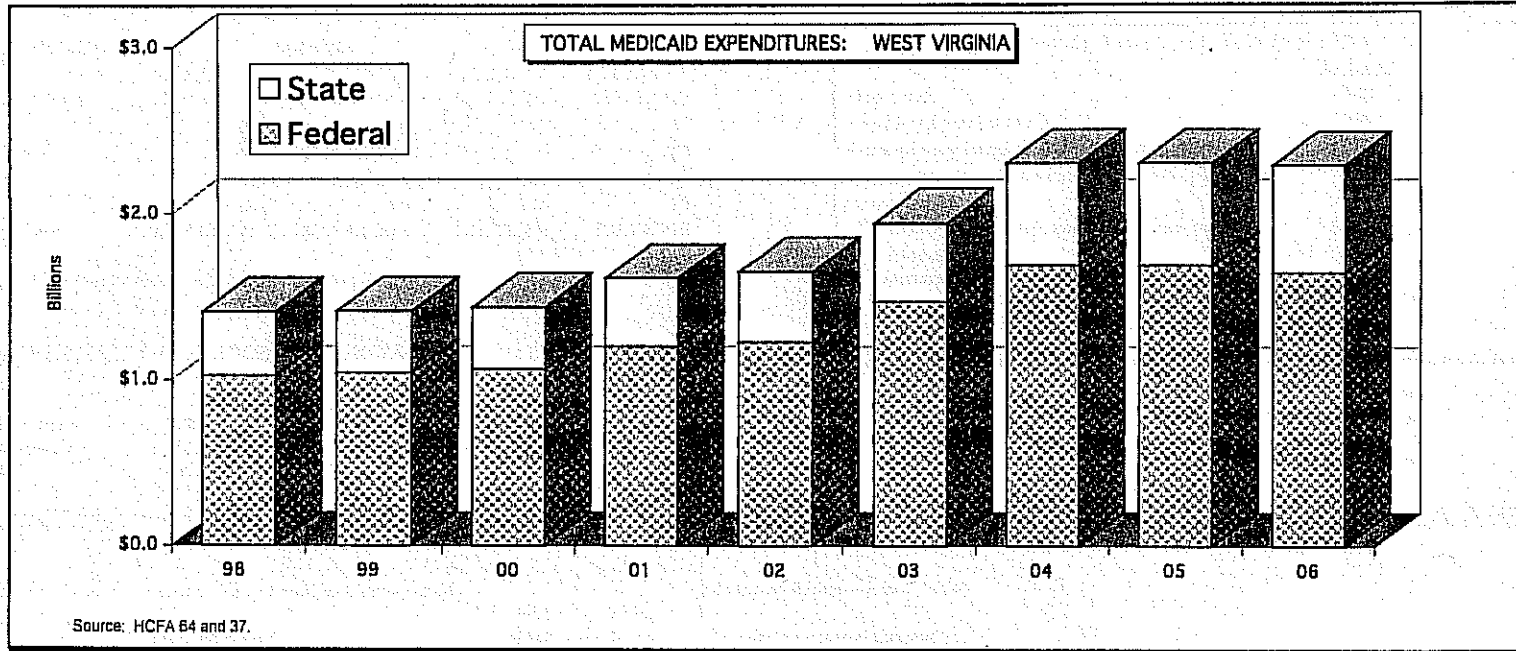


STATE MEDICAID PROFILE



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 98-06	Total Change 98-06
Medicaid Payments	\$1,359,812,612	\$1,353,004,076	\$1,379,498,961	\$1,548,616,901	\$1,584,169,059	\$1,857,747,927	\$1,937,298,997	\$2,197,701,000	\$2,183,315,000	6.1%	60.6%
Federal Share	\$1,001,620,498	\$1,007,657,492	\$1,031,890,265	\$1,167,100,614	\$1,192,040,463	\$1,424,820,633	\$1,500,814,359	\$1,641,866,000	\$1,595,018,000	6.0%	59.2%
State Share	\$358,192,114	\$345,346,584	\$347,608,696	\$381,516,287	\$392,128,596	\$432,927,294	\$436,484,638	\$555,835,000	\$588,297,000	6.4%	64.2%
Administrative Costs	\$50,801,124	\$62,968,688	\$62,221,989	\$69,489,949	\$73,009,703	\$88,915,675	\$94,256,418	\$102,523,000	\$102,761,000	9.2%	102.3%
Federal Share	\$24,078,826	\$36,405,994	\$34,378,533	\$38,595,032	\$40,812,461	\$54,801,069	\$56,056,989	\$56,217,000	\$55,828,000	11.1%	131.9%
State Share	\$26,722,298	\$26,562,694	\$27,843,456	\$30,894,917	\$32,197,242	\$34,114,606	\$38,199,429	\$46,306,000	\$46,933,000	7.3%	75.6%
Admin. Costs as % of Payments	3.74%	4.65%	4.51%	4.49%	4.61%	4.79%	4.87%	4.67%	4.71%		
Federal Match Rate*	73.67%	74.47%	74.78%	75.34%	75.27%	75.04%	75.19%	74.65%	72.99%		

