

Medicaid (Title XIX and Title XXI)

STATE REPORTS – FY 2007

US, Regional Summary and State Reports

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™



General Information about CMS/MSIS2082, main data source of this report:

[Based on Center for Medicare and Medicaid Services(CM) description of Medical Statistical Information System(MSIS) data]

CMS/MSIS2082 data represent people on the Medicaid rolls, recipients of Medicaid services and the payments for claims adjudicated during the year. The data reflected bills adjudicated, or processed, during the year rather than the services used during the year. States submit individual eligibility and claims data tapes to CMS on a quarterly basis via MSIS (the Medicaid Statistical Information System).

Starting FFY1999, CMS started reporting Title XXI funded Medicaid expansion enrollment and expenditures data on MSIS2082 reports. As a result, use caution when comparing FFY1999 and later Medicaid State Reports to prior years.

Caveats:

The general quality of the data is only as reliable as the data submitted to CMS by States. Federal edits are performed to validate individual data elements, check consistency between data elements and verify reasonableness of distributions between reporting periods.

Payments, or vendor payments, from MSIS include dollars for all claims adjudicated during the fiscal year. Vendor payments reported include capitated payments for managed care plans. MSIS payments do not agree with the CMS-64 financial figures because they do not include payments made outside the claims processing system (e.g., payments made to disproportionate share (DSH) hospitals) and differences in accounting time lags.

MSIS slightly understates reporting for children under age 1. Many children born in August and September are omitted from MSIS because these newborns may not be added to the State eligibility file until after the end of the fiscal year.

State-only SCHIP enrollees are excluded from the tables. There are no Medicaid dollars associated with these individuals while they are in the separate SCHIP program.

Hawaii data is based on FFY2006. FFY 2007 data was unavailable for Hawaii as of publication of this report. **Maine** data is based on FFY2004. Starting with 2005, ME has been unable to submit any usable MSIS claims files as they do not have a functioning MMIS (Medicaid Management Information System). The system is supposed to be corrected in 2010 when they expect to be able to submit the MSIS claims.

Refer to CMS document titled “**MSIS State Anomalies/Issues: All States**” (accessible from URL: http://www.cms.hhs.gov/MedicaidDataSourcesGenInfo/02_MSISData.asp) for details on state specific data anomalies and other data issues.

CONTACT INFORMATION

Contact Suk-fong Tang, Department of Practice, with comments about the report; contact Dan Walter, Division of State Government Affairs, for Medicaid questions and advocacy advice. FY1994 to FY2005 Medicaid State Reports are also available in Adobe Acrobat PDF format on the AAP Web site, at <http://www.aap.org/research/medicaid.htm>



Medicaid State Report

FY 2007* (October 1, 2006 - September 30, 2007)

I. MEDICAID ENROLLEES AND EXPENDITURES*	US TOTAL		
	50 states and DC are included in the US Total		
A. Federal Medical Assistance Percentage (FMAP)**	56.8%, 69.4% (FY07 FMAP, Enhanced)	69.4%	56.9%, 69.5% (FY09 FMAP, Enhanced)
B. FY 2007 Total Medicaid Enrollment and Expenditures***	59,366,386 / \$277,257M		
C. Total Medicaid Managed Care^ Enrollment, 06/30/2007 (% of Total Medicaid Enrollment, 12/31/2006)	28,540,719 (63.6% of 44,888,135^)		
D. Percent of Births Paid for by Medicaid, 2002-3 Average^^	40.8%		
E. FY 2007 and FY 2003-2007 Averaged DSH## Payment	\$15,990.7M / \$16,334.9M		
F. Enrollee through Age 20, FY 2007	Enrollees	(as Proportion of Population)	
Through Age 20	32,144,797	(37.0% of 86,785,641)	
Through Age 18	29,972,996	(38.3% of 78,329,527)	
Through Age 5	12,179,233	(48.9% of 24,903,402)	
Infants	2,340,826	(55.4% of 4,222,060)	
Ages 1 through 5	9,838,407	(47.6% of 20,681,342)	
Ages 6 through 18	17,793,763	(33.3% of 53,426,125)	
Ages 6 through 14	12,551,754	(34.8% of 36,025,735)	
Ages 15 through 18	5,242,009	(30.1% of 17,400,390)	
Ages 19 and 20	2,171,801	(25.7% of 8,456,114)	
G. Enrollment, Expenditures*** and Per-enrollee Payment, by Age Group, FY 2007	% Total Enrollees~	% Total Expenditures~	Per Enrollee Payment
Through Age 20	54.1%	27.1%	\$2,338
Through Age 18	50.5%	25.0%	\$2,309
Through Age 5	20.5%	10.2%	\$2,333
Infants	3.9%	2.9%	\$3,398
Ages 1 through 5	16.6%	7.4%	\$2,080
Ages 6 through 18	30.0%	14.7%	\$2,293
Ages 6 through 14	21.1%	9.3%	\$2,051
Ages 15 through 18	8.8%	5.4%	\$2,871
Ages 19 and 20	3.7%	2.1%	\$2,736
Age 21 or Older	45.7%	68.7%	\$7,022
Age 65 or Older	10.0%	23.2%	\$10,860
H. Non-Blind/Disabled Enrollees: Enrollment and Per-enrollee Payment** FY2007	Number of Enrollees	Per Enrollee Payment	
Through Age 20	30,552,540	\$1,829	
Through Age 18	28,585,267	\$1,826	

