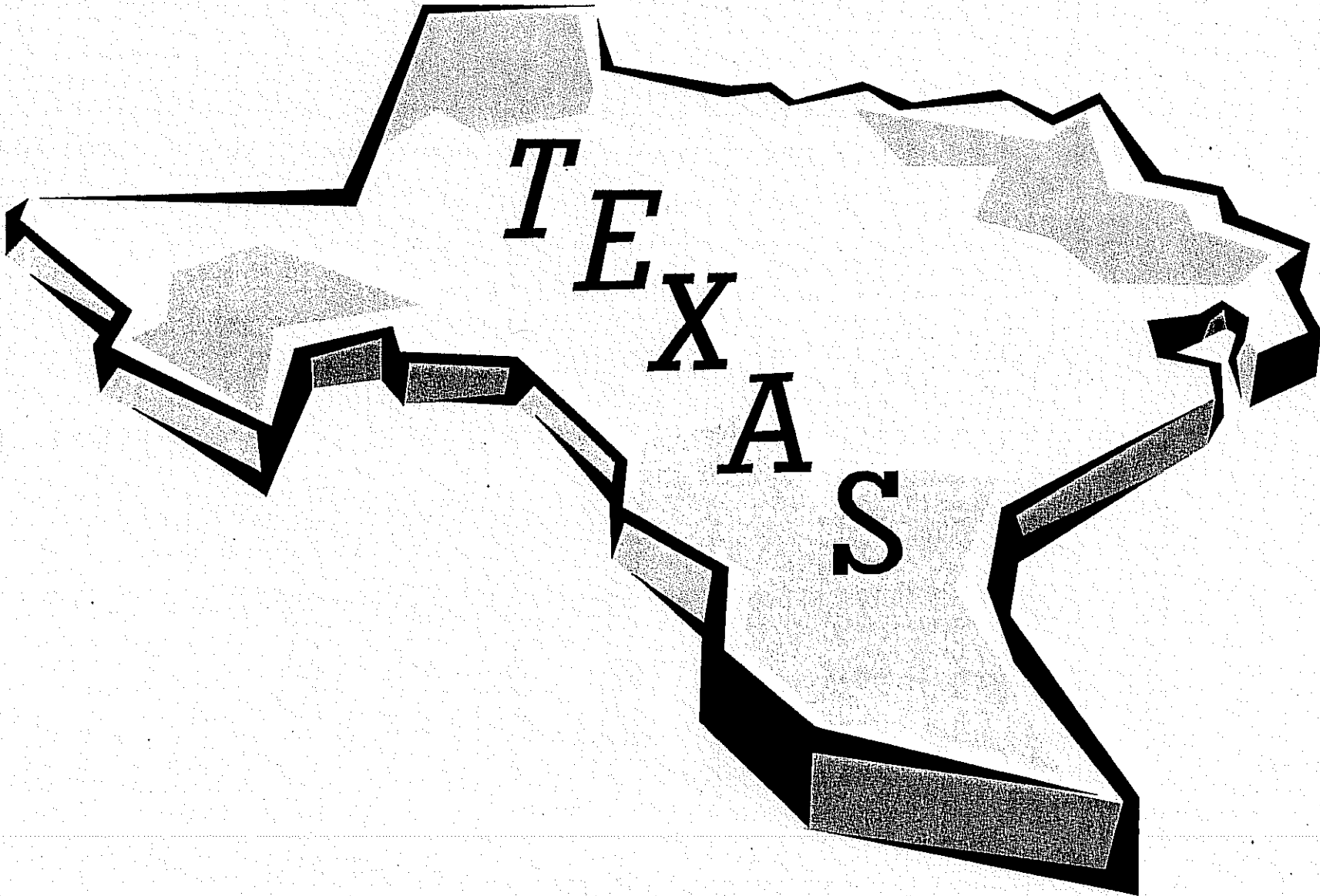
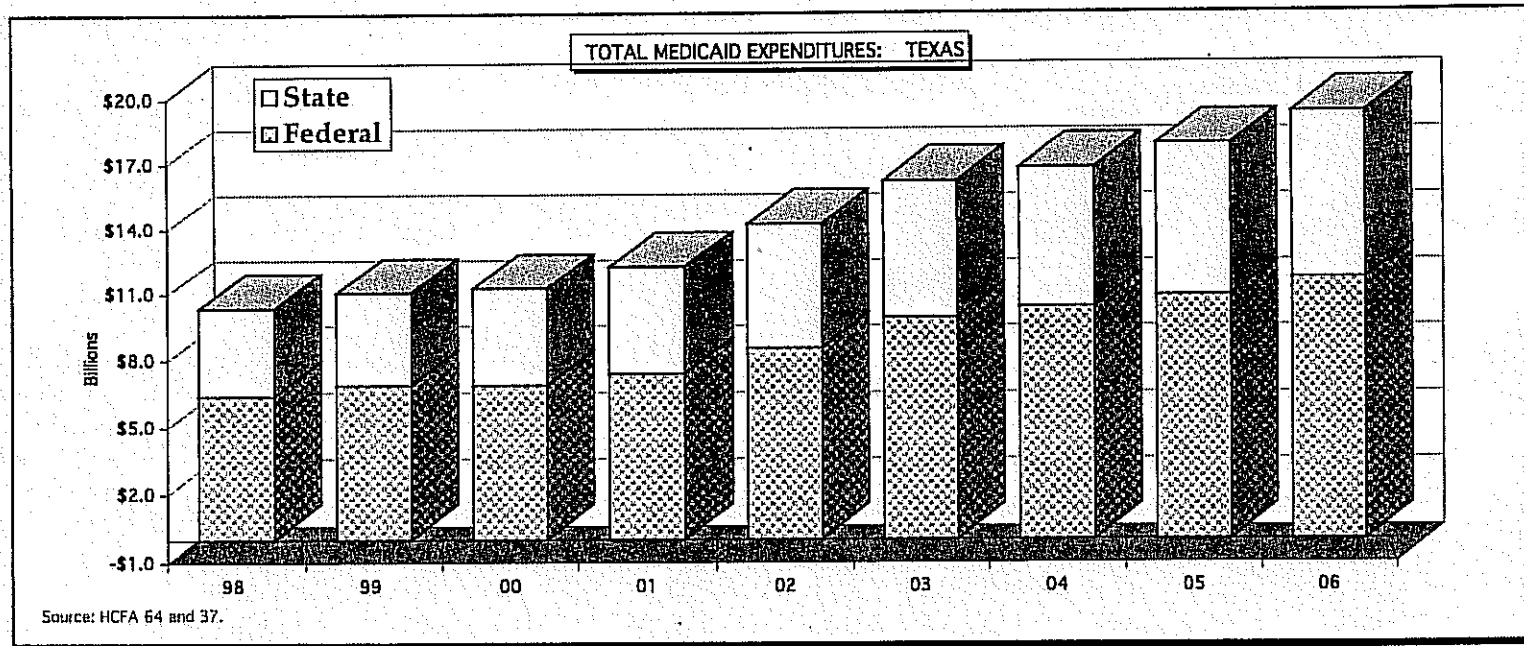


