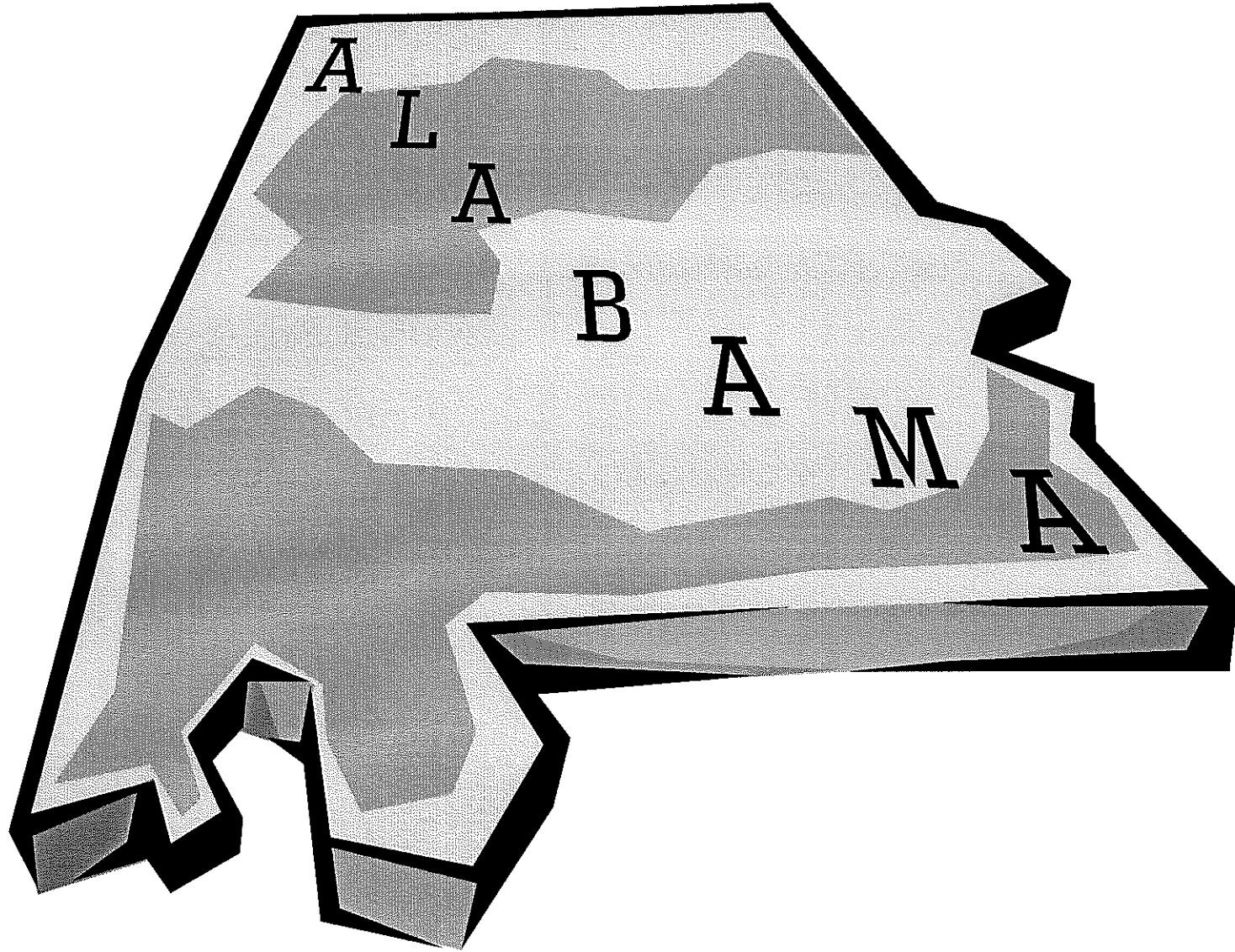
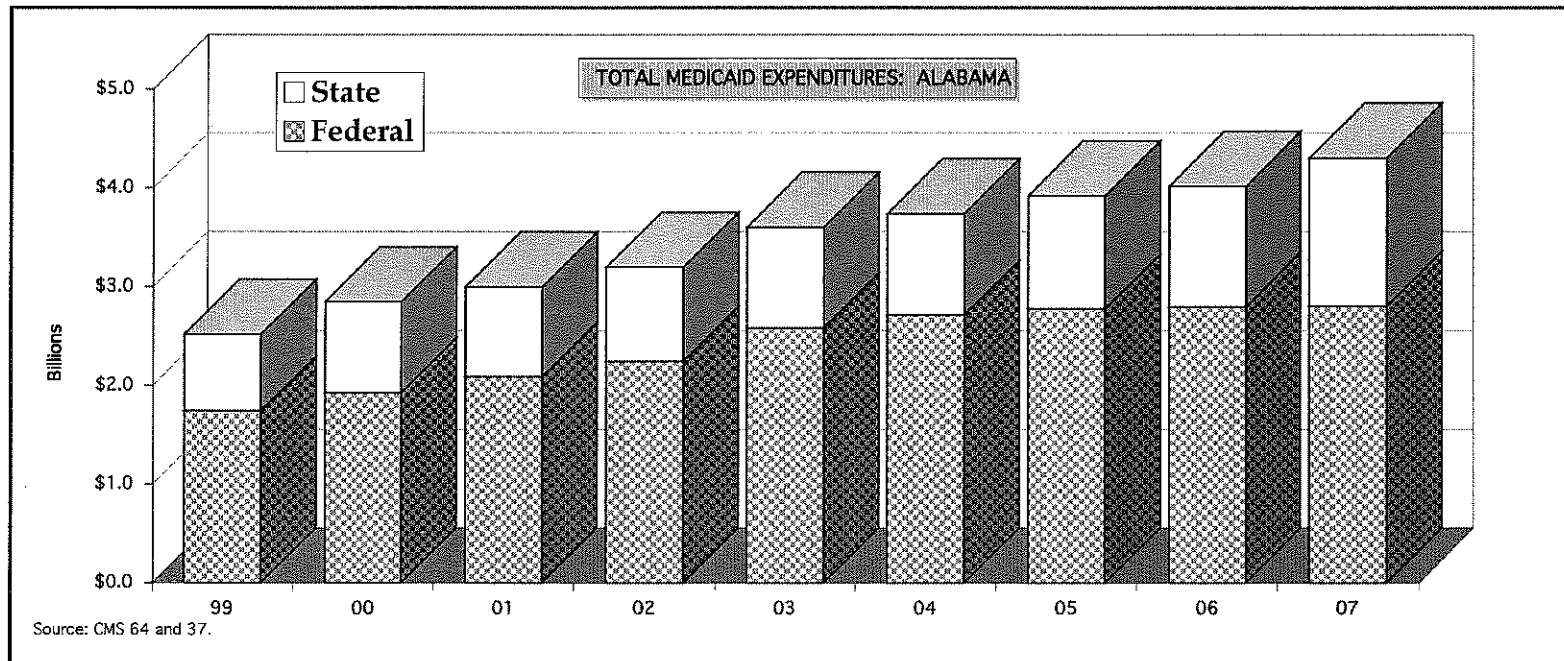


