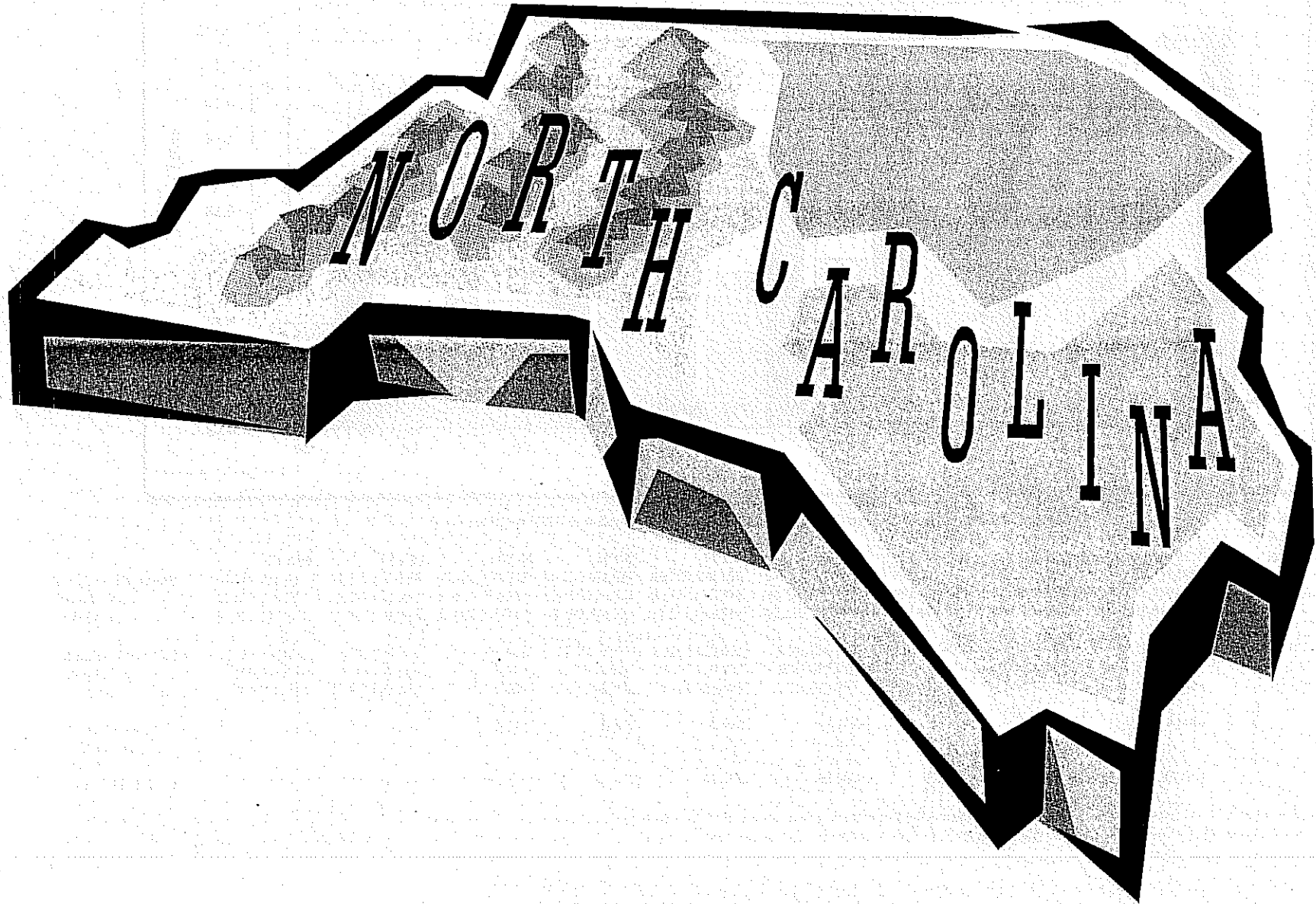


STATE MEDICAID PROFILE



SOUTHERN REGION MEDICAID PROFILE

STATE FINANCING	Payments		Administration	
	FFY 98	FFY 04	FFY 98	FFY 04
State General Fund*	\$1,672,245,703	\$2,767,454,136	\$86,323,032	\$165,262,419
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	\$1,672,245,703	\$2,767,454,136	\$86,323,032	\$165,262,419

