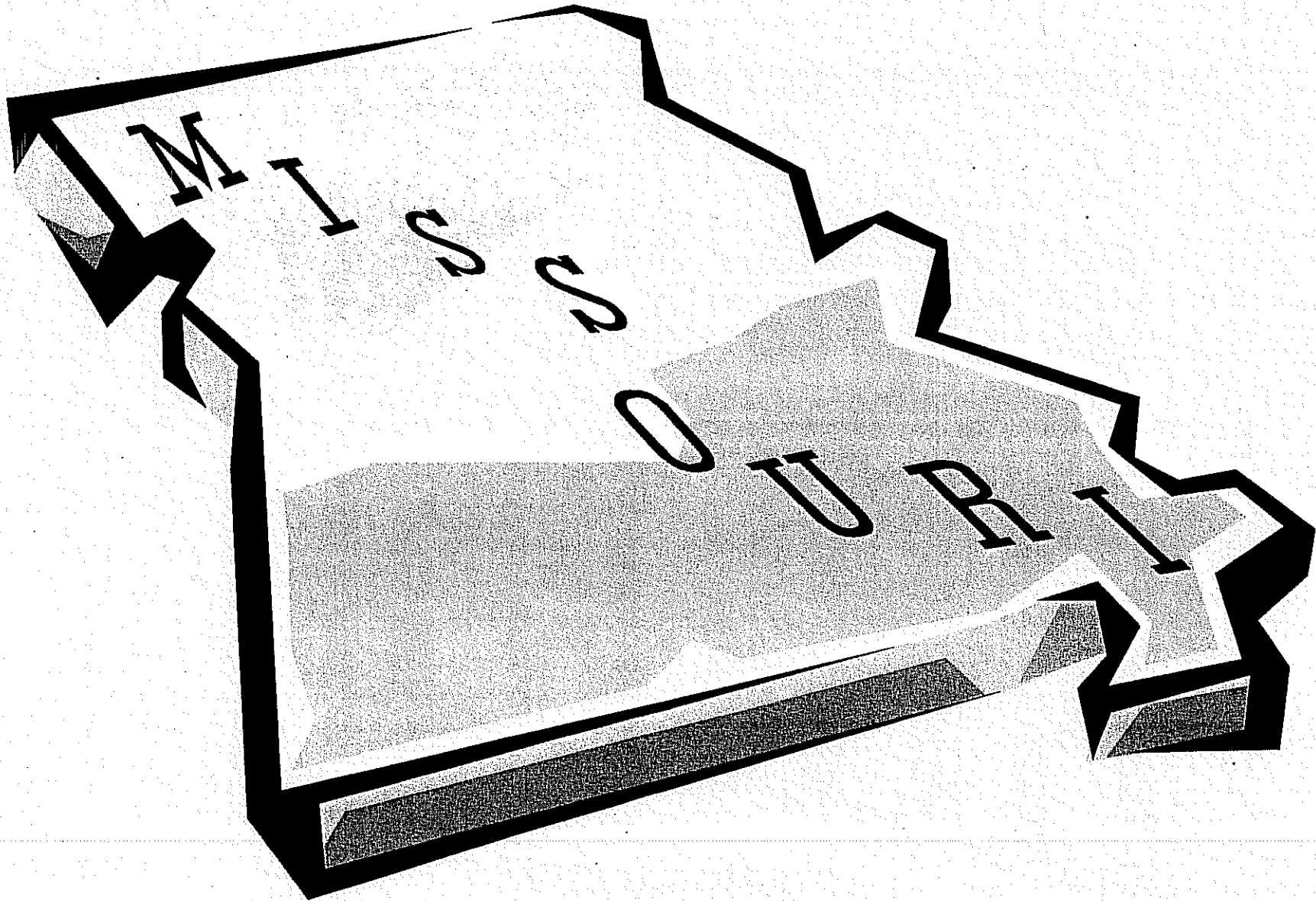
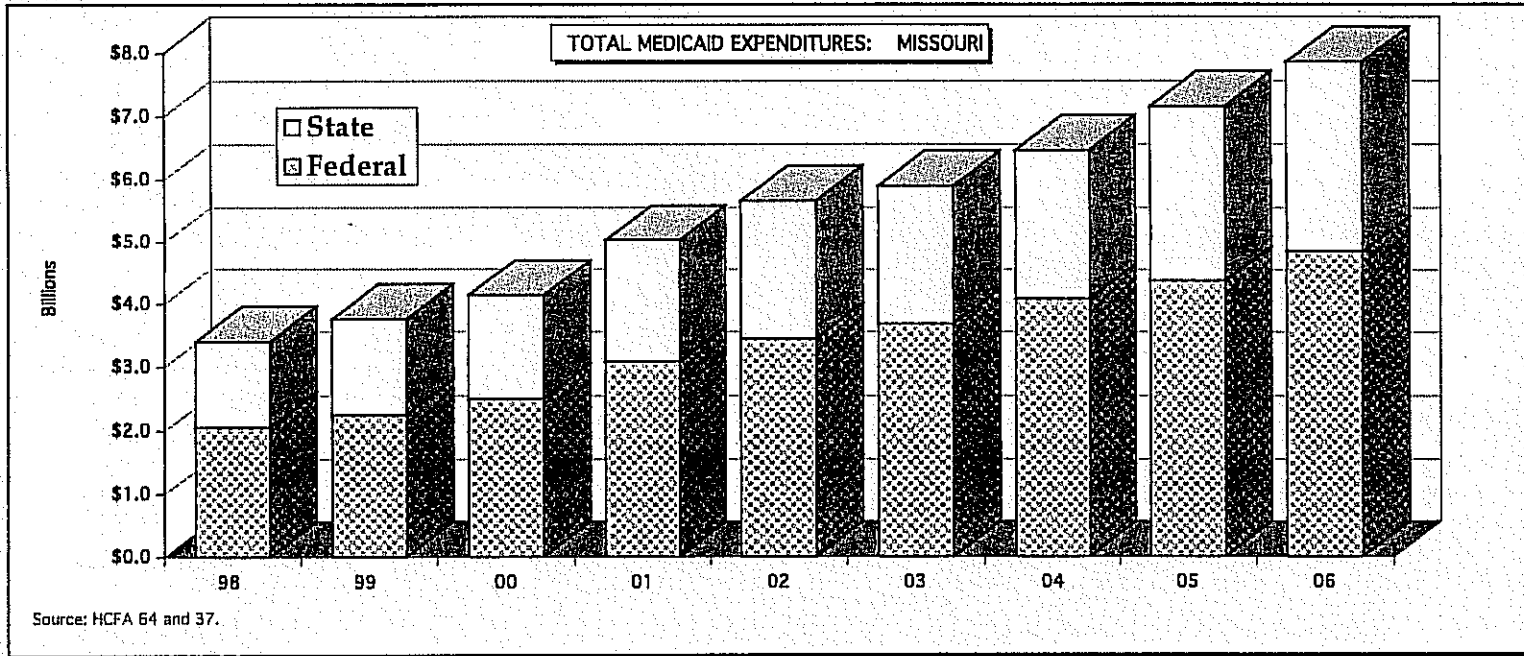


