$449.47	\$599.34	\$629.31	\$801.33	13.6%	45.0%
06. Dental Services	\$175.69	\$108.91	\$145.37	\$157.55	\$160.04	\$264.35	\$181.28	0.5%	-50.1%
07. Other Practitioners	\$57.21	\$62.15	\$70.16	\$61.09	\$74.45	\$79.64	\$82.66	6.3%	-64.5%
08. Outpatient Hospital	\$733.75	\$798.13	\$948.05	\$1,092.26	\$1,159.69	\$1,227.69	\$1,417.08	11.6%	127.2%
09. Clinic Services	\$187.44	\$230.39	\$289.65	\$249.97	\$319.54	\$334.46	\$428.64	14.8%	-38.9%
10. Lab and X-Ray	\$142.00	\$110.68	\$84.12	\$102.45	\$65.72	\$95.59	\$87.52	-7.7%	-59.4%
11. Home Health	\$19,006.82	\$18,399.31	\$16,769.67	\$29,227.85	\$22,444.53	\$23,624.05	\$24,971.96	4.7%	517.0%
12. Prescribed Drugs	\$913.58	\$1,008.04	\$1,768.70	\$1,809.61	\$2,007.54	\$2,188.31	\$1,345.89	6.7%	39.1%
13. Family Planning	\$1,744.37	\$1,859.29	\$449.06	\$336.74	\$2,141.40	\$2,172.45	\$2,778.46	8.1%	132.9%
14. Early & Periodic Screening, Diagnosis & Treatment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	n/a	n/a
15. Other Care	\$553.40	\$512.58	\$962.15	\$2,179.53	\$1,096.73	\$1,216.76	\$1,878.18	22.6%	1.1%
16. Personal Care Support Services	\$2,640.93	\$2,811.65	\$3,042.93	\$5,733.04	\$2,976.50	\$3,167.81	\$3,323.94	3.9%	76.6%
17. Home/Community Based Waiver Services	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	n/a	n/a
18. Prepaid Health Care	\$1,797.12	\$1,851.69	\$1,981.56	\$2,186.71	\$2,289.83	\$2,423.71	\$2,800.86	7.7%	146.8%
19. Primary Care Case Management (PCCM) Services	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	n/a	-100.0%
Total (Average)	\$5,395.59	\$6,077.83	\$5,287.92	\$6,059.77	\$6,123.43	\$6,411.66	\$6,875.63	4.1%	65.7%

TOTAL PER CAPITA EXPENDITURES

	\$672.97	\$711.91	\$789.54	\$933.70	\$916.51	\$1,010.98	\$931.31	5.6%	5.5%
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Source: MSIS data for FFY 00-06.

SOUTHERN REGION MEDICAID PROFILE

DATA BY OTHER CHARACTERISTICS

RECIPIENTS BY OTHER CHARACTERISTICS

	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05	FFY 06	Annual Change	Share of Total FFY 06
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	201,428	196,879	198,699	204,171	212,377	221,752	195,785	-0.5%	25.8%
Poverty Related Eligibles	283,076	317,319	342,041	347,719	358,155	372,296	379,852	5.0%	50.0%
Medically Needy	75,838	75,224	81,588	84,581	87,249	90,730	87,670	2.4%	11.6%
Other Eligibles	56,802	44,851	48,681	69,517	71,653	74,231	78,325	5.5%	10.3%
Maintenance Assistance Status Unknown	47,432	0	21,530	19,832	20,853	22,040	17,370	-15.4%	2.3%
Total*	664,576	634,273	692,539	725,820	750,287	781,049	759,002	2.2%	100.0%
By Basis of Eligibility									
Aged, Blind, or Disabled	152,130	152,165	164,398	162,864	168,718	175,886	181,027	2.9%	23.9%
Children	348,322	369,326	375,260	418,297	431,396	448,356	439,133	3.9%	57.9%
Foster Care Children	15,423	15,709	16,373	16,827	17,421	18,150	17,923	2.5%	2.4%
Adults	101,269	97,073	136,405	108,000	112,034	116,914	103,138	0.3%	13.6%
Basis of Eligibility Unknown	47,432	0	103	19,832	20,718	21,743	17,781	-15.1%	2.3%
Total*	664,576	634,273	692,539	725,820	750,287	781,049	759,002	2.2%	100.0%
By Age									
Under Age 1	25,204	25,710	27,185	28,009	28,972	30,170	31,460	3.8%	4.1%
Age 1 to 5	116,242	123,560	132,846	140,164	144,709	150,475	146,854	4.0%	19.3%
Age 6 to 14	170,700	181,039	192,143	198,817	205,293	213,601	199,704	2.6%	26.3%
Age 15 to 20	73,264	78,687	85,199	91,865	94,642	98,301	105,225	6.2%	13.9%
Age 21 to 44	128,543	121,216	125,722	132,224	136,966	142,719	129,081	0.1%	17.0%
Age 45 to 64	46,429	46,827	50,610	55,531	57,337	59,602	64,031	5.5%	8.4%
Age 65 to 74	22,766	22,862	22,650	23,537	24,399	25,443	26,000	2.2%	3.4%
Age 75 to 84	20,377	20,753	21,158	22,051	22,832	23,790	24,062	2.8%	3.2%
Age 85 and Over	13,619	13,619	13,487	13,785	14,303	14,925	15,207	1.9%	2.0%
Age Unknown	47,432	0	21,539	19,837	20,834	22,023	17,378	-15.4%	2.3%
Total*	664,576	634,273	692,539	725,820	750,287	781,049	759,002	2.2%	100.0%
By Race									
White	202,094	191,135	222,486	232,221	239,927	249,585	232,129	2.3%	30.6%
Black	387,564	371,544	362,229	376,538	389,867	406,471	386,671	0.0%	50.9%
Hispanic, American Indian or Asian	49,200	47,304	63,314	71,582	73,480	76,070	91,569	10.9%	12.1%
Other/Unknown	25,718	24,290	44,510	45,479	47,013	48,923	48,633	11.2%	6.4%
Total*	664,576	634,273	692,539	725,820	750,287	781,049	759,002	2.2%	100.0%
By Sex									
Female	372,698	354,757	394,479	413,475	427,336	444,689	431,084	2.5%	56.8%
Male	258,891	247,437	276,530	292,513	302,012	314,100	310,548	3.1%	40.9%
Unknown	32,987	32,079	21,530	19,832	20,939	22,260	17,370	n/a	2.3%
Total*	664,576	634,273	692,539	725,820	750,287	781,049	759,002	2.2%	100.0%

Source: MSIS data for FFY 00-06.

SOUTHERN REGION MEDICAID PROFILE

PAYMENTS BY OTHER CHARACTERISTICS

	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05	FFY 06	Annual Change	Share of Total FFY 06
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	\$1,673,251,254	\$1,782,002,419	\$1,564,018,927	\$1,933,441,259	\$2,024,001,509	\$2,211,763,935	\$2,232,382,033	4.9%	42.8%
Poverty Related Eligibles	\$580,952,121	\$697,644,828	\$633,365,061	\$673,498,180	\$703,378,716	\$769,102,690	\$797,147,710	5.4%	15.3%
Medically Needy	\$1,018,429,969	\$1,110,661,049	\$1,165,942,723	\$1,311,817,547	\$1,370,269,640	\$1,492,567,554	\$1,493,645,298	6.6%	28.6%
Other Eligibles	\$241,266,293	\$264,694,235	\$266,065,427	\$438,678,869	\$453,676,840	\$487,162,317	\$649,711,008	18.0%	12.4%
Maintenance Assistance Status Unknown	\$71,881,410	\$0	\$32,697,846	\$40,865,486	\$43,003,257	\$47,223,163	\$45,731,620	-7.3%	0.9%
Total*	\$3,585,781,047	\$3,855,002,531	\$3,662,089,984	\$4,398,301,341	\$4,594,329,962	\$5,007,819,659	\$5,218,617,669	6.5%	100.0%
By Basis of Eligibility									
Aged, Blind or Disabled	\$2,359,643,226	\$2,547,177,259	\$2,487,679,379	\$3,048,140,658	\$3,181,845,561	\$3,463,131,940	\$3,489,738,564	6.7%	66.9%
Children	\$669,496,146	\$761,700,764	\$681,829,215	\$774,315,231	\$809,649,155	\$884,957,807	\$948,057,776	6.0%	18.2%
Foster Care Children	\$77,005,141	\$86,726,340	\$83,149,600	\$97,223,894	\$101,462,666	\$110,688,536	\$168,462,150	13.9%	3.2%
Adults	\$407,755,124	\$459,398,168	\$376,568,556	\$437,756,072	\$458,367,781	\$501,813,690	\$561,262,016	5.5%	10.8%
Basis of Eligibility Unknown	\$71,881,410	\$0	\$32,863,234	\$40,865,486	\$43,004,799	\$47,227,686	\$51,097,163	-5.5%	1.0%
Total*	\$3,585,781,047	\$3,855,002,531	\$3,662,089,984	\$4,398,301,341	\$4,594,329,962	\$5,007,819,659	\$5,218,617,669	6.5%	100.0%
By Age									
Under Age 1	\$83,226,495	\$82,700,168	\$63,387,157	\$70,143,842	\$74,147,040	\$82,078,149	\$118,639,164	6.1%	2.3%
Age 1 to 5	\$263,420,671	\$285,295,249	\$239,119,095	\$273,917,650	\$287,396,335	\$315,218,635	\$349,423,172	4.8%	6.7%
Age 6 to 14	\$398,797,163	\$457,735,072	\$452,597,146	\$517,424,207	\$540,011,409	\$588,630,937	\$583,825,519	6.6%	11.2%
Age 15 to 20	\$296,430,481	\$333,243,532	\$304,072,244	\$349,069,522	\$364,650,912	\$398,291,451	\$484,763,821	8.5%	9.3%
Age 21 to 44	\$957,463,422	\$1,041,361,655	\$896,698,058	\$1,133,176,784	\$1,184,253,452	\$1,291,886,962	\$1,305,549,132	5.3%	25.0%
Age 45 to 64	\$693,208,421	\$767,096,800	\$707,044,264	\$942,623,080	\$981,537,672	\$1,065,244,328	\$1,183,544,368	9.3%	22.7%
Age 65 to 74	\$237,262,529	\$242,726,634	\$258,047,355	\$296,285,691	\$309,723,656	\$337,415,342	\$307,917,322	4.4%	5.9%
Age 75 to 84	\$289,032,078	\$317,065,911	\$355,289,349	\$395,973,475	\$413,251,258	\$449,380,790	\$407,950,249	5.9%	7.8%
Age 85 and Over	\$295,058,377	\$327,777,510	\$353,121,561	\$378,813,501	\$396,427,152	\$432,522,098	\$431,254,594	6.5%	8.3%
Age Unknown	\$71,881,410	\$0	\$32,713,755	\$40,873,589	\$42,931,076	\$47,150,967	\$45,750,328	-7.3%	0.9%
Total*	\$3,585,781,047	\$3,855,002,531	\$3,662,089,984	\$4,398,301,341	\$4,594,329,962	\$5,007,819,659	\$5,218,617,669	6.5%	100.0%
By Race									
White	\$1,601,439,292	\$1,722,520,627	\$1,602,359,574	\$1,963,507,026	\$2,050,772,140	2,234,521,507	\$2,148,141,606	5.0%	41.2%
Black	\$1,699,828,452	\$1,827,111,555	\$1,712,279,987	\$2,005,588,107	\$2,097,573,723	2,290,445,989	\$2,452,063,491	6.3%	47.0%
Hispanic, American Indian or Asian	\$136,131,461	\$146,231,204	\$184,965,172	\$222,367,869	\$230,765,654	249,310,099	\$324,435,311	15.6%	6.2%
Other/ Unknown	\$148,381,842	\$159,139,145	\$162,485,251	\$206,838,339	\$215,218,445	233,542,064	\$293,977,261	12.1%	5.6%
Total*	\$3,585,781,047	\$3,855,002,531	\$3,662,089,984	\$4,398,301,341	\$4,594,329,962	\$5,007,819,659	\$5,218,617,669	6.5%	100.0%
By Sex									
Female	\$2,055,800,237	\$2,210,692,047	\$2,123,409,656	\$2,487,887,193	\$2,600,427,378	2,836,630,736	\$2,953,096,021	6.2%	56.6%
Male	\$1,479,123,393	\$1,589,974,435	\$1,505,982,482	\$1,869,548,662	\$1,950,672,545	2,123,144,855	\$2,219,790,028	7.0%	42.5%
Unknown	\$50,857,417	\$54,336,049	\$32,697,846	\$40,865,486	\$43,230,039	48,044,068	\$45,731,620	n/a	0.9%
Total*	\$3,585,781,047	\$3,855,002,531	\$3,662,089,984	\$4,398,301,341	\$4,594,329,962	\$5,007,819,659	\$5,218,617,669	6.5%	100.0%

Source: MSIS data for FFY 00-06.

SOUTHERN REGION MEDICAID PROFILE

AVERAGE PAYMENT PER RECIPIENT BY OTHER CHARACTERISTICS

	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05	FFY 06	Annual Change	Above (+) or Below (-) SLC Avg. FFY 06
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	\$8,306.94	\$9,051.26	\$7,871.30	\$9,469.72	\$9,530.23	\$9,974.04	\$11,402.21	5.4%	98.8%
Poverty Related Eligibles	\$2,052.28	\$2,198.56	\$1,851.72	\$1,936.90	\$1,963.89	\$2,065.84	\$2,098.57	0.4%	5.7%
Medically Needy	\$13,429.02	\$14,764.72	\$14,290.62	\$15,509.60	\$15,705.28	\$16,450.65	\$17,037.13	4.0%	115.4%
Other Eligibles	\$4,247.50	\$5,901.64	\$5,465.49	\$6,310.38	\$6,331.58	\$6,562.79	\$8,295.07	11.8%	17.1%
Maintenance Assistance Status Unknown	\$1,515.46	\$0.00	\$1,518.71	\$2,060.58	\$2,062.21	\$2,142.61	\$2,632.79	9.6%	-11.9%
Total	\$5,395.59	\$6,077.83	\$5,287.92	\$6,059.77	\$6,123.43	\$6,411.66	\$6,875.63	4.1%	65.7%
By Basis of Eligibility									
Aged, Blind or Disabled	\$15,510.70	\$16,739.57	\$15,132.05	\$18,715.87	\$18,858.96	\$19,689.64	\$19,277.45	3.7%	76.4%
Children	\$1,922.06	\$2,062.41	\$1,816.95	\$1,851.11	\$1,876.81	\$1,973.78	\$2,158.93	2.0%	37.3%
Foster Care Children	\$4,992.88	\$5,520.81	\$5,078.46	\$5,777.85	\$5,824.16	\$6,098.54	\$9,399.22	11.1%	33.4%
Adults	\$4,026.46	\$4,732.50	\$2,760.67	\$4,053.30	\$4,091.33	\$4,292.16	\$5,441.85	5.1%	92.6%
Basis of Eligibility Unknown	\$1,515.46	\$0.00	\$319,060.52	\$2,060.58	\$2,075.72	\$2,172.09	\$2,873.69	11.3%	-6.5%
Total	\$5,395.59	\$6,077.83	\$5,287.92	\$6,059.77	\$6,123.43	\$6,411.66	\$6,875.63	4.1%	65.7%
By Age									
Under Age 1	\$3,302.11	\$3,216.65	\$2,331.70	\$2,504.33	\$2,559.27	\$2,720.52	\$3,771.11	2.2%	-4.6%
Age 1 to 5	\$2,266.14	\$2,308.96	\$1,799.97	\$1,954.27	\$1,986.03	\$2,094.82	\$2,379.39	0.8%	25.4%
Age 6 to 14	\$2,336.25	\$2,528.38	\$2,355.52	\$2,602.51	\$2,630.44	\$2,755.75	\$2,923.45	3.8%	59.3%
Age 15 to 20	\$4,046.06	\$4,235.05	\$3,568.96	\$3,799.81	\$3,852.95	\$4,051.75	\$4,606.93	2.2%	60.0%
Age 21 to 44	\$7,448.58	\$8,590.96	\$7,132.39	\$8,570.13	\$8,646.33	\$9,051.96	\$10,114.19	5.2%	97.6%
Age 45 to 64	\$14,930.51	\$16,381.51	\$13,970.45	\$16,974.72	\$17,118.75	\$17,872.63	\$18,483.93	3.6%	78.2%
Age 65 to 74	\$10,421.79	\$10,617.03	\$11,392.82	\$12,588.08	\$12,694.11	\$13,261.62	\$11,842.97	2.2%	75.9%
Age 75 to 84	\$14,184.23	\$15,278.08	\$16,792.20	\$17,957.17	\$18,099.65	\$18,889.48	\$16,954.13	3.0%	64.0%
Age 85 and Over	\$21,665.20	\$24,067.66	\$26,182.37	\$27,480.12	\$27,716.36	\$28,979.71	\$28,358.95	4.6%	66.4%
Age Unknown	\$1,515.46	\$0.00	\$1,518.81	\$2,060.47	\$2,060.63	\$2,140.99	\$2,632.66	9.6%	-11.9%
Total	\$5,395.59	\$6,077.83	\$5,287.92	\$6,059.77	\$6,123.43	\$6,411.66	\$6,875.63	4.1%	65.7%
By Race									
White	\$7,924.23	\$9,012.06	\$7,202.07	\$8,455.34	\$8,547.48	\$8,952.95	\$9,254.09	2.6%	81.5%
Black	\$4,385.93	\$4,917.62	\$4,727.06	\$5,326.39	\$5,380.23	\$5,634.96	\$6,341.47	6.3%	71.7%
Hispanic, American Indian or Asian	\$2,766.90	\$3,091.31	\$2,921.39	\$3,106.48	\$3,140.52	\$3,277.38	\$3,543.07	4.2%	27.0%
Other/Unknown	\$5,769.57	\$6,551.63	\$3,650.53	\$4,548.00	\$4,577.85	\$4,773.67	\$6,044.81	0.8%	48.9%
Total	\$5,395.59	\$6,077.83	\$5,287.92	\$6,059.77	\$6,123.43	\$6,411.66	\$6,875.63	4.1%	65.7%
By Sex									
Female	\$5,515.99	\$6,231.57	\$5,382.82	\$6,017.02	\$6,085.21	\$6,378.91	\$6,850.40	3.7%	59.7%
Male	\$5,713.31	\$6,425.77	\$5,446.00	\$6,391.34	\$6,458.92	\$6,759.46	\$7,147.98	3.8%	71.8%
Unknown	\$1,541.74	\$1,693.82	\$1,518.71	\$2,060.58	\$2,064.57	\$2,158.31	\$2,632.79	n/a	-11.5%
Total	\$5,395.59	\$6,077.83	\$5,287.92	\$6,059.77	\$6,123.43	\$6,411.66	\$6,875.63	4.1%	65.7%

Source: MSIS data for FFY 00-06.

SOUTHERN REGION MEDICAID PROFILE

ADDITIONAL STATE HEALTH CARE INFORMATION

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

Waivers

Maryland's Medicaid managed care program is called HealthChoice. Under a §1115 waiver, approved on October 30, 1996, HealthChoice enrollment began in June of 1997. Within the program, there was a State Fiscal Year 2004 average enrollment of 510,000 recipients in MCOs, which includes Medicaid and Maryland Children's management to an expanded set of benefits known as optional services. The state has sent a letter to CMS with the intent to renew the HealthChoice demonstration in May of 2007.

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

Several **Home and Community Based Services 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: Senior Assisted Housing Waiver: Operating since 1993. Expanded statewide in 2001. Provides services to individuals, age 50, in participating licensed assisted living facilities or in their homes.
- MR/Developmental Disabilities Waiver: For developmentally disabled individuals as an alternative to institutionalization in an ICF/MR. This waiver has been in operation since April 1, 1984. Services include day habilitation, residential options, respite, environmental modifications, assistive technology and adaptive equipment.
- Model Waiver For Disabled Children: For medically-fragile/technology-dependent children so that they can be cared for at home. This waiver has been in operation since January 1, 1985. This waiver provides services that enable medically fragile children to live and be cared for at home rather than a hospital. Services include case management, private duty nursing, shift home health assistance, and durable medical equipment.
- Living at Home: Targets individuals age 21-59. Provides consumer directed personal assistance services for adults with physical disabilities in their own home. Services include attendant care, case management, skilled nursing supervision, and various therapies. Effective April 2001.
- 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.

Managed Care

- Medicaid only Managed Care Organization (MCO): HealthChoice - mandatory managed care program, operational in 1997. Eligible Medicaid enrollees able to choose MCO and select a Primary Care Physician under the MCO. Currently 7 MCO's that participate in Maryland's HealthChoice program.

SOUTHERN REGION MEDICAID PROFILE

Coverage for Targeted Population

- Maryland Primary Adult Care Program (PAC). Basic health care for low income adults. Limited services and medications for certain low income individuals aged 19 and over. Services include free visits to a primary care provider, counselor, or mental health professional (psychiatrist), and access to no cost or low cost prescription drugs. Some medications require a co-pay. Income guideline is \$17,170 for a family of three, with asset limits of \$4,000 per person or \$6,000 a couple.
- Maryland Pharmacy Discount Program: A pharmacy subsidy program for certain low-income Maryland residents on Medicare as permitted by a §1115 waiver amendment. Funded primarily through the Ryan White Care Act. Assist low to moderate income Maryland residents to treat HIV. Must meet certain income guidelines
- 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.

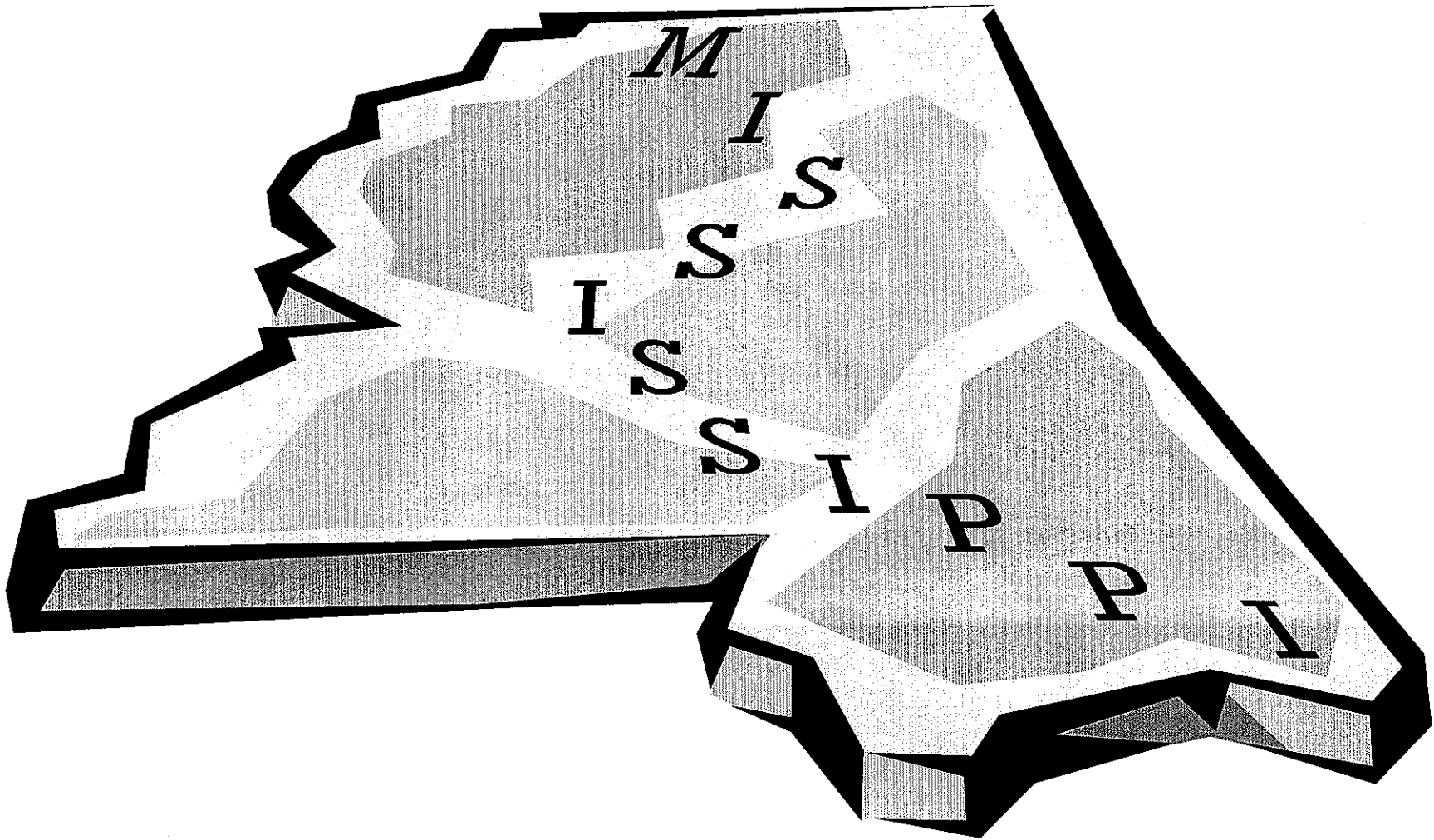
Medicaid

- 22 optional services are offered.

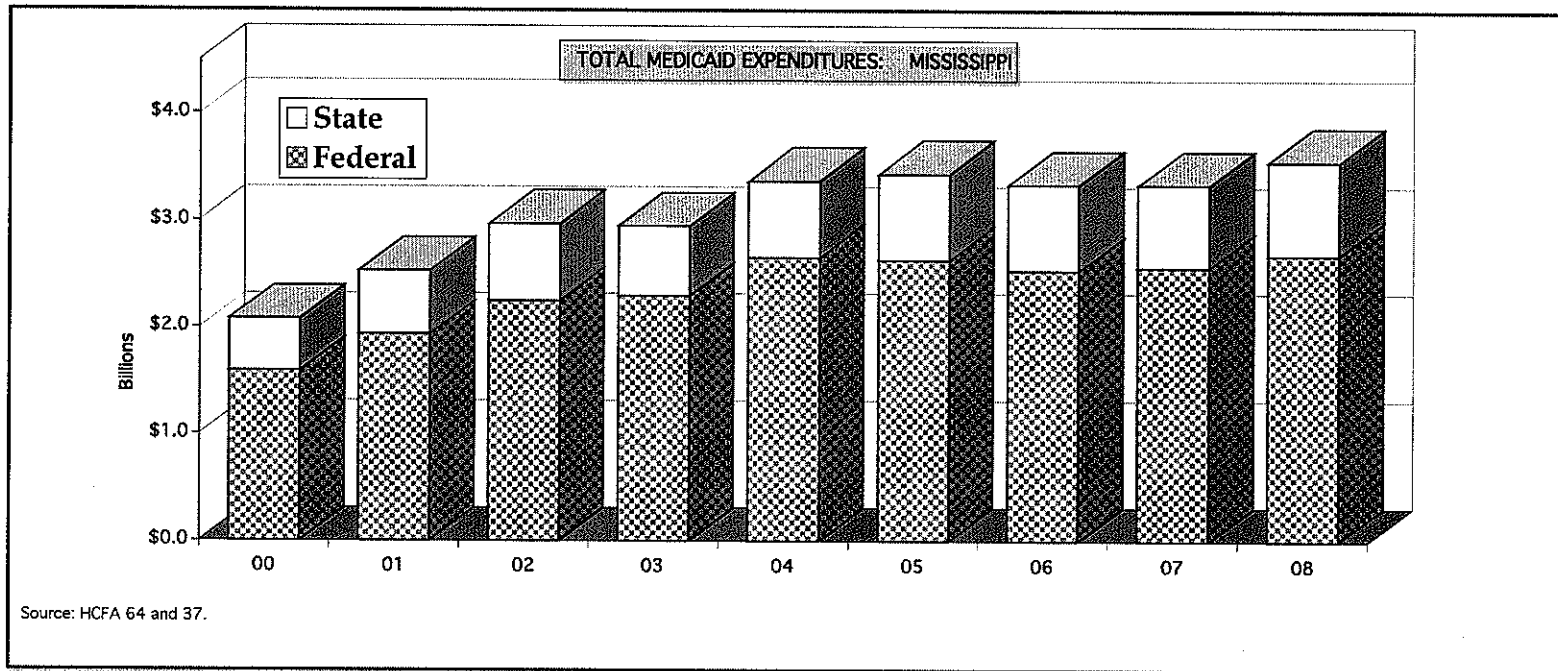
Children's Health Insurance Program: Medicaid Expansion

- Eligibility for uninsured children under age 19 whose families income is at or below 200% of the federal poverty level. In addition, pregnant women (no age limits) with income at or below 250% of the federal poverty level are eligible for certain benefits. Pregnant women may receive prenatal and post partum doctor visits, doctor visits related to pregnancy, lab, dental, vision, vitamins and certain prescriptions, mental health services, and family planning services.

STATE MEDICAID PROFILE



SOUTHERN REGION MEDICAID PROFILE



State profile revised to reflect MSIS statistical data as reported by CMS for federal fiscal years 00 through 05.

	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05	FFY 06	FFY 07*	FFY 08**	Annual Rate of Change	Total Change 00-08
Medicaid Payments	\$2,006,699,000	\$2,450,252,810	\$2,882,310,335	\$2,853,102,900	\$3,284,724,191	\$3,342,615,012	\$3,239,823,118	\$3,222,500,000	\$3,421,496,000	6.9%	70.5%
Federal Share	\$1,545,915,000	\$1,884,881,153	\$2,195,750,066	\$2,227,264,436	\$2,601,576,606	\$2,578,835,892	\$2,469,035,997	\$2,497,807,000	\$2,600,336,000	6.7%	68.2%
State Share	\$460,784,000	\$565,371,657	\$686,560,269	\$625,838,464	\$683,147,585	\$763,779,120	\$770,787,121	\$724,693,000	\$821,160,000	7.5%	78.2%
Administrative Costs	\$69,030,000	\$77,574,664	\$87,664,878	\$94,898,736	\$85,111,250	\$95,654,946	\$98,932,134	\$114,343,000	\$132,280,000	8.5%	91.6%
Federal Share	\$41,815,000	\$46,219,319	\$52,422,363	\$65,530,176	\$54,223,262	\$54,293,364	\$63,315,569	\$68,868,000	\$78,072,000	8.1%	86.7%
State Share	\$27,215,000	\$31,355,345	\$35,242,515	\$29,368,560	\$30,887,988	\$41,361,582	\$35,616,565	\$45,475,000	\$54,208,000	9.0%	99.2%
Admin. Costs as % of Payments	3.44%	3.17%	3.04%	3.33%	2.59%	2.86%	3.05%	3.55%	3.87%		
Federal Match Rate*	76.80%	76.82%	76.09%	76.62%	77.08%	77.08%	76.00%	75.89%	76.29%		

*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 07 and 08 reflect latest estimates reported by each state (CMS 37).

SOUTHERN REGION MEDICAID PROFILE

STATE FINANCING

	Payments ***		Administration	
	FFY 00	FFY 06	FFY 00	FFY 06
State General Fund	\$460,784,000	\$770,787,121	\$27,215,000	\$35,616,565
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	\$460,784,000	\$770,787,121	\$27,215,000	\$35,616,565

***Note: State financing in FY 06 reflects state general fund support only, as other revenue source amounts that support Medicaid spending are unknown at the time this report is generated.

DISPROPORTIONATE SHARE HOSPITAL (DSH) PAYMENTS

	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05	FFY 06	FFY 07*	FFY 08**	Annual Change
General Hospitals	\$177,778,000	\$178,733,044	\$189,419,753	\$161,605,950	\$186,063,560	\$182,951,108	\$171,003,683	\$178,465,000	\$187,388,000	-0.2%
Mental Hospitals	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a
Total	\$177,778,000	\$178,733,044	\$189,419,753	\$161,605,950	\$186,063,560	\$182,951,108	\$171,003,683	\$178,465,000	\$187,388,000	-0.2%

Provider Taxes Currently in Place (FFY 06)

	Tax Rate	Amount
Nursing homes	\$2.00 per patient day	
ICF/MR-DD	\$2.00 per patient day	
Hospitals	Unknown	
Total		\$0

*Total amount generated from provider taxes for FY 06 is unknown.

SELECTED ELIGIBILITY CRITERIA

	2006	% of FPL*
TANF-Temporary Assistance for Needy Families (Family of 3)		
Need Standard (Net)	\$368	26.6%
Payment Standard	\$170	12.3%
Maximum Payment	\$170	12.3%
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	\$603	73.8%
Couple	\$904	82.2%
Resources:		
Single Person	\$2,000	
Couple	\$3,000	

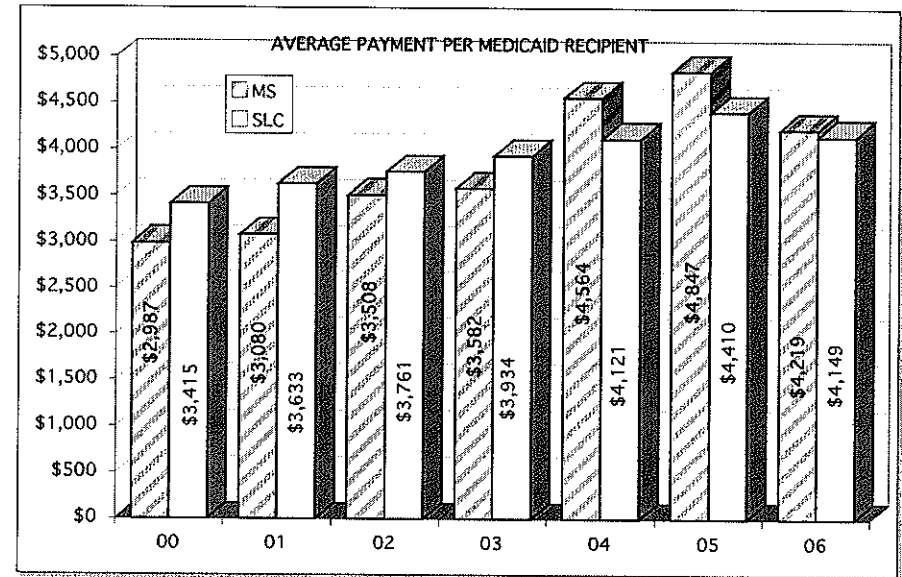
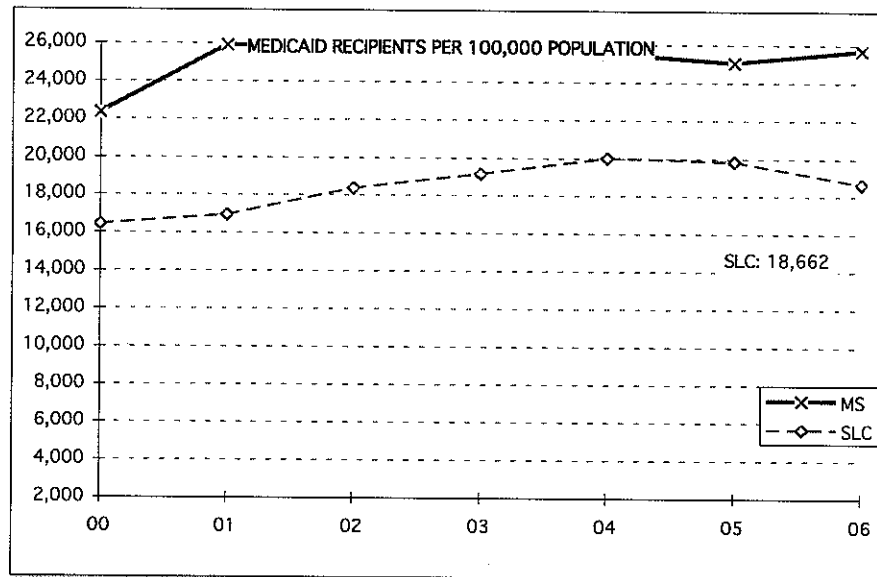
DEMOGRAPHIC DATA & POVERTY INDICATORS (2006)

		Rank in U.S.
State population—December 21, 2007*	2,899,112	31
Per capita personal income**	\$26,908	50
Median household income**	\$35,261	50
Population below Federal Poverty Level*	574,024	
Percent of total state population	19.8%	1
Population without health insurance coverage*	600,000	27
Percent of total state population	20.7%	
Recipients of Food Stamps***	511,408	20
Households receiving Food Stamps***	204,348	
Total value of issuance***	\$507,102,161	21
Average monthly benefit per recipient	\$82.63	47
Average monthly benefit per household	\$206.80	
Monthly recipients of Temporary Assistance to Needy Families (TANF)****	25,966	30
Total TANF payments****	\$20,745,346	13
Average monthly payment per recipient	\$66.58	
Maximum monthly payment per family of 3	\$170.00	50

*Current (2006) federal poverty level is \$9,800 per year for a single person, \$13,200 for a family of two and \$16,600 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 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05	FFY 06	Annual Change
01. General Hospital	162,784	154,098	115,873	153,748	114,695	106,757	191,191	2.7%
02. Mental Hospital	3,323	1,480	1,789	2,278	2,583	3,408	5,277	8.0%
03. Skilled and Intermediate (non-MR) Care Nursing	23,217	20,483	19,864	20,429	22,678	21,774	22,822	-0.3%
04. Intermediate Care for Mentally Retarded	2,848	2,889	2,741	2,751	3,513	2,884	2,994	0.8%
05. Physician Services	395,696	459,689	514,039	553,257	509,594	509,073	484,982	3.4%
06. Dental Services	107,403	136,078	156,833	162,566	167,805	164,874	154,192	6.2%
07. Other Practitioners	154,126	217,402	227,013	54,442	230,069	223,948	212,461	5.5%
08. Outpatient Hospital	316,224	416,610	404,422	478,047	356,985	353,884	336,737	1.1%
09. Clinic Services	183,670	209,568	246,728	277,010	245,032	237,565	234,193	4.1%
10. Lab and X-Ray	71,469	107,156	111,775	126,296	446,191	443,807	420,928	34.4%
11. Home Health	8,444	11,697	9,987	12,711	14,535	9,394	9,036	1.1%
12. Prescribed Drugs	415,925	478,404	514,042	547,268	581,702	565,669	543,142	4.5%
13. Family Planning	169	139	80	137	6,195	6,184	11,067	100.8%
14. Early & Periodic Screening, Diagnosis & Treatment	0	0	0	0	0	0	0	n/a
15. Other Care	95,750	110,505	129,570	144,664	210,110	214,468	202,497	13.3%
16. Personal Care Support Services	66,495	90,182	114,627	138,154	163,552	170,641	162,648	16.1%
17. Home/Community Based Waiver Services	0	0	0	0	0	0	0	n/a
18. Prepaid Health Care	9,111	0	0	0	4	11	41	-59.4%
19. Primary Care Case Management (PCCM) Services	301,868	372,618	355,388	0	0	0	0	-100.0%
Total*	605,077	707,899	712,457	717,435	725,637	715,940	745,291	3.5%

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

SOUTHERN REGION MEDICAID PROFILE

PAYMENTS BY TYPE OF SERVICES

	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05	FFY 06	Annual Change	Share of Total FFY 06
01. General Hospital	\$352,800,343	\$397,703,534	\$439,671,732	\$445,436,019	\$839,307,870	\$819,272,077	\$794,547,271	14.5%	25.3%
02. Mental Hospital	\$7,533,110	\$9,453,352	\$12,165,136	\$13,393,639	\$31,991,826	\$42,770,339	\$50,711,319	37.4%	1.6%
03. Skilled and Intermediate (non-MR) Care Nursing	\$379,062,380	\$403,054,856	\$435,412,511	\$467,721,464	\$514,135,116	\$610,956,143	\$636,330,270	9.0%	20.2%
04. Intermediate Care for Mentally Retarded	\$156,657,841	\$170,213,130	\$176,810,009	\$177,721,722	\$221,620,715	\$209,074,812	\$253,583,363	8.4%	8.1%
05. Physician Services	\$165,218,996	\$195,132,058	\$235,122,205	\$228,601,400	\$185,942,576	\$233,171,194	\$180,070,761	1.4%	5.7%
06. Dental Services	\$26,221,636	\$34,755,877	\$39,952,803	\$40,440,479	\$41,603,487	\$41,875,005	\$39,349,793	7.0%	1.3%
07. Other Practitioners	\$15,487,591	\$28,019,053	\$28,807,496	\$26,488,685	\$27,164,450	\$28,228,223	\$27,531,879	10.1%	0.9%
08. Outpatient Hospital	\$117,244,679	\$146,852,799	\$192,837,032	\$206,318,762	\$208,995,227	\$208,125,944	\$216,967,898	10.8%	6.9%
09. Clinic Services	\$100,265,627	\$132,843,901	\$148,178,596	\$159,926,285	\$141,814,988	\$154,623,050	\$160,012,814	8.1%	5.1%
10. Lab and X-Ray	\$5,676,758	\$8,703,374	\$10,602,984	\$9,199,736	\$99,774,059	\$104,346,806	\$97,063,149	60.5%	3.1%
11. Home Health	\$8,985,498	\$11,267,448	\$14,297,524	\$14,351,028	\$30,929,660	\$17,538,420	\$12,505,272	5.7%	0.4%
12. Prescribed Drugs	\$370,355,016	\$494,805,247	\$568,084,274	\$568,265,605	\$666,491,588	\$667,819,168	\$345,979,780	-1.1%	11.0%
13. Family Planning	\$163,532	\$221,222	\$229,765	\$303,671	\$11,047,203	\$11,522,604	\$4,743,956	75.3%	0.2%
14. Early & Periodic Screening, Diagnosis & Treatment	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a	0.0%
15. Other Care	\$80,678,320	\$117,842,696	\$165,970,903	\$182,275,100	\$197,840,059	\$212,147,506	\$206,000,236	16.9%	6.6%
16. Personal Care Support Services	\$13,734,253	\$20,401,508	\$26,036,635	\$29,332,559	\$90,283,101	\$90,933,185	\$103,528,373	40.0%	3.3%
17. Home/Community Based Waiver Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a	0.0%
18. Prepaid Health Care	\$0	\$0	\$0	\$0	\$3,118,197	\$18,073,848	\$15,287,010	121.4%	0.5%
19. Primary Case Management (PCCM) Services	\$7,306,311	\$9,392,016	\$5,461,200	\$0	\$0	\$0	\$0	-100.0%	0.0%
Total (excludes DSH pymts, pharmacy rebates, & other adjs.)	\$1,807,391,891	\$2,180,662,071	\$2,499,640,805	\$2,569,776,154	\$3,312,060,122	\$3,470,478,324	\$3,144,213,144	9.7%	100.0%

AVERAGE PAYMENTS PER RECIPIENT BY TYPE OF SERVICES

								(+) or (-) SLC Avg. FFY 06
01. General Hospital	\$2,167.29	\$2,580.85	\$3,794.43	\$2,897.18	\$7,317.74	\$7,674.18	\$4,155.78	11.5%
02. Mental Hospital	\$2,266.96	\$6,387.40	\$6,799.96	\$5,879.56	\$12,385.53	\$12,549.98	\$9,609.88	27.2%
03. Skilled and Intermediate (non-MR) Care Nursing	\$16,326.93	\$19,677.53	\$21,919.68	\$22,894.98	\$22,671.10	\$28,058.98	\$27,882.32	9.3%
04. Intermediate Care for Mentally Retarded	\$55,006.26	\$58,917.66	\$64,505.66	\$64,602.59	\$63,085.89	\$72,494.73	\$84,697.18	7.5%
05. Physician Services	\$417.54	\$424.49	\$457.40	\$413.19	\$364.88	\$458.03	\$371.29	-1.9%
06. Dental Services	\$244.14	\$255.41	\$254.75	\$248.76	\$247.93	\$253.98	\$255.20	0.7%
07. Other Practitioners	\$100.49	\$128.88	\$126.90	\$486.55	\$118.07	\$126.05	\$129.59	4.3%
08. Outpatient Hospital	\$370.76	\$352.49	\$476.82	\$431.59	\$585.45	\$588.12	\$644.32	9.6%
09. Clinic Services	\$545.90	\$633.89	\$600.57	\$577.33	\$578.76	\$650.87	\$683.25	3.8%
10. Lab and X-Ray	\$79.43	\$81.22	\$94.86	\$72.84	\$223.61	\$235.12	\$230.59	19.4%
11. Home Health	\$1,064.13	\$963.28	\$1,431.61	\$1,129.02	\$2,127.94	\$1,866.98	\$1,383.94	4.5%
12. Prescribed Drugs	\$890.44	\$1,034.28	\$1,105.13	\$1,038.37	\$1,145.76	\$1,180.58	\$637.00	-5.4%
13. Family Planning	\$967.64	\$1,591.53	\$2,872.06	\$2,216.58	\$1,783.25	\$1,863.29	\$428.66	-12.7%
14. Early & Periodic Screening, Diagnosis & Treatment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	n/a
15. Other Care	\$842.59	\$1,066.40	\$1,280.94	\$1,259.99	\$941.60	\$989.18	\$1,017.30	3.2%
16. Personal Care Support Services	\$206.55	\$226.23	\$227.14	\$212.32	\$552.01	\$532.89	\$636.52	20.6%
17. Home/Community Based Waiver Services	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	n/a
18. Prepaid Health Care	\$0.00	\$0.00	\$0.00	\$0.00	\$779,549.25	\$1,643,077.09	\$372,853.90	-30.8%
19. Primary Care Case Management (PCCM) Services	\$24.20	\$25.21	\$15.37	\$0.00	\$0.00	\$0.00	\$0.00	-100.0%
Total (Average)	\$2,987.04	\$3,080.47	\$3,508.48	\$3,581.89	\$4,564.35	\$4,847.44	\$4,218.77	5.9%

TOTAL PER CAPITA EXPENDITURES	\$765.74	\$925.39	\$1,079.17	\$1,064.79	\$1,184.62	\$1,203.02	\$1,151.65	7.0%	30.5%
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Source: MSIS data for FFY 00-06.

SOUTHERN REGION MEDICAID PROFILE

DATA BY OTHER CHARACTERISTICS

RECIPIENTS BY OTHER CHARACTERISTICS

	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05	FFY 06	Annual Change	Share of Total FFY 06
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	184,617	271,466	287,322	294,689	297,899	274,091	251,290	5.3%	33.7%
Poverty Related Eligibles	289,291	331,909	357,744	344,293	348,132	326,953	335,111	2.5%	45.0%
Medically Needy	0	0	0	0	1	0	0	-100.0%	0.0%
Other Eligibles	70,701	27,029	21,269	21,819	22,301	58,920	69,246	-0.3%	9.3%
Maintenance Assistance Status Unknown	60,468	77,495	46,122	56,634	57,304	55,976	89,644	6.8%	12.0%
Total	605,077	707,899	712,457	717,435	725,637	715,940	745,291	3.5%	100.0%
By Basis of Eligibility									
Aged, Blind, or Disabled	198,807	211,485	218,003	224,980	227,690	227,189	225,839	2.1%	30.3%
Children	284,717	347,251	365,760	349,137	353,043	330,224	319,661	1.9%	42.9%
Foster Care Children	2,820	2,808	2,730	2,920	2,957	3,408	4,034	6.1%	0.5%
Adults	58,265	68,860	79,842	83,764	84,643	99,143	105,918	10.5%	14.2%
Basis of Eligibility Unknown	60,468	77,495	46,122	56,634	57,304	55,976	89,839	6.8%	12.1%
Total	605,077	707,899	712,457	717,435	725,637	715,940	745,291	3.5%	100.0%
By Age									
Under Age 1	27,452	29,593	30,611	30,058	30,429	34,418	30,712	1.9%	4.1%
Age 1 to 5	104,764	122,939	131,201	130,090	131,548	124,106	120,931	2.4%	16.2%
Age 6 to 14	130,698	160,607	165,246	153,954	155,717	142,446	139,137	1.0%	18.7%
Age 15 to 20	60,845	73,373	77,182	74,046	74,866	73,670	74,730	3.5%	10.0%
Age 21 to 44	88,580	100,015	110,078	114,162	115,453	124,877	130,720	6.7%	17.5%
Age 45 to 64	51,487	57,857	63,395	67,638	68,373	71,787	73,333	6.1%	9.8%
Age 65 to 74	32,016	34,994	36,588	37,936	38,379	37,148	36,330	2.1%	4.9%
Age 75 to 84	28,482	30,784	32,081	33,156	33,551	32,168	31,018	1.4%	4.2%
Age 85 and Over	20,285	20,250	19,984	19,791	20,060	19,364	18,764	-1.3%	2.5%
Age Unknown	60,468	77,487	46,091	56,604	57,261	55,956	89,616	6.8%	12.0%
Total*	605,077	707,899	712,457	717,435	725,637	715,940	745,291	3.8%	100.0%
By Race									
White	196,364	229,402	225,860	231,548	234,169	227,860	229,098	2.6%	30.7%
Black	368,281	431,262	401,874	390,087	394,923	368,464	368,272	0.0%	49.4%
Hispanic, American Indian or Asian	6,732	7,850	9,642	9,685	9,781	10,500	12,135	10.3%	1.6%
Other/Unknown	33,700	39,385	75,081	86,115	86,764	109,116	135,786	26.1%	18.2%
Total*	605,077	707,899	712,457	717,435	725,637	715,940	745,291	3.5%	100.0%
By Sex									
Female	374,544	438,722	398,263	397,211	402,109	396,538	403,135	1.2%	54.1%
Male	230,273	268,473	268,091	263,607	266,661	249,739	250,050	1.4%	33.6%
Unknown	260	704	46,103	56,617	56,867	69,663	92,106	166.0%	12.4%
Total*	605,077	707,899	712,457	717,435	725,637	715,940	745,291	3.5%	100.0%

Source: MSIS data for FFY 00-06.