Provider Taxes Currently in Place (FFY 04)	
Tax Rate	Amount
NO PROVIDER TAXES	

DISPROPORTIONATE SHARE HOSPITAL (DSH) PAYMENTS

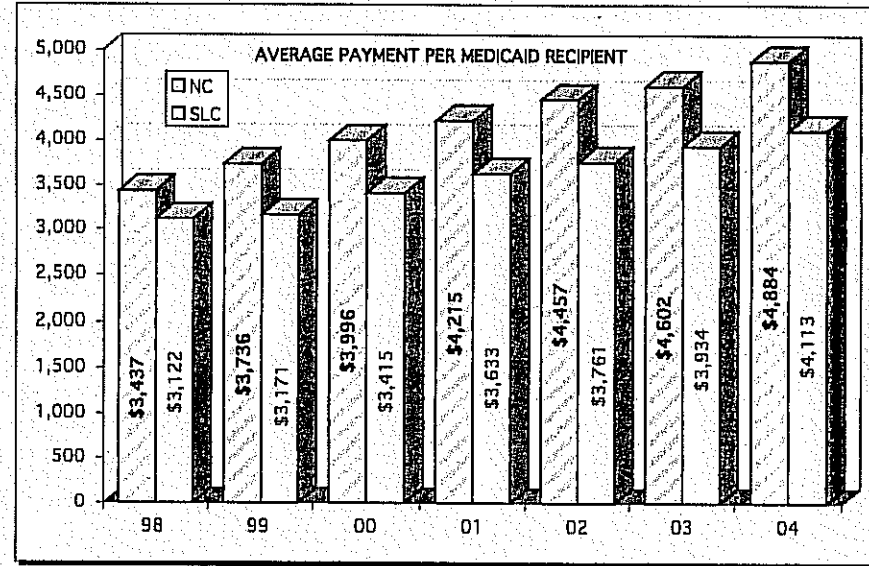
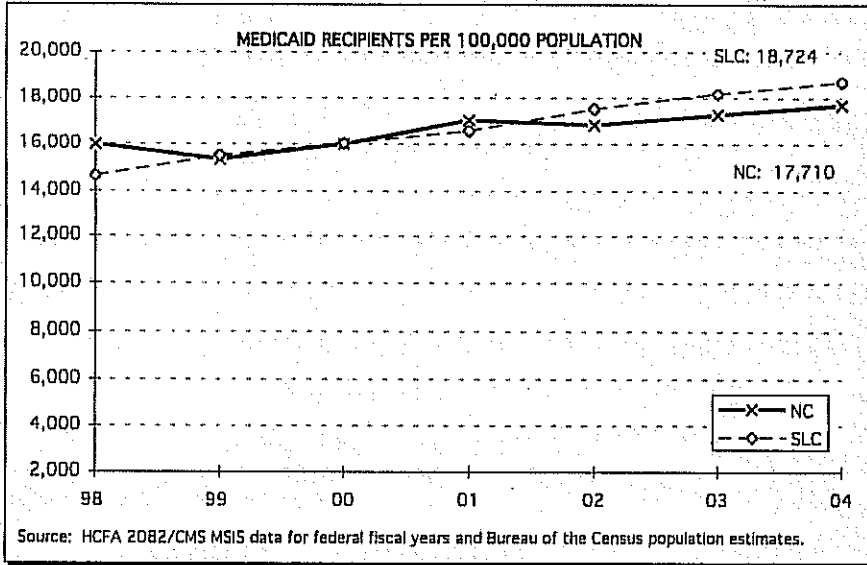
	FFY 98	FFY 99	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05**	FFY 06**	Annual Change
General Hospitals	\$187,665,204	\$227,672,613	\$236,744,407	\$259,509,072	\$275,834,347	\$378,516,668	\$418,211,290	\$231,344,000	\$232,200,000	-0.3%
Mental Hospitals	\$166,439,546	\$170,292,750	\$176,842,977	\$174,935,077	\$179,324,307	\$2,917,716	\$3,178,664	\$161,598,000	\$181,400,000	0.4%
Total	\$354,104,750	\$397,965,363	\$413,587,384	\$434,444,149	\$455,158,654	\$381,434,384	\$421,389,954	\$392,942,000	\$413,600,000	0.0%

SELECTED ELIGIBILITY CRITERIA				DEMOGRAPHIC DATA & POVERTY INDICATORS (2004)			
	At 10/1/04	% of FPL*					Rank in U.S.
TANF-Temporary Assistance for Needy Families (Family of 3)				State population—July 1, 2004*		8,541,221	11
Need Standard	\$544	41.7%		Per capita personal income**		\$29,246	37
Payment Standard	\$272	N/A		Median household income**		\$38,212	38
Maximum Payment	\$272	N/A		Population below Federal Poverty Level on July 1, 2003*		1,212,853	
Medically Needy Program (Family of 3)				Percent of total state population		14.2%	9
Income Eligibility Standard	\$367			Population without health insurance coverage*		1,424,000	6
Resource Standard	\$3,000			Percent of total state population		16.7%	16
Pregnant Women, Children and Infants (% of FPL*)				Recipients of Food Stamps***		746,988	11
Pregnant women and infants		185.0%		Households receiving Food Stamps***		315,514	11
Children 1 to 5		133.0%		Total value of issuance***		\$756,542,732	12
Children 6 to 18		100.0%		Average monthly benefit per recipient		\$84.40	21
SSI Eligibility Levels				Average monthly benefit per household		\$199.82	
Income:				Monthly recipients of Temporary Assistance to Needy Families (TANF)****		82,918	18
Single Person	\$564	72.7%		Total TANF payments****		\$115,389,614	39
Couple	\$846	81.3%		Average monthly payment per recipient		\$115.97	39
Resources:				Maximum monthly payment per family of 3		\$272.00	42
Single Person	\$2,000						
Couple	\$3,000						

