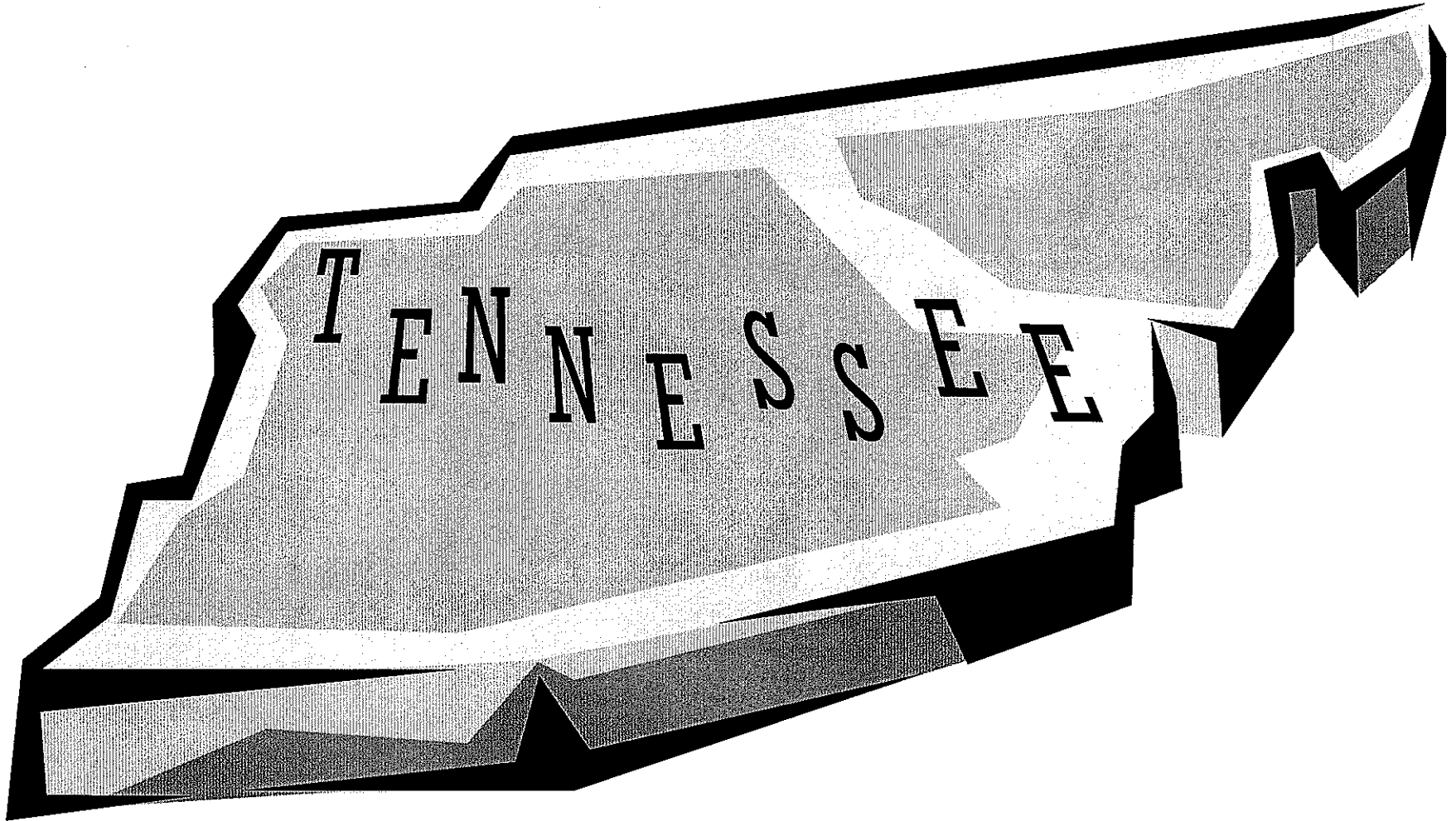
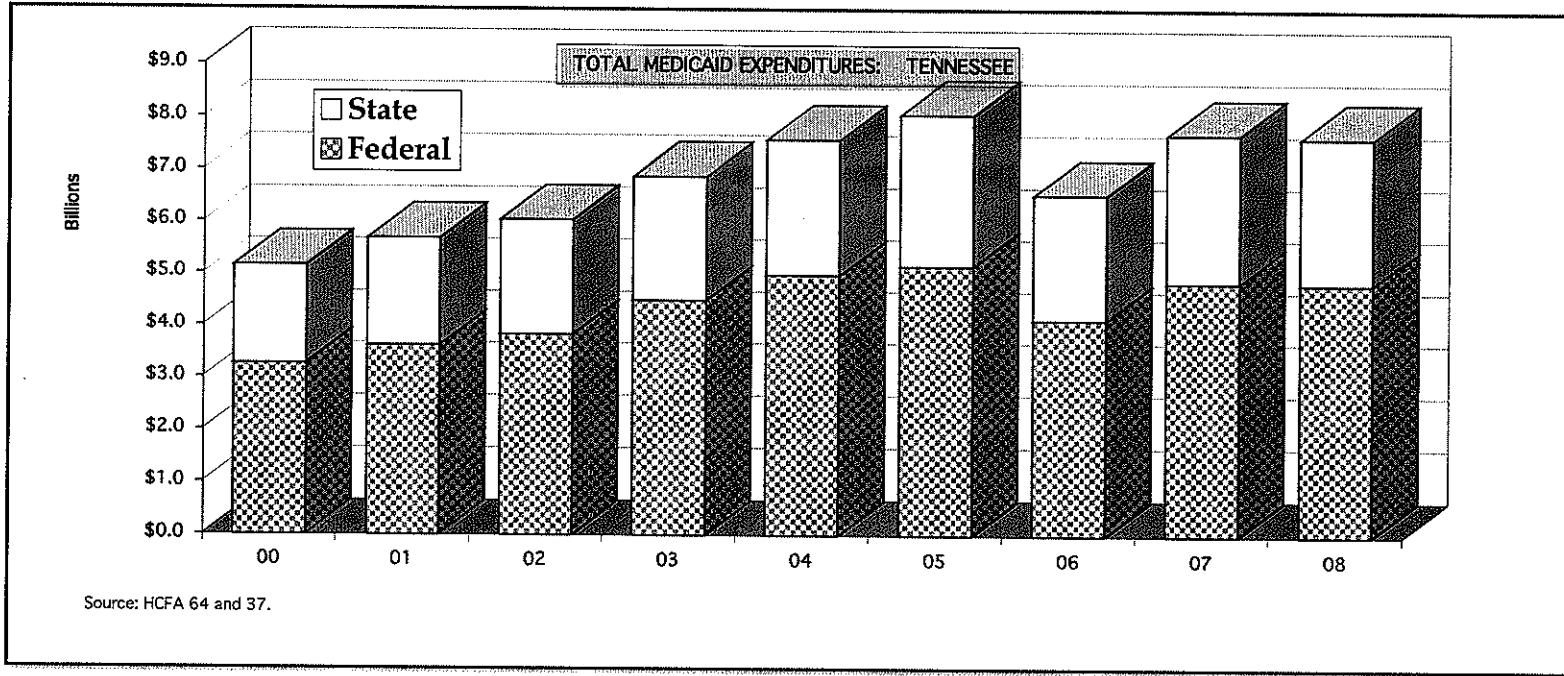