PAYMENTS BY OTHER CHARACTERISTICS

SOUTHERN REGION MEDICAID PROFILE

	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05	FFY 06	Annual Change	Share of Total FFY 06
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	\$810,426,530	\$1,031,999,687	\$1,176,269,735	\$1,197,241,225	\$1,545,008,855	\$1,336,481,451	\$1,237,278,491	7.3%	39.4%
Poverty Related Eligibles	\$442,170,533	\$606,585,933	\$740,830,606	\$757,820,734	\$955,905,410	\$756,115,527	\$647,802,568	6.6%	20.6%
Medically Needy	\$0	\$0	\$0	\$0	\$1,795	\$0	\$0	-100.0%	0.0%
Other Eligibles	\$534,681,790	\$526,440,720	\$566,273,309	\$599,732,480	\$790,959,831	\$936,438,146	\$964,243,395	10.3%	30.7%
Maintenance Assistance Status Unknown	\$20,113,038	\$15,635,731	\$16,267,155	\$14,981,715	\$20,184,231	\$441,443,200	\$294,888,690	56.4%	9.4%
Total*	\$1,807,391,891	\$2,180,662,071	\$2,499,640,805	\$2,569,776,154	\$3,312,060,122	\$3,470,478,324	\$3,144,213,144	9.7%	100.0%
By Basis of Eligibility									
Aged, Blind or Disabled	\$1,360,802,244	\$1,602,569,736	\$1,780,398,038	\$1,823,994,829	\$2,368,061,510	\$2,201,005,728	\$1,994,133,770	6.6%	63.4%
Children	\$270,710,403	\$367,150,609	\$453,810,395	\$476,217,433	\$600,585,565	\$516,855,218	\$531,815,056	11.9%	16.9%
Foster Care Children	\$7,846,151	\$7,690,895	\$10,009,066	\$10,795,505	\$14,435,993	\$20,993,373	\$27,921,103	23.6%	0.9%
Adults	\$147,920,055	\$187,615,100	\$239,156,151	\$243,786,672	\$308,792,823	\$288,050,006	\$293,047,497	12.1%	9.3%
Basis of Eligibility Unknown	\$20,113,038	\$15,635,731	\$16,267,155	\$14,981,715	\$20,184,231	\$443,573,999	\$297,295,718	56.7%	9.5%
Total*	\$1,807,391,891	\$2,180,662,071	\$2,499,640,805	\$2,569,776,154	\$3,312,060,122	\$3,470,478,324	\$3,144,213,144	9.7%	100.0%
By Age									
Under Age 1	\$62,451,005	\$79,192,864	\$87,359,330	\$88,987,334	\$115,533,137	\$92,863,540	\$110,219,895	9.9%	3.5%
Age 1 to 5	\$124,989,723	\$162,247,745	\$194,389,602	\$203,844,980	\$258,443,300	\$232,113,096	\$229,090,604	10.6%	7.3%
Age 6 to 14	\$130,963,563	\$173,265,221	\$206,593,356	\$215,802,569	\$274,606,907	\$259,744,023	\$258,231,149	12.0%	8.2%
Age 15 to 20	\$127,765,582	\$146,577,627	\$172,720,742	\$170,865,162	\$222,381,136	\$212,238,138	\$226,025,518	10.0%	7.2%
Age 21 to 44	\$387,623,570	\$468,980,276	\$541,614,356	\$545,694,348	\$704,461,548	\$623,441,685	\$617,723,948	8.1%	19.6%
Age 45 to 64	\$348,610,958	\$441,374,261	\$516,243,914	\$538,971,338	\$685,916,895	\$659,191,573	\$606,422,993	9.7%	19.3%
Age 65 to 74	\$163,683,196	\$200,710,891	\$226,434,693	\$233,874,310	\$301,092,632	\$278,438,690	\$215,873,001	4.7%	6.9%
Age 75 to 84	\$203,543,407	\$239,669,213	\$271,846,846	\$283,535,333	\$366,585,175	\$337,931,870	\$280,453,750	5.5%	8.9%
Age 85 and Over	\$237,647,849	\$253,020,775	\$266,466,433	\$273,490,595	\$363,293,383	\$333,083,614	\$305,417,829	4.3%	9.7%
Age Unknown	\$20,113,038	\$15,623,198	\$15,971,533	\$14,710,185	\$19,746,009	\$441,432,095	\$294,754,457	56.4%	9.4%
Total*	\$1,807,391,891	\$2,180,662,071	\$2,499,640,805	\$2,569,776,154	\$3,312,060,122	\$3,470,478,324	\$3,144,213,144	9.7%	100.0%
By Race									
White	\$774,791,590	\$935,759,976	\$1,070,111,043	\$1,116,375,454	\$1,436,603,792	\$1,363,352,274	\$1,250,342,482	8.3%	39.8%
Black	\$844,456,092	\$1,020,638,197	\$1,180,966,693	\$1,205,047,593	\$1,553,419,797	\$1,433,778,701	\$1,390,622,000	8.7%	44.2%
Hispanic, American Indian or Asian	\$14,147,735	\$17,011,029	\$23,189,618	\$23,205,983	\$29,441,695	\$32,417,369	\$34,711,411	16.1%	1.1%
Other/ Unknown	\$173,996,474	\$207,252,869	\$225,373,451	\$225,147,124	\$292,594,838	\$640,929,980	\$468,537,251	18.0%	14.9%
Total*	\$1,807,391,891	\$2,180,662,071	\$2,499,640,805	\$2,569,776,154	\$3,312,060,122	\$3,470,478,324	\$3,144,213,144	9.7%	100.0%
By Sex									
Female	\$1,176,435,808	\$1,421,093,408	\$1,596,135,924	\$1,624,141,223	\$2,102,993,382	\$1,900,603,229	\$1,769,509,591	7.0%	56.3%
Male	\$630,889,861	\$759,253,459	\$887,410,829	\$930,799,604	\$1,192,220,626	\$1,113,848,152	\$1,077,177,579	9.3%	34.3%
Unknown	\$66,222	\$315,204	\$16,094,052	\$14,835,327	\$16,846,114	\$456,026,943	\$297,525,974	306.2%	9.5%
Total*	\$1,807,391,891	\$2,180,662,071	\$2,499,640,805	\$2,569,776,154	\$3,312,060,122	\$3,470,478,324	\$3,144,213,144	9.7%	100.0%

Source: MSIS data for FFY 99-05.

SOUTHERN REGION MEDICAID PROFILE

AVERAGE PAYMENT PER RECIPIENT BY OTHER CHARACTERISTICS

	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05	FFY 06	Annual Change	Above (+) or Below (-) SLC Avg. FFY 06
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	\$4,389.77	\$3,801.58	\$4,093.91	\$4,062.73	\$5,186.35	\$4,876.05	\$4,923.71	1.9%	-14.1%
Poverty Related Eligibles	\$1,528.46	\$1,827.57	\$2,070.84	\$2,201.09	\$2,745.81	\$2,312.61	\$1,933.10	4.0%	-2.6%
Medically Needy	\$0.00	\$0.00	\$0.00	\$0.00	\$1,795.00	\$0.00	\$0.00	-100.0%	-100.0%
Other Eligibles	\$7,562.58	\$19,476.88	\$26,624.35	\$27,486.71	\$35,467.46	\$15,893.38	\$13,924.90	10.7%	96.7%
Maintenance Assistance Status Unknown	\$332.62	\$201.76	\$352.70	\$264.54	\$352.23	\$7,886.29	\$3,289.55	46.5%	10.1%
Total	\$2,987.04	\$3,080.47	\$3,508.48	\$3,581.89	\$4,564.35	\$4,847.44	\$4,218.77	5.9%	1.7%
By Basis of Eligibility									
Aged, Blind or Disabled	\$6,844.84	\$7,577.70	\$8,166.85	\$8,107.36	\$10,400.38	\$9,687.99	\$8,829.89	4.3%	-19.2%
Children	\$950.81	\$1,057.31	\$1,240.73	\$1,363.98	\$1,701.17	\$1,565.17	\$1,663.68	9.8%	5.8%
Foster Care Children	\$2,782.32	\$2,738.92	\$3,666.32	\$3,697.09	\$4,881.97	\$6,160.03	\$6,921.44	16.4%	-1.8%
Adults	\$2,538.75	\$2,724.59	\$2,995.37	\$2,910.40	\$3,648.18	\$2,905.40	\$2,766.74	1.4%	-2.1%
Basis of Eligibility Unknown	\$332.62	\$201.76	\$352.70	\$264.54	\$352.23	\$7,924.36	\$3,309.21	46.7%	7.7%
Total	\$2,987.04	\$3,080.47	\$3,508.48	\$3,581.89	\$4,564.35	\$4,847.44	\$4,218.77	5.9%	1.7%
By Age									
Under Age 1	\$2,274.92	\$2,676.07	\$2,853.85	\$2,960.52	\$3,796.81	\$2,698.11	\$3,588.82	7.9%	-9.2%
Age 1 to 5	\$1,193.06	\$1,319.74	\$1,481.62	\$1,566.95	\$1,964.63	\$1,870.28	\$1,894.39	8.0%	-0.2%
Age 6 to 14	\$1,002.03	\$1,078.81	\$1,250.22	\$1,401.73	\$1,763.50	\$1,823.46	\$1,855.95	10.8%	1.1%
Age 15 to 20	\$2,099.85	\$1,997.71	\$2,237.84	\$2,307.55	\$2,970.39	\$2,880.93	\$3,024.56	6.3%	5.0%
Age 21 to 44	\$4,375.97	\$4,689.10	\$4,920.28	\$4,780.00	\$6,101.72	\$4,992.45	\$4,725.55	1.3%	-7.7%
Age 45 to 64	\$6,770.85	\$7,628.71	\$8,143.29	\$7,968.47	\$10,031.98	\$9,182.60	\$8,269.44	3.4%	-20.3%
Age 65 to 74	\$5,112.54	\$5,735.58	\$6,188.77	\$6,164.97	\$7,845.24	\$7,495.39	\$5,942.00	2.5%	-11.7%
Age 75 to 84	\$7,146.39	\$7,785.51	\$8,473.76	\$8,551.55	\$10,926.21	\$10,505.22	\$9,041.65	4.0%	-12.5%
Age 85 and Over	\$11,715.45	\$12,494.85	\$13,333.99	\$13,818.94	\$18,110.34	\$17,201.18	\$16,276.80	5.6%	-4.5%
Age Unknown	\$332.62	\$201.62	\$346.52	\$259.88	\$344.84	\$7,888.91	\$3,289.08	46.5%	10.1%
Total	\$2,987.04	\$3,080.47	\$3,508.48	\$3,581.89	\$4,564.35	\$4,847.44	\$4,218.77	5.9%	1.7%
By Race									
White	\$3,945.69	\$4,079.13	\$4,737.94	\$4,821.36	\$6,134.90	\$5,983.29	\$5,457.68	5.6%	7.0%
Black	\$2,292.97	\$2,366.63	\$2,938.65	\$3,089.18	\$3,933.48	\$3,891.23	\$3,776.07	8.7%	2.2%
Hispanic, American Indian or Asian	\$2,101.56	\$2,167.01	\$2,405.06	\$2,396.07	\$3,010.09	\$3,087.37	\$2,860.44	5.3%	2.6%
Other/Unknown	\$5,163.10	\$5,262.23	\$3,001.74	\$2,614.49	\$3,372.31	\$5,873.84	\$3,450.56	-6.5%	-15.0%
Total	\$2,987.04	\$3,080.47	\$3,508.48	\$3,581.89	\$4,564.35	\$4,847.44	\$4,218.77	5.9%	1.7%
By Sex									
Female	\$3,140.98	\$3,239.17	\$4,007.74	\$4,088.86	\$5,229.91	\$4,792.99	\$4,389.37	5.7%	2.3%
Male	\$2,739.75	\$2,828.04	\$3,310.11	\$3,531.01	\$4,470.92	\$4,460.05	\$4,307.85	7.8%	3.5%
Unknown	\$254.70	\$447.73	\$349.09	\$262.03	\$296.24	\$6,546.19	\$3,230.26	52.7%	8.5%
Total	\$2,987.04	\$3,080.47	\$3,508.48	\$3,581.89	\$4,564.35	\$4,847.44	\$4,218.77	5.9%	1.7%

Source: MSIS data for FFY 00-06.

SOUTHERN REGION MEDICAID PROFILE

ADDITIONAL STATE HEALTH CARE INFORMATION

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

Waivers

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

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

Several **Home and Community Based Services 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: Operating since July 1, 1994. Provides case management, homemaker services, transportation, respite, and home health visits.
- Mental Retardation/Developmental Disabilities: Operating since July 1, 1995. Services include respite, habilitation, various therapies, supplies and attendant services.
- Independent Living: Renewed June 2003.
- Assisted Living: Implemented Oct. 1, 2000. Waiver was renewed in December 2003. Must be 21 or older. Personal care, homemaker services, medication oversight, transportation, and supplies.
- Traumatic Brain/Spinal Cord Waiver: Case management, in home respite, environmental adaptations, specialized medical equipment and supplies.
- Mississippi Family Planning Waiver (1115) implemented in 2003 that provides access to certain primary care services for women of childbearing age with incomes up to 185% of the FPL with the intent to reduce unintended pregnancies.

Managed Care

- Prepaid Ambulatory Health Plan

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.
- Breast and Cervical Cancer services for women

Cost Containment Measures

- Certificate of Need Program since 1979. Regulates introduction or expansion of new institutional health care facilities and services.

Medicaid

- 23 optional services are offered.

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

- Mississippi Children's Health Program (CHIP I) provides health insurance coverage for children age 15 through 18 in families with incomes below 100% of the FPL. The program (Phase I) received CMS approval on October 26, 1999. The benefit package is the same as the regular Medicaid program and does not include

SOUTHERN REGION MEDICAID PROFILE

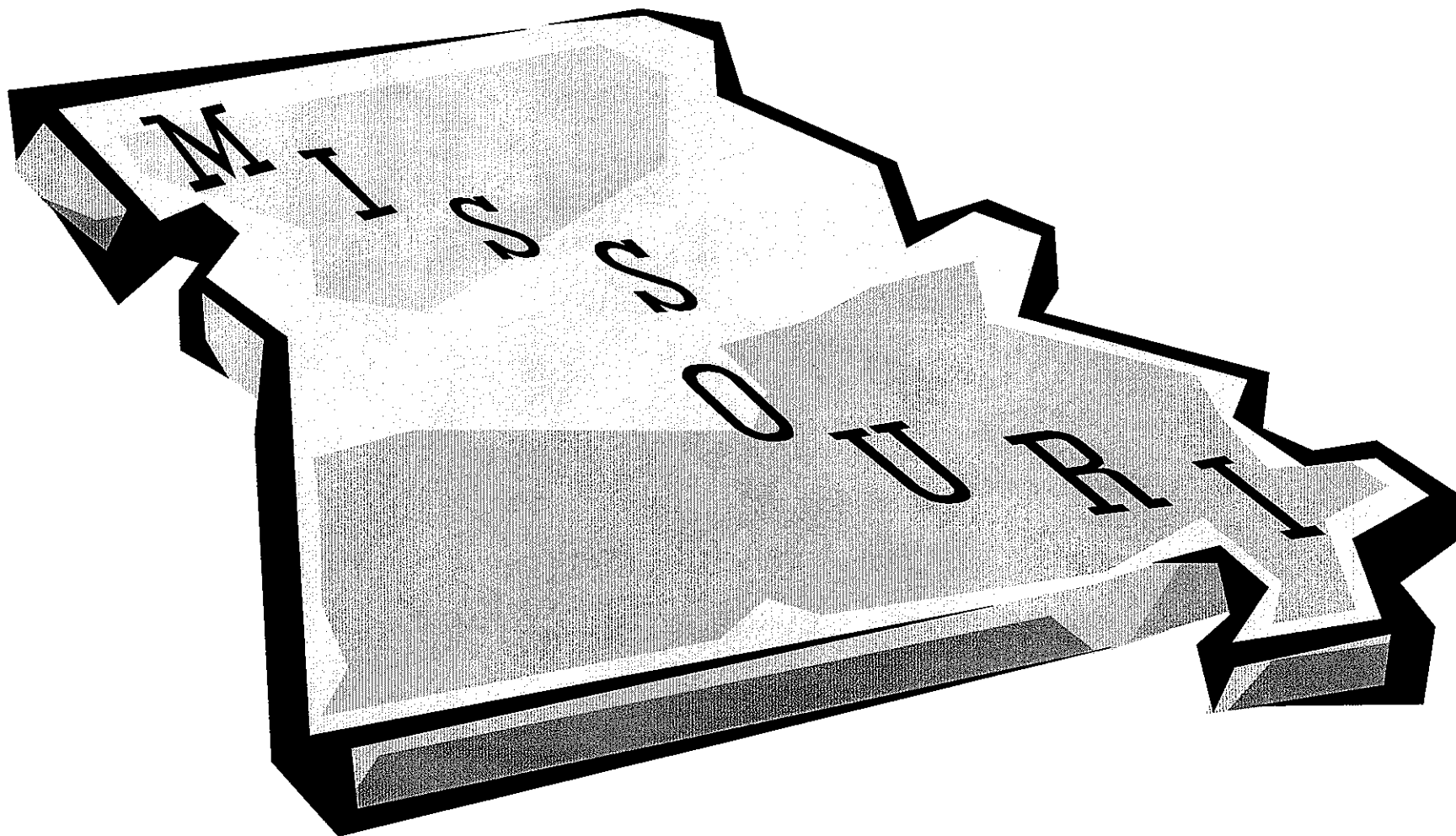
any cost sharing provisions. Phase I expects to provide coverage to 15,000 new enrollees.

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

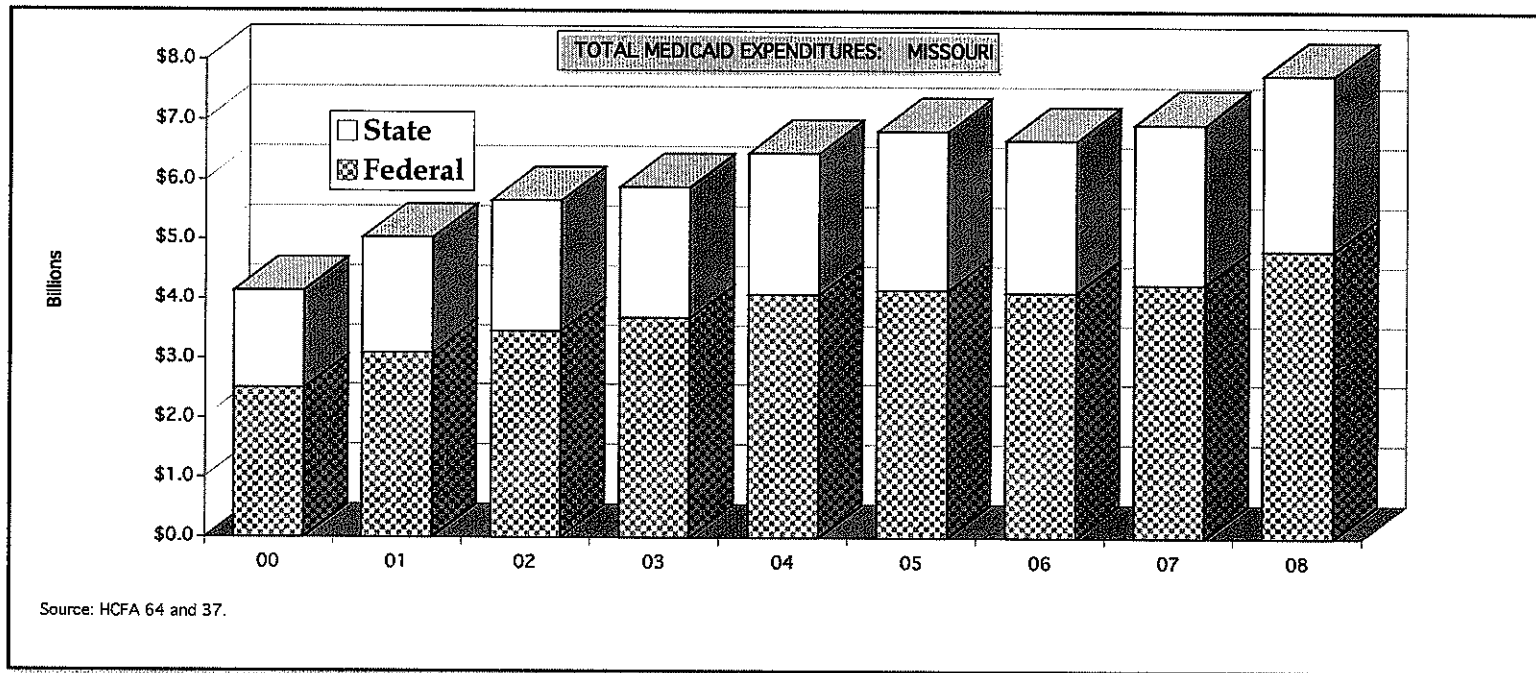
As of September 30, 2004, the program had an enrollment of 82,900 individuals.

Cost sharing requirements are required in CHIP program for certain individuals.

STATE MEDICAID PROFILE



SOUTHERN REGION MEDICAID PROFILE



State profile revised to reflect MSIS statistical data as reported by CMS for federal fiscal years 00 through 05.

	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05	FFY 06	FFY 07*	FFY 08**	Annual Rate of Change	Total Change 00-08
Medicaid Payments	\$3,994,735,362	\$4,814,979,882	\$5,443,859,735	\$5,636,993,330	\$6,189,277,118	\$6,528,988,350	\$6,382,377,154	\$6,673,178,000	\$7,462,658,000	8.1%	86.8%
Federal Share	\$2,426,112,864	\$2,964,514,311	\$3,341,118,516	\$3,546,725,923	\$3,942,570,087	\$4,004,740,341	\$3,963,990,139	\$4,116,516,000	\$4,676,949,000	8.6%	92.8%
State Share	\$1,568,622,498	\$1,850,465,571	\$2,102,741,219	\$2,090,267,407	\$2,246,707,031	\$2,524,248,009	\$2,418,387,015	\$2,556,662,000	\$2,785,709,000	7.4%	77.6%
Administrative Costs	\$149,211,690	\$218,348,725	\$215,632,683	\$253,735,879	\$270,611,871	\$298,709,983	\$295,822,248	\$276,055,000	\$297,425,000	9.0%	99.3%
Federal Share	\$79,492,465	\$124,727,677	\$115,805,669	\$137,955,136	\$144,371,906	\$157,665,749	\$156,083,485	\$145,512,000	\$155,001,000	8.7%	95.0%
State Share	\$69,719,225	\$93,621,048	\$99,827,014	\$115,780,743	\$126,239,965	\$141,044,234	\$139,738,763	\$130,543,000	\$142,424,000	9.3%	104.3%
Admin. Costs as % of Payments	3.74%	4.53%	3.96%	4.50%	4.37%	4.58%	4.63%	4.14%	3.99%		
Federal Match Rate*	60.51%	61.03%	61.06%	61.23%	61.47%	61.15%	61.93%	61.60%	62.42%		

*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 07 and 08 reflect latest estimates reported by each state (CMS 37).

SOUTHERN REGION MEDICAID PROFILE

STATE FINANCING

	Payments		Administration	
	FFY 00	FFY 06	FFY 00	FFY 06
State General Fund	\$1,568,622,498	\$1,409,862,446	\$69,719,225	\$139,738,763
Local Funds	\$0	\$0	\$0	\$0
Provider Taxes	\$0	\$997,625,500	\$0	\$0
Donations*	\$0	\$635,653	\$0	\$0
Other**	\$0	\$10,263,416	\$0	\$0
Total State Share	\$1,568,622,498	\$2,418,387,015	\$69,719,225	\$139,738,763

*Donations from Outstationed Eligibility Workers Program

**License fees

Provider Taxes Currently in Place (FFY 06)

	Tax Rate	Amount
General and mental hospitals	5.97% of hospital operating revenue	\$793,823,762
Nursing homes	\$8.42 per patient day	\$127,843,638
Managed Care	5.99% of total Medicaid revenue	\$41,158,100
Pharmacy	.84% of gross prescription sale	\$34,800,000
Total		\$997,625,500

DISPROPORTIONATE SHARE HOSPITAL (DSH) PAYMENTS

	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05	FFY 06	FFY 07*	FFY 08**	Change
General Hospitals	\$277,424,914	\$278,578,549	\$345,377,967	\$327,754,355	\$447,404,858	\$455,987,396	\$535,132,205	\$481,900,000	\$505,173,000	6.5%
Mental Hospitals	\$178,006,610	\$176,489,923	\$187,325,542	\$178,553,296	\$177,856,164	\$235,691,602	\$204,780,706	\$208,841,000	\$203,679,000	1.4%
Total	\$455,431,524	\$455,068,472	\$532,703,509	\$506,307,651	\$625,261,022	\$691,678,998	\$739,912,911	\$690,741,000	\$708,852,000	4.9%

SELECTED ELIGIBILITY CRITERIA

	2006	% of FPL*
TANF-Temporary Assistance for Needy Families (Family of 3)		
Need Standard	\$846	61.2%
Payment Standard	\$292	21.1%
Maximum Payment	\$292	21.1%
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	\$603	73.8%
Couple	\$904	82.2%
Resources:		
Single Person	\$1,000	
Couple	\$2,000	

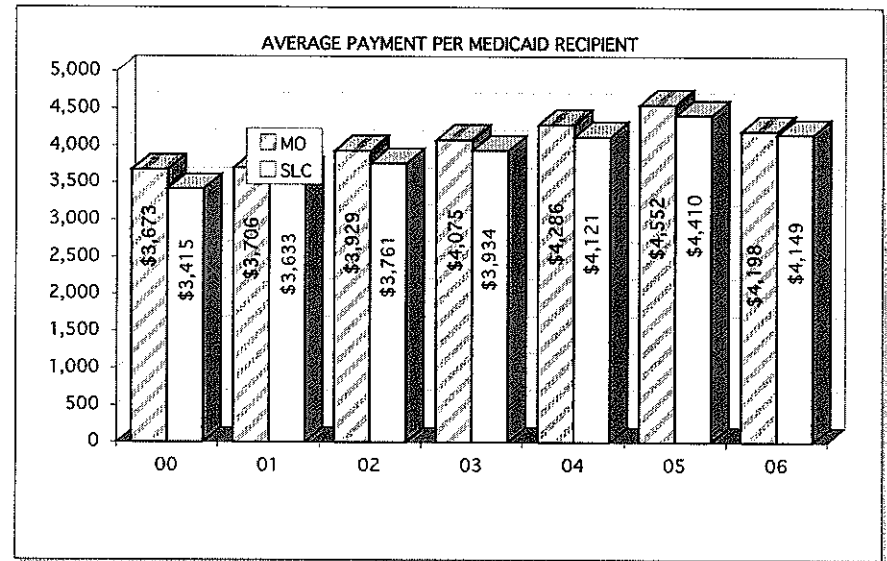
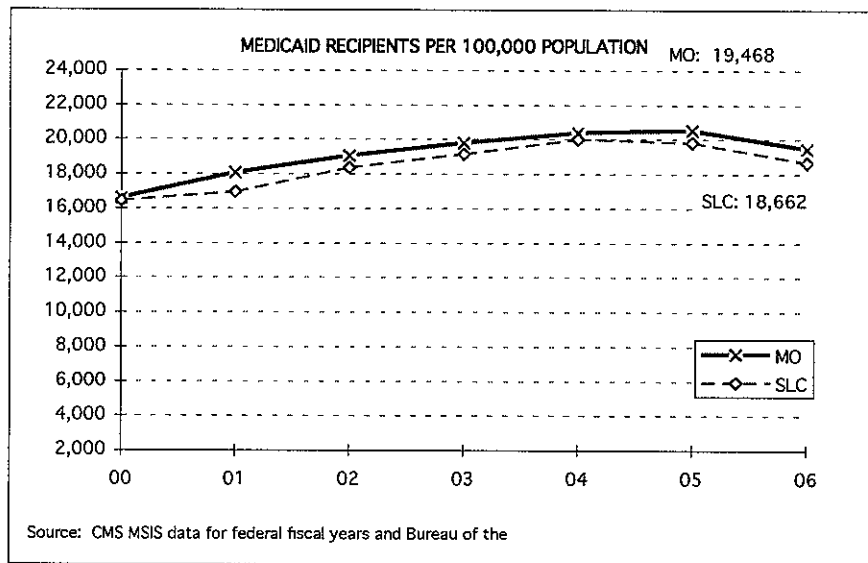
DEMOGRAPHIC DATA & POVERTY INDICATORS (2006)

		Rank in U.S.
State population—December 21, 2007*	5,837,639	18
Per capita personal income**	\$32,793	31
Median household income**	\$44,651	33
Population below Federal Poverty Level*	683,004	
Percent of total state population	11.7%	23
Population without health insurance coverage*	772,000	18
Percent of total state population	13.2%	
Recipients of Food Stamps***	796,350	13
Households receiving Food Stamps***	299,653	
Total value of issuance***	\$740,064,276	13
Average monthly benefit per recipient	\$77.44	50
Average monthly benefit per household	\$205.81	
Monthly recipients of Temporary Assistance to Needy Families (TANF)****	92,133	12
Total TANF payments****	\$75,146,989	19
Average monthly payment per recipient	\$67.97	
Maximum monthly payment per family of 3	\$292.00	36

*Current (2006) federal poverty level is \$9,800 per year for a single person, \$13,200 for a family of two and \$16,600 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 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05	FFY 06	Annual Change
01. General Hospital	87,585	95,453	100,904	105,584	114,811	116,969	80,900	-1.3%
02. Mental Hospital	453	420	356	460	466	349	457	0.1%
03. Skilled and Intermediate (non-MR) Care Nursing	41,074	39,501	40,798	38,916	39,606	39,408	38,836	-0.9%
04. Intermediate Care for Mentally Retarded	1,331	1,325	1,302	1,282	1,263	1,193	1,093	-3.2%
05. Physician Services	320,726	330,264	328,550	344,460	369,107	368,517	258,407	-3.5%
06. Dental Services	90,736	101,405	104,581	122,807	132,674	138,144	73,159	-3.5%
07. Other Practitioners	115,395	113,039	128,575	125,857	170,842	181,338	125,608	1.4%
08. Outpatient Hospital	311,317	330,978	349,865	362,421	384,500	391,572	383,852	3.6%
09. Clinic Services	377,983	406,759	439,575	482,956	513,610	539,074	540,603	6.1%
10. Lab and X-Ray	137,891	137,931	162,487	199,612	206,163	227,843	210,634	7.3%
11. Home Health	6,652	6,022	6,511	6,910	6,981	7,668	6,546	-0.3%
12. Prescribed Drugs	447,062	472,624	493,230	526,991	550,572	559,682	526,470	2.8%
13. Family Planning	941	1,116	1,110	1,326	1,302	1,299	1,356	6.3%
14. Early & Periodic Screening, Diagnosis & Treatment	0	0	0	0	0	0	0	n/a
15. Other Care	189,329	199,833	216,716	240,321	253,811	264,396	236,702	3.8%
16. Personal Care Support Services	97,189	108,536	122,141	123,911	131,651	142,537	124,219	4.2%
17. Home/Community Based Waiver Services	0	0	0	0	0	0	0	n/a
18. Prepaid Health Care	395,214	475,265	498,155	515,863	544,395	544,219	814,374	12.8%
19. Primary Care Case Management (PCCM) Services	0	0	0	0	0	0	0	n/a
Total*	890,318	978,546	1,036,150	1,081,496	1,140,194	1,156,308	1,136,495	4.2%

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

SOUTHERN REGION MEDICAID PROFILE

<u>PAYMENTS BY TYPE OF SERVICES</u>	<u>FFY 00</u>	<u>FFY 01</u>	<u>FFY 02</u>	<u>FFY 03</u>	<u>FFY 04</u>	<u>FFY 05</u>	<u>FFY 06</u>	<u>Annual</u>	<u>Share of Total</u>
								<u>Change</u>	<u>FFY 06</u>
01. General Hospital	\$376,607,207	\$410,534,009	\$428,061,409	\$472,473,319	\$511,834,964	\$516,805,316	\$531,266,150	5.9%	11.1%
02. Mental Hospital	\$4,628,523	\$4,606,906	\$3,207,299	\$5,922,767	\$4,734,727	\$4,161,669	\$6,503,589	5.8%	0.1%
03. Skilled and Intermediate (non-MR) Care Nursing	\$732,508,771	\$735,628,334	\$725,466,540	\$709,866,247	\$761,653,055	\$792,160,890	\$772,128,524	0.9%	16.2%
04. Intermediate Care for Mentally Retarded	\$100,406,019	\$94,409,653	\$118,629,649	\$111,653,494	\$112,204,262	\$104,365,346	\$86,429,464	-2.5%	1.8%
05. Physician Services	\$70,972,252	\$71,914,021	\$73,061,397	\$78,021,620	\$83,025,715	\$88,089,249	\$48,200,991	-6.2%	1.0%
06. Dental Services	\$13,286,049	\$21,144,900	\$25,504,037	\$29,841,465	\$35,872,061	\$40,787,064	\$16,732,835	3.9%	0.4%
07. Other Practitioners	\$7,629,740	\$8,027,304	\$9,187,207	\$8,135,688	\$18,761,642	\$20,937,939	\$13,812,746	10.4%	0.3%
08. Outpatient Hospital	\$219,722,488	\$221,122,747	\$246,189,264	\$241,123,477	\$255,872,607	\$302,126,739	\$316,482,997	6.3%	6.6%
09. Clinic Services	\$96,534,961	\$111,575,286	\$135,014,780	\$161,637,284	\$196,422,293	\$233,821,947	\$261,672,066	18.1%	5.5%
10. Lab and X-Ray	\$7,464,955	\$8,131,990	\$10,217,199	\$13,313,824	\$16,087,835	\$19,592,480	\$19,650,550	17.5%	0.4%
11. Home Health	\$8,564,806	\$6,583,746	\$7,236,954	\$7,297,381	\$6,172,315	\$5,983,106	\$4,988,478	-8.6%	0.1%
12. Prescribed Drugs	\$600,484,118	\$680,574,899	\$799,910,014	\$953,324,877	\$1,133,878,803	\$1,254,709,174	\$752,177,087	3.8%	15.8%
13. Family Planning	\$459,200	\$530,268	\$561,813	\$687,570	\$733,636	\$707,972	\$648,825	5.9%	0.0%
14. Early & Periodic Screening, Diagnosis & Treatment	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a	0.0%
15. Other Care	\$415,909,665	\$488,627,413	\$537,392,486	\$553,408,000	\$579,093,998	\$615,885,262	\$638,310,332	7.4%	13.4%
16. Personal Care Support Services	\$231,939,181	\$272,495,153	\$340,711,470	\$376,255,888	\$406,776,844	\$445,224,624	\$456,552,132	11.9%	9.6%
17. Home/Community Based Waiver Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a	0.0%
18. Prepaid Health Care	\$383,034,523	\$490,305,973	\$611,192,885	\$683,889,202	\$763,539,900	\$817,645,411	\$845,643,962	14.1%	17.7%
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.)	\$3,270,152,458	\$3,626,212,602	\$4,071,544,403	\$4,406,852,103	\$4,886,664,657	\$5,263,004,188	\$4,771,200,728	6.5%	100.0%

<u>AVERAGE PAYMENTS PER RECIPIENT BY TYPE OF SERVICES</u>									(+) or (-) SIC
									<u>Avg. FFY 06</u>
01. General Hospital	\$4,299.91	\$4,300.90	\$4,242.26	\$4,474.86	\$4,458.07	\$4,418.31	\$6,566.95	7.3%	22.3%
02. Mental Hospital	\$10,217.49	\$10,968.82	\$9,009.27	\$12,875.58	\$10,160.36	\$11,924.55	\$14,231.05	5.7%	-20.5%
03. Skilled and Intermediate (non-MR) Care Nursing	\$17,833.88	\$18,623.03	\$17,781.91	\$18,240.99	\$19,230.75	\$20,101.52	\$19,881.77	1.8%	-17.5%
04. Intermediate Care for Mentally Retarded	\$75,436.53	\$71,252.57	\$91,113.40	\$87,093.21	\$88,839.48	\$87,481.43	\$79,075.45	0.8%	-9.8%
05. Physician Services	\$221.29	\$217.75	\$222.38	\$226.50	\$224.94	\$239.04	\$186.53	-2.8%	-66.2%
06. Dental Services	\$146.43	\$208.52	\$243.87	\$242.99	\$270.38	\$295.25	\$228.72	7.7%	-37.1%
07. Other Practitioners	\$66.12	\$71.01	\$71.45	\$64.64	\$109.82	\$115.46	\$109.97	8.8%	-52.7%
08. Outpatient Hospital	\$705.78	\$668.09	\$703.67	\$665.31	\$665.47	\$771.57	\$824.49	2.6%	32.2%
09. Clinic Services	\$255.39	\$274.30	\$307.15	\$334.68	\$382.43	\$433.75	\$484.04	11.2%	-31.0%
10. Lab and X-Ray	\$54.14	\$58.96	\$62.88	\$66.70	\$78.03	\$85.99	\$93.29	9.5%	-56.7%
11. Home Health	\$1,287.55	\$1,093.28	\$1,111.50	\$1,056.06	\$884.16	\$780.27	\$762.07	-8.4%	-81.2%
12. Prescribed Drugs	\$1,343.18	\$1,439.99	\$1,621.78	\$1,809.00	\$2,059.46	\$2,241.83	\$1,428.72	1.0%	47.7%
13. Family Planning	\$487.99	\$475.15	\$506.14	\$518.53	\$563.47	\$545.01	\$478.48	-0.3%	-59.9%
14. Early & Periodic Screening, Diagnosis & Treatment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	n/a	n/a
15. Other Care	\$2,196.76	\$2,445.18	\$2,479.71	\$2,302.79	\$2,281.60	\$2,329.40	\$2,696.68	3.5%	45.2%
16. Personal Care Support Services	\$2,386.48	\$2,510.64	\$2,789.49	\$3,036.50	\$3,089.81	\$3,123.57	\$3,675.38	7.5%	95.3%
17. Home/Community Based Waiver Services	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	n/a	n/a
18. Prepaid Health Care	\$969.18	\$1,031.65	\$1,226.91	\$1,325.72	\$1,402.55	\$1,502.42	\$1,038.40	1.2%	-8.5%
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)	\$3,673.02	\$3,705.72	\$3,929.49	\$4,074.77	\$4,285.82	\$4,551.56	\$4,198.17	2.3%	1.2%

TOTAL PER CAPITA EXPENDITURES	\$772.60	\$930.64	\$1,040.62	\$1,077.24	\$1,154.54	\$1,212.80	\$1,143.99	6.8%	29.6%
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Source: MSIS data for FFY 00-06.

SOUTHERN REGION MEDICAID PROFILE

DATA BY OTHER CHARACTERISTICS

RECIPIENTS BY OTHER CHARACTERISTICS

	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05	FFY 06	Annual Change	Share of Total FFY 06
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	305,326	347,033	637,643	652,952	675,301	593,689	441,591	6.3%	38.9%
Poverty Related Eligibles	405,269	276,241	111,331	128,818	137,084	207,914	293,643	-5.2%	25.8%
Medically Needy	0	0	0	0	0	0	0	n/a	0.0%
Other Eligibles	154,013	314,235	264,206	272,784	302,389	326,346	332,671	13.7%	29.3%
Maintenance Assistance Status Unknown	25,710	41,037	22,970	26,942	25,420	28,359	68,590	17.8%	6.0%
Total	890,318	978,546	1,036,150	1,081,496	1,140,194	1,156,308	1,136,495	4.2%	100.0%
By Basis of Eligibility									
Aged, Blind, or Disabled	212,239	218,236	227,560	236,110	252,260	264,891	270,572	4.1%	23.8%
Children	455,912	494,611	531,687	558,929	586,268	589,638	565,646	3.7%	49.8%
Foster Care Children	20,107	22,482	23,644	24,116	25,106	26,075	26,300	4.6%	2.3%
Adults	176,350	202,180	230,289	235,399	251,140	246,838	204,827	2.5%	18.0%
Basis of Eligibility Unknown	25,710	41,037	22,970	26,942	25,420	28,866	69,150	17.9%	6.1%
Total	890,318	978,546	1,036,150	1,081,496	1,140,194	1,156,308	1,136,495	4.2%	100.0%
By Age									
Under Age 1	31,252	47,116	33,353	34,404	37,198	38,522	38,392	3.5%	3.4%
Age 1 to 5	152,387	175,189	173,875	180,990	188,658	189,802	184,889	3.3%	16.3%
Age 6 to 14	219,749	232,282	255,511	266,538	277,056	275,021	260,134	2.9%	22.9%
Age 15 to 20	100,878	102,376	121,702	130,825	138,482	142,068	138,737	5.5%	12.2%
Age 21 to 44	199,278	218,209	250,282	257,289	274,652	273,852	238,593	3.0%	21.0%
Age 45 to 64	70,512	75,255	87,541	95,175	107,717	116,021	113,731	8.3%	10.0%
Age 65 to 74	32,656	32,948	33,671	33,749	35,121	36,946	37,954	2.5%	3.3%
Age 75 to 84	31,821	31,388	32,356	31,550	32,145	32,150	31,963	0.1%	2.8%
Age 85 and Over	26,075	22,744	24,889	24,033	23,744	23,567	23,511	-1.7%	2.1%
Age Unknown	25,710	41,039	22,970	26,943	25,421	28,359	68,591	17.8%	6.0%
Total	890,318	978,546	1,036,150	1,081,496	1,140,194	1,156,308	1,136,495	4.2%	100.0%
By Race									
White	583,448	645,265	703,338	732,719	777,738	800,245	751,135	4.3%	66.1%
Black	253,910	278,184	271,592	274,484	284,983	287,457	278,579	1.6%	24.5%
Hispanic, American Indian or Asian	17,777	18,514	9,046	10,863	11,992	15,905	13,444	-4.5%	1.2%
Other/Unknown	35,183	36,583	52,174	63,430	65,481	52,701	93,337	17.7%	8.2%
Total*	890,318	978,546	1,036,150	1,081,496	1,140,194	1,156,308	1,136,495	4.2%	100.0%
By Sex									
Female	518,406	571,708	597,766	619,827	653,539	661,628	623,822	3.1%	54.9%
Male	344,153	377,979	415,414	434,727	461,234	466,321	444,083	4.3%	39.1%
Unknown	27,759	28,859	22,970	26,942	25,421	28,359	68,590	16.3%	6.0%
Total*	890,318	978,546	1,036,150	1,081,496	1,140,194	1,156,308	1,136,495	4.2%	100.0%

Source: MSIS data for FFY 00-06.

SOUTHERN REGION MEDICAID PROFILE

PAYMENTS BY OTHER CHARACTERISTICS

	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05	FFY 06	Annual Change	Share of Total FFY 06
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	\$1,064,582,686	\$1,345,029,037	\$1,788,461,369	\$2,071,678,119	\$2,259,018,396	\$2,224,821,338	\$1,776,809,872	8.9%	37.2%
Poverty Related Eligibles	\$499,127,981	\$404,785,994	\$216,075,595	\$193,990,039	\$218,736,752	\$356,356,703	\$509,350,190	0.3%	10.7%
Medically Needy	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a	0.0%
Other Eligibles	\$1,690,386,726	\$1,858,164,764	\$2,053,187,075	\$2,113,298,982	\$2,387,676,163	\$2,660,803,340	\$2,451,768,969	6.4%	51.4%
Maintenance Assistance Status Unknown	\$16,055,065	\$18,232,807	\$13,820,364	\$27,884,963	\$21,233,346	\$21,022,807	\$33,271,697	12.9%	0.7%
Total	\$3,270,152,458	\$3,626,212,602	\$4,071,544,403	\$4,406,852,103	\$4,886,664,657	\$5,263,004,188	\$4,771,200,728	6.5%	100.0%
By Basis of Eligibility									
Aged, Blind or Disabled	\$2,351,501,567	\$2,516,226,068	\$2,768,484,714	\$2,934,966,459	\$3,257,030,600	\$3,534,833,337	\$3,072,037,704	4.6%	64.4%
Children	\$558,122,694	\$649,965,743	\$745,207,518	\$807,993,897	\$876,024,057	\$946,735,439	\$990,407,363	10.0%	20.8%
Foster Care Children	\$107,532,112	\$142,036,503	\$159,547,739	\$161,096,206	\$175,699,848	\$182,052,448	\$198,380,248	10.7%	4.2%
Adults	\$236,941,020	\$299,751,481	\$384,484,068	\$474,910,578	\$556,676,806	\$571,862,622	\$468,492,382	12.0%	9.8%
Basis of Eligibility Unknown	\$16,055,065	\$18,232,807	\$13,820,364	\$27,884,963	\$21,233,346	\$27,520,342	\$41,883,031	17.3%	0.9%
Total	\$3,270,152,458	\$3,626,212,602	\$4,071,544,403	\$4,406,852,103	\$4,886,664,657	\$5,263,004,188	\$4,771,200,728	6.5%	100.0%
By Age									
Under Age 1	\$106,362,092	\$161,741,559	\$129,345,714	\$132,308,084	\$149,937,177	\$159,705,426	\$175,013,098	8.7%	3.7%
Age 1 to 5	\$214,779,734	\$228,219,391	\$272,981,133	\$290,046,800	\$308,401,840	\$331,954,012	\$349,455,136	8.5%	7.3%
Age 6 to 14	\$250,011,776	\$319,080,946	\$347,841,392	\$367,846,014	\$394,118,177	\$420,151,626	\$427,445,194	9.4%	9.0%
Age 15 to 20	\$204,336,947	\$231,310,693	\$275,766,421	\$306,062,627	\$336,307,203	\$362,850,326	\$394,061,265	11.6%	8.3%
Age 21 to 44	\$750,174,471	\$858,137,119	\$991,187,989	\$1,115,299,519	\$1,250,909,045	\$1,325,349,307	\$1,146,488,769	7.3%	24.0%
Age 45 to 64	\$642,146,195	\$726,902,470	\$883,924,922	\$1,005,790,480	\$1,183,810,219	\$1,338,395,322	\$1,167,880,398	10.5%	24.5%
Age 65 to 74	\$276,555,919	\$294,766,100	\$319,753,974	\$330,530,459	\$363,209,603	\$392,494,578	\$307,877,949	1.8%	6.5%
Age 75 to 84	\$377,243,967	\$397,105,372	\$410,979,312	\$409,248,151	\$440,489,264	\$458,205,849	\$371,975,124	-0.2%	7.8%
Age 85 and Over	\$432,486,292	\$390,710,799	\$425,943,182	\$421,834,024	\$438,247,371	\$452,874,935	\$397,726,932	-1.4%	8.3%
Age Unknown	\$16,055,065	\$18,238,153	\$13,820,364	\$27,885,945	\$21,234,758	\$21,022,807	\$33,276,863	12.9%	0.7%
Total	\$3,270,152,458	\$3,626,212,602	\$4,071,544,403	\$4,406,852,103	\$4,886,664,657	\$5,263,004,188	\$4,771,200,728	6.5%	100.0%
By Race									
White	\$2,501,134,856	\$2,779,405,905	\$3,072,119,135	\$3,304,857,158	\$3,679,032,491	\$3,993,932,117	\$3,535,875,318	5.9%	74.1%
Black	\$701,529,063	\$776,178,610	\$886,035,535	\$939,592,907	\$1,025,569,852	\$1,099,038,352	\$1,065,649,269	7.2%	22.3%
Hispanic, American Indian or Asian	\$32,958,799	\$34,519,388	\$21,687,977	\$27,349,551	\$31,426,711	\$42,630,210	\$34,287,668	0.7%	0.7%
Other/Unknown	\$34,529,740	\$36,108,699	\$91,701,756	\$135,052,487	\$150,635,603	\$127,403,509	\$135,388,473	25.6%	2.8%
Total*	\$3,270,152,458	\$3,626,212,602	\$4,071,544,403	\$4,406,852,103	\$4,886,664,657	\$5,263,004,188	\$4,771,200,728	6.5%	100.0%
By Sex									
Female	\$2,016,557,141	\$2,238,248,240	\$2,453,377,747	\$2,654,572,522	\$2,951,860,293	\$3,177,006,325	\$2,833,013,314	5.8%	59.4%
Male	\$1,236,429,474	\$1,370,029,884	\$1,604,346,292	\$1,724,394,618	\$1,913,569,606	\$2,064,975,056	\$1,904,915,717	7.5%	39.9%
Unknown	\$17,165,843	\$17,934,478	\$13,820,364	\$27,884,963	\$21,234,758	\$21,022,807	\$33,271,697	11.7%	0.7%
Total*	\$3,270,152,458	\$3,626,212,602	\$4,071,544,403	\$4,406,852,103	\$4,886,664,657	\$5,263,004,188	\$4,771,200,728	6.5%	100.0%

Source: MSIS data for FFY 00-06.

SOUTHERN REGION MEDICAID PROFILE

AVERAGE PAYMENT PER RECIPIENT BY OTHER CHARACTERISTICS

	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05	FFY 06	Annual Change	Above (+) or Below (-) SLC Avg. FFY 06
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	\$3,486.71	\$3,875.80	\$2,804.80	\$3,172.79	\$3,345.20	\$3,747.45	\$4,023.66	2.4%	-29.8%
Poverty Related Eligibles	\$1,231.60	\$1,465.34	\$1,940.84	\$1,505.92	\$1,595.64	\$1,713.96	\$1,734.59	5.9%	-12.6%
Medically Needy	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	n/a	-100.0%
Other Eligibles	\$10,975.61	\$5,913.30	\$7,771.16	\$7,747.15	\$7,896.04	\$8,153.32	\$7,369.95	-6.4%	4.1%
Maintenance Assistance Status Unknown	\$624.47	\$444.30	\$601.67	\$1,035.00	\$835.30	\$741.31	\$485.08	-4.1%	-83.8%
Total	\$3,673.02	\$3,705.72	\$3,929.49	\$4,074.77	\$4,285.82	\$4,551.56	\$4,198.17	2.3%	1.2%
By Basis of Eligibility									
Aged, Blind or Disabled	\$11,079.50	\$11,529.84	\$12,165.95	\$12,430.50	\$12,911.40	\$13,344.48	\$11,353.86	0.4%	3.9%
Children	\$1,224.19	\$1,314.09	\$1,401.59	\$1,445.61	\$1,494.24	\$1,605.62	\$1,750.93	6.1%	11.3%
Foster Care Children	\$5,347.99	\$6,317.79	\$6,747.92	\$6,680.05	\$6,998.32	\$6,981.88	\$7,542.98	5.9%	7.0%
Adults	\$1,343.58	\$1,482.60	\$1,669.57	\$2,017.47	\$2,216.60	\$2,316.75	\$2,287.26	9.3%	-19.0%
Basis of Eligibility Unknown	\$624.47	\$444.30	\$601.67	\$1,035.00	\$835.30	\$953.38	\$605.68	-0.5%	-80.3%
Total	\$3,673.02	\$3,705.72	\$3,929.49	\$4,074.77	\$4,285.82	\$4,551.56	\$4,198.17	2.3%	1.2%
By Age									
Under Age 1	\$3,403.37	\$3,432.84	\$3,878.08	\$3,845.72	\$4,030.79	\$4,145.82	\$4,558.58	5.0%	15.3%
Age 1 to 5	\$1,409.44	\$1,302.70	\$1,569.98	\$1,602.56	\$1,634.71	\$1,748.95	\$1,890.08	5.0%	-0.4%
Age 6 to 14	\$1,137.72	\$1,373.68	\$1,361.36	\$1,380.09	\$1,422.52	\$1,527.71	\$1,643.17	6.3%	-10.5%
Age 15 to 20	\$2,025.58	\$2,259.42	\$2,265.92	\$2,339.48	\$2,428.53	\$2,554.06	\$2,840.35	5.8%	-1.4%
Age 21 to 44	\$3,764.46	\$3,932.64	\$3,960.28	\$4,334.81	\$4,554.52	\$4,839.66	\$4,805.21	4.2%	-6.1%
Age 45 to 64	\$9,106.91	\$9,659.19	\$10,097.27	\$10,567.80	\$10,990.00	\$11,535.80	\$10,268.80	2.0%	-1.0%
Age 65 to 74	\$8,468.76	\$8,946.40	\$9,496.42	\$9,793.79	\$10,341.66	\$10,623.47	\$8,111.87	-0.7%	20.5%
Age 75 to 84	\$11,855.19	\$12,651.50	\$12,701.80	\$12,971.42	\$13,703.20	\$14,252.13	\$11,637.68	-0.3%	12.6%
Age 85 and Over	\$16,586.24	\$17,178.63	\$17,113.71	\$17,552.28	\$18,457.18	\$19,216.49	\$16,916.63	0.3%	-0.7%
Age Unknown	\$624.47	\$444.41	\$601.67	\$1,035.00	\$835.32	\$741.31	\$485.15	-4.1%	-83.8%
Total	\$3,673.02	\$3,705.72	\$3,929.49	\$4,074.77	\$4,285.82	\$4,551.56	\$4,198.17	2.3%	1.2%
By Race									
White	\$4,286.82	\$4,307.39	\$4,367.91	\$4,510.40	\$4,730.43	\$4,990.89	\$4,707.38	1.6%	-7.7%
Black	\$2,762.90	\$2,790.16	\$3,262.38	\$3,423.12	\$3,598.71	\$3,823.31	\$3,825.30	5.6%	3.5%
Hispanic, American Indian or Asian	\$1,854.01	\$1,864.50	\$2,397.52	\$2,517.68	\$2,620.64	\$2,680.30	\$2,550.41	5.5%	-8.5%
Other/Unknown	\$981.43	\$987.03	\$1,757.61	\$2,129.16	\$2,300.45	\$2,417.48	\$1,450.53	6.7%	-64.3%
Total	\$3,673.02	\$3,705.72	\$3,929.49	\$4,074.77	\$4,285.82	\$4,551.56	\$4,198.17	2.3%	1.2%
By Sex									
Female	\$3,889.92	\$3,915.02	\$4,104.24	\$4,282.76	\$4,516.73	\$4,801.80	\$4,541.38	2.6%	5.8%
Male	\$3,592.67	\$3,624.62	\$3,862.04	\$3,966.61	\$4,148.80	\$4,428.23	\$4,289.55	3.0%	3.1%
Unknown	\$618.39	\$621.45	\$601.67	\$1,035.00	\$835.32	\$741.31	\$485.08	-4.0%	-83.7%
Total	\$3,673.02	\$3,705.72	\$3,929.49	\$4,074.77	\$4,285.82	\$4,551.56	\$4,198.17	2.3%	1.2%

Source: MSIS data for FFY 00-06.