STATE MEDICAID PROFILE



SOUTHERN REGION MEDICAID PROFILE



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

	FFY 98	FFY 99	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05**	FFY 06**	Annual Rate of Change	Total Change 98-06
Medicaid Payments	\$3,282,989,240	\$3,636,191,199	\$3,994,735,362	\$4,814,979,882	\$5,443,859,735	\$5,636,993,330	\$6,189,277,118	\$6,881,015,000	\$7,598,579,000	11.1%	131.5%
Federal Share	\$1,994,323,165	\$2,187,517,595	\$2,426,112,864	\$2,964,514,311	\$3,341,118,516	\$3,546,725,923	\$3,942,570,087	\$4,234,917,000	\$4,734,945,000	11.4%	137.4%
State Share	\$1,288,666,075	\$1,448,673,604	\$1,568,622,498	\$1,850,465,571	\$2,102,741,219	\$2,090,267,407	\$2,246,707,031	\$2,646,098,000	\$2,863,634,000	10.5%	122.2%
Administrative Costs	\$121,442,623	\$123,675,073	\$149,211,690	\$218,348,725	\$215,632,683	\$253,735,879	\$270,611,871	\$273,325,000	\$254,564,000	9.7%	109.6%
Federal Share	\$66,243,446	\$67,332,001	\$79,492,465	\$124,727,677	\$115,805,669	\$137,955,136	\$144,371,906	\$143,273,000	\$131,999,000	9.0%	99.3%
State Share	\$55,199,177	\$56,343,072	\$69,719,225	\$93,621,048	\$99,827,014	\$115,780,743	\$126,239,965	\$130,052,000	\$122,565,000	10.5%	122.0%
Admin. Costs as % of Payments	3.70%	3.40%	3.74%	4.53%	3.96%	4.50%	4.37%	3.97%	3.35%		
Federal Match Rate*	60.68%	60.24%	60.51%	61.03%	61.06%	61.23%	61.47%	61.15%	61.93%		

*Rate shown is for Medicaid payments only. The FMAP (Federal Medical Assistance Percentage) is based on the relationship between each state's per capita personal income and that of the nation as a whole for the three most recent years. Federal share of state administrative costs is usually 50 percent or 75 percent, depending on function and whether or not medical personnel are used. **Federal Fiscal Years 05 and 06 reflect latest estimates reported by each state (CMS 37).

SOUTHERN REGION MEDICAID PROFILE

STATE FINANCING

	Payments		Administration	
	FFY 98	FFY 04	FFY 98	FFY 04
State General Fund	\$1,288,666,075	\$1,466,619,624	\$55,199,177	\$126,239,965
Local Funds	\$0	\$0	\$0	\$0
Provider Taxes	\$0	\$767,845,132	\$0	\$0
Donations*	\$0	\$561,665	\$0	\$0
Other**	\$0	\$11,680,610	\$0	\$0
Total State Share	\$1,288,666,075	\$2,246,707,031	\$55,199,177	\$126,239,965

*Donations from Outstationed Eligibility Workers Program

**License fees

Provider Taxes Currently in Place (FFY 04)		
	Tax Rate	Amount
General and mental hospitals	5.32% of net non-Medicaid operating revenue	\$596,104,436
Nursing homes	\$8.42 per patient day	\$156,813,238
Pharmacy	1.7% of gross prescription sales	\$14,927,458
Total		\$767,845,132

DISPROPORTIONATE SHARE HOSPITAL (DSH) PAYMENTS

	FFY 98	FFY 99	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05**	FFY 06**	Change
General Hospitals	\$467,025,524	\$436,165,215	\$277,424,914	\$278,578,549	\$345,377,967	\$327,754,355	\$447,404,858	\$422,954,000	\$364,858,000	4.7%
Mental Hospitals	\$199,031,452	\$199,562,749	\$178,006,610	\$176,489,923	\$187,325,542	\$178,553,296	\$177,856,164	\$206,313,000	\$206,313,000	2.5%
Total	\$666,056,976	\$635,727,964	\$455,431,524	\$455,068,472	\$532,703,509	\$506,307,651	\$625,261,022	\$629,267,000	\$571,171,000	3.8%

SELECTED ELIGIBILITY CRITERIA

	At 10/1/04	% of FPL*
TANF-Temporary Assistance for Needy Families (Family of 3)		
Need Standard	\$846	64.8%
Payment Standard	\$292	22.4%
Maximum Payment	\$292	22.4%
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	\$564	72.7%
Couple	\$846	81.3%
Resources:		
Single Person	\$1,000	
Couple	\$2,000	

