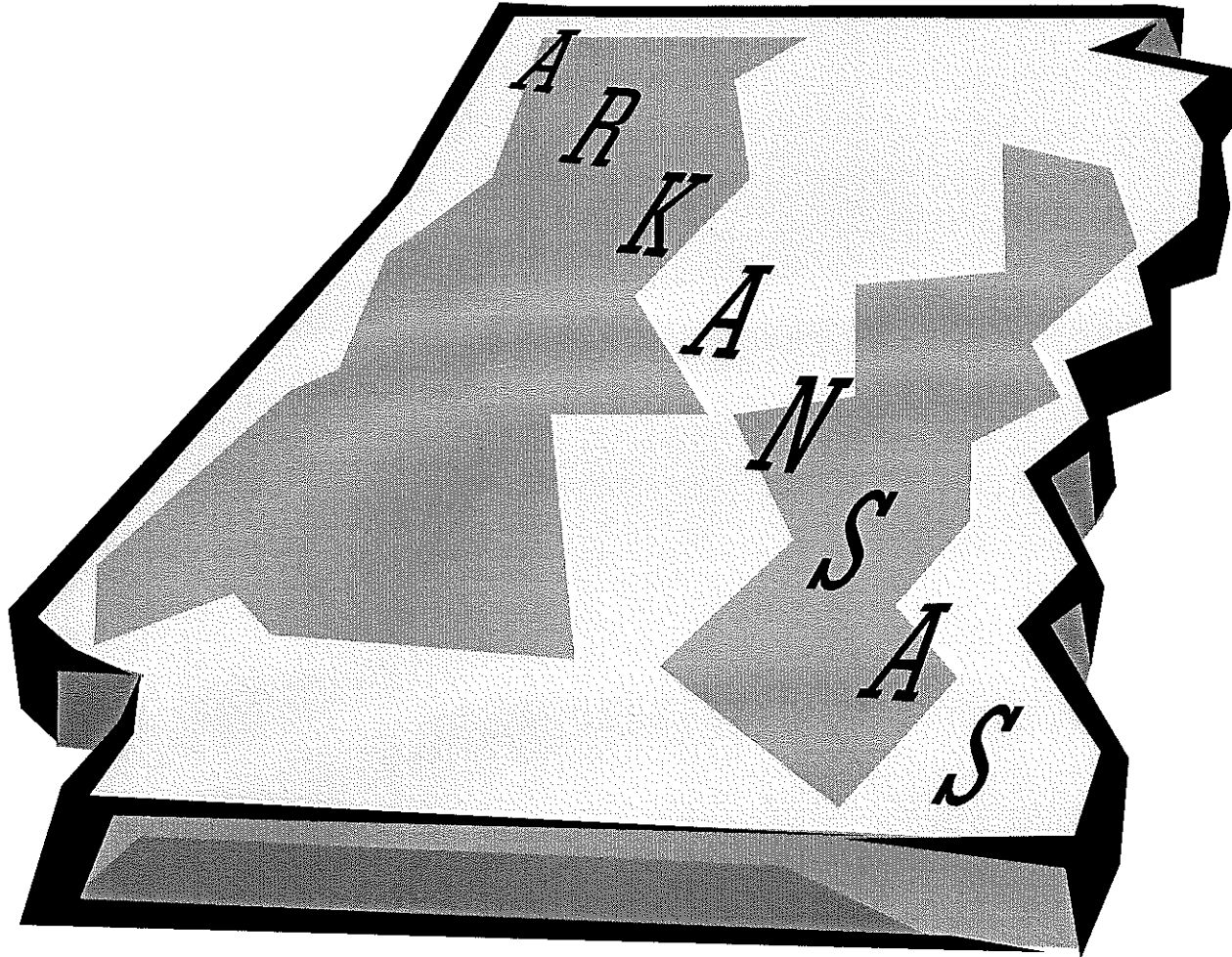
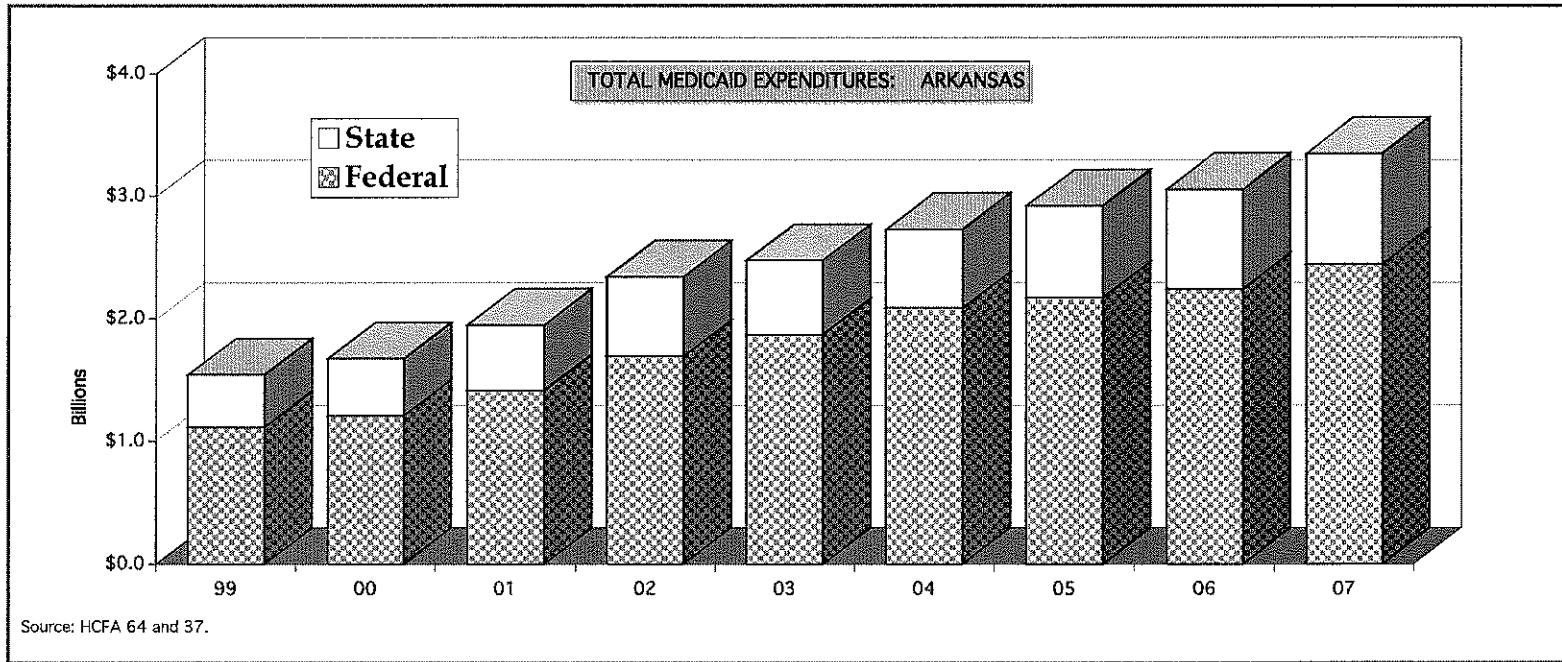