SOUTHERN REGION MEDICAID PROFILE

ADDITIONAL STATE HEALTH CARE INFORMATION

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

Waivers

Missouri has one Freedom of Choice Waiver, under Title XIX, Section 1915 (b), formally called MC+ Managed Care Plus, changed to MOHealthNet Managed Care. Effective September 2007, Missouri's Medicaid program was renamed MO HealthNet, and the managed care program was renamed accordingly.

- MO HealthNet Managed Care refers to the statewide medical assistance program for low-income pregnant women, children, and some uninsured parents.

Provides health care services for beneficiaries through a managed care delivery system (MCO's). Some individuals 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 MO HealthNet Managed Care health plans are operational, certain participants must enroll in a managed care health plan. In areas of the state where managed care is not operational, participants may freely choose an approved provider for health care under the FFS delivery system.

- As of 2008, each region has at least 3 separate MCO's/health plans.

<u>Region</u>	<u>Number of Counties</u>	<u>Health Plans</u>	<u>Start Date</u>
Eastern	10	3	9/1/95
Central	18	3	3/1/96
Western	9	4	1/1/97

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

- Aged and Disabled: operating since April 22, 1980. In-home services to certain individuals aged 63 or over.

- Mental Retardation/Developmental Disabilities Comprehensive Waiver: operating since July 1, 1988.

- AIDS Waiver: operating since July 1, 1998. Provides in home services to participants diagnosed as having AIDS or HIV related illness and meeting nursing home level of care.

- Children with Developmental Disabilities, to age 18: operating since October 1, 1995. This waiver allows the state of Missouri to take into account only the child's income when determining eligibility.

- Physical Disability Waiver: operating since July 1, 1998. Services to individuals with complex medical needs that no longer qualify for the Healthy Children program. Must be 21 or older.

- Independent Living Waiver: operating since January 1, 2000. Offers additional personal assistance services beyond the services limited by the state plan for personal care services.

- Community Support Waiver MR/DD: established July 1, 2003. Services are more limited than traditional MR/DD waiver.

- Program of All-Inclusive Care for the Elderly (PACE): comprehensive service delivery system for certain elderly (at least 55). PACE provides a full range of service including primary care and acute long term care.

- Women's Health Services Program waiver (1115 demonstration): extends coverage to certain uninsured women (age 18 to 55) that lose MoHealthNet benefits 60 after childbirth. Services are extended for one year, and no cost-sharing is required, and services are granted through the fee for service program.

Managed Care

- Commercial Managed Care Organization (MCO)

- Medicaid only Managed Care Organization (MCO)

- Prepaid Ambulatory Health Plan (PAHP)

SOUTHERN REGION MEDICAID PROFILE

Coverage for Targeted Population

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

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

- Breast and Cervical Cancer Treatment Program for certain uninsured women (under 65). Program has income limits.

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.
- In 1999, amended CON laws to allow certain facilities to purchase beds from underused facilities.

Medicaid

- 11 optional services are offered for children and adults in a category of assistance for pregnant women or the blind, effective September 1, 2005.
- State has broad-based taxes on facilities such as hospitals and nursing homes to generate funds for the state Medicaid program.
- Enacted legislation July 1, 2002 to extend Medicaid coverage to individuals that could be eligible as a result of the federal Ticket to Work and Medicaid Buy-in legislation.

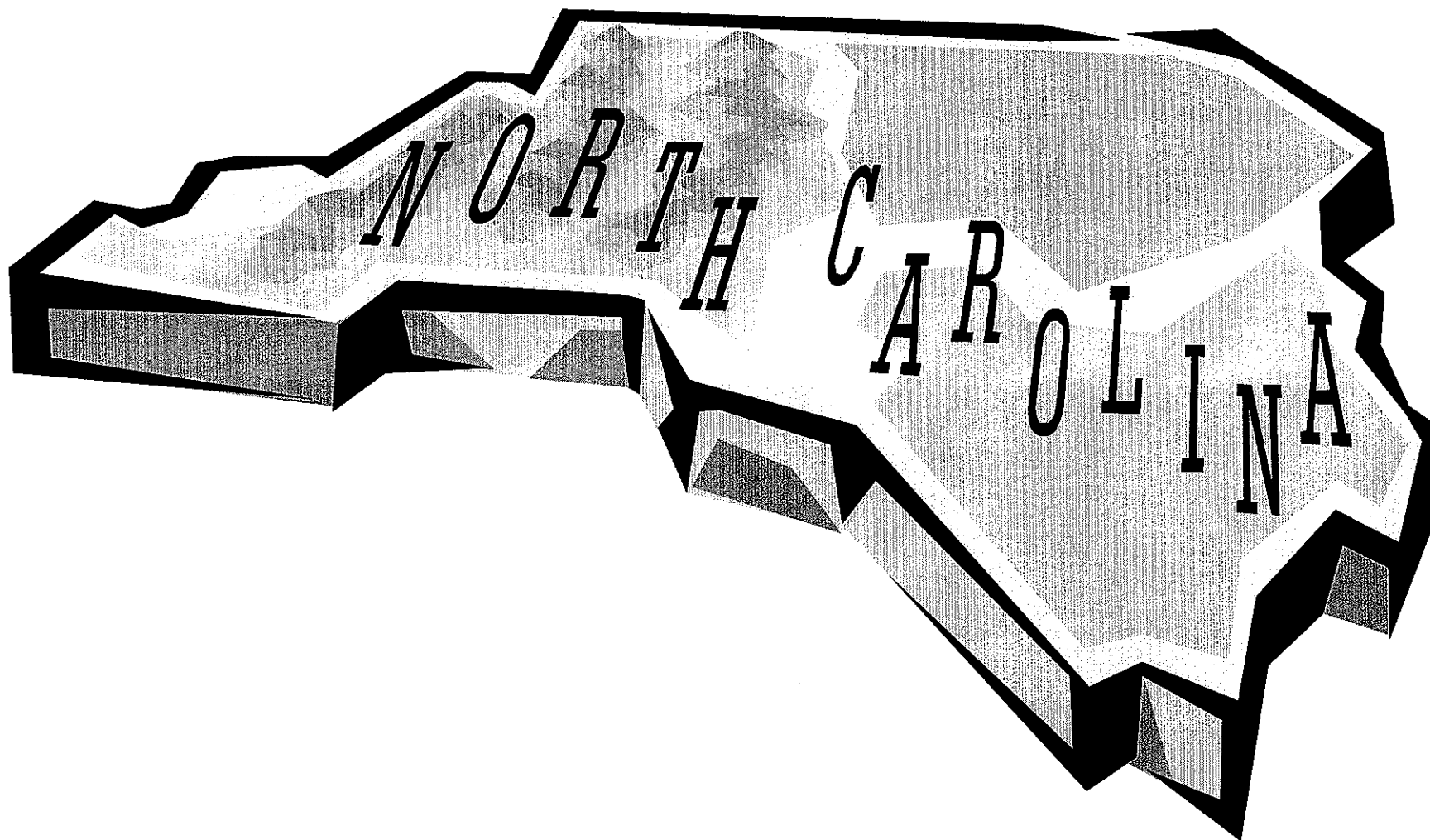
Children's Health Insurance Program: Medicaid Expansion

- SCHIP in Missouri is administered by the Division of Medical Services through an HMO style program (MoHealthNet for Kids), 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. Children must be uninsured at least 6 months before eligibility, and family assets net worth must be less than \$250,000.

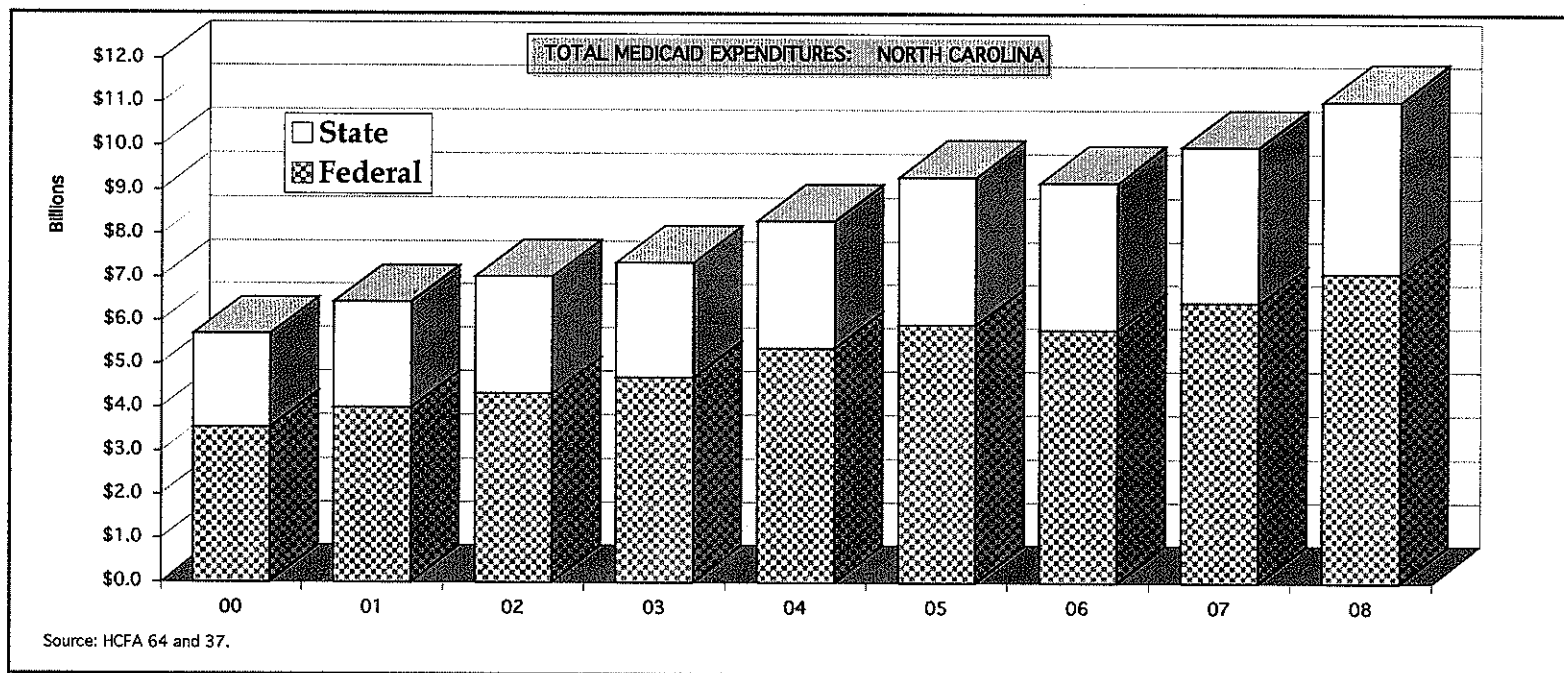
Cost Sharing Provisions of MOHealthNet for Kids:

Monthly Premiums range from a minimum of \$12 per month to a max of \$294, and is based on family size and income. Families will not be required, however, to pay more than 5% of their income towards coverage.

STATE MEDICAID PROFILE



SOUTHERN REGION MEDICAID PROFILE



State profile revised to reflect MSIS statistical data as reported by CMS for federal fiscal years 00 through 05.

	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05	FFY 06	FFY 07*	FFY 08**	Annual Rate of Change	Total Change 00-08
Medicaid Payments	\$5,464,863,059	\$6,150,681,587	\$6,723,598,560	\$7,050,804,888	\$7,945,585,983	\$8,844,879,833	\$8,720,418,012	\$9,507,955,000	\$10,549,990,000	8.6%	93.1%
Federal Share	\$3,421,052,149	\$3,850,734,836	\$4,161,693,996	\$4,520,695,624	\$5,178,131,847	\$5,648,797,671	\$5,554,540,596	\$6,156,474,000	\$6,831,162,000	9.0%	99.7%
State Share	\$2,043,810,910	\$2,299,946,751	\$2,561,904,564	\$2,530,109,264	\$2,767,454,136	\$3,196,082,162	\$3,165,877,416	\$3,351,481,000	\$3,718,828,000	7.8%	82.0%
Administrative Costs	\$233,556,917	\$278,725,379	\$302,125,603	\$301,214,843	\$367,458,622	\$464,447,476	\$474,168,825	\$495,502,000	\$507,279,000	10.2%	117.2%
Federal Share	\$128,758,258	\$152,482,886	\$167,160,907	\$171,895,548	\$202,196,203	\$264,450,016	\$254,567,333	\$271,910,000	\$284,146,000	10.4%	120.7%
State Share	\$104,798,659	\$126,242,493	\$134,964,696	\$129,319,295	\$165,262,419	\$199,997,460	\$219,601,492	\$223,592,000	\$223,133,000	9.9%	112.9%
Admin. Costs as % of Payments	4.27%	4.53%	4.49%	4.27%	4.62%	5.25%	5.44%	5.21%	4.81%		
Federal Match Rate*	62.49%	62.47%	61.46%	62.56%	62.85%	63.63%	63.49%	64.52%	64.05%		

*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 07 and 08 reflect latest estimates reported by each state (CMS 37).

SOUTHERN REGION MEDICAID PROFILE

STATE FINANCING

	Payments		Administration	
	FFY 00	FFY 06	FFY 00	FFY 06
State General Fund*	\$2,043,810,910	\$3,165,877,416	\$104,798,659	\$219,601,492
Local Funds	\$0	\$0	\$0	\$0
Provider Taxes	\$0	\$0	\$0	\$0
Donations	\$0	\$0	\$0	\$0
Other	\$0	\$0	\$0	\$0
Total State Share	\$2,043,810,910	\$3,165,877,416	\$104,798,659	\$219,601,492

***Note: State financing in FY 06 reflects state general fund support only, as other revenue source amounts that support Medicaid spending are unknown at the time this report is generated.

DISPROPORTIONATE SHARE HOSPITAL (DSH) PAYMENTS

	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05	FFY 06	FFY 07*	FFY 08**	Annual Change
General Hospitals	\$236,744,407	\$259,509,072	\$275,834,347	\$378,516,668	\$418,211,290	\$137,473,709	\$202,679,692	\$268,737,000	\$302,025,000	1.5%
Mental Hospitals	\$176,842,977	\$174,935,077	\$179,324,307	\$2,917,716	\$3,178,664	\$286,527,550	\$258,789,366	\$134,489,000	\$144,425,000	-3.5%
Total	\$413,587,384	\$434,444,149	\$455,158,654	\$381,434,384	\$421,389,954	\$424,001,259	\$461,469,058	\$403,226,000	\$446,450,000	-0.3%

Provider Taxes Currently in Place (FFY 06)		
	Tax Rate	Amount
ICF/MR-DD	unknown	
Nursing Home	unknown	
Managed Care Org	1.9% of gross premiums	
Total		\$0
*Total amount generated from provider taxes for FY 06 is unknown.		

SELECTED ELIGIBILITY CRITERIA

	2006	% of FPL*
TANF-Temporary Assistance for Needy Families (Family of 3)		
Need Standard	\$544	39.3%
Payment Standard	\$272	
Maximum Payment	\$272	
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		185.0%
Children 1 to 5		133.0%
Children 6 to 18		100.0%
SSI Eligibility Levels		
Income:		
Single Person	\$603	73.8%
Couple	\$904	82.2%
Resources:		
Single Person	\$2,000	
Couple	\$3,000	

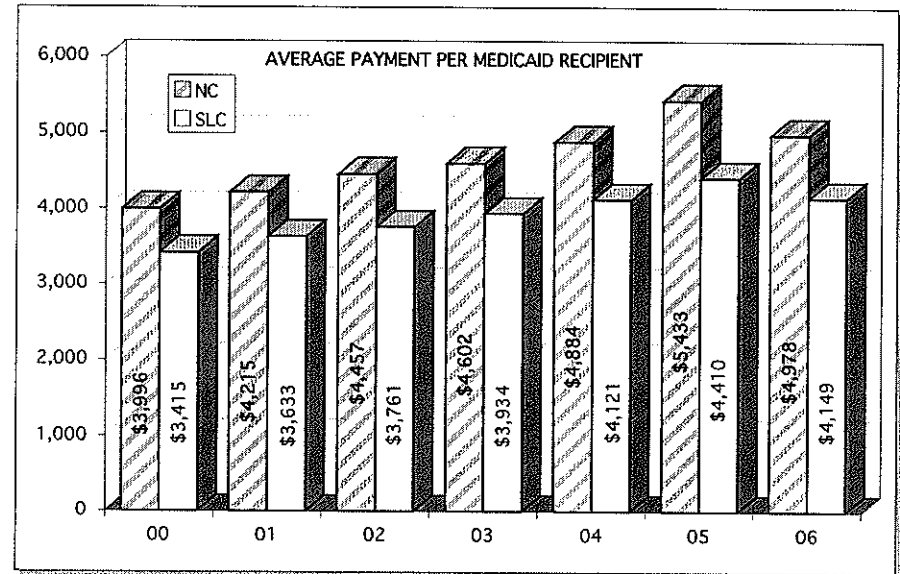
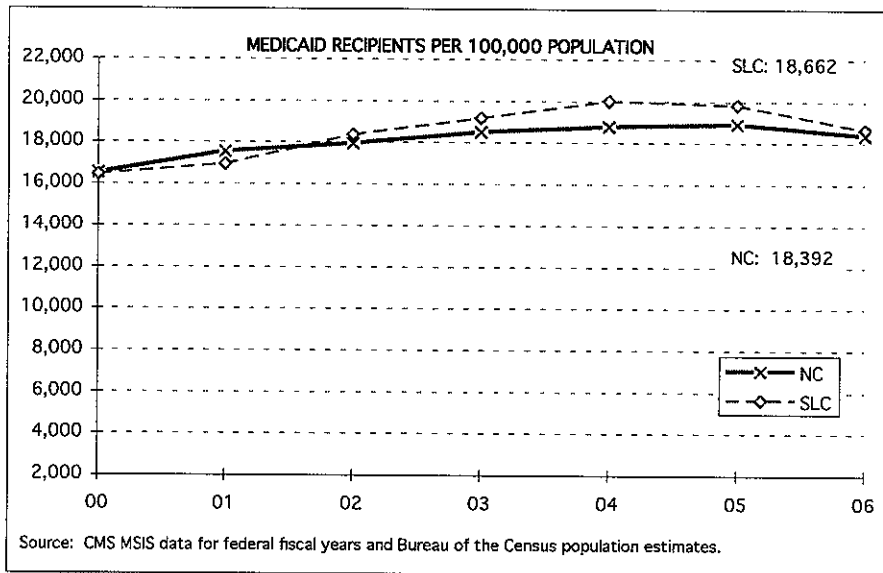
DEMOGRAPHIC DATA & POVERTY INDICATORS (2006)

		Rank in U.S.
State population—December 21, 2007*	8,869,442	10
Per capita personal income**	\$32,338	34
Median household income**	\$42,061	39
Population below Federal Poverty Level*	1,223,983	
Percent of total state population	13.8%	13
Population without health insurance coverage*	1,585,000	7
Percent of total state population	17.9%	
Recipients of Food Stamps***	854,407	11
Households receiving Food Stamps***	379,947	
Total value of issuance***	\$920,976,885	12
Average monthly benefit per recipient	\$89.83	31
Average monthly benefit per household	\$202.00	
Monthly recipients of Temporary Assistance to Needy Families (TANF)****	55,096	18
Total TANF payments****	\$87,301,438	11
Average monthly payment per recipient	\$132.04	
Maximum monthly payment per family of 3	\$272.00	42

*Current (2006) federal poverty level is \$9,800 per year for a single person, \$13,200 for a family of two and \$16,600 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 00</u>	<u>FFY 01</u>	<u>FFY 02</u>	<u>FFY 03</u>	<u>FFY 04</u>	<u>FFY 05</u>	<u>FFY 06</u>	<u>Annual Change</u>
01. General Hospital	195,406	197,136	202,664	205,779	210,093	213,784	314,255	8.2%
02. Mental Hospital	2,614	2,631	2,454	2,489	2,313	2,553	2,450	-1.1%
03. Skilled and Intermediate (non-MR) Care Nursing	42,752	43,741	43,128	43,143	43,182	43,003	42,823	0.0%
04. Intermediate Care for Mentally Retarded	4,733	4,716	4,661	4,588	4,562	4,411	4,137	-2.2%
05. Physician Services	865,447	946,861	1,006,830	1,062,621	1,205,583	1,222,090	1,241,020	6.2%
06. Dental Services	219,805	284,384	325,941	370,784	419,131	461,478	491,389	14.3%
07. Other Practitioners	226,147	249,306	252,179	246,175	258,550	250,261	246,247	1.4%
08. Outpatient Hospital	516,576	586,546	637,476	665,035	715,200	738,147	751,730	6.5%
09. Clinic Services	514,140	556,924	533,928	535,202	552,205	488,038	455,611	-2.0%
10. Lab and X-Ray	591,661	651,112	723,426	747,816	860,117	875,168	893,745	7.1%
11. Home Health	30,359	32,279	33,455	33,972	36,541	39,991	42,115	5.6%
12. Prescribed Drugs	827,039	907,413	949,795	1,015,932	1,071,753	1,098,993	1,118,119	5.2%
13. Family Planning	8,572	9,651	10,824	10,122	10,686	10,434	15,074	9.9%
14. Early & Periodic Screening, Diagnosis & Treatment	0	0	0	0	0	0	0	n/a
15. Other Care	260,384	278,218	315,541	330,136	433,941	494,772	518,900	12.2%
16. Personal Care Support Services	125,805	142,519	142,787	123,769	210,414	229,405	239,027	11.3%
17. Home/Community Based Waiver Services	0	0	0	0	0	0	0	n/a
18. Prepaid Health Care	61,555	66,197	33,718	34,046	27,151	89,231	103,078	9.0%
19. Primary Care Case Management (PCCM) Services	792,641	849,873	945,213	1,013,309	1,059,564	1,084,699	1,124,942	6.0%
Total*	1,208,789	1,304,684	1,355,269	1,416,912	1,512,608	1,548,843	1,631,243	5.1%

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

SOUTHERN REGION MEDICAID PROFILE

PAYMENTS BY TYPE OF SERVICES

	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05	FFY 06	Annual Change	Share of Total FFY 06
01. General Hospital	\$769,139,076	\$820,619,191	\$867,277,556	\$894,305,809	\$958,912,046	\$1,042,016,489	\$1,017,824,232	4.8%	12.5%
02. Mental Hospital	\$26,134,143	\$27,742,930	\$32,529,154	\$31,302,231	\$32,591,112	\$37,223,942	\$43,098,720	8.7%	0.5%
03. Skilled and Intermediate (non-MR) Care Nursing	\$817,940,754	\$852,242,911	\$882,268,478	\$869,819,078	\$963,727,050	\$1,113,217,175	\$1,091,037,361	4.9%	13.4%
04. Intermediate Care for Mentally Retarded	\$383,583,590	\$398,653,623	\$408,643,266	\$410,424,970	\$411,806,550	\$418,011,589	\$425,193,754	1.7%	5.2%
05. Physician Services	\$415,197,398	\$497,972,087	\$516,076,571	\$536,378,224	\$638,186,452	\$711,982,655	\$734,694,166	10.0%	9.0%
06. Dental Services	\$58,412,707	\$84,128,870	\$107,989,669	\$144,328,048	\$180,353,952	\$208,262,967	\$224,313,467	25.1%	2.8%
07. Other Practitioners	\$75,234,970	\$76,287,509	\$56,103,599	\$46,307,851	\$31,935,425	\$27,512,221	\$30,563,487	-13.9%	0.4%
08. Outpatient Hospital	\$286,847,001	\$358,577,981	\$444,783,859	\$543,479,178	\$532,646,218	\$601,656,984	\$615,522,517	13.6%	7.6%
09. Clinic Services	\$126,131,200	\$167,381,841	\$326,287,639	\$397,055,585	\$196,387,994	\$113,968,931	\$121,769,142	-0.6%	1.5%
10. Lab and X-Ray	\$68,592,076	\$82,452,628	\$93,632,997	\$99,337,060	\$126,189,170	\$143,110,914	\$152,948,439	14.3%	1.9%
11. Home Health	\$82,325,244	\$83,627,315	\$96,022,709	\$95,229,664	\$100,804,762	\$124,275,664	\$123,119,021	6.9%	1.5%
12. Prescribed Drugs	\$794,550,074	\$971,066,103	\$1,069,140,895	\$1,263,258,395	\$1,555,955,045	\$1,789,468,901	\$1,187,702,432	6.9%	14.6%
13. Family Planning	\$11,425,652	\$14,055,467	\$17,440,949	\$16,707,208	\$16,639,584	\$14,062,297	\$13,872,457	3.3%	0.2%
14. Early & Periodic Screening, Diagnosis & Treatment	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a	0.0%
15. Other Care	\$591,388,093	\$612,582,758	\$725,692,985	\$821,731,885	\$1,057,024,153	\$1,247,515,704	\$1,453,702,114	16.2%	17.9%
16. Personal Care Support Services	\$242,698,033	\$356,027,976	\$335,427,496	\$299,671,262	\$523,291,546	\$714,892,833	\$720,525,688	19.9%	8.9%
17. Home/Community Based Waiver Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a	0.0%
18. Prepaid Health Care	\$54,661,005	\$66,802,062	\$33,205,790	\$20,466,589	\$21,718,162	\$61,482,864	\$113,608,756	13.0%	1.4%
19. Primary Case Management (PCCM) Services	\$25,764,816	\$28,872,249	\$28,487,396	\$31,485,023	\$39,839,146	\$46,141,032	\$51,344,116	12.2%	0.6%
Total (excludes DSH pymts, pharmacy rebates, & other adjs.)	\$4,830,025,832	\$5,499,093,501	\$6,041,011,008	\$6,521,288,060	\$7,388,008,367	\$8,414,803,162	\$8,120,839,869	9.0%	100.0%

AVERAGE PAYMENTS PER RECIPIENT BY TYPE OF SERVICES

								(+) or (-) SLC Avg. FFY 06
01. General Hospital	\$3,936.11	\$4,162.71	\$4,279.39	\$4,345.95	\$4,564.23	\$4,874.16	\$3,238.85	-3.2%
02. Mental Hospital	\$9,997.76	\$10,544.63	\$13,255.56	\$12,576.23	\$14,090.41	\$14,580.47	\$17,591.31	9.9%
03. Skilled and Intermediate (non-MR) Care Nursing	\$19,132.22	\$19,483.85	\$20,456.98	\$20,161.30	\$22,317.80	\$25,886.97	\$25,477.84	4.9%
04. Intermediate Care for Mentally Retarded	\$81,044.49	\$84,532.15	\$87,672.87	\$89,456.18	\$90,268.86	\$94,765.72	\$102,778.28	4.0%
05. Physician Services	\$479.75	\$525.92	\$512.58	\$504.77	\$529.36	\$582.59	\$592.01	3.6%
06. Dental Services	\$265.75	\$295.83	\$331.32	\$389.25	\$430.30	\$451.30	\$456.49	9.4%
07. Other Practitioners	\$332.68	\$306.00	\$222.48	\$188.11	\$123.52	\$109.93	\$124.12	-15.2%
08. Outpatient Hospital	\$555.29	\$611.34	\$697.73	\$817.22	\$744.75	\$815.09	\$818.81	6.7%
09. Clinic Services	\$245.32	\$300.55	\$611.11	\$741.88	\$355.64	\$233.52	\$267.27	1.4%
10. Lab and X-Ray	\$115.93	\$126.63	\$129.43	\$132.84	\$146.71	\$163.52	\$171.13	6.7%
11. Home Health	\$2,711.72	\$2,590.77	\$2,870.21	\$2,803.18	\$2,758.68	\$3,107.59	\$2,923.40	1.3%
12. Prescribed Drugs	\$960.72	\$1,070.15	\$1,125.65	\$1,243.45	\$1,451.79	\$1,628.28	\$1,062.23	1.7%
13. Family Planning	\$1,332.90	\$1,456.37	\$1,611.32	\$1,650.58	\$1,557.14	\$1,347.74	\$920.29	-6.0%
14. Early & Periodic Screening, Diagnosis & Treatment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	n/a
15. Other Care	\$2,271.22	\$2,201.81	\$2,299.84	\$2,489.07	\$2,435.87	\$2,521.40	\$2,801.51	3.6%
16. Personal Care Support Services	\$1,929.16	\$2,498.11	\$2,349.15	\$2,421.21	\$2,486.96	\$3,116.29	\$3,014.41	7.7%
17. Home/Community Based Waiver Services	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	n/a
18. Prepaid Health Care	\$888.00	\$1,009.14	\$984.81	\$601.15	\$799.90	\$689.03	\$1,102.16	3.7%
19. Primary Care Case Management (PCCM) Services	\$32.51	\$33.97	\$30.14	\$31.07	\$37.60	\$42.54	\$45.64	5.8%
Total (Average)	\$3,995.76	\$4,214.89	\$4,457.43	\$4,602.47	\$4,884.28	\$5,432.96	\$4,978.31	3.7%

TOTAL PER CAPITA EXPENDITURES

	\$779.64	\$865.25	\$930.99	\$960.95	\$1,032.76	\$1,137.19	\$1,036.66	4.9%	17.5%
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Source: MSIS data for FFY 00-06.

SOUTHERN REGION MEDICAID PROFILE

DATA BY OTHER CHARACTERISTICS

RECIPIENTS BY OTHER CHARACTERISTICS

	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05	FFY 06	Annual Change	Share of Total FFY 06
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	464,932	564,713	577,515	545,303	565,319	551,144	538,659	2.5%	33.0%
Poverty Related Eligibles	585,047	589,618	614,660	649,147	708,316	766,840	831,498	6.0%	51.0%
Medically Needy	34,110	36,174	35,742	36,517	39,024	40,727	40,044	2.7%	2.5%
Other Eligibles	62,649	56,809	64,412	124,739	110,777	106,192	116,910	11.0%	7.2%
Maintenance Assistance Status Unknown	62,051	57,370	62,940	61,206	89,172	83,940	104,132	9.0%	6.4%
Total	1,208,789	1,304,684	1,355,269	1,416,912	1,512,608	1,548,843	1,631,243	5.1%	100.0%
By Basis of Eligibility									
Aged, Blind, or Disabled	354,783	363,341	367,996	376,371	386,334	398,049	403,733	2.2%	24.8%
Children	585,886	633,766	669,395	706,682	746,408	774,100	820,735	5.8%	50.3%
Foster Care Children	14,061	14,787	15,393	16,043	17,031	18,057	19,305	5.4%	1.2%
Adults	192,008	235,420	239,545	256,610	273,663	274,697	283,338	6.7%	17.4%
Basis of Eligibility Unknown	62,051	57,370	62,940	61,206	89,172	83,940	104,132	9.0%	6.4%
Total	1,208,789	1,304,684	1,355,269	1,416,912	1,512,608	1,548,843	1,631,243	5.1%	100.0%
By Age									
Under Age 1	54,401	56,225	55,897	55,187	58,777	63,466	65,886	3.2%	4.0%
Age 1 to 5	220,839	236,880	252,125	266,408	277,418	285,866	314,203	6.1%	19.3%
Age 6 to 14	267,430	285,683	299,124	314,314	329,865	337,213	348,162	4.5%	21.3%
Age 15 to 20	118,352	129,946	136,925	147,199	160,278	171,418	181,605	7.4%	11.1%
Age 21 to 44	228,186	270,725	277,341	293,903	310,419	312,061	318,493	5.7%	19.5%
Age 45 to 64	104,642	114,993	119,980	128,123	136,869	144,594	150,451	6.2%	9.2%
Age 65 to 74	57,360	57,678	56,831	56,724	56,740	57,266	57,086	-0.1%	3.5%
Age 75 to 84	56,921	56,928	56,420	56,497	55,865	55,358	53,798	-0.9%	3.3%
Age 85 and Over	38,607	38,256	37,686	37,351	37,205	37,661	37,422	-0.5%	2.3%
Age Unknown	62,051	57,370	62,940	61,206	89,172	83,940	104,137	9.0%	6.4%
Total	1,208,789	1,304,684	1,355,269	1,416,912	1,512,608	1,548,843	1,631,243	5.1%	100.0%
By Race									
White	524,091	566,701	559,001	585,888	616,808	634,761	657,888	3.9%	40.3%
Black	512,921	555,283	535,453	554,219	575,838	591,439	604,879	2.8%	37.1%
Hispanic, American Indian or Asian	96,741	102,653	121,401	135,771	113,359	138,144	166,057	9.4%	10.2%
Other/Unknown	75,036	80,047	139,414	141,034	206,603	184,499	202,419	18.0%	12.4%
Total*	1,208,789	1,304,684	1,355,269	1,416,912	1,512,608	1,548,843	1,631,243	5.1%	100.0%
By Sex									
Female	742,656	802,419	784,674	819,060	857,528	880,068	914,612	3.5%	56.1%
Male	466,133	502,265	507,655	536,646	565,908	584,835	612,499	4.7%	37.5%
Unknown	0	0	62,940	61,206	89,172	83,940	104,132	13.4%	6.4%
Total*	1,208,789	1,304,684	1,355,269	1,416,912	1,512,608	1,548,843	1,631,243	5.1%	100.0%

Source: MSIS data for FFY 99-05.

SOUTHERN REGION MEDICAID PROFILE

PAYMENTS BY OTHER CHARACTERISTICS

	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05	FFY 06	Annual Change	Share of Total FFY 06
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	\$2,244,906,096	\$2,634,937,237	\$2,910,072,876	\$3,053,331,189	\$3,458,614,435	\$3,887,317,174	\$3,762,296,450	9.0%	46.3%
Poverty Related Eligibles	\$1,891,048,198	\$2,108,749,875	\$2,307,843,040	\$2,478,109,992	\$2,845,553,656	\$3,301,958,998	\$3,148,180,500	8.9%	38.8%
Medically Needy	\$514,208,302	\$559,588,746	\$571,185,365	\$587,375,322	\$673,435,647	\$787,837,628	\$740,498,448	6.3%	9.1%
Other Eligibles	\$130,973,395	\$149,420,399	\$204,032,350	\$352,877,327	\$357,836,889	\$379,674,409	\$413,690,612	21.1%	5.1%
Maintenance Assistance Status Unknown	\$48,889,841	\$46,397,244	\$47,877,377	\$49,594,230	\$52,567,740	\$58,014,953	\$56,173,859	2.3%	0.7%
Total	\$4,830,025,832	\$5,499,093,501	\$6,041,011,008	\$6,521,288,060	\$7,388,008,367	\$8,414,803,162	\$8,120,839,869	9.0%	100.0%
By Basis of Eligibility									
Aged, Blind or Disabled	\$3,576,256,170	\$3,990,542,009	\$4,286,950,365	\$4,520,008,536	\$5,095,361,403	\$5,882,607,618	\$5,449,904,345	7.3%	67.1%
Children	\$644,703,688	\$776,427,955	\$901,033,395	\$1,027,935,373	\$1,187,241,418	\$1,325,082,958	\$1,440,622,191	14.3%	17.7%
Foster Care Children	\$58,801,078	\$73,268,460	\$108,552,046	\$129,170,248	\$145,876,250	\$160,533,247	\$174,622,541	19.9%	2.2%
Adults	\$501,375,055	\$612,457,833	\$696,597,825	\$794,579,673	\$906,961,556	\$988,564,386	\$999,516,933	12.2%	12.3%
Basis of Eligibility Unknown	\$48,889,841	\$46,397,244	\$47,877,377	\$49,594,230	\$52,567,740	\$58,014,953	\$56,173,859	2.3%	0.7%
Total	\$4,830,025,832	\$5,499,093,501	\$6,041,011,008	\$6,521,288,060	\$7,388,008,367	\$8,414,803,162	\$8,120,839,869	9.0%	100.0%
By Age									
Under Age 1	\$161,827,329	\$186,302,745	\$191,909,717	\$186,219,896	\$204,876,346	\$233,438,492	\$237,685,035	6.6%	2.9%
Age 1 to 5	\$326,561,490	\$374,957,314	\$416,280,330	\$446,847,033	\$489,670,515	\$548,469,332	\$583,694,916	10.2%	7.2%
Age 6 to 14	\$371,270,929	\$442,629,242	\$549,422,329	\$642,574,945	\$721,588,208	\$818,153,783	\$914,903,925	16.2%	11.3%
Age 15 to 20	\$304,992,329	\$358,249,283	\$441,702,272	\$510,431,271	\$604,003,144	\$694,165,242	\$758,726,184	16.4%	9.3%
Age 21 to 44	\$1,144,766,859	\$1,331,187,638	\$1,456,635,431	\$1,597,385,111	\$1,782,836,521	\$1,966,441,354	\$1,925,506,908	9.1%	23.7%
Age 45 to 64	\$967,542,750	\$1,132,065,452	\$1,251,111,978	\$1,393,473,577	\$1,640,861,571	\$1,934,981,765	\$1,847,310,780	11.4%	22.7%
Age 65 to 74	\$399,863,260	\$447,605,859	\$466,910,038	\$476,667,166	\$542,430,440	\$617,707,778	\$484,153,269	3.2%	6.0%
Age 75 to 84	\$560,271,570	\$608,891,506	\$632,838,669	\$642,541,798	\$714,030,428	\$803,151,190	\$652,323,566	2.6%	8.0%
Age 85 and Over	\$544,039,475	\$570,807,218	\$586,322,867	\$575,553,033	\$635,143,454	\$740,279,273	\$660,353,611	3.3%	8.1%
Age Unknown	\$48,889,841	\$46,397,244	\$47,877,377	\$49,594,230	\$52,567,740	\$58,014,953	\$56,181,675	2.3%	0.7%
Total	\$4,830,025,832	\$5,499,093,501	\$6,041,011,008	\$6,521,288,060	\$7,388,008,367	\$8,414,803,162	\$8,120,839,869	9.0%	100.0%
By Race									
White	\$2,517,211,181	\$2,872,794,367	\$3,092,307,120	\$3,319,995,751	\$3,786,281,128	\$4,370,869,257	\$4,120,147,729	8.6%	50.7%
Black	\$1,612,812,705	\$1,844,496,923	\$2,021,847,257	\$2,179,035,851	\$2,494,716,369	\$2,957,907,461	\$2,943,274,382	10.5%	36.2%
Hispanic, American Indian or Asian	\$180,606,045	\$201,689,222	\$255,176,490	\$295,881,817	\$293,390,560	\$403,847,135	\$446,019,324	16.3%	5.5%
Other/Unknown	\$519,395,901	\$580,112,989	\$671,680,141	\$726,374,641	\$813,620,310	\$682,179,309	\$611,398,434	2.8%	7.5%
Total*	\$4,830,025,832	\$5,499,093,501	\$6,041,011,008	\$6,521,288,060	\$7,388,008,367	\$8,414,803,162	\$8,120,839,869	9.0%	100.0%
By Sex									
Female	\$3,015,091,032	\$3,434,076,966	\$3,677,332,123	\$3,945,941,015	\$4,466,395,392	\$5,084,261,775	\$4,783,089,305	8.0%	58.9%
Male	\$1,814,934,800	\$2,065,016,535	\$2,315,801,508	\$2,525,752,815	\$2,869,045,235	\$3,272,526,434	\$3,281,576,705	10.4%	40.4%
Unknown	\$0	\$0	\$47,877,377	\$49,594,230	\$52,567,740	\$58,014,953	\$56,173,859	4.1%	0.7%
Total*	\$4,830,025,832	\$5,499,093,501	\$6,041,011,008	\$6,521,288,060	\$7,388,008,367	\$8,414,803,162	\$8,120,839,869	9.0%	100.0%

Source: MSIS data for FFY 00-06.

SOUTHERN REGION MEDICAID PROFILE

AVERAGE PAYMENT PER RECIPIENT BY OTHER CHARACTERISTICS

	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05	FFY 06	Annual Change	Above (+) or Below (-) SLC Avg. FFY 06
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	\$4,828.46	\$4,665.98	\$5,038.96	\$5,599.33	\$6,117.99	\$7,053.18	\$6,984.56	6.3%	21.8%
Poverty Related Eligibles	\$3,232.30	\$3,576.47	\$3,754.67	\$3,817.49	\$4,017.35	\$4,305.93	\$3,786.16	2.7%	90.7%
Medically Needy	\$15,075.00	\$15,469.36	\$15,980.79	\$16,084.98	\$17,256.96	\$19,344.36	\$18,492.12	3.5%	133.8%
Other Eligibles	\$2,090.59	\$2,630.22	\$3,167.61	\$2,828.93	\$3,230.25	\$3,575.36	\$3,538.54	9.2%	-50.0%
Maintenance Assistance Status Unknown	\$787.90	\$808.74	\$760.68	\$810.28	\$589.51	\$691.15	\$539.45	-6.1%	-81.9%
Total	\$3,995.76	\$4,214.89	\$4,457.43	\$4,602.47	\$4,884.28	\$5,432.96	\$4,978.31	3.7%	20.0%
By Basis of Eligibility									
Aged, Blind or Disabled	\$10,080.12	\$10,982.91	\$11,649.45	\$12,009.45	\$13,189.01	\$14,778.60	\$13,498.78	5.0%	23.5%
Children	\$1,100.39	\$1,225.10	\$1,346.04	\$1,454.59	\$1,590.61	\$1,711.77	\$1,755.28	8.1%	11.6%
Foster Care Children	\$4,181.86	\$4,954.92	\$7,052.04	\$8,051.50	\$8,565.34	\$8,890.36	\$9,045.46	13.7%	28.4%
Adults	\$2,611.22	\$2,601.55	\$2,908.00	\$3,096.45	\$3,314.15	\$3,598.74	\$3,527.65	5.1%	24.9%
Basis of Eligibility Unknown	\$787.90	\$808.74	\$760.68	\$810.28	\$589.51	\$691.15	\$539.45	-6.1%	-82.4%
Total	\$3,995.76	\$4,214.89	\$4,457.43	\$4,602.47	\$4,884.28	\$5,432.96	\$4,978.31	3.7%	20.0%
By Age									
Under Age 1	\$2,974.71	\$3,313.52	\$3,433.27	\$3,374.34	\$3,485.66	\$3,678.17	\$3,607.52	3.3%	-8.7%
Age 1 to 5	\$1,478.73	\$1,582.90	\$1,651.09	\$1,677.30	\$1,765.10	\$1,918.62	\$1,857.70	3.9%	-2.1%
Age 6 to 14	\$1,388.29	\$1,549.37	\$1,836.77	\$2,044.37	\$2,187.53	\$2,426.22	\$2,627.81	11.2%	43.2%
Age 15 to 20	\$2,576.99	\$2,756.91	\$3,225.87	\$3,467.63	\$3,768.47	\$4,049.55	\$4,177.89	8.4%	45.1%
Age 21 to 44	\$5,016.81	\$4,917.12	\$5,252.15	\$5,435.08	\$5,743.32	\$6,301.46	\$6,045.68	3.2%	18.1%
Age 45 to 64	\$9,246.22	\$9,844.65	\$10,427.67	\$10,876.06	\$11,988.56	\$13,382.17	\$12,278.49	4.8%	18.4%
Age 65 to 74	\$6,971.12	\$7,760.43	\$8,215.76	\$8,403.27	\$9,559.93	\$10,786.64	\$8,481.12	3.3%	26.0%
Age 75 to 84	\$9,842.97	\$10,695.82	\$11,216.57	\$11,373.03	\$12,781.36	\$14,508.31	\$12,125.42	3.5%	17.3%
Age 85 and Over	\$14,091.73	\$14,920.72	\$15,558.11	\$15,409.31	\$17,071.45	\$19,656.39	\$17,646.13	3.8%	3.6%
Age Unknown	\$787.90	\$808.74	\$760.68	\$810.28	\$589.51	\$691.15	\$539.50	-6.1%	-81.9%
Total	\$3,995.76	\$4,214.89	\$4,457.43	\$4,602.47	\$4,884.28	\$5,432.96	\$4,978.31	3.7%	20.0%
By Race									
White	\$4,803.00	\$5,069.33	\$5,531.85	\$5,666.60	\$6,138.51	\$6,885.85	\$6,262.69	4.5%	22.8%
Black	\$3,144.37	\$3,321.72	\$3,775.96	\$3,931.72	\$4,332.32	\$5,001.20	\$4,865.89	7.5%	31.7%
Hispanic, American Indian or Asian	\$1,866.90	\$1,964.77	\$2,101.93	\$2,179.27	\$2,588.15	\$2,923.38	\$2,685.94	6.3%	-3.7%
Other/Unknown	\$6,921.96	\$7,247.15	\$4,817.88	\$5,150.35	\$3,938.09	\$3,697.47	\$3,020.46	-12.9%	-25.6%
Total	\$3,995.76	\$4,214.89	\$4,457.43	\$4,602.47	\$4,884.28	\$5,432.96	\$4,978.31	3.7%	20.0%
By Sex									
Female	\$4,059.88	\$4,279.66	\$4,686.45	\$4,817.65	\$5,208.45	\$5,777.12	\$5,229.64	4.3%	21.9%
Male	\$3,893.60	\$4,111.41	\$4,561.76	\$4,706.55	\$5,069.81	\$5,595.64	\$5,357.69	5.5%	28.8%
Unknown	\$0.00	\$0.00	\$760.68	\$810.28	\$589.51	\$691.15	\$539.45	-8.2%	-81.9%
Total	\$3,995.76	\$4,214.89	\$4,457.43	\$4,602.47	\$4,884.28	\$5,432.96	\$4,978.31	3.7%	20.0%

Source: MSIS data for FFY 00-06.

SOUTHERN REGION MEDICAID PROFILE

ADDITIONAL STATE HEALTH CARE INFORMATION

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

Waivers

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

- Carolina ACCESS I is a primary care case management program for Medicaid children under the age of 18, operating since 1991 and is operating in 100 counties as of December 31, 1998.
- Carolina ACCESS II, an expansion of ACCESS I, requires doctors, hospitals, community clinics and other providers to create networks similar to HMOs to serve the medical needs of low-income individuals. The expanded program is currently operating at seven different sites statewide.
- Carolina ACCESS III, a comprehensive full-risk program, is currently in the implementation phase. Two Carolina ACCESS I sites are receiving an additional \$2.50 per member per month to develop the program. As of August 2005, there were 785,153 recipients enrolled in the Access Program.

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

In addition, a number of **Home and Community Based Services 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: Operating since July 1, 1982.
- Mental Retardation/Developmental Disabilities: Operating since July 1, 1983.
- AIDS: Operating since October 1, 1995.
- Blind and Disabled Children under age 19 (includes individuals with AIDS): Operating since July 1, 1983.
- Implemented a mandatory HMO enrollment in one county (Macklenburg) in June 1996 via a Section 1915 (b) waiver.
- Piedmont Cardinal Health Plan waiver: Pre-paid managed care plan that provides Medicaid covered behavioral health services to certain individuals in 5 counties. Approved by CMS in October, 2004.

Managed Care

- Commercial Managed Care Organization (MCO)
- Primary Care Case Management (PCCM)
- Prepaid Inpatient Health Plan (PIHP)

Coverage for Targeted Population

- The Uninsured: North Carolina does not have an indigent care program.
- Breast and Cervical Cancer: Full Medicaid coverage for women that have been screened in the North Carolina Breast and Cervical Cancer Program that would not be eligible for Medicaid.

SOUTHERN REGION MEDICAID PROFILE

Cost Containment Measures

- Certificate of Need Program since 1979. Regulates introduction or expansion of new institutional health care facilities and services. Amended in 1993.

Medicaid

- 23 optional services are offered.

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. Non Medicaid eligible children in families with incomes at or below 200% of the federal poverty level.
- For families with incomes up to 150% of the FPL, there are certain prescription drug co-pay requirements (\$1 for generics, \$3 for brand drugs).
- Families with incomes between 150% and 200% of the FPL are required to pay an enrollment fee of \$50 for one child and \$100 for 2 or more children. In addition, there are certain co-payment requirements

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

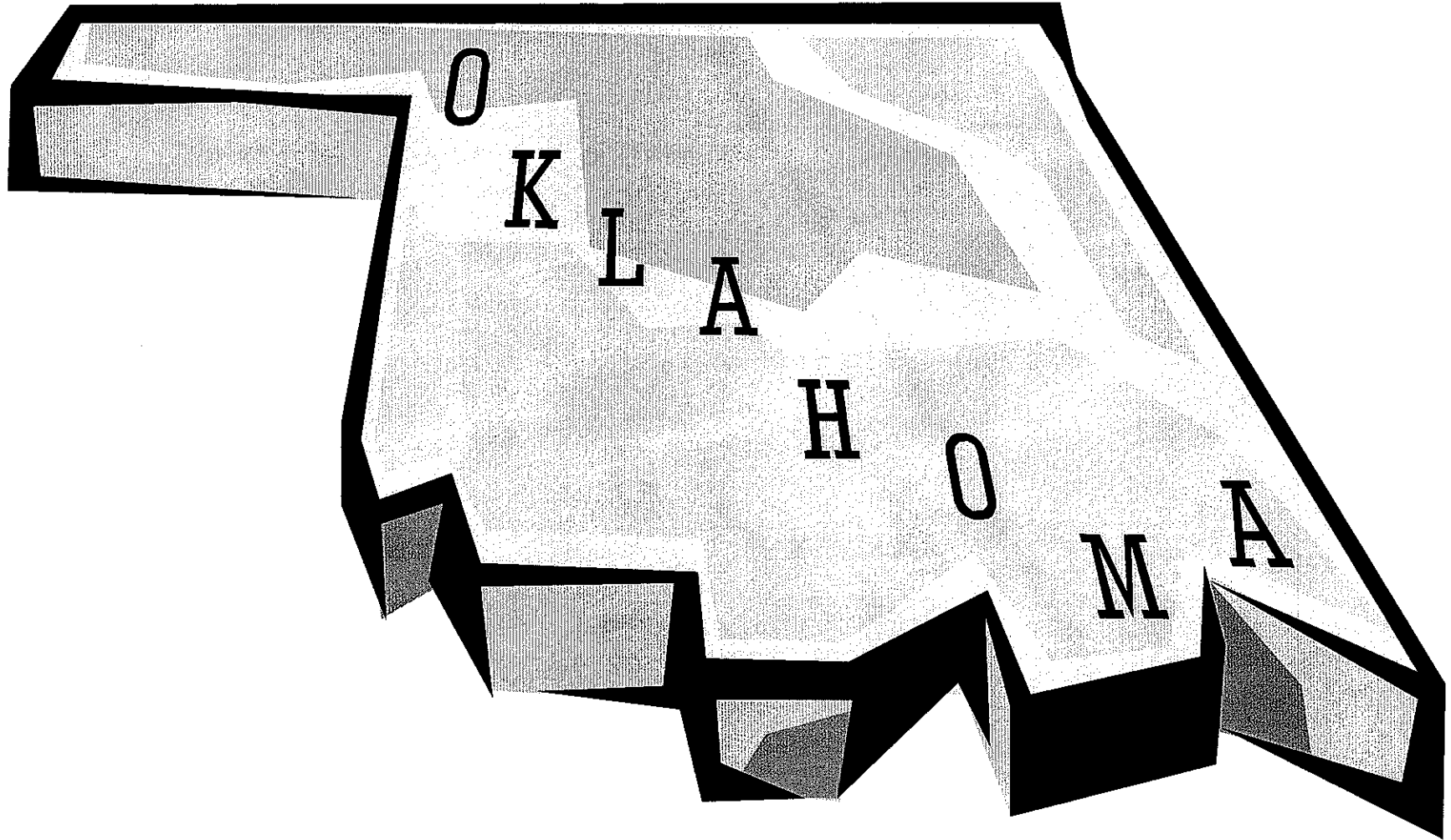
\$5 per physician visit, clinic visit, dental visit, and optometry visit, except for preventive services

Either \$1 or \$10 for certain prescription drugs.

