

COMPARATIVE DATA REPORT ON MEDICAID

A Report Submitted to the

FISCAL AFFAIRS AND GOVERNMENTAL OPERATIONS COMMITTEE

Southern Legislative Conference

Council of State Governments

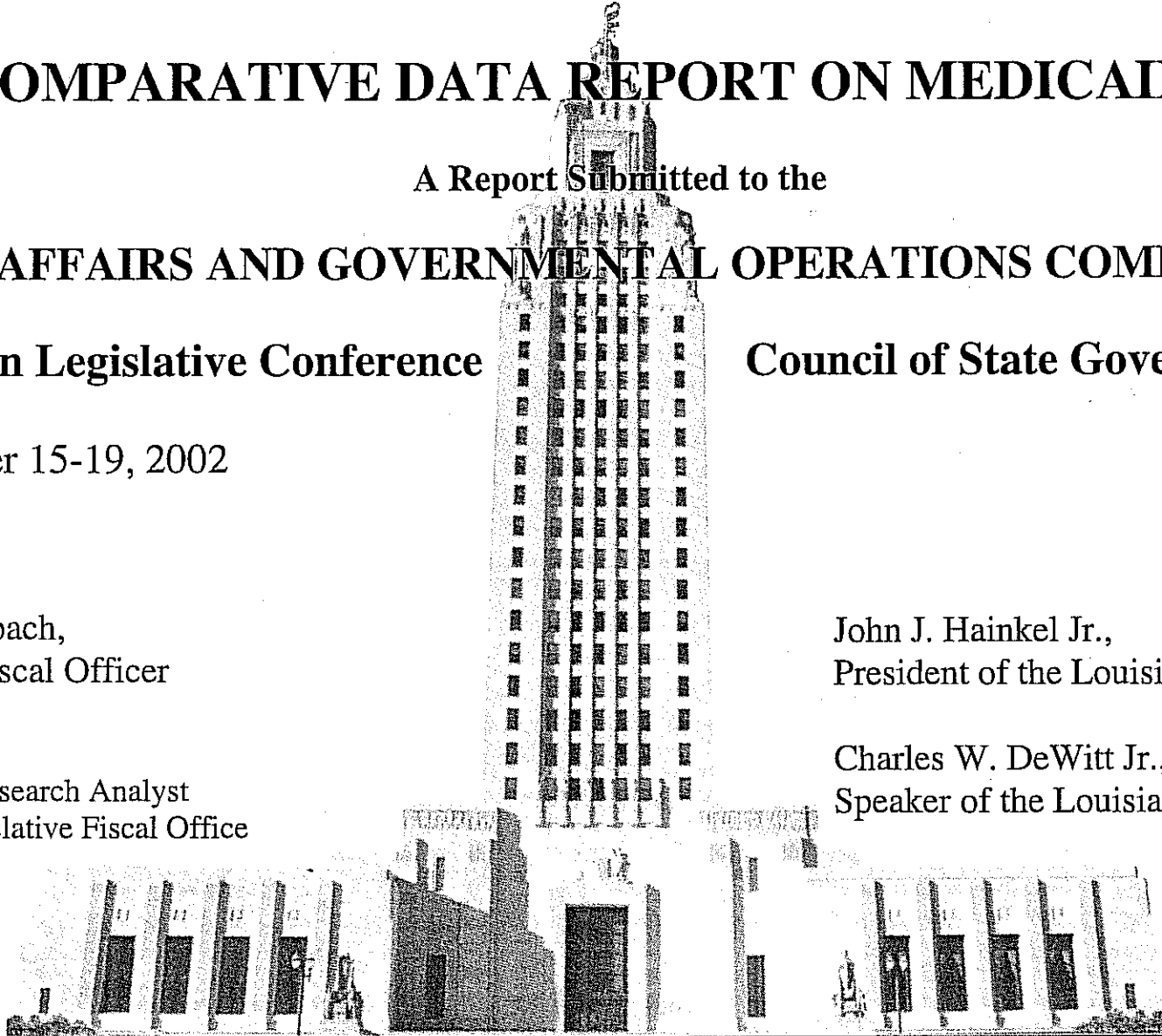
November 15-19, 2002

John R. Rombach,
Legislative Fiscal Officer

John J. Hainkel Jr.,
President of the Louisiana Senate

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Speaker of the Louisiana House



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IMPORTANT NOTE:

This public document was published without verified HCFA 2082 (MMIS) data for all 16 states in the SLC. The Centers for Medicare and Medicaid Services (formerly HCFA) was unable to provide 2082 (MMIS) data for FFY 01 to the Louisiana Legislative Fiscal Office (LFO) due to data processing problems encountered in a change over in state submission of data from "hardcopy" to "electronic" as required by the Balanced Budget Act of 1997. However, CMS was able to provide 2082 (MMIS) data for 11 of the 16 SLC states. Alabama, Georgia, Maryland, Oklahoma, and Texas provided state generated data necessary to complete the Section of the Comparative Data Report on Medicaid for FFY 01 that details recipients/expenditures by "Type of Service" and "Other Characteristics". FFY 01 statistics for these five states are projected using FFY 95-FFY 00 trends, State Annual reports, and state submitted data. The Louisiana Legislative Fiscal Office has revised the FFY 01 report to reflect revisions in 2082 (MMIS) data for FFY 99 and FFY 00 based on verified CMS 2082 (MMIS) data for all 16 SLC states. CMS currently is uncertain as to when verified data will be available for the five states for FFY 01.

Additionally, state means of financing data has been modified to reflect actual state funds (reported on HCFA 64) that were obligated to financing the Medicaid Program. Previous versions of the Medicaid CDR reported projected funds from HCFA 37.

Note: HCFA 37 data is used to project Total Medicaid expenditures and Disproportionate Share payments for the two federal fiscal years beyond the actual data for current and prior years federal fiscal year in the report. In this year's report, HCFA 37 data is shown under FFY 02 and FFY 03.

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SUMMARY

INTRODUCTION

This report includes statistical tables and a summary of key findings based upon questionnaires distributed to each member state in the Southern Legislative Conference. This survey was initially conducted in 1992 and presented to the Second Congressional Summit on Federal Mandates in Washington, D. C., on April 29, 1992. Subsequent surveys have been presented each fall to the Fiscal Affairs and Government Operations Committee of the Southern Legislative Conference.

The format of the survey has been modified in an effort to present a meaningful amount of information without overwhelming the reader with excessive data. Data prior to FFY 95 has been removed from the report, but is still available upon request.

The assistance of legislative staff in each state and Medicaid agency staff that completed the questionnaires is greatly appreciated. Staff of the Centers for Medicare and Medicaid Services (formerly the Health Care Financing Administration) also provides invaluable assistance each year by locating and forwarding the information needed to complete this report. Thanks as well to several co-workers who assisted with preparation of this report: Gordon Monk, Willie Marie Scott, Carolyn Nicklas, and Jean Pederson. Thanks are also given to David W. Hood, Secretary of the Louisiana Department of Health and Hospitals, and Bill Perkins, Executive Officer of the Louisiana Department of Health and Hospitals for their advice.

Comments, questions and suggestions concerning this report will be welcomed.

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BACKGROUND

Medicaid (Title XIX of the Social Security Act) is a program of medical assistance for impoverished individuals who are aged, blind, or disabled, or members of families with dependent children. Medical benefits for needy individuals are provided based on a division of state and federal responsibilities. The federal government establishes regulations, guidelines, and policy interpretations describing the framework within which states can administer their programs. The nature and scope of a state's Medicaid program are specified in a state plan that, after approval by the Department of Health and Human Services, provides the basis for federal funding to the state.

Medicaid is a federal entitlement program established with the 1965 Title XIX amendment to the Social Security Act. This program provides medical assistance to certain individuals having low incomes or resources. The Medicaid programs are jointly funded by the federal and state governments and are designed to assist states in providing access to health services to eligible individuals. Within broad guidelines established by the federal government, each state: 1) administers its own program; 2) establishes its own eligibility standards; 3) determines the amount, duration, and scope of services; and 4) sets the reimbursement methodology for these services. As a result, Medicaid programs vary from state to state and may do so within states over time.

Funding is shared between the federal government and the states, with the federal government matching state contributions at an authorized rate between 50 and 83 percent, depending on the state's per capita income. The federal participation rate is adjusted each year to compensate for changes in the per capita income of each state relative to the nation as a whole.

Federal requirements mandate the provision of certain services by any state participating in the Medicaid Program. These services include: inpatient and outpatient hospital services; prenatal care; vaccines for children; rural health services; lab and x-ray services; skilled nursing services; home health care for persons eligible for skilled-nursing services; pediatric and family nurse practitioner services; nurse mid-wife services; physician services; family planning; federally-qualified health center services; and services for the early and periodic, screening, diagnosis, and treatment (EPSDT) of those under age 21. States have considerable latitude about the scope of each of these services even though they are mandated.

In recent years federal mandates also expanded eligibility. The Omnibus Budget Reconciliation Act of 1989 (OBRA 1989) mandated expanded coverage of pregnant women and children with incomes at or below 133 percent of the federal poverty level. This change in eligibility to extend coverage to those whose incomes exceed the federal poverty level represents a departure from the traditional link between Medicaid and the "welfare" system.

Historically, eligibility for Medicaid had been linked to actual or potential receipt of cash assistance under the AFDC/TANF or SSI programs. Thus, eligible persons had to meet the requirements of the cash assistance programs in terms of age, blindness, disability, or membership in a family with dependent children. State Medicaid programs had, at a minimum, to cover all categorically needy persons: those who received AFDC/TANF assistance and most who received SSI. Eligibility also required that income and assets satisfy certain criteria.

Now, with passage of the Personal Responsibility and Work Opportunity Act of 1996 (Welfare Reform Bill), the automatic link between AFDC recipients and their ability to receive Medicaid benefits have been completely severed. The Welfare Reform Bill amended Title XIX to read that any reference to eligibility for AFDC/TANF benefits shall be interpreted as this relationship existed as on July 16, 1996. A state may choose to modify this relationship in three ways:

- 1) lower its income standard, but not below that level applicable under the state's AFDC state plan as of May 1, 1988;
- 2) increase income or resource standards, and medically needy income levels, by an amount not to exceed the CPI; and
- 3) use income and resource methodologies that are less restrictive than those used under the state plan as of July 1, 1996.

The federal legislation retains existing Medicaid law regarding transitional assistance. Families losing eligibility for cash assistance as a result of increased child support will receive four months of transitional Medicaid benefits. Those losing cash assistance due to increased earnings will receive twelve months of Medicaid benefits. States will have the option to terminate medical assistance for persons denied cash assistance because of refusal to work. Pregnant women and minor children, however, continue to be protected under OBRA 1989. Additionally, children who lost SSI eligibility due to the change in the welfare reform law will have their Medicaid eligibility grand-fathered in. However, no new individuals may qualify for this coverage.

States have the option, as of January 1, 1997, of denying Medicaid coverage to persons who are legal residents but not citizens. New immigrants will be automatically barred for five years after entry. Thereafter, states may offer coverage, but only under certain provisions. However, there are certain exceptions for persons who have worked for forty (40) quarters in covered employment, or served in the military. Additionally, no state may deny coverage of emergency medical services to either illegal or legal aliens.

The Balanced Budget Act (BBA) of 1997 (P.L. 105-33), which was signed by the President on August 5, 1997, continued the trend of congressional action to control growth in Medicaid. This act is projected to produce gross federal Medicaid savings of \$17 billion over the next 5 years and \$61.4 billion over the next ten years (FFY 97 to FFY 2007). Although there are some provisions for increases in Medicaid spending, the net effect of the legislation will be federal Medicaid savings of \$7.3 billion over the next five years and \$36.9 billion over the next ten years--the most significant reduction in federal Medicaid spending since 1981.

The initial projections related to cost savings as a result of the passage of the BBA 1997 have turned out to be grossly understated. Revised estimates from the Congressional Budget Office indicate that Federal health care spending for Medicare, Medicaid, and State's Children's Health Insurance Program (SCHIP) is anticipated to be reduced by more than \$226 billion--approximately \$123 billion more than originally projected.

In an effort to reverse some of the negative impact of the BBA 1997, the U.S. Congress passed the Medicare, Medicaid, and SCHIP Balanced Budget Refinement Act (BBRA) of 1999 (P.L. 106-113). The act contains numerous provisions to make corrections and refinements in all three programs. The majority of the revisions relates to the Medicare program and is designed to correct large cuts imposed on all Medicare providers--especially hospitals and long-term care facilities. For the Medicaid program, the BBRA amends Title XIX to: 1) increase DSH allotments for the District of Columbia, Minnesota, New Mexico, and Wyoming; 2) remove the fiscal year limitation on certain transitional administrative costs assistance; 3) modify the phase-out of payment for Federally qualified health center services and rural health clinic services based on reasonable costs; 4) provide for parity in reimbursement for certain utilization and quality control services; 5) eliminate duplicative requirements for external quality review of Medicaid managed care organizations; 6) make the enhanced match under SCHIP inapplicable to DSH payments; and 7) provide for the optional deferment of the effective date for outpatient drug agreements.

Additionally, the BBRA of 1999 reallocated funding for SCHIP, effective October 1, 2000. The total amount of federal SCHIP funding allotted to the sixteen states in the SLC was \$1.734 billion (down \$67 million from FFY 98) for FFY 00; states would have been required to provide \$621 million (down \$19 million from FFY 98) in state matching funds to utilize all available federal dollars. As of September of 1999, all of the states in the SLC had HCFA approved plans to participate in CHIP, although many of them did not draw the full federal allocation available. **Table 1** and **Chart 11** provides the total amount of federal dollars allocated to each state in the SLC and the amount that each state plans to utilize annually.

METHODOLOGY

The purpose of this report is to provide legislators and staff in each state with a reference document that can be used to compare Medicaid spending in a particular state to others throughout the southern region. The first report in this series was published in April 1992 for the Second Congressional Summit on Federal Mandates. That survey utilized data collected from each state on Medicaid program expenditures for state fiscal years. Since then the surveys have used data reported by each state to the federal government for federal fiscal years (October 1-September 30).

The Centers for Medicare and Medicaid Services (CMS) collects voluminous data on state Medicaid programs on HCFA Forms 37, 64, and 2082 (MMIS). Since each state follows the same report format and utilizes the same definitions and instructions, the information on these forms is the most accurate and consistently available. There are, nevertheless, certain inconsistencies that are introduced because of differences in interpretation about recipient, payment and service definitions. Whenever we are aware of such inconsistencies, we attempt to adjust for them when making comparisons among states. One should therefore exercise caution when comparing state expenditures for some services. For example, one state may include payments for rehabilitative services under "clinic services" while another may classify such payments as "other care."

A questionnaire was sent to each of the 16 states in the Southern Legislative Conference. Each questionnaire included several pages of data about the state taken from the HCFA 37, 64 and 2082 reports submitted by the state to CMS. States were asked to verify the accuracy of this data, to provide explanations of extraordinary growth in recipients or payments and to supply certain other information, such as levels of disproportionate share payments, methods of state financing, recent state initiatives, etc.

The data collected from the federal reports and from the states has been organized into a "Medicaid State Profile" for each state. These include multi-year histories of total Medicaid spending as well as recipient and payment data for major eligibility and service categories. Information on provider taxes and eligibility criteria is also included. Each profile contains charts comparing that state to the SLC average in terms of annual payments per recipient and the number of recipients per 100,000 population. As a supplement to state responses regarding program characteristics and initiatives, information was included from a publication, *Major Health Care Policies: 50 State Profiles*, 2001; published by the Health Policy Tracking Service in January of 2002. Key demographic and poverty indicators were obtained from *Health Care State Rankings 2001* *Health Care in the 50 United States* and *State Rankings, 2001: Statistical View of the 50 United States*. Information on the Balanced Budget Act was included from a publication, *Overview of the Medicaid Provisions in the Balanced Budget Act of 1997*, P.L. 105-33, *Andy Schneider*, and September 1997. Information on the Balanced Budget Refinement Act of 1999 was included from a summary publication provided by the Government Printing Office website.

A large portion of this report is derived from HCFA form 2082 (MMIS), which provides detailed recipient and expenditure data by type of service and by other characteristics (maintenance assistance, basis of eligibility, age, race,

and sex). For FFY 01, CMS was able to provide 2082 (MMIS) information to the LFO on 11 states. Alabama, Georgia, Maryland, Oklahoma, and Texas were unable to provide complete 2082 data. All 16 states are included in the FFY 01 CDR, but state annual reports and state submitted data has been incorporated into the 5 state profiles for the ones that were unable to provide complete 2082 (MMIS) data. Once verified 2082 (MMIS) data is received for all 16 states in the SLC from CMS, a second version of the report could be issued if the CMS data is significantly different from that in the initial version of the CDR for FFY 01. All of these states expressed a willingness to assist the LFO in the process, however, for various data processing and workload demands were unable to do so.

It is of importance for the reader of this report to be aware of the changes from all previous versions of the Medicaid report. From FFY 92 to FFY 98, all HCFA 37, 64, and 2082 data was complete and used to make all comparisons in the report. For FFY 99, only HCFA 37 and 64 data were used for all 16 states; 4 states (Maryland, Missouri, South Carolina, and Texas) were unable to submit 2082 data and were omitted from all type-of-service line item comparisons. For FFY 00, the 5 states (Georgia, Maryland, Missouri, Tennessee, and Texas) that were unable to submit 2082 (MMIS) data were completely omitted from the report. For FFY 01, all comparisons that follow are made using HCFA 37, 64 and 2082 (MMIS) for the 11 states that had CMS verified data; the other 5 state comparisons are made using state annual report (Alabama, Oklahoma, and Texas) data and state submitted (Georgia and Maryland) data.

In the FFY 01 CDR, revisions have been made to FFY 99 and FFY 00 state profiles based on 2082 (MMIS) data recently approved by CMS. When evaluating state and SLC performance using the Medicaid CDR, it is important to realize that CMS is still in the process of eliminating computer and state data submission problems in their "new" system.

MEDICAID SPENDING IN THE SOUTHERN REGION

The rapid rate of growth in Medicaid spending which occurred during the late 1980's and early 1990's began to decline by FFY 94 in the 16-state southern region. Since that time, the growth rate has been variable; however, the trend is more toward controlled growth. Total actual Medicaid payments (administrative costs excluded) for the 16 SLC states for FFY 01 were \$69.7 billion, an increase of \$8.1 billion over the FFY 00 level of \$61.6 billion. Therefore, the growth rate from FFY 00 to FFY 01 was 13.2%. This is the second consecutive year of double digit increases in total Medicaid spending—FFY 00 increased by 10.0% from FFY 99, and indicates a continued upward trend when compared to the 6.5% increase from FFY 98 to 99 (see "Southern Region Medicaid Profile"). It is also important to note that prior to FFY 00, the last year of double-digit growth was in FFY 95 (10.5%).

Total spending for FFY 02 is projected at \$79.3 billion, administrative costs excluded, which is an increase of approximately \$9.6 billion, or 13.9% over the \$69.7 billion for FFY 01. Total spending for FFY 03 is projected at \$84.0 billion, or 5.9% over the \$79.3 for FFY 02. The annual rate of change projected over the entire eight-year period from FFY 95 to FFY 03 is 7.3% percent.

The slowdown that occurred in the rate of spending from 1993 to 1995 was due, in part, to the fact that the major mandates levied by Congress were implemented prior to this time and significant new mandates have not been enacted. Also, cost containment measures instituted by the various states, including the implementation of selected waivers for state Medicaid populations had contributed to controlling the growth in regional Medicaid spending during this time period. The net result was that growth from FFY 95 to FFY 96 was less than 1%. Actual growth figures for FFY 01 (13.2%), and projected FFY 02 (13.9%) and FFY 03 (5.9%), indicate that Medicaid spending may experience a pattern of significant growth, at least by health care standards, for the next several years. Furthermore, it is highly probable that projections for FFY 03 will be revised upward as this has been the pattern for the last five federal fiscal years.

It appears that rapid growth peaked in FFY 95. During the early 1990's several factors contributed to the rapid growth in Medicaid spending:

- First, program enrollment increased significantly, mainly due to federal mandates which directed states to expand coverage to pregnant women and children with family incomes at or above the federal poverty level. Such mandates had a major cost impact in southern states, which tend to have large indigent populations and a limited ability to finance health care programs at the high levels found in other parts of the nation. The number of Medicaid recipients in southern states grew from 13.9 million in FFY 95 to 16.7 million in FFY 01 (20.4%).
- Second, medical inflation has historically accounted for 50% of total growth.

- Third, other factors include higher utilization rates (due, in part, to federal mandates such as those calling for more thorough screening of school age children), the targeting of specific populations (AIDS patients, drug-dependent newborns) and higher payments to certain providers.
- Fourth, states have utilized creative methods to find the revenues needed to pay for Medicaid programs which in many cases have quadrupled in size over the past seven years. These include widespread use of provider taxes, disproportionate share payments and intergovernmental transfers.

Beginning in FFY 95, the ability of states to benefit from creative financing mechanisms was sharply reduced (the Waxman amendments to OBRA-93). In August of 1997, Congress changed Medicaid in three ways: 1) Repeal of the Boren Amendment, which fueled mandatory inflation payments for inpatient services, nursing homes, and community health centers; 2) abolished the necessity for states to obtain a waiver in order to institute Medicaid managed care programs; and 3) provided a decreasing cap on disproportionate share allotments to the states. It is expected that the aggregate impact of these congressional efforts will continue to control the growth of the Medicaid program.

Total Medicaid expenditures in the 16 Southern Legislative Conference states are illustrated in **Chart 1**. This chart divides Medicaid dollars spent by eligibility, which include the following categories: aged, blind, or disabled (65 and older), Children, Foster Care Children, Adults and Other Title XIX Recipients of unknown eligibility status. By far the greatest amount of Medicaid dollars is spent on those who are aged, blind, or disabled (67.7%). Expenditures for Children were next, accounting for 17.1% of the payments. The remaining classifications of Adults (11.0%), Foster Care Children (1.7%), and unknown (2.5%) make up the balance (15.2%). The total amount of Medicaid payments in the SLC for FFY 01 was \$60,715,333,787. This is an average annual increase of approximately 7.8% per year over the seven-year period from FFY 95 to FFY 01.

The total number of Medicaid recipients in the 16 states was 16,733,139 during FFY 01 as compared to the FFY 95 number of 13,902,531 recipients, or an annual increase of 3.1% per year. **Chart 2** provides a percentage distribution of these recipients by the same eligibility standards as Chart 1. The greatest number of Medicaid recipients in the southern region was Children (48.7%). The aged, blind, or disabled followed with approximately 27.4%, while adults represented 18.3% of the total number of recipients. The balance of 5.7% is distributed among foster care children (1.1%) and unknown status (4.6%). The average payment per recipient for all Medicaid services in the 16 states was approximately \$3,628. This is an increase of \$275 from FFY 00 to FFY 01 and approximately a 4.5% annual increase from FFY 95.

CHART 1
TOTAL MEDICAID EXPENDITURES IN SLC BY ELIGIBILITY
(FFY 01)

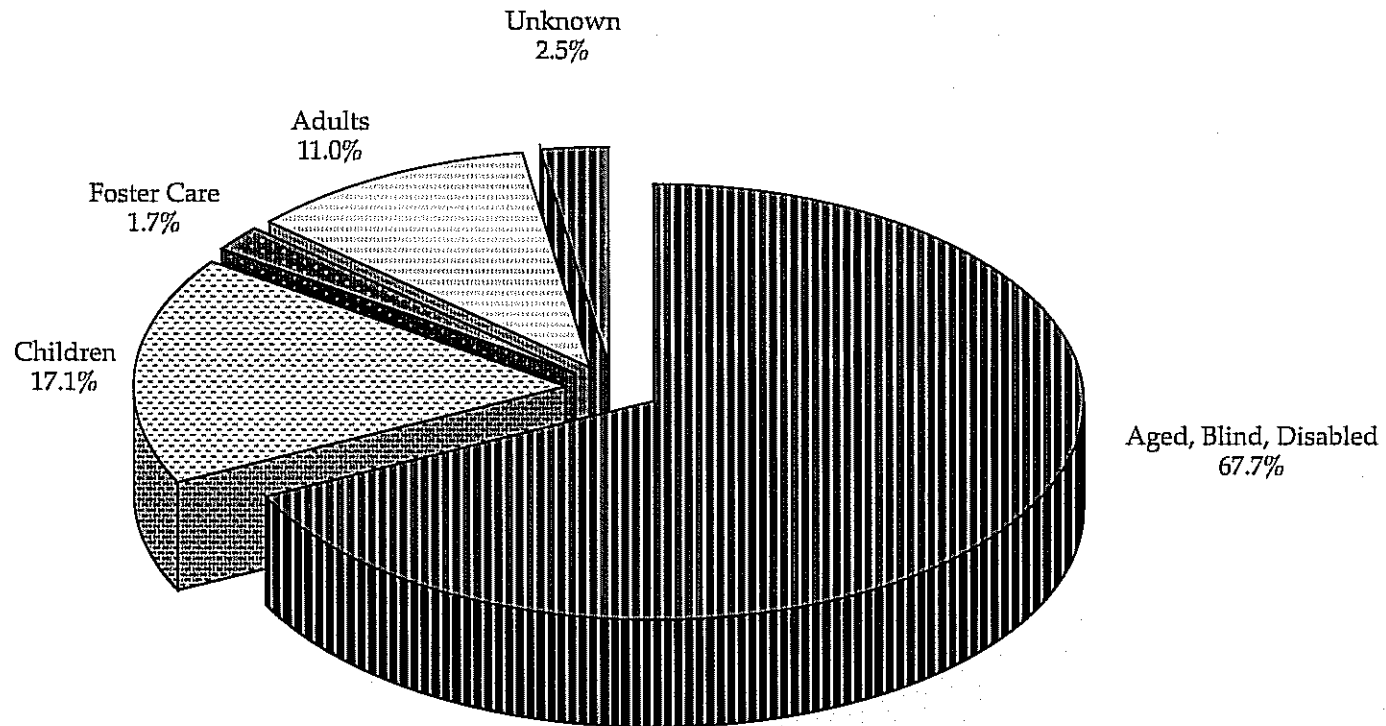
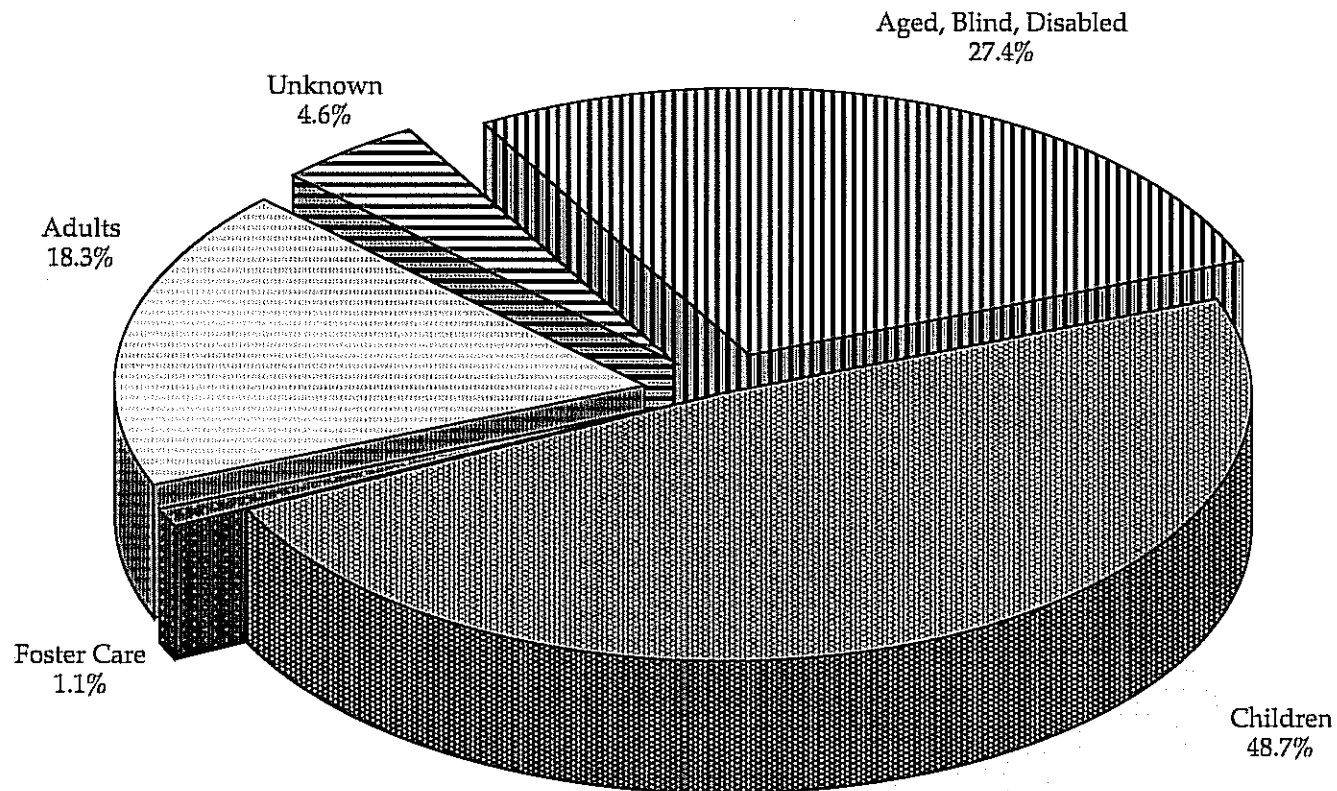


CHART 2
TOTAL MEDICAID RECIPIENTS IN SLC BY ELIGIBILITY BASIS
(FFY 01)



-X-

STATE COMPARISONS

The next few pages contain direct comparisons among the 16 SLC states relative to spending levels and recipient levels. These comparisons include measures of per capita expenditures, expenditures per recipient and recipients per 100,000 population, as well as information on payments for services and on administrative costs. These are included only to indicate broad trends and demonstrate gross levels of spending and eligibility in each state. They should be used with caution when comparing state programs in terms of recipient coverage, cost effectiveness or level of effort. Charts cited below can be found at the end of this summary.

Per Capita Expenditures. Medicaid per capita spending in the 16-state southern region has increased from \$503 in FFY 95 to \$689 for FFY 01. States with high numbers of recipients per unit of population combined with a high level of payments per recipient rank high in per capita spending. As shown in **Chart 3**, per capita spending for FFY 01 ranges from \$445 in Virginia to \$990 in Tennessee. All other SLC states ranged from \$555 to \$976. Tennessee has increased per capita expenditures by \$50 (\$940 to \$990) from FFY 00, and now has the highest per capita expenditure level (\$990) in the SLC. Tennessee had an increase in population of approximately 256,486 (4.7%) during FFY 01 coupled with an increase in total Medicaid expenditures of approximately \$525 million (10.5%). Virginia maintained its position as the state with the lowest average per capita expenditure, reporting an average of \$445 per person (35.4% under the SLC average of \$689). This is due to the fact that: 1) the state's population increased from approximately 7.08 million to 7.19 million (1.5%); 2) total Medicaid expenditures increased from \$2.73 billion to \$3.04 billion (11.3%) and; 3) only 8.1% of the total population (43rd in the U.S.) has incomes less than the FPL (\$15,020 for a family of three for FFY 01).

Payments per Recipient. Annual payments per recipient for the southern region have increased from \$2,787 in FFY 95 to \$3,628 in FFY 01, an overall increase of 4.5% per year. Payments per recipient for FFY 01 range from \$2,534 in Tennessee to \$5,375 in Maryland. (See **Chart 4**). Since most states report disproportionate share payments on Form 2082 (MMIS), such payments are excluded from all regular Medicaid claim payment comparisons.

Expenditure per recipient comparisons should be viewed with caution unless used in conjunction with a specific well-defined service. We have chosen five of the largest and, hopefully, best-defined services for inclusion here: inpatient hospitals, skilled and intermediate care nursing facilities, intermediate care for the mentally retarded, physician services and prescription drugs. Each of these services represents a large part of a state's Medicaid expenditures and each has been an area of rapid growth as well. Payments for these five services represent approximately 62% of all Medicaid payments in the region for FFY 01, compared to 62.3% for FFY 00.

- Payments for general hospital inpatient services in the region have increased from \$8.5 billion in FFY 95 to \$9.5 billion in FFY 01, an annual increase of 2.0%. These payments represent on an average 15.6% of each state's Medicaid payments. If all disproportionate share payments were included in these figures, the growth rates and the share of total spending on hospitals would be significantly greater. The accompanying chart excludes all such payments that have been included on the HCFA 2082 (MMIS) in order to make consistent comparisons.

The total number of recipients for inpatient services increased at a 0.2% annual rate, from 2.28 million in FFY 95 to 2.31 million by FFY 01. The SLC average for annual payments per recipient for inpatient services has increased from \$3,698 in FFY 95 to \$4,135 in FFY 01, an annual growth rate of 1.9%. Payments range from \$2,575 in Arkansas to \$6,848 in Maryland. Again it should be noted that these figures do not include disproportionate share payments. (See Chart 5)

- Payments for skilled and intermediate care nursing facilities grew from \$8.29 billion to \$10.8 billion during the period FFY 95-01, an annual growth rate of 4.6%. The average share of a southern state's Medicaid budget devoted to these services has fallen from 21.4% to 18.0% during the period. The number of recipients utilizing these services decreased at a -0.6% annual rate, from approximately 608,000 in FFY 95 to 587,000 in FFY 01. However, the payment per recipient during the period increased by 5.2% annually in the southern region, from \$13,640 to \$18,468. Average annual payments ranged from a low of \$13,779 in Florida to a high of \$23,712 in West Virginia. (See Chart 6)

- The cost of intermediate care for the mentally retarded (ICF-MR) increased from \$2.84 billion in FFY 95 to \$3.23 billion in FFY 01, an annual growth rate of 2.2%. SLC states applied an average of 5.3% of their expenditures to this service in FFY 01, down from 7.3% in FFY 95. This service experienced a decline in recipients from approximately 50,857 in FFY 95 to 44,592 in FFY 01, a 12.3% decrease during the seven-year period. The average cost per recipient has continued to increase approximately 4.4% annually, and has increased from \$55,799 to \$72,436 during the period FFY 95-01. Average payments range from \$55,061 in Texas to \$94,263 in Maryland in FFY 01. (See Chart 7)

- The cost of physician services increased from approximately \$3.68 billion in FFY 95 to \$4.21 billion in FFY 01, an annual rate of 2.3% per year. The number of recipients of these services also decreased from more than 9.62 million in FFY 95 to 9.41 million in FFY 01, an annual rate of -0.4% per year. For FFY 01, the number of recipients increased from FFY 00 by approximately 313,000 (9.09 million to 9.41 million). Average annual payments per recipient in the region experienced growth of about 2.6% per year, from approximately \$382 in FFY 95 to \$447 per year in FFY 01. Payments per recipient vary widely from \$218 in Missouri to \$571 in Mississippi for FFY 01. (See Chart 8)

- The cost of providing prescribed drugs grew 18.0% per year from about \$3.66 billion in FFY 95 to \$9.86 billion in FFY 01. Recipients increased 0.4% annually from 9.19 million in FFY 95 to 9.41 million in FFY 01. The regional average payment per recipient grew from \$398 in FFY 95 to \$1,047 in FFY 01, an average growth rate of 18.0% per year. From FFY 00 to FFY 01, payments in the SLC for prescription drugs increased by 23%, \$8.04 billion to \$9.86 billion. States range from a low of \$698 per recipient annually for prescription drug costs in Georgia to \$1,440 in Missouri. For FFY 01, all SLC states experienced increases in payments for prescribed drugs. Of the 11 states that CMS provided 2082 (MMIS) data and the 5 states that provided state data, Mississippi and South Carolina had the largest increases, while Virginia and Georgia had the lowest increases. Payments in Mississippi increased from \$370 million in FFY 00 to \$568 million in FFY 01, or \$197 million (53.3%); and payments in South Carolina increased from \$335 million in FFY 00 to \$439 million in FFY 01, or \$104 million (31.0%). Payments in Virginia increased from \$382 million in FFY 00 to \$419 million in FFY 01, or \$36.7 million (9.6%); and payments in Georgia (projected) increased from \$539 million in FFY 00 to \$602 million in FFY 01, or \$63 million (11.7%). (See Charts 9A, 9B, and 9C)

Recipients per 100,000 Population. The number of recipients per 100,000 population increased during FFY 95-01 from 14,116 to 15,804. According to this indicator, the highest state was Tennessee with 27,910 per 100,000 population and the lowest was Virginia with 8,603. A state's rank on this scale is influenced by how liberal its eligibility criteria are for Medicaid and children in low-income families. (See Chart 10)

SCHIPS Allocation per State. All 16 states in the SLC have submitted SCHIP plans to HCFA. As of September 3, 1999, all 16 states had approved plans. Under the provisions of the legislation that created SCHIPs, states have the option of expanding Medicaid, designing a state plan, or doing a combination of both. In the SLC, 6 states have opted to expand Medicaid, 3 states have designed a state plan, and 7 have combined Medicaid expansion with a state-designed plan. Of the \$1.69 billion federal allocation for the 16 SLC states for which data is available in Table 1, \$890.4 million (52.7%) has

been requested to fund the various state SCHIP plans. Florida and Texas topped the federal allocation in the SLC with \$220.2 million and \$452.5 million, respectively. Florida utilized the largest portion of available federal funding--\$122 million (55.1%); Texas utilized \$229.7 million (50.8%) for SCHIP. West Virginia was allotted the fewest SCHIP dollars in the SLC, \$21.2 million and utilized \$15.0 (71.1%). Overall, SLC state movement with the SCHIP initiative appears to be cautiously growing after a slow start. For the reported SLC states, 2 are using 20% or less of the total program allotment, 2 are using between 21% and 40%, 4 are using between 41% and 60 % and 6 are using over 60%. **(Table 1 and Chart 11)**

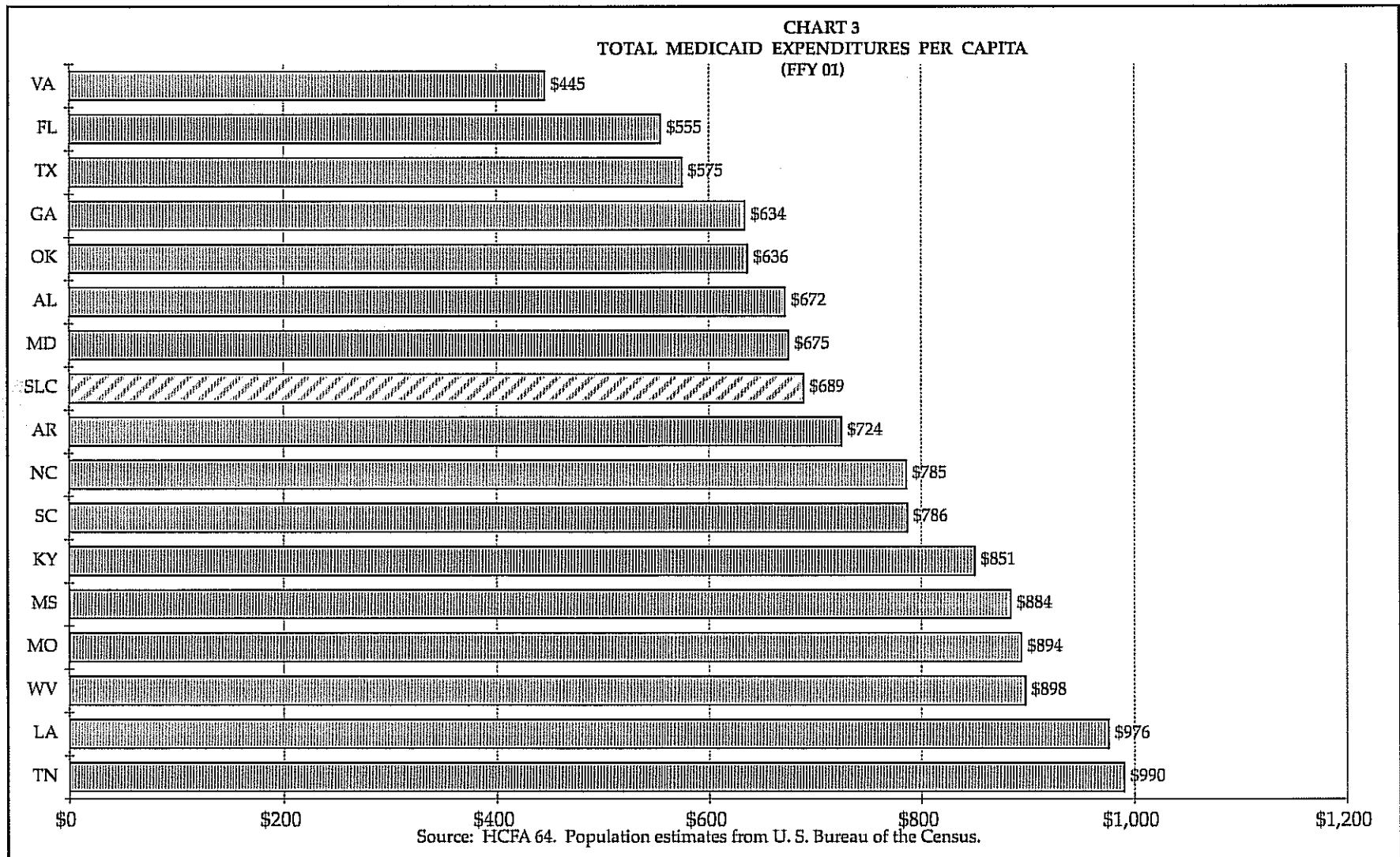
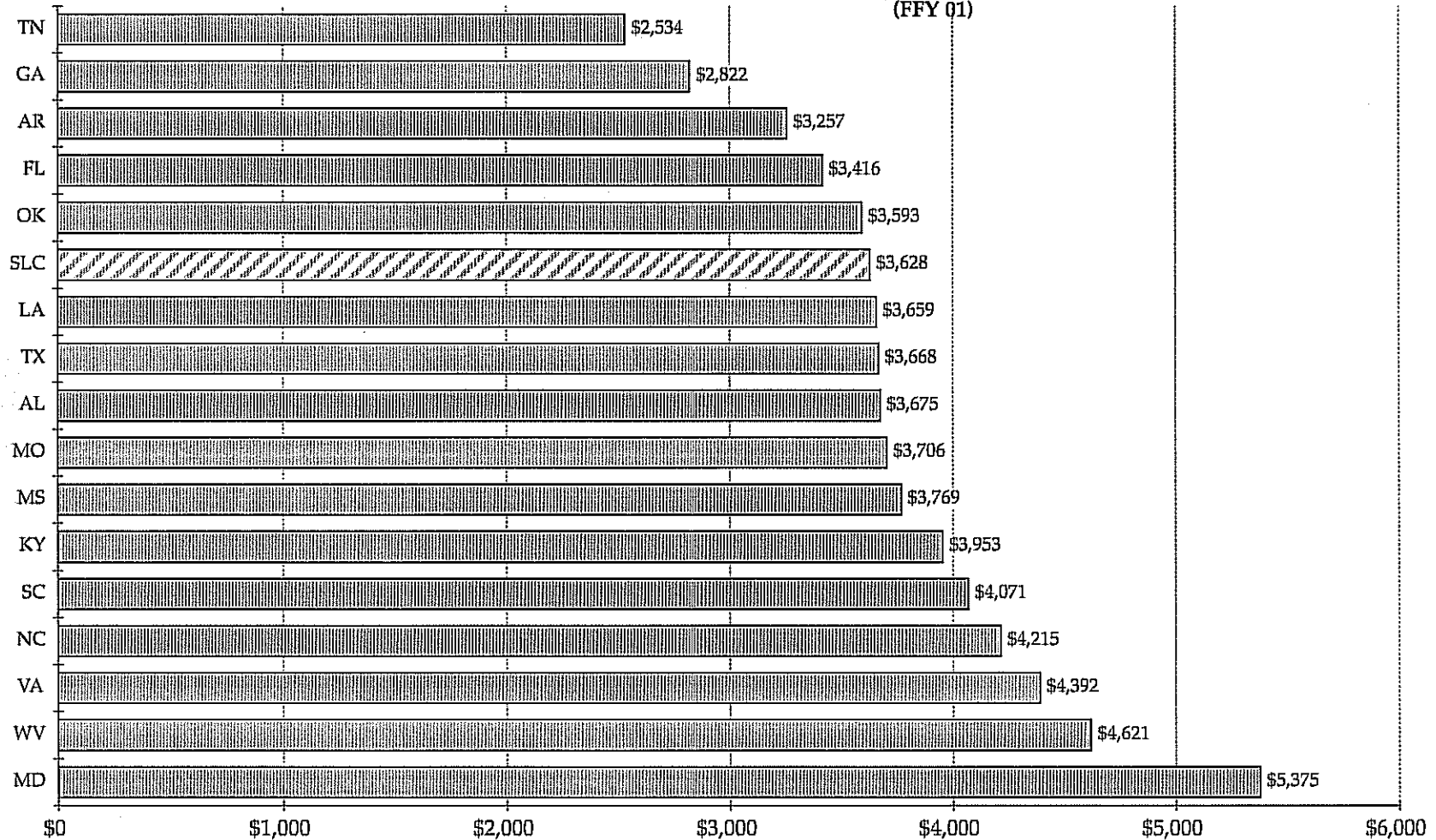
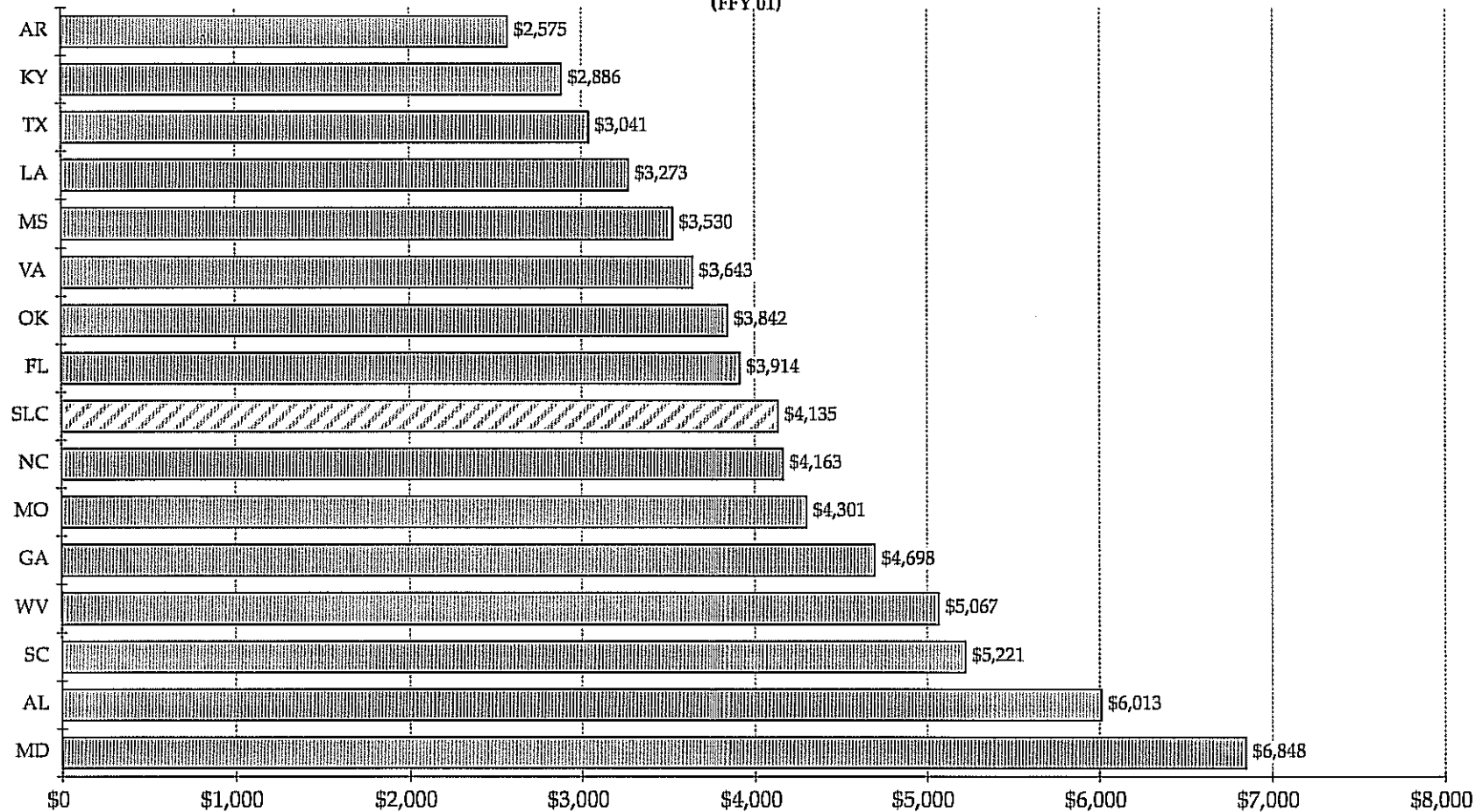


CHART 4
AVERAGE PAYMENT PER RECIPIENT FOR ALL SERVICES
(FFY 01)



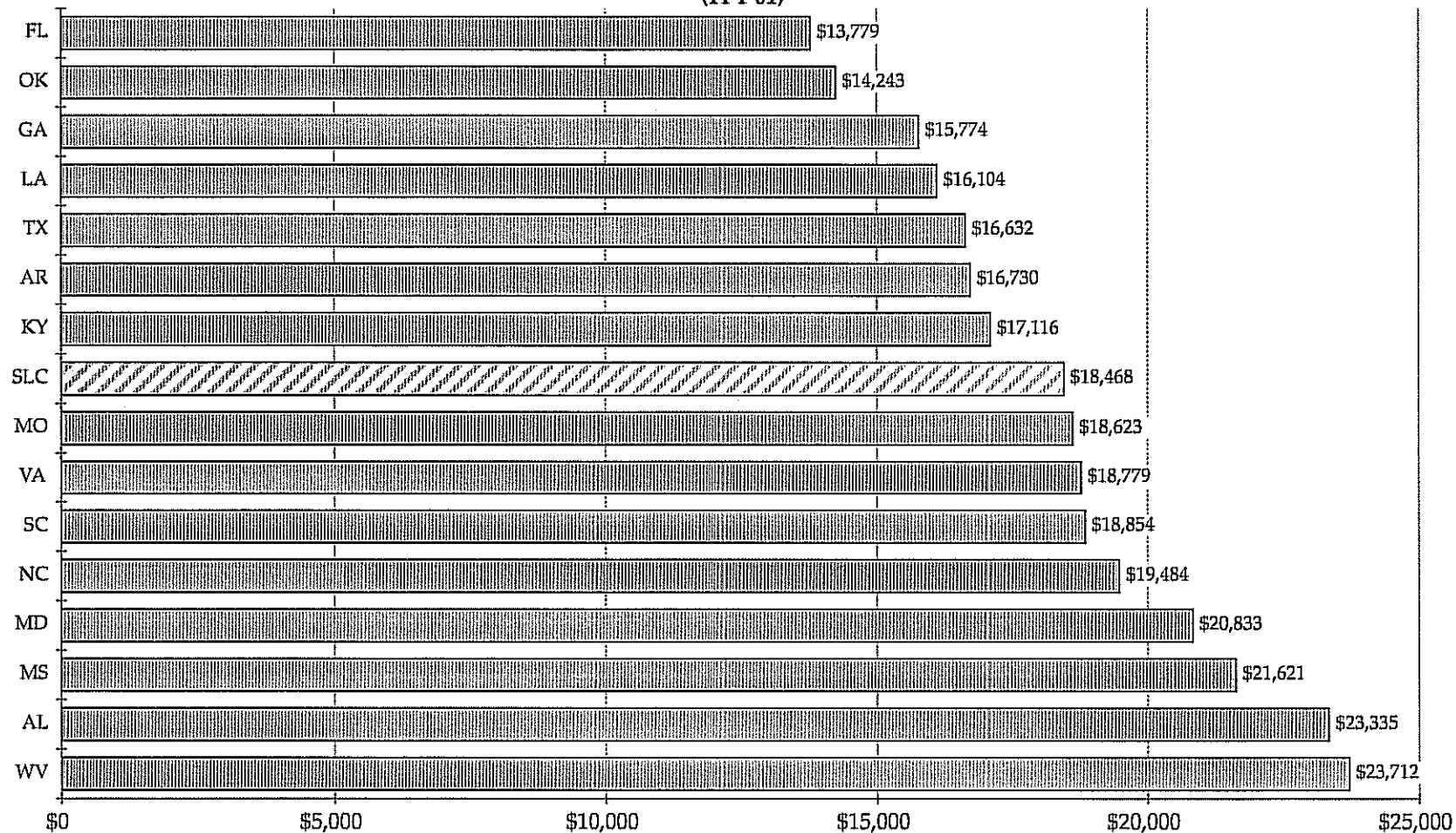
Source: HCFA 2082 and state submitted data. Excludes administrative costs, DSH payments and certain other adjustments.

CHART 5
AVERAGE PAYMENT PER RECIPIENT FOR GENERAL HOSPITAL INPATIENT SERVICES
(FFY 01)



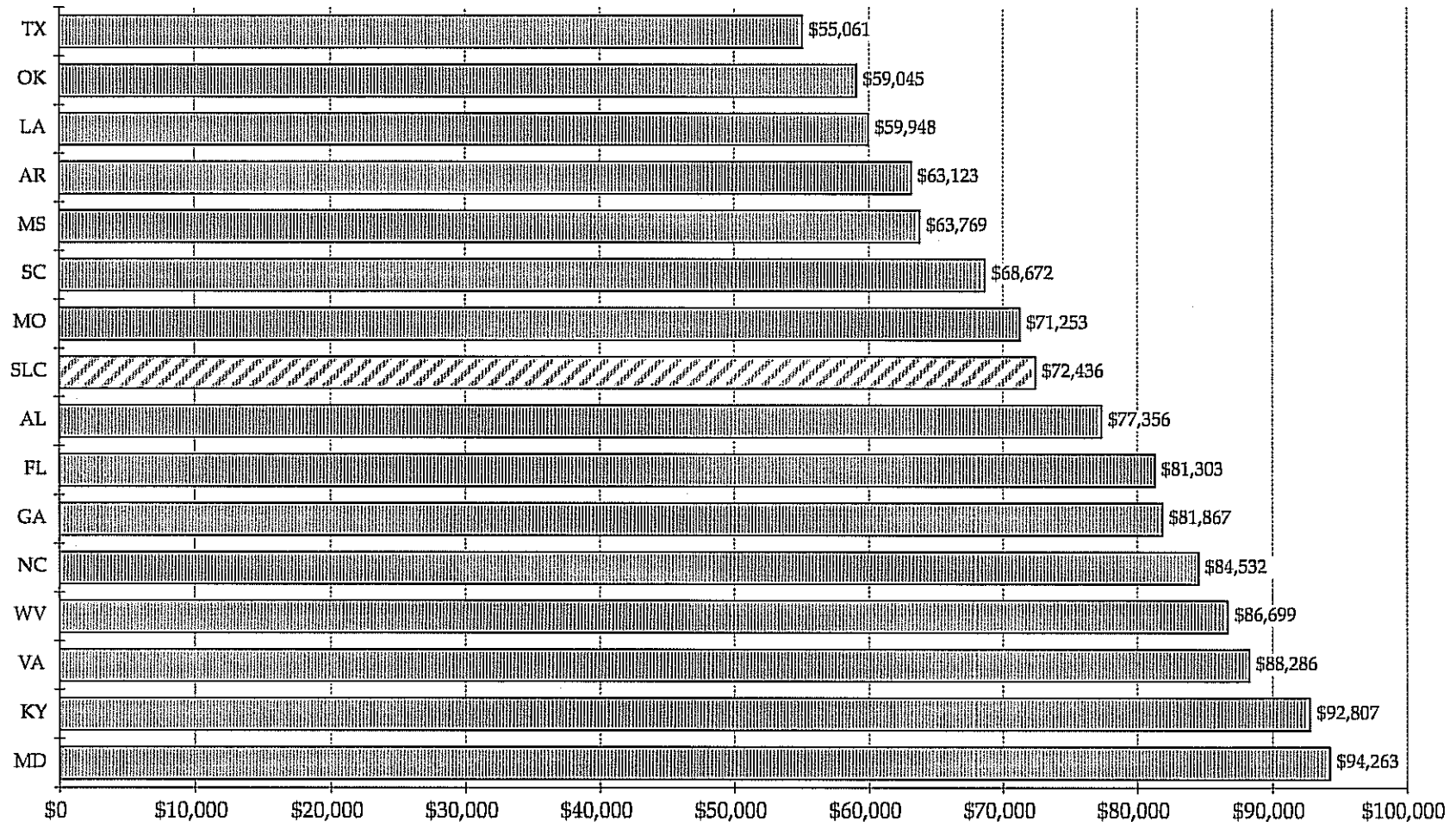
Source: HCFA 2082 and state submitted data. Excludes disproportionate share payments.

CHART 6
AVERAGE PAYMENT PER RECIPIENT IN SKILLED & INTERMEDIATE NURSING FACILITIES
(FFY 01)



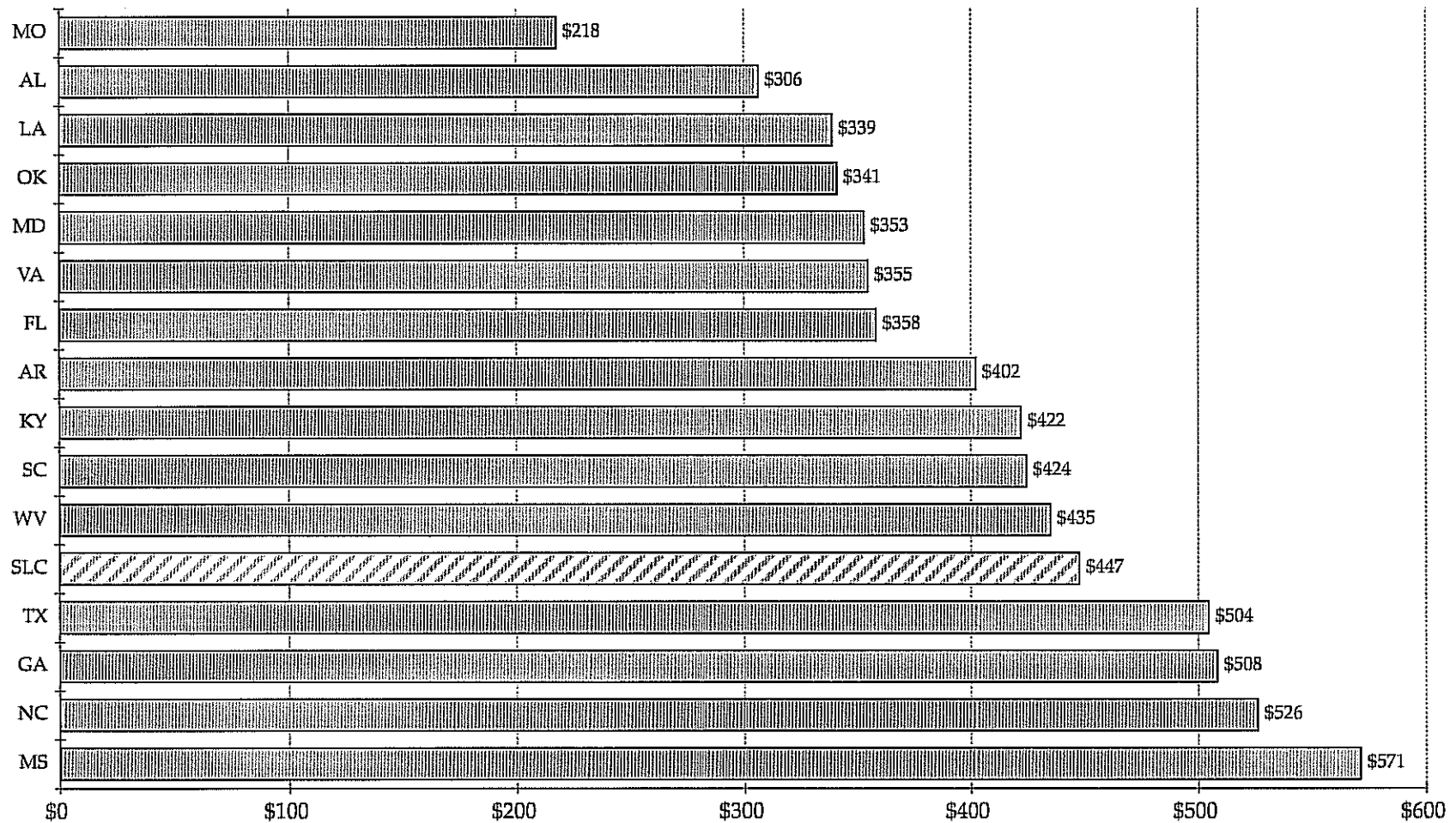
Source: HCFA 2082 and state submitted data. Type and intensity of services required may vary from state to state.

CHART 7
AVERAGE PAYMENT PER RECIPIENT IN ICF/MR FACILITIES
(FFY 01)



Source: HCFA 2082 and state submitted data. Type and intensity of services required may vary from state to state.

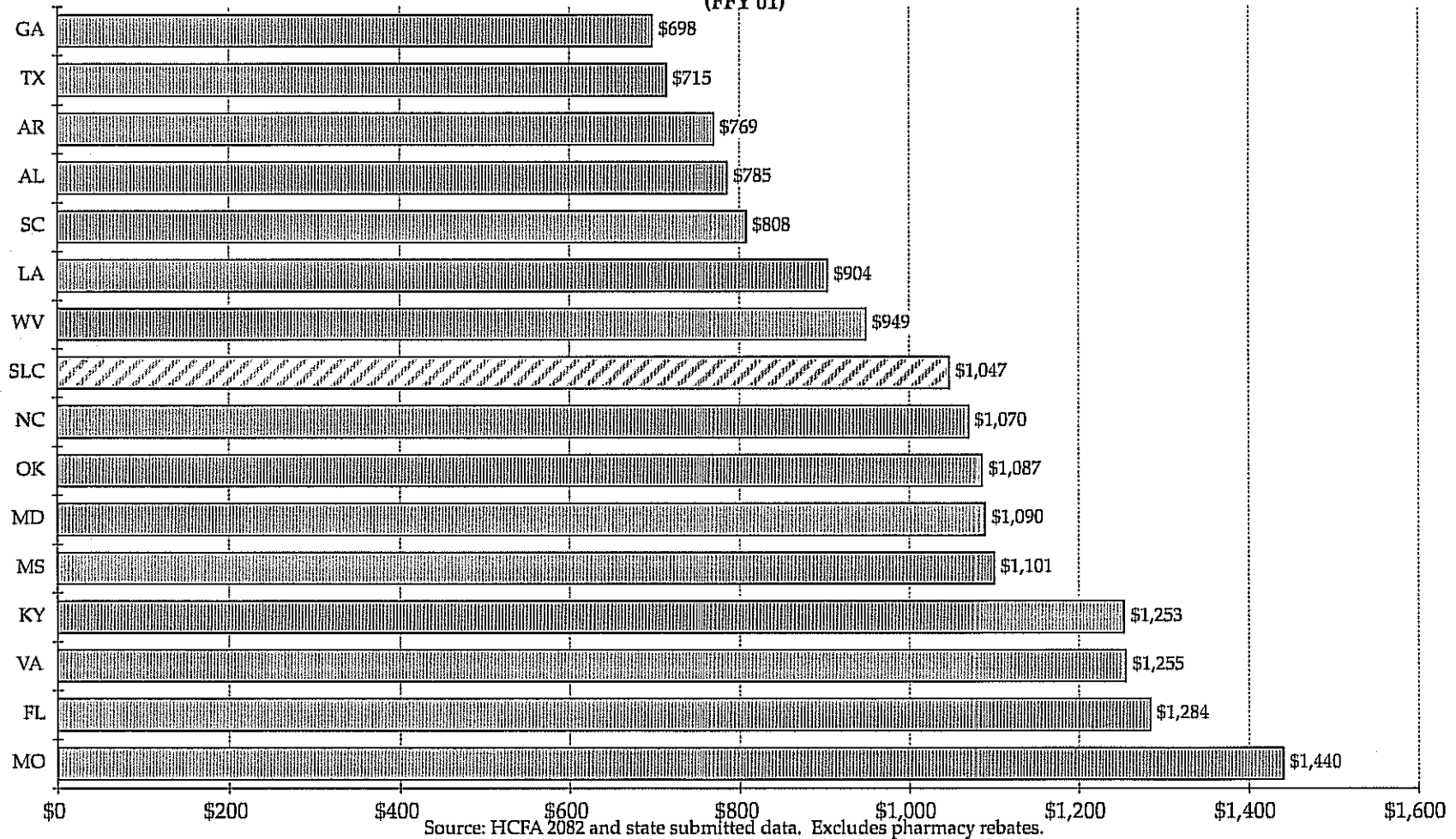
CHART 8
AVERAGE PAYMENT PER RECIPIENT FOR PHYSICIAN SERVICES
(FFY 01)



Source: HCFA 2082.

-XX-

CHART 9A
AVERAGE PAYMENT PER RECIPIENT FOR PRESCRIPTION DRUGS
(FFY 01)



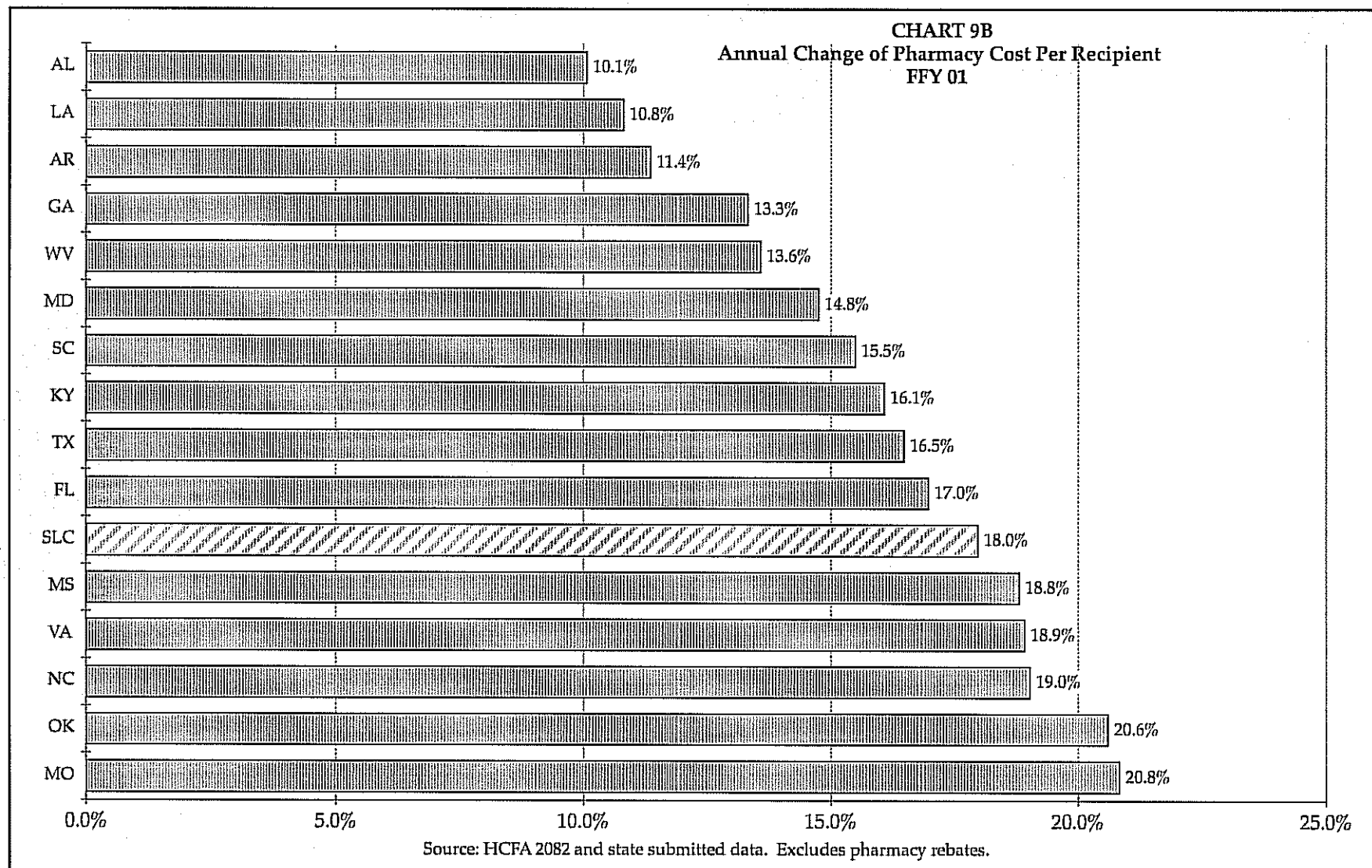


CHART 9C

Percentage Increase in Total Pharmacy Cost
from FFY 00 to FFY 01

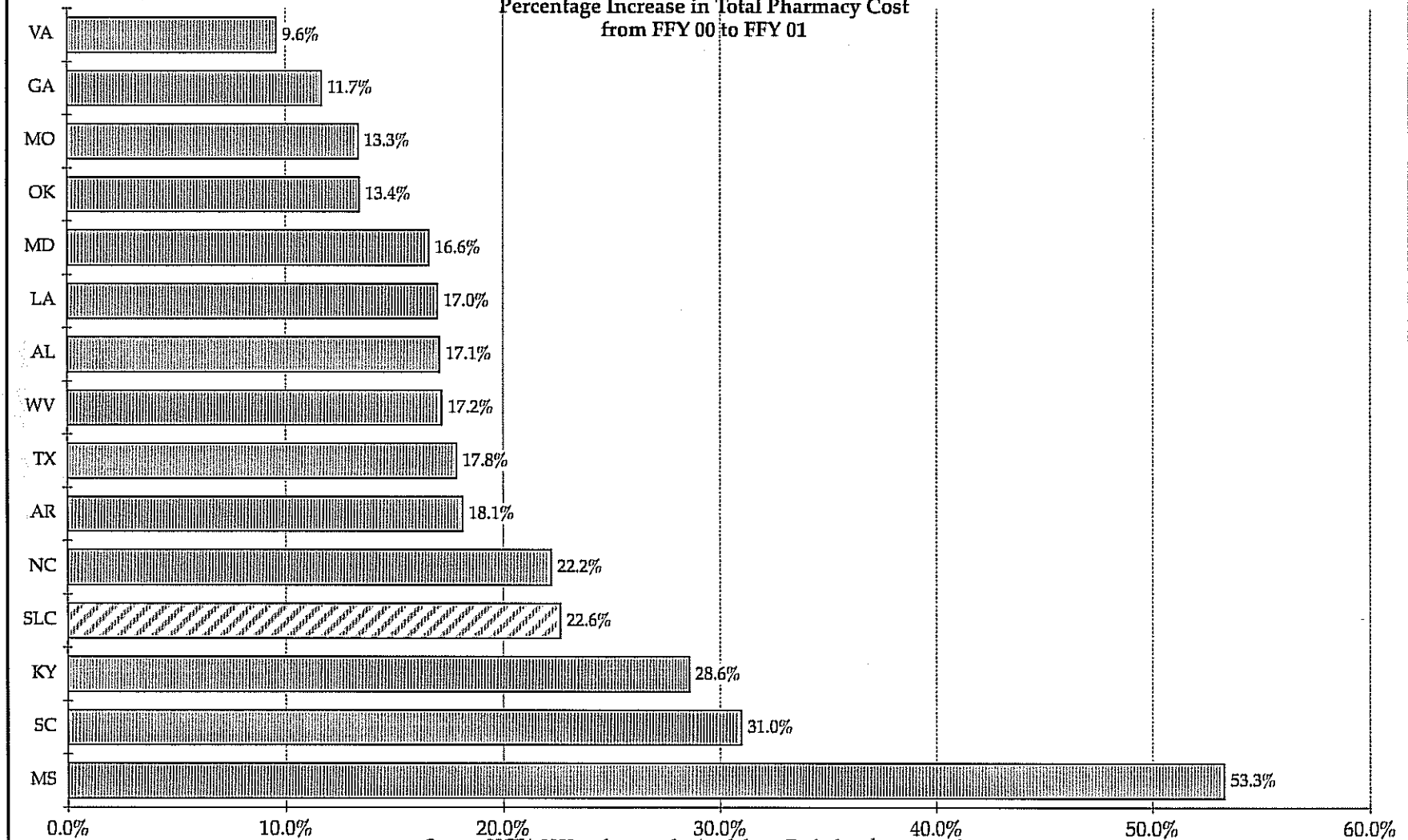
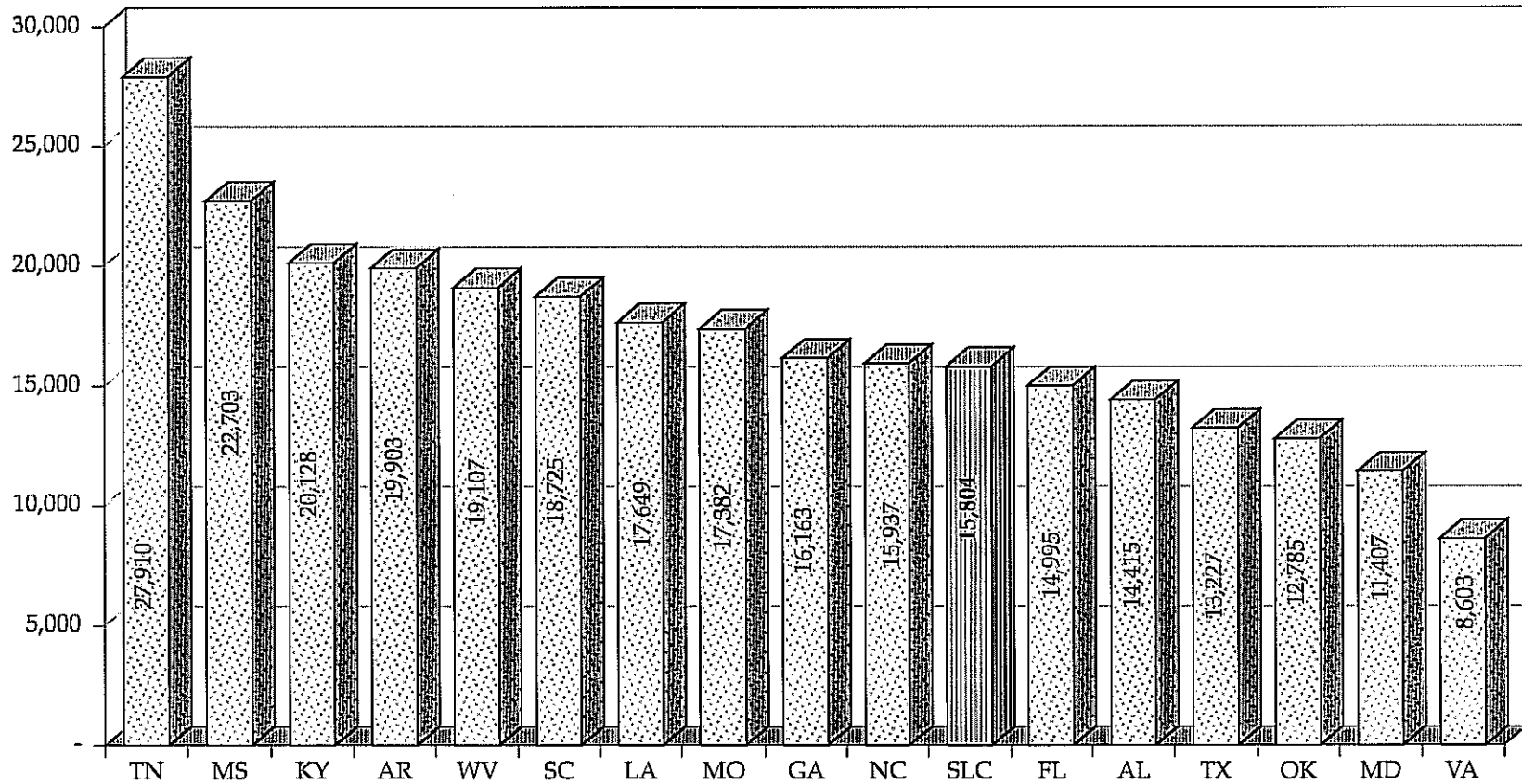


CHART 10
 MEDICAID RECIPIENTS PER 100,000 POPULATION
 (FFY 01)



Source: HCFA 2082 and U. S. Bureau of the Census population estimates. SLC column shows average of 16 southern states.

TABLE 1

SCHIP ALLOTMENTS AND PROJECTED ANNUAL EXPENDITURES FOR THE SOUTHERN LEGISLATIVE CONFERENCE STATES

	SCHIP Allotments			FFY 01 Federal Match Rates			FFY 01 Annual Cost for SCHIP				% of Program Allotment ^A	Medicaid Impact Projected SCHIP Outreach
	Federal S's in millions	State S's in millions	Total Program Allotment in millions	Medicaid	SCHIP	Difference	Type of Plan	Federal S's in millions	State S's in millions	Total Program Projection in millions		
* • AL	\$ 69.3	\$ 18.4	\$ 87.7	69.0%	79.0%	10.0%	Combination	\$ 40.6	\$ 10.8	\$ 51.4	58.6%	Not reported
* • AR	\$ 54.0	\$ 12.6	\$ 66.6	65.0%	81.1%	16.1%	Medicaid Expansion	\$ 2.2	\$ 0.5	\$ 2.7	4.1%	Not reported
† • FL	\$ 220.2	\$ 96.0	\$ 316.2	56.0%	69.6%	13.6%	Combination	\$ 121.5	\$ 53.0	\$ 174.4	55.2%	\$ 29.6
* • GA	\$ 135.1	\$ 53.1	\$ 188.2	61.0%	71.8%	10.8%	State Plan Option	\$ 29.2	\$ 11.5	\$ 40.6	21.6%	\$ 13.9
† • KY	\$ 82.0	\$ 21.4	\$ 103.4	70.0%	79.3%	9.3%	Combination	\$ 65.7	\$ 17.2	\$ 82.9	80.2%	\$ 1.6
† • LA	\$ 82.0	\$ 21.3	\$ 103.3	70.0%	79.4%	9.4%	Medicaid Expansion	\$ 37.2	\$ 9.7	\$ 46.9	45.4%	\$ 27.5
† • MD	\$ 51.4	\$ 27.7	\$ 79.1	50.0%	65.0%	15.0%	Combination	\$ 86.3	\$ 46.5	\$ 132.8	167.9%	\$ 71.8
† • MS	\$ 56.0	\$ 10.8	\$ 66.8	77.0%	83.8%	6.8%	Combination	\$ 46.9	\$ 9.1	\$ 56.0	83.8%	\$ 0.6
† • MO	\$ 65.5	\$ 24.6	\$ 90.1	60.0%	72.7%	12.7%	Medicaid Expansion	\$ 50.9	\$ 19.1	\$ 70.0	77.7%	\$ 0.3
* • NC	\$ 103.7	\$ 36.9	\$ 140.6	63.0%	73.7%	10.7%	State Plan Option	\$ 55.9	\$ 19.9	\$ 75.8	53.9%	\$ 55.7
† • OK	\$ 69.1	\$ 17.4	\$ 86.5	71.0%	79.9%	8.9%	Medicaid Expansion	\$ 29.6	\$ 7.5	\$ 37.0	42.8%	Not reported
† • SC	\$ 64.6	\$ 16.9	\$ 81.5	70.0%	79.3%	9.3%	Medicaid Expansion	\$ 43.7	\$ 11.4	\$ 55.1	67.6%	\$ 31.3
* • TN	\$ 86.3	\$ 29.3	\$ 115.6	63.0%	74.7%	11.7%	Medicaid Expansion	\$ 10.1	\$ 3.4	\$ 13.5	11.7%	N/A
† • TX	\$ 452.5	\$ 172.5	\$ 625.0	62.0%	72.4%	10.4%	Combination	\$ 229.7	\$ 87.5	\$ 317.2	50.8%	\$ 3.9
† • VA	\$ 75.5	\$ 38.4	\$ 113.9	51.0%	66.3%	15.3%	State Plan Option	\$ 26.0	\$ 13.2	\$ 39.2	34.4%	N/A
† • WV	\$ 21.1	\$ 4.4	\$ 25.5	74.0%	82.7%	8.7%	Combination	\$ 15.0	\$ 3.1	\$ 18.1	70.9%	N/A
SLC TOTAL	\$ 1,688.3	\$ 601.8	\$ 2,290.1					\$ 890.4	\$ 323.3	\$ 1,213.7		\$ 236.2

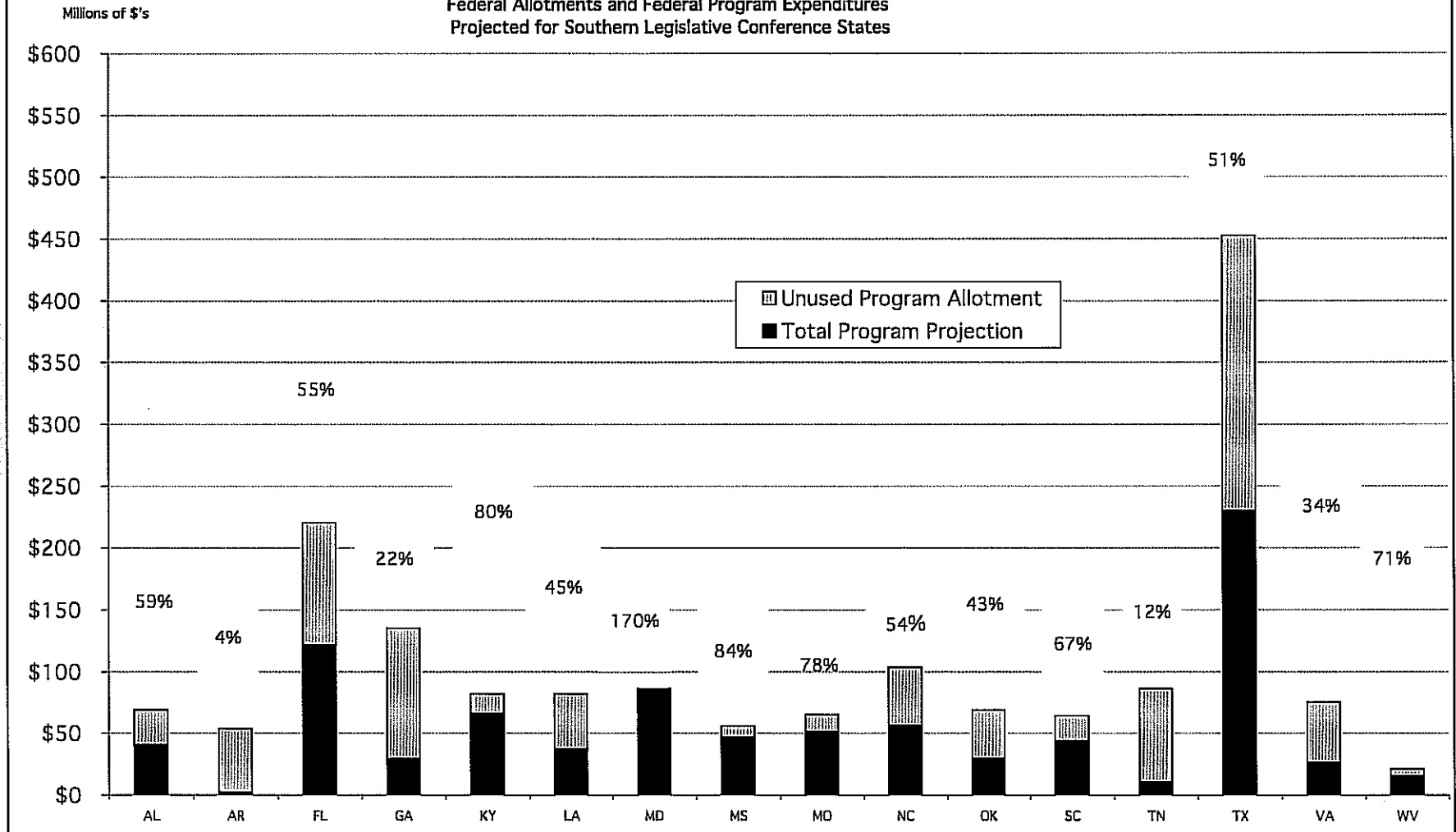
- Title XXI Plan Amendment also approved by HCFA
- † Responded to survey
- * Data from state plan submitted to HCFA

^ASome SLC states are accelerating coverage for 15-18 year olds to 100% of poverty. Coverage of this group is mandated to 100% of poverty on a phased-in basis under Title XIX. Once phased-in under Title XIX, expenses for this age group will no longer be covered under Title XXI. States that exceed 100% of their annual program allotments will be "carrying forward" prior year balances to finance their programs.

Type of program	# of states	Percent
Medicaid Expansion	6	37.5%
State Plan Option	3	18.8%
Combination	7	43.8%
Total	16	

Projected Expenditure as a Percent of Total Allotment	# of SLC states
0-20%	2
21-40%	2
41-60%	4
61-80%	4
81 & above	2

CHART 11
State Children's Health Insurance Program
Federal Allotments and Federal Program Expenditures
Projected for Southern Legislative Conference States



*Percentages refer to Total Program Projection
as a percent of Total Program Allotment through FFY 01.

MEDICAID GROWTH FACTOR ANALYSIS

Payment data from the HCFA 2082 (MMIS) report was adjusted for inflation using the implicit price deflator for medical care published by the Bureau of Economic Analysis of the U.S. Department of Commerce. **Table 2** indicates that inflation accounts for about \$9.19 billion or 41.8% of the \$22.0 billion in nominal growth for the period FFY 95-01 for the entire 16-state region. Inflation-adjusted growth (or growth in real 1995 dollars) is estimated at \$12.8 billion during this period. On a region-wide basis, the number of Medicaid recipients increased 20.4% from 13.9 million in FFY 95 to 16.7 million in FFY 01. Adjusted payment data (which excludes disproportionate share payments to hospitals) plus recipient data were used to construct a Medicaid growth index in order to show which factors are primarily responsible for the growth in Medicaid payments. Charts and tables cited below can be found at the end of this summary.

Table 3 provides a growth index that shows the relative contribution to overall payment increases of (1) enrollment and (2) the combined effect of policies governing reimbursement and utilization. Index values for "Enrollment" indicate the inflation-adjusted cost effect of covering additional recipients that entered Medicaid coverage during this period.

Chart 12 and **Table 3** show the estimated dollar impact of the two growth factors on each state. Clearly, enrollment is the dominant factor throughout the region, accounting for \$8.3 billion (65%) of total growth (\$12.8 billion). Reimbursement and utilization policies accounted for \$4.5 billion (35%), reflecting state emphasis on the controls and restrictions in Medicaid payments.

Chart 13 reflects the values for "Reimbursement and Utilization Policies" and shows the combined effect of the amount paid for services in excess of (or below) medical inflation, plus increases or decreases in the utilization of services by recipients. [Information reported is not adequate to isolate the effects of reimbursement and utilization, respectively, so these variables are combined.] States with positive values for this factor show varying increases in average payments per recipient, a result of either an increase in reimbursement levels above normal medical inflation or an increase in the utilization of services by recipients or both. Conversely, states with negative values for this factor were able to contain costs during the period by imposing or continuing restrictions on (1) the amount and type of services which recipients may use or (2) the level of reimbursement paid to providers for services or (3) both.

With respect to enrollment, most of the expansion (though not all) can be attributed to federal mandates to increase the number of persons covered by Medicaid and/or to unfavorable economic factors, which cause people to seek public assistance. Therefore, most growth in payments related to enrollment is considered to be outside the discretion of states.

On the other hand, states do have considerable latitude (within the constraints of federal law and judicial action) to set policies governing provider reimbursement and recipient utilization. This is demonstrated by the variation among states of the relative importance of reimbursement/utilization. Index values for this factor range from -465.63 for Arkansas to 184.44 for West Virginia, indicating that these two states had the greatest changes in real unit costs, although in opposite directions. Table 2 shows that overall in the SLC, five states had a decline in real unit costs and eleven showed an increase (adjusted for inflation). Arkansas and Missouri had the largest decreases in payments adjusted for inflation from FFY 95-01, 29.0% and 12.9% respectively. Mississippi and Virginia had the largest increases in payments adjusted for inflation from FFY 95-01, 61.7% and 38.5% respectively.

TABLE 2
REGIONAL MEDICAID GROWTH SUMMARY
(FFY 95-01)

(FFY 94-00)

NOMINAL GROWTH															
FFY 95					FFY 01					Payments		Recipients		Payment per Recipient	
	Payments	Recipients	Pmnt/Recip	Rank		Payments	Recipients	Pmnt/Recip	Rank	Avg. Annual	Total	Avg. Annual	Total	Avg. Annual	Total
										Growth	Growth	Growth	Growth	Growth	Growth
AL	\$1,454,992,095	539,251	\$2,698	10		\$2,365,105,951	643,527	\$3,675	9	8.43%	62.55%	2.99%	19.34%	5.29%	36.21%
AR	\$1,375,839,261	353,370	\$3,893	2		\$1,745,190,363	535,798	\$3,257	14	4.04%	26.85%	7.18%	51.63%	-2.93%	-16.34%
FL	\$4,802,304,255	1,735,141	\$2,768	9		\$8,398,159,525	2,458,609	\$3,416	13	9.76%	74.88%	5.98%	41.70%	3.57%	23.42%
GA	\$3,076,448,917	1,147,443	\$2,681	12		\$3,823,315,247	1,355,059	\$2,822	15	3.69%	24.28%	2.81%	18.09%	0.85%	5.24%
KY	\$1,945,454,856	640,930	\$3,035	4		\$3,235,081,726	818,311	\$3,953	6	8.85%	66.29%	4.16%	27.68%	4.50%	30.24%
LA	\$2,708,478,255	785,399	\$3,449	3		\$2,884,085,571	788,117	\$3,659	11	1.05%	6.48%	0.06%	0.35%	0.99%	6.12%
MD	\$2,018,737,653	414,261	\$4,873	1		\$3,295,671,799	613,120	\$5,375	1	8.51%	63.25%	6.75%	48.00%	1.65%	10.30%
MO	\$2,039,144,108	695,458	\$2,932	6		\$3,626,212,602	978,546	\$3,706	8	10.07%	77.83%	5.86%	40.71%	3.98%	26.38%
MS	\$1,265,799,300	519,697	\$2,436	15		\$2,445,523,630	648,851	\$3,769	7	11.60%	93.20%	3.77%	24.85%	7.55%	54.74%
NC	\$3,175,059,813	1,084,337	\$2,928	7		\$5,499,093,501	1,304,684	\$4,215	4	9.59%	73.20%	3.13%	20.32%	6.26%	43.95%
OK	\$1,054,871,918	393,613	\$2,680	13		\$1,589,535,207	442,387	\$3,593	12	7.07%	50.69%	1.97%	12.39%	5.01%	34.07%
SC	\$1,438,114,111	495,500	\$2,902	8		\$3,096,853,528	760,797	\$4,071	5	13.64%	115.34%	7.41%	53.54%	5.80%	40.25%
TN	\$2,772,026,096	1,466,194	\$1,891	16		\$4,059,332,053	1,602,027	\$2,534	16	6.56%	46.44%	1.49%	9.26%	5.00%	34.02%
TX	\$6,612,888,967	2,561,957	\$2,581	14		\$10,345,351,319	2,820,625	\$3,668	10	7.74%	56.44%	1.62%	10.10%	6.03%	42.10%
VA	\$1,832,759,818	681,313	\$2,690	11		\$2,715,955,748	618,385	\$4,392	3	6.77%	48.19%	-1.60%	-9.24%	8.51%	63.27%
WV	\$1,169,416,109	388,667	\$3,009	5		\$1,590,866,017	344,296	\$4,621	2	5.26%	36.04%	-2.00%	-11.42%	7.41%	53.57%
SLC TOTAL	\$38,742,835,532	13,902,531	\$2,787			\$60,715,833,787	16,783,139	\$3,628		7.78%	56.72%	3.14%	20.36%	4.50%	30.21%

ADJUSTED FOR INFLATION*															
FFY 95					FFY 01					Payments		Recipients		Payment per Recipient	
	Payments	Recipients	Pmnt/Recip	Rank		Payments	Recipients	Pmnt/Recip	Rank	Avg. Annual	Total	Avg. Annual	Total	Avg. Annual	Total
										Growth	Growth	Growth	Growth	Growth	Growth
AL	\$1,454,992,095	539,251	\$2,698	10		\$2,006,943,147	643,527	\$3,119	8	5.51%	37.93%	2.99%	19.34%	2.44%	15.58%
AR	\$1,375,839,261	353,370	\$3,893	2		\$1,480,905,259	535,798	\$2,764	13	1.23%	7.64%	7.18%	51.63%	-5.55%	-29.01%
FL	\$4,802,304,255	1,735,141	\$2,768	9		\$7,126,373,641	2,458,609	\$2,899	12	6.80%	48.39%	5.98%	41.70%	0.77%	4.73%
GA	\$3,076,448,917	1,147,443	\$2,681	12		\$3,244,326,678	1,355,059	\$2,394	14	0.89%	5.46%	2.81%	18.09%	-1.87%	-10.70%
KY	\$1,945,454,856	640,930	\$3,035	4		\$2,745,173,043	818,311	\$3,355	7	5.91%	41.11%	4.16%	27.68%	1.68%	10.52%
LA	\$2,708,478,255	785,399	\$3,449	3		\$2,447,330,434	788,117	\$3,066	10	-1.68%	-9.64%	0.06%	0.35%	-1.94%	-11.10%
MD	\$2,018,737,653	414,261	\$4,873	1		\$2,796,587,582	613,120	\$4,561	2	5.58%	38.53%	6.75%	48.00%	-1.10%	-6.40%
MS	\$2,039,144,108	695,458	\$2,932	6		\$3,077,072,521	648,851	\$4,742	1	7.10%	50.90%	-1.15%	-6.70%	8.34%	61.74%
MO	\$1,265,799,300	519,697	\$2,436	15		\$2,075,182,673	978,546	\$2,121	16	8.59%	63.94%	11.12%	88.29%	-2.28%	-12.93%
NC	\$3,175,059,813	1,084,337	\$2,928	7		\$4,666,331,338	1,304,684	\$3,577	5	6.63%	46.97%	3.13%	20.32%	3.39%	22.15%
OK	\$1,054,871,918	393,613	\$2,680	13		\$1,348,821,938	442,387	\$3,049	11	4.18%	27.87%	1.97%	12.39%	2.17%	13.77%
SC	\$1,438,114,111	495,500	\$2,902	8		\$2,627,877,607	760,797	\$3,454	6	10.57%	82.73%	7.41%	53.54%	2.94%	19.01%
TN	\$2,772,026,096	1,466,194	\$1,891	16		\$3,444,601,982	1,602,027	\$2,150	15	3.69%	24.26%	1.49%	9.26%	2.17%	13.73%
TX	\$6,612,888,967	2,561,957	\$2,581	14		\$8,778,689,989	2,820,625	\$3,112	9	4.84%	32.75%	1.62%	10.10%	3.17%	20.58%
VA	\$1,832,759,818	681,313	\$2,690	11		\$2,304,661,562	618,385	\$3,727	4	3.89%	25.75%	-1.60%	-9.24%	5.58%	38.54%
WV	\$1,169,416,109	388,667	\$3,009	5		\$1,349,951,214	344,296	\$3,921	3	2.42%	15.44%	-2.00%	-11.42%	4.51%	30.32%
SLC TOTAL	\$38,742,835,532	13,902,531	\$2,787			\$51,520,830,608	16,783,139	\$3,077		4.87%	32.98%	3.14%	20.36%	1.67%	10.42%

Table excludes administrative costs, disproportionate share hospital payments and certain other adjustments. *Implicit price deflator (medical care index, adjusted base=1992), Bureau of Economic Analysis, U. S. Department of Commerce.

MEDICAID GROWTH FACTOR ALLOCATION
(FFY 95-01)

GROWTH INDEX (95-01)							
	Enrollment Factor	Reimbursement/ Utilization Factor	Total		Total Adjusted Growth	Share From Enrollment	Share From Reimbursement & Utilization
AL	54.97	45.03	100		\$551,951,052	\$303,394,754	\$248,556,298
AR	565.63	-465.63	100		\$105,065,998	\$594,279,728	(\$489,213,731)
FL	88.30	11.70	100		\$2,324,069,386	\$2,052,041,975	\$272,027,411
GA	313.01	-213.01	100		\$167,877,761	\$525,477,345	(\$357,599,584)
KY	70.95	29.05	100		\$799,718,187	\$567,416,524	\$232,301,663
LA	-3.41	103.41	100		(\$261,147,821)	\$8,898,232	(\$270,046,053)
MD	120.29	-20.29	100		\$777,849,929	\$935,690,481	(\$157,840,552)
MS	-16.86	116.86	100		\$1,037,928,413	(\$174,987,914)	\$1,212,916,327
MO	128.01	-28.01	100		\$809,383,373	\$1,036,108,511	(\$226,725,138)
NC	48.04	51.96	100		\$1,491,271,525	\$716,467,590	\$774,803,935
OK	47.52	52.48	100		\$293,950,020	\$139,693,307	\$154,256,712
SC	71.13	28.87	100		\$1,189,763,496	\$846,271,544	\$343,491,952
TN	40.79	59.21	100		\$672,575,886	\$274,318,043	\$398,257,843
TX	33.95	66.05	100		\$2,165,801,022	\$735,324,451	\$1,430,476,571
VA	-42.30	142.30	100		\$471,901,744	(\$199,607,565)	\$671,509,309
WV	-84.44	184.44	100		\$180,535,105	(\$152,438,613)	\$332,973,719
SLE TOTAL	65.01	34.99	100		\$12,778,495,076	\$8,307,618,156	\$4,470,876,920

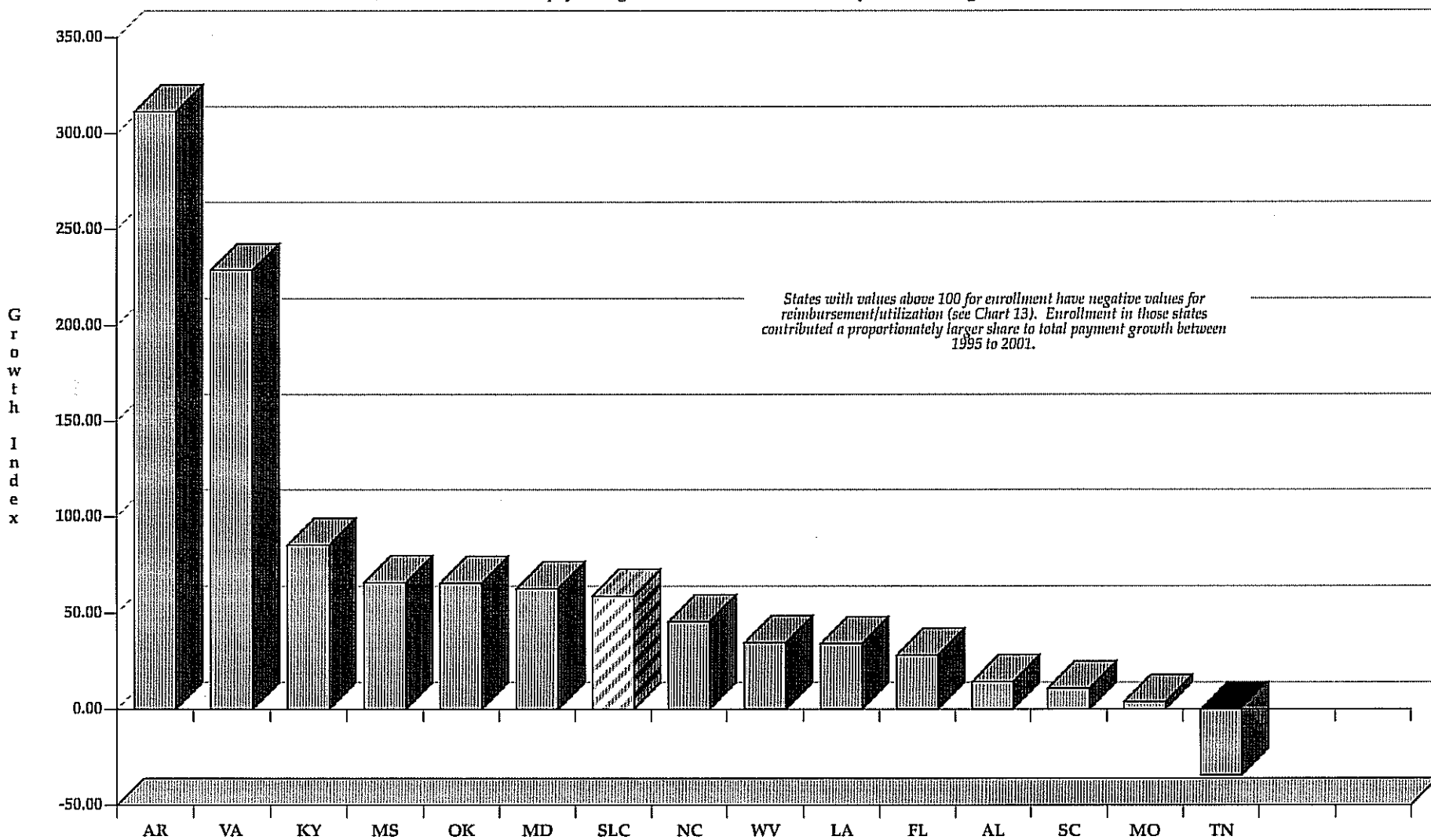
Explanation: Inflation-adjusted growth data (see Table 1) was analyzed for Federal Fiscal Years 95 through 01 to determine the relative contribution to overall payment increases of the following factors: (1) enrollment increases and, (2) the combined effect of reimbursement and utilization policies. A growth index was constructed to indicate the importance of each factor to each state over the seven-year period.

Index values for "Enrollment" indicate the inflation-adjusted cost effect of covering additional recipients that entered Medicaid coverage during this period. On a region-wide basis, the number of Medicaid recipients increased 20.4% from 13.9 million in FFY 95 to 16.7 million in FFY 01.

The values for "Reimbursement and Utilization Policies" show the combined effect of the amount paid for services in excess of (or below) medical inflation, plus increases or decreases in the utilization of services by recipients. [Information reported is not adequate to isolate the effects of reimbursement and utilization, respectively, so these variables are combined.] States with positive values for this factor show varying increases in average payments per recipient, a result of either an increase in reimbursement levels above normal medical inflation or an increase in the utilization of services by recipients or both. Conversely, states with negative values for this factor were able to contain costs during the period by imposing or continuing restrictions on (1) the amount and type of services which recipients may use or (2) the level of reimbursement paid to providers for services or (3) both.

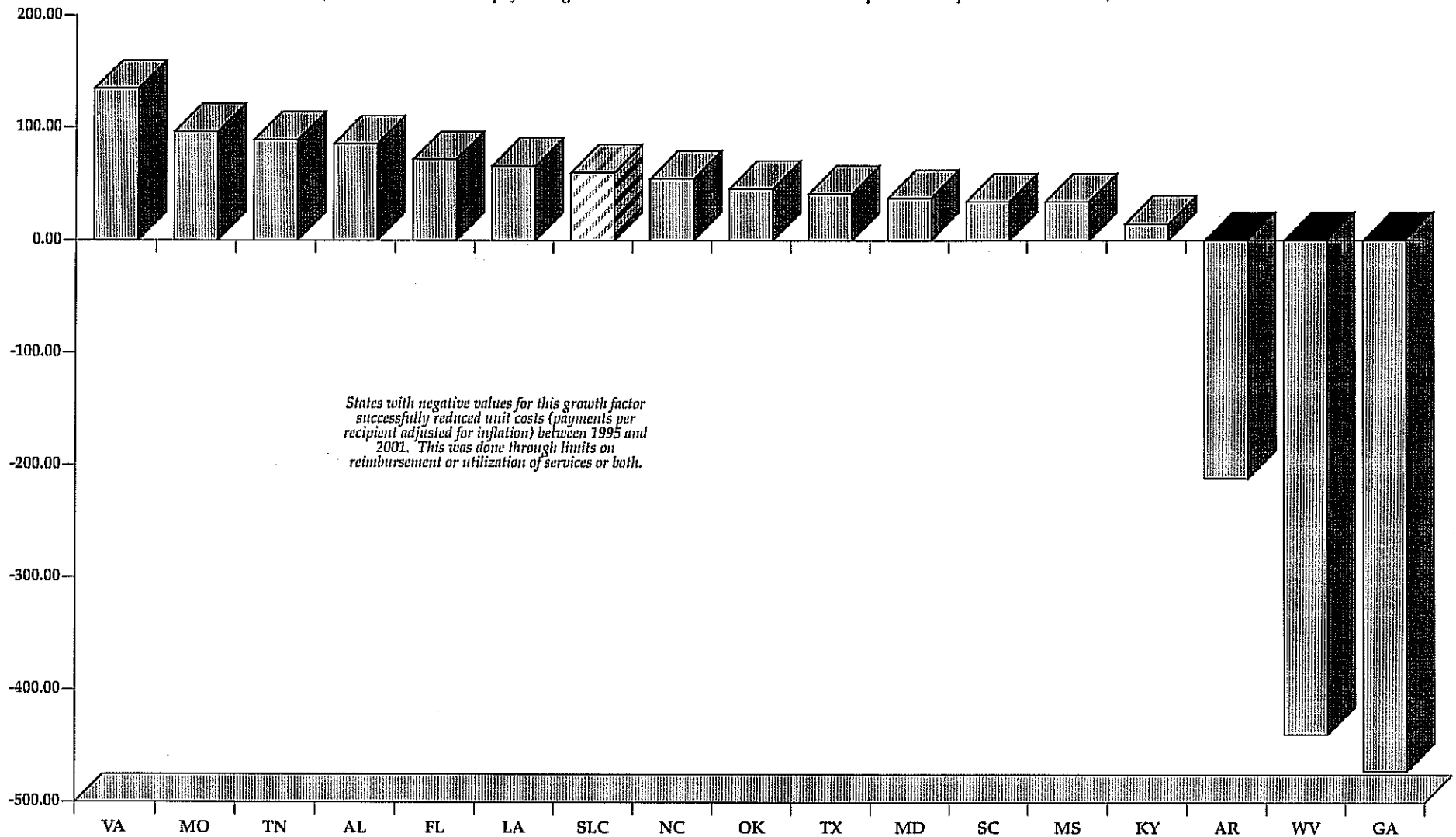
With respect to enrollment, most of the increase (though not all) can be attributed to federal mandates to increase the number of persons covered by Medicaid or to unfavorable economic conditions which increase public assistance rolls. Therefore, most growth in payments caused by enrollment is considered to be outside the discretion of states. On the other hand, states do have considerable latitude (within the constraints of federal law and judicial action) to set policies governing provider reimbursement and recipient utilization. This is demonstrated by the variation among states of the relative importance of reimbursement/utilization. Index values for this factor range from -465.63 for Arkansas to 184.44 for West Virginia, indicating that these two states had the greatest changes in real unit costs, although in opposite directions.