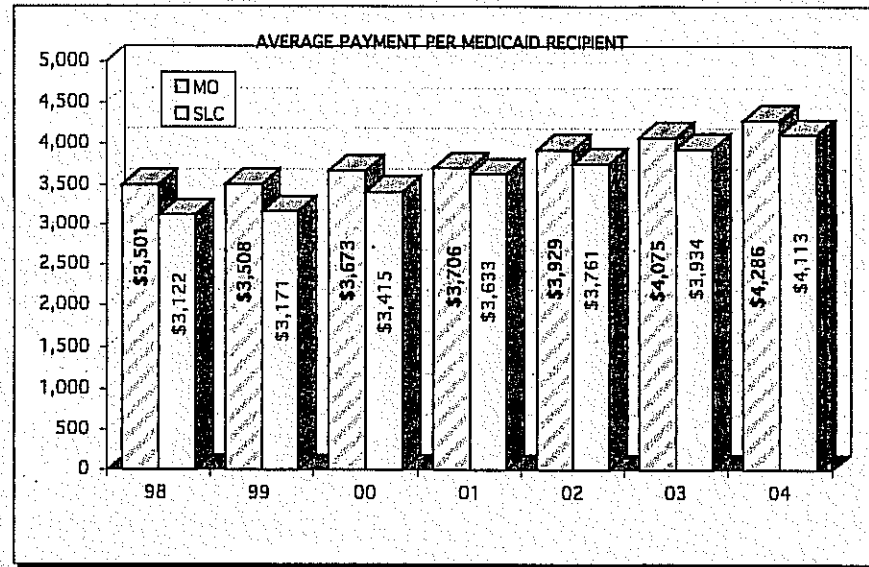
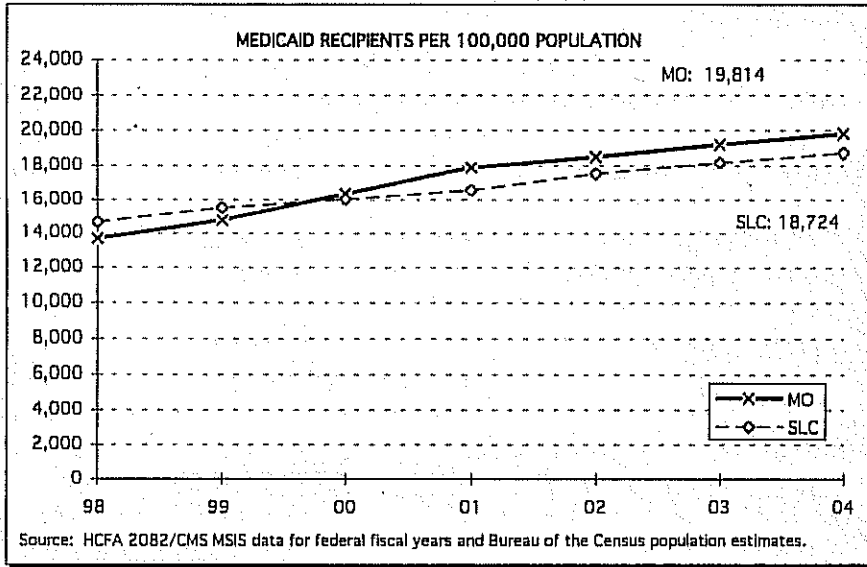
DEMOGRAPHIC DATA & POVERTY INDICATORS (2004)

		Rank in U.S.
State population—July 1, 2004*	5,754,618	17
Per capita personal income**	\$30,608	29
Median household income**	\$43,492	25
Population below Federal Poverty Level on July 1, 2003*	581,216	
Percent of total state population	10.1%	31
Population without health insurance coverage*	620,000	23
Percent of total state population	10.8%	35
Recipients of Food Stamps***	678,981	13
Households receiving Food Stamps***	275,771	12
Total value of issuance***	\$656,421,560	13
Average monthly benefit per recipient	\$80.56	44
Average monthly benefit per household	\$198.36	
Monthly recipients of Temporary Assistance to Needy Families (TANF)****	123,001	15
Total TANF payments****	\$136,130,196	49
Average monthly payment per recipient	\$92.23	49
Maximum monthly payment per family of 3	\$292.00	36

*Current federal poverty level is \$9,310 per year for a single person, \$12,490 for a family of two and \$15,670 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 98	FFY 99	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	Annual Change
01. General Hospital	72,848	87,558	87,585	95,453	100,904	105,584	114,811	7.9%
02. Mental Hospital	9	406	453	420	356	460	466	93.1%
03. Skilled and Intermediate (non-MR) Care Nursing	37,226	39,762	41,074	39,501	40,798	38,916	39,606	1.0%
04. Intermediate Care for Mentally Retarded	1,442	1,381	1,331	1,325	1,302	1,282	1,263	-2.2%
05. Physician Services	259,688	283,200	320,726	330,264	328,550	344,460	369,107	6.0%
06. Dental Services	85,188	86,846	90,736	101,405	104,581	122,807	132,674	7.7%
07. Other Practitioners	84,827	97,300	115,395	113,039	128,575	125,857	170,842	12.4%
08. Outpatient Hospital	246,492	267,917	311,317	330,978	349,865	362,421	384,500	7.7%
09. Clinic Services	293,062	321,332	377,983	406,759	439,575	482,956	513,610	9.8%
10. Lab and X-Ray	118,223	121,744	137,891	137,931	162,487	199,612	206,163	9.7%
11. Home Health	24,954	7,090	6,652	6,022	6,511	6,910	6,981	-19.1%
12. Prescribed Drugs	353,902	411,959	447,062	472,624	493,230	526,991	550,572	7.6%
13. Family Planning	23,557	963	941	1,116	1,110	1,326	1,302	-38.3%
14. Early & Periodic Screening, Diagnosis & Treatment	71,161	0	0	0	0	0	0	-100.0%
15. Other Care	92,017	165,576	189,329	199,833	216,716	240,321	253,811	18.4%
16. Personal Care Support Services	75,373	84,636	97,189	108,536	122,141	123,911	131,651	9.7%
17. Home/Community Based Waiver Services	104	0	0	0	0	0	0	-100.0%
18. Prepaid Health Care	336,057	352,792	395,214	475,265	498,155	515,863	544,395	8.4%
19. Primary Care Case Management (PCCM) Services	0	0	0	0	0	0	0	n/a
Total*	734,015	797,578	890,318	978,546	1,036,150	1,081,496	1,140,194	7.6%