STATE MEDICAID PROFILE



SOUTHERN REGION MEDICAID PROFILE



State profile revised to reflect MSIS statistical data as reported by CMS for federal fiscal years 99 through 04.

	FFY 99	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05	FFY 06**	FFY 07**	Annual Rate of Change	Total Change 99-07
Medicaid Payments	\$2,438,540,244	\$2,773,701,447	\$2,886,401,740	\$3,097,899,240	\$3,477,983,432	\$3,636,777,895	\$3,837,473,614	\$3,912,132,000	\$4,201,413,000	7.0%	72.3%
Federal Share	\$1,691,536,003	\$1,884,058,352	\$2,024,861,694	\$2,188,351,619	\$2,508,354,966	\$2,650,074,779	\$2,725,400,547	\$2,735,976,000	\$2,748,656,000	6.3%	62.5%
State Share	\$747,004,241	\$889,643,095	\$861,540,046	\$909,547,621	\$969,628,466	\$986,703,116	\$1,112,073,067	\$1,176,156,000	\$1,452,757,000	8.7%	94.5%
Administrative Costs	\$79,962,881	\$74,090,808	\$112,293,202	\$101,262,707	\$127,998,912	\$105,702,103	\$87,376,814	\$110,288,000	\$104,864,000	3.4%	31.1%
Federal Share	\$51,456,609	\$42,231,761	\$64,813,395	\$58,063,419	\$78,210,631	\$61,917,937	\$50,434,909	\$65,045,000	\$58,175,000	1.5%	13.1%
State Share	\$28,506,272	\$31,859,047	\$47,479,807	\$43,199,288	\$49,788,281	\$43,784,166	\$36,941,905	\$45,243,000	\$46,689,000	6.4%	63.8%
Admin. Costs as % of Payments	3.28%	2.67%	3.89%	3.27%	3.68%	2.91%	2.28%	2.82%	2.50%		
Federal Match Rate*	69.27%	69.57%	69.99%	70.45%	70.60%	70.80%	70.83%	69.51%	68.85%		

*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 06 and 07 reflect latest estimates reported by each state (CMS 37).

SOUTHERN REGION MEDICAID PROFILE

STATE FINANCING	Payments		Administration	
	FFY 99	FFY 05	FFY 99	FFY 05
State General Fund	\$376,415,906	\$231,726,175	\$28,506,272	\$36,941,905
Local Funds	\$0	\$0	\$0	\$0
Provider Taxes	\$29,000,000	\$37,517,248	\$0	\$0
Donations	\$0	\$83,263	\$0	\$0
Other	\$341,588,335	\$842,746,381	\$0	\$0
Total State Share	\$747,004,241	\$1,112,073,067	\$28,506,272	\$36,941,905

Provider Taxes Currently in Place (FFY 05)		
Provider(s)	Tax Rate	Amount
Nursing homes	\$1,200 per bed / year	\$30,995,183
Pharmacies	\$.10 per prescription over \$3.00	\$6,522,065
Total		\$37,517,248

DISPROPORTIONATE SHARE HOSPITAL (DSH) PAYMENTS

	FFY 99	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05	FFY 06**	FFY 07**	Annual Change
General Hospitals	\$384,333,879	\$353,173,872	\$363,436,268	\$370,514,816	\$350,366,735	\$405,765,866	\$405,621,719	\$428,988,000	\$420,683,000	2.5%
Mental Hospitals	\$3,301,620	\$3,301,620	\$3,301,620	\$3,301,620	\$3,301,620	\$3,301,620	\$3,301,620	\$3,683,000	\$0	-100.0%
Total	\$387,635,499	\$356,475,492	\$366,737,888	\$373,816,436	\$353,668,355	\$409,067,486	\$408,923,339	\$432,671,000	\$420,683,000	2.3%