CHART 12
MEDICAID GROWTH INDEX: ENROLLMENT FACTOR
 (Shows contribution to payment growth of enrollment when compared to other growth factors for each state.)



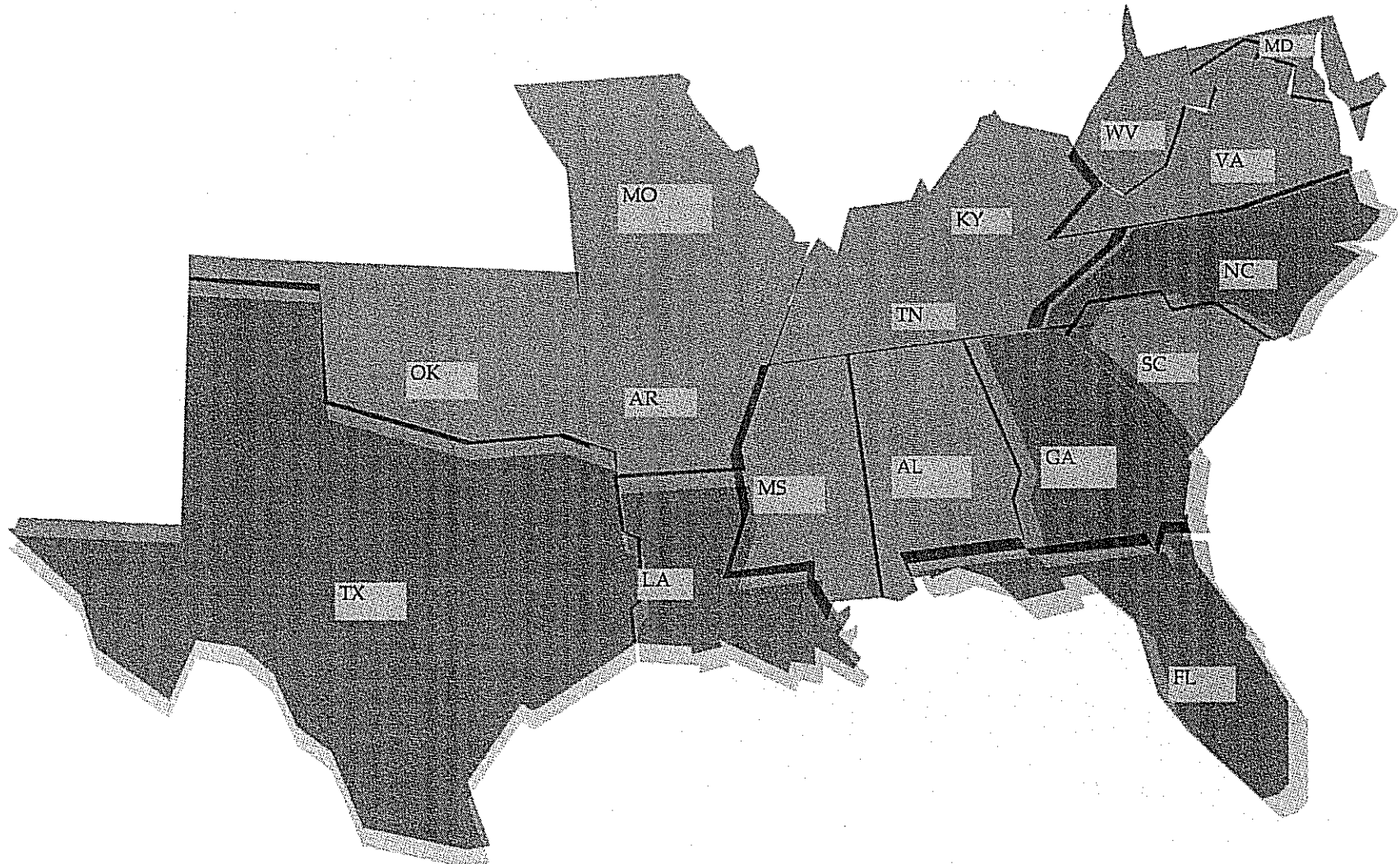
*See Table 3 and Chart 13. The sum of the enrollment factor and the reimbursement/utilization factor equals 100 for each state.
 Calculations are based on inflation-adjusted growth.*

CHART 13
MEDICAID GROWTH INDEX: REIMBURSEMENT/UTILIZATION POLICY FACTOR
 (Shows contribution to payment growth of reimbursement and utilization policies compared to enrollment.)

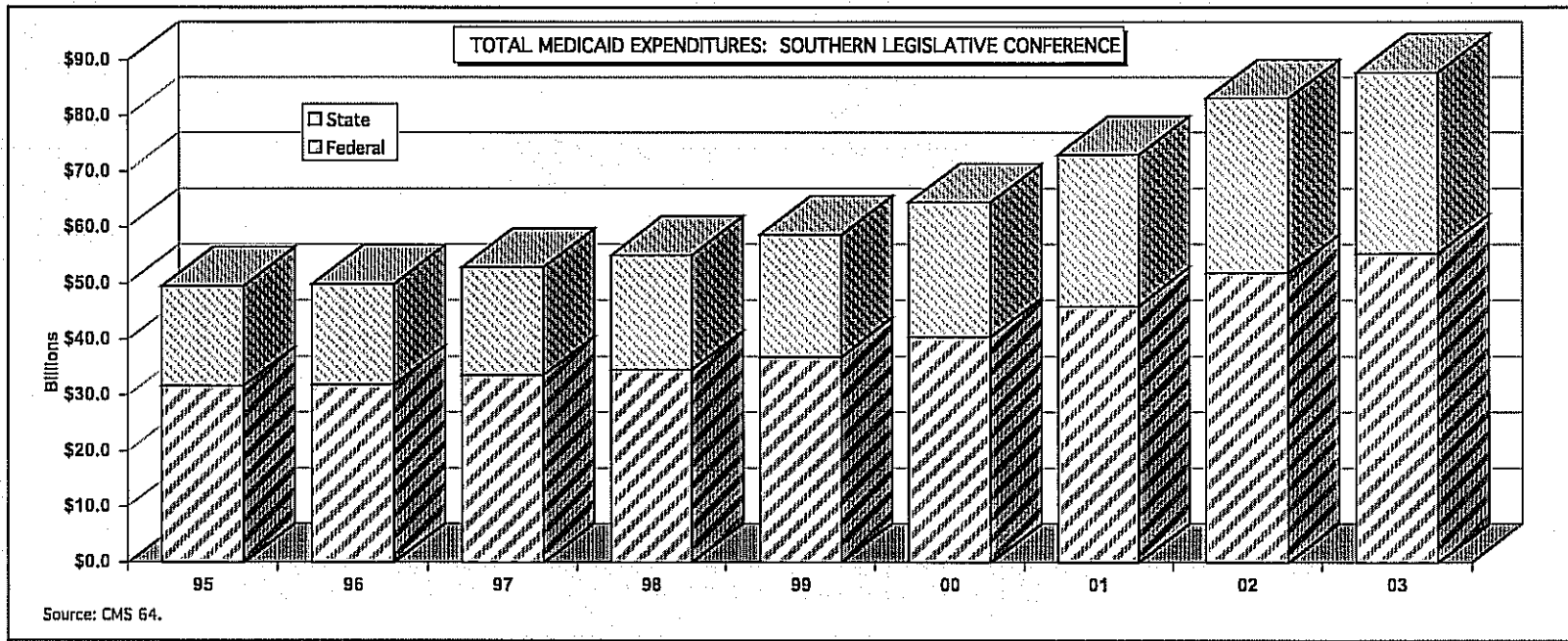


See Table 3 and Chart 12. The sum of the reimbursement/utilization factor and the enrollment factor equals 100 for each state. Calculations are based on inflation-adjusted growth.

SOUTHERN REGION MEDICAID PROFILES



SOUTHERN REGION MEDICAID PROFILE

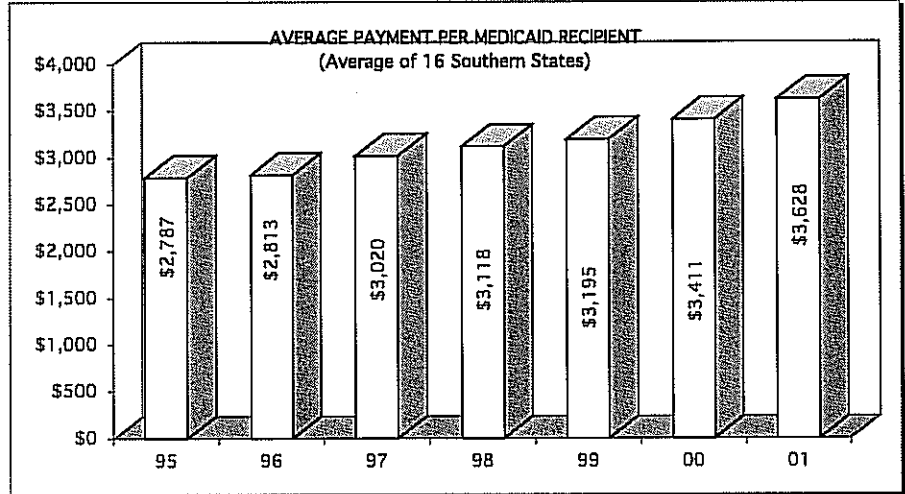
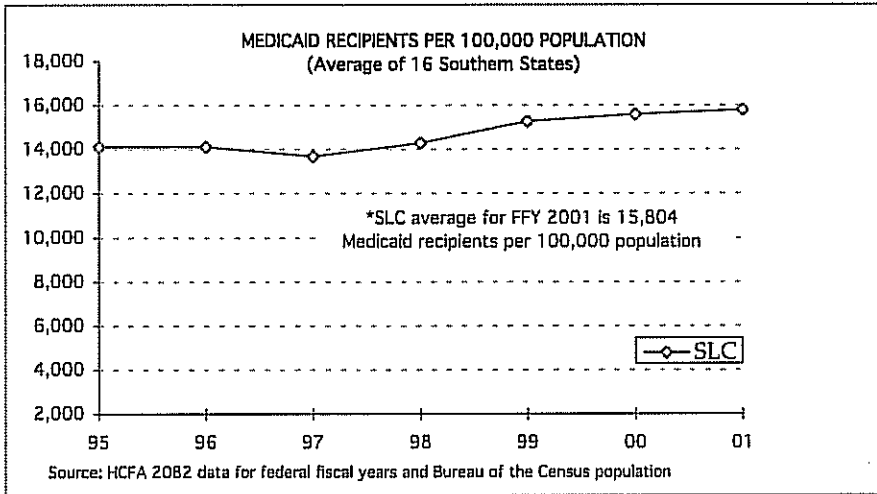


	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	FFY 01	FFY 02*	FFY 03*	Annual Rate of Change	Total Change 95-03
Medicaid Payments	47,813,515,971	48,046,660,192	50,829,102,000	52,539,105,571	55,940,297,429	61,558,380,518	69,662,295,603	79,346,644,912	84,031,548,000	7.3%	75.7%
Federal Share	30,705,834,371	30,983,746,451	32,452,763,872	33,240,352,251	35,382,769,738	38,817,062,848	44,108,151,836	49,723,968,650	53,279,562,000	7.1%	73.5%
State Share	17,107,681,600	17,062,913,741	18,376,338,128	19,298,753,320	20,557,527,691	22,741,317,670	25,554,143,767	29,622,676,262	30,751,986,000	7.6%	79.8%
Administrative Costs	1,717,423,989	1,811,205,121	2,023,265,620	2,479,912,374	2,724,565,076	2,903,777,393	3,293,413,676	3,796,329,028	3,774,956,000	10.3%	119.8%
Federal Share	960,975,160	1,009,434,631	1,140,929,121	1,368,733,422	1,532,616,824	1,617,989,388	1,833,144,729	2,122,246,744	2,095,346,000	10.2%	118.0%
State Share	756,448,829	801,770,490	882,336,499	1,111,178,952	1,191,948,252	1,285,788,005	1,460,268,947	1,674,082,284	1,679,610,000	10.5%	122.0%
Admin. Costs as % of Payments	3.59%	3.77%	3.98%	4.72%	4.87%	4.72%	4.73%	4.78%	4.49%		
<u>Growth From Prior Year</u>											
Payments	10.47%	0.49%	5.79%	3.36%	6.47%	10.04%	13.16%	13.90%	5.90%		
Administration	10.01%	5.46%	11.71%	22.57%	9.87%	6.58%	13.42%	15.27%	-0.56%		

*Federal Fiscal Years 02 and 03 reflect total of latest estimates reported by each state in region to the Centers for Medicare and Medicaid Services (CMS)

SOUTHERN LEGISLATIVE CONFERENCE

SOUTHERN REGION MEDICAID PROFILE



DATA BY TYPE OF SERVICES (Includes Fee-For-Service and Waivers)

<u>RECIPIENTS BY TYPE OF SERVICES</u>	<u>FFY 95</u>	<u>FFY 96</u>	<u>FFY 97</u>	<u>FFY 98</u>	<u>FFY 99</u>	<u>FFY 00</u>	<u>FFY 01</u>	<u>Annual Change</u>
01. General Hospital	2,280,943	2,168,625	2,140,972	1,990,634	2,113,022	2,427,020	2,310,885	0.2%
02. Mental Hospital	28,018	39,074	33,633	60,916	67,997	97,490	92,710	22.1%
03. Skilled and Intermediate (non-MR) Care Nursing	607,731	568,667	567,371	571,590	605,716	614,776	587,141	-0.6%
04. Intermediate Care for Mentally Retarded	50,857	50,006	49,069	48,203	48,203	47,064	44,592	-2.2%
05. Physician Services	9,618,048	9,594,341	9,187,741	8,249,687	8,790,400	9,094,586	9,407,712	-0.4%
06. Dental Services	2,338,413	2,323,363	2,392,900	1,625,300	2,244,135	2,417,011	2,586,091	1.7%
07. Other Practitioners	1,983,425	1,978,326	1,979,247	1,649,660	1,279,795	2,085,777	1,614,707	-3.4%
08. Outpatient Hospital	5,959,814	5,768,364	5,486,441	5,141,377	5,614,667	6,025,290	6,020,187	0.2%
09. Clinic Services	2,610,971	2,480,348	2,303,295	2,008,715	2,220,032	2,937,127	3,118,173	3.0%
10. Lab and X-Ray	5,019,062	4,823,760	4,612,403	3,842,128	4,090,575	4,739,159	4,768,792	-0.8%
11. Home Health	502,147	493,878	584,544	558,771	362,335	373,746	312,152	-7.6%
12. Prescribed Drugs	9,190,339	9,023,148	8,649,752	9,102,514	9,535,729	9,768,472	9,414,872	0.4%
13. Family Planning	893,481	836,207	822,897	775,409	330,354	112,783	138,666	-26.7%
14. Early & Periodic Screening, Diagnosis & Treatment	2,931,452	2,936,500	2,920,945	3,054,932	1,574,698	406,771	1,830,098	-7.6%
15. Other Care	4,628,411	5,917,568	5,095,561	2,007,526	3,453,987	2,933,967	3,586,758	-4.2%
16. Personal Care Support Services	0	0	0	1,435,819	1,025,829	1,410,412	1,200,706	-5.8%
17. Home/Community Based Waiver Services	5,503	57,989	127,147	126,870	199,735	40,536	35,526	36.5%
18. Prepaid Health Care	0	0	0	4,219,218	4,596,260	5,577,977	4,312,024	0.7%
19. Primary Care Case Management (PCCM) Services	0	0	0	2,878,247	2,968,230	4,049,903	4,204,108	13.5%
Total*	13,902,531	13,684,515	13,437,052	14,221,110	15,223,993	15,912,419	16,733,139	3.1%

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

SOUTHERN REGION MEDICAID PROFILE

PAYMENTS BY TYPE OF SERVICES

	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	FFY 01	Annual Change	Share of Total FFY 01
01. General Hospital	\$8,435,120,635	\$8,136,175,319	\$7,893,936,005	\$7,695,805,442	\$7,930,600,091	\$8,515,610,788	\$9,487,407,891	2.0%	15.6%
02. Mental Hospital	\$515,827,201	\$443,249,369	\$350,160,314	\$466,698,897	\$627,927,149	\$666,521,308	\$728,742,216	5.9%	1.2%
03. Skilled and Intermediate (non-MR) Care Nursing	\$8,289,638,452	\$8,439,704,234	\$9,005,463,201	\$9,406,538,879	\$9,675,955,854	\$10,351,500,083	\$10,843,403,332	4.6%	17.9%
04. Intermediate Care for Mentally Retarded	\$2,837,776,271	\$2,788,118,826	\$2,943,554,207	\$3,016,249,021	\$2,985,163,038	\$3,222,606,786	\$3,230,053,023	2.2%	5.3%
05. Physician Services	\$3,678,111,046	\$3,617,395,284	\$3,545,252,588	\$2,966,184,558	\$3,649,595,113	\$3,705,603,064	\$4,208,919,413	2.3%	6.9%
06. Dental Services	\$394,426,834	\$394,682,552	\$419,496,327	\$282,618,452	\$477,032,813	\$559,304,693	\$636,034,593	8.3%	1.0%
07. Other Practitioners	\$361,003,157	\$327,760,876	\$253,520,828	\$211,379,409	\$122,991,136	\$372,875,039	\$363,276,748	0.1%	0.6%
08. Outpatient Hospital	\$2,485,192,919	\$2,405,051,649	\$2,422,997,896	\$2,272,745,475	\$2,376,118,523	\$2,749,447,223	\$2,930,960,759	2.8%	4.8%
09. Clinic Services	\$1,328,976,859	\$1,280,938,061	\$1,211,835,030	\$1,043,342,930	\$1,290,889,551	\$1,557,759,668	\$1,770,796,620	4.9%	2.9%
10. Lab and X-Ray	\$493,875,769	\$470,344,030	\$426,004,426	\$355,940,553	\$413,912,530	\$442,152,883	\$484,161,976	-0.3%	0.8%
11. Home Health	\$1,640,428,376	\$1,989,355,907	\$2,616,500,023	\$689,943,909	\$957,399,948	\$893,543,237	\$923,197,458	-9.1%	1.5%
12. Prescribed Drugs	\$3,657,132,236	\$4,080,956,470	\$4,614,767,885	\$5,235,243,723	\$6,541,701,166	\$8,039,723,788	\$9,858,400,716	18.0%	16.2%
13. Family Planning	\$197,234,283	\$180,714,017	\$176,269,962	\$177,189,613	\$96,230,867	\$65,145,862	\$79,995,585	-14.0%	0.1%
14. Early & Periodic Screening, Diagnosis & Treatment	\$581,683,177	\$680,549,799	\$708,770,956	\$761,299,119	\$298,720,070	\$17,969,559	\$182,320,852	-17.6%	0.3%
15. Other Care	\$3,816,209,683	\$3,801,866,748	\$4,327,549,037	\$862,393,918	\$2,944,763,902	\$4,474,919,670	\$5,090,732,016	4.9%	8.4%
16. Personal Care Support Services	\$0	\$0	\$0	\$2,343,900,549	\$1,323,190,532	\$2,138,476,101	\$2,309,703,961	-0.5%	3.8%
17. Home/Community Based Waiver Services	\$29,698,634	\$64,891,393	\$107,367,126	\$1,603,984,759	\$1,415,297,522	\$421,388,327	\$786,479,332	72.6%	1.3%
18. Prepaid Health Care	\$0	\$0	\$0	\$4,857,146,394	\$5,088,823,649	\$5,614,992,050	\$6,401,230,299	9.6%	10.5%
19. Primary Care Case Management (PCCM) Services	\$0	\$0	\$0	\$142,974,019	\$425,852,256	\$460,025,630	\$399,516,999	40.9%	0.7%
Total*(excludes DSH pymts, pharmacy rebates, & other adjs.)	\$38,742,335,532	\$39,101,754,534	\$41,023,445,811	\$44,391,579,619	\$48,642,165,710	\$54,269,565,758	\$60,715,333,787	7.8%	100.0%

AVERAGE PAYMENTS PER RECIPIENT BY TYPE OF SERVICES

01. General Hospital	\$3,698.08	\$3,487.84	\$3,494.41	\$3,843.50	\$3,753.20	\$3,508.67	\$4,105.53	1.8%
02. Mental Hospital	\$18,410.56	\$10,490.48	\$9,610.33	\$7,661.35	\$9,234.63	\$6,836.82	\$7,860.43	-13.2%
03. Skilled and Intermediate (non-MR) Care Nursing	\$13,640.31	\$14,841.21	\$15,872.27	\$16,456.79	\$15,974.41	\$16,837.84	\$18,468.15	5.2%
04. Intermediate Care for Mentally Retarded	\$55,799.13	\$55,755.69	\$59,988.06	\$62,573.89	\$61,928.99	\$68,472.86	\$72,436.44	4.4%
05. Physician Services	\$382.42	\$377.03	\$385.87	\$359.55	\$415.18	\$407.45	\$447.39	2.6%
06. Dental Services	\$168.67	\$169.88	\$175.31	\$173.89	\$212.57	\$231.40	\$245.94	6.5%
07. Other Practitioners	\$182.01	\$165.68	\$128.09	\$128.14	\$96.10	\$178.77	\$224.98	3.6%
08. Outpatient Hospital	\$416.99	\$416.94	\$441.63	\$442.05	\$423.20	\$456.32	\$486.86	2.6%
09. Clinic Services	\$509.00	\$516.43	\$526.13	\$519.41	\$581.47	\$530.37	\$567.90	1.8%
10. Lab and X-Ray	\$98.40	\$97.51	\$92.36	\$92.64	\$101.19	\$93.30	\$101.53	0.5%
11. Home Health	\$3,266.83	\$4,028.03	\$4,476.14	\$1,234.75	\$2,642.31	\$2,390.78	\$2,957.52	-1.6%
12. Prescribed Drugs	\$397.93	\$452.28	\$533.51	\$575.14	\$686.02	\$823.03	\$1,047.11	17.5%
13. Family Planning	\$220.75	\$216.11	\$214.21	\$228.51	\$291.30	\$577.62	\$576.89	17.4%
14. Early & Periodic Screening, Diagnosis & Treatment	\$198.43	\$231.76	\$242.65	\$249.20	\$189.70	\$44.18	\$99.62	-10.8%
15. Other Care	\$824.52	\$642.47	\$849.28	\$429.58	\$852.57	\$1,525.21	\$1,419.31	9.5%
16. Personal Care Support Services	\$0.00	\$0.00	\$0.00	\$1,632.45	\$1,289.87	\$1,516.21	\$1,923.62	5.6%
17. Home/Community Based Waiver Services	\$5,396.81	\$1,119.03	\$844.43	\$12,642.74	\$7,085.88	\$10,395.41	\$22,137.95	26.5%
18. Prepaid Health Care	\$0.00	\$0.00	\$0.00	\$1,151.20	\$1,107.17	\$1,006.64	\$1,484.51	8.8%
19. Primary Care Case Management (PCCM) Services	\$0.00	\$0.00	\$0.00	\$49.67	\$143.47	\$113.59	\$95.03	24.1%
Total (Average)*	\$2,786.71	\$2,813.11	\$3,020.31	\$3,118.38	\$3,195.10	\$3,410.52	\$3,628.45	4.5%

TOTAL PER CAPITA EXPENDITURES	\$502.92	\$514.42	\$538.49	\$553.46	\$589.00	\$631.46	\$689.04	5.4%
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*HCFA 2082 reports for FFY 95 to FFY 00 provided by CMS; for FFY 01, eleven states were provided by CMS, while state provided data was utilized for the 5 other states (SEE "Important Note" prior to table of contents)

SOUTHERN REGION MEDICAID PROFILE

DATA BY OTHER CHARACTERISTICS

RECIPIENTS BY OTHER CHARACTERISTICS

	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	FFY 01	Annual Change	Share of Total FFY 01
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	7,128,014	6,677,672	5,949,650	6,086,892	5,927,485	5,670,893	6,081,030	-2.6%	36.3%
Poverty Related Eligibles	1,719,209	1,853,675	4,182,923	4,542,086	5,681,412	6,693,003	6,531,058	24.9%	39.0%
Medically Needy	544,335	496,477	551,749	510,429	576,750	410,335	665,271	3.4%	4.0%
Other Eligibles	3,978,925	4,121,752	2,557,246	2,388,385	2,181,919	2,139,482	2,685,071	-6.3%	16.0%
Maintenance Assistance Status Unknown	532,048	534,939	195,484	693,318	856,427	998,706	770,709	6.4%	4.6%
Total*	13,902,531	13,684,515	13,437,052	14,221,110	15,223,993	15,912,419	16,733,139	3.1%	100.0%
By Basis of Eligibility									
Aged, Blind, or Disabled	3,908,307	4,047,369	4,090,574	4,184,399	4,346,059	4,334,213	4,578,977	2.7%	27.4%
Children	6,831,126	6,815,861	6,584,414	6,832,221	7,176,359	7,705,610	8,147,626	3.0%	48.7%
Foster Care Children	99,559	115,047	132,198	169,293	193,197	192,979	183,371	10.7%	1.1%
Adults	2,531,491	2,229,265	2,558,777	2,335,478	2,635,124	2,693,458	3,061,371	3.2%	18.3%
Basis of Eligibility Unknown	532,048	476,973	71,089	699,719	873,254	986,159	761,794	6.2%	4.6%
Total*	13,902,531	13,684,515	13,437,052	14,221,110	15,223,993	15,912,419	16,733,139	3.1%	100.0%
By Age									
Under Age 1	927,167	840,661	890,064	735,839	809,363	985,845	1,070,090	2.4%	6.4%
Age 1 to 5	2,846,816	2,733,653	2,580,918	2,717,525	2,660,068	2,733,776	2,951,761	0.6%	17.6%
Age 6 to 14	2,728,712	2,769,122	2,767,934	3,214,775	3,206,509	3,409,798	3,642,257	4.9%	21.8%
Age 15 to 20	1,258,370	1,241,375	1,220,311	1,350,397	1,557,044	1,724,236	1,844,763	6.6%	11.0%
Age 21 to 44	3,157,576	3,014,054	2,887,097	2,986,878	3,079,718	3,034,524	3,263,916	0.6%	19.5%
Age 45 to 64	1,131,270	1,157,856	1,199,926	1,252,801	1,384,141	1,349,028	1,443,576	4.1%	8.6%
Age 65 to 74	724,049	722,377	729,202	723,555	675,369	704,472	761,653	0.8%	4.6%
Age 75 to 84	641,851	639,487	646,677	639,363	587,911	610,053	643,760	0.0%	3.8%
Age 85 and Over	459,627	522,455	475,081	504,970	428,088	456,497	448,091	-0.4%	2.7%
Age Unknown	27,093	43,475	39,842	95,007	835,782	904,190	663,272	70.4%	4.0%
Total*	13,902,531	13,684,515	13,437,052	14,221,110	15,223,993	15,912,419	16,733,139	3.1%	100.0%
By Race									
White	6,625,204	6,490,989	6,326,853	6,544,851	6,975,818	7,190,545	7,574,369	2.3%	45.3%
Black	5,025,381	4,848,326	4,724,252	5,185,949	5,283,836	5,517,618	5,816,295	2.5%	34.8%
Hispanic, American Indian or Asian	1,736,648	1,781,321	1,774,776	1,782,371	2,055,251	2,258,284	2,364,480	5.3%	14.1%
Other/Unknown	515,298	563,879	611,171	707,939	909,088	945,972	977,995	11.3%	5.8%
Total*	13,902,531	13,684,515	13,437,052	14,221,110	15,223,993	15,912,419	16,733,139	3.1%	100.0%
By Sex									
Female	8,529,349	8,401,527	8,243,653	8,611,455	8,932,568	9,495,869	9,990,051	2.7%	59.7%
Male	5,263,632	5,204,623	5,140,398	5,506,659	6,120,769	6,229,793	6,552,436	3.7%	39.2%
Unknown	109,550	78,365	53,001	102,996	170,656	186,757	190,652	9.7%	1.1%
Total*	13,902,531	13,684,515	13,437,052	14,221,110	15,223,993	15,912,419	16,733,139	3.1%	100.0%

*HCFA 2082 reports for FFY 95 to FFY 00 provided by CMS; for FFY 01, eleven states were provided by CMS, while state provided data was utilized for the 5 other states
Source: Health Care Financing Administration-Form HCFA 2082 for federal fiscal years

SOUTHERN REGION MEDICAID PROFILE

PAYMENTS BY OTHER CHARACTERISTICS

	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	FFY 01	Annual Change	Share of Total FFY 01
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	\$18,053,914,153	\$18,499,030,378	\$18,575,385,326	\$19,885,565,184	\$22,248,031,595	\$24,072,214,210	\$27,095,069,944	7.0%	44.6%
Poverty Related Eligibles	\$7,470,243,678	\$6,781,683,773	\$8,602,270,244	\$8,891,957,726	\$10,027,477,875	\$11,949,908,087	\$12,865,443,442	9.5%	21.2%
Medically Needy	\$1,670,733,716	\$1,326,975,379	\$1,999,186,452	\$1,728,552,324	\$1,867,222,363	\$1,954,641,312	\$2,338,098,103	5.8%	3.9%
Other Eligibles	\$10,869,064,647	\$11,695,806,117	\$11,270,099,044	\$12,791,860,977	\$13,436,137,793	\$14,798,569,333	\$16,833,052,109	7.6%	27.7%
Maintenance Assistance Status Unknown	\$678,379,338	\$798,258,887	\$576,504,744	\$1,093,643,511	\$1,063,296,084	\$1,494,232,816	\$1,583,670,189	15.2%	2.6%
Total*	\$38,742,335,532	\$39,101,754,534	\$41,023,445,811	\$44,391,579,722	\$48,642,165,710	\$54,269,565,758	\$60,715,333,787	7.8%	100.0%
By Basis of Eligibility									
Aged, Blind, or Disabled	\$25,412,018,474	\$26,709,993,103	\$28,475,149,418	\$29,254,139,891	\$33,869,088,358	\$37,046,812,713	\$41,109,469,311	8.3%	67.7%
Children	\$7,402,250,548	\$6,996,056,196	\$6,971,151,567	\$6,847,548,537	\$8,123,205,223	\$9,079,575,424	\$10,390,308,134	5.8%	17.1%
Foster Care Children	\$357,814,429	\$338,069,627	\$428,260,938	\$637,703,288	\$758,168,955	\$973,958,956	\$1,045,502,170	19.6%	1.7%
Adults	\$4,891,872,744	\$4,258,339,205	\$4,872,042,263	\$6,555,805,822	\$4,877,077,467	\$5,684,739,535	\$6,682,593,689	5.3%	11.0%
Basis of Eligibility Unknown	\$678,379,338	\$799,296,403	\$276,841,625	\$1,096,382,080	\$1,014,625,706	\$1,484,479,130	\$1,487,460,483	14.0%	2.4%
Total*	\$38,742,335,532	\$39,101,754,534	\$41,023,445,811	\$44,391,579,619	\$48,642,165,710	\$54,269,565,758	\$60,715,333,787	7.8%	100.0%
By Age									
Under Age 1	\$2,368,162,289	\$2,059,686,073	\$2,309,754,132	\$1,761,694,486	\$2,190,382,459	\$2,584,964,615	\$3,033,715,972	4.2%	5.0%
Age 1 to 5	\$2,838,385,747	\$2,805,188,601	\$2,703,095,300	\$3,126,299,450	\$3,534,377,800	\$3,684,103,034	\$4,094,709,142	6.3%	6.7%
Age 6 to 14	\$2,887,955,242	\$2,879,636,787	\$3,012,076,741	\$3,579,429,183	\$4,183,791,850	\$4,621,362,744	\$5,185,847,555	10.2%	8.5%
Age 15 to 20	\$2,917,639,298	\$2,728,988,023	\$2,749,974,910	\$2,888,648,119	\$3,510,950,378	\$3,919,164,641	\$4,345,047,353	6.9%	7.2%
Age 21 to 44	\$10,022,651,896	\$9,899,538,127	\$9,983,477,483	\$10,531,479,867	\$11,474,722,559	\$12,690,166,253	\$13,976,758,020	5.7%	23.0%
Age 45 to 64	\$6,066,114,743	\$6,421,734,809	\$6,969,519,203	\$7,808,293,513	\$8,705,629,617	\$10,164,884,954	\$11,465,455,245	11.2%	18.9%
Age 65 to 74	\$2,929,042,025	\$3,031,317,365	\$3,285,040,037	\$3,598,545,951	\$3,646,441,546	\$4,170,689,161	\$4,800,325,510	8.6%	7.9%
Age 75 to 84	\$4,161,689,181	\$4,269,884,358	\$4,586,791,335	\$4,935,072,820	\$4,840,422,039	\$5,347,177,146	\$6,024,711,363	6.4%	9.9%
Age 85 and Over	\$4,462,126,856	\$4,766,314,503	\$5,002,291,296	\$5,594,599,987	\$5,342,756,441	\$5,681,546,117	\$6,186,390,044	5.6%	10.2%
Age Unknown	\$88,568,257	\$239,465,889	\$421,425,373	\$567,516,242	\$1,212,691,021	\$1,405,507,093	\$1,602,373,584	62.0%	2.6%
Total*	\$38,742,335,532	\$39,101,754,534	\$41,023,445,811	\$44,391,579,619	\$48,642,165,710	\$54,269,565,758	\$60,715,333,787	7.8%	100.0%
By Race									
White	\$22,072,695,895	\$22,143,790,315	\$23,155,425,679	\$24,607,752,543	\$26,108,534,366	\$29,729,239,431	\$33,309,455,805	7.1%	54.9%
Black	\$11,471,926,794	\$11,246,323,532	\$11,595,361,928	\$12,622,185,545	\$13,696,185,986	\$15,434,415,071	\$17,288,871,141	7.1%	28.5%
Hispanic, American Indian or Asian	\$2,976,231,725	\$3,169,107,603	\$3,284,804,327	\$3,364,253,343	\$4,202,126,744	\$5,131,430,262	\$5,568,434,718	11.0%	9.2%
Other/Unknown	\$2,221,481,119	\$2,542,533,085	\$2,987,853,877	\$3,797,388,189	\$4,635,318,615	\$3,974,480,994	\$4,548,572,122	12.7%	7.5%
Total*	\$38,742,335,532	\$39,101,754,534	\$41,023,445,811	\$44,391,579,619	\$48,642,165,710	\$54,269,565,758	\$60,715,333,787	7.8%	100.0%
By Sex									
Female	\$24,317,715,508	\$24,433,342,422	\$25,514,981,366	\$25,670,077,904	\$29,061,097,292	\$32,569,648,835	\$36,432,637,041	7.0%	60.0%
Male	\$14,253,549,870	\$14,397,834,473	\$15,075,797,952	\$17,637,519,437	\$18,122,350,417	\$20,601,301,881	\$23,022,281,375	8.3%	37.9%
Unknown	\$171,070,154	\$270,577,639	\$432,666,493	\$1,083,982,277	\$1,458,718,001	\$1,098,615,042	\$1,260,415,370	39.5%	2.1%
Total*	\$38,742,335,532	\$39,101,754,534	\$41,023,445,811	\$44,391,579,619	\$48,642,165,710	\$54,269,565,758	\$60,715,333,787	7.8%	100.0%

*HCFA 2082 reports for FFY 95 to FFY 00 provided by CMS; for FFY 01, eleven states were provided by CMS, while state provided data was utilized for the 5 other states

Source: Health Care Financing Administration-Form HCFA 2082 for federal fiscal years

SOUTHERN REGION MEDICAID PROFILE

AVERAGE PAYMENT PER RECIPIENT BY OTHER CHARACTERISTICS

	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	FFY 01	Annual Change
By Maintenance Assistance Status								
Receiving Cash Assistance or Eligible Under Section 1931	\$2,532.81	\$2,770.28	\$3,122.10	\$3,266.95	\$3,753.37	\$4,244.87	\$4,455.67	9.9%
Poverty Related Eligibles	\$4,345.16	\$3,658.51	\$2,056.52	\$1,957.68	\$1,764.96	\$1,785.43	\$1,969.89	-12.4%
Medically Needy	\$3,069.31	\$2,672.78	\$3,623.36	\$3,386.47	\$3,237.49	\$4,763.52	\$3,514.50	2.3%
Other Eligibles	\$2,731.66	\$2,837.58	\$4,407.12	\$5,355.86	\$6,157.95	\$6,916.89	\$6,269.13	14.8%
Maintenance Assistance Status Unknown	\$1,275.03	\$1,492.24	\$2,949.11	\$1,577.41	\$1,241.55	\$1,496.17	\$2,054.82	8.3%
Total*	\$2,786.71	\$2,857.37	\$3,053.01	\$3,121.53	\$3,195.10	\$3,410.52	\$3,628.45	4.5%
By Basis of Eligibility								
Aged, Blind, or Disable	\$6,502.05	\$6,599.35	\$6,961.16	\$6,991.24	\$7,793.06	\$8,547.53	\$8,977.87	5.5%
Children	\$1,083.61	\$1,026.44	\$1,058.74	\$1,002.24	\$1,131.94	\$1,178.31	\$1,275.26	2.8%
Foster Care Children	\$3,593.99	\$2,938.53	\$3,239.54	\$3,766.86	\$3,924.33	\$5,046.96	\$5,701.56	8.0%
Adults	\$1,932.41	\$1,910.20	\$1,904.05	\$2,807.05	\$1,850.80	\$2,110.57	\$2,182.88	2.1%
Basis of Eligibility Unknown	\$1,275.03	\$1,675.77	\$3,894.30	\$1,566.89	\$1,161.89	\$1,505.31	\$1,952.57	7.4%
Total*	\$2,786.71	\$2,857.37	\$3,053.01	\$3,121.53	\$3,195.10	\$3,410.52	\$3,628.45	4.5%
By Age								
Under Age 1	\$2,554.19	\$2,450.08	\$2,595.04	\$2,394.13	\$2,706.30	\$2,622.08	\$2,835.01	1.8%
Age 1 to 5	\$997.04	\$1,026.17	\$1,047.34	\$1,150.42	\$1,328.68	\$1,347.62	\$1,387.21	5.7%
Age 6 to 14	\$1,058.36	\$1,039.91	\$1,088.20	\$1,113.43	\$1,304.78	\$1,355.32	\$1,423.80	5.1%
Age 15 to 20	\$2,318.59	\$2,198.36	\$2,253.50	\$2,139.11	\$2,254.88	\$2,272.99	\$2,355.34	0.3%
Age 21 to 44	\$3,174.16	\$3,284.46	\$3,457.96	\$3,525.92	\$3,725.90	\$4,181.93	\$4,282.21	5.1%
Age 45 to 64	\$5,362.22	\$5,546.23	\$5,808.29	\$6,232.67	\$6,289.55	\$7,534.97	\$7,942.40	6.8%
Age 65 to 74	\$4,045.36	\$4,196.31	\$4,504.98	\$4,973.42	\$5,399.18	\$5,920.31	\$6,302.51	7.7%
Age 75 to 84	\$6,483.89	\$6,677.05	\$7,092.86	\$7,718.73	\$8,233.26	\$8,765.10	\$9,358.63	6.3%
Age 85 and Over	\$9,708.15	\$9,122.92	\$10,529.34	\$11,079.07	\$12,480.51	\$12,445.97	\$13,806.09	6.0%
Age Unknown	\$3,269.05	\$5,508.13	\$10,577.42	\$5,973.42	\$1,450.97	\$1,554.44	\$2,415.86	-4.9%
Total*	\$2,786.71	\$2,857.37	\$3,053.01	\$3,121.53	\$3,195.10	\$3,410.52	\$3,628.45	4.5%
By Race								
White	\$3,331.63	\$3,411.47	\$3,659.86	\$3,759.86	\$3,742.72	\$4,134.49	\$4,397.65	4.7%
Black	\$2,282.80	\$2,319.63	\$2,454.43	\$2,433.92	\$2,592.09	\$2,797.30	\$2,972.49	4.5%
Hispanic, American Indian or Asian	\$1,713.78	\$1,779.08	\$1,850.83	\$1,887.52	\$2,044.58	\$2,272.27	\$2,355.04	5.4%
Other/Unknown	\$4,311.06	\$4,509.00	\$4,888.74	\$5,364.00	\$5,098.86	\$4,201.48	\$4,650.92	1.3%
Total*	\$2,786.71	\$2,857.37	\$3,053.01	\$3,121.53	\$3,195.10	\$3,410.52	\$3,628.45	4.5%
By Sex								
Female	\$2,851.06	\$2,908.20	\$3,095.11	\$2,980.92	\$3,253.39	\$3,429.88	\$3,646.89	4.2%
Male	\$2,707.93	\$2,766.35	\$2,932.81	\$3,202.94	\$2,960.80	\$3,306.90	\$3,513.55	4.4%
Unknown	\$1,561.57	\$3,452.79	\$8,163.36	\$10,524.51	\$8,547.73	\$5,882.58	\$6,611.08	27.2%
Total*	\$2,786.71	\$2,857.37	\$3,053.01	\$3,121.53	\$3,195.10	\$3,410.52	\$3,628.45	4.5%

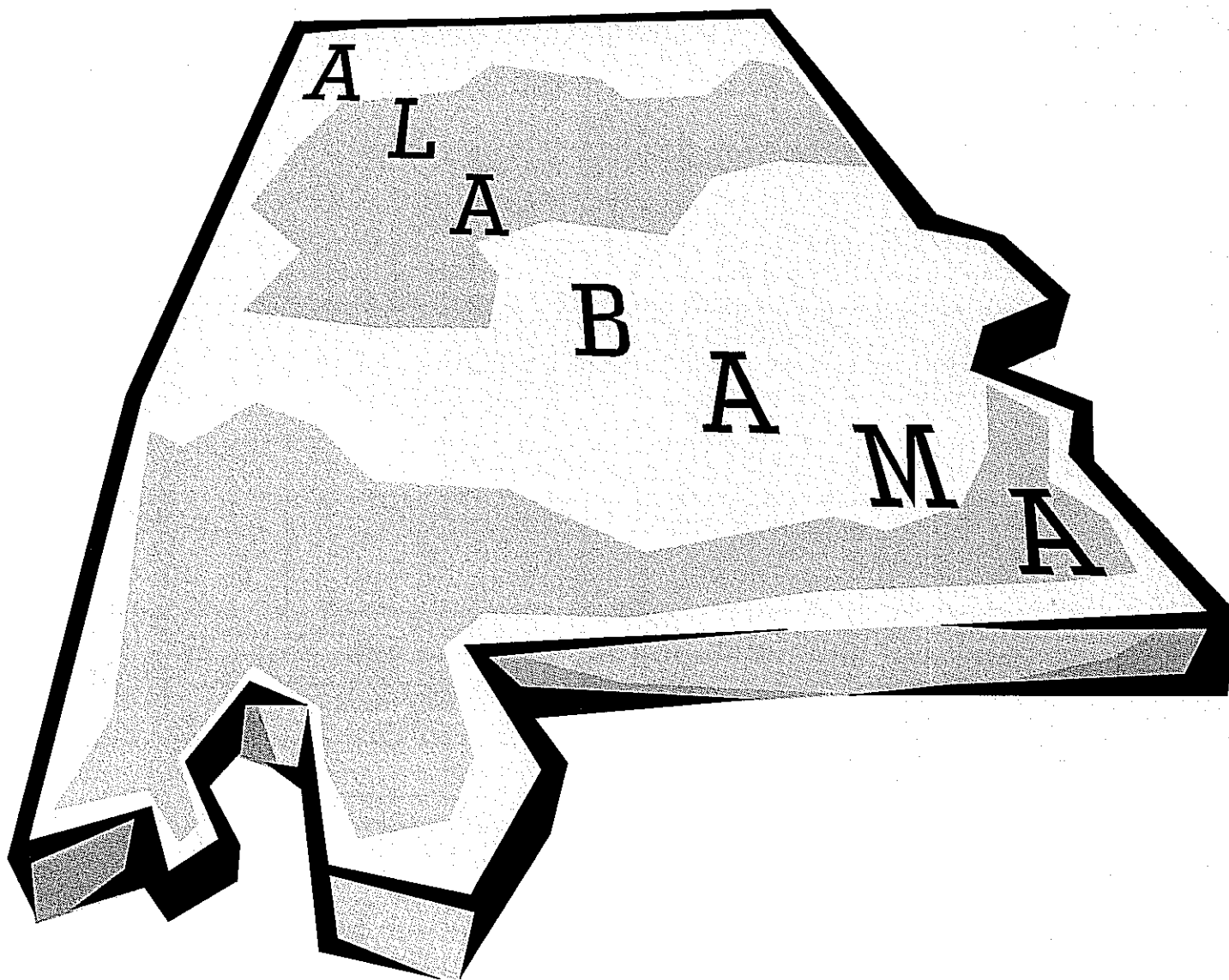
*HCFA 2082 reports for FFY 95 to FFY 00 provided by CMS; for FFY 01, eleven states were provided by CMS, while state provided data was utilized for the 5 other states

Source: Health Care Financing Administration-Form HCFA 2082 for federal fiscal years

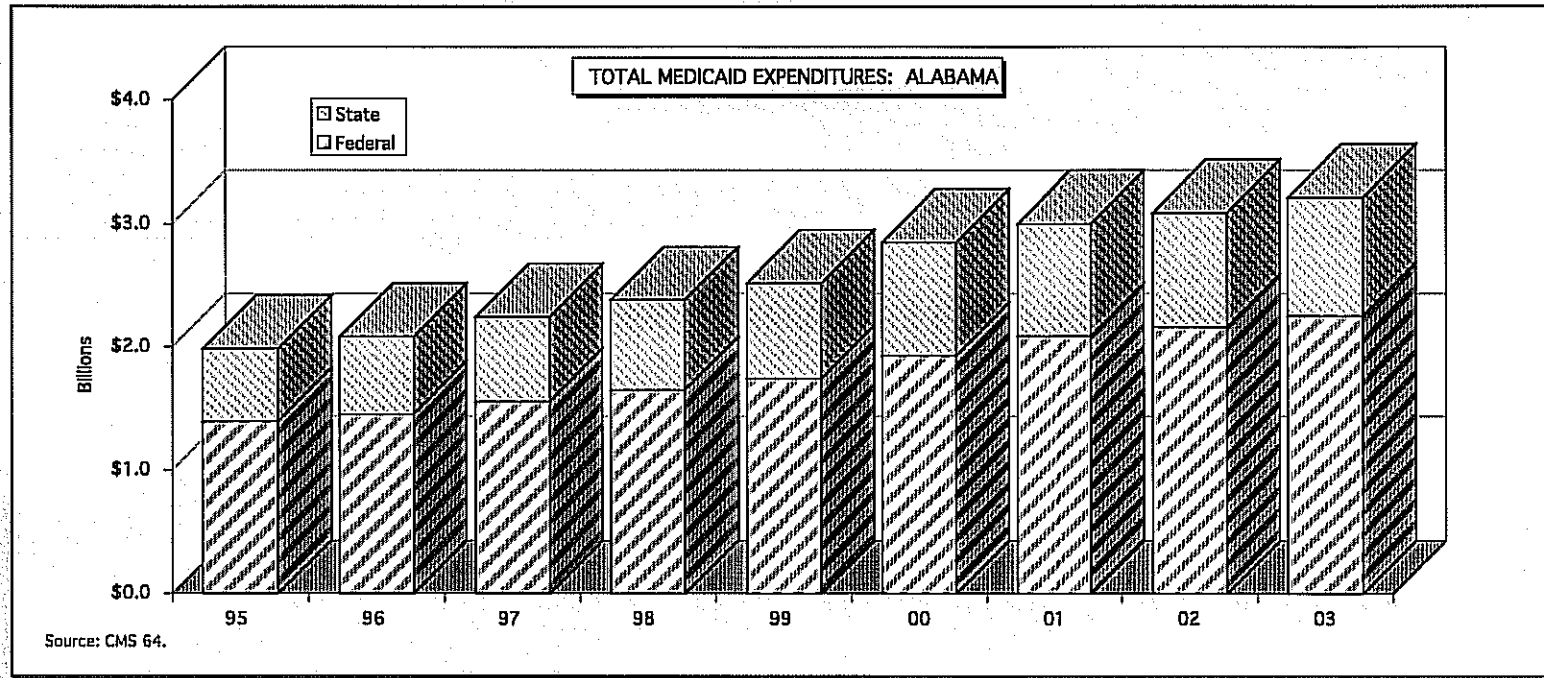
SOUTHERN LEGISLATIVE CONFERENCE

STATE MEDICAID PROFILES

STATE MEDICAID PROFILE



SOUTHERN REGION MEDICAID PROFILE



	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	FFY 01*	FFY 02**	FFY 03**	Annual Rate of Change	Total Change 95-03
Medicaid Payments	\$1,943,319,998	\$2,038,419,446	\$2,195,359,746	\$2,326,929,484	\$2,438,540,244	\$2,773,701,447	\$2,886,401,740	\$2,980,047,000	\$3,109,966,000	6.1%	60.0%
Federal Share	\$1,370,486,300	\$1,425,188,599	\$1,528,097,087	\$1,614,516,026	\$1,691,536,003	\$1,884,058,352	\$2,024,861,694	\$2,102,510,000	\$2,198,689,000	6.1%	60.4%
State Share	\$572,833,698	\$613,230,847	\$667,262,659	\$712,413,458	\$747,004,241	\$889,643,095	\$861,540,046	\$877,537,000	\$911,277,000	6.0%	59.1%
Administrative Costs	\$40,135,809	\$44,448,105	\$46,069,028	\$53,658,195	\$79,962,881	\$74,090,808	\$112,293,202	\$105,136,000	\$99,185,000	12.0%	147.1%
Federal Share	\$23,587,709	\$25,987,677	\$27,082,231	\$31,069,394	\$51,456,609	\$42,231,761	\$64,813,395	\$58,106,000	\$53,643,000	10.8%	127.4%
State Share	\$16,548,100	\$18,460,428	\$18,986,797	\$22,588,801	\$28,506,272	\$31,859,047	\$47,479,807	\$47,030,000	\$45,542,000	13.5%	175.2%
Admin. Costs as % of Payments	2.07%	2.18%	2.10%	2.31%	3.28%	2.67%	3.89%	3.53%	3.19%		
Federal Match Rate*	70.45%	69.85%	69.54%	69.32%	69.27%	69.57%	69.99%	70.45%	70.60%		

*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 02 and 03 reflect latest estimates reported by each state (CMS 37).

ALABAMA

SOUTHERN REGION MEDICAID PROFILE

STATE FINANCING

	Payments		Administration	
	FFY 95	FFY 01	FFY 95	FFY 01
State General Fund	\$202,245,363	\$216,520,958	\$16,548,100	\$47,479,807
Local Funds	\$0	\$0	\$0	\$0
Provider Taxes	\$29,000,000	\$35,747,046	\$0	\$0
Donations	\$0	\$0	\$0	\$0
Other	\$341,588,335	\$609,272,042	\$0	\$0
Total State Share	\$572,833,698	\$861,540,046	\$16,548,100	\$47,479,807

Provider Taxes Currently in Place (FFY 01)		
Provider(s)	Tax Rate	Amount
Nursing homes	\$1,200 per bed/year	\$29,953,740
Pharmacies	\$.10 per prescription over \$3.00	\$5,793,306
Total		\$35,747,046

DISPROPORTIONATE SHARE HOSPITAL (DSH) PAYMENTS

	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	FFY 01	FFY 02*	FFY 03*	Annual Change
General Hospitals	\$413,006,229	\$346,707,637	\$391,069,616	\$389,273,781	\$384,333,879	\$353,173,872	\$363,436,268	\$358,184,000	\$366,738,000	-1.1%
Mental Hospitals	\$4,451,770	\$48,180,868	\$26,388,384	\$4,451,769	\$3,301,620	\$3,301,620	\$3,301,620	\$0	\$0	-100.0%
Total	\$417,457,999	\$394,888,505	\$417,458,000	\$393,725,550	\$387,635,499	\$356,475,492	\$366,737,888	\$358,184,000	\$366,738,000	-2.1%

SELECTED ELIGIBILITY CRITERIA

	At 10/1/01	% of FPL*
TANF-Temporary Assistance for Needy Families (Family of 3)		
Need Standard	\$673	53.8%
Payment Standard	\$164	13.1%
Maximum Payment	\$164	13.1%
Medically Needy Program (Family of 2)		
Income Eligibility Standard	N/A	
Resource Standard	\$2,250	
Pregnant Women, Children and Infants (% of FPL*)		
Pregnant women and children to 6		133.0%
Children 6 to 14		100.0%
Children 14 to 18		100.0%
SSI Eligibility Levels		
Income:		
Single Person	\$565	76.5%
Couple	\$837	84.1%
Resources:		
Single Person	\$2,000	
Couple	\$3,000	

DEMOGRAPHIC DATA & POVERTY INDICATORS (2000)

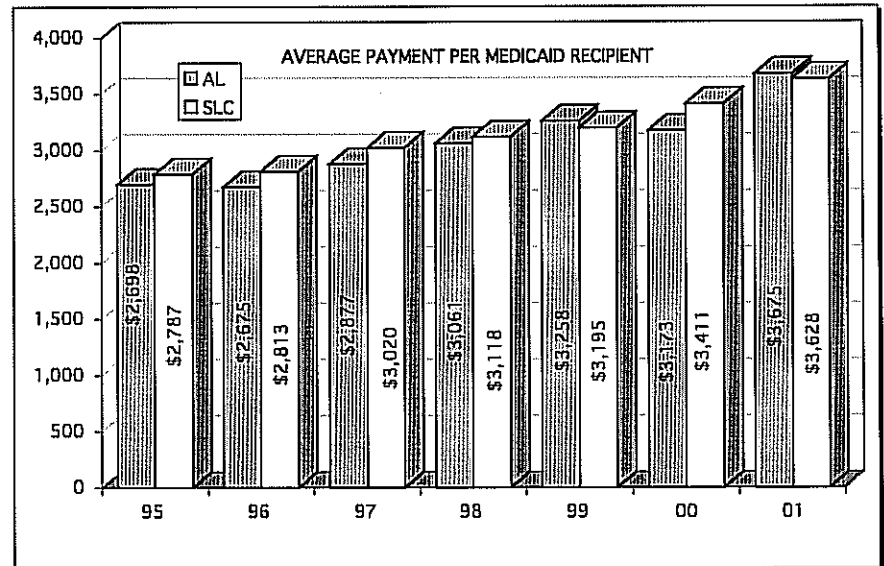
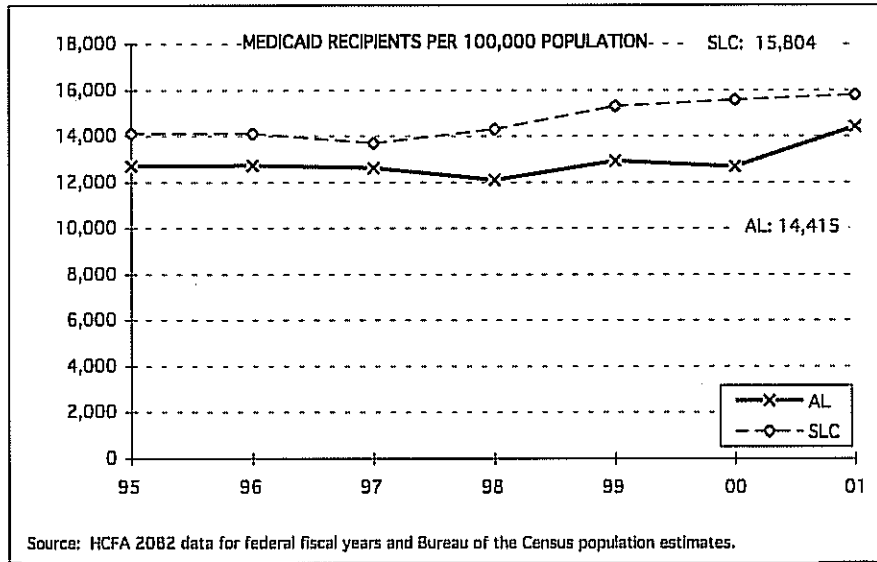
		Rank in U.S.
State population—July 1, 2001*	4,464,356	23
Per capita personal income**	\$23,460	43
Median household income**	\$33,105	44
Population below Federal Poverty Level on July 1, 2001*	651,796	
Percent of total population	14.6%	9
Population without health insurance coverage*	602,688	18
Percent of total state population	13.5%	18
Recipients of Food Stamps***	411,292	15
Households receiving Food Stamps***	161,372	15
Total value of issuance***	\$364,735,790	14
Average monthly benefit per recipient	\$73.90	16
Average monthly benefit per household	\$188.35	
Monthly recipients of Temporary Assistance to Needy Families (TANF)****	42,538	27
Total TANF payments****	\$92,517,785	50
Average monthly payment per recipient	\$181.25	
Maximum monthly payment per family of 3	\$164.00	49

*Current federal poverty level is \$8,860 per year for a single person, \$11,940 for a family of two and \$15,020 for a family of three. Table above shows monthly income levels.

*Bureau of the Census. **Bureau of Economic Analysis. ***USDA. ****USDHHS.

ALABAMA

SOUTHERN REGION MEDICAID PROFILE



DATA BY TYPE OF SERVICES (Includes Fee-For-Service and Waivers)

RECIPIENTS BY TYPE OF SERVICES	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	FFY 01	Annual Change
01. General Hospital	71,221	34,367	28,458	28,911	28,142	35,122	55,652	-4.0%
02. Mental Hospital	1,072	1,147	1,129	1,329	1,178	1,604	1,786	8.9%
03. Skilled and Intermediate (non-MR) Care Nursing	21,809	22,620	23,476	23,844	24,592	25,096	28,550	4.6%
04. Intermediate Care for Mentally Retarded	1,117	968	828	750	708	673	796	-5.5%
05. Physician Services	406,821	409,235	415,252	393,194	389,005	386,904	444,067	1.5%
06. Dental Services	65,649	70,823	70,968	68,485	76,261	72,227	82,592	3.9%
07. Other Practitioners	71,135	75,835	86,045	72,649	89,914	77,897	89,460	3.9%
08. Outpatient Hospital	221,182	248,630	262,530	221,538	190,517	218,078	245,726	1.8%
09. Clinic Services	108,423	120,341	124,345	111,804	83,653	138,044	154,812	6.1%
10. Lab and X-Ray	161,653	186,612	178,743	157,551	149,460	332,118	357,197	14.1%
11. Home Health	68,405	45,384	47,268	43,277	51,571	52,800	60,339	-2.1%
12. Prescribed Drugs	404,581	412,511	412,739	395,290	405,140	436,555	496,797	3.5%
13. Family Planning	34,841	37,130	39,639	35,953	34,280	28,441	33,576	-0.6%
14. Early & Periodic Screening, Diagnosis & Treatment	136,906	139,036	131,285	121,122	122,807	143,508	162,914	2.9%
15. Other Care	108,834	116,680	123,061	75,170	175,204	95,760	112,725	0.6%
16. Personal Care Support Services	0	0	0	52,098	0	0	0	-100.0%
17. Home/Community Based Waiver Services	0	0	0	4,112	6,098	34,436	35,526	105.2%
18. Prepaid Health Care	0	0	0	344,907	0	37	8,461	-70.9%
19. Primary Care Case Management (PCCM) Services	0	0	0	151,910	0	0	380,000	35.7%
Total*	539,251	546,272	546,140	527,078	562,801	563,308	643,527	3.0%

*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.

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SOUTHERN REGION MEDICAID PROFILE

<u>PAYMENTS BY TYPE OF SERVICES</u>	<u>FFY 95</u>	<u>FFY 96</u>	<u>FFY 97</u>	<u>FFY 98</u>	<u>FFY 99</u>	<u>FFY 00</u>	<u>FFY 01</u>	<u>Annual Change</u>	<u>Share of Total FFY 01</u>
01. General Hospital	\$269,464,898	\$198,637,110	\$170,166,297	\$190,942,492	\$298,064,323	\$76,159,640	\$334,616,062	3.7%	14.1%
02. Mental Hospital	\$18,227,568	\$20,530,209	\$21,833,876	\$26,475,030	\$30,756,234	\$34,915,895	\$35,450,442	11.7%	1.5%
03. Skilled and Intermediate (non-MR) Care Nursing	\$426,102,259	\$445,325,482	\$520,412,943	\$522,825,844	\$570,237,131	\$624,883,481	\$666,221,211	7.7%	28.2%
04. Intermediate Care for Mentally Retarded	\$77,870,785	\$68,011,776	\$58,298,157	\$55,663,840	\$59,125,341	\$64,466,823	\$61,589,438	-3.8%	2.6%
05. Physician Services	\$114,558,882	\$119,428,302	\$132,563,184	\$115,683,384	\$127,125,223	\$95,726,775	\$135,989,905	2.9%	5.7%
06. Dental Services	\$9,038,068	\$10,118,678	\$10,218,557	\$9,698,164	\$11,736,511	\$11,418,475	\$23,157,211	17.0%	1.0%
07. Other Practitioners	\$8,024,526	\$8,418,026	\$8,617,321	\$7,888,253	\$7,580,000	\$5,617,835	\$6,340,319	-3.9%	0.3%
08. Outpatient Hospital	\$47,095,877	\$65,223,740	\$70,529,433	\$57,602,636	\$47,811,861	\$36,818,355	\$44,166,407	-1.1%	1.9%
09. Clinic Services	\$37,840,054	\$46,123,958	\$49,128,082	\$62,372,094	\$73,541,276	\$117,047,331	\$78,498,228	12.9%	3.3%
10. Lab and X-Ray	\$9,992,503	\$11,082,415	\$10,636,552	\$9,563,557	\$13,952,110	\$32,295,622	\$37,294,304	24.5%	1.6%
11. Home Health	\$83,981,082	\$104,535,592	\$128,593,515	\$22,844,852	\$34,883,832	\$39,140,563	\$66,011,518	-3.9%	2.8%
12. Prescribed Drugs	\$178,667,753	\$203,811,076	\$226,105,163	\$236,674,147	\$273,619,269	\$333,198,061	\$390,122,853	13.9%	16.5%
13. Family Planning	\$7,893,848	\$7,332,859	\$7,565,632	\$6,639,031	\$9,498,436	\$4,931,740	\$17,993,448	14.7%	0.8%
14. Early & Periodic Screening, Diagnosis & Treatment	\$15,787,197	\$16,485,904	\$15,891,150	\$16,178,400	\$14,838,637	\$17,969,559	\$24,199,899	7.4%	1.0%
15. Other Care	\$130,446,795	\$136,035,958	\$140,643,879	\$19,858,177	\$31,704,980	\$45,204,998	\$165,723,883	4.1%	7.0%
16. Personal Care Support Services	\$0	\$0	\$0	\$61,655,392	\$0	\$0	\$0	-100.0%	0.0%
17. Home/Community Based Waiver Services	\$20,000,000	\$0	\$0	\$117,726,558	\$138,456,852	\$237,160,407	\$165,456,106	42.2%	7.0%
18. Prepaid Health Care	\$0	\$0	\$0	\$178,992	\$0	\$0	\$101,047,469	726.5%	4.3%
19. Primary Care Case Management (PCCM) Services	\$0	\$0	\$0	\$72,939,909	\$90,408,552	\$10,274,672	\$11,227,248	-46.4%	0.5%
Total (excludes DSH pymts, pharmacy rebates, & other adjs.)	\$1,454,992,095	\$1,461,101,085	\$1,571,203,741	\$1,613,410,752	\$1,833,340,568	\$1,787,230,232	\$2,365,105,951	8.4%	100.0%

AVERAGE PAYMENTS PER RECIPIENT BY TYPE OF SERVICES

								(+) or (-) SLC	
									<u>Avg. FFY 01</u>
01. General Hospital	\$3,783.50	\$5,779.88	\$5,979.56	\$6,604.49	\$10,591.44	\$2,168.43	\$6,012.65	8.0%	45.4%
02. Mental Hospital	\$17,003.33	\$17,899.05	\$19,339.13	\$19,921.02	\$26,108.86	\$21,768.01	\$19,847.34	2.6%	152.5%
03. Skilled and Intermediate (non-MR) Care Nursing	\$19,537.91	\$19,687.25	\$22,167.87	\$21,926.94	\$23,187.91	\$24,899.72	\$23,335.24	3.0%	26.4%
04. Intermediate Care for Mentally Retarded	\$69,714.22	\$70,260.10	\$70,408.40	\$74,218.45	\$83,510.37	\$95,790.23	\$77,356.27	1.7%	6.8%
05. Physician Services	\$281.60	\$291.83	\$319.24	\$294.21	\$326.80	\$247.42	\$306.24	1.4%	-31.6%
06. Dental Services	\$137.67	\$142.87	\$143.99	\$141.61	\$153.90	\$158.09	\$280.38	12.6%	14.0%
07. Other Practitioners	\$112.81	\$111.00	\$100.15	\$108.58	\$84.30	\$72.12	\$70.87	-7.5%	-68.5%
08. Outpatient Hospital	\$212.93	\$262.33	\$268.65	\$260.01	\$250.96	\$168.83	\$179.74	-2.8%	-63.1%
09. Clinic Services	\$349.00	\$383.28	\$395.09	\$557.87	\$879.12	\$847.90	\$507.06	6.4%	-10.7%
10. Lab and X-Ray	\$61.81	\$59.39	\$59.51	\$60.70	\$93.35	\$97.24	\$104.41	9.1%	2.8%
11. Home Health	\$1,227.70	\$2,303.36	\$2,720.52	\$527.88	\$676.42	\$741.30	\$1,094.01	-1.9%	-63.0%
12. Prescribed Drugs	\$441.61	\$494.07	\$547.82	\$598.74	\$675.37	\$763.24	\$785.28	10.1%	-25.0%
13. Family Planning	\$226.57	\$197.49	\$190.86	\$184.66	\$277.08	\$173.40	\$535.90	15.4%	-7.1%
14. Early & Periodic Screening, Diagnosis & Treatment	\$115.31	\$118.57	\$121.04	\$133.57	\$120.83	\$125.22	\$148.54	4.3%	49.1%
15. Other Care	\$1,198.58	\$1,165.89	\$1,142.88	\$264.18	\$180.96	\$472.07	\$1,470.16	3.5%	3.6%
16. Personal Care Support Services	\$0.00	\$0.00	\$0.00	\$1,183.45	\$0.00	\$0.00	\$0.00	-100.0%	-100.0%
17. Home/Community Based Waiver Services	\$0.00	\$0.00	\$0.00	\$28,630.00	\$22,705.29	\$6,886.99	\$4,657.29	-45.4%	-79.0%
18. Prepaid Health Care	\$0.00	\$0.00	\$0.00	\$0.52	\$0.00	\$0.00	\$11,942.95	2744.4%	704.5%
19. Primary Care Case Management (PCCM) Services	\$0.00	\$0.00	\$0.00	\$480.15	\$0.00	\$0.00	\$29.55	-60.5%	-68.9%
Total (Average)	\$2,698.17	\$2,674.68	\$2,876.92	\$3,061.05	\$3,257.53	\$3,172.74	\$3,675.22	5.3%	1.3%
TOTAL PER CAPITA EXPENDITURES	\$467.11	\$485.84	\$518.60	\$547.01	\$578.70	\$640.37	\$671.70	6.2%	-2.5%

ALABAMA

SOUTHERN REGION MEDICAID PROFILE
DATA BY OTHER CHARACTERISTICS

RECIPIENTS BY OTHER CHARACTERISTICS

	<u>FFY 95</u>	<u>FFY 96</u>	<u>FFY 97</u>	<u>FFY 98</u>	<u>FFY 99</u>	<u>FFY 00</u>	<u>FFY 01</u>	<i>Annual Change</i>	<i>Share of Total FFY 01</i>
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	292,535	286,298	275,061	231,997	214,490	171,320	207,260	-5.6%	32.2%
Poverty Related Eligibles	54,499	53,316	65,371	219,029	276,713	282,754	305,995	33.3%	47.5%
Medically Needy	0	0	0	0	0	0	0	n/a	0.0%
Other Eligibles	191,422	205,839	203,308	74,385	70,098	109,234	130,096	-6.2%	20.2%
Maintenance Assistance Status Unknown	795	819	2,400	1,667	1,500	0	175	-22.3%	0.0%
Total*	539,251	546,272	546,140	527,078	562,801	563,308	643,527	3.0%	100.0%
By Basis of Eligibility									
Aged, Blind, or Disabled	202,666	207,821	210,933	210,544	216,669	218,194	249,131	3.5%	38.7%
Children	243,999	250,149	276,145	262,547	271,119	272,827	311,334	4.1%	48.4%
Foster Care Children	2,879	2,846	3,716	4,038	4,634	4,975	5,539	11.5%	0.9%
Adults	88,912	84,635	52,944	48,048	65,835	64,311	74,194	-3.0%	11.5%
Basis of Eligibility Unknown	795	821	2,402	1,901	4,544	3,001	3,330	27.0%	0.5%
Total*	539,251	546,272	546,140	527,078	562,801	563,308	643,527	3.0%	100.0%
By Age									
Under Age 1	29,633	28,103	28,267	27,969	28,004	28,953	33,127	1.9%	5.1%
Age 1 to 5	128,371	127,986	123,033	111,576	117,283	115,592	133,269	0.6%	20.7%
Age 6 to 14	95,977	106,131	112,199	111,380	126,357	124,698	141,225	6.6%	21.9%
Age 15 to 20	43,715	43,683	42,273	43,098	54,806	57,786	64,755	6.8%	10.1%
Age 21 to 44	104,840	102,757	99,867	93,433	95,972	93,335	107,748	0.5%	16.7%
Age 45 to 64	46,688	48,663	50,685	51,573	54,085	56,602	64,131	5.4%	10.0%
Age 65 to 74	32,729	32,383	32,408	31,817	31,416	31,844	36,547	1.9%	5.7%
Age 75 to 84	32,091	31,319	31,144	30,248	29,000	29,817	34,301	1.1%	5.3%
Age 85 and Over	24,528	24,601	25,208	25,309	25,222	24,681	28,333	2.4%	4.4%
Age Unknown	679	646	1,056	675	656	0	91	-28.5%	0.0%
Total*	539,251	546,272	546,140	527,078	562,801	563,308	643,527	3.0%	100.0%
By Race									
White	239,275	240,879	242,516	238,107	250,806	253,223	295,379	3.6%	45.9%
Black	272,865	277,678	275,231	260,790	282,181	279,163	315,513	2.4%	49.0%
Hispanic, American Indian or Asian	4,924	5,843	6,488	7,042	22,084	22,377	24,056	30.3%	3.7%
Other/Unknown	22,187	21,872	21,905	21,139	7,730	8,545	8,579	-14.6%	1.3%
Total*	539,251	546,272	546,140	527,078	562,801	563,308	643,527	3.0%	100.0%
By Sex									
Female	337,439	338,728	336,467	322,644	341,391	339,629	396,843	2.7%	61.7%
Male	195,522	200,646	202,230	196,812	214,684	216,138	238,105	3.3%	37.0%
Unknown	6,290	6,898	7,443	7,622	6,726	7,541	8,579	5.3%	1.3%
Total*	539,251	546,272	546,140	527,078	562,801	563,308	643,527	3.0%	100.0%

*FFY 01 projected using FFY 95-FFY 00 trends, State Annual report, and state submitted data (SEE "Important Note" prior to table of contents).
Source: Health Care Financing Administration-Form HCFA 2082 for federal fiscal years

SOUTHERN REGION MEDICAID PROFILE

PAYMENTS BY OTHER CHARACTERISTICS

	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	FFY 01	Annual Change	Share of Total FFY 01
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	\$698,745,100	\$608,945,773	\$646,168,737	\$602,257,731	\$633,766,270	\$683,215,328	\$913,449,432	-4.6%	38.6%
Poverty Related Eligibles	\$503,382,092	\$514,790,907	\$170,810,424	\$178,124,687	\$354,031,879	\$283,684,202	\$402,859,805	-3.6%	17.0%
Medically Needy	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a	0.0%
Other Eligibles	\$218,624,893	\$184,828,392	\$607,526,099	\$607,215,547	\$706,832,522	\$820,330,702	\$1,007,304,680	29.0%	42.6%
Maintenance Assistance Status Unknown	\$34,240,010	\$152,536,013	\$146,698,481	\$225,812,787	\$138,709,897	\$0	\$41,492,035	3.3%	1.8%
Total*	\$1,454,992,095	\$1,461,101,085	\$1,571,203,741	\$1,613,410,752	\$1,833,340,568	\$1,787,230,232	\$2,365,105,951	8.4%	100.0%
By Basis of Eligibility									
Aged, Blind or Disabled	\$1,046,491,356	\$1,013,421,923	\$1,140,949,944	\$1,148,109,264	\$1,261,859,857	\$1,405,993,785	\$1,823,104,915	9.7%	77.1%
Children	\$193,833,249	\$140,069,631	\$191,018,520	\$189,774,558	\$283,399,186	\$189,840,679	\$260,456,830	5.0%	11.0%
Foster Care Children	\$9,707,101	\$9,743,579	\$16,062,702	\$17,824,964	\$25,409,692	\$38,827,608	\$45,816,824	29.5%	1.9%
Adults	\$170,720,379	\$145,329,084	\$76,474,094	\$31,649,422	\$117,218,923	\$148,842,655	\$189,873,245	1.8%	8.0%
Basis of Eligibility Unknown	\$34,240,010	\$152,536,868	\$146,698,481	\$226,052,544	\$145,452,910	\$3,725,505	\$45,854,138	5.0%	1.9%
Total*	\$1,454,992,095	\$1,461,101,085	\$1,571,203,741	\$1,613,410,752	\$1,833,340,568	\$1,787,230,232	\$2,365,105,951	8.4%	100.0%
By Age									
Under Age 1	\$69,000,694	\$21,718,398	\$23,397,438	\$22,820,090	\$30,129,124	\$34,942,192	\$46,950,436	-6.2%	2.0%
Age 1 to 5	\$118,393,096	\$89,906,107	\$76,335,290	\$67,146,102	\$78,629,298	\$88,747,075	\$119,608,058	0.2%	5.1%
Age 6 to 14	\$79,648,012	\$76,274,758	\$82,732,315	\$137,866,379	\$228,971,556	\$135,058,186	\$179,079,820	14.5%	7.6%
Age 15 to 20	\$89,616,766	\$79,740,778	\$76,750,734	\$45,768,326	\$94,268,784	\$111,659,439	\$141,251,156	7.9%	6.0%
Age 21 to 44	\$301,831,978	\$268,187,264	\$265,892,369	\$204,968,841	\$277,967,020	\$321,785,063	\$419,311,505	5.6%	17.7%
Age 45 to 64	\$207,550,327	\$192,938,509	\$216,275,333	\$222,425,685	\$246,269,985	\$291,750,032	\$373,617,468	10.3%	15.8%
Age 65 to 74	\$111,382,655	\$118,644,726	\$140,790,737	\$138,305,521	\$147,230,394	\$164,305,139	\$213,088,744	11.4%	9.0%
Age 75 to 84	\$195,848,563	\$203,861,863	\$236,822,941	\$233,796,571	\$247,214,550	\$274,284,772	\$357,021,249	10.5%	15.1%
Age 85 and Over	\$247,536,114	\$257,348,370	\$306,824,223	\$315,444,008	\$343,949,958	\$364,698,334	\$473,826,452	11.4%	20.0%
Age Unknown	\$34,183,890	\$152,480,312	\$145,382,361	\$224,869,229	\$138,709,899	\$0	\$41,351,063	3.2%	1.7%
Total*	\$1,454,992,095	\$1,461,101,085	\$1,571,203,741	\$1,613,410,752	\$1,833,340,568	\$1,787,230,232	\$2,365,105,951	8.4%	100.0%
By Race									
White	\$817,806,916	\$779,375,247	\$861,507,068	\$827,945,714	\$951,526,090	\$1,057,278,279	\$1,372,062,575	9.0%	58.0%
Black	\$527,068,448	\$463,114,382	\$493,712,277	\$438,942,699	\$544,338,912	\$633,781,223	\$818,115,856	7.6%	34.6%
Hispanic, American Indian or Asian	\$7,657,954	\$6,487,149	\$6,966,565	\$6,064,149	\$191,261,918	\$86,540,545	\$104,669,801	54.6%	4.4%
Other / Unknown	\$102,458,777	\$212,124,307	\$209,017,831	\$340,458,190	\$146,213,648	\$9,630,185	\$70,257,719	-6.1%	3.0%
Total*	\$1,454,992,095	\$1,461,101,085	\$1,571,203,741	\$1,613,410,752	\$1,833,340,568	\$1,787,230,232	\$2,365,105,951	8.4%	100.0%
By Sex									
Female	\$966,579,837	\$908,405,172	\$994,732,988	\$901,546,013	\$1,077,677,892	\$1,215,220,738	\$1,575,701,343	8.5%	66.6%
Male	\$443,200,940	\$395,672,055	\$427,195,176	\$428,860,075	\$488,061,795	\$555,778,269	\$718,582,751	8.4%	30.4%
Unknown	\$45,211,318	\$157,023,858	\$149,275,577	\$283,004,664	\$267,600,881	\$16,231,225	\$70,821,857	7.8%	3.0%
Total*	\$1,454,992,095	\$1,461,101,085	\$1,571,203,741	\$1,613,410,752	\$1,833,340,568	\$1,787,230,232	\$2,365,105,951	8.4%	100.0%

*FFY 01 projected using FFY 95-FFY 00 trends, State Annual report, and state submitted data.

Source: Health Care Financing Administration-Form HCFA 2082 for federal fiscal years

ALABAMA

SOUTHERN REGION MEDICAID PROFILE

AVERAGE PAYMENT PER RECIPIENT BY OTHER CHARACTERISTICS

	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	FFY 01	Annual Change	Above (+) or Below (-) SLC Avg. FFY 01
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	\$2,388.59	\$2,126.96	\$2,349.18	\$2,595.97	\$2,954.76	\$3,987.95	\$4,407.26	10.7%	-1.1%
Poverty Related Eligibles	\$9,236.54	\$9,655.47	\$2,612.94	\$813.25	\$1,279.42	\$1,003.29	\$1,316.56	-27.7%	-33.2%
Medically Needy	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	n/a	-100.0%
Other Eligibles	\$1,142.11	\$897.93	\$2,988.21	\$8,163.15	\$10,083.49	\$7,509.85	\$7,742.75	37.6%	23.5%
Maintenance Assistance Status Unknown	\$43,069.19	\$186,246.66	\$61,124.37	\$135,460.58	\$92,473.26	\$0.00	\$236,601.83	32.8%	11414.5%
Total*	\$2,698.17	\$2,674.68	\$2,876.92	\$3,061.05	\$3,257.53	\$3,172.74	\$3,675.22	5.3%	1.3%
By Basis of Eligibility									
Aged, Blind or Disabled	\$5,163.63	\$4,876.42	\$5,409.06	\$5,453.06	\$5,823.91	\$6,443.78	\$7,317.85	6.0%	-18.5%
Children	\$794.40	\$559.94	\$691.73	\$722.82	\$1,045.29	\$695.83	\$836.58	0.9%	-34.4%
Foster Care Children	\$3,371.69	\$3,423.60	\$4,322.58	\$4,414.31	\$5,483.32	\$7,804.54	\$8,271.93	16.1%	45.1%
Adults	\$1,920.11	\$1,717.13	\$1,444.43	\$658.70	\$1,780.50	\$2,314.42	\$2,559.15	4.9%	17.2%
Basis of Eligibility Unknown	\$43,069.19	\$185,793.99	\$61,073.47	\$118,912.44	\$32,009.88	\$1,241.42	\$13,770.83	-17.3%	605.3%
Total*	\$2,698.17	\$2,674.68	\$2,876.92	\$3,061.05	\$3,257.53	\$3,172.74	\$3,675.22	5.3%	1.3%
By Age									
Under Age 1	\$2,328.51	\$772.81	\$827.73	\$815.91	\$1,075.89	\$1,206.86	\$1,417.28	-7.9%	-50.0%
Age 1 to 5	\$922.27	\$702.47	\$620.45	\$601.80	\$670.42	\$767.76	\$897.49	-0.5%	-35.3%
Age 6 to 14	\$829.87	\$718.69	\$737.37	\$1,237.80	\$1,812.10	\$1,083.08	\$1,268.05	7.3%	-10.9%
Age 15 to 20	\$2,050.02	\$1,825.44	\$1,815.60	\$1,061.96	\$1,720.04	\$1,932.29	\$2,181.32	1.0%	-7.4%
Age 21 to 44	\$2,878.98	\$2,609.92	\$2,662.46	\$2,193.75	\$2,896.33	\$3,447.64	\$3,891.58	5.2%	-9.1%
Age 45 to 64	\$4,445.47	\$3,964.79	\$4,267.05	\$4,312.83	\$4,553.39	\$5,154.41	\$5,825.86	4.6%	-26.6%
Age 65 to 74	\$3,403.18	\$3,663.80	\$4,344.32	\$4,346.91	\$4,686.48	\$5,159.69	\$5,830.48	9.4%	-7.5%
Age 75 to 84	\$6,102.91	\$6,509.21	\$7,604.13	\$7,729.32	\$8,524.64	\$9,198.94	\$10,408.44	9.3%	11.2%
Age 85 and Over	\$10,091.98	\$10,460.89	\$12,171.70	\$12,463.71	\$13,636.90	\$14,776.48	\$16,723.41	8.8%	21.1%
Age Unknown	\$50,344.46	\$236,037.63	\$137,672.69	\$333,139.60	\$211,448.02	\$0.00	\$456,159.80	44.4%	18781.9%
Total*	\$2,698.17	\$2,674.68	\$2,876.92	\$3,061.05	\$3,257.53	\$3,172.74	\$3,675.22	5.3%	1.3%
By Race									
White	\$3,417.85	\$3,235.55	\$3,552.37	\$3,477.20	\$3,793.87	\$4,175.29	\$4,645.09	5.2%	5.6%
Black	\$1,931.61	\$1,667.81	\$1,793.81	\$1,683.13	\$1,929.04	\$2,270.29	\$2,592.97	5.0%	-12.8%
Hispanic, American Indian or Asian	\$1,555.23	\$1,110.24	\$1,073.76	\$861.14	\$8,660.66	\$3,867.39	\$4,351.07	18.7%	84.8%
Other/Unknown	\$4,617.96	\$9,698.44	\$9,542.01	\$16,105.69	\$18,915.09	\$1,127.00	\$8,189.50	10.0%	76.1%
Total*	\$2,698.17	\$2,674.68	\$2,876.92	\$3,061.05	\$3,257.53	\$3,172.74	\$3,675.22	5.3%	1.3%
By Sex									
Female	\$2,864.46	\$2,681.81	\$2,956.41	\$2,794.24	\$3,156.73	\$3,578.08	\$3,970.59	5.6%	8.9%
Male	\$2,266.76	\$1,971.99	\$2,112.42	\$2,179.03	\$2,273.40	\$2,571.40	\$3,017.92	4.9%	-14.1%
Unknown	\$7,187.81	\$22,763.68	\$20,055.83	\$37,129.97	\$39,786.04	\$2,152.40	\$8,255.26	2.3%	24.9%
Total*	\$2,698.17	\$2,674.68	\$2,876.92	\$3,061.05	\$3,257.53	\$3,172.74	\$3,675.22	5.3%	1.3%

Source: Health Care Financing Administration-Form HCFA 2082 for federal fiscal years

ALABAMA

SOUTHERN REGION MEDICAID PROFILE

ADDITIONAL STATE HEALTH CARE INFORMATION

Sources: "Major Health Care Policies: 50 State Profiles", Health Policy Tracking Service, January, 2002; and "Medicaid Services State by State", HCFA, October 2001.

*Information supplied by State Medicaid Agency

Waivers

A Freedom of Choice Waiver, approved under Title XIX, Section 1915 (b) of the Social Security Act, operating since October 1, 1988, established a coordinated system of pregnancy-related services in 66 of 67 counties

Several 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. These waivers include:

- Mental Retardation/Developmental Disabilities: Serves 3,290 people, operating since October 1, 1980.
- Aged and Disabled: Serves 6,316 people, operating since October 1, 1984.
- Physical Disabilities: Serves 362 people, operating since April 1, 1992.

Primary Care Case Management Waiver, Section 1915 (b) was implemented in January of 1997 in all of the 67 counties. The program will pay physicians \$3 per member per month up to a maximum of 1,000 eligibles per physician. The physician will act as the gatekeeper for recipients.

Managed Care

- Any Willing Provider Clause: For pharmacies only. HMO's with pharmacies located on-site are exempt. Independent pharmacies are reimbursed at the same rate as contract providers as long as they meet the requirements and standards for participation.
- The state contracts with 8 regional Prepaid Health Plans (PHP) to provide inpatient hospital services to all eligibles except Medicare Part A only recipients. The PHPs receive a per member per month capitated rate for each eligible in their region.

Coverage for Targeted Population

- The Uninsured: The State pays disproportionate share payments to the Prepaid Health Plan for payments to member hospitals that provide indigent care.

Cost Containment Measures

- Certificate of Need Program since 1978. Regulates introduction or expansion of new institutional health facilities and services. 1993 exemption from certificate of need review for health care services of rural hospitals.
- Significant increase in the thresholds for state review of expenditures for capital and operating costs for existing HMO's and facilities in 1994.
- Revised CON laws in 1998 to extend the review period of projects and made changes to appeal procedures related to CON decisions.
- Rate setting. Prospective payment/per diem methodology used for Medicaid.
- Pharmacy Benefit Manager program implemented in 1998 to control increasing costs in the pharmacy program.

Medicaid

- 15 optional services are offered.
- Provider tax on hospitals repealed March 1, 1993.
- In 1998, Alabama implemented a program to pay for non-emergency transportation (due to judicial intervention); payments are made through a voucher system.
- Enacted legislation in 2000 that requires Medicaid to provide coverage for breast reconstructive surgery following a medically necessary mastectomy.
- 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).

ALABAMA

SOUTHERN REGION MEDICAID PROFILE

Children's Health Insurance Program: A Combination of Private Insurance and a Medicaid Expansion

- CHIP in Alabama is administered by the Alabama Department of Public Health. Phase I, approved by HCFA on January 30, 1998, is an expansion of Medicaid to cover children/adolescents through age 18 in families with incomes up to 100% of the FPL. The state had enrolled 20,000 new eligibles by September of 2000.
- Phase II (AL-Kids), approved by HCFA on August 18, 1998, is a separate state children's health insurance plan to cover children/adolescents up to age 19 in families with incomes up to 200% of the FPL. The state had enrolled 38,980 new children by September of 2000.
- AL Kids Plus, approved on September 28, 1998, provides a supplementary set of services for children with special health care needs.
- For families with incomes up to 150% of the FPL, there are no cost sharing obligations.
- Families with incomes between 150% and 200% of the FPL, the premium can be paid annually at \$50 per child/adolescent, or monthly at \$6 per child/adolescent for 10 months (\$60 annual total).
- There are no copayments for preventive services, well-baby care, immunizations, and physical examinations.

•Other cost sharing provisions include:

\$3 copayment for brand name prescriptive drugs

\$1 copayment for generic prescriptive drugs

\$5 copayment for inpatient hospital care, physician visits, emergency services, urgent care, inpatient chemical dependency care, and dental services

Tobacco Settlement

- The state expects to receive approximately \$3.17 billion over 25 years.
- For Fiscal Year 2001, the tobacco settlement payment was approximately \$115 million.

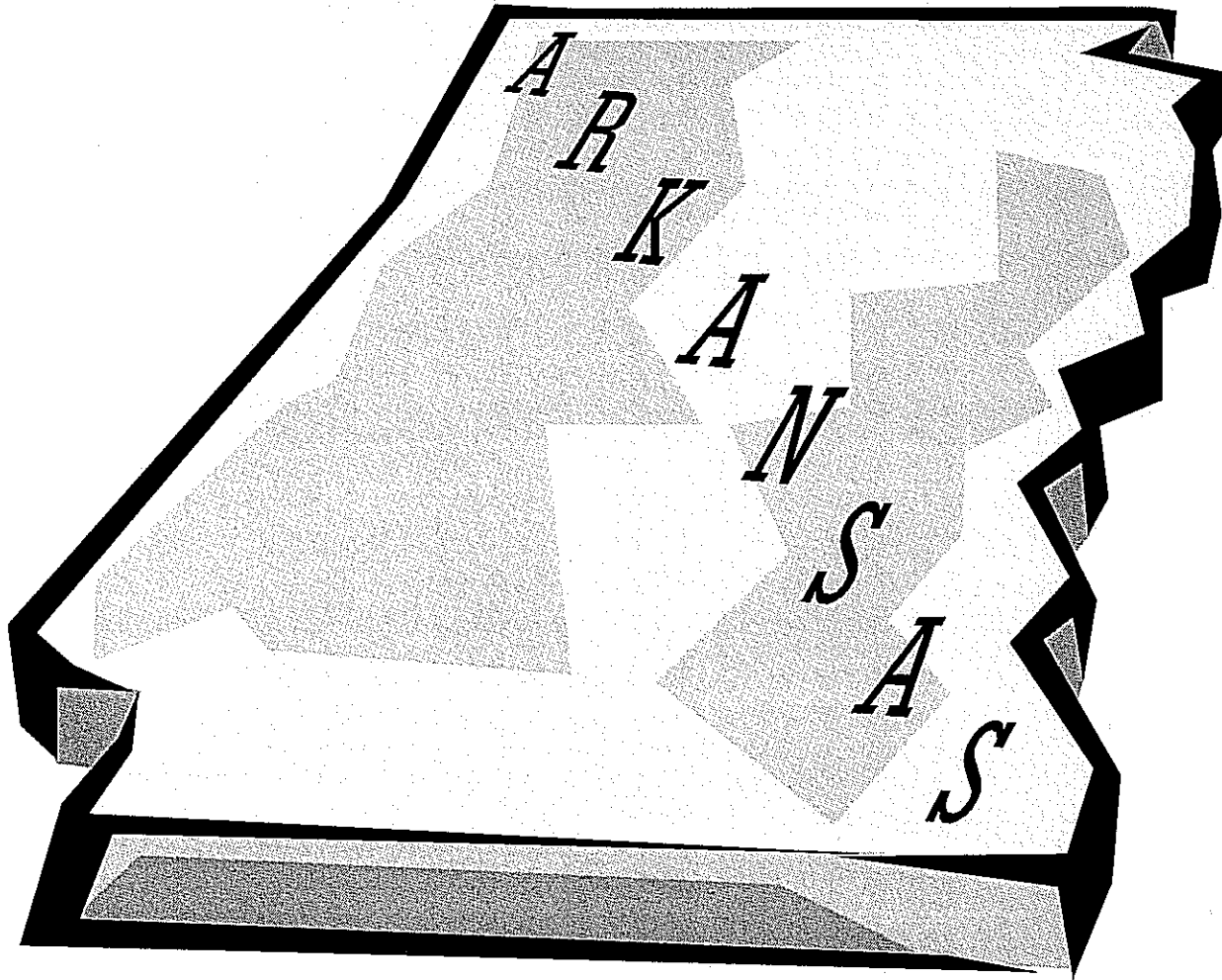
The 21st Century Fund--\$11 million for debt service on bonds;

Children's First Program--\$62.3 million for various public health, mental health, education, juvenile probation and Department of Youth Services activities;

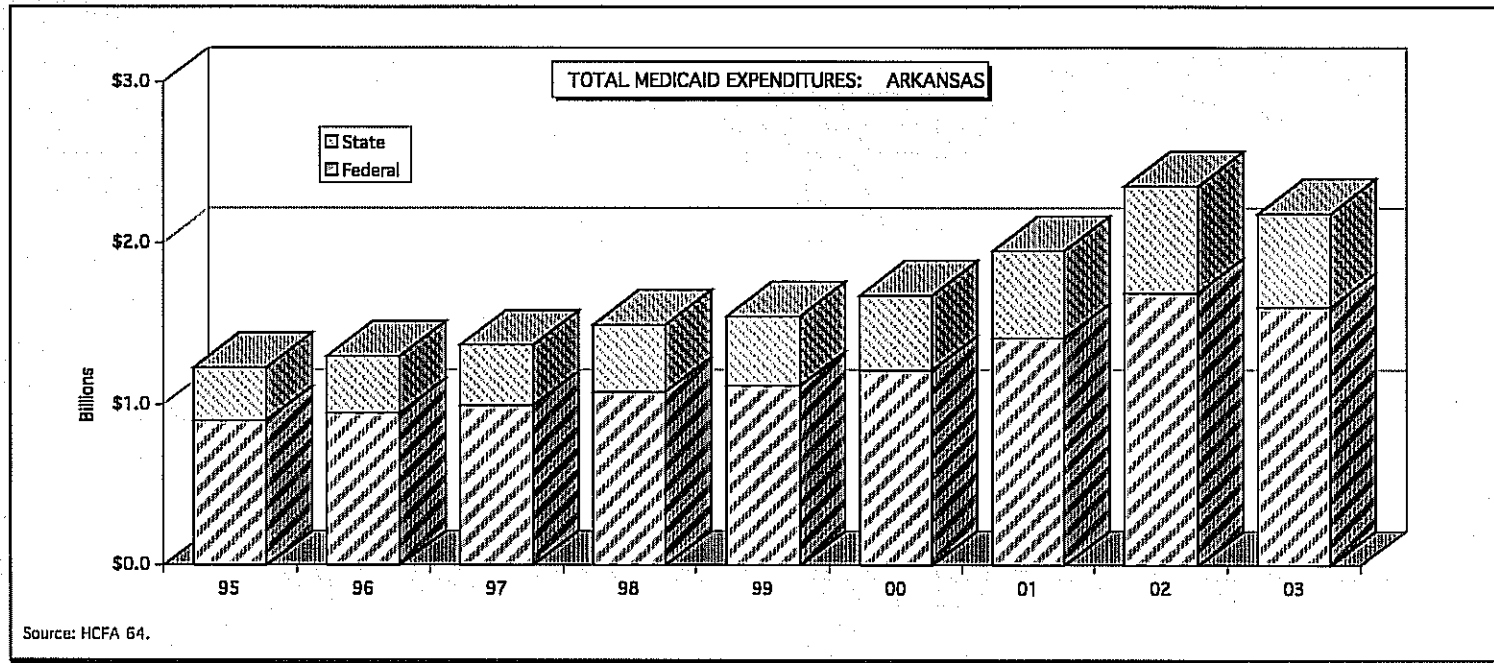
Medicaid--\$37.4 for medical services;

Senior Services Trust--\$6.3 million from the general fund.

STATE MEDICAID PROFILE



SOUTHERN REGION MEDICAID PROFILE



	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	FFY 01*	FFY 02**	FFY 03**	Annual Rate of Change	Total Change 95-03
Medicaid Payments	\$1,183,573,889	\$1,243,068,403	\$1,302,627,000	\$1,407,017,402	\$1,460,724,048	\$1,581,361,881	\$1,854,913,659	\$2,216,942,000	\$2,064,604,000	7.2%	74.4%
Federal Share	\$873,122,323	\$915,615,280	\$955,084,000	\$1,025,895,613	\$1,066,890,276	\$1,156,198,568	\$1,356,367,805	\$1,612,499,000	\$1,535,595,000	7.3%	75.9%
State Share	\$310,451,566	\$327,453,123	\$347,543,000	\$381,121,789	\$393,833,772	\$425,163,313	\$498,545,854	\$604,443,000	\$529,009,000	6.9%	70.4%
Administrative Costs	\$44,860,158	\$57,576,753	\$67,083,092	\$86,229,103	\$84,855,266	\$94,524,637	\$95,198,228	\$135,875,000	\$118,098,000	12.9%	163.3%
Federal Share	\$25,106,078	\$32,744,192	\$38,908,941	\$51,779,665	\$49,839,110	\$56,421,645	\$56,886,002	\$78,721,000	\$69,241,000	13.5%	175.8%
State Share	\$19,754,080	\$24,832,561	\$28,174,151	\$34,449,438	\$35,016,156	\$38,102,992	\$38,312,226	\$57,154,000	\$48,857,000	12.0%	147.3%
Admin. Costs as % of Payments	3.79%	4.63%	5.15%	6.13%	5.81%	6.39%	6.39%	6.39%	6.39%		
Federal Match Rate*	74.46%	73.75%	73.61%	73.29%	72.84%	72.96%	72.85%	73.02%	72.64%		

*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 02 and 03 reflect latest estimates reported by each state (CMS 37).

ARKANSAS

SOUTHERN REGION MEDICAID PROFILE

STATE FINANCING

	Payments		Administration	
	FFY 95	FFY 01	FFY 95	FFY 01
State General Fund	\$310,451,566	\$496,984,691	\$19,754,080	\$38,312,226
Local Funds	\$0	\$0	\$0	\$0
Provider Taxes	\$0	\$0	\$0	\$0
Donations*	\$0	\$1,561,163	\$0	\$0
Other	\$0	\$0	\$0	\$0
Total State Share	\$310,451,566	\$498,545,854	\$19,754,080	\$38,312,226

*Permissible donations from the Campaign for Healthier Babies and Outstationed Eligibility Workers Programs.

Provider Taxes Currently in Place (FFY 01)

Tax Rate	Amount
Quality Assurance Fee effective 01/12/01 on Nursing Facilities.	Not reported

DISPROPORTIONATE SHARE HOSPITAL (DSH) PAYMENTS

	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	FFY 01*	FFY 02*	FFY 03*	Annual Change
General Hospitals	\$3,242,000	\$3,303,456	\$29,722,194	\$1,189,520	\$2,992,782	\$2,256,113	\$21,865,252	\$22,871,000	\$23,923,000	-3.6%
Mental Hospitals	\$0	\$291,164	\$0	\$466,593	\$259,500	\$489,254	\$862,932	\$0	\$0	-100.0%
Total	\$3,242,000	\$3,594,620	\$29,722,194	\$1,656,113	\$3,252,282	\$2,745,367	\$22,728,184	\$22,871,000	\$23,923,000	-3.6%

SELECTED ELIGIBILITY CRITERIA

	At 10/1/01	% of FPL*
TANF-Temporary Assistance for Needy Families (Family of 3)		
Income Eligibility Standard	\$223	17.8%
Payment Standard	\$204	16.3%
Maximum Payment	\$204	16.3%
Medically Needy Program (Family of 3)		
Income Eligibility Standard	\$275	
Resource Standard	\$3,200	
Pregnant Women, Children and Infants (% of FPL*)		
Pregnant women and infants		133.0%
Children 1 to 5		133.0%
Children 6 to 18		100.0%
SSI Eligibility Levels		
Income:		
Single Person	\$512	69.3%
Couple	\$769	77.3%
Resources:		
Single Person	\$2,000	
Couple	\$3,000	

*Current federal poverty level is \$8,860 per year for a single person, \$11,940 for a family of two and \$15,020 for a family of three. Table above shows monthly income levels.

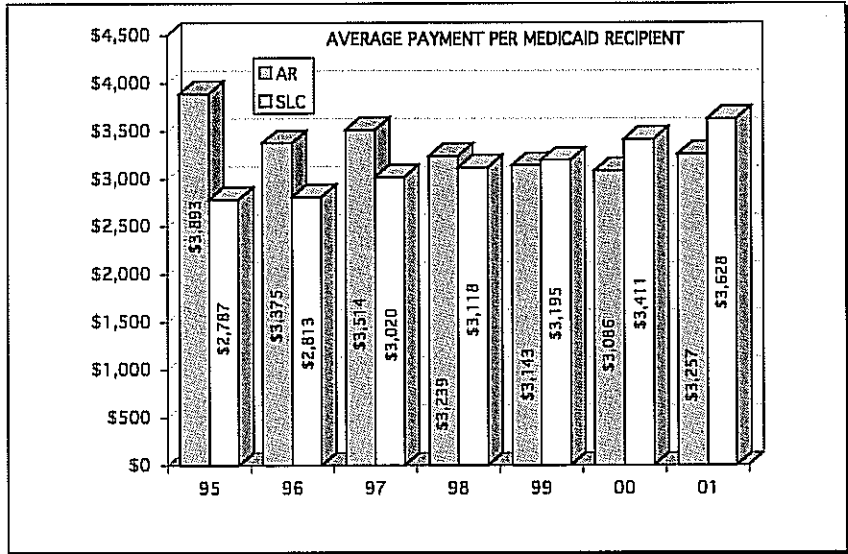
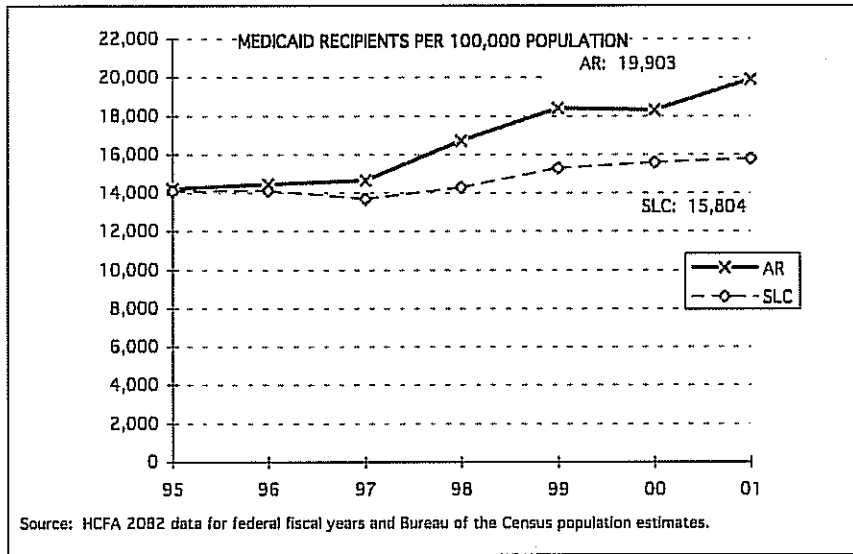
DEMOGRAPHIC DATA & POVERTY INDICATORS (2000)

	Rank in U.S.
State population—July 1, 2001*	2,692,090 33
Per capita personal income**	\$21,945 47
Median household income**	\$30,293 48
Population below Federal Poverty Level on July 1, 2001*	425,350
Percent of total population	15.8% 4
Population without health insurance coverage*	374,201 30
Percent of total state population	13.9% 16
Recipients of Food Stamps***	256,441 25
Households receiving Food Stamps***	102,633 26
Total value of issuance***	\$223,351,249 25
Average monthly benefit per recipient	\$72.58 27
Average monthly benefit per household	\$181.35
Monthly recipients of Temporary Assistance to Needy Families (TANF)****	27,375 36
Total TANF payments****	\$112,328,239 37
Average monthly payment per recipient	\$341.94
Maximum monthly payment per family of 3	\$204.00 44

*Bureau of the Census. **Bureau of Economic Analysis. ***USDA. ****USDHHS.