*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									Annual	Share of Total
	FFY 98	FFY 99	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	Change	FFY 04	
01. General Hospital	\$313,541,971	\$349,386,862	\$376,607,207	\$410,534,009	\$428,061,409	\$472,473,319	\$511,834,964	8.5%	10.5%	
02. Mental Hospital	\$248,998	\$4,727,426	\$4,628,523	\$4,606,906	\$3,207,299	\$5,922,767	\$4,734,727	63.4%	0.1%	
03. Skilled and Intermediate (non-MR) Care Nursing	\$677,899,462	\$718,187,010	\$732,508,771	\$735,628,334	\$725,466,540	\$709,866,247	\$761,653,055	2.0%	15.6%	
04. Intermediate Care for Mentally Retarded	\$101,104,939	\$101,938,506	\$100,406,019	\$94,409,653	\$118,629,649	\$111,653,494	\$112,204,262	1.8%	2.3%	
05. Physician Services	\$51,276,977	\$58,020,860	\$70,972,252	\$71,914,021	\$73,061,397	\$78,021,620	\$83,025,715	8.4%	1.7%	
06. Dental Services	\$9,726,354	\$11,463,432	\$13,286,049	\$21,144,900	\$25,504,037	\$29,841,465	\$35,872,061	24.3%	0.7%	
07. Other Practitioners	\$4,862,991	\$6,342,481	\$7,629,740	\$8,027,304	\$9,187,207	\$8,135,688	\$18,761,642	25.2%	0.4%	
08. Outpatient Hospital	\$154,379,218	\$168,549,075	\$219,722,488	\$221,122,747	\$246,189,264	\$241,123,477	\$255,872,607	8.8%	5.2%	
09. Clinic Services	\$68,809,727	\$75,402,510	\$96,534,961	\$111,575,286	\$135,014,780	\$161,637,284	\$196,422,293	19.1%	4.0%	
10. Lab and X-Ray	\$6,568,226	\$5,997,897	\$7,464,955	\$8,131,990	\$10,217,199	\$13,313,824	\$16,087,835	16.1%	0.3%	
11. Home Health	\$46,793,370	\$8,114,919	\$8,564,806	\$6,583,746	\$7,236,954	\$7,297,381	\$6,172,315	-28.7%	0.1%	
12. Prescribed Drugs	\$382,512,566	\$482,087,676	\$600,484,118	\$680,574,899	\$799,910,014	\$953,324,877	\$1,133,878,803	19.9%	23.2%	
13. Family Planning	\$5,124,562	\$426,281	\$459,200	\$530,268	\$561,813	\$687,570	\$733,636	-27.7%	0.0%	
14. Early & Periodic Screening, Diagnosis & Treatment	\$40,121,136	\$0	\$0	\$0	\$0	\$0	\$0	-100.0%	0.0%	
15. Other Care	\$67,554,180	\$325,984,183	\$415,909,665	\$488,627,413	\$537,392,486	\$553,408,000	\$579,093,998	43.1%	11.9%	
16. Personal Care Support Services	\$360,789,849	\$195,611,282	\$231,939,181	\$272,495,153	\$340,711,470	\$376,255,888	\$406,776,844	2.0%	8.3%	
17. Home/Community Based Waiver Services	\$679,049	\$0	\$0	\$0	\$0	\$0	\$0	-100.0%	0.0%	
18. Prepaid Health Care	\$277,652,554	\$285,917,714	\$383,034,523	\$490,305,973	\$611,192,885	\$683,889,202	\$763,539,900	18.4%	15.6%	
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.)	\$2,569,646,129	\$2,798,158,114	\$3,270,152,458	\$3,626,212,602	\$4,071,544,403	\$4,406,852,103	\$4,886,664,657	11.3%	100.0%	

AVERAGE PAYMENTS PER RECIPIENT BY TYPE OF SERVICES

									(+) or (-) SLC	Avg. FFY 04
01. General Hospital	\$4,304.06	\$3,990.35	\$4,299.91	\$4,300.90	\$4,242.26	\$4,474.86	\$4,458.07	0.6%	-17.8%	
02. Mental Hospital	\$27,666.44	\$11,643.91	\$10,217.49	\$10,968.82	\$9,009.27	\$12,875.58	\$10,160.36	-15.4%	-46.4%	
03. Skilled and Intermediate (non-MR) Care Nursing	\$18,210.38	\$18,062.15	\$17,833.88	\$18,623.03	\$17,781.91	\$18,240.99	\$19,230.75	0.9%	-14.1%	
04. Intermediate Care for Mentally Retarded	\$70,114.38	\$73,814.99	\$75,436.53	\$71,252.57	\$91,113.40	\$87,093.21	\$88,839.48	4.0%	10.5%	
05. Physician Services	\$197.46	\$204.88	\$221.29	\$217.75	\$222.38	\$226.50	\$224.94	2.2%	-59.0%	
06. Dental Services	\$114.18	\$132.00	\$146.43	\$208.52	\$243.87	\$242.99	\$270.38	15.5%	-22.4%	
07. Other Practitioners	\$57.33	\$65.18	\$66.12	\$71.01	\$71.45	\$64.64	\$109.82	11.4%	-42.2%	
08. Outpatient Hospital	\$626.31	\$629.11	\$705.78	\$668.09	\$703.67	\$665.31	\$665.47	1.0%	8.1%	
09. Clinic Services	\$234.80	\$234.66	\$255.39	\$274.30	\$307.15	\$334.68	\$382.43	8.5%	-10.8%	
10. Lab and X-Ray	\$55.56	\$49.27	\$54.14	\$58.96	\$62.88	\$66.70	\$78.03	5.8%	-60.1%	
11. Home Health	\$1,875.19	\$1,144.56	\$1,287.55	\$1,093.28	\$1,111.50	\$1,056.06	\$884.16	-11.8%	-70.0%	
12. Prescribed Drugs	\$1,080.84	\$1,170.23	\$1,343.18	\$1,439.99	\$1,621.78	\$1,809.00	\$2,059.46	11.3%	-42.9%	
13. Family Planning	\$217.54	\$442.66	\$487.99	\$475.15	\$506.14	\$518.53	\$563.47	17.2%	-50.9%	
14. Early & Periodic Screening, Diagnosis & Treatment	\$563.81	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-100.0%	-100.0%	
15. Other Care	\$734.15	\$1,968.79	\$2,196.76	\$2,445.18	\$2,479.71	\$2,302.79	\$2,281.60	20.8%	19.1%	
16. Personal Care Support Services	\$4,786.73	\$2,311.21	\$2,386.48	\$2,510.64	\$2,789.49	\$3,036.50	\$3,089.81	-7.0%	129.7%	
17. Home/Community Based Waiver Services	\$6,529.32	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-100.0%	-100.0%	
18. Prepaid Health Care	\$826.21	\$810.44	\$969.18	\$1,031.65	\$1,226.91	\$1,325.72	\$1,402.55	9.2%	18.2%	
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)	\$3,500.81	\$3,508.32	\$3,673.02	\$3,705.72	\$3,929.49	\$4,074.77	\$4,285.82	3.4%	4.2%	

