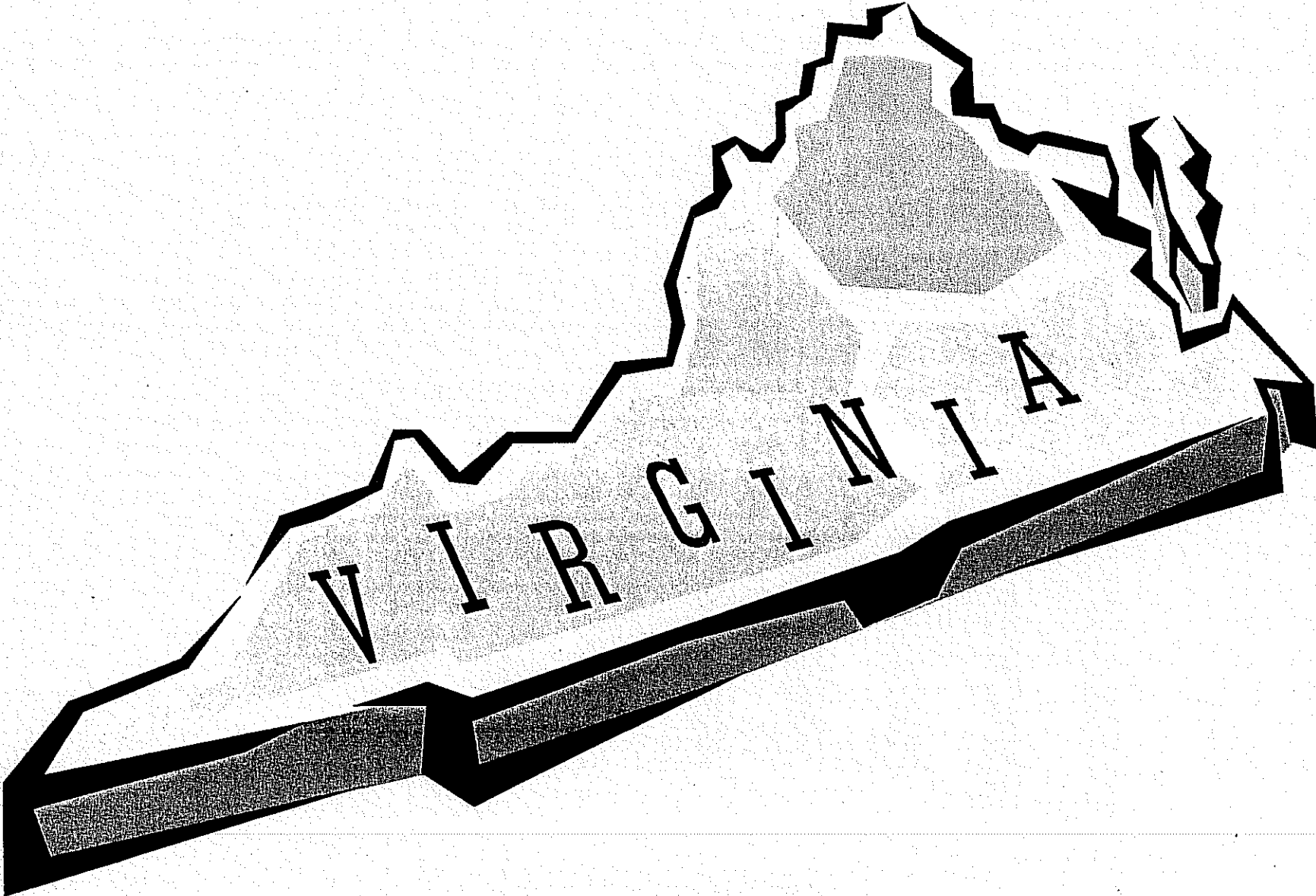
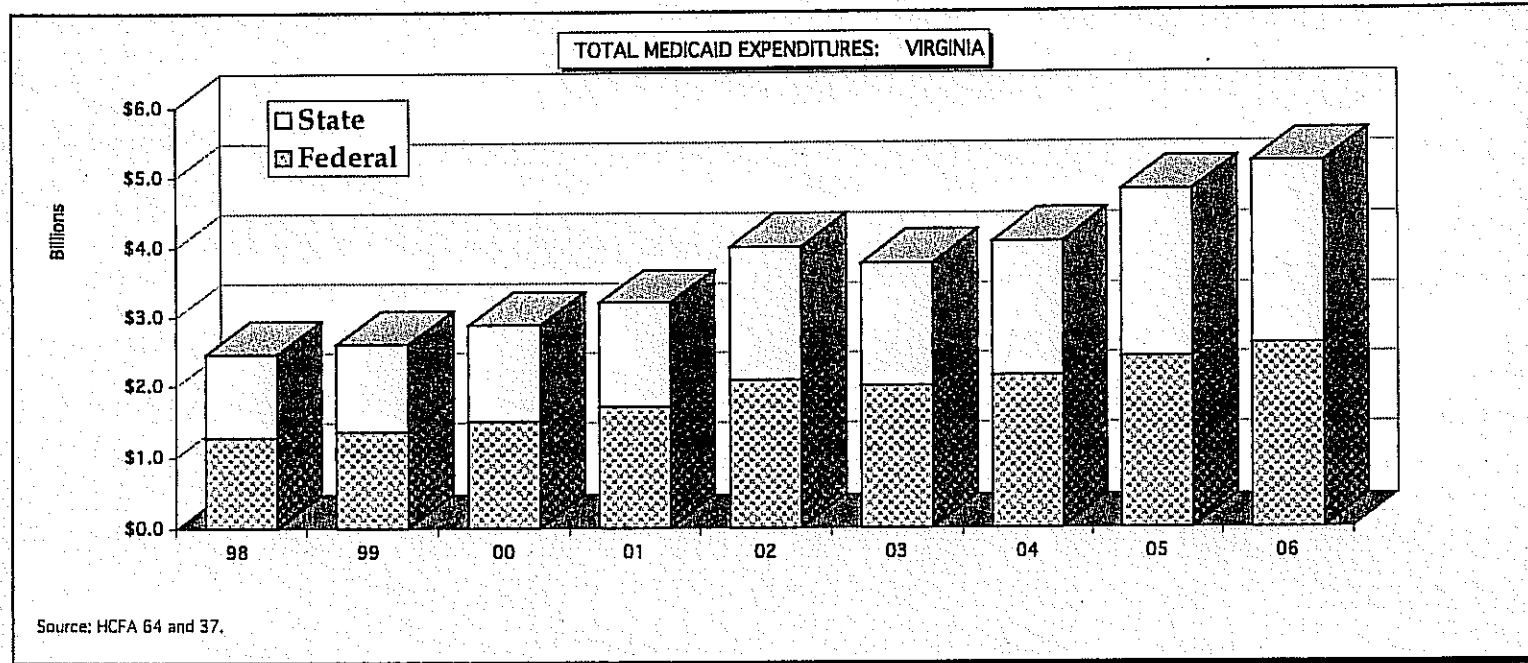