ARKANSAS

SOUTHERN REGION MEDICAID PROFILE



DATA BY TYPE OF SERVICES (Includes Fee-For-Service and Waivers)

RECIPIENTS BY TYPE OF SERVICES	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	FFY 01	Annual Change
01. General Hospital	74,802	72,257	72,761	72,883	74,858	72,791	82,512	1.6%
02. Mental Hospital	2,707	2,645	3,093	3,146	3,427	2,912	4,082	7.1%
03. Skilled and Intermediate (non-MR) Care Nursing	21,710	21,745	21,722	21,486	20,815	20,350	20,725	-0.8%
04. Intermediate Care for Mentally Retarded	1,885	1,882	1,898	1,867	1,842	1,842	1,834	-0.5%
05. Physician Services	259,199	263,458	260,782	271,538	291,717	339,780	378,322	6.5%
06. Dental Services	47,842	51,473	51,012	37,433	61,045	67,765	80,234	9.0%
07. Other Practitioners	67,307	71,465	74,150	77,588	83,444	108,683	119,316	10.0%
08. Outpatient Hospital	159,953	158,456	155,223	160,321	175,975	179,151	205,262	4.2%
09. Clinic Services	68,682	75,841	77,550	80,534	49,275	147,131	180,855	17.5%
10. Lab and X-Ray	119,184	119,257	121,022	120,126	127,064	135,454	142,346	3.0%
11. Home Health	21,103	22,379	23,728	9,966	10,379	8,753	8,357	-14.3%
12. Prescribed Drugs	253,181	255,211	254,079	262,907	277,809	290,749	322,423	4.1%
13. Family Planning	18,204	19,667	16,832	50,089	65,151	2,878	21,011	2.4%
14. Early & Periodic Screening, Diagnosis & Treatment	83,177	84,486	83,487	100,589	113,839	0	104,471	3.9%
15. Other Care	257,851	266,878	285,011	100,502	134,344	52,087	147,103	-8.9%
16. Personal Care Support Services	0	0	0	30,524	18,403	40,452	41,857	11.1%
17. Home/Community Based Waiver Services	0	1	14	9,369	9,923	0	0	-100.0%
18. Prepaid Health Care	0	0	0	244,768	327,274	335,048	318,138	9.1%
19. Primary Care Case Management (PCCM) Services	0	0	0	243,266	259,949	404,371	326,818	10.3%
Total*	353,370	362,635	370,386	424,727	467,716	489,325	535,798	7.2%

*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 95</u>	<u>FFY 96</u>	<u>FFY 97</u>	<u>FFY 98</u>	<u>FFY 99</u>	<u>FFY 00</u>	<u>FFY 01</u>	<u>Annual</u> <u>Change</u>	<u>Share of Total</u> <u>FFY 01</u>
01. General Hospital	\$200,648,777	\$167,910,134	\$178,022,346	\$178,532,888	\$174,302,838	\$181,602,682	\$212,444,114	1.0%	12.2%
02. Mental Hospital	\$81,699,059	\$47,235,015	\$47,058,129	\$54,470,602	\$51,552,471	\$41,875,551	\$68,306,937	-2.9%	3.9%
03. Skilled and Intermediate (non-MR) Care Nursing	\$334,589,129	\$295,537,244	\$304,806,335	\$300,012,732	\$297,726,435	\$285,612,665	\$346,724,933	0.6%	19.9%
04. Intermediate Care for Mentally Retarded	\$202,460,593	\$104,870,985	\$106,224,955	\$108,852,817	\$117,053,764	\$87,918,928	\$115,767,505	-8.9%	6.6%
05. Physician Services	\$114,459,997	\$117,986,530	\$119,369,382	\$120,802,774	\$121,343,628	\$154,582,481	\$152,211,835	4.9%	8.7%
06. Dental Services	\$7,849,726	\$8,901,872	\$8,973,855	\$7,789,946	\$13,574,698	\$16,275,309	\$19,725,436	16.6%	1.1%
07. Other Practitioners	\$12,907,321	\$15,138,697	\$16,634,125	\$7,022,549	\$7,351,221	\$12,578,431	\$13,775,718	1.1%	0.8%
08. Outpatient Hospital	\$32,452,727	\$32,644,267	\$34,958,826	\$37,099,507	\$43,804,138	\$47,716,392	\$51,494,608	8.0%	3.0%
09. Clinic Services	\$89,262,264	\$101,577,032	\$112,660,243	\$128,802,658	\$135,575,884	\$166,264,401	\$207,583,916	15.1%	11.9%
10. Lab and X-Ray	\$11,829,129	\$11,058,661	\$10,924,377	\$11,348,972	\$11,034,906	\$12,605,188	\$13,671,797	2.4%	0.8%
11. Home Health	\$65,810,373	\$67,335,339	\$73,575,143	\$13,985,570	\$18,588,833	\$11,880,729	\$11,355,708	-25.4%	0.7%
12. Prescribed Drugs	\$102,114,998	\$115,070,827	\$135,757,334	\$150,891,615	\$183,226,701	\$209,933,612	\$247,976,202	15.9%	14.2%
13. Family Planning	\$1,912,200	\$2,062,953	\$1,853,557	\$8,389,414	\$12,287,482	\$1,323,208	\$3,485,172	10.5%	0.2%
14. Early & Periodic Screening, Diagnosis & Treatment	\$16,236,968	\$17,438,495	\$20,919,649	\$55,748,372	\$62,574,485	\$0	\$52,289,615	21.5%	3.0%
15. Other Care	\$101,606,000	\$119,071,068	\$129,240,501	\$54,129,482	\$88,554,496	\$119,530,281	\$120,502,281	2.9%	6.9%
16. Personal Care Support Services	\$0	\$0	\$0	\$84,465,101	\$61,907,335	\$124,680,340	\$87,400,272	1.1%	5.0%
17. Home/Community Based Waiver Services	\$0	\$85	\$614,998	\$43,604,265	\$53,135,928	\$0	\$0	-100.0%	0.0%
18. Prepaid Health Care	\$0	\$0	\$0	\$4,359,975	\$9,908,138	\$0	\$11,755,428	39.2%	0.7%
19. Primary Care Case Management (PCCM) Services	\$0	\$0	\$0	\$5,488,182	\$6,300,624	\$35,699,644	\$8,718,295	16.7%	0.5%
Total (excludes DSH pymts, pharmacy rebates, & other adjs.)	\$1,375,839,261	\$1,223,839,204	\$1,301,593,755	\$1,375,797,421	\$1,469,804,005	\$1,510,079,842	\$1,745,190,363	4.0%	100.0%

AVERAGE PAYMENTS PER RECIPIENT BY TYPE OF SERVICES

								(+) or (-) SLC	
									<u>Avg. FFY 01</u>
01. General Hospital	\$2,682.40	\$2,323.79	\$2,446.67	\$2,449.58	\$2,328.45	\$2,494.85	\$2,574.71	-0.7%	-37.3%
02. Mental Hospital	\$30,180.66	\$17,858.23	\$15,214.40	\$17,314.24	\$15,043.03	\$14,380.34	\$16,733.69	-9.4%	112.9%
03. Skilled and Intermediate (non-MR) Care Nursing	\$15,411.75	\$13,591.04	\$14,032.15	\$13,963.17	\$14,303.46	\$14,035.02	\$16,729.79	1.4%	-9.4%
04. Intermediate Care for Mentally Retarded	\$107,406.15	\$55,723.16	\$55,966.78	\$58,303.60	\$63,547.10	\$47,730.15	\$63,122.96	-8.5%	-12.9%
05. Physician Services	\$441.59	\$447.84	\$457.74	\$444.88	\$415.96	\$454.95	\$402.33	-1.5%	-10.1%
06. Dental Services	\$164.08	\$172.94	\$175.92	\$208.10	\$222.37	\$240.17	\$245.85	7.0%	0.0%
07. Other Practitioners	\$191.77	\$211.83	\$224.33	\$90.51	\$88.10	\$115.74	\$115.46	-8.1%	-48.7%
08. Outpatient Hospital	\$202.89	\$206.01	\$225.22	\$231.41	\$248.92	\$266.35	\$250.87	3.6%	-48.5%
09. Clinic Services	\$1,299.65	\$1,339.34	\$1,452.74	\$1,599.36	\$2,751.41	\$1,130.04	\$1,147.79	-2.0%	102.1%
10. Lab and X-Ray	\$99.25	\$92.73	\$90.27	\$94.48	\$86.85	\$93.06	\$96.05	-0.5%	-5.4%
11. Home Health	\$3,118.53	\$3,008.86	\$3,100.77	\$1,403.33	\$1,791.00	\$1,357.33	\$1,358.83	-12.9%	-54.1%
12. Prescribed Drugs	\$403.33	\$450.89	\$534.31	\$573.94	\$659.54	\$722.04	\$769.10	11.4%	-26.5%
13. Family Planning	\$105.04	\$104.89	\$110.12	\$167.49	\$188.60	\$459.77	\$165.87	7.9%	-71.2%
14. Early & Periodic Screening, Diagnosis & Treatment	\$195.21	\$206.41	\$250.57	\$554.22	\$549.68	\$0.00	\$500.52	17.0%	402.4%
15. Other Care	\$394.05	\$446.16	\$453.46	\$538.59	\$659.16	\$2,294.82	\$819.17	13.0%	-42.3%
16. Personal Care Support Services	\$0.00	\$0.00	\$0.00	\$2,767.17	\$3,363.98	\$3,082.18	\$2,088.07	-9.0%	8.5%
17. Home/Community Based Waiver Services	\$0.00	\$85.00	\$43,928.43	\$4,654.10	\$5,354.82	\$0.00	\$0.00	-100.0%	-100.0%
18. Prepaid Health Care	\$0.00	\$0.00	\$0.00	\$17.81	\$30.27	\$0.00	\$36.95	27.5%	-97.5%
19. Primary Care Case Management (PCCM) Services	\$0.00	\$0.00	\$0.00	\$22.56	\$24.24	\$88.28	\$26.68	5.7%	-71.9%
Total (Average)	\$3,893.48	\$3,374.85	\$3,514.15	\$3,239.25	\$3,142.51	\$3,086.05	\$3,257.18	-2.9%	-10.2%

TOTAL PER CAPITA EXPENDITURES	\$494.39	\$518.95	\$542.85	\$588.29	\$608.90	\$626.87	\$724.39	6.6%	5.1%
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DATA BY OTHER CHARACTERISTICS

ARKANSAS

SOUTHERN REGION MEDICAID PROFILE

RECIPIENTS BY OTHER CHARACTERISTICS

	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	FFY 01	Annual Change	Share of Total FFY 01
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	184,486	182,512	181,216	157,450	67,771	148,933	150,728	-3.3%	28.1%
Poverty Related Eligibles	47,414	48,679	106,462	162,638	229,270	238,416	184,207	25.4%	34.4%
Medically Needy	33,278	36,126	24,396	33,542	119,021	25,630	25,640	-4.3%	4.8%
Other Eligibles	84,850	91,616	54,633	63,045	51,654	51,106	58,775	-5.9%	11.0%
Maintenance Assistance Status Unknown	3,342	3,702	3,679	8,052	0	25,240	116,448	80.7%	21.7%
Total	353,370	362,635	370,386	424,727	467,716	489,325	535,798	7.2%	100.0%
By Basis of Eligibility									
Aged, Blind, or Disabled	140,017	144,034	144,429	147,253	154,490	146,401	157,370	2.0%	29.4%
Children	119,702	124,634	98,140	179,405	238,449	223,522	212,207	10.0%	39.6%
Foster Care Children	31,644	33,970	3,720	4,994	5,675	5,427	6,287	-23.6%	1.2%
Adults	58,665	56,295	120,418	85,023	69,102	88,735	43,482	-4.9%	8.1%
Basis of Eligibility Unknown	3,342	3,702	3,679	8,052	0	25,240	116,452	80.7%	21.7%
Total	353,370	362,635	370,386	424,727	467,716	489,325	535,798	7.2%	100.0%
By Age									
Under Age 1	14,903	15,583	15,656	16,248	16,353	16,635	18,236	3.4%	3.4%
Age 1 to 5	70,569	71,121	72,343	77,228	83,910	83,088	100,503	6.1%	18.8%
Age 6 to 14	66,447	70,723	75,862	93,906	107,960	112,727	134,051	12.4%	25.0%
Age 15 to 20	32,394	33,444	33,963	48,658	59,769	61,727	72,753	14.4%	13.6%
Age 21 to 44	71,530	72,628	73,727	88,600	98,225	94,261	104,903	6.6%	19.6%
Age 45 to 64	30,256	31,798	32,938	34,820	37,297	36,216	41,175	5.3%	7.7%
Age 65 to 74	22,039	21,985	21,693	21,708	21,746	20,740	21,760	-0.2%	4.1%
Age 75 to 84	23,991	23,904	23,318	22,996	22,967	21,383	23,062	-0.7%	4.3%
Age 85 and Over	19,158	19,481	19,420	19,644	19,489	17,320	19,355	0.2%	3.6%
Age Unknown	2,083	1,968	1,466	919	0	25,228	0	-100.0%	0.0%
Total	353,370	362,635	370,386	424,727	467,716	489,325	535,798	7.2%	100.0%
By Race									
White	208,516	215,381	221,553	257,363	284,370	296,433	326,937	7.8%	61.0%
Black	123,902	124,919	126,060	141,972	154,611	162,127	172,799	5.7%	32.3%
Hispanic, American Indian or Asian	3,487	4,505	5,566	7,145	9,025	10,663	14,842	27.3%	2.8%
Other/Unknown	17,465	17,830	17,207	18,247	19,710	20,102	21,220	3.3%	4.0%
Total*	353,370	362,635	370,386	424,727	467,716	489,325	535,798	7.2%	100.0%
By Sex									
Female	220,716	225,181	229,053	266,608	293,446	304,454	328,776	6.9%	61.4%
Male	130,501	135,413	139,784	157,095	174,156	184,750	206,866	8.0%	38.6%
Unknown	2,153	2,041	1,549	1,024	114	122	156	-35.4%	0.0%
Total*	353,370	362,635	370,386	424,727	467,716	489,325	535,798	7.2%	100.0%

*FFY 01 projected using FFY 95-FFY 00 trends.

Source: Health Care Financing Administration-Form HCFA 2082 for federal fiscal years

SOUTHERN REGION MEDICAID PROFILE

PAYMENTS BY OTHER CHARACTERISTICS

	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	FFY 01	Annual Change	Share of Total FFY 01
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	\$659,008,957	\$586,510,112	\$647,577,765	\$713,252,376	\$583,031,090	\$666,324,196	\$735,077,144	1.8%	42.1%
Poverty Related Eligibles	\$529,144,896	\$452,970,468	\$158,694,341	\$223,104,306	\$232,775,558	\$253,301,116	\$248,068,488	-11.9%	14.2%
Medically Needy	\$82,271,484	\$75,179,623	\$52,436,452	\$79,146,711	\$133,227,363	\$57,701,019	\$63,689,959	-4.2%	3.6%
Other Eligibles	\$95,401,305	\$100,204,667	\$495,044,115	\$596,207,736	\$520,769,994	\$518,240,326	\$627,828,688	36.9%	36.0%
Maintenance Assistance Status Unknown	\$10,012,619	\$8,974,334	(\$52,158,918)	(\$235,913,708)	\$0	\$14,513,185	\$70,526,084	n/a	4.0%
Total	\$1,375,839,261	\$1,223,839,204	\$1,301,593,755	\$1,375,797,421	\$1,469,804,005	\$1,510,079,842	\$1,745,190,363	4.0%	100.0%
By Basis of Eligibility									
Aged, Blind or Disabled	\$1,057,335,714	\$932,432,480	\$1,045,833,377	\$1,221,201,053	\$1,092,312,196	\$1,107,973,513	\$1,272,607,858	3.1%	72.9%
Children	\$121,348,165	\$119,728,789	\$132,652,261	\$262,322,716	\$274,639,721	\$262,785,694	\$294,514,740	15.9%	16.9%
Foster Care Children	\$107,676,152	\$91,868,256	\$23,617,550	\$28,862,820	\$31,604,090	\$29,752,919	\$38,888,419	-15.6%	2.2%
Adults	\$79,466,611	\$70,835,345	\$151,649,485	\$99,324,540	\$71,247,998	\$95,054,531	\$68,638,341	-2.4%	3.9%
Basis of Eligibility Unknown	\$10,012,619	\$8,974,334	(\$52,158,918)	(\$235,913,708)	\$0	\$14,513,185	\$70,541,005	n/a	4.0%
Total	\$1,375,839,261	\$1,223,839,204	\$1,301,593,755	\$1,375,797,421	\$1,469,804,005	\$1,510,079,842	\$1,745,190,363	4.0%	100.0%
By Age									
Under Age 1	\$50,823,422	\$49,434,512	\$52,940,599	\$69,985,612	\$55,521,032	\$60,788,955	\$72,340,729	6.1%	4.1%
Age 1 to 5	\$124,396,527	\$121,769,566	\$132,595,375	\$170,587,004	\$165,362,358	\$170,247,526	\$196,548,847	7.9%	11.3%
Age 6 to 14	\$134,348,337	\$116,357,580	\$124,677,872	\$157,649,124	\$137,385,935	\$160,226,061	\$205,284,295	7.3%	11.8%
Age 15 to 20	\$122,992,783	\$94,096,091	\$96,555,370	\$121,005,431	\$112,975,273	\$116,714,456	\$142,517,412	2.5%	8.2%
Age 21 to 44	\$311,287,674	\$241,591,779	\$265,241,304	\$350,725,626	\$294,365,989	\$281,573,213	\$330,733,171	1.0%	19.0%
Age 45 to 64	\$176,681,456	\$161,752,417	\$200,004,257	\$239,447,900	\$219,951,594	\$225,192,388	\$267,295,350	7.1%	15.3%
Age 65 to 74	\$99,881,437	\$96,135,569	\$110,909,498	\$117,089,152	\$106,107,411	\$113,345,064	\$119,428,426	3.0%	6.8%
Age 75 to 84	\$163,475,608	\$159,722,700	\$178,342,427	\$181,078,028	\$164,862,704	\$172,546,148	\$190,914,781	2.6%	10.9%
Age 85 and Over	\$185,501,948	\$177,582,009	\$200,159,949	\$213,433,778	\$193,271,709	\$194,928,037	\$220,127,352	2.9%	12.6%
Age Unknown	\$6,450,069	\$5,396,981	(\$59,832,896)	(\$245,204,234)	\$0	\$14,517,994	\$0	n/a	0.0%
Total	\$1,375,839,261	\$1,223,839,204	\$1,301,593,755	\$1,375,797,421	\$1,469,804,005	\$1,510,079,842	\$1,745,190,363	4.0%	100.0%
By Race									
White	\$928,040,270	\$808,730,807	\$909,155,458	\$1,073,552,240	\$955,238,349	\$981,314,155	\$1,137,545,362	3.5%	65.2%
Black	\$350,586,362	\$320,347,612	\$350,607,983	\$425,077,863	\$384,171,520	\$390,814,103	\$439,464,492	3.8%	25.2%
Hispanic, American Indian or Asian	\$7,715,494	\$8,177,306	\$10,071,968	\$14,367,033	\$14,812,895	\$17,019,449	\$22,184,605	19.2%	1.3%
Other/Unknown	\$89,497,135	\$86,583,479	\$31,758,346	(\$137,199,715)	\$115,581,241	\$120,932,135	\$145,995,904	n/a	8.4%
Total*	\$1,375,839,261	\$1,223,839,204	\$1,301,593,755	\$1,375,797,421	\$1,469,804,005	\$1,510,079,842	\$1,745,190,363	4.0%	100.0%
By Sex									
Female	\$811,737,408	\$744,688,602	\$827,278,426	\$950,004,425	\$880,081,536	\$902,802,265	\$1,030,194,730	4.1%	59.0%
Male	\$557,262,336	\$473,435,673	\$533,821,173	\$670,651,186	\$589,230,685	\$606,807,796	\$714,565,511	4.2%	40.9%
Unknown	\$6,839,517	\$5,714,929	(\$59,505,844)	(\$244,858,190)	\$491,784	\$469,781	\$430,122	n/a	0.0%
Total*	\$1,375,839,261	\$1,223,839,204	\$1,301,593,755	\$1,375,797,421	\$1,469,804,005	\$1,510,079,842	\$1,745,190,363	4.0%	100.0%

*FFY 01 projected using FFY 95-FFY 00 trends.

Source: Health Care Financing Administration-Form HCFA 2082 for federal fiscal years

ARKANSAS

SOUTHERN REGION MEDICAID PROFILE

AVERAGE PAYMENT PER RECIPIENT BY OTHER CHARACTERISTICS

	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	FFY 01	Annual Change	Above (+) or Below (-) SLC Avg. FFY 01
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	\$3,572.14	\$3,213.54	\$3,573.51	\$4,530.02	\$8,602.96	\$4,473.99	\$4,876.85	5.3%	9.5%
Poverty Related Eligibles	\$11,160.10	\$9,305.25	\$1,490.62	\$1,371.78	\$1,015.29	\$1,062.43	\$1,346.68	-29.7%	-31.6%
Medically Needy	\$2,472.25	\$2,081.04	\$2,149.39	\$2,359.63	\$1,119.36	\$2,251.31	\$2,484.01	0.1%	-29.3%
Other Eligibles	\$1,124.35	\$1,093.75	\$9,061.27	\$9,456.86	\$10,081.89	\$10,140.50	\$10,681.90	45.5%	70.4%
Maintenance Assistance Status Unknown	\$2,996.00	\$2,424.19	(\$14,177.47)	(\$29,298.77)	\$0.00	\$575.01	\$605.64	n/a	-70.5%
Total	\$3,893.48	\$3,374.85	\$3,514.15	\$3,239.25	\$3,142.51	\$3,086.05	\$3,257.18	-2.9%	-10.2%
By Basis of Eligibility									
Aged, Blind or Disabled	\$7,551.48	\$6,473.70	\$7,241.16	\$8,293.22	\$7,070.44	\$7,568.07	\$8,086.72	1.1%	-9.9%
Children	\$1,013.75	\$960.64	\$1,351.66	\$1,462.18	\$1,151.78	\$1,175.66	\$1,387.87	5.4%	8.8%
Foster Care Children	\$3,402.74	\$2,704.39	\$6,348.80	\$5,779.50	\$5,569.00	\$5,482.39	\$6,185.53	10.5%	8.5%
Adults	\$1,354.58	\$1,258.29	\$1,259.36	\$1,168.21	\$1,031.06	\$1,071.22	\$1,578.55	2.6%	-27.7%
Basis of Eligibility Unknown	\$2,996.00	\$2,424.19	(\$14,177.47)	(\$29,298.77)	\$0.00	\$575.01	\$605.75	n/a	-69.0%
Total	\$3,893.48	\$3,374.85	\$3,514.15	\$3,239.25	\$3,142.51	\$3,086.05	\$3,257.18	-2.9%	-10.2%
By Age									
Under Age 1	\$3,410.28	\$3,172.34	\$3,381.49	\$4,307.34	\$3,395.16	\$3,654.28	\$3,966.92	2.6%	39.9%
Age 1 to 5	\$1,762.76	\$1,712.15	\$1,832.87	\$2,208.88	\$1,970.71	\$2,049.00	\$1,955.65	1.7%	41.0%
Age 6 to 14	\$2,021.89	\$1,645.26	\$1,643.48	\$1,678.80	\$1,457.82	\$1,421.36	\$1,531.39	-4.5%	7.6%
Age 15 to 20	\$3,796.78	\$2,813.54	\$2,842.96	\$2,486.86	\$1,890.20	\$1,890.82	\$1,958.92	-10.4%	-16.8%
Age 21 to 44	\$4,351.85	\$3,326.43	\$3,597.61	\$3,958.53	\$2,996.85	\$2,987.17	\$3,152.75	-5.2%	-26.4%
Age 45 to 64	\$5,839.55	\$5,086.87	\$6,072.14	\$6,876.73	\$5,897.30	\$6,218.04	\$6,491.69	1.8%	-18.3%
Age 65 to 74	\$4,532.03	\$4,372.78	\$5,112.69	\$5,393.82	\$4,879.40	\$5,465.05	\$5,488.44	3.2%	-12.9%
Age 75 to 84	\$6,814.04	\$6,681.84	\$7,648.27	\$7,874.33	\$7,178.24	\$8,069.31	\$8,278.33	3.3%	-11.5%
Age 85 and Over	\$9,682.74	\$9,115.65	\$10,306.90	\$10,865.09	\$9,916.96	\$11,254.51	\$11,373.15	2.7%	-17.6%
Age Unknown	\$3,096.53	\$2,742.37	(\$40,813.71)	(\$266,816.36)	\$0.00	\$575.47	\$0.00	n/a	-100.0%
Total	\$3,893.48	\$3,374.85	\$3,514.15	\$3,239.25	\$3,142.51	\$3,086.05	\$3,257.18	-2.9%	-10.2%
By Race									
White	\$4,450.69	\$3,754.88	\$4,103.56	\$4,171.35	\$3,359.14	\$3,310.41	\$3,479.40	-4.0%	-20.9%
Black	\$2,829.55	\$2,564.44	\$2,781.28	\$2,994.10	\$2,484.76	\$2,410.55	\$2,543.21	-1.8%	-14.4%
Hispanic, American Indian or Asian	\$2,212.65	\$1,815.16	\$1,809.55	\$2,010.78	\$1,641.32	\$1,596.05	\$1,494.72	-6.3%	-36.5%
Other/Unknown	\$5,124.37	\$4,856.06	\$1,845.66	(\$7,519.03)	\$5,864.09	\$6,016.00	\$6,880.11	n/a	47.9%
Total	\$3,893.48	\$3,374.85	\$3,514.15	\$3,239.25	\$3,142.51	\$3,086.05	\$3,257.18	-2.9%	-10.2%
By Sex									
Female	\$3,677.75	\$3,307.07	\$3,611.73	\$3,563.30	\$2,999.13	\$2,965.32	\$3,133.42	-2.6%	-16.4%
Male	\$4,270.18	\$3,496.24	\$3,818.90	\$4,269.08	\$3,383.35	\$3,284.49	\$3,454.24	-3.5%	2.4%
Unknown	\$3,176.74	\$2,800.06	(\$38,415.65)	(\$239,119.33)	\$4,313.89	\$3,865.03	\$2,757.19	n/a	-58.3%
Total	\$3,893.48	\$3,374.85	\$3,514.15	\$3,239.25	\$3,142.51	\$3,086.05	\$3,257.18	-2.9%	-10.2%

Source: Health Care Financing Administration-Form HCFA 2082 for federal fiscal years

ARKANSAS

SOUTHERN REGION MEDICAID PROFILE

ADDITIONAL STATE HEALTH CARE INFORMATION

Sources: "Major Health Care Policies: 50 State Profiles", Health Policy Tracking Service, January, 2002; and "Medicaid Services State by State", HCFA, October 2001.

*Information supplied by State Medicaid Agency

Waivers

Several Freedom of Choice Waivers have established a coordinated system of qualified Medicaid providers.

These include:

- The Primary Care Physician Program, under Title XIX, Section 1915 (b), of the Social Security Act, which also provides case-management services for most beneficiaries, except for Medicare/Medicaid dual eligibles and recipients in a Nursing Facility or an Intermediate Care Facility for the Mentally Retarded, has been operating since February, 1994. Under this program, Medicaid recipients must select a primary care physician (PCP). Currently, 304,586 Medicaid recipients are enrolled in the PCP managed care program.
- Family Planning Services Waiver, under Section 1115 of the Social Security Act, which provides services for women of childbearing age who have a family income at or below 133% of the federal poverty guidelines, implemented September 1, 1997.
- ARKids First Waiver, under Section 1115 of the Social Security Act, which provides services for children 18 and under whose family incomes are at or below 200% of the federal poverty guidelines, implemented September 1, 1997. Copayments/ coinsurance are not required for well-health services but are required for other services.
- The Non-Emergency Transportation waiver is a statewide 1915(b)(4) selective contracting waiver. The State has contracts with a transportation broker in each region of the state. Medicaid recipients are required to arrange their non-emergency Medicaid transportation through their broker who is paid a capitated rate for qualified Medicaid recipients in their region. The waiver became effective March 1, 1998.
- Family Planning Services Waiver, under Section 1115 of the Social Security Act, which provides services for women of childbearing age who have a family income at or below 133% of the federal poverty guidelines, implemented September 1, 1997.
- The IndependentChoices waiver is a Section 1115 demonstration, which increases the opportunity for consumer direction and control for Medicaid recipients receiving or needing personal care by offering a cash allowance and counseling services to self-direct their care rather than receiving traditional personal care services. Implemented November 1, 1998.

Several 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. These waivers include:

- Developmental Disabilities: Serves 2,423 people, operating since July 1, 1991.
- Aged and Disabled: Serves 8,263 people, operating since July 1, 1990.
- 2,176 Home and Community Based Waiver, which provides services to the physically disabled on SSI and other individuals in need of nursing home level care, ages 21 through 64, implemented in July 1, 1997.

Enacted legislation in 1999 that authorizes DHS to apply to HCFA for approval to create and administer a low-income disabled working person category of Medicaid eligibility. This was implemented February 1, 2001. Serves working disabled individuals aged 16-64, who would be eligible for Supplemental Security Income (SSI) but not for earned income; net countable; income must be under 250% of the Federal Poverty Level.

Managed Care

- Any Willing Provider Clause: A law enacted in 1995 was repealed as a result of the judicial ruling in the case of the Prudential Insurance Company of America, et al versus the state of Arkansas, 9/2/98.
- In 1997, enacted the "Arkansas Health Care Consumer Act" to cover issues such as inpatient care after childbirth, length of stay following a mastectomy, direct access to OB/GYNs, gag clauses, continuity of care, drug formularies, grievance procedures, and disclosure of patient records.
- Enacted legislation in 1999 that requires all insurers to offer a point-of-service plan.

ARKANSAS

SOUTHERN REGION MEDICAID PROFILE

Coverage for Targeted Population

- The Uninsured: Arkansas does not have an indigent care program.
- Arkansas became the first state to approve a medical high risk pool. The Comprehensive Health Insurance Pool Act, enacted in 1995, is designed to cover individuals with high risk health conditions. However, eligibility is restricted to individuals who: 1) have resided in the state for twelve consecutive months; 2) have had no equivalent coverage under any other plan for the past twelve months; and 3) have been rejected for similar coverage at similar rates by at least two other plans.
- Enacted legislation in 1997, Act 292 of 1997, that opened the Comprehensive Health Insurance Pool to federally eligible individuals (HIPAA eligibles).

Cost Containment Measures

- Certificate of Need Program since 1975. Regulates introduction or expansion of new institutional health care facilities and services.
- Moratoriums on expansion of nursing home and residential care beds have been established and extended.
- Rate setting. Retrospective payment methodology used for Medicaid.

Medicaid

- 30 optional services are offered.
- 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 in 2001 that authorizes the Arkansas Department of Health to apply for a Medicaid waiver to provide for a limited pharmacy benefit for Medicare-eligible individuals who do not have prescription drug coverage.
- Under the pharmacy program, beneficiaries will be required to pay a \$25 annual fee and copayments of \$10 for generic drugs and \$20 for name brands.
- Enacted additional legislation in 2001 relative to Medicaid eligibility as follows:
 1. Raises the Medicaid eligibility limit for individuals age 65 and older to \$4,000 for a single individual and \$6,000 for a married couple.
 2. Prohibits eligibility regulations for ARKids from including an assets or resource test for children or families of children age 18 or younger.
 3. Continues Medicaid and food stamp benefits without the need for reapplication for as long as the family remains eligible under the requirements of the Transitional Employment Assistance Program.
- Created the Rural Health Access Pilot in 2001 to serve adults between 18 and 65 that are residents of the rural pilot community, have no insurance and are not eligible for Medicaid, Medicare, veteran's benefits, or other government programs, and have an income under 200% of the FPL.

Children's Health Insurance Program: Medicaid Expansion

- The State has an SCHIP medicaid expansion in place from 10/1/98 through 9/30/02. The Medicaid expansion covered children born after 9/30/82 and prior to 10/1/83 in families with incomes at or below 100% of the Federal Poverty Level.
- The State submitted a State Plan Amendment (SPA) for a separate state program on 12/4/98 to convert the funding for approximately one-third of the ArKids First benefit package to be SCHIP compliant. The modified benefit package provided an enhanced state employee plan with the following changes in the ArKids First benefit plan: 1) providing coverage for occupational and physical therapies, hospice care and skilled nursing care; and 2) eliminating copayments for dental well health care. This SPA was approved 2/16/01 but has not been implemented.
- The State submitted a subsequent SPA on July 10, 2002 to revise the benefit package; the benefits that were added in the SPA submitted 12/4/98 were deleted since they were no longer required for SCHIP compliance. This SPA is pending CMS approval.

Tobacco Settlement

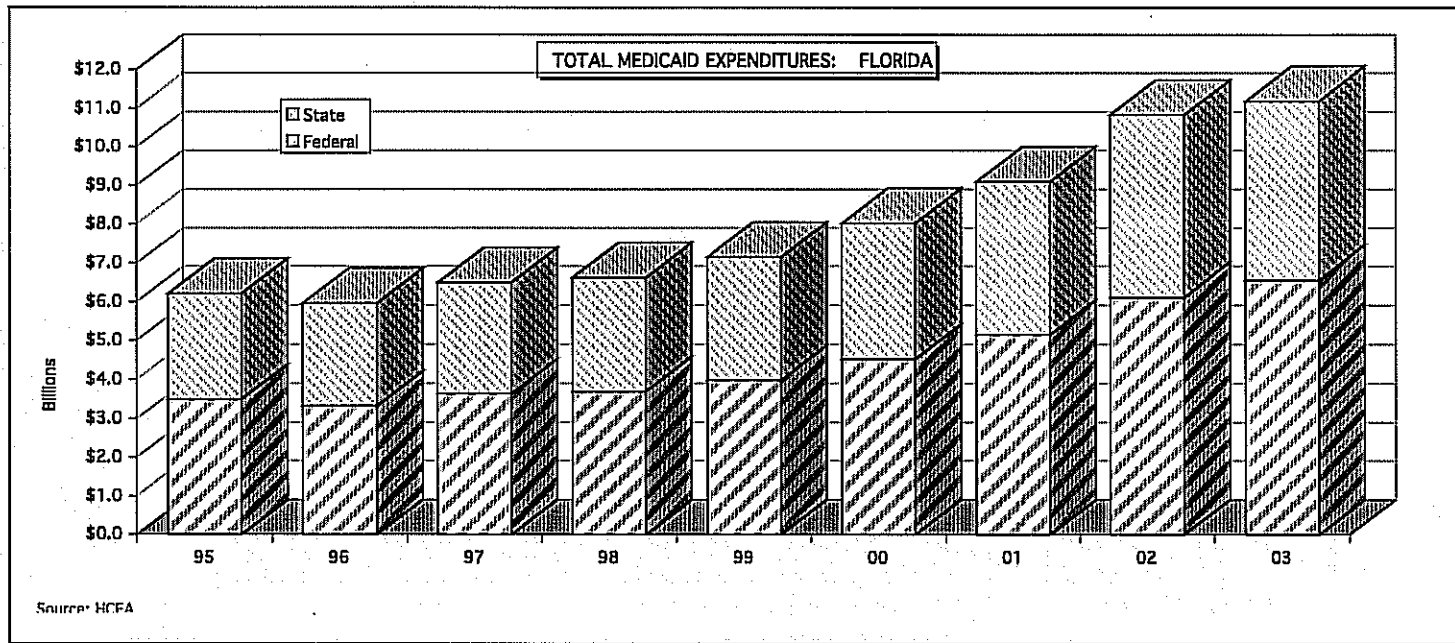
ARKANSAS

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- The state expects to receive approximately \$1.69 billion over 25 years.
- For Fiscal Year 2000, the tobacco settlement payment was approximately \$69 million.
- In November 2000, proposed use of tobacco settlement monies was approved by the voters of the state.
- The approved plan places the first \$100 million of the funds in the Arkansas Health Century Fund, with the balance going to the Tobacco Settlement Trust Fund.
- All other funds deposited in the Tobacco Settlement Trust Fund are to be allocated as follows:
15.8% for targeted state needs, such as the Arkansas School of Public Health and Area Health Education Center, the Center on Aging, and minority health care;
22.8% for the Arkansas Bioscience Institute Program;
29.8% for Medicaid expansion; and
31.6% for tobacco prevention and cessation.

The tobacco money will not be spent until the state reaches state-specific finality and the Legislature has appropriated the funds according to the plan.

SOUTHERN REGION MEDICAID PROFILE



	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	FFY 01*	FFY 02**	FFY 03**	Annual Rate of Change 95-03	Total Change 95-03
Medicaid Payments	\$6,067,457,544	\$5,800,663,440	\$6,270,107,569	\$6,370,758,826	\$6,769,330,858	\$7,564,164,398	\$8,609,434,647	\$10,305,515,000	\$10,644,229,000	7.3%	75.4%
Federal Share	\$3,418,269,289	\$3,237,788,484	\$3,502,633,987	\$3,552,126,454	\$3,781,663,397	\$4,286,107,243	\$4,891,002,952	\$5,834,221,000	\$6,270,593,000	7.9%	83.4%
State Share	\$2,649,188,255	\$2,562,874,956	\$2,767,473,582	\$2,818,632,372	\$2,987,667,461	\$3,278,057,155	\$3,718,431,695	\$4,471,294,000	\$4,373,636,000	6.5%	65.1%
Administrative Costs	\$139,782,819	\$160,843,647	\$211,625,949	\$249,202,960	\$375,049,767	\$457,606,645	\$488,243,434	\$518,371,000	\$535,567,000	18.3%	283.1%
Federal Share	\$77,058,867	\$91,760,403	\$139,394,427	\$133,451,996	\$205,391,389	\$247,122,600	\$265,513,881	\$281,680,000	\$290,129,000	18.0%	276.5%
State Share	\$62,723,952	\$69,083,244	\$72,231,522	\$115,750,964	\$169,658,378	\$210,484,045	\$222,729,553	\$236,691,000	\$245,438,000	18.6%	291.3%
Admin. Costs as % of Payments	2.30%	2.77%	3.38%	3.91%	5.54%	6.05%	5.67%	5.03%	5.03%		
Federal Match Rate*	56.28%	55.76%	55.79%	55.65%	55.82%	56.62%	56.62%	56.43%	56.43%		

*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 02 and 03 reflect latest estimates reported by each state (CMS 37).

FLORIDA

SOUTHERN REGION MEDICAID PROFILE

STATE FINANCING	Payments		Administration	
	FFY 95	FFY 01	FFY 95	FFY 01
State General Fund	\$2,505,088,255	\$2,651,728,242	\$62,723,952	\$222,729,553
Local Funds	\$0	\$92,435,000	\$0	\$0
Provider Taxes	\$144,100,000	\$227,124,012	\$0	\$0
Donations*	\$0	\$0	\$0	\$0
Other**	\$0	\$747,144,441	\$0	\$0
Total State Share	\$2,649,188,255	\$3,718,431,695	\$62,723,952	\$222,729,553

*Donations: Pharmaceutical Rebates, Fraud & Abuse recoupments, Transfers from Counties

**Other: Cigarette Tax, Tobacco Settlement, Interest

Provider Taxes Currently in Place (FFY 01)		
	Tax Rate	Amount
General Hospitals		\$220,536,798
Inpatient Services	1.5% of net operating revenue	
Outpatient Services	1.0% of net operating revenue	
Ambulatory surgical centers, clinical labs, diagnostic imaging centers	1.0% of net operating revenue	\$6,587,214
Total		\$227,124,012

DISPROPORTIONATE SHARE HOSPITAL (DSH) PAYMENTS

	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	FFY 01*	FFY 02**	FFY 03**	Annual Change
General Hospitals	\$184,468,014	\$170,831,097	\$184,105,646	\$221,802,934	\$211,015,425	\$200,639,067	\$189,094,373	\$227,193,000	\$185,566,000	0.1%
Mental Hospitals	\$149,714,986	\$169,060,227	\$181,687,357	\$148,951,110	\$149,714,985	\$147,845,588	\$149,714,986	\$146,777,000	\$94,564,000	-10.3%
Total	\$334,183,000	\$339,891,324	\$365,793,003	\$370,754,044	\$360,730,410	\$348,484,655	\$338,809,359	\$373,970,000	\$280,130,000	-4.3%

SELECTED ELIGIBILITY CRITERIA

	At 10/1/01	% of FPL*
TANF-Temporary Assistance for Needy Families (Family of 3)		
Need Standard	\$1,180	94.3%
Payment Standard	\$198	15.8%
Maximum Payment	\$303	24.2%
Medically Needy Program (Family of 3)		
Income Eligibility Standard	\$303	
Resource Standard	\$6,000	
Pregnant Women, Children and Infants (% of FPL*)		
Pregnant women and infants		185.0%
Children age 1 to 5		133.0%
Children age 6 to 18		100.0%
SSI Eligibility Levels		
Income:		
Single Person	\$512	69.3%
Couple	\$769	77.3%
Resources:		
Single Person	\$2,000	
Couple	\$3,000	

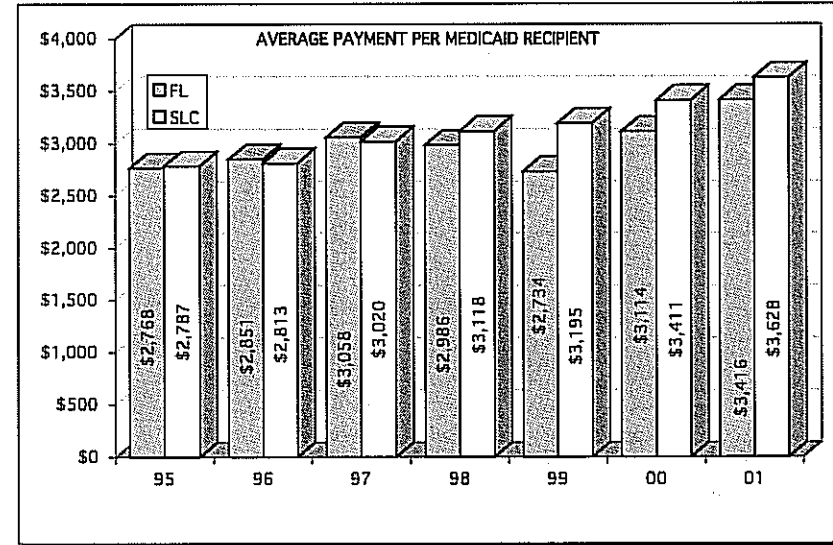
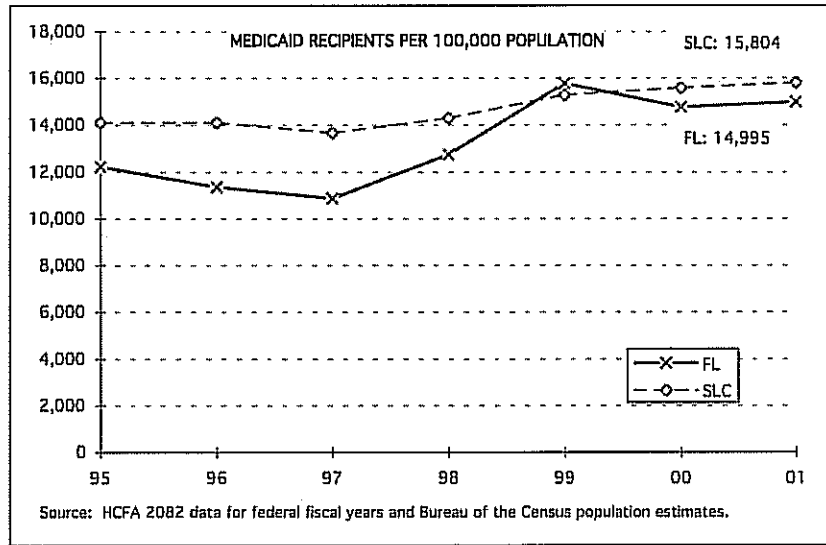
*Current federal poverty level is \$8,860 per year for a single person, \$11,940 for a family of two and \$15,020 for a family of three. Table above shows monthly income levels.

DEMOGRAPHIC DATA & POVERTY INDICATORS (2000)

		Rank in U.S.
State population—July 1, 2001*	16,396,515	4
Per capita personal income**	\$27,836	21
Median household income**	\$37,998	35
Population below Federal Poverty Level on July 1, 2001*	1,983,978	
Percent of total population	12.1%	20
Population without health insurance coverage*	2,836,597	4
Percent of total state population	17.3%	8
Recipients of Food Stamps***	887,256	4
Households receiving Food Stamps***	425,955	4
Total value of issuance***	\$770,726,070	5
Average monthly benefit per recipient	\$72.39	14
Average monthly benefit per household	\$150.78	
Monthly recipients of Temporary Assistance to Needy Families (TANF)****	117,122	13
Total TANF payments****	\$764,987,370	33
Average monthly payment per recipient	\$544.30	
Maximum monthly payment per family of 3	\$303.00	35

*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 95	FFY 96**	FFY 97**	FFY 98**	FFY 99	FFY 00	FFY 01	Annual Change
01. General Hospital	260,409	248,260	243,732	241,668	405,623	448,982	410,596	7.9%
02. Mental Hospital	259	187	229	253	220	234	144	-9.3%
03. Skilled and Intermediate (non-MR) Care Nursing	107,515	68,875	70,979	73,030	91,985	89,954	111,174	0.6%
04. Intermediate Care for Mentally Retarded	3,582	3,586	3,559	3,567	3,664	3,589	3,551	-0.1%
05. Physician Services	1,333,994	1,154,172	1,154,884	754,818	1,026,745	1,037,041	1,162,536	-2.3%
06. Dental Services	339,475	365,810	376,570	374,202	341,397	358,949	374,477	1.6%
07. Other Practitioners	191,755	170,969	183,775	121,191	161,606	182,617	226,893	2.8%
08. Outpatient Hospital	672,683	660,867	650,118	644,876	1,055,037	1,111,223	1,036,386	7.5%
09. Clinic Services	214,774	25,548	29,967	169,145	226,449	243,761	280,990	-4.6%
10. Lab and X-Ray	816,469	767,641	802,093	463,748	667,887	696,834	780,039	-0.8%
11. Home Health	81,896	93,654	81,956	33,307	56,606	63,906	76,529	-1.1%
12. Prescribed Drugs	1,111,466	1,079,467	1,024,555	1,014,372	1,079,997	1,072,082	1,159,155	0.7%
13. Family Planning	123,824	94,654	87,103	137	9,879	12,005	9,952	-34.3%
14. Early & Periodic Screening, Diagnosis & Treatment	211,273	220,448	239,199	256,591	0	0	0	-100.0%
15. Other Care	574,416	326,251	297,496	275,172	582,943	606,677	701,699	3.4%
16. Personal Care Support Services	0	0	0	199,651	212,120	229,299	268,265	0.0%
17. Home / Community Based Waiver Services	0	0	0	0	0	0	0	0.0%
18. Prepaid Health Care	0	0	0	791,752	836,479	768,754	879,352	0.0%
19. Primary Care Case Management (PCCM) Services	0	0	0	841,304	740,487	879,072	947,040	0.0%
Total*	1,735,141	1,638,049	1,597,461	1,904,591	2,355,638	2,360,417	2,458,609	6.0%

*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.

**Recipient/expenditure data revised to reflect numbers reported in Medicaid Statistics, Health Care Financing Administration FFY 96, 97, & 98.

SOUTHERN REGION MEDICAID PROFILE

<u>PAYMENTS BY TYPE OF SERVICES</u>	<u>FFY 95</u>	<u>FFY 96**</u>	<u>FFY 97**</u>	<u>FFY 98**</u>	<u>FFY 99</u>	<u>FFY 00</u>	<u>FFY 01</u>	<u>Annual Change</u>	<u>Share of Total FFY 01</u>
01. General Hospital	\$1,082,567,115	\$1,079,800,921	\$1,036,071,597	\$1,038,563,277	\$1,104,464,305	\$1,289,042,041	\$1,606,925,885	6.8%	19.1%
02. Mental Hospital	\$14,743,075	\$12,571,530	\$14,310,388	\$14,638,423	\$36,866,458	\$88,838,028	\$98,367,444	37.2%	1.2%
03. Skilled and Intermediate (non-MR) Care Nursing	\$1,197,518,853	\$1,115,714,165	\$1,273,243,186	\$1,340,608,163	\$1,390,332,461	\$1,513,576,612	\$1,531,822,453	-4.2%	18.2%
04. Intermediate Care for Mentally Retarded	\$238,568,131	\$220,264,670	\$245,425,611	\$255,636,949	\$267,027,364	\$279,634,012	\$288,706,246	3.2%	3.4%
05. Physician Services	\$466,767,232	\$529,661,206	\$490,345,262	\$201,410,207	\$346,965,626	\$377,329,125	\$416,450,728	-1.9%	5.0%
06. Dental Services	\$63,805,840	\$71,548,592	\$77,031,777	\$79,571,073	\$86,994,473	\$93,258,140	\$84,342,950	4.8%	1.0%
07. Other Practitioners	\$47,250,234	\$24,021,286	\$31,645,767	\$37,239,783	\$11,538,834	\$14,345,085	\$19,371,157	-13.8%	0.2%
08. Outpatient Hospital	\$342,819,724	\$308,926,639	\$321,724,298	\$322,884,138	\$303,908,598	\$357,121,891	\$352,754,166	0.5%	4.2%
09. Clinic Services	\$48,868,810	\$8,359,880	\$9,919,579	\$103,185,250	\$199,964,978	\$215,937,614	\$250,223,795	31.3%	3.0%
10. Lab and X-Ray	\$81,212,499	\$98,155,017	\$77,174,571	\$36,231,750	\$60,300,118	\$65,678,261	\$76,519,161	-1.0%	0.9%
11. Home Health	\$240,850,078	\$293,521,830	\$300,529,377	\$75,237,726	\$136,690,552	\$169,113,580	\$202,103,358	-2.9%	2.4%
12. Prescribed Drugs	\$556,864,923	\$658,291,958	\$772,780,639	\$933,782,041	\$1,092,855,918	\$1,366,193,807	\$1,487,935,645	17.8%	17.7%
13. Family Planning	\$11,631,018	\$4,245,683	\$3,994,166	\$81,663	\$2,600,867	\$3,438,081	\$3,232,247	-19.2%	0.0%
14. Early & Periodic Screening, Diagnosis & Treatment	\$16,499,719	\$22,214,826	\$25,307,597	\$28,486,368	\$0	\$0	\$0	-100.0%	0.0%
15. Other Care	\$392,337,004	\$222,787,074	\$205,085,084	\$108,796,297	\$433,324,033	\$527,926,702	\$721,805,085	10.7%	8.6%
16. Personal Care Support Services	\$0	\$0	\$0	\$391,136,226	\$184,878,467	\$225,888,869	\$285,758,188	-9.9%	0.0%
17. Home/Community Based Waiver Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a	0.0%
18. Prepaid Health Care	\$0	\$0	\$0	\$701,322,837	\$764,245,423	\$742,735,652	\$948,734,189	10.6%	11.3%
19. Primary Case Management (PCCM) Services	\$0	\$0	\$0	\$18,032,691	\$16,669,626	\$20,305,524	\$23,106,828	8.6%	0.3%
Total (excludes DSH pymts, pharmacy rebates, & other adjs.)	\$4,802,304,255	\$4,670,085,277	\$4,884,588,899	\$5,686,844,862	\$6,439,628,101	\$7,350,363,024	\$8,398,159,525	9.8%	100.0%

AVERAGE PAYMENTS PER RECIPIENT BY TYPE OF SERVICES

								(+) or (-) SLC	
									Avg. FFY 01
01. General Hospital	\$4,157.18	\$4,349.48	\$4,250.86	\$4,297.48	\$2,722.88	\$2,871.03	\$3,913.64	-1.0%	-3.6%
02. Mental Hospital	\$56,923.07	\$67,227.43	\$62,490.78	\$57,859.38	\$167,574.81	\$379,649.69	\$683,107.25	51.3%	9237.3%
03. Skilled and Intermediate (non-MR) Care Nursing	\$11,138.16	\$16,199.12	\$17,938.31	\$18,356.95	\$15,114.77	\$16,826.12	\$13,778.60	3.6%	-26.4%
04. Intermediate Care for Mentally Retarded	\$66,601.93	\$61,423.50	\$68,959.15	\$71,667.21	\$72,878.65	\$77,914.19	\$81,302.80	3.4%	12.0%
05. Physician Services	\$349.90	\$458.91	\$424.58	\$266.83	\$337.93	\$363.85	\$358.23	0.4%	-20.4%
06. Dental Services	\$187.95	\$195.59	\$204.56	\$212.64	\$254.82	\$259.81	\$225.23	3.1%	-8.1%
07. Other Practitioners	\$246.41	\$140.50	\$172.20	\$307.28	\$71.40	\$78.55	\$85.38	-16.2%	-62.5%
08. Outpatient Hospital	\$509.63	\$467.46	\$494.87	\$500.69	\$288.05	\$321.38	\$340.37	-6.5%	-29.4%
09. Clinic Services	\$227.54	\$327.22	\$331.02	\$610.04	\$883.05	\$885.86	\$890.51	25.5%	51.8%
10. Lab and X-Ray	\$99.47	\$127.87	\$96.22	\$78.13	\$90.28	\$94.25	\$98.10	-0.2%	-3.1%
11. Home Health	\$2,940.93	\$3,134.11	\$3,666.96	\$2,258.92	\$2,414.77	\$2,646.29	\$2,640.87	-1.8%	6.1%
12. Prescribed Drugs	\$501.02	\$609.83	\$754.26	\$920.55	\$1,011.91	\$1,274.34	\$1,283.64	17.0%	23.7%
13. Family Planning	\$93.93	\$44.85	\$45.86	\$596.08	\$263.27	\$286.39	\$324.78	23.0%	-40.8%
14. Early & Periodic Screening, Diagnosis & Treatment	\$78.10	\$100.77	\$105.80	\$111.02	\$0.00	\$0.00	\$0.00	-100.0%	-100.0%
15. Other Care	\$683.02	\$682.87	\$689.37	\$395.38	\$743.34	\$870.19	\$1,028.65	7.1%	-32.1%
16. Personal Care Support Services	\$0.00	\$0.00	\$0.00	\$1,959.10	\$871.57	\$985.13	\$1,065.21	-18.4%	0.0%
17. Home/Community Based Waiver Services	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	n/a	0.0%
18. Prepaid Health Care	\$0.00	\$0.00	\$0.00	\$885.79	\$913.65	\$966.16	\$1,078.90	6.8%	0.0%
19. Primary Case Management (PCCM) Services	\$0.00	\$0.00	\$0.00	\$21.43	\$22.51	\$23.10	\$24.40	4.4%	0.0%
Total (Average)	\$2,767.67	\$2,851.00	\$3,057.72	\$2,985.86	\$2,733.71	\$3,114.01	\$3,415.82	3.6%	-5.9%

TOTAL PER CAPITA EXPENDITURES	\$437.62	\$413.45	\$441.62	\$443.82	\$478.97	\$501.91	\$554.85	4.0%	-19.5%
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FLORIDA

SOUTHERN REGION MEDICAID PROFILE

DATA BY OTHER CHARACTERISTICS

RECIPIENTS BY OTHER CHARACTERISTICS

	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	FFY 01	Annual Change	Share of Total FFY 01
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	1,008,286	900,740	858,061	1,100,787	981,059	971,716	1,004,077	-0.1%	40.8%
Poverty Related Eligibles	167,330	149,382	407,303	498,267	639,175	688,275	799,583	29.8%	32.5%
Medically Needy	49,610	48,645	45,028	41,070	40,037	45,079	43,713	-2.1%	1.8%
Other Eligibles	509,915	506,539	269,029	249,348	215,341	271,694	327,317	-7.1%	13.3%
Maintenance Assistance Status Unknown	0	32,743	18,040	15,119	480,026	383,653	283,919	54.0%	11.5%
Total	1,735,141	1,638,049	1,597,461	1,904,591	2,355,638	2,360,417	2,458,609	6.0%	100.0%
By Basis of Eligibility									
Aged, Blind, or Disabled	487,642	506,189	516,624	570,544	580,354	598,659	630,460	4.4%	25.6%
Children	996,873	1,052,143	779,491	944,280	921,175	973,911	1,092,438	1.5%	44.4%
Foster Care Children	41,474	32,879	15,185	20,311	33,418	35,912	37,322	-1.7%	1.5%
Adults	209,152	14,095	268,121	354,337	340,665	368,282	414,470	12.1%	16.9%
Basis of Eligibility Unknown	0	32,743	18,040	15,119	480,026	383,653	283,919	54.0%	11.5%
Total	1,735,141	1,638,049	1,597,461	1,904,591	2,355,638	2,360,417	2,458,609	6.0%	100.0%
By Age									
Under Age 1	128,859	73,266	69,132	72,385	74,724	80,350	86,292	-6.5%	3.5%
Age 1 to 5	354,205	332,441	312,188	360,477	349,318	374,752	424,557	3.1%	17.3%
Age 6 to 14	345,156	329,956	335,895	457,266	458,153	476,199	525,077	7.2%	21.4%
Age 15 to 20	148,019	134,381	133,352	175,370	193,695	206,132	229,984	7.6%	9.4%
Age 21 to 44	394,102	369,630	356,623	424,619	404,760	429,386	470,685	3.0%	19.1%
Age 45 to 64	123,594	125,054	129,950	150,693	153,880	163,126	177,479	6.2%	7.2%
Age 65 to 74	98,526	96,991	96,519	100,119	97,685	100,804	107,882	1.5%	4.4%
Age 75 to 84	82,373	83,042	83,968	85,574	82,802	85,355	91,228	1.7%	3.7%
Age 85 and Over	60,307	64,765	66,177	65,924	60,594	60,671	61,516	0.3%	2.5%
Age Unknown	0	28,523	13,657	12,164	480,027	383,642	283,909	58.3%	11.5%
Total	1,735,141	1,638,049	1,597,461	1,904,591	2,355,638	2,360,417	2,458,609	6.0%	100.0%
By Race									
White	779,846	708,500	684,223	759,097	980,230	965,595	1,006,913	4.4%	41.0%
Black	556,439	503,534	505,677	663,851	748,484	734,168	765,614	5.5%	31.1%
Hispanic, American Indian or Asian	274,445	268,988	261,150	315,386	409,300	431,608	448,219	8.5%	18.2%
Other/Unknown	124,411	157,027	146,411	166,257	217,625	229,046	237,863	11.4%	9.7%
Total*	1,735,141	1,638,049	1,597,461	1,904,591	2,355,638	2,360,417	2,458,609	6.0%	100.0%
By Sex									
Female	1,079,502	1,005,653	987,483	1,144,816	1,433,096	1,427,997	1,487,960	5.5%	60.5%
Male	655,637	603,873	596,320	747,611	917,937	928,698	966,395	6.7%	39.3%
Unknown	2	28,523	13,658	12,164	4,604	3,722	4,253	258.6%	0.2%
Total*	1,735,141	1,638,049	1,597,461	1,904,591	2,355,638	2,360,417	2,458,609	6.0%	100.0%

*FFY 01 projected using FFY 95-FFY 00 trends.

Source: Health Care Financing Administration-Form HCFA 2082 for federal fiscal years

SOUTHERN REGION MEDICAID PROFILE

PAYMENTS BY OTHER CHARACTERISTICS

	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	FFY 01	Annual Change	Share of Total FFY 01
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	\$2,391,537,870	\$2,374,345,763	\$2,332,644,904	\$2,950,414,878	\$3,221,206,318	\$3,582,721,921	\$4,001,851,080	9.0%	47.7%
Poverty Related Eligibles	\$352,301,176	\$280,168,877	\$1,267,892,330	\$1,348,334,446	\$1,576,409,431	\$1,719,640,919	\$1,922,771,392	32.7%	22.9%
Medically Needy	\$125,375,368	\$115,047,998	\$124,857,895	\$126,182,907	\$136,691,215	\$169,564,543	\$171,946,765	5.4%	2.0%
Other Eligibles	\$1,933,089,841	\$1,847,576,884	\$1,137,472,218	\$1,236,568,867	\$1,294,893,932	\$1,534,339,321	\$1,746,670,103	-1.7%	20.8%
Maintenance Assistance Status Unknown	\$0	\$52,945,755	\$21,721,552	\$25,343,867	\$210,427,205	\$344,096,320	\$554,920,185	60.0%	6.6%
Total	\$4,802,304,255	\$4,670,085,277	\$4,884,588,899	\$5,686,844,965	\$6,439,628,101	\$7,350,363,024	\$8,398,159,525	9.8%	100.0%
By Basis of Eligibility									
Aged, Blind or Disabled	\$3,352,715,445	\$3,416,530,617	\$3,669,788,753	\$4,214,444,584	\$4,686,681,537	\$5,304,896,347	\$5,810,939,356	9.6%	69.2%
Children	\$1,092,875,659	\$1,145,551,648	\$680,900,305	\$846,258,629	\$869,970,939	\$961,815,244	\$1,144,625,407	0.9%	13.6%
Foster Care Children	\$63,605,252	\$45,274,771	\$34,407,029	\$51,456,136	\$110,904,666	\$120,979,089	\$135,777,344	13.5%	1.6%
Adults	\$293,107,899	\$9,782,486	\$477,771,260	\$549,341,749	\$561,643,754	\$618,576,024	\$751,897,233	17.0%	9.0%
Basis of Eligibility Unknown	\$0	\$52,945,755	\$21,721,552	\$25,343,764	\$210,427,205	\$344,096,320	\$554,920,185	60.0%	6.6%
Total	\$4,802,304,255	\$4,670,085,277	\$4,884,588,899	\$5,686,844,862	\$6,439,628,101	\$7,350,363,024	\$8,398,159,525	9.8%	100.0%
By Age									
Under Age 1	\$315,409,988	\$194,056,113	\$187,590,057	\$207,214,109	\$214,468,858	\$243,285,913	\$281,784,505	-1.9%	3.4%
Age 1 to 5	\$333,503,456	\$403,453,232	\$383,269,622	\$426,888,964	\$511,848,067	\$570,377,512	\$682,240,625	12.7%	8.1%
Age 6 to 14	\$340,881,477	\$296,219,761	\$301,697,296	\$428,913,238	\$527,916,518	\$587,540,095	\$704,285,780	12.9%	8.4%
Age 15 to 20	\$281,082,652	\$242,860,692	\$245,434,893	\$295,567,125	\$363,868,824	\$403,783,164	\$483,348,256	9.5%	5.8%
Age 21 to 44	\$1,192,475,627	\$1,161,159,224	\$1,172,730,340	\$1,379,641,858	\$1,476,598,270	\$1,635,143,608	\$1,847,143,319	7.6%	22.0%
Age 45 to 64	\$709,549,229	\$731,400,865	\$782,057,164	\$948,473,963	\$1,085,760,072	\$1,290,961,928	\$1,486,934,092	13.1%	17.7%
Age 65 to 74	\$387,242,306	\$388,626,285	\$432,188,820	\$492,763,811	\$520,768,585	\$588,764,856	\$624,266,453	8.3%	7.4%
Age 75 to 84	\$569,285,255	\$538,398,002	\$606,789,641	\$672,651,882	\$694,789,645	\$783,612,856	\$824,070,714	6.4%	9.8%
Age 85 and Over	\$672,874,265	\$664,377,149	\$756,207,390	\$814,255,757	\$833,142,370	\$902,815,626	\$909,280,238	5.1%	10.8%
Age Unknown	\$0	\$49,533,954	\$16,623,676	\$20,474,155	\$210,466,892	\$344,077,466	\$554,805,543	62.1%	6.6%
Total	\$4,802,304,255	\$4,670,085,277	\$4,884,588,899	\$5,686,844,862	\$6,439,628,101	\$7,350,363,024	\$8,398,159,525	9.8%	100.0%
By Race									
White	\$2,630,638,153	\$2,468,780,450	\$2,638,586,213	\$2,882,195,485	\$3,360,406,164	\$3,760,149,721	\$4,309,561,680	8.6%	51.3%
Black	\$1,134,020,260	\$1,073,638,418	\$1,128,400,696	\$1,489,923,156	\$1,532,181,868	\$1,750,088,067	\$2,001,191,843	9.9%	23.8%
Hispanic, American Indian or Asian	\$398,017,299	\$424,652,409	\$423,883,192	\$499,546,175	\$565,044,456	\$675,289,579	\$767,776,170	11.6%	9.1%
Other/Unknown	\$639,628,543	\$703,014,000	\$693,718,798	\$815,180,046	\$981,995,612	\$1,164,835,657	\$1,319,629,832	12.8%	15.7%
Total*	\$4,802,304,255	\$4,670,085,277	\$4,884,588,899	\$5,686,844,862	\$6,439,628,101	\$7,350,363,024	\$8,398,159,525	9.8%	100.0%
By Sex									
Female	\$2,992,985,793	\$2,872,152,578	\$3,033,106,030	\$2,186,073,956	\$3,836,511,323	\$4,374,828,179	\$4,972,393,755	8.8%	59.2%
Male	\$1,809,318,240	\$1,748,398,745	\$1,834,857,917	\$3,480,296,751	\$2,599,731,918	\$2,972,203,906	\$3,419,543,912	11.2%	40.7%
Unknown	\$222	\$49,533,954	\$16,624,952	\$20,474,155	\$3,384,859	\$3,330,938	\$6,221,858	-51.1%	0.1%
Total*	\$4,802,304,255	\$4,670,085,277	\$4,884,588,899	\$5,686,844,862	\$6,439,628,101	\$7,350,363,024	\$8,398,159,525	9.8%	100.0%

*FFY 01 projected using FFY 95-FFY 00 trends.

Source: Health Care Financing Administration-Form HCFA 2082 for federal fiscal years

SOUTHERN REGION MEDICAID PROFILE

AVERAGE PAYMENT PER RECIPIENT BY OTHER CHARACTERISTICS

	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	FFY 01	Annual Change	Above (+) or Below (-) SLC Avg. FFY 01
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	\$2,371.88	\$2,635.99	\$2,718.51	\$2,680.28	\$3,283.40	\$3,687.01	\$3,985.60	9.0%	-10.5%
Poverty Related Eligibles	\$2,105.43	\$1,875.52	\$3,112.90	\$2,706.05	\$2,466.32	\$2,498.48	\$2,404.72	2.2%	22.1%
Medically Needy	\$2,527.22	\$2,365.05	\$2,772.89	\$3,072.39	\$3,414.12	\$3,761.50	\$3,933.54	7.7%	11.9%
Other Eligibles	\$3,791.00	\$3,647.45	\$4,228.07	\$4,959.21	\$6,013.23	\$5,647.31	\$5,336.33	5.9%	-14.9%
Maintenance Assistance Status Unknown	\$0.00	\$1,617.01	\$1,204.08	\$1,676.29	\$438.37	\$896.89	\$1,954.50	3.9%	0.0%
Total	\$2,767.67	\$2,851.00	\$3,057.72	\$2,985.86	\$2,733.71	\$3,114.01	\$3,415.82	3.6%	-5.9%
By Basis of Eligibility									
Aged, Blind or Disabled	\$6,875.36	\$6,749.52	\$7,103.40	\$7,386.71	\$8,075.56	\$8,861.30	\$9,216.98	5.0%	2.7%
Children	\$1,096.30	\$1,088.78	\$873.52	\$896.19	\$944.41	\$987.58	\$1,047.77	-0.8%	-17.8%
Foster Care Children	\$1,533.62	\$1,377.01	\$2,265.86	\$2,533.41	\$3,318.71	\$3,368.77	\$3,638.00	15.5%	-36.2%
Adults	\$1,401.41	\$694.04	\$1,781.92	\$1,550.34	\$1,648.67	\$1,679.63	\$1,814.12	4.4%	-16.9%
Basis of Eligibility Unknown	\$0.00	\$1,617.01	\$1,204.08	\$1,676.29	\$438.37	\$896.89	\$1,954.50	3.9%	0.0%
Total	\$2,767.67	\$2,851.00	\$3,057.72	\$2,985.86	\$2,733.71	\$3,114.01	\$3,415.82	3.6%	-5.9%
By Age									
Under Age 1	\$2,447.71	\$2,648.65	\$2,713.51	\$2,862.67	\$2,870.15	\$3,027.83	\$3,265.48	4.9%	15.2%
Age 1 to 5	\$941.55	\$1,213.61	\$1,227.69	\$1,184.23	\$1,465.28	\$1,522.01	\$1,606.95	9.3%	15.8%
Age 6 to 14	\$987.62	\$897.76	\$898.19	\$938.00	\$1,152.27	\$1,233.81	\$1,341.30	5.2%	-5.8%
Age 15 to 20	\$1,898.96	\$1,807.25	\$1,840.50	\$1,685.39	\$1,878.57	\$1,958.86	\$2,101.66	1.7%	-10.8%
Age 21 to 44	\$3,025.80	\$3,141.41	\$3,288.43	\$3,249.13	\$3,648.08	\$3,808.10	\$3,924.37	4.4%	-8.4%
Age 45 to 64	\$5,740.97	\$5,848.68	\$6,018.14	\$6,294.08	\$7,055.89	\$7,913.89	\$8,378.08	6.5%	5.5%
Age 65 to 74	\$3,930.36	\$4,006.83	\$4,477.76	\$4,921.78	\$5,331.10	\$5,840.69	\$5,786.57	6.7%	-8.2%
Age 75 to 84	\$6,911.07	\$6,483.44	\$7,226.44	\$7,860.47	\$8,390.98	\$9,180.63	\$9,033.09	4.6%	-3.5%
Age 85 and Over	\$11,157.48	\$10,258.27	\$11,427.04	\$12,351.43	\$13,749.59	\$14,880.51	\$14,781.20	4.8%	7.1%
Age Unknown	\$0.00	\$1,736.63	\$1,217.23	\$1,683.18	\$438.45	\$896.87	\$1,954.17	2.4%	0.0%
Total	\$2,767.67	\$2,851.00	\$3,057.72	\$2,985.86	\$2,733.71	\$3,114.01	\$3,415.82	3.6%	-5.9%
By Race									
White	\$3,373.28	\$3,484.52	\$3,856.32	\$3,796.87	\$3,428.18	\$3,894.13	\$4,279.98	4.0%	-2.7%
Black	\$2,038.00	\$2,132.21	\$2,231.47	\$2,244.36	\$2,047.05	\$2,383.77	\$2,613.84	4.2%	-12.1%
Hispanic, American Indian or Asian	\$1,450.26	\$1,578.70	\$1,623.14	\$1,583.92	\$1,380.52	\$1,564.59	\$1,712.95	2.8%	-27.3%
Other/Unknown	\$5,141.25	\$4,477.03	\$4,738.16	\$4,903.13	\$4,512.34	\$5,085.59	\$5,547.86	1.3%	19.3%
Total	\$2,767.67	\$2,851.00	\$3,057.72	\$2,985.86	\$2,733.71	\$3,114.01	\$3,415.82	3.6%	-5.9%
By Sex									
Female	\$2,772.56	\$2,856.01	\$3,071.55	\$1,909.54	\$2,677.08	\$3,063.61	\$3,341.75	3.2%	-10.8%
Male	\$2,759.63	\$2,895.31	\$3,076.97	\$4,655.22	\$2,832.15	\$3,200.40	\$3,538.45	4.2%	4.9%
Unknown	\$111.00	\$1,736.63	\$1,217.23	\$1,683.18	\$735.12	\$894.90	\$1,462.91	53.7%	-77.9%
Total	\$2,767.67	\$2,851.00	\$3,057.72	\$2,985.86	\$2,733.71	\$3,114.01	\$3,415.82	3.6%	-5.9%

Source: Health Care Financing Administration-Form HCFA 2082 for federal fiscal years

SOUTHERN REGION MEDICAID PROFILE

ADDITIONAL STATE HEALTH CARE INFORMATION

Sources: "Major Health Care Policies: 50 State Profiles", Health Policy Tracking Service, January, 2002; and "Medicaid Services State by State", HCFA, October 2001.

*Information supplied by State Medicaid Agency

Waivers

The state operates two Freedom of Choice Waivers, under Title XIX, Section 1915 (b), to establish a coordinated network of Medicaid providers. These include:

- Primary Care Case Management Program (MediPass), which provides case management services for TANF and SSI-No Medicare recipients statewide and has been operating since 1991.

- Prepaid Mental Health Plan through Florida Health Partnership provides mental health services for beneficiaries in a five-county area and has been operating since March, 1996. Through this program, approximately 55,000 individuals receive a broad array of mental health services.

- Family Planning Waiver, under Section 1115, Title IV-A, of the Social Security Act, extends family planning services to women with incomes up to 185% of the FPL for two years post partum, operating since October 1, 1998.

- In March 1998, HCFA approved another 1915 (b) waiver authorizing the state to provide sub-acute psychiatric inpatient diagnostic, treatment, and aftercare services to high-risk recipients under age 18. The program operates in Jacksonville and Fort Meyers.

Several 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. These waivers include:

- Aged & Disabled Age 18 and Over: The waiver serves 13,335 people, operating since April 1, 1982.

- Developmental Services (MR/DD): Two waivers serve approximately 25,000 people, operating since June 14, 1980. In the Regular Session of 1999, the Florida legislature appropriated an additional \$200 million for expansion of the program.

- AIDS: Project Aids Care serves 6,757 people, operating since November 1, 1989.

- Disabled Frail Elderly Over Age 60: Serves 1,300 people, operating since November 15, 1994.

- Model Waiver: Serves children with Degenerative Spinocerebellar Diseases, serves 5 people, operating since June 14, 1991. For 98-99, provided additional funding for up to 5 individuals.

- Nursing Home Diversion Waiver authorizes a long-term care demonstration project to allow the state to contract with various pre-paid, capitated risk-based health plans designed to provide primary and long-term health care services to individuals who are eligible for both Medicare and Medicaid. Implementation of the program began in December of 1998. Currently serves approximately 1,000 individuals.

- Traumatic Brain Injury and Spinal Cord Waiver, authorized in Regular Session 1998. The state implemented the program in September of 1999. Current enrollment is approximately 117 individuals.

- The Channeling Project: Provides home and community based services through an organized health care delivery system to approximately 1,500 individuals, operating since 1985.

- Consumer Directed Care: This is a five year 1115 demonstration waiver to test the feasibility of recipients purchasing services from providers of their choice as opposed to receiving traditional services from a home and community based services waiver. The waiver is approved for operation from October 1998 to October 2003, and there are approximately 3,700 participants to date.

Managed Care

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

- Managed Care Choice Counseling: The counseling activities provide information to Medicaid enrollees to assist recipients in the selection of a health care provider; offers impartial information about MediPass and other prepaid health maintenance plans to enable recipients in their decision; if recipients do not choose a provider, they will be assigned to one of the available options in their locale.

SOUTHERN REGION MEDICAID PROFILE

Managed Care (continued)

Enacted legislation in 1999 that prohibits an HMO from canceling or failing to renew a contract without giving the subscriber at least 45 days notice in writing. Enacted legislation in 1999 that requires each exclusive provider organization, HMO and prepaid health clinic to allow female subscribers to visit a contracted OB/GYN for one annual visit and any medically necessary follow-up care.

Coverage for Targeted Population

•The Uninsured: Florida does not have a statewide indigent care program, however, there are local programs subsidized through special tax districts.

Cost Containment Measures

- Certificate of Need Program since 1973, amended in 2000. Regulates introduction or expansion of new institutional health facilities and services; exempts CON requirements for Medicare-certified home health agencies, respite care services, retirement communities and residential facilities that only serve retired military personnel and their dependents.
- Rate-setting established. A state authority approves a budget or rate structure for hospitals.
- Patient Transportation Services: Established prepaid capitation rates, prior authorization, and increased use of mass transit. For FY 98-99, capped funding at \$85.9 million.
- Nursing Homes: Reduced holding bed days from 15 to 8, therapeutic leave days from 30 to 16, and inflation limitations from 1.5 to 1.4 times inflation; reform incentives; and minor changes to the Fair Rental Value System.
- Home Health Care: Develop policy and procedures to ensure that Medicare is the primary payer for dual eligible recipients; and established prior authorization for home health, durable medical equipment and private duty nursing.
- Outpatient Hospital: Limited the inflation rate increase allowed by reducing the target rate increase from 3.2 to approximately 1.4 times inflation.
- Inpatient Psychiatric Hospital: Developed prior authorization process and managed care policies for community based services for children.
- Implemented provider enrollment reforms for transportation, durable medical equipment, home health, and physician group providers.
- Established a methodology to bill counties for 35% of the cost of hospital inpatient days (13 through 45) utilized by Medicaid recipients enrolled in Medicaid PHP and HMOs.
- Pharmacy Reforms: Implemented a variable dispensing fee for prescription drugs. The current Medicaid program pays for the cost of the drug plus a dispensing fee of \$4.23 for each prescription. The new policy will permit the development of a variable dispensing fee determined by volume and other factors.
- For FY 99-00, Florida projects an increase of \$20.7 million in collections from pharmaceutical manufacturers for drug rebates based on the utilization of drugs by Medicaid eligible persons enrolled in Health Maintenance Organizations and Prepaid plans.

Medicaid

- 24 optional services are offered.
- All licensed HMO's have to take part in Medicaid unless they already have enrolled a specified number of Medicaid or Medicare enrollees.
- Counties pay 35% or \$55 per month for each nursing home resident and 35% of the non-federal share for the 13th through 45th day of an inpatient stay for nursing home residents.
- Funded the Adult Cardiac Transplant Program as a result of the completion of a study as to the long term cost for this initiative.
- Expanded the Elderly Assisted Living Facility Waiver and the Elder Home and Community Based Services Waiver.
- In 2000, enacted new laws to: 1) require hospitals and clinics to provide newborn hearing screening; 2) allow the state to contract with an entity to provide behavioral health services through a capitated, prepaid arrangement; 3) expand eligibility for MediKids, Florida KidCare and Medicaid to children and pregnant women; 4) implement clinical eligibility and fee collection requirements for publicly funded substance abuse and mental health services; and 5) direct the Medicaid agency to implement a Medicaid prescription drug spending control program.
- Enacted the Prescription Affordability Act for Seniors to provide prescription drug subsidies, up to \$80 per person per month, to low income Florida residents age 65 and older with incomes between 90% and 120% of the FPL.
- Effective January 1, 2001, the Florida Medicare Prescription Discount Program will ensure that seniors do not pay full retail price for prescription drugs.

FLORIDA

SOUTHERN REGION MEDICAID PROFILE

Medicaid (Continued)

The program requires pharmacies to charge Medicare beneficiaries a price no greater than average wholesale price of the ingredients minus 9% plus a dispensing fee of \$4.50 (applies to Medicaid dual eligibles).

- 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.

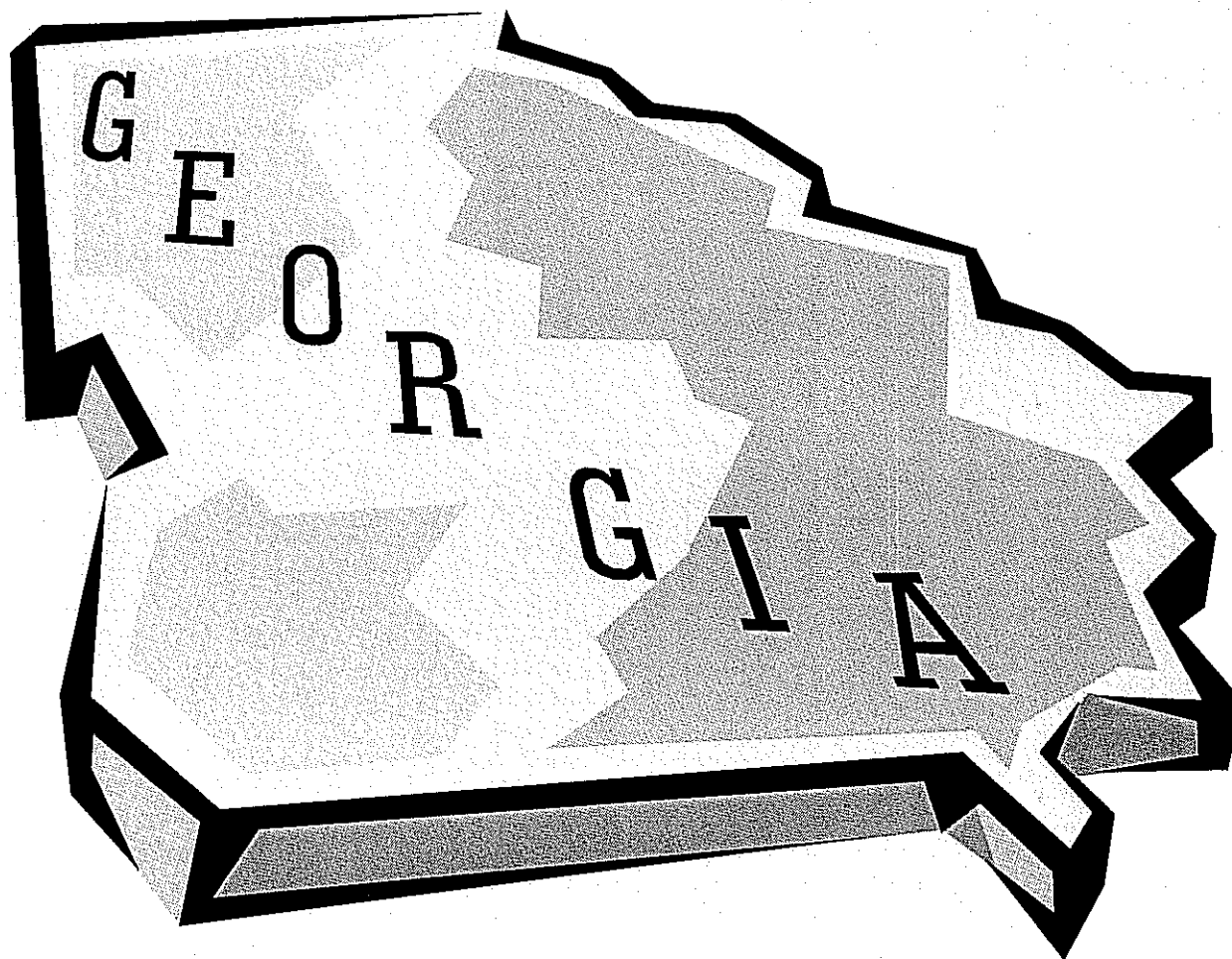
Children's Health Insurance Program: A Combination expansion of Medicaid and Florida Healthy Kids (Title XXI)

- Expanded Medicaid coverage for children age 15 to 19 in families with incomes up to 100% of the FPL; provides coverage for an additional 24,369 children/adolescents. The plan received HCFA approval on March 5, 1998.
- Expanded Florida Healthy Kids program for children/adolescents age 5 to 19 in families with incomes up to 200% of the FPL (includes premium subsidies); provides coverage for an additional 119,000 individuals. The Florida Healthy Kids program also offers full pay buy-in above 200% of the FPL; premiums of \$54 per month per member.
- Added MediKids program to provide coverage for children from birth to age 5 in families with incomes up to 200% of the FPL; provides coverage for an additional 23,000 children. The plan received HCFA approval on September 8, 1998.
- Added Children's Medical Services (CMS) Network program to provide coverage for individuals under the age of 18 with special health care needs in families with incomes up to 200% of the FPL; provides coverage for an additional 6,326 eligibles. CMS allows individuals with special needs to have a specialist as their primary care physician without any special authorization.
- Shifted coverage from MediKids and CMS Network to Medicaid for children birth to age one effective July 1, 2000.
- Received HCFA approval in March 2000 to implement a dental pilot program in Palm Beach and Dade counties.
- Expanded Medicaid coverage to enroll children under age 1 with family incomes between 185% and 200% of the FPL and eliminated coverage for this group under MediKids and Title XXI CMS Network.
- The four programs combined provide health care coverage to approximately 250,000 individuals as of July 2001.

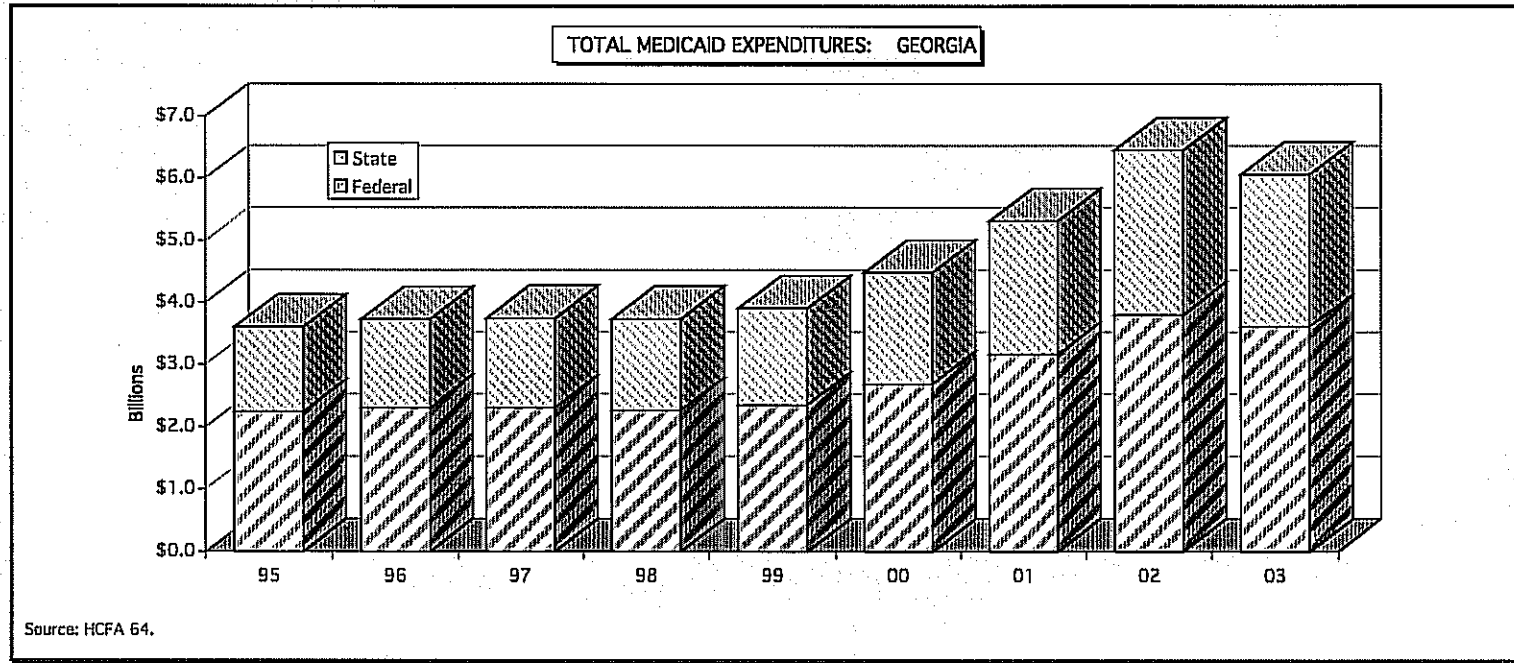
Tobacco Settlement

- The state expects to receive approximately \$18.6 billion through 2032.
 - For Fiscal Year 2001, the tobacco settlement payment was approximately \$731.3 million.
- Enacted legislation in 1999 that distributed tobacco settlement monies into eight separate trusts, including one named for the late Governor Lawton Chiles. The Lawton Chiles Tobacco Endowment (LCTE) for Children and the Elderly uses tobacco monies to ensure the financial health of programs for children and seniors.
- The legislature appropriated funds for state fiscal year 2001 as follows:
\$149 million to the Agency for Health Care Administration, includes \$40 million for the state's CHIP.
\$177 million to the Department of Child and Family Services, includes \$142 to fund existing programs, \$24 million for foster care programs, and \$8 million for substance abuse treatment.
\$25 million to the Department of Elderly Affairs, including \$3 million for assisted living and home and community-based care.
\$93 million to the Department of Health, including \$39 million for tobacco prevention and control.
 - Enacted legislation that earmarks \$150 million of the principal in the LCTE for a separate endowment for biomedical research.

STATE MEDICAID PROFILE



SOUTHERN REGION MEDICAID PROFILE



	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	FFY 01*	FFY 02**	FFY 03**	Annual Rate of Change	Total Change 95-03
Medicaid Payments	\$3,472,965,969	\$3,589,643,840	\$3,584,015,676	\$3,487,596,382	\$3,673,705,109	\$4,321,247,201	\$5,037,084,881	\$6,058,043,000	\$5,803,855,000	6.6%	67.1%
Federal Share	\$2,165,409,386	\$2,228,051,751	\$2,211,414,478	\$2,126,785,792	\$2,226,304,953	\$2,592,499,901	\$3,012,109,157	\$3,577,804,000	\$3,462,532,000	6.0%	59.9%
State Share	\$1,307,556,583	\$1,361,592,089	\$1,372,601,198	\$1,360,810,590	\$1,447,400,156	\$1,728,747,300	\$2,024,975,724	\$2,480,239,000	\$2,341,323,000	7.6%	79.1%
Administrative Costs	\$136,047,842	\$141,133,008	\$164,529,357	\$247,246,597	\$230,872,445	\$158,819,383	\$277,430,878	\$396,855,000	\$260,018,000	8.4%	91.1%
Federal Share	\$75,409,513	\$78,950,993	\$90,065,174	\$133,995,592	\$126,008,191	\$96,825,459	\$155,839,950	\$228,558,000	\$154,771,000	9.4%	105.2%
State Share	\$60,638,329	\$62,182,015	\$74,464,183	\$113,251,005	\$104,864,254	\$61,993,924	\$121,590,928	\$168,297,000	\$105,247,000	7.1%	73.6%
Admin. Costs as % of Payments	3.92%	3.93%	4.59%	7.09%	6.28%	4.97%	4.97%	4.97%	4.97%		
Federal Match Rate*	62.23%	61.90%	61.52%	60.84%	60.47%	59.88%	59.67%	59.00%	59.00%		

*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 02 and 03 reflect latest estimates reported by each state (CMS 37).

GEORGIA

SOUTHERN REGION MEDICAID PROFILE

STATE FINANCING

	Payments		Administration	
	FFY 95	FFY 01	FFY 95	FFY 01
State General Fund	\$1,307,556,583	\$2,015,714,009	\$60,638,329	\$121,590,928
Local Funds	\$0	\$0	\$0	\$0
Provider Taxes	\$0	\$9,261,715	\$0	\$0
Donations	\$0	\$0	\$0	\$0
Other (License Fees)	\$0	\$0	\$0	\$0
Total State Share	\$1,307,556,583	\$2,024,975,724	\$60,638,329	\$121,590,928

Provider Taxes Currently in Place (FFY 01)	
Tax Rate	Amount
Ambulance	\$1,166,300
Medical	\$570,597
Nursing (Registered)	\$3,552,057
Nursing Home Administrators	\$47,990
Pharmacy	\$1,196,320
Other professionals	\$2,728,451
Total	\$9,261,715

DISPROPORTIONATE SHARE HOSPITAL (DSH) PAYMENTS

	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	FFY 01*	FFY 02**	FFY 03**	Annual Change
General Hospitals	\$407,147,839	\$384,936,697	\$413,147,837	\$342,433,313	\$391,688,680	\$402,093,625	\$418,024,133	\$437,700,000	\$446,454,000	1.3%
Mental Hospitals	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a
Total	\$407,147,839	\$384,936,697	\$413,147,837	\$342,433,313	\$391,688,680	\$402,093,625	\$418,024,133	\$437,700,000	\$446,454,000	1.3%

SELECTED ELIGIBILITY CRITERIA

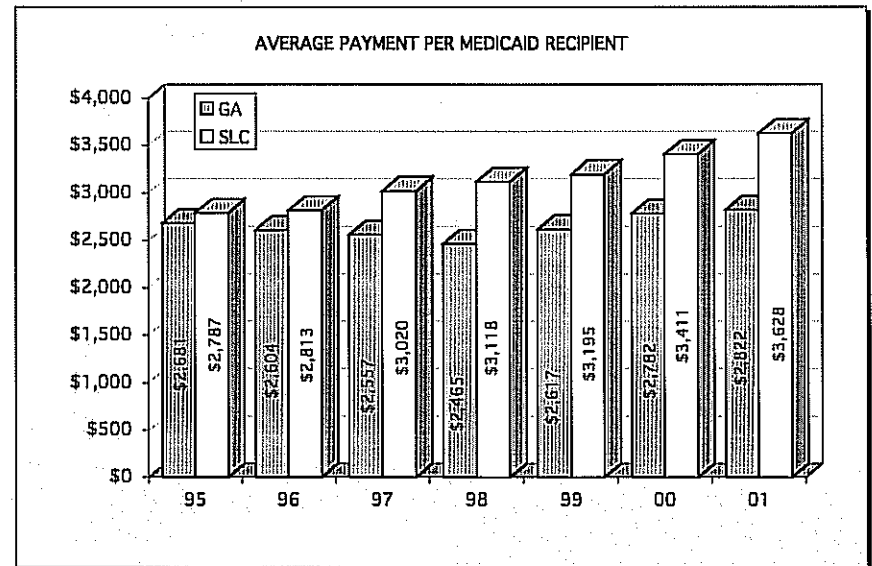
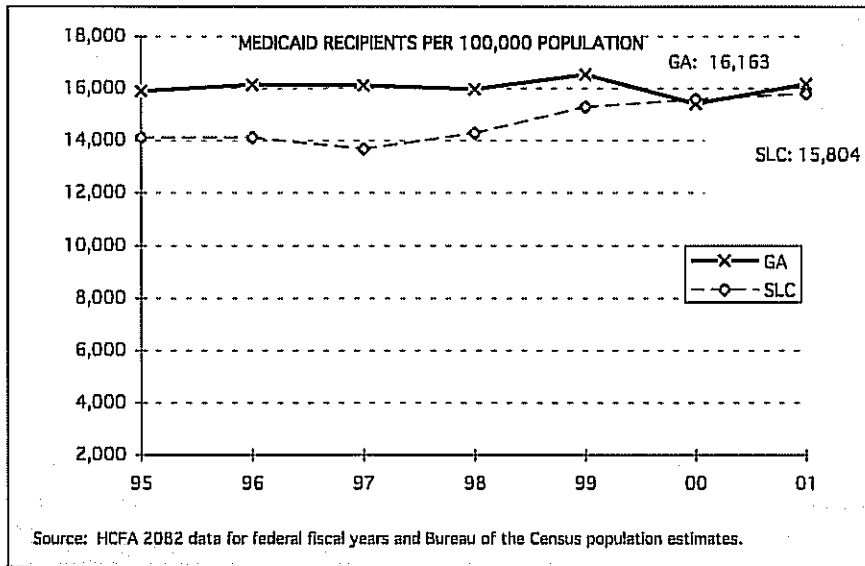
DEMOGRAPHIC DATA & POVERTY INDICATORS (2000)

	At 10/1/01	% of FPL*		Rank in U.S.
TANF-Temporary Assistance for Needy Families (Family of 3)			State population—July 1, 2001*	8,383,915 10
Need Standard	\$424	33.9%	Per capita personal income**	\$27,790 23
Payment Standard (Income Ceiling)	\$784	62.6%	Median household income**	\$42,887 23
Maximum Payment	\$280	22.4%		
Medically Needy Program (Family of 3)			Population below Federal Poverty Level on July 1, 2001*	1,056,373
Income Eligibility Standard	\$375		Percent of total population	12.6% 18
Resource Standard	\$4,100			
Pregnant Women, Children and Infants (% of FPL*)			Population without health insurance coverage*	1,224,052 7
Pregnant women and infants		185.0%	Percent of total state population	14.6% 13
Children to 6		133.0%	Recipients of Food Stamps***	573,505 9
Children 6 to 18		100.0%	Households receiving Food Stamps***	235,396 9
SSI Eligibility Levels			Total value of issuance***	\$515,153,023 8
Income:			Average monthly benefit per recipient	\$74.85 15
Single Person	\$494	66.9%	Average monthly benefit per household	\$182.37
Couple	\$741	74.5%		
Resources:			Monthly recipients of Temporary Assistance to Needy Families (TANF)****	117,268 12
Single Person	\$2,000		Total TANF payments****	\$382,762,500 35
Couple	\$4,000		Average monthly payment per recipient	\$272.00
			Maximum monthly payment per family of 3	\$208.00 39

*Current federal poverty level is \$8,860 per year for a single person, \$11,940 for a family of two and \$15,020 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)

<u>RECIPIENTS BY TYPE OF SERVICES</u>	<u>FFY 95</u>	<u>FFY 96</u>	<u>FFY 97</u>	<u>FFY 98</u>	<u>FFY 99</u>	<u>FFY 00</u>	<u>FFY 01</u>	<u>Annual Change</u>
01. General Hospital	190,901	174,955	176,113	161,694	165,310	192,473	203,679	1.1%
02. Mental Hospital	0	0	0	0	0	53,648	50,467	-5.9%
03. Skilled and Intermediate (non-MR) Care Nursing	40,277	40,873	39,104	40,390	41,874	50,099	52,790	4.6%
04. Intermediate Care for Mentally Retarded	1,876	1,837	1,755	1,728	1,791	1,420	1,527	-3.4%
05. Physician Services	933,101	936,768	899,821	872,557	904,606	850,386	906,633	-0.5%
06. Dental Services	260,538	253,582	240,018	229,794	238,234	205,074	291,456	1.9%
07. Other Practitioners	201,989	207,090	208,935	132,412	131,321	130,046	145,452	-5.3%
08. Outpatient Hospital	610,689	606,680	567,063	540,218	560,060	541,973	577,696	-0.9%
09. Clinic Services	52,099	55,934	56,268	60,632	50,472	48,925	53,863	0.6%
10. Lab and X-Ray	204,505	199,829	169,653	167,860	174,025	162,425	173,620	-2.7%
11. Home Health	23,083	21,548	22,163	84,820	21,189	9,755	23,157	0.1%
12. Prescribed Drugs	875,647	891,335	846,963	805,923	835,524	809,481	862,330	-0.3%
13. Family Planning	100,160	84,093	96,505	107,414	2,768	20,156	26,416	-19.9%
14. Early & Periodic Screening, Diagnosis & Treatment	310,255	297,193	308,257	287,928	298,503	263,263	290,145	-1.1%
15. Other Care	574,356	714,653	922,524	137,889	142,954	0	0	-100.0%
16. Personal Care Support Services	0	0	0	194,528	11,071	9,916	13,197	-59.2%
17. Home/Community Based Waiver Services	3,957	20	251	15,251	15,811	0	0	-100.0%
18. Prepaid Health Care	0	0	0	78,463	58,091	25,563	63,501	-6.8%
19. Primary Care Case Management (PCCM) Services	0	0	0	879,554	911,860	906,079	942,804	2.3%
Total*	1,147,443	1,184,833	1,208,445	1,221,978	1,264,525	1,201,669	1,355,059	2.8%

*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.