*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	171,477	178,092	195,406	197,136	202,664	205,779	210,093	3.4%
02. Mental Hospital	2,387	1,993	2,614	2,631	2,454	2,489	2,313	-0.5%
03. Skilled and Intermediate (non-MR) Care Nursing	41,683	42,382	42,752	43,741	43,128	43,143	43,182	0.6%
04. Intermediate Care for Mentally Retarded	4,853	4,802	4,733	4,716	4,661	4,588	4,562	-1.0%
05. Physician Services	805,816	811,612	865,447	946,861	1,006,830	1,062,621	1,205,583	6.9%
06. Dental Services	212,697	213,972	219,805	284,384	325,941	370,784	419,131	12.0%
07. Other Practitioners	159,902	152,555	226,147	249,306	252,179	246,175	258,550	8.3%
08. Outpatient Hospital	459,214	488,111	516,576	586,546	637,476	665,035	715,200	7.7%
09. Clinic Services	182,633	516,525	514,140	556,924	533,928	535,202	552,205	20.3%
10. Lab and X-Ray	594,307	540,123	591,661	651,112	723,426	747,816	860,117	6.4%
11. Home Health	62,187	29,676	30,359	32,279	33,455	33,972	36,541	-8.5%
12. Prescribed Drugs	764,886	797,903	827,039	907,413	949,795	1,015,932	1,071,753	5.8%
13. Family Planning	73,849	8,438	8,572	9,651	10,824	10,122	10,686	-27.5%
14. Early & Periodic Screening, Diagnosis & Treatment	387,904	0	0	0	0	0	0	-100.0%
15. Other Care	165,210	211,402	260,384	278,218	315,541	330,136	433,941	17.5%
16. Personal Care Support Services	356,450	99,205	125,805	142,519	142,787	123,769	210,414	-8.4%
17. Home/Community Based Waiver Services	14,421	0	0	0	0	0	0	-100.0%
18. Prepaid Health Care	220,700	52,062	61,555	66,197	33,718	34,046	27,151	-29.5%
19. Primary Care Case Management (PCCM) Services	591,740	736,427	792,641	849,873	945,213	1,013,309	1,059,564	10.2%
Total*	1,167,988	1,141,774	1,208,789	1,304,684	1,355,269	1,416,912	1,512,608	4.4%

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

SOUTHERN REGION MEDICAID PROFILE

PAYMENTS BY TYPE OF SERVICES									Annual	Share of Total
	FFY 98	FFY 99	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	Change	FFY 04	
01. General Hospital	\$692,184,068	\$684,598,964	\$769,139,076	\$820,619,191	\$867,277,556	\$894,305,809	\$958,912,046	5.6%	13.0%	
02. Mental Hospital	\$26,557,229	\$17,450,155	\$26,134,143	\$27,742,930	\$32,529,154	\$31,302,231	\$32,591,112	3.5%	0.4%	
03. Skilled and Intermediate (non-MR) Care Nursing	\$760,826,548	\$805,603,790	\$817,940,754	\$852,242,911	\$882,268,478	\$869,819,078	\$963,727,050	4.0%	13.0%	
04. Intermediate Care for Mentally Retarded	\$361,838,061	\$382,579,145	\$383,583,590	\$398,653,623	\$408,643,266	\$410,424,970	\$411,806,550	2.2%	5.6%	
05. Physician Services	\$335,106,875	\$349,748,787	\$415,197,398	\$497,972,087	\$516,076,571	\$536,378,224	\$638,186,452	11.3%	8.6%	
06. Dental Services	\$42,821,503	\$54,442,765	\$58,412,707	\$84,128,870	\$107,989,669	\$144,328,048	\$180,353,952	27.1%	2.4%	
07. Other Practitioners	\$10,405,963	\$9,976,992	\$75,234,970	\$76,287,509	\$56,103,599	\$46,307,851	\$31,935,425	20.5%	0.4%	
08. Outpatient Hospital	\$209,392,736	\$240,436,556	\$286,847,001	\$358,577,981	\$444,783,859	\$543,479,178	\$532,646,218	16.8%	7.2%	
09. Clinic Services	\$47,713,966	\$288,733,197	\$126,131,200	\$167,381,841	\$326,287,639	\$397,055,585	\$196,387,994	26.6%	2.7%	
10. Lab and X-Ray	\$69,535,830	\$52,742,389	\$68,592,076	\$82,452,628	\$93,632,997	\$99,337,060	\$126,189,170	10.4%	1.7%	
11. Home Health	\$98,708,726	\$75,235,845	\$82,325,244	\$83,627,315	\$96,022,709	\$95,229,664	\$100,804,762	0.4%	1.4%	
12. Prescribed Drugs	\$466,528,812	\$611,309,477	\$794,550,074	\$971,066,103	\$1,069,140,895	\$1,263,258,395	\$1,555,955,045	22.2%	21.1%	
13. Family Planning	\$22,561,251	\$11,146,114	\$11,425,652	\$14,055,467	\$17,440,949	\$16,707,208	\$16,639,584	-4.9%	0.2%	
14. Early & Periodic Screening, Diagnosis & Treatment	\$30,846,296	\$0	\$0	\$0	\$0	\$0	\$0	-100.0%	0.0%	
15. Other Care	\$12,764,633	\$327,644,547	\$591,388,093	\$612,582,758	\$725,692,985	\$821,731,885	\$1,057,024,153	108.8%	14.3%	
16. Personal Care Support Services	\$452,804,716	\$255,122,949	\$242,698,033	\$356,027,976	\$335,427,496	\$299,671,262	\$523,291,546	2.4%	7.1%	
17. Home/Community Based Waiver Services	\$275,215,305	\$0	\$0	\$0	\$0	\$0	\$0	-100.0%	0.0%	
18. Prepaid Health Care	\$85,665,363	\$45,508,840	\$54,661,005	\$66,802,062	\$33,205,790	\$20,466,589	\$21,718,162	-20.4%	0.3%	
19. Primary Case Management (PCCM) Services	\$12,518,861	\$53,476,960	\$25,764,816	\$28,872,249	\$28,487,396	\$31,485,023	\$39,839,146	21.3%	0.5%	
Total (excludes DSH pymts, pharmacy rebates, & other adjs.)	\$4,013,996,742	\$4,265,757,472	\$4,830,025,832	\$5,499,093,501	\$6,041,011,008	\$6,521,288,060	\$7,388,008,367	10.7%	100.0%	