STATE MEDICAID PROFILE



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	\$9,776,932,593	\$10,398,353,951	\$10,643,772,061	\$11,604,639,613	\$13,530,826,351	\$15,420,479,085	\$16,077,695,030	\$17,155,951,000	\$18,642,930,000	8.4%	90.7%
Federal Share	\$6,104,238,675	\$6,516,178,649	\$6,552,379,660	\$7,050,331,820	\$8,163,909,015	\$9,490,380,707	\$10,031,272,125	\$10,532,235,000	\$11,330,308,000	8.0%	85.6%
State Share	\$3,672,693,918	\$3,882,175,302	\$4,091,392,401	\$4,554,307,793	\$5,366,917,336	\$5,930,098,378	\$6,046,422,905	\$6,623,716,000	\$7,312,622,000	9.0%	99.1%
Administrative Costs	\$576,952,240	\$667,216,364	\$619,051,157	\$656,595,682	\$706,759,839	\$749,960,111	\$695,157,913	\$689,278,000	\$678,973,000	2.1%	17.7%
Federal Share	\$319,762,855	\$381,132,417	\$337,690,078	\$356,949,745	\$385,752,228	\$441,560,500	\$389,375,329	\$383,465,000	\$377,765,000	2.1%	18.1%
State Share	\$257,189,385	\$286,083,947	\$281,361,079	\$299,645,937	\$321,007,611	\$308,399,611	\$305,782,584	\$305,813,000	\$301,208,000	2.0%	17.1%
Admin. Costs as % of Payments	5.90%	6.42%	5.82%	5.66%	5.22%	4.86%	4.32%	4.02%	3.64%		
Federal Match Rate*	62.28%	62.45%	61.36%	60.57%	60.17%	59.99%	60.22%	60.87%	60.66%		

*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	\$3,672,693,918	\$6,039,712,038	\$257,189,385	\$305,782,584
Local Funds	\$0	\$0	\$0	\$0
Provider Taxes	\$0	\$0	\$0	\$0
Donations	\$0	\$6,710,867	\$0	\$0
Other	\$0	\$0	\$0	\$0
Total State Share	\$3,672,693,918	\$6,046,422,905	\$257,189,385	\$305,782,584

*Donations from Outstationed Eligibility Workers Program

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	\$1,278,486,408	\$1,142,184,571	\$1,073,086,000	\$1,015,303,172	\$1,057,502,792	\$954,235,533	\$1,186,118,733	\$1,179,249,000	\$1,193,653,000	1.8%
Mental Hospitals	\$292,513,592	\$292,400,774	\$240,473,000	\$223,024,783	\$227,650,322	\$229,339,250	\$257,716,302	\$286,076,000	\$286,076,000	2.9%
Total	\$1,571,000,000	\$1,434,585,345	\$1,313,559,000	\$1,238,327,955	\$1,285,153,114	\$1,183,574,783	\$1,443,835,035	\$1,465,325,000	\$1,479,729,000	2.0%

SELECTED ELIGIBILITY CRITERIA

	At 10/1/04	% of FPL*
TANF-Temporary Assistance for Needy Families (Family of 3)		
Need Standard	\$751	57.5%
Payment Standard	\$188	14.4%
Maximum Payment	\$223	17.1%
Medically Needy Program (Family of 3)		
Income Eligibility Standard	\$275	
Resource Standard	\$2,000	
Resource Standard-Aged / Disabled	\$3,000	
Pregnant Women, Children and Infants (% of FPL*)		
Pregnant women and infants		185.0%
Children to age 5		133.0%
Children age 6 to 18		100.0%
SSI Eligibility Levels		
Income:		
Single Person	\$564	72.7%
Couple	\$846	81.3%
Resources:		
Single Person	\$2,000	
Couple	\$3,000	

