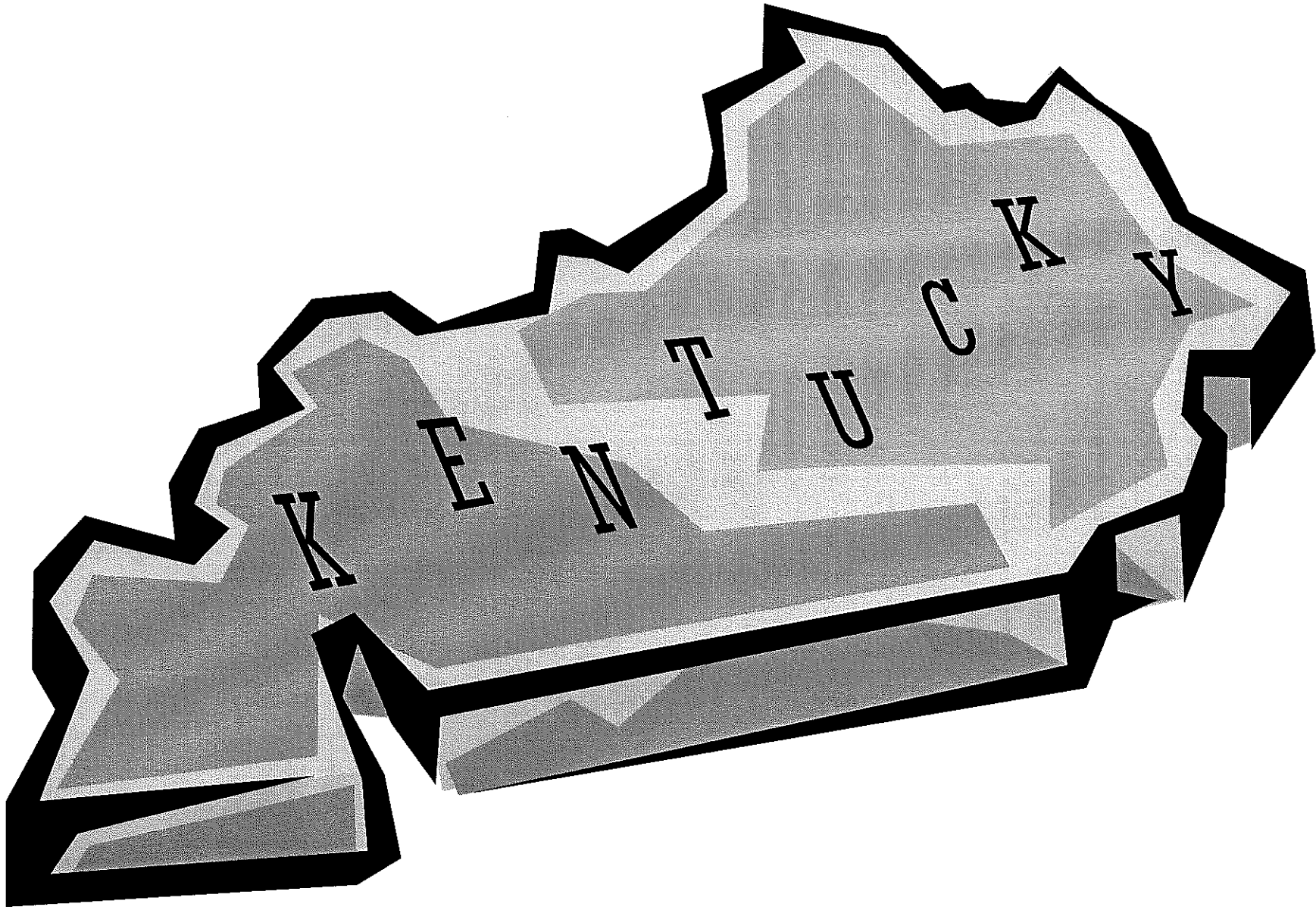
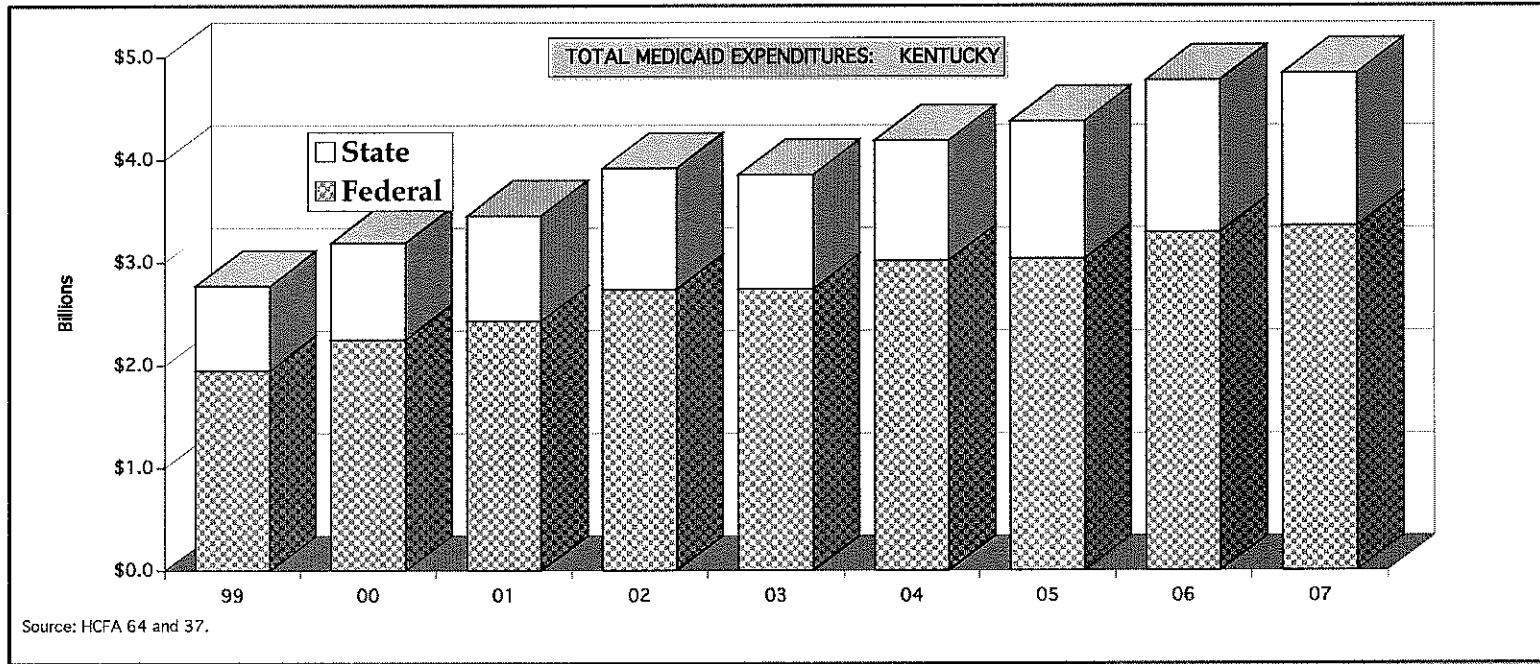


