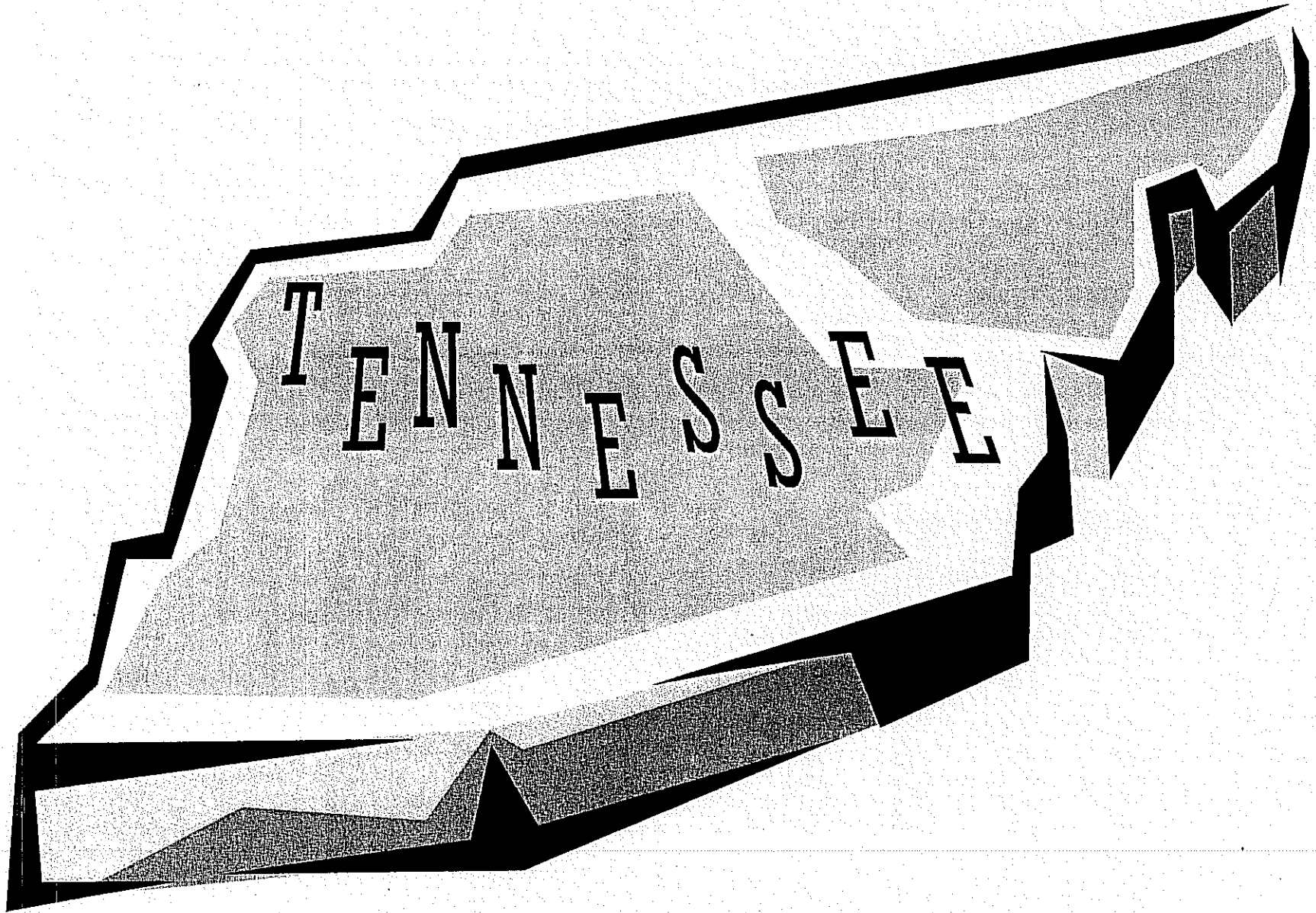
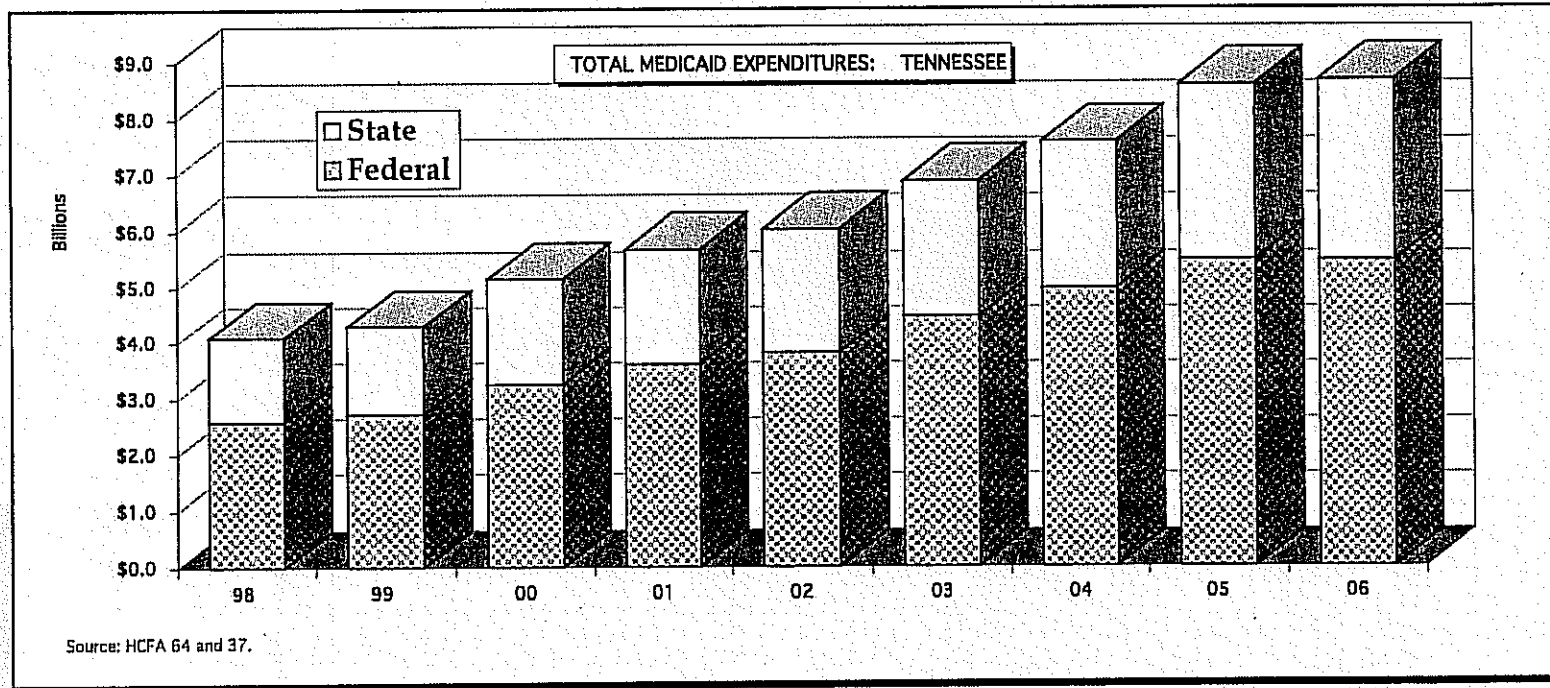