TOTAL PER CAPITA EXPENDITURES

	\$634.72	\$695.18	\$761.96	\$920.45	\$1,011.49	\$1,046.37	\$1,122.56	10.0%	28.2%
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Source: Health Care Financing Administration-Form HCFA 2082 for federal fiscal year 98; MSIS data for FFY 99-04.

SOUTHERN REGION MEDICAID PROFILE
DATA BY OTHER CHARACTERISTICS

RECIPIENTS BY OTHER CHARACTERISTICS

	FFY 98	FFY 99	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	Annual Change	Share of Total FFY 04
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	206,175	268,684	305,326	347,033	637,643	652,952	675,301	21.9%	59.2%
Poverty Related Eligibles	259,920	264,083	405,269	276,241	111,331	128,818	137,084	-10.1%	12.0%
Medically Needy	0	0	0	0	0	0	0	n/a	0.0%
Other Eligibles	251,738	238,161	154,013	314,235	264,206	272,784	302,389	3.1%	26.5%
Maintenance Assistance Status Unknown	16,182	26,650	25,710	41,037	22,970	26,942	25,420	7.8%	2.2%
Total	734,015	797,578	890,318	978,546	1,036,150	1,081,496	1,140,194	7.6%	100.0%
By Basis of Eligibility									
Aged, Blind, or Disabled	202,428	203,958	212,239	218,236	227,560	236,110	252,260	3.7%	22.1%
Children	384,773	409,191	455,912	494,611	531,687	558,929	586,268	7.3%	51.4%
Foster Care Children	14,859	18,016	20,107	22,482	23,644	24,116	25,106	9.1%	2.2%
Adults	115,773	139,763	176,350	202,180	230,289	235,399	251,140	13.8%	22.0%
Basis of Eligibility Unknown	16,182	26,650	25,710	41,037	22,970	26,942	25,420	7.8%	2.2%
Total	734,015	797,578	890,318	978,546	1,036,150	1,081,496	1,140,194	7.6%	100.0%
By Age									
Under Age 1	27,330	20,870	31,252	47,116	33,353	34,404	37,198	5.3%	3.3%
Age 1 to 5	142,186	143,601	152,387	175,189	173,875	180,990	188,658	4.8%	16.5%
Age 6 to 14	181,373	200,879	219,749	232,282	255,511	266,538	277,056	7.3%	24.3%
Age 15 to 20	81,044	88,285	100,878	102,376	121,702	130,825	138,482	9.3%	12.1%
Age 21 to 44	147,058	165,104	199,278	218,209	250,282	257,289	274,652	11.0%	24.1%
Age 45 to 64	58,750	62,821	70,512	75,255	87,541	95,175	107,717	10.6%	9.4%
Age 65 to 74	32,984	31,706	32,656	32,948	33,671	33,749	35,121	1.1%	3.1%
Age 75 to 84	32,949	31,386	31,821	31,388	32,356	31,550	32,145	-0.4%	2.8%
Age 85 and Over	29,374	26,276	26,075	22,744	24,889	24,033	23,744	-3.5%	2.1%
Age Unknown	967	26,650	25,710	41,039	22,970	26,943	25,421	72.4%	2.2%
Total	734,015	797,578	890,318	978,546	1,036,150	1,081,496	1,140,194	7.6%	100.0%
By Race									
White	506,398	521,247	583,448	645,265	703,338	732,719	777,738	7.4%	68.2%
Black	226,649	229,485	253,910	278,184	271,592	274,484	284,983	3.9%	25.0%
Hispanic, American Indian or Asian	1	17,035	17,777	18,514	9,046	10,863	11,992	378.4%	1.1%
Other/Unknown	967	29,811	35,183	36,583	52,174	63,430	65,481	101.9%	5.7%
Total*	734,015	797,578	890,318	978,546	1,036,150	1,081,496	1,140,194	7.6%	100.0%
By Sex									
Female	444,292	464,774	518,406	571,708	597,766	619,827	653,539	6.6%	57.3%
Male	288,756	310,117	344,153	377,979	415,414	434,727	461,234	8.1%	40.5%
Unknown	967	22,687	27,759	28,859	22,970	26,942	25,421	72.4%	2.2%
Total*	734,015	797,578	890,318	978,546	1,036,150	1,081,496	1,140,194	7.6%	100.0%

Source: Health Care Financing Administration-Form HCFA 2082 for federal fiscal year 98; MSIS data for FFY 99-04.