Notes: * Includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. Data for ME based on FY2004. Data for HI based on FY2006 ** Regional and US averages of FMAPs are weighted by FY2007 Title XIX and Title XXI Medicaid expenditures reported in the CMS64. *** Expenditures include Medicaid vendor payments, health plan premiums, capitation and HMO payments reported by the states to CMS. All expenditures include federal and state shares. ^ Includes Primary Care Case Management. ^^ Point-in-time enrollment on 06/30/2007, at 44.9M, was 75.6% of 59.4M total annual enrollment state(s) reported to CMS for FY 2007. ^^ Data for NJ, NM, NV and TX are based on 2002 only. ## Disproportionate Share Hospital Payments. ~Percents may not sum up to 100% due to missing age information for some beneficiaries and unassigned claims.

II. MEDICAID* SERVICE UTILIZATION		US TOTAL			
A. Payments by Age and Type of Service**		CHILDREN Under 21		ADULTS	
Physician Services		1.4%		2.1%	
Dental Services		0.8%		0.3%	
Clinic Services		1.2%		1.9%	
Other Practitioner Services		0.2%		0.2%	
Outpatient Hospital		1.1%		2.5%	
Inpatient Hospital		3.7%		7.9%	
Intermediate Care Facilities (ICF-MRs)^		0.2%		4.0%	
Nursing Home		0.2%		16.4%	
Mental Health Facility Services		0.6%		0.2%	
Personal Care Services		2.1%		6.2%	
Home Health Services		0.5%		1.8%	
Lab and X-Ray		0.3%		0.7%	
Prescribed Drugs		2.5%		5.5%	
Capitated Payment		9.8%		10.5%	
Primary Care Case Management Services		0.1%		<.05%	
Sterilization Services		<.05%		0.1%	
Other Care Services~		2.4%		8.8%	
Total~~		27.1%		68.7%	
B. Average Payments per User of Service and Percent of Enrollees Using Each Service**		CHILDREN Under 21		ADULTS	
		Per-user	%Use+	Per-user	%Use+
Physician Services		\$394	29.7%	\$553	38.9%
Dental Services		\$331	21.5%	\$381	8.7%
Clinic Services		\$633	17.0%	\$951	19.9%
Other Practitioner Services		\$216	6.9%	\$142	11.2%
Outpatient Hospital		\$521	19.0%	\$890	28.8%
Inpatient Hospital		\$11,059	2.9%	\$6,827	11.4%
Intermediate Care Facilities (ICF-MRs)^		\$96,834	<.05%	\$117,409	0.3%
Nursing Home		\$56,543	<.05%	\$31,890	5.3%
Mental Health Facility Services		\$23,297	0.2%	\$13,402	0.1%
Personal Care Services		\$1,975	9.4%	\$5,312	11.8%
Home Health Services		\$4,446	0.9%	\$6,160	3.0%
Lab and X-Ray		\$127	19.8%	\$248	30.6%
Prescribed Drugs		\$598	36.0%	\$1,367	41.2%
Capitated Payment		\$1,313	64.6%	\$2,279	47.0%
Primary Care Case Management Services		\$31	15.3%	\$38	7.0%
Sterilization Services		\$1,136	<.05%	\$1,129	0.5%
Other Care Services~		\$1,375	14.8%	\$3,798	23.6%
Total		\$2,688	87.0%	\$8,480	82.8%

* Includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. Data for ME based on FY2004. Data for HI based on FY2006 ** Services included in each service category are defined in the CMS document: MSIS Tape Specifications and Data Dictionary, p156 (URL:<http://www.cms.hhs.gov/MSIS/Downloads/msisdd05.pdf>). Effective FY1999, services provided under EPSDT are broken out by type of service as listed on II.A-B of this report. ~ may include, but are not limited to, Home and Community Waiver, prosthetic devices and eyeglasses. ~~ Expenditures do not sum to 100% due to unassigned claims and missing service recipient data. + Sum of percents may exceed 100% since enrollees may use multiple services. ^ for the mentally-retarded. 'na' Data unavailable. 'NA' Not applicable.





Medicaid State Report

FY 2007* (October 1, 2006 - September 30, 2007)

I. MEDICAID ENROLLEES AND EXPENDITURES*

PACIFIC REGION

AK, CA, HI, OR & WA are included in the Pacific Region

A. Federal Medical Assistance Percentage (FMAP)**	50.8%, 65.5% (FY07 FMAP, Enhanced)	51.0%, 65.6% (FY09 FMAP, Enhanced)	
B. FY 2007 Total Medicaid Enrollment and Expenditures***	12,665,440 / \$39,597M		
C. Total Medicaid Managed Care^ Enrollment, 06/30/2007 (% of Total Medicaid Enrollment, 12/31/2006)	4,655,997 (57.1% of 8,152,368^^)		
D. Percent of Births Paid for by Medicaid, 2002-3 Average^^^	43.9%		
E. FY 2007 and FY 2003-2007 Averaged DSH## Payment	\$2,266.0M / \$2,483.5M		
F. Enrollee through Age 20, FY 2007	Enrollees	(as Proportion of Population)	
Through Age 20	6,018,570	(41.5% of 14,511,421)	
Through Age 18	5,398,216	(41.3% of 13,056,769)	
Through Age 5	2,099,349	(50.2% of 4,182,275)	
Infants	414,101	(56.7% of 729,863)	
Ages 1 through 5	1,685,248	(48.8% of 3,452,412)	
Ages 6 through 18	3,298,867	(37.2% of 8,874,494)	
Ages 6 through 14	2,177,328	(36.8% of 5,916,200)	
Ages 15 through 18	1,121,539	(37.9% of 2,958,294)	
Ages 19 and 20	620,354	(42.6% of 1,454,652)	
G. Enrollment, Expenditures*** and Per-enrollee Payment, by Age Group, FY 2007	% Total Enrollees~	% Total Expenditures~	Per Enrollee Payment
Through Age 20	47.5%	26.4%	\$1,740
Through Age 18	42.6%	24.1%	\$1,764
Through Age 5	16.6%	8.9%	\$1,684
Infants	3.3%	1.8%	\$1,726
Ages 1 through 5	13.3%	7.1%	\$1,673
Ages 6 through 18	26.0%	15.1%	\$1,816
Ages 6 through 14	17.2%	9.7%	\$1,756
Ages 15 through 18	8.9%	5.5%	\$1,932
Ages 19 and 20	4.9%	2.4%	\$1,528
Age 21 or Older	52.5%	69.7%	\$4,153
Age 65 or Older	8.9%	24.2%	\$8,541
H. Non-Blind/Disabled Enrollees: Enrollment and Per-enrollee Payment** FY2007	Number of Enrollees	Per Enrollee Payment	
Through Age 20	5,819,099	\$1,361	
Through Age 18	5,224,759	\$1,400	

Notes: * Includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. Data for ME based on FY2004. Data for HI based on FY2006 ** Regional and US averages of FMAPs are weighted by FY2007 Title XIX and Title XXI Medicaid expenditures reported in the CMS64. *** Expenditures include Medicaid vendor payments, health plan premiums, capitation and HMO payments reported by the states to CMS. All expenditures include federal and state shares. ^ Includes Primary Care Case Management. ^^ Point-in-time enrollment on 06/30/2007, at 8.2M, was 64.4% of 12.7M total annual enrollment state(s) reported to CMS for FY 2007. ^^ Data for NJ, NM, NV and TX are based on 2002 only. ## Disproportionate Share Hospital Payments. ~Percents may not sum up to 100% due to missing age information for some beneficiaries and unassigned claims.