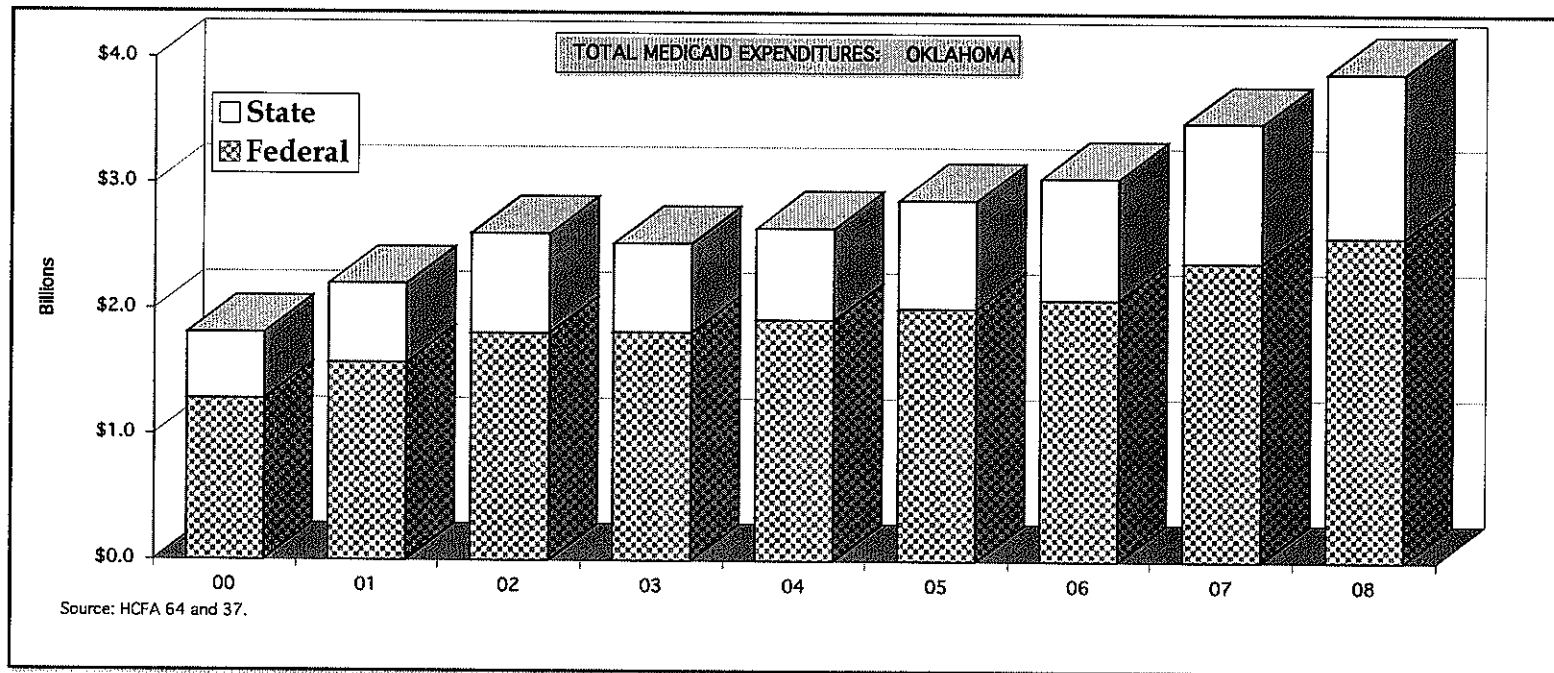
\$20 per unnecessary emergency room use

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

STATE MEDICAID PROFILE



SOUTHERN REGION MEDICAID PROFILE



State profile revised to reflect MSIS statistical data as reported by CMS for federal fiscal years 00 through 05

	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05	FFY 06	FFY 07*	FFY 08**	Annual Rate of Change	Total Change 00-08
Medicaid Payments	\$1,676,208,109	\$2,051,767,584	\$2,390,398,000	\$2,359,551,899	\$2,500,517,344	\$2,712,779,961	\$2,871,055,638	\$3,286,406,000	\$3,627,290,000	10.1%	116.4%
Federal Share	\$1,205,653,562	\$1,490,757,710	\$1,686,751,000	\$1,719,023,427	\$1,836,665,573	\$1,923,981,739	\$1,977,866,246	\$2,261,902,000	\$2,433,911,000	9.2%	101.9%
State Share	\$470,554,547	\$561,009,874	\$703,647,000	\$640,528,472	\$663,851,771	\$788,798,222	\$893,189,392	\$1,024,504,000	\$1,193,379,000	12.3%	153.6%
Administrative Costs	\$135,202,870	\$149,559,238	\$213,485,000	\$168,986,258	\$149,002,294	\$161,029,370	\$182,510,824	\$211,281,000	\$271,045,000	9.1%	100.5%
Federal Share	\$76,552,626	\$83,920,691	\$124,884,000	\$101,860,914	\$84,757,491	\$92,116,731	\$107,169,060	\$120,251,000	\$152,457,000	9.0%	99.2%
State Share	\$58,650,244	\$65,638,547	\$88,601,000	\$67,125,344	\$64,244,803	\$68,912,639	\$75,341,764	\$91,030,000	\$118,588,000	9.2%	102.2%
Admin. Costs as % of Payments	8.07%	7.29%	8.93%	7.16%	5.96%	5.94%	6.36%	6.43%	7.47%		
Federal Match Rate*	71.09%	71.24%	70.43%	70.56%	70.24%	70.18%	67.91%	68.14%	67.10%		

*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 07 and 08 reflect latest estimates reported by each state (CMS 37).

SOUTHERN REGION MEDICAID PROFILE

STATE FINANCING

	Payments ***		Administration	
	FFY 00	FFY 06	FFY 00	FFY 06
State General Fund	\$470,554,547	\$839,042,049	\$58,650,244	\$75,341,764
Local Funds	\$0	\$0	\$0	\$0
Provider Taxes	\$0	\$54,147,343	\$0	\$0
Donations	\$0	\$0	\$0	\$0
Other	\$0	\$0	\$0	\$0
Total State Share	\$470,554,547	\$893,189,392	\$58,650,244	\$75,341,764

Provider Taxes Currently in Place (FFY 06)		
	Tax Rate	Amount
MR facilities	6 % of total gross receipt	\$54,147,343
Total		\$54,147,343

DISPROPORTIONATE SHARE HOSPITAL (DSH) PAYMENTS

	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05	FFY 06	FFY 07*	FFY 08**	Annual Change
General Hospitals	\$19,436,724	\$21,761,671	\$20,850,790	\$19,781,599	\$23,289,046	\$27,999,197	\$36,054,028	\$35,076,000	\$40,000,000	11.5%
Mental Hospitals	\$2,928,955	\$1,320,022	\$3,273,248	\$3,234,274	\$3,273,247	\$3,138,655	\$3,273,248	\$2,370,000	\$3,361,000	0.4%
Total	\$22,365,679	\$23,081,693	\$24,124,038	\$23,015,873	\$26,562,293	\$31,137,852	\$39,327,276	\$37,446,000	\$43,361,000	10.3%

SELECTED ELIGIBILITY CRITERIA

	2006	% of FPL*
TANF-Temporary Assistance for Needy Families (Family of 3)		
Need Standard	\$645	46.6%
Payment Standard	\$292	21.1%
Maximum Payment	\$292	21.1%
Medically Needy Program (Family of 3)		
Income Eligibility Standard	N/A	
Resource Standard	N/A	
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:		
Single Person	\$603	73.8%
Couple	\$904	82.2%
Resources:		
Single Person	\$2,000	
Couple	\$3,000	

DEMOGRAPHIC DATA & POVERTY INDICATORS (2006)

		Rank in U.S.
State population—December 21, 2007*	3,577,536	28
Per capita personal income**	\$32,398	33
Median household income**	\$40,001	43
Population below Federal Poverty Level*	497,278	
Percent of total state population	13.9%	12
Population without health insurance coverage*	661,000	24
Percent of total state population	18.5%	
Recipients of Food Stamps***	435,519	22
Households receiving Food Stamps***	181,474	
Total value of issuance***	\$467,306,464	22
Average monthly benefit per recipient	\$89.42	33
Average monthly benefit per household	\$214.59	
Monthly recipients of Temporary Assistance to Needy Families (TANF)****	20,738	37
Total TANF payments****	\$49,558,298	24
Average monthly payment per recipient	\$199.14	
Maximum monthly payment per family of 3	\$292.00	36

*Current (2006) federal poverty level is \$9,800 per year for a single person, \$13,200 for a family of two and \$16,600 for a family of three. Table above shows monthly income levels.

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

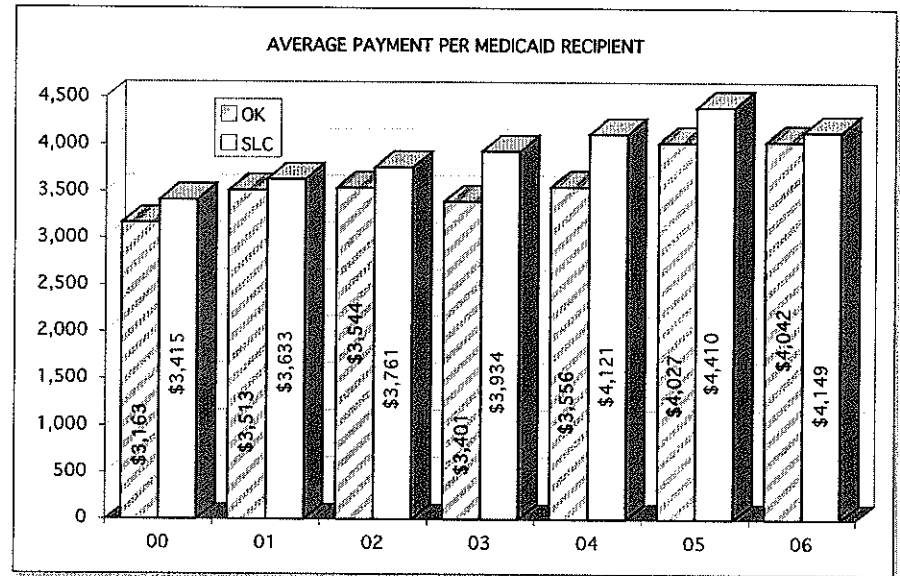
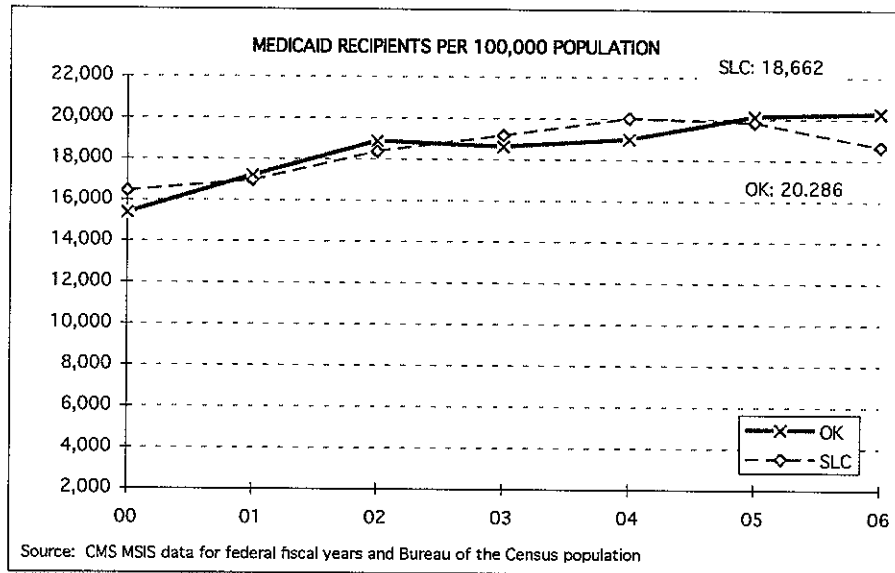
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COMPARATIVE DATA REPORT ON MEDICAID

Southern Legislative Conference:
Louisiana Legislative Fiscal Office

SOUTHERN REGION MEDICAID PROFILE



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

<u>RECIPIENTS BY TYPE OF SERVICES</u>	<u>FFY 00</u>	<u>FFY 01</u>	<u>FFY 02</u>	<u>FFY 03</u>	<u>FFY 04</u>	<u>FFY 05</u>	<u>FFY 06</u>	<u>Annual Change</u>
01. General Hospital	64,044	62,926	70,793	70,078	103,560	108,672	113,294	10.0%
02. Mental Hospital	2,196	2,490	2,923	2,922	3,775	3,973	3,876	9.9%
03. Skilled and Intermediate (non-MR) Care Nursing	25,513	24,225	25,051	22,261	22,917	24,640	21,605	-2.7%
04. Intermediate Care for Mentally Retarded	2,012	2,060	2,001	1,955	1,968	2,111	1,835	-1.5%
05. Physician Services	208,843	219,411	246,394	262,243	390,182	408,362	441,413	13.3%
06. Dental Services	35,787	48,793	60,995	62,419	113,594	117,810	197,402	32.9%
07. Other Practitioners	47,332	55,435	61,247	40,010	64,140	67,844	70,622	6.9%
08. Outpatient Hospital	156,495	168,272	182,325	173,208	272,009	285,000	350,217	14.4%
09. Clinic Services	62,875	57,301	64,931	65,769	101,090	106,013	180,579	19.2%
10. Lab and X-Ray	89,726	96,150	113,076	131,167	232,559	241,308	321,235	23.7%
11. Home Health	3,644	3,505	3,622	3,153	4,352	4,606	6,901	11.2%
12. Prescribed Drugs	221,984	249,678	276,111	302,424	421,476	421,476	471,444	13.4%
13. Family Planning	1,765	1,611	2,006	3,118	4,915	5,096	6,413	24.0%
14. Early & Periodic Screening, Diagnosis & Treatment	0	0	0	0	0	0	0	n/a
15. Other Care	92,813	95,412	90,606	85,772	108,217	114,626	136,479	6.6%
16. Personal Care Support Services	40,139	46,431	49,395	48,339	52,613	55,863	55,970	5.7%
17. Home/Community Based Waiver Services	0	0	0	0	0	0	0	n/a
18. Prepaid Health Care	382,307	459,869	496,991	498,188	513,290	544,795	670,143	9.8%
19. Primary Care Case Management (PCCM) Services	0	782	4,169	6,070	10,034	10,283	12,329	73.6%
Total*	507,059	570,671	631,498	625,875	655,868	696,743	725,736	6.2%

*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 00</u>	<u>FFY 01</u>	<u>FFY 02</u>	<u>FFY 03</u>	<u>FFY 04</u>	<u>FFY 05</u>	<u>FFY 06</u>	<u>Annual</u>	<u>Share of Total</u>
								<u>Change</u>	<u>FFY 06</u>
01. General Hospital	\$208,673,999	\$272,307,383	\$292,904,161	\$207,768,168	\$309,295,121	\$367,299,079	\$512,231,262	16.1%	17.5%
02. Mental Hospital	\$37,161,249	\$43,464,247	\$51,280,588	\$51,866,923	\$60,977,736	\$73,049,840	\$68,550,283	10.7%	2.3%
03. Skilled and Intermediate (non-MR) Care Nursing	\$316,262,282	\$433,811,452	\$458,915,799	\$435,978,619	\$456,010,147	\$554,141,527	\$455,356,044	6.3%	15.5%
04. Intermediate Care for Mentally Retarded	\$101,349,288	\$114,009,480	\$108,733,187	\$106,834,378	\$108,222,759	\$134,305,531	\$118,410,182	2.6%	4.0%
05. Physician Services	\$60,091,554	\$69,161,019	\$71,229,424	\$81,993,187	\$148,130,265	\$168,453,966	\$271,923,975	28.6%	9.3%
06. Dental Services	\$7,658,904	\$16,866,030	\$23,796,070	\$25,735,942	\$47,392,608	\$52,411,096	\$101,016,156	53.7%	3.4%
07. Other Practitioners	\$7,305,175	\$8,923,906	\$9,919,808	\$6,250,338	\$9,643,619	\$11,658,083	\$13,892,959	11.3%	0.5%
08. Outpatient Hospital	\$44,411,364	\$43,850,083	\$52,006,954	\$45,898,864	\$74,915,498	\$88,965,155	\$173,342,982	25.5%	5.9%
09. Clinic Services	\$68,254,685	\$71,825,065	\$71,203,972	\$69,639,639	\$88,228,395	\$107,408,631	\$124,191,010	10.5%	4.2%
10. Lab and X-Ray	\$5,996,892	\$6,602,277	\$8,044,406	\$9,084,231	\$18,651,076	\$20,807,164	\$48,108,170	41.5%	1.6%
11. Home Health	\$945,979	\$995,598	\$1,274,660	\$4,457,923	\$7,773,650	\$8,480,587	\$13,606,891	55.9%	0.5%
12. Prescribed Drugs	\$178,254,361	\$215,717,760	\$267,549,002	\$290,182,401	\$396,855,999	\$459,100,860	\$386,288,063	13.8%	13.2%
13. Family Planning	\$453,829	\$449,536	\$604,638	\$2,055,398	\$3,179,767	\$3,489,922	\$5,017,668	49.3%	0.2%
14. Early & Periodic Screening, Diagnosis & Treatment	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a	0.0%
15. Other Care	\$280,761,045	\$297,766,356	\$354,764,301	\$325,585,852	\$352,120,400	\$426,620,682	\$459,057,956	8.5%	15.6%
16. Personal Care Support Services	\$65,582,518	\$111,519,473	\$84,011,095	\$80,989,391	\$86,493,816	\$105,786,480	\$74,468,846	2.1%	2.5%
17. Home/Community Based Waiver Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a	0.0%
18. Prepaid Health Care	\$220,625,874	\$297,527,058	\$381,927,861	\$384,131,235	\$164,050,755	\$212,834,919	\$108,031,560	-11.2%	3.7%
19. Primary Case Management (PCCM) Services	\$0	\$2,488	\$47,161	\$71,966	\$116,487	\$10,785,979	\$169,899	132.7%	0.0%
Total (excludes DSH pymts, pharmacy rebates, & other adjs.)	\$1,603,788,998	\$2,004,799,211	\$2,238,213,087	\$2,128,524,455	\$2,332,058,098	\$2,805,599,501	\$2,933,663,906	10.6%	100.0%

AVERAGE PAYMENTS PER RECIPIENT BY TYPE OF SERVICES

									(+) or (-) SLC
									<u>Avg. FFY 06</u>
01. General Hospital	\$3,258.29	\$4,327.42	\$4,137.47	\$2,964.81	\$2,986.63	\$3,379.89	\$4,521.26	5.6%	-15.8%
02. Mental Hospital	\$16,922.24	\$17,455.52	\$17,543.82	\$17,750.49	\$16,153.04	\$18,386.57	\$17,685.83	0.7%	-1.2%
03. Skilled and Intermediate (non-MR) Care Nursing	\$12,396.12	\$17,907.59	\$18,319.26	\$19,584.86	\$19,898.34	\$22,489.51	\$21,076.42	9.2%	-12.5%
04. Intermediate Care for Mentally Retarded	\$50,372.41	\$55,344.41	\$54,339.42	\$54,646.74	\$54,991.24	\$63,621.76	\$64,528.71	4.2%	-26.4%
05. Physician Services	\$287.74	\$315.21	\$289.09	\$312.66	\$379.64	\$412.51	\$616.03	13.5%	11.5%
06. Dental Services	\$214.01	\$345.66	\$390.13	\$412.31	\$417.21	\$444.88	\$511.73	15.6%	40.8%
07. Other Practitioners	\$154.34	\$160.98	\$161.96	\$156.22	\$150.35	\$171.84	\$196.72	4.1%	-15.5%
08. Outpatient Hospital	\$283.79	\$260.59	\$285.24	\$264.99	\$275.42	\$312.16	\$494.96	9.7%	-20.6%
09. Clinic Services	\$1,085.56	\$1,253.47	\$1,096.61	\$1,058.85	\$872.77	\$1,013.16	\$687.74	-7.3%	-2.0%
10. Lab and X-Ray	\$66.84	\$68.67	\$71.14	\$69.26	\$80.20	\$86.23	\$149.76	14.4%	-30.5%
11. Home Health	\$259.60	\$284.05	\$351.92	\$1,413.87	\$1,786.22	\$1,841.20	\$1,971.73	40.2%	-51.3%
12. Prescribed Drugs	\$803.01	\$863.98	\$968.99	\$959.52	\$941.59	\$1,089.27	\$819.37	0.3%	-15.3%
13. Family Planning	\$257.13	\$279.04	\$301.41	\$659.20	\$646.95	\$684.84	\$782.42	20.4%	-34.4%
14. Early & Periodic Screening, Diagnosis & Treatment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	n/a	n/a
15. Other Care	\$3,025.02	\$3,120.85	\$3,915.46	\$3,795.95	\$3,253.84	\$3,721.85	\$3,363.58	1.8%	81.1%
16. Personal Care Support Services	\$1,633.89	\$2,401.83	\$1,700.80	\$1,675.45	\$1,643.96	\$1,893.68	\$1,330.51	-3.4%	-29.3%
17. Home/Community Based Waiver Services	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	n/a	n/a
18. Prepaid Health Care	\$577.09	\$646.98	\$768.48	\$771.06	\$319.61	\$390.67	\$161.21	-19.1%	-85.8%
19. Primary Care Case Management (PCCM) Services	\$0.00	\$3.18	\$11.31	\$11.86	\$11.61	\$1,048.91	\$13.78	34.1%	-50.4%
Total (Average)	\$3,162.92	\$3,513.06	\$3,544.29	\$3,400.88	\$3,555.68	\$4,026.74	\$4,042.33	4.2%	-2.6%

TOTAL PER CAPITA EXPENDITURES	\$549.69	\$662.73	\$778.04	\$752.98	\$767.83	\$830.56	\$853.54	7.6%	-3.3%
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Source: MSIS data for FFY 00-06.

OKLAHOMA

- 102 -

COMPARATIVE DATA REPORT ON MEDICAID

Southern Legislative Conference:
Louisiana Legislative Fiscal Office

SOUTHERN REGION MEDICAID PROFILE
DATA BY OTHER CHARACTERISTICS

RECIPIENTS BY OTHER CHARACTERISTICS

	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05	FFY 06	Annual Change	Share of Total FFY 06
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	97,934	99,000	99,355	173,503	174,326	183,338	157,521	8.2%	21.7%
Poverty Related Eligibles	301,904	380,628	416,140	383,334	408,367	433,631	466,442	7.5%	64.3%
Medically Needy	4,040	3,759	3,650	1,416	1	205	0	-100.0%	0.0%
Other Eligibles	86,712	87,284	91,791	52,869	52,635	57,964	82,872	-0.8%	11.4%
Maintenance Assistance Status Unknown (Managed Care)	16,469	0	20,562	14,753	20,539	21,605	18,901	2.3%	2.6%
Total*	507,059	570,671	631,498	625,875	655,868	696,743	725,736	6.2%	100.0%
By Basis of Eligibility									
Aged, Blind, or Disabled	119,494	122,772	128,518	128,050	132,688	141,510	145,421	3.3%	20.0%
Children	289,189	364,435	394,462	385,763	404,447	429,179	436,912	7.1%	60.2%
Foster Care Children	6,806	6,178	5,653	14,757	14,522	15,171	13,180	11.6%	1.8%
Adults	75,101	77,286	82,303	82,552	83,672	89,279	105,365	5.8%	14.5%
Basis of Eligibility Unknown	16,469	0	20,562	14,753	20,539	21,604	24,858	7.1%	3.4%
Total*	507,059	570,671	631,498	625,875	655,868	696,743	725,736	6.2%	100.0%
By Age									
Under Age 1	22,773	24,717	25,398	26,686	29,837	31,626	31,782	5.7%	4.4%
Age 1 to 5	110,891	132,078	140,892	138,316	142,969	151,972	151,467	5.3%	20.9%
Age 6 to 14	127,136	164,653	178,028	175,917	183,541	194,707	197,852	7.6%	27.3%
Age 15 to 20	55,998	69,343	76,266	79,108	83,724	88,591	96,349	9.5%	13.3%
Age 21 to 44	85,660	88,918	95,647	97,055	99,584	106,079	123,639	6.3%	17.0%
Age 45 to 64	33,912	36,341	39,589	40,725	42,653	45,309	50,682	6.9%	7.0%
Age 65 to 74	19,305	19,834	20,581	20,137	20,547	21,957	22,962	2.9%	3.2%
Age 75 to 84	18,688	19,253	19,565	18,939	18,837	20,181	19,127	0.4%	2.6%
Age 85 and Over	16,227	15,534	14,970	14,239	13,637	14,716	12,975	-3.7%	1.8%
Age Unknown	16,469	0	20,562	14,753	20,539	21,605	18,901	2.3%	2.6%
Total*	507,059	570,671	631,498	625,875	655,868	696,743	725,736	6.2%	100.0%
By Race									
White	343,373	386,903	380,290	377,880	390,444	416,268	428,547	3.8%	59.0%
Black	64,799	73,975	101,928	99,135	101,338	107,553	109,608	9.2%	15.1%
Hispanic, American Indian or Asian	98,887	109,793	128,718	134,107	143,547	151,722	167,758	9.2%	23.1%
Other/Unknown	0	0	20,562	14,753	20,539	21,200	19,823	-0.9%	2.7%
Total*	507,059	570,671	631,498	625,875	655,868	696,743	725,736	6.2%	100.0%
By Sex									
Female	307,591	346,813	357,320	356,474	369,462	393,388	417,498	5.2%	57.5%
Male	199,468	223,858	253,616	254,648	265,867	282,156	289,337	6.4%	39.9%
Unknown	0	0	20,562	14,753	20,539	21,199	18,901	-2.1%	2.6%
Total*	507,059	570,671	631,498	625,875	655,868	696,743	725,736	6.2%	100.0%

Source: MSIS data for FFY 00-06.

SOUTHERN REGION MEDICAID PROFILE

PAYMENTS BY OTHER CHARACTERISTICS

	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05	FFY 06	Annual Change	Share of Total FFY 06
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	\$273,475,909	\$316,881,105	\$359,938,334	\$518,729,637	\$497,180,306	\$587,544,635	\$719,618,911	17.5%	24.5%
Poverty Related Eligibles	\$333,221,659	\$449,544,506	\$522,307,393	\$578,464,201	\$746,419,526	\$863,097,138	\$975,212,575	19.6%	33.2%
Medically Needy	\$11,314,192	\$13,357,842	\$13,403,897	\$4,551,559	\$1,288	\$2,165,775	\$0	-100.0%	0.0%
Other Eligibles	\$866,655,581	\$1,096,472,478	\$1,186,500,816	\$1,012,176,075	\$1,074,749,592	\$1,318,805,746	\$1,222,357,894	5.9%	41.7%
Maintenance Assistance Status Unknown (Managed Care)	\$119,121,657	\$128,543,280	\$156,062,647	\$14,602,983	\$13,707,386	\$33,986,207	\$16,474,526	-28.1%	0.6%
Total*	\$1,603,788,998	\$2,004,799,211	\$2,238,213,087	\$2,128,524,455	\$2,332,058,098	\$2,805,599,501	\$2,933,663,906	10.6%	100.0%
By Basis of Eligibility									
Aged, Blind or Disabled	\$1,035,973,908	\$1,298,507,176	\$1,432,112,932	\$1,405,180,579	\$1,410,318,130	\$1,715,011,133	\$1,766,959,591	9.3%	60.2%
Children	\$314,732,384	\$428,996,281	\$490,452,162	\$457,248,295	\$622,520,477	\$726,416,810	\$737,599,705	15.3%	25.1%
Foster Care Children	\$39,044,084	\$41,567,584	\$39,680,364	\$104,259,040	\$110,558,815	\$125,687,845	\$106,483,821	18.2%	3.6%
Adults	\$94,916,965	\$107,184,890	\$119,904,982	\$147,233,558	\$174,953,290	\$204,497,506	\$282,919,558	20.0%	9.6%
Basis of Eligibility Unknown (Includes Managed Care)	\$119,121,657	\$128,543,280	\$156,062,647	\$14,602,983	\$13,707,386	\$33,986,207	\$39,701,231	-16.7%	1.4%
Total*	\$1,603,788,998	\$2,004,799,211	\$2,238,213,087	\$2,128,524,455	\$2,332,058,098	\$2,805,599,501	\$2,933,663,906	10.6%	100.0%
By Age									
Under Age 1	\$56,765,263	\$70,529,990	\$74,831,975	\$77,984,374	\$107,035,025	\$124,750,207	\$130,042,541	14.8%	4.4%
Age 1 to 5	\$111,628,898	\$145,884,103	\$165,773,271	\$170,357,660	\$180,655,427	\$215,636,833	\$256,599,575	14.9%	8.7%
Age 6 to 14	\$163,335,113	\$214,752,884	\$247,969,473	\$254,546,983	\$276,820,576	\$329,272,421	\$376,970,957	15.0%	12.8%
Age 15 to 20	\$118,093,917	\$148,198,797	\$167,566,698	\$184,094,715	\$204,635,279	\$242,158,492	\$289,809,698	16.1%	9.9%
Age 21 to 44	\$347,427,330	\$409,062,694	\$446,740,003	\$463,745,828	\$502,852,323	\$603,494,892	\$659,585,205	11.3%	22.5%
Age 45 to 64	\$240,330,648	\$315,718,000	\$374,394,443	\$380,950,532	\$435,996,100	\$514,876,191	\$615,894,817	17.0%	21.0%
Age 65 to 74	\$111,938,369	\$141,244,830	\$151,906,257	\$151,801,777	\$167,924,786	\$201,316,371	\$179,566,990	8.2%	6.1%
Age 75 to 84	\$152,047,129	\$199,539,879	\$214,619,166	\$206,915,894	\$218,546,045	\$264,368,301	\$205,001,116	5.1%	7.0%
Age 85 and Over	\$183,100,674	\$231,324,754	\$238,349,154	\$223,523,709	\$223,885,151	\$275,739,585	\$203,718,481	1.8%	6.9%
Age Unknown	\$119,121,657	\$128,543,280	\$156,062,647	\$14,602,983	\$13,707,386	\$33,986,208	\$16,474,526	-28.1%	0.6%
Total*	\$1,603,788,998	\$2,004,799,211	\$2,238,213,087	\$2,128,524,455	\$2,332,058,098	\$2,805,599,501	\$2,933,663,906	10.6%	100.0%
By Race									
White	\$1,205,736,481	\$1,503,629,549	\$1,542,862,580	\$1,543,953,811	\$1,693,709,362	\$2,036,647,690	\$2,062,578,233	9.4%	70.3%
Black	\$164,565,963	\$207,075,917	\$269,458,059	\$277,957,110	\$289,373,879	\$343,892,660	\$391,222,566	15.5%	13.3%
Hispanic, American Indian or Asian	\$175,765,896	\$216,398,764	\$269,829,801	\$292,010,551	\$335,267,471	\$392,538,791	\$460,686,266	17.4%	15.7%
Other/Unknown	\$57,720,658	\$77,694,981	\$156,062,647	\$14,602,983	\$13,707,386	\$32,520,360	\$19,176,841	-16.8%	0.7%
Total*	\$1,603,788,998	\$2,004,799,211	\$2,238,213,087	\$2,128,524,455	\$2,332,058,098	\$2,805,599,501	\$2,933,663,906	10.6%	100.0%
By Sex									
Female	\$914,878,802	\$1,184,857,799	\$1,223,367,618	\$1,251,380,217	\$1,250,356,520	\$1,516,194,481	\$1,722,096,681	11.1%	58.7%
Male	\$631,751,859	\$787,124,143	\$858,782,822	\$862,541,255	\$1,067,994,192	\$1,258,716,375	\$1,195,092,699	11.2%	40.7%
Unknown	\$57,158,337	\$32,817,269	\$156,062,647	\$14,602,983	\$13,707,386	\$30,688,645	\$16,474,526	-18.7%	0.6%
Total*	\$1,603,788,998	\$2,004,799,211	\$2,238,213,087	\$2,128,524,455	\$2,332,058,098	\$2,805,599,501	\$2,933,663,906	10.6%	100.0%

Source: MSIS data for FFY 00-06.

SOUTHERN REGION MEDICAID PROFILE

AVERAGE PAYMENT PER RECIPIENT BY OTHER CHARACTERISTICS

	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05	FFY 06	Annual Change	Above (+) or Below (-) SLC Avg. FFY 06
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	\$2,792.45	\$3,200.82	\$3,622.75	\$2,989.74	\$2,852.01	\$3,204.71	\$4,568.40	8.5%	-20.3%
Poverty Related Eligibles	\$1,103.73	\$1,181.06	\$1,255.12	\$1,509.03	\$1,827.82	\$1,990.40	\$2,090.75	11.2%	5.3%
Medically Needy	\$2,800.54	\$3,553.56	\$3,672.30	\$3,214.38	\$1,288.00	\$10,564.76	\$0.00	-100.0%	-100.0%
Other Eligibles	\$9,994.64	\$12,562.12	\$12,926.11	\$19,144.98	\$20,418.92	\$22,752.15	\$14,749.95	6.7%	108.3%
Maintenance Assistance Status Unknown	\$7,233.08	\$0.00	\$7,589.86	\$989.83	\$667.38	\$1,573.07	\$871.62	-29.7%	-70.8%
Total	\$3,162.92	\$3,513.06	\$3,544.29	\$3,400.88	\$3,555.68	\$4,026.74	\$4,042.33	4.2%	-2.6%
By Basis of Eligibility									
Aged, Blind or Disabled	\$8,669.67	\$10,576.57	\$11,143.29	\$10,973.69	\$10,628.83	\$12,119.36	\$12,150.65	5.8%	11.2%
Children	\$1,088.33	\$1,177.15	\$1,243.34	\$1,185.31	\$1,539.19	\$1,692.57	\$1,688.21	7.6%	7.3%
Foster Care Children	\$5,736.72	\$6,728.32	\$7,019.35	\$7,065.06	\$7,613.19	\$8,284.74	\$8,079.20	5.9%	14.7%
Adults	\$1,263.86	\$1,386.86	\$1,456.87	\$1,783.53	\$2,090.94	\$2,290.54	\$2,685.14	13.4%	-5.0%
Basis of Eligibility Unknown (Includes Managed Care)	\$7,233.08	\$0.00	\$7,589.86	\$989.83	\$667.38	\$1,573.14	\$1,597.12	-22.3%	-48.0%
Total	\$3,162.92	\$3,513.06	\$3,544.29	\$3,400.88	\$3,555.68	\$4,026.74	\$4,042.33	4.2%	-2.6%
By Age									
Under Age 1	\$2,492.66	\$2,853.50	\$2,946.37	\$2,922.30	\$3,587.33	\$3,944.55	\$4,091.70	8.6%	3.5%
Age 1 to 5	\$1,006.65	\$1,104.53	\$1,176.60	\$1,231.66	\$1,263.60	\$1,418.92	\$1,694.10	9.1%	-10.7%
Age 6 to 14	\$1,284.73	\$1,304.28	\$1,392.87	\$1,446.97	\$1,508.22	\$1,691.12	\$1,905.32	6.8%	3.8%
Age 15 to 20	\$2,108.90	\$2,137.18	\$2,197.14	\$2,327.13	\$2,444.17	\$2,733.44	\$3,007.92	6.1%	4.4%
Age 21 to 44	\$4,055.89	\$4,600.45	\$4,670.72	\$4,778.18	\$5,049.53	\$5,689.11	\$5,334.77	4.7%	4.2%
Age 45 to 64	\$7,086.89	\$8,687.65	\$9,457.03	\$9,354.22	\$10,221.93	\$11,363.66	\$12,152.14	9.4%	17.2%
Age 65 to 74	\$5,798.41	\$7,121.35	\$7,380.90	\$7,538.45	\$8,172.72	\$9,168.66	\$7,820.18	5.1%	16.2%
Age 75 to 84	\$8,136.08	\$10,364.09	\$10,969.55	\$10,925.39	\$11,601.96	\$13,099.86	\$10,717.89	4.7%	3.7%
Age 85 and Over	\$11,283.70	\$14,891.51	\$15,921.79	\$15,697.99	\$16,417.48	\$18,737.40	\$15,700.85	5.7%	-7.9%
Age Unknown	\$7,233.08	\$0.00	\$7,589.86	\$989.83	\$667.38	\$1,573.07	\$871.62	-29.7%	-70.8%
Total	\$3,162.92	\$3,513.06	\$3,544.29	\$3,400.88	\$3,555.68	\$4,026.74	\$4,042.33	4.2%	-2.6%
By Race									
White	\$3,511.45	\$3,886.32	\$4,057.07	\$4,085.83	\$4,337.91	\$4,892.64	\$4,812.96	5.4%	-5.6%
Black	\$2,539.64	\$2,799.27	\$2,643.61	\$2,803.82	\$2,855.53	\$3,197.43	\$3,569.29	5.8%	-3.4%
Hispanic, American Indian or Asian	\$1,777.44	\$1,970.97	\$2,096.29	\$2,177.44	\$2,335.59	\$2,587.22	\$2,746.14	7.5%	-1.5%
Other/Unknown	\$0.00	\$0.00	\$7,589.86	\$989.83	\$667.38	\$1,533.98	\$967.40	-40.2%	-76.2%
Total	\$3,162.92	\$3,513.06	\$3,544.29	\$3,400.88	\$3,555.68	\$4,026.74	\$4,042.33	4.2%	-2.6%
By Sex									
Female	\$2,974.34	\$3,416.42	\$3,423.73	\$3,510.44	\$3,384.26	\$3,854.20	\$4,124.80	5.6%	-3.9%
Male	\$3,167.18	\$3,516.18	\$3,386.15	\$3,387.19	\$4,017.02	\$4,461.07	\$4,130.45	4.5%	-0.7%
Unknown	\$0.00	\$0.00	\$7,589.86	\$989.83	\$667.38	\$1,447.65	\$871.62	-41.8%	-70.7%
Total	\$3,162.92	\$3,513.06	\$3,544.29	\$3,400.88	\$3,555.68	\$4,026.74	\$4,042.33	4.2%	-2.6%

Source: MSIS data for FFY 00-06.

SOUTHERN REGION MEDICAID PROFILE

ADDITIONAL STATE HEALTH CARE INFORMATION

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

Waivers

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

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

- Advantage Waiver: Serves 18,850 "frail elderly" that are 65 or older and adults over 21 with physical disabilities, operating since July 1, 1993.
- Homeward Bound Waiver: Serves 800 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 487 children.
- The In-home Supports Waiver for Adults: Implemented in July of 1999 to provide waiver services for additional MR clients, serves approximately 1,175 adults.
- Family Planning Waiver, or SoonerPlan: plan that offers limited family planning benefits to individuals over 18 that do not qualify for SoonerCare benefits.

Managed Care

- Primary Care Case Management (PCCM): SoonerCare Choice provides a medical home through a primary care physician (PCP)
- Prepaid Ambulatory Health Plan (PAHP)

Coverage for Targeted Population

- Uninsured: Oklahoma Employer/Employee Partnership for Insurance Coverage (O-EPIC): premium assistance to low-income uninsured Oklahoma residents. Authorized through a HIFA demonstration waiver. Approved by CMS November 2005, currently enrolled over 1,050 employees.
- 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.
- Oklahoma Cares: Oklahoma Breast and Cervical Cancer Treatment Program for women under the age of 65, operational January, 2005. Beneficiaries are covered either under SoonerCare Choice or Traditional.

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.

Children's Health Insurance Program: Medicaid Expansion

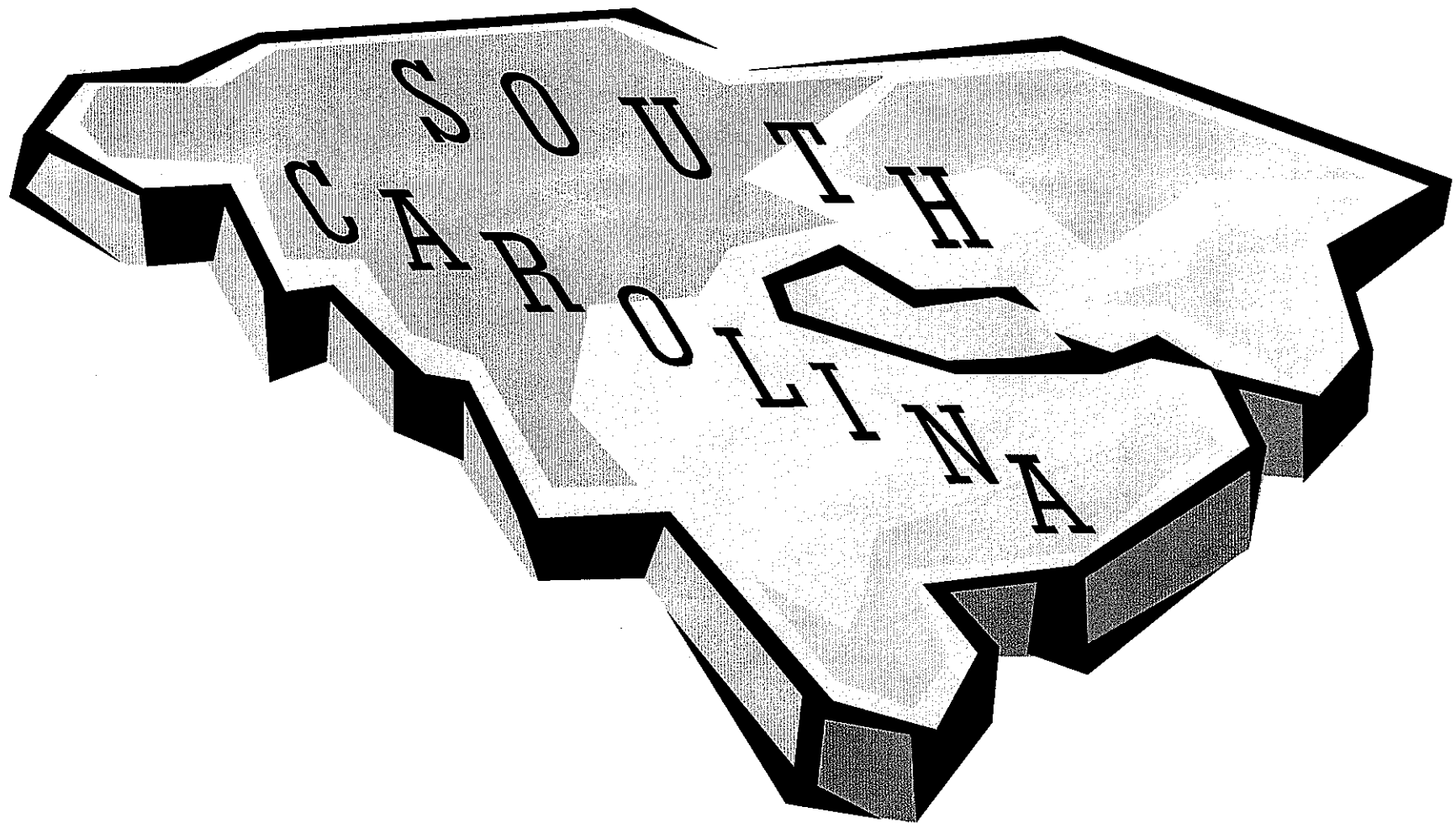
- CHIP in Oklahoma is called "SoonerCare". The program received HCFA approval on May 26, 1998. The program is administered by the Oklahoma Health Care

SOUTHERN REGION MEDICAID PROFILE

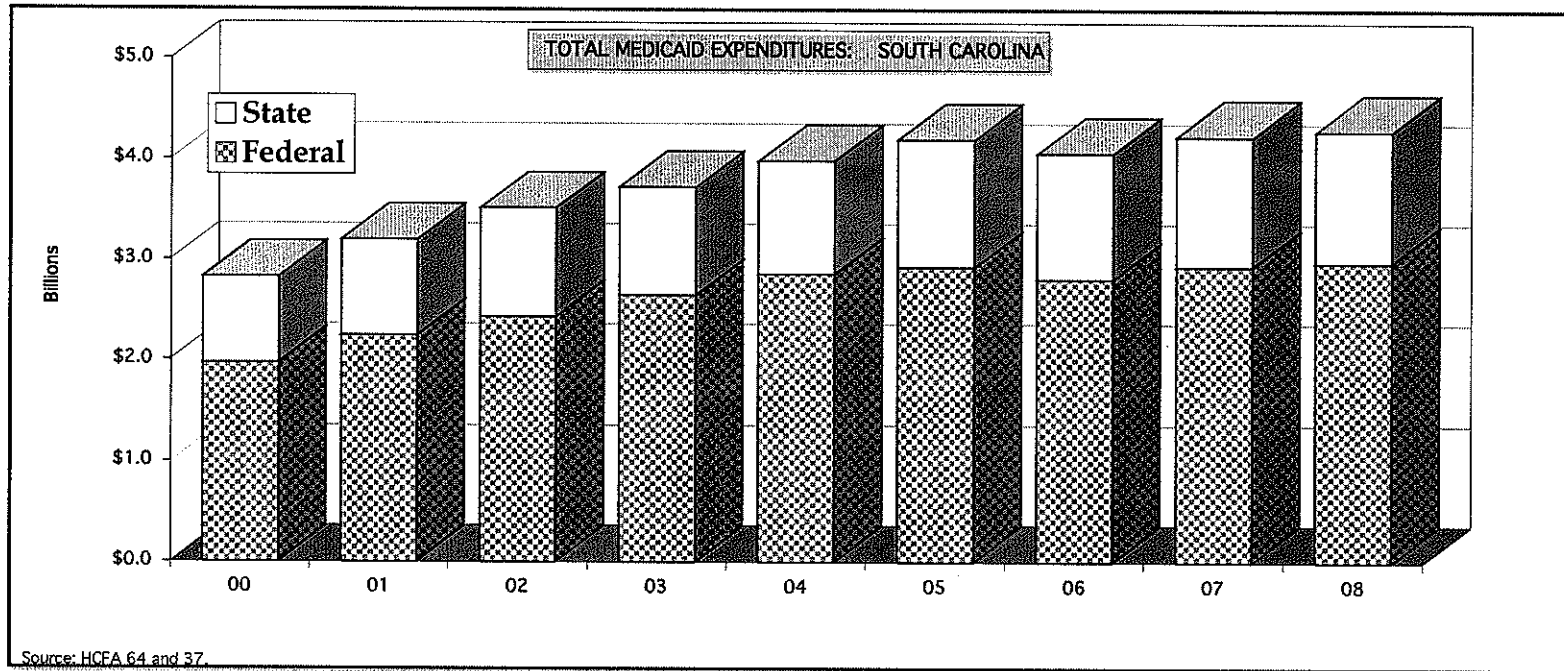
Authority through an expansion of Medicaid. SoonerCare provides health care coverage to approximately 115,000 children/adolescents and eligible pregnant women.

- 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.
- 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 78,798 individuals as of 2006.

STATE MEDICAID PROFILE



SOUTHERN REGION MEDICAID PROFILE



State profile revised to reflect MSIS statistical data as reported by CMS for federal fiscal years 00 through 05.

	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05	FFY 06	FFY 07*	FFY 08**	Annual Rate of Change	Total Change 00-08
Medicaid Payments	\$2,720,979,699	\$3,094,578,743	\$3,384,424,285	\$3,590,736,666	\$3,848,423,641	\$4,068,509,449	\$3,934,439,740	\$4,098,935,000	\$4,145,486,000	5.4%	52.4%
Federal Share	\$1,913,722,149	\$2,186,607,862	\$2,355,610,887	\$2,567,499,604	\$2,773,422,352	\$2,854,572,796	\$2,736,698,665	\$2,856,002,000	\$2,896,196,000	5.3%	51.3%
State Share	\$807,257,550	\$907,970,881	\$1,028,813,398	\$1,023,237,062	\$1,075,001,289	\$1,213,936,653	\$1,197,741,075	\$1,242,933,000	\$1,249,290,000	5.6%	54.8%
Administrative Costs	\$103,626,017	\$100,847,624	\$133,484,748	\$136,496,403	\$141,733,356	\$129,160,005	\$128,754,939	\$134,869,000	\$141,673,000	4.0%	36.7%
Federal Share	\$56,629,109	\$60,135,239	\$76,596,265	\$79,946,155	\$85,315,889	\$73,017,179	\$73,158,987	\$76,101,000	\$79,928,000	4.4%	41.1%
State Share	\$46,996,908	\$40,712,385	\$56,888,483	\$56,550,248	\$56,417,467	\$56,142,826	\$55,595,952	\$58,768,000	\$61,745,000	3.5%	31.4%
Admin. Costs as % of Payments	3.81%	3.26%	3.94%	3.80%	3.68%	3.17%	3.27%	3.29%	3.42%		
Federal Match Rate*	69.95%	70.44%	69.34%	69.81%	69.86%	69.89%	69.32%	69.54%	69.79%		

*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 07 and 08 reflect latest estimates reported by each state (CMS 37).

SOUTHERN REGION MEDICAID PROFILE

STATE FINANCING

	Payments		Administration	
	FFY 00	FFY 06	FFY 00	FFY 06
State General Fund	\$807,257,550	\$1,197,741,075	\$46,996,908	\$55,595,952
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	\$807,257,550	\$1,197,741,075	\$46,996,908	\$55,595,952

***Note: State financing in FY 06 reflects state general fund support only, as other revenue source amounts that support Medicaid spending are unknown at the time this report is generated.

DISPROPORTIONATE SHARE HOSPITAL (DSH) PAYMENTS

	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05	FFY 06	FFY 07*	FFY 08**	Annual Change
General Hospitals	\$328,512,395	\$320,695,867	\$346,379,176	\$290,548,478	\$422,915,188	\$372,563,497	\$392,181,490	\$331,068,000	\$377,060,000	1.4%
Mental Hospitals	\$46,833,976	\$51,251,895	\$44,693,798	\$42,543,221	\$66,459,970	\$68,814,096	\$52,825,431	\$55,502,000	\$66,540,000	6.9%
Total	\$375,346,371	\$371,947,762	\$391,072,974	\$333,091,699	\$489,375,158	\$441,377,593	\$445,006,921	\$386,570,000	\$443,600,000	2.1%

Provider Taxes Currently in Place (FFY 06)		
	Tax Rate	Amount
General hospitals	unknown	\$0
ICF/MR	unknown	\$0
Total		\$0
*Total amount generated from provider taxes for FY 06 is unknown.		