STATE MEDICAID PROFILE



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	\$2,343,757,339	\$2,477,370,906	\$2,728,848,408	\$3,036,846,387	\$3,812,974,394	\$3,546,523,934	\$3,825,216,022	\$4,544,176,000	\$4,913,993,000	9.7%	109.7%
Federal Share	\$1,208,808,080	\$1,285,612,965	\$1,416,141,298	\$1,609,651,633	\$1,970,610,963	\$1,869,950,793	\$2,015,926,926	\$2,276,396,000	\$2,456,996,000	9.3%	103.3%
State Share	\$1,134,949,259	\$1,191,757,941	\$1,312,707,110	\$1,427,194,754	\$1,842,363,431	\$1,676,573,141	\$1,809,289,096	\$2,267,780,000	\$2,456,997,000	10.1%	116.5%
Administrative Costs	\$118,333,750	\$126,088,305	\$147,814,821	\$164,701,821	\$187,346,225	\$226,683,382	\$245,400,541	\$256,259,000	\$282,435,000	11.5%	138.7%
Federal Share	\$65,843,598	\$69,518,715	\$80,346,985	\$91,978,257	\$107,612,082	\$126,857,855	\$132,460,212	\$135,037,000	\$148,393,000	10.7%	125.4%
State Share	\$52,490,152	\$56,569,590	\$67,467,836	\$72,723,564	\$79,734,143	\$99,825,527	\$112,940,329	\$121,222,000	\$134,042,000	12.4%	155.4%
Admin. Costs as % of Payments	5.05%	5.09%	5.42%	5.42%	4.91%	6.39%	6.42%	5.64%	5.75%		
Federal Match Rate*	51.49%	51.60%	51.67%	51.85%	51.45%	50.53%	50.00%	50.00%	50.00%		

*Rate shown is for Medicaid payments only. The FMAP (Federal Medical Assistance Percentage) is based on the relationship between each state's per capita personal income and that of the nation as a whole for the three most recent years. Federal share of state administrative costs is usually 50 percent or 75 percent, depending on function and whether or not medical personnel are used. **Federal Fiscal Years 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*	\$1,134,949,259	\$1,809,289,096	\$52,490,152	\$112,940,329
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	\$1,134,949,259	\$1,809,289,096	\$52,490,152	\$112,940,329

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	\$152,457,493	\$157,022,000	\$131,366,225	\$231,973,515	\$178,098,932	\$151,299,116	\$109,878,282	\$160,967,000	\$141,590,000	1.3%
Mental Hospitals	\$8,220,282	\$3,900,000	\$9,187,746	\$1,752,745	\$2,919,603	\$3,996,406	\$4,434,210	\$4,162,000	\$4,162,000	-12.4%
Total	\$160,677,775	\$160,922,000	\$140,553,971	\$233,726,260	\$181,018,535	\$155,295,522	\$114,312,492	\$165,129,000	\$145,752,000	0.6%

SELECTED ELIGIBILITY CRITERIA

	At 10/1/04	% of FPL*
TANF-Temporary Assistance for Needy Families (Family of 3)		
Need Standard		0.0%
Payment Standard		0.0%
Max. Payment	PLEASE REFER TO LAST VA. PAGE FOR DETAILED EXPLANATION.	
Medically Needy Program (Family of 3)		
Income Eligibility		
Resource Standard		
Pregnant Women, Children and Infants (% of FPL*)		
Pregnant women and infants		133.0%
Children 1 to 5		133.0%
Children 6 to 18		133.0%
SSI Eligibility Levels		
Income:		
Single Person	\$564	72.7%
Couple	\$846	81.3%
Resources:		
Single Person	\$2,000	
Couple	\$3,000	