SOUTHERN REGION MEDICAID PROFILE

PAYMENTS BY OTHER CHARACTERISTICS

	FFY 98	FFY 99	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	Annual Change	Share of Total FFY 04
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	\$340,186,310	\$901,269,587	\$1,064,582,686	\$1,345,029,037	\$1,788,461,369	\$2,071,678,119	\$2,259,018,396	37.1%	46.2%
Poverty Related Eligibles	\$274,104,538	\$315,462,161	\$499,127,981	\$404,785,994	\$216,075,595	\$193,990,039	\$218,736,752	-3.7%	4.5%
Medically Needy	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a	0.0%
Other Eligibles	\$1,942,734,440	\$1,565,790,525	\$1,690,386,726	\$1,858,164,764	\$2,053,187,075	\$2,113,298,982	\$2,387,676,163	3.5%	48.9%
Maintenance Assistance Status Unknown	\$12,620,841	\$15,635,841	\$16,055,065	\$18,232,807	\$13,820,364	\$27,884,963	\$21,233,346	9.1%	0.4%
Total	\$2,569,646,129	\$2,798,158,114	\$3,270,152,458	\$3,626,212,602	\$4,071,544,403	\$4,406,852,103	\$4,886,664,657	11.3%	100.0%
By Basis of Eligibility									
Aged, Blind or Disabled	\$1,943,366,578	\$2,104,811,071	\$2,351,501,567	\$2,516,226,068	\$2,768,484,714	\$2,934,966,459	\$3,257,030,600	9.0%	66.7%
Children	\$410,373,527	\$443,693,515	\$558,122,694	\$649,965,743	\$745,207,518	\$807,993,897	\$876,024,057	13.5%	17.9%
Foster Care Children	\$46,608,272	\$59,208,809	\$107,532,112	\$142,036,503	\$159,547,739	\$161,096,206	\$175,699,848	24.8%	3.6%
Adults	\$156,676,911	\$174,808,878	\$236,941,020	\$299,751,481	\$384,484,068	\$474,910,578	\$556,676,806	23.5%	11.4%
Basis of Eligibility Unknown	\$12,620,841	\$15,635,841	\$16,055,065	\$18,232,807	\$13,820,364	\$27,884,963	\$21,233,346	9.1%	0.4%
Total	\$2,569,646,129	\$2,798,158,114	\$3,270,152,458	\$3,626,212,602	\$4,071,544,403	\$4,406,852,103	\$4,886,664,657	11.3%	100.0%
By Age									
Under Age 1	\$72,341,660	\$63,700,441	\$106,362,092	\$161,741,559	\$129,345,714	\$132,308,084	\$149,937,177	12.9%	3.1%
Age 1 to 5	\$163,428,780	\$184,447,302	\$214,779,734	\$228,219,391	\$272,981,133	\$290,046,800	\$308,401,840	11.2%	6.3%
Age 6 to 14	\$176,213,721	\$200,435,499	\$250,011,776	\$319,080,946	\$347,841,392	\$367,846,014	\$394,118,177	14.4%	8.1%
Age 15 to 20	\$140,570,168	\$154,704,714	\$204,336,947	\$231,310,693	\$275,766,421	\$306,062,627	\$336,307,203	15.6%	6.9%
Age 21 to 44	\$589,861,158	\$644,506,373	\$750,174,471	\$858,137,119	\$991,187,989	\$1,115,299,519	\$1,250,909,045	13.3%	25.6%
Age 45 to 64	\$465,882,450	\$530,899,032	\$642,146,195	\$726,902,470	\$883,924,922	\$1,005,790,480	\$1,183,810,219	16.8%	24.2%
Age 65 to 74	\$228,326,459	\$245,383,420	\$276,555,919	\$294,766,100	\$319,753,974	\$330,530,459	\$363,209,603	8.0%	7.4%
Age 75 to 84	\$325,826,357	\$345,248,634	\$377,243,967	\$397,105,372	\$410,979,312	\$409,248,151	\$440,489,264	5.2%	9.0%
Age 85 and Over	\$406,569,598	\$413,196,858	\$432,486,292	\$390,710,799	\$425,943,182	\$421,834,024	\$438,247,371	1.3%	9.0%
Age Unknown	\$625,778	\$15,635,841	\$16,055,065	\$18,238,153	\$13,820,364	\$27,885,945	\$21,234,758	79.9%	0.4%
Total	\$2,569,646,129	\$2,798,158,114	\$3,270,152,458	\$3,626,212,602	\$4,071,544,403	\$4,406,852,103	\$4,886,664,657	11.3%	100.0%
By Race									
White	\$1,996,030,667	\$2,135,596,819	\$2,501,134,856	\$2,779,405,905	\$3,072,119,135	\$3,304,857,158	\$3,679,032,491	10.7%	75.3%
Black	\$572,989,632	\$603,469,098	\$701,529,063	\$776,178,610	\$886,035,535	\$939,592,907	\$1,025,569,852	10.2%	21.0%
Hispanic, American Indian or Asian	\$52	\$30,908,803	\$32,958,799	\$34,519,388	\$21,687,977	\$27,349,551	\$31,426,711	819.5%	0.6%
Other/Unknown	\$625,778	\$28,183,394	\$34,529,740	\$36,108,699	\$91,701,756	\$135,052,487	\$150,635,603	149.4%	3.1%
Total*	\$2,569,646,129	\$2,798,158,114	\$3,270,152,458	\$3,626,212,602	\$4,071,544,403	\$4,406,852,103	\$4,886,664,657	11.3%	100.0%
By Sex									
Female	\$1,599,417,760	\$1,725,342,768	\$2,016,557,141	\$2,238,248,240	\$2,453,377,747	\$2,654,572,522	\$2,951,860,293	10.8%	60.4%
Male	\$969,602,591	\$1,060,931,406	\$1,236,429,474	\$1,370,029,884	\$1,604,346,292	\$1,724,394,618	\$1,913,569,606	12.0%	39.2%
Unknown	\$625,778	\$11,883,940	\$17,165,843	\$17,934,478	\$13,820,364	\$27,884,963	\$21,234,758	79.9%	0.4%
Total*	\$2,569,646,129	\$2,798,158,114	\$3,270,152,458	\$3,626,212,602	\$4,071,544,403	\$4,406,852,103	\$4,886,664,657	11.3%	100.0%

Source: Health Care Financing Administration-Form HCFA 2082 for federal fiscal year 98; MSIS data for FFY 99-04.