STATE MEDICAID PROFILE



SOUTHERN REGION MEDICAID PROFILE



State profile revised to reflect MSIS statistical data as reported by CMS for federal fiscal years 00 through 05.

	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05	FFY 06	FFY 07*	FFY 08**	Annual Rate of Change	Total Change 00-08
Medicaid Payments	\$4,993,964,836	\$5,519,373,714	\$5,791,956,207	\$6,357,163,063	\$7,029,807,190	\$7,557,403,733	\$6,013,805,836	\$7,198,672,000	\$7,161,712,000	4.6%	43.4%
Federal Share	\$3,161,527,392	\$3,528,514,477	\$3,692,883,112	\$4,211,212,123	\$4,699,732,707	\$4,902,146,888	\$3,859,123,610	\$4,581,954,000	\$4,562,726,000	4.7%	44.3%
State Share	\$1,832,437,444	\$1,990,859,237	\$2,099,073,095	\$2,145,950,940	\$2,330,074,483	\$2,655,256,845	\$2,154,682,226	\$2,616,718,000	\$2,598,986,000	4.5%	41.8%
Administrative Costs	\$163,074,995	\$164,842,053	\$245,058,264	\$523,444,783	\$545,895,059	\$501,249,768	\$517,463,305	\$490,300,000	\$463,946,000	14.0%	184.5%
Federal Share	\$96,478,650	\$88,991,229	\$129,957,668	\$272,102,238	\$286,021,444	\$251,872,151	\$261,385,891	\$258,026,000	\$251,154,000	12.7%	160.3%
State Share	\$66,596,345	\$75,850,824	\$115,100,596	\$251,342,545	\$259,873,615	\$249,377,617	\$256,077,414	\$232,274,000	\$212,792,000	15.6%	219.5%
Admin. Costs as % of Payments	3.27%	2.99%	4.23%	8.23%	7.77%	6.63%	8.60%	6.81%	6.48%		
Federal Match Rate*	63.10%	63.79%	63.64%	64.59%	64.40%	64.81%	63.99%	63.65%	63.71%		

*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 07 and 08 reflect latest estimates reported by each state (CMS 37).

SOUTHERN REGION MEDICAID PROFILE

STATE FINANCING	Payments ***		Administration	
	FFY 00	FFY 06	FFY 00	FFY 06
State General Fund	\$1,832,437,444	\$2,154,682,226	\$66,596,345	\$256,077,414
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	\$1,832,437,444	\$2,154,682,226	\$66,596,345	\$256,077,414

***Note: State financing in FY 06 reflects state general fund support only, as other revenue source amounts that support Medicaid spending are unknown at the time this report is generated.

Provider Taxes Currently in Place (FFY 06)		
	Tax Rate	Amount
Nursing homes	\$2,225 per licensed bed per year (effec. 2003-2008)	\$0
ICF/MR facilities	unknown	\$0
Managed Care Org's	unknown	\$0
Total		\$0

*Total amount generated from provider taxes for FY 06 is unknown.

DISPROPORTIONATE SHARE HOSPITAL (DSH) PAYMENTS

	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05	FFY 06	FFY 07*	FFY 08**	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

	2006	% of FPL*
TANF-Temporary Assistance for Needy Families (Family of 3)		
Need Standard	\$993	71.8%
Payment Standard	\$180	13.0%
Maximum Payment	\$185	13.4%
Medically Needy Program (Family of 3)		
Income Eligibility Standard	\$317	
Resource Standard	\$3,000	
Pregnant Women, Children and Infants (% of FPL* for Family of 3))		
Pregnant women and infants		185.0%
Children to age 6		133.0%
Children 6 to 19		100.0%
SSI Eligibility Levels		
Income:		
Single Person	\$603	73.8%
Couple	\$904	82.2%
Resources:		
Single Person	\$2,000	
Couple	\$3,000	