STATE MEDICAID PROFILE



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	\$2,697,336,889	\$3,094,832,031	\$3,364,490,045	\$3,823,465,694	\$3,753,565,564	\$4,086,404,587	\$4,253,083,096	\$4,615,618,000	\$4,689,672,000	7.2%	73.9%
Federal Share	\$1,907,514,929	\$2,190,728,391	\$2,375,932,336	\$2,682,138,350	\$2,682,947,801	\$2,957,814,195	\$2,968,564,303	\$3,197,543,000	\$3,263,831,000	6.9%	71.1%
State Share	\$789,821,960	\$904,103,640	\$988,557,709	\$1,141,327,344	\$1,070,617,763	\$1,128,590,392	\$1,284,518,793	\$1,418,075,000	\$1,425,841,000	7.7%	80.5%
Administrative Costs	\$82,702,943	\$101,052,332	\$94,086,870	\$100,440,133	\$106,527,425	\$104,002,696	\$125,336,656	\$163,375,000	\$154,372,000	8.1%	86.7%
Federal Share	\$48,067,997	\$61,318,656	\$56,046,971	\$60,021,963	\$64,305,180	\$66,403,343	\$70,298,840	\$101,694,000	\$91,984,000	8.5%	91.4%
State Share	\$34,634,946	\$39,733,676	\$38,039,899	\$40,418,170	\$42,222,245	\$37,599,353	\$55,037,816	\$61,681,000	\$62,388,000	7.6%	80.1%
Admin. Costs as % of Payments	3.07%	3.27%	2.80%	2.63%	2.84%	2.55%	2.95%	3.54%	3.29%		
Federal Match Rate*	70.53%	70.55%	70.39%	69.94%	69.89%	70.09%	69.60%	69.26%	69.58%		

*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

<u>STATE FINANCING</u>	<u>Payments</u>		<u>Administration</u>	
	<u>FFY 99</u>	<u>FFY 05</u>	<u>FFY 99</u>	<u>FFY 05</u>
State General Fund	\$789,821,960	\$1,103,668,294	\$34,634,946	\$55,037,816
Local Funds	\$0	\$0	\$0	\$0
Provider Taxes	\$0	\$180,850,499	\$0	\$0
Donations	\$0	\$0	\$0	\$0
Other	\$0	\$0	\$0	\$0
Total State Share	\$789,821,960	\$1,284,518,793	\$34,634,946	\$55,037,816

<u>Provider Taxes Currently in Place (FFY 05)</u>		
	<u>Tax Rate</u>	<u>Amt. Generated</u>
Hospitals	2.50%	\$147,728,833
Physicians	0.00%	\$0
Home Health	2.00%	\$5,845,067
ICF/MR	5.50%	\$2,171,975
Nurse Fac	6.00%	\$25,104,624
Total		\$180,850,499

DISPROPORTIONATE SHARE HOSPITAL (DSH) PAYMENTS

	<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>FFY 06**</u>	<u>FFY 07**</u>	<u>Annual Change</u>
General Hospitals	\$154,172,283	\$150,069,000	\$154,679,034	\$159,937,965	\$136,322,555	\$157,682,934	\$158,802,714	\$159,573,000	\$159,573,000	0.5%
Mental Hospitals	\$35,817,792	\$35,177,066	\$36,470,274	\$26,187,685	\$32,142,175	\$37,178,530	\$37,430,614	\$37,624,000	\$37,624,000	0.5%
Total	\$189,990,075	\$185,246,066	\$191,149,308	\$186,125,650	\$168,464,730	\$194,861,464	\$196,233,328	\$197,197,000	\$197,197,000	0.5%

SELECTED ELIGIBILITY CRITERIA

	<u>At 10/1/05</u>	<u>% of FPL*</u>
TANF-Temporary Assistance for Needy Families (Family of 3)		
Need Standard	\$526	40.3%
Payment Standard	\$262	20.1%
Maximum Payment	\$262	20.1%
Medically Needy Program (Family of 3)		
Income Eligibility Standard	\$308	
Resource Standard	\$2,100	
Pregnant Women, Children and Infants (% of FPL*)		
Pregnant women and infants		185.0%
Children 1 to 5		133.0%
Children 6 to 18		100
SSI Eligibility Levels		
Income:		
Single Person	\$564	72.7%
Couple	\$946	90.9%
Resources:		
Single Person	\$2,000	
Couple	\$4,000	