II. MEDICAID* SERVICE UTILIZATION		PACIFIC REGION			
A. Payments by Age and Type of Service**		CHILDREN Under 21		ADULTS	
Physician Services		0.8%		2.4%	
Dental Services		0.3%		0.1%	
Clinic Services		1.5%		3.2%	
Other Practitioner Services		0.1%		0.1%	
Outpatient Hospital		0.6%		1.7%	
Inpatient Hospital		3.5%		9.2%	
Intermediate Care Facilities (ICF-MRs)^		0.1%		1.9%	
Nursing Home		0.2%		12.0%	
Mental Health Facility Services		0.2%		<.05%	
Personal Care Services		3.6%		13.5%	
Home Health Services		0.4%		0.3%	
Lab and X-Ray		0.1%		0.7%	
Prescribed Drugs		1.6%		6.9%	
Capitated Payment		11.5%		10.1%	
Primary Care Case Management Services		<.05%		<.05%	
Sterilization Services		<.05%		<.05%	
Other Care Services~		1.7%		8.0%	
Total~~		26.4%		69.7%	
B. Average Payments per User of Service and Percent of Enrollees Using Each Service**		CHILDREN Under 21		ADULTS	
		Per-user	%Use+	Per-user	%Use+
Physician Services		\$377	14.8%	\$432	32.8%
Dental Services		\$289	7.4%	\$296	1.9%
Clinic Services		\$526	18.9%	\$741	25.7%
Other Practitioner Services		\$136	2.7%	\$96	7.8%
Outpatient Hospital		\$441	9.3%	\$508	19.4%
Inpatient Hospital		\$14,030	1.6%	\$7,567	7.0%
Intermediate Care Facilities (ICF-MRs)^		\$68,868	<.05%	\$91,723	0.1%
Nursing Home		\$129,794	<.05%	\$32,516	2.2%
Mental Health Facility Services		\$36,763	<.05%	\$12,684	<.05%
Personal Care Services		\$4,344	5.4%	\$6,440	12.5%
Home Health Services		\$19,554	0.1%	\$4,225	0.4%
Lab and X-Ray		\$93	10.5%	\$154	28.4%
Prescribed Drugs		\$647	16.5%	\$1,185	34.6%
Capitated Payment		\$1,078	70.1%	\$1,236	48.5%
Primary Care Case Management Services		\$35	0.1%	\$44	0.1%
Sterilization Services		\$284	<.05%	\$337	0.3%
Other Care Services~		\$617	18.2%	\$2,127	22.5%
Total		\$2,081	83.6%	\$5,148	80.7%

* Includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. Data for ME based on FY2004. Data for HI based on FY2006 ** Services included in each service category are defined in the CMS document: MSIS Tape Specifications and Data Dictionary, p156 (URL: <http://www.cms.hhs.gov/MSIS/Downloads/msisdd05.pdf>). Effective FY1999, services provided under EPSDT are broken out by type of service as listed on II.A-B of this report. ~ may include, but are not limited to, Home and Community Waiver, prosthetic devices and eyeglasses. ~~ Expenditures do not sum to 100% due to unassigned claims and missing service recipient data. + Sum of percents may exceed 100% since enrollees may use multiple services. ^ for the mentally-retarded. 'na' Data unavailable. 'NA' Not applicable.





Medicaid State Report

FY 2007* (October 1, 2006 - September 30, 2007)