*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

PAYMENTS BY TYPE OF SERVICES									Annual	Share of Total
	FFY 98	FFY 99	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	Change	FFY 04	
01. General Hospital	\$194,479,017	\$217,627,084	\$203,643,700	\$230,495,787	\$213,211,473	\$273,576,825	\$280,462,095	6.3%	13.9%	
02. Mental Hospital	\$24,905,723	\$43,248,989	\$39,449,347	\$51,959,014	\$47,259,579	\$50,268,199	\$48,189,716	11.6%	2.4%	
03. Skilled and Intermediate (non-MR) Care Nursing	\$256,580,323	\$263,162,629	\$271,717,727	\$288,456,159	\$303,439,124	\$323,955,981	\$373,141,836	6.4%	18.5%	
04. Intermediate Care for Mentally Retarded	\$47,738,110	\$45,794,140	\$46,650,015	\$47,771,016	\$46,141,959	\$52,967,636	\$58,329,775	3.4%	2.9%	
05. Physician Services	\$111,149,189	\$96,967,239	\$91,051,302	\$100,992,794	\$93,953,027	\$110,379,510	\$126,588,410	2.2%	6.3%	
06. Dental Services	\$18,553,850	\$19,253,138	\$19,162,152	\$25,731,915	\$28,648,451	\$34,182,703	\$33,867,750	10.5%	1.7%	
07. Other Practitioners	\$10,060,720	\$12,564,068	\$12,558,227	\$25,056,816	\$25,857,167	\$35,393,182	\$36,285,596	23.8%	1.8%	
08. Outpatient Hospital	\$61,622,445	\$63,845,080	\$72,810,763	\$81,753,788	\$85,921,388	\$99,355,296	\$100,543,581	8.5%	5.0%	
09. Clinic Services	\$46,008,114	\$46,010,436	\$57,290,982	\$56,310,221	\$49,582,358	\$54,353,769	\$51,202,034	1.8%	2.5%	
10. Lab and X-Ray	\$5,844,856	\$16,358,455	\$16,824,030	\$18,481,450	\$18,267,102	\$22,042,470	\$19,331,576	22.1%	1.0%	
11. Home Health	\$17,894,521	\$15,289,233	\$17,678,912	\$19,350,719	\$18,560,451	\$20,531,451	\$16,144,119	-1.7%	0.8%	
12. Prescribed Drugs	\$148,962,081	\$195,644,951	\$216,077,217	\$256,395,319	\$274,613,136	\$339,840,738	\$360,089,285	15.8%	17.8%	
13. Family Planning	\$2,458,392	\$2,217,073	\$4,375,288	\$4,029,544	\$3,449,632	\$6,018,735	\$4,261,636	9.6%	0.2%	
14. Early & Periodic Screening, Diagnosis & Treatment*	\$7,642,253	\$0	\$0	\$0	\$0	\$0	\$0	-100.0%	0.0%	
15. Other Care	\$35,751,670	\$177,890,005	\$193,501,538	\$196,137,253	\$194,580,129	\$223,322,696	\$221,539,756	35.5%	11.0%	
16. Personal Care Support Services	\$125,929,361	\$127,807,167	\$126,870,027	\$116,463,714	\$103,718,433	\$108,770,164	\$134,567,393	1.1%	6.7%	
17. Home/Community Based Waiver Services	\$100,995,995	\$0	\$0	\$0	\$0	\$0	\$0	-100.0%	0.0%	
18. Prepaid Health Care	\$26,573,906	\$0	\$0	\$43,095,629	\$67,486,939	\$71,717,596	\$152,939,381	33.9%	7.6%	
19. Primary Case Management (PCCM) Services	\$0	\$518,322	\$2,069,936	\$2,527,447	\$3,007,481	\$3,290,676	\$2,073,408	32.0%	0.1%	
Total (excludes DSH pymts, pharmacy rebates, & other adjs.)	\$1,243,150,526	\$1,344,198,009	\$1,391,731,163	\$1,565,008,585	\$1,577,697,829	\$1,829,967,627	\$2,019,557,347	8.4%	100.0%	