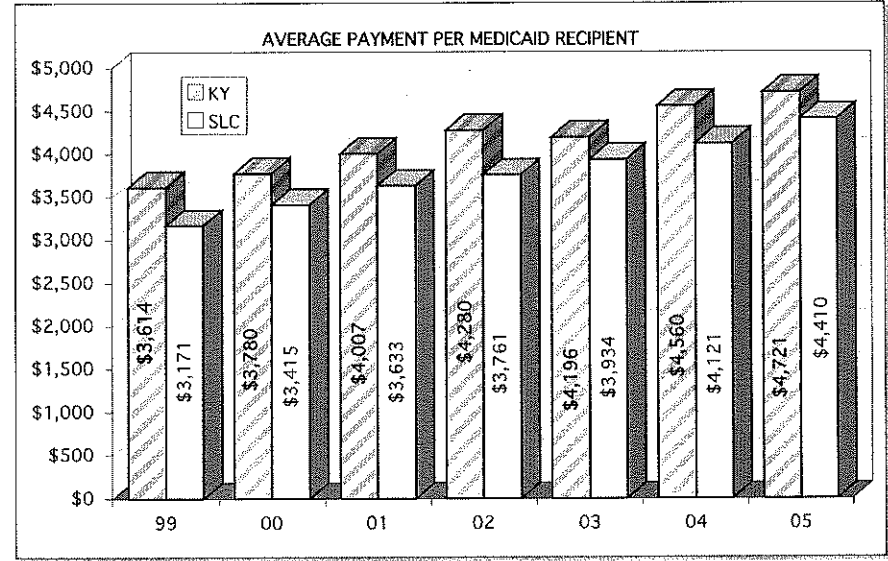
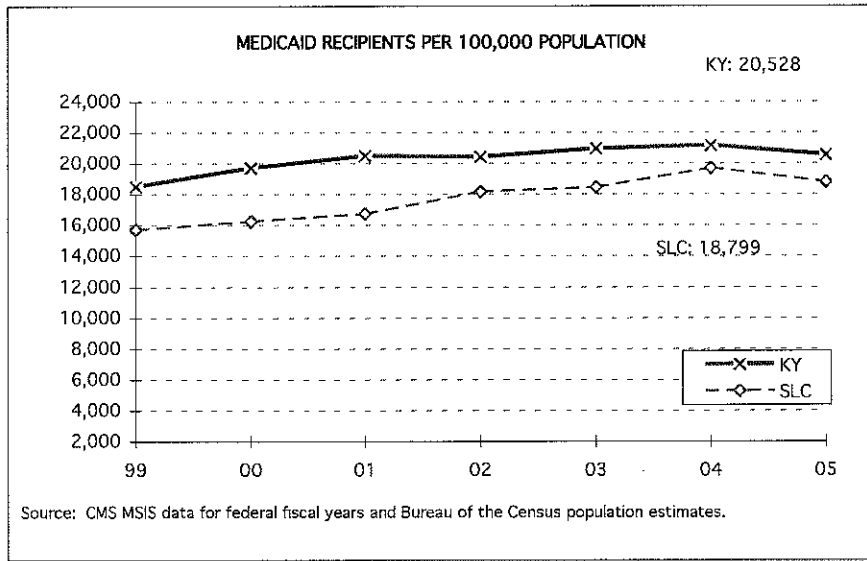
DEMOGRAPHIC DATA & POVERTY INDICATORS (2005)

	<u>Value</u>	<u>Rank in U.S.</u>
State population—July 1, 2005*	4,172,608	26
Per capita personal income**	\$28,317	43
Median household income**	\$37,566	45
Population below Federal Poverty Level on July 1, 2003*	650,927	
Percent of total state population	15.6%	6
Population without health insurance coverage*	514,000	27
Percent of total state population	12.3%	25
Recipients of Food Stamps***	589,102	14
Households receiving Food Stamps***	245,707	14
Total value of issuance***	\$645,357,318	15
Average monthly benefit per recipient	\$91.29	28
Average monthly benefit per household	\$218.88	
Monthly recipients of Temporary Assistance to Needy Families (TANF)****	67,790	16
Total TANF payments****	\$51,469,786	36
Average monthly payment per recipient	\$63.27	36
Maximum monthly payment per family of 3	\$262.00	43

*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)