I. MEDICAID ENROLLEES AND EXPENDITURES*

MOUNTAIN REGION

AZ, CO, ID, MT, NM, NV, UT & WY are included in the Mountain Region

A. Federal Medical Assistance Percentage (FMAP)**	63.6%, 74.1% (FY07 FMAP, Enhanced)	62.8%, 73.5% (FY09 FMAP, Enhanced)	
B. FY 2007 Total Medicaid Enrollment and Expenditures***	3,492,075 / \$13,471M		
C. Total Medicaid Managed Care^ Enrollment, 06/30/2007 (% of Total Medicaid Enrollment, 12/31/2006)	2,011,942 (81.2% of 2,476,720^^)		
D. Percent of Births Paid for by Medicaid, 2002-3 Average^^^	43.0%		
E. FY 2007 and FY 2003-2007 Averaged DSH## Payment	\$473.1M / \$458.0M		
F. Enrollee through Age 20, FY 2007	Enrollees	(as Proportion of Population)	
Through Age 20	2,017,372	(32.1% of 6,279,106)	
Through Age 18	1,908,546	(33.6% of 5,679,026)	
Through Age 5	848,049	(44.9% of 1,887,156)	
Infants	169,626	(52.3% of 324,127)	
Ages 1 through 5	678,423	(43.4% of 1,563,029)	
Ages 6 through 18	1,060,497	(28.0% of 3,791,870)	
Ages 6 through 14	775,638	(30.0% of 2,585,625)	
Ages 15 through 18	284,859	(23.6% of 1,206,245)	
Ages 19 and 20	108,826	(18.1% of 600,080)	
G. Enrollment, Expenditures*** and Per-enrollee Payment, by Age Group, FY 2007	% Total Enrollees~	% Total Expenditures~	Per Enrollee Payment
Through Age 20	57.8%	36.3%	\$2,424
Through Age 18	54.7%	33.6%	\$2,374
Through Age 5	24.3%	15.0%	\$2,380
Infants	4.9%	4.4%	\$3,455
Ages 1 through 5	19.4%	10.6%	\$2,111
Ages 6 through 18	30.4%	18.6%	\$2,369
Ages 6 through 14	22.2%	11.9%	\$2,060
Ages 15 through 18	8.2%	6.8%	\$3,208
Ages 19 and 20	3.1%	2.7%	\$3,309
Age 21 or Older	42.2%	57.1%	\$5,216
Age 65 or Older	7.2%	15.0%	\$8,020
H. Non-Blind/Disabled Enrollees: Enrollment and Per-enrollee Payment** FY2007	Number of Enrollees	Per Enrollee Payment	
Through Age 20	1,932,507	\$2,027	
Through Age 18	1,833,450	\$2,004	

Notes: * Includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. Data for ME based on FY2004. Data for HI based on FY2006 ** Regional and US averages of FMAPs are weighted by FY2007 Title XIX and Title XXI Medicaid expenditures reported in the CMS64. *** Expenditures include Medicaid vendor payments, health plan premiums, capitation and HMO payments reported by the states to CMS. All expenditures include federal and state shares. ^ Includes Primary Care Case Management. ^^ Point-in-time enrollment on 06/30/2007, at 2.5M, was 70.9% of 3.5M total annual enrollment state(s) reported to CMS for FY 2007. ^^ Data for NJ, NM, NV and TX are based on 2002 only. ## Disproportionate Share Hospital Payments. ~Percents may not sum up to 100% due to missing age information for some beneficiaries and unassigned claims.

II. MEDICAID* SERVICE UTILIZATION		MOUNTAIN REGION			
A. Payments by Age and Type of Service**		CHILDREN Under 21		ADULTS	
Physician Services		1.1%		1.5%	
Dental Services		0.8%		0.2%	
Clinic Services		2.2%		1.8%	
Other Practitioner Services		0.2%		0.1%	
Outpatient Hospital		3.1%		4.8%	
Inpatient Hospital		3.8%		5.8%	
Intermediate Care Facilities (ICF-MRs)^		0.1%		1.4%	
Nursing Home		<.05%		10.0%	
Mental Health Facility Services		0.7%		0.1%	
Personal Care Services		1.2%		4.0%	
Home Health Services		0.5%		0.6%	
Lab and X-Ray		0.2%		0.4%	
Prescribed Drugs		1.8%		3.2%	
Capitated Payment		18.1%		13.6%	
Primary Care Case Management Services		<.05%		<.05%	
Sterilization Services		<.05%		0.1%	
Other Care Services~		2.3%		9.6%	
Total~~		36.3%		57.1%	
B. Average Payments per User of Service and Percent of Enrollees Using Each Service**		CHILDREN Under 21		ADULTS	
		Per-user	%Use+	Per-user	%Use+
Physician Services		\$474	16.0%	\$680	20.1%
Dental Services		\$378	14.5%	\$398	5.4%
Clinic Services		\$814	17.7%	\$964	17.4%
Other Practitioner Services		\$278	4.2%	\$202	6.1%
Outpatient Hospital		\$1,223	16.9%	\$2,227	19.9%
Inpatient Hospital		\$10,706	2.4%	\$5,878	8.5%
Intermediate Care Facilities (ICF-MRs)^		\$86,612	<.05%	\$94,209	0.1%
Nursing Home		\$64,067	<.05%	\$31,573	2.9%
Mental Health Facility Services		\$29,368	0.2%	\$12,346	0.1%
Personal Care Services		\$1,469	5.6%	\$4,850	7.6%
Home Health Services		\$15,117	0.2%	\$7,766	0.7%
Lab and X-Ray		\$138	8.8%	\$218	16.2%
Prescribed Drugs		\$557	21.2%	\$1,399	20.9%
Capitated Payment		\$1,883	64.3%	\$2,833	43.9%
Primary Care Case Management Services		\$37	8.8%	\$31	4.5%
Sterilization Services		\$454	0.1%	\$2,431	0.4%
Other Care Services~		\$1,768	8.6%	\$5,882	14.9%
Total		\$2,865	84.6%	\$7,774	67.1%

* Includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. Data for ME based on FY2004. Data for HI based on FY2006 ** Services included in each service category are defined in the CMS document: MSIS Tape Specifications and Data Dictionary, p156 (URL: <http://www.cms.hhs.gov/MSIS/Downloads/msisdd05.pdf>). Effective FY1999, services provided under EPSDT are broken out by type of service as listed on II.A-B of this report. ~ may include, but are not limited to, Home and Community Waiver, prosthetic devices and eyeglasses. ~~ Expenditures do not sum to 100% due to unassigned claims and missing service recipient data. + Sum of percents may exceed 100% since enrollees may use multiple services. ^ for the mentally-retarded. 'na' Data unavailable. 'NA' Not applicable.





Medicaid State Report

FY 2007* (October 1, 2006 - September 30, 2007)

I. MEDICAID ENROLLEES AND EXPENDITURES*

WEST NORTH CENTRAL REGION

IA, KS, MN, MO, ND, NE & SD are included in the West North Central Region

A. Federal Medical Assistance Percentage (FMAP)**	57.5%, 70.9% (FY07 FMAP, Enhanced)	58.1%, 71.3% (FY09 FMAP, Enhanced)	
B. FY 2007 Total Medicaid Enrollment and Expenditures***	3,139,319 / \$17,770M		
C. Total Medicaid Managed Care^ Enrollment, 06/30/2007 (% of Total Medicaid Enrollment, 12/31/2006)	1,433,855 (59.3% of 2,418,087^^)		
D. Percent of Births Paid for by Medicaid, 2002-3 Average^^^	36.6%		
E. FY 2007 and FY 2003-2007 Averaged DSH## Payment	\$928.7M / \$832.7M		
F. Enrollee through Age 20, FY 2007	Enrollees	(as Proportion of Population)	
Through Age 20	1,820,951	(31.7% of 5,750,838)	
Through Age 18	1,706,453	(32.9% of 5,186,875)	
Through Age 5	702,093	(43.5% of 1,614,239)	
Infants	137,546	(50.7% of 271,238)	
Ages 1 through 5	564,547	(42.0% of 1,343,001)	
Ages 6 through 18	1,004,360	(28.1% of 3,572,636)	
Ages 6 through 14	710,122	(29.4% of 2,417,186)	
Ages 15 through 18	294,238	(25.5% of 1,155,450)	
Ages 19 and 20	114,498	(20.3% of 563,963)	
G. Enrollment, Expenditures*** and Per-enrollee Payment, by Age Group, FY 2007	% Total Enrollees~	% Total Expenditures~	Per Enrollee Payment
Through Age 20	58.0%	28.7%	\$2,800
Through Age 18	54.4%	26.3%	\$2,738
Through Age 5	22.4%	10.5%	\$2,654
Infants	4.4%	3.4%	\$4,382
Ages 1 through 5	18.0%	7.1%	\$2,233
Ages 6 through 18	32.0%	15.8%	\$2,797
Ages 6 through 14	22.6%	9.5%	\$2,384
Ages 15 through 18	9.4%	6.3%	\$3,794
Ages 19 and 20	3.6%	2.4%	\$3,720
Age 21 or Older	41.8%	70.4%	\$9,533
Age 65 or Older	9.9%	23.4%	\$13,367
H. Non-Blind/Disabled Enrollees: Enrollment and Per-enrollee Payment** FY2007	Number of Enrollees	Per Enrollee Payment	
Through Age 20	1,756,683	\$2,226	
Through Age 18	1,652,145	\$2,229	