AVERAGE PAYMENTS PER RECIPIENT BY TYPE OF SERVICES

									(+) or (-) SLIC	Avg. FFY 04
01. General Hospital	\$4,036.60	\$3,844.07	\$3,936.11	\$4,162.71	\$4,279.39	\$4,345.95	\$4,564.23	2.1%	-15.8%	
02. Mental Hospital	\$11,125.78	\$8,755.72	\$9,997.76	\$10,544.63	\$13,255.56	\$12,576.23	\$14,090.41	4.0%	-25.6%	
03. Skilled and Intermediate (non-MR) Care Nursing	\$18,252.68	\$19,008.16	\$19,132.22	\$19,483.85	\$20,456.98	\$20,161.30	\$22,317.80	3.4%	-0.4%	
04. Intermediate Care for Mentally Retarded	\$74,559.67	\$79,670.79	\$81,044.49	\$84,532.15	\$87,672.87	\$89,456.18	\$90,268.86	3.2%	12.3%	
05. Physician Services	\$415.86	\$430.93	\$479.75	\$525.92	\$512.58	\$504.77	\$529.36	4.1%	-3.5%	
06. Dental Services	\$201.33	\$254.44	\$265.75	\$295.83	\$331.32	\$389.25	\$430.30	13.5%	23.4%	
07. Other Practitioners	\$65.08	\$65.40	\$332.68	\$306.00	\$222.48	\$188.11	\$123.52	11.3%	-35.0%	
08. Outpatient Hospital	\$455.98	\$492.59	\$555.29	\$611.34	\$697.73	\$817.22	\$744.75	8.5%	20.9%	
09. Clinic Services	\$261.26	\$558.99	\$245.32	\$300.55	\$611.11	\$741.88	\$355.64	5.3%	-44.9%	
10. Lab and X-Ray	\$117.00	\$97.65	\$115.93	\$126.63	\$129.43	\$132.84	\$146.71	3.8%	-24.9%	
11. Home Health	\$1,587.29	\$2,535.24	\$2,711.72	\$2,590.77	\$2,870.21	\$2,803.18	\$2,758.68	9.6%	-6.3%	
12. Prescribed Drugs	\$609.93	\$766.15	\$960.72	\$1,070.15	\$1,125.65	\$1,243.45	\$1,451.79	15.6%	0.8%	
13. Family Planning	\$305.51	\$1,320.94	\$1,332.90	\$1,456.37	\$1,611.32	\$1,650.58	\$1,557.14	31.2%	35.6%	
14. Early & Periodic Screening, Diagnosis & Treatment	\$79.52	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-100.0%	-100.0%	
15. Other Care	\$77.26	\$1,549.86	\$2,271.22	\$2,201.81	\$2,299.84	\$2,489.07	\$2,435.87	77.7%	27.2%	
16. Personal Care Support Services	\$1,270.32	\$2,571.67	\$1,929.16	\$2,498.11	\$2,349.15	\$2,421.21	\$2,486.96	11.8%	84.9%	
17. Home/Community Based Waiver Services	\$19,084.34	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-100.0%	-100.0%	
18. Prepaid Health Care	\$388.15	\$874.13	\$888.00	\$1,009.14	\$984.81	\$601.15	\$799.90	12.8%	-32.6%	
19. Primary Care Case Management (PCCM) Services	\$21.16	\$72.62	\$32.51	\$33.97	\$30.14	\$31.07	\$37.60	10.1%	39.4%	
Total (Average)	\$3,436.68	\$3,736.08	\$3,995.76	\$4,214.89	\$4,457.43	\$4,602.47	\$4,884.28	6.0%	18.8%	