GEORGIA

SOUTHERN REGION MEDICAID PROFILE

PAYMENTS BY TYPE OF SERVICES

	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	FFY 01	Annual Change	Share of Total FFY 01
01. General Hospital	\$818,919,186	\$805,063,489	\$772,217,549	\$668,075,530	\$709,051,404	\$683,527,983	\$956,908,717	2.6%	25.0%
02. Mental Hospital	\$0	\$0	\$0	\$0	\$0	\$63,901,505	\$21,060,127	-67.0%	0.6%
03. Skilled and Intermediate (non-MR) Care Nursing	\$623,848,347	\$643,326,691	\$608,591,712	\$603,835,584	\$787,217,929	\$699,057,680	\$832,719,588	4.9%	21.8%
04. Intermediate Care for Mentally Retarded	\$124,940,898	\$125,578,454	\$127,147,570	\$107,450,025	\$99,964,520	\$109,816,562	\$125,027,526	0.0%	3.3%
05. Physician Services	\$452,974,924	\$437,034,835	\$396,915,837	\$367,096,683	\$394,348,608	\$386,925,219	\$460,881,618	0.3%	12.1%
06. Dental Services	\$33,577,036	\$32,152,495	\$30,990,607	\$32,076,080	\$42,267,580	\$36,314,579	\$45,799,787	5.3%	1.2%
07. Other Practitioners	\$39,582,343	\$34,732,584	\$33,286,304	\$18,735,368	\$14,787,774	\$75,270,523	\$38,473,704	-0.5%	1.0%
08. Outpatient Hospital	\$254,730,016	\$253,006,189	\$256,218,944	\$266,142,731	\$332,052,864	\$325,041,240	\$390,916,583	7.4%	10.2%
09. Clinic Services	\$63,684,654	\$71,120,384	\$94,758,210	\$114,306,637	\$91,759,834	\$60,766,217	\$92,736,878	6.5%	2.4%
10. Lab and X-Ray	\$15,733,477	\$16,123,398	\$13,685,581	\$12,445,037	\$14,912,139	\$15,532,543	\$18,478,889	2.7%	0.5%
11. Home Health	\$92,384,121	\$110,557,783	\$132,907,346	\$42,656,324	\$13,769,621	\$27,878,892	\$57,965,836	-7.5%	1.5%
12. Prescribed Drugs	\$288,511,672	\$319,230,386	\$339,257,021	\$370,562,935	\$498,274,151	\$538,978,630	\$601,828,866	13.0%	15.7%
13. Family Planning	\$28,563,942	\$24,355,643	\$25,846,670	\$27,091,933	\$3,494,866	\$1,982,843	\$9,819,034	-16.3%	0.3%
14. Early & Periodic Screening, Diagnosis & Treatment	\$26,625,741	\$25,584,313	\$25,725,521	\$25,513,441	\$26,962,276	\$0	\$0	-100.0%	0.0%
15. Other Care	\$209,145,178	\$187,340,495	\$232,454,003	\$27,214,508	\$26,414,961	\$1,365,314	\$79,948,870	-14.8%	2.1%
16. Personal Care Support Services	\$0	\$0	\$0	\$101,836,605	\$47,863,039	\$95,407,829	\$77,345,277	-8.8%	2.0%
17. Home/Community Based Waiver Services	\$3,227,382	\$792	\$13,338	\$146,244,447	\$152,617,027	\$184,227,920	\$0	-100.0%	0.0%
18. Prepaid Health Care	\$0	\$0	\$0	\$57,871,451	\$29,748,353	\$14,813,724	\$13,403,949	-38.6%	0.4%
19. Primary Case Management (PCCM) Services	\$0	\$0	\$0	\$23,190,993	\$23,312,451	\$22,390,700	\$0	-100.0%	0.0%
Total (excludes DSH pymts, pharmacy rebates, & other adjs.)	\$3,076,448,917	\$3,085,207,931	\$3,090,016,213	\$3,012,346,312	\$3,308,819,397	\$3,343,199,902	\$3,823,315,247	3.7%	100.0%

AVERAGE PAYMENTS PER RECIPIENT BY TYPE OF SERVICES

								(+) or (-) SLC	
									Aug. FFY 01
01. General Hospital	\$4,289.76	\$4,601.55	\$4,384.78	\$4,131.73	\$4,289.22	\$3,551.29	\$4,698.13	1.5%	14.4%
02. Mental Hospital	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,191.13	\$417.31	-63.0%	-94.7%
03. Skilled and Intermediate (non-MR) Care Nursing	\$15,488.95	\$15,739.65	\$15,563.41	\$14,950.13	\$18,799.68	\$13,953.53	\$15,774.08	0.3%	-14.6%
04. Intermediate Care for Mentally Retarded	\$66,599.63	\$68,360.62	\$72,448.76	\$62,181.73	\$55,814.92	\$77,335.61	\$81,866.98	3.5%	13.0%
05. Physician Services	\$485.45	\$466.53	\$441.11	\$420.71	\$435.93	\$455.00	\$508.34	0.8%	13.6%
06. Dental Services	\$128.88	\$126.79	\$129.12	\$139.59	\$177.42	\$177.08	\$157.14	3.4%	-36.1%
07. Other Practitioners	\$195.96	\$167.72	\$159.31	\$141.49	\$112.61	\$578.80	\$264.51	5.1%	17.6%
08. Outpatient Hospital	\$417.12	\$417.03	\$451.84	\$492.66	\$592.89	\$599.74	\$676.68	8.4%	39.0%
09. Clinic Services	\$1,222.38	\$1,271.51	\$1,684.05	\$1,885.25	\$1,818.03	\$1,242.04	\$1,721.71	5.9%	203.2%
10. Lab and X-Ray	\$76.93	\$80.69	\$80.67	\$74.14	\$85.69	\$95.63	\$106.43	5.6%	4.8%
11. Home Health	\$4,002.26	\$5,130.77	\$5,996.81	\$502.90	\$649.85	\$2,857.91	\$2,503.14	-7.5%	-15.4%
12. Prescribed Drugs	\$329.48	\$358.15	\$400.56	\$459.80	\$596.36	\$665.83	\$697.91	13.3%	-33.3%
13. Family Planning	\$285.18	\$289.63	\$267.83	\$252.22	\$1,262.60	\$98.37	\$371.71	4.5%	-35.6%
14. Early & Periodic Screening, Diagnosis & Treatment	\$85.82	\$86.09	\$83.45	\$88.61	\$90.32	\$0.00	\$0.00	-100.0%	-100.0%
15. Other Care	\$364.14	\$262.14	\$251.98	\$197.37	\$184.78	\$0.00	\$0.00	-100.0%	-100.0%
16. Personal Care Support Services	\$0.00	\$0.00	\$0.00	\$523.51	\$4,323.28	\$9,621.83	\$5,860.63	123.7%	204.7%
17. Home/Community Based Waiver Services	\$815.61	\$39.60	\$53.14	\$9,589.17	\$9,652.59	\$0.00	\$0.00	-100.0%	-100.0%
18. Prepaid Health Care	\$0.00	\$0.00	\$0.00	\$737.56	\$512.10	\$579.50	\$211.08	-34.1%	-85.8%
19. Primary Care Case Management (PCCM) Services	\$0.00	\$0.00	\$0.00	\$26.37	\$25.57	\$24.71	\$0.00	-100.0%	-100.0%
Total (Average)	\$2,681.13	\$2,603.92	\$2,557.02	\$2,465.14	\$2,616.65	\$2,782.13	\$2,821.51	0.9%	-22.2%
 TOTAL PER CAPITA EXPENDITURES	 \$500.65	 \$508.68	 \$500.47	 \$488.71	 \$510.92	 \$575.23	 \$633.89	 4.0%	 -8.0%

GEORGIA

SOUTHERN REGION MEDICAID PROFILE
DATA BY OTHER CHARACTERISTICS

RECIPIENTS BY OTHER CHARACTERISTICS

	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	FFY 01	Annual Change	Share of Total FFY 01
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	599,867	574,269	560,794	473,537	695,362	658,181	735,945	3.5%	54.3%
Poverty Related Eligibles	109,046	116,447	449,852	536,420	442,457	417,566	463,943	27.3%	34.2%
Medically Needy	578	543	816	841	632	603	686	2.9%	0.1%
Other Eligibles	427,453	484,068	182,243	179,778	109,002	109,084	136,149	-17.4%	10.0%
Maintenance Assistance Status Unknown	10,499	9,506	14,740	31,402	17,072	16,235	18,336	9.7%	1.4%
Total*	1,147,443	1,184,833	1,208,445	1,221,978	1,264,525	1,201,669	1,355,059	2.8%	100.0%
By Basis of Eligibility									
Aged, Blind, or Disabled	295,406	306,376	309,328	315,460	319,040	321,649	361,190	3.4%	26.7%
Children	597,092	629,386	655,741	666,385	702,317	675,723	759,714	4.1%	56.1%
Foster Care Children	100	55	6,271	6,508	6,448	6,637	7,033	103.2%	0.5%
Adults	244,346	239,510	222,365	202,223	205,865	196,973	224,948	-1.4%	16.6%
Basis of Eligibility Unknown	10,499	9,506	14,740	31,402	30,855	687	2,174	-23.1%	0.2%
Total*	1,147,443	1,184,833	1,208,445	1,221,978	1,264,525	1,201,669	1,355,059	2.8%	100.0%
By Age									
Under Age 1	54,431	57,949	62,035	64,474	168,941	165,168	176,824	21.7%	13.0%
Age 1 to 5	250,370	255,974	260,904	255,052	197,392	218,466	249,130	-0.1%	18.4%
Age 6 to 14	250,898	269,468	284,038	280,857	143,650	170,840	198,163	-3.9%	14.6%
Age 15 to 20	116,768	123,686	131,439	129,665	192,081	221,941	243,690	13.0%	18.0%
Age 21 to 44	253,598	251,936	240,424	225,920	348,503	209,637	242,424	-0.7%	17.9%
Age 45 to 64	77,729	82,044	84,605	87,177	171,975	90,288	102,949	4.8%	7.6%
Age 65 to 74	52,724	52,920	53,163	53,477	19,600	37,478	64,598	3.4%	4.8%
Age 75 to 84	51,217	50,854	50,242	49,912	13,404	34,979	45,457	-2.0%	3.4%
Age 85 and Over	34,436	34,811	35,309	68,219	8,852	47,809	30,898	-1.8%	2.3%
Age Unknown	5,272	5,191	6,286	7,225	127	5,063	925	-25.2%	0.1%
Total*	1,147,443	1,184,833	1,208,445	1,221,978	1,264,525	1,201,669	1,355,059	2.8%	100.0%
By Race									
White	448,904	451,125	447,255	443,904	478,243	396,566	453,471	0.2%	33.5%
Black	615,145	632,470	643,610	647,000	590,154	590,400	669,508	1.4%	49.4%
Hispanic, American Indian or Asian	32,952	43,169	50,179	51,996	51,087	28,429	34,003	0.5%	2.5%
Other/Unknown	50,442	58,069	67,401	79,078	145,041	186,274	198,077	25.6%	14.6%
Total*	1,147,443	1,184,833	1,208,445	1,221,978	1,264,525	1,201,669	1,355,059	2.8%	100.0%
By Sex									
Female	727,316	744,696	749,009	748,398	821,562	729,667	825,591	2.1%	60.9%
Male	414,844	434,945	453,144	466,356	442,963	472,002	528,959	4.1%	39.0%
Unknown	5,283	5,192	6,292	7,224	0	0	509	-32.3%	0.0%
Total*	1,147,443	1,184,833	1,208,445	1,221,978	1,264,525	1,201,669	1,355,059	2.8%	100.0%

*FFY 01 projected using FFY 95-FFY 00 trends, State Annual report, and state submitted data (SEE "Important Note" prior to table of contents).
Source: Health Care Financing Administration-Form HCFA 2082 for federal fiscal years

SOUTHERN REGION MEDICAID PROFILE

PAYMENTS BY OTHER CHARACTERISTICS

	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	FFY 01	Annual Change	Share of Total FFY 01
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	\$1,579,912,507	\$1,497,011,074	\$1,476,472,911	\$1,377,872,299	\$1,580,953,908	\$1,594,093,620	\$1,827,930,882	2.5%	47.8%
Poverty Related Eligibles	\$133,130,765	\$136,270,254	\$671,343,738	\$689,569,489	\$718,675,573	\$773,642,661	\$813,794,805	35.2%	21.3%
Medically Needy	\$2,085,386	\$2,188,136	\$4,072,584	\$3,794,773	\$4,301,465	\$4,520,927	\$4,909,125	15.3%	0.1%
Other Eligibles	\$1,341,166,513	\$1,429,092,593	\$905,343,467	\$889,614,162	\$945,329,702	\$906,367,643	\$1,109,400,277	-3.1%	29.0%
Maintenance Assistance Status Unknown	\$20,153,746	\$20,645,874	\$32,783,513	\$51,495,589	\$59,558,749	\$64,575,051	\$67,280,159	22.3%	1.8%
Total*	\$3,076,448,917	\$3,085,207,931	\$3,090,016,213	\$3,012,346,312	\$3,308,819,397	\$3,343,199,902	\$3,823,315,247	3.7%	100.0%
\$0									
By Basis of Eligibility									
Aged, Blind or Disabled	\$1,802,981,679	\$1,857,800,801	\$1,857,153,410	\$1,896,108,233	\$2,085,705,704	\$2,174,637,317	\$2,450,084,453	5.2%	64.1%
Children	\$642,601,853	\$618,667,247	\$619,714,194	\$582,740,389	\$688,823,404	\$687,795,671	\$813,041,681	4.0%	21.3%
Foster Care Children	\$339,834	\$158,272	\$21,716,984	\$23,957,528	\$26,363,349	\$25,568,009	\$31,696,343	113.0%	0.8%
Adults	\$610,371,805	\$587,935,737	\$558,812,319	\$458,044,573	\$502,627,534	\$404,103,045	\$513,140,987	-2.9%	13.4%
Basis of Eligibility Unknown	\$20,153,746	\$20,645,874	\$32,619,306	\$51,495,589	\$5,299,406	\$51,095,860	\$15,351,783	-4.4%	0.4%
Total*	\$3,076,448,917	\$3,085,207,931	\$3,090,016,213	\$3,012,346,312	\$3,308,819,397	\$3,343,199,902	\$3,823,315,247	3.7%	100.0%
By Age									
Under Age 1	\$119,222,813	\$117,034,113	\$116,190,597	\$130,274,039	\$553,565,485	\$326,516,496	\$365,608,753	20.5%	9.6%
Age 1 to 5	\$340,005,677	\$323,376,173	\$307,847,423	\$256,674,945	\$346,962,802	\$201,877,583	\$241,079,204	-5.6%	6.3%
Age 6 to 14	\$240,649,162	\$229,498,271	\$239,303,673	\$228,998,832	\$276,091,199	\$181,407,063	\$213,405,159	-2.0%	5.6%
Age 15 to 20	\$271,041,521	\$261,476,695	\$263,589,850	\$229,873,552	\$452,050,906	\$297,022,244	\$341,197,838	3.9%	8.9%
Age 21 to 44	\$814,218,579	\$810,798,064	\$818,413,173	\$737,273,945	\$967,730,409	\$746,450,035	\$864,451,440	1.0%	22.6%
Age 45 to 64	\$429,088,216	\$452,935,764	\$477,409,453	\$507,321,902	\$554,690,484	\$602,930,150	\$683,288,655	8.1%	17.9%
Age 65 to 74	\$214,027,733	\$221,937,199	\$222,067,879	\$225,627,074	\$70,501,015	\$241,551,216	\$486,807,762	14.7%	12.7%
Age 75 to 84	\$317,088,940	\$324,793,939	\$310,065,313	\$302,572,083	\$50,112,070	\$323,926,793	\$356,102,455	2.0%	9.3%
Age 85 and Over	\$318,233,551	\$330,247,882	\$321,060,648	\$372,731,195	\$36,301,058	\$399,037,543	\$264,935,346	-3.0%	6.9%
Age Unknown	\$12,872,725	\$13,109,831	\$14,068,204	\$20,998,745	\$813,969	\$22,480,779	\$6,438,635	-10.9%	0.2%
Total*	\$3,076,448,917	\$3,085,207,931	\$3,090,016,213	\$3,012,346,312	\$3,308,819,397	\$3,343,199,902	\$3,823,315,247	3.7%	100.0%
By Race									
White	\$1,491,925,419	\$1,509,948,577	\$1,482,725,620	\$1,449,477,236	\$1,281,836,634	\$1,588,004,228	\$1,813,142,432	3.3%	47.4%
Black	\$1,336,311,250	\$1,297,219,832	\$1,306,996,330	\$1,239,615,206	\$1,397,314,431	\$1,317,597,290	\$1,513,897,066	2.1%	39.6%
Hispanic, American Indian or Asian	\$51,887,350	\$60,690,293	\$71,650,212	\$63,396,255	\$133,345,422	\$56,714,603	\$66,738,654	4.3%	1.7%
Other/Unknown	\$196,324,898	\$217,349,229	\$228,644,051	\$259,857,615	\$496,322,910	\$380,883,781	\$429,537,095	13.9%	11.2%
Total*	\$3,076,448,917	\$3,085,207,931	\$3,090,016,213	\$3,012,346,312	\$3,308,819,397	\$3,343,199,902	\$3,823,315,247	3.7%	100.0%
By Sex									
Female	\$2,075,463,148	\$2,078,712,807	\$2,059,074,878	\$1,966,718,337	\$2,062,718,012	\$2,185,216,413	\$2,486,920,639	3.1%	65.0%
Male	\$988,106,443	\$993,383,565	\$1,016,859,298	\$1,024,630,832	\$1,246,101,385	\$1,157,983,489	\$1,332,201,835	5.1%	34.8%
Unknown	\$12,879,326	\$13,111,559	\$14,082,037	\$20,997,143	\$0	\$0	\$4,192,773	-17.1%	0.1%
Total*	\$3,076,448,917	\$3,085,207,931	\$3,090,016,213	\$3,012,346,312	\$3,308,819,397	\$3,343,199,902	\$3,823,315,247	3.7%	100.0%

*FFY 00 & 01 projected using FFY 95-FFY 00 trends and State reported recipient/expenditure totals.
Source: Health Care Financing Administration-Form HCFA 2082 for federal fiscal years

SOUTHERN REGION MEDICAID PROFILE

AVERAGE PAYMENT PER RECIPIENT BY OTHER CHARACTERISTICS

								Above (+) or Below (-) SLIC	
								Annual	Avg. FFY 01
	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	FFY 01	Change	
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	\$2,633.77	\$2,606.81	\$2,632.83	\$2,909.75	\$2,273.57	\$2,421.97	\$2,483.79	-1.0%	-44.3%
Poverty Related Eligibles	\$1,220.87	\$1,170.23	\$1,492.37	\$1,285.50	\$1,624.28	\$1,852.74	\$1,754.08	6.2%	-11.0%
Medically Needy	\$3,607.93	\$4,029.72	\$4,990.91	\$4,512.22	\$6,806.12	\$7,495.91	\$7,154.48	12.1%	103.6%
Other Eligibles	\$3,137.58	\$2,952.26	\$4,967.78	\$4,948.40	\$8,672.59	\$8,308.92	\$8,148.43	17.2%	30.0%
Maintenance Assistance Status Unknown	\$1,919.59	\$2,171.88	\$2,224.12	\$1,639.88	\$3,488.68	\$3,977.48	\$3,669.36	11.4%	78.6%
Total	\$2,681.13	\$2,603.92	\$2,557.02	\$2,465.14	\$2,616.65	\$2,782.13	\$2,821.51	0.9%	-22.2%
By Basis of Eligibility									
Aged, Blind or Disabled	\$6,103.40	\$6,063.79	\$6,003.83	\$6,010.61	\$6,537.44	\$6,760.90	\$6,783.38	1.8%	-24.4%
Children	\$1,076.22	\$982.97	\$945.06	\$874.48	\$980.79	\$1,017.87	\$1,070.19	-0.1%	-16.1%
Foster Care Children	\$3,398.34	\$2,877.67	\$3,463.08	\$3,681.24	\$4,088.61	\$3,852.23	\$4,506.55	4.8%	-21.0%
Adults	\$2,497.98	\$2,454.74	\$2,513.04	\$2,265.05	\$2,441.54	\$2,051.57	\$2,281.15	-1.5%	4.5%
Basis of Eligibility Unknown	\$1,919.59	\$2,171.88	\$2,212.98	\$1,639.88	\$171.75	\$74,375.34	\$7,060.99	24.2%	261.6%
Total	\$2,681.13	\$2,603.92	\$2,557.02	\$2,465.14	\$2,616.65	\$2,782.13	\$2,821.51	0.9%	-22.2%
By Age									
Under Age 1	\$2,190.35	\$2,019.61	\$1,872.98	\$2,020.57	\$3,276.68	\$1,976.88	\$2,067.64	-1.0%	-27.1%
Age 1 to 5	\$1,358.01	\$1,263.32	\$1,179.93	\$1,006.36	\$1,757.73	\$924.07	\$967.68	-5.5%	-30.2%
Age 6 to 14	\$959.15	\$851.67	\$842.51	\$815.36	\$1,921.97	\$1,061.85	\$1,076.91	1.9%	-24.4%
Age 15 to 20	\$2,321.20	\$2,114.04	\$2,005.42	\$1,772.83	\$2,353.44	\$1,338.29	\$1,400.13	-8.1%	-40.6%
Age 21 to 44	\$3,210.67	\$3,218.27	\$3,404.04	\$3,263.43	\$2,776.82	\$3,560.68	\$3,565.87	1.8%	-16.7%
Age 45 to 64	\$5,520.31	\$5,520.64	\$5,642.80	\$5,819.45	\$3,225.41	\$6,677.85	\$6,637.17	3.1%	-16.4%
Age 65 to 74	\$4,059.40	\$4,193.82	\$4,177.11	\$4,219.14	\$3,596.99	\$6,445.15	\$7,535.92	10.9%	19.6%
Age 75 to 84	\$6,191.09	\$6,386.79	\$6,171.44	\$6,062.11	\$3,738.59	\$9,260.61	\$7,833.77	4.0%	-16.3%
Age 85 and Over	\$9,241.30	\$9,486.88	\$9,092.88	\$5,463.74	\$4,100.89	\$8,346.49	\$8,574.43	-1.2%	-37.9%
Age Unknown	\$2,441.72	\$2,525.49	\$2,238.02	\$2,906.40	\$6,409.20	\$4,440.21	\$6,960.97	19.1%	188.1%
Total	\$2,681.13	\$2,603.92	\$2,557.02	\$2,465.14	\$2,616.65	\$2,782.13	\$2,821.51	0.9%	-22.2%
By Race									
White	\$3,323.48	\$3,347.07	\$3,315.17	\$3,265.29	\$2,680.30	\$4,004.39	\$3,998.37	3.1%	-9.1%
Black	\$2,172.35	\$2,051.04	\$2,030.73	\$1,915.94	\$2,367.71	\$2,231.70	\$2,261.21	0.7%	-23.9%
Hispanic, American Indian or Asian	\$1,574.63	\$1,405.88	\$1,427.89	\$1,219.25	\$2,610.16	\$1,994.96	\$1,962.72	3.7%	-16.7%
Other/Unknown	\$3,892.09	\$3,742.95	\$3,392.29	\$3,286.09	\$3,421.95	\$2,044.75	\$2,168.54	-9.3%	-53.4%
Total	\$2,681.13	\$2,603.92	\$2,557.02	\$2,465.14	\$2,616.65	\$2,782.13	\$2,821.51	0.9%	-22.2%
By Sex									
Female	\$2,853.59	\$2,791.36	\$2,749.07	\$2,627.90	\$2,510.73	\$2,994.81	\$3,012.29	0.9%	-17.4%
Male	\$2,381.87	\$2,283.93	\$2,244.01	\$2,197.10	\$2,813.10	\$2,453.34	\$2,518.53	0.9%	-28.3%
Unknown	\$2,437.88	\$2,525.34	\$2,238.09	\$2,906.58	\$0.00	\$0.00	\$8,236.23	22.5%	24.6%
Total	\$2,681.13	\$2,603.92	\$2,557.02	\$2,465.14	\$2,616.65	\$2,782.13	\$2,821.51	0.9%	-22.2%

Source: Health Care Financing Administration-Form HCFA 2082 for federal fiscal years

GEORGIA

SOUTHERN REGION MEDICAID PROFILE

ADDITIONAL STATE HEALTH CARE INFORMATION

Sources: "Major Health Care Policies: 50 State Profiles", Health Policy Tracking Service, January, 2002; and "Medicaid Services State by State", HCFA, October 2001.

*Information supplied by State Medicaid Agency

Waivers

Two Freedom of Choice Waivers, under Title XIX, Section 1915 (b), of the Social Security Act, established a coordinated network of Medicaid providers:

- Georgia Better Health Care Program (GBHC) provides a statewide case managed health care system for TANF, TANF-related, and SSI beneficiaries. It has been operating since October 1, 1993. The state was granted an extension on this program through July 2000. Approximately 685,000 Medicaid recipients (around 80% of all recipients) were enrolled as of April 2000.
- Voluntary HMO program was implemented in early 1996. By the end of SFY 1996 nearly 8,000 Medicaid recipients in 13 counties had enrolled in the program. The Division of Medical Assistance, DCH expanded HMO coverage to 28 counties and had approximately 60,000 Medicaid recipients by June 1998, increasing to 120,000 by June 1999.
- Mental Health/Mental Retardation Waiver provides rehabilitation services to nursing home residents. It has been operating since April, 1994.

Georgia has 5 home and community-based waivers and two demonstration projects that have been approved by the Centers for Medicare and Medicaid Services (CMS). Some of the services provided to individuals in waiver programs include: personal support, skilled nursing, environmental modification services, specialized medical equipment and supplies, counseling, emergency response system, home health services, transportation, day care, day habilitation, personal care home, home delivered meals, respite care services, and case management services.

During State Fiscal Year 1999, 18,204 individuals were served under the waiver programs at an average cost of \$8,893 per person.

During this same time frame, 47,302 individuals were served in nursing facilities at an average cost of \$15,230 per person.

Managed Care

- Any Willing Provider Clause: Yes. Broad, applies only to Blue Cross/Blue Shield.

Coverage for Targeted Population

- The Uninsured: The State provides disproportionate share payments (DSH) for indigent care through the Indigent Care Trust Fund (ICTF), established in 1990.
- The Indigent Care Trust Fund (ICTF) II, implemented in May of 1997, was specifically designed to assist hospitals in small communities and rural areas. The ICTF II provides disproportionate share payments to 17 small hospitals statewide. In SFY 2000, 92 qualifying hospitals elected to participate in ICTF, compared with 87 hospitals in SFY 1999. These hospitals shared \$388 million, up from \$314 million in SFY 1999. Thirteen hospitals qualified in SFY 2000 that did not qualify in the previous year. Ten SFY 1999 qualifying hospitals failed to qualify in SFY 2000.

Cost Containment Measures

- Certificate of Need Program since 1979. Regulates introduction or expansion of new institutional health care facilities and services. 1994 legislation revised composition and duties of the Health Planning Review Board and sets procedures for appeals of certificate of need decisions.
- The Department of Medical Assistance (DMA), in conjunction with the Office of the U.S. Attorney in Georgia, the State Healthcare Fraud Control Unit and other state and Federal law-enforcement agencies are seeking to reduce Medicaid fraud. In SFY 1996, the majority of cases prosecuted involved DMA's non-emergency transportation (NET) providers. Of the 20 firms indicted at that time, 17 were NET providers, while the remaining involved therapy and developmental learning centers. An additional 16 individuals were indicted during SFY 97.
- Privatization of administrative functions, including claims payment and the Medicaid Management Information System (MMIS) which maintains the Department's claims data.

GEORGIA

SOUTHERN REGION MEDICAID PROFILE

Medicaid

- 37 optional services are offered.
- Non-Emergency Transportation (NET) Broker Program, was implemented in 1998, and replaced direct providers of NET services with a broker to administer services to recipients. Payments to brokers will be made on a capitated rate based on the number of Medicaid eligibles in one of the five regions.
- Enacted legislation in 2000 that exempted durable medical equipment from state sales and use tax if paid for directly by Medicare or Medicaid.
- 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).

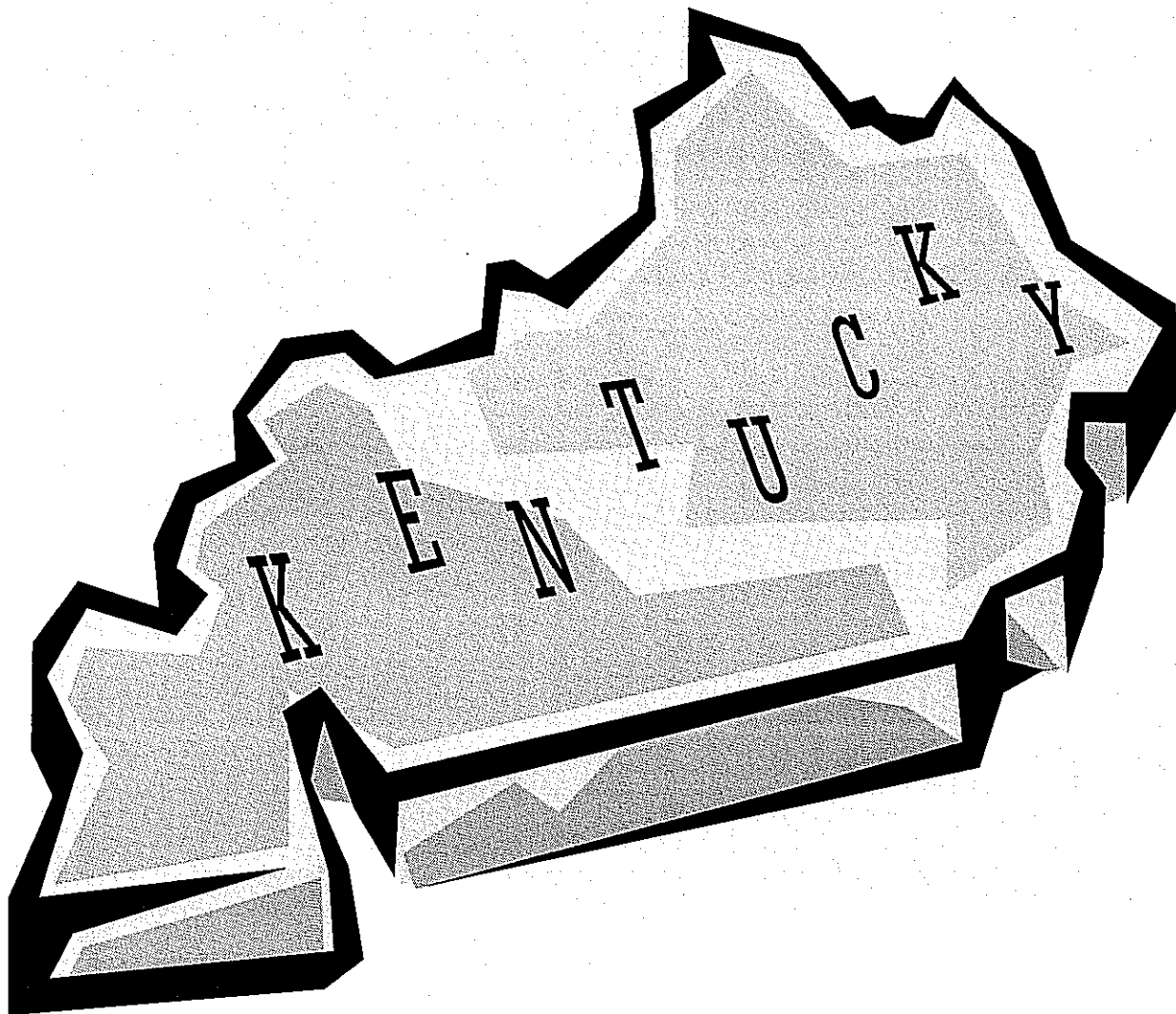
Children's Health Insurance Program: State Designed Plan

- The state initiated and expanded health insurance coverage for the Children's Health Insurance Program with funds made available in the Balanced Budget Act of 1997. State officials estimate that Georgia has 299,000 uninsured children/adolescents at the current time.
- CHIP in Georgia is called "PeachCare for Kids." The program is administered by the state Medicaid agency, but as a separate program and not an expansion of Medicaid. The program was approved by HCFA on September 3, 1998. As of January, 2000 approximately 56,000 children/adolescents had enrolled in the program.
- Uninsured children/adolescents will be eligible for PeachCare benefits if their families' incomes are less than or equal to 235% of the FPL.
- Families with children age 6 and older will be charged a monthly premium for the cost of PeachCare coverage; \$7.50 per month for one child and \$15.00 for two or more children. No premiums will be charged to families with children age 5 or younger.
- Children/adolescents enrolled in PeachCare for Kids have the option to use the primary care case management program or enroll in a managed care organization.

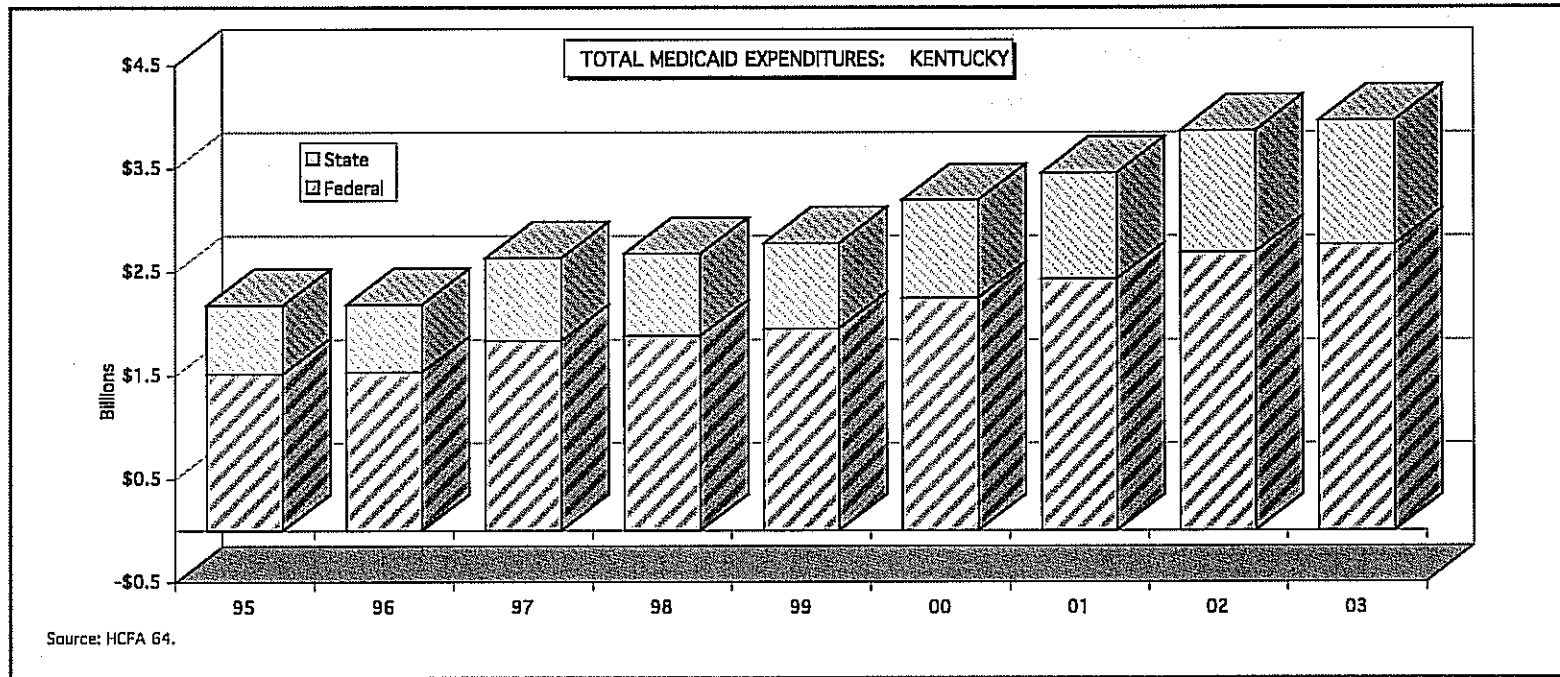
Tobacco Settlement

- The state expects to receive approximately \$4.81 billion over 25 years.
- For Fiscal Year 2000, the tobacco settlement payment was approximately \$201 million.
- Created the Georgia Tobacco Community Development Board and Board Overview Committee; charged with determining the allocation of private trust funds among tobacco growers and tobacco quota owners.
- \$63 million to the GeorgiaOne Fund for rural economic development programs
- The Legislature appropriated tobacco monies (\$103.3 million) for the FY 02 budget as follows:
 - \$34.1million for OneGeorgia;
 - \$8.2 million for Medicaid expenditures for pregnant women and children;
 - \$4.5 million for PeachCare;
 - \$10.2 million for mental retardation waiver;
 - \$30 million for school nurses;
 - \$3.5 million for rural health infrastructure;
 - \$5 million for cancer treatment for low-income uninsured individuals;
 - \$2.1 million for cancer screening; and
 - \$5.7 million for cancer scientists, clinicians, and scholars.

STATE MEDICAID PROFILE



SOUTHERN REGION MEDICAID PROFILE



	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	FFY 01*	FFY 02**	FFY 03**	Annual Rate of Change	Total Change 95-03
Medicaid Payments	\$2,121,928,735	\$2,132,812,645	\$2,571,547,988	\$2,595,560,522	\$2,697,336,889	\$3,094,832,031	\$3,364,490,045	\$3,750,981,000	\$3,849,622,000	7.7%	81.4%
Federal Share	\$1,478,866,369	\$1,499,738,794	\$1,802,405,130	\$1,831,785,078	\$1,907,514,929	\$2,190,728,391	\$2,375,932,336	\$2,623,436,000	\$2,692,425,000	7.8%	82.1%
State Share	\$643,062,366	\$633,073,851	\$769,142,858	\$763,775,444	\$789,821,960	\$904,103,640	\$988,557,709	\$1,127,545,000	\$1,157,197,000	7.6%	80.0%
Administrative Costs	\$60,006,090	\$56,720,555	\$64,772,145	\$82,295,409	\$82,702,943	\$101,052,332	\$94,086,870	\$114,400,000	\$114,400,000	8.4%	90.6%
Federal Share	\$35,416,371	\$31,940,888	\$35,313,441	\$50,814,765	\$48,067,997	\$61,318,656	\$56,046,971	\$72,302,000	\$72,302,000	9.3%	104.1%
State Share	\$24,589,719	\$24,779,667	\$29,458,704	\$31,480,644	\$34,634,946	\$39,733,676	\$38,039,899	\$42,098,000	\$42,098,000	7.0%	71.2%
Admin. Costs as % of Payments	2.83%	2.66%	2.52%	3.17%	3.10%	2.50%	2.50%	2.50%	2.50%		
Federal Match Rate*	69.58%	70.30%	70.09%	70.37%	70.53%	70.55%	70.39%	69.94%	69.94%		

*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 02 and 03 reflect latest estimates reported by each state (CMS 37).

KENTUCKY

SOUTHERN REGION MEDICAID PROFILE

STATE FINANCING

	Payments		Administration	
	FFY 95	FFY 01	FFY 95	FFY 01
State General Fund	\$643,062,366	\$828,140,554	\$24,589,719	\$38,039,899
Local Funds	\$0	\$0	\$0	\$0
Provider Taxes	\$0	\$160,417,155	\$0	\$0
Donations	\$0	\$0	\$0	\$0
Other	\$0	\$0	\$0	\$0
Total State Share	\$643,062,366	\$988,557,709	\$24,589,719	\$38,039,899

Provider Taxes Currently in Place (FFY 01)		
	Tax Rate	Amt. Generated
Hospitals	2.50%	\$132,185,673
Pharmacies	0.25% per Rx	\$19,628
Physicians	2.00%	\$8,305
HHC	2.00%	\$4,362,039
ICF/MR	2.00%	\$1,966,766
Nurse Fac	\$0	\$21,874,744
Total		\$160,417,155

DISPROPORTIONATE SHARE HOSPITAL (DSH) PAYMENTS

	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	FFY 01*	FFY 02**	FFY 03**	Annual Change
General Hospitals	\$161,480,654	\$117,706,563	\$165,640,794	\$160,194,731	\$154,172,283	\$150,069,000	\$154,679,034	\$161,134,000	\$161,134,000	-0.5%
Mental Hospitals	\$34,767,327	\$33,791,199	\$65,158,786	\$34,490,470	\$35,817,792	\$35,177,066	\$36,470,274	\$37,978,000	\$37,978,000	-8.6%
Total	\$196,247,981	\$151,497,762	\$230,799,580	\$194,685,201	\$189,990,075	\$185,246,066	\$191,149,308	\$199,112,000	\$199,112,000	-2.4%

SELECTED ELIGIBILITY CRITERIA

	At 10/1/01	% of FPL*
TANF-Temporary Assistance for Needy Families (Family of 3)		
Need Standard	\$526	42.0%
Payment Standard	\$262	20.9%
Maximum Payment	\$262	20.9%
Medically Needy Program (Family of 3)		
Income Eligibility Standard	\$308	
Resource Standard	\$2,000	
Pregnant Women, Children and Infants (% of FPL*)		
Pregnant women and infants	\$2,140	185.0%
Children 1 to 5	\$1,539	133.0%
Children 6 to 18	\$1,157	100
SSI Eligibility Levels		
Income:		
Single Person	\$500	67.7%
Couple	\$751	75.5%
Resources:		
Single Person	\$2,000	
Couple	\$3,000	

DEMOGRAPHIC DATA & POVERTY INDICATORS (2000)

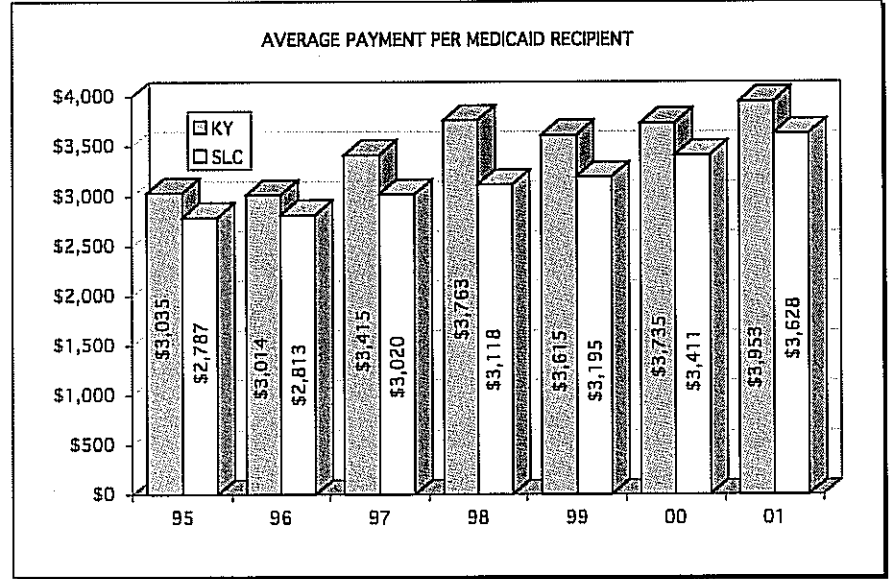
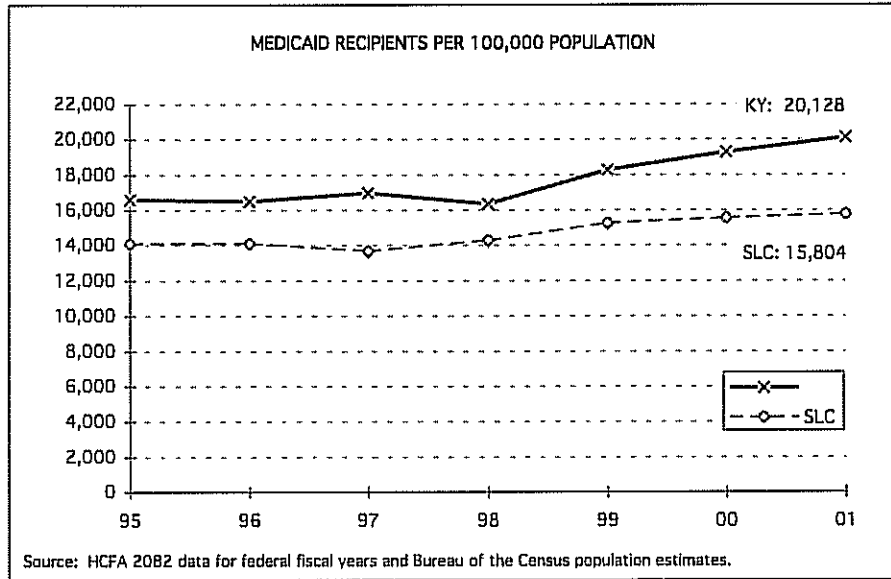
		Rank in U.S.
State population—July 1, 2001*	4,065,556	25
Per capita personal income**	\$24,057	39
Median household income**	\$37,187	38
Population below Federal Poverty Level on July 1, 2001*	508,195	
Percent of total population	12.5%	19
Population without health insurance coverage*	524,457	23
Percent of total state population	12.9%	25
Recipients of Food Stamps***	412,680	14
Households receiving Food Stamps***	173,102	14
Total value of issuance***	\$350,489,629	15
Average monthly benefit per recipient	\$70.78	28
Average monthly benefit per household	\$168.73	
Monthly recipients of Temporary Assistance to Needy Families (TANF)****	79,722	19
Total TANF payments****	\$204,950,920	30
Average monthly payment per recipient	\$214.24	
Maximum monthly payment per family of 3	\$262.00	43

*Current federal poverty level is \$8,860 per year for a single person, \$11,940 for a family of two and \$15,020 for a family of three. Table above shows monthly income levels.

*Bureau of the Census. **Bureau of Economic Analysis. ***USDA. ****USDHHS.

KENTUCKY

SOUTHERN REGION MEDICAID PROFILE



DATA BY TYPE OF SERVICES (Includes Fee-For-Service and Waivers)

RECIPIENTS BY TYPE OF SERVICES	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	FFY 01	Annual Change
01. General Hospital	103,979	104,194	142,868	93,875	67,869	93,744	114,166	1.6%
02. Mental Hospital	3,201	3,361	4,395	4,338	3,338	4,281	4,225	4.7%
03. Skilled and Intermediate (non-MR) Care Nursing	24,247	25,793	27,843	27,439	28,622	30,445	33,046	5.3%
04. Intermediate Care for Mentally Retarded	1,261	1,250	1,252	1,240	1,182	1,163	1,016	-3.5%
05. Physician Services	490,896	498,979	502,644	438,403	356,477	420,912	472,908	-0.6%
06. Dental Services	158,174	162,546	172,039	131,560	98,313	132,473	157,207	-0.1%
07. Other Practitioners	114,084	110,344	121,377	95,907	72,055	117,557	153,862	5.1%
08. Outpatient Hospital	332,416	341,335	350,200	292,864	284,794	293,726	334,084	0.1%
09. Clinic Services	135,575	149,467	171,596	144,896	148,794	144,829	160,800	2.9%
10. Lab and X-Ray	275,450	280,638	288,327	238,713	186,042	218,843	253,887	-1.3%
11. Home Health	59,098	64,169	73,688	67,405	18,431	22,013	23,413	-14.3%
12. Prescribed Drugs	491,370	497,251	494,293	429,102	361,545	429,211	477,267	-0.5%
13. Family Planning	29,269	43,361	50,835	34,697	16,953	4,319	4,608	-26.5%
14. Early & Periodic Screening, Diagnosis & Treatment	36,942	42,378	55,616	38,422	57,775	0	0	-100.0%
15. Other Care	197,094	203,343	241,613	208,539	653,958	230,824	290,554	6.7%
16. Personal Care Support Services	0	0	0	27,589	12,773	41,268	55,614	26.3%
17. Home/Community Based Waiver Services	1,546	0	0	13,125	12,567	0	0	-100.0%
18. Prepaid Health Care	0	0	0	194,164	204,778	705,862	755,019	57.3%
19. Primary Care Case Management (PCCM) Services	0	0	0	0	0	273,165	404,836	48.2%
Total*	640,930	640,541	664,454	644,482	719,117	779,845	818,311	4.2%

*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.

KENTUCKY

SOUTHERN REGION MEDICAID PROFILE

<u>PAYMENTS BY TYPE OF SERVICES</u>	<u>FFY 95</u>	<u>FFY 96</u>	<u>FFY 97</u>	<u>FFY 98</u>	<u>FFY 99</u>	<u>FFY 00</u>	<u>FFY 01</u>	<u>Annual Change</u>	<u>Share of Total FFY 01</u>
01. General Hospital	\$385,531,677	\$340,460,365	\$370,294,056	\$277,720,828	\$190,382,455	\$263,189,262	\$329,486,848	-2.6%	10.2%
02. Mental Hospital	\$41,592,073	\$40,936,172	\$40,101,982	\$42,689,470	\$42,743,683	\$43,386,622	\$45,645,516	1.6%	1.4%
03. Skilled and Intermediate (non-MR) Care Nursing	\$391,712,567	\$401,859,802	\$461,422,826	\$491,196,404	\$384,060,622	\$555,718,129	\$565,631,267	6.3%	17.5%
04. Intermediate Care for Mentally Retarded	\$72,342,236	\$57,547,393	\$79,320,366	\$79,305,645	\$72,474,072	\$83,538,075	\$94,291,645	4.5%	2.9%
05. Physician Services	\$196,856,415	\$181,826,315	\$204,705,525	\$164,972,078	\$171,972,078	\$162,638,905	\$199,588,049	0.2%	6.2%
06. Dental Services	\$36,248,065	\$33,657,300	\$37,749,109	\$23,876,778	\$26,297,339	\$29,705,366	\$45,996,569	4.0%	1.4%
07. Other Practitioners	\$9,583,863	\$9,138,360	\$11,221,622	\$8,865,468	\$9,281,991	\$22,435,246	\$32,347,210	22.5%	1.0%
08. Outpatient Hospital	\$206,270,545	\$214,277,032	\$248,098,689	\$211,965,422	\$208,460,794	\$251,931,838	\$282,267,544	5.4%	8.7%
09. Clinic Services	\$98,971,523	\$103,145,364	\$115,098,014	\$98,656,658	\$101,657,859	\$106,322,391	\$119,699,753	3.2%	3.7%
10. Lab and X-Ray	\$35,152,875	\$29,173,403	\$32,453,053	\$26,978,851	\$72,620,176	\$25,809,802	\$33,215,049	-0.9%	1.0%
11. Home Health	\$129,841,848	\$138,983,963	\$170,278,969	\$96,406,052	\$96,908,187	\$75,348,484	\$79,240,064	-7.9%	2.4%
12. Prescribed Drugs	\$251,745,610	\$272,539,525	\$316,464,180	\$319,983,951	\$350,199,429	\$465,179,369	\$598,093,323	15.5%	18.5%
13. Family Planning	\$10,789,430	\$9,331,020	\$13,979,776	\$8,543,697	\$8,996,034	\$5,415,861	\$5,184,049	-11.5%	0.2%
14. Early & Periodic Screening, Diagnosis & Treatment	\$3,980,010	\$25,387,150	\$54,906,308	\$61,282,505	\$61,050,004	\$0	\$0	-100.0%	0.0%
15. Other Care	\$68,364,867	\$72,549,221	\$112,843,946	\$92,951,173	\$376,338,122	\$325,708,968	\$386,323,173	33.5%	11.9%
16. Personal Care Support Services	\$0	\$0	\$0	\$23,492,967	\$23,589,201	\$25,798,449	\$30,985,533	9.7%	# DIV/0!
17. Home/Community Based Waiver Services	\$6,471,252	\$0	\$0	\$84,874,155	\$86,875,389	\$0	\$0	29.8%	1.0%
18. Prepaid Health Care	\$0	\$0	\$0	\$311,526,039	\$315,352,134	\$466,971,176	\$374,020,294	6.3%	11.6%
19. Primary Case Management (PCCM) Services	\$0	\$0	\$0	\$0	\$0	\$3,702,440	\$13,065,840	252.9%	0.4%
Total (excludes DSH pymts, pharmacy rebates, & other adjs.)	\$1,945,454,856	\$1,930,612,385	\$2,268,938,421	\$2,425,288,141	\$2,599,259,569	\$2,912,800,383	\$3,235,081,726	8.8%	100.0%

AVERAGE PAYMENTS PER RECIPIENT BY TYPE OF SERVICES

								(+) or (-) SLC	
									<u>Avg. FFY 01</u>
01. General Hospital	\$3,707.78	\$3,267.56	\$2,591.86	\$2,958.41	\$2,805.15	\$2,807.53	\$2,886.03	-4.1%	-32.6%
02. Mental Hospital	\$12,993.46	\$12,179.76	\$9,124.46	\$9,840.82	\$12,805.18	\$10,134.69	\$10,803.67	-3.0%	32.6%
03. Skilled and Intermediate (non-MR) Care Nursing	\$16,155.09	\$15,580.19	\$16,572.31	\$17,901.40	\$13,418.37	\$18,253.18	\$17,116.48	1.0%	-8.7%
04. Intermediate Care for Mentally Retarded	\$57,368.94	\$46,037.91	\$63,354.92	\$63,956.17	\$61,314.78	\$71,829.82	\$92,806.74	8.3%	26.9%
05. Physician Services	\$401.01	\$364.40	\$407.26	\$376.30	\$482.42	\$386.40	\$422.04	0.9%	-6.2%
06. Dental Services	\$229.17	\$207.06	\$219.42	\$181.49	\$267.49	\$224.24	\$292.59	4.2%	19.5%
07. Other Practitioners	\$84.01	\$82.82	\$92.45	\$92.44	\$128.82	\$190.85	\$210.24	16.5%	-10.3%
08. Outpatient Hospital	\$620.52	\$627.76	\$708.45	\$723.77	\$731.97	\$857.71	\$844.90	5.3%	75.3%
09. Clinic Services	\$730.01	\$690.09	\$670.75	\$680.88	\$683.21	\$734.12	\$744.40	0.3%	28.8%
10. Lab and X-Ray	\$127.62	\$103.95	\$112.56	\$113.02	\$390.34	\$117.94	\$130.83	0.4%	29.2%
11. Home Health	\$2,197.06	\$2,165.91	\$2,310.81	\$1,430.25	\$5,257.89	\$3,422.91	\$3,384.45	7.5%	40.6%
12. Prescribed Drugs	\$512.33	\$548.09	\$640.24	\$745.71	\$968.62	\$1,083.80	\$1,253.16	16.1%	20.8%
13. Family Planning	\$368.63	\$215.19	\$275.00	\$246.24	\$530.65	\$1,253.96	\$1,125.01	20.4%	105.2%
14. Early & Periodic Screening, Diagnosis & Treatment	\$107.74	\$599.06	\$987.24	\$1,594.98	\$1,056.69	\$0.00	\$0.00	-100.0%	-100.0%
15. Other Care	\$346.86	\$356.78	\$467.04	\$445.73	\$575.48	\$1,411.07	\$1,329.61	25.1%	-14.4%
16. Personal Care Support Services	\$0.00	\$0.00	\$0.00	\$851.53	\$1,846.80	\$0.00	\$0.00	-100.0%	-100.0%
17. Home/Community Based Waiver Services	\$4,185.80	\$0.00	\$0.00	\$6,466.60	\$6,912.98	\$0.00	\$0.00	-100.0%	-100.0%
18. Prepaid Health Care	\$0.00	\$0.00	\$0.00	\$1,604.45	\$1,539.97	\$661.56	\$495.38	-32.4%	-66.9%
19. Primary Case Management (PCCM) Services	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$13.55	\$32.27	138.1%	-69.1%
Total (Average)	\$3,035.36	\$3,014.35	\$3,414.74	\$3,763.16	\$3,614.52	\$3,735.10	\$3,953.36	4.5%	8.7%
 TOTAL PER CAPITA EXPENDITURES	 \$565.73	 \$564.01	 \$674.19	 \$680.26	 \$706.22	 \$790.71	 \$850.70	 7.0%	 23.5%

KENTUCKY

SOUTHERN REGION MEDICAID PROFILE
DATA BY OTHER CHARACTERISTICS

RECIPIENTS BY OTHER CHARACTERISTICS

	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	FFY 01	Annual Change	Share of Total FFY 01
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	366,309	367,625	369,361	346,507	307,717	312,752	332,965	-1.6%	40.7%
Poverty Related Eligibles	16,203	22,593	158,048	184,829	215,825	272,862	301,411	62.8%	36.8%
Medically Needy	68,872	59,641	55,066	50,532	57,330	50,064	39,493	-8.9%	4.8%
Other Eligibles	164,409	184,082	62,039	53,190	72,655	72,297	71,377	-13.0%	8.7%
Maintenance Assistance Status Unknown	25,137	6,600	19,940	9,424	65,590	71,870	73,065	19.5%	8.9%
Total	640,930	640,541	664,454	644,482	719,117	779,845	818,311	4.2%	100.0%
By Basis of Eligibility									
Aged, Blind, or Disabled	219,554	233,528	239,181	244,411	250,172	256,806	262,914	3.0%	32.1%
Children	270,303	280,731	276,601	273,114	298,192	345,735	372,901	5.5%	45.6%
Foster Care Children	0	0	5,637	6,369	7,558	8,033	8,502	10.8%	1.0%
Adults	125,936	119,682	123,094	111,161	97,605	97,401	100,929	-3.6%	12.3%
Basis of Eligibility Unknown	25,137	6,600	19,941	9,427	65,590	71,870	73,065	19.5%	8.9%
Total	640,930	640,541	664,454	644,482	719,117	779,845	818,311	4.2%	100.0%
By Age									
Under Age 1	23,979	21,679	21,595	22,487	29,842	32,323	31,296	4.5%	3.8%
Age 1 to 5	117,065	116,746	114,103	108,103	112,271	122,660	129,315	1.7%	15.8%
Age 6 to 14	119,327	126,952	132,747	136,877	145,004	166,633	179,679	7.1%	22.0%
Age 15 to 20	56,339	57,364	58,861	56,460	63,929	78,225	85,716	7.2%	10.5%
Age 21 to 44	158,343	159,374	163,583	153,490	143,840	145,858	152,902	-0.6%	18.7%
Age 45 to 64	66,239	69,723	72,966	75,170	75,574	78,329	82,950	3.8%	10.1%
Age 65 to 74	33,546	33,555	34,711	35,195	34,426	34,938	35,287	0.8%	4.3%
Age 75 to 84	28,491	29,107	30,023	30,128	28,874	29,205	28,891	0.2%	3.5%
Age 85 and Over	20,283	20,758	22,102	22,252	19,905	19,804	19,210	-0.9%	2.3%
Age Unknown	17,318	5,283	13,763	4,320	65,452	71,870	73,065	27.1%	8.9%
Total	640,930	640,541	664,454	644,482	719,117	779,845	818,311	4.2%	100.0%
By Race									
White	520,848	528,339	539,963	525,911	532,888	577,426	607,765	2.6%	74.3%
Black	75,998	78,232	80,666	82,799	84,216	90,117	94,745	3.7%	11.6%
Hispanic, American Indian or Asian	4,767	4,923	5,776	6,492	7,050	9,869	10,235	13.6%	1.3%
Other/Unknown	39,317	29,047	38,049	29,280	94,963	102,433	105,566	17.9%	12.9%
Total*	640,930	640,541	664,454	644,482	719,117	779,845	818,311	4.2%	100.0%
By Sex									
Female	380,144	385,961	399,283	386,239	384,919	410,332	432,407	2.2%	52.8%
Male	243,466	249,295	251,402	253,917	268,737	298,001	312,720	4.3%	38.2%
Unknown	17,320	5,285	13,769	4,326	65,461	71,512	73,183	27.1%	8.9%
Total*	640,930	640,541	664,454	644,482	719,117	779,845	818,311	4.2%	100.0%

*FFY 01 projected using FFY 95-FFY 00 trends.

Source: Health Care Financing Administration-Form HCFA 2082 for federal fiscal years

KENTUCKY

SOUTHERN REGION MEDICAID PROFILE

PAYMENTS BY OTHER CHARACTERISTICS

	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	FFY 01	Annual Change	Share of Total FFY 01
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	\$1,127,503,491	\$1,124,760,797	\$1,300,650,468	\$1,376,672,479	\$1,384,784,916	\$1,514,360,527	\$1,700,076,752	7.1%	52.6%
Poverty Related Eligibles	\$20,954,710	\$26,637,459	\$243,629,982	\$275,954,959	\$296,670,692	\$403,589,908	\$482,833,728	68.7%	14.9%
Medically Needy	\$194,192,593	\$176,879,998	\$193,036,218	\$174,912,771	\$140,436,727	\$131,929,043	\$129,431,732	-6.5%	4.0%
Other Eligibles	\$574,677,261	\$598,606,502	\$521,236,305	\$588,092,271	\$750,118,937	\$839,324,903	\$892,340,866	7.6%	27.6%
Maintenance Assistance Status Unknown	\$28,126,801	\$3,927,629	\$10,385,448	\$9,655,661	\$27,248,297	\$23,596,002	\$30,398,648	1.3%	0.9%
Total	\$1,945,454,856	\$1,930,812,385	\$2,268,938,421	\$2,425,288,141	\$2,599,259,569	\$2,912,800,383	\$3,235,081,726	8.8%	100.0%
By Basis of Eligibility									
Aged, Blind or Disabled	\$1,359,088,770	\$1,392,267,819	\$1,598,820,480	\$1,745,501,467	\$1,905,619,746	\$2,106,571,951	\$2,294,816,645	9.1%	70.9%
Children	\$294,491,060	\$296,083,553	\$334,134,796	\$386,980,809	\$402,849,981	\$494,097,961	\$571,179,400	11.7%	17.7%
Foster Care Children	\$0	\$0	\$37,167,562	\$43,231,020	\$56,686,452	\$67,525,710	\$71,266,198	17.7%	2.2%
Adults	\$263,748,225	\$238,533,384	\$288,429,288	\$239,916,610	\$206,855,093	\$221,008,759	\$267,420,835	0.2%	8.3%
Basis of Eligibility Unknown	\$28,126,801	\$3,927,629	\$10,386,295	\$9,658,235	\$27,248,297	\$23,596,002	\$30,398,648	1.3%	0.9%
Total	\$1,945,454,856	\$1,930,812,385	\$2,268,938,421	\$2,425,288,141	\$2,599,259,569	\$2,912,800,383	\$3,235,081,726	8.8%	100.0%
By Age									
Under Age 1	\$49,172,997	\$45,765,514	\$49,250,825	\$39,767,195	\$39,452,304	\$43,077,161	\$53,312,548	1.4%	1.6%
Age 1 to 5	\$145,934,260	\$148,639,618	\$162,615,425	\$182,568,410	\$182,741,390	\$203,023,936	\$231,517,783	8.0%	7.2%
Age 6 to 14	\$145,295,959	\$156,357,153	\$195,078,510	\$257,295,529	\$286,089,147	\$340,983,772	\$374,776,307	17.1%	11.6%
Age 15 to 20	\$131,507,835	\$133,385,766	\$173,285,034	\$170,759,041	\$200,550,776	\$236,707,048	\$262,041,210	12.2%	8.1%
Age 21 to 44	\$518,255,634	\$491,955,830	\$576,771,990	\$571,166,507	\$589,358,433	\$635,500,955	\$723,220,638	5.7%	22.4%
Age 45 to 64	\$378,512,104	\$377,933,946	\$449,889,275	\$492,554,678	\$525,443,960	\$593,504,458	\$681,280,914	10.3%	21.1%
Age 65 to 74	\$147,021,495	\$147,236,316	\$171,765,456	\$183,342,077	\$195,955,332	\$224,740,805	\$247,626,025	9.1%	7.7%
Age 75 to 84	\$198,032,462	\$204,333,509	\$229,688,829	\$250,195,634	\$268,355,735	\$300,679,017	\$314,648,155	8.0%	9.7%
Age 85 and Over	\$213,865,930	\$221,980,205	\$254,456,627	\$271,845,644	\$284,356,117	\$310,987,229	\$316,259,498	6.7%	9.8%
Age Unknown	\$17,856,180	\$3,224,528	\$6,136,450	\$5,793,426	\$26,956,375	\$23,596,002	\$30,398,648	9.3%	0.9%
Total	\$1,945,454,856	\$1,930,812,385	\$2,268,938,421	\$2,425,288,141	\$2,599,259,569	\$2,912,800,383	\$3,235,081,726	8.8%	100.0%
By Race									
White	\$1,604,557,918	\$1,595,801,919	\$1,871,308,004	\$1,993,823,547	\$2,105,514,712	\$2,360,334,904	\$2,624,231,363	8.5%	81.1%
Black	\$200,842,454	\$200,518,049	\$241,563,523	\$266,183,359	\$270,558,288	\$299,793,416	\$333,651,058	8.8%	10.3%
Hispanic, American Indian or Asian	\$11,237,044	\$9,522,259	\$12,131,697	\$15,525,260	\$14,743,618	\$20,236,507	\$22,145,045	12.0%	0.7%
Other/Unknown	\$128,817,440	\$124,970,158	\$143,935,197	\$149,755,975	\$208,442,951	\$232,435,556	\$255,054,260	12.1%	7.9%
Total*	\$1,945,454,856	\$1,930,812,385	\$2,268,938,421	\$2,425,288,141	\$2,599,259,569	\$2,912,800,383	\$3,235,081,726	8.8%	100.0%
By Sex									
Female	\$1,243,429,604	\$1,236,983,005	\$1,450,856,412	\$1,510,527,921	\$1,595,033,998	\$1,784,939,539	\$1,986,827,073	8.1%	61.4%
Male	\$684,170,851	\$690,599,299	\$811,937,748	\$908,938,450	\$977,242,308	\$1,103,229,746	\$1,221,685,988	10.1%	37.8%
Unknown	\$17,854,401	\$3,230,081	\$6,144,261	\$5,821,770	\$26,983,263	\$24,631,098	\$26,568,666	6.8%	0.8%
Total*	\$1,945,454,856	\$1,930,812,385	\$2,268,938,421	\$2,425,288,141	\$2,599,259,569	\$2,912,800,383	\$3,235,081,726	8.8%	100.0%

*FFY 01 projected using FFY 95-FFY 00 trends.

Source: Health Care Financing Administration-Form HCFA 2082 for federal fiscal years

SOUTHERN REGION MEDICAID PROFILE

AVERAGE PAYMENT PER RECIPIENT BY OTHER CHARACTERISTICS

	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	FFY 01	Annual Change	Above (+) or Below (-) SLC Avg. FFY 01
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	\$3,078.01	\$3,059.53	\$3,521.35	\$3,973.00	\$4,500.19	\$4,842.05	\$5,105.87	8.8%	14.3%
Poverty Related Eligibles	\$1,293.26	\$1,179.01	\$1,541.49	\$1,493.03	\$1,374.59	\$1,479.10	\$1,601.91	3.6%	-18.9%
Medically Needy	\$2,819.62	\$2,965.75	\$3,505.54	\$3,461.43	\$2,449.62	\$2,635.21	\$3,277.33	2.5%	-6.7%
Other Eligibles	\$3,495.41	\$3,251.85	\$8,401.75	\$11,056.44	\$10,324.40	\$11,609.40	\$12,501.80	23.7%	98.8%
Maintenance Assistance Status Unknown	\$1,118.94	\$595.10	\$520.83	\$1,024.58	\$415.43	\$328.32	\$416.05	-15.2%	-79.9%
Total	\$3,035.36	\$3,014.35	\$3,414.74	\$3,763.16	\$3,614.52	\$3,735.10	\$3,953.36	4.5%	8.7%
By Basis of Eligibility									
Aged, Blind or Disabled	\$6,190.23	\$5,961.89	\$6,684.56	\$7,141.66	\$7,617.24	\$8,202.97	\$8,728.39	5.9%	2.5%
Children	\$1,089.48	\$1,054.69	\$1,208.00	\$1,416.92	\$1,350.98	\$1,429.12	\$1,531.72	5.8%	10.3%
Foster Care Children	\$0.00	\$0.00	\$6,593.50	\$6,787.72	\$7,500.19	\$8,406.04	\$8,382.29	6.2%	425.2%
Adults	\$2,094.30	\$1,993.06	\$2,343.16	\$2,158.28	\$2,119.31	\$2,269.06	\$2,649.59	4.0%	3.1%
Basis of Eligibility Unknown	\$1,118.94	\$595.10	\$520.85	\$1,024.53	\$415.43	\$328.32	\$416.05	-15.2%	-35.1%
Total	\$3,035.36	\$3,014.35	\$3,414.74	\$3,763.16	\$3,614.52	\$3,735.10	\$3,953.36	4.5%	8.7%
By Age									
Under Age 1	\$2,050.67	\$2,111.05	\$2,280.66	\$1,768.45	\$1,322.04	\$1,332.71	\$1,703.49	-3.0%	-40.0%
Age 1 to 5	\$1,246.61	\$1,273.19	\$1,425.16	\$1,688.84	\$1,627.68	\$1,655.18	\$1,790.34	6.2%	28.8%
Age 6 to 14	\$1,217.63	\$1,231.62	\$1,469.55	\$1,879.76	\$1,972.97	\$2,046.32	\$2,085.81	9.4%	46.2%
Age 15 to 20	\$2,334.22	\$2,325.25	\$2,943.97	\$3,024.43	\$3,137.09	\$3,025.98	\$3,057.09	4.6%	29.6%
Age 21 to 44	\$3,272.99	\$3,086.80	\$3,525.87	\$3,721.20	\$4,097.32	\$4,356.98	\$4,729.96	6.3%	10.3%
Age 45 to 64	\$5,714.34	\$5,420.51	\$6,165.74	\$6,552.54	\$6,952.71	\$7,577.07	\$8,213.15	6.2%	3.2%
Age 65 to 74	\$4,382.68	\$4,387.91	\$4,948.44	\$5,209.32	\$5,692.07	\$6,432.56	\$7,017.49	8.2%	11.1%
Age 75 to 84	\$6,950.70	\$7,020.08	\$7,650.43	\$8,304.42	\$9,294.03	\$10,295.46	\$10,890.87	7.8%	16.0%
Age 85 and Over	\$10,544.10	\$10,693.72	\$11,512.83	\$12,216.68	\$14,285.66	\$15,703.25	\$16,463.27	7.7%	18.7%
Age Unknown	\$1,031.08	\$610.36	\$445.87	\$1,341.07	\$411.85	\$328.32	\$416.05	-14.0%	-82.9%
Total	\$3,035.36	\$3,014.35	\$3,414.74	\$3,763.16	\$3,614.52	\$3,735.10	\$3,953.36	4.5%	8.7%
By Race									
White	\$3,080.66	\$3,020.41	\$3,465.62	\$3,791.18	\$3,951.14	\$4,087.68	\$4,317.84	5.8%	-2.1%
Black	\$2,642.73	\$2,563.12	\$2,994.61	\$3,214.81	\$3,212.67	\$3,326.72	\$3,521.57	4.9%	18.1%
Hispanic, American Indian or Asian	\$2,357.26	\$1,934.24	\$2,100.36	\$2,391.44	\$2,091.29	\$2,050.47	\$2,163.69	-1.4%	-8.2%
Other/Unknown	\$3,276.38	\$4,302.34	\$3,782.89	\$5,114.62	\$2,194.99	\$2,269.14	\$2,416.06	-4.9%	-48.2%
Total	\$3,035.36	\$3,014.35	\$3,414.74	\$3,763.16	\$3,614.52	\$3,735.10	\$3,953.36	4.5%	8.7%
By Sex									
Female	\$3,270.94	\$3,204.94	\$3,633.65	\$3,910.86	\$4,143.82	\$4,349.99	\$4,594.81	5.8%	22.3%
Male	\$2,810.13	\$2,770.21	\$3,229.64	\$3,579.67	\$3,636.43	\$3,702.10	\$3,906.64	5.6%	15.6%
Unknown	\$1,030.85	\$611.18	\$446.24	\$1,345.76	\$412.20	\$344.43	\$363.04	-16.0%	-94.6%
Total	\$3,035.36	\$3,014.35	\$3,414.74	\$3,763.16	\$3,614.52	\$3,735.10	\$3,953.36	4.5%	8.7%

Source: Health Care Financing Administration-Form HCFA 2082 for federal fiscal years

KENTUCKY

SOUTHERN REGION MEDICAID PROFILE

ADDITIONAL STATE HEALTH CARE INFORMATION

Sources: "Major Health Care Policies: 50 State Profiles", Health Policy Tracking Service, January, 2002; and "Medicaid Services State by State", HCFA, October 2001.

*Information supplied by State Medicaid Agency

Waivers

Kentucky operates two waivers under Title XIX, Section 1915 (b). One, a Freedom of Choice Waiver, established a primary care case management program for Medicaid beneficiaries, in which a case manager acts as a gatekeeper to the system. This program, called KenPac: Patient Access to Care, has been operating since March 1, 1987 and operates in 113 of 120 counties. The second 1915 (b) waiver, a Selective Contracting with Providers Waiver, went into effect in February, 1996 and allows the state to choose contractors to provide non-emergency transportation to beneficiaries to and from medical services.

Kentucky has one health reform demonstration wavier, The Partnership, approved October 12, 1995, under Title IV-A, Section 1115, of the Social Security Act, implemented on July 1, 1996. Under The Partnership, the state was divided into eight managed care regions with a network consisting of public and private providers. As of July 1, 1998, two of the eight partnerships had been approved. The Partnership will improve access for 493,000 current Medicaid eligibles.

Kentucky also operates a number of Home and Community Based Service Waivers, under Section 1915 (c), enabling the state to provide long-term care services to people who otherwise would require institutionalization: They include:

- Elderly & Disabled: Serves 17,500 people, operating since January 1, 1987.
- Mental Retardation/Developmental Disabilities: Serves 1,609 people, operating since January 1, 1984.
- Ventilator-Dependent Individuals: Serves 100 people, operating since October 1, 1987.
- Traumatic Brain Injury: HCFA approved in March of 1999. Operational since April 1999. The waiver is approved for 110 personal care and 990 home care slots.
- Disabled adults age 18 and older with severe physical disabilities:

Managed Care

- Any Willing Provider Clause: For all providers (1994); the law was expanded in 1996 to include Chiropractors as primary care providers.

Coverage for Targeted Population

- The Uninsured: The Medical Assistance Indigent Trust Fund provides funds for disproportionate share hospitals. The fund imposes provider taxes to generate federal revenue to be used to pay uncompensated care costs to hospitals, nursing homes, physicians, home health agencies, and pharmacies.
- Legislation passed in 1996 phases out various provider taxes over four years--as of July 1, 2000 all provider taxes, except a hospital tax of 2.5%, were to expire.
- Enacted legislation in 2000 that creates the Kentucky Access program, the state's high-risk pool, to provide health insurance to the sickest population. The program will be funded with approximately \$17 million in tobacco settlement monies and up to \$16 million in existing assessments on insurance companies.

Cost Containment Measures

- Certificate of Need Program since 1972. Regulates introduction or expansion of new institutional health facilities and services.
- Health Policy Board may set a target expenditure limit for total state health expenditures with the goal that the rate of increase decline by 10% per year until it is equal to the rate of increase in state personal income. The Board also has some oversight over the Medicaid program and related cost containment measures. Cost controls include: purging rolls of ineligible; constructing conservative reimbursement methodologies; reviewing existing cost-based reimbursement systems for hospitals and nursing homes to determine whether more cost effective alternatives such as Diagnostic-Related Groups (DRG's) exist; restricting non-emergency transportation; strengthening utilization review; using "smart cards" to monitor utilization of services and other computer technology to facilitate

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utilization review (with a focus on prescription drug utilization); instituting aggressive collections procedures; and reducing disproportionate share payments to facilities which fail to provide free services to sufficient numbers of indigent patients. However, there is no longer a Health Policy Board. It has not been in existence since July 1996.

- Physicians' offices must now apply for a certificate of need for any new major equipment in excess of \$500,000.
- Rate setting. Prospective payment/per diem methodology used for Medicaid.

Medicaid

- 24 optional services are offered.
- In 2000, enacted at least 10 pieces of legislation in the areas of telehealth, mental retardation and developmental disabilities, senior pharmacy assistance, inherited metabolic disorders, transportation services, chiropractors, critical access hospitals, provider taxes, and disproportionate share hospitals. Did not pass any significant Medicaid legislation in 2001.

Children's Health Insurance Program: Medicaid expansion and state designed plan

- CHIP in Kentucky, called "Kentucky Children's Health Insurance Program" (KCHIP), received HCFA approval on November 30, 1998. The program, which is a combination of Medicaid expansion and a state-designed insurance plan, is administered by the state Medicaid agency. The Medicaid expansion provides health care coverage for eligibles age 14 to 19 in families with incomes up to 100% of the FPL. The KCHIP insurance program provides health care coverage to individuals birth to 19 in families with incomes between 100% and 200% of the FPL who are not Medicaid eligible; expected to provide coverage to an additional 78,000 eligibles through both programs.
- For families with incomes up to 100% of the FPL, there are no cost sharing obligations.
- Families with incomes between 101% and 200% of the FPL are required to pay premiums as follows:

100%-133%:	\$10 per 6 month period
134%-149%:	\$20 per 6 month period
150%-200%:	\$20 per month per six month period (not to exceed 5% of the family's annual income)

Tobacco Settlement

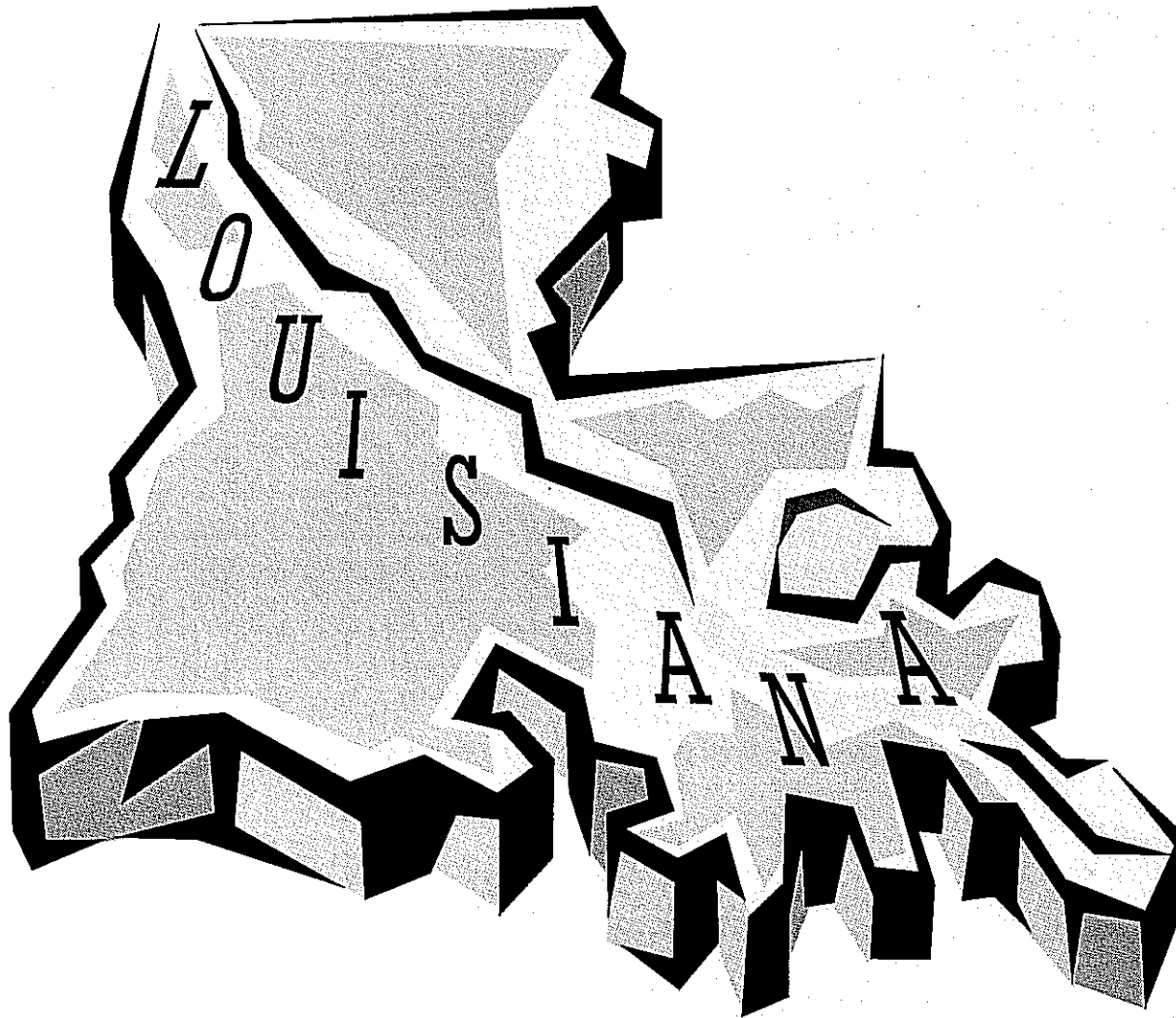
- The state expects to receive approximately \$3.45 billion over 25 years.
- For Fiscal Year 2001, the tobacco settlement allocation was approximately \$122 million.
- Several specific measures for use of tobacco settlement monies were adopted by the Legislature in FFY 00 as follows:
 - 50% of the tobacco settlement funds will go to farmers, rural counties, and agriculture projects
 - 25% of the tobacco settlement funds will be used to fund early childhood development programs
 - 25% of the tobacco settlement funds will be used to fund health care initiatives, including Kentucky Access (70%), lung cancer research (20%) and tobacco use prevention and control (10%).

	FY 2001	FY 2002
*Agricultural Development Initiatives	\$119,450,000	\$60,800,000
Early Childhood Initiatives (Health and Child Care)	\$25,275,000	\$30,400,000
Smoking Cessation	\$5,057,500	\$5,540,000
Lung Cancer	\$5,055,000	\$6,080,000
Kentucky Access Health Insurance Program	\$15,192,500	\$18,780,000
TOTAL	\$170,030,000	\$121,600,000

*Agriculture Development Initiatives for 2001 includes money from prior year receipts.

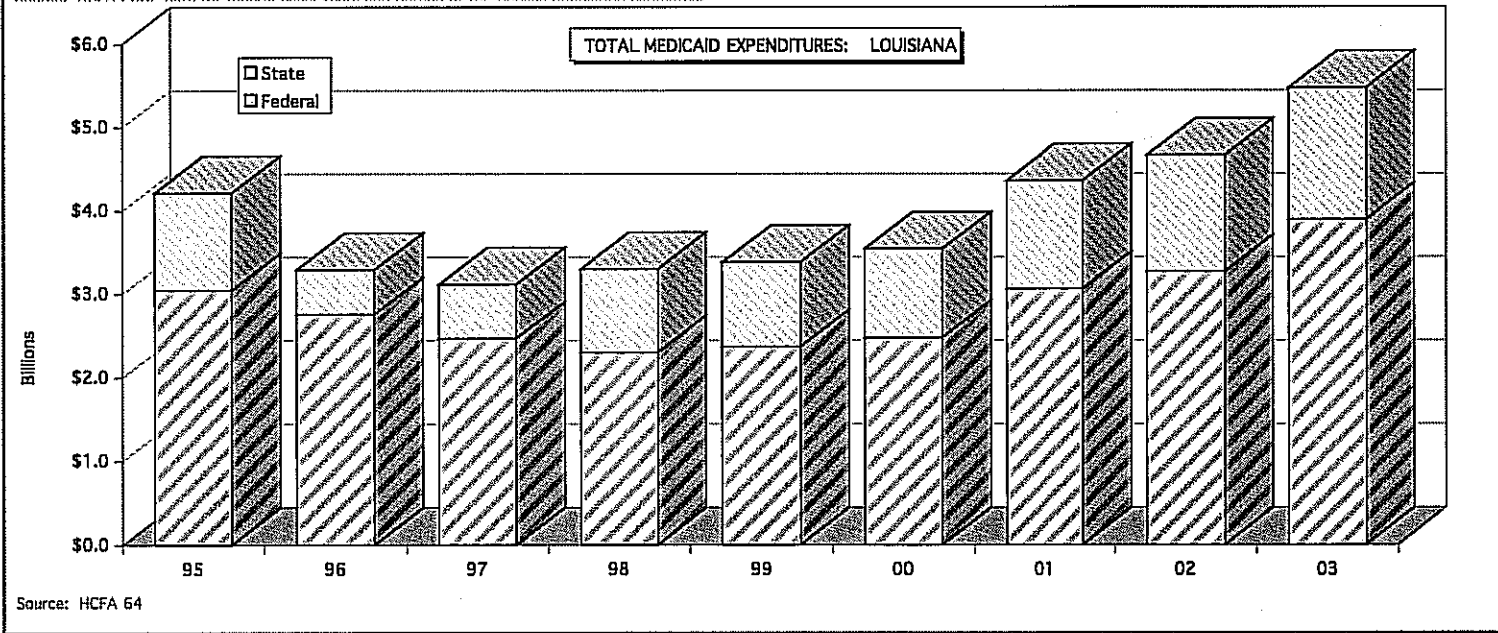
KENTUCKY

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



	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	FFY 01*	FFY 02**	FFY 03**	Annual Rate of Change	Total Change 95-03
Medicaid Payments	\$4,125,254,361	\$3,211,411,620	\$3,030,956,227	\$3,200,211,547	\$3,282,146,476	\$3,443,282,971	\$4,248,873,479	\$4,536,606,000	\$5,296,545,000	3.2%	28.4%
Federal Share	\$3,001,284,321	\$2,687,813,365	\$2,400,089,770	\$2,243,759,832	\$2,310,956,891	\$2,422,693,898	\$3,001,327,095	\$3,196,180,000	\$3,795,899,000	3.0%	26.5%
State Share	\$1,123,970,040	\$523,598,255	\$630,866,457	\$956,451,715	\$971,189,585	\$1,020,589,073	\$1,247,546,384	\$1,340,426,000	\$1,500,646,000	3.7%	33.5%
Administrative Costs	\$83,414,438	\$78,943,296	\$86,130,925	\$98,638,983	\$100,826,708	\$99,694,716	\$107,688,302	\$127,535,000	\$175,434,000	9.7%	110.3%
Federal Share	\$45,115,920	\$65,974,677	\$65,485,070	\$54,423,948	\$58,392,000	\$55,200,964	\$59,333,150	\$69,632,000	\$93,582,000	9.5%	107.4%
State Share	\$38,298,518	\$12,968,619	\$20,645,855	\$44,215,035	\$42,434,708	\$44,493,752	\$48,355,152	\$57,903,000	\$81,852,000	10.0%	113.7%
Admin. Costs as % of Payments	2.02%	2.46%	2.84%	3.08%	3.07%	2.90%	2.53%	2.81%	3.31%		
Federal Match Rate*	72.65%	76.93%	79.04%	70.03%	70.37%	70.32%	70.53%	70.30%	70.30%		

*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 02 and 03 reflect latest estimates reported by each state (CMS 37).

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STATE FINANCING

	Payments		Administration	
	FFY 95	FFY 01	FFY 95	FFY 01
State General Fund	\$1,123,970,040	\$1,157,036,885	\$38,298,518	\$48,355,152
Local Funds	\$0	\$0	\$0	\$0
Provider Taxes	\$0	\$90,509,499	\$0	\$0
Donations	\$0	\$0	\$0	\$0
Other	\$0	\$0	\$0	\$0
Total State Share	\$1,123,970,040	\$1,247,546,384	\$38,298,518	\$48,355,152

Provider Taxes Currently in Place (FFY 01)		
	Tax Rate	Amount
Nursing Homes	\$5.56 per patient day	\$62,683,558
MR Facilities	\$10.93 per patient day	\$22,064,493
Pharmacy	\$0.10 per prescription	\$5,761,448
Total		\$90,509,499

DISPROPORTIONATE SHARE HOSPITAL (DSH) PAYMENTS

	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	FFY 01*	FFY 02*	FFY 03*	Annual Change
General Hospitals	\$1,091,279,423	\$572,364,336	\$572,055,820	\$654,692,384	\$696,535,584	\$698,563,704	\$794,907,241	\$717,038,000	\$717,038,000	3.8%
Mental Hospitals	\$126,097,087	\$93,925,765	\$89,976,091	\$83,569,366	\$77,341,613	\$65,389,470	\$77,400,268	\$89,901,000	\$87,994,000	-0.4%
Total	\$1,217,376,510	\$666,290,101	\$662,031,911	\$738,261,750	\$773,877,197	\$763,953,174	\$872,307,509	\$806,939,000	\$805,032,000	3.3%

*Estimated.

SELECTED ELIGIBILITY CRITERIA										DEMOGRAPHIC DATA & POVERTY INDICATORS (2000)	
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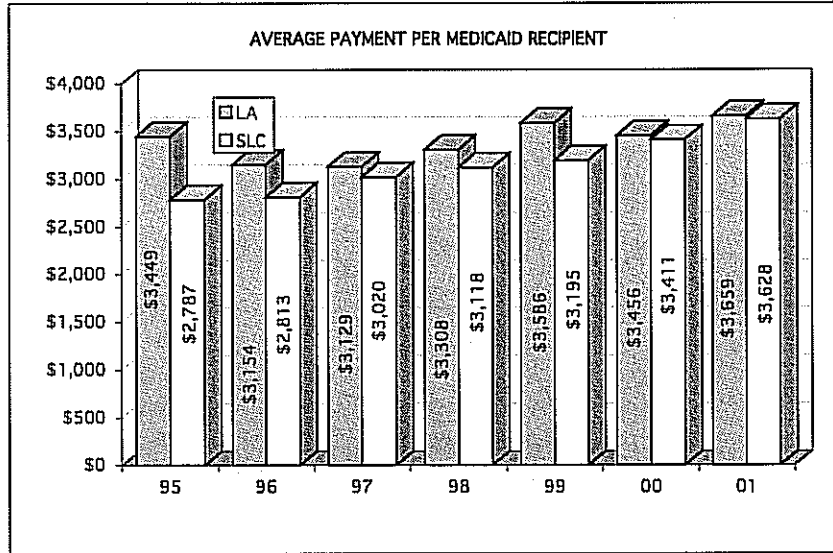
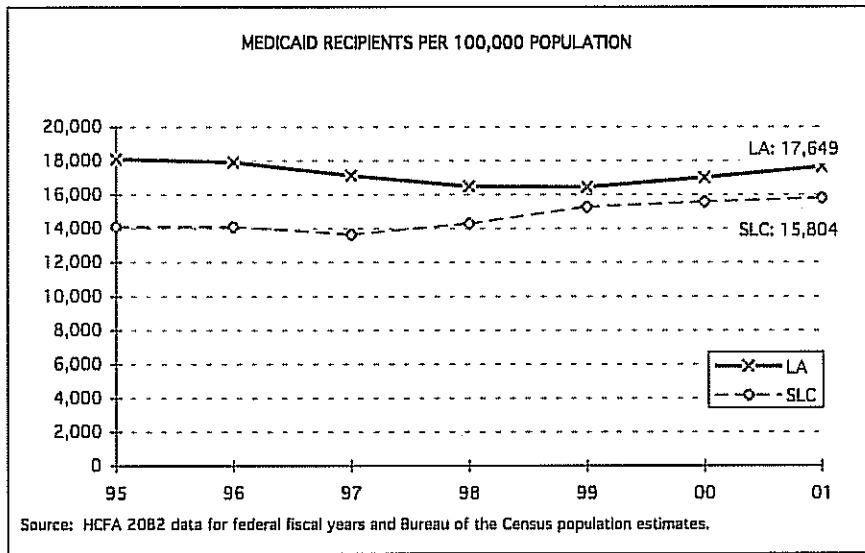
SELECTED ELIGIBILITY CRITERIA					DEMOGRAPHIC DATA & POVERTY INDICATORS (2000)				Rank in U.S.	
	Urban	% of FPL*	At 10/1/01							
			Rural	% of FPL*						
TANF(Family of 3)					State population--July 1, 2001*			4,465,430	22	
Need Standard	\$658	54.0%	\$599	47.9%	Per capita personal income**			\$23,041	45	
Payment Standard	\$190	15.6%	\$174	13.9%	Median household income**			\$30,219	49	
Maximum Payment	\$190	15.6%	\$174	13.9%						
Medically Needy Program (Family of 3)			Rural		Population below Federal Poverty Level on July 1, 2001*			830,570		
Income Eligibility Std	\$258	N/A	\$233	N/A	Percent of total population			18.6%	2	
Resource Standard	\$3,025	N/A	N/A	N/A						
Pregnant Women, Children and Infants (% of FPL*)					Population without health insurance coverage*			852,897	13	
Pregnant women and infants				133.0%	Percent of total state population			19.1%	5	
Children 1 to 5				133.0%	Recipients of Food Stamps***			518,384	11	
Children 6 to 18 (born after 10/1/1983)				100.0%	Households receiving Food Stamps***			198,152	12	
SSI Eligibility Levels					Total value of issuance***			\$482,656,653	10	
Income:					Average monthly benefit per recipient			\$77.59	11	
Single Person			\$484	65.6%	Average monthly benefit per household			\$202.98		
Couple			\$726	correction						
Resources:					Monthly recipients of Temporary Assistance to Needy Families (TANF)****			62,089	22	
Single Person			\$2,000	N/A	Total TANF payments****			\$126,335,929	46	
Couple			\$3,000	N/A	Average monthly payment per recipient			\$169.56		
					Maximum monthly payment per family of 3			\$190.00	46	

*Current federal poverty level is \$8,860 per year for a single person, \$11,940 for a family of two and \$15,020 for a family of three. Table above shows monthly income levels.

*Bureau of the Census. **Bureau of Economic Analysis. ***USDA. ****USDHHS.

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DATA BY TYPE OF SERVICES (Includes Fee-For-Service and Waivers)

RECIPIENTS BY TYPE OF SERVICES	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	FFY 01	Annual Change
01. General Hospital	150,015	150,582	148,522	153,081	156,176	156,861	167,492	1.9%
02. Mental Hospital	3,286	4,546	4,322	2,847	2,739	8,552	9,144	18.6%
03. Skilled and Intermediate (non-MR) Care Nursing	39,209	41,090	34,605	34,403	35,869	34,639	35,199	-1.8%
04. Intermediate Care for Mentally Retarded	6,141	6,153	6,057	6,014	6,596	5,984	5,902	-0.7%
05. Physician Services	661,360	649,849	618,042	598,546	603,533	619,859	657,646	-0.1%
06. Dental Services	154,863	153,702	137,578	128,341	133,645	137,707	167,174	1.3%
07. Other Practitioners	144,938	126,438	117,231	71,230	110,892	84,504	127,395	-2.1%
08. Outpatient Hospital	406,798	383,296	360,379	355,568	367,695	336,002	370,079	-1.6%
09. Clinic Services	115,695	124,533	94,124	69,912	96,077	118,088	111,677	-0.6%
10. Lab and X-Ray	483,052	471,759	450,728	432,781	425,048	437,669	468,237	-0.5%
11. Home Health	15,485	15,986	22,226	41,705	42,100	10,041	9,780	-7.4%
12. Prescribed Drugs	598,579	593,415	563,864	552,481	578,011	581,356	616,565	0.5%
13. Family Planning	64,716	62,680	43,251	60,975	64,902	5,347	11	-76.5%
14. Early & Periodic Screening, Diagnosis & Treatment	283,287	285,561	214,047	279,309	299,116	0	0	-100.0%
15. Other Care	185,560	165,127	416,446	142,350	134,611	377,080	522,009	18.8%
16. Personal Care Support Services	0	0	0	67,602	67,945	101,186	16,807	-37.1%
17. Home/Community Based Waiver Services	0	0	0	2,751	3,008	0	0	-100.0%
18. Prepaid Health Care	0	0	0	0	0	0	0	n/a
19. Primary Care Case Management (PCCM) Services	0	0	0	0	0	69,429	0	-100.0%
Total*	785,399	777,708	746,461	720,615	719,626	761,248	788,117	0.1%

*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 95</u>	<u>FFY 96</u>	<u>FFY 97</u>	<u>FFY 98</u>	<u>FFY 99</u>	<u>FFY 00</u>	<u>FFY 01</u>	<u>Annual Change</u>	<u>Share of Total FFY 01</u>
01. General Hospital	\$683,716,231	\$616,280,300	\$540,567,154	\$527,916,078	\$550,703,668	\$529,025,483	\$548,266,843	-3.6%	19.0%
02. Mental Hospital	\$47,310,088	\$28,808,286	\$15,888,556	\$15,963,066	\$14,666,584	\$28,267,787	\$30,632,493	-7.0%	1.1%
03. Skilled and Intermediate (non-MR) Care Nursing	\$524,516,799	\$509,799,469	\$475,319,276	\$490,677,315	\$503,998,393	\$492,740,844	\$566,844,603	1.3%	19.7%
04. Intermediate Care for Mentally Retarded	\$303,913,854	\$311,422,516	\$321,158,168	\$322,468,549	\$311,359,384	\$349,880,049	\$353,814,006	2.6%	12.3%
05. Physician Services	\$249,516,117	\$212,744,176	\$188,896,154	\$196,895,190	\$224,758,140	\$206,081,672	\$222,842,638	-1.9%	7.7%
06. Dental Services	\$28,225,881	\$25,548,524	\$19,690,000	\$18,204,824	\$22,398,391	\$22,251,055	\$27,832,681	-0.2%	1.0%
07. Other Practitioners	\$28,343,812	\$12,897,019	\$11,545,797	\$4,492,336	\$14,625,605	\$8,677,916	\$12,515,368	-12.7%	0.4%
08. Outpatient Hospital	\$167,956,912	\$141,663,462	\$135,156,773	\$146,755,783	\$149,334,965	\$146,172,967	\$158,236,595	-1.0%	5.5%
09. Clinic Services	\$46,537,987	\$41,972,627	\$42,579,181	\$33,718,060	\$40,223,741	\$44,341,120	\$40,255,653	-2.4%	1.4%
10. Lab and X-Ray	\$59,898,621	\$45,323,812	\$41,218,672	\$42,386,889	\$44,605,403	\$46,000,148	\$46,430,251	-4.2%	1.6%
11. Home Health	\$32,188,687	\$27,148,462	\$39,435,412	\$41,600,791	\$46,505,101	\$21,289,864	\$21,977,072	-6.2%	0.8%
12. Prescribed Drugs	\$292,293,619	\$297,433,210	\$315,444,016	\$352,784,785	\$430,518,832	\$476,400,908	\$557,376,470	11.4%	19.3%
13. Family Planning	\$9,807,458	\$9,608,629	\$9,522,358	\$11,599,544	\$12,243,448	\$2,179,189	\$1,247,368	-29.1%	0.0%
14. Early & Periodic Screening, Diagnosis & Treatment	\$41,949,888	\$34,477,455	\$16,898,557	\$43,497,715	\$61,317,108	\$0	\$0	-100.0%	0.0%
15. Other Care	\$192,302,301	\$137,415,999	\$162,687,423	\$41,368,967	\$47,735,823	\$210,574,208	\$254,891,010	4.8%	8.8%
16. Personal Care Support Services	\$0	\$0	\$0	\$30,413,215	\$40,862,455	\$44,974,800	\$40,922,520	10.4%	1.4%
17. Home/Community Based Waiver Services	\$0	\$0	\$0	\$62,765,878	\$65,000,084	\$0	\$0	-100.0%	0.0%
18. Prepaid Health Care	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a	0.0%
19. Primary Case Management (PCCM) Services	\$0	\$0	\$0	\$0	\$0	\$1,705,420	\$0	-100.0%	0.0%
Total (excludes DSH pymts, pharmacy rebates, & other adjs.)	\$2,708,478,255	\$2,452,543,946	\$2,336,007,497	\$2,383,508,985	\$2,580,857,125	\$2,630,563,430	\$2,884,085,571	1.1%	100.0%

AVERAGE PAYMENTS PER RECIPIENT BY TYPE OF SERVICES

								(+) or (-) SLC	
									<u>Avg. FFY 01</u>
01. General Hospital	\$4,557.65	\$4,092.66	\$3,639.64	\$3,448.61	\$3,526.17	\$3,372.57	\$3,273.39	-5.4%	-23.5%
02. Mental Hospital	\$14,397.47	\$6,337.06	\$3,676.20	\$5,606.98	\$5,354.72	\$3,305.40	\$3,350.01	-21.6%	-58.9%
03. Skilled and Intermediate (non-MR) Care Nursing	\$13,377.46	\$12,406.90	\$13,735.57	\$14,262.63	\$14,051.09	\$14,225.03	\$16,104.00	3.1%	-14.1%
04. Intermediate Care for Mentally Retarded	\$49,489.31	\$50,613.12	\$53,022.65	\$53,619.65	\$47,204.27	\$58,469.26	\$59,948.15	3.2%	-18.0%
05. Physician Services	\$377.28	\$327.37	\$305.64	\$328.96	\$372.40	\$332.47	\$338.85	-1.8%	-24.7%
06. Dental Services	\$182.26	\$166.22	\$143.12	\$141.85	\$167.60	\$161.58	\$166.49	-1.5%	-32.0%
07. Other Practitioners	\$195.56	\$102.00	\$98.49	\$63.07	\$131.89	\$102.69	\$98.24	-10.8%	-58.1%
08. Outpatient Hospital	\$412.88	\$369.59	\$375.04	\$412.74	\$406.14	\$435.04	\$427.58	0.6%	-11.3%
09. Clinic Services	\$402.25	\$337.04	\$452.37	\$482.29	\$418.66	\$375.49	\$360.47	-1.8%	-37.6%
10. Lab and X-Ray	\$124.00	\$96.07	\$91.45	\$97.94	\$104.94	\$105.10	\$99.16	-3.7%	-2.1%
11. Home Health	\$2,078.70	\$1,698.26	\$1,774.29	\$997.50	\$1,104.63	\$2,120.29	\$2,247.14	1.3%	-6.6%
12. Prescribed Drugs	\$488.31	\$501.22	\$559.43	\$638.55	\$744.83	\$819.47	\$904.00	10.8%	-12.9%
13. Family Planning	\$151.55	\$153.30	\$220.17	\$190.23	\$188.65	\$407.55	\$113,397.09	201.3%	20581.5%
14. Early & Periodic Screening, Diagnosis & Treatment	\$148.08	\$120.74	\$78.95	\$155.73	\$204.99	\$0.00	\$0.00	-100.0%	-100.0%
15. Other Care	\$1,036.33	\$832.18	\$390.66	\$290.61	\$354.62	\$558.43	\$488.29	-11.8%	-68.5%
16. Personal Care Support Services	\$0.00	\$0.00	\$0.00	\$449.89	\$601.40	\$444.48	\$2,434.85	75.6%	24.0%
17. Home/Community Based Waiver Services	\$0.00	\$0.00	\$0.00	\$22,815.66	\$21,609.07	\$0.00	\$0.00	-100.0%	-100.0%
18. Prepaid Health Care	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	n/a	-100.0%
19. Primary Case Management (PCCM) Services	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$24.56	\$0.00	-100.0%	-100.0%
Total (Average)	\$3,448.54	\$3,153.55	\$3,129.44	\$3,307.60	\$3,586.39	\$3,455.59	\$3,659.46	1.0%	0.6%

TOTAL PER CAPITA EXPENDITURES	\$970.17	\$758.00	\$715.97	\$755.06	\$774.32	\$792.79	\$975.62	0.1%	41.6%
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SOUTHERN REGION MEDICAID PROFILE

PAYMENTS BY OTHER CHARACTERISTICS

	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	FFY 01	Annual Change	Share of Total FFY 01
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	\$1,134,653,860	\$1,235,497,618	\$1,348,379,936	\$1,227,251,177	\$1,375,034,937	\$1,287,252,400	\$1,744,942,423	7.4%	60.5%
Poverty Related Eligibles	\$971,829,595	\$177,255,314	\$171,487,969	\$227,270,626	\$224,664,359	\$321,648,866	\$54,656,604	-38.1%	1.9%
Medically Needy	\$63,321,189	\$42,305,737	\$4,144,860	\$35,159,084	\$38,341,375	\$35,472,974	\$393,744,414	35.6%	13.7%
Other Eligibles	\$538,673,611	\$997,485,277	\$811,994,732	\$893,828,098	\$942,816,454	\$882,700,731	\$690,713,446	4.2%	23.9%
Maintenance Assistance Status Unknown	\$0	\$0	\$0	\$0	\$0	\$103,488,459	\$28,685	-100.0%	0.0%
Total	\$2,708,478,255	\$2,452,543,946	\$2,336,007,497	\$2,383,508,985	\$2,580,857,125	\$2,630,563,430	\$2,884,085,571	1.1%	100.0%
By Basis of Eligibility									
Aged, Blind or Disabled	\$1,863,731,331	\$1,773,167,284	\$1,696,556,683	\$1,773,580,236	\$2,018,869,903	\$1,953,941,815	\$2,176,425,864	2.6%	75.5%
Children	\$509,299,314	\$403,818,250	\$496,257,971	\$371,500,804	\$332,649,493	\$337,035,460	\$507,018,325	-0.1%	17.6%
Foster Care Children	\$0	\$17,541,487	\$9,056,369	\$154,433	\$65,368	\$21,691,569	\$10,201,892	-10.3%	0.4%
Adults	\$335,447,610	\$258,016,925	\$134,136,474	\$238,273,512	\$229,272,360	\$214,406,127	\$190,439,489	-9.0%	6.6%
Basis of Eligibility Unknown	\$0	\$0	\$0	\$0	\$0	\$103,488,459	\$0	-100.0%	0.0%
Total	\$2,708,478,255	\$2,452,543,946	\$2,336,007,497	\$2,383,508,985	\$2,580,857,125	\$2,630,563,430	\$2,884,085,571	1.1%	100.0%
By Age									
Under Age 1	\$185,643,781	\$158,333,577	\$170,823,079	\$168,716,699	\$141,254,868	\$60,554,574	\$207,739,915	1.9%	7.2%
Age 1 to 5	\$179,531,647	\$164,835,541	\$150,918,959	\$139,107,477	\$181,718,593	\$184,127,591	\$182,184,832	0.2%	6.3%
Age 6 to 14	\$237,916,294	\$184,107,717	\$167,817,607	\$164,913,424	\$179,855,316	\$191,919,045	\$227,374,729	-0.8%	7.9%
Age 15 to 20	\$211,840,764	\$174,839,819	\$162,196,290	\$157,908,697	\$166,233,812	\$180,390,620	\$210,398,943	-0.1%	7.3%
Age 21 to 44	\$732,495,009	\$646,844,692	\$607,447,243	\$611,395,836	\$628,431,598	\$668,103,084	\$707,647,484	-0.6%	24.5%
Age 45 to 64	\$478,533,204	\$464,597,582	\$435,578,938	\$465,816,270	\$514,472,310	\$544,918,260	\$603,129,837	3.9%	20.9%
Age 65 to 74	\$191,988,340	\$183,182,776	\$180,219,739	\$195,457,195	\$220,321,014	\$204,844,393	\$215,239,732	1.9%	7.5%
Age 75 to 84	\$251,937,468	\$239,680,640	\$231,540,476	\$240,901,709	\$274,194,627	\$243,830,620	\$271,175,104	1.3%	9.4%
Age 85 and Over	\$238,591,748	\$236,117,537	\$229,347,187	\$239,184,115	\$274,374,987	\$248,386,784	\$259,194,997	1.4%	9.0%
Age Unknown	\$0	\$4,065	\$117,979	\$107,563	\$0	\$103,488,459	\$0	-100.0%	0.0%
Total	\$2,708,478,255	\$2,452,543,946	\$2,336,007,497	\$2,383,508,985	\$2,580,857,125	\$2,630,563,430	\$2,884,085,571	1.1%	100.0%
By Race									
White	\$1,224,510,591	\$1,133,930,928	\$1,078,814,223	\$1,099,777,803	\$1,190,735,145	\$1,221,093,116	\$1,342,687,726	1.5%	46.6%
Black	\$1,260,214,800	\$1,104,109,588	\$1,051,322,993	\$1,065,218,687	\$1,135,318,272	\$1,173,636,705	\$1,283,143,517	0.3%	44.5%
Hispanic, American Indian or Asian	\$0	\$0	\$0	\$0	\$0	\$220,034,537	\$246,291,329	11.9%	8.5%
Other/Unknown	\$223,752,864	\$214,503,430	\$205,870,281	\$218,512,495	\$254,803,708	\$15,799,072	\$11,962,999	-38.6%	0.4%
Total*	\$2,708,478,255	\$2,452,543,946	\$2,336,007,497	\$2,383,508,985	\$2,580,857,125	\$2,630,563,430	\$2,884,085,571	1.1%	100.0%
By Sex									
Female	\$1,628,300,154	\$1,484,406,435	\$1,429,136,719	\$1,465,177,548	\$1,584,775,562	\$1,590,890,816	\$1,735,737,798	1.1%	60.2%
Male	\$1,072,796,277	\$964,143,561	\$906,188,099	\$917,846,494	\$995,979,482	\$1,039,672,614	\$1,148,199,857	1.1%	39.8%
Unknown	\$7,381,824	\$3,993,950	\$682,679	\$484,943	\$102,081	\$0	\$147,917	-47.9%	0.0%
Total*	\$2,708,478,255	\$2,452,543,946	\$2,336,007,497	\$2,383,508,985	\$2,580,857,125	\$2,630,563,430	\$2,884,085,571	1.1%	100.0%

*FFY 01 projected using FFY 95-FFY 00 trends.

Source: Health Care Financing Administration-Form HCFA 2082 for federal fiscal years

SOUTHERN REGION MEDICAID PROFILE

AVERAGE PAYMENT PER RECIPIENT BY OTHER CHARACTERISTICS

								Annual Change	Above (+) or Below (-) SLC Avg. FFY 01
By Maintenance Assistance Status	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	FFY 01		
Receiving Cash Assistance or Eligible Under Section 1931	\$2,576.19	\$2,932.78	\$3,452.35	\$3,293.94	\$3,320.28	\$4,190.29	\$3,967.23	7.5%	-11.0%
Poverty Related Eligibles	\$6,427.53	\$1,793.21	\$1,516.83	\$1,194.73	\$1,239.58	\$1,122.01	\$5,169.45	-3.6%	162.4%
Medically Needy	\$3,996.04	\$3,604.78	\$1,776.62	\$4,074.53	\$4,951.75	\$5,826.70	\$1,372.04	-16.3%	-61.0%
Other Eligibles	\$3,027.69	\$4,057.26	\$3,376.25	\$5,991.57	\$8,092.29	\$9,163.97	\$13,629.72	28.5%	117.4%
Maintenance Assistance Status Unknown	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,592.99	\$562.46	-64.7%	-72.6%
Total	\$3,448.54	\$3,153.55	\$3,129.44	\$3,307.60	\$3,586.39	\$3,455.59	\$3,659.46	1.0%	0.9%
By Basis of Eligibility									
Aged, Blind or Disabled	\$7,098.44	\$6,901.66	\$6,723.46	\$6,972.11	\$7,253.54	\$8,388.57	\$8,559.07	3.2%	-4.7%
Children	\$1,354.25	\$1,090.53	\$1,211.68	\$1,074.56	\$1,005.90	\$916.05	\$1,133.16	-2.9%	-11.1%
Foster Care Children	\$0.00	\$816.19	\$1,408.46	\$1,095.27	\$2,042.77	\$2,444.12	\$2,016.18	19.8%	-64.6%
Adults	\$2,285.55	\$2,000.08	\$1,716.71	\$1,979.53	\$2,073.64	\$2,477.02	\$2,342.86	0.4%	7.3%
Basis of Eligibility Unknown	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,592.99	\$0.00	-100.0%	-100.0%
Total	\$3,448.54	\$3,153.55	\$3,129.44	\$3,307.60	\$3,586.39	\$3,455.59	\$3,659.46	1.0%	0.9%
By Age									
Under Age 1	\$3,095.40	\$2,704.38	\$2,929.57	\$2,927.13	\$2,699.62	\$2,256.38	\$3,773.52	3.4%	33.1%
Age 1 to 5	\$1,100.11	\$1,013.31	\$970.52	\$965.14	\$1,262.07	\$1,319.27	\$1,220.44	1.7%	-12.0%
Age 6 to 14	\$1,459.13	\$1,120.35	\$1,033.74	\$1,038.96	\$1,076.37	\$1,064.99	\$1,124.49	-4.2%	-21.0%
Age 15 to 20	\$2,943.99	\$2,455.13	\$2,425.33	\$2,434.27	\$2,367.70	\$2,203.73	\$2,265.20	-4.3%	-3.8%
Age 21 to 44	\$4,474.70	\$4,128.55	\$4,214.17	\$4,374.39	\$4,757.46	\$5,456.13	\$5,370.69	3.1%	25.4%
Age 45 to 64	\$7,776.85	\$7,407.96	\$7,274.44	\$7,769.69	\$8,405.59	\$9,040.09	\$9,135.56	2.7%	15.0%
Age 65 to 74	\$4,817.41	\$4,652.73	\$4,764.94	\$5,343.57	\$6,150.44	\$6,160.73	\$6,097.44	4.0%	-3.3%
Age 75 to 84	\$6,876.02	\$6,639.54	\$6,589.27	\$7,211.33	\$8,400.83	\$8,194.33	\$8,482.70	3.6%	-9.4%
Age 85 and Over	\$9,358.01	\$9,054.63	\$8,717.77	\$9,415.21	\$11,313.03	\$11,249.40	\$10,958.23	2.7%	-20.6%
Age Unknown	\$0.00	\$580.71	\$836.73	\$785.13	\$0.00	\$1,592.99	\$0.00	-100.0%	-100.0%
Total	\$3,448.54	\$3,153.55	\$3,129.44	\$3,307.60	\$3,586.39	\$3,455.59	\$3,659.46	1.0%	0.9%
By Race									
White	\$4,619.37	\$4,316.86	\$4,311.93	\$4,603.20	\$4,987.62	\$4,730.54	\$4,959.11	1.2%	12.8%
Black	\$2,691.78	\$2,392.04	\$2,354.00	\$2,469.32	\$2,654.44	\$2,601.50	\$2,766.76	0.5%	-6.9%
Hispanic, American Indian or Asian	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$4,797.23	\$4,814.89	0.4%	104.5%
Other/Unknown	\$4,290.89	\$4,012.64	\$4,145.85	\$4,342.72	\$4,791.16	\$2,584.75	\$4,900.86	2.2%	5.4%
Total	\$3,448.54	\$3,153.55	\$3,129.44	\$3,307.60	\$3,586.39	\$3,455.59	\$3,659.46	1.0%	0.9%
By Sex									
Female	\$3,363.80	\$3,112.45	\$3,126.83	\$3,314.38	\$3,620.25	\$3,453.11	\$3,680.61	1.5%	0.9%
Male	\$3,592.24	\$3,224.74	\$3,134.69	\$3,297.61	\$3,533.91	\$3,459.73	\$3,628.62	0.2%	3.3%
Unknown	\$2,743.15	\$2,220.09	\$2,126.73	\$2,298.31	\$2,686.34	\$0.00	\$1,509.36	-9.5%	-77.2%
Total	\$3,448.54	\$3,153.55	\$3,129.44	\$3,307.60	\$3,586.39	\$3,455.59	\$3,659.46	1.0%	0.9%

Source: Health Care Financing Administration-Form HCFA 2082 for federal fiscal years

SOUTHERN REGION MEDICAID PROFILE

ADDITIONAL STATE HEALTH CARE INFORMATION

Sources: "Major Health Care Policies: 50 State Profiles", Health Policy Tracking Service, January, 2002; and "Medicaid Services State by State", HCFA, October 2001.

*Information supplied by State Medicaid Agency

Waivers

Through a Freedom of Choice Waiver under Title XIX, Section 1915 (b), Louisiana provides a fee-for-service case management system for TANF and SSI recipients and related groups. The program, Community Care PCCM, has been operating since 1993.

Louisiana also has several Home and Community Based 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 Adult Waiver (EDA): Can serve up to 1,579 people; anticipates providing services to 1,421 individuals in FY 03, operating since July 1, 1993
- Mental Retardation/Developmental Disabilities: Can serve up to 4,251 people, operating since June 1, 1990. The legislature approved 325 new slots for FY 03, contingent upon the submission of a new plan and approval by the Joint Legislative Committee on the Budget.
- Adult Day Health Care Waiver (ADHC): Currently can serve up to 533 people, operating since January 1, 1985
- Personal Care Attendant Waiver (PCA): Currently can serve up to 149 people, but will be increasing to 174 people toward the end of FY 03, operating since October 1, 1993.
- Children's Choice Waiver (CC): Can serve up to 800 children during FY 03, operating since February 21, 2001.

Created the Jefferson Parish Health Authority and the Capital Area Human Services District as community based programs. These entities are restrictive to outpatient and inpatient care services in the area of substance abuse, and outpatient care services for mental retardation, mental health, and public health.

Managed Care

- Any Willing Provider Clause: Enacted legislation in 1997 to allow rural providers to be reimbursed at the same rate as a contract provider as long as the rural provider meets the requirements and standards for participation.
- Received approval on March 26, 2001 to extend the operation of the Louisiana CommunityCARE (LCC) program for 2 more years. LCC is a primary care case management program that serves approximately 255,554 Medicaid recipients in 39 parishes with 776 enrolled primary care providers.

Coverage for Targeted Population

- Provides coverage for the uninsured mainly through state charity hospital system. In 1997, the state reinstated the Medically Needy Program.

Cost Containment Measures

- For FY 02, Act 395 of the 2001 Regular Legislative Session permits the Department of Health and Hospitals to utilize a prior authorization process and a preferred drug list for its Medicaid prescription benefits management program in an effort to promote cost effectiveness in the Medicaid Program. With the implementation of the PA process, drugs will be considered "preferred" or "non-preferred". Non-preferred drugs will require PA as a condition for payment by the program. The Department is also negotiating State Supplemental Drug Rebates with drug manufacturers. Act 395 also mandates the Department to implement the Peer Based Prescriber Practitioner Profile Program. This program will begin in October 2002.
- Enhancement of computer system to scan 5% of cases (up from the current 1%) to combat fraud in Medicaid claims.
- The Department provided plastic magnetic strip cards for Medicaid recipients. This will reduce fraud and lower administrative costs over time for both providers and the state. The program was implemented in SFY 98 and completed statewide in January 1999, served approximately 788,000 in FFY 01.

Medicaid

- 28 services are offered (10 mandatory and 18 optional).
- Enacted legislation in 2000 that created the Medicaid Nursing Home Trust Fund. Interest earnings (approximately \$60 to \$80 million per year) from monies

SOUTHERN REGION MEDICAID PROFILE

Medicaid (Continued)

deposited in the fund will be appropriated by the legislature to provide additional support for nursing home providers and to increase the state's effort relative to the Medicaid assisted living program.