Notes: * Includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. Data for ME based on FY2004. Data for HI based on FY2006 ** Regional and US averages of FMAPs are weighted by FY2007 Title XIX and Title XXI Medicaid expenditures reported in the CMS64. *** Expenditures include Medicaid vendor payments, health plan premiums, capitation and HMO payments reported by the states to CMS. All expenditures include federal and state shares. ^ Includes Primary Care Case Management. ^^ Point-in-time enrollment on 06/30/2007, at 2.4M, was 77.0% of 3.1M total annual enrollment state(s) reported to CMS for FY 2007. ^^ Data for NJ, NM, NV and TX are based on 2002 only. ## Disproportionate Share Hospital Payments. ~Percents may not sum up to 100% due to missing age information for some beneficiaries and unassigned claims.

II. MEDICAID* SERVICE UTILIZATION		WEST NORTH CENTRAL REGION			
A. Payments by Age and Type of Service**		CHILDREN Under 21		ADULTS	
Physician Services		1.3%		2.1%	
Dental Services		0.5%		0.3%	
Clinic Services		1.4%		1.9%	
Other Practitioner Services		0.4%		0.7%	
Outpatient Hospital		1.2%		3.0%	
Inpatient Hospital		3.6%		6.0%	
Intermediate Care Facilities (ICF-MRs)^		0.4%		4.0%	
Nursing Home		0.1%		16.9%	
Mental Health Facility Services		0.6%		0.1%	
Personal Care Services		3.1%		11.3%	
Home Health Services		0.3%		1.0%	
Lab and X-Ray		0.1%		0.4%	
Prescribed Drugs		2.7%		5.2%	
Capitated Payment		9.6%		7.8%	
Primary Care Case Management Services		<.05%		<.05%	
Sterilization Services		<.05%		<.05%	
Other Care Services~		3.3%		9.7%	
Total~~		28.7%		70.4%	
B. Average Payments per User of Service and Percent of Enrollees Using Each Service**		CHILDREN Under 21		ADULTS	
		Per-user	%Use+	Per-user	%Use+
Physician Services		\$444	29.5%	\$657	43.2%
Dental Services		\$286	17.8%	\$358	12.3%
Clinic Services		\$524	27.0%	\$747	35.1%
Other Practitioner Services		\$345	11.4%	\$395	22.8%
Outpatient Hospital		\$534	22.7%	\$975	42.3%
Inpatient Hospital		\$9,383	3.7%	\$6,445	12.5%
Intermediate Care Facilities (ICF-MRs)^		\$94,276	<.05%	\$93,744	0.6%
Nursing Home		\$21,901	<.05%	\$25,223	9.1%
Mental Health Facility Services		\$25,884	0.2%	\$21,519	0.1%
Personal Care Services		\$3,391	8.8%	\$7,854	19.5%
Home Health Services		\$1,892	1.4%	\$1,944	7.0%
Lab and X-Ray		\$94	14.7%	\$167	29.8%
Prescribed Drugs		\$671	38.5%	\$1,445	48.9%
Capitated Payment		\$1,461	64.1%	\$1,749	60.6%
Primary Care Case Management Services		\$18	15.5%	\$15	7.1%
Sterilization Services		\$6,416	<.05%	\$807	0.2%
Other Care Services~		\$2,407	13.4%	\$5,092	25.9%
Total		\$3,206	87.3%	\$10,734	88.8%

* Includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. Data for ME based on FY2004. Data for HI based on FY2006 ** Services included in each service category are defined in the CMS document: MSIS Tape Specifications and Data Dictionary, p156 (URL: <http://www.cms.hhs.gov/MSIS/Downloads/msisdd05.pdf>). Effective FY1999, services provided under EPSDT are broken out by type of service as listed on II.A-B of this report. ~ may include, but are not limited to, Home and Community Waiver, prosthetic devices and eyeglasses. ~~ Expenditures do not sum to 100% due to unassigned claims and missing service recipient data. + Sum of percents may exceed 100% since enrollees may use multiple services. ^ for the mentally-retarded. 'na' Data unavailable. 'NA' Not applicable.