AVERAGE PAYMENTS PER RECIPIENT BY TYPE OF SERVICES

									(+) or (-) SLC	Aug. FFY 04
01. General Hospital	\$4,500.47	\$5,548.60	\$5,156.58	\$5,894.22	\$5,894.22	\$7,242.08	\$7,309.98	8.4%	34.8%	
02. Mental Hospital	\$15,924.38	\$24,351.91	\$19,685.30	\$26,387.26	\$26,387.26	\$26,332.22	\$24,878.53	7.7%	31.3%	
03. Skilled and Intermediate (non-MR) Care Nursing	\$21,973.14	\$22,324.62	\$23,351.47	\$26,501.23	\$26,501.23	\$28,221.62	\$32,012.85	6.5%	42.9%	
04. Intermediate Care for Mentally Retarded	\$78,387.70	\$80,340.60	\$82,859.71	\$79,968.73	\$79,968.73	\$87,694.76	\$95,154.61	3.3%	18.3%	
05. Physician Services	\$457.61	\$399.10	\$394.71	\$420.57	\$420.57	\$466.85	\$527.46	2.4%	-3.9%	
06. Dental Services	\$227.50	\$235.96	\$239.11	\$337.63	\$337.63	\$365.32	\$357.07	7.8%	2.4%	
07. Other Practitioners	\$161.98	\$168.33	\$168.52	\$274.09	\$274.09	\$339.29	\$343.68	13.4%	80.9%	
08. Outpatient Hospital	\$369.25	\$374.97	\$437.98	\$509.76	\$509.76	\$576.54	\$574.91	7.7%	-6.6%	
09. Clinic Services	\$466.27	\$406.26	\$386.64	\$344.30	\$344.30	\$353.49	\$328.62	-5.7%	-49.1%	
10. Lab and X-Ray	\$74.70	\$111.94	\$106.89	\$122.40	\$122.40	\$132.02	\$114.32	7.3%	-41.5%	
11. Home Health	\$820.96	\$669.41	\$688.40	\$623.29	\$623.29	\$654.83	\$508.38	-7.7%	-82.7%	
12. Prescribed Drugs	\$557.08	\$711.85	\$826.16	\$993.76	\$993.76	\$1,189.99	\$1,260.90	14.6%	-12.5%	
13. Family Planning	\$96.23	\$939.44	\$1,486.17	\$1,425.47	\$1,425.47	\$1,956.68	\$1,342.25	55.1%	16.3%	
14. Early & Periodic Screening, Diagnosis & Treatment	\$123.19	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-100.0%	-100.0%	
15. Other Care	\$986.44	\$3,878.47	\$3,749.67	\$2,731.87	\$2,731.87	\$3,094.91	\$3,033.71	20.6%	58.4%	
16. Personal Care Support Services	\$2,084.61	\$2,072.60	\$1,969.30	\$1,570.02	\$1,570.02	\$1,566.01	\$1,910.14	-1.4%	42.0%	
17. Home/Community Based Waiver Services	\$18,575.68	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-100.0%	-100.0%	
18. Prepaid Health Care	\$511,036.65	\$0.00	\$0.00	\$904.65	\$904.65	\$968.37	\$2,049.85	-60.1%	0.0%	
19. Primary Case Management (PCCM) Services	\$0.00	\$7.71	\$22.06	\$24.95	\$24.95	\$25.20	\$15.72	15.3%	0.0%	
Total (Average)	\$3,627.86	\$3,920.26	\$4,154.25	\$4,357.92	\$4,357.92	\$4,904.05	\$5,361.47	6.7%	30.4%	