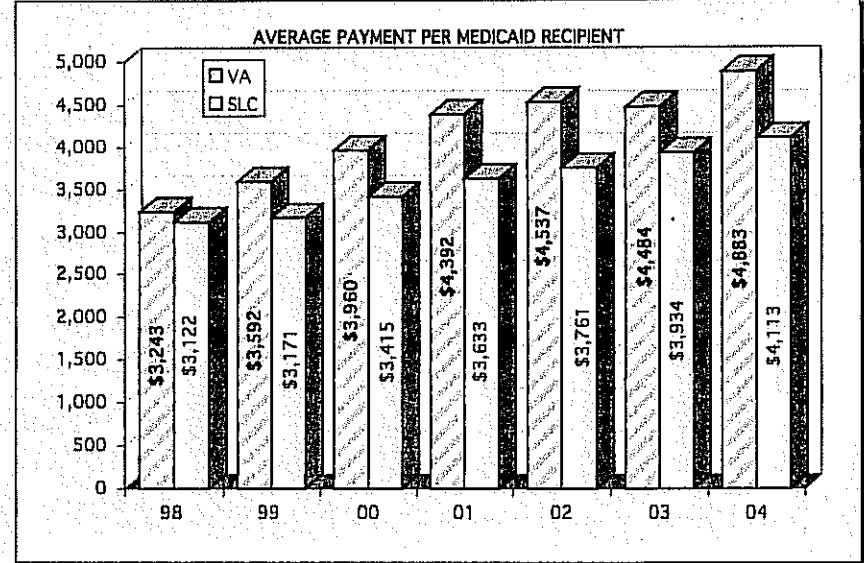
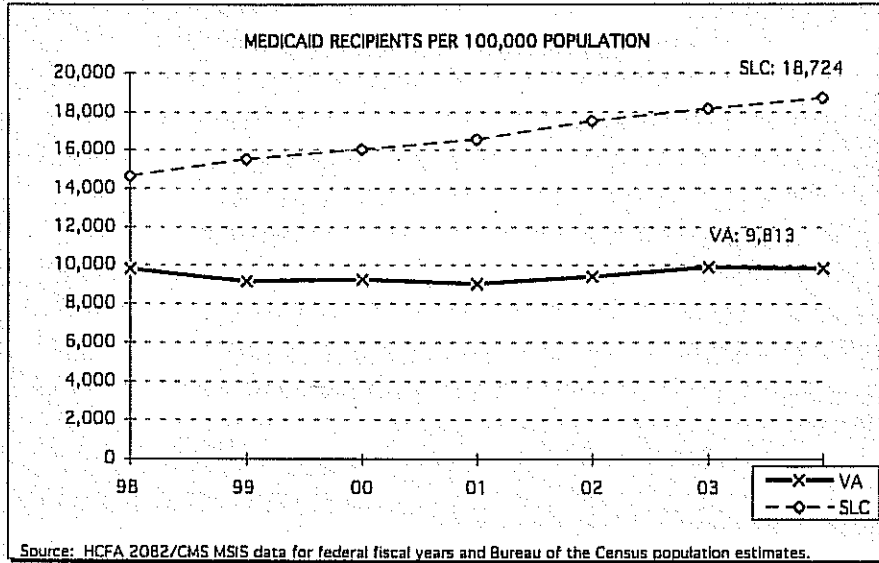
DEMOGRAPHIC DATA & POVERTY INDICATORS (2004)

		Rank in U.S.
State population--July 1, 2004*	7,459,827	12
Per capita personal income**	\$35,477	10
Median household income**	\$52,587	7
Population below Federal Poverty Level on July 1, 2003*	693,764	
Percent of total state population	9.3%	38
Population without health insurance coverage*	962,000	12
Percent of total state population	12.9%	30
Recipients of Food Stamps***	453,421	19
Households receiving Food Stamps***	199,550	18
Total value of issuance***	\$431,592,168	19
Average monthly benefit per recipient	\$79.32	34
Average monthly benefit per household	\$180.24	
Monthly recipients of Temporary Assistance to Needy Families (TANF)****	69,838	37
Total TANF payments****	\$98,731,296	33
Average monthly payment per recipient	\$117.81	33
Maximum monthly payment per family of 3	\$354.00	31

*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



Source: HCFA 2082/CMS MSIS data for federal fiscal years and Bureau of the Census population estimates.

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	98,015	77,754	82,264	84,209	80,664	71,321	114,805	2.7%
02. Mental Hospital	36,689	1,819	1,282	1,072	1,161	1,092	1,088	-44.4%
03. Skilled and Intermediate (non-MR) Care Nursing	28,053	27,746	27,558	28,157	28,704	27,717	27,902	-0.1%
04. Intermediate Care for Mentally Retarded	2,126	2,301	2,174	2,096	2,043	1,990	1,997	-1.0%
05. Physician Services	438,974	399,472	370,014	354,665	353,344	355,133	370,216	-2.8%
06. Dental Services	76,341	71,128	64,429	60,289	53,457	55,788	49,572	-6.9%
07. Other Practitioners	70,449	61,732	55,577	51,402	50,645	48,323	32,473	-12.1%
08. Outpatient Hospital	267,436	238,853	220,843	210,511	208,943	193,907	131,841	-11.1%
09. Clinic Services	95,786	97,550	94,799	92,692	87,055	76,957	78,451	-3.3%
10. Lab and X-Ray	180,726	273,540	244,111	225,936	214,515	219,910	154,804	-2.5%
11. Home Health	7,470	6,257	5,928	4,767	4,245	3,849	3,433	-12.2%
12. Prescribed Drugs	383,880	373,491	347,251	333,880	319,196	325,047	314,942	-3.2%
13. Family Planning	23,655	3,267	2,737	1,821	1,548	1,015	3,111	-28.7%
14. Early & Periodic Screening, Diagnosis & Treatment	85,641	0	0	0	0	0	0	-100.0%
15. Other Care	100,122	158,579	155,986	152,456	131,519	130,545	127,303	4.1%
16. Personal Care Support Services	31,984	35,548	40,638	41,474	40,977	40,966	34,788	1.4%
17. Home/Community Based Walver Services	4,589	0	0	0	0	0	13	-62.4%
18. Prepaid Health Care	159,392	197,269	213,085	228,312	364,939	460,732	402,401	16.7%
19. Primary Care Case Management (PCCM) Services	110,559	0	0	0	157,363	97,508	115,751	0.8%
Total*	653,236	614,515	627,214	618,395	665,203	709,488	732,009	1.9%