# STATE MEDICAID PROFILE



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	\$3,973,329,340	\$4,178,613,010	\$4,993,964,836	\$5,519,373,714	\$5,791,956,207	\$6,357,163,063	\$7,029,807,190	\$7,989,497,000	\$8,043,763,000	9.2%	102.4%
Federal Share	\$2,521,519,369	\$2,657,217,024	\$3,161,527,392	\$3,528,514,477	\$3,692,883,112	\$4,211,212,123	\$4,699,732,707	\$5,177,993,000	\$5,148,014,000	9.3%	104.2%
State Share	\$1,451,809,971	\$1,521,395,986	\$1,832,437,444	\$1,990,859,237	\$2,099,073,095	\$2,145,950,940	\$2,330,074,483	\$2,811,504,000	\$2,895,749,000	9.0%	99.5%
Administrative Costs	\$123,168,141	\$126,015,624	\$163,074,995	\$164,842,053	\$245,058,264	\$523,444,783	\$545,895,059	\$603,424,000	\$628,900,000	22.6%	410.6%
Federal Share	\$66,979,817	\$68,589,229	\$96,478,650	\$88,991,229	\$129,957,668	\$272,102,238	\$286,021,444	\$319,793,000	\$333,292,000	22.2%	397.6%
State Share	\$56,188,324	\$57,426,395	\$66,596,345	\$75,850,824	\$115,100,596	\$251,342,545	\$259,873,615	\$283,631,000	\$295,608,000	23.1%	426.1%
Admin. Costs as % of Payments	3.10%	3.02%	3.27%	2.99%	4.23%	8.23%	7.77%	7.55%	7.82%		
Federal Match Rate*	63.36%	63.09%	63.10%	63.79%	63.64%	64.59%	64.40%	64.81%	63.99%		

\*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	\$1,451,809,971	\$2,141,784,732	\$56,188,324	\$259,873,615
Local Funds	\$0	\$0	\$0	\$0
Provider Taxes	\$0	\$188,010,404	\$0	\$0
Donations	\$0	\$279,347	\$0	\$0
Other	\$0	\$0	\$0	\$0
<b>Total State Share</b>	<b>\$1,451,809,971</b>	<b>\$2,330,074,483</b>	<b>\$56,188,324</b>	<b>\$259,873,615</b>

\*Donations from Outstationed Eligibility Workers Program

Provider Taxes Currently in Place (FFY 04)		Amount
	Tax Rate	
Nursing homes	\$3,250 per bed per year	\$86,809,181
ICF/MR facilities	6% of revenues	\$14,145,825
HMO's	2% of enrollee revenue	\$72,588,765
Physician Professional fee		\$14,466,633
<b>Total</b>		<b>\$188,010,404</b>

**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	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a
Mental Hospitals	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a
<b>Total</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>n/a</b>

**SELECTED ELIGIBILITY CRITERIA**

	At 10/1/04	% of FPL*
TANF-Temporary Assistance for Needy Families (Family of 3)		
Need Standard	\$942	72.1%
Payment Standard	\$180	13.8%
Maximum Payment	\$185	14.2%
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	\$564	72.7%
Couple	\$846	81.3%
Resources:		
Single Person	\$2,000	
Couple	\$3,000	

**DEMOGRAPHIC DATA & POVERTY INDICATORS (2004)**

		Rank in U.S.
State population—July 1, 2004*	5,900,962	16
Per capita personal income**	\$30,005	35
Median household income**	\$37,529	42
Population below Federal Poverty Level on July 1, 2003*	843,838	
Percent of total state population	14.3%	8
Population without health insurance coverage*	778,000	17
Percent of total state population	13.2%	31
Recipients of Food Stamps***	806,490	10
Households receiving Food Stamps***	351,781	10
Total value of issuance***	\$811,798,438	10
Average monthly benefit per recipient	\$83.88	23
Average monthly benefit per household	\$192.31	
Monthly recipients of Temporary Assistance to Needy Families (TANF)****	184,253	6
Total TANF payments****	\$129,962,815	47
Average monthly payment per recipient	\$58.78	47
Maximum monthly payment per family of 3	\$185.00	48