TOTAL PER CAPITA EXPENDITURES

	\$774.89	\$780.05	\$796.02	\$895.50	\$916.41	\$1,080.33	\$1,267.09	8.5%	44.7%
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Source: Health Care Financing Administration-Form HCFA 2082 for federal fiscal year 98; MSIS data for FFY 99-03. FFY 04 is projected using preliminary MSIS data for FFY 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	\$830,135,721	\$914,173,541	\$969,277,957	\$1,009,653,817	\$1,018,778,058	\$766,304,101	\$882,965,203	1.0%	43.7%
Poverty Related Eligibles	\$121,766,318	\$124,858,500	\$135,644,187	\$236,768,013	\$256,486,390	\$381,435,337	\$408,056,540	22.3%	20.2%
Medically Needy	\$24,132,569	\$23,612,163	\$26,319,081	\$28,663,753	\$28,142,347	\$36,547,136	\$40,092,872	8.8%	2.0%
Other Eligibles	\$144,277,023	\$113,120,751	\$127,493,577	\$144,004,138	\$151,727,165	\$450,618,802	\$474,577,431	22.0%	23.5%
Maintenance Assistance Status Unknown	\$122,838,895	\$168,433,054	\$132,996,361	\$145,918,864	\$122,563,869	\$195,062,251	\$213,865,301	9.7%	10.6%
Total	\$1,243,150,526	\$1,344,198,009	\$1,391,731,163	\$1,565,008,585	\$1,577,697,829	\$1,829,967,627	\$2,019,557,347	8.4%	100.0%
By Basis of Eligibility									
Aged, Blind or Disabled	\$832,783,118	\$895,658,899	\$960,307,818	\$1,048,490,458	\$1,072,310,863	\$1,224,267,469	\$1,352,058,069	8.4%	66.9%
Children	\$153,582,113	\$147,716,916	\$154,527,124	\$204,861,070	\$212,929,998	\$214,949,909	\$238,004,736	7.6%	11.8%
Foster Care Children	\$32,282,729	\$37,672,613	\$46,346,172	\$51,156,357	\$53,807,289	\$62,087,034	\$68,088,167	13.2%	3.4%
Adults	\$101,663,671	\$94,716,527	\$97,553,688	\$114,581,836	\$116,085,810	\$131,452,245	\$145,346,847	6.1%	7.2%
Basis of Eligibility Unknown	\$122,838,895	\$168,433,054	\$132,996,361	\$145,918,864	\$122,563,869	\$197,210,970	\$216,059,528	9.9%	10.7%
Total	\$1,243,150,526	\$1,344,198,009	\$1,391,731,163	\$1,565,008,585	\$1,577,697,829	\$1,829,967,627	\$2,019,557,347	8.4%	100.0%
By Age									
Under Age 1	\$17,099,015	\$15,395,782	\$19,914,949	\$26,289,476	\$25,200,755	\$11,586,112	\$14,031,999	-3.2%	0.7%
Age 1 to 5	\$59,891,308	\$57,850,291	\$58,643,594	\$78,515,668	\$78,597,510	\$80,989,242	\$89,767,700	7.0%	4.4%
Age 6 to 14	\$92,021,543	\$102,113,158	\$108,874,183	\$132,623,690	\$140,307,828	\$167,277,188	\$183,017,837	12.1%	9.1%
Age 15 to 20	\$87,059,121	\$87,083,130	\$95,409,787	\$109,387,524	\$112,820,007	\$128,582,317	\$141,720,574	8.5%	7.0%
Age 21 to 44	\$279,277,299	\$294,418,925	\$313,625,661	\$348,958,992	\$343,962,080	\$394,220,568	\$436,037,847	7.7%	21.6%
Age 45 to 64	\$249,943,764	\$271,872,989	\$301,828,496	\$341,256,433	\$353,666,445	\$414,186,677	\$455,120,605	10.5%	22.5%
Age 65 to 74	\$85,512,581	\$86,560,376	\$93,331,070	\$101,348,881	\$106,323,896	\$120,135,471	\$132,699,149	7.6%	6.6%
Age 75 to 84	\$117,549,030	\$117,478,457	\$124,588,307	\$132,489,326	\$140,414,431	\$151,905,653	\$168,519,041	6.2%	8.3%
Age 85 and Over	\$140,540,957	\$142,991,847	\$142,518,755	\$148,219,731	\$153,841,008	\$166,022,148	\$184,959,074	4.7%	9.2%
Age Unknown	\$114,255,908	\$168,433,054	\$132,996,361	\$145,918,864	\$122,563,869	\$195,062,251	\$213,683,521	11.0%	10.6%
Total	\$1,243,150,526	\$1,344,198,009	\$1,391,731,163	\$1,565,008,585	\$1,577,697,829	\$1,829,967,627	\$2,019,557,347	8.4%	100.0%
By Race									
White	\$1,050,971,933	\$1,135,226,882	\$1,156,295,553	\$1,302,532,776	\$1,360,638,050	\$1,564,826,900	\$1,725,162,798	8.6%	85.4%
Black	\$43,439,640	\$46,856,535	\$46,875,378	\$52,834,712	\$58,128,120	\$66,768,158	\$73,437,498	9.1%	3.6%
Hispanic, American Indian or Asian	\$2,008,562	\$2,392,507	\$3,444,710	\$4,108,439	\$4,312,358	\$3,266,628	\$3,680,323	10.6%	0.2%
Other/Unknown	\$146,730,391	\$159,722,085	\$185,115,522	\$205,532,658	\$154,619,301	\$195,105,941	\$217,276,728	6.8%	10.8%
Total*	\$1,243,150,526	\$1,344,198,009	\$1,391,731,163	\$1,565,008,585	\$1,577,697,829	\$1,829,967,627	\$2,019,557,347	8.4%	100.0%
By Sex									
Female	\$695,486,096	\$751,017,472	\$753,040,278	\$849,437,182	\$883,101,506	\$995,182,456	\$1,099,537,292	7.9%	54.4%
Male	\$431,380,707	\$466,094,642	\$483,281,451	\$543,753,945	\$571,627,547	\$639,722,920	\$706,137,509	8.6%	35.0%
Unknown	\$116,283,723	\$127,085,895	\$155,409,434	\$171,817,458	\$122,968,776	\$195,062,251	\$213,882,546	10.7%	10.6%
Total*	\$1,243,150,526	\$1,344,198,009	\$1,391,731,163	\$1,565,008,585	\$1,577,697,829	\$1,829,967,627	\$2,019,557,347	8.4%	100.0%