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

SOUTHERN REGION MEDICAID PROFILE

<u>PAYMENTS BY TYPE OF SERVICES</u>	<u>FFY 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</u>	<u>Share of Total</u>
								<u>Change</u>	<u>FFY 04</u>
01. General Hospital	\$334,376,705	\$299,332,357	\$290,073,429	\$306,800,486	\$301,672,203	\$270,602,504	\$335,741,809	0.1%	9.4%
02. Mental Hospital	\$101,470,932	\$17,680,342	\$17,425,643	\$20,369,771	\$21,474,944	\$19,076,833	\$23,841,347	-21.4%	0.7%
03. Skilled and Intermediate (non-MR) Care Nursing	\$394,719,042	\$424,166,215	\$482,194,747	\$528,748,396	\$558,401,245	\$569,073,108	\$636,710,235	8.3%	17.8%
04. Intermediate Care for Mentally Retarded	\$143,102,604	\$165,893,863	\$176,202,282	\$185,046,982	\$201,609,510	\$188,051,360	\$221,877,862	7.6%	6.2%
05. Physician Services	\$187,632,422	\$136,672,029	\$132,056,707	\$124,707,825	\$117,218,044	\$130,824,089	\$157,115,548	-2.9%	4.4%
06. Dental Services	\$10,991,455	\$15,179,443	\$14,148,248	\$14,306,994	\$12,594,214	\$13,351,434	\$13,075,726	2.9%	0.4%
07. Other Practitioners	\$7,747,728	\$7,095,870	\$6,633,878	\$7,016,406	\$7,163,009	\$6,842,826	\$4,957,832	-7.2%	0.1%
08. Outpatient Hospital	\$120,861,961	\$114,410,112	\$110,176,809	\$107,939,847	\$112,247,860	\$103,053,593	\$89,019,327	-5.0%	2.5%
09. Clinic Services	\$44,638,404	\$32,652,744	\$34,567,196	\$33,111,173	\$32,639,726	\$29,270,386	\$32,421,159	-5.2%	0.9%
10. Lab and X-Ray	\$12,882,268	\$29,836,988	\$28,482,687	\$27,252,883	\$25,843,168	\$26,214,303	\$18,484,915	6.2%	0.5%
11. Home Health	\$8,156,865	\$6,835,806	\$6,664,484	\$5,207,547	\$4,750,009	\$4,235,869	\$3,173,499	-14.6%	0.1%
12. Prescribed Drugs	\$284,578,559	\$327,518,802	\$382,471,744	\$419,133,293	\$453,663,058	\$506,529,241	\$578,855,766	12.6%	16.2%
13. Family Planning	\$2,750,995	\$3,207,784	\$2,976,456	\$2,527,392	\$2,137,997	\$1,531,497	\$5,673,872	12.8%	0.2%
14. Early & Periodic Screening, Diagnosis & Treatment	\$8,139,340	\$0	\$0	\$0	\$0	\$0	\$0	-100.0%	0.0%
15. Other Care	\$54,680,560	\$279,958,118	\$340,586,197	\$415,415,016	\$435,632,317	\$465,716,321	\$514,563,272	45.3%	14.4%
16. Personal Care Support Services	\$117,734,231	\$131,135,173	\$137,275,767	\$139,909,931	\$141,998,594	\$140,330,684	\$148,956,028	4.0%	4.2%
17. Home/Community Based Waiver Services	\$95,785,869	\$0	\$0	\$0	\$0	\$0	\$0	-100.0%	0.0%
18. Prepaid Health Care	\$186,255,441	\$215,674,816	\$321,994,437	\$378,468,376	\$586,504,919	\$704,444,392	\$786,679,373	27.1%	22.0%
19. Primary Case Management (PCCM) Services	\$1,697,485	\$0	\$0	\$0	\$2,318,832	\$1,841,649	\$3,024,216	10.1%	0.1%
Total (excludes DSH pymts, pharmacy rebates, & other adjs.)	\$2,118,202,866	\$2,207,250,462	\$2,483,930,711	\$2,715,962,318	\$3,017,869,649	\$3,180,990,089	\$3,574,171,786	9.1%	100.0%

AVERAGE PAYMENTS PER RECIPIENT BY TYPE OF SERVICES

									<u>(+) or (-) %C</u>
									<u>Aug. FFY 04</u>
01. General Hospital	\$3,411.49	\$3,849.74	\$3,526.13	\$3,643.32	\$3,739.86	\$3,794.15	\$2,924.45	-2.5%	-46.1%
02. Mental Hospital	\$2,765.70	\$9,719.81	\$13,592.55	\$19,001.65	\$18,496.94	\$17,469.63	\$21,913.00	41.2%	15.7%
03. Skilled and Intermediate (non-MR) Care Nursing	\$14,070.48	\$15,287.47	\$17,497.45	\$18,778.58	\$19,453.78	\$20,531.55	\$22,819.52	8.4%	7.9%
04. Intermediate Care for Mentally Retarded	\$67,310.73	\$72,096.42	\$81,049.81	\$88,285.77	\$98,683.07	\$94,498.17	\$111,105.59	8.7%	38.2%
05. Physician Services	\$427.43	\$342.13	\$356.90	\$351.62	\$331.74	\$368.38	\$424.39	-0.1%	-22.6%
06. Dental Services	\$143.98	\$213.41	\$219.59	\$237.31	\$235.60	\$239.32	\$263.77	10.6%	-24.3%
07. Other Practitioners	\$109.98	\$114.95	\$119.36	\$136.50	\$141.44	\$141.61	\$152.68	5.6%	-19.6%
08. Outpatient Hospital	\$451.93	\$479.00	\$498.89	\$512.75	\$537.22	\$531.46	\$675.20	6.9%	9.7%
09. Clinic Services	\$466.02	\$334.73	\$364.64	\$357.22	\$374.93	\$380.35	\$413.27	-2.0%	-36.0%
10. Lab and X-Ray	\$71.28	\$109.08	\$116.68	\$120.62	\$120.47	\$119.20	\$119.41	9.0%	-38.9%
11. Home Health	\$1,091.95	\$1,092.51	\$1,124.24	\$1,092.42	\$1,118.97	\$1,100.51	\$924.41	-2.7%	-68.6%
12. Prescribed Drugs	\$741.32	\$876.91	\$1,101.43	\$1,255.34	\$1,421.27	\$1,558.33	\$1,837.98	16.3%	27.6%
13. Family Planning	\$116.30	\$981.87	\$1,087.49	\$1,387.91	\$1,381.14	\$1,508.86	\$1,823.81	58.2%	58.8%
14. Early & Periodic Screening, Diagnosis & Treatment	\$95.04	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-100.0%	-100.0%
15. Other Care	\$546.14	\$1,765.42	\$2,183.44	\$2,724.82	\$3,312.31	\$3,567.48	\$4,042.04	39.6%	111.1%
16. Personal Care Support Services	\$3,681.04	\$3,688.96	\$3,378.01	\$3,373.44	\$3,465.32	\$3,425.54	\$4,281.82	2.6%	218.4%
17. Home/Community Based Waiver Services	\$20,872.93	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-100.0%	-100.0%
18. Prepaid Health Care	\$1,168.54	\$1,093.30	\$1,511.11	\$1,657.68	\$1,607.13	\$1,528.97	\$1,954.96	9.0%	64.7%
19. Primary Care Case Management (PCCM) Services	\$15.35	\$0.00	\$0.00	\$0.00	\$14.74	\$18.89	\$26.13	9.3%	-3.2%
Total (Average)	\$3,242.63	\$3,591.86	\$3,960.26	\$4,391.95	\$4,536.76	\$4,483.50	\$4,882.69	7.1%	18.7%