RECIPIENTS BY TYPE OF SERVICES

	FFY 99	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05	Annual Change
01. General Hospital	118,705	92,763	112,781	93,954	75,869	72,995	67,993	-8.9%
02. Mental Hospital	6,919	4,281	4,224	4,195	3,994	4,181	4,303	-7.6%
03. Skilled and Intermediate (non-MR) Care Nursing	27,739	30,444	33,045	31,161	27,382	26,736	28,533	0.5%
04. Intermediate Care for Mentally Retarded	1,193	1,163	1,016	935	930	850	787	-6.7%
05. Physician Services	369,105	417,972	470,350	481,959	495,220	519,131	506,188	5.4%
06. Dental Services	114,895	132,448	157,173	164,759	175,189	196,283	191,400	8.9%
07. Other Practitioners	93,690	117,505	153,801	155,402	161,537	178,424	175,248	11.0%
08. Outpatient Hospital	255,354	292,654	333,250	349,128	353,352	377,441	361,313	6.0%
09. Clinic Services	156,019	144,334	160,374	178,944	214,674	245,364	250,422	8.2%
10. Lab and X-Ray	197,741	218,297	253,391	272,594	278,526	308,879	305,694	7.5%
11. Home Health	20,282	21,988	23,390	23,070	21,234	20,045	20,109	-0.1%
12. Prescribed Drugs	372,254	427,514	475,365	489,416	512,351	537,941	532,122	6.1%
13. Family Planning	5,382	4,319	4,608	4,123	4,063	4,880	4,140	-4.3%
14. Early & Periodic Screening, Diagnosis & Treatment	0	0	0	0	0	0	0	n/a
15. Other Care	221,371	229,707	289,334	315,330	323,277	343,374	294,698	4.9%
16. Personal Care Support Services	31,355	41,198	55,543	76,868	85,215	93,980	95,886	20.5%
17. Home/Community Based Waiver Services	0	0	0	0	13,495	0	0	-100.0%
18. Prepaid Health Care	601,115	699,602	745,940	730,920	777,932	778,321	790,240	4.7%
19. Primary Care Case Management (PCCM) Services	0	321	402,253	437,677	462,350	453,139	452,003	326.3%
Total*	718,979	770,536	807,435	808,294	847,943	860,508	856,566	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.

SOUTHERN REGION MEDICAID PROFILE

<u>PAYMENTS 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</u>	<u>Share of Total</u>
								<u>Change</u>	<u>FFY 05</u>
01. General Hospital	\$237,801,108	\$263,184,467	\$329,486,270	\$342,098,283	\$335,771,489	\$398,296,189	\$388,145,550	8.5%	9.6%
02. Mental Hospital	\$42,708,047	\$43,386,622	\$45,645,516	\$50,959,253	\$51,474,624	\$52,582,129	\$49,226,623	2.4%	1.2%
03. Skilled and Intermediate (non-MR) Care Nursing	\$509,667,816	\$555,718,129	\$565,631,267	\$581,096,867	\$602,189,547	\$616,808,606	\$728,126,257	6.1%	18.0%
04. Intermediate Care for Mentally Retarded	\$85,556,428	\$83,538,075	\$94,291,645	\$97,873,304	\$110,771,071	\$106,736,998	\$106,923,082	3.8%	2.6%
05. Physician Services	\$149,241,730	\$162,639,256	\$199,587,354	\$207,825,661	\$210,404,038	\$232,711,746	\$222,442,986	6.9%	5.5%
06. Dental Services	\$25,500,108	\$29,705,366	\$45,996,404	\$48,179,358	\$52,052,674	\$56,908,811	\$55,492,309	13.8%	1.4%
07. Other Practitioners	\$17,880,627	\$22,435,246	\$32,347,161	\$34,739,682	\$34,210,496	\$36,287,069	\$31,884,236	10.1%	0.8%
08. Outpatient Hospital	\$226,742,312	\$251,930,215	\$282,267,157	\$271,712,521	\$273,737,802	\$268,951,578	\$265,790,897	2.7%	6.6%
09. Clinic Services	\$98,987,214	\$106,322,724	\$119,699,294	\$133,056,530	\$147,698,202	\$187,458,968	\$195,553,110	12.0%	4.8%
10. Lab and X-Ray	\$24,197,400	\$25,809,754	\$33,215,049	\$34,572,386	\$40,853,378	\$53,734,609	\$54,563,640	14.5%	1.3%
11. Home Health	\$67,451,501	\$75,348,484	\$79,240,064	\$70,087,392	\$59,924,107	\$56,142,682	\$52,894,687	-4.0%	1.3%
12. Prescribed Drugs	\$359,671,170	\$465,178,958	\$598,093,343	\$661,409,737	\$693,988,604	\$812,180,180	\$780,430,366	13.8%	19.3%
13. Family Planning	\$5,599,636	\$5,415,861	\$5,184,049	\$5,625,089	\$5,959,334	\$8,696,049	\$7,683,124	5.4%	0.2%
14. Early & Periodic Screening, Diagnosis & Treatment	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a	0.0%
15. Other Care	\$273,220,554	\$325,631,012	\$386,269,307	\$448,881,876	\$444,954,512	\$465,767,519	\$474,621,855	9.6%	11.7%
16. Personal Care Support Services	\$25,256,004	\$25,798,449	\$30,985,533	\$38,067,460	\$38,152,644	\$45,867,444	\$47,680,550	11.2%	1.2%
17. Home/Community Based Waiver Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a	1.2%
18. Prepaid Health Care	\$448,635,149	\$467,047,231	\$374,067,752	\$417,635,942	\$439,584,361	\$507,907,833	\$565,671,159	3.9%	14.0%
19. Primary Case Management (PCCM) Services	\$0	\$3,702,440	\$13,065,788	\$15,544,240	\$16,093,300	\$16,720,972	\$16,500,202	34.8%	0.4%
Total (excludes DSH pymts, pharmacy rebates, & other adjs.)	\$2,598,116,804	\$2,912,792,289	\$3,235,072,953	\$3,459,365,581	\$3,557,820,183	\$3,923,759,382	\$4,043,630,633	7.7%	100.0%