SELECTED ELIGIBILITY CRITERIA

	2006	% of FPL*
TANF-Temporary Assistance for Needy Families (Family of 3)		
Need Standard	\$652	47.1%
Payment Standard	\$240	17.3%
Maximum Payment	\$240	17.3%
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	\$603	73.8%
Couple	\$904	82.2%
Resources:		
Single Person	\$4,000	
Couple	\$6,000	

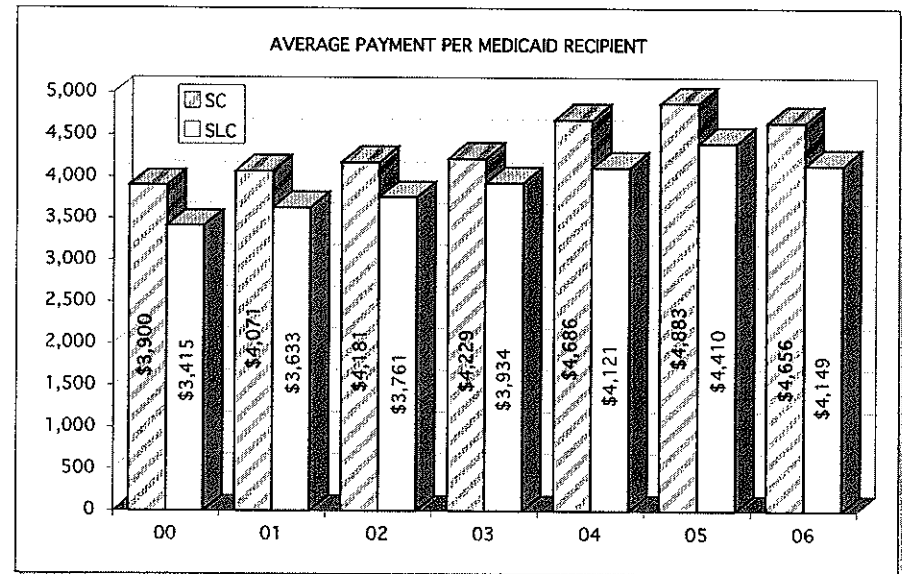
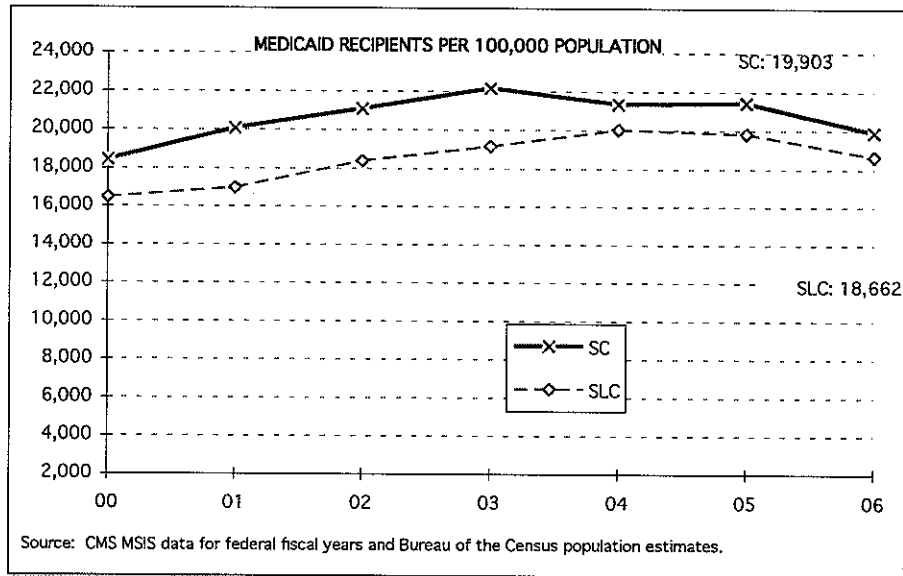
DEMOGRAPHIC DATA & POVERTY INDICATORS (2006)

		Rank in U.S.
State population—December 21, 2007*	4,330,108	24
Per capita personal income**	\$29,688	47
Median household income**	\$40,822	41
Population below Federal Poverty Level*	593,225	
Percent of total state population	13.7%	15
Population without health insurance coverage*	672,000	22
Percent of total state population	15.5%	
Recipients of Food Stamps***	534,294	19
Households receiving Food Stamps***	230,319	
Total value of issuance***	\$589,430,436	19
Average monthly benefit per recipient	\$91.93	20
Average monthly benefit per household	\$213.27	
Monthly recipients of Temporary Assistance to Needy Families (TANF)****	35,732	27
Total TANF payments****	\$27,562,382	37
Average monthly payment per recipient	\$64.28	
Maximum monthly payment per family of 3	\$240.00	45

*Current (2006) federal poverty level is \$9,800 per year for a single person, \$13,200 for a family of two and \$16,600 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 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05	FFY 06	Annual Change
01. General Hospital	148,303	159,066	126,736	119,466	105,631	109,610	107,568	-5.2%
02. Mental Hospital	2,023	1,841	1,420	1,207	1,257	1,257	1,368	-6.3%
03. Skilled and Intermediate (non-MR) Care Nursing	17,663	18,859	18,251	17,617	17,618	16,976	16,212	-1.4%
04. Intermediate Care for Mentally Retarded	2,387	2,411	2,317	2,173	2,178	1,955	1,849	-4.2%
05. Physician Services	499,921	546,422	561,552	563,619	553,073	567,750	553,674	1.7%
06. Dental Services	162,503	202,078	231,455	251,831	256,782	265,752	267,092	8.6%
07. Other Practitioners	112,500	130,242	127,041	129,977	126,639	135,372	146,105	4.5%
08. Outpatient Hospital	292,783	317,038	365,265	369,932	358,560	364,124	349,603	3.0%
09. Clinic Services	334,661	355,385	375,240	383,630	393,287	396,599	375,148	1.9%
10. Lab and X-Ray	234,429	262,805	275,988	300,789	286,980	304,595	293,721	3.8%
11. Home Health	9,657	9,053	8,502	7,849	7,460	7,062	7,598	-3.9%
12. Prescribed Drugs	474,465	542,764	576,136	614,417	611,557	623,706	605,667	4.2%
13. Family Planning	6,243	5,971	6,393	5,882	5,599	6,534	6,542	0.8%
14. Early & Periodic Screening, Diagnosis & Treatment	0	0	0	0	0	0	0	n/a
15. Other Care	142,519	162,906	154,333	173,435	167,780	179,714	180,573	4.0%
16. Personal Care Support Services	81,026	89,000	100,945	102,511	101,370	98,098	95,864	2.8%
17. Home/Community Based Waiver Services	0	0	0	0	0	0	0	n/a
18. Prepaid Health Care	43,315	60,055	85,547	100,032	94,977	118,040	163,586	24.8%
19. Primary Care Case Management (PCCM) Services	0	0	0	0	3,630	38,804	74,710	353.7%
Total*	685,104	760,797	809,136	861,216	856,715	869,910	861,838	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.

SOUTHERN REGION MEDICAID PROFILE

PAYMENTS BY TYPE OF SERVICES

	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05	FFY 06	Annual Change	Share of Total FFY 06
01. General Hospital	\$725,513,341	\$827,496,295	\$885,920,177	\$908,044,538	\$1,082,975,223	\$1,089,114,901	\$1,153,791,050	8.0%	28.8%
02. Mental Hospital	\$97,722,852	\$98,066,992	\$89,266,785	\$84,332,255	\$112,501,296	\$114,307,944	\$105,958,931	1.4%	2.6%
03. Skilled and Intermediate (non-MR) Care Nursing	\$334,646,176	\$355,576,568	\$373,077,530	\$401,871,513	\$442,479,446	\$477,320,064	\$431,101,210	4.3%	10.7%
04. Intermediate Care for Mentally Retarded	\$169,196,133	\$165,568,171	\$172,179,187	\$167,321,229	\$165,562,921	\$156,137,783	\$150,096,177	-2.0%	3.7%
05. Physician Services	\$190,995,097	\$231,918,553	\$235,463,733	\$287,064,707	\$314,192,779	\$342,291,742	\$355,242,048	10.9%	8.9%
06. Dental Services	\$48,151,420	\$75,981,863	\$79,788,905	\$85,572,962	\$89,304,420	\$94,738,763	\$92,229,488	11.4%	2.3%
07. Other Practitioners	\$8,109,207	\$9,507,546	\$10,097,690	\$10,863,541	\$11,574,736	\$13,332,661	\$17,631,162	13.8%	0.4%
08. Outpatient Hospital	\$77,354,626	\$80,136,150	\$133,733,346	\$150,336,330	\$185,330,490	\$198,850,113	\$159,746,938	12.8%	4.0%
09. Clinic Services	\$287,781,398	\$348,039,263	\$488,911,223	\$491,474,709	\$463,878,692	\$485,364,033	\$454,466,942	7.9%	11.3%
10. Lab and X-Ray	\$16,537,070	\$19,449,759	\$22,150,684	\$25,303,934	\$28,483,413	\$34,131,799	\$38,233,194	15.0%	1.0%
11. Home Health	\$15,196,149	\$20,129,679	\$12,760,384	\$11,764,035	\$12,114,429	\$13,185,408	\$11,474,753	-4.6%	0.3%
12. Prescribed Drugs	\$334,740,332	\$438,498,935	\$456,976,916	\$559,908,608	\$651,239,970	\$719,568,283	\$466,565,316	5.7%	11.6%
13. Family Planning	\$8,212,530	\$7,833,357	\$8,179,742	\$5,476,846	\$4,412,411	\$5,017,160	\$4,265,284	-10.3%	0.1%
14. Early & Periodic Screening, Diagnosis & Treatment	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a	0.0%
15. Other Care	\$142,594,379	\$137,395,749	\$134,401,907	\$147,650,495	\$154,179,195	\$173,622,568	\$175,936,144	3.6%	4.4%
16. Personal Care Support Services	\$187,606,225	\$243,996,181	\$217,761,516	\$226,705,935	\$215,971,458	\$229,277,203	\$256,865,292	5.4%	6.4%
17. Home/Community Based Waiver Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a	0.0%
18. Prepaid Health Care	\$27,788,595	\$37,258,467	\$62,280,779	\$78,023,312	\$80,463,295	\$100,374,214	\$133,579,965	29.9%	3.3%
19. Primary Case Management (PCCM) Services	\$0	\$0	\$0	\$0	\$31,090	\$1,182,866	\$5,625,118	1245.1%	0.1%
Total (excludes DSH pymts, pharmacy rebates, & other adjs.)	\$2,672,145,530	\$3,096,853,528	\$3,382,950,504	\$3,641,714,949	\$4,014,695,264	\$4,247,817,505	\$4,012,809,012	7.0%	100.0%

AVERAGE PAYMENTS PER RECIPIENT BY TYPE OF SERVICES

								(+) or (-) SLC	Avg. FFY 06
01. General Hospital	\$4,892.10	\$5,202.22	\$6,990.28	\$7,600.86	\$10,252.44	\$9,936.27	\$10,726.16	14.0%	99.8%
02. Mental Hospital	\$48,305.91	\$53,268.33	\$62,863.93	\$69,869.31	\$89,499.84	\$90,937.11	\$77,455.36	8.2%	1082.1%
03. Skilled and Intermediate (non-MR) Care Nursing	\$18,946.17	\$18,854.48	\$20,441.48	\$22,811.57	\$25,115.19	\$28,117.35	\$26,591.49	5.8%	10.4%
04. Intermediate Care for Mentally Retarded	\$70,882.33	\$68,671.99	\$74,311.26	\$77,000.11	\$76,016.03	\$79,865.87	\$81,176.95	2.3%	-7.4%
05. Physician Services	\$382.05	\$424.43	\$419.31	\$509.32	\$568.09	\$602.89	\$641.61	9.0%	16.1%
06. Dental Services	\$296.31	\$376.00	\$344.73	\$339.80	\$347.78	\$356.49	\$345.31	2.6%	-5.0%
07. Other Practitioners	\$72.08	\$73.00	\$79.48	\$83.58	\$91.40	\$98.49	\$120.67	9.0%	-48.1%
08. Outpatient Hospital	\$264.20	\$252.77	\$366.13	\$406.39	\$516.87	\$546.11	\$456.94	9.6%	-26.7%
09. Clinic Services	\$859.92	\$979.33	\$1,302.93	\$1,281.12	\$1,179.49	\$1,223.82	\$1,211.43	5.9%	72.7%
10. Lab and X-Ray	\$70.54	\$74.01	\$80.26	\$84.13	\$99.25	\$112.06	\$130.17	10.7%	-39.6%
11. Home Health	\$1,573.59	\$2,223.54	\$1,500.87	\$1,498.79	\$1,623.92	\$1,867.09	\$1,510.23	-0.7%	-62.7%
12. Prescribed Drugs	\$705.51	\$807.90	\$793.18	\$911.28	\$1,064.89	\$1,153.70	\$770.33	1.5%	-20.4%
13. Family Planning	\$1,315.48	\$1,311.90	\$1,279.48	\$931.12	\$788.07	\$767.85	\$651.98	-11.0%	-45.4%
14. Early & Periodic Screening, Diagnosis & Treatment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	n/a	n/a
15. Other Care	\$1,000.53	\$843.41	\$870.86	\$851.33	\$918.94	\$966.10	\$974.32	-0.4%	-47.5%
16. Personal Care Support Services	\$2,315.38	\$2,741.53	\$2,157.23	\$2,211.53	\$2,130.53	\$2,337.23	\$2,679.48	2.5%	42.4%
17. Home/Community Based Waiver Services	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	n/a	n/a
18. Prepaid Health Care	\$641.55	\$620.41	\$728.03	\$779.98	\$847.19	\$850.34	\$816.57	4.1%	-28.0%
19. Primary Care Case Management (PCCM) Services	\$0.00	\$0.00	\$0.00	\$0.00	\$8.56	\$30.48	\$75.29	196.5%	170.8%
Total (Average)	\$3,900.35	\$4,070.54	\$4,180.94	\$4,228.57	\$4,686.15	\$4,883.05	\$4,656.11	3.0%	12.2%

TOTAL PER CAPITA EXPENDITURES

\$759.99	\$843.54	\$917.09	\$959.21	\$994.55	\$1,033.14	\$938.36	3.6%	6.3%
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Source: MSIS data for FFY 00-06.

SOUTHERN REGION MEDICAID PROFILE

DATA BY OTHER CHARACTERISTICS

RECIPIENTS BY OTHER CHARACTERISTICS

	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05	FFY 06	Annual Change	Share of Total FFY 06
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	188,071	245,555	265,731	267,121	269,055	270,630	266,385	6.0%	30.9%
Poverty Related Eligibles	316,749	322,006	345,977	385,254	379,901	387,156	394,581	3.7%	45.8%
Medically Needy	0	0	0	0	0	0	0	n/a	0.0%
Other Eligibles	165,765	175,329	178,265	191,241	186,414	193,011	183,440	1.7%	21.3%
Maintenance Assistance Status Unknown	14,519	17,907	19,163	17,600	21,345	19,113	17,432	3.1%	2.0%
Total*	685,104	760,797	809,136	861,216	856,715	869,910	861,838	3.9%	100.0%
By Basis of Eligibility									
Aged, Blind, or Disabled	184,028	188,842	189,623	217,404	225,962	229,405	223,485	3.3%	25.9%
Children	341,545	383,146	416,054	434,612	418,115	426,282	428,507	3.9%	49.7%
Foster Care Children	6,523	7,136	7,793	8,507	9,374	10,313	11,047	9.2%	1.3%
Adults	138,489	163,766	176,504	182,960	181,919	184,562	180,769	4.5%	21.0%
Basis of Eligibility Unknown	14,519	17,907	19,162	17,733	21,345	19,348	18,030	3.7%	2.1%
Total*	685,104	760,797	809,136	861,216	856,715	869,910	861,838	3.9%	100.0%
By Age									
Under Age 1	29,086	30,098	29,653	28,867	30,194	32,910	34,620	2.9%	4.0%
Age 1 to 5	116,757	129,096	140,810	146,037	141,049	144,721	145,210	3.7%	16.8%
Age 6 to 14	165,970	187,277	202,065	211,150	200,367	200,158	199,298	3.1%	23.1%
Age 15 to 20	84,331	93,619	101,165	108,848	109,191	113,010	113,852	5.1%	13.2%
Age 21 to 44	145,897	167,242	178,252	183,822	182,011	184,666	181,033	3.7%	21.0%
Age 45 to 64	53,060	58,829	62,537	65,510	68,140	71,536	72,754	5.4%	8.4%
Age 65 to 74	29,340	30,166	29,833	38,975	40,942	40,482	37,678	4.3%	4.4%
Age 75 to 84	28,419	28,803	28,267	39,059	41,122	40,503	37,702	4.8%	4.4%
Age 85 and Over	17,728	17,746	17,397	21,347	22,354	22,811	22,259	3.9%	2.6%
Age Unknown	14,516	17,921	19,157	17,601	21,345	19,113	17,432	3.1%	2.0%
Total*	685,104	760,797	809,136	861,216	856,715	869,910	861,838	3.9%	100.0%
By Race									
White	262,209	290,688	314,936	336,470	339,429	348,007	345,250	4.7%	40.1%
Black	372,453	414,733	426,833	433,847	420,090	421,951	414,875	1.8%	48.1%
Hispanic, American Indian or Asian	7,849	8,559	13,721	20,085	24,804	30,763	35,882	28.8%	4.2%
Other/Unknown	42,593	46,817	53,646	70,814	72,392	69,189	65,831	7.5%	7.6%
Total*	685,104	760,797	809,136	861,216	856,715	869,910	861,838	3.9%	100.0%
By Sex									
Female	422,242	469,645	492,084	526,126	522,242	531,393	525,618	3.7%	61.0%
Male	248,225	275,420	297,730	317,359	313,046	319,356	318,777	4.3%	37.0%
Unknown	14,637	15,732	19,322	17,731	21,427	19,161	17,443	3.0%	2.0%
Total*	685,104	760,797	809,136	861,216	856,715	869,910	861,838	3.9%	100.0%

Source: MSIS data for FFY 00-06.

SOUTHERN REGION MEDICAID PROFILE

PAYMENTS BY OTHER CHARACTERISTICS

	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05	FFY 06	Annual Change	Share of Total FFY 06
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	\$923,581,109	\$1,057,516,672	\$1,160,807,506	\$1,261,409,930	\$1,315,085,074	\$1,395,882,923	\$1,326,938,982	6.2%	33.1%
Poverty Related Eligibles	\$596,044,085	\$654,849,603	\$706,337,963	\$842,263,025	\$879,868,060	\$948,268,797	\$873,694,247	6.6%	21.8%
Medically Needy	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a	0.0%
Other Eligibles	\$718,108,307	\$776,823,075	\$829,400,518	\$848,514,748	\$891,393,207	\$994,502,247	\$954,587,295	4.9%	23.8%
Maintenance Assistance Status Unknown	\$434,412,029	\$607,664,178	\$686,404,517	\$689,527,246	\$928,348,923	\$909,163,538	\$857,588,488	12.0%	21.4%
Total	\$2,672,145,530	\$3,096,853,528	\$3,382,950,504	\$3,641,714,949	\$4,014,695,264	\$4,247,817,505	\$4,012,809,012	7.0%	100.0%
By Basis of Eligibility									
Aged, Blind or Disabled	\$1,555,748,570	\$1,666,366,711	\$1,738,978,228	\$1,894,876,081	\$1,993,439,679	\$2,146,893,610	\$1,934,832,418	3.7%	48.2%
Children	\$423,251,932	\$510,809,246	\$574,644,858	\$627,484,689	\$636,058,585	\$692,939,375	\$696,721,281	8.7%	17.4%
Foster Care Children	\$53,323,601	\$61,705,826	\$73,399,624	\$76,391,721	\$86,782,205	\$98,589,425	\$106,558,898	12.2%	2.7%
Adults	\$205,409,398	\$250,307,567	\$308,733,801	\$351,583,405	\$370,065,872	\$397,776,655	\$406,616,908	12.1%	10.1%
Basis of Eligibility Unknown	\$434,412,029	\$607,664,178	\$687,193,993	\$691,379,053	\$928,348,923	\$911,618,440	\$868,079,507	12.2%	21.6%
Total	\$2,672,145,530	\$3,096,853,528	\$3,382,950,504	\$3,641,714,949	\$4,014,695,264	\$4,247,817,505	\$4,012,809,012	7.0%	100.0%
By Age									
Under Age 1	\$94,434,546	\$102,536,801	\$104,672,077	\$111,940,821	\$117,964,214	\$137,192,048	\$146,025,111	7.5%	3.6%
Age 1 to 5	\$156,235,953	\$183,407,248	\$205,429,387	\$221,807,674	\$232,279,860	\$255,367,570	\$253,621,916	8.4%	6.3%
Age 6 to 14	\$217,798,359	\$267,987,946	\$305,908,581	\$337,774,810	\$345,166,030	\$372,175,008	\$379,972,323	9.7%	9.5%
Age 15 to 20	\$190,801,369	\$221,974,123	\$252,103,734	\$280,088,263	\$292,895,962	\$318,793,054	\$326,527,142	9.4%	8.1%
Age 21 to 44	\$512,420,215	\$566,690,322	\$640,243,181	\$702,018,014	\$721,995,093	\$757,288,384	\$723,652,748	5.9%	18.0%
Age 45 to 64	\$455,039,643	\$508,665,152	\$565,268,993	\$624,222,208	\$667,061,503	730,745,306	691,407,921	7.2%	17.2%
Age 65 to 74	\$178,202,298	\$190,165,279	\$185,970,687	\$208,957,325	\$222,217,729	239,440,576	173,182,283	-0.5%	4.3%
Age 75 to 84	\$224,699,561	\$235,321,451	\$225,901,970	\$247,624,993	\$260,601,343	276,782,162	222,026,322	-0.2%	5.5%
Age 85 and Over	\$208,059,651	\$212,410,712	\$211,040,614	\$217,752,927	\$226,164,607	250,869,859	238,804,758	2.3%	6.0%
Age Unknown	\$434,453,935	\$607,694,494	\$686,411,280	\$689,527,914	\$928,348,923	909,163,538	857,588,488	12.0%	21.4%
Total	\$2,672,145,530	\$3,096,853,528	\$3,382,950,504	\$3,641,714,949	\$4,014,695,264	\$4,247,817,505	\$4,012,809,012	7.0%	100.0%
By Race									
White	\$1,080,036,909	\$1,260,968,411	\$1,264,431,835	\$1,373,776,503	\$1,435,128,810	\$1,542,351,357	\$1,448,013,307	5.0%	36.1%
Black	\$1,041,245,496	\$1,217,091,514	\$1,220,407,972	\$1,311,856,557	\$1,359,296,949	\$1,463,845,822	\$1,381,041,940	4.8%	34.4%
Hispanic, American Indian or Asian	\$11,179,398	\$12,746,174	\$21,874,349	\$39,316,024	\$50,045,667	\$65,172,730	\$75,121,497	37.4%	1.9%
Other/Unknown	\$539,683,727	\$606,047,429	\$876,236,348	\$916,765,865	\$1,170,223,838	\$1,176,447,596	\$1,108,632,268	12.7%	27.6%
Total*	\$2,672,145,530	\$3,096,853,528	\$3,382,950,504	\$3,641,714,949	\$4,014,695,264	\$4,247,817,505	\$4,012,809,012	7.0%	100.0%
By Sex									
Female	\$1,395,515,420	\$1,629,577,454	\$1,609,416,417	\$1,763,020,832	\$1,846,398,859	\$1,996,777,619	\$1,870,180,404	5.0%	46.6%
Male	\$934,681,893	\$1,087,089,084	\$1,086,981,830	\$1,189,034,835	\$1,239,839,164	\$1,341,805,923	\$1,285,018,472	5.4%	32.0%
Unknown	\$341,948,216	\$380,186,990	\$686,552,257	\$689,659,282	\$928,457,241	\$909,233,963	\$857,610,136	16.6%	21.4%
Total*	\$2,672,145,530	\$3,096,853,528	\$3,382,950,504	\$3,641,714,949	\$4,014,695,264	\$4,247,817,505	\$4,012,809,012	7.0%	100.0%

Source: MSIS data for FFY 00-06.

SOUTHERN REGION MEDICAID PROFILE

AVERAGE PAYMENT PER RECIPIENT BY OTHER CHARACTERISTICS

	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05	FFY 06	Annual Change	Above (+) or Below (-) SL C Avg. FFY 06
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	\$4,910.81	\$4,306.64	\$4,368.36	\$4,722.24	\$4,887.79	\$5,157.90	\$4,981.28	0.2%	-13.1%
Poverty Related Eligibles	\$1,881.76	\$2,033.66	\$2,041.57	\$2,186.25	\$2,316.05	\$2,449.32	\$2,214.23	2.7%	11.5%
Medically Needy	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	n/a	-100.0%
Other Eligibles	\$4,332.09	\$4,430.66	\$4,652.63	\$4,436.89	\$4,781.79	\$5,152.57	\$5,203.81	3.1%	-26.5%
Maintenance Assistance Status Unknown	\$29,920.24	\$33,934.45	\$35,819.26	\$39,177.68	\$43,492.57	\$47,567.81	\$49,196.22	8.6%	1546.6%
Total	\$3,900.35	\$4,070.54	\$4,180.94	\$4,228.57	\$4,686.15	\$4,883.05	\$4,656.11	3.0%	12.2%
By Basis of Eligibility									
Aged, Blind or Disabled	\$8,453.87	\$8,824.13	\$9,170.71	\$8,715.92	\$8,822.01	\$9,358.53	\$8,657.55	0.4%	-20.8%
Children	\$1,239.23	\$1,333.20	\$1,381.18	\$1,443.78	\$1,521.25	\$1,625.54	\$1,625.93	4.6%	3.4%
Foster Care Children	\$8,174.71	\$8,647.12	\$9,418.66	\$8,979.87	\$9,257.76	\$9,559.72	\$9,645.96	2.8%	36.9%
Adults	\$1,483.22	\$1,528.45	\$1,749.16	\$1,921.64	\$2,034.23	\$2,155.25	\$2,249.37	7.2%	-20.4%
Basis of Eligibility Unknown	\$29,920.24	\$33,934.45	\$35,862.33	\$38,988.27	\$43,492.57	\$47,116.93	\$48,146.40	8.3%	1466.5%
Total	\$3,900.35	\$4,070.54	\$4,180.94	\$4,228.57	\$4,686.15	\$4,883.05	\$4,656.11	3.0%	12.2%
By Age									
Under Age 1	\$3,246.74	\$3,406.76	\$3,529.90	\$3,877.81	\$3,906.88	\$4,168.70	\$4,217.94	4.5%	6.7%
Age 1 to 5	\$1,338.13	\$1,420.70	\$1,458.91	\$1,518.85	\$1,646.80	\$1,764.55	\$1,746.59	4.5%	-7.9%
Age 6 to 14	\$1,312.28	\$1,430.97	\$1,513.91	\$1,599.69	\$1,722.67	\$1,859.41	\$1,906.55	6.4%	3.9%
Age 15 to 20	\$2,262.53	\$2,371.04	\$2,492.01	\$2,573.21	\$2,682.42	\$2,820.93	\$2,868.00	4.0%	-0.4%
Age 21 to 44	\$3,512.21	\$3,388.45	\$3,591.79	\$3,819.01	\$3,966.77	\$4,100.85	\$3,997.35	2.2%	-21.9%
Age 45 to 64	\$8,575.95	\$8,646.50	\$9,038.95	\$9,528.66	\$9,789.57	\$10,215.07	\$9,503.37	1.7%	-8.4%
Age 65 to 74	\$6,073.70	\$6,303.96	\$6,233.72	\$5,361.32	\$5,427.62	\$5,914.74	\$4,596.38	-4.5%	-31.7%
Age 75 to 84	\$7,906.67	\$8,170.03	\$7,991.72	\$6,339.77	\$6,337.27	\$6,833.62	\$5,888.98	-4.8%	-43.0%
Age 85 and Over	\$11,736.22	\$11,969.50	\$12,130.86	\$10,200.63	\$10,117.41	\$10,997.76	\$10,728.46	-1.5%	-37.0%
Age Unknown	\$29,929.31	\$33,909.63	\$35,830.83	\$39,175.50	\$43,492.57	\$47,567.81	\$49,196.22	8.6%	1546.7%
Total	\$3,900.35	\$4,070.54	\$4,180.94	\$4,228.57	\$4,686.15	\$4,883.05	\$4,656.11	3.0%	12.2%
By Race									
White	\$4,118.99	\$4,337.88	\$4,014.89	\$4,082.91	\$4,228.07	\$4,431.95	\$4,194.10	0.3%	-17.7%
Black	\$2,795.64	\$2,934.64	\$2,859.22	\$3,023.78	\$3,235.73	\$3,469.23	\$3,328.81	3.0%	-9.9%
Hispanic, American Indian or Asian	\$1,424.31	\$1,489.21	\$1,594.22	\$1,957.48	\$2,017.65	\$2,118.54	\$2,093.57	6.6%	-24.9%
Other/Unknown	\$12,670.71	\$12,945.03	\$16,333.68	\$12,946.11	\$16,165.10	\$17,003.39	\$16,840.58	4.9%	314.7%
Total	\$3,900.35	\$4,070.54	\$4,180.94	\$4,228.57	\$4,686.15	\$4,883.05	\$4,656.11	3.0%	12.2%
By Sex									
Female	\$3,305.01	\$3,469.81	\$3,270.61	\$3,350.95	\$3,535.52	\$3,757.63	\$3,558.06	1.2%	-17.1%
Male	\$3,765.46	\$3,947.02	\$3,650.90	\$3,746.66	\$3,960.57	\$4,201.60	\$4,031.09	1.1%	-3.1%
Unknown	\$23,361.91	\$24,166.48	\$35,532.15	\$38,895.68	\$43,331.18	\$47,452.32	\$49,166.44	13.2%	1552.1%
Total	\$3,900.35	\$4,070.54	\$4,180.94	\$4,228.57	\$4,686.15	\$4,883.05	\$4,656.11	3.0%	12.2%

Source: MSIS data for FFY 00-06.

SOUTHERN REGION MEDICAID PROFILE

ADDITIONAL STATE HEALTH CARE INFORMATION

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

Waivers

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

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

- Mental Retardation and Related Conditions: Operating since October 1, 1991.
- Head and Spinal Cord Injury: Operating since April 1, 1995.
- Mechanical Ventilator Dependent Waiver: Individuals age 21 and over dependent on Mechanical Ventilation: Operating since December 1, 1994.

Family Planning Waiver Expansion: The South Carolina Department of Health and Human Services submitted to HCFA an expansion proposal which would revise the existing waiver to include all women at or below 185% of the federal poverty level. These individuals would be eligible for family planning services without the requirement of having a Medicaid reimbursed pregnancy. Serves 59,800 people, operating since June 1, 1997.

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

Managed Care

- Medicaid-only Managed Care Organization (MCO)
- Primary Care Case Management (PCCM)
- Prepaid Ambulatory Health Plan (PAHP)

The South Carolina Medicaid Managed Care Program offers eligibles a choice of two voluntary managed care delivery systems: (1) The Physician Enhanced Program (PEP); and (2) The HMO Program.

Coverage for Targeted Population

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

SOUTHERN REGION MEDICAID PROFILE

Cost Containment Measures

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

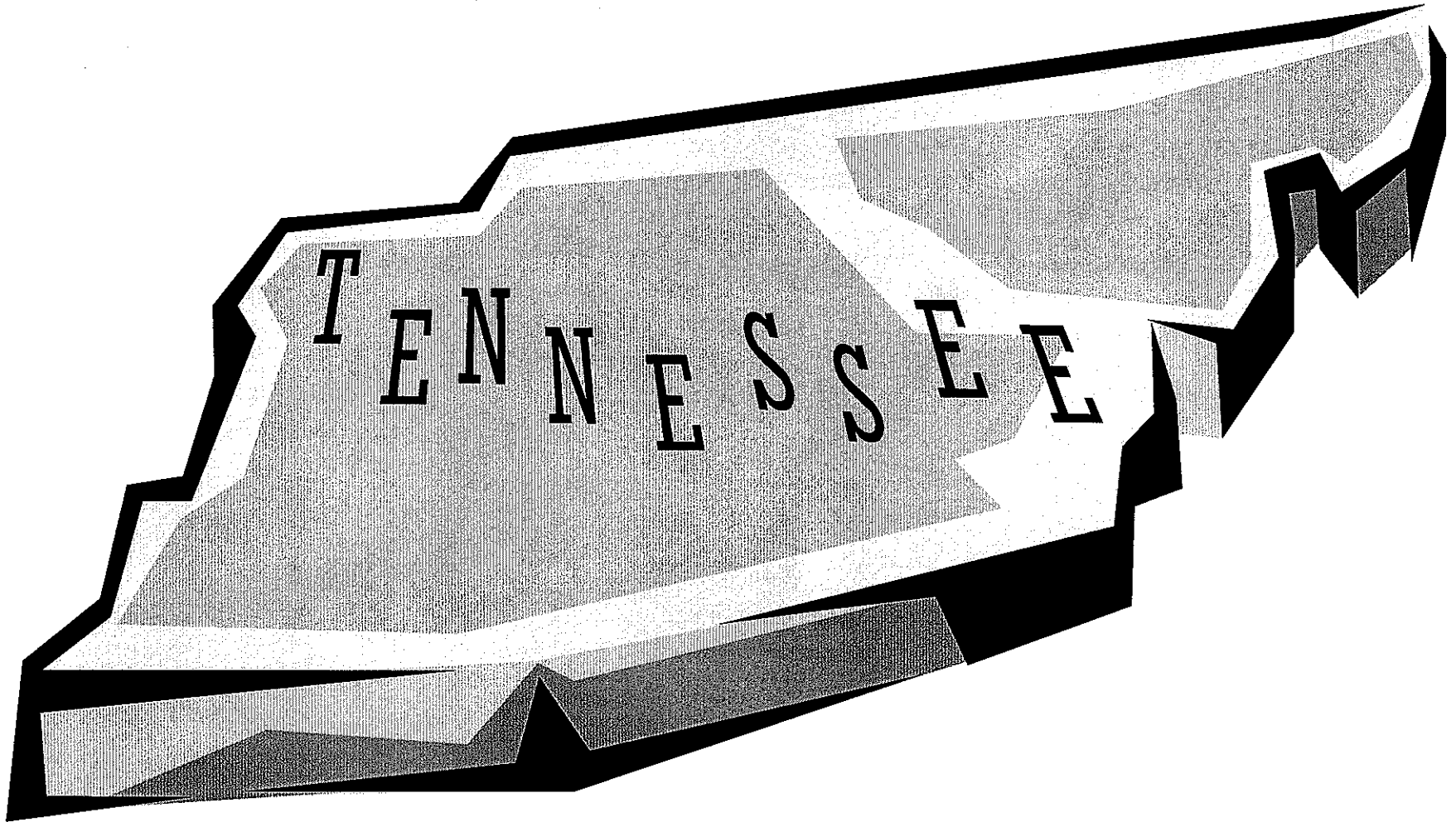
Medicaid

- 19 optional services are offered.

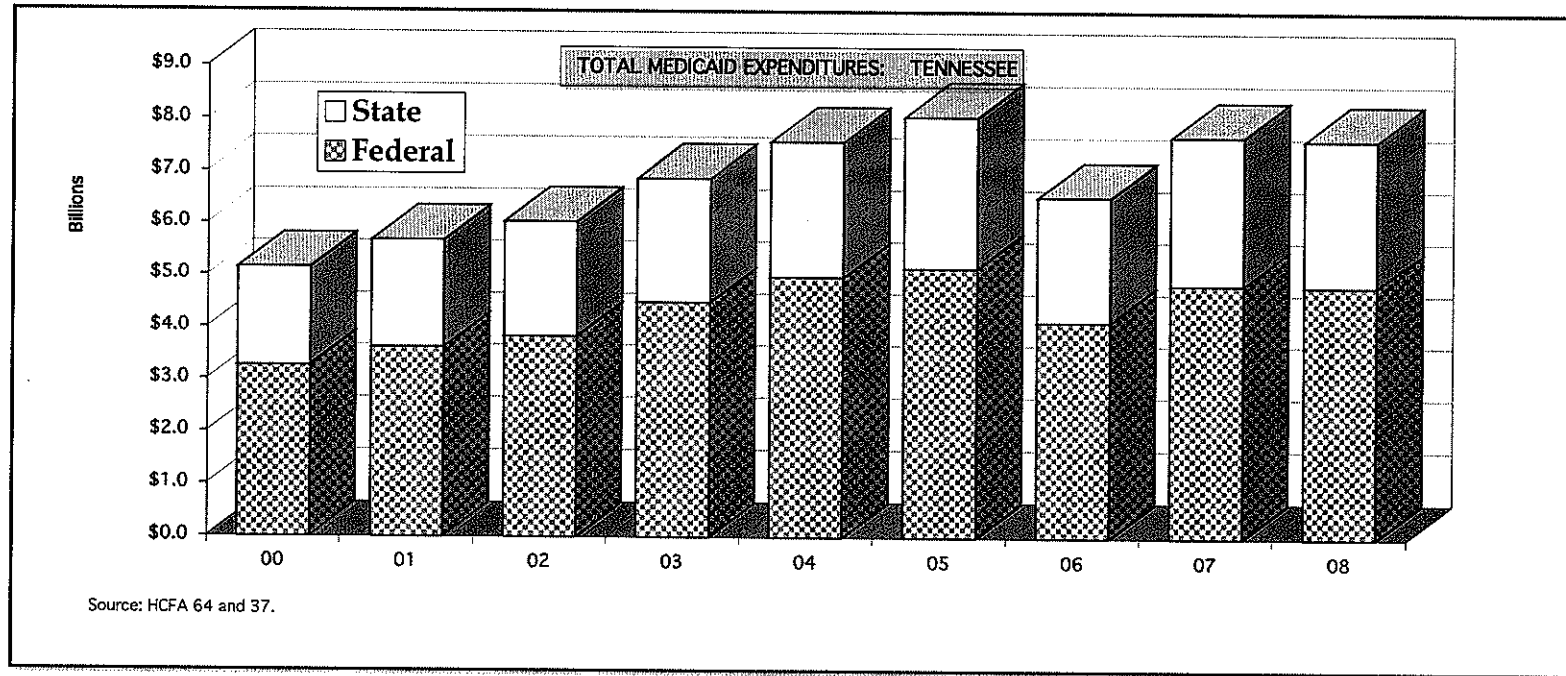
Children's Health Insurance Program: Medicaid Expansion

- 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.
- The Healthy Connections Kids program provides insurance coverage to uninsured children (under age 1, with income between 185% and 200%, and age 1 to 18, with incomes above 150% up to 200% of the fpl). Health insurance benefits are modeled after the health plan provided to South Carolina State employees.

STATE MEDICAID PROFILE



SOUTHERN REGION MEDICAID PROFILE



State profile revised to reflect MSIS statistical data as reported by CMS for federal fiscal years 00 through 05.

	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05	FFY 06	FFY 07*	FFY 08**	Annual Rate of Change	Total Change 00-08
Medicaid Payments	\$4,993,964,836	\$5,519,373,714	\$5,791,956,207	\$6,357,163,063	\$7,029,807,190	\$7,557,403,733	\$6,013,805,836	\$7,198,672,000	\$7,161,712,000	4.6%	43.4%
Federal Share	\$3,161,527,392	\$3,528,514,477	\$3,692,883,112	\$4,211,212,123	\$4,699,732,707	\$4,902,146,888	\$3,859,123,610	\$4,581,954,000	\$4,562,726,000	4.7%	44.3%
State Share	\$1,832,437,444	\$1,990,859,237	\$2,099,073,095	\$2,145,950,940	\$2,330,074,483	\$2,655,256,845	\$2,154,682,226	\$2,616,718,000	\$2,598,986,000	4.5%	41.8%
Administrative Costs	\$163,074,995	\$164,842,053	\$245,058,264	\$523,444,783	\$545,895,059	\$501,249,768	\$517,463,305	\$490,300,000	\$463,946,000	14.0%	184.5%
Federal Share	\$96,478,650	\$88,991,229	\$129,957,668	\$272,102,238	\$286,021,444	\$251,872,151	\$261,385,891	\$258,026,000	\$251,154,000	12.7%	160.3%
State Share	\$66,596,345	\$75,850,824	\$115,100,596	\$251,342,545	\$259,873,615	\$249,377,617	\$256,077,414	\$232,274,000	\$212,792,000	15.6%	219.5%
Admin. Costs as % of Payments	3.27%	2.99%	4.23%	8.23%	7.77%	6.63%	8.60%	6.81%	6.48%		
Federal Match Rate*	63.10%	63.79%	63.64%	64.59%	64.40%	64.81%	63.99%	63.65%	63.71%		

*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 07 and 08 reflect latest estimates reported by each state (CMS 37).

SOUTHERN REGION MEDICAID PROFILE

STATE FINANCING

	Payments ***		Administration	
	FFY 00	FFY 06	FFY 00	FFY 06
State General Fund	\$1,832,437,444	\$2,154,682,226	\$66,596,345	\$256,077,414
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	\$1,832,437,444	\$2,154,682,226	\$66,596,345	\$256,077,414

***Note: State financing in FY 06 reflects state general fund support only, as other revenue source amounts that support Medicaid spending are unknown at the time this report is generated.

DISPROPORTIONATE SHARE HOSPITAL (DSH) PAYMENTS

	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05	FFY 06	FFY 07*	FFY 08**	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

Provider Taxes Currently in Place (FFY 06)

	Tax Rate	Amount
Nursing homes	\$2,225 per licensed bed per year (effec. 2003-2008)	\$0
ICF/MR facilities	unknown	\$0
Managed Care Org's	unknown	\$0
		\$0
Total		\$0

*Total amount generated from provider taxes for FY 06 is unknown.

SELECTED ELIGIBILITY CRITERIA

	2006	% of FPL*
TANF-Temporary Assistance for Needy Families (Family of 3)		
Need Standard	\$993	71.8%
Payment Standard	\$180	13.0%
Maximum Payment	\$185	13.4%
Medically Needy Program (Family of 3)		
Income Eligibility Standard	\$317	
Resource Standard	\$3,000	
Pregnant Women, Children and Infants (% of FPL* for Family of 3))		
Pregnant women and infants		185.0%
Children to age 6		133.0%
Children 6 to 19		100.0%
SSI Eligibility Levels		
Income:		
Single Person	\$603	73.8%
Couple	\$904	82.2%
Resources:		
Single Person	\$2,000	
Couple	\$3,000	

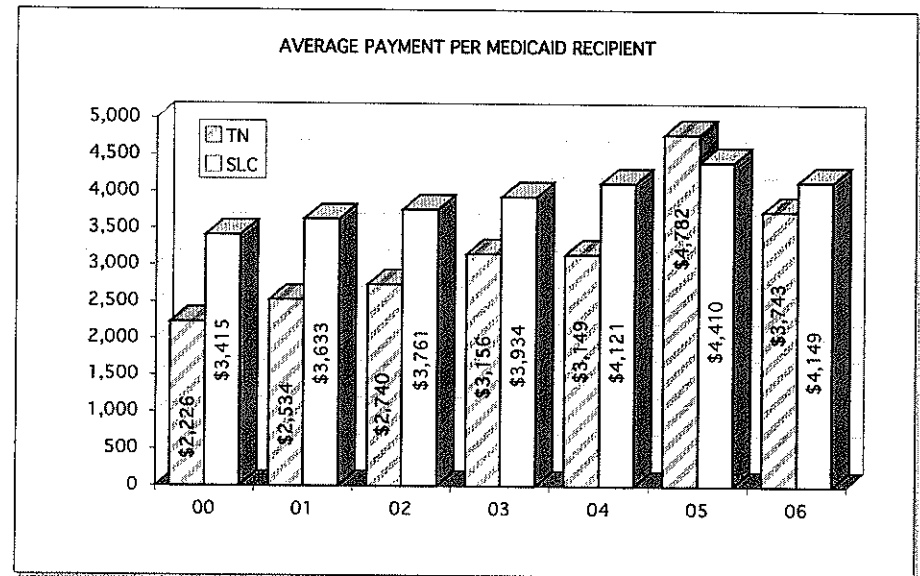
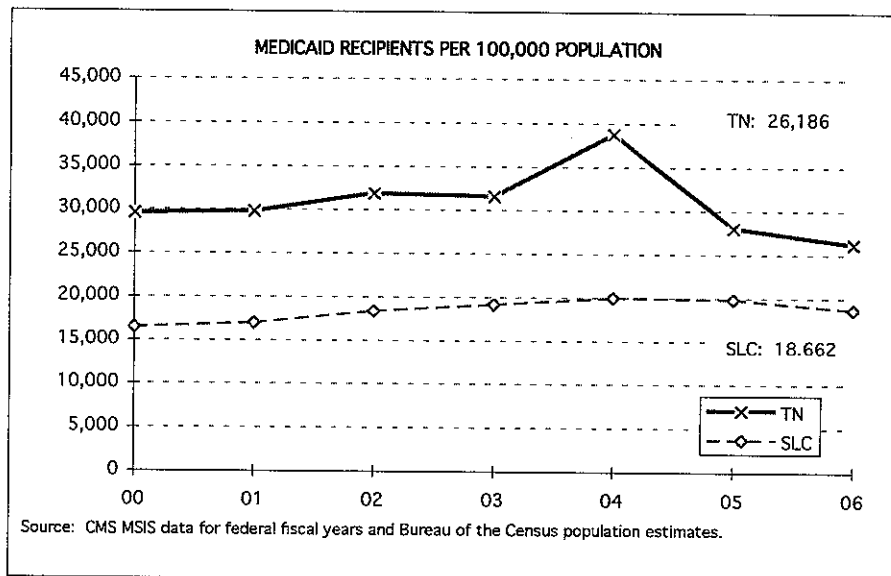
DEMOGRAPHIC DATA & POVERTY INDICATORS (2006)

		Rank in U.S.
State population—December 21, 2007*	6,074,913	17
Per capita personal income**	\$32,305	35
Median household income**	\$40,676	42
Population below Federal Poverty Level*	923,387	
Percent of total state population	15.2%	8
Population without health insurance coverage*	809,000	16
Percent of total state population	13.3%	
Recipients of Food Stamps***	870,416	10
Households receiving Food Stamps***	389,520	
Total value of issuance***	\$976,012,959	11
Average monthly benefit per recipient	\$93.44	16
Average monthly benefit per household	\$208.81	
Monthly recipients of Temporary Assistance to Needy Families (TANF)****	175,285	5
Total TANF payments****	\$76,185,608	18
Average monthly payment per recipient	\$36.22	
Maximum monthly payment per family of 3	\$185.00	48

*Current (2006) federal poverty level is \$9,800 per year for a single person, \$13,200 for a family of two and \$16,600 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 00</u>	<u>FFY 01</u>	<u>FFY 02</u>	<u>FFY 03</u>	<u>FFY 04</u>	<u>FFY 05</u>	<u>FFY 06</u>	<u>Annual Change</u>
01. General Hospital	47,803	47,803	70,649	137,938	149,428	65,784	108,095	14.6%
02. Mental Hospital	379	379	2,249	5,348	6,225	2,500	3,237	43.0%
03. Skilled and Intermediate (non-MR) Care Nursing	51,928	51,928	37,954	37,032	45,129	34,744	33,836	-6.9%
04. Intermediate Care for Mentally Retarded	1,689	1,689	1,529	1,590	1,772	1,356	1,340	-3.8%
05. Physician Services	205,513	205,513	950,918	1,145,932	1,502,861	1,009,024	864,424	27.1%
06. Dental Services	400	400	131,899	249,521	264,706	285,644	279,647	197.9%
07. Other Practitioners	52,672	52,672	81,693	126,547	279,630	278,307	290,735	32.9%
08. Outpatient Hospital	110,361	110,361	391,827	533,956	696,022	377,959	572,343	31.6%
09. Clinic Services	18,543	18,543	69,361	91,596	246,755	212,767	189,936	47.4%
10. Lab and X-Ray	111,650	111,650	390,011	548,900	951,684	797,062	690,539	35.5%
11. Home Health	351	351	5,102	8,359	21,031	22,382	25,110	103.7%
12. Prescribed Drugs	890,000	890,000	916,968	852,307	1,617,417	1,201,771	1,016,796	2.2%
13. Family Planning	351	351	5	18	7,548	13,799	11,242	78.2%
14. Early & Periodic Screening, Diagnosis & Treatment	0	0	0	0	0	0	0	n/a
15. Other Care	80,554	80,554	266,227	355,936	395,003	212,951	171,232	13.4%
16. Personal Care Support Services	0	0	13,044	19,275	131,134	86,575	161,505	87.6%
17. Home/Community Based Waiver Services	6,100	6,100	0	0	0	0	0	-100.0%
18. Prepaid Health Care	1,352,855	1,352,855	1,687,571	1,634,125	2,157,894	1,591,056	1,574,403	2.6%
19. Primary Care Case Management (PCCM) Services	0	0	0	0	0	0	0	n/a
Total*	1,568,318	1,602,027	1,732,381	1,729,589	2,205,488	1,609,782	1,590,807	0.2%

*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 00</u>	<u>FFY 01</u>	<u>FFY 02</u>	<u>FFY 03</u>	<u>FFY 04</u>	<u>FFY 05</u>	<u>FFY 06</u>	<u>Annual</u> <u>Change</u>	<u>Share of Total</u> <u>FFY 06</u>
01. General Hospital	\$348,677,006	\$454,987,177	\$194,193,842	\$437,895,269	\$586,525,457	\$388,456,595	\$576,396,644	8.7%	9.7%
02. Mental Hospital	\$647,437	\$21,769,187	\$10,295,186	\$13,196,910	\$29,036,171	\$18,547,871	\$21,404,204	79.2%	0.4%
03. Skilled and Intermediate (non-MR) Care Nursing	\$661,337,949	\$705,391,029	\$702,819,530	\$741,492,076	\$827,155,826	\$958,294,005	\$944,753,449	6.1%	15.9%
04. Intermediate Care for Mentally Retarded	\$216,098,144	\$208,463,437	\$237,844,313	\$214,037,612	\$145,047,534	\$264,237,869	\$323,975,360	7.0%	5.4%
05. Physician Services	\$127,497,595	\$144,940,411	\$435,059,614	\$754,584,648	\$974,874,987	\$1,281,698,440	\$570,758,270	28.4%	9.6%
06. Dental Services	\$21,284	\$23,656	\$28,660,471	\$101,851,789	\$130,447,614	\$145,171,181	\$135,543,604	330.5%	2.3%
07. Other Practitioners	\$8,333,854	\$9,674,941	\$11,580,358	\$15,566,927	\$100,180,951	\$353,763,088	\$226,043,774	73.3%	3.8%
08. Outpatient Hospital	\$13,662,007	\$15,943,430	\$182,739,332	\$369,401,816	\$446,316,726	\$283,532,176	\$434,179,128	78.0%	7.3%
09. Clinic Services	\$2,793,119	\$6,346,412	\$5,370,258	\$6,643,693	\$89,342,599	\$164,348,946	\$97,667,048	80.8%	1.6%
10. Lab and X-Ray	\$2,402,437	\$2,508,205	\$35,509,587	\$74,735,062	\$128,287,383	\$182,510,831	\$141,712,998	97.3%	2.4%
11. Home Health	\$4,604,678	\$4,811,705	\$11,471,581	\$19,815,921	\$147,802,937	\$489,899,300	\$581,751,577	124.0%	9.8%
12. Prescribed Drugs	\$273,537,047	\$680,583,468	\$573,588,021	\$1,772,766,619	\$2,337,847,829	\$2,286,677,371	\$805,295,944	19.7%	13.5%
13. Family Planning	\$0	\$0	\$653	\$1,242	\$10,518,259	\$19,658,174	\$14,719,052	1125.3%	0.2%
14. Early & Periodic Screening, Diagnosis & Treatment	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a	0.0%
15. Other Care	\$105,070,890	\$226,803,335	\$320,774,534	\$390,087,275	\$361,360,963	\$162,792,334	\$134,644,042	4.2%	2.3%
16. Personal Care Support Services	\$191,690	\$527,049	\$6,497,696	\$15,477,428	\$48,648,013	\$59,295,021	\$76,922,918	171.6%	1.3%
17. Home/Community Based Waiver Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a	0.0%
18. Prepaid Health Care	\$1,726,081,444	\$1,576,558,611	\$1,991,144,922	\$531,739,476	\$581,579,509	\$639,266,034	\$868,913,868	-10.8%	14.6%
19. Primary Case Management (PCCM) Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a	0.0%
Total (excludes DSH pymts, pharmacy rebates, & other adjs.)	\$3,490,956,581	\$4,059,332,053	\$4,747,549,898	\$5,459,293,763	\$6,944,972,758	\$7,698,149,236	\$5,954,681,880	9.3%	100.0%

AVERAGE PAYMENTS PER RECIPIENT BY TYPE OF SERVICES

									(+) or (-) SLC Avg. FFY 06
01. General Hospital	\$7,294.04	\$9,517.96	\$2,748.71	\$3,174.58	\$3,925.14	\$5,905.03	\$5,332.32	-5.1%	-0.7%
02. Mental Hospital	\$1,708.28	\$57,438.49	\$4,577.67	\$2,467.63	\$4,664.45	\$7,419.15	\$6,612.36	25.3%	-63.1%
03. Skilled and Intermediate (non-MR) Care Nursing	\$12,735.67	\$13,584.02	\$18,517.67	\$20,023.01	\$18,328.70	\$27,581.57	\$27,921.55	14.0%	15.9%
04. Intermediate Care for Mentally Retarded	\$127,944.43	\$123,424.18	\$155,555.47	\$134,614.85	\$81,855.27	\$194,865.69	\$241,772.66	11.2%	175.8%
05. Physician Services	\$620.39	\$705.26	\$457.52	\$658.49	\$648.68	\$1,270.24	\$660.28	1.0%	19.5%
06. Dental Services	\$53.21	\$59.14	\$217.29	\$408.19	\$492.80	\$508.22	\$484.70	44.5%	33.4%
07. Other Practitioners	\$158.22	\$183.68	\$141.75	\$123.01	\$358.26	\$1,271.13	\$777.49	30.4%	234.1%
08. Outpatient Hospital	\$123.79	\$144.47	\$466.38	\$691.82	\$641.24	\$750.17	\$758.60	35.3%	21.6%
09. Clinic Services	\$150.63	\$342.25	\$77.42	\$72.53	\$362.07	\$772.44	\$514.21	22.7%	-26.7%
10. Lab and X-Ray	\$21.52	\$22.46	\$91.05	\$136.15	\$134.80	\$228.98	\$205.22	45.6%	-4.8%
11. Home Health	\$13,118.74	\$13,708.56	\$2,248.45	\$2,370.61	\$7,027.86	\$21,888.09	\$23,168.12	9.9%	472.4%
12. Prescribed Drugs	\$307.34	\$764.70	\$625.53	\$2,079.96	\$1,445.42	\$1,902.76	\$791.99	17.1%	-18.1%
13. Family Planning	\$0.00	\$0.00	\$130.60	\$69.00	\$1,393.52	\$1,424.61	\$1,309.29	77.9%	9.7%
14. Early & Periodic Screening, Diagnosis & Treatment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	n/a	n/a
15. Other Care	\$1,304.35	\$2,815.54	\$1,204.89	\$1,095.95	\$914.83	\$764.46	\$786.33	-8.1%	-57.7%
16. Personal Care Support Services	\$0.00	\$0.00	\$498.14	\$802.98	\$370.98	\$684.90	\$476.29	-1.1%	-74.7%
17. Home/Community Based Waiver Services	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	n/a	n/a
18. Prepaid Health Care	\$1,275.88	\$1,165.36	\$1,179.89	\$325.40	\$269.51	\$401.79	\$551.90	-13.0%	-51.4%
19. Primary Care Case Management (PCCM) Services	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	n/a	-100.0%
Total (Average)	\$2,225.92	\$2,533.87	\$2,740.48	\$3,156.41	\$3,148.95	\$4,782.11	\$3,743.18	9.0%	-9.8%

TOTAL PER CAPITA EXPENDITURES	\$971.67	\$1,058.18	\$1,111.66	\$1,254.78	\$1,331.57	\$1,403.94	\$1,075.12	1.7%	21.8%
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Source: MSIS data for FFY 00-06.