SOUTHERN REGION MEDICAID PROFILE

AVERAGE PAYMENT PER RECIPIENT BY OTHER CHARACTERISTICS

	FFY 98	FFY 99	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	Annual Change	Above (+) or Below (-) SLIC Avg. FFY 04
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	\$1,649.99	\$3,354.39	\$3,486.71	\$3,875.80	\$2,804.80	\$3,172.79	\$3,345.20	12.5%	-36.3%
Poverty Related Eligibles	\$1,054.57	\$1,194.56	\$1,231.60	\$1,465.34	\$1,940.84	\$1,505.92	\$1,595.64	7.1%	-22.0%
Medically Needy	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	n/a	-100.0%
Other Eligibles	\$7,717.29	\$6,574.50	\$10,975.61	\$5,913.30	\$7,771.16	\$7,747.15	\$7,896.04	0.4%	8.8%
Maintenance Assistance Status Unknown	\$779.93	\$586.71	\$624.47	\$444.30	\$601.67	\$1,035.00	\$835.30	1.1%	-68.7%
Total	\$3,500.81	\$3,508.32	\$3,673.02	\$3,705.72	\$3,929.49	\$4,074.77	\$4,285.82	3.4%	4.2%
By Basis of Eligibility									
Aged, Blind or Disabled	\$9,600.29	\$10,319.83	\$11,079.50	\$11,529.84	\$12,165.95	\$12,430.50	\$12,911.40	5.1%	19.8%
Children	\$1,066.53	\$1,084.32	\$1,224.19	\$1,314.09	\$1,401.59	\$1,445.61	\$1,494.24	5.8%	1.3%
Foster Care Children	\$3,136.70	\$3,286.46	\$5,347.99	\$6,317.79	\$6,747.92	\$6,680.05	\$6,998.32	14.3%	1.7%
Adults	\$1,353.31	\$1,250.75	\$1,343.58	\$1,482.60	\$1,669.57	\$2,017.47	\$2,216.60	8.6%	-15.6%
Basis of Eligibility Unknown	\$779.93	\$586.71	\$624.47	\$444.30	\$601.67	\$1,035.00	\$835.30	1.1%	-71.1%
Total	\$3,500.81	\$3,508.32	\$3,673.02	\$3,705.72	\$3,929.49	\$4,074.77	\$4,285.82	3.4%	4.2%
By Age									
Under Age 1	\$2,646.97	\$3,052.25	\$3,403.37	\$3,432.84	\$3,878.08	\$3,845.72	\$4,030.79	7.3%	8.5%
Age 1 to 5	\$1,149.40	\$1,284.44	\$1,409.44	\$1,302.70	\$1,569.98	\$1,602.56	\$1,634.71	6.0%	-9.0%
Age 6 to 14	\$971.55	\$997.79	\$1,137.72	\$1,373.68	\$1,361.36	\$1,380.09	\$1,422.52	6.6%	-15.2%
Age 15 to 20	\$1,734.49	\$1,752.33	\$2,025.58	\$2,259.42	\$2,265.92	\$2,339.48	\$2,428.53	5.8%	-8.7%
Age 21 to 44	\$4,011.08	\$3,903.64	\$3,764.46	\$3,932.64	\$3,960.28	\$4,334.81	\$4,554.52	2.1%	-5.6%
Age 45 to 64	\$7,929.91	\$8,450.98	\$9,106.91	\$9,659.19	\$10,097.27	\$10,567.80	\$10,990.00	5.6%	14.2%
Age 65 to 74	\$6,922.34	\$7,739.34	\$8,468.76	\$8,946.40	\$9,496.42	\$9,793.79	\$10,341.66	6.9%	40.0%
Age 75 to 84	\$9,888.81	\$11,000.08	\$11,855.19	\$12,651.50	\$12,701.80	\$12,971.42	\$13,703.20	5.6%	22.8%
Age 85 and Over	\$13,841.14	\$15,725.26	\$16,586.24	\$17,178.63	\$17,113.71	\$17,552.28	\$18,457.18	4.9%	7.4%
Age Unknown	\$647.13	\$586.71	\$624.47	\$444.41	\$601.67	\$1,035.00	\$835.32	4.3%	-70.6%
Total	\$3,500.81	\$3,508.32	\$3,673.02	\$3,705.72	\$3,929.49	\$4,074.77	\$4,285.82	3.4%	4.2%
By Race									
White	\$3,941.62	\$4,097.09	\$4,286.82	\$4,307.39	\$4,367.91	\$4,510.40	\$4,730.43	3.1%	-5.4%
Black	\$2,528.09	\$2,629.67	\$2,762.90	\$2,790.16	\$3,262.38	\$3,423.12	\$3,598.71	6.1%	5.1%
Hispanic, American Indian or Asian	\$52.00	\$1,814.43	\$1,854.01	\$1,864.50	\$2,397.52	\$2,517.68	\$2,620.64	92.2%	1.7%
Other/ Unknown	\$647.13	\$945.40	\$981.43	\$987.03	\$1,757.61	\$2,129.16	\$2,300.45	23.5%	-53.6%
Total	\$3,500.81	\$3,508.32	\$3,673.02	\$3,705.72	\$3,929.49	\$4,074.77	\$4,285.82	3.4%	4.2%
By Sex									
Female	\$3,599.92	\$3,712.22	\$3,889.92	\$3,915.02	\$4,104.24	\$4,282.76	\$4,516.73	3.9%	7.8%
Male	\$3,357.86	\$3,421.07	\$3,592.67	\$3,624.62	\$3,862.04	\$3,966.61	\$4,148.80	3.6%	3.6%
Unknown	\$647.13	\$523.82	\$618.39	\$621.45	\$601.67	\$1,035.00	\$835.32	4.3%	-79.6%
Total	\$3,500.81	\$3,508.32	\$3,673.02	\$3,705.72	\$3,929.49	\$4,074.77	\$4,285.82	3.4%	4.2%

Source: Health Care Financing Administration-Form HCFA 2082 for federal fiscal year 98; MSIS data for FFY 99-04.