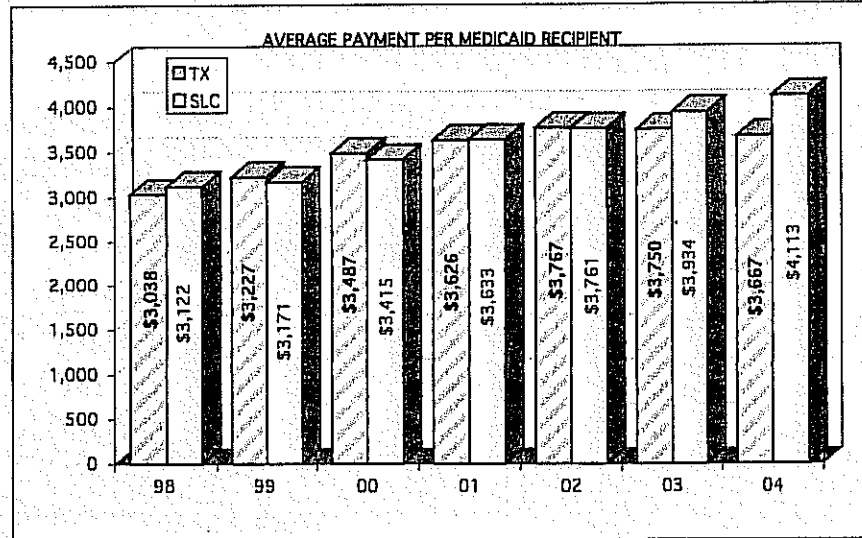
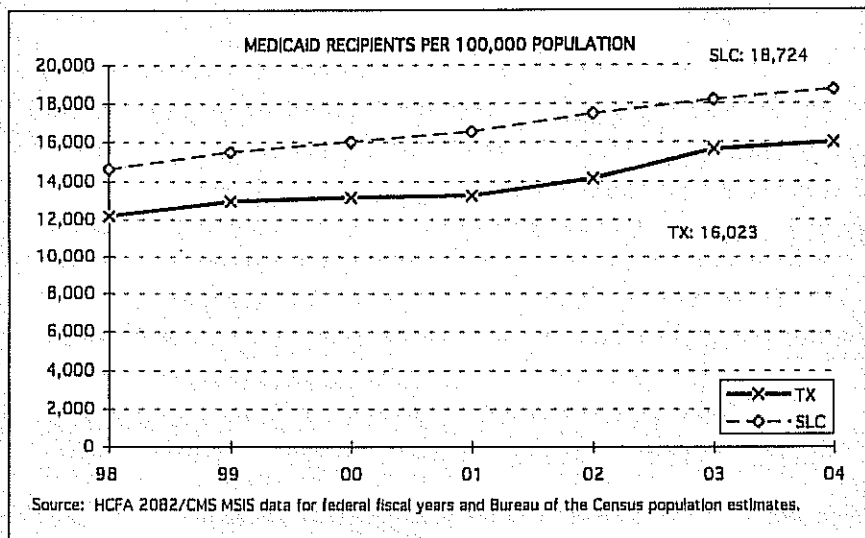
DEMOGRAPHIC DATA & POVERTY INDICATORS (2004)

		Rank in U.S.
State population—July 1, 2004*	22,490,022	2
Per capita personal income**	\$30,222	32
Median household income**	\$40,934	33
Population below Federal Poverty Level on July 1, 2003*	3,559,423	
Percent of total state population	15.8%	6
Population without health insurance coverage*	5,374,000	2
Percent of total state population	23.9%	1
Recipients of Food Stamps***	2,329,550	1
Households receiving Food Stamps***	890,153	1
Total value of issuance***	\$2,284,417,371	1
Average monthly benefit per recipient	\$81.72	17
Average monthly benefit per household	\$213.86	
Monthly recipients of Temporary Assistance to Needy Families (TANF)****	283,570	46
Total TANF payments****	\$213,542,202	47
Average monthly payment per recipient	\$62.75	46
Maximum monthly payment per family of 3	\$188.00	47

*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	444,750	396,110	491,100	459,366	505,328	524,866	520,829	2.7%
02. Mental Hospital	0	6,364	7,838	5,590	6,871	7,033	6,271	-0.3%
03. Skilled and Intermediate (non-MR) Care Nursing	88,522	95,812	95,230	97,384	112,195	126,159	111,437	3.9%
04. Intermediate Care for Mentally Retarded	13,935	13,827	14,090	13,969	13,527	13,081	12,975	-1.2%
05. Physician Services	1,783,470	1,885,426	1,867,977	1,759,336	1,633,843	1,836,338	1,962,778	1.6%
06. Dental Services	7,026	617,985	648,887	672,609	800,166	1,007,153	1,142,879	133.6%
07. Other Practitioners	478,837	4,951	505,972	473,150	493,175	556,201	466,872	-0.4%
08. Outpatient Hospital	1,011,359	941,835	959,741	859,496	744,982	835,081	849,339	-2.9%
09. Clinic Services	267,969	287,727	286,422	258,236	254,034	275,204	289,852	1.3%
10. Lab and X-Ray	815,014	838,408	926,803	1,242,800	1,598,924	1,770,760	1,766,141	13.8%
11. Home Health	116,552	8,056	94,609	124,746	152,636	177,289	186,497	8.1%
12. Prescribed Drugs	1,894,447	1,853,536	1,852,801	1,917,351	2,153,316	2,475,742	2,679,025	5.9%
13. Family Planning	181,434	18,725	19,262	21,119	22,738	24,626	23,130	-29.1%
14. Early & Periodic Screening, Diagnosis & Treatment	1,046,345	0	0	0	1,060,182	0	0	-100.0%
15. Other Care	186,423	518,113	286,033	346,528	422,013	466,759	681,625	24.1%
16. Personal Care Support Services	209,980	164,363	343,084	313,208	330,560	369,035	322,339	7.4%
17. Home/Community Based Waiver Services	25,762	0	0	0	0	0	0	-100.0%
18. Prepaid Health Care	0	520,222	726,596	851,560	1,036,216	1,240,733	1,425,989	22.3%
19. Primary Care Case Management (PCCM) Services	0	243,529	294,574	1,958	418,877	485,517	535,691	17.1%
Total*	2,324,810	2,518,222	2,602,616	2,659,682	2,952,569	3,339,796	3,603,539	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