SOUTHERN REGION MEDICAID PROFILE

DATA BY OTHER CHARACTERISTICS

RECIPIENTS BY OTHER CHARACTERISTICS

	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05	FFY 06	Annual Change	Share of Total FFY 06
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	415,106	437,646	478,675	537,217	842,351	658,794	689,499	8.8%	43.3%
Poverty Related Eligibles	798,341	811,828	243,007	258,158	302,059	274,954	318,955	-14.2%	20.0%
Medically Needy	107,099	105,120	116,637	204,234	268,662	168,656	110,449	0.5%	6.9%
Other Eligibles	182,861	219,360	835,754	619,475	716,189	455,562	334,954	10.6%	21.1%
Maintenance Assistance Status Unknown	64,911	28,073	58,308	110,505	76,227	51,816	136,950	13.3%	8.6%
Total	1,568,318	1,602,027	1,732,381	1,729,589	2,205,488	1,609,782	1,590,807	0.2%	100.0%
By Basis of Eligibility									
Aged, Blind, or Disabled	402,202	408,179	430,553	415,076	691,540	452,302	425,643	9.7%	26.8%
Children	636,781	667,829	723,890	692,450	769,751	674,450	701,878	-44.9%	44.1%
Foster Care Children	12,498	12,579	11,368	15,369	19,344	17,775	17,899	70.4%	1.1%
Adults	451,926	485,367	531,554	496,186	647,956	411,765	305,652	-17.8%	19.2%
Basis of Eligibility Unknown	64,911	28,073	35,016	110,508	76,897	53,490	139,735	70.4%	8.8%
Total	1,568,318	1,602,027	1,732,381	1,729,589	2,205,488	1,609,782	1,590,807	-100.0%	100.0%
By Age									
Under Age 1	32,460	33,812	34,308	34,563	36,901	37,582	38,485	45.9%	2.4%
Age 1 to 5	195,053	202,304	213,237	211,592	245,389	212,793	222,760	-0.8%	14.0%
Age 6 to 14	301,720	316,617	335,549	317,722	354,946	305,113	312,780	3.2%	19.7%
Age 15 to 20	163,104	171,631	183,391	179,763	222,034	179,411	186,345	3.0%	11.7%
Age 21 to 44	423,659	443,946	476,353	445,576	611,015	413,583	364,474	-26.3%	22.9%
Age 45 to 64	240,148	253,768	274,498	268,184	423,812	259,896	194,453	-25.1%	12.2%
Age 65 to 74	74,665	78,939	83,202	86,767	138,381	82,989	68,038	-17.1%	4.3%
Age 75 to 84	44,537	45,240	46,372	47,885	64,626	46,470	42,324	20.6%	2.7%
Age 85 and Over	28,101	27,719	27,182	27,034	32,162	25,256	24,198	96.0%	1.5%
Age Unknown	64,871	28,051	58,289	110,503	76,222	46,689	136,950	-100.0%	8.6%
Total	1,568,318	1,602,027	1,732,381	1,729,589	2,205,488	1,609,782	1,590,807	-100.0%	100.0%
By Race									
White	1,036,087	1,058,265	1,104,503	1,069,293	1,419,031	1,005,968	893,715	-2.4%	56.2%
Black	442,131	451,943	464,842	443,673	560,902	439,824	433,130	-0.3%	27.2%
Hispanic, American Indian or Asian	19,597	20,037	50,220	48,600	65,404	61,847	58,552	20.0%	3.7%
Other/Unknown	70,503	71,782	112,816	168,023	160,151	102,143	205,410	19.5%	12.9%
Total*	1,568,318	1,602,027	1,732,381	1,729,589	2,205,488	1,609,782	1,590,807	0.2%	100.0%
By Sex									
Female	906,219	924,750	960,387	933,886	1,249,793	909,502	851,394	-1.0%	53.5%
Male	662,099	677,277	713,705	685,199	879,470	653,591	602,461	-1.6%	37.9%
Unknown	0	0	58,289	110,504	76,225	46,689	136,952	23.8%	8.6%
Total*	1,568,318	1,602,027	1,732,381	1,729,589	2,205,488	1,609,782	1,590,807	0.2%	100.0%

Source: MSIS data for FFY 00-06.

SOUTHERN REGION MEDICAID PROFILE

PAYMENTS BY OTHER CHARACTERISTICS

By Maintenance Assistance Status	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05	FFY 06	Annual Change	Share of Total FFY 06
Receiving Cash Assistance or Eligible Under Section 1931	\$1,531,196,651	\$1,502,199,446	\$1,797,648,574	\$2,328,432,770	\$3,266,166,282	\$3,952,109,782	\$3,385,516,411	14.1%	56.9%
Poverty Related Eligibles	\$1,431,821,061	\$1,785,669,064	\$781,659,107	\$313,262,419	\$410,263,750	\$601,436,680	\$627,031,161	-12.9%	10.5%
Medically Needy	\$169,347,881	\$172,640,159	\$205,773,920	\$509,826,438	\$660,194,391	\$643,207,000	\$287,878,686	9.2%	4.8%
Other Eligibles	\$343,222,015	\$598,823,384	\$1,949,198,034	\$2,270,147,260	\$2,529,507,821	\$2,446,459,251	\$1,594,694,426	29.2%	26.8%
Maintenance Assistance Status Unknown	\$15,368,973	\$0	\$13,270,263	\$37,624,876	\$78,840,514	\$54,936,523	\$59,561,196	25.3%	1.0%
Total	\$3,490,956,581	\$4,059,332,053	\$4,747,549,898	\$5,459,293,763	\$6,944,972,758	\$7,698,149,236	\$5,954,681,880	9.3%	100.0%
By Basis of Eligibility									
Aged, Blind or Disabled	\$1,664,387,569	\$2,113,343,387	\$2,637,036,147	\$3,239,966,357	\$4,095,307,261	\$4,759,264,213	\$3,719,264,776	14.3%	62.5%
Children	\$758,377,426	\$710,732,689	\$714,704,280	\$729,551,275	\$951,471,275	\$1,090,305,046	\$1,168,157,693	7.5%	19.6%
Foster Care Children	\$77,993,878	\$72,873,756	\$92,344,399	\$112,749,461	\$123,920,913	\$73,213,659	\$77,922,181	0.0%	1.3%
Adults	\$974,828,735	\$1,162,382,221	\$1,290,194,809	\$1,339,391,041	\$1,690,341,791	\$1,702,697,825	\$904,617,343	-1.2%	15.2%
Basis of Eligibility Unknown	\$15,368,973	\$0	\$13,270,263	\$37,635,629	\$83,931,518	\$72,668,493	\$84,719,887	32.9%	1.4%
Total	\$3,490,956,581	\$4,059,332,053	\$4,747,549,898	\$5,459,293,763	\$6,944,972,758	\$7,698,149,236	\$5,954,681,880	9.3%	100.0%
By Age									
Under Age 1	\$38,192,217	\$38,216,039	\$52,485,225	\$66,264,878	\$85,985,719	\$100,934,595	\$117,370,656	20.6%	2.0%
Age 1 to 5	\$221,217,724	\$195,769,464	\$208,501,627	\$250,860,590	\$337,610,882	\$373,333,090	\$399,054,083	10.3%	6.7%
Age 6 to 14	\$397,902,682	\$360,791,541	\$350,454,250	\$367,989,272	\$486,623,272	\$542,609,841	\$581,955,392	6.5%	9.8%
Age 15 to 20	\$438,127,593	\$399,439,472	\$386,414,328	\$360,035,607	\$477,319,899	\$503,303,566	\$540,002,508	3.5%	9.1%
Age 21 to 44	\$1,267,243,826	\$1,256,244,945	\$1,440,318,095	\$1,465,441,787	\$1,932,001,761	\$2,126,628,222	\$1,656,854,571	4.6%	27.8%
Age 45 to 64	\$874,282,371	\$1,023,861,705	\$1,394,324,512	\$1,691,386,390	\$2,184,433,054	\$2,423,659,308	\$1,444,053,321	8.7%	24.3%
Age 65 to 74	\$163,402,124	\$213,957,036	\$282,720,936	\$447,452,865	\$526,096,163	\$573,604,790	\$325,276,618	12.2%	5.5%
Age 75 to 84	\$62,842,730	\$265,122,590	\$300,332,862	\$399,975,673	\$441,803,405	\$521,591,321	\$397,411,223	36.0%	6.7%
Age 85 and Over	\$12,406,917	\$305,929,261	\$318,755,176	\$372,266,675	\$394,260,688	\$480,293,015	\$433,142,312	80.8%	7.3%
Age Unknown	\$15,338,397	\$0	\$13,242,887	\$37,620,026	\$78,837,915	\$52,191,488	\$59,561,196	25.4%	1.0%
Total	\$3,490,956,581	\$4,059,332,053	\$4,747,549,898	\$5,459,293,763	\$6,944,972,758	\$7,698,149,236	\$5,954,681,880	9.3%	100.0%
By Race									
White	\$2,379,721,705	\$2,753,991,672	\$3,421,275,083	\$3,979,573,999	\$4,979,277,117	\$5,510,758,367	\$3,935,763,972	8.7%	66.1%
Black	\$1,053,223,802	\$1,196,334,667	\$1,024,268,757	\$1,060,123,414	\$1,373,567,912	\$1,523,023,909	\$1,386,198,842	4.7%	23.3%
Hispanic, American Indian or Asian	\$50,533,812	\$55,206,195	\$58,734,913	\$59,117,964	\$109,609,676	\$142,678,463	\$120,004,241	15.5%	2.0%
Other/Unknown	\$7,477,262	\$53,799,519	\$243,271,145	\$360,478,386	\$482,518,053	\$521,688,497	\$512,714,825	102.3%	8.6%
Total*	\$3,490,956,581	\$4,059,332,053	\$4,747,549,898	\$5,459,293,763	\$6,944,972,758	\$7,698,149,236	\$5,954,681,880	9.3%	100.0%
By Sex									
Female	\$1,765,144,052	\$2,085,929,055	\$2,895,365,294	\$3,356,141,655	\$4,210,915,777	\$4,656,709,024	\$3,576,238,916	12.5%	60.1%
Male	\$1,333,639,315	\$1,542,091,553	\$1,838,941,717	\$2,065,531,512	\$2,655,205,343	\$2,989,248,724	\$2,318,876,239	9.7%	38.9%
Unknown	\$392,173,214	\$431,311,445	\$13,242,887	\$37,620,596	\$78,851,638	\$52,191,488	\$59,566,725	-27.0%	1.0%
Total*	\$3,490,956,581	\$4,059,332,053	\$4,747,549,898	\$5,459,293,763	\$6,944,972,758	\$7,698,149,236	\$5,954,681,880	9.3%	100.0%

Source: MSIS data for FFY 00-06.

SOUTHERN REGION MEDICAID PROFILE

AVERAGE PAYMENT PER RECIPIENT BY OTHER CHARACTERISTICS

	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05	FFY 06	Annual Change	Above (+) or Below (-) SLC Avg. FFY 06
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	\$3,688.69	\$3,432.45	\$3,755.47	\$4,334.25	\$3,877.44	\$5,999.01	\$4,910.11	4.9%	-14.4%
Poverty Related Eligibles	\$1,793.50	\$2,199.57	\$3,216.61	\$1,213.45	\$1,358.22	\$2,187.41	\$1,965.89	1.5%	-1.0%
Medically Needy	\$1,581.23	\$1,642.32	\$1,764.23	\$2,496.29	\$2,457.34	\$3,813.72	\$2,606.44	8.7%	-67.1%
Other Eligibles	\$1,876.96	\$2,729.87	\$2,332.26	\$3,664.63	\$3,531.90	\$5,370.20	\$4,760.94	16.8%	-32.8%
Maintenance Assistance Status Unknown	\$236.77	\$0.00	\$227.59	\$340.48	\$1,034.29	\$1,060.22	\$434.91	10.7%	-85.4%
Total	\$2,225.92	\$2,533.87	\$2,740.48	\$3,156.41	\$3,148.95	\$4,782.11	\$3,743.18	9.0%	-9.8%
By Basis of Eligibility									
Aged, Blind or Disabled	\$4,138.19	\$5,177.49	\$6,124.77	\$7,805.72	\$5,922.01	\$10,522.32	\$8,737.99	13.3%	-20.0%
Children	\$1,190.95	\$1,064.24	\$987.31	\$1,053.58	\$1,236.08	\$1,616.58	\$1,664.33	5.7%	5.8%
Foster Care Children	\$6,240.51	\$5,793.29	\$8,123.19	\$7,336.16	\$6,406.17	\$4,118.91	\$4,353.44	-5.8%	-38.2%
Adults	\$2,157.05	\$2,394.85	\$2,427.21	\$2,699.37	\$2,608.73	\$4,135.12	\$2,959.63	5.4%	4.8%
Basis of Eligibility Unknown	\$236.77	\$0.00	\$378.98	\$340.57	\$1,091.48	\$1,358.54	\$606.29	17.0%	-80.3%
Total	\$2,225.92	\$2,533.87	\$2,740.48	\$3,156.41	\$3,148.95	\$4,782.11	\$3,743.18	9.0%	-9.8%
By Age									
Under Age 1	\$1,176.59	\$1,130.25	\$1,529.82	\$1,917.22	\$2,330.17	\$2,685.72	\$3,049.78	17.2%	-22.8%
Age 1 to 5	\$1,134.14	\$967.70	\$977.79	\$1,185.59	\$1,375.82	\$1,754.44	\$1,791.41	7.9%	-5.6%
Age 6 to 14	\$1,318.78	\$1,139.52	\$1,044.42	\$1,158.21	\$1,370.98	\$1,778.39	\$1,860.59	5.9%	1.4%
Age 15 to 20	\$2,686.19	\$2,327.32	\$2,107.05	\$2,002.83	\$2,149.76	\$2,805.31	\$2,897.86	1.3%	0.6%
Age 21 to 44	\$2,991.19	\$2,829.72	\$3,023.64	\$3,288.87	\$3,161.95	\$5,141.96	\$4,545.88	7.2%	-11.2%
Age 45 to 64	\$3,640.60	\$4,034.64	\$5,079.54	\$6,306.81	\$5,154.25	\$9,325.50	\$7,426.23	12.6%	-28.4%
Age 65 to 74	\$2,188.47	\$2,710.41	\$3,398.01	\$5,156.95	\$3,801.79	\$6,911.82	\$4,780.81	13.9%	-29.0%
Age 75 to 84	\$1,411.02	\$5,860.36	\$6,476.60	\$8,352.84	\$6,836.31	\$11,224.26	\$9,389.74	37.1%	-9.1%
Age 85 and Over	\$441.51	\$11,036.81	\$11,726.70	\$13,770.31	\$12,258.59	\$19,016.99	\$17,899.92	85.3%	5.1%
Age Unknown	\$236.44	\$0.00	\$227.19	\$340.44	\$1,034.32	\$1,117.85	\$434.91	10.7%	-85.4%
Total	\$2,225.92	\$2,533.87	\$2,740.48	\$3,156.41	\$3,148.95	\$4,782.11	\$3,743.18	9.0%	-9.8%
By Race									
White	\$2,296.84	\$2,602.36	\$3,097.57	\$3,721.69	\$3,508.93	\$5,478.07	\$4,403.82	11.5%	-13.6%
Black	\$2,382.15	\$2,647.09	\$2,203.48	\$2,389.43	\$2,448.86	\$3,462.80	\$3,200.42	5.0%	-13.4%
Hispanic, American Indian or Asian	\$2,578.67	\$2,755.28	\$1,169.55	\$1,216.42	\$1,675.89	\$2,306.96	\$2,049.53	-3.8%	-26.5%
Other/Unknown	\$106.06	\$749.48	\$2,156.35	\$2,145.41	\$3,012.89	\$5,107.43	\$2,496.06	69.3%	-38.5%
Total	\$2,225.92	\$2,533.87	\$2,740.48	\$3,156.41	\$3,148.95	\$4,782.11	\$3,743.18	9.0%	-9.8%
By Sex									
Female	\$1,947.81	\$2,255.67	\$3,014.79	\$3,593.74	\$3,369.29	\$5,120.06	\$4,200.45	13.7%	-2.1%
Male	\$2,014.26	\$2,276.90	\$2,576.61	\$3,014.50	\$3,019.10	\$4,573.58	\$3,849.01	11.4%	-7.5%
Unknown	\$0.00	\$0.00	\$227.19	\$340.45	\$1,034.46	\$1,117.85	\$434.95	17.6%	-85.4%
Total	\$2,225.92	\$2,533.87	\$2,740.48	\$3,156.41	\$3,148.95	\$4,782.11	\$3,743.18	9.0%	-9.8%

Source: MSIS data for FFY 00-06.

SOUTHERN REGION MEDICAID PROFILE

ADDITIONAL STATE HEALTH CARE INFORMATION

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

Waivers

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

- On 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 began January 1, 2003. Tennessee added a new Medicaid eligibility category: women under 65 who have been screened by the Centers for Disease Control (CDC) and are in need of treatment for breast or cervical cancer.

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

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

1. **TennCare Medicaid** will cover those that were previously enrolled in the program and receive benefits required by CMS for all Medicaid programs;

2. **TennCare Standard** will disenroll: 1) adult, non-pregnant aged, blind, disabled, and caretaker relative Medically Needy; 2) uninsured adults below 200% of the FPL; 3) adults that have medical conditions that make them uninsurable; and 4) adults that have Medicare, but not Medicaid, who met criteria for TennCare Standard as of December 31, 2001, and have continued to meet the criteria that would make them uninsured (also known as grandfathered duals). The process is expected to start as early as June 1, 2005, and provide health care coverage to approximately 1.3 million individuals.

3. After disenrollment, **TennCare Standard** will include: 1) uninsured children under age 19 with family incomes up to 200% of the FPL; 2) uninsured children under age 19 that are insurable and have family incomes up to 200% of the FPL; 3) uninsured children under age 19 up to 200% of the FPL enrolled before December 31, 2001, as uninsured with no access to insurance, and 4) uninsured children under age 19 that have Medicare, but not Medicaid, were enrolled before December 31, 2001, and meet the criteria for being uninsurable that were in place at that time.

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

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

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

There is no cost sharing for TennCare Medicaid enrollees;

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

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

- \$25 for emergency room services (waived if admitted);
- \$5 for pharmacy services;
- \$5 for outpatient services; \$15 for a specialist;
- \$15 for dental services;
- \$100 per inpatient hospital admission; and
- Limit out-of-pocket expenses to \$1,000 for individuals and \$2,000 for families.

SOUTHERN REGION MEDICAID PROFILE

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

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

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

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

A number of **Home and Community Based Services 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 , operating since July 1, 1986. Tennessee received approval in 1995 to continue this waiver.
- Mental Retardation/Developmental Disabilities: Operating since July 1, 1987.

Managed Care

- Commercial Managed Care Organization (MCO)
- Medicaid-only Managed Care Organization (MCO)
- Prepaid Inpatient Health Plan (PIHP)

Tennessee requires all MCO's to be accredited by the National Committee for Quality Assurance (NCQA)

Coverage for Targeted Population

- Medically Needy
- Women with Breast or Cervical Cancer

Cost Containment Measures

•Certificate of Need Program since 1973. Regulates introduction or expansion of new institutional health facilities and services. The Health Facilities Commission, which operates the Certificate of Need Program, was terminated on June 30, 2003.

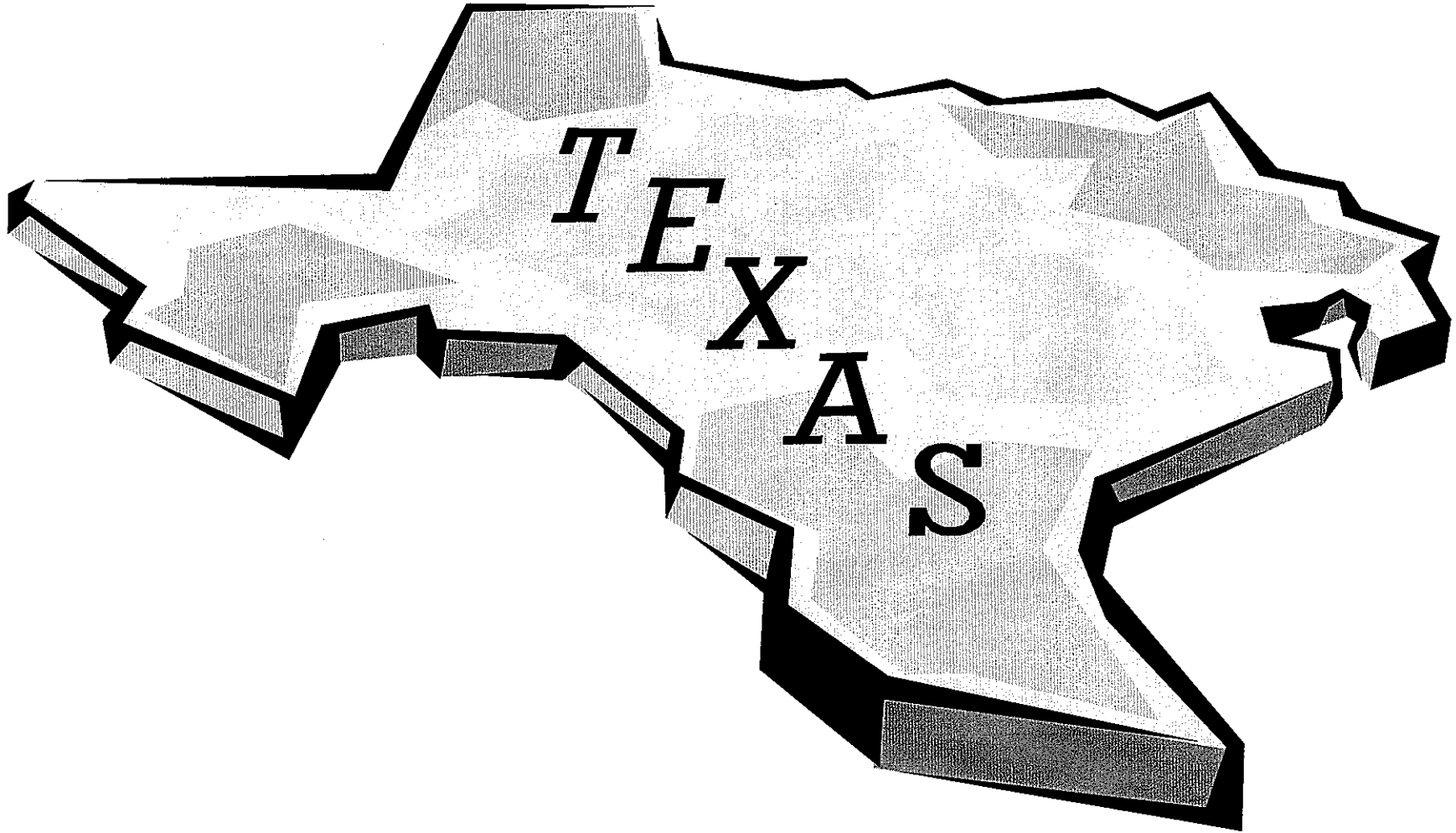
Medicaid

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

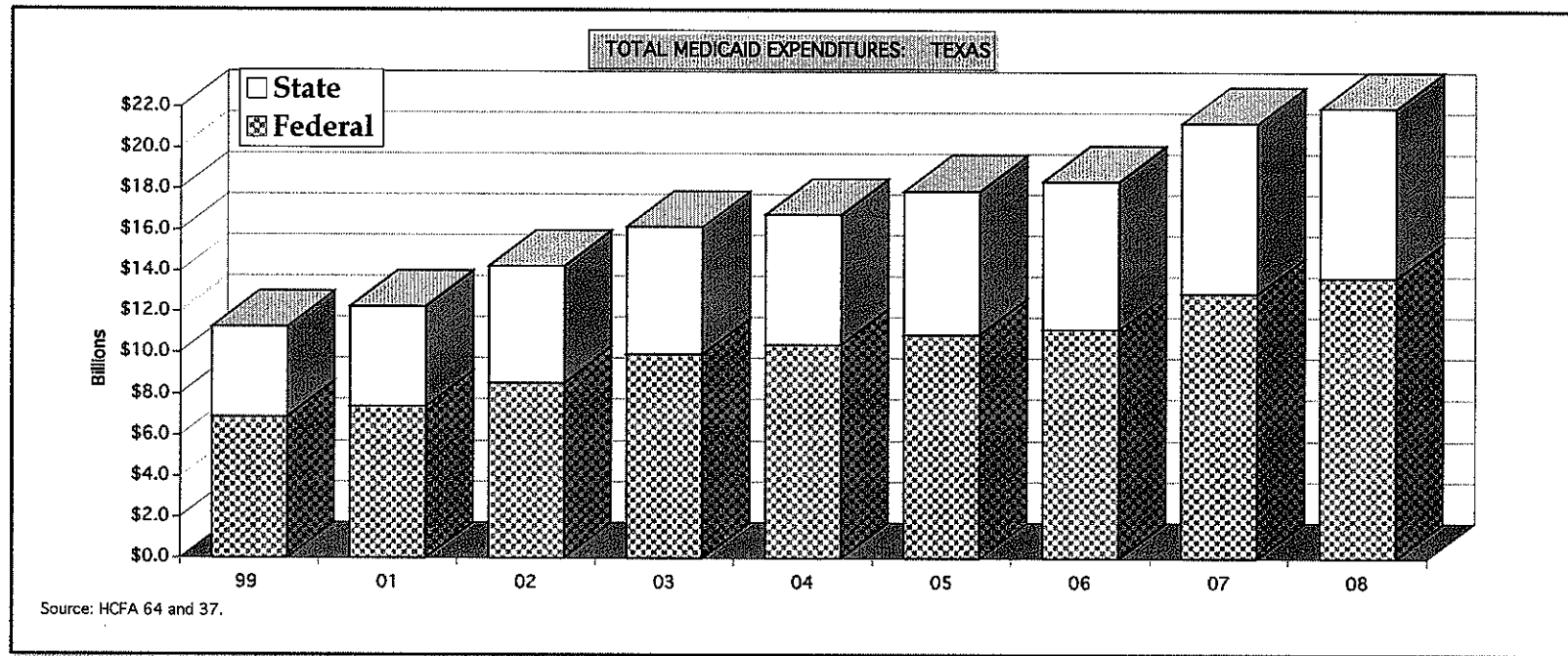
Children's Health Insurance Program: State Designed

- All eligible children will be covered under the revised TennCare 1115 demonstration waiver.

STATE MEDICAID PROFILE



SOUTHERN REGION MEDICAID PROFILE



State profile revised to reflect MSIS statistical data as reported by CMS for federal fiscal years 00 through 05.

	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05	FFY 06	FFY 07*	FFY 08**	Annual Rate of Change	Total Change 00-08
Medicaid Payments	\$10,643,772,061	\$11,604,639,613	\$13,530,826,351	\$15,420,479,085	\$16,077,695,030	\$17,264,066,130	\$17,684,003,540	\$20,483,387,000	\$21,831,477,000	9.4%	105.1%
Federal Share	\$6,552,379,660	\$7,050,331,820	\$8,163,909,015	\$9,490,380,707	\$10,031,272,125	\$10,535,339,319	\$10,757,732,173	\$12,467,451,000	\$13,233,697,000	9.2%	102.0%
State Share	\$4,091,392,401	\$4,554,307,793	\$5,366,917,336	\$5,930,098,378	\$6,046,422,905	\$6,728,726,811	\$6,926,271,367	\$8,015,936,000	\$8,597,780,000	9.7%	110.1%
Administrative Costs	\$619,051,157	\$656,595,682	\$706,759,839	\$749,960,111	\$695,157,913	\$662,460,980	\$727,026,069	\$778,345,000	\$781,331,000	3.0%	26.2%
Federal Share	\$337,690,078	\$356,949,745	\$385,752,228	\$441,560,500	\$389,375,329	\$373,116,681	\$410,949,395	\$442,087,000	\$443,001,000	3.5%	31.2%
State Share	\$281,361,079	\$299,645,937	\$321,007,611	\$308,399,611	\$305,782,584	\$289,344,299	\$316,076,674	\$336,258,000	\$338,330,000	2.3%	20.2%
Admin. Costs as % of Payments	5.82%	5.66%	5.22%	4.86%	4.32%	3.84%	4.11%	3.80%	3.58%		
Federal Match Rate*	61.36%	60.57%	60.17%	59.99%	60.22%	60.87%	60.66%	60.78%	60.53%		

*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 07 and 08 reflect latest estimates reported by each state (CMS 37).

SOUTHERN REGION MEDICAID PROFILE

STATE FINANCING

	Payments		Administration	
	FFY 00	FFY 06	FFY 00	FFY 06
State General Fund	\$4,091,392,401	\$6,926,271,367	\$281,361,079	\$316,076,674
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	\$4,091,392,401	\$6,926,271,367	\$281,361,079	\$316,076,674

Provider Taxes Currently in Place (FFY 06)

Tax Rate	Amount
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UNKNOWN

DISPROPORTIONATE SHARE HOSPITAL (DSH) PAYMENTS

	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05	FFY 06	FFY 07*	FFY 08**	Annual Change
General Hospitals	\$1,073,086,000	\$1,015,303,172	\$1,057,502,792	\$954,235,533	\$1,186,118,733	\$1,187,333,846	\$1,224,182,055	\$1,167,959,000	\$1,199,764,000	2.1%
Mental Hospitals	\$240,473,000	\$223,024,783	\$227,650,322	\$229,339,250	\$257,716,302	\$306,781,041	\$318,668,400	\$286,499,000	\$287,540,000	4.0%
Total	\$1,313,559,000	\$1,238,327,955	\$1,285,153,114	\$1,183,574,783	\$1,443,835,035	\$1,494,114,887	\$1,542,850,455	\$1,454,458,000	\$1,487,304,000	2.5%

SELECTED ELIGIBILITY CRITERIA

	2006	% of FPL*
TANF-Temporary Assistance for Needy Families (Family of 3)		
Need Standard	N/A	N/A
Payment Standard	\$188	13.6%
Maximum Payment	\$223	16.1%
Medically Needy Program (Family of 3)		
Income Eligibility Standard	\$275	
Resource Standard	\$2,000	
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	\$603	73.8%
Couple	\$904	82.2%
Resources:		
Single Person	\$2,000	
Couple	\$3,000	

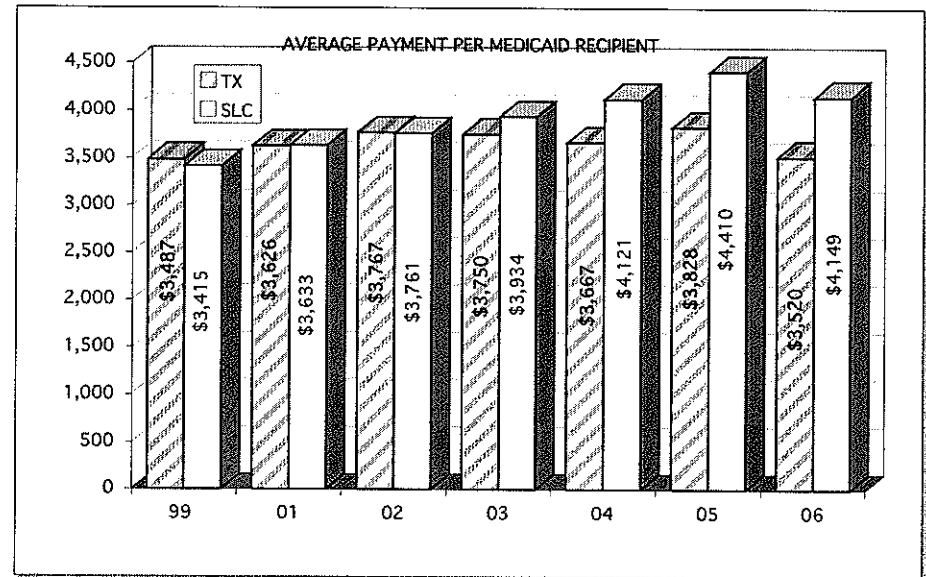
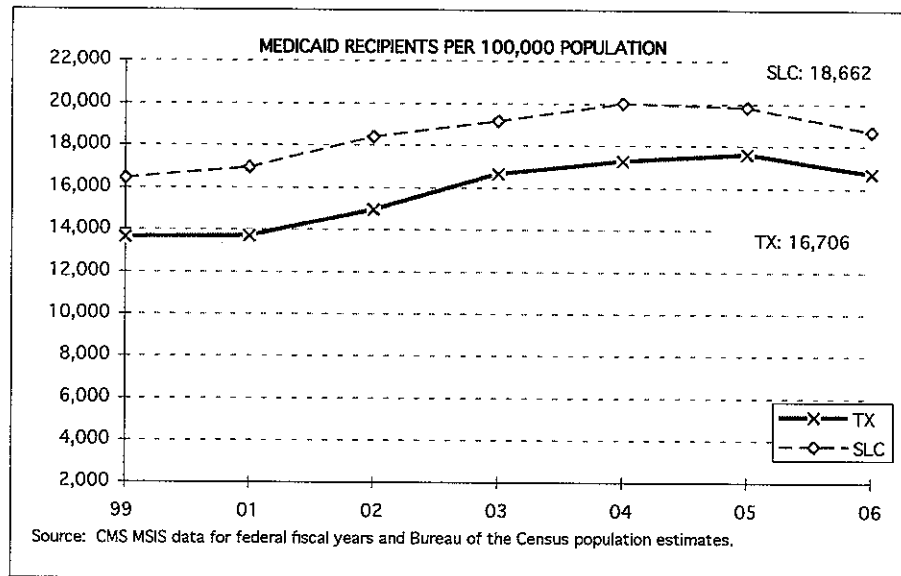
DEMOGRAPHIC DATA & POVERTY INDICATORS (2006)

		Rank in U.S.
State population—December 21, 2007*	23,407,629	2
Per capita personal income**	\$35,058	21
Median household income**	\$43,425	37
Population below Federal Poverty Level*	3,838,851	
Percent of total state population	16.4%	5
Population without health insurance coverage*	5,704,000	2
Percent of total state population	24.4%	
Recipients of Food Stamps***	2,622,548	1
Households receiving Food Stamps***	1,038,001	
Total value of issuance***	\$2,939,331,493	1
Average monthly benefit per recipient	\$93.40	17
Average monthly benefit per household	\$235.98	
Monthly recipients of Temporary Assistance to Needy Families (TANF)****	152,124	7
Total TANF payments****	\$125,191,345	6
Average monthly payment per recipient	\$68.58	
Maximum monthly payment per family of 3	\$188.00	47

*Current (2006) federal poverty level is \$9,800 per year for a single person, \$13,200 for a family of two and \$16,600 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 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05	FFY 06	Annual Change
01. General Hospital	491,100	459,366	505,328	524,866	520,829	523,708	502,640	0.4%
02. Mental Hospital	7,838	5,590	6,871	7,033	6,271	8,199	7,257	-1.3%
03. Skilled and Intermediate (non-MR) Care Nursing	95,230	97,384	112,195	126,159	111,437	104,113	98,737	0.6%
04. Intermediate Care for Mentally Retarded	14,090	13,969	13,527	13,081	12,975	12,902	12,597	-1.8%
05. Physician Services	1,867,977	1,759,336	1,633,843	1,836,338	1,962,778	2,057,842	2,073,865	1.8%
06. Dental Services	648,887	672,609	800,166	1,007,153	1,142,879	1,243,010	1,301,662	12.3%
07. Other Practitioners	505,972	473,150	493,175	556,201	466,872	491,956	597,336	2.8%
08. Outpatient Hospital	959,741	859,496	744,982	835,081	849,339	884,138	915,568	-0.8%
09. Clinic Services	286,422	258,236	254,034	275,204	289,852	308,635	297,717	0.6%
10. Lab and X-Ray	926,803	1,242,800	1,598,924	1,770,760	1,766,141	1,808,267	1,802,638	11.7%
11. Home Health	94,609	124,746	152,636	177,289	186,497	212,816	221,064	15.2%
12. Prescribed Drugs	1,852,801	1,917,351	2,153,316	2,475,742	2,679,025	2,753,651	2,719,695	6.6%
13. Family Planning	19,262	21,119	22,738	24,626	23,130	26,063	23,185	3.1%
14. Early & Periodic Screening, Diagnosis & Treatment	0	0	1,060,182	0	0	0	0	-100.0%
15. Other Care	286,033	346,528	422,013	466,759	681,625	719,194	870,204	20.4%
16. Personal Care Support Services	343,084	313,208	330,560	369,035	322,339	365,402	376,326	1.6%
17. Home/Community Based Waiver Services	0	0	0	0	0	0	0	n/a
18. Prepaid Health Care	726,596	851,560	1,036,216	1,240,733	1,425,989	1,446,184	1,625,010	14.4%
19. Primary Care Case Management (PCCM) Services	294,574	1,958	418,877	485,517	535,691	1,174,904	1,367,710	29.2%
Total*	2,602,616	2,659,682	2,952,569	3,339,796	3,603,539	3,752,644	3,910,487	7.0%

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

SOUTHERN REGION MEDICAID PROFILE

<u>PAYMENTS BY TYPE OF SERVICES</u>								Annual	Share of Total
	<u>FFY 00</u>	<u>FFY 01</u>	<u>FFY 02</u>	<u>FFY 03</u>	<u>FFY 04</u>	<u>FFY 05</u>	<u>FFY 06</u>	<u>Change</u>	<u>FFY 06</u>
01. General Hospital	\$1,664,827,087	\$1,821,796,697	\$2,127,893,917	\$2,319,999,313	\$2,326,611,168	\$2,406,471,661	\$2,344,268,580	5.9%	17.0%
02. Mental Hospital	\$42,666,675	\$33,523,139	\$50,069,021	\$57,270,224	\$50,365,540	\$73,754,773	\$64,924,080	7.2%	0.5%
03. Skilled and Intermediate (non-MR) Care Nursing	\$1,575,060,537	\$1,604,753,732	\$1,803,710,704	\$1,820,433,002	\$1,767,241,962	\$2,027,169,336	\$1,602,990,372	0.3%	11.6%
04. Intermediate Care for Mentally Retarded	\$839,351,663	\$765,161,054	\$810,581,046	\$858,769,874	\$840,627,835	\$903,991,117	\$771,994,391	-1.4%	5.6%
05. Physician Services	\$843,385,764	\$760,315,233	\$689,779,234	\$796,174,746	\$866,787,946	\$980,382,620	\$944,888,154	1.9%	6.9%
06. Dental Services	\$154,644,785	\$158,259,031	\$207,353,103	\$281,589,583	\$323,098,169	\$389,330,384	\$384,011,165	16.4%	2.8%
07. Other Practitioners	\$88,088,408	\$86,357,097	\$95,698,371	\$113,357,367	\$92,108,385	\$98,190,659	\$110,650,701	3.9%	0.8%
08. Outpatient Hospital	\$451,246,016	\$331,040,421	\$234,561,780	\$294,370,899	\$283,687,820	\$293,055,490	\$288,342,243	-7.2%	2.1%
09. Clinic Services	\$103,757,356	\$56,220,495	\$61,588,767	\$75,515,365	\$83,931,354	\$98,766,251	\$102,371,250	-0.2%	0.7%
10. Lab and X-Ray	\$77,378,285	\$237,107,417	\$462,274,801	\$541,879,779	\$533,159,003	\$603,952,742	\$537,165,388	38.1%	3.9%
11. Home Health	\$172,485,103	\$203,975,224	\$279,228,444	\$318,157,925	\$345,854,397	\$446,554,236	\$468,494,882	18.1%	3.4%
12. Prescribed Drugs	\$1,125,238,856	\$1,327,222,456	\$1,591,828,224	\$1,921,877,468	\$2,202,193,332	\$2,417,258,652	\$1,809,597,746	8.2%	13.1%
13. Family Planning	\$14,222,275	\$22,893,809	\$29,768,817	\$32,266,238	\$29,738,668	\$31,252,260	\$27,736,671	11.8%	0.2%
14. Early & Periodic Screening, Diagnosis & Treatment*	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a	0.0%
15. Other Care	\$977,638,786	\$1,060,580,092	\$1,204,041,493	\$1,398,692,827	\$1,479,165,070	\$1,596,000,591	\$1,728,456,209	10.0%	12.6%
16. Personal Care Support Services	\$302,479,378	\$316,449,739	\$325,774,296	\$387,597,146	\$454,602,039	\$527,805,016	\$718,566,949	15.5%	5.2%
17. Home/Community Based Waiver Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a	0.0%
18. Prepaid Health Care	\$634,466,433	\$851,313,187	\$1,137,787,529	\$1,295,382,939	\$1,525,021,819	\$1,465,223,173	\$1,848,223,344	19.5%	13.4%
19. Primary Case Management (PCCM) Services	\$8,368,179	\$7,631,535	\$9,080,493	\$11,191,638	\$10,209,690	\$6,160,689	\$11,204,982	5.0%	0.1%
Total (excludes DSH pymts, pharmacy rebates, & other adjs.)	\$9,075,305,586	\$9,644,600,358	\$11,121,020,040	\$12,524,526,333	\$13,214,404,197	\$14,365,319,650	\$13,763,887,107	7.2%	100.0%

AVERAGE PAYMENTS PER RECIPIENT BY TYPE OF SERVICES

								(+) or (-) SLC	
								<u>Avg. FFY 06</u>	
01. General Hospital	\$3,390.00	\$3,965.89	\$4,210.92	\$4,420.17	\$4,467.13	\$4,595.06	\$4,663.91	5.5%	-13.1%
02. Mental Hospital	\$5,443.57	\$5,996.98	\$7,287.01	\$8,143.07	\$8,031.50	\$8,995.58	\$8,946.41	8.6%	-50.0%
03. Skilled and Intermediate (non-MR) Care Nursing	\$16,539.54	\$16,478.62	\$16,076.57	\$14,429.67	\$15,858.66	\$19,470.86	\$16,234.95	-0.3%	-32.6%
04. Intermediate Care for Mentally Retarded	\$59,570.74	\$54,775.65	\$59,923.19	\$65,650.17	\$64,788.27	\$70,065.97	\$61,283.99	0.5%	-30.1%
05. Physician Services	\$451.50	\$432.16	\$422.18	\$433.57	\$441.61	\$476.41	\$455.62	0.2%	-17.5%
06. Dental Services	\$238.32	\$235.29	\$259.14	\$279.59	\$282.71	\$313.22	\$295.02	3.6%	-18.8%
07. Other Practitioners	\$174.10	\$182.52	\$194.05	\$203.81	\$197.29	\$199.59	\$185.24	1.0%	-20.4%
08. Outpatient Hospital	\$470.17	\$385.16	\$314.86	\$352.51	\$334.01	\$331.46	\$314.93	-6.5%	-49.5%
09. Clinic Services	\$362.25	\$217.71	\$242.44	\$274.40	\$289.57	\$320.01	\$343.85	-0.9%	-51.0%
10. Lab and X-Ray	\$83.49	\$190.78	\$289.12	\$306.02	\$301.88	\$334.00	\$297.99	23.6%	38.3%
11. Home Health	\$1,823.14	\$1,635.12	\$1,829.37	\$1,794.57	\$1,854.48	\$2,098.31	\$2,119.27	2.5%	-47.6%
12. Prescribed Drugs	\$607.32	\$692.22	\$739.25	\$776.28	\$822.01	\$877.84	\$665.37	1.5%	-31.2%
13. Family Planning	\$738.36	\$1,084.04	\$1,309.21	\$1,310.25	\$1,285.72	\$1,199.10	\$1,196.32	8.4%	0.3%
14. Early & Periodic Screening, Diagnosis & Treatment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	n/a	n/a
15. Other Care	\$3,417.92	\$3,060.59	\$2,853.09	\$2,996.61	\$2,170.06	\$2,219.15	\$1,986.27	-8.6%	7.0%
16. Personal Care Support Services	\$881.65	\$1,010.35	\$1,172.55	\$0.00	\$0.00	\$0.00	\$0.00	-100.0%	-100.0%
17. Home/Community Based Waiver Services	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	n/a	n/a
18. Prepaid Health Care	\$873.20	\$999.71	\$1,098.02	\$1,044.05	\$1,069.45	\$1,013.17	\$1,137.36	4.5%	0.2%
19. Primary Care Case Management (PCCM) Services	\$28.41	\$3,897.62	\$21.68	\$23.05	\$19.06	\$5.24	\$8.19	-18.7%	-70.5%
Total (Average)	\$3,486.99	\$3,626.22	\$3,766.56	\$3,750.09	\$3,667.06	\$3,828.05	\$3,519.74	0.2%	-15.2%

TOTAL PER CAPITA EXPENDITURES	\$589.95	\$632.49	\$720.54	\$806.74	\$804.38	\$840.63	\$786.54	4.9%	-10.9%
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Source: MSIS data for FFY 00-06.

SOUTHERN REGION MEDICAID PROFILE
DATA BY OTHER CHARACTERISTICS

RECIPIENTS BY OTHER CHARACTERISTICS

	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05	FFY 06	Annual Change	Share of Total FFY 06
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	850,168	846,443	861,940	829,060	789,893	758,725	752,252	-2.0%	19.2%
Poverty Related Eligibles	1,065,782	1,115,671	1,376,166	1,711,029	2,042,132	2,192,388	2,283,185	13.5%	58.4%
Medically Needy	38,795	45,428	59,787	78,219	66,603	70,655	68,312	9.9%	1.7%
Other Eligibles	447,772	458,345	502,201	577,598	563,251	560,810	585,611	4.6%	15.0%
Maintenance Assistance Status Unknown	200,099	193,795	152,475	143,890	141,660	170,066	221,127	1.7%	5.7%
Total*	2,602,616	2,659,682	2,952,569	3,339,796	3,603,539	3,752,644	3,910,487	7.0%	100.0%
By Basis of Eligibility									
Aged, Blind, or Disabled	605,536	604,310	762,848	615,222	634,264	660,889	695,844	2.3%	17.8%
Children	1,373,457	1,418,218	1,620,539	2,019,147	2,285,138	2,390,582	2,456,451	10.2%	62.8%
Foster Care Children	29,062	34,364	34,544	35,075	37,761	43,419	48,691	10.3%	1.2%
Adults	396,462	413,995	534,638	526,001	504,716	486,688	487,284	3.5%	12.5%
Basis of Eligibility Unknown	200,099	193,795	0	144,351	141,660	171,066	222,217	1.8%	5.7%
Total*	2,602,616	2,659,682	2,952,569	3,339,796	3,603,539	3,752,644	3,910,487	7.0%	100.0%
By Age									
Under Age 1	161,218	240,016	195,738	204,070	214,895	222,890	226,375	5.8%	5.8%
Age 1 to 5	559,641	586,226	697,442	830,961	931,775	967,550	992,202	10.0%	25.4%
Age 6 to 14	578,162	559,181	697,132	842,613	960,734	1,004,787	1,040,125	10.3%	26.6%
Age 15 to 20	246,509	237,689	295,640	349,227	395,647	420,400	441,909	10.2%	11.3%
Age 21 to 44	401,572	397,111	472,848	513,270	502,002	501,120	505,610	3.9%	12.9%
Age 45 to 64	156,634	161,800	168,753	181,960	184,400	195,039	209,883	5.0%	5.4%
Age 65 to 74	121,638	121,596	107,752	107,795	106,340	104,745	105,602	-2.3%	2.7%
Age 75 to 84	103,964	99,437	98,860	100,878	102,426	102,532	103,722	0.0%	2.7%
Age 85 and Over	73,176	62,831	65,928	65,129	63,649	63,505	63,926	-2.2%	1.6%
Age Unknown	200,102	193,795	152,476	143,893	141,671	170,076	221,133	1.7%	5.7%
Total*	2,602,616	2,659,682	2,952,569	3,339,796	3,603,539	3,752,644	3,910,487	7.0%	100.0%
By Race									
White	714,222	730,053	723,285	819,053	871,205	883,861	880,538	3.6%	22.5%
Black	504,275	515,455	533,579	596,194	632,847	641,383	699,263	5.6%	17.9%
Hispanic, American Indian or Asian	1,311,004	1,339,437	1,513,063	1,751,325	1,925,458	2,010,126	2,056,878	7.8%	52.6%
Other/Unknown	73,115	74,737	182,642	173,224	174,029	217,274	273,808	24.6%	7.0%
Total*	2,602,616	2,659,682	2,952,569	3,339,796	3,603,539	3,752,644	3,910,487	7.0%	100.0%
By Sex									
Female	1,570,900	1,605,591	1,657,274	1,864,814	1,993,970	2,050,536	2,103,473	5.0%	53.8%
Male	1,026,342	1,048,658	1,142,798	1,331,058	1,467,859	1,531,986	1,585,835	7.5%	40.6%
Unknown	5,374	5,433	152,497	143,924	141,710	170,122	221,179	85.8%	5.7%
Total*	2,602,616	2,659,682	2,952,569	3,339,796	3,603,539	3,752,644	3,910,487	7.0%	100.0%

Source: MSIS data for FFY 00-06.