STATE MEDICAID PROFILE



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	\$1,460,724,048	\$1,581,361,881	\$1,854,913,659	\$2,239,645,980	\$2,366,496,902	\$2,616,597,268	\$2,809,920,508	\$2,925,909,000	\$3,196,414,000	10.3%	118.8%
Federal Share	\$1,066,890,276	\$1,156,198,568	\$1,356,367,805	\$1,631,630,198	\$1,799,239,993	\$2,017,735,788	\$2,103,823,129	\$2,163,729,000	\$2,351,823,000	10.4%	120.4%
State Share	\$393,833,772	\$425,163,313	\$498,545,854	\$608,015,782	\$567,256,909	\$598,861,480	\$706,097,379	\$762,180,000	\$844,591,000	10.0%	114.5%
Administrative Costs	\$84,855,266	\$94,524,637	\$95,198,228	\$103,472,005	\$111,158,811	\$113,974,604	\$110,188,017	\$127,425,000	\$151,503,000	7.5%	78.5%
Federal Share	\$49,839,110	\$56,421,645	\$56,886,002	\$63,699,995	\$73,460,178	\$70,832,049	\$68,826,896	\$79,274,000	\$92,648,000	8.1%	85.9%
State Share	\$35,016,156	\$38,102,992	\$38,312,226	\$39,772,010	\$37,698,633	\$43,142,555	\$41,361,121	\$48,151,000	\$58,855,000	6.7%	68.1%
Admin. Costs as % of Payments	5.81%	5.98%	5.13%	4.62%	4.70%	4.36%	3.92%	4.36%	4.74%		
Federal Match Rate*	72.84%	72.85%	73.02%	72.64%	74.28%	74.67%	74.75%	73.77%	73.37%		

*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	\$393,833,772	\$561,284,586	\$35,016,156	\$41,361,121
Local Funds	\$0	\$0	\$0	\$0
Provider Taxes	\$0	\$44,843,831	\$0	\$0
Donations*	\$0	\$690,750	\$0	\$0
Other	\$0	\$99,278,212	\$0	\$0
Total State Share	\$393,833,772	\$706,097,379	\$35,016,156	\$41,361,121

Provider Taxes Currently in Place (FFY 05)		
	Tax Rate	Amount
Quality Assurance Fee on Nursing Homes		\$44,843,831
10/01/03 - 06/30/04	\$7.13 per census day	
07/01/04 - 09/30/04	\$7.78 per census day	