TOTAL PER CAPITA EXPENDITURES	\$369.34	\$386.61	\$423.58	\$465.82	\$565.14	\$524.95	\$545.67	6.7%	-37.7%
--------------------------------------	-----------------	-----------------	-----------------	-----------------	-----------------	-----------------	-----------------	-------------	---------------

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	<i>Annual Change</i>	<i>Share of Total FFY 04</i>
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	285,976	232,531	195,118	139,233	134,495	136,553	140,262	-11.2%	19.3%
Poverty Related Eligibles	245,429	232,001	264,873	310,379	359,514	400,493	424,606	9.6%	58.0%
Medically Needy	17,884	10,548	8,966	7,756	6,773	6,226	7,260	-14.0%	1.0%
Other Eligibles	103,947	110,510	130,344	137,511	139,729	126,459	136,384	4.6%	18.6%
Maintenance Assistance Status Unknown	0	28,925	27,913	23,516	24,692	39,757	23,497	-4.1%	3.2%
Total	653,236	614,515	627,214	618,395	665,203	709,488	732,009	1.9%	100.0%
By Basis of Eligibility									
Aged, Blind, or Disabled	207,662	195,155	197,120	198,590	203,452	204,705	210,060	0.2%	28.7%
Children	333,370	295,055	307,718	304,900	338,626	363,561	386,701	2.5%	52.8%
Foster Care Children	4,260	10,903	11,520	11,895	12,593	11,925	12,784	20.1%	1.7%
Adults	107,944	84,477	82,943	79,473	85,840	89,330	98,967	-1.4%	13.5%
Basis of Eligibility Unknown	0	28,925	27,913	23,537	24,692	39,967	23,497	-4.1%	3.2%
Total	653,236	614,515	627,214	618,395	665,203	709,488	732,009	1.9%	100.0%
By Age									
Under Age 1	41,524	23,578	25,531	25,522	26,381	27,078	29,046	-5.8%	4.0%
Age 1 to 5	123,243	112,019	114,543	114,477	124,523	131,652	145,041	19.8%	19.8%
Age 6 to 14	152,702	143,241	148,654	145,627	161,520	171,791	175,609	2.4%	24.0%
Age 15 to 20	66,403	60,774	63,557	63,521	71,544	76,625	81,778	3.5%	11.2%
Age 21 to 44	125,801	110,905	110,614	107,808	114,589	118,942	128,150	0.3%	17.5%
Age 45 to 64	52,956	52,061	53,524	55,184	58,446	60,620	64,943	3.5%	8.9%
Age 65 to 74	36,481	33,445	33,334	33,143	33,421	33,092	33,555	-1.4%	4.6%
Age 75 to 84	32,497	30,051	30,068	30,225	30,746	30,711	31,195	-0.7%	4.3%
Age 85 and Over	21,629	19,516	19,477	19,372	19,340	19,220	19,195	-2.0%	2.6%
Age Unknown	0	28,925	27,912	23,516	24,693	39,757	23,497	-4.1%	3.2%
Total	653,236	614,515	627,214	618,395	665,203	709,488	732,009	1.9%	100.0%
By Race									
White	300,535	282,592	271,176	267,089	289,560	302,705	314,996	0.8%	43.0%
Black	311,541	293,870	287,478	283,452	300,204	308,911	323,055	0.6%	44.1%
Hispanic, American Indian or Asian	39,844	37,396	39,478	38,922	49,260	56,628	69,314	9.7%	9.5%
Other/Unknown	1,316	657	29,082	28,932	26,179	41,244	24,644	63.0%	3.4%
Total*	653,236	614,515	627,214	618,395	665,203	709,488	732,009	1.9%	100.0%
By Sex									
Female	399,382	370,989	362,442	357,158	382,953	398,627	421,685	0.9%	57.6%
Male	253,854	235,678	236,860	233,475	257,559	271,097	286,785	2.1%	39.2%
Unknown	0	7,848	27,912	27,762	24,691	39,764	23,539	24.6%	3.2%
Total*	653,236	614,515	627,214	618,395	665,203	709,488	732,009	1.9%	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	Amount Change	Share of Total FFY 04
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	\$1,013,741,200	\$1,018,157,154	\$1,087,712,653	\$1,110,404,548	\$1,194,902,103	\$1,254,777,240	\$1,403,195,799	5.6%	39.3%
Poverty Related Eligibles	\$276,531,633	\$273,238,981	\$314,524,110	\$386,174,941	\$538,512,263	\$659,704,101	\$658,848,235	15.6%	18.4%
Medically Needy	\$163,396,812	\$109,033,550	\$98,539,846	\$83,483,138	\$75,208,245	\$69,933,437	\$93,662,322	-8.9%	2.6%
Other Eligibles	\$664,533,221	\$784,273,835	\$962,110,325	\$1,111,702,252	\$1,183,053,561	\$1,141,383,137	\$1,385,502,660	13.0%	38.8%