SOUTHERN REGION MEDICAID PROFILE

PAYMENTS BY OTHER CHARACTERISTICS

	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05	FFY 06	Annual Change	Share of Total FFY 06
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	\$3,981,942,467	\$4,156,474,616	\$4,605,276,710	\$4,995,238,179	\$5,286,912,454	\$5,589,684,784	\$5,563,617,670	5.7%	40.4%
Poverty Related Eligibles	\$1,337,991,819	\$1,469,040,409	\$2,019,022,693	\$2,521,058,766	\$3,037,812,596	\$3,333,807,337	\$3,397,382,320	16.8%	24.7%
Medically Needy	\$123,185,260	\$162,440,892	\$216,062,059	\$291,098,832	\$208,293,563	\$233,280,602	\$234,257,774	11.3%	1.7%
Other Eligibles	\$3,428,670,184	\$3,631,911,414	\$4,137,558,144	\$4,537,505,028	\$4,518,123,417	\$4,995,553,173	\$4,419,381,561	4.3%	32.1%
Maintenance Assistance Status Unknown	\$203,515,856	\$224,733,027	\$143,100,434	\$179,625,528	\$163,262,167	\$212,993,754	\$149,247,782	-5.0%	1.1%
Total*	\$9,075,305,586	\$9,644,600,358	\$11,121,020,040	\$12,524,526,333	\$13,214,404,197	\$14,365,319,650	\$13,763,887,107	7.2%	100.0%
By Basis of Eligibility									
Aged, Blind or Disabled	\$6,108,888,216	\$6,260,647,062	\$6,919,597,956	\$7,582,885,692	\$7,955,563,284	\$8,695,129,441	\$8,050,020,576	0.0%	
Children	\$1,646,523,165	\$1,936,943,993	\$2,552,870,922	\$3,053,129,496	\$3,447,279,793	\$3,754,791,992	\$3,819,148,077	4.7%	58.5%
Foster Care Children	\$156,434,965	\$184,882,555	\$225,951,005	\$257,228,725	\$287,902,176	\$316,777,028	\$372,924,639	15.1%	27.7%
Adults	\$959,943,384	\$1,037,393,721	\$1,279,499,723	\$1,446,076,050	\$1,360,396,777	\$1,370,509,448	\$1,353,644,481	15.6%	2.7%
Basis of Eligibility Unknown	\$203,515,856	\$224,733,027	\$143,100,434	\$185,206,370	\$163,262,167	\$228,111,741	\$168,149,334	5.9%	9.8%
Total*	\$9,075,305,586	\$9,644,600,358	\$11,121,020,040	\$12,524,526,333	\$13,214,404,197	\$14,365,319,650	\$13,763,887,107	-3.1%	1.2%
								7.2%	100.0%
By Age									
Under Age 1	\$481,534,957	\$779,690,671	\$753,846,092	\$814,168,610	\$874,090,200	\$960,460,288	\$1,004,556,135	13.0%	7.3%
Age 1 to 5	\$825,057,094	\$910,053,507	\$1,290,191,014	\$1,546,740,655	\$1,771,758,357	\$1,922,612,566	\$1,960,402,151	15.5%	14.2%
Age 6 to 14	\$741,734,172	\$785,042,189	\$1,006,959,263	\$1,252,539,847	\$1,442,016,864	\$1,598,715,901	\$1,742,616,437	15.3%	12.7%
Age 15 to 20	\$569,428,451	\$618,486,582	\$730,054,921	\$837,569,184	\$926,729,620	\$1,036,205,165	\$1,113,237,366	11.8%	8.1%
Age 21 to 44	\$1,961,677,868	\$1,999,108,338	\$2,334,313,199	\$2,581,617,842	\$2,569,387,173	\$2,686,424,738	\$2,634,182,422	5.0%	19.1%
Age 45 to 64	\$1,540,256,466	\$1,641,515,451	\$1,893,963,580	\$2,169,154,217	\$2,283,139,762	\$2,510,061,434	\$2,465,401,320	8.2%	17.9%
Age 65 to 74	\$756,574,445	\$774,716,403	\$798,643,705	\$863,248,954	\$892,292,579	\$945,481,189	\$747,063,873	-0.2%	5.4%
Age 75 to 84	\$960,844,411	\$984,384,163	\$1,078,428,531	\$1,167,423,904	\$1,208,128,015	\$1,304,867,093	\$1,022,300,631	1.0%	7.4%
Age 85 and Over	\$1,034,680,461	\$926,870,027	\$1,091,519,175	\$1,112,435,415	\$1,083,578,437	\$1,187,468,359	\$924,853,800	-1.9%	6.7%
Age Unknown	\$203,517,261	\$224,733,027	\$143,100,560	\$179,627,705	\$163,283,190	\$213,022,917	\$149,272,972	-5.0%	1.1%
Total*	\$9,075,305,586	\$9,644,600,358	\$11,121,020,040	\$12,524,526,333	\$13,214,404,197	\$14,365,319,650	\$13,763,887,107	7.2%	100.0%
By Race									
White	\$4,042,074,489	\$4,294,220,084	\$4,601,981,581	\$5,045,563,598	\$5,170,720,646	\$5,518,834,774	\$4,885,411,782	3.2%	35.5%
Black	\$1,660,264,025	\$1,764,032,001	\$1,949,103,828	\$2,179,461,567	\$2,303,393,216	\$2,364,829,259	\$2,427,938,437	6.5%	17.6%
Hispanic, American Indian or Asian	\$3,033,913,002	\$3,224,137,992	\$4,196,467,229	\$4,879,812,837	\$5,308,024,190	\$5,824,664,983	\$5,834,630,186	11.5%	42.4%
Other/Unknown	\$339,054,070	\$362,210,281	\$373,467,402	\$419,688,331	\$432,266,145	\$656,990,634	\$615,906,702	10.5%	4.5%
Total*	\$9,075,305,586	\$9,644,600,358	\$11,121,020,040	\$12,524,526,333	\$13,214,404,197	\$14,365,319,650	\$13,763,887,107	7.2%	100.0%
By Sex									
Female	\$5,635,630,359	\$5,991,727,193	\$6,656,901,918	\$7,406,124,450	\$7,774,597,141	\$8,366,148,738	\$7,885,902,109	5.8%	57.3%
Male	\$3,426,469,527	\$3,639,119,970	\$4,320,985,259	\$4,938,507,941	\$5,276,394,638	\$5,785,813,596	\$5,728,519,222	8.9%	41.6%
Unknown	\$13,205,700	\$13,753,195	\$143,132,863	\$179,893,942	\$163,412,418	\$213,357,316	\$149,465,776	49.8%	1.1%
Total*	\$9,075,305,586	\$9,644,600,358	\$11,121,020,040	\$12,524,526,333	\$13,214,404,197	\$14,365,319,650	\$13,763,887,107	7.2%	100.0%

Source: MSIS data for FFY 00-06.

SOUTHERN REGION MEDICAID PROFILE

AVERAGE PAYMENT PER RECIPIENT BY OTHER CHARACTERISTICS

	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05	FFY 06	Annual Change	Above (+) or Below (-) SLC Avg. FFY 06
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	\$4,683.71	\$4,910.52	\$5,342.92	\$6,025.18	\$6,693.20	\$7,367.21	\$7,395.95	7.9%	29.0%
Poverty Related Eligibles	\$1,255.41	\$1,316.73	\$1,467.14	\$1,473.42	\$1,487.57	\$1,520.63	\$1,488.00	2.9%	-25.1%
Medically Needy	\$3,175.29	\$3,575.79	\$3,613.86	\$3,721.59	\$3,127.39	\$3,301.69	\$3,429.23	1.3%	-56.7%
Other Eligibles	\$7,657.18	\$7,923.97	\$8,238.85	\$7,855.82	\$8,021.51	\$8,907.75	\$7,546.62	-0.2%	6.6%
Maintenance Assistance Status Unknown	\$1,017.08	\$1,159.64	\$938.52	\$1,248.35	\$1,152.49	\$1,252.42	\$674.94	-6.6%	-77.4%
Total	\$3,486.99	\$3,626.22	\$3,766.56	\$3,750.09	\$3,667.06	\$3,828.05	\$3,519.74	0.2%	-15.2%
By Basis of Eligibility									
Aged, Blind or Disabled	\$10,088.40	\$10,359.99	\$9,070.74	\$12,325.45	\$12,542.98	\$13,156.72	\$11,568.71	2.3%	5.9%
Children	\$1,198.82	\$1,365.76	\$1,575.32	\$1,512.09	\$1,508.57	\$1,570.66	\$1,554.74	4.4%	-1.2%
Foster Care Children	\$5,780.61	\$6,296.23	\$6,540.96	\$7,333.68	\$7,624.33	\$7,295.82	\$7,659.01	4.8%	8.7%
Adults	\$2,421.27	\$2,505.81	\$2,393.21	\$2,749.19	\$2,695.37	\$2,815.99	\$2,777.94	2.3%	-1.7%
Basis of Eligibility Unknown	\$1,017.08	\$1,159.64	\$0.00	\$1,283.03	\$1,152.49	\$1,333.47	\$756.69	-4.8%	-75.4%
Total	\$3,486.99	\$3,626.22	\$3,766.56	\$3,750.09	\$3,667.06	\$3,828.05	\$3,519.74	0.2%	-15.2%
By Age									
Under Age 1	\$2,986.86	\$3,248.49	\$3,851.30	\$3,989.65	\$4,067.52	\$4,309.12	\$4,437.58	6.8%	12.3%
Age 1 to 5	\$1,474.26	\$1,552.39	\$1,849.89	\$1,861.39	\$1,901.49	\$1,987.09	\$1,975.81	5.0%	4.1%
Age 6 to 14	\$1,282.92	\$1,403.91	\$1,444.43	\$1,486.49	\$1,500.95	\$1,591.10	\$1,675.39	4.5%	-8.7%
Age 15 to 20	\$2,309.97	\$2,602.08	\$2,469.41	\$2,398.35	\$2,342.31	\$2,464.81	\$2,519.16	1.5%	-12.5%
Age 21 to 44	\$4,885.00	\$5,034.13	\$4,936.71	\$5,029.75	\$5,118.28	\$5,360.84	\$5,209.91	1.1%	1.8%
Age 45 to 64	\$9,833.47	\$10,145.34	\$11,223.29	\$11,921.05	\$12,381.45	\$12,869.54	\$11,746.55	3.0%	13.3%
Age 65 to 74	\$6,219.89	\$6,371.23	\$7,411.87	\$8,008.25	\$8,390.94	\$9,026.50	\$7,074.33	2.2%	5.1%
Age 75 to 84	\$9,242.09	\$9,899.58	\$10,908.64	\$11,572.63	\$11,795.13	\$12,726.44	\$9,856.16	1.1%	-4.6%
Age 85 and Over	\$14,139.61	\$14,751.79	\$16,556.23	\$17,080.49	\$17,024.28	\$18,698.82	\$14,467.57	0.4%	-15.1%
Age Unknown	\$1,017.07	\$1,159.64	\$938.51	\$1,248.34	\$1,152.55	\$1,252.52	\$675.04	-6.6%	-77.4%
Total	\$3,486.99	\$3,626.22	\$3,766.56	\$3,750.09	\$3,667.06	\$3,828.05	\$3,519.74	0.2%	-15.2%
By Race									
White	\$5,659.41	\$5,882.07	\$6,362.61	\$6,160.24	\$5,935.14	\$6,244.01	\$5,548.21	-0.3%	8.8%
Black	\$3,292.38	\$3,422.28	\$3,652.89	\$3,655.62	\$3,639.73	\$3,687.08	\$3,472.14	0.9%	-6.0%
Hispanic, American Indian or Asian	\$2,314.19	\$2,407.08	\$2,773.49	\$2,786.35	\$2,756.76	\$2,897.66	\$2,836.64	3.5%	1.7%
Other/ Unknown	\$4,637.27	\$4,846.47	\$2,044.81	\$2,422.81	\$2,483.87	\$3,023.79	\$2,249.41	-11.4%	-44.6%
Total	\$3,486.99	\$3,626.22	\$3,766.56	\$3,750.09	\$3,667.06	\$3,828.05	\$3,519.74	0.2%	-15.2%
By Sex									
Female	\$3,587.52	\$3,731.79	\$4,016.78	\$3,971.51	\$3,899.05	\$4,079.98	\$3,748.99	0.7%	-12.6%
Male	\$3,338.53	\$3,470.26	\$3,781.06	\$3,710.21	\$3,594.62	\$3,776.68	\$3,612.30	1.3%	-13.2%
Unknown	\$2,457.33	\$2,531.42	\$938.59	\$1,249.92	\$1,153.15	\$1,254.14	\$675.77	-19.4%	-77.3%
Total	\$3,486.99	\$3,626.22	\$3,766.56	\$3,750.09	\$3,667.06	\$3,828.05	\$3,519.74	0.2%	-15.2%

Source: MSIS data for FFY 00-06.

SOUTHERN REGION MEDICAID PROFILE

ADDITIONAL STATE HEALTH CARE INFORMATION

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

Waivers

Texas has several waiver sites operating under the provisions of Title XIX, Section 1915 (b), of the Social Security Act as follows:

- (1) Southeast Region: PCCM model, effective December 1, 1995.
- (2) Travis County service delivery area: HMO model, effective September 1, 1996.
- (3) Bexar County service delivery area: HMO and PCCM model effective October 1, 1996.
- (4) Lubbock County service delivery area: HMO and PCCM model, effective October 1, 1996.
- (5) Tarrant County service delivery area: HMO model, effective October 1, 1996.
- (6) Harris County service delivery area: HMO and PCCM model, effective December 1, 1997; serves (STAR) and (STAR+PLUS).
- (7) Dallas service district area: HMO model, effective July 1, 1999.
- (8) El Paso service delivery area: HMO, PHP, and PCCM model effective December, 1999.
- NorthSTAR (Behavioral Health Waiver): A Medicaid pilot project designed to create a single, seamless system of public behavioral health care in which both chemical dependency and mental health services will be provided (only for Dallas area recipients). The waiver was approved September 10, 1999.

In addition, Texas has a number of **Home and Community Based Services 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 clients over the age of 21. Operating since September 1, 1993.
- Mental Retardation/Developmental Disabilities and Mental Retardation-Related: Four waivers, serving clients of all ages, with the first waiver operating since September 1, 1985
- Medically Dependent Children Under Age 21: Operating since July 1, 1988.
- Developmental Disabilities: This waiver services clients over age 18 who are deaf or blind and have multiple disabilities.
- Texas Women's Health Waiver (1115 Family Planning Waiver): eligibility expansion for Family Planning Services to uninsured women (ages 18 to 44) with incomes up to 185% of the FPL who are not otherwise eligible for Medicaid, SCHIP, Medicare, or any other insurance coverage.

Managed Care

- Primary Care Case Management (PCCM): provides health care services for most Medicaid recipients in 202 Texas counties. The PCP serves as the medical home.
- Commercial Managed Care Organization (MCO)
- Medicaid-only Managed Care Organization (MCO)
- Prepaid Inpatient Health Plan (PIHP)

State of Texas Access Reform (STAR): The STAR program, the state's managed care program. And serves 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 aged and disabled Medicaid recipients in 29 Texas counties as of January, 2007.

Coverage for Targeted Population

- Medically Needy
- Integrated Care: Services in certain counties to disabled individuals age 65 and older that have complex medical needs and require coordinated care Operational January, 2007.

Medicaid

SOUTHERN REGION MEDICAID PROFILE

- 23 optional services are offered.
- Health and Human Service Commission (HHSC) implemented the Breast and Cervical Cancer Treatment Act on December 1, 2002.

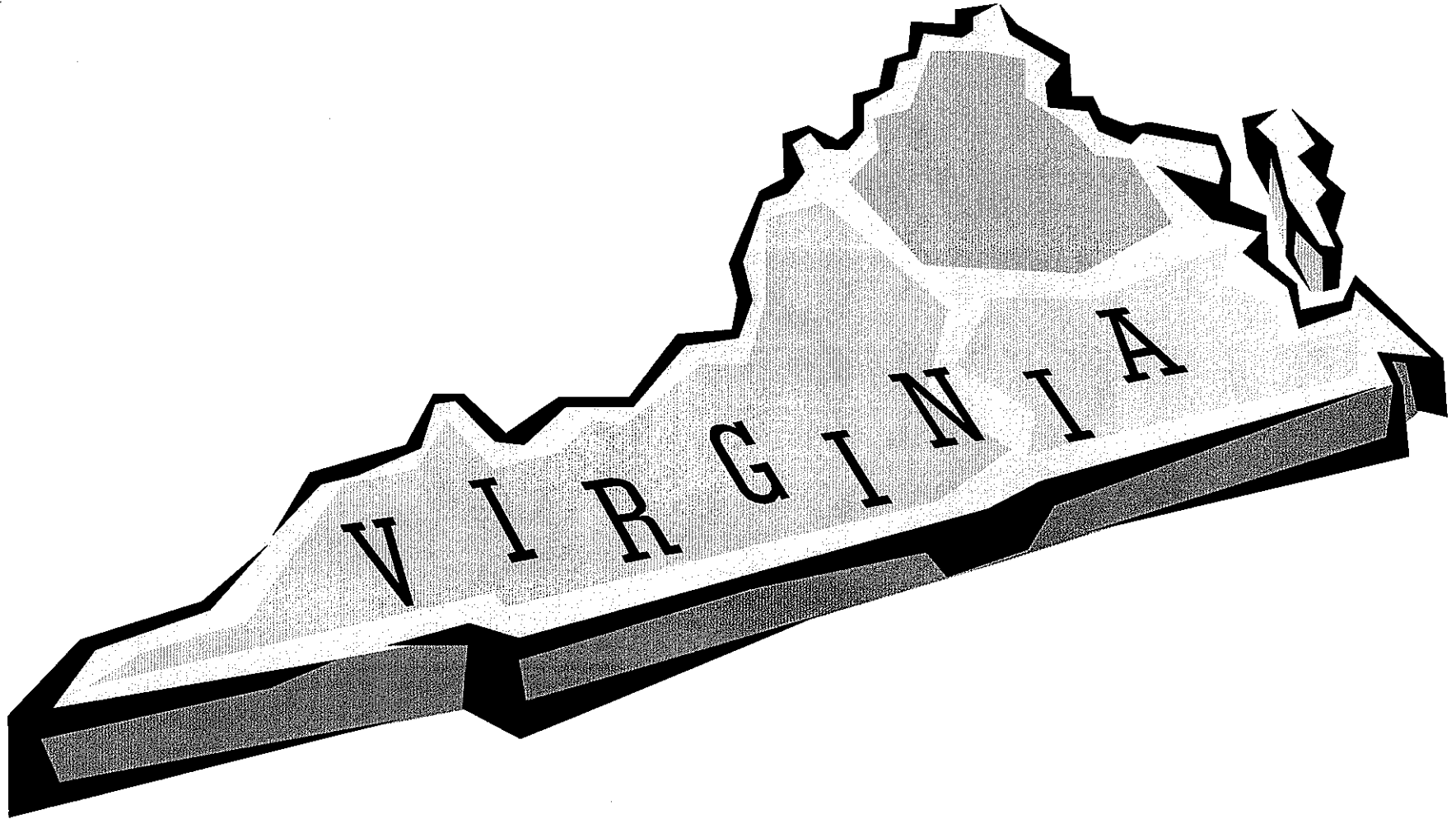
Children's Health Insurance Program: Medicaid Expansion

- 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.
- Texas CHIP provides a benefit package the same as regular Medicaid to eligible individuals.
- TexCare provides for cost sharing by covered individuals as follows:
 - 100%-150% pay an annual enrollment fee of \$15
 - 151%-185% pay a monthly premium of \$20
 - 186%-200% pay a monthly premium of \$25
- Additional cost sharing provisions as follows:
 - \$3 to \$10 for office visits
 - \$3 to \$50 for emergency room visits
 - \$3 to \$5 for generic drugs
 - \$3 to \$20 for brand name drugs
 - \$10 to \$100 for inpatient hospital stays
- The 78th Legislature instituted the following for the FY 2004-2005 biennium:
 1. Maintained income eligibility at 200% of the FPL.
 2. Eliminated deductions to income so that eligibility is based on gross income.
 3. Restricted eligibility to families at or above 150% of the FPL to those with assets within allowable levels.
 4. Allowed establishment of cost-sharing at federal maximum levels.
 5. Changed the term of coverage (continuous eligibility period) from 12 to 6 months.
 6. Established a 90-day waiting period between eligibility determination and coverage.
 7. Reduced provider payment rates by 5%. However, that decrease was partially restored to a 2.5% decrease.
 8. Limited the benefits package to coverage of basic health services.

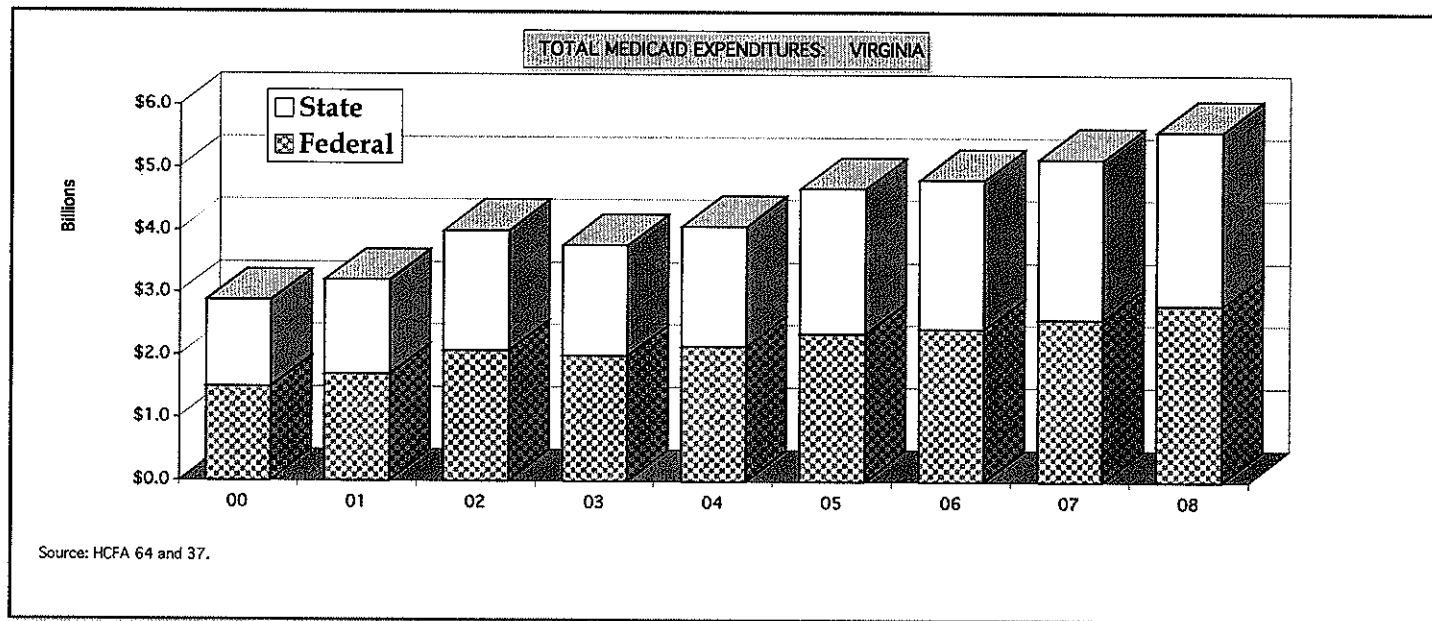
Children's Health Insurance Program: Medicaid Expansion (Continued)

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

STATE MEDICAID PROFILE



SOUTHERN REGION MEDICAID PROFILE



State profile revised to reflect MSIS statistical data as reported by CMS for federal fiscal years 00 through 05.

	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05	FFY 06	FFY 07*	FFY 08**	Annual Rate of Change	Total Change 00-08
Medicaid Payments	\$2,728,848,408	\$3,036,846,387	\$3,812,974,394	\$3,546,523,934	\$3,825,216,022	\$4,425,080,633	\$4,608,204,870	\$4,875,661,000	\$5,297,137,000	8.6%	94.1%
Federal Share	\$1,416,141,298	\$1,609,651,633	\$1,970,610,963	\$1,869,950,793	\$2,015,926,926	\$2,220,054,737	\$2,316,161,133	\$2,442,198,000	\$2,653,035,000	8.2%	87.3%
State Share	\$1,312,707,110	\$1,427,194,754	\$1,842,363,431	\$1,676,573,141	\$1,809,289,096	\$2,205,025,896	\$2,292,043,737	\$2,433,463,000	\$2,644,102,000	9.1%	101.4%
Administrative Costs	\$147,814,821	\$164,701,821	\$187,346,225	\$226,683,382	\$245,400,541	\$259,286,946	\$221,084,628	\$275,528,000	\$295,966,000	9.1%	100.2%
Federal Share	\$80,346,985	\$91,978,257	\$107,612,082	\$126,857,855	\$132,460,212	\$137,217,207	\$122,261,965	\$151,535,000	\$158,315,000	8.8%	97.0%
State Share	\$67,467,836	\$72,723,564	\$79,734,143	\$99,825,527	\$112,940,329	\$122,069,739	\$98,822,663	\$123,993,000	\$137,651,000	9.3%	104.0%
Admin. Costs as % of Payments	5.42%	5.42%	4.91%	6.39%	6.42%	5.86%	4.80%	5.65%	5.59%		
Federal Match Rate*	51.67%	51.85%	51.45%	50.53%	50.00%	50.00%	50.00%	50.00%	50.00%		

*Rate shown is for Medicaid payments only. The EMAP (Federal Medical Assistance Percentage) is based on the relationship between each state's per capita personal income and that of the nation as a whole for the three most recent years. Federal share of state administrative costs is usually 50 percent or 75 percent, depending on function and whether or not medical personnel are used. **Federal Fiscal Years 07 and 08 reflect latest estimates reported by each state (CMS 37).

SOUTHERN REGION MEDICAID PROFILE

STATE FINANCING

	Payments		Administration	
	FFY 00	FFY 06	FFY 00	FFY 06
State General Fund*	\$1,312,707,110	\$2,292,043,737	\$67,467,836	\$98,822,663
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	\$1,312,707,110	\$2,292,043,737	\$67,467,836	\$98,822,663

Provider Taxes Currently in Place (FFY 06)

Tax Rate

Amount

NO PROVIDER TAXES

DISPROPORTIONATE SHARE HOSPITAL (DSH) PAYMENTS

	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05	FFY 06	FFY 07*	FFY 08**	Annual Change
General Hospitals	\$131,366,225	\$231,973,515	\$178,098,932	\$151,299,116	\$109,878,282	\$136,511,580	\$151,952,640	\$155,139,000	\$146,597,000	-3.2%
Mental Hospitals	\$9,187,746	\$1,752,745	\$2,919,603	\$3,996,406	\$4,434,210	\$4,675,525	\$4,907,855	\$6,469,000	\$7,219,000	16.3%
Total	\$140,553,971	\$233,726,260	\$181,018,535	\$155,295,522	\$114,312,492	\$141,187,105	\$156,860,495	\$161,608,000	\$153,816,000	-2.7%

SELECTED ELIGIBILITY CRITERIA

	2006	% 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		133.0%
SSI Eligibility Levels		
Income:		
Single Person	\$603	73.8%
Couple	\$904	82.2%
Resources:		
Single Person	\$2,000	
Couple	\$3,000	

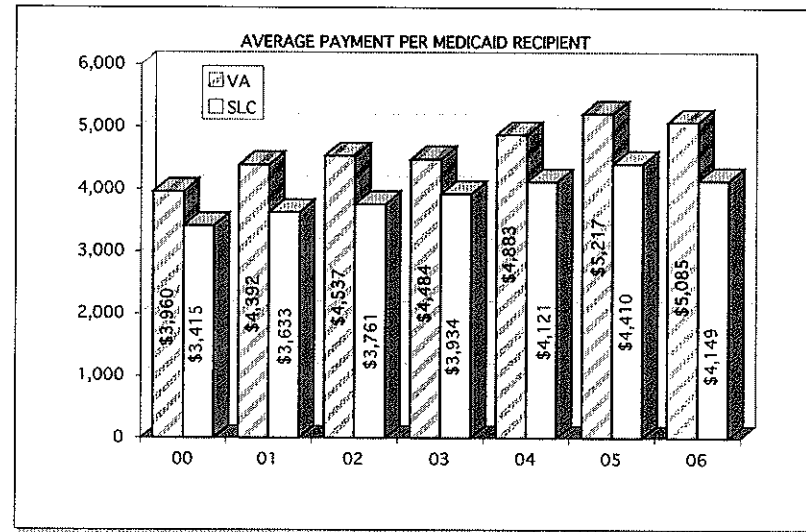
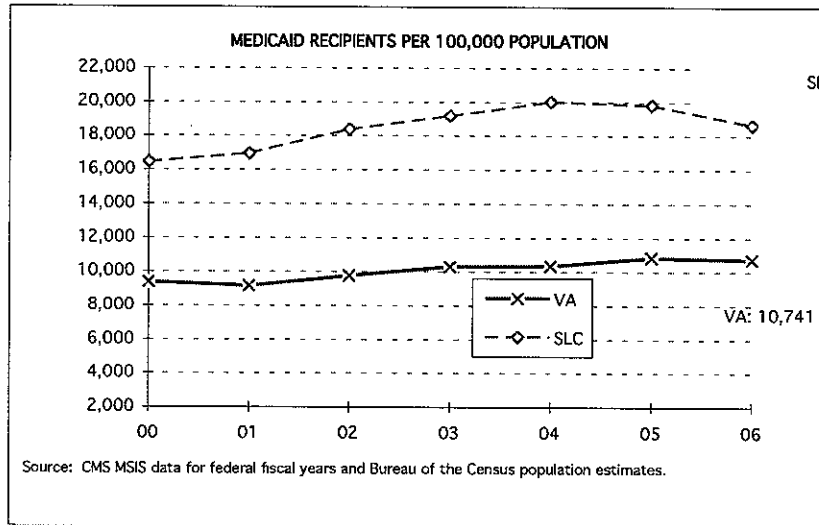
DEMOGRAPHIC DATA & POVERTY INDICATORS (2006)

		Rank in U.S.
State population—December 21, 2009*	7,640,249	12
Per capita personal income**	\$39,564	9
Median household income**	\$55,108	10
Population below Federal Poverty Level*	695,263	
Percent of total state population	9.1%	44
Population without health insurance coverage*	1,006,000	13
Percent of total state population	13.2%	
Recipients of Food Stamps***	506,656	21
Households receiving Food Stamps***	226,595	
Total value of issuance***	\$525,712,148	20
Average monthly benefit per recipient	\$86.47	42
Average monthly benefit per household	\$193.34	
Monthly recipients of Temporary Assistance to Needy Families (TANF)****	24,480	33
Total TANF payments****	\$80,247,175	16
Average monthly payment per recipient	\$273.17	
Maximum monthly payment per family of 3	\$354.00	31

*Current (2006) federal poverty level is \$9,800 per year for a single person, \$13,200 for a family of two and \$16,600 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 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05	FFY 06	Annual Change
01. General Hospital	82,264	84,209	80,664	71,321	114,805	129,721	131,039	8.1%
02. Mental Hospital	1,282	1,072	1,161	1,092	1,088	1,461	1,661	4.4%
03. Skilled and Intermediate (non-MR) Care Nursing	27,558	28,157	28,704	27,717	27,902	27,918	28,300	0.4%
04. Intermediate Care for Mentally Retarded	2,174	2,096	2,043	1,990	1,997	2,009	1,934	-1.9%
05. Physician Services	370,014	354,665	353,344	355,133	370,216	378,882	365,202	-0.2%
06. Dental Services	64,429	60,289	53,457	55,788	49,572	44,453	179,032	18.6%
07. Other Practitioners	55,577	51,402	50,645	48,323	32,473	32,021	29,327	-10.1%
08. Outpatient Hospital	220,843	210,511	208,943	193,907	131,841	136,315	127,744	-8.7%
09. Clinic Services	94,799	92,692	87,055	76,957	78,451	84,103	88,747	-1.1%
10. Lab and X-Ray	244,111	225,936	214,515	219,910	154,804	137,796	125,940	-10.4%
11. Home Health	5,928	4,767	4,245	3,849	3,433	4,047	3,628	-7.9%
12. Prescribed Drugs	347,251	333,880	319,196	325,047	314,942	323,447	297,495	-2.5%
13. Family Planning	2,737	1,821	1,548	1,015	3,111	2,395	2,172	-3.8%
14. Early & Periodic Screening, Diagnosis & Treatment	0	0	0	0	0	0	0	n/a
15. Other Care	155,986	152,456	131,519	130,545	127,303	99,482	96,400	-7.7%
16. Personal Care Support Services	40,638	41,474	40,977	40,966	34,788	38,378	38,724	-0.8%
17. Home/Community Based Waiver Services	0	0	0	0	13	0	0	-100.0%
18. Prepaid Health Care	213,085	228,312	364,939	460,732	402,401	449,964	498,146	15.2%
19. Primary Care Case Management (PCCM) Services	0	0	157,363	97,508	115,751	119,255	83,016	-14.8%
Total*	627,214	618,395	665,203	709,488	732,009	778,407	820,625	4.6%

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

SOUTHERN REGION MEDICAID PROFILE

<u>PAYMENTS BY TYPE OF SERVICES</u>	<u>FFY 00</u>	<u>FFY 01</u>	<u>FFY 02</u>	<u>FFY 03</u>	<u>FFY 04</u>	<u>FFY 05</u>	<u>FFY 06</u>	<u>Annual Change</u>	<u>Share of Total FFY 06</u>
01. General Hospital	\$290,073,429	\$306,800,486	\$301,672,203	\$270,602,504	\$335,741,809	\$388,448,193	\$435,558,164	7.0%	10.4%
02. Mental Hospital	\$17,425,643	\$20,369,771	\$21,474,944	\$19,076,833	\$23,841,347	\$25,375,704	\$23,507,070	5.1%	0.6%
03. Skilled and Intermediate (non-MR) Care Nursing	\$482,194,747	\$528,748,396	\$558,401,245	\$569,073,108	\$636,710,235	\$676,239,132	\$708,021,227	6.6%	17.0%
04. Intermediate Care for Mentally Retarded	\$176,202,282	\$185,046,982	\$201,609,510	\$188,051,360	\$221,877,862	\$228,011,377	\$224,257,037	4.1%	5.4%
05. Physician Services	\$132,056,707	\$124,707,825	\$117,218,044	\$130,824,089	\$157,115,548	\$179,963,122	\$167,232,636	4.0%	4.0%
06. Dental Services	\$14,148,248	\$14,306,994	\$12,594,214	\$13,351,434	\$13,075,726	\$11,966,202	\$70,888,422	30.8%	1.7%
07. Other Practitioners	\$6,633,878	\$7,016,406	\$7,163,009	\$6,842,826	\$4,957,832	\$4,705,350	\$4,501,761	-6.3%	0.1%
08. Outpatient Hospital	\$110,176,809	\$107,939,847	\$112,247,860	\$103,053,593	\$89,019,327	\$99,271,432	\$87,239,859	-3.8%	2.1%
09. Clinic Services	\$34,567,196	\$33,111,173	\$32,639,726	\$29,270,386	\$32,421,159	\$83,006,490	\$127,220,040	24.3%	3.0%
10. Lab and X-Ray	\$28,482,687	\$27,252,883	\$25,843,168	\$26,214,303	\$18,484,915	\$17,546,442	\$16,323,049	-8.9%	0.4%
11. Home Health	\$6,664,484	\$5,207,547	\$4,750,009	\$4,235,869	\$3,173,499	\$4,759,567	\$4,656,598	-5.8%	0.1%
12. Prescribed Drugs	\$382,471,744	\$419,133,293	\$453,663,058	\$506,529,241	\$578,855,766	\$631,070,476	\$349,595,911	-1.5%	8.4%
13. Family Planning	\$2,976,456	\$2,527,392	\$2,137,997	\$1,531,497	\$5,673,872	\$5,722,341	\$5,629,003	11.2%	0.1%
14. Early & Periodic Screening, Diagnosis & Treatment	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a	0.0%
15. Other Care	\$340,586,197	\$415,415,016	\$435,632,317	\$465,716,321	\$514,563,272	\$568,108,754	\$635,364,419	11.0%	15.2%
16. Personal Care Support Services	\$137,275,767	\$139,909,931	\$141,998,594	\$140,330,684	\$148,956,028	\$173,046,318	\$180,761,323	4.7%	4.3%
17. Home/Community Based Waiver Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a	0.0%
18. Prepaid Health Care	\$321,994,437	\$378,468,376	\$586,504,919	\$704,444,392	\$786,679,373	\$960,249,739	\$1,129,789,669	23.3%	27.1%
19. Primary Case Management (PCCM) Services	\$0	\$0	\$2,318,832	\$1,841,649	\$3,024,216	\$3,256,305	\$2,342,392	0.3%	0.1%
Total (excludes DSH pymts, pharmacy rebates, & other adjs.)	\$2,483,930,711	\$2,715,962,318	\$3,017,869,649	\$3,180,990,089	\$3,574,171,786	\$4,060,746,944	\$4,172,888,580	9.0%	100.0%
<u>AVERAGE PAYMENTS PER RECIPIENT BY TYPE OF SERVICES</u>									
								(+) or (-) SLC	
								<u>Avg. FFY 06</u>	
01. General Hospital	\$3,526.13	\$3,643.32	\$3,739.86	\$3,794.15	\$2,924.45	\$2,994.49	\$3,323.88	-1.0%	-38.1%
02. Mental Hospital	\$13,592.55	\$19,001.65	\$18,496.94	\$17,469.63	\$21,913.00	\$17,368.72	\$14,152.36	0.7%	-21.0%
03. Skilled and Intermediate (non-MR) Care Nursing	\$17,497.45	\$18,778.58	\$19,453.78	\$20,531.55	\$22,819.52	\$24,222.33	\$25,018.42	6.1%	3.8%
04. Intermediate Care for Mentally Retarded	\$81,049.81	\$88,285.77	\$98,683.07	\$94,498.17	\$111,105.59	\$113,494.96	\$115,955.03	6.2%	32.3%
05. Physician Services	\$356.90	\$351.62	\$331.74	\$368.38	\$424.39	\$474.98	\$457.92	4.2%	-17.1%
06. Dental Services	\$219.59	\$237.31	\$235.60	\$239.32	\$263.77	\$269.19	\$395.95	10.3%	8.9%
07. Other Practitioners	\$119.36	\$136.50	\$141.44	\$141.61	\$152.68	\$146.95	\$153.50	4.3%	-34.0%
08. Outpatient Hospital	\$498.89	\$512.75	\$537.22	\$531.46	\$675.20	\$728.25	\$682.93	5.4%	9.5%
09. Clinic Services	\$364.64	\$357.22	\$374.93	\$380.35	\$413.27	\$986.96	\$1,433.51	25.6%	104.3%
10. Lab and X-Ray	\$116.68	\$120.62	\$120.47	\$119.20	\$119.41	\$127.34	\$129.61	1.8%	-39.9%
11. Home Health	\$1,124.24	\$1,092.42	\$1,118.97	\$1,100.51	\$924.41	\$1,176.07	\$1,283.52	2.2%	-68.3%
12. Prescribed Drugs	\$1,101.43	\$1,255.34	\$1,421.27	\$1,558.33	\$1,837.98	\$1,951.08	\$1,175.13	1.1%	21.4%
13. Family Planning	\$1,087.49	\$1,387.91	\$1,381.14	\$1,508.86	\$1,823.81	\$2,389.29	\$2,591.62	15.6%	117.2%
14. Early & Periodic Screening, Diagnosis & Treatment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	n/a	n/a
15. Other Care	\$2,183.44	\$2,724.82	\$3,312.31	\$3,567.48	\$4,042.04	\$5,710.67	\$6,590.92	20.2%	254.9%
16. Personal Care Support Services	\$3,378.01	\$3,373.44	\$3,465.32	\$3,425.54	\$4,281.82	\$4,509.00	\$4,667.94	5.5%	148.0%
17. Home/Community Based Waiver Services	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	n/a	n/a
18. Prepaid Health Care	\$1,511.11	\$1,657.68	\$1,607.13	\$1,528.97	\$1,954.96	\$2,134.06	\$2,267.99	7.0%	99.9%
19. Primary Case Management (PCCM) Services	\$0.00	\$0.00	\$14.74	\$18.89	\$26.13	\$27.31	\$28.22	17.6%	1.5%
Total (Average)	\$3,960.26	\$4,391.95	\$4,536.76	\$4,483.50	\$4,882.69	\$5,216.74	\$5,085.01	4.3%	22.6%
TOTAL PER CAPITA EXPENDITURES	\$431.53	\$475.43	\$589.03	\$549.00	\$575.07	\$651.72	\$632.09	6.6%	-28.4%

Source: MSIS data for FFY 00-06.

SOUTHERN REGION MEDICAID PROFILE

DATA BY OTHER CHARACTERISTICS

RECIPIENTS BY OTHER CHARACTERISTICS

	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05	FFY 06	Annual Change	Share of Total FFY 06
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	195,118	139,233	134,495	136,553	140,262	142,739	145,715	-4.7%	17.8%
Poverty Related Eligibles	264,873	310,379	359,514	400,493	424,606	450,010	478,037	10.3%	58.3%
Medically Needy	8,966	7,756	6,773	6,226	7,260	7,904	7,794	-2.3%	0.9%
Other Eligibles	130,344	137,511	139,729	126,459	136,384	155,959	169,178	4.4%	20.6%
Maintenance Assistance Status Unknown	27,913	23,516	24,692	39,757	23,497	21,795	19,901	-5.5%	2.4%
Total	627,214	618,395	665,203	709,488	732,009	778,407	820,625	4.6%	100.0%
By Basis of Eligibility									
Aged, Blind, or Disabled	197,120	198,590	203,452	204,705	210,060	216,226	220,107	1.9%	26.8%
Children	307,718	304,900	338,626	363,561	386,701	412,610	442,937	6.3%	54.0%
Foster Care Children	11,520	11,895	12,593	11,925	12,784	13,177	13,849	3.1%	1.7%
Adults	82,943	79,473	85,840	89,330	98,967	114,239	123,421	6.8%	15.0%
Basis of Eligibility Unknown	27,913	23,537	24,692	39,967	23,497	22,155	20,311	-5.2%	2.5%
Total	627,214	618,395	665,203	709,488	732,009	778,407	820,625	4.6%	100.0%
By Age									
Under Age 1	25,531	25,522	26,381	27,078	29,046	32,340	33,494	4.6%	4.1%
Age 1 to 5	114,543	114,477	124,523	131,652	145,041	154,374	163,017	19.9%	19.9%
Age 6 to 14	148,654	145,627	161,520	171,791	175,609	184,049	197,700	4.9%	24.1%
Age 15 to 20	63,557	63,521	71,544	76,625	81,778	89,018	98,203	7.5%	12.0%
Age 21 to 44	110,614	107,808	114,589	118,942	128,150	142,613	150,984	5.3%	18.4%
Age 45 to 64	53,524	55,184	58,446	60,620	64,943	69,861	73,816	5.5%	9.0%
Age 65 to 74	33,334	33,143	33,421	33,092	33,555	33,702	33,550	0.1%	4.1%
Age 75 to 84	30,068	30,225	30,746	30,711	31,195	31,093	30,524	0.3%	3.7%
Age 85 and Over	19,477	19,372	19,340	19,220	19,195	19,560	19,436	0.0%	2.4%
Age Unknown	27,912	23,516	24,693	39,757	23,497	21,797	19,901	-5.5%	2.4%
Total	627,214	618,395	665,203	709,488	732,009	778,407	820,625	4.6%	100.0%
By Race									
White	271,176	267,089	289,560	302,705	314,996	331,477	346,647	4.2%	42.2%
Black	287,478	283,452	300,204	308,911	323,055	340,176	354,825	3.6%	43.2%
Hispanic, American Indian or Asian	39,478	38,922	49,260	56,628	69,314	83,084	90,928	14.9%	11.1%
Other/Unknown	29,082	28,932	26,179	41,244	24,644	23,670	28,225	-0.5%	3.4%
Total*	627,214	618,395	665,203	709,488	732,009	778,407	820,625	4.6%	100.0%
By Sex									
Female	362,442	357,158	382,953	398,627	421,685	451,441	476,415	4.7%	58.1%
Male	236,860	233,475	257,559	271,097	286,785	305,144	324,281	5.4%	39.5%
Unknown	27,912	27,762	24,691	39,764	23,539	21,822	19,929	-5.5%	2.4%
Total*	627,214	618,395	665,203	709,488	732,009	778,407	820,625	4.6%	100.0%

Source: MSIS data for FFY 00-06.

SOUTHERN REGION MEDICAID PROFILE

PAYMENTS BY OTHER CHARACTERISTICS

	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05	FFY 06	Annual Change	Share of Total FFY 06
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	\$1,087,712,653	\$1,110,404,548	\$1,194,902,103	\$1,254,777,240	\$1,403,195,799	\$1,525,271,811	\$1,517,199,920	5.7%	36.4%
Poverty Related Eligibles	\$314,524,110	\$386,174,941	\$538,512,263	\$659,704,101	\$658,848,235	\$776,147,980	\$855,992,320	18.2%	20.5%
Medically Needy	\$98,539,846	\$83,483,138	\$75,208,245	\$69,933,437	\$93,662,322	\$116,428,679	\$117,242,202	2.9%	2.8%
Other Eligibles	\$962,110,325	\$1,111,702,252	\$1,183,053,561	\$1,141,383,137	\$1,385,502,660	\$1,609,520,271	\$1,647,552,170	9.4%	39.5%
Maintenance Assistance Status Unknown	\$21,043,777	\$24,197,439	\$26,193,477	\$55,192,174	\$32,962,770	\$33,378,203	\$34,901,968	8.8%	0.8%
Total	\$2,483,930,711	\$2,715,962,318	\$3,017,869,649	\$3,180,990,089	\$3,574,171,786	\$4,060,746,944	\$4,172,888,580	9.0%	100.0%
By Basis of Eligibility									
Aged, Blind or Disabled	\$1,881,789,124	\$2,062,331,683	\$2,245,634,923	\$2,331,455,149	\$2,617,797,463	\$2,864,409,763	\$2,801,158,552	6.9%	67.1%
Children	\$356,524,289	\$372,517,263	\$448,607,412	\$489,713,489	\$556,884,352	\$664,658,608	\$787,384,382	14.1%	18.9%
Foster Care Children	\$39,406,198	\$71,981,745	\$82,154,781	\$74,890,109	\$100,828,450	\$116,962,657	\$133,771,327	22.6%	3.2%
Adults	\$185,167,323	\$184,861,574	\$213,941,075	\$227,137,553	\$265,698,751	\$375,701,225	\$410,300,748	14.2%	9.8%
Basis of Eligibility Unknown	\$21,043,777	\$24,270,053	\$27,531,458	\$57,793,789	\$32,962,770	\$39,014,691	\$40,273,571	11.4%	1.0%
Total	\$2,483,930,711	\$2,715,962,318	\$3,017,869,649	\$3,180,990,089	\$3,574,171,786	\$4,060,746,944	\$4,172,888,580	9.0%	100.0%
By Age									
Under Age 1	\$74,142,678	\$78,724,164	\$88,568,250	\$86,845,468	\$98,959,235	\$120,197,280	\$133,396,410	10.3%	3.2%
Age 1 to 5	\$174,953,639	\$182,084,505	\$215,506,887	\$217,796,177	\$253,201,206	\$286,175,741	\$347,386,773	12.1%	8.3%
Age 6 to 14	\$183,901,586	\$204,966,655	\$238,065,733	\$259,542,654	\$289,492,194	\$340,787,137	\$393,947,031	13.5%	9.4%
Age 15 to 20	\$134,382,892	\$163,655,354	\$190,580,444	\$209,274,245	\$247,275,103	\$291,424,671	\$340,120,554	16.7%	8.2%
Age 21 to 44	\$622,611,314	\$660,803,841	\$716,756,954	\$744,213,985	\$828,317,002	\$975,276,955	\$1,006,901,661	8.3%	24.1%
Age 45 to 64	\$509,435,844	\$579,694,991	\$657,522,290	\$699,035,518	\$815,030,543	\$941,132,688	\$962,018,086	11.2%	23.1%
Age 65 to 74	\$226,162,232	\$241,634,542	\$264,906,730	\$277,327,512	\$308,937,354	\$326,607,416	\$274,601,101	3.3%	6.6%
Age 75 to 84	\$274,192,117	\$296,822,232	\$320,962,297	\$327,397,076	\$365,996,529	\$387,666,767	\$337,455,032	3.5%	8.1%
Age 85 and Over	\$263,104,723	\$283,378,595	\$298,804,739	\$304,365,280	\$333,999,850	\$358,094,380	\$342,159,964	4.5%	8.2%
Age Unknown	\$21,043,686	\$24,197,439	\$26,195,325	\$55,192,174	\$32,962,770	\$33,383,909	\$34,901,968	8.8%	0.8%
Total	\$2,483,930,711	\$2,715,962,318	\$3,017,869,649	\$3,180,990,089	\$3,574,171,786	\$4,060,746,944	\$4,172,888,580	9.0%	100.0%
By Race									
White	\$1,390,383,251	\$1,522,509,121	\$1,681,790,686	\$1,740,435,085	\$1,961,183,112	\$2,185,324,452	\$2,185,610,509	7.8%	52.4%
Black	\$962,905,449	\$1,052,438,102	\$1,158,956,731	\$1,216,848,210	\$1,376,878,915	\$1,588,003,529	\$1,663,752,662	9.5%	39.9%
Hispanic, American Indian or Asian	\$105,441,247	\$114,695,173	\$146,011,056	\$163,075,425	\$197,521,902	\$246,443,082	\$265,188,207	16.6%	6.4%
Other/Unknown	\$25,200,764	\$26,319,922	\$31,111,176	\$60,631,369	\$38,587,857	\$40,975,881	\$58,337,202	15.0%	1.4%
Total*	\$2,483,930,711	\$2,715,962,318	\$3,017,869,649	\$3,180,990,089	\$3,574,171,786	\$4,060,746,944	\$4,172,888,580	9.0%	100.0%
By Sex									
Female	\$1,508,799,560	\$1,651,670,755	\$1,810,956,030	\$1,888,500,408	\$2,127,336,625	\$2,434,887,704	\$2,464,618,341	8.5%	59.1%
Male	\$953,525,708	\$1,041,911,834	\$1,180,721,261	\$1,237,271,558	\$1,413,393,155	\$1,591,960,499	\$1,672,681,927	9.8%	40.1%
Unknown	\$21,605,443	\$22,379,729	\$26,192,358	\$55,218,123	\$33,442,006	\$33,898,741	\$35,588,312	8.7%	0.9%
Total*	\$2,483,930,711	\$2,715,962,318	\$3,017,869,649	\$3,180,990,089	\$3,574,171,786	\$4,060,746,944	\$4,172,888,580	9.0%	100.0%

Source: MSIS data for FFY 00-06.