<u>PAYMENTS BY TYPE OF SERVICES</u>	FFY 98	FFY 99	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	Annual	Share of Total
								Change	FFY 04
01. General Hospital	\$1,643,167,233	\$1,326,163,356	\$1,664,827,087	\$1,821,796,697	\$2,127,893,917	\$2,319,999,313	\$2,326,611,168	6.0%	17.0%
02. Mental Hospital	\$0	\$35,870,950	\$42,666,675	\$33,523,139	\$50,069,021	\$57,270,224	\$50,365,540	7.0%	0.4%
03. Skilled and Intermediate (non-MR) Care Nursing	\$1,384,415,773	\$1,437,040,893	\$1,575,060,537	\$1,604,753,732	\$1,803,710,704	\$1,820,433,002	\$1,767,241,962	-4.2%	11.4%
04. Intermediate Care for Mentally Retarded	\$728,574,336	\$689,957,035	\$839,351,663	\$765,161,054	\$810,581,046	\$858,769,874	\$840,627,835	2.4%	6.4%
05. Physician Services	\$661,475,584	\$937,196,510	\$843,385,764	\$760,315,233	\$689,779,234	\$796,174,746	\$866,787,946	4.6%	6.6%
06. Dental Services	\$2,165,089	\$135,075,124	\$154,644,785	\$158,259,031	\$207,353,103	\$281,589,583	\$323,098,169	130.3%	2.4%
07. Other Practitioners	\$70,751,155	\$301,821	\$88,088,408	\$86,357,097	\$95,698,371	\$113,357,367	\$92,108,385	-4.5%	0.7%
08. Outpatient Hospital	\$446,493,014	\$386,357,309	\$451,246,016	\$331,040,421	\$234,561,780	\$294,370,899	\$283,687,820	-7.3%	2.1%
09. Clinic Services	\$52,613,253	\$55,408,155	\$103,757,356	\$56,220,495	\$61,588,767	\$75,515,365	\$83,931,354	8.1%	0.6%
10. Lab and X-Ray	\$94,105,854	\$62,176,712	\$77,378,285	\$237,107,417	\$462,274,801	\$541,879,779	\$533,159,003	33.5%	4.0%
11. Home Health	\$98,543,991	\$68,245,666	\$172,485,103	\$203,975,224	\$279,228,444	\$318,157,925	\$345,854,397	23.3%	2.6%
12. Prescribed Drugs	\$817,591,112	\$952,419,862	\$1,125,238,856	\$1,327,222,456	\$1,591,828,224	\$1,921,877,468	\$2,202,193,332	18.0%	16.7%
13. Family Planning	\$40,544,186	\$14,187,285	\$14,222,275	\$22,893,809	\$29,768,817	\$32,266,238	\$29,738,668	-5.0%	0.2%
14. Early & Periodic Screening, Diagnosis & Treatment*	\$338,681,191	\$0	\$0	\$0	\$0	\$0	\$0	-100.0%	0.0%
15. Other Care	\$53,173,074	\$988,770,560	\$977,638,786	\$1,060,580,092	\$1,204,041,493	\$1,398,692,827	\$1,479,165,070	74.1%	11.2%
16. Personal Care Support Services	\$425,887,769	\$186,413,300	\$302,479,378	\$316,449,739	\$325,774,296	\$387,597,146	\$454,602,039	1.1%	3.4%
17. Home/Community Based Waiver Services	\$203,678,629	\$0	\$0	\$0	\$0	\$0	\$0	-100.0%	0.0%
18. Prepaid Health Care	\$0	\$615,598,443	\$634,466,433	\$851,313,187	\$1,137,787,529	\$1,295,382,939	\$1,525,021,819	19.9%	11.5%
19. Primary Case Management (PCCM) Services	\$0	\$234,642,837	\$8,368,179	\$7,631,535	\$9,080,493	\$11,191,638	\$10,209,690	-46.6%	0.1%
Total (excludes DSH pymts, pharmacy rebates, & other adjs.)	\$7,061,861,243	\$8,125,825,818	\$9,075,305,586	\$9,644,600,358	\$11,121,020,040	\$12,524,526,333	\$13,214,404,197	11.0%	100.0%

AVERAGE PAYMENTS PER RECIPIENT BY TYPE OF SERVICES

	FFY 98	FFY 99	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	Annual	Share of Total
01. General Hospital	\$3,694.59	\$3,347.97	\$3,390.00	\$3,965.89	\$4,210.92	\$4,420.17	\$4,467.13	3.2%	-17.0%
02. Mental Hospital	\$0.00	\$5,636.54	\$5,443.57	\$5,996.98	\$7,287.01	\$8,143.07	\$8,031.50	7.3%	-57.6%
03. Skilled and Intermediate (non-MR) Care Nursing	\$15,639.23	\$14,998.55	\$16,539.54	\$16,478.62	\$16,076.57	\$14,429.67	\$15,858.66	0.2%	-29.2%
04. Intermediate Care for Mentally Retarded	\$52,283.77	\$49,899.26	\$59,570.74	\$54,775.65	\$59,923.19	\$65,650.17	\$64,788.27	3.6%	-19.4%
05. Physician Services	\$370.89	\$497.07	\$451.50	\$432.16	\$422.18	\$433.57	\$441.61	3.0%	-19.5%
06. Dental Services	\$308.15	\$218.57	\$238.32	\$235.29	\$259.14	\$279.59	\$282.71	-1.4%	-18.9%
07. Other Practitioners	\$147.76	\$60.96	\$174.10	\$182.52	\$194.05	\$203.81	\$197.29	4.9%	3.9%
08. Outpatient Hospital	\$441.48	\$410.22	\$470.17	\$385.16	\$314.86	\$352.51	\$334.01	-4.5%	-45.8%
09. Clinic Services	\$196.34	\$192.57	\$362.25	\$217.71	\$242.44	\$274.40	\$289.57	6.7%	-55.1%
10. Lab and X-Ray	\$115.47	\$74.16	\$83.49	\$190.78	\$289.12	\$306.02	\$301.88	17.4%	54.5%
11. Home Health	\$845.49	\$8,471.41	\$1,823.14	\$1,635.12	\$1,829.37	\$1,794.57	\$1,854.48	14.0%	-37.0%
12. Prescribed Drugs	\$431.57	\$513.84	\$607.32	\$692.22	\$739.25	\$776.28	\$822.01	11.3%	-42.0%
13. Family Planning	\$223.47	\$757.67	\$738.36	\$1,084.04	\$1,309.21	\$1,310.25	\$1,285.72	33.9%	12.0%
14. Early & Periodic Screening, Diagnosis & Treatment	\$323.68	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-100.0%	-100.0%
15. Other Care	\$285.23	\$1,908.41	\$3,417.92	\$3,060.59	\$2,853.09	\$2,996.61	\$2,170.06	40.2%	13.3%
16. Personal Care Support Services	\$2,028.23	\$1,134.16	\$922.37	\$0.00	\$0.00	\$0.00	\$0.00	-100.0%	-100.0%
17. Home/Community Based Waiver Services	\$7,906.17	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-100.0%	-100.0%
18. Prepaid Health Care	\$0.00	\$1,183.34	\$873.20	\$999.71	\$1,098.02	\$1,044.05	\$1,069.45	-2.0%	-9.9%
19. Primary Care Case Management (PCCM) Services	\$0.00	\$963.51	\$28.41	\$3,897.62	\$21.68	\$23.05	\$19.06	-54.4%	-29.4%
Total (Average)	\$3,037.61	\$3,226.81	\$3,486.99	\$3,626.22	\$3,766.56	\$3,750.09	\$3,667.06	3.2%	-10.8%