\*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**

<u>PAYMENTS BY TYPE OF SERVICES</u>	<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>Share of Total FFY 04</u>
01. General Hospital	\$295,266,324	\$321,723,323	\$348,677,006	\$454,987,177	\$194,193,842	\$437,895,269	\$586,525,457	12.1%	8.4%
02. Mental Hospital	\$584,854	\$19,373,596	\$647,437	\$21,769,187	\$10,295,186	\$13,196,910	\$29,036,171	91.7%	0.4%
03. Skilled and Intermediate (non-MR) Care Nursing	\$706,182,082	\$585,765,916	\$661,337,949	\$705,391,029	\$702,819,530	\$741,492,076	\$827,155,826	2.7%	11.9%
04. Intermediate Care for Mentally Retarded	\$243,609,178	\$217,093,714	\$216,098,144	\$208,463,437	\$237,844,313	\$214,037,612	\$145,047,534	-8.3%	2.1%
05. Physician Services	\$20,810,346	\$121,551,963	\$127,497,595	\$144,940,411	\$435,059,614	\$754,584,648	\$974,874,987	89.9%	14.0%
06. Dental Services	\$32,683	\$22,546	\$21,284	\$23,656	\$28,660,471	\$101,851,789	\$130,447,614	298.3%	1.9%
07. Other Practitioners	\$3,578,828	\$7,072,248	\$8,333,854	\$9,674,941	\$11,580,358	\$15,566,927	\$100,180,951	74.3%	1.4%
08. Outpatient Hospital	\$14,150,088	\$19,237,055	\$13,662,007	\$15,943,430	\$182,739,332	\$369,401,816	\$446,316,726	77.8%	6.4%
09. Clinic Services	\$15,773,054	\$18,653,214	\$2,793,119	\$6,346,412	\$5,370,258	\$6,643,693	\$89,342,599	33.5%	1.3%
10. Lab and X-Ray	\$2,375,511	\$1,891,029	\$2,402,437	\$2,508,205	\$35,509,587	\$74,735,062	\$128,287,383	94.4%	1.8%
11. Home Health	\$415,361	\$4,150,319	\$4,604,678	\$4,811,705	\$11,471,581	\$19,815,921	\$147,802,937	166.2%	2.1%
12. Prescribed Drugs	\$29,538,580	\$136,656,315	\$273,537,047	\$680,583,468	\$573,588,021	\$1,772,766,619	\$2,337,847,829	107.2%	33.7%
13. Family Planning	\$0	\$0	\$0	\$0	\$653	\$1,242	\$10,518,259	12591.6%	0.2%
14. Early & Periodic Screening, Diagnosis & Treatment	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a	0.0%
15. Other Care	\$17,401,517	\$50,570,025	\$105,070,890	\$226,803,335	\$320,774,534	\$390,087,275	\$361,360,963	65.8%	5.2%
16. Personal Care Support Services	\$0	\$41,575	\$191,690	\$527,049	\$6,497,696	\$15,477,428	\$48,648,013	310.8%	0.7%
17. Home/Community Based Waiver Services	\$86,147,127	\$0	\$0	\$0	\$0	\$0	\$0	-100.0%	0.0%
18. Prepaid Health Care	\$2,199,906,620	\$1,781,520,135	\$1,726,081,444	\$1,576,558,611	\$1,991,144,922	\$531,739,476	\$581,579,509	-19.9%	8.4%
19. Primary Case Management (PCCM) Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a	0.0%
<b>Total (excludes DSH pymts, pharmacy rebates, &amp; other adjs.)</b>	<b>\$3,635,772,153</b>	<b>\$3,285,322,973</b>	<b>\$3,490,956,581</b>	<b>\$4,059,332,053</b>	<b>\$4,747,549,898</b>	<b>\$5,459,293,763</b>	<b>\$6,944,972,758</b>	<b>11.4%</b>	<b>100.0%</b>

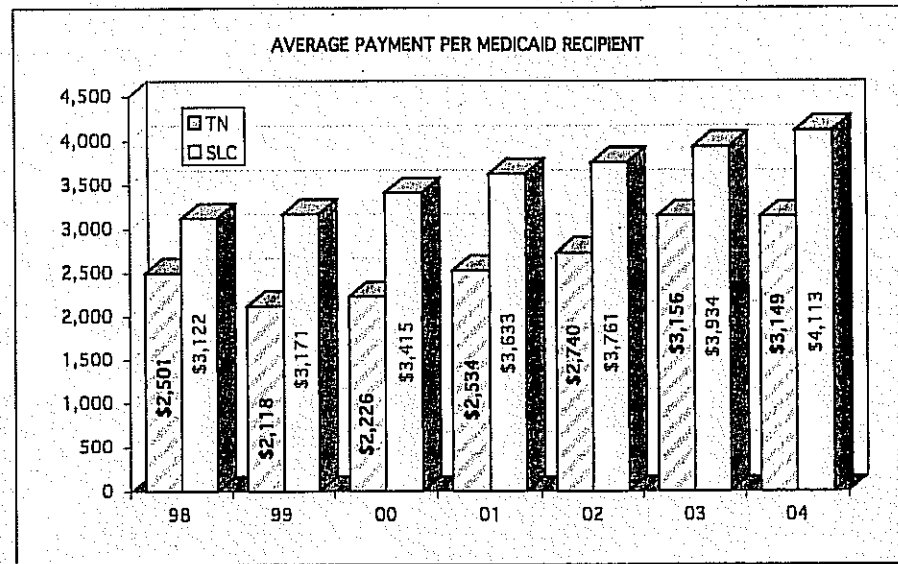
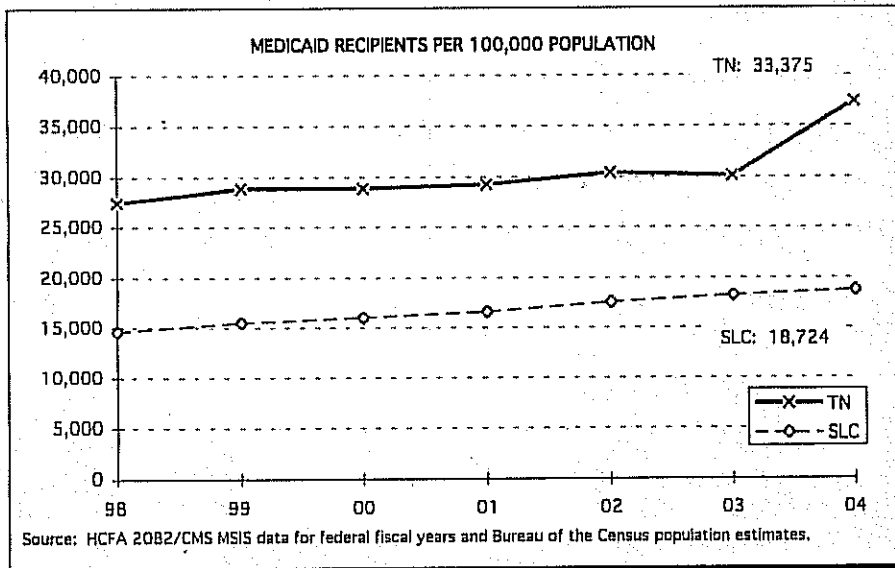
AVERAGE PAYMENTS PER RECIPIENT BY TYPE OF SERVICES