• Enacted legislation in 2001 as follows:

1. Created the Medicaid School-Based Administrative Claiming Trust Fund to reimburse public schools for the actual costs of administrative outreach provided by the school districts;
2. Established the Medicaid Pharmaceutical and Therapeutic Committee—authorized the committee to develop and maintain a preferred drug list in conjunction with a prior authorization process;
3. Authorized Medicaid to change the reimbursement methodology for nursing home services; and
4. Directed DHH to develop and implement a pilot program to provide hospice care under the state plan.

Children's Health Insurance Program: Medicaid Expansion

- The Children's Insurance Program (LaCHIP-Phase I) was implemented in November of 1998. The Medicaid program was expanded to provide health care benefits to children/adolescents from birth to age 19 in families with incomes up to 133% of the FPL. The program expects to provide coverage to approximately 52,000 children by October 1, 1999.
- Legislation enacted in the Regular Session of 1999 (ACT 1197) authorized the expansion of LaCHIP.
- Phase II expanded Medicaid to provide health care benefits to children/adolescents from birth to age 19 in families with incomes up 150% FPL and was expected to enroll 10,725, effective October 1, 1999.
- Phase III implemented January 1, 2001 to provide health care benefits to children/adolescents from birth to age 19 in families with income from 151-200% FPL and was expected to enroll an additional 12,000 children. All three phases are Medicaid expansions.

Tobacco Settlement

- The state expects to receive approximately \$4.42 billion over 25 years.
 - For Fiscal Year 2000, the tobacco settlement payment was approximately \$185 million.
- Legislation was enacted in 1999 that required passage of a constitutional amendment. This measure received voter approval in November 1999. The law created the Tobacco Settlement Trust Fund (The Millennium Fund) and The Louisiana Fund. The Millennium Fund is a constitutionally created endowment fund for the deposit of tobacco settlement monies as follows:

SFY 01	45%
SFY 02	60%
SFY 03 and subsequent years	75%

The Millennium Fund is made up of three funds which receive investment earnings as follows:

TOPS Fund	33%
Health Excellence Fund	33%
Education Excellence Fund	33%

- In 2001, the state securitized 60% of the tobacco settlement revenue and received approximately \$1.2 billion from the transaction. The revenue realized from the sale of the bonds will be distributed to the Louisiana Fund and the Millennium Fund as required by law.

SOUTHERN REGION MEDICAID PROFILE

• For 2002, the legislature allocated a portion (\$67 million) of the revenue received from securitization of the tobacco settlement monies as follows:

From the Louisiana Trust Fund

- \$20.5 million for Medicaid;
- \$15.0 million for LaCHIP;
- \$5.8 million for school clinics;
- \$0.5 million for tobacco cessation;
- \$2.8 million for health science grants; and
- \$1.5 million for preschool programs.

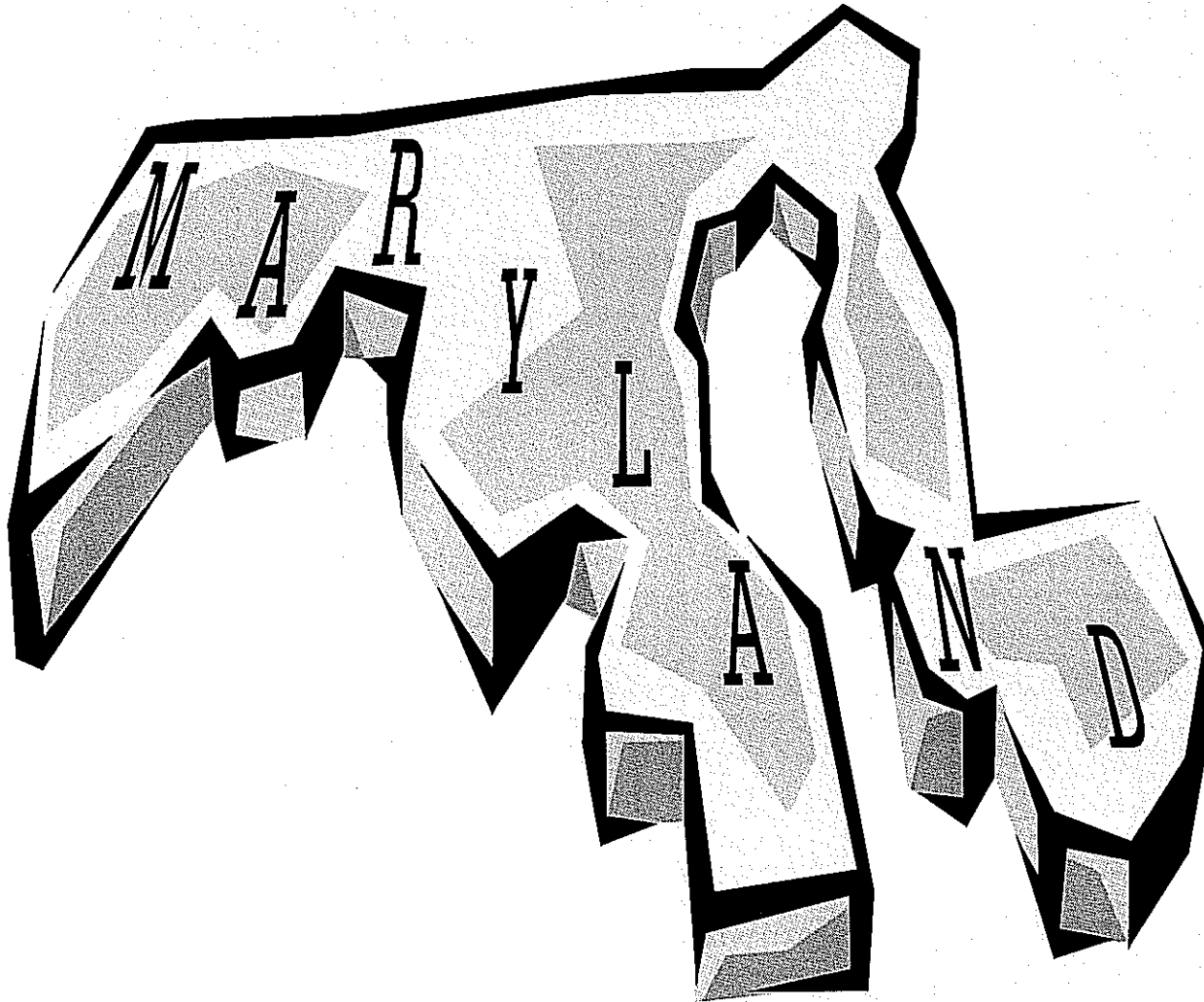
From the Millennium Trust Fund

- \$1.6 million for health care; and
- \$1.3 million for tuition assistance.

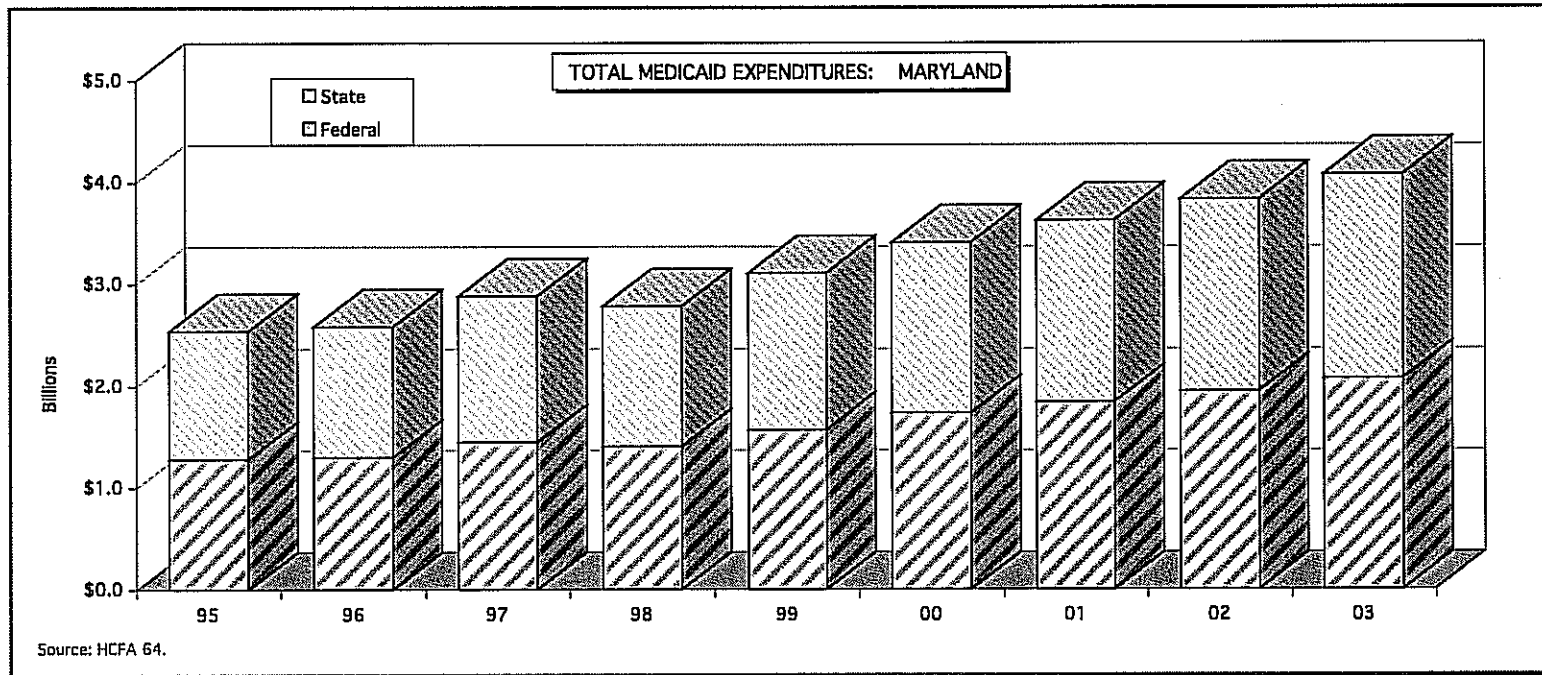
From the Education Excellence Trust Fund

- \$18.0 million to private and public school systems.

STATE MEDICAID PROFILE



SOUTHERN REGION MEDICAID PROFILE



	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	FFY 01*	FFY 02**	FFY 03**	Annual Rate of Change 95-03	Total Change 95-03
Medicaid Payments	\$2,414,240,139	\$2,441,028,457	\$2,688,167,110	\$2,578,582,453	\$2,931,170,173	\$3,170,221,094	\$3,389,359,931	\$3,568,359,000	\$3,785,589,000	5.8%	56.8%
Federal Share	\$1,210,984,504	\$1,222,985,965	\$1,350,201,604	\$1,293,965,501	\$1,473,199,888	\$1,610,382,156	\$1,713,456,381	\$1,807,590,000	\$1,917,625,000	5.9%	58.4%
State Share	\$1,203,255,635	\$1,218,042,492	\$1,337,965,506	\$1,284,616,952	\$1,457,970,285	\$1,559,838,938	\$1,675,903,550	\$1,760,769,000	\$1,867,964,000	5.7%	55.2%
Administrative Costs	\$128,666,447	\$140,585,936	\$195,914,659	\$206,657,092	\$177,403,959	\$235,198,416	\$237,787,627	\$263,803,000	\$289,759,000	10.7%	125.2%
Federal Share	\$71,816,035	\$75,929,644	\$101,175,092	\$114,207,850	\$97,893,210	\$126,726,599	\$130,711,305	\$141,256,000	\$155,034,000	10.1%	115.9%
State Share	\$56,850,412	\$64,656,292	\$94,739,567	\$92,449,242	\$79,510,749	\$108,471,817	\$107,076,322	\$122,547,000	\$134,725,000	11.4%	137.0%
Admin. Costs as % of Payments	5.33%	5.76%	7.29%	8.01%	6.05%	7.42%	7.02%	7.39%	7.65%		
Federal Match Rate*	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	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 02 and 03 reflect latest estimates reported by each state (CMS 37).

MARYLAND

SOUTHERN REGION MEDICAID PROFILE

STATE FINANCING

	Payments		Administration	
	FFY 95	FFY 01	FFY 95	FFY 01
State General Fund	\$1,203,255,635	\$1,602,405,242	\$56,850,412	\$107,076,322
Local Funds	\$0	\$0	\$0	\$0
Provider Taxes	\$0	\$0	\$0	\$0
Donations	\$0	\$73,498,308	\$0	\$0
Other	\$0	\$0	\$0	\$0
Total State Share	\$1,203,255,635	\$1,675,903,550	\$56,850,412	\$107,076,322

Please indicate the sources of permissible taxes and donations

Provider Taxes Currently in Place (FFY 01)

	Tax Rate	Amount
Permissible Taxes Program		\$73,498,308
		\$73,498,308

DISPROPORTIONATE SHARE HOSPITAL (DSH) PAYMENTS

	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	FFY 01*	FFY 02**	FFY 03**	Annual Change
General Hospitals	\$39,338,352	\$38,178,277	\$37,133,045	\$27,132,390	\$28,539,341	\$29,841,259	\$31,081,634	\$34,568,000	\$34,568,000	-1.2%
Mental Hospitals	\$120,873,531	\$111,087,695	\$122,526,661	\$116,151,573	\$118,275,027	\$114,809,891	\$31,443,762	\$23,045,000	\$23,045,000	-24.3%
Total	\$160,211,883	\$149,265,972	\$159,659,706	\$143,283,963	\$146,814,368	\$144,651,150	\$62,525,396	\$57,613,000	\$57,613,000	-15.6%

SELECTED ELIGIBILITY CRITERIA

	At 10/1/01	% of FPL*
TANF-Temporary Assistance for Needy Families (Family of 3)		
Need Standard	Eliminated	N/A
Payment Standard	\$472	37.7%
Maximum Payment	\$472	37.7%
Medically Needy Program (Family of 4)		
Income Eligibility Standard	\$475	
Resource Standard	\$3,200	
Pregnant Women, Children and Infants (% of FPL*)		
Pregnant women and children to age 6		200.0%
Children age 6 to 14		200.0%
Children age 14 to 18		200.0%
SSI Eligibility Levels		
Income:		
Single Person	\$565	76.5%
Couple	\$834	83.8%
Resources:		
Single Person	\$2,000	
Couple	\$3,000	

DEMOGRAPHIC DATA & POVERTY INDICATORS (2000)

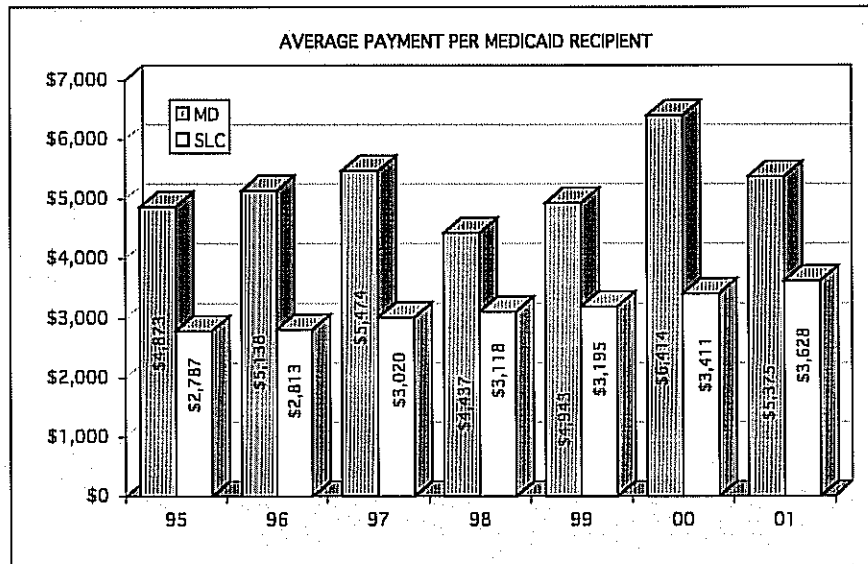
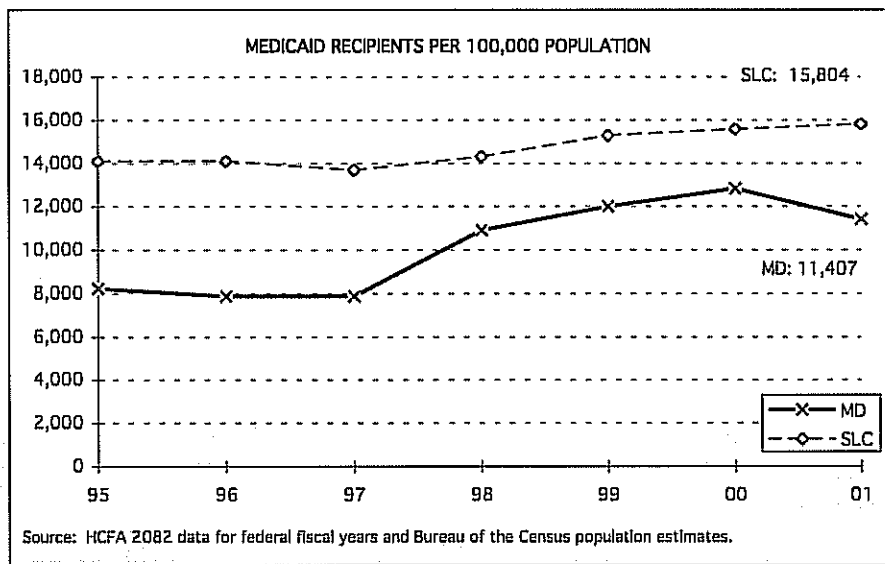
		Rank in U.S.
State population—July 1, 2001*	5,375,156	19
Per capita personal income**	\$33,621	5
Median household income**	\$51,695	1
Population below Federal Poverty Level on July 1, 2001*	392,386	
Percent of total population	7.3%	50
Population without health insurance coverage*	526,765	24
Percent of total state population	9.8%	42
Recipients of Food Stamps***	208,426	29
Households receiving Food Stamps***	97,026	27
Total value of issuance***	\$190,820,637	26
Average monthly benefit per recipient	\$76.29	9
Average monthly benefit per household	\$163.89	
Monthly recipients of Temporary Assistance to Needy Families (TANF)****	66,923	20
Total TANF payments****	\$332,954,840	21
Average monthly payment per recipient	\$414.60	
Maximum monthly payment per family of 3	\$388.00	25

*Current federal poverty level is \$8,860 per year for a single person, \$11,940 for a family of two and \$15,020 for a family of three. Table above shows monthly income levels.

*Bureau of the Census. **Bureau of Economic Analysis. ***USDA. ****USDHHS.

MARYLAND

SOUTHERN REGION MEDICAID PROFILE



DATA BY TYPE OF SERVICES (Includes Fee-For-Service and Waivers)

<u>RECIPIENTS BY TYPE OF SERVICES</u>	<u>FFY 95</u>	<u>FFY 96</u>	<u>FFY 97</u>	<u>FFY 98</u>	<u>FFY 99</u>	<u>FFY 00</u>	<u>FFY 01</u>	<u>Annual Change</u>
01. General Hospital	97,645	77,581	82,251	43,196	48,726	73,365	72,294	-4.9%
02. Mental Hospital	3,714	13,481	8,456	1,827	3,351	3,328	3,134	-2.8%
03. Skilled and Intermediate (non-MR) Care Nursing	36,273	23,449	26,575	27,834	27,923	27,270	26,422	-5.1%
04. Intermediate Care for Mentally Retarded	821	749	635	627	594	561	541	-6.7%
05. Physician Services	323,424	282,816	292,897	203,528	315,899	398,274	388,761	3.1%
06. Dental Services	41,177	28,623	35,028	8,725	15,084	18,001	17,329	-13.4%
07. Other Practitioners	40,510	27,960	32,157	19,151	20,595	22,613	21,833	-9.8%
08. Outpatient Hospital	209,356	187,343	183,008	105,346	151,879	227,957	222,507	1.0%
09. Clinic Services	99,538	93,789	95,719	39,897	39,333	48,462	46,442	-11.9%
10. Lab and X-Ray	115,233	93,990	101,771	50,211	39,211	70,890	68,622	-8.3%
11. Home Health	14,854	17,400	19,173	8,114	10,181	11,798	11,373	-4.4%
12. Prescribed Drugs	291,626	268,440	256,423	176,403	345,746	409,511	400,233	5.4%
13. Family Planning	35,295	29,557	37,002	19,141	6,102	1,457	863	-46.1%
14. Early & Periodic Screening, Diagnosis & Treatment	89,411	97,546	93,592	45,814	45,814	0	0	-100.0%
15. Other Care	83,343	162,933	171,642	44,395	115,788	206,784	202,315	15.9%
16. Personal Care Support Services	0	0	0	63,467	40,516	115,999	114,598	21.8%
17. Home/Community Based Waiver Services	0	0	0	3,820	73,332	0	0	-100.0%
18. Prepaid Health Care	0	0	0	449,825	481,362	507,109	497,947	3.4%
19. Primary Care Case Management (PCCM) Services	0	0	0	0	0	0	0	n/a
Total*	414,261	398,537	402,002	561,085	616,251	664,576	613,120	6.8%

*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. A new system for counting recipients now includes HMO recipients that have not been previously counted.

MARYLAND

SOUTHERN REGION MEDICAID PROFILE

<u>PAYMENTS BY TYPE OF SERVICES</u>	<u>FFY 95</u>	<u>FFY 96</u>	<u>FFY 97</u>	<u>FFY 98</u>	<u>FFY 99</u>	<u>FFY 00</u>	<u>FFY 01**</u>	<u>Annual Change</u>	<u>Share of Total FFY 01</u>
01. General Hospital	\$583,335,743	\$558,635,117	\$633,631,779	\$324,280,148	\$414,033,521	\$552,860,871	\$495,036,763	-2.7%	15.0%
02. Mental Hospital	\$91,492,981	\$124,805,267	\$49,810,491	\$56,546,963	\$91,425,580	\$94,005,602	\$84,425,620	-1.3%	2.6%
03. Skilled and Intermediate (non-MR) Care Nursing	\$459,287,275	\$416,315,221	\$515,887,379	\$546,941,004	\$556,048,487	\$608,979,795	\$550,464,048	3.1%	16.7%
04. Intermediate Care for Mentally Retarded	\$75,040,829	\$62,760,867	\$61,193,341	\$55,095,149	\$52,351,664	\$57,849,332	\$50,980,619	-6.2%	1.5%
05. Physician Services	\$102,747,239	\$90,520,475	\$89,643,749	\$46,541,325	\$102,208,201	\$148,195,731	\$137,262,528	4.9%	4.2%
06. Dental Services	\$3,287,715	\$2,140,511	\$2,374,879	\$354,031	\$7,368,965	\$3,162,591	\$2,810,216	-2.6%	0.1%
07. Other Practitioners	\$4,764,779	\$2,191,699	\$2,925,025	\$1,016,724	\$1,282,147	\$1,293,615	\$1,039,563	-22.4%	0.0%
08. Outpatient Hospital	\$175,655,101	\$165,726,010	\$161,722,969	\$53,105,201	\$106,336,777	\$167,264,324	\$151,618,243	-2.4%	4.6%
09. Clinic Services	\$105,446,838	\$108,631,811	\$107,134,470	\$6,643,345	\$6,728,622	\$9,083,590	\$2,603,714	-46.0%	0.1%
10. Lab and X-Ray	\$8,528,905	\$6,949,317	\$7,935,667	\$3,137,857	\$4,294,912	\$10,066,063	\$9,294,653	1.4%	0.3%
11. Home Health	\$67,859,355	\$210,449,214	\$226,698,580	\$48,456,286	\$190,676,603	\$224,242,460	\$205,983,600	20.3%	6.3%
12. Prescribed Drugs	\$139,205,331	\$154,908,882	\$172,701,282	\$148,532,940	\$291,445,346	\$374,121,433	\$436,225,591	21.0%	13.2%
13. Family Planning	\$9,518,287	\$6,814,312	\$11,348,865	\$4,613,117	\$1,843,920	\$2,541,543	\$1,849,940	-23.9%	0.1%
14. Early & Periodic Screening, Diagnosis & Treatment	\$11,739,471	\$68,843,619	\$74,079,692	\$73,840,753	\$0	\$0	\$0	-100.0%	0.0%
15. Other Care	\$180,827,804	\$67,799,858	\$83,580,418	\$35,058,148	\$56,176,252	\$114,433,801	\$99,983,703	-9.4%	3.0%
16. Personal Care Support Services	\$0	\$0	\$0	\$79,099,039	\$53,074,542	\$306,345,343	\$203,890,745	37.1%	6.2%
17. Home/Community Based Waiver Services	\$0	\$0	\$0	\$154,029,172	\$266,575,073	\$0	\$0	-100.0%	0.0%
18. Prepaid Health Care	\$0	\$0	\$0	\$851,988,946	\$842,493,067	\$911,334,953	\$862,202,253	0.4%	26.2%
19. Primary Case Management (PCCM) Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a	0.0%
Total (excludes DSH pymts, pharmacy rebates, & other adjs.)	\$2,018,737,653	\$2,047,492,180	\$2,200,668,586	\$2,489,280,148	\$3,044,363,679	\$3,585,781,047	\$3,295,671,799	8.5%	100.0%

AVERAGE PAYMENTS PER RECIPIENT BY TYPE OF SERVICES

								(+) or (-) SLC	
									Avg. FFY 01
01. General Hospital	\$5,974.05	\$7,200.67	\$7,703.64	\$7,507.18	\$8,497.18	\$7,535.76	\$6,847.55	2.3%	66.8%
02. Mental Hospital	\$24,634.62	\$9,257.86	\$5,890.55	\$30,950.72	\$27,283.07	\$28,246.88	\$26,937.89	1.5%	242.7%
03. Skilled and Intermediate (non-MR) Care Nursing	\$12,661.96	\$17,754.07	\$19,412.51	\$19,650.10	\$19,913.64	\$22,331.49	\$20,833.16	8.7%	12.8%
04. Intermediate Care for Mentally Retarded	\$91,401.74	\$83,792.88	\$96,367.47	\$87,871.05	\$88,134.11	\$103,118.24	\$94,263.11	0.5%	30.1%
05. Physician Services	\$317.69	\$320.07	\$306.06	\$228.67	\$323.55	\$372.09	\$353.08	1.8%	-21.1%
06. Dental Services	\$79.84	\$74.78	\$67.80	\$40.58	\$488.53	\$175.69	\$162.17	12.5%	-34.1%
07. Other Practitioners	\$117.62	\$78.39	\$90.96	\$53.09	\$62.26	\$57.21	\$47.61	-14.0%	-78.8%
08. Outpatient Hospital	\$839.03	\$884.61	\$883.69	\$504.10	\$700.14	\$733.75	\$681.41	-3.4%	40.0%
09. Clinic Services	\$1,059.36	\$1,158.26	\$1,119.26	\$166.51	\$171.07	\$187.44	\$56.06	-38.7%	-90.1%
10. Lab and X-Ray	\$74.01	\$73.94	\$77.98	\$62.49	\$109.53	\$142.00	\$135.45	10.6%	33.4%
11. Home Health	\$4,568.42	\$12,094.78	\$11,823.84	\$5,971.94	\$18,728.67	\$19,006.82	\$18,111.07	25.8%	512.4%
12. Prescribed Drugs	\$477.34	\$577.07	\$673.50	\$842.01	\$842.95	\$913.58	\$1,089.93	14.8%	4.1%
13. Family Planning	\$269.68	\$230.55	\$306.71	\$241.01	\$302.18	\$1,744.37	\$2,143.72	41.3%	271.6%
14. Early & Periodic Screening, Diagnosis & Treatment	\$131.30	\$705.76	\$791.52	\$1,611.75	\$0.00	\$0.00	\$0.00	-100.0%	-100.0%
15. Other Care	\$2,169.68	\$416.12	\$486.95	\$789.69	\$485.16	\$553.40	\$494.20	-21.9%	-65.2%
16. Personal Care Support Services	\$0.00	\$0.00	\$0.00	\$1,246.30	\$1,309.97	\$2,640.93	\$1,779.19	12.6%	-7.5%
17. Home/Community Based Waiver Services	\$0.00	\$0.00	\$0.00	\$40,321.77	\$3,635.18	\$0.00	\$0.00	-100.0%	-100.0%
18. Prepaid Health Care	\$0.00	\$0.00	\$0.00	\$1,894.05	\$1,750.23	\$1,797.12	\$1,731.51	-2.9%	16.6%
19. Primary Case Management (PCCM) Services	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	n/a	-100.0%
Total (Average)	\$4,873.11	\$5,137.52	\$5,474.27	\$4,436.55	\$4,940.14	\$5,395.59	\$5,375.25	1.6%	48.1%

TOTAL PER CAPITA EXPENDITURES	\$504.65	\$510.17	\$566.07	\$542.42	\$605.39	\$658.48	\$674.80	5.0%	-2.1%
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MARYLAND

SOUTHERN REGION MEDICAID PROFILE
DATA BY OTHER CHARACTERISTICS

RECIPIENTS BY OTHER CHARACTERISTICS

	<u>FFY 95</u>	<u>FFY 96</u>	<u>FFY 97</u>	<u>FFY 98</u>	<u>FFY 99</u>	<u>FFY 00</u>	<u>FFY 01</u>	<u>Annual Change</u>	<u>Share of Total FFY 01</u>
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	232,628	220,614	208,404	274,117	230,948	201,428	167,091	-5.4%	27.3%
Poverty Related Eligibles	27,442	18,840	108,549	142,031	228,953	283,076	227,612	42.3%	37.1%
Medically Needy	92,699	60,421	65,639	49,892	57,621	75,838	60,442	-6.9%	9.9%
Other Eligibles	61,492	98,662	19,410	69,419	50,713	56,802	157,975	17.0%	25.8%
Maintenance Assistance Status Unknown	0	0	0	25,626	48,016	47,432	0	-100.0%	0.0%
Total*	414,261	398,537	402,002	561,085	616,251	664,576	613,120	6.8%	100.0%
By Basis of Eligibility									
Aged, Blind, or Disabled	133,595	129,946	134,219	148,963	151,240	152,130	157,967	2.8%	25.8%
Children	206,942	185,663	185,801	264,965	308,892	348,322	312,529	7.1%	51.0%
Foster Care Children	0	0	0	15,219	15,046	15,423	4,321	-34.3%	0.7%
Adults	73,724	82,928	81,982	106,312	93,057	101,269	138,303	11.1%	22.6%
Basis of Eligibility Unknown	0	0	0	25,626	48,016	47,432	0	-100.0%	0.0%
Total*	414,261	398,537	402,002	561,085	616,251	664,576	613,120	6.8%	100.0%
By Age									
Under Age 1	33,179	25,780	82,051	23,208	24,009	25,204	21,611	-6.9%	3.5%
Age 1 to 5	75,898	58,125	45,938	102,693	107,983	116,242	107,709	6.0%	17.6%
Age 6 to 14	72,962	65,326	50,179	133,175	154,867	170,700	159,805	14.0%	26.1%
Age 15 to 20	35,828	30,641	29,303	50,928	62,103	73,264	68,516	11.4%	11.2%
Age 21 to 44	102,626	81,911	88,569	128,022	119,112	128,543	117,622	2.3%	19.2%
Age 45 to 64	37,015	31,694	44,604	44,058	44,010	46,429	42,257	2.2%	6.9%
Age 65 to 74	22,577	20,547	26,368	23,068	22,390	22,766	20,448	-1.6%	3.3%
Age 75 to 84	19,260	18,009	20,673	19,948	19,981	20,377	18,386	-0.8%	3.0%
Age 85 and Over	14,916	66,504	14,317	14,168	13,787	13,619	11,308	-4.5%	1.8%
Age Unknown	0	0	0	21,817	48,009	47,432	45,458	27.7%	7.4%
Total*	414,261	398,537	402,002	561,085	616,251	664,576	613,120	6.8%	100.0%
By Race									
White	174,659	163,424	164,110	184,348	194,285	202,094	183,864	0.9%	30.0%
Black	208,180	202,848	203,389	307,223	316,525	387,564	360,197	9.6%	58.7%
Hispanic, American Indian or Asian	24,057	24,273	24,742	31,710	38,951	49,200	45,952	11.4%	7.5%
Other/Unknown	7,365	7,992	9,761	37,804	66,490	25,718	23,107	21.0%	3.8%
Total*	414,261	398,537	402,002	561,085	616,251	664,576	613,120	6.8%	100.0%
By Sex									
Female	256,613	247,687	251,556	329,915	340,962	372,698	342,407	4.9%	55.8%
Male	157,648	150,850	150,446	209,354	227,281	258,891	239,457	7.2%	39.1%
Unknown	0	0	0	21,816	48,008	32,987	31,256	n/a	5.1%
Total*	414,261	398,537	402,002	561,085	616,251	664,576	613,120	6.8%	100.0%

*FFY 01 projected using FFY 95-FFY 00 trends, State Annual report, and state submitted data (SEE "Important Note" prior to table of contents).
Source: Health Care Financing Administration-Form HCFA 2082 for federal fiscal years

SOUTHERN REGION MEDICAID PROFILE

AVERAGE PAYMENT PER RECIPIENT BY OTHER CHARACTERISTICS

								Annual Change	Above (+) or Below (-) SLIC Avg. FFY 01
By Maintenance Assistance Status	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	FFY 01		
Receiving Cash Assistance or Eligible Under Section 1931	\$3,855.21	\$4,064.94	\$4,650.43	\$4,501.44	\$6,629.02	\$8,306.94	\$9,201.44	15.6%	106.5%
Poverty Related Eligibles	\$33,284.88	\$42,021.49	\$7,929.61	\$5,621.16	\$3,786.73	\$3,597.73	\$4,039.54	-29.6%	105.1%
Medically Needy	\$807.88	\$855.12	\$5,143.11	\$4,642.72	\$6,757.28	\$7,660.44	\$9,091.99	49.7%	158.7%
Other Eligibles	\$2,172.90	\$3,115.25	\$1,708.41	\$2,724.10	\$4,132.00	\$4,247.50	\$1,394.28	-7.1%	-77.8%
Maintenance Assistance Status Unknown	\$0.00	\$0.00	\$0.00	\$1,414.21	\$989.54	\$1,515.46	\$0.00	-100.0%	-100.0%
Total	\$4,873.11	\$5,137.52	\$5,474.27	\$4,436.55	\$4,942.60	\$6,413.79	\$5,375.25	1.6%	48.1%
By Basis of Eligibility									
Aged, Blind or Disabled	\$10,739.18	\$11,412.82	\$11,947.72	\$12,000.11	\$13,997.98	\$15,510.70	\$14,402.20	5.0%	60.4%
Children	\$1,908.52	\$1,806.15	\$1,899.98	\$1,459.43	\$1,675.32	\$1,922.06	\$2,189.43	2.3%	71.7%
Foster Care Children	\$0.00	\$0.00	\$0.00	\$2,628.41	\$4,701.19	\$4,992.88	\$3,690.19	12.0%	-35.3%
Adults	\$2,564.75	\$2,762.71	\$2,976.74	\$2,245.91	\$3,133.22	\$4,026.46	\$2,182.62	-2.7%	0.0%
Basis of Eligibility Unknown	\$0.00	\$0.00	\$0.00	\$1,414.21	\$989.54	\$1,515.46	\$0.00	-100.0%	-100.0%
Total	\$4,873.11	\$5,137.52	\$5,474.27	\$4,436.55	\$4,942.60	\$6,413.79	\$5,375.25	1.6%	48.1%
By Age									
Under Age 1	\$3,027.50	\$3,263.21	\$3,703.13	\$2,579.53	\$2,925.53	\$3,302.11	\$3,238.84	1.1%	14.2%
Age 1 to 5	\$1,452.75	\$1,715.02	\$2,704.21	\$1,720.88	\$1,924.93	\$2,266.14	\$2,273.73	7.8%	63.9%
Age 6 to 14	\$2,107.19	\$2,692.31	\$3,673.24	\$1,823.64	\$2,287.81	\$2,336.25	\$2,317.37	1.6%	62.8%
Age 15 to 20	\$3,820.29	\$3,985.43	\$4,174.05	\$3,023.97	\$3,786.61	\$4,046.06	\$4,032.86	0.9%	71.2%
Age 21 to 44	\$5,620.66	\$6,498.81	\$6,001.31	\$5,011.63	\$6,805.02	\$7,448.58	\$7,490.93	4.9%	74.9%
Age 45 to 64	\$9,822.43	\$10,819.39	\$8,450.53	\$10,732.16	\$13,473.03	\$14,930.51	\$15,136.15	7.5%	90.6%
Age 65 to 74	\$6,865.36	\$7,580.63	\$6,157.43	\$8,756.27	\$9,186.47	\$10,421.79	\$10,572.41	7.5%	67.7%
Age 75 to 84	\$10,605.81	\$11,383.52	\$9,868.84	\$12,299.29	\$12,579.86	\$14,184.23	\$14,285.17	5.1%	52.6%
Age 85 and Over	\$14,597.64	\$4,957.41	\$13,349.84	\$18,809.84	\$19,495.33	\$21,665.20	\$23,477.87	8.2%	70.1%
Age Unknown	\$0.00	\$0.00	\$0.00	\$1,262.98	\$988.67	\$1,515.46	\$1,520.34	6.4%	-37.1%
Total	\$4,873.11	\$5,137.52	\$5,474.27	\$4,436.55	\$4,942.60	\$6,413.79	\$5,375.25	1.6%	48.1%
By Race									
White	\$5,917.30	\$6,388.85	\$6,660.27	\$6,138.87	\$6,909.71	\$7,924.23	\$7,966.81	5.1%	81.2%
Black	\$4,292.61	\$4,474.08	\$4,876.97	\$3,822.90	\$4,584.82	\$4,385.93	\$4,346.53	0.2%	46.2%
Hispanic, American Indian or Asian	\$2,669.52	\$2,602.79	\$2,868.22	\$2,967.43	\$3,012.24	\$2,766.89	\$2,738.45	0.4%	16.3%
Other/Unknown	\$3,716.54	\$4,087.34	\$4,586.13	\$2,354.54	\$2,005.87	\$5,769.58	\$6,033.57	8.4%	29.7%
Total	\$4,873.11	\$5,137.52	\$5,474.27	\$4,436.55	\$4,942.60	\$6,413.79	\$5,375.25	1.6%	48.1%
By Sex									
Female	\$4,629.33	\$4,856.78	\$5,118.58	\$4,419.41	\$5,104.05	\$5,515.99	\$5,512.08	3.0%	47.1%
Male	\$5,269.92	\$5,598.47	\$6,069.01	\$4,794.25	\$5,529.10	\$5,713.30	\$5,678.73	1.3%	68.3%
Unknown	\$0.00	\$0.00	\$0.00	\$1,262.99	\$987.70	\$1,541.74	\$1,551.21	n/a	-76.5%
Total	\$4,873.11	\$5,137.52	\$5,474.27	\$4,436.55	\$4,942.60	\$6,413.79	\$5,375.25	1.6%	48.1%

*FFY 01 projected using FFY 95-FFY 00 trends and State Annual report.

Source: Health Care Financing Administration-Form HCFA 2082 for federal fiscal years

MARYLAND

SOUTHERN REGION MEDICAID PROFILE

ADDITIONAL STATE HEALTH CARE INFORMATION

Sources: "Major Health Care Policies: 50 State Profiles", Health Policy Tracking Service, January, 2002; and "Medicaid Services State by State", HCFA, October 2001.

*Information supplied by State Medicaid Agency

Waivers

Maryland's Medicaid managed care program is called HealthChoice. Under a 1115 Waiver, approved on October 30, 1996, HealthChoice enrollment began in June of 1997. Service delivery began July 1, 1997. The Program covers over 420,000 recipients, which includes both Medicaid and Maryland Children's Health Insurance Populations (MCHIP and MCHIP premium).

- The Rare and Expensive Case Management Program (REM): The REM, as part of HealthChoice Program, was developed to address the special requirements of waiver eligible individuals diagnosed with rare and expensive conditions and diseases. In addition to standard Medicaid benefits, this program provides intensive case management to an expanded set of benefits known as optional services.
 - Stop Loss Case Management (SLM) Program: Under the HealthChoice Program, a Managed Care Organization (MCO) may apply for Stop Loss protection when inpatient hospital costs for an enrollee exceed \$61,000 in one calendar year. The state assumes responsibility for 90% of the accrued inpatient hospital costs in excess of \$61,000; the MCO is responsible for the remaining 10%. The MCO reassumes full responsibility for the enrollee at the beginning of However, if an inpatient enrollee remains hospitalized at the end of a calendar year and ultimately incurs hospital costs for that stay that exceed \$61,000 in the following calendar year, the Department's Stop Loss period covers that hospitalization. Effective July 1, 1999 an MCO which was participating as of April 1, 1999 and was unable to self-insure or purchase private Stop Loss insurance could request that the Department continue to provide Stop Loss protection with the cost borne by the MCO. All but two MCOs took responsibility for purchasing their own Stop Loss coverage. One exited the program on May 1, 2001 and the remaining MCO continues to receive Stop Loss coverage through the State.
 - Pharmacy Point-of-Sale: The pharmacy electronic point-of-sale claims management and prospective drug utilization review system began January 1993. This successful system provides on-line real time pharmacy claims adjudication for all outpatient prescription drugs for the fee-for service Medicaid population. Additionally, this system also has an enhanced feature called Coordinated PRO DUR which checks for drug interactions or conflicts with dispensing of medication and for inappropriate utilization. PRO DUR is available to both the Medicaid fee-for-service population and to the Health Choice population.
- Several 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:
- The Waiver for Older Adults (age 62 and over): Provides the appropriate level of assistance in a residential setting for eligible recipients who reside in group homes approved by the Maryland Department of Aging. Serves 135 people, operating since July 1, 1993. In August 1999, an amendment request was filed with HCFA to expand the waiver to serve more individuals who have disabling conditions associated with aging and to be cared for in their own homes. This amendment was approved and became effective January 1, 2001. It now provides services to individuals aged 50 and above, in participating licensed assisted living facilities or in their own homes. There are now 2,135 slots.
 - Mental Retardation/Developmental Disabilities: For developmentally disabled individuals as an alternative to institutionalization in an ICF/MR. This waiver serves almost 6,000 individuals and has been in operation since April 1, 1984.
 - Model Waiver for Disabled Children: For medically fragile/technology dependent children so that they can be cared for at home. This waiver serves approximately 186 individuals and has been in operation since January 1, 1985. This waiver is capped at 200 slots.

SOUTHERN REGION MEDICAID PROFILE

Waivers (Continued)

- **Traumatic Brain Injury (TBI) Waiver:** Targets individuals age 22-64 who have suffered traumatic brain injuries that occurred on or after age 22. These individuals must have been discharged from state psychiatric hospitals after a 30 day stay, and must meet a hospital or nursing home level of care. The application to amend this program was submitted to HCFA in August of 1999. Upon the recommendation of CMS following a federal policy change, the application is being amended.
- **Autistic Children Waiver:** Targets children age 1-21 that are diagnosed with Autism Spectrum Disorder and who require an ICF/MR level of care. Application submitted to HCFA in August of 1998. This waiver was approved in September 2000. It became effective July 1, 2001. There are 550 children being served as of September 2002.
- **MD Community Choices Waiver:** Targets persons age 21-59 who are physically disabled and require personal care services. It became effective in April of 2001. There are 300 people served as of August 2002.

Managed Care

- **Capitation:** For most covered services, MCO's are paid by the state through actuarially sound, risk-adjusted capitation rates. The Adjusted Clinical Group (ACG) System is the health-based, risk-adjusted system used as the basis for developing the State's payments.
- **Self-referred Services:** Some covered services may, at the enrollee's option, be delivered by an out-of-plan provider at the MCO's expense. The services that an enrollee has the right to access on a self-referral basis include: 1) Specified family planning services including office visits; 2) Specified services provided by a school-based health center; 3) Pregnancy-related services when a new HealthChoice enrollee has an established out-of-network provider; 4) Initial medical examination of children in State custody; annual diagnostic evaluation as an enrollee with a diagnosis of HIV/AIDS; 5) Annual HIV/AIDS diagnosis and evaluation service (DES); 6) Renal dialysis; 7) The initial examination of a newborn before discharge from a hospital if performed by an out-of-network on-call hospital provider; and 8) Pharmaceutical and laboratory services, when provided in connection with a legitimately self-referred service, provided on-site where the self-referred services were performed, and by the same out of plan provider.
- **Specialty Mental Health (SMH) System:** Specialty mental health services are provided through Specialty Mental Health System, which is administered by the Mental Hygiene Administration (MHA), in conjunction with local Core Services Agencies. The Administrative Services Organization (ASO), Maryland Health Partners, provides administrative services for this system. It enrolls patients, coordinates benefits, and pre-authorizes services. The services provided under this system are reimbursed by the State on a fee-for-service basis. Recipients can be referred by their primary care provider to Maryland Health Partners for entry into the Specialty Mental Health System, or they can self-refer.

Coverage for Targeted Population

- **AIDS Insurance Assistance Program:** The state pays to maintain employee-based insurance coverage for HIV positive individuals who can no longer work because of their illness, effective October of 1997.
- **Maryland Pharmacy Discount Program:** In August 2002, Maryland received federal approval of the Maryland Pharmacy Discount Waiver Program. This Program will allow Maryland to provide assistance to low-income Medicare beneficiaries with incomes at or below 175% of FPL and other persons with incomes at or below 116% of FPL who are not eligible for Medicaid or MCHP.

Cost Containment Measures

- **All-payer System:** In July of 1977, Maryland received a federal waiver for Medicare and Medicaid reimbursement requirements. Under the waiver, hospitals are paid rates that are approved by the Maryland Health Services Cost Review Commission (HSCRC). All rates must be set equitably and non-discriminatory for all purchasers of service. Under current rules, general hospitals are paid the approved rate minus a 6% discount.

SOUTHERN REGION MEDICAID PROFILE

Medicaid

- 22 optional services are offered.
 - Enacted legislation in 2000 that: Provide home and community-based services and supplies to individuals aged 21 thru 59 who will be discharged or diverted to a nursing facility, and expand current home and community-based services waiver to include 300 individuals.
 - In March 2001, received approval from the HHS to extend Medicaid coverage to low-income, uninsured women for breast or cervical treatment.
- As of August 2002, there are about 62 women who are enrolled in this program.

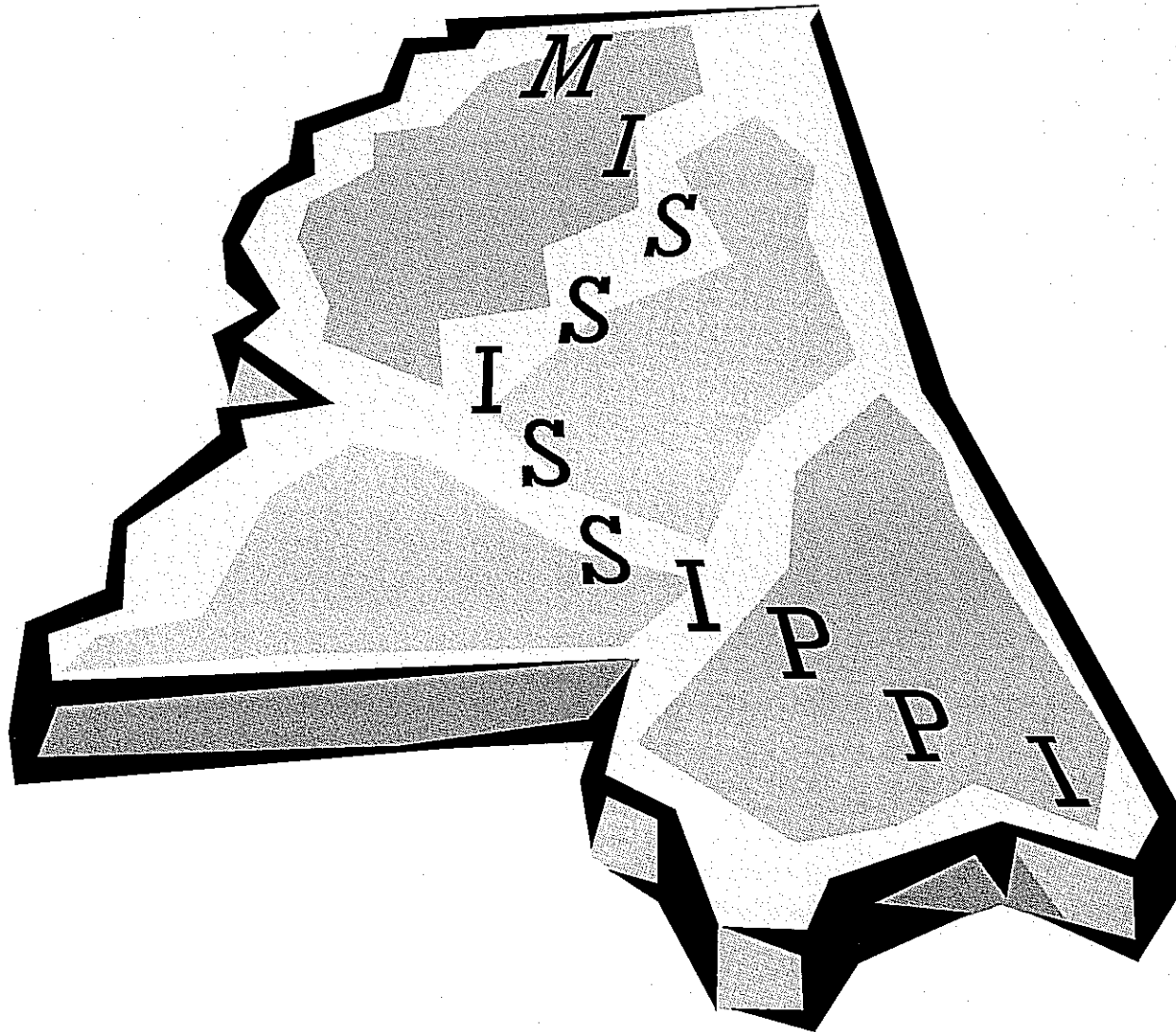
Children's Health Insurance Program: Medicaid Expansion

- Maryland Children's Health Program (MCHP) provides health insurance coverage for children/adolescents in low income families and pregnant women. The program's services through HealthChoice are available for individuals up to age 19 and pregnant women of any age in families with incomes up to 250% of the FPL. The program, which received HCFA approval on July 29, 1998, uses funds provided under Title XXI of the Social Security Act.
- MCHP offers the same benefit package as regular Medicaid. As of August 2002, approximately 108,000 eligible children have been enrolled in MCHP.
- Enacted legislation in 2000 expanded coverage provided through MCHP to children in families with incomes from 200% through 300% of FPL. This new MCHP expansion program is called MCHP *Premium*.
- On July 1, 2001, MCHP Premium was implemented. MCHP Premium's requires a payment of a monthly family premium of \$38.00 for a family with income above 200% through 250% of FPL, or \$48.00 for a family with income above 250% through 300% of FPL. Under MCHP Premium, children whose families have access to employer-sponsored insurance (ESI) that meet Title XXI requirements will be covered in ESI. The state will provide secondary insurance to cover co-payments, deductibles and coinsurance amounts. Also under MCHP Premium, children whose families do not have access to qualifying ESI will be covered in a Medicaid "look-alike" plan. These children will be enrolled in a MCO that offers the same services provided to children in Maryland's Medicaid managed care program. As of August 2002, the total number of cases referred to MCHP Premium was 3,229.

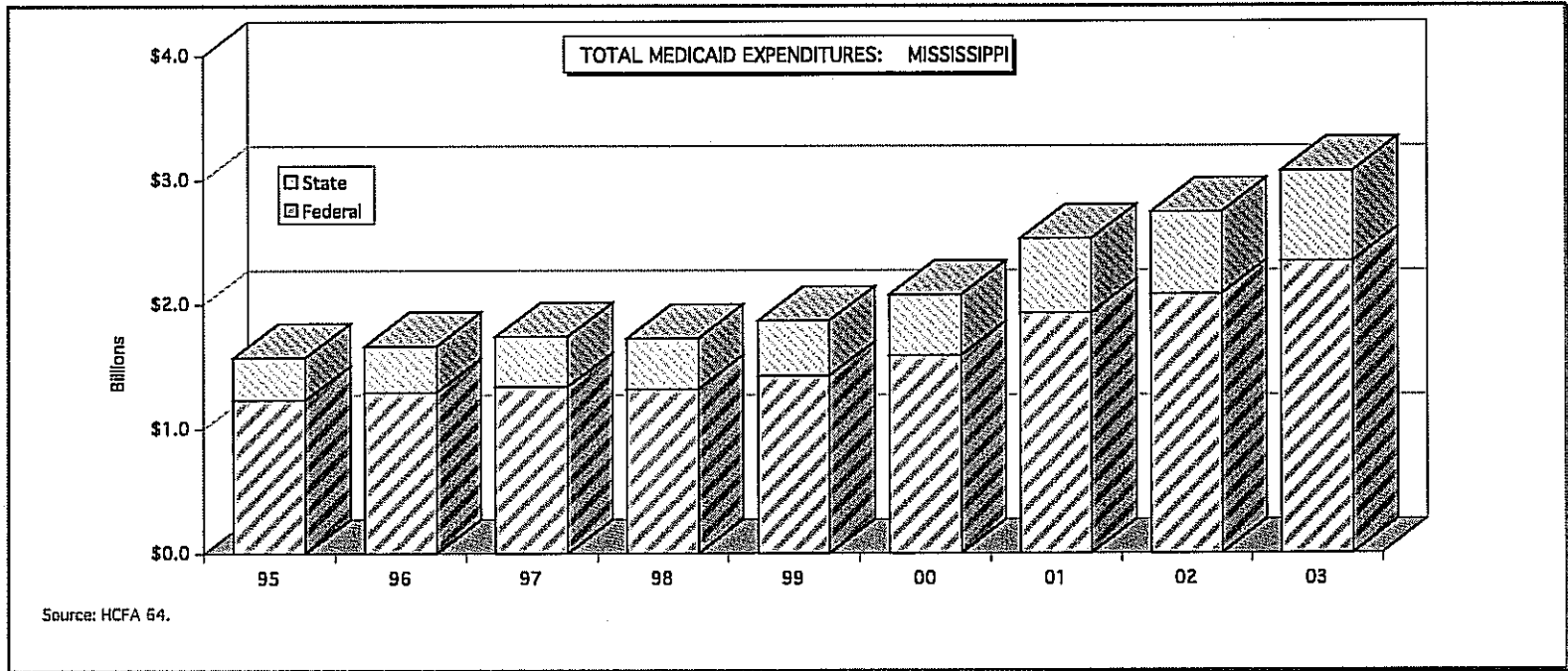
Tobacco Settlement

- The state expects to receive approximately \$4.0 billion over 25 years.
- For Fiscal Year 2000, the tobacco settlement payment was approximately \$185 million.
- The Cigarette Restitution Fund (CRF) to act as a depository for all monies received as a result of the tobacco settlement.
- Recommendations from the Legislative Policy Committee (created in the CRF legislation) were submitted to the governor in January 2000.
- Based on the governor's budget proposal for FY 02, the Maryland General Assembly allocated the funds as follows:
- \$20.1 million for tobacco prevention and control;
- \$18.5 million for substance abuse treatment;
- \$49.9 million for K-12 and Higher Education;
- \$6.3 million for tobacco crop conversions; and
- \$1.0 million for the Maryland Health Care Foundation.

STATE MEDICAID PROFILE



SOUTHERN REGION MEDICAID PROFILE



	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	FFY 01*	FFY 02**	FFY 03**	Annual Rate of Change	Total Change 95-03
Medicaid Payments	\$1,542,007,576	\$1,623,379,510	\$1,702,265,458	\$1,655,615,964	\$1,805,174,518	\$2,006,699,000	\$2,450,252,810	\$2,662,782,000	\$2,987,247,000	8.6%	93.7%
Federal Share	\$1,212,038,076	\$1,268,803,576	\$1,315,729,583	\$1,278,026,690	\$1,388,137,686	\$1,545,915,000	\$1,884,881,153	\$2,032,066,000	\$2,293,359,000	8.3%	89.2%
State Share	\$329,969,500	\$354,575,934	\$386,535,875	\$377,589,274	\$417,036,832	\$460,784,000	\$565,371,657	\$630,716,000	\$693,888,000	9.7%	110.3%
Administrative Costs	\$32,583,172	\$39,704,961	\$38,272,533	\$68,312,651	\$65,017,894	\$69,030,000	\$77,574,664	\$78,070,000	\$83,970,000	12.6%	157.7%
Federal Share	\$19,733,600	\$24,183,512	\$23,077,629	\$40,819,467	\$39,166,005	\$41,815,000	\$46,219,319	\$46,710,000	\$51,110,000	12.6%	159.0%
State Share	\$12,849,572	\$15,521,449	\$15,194,904	\$27,493,184	\$25,851,889	\$27,215,000	\$31,355,345	\$31,360,000	\$32,860,000	12.5%	155.7%
Admin. Costs as % of Payments	2.11%	2.45%	2.25%	4.13%	3.60%	3.44%	3.17%	2.93%	2.81%		
Federal Match Rate*	78.58%	78.07%	77.22%	77.09%	76.78%	76.82%	76.82%	76.82%	76.82%		

*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 02 and 03 reflect latest estimates reported by each state (CMS 37).

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SOUTHERN REGION MEDICAID PROFILE

STATE FINANCING

	Payments		Administration	
	FFY 95	FFY 01	FFY 95	FFY 01
State General Fund	\$329,969,500	\$552,129,150	\$12,849,572	\$31,355,345
Local Funds	\$0	\$0	\$0	\$0
Provider Taxes	\$0	\$13,242,507	\$0	\$0
Donations	\$0	\$0	\$0	\$0
Other	\$0	\$0	\$0	\$0
Total State Share	\$329,969,500	\$565,371,657	\$12,849,572	\$31,355,345

Provider Taxes Currently in Place (FFY 01)

	Tax Rate	Amount
Nursing homes	\$2.00 per patient day	\$13,242,507
Total		\$13,242,507

DISPROPORTIONATE SHARE HOSPITAL (DSH) PAYMENTS

	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	FFY 01*	FFY 02**	FFY 03**	Annual Change
General Hospitals	\$182,608,063	\$200,283,473	\$213,573,007	\$183,879,961	\$179,989,816	\$177,778,000	\$178,733,044	\$173,850,000	\$165,158,000	-4.2%
Mental Hospitals	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a
Total	\$182,608,063	\$200,283,473	\$213,573,007	\$183,879,961	\$179,989,816	\$177,778,000	\$178,733,044	\$173,850,000	\$165,158,000	-4.2%

SELECTED ELIGIBILITY CRITERIA

	At 10/1/01	% of FPL*
TANF-Temporary Assistance for Needy Families (Family of 3)		
Need Standard (Net)	\$368	29.4%
Payment Standard	\$120	9.6%
Maximum Payment	\$120	9.6%
Medically Needy Program (Family of 3)		
Income Eligibility Standard	N/A	
Resource Standard		
Pregnant Women, Children and Infants (% of FPL*)		
Pregnant women and infants	185%	
Children 1 to 5	133%	
Children 6 to 18	100%	
SSI Eligibility Levels		
Income:		
Single Person	\$484	65.6%
Couple	\$726	73.0%
Resources:		
Single Person	\$2,000	
Couple	\$3,000	

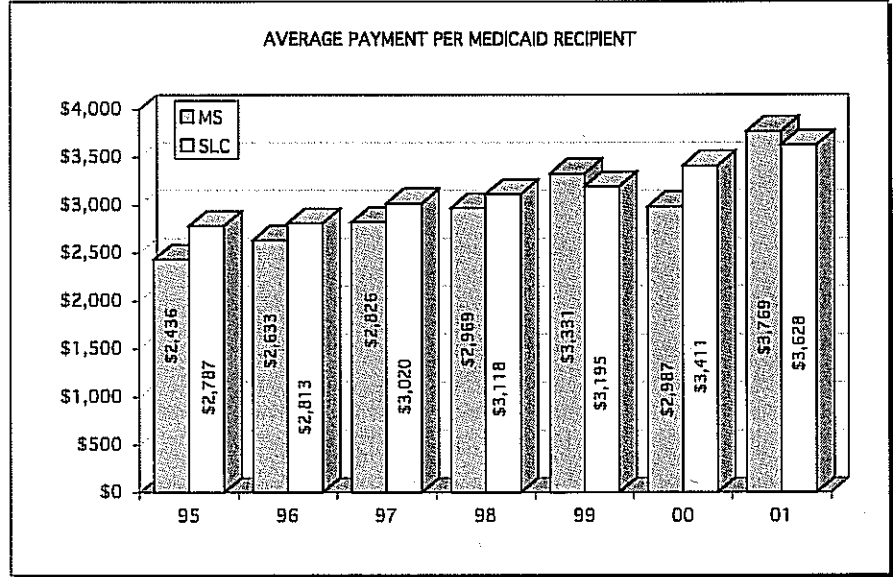
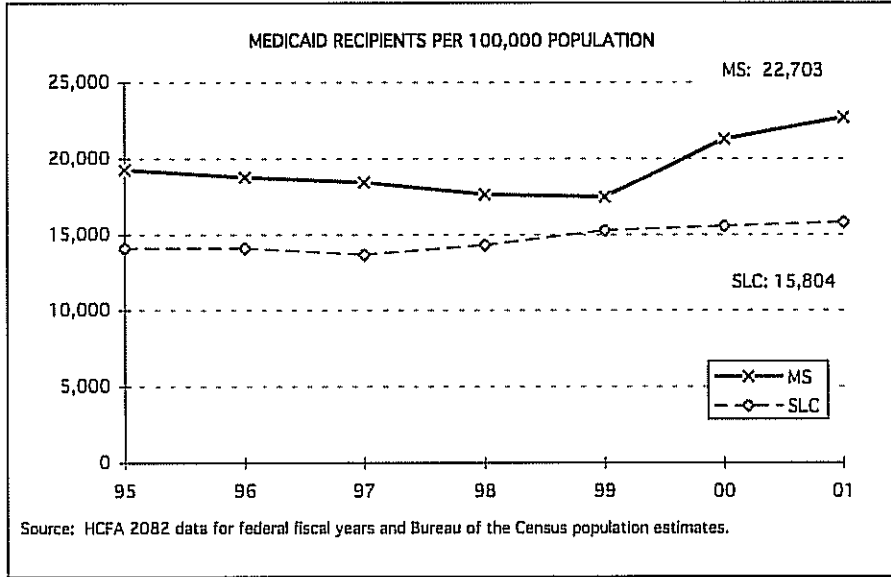
DEMOGRAPHIC DATA & POVERTY INDICATORS (2000)

	Rank in U.S.
State population—July 1, 2001*	31
Per capita personal income**	50
Median household income**	47
Population below Federal Poverty Level on July 1, 2001*	50
Percent of total population	6
Population without health insurance coverage*	30
Percent of total state population	23
Recipients of Food Stamps***	21
Households receiving Food Stamps***	22
Total value of issuance***	22
Average monthly benefit per recipient	34
Average monthly benefit per household	
Monthly recipients of Temporary Assistance to Needy Families (TANF)****	32
Total TANF payments****	49
Average monthly payment per recipient	
Maximum monthly payment per family of 3	50

*Current federal poverty level is \$8,860 per year for a single person, \$11,940 for a family of two and \$15,020 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)

<u>RECIPIENTS BY TYPE OF SERVICES</u>	<u>FFY 95</u>	<u>FFY 96</u>	<u>FFY 97</u>	<u>FFY 98</u>	<u>FFY 99</u>	<u>FFY 00</u>	<u>FFY 01</u>	<i>Annual Change</i>
01. General Hospital	103,014	100,186	118,299	111,615	118,653	162,784	125,697	3.4%
02. Mental Hospital	1,559	1,923	2,125	2,334	2,376	3,323	2,079	4.9%
03. Skilled and Intermediate (non-MR) Care Nursing	18,015	18,381	17,985	19,552	20,151	23,217	18,695	0.6%
04. Intermediate Care for Mentally Retarded	2,166	2,281	2,485	2,490	2,805	2,848	2,778	4.2%
05. Physician Services	421,417	407,534	391,783	365,280	380,049	395,696	513,851	3.4%
06. Dental Services	29,907	27,921	27,169	24,282	23,802	107,403	35,267	2.8%
07. Other Practitioners	9,955	9,923	10,283	9,598	11,017	154,126	51,764	31.6%
08. Outpatient Hospital	225,067	214,085	201,823	177,966	204,065	316,224	320,086	6.0%
09. Clinic Services	142,712	161,854	155,937	134,967	150,833	183,670	208,147	6.5%
10. Lab and X-Ray	85,880	88,234	86,837	74,063	67,938	71,469	100,136	2.6%
11. Home Health	6,172	6,340	7,114	10,879	8,611	8,444	9,586	7.6%
12. Prescribed Drugs	416,065	404,263	391,328	368,609	381,638	415,925	515,856	3.6%
13. Family Planning	0	0	0	10,879	0	169	0	-100.0%
14. Early & Periodic Screening, Diagnosis & Treatment	182,313	176,166	167,897	143,184	151,092	0	226,223	3.7%
15. Other Care	62,190	60,417	67,595	63,361	98,183	95,750	163,180	17.4%
16. Personal Care Support Services	0	0	0	4,430	0	66,495	0	-100.0%
17. Home/Community Based Waiver Services	0	0	1,246	0	0	0	0	-100.0%
18. Prepaid Health Care	0	0	0	17,628	0	9,111	0	-100.0%
19. Primary Care Case Management (PCCM) Services	0	0	0	0	0	301,868	0	-100.0%
Total*	519,697	509,581	504,017	485,767	480,964	605,077	648,851	3.8%

*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.

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SOUTHERN REGION MEDICAID PROFILE

PAYMENTS BY TYPE OF SERVICES								Annual	Share of Total
	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	FFY 01	Change	FFY 01
01. General Hospital	\$309,884,349	\$323,906,167	\$327,808,579	\$324,944,298	\$343,230,461	\$352,800,343	\$443,661,794	6.2%	18.1%
02. Mental Hospital	\$13,103,148	\$13,400,756	\$14,732,690	\$15,483,002	\$16,291,411	\$7,533,110	\$36,171,754	18.4%	1.5%
03. Skilled and Intermediate (non-MR) Care Nursing	\$274,217,118	\$287,149,171	\$304,079,742	\$313,037,056	\$338,309,223	\$379,062,380	\$404,206,078	6.7%	16.5%
04. Intermediate Care for Mentally Retarded	\$89,584,943	\$101,926,076	\$119,385,548	\$125,503,877	\$144,188,672	\$156,657,841	\$177,151,512	12.0%	7.2%
05. Physician Services	\$171,874,303	\$177,221,994	\$187,028,378	\$179,155,371	\$202,186,735	\$165,218,996	\$293,407,186	9.3%	12.0%
06. Dental Services	\$3,259,186	\$3,076,508	\$2,988,733	\$2,746,014	\$3,057,406	\$26,221,636	\$6,620,411	12.5%	0.3%
07. Other Practitioners	\$540,325	\$536,020	\$576,021	\$522,487	\$641,896	\$15,487,591	\$8,156,698	57.2%	0.3%
08. Outpatient Hospital	\$95,943,406	\$97,048,337	\$96,761,174	\$69,828,913	\$79,123,819	\$117,244,679	\$146,253,169	7.3%	6.0%
09. Clinic Services	\$59,064,267	\$70,342,099	\$72,883,571	\$72,866,687	\$80,770,405	\$100,265,627	\$134,297,458	14.7%	5.5%
10. Lab and X-Ray	\$6,212,829	\$6,602,861	\$6,387,516	\$5,643,549	\$5,160,311	\$5,676,758	\$9,453,592	7.2%	0.4%
11. Home Health	\$11,477,114	\$12,600,309	\$10,671,566	\$11,727,240	\$5,590,698	\$8,985,498	\$13,005,818	2.1%	0.5%
12. Prescribed Drugs	\$162,743,883	\$176,758,960	\$208,577,199	\$231,735,360	\$274,525,298	\$370,355,016	\$567,739,563	23.2%	23.2%
13. Family Planning	(\$6,882)	\$0	\$0	\$0	\$0	\$163,532	\$0	-100.0%	0.0%
14. Early & Periodic Screening, Diagnosis & Treatment	\$26,595,751	\$27,098,341	\$25,979,090	\$21,663,630	\$23,631,977	\$0	\$53,523,912	12.4%	2.2%
15. Other Care	\$41,305,560	\$43,993,216	\$46,359,360	\$30,018,167	\$68,748,501	\$80,678,320	\$151,874,685	24.2%	6.2%
16. Personal Care Support Services	\$0	\$0	\$0	\$15,345,300	\$16,524,526	\$13,734,253	\$0	-100.0%	0.0%
17. Home/Community Based Waiver Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a	0.0%
18. Prepaid Health Care	\$0	\$0	\$0	\$22,152,325	\$0	\$0	\$0	-100.0%	0.0%
19. Primary Case Management (PCCM) Services	\$0	\$0	\$0	\$0	\$0	\$7,306,311	\$0	-100.0%	0.0%
Total (excludes DSH pymts, pharmacy rebates, & other adjs.)	\$1,265,799,300	\$1,341,660,815	\$1,424,219,167	\$1,442,373,276	\$1,601,981,339	\$1,807,391,891	\$2,445,523,630	11.6%	100.0%

AVERAGE PAYMENTS PER RECIPIENT BY TYPE OF SERVICES

								(+) or (-) SLC	
								Avg. FFY 01	
01. General Hospital	\$3,008.18	\$3,233.05	\$2,771.02	\$2,911.30	\$2,892.72	\$2,167.29	\$3,529.61	2.7%	-17.5%
02. Mental Hospital	\$8,404.84	\$6,968.67	\$6,933.03	\$6,633.68	\$6,856.65	\$2,266.96	\$17,398.63	12.9%	113.5%
03. Skilled and Intermediate (non-MR) Care Nursing	\$15,221.60	\$15,622.06	\$16,907.41	\$16,010.49	\$16,788.71	\$16,326.93	\$21,621.08	6.0%	15.4%
04. Intermediate Care for Mentally Retarded	\$41,359.62	\$44,684.82	\$48,042.47	\$50,403.16	\$51,404.16	\$55,006.26	\$63,769.44	7.5%	-12.8%
05. Physician Services	\$407.85	\$434.86	\$477.38	\$490.46	\$532.00	\$417.54	\$571.00	5.8%	26.9%
06. Dental Services	\$108.98	\$110.19	\$110.01	\$113.09	\$128.45	\$244.14	\$187.72	9.5%	-23.3%
07. Other Practitioners	\$54.28	\$54.02	\$56.02	\$54.44	\$58.26	\$100.49	\$157.57	19.4%	-32.8%
08. Outpatient Hospital	\$426.29	\$453.32	\$479.44	\$392.37	\$387.74	\$370.76	\$456.92	1.2%	-5.2%
09. Clinic Services	\$413.87	\$434.60	\$467.39	\$539.89	\$535.50	\$545.90	\$645.20	7.7%	11.6%
10. Lab and X-Ray	\$72.34	\$74.83	\$73.56	\$76.20	\$75.96	\$79.43	\$94.41	4.5%	-6.8%
11. Home Health	\$1,859.55	\$1,987.43	\$1,500.08	\$1,077.97	\$649.25	\$1,064.13	\$1,356.75	-5.1%	-43.6%
12. Prescribed Drugs	\$391.15	\$437.24	\$533.00	\$628.68	\$719.33	\$890.44	\$1,100.58	18.8%	6.1%
13. Family Planning	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$967.64	\$0.00	-100.0%	-100.0%
14. Early & Periodic Screening, Diagnosis & Treatment	\$145.88	\$153.82	\$154.73	\$151.30	\$156.41	\$0.00	\$236.60	8.4%	180.7%
15. Other Care	\$664.18	\$728.16	\$685.84	\$473.76	\$700.21	\$842.59	\$930.72	5.8%	-40.1%
16. Personal Care Support Services	\$0.00	\$0.00	\$0.00	\$3,463.95	\$0.00	\$206.55	\$0.00	-100.0%	-100.0%
17. Home/Community Based Waiver Services	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	n/a	-100.0%
18. Prepaid Health Care	\$0.00	\$0.00	\$0.00	\$1,256.66	\$0.00	\$0.00	\$0.00	-100.0%	-100.0%
19. Primary Case Management (PCCM) Services	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$24.20	\$0.00	-100.0%	-100.0%
Total (Average)	\$2,435.65	\$2,632.87	\$2,825.74	\$2,969.27	\$3,330.77	\$2,987.04	\$3,769.01	7.5%	3.6%

TOTAL PER CAPITA EXPENDITURES	\$584.01	\$613.51	\$637.18	\$626.41	\$679.55	\$729.69	\$884.47	7.2%	28.4%
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MISSISSIPPI

SOUTHERN REGION MEDICAID PROFILE
DATA BY OTHER CHARACTERISTICS

RECIPIENTS BY OTHER CHARACTERISTICS

	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	FFY 01	Annual Change	Share of Total FFY 01
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	311,725	294,297	250,448	235,016	203,616	184,617	179,616	-8.8%	27.7%
Poverty Related Eligibles	153,527	158,623	78,159	200,645	212,827	289,291	297,038	11.6%	45.8%
Medically Needy	0	0	13,640	231	0	0	68	-73.4%	0.0%
Other Eligibles	52,914	53,848	153,935	38,716	61,828	70,701	171,104	21.6%	26.4%
Maintenance Assistance Status Unknown	1,531	2,813	7,835	11,159	2,693	60,468	1,025	-6.5%	0.2%
Total	519,697	509,581	504,017	485,767	480,964	605,077	648,851	3.8%	100.0%
By Basis of Eligibility									
Aged, Blind, or Disabled	192,450	191,998	193,184	192,006	195,958	198,807	223,810	2.5%	34.5%
Children	247,312	242,146	191,635	218,491	156,664	284,717	203,764	-3.2%	31.4%
Foster Care Children	2,076	1,998	1,420	2,894	2,204	2,820	1,789	-2.4%	0.3%
Adults	76,328	70,626	109,943	61,217	123,445	58,265	219,092	19.2%	33.8%
Basis of Eligibility Unknown	1,531	2,813	7,835	11,159	2,693	60,468	396	-20.2%	0.1%
Total	519,697	509,581	504,017	485,767	480,964	605,077	648,851	3.8%	100.0%
By Age									
Under Age 1	26,353	26,231	25,777	26,367	28,106	27,452	29,712	2.0%	4.6%
Age 1 to 5	108,338	104,134	98,914	90,526	94,914	104,764	113,245	0.7%	17.5%
Age 6 to 14	98,821	99,927	98,407	96,034	102,097	130,698	139,523	5.9%	21.5%
Age 15 to 20	48,303	46,725	45,495	42,668	44,482	60,845	64,912	5.0%	10.0%
Age 21 to 44	106,322	101,957	102,213	95,579	97,311	88,580	96,925	-1.5%	14.9%
Age 45 to 64	44,116	44,431	46,746	47,702	50,430	51,487	55,504	3.9%	8.6%
Age 65 to 74	32,255	31,499	31,324	30,780	23,922	32,016	34,579	1.2%	5.3%
Age 75 to 84	31,503	30,573	29,911	28,555	22,224	28,482	30,896	-0.3%	4.8%
Age 85 and Over	22,910	23,051	22,754	22,461	17,478	20,285	22,103	-0.6%	3.4%
Age Unknown	776	1,053	2,476	5,095	0	60,468	61,453	107.2%	9.5%
Total*	519,697	509,581	504,017	485,767	480,964	605,077	648,851	3.8%	100.0%
By Race									
White	160,790	157,815	157,375	151,798	153,597	196,364	225,589	5.8%	34.8%
Black	328,736	321,006	314,143	298,883	294,891	368,281	382,832	2.6%	59.0%
Hispanic, American Indian or Asian	4,643	4,900	4,798	4,830	4,985	6,732	9,121	11.9%	1.4%
Other/Unknown	25,528	25,860	27,701	30,256	27,491	33,701	31,309	3.5%	4.8%
Total*	519,697	509,581	504,017	485,767	480,964	605,077	648,851	3.8%	100.0%
By Sex									
Female	331,344	323,155	319,225	304,322	299,288	374,544	396,166	3.0%	61.1%
Male	187,659	185,367	182,314	176,349	181,676	230,273	252,670	5.1%	38.9%
Unknown	694	1,059	2,478	5,096	0	260	15	-47.2%	0.0%
Total*	519,697	509,581	504,017	485,767	480,964	605,077	648,851	3.8%	100.0%

*FFY 01 projected using FFY 95-FFY 00 trends.

Source: Health Care Financing Administration-Form HCFA 2082 for federal fiscal years

SOUTHERN REGION MEDICAID PROFILE

PAYMENTS BY OTHER CHARACTERISTICS

	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	FFY 01	Annual Change	Share of Total FFY 01
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	\$690,508,754	\$720,731,300	\$688,270,948	\$714,491,940	\$757,535,644	\$810,426,530	\$1,001,277,216	6.4%	40.9%
Poverty Related Eligibles	\$185,615,461	\$201,874,128	\$343,738,060	\$306,914,267	\$305,803,994	\$442,170,533	\$484,262,571	17.3%	19.8%
Medically Needy	\$0	\$0	\$174,041,466	\$29,257	\$0	\$0	\$62,024	-86.3%	0.0%
Other Eligibles	\$387,950,785	\$416,674,167	\$213,828,001	\$417,485,900	\$534,838,119	\$534,681,790	\$956,252,404	16.2%	39.1%
Maintenance Assistance Status Unknown	\$1,724,300	\$2,381,220	\$4,340,692	\$3,451,912	\$3,803,582	\$20,113,038	\$3,669,415	13.4%	0.2%
Total*	\$1,265,799,300	\$1,341,660,815	\$1,424,219,167	\$1,442,373,276	\$1,601,981,339	\$1,807,391,891	\$2,445,523,630	11.6%	100.0%
By Basis of Eligibility									
Aged, Blind or Disabled	\$885,597,082	\$951,626,240	\$1,037,662,701	\$1,080,722,666	\$1,196,986,099	\$1,360,802,244	\$1,733,681,719	11.8%	70.9%
Children	\$232,019,339	\$241,534,473	\$228,602,554	\$225,920,481	\$196,386,636	\$270,710,403	\$272,855,987	2.7%	11.2%
Foster Care Children	\$7,108,065	\$7,695,696	\$4,791,631	\$12,397,385	\$12,065,246	\$7,846,151	\$13,525,902	11.3%	0.6%
Adults	\$139,350,514	\$138,423,186	\$148,821,589	\$119,880,832	\$193,893,824	\$147,920,055	\$423,814,226	20.4%	17.3%
Basis of Eligibility Unknown	\$1,724,300	\$2,381,220	\$4,340,692	\$3,451,912	\$2,649,534	\$20,113,038	\$1,645,796	-0.8%	0.1%
Total*	\$1,265,799,300	\$1,341,660,815	\$1,424,219,167	\$1,442,373,276	\$1,601,981,339	\$1,807,391,891	\$2,445,523,630	11.6%	100.0%
By Age									
Under Age 1	\$47,134,434	\$47,052,904	\$46,915,130	\$55,834,210	\$62,067,799	\$62,451,005	\$85,542,428	10.4%	3.5%
Age 1 to 5	\$105,575,663	\$114,612,895	\$108,401,967	\$96,211,119	\$106,624,260	\$124,989,723	\$172,142,663	8.5%	7.0%
Age 6 to 14	\$93,035,255	\$100,899,015	\$107,013,434	\$111,359,490	\$123,762,576	\$130,963,563	\$178,879,215	11.5%	7.3%
Age 15 to 20	\$106,265,454	\$109,075,250	\$107,439,917	\$104,913,877	\$116,432,935	\$127,765,582	\$176,030,324	8.8%	7.2%
Age 21 to 44	\$295,235,158	\$311,146,374	\$317,104,100	\$310,382,434	\$344,249,995	\$387,623,570	\$528,830,594	10.2%	21.6%
Age 45 to 64	\$201,446,652	\$220,521,858	\$246,610,716	\$257,489,521	\$286,091,530	\$348,610,958	\$460,727,351	14.8%	18.8%
Age 65 to 74	\$100,496,857	\$106,329,143	\$121,524,574	\$127,851,781	\$142,127,444	\$163,683,196	\$218,421,614	13.8%	8.9%
Age 75 to 84	\$146,524,812	\$150,432,329	\$166,046,783	\$168,177,532	\$186,908,109	\$203,543,407	\$276,931,358	11.2%	11.3%
Age 85 and Over	\$168,423,258	\$179,576,947	\$200,697,453	\$208,776,837	\$232,083,985	\$237,647,849	\$325,802,951	11.6%	13.3%
Age Unknown	\$1,661,757	\$2,014,100	\$2,465,093	\$1,376,475	\$1,632,706	\$20,113,038	\$22,215,133	54.1%	0.9%
Total*	\$1,265,799,300	\$1,341,660,815	\$1,424,219,167	\$1,442,373,276	\$1,601,981,339	\$1,807,391,891	\$2,445,523,630	11.6%	100.0%
By Race									
White	\$545,534,963	\$574,226,312	\$616,694,488	\$632,011,633	\$691,792,754	\$774,791,590	\$1,053,356,751	11.6%	43.1%
Black	\$615,051,035	\$650,101,049	\$680,779,249	\$678,234,773	\$750,347,274	\$844,456,092	\$1,151,223,278	11.0%	47.1%
Hispanic, American Indian or Asian	\$9,123,368	\$10,404,535	\$9,368,754	\$10,707,741	\$13,401,194	\$14,147,735	\$22,416,106	16.2%	0.9%
Other/Unknown	\$96,089,934	\$106,928,919	\$117,376,676	\$121,419,129	\$146,440,117	\$173,996,475	\$218,527,495	14.7%	8.9%
Total*	\$1,265,799,300	\$1,341,660,815	\$1,424,219,167	\$1,442,373,276	\$1,601,981,339	\$1,807,391,891	\$2,445,523,630	11.6%	100.0%
By Sex									
Female	\$844,463,861	\$893,517,417	\$942,897,971	\$945,154,295	\$1,044,549,808	\$1,176,435,808	\$1,569,715,327	10.9%	64.2%
Male	\$419,544,219	\$445,911,308	\$478,854,818	\$495,820,726	\$557,361,889	\$630,889,861	\$875,682,614	13.0%	35.8%
Unknown	\$1,791,220	\$2,232,090	\$2,466,378	\$1,398,255	\$69,642	\$66,222	\$125,689	-35.8%	0.0%
Total*	\$1,265,799,300	\$1,341,660,815	\$1,424,219,167	\$1,442,373,276	\$1,601,981,339	\$1,807,391,891	\$2,445,523,630	11.6%	100.0%

*FFY 01 projected using FFY 95-FFY 00 trends.

Source: Health Care Financing Administration-Form HCFA 2082 for federal fiscal years

SOUTHERN REGION MEDICAID PROFILE

AVERAGE PAYMENT PER RECIPIENT BY OTHER CHARACTERISTICS

	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	FFY 01	Annual Change	Above (+) or Below (-) SLC Avg. FFY 01
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	\$2,215.12	\$2,448.99	\$2,748.16	\$3,040.18	\$3,720.41	\$4,389.77	\$5,574.54	16.6%	24.8%
Poverty Related Eligibles	\$1,209.01	\$1,272.67	\$4,397.93	\$1,529.64	\$1,436.87	\$1,528.46	\$1,630.31	5.1%	-17.4%
Medically Needy	\$0.00	\$0.00	\$12,759.64	\$126.65	\$0.00	\$0.00	\$912.12	-48.3%	-74.0%
Other Eligibles	\$7,331.72	\$7,737.97	\$1,389.08	\$10,783.29	\$8,650.42	\$7,562.58	\$5,588.72	-4.4%	-11.1%
Maintenance Assistance Status Unknown	\$1,126.26	\$846.51	\$554.01	\$309.34	\$1,412.40	\$332.62	\$3,579.92	21.3%	73.0%
Total	\$2,435.65	\$2,632.87	\$2,825.74	\$2,969.27	\$3,330.77	\$2,987.04	\$3,769.01	7.5%	3.6%
By Basis of Eligibility									
Aged, Blind or Disabled	\$4,601.70	\$4,956.44	\$5,371.37	\$5,628.59	\$6,108.38	\$6,844.84	\$7,746.22	9.1%	-9.1%
Children	\$938.16	\$997.47	\$1,192.91	\$1,034.00	\$1,253.55	\$950.81	\$1,339.08	6.1%	-3.6%
Foster Care Children	\$3,423.92	\$3,851.70	\$3,374.39	\$4,283.82	\$5,474.25	\$2,782.32	\$7,560.59	14.1%	373.7%
Adults	\$1,825.68	\$1,959.95	\$1,353.62	\$1,958.29	\$1,570.69	\$2,538.75	\$1,934.41	1.0%	-24.7%
Basis of Eligibility Unknown	\$1,126.26	\$846.51	\$554.01	\$309.34	\$983.86	\$332.62	\$4,156.05	24.3%	547.9%
Total	\$2,435.65	\$2,632.87	\$2,825.74	\$2,969.27	\$3,330.77	\$2,987.04	\$3,769.01	7.5%	3.6%
By Age									
Under Age 1	\$1,788.58	\$1,793.79	\$1,820.04	\$2,117.58	\$2,208.35	\$2,274.92	\$2,879.09	8.3%	1.5%
Age 1 to 5	\$974.50	\$1,100.63	\$1,095.92	\$1,062.80	\$1,123.38	\$1,193.06	\$1,520.09	7.7%	9.4%
Age 6 to 14	\$941.45	\$1,009.73	\$1,087.46	\$1,159.58	\$1,212.21	\$1,002.03	\$1,282.08	5.3%	-10.2%
Age 15 to 20	\$2,199.98	\$2,334.41	\$2,361.58	\$2,458.84	\$2,617.53	\$2,099.85	\$2,711.81	3.5%	14.9%
Age 21 to 44	\$2,776.80	\$3,051.74	\$3,102.39	\$3,247.39	\$3,537.63	\$4,375.97	\$5,456.07	11.9%	27.2%
Age 45 to 64	\$4,566.29	\$4,963.24	\$5,275.55	\$5,397.88	\$5,673.04	\$6,770.85	\$8,300.87	10.5%	4.3%
Age 65 to 74	\$3,115.70	\$3,375.64	\$3,879.60	\$4,153.73	\$5,941.29	\$5,112.54	\$6,316.62	12.5%	0.0%
Age 75 to 84	\$4,651.14	\$4,920.43	\$5,551.36	\$5,889.60	\$8,410.19	\$7,146.39	\$8,963.29	11.6%	-4.6%
Age 85 and Over	\$7,351.52	\$7,790.42	\$8,820.32	\$9,295.08	\$13,278.64	\$11,715.45	\$14,740.41	12.3%	6.3%
Age Unknown	\$2,141.44	\$1,912.73	\$995.59	\$270.16	\$0.00	\$332.62	\$361.50	-25.7%	-85.1%
Total	\$2,435.65	\$2,632.87	\$2,825.74	\$2,969.27	\$3,330.77	\$2,987.04	\$3,769.01	7.5%	3.6%
By Race									
White	\$3,392.84	\$3,638.60	\$3,918.63	\$4,163.50	\$4,503.95	\$3,945.70	\$4,669.36	5.5%	5.9%
Black	\$1,870.96	\$2,025.20	\$2,167.10	\$2,269.23	\$2,544.49	\$2,292.97	\$3,007.12	8.2%	0.9%
Hispanic, American Indian or Asian	\$1,964.97	\$2,123.37	\$1,952.64	\$2,216.92	\$2,688.30	\$2,101.56	\$2,457.64	3.8%	4.3%
Other/Unknown	\$3,764.10	\$4,134.92	\$4,237.27	\$4,013.06	\$5,326.84	\$5,163.00	\$6,979.70	10.8%	49.6%
Total	\$2,435.65	\$2,632.87	\$2,825.74	\$2,969.27	\$3,330.77	\$2,987.04	\$3,769.01	7.5%	3.6%
By Sex									
Female	\$2,548.60	\$2,764.98	\$2,953.71	\$3,105.77	\$3,490.12	\$3,140.98	\$3,962.27	7.6%	5.4%
Male	\$2,235.67	\$2,405.56	\$2,626.54	\$2,811.59	\$3,067.89	\$2,739.75	\$3,465.72	7.6%	2.5%
Unknown	\$2,581.01	\$2,107.73	\$995.31	\$274.38	\$0.00	\$254.60	\$8,379.27	21.7%	25.4%
Total	\$2,435.65	\$2,632.87	\$2,825.74	\$2,969.27	\$3,330.77	\$2,987.04	\$3,769.01	7.5%	3.6%

Source: Health Care Financing Administration-Form HCFA 2082 for federal fiscal years

MISSISSIPPI

SOUTHERN REGION MEDICAID PROFILE

ADDITIONAL STATE HEALTH CARE INFORMATION

Sources: "Major Health Care Policies: 50 State Profiles", Health Policy Tracking Service, January, 2002; and "Medicaid Services State by State", HCFA, October 2001.

*Information supplied by State Medicaid Agency

Waivers

Through its Freedom of Choice Waiver, HealthMACS, under Title XIX, Section 1915 (b), Mississippi provides primary care case management for TANF-related Medicaid beneficiaries in 28 counties. The program has operated since October 1, 1993. Operating statewide since July 1, 1998.

Capitated Managed Care Project: The managed care program was ended in FY 2001.

Several 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: Serves 6,857 people, operating since July 1, 1994.
- Mental Retardation/Developmental Disabilities: Serves 1,900, operating since July 1, 1995.
- Independent Living: Served 354 people in FY 2001.
- Assisted Living: Served 5 people in FY 2001. Implemented Oct. 1, 2000.

Managed Care

- Any Willing Provider Clause: For pharmacies only. HMO's with pharmacies located on-site are exempt. Independent pharmacies are reimbursed at the same rate as contract providers as long as they meet the requirements and standards for participation.
- The managed care program was eliminated in 2001.

Coverage for Targeted Population

- The state does not have a statewide indigent care program, however, legislation enacted in 1996 specifies that University of Mississippi Medical locations shall provide at least 50% of their services to indigent persons.

Cost Containment Measures

- Certificate of Need Program since 1979. Regulates introduction or expansion of new institutional health care facilities and services.
- Rate setting. Prospective/per diem methodology used for Medicaid.

Medicaid

- 23 optional services are offered.
- In 1999, enacted 3 new laws for the following purposes:
 - Allows disabled workers with income above the Medicaid eligibility limits to purchase Medicaid coverage on a sliding fee scale.
 - Reimburses physician's fees that are covered by Medicaid at 90% of the rate established on January 1, 1999.
 - Authorizes Medicaid payments to nursing homes for each day a patient is absent from the facility, not to exceed 52 days per year.
- In 2000, enacted new laws for the following purposes:
 - Extends medical assistance coverage for family planning services to women of childbearing age with family incomes up to 185% of the FPL.
 - Provides for reimbursement for smoking cessation medications for pregnant women and other Medicaid eligible women that are of childbearing age.
- Enacted legislation in 2001 that requires Medicaid to provide coverage to women that have been screened and diagnosed with breast or cervical cancer

SOUTHERN REGION MEDICAID PROFILE

Medicaid (continued)

(Federally mandated by the Breast and Cervical Cancer Prevention and Treatment Act of 2000).

- Extended Medicaid eligibility to children in state custody, special needs children, and individuals that would be eligible for services in a nursing home, but live in a non-institutional setting and spend 50% of their income on prescription drugs.
- Established new reimbursement rates for physicians.
- Established a Medicare Upper Payment Limit program.

Children's Health Insurance Program: Medicaid Expansion and State-Designed Program

- Mississippi Children's Health Program (CHIP I) provides health insurance coverage for children age 15 through 18 in families with incomes below 100% of the FPL. The program (Phase I) received HCFA approval on October 26, 1999. The benefit package is the same as the regular Medicaid program and does not include any cost sharing provisions. Phase I expects to provide coverage to 15,000 new enrollees.
- CHIP II is a state plan option and expands coverage for children/adolescents birth through 18 in families with income from 100% to 200% of the FPL. CHIP II was submitted to HCFA for approval in September 1999 and approved in December 1999. Phase II was implemented in January 2000. As of September 30, 2000, the program had enrolled an additional 13,816 individuals.

Tobacco Settlement

- The state expects to receive approximately \$4.1 billion over 25 years.
- For Fiscal Year 2000, the tobacco settlement payment was approximately \$113 million.

The legislature passed a law that created the Health Care Trust Fund (HCTF) and the Health Care Expendable Fund. The law authorizes the legislature to appropriate funds based on annual interest earned from the Health Care Expendable Fund (the principal of the HCTF cannot be expended).

For FY 2001, the legislature appropriated funds from the HCTF as follows:

\$24.9 million for Medicaid;

\$17.5 million for mental health and substance abuse services;

\$7.0 million for SCHIP;

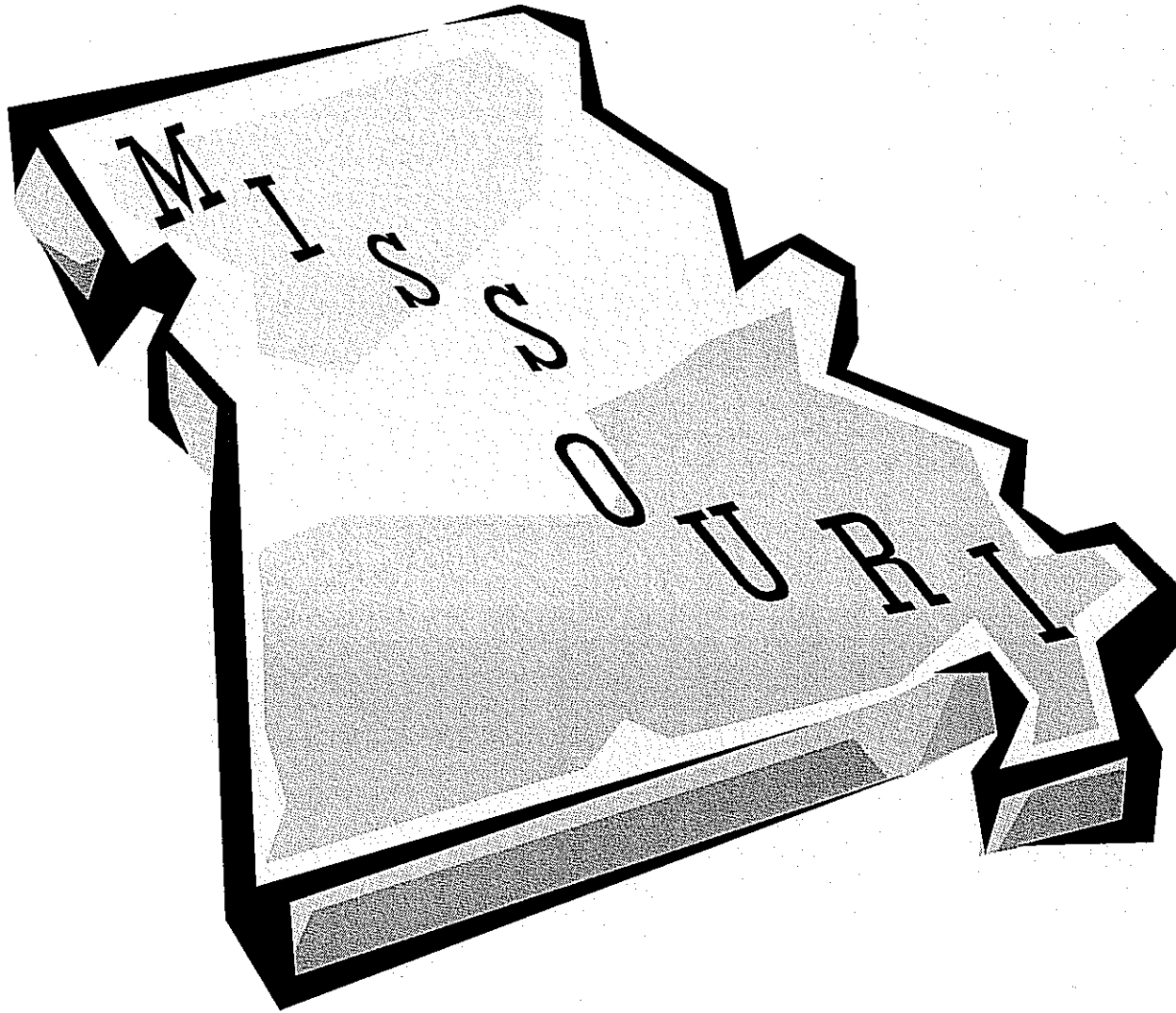
\$6.0 million for trauma care system;

\$4.2 million for rehabilitative services;

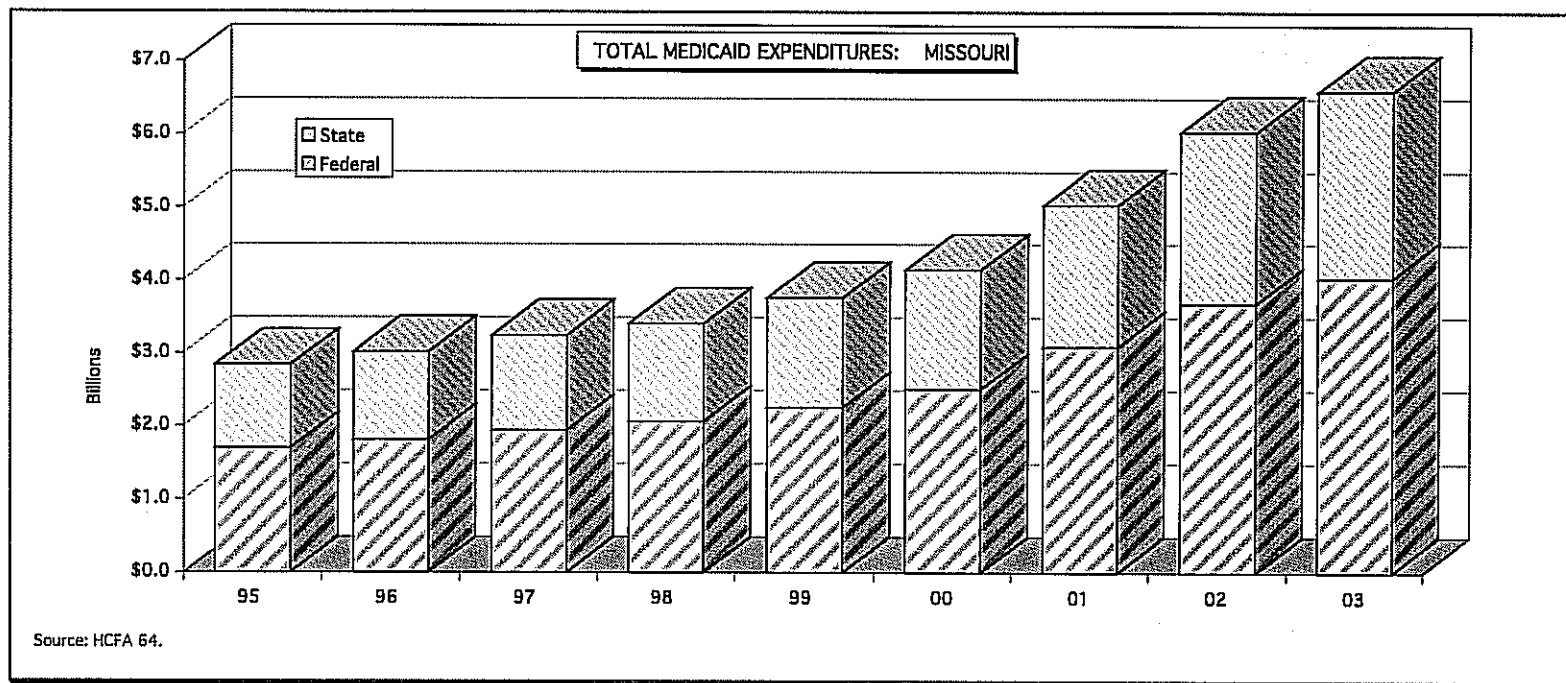
\$4.0 million for qualified health care grants; and

\$1.4 million for maternal and child health care.

STATE MEDICAID PROFILE



SOUTHERN REGION MEDICAID PROFILE



	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	FFY 01*	FFY 02**	FFY 03**	Annual Rate of Change 95-03	Total Change 95-03
Medicaid Payments	\$2,746,884,816	\$2,918,346,687	\$3,142,586,502	\$3,282,989,240	\$3,636,191,199	\$3,994,735,362	\$4,814,979,882	\$5,778,296,000	\$6,312,823,000	11.0%	129.8%
Federal Share	\$1,647,983,996	\$1,755,869,077	\$1,889,111,316	\$1,994,323,165	\$2,187,517,595	\$2,426,112,864	\$2,964,514,311	\$3,546,679,000	\$3,891,961,000	11.3%	136.2%
State Share	\$1,098,900,820	\$1,162,477,610	\$1,253,475,186	\$1,288,666,075	\$1,448,673,604	\$1,568,622,498	\$1,850,465,571	\$2,231,617,000	\$2,420,862,000	10.4%	120.3%
Administrative Costs	\$90,675,210	\$96,830,872	\$100,685,069	\$121,442,623	\$123,675,073	\$149,211,690	\$218,348,725	\$257,959,000	\$278,224,000	15.0%	206.8%
Federal Share	\$49,728,738	\$52,896,410	\$53,673,372	\$66,243,446	\$67,332,001	\$79,492,465	\$124,727,677	\$138,378,000	\$145,068,000	14.3%	191.7%
State Share	\$40,946,472	\$43,934,462	\$47,011,697	\$55,199,177	\$56,343,072	\$69,719,225	\$93,621,048	\$119,581,000	\$133,156,000	15.9%	225.2%
Admin. Costs as % of Payments	3.30%	3.32%	3.20%	3.70%	3.40%	3.74%	4.53%	4.46%	4.41%		
Federal Match Rate*	59.85%	60.06%	60.04%	60.68%	60.24%	60.51%	61.03%	61.06%	61.06%		

*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 02 and 03 reflect latest estimates reported by each state (CMS 37).

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SOUTHERN REGION MEDICAID PROFILE

STATE FINANCING

	Payments		Administration	
	FFY 95	FFY 01	FFY 95	FFY 01
State General Fund	\$1,098,900,820	\$1,324,420,238	\$40,946,472	\$93,621,048
Local Funds	\$0	\$0	\$0	\$0
Provider Taxes	\$0	\$525,477,887	\$0	\$0
Donations*	\$0	\$567,446	\$0	\$0
Other	\$0	\$0	\$0	\$0
Total State Share	\$1,098,900,820	\$1,850,465,571	\$40,946,472	\$93,621,048

*Donations from Outstationed Eligibility Workers Program

Provider Taxes Currently in Place (FFY 01)		
	Tax Rate	Amount
General and mental hospitals	5.5% of net non-Medicaid operating revenue	\$411,978,796
Nursing homes	\$7.50 per patient day	\$113,499,091
Total		\$525,477,887

DISPROPORTIONATE SHARE HOSPITAL (DSH) PAYMENTS

	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	FFY 01*	FFY 02**	FFY 03**	Annual Change
General Hospitals	\$521,946,524	\$570,642,615	\$482,177,618	\$467,025,524	\$436,165,215	\$277,424,914	\$278,578,549	\$342,383,000	\$335,429,000	-5.9%
Mental Hospitals	\$207,234,618	\$153,925,326	\$208,819,742	\$199,031,452	\$199,562,749	\$178,006,610	\$176,489,923	\$176,403,000	\$176,403,000	-2.8%
Total	\$729,181,142	\$724,567,941	\$690,997,360	\$666,056,976	\$635,727,964	\$455,431,524	\$455,068,472	\$518,786,000	\$511,832,000	-1.9%

SELECTED ELIGIBILITY CRITERIA

	At 10/1/01	% of FPL*
TANF-Temporary Assistance for Needy Families (Family of 3)		
Need Standard	\$846	67.6%
Payment Standard	\$292	23.3%
Maximum Payment	\$292	23.3%
Medically Needy Program (Family of 2)		
Income Eligibility Standard	N/A	
Resource Standard	N/A	
Pregnant Women, Children and Infants (% of FPL*)		
Pregnant women and infants		185.0%
Children to age 6		133.0%
Children 6 to 18		100.0%
SSI Eligibility Levels		
Income:		
Single Person	\$530	71.8%
Couple	\$796	80.0%
Resources:		
Single Person	\$1,000	
Couple	\$2,000	

DEMOGRAPHIC DATA & POVERTY INDICATORS (2000)

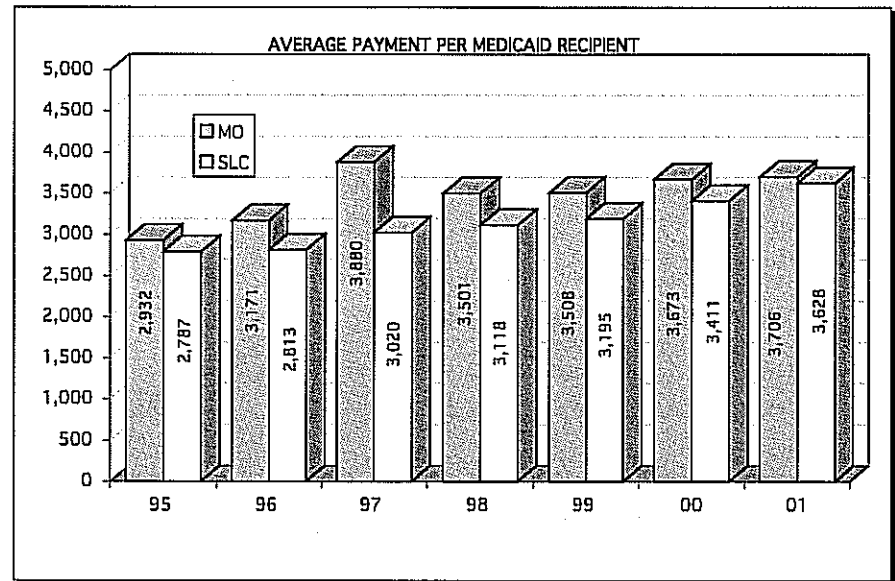
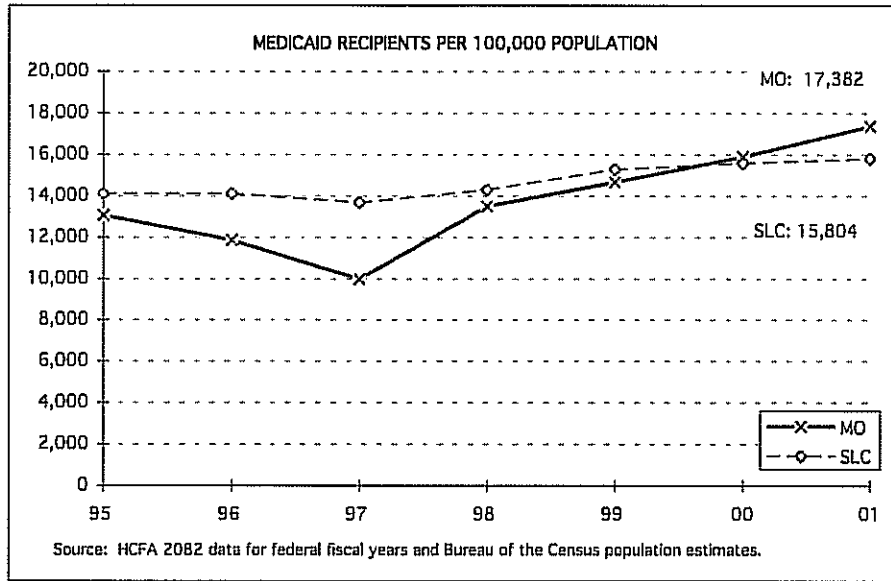
		Rank in U.S.
State population—July 1, 2001*	5,629,707	17
Per capita personal income**	\$27,186	29
Median household income**	\$47,462	11
Population below Federal Poverty Level on July 1, 2001*	546,082	
Percent of total population	9.7%	36
Population without health insurance coverage*	596,749	20
Percent of total state population	10.6%	36
Recipients of Food Stamps***	454,427	13
Households receiving Food Stamps***	195,480	13
Total value of issuance***	\$394,611,312	13
Average monthly benefit per recipient	\$72.36	28
Average monthly benefit per household	\$168.22	15
Monthly recipients of Temporary Assistance to Needy Families (TANF)****	119,411	10
Total TANF payments****	\$320,516,111	23
Average monthly payment per recipient	\$223.68	
Maximum monthly payment per family of 3	\$292.00	36

*Current federal poverty level is \$8,860 per year for a single person, \$11,940 for a family of two and \$15,020 for a family of three. Table above shows monthly income levels.