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

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

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

- As of June 30, 2004, the MC+ Managed Care program covered 58% of the MC+ population as follows:

<u>Region</u>	<u>Number of Counties</u>	<u>Number of Eligibles</u>	<u>Start Date</u>
Eastern	10	235,761	9/1/95
Central	18	63,576	3/1/96
Western	9	133,002	1/1/97

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

- Aged and Disabled: Served 23,330 people in waiver year 2003 and 23,216 in waiver year 2004; operating since April 22, 1980.
- Mental Retardation/Developmental Disabilities: Serves 7,570 people in waiver year 2003 and 7,443 in waiver year 2004, operating since July 1, 1988.
- AIDS: Served 76 people in waiver year 2003 and 86 people in waiver year 2004, operating since July 1, 1998.
- Children with Mental Retardation/Developmental Disabilities, to age 18: Served 188 children in waiver year 2003 and 197 children in waiver year 2004, operating since October 1, 1995.
- Physical Disability Waiver: Served 26 people in waiver year 2003 and 40 people in waiver year 2004, operating since July 1, 1998.
- Independent Living Waiver: Served 560 individuals in waiver year 2003 and 544 individuals in waiver year 2004 that were age 18 to 64, operating since January 1, 2000.
- Consumer Support Waiver: Served 475 individuals in waiver year 2004, established July 1, 2003.

- 1115 Waiver: developed to expand Medicaid coverage to children through the SCHIP program and uninsured parents. Recipients receive their care through either a Fee-For-Service or the MC+ Managed Care delivery system, depending on where the individual lives in Missouri. The Uninsured Parents Program was implemented February 1, 1999. The statewide enrollment as of June 30, 2004 was 11,727.

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

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

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

Managed Care

- Any Willing Provider Clause: Yes

SOUTHERN REGION MEDICAID PROFILE

Coverage for Targeted Population

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

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

Cost Containment Measures

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

Medicaid

- 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.
- In August 2001, received approval from the HHS to extend Medicaid coverage to low-income, uninsured women for breast or cervical treatment. The number of recipients enrolled in this program as of June 30, 2003 was 463, increasing to 653 by June 30, 2004.
- 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.

The Medical Assistance for Working Disabled (MA-WD) program provided services to individuals with disabilities (income up to 250% of the FPL) that were required to enable them to gain or keep employment. As of June 30, 2003 there were 12,486 individuals enrolled in the MA-WD program. As of June 30, 2004 there were 17,619 individuals enrolled in the MA-WD program. The MA-WD program has been eliminated effective September 1, 2005.

- In FY 02, enacted legislation as follows:

1. Established prior authorization for all new drugs and prior authorization of overused or misused drugs.
2. Approved a preferred drug list to be implemented by January 1, 2003.
3. Limit use of over-the-counter drugs to a specific limited list, except insulin and expanded MAC coverage list.
4. Implemented a pharmacy provider tax utilizing a portion of the tax for an increase in the dispensing fee for pharmacies from \$4.09 to \$8.04.

- In FY 05, enacted legislation that eliminated certain optional Medicaid services for adults (exempts children, pregnant women, aged, blind, or disabled) as follows:

1. Comprehensive day rehabilitation.
2. Adult dental services, except for treatment for trauma or disease/medical conditions.
3. Durable medical equipment, including wheel chairs and batteries, 3 wheeled scooters, decubitus care cushions and mattresses, all orthotics (body braces), etc.
4. Rehabilitation services (i.e. occupational, speech, or physical therapy).
5. Audiology (hearing aids and associated testing services).
6. Optical services, except for 1 eye exam every 2 years.
7. Foot care services (limited only).
8. Diabetes self-management training.

- Effective September 1, 2005, required recipients to pay co-pays from \$0.50 to \$10.00 at the time of service.

SOUTHERN REGION MEDICAID PROFILE

Children's Health Insurance Program: Medicaid Expansion

- SCHIP in Missouri is administered by the Division of Medical Services through an HMO style program (MC+), as well as a FFS program.
- The SCHIP program is an expansion of Medicaid to provide health care benefits for children/adolescents from birth to age 18 in families with incomes up to 300% of the FPL. The program received CMS approval on April 28, 1998. The statewide enrollment as of June 30, 2004 was 92,165.

Cost Sharing Provisions of MC+:

- There are no cost sharing obligations for Parent's Fair Share Program participants, those covered under the women's health services program, and children/adolescents in families with income up to 185% of the FPL.
 - Co-payments for adults: \$10 per provider visit and \$5 per prescription.
 - Co-payments for children/adolescents in families with income from 185% to 225% of the FPL: \$5 per provider visit.
 - Premiums and co-payments for children/adolescents in families with income from 226% to 300% of the FPL: Co-payments: \$10 per provider visit and \$9 per prescription.
- Effective July 1, 2005, premiums will vary from \$65 to \$257 based on income and family size.

Tobacco Settlement

- The state expects to receive approximately \$4.6 billion over 25 years.
- From FY 00 through FY 04, the cumulative tobacco settlement payment was approximately \$693.3 million.
- The state has allocated these funds and compares with the U.S. as follows:

	MO	%	U.S.	%
Tobacco use prevention	\$23,266,000	3.4%	\$1,813,423,000	4.6%
Health services	\$221,856,000	32.0%	\$11,824,057,000	29.9%
Long-term care	\$189,385,000	27.3%	\$2,200,066,000	5.6%
Health research	\$21,600,000	3.1%	\$1,472,863,000	3.7%
Education	\$0	0.0%	\$2,051,182,000	5.2%
Children and Youth (Nonhealth)	\$14,400,000	2.1%	\$1,229,719,000	3.1%
Tobacco Farmers	\$0	0.0%	\$1,217,021,000	3.1%
Endowments and Reserves	\$50,000,000	7.2%	\$7,636,209,000	19.3%
Other	\$172,812,000	24.9%	\$10,048,868,000	25.4%
Total	\$693,319,000	100.0%	\$39,493,408,000	100.0%