SOUTHERN REGION MEDICAID PROFILE

AVERAGE PAYMENT PER RECIPIENT BY OTHER CHARACTERISTICS

	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05	FFY 06	Annual Change	Above (+) or Below (-) SLIC Avg. FFY 06
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	\$5,574.64	\$7,975.15	\$8,884.36	\$9,188.94	\$10,004.11	\$10,685.74	\$10,412.11	11.0%	81.6%
Poverty Related Eligibles	\$1,187.45	\$1,244.20	\$1,497.89	\$1,647.23	\$1,551.67	\$1,724.73	\$1,790.64	7.1%	-9.8%
Medically Needy	\$10,990.39	\$10,763.68	\$11,104.13	\$11,232.48	\$12,901.15	\$14,730.35	\$15,042.62	5.4%	90.2%
Other Eligibles	\$7,381.32	\$8,084.46	\$8,466.77	\$9,025.72	\$10,158.84	\$10,320.15	\$9,738.57	4.7%	37.5%
Maintenance Assistance Status Unknown	\$753.91	\$1,028.98	\$1,060.81	\$1,388.24	\$1,402.85	\$1,531.46	\$1,753.78	15.1%	-41.3%
Total	\$3,960.26	\$4,391.95	\$4,536.76	\$4,483.50	\$4,882.69	\$5,216.74	\$5,085.01	4.3%	22.6%
By Basis of Eligibility									
Aged, Blind or Disabled	\$9,546.41	\$10,384.87	\$11,037.66	\$11,389.34	\$12,462.14	\$13,247.30	\$12,726.35	4.9%	16.5%
Children	\$1,158.61	\$1,221.77	\$1,324.79	\$1,346.99	\$1,440.09	\$1,610.86	\$1,777.64	7.4%	13.0%
Foster Care Children	\$3,420.68	\$6,051.43	\$6,523.85	\$6,280.09	\$7,887.08	\$8,876.27	\$9,659.28	18.9%	37.1%
Adults	\$2,232.46	\$2,326.09	\$2,492.32	\$2,542.68	\$2,684.72	\$3,288.73	\$3,324.40	6.9%	17.7%
Basis of Eligibility Unknown	\$753.91	\$1,031.14	\$1,115.00	\$1,446.04	\$1,402.85	\$1,760.99	\$1,982.85	17.5%	-35.5%
Total	\$3,960.26	\$4,391.95	\$4,536.76	\$4,483.50	\$4,882.69	\$5,216.74	\$5,085.01	4.3%	22.6%
By Age									
Under Age 1	\$2,904.03	\$3,084.56	\$3,357.27	\$3,207.23	\$3,406.98	\$3,716.68	\$3,982.70	5.4%	0.8%
Age 1 to 5	\$1,527.41	\$1,590.58	\$1,730.66	\$1,654.33	\$1,745.72	\$1,853.78	\$2,130.98	5.7%	12.3%
Age 6 to 14	\$1,237.11	\$1,407.48	\$1,473.91	\$1,510.80	\$1,648.50	\$1,851.61	\$1,992.65	8.3%	8.6%
Age 15 to 20	\$2,114.37	\$2,576.40	\$2,663.82	\$2,731.15	\$3,023.74	\$3,273.77	\$3,463.44	8.6%	20.3%
Age 21 to 44	\$5,628.68	\$6,129.45	\$6,255.02	\$6,256.95	\$6,463.65	\$6,838.63	\$6,668.93	2.9%	30.3%
Age 45 to 64	\$9,517.90	\$10,504.77	\$11,250.08	\$11,531.43	\$12,549.94	\$13,471.50	\$13,032.65	5.4%	25.7%
Age 65 to 74	\$6,784.73	\$7,290.67	\$7,926.36	\$8,380.50	\$9,206.89	\$9,691.04	\$8,184.83	3.2%	21.6%
Age 75 to 84	\$9,119.07	\$9,820.42	\$10,439.16	\$10,660.58	\$11,732.54	\$12,467.98	\$11,055.40	3.3%	7.0%
Age 85 and Over	\$13,508.48	\$14,628.26	\$15,450.09	\$15,835.86	\$17,400.36	\$18,307.48	\$17,604.44	4.5%	3.3%
Age Unknown	\$753.93	\$1,028.98	\$1,060.84	\$1,388.24	\$1,402.85	\$1,531.58	\$1,753.78	15.1%	-41.3%
Total	\$3,960.26	\$4,391.95	\$4,536.76	\$4,483.50	\$4,882.69	\$5,216.74	\$5,085.01	4.3%	22.6%
By Race									
White	\$5,127.24	\$5,700.38	\$5,808.09	\$5,749.61	\$6,226.06	\$6,592.69	\$6,305.00	3.5%	23.7%
Black	\$3,349.50	\$3,712.93	\$3,860.56	\$3,939.15	\$4,262.06	\$4,668.18	\$4,688.94	5.8%	26.9%
Hispanic, American Indian or Asian	\$2,670.86	\$2,946.80	\$2,964.09	\$2,879.77	\$2,849.67	\$2,966.19	\$2,916.46	1.5%	4.6%
Other/Unknown	\$866.54	\$909.72	\$1,188.40	\$1,470.07	\$1,565.81	\$1,731.13	\$2,066.86	15.6%	-49.1%
Total	\$3,960.26	\$4,391.95	\$4,536.76	\$4,483.50	\$4,882.69	\$5,216.74	\$5,085.01	4.3%	22.6%
By Sex									
Female	\$4,162.88	\$4,624.48	\$4,728.93	\$4,737.51	\$5,044.85	\$5,393.59	\$5,173.26	3.7%	20.6%
Male	\$4,025.69	\$4,462.63	\$4,584.27	\$4,563.94	\$4,928.41	\$5,217.08	\$5,158.12	4.2%	24.0%
Unknown	\$774.05	\$806.13	\$1,060.81	\$1,388.65	\$1,420.71	\$1,553.42	\$1,785.76	14.9%	-40.0%
Total	\$3,960.26	\$4,391.95	\$4,536.76	\$4,483.50	\$4,882.69	\$5,216.74	\$5,085.01	4.3%	22.6%

Source: MSIS data for FFY 00-06.

SOUTHERN REGION MEDICAID PROFILE

ADDITIONAL STATE HEALTH CARE INFORMATION

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

Waivers

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 has been in operation since January 1, 1996.

services to people who otherwise would require institutionalization. They include:

- Elderly and Disabled with Consumer Direction Waiver: Operating since July 1, 1982.
- Mental Retardation Waiver
- AIDS Waiver: Operating since July 1, 1991.
- Technology Assisted Waiver: Operating since December 1, 1988.
- Assisted Living Waiver, operating since 2005.
- Individual and Family Developmental Disabilities Support Waiver: Operating since July 2000.

Managed Care

- Commercial Managed Care Organization (MCO)
- Medicaid-only Managed Care Organization (MCO)
- Primary Care Case Management (PCCM)
- Prepaid Ambulatory Health Plan (PAHP)

As of December 2007, approximately 64% of Medicaid beneficiaries were enrolled in managed care, and the remaining 36% were receiving benefits in the fee for service program.

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.
- Disease Management: As of 2006, the Disease State Management program provides services to address targeted conditions for certain populations that decide to participate.

SOUTHERN REGION MEDICAID PROFILE

Cost Containment Measures

- Certificate of Need (CON) Program since 1973. Regulates introduction or expansion of new institutional health facilities and services. Nursing home moratorium which had been extended until June 30, 1996 was allowed to expire. The state implemented a new program whereby the department requests proposals for new nursing home beds based on need in each health planning district.
- Legislation passed in 1998 added certain medical equipment to the CON review process and exempted the replacement or upgrade of existing MRI systems from CON requirements.

Medicaid

- 21 optional services are offered.

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)". Children/adolescents birth through 18 in families with income up to 185% of the FPL are eligible for CHIP benefits.

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

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

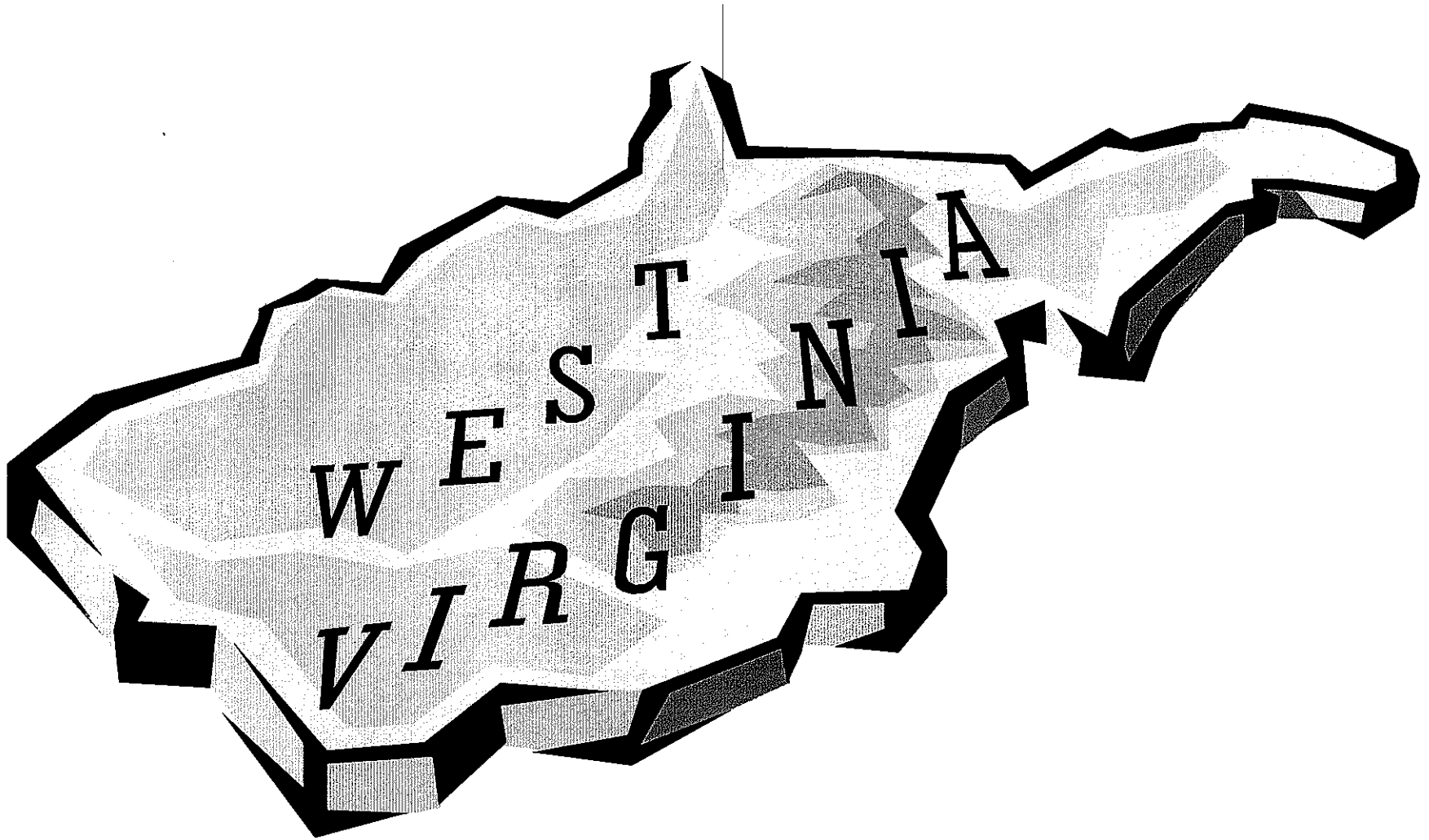
	Status 1*	Status 2*
Outpatient Hospital or Doctor	\$2 per visit	\$5 per visit
Prescription Drugs	\$2 per prescription	\$5 per prescription
Inpatient Hospital	\$15 per admission	\$25 per admission
Non-emergency use of ER	\$10 per visit	\$25 per visit
Yearly Co-payment Limit per Family	\$180	\$350

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

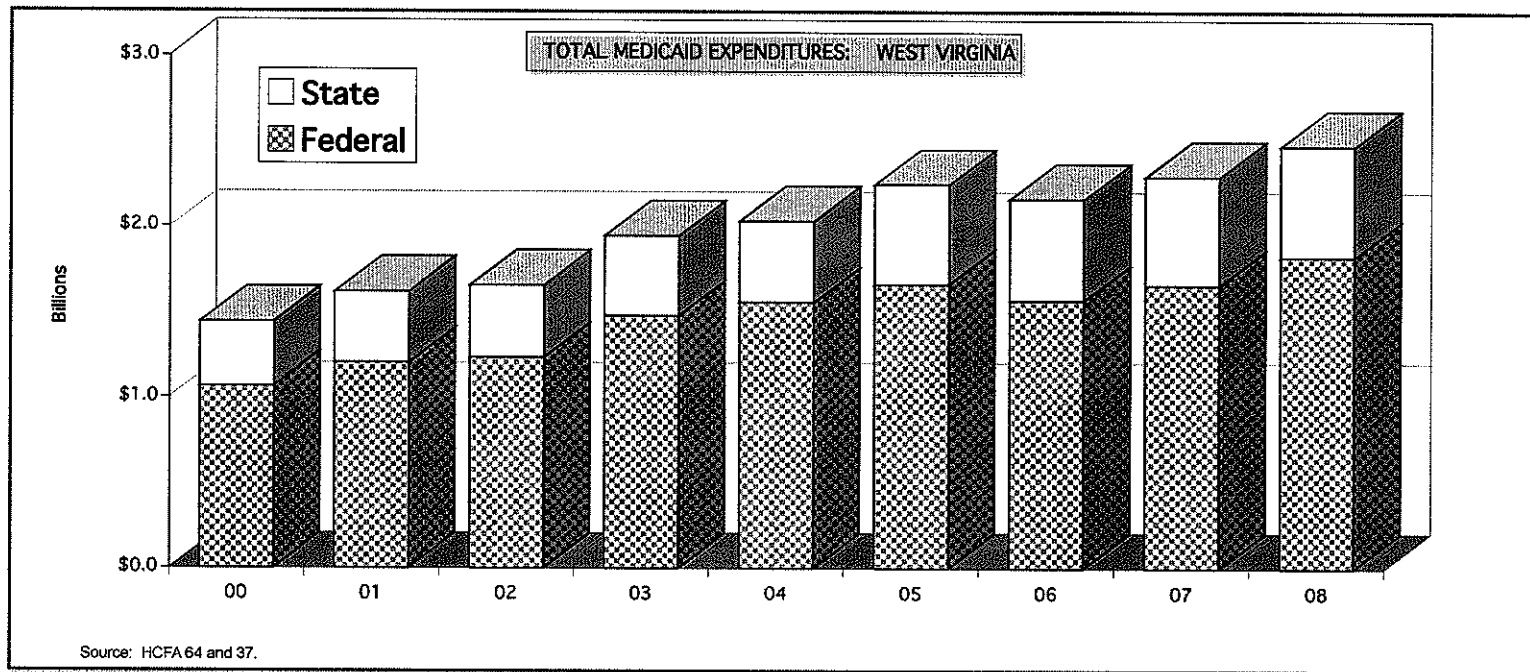
SOUTHERN REGION MEDICAID PROFILE

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

STATE MEDICAID PROFILE



SOUTHERN REGION MEDICAID PROFILE



State profile revised to reflect MSIS statistical data as reported by CMS for federal fiscal years 00 through 05.

	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05	FFY 06	FFY 07*	FFY 08**	Annual Rate of Change	Total Change 00-08
Medicaid Payments	\$1,379,498,961	\$1,548,616,901	\$1,584,169,059	\$1,857,747,927	\$1,937,298,997	\$2,161,356,254	\$2,076,405,404	\$2,196,760,000	\$2,369,508,000	7.0%	71.8%
Federal Share	\$1,031,890,265	\$1,167,100,614	\$1,192,040,463	\$1,424,820,633	\$1,500,814,359	\$1,615,036,128	\$1,517,507,449	\$1,601,719,000	\$1,761,244,000	6.9%	70.7%
State Share	\$347,608,696	\$381,516,287	\$392,128,596	\$432,927,294	\$436,484,638	\$546,320,126	\$558,897,955	\$595,041,000	\$608,264,000	7.2%	75.0%
Administrative Costs	\$62,221,989	\$69,489,949	\$73,009,703	\$88,915,675	\$94,256,418	\$87,988,910	\$87,469,305	\$99,790,000	\$107,548,000	7.1%	72.8%
Federal Share	\$34,378,533	\$38,595,032	\$40,812,461	\$54,801,069	\$56,056,989	\$47,815,048	\$50,293,766	\$57,496,000	\$63,264,000	7.9%	84.0%
State Share	\$27,843,456	\$30,894,917	\$32,197,242	\$34,114,606	\$38,199,429	\$40,173,862	\$37,175,539	\$42,294,000	\$44,284,000	6.0%	59.0%
Admin. Costs as % of Payments	4.51%	4.49%	4.61%	4.79%	4.87%	4.07%	4.21%	4.54%	4.54%		
Federal Match Rate*	74.78%	75.34%	75.27%	75.04%	75.19%	74.65%	72.99%	72.82%	74.25%		

*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 07 and 08 reflect latest estimates reported by each state (CMS 37).

SOUTHERN REGION MEDICAID PROFILE

STATE FINANCING

	Payments		Administration	
	FFY 00	FFY 06	FFY 00	FFY 06
State General Fund	\$347,608,696	\$558,897,955	\$27,843,456	\$37,175,539
Local Funds	\$0	\$0	\$0	\$0
Provider Taxes	\$0	\$0	\$0	\$0
Donations*	\$0	\$0	\$0	\$0
Otier	\$0	\$0	\$0	\$0
Total State Share	\$347,608,696	\$558,897,955	\$27,843,456	\$37,175,539

***Note: State financing in FY 06 reflects state general fund support only, as other revenue source amounts that support Medicaid spending are unknown at the time this report is generated.

DISPROPORTIONATE SHARE HOSPITAL (DSH) PAYMENTS

	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05	FFY 06	FFY 07*	FFY 08**	Annual Change
General Hospitals	\$49,806,898	\$73,409,402	\$64,896,245	\$59,615,007	\$54,647,047	\$59,021,029	\$53,909,434	\$68,424,000	\$67,106,000	0.6%
Mental Hospitals	\$11,811,654	\$18,310,287	\$18,898,562	\$16,186,917	\$12,489,463	\$23,291,631	\$20,377,467	\$18,887,000	\$18,523,000	-0.3%
Total	\$61,618,552	\$91,719,689	\$83,794,807	\$75,801,924	\$67,136,510	\$82,312,660	\$74,286,901	\$87,311,000	\$85,629,000	0.4%

Provider Taxes Currently in Place (FFY 06)

	Tax Rate *	Amount
•Hospitals (inpatient and outpatient services)	2.50%	N/A
•ICF/MR-DD/nursing facility services	5.95%	N/A
•Ambulatory surgical ctrs., chiropractors, dentists	1.75%	N/A
svcs, opticians, optometrists, podiatrists, psych svcs & therapists		
•Lab and X-Ray services	5.00%	N/A
•Physicians	.8% for 07/08, phased out in 2010	N/A
•Nurses, Ambulance	1.75% / 5.50%	N/A
* annualized, based on gross revenues.		
*Total amount generated from provider taxes for FY 06 is unknown.		\$0

SELECTED ELIGIBILITY CRITERIA

	2006	% of FPL*
TANF-Temporary Assistance for Needy Families (Family of 3)		
Need Standard		
Payment Standard	\$565	40.8%
Maximum Payment	\$340	24.6%
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	\$603	73.8%
Couple	\$904	82.2%
Resources:		
Single Person	\$2,000	
Couple	\$3,000	

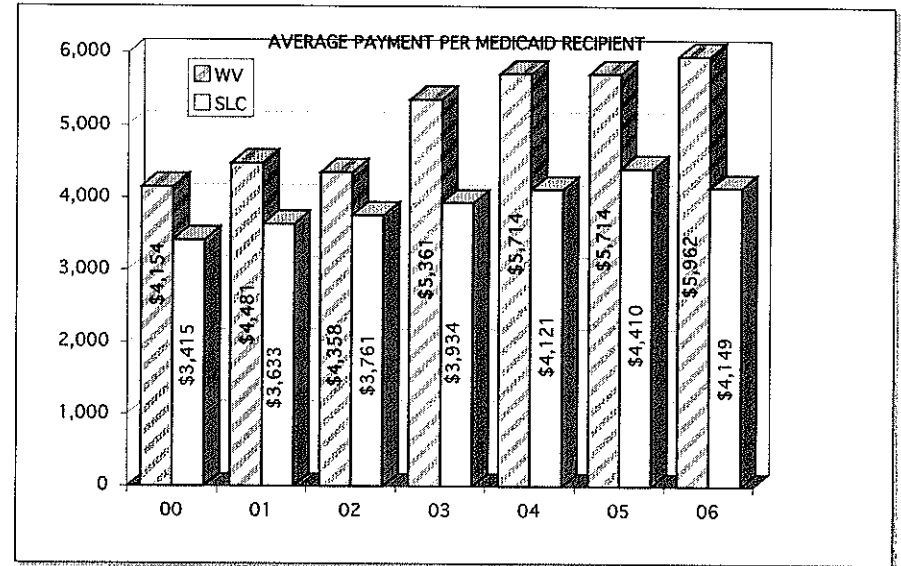
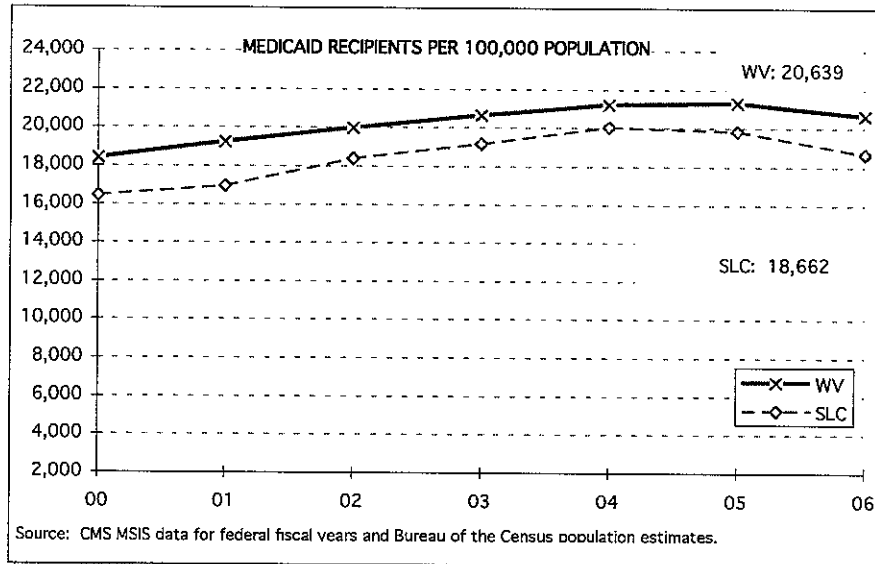
DEMOGRAPHIC DATA & POVERTY INDICATORS (2006)

		Rank in U.S.
State population—December 21, 2007*	1,808,699	37
Per capita personal income**	\$28,067	49
Median household income**	\$37,227	49
Population below Federal Poverty Level*	271,305	
Percent of total state population	15.0%	9
Population without health insurance coverage*	245,000	37
Percent of total state population	13.5%	
Recipients of Food Stamps***	267,630	29
Households receiving Food Stamps***	118,890	
Total value of issuance***	\$266,402,597	31
Average monthly benefit per recipient	\$82.95	46
Average monthly benefit per household	\$186.73	
Monthly recipients of Temporary Assistance to Needy Families (TANF)****	22,373	35
Total TANF payments****	\$30,046,742	34
Average monthly payment per recipient	\$111.92	
Maximum monthly payment per family of 3	\$278.00	40

*Current (2006) federal poverty level is \$9,800 per year for a single person, \$13,200 for a family of two and \$16,600 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 00</u>	<u>FFY 01</u>	<u>FFY 02</u>	<u>FFY 03</u>	<u>FFY 04</u>	<u>FFY 05</u>	<u>FFY 06</u>	<u>Annual Change</u>
01. General Hospital	39,492	37,305	36,173	37,776	38,367	39,131	25,635	-6.9%
02. Mental Hospital	2,004	1,820	1,791	1,909	1,937	1,975	2,304	2.4%
03. Skilled and Intermediate (non-MR) Care Nursing	11,636	11,923	11,450	11,479	11,656	11,890	11,346	-0.4%
04. Intermediate Care for Mentally Retarded	563	552	577	604	613	625	578	0.4%
05. Physician Services	230,677	227,329	223,397	236,437	239,997	244,684	188,242	-3.3%
06. Dental Services	80,139	83,379	84,852	93,568	94,849	96,583	96,914	3.2%
07. Other Practitioners	74,521	88,660	94,339	104,316	105,580	107,394	46,090	-7.7%
08. Outpatient Hospital	166,241	163,401	168,553	172,330	174,885	178,283	121,850	-5.0%
09. Clinic Services	148,175	148,734	144,008	153,764	155,809	158,699	81,592	-9.5%
10. Lab and X-Ray	157,400	145,139	149,237	166,962	169,100	172,225	150,194	-0.8%
11. Home Health	25,681	27,237	29,778	31,354	31,756	32,320	2,242	-33.4%
12. Prescribed Drugs	261,544	269,174	276,338	285,582	285,582	285,582	284,670	1.4%
13. Family Planning	2,944	2,700	2,420	3,076	3,175	3,231	0	-100.0%
14. Early & Periodic Screening, Diagnosis & Treatment	0	0	0	0	157	158	0	-100.0%
15. Other Care	51,605	65,012	71,226	72,158	73,026	74,294	103,366	12.3%
16. Personal Care Support Services	64,424	69,244	66,062	69,457	70,449	71,792	81,727	4.0%
17. Home/Community Based Waiver Services	0	0	0	0	14	14	0	-100.0%
18. Prepaid Health Care	0	68,268	74,600	74,060	74,610	75,585	192,278	23.0%
19. Primary Care Case Management (PCCM) Services	93,843	104,426	120,517	130,575	131,885	134,055	31,634	-16.6%
Total*	335,014	349,229	362,030	373,154	376,680	383,837	373,296	1.8%

*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.

SOUTHERN REGION MEDICAID PROFILE

<u>PAYMENTS BY TYPE OF SERVICES</u>	<u>FFY 00</u>	<u>FFY 01</u>	<u>FFY 02</u>	<u>FFY 03</u>	<u>FFY 04</u>	<u>FFY 05</u>	<u>FFY 06</u>	<u>Annual</u>	<u>Share of Total</u>
								<u>Change</u>	<u>FFY 06</u>
01. General Hospital	\$203,643,700	\$230,495,787	\$213,211,473	\$273,576,825	\$280,462,095	\$306,149,857	\$289,438,791	6.0%	13.0%
02. Mental Hospital	\$39,449,347	\$51,959,014	\$47,259,579	\$50,268,199	\$48,189,716	\$53,152,536	\$59,830,981	7.2%	2.7%
03. Skilled and Intermediate (non-MR) Care Nursing	\$271,717,727	\$288,456,159	\$303,439,124	\$323,955,981	\$373,141,836	\$405,998,609	\$393,356,749	6.4%	17.7%
04. Intermediate Care for Mentally Retarded	\$46,650,015	\$47,771,016	\$46,141,959	\$52,967,636	\$58,329,775	\$63,731,266	\$56,047,433	3.1%	2.5%
05. Physician Services	\$91,051,302	\$100,992,794	\$93,953,027	\$110,379,510	\$126,588,410	\$137,839,902	\$114,327,576	3.9%	5.1%
06. Dental Services	\$19,162,152	\$25,731,915	\$28,648,451	\$34,182,703	\$33,867,750	\$36,687,759	\$38,040,984	12.1%	1.7%
07. Other Practitioners	\$12,558,227	\$25,056,816	\$25,857,167	\$35,393,182	\$36,285,596	\$38,755,861	\$10,185,585	-3.4%	0.5%
08. Outpatient Hospital	\$72,810,763	\$81,753,788	\$85,921,388	\$99,355,296	\$100,543,581	\$109,427,781	\$59,347,650	-3.4%	2.7%
09. Clinic Services	\$57,290,982	\$56,310,221	\$49,582,358	\$54,353,769	\$51,202,034	\$56,763,780	\$35,963,184	-7.5%	1.6%
10. Lab and X-Ray	\$16,824,030	\$18,481,450	\$18,267,102	\$22,042,470	\$19,331,576	\$21,326,133	\$51,424,059	20.5%	2.3%
11. Home Health	\$17,678,912	\$19,350,719	\$18,560,451	\$20,531,451	\$16,144,119	\$18,034,755	\$3,404,579	-24.0%	0.2%
12. Prescribed Drugs	\$216,077,217	\$256,395,319	\$274,613,136	\$339,840,738	\$360,089,285	\$388,987,899	\$342,406,440	8.0%	15.4%
13. Family Planning	\$4,375,288	\$4,029,544	\$3,449,632	\$6,018,735	\$4,261,636	\$4,673,390	\$0	-100.0%	0.0%
14. Early & Periodic Screening, Diagnosis & Treatment*	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a	0.0%
15. Other Care	\$193,501,538	\$196,137,253	\$194,580,129	\$223,322,696	\$221,539,756	\$243,255,576	\$239,699,815	3.6%	10.8%
16. Personal Care Support Services	\$126,870,027	\$116,463,714	\$103,718,433	\$108,770,164	\$134,567,393	\$147,894,764	\$300,926,275	15.5%	13.5%
17. Home/Community Based Waiver Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a	0.0%
18. Prepaid Health Care	\$0	\$43,095,629	\$67,486,939	\$71,717,596	\$152,939,381	\$158,276,317	\$230,544,285	39.9%	10.4%
19. Primary Case Management (PCCM) Services	\$2,069,936	\$2,527,447	\$3,007,481	\$3,290,676	\$2,073,408	\$2,283,094	\$647,100	-17.6%	0.0%
Total (excludes DSH pymts, pharmacy rebates, & other adjs.)	\$1,391,731,163	\$1,565,008,585	\$1,577,697,829	\$1,829,967,627	\$2,019,557,347	\$2,193,239,279	\$2,225,591,486	8.1%	100.0%

<u>AVERAGE PAYMENTS PER RECIPIENT BY TYPE OF SERVICES</u>									(+) or (-) SLC
									<u>Aug. FFY 06</u>
01. General Hospital	\$5,156.58	\$6,178.68	\$5,894.22	\$7,309.98	\$7,309.98	\$7,823.72	\$11,290.77	14.0%	110.3%
02. Mental Hospital	\$19,685.30	\$28,548.91	\$26,387.26	\$24,878.53	\$24,878.53	\$26,912.68	\$25,968.31	4.7%	45.0%
03. Skilled and Intermediate (non-MR) Care Nursing	\$23,351.47	\$24,193.25	\$26,501.23	\$32,012.85	\$32,012.85	\$34,146.22	\$34,669.20	6.8%	43.9%
04. Intermediate Care for Mentally Retarded	\$82,859.71	\$86,541.70	\$79,968.73	\$95,154.61	\$95,154.61	\$101,970.03	\$96,967.88	2.7%	10.6%
05. Physician Services	\$394.71	\$444.26	\$420.57	\$527.46	\$527.46	\$563.34	\$607.34	7.4%	9.9%
06. Dental Services	\$239.11	\$308.61	\$337.63	\$357.07	\$357.07	\$379.86	\$392.52	8.6%	8.0%
07. Other Practitioners	\$168.52	\$282.62	\$274.09	\$343.68	\$343.68	\$360.88	\$220.99	4.6%	-5.0%
08. Outpatient Hospital	\$437.98	\$500.33	\$509.76	\$574.91	\$574.91	\$613.79	\$487.05	1.8%	-21.9%
09. Clinic Services	\$386.64	\$378.60	\$344.30	\$328.62	\$328.62	\$357.68	\$440.77	2.2%	-37.2%
10. Lab and X-Ray	\$106.89	\$127.34	\$122.40	\$114.32	\$114.32	\$123.83	\$342.38	21.4%	58.9%
11. Home Health	\$688.40	\$710.46	\$623.29	\$508.38	\$508.38	\$558.01	\$1,518.55	14.1%	-62.5%
12. Prescribed Drugs	\$826.16	\$952.53	\$993.76	\$1,260.90	\$1,260.90	\$1,362.09	\$1,202.82	6.5%	24.3%
13. Family Planning	\$1,486.17	\$1,492.42	\$1,425.47	\$1,342.25	\$1,342.25	\$1,446.42	\$0.00	-100.0%	-100.0%
14. Early & Periodic Screening, Diagnosis & Treatment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	n/a	#DIV/0!
15. Other Care	\$3,749.67	\$3,016.94	\$2,731.87	\$3,033.71	\$3,033.71	\$3,274.23	\$2,318.94	-7.7%	24.9%
16. Personal Care Support Services	\$1,969.30	\$1,681.93	\$1,570.02	\$1,910.14	\$1,910.14	\$2,060.05	\$3,682.09	11.0%	95.6%
17. Home/Community Based Waiver Services	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	n/a	#DIV/0!
18. Prepaid Health Care	\$0.00	\$631.27	\$904.65	\$2,049.85	\$2,049.85	\$2,094.02	\$1,199.02	13.7%	0.0%
19. Primary Care Case Management (PCCM) Services	\$22.06	\$24.20	\$24.95	\$15.72	\$15.72	\$17.03	\$20.46	-1.2%	0.0%
Total (Average)	\$4,154.25	\$4,481.32	\$4,357.92	\$5,361.47	\$5,361.47	\$5,713.99	\$5,962.00	6.2%	43.7%

TOTAL PER CAPITA EXPENDITURES	\$791.98	\$891.41	\$914.98	\$1,077.33	\$1,123.43	\$1,248.31	\$1,196.37	7.1%	35.6%
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Source: MSIS data for FFY 00-06.

SOUTHERN REGION MEDICAID PROFILE
DATA BY OTHER CHARACTERISTICS

RECIPIENTS BY OTHER CHARACTERISTICS

	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05	FFY 06	Annual Change	Share of Total FFY 06
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	169,842	131,322	125,046	108,056	109,542	112,301	102,065	-8.1%	27.3%
Poverty Related Eligibles	121,241	168,587	185,759	186,028	187,383	190,618	25,778	-22.7%	6.9%
Medically Needy	4,344	4,556	4,699	5,626	5,673	5,772	23,592	32.6%	6.3%
Other Eligibles	20,619	22,137	23,164	34,365	34,755	35,276	205,225	46.7%	55.0%
Maintenance Assistance Status Unknown	18,968	22,627	23,362	39,079	39,327	39,870	16,636	-2.2%	4.5%
Total	335,014	349,229	362,030	373,154	376,680	383,837	373,296	1.8%	100.0%
By Basis of Eligibility									
Aged, Blind, or Disabled	108,078	109,822	111,666	114,707	115,803	118,038	124,313	2.4%	33.3%
Children	150,543	157,587	165,981	158,010	159,582	162,744	171,770	2.2%	46.0%
Foster Care Children	5,371	5,673	5,977	5,991	6,047	6,162	6,577	3.4%	1.8%
Adults	52,054	53,520	55,044	54,999	55,551	56,650	53,768	0.5%	14.4%
Basis of Eligibility Unknown	18,968	22,627	23,362	39,447	39,697	40,243	16,868	-1.9%	4.5%
Total	335,014	349,229	362,030	373,154	376,680	383,837	373,296	1.8%	100.0%
By Age									
Under Age 1	13,226	13,780	13,726	5,538	5,655	5,868	9,098	-6.0%	2.4%
Age 1 to 5	53,986	56,197	59,145	54,838	55,402	56,525	57,712	1.1%	15.5%
Age 6 to 14	71,752	75,161	79,208	81,833	82,595	84,148	84,096	2.7%	22.5%
Age 15 to 20	34,477	35,940	38,183	39,794	40,162	40,912	44,650	4.4%	12.0%
Age 21 to 44	73,474	74,907	75,912	78,379	79,144	80,681	80,764	1.6%	21.6%
Age 45 to 64	38,227	39,675	41,359	42,854	43,249	44,062	49,380	4.4%	13.2%
Age 65 to 74	12,833	12,977	13,272	13,439	13,570	13,834	14,256	1.8%	3.8%
Age 75 to 84	10,429	10,555	10,592	10,361	10,467	10,678	10,048	-0.6%	2.7%
Age 85 and Over	7,642	7,410	7,271	7,039	7,115	7,264	6,656	-2.3%	1.8%
Age Unknown	18,968	22,627	23,362	39,079	39,321	39,865	16,636	-2.2%	4.5%
Total	335,014	349,229	362,030	373,154	376,680	383,837	373,296	1.8%	100.0%
By Race									
White	310,618	323,468	335,041	315,856	319,002	325,361	337,665	1.4%	90.5%
Black	16,161	16,786	17,345	17,481	17,644	17,979	18,669	2.4%	5.0%
Hispanic, American Indian or Asian	1,049	1,120	1,183	729	739	758	322	-17.9%	0.1%
Other/Unknown	7,186	7,855	8,461	39,088	39,295	39,739	16,640	15.0%	4.5%
Total*	335,014	349,229	362,030	373,154	376,680	383,837	373,296	1.8%	100.0%
By Sex									
Female	196,023	204,055	211,295	193,112	195,088	199,060	204,537	0.7%	54.8%
Male	138,736	144,391	149,473	140,963	142,368	145,207	152,123	1.5%	40.8%
Unknown	255	783	1,262	39,079	39,224	39,570	16,636	100.6%	4.5%
Total*	335,014	349,229	362,030	373,154	376,680	383,837	373,296	1.8%	100.0%

Source: MSIS data for FFY 00-06.

SOUTHERN REGION MEDICAID PROFILE

PAYMENTS BY OTHER CHARACTERISTICS

	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05	FFY 06	Annual Change	Share of Total FFY 05
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	\$969,277,957	\$1,009,653,817	\$1,018,778,058	\$766,304,101	\$882,965,203	\$982,251,367	\$792,990,778	-3.3%	35.6%
Poverty Related Eligibles	\$135,644,187	\$236,768,013	\$256,486,390	\$381,435,337	\$408,056,540	\$435,608,970	\$34,879,652	-20.3%	1.6%
Medically Needy	\$26,319,081	\$28,663,753	\$28,142,347	\$36,547,136	\$40,092,872	\$43,366,804	\$151,121,571	33.8%	6.8%
Other Eligibles	\$127,493,577	\$144,004,138	\$151,727,165	\$450,618,802	\$474,577,431	\$500,671,101	\$926,635,884	39.2%	41.6%
Maintenance Assistance Status Unknown	\$132,996,361	\$145,918,864	\$122,563,869	\$195,062,251	\$213,865,301	\$231,341,037	\$319,963,601	15.8%	14.4%
Total	\$1,391,731,163	\$1,565,008,585	\$1,577,697,829	\$1,829,967,627	\$2,019,557,347	\$2,193,239,279	\$2,225,591,486	8.1%	100.0%
By Basis of Eligibility									
Aged, Blind or Disabled	\$960,307,818	\$1,048,490,458	\$1,072,310,863	\$1,224,267,469	\$1,352,058,069	\$1,469,053,872	\$1,393,826,273	6.4%	62.6%
Children	\$154,527,124	\$204,861,070	\$212,929,998	\$214,949,909	\$238,004,736	\$258,946,735	\$310,775,434	12.4%	14.0%
Foster Care Children	\$46,346,172	\$51,156,357	\$53,807,289	\$62,087,034	\$68,088,167	\$73,786,255	\$66,417,084	6.2%	3.0%
Adults	\$97,553,688	\$114,581,836	\$116,085,810	\$131,452,245	\$145,346,847	\$157,839,616	\$131,916,264	5.2%	5.9%
Basis of Eligibility Unknown	\$132,996,361	\$145,918,864	\$122,563,869	\$197,210,970	\$216,059,528	\$233,612,801	\$322,656,431	15.9%	14.5%
Total	\$1,391,731,163	\$1,565,008,585	\$1,577,697,829	\$1,829,967,627	\$2,019,557,347	\$2,193,239,279	\$2,225,591,486	8.1%	100.0%
By Age									
Under Age 1	\$19,914,949	\$26,289,476	\$25,200,755	\$11,586,112	\$14,031,999	\$16,039,075	\$30,455,023	7.3%	1.4%
Age 1 to 5	\$58,643,594	\$78,515,668	\$78,597,510	\$80,989,242	\$89,767,700	\$97,701,163	\$121,122,380	12.8%	5.4%
Age 6 to 14	\$108,874,183	\$132,623,690	\$140,307,828	\$167,277,188	\$183,017,837	\$197,911,493	\$205,970,714	11.2%	9.3%
Age 15 to 20	\$95,409,787	\$109,387,524	\$112,820,007	\$128,582,317	\$141,720,574	\$153,771,761	\$161,480,012	9.2%	7.3%
Age 21 to 44	\$313,625,661	\$348,958,992	\$343,962,080	\$394,220,568	\$436,037,847	\$474,087,704	\$426,426,667	5.3%	19.2%
Age 45 to 64	\$301,828,496	\$341,256,433	\$353,666,445	\$414,186,677	\$455,120,605	\$493,290,215	\$510,503,612	9.2%	22.9%
Age 65 to 74	\$93,331,070	\$101,348,881	\$106,323,896	\$120,135,471	\$132,699,149	\$144,132,524	\$112,186,657	3.1%	5.0%
Age 75 to 84	\$124,588,307	\$132,489,326	\$140,414,431	\$151,905,653	\$168,519,041	\$183,433,788	\$158,336,714	4.1%	7.1%
Age 85 and Over	\$142,518,755	\$148,219,731	\$153,841,008	\$166,022,148	\$184,959,074	\$201,715,543	\$179,146,106	3.9%	8.0%
Age Unknown	\$132,996,361	\$145,918,864	\$122,563,869	\$195,062,251	\$213,683,521	\$231,156,013	\$319,963,601	15.8%	14.4%
Total	\$1,391,731,163	\$1,565,008,585	\$1,577,697,829	\$1,829,967,627	\$2,019,557,347	\$2,193,239,279	\$2,225,591,486	8.1%	100.0%
By Race									
White	\$1,156,295,553	\$1,302,532,776	\$1,360,638,050	\$1,564,826,900	\$1,725,162,798	\$1,872,359,429	\$1,826,545,365	7.9%	82.1%
Black	\$46,875,378	\$52,834,712	\$58,128,120	\$66,768,158	\$73,437,498	\$79,595,185	\$77,380,652	8.7%	3.5%
Hispanic, American Indian or Asian	\$3,444,710	\$4,108,439	\$4,312,358	\$3,266,628	\$3,680,323	\$4,058,906	\$1,650,519	-11.5%	0.1%
Other/Unknown	\$185,115,522	\$205,532,658	\$154,619,301	\$195,105,941	\$217,276,728	\$237,225,759	\$320,014,950	9.6%	14.4%
Total*	\$1,391,731,163	\$1,565,008,585	\$1,577,697,829	\$1,829,967,627	\$2,019,557,347	\$2,193,239,279	\$2,225,591,486	8.1%	100.0%
By Sex									
Female	\$753,040,278	\$849,437,182	\$883,101,506	\$995,182,456	\$1,099,537,292	\$1,194,720,065	\$1,121,045,580	6.9%	50.4%
Male	\$483,281,451	\$543,753,945	\$571,627,547	\$639,722,920	\$706,137,509	\$767,029,054	\$784,582,305	8.4%	35.3%
Unknown	\$155,409,434	\$171,817,458	\$122,968,776	\$195,062,251	\$213,882,546	\$231,490,160	\$319,963,601	12.8%	14.4%
Total*	\$1,391,731,163	\$1,565,008,585	\$1,577,697,829	\$1,829,967,627	\$2,019,557,347	\$2,193,239,279	\$2,225,591,486	8.1%	100.0%

Source: MSIS data for FFY 00-06.

SOUTHERN REGION MEDICAID PROFILE

AVERAGE PAYMENT PER RECIPIENT BY OTHER CHARACTERISTICS

	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05	FFY 06	Annual Change	Above (+) or Below (-) SLC Avg. FFY 06
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	\$5,706.94	\$7,688.38	\$8,147.23	\$8,060.52	\$8,060.52	\$8,746.60	\$7,769.47	5.3%	35.5%
Poverty Related Eligibles	\$1,118.80	\$1,404.43	\$1,380.75	\$2,177.66	\$2,177.66	\$2,285.25	\$1,353.08	3.2%	-31.9%
Medically Needy	\$6,058.72	\$6,291.43	\$5,989.01	\$7,067.31	\$7,067.31	\$7,513.31	\$6,405.63	0.9%	-19.0%
Other Eligibles	\$6,183.31	\$6,505.13	\$6,550.13	\$13,654.94	\$13,654.94	\$14,192.97	\$4,515.22	-5.1%	-36.2%
Maintenance Assistance Status Unknown	\$7,011.62	\$6,448.88	\$5,246.29	\$5,438.13	\$5,438.13	\$5,802.38	\$19,233.21	18.3%	543.7%
Total	\$4,154.25	\$4,481.32	\$4,357.92	\$5,361.47	\$5,361.47	\$5,713.99	\$5,962.00	6.2%	43.7%
By Basis of Eligibility									
Aged, Blind or Disabled	\$8,885.32	\$9,547.18	\$9,602.84	\$11,675.50	\$11,675.50	\$12,445.60	\$11,212.23	4.0%	2.6%
Children	\$1,026.47	\$1,299.99	\$1,282.86	\$1,491.43	\$1,491.43	\$1,591.13	\$1,809.25	9.9%	15.0%
Foster Care Children	\$8,628.97	\$9,017.51	\$9,002.39	\$11,259.83	\$11,259.83	\$11,974.40	\$10,098.39	2.7%	43.3%
Adults	\$1,874.09	\$2,140.92	\$2,108.96	\$2,616.46	\$2,616.46	\$2,786.22	\$2,453.43	4.6%	-13.2%
Basis of Eligibility Unknown	\$7,011.62	\$6,448.88	\$5,246.29	\$5,442.72	\$5,442.72	\$5,805.05	\$19,128.32	18.2%	522.4%
Total	\$4,154.25	\$4,481.32	\$4,357.92	\$5,361.47	\$5,361.47	\$5,713.99	\$5,962.00	6.2%	43.7%
By Age									
Under Age 1	\$1,505.74	\$1,907.80	\$1,835.99	\$2,481.34	\$2,481.34	\$2,733.31	\$3,347.44	14.2%	-15.3%
Age 1 to 5	\$1,086.27	\$1,397.15	\$1,328.90	\$1,620.30	\$1,620.30	\$1,728.46	\$2,098.74	11.6%	10.6%
Age 6 to 14	\$1,517.37	\$1,764.53	\$1,771.38	\$2,215.85	\$2,215.85	\$2,351.95	\$2,449.23	8.3%	33.4%
Age 15 to 20	\$2,767.35	\$3,043.62	\$2,954.72	\$3,528.72	\$3,528.72	\$3,758.60	\$3,616.57	4.6%	25.6%
Age 21 to 44	\$4,268.53	\$4,658.56	\$4,531.06	\$5,509.42	\$5,509.42	\$5,876.08	\$5,279.91	3.6%	3.2%
Age 45 to 64	\$7,895.69	\$8,601.30	\$8,551.14	\$10,523.26	\$10,523.26	\$11,195.37	\$10,338.27	4.6%	-0.3%
Age 65 to 74	\$7,272.74	\$7,809.89	\$8,011.14	\$9,778.86	\$9,778.86	\$10,418.72	\$7,869.43	1.3%	16.9%
Age 75 to 84	\$11,946.33	\$12,552.28	\$13,256.65	\$16,100.03	\$16,100.03	\$17,178.67	\$15,758.03	4.7%	52.5%
Age 85 and Over	\$18,649.41	\$20,002.66	\$21,158.16	\$25,995.65	\$25,995.65	\$27,769.21	\$26,914.98	6.3%	58.0%
Age Unknown	\$7,011.62	\$6,448.88	\$5,246.29	\$5,434.34	\$5,434	\$5,798.47	\$19,233.21	18.3%	543.8%
Total	\$4,154.25	\$4,481.32	\$4,357.92	\$5,361.47	\$5,361.47	\$5,713.99	\$5,962.00	6.2%	43.7%
By Race									
White	\$3,722.57	\$4,026.77	\$4,061.11	\$5,408.00	\$5,408.00	\$5,754.71	\$5,409.34	6.4%	6.1%
Black	\$2,900.47	\$3,147.55	\$3,351.29	\$4,162.18	\$4,162.18	\$4,427.12	\$4,144.87	6.1%	12.2%
Hispanic, American Indian or Asian	\$3,283.60	\$3,668.25	\$3,645.27	\$4,980.14	\$4,980.14	\$5,354.76	\$5,125.84	7.7%	83.8%
Other/Unknown	\$25,761.67	\$26,165.84	\$18,274.35	\$5,529.37	\$5,529.37	\$5,969.60	\$19,231.67	-4.8%	373.6%
Total	\$4,154.25	\$4,481.32	\$4,357.92	\$5,361.47	\$5,361.47	\$5,713.99	\$5,962.00	6.2%	43.7%
By Sex									
Female	\$3,841.59	\$4,162.79	\$4,179.47	\$5,636.11	\$5,636.11	\$6,001.81	\$5,480.89	6.1%	27.7%
Male	\$3,483.47	\$3,765.84	\$3,824.29	\$4,959.95	\$4,959.95	\$5,282.31	\$5,157.55	6.8%	24.0%
Unknown	\$608,849.45	\$219,434.81	\$97,439.60	\$5,452.85	\$5,452.85	\$5,850.14	\$19,233.21	-43.8%	546.3%
Total	\$4,154.25	\$4,481.32	\$4,357.92	\$5,361.47	\$5,361.47	\$5,713.99	\$5,962.00	6.2%	43.7%

Source: MSIS data for FFY 00-06.

SOUTHERN REGION MEDICAID PROFILE

ADDITIONAL STATE HEALTH CARE INFORMATION

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

Waivers

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

HCFA approved a 1915(b) waiver to implement Medicaid managed care in 12 counties for acute care health services, effective July of 1999.

In 2006 West Virginia received approval from CMS to implement a Medicaid Reform health benefit package under the DRA of 2005 (state plan amendment). West Virginia's new Medicaid program, Mountain Health Choices, was implemented in 3 counties in 2006, and went statewide in 2007. Certain beneficiaries can (both children and adults) choose between a "Basic" plan, or an "Enhanced" plan, and assigned a medical home. Medicaid recipients that are not plan members continue to receive services through fee for service Medicaid.

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

- Aged and Disabled: Operating since July 1, 1985.
- Mental Retardation/Developmental Disabilities: Operating since July 1, 1985.

Managed Care

- Commercial Managed Care Organization (MCO)
- Primary Care Case Management (PCCM)

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.
- West Virginia changed Inpatient Hospital Services reimbursement from Medicare Cost Principal to a Prospective Payment System using DRG's effective January 1, 1996.

Medicaid

- 24 optional services are offered.

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% of the FPL, and to place a lifetime limit of \$1 million on benefits.
 - As of June 4, 2005, the state reported that approximately 25,000 children were enrolled in the CHIP program.
- West Virginia's Children's Health Insurance Program, Family Access to Medical Insurance Security, or FAMIS, offers benefits through 2 separate delivery systems, either traditional fee for service, or managed care. As of 2008, only 13 counties offer fee for service only.

DEFINITIONS

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

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

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

Clawback: (or phase down state contribution) - Required state payment to Medicare to cover the cost of dual eligibles for Medicare prescription drug coverage offered under Medicare Part-D.

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

DSH payment: Disproportionate Share Hospital payment: source of funding/reimbursement from Medicaid to hospitals serving a disproportionate share of Medicaid and uninsured patients.

Dual Eligible: senior or disabled individual enrolled in both Medicaid and Medicare.

Early Periodic Screening, Diagnosis, and Treatment (EPSDT) – Medicaid disease prevention program for children.

Federal Medical Assistance Percentage (FMAP): The federal government share of state Medicaid expenditures. Often referred to as financial participation or the federal match rate. The FMAP for each of the 50 states is formula driven and based on per capita incomes. States having low per capita incomes receive a higher federal match.

Federal Poverty Level (FPL): Poverty measure determined by the federal government based on family size.

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

Federal Fiscal Year (FFY): October 1 to September 30.

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

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

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

Home and Community Based Services Waiver: Enable states to disregard certain federal requirements to provide home and community based services to targeted populations who would otherwise require institutionalization(ICF/MR services, and skilled and intermediate care nursing facility services).

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

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

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

Mandatory Services: Services required to be provided (by CMS) to Medicaid eligibles as a result of operating a Medicaid program.

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

Medicaid: A national entitlement health insurance program authorized by Title XIX of the Social Security Act in 1965 that is jointly funded by states and the federal government and operated by the individual states. It is designed to provide medical coverage for the poor and specific groups of uninsured. Eligibility is typically limited to low income children, pregnant women, elderly and individuals with disabilities. States are granted flexibility in designing their Medicaid programs, but must cover certain groups of individuals.

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

Medically Needy: A state option that allows Medicaid eligibility to an individual that may qualify under a certain category, but not financially (has too much income or assets to qualify under categorically needy limits). The states allow the individual to reduce their income (by spending down monthly income on medically necessary services to the provider or Medicaid program) to the Medicaid income standard/requirement for the respective category in order to qualify for Medicaid.

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

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

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

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

Presumptive Eligibility: a state option that allows eligible providers to pre-determine (expedite) eligibility (without verification) under Medicaid before/while Medicaid eligibility is being determined. Services are temporary, or until appropriate Medicaid applications are submitted and eligibility is determined by an individual state.

Primary Care Case Management (PCCM): Programs that use a provider who receives a small fee to manage the individual's care but reimburses on a fee-for-service basis. The primary care case manager is responsible for health care

utilization and access to service. This is a freedom of choice waiver program which can be authorized by the authority of 1915(b) of the Social Security Act.

Prior Authorization: approval required from state Medicaid programs before physicians can prescribe certain medications. Prior authorization has typically been used by Medicaid programs as a cost saving tool.

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

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

Section 1634 State: State option that requires state to provide Medicaid coverage to all aged, blind, and disabled individuals that receive cash assistance through SSI.

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

Section 1915(c) Home and Community Based Services (HCBS) Waiver: Typically used to allow a state to offer long-term care services in a community based setting as opposed to institutional care.

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

States Health Insurance Program (SCHIP): Federal health insurance program for targeted low income children under the age of 19 (that do not qualify for Medicaid) authorized by Title XXI of the Social Security Act. The program is jointly funded by states and the federal government, and states receive an enhanced federal match rate. SCHIP is an entitlement program that is capped by the federal government.

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

The Breast and Cervical Cancer Prevention and Treatment Act of 2000: Federal act that gives states the 'option' to provide breast and cervical cancer treatment services through the Medicaid program (new eligibility category) to certain women.

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

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

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

Waiver: The Secretary of the Department of Health and Human Services can waive certain Medicaid statutory requirements upon request in order to allow states flexibility in operating their Medicaid programs. Waivers are usually implemented to target specific services to specific groups, expand eligibility to new or different groups, implement a new delivery system, or provide a different service.