*Bureau of the Census. **Bureau of Economic Analysis. ***USDA. ****USDPHHS.

MISSOURI

SOUTHERN REGION MEDICAID PROFILE



DATA BY TYPE OF SERVICES (Includes Fee-For-Service and Waivers)

RECIPIENTS BY TYPE OF SERVICES

	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	FFY 01	Annual Change
01. General Hospital	118,999	92,178	77,371	72,848	88,444	87,585	95,453	-3.6%
02. Mental Hospital	11	11	7	9	414	453	420	83.5%
03. Skilled and Intermediate (non-MR) Care Nursing	36,657	36,272	36,395	37,226	40,092	41,074	39,501	1.3%
04. Intermediate Care for Mentally Retarded	1,590	1,512	1,460	1,442	1,383	1,331	1,325	-3.0%
05. Physician Services	388,094	330,754	281,908	259,688	284,682	320,726	330,264	-2.7%
06. Dental Services	173,376	133,535	107,898	85,188	86,939	90,736	101,405	-8.6%
07. Other Practitioners	106,555	96,657	91,456	84,827	97,507	115,395	113,039	1.0%
08. Outpatient Hospital	384,357	316,719	268,421	246,492	268,922	311,317	330,978	-2.5%
09. Clinic Services	455,428	404,818	355,330	293,062	322,870	377,983	406,759	-1.9%
10. Lab and X-Ray	174,749	143,668	120,993	118,223	122,271	137,891	137,931	-3.9%
11. Home Health	31,016	33,691	36,164	24,954	7,140	6,652	6,022	-23.9%
12. Prescribed Drugs	561,167	469,821	395,478	353,902	412,597	447,062	472,624	-2.8%
13. Family Planning	53,482	43,658	32,146	23,557	1,592	941	1,116	-47.5%
14. Early & Periodic Screening, Diagnosis & Treatment	155,490	125,839	99,147	71,161	0	0	0	-100.0%
15. Other Care	123,711	123,796	121,488	92,017	143,047	189,329	199,833	8.3%
16. Personal Care Support Services	0	0	0	75,373	76,392	97,189	108,536	12.9%
17. Home/Community Based Waiver Services	0	0	0	104	43,876	0	0	-100.0%
18. Prepaid Health Care	0	0	0	336,057	353,232	395,214	475,265	12.2%
19. Primary Care Case Management (PCCM) Services	0	0	0	0	0	0	0	n/a
Total*	695,458	636,176	540,487	734,015	797,578	890,318	978,546	5.9%

*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.

MISSOURI

SOUTHERN REGION MEDICAID PROFILE

<u>PAYMENTS BY TYPE OF SERVICES</u>	<u>FFY 95</u>	<u>FFY 96</u>	<u>FFY 97</u>	<u>FFY 98</u>	<u>FFY 99</u>	<u>FFY 00</u>	<u>FFY 01</u>	<u>Annual Change</u>	<u>Share of Total FFY 01</u>
01. General Hospital	\$413,409,319	\$319,210,097	\$283,395,984	\$313,541,971	\$351,084,382	\$376,607,207	\$410,534,009	-0.1%	11.3%
02. Mental Hospital	\$184,866	\$211,912	\$223,480	\$248,998	\$4,749,353	\$4,628,523	\$4,606,906	70.9%	0.1%
03. Skilled and Intermediate (non-MR) Care Nursing	\$493,790,314	\$550,835,274	\$625,830,099	\$677,899,462	\$718,758,459	\$732,508,771	\$735,628,334	6.9%	20.3%
04. Intermediate Care for Mentally Retarded	\$101,886,792	\$104,065,899	\$105,733,517	\$101,104,939	\$101,939,146	\$100,406,019	\$94,409,653	-1.3%	2.6%
05. Physician Services	\$71,686,010	\$61,754,033	\$53,960,482	\$51,276,977	\$58,268,824	\$70,972,252	\$71,914,021	0.1%	2.0%
06. Dental Services	\$18,819,716	\$14,627,847	\$12,109,650	\$9,726,354	\$11,471,922	\$13,286,049	\$21,144,900	2.0%	0.6%
07. Other Practitioners	\$5,797,278	\$5,383,012	\$5,141,704	\$4,862,991	\$6,351,128	\$7,629,740	\$8,027,304	5.6%	0.2%
08. Outpatient Hospital	\$176,320,507	\$152,356,437	\$143,351,842	\$154,379,218	\$168,884,851	\$219,722,488	\$221,122,747	3.8%	6.1%
09. Clinic Services	\$83,488,964	\$71,702,944	\$65,475,950	\$68,809,727	\$75,626,016	\$96,534,961	\$111,575,286	5.0%	3.1%
10. Lab and X-Ray	\$9,807,617	\$7,673,687	\$6,532,453	\$6,568,226	\$6,013,247	\$7,464,955	\$8,131,990	-3.1%	0.2%
11. Home Health	\$78,958,783	\$94,708,888	\$113,629,295	\$46,793,370	\$8,156,089	\$8,564,806	\$6,583,746	-33.9%	0.2%
12. Prescribed Drugs	\$259,657,652	\$281,700,005	\$320,660,206	\$382,512,566	\$482,192,881	\$600,484,118	\$680,574,899	17.4%	18.8%
13. Family Planning	\$11,953,165	\$7,936,313	\$5,918,097	\$5,124,562	\$692,293	\$459,200	\$530,268	-40.5%	0.0%
14. Early & Periodic Screening, Diagnosis & Treatment	\$52,904,659	\$48,477,303	\$45,982,751	\$40,121,136	\$0	\$0	\$0	-100.0%	0.0%
15. Other Care	\$260,478,466	\$296,965,575	\$309,330,012	\$67,554,180	\$323,539,503	\$415,909,665	\$488,627,413	11.1%	13.5%
16. Personal Care Support Services	\$0	\$0	\$0	\$360,789,849	103,337,510	231,939,181	272,495,153	-8.9%	7.5%
17. Home/Community Based Waiver Services	\$0	\$0	\$0	\$679,049	91,021,604	0	0	-100.0%	0.0%
18. Prepaid Health Care	\$0	\$0	\$0	\$277,652,554	285,936,120	383,034,523	490,305,973	20.9%	13.5%
19. Primary Case Management (PCCM) Services	\$0	\$0	\$0	\$0	0	0	0	n/a	0.0%
Total (excludes DSH pymts, pharmacy rebates, & other adjs.)	\$2,039,144,108	\$2,017,609,226	\$2,097,275,522	\$2,569,646,129	\$2,798,023,328	\$3,270,152,458	\$3,626,212,602	10.1%	100.0%

AVERAGE PAYMENTS PER RECIPIENT BY TYPE OF SERVICES

								(+) or (-) SLC Avg. FFY 01	
01. General Hospital	\$3,474.06	\$3,462.97	\$3,662.82	\$4,304.06	\$3,969.57	\$4,299.91	\$4,300.90	3.6%	0.5%
02. Mental Hospital	\$16,806.00	\$19,264.73	\$31,925.71	\$27,666.44	\$11,471.87	\$10,217.49	\$10,968.82	-6.9%	34.6%
03. Skilled and Intermediate (non-MR) Care Nursing	\$13,470.56	\$15,186.24	\$17,195.50	\$18,210.38	\$17,927.73	\$17,833.88	\$18,623.03	5.5%	-0.6%
04. Intermediate Care for Mentally Retarded	\$64,079.74	\$68,826.65	\$72,420.22	\$70,114.38	\$73,708.71	\$75,436.53	\$71,252.57	1.8%	-2.6%
05. Physician Services	\$184.71	\$186.71	\$191.41	\$197.46	\$204.68	\$221.29	\$217.75	2.8%	-51.6%
06. Dental Services	\$108.55	\$109.54	\$112.23	\$114.18	\$131.95	\$146.43	\$208.52	11.5%	-14.8%
07. Other Practitioners	\$54.41	\$55.69	\$56.22	\$57.33	\$65.14	\$66.12	\$71.01	4.5%	-69.7%
08. Outpatient Hospital	\$458.74	\$481.05	\$534.06	\$626.31	\$628.01	\$705.78	\$668.09	6.5%	38.6%
09. Clinic Services	\$183.32	\$177.12	\$184.27	\$234.80	\$234.23	\$255.39	\$274.30	6.9%	-52.5%
10. Lab and X-Ray	\$56.12	\$53.41	\$53.99	\$55.56	\$49.18	\$54.14	\$58.96	0.8%	-41.8%
11. Home Health	\$2,545.74	\$2,811.10	\$3,142.06	\$1,875.19	\$1,142.31	\$1,287.55	\$1,093.28	-13.1%	-54.6%
12. Prescribed Drugs	\$462.71	\$599.59	\$810.82	\$1,080.84	\$1,168.68	\$1,343.18	\$1,439.99	20.8%	38.8%
13. Family Planning	\$223.50	\$181.78	\$184.10	\$217.54	\$434.86	\$487.99	\$475.15	13.4%	-13.3%
14. Early & Periodic Screening, Diagnosis & Treatment	\$340.24	\$385.23	\$463.78	\$563.81	\$0.00	\$0.00	\$0.00	-100.0%	-100.0%
15. Other Care	\$2,105.54	\$2,398.83	\$2,546.18	\$734.15	\$2,261.77	\$2,196.76	\$2,445.18	2.5%	57.5%
16. Personal Care Support Services	\$0.00	\$0.00	\$0.00	\$4,786.73	\$1,352.73	\$2,386.48	\$2,510.64	-19.4%	27.8%
17. Home/Community Based Waiver Services	\$0.00	\$0.00	\$0.00	\$6,529.32	\$2,074.52	\$0.00	\$0.00	-100.0%	-100.0%
18. Prepaid Health Care	\$0.00	\$0.00	\$0.00	\$826.21	\$809.49	\$969.18	\$1,031.65	7.7%	-31.2%
19. Primary Care Case Management (PCCM) Services	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	n/a	-100.0%
Total (Average)	\$2,932.09	\$3,171.46	\$3,880.34	\$3,500.81	\$3,508.15	\$3,673.02	\$3,705.72	4.0%	1.9%

TOTAL PER CAPITA EXPENDITURES	\$533.44	\$562.15	\$599.67	\$625.98	\$691.34	\$739.52	\$894.07	9.0%	29.8%
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MISSOURI

SOUTHERN REGION MEDICAID PROFILE
DATA BY OTHER CHARACTERISTICS

RECIPIENTS BY OTHER CHARACTERISTICS

	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	FFY 01	Annual Change	Share of Total FFY 01
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	345,998	285,230	141,306	206,175	268,684	305,326	347,033	0.0%	35.5%
Poverty Related Eligibles	134,254	134,746	159,990	259,920	264,083	405,269	276,241	12.8%	28.2%
Medically Needy	0	0	0	0	0	0	0	n/a	0.0%
Other Eligibles	213,667	214,635	235,977	251,738	238,161	154,013	314,235	6.6%	32.1%
Maintenance Assistance Status Unknown	1,539	1,565	3,214	16,182	26,650	25,710	41,037	72.8%	4.2%
Total	695,458	636,176	540,487	734,015	797,578	890,318	978,546	5.9%	100.0%
By Basis of Eligibility									
Aged, Blind, or Disabled	190,655	197,447	199,400	202,428	203,958	212,239	218,236	2.3%	22.3%
Children	347,712	296,797	226,723	384,773	409,191	455,912	494,611	6.0%	50.5%
Foster Care Children	0	0	10,830	14,859	18,016	20,107	22,482	20.0%	2.3%
Adults	155,552	140,367	100,320	115,773	139,763	176,350	202,180	4.5%	20.7%
Basis of Eligibility Unknown	1,539	1,565	3,214	16,182	26,650	25,710	41,037	72.8%	4.2%
Total	695,458	636,176	540,487	734,015	797,578	890,318	978,546	5.9%	100.0%
By Age									
Under Age 1	27,356	22,761	19,291	27,330	20,870	31,252	47,116	9.5%	4.8%
Age 1 to 5	146,328	124,512	91,238	142,186	143,601	152,387	175,189	3.0%	17.9%
Age 6 to 14	148,827	127,431	97,643	181,373	200,879	219,749	232,282	7.7%	23.7%
Age 15 to 20	67,415	63,590	53,332	81,044	88,285	100,878	102,376	7.2%	10.5%
Age 21 to 44	159,889	149,311	128,201	147,058	165,104	199,278	218,209	5.3%	22.3%
Age 45 to 64	51,014	53,198	54,750	58,750	62,821	70,512	75,255	6.7%	7.7%
Age 65 to 74	32,606	33,022	33,246	32,984	31,706	32,656	32,948	0.2%	3.4%
Age 75 to 84	32,521	32,864	32,923	32,949	31,386	31,821	31,388	-0.6%	3.2%
Age 85 and Over	28,815	28,832	29,076	29,374	26,276	26,075	22,744	-3.9%	2.3%
Age Unknown	687	655	787	967	26,650	25,710	41,039	97.7%	4.2%
Total	695,458	636,176	540,487	734,015	797,578	890,318	978,546	5.9%	100.0%
By Race									
White	493,891	476,475	427,183	506,398	521,247	583,448	645,265	4.6%	65.9%
Black	199,885	158,986	112,514	226,649	229,485	253,910	278,184	5.7%	28.4%
Hispanic, American Indian or Asian	995	60	3	1	17,035	17,777	18,514	62.8%	1.9%
Other/Unknown	687	655	787	967	29,811	35,184	36,583	94.0%	3.7%
Total*	695,458	636,176	540,487	734,015	797,578	890,318	978,546	5.9%	100.0%
By Sex									
Female	430,846	397,109	338,765	444,292	464,774	518,406	571,708	4.8%	58.4%
Male	263,925	238,412	200,935	288,756	310,117	344,153	377,979	6.2%	38.6%
Unknown	687	655	787	967	22,687	27,759	28,859	86.4%	2.9%
Total*	695,458	636,176	540,487	734,015	797,578	890,318	978,546	5.9%	100.0%

*FFY 01 projected using FFY 95-FFY 00 trends.

Source: Health Care Financing Administration-Form HCFA 2082 for federal fiscal years

MISSOURI

SOUTHERN REGION MEDICAID PROFILE

PAYMENTS BY OTHER CHARACTERISTICS

	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	FFY 01	Annual Change	Share of Total FFY 01
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	\$859,020,361	\$764,183,384	\$214,586,323	\$340,186,310	\$901,284,304	\$1,064,582,686	\$1,345,029,037	7.8%	37.1%
Poverty Related Eligibles	\$918,716,440	\$1,015,921,337	\$165,129,830	\$274,104,538	\$315,476,290	\$499,127,981	\$404,785,994	-12.8%	11.2%
Medically Needy	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a	0.0%
Other Eligibles	\$259,853,836	\$235,814,289	\$1,712,914,426	\$1,942,734,440	\$1,565,813,026	\$1,690,386,726	\$1,858,164,764	38.8%	51.2%
Maintenance Assistance Status Unknown	\$1,553,471	\$1,690,216	\$4,644,943	\$12,620,841	\$15,449,708	\$16,055,065	\$18,232,807	50.8%	0.5%
Total	\$2,039,144,108	\$2,017,609,226	\$2,097,275,522	\$2,569,646,129	\$2,798,023,328	\$3,270,152,458	\$3,626,212,602	10.1%	100.0%
By Basis of Eligibility									
Aged, Blind or Disabled	\$1,427,978,296	\$1,577,398,964	\$1,741,774,106	\$1,943,366,578	\$2,104,851,777	\$2,351,501,567	\$2,516,226,068	9.9%	69.4%
Children	\$373,840,953	\$275,575,486	\$210,612,241	\$410,373,527	\$443,699,643	\$558,122,694	\$649,965,743	9.7%	17.9%
Foster Care Children	\$0	\$0	\$31,665,819	\$46,608,272	\$59,209,071	\$107,532,112	\$142,036,503	45.5%	3.9%
Adults	\$235,771,388	\$162,944,560	\$108,578,413	\$156,676,911	\$174,813,129	\$236,941,020	\$299,751,481	4.1%	8.3%
Basis of Eligibility Unknown	\$1,553,471	\$1,690,216	\$4,644,943	\$12,620,841	\$15,449,708	\$16,055,065	\$18,232,807	50.8%	0.5%
Total	\$2,039,144,108	\$2,017,609,226	\$2,097,275,522	\$2,569,646,129	\$2,798,023,328	\$3,270,152,458	\$3,626,212,602	10.1%	100.0%
By Age									
Under Age 1	\$88,154,238	\$56,845,757	\$44,200,520	\$72,341,660	\$63,700,441	\$106,362,092	\$161,741,559	10.6%	4.5%
Age 1 to 5	\$156,952,459	\$115,705,052	\$86,037,652	\$163,428,780	\$184,447,302	\$214,779,734	\$228,219,391	6.4%	6.3%
Age 6 to 14	\$128,951,359	\$108,187,939	\$93,774,151	\$176,213,721	\$200,435,499	\$250,011,776	\$319,080,946	16.3%	8.8%
Age 15 to 20	\$123,066,935	\$106,060,099	\$99,675,801	\$140,570,168	\$154,704,714	\$204,336,947	\$231,310,693	11.1%	6.4%
Age 21 to 44	\$522,222,506	\$500,554,889	\$499,560,859	\$589,861,158	\$644,506,373	\$750,174,471	\$858,137,119	8.6%	23.7%
Age 45 to 64	\$313,110,669	\$348,210,155	\$392,676,704	\$465,882,450	\$530,899,032	\$642,146,195	\$726,902,470	15.1%	20.0%
Age 65 to 74	\$165,920,049	\$182,188,319	\$204,485,964	\$228,326,459	\$245,248,634	\$276,555,919	\$294,766,100	10.1%	8.1%
Age 75 to 84	\$242,281,708	\$267,102,540	\$299,021,776	\$325,826,357	\$345,248,634	\$377,243,967	\$397,105,372	8.6%	11.0%
Age 85 and Over	\$297,663,949	\$331,902,353	\$377,123,718	\$406,569,598	\$413,196,858	\$432,486,292	\$390,710,799	4.6%	10.8%
Age Unknown	\$820,236	\$852,123	\$718,377	\$625,778	\$15,635,841	\$16,055,065	\$18,238,153	67.7%	0.5%
Total	\$2,039,144,108	\$2,017,609,226	\$2,097,275,522	\$2,569,646,129	\$2,798,023,328	\$3,270,152,458	\$3,626,212,602	10.1%	100.0%
By Race									
White	\$1,573,354,025	\$1,638,399,174	\$1,715,733,200	\$1,996,030,667	\$2,135,596,819	\$2,501,134,856	\$2,779,405,905	9.9%	76.6%
Black	\$464,018,579	\$378,345,223	\$380,823,843	\$572,989,632	\$603,469,098	\$701,529,063	\$776,178,610	9.0%	21.4%
Hispanic, American Indian or Asian	\$951,268	\$12,706	\$102	\$52	\$30,908,803	\$32,958,799	\$34,519,380	82.0%	1.0%
Other/Unknown	\$820,236	\$852,123	\$718,377	\$625,778	\$28,048,608	\$34,529,740	\$36,108,699	87.9%	1.0%
Total*	\$2,039,144,108	\$2,017,609,226	\$2,097,275,522	\$2,569,646,129	\$2,798,023,328	\$3,270,152,458	\$3,626,212,602	10.1%	100.0%
By Sex									
Female	\$1,284,714,435	\$1,266,375,218	\$1,317,333,523	\$1,599,417,760	\$1,725,342,768	\$2,016,557,141	\$2,238,248,240	9.7%	61.7%
Male	\$753,609,437	\$750,381,885	\$779,223,622	\$969,602,591	\$1,060,931,406	\$1,236,429,474	\$1,370,029,884	10.5%	37.8%
Unknown	\$820,236	\$852,123	\$718,377	\$625,778	\$11,749,154	\$17,165,843	\$17,934,478	67.2%	0.5%
Total*	\$2,039,144,108	\$2,017,609,226	\$2,097,275,522	\$2,569,646,129	\$2,798,023,328	\$3,270,152,458	\$3,626,212,602	10.1%	100.0%

*FFY 01 projected using FFY 95-FFY 00 trends.

Source: Health Care Financing Administration-Form HCFA 2082 for federal fiscal years

MISSOURI

SOUTHERN REGION MEDICAID PROFILE

AVERAGE PAYMENT PER RECIPIENT BY OTHER CHARACTERISTICS

									Above (+) or Below (-) SLC Avg. FFY 01
	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	FFY 01	Annual Change	
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	\$2,482.73	\$2,679.18	\$1,518.59	\$1,649.99	\$3,354.44	\$3,486.71	\$3,875.80	7.7%	-13.2%
Poverty Related Eligibles	\$6,843.12	\$7,539.53	\$1,032.13	\$1,054.57	\$1,194.61	\$1,231.60	\$1,465.34	-22.7%	-25.8%
Medically Needy	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	n/a	-100.0%
Other Eligibles	\$1,216.16	\$1,098.68	\$7,258.82	\$7,717.29	\$6,574.60	\$10,975.61	\$5,913.30	30.2%	-5.9%
Maintenance Assistance Status Unknown	\$1,009.40	\$1,080.01	\$1,445.22	\$779.93	\$579.73	\$624.47	\$444.30	-12.8%	-78.5%
Total	\$2,932.09	\$3,171.46	\$3,880.34	\$3,500.81	\$3,508.15	\$3,673.02	\$3,705.72	4.0%	1.9%
By Basis of Eligibility									
Aged, Blind or Disabled	\$7,489.85	\$7,988.97	\$8,735.08	\$9,600.29	\$10,320.03	\$11,079.50	\$11,529.84	7.5%	35.4%
Children	\$1,075.15	\$928.50	\$928.94	\$1,066.53	\$1,084.33	\$1,224.19	\$1,314.09	3.4%	-5.4%
Foster Care Children	\$0.00	\$0.00	\$2,923.90	\$3,136.70	\$3,286.47	\$5,347.99	\$6,317.79	21.2%	295.8%
Adults	\$1,515.71	\$1,160.85	\$1,082.32	\$1,353.31	\$1,250.78	\$1,343.58	\$1,482.60	-0.4%	-42.3%
Basis of Eligibility Unknown	\$1,009.40	\$1,080.01	\$1,445.22	\$779.93	\$579.73	\$624.47	\$444.30	-12.8%	-30.7%
Total	\$2,932.09	\$3,171.46	\$3,880.34	\$3,500.81	\$3,508.15	\$3,673.02	\$3,705.72	4.0%	1.9%
By Age									
Under Age 1	\$3,222.48	\$2,497.51	\$2,291.25	\$2,646.97	\$3,052.25	\$3,403.37	\$3,432.84	1.1%	21.0%
Age 1 to 5	\$1,072.61	\$929.27	\$943.00	\$1,149.40	\$1,284.44	\$1,409.44	\$1,302.70	3.3%	-6.3%
Age 6 to 14	\$866.45	\$848.99	\$960.38	\$971.55	\$997.79	\$1,137.72	\$1,373.68	8.0%	-3.7%
Age 15 to 20	\$1,825.51	\$1,667.87	\$1,868.97	\$1,734.49	\$1,752.33	\$2,025.58	\$2,259.42	3.6%	-4.2%
Age 21 to 44	\$3,266.16	\$3,352.43	\$3,896.70	\$4,011.08	\$3,903.64	\$3,764.46	\$3,932.64	3.1%	-8.3%
Age 45 to 64	\$6,137.74	\$6,545.55	\$7,172.18	\$7,929.91	\$8,450.98	\$9,106.91	\$9,659.19	7.9%	21.4%
Age 65 to 74	\$5,088.64	\$5,517.18	\$6,150.69	\$6,922.34	\$7,735.09	\$8,468.76	\$8,946.40	9.9%	41.6%
Age 75 to 84	\$7,450.01	\$8,127.51	\$9,082.46	\$9,888.81	\$11,000.08	\$11,855.19	\$12,651.50	9.2%	34.7%
Age 85 and Over	\$10,330.17	\$11,511.60	\$12,970.28	\$13,841.14	\$15,725.26	\$16,586.24	\$17,178.63	8.8%	23.9%
Age Unknown	\$1,193.94	\$1,300.95	\$912.80	\$647.13	\$586.71	\$624.47	\$444.41	-15.2%	-81.7%
Total	\$2,932.09	\$3,171.46	\$3,880.34	\$3,500.81	\$3,508.15	\$3,673.02	\$3,705.72	4.0%	1.9%
By Race									
White	\$3,185.63	\$3,438.58	\$4,016.39	\$3,941.62	\$4,097.09	\$4,286.82	\$4,307.38	5.2%	-2.3%
Black	\$2,321.43	\$2,379.74	\$3,384.68	\$2,528.09	\$2,629.67	\$2,762.91	\$2,790.16	3.1%	-6.4%
Hispanic, American Indian or Asian	\$956.05	\$211.77	\$34.00	\$52.00	\$1,814.43	\$1,854.06	\$1,864.54	11.8%	-20.9%
Other/Unknown	\$1,193.94	\$1,300.95	\$912.80	\$647.13	\$940.88	\$981.41	\$987.04	-3.1%	-78.9%
Total	\$2,932.09	\$3,171.46	\$3,880.34	\$3,500.81	\$3,508.15	\$3,673.02	\$3,705.72	4.0%	1.9%
By Sex									
Female	\$2,981.84	\$3,188.99	\$3,888.64	\$3,599.92	\$3,712.22	\$3,889.92	\$3,915.02	4.6%	4.2%
Male	\$2,855.39	\$3,147.42	\$3,877.99	\$3,357.86	\$3,421.07	\$3,592.68	\$3,624.62	4.1%	7.2%
Unknown	\$1,193.94	\$1,300.95	\$912.80	\$647.13	\$517.88	\$618.39	\$621.45	-10.3%	-90.7%
Total	\$2,932.09	\$3,171.46	\$3,880.34	\$3,500.81	\$3,508.15	\$3,673.02	\$3,705.72	4.0%	1.9%

Source: Health Care Financing Administration-Form HCFA 2082 for federal fiscal years

MISSOURI

SOUTHERN REGION MEDICAID PROFILE
DATA BY OTHER CHARACTERISTICS

RECIPIENTS BY OTHER CHARACTERISTICS

	<u>FFY 95</u>	<u>FFY 96</u>	<u>FFY 97</u>	<u>FFY 98</u>	<u>FFY 99</u>	<u>FFY 00</u>	<u>FFY 01</u>	<i>Annual Change</i>	<i>Share of Total FFY 01</i>
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	463,539	500,432	599,481	594,269	546,076	464,932	564,713	3.3%	43.3%
Poverty Related Eligibles	79,162	40,348	337,930	389,458	441,210	585,047	589,618	39.7%	45.2%
Medically Needy	65,719	61,039	117,574	122,027	117,780	34,110	36,174	-9.5%	2.8%
Other Eligibles	475,917	528,205	57,946	62,234	67,041	62,649	56,809	-29.8%	4.4%
Maintenance Assistance Status Unknown	0	0	0	0	0	62,051	57,370	-7.5%	4.4%
Total	1,084,337	1,130,024	1,112,931	1,167,988	1,172,107	1,208,789	1,304,684	3.1%	100.0%
By Basis of Eligibility									
Aged, Blind, or Disabled	296,192	340,395	348,911	356,930	366,724	354,783	363,341	3.5%	27.8%
Children	536,678	548,381	568,991	609,190	614,117	585,886	633,766	2.8%	48.6%
Foster Care Children	0	0	10,766	12,176	12,793	14,061	14,787	8.3%	1.1%
Adults	251,467	241,248	184,263	189,692	178,473	192,008	235,420	-1.1%	18.0%
Basis of Eligibility Unknown	0	0	0	0	0	62,051	57,370	-7.5%	4.4%
Total	1,084,337	1,130,024	1,112,931	1,167,988	1,172,107	1,208,789	1,304,684	3.1%	100.0%
By Age									
Under Age 1	74,971	76,001	77,012	79,785	82,171	54,401	56,225	-4.7%	4.3%
Age 1 to 5	215,691	216,649	207,805	213,089	210,700	220,839	236,880	1.6%	18.2%
Age 6 to 14	198,800	221,080	224,019	250,288	257,397	267,430	285,683	6.2%	21.9%
Age 15 to 20	103,927	109,409	109,520	117,711	117,305	118,352	129,946	3.8%	10.0%
Age 21 to 44	248,792	251,554	235,086	243,112	236,018	228,186	270,725	1.4%	20.8%
Age 45 to 64	87,783	95,670	98,424	102,889	106,192	104,642	114,993	4.6%	8.8%
Age 65 to 74	60,351	61,518	62,371	62,261	61,582	57,360	57,678	-0.8%	4.4%
Age 75 to 84	58,117	60,205	60,310	59,626	60,627	56,921	56,928	-0.3%	4.4%
Age 85 and Over	35,905	37,938	38,384	39,227	40,115	38,607	38,256	1.1%	2.9%
Age Unknown	0	0	0	0	0	62,051	57,370	-7.5%	4.4%
Total	1,084,337	1,130,024	1,112,931	1,167,988	1,172,107	1,208,789	1,304,684	3.1%	100.0%
By Race									
White	499,065	510,087	499,426	511,841	510,844	524,091	566,701	2.1%	43.4%
Black	499,189	509,453	492,805	515,303	507,904	512,921	555,283	1.8%	42.6%
Hispanic, American Indian or Asian	48,830	57,825	63,562	74,368	82,606	96,741	102,653	13.2%	7.9%
Other/Unknown	37,253	52,659	57,138	66,476	70,753	75,037	80,048	13.6%	6.1%
Total*	1,084,337	1,130,024	1,112,931	1,167,988	1,172,107	1,208,789	1,304,684	3.1%	100.0%
By Sex									
Female	689,609	709,750	695,947	724,022	723,370	742,656	802,419	2.6%	61.5%
Male	394,728	420,274	416,984	443,966	448,737	466,133	502,265	4.1%	38.5%
Unknown	0	0	0	0	0	0	0	n/a	0.0%
Total*	1,084,337	1,130,024	1,112,931	1,167,988	1,172,107	1,208,789	1,304,684	3.1%	100.0%

*FFY 01 projected using FFY 95-FFY 00 trends.

Source: Health Care Financing Administration-Form HCFA 2082 for federal fiscal years

NORTH CAROLINA

SOUTHERN REGION MEDICAID PROFILE

PAYMENTS BY OTHER CHARACTERISTICS

	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	FFY 01	Annual Change	Share of Total FFY 01
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	\$705,395,953	\$1,284,840,493	\$1,971,787,837	\$2,080,692,247	\$2,164,360,435	\$2,244,906,096	\$2,634,937,237	24.6%	47.9%
Poverty Related Eligibles	\$582,504,709	\$539,406,506	\$1,241,003,068	\$1,266,350,628	\$1,350,878,520	\$1,891,048,198	\$2,108,749,875	23.9%	38.3%
Medically Needy	\$450,513,851	\$170,638,234	\$484,198,914	\$558,638,298	\$605,704,585	\$514,208,302	\$559,588,746	3.7%	10.2%
Other Eligibles	\$1,436,645,300	\$1,682,870,774	\$91,466,386	\$108,315,569	\$164,915,209	\$130,973,395	\$149,420,399	-31.4%	2.7%
Maintenance Assistance Status Unknown	\$0	\$0	\$0	\$0	\$0	\$48,889,841	\$46,397,244	-5.1%	0.8%
Total	\$3,175,059,813	\$3,677,756,007	\$3,788,456,205	\$4,013,996,742	\$4,285,858,749	\$4,830,025,832	\$5,499,093,501	9.6%	100.0%
By Basis of Eligibility									
Aged, Blind or Disabled	\$2,004,618,393	\$2,557,044,247	\$2,714,862,350	\$2,856,357,139	\$3,140,220,337	\$3,576,256,170	\$3,990,542,009	12.2%	72.6%
Children	\$632,532,521	\$589,983,023	\$636,246,582	\$716,185,408	\$706,428,941	\$644,703,688	\$776,427,955	3.5%	14.1%
Foster Care Children	\$0	\$0	\$33,821,574	\$44,483,297	\$40,099,665	\$58,801,078	\$73,268,460	21.3%	1.3%
Adults	\$537,908,899	\$530,728,737	\$403,525,699	\$396,970,898	\$399,109,806	\$501,375,055	\$612,457,833	2.2%	11.1%
Basis of Eligibility Unknown	\$0	\$0	\$0	\$0	\$0	\$48,889,841	\$46,397,244	-5.1%	0.8%
Total	\$3,175,059,813	\$3,677,756,007	\$3,788,456,205	\$4,013,996,742	\$4,285,858,749	\$4,830,025,832	\$5,499,093,501	9.6%	100.0%
By Age									
Under Age 1	\$200,009,262	\$217,577,976	\$214,802,933	\$219,104,317	\$228,599,932	\$161,827,329	\$186,302,745	-1.2%	3.4%
Age 1 to 5	\$204,137,034	\$226,162,526	\$208,114,457	\$233,057,550	\$231,245,617	\$326,561,490	\$374,957,314	10.7%	6.8%
Age 6 to 14	\$177,270,370	\$239,020,647	\$268,169,155	\$335,643,471	\$324,913,011	\$371,270,929	\$442,629,242	16.5%	8.0%
Age 15 to 20	\$232,101,934	\$256,443,000	\$261,270,797	\$294,081,459	\$285,639,373	\$304,992,329	\$358,249,283	7.5%	6.5%
Age 21 to 44	\$865,602,644	\$975,288,041	\$967,212,573	\$991,888,410	\$1,038,607,593	\$1,144,766,859	\$1,331,187,638	7.4%	24.2%
Age 45 to 64	\$523,654,840	\$657,077,116	\$690,838,617	\$730,963,532	\$827,369,494	\$967,542,750	\$1,132,065,452	13.7%	20.6%
Age 65 to 74	\$243,429,521	\$282,471,198	\$301,808,253	\$312,081,536	\$351,760,547	\$399,863,260	\$447,605,859	10.7%	8.1%
Age 75 to 84	\$382,437,884	\$433,849,846	\$455,286,327	\$462,921,843	\$519,348,386	\$560,271,570	\$608,891,506	8.1%	11.1%
Age 85 and Over	\$346,416,324	\$389,865,657	\$420,953,093	\$434,254,624	\$478,374,796	\$544,039,475	\$570,807,218	8.7%	10.4%
Age Unknown	\$0	\$0	\$0	\$0	\$0	\$48,889,841	\$46,397,244	-5.1%	0.8%
Total	\$3,175,059,813	\$3,677,756,007	\$3,788,456,205	\$4,013,996,742	\$4,285,858,749	\$4,830,025,832	\$5,499,093,501	9.6%	100.0%
By Race									
White	\$1,755,472,786	\$1,968,457,969	\$2,032,111,627	\$2,108,139,775	\$2,252,040,975	\$2,517,211,181	\$2,872,794,367	8.6%	52.2%
Black	\$1,156,044,826	\$1,307,410,819	\$1,316,773,324	\$1,388,709,316	\$1,449,704,979	\$1,612,812,705	\$1,844,496,923	8.1%	33.5%
Hispanic, American Indian or Asian	\$80,994,673	\$101,580,286	\$112,512,497	\$128,663,746	\$144,702,155	\$180,606,045	\$201,689,222	16.4%	3.7%
Other / Unknown	\$182,547,528	\$300,306,933	\$327,058,757	\$388,483,905	\$439,410,640	\$519,395,901	\$580,112,990	21.3%	10.5%
Total*	\$3,175,059,813	\$3,677,756,007	\$3,788,456,205	\$4,013,996,742	\$4,285,858,749	\$4,830,025,832	\$5,499,093,501	9.6%	100.0%
By Sex									
Female	\$2,036,956,775	\$2,310,909,369	\$2,365,405,876	\$2,476,014,621	\$2,681,678,461	\$3,015,091,032	\$3,434,076,966	9.1%	62.4%
Male	\$1,138,103,038	\$1,366,846,638	\$1,423,050,329	\$1,537,982,121	\$1,604,180,288	\$1,814,934,800	\$2,065,016,535	10.4%	37.6%
Unknown	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a	0.0%
Total*	\$3,175,059,813	\$3,677,756,007	\$3,788,456,205	\$4,013,996,742	\$4,285,858,749	\$4,830,025,832	\$5,499,093,501	9.6%	100.0%

*FFY 01 projected using FFY 95-FFY 00 trends.

Source: Health Care Financing Administration-Form HCFA 2082 for federal fiscal years

NORTH CAROLINA

SOUTHERN REGION MEDICAID PROFILE

AVERAGE PAYMENT PER RECIPIENT BY OTHER CHARACTERISTICS

	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	FFY 01	Annual Change	Above (+) or Below (-) SLC Avg. FFY 01
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	\$1,521.76	\$2,567.46	\$3,289.16	\$3,501.26	\$3,963.48	\$4,828.46	\$4,665.98	20.5%	4.5%
Poverty Related Eligibles	\$7,358.39	\$13,368.85	\$3,672.37	\$3,251.57	\$3,061.76	\$3,232.30	\$3,576.47	-11.3%	81.1%
Medically Needy	\$6,855.15	\$2,795.56	\$4,118.25	\$4,577.99	\$5,142.68	\$15,075.00	\$15,469.36	14.5%	340.2%
Other Eligibles	\$3,018.69	\$3,186.02	\$1,578.48	\$1,740.46	\$2,459.92	\$2,090.59	\$2,630.22	-2.3%	-58.2%
Maintenance Assistance Status Unknown	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$787.90	\$808.74	2.6%	-60.9%
Total	\$2,928.11	\$3,254.58	\$3,404.04	\$3,436.68	\$3,656.54	\$3,995.76	\$4,214.89	6.3%	15.9%
By Basis of Eligibility									
Aged, Blind or Disabled	\$6,767.97	\$7,511.99	\$7,780.96	\$8,002.57	\$8,562.90	\$10,080.12	\$10,982.91	8.4%	28.9%
Children	\$1,178.61	\$1,075.86	\$1,118.20	\$1,175.64	\$1,150.32	\$1,100.39	\$1,225.10	0.6%	-11.8%
Foster Care Children	\$0.00	\$0.00	\$3,141.52	\$3,653.36	\$3,134.50	\$4,181.86	\$4,954.92	12.1%	210.4%
Adults	\$2,139.08	\$2,199.93	\$2,189.94	\$2,092.71	\$2,236.25	\$2,611.22	\$2,601.55	3.3%	1.2%
Basis of Eligibility Unknown	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$787.90	\$808.74	2.6%	26.1%
Total	\$2,928.11	\$3,254.58	\$3,404.04	\$3,436.68	\$3,656.54	\$3,995.76	\$4,214.89	6.3%	15.9%
By Age									
Under Age 1	\$2,667.82	\$2,862.83	\$2,789.21	\$2,746.18	\$2,782.00	\$2,974.71	\$3,313.52	3.7%	16.8%
Age 1 to 5	\$946.43	\$1,043.91	\$1,001.49	\$1,093.71	\$1,097.51	\$1,478.73	\$1,582.90	9.0%	13.9%
Age 6 to 14	\$891.70	\$1,081.15	\$1,197.08	\$1,341.03	\$1,262.30	\$1,388.29	\$1,549.37	9.6%	8.6%
Age 15 to 20	\$2,233.32	\$2,343.89	\$2,385.60	\$2,498.33	\$2,435.01	\$2,576.99	\$2,756.91	3.6%	16.8%
Age 21 to 44	\$3,479.22	\$3,877.05	\$4,114.29	\$4,079.96	\$4,400.54	\$5,016.81	\$4,917.12	5.9%	14.6%
Age 45 to 64	\$5,965.33	\$6,868.16	\$7,019.01	\$7,104.39	\$7,791.26	\$9,246.22	\$9,844.65	8.7%	23.7%
Age 65 to 74	\$4,033.56	\$4,591.68	\$4,838.92	\$5,012.47	\$5,712.07	\$6,971.12	\$7,760.43	11.5%	22.8%
Age 75 to 84	\$6,580.48	\$7,206.21	\$7,549.10	\$7,763.76	\$8,566.29	\$9,842.97	\$10,695.82	8.4%	13.9%
Age 85 and Over	\$9,648.14	\$10,276.39	\$10,966.89	\$11,070.30	\$11,925.09	\$14,091.73	\$14,920.72	7.5%	7.6%
Age Unknown	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$787.90	\$808.74	2.6%	-66.7%
Total	\$2,928.11	\$3,254.58	\$3,404.04	\$3,436.68	\$3,656.54	\$3,995.76	\$4,214.89	6.3%	15.9%
By Race									
White	\$3,517.52	\$3,859.06	\$4,068.89	\$4,118.74	\$4,408.47	\$4,803.00	\$5,069.33	6.3%	15.0%
Black	\$2,315.85	\$2,566.30	\$2,672.00	\$2,694.94	\$2,854.29	\$3,144.37	\$3,321.73	6.2%	11.4%
Hispanic, American Indian or Asian	\$1,658.71	\$1,756.68	\$1,770.12	\$1,730.10	\$1,751.71	\$1,866.91	\$1,964.77	2.9%	-16.6%
Other/Unknown	\$4,900.21	\$5,702.86	\$5,724.01	\$5,843.97	\$6,210.49	\$6,921.91	\$7,247.11	6.7%	55.3%
Total	\$2,928.11	\$3,254.58	\$3,404.04	\$3,436.68	\$3,656.54	\$3,995.76	\$4,214.89	6.3%	15.9%
By Sex									
Female	\$2,953.79	\$3,255.95	\$3,398.83	\$3,419.81	\$3,707.20	\$4,059.88	\$4,279.65	6.4%	13.9%
Male	\$2,883.26	\$3,252.28	\$3,412.72	\$3,464.19	\$3,574.88	\$3,893.60	\$4,111.41	6.1%	21.6%
Unknown	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	n/a	-100.0%
Total	\$2,928.11	\$3,254.58	\$3,404.04	\$3,436.68	\$3,656.54	\$3,995.76	\$4,214.89	6.3%	15.9%

Source: Health Care Financing Administration-Form HCFA 2082 for federal fiscal years

NORTH CAROLINA

SOUTHERN REGION MEDICAID PROFILE

ADDITIONAL STATE HEALTH CARE INFORMATION

Sources: "Major Health Care Policies: 50 State Profiles", Health Policy Tracking Service, January, 2002; and "Medicaid Services State by State", HCFA, October 2001.

*Information supplied by State Medicaid Agency

Waivers

North Carolina has two Freedom of Choice Waivers, under Title XIX, Section 1915 (b), of the Social Security Act. They include:

- Carolina ACCESS I is a primary care case management program for Medicaid children under the age of 18, operating since 1991 and is operating in 100 counties as of December 31, 1998.
- Carolina ACCESS II, an expansion of ACCESS I, requires doctors, hospitals, community clinics and other providers to create networks similar to HMOs to serve the medical needs of low-income individuals. The expanded program is currently operating at seven different sites statewide.
- Carolina ACCESS III, a comprehensive full-risk program, is currently in the implementation phase. Two Carolina ACCESS I sites are receiving an additional \$2.50 per member per month to develop the program.

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

- Elderly and Disabled: Serves 11,500 people, operating since July 1, 1982.
- Mental Retardation/Developmental Disabilities: Serves 4,667 people, operating since July 1, 1983.
- AIDS: Serves 45 people, operating since October 1, 1995.
- Blind and Disabled Children under age 19 (includes individuals with AIDS): Serves up to 200 people, operating since July 1, 1983.
- Implemented a mandatory HMO enrollment in one county (Macklenburg) in June 1996 via a Section 1915 (b) waiver.
- Implemented a voluntary HMO enrollment in one county (Gaston) in October 1997 via a Section 1915 (b) waiver.

On July 1, 1994 extended managed care coverage to all children, under age 19, with family income below the poverty level.

Managed Care

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

Coverage for Targeted Population

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

Cost Containment Measures

- Certificate of Need Program since 1979. Regulates introduction or expansion of new institutional health care facilities and services. Amended in 1993.
- Rate setting. Prospective payment/per diem methodology used for Medicaid.

Medicaid

- 23 optional services are offered.

NORTH CAROLINA

SOUTHERN REGION MEDICAID PROFILE

Medicaid (continued)

- In 1999, the state expanded Medicaid eligibility from 12 to 24 months for Work First Families; also expanded Medicaid eligibility for the blind, disabled, and elderly up to 100% of the FPL.
- Counties pay 15% of the non-federal share of all program costs, and 100% of the non-federal share of administrative costs.
- In 2000, enacted legislation that directs Medicaid to apply for a demonstration waiver to provide Medicaid coverage for family planning services to men and women of childbearing age with family incomes up to 185% of the FPL.
- In 2001, enacted legislation to control Medicaid costs as follows:
Directs the Division of Medical Assistance to develop a plan that will reduce the rate of growth in payments for medical services without reducing the rate of growth in the number of eligibles (must reduce growth rate by 8% or less of expenditures for FY 02);
Consider modifying or restructuring existing methods of reimbursement and contracting for services; and
Develop and implement a pharmacy management plan that will control growth in payments for prescription drugs.

Children's Health Insurance Program: State Designed

- SCHIP in North Carolina, NC Health Choice, is administered by the Division of Medicaid Assistance through a state-designed program. The plan received HCFA approval on July 14, 1998. The program provides health care coverage through a state employees equivalent plan, plus Medicaid equivalent benefits to an estimated 64,000 new enrollees.
- For families with incomes up to 150% of the FPL, there are no cost sharing obligations.
- Families with incomes between 150% and 200% of the FPL are required to pay copayments as follows:

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

- For families with incomes above 150% of the FPL, there will be an annual enrollment fee of \$50 per child with a maximum of \$100 for 2 or more children.
- In 1999, the dental benefits in the plan were expanded to include: oral examinations, teeth cleaning and scaling twice during a 12-month period; full mouth x-rays once every 60 months; supplemental bitewing x-rays showing back of the teeth once every 12 months, fluoride applications twice during a 12 month period, sealants, simple extractions, therapeutic pulpotomies, prefabricated stainless steel crowns, and routine fillings to restore diseased teeth.

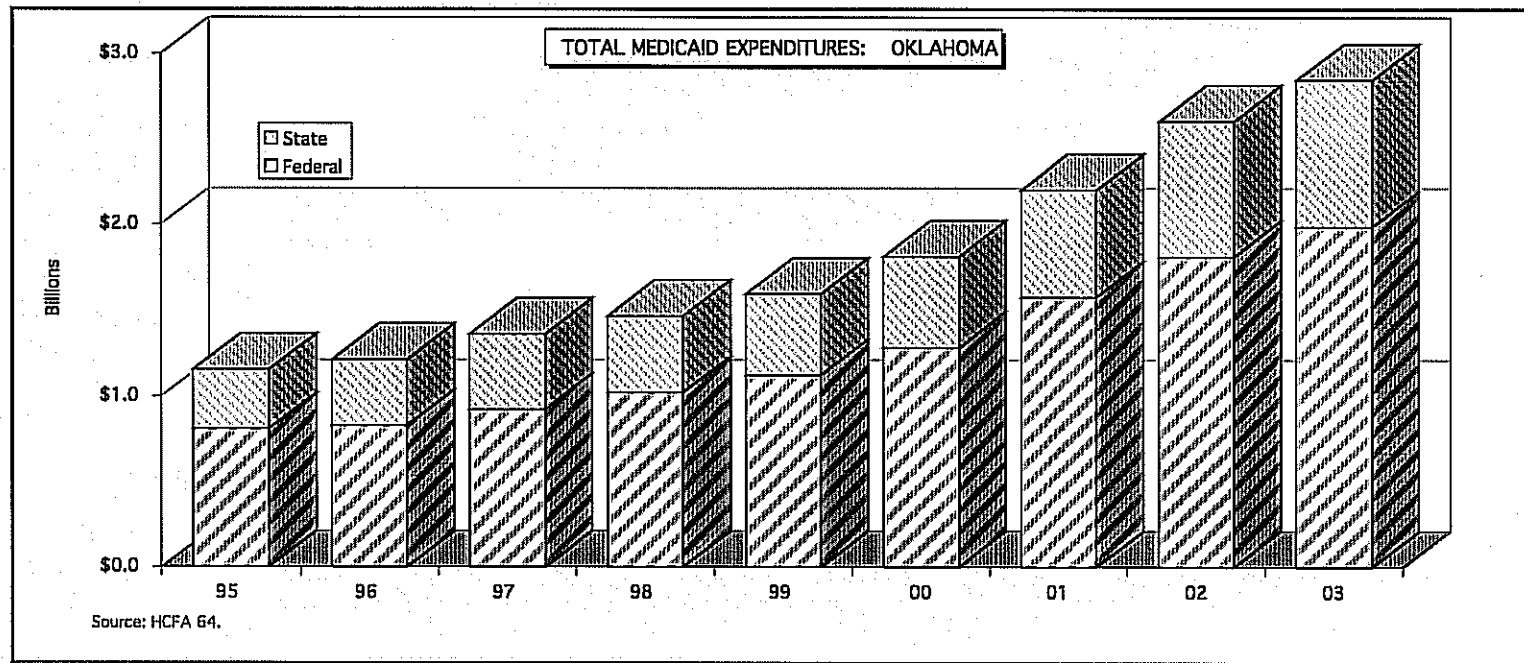
Tobacco Settlement

- The state expects to receive approximately \$4.7 billion over 25 years.
- For Fiscal Year 2000, the tobacco settlement payment was approximately \$188 million.
- The General Assembly passed legislation in 1999 that divided tobacco settlement monies that the state is to receive over the next 25 years as follows:
\$2.3 (50%) billion to a tobacco community foundation to provide economic assistance to tobacco dependent or economically affected communities.
\$1.2 (25%) billion to a trust fund to benefit tobacco farmers, quota holders and those in tobacco related employment.
\$1.2 billion (25%) to a trust fund for health services.
- For 2001, the Health Care Trust Fund Oversight Commission recommended the use of tobacco monies to establish a new pharmaceutical assistance program for the elderly and disabled.

STATE MEDICAID PROFILE



SOUTHERN REGION MEDICAID PROFILE



	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	FFY 01*	FFY 02**	FFY 03**	Annual Rate of Change	Total Change 95-03
Medicaid Payments	\$1,054,871,918	\$1,089,121,860	\$1,256,419,354	\$1,340,387,625	\$1,478,639,476	\$1,676,208,109	\$2,051,767,584	\$2,390,398,000	\$2,631,493,000	12.1%	149.5%
Federal Share	\$738,937,779	\$761,187,268	\$864,442,262	\$948,581,466	\$1,054,504,815	\$1,205,653,562	\$1,490,757,710	\$1,686,751,000	\$1,859,961,000	12.2%	151.7%
State Share	\$315,934,139	\$327,934,592	\$391,977,092	\$391,806,159	\$424,134,661	\$470,554,547	\$561,009,874	\$703,647,000	\$771,532,000	11.8%	144.2%
Administrative Costs	\$98,942,083	\$122,639,000	\$104,645,820	\$123,772,726	\$115,058,891	\$135,202,870	\$149,559,238	\$213,485,000	\$213,485,000	10.1%	115.8%
Federal Share	\$69,308,929	\$67,453,000	\$56,169,049	\$70,438,186	\$65,627,255	\$76,552,626	\$83,920,691	\$124,884,000	\$124,884,000	7.6%	80.2%
State Share	\$29,633,154	\$55,186,000	\$48,476,771	\$53,334,540	\$49,431,636	\$58,650,244	\$65,638,547	\$88,601,000	\$88,601,000	14.7%	199.0%
Admin. Costs as % of Payments	9.38%	11.26%	8.33%	9.23%	7.78%	8.07%	7.29%	8.93%	8.11%		
Federal Match Rate*	70.05%	69.89%	70.01%	70.51%	70.84%	71.09%	71.24%	70.43%	70.43%		

*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 02 and 03 reflect latest estimates reported by each state (CMS 37).

OKLAHOMA

SOUTHERN REGION MEDICAID PROFILE

STATE FINANCING

	Payments		Administration	
	FFY 95	FFY 01	FFY 95	FFY 01
State General Fund	\$315,934,139	\$559,033,478	\$29,633,154	\$65,638,547
Local Funds	\$0	\$0	\$0	\$0
Provider Taxes	\$0	\$1,976,396	\$0	\$0
Donations	\$0	\$0	\$0	\$0
Other	\$0	\$0	\$0	\$0
Total State Share	\$315,934,139	\$561,009,874	\$29,633,154	\$65,638,547

Provider Taxes Currently in Place (FFY 01)		
	Tax Rate	Amount
MR facilities	6 % of third quarter gross revenues	\$1,976,396
Total		\$1,976,396

DISPROPORTIONATE SHARE HOSPITAL (DSH) PAYMENTS

	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	FFY 01*	FFY 02**	FFY 03**	Annual Change
General Hospitals	\$15,731,786	\$21,784,148	\$21,993,050	\$19,529,207	\$19,312,860	\$19,436,724	\$21,761,671	\$19,664,000	\$21,931,000	0.0%
Mental Hospitals	\$2,605,693	\$3,236,852	\$3,754,953	\$3,193,191	\$3,271,460	\$2,928,955	\$1,320,022	\$2,922,000	\$2,922,000	-4.1%
Total	\$18,337,479	\$25,021,000	\$25,748,003	\$22,722,398	\$22,584,320	\$22,365,679	\$23,081,693	\$22,586,000	\$24,853,000	-0.6%

SELECTED ELIGIBILITY CRITERIA

	At 10/1/01	% of FPL*
TANF-Temporary Assistance for Needy Families (Family of 3)		
Need Standard	\$645	51.5%
Payment Standard	\$292	23.3%
Maximum Payment	\$292	23.3%
Medically Needy Program (Family of 3)		
Income Eligibility Standard	\$2,105	
Resource Standard	None	
Pregnant Women, Children and Infants (% of FPL*)		
Pregnant women and infants		185.0%
Children to 6		185.0%
Children 6 to 17		185.0%
SSI Eligibility Levels		
Income:	209.b	1902(f)
Single Person	\$547	74.1%
Couple	\$847	85.1%
Resources:		
Single Person	\$2,000	
Couple	\$3,000	

DEMOGRAPHIC DATA & POVERTY INDICATORS (2000)

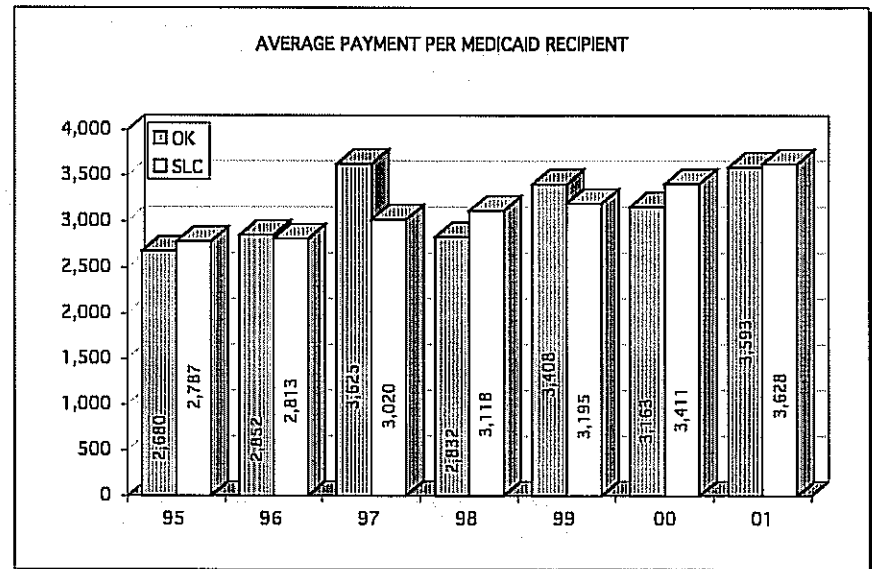
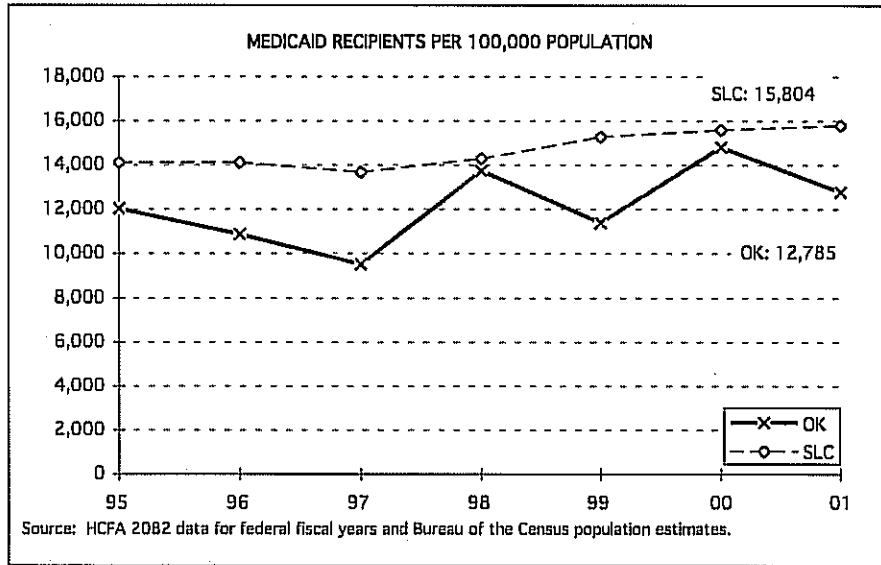
		Rank in U.S.
State population—July 1, 2001*	3,460,097	28
Per capita personal income**	\$23,582	42
Median household income**	\$32,445	45
Population below Federal Poverty Level on July 1, 2001*	487,874	
Percent of total population	14.1%	10
Population without health insurance coverage*	667,799	17
Percent of total state population	19.3%	3
Recipients of Food Stamps***	271,001	24
Households receiving Food Stamps***	113,374	23
Total value of issuance***	\$236,136,288	24
Average monthly benefit per recipient	\$72.61	33
Average monthly benefit per household	\$173.57	14
Monthly recipients of Temporary Assistance to Needy Families (TANF)****	32,499	35
Total TANF payments****	\$133,771,284	39
Average monthly payment per recipient	\$343.01	
Maximum monthly payment per family of 3	\$292.00	36

*Current federal poverty level is \$8,860 per year for a single person, \$11,940 for a family of two and \$15,020 for a family of three. Table above shows monthly income levels.

*Bureau of the Census. **Bureau of Economic Analysis. ***USDA. ****USDHHS.

OKLAHOMA

SOUTHERN REGION MEDICAID PROFILE



DATA BY TYPE OF SERVICES (Includes Fee-For-Service and Waivers)

<u>RECIPIENTS BY TYPE OF SERVICES</u>	<u>FFY 95</u>	<u>FFY 96</u>	<u>FFY 97</u>	<u>FFY 98</u>	<u>FFY 99</u>	<u>FFY 00</u>	<u>FFY 01</u>	<u>Annual Change</u>
01. General Hospital	81,364	69,533	62,313	64,326	63,621	64,044	53,763	-6.7%
02. Mental Hospital	2,545	2,513	2,188	2,284	2,581	2,196	1,848	-5.2%
03. Skilled and Intermediate (non-MR) Care Nursing	26,379	27,331	27,331	27,820	27,934	25,513	21,669	-3.2%
04. Intermediate Care for Mentally Retarded	2,433	2,336	2,236	2,180	2,122	2,012	1,698	-5.8%
05. Physician Services	293,379	257,576	203,815	208,725	215,637	208,843	174,156	-8.3%
06. Dental Services	48,253	33,712	24,691	28,909	38,534	35,787	29,684	-7.8%
07. Other Practitioners	65,339	57,212	39,191	58,502	50,508	47,332	39,079	-8.2%
08. Outpatient Hospital	191,842	166,112	132,897	144,240	151,306	156,495	133,060	-5.9%
09. Clinic Services	60,469	54,316	38,678	17,085	22,495	62,875	55,736	-1.3%
10. Lab and X-Ray	127,473	104,325	75,266	97,913	81,994	89,726	74,568	-8.5%
11. Home Health	11,077	10,524	11,508	15,395	19,516	3,644	1,851	-25.8%
12. Prescribed Drugs	285,654	245,075	207,441	217,322	235,574	221,984	185,975	-6.9%
13. Family Planning	26,747	21,581	14,779	15,354	15,142	1,765	1,800	-36.2%
14. Early & Periodic Screening, Diagnosis & Treatment	51,323	38,130	22,978	20,297	17,970	0	0	-100.0%
15. Other Care	62,435	61,722	134,386	192,576	236,845	92,813	71,428	2.3%
16. Personal Care Support Services	0	0	0	0	0	40,139	38,206	-4.8%
17. Home/Community Based Waiver Services	0	57,968	125,636	7,454	7,454	0	0	-100.0%
18. Prepaid Health Care	0	0	0	78,830	78,830	382,307	363,898	66.5%
19. Primary Care Case Management (PCCM) Services	0	0	0	59,914	26,205	0	0	-100.0%
Total*	393,613	358,121	315,801	459,570	381,211	507,059	442,387	2.0%

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

SOUTHERN REGION MEDICAID PROFILE

PAYMENTS BY TYPE OF SERVICES

	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	FFY 01	Annual Change	Share of Total FFY 01
01. General Hospital	\$188,696,685	\$157,561,197	\$147,891,848	\$168,923,561	\$165,474,857	\$208,673,999	\$206,561,505	1.5%	13.0%
02. Mental Hospital	\$36,528,697	\$35,315,890	\$33,541,952	\$38,703,623	\$40,337,852	\$37,161,249	\$36,768,081	0.1%	2.3%
03. Skilled and Intermediate (non-MR) Care Nursing	\$265,628,806	\$277,471,420	\$286,928,847	\$314,113,798	\$316,719,064	\$316,262,282	\$308,634,294	2.5%	19.4%
04. Intermediate Care for Mentally Retarded	\$94,091,873	\$96,741,869	\$122,151,681	\$112,345,595	\$101,802,771	\$101,349,288	\$100,278,757	1.1%	6.3%
05. Physician Services	\$78,042,433	\$64,378,030	\$53,279,513	\$55,270,240	\$58,321,100	\$60,091,554	\$59,393,199	-4.4%	3.7%
06. Dental Services	\$6,349,765	\$4,206,350	\$3,230,659	\$5,370,560	\$7,780,122	\$7,658,904	\$7,576,423	3.0%	0.5%
07. Other Practitioners	\$12,667,637	\$15,800,721	\$11,484,606	\$12,165,663	\$5,559,086	\$7,305,175	\$7,211,833	-9.0%	0.5%
08. Outpatient Hospital	\$81,122,690	\$96,832,413	\$51,847,043	\$47,943,420	\$56,616,128	\$44,411,364	\$43,801,662	-9.8%	2.8%
09. Clinic Services	\$12,301,930	\$11,470,614	\$7,668,701	\$8,810,431	\$9,449,191	\$68,254,685	\$67,935,966	32.9%	4.3%
10. Lab and X-Ray	\$6,891,924	\$5,359,509	\$4,219,305	\$4,705,888	\$4,522,482	\$5,996,892	\$5,929,950	-2.5%	0.4%
11. Home Health	\$96,878,445	\$100,982,685	\$116,075,624	\$51,042,300	\$188,789,321	\$945,979	\$950,000	-53.7%	0.1%
12. Prescribed Drugs	\$100,909,395	\$98,292,786	\$110,880,180	\$135,622,036	\$169,510,492	\$178,254,361	\$202,094,418	12.3%	12.7%
13. Family Planning	\$4,034,923	\$3,144,194	\$2,192,674	\$2,370,400	\$2,333,388	\$453,829	\$429,618	-31.2%	0.0%
14. Early & Periodic Screening, Diagnosis & Treatment	\$5,762,361	\$4,146,066	\$2,149,148	\$1,715,088	\$1,452,515	\$0	\$0	-100.0%	0.0%
15. Other Care	\$64,964,354	\$11,637,084	\$84,487,215	\$109,565,323	\$135,874,244	\$280,761,045	\$256,772,414	25.7%	16.2%
16. Personal Care Support Services	\$0	\$0	\$0	\$0	\$0	\$65,582,518	\$65,350,785	-0.4%	4.1%
17. Home/Community Based Waiver Services	\$0	\$64,890,516	\$106,738,790	\$109,186,013	\$0	\$0	\$0	-100.0%	0.0%
18. Prepaid Health Care	\$0	\$0	\$0	\$114,519,798	\$0	\$220,625,874	\$219,846,302	24.3%	13.8%
19. Primary Case Management (PCCM) Services	\$0	\$0	\$0	\$9,105,898	\$34,734,960	\$0	\$0	-100.0%	0.0%
Total (excludes DSH pymts, pharmacy rebates, & other adjs.)	\$1,054,871,918	\$1,021,231,344	\$1,144,767,786	\$1,301,479,635	\$1,299,277,573	\$1,603,788,998	\$1,589,535,207	7.1%	100.0%

AVERAGE PAYMENTS PER RECIPIENT BY TYPE OF SERVICES

								(+) or (-) SLC	
									Avg. FFY 01
01. General Hospital	\$2,319.17	\$2,265.99	\$2,373.37	\$2,626.05	\$2,600.95	\$3,258.29	\$3,842.07	8.8%	-6.4%
02. Mental Hospital	\$14,353.12	\$14,053.28	\$15,329.96	\$16,945.54	\$15,628.77	\$16,922.24	\$19,895.11	5.6%	153.1%
03. Skilled and Intermediate (non-MR) Care Nursing	\$10,069.71	\$10,152.26	\$10,498.29	\$11,290.93	\$11,338.12	\$12,396.12	\$14,243.31	5.9%	-22.9%
04. Intermediate Care for Mentally Retarded	\$38,673.19	\$41,413.47	\$54,629.55	\$51,534.68	\$47,974.92	\$50,372.41	\$59,045.41	7.3%	-18.5%
05. Physician Services	\$266.01	\$249.94	\$261.41	\$264.80	\$270.46	\$287.74	\$341.03	4.2%	-23.8%
06. Dental Services	\$131.59	\$124.77	\$130.84	\$185.77	\$201.90	\$214.01	\$255.24	11.7%	3.8%
07. Other Practitioners	\$193.88	\$276.18	\$293.04	\$207.95	\$110.06	\$154.34	\$184.54	-0.8%	-18.0%
08. Outpatient Hospital	\$422.86	\$420.39	\$390.13	\$332.39	\$374.18	\$283.79	\$329.19	-4.1%	-32.4%
09. Clinic Services	\$203.44	\$211.18	\$198.27	\$515.68	\$420.06	\$1,085.56	\$1,218.89	34.8%	114.6%
10. Lab and X-Ray	\$54.07	\$51.37	\$56.06	\$48.06	\$55.16	\$66.84	\$79.52	6.6%	-21.7%
11. Home Health	\$8,745.91	\$9,595.47	\$10,086.52	\$3,315.51	\$9,673.57	\$259.60	\$513.28	-37.7%	-82.6%
12. Prescribed Drugs	\$353.26	\$401.07	\$534.51	\$624.06	\$719.56	\$803.01	\$1,086.68	20.6%	3.8%
13. Family Planning	\$150.86	\$145.69	\$148.36	\$154.38	\$154.10	\$257.13	\$238.68	7.9%	-58.6%
14. Early & Periodic Screening, Diagnosis & Treatment	\$112.28	\$108.74	\$93.53	\$84.50	\$80.83	\$0.00	\$0.00	-100.0%	-100.0%
15. Other Care	\$1,040.51	\$188.54	\$628.69	\$568.95	\$573.68	\$3,025.02	\$3,594.85	23.0%	153.3%
16. Personal Care Support Services	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,633.89	\$1,710.48	4.7%	-11.1%
17. Home/Community Based Waiver Services	\$0.00	\$1,119.42	\$849.59	\$14,647.98	\$0.00	\$0.00	\$0.00	-100.0%	-100.0%
18. Prepaid Health Care	\$0.00	\$0.00	\$0.00	\$1,452.74	\$0.00	\$577.09	\$604.14	-25.4%	-59.3%
19. Primary Case Management (PCCM) Services	\$0.00	\$0.00	\$0.00	\$151.98	\$1,325.51	\$0.00	\$0.00	-100.0%	-100.0%
Total (Average)	\$2,679.97	\$2,851.64	\$3,624.97	\$2,831.95	\$3,408.29	\$3,162.92	\$3,593.09	5.0%	-1.0%

TOTAL PER CAPITA EXPENDITURES	\$352.74	\$367.72	\$409.76	\$437.49	\$476.20	\$529.44	\$636.20	10.3%	-7.7%
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OKLAHOMA

SOUTHERN REGION MEDICAID PROFILE
DATA BY OTHER CHARACTERISTICS

RECIPIENTS BY OTHER CHARACTERISTICS

	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	FFY 01	Annual Change	Share of Total FFY 01
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	229,582	110,753	981	197,595	114,634	97,934	77,813	-16.5%	17.6%
Poverty Related Eligibles	81,612	109,793	113,143	154,364	220,897	301,904	275,618	22.5%	62.3%
Medically Needy	13,466	11,961	10,963	12,978	8,539	4,040	2,381	-25.1%	0.5%
Other Eligibles	68,953	67,646	65,078	94,633	37,141	86,712	75,462	1.5%	17.1%
Maintenance Assistance Status Unknown (Managed Care)	0	57,968	125,636	0	0	16,469	11,112	-28.1%	2.5%
Total*	393,613	358,121	315,801	459,570	381,211	507,059	442,387	2.0%	100.0%
By Basis of Eligibility									
Aged, Blind, or Disabled	107,831	107,842	108,411	123,719	111,476	119,494	101,320	-1.0%	22.9%
Children	198,806	172,377	140,482	203,277	159,473	289,189	258,033	4.4%	58.3%
Foster Care Children	944	976	33,899	37,042	34,006	6,806	3,762	25.9%	0.9%
Adults	86,032	76,926	31,771	89,368	76,256	75,101	63,442	-4.9%	14.3%
Basis of Eligibility Unknown	0	0	1,238	6,164	0	16,469	15,830	89.1%	3.6%
Total*	393,613	358,121	315,801	459,570	381,211	507,059	442,387	2.0%	100.0%
By Age									
Under Age 1	24,496	22,852	19,644	38,814	21,189	22,773	18,763	-4.3%	4.2%
Age 1 to 5	80,849	70,061	55,897	85,156	72,019	110,891	98,176	3.3%	22.2%
Age 6 to 14	73,546	65,601	56,082	107,513	90,315	127,136	113,208	7.5%	25.6%
Age 15 to 20	39,969	34,763	30,536	43,302	39,869	55,998	49,453	3.6%	11.2%
Age 21 to 44	89,047	79,927	68,548	90,134	69,040	85,660	72,745	-3.3%	16.4%
Age 45 to 64	28,460	28,990	29,539	34,260	32,266	33,912	28,894	0.3%	6.5%
Age 65 to 74	19,519	19,121	19,257	23,018	20,009	19,305	16,086	-3.2%	3.6%
Age 75 to 84	20,571	19,703	19,232	20,740	19,391	18,688	15,520	-4.6%	3.5%
Age 85 and Over	17,033	17,091	16,982	16,615	17,105	16,227	13,521	-3.8%	3.1%
Age Unknown	123	12	84	18	8	16,469	16,021	125.1%	3.6%
Total*	393,613	358,121	315,801	459,570	381,211	507,059	442,387	2.0%	100.0%
By Race									
White	265,910	246,787	223,106	300,791	262,042	343,373	299,408	2.0%	67.7%
Black	71,512	58,313	42,509	83,570	49,106	64,799	54,898	-4.3%	12.4%
Hispanic, American Indian or Asian	56,067	53,021	50,122	75,209	70,063	98,886	88,081	7.8%	19.9%
Other/Unknown	124	0	64	0	0	0	0	-100.0%	0.0%
Total*	393,613	358,121	315,801	459,570	381,211	507,059	442,387	2.0%	100.0%
By Sex									
Female	250,778	228,288	200,747	281,884	233,515	307,591	267,353	1.1%	60.4%
Male	142,711	129,833	114,990	177,686	147,696	199,468	175,034	3.5%	39.6%
Unknown	124	0	64	0	0	0	0	-100.0%	0.0%
Total*	393,613	358,121	315,801	459,570	381,211	507,059	442,387	2.0%	100.0%

*FFY 01 projected using FFY 95-FFY 00 trends, State Annual report, and state submitted data (SEE "Important Note" prior to table of contents).
Source: Health Care Financing Administration-Form HCFA 2082 for federal fiscal years

SOUTHERN REGION MEDICAID PROFILE

PAYMENTS BY OTHER CHARACTERISTICS

	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	FFY 01	Annual Change	Share of Total FFY 01
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	\$424,368,961	\$325,410,311	\$1,765,800	\$408,446,264	\$454,478,316	\$273,475,909	\$269,851,819	-7.3%	17.0%
Poverty Related Eligibles	\$477,588,798	\$560,579,510	\$612,980,866	\$647,895,453	\$337,366,593	\$333,221,659	\$327,521,168	-6.1%	20.6%
Medically Needy	\$27,412,122	\$27,529,399	\$25,029,799	\$20,851,529	\$17,439,694	\$11,314,192	\$11,065,457	-14.0%	0.7%
Other Eligibles	\$125,502,037	\$107,712,124	\$96,902,288	\$100,660,691	\$489,992,970	\$866,655,581	\$863,224,448	37.9%	54.3%
Maintenance Assistance Status Unknown (Managed Care)	\$0	\$0	\$408,089,033	\$123,625,698	\$0	\$119,121,657	\$117,872,315	-26.7%	7.4%
Total*	\$1,054,871,918	\$1,021,231,344	\$1,144,767,786	\$1,301,479,635	\$1,299,277,573	\$1,603,788,998	\$1,589,535,207	7.1%	100.0%
By Basis of Eligibility									
Aged, Blind or Disabled	\$699,701,173	\$730,287,575	\$799,444,437	\$900,845,050	\$967,447,564	\$1,035,973,908	\$1,026,119,286	6.6%	64.6%
Children	\$243,467,089	\$204,868,658	\$164,947,248	\$188,563,374	\$244,411,622	\$314,732,384	\$312,119,834	4.2%	19.6%
Foster Care Children	\$881,932	\$44,605,890	\$43,274,604	\$44,980,549	\$45,032,001	\$39,044,084	\$38,625,960	87.7%	2.4%
Adults	\$110,821,724	\$40,432,561	\$28,512,223	\$41,639,350	\$42,386,386	\$94,916,965	\$94,228,389	-2.7%	5.9%
Basis of Eligibility Unknown (Includes Managed Care)	\$0	\$1,036,660	\$108,589,274	\$125,451,312	\$0	\$119,121,657	\$118,441,739	158.0%	7.5%
Total*	\$1,054,871,918	\$1,021,231,344	\$1,144,767,786	\$1,301,479,635	\$1,299,277,573	\$1,603,788,998	\$1,589,535,207	7.1%	100.0%
By Age									
Under Age 1	\$62,781,768	\$55,572,828	\$42,954,023	\$40,163,677	\$45,116,388	\$56,765,263	\$56,182,946	-1.8%	3.5%
Age 1 to 5	\$71,396,975	\$57,741,364	\$47,396,079	\$52,837,675	\$58,611,555	\$111,628,898	\$110,861,804	7.6%	7.0%
Age 6 to 14	\$106,115,457	\$100,930,155	\$87,756,430	\$105,951,421	\$129,605,562	\$163,335,113	\$162,003,501	7.3%	10.2%
Age 15 to 20	\$89,777,834	\$79,237,632	\$71,578,794	\$78,791,074	\$97,175,246	\$118,093,917	\$117,067,597	4.5%	7.4%
Age 21 to 44	\$268,133,862	\$256,809,842	\$259,973,366	\$295,698,867	\$326,983,353	\$347,427,330	\$344,058,390	4.2%	21.6%
Age 45 to 64	\$126,632,997	\$136,844,006	\$156,085,301	\$184,322,199	\$207,740,201	\$240,330,648	\$238,311,320	11.1%	15.0%
Age 65 to 74	\$73,182,701	\$75,474,718	\$81,003,153	\$94,789,404	\$105,865,666	\$111,938,369	\$110,897,461	7.2%	7.0%
Age 75 to 84	\$118,936,668	\$117,702,849	\$120,888,596	\$137,780,875	\$148,524,340	\$152,047,129	\$150,519,361	4.0%	9.5%
Age 85 and Over	\$138,774,712	\$143,861,461	\$149,809,005	\$169,495,487	\$177,356,979	\$183,100,674	\$181,253,259	4.6%	11.4%
Age Unknown	(\$861,056)	(\$2,943,511)	\$127,323,039	\$141,648,956	\$2,298,283	\$119,121,657	\$118,379,566	-1.8%	7.4%
Total*	\$1,054,871,918	\$1,021,231,344	\$1,144,767,786	\$1,301,479,635	\$1,299,277,573	\$1,603,788,998	\$1,589,535,207	7.1%	100.0%
By Race									
White	\$811,486,293	\$796,347,625	\$798,294,727	\$914,770,638	\$1,002,926,630	\$1,205,736,481	\$1,195,121,962	6.7%	75.2%
Black	\$142,401,748	\$127,285,081	\$116,967,142	\$129,301,888	\$142,719,776	\$164,565,963	\$162,985,673	2.3%	10.3%
Hispanic, American Indian or Asian	\$101,849,204	\$100,712,160	\$102,451,180	\$116,101,387	\$137,177,810	\$175,765,896	\$174,356,803	9.4%	11.0%
Other/Unknown	(\$865,327)	(\$3,113,522)	\$127,054,737	\$141,305,722	\$16,453,357	\$57,720,658	\$57,070,768	-18.1%	3.6%
Total*	\$1,054,871,918	\$1,021,231,344	\$1,144,767,786	\$1,301,479,635	\$1,299,277,573	\$1,603,788,998	\$1,589,535,207	7.1%	100.0%
By Sex									
Female	\$640,929,495	\$609,927,176	\$608,156,652	\$691,028,833	\$765,473,821	\$914,878,802	\$906,758,159	6.0%	57.0%
Male	\$414,807,750	\$414,255,363	\$409,237,836	\$468,864,411	\$533,803,752	\$631,751,859	\$626,237,399	7.1%	39.4%
Unknown	(\$865,327)	(\$2,951,195)	\$127,373,298	\$141,586,391	\$0	\$57,158,336	\$56,539,648	-18.4%	3.6%
Total*	\$1,054,871,918	\$1,021,231,344	\$1,144,767,786	\$1,301,479,635	\$1,299,277,573	\$1,603,788,998	\$1,589,535,207	7.1%	100.0%

*FFY 01 projected using FFY 95-FFY 00 trends and State Annual report.

Source: Health Care Financing Administration-Form HCFA 2082 for federal fiscal years

SOUTHERN REGION MEDICAID PROFILE

AVERAGE PAYMENT PER RECIPIENT BY OTHER CHARACTERISTICS

									Above (+) or Below (-) SLC Avg. FFY 01
	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	FFY 01	Annual Change	
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	\$1,848.44	\$2,938.16	\$1,800.00	\$2,067.09	\$3,964.60	\$2,792.45	\$3,467.95	11.1%	-22.3%
Poverty Related Eligibles	\$5,851.94	\$5,105.79	\$5,417.75	\$4,197.19	\$1,527.26	\$1,103.73	\$1,188.31	-23.3%	-39.8%
Medically Needy	\$2,035.65	\$2,301.60	\$2,283.12	\$1,606.68	\$2,042.36	\$2,800.54	\$4,646.70	14.7%	32.2%
Other Eligibles	\$1,820.11	\$1,592.29	\$1,489.02	\$1,063.70	\$13,192.78	\$9,994.64	\$11,439.18	35.8%	81.9%
Maintenance Assistance Status Unknown	\$0.00	\$0.00	\$3,248.19	\$0.00	\$0.00	\$7,233.08	\$10,607.64	34.4%	412.8%
Total	\$2,679.97	\$2,851.64	\$3,624.97	\$2,831.95	\$3,408.29	\$3,162.92	\$3,593.09	5.0%	-1.2%
By Basis of Eligibility									
Aged, Blind or Disabled	\$6,488.87	\$6,771.83	\$7,374.20	\$7,281.38	\$8,678.53	\$8,669.67	\$10,127.53	7.7%	18.9%
Children	\$1,224.65	\$1,188.49	\$1,174.15	\$927.62	\$1,532.62	\$1,088.33	\$1,209.61	-0.2%	-12.9%
Foster Care Children	\$934.25	\$45,702.76	\$1,276.57	\$1,214.31	\$1,324.24	\$5,736.72	\$10,266.34	49.1%	543.2%
Adults	\$1,288.15	\$525.60	\$897.43	\$465.93	\$555.84	\$1,263.86	\$1,485.28	2.4%	-42.2%
Basis of Eligibility Unknown (Includes Managed Care)	\$0.00	\$0.00	\$87,713.47	\$20,352.26	\$0.00	\$7,233.08	\$7,482.18	-46.0%	1066.4%
Total	\$2,679.97	\$2,851.64	\$3,624.97	\$2,831.95	\$3,408.29	\$3,162.92	\$3,593.09	5.0%	-1.2%
By Age									
Under Age 1	\$2,562.94	\$2,431.86	\$2,186.62	\$1,034.77	\$2,129.24	\$2,492.66	\$2,994.36	2.6%	5.5%
Age 1 to 5	\$883.09	\$824.16	\$847.92	\$620.48	\$813.83	\$1,006.65	\$1,129.21	4.2%	-18.8%
Age 6 to 14	\$1,442.84	\$1,538.55	\$1,564.79	\$985.48	\$1,435.04	\$1,284.73	\$1,431.03	-0.1%	0.3%
Age 15 to 20	\$2,246.19	\$2,279.37	\$2,344.08	\$1,819.57	\$2,437.36	\$2,108.90	\$2,367.24	0.9%	0.3%
Age 21 to 44	\$3,011.15	\$3,213.05	\$3,792.57	\$3,280.66	\$4,736.14	\$4,055.89	\$4,729.66	7.8%	10.3%
Age 45 to 64	\$4,449.51	\$4,720.39	\$5,284.04	\$5,380.10	\$6,438.36	\$7,086.89	\$8,247.89	10.8%	3.7%
Age 65 to 74	\$3,749.31	\$3,947.22	\$4,206.43	\$4,118.06	\$5,290.90	\$5,798.41	\$6,894.10	10.7%	9.1%
Age 75 to 84	\$5,781.76	\$5,973.85	\$6,285.80	\$6,643.24	\$7,659.45	\$8,136.08	\$9,698.52	9.0%	3.3%
Age 85 and Over	\$8,147.40	\$8,417.38	\$8,821.63	\$10,201.35	\$10,368.72	\$11,283.70	\$13,405.03	8.7%	-3.3%
Age Unknown	(\$7,000.46)	(\$245,292.58)	\$1,515,750.46	\$7,869,386.44	\$287,285.38	\$7,233.08	\$7,388.80	-73.6%	203.8%
Total	\$2,679.97	\$2,851.64	\$3,624.97	\$2,831.95	\$3,408.29	\$3,162.92	\$3,593.09	5.0%	-1.2%
By Race									
White	\$3,051.73	\$3,226.86	\$3,578.10	\$3,041.22	\$3,827.35	\$3,511.45	\$3,991.62	4.6%	-9.5%
Black	\$1,991.30	\$2,182.79	\$2,751.59	\$1,547.23	\$2,906.36	\$2,539.63	\$2,968.91	6.9%	-0.4%
Hispanic, American Indian or Asian	\$1,816.56	\$1,899.48	\$2,044.04	\$1,543.72	\$1,957.92	\$1,777.45	\$1,979.51	1.4%	-16.0%
Other / Unknown	(\$6,978.44)	\$0.00	\$1,985,230.27	\$0.00	\$0.00	\$0.00	\$0.00	-100.0%	-100.0%
Total	\$2,679.97	\$2,851.64	\$3,624.97	\$2,831.95	\$3,408.29	\$3,162.93	\$3,593.09	5.0%	-1.2%
By Sex									
Female	\$2,555.76	\$2,671.74	\$3,029.47	\$2,451.47	\$3,278.05	\$2,974.34	\$3,391.62	4.8%	-9.7%
Male	\$2,906.63	\$3,190.68	\$3,558.90	\$2,638.72	\$3,614.21	\$3,167.18	\$3,577.80	3.5%	5.8%
Unknown	(\$6,978.44)	\$0.00	\$1,990,207.78	\$0.00	\$0.00	\$0.00	\$0.00	-100.0%	-100.0%
Total	\$2,679.97	\$2,851.64	\$3,624.97	\$2,831.95	\$3,408.29	\$3,162.93	\$3,593.09	5.0%	-1.2%

Source: Health Care Financing Administration-Form HCFA 2082 for federal fiscal years

OKLAHOMA

SOUTHERN REGION MEDICAID PROFILE

ADDITIONAL STATE HEALTH CARE INFORMATION

Sources: "Major Health Care Policies: 50 State Profiles", Health Policy Tracking Service, January, 2002; and "Medicaid Services State by State", HCFA, October 2001.

*Information supplied by State Medicaid Agency

Waivers

Oklahoma has one waiver from the U.S. Department of Health & Human Services to operate a health reform demonstration under Section 1115. SoonerCare serves 121,357 current TANF-related beneficiaries and will cover an additional 84,000 SSI-related beneficiaries in the future. The program was approved October 12, 1995 and was implemented on July 1, 1996.

Several 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: Serves 7,500 people, operating since July 1, 1993.
- Mental Retardation: Serves 2,542 people, operating since July 1, 1988.
- Mental Retardation or Related Conditions, Inappropriately Placed in Nursing Facilities: Serves 100 people, operating since August 4, 1991.
- The In-home Supports Waiver for Children: Implemented in July of 1999 to provide waiver services for additional MR clients. When fully operational expect to serve approximately 1,500 additional individuals.
- The In-home Supports Waiver for Adults: Implemented in July of 1999 to provide waiver services for additional MR clients. When fully operational expect to serve approximately 1,500 additional individuals.

Managed Care

- Any Willing Provider Clause: No

Coverage for Targeted Population

- The state has a Medically Needy Program to provide assistance to approximately 14,000 low-income individuals who do not meet the eligibility requirements for Medicaid.

Cost Containment Measures

- Certificate of Need Program since 1968. Regulates introduction or expansion of new institutional health care facilities and services.

Medicaid

- 18 optional services are offered.
- Dropped payment for Organized Outpatient Hospital Clinic services, effective FY 1999.
- Added Lab and X-Ray payments to services for adults, effective FY 1999.
- Added payment for Diabetic Supplies for adults, effective FY 1999.

Significant Changes in Medicaid

- Enacted legislation in 2000, known as the Oklahoma Healthcare Initiative, that increased Medicaid reimbursement to private providers as follows:
18% increase to physicians, home health care, laboratory and clinic services, ambulatory clinic, chiropractors, optometrists, psychologists, speech pathologists, and occupational therapists;
10% increase for behavioral health counseling services;
60% increase for dental services; and
40% increase for ambulance services.

OKLAHOMA

SOUTHERN REGION MEDICAID PROFILE

Significant Changes in Medicaid (Continued)

- Increased Medicaid coverage to include children in families with incomes up to 150% of the FPL, effective June 2000 and covers approximately 240,845 individuals.
- Enacted legislation in 2001 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 other legislation in 2001 as follows:
 - Offer elective income deferral programs to physicians that maintain Medicaid contracts and provide Medicaid services;
 - Establish a reimbursement methodology that will enhance payments for services provided to Medicaid recipients in emergency hospitals in the rural areas;
 - Implement a case mix reimbursement system for all state regulated long-care providers, effective November 2003 and;
 - Immediately provide coverage under prior authorization for any new FDA approved drug if the drug falls within a drug class that has already placed under prior authorization authority.

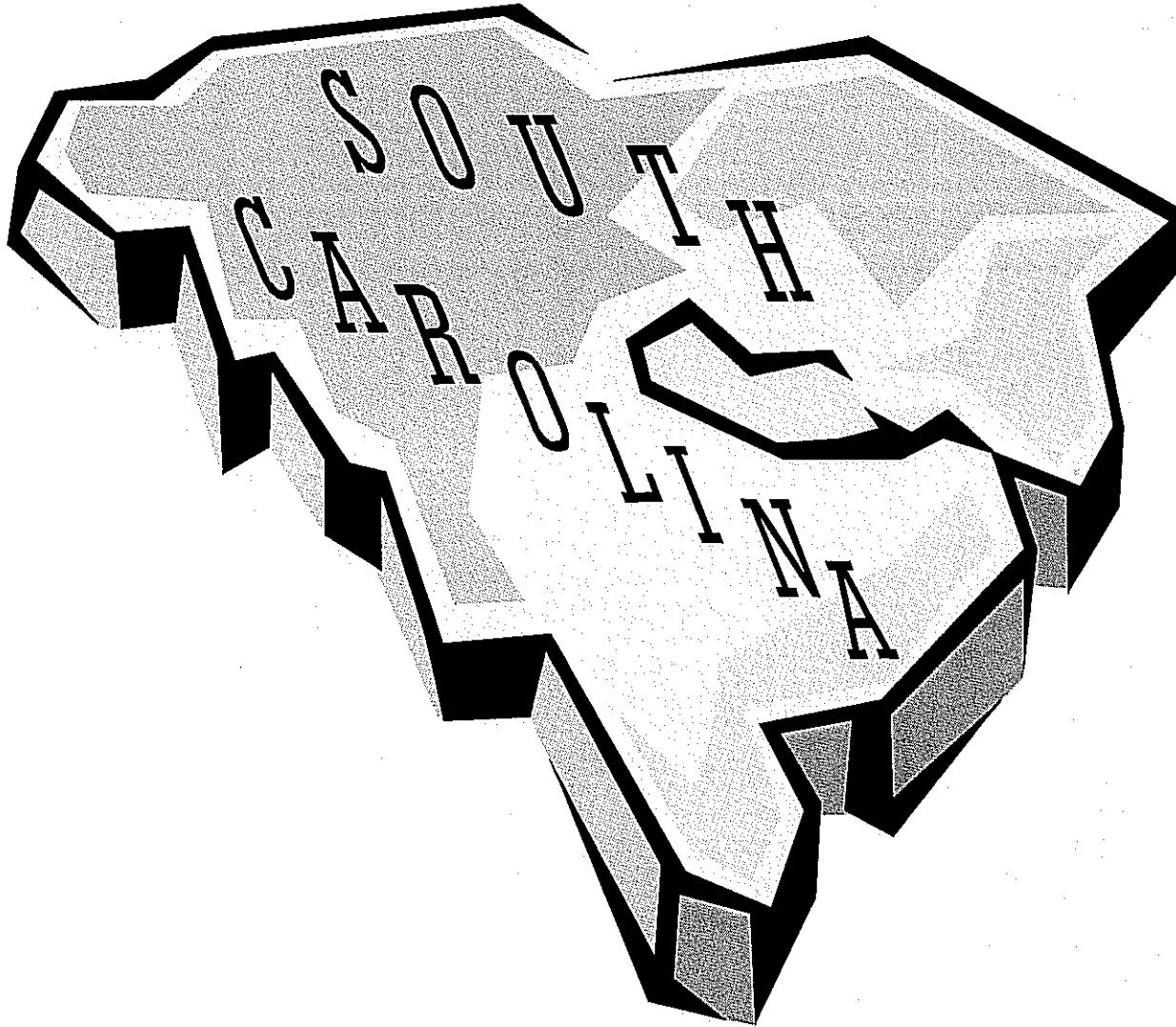
Children's Health Insurance Program: Medicaid Expansion

- CHIP in Oklahoma is called "SoonerCare". The program received HCFA approval on May 26, 1998. The program is administered by the Oklahoma Health Care Authority through an expansion of Medicaid. SoonerCare provides health care coverage to approximately 115,000 children/adolescents and eligible pregnant women.
- Phase I provides coverage for eligible pregnant women and children/adolescents birth through age 17 in families with incomes up to 185% of the FPL.
- Phase II provides coverage for eligible children/adolescents birth through age 17 in families with income between 100% and 185% of the FPL. The program received HCFA approval on March 25, 1999 and expects to cover an additional 4,915 new enrollees.
- Amended the State Medicaid plan to cover children in families with incomes between 150% and 185% of the FPL, effective June 2000 and covers approximately 34,840 individuals.

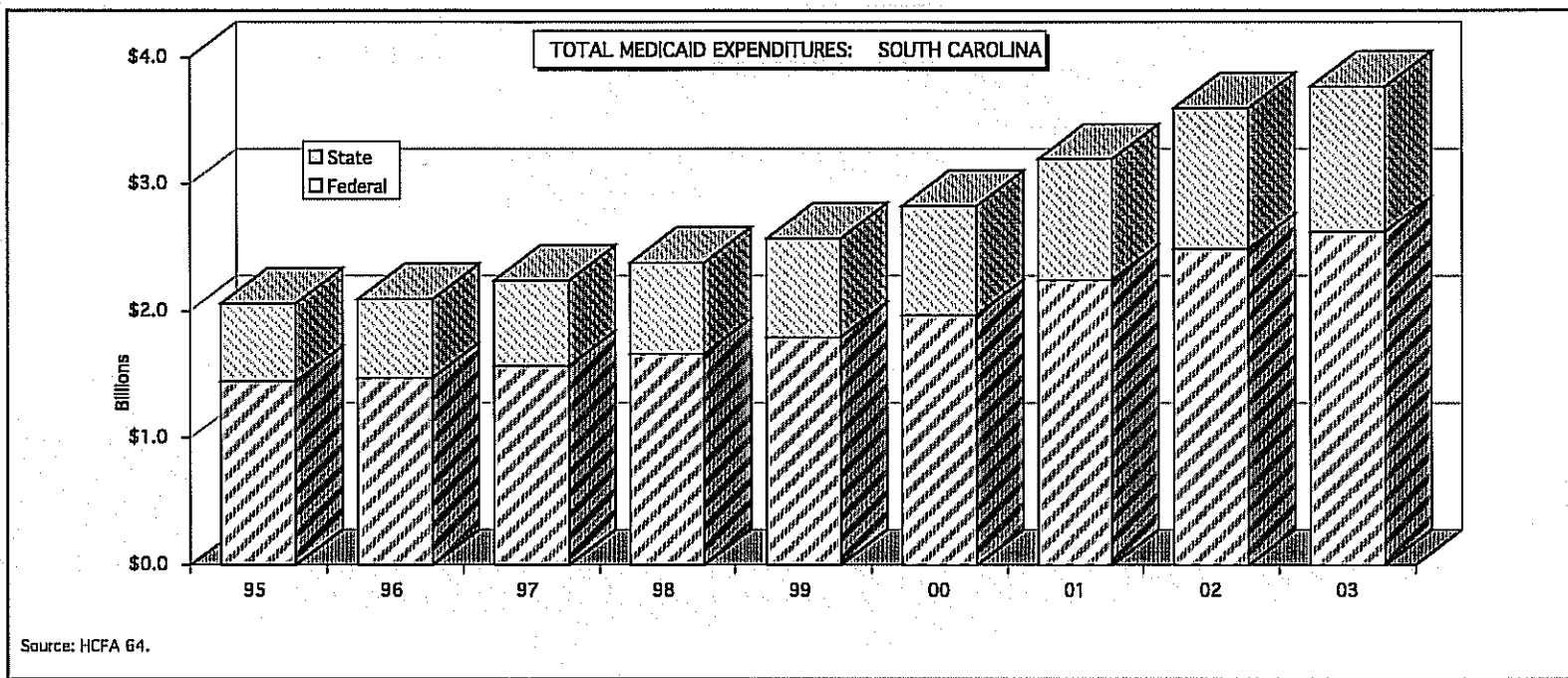
Tobacco Settlement

- The state expects to receive approximately \$2.03 billion over 25 years.
 - For Fiscal Year 2000, the tobacco settlement payment was approximately \$85 million.
 - Enacted legislation in 2000 that establishes an endowment (trust fund) for health care.
- 50% of the tobacco settlement funds initially will be placed in the endowment, and the percentage will increase steadily to 75% by FY 08.
- The board of directors for the trust will expend the interest earned for tobacco prevention, health care, education, children's services, and services for senior citizens.
- For FY 01, the legislature appropriated \$36.4 million for various Medicaid programs, services and reimbursements.

STATE MEDICAID PROFILE



SOUTHERN REGION MEDICAID PROFILE



	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	FFY 01*	FFY 02**	FFY 03**	Annual Rate of Change	Total Change 95-03
Medicaid Payments	\$1,973,576,244	\$2,013,832,070	\$2,152,056,132	\$2,291,868,201	\$2,474,493,301	\$2,720,979,699	\$3,094,578,743	\$3,474,864,912	\$3,642,673,000	8.0%	84.6%
Federal Share	\$1,398,296,056	\$1,429,689,028	\$1,519,082,799	\$1,618,889,674	\$1,740,195,472	\$1,913,722,149	\$2,186,607,862	\$2,418,893,650	\$2,550,700,000	7.8%	82.4%
State Share	\$575,280,188	\$584,143,042	\$632,973,333	\$672,978,527	\$734,297,829	\$807,257,550	\$907,970,881	\$1,055,971,262	\$1,091,973,000	8.3%	89.8%
Administrative Costs	\$86,424,297	\$81,361,452	\$88,870,964	\$87,867,286	\$96,945,550	\$103,626,017	\$100,847,624	\$124,536,028	\$128,904,000	5.1%	49.2%
Federal Share	\$50,085,084	\$45,439,898	\$49,891,814	\$45,813,555	\$53,554,056	\$56,629,109	\$60,135,239	\$72,239,744	\$74,773,000	5.1%	49.3%
State Share	\$36,339,213	\$35,921,554	\$38,979,150	\$42,053,731	\$43,391,494	\$46,996,908	\$40,712,385	\$52,296,284	\$54,131,000	5.1%	49.0%
Admin. Costs as % of Payments	4.38%	4.04%	4.13%	3.83%	3.92%	3.81%	3.26%	3.58%	3.54%		
Federal Match Rate*	70.71%	70.77%	70.43%	70.23%	69.85%	69.95%	70.44%	69.34%	69.81%		

*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 02 and 03 reflect latest estimates reported by each state (CMS 37).

SOUTH CAROLINA

SOUTHERN REGION MEDICAID PROFILE

STATE FINANCING

	Payments		Administration	
	FFY 95	FFY 01	FFY 95	FFY 01
State General Fund	\$575,280,188	\$876,255,291	\$36,339,213	\$40,712,385
Local Funds	\$0	\$0	\$0	\$0
Provider Taxes	\$0	\$31,715,590	\$0	\$0
Donations*	\$0	\$0	\$0	\$0
Other**	\$0	\$0	\$0	\$0
Total State Share	\$575,280,188	\$907,970,881	\$36,339,213	\$40,712,385

*Donations from miscellaneous contracts

**Other from Outstationed Eligibility Workers Program

Provider Taxes Currently in Place (FFY 01)

	Tax Rate	Amount
General hospitals	Flat tax on previous year gross revenues	\$24,830,290
ICF/MR	\$8.50 per patient day	\$6,885,300
Total		\$31,715,590

DISPROPORTIONATE SHARE HOSPITAL (DSH) PAYMENTS

	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	FFY 01*	FFY 02**	FFY 03**	Annual Change
General Hospitals	\$367,034,942	\$395,316,780	\$401,352,000	\$408,098,253	\$397,673,493	\$328,512,395	\$320,695,867	\$353,158,468	\$333,762,000	-3.0%
Mental Hospitals	\$73,076,341	\$44,442,220	\$38,407,000	\$37,580,232	\$36,113,205	\$46,833,976	\$51,251,895	\$48,081,798	\$49,341,000	4.3%
Total	\$440,111,283	\$439,759,000	\$439,759,000	\$445,678,485	\$433,786,698	\$375,346,371	\$371,947,762	\$401,240,266	\$383,103,000	-2.3%

SELECTED ELIGIBILITY CRITERIA

	At 10/1/01	% of FPL*
TANF-Temporary Assistance for Needy Families (Family of 3)		
Need Standard	\$609	48.7%
Payment Standard	\$204	16.3%
Maximum Payment	\$205	16.4%
Medically Needy Program (Family of 3)		
Income Eligibility Standard	N/A	
Resource Standard		
Pregnant Women, Children and Infants (% of FPL*)		
Pregnant women and infants		185.0%
Children to age 6		133.0%
Children age 6 to 18		150.0%
SSI Eligibility Levels		
Income:		
Single Person	\$545	73.8%
Couple	\$817	82.1%
Resources:		
Single Person	\$2,000	
Couple	\$4,000	

DEMOGRAPHIC DATA & POVERTY INDICATORS (2000)

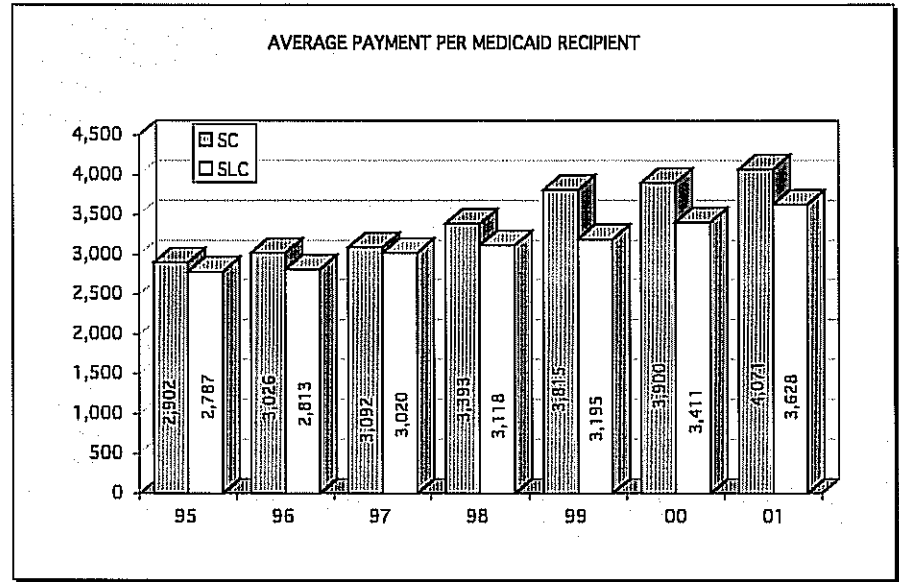
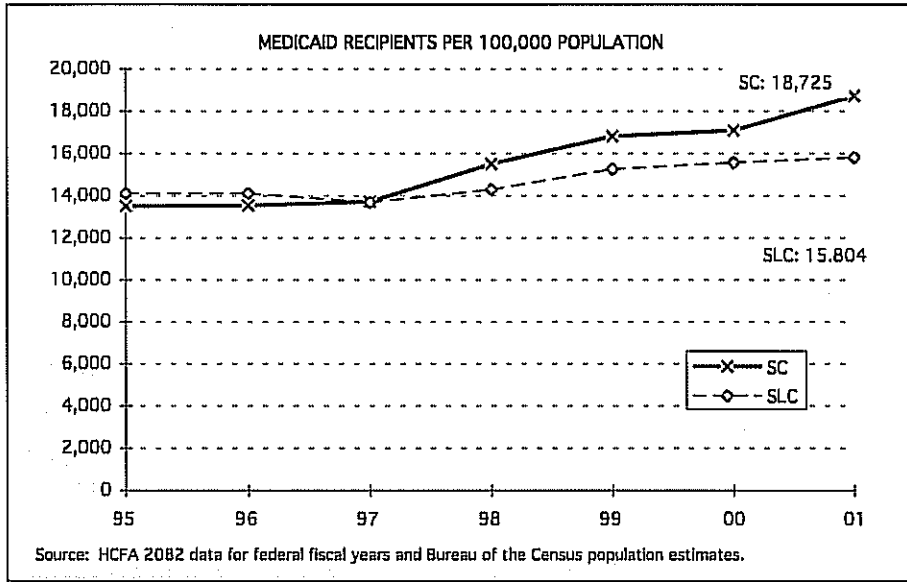
		Rank in U.S.
State population—July 1, 2001*	4,063,011	26
Per capita personal income**	\$23,952	40
Median household income**	\$37,119	39
Population below Federal Poverty Level on July 1, 2001*	483,498	
Percent of total population	11.9%	21
Population without health insurance coverage*	483,498	26
Percent of total state population	11.9%	29
Recipients of Food Stamps***	315,718	19
Households receiving Food Stamps***	130,055	21
Total value of issuance***	\$269,270,452	19
Average monthly benefit per recipient	\$71.07	31
Average monthly benefit per household	\$172.54	11
Monthly recipients of Temporary Assistance to Needy Families (TANF)****	40,143	30
Total TANF payments****	\$124,381,097	45
Average monthly payment per recipient	\$258.20	
Maximum monthly payment per family of 3	\$201.00	45

*Current federal poverty level is \$8,860 per year for a single person, \$11,940 for a family of two and \$15,020 for a family of three. Table above shows monthly income levels.

*Bureau of the Census. **Bureau of Economic Analysis. ***USDA. ****USDHHS.