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

DISPROPORTIONATE SHARE HOSPITAL (DSH) PAYMENTS

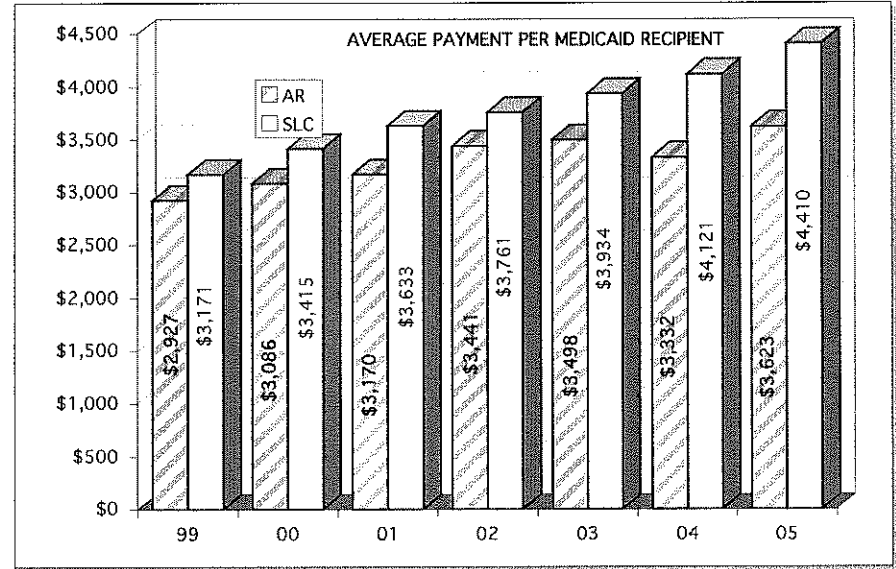
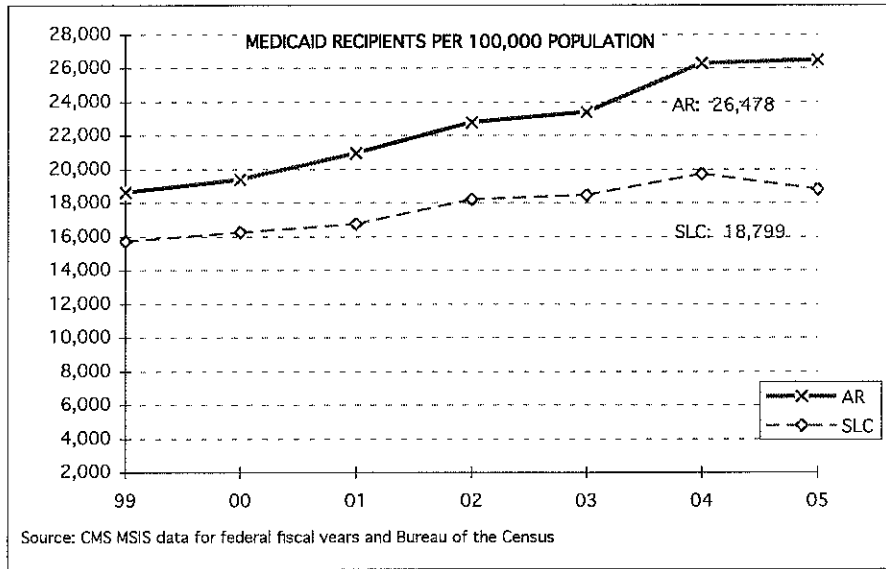
	FFY 99	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05	FFY 06**	FFY 07**	Annual Change
General Hospitals	\$2,992,782	\$2,256,113	\$21,865,252	\$14,529,026	\$30,948,639	\$24,135,625	\$36,687,967	\$37,488,000	\$40,066,000	10.6%
Mental Hospitals	\$259,500	\$489,254	\$862,932	\$0	\$638,035	\$800,733	\$819,350	\$819,000	\$820,000	-0.8%
Total	\$3,252,282	\$2,745,367	\$22,728,184	\$14,529,026	\$31,586,674	\$24,936,358	\$37,507,317	\$38,307,000	\$40,886,000	10.3%

SELECTED ELIGIBILITY CRITERIA				DEMOGRAPHIC DATA & POVERTY INDICATORS (2005)			
	At 10/1/05	% of FPL*					Rank in U.S.
TANF-Temporary Assistance for Needy Families (Family of 3)				State population—July 1, 2005*	2,775,708		32
Income Eligibility Standard	\$223	16.6%		Per capita personal income**	\$26,641		47
Payment Standard	\$204	15.2%		Median household income**	\$35,591		48
Maximum Payment	\$204	15.2%		Population below Federal Poverty Level on July 1, 2003*	433,010		
Medically Needy Program (Family of 3)				Percent of total state population	15.6%		6
Income Eligibility Standard	\$275			Population without health insurance coverage*	494,000		29
Resource Standard	\$3,100			Percent of total state population	17.8%		12
Pregnant Women, Children and Infants (% of FPL*)				Recipients of Food Stamps***	384,889		26
Pregnant women and infants		133.0%		Households receiving Food Stamps***	152,909		26
Children 1 to 5		133.0%		Total value of issuance***	\$414,384,306		26
Children 6 to 18		100.0%		Average monthly benefit per recipient	\$89.72		26
SSI Eligibility Levels				Average monthly benefit per household	\$225.83		
Income:				Monthly recipients of Temporary Assistance to Needy Families (TANF)****	17,847		38
Single Person	\$564	70.7%		Total TANF payments****	\$13,217,449		38
Couple	\$846	79.1%		Average monthly payment per recipient	\$61.72		38
Resources:				Maximum monthly payment per family of 3	\$204.00		44
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>	<u>Annual Change</u>
01. General Hospital	73,746	72,791	80,140	84,745	107,024	101,756	102,864	5.7%
02. Mental Hospital	3,376	2,912	4,023	5,512	5,218	5,520	5,666	9.0%
03. Skilled and Intermediate (non-MR) Care Nursing	20,699	20,350	19,880	20,658	20,449	28,854	27,091	4.6%
04. Intermediate Care for Mentally Retarded	1,838	1,842	1,822	1,809	1,818	3,205	3,111	9.2%
05. Physician Services	327,769	339,780	372,042	411,601	444,459	474,166	482,391	6.7%
06. Dental Services	62,755	67,765	79,539	96,539	111,534	126,071	133,158	13.4%
07. Other Practitioners	104,736	108,683	118,473	129,792	109,713	119,111	154,980	6.7%
08. Outpatient Hospital	174,952	179,151	202,000	225,992	248,633	269,551	279,077	8.1%
09. Clinic Services	138,491	147,131	179,341	186,387	224,628	231,982	340,082	16.2%
10. Lab and X-Ray	136,100	135,454	142,421	164,723	173,329	192,652	245,790	10.4%
11. Home Health	9,859	8,753	8,285	7,867	8,197	11,616	6,695	-6.2%
12. Prescribed Drugs	280,573	290,749	321,920	356,060	398,819	422,930	447,072	8.1%
13. Family Planning	3,533	2,878	3,601	23,128	25,252	4,197	4,725	5.0%
14. Early & Periodic Screening, Diagnosis & Treatment	0	0	0	110,187	120,257	0	0	-100.0%
15. Other Care	102,624	52,087	126,370	166,386	100,063	528,925	555,671	32.5%
16. Personal Care Support Services	56,359	40,452	55,980	45,847	39,184	55,644	79,338	5.9%
17. Home/Community Based Waiver Services	0	0	0	0	30	0	0	-100.0%
18. Prepaid Health Care	0	0	0	425,805	470,687	0	0	-100.0%
19. Primary Care Case Management (PCCM) Services	383,649	404,371	431,579	363,993	395,297	420,926	449,000	2.7%
Total*	466,417	489,325	531,533	581,606	624,722	707,792	734,959	7.9%