AVERAGE PAYMENTS PER RECIPIENT BY TYPE OF SERVICES

								<u>(+) or (-) SLC</u>	<u>Avg. FFY 05</u>
01. General Hospital	\$2,003.29	\$2,837.17	\$2,921.47	\$3,641.13	\$4,425.67	\$5,456.49	\$5,708.61	19.1%	8.9%
02. Mental Hospital	\$6,172.58	\$10,134.69	\$10,806.23	\$12,147.62	\$12,887.99	\$12,576.45	\$11,440.07	10.8%	-38.2%
03. Skilled and Intermediate (non-MR) Care Nursing	\$18,373.69	\$18,253.78	\$17,117.00	\$18,648.21	\$21,992.17	\$23,070.34	\$25,518.74	5.6%	1.9%
04. Intermediate Care for Mentally Retarded	\$71,715.36	\$71,829.82	\$92,806.74	\$104,677.33	\$119,108.68	\$125,572.94	\$135,861.60	11.2%	58.6%
05. Physician Services	\$404.33	\$389.12	\$424.34	\$431.21	\$424.87	\$448.27	\$439.45	1.4%	-26.7%
06. Dental Services	\$221.94	\$224.28	\$292.65	\$292.42	\$297.12	\$289.93	\$289.93	4.6%	-20.5%
07. Other Practitioners	\$190.85	\$190.93	\$210.32	\$223.55	\$211.78	\$203.38	\$181.94	-0.8%	-34.1%
08. Outpatient Hospital	\$887.95	\$860.85	\$847.01	\$778.26	\$774.69	\$712.57	\$735.63	-3.1%	23.1%
09. Clinic Services	\$634.46	\$736.64	\$746.38	\$743.57	\$688.01	\$764.00	\$780.89	3.5%	12.6%
10. Lab and X-Ray	\$122.37	\$118.23	\$131.08	\$126.83	\$146.68	\$173.97	\$178.49	6.5%	-17.4%
11. Home Health	\$3,325.68	\$3,426.80	\$3,387.78	\$3,038.03	\$2,822.08	\$2,800.83	\$2,630.40	-3.8%	-26.2%
12. Prescribed Drugs	\$966.20	\$1,088.10	\$1,258.18	\$1,351.43	\$1,354.52	\$1,509.79	\$1,466.64	7.2%	-1.6%
13. Family Planning	\$1,040.44	\$1,253.96	\$1,125.01	\$1,364.32	\$1,466.73	\$1,781.98	\$1,855.83	10.1%	32.2%
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	\$1,234.22	\$1,417.59	\$1,335.03	\$1,423.53	\$1,376.39	\$1,356.44	\$1,610.54	4.5%	-14.2%
16. Personal Care Support Services	\$805.49	\$626.21	\$557.87	\$0.00	\$0.00	\$0.00	\$0.00	-100.0%	-100.0%
17. Home/Community Based Waiver Services	\$0.00	\$0.00	\$0.00	\$0.00	\$2,827.17	\$0.00	\$0.00	n/a	n/a
18. Prepaid Health Care	\$746.34	\$667.59	\$501.47	\$571.38	\$565.07	\$652.57	\$715.82	-0.7%	-34.8%
19. Primary Care Case Management (PCCM) Services	\$0.00	\$11,534.08	\$32.48	\$35.52	\$34.81	\$36.90	\$36.50	-68.4%	33.6%
Total (Average)	\$3,613.62	\$3,780.22	\$4,006.60	\$4,279.84	\$4,195.82	\$4,559.82	\$4,720.75	4.6%	7.1%