TOTAL PER CAPITA EXPENDITURES	\$647.57	\$685.73	\$755.11	\$840.36	\$872.84	\$898.09	\$973.29	7.0%	11.1%
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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	594,269	373,135	464,932	564,713	577,515	545,303	565,319	-0.8%	37.4%
Poverty Related Eligibles	389,458	531,452	585,047	589,618	614,660	649,147	708,316	10.5%	46.8%
Medically Needy	122,027	38,491	34,110	36,174	35,742	36,517	39,024	-17.3%	2.6%
Other Eligibles	62,234	145,043	62,649	56,809	64,412	124,739	110,777	10.1%	7.3%
Maintenance Assistance Status Unknown	0	53,653	62,051	57,370	62,940	61,206	89,172	10.7%	5.9%
Total	1,167,988	1,141,774	1,208,789	1,304,684	1,355,269	1,416,912	1,512,608	4.4%	100.0%
By Basis of Eligibility									
Aged, Blind, or Disabled	356,930	349,353	354,783	363,341	367,996	376,371	386,334	1.3%	25.5%
Children	609,190	537,032	585,886	633,766	669,395	706,682	746,408	3.4%	49.3%
Foster Care Children	12,176	13,253	14,061	14,787	15,393	16,043	17,031	5.8%	1.1%
Adults	189,692	188,483	192,008	235,420	239,545	256,610	273,663	6.3%	18.1%
Basis of Eligibility Unknown	0	53,653	62,051	57,370	62,940	61,206	89,172	10.7%	5.9%
Total	1,167,988	1,141,774	1,208,789	1,304,684	1,355,269	1,416,912	1,512,608	4.4%	100.0%
By Age									
Under Age 1	79,785	51,025	54,401	56,225	55,897	55,187	58,777	-5.0%	3.9%
Age 1 to 5	213,089	207,662	220,839	236,880	252,125	266,408	277,418	4.5%	18.3%
Age 6 to 14	250,288	245,514	267,430	285,683	299,124	314,314	329,865	4.7%	21.8%
Age 15 to 20	117,711	110,662	118,352	129,946	136,925	147,199	160,278	5.3%	10.6%
Age 21 to 44	243,112	221,983	228,186	270,725	277,341	293,903	310,419	4.2%	20.5%
Age 45 to 64	102,889	99,715	104,642	114,993	119,980	128,123	136,869	4.9%	9.0%
Age 65 to 74	62,261	57,459	57,360	57,678	56,831	56,724	56,740	-1.5%	3.8%
Age 75 to 84	59,626	56,972	56,921	56,928	56,420	56,497	55,865	-1.1%	3.7%
Age 85 and Over	39,227	38,263	38,607	38,256	37,686	37,351	37,205	-0.9%	2.5%
Age Unknown	0	52,519	62,051	57,370	62,940	61,206	89,172	11.2%	5.9%
Total	1,167,988	1,141,774	1,208,789	1,304,684	1,355,269	1,416,912	1,512,608	4.4%	100.0%
By Race									
White	511,841	500,305	524,091	566,701	559,001	585,888	616,808	3.2%	40.8%
Black	515,303	503,875	512,921	555,283	535,453	554,219	575,838	1.9%	38.1%
Hispanic, American Indian or Asian	74,368	72,603	96,741	102,653	121,401	135,771	113,359	7.3%	7.5%
Other/Unknown	66,476	64,991	75,036	80,047	139,414	141,034	206,603	20.8%	13.7%
Total*	1,167,988	1,141,774	1,208,789	1,304,684	1,355,269	1,416,912	1,512,608	4.4%	100.0%
By Sex									
Female	724,022	707,776	742,656	802,419	784,674	819,060	857,528	2.9%	56.7%
Male	443,966	433,998	466,133	502,265	507,655	536,646	565,908	4.1%	37.4%
Unknown	0	0	0	0	62,940	61,206	89,172	19.0%	5.9%
Total*	1,167,988	1,141,774	1,208,789	1,304,684	1,355,269	1,416,912	1,512,608	4.4%	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	\$2,080,692,247	\$1,871,641,338	\$2,244,906,096	\$2,634,937,237	\$2,910,072,876	\$3,053,331,189	\$3,458,614,435	8.8%	46.8%
Poverty Related Eligibles	\$1,266,350,628	\$1,609,587,357	\$1,891,048,198	\$2,108,749,875	\$2,307,843,040	\$2,478,109,992	\$2,845,553,656	14.4%	38.5%
Medically Needy	\$558,638,298	\$503,873,071	\$514,208,302	\$559,588,746	\$571,185,365	\$587,375,322	\$673,435,647	3.2%	9.1%
Other Eligibles	\$108,315,569	\$239,945,999	\$130,973,395	\$149,420,399	\$204,032,350	\$352,877,327	\$357,836,889	22.0%	4.8%
Maintenance Assistance Status Unknown	\$0	\$40,709,707	\$48,889,841	\$46,397,244	\$47,877,377	\$49,594,230	\$52,567,740	5.2%	0.7%