								(+) or (-) % Avg. FFY 04	
01. General Hospital	\$5,700.89	\$6,454.22	\$7,294.04	\$9,517.96	\$2,748.71	\$3,174.58	\$3,925.14	-6.0%	-27.6%
02. Mental Hospital	\$1,547.23	\$46,909.43	\$1,708.28	\$57,438.49	\$4,577.67	\$2,467.63	\$4,664.45	20.2%	-75.4%
03. Skilled and Intermediate (non-MR) Care Nursing	\$13,771.37	\$11,479.30	\$12,735.67	\$13,584.02	\$18,517.67	\$20,023.01	\$18,328.70	4.9%	-18.2%
04. Intermediate Care for Mentally Retarded	\$126,945.90	\$122,929.62	\$127,944.43	\$123,424.18	\$155,555.47	\$134,614.85	\$81,855.27	-7.1%	1.8%
05. Physician Services	\$107.31	\$620.09	\$620.39	\$705.26	\$457.52	\$658.49	\$648.68	35.0%	18.2%
06. Dental Services	\$81.71	\$60.12	\$53.21	\$59.14	\$217.29	\$408.19	\$492.80	34.9%	41.4%
07. Other Practitioners	\$74.41	\$143.08	\$158.22	\$183.68	\$141.75	\$123.01	\$358.26	29.9%	88.6%
08. Outpatient Hospital	\$124.70	\$170.65	\$123.79	\$144.47	\$466.38	\$691.82	\$641.24	31.4%	4.1%
09. Clinic Services	\$918.80	\$1,096.22	\$150.63	\$342.25	\$77.42	\$72.53	\$362.07	-14.4%	-43.9%
10. Lab and X-Ray	\$23.20	\$17.86	\$21.52	\$22.46	\$91.05	\$136.15	\$134.80	34.1%	-31.0%
11. Home Health	\$678.69	\$10,073.59	\$13,118.74	\$13,708.56	\$2,248.45	\$2,370.61	\$7,027.86	47.6%	138.8%
12. Prescribed Drugs	\$36.29	\$158.04	\$307.34	\$764.70	\$625.53	\$2,079.96	\$1,445.42	84.8%	0.3%
13. Family Planning	\$0.00	\$0.00	\$0.00	\$0.00	\$130.60	\$69.00	\$1,393.52	226.7%	21.3%
14. Early & Periodic Screening, Diagnosis & Treatment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	n/a	-100.0%
15. Other Care	\$233.67	\$656.11	\$1,304.35	\$2,815.54	\$1,204.89	\$1,095.95	\$914.83	25.5%	-52.2%
16. Personal Care Support Services	\$0.00	\$0.00	\$0.00	\$0.00	\$498.14	\$802.98	\$370.98	-13.7%	-72.4%
17. Home/Community Based Waiver Services	\$14,357.85	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-100.0%	-100.0%
18. Prepaid Health Care	\$1,711.34	\$1,367.98	\$1,275.88	\$1,165.36	\$1,179.89	\$325.40	\$269.51	-26.5%	-77.3%
19. Primary Case Management (PCCM) Services	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	n/a	-100.0%
<b>Total (Average)</b>	<b>\$2,501.33</b>	<b>\$2,118.26</b>	<b>\$2,225.92</b>	<b>\$2,533.87</b>	<b>\$2,740.48</b>	<b>\$3,156.41</b>	<b>\$3,148.95</b>	<b>3.9%</b>	<b>-23.4%</b>

<b>TOTAL PER CAPITA EXPENDITURES</b>	<b>\$771.85</b>	<b>\$801.35</b>	<b>\$949.62</b>	<b>\$1,036.60</b>	<b>\$1,061.12</b>	<b>\$1,198.71</b>	<b>\$1,283.81</b>	<b>8.8%</b>	<b>46.6%</b>
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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 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	51,793	49,847	47,803	47,803	70,649	137,938	149,428	19.3%
02. Mental Hospital	378	413	379	379	2,249	5,348	6,225	39.5%
03. Skilled and Intermediate (non-MR) Care Nursing	51,279	51,028	51,928	51,928	37,954	37,032	45,129	-2.1%
04. Intermediate Care for Mentally Retarded	1,919	1,766	1,689	1,689	1,529	1,590	1,772	-1.3%
05. Physician Services	193,930	196,023	205,513	205,513	950,918	1,145,932	1,502,861	40.7%
06. Dental Services	400	375	400	400	131,899	249,521	264,706	195.2%
07. Other Practitioners	48,093	49,430	52,672	52,672	81,693	126,547	279,630	34.1%
08. Outpatient Hospital	113,469	112,727	110,361	110,361	391,827	533,956	696,022	35.3%
09. Clinic Services	17,167	17,016	18,543	18,543	69,361	91,596	246,755	55.9%
10. Lab and X-Ray	102,396	105,888	111,650	111,650	390,011	548,900	951,684	45.0%
11. Home Health	612	412	351	351	5,102	8,359	21,031	80.3%
12. Prescribed Drugs	813,981	864,679	890,000	890,000	916,968	852,307	1,617,417	12.1%
13. Family Planning	388	411	351	351	5	18	7,548	64.0%
14. Early & Periodic Screening, Diagnosis & Treatment	0	0	0	0	0	0	0	n/a
15. Other Care	74,471	77,076	80,554	80,554	266,227	355,936	395,003	32.1%
16. Personal Care Support Services	0	0	0	0	13,044	19,275	131,134	217.1%
17. Home/Community Based Waiver Services	6,000	6,000	6,100	6,100	0	0	0	-100.0%
18. Prepaid Health Care	1,285,485	1,302,300	1,352,855	1,352,855	1,687,571	1,634,125	2,157,894	9.0%
19. Primary Care Case Management (PCCM) Services	0	0	0	0	0	0	0	n/a
<b>Total*</b>	<b>1,453,538</b>	<b>1,550,955</b>	<b>1,568,318</b>	<b>1,602,027</b>	<b>1,732,381</b>	<b>1,729,589</b>	<b>2,205,488</b>	<b>7.2%</b>