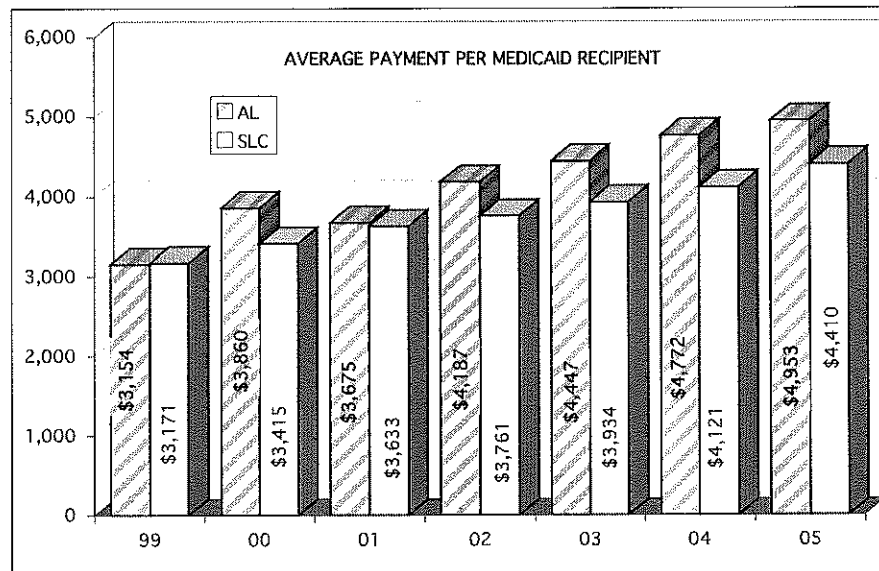
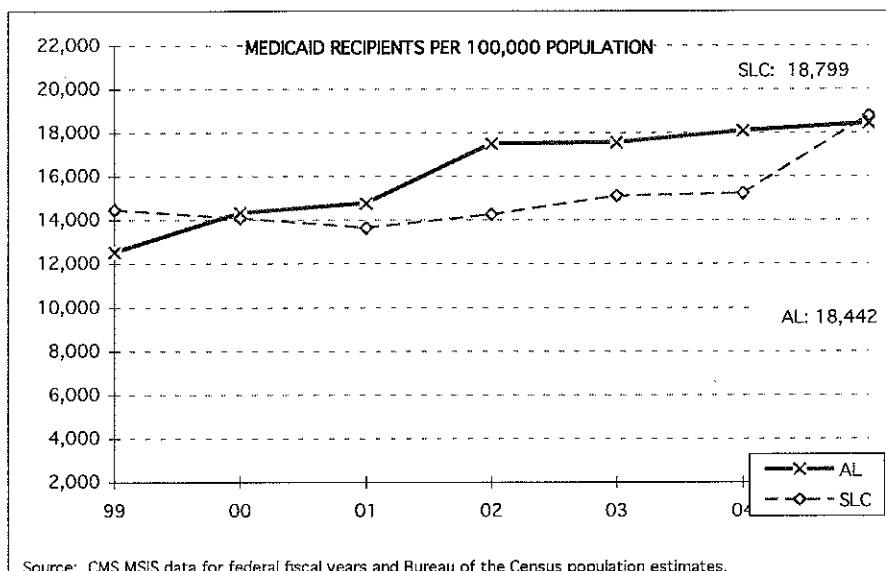
SELECTED ELIGIBILITY CRITERIA DEMOGRAPHIC DATA & POVERTY INDICATORS (2005)

SELECTED ELIGIBILITY CRITERIA		At 10/1/05		% of FPL*		DEMOGRAPHIC DATA & POVERTY INDICATORS (2005)		Rank in U.S.	
TANF-Temporary Assistance for Needy Families (Family of 3)						State population—July 1, 2005*		4,548,327	23
Need Standard			N/A		N/A	Per capita personal income**		\$29,623	40
Payment Standard			\$215		16.0%	Median household income**		\$38,180	44
Maximum Payment			\$215		16.0%	Population below Federal Poverty Level on July 1, 2003*		736,829	
Medically Needy Program (Family of 2)						Percent of total state population		16.2%	5
Income Eligibility Standard			N/A			Population without health insurance coverage*		696,000	21
Resource Standard			N/A			Percent of total state population		15.3%	25
Pregnant Women, Children and Infants (% of FPL*)						Recipients of Food Stamps***		546,684	16
Pregnant women and children to 6					133.0%	Households receiving Food Stamps***		222,132	21
Children 6 to 14					100.0%	Total value of issuance***		\$593,698,537	18
Children 14 to 18					100.0%	Average monthly benefit per recipient		\$90.50	14
SSI Eligibility Levels						Average monthly benefit per household		\$222.73	
Income:						Monthly recipients of Temporary Assistance to Needy Families (TANF)****		44,838	20
Single Person			\$643		80.6%	Total TANF payments****		\$47,839,923	45
Couple			\$954		89.2%	Average monthly payment per recipient		\$88.91	45
Resources:						Maximum monthly payment per family of 3		\$215.00	49
Single Person			\$2,000						
Couple			\$3,000						

*Current federal poverty level is \$9,570 per year for a single person, \$12,830 for a family of two and \$16,090 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 99</u>	<u>FFY 00</u>	<u>FFY 01</u>	<u>FFY 02</u>	<u>FFY 03</u>	<u>FFY 04</u>	<u>FFY 05</u>	<i>Annual Change</i>
01. General Hospital	28,142	54,225	55,652	68,429	68,754	67,777	68,607	16.0%
02. Mental Hospital	1,510	1,604	1,786	567	496	313	263	-25.3%
03. Skilled and Intermediate (non-MR) Care Nursing	24,576	25,118	28,550	26,530	26,692	26,723	26,448	1.2%
04. Intermediate Care for Mentally Retarded	706	674	796	558	418	341	243	-16.3%
05. Physician Services	388,851	404,612	444,067	511,827	526,291	536,214	558,443	6.2%
06. Dental Services	76,694	72,287	82,592	116,462	138,858	155,541	167,899	14.0%
07. Other Practitioners	87,071	70,759	89,460	98,840	97,032	99,803	107,342	3.5%
08. Outpatient Hospital	184,497	218,623	245,726	264,266	276,616	285,241	291,596	7.9%
09. Clinic Services	167,043	167,483	154,812	273,701	268,759	281,862	295,073	9.9%
10. Lab and X-Ray	275,979	303,590	357,197	345,876	345,618	347,567	376,910	5.3%
11. Home Health	18,878	51,088	60,339	62,771	68,241	65,149	76,983	26.4%
12. Prescribed Drugs	405,338	438,529	496,797	500,790	527,855	543,088	545,201	5.1%
13. Family Planning	4,003	3,703	33,576	3,398	3,449	3,265	2,913	-5.2%
14. Early & Periodic Screening, Diagnosis & Treatment	0	0	162,914	0	0	0	0	-100.0%
15. Other Care	68,207	88,808	148,251	126,078	122,197	123,656	133,631	11.9%
16. Personal Care Support Services	56,898	37,473	0	50,298	53,440	53,502	43,943	-4.2%
17. Home/Community Based Waiver Services	0	0	0	0	0	0	0	n/a
18. Prepaid Health Care	0	0	8,461	489,447	517,964	530,504	597,730	189.9%
19. Primary Care Case Management (PCCM) Services	0	417,457	380,000	424,889	442,633	402,261	415,405	-0.1%
Total*	537,480	619,480	643,527	765,328	780,617	808,192	838,787	7.7%