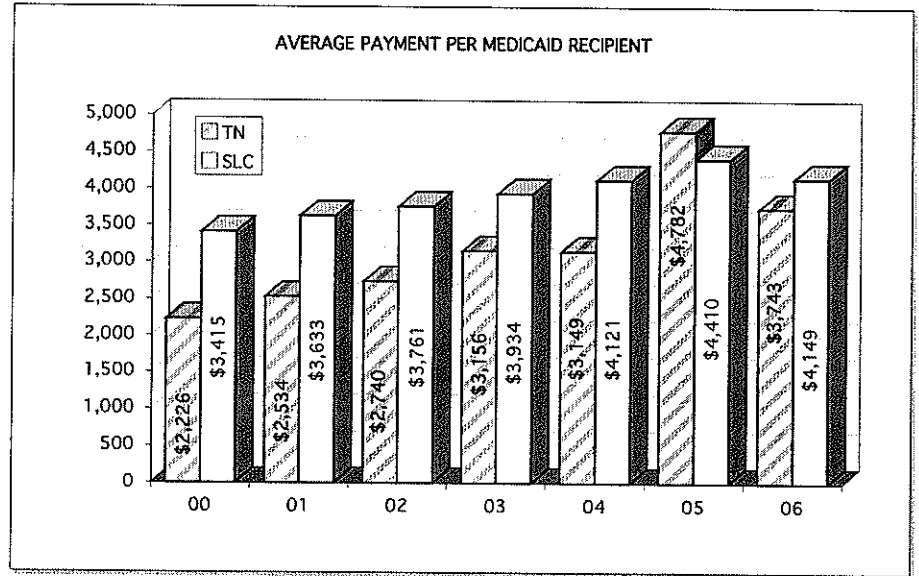
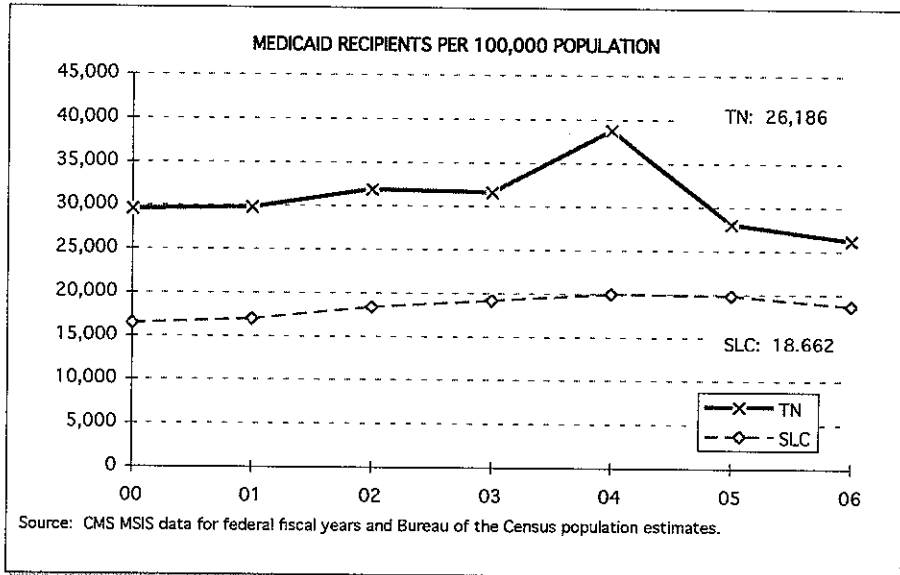
DEMOGRAPHIC DATA & POVERTY INDICATORS (2006)

		Rank in U.S.
State population—December 21, 2007*	6,074,913	17
Per capita personal income**	\$32,305	35
Median household income**	\$40,676	42
Population below Federal Poverty Level*	923,387	
Percent of total state population	15.2%	8
Population without health insurance coverage*	809,000	16
Percent of total state population	13.3%	
Recipients of Food Stamps***	870,416	10
Households receiving Food Stamps***	389,520	
Total value of issuance***	\$976,012,959	11
Average monthly benefit per recipient	\$93.44	16
Average monthly benefit per household	\$208.81	
Monthly recipients of Temporary Assistance to Needy Families (TANF)****	175,285	5
Total TANF payments****	\$76,185,608	18
Average monthly payment per recipient	\$36.22	
Maximum monthly payment per family of 3	\$185.00	48

*Current (2006) federal poverty level is \$9,800 per year for a single person, \$13,200 for a family of two and \$16,600 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 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05	FFY 06	Annual Change
01. General Hospital	47,803	47,803	70,649	137,938	149,428	65,784	108,095	14.6%
02. Mental Hospital	379	379	2,249	5,348	6,225	2,500	3,237	43.0%
03. Skilled and Intermediate (non-MR) Care Nursing	51,928	51,928	37,954	37,032	45,129	34,744	33,836	-6.9%
04. Intermediate Care for Mentally Retarded	1,689	1,689	1,529	1,590	1,772	1,356	1,340	-3.8%
05. Physician Services	205,513	205,513	950,918	1,145,932	1,502,861	1,009,024	864,424	27.1%
06. Dental Services	400	400	131,899	249,521	264,706	285,644	279,647	197.9%
07. Other Practitioners	52,672	52,672	81,693	126,547	279,630	278,307	290,735	32.9%
08. Outpatient Hospital	110,361	110,361	391,827	533,956	696,022	377,959	572,343	31.6%
09. Clinic Services	18,543	18,543	69,361	91,596	246,755	212,767	189,936	47.4%
10. Lab and X-Ray	111,650	111,650	390,011	548,900	951,684	797,062	690,539	35.5%
11. Home Health	351	351	5,102	8,359	21,031	22,382	25,110	103.7%
12. Prescribed Drugs	890,000	890,000	916,968	852,307	1,617,417	1,201,771	1,016,796	2.2%
13. Family Planning	351	351	5	18	7,548	13,799	11,242	78.2%
14. Early & Periodic Screening, Diagnosis & Treatment	0	0	0	0	0	0	0	n/a
15. Other Care	80,554	80,554	266,227	355,936	395,003	212,951	171,232	13.4%
16. Personal Care Support Services	0	0	13,044	19,275	131,134	86,575	161,505	87.6%
17. Home/Community Based Waiver Services	6,100	6,100	0	0	0	0	0	-100.0%
18. Prepaid Health Care	1,352,855	1,352,855	1,687,571	1,634,125	2,157,894	1,591,056	1,574,403	2.6%
19. Primary Care Case Management (PCCM) Services	0	0	0	0	0	0	0	n/a
Total*	1,568,318	1,602,027	1,732,381	1,729,589	2,205,488	1,609,782	1,590,807	0.2%