TOTAL PER CAPITA EXPENDITURES

	\$716.12	\$817.29	\$878.59	\$990.68	\$955.05	\$1,030.71	\$1,049.32	6.6%	13.7%
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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>	<i>Annual Change</i>	<i>Share of Total FFY 05</i>
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	307,717	312,752	332,967	342,548	361,154	380,688	386,165	3.9%	45.1%
Poverty Related Eligibles	215,820	272,862	301,410	293,187	301,135	307,916	319,447	6.8%	37.3%
Medically Needy	57,333	50,064	39,492	34,256	32,131	29,624	27,379	-11.6%	3.2%
Other Eligibles	72,657	72,297	71,377	77,744	77,425	77,077	79,125	1.4%	9.2%
Maintenance Assistance Status Unknown	65,452	62,561	62,189	60,559	76,098	65,203	44,450	-6.2%	5.2%
Total	718,979	770,536	807,435	808,294	847,943	860,508	856,566	3.0%	100.0%
By Basis of Eligibility									
Aged, Blind, or Disabled	250,172	256,806	262,916	280,076	264,436	266,514	268,406	1.2%	31.3%
Children	298,190	345,735	372,901	370,090	379,308	392,310	401,581	5.1%	46.9%
Foster Care Children	7,560	8,033	8,502	9,403	10,111	10,963	11,982	8.0%	1.4%
Adults	97,605	97,401	100,927	110,257	117,743	125,165	129,719	4.9%	15.1%
Basis of Eligibility Unknown	65,452	62,561	62,189	38,468	76,345	65,556	44,878	-6.1%	5.2%
Total	718,979	770,536	807,435	808,294	847,943	860,508	856,566	3.0%	100.0%
By Age									
Under Age 1	29,843	32,323	47,147	25,767	25,885	26,995	28,352	-0.9%	3.3%
Age 1 to 5	112,270	122,660	135,012	125,487	130,229	134,311	137,523	3.4%	16.1%
Age 6 to 14	144,999	166,633	174,922	183,428	188,649	194,303	197,328	5.3%	23.0%
Age 15 to 20	63,924	78,225	77,120	87,246	90,278	94,849	98,870	7.5%	11.5%
Age 21 to 44	143,807	145,858	149,423	158,178	167,220	173,752	176,569	3.5%	20.6%
Age 45 to 64	75,512	78,329	81,984	84,707	88,234	91,700	95,234	3.9%	11.1%
Age 65 to 74	34,406	34,938	34,555	35,320	35,369	35,340	35,237	0.4%	4.1%
Age 75 to 84	28,864	29,205	28,168	28,751	28,176	27,290	26,813	-1.2%	3.1%
Age 85 and Over	19,902	19,804	16,915	18,851	17,773	16,741	16,189	-3.4%	1.9%
Age Unknown	65,452	62,561	62,189	60,559	76,130	65,227	44,451	-6.2%	5.2%
Total	718,979	770,536	807,435	808,294	847,943	860,508	856,566	3.0%	100.0%
By Race									
White	532,888	570,199	599,322	607,428	621,587	639,520	649,227	3.3%	75.8%
Black	84,216	89,002	93,443	95,225	97,410	100,370	101,927	3.2%	11.9%
Hispanic, American Indian or Asian	7,050	9,772	10,122	13,807	16,261	20,368	22,984	21.8%	2.7%
Other/Unknown	94,825	101,563	104,548	91,834	112,685	100,250	82,428	-2.3%	9.6%
Total*	718,979	770,536	807,435	808,294	847,943	860,508	856,566	3.0%	100.0%
By Sex									
Female	384,919	405,097	426,291	433,763	448,121	461,268	470,226	3.4%	54.9%
Male	268,737	294,436	308,555	313,967	323,716	334,034	341,888	4.1%	39.9%
Unknown	65,323	71,003	72,589	60,564	76,106	65,206	44,452	-6.2%	5.2%
Total*	718,979	770,536	807,435	808,294	847,943	860,508	856,566	3.0%	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	\$1,384,734,303	\$1,515,213,923	\$1,701,355,344	\$1,813,931,875	\$1,877,197,468	\$2,144,701,120	\$2,160,748,853	7.7%	53.4%
Poverty Related Eligibles	\$296,695,521	\$404,921,369	\$484,073,262	\$507,152,073	\$518,525,427	\$578,109,038	\$611,569,773	12.8%	15.1%
Medically Needy	\$140,370,725	\$132,145,581	\$129,501,122	\$134,460,223	\$131,171,340	\$134,459,647	\$128,819,802	-1.4%	3.2%
Other Eligibles	\$750,189,809	\$839,563,932	\$892,503,820	\$957,580,268	\$988,819,799	\$1,014,544,064	\$1,102,637,853	6.6%	27.3%
Maintenance Assistance Status Unknown	\$26,126,446	\$20,947,484	\$27,639,405	\$46,241,142	\$42,106,149	\$51,945,513	\$39,854,352	7.3%	1.0%
Total	\$2,598,116,804	\$2,912,792,289	\$3,235,072,953	\$3,459,365,581	\$3,557,820,183	\$3,923,759,382	\$4,043,630,633	7.7%	100.0%
By Basis of Eligibility									
Aged, Blind or Disabled	\$1,905,554,352	\$2,106,900,543	\$2,295,532,904	\$2,411,932,356	\$2,463,019,744	\$2,648,070,461	\$2,723,492,029	6.1%	67.4%
Children	\$402,819,306	\$496,331,114	\$573,161,912	\$615,081,582	\$628,822,054	\$693,410,711	\$726,086,923	10.3%	18.0%
Foster Care Children	\$56,766,157	\$67,559,845	\$71,319,144	\$96,432,835	\$101,683,157	\$112,148,916	\$124,258,788	13.9%	3.1%
Adults	\$206,850,543	\$221,053,303	\$267,419,588	\$289,677,666	\$320,548,779	\$415,763,582	\$425,739,318	12.8%	10.5%
Basis of Eligibility Unknown	\$26,126,446	\$20,947,484	\$27,639,405	\$46,241,142	\$43,746,449	\$54,365,712	\$44,053,575	9.1%	1.1%
Total	\$2,598,116,804	\$2,912,792,289	\$3,235,072,953	\$3,459,365,581	\$3,557,820,183	\$3,923,759,382	\$4,043,630,633	7.7%	100.0%
By Age									
Under Age 1	\$39,454,391	\$43,616,243	\$100,844,551	\$58,714,699	\$49,924,877	\$69,719,772	\$75,426,010	11.4%	1.9%
Age 1 to 5	\$182,736,972	\$205,042,258	\$222,915,401	\$257,912,510	\$272,466,039	\$290,927,674	\$290,255,796	8.0%	7.2%
Age 6 to 14	\$286,082,811	\$341,002,381	\$387,979,926	\$415,677,405	\$430,761,484	\$461,719,868	\$473,178,498	8.7%	11.7%
Age 15 to 20	\$200,532,558	\$236,718,516	\$242,157,059	\$288,898,449	\$298,744,751	\$340,415,039	\$359,870,152	10.2%	8.9%
Age 21 to 44	\$589,296,225	\$635,535,217	\$729,719,806	\$755,932,270	\$800,945,310	\$932,908,132	\$929,862,115	7.9%	23.0%
Age 45 to 64	\$525,281,503	\$593,516,833	\$674,140,944	\$735,481,214	\$759,747,228	\$868,371,217	\$916,392,852	9.7%	22.7%