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

SOUTHERN REGION MEDICAID PROFILE

<u>PAYMENTS BY TYPE OF SERVICES</u>	FFY 99	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05	Annual	Share of Total
								Change	FFY 05
01. General Hospital	\$195,552,348	\$148,854,036	\$334,616,062	\$182,897,571	\$201,752,940	\$203,383,116	\$176,338,839	-1.7%	4.2%
02. Mental Hospital	\$30,597,097	\$34,894,808	\$35,450,442	\$25,804,158	\$19,628,270	\$13,730,915	\$9,878,954	-17.2%	0.2%
03. Skilled and Intermediate (non-MR) Care Nursing	\$562,914,508	\$622,181,339	\$666,221,211	\$667,433,222	\$710,889,268	\$730,490,157	\$774,335,142	5.5%	18.6%
04. Intermediate Care for Mentally Retarded	\$59,189,494	\$62,973,298	\$61,589,438	\$60,382,174	\$54,858,987	\$36,883,285	\$27,431,503	-12.0%	0.7%
05. Physician Services	\$188,073,488	\$119,160,192	\$135,989,905	\$190,744,343	\$208,562,768	\$219,939,027	\$235,340,335	3.8%	5.7%
06. Dental Services	\$10,518,783	\$11,465,011	\$23,157,211	\$34,650,020	\$40,696,990	\$44,449,030	\$48,614,051	29.1%	1.2%
07. Other Practitioners	\$6,174,889	\$4,428,368	\$6,340,319	\$8,666,728	\$9,475,258	\$9,795,147	\$10,830,962	9.8%	0.3%
08. Outpatient Hospital	\$30,973,049	\$44,267,996	\$44,166,407	\$50,712,351	\$52,856,683	\$59,948,594	\$62,788,641	12.5%	1.5%
09. Clinic Services	\$98,211,281	\$128,114,224	\$78,498,228	\$215,009,548	\$247,622,034	\$255,995,624	\$267,748,316	18.2%	6.4%
10. Lab and X-Ray	\$24,684,849	\$34,819,967	\$37,294,304	\$39,484,863	\$43,762,928	\$45,412,289	\$57,300,821	15.1%	1.4%
11. Home Health	\$1,583,188	\$29,002,412	\$66,011,518	\$34,733,551	\$35,950,629	\$34,472,022	\$47,034,889	76.0%	1.1%
12. Prescribed Drugs	\$281,017,085	\$331,574,388	\$390,122,853	\$454,370,478	\$537,070,779	\$597,327,339	\$609,128,245	13.8%	14.7%
13. Family Planning	\$2,079,960	\$2,022,347	\$17,993,448	\$1,330,732	\$1,337,296	\$1,244,784	\$1,088,889	-10.2%	0.0%
14. Early & Periodic Screening, Diagnosis & Treatment	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a	0.0%
15. Other Care	\$55,223,818	\$748,496,244	\$189,923,782	\$550,403,857	\$548,467,488	\$810,360,251	\$924,375,329	59.9%	22.3%
16. Personal Care Support Services	\$148,238,658	\$58,741,458	\$165,456,106	\$86,371,460	\$107,303,975	\$107,727,252	\$107,426,471	-5.2%	2.6%
17. Home/Community Based Waiver Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a	0.0%
18. Prepaid Health Care	\$0	\$0	\$101,047,469	\$579,709,608	\$628,510,702	\$675,667,038	\$779,890,500	66.7%	18.8%
19. Primary Care Case Management (PCCM) Services	\$0	\$10,198,809	\$11,227,248	\$21,358,938	\$22,572,729	\$9,798,559	\$14,651,858	7.5%	0.4%
Total (excludes DSH pymts, pharmacy rebates, & other adjs.)	\$1,695,032,495	\$2,391,194,897	\$2,365,105,951	\$3,204,063,602	\$3,471,319,724	\$3,856,624,429	\$4,154,203,745	16.1%	100.0%