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

SOUTHERN REGION MEDICAID PROFILE

PAYMENTS BY TYPE OF SERVICES	FFY 99	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05	<i>Annual</i>	<i>Share of Total</i>
								<i>Change</i>	<i>FFY 05</i>
01. General Hospital	\$166,239,639	\$181,602,682	\$199,917,194	\$233,756,777	\$261,162,545	\$271,136,499	\$288,132,334	9.6%	10.8%
02. Mental Hospital	\$51,912,145	\$41,875,551	\$68,810,890	\$87,944,979	\$108,649,942	\$117,401,859	\$122,501,039	15.4%	4.6%
03. Skilled and Intermediate (non-MR) Care Nursing	\$229,645,982	\$285,612,665	\$284,583,476	\$411,569,354	\$444,032,516	\$352,839,240	\$429,558,828	11.0%	16.1%
04. Intermediate Care for Mentally Retarded	\$69,290,340	\$87,918,928	\$104,142,616	\$120,065,393	\$120,704,986	\$129,618,600	\$136,681,230	12.0%	5.1%
05. Physician Services	\$138,220,547	\$154,582,481	\$166,095,692	\$174,852,040	\$190,780,552	\$253,894,415	\$270,664,698	11.9%	10.2%
06. Dental Services	\$14,817,664	\$16,275,309	\$19,766,101	\$24,351,586	\$28,718,488	\$32,983,342	\$35,087,639	15.5%	1.3%
07. Other Practitioners	\$11,986,729	\$12,578,431	\$14,064,856	\$15,259,350	\$9,654,297	\$11,710,868	\$12,001,372	0.0%	0.5%
08. Outpatient Hospital	\$44,535,556	\$47,716,392	\$52,493,897	\$61,635,174	\$72,738,613	\$83,348,254	\$91,770,191	12.8%	3.4%
09. Clinic Services	\$179,272,026	\$166,264,401	\$207,728,405	\$240,911,804	\$270,590,082	\$300,175,005	\$335,768,280	11.0%	12.6%
10. Lab and X-Ray	\$12,092,233	\$12,605,188	\$14,202,822	\$17,313,698	\$19,434,043	\$25,484,001	\$25,263,565	13.1%	0.9%
11. Home Health	\$14,456,325	\$11,880,729	\$10,737,036	\$10,471,199	\$9,892,116	\$9,906,085	\$13,246,452	-1.4%	0.5%
12. Prescribed Drugs	\$182,862,001	\$209,933,612	\$248,392,084	\$279,879,349	\$325,295,608	\$396,483,799	\$450,363,313	16.2%	16.9%
13. Family Planning	\$1,731,320	\$1,323,208	\$1,777,398	\$3,948,344	\$4,123,990	\$2,442,306	\$2,445,229	5.9%	0.1%
14. Early & Periodic Screening, Diagnosis & Treatment	\$0	\$0	\$0	\$61,468,942	\$63,881,633	\$0	\$0	-100.0%	0.0%
15. Other Care	\$105,770,596	\$119,530,281	\$139,064,573	\$144,670,913	\$152,482,911	\$250,715,890	\$299,362,041	18.9%	11.2%
16. Personal Care Support Services	\$125,829,735	\$124,680,340	\$132,113,753	\$92,160,438	\$62,941,155	\$108,261,459	\$136,793,209	1.4%	5.1%
17. Home/ Community Based Waiver Services	\$0	\$0	\$0	\$0	\$139,569	\$0	\$0	-100.0%	0.0%
18. Prepaid Health Care	\$0	\$0	\$0	\$11,479,717	\$29,471,575	\$0	\$0	-100.0%	0.0%
19. Primary Care Case Management (PCCM) Services	\$16,760,279	\$35,699,644	\$20,826,973	\$9,545,124	\$10,779,126	\$11,750,907	\$12,804,909	-4.4%	0.5%
Total (excludes DSH pymts, pharmacy rebates, & other adjs.)	\$1,365,423,117	\$1,510,079,842	\$1,684,717,766	\$2,001,284,181	\$2,185,473,747	\$2,358,152,529	\$2,662,444,329	11.8%	100.0%