*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

PAYMENTS BY TYPE OF SERVICES	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05	FFY 06	Annual	Share of Total
								Change	FFY 06
01. General Hospital	\$348,677,006	\$454,987,177	\$194,193,842	\$437,895,269	\$586,525,457	\$388,456,595	\$576,396,644	8.7%	9.7%
02. Mental Hospital	\$647,437	\$21,769,187	\$10,295,186	\$13,196,910	\$29,036,171	\$18,547,871	\$21,404,204	79.2%	0.4%
03. Skilled and Intermediate (non-MR) Care Nursing	\$661,337,949	\$705,391,029	\$702,819,530	\$741,492,076	\$827,155,826	\$958,294,005	\$944,753,449	6.1%	15.9%
04. Intermediate Care for Mentally Retarded	\$216,098,144	\$208,463,437	\$237,844,313	\$214,037,612	\$145,047,534	\$264,237,869	\$323,975,360	7.0%	5.4%
05. Physician Services	\$127,497,595	\$144,940,411	\$435,059,614	\$754,584,648	\$974,874,987	\$1,281,698,440	\$570,758,270	28.4%	9.6%
06. Dental Services	\$21,284	\$23,656	\$28,660,471	\$101,851,789	\$130,447,614	\$145,171,181	\$135,543,604	330.5%	2.3%
07. Other Practitioners	\$8,333,854	\$9,674,941	\$11,580,358	\$15,566,927	\$100,180,951	\$353,763,088	\$226,043,774	73.3%	3.8%
08. Outpatient Hospital	\$13,662,007	\$15,943,430	\$182,739,332	\$369,401,816	\$446,316,726	\$283,532,176	\$434,179,128	78.0%	7.3%
09. Clinic Services	\$2,793,119	\$6,346,412	\$5,370,258	\$6,643,693	\$89,342,599	\$164,348,946	\$97,667,048	80.8%	1.6%
10. Lab and X-Ray	\$2,402,437	\$2,508,205	\$35,509,587	\$74,735,062	\$128,287,383	\$182,510,831	\$141,712,998	97.3%	2.4%
11. Home Health	\$4,604,678	\$4,811,705	\$11,471,581	\$19,815,921	\$147,802,937	\$489,899,300	\$581,751,577	124.0%	9.8%
12. Prescribed Drugs	\$273,537,047	\$680,583,468	\$573,588,021	\$1,772,766,619	\$2,337,847,829	\$2,286,677,371	\$805,295,944	19.7%	13.5%
13. Family Planning	\$0	\$0	\$653	\$1,242	\$10,518,259	\$19,658,174	\$14,719,052	1125.3%	0.2%
14. Early & Periodic Screening, Diagnosis & Treatment	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a	0.0%
15. Other Care	\$105,070,890	\$226,803,335	\$320,774,534	\$390,087,275	\$361,360,963	\$162,792,334	\$134,644,042	4.2%	2.3%
16. Personal Care Support Services	\$191,690	\$527,049	\$6,497,696	\$15,477,428	\$48,648,013	\$59,295,021	\$76,922,918	171.6%	1.3%
17. Home/Community Based Waiver Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	n/a	0.0%
18. Prepaid Health Care	\$1,726,081,444	\$1,576,558,611	\$1,991,144,922	\$531,739,476	\$581,579,509	\$639,266,034	\$868,913,868	-10.8%	14.6%
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.)	\$3,490,956,581	\$4,059,332,053	\$4,747,549,898	\$5,459,293,763	\$6,944,972,758	\$7,698,149,236	\$5,954,681,880	9.3%	100.0%

AVERAGE PAYMENTS PER RECIPIENT BY TYPE OF SERVICES									(+) or (-) SLC
									Avg. FFY 06
01. General Hospital	\$7,294.04	\$9,517.96	\$2,748.71	\$3,174.58	\$3,925.14	\$5,905.03	\$5,332.32	-5.1%	-0.7%
02. Mental Hospital	\$1,708.28	\$57,438.49	\$4,577.67	\$2,467.63	\$4,664.45	\$7,419.15	\$6,612.36	25.3%	-63.1%
03. Skilled and Intermediate (non-MR) Care Nursing	\$12,735.67	\$13,584.02	\$18,517.67	\$20,023.01	\$18,328.70	\$27,581.57	\$27,921.55	14.0%	15.9%
04. Intermediate Care for Mentally Retarded	\$127,944.43	\$123,424.18	\$155,555.47	\$134,614.85	\$81,855.27	\$194,865.69	\$241,772.66	11.2%	175.8%
05. Physician Services	\$620.39	\$705.26	\$457.52	\$658.49	\$648.68	\$1,270.24	\$660.28	1.0%	19.5%
06. Dental Services	\$53.21	\$59.14	\$217.29	\$408.19	\$492.80	\$508.22	\$484.70	44.5%	33.4%
07. Other Practitioners	\$158.22	\$183.68	\$141.75	\$123.01	\$358.26	\$1,271.13	\$777.49	30.4%	234.1%
08. Outpatient Hospital	\$123.79	\$144.47	\$466.38	\$691.82	\$641.24	\$750.17	\$758.60	35.3%	21.6%
09. Clinic Services	\$150.63	\$342.25	\$77.42	\$72.53	\$362.07	\$772.44	\$514.21	22.7%	-26.7%
10. Lab and X-Ray	\$21.52	\$22.46	\$91.05	\$136.15	\$134.80	\$228.98	\$205.22	45.6%	-4.8%
11. Home Health	\$13,118.74	\$13,708.56	\$2,248.45	\$2,370.61	\$7,027.86	\$21,888.09	\$23,168.12	9.9%	472.4%
12. Prescribed Drugs	\$307.34	\$764.70	\$625.53	\$2,079.96	\$1,445.42	\$1,902.76	\$791.99	17.1%	-18.1%
13. Family Planning	\$0.00	\$0.00	\$130.60	\$69.00	\$1,393.52	\$1,424.61	\$1,309.29	77.9%	9.7%
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	\$1,304.35	\$2,815.54	\$1,204.89	\$1,095.95	\$914.83	\$764.46	\$786.33	-8.1%	-57.7%
16. Personal Care Support Services	\$0.00	\$0.00	\$498.14	\$802.98	\$370.98	\$684.90	\$476.29	-1.1%	-74.7%
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	\$1,275.88	\$1,165.36	\$1,179.89	\$325.00	\$269.51	\$401.79	\$551.90	-13.0%	-51.4%
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)	\$2,225.92	\$2,533.87	\$2,740.48	\$3,156.41	\$3,148.95	\$4,782.11	\$3,743.18	9.0%	-9.8%