AVERAGE PAYMENTS PER RECIPIENT BY TYPE OF SERVICES

	FFY 99	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05	(+) or (-) SLC	Aug. FFY 05
01. General Hospital	\$6,948.77	\$2,745.12	\$6,012.65	\$2,672.81	\$2,934.42	\$3,000.77	\$2,570.27	-15.3%	-51.0%
02. Mental Hospital	\$20,262.98	\$21,754.87	\$19,847.34	\$45,509.98	\$39,573.13	\$43,868.74	\$37,562.56	10.8%	102.8%
03. Skilled and Intermediate (non-MR) Care Nursing	\$22,905.05	\$24,770.34	\$23,335.24	\$25,157.68	\$26,633.05	\$27,335.63	\$29,277.64	4.2%	17.0%
04. Intermediate Care for Mentally Retarded	\$83,837.81	\$93,432.19	\$77,356.27	\$108,211.78	\$131,241.60	\$108,162.13	\$112,886.84	5.1%	31.8%
05. Physician Services	\$483.66	\$294.50	\$306.24	\$372.67	\$396.29	\$410.17	\$421.42	-2.3%	-29.7%
06. Dental Services	\$137.15	\$158.60	\$280.38	\$297.52	\$293.08	\$285.77	\$289.54	13.3%	-20.6%
07. Other Practitioners	\$70.92	\$62.58	\$70.87	\$87.68	\$97.65	\$98.14	\$100.90	6.1%	-63.5%
08. Outpatient Hospital	\$167.88	\$202.49	\$179.74	\$191.90	\$191.08	\$210.17	\$215.33	4.2%	-64.0%
09. Clinic Services	\$587.94	\$764.94	\$507.06	\$785.56	\$921.35	\$908.23	\$907.40	7.5%	30.9%
10. Lab and X-Ray	\$89.44	\$114.69	\$104.41	\$114.16	\$126.62	\$130.66	\$152.03	9.2%	-29.6%
11. Home Health	\$83.86	\$567.70	\$1,094.01	\$553.34	\$526.82	\$529.13	\$610.98	39.2%	-82.9%
12. Prescribed Drugs	\$693.29	\$756.11	\$785.28	\$907.31	\$1,017.46	\$1,099.87	\$1,117.25	8.3%	-25.1%
13. Family Planning	\$519.60	\$546.14	\$535.90	\$391.62	\$387.73	\$381.25	\$373.80	-5.3%	-73.4%
14. Early & Periodic Screening, Diagnosis & Treatment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	n/a	n/a
15. Other Care	\$809.65	\$8,428.25	\$1,281.10	\$4,365.58	\$4,488.39	\$6,553.34	\$6,917.37	43.0%	268.5%
16. Personal Care Support Services	\$2,605.34	\$1,567.57	\$0.00	\$1,717.19	\$2,007.93	\$2,013.52	\$2,444.68	-1.1%	66.1%
17. Home/Community Based Waiver Services	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	n/a	n/a
18. Prepaid Health Care	\$0.00	\$0.00	\$11,942.95	\$1,184.42	\$1,213.43	\$1,273.63	\$1,304.75	-42.5%	18.9%
19. Primary Care Case Management (PCCM) Services	\$0.00	\$24.43	\$29.55	\$50.27	\$51.00	\$24.36	\$35.27	7.6%	29.1%
Total (Average)	\$3,153.67	\$3,860.00	\$3,675.22	\$4,186.52	\$4,446.89	\$4,771.92	\$4,952.63	7.8%	12.3%

TOTAL PER CAPITA EXPENDITURES

	\$587.45	\$658.89	\$689.04	\$732.10	\$810.86	\$838.30	\$862.92	6.6%	-6.5%
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Source: MSIS data for FFY 99-05.

SOUTHERN REGION MEDICAID PROFILE
DATA BY OTHER CHARACTERISTICS

RECIPIENTS BY OTHER CHARACTERISTICS

	<u>FFY 99</u>	<u>FFY 00</u>	<u>FFY 01</u>	<u>FFY 02</u>	<u>FFY 03</u>	<u>FFY 04</u>	<u>FFY 05</u>	<u>Annual Change</u>	<u>Share of Total FFY 05</u>
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	233,064	264,650	207,260	274,859	271,399	264,324	259,393	1.8%	30.9%
Poverty Related Eligibles	250,243	293,953	305,995	350,113	379,603	406,198	430,979	9.5%	51.4%
Medically Needy	0	0	0	0	0	0	0	n/a	0.0%
Other Eligibles	33,759	42,669	130,096	107,442	107,339	112,313	120,200	23.6%	14.3%
Maintenance Assistance Status Unknown	20,414	18,208	175	32,914	22,276	25,357	28,215	5.5%	3.4%
Total*	537,480	619,480	643,527	765,328	780,617	808,192	838,787	7.7%	100.0%
By Basis of Eligibility									
Aged, Blind, or Disabled	204,191	223,391	249,131	233,211	236,981	244,143	249,807	3.4%	29.8%
Children	266,400	327,328	311,334	395,071	414,916	423,922	436,829	8.6%	52.1%
Foster Care Children	4,464	4,907	5,539	6,033	6,630	7,149	7,649	9.4%	0.9%
Adults	42,011	45,646	74,194	98,099	99,551	107,621	115,918	18.4%	13.8%
Basis of Eligibility Unknown	20,414	18,208	3,330	32,914	22,539	25,357	28,584	5.8%	3.4%
Total*	537,480	619,480	643,527	765,328	780,617	808,192	838,787	7.7%	100.0%
By Age									
Under Age 1	28,339	29,543	33,127	30,004	29,739	30,160	30,774	1.4%	3.7%
Age 1 to 5	108,191	125,191	133,269	146,445	151,364	152,119	154,664	6.1%	18.4%
Age 6 to 14	113,778	148,493	141,225	177,466	187,773	191,389	196,199	9.5%	23.4%
Age 15 to 20	49,311	63,554	64,755	84,025	90,309	95,741	100,592	12.6%	12.0%
Age 21 to 44	84,243	94,033	107,748	147,684	149,496	157,167	166,785	12.1%	19.9%
Age 45 to 64	50,836	57,128	64,131	64,979	67,585	72,144	76,586	7.1%	9.1%
Age 65 to 74	30,524	31,389	36,547	31,148	31,372	32,722	33,724	1.7%	4.0%
Age 75 to 84	28,539	28,897	34,301	28,788	29,293	30,269	30,253	1.0%	3.6%
Age 85 and Over	23,310	23,044	28,333	21,876	21,410	21,124	20,995	-1.7%	2.5%
Age Unknown	20,409	18,208	91	32,913	22,276	25,357	28,215	5.5%	3.4%
Total*	537,480	619,480	643,527	765,328	780,617	808,192	838,787	7.7%	100.0%
By Race									
White	242,768	276,241	295,379	323,018	338,022	352,748	364,289	7.0%	43.4%
Black	265,989	310,453	315,513	368,350	376,403	382,455	391,739	6.7%	46.7%
Hispanic, American Indian or Asian	7,311	23,554	24,056	17,650	23,449	27,419	31,021	27.2%	3.7%
Other/Unknown	21,412	9,232	8,579	56,310	42,743	45,570	51,738	15.8%	6.2%
Total*	537,480	619,480	643,527	765,328	780,617	808,192	838,787	7.7%	100.0%
By Sex									
Female	329,021	376,105	396,843	448,541	461,312	477,981	495,578	7.1%	59.1%
Male	200,702	235,900	238,105	278,237	290,639	299,057	309,636	7.5%	36.9%
Unknown	7,757	7,475	8,579	38,550	28,666	31,154	33,573	27.7%	4.0%
Total*	537,480	619,480	643,527	765,328	780,617	808,192	838,787	7.7%	100.0%