Maintenance-Assistance Status Unknown	\$0	\$22,546,942	\$21,043,777	\$24,197,439	\$26,193,477	\$55,192,174	\$32,962,770	7.9%	0.9%
Total	\$2,118,202,866	\$2,207,250,462	\$2,483,930,711	\$2,715,962,318	\$3,017,869,649	\$3,180,990,089	\$3,574,171,786	9.1%	100.0%
By Basis of Eligibility									
Aged, Blind or Disabled	\$1,571,334,621	\$1,663,463,825	\$1,881,789,124	\$2,062,331,683	\$2,245,634,923	\$2,331,455,149	\$2,617,797,463	8.9%	73.2%
Children	\$336,821,911	\$316,099,706	\$356,524,289	\$372,517,263	\$448,607,412	\$489,713,489	\$556,884,352	8.7%	15.6%
Foster Care Children	\$9,388,574	\$25,484,978	\$39,406,198	\$71,981,745	\$82,154,781	\$74,890,109	\$100,828,450	48.5%	2.8%
Adults	\$200,657,760	\$179,655,011	\$185,167,323	\$184,861,574	\$213,941,075	\$227,137,553	\$265,698,751	4.8%	7.4%
Basis of Eligibility Unknown	\$0	\$22,546,942	\$21,043,777	\$24,270,053	\$27,531,458	\$57,793,789	\$32,962,770	7.9%	0.9%
Total	\$2,118,202,866	\$2,207,250,462	\$2,483,930,711	\$2,715,962,318	\$3,017,869,649	\$3,180,990,089	\$3,574,171,786	9.1%	100.0%
By Age									
Under Age 1	\$114,024,927	\$65,057,489	\$74,142,678	\$78,724,164	\$88,568,250	\$86,845,468	\$98,959,235	-2.3%	2.8%
Age 1 to 5	\$126,666,594	\$157,093,288	\$174,953,639	\$182,084,505	\$215,506,887	\$217,796,177	\$253,201,206	12.2%	7.1%
Age 6 to 14	\$147,224,727	\$155,931,592	\$183,901,586	\$204,966,655	\$238,065,733	\$259,542,654	\$289,492,194	11.9%	8.1%
Age 15 to 20	\$122,588,008	\$119,078,013	\$134,382,892	\$163,655,354	\$190,580,444	\$209,274,245	\$247,275,103	12.4%	6.9%
Age 21 to 44	\$552,938,255	\$565,613,101	\$622,611,314	\$660,803,841	\$716,756,954	\$744,213,985	\$828,317,002	7.0%	23.2%
Age 45 to 64	\$390,567,507	\$440,163,917	\$509,435,844	\$579,694,991	\$657,522,290	\$699,035,518	\$815,030,543	13.0%	22.8%
Age 65 to 74	\$198,282,074	\$201,405,297	\$226,162,232	\$241,634,542	\$264,906,730	\$277,327,512	\$308,937,354	7.7%	8.6%
Age 75 to 84	\$244,845,675	\$244,321,110	\$274,192,117	\$296,822,232	\$320,962,297	\$327,397,076	\$365,996,529	6.9%	10.2%
Age 85 and Over	\$221,065,099	\$236,039,713	\$263,104,723	\$283,378,595	\$298,804,739	\$304,365,280	\$333,999,850	7.1%	9.3%
Age Unknown	\$0	\$22,546,942	\$21,043,686	\$24,197,439	\$26,193,325	\$55,192,174	\$32,962,770	7.9%	0.9%
Total	\$2,118,202,866	\$2,207,250,462	\$2,483,930,711	\$2,715,962,318	\$3,017,869,649	\$3,180,990,089	\$3,574,171,786	9.1%	100.0%
By Race									
White	\$1,185,068,839	\$1,235,738,273	\$1,390,383,251	\$1,522,509,121	\$1,681,790,686	\$1,740,435,085	\$1,961,183,112	8.8%	54.9%
Black	\$848,667,684	\$883,033,421	\$962,905,449	\$1,052,438,102	\$1,158,956,731	\$1,216,848,210	\$1,376,878,915	8.4%	38.5%
Hispanic, American Indian or Asian	\$81,559,117	\$85,143,147	\$105,441,247	\$114,695,173	\$146,011,056	\$163,075,425	\$197,521,902	15.9%	5.5%
Other/Unknown	\$2,907,226	\$3,335,621	\$25,200,764	\$26,319,922	\$31,111,176	\$60,631,369	\$38,587,857	53.9%	1.1%
Total*	\$2,118,202,866	\$2,207,250,462	\$2,483,930,711	\$2,715,962,318	\$3,017,869,649	\$3,180,990,089	\$3,574,171,786	9.1%	100.0%
By Sex									
Female	\$1,316,194,909	\$1,370,970,390	\$1,508,799,560	\$1,651,670,755	\$1,810,956,030	\$1,888,500,408	\$2,127,336,625	8.3%	59.5%
Male	\$802,007,957	\$835,985,673	\$953,525,708	\$1,041,911,834	\$1,180,721,261	\$1,237,271,558	\$1,413,393,155	9.9%	39.5%
Unknown	\$0	\$294,399	\$21,605,443	\$22,379,729	\$26,192,358	\$55,218,123	\$33,442,006	157.7%	0.9%
Total*	\$2,118,202,866	\$2,207,250,462	\$2,483,930,711	\$2,715,962,318	\$3,017,869,649	\$3,180,990,089	\$3,574,171,786	9.1%	100.0%