SOUTH CAROLINA

SOUTHERN REGION MEDICAID PROFILE



DATA BY TYPE OF SERVICES (Includes Fee-For-Service and Waivers)

RECIPIENTS BY TYPE OF SERVICES

	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	FFY 01	Annual Change
01. General Hospital	138,312	135,838	137,519	137,289	137,578	148,303	159,066	2.4%
02. Mental Hospital	1,783	1,303	1,181	1,531	1,552	2,023	1,841	0.5%
03. Skilled and Intermediate (non-MR) Care Nursing	15,359	16,106	16,313	17,352	17,458	17,663	18,859	3.5%
04. Intermediate Care for Mentally Retarded	3,137	3,025	2,837	2,856	2,504	2,387	2,411	-4.3%
05. Physician Services	389,236	386,894	393,019	418,331	470,740	499,921	546,422	5.8%
06. Dental Services	113,238	112,781	116,292	130,360	139,267	162,503	202,078	10.1%
07. Other Practitioners	88,422	89,557	93,858	87,212	100,472	112,500	130,242	6.7%
08. Outpatient Hospital	216,198	212,316	218,299	233,585	263,419	292,783	317,038	6.6%
09. Clinic Services	201,554	211,974	223,608	224,554	333,007	334,661	355,385	9.9%
10. Lab and X-Ray	145,387	145,398	146,784	150,252	211,494	234,429	262,805	10.4%
11. Home Health	15,906	18,553	21,792	10,331	10,223	9,657	9,053	-9.0%
12. Prescribed Drugs	365,571	365,409	359,910	401,611	446,938	474,465	542,764	6.8%
13. Family Planning	55,788	66,319	79,256	112,341	0	0	5,971	-31.1%
14. Early & Periodic Screening, Diagnosis & Treatment	105,862	102,334	102,936	108,591	0	0	0	-100.0%
15. Other Care	141,651	134,608	127,397	113,086	102,147	142,519	162,845	2.4%
16. Personal Care Support Services	0	0	0	61,734	15,888	81,026	89,000	13.0%
17. Home/Community Based Waiver Services	0	0	0	14,675	0	0	0	-100.0%
18. Prepaid Health Care	0	0	0	17,195	15,607	43,315	60,055	51.7%
19. Primary Care Case Management (PCCM) Services	0	0	0	0	0	0	0	n/a
Total*	495,500	503,295	519,875	594,962	644,580	685,104	760,797	7.4%

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

SOUTH CAROLINA

SOUTHERN REGION MEDICAID PROFILE

<u>PAYMENTS BY TYPE OF SERVICES</u>	<u>FFY 95</u>	<u>FFY 96</u>	<u>FFY 97</u>	<u>FFY 98</u>	<u>FFY 99</u>	<u>FFY 00</u>	<u>FFY 01</u>	<u>Annual Change</u>	<u>Share of Total FFY 01</u>
01. General Hospital	\$331,618,553	\$327,693,359	\$333,432,020	\$522,891,024	\$751,959,296	\$725,513,341	\$830,534,319	16.5%	26.8%
02. Mental Hospital	\$48,948,962	\$27,732,879	\$23,672,509	\$47,960,982	\$85,913,142	\$97,722,852	\$98,066,992	12.3%	3.2%
03. Skilled and Intermediate (non-MR) Care Nursing	\$238,471,153	\$268,110,314	\$281,609,211	\$302,667,749	\$309,472,299	\$334,646,176	\$355,576,568	6.9%	11.5%
04. Intermediate Care for Mentally Retarded	\$162,291,354	\$169,209,598	\$162,263,264	\$167,959,347	\$163,499,835	\$169,196,133	\$165,568,171	0.3%	5.3%
05. Physician Services	\$121,998,248	\$131,025,788	\$143,150,356	\$150,905,913	\$174,104,766	\$190,995,097	\$231,918,553	11.3%	7.5%
06. Dental Services	\$14,354,425	\$14,492,151	\$15,590,151	\$18,640,048	\$18,755,973	\$48,151,420	\$75,981,863	32.0%	2.5%
07. Other Practitioners	\$7,881,310	\$8,126,951	\$8,417,004	\$6,023,393	\$7,075,946	\$8,109,207	\$9,507,546	3.2%	0.3%
08. Outpatient Hospital	\$41,457,108	\$42,047,434	\$47,599,416	\$52,518,262	\$60,423,664	\$77,354,626	\$80,136,150	11.6%	2.6%
09. Clinic Services	\$116,964,885	\$126,189,093	\$129,341,086	\$138,424,592	\$255,820,928	\$287,781,398	\$348,039,263	19.9%	11.2%
10. Lab and X-Ray	\$9,866,228	\$10,769,176	\$11,924,976	\$12,185,658	\$14,065,499	\$16,537,070	\$19,449,759	12.0%	0.6%
11. Home Health	\$77,678,849	\$92,608,371	\$124,959,128	\$15,473,934	\$14,652,302	\$15,196,149	\$20,129,679	-20.2%	0.7%
12. Prescribed Drugs	\$124,500,348	\$143,804,519	\$159,606,414	\$224,962,203	\$268,317,914	\$334,740,332	\$438,498,935	23.3%	14.2%
13. Family Planning	\$13,554,764	\$24,040,363	\$17,771,271	\$34,421,428	\$0	\$8,212,530	\$4,795,333	-15.9%	0.2%
14. Early & Periodic Screening, Diagnosis & Treatment	\$7,736,383	\$7,525,154	\$7,715,555	\$7,942,631	\$0	\$0	\$0	-100.0%	0.0%
15. Other Care	\$120,791,541	\$129,365,422	\$140,375,487	\$102,108,042	\$245,205,321	\$142,594,379	\$137,395,749	2.2%	4.4%
16. Personal Care Support Services	\$0	\$0	\$0	\$73,310,778	\$70,991,089	\$187,606,225	\$243,996,181	49.3%	7.9%
17. Home/Community Based Waiver Services	\$0	\$0	\$0	\$123,052,297	\$0	\$0	\$0	-100.0%	0.0%
18. Prepaid Health Care	\$0	\$0	\$0	\$17,172,147	\$18,900,551	\$27,788,595	\$37,258,467	29.5%	1.2%
19. Primary Case Management (PCCM) Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a	0.0%
Total (excludes DSH pymts, pharmacy rebates, & other adjs.)	\$1,438,114,111	\$1,522,740,572	\$1,607,427,848	\$2,018,620,428	\$2,459,158,525	\$2,672,145,530	\$3,096,853,528	13.6%	100.0%

AVERAGE PAYMENTS PER RECIPIENT BY TYPE OF SERVICES

								(+) or (-) SLC	
									<u>FFY 01</u>
01. General Hospital	\$2,397.61	\$2,412.38	\$2,424.63	\$3,808.69	\$5,465.69	\$4,892.10	\$5,221.32	13.9%	22.0%
02. Mental Hospital	\$27,453.15	\$21,283.87	\$20,044.46	\$31,326.57	\$55,356.41	\$48,305.91	\$53,268.33	11.7%	712.9%
03. Skilled and Intermediate (non-MR) Care Nursing	\$15,526.48	\$16,646.61	\$17,262.87	\$17,442.82	\$17,726.68	\$18,946.17	\$18,854.48	3.3%	0.6%
04. Intermediate Care for Mentally Retarded	\$51,734.57	\$55,937.06	\$57,195.37	\$58,809.30	\$65,295.46	\$70,882.33	\$68,671.99	4.8%	-6.1%
05. Physician Services	\$313.43	\$338.66	\$364.23	\$360.73	\$369.85	\$382.05	\$424.43	5.2%	-5.7%
06. Dental Services	\$126.76	\$128.50	\$134.06	\$142.99	\$134.68	\$296.31	\$376.00	19.9%	53.6%
07. Other Practitioners	\$89.13	\$90.75	\$89.68	\$69.07	\$70.43	\$72.08	\$73.00	-3.3%	-68.9%
08. Outpatient Hospital	\$191.76	\$198.04	\$218.05	\$224.84	\$229.38	\$264.20	\$252.77	4.7%	-47.6%
09. Clinic Services	\$580.32	\$595.30	\$578.43	\$616.44	\$768.21	\$859.92	\$979.33	9.1%	69.4%
10. Lab and X-Ray	\$67.86	\$74.07	\$81.24	\$81.10	\$66.51	\$70.54	\$74.01	1.5%	-26.9%
11. Home Health	\$4,883.62	\$4,991.56	\$5,734.17	\$1,497.82	\$1,433.27	\$1,573.59	\$2,223.54	-12.3%	-7.6%
12. Prescribed Drugs	\$340.56	\$393.54	\$443.46	\$560.15	\$600.35	\$705.51	\$807.90	15.5%	-22.1%
13. Family Planning	\$242.97	\$362.50	\$224.23	\$306.40	\$0.00	\$0.00	\$803.10	22.0%	46.5%
14. Early & Periodic Screening, Diagnosis & Treatment	\$73.08	\$73.54	\$74.95	\$73.14	\$0.00	\$0.00	\$0.00	-100.0%	-100.0%
15. Other Care	\$852.74	\$961.05	\$1,101.87	\$902.92	\$2,400.51	\$1,000.53	\$843.72	-0.2%	-45.7%
16. Personal Care Support Services	\$0.00	\$0.00	\$0.00	\$1,187.53	\$4,468.22	\$2,315.38	\$2,741.53	32.2%	39.6%
17. Home/Community Based Waiver Services	\$0.00	\$0.00	\$0.00	\$8,385.17	\$0.00	\$0.00	\$0.00	-100.0%	-100.0%
18. Prepaid Health Care	\$0.00	\$0.00	\$0.00	\$998.67	\$1,211.03	\$641.55	\$620.41	-14.7%	-58.6%
19. Primary Care Case Management (PCCM) Services	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	n/a	-100.0%
Total (Average)	\$2,902.35	\$3,025.54	\$3,091.95	\$3,392.86	\$3,815.13	\$3,900.35	\$4,070.54	5.8%	0.119084806

TOTAL PER CAPITA EXPENDITURES	\$561.77	\$563.73	\$591.57	\$620.38	\$670.35	\$704.04	\$786.47	5.8%	14.1%
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SOUTH CAROLINA

SOUTHERN REGION MEDICAID PROFILE
DATA BY OTHER CHARACTERISTICS

RECIPIENTS BY OTHER CHARACTERISTICS

	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	FFY 01	Annual Change	Share of Total FFY 01
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	257,072	245,107	197,281	190,767	173,708	188,071	215,593	-2.9%	28.3%
Poverty Related Eligibles	48,921	55,794	194,689	225,889	284,950	316,749	341,523	38.2%	44.9%
Medically Needy	10	3	0	0	0	0	0	-44.7%	0.0%
Other Eligibles	189,497	202,391	127,905	155,498	171,055	165,765	188,014	-0.1%	24.7%
Maintenance Assistance Status Unknown	0	0	0	22,808	14,867	14,519	15,666	-11.8%	2.1%
Total	495,500	503,295	519,875	594,962	644,580	685,104	760,797	7.4%	100.0%
By Basis of Eligibility									
Aged, Blind, or Disabled	172,026	176,276	178,845	174,978	181,200	184,028	207,491	3.2%	27.3%
Children	234,783	236,162	244,194	269,751	309,070	341,545	377,498	8.2%	49.6%
Foster Care Children	1,794	1,569	2,831	6,412	6,938	6,523	7,096	25.8%	0.9%
Adults	86,897	89,288	94,005	121,013	132,505	138,489	153,046	9.9%	20.1%
Basis of Eligibility Unknown	0	0	0	22,808	14,867	14,519	15,666	-11.8%	2.1%
Total	495,500	503,295	519,875	594,962	644,580	685,104	760,797	7.4%	100.0%
By Age									
Under Age 1	40,906	39,925	41,450	27,168	27,776	29,086	33,621	-3.2%	4.4%
Age 1 to 5	97,639	95,377	92,463	100,788	107,798	116,757	130,184	4.9%	17.1%
Age 6 to 14	91,237	96,955	103,589	130,359	151,975	165,970	182,239	12.2%	24.0%
Age 15 to 20	42,726	45,163	49,379	64,024	76,389	84,331	92,289	13.7%	12.1%
Age 21 to 44	102,402	104,364	110,538	131,514	140,315	145,897	162,055	8.0%	21.3%
Age 45 to 64	42,028	43,725	46,723	46,949	50,003	53,060	59,270	5.9%	7.8%
Age 65 to 74	33,068	32,365	30,695	29,380	29,409	29,340	33,390	0.2%	4.4%
Age 75 to 84	28,454	28,333	28,321	27,507	28,334	28,419	32,142	2.1%	4.2%
Age 85 and Over	16,899	16,952	16,592	17,408	17,717	17,728	19,999	2.8%	2.6%
Age Unknown	141	136	125	19,865	14,864	14,516	15,607	119.1%	2.1%
Total	495,500	503,295	519,875	594,962	644,580	685,104	760,797	7.4%	100.0%
By Race									
White	184,392	188,387	196,643	220,674	243,227	262,209	290,688	7.9%	38.2%
Black	286,346	288,669	295,146	326,308	354,424	372,453	414,733	6.4%	54.5%
Hispanic, American Indian or Asian	3,403	4,033	4,832	5,667	6,536	7,849	8,559	16.6%	1.1%
Other/Unknown	21,359	22,206	23,254	42,313	40,393	42,593	46,817	14.0%	6.2%
Total*	495,500	503,295	519,875	594,962	644,580	685,104	760,797	7.4%	100.0%
By Sex									
Female	313,065	318,798	331,412	369,944	400,921	422,242	469,645	7.0%	61.7%
Male	182,363	184,442	188,363	205,046	228,684	248,225	275,420	7.1%	36.2%
Unknown	72	55	100	19,972	14,975	14,637	15,732	145.4%	2.1%
Total*	495,500	503,295	519,875	594,962	644,580	685,104	760,797	7.4%	100.0%

*FFY 01 projected using FFY 95-FFY 00 trends.

Source: Health Care Financing Administration-Form HCFA 2082 for federal fiscal years

SOUTH CAROLINA

SOUTHERN REGION MEDICAID PROFILE

PAYMENTS BY OTHER CHARACTERISTICS

	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	FFY 01	Annual Change	Share of Total FFY 01
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	\$712,038,867	\$746,410,451	\$718,713,823	\$751,927,407	\$857,200,691	\$923,581,109	\$1,094,283,031	7.4%	35.3%
Poverty Related Eligibles	\$76,134,287	\$78,680,449	\$326,182,355	\$448,329,281	\$529,534,698	\$596,044,085	\$670,520,893	43.7%	21.7%
Medically Needy	\$186,805	\$18,596	\$0	\$0	\$0	\$0	\$7,444	-41.6%	0.0%
Other Eligibles	\$649,754,152	\$697,631,076	\$562,531,670	\$558,650,582	\$660,860,620	\$718,108,307	\$857,556,218	4.7%	27.7%
Maintenance Assistance Status Unknown	\$0	\$0	\$0	\$259,713,158	\$411,562,516	\$434,412,029	\$474,485,942	22.2%	15.3%
Total	\$1,438,114,111	\$1,522,740,572	\$1,607,427,848	\$2,018,620,428	\$2,459,158,525	\$2,672,145,530	\$3,096,853,528	13.6%	100.0%
By Basis of Eligibility									
Aged, Blind or Disabled	\$1,014,169,010	\$1,090,644,731	\$1,154,772,516	\$1,240,263,794	\$1,448,755,776	\$1,555,748,570	\$1,827,732,102	10.3%	59.0%
Children	\$262,493,979	\$270,986,259	\$273,775,606	\$305,302,576	\$354,976,903	\$423,251,932	\$491,780,545	11.0%	15.9%
Foster Care Children	\$1,585,042	\$1,479,650	\$19,242,618	\$51,231,425	\$56,630,829	\$53,323,601	\$59,974,022	83.2%	1.9%
Adults	\$159,866,080	\$159,629,932	\$159,637,108	\$162,109,475	\$187,232,501	\$205,409,398	\$242,880,917	7.2%	7.8%
Basis of Eligibility Unknown	\$0	\$0	\$0	\$259,713,158	\$411,562,516	\$434,412,029	\$474,485,942	22.2%	15.3%
Total	\$1,438,114,111	\$1,522,740,572	\$1,607,427,848	\$2,018,620,428	\$2,459,158,525	\$2,672,145,530	\$3,096,853,528	13.6%	100.0%
By Age									
Under Age 1	\$108,153,196	\$100,158,295	\$108,036,981	\$79,118,760	\$79,204,351	\$94,434,546	\$115,060,903	1.0%	3.7%
Age 1 to 5	\$76,035,305	\$79,270,797	\$86,712,318	\$117,683,342	\$131,384,923	\$156,235,953	\$179,697,145	15.4%	5.8%
Age 6 to 14	\$117,491,921	\$130,904,482	\$137,137,669	\$163,537,315	\$189,042,393	\$217,798,359	\$252,443,892	13.6%	8.2%
Age 15 to 20	\$113,410,195	\$119,820,676	\$120,856,349	\$146,855,007	\$176,347,386	\$190,801,369	\$222,263,962	11.9%	7.2%
Age 21 to 44	\$361,943,923	\$381,480,400	\$395,298,868	\$426,843,487	\$474,114,727	\$512,420,215	\$604,917,128	8.9%	19.5%
Age 45 to 64	\$243,126,166	\$270,939,325	\$306,032,977	\$338,951,033	\$450,934,936	455,039,643	529,883,196	13.9%	17.1%
Age 65 to 74	\$123,593,083	\$127,990,689	\$126,588,198	\$137,571,468	\$154,385,164	178,202,298	208,948,718	9.1%	6.7%
Age 75 to 84	\$148,874,558	\$156,957,161	\$165,383,092	\$179,507,553	\$201,390,113	224,699,561	263,726,921	10.0%	8.5%
Age 85 and Over	\$130,815,986	\$139,425,579	\$144,856,257	\$173,537,576	\$190,845,601	208,059,651	243,851,510	10.9%	7.9%
Age Unknown	\$14,669,778	\$15,793,168	\$16,525,139	\$255,014,887	\$411,508,931	434,453,935	476,060,153	78.6%	15.4%
Total	\$1,438,114,111	\$1,522,740,572	\$1,607,427,848	\$2,018,620,428	\$2,459,158,525	\$2,672,145,530	\$3,096,853,528	13.6%	100.0%
By Race									
White	\$668,792,154	\$702,460,735	\$738,043,044	\$823,140,050	\$979,645,956	\$1,080,036,909	\$1,260,968,411	11.1%	40.7%
Black	\$653,619,676	\$693,817,051	\$730,748,650	\$819,207,631	\$913,165,680	\$1,041,245,496	\$1,217,091,514	10.9%	39.3%
Hispanic, American Indian or Asian	\$4,571,798	\$5,219,991	\$6,501,127	\$6,968,889	\$8,788,052	\$11,179,398	\$12,746,174	18.6%	0.4%
Other/Unknown	\$111,130,483	\$121,242,795	\$132,135,027	\$369,303,858	\$557,558,837	\$539,683,728	\$606,047,429	32.7%	19.6%
Total*	\$1,438,114,111	\$1,522,740,572	\$1,607,427,848	\$2,018,620,428	\$2,459,158,525	\$2,672,145,530	\$3,096,853,528	13.6%	100.0%
By Sex									
Female	\$875,669,421	\$918,593,270	\$970,056,165	\$1,072,190,466	\$1,226,029,669	\$1,395,515,420	\$1,629,577,454	10.9%	52.6%
Male	\$548,027,139	\$588,648,232	\$620,757,369	\$691,382,912	\$821,601,056	\$934,681,893	\$1,087,089,084	12.1%	35.1%
Unknown	\$14,417,551	\$15,499,070	\$16,614,314	\$255,047,050	\$411,527,800	\$341,948,216	\$380,186,991	72.5%	12.3%
Total*	\$1,438,114,111	\$1,522,740,572	\$1,607,427,848	\$2,018,620,428	\$2,459,158,525	\$2,672,145,530	\$3,096,853,528	13.6%	100.0%

*FFY 01 projected using FFY 95-FFY 00 trends.

Source: Health Care Financing Administration-Form HCFA 2082 for federal fiscal years

SOUTH CAROLINA

SOUTHERN REGION MEDICAID PROFILE

AVERAGE PAYMENT PER RECIPIENT BY OTHER CHARACTERISTICS

	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	FFY 01	Annual Change	Above (+) or Below (-) SLC Avg. FFY 01
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	\$2,769.80	\$3,045.24	\$3,643.10	\$3,941.60	\$4,934.72	\$4,910.81	\$5,075.68	10.6%	13.7%
Poverty Related Eligibles	\$1,556.27	\$1,410.20	\$1,675.40	\$1,984.73	\$1,858.34	\$1,881.76	\$1,963.32	3.9%	-0.6%
Medically Needy	\$18,680.50	\$6,198.67	\$0.00	\$0.00	\$0.00	\$0.00	\$26,050.11	5.7%	641.2%
Other Eligibles	\$3,428.84	\$3,446.95	\$4,398.04	\$3,592.65	\$3,863.44	\$4,332.09	\$4,561.13	4.9%	-27.5%
Maintenance Assistance Status Unknown	\$0.00	\$0.00	\$0.00	\$11,386.93	\$27,682.96	\$29,920.24	\$30,286.93	38.6%	1364.0%
Total	\$2,902.35	\$3,025.54	\$3,091.95	\$3,392.86	\$3,815.13	\$3,900.35	\$4,070.54	5.8%	11.9%
By Basis of Eligibility									
Aged, Blind or Disabled	\$5,895.44	\$6,187.14	\$6,456.83	\$7,088.11	\$7,995.34	\$8,453.87	\$8,808.72	6.9%	3.4%
Children	\$1,118.03	\$1,147.46	\$1,121.14	\$1,131.79	\$1,148.53	\$1,239.23	\$1,302.74	2.6%	-6.2%
Foster Care Children	\$883.52	\$943.05	\$6,797.11	\$7,989.93	\$8,162.41	\$8,174.71	\$8,451.78	45.7%	429.5%
Adults	\$1,839.72	\$1,787.81	\$1,698.18	\$1,339.60	\$1,413.02	\$1,483.22	\$1,586.98	-2.4%	-38.3%
Basis of Eligibility Unknown	\$0.00	\$0.00	\$0.00	\$11,386.93	\$27,682.96	\$29,920.24	\$30,286.93	38.6%	4621.3%
Total	\$2,902.35	\$3,025.54	\$3,091.95	\$3,392.86	\$3,815.13	\$3,900.35	\$4,070.54	5.8%	11.9%
By Age									
Under Age 1	\$2,643.94	\$2,508.66	\$2,606.44	\$2,912.20	\$2,851.54	\$3,246.74	\$3,422.27	4.4%	20.6%
Age 1 to 5	\$778.74	\$831.13	\$937.81	\$1,167.63	\$1,218.81	\$1,338.13	\$1,380.33	10.0%	-0.7%
Age 6 to 14	\$1,287.77	\$1,350.16	\$1,323.86	\$1,254.51	\$1,243.90	\$1,312.28	\$1,385.24	1.2%	-2.9%
Age 15 to 20	\$2,654.36	\$2,653.07	\$2,447.53	\$2,293.75	\$2,308.54	\$2,262.53	\$2,408.35	-1.6%	2.1%
Age 21 to 44	\$3,534.54	\$3,655.29	\$3,576.14	\$3,245.61	\$3,378.93	\$3,512.21	\$3,732.79	0.9%	-13.0%
Age 45 to 64	\$5,784.86	\$6,196.44	\$6,549.94	\$7,219.56	\$9,018.16	\$8,575.95	\$8,940.19	7.5%	12.4%
Age 65 to 74	\$3,737.54	\$3,954.60	\$4,124.07	\$4,682.49	\$5,249.59	\$6,073.70	\$6,257.74	9.0%	-1.0%
Age 75 to 84	\$5,232.11	\$5,539.73	\$5,839.59	\$6,525.89	\$7,107.72	\$7,906.67	\$8,205.02	7.8%	-12.6%
Age 85 and Over	\$7,741.05	\$8,224.73	\$8,730.49	\$9,968.84	\$10,771.89	\$11,736.22	\$12,193.36	7.9%	-12.1%
Age Unknown	\$104,040.98	\$116,126.24	\$132,201.11	\$12,837.40	\$27,684.94	\$29,929.31	\$30,502.27	-18.5%	1154.2%
Total	\$2,902.35	\$3,025.54	\$3,091.95	\$3,392.86	\$3,815.13	\$3,900.35	\$4,070.54	5.8%	11.9%
By Race									
White	\$3,627.01	\$3,728.82	\$3,753.21	\$3,730.12	\$4,027.70	\$4,118.99	\$4,337.88	3.0%	-1.6%
Black	\$2,282.62	\$2,403.50	\$2,475.89	\$2,510.53	\$2,576.48	\$2,795.64	\$2,934.64	4.3%	-1.5%
Hispanic, American Indian or Asian	\$1,343.46	\$1,294.32	\$1,345.43	\$1,229.73	\$1,344.56	\$1,424.33	\$1,489.15	1.7%	-36.8%
Other/Unknown	\$5,202.98	\$5,459.91	\$5,682.25	\$8,727.91	\$13,803.35	\$12,670.60	\$12,945.13	16.4%	177.4%
Total	\$2,902.35	\$3,025.54	\$3,091.95	\$3,392.86	\$3,815.13	\$3,900.35	\$4,070.54	5.8%	11.9%
By Sex									
Female	\$2,797.09	\$2,881.43	\$2,927.04	\$2,898.25	\$3,058.03	\$3,305.01	\$3,469.81	3.7%	-7.7%
Male	\$3,005.14	\$3,191.51	\$3,295.54	\$3,371.84	\$3,592.74	\$3,765.46	\$3,947.02	4.6%	16.8%
Unknown	\$200,243.76	\$281,801.27	\$166,143.14	\$12,770.23	\$27,480.99	\$23,361.91	\$24,166.52	-29.7%	261.5%
Total	\$2,902.35	\$3,025.54	\$3,091.95	\$3,392.86	\$3,815.13	\$3,900.35	\$4,070.54	5.8%	11.9%

Source: Health Care Financing Administration-Form HCFA 2082 for federal fiscal years

SOUTH CAROLINA

SOUTHERN REGION MEDICAID PROFILE

ADDITIONAL STATE HEALTH CARE INFORMATION

Sources: "Major Health Care Policies: 50 State Profiles", Health Policy Tracking Service, January, 2002; and "Medicaid Services State by State", HCFA, October 2001.

*Information supplied by State Medicaid Agency

Waivers

South Carolina operates a health reform demonstration with a Freedom of Choice Waiver under Title XIX, Section 1915 (b). The High Risk Channeling Project implements a case management system, including expanded screening to identify pregnant women at high medical risk. It has been operating since 1986.

Several 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: Serves 7,252 people, operating since October 1, 1984.
- AIDS: Serves 639 people, operating since October 1, 1988.
- Mental Retardation and Related Conditions: Serves 1,004 people, operating since October 1, 1991.
- Traumatic Brain Injury (including spinal cord injuries): Serves 108 people, operating since April 1, 1995.
- People Age 21 and Over Dependent on Mechanical Ventilation: Serves 25 people, operating since December 1, 1994.
- People Age 18 and Over with Amyotrophic Lateral Sclerosis: Operating since January 1, 1987.

Family Planning Waiver Expansion: The South Carolina Department of Health and Human Services submitted to HCFA an expansion proposal which would revise the existing waiver to include all women at or below 185% of the federal poverty level. These individuals would be eligible for family planning services without the requirement of having a Medicaid reimbursed pregnancy. The program was implemented in June 1997.

Medicaid Coverage of Home Care for Certain Disabled Children: Under Section 143 of the Tax Equity and Fiscal Responsibility Act of 1982, states are allowed to make Medicaid benefits available to certain disabled children ordinarily not eligible for SSI benefits because of their parents' income or resources. These children are referred to as "Katie Beckett" or TEFRA children. South Carolina began covering these children effective January 1, 1995.

Managed Care

- Any Willing Provider Clause: For pharmacies and allied professionals.
- The South Carolina Medicaid Managed Care Program offers eligibles a choice of two voluntary managed care delivery systems: (1) The Physician Enhanced Program (PEP); and (2) The HMO Program.

Coverage for Targeted Population

- The State does not have any indigent care programs for adults.

Cost Containment Measures

- Certificate of Need Program since 1971. Regulates introduction or expansion of new institutional health facilities and services. Program revised in 1992.
- Rate setting. Prospective payment/Diagnostic-Related Group methodology used for Medicaid.

Medicaid

- 19 optional services are offered.
- Counties provide \$0.50 per capita to provide Medicaid services. An additional \$13 million is assessed for use as matching funds for Medicaid, with \$7.5 million of this amount going to the Medicaid Expansion Fund.

SOUTH CAROLINA

SOUTHERN REGION MEDICAID PROFILE

Medicaid (Continued)

- Pharmacy Services: Effective July 1, 1998, Medicaid eligible recipients from birth through the month of their 21st birthday are eligible to receive an unlimited number of prescriptions per month.
- Pharmacy Services: Effective July 1, 1999, Medicaid eligible recipients 21 years and one month old and older will be eligible to receive 4 prescriptions per month.
- Enacted legislation in 2000 that created a pharmacy assistance program, SILVERxCARD, for individuals who are 65 and older, have lived in the state for 6 months, have incomes up to 150% of the FPL, and have no other prescription drug coverage. The Legislature appropriated \$20 million in tobacco settlement funds for the program, effective January 1, 2001.
- In August 2001, received approval from the HHS to extend Medicaid coverage to low-income, uninsured women for breast or cervical treatment.
- Appropriated funds to extend Medicaid benefits to working disabled individuals whose family income is less than 250% of the FPL and who could receive Supplemental Security Income (SSI) benefits except for their earned income.
- Appropriated funds to establish the Rehabilitative Therapy Services Fund for payment to private providers for Medicaid services to eligible children, including physical, occupational, and speech therapies and audiology services.

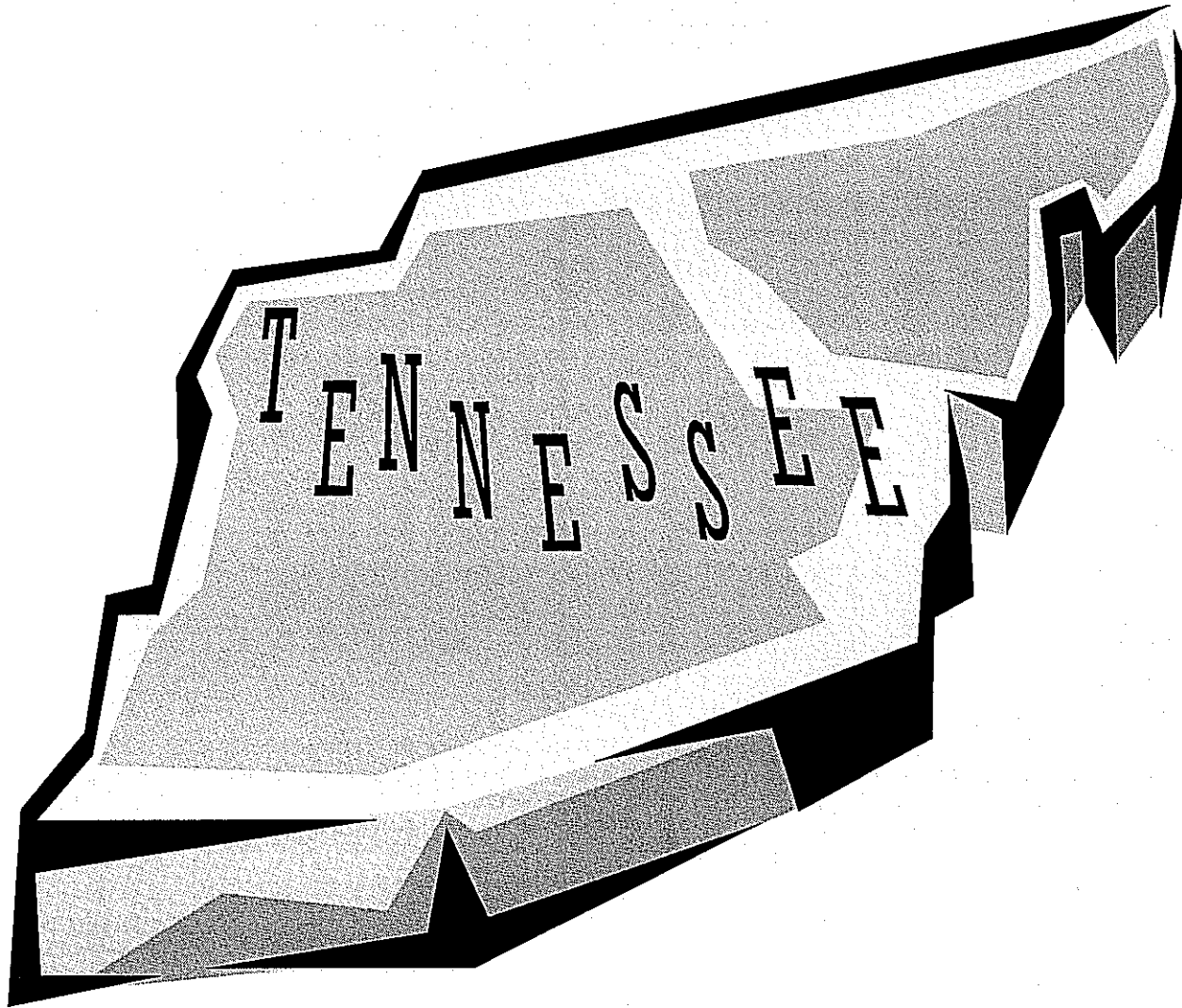
Children's Health Insurance Program: Medicaid Expansion

- The Partners for Healthy Children Program (PHC) received HCFA approval on February 18, 1998. PHC provides coverage through an expansion of Medicaid to children from birth through age 18 in families with incomes at or below 150% of the FPL. The benefit package will be the same as the regular Medicaid package.
- PHC expanded net enrollment of children in Medicaid by over 217,681 by April 2002. SCHIP eligibles accounted for 43,971 of the net increase. There were 55,627 SCHIP recipients in the program as of June 2002.

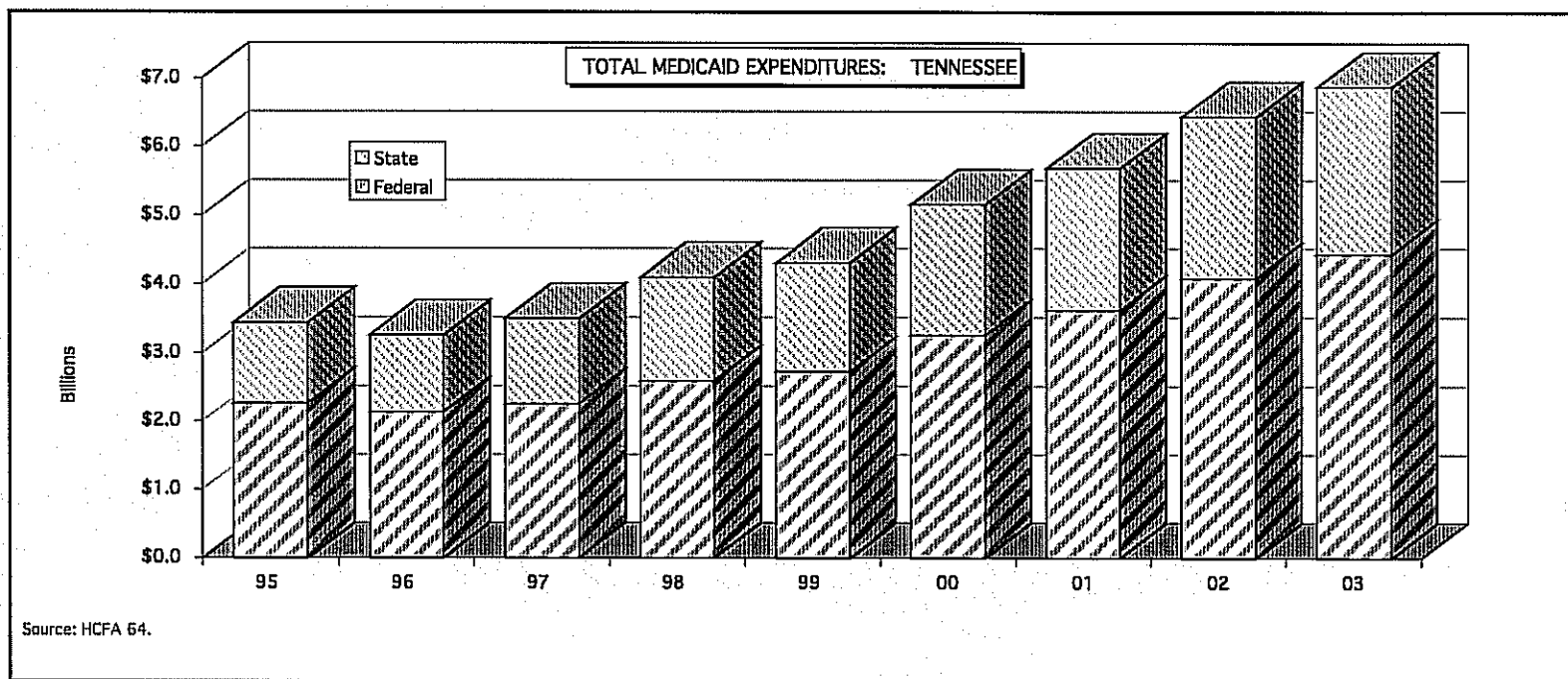
Tobacco Settlement

- The state expects to receive approximately \$2.4 billion over 25 years.
- For Fiscal Year 2000, the tobacco settlement payment was approximately \$96 million.
- Enacted legislation in 1998 that provides for Tobacco Settlement monies to be deposited in the State General Fund for appropriation by the General Assembly.
- Enacted legislation that created the South Carolina Tobacco Community Development Board to provide economic assistance to tobacco growers and tobacco holders in the state.
- In 2001, the state sold the tobacco settlement funds for approximately \$765.2 million to be used for new programs as follows:
 - 15% (\$118 million) of the funds for the Community Trust Fund for tobacco farmers and quota holders;
 - 10% (\$78.5 million) of the funds for the Economic Development Trust Fund to upgrade water and sewer systems, and develop technology infrastructure; and
 - 75% (\$568.7 million) of the funds were placed in the Health Care Endowment.

STATE MEDICAID PROFILE



SOUTHERN REGION MEDICAID PROFILE



	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	FFY 01*	FFY 02**	FFY 03**	Annual Rate of Change	Total Change 95-03
Medicaid Payments	\$3,307,512,305	\$3,201,718,656	\$3,434,971,957	\$3,973,329,340	\$4,178,613,010	\$4,993,964,836	\$5,519,373,714	\$6,244,595,000	\$6,712,170,000	9.2%	102.9%
Federal Share	\$2,199,863,390	\$2,101,608,128	\$2,218,304,890	\$2,521,519,369	\$2,657,217,024	\$3,161,527,392	\$3,528,514,477	\$3,983,015,000	\$4,344,586,000	8.9%	97.5%
State Share	\$1,107,648,915	\$1,100,110,528	\$1,216,667,067	\$1,451,809,971	\$1,521,395,986	\$1,832,437,444	\$1,990,859,237	\$2,261,580,000	\$2,367,584,000	10.0%	113.7%
Administrative Costs	\$127,408,331	\$50,806,343	\$61,788,755	\$123,168,141	\$126,015,624	\$163,074,995	\$164,842,053	\$192,856,000	\$161,882,000	3.0%	27.1%
Federal Share	\$68,684,812	\$29,340,004	\$35,458,089	\$66,979,817	\$68,589,229	\$96,478,650	\$88,991,229	\$103,285,000	\$88,145,000	3.2%	28.3%
State Share	\$58,723,519	\$21,466,339	\$26,330,666	\$56,188,324	\$57,426,395	\$66,596,345	\$75,850,824	\$89,571,000	\$73,737,000	2.9%	25.6%
Admin. Costs as % of Payments	3.85%	1.59%	1.80%	3.10%	3.02%	3.27%	2.99%	3.09%	2.41%		
Federal Match Rate*	66.52%	65.64%	64.58%	63.36%	63.09%	63.10%	63.79%	63.64%	63.64%		

*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 02 and 03 reflect latest estimates reported by each state (CMS 37).

TENNESSEE

SOUTHERN REGION MEDICAID PROFILE

STATE FINANCING

	Payments		Administration	
	FFY 95	FFY 01	FFY 95	FFY 01
State General Fund	\$1,107,648,915	\$1,784,323,508	\$58,723,519	\$75,850,824
Local Funds	\$0	\$0	\$0	\$0
Provider Taxes	\$0	\$205,963,094	\$0	\$0
Donations	\$0	\$572,635	\$0	\$0
Other	\$0	\$0	\$0	\$0
Total State Share	\$1,107,648,915	\$1,990,859,237	\$58,723,519	\$75,850,824

*Donations from Outstationed Eligibility Workers Program

Provider Taxes Currently in Place (FFY 01)

	Tax Rate	Amount
Nursing homes	\$3,250 per bed per year	\$99,837,096
ICF/MR facilities	6% of revenues	\$14,245,743
HMO's	2% of enrollee revenue	\$81,134,525
Physician Professional fee		\$10,745,730
Total		\$205,963,094

DISPROPORTIONATE SHARE HOSPITAL (DSH) PAYMENTS

	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	FFY 01*	FFY 02**	FFY 03**	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
Total	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a

SELECTED ELIGIBILITY CRITERIA

	At 10/1/01	% of FPL*
TANF-Temporary Assistance for Needy Families (Family of 3)		
Need Standard	\$1,430	114.2%
Payment Standard	\$185	14.8%
Maximum Payment	N/A	N/A
Medically Needy Program (Family of 3)		
Income Eligibility Standard	\$250	
Resource Standard	N/A	
Pregnant Women, Children and Infants (% of FPL*)		
Pregnant women and infants		185.0%
Children to age 6		133.0%
Children 6 to 14		100.0%
Children 15 to 18		28.0%
SSI Eligibility Levels		
Income:		
Single Person	\$458	62.0%
Couple	\$687	69.0%
Resources:		
Single Person	\$2,000	
Income to community spouse	\$1,279	

DEMOGRAPHIC DATA & POVERTY INDICATORS (2000)

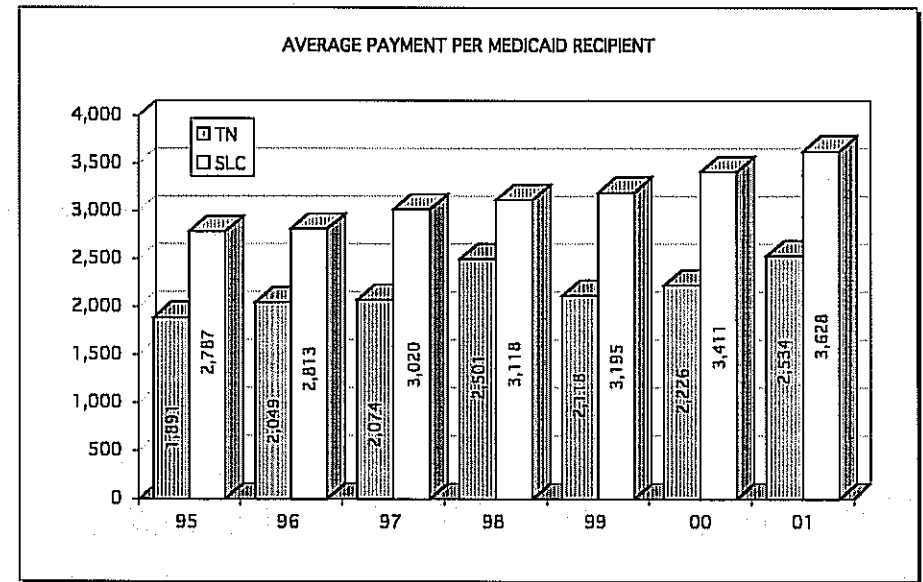
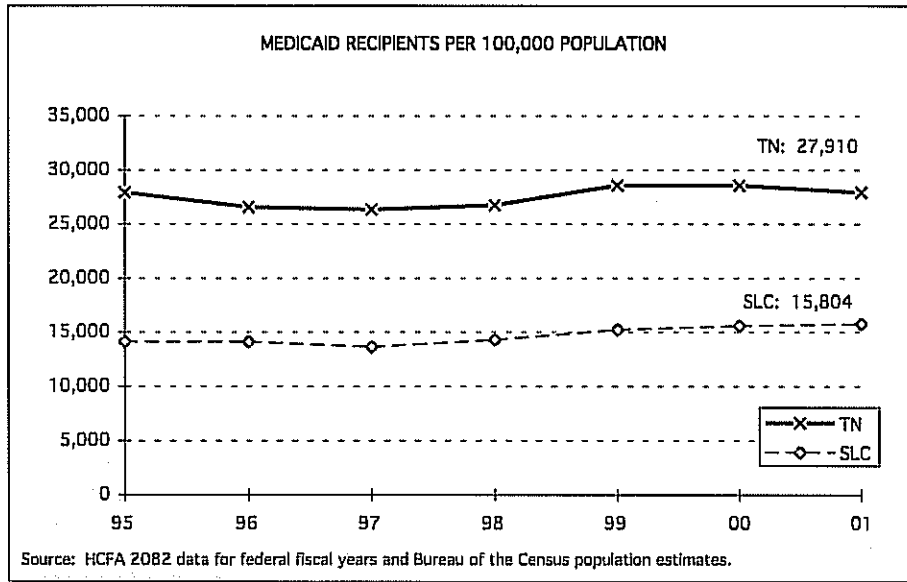
		Rank in U.S.
State population—July 1, 2001*	5,740,021	16
Per capita personal income**	\$25,878	35
Median household income**	\$33,885	43
Population below Federal Poverty Level on July 1, 2001*	763,423	
Percent of total population	13.3%	13
Population without health insurance coverage*	591,222	21
Percent of total state population	10.3%	38
Recipients of Food Stamps***	521,510	10
Households receiving Food Stamps***	226,224	10
Total value of issuance***	\$454,423,658	11
Average monthly benefit per recipient	\$72.61	25
Average monthly benefit per household	\$167.39	16
Monthly recipients of Temporary Assistance to Needy Families (TANF)****	156,247	8
Total TANF payments****	\$273,104,022	32
Average monthly payment per recipient	\$145.66	
Maximum monthly payment per family of 3	\$185.00	48

*Current federal poverty level is \$8,860 per year for a single person, \$11,940 for a family of two and \$15,020 for a family of three. Table above shows monthly income levels.

*Bureau of the Census. **Bureau of Economic Analysis. ***USDA. ****USDHHS.

TENNESSEE

SOUTHERN REGION MEDICAID PROFILE



DATA BY TYPE OF SERVICES (Includes Fee-For-Service and Waivers)

RECIPIENTS BY TYPE OF SERVICES

	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	FFY 01	Annual Change
01. General Hospital	52,028	50,459	33,932	51,793	49,847	47,803	47,803	-1.4%
02. Mental Hospital	1,649	628	556	378	413	379	379	-21.7%
03. Skilled and Intermediate (non-MR) Care Nursing	46,086	48,627	48,090	51,279	51,028	51,928	51,928	2.0%
04. Intermediate Care for Mentally Retarded	2,409	2,225	2,048	1,919	1,766	1,689	1,689	-5.7%
05. Physician Services	203,020	194,000	196,685	193,930	196,023	205,513	205,513	0.2%
06. Dental Services	430	5	1	400	375	400	400	-1.2%
07. Other Practitioners	38,343	42,247	47,533	48,093	49,430	52,672	52,672	5.4%
08. Outpatient Hospital	101,566	102,000	87,696	113,469	112,727	110,361	110,361	1.4%
09. Clinic Services	81,359	79,627	24,187	17,167	17,016	18,543	18,543	-21.8%
10. Lab and X-Ray	95,330	97,960	102,467	102,396	105,888	111,650	111,650	2.7%
11. Home Health	1,293	970	582	612	412	351	351	-19.5%
12. Prescribed Drugs	1,395	18	3	813,981	864,679	890,000	890,000	193.4%
13. Family Planning	839	322	314	388	411	351	351	-13.5%
14. Early & Periodic Screening, Diagnosis & Treatment	814	25	0			0	0	-100.0%
15. Other Care	1,504,680	2,677,094	1,394,167	74,471	77,076	80,554	80,554	-38.6%
16. Personal Care Support Services	0	0	0			0	0	n/a
17. Home/Community Based Waiver Services	0	0	0	6,000	6,000	6,100	6,100	0.6%
18. Prepaid Health Care	0	0	0	1,285,485	1,302,300	1,352,855	1,352,855	1.7%
19. Primary Care Case Management (PCCM) Services	0	0	0	0	0	0	0	n/a
Total*	1,466,194	1,408,918	1,415,612	1,453,538	1,550,955	1,568,318	1,602,027	1.5%

*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.

TENNESSEE

SOUTHERN REGION MEDICAID PROFILE

<u>PAYMENTS BY TYPE OF SERVICES</u>	<u>FFY 95</u>	<u>FFY 96</u>	<u>FFY 97</u>	<u>FFY 98</u>	<u>FFY 99</u>	<u>FFY 00</u>	<u>FFY 01</u>	<u>Annual Change</u>	<u>Share of Total FFY 01</u>
01. General Hospital	\$37,889,701	\$18,469,754	\$4,453,494	\$295,266,324	\$321,723,323	\$348,677,006	\$454,987,177	51.3%	11.2%
02. Mental Hospital	\$32,540,636	\$11,096,279	\$1,093,770	\$584,854	\$19,373,596	\$647,437	\$21,769,187	-6.5%	0.5%
03. Skilled and Intermediate (non-MR) Care Nursing	\$580,030,491	\$619,886,256	\$606,379,844	\$706,182,082	\$585,765,916	\$661,337,949	\$705,391,029	3.3%	17.4%
04. Intermediate Care for Mentally Retarded	\$151,151,062	\$206,632,349	\$210,285,462	\$243,609,178	\$217,093,714	\$216,098,144	\$208,463,437	5.5%	5.1%
05. Physician Services	\$202,076,911	\$140,559,405	\$147,219,192	\$20,810,346	\$121,551,963	\$127,497,595	\$144,940,411	-5.4%	3.6%
06. Dental Services	\$29,639	\$810	\$169	\$32,683	\$22,546	\$21,284	\$23,656	-3.7%	0.0%
07. Other Practitioners	\$944,347	\$971,050	\$1,173,050	\$3,578,828	\$7,072,248	\$8,333,854	\$9,674,941	47.4%	0.2%
08. Outpatient Hospital	\$11,653,811	\$9,835,461	\$7,416,231	\$14,150,088	\$19,237,055	\$13,662,007	\$15,943,430	5.4%	0.4%
09. Clinic Services	\$96,823,041	\$85,112,743	\$5,531,639	\$15,773,054	\$18,653,214	\$2,793,119	\$6,346,412	-36.5%	0.2%
10. Lab and X-Ray	\$3,102,910	\$2,960,828	\$3,107,346	\$2,375,511	\$1,891,029	\$2,402,437	\$2,508,205	-3.5%	0.1%
11. Home Health	\$546,565	\$348,970	\$124,859	\$415,361	\$4,150,319	\$4,604,678	\$4,811,705	43.7%	0.1%
12. Prescribed Drugs	\$190,467	\$15,337	\$1,118	\$29,538,580	\$136,656,315	\$273,537,047	\$680,583,468	291.0%	16.8%
13. Family Planning	\$277,354	\$10,922	\$16,611	\$0	\$0	\$0	\$0	-100.0%	0.0%
14. Early & Periodic Screening, Diagnosis & Treatment	\$18,988	\$1,043	\$0	\$0	\$0	\$0	\$5,101,752	154.0%	0.1%
15. Other Care	\$1,654,750,173	\$1,790,433,602	\$1,949,590,832	\$17,401,517	\$50,570,025	\$105,070,890	\$221,701,583	-28.5%	5.5%
16. Personal Care Support Services	\$0	\$0	\$0	\$0	\$41,575	\$191,690	\$527,049	256.0%	0.0%
17. Home/Community Based Waiver Services	\$0	\$0	\$0	\$86,147,127	\$0	\$0	\$0	-100.0%	0.0%
18. Prepaid Health Care	\$0	\$0	\$0	\$2,199,906,620	\$1,781,520,135	\$1,726,081,444	\$1,576,558,611	-10.5%	38.8%
19. Primary Case Management (PCCM) Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a	0.0%
Total (excludes DSH pymts, pharmacy rebates, & other adjs.)	\$2,772,026,096	\$2,886,334,809	\$2,936,393,617	\$3,635,772,153	\$3,285,322,973	\$3,490,956,581	\$4,059,332,053	6.6%	100.0%

AVERAGE PAYMENTS PER RECIPIENT BY TYPE OF SERVICES

									(+) or (-) SLC
									<u>FFY 01</u>
01. General Hospital	\$728.26	\$366.03	\$131.25	\$5,700.89	\$6,454.22	\$7,294.04	\$9,517.96	53.5%	122.4%
02. Mental Hospital	\$19,733.56	\$17,669.23	\$1,967.21	\$1,547.23	\$46,909.43	\$1,708.28	\$57,438.49	19.5%	604.9%
03. Skilled and Intermediate (non-MR) Care Nursing	\$12,585.83	\$12,747.78	\$12,609.27	\$13,771.37	\$11,479.30	\$12,735.67	\$13,584.02	1.3%	-27.5%
04. Intermediate Care for Mentally Retarded	\$62,744.32	\$92,868.47	\$102,678.45	\$126,945.90	\$122,929.62	\$127,944.43	\$123,424.18	11.9%	68.7%
05. Physician Services	\$995.35	\$724.53	\$748.50	\$107.31	\$620.09	\$620.39	\$705.26	-5.6%	56.8%
06. Dental Services	\$68.93	\$162.00	\$169.00	\$81.71	\$60.12	\$53.21	\$59.14	-2.5%	-75.8%
07. Other Practitioners	\$24.63	\$22.99	\$24.68	\$74.41	\$143.08	\$158.22	\$183.68	39.8%	-21.6%
08. Outpatient Hospital	\$114.74	\$96.43	\$84.57	\$124.70	\$170.65	\$123.79	\$144.47	3.9%	-70.0%
09. Clinic Services	\$1,190.07	\$1,068.89	\$228.70	\$918.80	\$1,096.22	\$150.63	\$342.25	-18.8%	-40.8%
10. Lab and X-Ray	\$32.55	\$30.22	\$30.33	\$23.20	\$17.86	\$21.52	\$22.46	-6.0%	-77.8%
11. Home Health	\$422.71	\$359.76	\$214.53	\$678.69	\$10,073.59	\$13,118.74	\$13,708.56	78.6%	469.5%
12. Prescribed Drugs	\$136.54	\$852.06	\$372.67	\$36.29	\$158.04	\$307.34	\$764.70	33.3%	-26.3%
13. Family Planning	\$330.58	\$33.92	\$52.90	\$0.00	\$0.00	\$0.00	\$0.00	-100.0%	-100.0%
14. Early & Periodic Screening, Diagnosis & Treatment	\$23.33	\$41.72	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-100.0%	-100.0%
15. Other Care	\$1,099.74	\$668.80	\$1,398.39	\$233.67	\$656.11	\$1,304.35	\$2,752.21	16.5%	77.3%
16. Personal Care Support Services	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	n/a	-100.0%
17. Home/Community Based Waiver Services	\$0.00	\$0.00	\$0.00	\$14,357.85	\$0.00	\$0.00	\$0.00	-100.0%	-100.0%
18. Prepaid Health Care	\$0.00	\$0.00	\$0.00	\$1,711.34	\$1,367.98	\$1,275.88	\$1,165.36	-12.0%	-22.2%
19. Primary Case Management (PCCM) Services	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	n/a	-100.0%
Total (Average)	\$1,890.63	\$2,048.62	\$2,074.29	\$2,501.33	\$2,118.26	\$2,225.92	\$2,533.87	5.0%	-30.3%
TOTAL PER CAPITA EXPENDITURES	\$654.68	\$612.83	\$650.96	\$754.33	\$792.66	\$940.46	\$990.28	7.1%	43.7%

TENNESSEE

SOUTHERN REGION MEDICAID PROFILE
DATA BY OTHER CHARACTERISTICS

RECIPIENTS BY OTHER CHARACTERISTICS

	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	FFY 01	Annual Change	Share of Total FFY 01
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	589,560	577,414	358,682	330,240	413,274	415,106	437,646	-4.8%	27.3%
Poverty Related Eligibles	85,734	97,133	724,771	199,930	735,897	798,341	811,828	45.5%	50.7%
Medically Needy	122,956	129,735	139,644	130,661	113,604	107,099	105,120	-2.6%	6.6%
Other Eligibles	178,739	185,413	192,515	266,534	235,613	182,861	219,360	3.5%	13.7%
Maintenance Assistance Status Unknown	489,205	419,223	0	526,173	52,567	64,911	28,073	-37.9%	1.8%
Total	1,466,194	1,408,918	1,415,612	1,453,538	1,550,955	1,568,318	1,602,027	1.5%	100.0%
By Basis of Eligibility									
Aged, Blind, or Disabled	329,023	340,254	342,544	343,264	404,122	402,202	408,179	12.5%	25.5%
Children	460,778	453,939	587,805	396,653	628,402	636,781	667,829	-45.1%	41.7%
Foster Care Children	14,475	14,616	14,000	12,918	12,213	12,498	12,579	79.6%	0.8%
Adults	172,713	180,886	471,263	174,530	453,651	451,926	485,367	-26.1%	30.3%
Basis of Eligibility Unknown	489,205	419,223	0	526,173	52,567	64,911	28,073	21.9%	1.8%
Total	1,466,194	1,408,918	1,415,612	1,453,538	1,550,955	1,568,318	1,602,027	-100.0%	100.0%
By Age									
Under Age 1	50,911	49,690	51,803	54,283	32,728	32,460	33,812	35.6%	2.1%
Age 1 to 5	194,431	188,323	187,009	187,926	193,563	195,053	202,304	-2.1%	12.6%
Age 6 to 14	243,982	246,374	260,736	276,711	297,421	301,720	316,617	10.5%	19.8%
Age 15 to 20	148,824	144,115	146,527	150,886	160,150	163,104	171,631	9.3%	10.7%
Age 21 to 44	471,696	425,144	406,501	405,717	430,494	423,659	443,946	-25.8%	27.7%
Age 45 to 64	207,975	204,000	209,306	221,241	236,642	240,148	253,768	-22.4%	15.8%
Age 65 to 74	65,797	67,990	69,760	71,973	72,448	74,665	78,939	-13.4%	4.9%
Age 75 to 84	50,539	50,653	51,109	51,387	45,519	44,537	45,240	-9.3%	2.8%
Age 85 and Over	32,039	32,629	32,861	33,414	29,456	28,101	27,719	91.9%	1.7%
Age Unknown	0	0	0	0	52,534	64,871	28,051	-100.0%	1.8%
Total	1,466,194	1,408,918	1,415,612	1,453,538	1,550,955	1,568,318	1,602,027	-100.0%	100.0%
By Race									
White	950,425	921,552	933,778	962,743	1,027,100	1,036,087	1,058,265	1.8%	66.1%
Black	449,905	420,364	411,488	415,847	440,208	442,131	451,943	0.1%	28.2%
Hispanic, American Indian or Asian	17,069	18,281	20,098	12,566	27,995	19,597	20,037	2.7%	1.3%
Other/Unknown	48,795	48,721	50,248	62,382	55,653	70,503	71,782	6.6%	4.5%
Total*	1,466,194	1,408,918	1,415,612	1,453,538	1,550,955	1,568,318	1,602,027	1.5%	100.0%
By Sex									
Female	830,397	813,747	822,795	844,815	654,416	906,219	924,749	1.8%	57.7%
Male	635,784	595,158	592,804	608,713	896,531	662,092	677,270	1.1%	42.3%
Unknown	13	13	13	10	8	7	7	-8.8%	0.0%
Total*	1,466,194	1,408,918	1,415,612	1,453,538	1,550,955	1,568,318	1,602,027	1.5%	100.0%

*FFY 01 projected using FFY 95-FFY 00 trends.

Source: Health Care Financing Administration-Form HCFA 2082 for federal fiscal years

TENNESSEE

SOUTHERN REGION MEDICAID PROFILE

PAYMENTS BY OTHER CHARACTERISTICS

	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	FFY 01	Annual Change	Share of Total FFY 01
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	\$1,525,686,565	\$1,625,626,167	\$1,293,503,842	\$1,134,650,408	\$1,241,486,538	\$1,531,196,651	\$1,502,199,446	-0.3%	37.0%
Poverty Related Eligibles	\$352,801,645	\$355,336,606	\$968,542,314	\$796,140,654	\$1,284,753,013	\$1,431,821,061	\$1,785,669,064	31.0%	44.0%
Medically Needy	\$145,368,827	\$157,444,692	\$178,715,519	\$186,212,160	\$150,830,604	\$169,347,881	\$172,640,159	2.9%	4.3%
Other Eligibles	\$165,600,668	\$192,769,498	\$495,631,942	\$1,060,010,665	\$605,837,323	\$343,222,015	\$598,823,384	23.9%	14.8%
Maintenance Assistance Status Unknown	\$582,568,391	\$555,157,846	\$0	\$458,758,266	\$2,415,495	\$15,368,973	\$0	-100.0%	0.0%
Total	\$2,772,026,096	\$2,886,334,809	\$2,936,393,617	\$3,635,772,153	\$3,285,322,973	\$3,490,956,581	\$4,059,332,053	6.6%	100.0%
By Basis of Eligibility									
Aged, Blind or Disabled	\$1,488,290,558	\$1,632,588,274	\$1,582,035,384	\$1,912,298,607	\$1,962,310,619	\$1,664,387,569	\$2,113,343,387	6.0%	52.1%
Children	\$365,541,737	\$376,128,182	\$614,550,846	\$471,335,600	\$542,319,291	\$758,377,426	\$710,732,689	11.7%	17.5%
Foster Care Children	\$118,625,894	\$80,375,729	\$80,000,000	\$66,381,396	\$78,596,493	\$77,993,878	\$72,873,756	-7.8%	1.8%
Adults	\$216,999,516	\$242,084,777	\$659,807,387	\$726,327,557	\$699,681,075	\$974,828,735	\$1,162,382,221	32.3%	28.6%
Basis of Eligibility Unknown	\$582,568,391	\$555,157,847	\$0	\$459,428,993	\$2,415,495	\$15,368,973	\$0	-100.0%	0.0%
Total	\$2,772,026,096	\$2,886,334,809	\$2,936,393,617	\$3,635,772,153	\$3,285,322,973	\$3,490,956,581	\$4,059,332,053	6.6%	100.0%
By Age									
Under Age 1	\$51,845,062	\$55,810,350	\$60,847,281	\$41,226,951	\$21,358,039	\$38,192,217	\$38,216,039	-5.0%	0.9%
Age 1 to 5	\$128,647,483	\$137,835,339	\$144,820,453	\$182,377,106	\$171,331,655	\$221,217,724	\$195,769,464	7.2%	4.8%
Age 6 to 14	\$246,079,367	\$254,329,640	\$275,743,328	\$311,085,447	\$295,865,131	\$397,902,682	\$360,791,541	6.6%	8.9%
Age 15 to 20	\$331,958,527	\$290,631,977	\$307,126,821	\$332,509,797	\$336,871,580	\$438,127,593	\$399,439,472	3.1%	9.8%
Age 21 to 44	\$818,661,578	\$868,034,308	\$861,368,159	\$1,002,377,630	\$988,904,646	\$1,267,243,826	\$1,256,244,945	7.4%	30.9%
Age 45 to 64	\$502,124,364	\$542,171,190	\$563,084,113	\$704,159,023	\$700,539,993	\$874,282,371	\$1,023,861,705	12.6%	25.2%
Age 65 to 74	\$173,038,039	\$183,879,128	\$177,283,148	\$245,638,770	\$219,442,200	\$163,402,124	\$213,957,036	3.6%	5.3%
Age 75 to 84	\$253,592,234	\$265,761,567	\$260,285,597	\$369,874,449	\$254,721,104	\$62,842,730	\$265,122,590	0.7%	6.5%
Age 85 and Over	\$266,079,442	\$287,881,310	\$285,834,717	\$446,522,980	\$293,937,238	\$12,406,917	\$305,929,261	2.4%	7.5%
Age Unknown	\$0	\$0	\$0	\$0	\$2,351,387	\$15,338,397	\$0	-100.0%	0.0%
Total	\$2,772,026,096	\$2,886,334,809	\$2,936,393,617	\$3,635,772,153	\$3,285,322,973	\$3,490,956,581	\$4,059,332,053	6.6%	100.0%
By Race									
White	\$1,899,097,312	\$1,982,400,031	\$2,024,469,812	\$2,237,034,676	\$1,993,081,754	\$2,379,721,705	\$2,753,991,672	6.4%	67.8%
Black	\$732,747,197	\$754,336,955	\$756,940,510	\$790,931,654	\$697,530,394	\$1,053,223,802	\$1,196,334,667	8.5%	29.5%
Hispanic, American Indian or Asian	\$16,805,268	\$18,640,700	\$21,191,292	\$25,682,408	\$23,393,737	\$50,533,812	\$55,206,195	21.9%	1.4%
Other/Unknown	\$123,376,319	\$130,957,123	\$133,792,003	\$582,123,415	\$571,317,087	\$7,477,262	\$53,799,520	-12.9%	1.3%
Total*	\$2,772,026,096	\$2,886,334,809	\$2,936,393,617	\$3,635,772,153	\$3,285,322,973	\$3,490,956,581	\$4,059,332,053	6.6%	100.0%
By Sex									
Female	\$1,670,909,541	\$1,757,684,143	\$1,800,773,042	\$1,974,403,831	\$1,758,322,407	\$1,765,144,052	\$2,085,929,055	3.8%	51.4%
Male	\$1,101,063,934	\$1,128,589,057	\$1,135,546,091	\$1,205,877,576	\$1,066,048,064	\$1,333,639,315	\$1,542,091,553	5.8%	38.0%
Unknown	\$52,621	\$61,609	\$74,484	\$455,490,746	\$460,952,502	\$392,173,214	\$431,311,445	349.0%	10.6%
Total*	\$2,772,026,096	\$2,886,334,809	\$2,936,393,617	\$3,635,772,153	\$3,285,322,973	\$3,490,956,581	\$4,059,332,053	6.6%	100.0%

*FFY 01 projected using FFY 95-FFY 00 trends.

Source: Health Care Financing Administration-Form HCFA 2082 for federal fiscal years

SOUTHERN REGION MEDICAID PROFILE

AVERAGE PAYMENT PER RECIPIENT BY OTHER CHARACTERISTICS

								Annual	Above (+) or Below (-) SLC
	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	FFY 01	Change	Avg. FFY 01
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	\$2,587.84	\$2,815.36	\$3,606.27	\$3,435.84	\$3,004.03	\$3,688.69	\$3,432.45	4.8%	-23.0%
Poverty Related Eligibles	\$4,115.07	\$3,658.25	\$1,336.34	\$3,982.10	\$1,745.83	\$1,793.50	\$2,199.57	-9.9%	11.7%
Medically Needy	\$1,182.28	\$1,213.59	\$1,279.79	\$1,425.15	\$1,327.69	\$1,581.23	\$1,642.32	5.6%	-53.3%
Other Eligibles	\$926.49	\$1,039.68	\$2,574.51	\$3,977.02	\$2,571.32	\$1,876.96	\$2,729.87	19.7%	-56.5%
Maintenance Assistance Status Unknown	\$1,190.85	\$1,324.25	\$0.00	\$871.88	\$45.95	\$236.77	\$0.00	-100.0%	-100.0%
Total	\$1,890.63	\$2,048.62	\$2,074.29	\$2,501.33	\$2,118.26	\$2,225.92	\$2,533.87	5.0%	-30.2%
By Basis of Eligibility									
Aged, Blind or Disabled	\$4,523.36	\$4,798.15	\$4,618.49	\$5,570.93	\$4,855.74	\$4,138.19	\$5,177.49	2.3%	-42.3%
Children	\$793.31	\$828.59	\$1,045.50	\$1,188.28	\$863.01	\$1,190.95	\$1,064.24	5.0%	-16.5%
Foster Care Children	\$8,195.23	\$5,499.16	\$5,714.29	\$5,138.67	\$6,435.48	\$6,240.51	\$5,793.29	-5.6%	1.6%
Adults	\$1,256.42	\$1,338.33	\$1,400.08	\$4,161.62	\$1,542.33	\$2,157.05	\$2,394.85	11.4%	9.7%
Basis of Eligibility Unknown	\$1,190.85	\$1,324.25	\$0.00	\$873.15	\$45.95	\$236.77	\$0.00	-100.0%	-100.0%
Total	\$1,890.63	\$2,048.62	\$2,074.29	\$2,501.33	\$2,118.26	\$2,225.92	\$2,533.87	5.0%	-30.2%
By Age									
Under Age 1	\$1,018.35	\$1,123.17	\$1,174.59	\$759.48	\$652.59	\$1,176.59	\$1,130.25	1.8%	-60.1%
Age 1 to 5	\$661.66	\$731.91	\$774.40	\$970.47	\$885.15	\$1,134.14	\$967.70	6.5%	-30.2%
Age 6 to 14	\$1,008.60	\$1,032.29	\$1,057.56	\$1,124.23	\$994.77	\$1,318.78	\$1,139.52	2.1%	-20.0%
Age 15 to 20	\$2,230.54	\$2,016.67	\$2,096.04	\$2,203.72	\$2,103.48	\$2,686.19	\$2,327.32	0.7%	-1.2%
Age 21 to 44	\$1,735.57	\$2,041.74	\$2,118.98	\$2,470.63	\$2,297.14	\$2,991.19	\$2,829.72	8.5%	-33.9%
Age 45 to 64	\$2,414.35	\$2,657.70	\$2,690.24	\$3,182.77	\$2,960.34	\$3,640.60	\$4,034.64	8.9%	-49.2%
Age 65 to 74	\$2,629.88	\$2,704.50	\$2,541.33	\$3,412.93	\$3,028.96	\$2,188.47	\$2,710.41	0.5%	-57.0%
Age 75 to 84	\$5,017.75	\$5,246.71	\$5,092.75	\$7,197.82	\$5,595.93	\$1,411.02	\$5,860.36	2.6%	-37.4%
Age 85 and Over	\$8,304.86	\$8,822.87	\$8,698.30	\$13,363.35	\$9,978.86	\$441.51	\$11,036.81	4.9%	-20.0%
Age Unknown	\$0.00	\$0.00	\$0.00	\$0.00	\$44.76	\$236.44	\$0.00	-100.0%	-100.0%
Total	\$1,890.63	\$2,048.62	\$2,074.29	\$2,501.33	\$2,118.26	\$2,225.92	\$2,533.87	5.0%	-30.2%
By Race									
White	\$1,998.16	\$2,151.15	\$2,168.04	\$2,323.61	\$1,940.49	\$2,296.84	\$2,602.36	4.5%	-40.8%
Black	\$1,628.67	\$1,794.49	\$1,839.52	\$1,901.98	\$1,584.55	\$2,382.15	\$2,647.09	8.4%	-10.9%
Hispanic, American Indian or Asian	\$984.55	\$1,019.68	\$1,054.40	\$2,043.80	\$835.65	\$2,578.67	\$2,755.28	18.7%	17.0%
Other/Unknown	\$2,528.46	\$2,687.90	\$2,662.63	\$9,331.59	\$10,265.73	\$106.06	\$749.48	-18.3%	-83.9%
Total	\$1,890.63	\$2,048.62	\$2,074.29	\$2,501.33	\$2,118.26	\$2,225.92	\$2,533.87	5.0%	-30.2%
By Sex									
Female	\$2,012.18	\$2,159.99	\$2,188.60	\$2,337.08	\$2,686.86	\$1,947.81	\$2,255.67	1.9%	-38.1%
Male	\$1,731.82	\$1,896.28	\$1,915.55	\$1,981.03	\$1,189.08	\$2,014.28	\$2,276.92	4.7%	-35.2%
Unknown	\$4,047.77	\$4,739.15	\$5,729.54	\$45,549,074.60	\$57,233,838.60	\$54,304,407.19	\$57,768,506.32	392.5%	873713.5%
Total	\$1,890.63	\$2,048.62	\$2,074.29	\$2,501.33	\$2,118.26	\$2,225.92	\$2,533.87	5.0%	-30.2%

Source: Health Care Financing Administration-Form HCFA 2082 for federal fiscal years

SOUTHERN REGION MEDICAID PROFILE

ADDITIONAL STATE HEALTH CARE INFORMATION

Sources: "Major Health Care Policies: 50 State Profiles", Health Policy Tracking Service, January, 2002; and "Medicaid Services State by State", HCFA, October 2001.

*Information supplied by State Medicaid Agency

Waivers

Tennessee operates a health care reform demonstration waiver under Title XIX, Section 1115. The waiver has been renewed through January 31, 2002. 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. The capitated statewide monthly rates, effective 7/1/98, are as follows:

Medical Capitated Rates

Less than one year of age	\$141.29
Ages 1 to 13	\$40.80
Ages 14 to 44 (male)	\$81.07
Ages 14 to 44 (female)	\$140.54
Ages 45 to 64	\$148.68
Ages 65 and over	\$167.66
Aid to Blind & Disabled	\$295.23
Medicaid/Medicare	\$92.25

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 10 HMO's to provide statewide coverage to all individuals enrolled in the program. Enrollment in an HMO is mandatory.
- TennCare implemented TennCare Partners to provide mental health and substance abuse services to enrollees, effective July 1, 1997.

Coverage for Targeted Population

- The TennCare Program provides managed care coverage to 844,950 Medicaid eligibles and an additional 440,050 adults and children who are either uninsurable or uninsured.
- The entire EPSDT program for children is covered through the contract with the HMO's.

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, is scheduled to terminate on June 30, 2003.

TENNESSEE

SOUTHERN REGION MEDICAID PROFILE

Cost Containment Measures (Continued)

- 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.
- Passed legislation in 1998 that changed the formula for determining the need for additional nursing home beds.

Medicaid

- 18 optional services are offered.
- Broad based taxes on nursing homes to generate funds for the state Medicaid program.
- Amended the law in 1999 to establish procedures to verify that HMOs and BHOs participating in TennCare are delivering all health care services under the provisions the TennCare contract.
- Enacted legislation in 1999 that requires the comptroller of the treasury to appoint a TennCare prescription drug utilization review committee.
- For FY 00, the Legislature appropriated additional funds to TennCare to increase payments to Level I and II nursing home providers.
- Enacted legislation to tax nursing homes \$3,250 per licensed bed per year, effective July 1, 2000.

Children's Health Insurance Program: State Designed

- Tennessee submitted its CHIP plan to HCFA in January of 1998, and received approval on September 3, 1999. The plan proposes to expand TennCare to provide managed health care coverage for children/adolescents birth through age 18 in families with income up to 200% of the FPL. The program expects to provide coverage to approximately 28,000 new enrollees.
- For families with incomes up to 100% of the FPL, there are no cost sharing obligations.
- Families with incomes between 101% and 200% of the FPL are required to pay monthly premiums as follows:

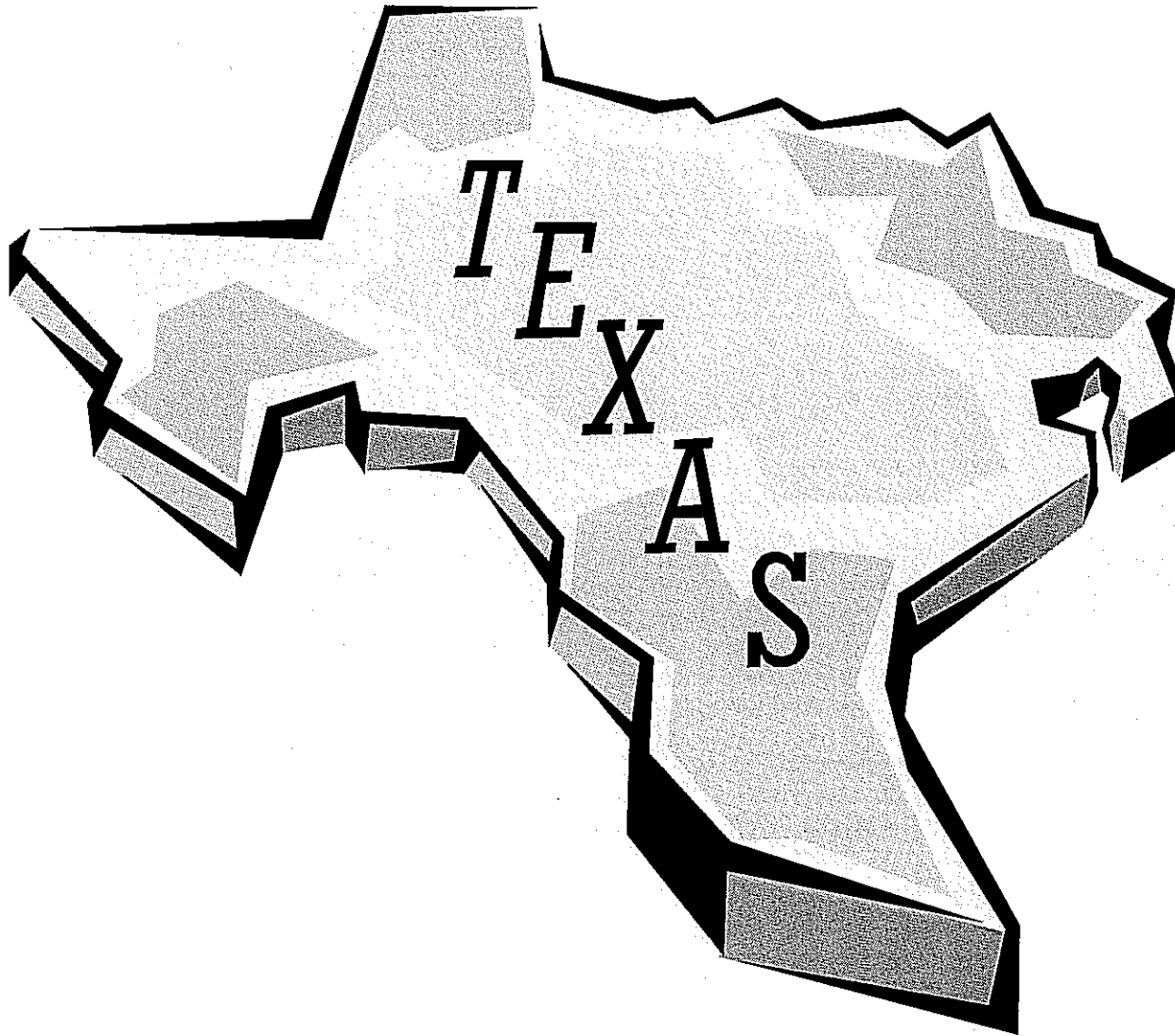
101%-119%:	\$24.50
120%-139%:	\$32.25
140%-169%:	\$47.50
170%-200%:	\$70.50

- There are no deductibles for children in families with incomes between 100% and 200% of the FPL.

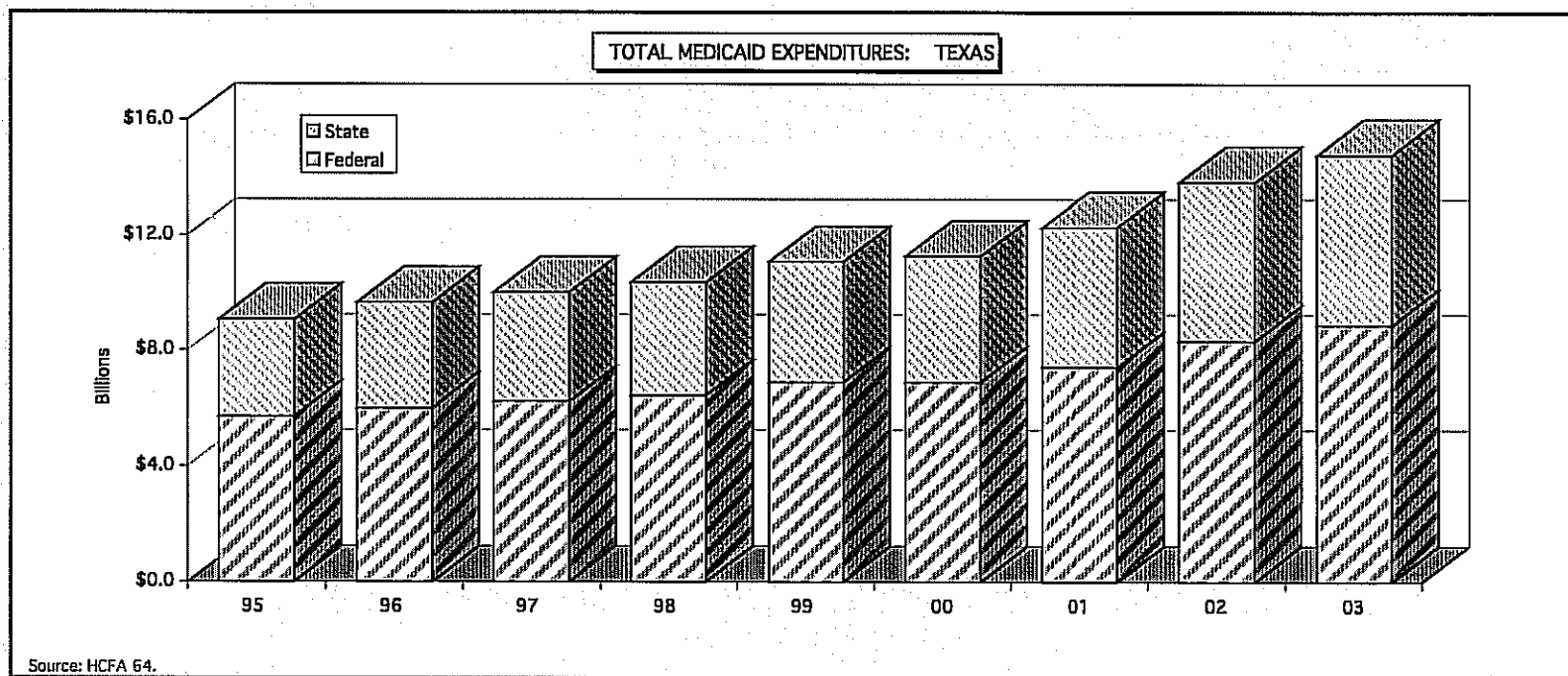
Tobacco Settlement

- The state expects to receive approximately \$4.78 billion over 25 years.
- For Fiscal Year 2000, the tobacco settlement payment was approximately \$203 million.
- For 2001, the state wanted to place the entire amount of tobacco settlement funds on hand (\$369 million) in the rainy day fund. However, a critical shortfall in revenues necessary to fund the state budget for 2001 required legislative action as follows:
 - \$25 million was placed in the general fund;
 - \$100 million was set aside for possible federal liability relative to the nursing home tax; and
 - \$243.8 million to carryforward to 2002 to mitigate a projected shortfall in state funding available for the Medicaid program.

STATE MEDICAID PROFILE



SOUTHERN REGION MEDICAID PROFILE



	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	FFY 01*	FFY 02**	FFY 03**	Annual Rate of Change	Total Change 95-03
Medicaid Payments	\$8,669,814,871	\$9,206,669,731	\$9,499,542,092	\$9,776,932,593	\$10,398,353,951	\$10,643,772,061	\$11,604,639,613	\$13,174,793,000	\$14,104,679,000	6.3%	62.7%
Federal Share	\$5,502,364,674	\$5,750,703,059	\$5,956,261,415	\$6,104,238,675	\$6,516,178,649	\$6,552,379,660	\$7,050,331,820	\$7,946,826,000	\$8,485,225,000	5.6%	54.2%
State Share	\$3,167,450,197	\$3,455,966,672	\$3,543,280,677	\$3,672,693,918	\$3,882,175,302	\$4,091,392,401	\$4,554,307,793	\$5,227,967,000	\$5,619,454,000	7.4%	77.4%
Administrative Costs	\$400,503,427	\$453,797,768	\$501,653,473	\$576,952,240	\$667,216,364	\$619,051,157	\$656,595,682	\$671,844,000	\$682,022,000	6.9%	70.3%
Federal Share	\$211,689,405	\$247,143,021	\$269,284,914	\$319,762,855	\$381,132,417	\$337,690,078	\$356,949,745	\$369,774,000	\$375,717,000	7.4%	77.5%
State Share	\$188,814,022	\$206,654,747	\$232,368,559	\$257,189,385	\$286,083,947	\$281,361,079	\$299,645,937	\$302,070,000	\$306,305,000	6.2%	62.2%
Admin. Costs as % of Payments	4.62%	4.93%	5.28%	5.90%	6.42%	5.82%	5.66%	5.10%	4.84%		
Federal Match Rate*	63.31%	62.30%	62.56%	62.28%	62.45%	61.36%	60.57%	60.17%	60.17%		

*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 02 and 03 reflect latest estimates reported by each state (CMS 37).

TEXAS

SOUTHERN REGION MEDICAID PROFILE

STATE FINANCING

	Payments		Administration	
	FFY 95	FFY 01	FFY 95	FFY 01
State General Fund	\$3,167,450,197	\$4,554,307,793	\$188,814,022	\$299,645,937
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	\$3,167,450,197	\$4,554,307,793	\$188,814,022	\$299,645,937

Provider Taxes Currently in Place (FFY 01)

Tax Rate	Amount
NO PROVIDER TAXES	

DISPROPORTIONATE SHARE HOSPITAL (DSH) PAYMENTS

	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	FFY 01*	FFY 02**	FFY 03**	Annual Change
General Hospitals	\$1,229,298,406	\$1,194,046,660	\$1,122,995,000	\$1,278,486,408	\$1,142,184,571	\$1,073,086,000	\$1,015,303,172	\$1,157,527,000	\$1,032,922,000	-1.4%
Mental Hospitals	\$283,730,587	\$318,982,340	\$390,034,000	\$292,513,592	\$292,400,774	\$240,473,000	\$223,024,783	\$277,419,000	\$242,290,000	-7.6%
Total	\$1,513,028,993	\$1,513,029,000	\$1,513,029,000	\$1,571,000,000	\$1,434,585,345	\$1,313,559,000	\$1,238,327,955	\$1,434,946,000	\$1,275,212,000	-2.8%

SELECTED ELIGIBILITY CRITERIA

	At 10/1/01	% of FPL*
TANF-Temporary Assistance for Needy Families (Family of 3)		
Need Standard	\$751	60.0%
Payment Standard	\$188	15.0%
Maximum Payment	\$201	16.1%
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	\$500	67.7%
Couple	\$751	75.5%
Resources:		
Single Person	\$2,000	
Couple	\$3,000	

DEMOGRAPHIC DATA & POVERTY INDICATORS (2000)

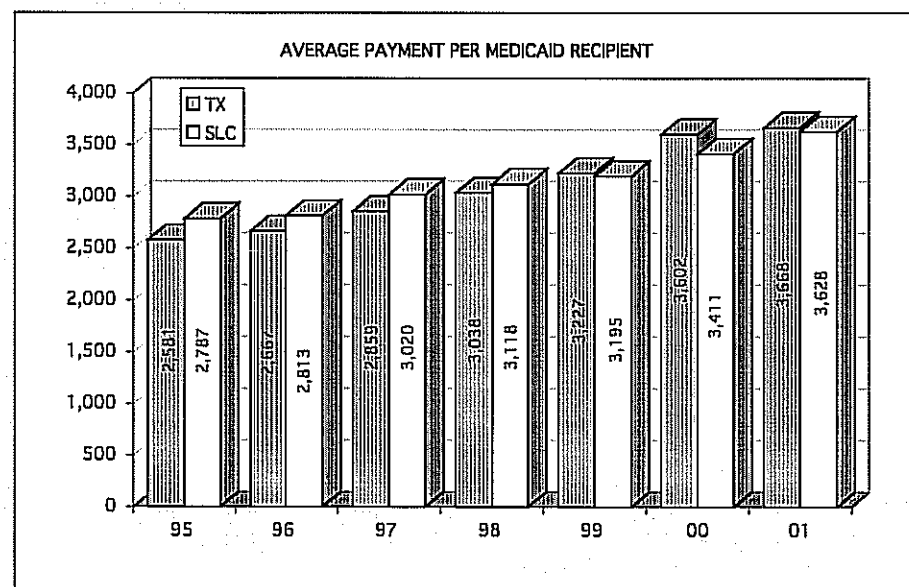
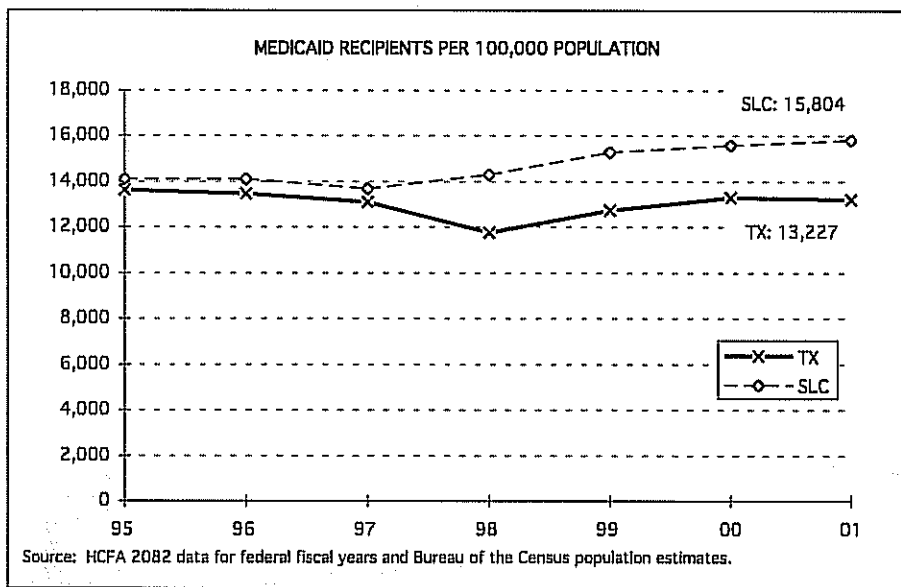
		Rank in U.S.
State population—July 1, 2001*	21,325,018	2
Per capita personal income**	\$27,722	24
Median household income**	\$39,842	29
Population below Federal Poverty Level on July 1, 2001*	3,177,428	
Percent of total population	14.9%	7
Population without health insurance coverage*	4,584,879	2
Percent of total state population	21.5%	2
Recipients of Food Stamps***	1,366,210	2
Households receiving Food Stamps***	502,235	3
Total value of issuance***	\$1,270,056,383	3
Average monthly benefit per recipient	\$77.47	8
Average monthly benefit per household	\$210.73	10
Monthly recipients of Temporary Assistance to Needy Families (TANF)****	338,787	3
Total TANF payments****	\$743,149,008	41
Average monthly payment per recipient	\$182.80	
Maximum monthly payment per family of 3	\$188.00	47

*Current federal poverty level is \$8,860 per year for a single person, \$11,940 for a family of two and \$15,020 for a family of three. Table above shows monthly income levels.

*Bureau of the Census. **Bureau of Economic Analysis. ***USDA. ****USDFHHS.

TEXAS

SOUTHERN REGION MEDICAID PROFILE



DATA BY TYPE OF SERVICES (Includes Fee-For-Service and Waivers)

RECIPIENTS BY TYPE OF SERVICES

	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	FFY 01	Annual Change
01. General Hospital	496,114	493,659	492,102	444,750	396,110	526,001	427,428	-2.5%
02. Mental Hospital	10	0	0	0	6,364	8,657	8,056	205.0%
03. Skilled and Intermediate (non-MR) Care Nursing	94,166	96,681	95,469	88,522	95,812	95,582	96,448	0.4%
04. Intermediate Care for Mentally Retarded	14,211	14,150	14,170	13,935	13,827	14,095	13,849	-0.4%
05. Physician Services	2,043,099	2,068,773	1,951,521	1,783,470	1,885,426	1,944,593	1,900,247	-1.2%
06. Dental Services	486,381	529,754	644,659	7,026	617,985	663,613	619,024	4.1%
07. Other Practitioners	518,718	556,808	549,889	478,837	4,951	523,590	5,014	-53.8%
08. Outpatient Hospital	1,165,818	1,168,092	1,092,506	1,011,359	941,835	1,026,340	954,364	-3.3%
09. Clinic Services	280,060	305,085	291,563	267,969	287,727	313,041	303,677	1.4%
10. Lab and X-Ray	1,295,995	1,244,323	1,089,151	815,014	838,408	1,046,589	904,768	-5.8%
11. Home Health	91,408	76,677	108,269	116,552	8,056	103,964	8,173	-33.1%
12. Prescribed Drugs	2,020,864	2,058,903	1,986,178	1,894,447	1,853,536	1,854,257	1,854,809	-1.4%
13. Family Planning	218,010	221,626	205,520	181,434	18,725	20,701	19,079	-33.4%
14. Early & Periodic Screening, Diagnosis & Treatment	743,340	768,599	849,487	1,046,345	0	0	1,046,345	5.9%
15. Other Care	298,543	452,747	337,278	186,423	518,113	295,815	520,014	9.7%
16. Personal Care Support Services	0	0	0	209,980	164,363	356,576	166,252	-7.5%
17. Home/Community Based Waiver Services	0	0	0	25,762	0	0	0	-100.0%
18. Prepaid Health Care	0	0	0	0	520,222	778,162	527,632	0.7%
19. Primary Care Case Management (PCCM) Services	0	0	0	0	243,529	329,435	248,355	1.0%
Total*	2,561,957	2,571,547	2,538,655	2,324,810	2,518,222	2,665,138	2,820,625	1.6%

*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.

TEXAS

SOUTHERN REGION MEDICAID PROFILE

PAYMENTS BY TYPE OF SERVICES

	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	FFY 01	Annual Change	Share of Total FFY 01
01. General Hospital	\$1,902,738,610	\$1,844,573,863	\$1,828,889,216	\$1,643,167,233	\$1,326,163,356	\$1,665,074,725	\$1,300,000,000	-6.2%	12.6%
02. Mental Hospital	\$25,624	\$0	\$0	\$0	\$35,870,950	\$40,628,014	\$47,901,411	251.0%	0.5%
03. Skilled and Intermediate (non-MR) Care Nursing	\$1,190,137,169	\$1,270,530,921	\$1,344,465,477	\$1,384,415,773	\$1,437,040,893	\$1,575,260,091	\$1,604,116,766	5.1%	15.5%
04. Intermediate Care for Mentally Retarded	\$588,993,815	\$616,103,076	\$678,928,647	\$728,574,336	\$689,957,035	\$839,359,693	\$762,533,008	4.4%	7.4%
05. Physician Services	\$697,157,004	\$727,815,694	\$702,433,071	\$661,475,584	\$937,196,510	\$921,042,255	\$958,555,000	5.5%	9.3%
06. Dental Services	\$96,801,677	\$102,183,878	\$127,393,712	\$2,165,089	\$135,075,124	\$159,856,778	\$151,031,882	7.7%	1.5%
07. Other Practitioners	\$53,800,860	\$66,998,447	\$77,156,691	\$70,751,155	\$301,821	\$91,363,746	\$88,555,000	8.7%	0.9%
08. Outpatient Hospital	\$456,748,725	\$461,121,845	\$449,816,009	\$446,493,014	\$386,357,309	\$475,150,479	\$452,550,000	-0.2%	4.4%
09. Clinic Services	\$50,293,240	\$56,437,297	\$54,047,997	\$52,613,253	\$55,408,155	\$64,377,836	\$56,525,000	2.0%	0.5%
10. Lab and X-Ray	\$138,711,820	\$129,963,038	\$110,874,612	\$94,105,854	\$62,176,712	\$82,188,351	\$75,660,000	-9.6%	0.7%
11. Home Health	\$345,907,303	\$322,907,568	\$553,233,326	\$98,543,991	\$68,245,666	\$179,682,915	\$125,000,000	-15.6%	1.2%
12. Prescribed Drugs	\$578,661,512	\$667,743,192	\$750,056,208	\$817,591,112	\$952,419,862	\$1,125,248,059	\$1,325,987,804	14.8%	12.8%
13. Family Planning	\$51,743,872	\$53,925,994	\$48,535,665	\$40,544,186	\$14,187,285	\$15,266,910	\$10,818,447	-23.0%	0.1%
14. Early & Periodic Screening, Diagnosis & Treatment*	\$306,133,827	\$335,567,443	\$344,474,226	\$338,681,191	\$0	\$0	\$47,205,674	-26.8%	0.5%
15. Other Care	\$155,033,909	\$203,683,746	\$186,654,411	\$53,173,074	\$988,770,560	\$979,685,271	\$797,967,285	31.4%	7.7%
16. Personal Care Support Services	\$0	\$0	\$0	\$425,887,769	\$186,413,300	\$309,482,777	\$388,256,702	-3.0%	3.8%
17. Home/Community Based Waiver Services	\$0	\$0	\$0	\$203,678,629	\$0	\$0	\$621,023,226	45.0%	6.0%
18. Prepaid Health Care	\$0	\$0	\$0	\$0	\$615,598,443	\$744,950,667	\$1,219,664,114	40.8%	11.8%
19. Primary Case Management (PCCM) Services	\$0	\$0	\$0	\$0	\$234,642,837	\$330,806,167	\$312,000,000	15.3%	3.0%
Total (excludes DSH pymts, pharmacy rebates, & other adjs.)	\$6,612,888,967	\$6,859,556,002	\$7,256,959,268	\$7,061,861,243	\$8,125,825,818	\$9,599,424,734	\$10,345,351,319	7.7%	100.0%

*Expenditures for FFY 94-FFY 99 revised 8/01

AVERAGE PAYMENTS PER RECIPIENT BY TYPE OF SERVICES

								(+) or (-) SLC	
									FFY 01
01. General Hospital	\$3,835.29	\$3,736.53	\$3,716.48	\$3,694.59	\$3,347.97	\$3,165.54	\$3,041.45	-3.8%	-28.9%
02. Mental Hospital	\$2,562.40	\$0.00	\$0.00	\$0.00	\$5,636.54	\$4,693.08	\$5,946.05	15.1%	-27.0%
03. Skilled and Intermediate (non-MR) Care Nursing	\$12,638.71	\$13,141.47	\$14,082.74	\$15,639.23	\$14,998.55	\$16,480.72	\$16,631.93	4.7%	-11.3%
04. Intermediate Care for Mentally Retarded	\$41,446.33	\$43,540.85	\$47,913.10	\$52,283.77	\$49,899.26	\$59,550.17	\$55,060.51	4.8%	-24.7%
05. Physician Services	\$341.23	\$351.81	\$359.94	\$370.89	\$497.07	\$473.64	\$504.44	6.7%	12.1%
06. Dental Services	\$199.02	\$192.89	\$197.61	\$308.15	\$218.57	\$240.89	\$243.98	3.5%	-0.3%
07. Other Practitioners	\$103.72	\$120.33	\$140.31	\$147.76	\$60.96	\$174.49	\$17,661.55	135.4%	7433.7%
08. Outpatient Hospital	\$391.78	\$394.77	\$411.73	\$441.48	\$410.22	\$462.96	\$474.19	3.2%	-1.6%
09. Clinic Services	\$179.58	\$184.99	\$185.37	\$196.34	\$192.57	\$205.65	\$186.14	0.6%	-67.8%
10. Lab and X-Ray	\$107.03	\$104.44	\$101.80	\$115.47	\$74.16	\$78.53	\$83.62	-4.0%	-17.4%
11. Home Health	\$3,784.21	\$4,211.27	\$5,109.80	\$845.49	\$8,471.41	\$1,728.32	\$15,294.26	26.2%	535.4%
12. Prescribed Drugs	\$286.34	\$324.32	\$377.64	\$431.57	\$513.84	\$606.85	\$714.89	16.5%	-31.1%
13. Family Planning	\$237.35	\$243.32	\$236.16	\$223.47	\$757.67	\$737.50	\$567.03	15.6%	3.4%
14. Early & Periodic Screening, Diagnosis & Treatment	\$411.84	\$436.60	\$405.51	\$323.68	\$0.00	\$0.00	\$45.11	-30.8%	-46.5%
15. Other Care	\$519.30	\$449.88	\$553.41	\$285.23	\$1,908.41	\$3,311.82	\$1,534.51	19.8%	-1.2%
16. Personal Care Support Services	\$0.00	\$0.00	\$0.00	\$2,028.23	\$1,882.92	\$0.00	\$0.00	-100.0%	-100.0%
17. Home/Community Based Waiver Services	\$0.00	\$0.00	\$0.00	\$7,906.17	\$0.00	\$0.00	\$0.00	-100.0%	-100.0%
18. Prepaid Health Care	\$0.00	\$0.00	\$0.00	\$0.00	\$1,183.34	\$957.32	\$2,311.58	39.8%	54.2%
19. Primary Care Case Management (PCCM) Services	\$0.00	\$0.00	\$0.00	\$0.00	\$963.51	\$1,004.16	\$1,256.27	14.2%	1103.2%
Total (Average)	\$2,581.19	\$2,667.48	\$2,858.58	\$3,037.61	\$3,226.81	\$3,601.85	\$3,667.75	6.0%	0.8%
TOTAL PER CAPITA EXPENDITURES	\$482.43	\$506.02	\$515.91	\$523.99	\$560.01	\$561.90	\$574.97	3.0%	-16.6%

TEXAS

SOUTHERN REGION MEDICAID PROFILE
DATA BY OTHER CHARACTERISTICS

RECIPIENTS BY OTHER CHARACTERISTICS

	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	FFY 01	Annual Change	Share of Total FFY 01
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	1,231,727	1,192,877	1,090,058	917,603	847,938	878,418	941,499	-4.4%	33.4%
Poverty Related Eligibles	400,656	575,644	907,434	903,813	1,024,428	1,140,666	1,191,394	19.9%	42.2%
Medically Needy	38,867	37,255	45,282	38,247	31,805	48,474	50,932	4.6%	1.8%
Other Eligibles	890,707	765,771	495,881	465,147	466,605	499,278	535,982	-8.1%	19.0%
Maintenance Assistance Status Unknown	0	0	0	0	147,446	98,302	100,819	-17.3%	3.6%
Total	2,561,957	2,571,547	2,538,655	2,324,810	2,518,222	2,665,138	2,820,625	1.6%	100.0%
By Basis of Eligibility									
Aged, Blind, or Disabled	578,186	590,052	603,553	589,661	609,366	630,694	667,583	2.4%	23.7%
Children	1,451,316	1,474,113	1,469,276	1,327,276	1,348,414	1,445,358	1,532,582	0.9%	54.3%
Foster Care Children	0	0	8,104	16,087	23,733	27,991	28,769	37.3%	1.0%
Adults	532,455	507,382	457,722	391,786	389,263	462,793	490,872	-1.3%	17.4%
Basis of Eligibility Unknown	0	0	0	0	147,446	98,302	100,819	-17.3%	3.6%
Total	2,561,957	2,571,547	2,538,655	2,324,810	2,518,222	2,665,138	2,820,625	1.6%	100.0%
By Age									
Under Age 1	267,111	261,384	253,689	144,065	149,086	374,194	389,041	6.5%	13.8%
Age 1 to 5	624,837	614,653	582,420	558,876	552,865	494,188	529,298	-2.7%	18.8%
Age 6 to 14	528,102	559,648	569,632	574,293	580,219	574,685	609,373	2.4%	21.6%
Age 15 to 20	199,993	200,470	195,399	179,470	232,906	261,762	274,770	5.4%	9.7%
Age 21 to 44	494,512	484,792	470,231	417,767	396,133	455,706	483,557	-0.4%	17.1%
Age 45 to 64	142,285	147,049	152,308	148,914	153,136	172,248	181,630	4.2%	6.4%
Age 65 to 74	125,676	126,039	129,296	122,019	123,388	131,143	138,902	1.7%	4.9%
Age 75 to 84	102,767	100,270	106,242	103,321	106,291	109,816	116,256	2.1%	4.1%
Age 85 and Over	76,674	77,242	79,438	76,084	76,743	76,371	81,109	0.9%	2.9%
Age Unknown	0	0	0	1	147,455	15,025	16,689	2453.5%	0.6%
Total	2,561,957	2,571,547	2,538,655	2,324,810	2,518,222	2,665,138	2,820,625	1.6%	100.0%
By Race									
White	760,485	744,746	713,214	645,978	690,907	713,714	757,440	-0.1%	26.9%
Black	531,626	523,889	503,281	458,055	487,805	504,807	535,632	0.1%	19.0%
Hispanic, American Indian or Asian	1,220,367	1,250,998	1,231,395	1,149,293	1,268,790	1,372,161	1,448,909	2.9%	51.4%
Other/Unknown	49,479	51,914	90,765	71,484	70,720	74,456	78,643	8.0%	2.8%
*Total	2,561,957	2,571,547	2,538,655	2,324,810	2,518,222	2,665,138	2,820,625	1.6%	100.0%
By Sex									
Female	1,585,643	1,583,759	1,554,996	1,414,555	1,519,533	1,620,257	1,715,296	1.3%	60.8%
Male	976,293	987,771	983,650	910,233	993,372	1,044,867	1,105,260	2.1%	39.2%
Unknown	21	17	9	22	5,317	14	69	22.0%	0.0%
*Total	2,561,957	2,571,547	2,538,655	2,324,810	2,518,222	2,665,138	2,820,625	1.6%	100.0%

*FFY 01 projected using FFY 95-FFY 00 trends and State Annual report.