AVERAGE PAYMENTS PER RECIPIENT BY TYPE OF SERVICES

									<i>(+) or (-) SLC</i>
									<i>Avg. FFY 05</i>
01. General Hospital	\$2,254.22	\$2,494.85	\$2,494.60	\$2,758.35	\$2,440.22	\$2,664.58	\$2,801.10	3.7%	-46.5%
02. Mental Hospital	\$15,376.82	\$14,380.34	\$17,104.37	\$15,955.18	\$20,822.14	\$21,268.45	\$21,620.37	5.8%	16.8%
03. Skilled and Intermediate (non-MR) Care Nursing	\$11,094.54	\$14,035.02	\$14,315.06	\$19,923.00	\$21,714.14	\$12,228.43	\$15,856.15	6.1%	-36.7%
04. Intermediate Care for Mentally Retarded	\$37,698.77	\$47,730.15	\$57,158.41	\$66,371.14	\$66,394.38	\$40,442.62	\$43,934.82	2.6%	-48.7%
05. Physician Services	\$421.70	\$454.95	\$446.44	\$424.81	\$429.24	\$535.45	\$561.09	4.9%	-6.4%
06. Dental Services	\$236.12	\$240.17	\$248.51	\$252.25	\$257.49	\$261.63	\$263.50	1.8%	-27.8%
07. Other Practitioners	\$114.45	\$115.74	\$118.72	\$117.57	\$88.00	\$98.32	\$77.44	-6.3%	-72.0%
08. Outpatient Hospital	\$254.56	\$266.35	\$259.87	\$272.73	\$292.55	\$309.21	\$328.83	4.4%	-45.0%
09. Clinic Services	\$1,294.47	\$1,130.04	\$1,158.29	\$1,292.54	\$1,204.61	\$1,293.96	\$987.32	-4.4%	42.4%
10. Lab and X-Ray	\$88.85	\$93.06	\$99.72	\$105.11	\$112.12	\$132.28	\$102.79	2.5%	-52.4%
11. Home Health	\$1,466.31	\$1,357.33	\$1,295.96	\$1,331.03	\$1,206.80	\$852.80	\$1,978.56	5.1%	-44.5%
12. Prescribed Drugs	\$651.74	\$722.04	\$771.60	\$786.05	\$815.65	\$937.47	\$1,007.36	7.5%	-32.4%
13. Family Planning	\$490.04	\$459.77	\$493.58	\$170.72	\$163.31	\$581.92	\$517.51	0.9%	-63.1%
14. Early & Periodic Screening, Diagnosis & Treatment	\$0.00	\$0.00	\$0.00	\$557.86	\$531.21	\$0.00	\$0.00	n/a	n/a
15. Other Care	\$1,030.66	\$2,294.82	\$1,100.46	\$869.49	\$1,523.87	\$474.01	\$538.74	-10.2%	-71.3%
16. Personal Care Support Services	\$2,232.65	\$3,082.18	\$2,360.02	\$2,010.17	\$1,606.30	\$1,945.61	\$1,724.18	-4.2%	17.1%
17. Home/ Community Based Waiver Services	\$0.00	\$0.00	\$0.00	\$0.00	\$4,652.30	\$0.00	\$0.00	n/a	n/a
18. Prepaid Health Care	\$0.00	\$0.00	\$0.00	\$26.96	\$62.61	\$0.00	\$0.00	-100.0%	-100.0%
19. Primary Care Case Management (PCCM) Services	\$43.69	\$88.28	\$48.26	\$26.22	\$27.27	\$27.92	\$28.52	-6.9%	4.4%
Total (Average)	\$2,927.47	\$3,086.05	\$3,169.55	\$3,440.96	\$3,498.31	\$3,331.70	\$3,622.58	3.6%	-17.9%
TOTAL PER CAPITA EXPENDITURES	\$616.68	\$664.19	\$768.27	\$918.38	\$926.78	\$1,014.29	\$1,052.02	9.3%	14.0%