TOTAL PER CAPITA EXPENDITURES	\$971.67	\$1,058.18	\$1,111.66	\$1,254.78	\$1,331.57	\$1,403.94	\$1,075.12	1.7%	21.8%
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Source: MSIS data for FFY 00-06.

**SOUTHERN REGION MEDICAID PROFILE
DATA BY OTHER CHARACTERISTICS**

RECIPIENTS BY OTHER CHARACTERISTICS

	FFY 00	FFY 01	FFY 02	FFY 03	FFY 04	FFY 05	FFY 06	Annual Change	Share of Total FFY 06
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	415,106	437,646	478,675	537,217	842,351	658,794	689,499	8.8%	43.3%
Poverty Related Eligibles	798,341	811,828	243,007	258,158	302,059	274,954	318,955	-14.2%	20.0%
Medically Needy	107,099	105,120	116,637	204,234	268,662	168,656	110,449	0.5%	6.9%
Other Eligibles	182,861	219,360	835,754	619,475	716,189	455,562	334,954	10.6%	21.1%
Maintenance Assistance Status Unknown	64,911	28,073	58,308	110,505	76,227	51,816	136,950	13.3%	8.6%
Total	1,568,318	1,602,027	1,732,381	1,729,589	2,205,488	1,609,782	1,590,807	0.2%	100.0%
By Basis of Eligibility									
Aged, Blind, or Disabled	402,202	408,179	430,553	415,076	691,540	452,302	425,643	9.7%	26.8%
Children	636,781	667,829	723,890	692,450	769,751	674,450	701,878	-44.9%	44.1%
Foster Care Children	12,498	12,579	11,368	15,369	19,344	17,775	17,899	70.4%	1.1%
Adults	451,926	485,367	531,554	496,186	647,956	411,765	305,652	-17.8%	19.2%
Basis of Eligibility Unknown	64,911	28,073	35,016	110,508	76,897	53,490	139,735	70.4%	8.8%
Total	1,568,318	1,602,027	1,732,381	1,729,589	2,205,488	1,609,782	1,590,807	-100.0%	100.0%
By Age									
Under Age 1	32,460	33,812	34,308	34,563	36,901	37,582	38,485	45.9%	2.4%
Age 1 to 5	195,053	202,304	213,237	211,592	245,389	212,793	222,760	-0.8%	14.0%
Age 6 to 14	301,720	316,617	335,549	317,722	354,946	305,113	312,780	3.2%	19.7%
Age 15 to 20	163,104	171,631	183,391	179,763	222,034	179,411	186,345	3.0%	11.7%
Age 21 to 44	423,659	443,946	476,353	445,576	611,015	413,583	364,474	-26.3%	22.9%
Age 45 to 64	240,148	253,768	274,498	268,184	423,812	259,896	194,453	-25.1%	12.2%
Age 65 to 74	74,665	78,939	83,202	86,767	138,381	82,989	68,038	-17.1%	4.3%
Age 75 to 84	44,537	45,240	46,372	47,885	64,626	46,470	42,324	20.6%	2.7%
Age 85 and Over	28,101	27,719	27,182	27,034	32,162	25,256	24,198	96.0%	1.5%
Age Unknown	64,871	28,051	58,289	110,503	76,222	46,689	136,950	-100.0%	8.6%
Total	1,568,318	1,602,027	1,732,381	1,729,589	2,205,488	1,609,782	1,590,807	-100.0%	100.0%
By Race									
White	1,036,087	1,058,265	1,104,503	1,069,293	1,419,031	1,005,968	893,715	-2.4%	56.2%
Black	442,131	451,943	464,842	443,673	560,902	439,824	433,130	-0.3%	27.2%
Hispanic, American Indian or Asian	19,597	20,037	50,220	48,600	65,404	61,847	58,552	20.0%	3.7%
Other/Unknown	70,503	71,782	112,816	168,023	160,151	102,143	205,410	19.5%	12.9%
Total*	1,568,318	1,602,027	1,732,381	1,729,589	2,205,488	1,609,782	1,590,807	0.2%	100.0%
By Sex									
Female	906,219	924,750	960,387	933,886	1,249,793	909,502	851,394	-1.0%	53.5%
Male	662,099	677,277	713,705	685,199	879,470	653,591	602,461	-1.6%	37.9%
Unknown	0	0	58,289	110,504	76,225	46,689	136,952	23.8%	8.6%
Total*	1,568,318	1,602,027	1,732,381	1,729,589	2,205,488	1,609,782	1,590,807	0.2%	100.0%

Source: MSIS data for FFY 00-06.