Source: Health Care Financing Administration-Form HCFA 2082 for federal fiscal years

TEXAS

SOUTHERN REGION MEDICAID PROFILE

PAYMENTS BY OTHER CHARACTERISTICS

	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	FFY 01	Annual Change	Share of Total FFY 01
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	\$3,157,335,052	\$3,303,084,666	\$3,307,699,321	\$3,129,651,326	\$3,454,276,260	\$4,165,835,373	\$4,500,635,490	6.1%	43.5%
Poverty Related Eligibles	\$798,111,593	\$951,262,954	\$1,056,241,258	\$1,013,187,235	\$1,239,768,586	\$1,532,368,632	\$1,639,916,164	12.8%	15.9%
Medically Needy	\$115,166,227	\$112,727,099	\$149,250,959	\$124,460,966	\$83,337,665	\$154,771,383	\$166,841,656	6.4%	1.6%
Other Eligibles	\$2,542,276,095	\$2,492,481,283	\$2,743,767,729	\$2,794,561,713	\$3,201,836,270	\$3,682,367,698	\$3,970,438,453	7.7%	38.4%
Maintenance Assistance Status Unknown	\$0	\$0	\$0	\$3	\$146,607,037	\$64,081,648	\$67,519,556	28237.5%	0.7%
Total	\$6,612,888,967	\$6,859,556,002	\$7,256,959,268	\$7,061,861,243	\$8,125,825,818	\$9,599,424,734	\$10,345,351,319	7.7%	100.0%
By Basis of Eligibility									
Aged, Blind or Disabled	\$3,916,524,701	\$4,193,966,349	\$4,597,946,779	\$3,129,651,326	\$5,371,322,978	\$6,246,387,789	\$6,694,397,239	9.3%	64.7%
Children	\$1,537,728,150	\$1,543,284,585	\$1,620,932,419	\$1,013,187,235	\$1,578,965,373	\$1,995,758,629	\$2,147,345,669	5.7%	20.8%
Foster Care Children	\$0	\$0	\$27,139,453	\$124,460,966	\$114,045,806	\$162,315,637	\$169,298,896	58.0%	1.6%
Adults	\$1,158,636,117	\$1,122,305,068	\$1,010,940,617	\$2,794,561,713	\$914,884,624	\$1,130,881,031	\$1,263,578,187	1.5%	12.2%
Basis of Eligibility Unknown	\$0	\$0	\$0	\$3	\$146,607,037	\$64,081,648	\$70,731,328	28574.6%	0.7%
Total	\$6,612,888,967	\$6,859,556,002	\$7,256,959,268	\$7,061,861,243	\$8,125,825,818	\$9,599,424,734	\$10,345,351,319	7.7%	100.0%
By Age									
Under Age 1	\$763,104,860	\$726,560,331	\$766,448,283	\$424,137,434	\$450,690,626	\$1,118,482,750	\$1,187,822,643	7.7%	11.5%
Age 1 to 5	\$550,081,948	\$549,695,505	\$525,590,414	\$674,450,883	\$801,566,001	\$613,270,385	\$673,884,194	3.4%	6.5%
Age 6 to 14	\$455,866,391	\$500,234,405	\$536,044,476	\$517,892,714	\$670,076,592	\$801,373,168	\$858,182,273	11.1%	8.3%
Age 15 to 20	\$458,696,574	\$464,428,864	\$457,461,646	\$406,392,800	\$526,600,438	\$662,546,773	\$711,109,666	7.6%	6.9%
Age 21 to 44	\$1,643,548,755	\$1,700,056,867	\$1,686,662,188	\$1,585,440,469	\$1,758,038,398	\$2,098,253,627	\$2,269,130,276	5.5%	21.9%
Age 45 to 64	\$904,594,734	\$1,001,521,237	\$1,105,090,311	\$1,137,136,536	\$1,261,573,423	\$1,583,202,412	\$1,697,312,482	11.1%	16.4%
Age 65 to 74	\$474,662,014	\$503,811,500	\$584,721,629	\$613,917,500	\$677,717,904	\$782,736,691	\$842,092,619	10.0%	8.1%
Age 75 to 84	\$650,580,098	\$670,773,241	\$771,846,762	\$802,047,424	\$873,536,760	\$979,836,074	\$1,057,321,589	8.4%	10.2%
Age 85 and Over	\$711,753,595	\$742,474,053	\$823,196,038	\$900,444,496	\$959,401,954	\$942,269,851	\$1,025,155,140	6.3%	9.9%
Age Unknown	\$0	\$0	(\$102,480)	\$986	\$146,623,722	\$17,453,003	\$23,340,437	2771.2%	0.2%
Total	\$6,612,888,967	\$6,859,556,002	\$7,256,959,268	\$7,061,861,243	\$8,125,825,818	\$9,599,424,734	\$10,345,351,319	7.7%	100.0%
By Race									
White	\$2,969,216,864	\$3,050,667,739	\$3,178,366,493	\$3,202,123,927	\$3,623,853,179	\$4,154,314,212	\$4,483,577,162	7.1%	43.3%
Black	\$1,247,158,700	\$1,273,500,099	\$1,331,579,932	\$1,251,258,881	\$1,487,478,219	\$1,741,261,867	\$1,877,222,984	7.1%	18.1%
Hispanic, American Indian or Asian	\$2,156,210,709	\$2,295,118,707	\$2,345,681,649	\$2,299,565,307	\$2,714,023,858	\$3,345,385,940	\$3,592,693,432	8.9%	34.7%
Other / Unknown	\$240,302,695	\$240,269,458	\$401,331,194	\$308,913,128	\$300,470,562	\$358,462,715	\$391,857,740	8.5%	3.8%
*Total	\$6,612,888,967	\$6,859,556,002	\$7,256,959,268	\$7,061,861,243	\$8,125,825,818	\$9,599,424,734	\$10,345,351,319	7.7%	100.0%
By Sex									
Female	\$4,227,588,652	\$4,359,781,402	\$4,596,246,692	\$4,462,108,203	\$5,042,670,151	\$5,914,488,553	\$6,381,215,518	7.1%	61.7%
Male	\$2,385,165,196	\$2,499,688,178	\$2,660,706,860	\$2,599,680,626	\$3,070,937,470	\$3,667,368,306	\$3,942,865,231	8.7%	38.1%
Unknown	\$135,119	\$86,422	\$5,716	\$72,413	\$12,218,197	\$17,567,875	\$21,270,570	132.4%	0.2%
*Total	\$6,612,888,967	\$6,859,556,002	\$7,256,959,268	\$7,061,861,243	\$8,125,825,818	\$9,599,424,734	\$10,345,351,319	7.7%	100.0%

*FFY 01 projected using FFY 95-FFY 00 trends and State Annual report.

Source: Health Care Financing Administration-Form HCFA 2082 for federal fiscal years

SOUTHERN REGION MEDICAID PROFILE

AVERAGE PAYMENT PER RECIPIENT BY OTHER CHARACTERISTICS

								Above (+) or Below (-) SLC Annual Change Avg. FFY 01	
By Maintenance Assistance Status	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	FFY 01		
Receiving Cash Assistance or Eligible Under Section 1931	\$2,563.34	\$2,769.01	\$3,034.43	\$3,410.68	\$4,073.74	\$4,742.43	\$4,780.29	10.9%	7.3%
Poverty Related Eligibles	\$1,992.01	\$1,652.52	\$1,163.99	\$1,121.01	\$1,210.21	\$1,343.40	\$1,376.47	-6.0%	-30.1%
Medically Needy	\$2,963.09	\$3,025.82	\$3,296.03	\$3,254.14	\$2,620.27	\$3,192.87	\$3,275.80	1.7%	-6.8%
Other Eligibles	\$2,854.22	\$3,254.87	\$5,533.12	\$6,007.91	\$6,861.98	\$7,375.39	\$7,407.79	17.2%	18.2%
Maintenance Assistance Status Unknown	\$0.00	\$0.00	\$0.00	\$0.00	\$994.31	\$651.89	\$669.71	-17.9%	-67.4%
Total	\$2,581.19	\$2,667.48	\$2,858.58	\$3,037.61	\$3,226.81	\$3,601.85	\$3,667.75	6.0%	1.1%
By Basis of Eligibility									
Aged, Blind or Disabled	\$6,773.81	\$7,107.79	\$7,618.13	\$5,307.54	\$8,814.61	\$9,903.99	\$10,027.81	6.8%	11.7%
Children	\$1,059.54	\$1,046.92	\$1,103.22	\$763.36	\$1,170.98	\$1,380.81	\$1,401.13	4.8%	9.9%
Foster Care Children	\$0.00	\$0.00	\$3,348.90	\$7,736.74	\$4,805.37	\$5,798.85	\$5,884.86	15.1%	3.2%
Adults	\$2,176.03	\$2,211.95	\$2,208.63	\$7,132.88	\$2,350.30	\$2,443.60	\$2,574.15	2.8%	18.0%
Basis of Eligibility Unknown	\$0.00	\$0.00	\$0.00	\$0.00	\$994.31	\$651.89	\$701.57	-16.0%	-64.1%
Total	\$2,581.19	\$2,667.48	\$2,858.58	\$3,037.61	\$3,226.81	\$3,601.85	\$3,667.75	6.0%	1.1%
By Age									
Under Age 1	\$2,856.88	\$2,779.67	\$3,021.21	\$2,944.07	\$3,023.02	\$2,989.05	\$3,053.21	1.1%	7.7%
Age 1 to 5	\$880.36	\$894.32	\$902.43	\$1,206.80	\$1,449.84	\$1,240.97	\$1,273.17	6.3%	-8.2%
Age 6 to 14	\$863.22	\$893.84	\$941.04	\$901.79	\$1,154.87	\$1,394.46	\$1,408.30	8.5%	-1.1%
Age 15 to 20	\$2,293.56	\$2,316.70	\$2,341.17	\$2,264.41	\$2,261.00	\$2,531.10	\$2,588.02	2.0%	9.9%
Age 21 to 44	\$3,323.58	\$3,506.78	\$3,586.88	\$3,795.04	\$4,438.00	\$4,604.40	\$4,692.58	5.9%	9.6%
Age 45 to 64	\$6,357.63	\$6,810.80	\$7,255.63	\$7,636.20	\$8,238.26	\$9,191.41	\$9,344.91	6.6%	17.7%
Age 65 to 74	\$3,776.87	\$3,997.27	\$4,522.35	\$5,031.33	\$5,492.58	\$5,968.57	\$6,062.47	8.2%	-3.8%
Age 75 to 84	\$6,330.63	\$6,689.67	\$7,264.99	\$7,762.68	\$8,218.35	\$8,922.53	\$9,094.80	6.2%	-2.8%
Age 85 and Over	\$9,282.85	\$9,612.31	\$10,362.75	\$11,834.87	\$12,501.49	\$12,338.06	\$12,639.26	5.3%	-8.4%
Age Unknown	\$0.00	\$0.00	\$0.00	\$986.10	\$994.36	\$1,161.60	\$1,398.53	12.4%	-42.2%
Total	\$2,581.19	\$2,667.48	\$2,858.58	\$3,037.61	\$3,226.81	\$3,601.85	\$3,667.75	6.0%	1.1%
By Race									
White	\$3,904.37	\$4,096.25	\$4,456.40	\$4,957.02	\$5,245.07	\$5,820.70	\$5,919.38	7.2%	34.6%
Black	\$2,345.93	\$2,430.86	\$2,645.80	\$2,731.68	\$3,049.33	\$3,449.36	\$3,504.69	6.9%	17.9%
Hispanic, American Indian or Asian	\$1,766.85	\$1,834.63	\$1,904.90	\$2,000.85	\$2,139.06	\$2,438.04	\$2,479.58	5.8%	5.3%
Other/Unknown	\$4,856.66	\$4,628.22	\$4,421.65	\$4,321.43	\$4,248.74	\$4,814.42	\$4,982.72	0.4%	7.1%
Total	\$2,581.19	\$2,667.48	\$2,858.58	\$3,037.61	\$3,226.81	\$3,601.85	\$3,667.75	6.0%	1.1%
By Sex									
Female	\$2,666.17	\$2,752.81	\$2,955.79	\$3,154.43	\$3,318.57	\$3,650.34	\$3,720.18	5.7%	2.0%
Male	\$2,443.08	\$2,530.64	\$2,704.93	\$2,856.06	\$3,091.43	\$3,509.89	\$3,567.37	6.5%	1.5%
Unknown	\$6,434.24	\$5,083.65	\$635.06	\$3,291.52	\$2,297.95	\$1,254,848.21	\$306,888.66	90.4%	4542.0%
Total	\$2,581.19	\$2,667.48	\$2,858.58	\$3,037.61	\$3,226.81	\$3,601.85	\$3,667.75	6.0%	1.1%

Source: Health Care Financing Administration-Form HCFA 2082 for federal fiscal years

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SOUTHERN REGION MEDICAID PROFILE

ADDITIONAL STATE HEALTH CARE INFORMATION

Sources: "Major Health Care Policies: 50 State Profiles", Health Policy Tracking Service, January, 2002; and "Medicaid Services State by State", HCFA, October 2001.

*Information supplied by State Medicaid Agency

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 24,892 recipients.
- (2) Travis County service delivery area: HMO model, effective September 1, 1996; serves approximately 32,896 recipients.
- (3) Bexar County service delivery area: HMO and PCCM model, effective October 1, 1996; serves approximately 99,672
- (4) Lubbock County service delivery area: HMO and PCCM model, effective October 1, 1996; serves approximately 23,955
- (5) Tarrant County service delivery area: HMO model, effective October 1, 1996; serves approximately 57,074
- (6) Harris County service delivery area: HMO and PCCM model, effective December 1, 1997; serves approximately 164,903 (STAR) and 55,503 (STAR+PLUS).
- (7) Dallas service district area: HMO model, effective July 1, 1999; serves approximately 93,251
- (8) El Paso service delivery area: HMO, PHP, and PCCM model effective December, 1999; serves approximately 72,899.
- 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.

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 26,244 clients over the age of 21. Operating since September 1, 1993.
- Mental Retardation/Developmental Disabilities and Mental Retardation-Related: Four waivers, serving approximately 6,370 clients of all ages, with the first waiver operating since September 1, 1985
- Medically Dependent Children Under Age 21: Serves 929 people, operating since July 1, 1988.
- Developmental Disabilities: This waiver services approximately 100 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 400,000 Medicaid recipients in 6 geographic areas of the state. The state implemented Medicaid managed care in the El Paso Service Area in 1999.
- 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 55,000 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

- The state requires public hospitals, hospital districts and certain counties to provide care to indigents. Legislation passed in 1985, the Indigent Health Care and Treatment Act, requires those counties not fully served by a hospital district or public hospital to operate a County Indigent Care Health Program (CICHP) to provide care to their eligible indigent residents. Of the 254 counties in the state, 136 administer a CICHP.
- In 1999, the Texas Legislature significantly amended the Indigent Health Care and Treatment Act for the first time since its enactment. Changes to the law include a focus on preventive services, a lower eligibility threshold, and a lower level at which counties may become eligible to receive state assistance funds (counties become eligible for state funds once they have spent a certain percentage of their general revenue tax levy on allowable indigent health services). The new law also

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SOUTHERN REGION MEDICAID PROFILE

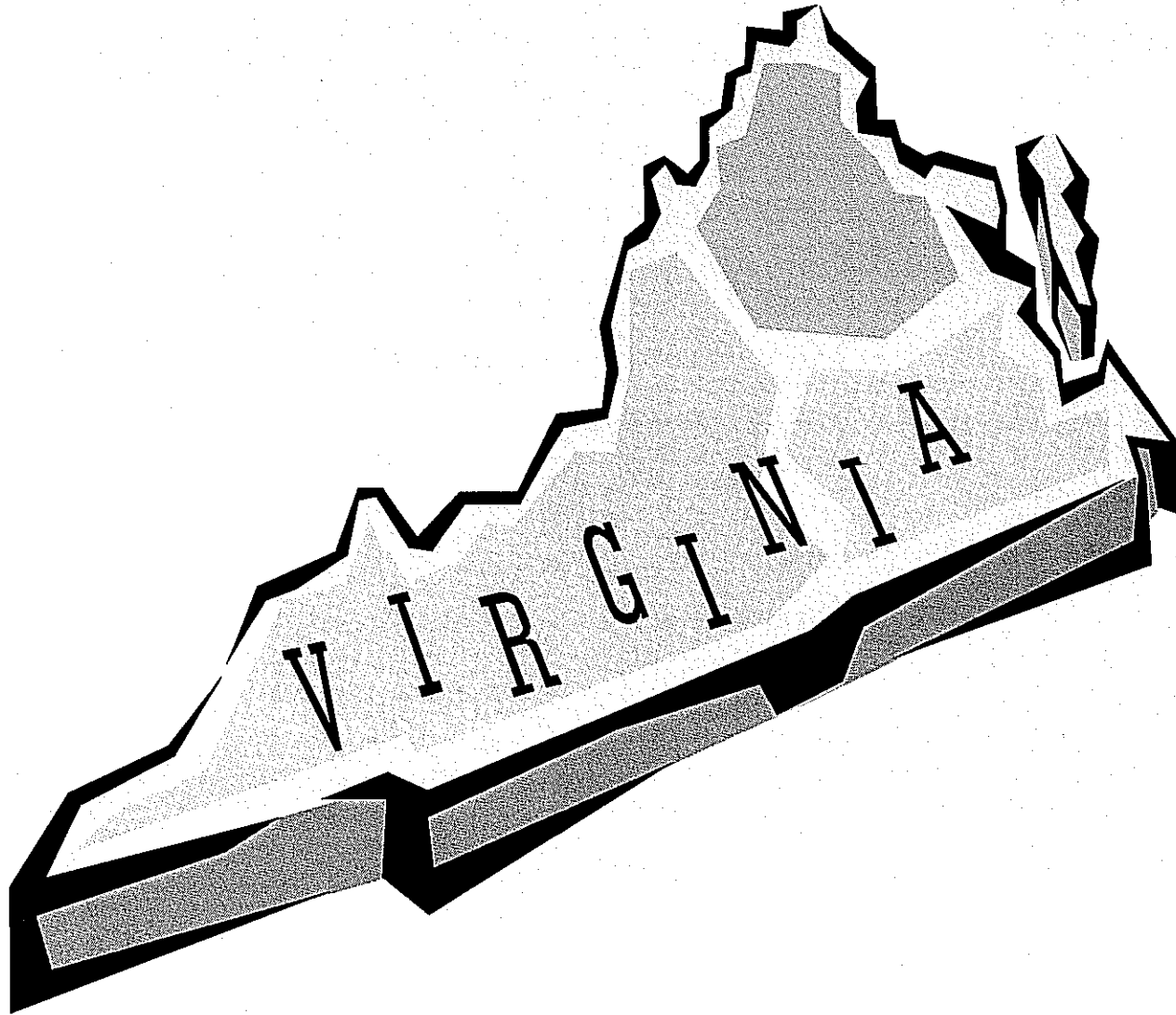
Tobacco Settlement

- The state expects to receive approximately \$17.3 billion over 25 years.
- The tobacco settlement payment is projected to be \$1.8 billion for the FY 00 and FY 01 biennium.
- Established nine separate endowments with the initial \$1.5 billion payment as follows:
 - \$350 million for the Higher Education Permanent Health Fund;
 - \$595 million for Individual Endowments to 13 medical schools;
 - \$45 million for the Higher Education Nursing and Allied Health Fund;
 - \$25 million for the Minority Health Research and Education Fund;
 - \$200 million for the Tobacco Education Enforcement Trust Fund;
 - \$100 million for the Children and Public Trust Fund;
 - \$100 million for the Emergency Medical Services and Trauma Care Fund;
 - \$50 million for the Rural Health Facility Capital Improvement Fund; and
 - \$25 million for the Community Hospital Capital Improvement Fund.
- A separate settlement between the state and the tobacco industry awarded \$2.28 billion over 25 years to counties, hospital districts, and other health care providers that serve the indigent population. Annual payments from the \$1.8 billion initial payment will be made beginning in FY 04.
- In 2001, the legislature appropriated tobacco settlement funds as follows:
 - \$204.2 million for SCHIP;
 - \$73.9 million for respite care;
 - \$61.3 for Medicaid simplification;
 - \$60.0 million for increasing Medicaid provider reimbursement rates;
 - \$17.3 million for home and community care;
 - \$15.3 million for SCHIP new generation of medications;
 - \$14.4 million for match rate change costs;
 - \$8.5 million for medically dependent children program waivers; and
 - \$7.5 million for newborn hearing and screening.

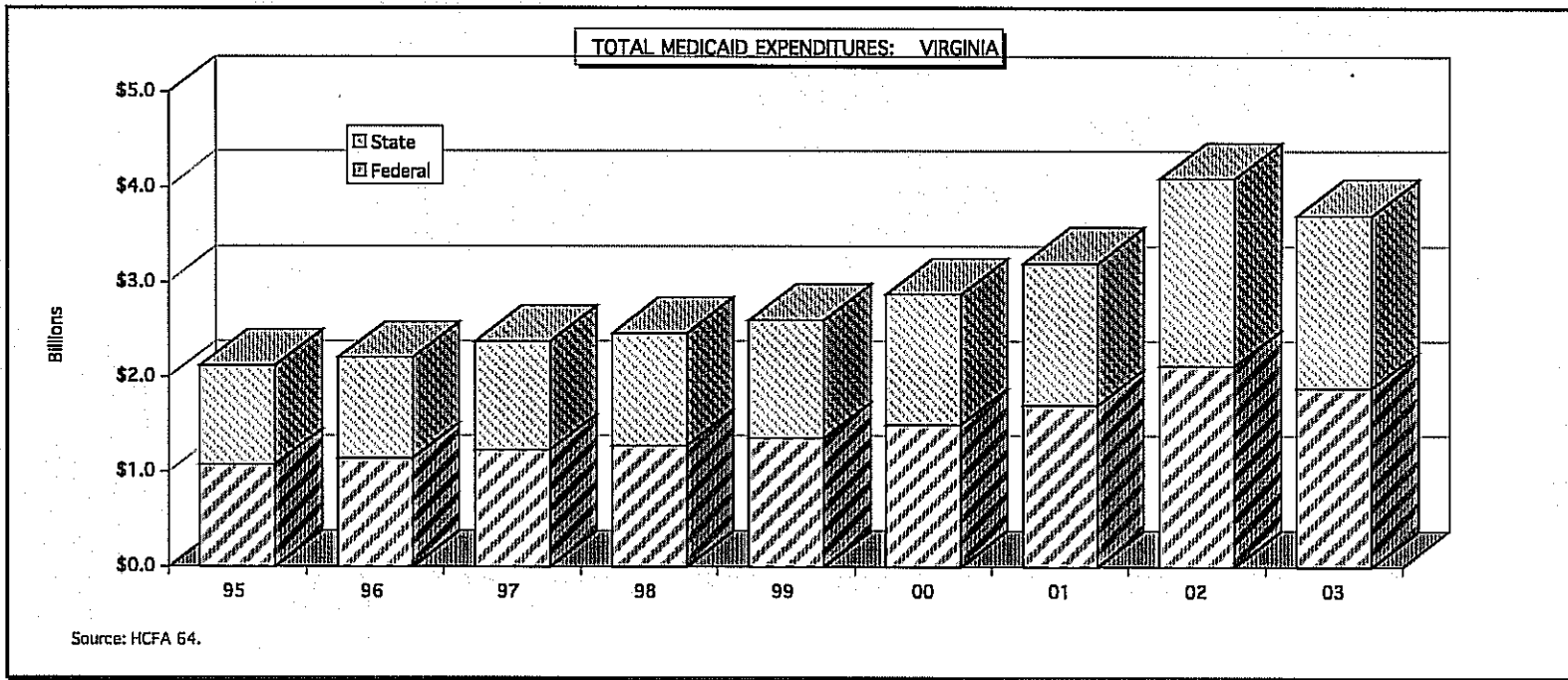
From interest earned (\$62.2 million) on previously established trust funds, the legislature appropriated the following:

- \$1.13 million for minority health services;
- \$9.0 million for tobacco use prevention;
- \$4.5 million for children and public health;
- \$4.5 million for emergency medical services and trauma care;
- \$2.25 million for rural health facility capital;
- \$1.13 million for small urban hospitals;
- \$15.8 million for health related higher education;
- \$2.0 million for nursing allied health fund; and
- 26.8 million for endowment funds for higher education to 13 university health centers.

STATE MEDICAID PROFILE



SOUTHERN REGION MEDICAID PROFILE



	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	FFY 01*	FFY 02**	FFY 03**	Annual Rate of Change	Total Change 95-03
Medicaid Payments	\$2,044,756,023	\$2,123,142,475	\$2,274,509,097	\$2,343,757,339	\$2,477,370,906	\$2,728,848,408	\$3,036,846,387	\$3,873,199,000	\$3,469,599,000	6.8%	69.7%
Federal Share	\$1,026,474,417	\$1,093,719,144	\$1,172,394,679	\$1,208,808,080	\$1,285,612,965	\$1,416,141,298	\$1,609,651,633	\$1,992,768,000	\$1,753,183,000	6.9%	70.8%
State Share	\$1,018,281,606	\$1,029,423,331	\$1,102,114,418	\$1,134,949,259	\$1,191,757,941	\$1,312,707,110	\$1,427,194,754	\$1,880,431,000	\$1,716,416,000	6.7%	68.6%
Administrative Costs	\$76,336,648	\$81,776,255	\$100,519,359	\$118,333,750	\$126,088,305	\$147,814,821	\$164,701,821	\$220,224,000	\$236,283,000	15.2%	209.5%
Federal Share	\$44,400,414	\$45,022,011	\$54,003,775	\$65,843,598	\$69,518,715	\$80,346,985	\$91,978,257	\$124,614,000	\$129,402,000	14.3%	191.4%
State Share	\$31,936,234	\$36,754,244	\$46,515,584	\$52,490,152	\$56,569,590	\$67,467,836	\$72,723,564	\$95,610,000	\$106,881,000	16.3%	234.7%
Admin. Costs as % of Payments	3.73%	3.85%	4.42%	5.05%	5.09%	5.42%	5.42%	5.69%	6.81%		
Federal Match Rate*	50.00%	51.37%	51.45%	51.49%	51.60%	51.67%	51.85%	51.45%	51.45%		

*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 02 and 03 reflect latest estimates reported by each state (CMS 37).

VIRGINIA

SOUTHERN REGION MEDICAID PROFILE

STATE FINANCING

	Payments		Administration	
	FFY 95	FFY 01	FFY 95	FFY 01
State General Fund*	\$1,018,281,606	\$1,427,194,754	\$31,936,234	\$72,723,564
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	\$1,018,281,606	\$1,427,194,754	\$31,936,234	\$72,723,564

Provider Taxes Currently in Place (FFY 01)	Amount
Tax Rate	
NO PROVIDER TAXES	

DISPROPORTIONATE SHARE HOSPITAL (DSH) PAYMENTS

	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	FFY 01*	FFY 02**	FFY 03**	Annual Change
General Hospitals	\$138,537,653	\$148,762,000	\$157,204,000	\$152,457,493	\$157,022,000	\$131,366,225	\$231,973,515	\$235,694,000	\$144,743,000	-1.4%
Mental Hospitals	\$6,732,097	\$9,312,000	\$2,588,000	\$8,220,282	\$3,900,000	\$9,187,746	\$1,752,745	\$7,000,000	\$7,000,000	18.0%
Total	\$145,269,750	\$158,074,000	\$159,792,000	\$160,677,775	\$160,922,000	\$140,553,971	\$233,726,260	\$242,694,000	\$151,743,000	-0.9%

SELECTED ELIGIBILITY CRITERIA

	At 10/1/01	% 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		
SSI Eligibility Levels		
Income:		
Single Person	\$470	63.7%
Couple	\$705	70.9%
Resources:		
Single Person	\$2,000	
Couple	\$3,000	

DEMOGRAPHIC DATA & POVERTY INDICATORS (2000)

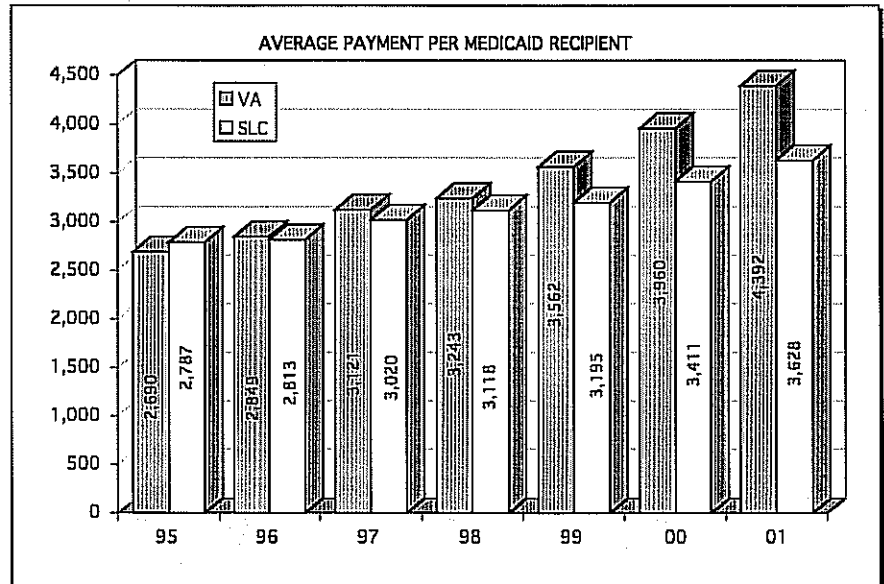
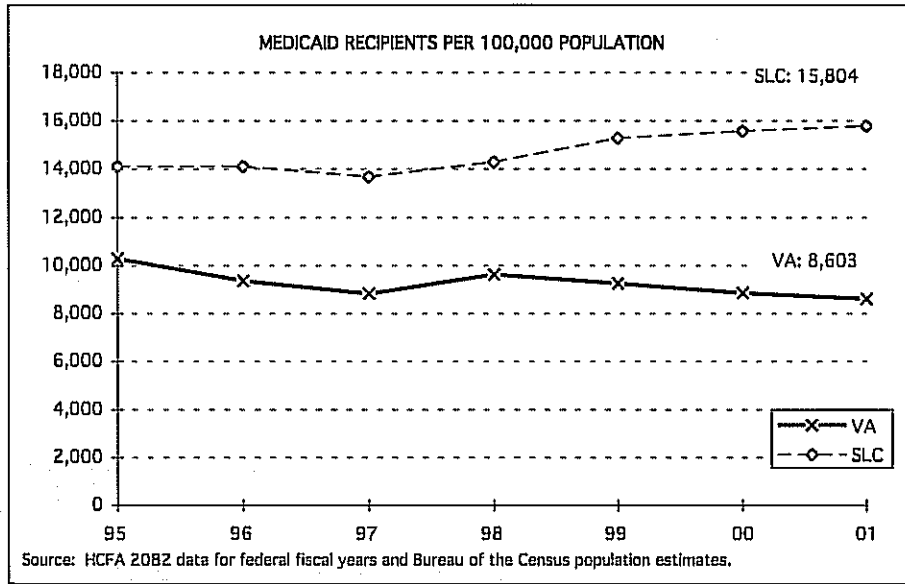
		Rank in U.S.
State population—July 1, 2001*	7,187,734	12
Per capita personal income**	\$31,065	13
Median household income**	\$50,069	7
Population below Federal Poverty Level on July 1, 2001*	582,206	
Percent of total population	8.1%	43
Population without health insurance coverage*	912,842	12
Percent of total state population	12.7%	26
Recipients of Food Stamps***	332,312	17
Households receiving Food Stamps***	149,595	16
Total value of issuance***	\$262,954,896	20
Average monthly benefit per recipient	\$65.94	45
Average monthly benefit per household	\$146.48	28
Monthly recipients of Temporary Assistance to Needy Families (TANF)****	63,633	21
Total TANF payments****	\$221,869,459	44
Average monthly payment per recipient	\$290.56	
Maximum monthly payment per family of 3	\$354.00	31

*Current federal poverty level is \$8,860 per year for a single person, \$11,940 for a family of two and \$15,020 for a family of three. Table above shows monthly income levels.

*Bureau of the Census. **Bureau of Economic Analysis. ***USDA. ****USDHHS.

VIRGINIA

SOUTHERN REGION MEDICAID PROFILE



DATA BY TYPE OF SERVICES (Includes Fee-For-Service and Waivers)

RECIPIENTS BY TYPE OF SERVICES	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	FFY 01	Annual Change
01. General Hospital	103,147	90,914	102,450	98,015	94,935	82,264	84,208	-3.3%
02. Mental Hospital	2,179	2,593	2,213	36,689	36,152	1,282	1,072	-11.2%
03. Skilled and Intermediate (non-MR) Care Nursing	27,301	26,963	27,565	28,053	27,217	27,558	28,157	0.5%
04. Intermediate Care for Mentally Retarded	2,591	2,458	2,301	2,126	2,043	2,174	2,096	-3.5%
05. Physician Services	603,578	540,079	520,943	438,974	420,723	370,014	351,659	-8.6%
06. Dental Services	106,156	86,056	78,351	76,341	72,952	64,429	60,290	-9.0%
07. Other Practitioners	75,977	68,503	75,799	70,449	63,580	55,577	51,402	-6.3%
08. Outpatient Hospital	351,152	298,998	285,018	267,436	259,439	220,843	210,509	-8.2%
09. Clinic Services	134,669	142,022	141,580	95,786	85,596	94,799	92,688	-6.0%
10. Lab and X-Ray	242,930	200,206	188,157	180,726	177,062	244,111	225,937	-1.2%
11. Home Health	18,282	18,818	20,511	7,470	6,255	5,928	4,767	-20.1%
12. Prescribed Drugs	480,405	417,580	396,719	383,880	375,111	347,251	333,883	-5.9%
13. Family Planning	37,947	26,926	24,065	23,655	21,514	2,737	1,821	-39.7%
14. Early & Periodic Screening, Diagnosis & Treatment	124,871	103,912	91,571	85,641	79,272	0	0	-100.0%
15. Other Care	117,388	103,542	103,219	100,122	91,219	155,986	152,456	4.5%
16. Personal Care Support Services	0	0	0	31,984	34,146	40,638	41,473	9.0%
17. Home/Community Based Waiver Services	0	0	0	4,589	4,974	0	0	-100.0%
18. Prepaid Health Care	0	0	0	159,392	204,203	213,085	228,310	12.7%
19. Primary Care Case Management (PCCM) Services	0	0	0	110,559	10,667	0	0	-100.0%
Total*	681,313	623,315	595,234	653,236	629,240	627,214	618,385	-1.6%

*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.

VIRGINIA

SOUTHERN REGION MEDICAID PROFILE

<u>PAYMENTS BY TYPE OF SERVICES</u>	<u>FFY 95</u>	<u>FFY 96</u>	<u>FFY 97</u>	<u>FFY 98</u>	<u>FFY 99</u>	<u>FFY 00</u>	<u>FFY 01</u>	<u>Annual</u> <u>Change</u>	<u>Share of Total</u> <u>FFY 01</u>
01. General Hospital	\$395,238,330	\$330,862,231	\$321,509,929	\$334,376,705	\$322,282,749	\$290,073,429	\$306,796,032	-4.1%	11.3%
02. Mental Hospital	\$22,350,887	\$26,164,133	\$21,324,339	\$101,470,932	\$95,911,210	\$17,425,643	\$20,369,771	-1.5%	0.8%
03. Skilled and Intermediate (non-MR) Care Nursing	\$377,639,158	\$383,993,853	\$387,991,885	\$394,719,042	\$403,215,645	\$482,194,747	\$528,748,396	5.8%	19.5%
04. Intermediate Care for Mentally Retarded	\$147,747,735	\$145,912,289	\$141,767,958	\$143,102,604	\$153,721,704	\$176,202,282	\$185,046,982	3.8%	6.8%
05. Physician Services	\$215,204,029	\$186,600,962	\$197,208,572	\$187,632,422	\$169,735,990	\$132,056,707	\$124,707,230	-8.7%	4.6%
06. Dental Services	\$12,796,843	\$11,147,739	\$10,128,667	\$10,991,455	\$15,580,950	\$14,148,248	\$14,307,117	1.9%	0.5%
07. Other Practitioners	\$10,817,994	\$9,210,639	\$9,835,427	\$7,747,728	\$6,649,885	\$6,633,878	\$7,016,406	-7.0%	0.3%
08. Outpatient Hospital	\$135,343,521	\$120,200,446	\$122,810,586	\$120,861,961	\$124,342,138	\$110,176,809	\$107,939,792	-3.7%	4.0%
09. Clinic Services	\$129,025,022	\$156,863,212	\$193,699,630	\$44,638,404	\$45,490,009	\$34,567,196	\$33,109,619	-20.3%	1.2%
10. Lab and X-Ray	\$20,019,722	\$15,969,779	\$14,978,314	\$12,882,268	\$15,902,453	\$28,482,687	\$27,252,897	5.3%	1.0%
11. Home Health	\$85,013,264	\$101,652,172	\$114,153,676	\$8,156,865	\$6,845,561	\$6,664,484	\$5,207,547	-37.2%	0.2%
12. Prescribed Drugs	\$213,182,924	\$221,421,619	\$249,620,903	\$284,578,559	\$331,291,307	\$382,471,744	\$419,133,380	11.9%	15.4%
13. Family Planning	\$5,236,144	\$2,730,543	\$2,376,375	\$2,750,995	\$2,514,626	\$2,976,456	\$2,527,392	-11.4%	0.1%
14. Early & Periodic Screening, Diagnosis & Treatment	\$11,371,490	\$11,418,270	\$8,851,274	\$8,139,340	\$7,909,519	\$0	\$0	-100.0%	0.0%
15. Other Care	\$51,772,755	\$51,920,529	\$61,674,381	\$54,680,560	\$53,245,971	\$340,586,197	\$415,415,016	41.5%	15.3%
16. Personal Care Support Services	\$0	\$0	\$0	\$117,734,231	\$116,863,633	\$137,275,767	\$139,909,909	5.9%	5.2%
17. Home/Community Based Waiver Services	\$0	\$0	\$0	\$95,785,869	\$122,650,960	\$0	\$0	-100.0%	0.0%
18. Prepaid Health Care	\$0	\$0	\$0	\$186,255,441	\$246,996,610	\$321,994,437	\$378,468,262	26.7%	13.9%
19. Primary Case Management (PCCM) Services	\$0	\$0	\$0	\$1,697,485	\$36,258	\$0	\$0	-100.0%	0.0%
Total (excludes DSH pymts, pharmacy rebates, & other adjs.)	\$1,832,759,818	\$1,776,068,416	\$1,857,931,916	\$2,118,202,866	\$2,241,187,178	\$2,483,930,711	\$2,715,955,748	6.8%	100.0%

AVERAGE PAYMENTS PER RECIPIENT BY TYPE OF SERVICES

								(+) or (-) SLC	
									<u>FFY 01</u>
01. General Hospital	\$3,831.80	\$3,639.29	\$3,138.21	\$3,411.49	\$3,394.77	\$3,526.13	\$3,643.31	-0.8%	-14.9%
02. Mental Hospital	\$10,257.41	\$10,090.29	\$9,635.94	\$2,765.70	\$2,653.00	\$13,592.55	\$19,001.65	10.8%	133.2%
03. Skilled and Intermediate (non-MR) Care Nursing	\$13,832.43	\$14,241.51	\$14,075.53	\$14,070.48	\$14,814.85	\$17,497.45	\$18,778.58	5.2%	0.2%
04. Intermediate Care for Mentally Retarded	\$57,023.44	\$59,362.20	\$61,611.46	\$67,310.73	\$75,243.12	\$81,049.81	\$88,285.77	7.6%	20.7%
05. Physician Services	\$356.55	\$345.51	\$378.56	\$427.43	\$403.44	\$356.90	\$354.63	-0.1%	-21.2%
06. Dental Services	\$120.55	\$129.54	\$129.27	\$143.98	\$213.58	\$219.59	\$237.30	12.0%	-3.1%
07. Other Practitioners	\$142.39	\$134.46	\$129.76	\$109.98	\$104.59	\$119.36	\$136.50	-0.7%	-41.8%
08. Outpatient Hospital	\$385.43	\$402.01	\$430.89	\$451.93	\$479.27	\$498.89	\$512.76	4.9%	6.4%
09. Clinic Services	\$958.09	\$1,104.50	\$1,368.13	\$466.02	\$531.45	\$364.64	\$357.22	-15.2%	-38.2%
10. Lab and X-Ray	\$82.41	\$79.77	\$79.61	\$71.28	\$89.81	\$116.68	\$120.62	6.6%	19.1%
11. Home Health	\$4,650.11	\$5,401.86	\$5,565.49	\$1,091.95	\$1,094.41	\$1,124.24	\$1,092.42	-21.4%	-54.6%
12. Prescribed Drugs	\$443.76	\$530.25	\$629.21	\$741.32	\$883.18	\$1,101.43	\$1,255.33	18.9%	21.0%
13. Family Planning	\$137.99	\$101.41	\$98.75	\$116.30	\$116.88	\$1,087.49	\$1,387.91	46.9%	153.1%
14. Early & Periodic Screening, Diagnosis & Treatment	\$91.07	\$109.88	\$96.66	\$95.04	\$99.78	\$0.00	\$0.00	-100.0%	-100.0%
15. Other Care	\$441.04	\$501.44	\$597.51	\$546.14	\$583.72	\$2,183.44	\$2,724.82	35.5%	75.5%
16. Personal Care Support Services	\$0.00	\$0.00	\$0.00	\$3,681.04	\$3,422.47	\$3,378.01	\$3,373.52	-2.9%	71.8%
17. Home/Community Based Waiver Services	\$0.00	\$0.00	\$0.00	\$20,872.93	\$24,658.42	\$0.00	\$0.00	-100.0%	-100.0%
18. Prepaid Health Care	\$0.00	\$0.00	\$0.00	\$1,168.54	\$1,209.56	\$1,511.11	\$1,657.69	12.4%	10.6%
19. Primary Care Case Management (PCCM) Services	\$0.00	\$0.00	\$0.00	\$15.35	\$3.40	\$0.00	\$0.00	-100.0%	-100.0%
Total (Average)	\$2,690.04	\$2,849.39	\$3,121.35	\$3,242.63	\$3,561.74	\$3,960.26	\$4,392.01	8.5%	20.7%

TOTAL PER CAPITA EXPENDITURES	\$320.64	\$330.76	\$352.51	\$362.53	\$383.35	\$406.39	\$445.42	5.6%	-35.4%
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VIRGINIA

SOUTHERN REGION MEDICAID PROFILE
DATA BY OTHER CHARACTERISTICS

RECIPIENTS BY OTHER CHARACTERISTICS

	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	FFY 01	Annual Change	Share of Total FFY 01
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	350,944	295,476	267,331	285,976	261,630	195,118	139,373	-14.3%	22.5%
Poverty Related Eligibles	54,557	59,396	219,194	245,429	245,431	264,873	309,638	33.6%	50.1%
Medically Needy	32,462	26,512	21,667	17,884	16,647	8,966	7,728	-21.3%	1.2%
Other Eligibles	243,350	241,931	87,042	103,947	105,532	130,344	138,034	-9.0%	22.3%
Maintenance Assistance Status Unknown	0	0	0	0	0	27,913	23,612	-15.4%	3.8%
Total	681,313	623,315	595,234	653,236	629,240	627,214	618,385	-1.6%	100.0%
By Basis of Eligibility									
Aged, Blind, or Disabled	191,099	198,729	197,352	207,662	208,094	197,120	198,632	0.6%	32.1%
Children	363,954	317,789	296,453	333,370	316,959	307,718	304,983	-2.9%	49.3%
Foster Care Children	0	0	4,205	4,260	4,539	11,520	11,891	29.7%	1.9%
Adults	126,260	106,797	97,224	107,944	99,648	82,943	79,267	-7.5%	12.8%
Basis of Eligibility Unknown	0	0	0	0	0	27,913	23,612	-15.4%	3.8%
Total	681,313	623,315	595,234	653,236	629,240	627,214	618,385	-1.6%	100.0%
By Age									
Under Age 1	44,818	38,923	38,663	41,524	40,756	25,531	25,519	-9.0%	4.1%
Age 1 to 5	146,023	124,037	119,519	123,243	113,898	114,543	114,468	-4.0%	18.5%
Age 6 to 14	150,363	135,273	127,628	152,702	147,192	148,654	145,616	-0.5%	23.5%
Age 15 to 20	63,287	60,592	56,703	66,403	63,313	63,557	63,498	0.1%	10.3%
Age 21 to 44	139,665	125,288	113,260	125,801	119,319	110,614	107,701	-4.2%	17.4%
Age 45 to 64	48,076	49,488	49,251	52,956	54,686	53,524	55,184	2.3%	8.9%
Age 65 to 74	37,267	37,313	36,608	36,481	35,805	33,334	33,156	-1.9%	5.4%
Age 75 to 84	31,309	31,501	32,330	32,497	32,622	30,068	30,260	-0.6%	4.9%
Age 85 and Over	20,505	20,900	21,272	21,629	21,649	19,477	19,390	-0.9%	3.1%
Age Unknown	0	0	0	0	0	27,912	23,593	-15.5%	3.8%
Total	681,313	623,315	595,234	653,236	629,240	627,214	618,385	-1.6%	100.0%
By Race									
White	316,902	310,280	297,941	300,535	289,206	271,176	267,036	-2.8%	43.2%
Black	321,916	271,035	256,256	311,541	300,097	287,478	283,426	-2.1%	45.8%
Hispanic, American Indian or Asian	40,409	40,272	39,645	39,844	38,717	39,478	38,926	-0.6%	6.3%
Other/Unknown	2,086	1,728	1,392	1,316	1,220	29,082	28,997	55.1%	4.7%
Total*	681,313	623,315	595,234	653,236	629,240	627,214	618,385	-1.6%	100.0%
By Sex									
Female	420,995	382,934	363,090	399,382	384,509	362,442	357,080	-2.7%	57.7%
Male	260,318	240,381	232,144	253,854	244,731	236,860	233,457	-1.8%	37.8%
Unknown	0	0	0	0	0	27,912	27,847	-0.2%	4.5%
Total*	681,313	623,315	595,234	653,236	629,240	627,214	618,385	-1.6%	100.0%

*FFY 01 projected using FFY 95-FFY 00 trends.

Source: Health Care Financing Administration-Form HCFA 2082 for federal fiscal years

VIRGINIA

SOUTHERN REGION MEDICAID PROFILE

PAYMENTS BY OTHER CHARACTERISTICS

	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	FFY 01	Annual Change	Share of Total FFY 01
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	\$879,247,891	\$831,337,272	\$864,124,581	\$1,013,741,200	\$1,075,128,501	\$1,087,712,653	\$1,110,786,259	4.0%	40.9%
Poverty Related Eligibles	\$347,419,117	\$432,408,659	\$228,236,491	\$276,531,633	\$290,833,098	\$314,524,110	\$382,816,927	1.6%	14.1%
Medically Needy	\$350,493,064	\$283,237,718	\$210,507,166	\$163,396,812	\$143,896,707	\$98,539,846	\$84,548,596	-21.1%	3.1%
Other Eligibles	\$255,599,746	\$229,084,767	\$555,063,678	\$664,533,221	\$731,328,872	\$962,110,325	\$1,114,190,185	27.8%	41.0%
Maintenance Assistance Status Unknown	\$0	\$0	\$0	\$0	\$0	\$21,043,777	\$23,613,781	12.2%	0.9%
Total	\$1,832,759,818	\$1,776,068,416	\$1,857,931,916	\$2,118,202,866	\$2,241,187,178	\$2,483,930,711	\$2,715,955,748	6.8%	100.0%
By Basis of Eligibility									
Aged, Blind or Disabled	\$1,293,681,358	\$1,342,368,831	\$1,439,765,992	\$1,571,334,621	\$1,684,001,841	\$1,881,789,124	\$2,062,875,489	8.1%	76.0%
Children	\$329,177,150	\$268,791,825	\$249,277,682	\$336,821,911	\$350,800,226	\$356,524,289	\$372,602,858	2.1%	13.7%
Foster Care Children	\$0	\$0	\$9,595,824	\$9,388,574	\$10,278,066	\$39,406,198	\$71,982,234	65.5%	2.7%
Adults	\$209,901,310	\$164,907,760	\$159,292,418	\$200,657,760	\$196,107,045	\$185,167,323	\$184,881,386	-2.1%	6.8%
Basis of Eligibility Unknown	\$0	\$0	\$0	\$0	\$0	\$21,043,777	\$23,613,781	12.2%	0.9%
Total	\$1,832,759,818	\$1,776,068,416	\$1,857,931,916	\$2,118,202,866	\$2,241,187,178	\$2,483,930,711	\$2,715,955,748	6.8%	100.0%
By Age									
Under Age 1	\$117,196,847	\$90,235,105	\$85,469,576	\$114,024,927	\$119,812,974	\$74,142,678	\$78,613,731	-6.4%	2.9%
Age 1 to 5	\$122,027,418	\$107,835,294	\$100,451,708	\$126,666,594	\$124,920,570	\$174,953,639	\$182,249,217	6.9%	6.7%
Age 6 to 14	\$121,707,113	\$112,036,137	\$117,483,134	\$147,224,727	\$161,572,400	\$183,901,586	\$204,973,175	9.1%	7.5%
Age 15 to 20	\$108,583,105	\$97,397,201	\$96,864,174	\$122,588,008	\$126,688,489	\$134,382,892	\$163,804,855	7.1%	6.0%
Age 21 to 44	\$483,557,475	\$455,829,239	\$475,764,858	\$552,938,255	\$583,949,802	\$622,611,314	\$660,739,223	5.3%	24.3%
Age 45 to 64	\$294,728,157	\$306,633,992	\$339,101,798	\$390,567,507	\$447,645,978	\$509,435,844	\$579,840,724	11.9%	21.3%
Age 65 to 74	\$171,723,647	\$178,362,031	\$188,462,451	\$198,282,074	\$204,344,583	\$226,162,232	\$241,655,302	5.9%	8.9%
Age 75 to 84	\$216,102,098	\$220,372,545	\$237,721,684	\$244,845,675	\$248,327,327	\$274,192,117	\$297,083,029	5.4%	10.9%
Age 85 and Over	\$197,133,958	\$207,366,872	\$216,612,533	\$221,065,099	\$223,925,055	\$263,104,723	\$283,425,575	6.2%	10.4%
Age Unknown	\$0	\$0	\$0	\$0	\$0	\$21,043,686	\$23,570,917	12.0%	0.9%
Total	\$1,832,759,818	\$1,776,068,416	\$1,857,931,916	\$2,118,202,866	\$2,241,187,178	\$2,483,930,711	\$2,715,955,748	6.8%	100.0%
By Race									
White	\$1,050,567,690	\$1,054,577,375	\$1,104,584,511	\$1,185,068,839	\$1,249,583,611	\$1,390,383,251	\$1,522,977,154	6.4%	56.1%
Black	\$714,321,618	\$654,119,251	\$676,490,155	\$848,667,684	\$896,939,176	\$962,905,449	\$1,052,500,138	6.7%	38.8%
Hispanic, American Indian or Asian	\$64,404,408	\$64,154,642	\$74,019,429	\$81,559,117	\$91,329,299	\$105,441,247	\$114,505,584	10.1%	4.2%
Other/Unknown	\$3,466,102	\$3,217,148	\$2,837,821	\$2,907,226	\$3,335,092	\$25,200,764	\$25,972,872	39.9%	1.0%
Total*	\$1,832,759,818	\$1,776,068,416	\$1,857,931,916	\$2,118,202,866	\$2,241,187,178	\$2,483,930,711	\$2,715,955,748	6.8%	100.0%
By Sex									
Female	\$1,146,192,071	\$1,101,339,385	\$1,153,204,693	\$1,316,194,909	\$1,383,761,417	\$1,508,799,560	\$1,652,226,130	6.3%	60.8%
Male	\$686,567,747	\$674,729,031	\$704,727,223	\$802,007,957	\$857,425,761	\$953,525,708	\$1,041,716,948	7.2%	38.4%
Unknown	\$0	\$0	\$0	\$0	\$0	\$21,605,443	\$22,012,671	1.9%	0.8%
Total*	\$1,832,759,818	\$1,776,068,416	\$1,857,931,916	\$2,118,202,866	\$2,241,187,178	\$2,483,930,711	\$2,715,955,748	6.8%	100.0%

*FFY 01 projected using FFY 95-FFY 00 trends.

Source: Health Care Financing Administration-Form HCFA 2082 for federal fiscal years

SOUTHERN REGION MEDICAID PROFILE

AVERAGE PAYMENT PER RECIPIENT BY OTHER CHARACTERISTICS

								Above (+) or Below (-) SLC Annual Change Avg. FFY 01	
By Maintenance Assistance Status	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	FFY 01		
Receiving Cash Assistance or Eligible Under Section 1931	\$2,505.38	\$2,813.55	\$3,232.41	\$3,544.85	\$4,109.35	\$5,574.64	\$7,969.88	21.3%	78.5%
Poverty Related Eligibles	\$6,368.00	\$7,280.10	\$1,041.25	\$1,126.73	\$1,184.99	\$1,187.45	\$1,236.34	-23.9%	-37.4%
Medically Needy	\$10,797.03	\$10,683.38	\$9,715.57	\$9,136.48	\$8,644.00	\$10,990.39	\$10,940.55	0.2%	211.3%
Other Eligibles	\$1,050.34	\$946.90	\$6,376.96	\$6,393.00	\$6,929.93	\$7,381.32	\$8,071.85	40.5%	28.4%
Maintenance Assistance Status Unknown	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$753.91	\$1,000.08	32.7%	-51.7%
Total	\$2,690.04	\$2,849.39	\$3,121.35	\$3,242.63	\$3,561.74	\$3,960.26	\$4,392.01	8.5%	20.7%
By Basis of Eligibility									
Aged, Blind or Disabled	\$6,769.69	\$6,754.77	\$7,295.42	\$7,566.79	\$8,092.51	\$9,546.41	\$10,385.41	7.4%	21.9%
Children	\$904.45	\$845.82	\$840.87	\$1,010.35	\$1,106.77	\$1,158.61	\$1,221.72	5.1%	-12.1%
Foster Care Children	\$0.00	\$0.00	\$2,282.00	\$2,203.89	\$2,264.39	\$3,420.68	\$6,053.51	27.6%	279.3%
Adults	\$1,662.45	\$1,544.12	\$1,638.41	\$1,858.91	\$1,968.00	\$2,232.46	\$2,332.39	5.8%	-9.3%
Basis of Eligibility Unknown	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$753.91	\$1,000.08	32.7%	55.9%
Total	\$2,690.04	\$2,849.39	\$3,121.35	\$3,242.63	\$3,561.74	\$3,960.26	\$4,392.01	8.5%	20.7%
By Age									
Under Age 1	\$2,614.95	\$2,318.30	\$2,210.63	\$2,746.00	\$2,939.76	\$2,904.03	\$3,080.60	2.8%	8.6%
Age 1 to 5	\$835.67	\$869.38	\$840.47	\$1,027.78	\$1,096.78	\$1,527.41	\$1,592.14	11.3%	14.5%
Age 6 to 14	\$809.42	\$828.22	\$920.51	\$964.13	\$1,097.70	\$1,237.11	\$1,407.63	9.7%	-1.4%
Age 15 to 20	\$1,715.73	\$1,607.43	\$1,708.27	\$1,846.12	\$2,000.99	\$2,114.37	\$2,579.69	7.0%	9.3%
Age 21 to 44	\$3,462.27	\$3,638.25	\$4,200.64	\$4,395.34	\$4,894.02	\$5,628.68	\$6,134.94	10.0%	43.0%
Age 45 to 64	\$6,130.46	\$6,196.13	\$6,885.18	\$7,375.32	\$8,185.75	\$9,517.90	\$10,507.41	9.4%	32.1%
Age 65 to 74	\$4,607.93	\$4,780.16	\$5,148.12	\$5,435.21	\$5,707.15	\$6,784.73	\$7,288.43	7.9%	15.3%
Age 75 to 84	\$6,902.24	\$6,995.73	\$7,352.98	\$7,534.41	\$7,612.27	\$9,119.07	\$9,817.68	6.0%	4.5%
Age 85 and Over	\$9,613.95	\$9,921.86	\$10,182.99	\$10,220.77	\$10,343.44	\$13,508.48	\$14,617.10	7.2%	5.4%
Age Unknown	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$753.93	\$999.06	32.5%	-58.9%
Total	\$2,690.04	\$2,849.39	\$3,121.35	\$3,242.63	\$3,561.74	\$3,960.26	\$4,392.01	8.5%	20.7%
By Race									
White	\$3,315.12	\$3,398.79	\$3,707.39	\$3,943.20	\$4,320.74	\$5,127.24	\$5,703.25	9.5%	29.4%
Black	\$2,218.97	\$2,413.41	\$2,639.90	\$2,724.10	\$2,988.83	\$3,349.50	\$3,713.49	9.0%	24.6%
Hispanic, American Indian or Asian	\$1,593.81	\$1,593.03	\$1,867.06	\$2,046.96	\$2,358.89	\$2,670.86	\$2,941.63	10.8%	24.8%
Other/ Unknown	\$1,661.60	\$1,861.78	\$2,038.66	\$2,209.14	\$2,733.68	\$866.54	\$895.72	-9.8%	-80.8%
Total	\$2,690.04	\$2,849.39	\$3,121.35	\$3,242.63	\$3,561.74	\$3,960.26	\$4,392.01	8.5%	20.7%
By Sex									
Female	\$2,722.58	\$2,876.06	\$3,176.08	\$3,295.58	\$3,598.78	\$4,162.88	\$4,627.04	9.2%	23.1%
Male	\$2,637.42	\$2,806.91	\$3,035.73	\$3,159.33	\$3,503.54	\$4,025.69	\$4,462.13	9.2%	32.0%
Unknown	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$774.05	\$790.48	2.1%	-88.2%
Total	\$2,690.04	\$2,849.39	\$3,121.35	\$3,242.63	\$3,561.74	\$3,960.26	\$4,392.01	8.5%	20.7%

Source: Health Care Financing Administration-Form HCFA 2082 for federal fiscal years

VIRGINIA

SOUTHERN REGION MEDICAID PROFILE

TANF AND MEDICALLY NEEDY PROGRAM ELIGIBILITY CRITERIA

Sources: "Major Health Care Policies: 50 State Profiles", Health Policy Tracking Service, January, 2002; and "Medicaid Services State by State", HCFA, October 2001.

	Group I	Group II	Group III	
Temporary Assistance to Needy Families (Family of 3)				<div style="border: 1px solid black; padding: 5px;"> The State of Virginia is subdivided into three areas: Group I is the northern and Group II is the central and Tidewater areas (Virginia Beach); and Group III is the western and southwestern sections of the state. </div>
	\$295	\$322	\$393	
Payment Standard	\$265	\$291	\$354	
Medically Needy Program (Family of 3)				
Income Eligibility	\$325	\$358	\$442	
Resource Standard	\$3,100 for 3	\$3,100 for 3	\$3,100 for 3	

ADDITIONAL STATE HEALTH CARE INFORMATION

Sources: "Major Health Care Policies: 50 State Profiles", Health Policy Tracking Service, January, 2001; and "Medicaid Services State by State", HCFA, October 2000.

*Information supplied by State Medicaid Agency

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 serves 86,000 individuals and has been in operation since January 1, 1996.
- The 1998 Budget Bill authorizes the expansion of Medallion II into Richmond in the first part of 1999. Implementation of the expansion has been delayed due to the lack of HMO participation.

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 8,562 people, operating since July 1, 1980.
- Mental Retardation/Developmental Disabilities: Serves 882 people, operating since January 1, 1991.
- AIDS: Serves 403 people, operating since July 1, 1991.
- Technology Assisted People: Serves 141 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 served 275 individuals in 1997 and plans to increase to 755 in 2000, implemented July 1, 1997.

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.

VIRGINIA

SOUTHERN REGION MEDICAID PROFILE

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. In 1997, a resolution adopted by the legislature, requested the Joint Commission on Health Care, in cooperation with other departments, to study the provision of health care for the indigent and uninsured. Results of the study, along with recommendations for a program to provide basic health insurance to low-income, uninsured Virginia residents, was presented to the 1998 session of General Assembly. No action was taken as of September, 1999.

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 1999 directing the Department of Medical Assistance to develop and implement a program to enroll children birth and age 3 for services under the Federal Individuals with Disabilities Education Act.
- Enacted legislation in 2000 that provides for the following:
 - Requires Medicaid to provide special food products for the management of phenylketonuria to the parents or guardian of any child or pregnant woman;
 - Requires Coverage for colorectal cancer screening;
 - Requires coverage for high-dose chemotherapy and bone marrow transplants on behalf of eligible individuals over age 21 that have been diagnosed with myeloma, leukemia, or a diagnosed condition for which high-dose chemotherapy and bone marrow transplant is the appropriate treatment; and
 - Requires the Medicaid program to issue standardized prescription benefit cards.
- 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.

Children's Health Insurance Program: State Designed

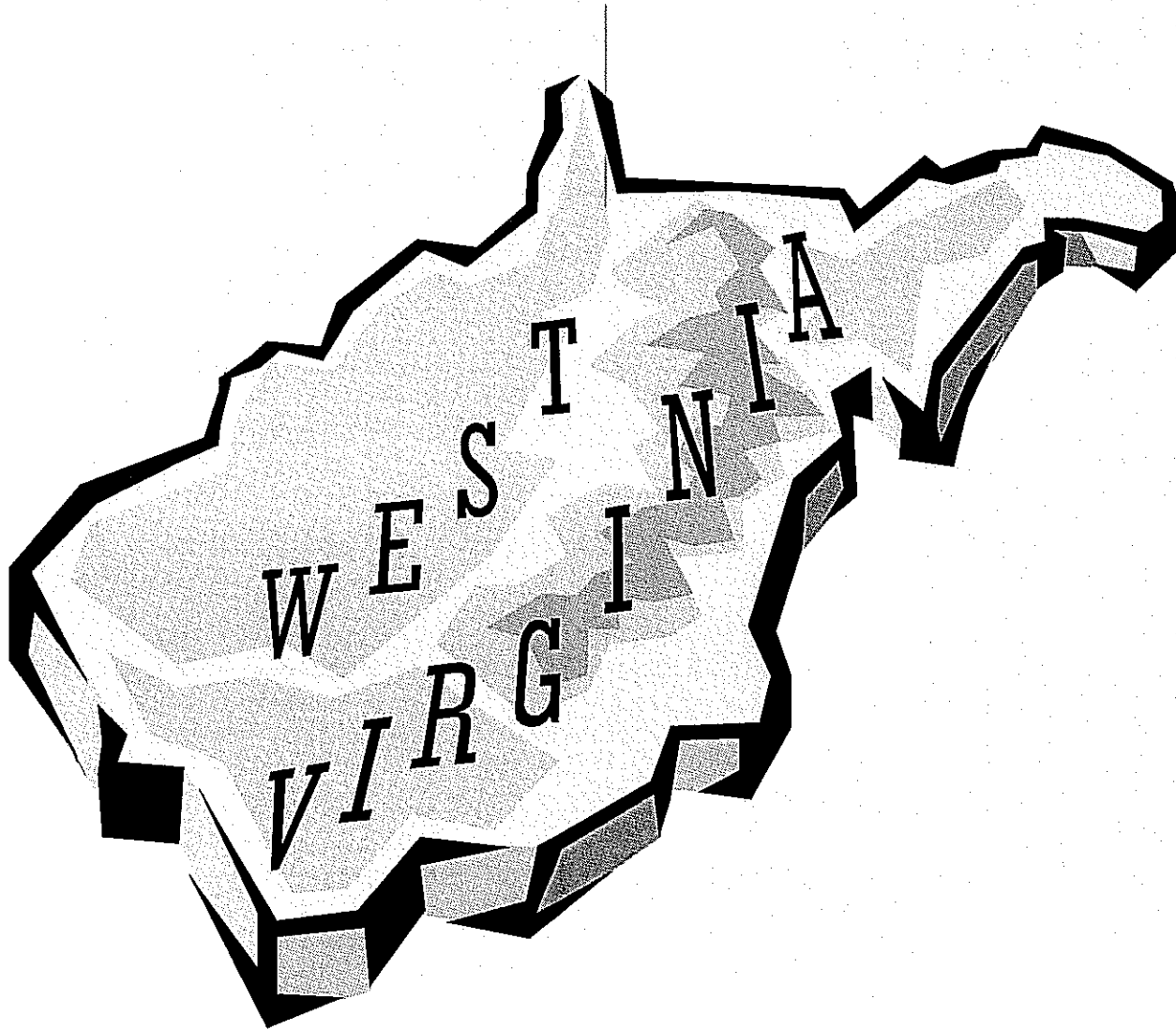
- CHIP in Virginia received HCFA approval on October 22, 1998 and is administered by the Department of Medical Assistance Services through a state-designed program. The state plan is titled "The Virginia Children's Medical Security Insurance Plan (VCMSIP)". The program will provide health care coverage 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.
- 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, still pending HCF

SOUTHERN REGION MEDICAID PROFILE

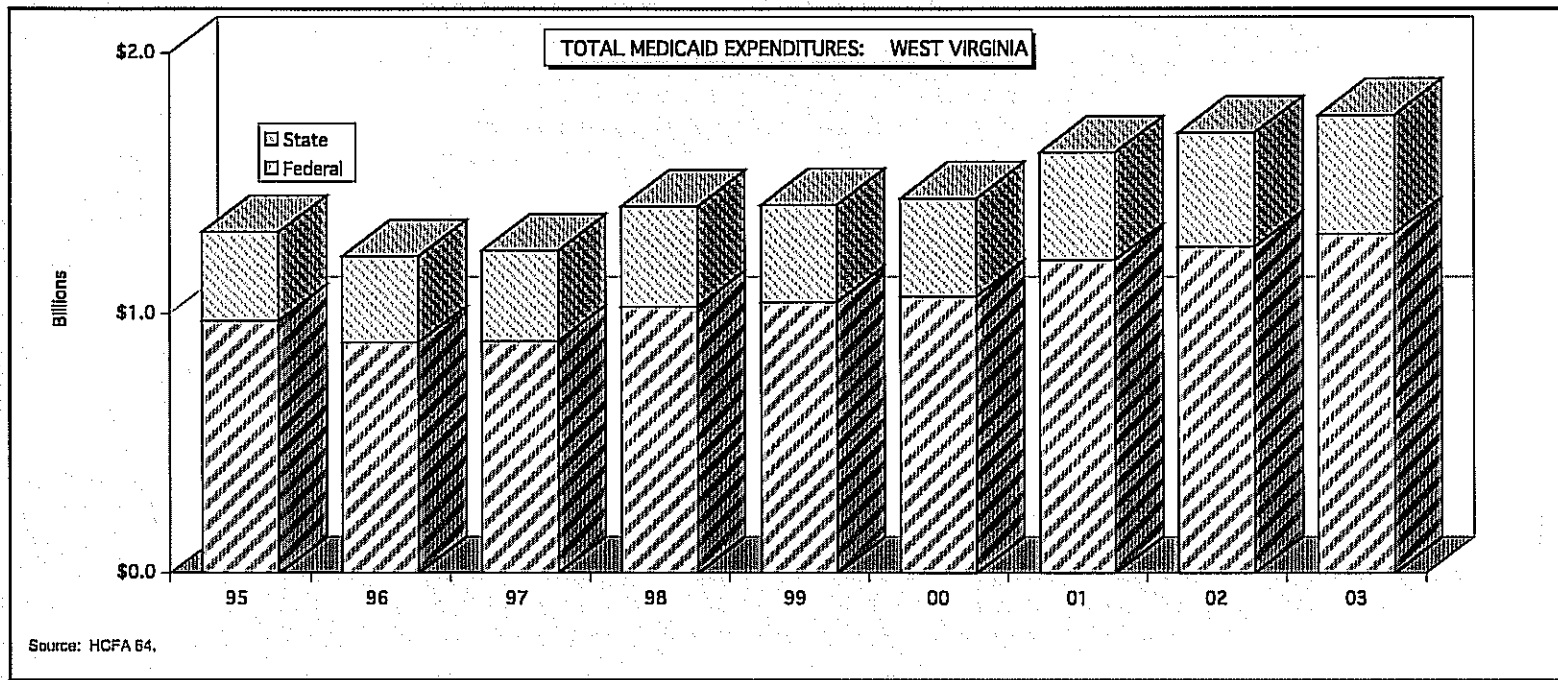
Tobacco Settlement

- The state expects to receive approximately \$4.1 billion over 25 years.
- For Fiscal Year 2000, the tobacco settlement payment was approximately \$167 million
- The planned use of the funds is as follows:
 - Enacted legislation in 1999 that created three trust funds and provided for deposit of monies as follows:
 - 50% to the Tobacco Indemnification and Revitalization Trust Fund to indemnify tobacco growers from the adverse effects of the tobacco settlement and to revitalize tobacco dependent communities;
 - 10% to the Tobacco Prevention Trust Fund, to be administered by the Virginia Tobacco Settlement Foundation; and
 - 40% for discretionary appropriation by the legislature to other state programs.
- For 2001, the state did not commit tobacco settlement revenues to any specific purpose as the legislature rejected a proposal to securitize the tobacco settlement.

STATE MEDICAID PROFILE



SOUTHERN REGION MEDICAID PROFILE



	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	FFY 01*	FFY 02**	FFY 03**	Annual Rate of Change	Total Change 95-03
Medicaid Payments	\$1,274,162,825	\$1,177,814,927	\$1,193,977,808	\$1,359,812,612	\$1,353,004,076	\$1,379,498,961	\$1,548,616,901	\$1,626,202,000	\$1,691,190,000	3.6%	32.7%
Federal Share	\$950,655,611	\$862,984,030	\$866,956,235	\$1,001,620,498	\$1,007,657,492	\$1,031,890,265	\$1,167,100,614	\$1,218,765,000	\$1,265,857,000	3.6%	33.2%
State Share	\$323,507,214	\$314,830,897	\$327,021,573	\$358,192,114	\$345,346,584	\$347,608,696	\$381,516,287	\$407,437,000	\$425,333,000	3.5%	31.5%
Administrative Costs	\$38,024,421	\$42,469,744	\$46,825,418	\$50,801,124	\$62,968,688	\$62,221,989	\$69,489,949	\$67,166,000	\$69,785,000	7.9%	83.5%
Federal Share	\$22,540,296	\$24,409,708	\$25,353,142	\$24,078,826	\$36,405,994	\$34,378,533	\$38,595,032	\$37,863,000	\$39,311,000	7.2%	74.4%
State Share	\$15,484,125	\$18,060,036	\$21,472,276	\$26,722,298	\$26,562,694	\$27,843,456	\$30,894,917	\$29,303,000	\$30,474,000	8.8%	96.8%
Admin. Costs as % of Payments	2.98%	3.61%	3.92%	3.74%	4.65%	4.51%	4.49%	4.13%	4.13%		
Federal Match Rate*	74.60%	73.26%	72.60%	73.67%	74.47%	74.78%	75.34%	75.27%	75.27%		

*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 02 and 03 reflect latest estimates reported by each state (CMS 37).

WEST VIRGINIA

SOUTHERN REGION MEDICAID PROFILE

STATE FINANCING

	Payments		Administration	
	FFY 95	FFY 01	FFY 95	FFY 01
State General Fund	\$323,507,214	\$232,705,072	\$15,484,125	\$30,894,917
Local Funds	\$0	\$0	\$0	\$0
Provider Taxes	\$0	\$148,293,159	\$0	\$0
Donations*	\$0	\$518,056	\$0	\$0
Other	\$0	\$0	\$0	\$0
Total State Share	\$323,507,214	\$381,516,287	\$15,484,125	\$30,894,917

*Donations from Outstationed Eligibility Workers Program

DISPROPORTIONATE SHARE HOSPITAL (DSH) PAYMENTS

	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	FFY 01*	FFY 02**	FFY 03**	Annual Change
General Hospitals	\$134,057,692	\$19,540,228	\$63,450,141	\$49,007,819	\$63,897,097	\$49,806,898	\$73,409,402	\$58,700,000	\$61,048,000	-0.6%
Mental Hospitals	\$0	\$5,340,379	\$13,894,199	\$11,388,172	\$20,611,473	\$11,811,654	\$18,310,287	\$16,428,000	\$17,085,000	3.5%
Total	\$134,057,692	\$24,880,607	\$77,344,340	\$60,395,991	\$84,508,570	\$61,618,552	\$91,719,689	\$75,128,000	\$78,133,000	0.2%

Provider Taxes Currently in Place (FFY 01)		
	Tax Rate *	Amount
•Hospitals	2.50%	N/A
•Nursing facilities & ICF-MR's	5.50%	N/A
•Ambulatory surgical ctrs., chiropractors, dentists	1.75%	N/A
svcs, opticians, optometrists, podiatrists, psych svcs & therapists		
•Behavioral health ctrs., community care centers, lab services	5.00%	N/A
•Physicians	2.00%	N/A
•Nurses, Ambulance	1.75% / 5.50%	N/A
* annualized, based on gross revenues.		
Total (Based on amounts reported on HCFA 64 for FFY 01)		\$148,293,159

SELECTED ELIGIBILITY CRITERIA

	At 10/1/01	% of FPL*
TANF-Temporary Assistance for Needy Families (Family of 3)		
Need Standard	\$991	79.2%
Payment Standard	\$253	20.2%
Maximum Payment	\$253	20.2%
Medically Needy Program (Family of 3)		
Income Eligibility Standard	\$290	
Resource Standard	\$3,050	
Pregnant Women, Children and Infants (% of FPL*)		
Pregnant women and infants under 1		150.0%
Children 1 to 5		133.0%
Children 6 to 18		100.0%
SSI Eligibility Levels		
Income:		
Single Person	\$446	60.4%
Couple	\$669	67.2%
Resources:		
Single Person	\$2,000	
Couple	\$3,000	

DEMOGRAPHIC DATA & POVERTY INDICATORS (2000)

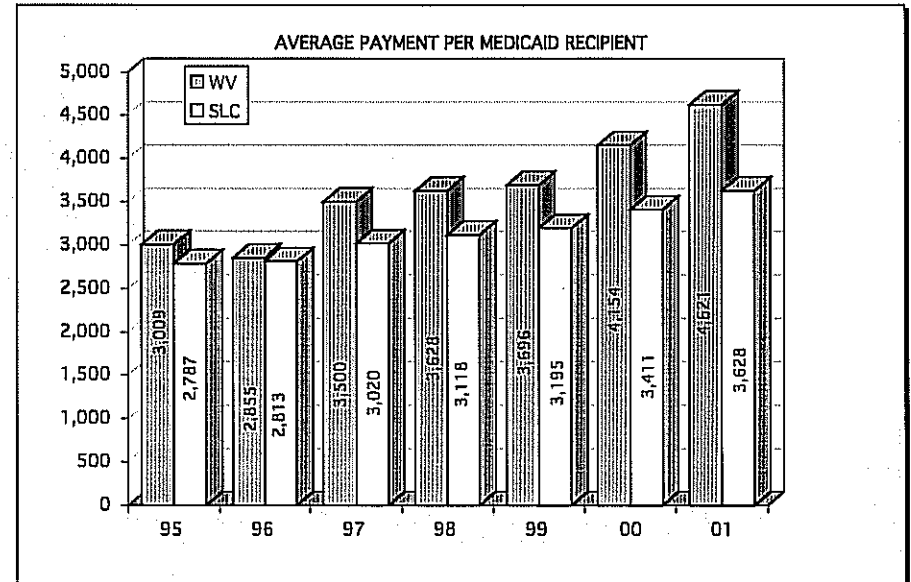
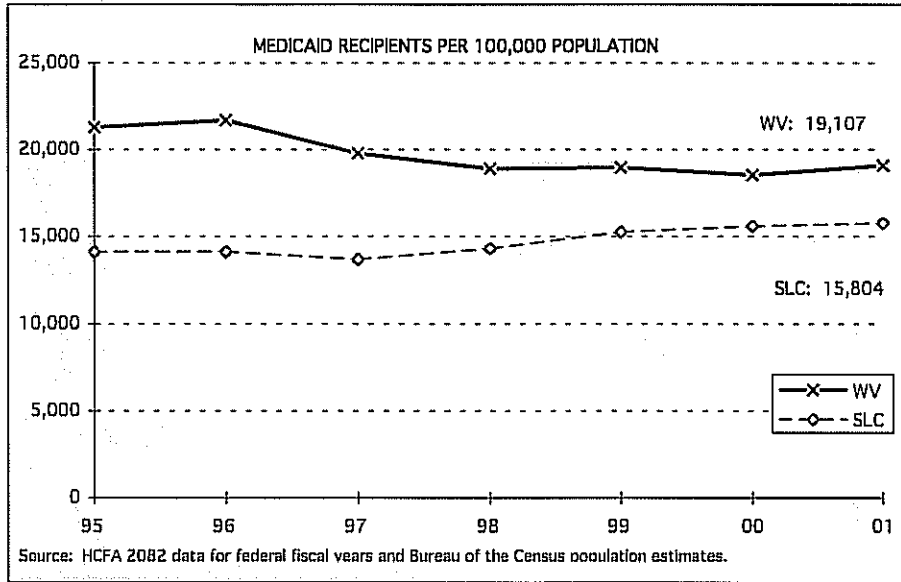
		Rank in U.S.
State population—July 1, 2001*	1,801,916	37
Per capita personal income**	\$21,767	49
Median household income**	\$29,052	50
Population below Federal Poverty Level on July 1, 2001*	284,703	
Percent of total population	15.8%	4
Population without health insurance coverage*	257,674	36
Percent of total state population	14.3%	15
Recipients of Food Stamps***	221,361	26
Households receiving Food Stamps***	94,794	28
Total value of issuance***	\$178,432,049	27
Average monthly benefit per recipient	\$67.17	36
Average monthly benefit per household	\$156.86	15
Monthly recipients of Temporary Assistance to Needy Families (TANF)****	39,382	31
Total TANF payments****	\$134,042,359	17
Average monthly payment per recipient	\$283.64	
Maximum monthly payment per family of 3	\$278.00	40

*Current federal poverty level is \$8,860 per year for a single person, \$11,940 for a family of two and \$15,020 for a family of three. Table above shows monthly income levels.

*Bureau of the Census. **Bureau of Economic Analysis. ***USDA. ****USDHHS.

WEST VIRGINIA

SOUTHERN REGION MEDICAID PROFILE



DATA BY TYPE OF SERVICES (Includes Fee-For-Service and Waivers)

RECIPIENTS BY TYPE OF SERVICES	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	FFY 01	Annual Change
01. General Hospital	52,327	51,194	46,049	43,213	39,744	39,492	45,395	-2.3%
02. Mental Hospital	1,679	1,841	1,453	1,564	1,849	2,004	1,781	1.0%
03. Skilled and Intermediate (non-MR) Care Nursing	11,133	11,467	11,645	11,677	11,802	11,636	12,164	1.5%
04. Intermediate Care for Mentally Retarded	634	634	633	609	570	563	551	-2.3%
05. Physician Services	304,888	305,047	271,762	242,889	242,944	230,677	231,921	-4.5%
06. Dental Services	86,110	87,627	84,739	81,557	81,572	80,139	83,490	-0.5%
07. Other Practitioners	90,107	99,972	67,859	62,112	73,913	74,521	90,650	0.1%
08. Outpatient Hospital	211,152	208,593	185,861	166,885	172,175	166,241	170,240	-3.5%
09. Clinic Services	121,417	122,642	103,156	98,672	129,060	148,175	149,419	3.5%
10. Lab and X-Ray	88,661	95,197	87,883	78,244	141,841	157,400	164,188	10.8%
11. Home Health	3,780	4,120	41,588	21,797	23,367	25,681	27,473	39.2%
12. Prescribed Drugs	295,210	299,967	280,550	267,398	274,214	261,544	266,778	-1.7%
13. Family Planning	9,909	8,888	21,813	25,546	3,168	2,944	2,791	-19.0%
14. Early & Periodic Screening, Diagnosis & Treatment	75,126	71,061	72,483	62,034	0	0	0	-100.0%
15. Other Care	79,444	83,263	76,255	36,243	78,760	51,605	62,378	-4.0%
16. Personal Care Support Services	0	0	0	60,409	2,284	64,424	104,382	20.0%
17. Home/Community Based Waiver Services	0	0	0	5,437	0	0	0	-100.0%
18. Prepaid Health Care	0	0	0	52	0	0	68,249	994.9%
19. Primary Care Case Management (PCCM) Services	0	0	0	0	62,101	93,843	104,382	29.6%
Total*	388,667	394,963	359,091	342,668	343,462	335,014	344,296	-2.0%

*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.

WEST VIRGINIA

SOUTHERN REGION MEDICAID PROFILE

PAYMENTS BY TYPE OF SERVICES

	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	FFY 01	Annual Change	Share of Total FFY 01
01. General Hospital	\$191,344,492	\$177,972,227	\$233,520,075	\$194,479,017	\$215,475,078	\$203,643,700	\$230,028,632	3.1%	14.5%
02. Mental Hospital	\$34,217,429	\$21,221,656	\$38,351,126	\$24,905,723	\$43,254,993	\$39,449,347	\$51,456,605	7.0%	3.2%
03. Skilled and Intermediate (non-MR) Care Nursing	\$208,301,022	\$218,560,289	\$237,252,280	\$256,580,323	\$261,675,575	\$271,717,727	\$288,430,853	5.6%	18.1%
04. Intermediate Care for Mentally Retarded	\$51,546,964	\$51,046,144	\$49,058,437	\$47,738,110	\$47,259,903	\$46,650,015	\$47,770,895	-1.3%	3.0%
05. Physician Services	\$122,897,865	\$118,764,846	\$109,839,277	\$111,149,189	\$94,317,173	\$91,051,302	\$100,884,425	-3.2%	6.3%
06. Dental Services	\$19,791,771	\$19,306,876	\$18,537,086	\$18,553,850	\$19,251,561	\$19,162,152	\$25,554,621	4.4%	1.6%
07. Other Practitioners	\$108,108,902	\$103,097,074	\$11,919,715	\$10,060,720	\$12,359,971	\$12,558,227	\$24,976,472	-21.7%	1.6%
08. Outpatient Hospital	\$69,816,548	\$67,443,782	\$60,863,391	\$61,622,445	\$63,369,897	\$72,810,763	\$73,181,682	0.8%	4.6%
09. Clinic Services	\$140,174,366	\$123,230,955	\$45,514,609	\$46,008,114	\$49,592,411	\$57,290,982	\$53,983,838	-14.7%	3.4%
10. Lab and X-Ray	\$7,426,947	\$6,751,309	\$5,806,606	\$5,844,856	\$14,919,359	\$16,824,030	\$18,418,852	16.3%	1.2%
11. Home Health	\$7,228,888	\$8,160,088	\$134,102,091	\$17,894,521	\$15,292,280	\$17,678,912	\$19,244,492	17.7%	1.2%
12. Prescribed Drugs	\$130,451,359	\$124,984,023	\$133,044,683	\$148,962,081	\$195,202,609	\$216,077,217	\$253,163,196	11.7%	15.9%
13. Family Planning	\$1,233,050	\$1,101,678	\$1,966,984	\$2,458,392	\$4,498,131	\$4,375,288	\$4,027,802	21.8%	0.3%
14. Early & Periodic Screening, Diagnosis & Treatment	\$9,124,477	\$8,846,801	\$8,639,448	\$7,642,253	\$7,172,564	\$0	\$0	-100.0%	0.0%
15. Other Care	\$67,752,029	\$77,227,587	\$168,581,562	\$35,751,670	\$5,107,023	\$193,501,538	\$179,216,516	17.6%	11.3%
16. Personal Care Support Services	\$0	\$0	\$0	\$125,929,361	\$175,786	\$126,870,027	\$116,837,671	-2.5%	7.3%
17. Home/Community Based Waiver Services	\$0	\$0	\$0	\$100,995,995	\$121,314,690	\$0	\$0	-100.0%	0.0%
18. Prepaid Health Care	\$0	\$0	\$0	\$26,573,906	\$98,910,556	\$0	\$101,162,926	56.1%	6.4%
19. Primary Case Management (PCCM) Services	\$0	\$0	\$0	\$0	\$308,223	\$2,069,936	\$2,526,539	186.3%	0.2%
Total (excludes DSH pymts, pharmacy rebates, & other adjs.)	\$1,169,416,109	\$1,127,715,335	\$1,256,997,370	\$1,243,150,526	\$1,269,457,783	\$1,391,731,163	\$1,590,866,017	5.3%	100.0%

AVERAGE PAYMENTS PER RECIPIENT BY TYPE OF SERVICES

								(+) or (-) SLC	FFY 01
01. General Hospital	\$3,656.71	\$3,476.43	\$5,071.12	\$4,500.47	\$5,421.58	\$5,156.58	\$5,067.27	5.6%	18.4%
02. Mental Hospital	\$20,379.65	\$11,527.24	\$26,394.44	\$15,924.38	\$23,393.72	\$19,685.30	\$28,891.97	6.0%	254.6%
03. Skilled and Intermediate (non-MR) Care Nursing	\$18,710.23	\$19,059.94	\$20,373.75	\$21,973.14	\$22,172.14	\$23,351.47	\$23,711.84	4.0%	26.5%
04. Intermediate Care for Mentally Retarded	\$81,304.36	\$80,514.42	\$77,501.48	\$78,387.70	\$82,912.11	\$82,859.71	\$86,698.54	1.1%	18.5%
05. Physician Services	\$403.09	\$389.33	\$404.17	\$457.61	\$388.23	\$394.71	\$434.99	1.3%	-3.3%
06. Dental Services	\$229.84	\$220.33	\$218.76	\$227.50	\$236.01	\$239.11	\$306.08	4.9%	25.0%
07. Other Practitioners	\$1,199.78	\$1,031.26	\$175.65	\$161.98	\$167.22	\$168.52	\$275.53	-21.7%	17.5%
08. Outpatient Hospital	\$330.65	\$323.33	\$327.47	\$369.25	\$368.06	\$437.98	\$429.87	4.5%	-10.8%
09. Clinic Services	\$1,154.49	\$1,004.80	\$441.22	\$466.27	\$384.26	\$386.64	\$361.29	-17.6%	-37.5%
10. Lab and X-Ray	\$83.77	\$70.92	\$66.07	\$74.70	\$105.18	\$106.89	\$112.18	5.0%	10.8%
11. Home Health	\$1,912.40	\$1,980.60	\$3,224.54	\$820.96	\$654.44	\$688.40	\$700.49	-15.4%	-70.9%
12. Prescribed Drugs	\$441.89	\$416.66	\$474.23	\$557.08	\$711.86	\$826.16	\$948.97	13.6%	-8.5%
13. Family Planning	\$124.44	\$123.95	\$90.17	\$96.23	\$1,419.86	\$1,486.17	\$1,443.14	50.5%	163.2%
14. Early & Periodic Screening, Diagnosis & Treatment	\$121.46	\$124.50	\$119.19	\$123.19	\$0.00	\$0.00	\$0.00	-100.0%	-100.0%
15. Other Care	\$852.83	\$927.51	\$2,210.76	\$986.44	\$64.84	\$3,749.67	\$2,873.07	22.4%	85.1%
16. Personal Care Support Services	\$0.00	\$0.00	\$0.00	\$2,084.61	\$76.96	\$1,969.30	\$1,119.33	-18.7%	-43.0%
17. Home/Community Based Waiver Services	\$0.00	\$0.00	\$0.00	\$18,575.68	\$0.00	\$0.00	\$0.00	-100.0%	-100.0%
18. Prepaid Health Care	\$0.00	\$0.00	\$0.00	\$511,036.65	\$0.00	\$0.00	\$1,482.26	-85.7%	0.0%
19. Primary Care Case Management (PCCM) Services	\$0.00	\$0.00	\$0.00	\$0.00	\$4.96	\$22.06	\$24.20	120.8%	0.0%
Total (Average)	\$3,008.79	\$2,855.24	\$3,500.50	\$3,627.86	\$3,696.06	\$4,154.25	\$4,620.63	7.4%	27.0%

TOTAL PER CAPITA EXPENDITURES	\$718.91	\$670.34	\$683.55	\$778.85	\$781.81	\$797.26	\$897.99	3.8%	30.3%
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WEST VIRGINIA

SOUTHERN REGION MEDICAID PROFILE

PAYMENTS BY OTHER CHARACTERISTICS

	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	FFY 01	Annual Change	Share of Total FFY 01
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	\$612,121,049	\$573,552,185	\$793,868,887	\$830,135,721	\$1,032,544,038	\$969,277,957	\$1,175,264,721	11.5%	73.9%
Poverty Related Eligibles	\$307,204,808	\$266,435,412	\$115,606,478	\$121,766,318	\$102,852,422	\$135,644,187	\$216,767,842	-5.6%	13.6%
Medically Needy	\$39,457,487	\$112,110,969	\$61,306,332	\$24,132,569	\$23,653,712	\$26,319,081	\$30,084,095	-4.4%	1.9%
Other Eligibles	\$210,632,765	\$175,616,769	\$286,215,673	\$144,277,023	\$110,407,611	\$127,493,577	\$168,749,359	-3.6%	10.6%
Maintenance Assistance Status Unknown	\$0	\$0	\$0	\$122,838,895	\$0	\$132,996,361	\$0	-100.0%	0.0%
Total	\$1,169,416,109	\$1,127,715,335	\$1,256,997,370	\$1,243,150,526	\$1,269,457,783	\$1,391,731,163	\$1,590,866,017	5.3%	100.0%
By Basis of Eligibility									
Aged, Blind or Disabled	\$764,412,975	\$765,396,442	\$794,172,017	\$832,783,118	\$825,087,208	\$960,307,818	\$1,041,501,051	5.3%	65.5%
Children	\$176,047,191	\$165,648,597	\$164,509,665	\$153,582,113	\$335,391,178	\$154,527,124	\$381,408,296	13.8%	24.0%
Foster Care Children	\$48,285,157	\$39,326,297	\$36,701,219	\$32,282,729	\$20,444,101	\$46,346,172	\$54,324,128	2.0%	3.4%
Adults	\$180,670,786	\$157,343,999	\$261,614,469	\$101,663,671	\$88,535,296	\$97,553,688	\$113,632,542	-7.4%	7.1%
Basis of Eligibility Unknown	\$0	\$0	\$0	\$122,838,895	\$0	\$132,996,361	\$0	-100.0%	0.0%
Total	\$1,169,416,109	\$1,127,715,335	\$1,256,997,370	\$1,243,150,526	\$1,269,457,783	\$1,391,731,163	\$1,590,866,017	5.3%	100.0%
By Age									
Under Age 1	\$40,059,446	\$39,404,805	\$36,041,127	\$17,099,015	\$15,201,173	\$19,914,949	\$26,501,136	-6.7%	1.7%
Age 1 to 5	\$71,505,932	\$64,664,340	\$57,762,153	\$59,891,308	\$49,124,099	\$58,643,594	\$78,846,835	1.6%	5.0%
Age 6 to 14	\$108,954,048	\$98,401,424	\$93,328,037	\$92,021,543	\$77,901,992	\$108,874,183	\$132,329,864	3.3%	8.3%
Age 15 to 20	\$108,822,937	\$97,376,065	\$87,576,266	\$87,059,121	\$65,381,771	\$95,409,787	\$108,702,580	0.0%	6.8%
Age 21 to 44	\$316,355,490	\$297,477,215	\$282,505,784	\$279,277,299	\$270,356,149	\$313,625,661	\$349,910,221	1.7%	22.0%
Age 45 to 64	\$213,204,209	\$213,347,084	\$231,856,968	\$249,943,764	\$253,298,734	\$301,828,496	\$341,389,441	8.2%	21.5%
Age 65 to 74	\$96,452,830	\$79,288,539	\$78,861,365	\$85,512,581	\$78,980,521	\$93,331,070	\$99,342,063	0.5%	6.2%
Age 75 to 84	\$102,422,852	\$111,135,728	\$113,042,497	\$117,549,030	\$111,529,752	\$124,588,307	\$131,423,801	4.2%	8.3%
Age 85 and Over	\$110,723,687	\$126,619,797	\$124,022,742	\$140,540,957	\$139,455,611	\$142,518,755	\$148,629,692	5.0%	9.3%
Age Unknown	\$914,678	\$338	\$152,000,431	\$114,255,908	\$208,227,981	\$132,996,361	\$173,790,384	139.8%	10.9%
Total	\$1,169,416,109	\$1,127,715,335	\$1,256,997,370	\$1,243,150,526	\$1,269,457,783	\$1,391,731,163	\$1,590,866,017	5.3%	100.0%
By Race									
White	\$1,068,185,317	\$1,035,594,232	\$1,012,014,470	\$1,050,971,933	\$992,301,914	\$1,156,295,553	\$1,323,219,121	3.6%	83.2%
Black	\$43,884,384	\$40,902,810	\$39,734,189	\$43,439,640	\$39,738,413	\$46,875,378	\$55,767,000	4.1%	3.5%
Hispanic, American Indian or Asian	\$585,209	\$556,848	\$17,409,110	\$2,008,562	\$1,863,575	\$3,444,710	\$4,658,122	41.3%	0.3%
Other / Unknown	\$56,761,199	\$50,661,445	\$187,839,601	\$146,730,391	\$235,553,881	\$185,115,522	\$207,221,774	24.1%	13.0%
*Total	\$1,169,416,109	\$1,127,715,335	\$1,256,997,370	\$1,243,150,526	\$1,269,457,783	\$1,391,731,163	\$1,590,866,017	5.3%	100.0%
By Sex									
Female	\$683,849,524	\$686,904,215	\$679,111,660	\$695,486,096	\$656,184,343	\$753,040,278	\$859,739,517	3.9%	54.0%
Male	\$421,014,459	\$418,621,931	\$419,775,446	\$431,380,707	\$397,053,291	\$483,281,451	\$556,960,732	4.8%	35.0%
Unknown	\$64,552,126	\$22,189,189	\$158,110,264	\$116,283,723	\$216,220,149	\$155,409,434	\$174,165,768	18.0%	10.9%
*Total	\$1,169,416,109	\$1,127,715,335	\$1,256,997,370	\$1,243,150,526	\$1,269,457,783	\$1,391,731,163	\$1,590,866,017	5.3%	100.0%

*FFY 01 projected using FFY 95-FFY 00 trends.

Source: Health Care Financing Administration-Form HCFA 2082 for federal fiscal years

WEST VIRGINIA

SOUTHERN REGION MEDICAID PROFILE

AVERAGE PAYMENT PER RECIPIENT BY OTHER CHARACTERISTICS

	FFY 95	FFY 96	FFY 97	FFY 98	FFY 99	FFY 00	FFY 01	Annual Change	Above (+) or Below (-) SLIC Avg. FFY 01
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	\$2,741.04	\$2,574.80	\$3,957.16	\$4,818.58	\$5,538.03	\$5,706.94	\$8,404.41	20.5%	88.2%
Poverty Related Eligibles	\$2,853.63	\$2,335.25	\$2,966.47	\$4,170.51	\$2,702.87	\$1,118.80	\$1,496.65	-10.2%	-24.2%
Medically Needy	\$3,956.83	\$8,717.80	\$6,319.59	\$6,195.78	\$3,948.21	\$6,058.72	\$5,084.35	4.3%	44.7%
Other Eligibles	\$4,413.56	\$3,880.69	\$2,606.63	\$1,292.90	\$977.30	\$6,183.31	\$3,142.15	-5.5%	-50.0%
Maintenance Assistance Status Unknown	\$0.00	\$0.00	\$0.00	\$4,778.61	\$0.00	\$7,011.62	\$0.00	-100.0%	-100.0%
Total	\$3,008.79	\$2,855.24	\$3,500.50	\$3,627.86	\$3,696.06	\$4,154.25	\$4,620.63	7.4%	27.0%
By Basis of Eligibility									
Aged, Blind or Disabled	\$6,986.68	\$6,401.62	\$7,133.75	\$8,149.04	\$7,182.98	\$8,885.32	\$8,896.40	4.1%	4.4%
Children	\$984.60	\$914.39	\$927.47	\$1,003.67	\$2,054.78	\$1,026.47	\$2,297.64	15.2%	65.4%
Foster Care Children	\$11,570.85	\$8,464.55	\$7,079.71	\$6,373.69	\$3,439.45	\$8,628.97	\$8,830.32	-4.4%	453.2%
Adults	\$1,876.46	\$1,756.13	\$4,012.12	\$1,793.58	\$1,489.84	\$1,874.09	\$2,063.27	1.6%	-19.7%
Basis of Eligibility Unknown	\$0.00	\$0.00	\$0.00	\$4,778.61	\$0.00	\$7,011.62	\$0.00	-100.0%	-100.0%
Total	\$3,008.79	\$2,855.24	\$3,500.50	\$3,627.86	\$3,696.06	\$4,154.25	\$4,620.63	7.4%	27.0%
By Age									
Under Age 1	\$1,584.19	\$1,792.19	\$1,402.98	\$1,413.96	\$1,217.65	\$1,505.74	\$1,914.41	3.2%	-32.5%
Age 1 to 5	\$979.44	\$912.77	\$937.07	\$1,060.51	\$838.75	\$1,086.27	\$1,353.48	5.5%	-2.6%
Age 6 to 14	\$1,341.58	\$1,172.20	\$1,213.03	\$1,255.22	\$1,025.98	\$1,517.37	\$1,707.15	4.1%	-19.6%
Age 15 to 20	\$2,797.07	\$2,311.05	\$2,344.56	\$2,429.04	\$1,731.83	\$2,767.35	\$2,891.72	0.6%	22.6%
Age 21 to 44	\$3,277.79	\$3,072.95	\$3,301.00	\$3,658.10	\$3,238.65	\$4,268.53	\$4,373.44	4.9%	1.9%
Age 45 to 64	\$5,844.57	\$5,385.78	\$6,223.85	\$7,002.01	\$6,342.30	\$7,895.69	\$8,105.55	5.6%	1.9%
Age 65 to 74	\$6,216.35	\$5,031.64	\$5,648.69	\$6,734.87	\$5,635.43	\$7,272.74	\$7,019.65	2.0%	11.1%
Age 75 to 84	\$8,530.26	\$8,515.50	\$9,586.37	\$11,122.06	\$9,411.79	\$11,946.33	\$11,103.73	4.5%	18.2%
Age 85 and Over	\$11,387.81	\$11,699.14	\$13,964.95	\$17,930.72	\$14,761.89	\$18,649.41	\$16,554.88	6.4%	19.4%
Age Unknown	\$65,334.14	\$338.00	\$152,000,431.00	\$5,240.14	\$0	\$7,011.62	\$0.00	-100.0%	-100.0%
Total	\$3,008.79	\$2,855.24	\$3,500.50	\$3,627.86	\$3,696.06	\$4,154.25	\$4,620.63	7.4%	27.0%
By Race									
White	\$2,998.72	\$2,840.85	\$3,081.90	\$3,545.23	\$3,119.58	\$3,722.57	\$4,149.39	5.6%	-5.9%
Black	\$2,819.25	\$2,663.98	\$2,672.82	\$2,939.88	\$2,477.61	\$2,900.47	\$3,239.25	2.3%	8.7%
Hispanic, American Indian or Asian	\$2,511.63	\$2,421.08	\$2,711.70	\$2,443.51	\$1,812.82	\$3,283.60	\$3,815.01	7.2%	61.9%
Other/Unknown	\$3,408.26	\$3,413.38	\$19,917.25	\$4,791.51	\$28,356.07	\$25,761.67	\$29,756.14	43.5%	537.6%
Total	\$3,008.79	\$2,855.24	\$3,500.50	\$3,627.86	\$3,696.06	\$4,154.25	\$4,620.63	7.4%	27.0%
By Sex									
Female	\$3,582.67	\$3,134.33	\$3,284.40	\$3,708.23	\$3,295.54	\$3,841.59	\$4,297.41	3.1%	14.4%
Male	\$3,406.54	\$2,809.92	\$2,879.04	\$3,253.89	\$2,803.42	\$3,483.47	\$3,863.78	2.1%	14.3%
Unknown	\$869.97	\$827.09	\$24,257.48	\$5,158.54	\$79,580.47	\$608,849.45	\$2,025,183.35	264.0%	30198.2%
Total	\$3,008.79	\$2,855.24	\$3,500.50	\$3,627.86	\$3,696.06	\$4,154.25	\$4,620.65	7.4%	27.0%

Source: Health Care Financing Administration-Form HCFA 2082 for federal fiscal years

WEST VIRGINIA

SOUTHERN REGION MEDICAID PROFILE

ADDITIONAL STATE HEALTH CARE INFORMATION

Sources: "Major Health Care Policies: 50 State Profiles", Health Policy Tracking Service, January, 2002; and "Medicaid Services State by State", HCFA, October 2001.

*Information supplied by State Medicaid Agency

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.

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 46,000 TANF recipients are enrolled in the 23 counties with managed care programs. Enrollment of SSI recipients has been delayed indefinitely.

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 4,420 people, operating since July 1, 1985.
- Mental Retardation/Developmental Disabilities: Serves 2,320 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.
- Enacted legislation in 1999 to begin an incremental reduction in the scope of the state's CON program.

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.

WEST VIRGINIA

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 August 2000, there were 21,500 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 copayments 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.

Tobacco Settlement

- The state expects to receive approximately \$1.74 billion over 25 years.
- For Fiscal Year 2000, the tobacco settlement payment was approximately \$61 million.
- Enacted legislation in 1999 that created two funds to receive monies from the Tobacco Settlement: 1) the West Virginia Medical Trust Fund Endowment to educate, reduce, and stop tobacco use; and 2) the West Virginia Tobacco Settlement Fund to be used for Medicaid, public health, and state facilities.
- In 2000, the legislature appropriated \$5.9 million from the Medical Trust Fund for tobacco prevention and \$52 million from the tobacco settlement fund--\$5 million for the state employees insurance and \$47 million for the state's mental health hospital.
- In 2001, the legislature appropriated tobacco settlement revenues according to the plan that was adopted in 1999.

DEFINITIONS

AFDC: Includes recipients of Aid to Families with Dependent Children and all related categories, unless otherwise specified.

Any Willing Provider Clause: Provision compelling insurers to sign on any provider who agrees to abide by the same terms of the contract and to accept the same payment scheme as those providers currently in the managed care organization.

Capitation: A reimbursement system in which health care providers receive a fixed fee for every patient served, regardless of how many or how few services the patient uses.

Case Management: A technique used by third party payors and self-insured employers to monitor or coordinate treatment for specific diagnosis, particularly those involving high-cost or expensive services.

Certificate of Need (CON): State programs that regulate expenditures for the introduction or expansion of health facilities, institutional health services, and/or the purchase of major medical equipment.

Diagnostic-Related Group (DRG): This is a system in which the hospital receives a fixed fee for each type of medical procedure regardless of the hospital's cost of providing that service.

Fee-for-Service: The traditional way of billing for health care services. There is a separate charge for each patient visit and service provided.

Full Risk Plan: Medicaid enrollees must receive care from a provider who belongs to a participating HMO. Under this plan, if the cost of care rises above the stated capitation rate, the managed care organization or its doctors absorb the cost of care.

Gatekeeper: A component of an independent practice association HMO that requires its subscribers to see a primary physician before seeing a specialist.

Group Practice Association HMO: Type of HMO consisting of three or more physicians who formally align to provide health care to a group based on a pre-negotiated period for a fixed, prepaid rate.

The Centers for Medicare and Medicaid Services (CMS-- formerly HCFA): A federal agency within the Department of Health and Human Services. It was created in 1977 to administer the Medicare and Medicaid programs -- two national health care programs with more than 72 million beneficiaries. While CMS mainly acts as a purchaser of health care services for the Medicare and Medicaid beneficiaries, it also:

- Assures that Medicare and Medicaid are properly administered by its contractors and state agencies;
- Establishes policies for the reimbursement of health care providers;
- Conducts research on the effectiveness of various methods of health care management, treatment, and financing; and
- Assesses the quality of health care facilities and services.

Health Insuring Organization (HIO): An entity that either provides for or arranges for the provision of care and contracts on a prepaid capitated risk basis to provide a comprehensive set of services.

Health Maintenance Organization/Federally Qualified (HMO/FQ): A public or private organization that contracts on a prepaid capitated risk basis to provide a comprehensive set of services and is federally qualified.

Health Maintenance Organization/State Plan Defined (HMO/SPD): A public or private organization that contracts on a prepaid capitated risk basis to provide a comprehensive set of services and is a state defined plan.

Limited Risk Plan: A managed care plan in which the state contracts directly with providers on a per patient basis for certain services, but continues to pay on the fee-for-service for all other care. The state shares the financial risk of providing medical services with the managed care organization.

Managed Care Organization (MCO): A system of care under which a predetermined number of patients are enrolled, for a pre-determined rate for all or part of their care. The most common categories are health maintenance organizations and primary care case management.

Management Service Organization: An organization formed by one or more physician groups to manage their medical practices.

Medicaid Managed Care: A system of care in which a state has moved all or part of its Medicaid recipients into a managed care system. The most common categories are health maintenance organizations and primary care case management.

Medicaid: A national entitlement program funded by the federal government and operated by the individual states. It is designed to provide medical coverage for the poor and specific groups of uninsured.

Medical Saving Accounts: Individual and/or family health funds similar to individual retirement accounts into which employers and employees make tax-deferred contributions.

Network-Model HMO: An HMO that contracts with more than one independent multi-specialty group practice.

Open-Ended HMO: This type of HMO is similar to the traditional HMO. Its advantage is that the user is provided coverage for numerous procedures performed outside the HMO. A traditional HMO requires members to stay within the network for services. The point-of service (POS) plan is an example of an open-ended HMO.

Open Enrollment: One period of time each year when HMOs are required to take applications regardless of the applicants' pre-existing conditions.

Personal Responsibility and Work Opportunity Act of 1996: The recent Welfare Reform Bill signed into law. It provides for sweeping changes in the current welfare system, including the severing of the automatic link between AFDC benefits and Medicaid eligibility.

Physicians Enhanced Program (PEP): The PEP is a voluntary program that links Medicaid recipients to a primary care provider (PCP). The PCP will provide a basic set of services for recipients in their practice and be compensated at the end of each month based on the number of PEP members enrolled in the practice, according to their age, gender, and category of eligibility.

Point-of-Service (POS): A POS plan covers the health care services provided to members who use the network. It is similar to an HMO in that it utilizes a primary care "gatekeeper".

Preferred Provider Organization (PPO): Type of health insurance program in which a group of doctors and hospitals provide a broad range of medical care to a predetermined group of subscribers for a predetermined fee. Under this plan, a third party negotiates discounted rates for services with specific providers. Its members, however, may use providers outside the network but are encouraged by financial incentives to seek care from within the network.

Prepaid Health Plan (PHP): An entity that either contracts on a prepaid, capitated risk basis to provide services that are not risk-comprehensive, or contracts on a non-risk basis. Additionally, some entities that are defined as HMOs are treated as PHPs through statutory exemption.

Primary Care Case Management (PCCM): Programs that use a provider who receives a small fee to manage the individual's care but reimburses on a fee-for-service basis. The primary care case manager is responsible for health care utilization and access to service. This is a freedom of choice waiver program which can be authorized by the authority of Section 1915(b) of the Social Security Act. States contract directly with primary care providers who agree to be responsible for the provision and/or coordination of medical services to Medicaid recipients under their care.

Provider Taxes: Broad-based taxes on facilities, such as hospitals or nursing homes; and services such as pharmaceutical services which are used to generate state Medicaid funds.

Section 1915(b) Waivers: Provision of the Social Security Act that allows states to waive certain programmatic rules governing Medicaid. It is typically used in implementing managed care to implement provider choices. States have generally used one of the following two approaches; capitated or primary care management programs.

Section 1115 Waivers: Provision of the Social Security Act that allows states, subject to HCFA approval, to waive certain requirements of the Medicaid program, such as eligibility rules. These waivers can be used to create small-scale demonstration projects in order to test proposed broad changes in the Medicaid program.

SSI: Includes Supplemental Security Income recipients (or aged, blind and disabled individuals in those states which apply more restrictive eligibility requirements).

T19: All mandatory eligibility groups, as described by Title XIX of the Social Security Act.

Utilization Review: Involves medical professionals who are outside the managed care organization reviewing and evaluating the activities and diagnoses of the individuals within the organization.