Total	\$4,013,996,742	\$4,265,757,472	\$4,830,025,832	\$5,499,093,501	\$6,041,011,008	\$6,521,288,060	\$7,388,008,367	10.7%	100.0%
By Basis of Eligibility									
Aged, Blind or Disabled	\$2,856,357,139	\$3,182,728,411	\$3,576,256,170	\$3,990,542,009	\$4,286,950,365	\$4,520,008,536	\$5,095,361,403	10.1%	69.0%
Children	\$716,185,408	\$565,084,454	\$644,703,688	\$776,427,955	\$901,033,395	\$1,027,935,373	\$1,187,241,418	8.8%	16.1%
Foster Care Children	\$44,483,297	\$41,503,406	\$58,801,078	\$73,268,460	\$108,552,046	\$129,170,248	\$145,876,250	21.9%	2.0%
Adults	\$396,970,898	\$435,731,494	\$501,375,055	\$612,457,833	\$696,597,825	\$794,579,673	\$906,961,556	14.8%	12.3%
Basis of Eligibility Unknown	\$0	\$40,709,707	\$48,889,841	\$46,397,244	\$47,877,377	\$49,594,230	\$52,567,740	5.2%	0.7%
Total	\$4,013,996,742	\$4,265,757,472	\$4,830,025,832	\$5,499,093,501	\$6,041,011,008	\$6,521,288,060	\$7,388,008,367	10.7%	100.0%
By Age									
Under Age 1	\$219,104,317	\$140,946,228	\$161,827,329	\$186,302,745	\$191,909,717	\$186,219,896	\$204,876,346	-1.1%	2.8%
Age 1 to 5	\$233,057,550	\$289,916,632	\$326,561,490	\$374,957,314	\$416,280,330	\$446,847,033	\$489,670,515	13.2%	6.6%
Age 6 to 14	\$335,643,471	\$315,060,999	\$371,270,929	\$442,629,242	\$549,422,329	\$642,574,945	\$721,588,208	13.6%	9.8%
Age 15 to 20	\$294,081,459	\$273,046,838	\$304,992,329	\$358,249,283	\$441,702,272	\$510,431,271	\$604,003,144	12.7%	8.2%
Age 21 to 44	\$991,888,410	\$1,019,264,723	\$1,144,766,859	\$1,331,187,638	\$1,456,635,431	\$1,597,385,111	\$1,782,836,521	10.3%	24.1%
Age 45 to 64	\$730,963,532	\$821,533,998	\$967,542,750	\$1,132,065,452	\$1,251,111,978	\$1,393,473,577	\$1,640,861,571	14.4%	22.2%
Age 65 to 74	\$312,081,536	\$346,520,785	\$399,863,260	\$447,605,859	\$466,910,038	\$476,667,166	\$542,430,440	9.7%	7.3%
Age 75 to 84	\$462,921,843	\$511,520,714	\$560,271,570	\$608,891,506	\$632,838,669	\$642,541,798	\$714,030,428	7.5%	9.7%
Age 85 and Over	\$434,254,624	\$508,283,380	\$544,039,475	\$570,807,218	\$586,322,867	\$575,553,033	\$635,143,454	6.5%	8.6%
Age Unknown	\$0	\$39,663,175	\$48,889,841	\$46,397,244	\$47,877,377	\$49,594,230	\$52,567,740	5.8%	0.7%
Total	\$4,013,996,742	\$4,265,757,472	\$4,830,025,832	\$5,499,093,501	\$6,041,011,008	\$6,521,288,060	\$7,388,008,367	10.7%	100.0%
By Race									
White	\$2,108,139,775	\$2,240,804,099	\$2,517,211,181	\$2,872,794,367	\$3,092,307,120	\$3,319,995,751	\$3,786,281,128	10.3%	51.2%
Black	\$1,388,709,316	\$1,474,766,663	\$1,612,812,705	\$1,844,496,923	\$2,021,847,257	\$2,179,035,851	\$2,494,716,369	10.3%	33.8%
Hispanic, American Indian or Asian	\$128,663,746	\$137,054,944	\$180,606,045	\$201,689,222	\$255,176,490	\$295,881,817	\$293,390,560	14.7%	4.0%
Other/Unknown	\$388,483,905	\$413,131,766	\$519,395,901	\$580,112,989	\$671,680,141	\$726,374,641	\$813,620,310	13.1%	11.0%
Total*	\$4,013,996,742	\$4,265,757,472	\$4,830,025,832	\$5,499,093,501	\$6,041,011,008	\$6,521,288,060	\$7,388,008,367	10.7%	100.0%
By Sex									
Female	\$2,476,014,621	\$2,633,111,190	\$3,015,091,032	\$3,434,076,966	\$3,677,332,123	\$3,945,941,015	4,466,395,392	10.3%	60.5%
Male	\$1,537,982,121	\$1,632,646,282	\$1,814,934,800	\$2,065,016,535	\$2,315,801,508	\$2,525,752,815	2,869,045,235	11.0%	38.8%
Unknown	\$0	\$0	\$0	\$0	\$47,877,377	\$49,594,230	\$52,567,740	4.8%	0.7%
Total*	\$4,013,996,742	\$4,265,757,472	\$4,830,025,832	\$5,499,093,501	\$6,041,011,008	\$6,521,288,060	\$7,388,008,367	10.7%	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