SOUTHERN REGION MEDICAID PROFILE

PAYMENTS BY OTHER CHARACTERISTICS

	<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>Annual Change</u>	<u>Share of Total FFY 06</u>
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	\$1,531,196,651	\$1,502,199,446	\$1,797,648,574	\$2,328,432,770	\$3,266,166,282	\$3,952,109,782	\$3,385,516,411	14.1%	56.9%
Poverty Related Eligibles	\$1,431,821,061	\$1,785,669,064	\$781,659,107	\$313,262,419	\$410,263,750	\$601,436,680	\$627,031,161	-12.9%	10.5%
Medically Needy	\$169,347,881	\$172,640,159	\$205,773,920	\$509,826,438	\$660,194,391	\$643,207,000	\$287,878,686	9.2%	4.8%
Other Eligibles	\$343,222,015	\$598,823,384	\$1,949,198,034	\$2,270,147,260	\$2,529,507,821	\$2,446,459,251	\$1,594,694,426	29.2%	26.8%
Maintenance Assistance Status Unknown	\$15,368,973	\$0	\$13,270,263	\$37,624,876	\$78,840,514	\$54,936,523	\$59,561,196	25.3%	1.0%
Total	\$3,490,956,581	\$4,059,332,053	\$4,747,549,898	\$5,459,293,763	\$6,944,972,758	\$7,698,149,236	\$5,954,681,880	9.3%	100.0%
By Basis of Eligibility									
Aged, Blind or Disabled	\$1,664,387,569	\$2,113,343,387	\$2,637,036,147	\$3,239,966,357	\$4,095,307,261	\$4,759,264,213	\$3,719,264,776	14.3%	62.5%
Children	\$758,377,426	\$710,732,689	\$714,704,280	\$729,551,275	\$951,471,275	\$1,090,305,046	\$1,168,157,693	7.5%	19.6%
Foster Care Children	\$77,993,878	\$72,873,756	\$92,344,399	\$112,749,461	\$123,920,913	\$73,213,659	\$77,922,181	0.0%	1.3%
Adults	\$974,828,735	\$1,162,382,221	\$1,290,194,809	\$1,339,391,041	\$1,690,341,791	\$1,702,697,825	\$904,617,343	-1.2%	15.2%
Basis of Eligibility Unknown	\$15,368,973	\$0	\$13,270,263	\$37,635,629	\$83,931,518	\$72,668,493	\$84,719,887	32.9%	1.4%
Total	\$3,490,956,581	\$4,059,332,053	\$4,747,549,898	\$5,459,293,763	\$6,944,972,758	\$7,698,149,236	\$5,954,681,880	9.3%	100.0%
By Age									
Under Age 1	\$38,192,217	\$38,216,039	\$52,485,225	\$66,264,878	\$85,985,719	\$100,934,595	\$117,370,656	20.6%	2.0%
Age 1 to 5	\$221,217,724	\$195,769,464	\$208,501,627	\$250,860,590	\$337,610,882	\$373,333,090	\$399,054,083	10.3%	6.7%
Age 6 to 14	\$397,902,682	\$360,791,541	\$350,454,250	\$367,989,272	\$486,623,272	\$542,609,841	\$581,955,392	6.5%	9.8%
Age 15 to 20	\$438,127,593	\$399,439,472	\$386,414,328	\$360,035,607	\$477,319,899	\$503,303,566	\$540,002,508	3.5%	9.1%
Age 21 to 44	\$1,267,243,826	\$1,256,244,945	\$1,440,318,095	\$1,465,441,787	\$1,932,001,761	\$2,126,628,222	\$1,656,854,571	4.6%	27.8%
Age 45 to 64	\$874,282,371	\$1,023,861,705	\$1,394,324,512	\$1,691,386,390	\$2,184,433,054	\$2,423,659,308	\$1,444,053,321	8.7%	24.3%
Age 65 to 74	\$163,402,124	\$213,957,036	\$282,720,936	\$447,452,865	\$526,096,163	\$573,604,790	\$325,276,618	12.2%	5.5%
Age 75 to 84	\$62,842,730	\$265,122,590	\$300,332,862	\$399,975,673	\$441,803,405	\$521,591,321	\$397,411,223	36.0%	6.7%
Age 85 and Over	\$12,406,917	\$305,929,261	\$318,755,176	\$372,266,675	\$394,260,688	\$480,293,015	\$433,142,312	80.8%	7.3%
Age Unknown	\$15,338,397	\$0	\$13,242,887	\$37,620,026	\$78,837,915	\$52,191,488	\$59,561,196	25.4%	1.0%
Total	\$3,490,956,581	\$4,059,332,053	\$4,747,549,898	\$5,459,293,763	\$6,944,972,758	\$7,698,149,236	\$5,954,681,880	9.3%	100.0%
By Race									
White	\$2,379,721,705	\$2,753,991,672	\$3,421,275,083	\$3,979,573,999	\$4,979,277,117	\$5,510,758,367	\$3,935,763,972	8.7%	66.1%
Black	\$1,053,223,802	\$1,196,334,667	\$1,024,268,757	\$1,060,123,414	\$1,373,567,912	\$1,523,023,909	\$1,386,198,842	4.7%	23.3%
Hispanic, American Indian or Asian	\$50,533,812	\$55,206,195	\$58,734,913	\$59,117,964	\$109,609,676	\$142,678,463	\$120,004,241	15.5%	2.0%
Other/Unknown	\$7,477,262	\$53,799,519	\$243,271,145	\$360,478,386	\$482,518,053	\$521,688,497	\$512,714,825	102.3%	8.6%
Total*	\$3,490,956,581	\$4,059,332,053	\$4,747,549,898	\$5,459,293,763	\$6,944,972,758	\$7,698,149,236	\$5,954,681,880	9.3%	100.0%
By Sex									
Female	\$1,765,144,052	\$2,085,929,055	\$2,895,365,294	\$3,356,141,655	\$4,210,915,777	\$4,656,709,024	\$3,576,238,916	12.5%	60.1%
Male	\$1,333,639,315	\$1,542,091,553	\$1,838,941,717	\$2,065,531,512	\$2,655,205,343	\$2,989,248,724	\$2,318,876,239	9.7%	38.9%
Unknown	\$392,173,214	\$431,311,445	\$13,242,887	\$37,620,596	\$78,851,638	\$52,191,488	\$59,566,725	-27.0%	1.0%
Total*	\$3,490,956,581	\$4,059,332,053	\$4,747,549,898	\$5,459,293,763	\$6,944,972,758	\$7,698,149,236	\$5,954,681,880	9.3%	100.0%

Source: MSIS data for FFY 00-06.