Age 65 to 74	\$195,911,613	\$224,741,821	\$245,193,742	\$258,806,305	\$259,489,719	\$271,789,986	\$282,160,545	6.3%	7.0%
Age 75 to 84	\$268,346,772	\$300,678,885	\$322,304,578	\$326,525,497	\$331,816,895	\$332,306,247	\$344,497,006	4.3%	8.5%
Age 85 and Over	\$284,347,513	\$310,992,651	\$282,177,541	\$315,176,090	\$311,734,331	\$303,622,796	\$332,132,461	2.6%	8.2%
Age Unknown	\$26,126,446	\$20,947,484	\$27,639,405	\$46,241,142	\$42,189,549	\$51,978,651	\$39,855,198	7.3%	1.0%
Total	\$2,598,116,804	\$2,912,792,289	\$3,235,072,953	\$3,459,365,581	\$3,557,820,183	\$3,923,759,382	\$4,043,630,633	7.7%	100.0%
By Race									
White	\$2,104,581,672	\$2,360,328,296	\$2,624,231,363	\$2,783,070,068	\$2,844,145,040	\$3,123,209,984	\$3,204,105,126	7.3%	79.2%
Black	\$270,438,432	\$299,792,567	\$333,651,058	\$367,613,603	\$368,926,916	\$408,140,822	\$433,792,210	8.2%	10.7%
Hispanic, American Indian or Asian	\$14,736,607	\$20,236,457	\$22,145,045	\$33,455,178	\$33,212,111	\$53,886,704	\$59,187,909	26.1%	1.5%
Other/Unknown	\$208,360,093	\$232,434,969	\$255,045,487	\$275,226,732	\$311,536,116	\$338,521,872	\$346,545,388	8.8%	8.6%
Total*	\$2,598,116,804	\$2,912,792,289	\$3,235,072,953	\$3,459,365,581	\$3,557,820,183	\$3,923,759,382	\$4,043,630,633	7.7%	100.0%
By Sex									
Female	\$1,594,322,925	\$1,784,934,503	\$1,986,827,073	\$2,093,861,382	\$2,164,673,858	\$2,373,212,440	\$2,454,949,811	7.5%	60.7%
Male	\$976,817,558	\$1,103,226,738	\$1,221,685,988	\$1,319,176,968	\$1,350,967,105	\$1,498,600,237	\$1,548,817,420	8.0%	38.3%
Unknown	\$26,976,321	\$24,631,048	\$26,559,892	\$46,327,231	\$42,179,220	\$51,946,705	\$39,863,402	6.7%	1.0%
Total*	\$2,598,116,804	\$2,912,792,289	\$3,235,072,953	\$3,459,365,581	\$3,557,820,183	\$3,923,759,382	\$4,043,630,633	7.7%	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	\$4,500.03	\$4,844.78	\$5,109.68	\$5,295.41	\$5,197.78	\$5,633.75	\$5,595.40	3.7%	-4.2%
Poverty Related Eligibles	\$1,374.74	\$1,483.98	\$1,606.03	\$1,729.79	\$1,721.90	\$1,877.49	\$1,914.46	5.7%	-9.0%
Medically Needy	\$2,448.34	\$2,639.53	\$3,279.17	\$3,925.16	\$4,082.39	\$4,538.88	\$4,705.06	11.5%	-40.3%
Other Eligibles	\$10,325.09	\$11,612.71	\$12,504.08	\$12,317.10	\$12,771.32	\$13,162.73	\$13,935.39	5.1%	80.4%
Maintenance Assistance Status Unknown	\$399.17	\$334.83	\$444.44	\$763.57	\$553.31	\$796.67	\$896.61	14.4%	-73.7%
Total	\$3,613.62	\$3,780.22	\$4,006.60	\$4,279.84	\$4,195.82	\$4,559.82	\$4,720.75	4.6%	7.1%
By Basis of Eligibility									
Aged, Blind or Disabled	\$7,616.98	\$8,204.25	\$8,731.05	\$8,611.71	\$9,314.24	\$9,935.95	\$10,146.91	4.9%	-15.2%
Children	\$1,350.88	\$1,435.58	\$1,537.04	\$1,661.98	\$1,657.81	\$1,767.51	\$1,808.07	5.0%	17.2%
Foster Care Children	\$7,508.75	\$8,410.29	\$8,388.51	\$10,255.54	\$10,056.69	\$10,229.77	\$10,370.45	5.5%	48.8%
Adults	\$2,119.26	\$2,269.52	\$2,649.63	\$2,627.30	\$2,722.44	\$3,321.72	\$3,282.01	7.6%	14.0%
Basis of Eligibility Unknown	\$399.17	\$334.83	\$444.44	\$1,202.07	\$573.01	\$829.30	\$981.63	16.2%	-71.6%
Total	\$3,613.62	\$3,780.22	\$4,006.60	\$4,279.84	\$4,195.82	\$4,559.82	\$4,720.75	4.6%	7.1%
By Age									
Under Age 1	\$1,322.07	\$1,349.39	\$2,138.94	\$2,278.68	\$1,928.72	\$2,582.69	\$2,660.34	12.4%	-27.8%
Age 1 to 5	\$1,627.66	\$1,671.63	\$1,651.08	\$2,055.29	\$2,092.21	\$2,166.07	\$2,110.60	4.4%	13.5%
Age 6 to 14	\$1,973.00	\$2,046.43	\$2,218.02	\$2,266.16	\$2,283.40	\$2,376.29	\$2,397.93	3.3%	35.4%
Age 15 to 20	\$3,137.05	\$3,026.12	\$3,140.00	\$3,311.31	\$3,309.16	\$3,589.02	\$3,639.83	2.5%	30.7%
Age 21 to 44	\$4,097.83	\$4,357.22	\$4,883.58	\$4,779.00	\$4,789.77	\$5,369.19	\$5,266.28	4.3%	1.0%
Age 45 to 64	\$6,956.27	\$7,577.23	\$8,222.84	\$8,682.65	\$8,610.59	\$9,469.70	\$9,622.54	5.6%	-13.8%
Age 65 to 74	\$5,694.11	\$6,432.59	\$7,095.75	\$7,327.47	\$7,336.64	\$7,690.72	\$8,007.51	5.8%	-4.9%
Age 75 to 84	\$9,296.94	\$10,295.46	\$11,442.22	\$11,357.01	\$11,776.58	\$12,176.85	\$12,848.13	5.5%	5.5%
Age 85 and Over	\$14,287.38	\$15,703.53	\$16,682.09	\$16,719.33	\$17,539.77	\$18,136.48	\$20,515.93	6.2%	9.4%
Age Unknown	\$399.17	\$334.83	\$444.44	\$763.57	\$554.18	\$796.89	\$896.61	14.4%	-73.7%
Total	\$3,613.62	\$3,780.22	\$4,006.60	\$4,279.84	\$4,195.82	\$4,559.82	\$4,720.75	4.6%	7.1%
By Race									
White	\$3,949.39	\$4,139.48	\$4,378.67	\$4,581.73	\$4,575.62	\$4,883.68	\$4,935.26	3.8%	-9.8%
Black	\$3,211.25	\$3,368.38	\$3,570.64	\$3,860.47	\$3,787.36	\$4,066.36	\$4,255.91	4.8%	12.0%
Hispanic, American Indian or Asian	\$2,090.30	\$2,070.86	\$2,187.81	\$2,423.06	\$2,042.44	\$2,645.66	\$2,575.18	3.5%	-11.3%
Other/Unknown	\$2,197.31	\$2,288.58	\$2,439.51	\$2,997.00	\$2,764.66	\$3,376.78	\$4,204.22	11.4%	-4.4%
Total	\$3,613.62	\$3,780.22	\$4,006.60	\$4,279.84	\$4,195.82	\$4,559.82	\$4,720.75	4.6%	7.1%
By Sex									
Female	\$4,141.97	\$4,406.19	\$4,660.73	\$4,827.20	\$4,830.56	\$5,144.98	\$5,220.79	3.9%	13.9%
Male	\$3,634.85	\$3,746.92	\$3,959.38	\$4,201.64	\$4,173.31	\$4,486.37	\$4,530.19	3.7%	4.1%
Unknown	\$412.97	\$346.90	\$365.89	\$764.93	\$554.22	\$796.66	\$896.77	13.8%	-73.5%
Total	\$3,613.62	\$3,780.22	\$4,006.60	\$4,279.84	\$4,195.82	\$4,559.82	\$4,720.75	4.6%	7.1%