TOTAL PER CAPITA EXPENDITURES

FFY 98	FFY 99	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	Annual	Share of Total
\$542.34	\$570.81	\$569.99	\$611.71	\$682.80	\$758.28	\$745.79	5.5%	-14.9%

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	917,603	847,938	850,168	846,443	861,940	829,060	789,893	-2.5%	21.9%
Poverty Related Eligibles	903,813	1,024,428	1,065,782	1,115,671	1,376,166	1,711,029	2,042,132	14.6%	56.7%
Medically Needy	38,247	31,805	38,795	45,428	59,787	78,219	66,603	9.7%	1.8%
Other Eligibles	465,147	466,605	447,772	458,345	502,201	577,598	563,251	3.2%	15.6%
Maintenance Assistance Status Unknown	0	147,446	200,099	193,795	152,475	143,890	141,660	-0.8%	3.9%
Total*	2,324,810	2,518,222	2,602,616	2,659,682	2,952,569	3,339,796	3,603,539	7.6%	100.0%
By Basis of Eligibility									
Aged, Blind, or Disabled	589,661	609,366	605,536	604,310	762,848	615,222	634,264	1.2%	17.6%
Children	1,327,276	1,348,414	1,373,457	1,418,218	1,620,539	2,019,147	2,285,138	9.5%	63.4%
Foster Care Children	16,087	23,733	27,062	29,364	34,544	35,075	37,761	15.3%	1.0%
Adults	391,786	389,263	396,462	413,995	534,638	526,001	504,716	4.3%	14.0%
Basis of Eligibility Unknown	0	147,446	200,099	193,795	0	144,351	141,660	-0.8%	3.9%
Total*	2,324,810	2,518,222	2,602,616	2,659,682	2,952,569	3,339,796	3,603,539	7.6%	100.0%
By Age									
Under Age 1	144,065	149,086	161,218	240,016	195,738	204,070	214,895	6.9%	6.0%
Age 1 to 5	558,876	552,865	559,641	586,226	697,442	830,961	931,775	8.9%	25.9%
Age 6 to 14	574,293	580,219	578,162	559,181	697,132	842,613	960,734	9.0%	26.7%
Age 15 to 20	179,470	232,906	246,509	237,689	295,640	349,227	395,647	14.1%	11.0%
Age 21 to 44	417,767	396,133	401,572	397,111	472,848	513,270	502,002	3.1%	13.9%
Age 45 to 64	148,914	153,136	156,634	161,800	168,753	181,960	184,400	3.6%	5.1%
Age 65 to 74	122,019	123,388	121,638	121,596	107,752	107,795	106,340	-2.3%	3.0%
Age 75 to 84	103,321	106,291	103,964	99,437	98,860	100,878	102,426	-0.1%	2.8%
Age 85 and Over	76,084	76,743	73,176	62,831	65,928	65,129	63,649	-2.9%	1.8%
Age Unknown	1	147,455	200,102	193,795	152,476	143,893	141,671	622.0%	3.9%
Total*	2,324,810	2,518,222	2,602,616	2,659,682	2,952,569	3,339,796	3,603,539	7.6%	100.0%
By Race									
White	645,978	690,907	714,222	730,053	723,285	819,053	871,205	5.1%	24.2%
Black	458,055	487,805	504,275	515,455	533,579	596,194	632,847	5.5%	17.6%
Hispanic, American Indian or Asian	1,149,293	1,268,790	1,311,004	1,339,437	1,513,063	1,751,325	1,925,458	9.0%	53.4%
Other/Unknown	71,484	70,720	73,115	74,737	182,642	173,224	174,029	16.0%	4.8%
Total*	2,324,810	2,518,222	2,602,616	2,659,682	2,952,569	3,339,796	3,603,539	7.6%	100.0%
By Sex									
Female	1,414,555	1,519,533	1,570,900	1,605,591	1,657,274	1,864,814	1,993,970	5.9%	55.1%
Male	910,233	993,372	1,026,342	1,048,658	1,142,798	1,331,058	1,467,859	8.3%	40.7%
Unknown	22	5,317	5,374	5,433	152,497	143,924	141,710	331.3%	3.9%
Total*	2,324,810	2,518,222	2,602,616	2,659,682	2,952,569	3,339,796	3,603,539	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	\$3,129,651,326	\$3,454,276,260	\$3,981,942,467	\$4,156,474,616	\$4,605,276,710	\$4,995,238,179	\$5,286,912,454	9.1%	40.0%
Poverty Related Eligibles	\$1,013,187,235	\$1,239,768,586	\$1,337,991,819	\$1,469,040,409	\$2,019,022,693	\$2,521,058,766	\$3,037,812,596	20.1%	23.0%
Medically Needy	\$124,460,966	\$83,337,665	\$123,185,260	\$162,440,892	\$216,062,059	\$291,098,832	\$208,293,563	9.0%	1.6%
Other Eligibles	\$2,794,561,713	\$3,201,836,270	\$3,428,670,184	\$3,631,911,414	\$4,137,558,144	\$4,537,505,028	\$4,518,123,417	8.3%	34.2%
Maintenance Assistance Status Unknown	\$3	\$146,607,037	\$203,515,856	\$224,733,027	\$143,100,434	\$179,625,528	\$163,262,167	1850.2%	1.2%