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AVERAGE PAYMENT PER RECIPIENT BY OTHER CHARACTERISTICS

	<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>Annual Change</u>	<u>Above (+) or Below (-) SLC Avg. FFY 06</u>
By Maintenance Assistance Status									
Receiving Cash Assistance or Eligible Under Section 1931	\$3,688.69	\$3,432.45	\$3,755.47	\$4,334.25	\$3,877.44	\$5,999.01	\$4,910.11	4.9%	-14.4%
Poverty Related Eligibles	\$1,793.50	\$2,199.57	\$3,216.61	\$1,213.45	\$1,358.22	\$2,187.41	\$1,965.89	1.5%	-1.0%
Medically Needy	\$1,581.23	\$1,642.32	\$1,764.23	\$2,496.29	\$2,457.34	\$3,813.72	\$2,606.44	8.7%	-67.1%
Other Eligibles	\$1,876.96	\$2,729.87	\$2,332.26	\$3,664.63	\$3,531.90	\$5,370.20	\$4,760.94	16.8%	-32.8%
Maintenance Assistance Status Unknown	\$236.77	\$0.00	\$227.59	\$340.48	\$1,034.29	\$1,060.22	\$434.91	10.7%	-85.4%
Total	\$2,225.92	\$2,533.87	\$2,740.48	\$3,156.41	\$3,148.95	\$4,782.11	\$3,743.18	9.0%	-9.8%
By Basis of Eligibility									
Aged, Blind or Disabled	\$4,138.19	\$5,177.49	\$6,124.77	\$7,805.72	\$5,922.01	\$10,522.32	\$8,737.99	13.3%	-20.0%
Children	\$1,190.95	\$1,064.24	\$987.31	\$1,053.58	\$1,236.08	\$1,616.58	\$1,664.33	5.7%	5.8%
Foster Care Children	\$6,240.51	\$5,793.29	\$8,123.19	\$7,336.16	\$6,406.17	\$4,118.91	\$4,353.44	-5.8%	-38.2%
Adults	\$2,157.05	\$2,394.85	\$2,427.21	\$2,699.37	\$2,608.73	\$4,135.12	\$2,959.63	5.4%	4.8%
Basis of Eligibility Unknown	\$236.77	\$0.00	\$378.98	\$340.57	\$1,091.48	\$1,358.54	\$606.29	17.0%	-80.3%
Total	\$2,225.92	\$2,533.87	\$2,740.48	\$3,156.41	\$3,148.95	\$4,782.11	\$3,743.18	9.0%	-9.8%
By Age									
Under Age 1	\$1,176.59	\$1,130.25	\$1,529.82	\$1,917.22	\$2,330.17	\$2,685.72	\$3,049.78	17.2%	-22.8%
Age 1 to 5	\$1,134.14	\$967.70	\$977.79	\$1,185.59	\$1,375.82	\$1,754.44	\$1,791.41	7.9%	-5.6%
Age 6 to 14	\$1,318.78	\$1,139.52	\$1,044.42	\$1,158.21	\$1,370.98	\$1,778.39	\$1,860.59	5.9%	1.4%
Age 15 to 20	\$2,686.19	\$2,327.32	\$2,107.05	\$2,002.83	\$2,149.76	\$2,805.31	\$2,897.86	1.3%	0.6%
Age 21 to 44	\$2,991.19	\$2,829.72	\$3,023.64	\$3,288.87	\$3,161.95	\$5,141.96	\$4,545.88	7.2%	-11.2%
Age 45 to 64	\$3,640.60	\$4,034.64	\$5,079.54	\$6,306.81	\$5,154.25	\$9,325.50	\$7,426.23	12.6%	-28.4%
Age 65 to 74	\$2,188.47	\$2,710.41	\$3,398.01	\$5,156.95	\$3,801.79	\$6,911.82	\$4,780.81	13.9%	-29.0%
Age 75 to 84	\$1,411.02	\$5,860.36	\$6,476.60	\$8,352.84	\$6,836.31	\$11,224.26	\$9,389.74	37.1%	-9.1%
Age 85 and Over	\$441.51	\$11,036.81	\$11,726.70	\$13,770.31	\$12,258.59	\$19,016.99	\$17,899.92	85.3%	5.1%
Age Unknown	\$236.44	\$0.00	\$227.19	\$340.44	\$1,034.32	\$1,117.85	\$434.91	10.7%	-85.4%
Total	\$2,225.92	\$2,533.87	\$2,740.48	\$3,156.41	\$3,148.95	\$4,782.11	\$3,743.18	9.0%	-9.8%
By Race									
White	\$2,296.84	\$2,602.36	\$3,097.57	\$3,721.69	\$3,508.93	\$5,478.07	\$4,403.82	11.5%	-13.6%
Black	\$2,382.15	\$2,647.09	\$2,203.48	\$2,389.43	\$2,448.86	\$3,462.80	\$3,200.42	5.0%	-13.4%
Hispanic, American Indian or Asian	\$2,578.67	\$2,755.28	\$1,169.55	\$1,216.42	\$1,675.89	\$2,306.96	\$2,049.53	-3.8%	-26.5%
Other/Unknown	\$106.06	\$749.48	\$2,156.35	\$2,145.41	\$3,012.89	\$5,107.43	\$2,496.06	69.3%	-38.5%
Total	\$2,225.92	\$2,533.87	\$2,740.48	\$3,156.41	\$3,148.95	\$4,782.11	\$3,743.18	9.0%	-9.8%
By Sex									
Female	\$1,947.81	\$2,255.67	\$3,014.79	\$3,593.74	\$3,369.29	\$5,120.06	\$4,200.45	13.7%	-2.1%
Male	\$2,014.26	\$2,276.90	\$2,576.61	\$3,014.50	\$3,019.10	\$4,573.58	\$3,849.01	11.4%	-7.5%
Unknown	\$0.00	\$0.00	\$227.19	\$340.45	\$1,034.46	\$1,117.85	\$434.95	17.6%	-85.4%
Total	\$2,225.92	\$2,533.87	\$2,740.48	\$3,156.41	\$3,148.95	\$4,782.11	\$3,743.18	9.0%	-9.8%