\* 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  
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
<b>By Maintenance Assistance Status</b>									
Receiving Cash Assistance or Eligible Under Section 1931	330,240	413,274	415,106	437,646	478,675	537,217	842,351	16.9%	38.2%
Poverty Related Eligibles	199,930	735,897	798,341	811,828	243,007	258,158	302,059	7.1%	13.7%
Medically Needy	130,661	113,604	107,099	105,120	116,637	204,234	268,662	12.8%	12.2%
Other Eligibles	266,534	235,613	182,861	219,360	835,754	619,475	716,189	17.9%	32.5%
Maintenance Assistance Status Unknown	526,173	52,567	64,911	28,073	58,308	110,505	76,227	-27.5%	3.5%
<b>Total</b>	<b>1,453,538</b>	<b>1,550,955</b>	<b>1,568,318</b>	<b>1,602,027</b>	<b>1,732,381</b>	<b>1,729,589</b>	<b>2,205,488</b>	<b>7.2%</b>	<b>100.0%</b>
<b>By Basis of Eligibility</b>									
Aged, Blind, or Disabled	343,264	404,122	402,202	408,179	430,553	415,076	691,540	14.4%	31.4%
Children	396,653	628,402	636,781	667,829	723,890	692,450	769,751	-39.6%	34.9%
Foster Care Children	12,918	12,213	12,498	12,579	11,368	15,369	19,344	92.0%	0.9%
Adults	174,530	453,651	451,926	485,367	531,554	496,186	647,956	-12.8%	29.4%
Basis of Eligibility Unknown	526,173	52,567	64,911	28,073	35,016	110,508	76,897	27.0%	3.5%
<b>Total</b>	<b>1,453,538</b>	<b>1,550,955</b>	<b>1,568,318</b>	<b>1,602,027</b>	<b>1,732,381</b>	<b>1,729,589</b>	<b>2,205,488</b>	<b>-100.0%</b>	<b>100.0%</b>
<b>By Age</b>									
Under Age 1	54,283	32,728	32,460	33,812	34,308	34,563	36,901	36.7%	1.7%
Age 1 to 5	187,926	193,563	195,053	202,304	213,237	211,592	245,389	2.8%	11.1%
Age 6 to 14	276,711	297,421	301,720	316,617	335,549	317,722	354,946	14.1%	16.1%
Age 15 to 20	150,886	160,150	163,104	171,631	183,391	179,763	222,034	18.8%	10.1%
Age 21 to 44	405,717	430,494	423,659	443,946	476,353	445,576	611,015	-16.4%	27.7%
Age 45 to 64	221,241	236,642	240,148	253,768	274,498	268,184	423,812	-18.5%	19.2%
Age 65 to 74	71,973	72,448	74,665	78,939	83,202	86,767	138,381	-12.6%	6.3%
Age 75 to 84	51,387	45,519	44,537	45,240	46,372	47,885	64,626	6.8%	2.9%
Age 85 and Over	33,414	29,456	28,101	27,719	27,182	27,034	32,162	101.0%	1.5%
Age Unknown	0	52,534	64,871	28,051	58,289	110,503	76,222	-100.0%	3.5%
<b>Total</b>	<b>1,453,538</b>	<b>1,550,955</b>	<b>1,568,318</b>	<b>1,602,027</b>	<b>1,732,381</b>	<b>1,729,589</b>	<b>2,205,488</b>	<b>-100.0%</b>	<b>100.0%</b>
<b>By Race</b>									
White	962,743	1,027,100	1,036,087	1,058,265	1,104,503	1,069,293	1,419,031	6.7%	64.3%
Black	415,847	440,208	442,131	451,943	464,842	443,673	560,902	5.1%	25.4%
Hispanic, American Indian or Asian	12,566	27,995	19,597	20,037	50,220	48,600	65,404	31.6%	3.0%
Other/Unknown	62,382	55,653	70,503	71,782	112,816	168,023	160,151	17.0%	7.3%
<b>Total*</b>	<b>1,453,538</b>	<b>1,550,955</b>	<b>1,568,318</b>	<b>1,602,027</b>	<b>1,732,381</b>	<b>1,729,589</b>	<b>2,205,488</b>	<b>7.2%</b>	<b>100.0%</b>
<b>By Sex</b>									
Female	844,815	654,416	906,219	924,750	960,387	933,886	1,249,793	6.7%	56.7%
Male	608,723	896,539	662,099	677,277	713,705	685,199	879,470	6.3%	39.9%
Unknown	0	0	0	0	58,289	110,504	76,225	14.4%	3.5%
<b>Total*</b>	<b>1,453,538</b>	<b>1,550,955</b>	<b>1,568,318</b>	<b>1,602,027</b>	<b>1,732,381</b>	<b>1,729,589</b>	<b>2,205,488</b>	<b>7.2%</b>	<b>100.0%</b>