Total*	\$7,061,861,243	\$8,125,825,818	\$9,075,305,586	\$9,644,600,358	\$11,121,020,040	\$12,524,526,333	\$13,214,404,197	11.0%	100.0%
By Basis of Eligibility									
Aged, Blind or Disabled	\$3,129,651,326	\$5,371,322,978	\$6,108,888,216	\$6,260,647,062	\$6,919,597,956	\$7,582,885,692	\$7,955,563,284	16.8%	60.2%
Children	\$1,013,187,235	\$1,578,965,373	\$1,646,523,165	\$1,936,943,993	\$2,552,870,922	\$3,053,129,496	\$3,447,279,793	22.6%	26.1%
Foster Care Children	\$124,460,966	\$114,045,806	\$156,434,965	\$184,882,555	\$225,951,005	\$257,228,725	\$287,902,176	15.0%	2.2%
Adults	\$2,794,561,713	\$914,884,624	\$959,943,384	\$1,037,393,721	\$1,279,499,723	\$1,446,076,050	\$1,360,396,777	-11.3%	10.3%
Basis of Eligibility Unknown	\$3	\$146,607,037	\$203,515,856	\$224,733,027	\$143,100,434	\$185,206,370	\$163,262,167	1846.7%	1.2%
Total*	\$7,061,861,243	\$8,125,825,818	\$9,075,305,586	\$9,644,600,358	\$11,121,020,040	\$12,524,526,333	\$13,214,404,197	11.0%	100.0%
By Age									
Under Age 1	\$424,137,434	\$450,690,626	\$481,534,957	\$779,690,671	\$753,846,092	\$814,168,610	\$874,090,200	12.8%	6.6%
Age 1 to 5	\$674,450,883	\$801,566,001	\$825,057,094	\$910,053,507	\$1,290,191,014	\$1,546,740,655	\$1,771,758,357	17.5%	13.4%
Age 6 to 14	\$517,892,714	\$670,076,592	\$741,734,172	\$785,042,189	\$1,006,959,263	\$1,252,539,847	\$1,442,016,864	18.6%	10.9%
Age 15 to 20	\$406,392,800	\$526,600,438	\$569,428,451	\$618,486,582	\$730,054,921	\$837,569,184	\$926,729,620	14.7%	7.0%
Age 21 to 44	\$1,585,440,469	\$1,758,038,398	\$1,961,677,868	\$1,999,108,338	\$2,334,313,199	\$2,581,617,842	\$2,569,387,173	8.4%	19.4%
Age 45 to 64	\$1,137,136,536	\$1,261,573,423	\$1,540,256,466	\$1,641,515,451	\$1,893,963,580	\$2,169,154,217	\$2,283,139,762	12.3%	17.3%
Age 65 to 74	\$613,917,500	\$677,717,904	\$756,574,445	\$774,716,403	\$798,643,705	\$863,248,954	\$892,292,579	6.4%	6.8%
Age 75 to 84	\$802,047,424	\$873,536,760	\$960,844,411	\$984,384,163	\$1,078,428,531	\$1,167,423,904	\$1,208,128,015	7.1%	9.1%
Age 85 and Over	\$900,444,496	\$959,401,954	\$1,034,680,461	\$926,870,027	\$1,091,519,175	\$1,112,435,415	\$1,083,578,437	3.1%	8.2%
Age Unknown	\$986	\$146,623,722	\$203,517,261	\$224,733,027	\$143,100,560	\$179,627,705	\$163,283,190	641.0%	1.2%
Total*	\$7,061,861,243	\$8,125,825,818	\$9,075,305,586	\$9,644,600,358	\$11,121,020,040	\$12,524,526,333	\$13,214,404,197	11.0%	100.0%
By Race									
White	\$3,202,123,927	\$3,623,853,179	\$4,042,074,489	\$4,294,220,084	\$4,601,981,581	\$5,045,563,598	\$5,170,720,646	8.3%	39.1%
Black	\$1,251,258,881	\$1,487,478,219	\$1,660,264,025	\$1,764,032,001	\$1,949,103,828	\$2,179,461,567	\$2,303,393,216	10.7%	17.4%
Hispanic, American Indian or Asian	\$2,299,565,307	\$2,714,023,858	\$3,033,913,002	\$3,224,137,992	\$4,196,467,229	\$4,879,812,837	\$5,308,024,190	15.0%	40.2%
Other/Unknown	\$308,913,128	\$300,470,562	\$339,054,070	\$362,210,281	\$373,467,402	\$419,688,331	\$432,266,145	5.8%	3.3%
Total*	\$7,061,861,243	\$8,125,825,818	\$9,075,305,586	\$9,644,600,358	\$11,121,020,040	\$12,524,526,333	\$13,214,404,197	11.0%	100.0%
By Sex									
Female	\$4,462,108,203	\$5,042,670,151	\$5,635,630,359	\$5,991,727,193	\$6,656,901,918	\$7,406,124,450	\$7,774,597,141	9.7%	58.8%
Male	\$2,599,680,626	\$3,070,937,470	\$3,426,469,527	\$3,639,119,970	\$4,320,985,259	\$4,938,507,941	\$5,276,394,638	12.5%	39.9%
Unknown	\$72,413	\$12,218,197	\$13,205,700	\$13,753,195	\$143,132,863	\$179,893,942	\$163,412,418	262.2%	1.2%
Total*	\$7,061,861,243	\$8,125,825,818	\$9,075,305,586	\$9,644,600,358	\$11,121,020,040	\$12,524,526,333	\$13,214,404,197	11.0%	100.0%