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

Kentucky has provided transportation services since June 1998 under a Title XIX, Section 1915 (b) waiver. The Kentucky Patient Access and Care System (KenPAC) was started in 1986 under a 1915(b) waiver and converted to a state plan option in 2000. Serves approximately 620,800 Medicaid recipients.

Kentucky has one health reform demonstration waiver, The Partnership, approved October 12, 1995, under Title IV-A, Section 1115, of the Social Security Act, implemented on November 1, 1997. Under The Partnership, the state has one managed care region with a network consisting of public and private providers. The Partnership will improve access for 328,000 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 2,008 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.

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 a physician tax and pharmacy script tax expired.

Cost Containment Measures

- Certificate of Need Program since 1972. Regulates introduction or expansion of new institutional health facilities and services.
- 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.
- Did not pass any significant Medicaid legislation in 2001.
- In 2002, enacted legislative 3 measures that dealt with the Medicaid Pharmacy Program as follows:
 1. Created The Pharmacy and Therapeutics Advisory Committee to develop and administer a formulary and make recommendations on prior authorization.

SOUTHERN REGION MEDICAID PROFILE

Medicaid (Continued)

2. Commissioned a study regarding Medicaid pharmaceutical dispensing fees to be completed by October 31, 2003.

3. Required Medicaid recipients to pay co-payments of no more than \$1 for each prescription drug purchase.

- Also enacted another law that extended Medicaid coverage to abandoned newborns and low income, uninsured women diagnosed with breast or cervical cancer.

- In 2005, implemented initiatives to control growth in the Medicaid Program as follows:

Added co-pays for Medicaid recipients of \$1.00 for generic drugs; \$2.00 for preferred brand name drugs; and \$3.00 for non-preferred brand name drugs.

Added co-pays for optional eligibility groups of \$3.00 for generic drugs; \$10.00 for preferred brand name drugs; and \$20.00 for non-preferred brand name drugs.

Added co-pays for Medicaid recipients of \$3.00 for emergency room visits; \$2.00 for physician office visits; \$50.00 for inpatient hospital stays; and \$3.00 for reduced per diem rates paid to nursing home for patients that are hospitalized outside the facility from 100% to 75% if the facility is 95% occupied and from 100% to 50% if the facility is below the 95% occupancy rate for up to 14 hospital days or 10 therapeutic leave days.

Required physicians to justify additional brand name drugs after 3 have been prescribed in one month.

Limited repackaging fees paid to long-term care pharmacies.

Reduced prescription drug reimbursement to rates more typical of commercial rates.

Provided a 90 day supply of maintenance drugs to recipients with chronic medical conditions, such as diabetes, hypertension, etc.

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 95,965 eligibles through both programs. As of September 2003, the program covered 93,941 individuals.

- For families with incomes up to 150% of the FPL, there are no cost sharing obligations.

- Families with incomes between 151% and 200% of the FPL are required to pay premiums as follows:

151%-200%: \$20 per month per six month period (not to exceed 5% of the family's annual income)

- Additional cost sharing obligations:

\$1.00 co-payment for prescription drugs for 18 year olds; and

\$2.00 co-payment for office visits to dentists, optometrists, opticians, audiologists, hearing aid dealers, chiropractors, and podiatrists for 18 year olds.