Source: Health Care Financing Administration-Form HCFA 2082 for federal fiscal year 98; MSIS data for FFY 99-03. FFY 04 is projected using preliminary MSIS data for FFY 04.

SOUTHERN REGION MEDICAID PROFILE

AVERAGE PAYMENT PER RECIPIENT BY OTHER CHARACTERISTICS

	<u>FFY 98</u>	<u>FFY 99</u>	<u>FFY 00</u>	<u>FFY 01</u>	<u>FFY 02</u>	<u>FFY 03</u>	<u>FFY 04</u>	<u>Annual Change</u>	<u>Above (+) or Below (-) SLC Avg. FFY 04</u>
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	\$4,818.58	\$5,060.64	\$5,706.94	\$8,147.23	\$8,147.23	\$7,091.73	\$8,060.52	9.0%	53.4%
Poverty Related Eligibles	\$4,170.51	\$1,059.33	\$1,118.80	\$1,380.75	\$1,380.75	\$2,050.42	\$2,177.66	-10.3%	6.5%
Medically Needy	\$6,195.78	\$5,036.72	\$6,058.72	\$5,989.01	\$5,989.01	\$6,496.11	\$7,067.31	2.2%	13.8%
Other Eligibles	\$1,292.90	\$5,445.83	\$6,183.31	\$6,550.13	\$6,550.13	\$13,112.73	\$13,654.94	48.1%	88.2%
Maintenance Assistance Status Unknown	\$4,778.61	\$8,904.26	\$7,011.62	\$5,246.29	\$5,246.29	\$4,991.49	\$5,438.13	2.2%	103.6%
Total	\$3,627.86	\$3,920.26	\$4,154.25	\$4,357.92	\$4,357.92	\$4,904.05	\$5,361.47	6.7%	30.4%
By Basis of Eligibility									
Aged, Blind or Disabled	\$8,149.04	\$8,292.75	\$8,885.32	\$9,602.84	\$9,602.84	\$10,673.00	\$11,675.50	6.2%	8.3%
Children	\$1,003.67	\$963.34	\$1,026.47	\$1,282.86	\$1,282.86	\$1,360.36	\$1,491.43	6.8%	7.1%
Foster Care Children	\$6,373.69	\$7,192.18	\$8,628.97	\$9,002.39	\$9,002.39	\$10,363.38	\$11,259.83	9.9%	63.0%
Adults	\$1,793.58	\$1,650.49	\$1,874.09	\$2,108.96	\$2,108.96	\$2,390.88	\$2,616.46	6.5%	-0.4%
Basis of Eligibility Unknown	\$4,778.61	\$8,904.26	\$7,011.62	\$5,246.29	\$5,246.29	\$4,999.39	\$5,442.72	2.2%	88.4%
Total	\$3,627.86	\$3,920.26	\$4,154.25	\$4,357.92	\$4,357.92	\$4,904.05	\$5,361.47	6.7%	30.4%
By Age									
Under Age 1	\$1,413.96	\$1,312.40	\$1,505.74	\$1,835.99	\$1,835.99	\$2,092.11	\$2,481.34	9.8%	-33.2%