Source: MSIS data for FFY 99-05.

SOUTHERN REGION MEDICAID PROFILE

PAYMENTS BY OTHER CHARACTERISTICS

	<u>FFY 99</u>	<u>FFY 00</u>	<u>FFY 01</u>	<u>FFY 02</u>	<u>FFY 03</u>	<u>FFY 04</u>	<u>FFY 05</u>	<u>Annual Change</u>	<u>Share of Total FFY 05</u>
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	\$681,925,864	\$800,200,089	\$913,449,432	\$1,109,754,742	\$1,196,751,593	\$1,252,610,376	\$1,302,120,865	11.4%	31.3%
Poverty Related Eligibles	\$210,477,529	\$234,579,059	\$402,859,805	\$473,180,870	\$552,493,261	\$593,091,180	\$657,964,464	20.9%	15.8%
Medically Needy	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a	0.0%
Other Eligibles	\$647,149,288	\$752,471,213	\$1,007,304,680	\$937,985,730	\$1,034,707,799	\$1,067,146,626	\$1,125,540,828	9.7%	27.1%
Maintenance Assistance Status Unknown	\$155,479,814	\$603,944,536	\$41,492,034	\$683,142,260	\$687,367,071	\$943,776,247	\$1,068,577,588	37.9%	25.7%
Total*	\$1,695,032,495	\$2,391,194,897	\$2,365,105,951	\$3,204,063,602	\$3,471,319,724	\$3,856,624,429	\$4,154,203,745	16.1%	100.0%
By Basis of Eligibility									
Aged, Blind or Disabled	\$1,262,935,963	\$1,435,119,810	\$1,823,104,915	\$1,762,787,071	\$1,934,996,456	\$2,019,764,188	\$2,124,907,595	9.1%	51.2%
Children	\$176,260,723	\$223,369,745	\$260,456,830	\$539,771,384	\$609,105,175	\$630,347,038	\$680,154,703	25.2%	16.4%
Foster Care Children	\$25,414,538	\$38,472,637	\$45,816,824	\$78,065,858	\$89,351,325	\$90,198,685	\$88,935,786	23.2%	2.1%
Adults	\$74,941,457	\$90,288,169	\$189,873,245	\$140,297,029	\$148,033,794	\$172,538,271	\$187,369,386	16.5%	4.5%
Basis of Eligibility Unknown	\$155,479,814	\$603,944,536	\$45,854,137	\$683,142,260	\$689,832,974	\$943,776,247	\$1,072,836,275	38.0%	25.8%
Total*	\$1,695,032,495	\$2,391,194,897	\$2,365,105,951	\$3,204,063,602	\$3,471,319,724	\$3,856,624,429	\$4,154,203,745	16.1%	100.0%
By Age									
Under Age 1	\$25,820,529	\$35,202,698	\$46,950,436	\$55,911,691	\$57,256,270	\$57,899,470	\$55,663,140	13.7%	1.3%
Age 1 to 5	\$72,348,606	\$91,556,637	\$119,608,058	\$225,403,923	\$248,343,089	\$251,530,982	\$264,315,065	24.1%	6.4%
Age 6 to 14	\$97,475,250	\$128,556,471	\$179,079,820	\$307,256,233	\$349,204,394	\$359,604,854	\$382,720,006	25.6%	9.2%
Age 15 to 20	\$84,727,883	\$105,362,045	\$141,251,156	\$196,167,054	\$230,057,353	\$246,053,200	\$265,260,708	21.0%	6.4%
Age 21 to 44	\$266,968,030	\$310,309,789	\$419,311,505	\$424,945,169	\$462,331,834	\$490,756,497	\$526,837,753	12.0%	12.7%
Age 45 to 64	\$246,120,628	\$300,175,187	\$373,617,468	\$422,966,242	\$487,529,915	\$533,438,482	\$573,486,884	15.1%	13.8%
Age 65 to 74	\$152,031,729	\$171,973,879	\$213,088,744	\$201,910,709	\$222,770,364	\$234,440,575	\$250,756,945	8.7%	6.0%
Age 75 to 84	\$250,228,761	\$279,197,320	\$357,021,249	\$308,300,001	\$335,938,153	\$347,726,821	\$357,985,806	6.2%	8.6%
Age 85 and Over	\$343,838,714	\$364,916,335	\$473,826,452	\$378,062,137	\$390,521,281	\$391,397,301	\$408,599,850	2.9%	9.8%
Age Unknown	\$155,472,365	\$603,944,536	\$41,351,063	\$683,140,443	\$687,367,071	\$943,776,247	\$1,068,577,588	37.9%	25.7%
Total*	\$1,695,032,495	\$2,391,194,897	\$2,365,105,951	\$3,204,063,602	\$3,471,319,724	\$3,856,624,429	\$4,154,203,745	16.1%	100.0%
By Race									
White	\$872,856,323	\$1,255,734,290	\$1,372,062,575	\$1,823,366,519	\$1,548,347,097	\$1,624,537,913	\$1,714,530,536	11.9%	41.3%
Black	\$464,984,574	\$684,762,003	\$818,115,856	\$1,072,412,710	\$1,089,129,166	\$1,135,092,056	\$1,198,176,224	17.1%	28.8%
Hispanic, American Indian or Asian	\$9,150,399	\$23,738,219	\$104,669,801	\$116,545,062	\$41,540,134	\$47,579,754	\$59,189,918	36.5%	1.4%
Other/Unknown	\$348,041,199	\$426,960,385	\$70,257,719	\$191,739,311	\$792,303,327	\$1,049,414,706	\$1,182,307,067	22.6%	28.5%
Total*	\$1,695,032,495	\$2,391,194,897	\$2,365,105,951	\$3,204,063,602	\$3,471,319,724	\$3,856,624,429	\$4,154,203,745	16.1%	100.0%
By Sex									
Female	\$952,779,668	\$1,387,231,537	\$1,575,701,343	\$1,630,176,531	\$1,783,721,953	\$1,867,933,152	\$1,970,268,935	12.9%	47.4%
Male	\$452,000,994	\$649,581,968	\$718,582,751	\$882,544,828	\$989,511,107	\$1,034,701,138	\$1,107,551,291	16.1%	26.7%
Unknown	\$290,251,834	\$354,381,391	\$70,821,857	\$691,342,243	\$698,086,664	\$953,990,139	\$1,076,383,519	24.4%	25.9%
Total*	\$1,695,032,495	\$2,391,194,897	\$2,365,105,951	\$3,204,063,602	\$3,471,319,724	\$3,856,624,429	\$4,154,203,745	16.1%	100.0%