	<u>FFY 98</u>	<u>FFY 99</u>	<u>FFY 00</u>	<u>FFY 01</u>	<u>FFY 02</u>	<u>FFY 03</u>	<u>FFY 04</u>	<u>Annual Change</u>	<u>Above (+) or Below (-) SLC Avg. FFY 04</u>
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	\$3,501.26	\$5,015.99	\$4,828.46	\$4,665.98	\$5,038.96	\$5,599.33	\$6,117.99	9.7%	16.5%
Poverty Related Eligibles	\$3,251.57	\$3,028.66	\$3,232.30	\$3,576.47	\$3,754.67	\$3,817.49	\$4,017.35	3.6%	96.4%
Medically Needy	\$4,577.99	\$13,090.67	\$15,075.00	\$15,469.36	\$15,980.79	\$16,084.98	\$17,256.96	24.8%	177.9%
Other Eligibles	\$1,740.46	\$1,654.31	\$2,090.59	\$2,630.22	\$3,167.61	\$2,828.93	\$3,230.25	10.9%	-55.5%
Maintenance Assistance Status Unknown	\$0.00	\$758.76	\$787.90	\$808.74	\$760.68	\$810.28	\$589.51	-4.9%	-77.9%
Total	\$3,436.68	\$3,736.08	\$3,995.76	\$4,214.89	\$4,457.43	\$4,602.47	\$4,884.28	6.0%	18.8%
By Basis of Eligibility									
Aged, Blind or Disabled	\$8,002.57	\$9,110.35	\$10,080.12	\$10,982.91	\$11,649.45	\$12,009.45	\$13,189.01	8.7%	22.3%
Children	\$1,175.64	\$1,052.24	\$1,100.39	\$1,225.10	\$1,346.04	\$1,454.59	\$1,590.61	5.2%	7.8%
Foster Care Children	\$3,653.36	\$3,131.62	\$4,181.86	\$4,954.92	\$7,052.04	\$8,051.50	\$8,565.34	15.3%	24.4%
Adults	\$2,092.71	\$2,311.78	\$2,611.22	\$2,601.55	\$2,908.00	\$3,096.45	\$3,314.15	8.0%	26.2%
Basis of Eligibility Unknown	\$0.00	\$758.76	\$787.90	\$808.74	\$760.68	\$810.28	\$589.51	-4.9%	-77.9%
Total	\$3,436.68	\$3,736.08	\$3,995.76	\$4,214.89	\$4,457.43	\$4,602.47	\$4,884.28	6.0%	18.8%
By Age									
Under Age 1	\$2,746.18	\$2,762.30	\$2,974.71	\$3,313.52	\$3,433.27	\$3,374.34	\$3,485.66	4.1%	-6.2%
Age 1 to 5	\$1,093.71	\$1,396.10	\$1,478.73	\$1,582.90	\$1,651.09	\$1,677.30	\$1,765.10	8.3%	-1.8%
Age 6 to 14	\$1,341.03	\$1,283.27	\$1,388.29	\$1,549.37	\$1,836.77	\$2,044.37	\$2,187.53	8.5%	30.4%
Age 15 to 20	\$2,498.33	\$2,467.39	\$2,576.99	\$2,756.91	\$3,225.87	\$3,467.63	\$3,768.47	7.1%	41.7%
Age 21 to 44	\$4,079.96	\$4,591.63	\$5,016.81	\$4,917.12	\$5,252.15	\$5,435.08	\$5,743.32	5.9%	19.0%
Age 45 to 64	\$7,104.39	\$8,238.82	\$9,246.22	\$9,844.65	\$10,427.67	\$10,876.06	\$11,988.56	9.1%	24.6%
Age 65 to 74	\$5,012.47	\$6,030.75	\$6,971.12	\$7,760.43	\$8,215.76	\$8,403.27	\$9,559.93	11.4%	29.4%
Age 75 to 84	\$7,763.76	\$8,978.46	\$9,842.97	\$10,695.82	\$11,216.57	\$11,373.03	\$12,781.36	8.7%	14.5%
Age 85 and Over	\$11,070.30	\$13,283.94	\$14,091.73	\$14,920.72	\$15,558.11	\$15,409.31	\$17,071.45	7.5%	-0.7%
Age Unknown	\$0.00	\$755.22	\$787.90	\$808.74	\$760.68	\$810.28	\$589.51	-4.8%	-79.3%
Total	\$3,436.68	\$3,736.08	\$3,995.76	\$4,214.89	\$4,457.43	\$4,602.47	\$4,884.28	6.0%	18.8%
By Race									
White	\$4,118.74	\$4,478.88	\$4,803.00	\$5,069.33	\$5,531.85	\$5,666.60	\$6,138.51	6.9%	22.7%
Black	\$2,694.94	\$2,926.85	\$3,144.37	\$3,321.72	\$3,775.96	\$3,931.72	\$4,332.32	8.2%	26.5%
Hispanic, American Indian or Asian	\$1,730.10	\$1,887.73	\$1,866.90	\$1,964.77	\$2,101.93	\$2,179.27	\$2,588.15	6.9%	0.4%
Other/Unknown	\$5,843.97	\$6,356.75	\$6,921.96	\$7,247.15	\$4,817.88	\$5,150.35	\$3,938.09	-6.4%	-20.5%
Total	\$3,436.68	\$3,736.08	\$3,995.76	\$4,214.89	\$4,457.43	\$4,602.47	\$4,884.28	6.0%	18.8%
By Sex									
Female	\$3,419.81	\$3,720.26	\$4,059.88	\$4,279.66	\$4,686.45	\$4,817.65	\$5,208.45	7.3%	24.3%
Male	\$3,464.19	\$3,761.88	\$3,893.60	\$4,111.41	\$4,561.76	\$4,706.55	\$5,069.81	6.6%	26.7%
Unknown	\$0.00	\$0.00	\$0.00	\$0.00	\$760.68	\$810.28	\$589.51	-12.0%	-85.6%
Total	\$3,436.68	\$3,736.08	\$3,995.76	\$4,214.89	\$4,457.43	\$4,602.47	\$4,884.28	6.0%	18.8%