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>	<i>Annual Change</i>	<i>Share of Total FFY 05</i>
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	147,556	148,933	142,944	160,829	160,471	151,557	154,043	0.7%	21.0%
Poverty Related Eligibles	126,943	238,416	172,911	235,568	273,833	287,384	324,475	16.9%	44.1%
Medically Needy	29,024	25,630	20,411	14,797	15,220	12,000	11,129	-14.8%	1.5%
Other Eligibles	136,497	51,106	164,117	59,041	59,384	177,107	245,312	10.3%	33.4%
Maintenance Assistance Status Unknown	26,397	25,240	31,150	111,371	115,814	79,744	0	-100.0%	0.0%
Total	466,417	489,325	531,533	581,606	624,722	707,792	734,959	7.9%	100.0%
By Basis of Eligibility									
Aged, Blind, or Disabled	146,855	146,401	146,337	157,912	163,416	154,931	171,735	2.6%	23.4%
Children	202,434	223,522	256,837	258,698	364,287	344,619	380,616	11.1%	51.8%
Foster Care Children	4,850	5,427	5,735	6,936	6,871	6,181	6,434	4.8%	0.9%
Adults	85,881	88,735	91,474	46,686	90,147	121,917	175,669	12.7%	23.9%
Basis of Eligibility Unknown	26,397	25,240	31,150	111,374	1	80,144	505	-48.3%	0.1%
Total	466,417	489,325	531,533	581,606	624,722	707,792	734,959	7.9%	100.0%
By Age									
Under Age 1	16,275	16,635	18,151	19,999	20,207	21,862	24,517	7.1%	3.3%
Age 1 to 5	78,069	83,088	93,749	111,186	120,663	121,102	129,828	8.8%	17.7%
Age 6 to 14	102,944	112,727	128,330	153,335	166,284	173,342	189,751	10.7%	25.8%
Age 15 to 20	56,483	61,727	67,906	81,206	88,270	90,659	105,739	11.0%	14.4%
Age 21 to 44	91,536	94,261	96,354	110,957	119,929	118,769	167,219	10.6%	22.8%
Age 45 to 64	35,054	36,216	37,688	43,325	46,860	46,200	53,969	7.5%	7.3%
Age 65 to 74	20,660	20,740	20,247	20,789	21,586	20,351	23,811	2.4%	3.2%
Age 75 to 84	21,506	21,383	21,140	22,178	22,213	20,223	22,713	0.9%	3.1%
Age 85 and Over	17,505	17,320	16,830	18,631	18,710	15,541	17,412	-0.1%	2.4%
Age Unknown	26,385	25,228	31,138	0	0	79,743	0	-100.0%	0.0%
Total	466,417	489,325	531,533	581,606	624,722	707,792	734,959	7.9%	100.0%
By Race									
White	282,561	296,433	321,928	353,884	380,040	386,821	454,906	8.3%	61.9%
Black	155,852	162,127	176,206	184,594	193,487	192,733	216,649	5.6%	29.5%
Hispanic, American Indian or Asian	7,959	10,663	11,471	20,720	26,817	48,495	63,404	41.3%	8.6%
Other/Unknown	20,045	20,102	21,928	22,408	24,378	79,743	0	-100.0%	0.0%
Total*	466,417	489,325	531,533	581,606	624,722	707,792	734,959	7.9%	100.0%
By Sex									
Female	292,521	304,454	330,687	352,282	377,510	377,411	456,298	7.7%	62.1%
Male	172,793	184,750	200,629	229,090	246,341	249,080	276,670	8.2%	37.6%
Unknown	1,103	122	217	234	871	81,301	1,991	10.3%	0.3%
Total	466,417	489,325	531,533	581,606	624,722	707,792	734,959	7.9%	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	\$632,206,794	\$666,324,196	\$730,986,625	\$821,092,916	\$869,100,814	\$947,266,235	\$1,038,136,550	8.6%	39.0%
Poverty Related Eligibles	\$174,523,368	\$253,301,116	\$242,847,484	\$346,533,100	\$417,780,177	\$507,673,860	\$570,856,720	21.8%	21.4%
Medically Needy	\$58,773,338	\$57,701,019	\$55,578,469	\$46,371,147	\$51,864,561	\$54,313,926	\$54,997,983	-1.1%	2.1%
Other Eligibles	\$482,629,237	\$518,240,326	\$635,740,058	\$715,255,691	\$762,112,544	\$815,755,911	\$961,724,860	12.2%	36.1%
Maintenance Assistance Status Unknown	\$17,290,380	\$14,513,185	\$19,565,130	\$72,031,327	\$84,615,651	\$33,142,597	\$36,728,216	n/a	1.4%
Total	\$1,365,423,117	\$1,510,079,842	\$1,684,717,766	\$2,001,284,181	\$2,185,473,747	\$2,358,152,529	\$2,662,444,329	11.8%	100.0%
By Basis of Eligibility									
Aged, Blind or Disabled	\$987,423,406	\$1,107,973,513	\$1,206,890,177	\$1,425,140,063	\$1,531,657,304	\$1,591,966,359	\$1,812,408,200	10.7%	68.1%
Children	\$241,812,906	\$262,785,694	\$314,570,015	\$376,832,033	\$497,294,044	\$521,092,007	\$578,037,301	15.6%	21.7%
Foster Care Children	\$30,104,004	\$29,752,919	\$38,663,242	\$45,564,122	\$43,756,351	\$44,483,216	\$49,358,388	8.6%	1.9%
Adults	\$88,792,421	\$95,054,531	\$105,029,202	\$81,710,777	\$112,763,334	\$162,442,287	\$180,131,430	12.5%	6.8%
Basis of Eligibility Unknown	\$17,290,380	\$14,513,185	\$19,565,130	\$72,037,186	\$2,714	\$38,168,660	\$42,509,010	n/a	1.6%
Total	\$1,365,423,117	\$1,510,079,842	\$1,684,717,766	\$2,001,284,181	\$2,185,473,747	\$2,358,152,529	\$2,662,444,329	11.8%	100.0%
By Age									
Under Age 1	\$51,741,196	\$60,788,955	\$64,729,966	\$80,286,522	\$83,909,961	\$92,294,988	\$100,207,639	11.6%	3.8%
Age 1 to 5	\$160,525,673	\$170,247,526	\$194,577,536	\$224,120,406	\$247,794,901	\$271,490,606	\$289,887,307	10.4%	10.9%
Age 6 to 14	\$155,005,374	\$160,226,061	\$203,690,069	\$249,556,847	\$273,263,014	\$303,930,478	\$338,606,388	13.9%	12.7%
Age 15 to 20	\$108,347,735	\$116,714,456	\$140,132,414	\$181,624,235	\$211,356,444	\$227,485,359	\$260,464,001	15.7%	9.8%
Age 21 to 44	\$257,741,554	\$281,573,213	\$318,574,809	\$362,992,945	\$391,157,902	\$425,098,603	\$466,039,678	10.4%	17.5%