Source: MSIS data for FFY 99-05.

SOUTHERN REGION MEDICAID PROFILE

AVERAGE PAYMENT PER RECIPIENT BY OTHER CHARACTERISTICS

	<u>FFY 99</u>	<u>FFY 00</u>	<u>FFY 01</u>	<u>FFY 02</u>	<u>FFY 03</u>	<u>FFY 04</u>	<u>FFY 05</u>	<i>Annual Change</i>	<i>Above (+) or Below (-) SLC Avg. FFY 05</i>
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	\$2,925.92	\$3,023.62	\$4,407.26	\$4,037.54	\$4,409.57	\$4,738.92	\$5,019.88	9.4%	-14.0%
Poverty Related Eligibles	\$841.09	\$798.02	\$1,316.56	\$1,351.51	\$1,455.45	\$1,460.10	\$1,526.67	10.4%	-27.4%
Medically Needy	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	<i>nia</i>	-100.0%
Other Eligibles	\$19,169.68	\$17,635.08	\$7,742.75	\$8,730.16	\$9,639.63	\$9,501.54	\$9,363.90	-11.3%	21.2%
Maintenance Assistance Status Unknown	\$7,616.33	\$33,169.19	\$236,601.83	\$20,755.37	\$30,856.84	\$37,219.55	\$37,872.68	30.6%	1012.1%
Total*	\$3,153.67	\$3,860.00	\$3,675.22	\$4,186.52	\$4,446.89	\$4,771.92	\$4,952.63	7.8%	12.3%
By Basis of Eligibility									
Aged, Blind or Disabled	\$6,185.07	\$6,424.25	\$7,317.85	\$7,558.76	\$8,165.20	\$8,272.87	\$8,506.20	5.5%	-28.9%
Children	\$661.64	\$682.40	\$836.58	\$1,366.26	\$1,468.02	\$1,486.94	\$1,557.03	15.3%	1.0%
Foster Care Children	\$5,693.22	\$7,840.36	\$8,271.93	\$12,939.81	\$13,476.82	\$12,616.97	\$11,627.11	12.6%	66.8%
Adults	\$1,783.85	\$1,978.01	\$2,559.15	\$1,430.16	\$1,487.01	\$1,603.20	\$1,616.40	-1.6%	-43.9%
Basis of Eligibility Unknown	\$7,616.33	\$33,169.19	\$13,770.83	\$20,755.37	\$30,606.19	\$37,219.55	\$37,532.76	30.5%	985.2%
Total*	\$3,153.67	\$3,860.00	\$3,675.22	\$4,186.52	\$4,446.89	\$4,771.92	\$4,952.63	7.8%	12.3%
By Age									
Under Age 1	\$911.13	\$1,191.57	\$1,417.28	\$1,863.47	\$1,925.29	\$1,919.74	\$1,808.77	12.1%	-50.9%
Age 1 to 5	\$668.71	\$731.34	\$897.49	\$1,539.17	\$1,640.70	\$1,653.51	\$1,708.96	16.9%	-8.1%
Age 6 to 14	\$856.71	\$865.74	\$1,268.05	\$1,731.35	\$1,859.72	\$1,878.92	\$1,950.67	14.7%	10.2%
Age 15 to 20	\$1,718.23	\$1,657.83	\$2,181.32	\$2,334.63	\$2,547.45	\$2,569.99	\$2,637.00	7.4%	-5.3%
Age 21 to 44	\$3,169.02	\$3,300.01	\$3,891.58	\$2,877.39	\$3,092.60	\$3,122.52	\$3,158.78	-0.1%	-39.4%
Age 45 to 64	\$4,841.46	\$5,254.43	\$5,825.86	\$6,509.28	\$7,213.58	\$7,394.08	\$7,488.14	7.5%	-32.9%
Age 65 to 74	\$4,980.73	\$5,478.79	\$5,830.48	\$6,482.30	\$7,100.93	\$7,164.62	\$7,435.56	6.9%	-11.6%
Age 75 to 84	\$8,767.96	\$9,661.81	\$10,408.44	\$10,709.32	\$11,468.21	\$11,487.89	\$11,833.07	5.1%	-2.8%
Age 85 and Over	\$14,750.70	\$15,835.63	\$16,723.41	\$17,282.05	\$18,240.13	\$18,528.56	\$19,461.77	4.7%	3.8%
Age Unknown	\$7,617.83	\$33,169.19	\$456,159.80	\$20,755.95	\$30,856.84	\$37,219.55	\$37,872.68	30.6%	1008.8%
Total*	\$3,153.67	\$3,860.00	\$3,675.22	\$4,186.52	\$4,446.89	\$4,771.92	\$4,952.63	7.8%	12.3%
By Race									
White	\$3,595.43	\$4,545.79	\$4,645.09	\$5,644.78	\$4,580.61	\$4,605.38	\$4,706.51	4.6%	-14.0%
Black	\$1,748.13	\$2,205.69	\$2,592.97	\$2,911.40	\$2,893.52	\$2,967.91	\$3,058.61	9.8%	-19.5%
Hispanic, American Indian or Asian	\$1,251.59	\$1,007.82	\$4,351.07	\$6,603.12	\$1,771.51	\$1,735.28	\$1,908.06	7.3%	-34.3%
Other/Unknown	\$16,254.49	\$46,247.88	\$8,189.50	\$3,405.07	\$18,536.45	\$23,028.63	\$22,851.81	5.8%	419.7%
Total*	\$3,153.67	\$3,860.00	\$3,675.22	\$4,186.52	\$4,446.89	\$4,771.92	\$4,952.63	7.8%	12.3%
By Sex									
Female	\$2,895.80	\$3,688.42	\$3,970.59	\$3,634.40	\$3,866.63	\$3,907.97	\$3,975.70	5.4%	-13.2%
Male	\$2,252.10	\$2,753.63	\$3,017.92	\$3,171.92	\$3,404.61	\$3,459.88	\$3,576.95	8.0%	-17.8%
Unknown	\$37,418.05	\$47,408.88	\$8,255.26	\$17,933.65	\$24,352.43	\$30,621.75	\$32,060.99	-2.5%	848.5%
Total*	\$3,153.67	\$3,860.00	\$3,675.22	\$4,186.52	\$4,446.89	\$4,771.92	\$4,952.63	7.8%	12.3%