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

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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 (-) SLC Avg. FFY 04
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	\$3,410.68	\$4,073.74	\$4,683.71	\$4,910.52	\$5,342.92	\$6,025.18	\$6,693.20	11.9%	27.4%
Poverty Related Eligibles	\$1,121.01	\$1,210.21	\$1,255.41	\$1,316.73	\$1,467.14	\$1,473.42	\$1,487.57	4.8%	-27.3%
Medically Needy	\$3,254.14	\$2,620.27	\$3,175.29	\$3,575.79	\$3,613.86	\$3,721.59	\$3,127.39	-0.7%	-49.6%
Other Eligibles	\$6,007.91	\$6,861.98	\$7,657.18	\$7,923.97	\$8,238.85	\$7,855.82	\$8,021.51	4.9%	10.5%
Maintenance Assistance Status Unknown	\$0.00	\$994.31	\$1,017.08	\$1,159.64	\$938.52	\$1,248.35	\$1,152.49	3.0%	-56.9%
Total	\$3,037.61	\$3,226.81	\$3,486.99	\$3,626.22	\$3,766.56	\$3,750.09	\$3,667.06	3.2%	-10.8%
By Basis of Eligibility									
Aged, Blind or Disabled	\$5,307.54	\$8,814.61	\$10,088.40	\$10,359.99	\$9,070.74	\$12,325.45	\$12,542.98	15.4%	16.3%
Children	\$763.36	\$1,170.98	\$1,198.82	\$1,365.76	\$1,575.32	\$1,512.09	\$1,508.57	12.0%	2.3%
Foster Care Children	\$7,736.74	\$4,805.37	\$5,780.61	\$6,296.23	\$6,540.96	\$7,333.68	\$7,624.33	-0.2%	10.8%
Adults	\$7,132.88	\$2,350.30	\$2,421.27	\$2,505.81	\$2,393.21	\$2,749.19	\$2,695.37	-15.0%	2.6%
Basis of Eligibility Unknown	\$0.00	\$994.31	\$1,017.08	\$1,159.64	\$0.00	\$1,283.03	\$1,152.49	3.0%	-60.1%
Total	\$3,037.61	\$3,226.81	\$3,486.99	\$3,626.22	\$3,766.56	\$3,750.09	\$3,667.06	3.2%	-10.8%
By Age									
Under Age 1	\$2,944.07	\$3,023.02	\$2,986.86	\$3,248.49	\$3,851.30	\$3,989.65	\$4,067.52	5.5%	9.5%
Age 1 to 5	\$1,206.80	\$1,449.84	\$1,474.26	\$1,552.39	\$1,849.89	\$1,861.39	\$1,901.49	7.9%	5.8%
Age 6 to 14	\$901.79	\$1,154.87	\$1,282.92	\$1,403.91	\$1,444.43	\$1,486.49	\$1,500.95	8.9%	-10.5%
Age 15 to 20	\$2,264.41	\$2,261.00	\$2,309.97	\$2,602.08	\$2,469.41	\$2,398.35	\$2,342.31	0.6%	-12.0%
Age 21 to 44	\$3,795.04	\$4,438.00	\$4,885.00	\$5,034.13	\$4,936.71	\$5,029.75	\$5,118.28	5.1%	6.0%
Age 45 to 64	\$7,636.20	\$8,238.26	\$9,833.47	\$10,145.34	\$11,223.29	\$11,921.05	\$12,381.45	8.4%	28.7%
Age 65 to 74	\$5,031.33	\$5,492.58	\$6,219.89	\$6,371.23	\$7,411.87	\$8,008.25	\$8,390.94	8.9%	13.6%
Age 75 to 84	\$7,762.68	\$8,218.35	\$9,242.09	\$9,899.58	\$10,908.64	\$11,572.63	\$11,795.13	7.2%	5.7%
Age 85 and Over	\$11,834.87	\$12,501.49	\$14,139.61	\$14,751.79	\$16,556.23	\$17,080.49	\$17,024.28	6.2%	-0.9%
Age Unknown	\$986.10	\$994.36	\$1,017.07	\$1,159.64	\$938.51	\$1,248.34	\$1,152.55	2.6%	-59.5%
Total	\$3,037.61	\$3,226.81	\$3,486.99	\$3,626.22	\$3,766.56	\$3,750.09	\$3,667.06	3.2%	-10.8%
By Race									
White	\$4,957.02	\$5,245.07	\$5,659.41	\$5,882.07	\$6,362.61	\$6,160.24	\$5,935.14	3.0%	18.7%
Black	\$2,731.68	\$3,049.33	\$3,292.38	\$3,422.28	\$3,652.89	\$3,655.62	\$3,639.73	4.9%	6.3%
Hispanic, American Indian or Asian	\$2,000.85	\$2,139.06	\$2,314.19	\$2,407.08	\$2,773.49	\$2,786.35	\$2,756.76	5.5%	7.0%
Other/Unknown	\$4,321.43	\$4,248.74	\$4,637.27	\$4,846.47	\$2,044.81	\$2,422.81	\$2,483.87	-8.8%	-49.9%
Total	\$3,037.61	\$3,226.81	\$3,486.99	\$3,626.22	\$3,766.56	\$3,750.09	\$3,667.06	3.2%	-10.8%
By Sex									
Female	\$3,154.43	\$3,318.57	\$3,587.52	\$3,731.79	\$4,016.78	\$3,971.51	\$3,899.05	3.6%	-6.9%
Male	\$2,856.06	\$3,091.43	\$3,338.53	\$3,470.26	\$3,781.06	\$3,710.21	\$3,594.62	3.9%	-10.2%
Unknown	\$3,291.52	\$2,297.95	\$2,457.33	\$2,531.42	\$938.59	\$1,249.92	\$1,153.15	-16.0%	-71.9%
Total	\$3,037.61	\$3,226.81	\$3,486.99	\$3,626.22	\$3,766.56	\$3,750.09	\$3,667.06	3.2%	-10.8%

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

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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