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
<b>By Maintenance Assistance Status</b>									
Receiving Cash Assistance or Eligible Under Section 1931	\$1,134,650,408	\$1,241,486,538	\$1,531,196,651	\$1,502,199,446	\$1,797,648,574	\$2,328,432,770	\$3,266,166,282	19.3%	47.0%
Poverty Related Eligibles	\$796,140,654	\$1,284,753,013	\$1,431,821,061	\$1,785,669,064	\$781,659,107	\$313,262,419	\$410,263,750	-10.5%	5.9%
Medically Needy	\$186,212,160	\$150,830,604	\$169,347,881	\$172,640,159	\$205,773,920	\$509,826,438	\$660,194,391	23.5%	9.5%
Other Eligibles	\$1,060,010,665	\$605,837,323	\$343,222,015	\$598,823,384	\$1,949,198,034	\$2,270,147,260	\$2,529,507,821	15.6%	36.4%
Maintenance Assistance Status Unknown	\$458,758,266	\$2,415,495	\$15,368,973	\$0	\$13,270,263	\$37,624,876	\$78,840,514	-25.4%	1.1%
<b>Total</b>	<b>\$3,635,772,153</b>	<b>\$3,285,322,973</b>	<b>\$3,490,956,581</b>	<b>\$4,059,332,053</b>	<b>\$4,747,549,898</b>	<b>\$5,459,293,763</b>	<b>\$6,944,972,758</b>	<b>11.4%</b>	<b>100.0%</b>
<b>By Basis of Eligibility</b>									
Aged, Blind or Disabled	\$1,912,298,607	\$1,962,310,619	\$1,664,387,569	\$2,113,343,387	\$2,637,036,147	\$3,239,966,357	\$4,095,307,261	13.5%	59.0%
Children	\$471,335,600	\$542,319,291	\$758,377,426	\$710,732,689	\$714,704,280	\$729,551,275	\$951,471,275	12.4%	13.7%
Foster Care Children	\$66,381,396	\$78,596,493	\$77,993,878	\$72,873,756	\$92,344,399	\$112,749,461	\$123,920,913	11.0%	1.8%
Adults	\$726,327,557	\$699,681,075	\$974,828,735	\$1,162,382,221	\$1,290,194,809	\$1,339,391,041	\$1,690,341,791	15.1%	24.3%
Basis of Eligibility Unknown	\$459,428,993	\$2,415,495	\$15,368,973	\$0	\$13,270,263	\$37,635,629	\$83,931,518	-24.7%	1.2%
<b>Total</b>	<b>\$3,635,772,153</b>	<b>\$3,285,322,973</b>	<b>\$3,490,956,581</b>	<b>\$4,059,332,053</b>	<b>\$4,747,549,898</b>	<b>\$5,459,293,763</b>	<b>\$6,944,972,758</b>	<b>11.4%</b>	<b>100.0%</b>
<b>By Age</b>									
Under Age 1	\$41,226,951	\$21,358,039	\$38,192,217	\$38,216,039	\$52,485,225	\$66,264,878	\$85,985,719	13.0%	1.2%
Age 1 to 5	\$182,377,106	\$171,331,655	\$221,217,724	\$195,769,464	\$208,501,627	\$250,860,590	\$337,610,882	10.8%	4.9%
Age 6 to 14	\$311,085,447	\$295,865,131	\$397,902,682	\$360,791,541	\$350,454,250	\$367,989,272	\$486,623,272	7.7%	7.0%
Age 15 to 20	\$332,509,797	\$336,871,580	\$438,127,593	\$399,439,472	\$386,414,328	\$360,035,607	\$477,319,899	6.2%	6.9%
Age 21 to 44	\$1,002,377,630	\$988,904,646	\$1,267,243,826	\$1,256,244,945	\$1,440,318,095	\$1,465,441,787	\$1,932,001,761	11.6%	27.8%
Age 45 to 64	\$704,159,023	\$700,539,993	\$874,282,371	\$1,023,861,705	\$1,394,324,512	\$1,691,386,390	\$2,184,433,054	20.8%	31.5%
Age 65 to 74	\$245,638,770	\$219,442,200	\$163,402,124	\$213,957,036	\$282,720,936	\$447,452,865	\$526,096,163	13.5%	7.6%
Age 75 to 84	\$369,874,449	\$254,721,104	\$62,842,730	\$265,122,590	\$300,332,862	\$399,975,673	\$441,803,405	3.0%	6.4%
Age 85 and Over	\$446,522,980	\$293,937,238	\$12,406,917	\$305,929,261	\$318,755,176	\$372,266,675	\$394,260,688	-2.1%	5.7%
Age Unknown	\$0	\$2,351,387	\$15,338,397	\$0	\$13,242,887	\$37,620,026	\$78,837,915	101.9%	1.1%
<b>Total</b>	<b>\$3,635,772,153</b>	<b>\$3,285,322,973</b>	<b>\$3,490,956,581</b>	<b>\$4,059,332,053</b>	<b>\$4,747,549,898</b>	<b>\$5,459,293,763</b>	<b>\$6,944,972,758</b>	<b>11.4%</b>	<b>100.0%</b>
<b>By Race</b>									
White	\$2,237,034,676	\$1,993,081,754	\$2,379,721,705	\$2,753,991,672	\$3,421,275,083	\$3,979,573,999	\$4,979,277,117	14.3%	71.7%
Black	\$790,931,654	\$697,530,394	\$1,053,223,802	\$1,196,334,667	\$1,024,268,757	\$1,060,123,414	\$1,373,567,912	9.6%	19.8%
Hispanic, American Indian or Asian	\$25,682,408	\$23,393,737	\$50,533,812	\$55,206,195	\$58,734,913	\$59,117,964	\$109,609,676	27.4%	1.6%
Other/Unknown	\$582,123,415	\$571,317,087	\$7,477,262	\$53,799,519	\$243,271,145	\$360,478,386	\$482,518,053	-3.1%	6.9%
<b>Total*</b>	<b>\$3,635,772,153</b>	<b>\$3,285,322,973</b>	<b>\$3,490,956,581</b>	<b>\$4,059,332,053</b>	<b>\$4,747,549,898</b>	<b>\$5,459,293,763</b>	<b>\$6,944,972,758</b>	<b>11.4%</b>	<b>100.0%</b>
<b>By Sex</b>									
Female	\$1,974,403,831	\$1,758,322,407	\$1,765,144,052	\$2,085,929,055	\$2,895,365,294	\$3,356,141,655	\$4,210,915,777	13.5%	60.6%
Male	\$1,205,877,576	\$1,066,048,064	\$1,333,639,315	\$1,542,091,553	\$1,838,941,717	\$2,065,531,512	\$2,655,205,343	14.1%	38.2%
Unknown	\$455,490,746	\$460,952,502	\$392,173,214	\$431,311,445	\$13,242,887	\$37,620,596	\$78,851,638	-25.3%	1.1%
<b>Total*</b>	<b>\$3,635,772,153</b>	<b>\$3,285,322,973</b>	<b>\$3,490,956,581</b>	<b>\$4,059,332,053</b>	<b>\$4,747,549,898</b>	<b>\$5,459,293,763</b>	<b>\$6,944,972,758</b>	<b>11.4%</b>	<b>100.0%</b>