Source: MSIS data for FFY 99-05.

SOUTHERN REGION MEDICAID PROFILE

ADDITIONAL STATE HEALTH CARE INFORMATION

Sources: "Issue Briefs", Health Policy Tracking Service, January 2006; "Medicaid Services State by State", CMS, October 2005; "State Health Facts", The Henry Kaiser Foundation, January 2006; state annual report for FY 05; and state Medicaid Website.

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. This program is no longer a waiver and has been added to the Medicaid State plan for FY 04.

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 5,600 people as of 2005, operating since October 1, 1980.
- Aged and Disabled: Serves 7,816 people as of FY 2005, operating since October 1, 1984.
- Independent Living Program (Homebound/SAIL): Serves 554 people as of FY 2005, operating since April 1, 1992.
- Living at Home Waiver (LAH): Serves 96 people, operating since January 1, 2003.

Primary Care Case Management Waiver (Patient 1st), 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. This waiver was renewed in August 2004, and serves approximately 420,000 recipients statewide.

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.
- Implemented prescription limits on name brand drugs to 4 per month per recipient, except anti-psychotic and retroviral medications, effective July 1, 2004.

Medicaid

- 15 optional services are offered.

SOUTHERN REGION MEDICAID PROFILE

Medicaid (Continued)

- 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).
- For FY 04, proposed changes in the Medicaid Program due to budget cuts as follows:
Reduce inpatient hospital days and physician visits during hospital stays from 16 to 14 per year;
Eliminate non-emergency care in an outpatient hospital (currently pays for 3 visits);
Eliminate routine eye-care for adults;
Eliminate hospice services except for Medicare eligible nursing home residents; and
Reduce reimbursement rates for physicians and dentists by 2%.

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 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 program had a total enrollment a of 60,655 children as of September of 2004.
 - AL-Kids Plus, approved on September 28, 1999, provides a supplementary set of services for children with special health care needs.
 - AL-Kids Plus received CMS approval of a fifth plan amendment on October 30, 2003 that modified some eligibility and cost sharing criteria.
 - Families with incomes up to 150% of the FPL are required to pay an annual premium of \$50 per child, with a \$150 maximum per family.
 - Families with incomes above 150% of the FPL are required to pay an annual premium of \$100 per child, with a maximum of \$300.
 - Families are given the option of paying premiums on an annual or monthly basis.
 - There are no cost sharing requirements for American Indians or Alaskan Natives.
- Other cost sharing provisions for individuals in families with income less than 150% of the FPL include:
\$1 co-payment for generic prescriptive drugs;
\$3 co-payment for brand name prescriptive drugs, dental visits, doctor visits, and allergy treatments;
\$5 co-payment for non-preferred prescription drugs, inpatient hospital care, allergy testing, emergency services, ambulance service, inpatient mental and chemical dependency care, and outpatient surgical services; and
\$10 for emergency visits that are non-emergency.
- The copays for individuals in families with income above 150% of the FPL are double the amounts paid by the below 150% group except for dental visits, doctor visits, and prescription drugs, which increase from \$3 to \$5.