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

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.

- Family Planning: Expected to serve approximately 25,000 uninsured men and women with incomes at or below 185% of the FPL, operating since November 2004.

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

- Elderly and Disabled: Serves 10,100 people, operating since July 1, 1982.
- Mental Retardation/Developmental Disabilities: Approved to serve 6,527 recipients, operating since July 1, 1983.
- AIDS: Serves 68 people, operating since October 1, 1995.
- Blind and Disabled Children under age 19 (includes individuals with AIDS): Serves up to 200 people, operating since July 1, 1983.
- Implemented a mandatory HMO enrollment in one county (Macklenburg) in June 1996 via a Section 1915 (b) waiver.
- Family Planning Waiver: The waiver will provide family planning services for uninsured men and women over the age of 18 with income at or below 185% of the FPL who are not otherwise eligible for any other Medicaid program. Approved by CMS in November 2004, will serve approximately 25,000 individuals over a five year period.
- Piedmont Cardinal Health Plan: Serves approximately 87,000 individuals in 5 counties. Approved by CMS in October 2004.
- Pharmacy Waiver: New program to serve eligible recipients over 65 up to 200% of the FPL, pending CMS approval.

Managed Care

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

Coverage for Targeted Population

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

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

Medicaid

- 23 optional services are offered.

- In 2001, enacted legislation to control Medicaid costs as follows:

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

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

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

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

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

- In 2003, enacted legislation and policy changes in Medicaid as follows:

1. Eliminated the 12 months of state transitional Medicaid coverage for families and children who are working and no longer receiving welfare benefits.
2. Required Medicaid recipients that qualify for Medicare to enroll in Medicare in order to pay for medical expenditures that qualify for payment under Part B.
3. Authorized the department to implement a Medicaid assessment program for licensed skilled nursing facilities.

- In 2004, enacted legislation and policy changes in Medicaid as follows:

1. Clarified payment policies for hearing aids and optical supplies.
2. Authorized direct enrollment of private mental health providers to offer basic mental health services for adults and children receiving Medicaid services.
3. Expanded Medicaid coverage for prosthetics and orthotics to adults over 21.
4. Authorized the department to include all types of providers in the development of new medical policies.
5. Authorized the department to implement a Medicaid assessment program for state and private ICF/MR facilities.
6. Required the department to establish and implement pilot programs to test new approaches to the management of access and utilization of health care services for Medicaid recipients.
7. Directed the department to develop a pilot program to implement the Program for All-Inclusive Care for the Elderly (PACE), including one pilot in the southeastern area of the state and one pilot in the western area of the state.

Children's Health Insurance Program: State Designed

•SCHIP in North Carolina, NC Health Choice, is administered by the Division of Medicaid Assistance through a state-designed program. The plan received HCFA approval on July 14, 1998. The program provides health care coverage through a state employees equivalent plan, plus Medicaid equivalent benefits to an estimated 118,355 new enrollees as of August 2004.

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

SOUTHERN REGION MEDICAID PROFILE

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

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

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

Tobacco Settlement

- The state expects to receive approximately \$4.7 billion over 25 years.
- From FY 00 through FY 04, the cumulative tobacco settlement payment was approximately \$847.3 million.
- The state has allocated these funds and compares with the U.S. as follows:

	NC	%	U.S.	%
Tobacco use prevention	\$12,400,000	1.5%	\$1,813,423,000	4.6%
Health services	\$11,665,000	1.4%	\$11,824,057,000	29.9%
Long-term care	\$53,200,000	6.3%	\$2,200,066,000	5.6%
Health research	\$0	0.0%	\$1,472,863,000	3.7%
Education	\$0	0.0%	\$2,051,182,000	5.2%
Children and Youth (Nonhealth)	\$0	0.0%	\$1,229,719,000	3.1%
Tobacco Farmers	\$115,743,000	13.7%	\$1,217,021,000	3.1%
Endowments and Reserves	\$333,615,000	39.4%	\$7,636,209,000	19.3%
Other	\$320,643,000	37.8%	\$10,048,868,000	25.4%
Total	\$847,266,000	100.0%	\$39,493,408,000	100.0%