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

- (1) Southeast Region: PCCM model, effective December 1, 1995; serves approximately 38,285 recipients.
- (2) Travis County service delivery area: HMO model, effective September 1, 1996; serves approximately 75,468 recipients.
- (3) Bexar County service delivery area: HMO and PCCM model, effective October 1, 1996; serves approximately 153,385
- (4) Lubbock County service delivery area: HMO and PCCM model, effective October 1, 1996; serves approximately 31,887.
- (5) Tarrant County service delivery area: HMO model, effective October 1, 1996; serves approximately 121,646.
- (6) Harris County service delivery area: HMO and PCCM model, effective December 1, 1997; serves approximately 351,085 (STAR) and 64,604 (STAR+PLUS).
- (7) Dallas service district area: HMO model, effective July 1, 1999; serves approximately 210,156.
- (8) El Paso service delivery area: HMO, PHP, and PCCM model effective December, 1999; serves approximately 97,793.
- NorthSTAR (Behavioral Health Waiver): A Medicaid pilot project designed to create a single, seamless system of public behavioral health care in which both chemical dependency and mental health services will be provided (only for Dallas area recipients). The waiver was approved September 10, 1999, serves 516,813.

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

- Elderly and Disabled: Community Based Alternatives (CBA) program serves approximately 27,664 clients over the age of 21. Operating since September 1, 1993.
- Mental Retardation/Developmental Disabilities and Mental Retardation-Related: Four waivers, serving approximately 10,348 clients of all ages, with the first waiver operating since September 1, 1985
- Medically Dependent Children Under Age 21: Serves 979 people, operating since July 1, 1988.
- Developmental Disabilities: This waiver services approximately 143 clients over age 18 who are deaf-blind and have multiple disabilities.

Managed Care

- State of Texas Access Reform (STAR): The STAR program, the state's managed care program, serves approximately 1,144,309 Medicaid recipients statewide.
- STAR+Plus: The state's Medicaid pilot project designed to integrate delivery of acute care and long-term care services through a managed care system. The project, effective December, 1997, serves approximately 64,604 aged and disabled Medicaid recipients in the Houston area.
- Significant Traditional Provider Requirement: All HMOs are required to make a good faith effort to include providers who have traditionally served the Medicaid population in a service district area in their provider networks.

Coverage for Targeted Population

- In 2003, the Texas Legislature directed the state to consolidate eligibility determination functions in the Health and Human Services Commission (HHSC) and establish call centers operated by the state or a vendor, whichever is most cost effective. HHSC determined call centers operated by a vendor would be most cost effective, and awarded a contract June 30, 2005. Phased rollouts are scheduled to begin January 2006.

Cost Containment Measures

- In 2003, the Texas Legislature passed provisions that eliminated the following services for Medicaid clients age 21 years and older:
 1. Eyeglasses and contact lenses.
 2. Hearing aids.
 3. Services provided by a Licensed Psychologist, Licensed Marriage and Family Therapist, Licensed Master Social worker -

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Cost Containment Measures (Continued)

4. Advanced Clinical Practitioner, and Licensed Professional Counselor.
5. Podiatrist.
6. Chiropractor.

Medicaid

- 23 optional services are offered.
- Urban county hospital districts contribute funding to match federal disproportionate share funds, approximately \$336.1 million in SFY 2003; and \$341.4 million in SFY 2004.
- Health and Human Service Commission (HHSC) implemented the Breast and Cervical Cancer Treatment Act on December 1, 2002. In calendar years 2003 and 2004, approximately 620 and 539 women respectively were found Medicaid eligible under the Treatment Act.
- Due to cost saving measures set by the Texas 78th Legislature, Medicaid provider rates received a 2.5% rate cut for FY 2004 – FY 2005 biennium.

Children's Health Insurance Program: Medicaid Expansion

- The Texas Children's Health Insurance Program (Phase 1) received HCFA approval on June 15, 1998. The state plan is an expansion of Medicaid and provides health care coverage to children/adolescents age 15 to 18 in families with incomes up to 100% of the FPL. The second phase of the program projects expansion of Medicaid coverage for children/adolescents age 1-19 up to 200% of the FPL.
- TexCare, the CHIP in Texas, provides a benefit package the same as regular Medicaid to eligible individuals. The plan currently serves approximately 726,428 individuals.
- TexCare provides for cost sharing by covered individuals as follows:
 - 100%-150% pay an annual enrollment fee of \$15
 - 151-185% pay a monthly premium of \$20
 - 186%-200% pay a monthly premium of \$25
- Additional cost sharing provisions as follows:
 - \$3 to \$10 for office visits
 - \$3 to \$50 for emergency room visits
 - \$3 to \$5 for generic drugs
 - \$3 to \$20 for brand name drugs
 - \$10 to \$100 for inpatient hospital stays
- The 78th Legislature instituted the following for the FY 2004-2005 biennium:
 1. Maintained income eligibility at 200% of FPL.
 2. Eliminated deductions to income so that eligibility is based on gross income.
 3. Restricted eligibility to families at or above 150% FPL to those with assets within allowable levels.
 4. Allowed establishment of cost-sharing at federal maximum levels.
 5. Changed the term of coverage (continuous eligibility period) from 12 to 6 months.
 6. Established a 90-day waiting period between eligibility determination and coverage.
 7. Reduced provider payment rates by 5%. However, that decrease was partially restored to a 2.5% decrease.
 8. Limited the benefits package to coverage of basic health services.

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

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

Tobacco Settlement

- The state expects to receive approximately \$17.3 billion over 25 years.
- From FY 00 through FY 04, the cumulative tobacco settlement payment was approximately \$2.08 billion.
- The state has allocated these funds and compares with the U.S. as follows:

	TX	%	U.S.	%
Tobacco use prevention	\$43,994,000	2.1%	\$1,813,423,000	4.6%
Health services	\$1,755,743,000	84.3%	\$11,824,057,000	29.9%
Long-term care	\$106,829,000	5.1%	\$2,200,066,000	5.6%
Health research	\$0	0.0%	\$1,472,863,000	3.7%
Education	\$175,600,000	8.4%	\$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	\$0	0.0%	\$10,048,868,000	25.4%
Total	\$2,082,166,000	100.0%	\$39,493,408,000	100.0%