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

SOUTHERN REGION MEDICAID PROFILE

AVERAGE PAYMENT PER RECIPIENT BY OTHER CHARACTERISTICS

	FFY 98	FFY 99	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	Amount Change	Above (+) or Below (-) SLC Avg. FFY 04
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	\$3,544.85	\$4,378.59	\$5,574.64	\$7,975.15	\$8,884.36	\$9,188.94	\$10,004.11	18.9%	90.4%
Poverty Related Eligibles	\$1,126.73	\$1,177.75	\$1,187.45	\$1,244.20	\$1,497.89	\$1,647.23	\$1,551.67	5.5%	-24.1%
Medically Needy	\$9,136.48	\$10,336.89	\$10,990.39	\$10,763.68	\$11,104.13	\$11,232.48	\$12,901.15	5.9%	107.8%
Other Eligibles	\$6,393.00	\$7,096.86	\$7,381.32	\$8,084.46	\$8,466.77	\$9,025.72	\$10,158.84	8.0%	40.0%
Maintenance Assistance Status Unknown	\$0.00	\$779.50	\$753.91	\$1,028.98	\$1,060.81	\$1,388.24	\$1,402.85	12.5%	-47.5%
Total	\$3,242.63	\$3,591.86	\$3,960.26	\$4,391.95	\$4,536.76	\$4,483.50	\$4,882.69	7.1%	18.7%
By Basis of Eligibility									
Aged, Blind or Disabled	\$7,566.79	\$8,523.81	\$9,546.41	\$10,384.87	\$11,037.66	\$11,389.34	\$12,462.14	8.7%	15.6%
Children	\$1,010.35	\$1,071.32	\$1,158.61	\$1,221.77	\$1,324.79	\$1,346.99	\$1,440.09	6.1%	-2.4%
Foster Care Children	\$2,203.89	\$2,337.43	\$3,420.68	\$6,051.43	\$6,523.85	\$6,280.09	\$7,887.08	23.7%	14.6%
Adults	\$1,858.91	\$2,126.67	\$2,232.46	\$2,326.09	\$2,492.32	\$2,542.68	\$2,684.72	6.3%	2.2%
Basis of Eligibility Unknown	\$0.00	\$779.50	\$753.91	\$1,031.14	\$1,115.00	\$1,446.04	\$1,402.85	12.5%	-51.4%
Total	\$3,242.63	\$3,591.86	\$3,960.26	\$4,391.95	\$4,536.76	\$4,483.50	\$4,882.69	7.1%	18.7%
By Age									
Under Age 1	\$2,746.00	\$2,759.25	\$2,904.03	\$3,084.56	\$3,357.27	\$3,207.23	\$3,406.98	3.7%	-8.3%
Age 1 to 5	\$1,027.78	\$1,402.38	\$1,527.41	\$1,590.58	\$1,730.66	\$1,654.33	\$1,745.72	9.2%	-2.9%
Age 6 to 14	\$964.13	\$1,088.60	\$1,237.11	\$1,407.48	\$1,473.91	\$1,510.80	\$1,648.50	9.4%	-1.7%
Age 15 to 20	\$1,846.12	\$1,959.36	\$2,114.37	\$2,576.40	\$2,663.82	\$2,731.15	\$3,023.74	8.6%	13.7%
Age 21 to 44	\$4,395.34	\$5,099.98	\$5,628.68	\$6,129.45	\$6,255.02	\$6,256.95	\$6,463.65	6.6%	33.9%
Age 45 to 64	\$7,375.32	\$8,454.77	\$9,517.90	\$10,504.77	\$11,250.08	\$11,531.43	\$12,549.94	9.3%	30.4%
Age 65 to 74	\$5,435.21	\$6,021.99	\$6,784.73	\$7,290.67	\$7,926.36	\$8,380.50	\$9,206.89	9.2%	24.6%
Age 75 to 84	\$7,534.41	\$8,130.22	\$9,119.07	\$9,820.42	\$10,439.16	\$10,660.58	\$11,732.54	7.7%	5.1%
Age 85 and Over	\$10,220.77	\$12,094.68	\$13,508.48	\$14,628.26	\$15,450.09	\$15,835.86	\$17,400.36	9.3%	1.2%
Age Unknown	\$0.00	\$779.50	\$753.93	\$1,028.98	\$1,060.84	\$1,388.24	\$1,402.85	12.5%	-50.7%
Total	\$3,242.63	\$3,591.86	\$3,960.26	\$4,391.95	\$4,536.76	\$4,483.50	\$4,882.69	7.1%	18.7%
By Race									
White	\$3,943.20	\$4,372.87	\$5,127.24	\$5,700.38	\$5,808.09	\$5,749.61	\$6,226.06	7.9%	24.5%
Black	\$2,724.10	\$3,004.84	\$3,349.50	\$3,712.93	\$3,860.56	\$3,939.15	\$4,262.06	7.7%	24.5%
Hispanic, American Indian or Asian	\$2,046.96	\$2,276.80	\$2,670.86	\$2,946.80	\$2,964.09	\$2,879.77	\$2,849.67	5.7%	10.6%
Other/Unknown	\$2,209.14	\$5,077.05	\$866.54	\$909.72	\$1,188.40	\$1,470.07	\$1,565.81	-5.6%	-68.4%
Total	\$3,242.63	\$3,591.86	\$3,960.26	\$4,391.95	\$4,536.76	\$4,483.50	\$4,882.69	7.1%	18.7%
By Sex									
Female	\$3,295.58	\$3,695.45	\$4,162.88	\$4,624.48	\$4,728.93	\$4,737.51	\$5,044.85	7.4%	20.4%
Male	\$3,159.33	\$3,547.15	\$4,025.69	\$4,462.63	\$4,584.27	\$4,563.94	\$4,928.41	7.7%	23.1%
Unknown	\$0.00	\$37.51	\$774.05	\$806.13	\$1,060.81	\$1,388.65	\$1,420.71	106.9%	-65.3%
Total	\$3,242.63	\$3,591.86	\$3,960.26	\$4,391.95	\$4,536.76	\$4,483.50	\$4,882.69	7.1%	18.7%

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

SOUTHERN REGION MEDICAID PROFILE

TANF AND MEDICALLY NEEDY PROGRAM ELIGIBILITY CRITERIA

Temporary Assistance to Needy Families (Family of 3)				The State of Virginia is subdivided into three areas: Group I is the northern; Group II is the central and Tidewater areas (Virginia Beach); and Group III is the western and southwestern sections of the state.
Need Standard	\$295	\$322	\$393	
Payment Standard	\$292	\$320	\$389	
Medically Needy Program (Family of 3)				
Income Eligibility	\$362	\$399	\$492	
Resource Standard	\$3,100 for 3	\$3,100 for 3	\$3,100 for 3	

ADDITIONAL STATE HEALTH CARE INFORMATION

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

Waivers

Virginia operates two health care reform demonstrations with Freedom of Choice Waivers under Title XIX, Section 1915 (b), of the Social Security Act. They include:

- Medallion Program, implemented in 1992, provides case management for TANF and TANF-related beneficiaries statewide. In July of 1995, this program was expanded to include the aged, blind, and disabled resident population.
- Medallion II Program requires beneficiaries to enroll in prepaid HMO health plans. It currently serves 308,000 individuals and has been in operation since January 1, 1996.