Age 45 to 64	\$199,268,169	\$225,192,388	\$255,947,487	\$308,256,998	\$346,303,919	\$386,788,015	\$442,112,240	14.2%	16.6%
Age 65 to 74	\$99,769,182	\$113,345,064	\$114,563,471	\$131,227,070	\$141,139,694	\$159,626,596	\$185,823,688	10.9%	7.0%
Age 75 to 84	\$148,227,792	\$172,546,148	\$176,720,727	\$213,874,550	\$226,516,838	\$221,985,679	\$258,985,245	9.7%	9.7%
Age 85 and Over	\$167,489,321	\$194,928,037	\$196,212,819	\$249,344,608	\$264,031,071	\$236,309,617	\$283,589,927	9.2%	10.7%
Age Unknown	\$17,307,121	\$14,517,994	\$19,568,468	\$0	\$3	\$33,142,588	\$36,728,216	n/a	1.4%
Total	\$1,365,423,117	\$1,510,079,842	\$1,684,717,766	\$2,001,284,181	\$2,185,473,747	\$2,358,152,529	\$2,662,444,329	11.8%	100.0%
By Race									
White	\$1,066,797,321	\$981,314,155	\$1,099,758,919	\$1,305,570,207	\$1,428,210,114	\$1,538,605,849	\$1,739,789,154	8.5%	65.3%
Black	\$422,434,411	\$390,814,103	\$437,023,703	\$499,477,618	\$539,651,359	\$608,797,004	\$676,197,216	8.2%	25.4%
Hispanic, American Indian or Asian	\$14,235,308	\$17,019,449	\$19,256,593	\$31,389,363	\$38,766,655	\$177,607,088	\$209,729,743	56.6%	7.9%
Other/ Unknown	(\$138,043,923)	\$120,932,135	\$128,678,551	\$164,846,993	\$178,845,619	\$33,142,588	\$36,728,216	n/a	1.4%
Total*	\$1,365,423,117	\$1,510,079,842	\$1,684,717,766	\$2,001,284,181	\$2,185,473,747	\$2,358,152,529	\$2,662,444,329	11.8%	100.0%
By Sex									
Female	\$943,850,995	\$902,802,265	\$1,009,701,810	\$1,176,603,655	\$1,279,453,295	\$1,338,307,521	\$1,516,443,225	8.2%	57.0%
Male	\$666,433,302	\$606,807,796	\$680,965,619	\$824,133,799	\$903,981,296	\$984,108,803	\$1,105,837,940	8.8%	41.5%
Unknown	(\$244,861,180)	\$469,781	(\$5,949,663)	\$546,727	\$2,039,156	\$35,736,205	\$40,163,164	n/a	1.5%
Total	\$1,365,423,117	\$1,510,079,842	\$1,684,717,766	\$2,001,284,181	\$2,185,473,747	\$2,358,152,529	\$2,662,444,329	11.8%	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	\$4,284.52	\$4,473.99	\$5,113.80	\$5,105.38	\$5,415.94	\$6,250.23	\$6,739.26	7.8%	15.4%
Poverty Related Eligibles	\$1,374.82	\$1,062.43	\$1,404.47	\$1,471.05	\$1,525.68	\$1,766.53	\$1,759.32	4.2%	-16.3%
Medically Needy	\$2,024.99	\$2,251.31	\$2,722.97	\$3,133.82	\$3,407.66	\$4,526.16	\$4,941.86	16.0%	-37.3%
Other Eligibles	\$3,535.82	\$10,140.50	\$3,873.70	\$12,114.56	\$12,833.63	\$4,606.01	\$3,920.42	1.7%	-49.2%
Maintenance Assistance Status Unknown	\$655	\$575	\$628	\$647	\$730.62	\$415.61	\$0.00	n/a	-100.0%
Total	\$2,927	\$3,086	\$3,170	\$3,441	\$3,498.31	\$3,331.70	\$3,622.58	3.6%	-17.9%
By Basis of Eligibility									
Aged, Blind or Disabled	\$6,724	\$7,568	\$8,247	\$9,025	\$9,372.75	\$10,275.32	\$10,553.52	7.8%	-11.8%
Children	\$1,195	\$1,176	\$1,225	\$1,457	\$1,365.12	\$1,512.08	\$1,518.69	4.1%	-1.5%
Foster Care Children	\$6,207	\$5,482	\$6,742	\$6,569	\$6,368.27	\$7,196.77	\$7,671.49	3.6%	10.1%
Adults	\$1,034	\$1,071	\$1,148	\$1,750	\$1,250.88	\$1,332.40	\$1,025.40	-0.1%	-64.4%
Basis of Eligibility Unknown	\$655	\$575	\$628	\$647	\$2,714.00	\$476.25	\$84,176.26	n/a	2333.9%
Total	\$2,927	\$3,086	\$3,170	\$3,441	\$3,498.31	\$3,331.70	\$3,622.58	3.6%	-17.9%
By Age									
Under Age 1	\$3,179	\$3,654	\$3,566	\$4,015	\$4,152.52	\$4,221.71	\$4,087.27	4.3%	10.9%
Age 1 to 5	\$2,056	\$2,049	\$2,076	\$2,016	\$2,053.61	\$2,241.83	\$2,232.86	1.4%	20.1%
Age 6 to 14	\$1,506	\$1,421	\$1,587	\$1,628	\$1,643.35	\$1,753.36	\$1,784.48	2.9%	0.8%
Age 15 to 20	\$1,918	\$1,891	\$2,064	\$2,237	\$2,394.43	\$2,509.24	\$2,463.27	4.3%	-11.6%
Age 21 to 44	\$2,816	\$2,987	\$3,306	\$3,271	\$3,261.58	\$3,579.21	\$2,787.00	-0.2%	-46.5%
Age 45 to 64	\$5,685	\$6,218	\$6,791	\$7,115	\$7,390.18	\$8,372.03	\$8,191.97	6.3%	-26.6%
Age 65 to 74	\$4,829	\$5,465	\$5,658	\$6,312	\$6,538.48	\$7,843.67	\$7,804.11	8.3%	-7.3%
Age 75 to 84	\$6,892	\$8,069	\$8,360	\$9,644	\$10,197.49	\$10,976.89	\$11,402.51	8.8%	-6.4%
Age 85 and Over	\$9,568	\$11,255	\$11,659	\$13,383	\$14,111.76	\$15,205.56	\$16,287.04	9.3%	-13.2%
Age Unknown	\$656	\$575	\$628	\$0	\$0.00	\$415.62	\$0.00	n/a	-100.0%
Total	\$2,927	\$3,086	\$3,170	\$3,441	\$3,498.31	\$3,331.70	\$3,622.58	3.6%	-17.9%
By Race									
White	\$3,775	\$3,310	\$3,416	\$3,689	\$3,758.05	\$3,977.57	\$3,824.50	0.2%	-30.1%
Black	\$2,710	\$2,411	\$2,480	\$2,706	\$2,789.08	\$3,158.76	\$3,121.16	2.4%	-17.9%
Hispanic, American Indian or Asian	\$1,789	\$1,596	\$1,679	\$1,515	\$1,445.60	\$3,662.38	\$3,307.83	10.8%	14.0%
Other/ Unknown	(\$6,887)	\$6,016	\$5,868	\$7,357	\$7,336.35	\$415.62	\$0.00	n/a	-100.0%
Total	\$2,927	\$3,086	\$3,170	\$3,441	\$3,498.31	\$3,331.70	\$3,622.58	3.6%	-17.9%
By Sex									
Female	\$3,227	\$2,965	\$3,053	\$3,340	\$3,389.19	\$3,546.02	\$3,323.36	0.5%	-27.5%
Male	\$3,857	\$3,284	\$3,394	\$3,597	\$3,669.63	\$3,950.97	\$3,996.96	0.6%	-8.1%
Unknown	(\$221,996)	\$3,865	(\$27,418)	\$2,336	\$2,341.17	\$439.55	\$20,172.36	n/a	496.8%
Total	\$2,927	\$3,086	\$3,170	\$3,441	\$3,498.31	\$3,331.70	\$3,622.58	3.6%	-17.9%