Age 1 to 5	\$1,060.51	\$1,029.47	\$1,086.27	\$1,328.90	\$1,328.90	\$1,476.88	\$1,620.30	7.3%	-9.8%
Age 6 to 14	\$1,255.22	\$1,388.35	\$1,517.37	\$1,771.38	\$1,771.38	\$2,044.13	\$2,215.85	9.9%	32.1%
Age 15 to 20	\$2,429.04	\$2,441.42	\$2,767.35	\$2,954.72	\$2,954.72	\$3,231.20	\$3,528.72	6.4%	32.6%
Age 21 to 44	\$3,658.10	\$3,790.20	\$4,268.53	\$4,531.06	\$4,531.06	\$5,029.67	\$5,509.42	7.1%	14.1%
Age 45 to 64	\$7,002.01	\$7,202.70	\$7,895.69	\$8,551.14	\$8,551.14	\$9,665.06	\$10,523.26	7.0%	9.4%
Age 65 to 74	\$6,734.87	\$6,709.59	\$7,272.74	\$8,011.14	\$8,011.14	\$8,939.32	\$9,778.86	6.4%	32.4%
Age 75 to 84	\$11,122.06	\$11,094.39	\$11,946.33	\$13,256.65	\$13,256.65	\$14,661.29	\$16,100.03	6.4%	44.2%
Age 85 and Over	\$17,930.72	\$18,077.35	\$18,649.41	\$21,158.16	\$21,158.16	\$23,586.04	\$25,995.65	6.4%	51.3%
Age Unknown	\$5,240.14	\$8,904.26	\$7,011.62	\$5,246.29	\$5,246.29	\$4,991.49	\$5,434.34	0.6%	91.0%
Total	\$3,627.86	\$3,920.26	\$4,154.25	\$4,357.92	\$4,357.92	\$4,904.05	\$5,361.47	6.7%	30.4%
By Race									
White	\$3,545.23	\$3,826.89	\$3,722.57	\$4,061.11	\$4,061.11	\$4,954.24	\$5,408.00	7.3%	8.1%
Black	\$2,939.88	\$3,168.98	\$2,900.47	\$3,351.29	\$3,351.29	\$3,819.47	\$4,162.18	6.0%	21.6%
Hispanic, American Indian or Asian	\$2,443.51	\$2,907.06	\$3,283.60	\$3,645.27	\$3,645.27	\$4,480.97	\$4,980.14	12.6%	93.2%
Other/Unknown	\$4,791.51	\$5,214.39	\$25,761.67	\$18,274.35	\$18,274.35	\$4,991.45	\$5,529.37	2.4%	11.6%
Total	\$3,627.86	\$3,920.26	\$4,154.25	\$4,357.92	\$4,357.92	\$4,904.05	\$5,361.47	6.7%	30.4%
By Sex									
Female	\$3,708.23	\$4,001.68	\$3,841.59	\$4,179.47	\$4,179.47	\$5,153.40	\$5,636.11	7.2%	34.5%
Male	\$3,253.89	\$3,513.42	\$3,483.47	\$3,824.29	\$3,824.29	\$4,538.23	\$4,959.95	7.3%	23.9%
Unknown	\$5,158.54	\$5,636.23	\$608,849.45	\$97,439.60	\$97,439.60	\$4,991.49	\$5,452.85	0.9%	33.1%
Total	\$3,627.86	\$3,920.26	\$4,154.25	\$4,357.92	\$4,357.92	\$4,904.05	\$5,361.47	6.7%	30.4%