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
<b>By Maintenance Assistance Status</b>									
Receiving Cash Assistance or Eligible Under Section 1931	\$3,435.84	\$3,004.03	\$3,688.69	\$3,432.45	\$3,755.47	\$4,334.25	\$3,877.44	2.0%	-26.2%
Poverty Related Eligibles	\$3,982.10	\$1,745.83	\$1,793.50	\$2,199.57	\$3,216.61	\$1,213.45	\$1,358.22	-16.4%	-33.6%
Medically Needy	\$1,425.15	\$1,327.69	\$1,581.23	\$1,642.32	\$1,764.23	\$2,496.29	\$2,457.34	9.5%	-60.4%
Other Eligibles	\$3,977.02	\$2,571.32	\$1,876.96	\$2,729.87	\$2,332.26	\$3,664.63	\$3,531.90	-2.0%	-51.3%
Maintenance Assistance Status Unknown	\$871.88	\$45.95	\$236.77	\$0.00	\$227.59	\$340.48	\$1,034.29	2.9%	-61.3%
<b>Total</b>	<b>\$2,501.33</b>	<b>\$2,118.26</b>	<b>\$2,225.92</b>	<b>\$2,533.87</b>	<b>\$2,740.48</b>	<b>\$3,156.41</b>	<b>\$3,148.95</b>	<b>3.9%</b>	<b>-23.4%</b>
<b>By Basis of Eligibility</b>									
Aged, Blind or Disabled	\$5,570.93	\$4,855.74	\$4,138.19	\$5,177.49	\$6,124.77	\$7,805.72	\$5,922.01	1.0%	-45.1%
Children	\$1,188.28	\$863.01	\$1,190.95	\$1,064.24	\$987.31	\$1,053.58	\$1,236.08	0.7%	-16.2%
Foster Care Children	\$5,138.67	\$6,435.48	\$6,240.51	\$5,793.29	\$8,123.19	\$7,336.16	\$6,406.17	3.7%	-6.9%
Adults	\$4,161.62	\$1,542.33	\$2,157.05	\$2,394.85	\$2,427.21	\$2,699.37	\$2,608.73	-7.5%	-0.7%
Basis of Eligibility Unknown	\$873.15	\$45.95	\$236.77	\$0.00	\$378.98	\$340.57	\$1,091.48	3.8%	-62.2%
<b>Total</b>	<b>\$2,501.33</b>	<b>\$2,118.26</b>	<b>\$2,225.92</b>	<b>\$2,533.87</b>	<b>\$2,740.48</b>	<b>\$3,156.41</b>	<b>\$3,148.95</b>	<b>3.9%</b>	<b>-23.4%</b>
<b>By Age</b>									
Under Age 1	\$759.48	\$652.59	\$1,176.59	\$1,130.25	\$1,529.82	\$1,917.22	\$2,330.17	20.5%	-17.3%
Age 1 to 5	\$970.47	\$885.15	\$1,134.14	\$967.70	\$977.79	\$1,185.59	\$1,375.82	6.0%	-21.4%
Age 6 to 14	\$1,124.23	\$994.77	\$1,318.78	\$1,139.52	\$1,044.42	\$1,158.21	\$1,370.98	3.4%	-18.1%
Age 15 to 20	\$2,203.72	\$2,103.48	\$2,686.19	\$2,327.32	\$2,107.05	\$2,002.83	\$2,149.76	-0.4%	-19.2%
Age 21 to 44	\$2,470.63	\$2,297.14	\$2,991.19	\$2,829.72	\$3,023.64	\$3,288.87	\$3,161.95	4.2%	-34.5%
Age 45 to 64	\$3,182.77	\$2,960.34	\$3,640.60	\$4,034.64	\$5,079.54	\$6,306.81	\$5,154.25	8.4%	-46.4%
Age 65 to 74	\$3,412.93	\$3,028.96	\$2,188.47	\$2,710.41	\$3,398.01	\$5,156.95	\$3,801.79	1.8%	-48.5%
Age 75 to 84	\$7,197.82	\$5,595.93	\$1,411.02	\$5,860.36	\$6,476.60	\$8,352.84	\$6,836.31	-0.9%	-38.8%
Age 85 and Over	\$13,363.35	\$9,978.86	\$441.51	\$11,036.81	\$11,726.70	\$13,770.31	\$12,258.59	-1.4%	-28.7%
Age Unknown	\$0.00	\$44.76	\$236.44	\$0.00	\$227.19	\$340.44	\$1,034.32	87.4%	-63.6%
<b>Total</b>	<b>\$2,501.33</b>	<b>\$2,118.26</b>	<b>\$2,225.92</b>	<b>\$2,533.87</b>	<b>\$2,740.48</b>	<b>\$3,156.41</b>	<b>\$3,148.95</b>	<b>3.9%</b>	<b>-23.4%</b>
<b>By Race</b>									
White	\$2,323.61	\$1,940.49	\$2,296.84	\$2,602.36	\$3,097.57	\$3,721.69	\$3,508.93	7.1%	-29.8%
Black	\$1,901.98	\$1,584.55	\$2,382.15	\$2,647.09	\$2,203.48	\$2,389.43	\$2,448.86	4.3%	-28.5%
Hispanic, American Indian or Asian	\$2,043.80	\$835.65	\$2,578.67	\$2,755.28	\$1,169.55	\$1,216.42	\$1,675.89	-3.3%	-35.0%
Other/Unknown	\$9,331.59	\$10,265.73	\$106.06	\$749.48	\$2,156.35	\$2,145.41	\$3,012.89	-17.2%	-39.2%
<b>Total</b>	<b>\$2,501.33</b>	<b>\$2,118.26</b>	<b>\$2,225.92</b>	<b>\$2,533.87</b>	<b>\$2,740.48</b>	<b>\$3,156.41</b>	<b>\$3,148.95</b>	<b>3.9%</b>	<b>-23.4%</b>
<b>By Sex</b>									
Female	\$2,337.08	\$2,686.86	\$1,947.81	\$2,255.67	\$3,014.79	\$3,593.74	\$3,369.29	6.3%	-19.6%
Male	\$1,981.00	\$1,189.07	\$2,014.26	\$2,276.90	\$2,576.61	\$3,014.50	\$3,019.10	7.3%	-24.6%
Unknown	\$0.00	\$0.00	\$0.00	\$0.00	\$227.19	\$340.45	\$1,034.46	113.4%	-74.7%
<b>Total</b>	<b>\$2,501.33</b>	<b>\$2,118.26</b>	<b>\$2,225.92</b>	<b>\$2,533.87</b>	<b>\$2,740.48</b>	<b>\$3,156.41</b>	<b>\$3,148.95</b>	<b>3.9%</b>	<b>-23.4%</b>

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

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

## SOUTHERN REGION MEDICAID PROFILE

### Waivers (Continued)

- Limit out-of-pocket expenses to \$1,000 for individuals and \$2,000 for families.

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

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

### Managed Care

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

### Coverage for Targeted Population

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

### Cost Containment Measures

- Certificate of Need Program since 1973. Regulates introduction or expansion of new institutional health facilities and services. The Health Facilities Commission, which operates the Certificate of Need Program, was terminated on June 30, 2003.
- Medical Care and Cost Containment Committee was appointed to oversee the medical cost containment system, including reasonable fee levels.
- Skilled and Intermediate Care Cost is now controlled by a global budget. Reimbursement rates are set by determining the number of days of care limited to an annual funding amount.
- Implemented a Preferred Drug List (PDL) in TennCare on October 15, 2003. The PDL is projected to achieve a \$150 million cost savings in the pharmacy program.