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

Several Demonstrations and Waivers have established a coordinated system of Medicaid services and providers. These include the following:

- The Primary Care Case Management Program, under Title XIX, Section 1915 (b), of the Social Security Act, which also provides case-management services for most beneficiaries, except for dual Medicare/Medicaid eligibles, has been operating since February, 1994. Under this program, Medicaid recipients must select a primary care physician (PCP). Currently, approximately 320,000 Medicaid recipients are enrolled in the PCP managed care program.
- The Non-Emergency Transportation Waiver, under Title XIX, Section 1915(b), of the Social Security Act, which requires beneficiaries to use the contracted transportation broker in their area for non-emergency transportation services, was implemented March 1, 1998.
- The Women's Health Demonstration (family planning services), under Section 1115 of the Social Security Act, which provides services for women of childbearing age who have a family income at or below 200%* of the federal poverty guidelines, was implemented September 1, 1997. *Increased from 133% to 200% FPL, effective August 1, 2003.
- ARKids First-B Demonstration, 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, was implemented September 1, 1997. Includes provisions for copayments/coinsurance for most services. "Well health" services are excluded from cost-sharing requirements.
- Independent Choices, a cash and counseling demonstration operating under Section 1115 of the Social Security Act, was implemented November 1, 1998. This demonstration offers cash allowance and counseling services in lieu of traditionally provided personal care services.
- TEFRA, a demonstration operating under Section 1115 of the Social Security Act, provides the full range of Medicaid services to children age 18 and under who have a substantial disability. The demonstration, implemented January 1, 2003, requires a family sliding-scale premium for families whose income is greater than \$25,000 per year.

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 - Alternative Community Services waiver: Serves beneficiaries who meet the ICF/MR nursing home level of care and who experience various health and social problems. It has been operating since July 1, 1991.
- Aged and Disabled, ElderChoices: Serves 5,478 people, operating since July 1, 1991.
- Home and Community Based Waiver, Alternatives for Adults with Physical Disabilities, which provides services to the physically disabled on SSI and other individuals in need of nursing home level of care, ages 21 through 64, serves 1,110 people. Implemented July 1, 1997.
- Alternatives for Adults with Physical Disabilities HCBS 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.
- Living Choices Assisted Living HCBS waiver, implemented January 1, 2003, offers an alternative to private dwelling or nursing home care. Bundled Medicaid services are provided to beneficiaries in an Assisted Living Facility.

Managed Care

- Any Willing Provider Clause: No

SOUTHERN REGION MEDICAID PROFILE

Coverage for Targeted Population

- The Uninsured: Arkansas does not have an indigent care program.

Cost Containment Measures

- Certificate of Need Program and moratorium on expansion of nursing home and residential care beds are no longer in effect.

Medicaid

- 40 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 Implemented December 1, 2001. (Federal option made available by the Breast and Cervical Cancer Prevention and Treatment Act of 2000).
- Enacted legislation in 2001 that authorizes the Arkansas Department of Health and Human Services to apply for a Medicaid waiver to provide for a limited pharmacy benefit for Medicare-eligible individuals who do not have prescription drug coverage. CMS did not approve the waiver; they suggested a Medicaid State Plan Amendment (SPA). The SPA to provide the full range of benefits to individuals age 65 and older at 75% of the FPL was implemented November 1, 2002; increased to 80% FPL effective January 1, 2003.
- Enacted additional legislation in 2001 relative to Medicaid eligibility as follows:
 1. Prohibits eligibility regulations for ARKids from including an assets or resource test for children or families of children age 18 or younger. Implemented 8/13/01.
 2. Continues Medicaid and food stamp benefits without the need for reapplication for families sanctioned for non-compliance with the requirements of the Transitional Employment Assistance Program (TANF program), for as long as the family remains eligible under the Medicaid and Food Stamp programs.

Children's Health Insurance Program: Medicaid Expansion

- The State had a 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 last child aged out of the program on 9/30/02.
- 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 beneficiaries and to modify the 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 co-payments 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, withdrawn 4-15-04, was replaced by the SPA submitted on 4/1/04.
- The State submitted a SPA on 4/1/04 to add the unborn child option as a separate state program; and to reflect that CMS authorized the State to use SCHIP funds for ARKids-B beneficiaries (Medicaid 1115 demonstration) that meet the definition of an SCHIP targeted-low-income child: it was approved June 30, 2004; the funding authorization was implemented retroactively; and the unborn child portion was implemented on July 1, 2004.

Cost sharing requirements for the ARKids B are as follows:

\$5 co-payment for prescription drugs;

\$10 co-payment for doctor's office visits other than well-child visits;

20% of the Medicaid allowed amount for durable medical equipment; and

20% of the Medicaid per diem cost for the first inpatient day.