In addition, Virginia 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: Serves 11,091 people, operating since July 1, 1982.
- Mental Retardation/Developmental Disabilities: Serves 5,536 people, operating since January 1, 1991.
- AIDS: Serves 337 people, operating since July 1, 1991.
- Technology Assisted People: Serves 308 people, operating since December 1, 1988.
- Assisted Living Waiver, implemented on July 1, 1996.
- Consumer-Directed Personal Attendant Services Waiver for the aged, blind, or disabled individuals who would be eligible for Medicaid if they were institutionalized, and have been determined to need home and community-based services to remain in the community. The program serves 199 individuals, operating since 1997.
- Individual and Family Developmental Disabilities Support: Serves 323 individuals, operating since July 2000.

Managed Care

- Any Willing Provider Clause: No.
- Freedom-of-Choice Clause: For pharmacies, as long as the providers agree to the rates and terms of participation.

Coverage for Targeted Population

- The Uninsured: The Indigent Care Trust Fund which includes state general funds and funds provided by private acute care hospitals, subsidizes the cost of uncompensated care at the hospitals.

SOUTHERN REGION MEDICAID PROFILE

Cost Containment Measures

- Certificate of Need (CON) Program since 1973. Regulates introduction or expansion of new institutional health facilities and services. Nursing home moratorium which had been extended until June 30, 1996 was allowed to expire. The state implemented a new program whereby the department requests proposals for new nursing home beds based on need in each health planning district.
- Legislation passed in 1998 added certain medical equipment to the CON review process and exempted the replacement or upgrade of existing MRI systems from CON requirements.
- Enacted legislation in 2000 that calls for the elimination of the program by July 1, 2004.
- Rate setting. Prospective payment/per diem methodology used for Medicaid.

Medicaid

- 21 optional services are offered.
- Counties pay 20% of the non-federal share of administrative costs related to eligibility determinations.
- Enacted legislation in 2001 that requires Medicaid to provide coverage to women that have been screened and diagnosed with breast or cervical cancer (Federally mandated by the Breast and Cervical Cancer Prevention and Treatment Act of 2000).
- Enacted legislation to extend Medicaid coverage to individuals that could be eligible as a result of the federal Ticket to Work and Medicaid Buy-in legislation. The programs will provide services to individuals with disabilities that are required to enable them to gain or keep employment.
- Enacted legislation in 2002 affecting the state's Medicaid program as follows:
 1. Enhanced the prospective drug utilization review (pro-DUR) program.
 2. Changed average wholesale price (AWP) discount for prescription drugs from 11% to 10.25%.
 3. Eliminated the increase for inflation to indirect patient care rates for nursing facilities.
- In 2003, enacted legislation and/or policy changes in Medicaid as follows:
 1. Increased reimbursement rates for mental retardation case management services from \$175.40 to \$260.00 per month.
 2. Increased reimbursement rates for mental health case management services from \$208.25 to \$260.00 per month.
 3. Implemented resource utilization group (RUGS) methodology for payments to nursing homes.
- In 2004, enacted legislation and/or policy changes in Medicaid as follows:
 1. Increased reimbursement rates for personal care services by 1%.
 2. Increased reimbursement rates for adult day health care services by 5%.
 3. Reduced reimbursement rates for private inpatient outpatient hospital services from 95% to 80% of allowable costs.
 4. Changed reimbursement for outpatient rehabilitation providers from a prospective cost settlement method to a cost report methodology.
 5. Eliminated separate reimbursement rates for some specialized care services provided by nursing homes.
 6. Reduced funding available for inflationary increases to nursing home providers.
 7. Initiated a Pharmacy and Therapeutics Committee to clinically evaluate and establish a preferred drug list.
 8. Reduced the pharmacy dispensing fee from \$4.25 to \$3.75.
 9. Adjusted the reimbursement rates for some durable medical equipment to ensure that Medicaid rates do not exceed Medicare rates.

Children's Health Insurance Program: State Designed

- CHIP in Virginia received HCFA approval on October 22, 1998 and is administered by the Department of Medical Assistance Services through a state-designed program. The state plan is titled "The Virginia Children's Medical Security Insurance Plan (VCMSIP)". The program will provide health care coverage through a state employees equivalent plan to an estimated 23,900 currently eligible children and 32,800 projected new enrollees. Children/adolescents, birth through age 18, in families with income up to 185% of the FPL are eligible for VCMSIP benefits.

SOUTHERN REGION MEDICAID PROFILE

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

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

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

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

• During FY 03, children age 6 -19 under 133% of FPL were converted to the Medicaid program but still federal funding for this population continues to be at the S-CHIP rate (and out of the S-CHIP allotment). The state reported that approximately 31,000 children were added to Medicaid as a result of this change, while 53,000 additional children were enrolled in SCHIP.

• During FY 04, the SCHIP program was amended to remove the requirement that enrollees report all changes that impact eligibility before redetermination, reduce the waiting period of uninsurance from 6 months to 4 months, expand the scope of benefits to add certain mental health services, and change prior authorization requirements for some benefits.

Tobacco Settlement

- The state expects to receive approximately \$4.1 billion over 25 years.
- From FY 00 through FY 04, the cumulative tobacco settlement payment was approximately \$596.8 million.
- The state has allocated these funds and compares with the U.S. as follows:

	VA	%	U.S.	%
Tobacco use prevention	\$64,418,000	10.8%	\$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%
<u>Tobacco Settlement (Continued)</u>				
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	\$295,804,000	49.6%	\$1,217,021,000	3.1%
Endowments and Reserves	\$0	0.0%	\$7,636,209,000	19.3%
Other	\$236,603,000	39.6%	\$10,048,868,000	25.4%
Total	\$596,825,000	100.0%	\$39,493,408,000	100.0%