Source: Health Care Financing Administration-Form HCFA 2082 for federal fiscal year 98; MSIS data for FFY 99-03. FFY 04 is projected using preliminary MSIS data for FFY 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

West Virginia has a Freedom of Choice Waiver, under Title XIX, Section 1915 (b), of the Social Security Act. The West Virginia Physician Assured Access System implements a primary care case management program for TANF and TANF-related Medicaid beneficiaries. As of January 2002, serves 80,788 recipients. HCFA approved a 1915(b) waiver to implement Medicaid managed care in 12 counties for acute care health services, effective July of 1999. A total of 63,475 recipients are enrolled statewide in the managed care programs, as of June 2004.

In addition, West Virginia has several 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 5,411 people, operating since July 1, 1985.
- Mental Retardation/Developmental Disabilities: Serves 3,800 people, operating since July 1, 1985.

Managed Care

- Any Willing Provider Clause: No

Coverage for Targeted Population

- The Uninsured: The State pays a limited amount of disproportionate share payments to hospitals providing indigent care.

Cost Containment Measures

- Certificate of Need Program since 1977. Regulates introduction or expansion of new institutional health facilities and services. The program was due to sunset in 1996. However, it was extended pending completion of a study of the entire CON program.
- Rate setting. Retrospective payment methodology used for Medicaid.
- West Virginia changed Inpatient Hospital Services reimbursement from Medicare Cost Principal to a Prospective Payment System using DRG's effective January 1, 1996.

Medicaid

- 24 optional services are offered.
- In 1998, implemented a new reporting system to comply with HCFA requirements for electronic transmission of HCFA 2082.
- 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 that authorizes the Department of Human Services to negotiate supplemental drug rebates with pharmaceutical manufacturers. The same law provides for the development of a preferred drug list (PDL) in the Medicaid Pharmacy Program.
- In 2004, enacted legislation and / or policy changes in Medicaid as follows:
 1. Initiated a Pharmacy and Therapeutics Committee to clinically evaluate and establish a preferred drug list.

SOUTHERN REGION MEDICAID PROFILE

Children's Health Insurance Program: Medicaid Expansion

- West Virginia's Children's Health Insurance Program received HCFA approval on September 15, 1998. The CHIP program provides health care coverage for children age 1 to 6 in families with incomes up to 150% of the FPL. Phase II of the program, which includes all children/adolescents under age 19 in families with income up to 150% of the FPL, received HCFA approval on April 1, 1999. As of September 2002, there were 35,949 individuals enrolled in the program.
- CHIP expansion ended 09/30/00. The CHIP program took over this population as of 10/01/00.
- In 2000, HCFA approved a state plan amendment that raised the family income limit to 200% of the FPL and authorized co-payments on families with incomes from 150% to 200% of the FPL.
- The program does not charge co-payments for preventive, dental, or vision services. However, co-payments are charged for non-preventive services as follows:

Service	Co-Pay	
Non-well Visit	\$15	
Inpatient Visit	\$25	
Outpatient Service	\$25	
Emergency Room Visit	\$35	Waived if admitted
Prescription	\$5	Generic
	\$10	Brand Name

The annual co-pay maximum is \$250 per child, up to \$750 for three or more children.

- In 2002, the CHIP plan received approval from CMS to add cost sharing for pharmaceuticals for recipients at or below 150 percent of the FPL, and to place a lifetime limit of \$1 million on benefits.
- As of June 4, 2005, the state reported that approximately 25,000 children were enrolled in the CHIP program.

Tobacco Settlement

- The state expects to receive approximately \$1.74 billion over 25 years.
- From FY 00 through FY 04, the cumulative tobacco settlement payment was approximately \$269.7 million.
- The state has allocated these funds and compares with the U.S. as follows:

	WVA	%	U.S.	%
Tobacco use prevention	\$23,401,000	8.7%	\$1,813,423,000	4.6%
Health services	\$133,398,000	49.5%	\$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	\$105,954,000	39.3%	\$7,636,209,000	19.3%
Other	\$6,953,000	2.6%	\$10,048,868,000	25.4%
Total	\$269,706,000	100.0%	\$39,493,408,000	100.0%