### 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.

**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
<b>By Maintenance Assistance Status</b>									
Receiving Cash Assistance or Eligible Under Section 1931	\$1,134,650,408	\$1,241,486,538	\$1,531,196,651	\$1,502,199,446	\$1,797,648,574	\$2,328,432,770	\$3,266,166,282	19.3%	47.0%
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<b>By Basis of Eligibility</b>									
Aged, Blind or Disabled	\$1,912,298,607	\$1,962,310,619	\$1,664,387,569	\$2,113,343,387	\$2,637,036,147	\$3,239,966,357	\$4,095,307,261	13.5%	59.0%
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Foster Care Children	\$66,381,396	\$78,596,493	\$77,993,878	\$72,873,756	\$92,344,399	\$112,749,461	\$123,920,913	11.0%	1.8%
Adults	\$726,327,557	\$699,681,075	\$974,828,735	\$1,162,382,221	\$1,290,194,809	\$1,339,391,041	\$1,690,341,791	15.1%	24.3%
Basis of Eligibility Unknown	\$459,428,993	\$2,415,495	\$15,368,973	\$0	\$13,270,263	\$37,635,629	\$83,931,518	-24.7%	1.2%
<b>Total</b>	<b>\$3,635,772,153</b>	<b>\$3,285,322,973</b>	<b>\$3,490,956,581</b>	<b>\$4,059,332,053</b>	<b>\$4,747,549,898</b>	<b>\$5,459,293,763</b>	<b>\$6,944,972,758</b>	<b>11.4%</b>	<b>100.0%</b>
<b>By Age</b>									
Under Age 1	\$41,226,951	\$21,358,039	\$38,192,217	\$38,216,039	\$52,485,225	\$66,264,878	\$85,985,719	13.0%	1.2%
Age 1 to 5	\$182,377,106	\$171,331,655	\$221,217,724	\$195,769,464	\$208,501,627	\$250,860,590	\$337,610,882	10.8%	4.9%
Age 6 to 14	\$311,085,447	\$295,865,131	\$397,902,682	\$360,791,541	\$350,454,250	\$367,989,272	\$486,623,272	7.7%	7.0%
Age 15 to 20	\$332,509,797	\$336,871,580	\$438,127,593	\$399,439,472	\$386,414,328	\$360,035,607	\$477,319,899	6.2%	6.9%
Age 21 to 44	\$1,002,377,630	\$988,904,646	\$1,267,243,826	\$1,256,244,945	\$1,440,318,095	\$1,465,441,787	\$1,932,001,761	11.6%	27.8%
Age 45 to 64	\$704,159,023	\$700,539,993	\$874,282,371	\$1,023,861,705	\$1,394,324,512	\$1,691,386,390	\$2,184,433,054	20.8%	31.5%
Age 65 to 74	\$245,638,770	\$219,442,200	\$163,402,124	\$213,957,036	\$282,720,936	\$447,452,865	\$526,096,163	13.5%	7.6%
Age 75 to 84	\$369,874,449	\$254,721,104	\$62,842,730	\$265,122,590	\$300,332,862	\$399,975,673	\$441,803,405	3.0%	6.4%
Age 85 and Over	\$446,522,980	\$293,937,238	\$12,406,917	\$305,929,261	\$318,755,176	\$372,266,675	\$394,260,688	-2.1%	5.7%
Age Unknown	\$0	\$2,351,387	\$15,338,397	\$0	\$13,242,887	\$37,620,026	\$78,837,915	101.9%	1.1%
<b>Total</b>	<b>\$3,635,772,153</b>	<b>\$3,285,322,973</b>	<b>\$3,490,956,581</b>	<b>\$4,059,332,053</b>	<b>\$4,747,549,898</b>	<b>\$5,459,293,763</b>	<b>\$6,944,972,758</b>	<b>11.4%</b>	<b>100.0%</b>
<b>By Race</b>									
White	\$2,237,034,676	\$1,993,081,754	\$2,379,721,705	\$2,753,991,672	\$3,421,275,083	\$3,979,573,999	\$4,979,277,117	14.3%	71.7%
Black	\$790,931,654	\$697,530,394	\$1,053,223,802	\$1,196,334,667	\$1,024,268,757	\$1,060,123,414	\$1,373,567,912	9.6%	19.8%
Hispanic, American Indian or Asian	\$25,682,408	\$23,393,737	\$50,533,812	\$55,206,195	\$58,734,913	\$59,117,964	\$109,609,676	27.4%	1.6%
Other/Unknown	\$582,123,415	\$571,317,087	\$7,477,262	\$53,799,519	\$243,271,145	\$360,478,386	\$482,518,053	-3.1%	6.9%
<b>Total*</b>	<b>\$3,635,772,153</b>	<b>\$3,285,322,973</b>	<b>\$3,490,956,581</b>	<b>\$4,059,332,053</b>	<b>\$4,747,549,898</b>	<b>\$5,459,293,763</b>	<b>\$6,944,972,758</b>	<b>11.4%</b>	<b>100.0%</b>
<b>By Sex</b>									
Female	\$1,974,403,831	\$1,758,322,407	\$1,765,144,052	\$2,085,929,055	\$2,895,365,294	\$3,356,141,655	\$4,210,915,777	13.5%	60.6%
Male	\$1,205,877,576	\$1,066,048,064	\$1,333,639,315	\$1,542,091,553	\$1,838,941,717	\$2,065,531,512	\$2,655,205,343	14.1%	38.2%
Unknown	\$455,490,746	\$460,952,502	\$392,173,214	\$431,311,445	\$13,242,887	\$37,620,596	\$78,851,638	-25.3%	1.1%
<b>Total*</b>	<b>\$3,635,772,153</b>	<b>\$3,285,322,973</b>	<b>\$3,490,956,581</b>	<b>\$4,059,332,053</b>	<b>\$4,747,549,898</b>	<b>\$5,459,293,763</b>	<b>\$6,944,972,758</b>	<b>11.4%</b>	<b>100.0%</b>

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

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

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 know 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, the remaining expansion groups 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

## SOUTHERN REGION MEDICAID PROFILE

### Waivers (Continued)

- Limit out-of-pocket expenses to \$1,000 for individuals and \$2,000 for families.

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

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

### Managed Care

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

### Coverage for Targeted Population

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

### Cost Containment Measures

- Certificate of Need Program since 1973. Regulates introduction or expansion of new institutional health facilities and services. The Health Facilities Commission, which operates the Certificate of Need Program, was terminated on June 30, 2003.
- Medical Care and Cost Containment Committee was appointed to oversee the medical cost containment system, including reasonable fee levels.
- Skilled and Intermediate Care Cost is now controlled by a global budget. Reimbursement rates are set by determining the number of days of care limited to an annual funding amount.
- Implemented a Preferred Drug List (PDL) in TennCare on October 15, 2003. The PDL is projected to achieve a \$150 million cost savings in the pharmacy program.

### 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.

**SOUTHERN REGION MEDICAID PROFILE**

**Children's Health Insurance Program: State Designed**

- Effective June 1, 2005, all eligible children will be covered under the revised TennCare 1115 demonstration waiver.

**Tobacco Settlement**

- The state expects to receive approximately \$4.78 billion over 25 years.
- From FY 00 through FY 04, the cumulative tobacco settlement payment was approximately \$895.7 million.
- The state has allocated these funds and compares with the U.S. as follows:

	TN	%	U.S.	%
Tobacco use prevention	\$0	0.0%	\$1,813,423,000	4.6%
Health services	\$0	0.0%	\$11,824,057,000	29.9%
Long-term care	\$0	0.0%	\$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	\$0	0.0%	\$1,217,021,000	3.1%
Endowments and Reserves	\$0	0.0%	\$7,636,209,000	19.3%
Other	\$895,660,000	100.0%	\$10,048,868,000	25.4%
<b>Total</b>	<b>\$895,660,000</b>	<b>100.0%</b>	<b>\$39,493,408,000</b>	<b>100.0%</b>