Source: MSIS data for FFY 00-06.

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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

Tennessee operates a health care reform demonstration waiver under Title XIX, Section 1115. 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.

- On July 1, 2002 Tennessee reached a new five-year agreement with the federal government to continue TennCare. The agreement separated TennCare into three products: TennCare Medicaid, TennCare Standard and TennCare Assist (the Assist program will be implemented at a later date determined by the legislature).

- TennCare Medicaid is a continuation of the federal Medicaid program with a few minor changes in benefits, and a three-tiered pharmacy co-payment structure that began January 1, 2003. Tennessee added a new Medicaid eligibility category: women under 65 who have been screened by the Centers for Disease Control (CDC) and are in need of treatment for breast or cervical cancer.

TennCare received approval from CMS on March 24, 2005 to disenroll approximately 323,000 individuals in optional and expansion groups due to budget shortfalls.

- Eligibility for TennCare as a result of the plan amendment is as follows:

1. **TennCare Medicaid** will cover those that were previously enrolled in the program and receive benefits required by CMS for all Medicaid programs;

2. **TennCare Standard** will disenroll: 1) adult, non-pregnant aged, blind, disabled, and caretaker relative Medically Needy; 2) uninsured adults below 200% of the FPL; 3) adults that have medical conditions that make them uninsurable; and 4) adults that have Medicare, but not Medicaid, who met criteria for TennCare Standard as of December 31, 2001, and have continued to meet the criteria that would make them uninsured (also know as grandfathered duals). The process is expected to start as early as June 1, 2005, and provide health care coverage to approximately 1.3 million individuals.

3. After disenrollment, **TennCare Standard** will include: 1) uninsured children under age 19 with family incomes up to 200% of the FPL; 2) uninsured children under age 19 that are insurable and have family incomes up to 200% of the FPL; 3) uninsured children under age 19 up to 200% of the FPL enrolled before December 31, 2001, as uninsured with no access to insurance, and 4) uninsured children under age 19 that have Medicare, but not Medicaid, were enrolled before December 31, 2001, and meet the criteria for being uninsurable that were in place at that time.

4. **TennCare Assist** will cover employed, with access to group health insurance, up to 200% of the FPL. The state will cover up to 40% of the cost of employer sponsored health insurance coverage that offers at least a basic HMO package; limits employee out-of-pocket expenses to \$2,000 per individual and \$4,000 per family (to be implemented at a later date); and

5. Pharmacy-only will provide pharmacy benefits to grandfathered Medicare enrollees with a three-tiered pharmacy co-payment.

- Cost sharing provisions of the revised TennCare program are as follows:

There is no cost sharing for TennCare Medicaid enrollees;

For TennCare Standard enrollees there are no co-pays for preventive services, and no cost sharing for enrollees with income up to 100% of the FPL;

For TennCare Standard enrollees with incomes from 100% to 200% of the FPL, the co-pays will be as follows:

- \$25 for emergency room services (waived if admitted);
- \$5 for pharmacy services;
- \$5 for outpatient services; \$15 for a specialist;
- \$15 for dental services;
- \$100 per inpatient hospital admission; and
- Limit out-of-pocket expenses to \$1,000 for individuals and \$2,000 for families.

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For TennCare Standard enrollees with incomes above 200% of the FPL, the co-pays will be as follows:

- \$50 for emergency room services (waived if admitted);
- \$10 for pharmacy services;
- \$10 for outpatient services; \$25 for a specialist;
- \$25 for dental services;
- \$200 per inpatient hospital admission; and
- Limit out-of-pocket expenses to \$2,000 for individuals and \$4,000 for families.

Annual out-of-pocket maximums for grandfathered pharmacy co-payments are \$360 per individual; and

For TennCare Standard enrollees, monthly premiums range from \$20 to \$550 for individuals, and \$40 to \$1,375 for families (100% to 600% of the FPL).

A number of **Home and Community Based Services 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 , operating since July 1, 1986. Tennessee received approval in 1995 to continue this waiver.
- Mental Retardation/Developmental Disabilities: Operating since July 1, 1987.

Managed Care

- Commercial Managed Care Organization (MCO)
- Medicaid-only Managed Care Organization (MCO)
- Prepaid Inpatient Health Plan (PIHP)

Tennessee requires all MCO's to be accredited by the National Committee for Quality Assurance (NCQA)

Coverage for Targeted Population

- Medically Needy
- Women with Breast or Cervical Cancer

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, was terminated on June 30, 2003.

Medicaid

- Enacted legislation in 2002 titled the "TennCare Reform Act of 2002", which authorized the state to apply to CMS for a new 1115 demonstration project.
- All Medicaid services will be provided through the revised TennCare Medicaid demonstration waiver implemented in June 2005. The waiver has CMS approval through June 30, 2007.

Children's Health Insurance Program: State Designed

- All eligible children will be covered under the revised TennCare 1115 demonstration waiver.