Medicaid State Report

FY 2007* (October 1, 2006 - September 30, 2007)

I. MEDICAID ENROLLEES AND EXPENDITURES*

EAST SOUTH CENTRAL REGION

AL, KY, MS & TN are included in the East South Central Region

A. Federal Medical Assistance Percentage (FMAP)**	68.6%, 80.1% (FY07 FMAP, Enhanced)	68.7%, 80.0% (FY09 FMAP, Enhanced)	
B. FY 2007 Total Medicaid Enrollment and Expenditures***	4,019,590 / \$17,375M		
C. Total Medicaid Managed Care^ Enrollment, 06/30/2007 (% of Total Medicaid Enrollment, 12/31/2006)	2,102,158 (66.3% of 3,168,991^)		
D. Percent of Births Paid for by Medicaid, 2002-3 Average^^	46.3%		
E. FY 2007 and FY 2003-2007 Averaged DSH## Payment	\$895.1M / \$788.8M		
F. Enrollee through Age 20, FY 2007	Enrollees	(as Proportion of Population)	
Through Age 20	2,178,780	(42.9% of 5,074,381)	
Through Age 18	2,041,064	(44.4% of 4,593,927)	
Through Age 5	818,147	(56.9% of 1,438,183)	
Infants	158,392	(66.7% of 237,502)	
Ages 1 through 5	659,755	(54.9% of 1,200,681)	
Ages 6 through 18	1,222,917	(38.8% of 3,155,744)	
Ages 6 through 14	871,317	(40.7% of 2,141,975)	
Ages 15 through 18	351,600	(34.7% of 1,013,769)	
Ages 19 and 20	137,716	(28.7% of 480,454)	
G. Enrollment, Expenditures*** and Per-enrollee Payment, by Age Group, FY 2007	% Total Enrollees~	% Total Expenditures~	Per Enrollee Payment
Through Age 20	54.2%	29.1%	\$2,322
Through Age 18	50.8%	26.7%	\$2,273
Through Age 5	20.4%	10.2%	\$2,160
Infants	3.9%	2.4%	\$2,580
Ages 1 through 5	16.4%	7.8%	\$2,059
Ages 6 through 18	30.4%	16.5%	\$2,348
Ages 6 through 14	21.7%	10.3%	\$2,054
Ages 15 through 18	8.7%	6.2%	\$3,077
Ages 19 and 20	3.4%	2.4%	\$3,052
Age 21 or Older	45.8%	63.3%	\$5,971
Age 65 or Older	11.5%	20.5%	\$7,703
H. Non-Blind/Disabled Enrollees: Enrollment and Per-enrollee Payment** FY2007	Number of Enrollees	Per Enrollee Payment	
Through Age 20	2,020,974	\$1,851	
Through Age 18	1,901,524	\$1,819	

Notes: * Includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. Data for ME based on FY2004. Data for HI based on FY2006 ** Regional and US averages of FMAPs are weighted by FY2007 Title XIX and Title XXI Medicaid expenditures reported in the CMS64. *** Expenditures include Medicaid vendor payments, health plan premiums, capitation and HMO payments reported by the states to CMS. All expenditures include federal and state shares. ^ Includes Primary Care Case Management. ^^ Point-in-time enrollment on 06/30/2007, at 3.2M, was 78.8% of 4.0M total annual enrollment state(s) reported to CMS for FY 2007. ^^ Data for NJ, NM, NV and TX are based on 2002 only. ## Disproportionate Share Hospital Payments. ~Percents may not sum up to 100% due to missing age information for some beneficiaries and unassigned claims.

II. MEDICAID* SERVICE UTILIZATION

EAST SOUTH CENTRAL REGION

A. Payments by Age and Type of Service**	CHILDREN Under 21		ADULTS	
Physician Services		3.2%		3.8%
Dental Services		1.6%		0.2%
Clinic Services		2.0%		2.0%
Other Practitioner Services		0.4%		0.2%
Outpatient Hospital		2.5%		3.8%
Inpatient Hospital		3.8%		6.8%
Intermediate Care Facilities (ICF-MRs)^		0.2%		3.4%
Nursing Home		0.1%		18.2%
Mental Health Facility Services		0.5%		0.1%
Personal Care Services		0.7%		1.3%
Home Health Services		0.8%		4.7%
Lab and X-Ray		0.6%		1.5%
Prescribed Drugs		4.4%		6.3%
Capitated Payment		6.3%		6.1%
Primary Care Case Management Services		0.1%		<.05%
Sterilization Services		<.05%		0.2%
Other Care Services~		1.9%		5.2%
Total~~		29.1%		63.3%

B. Average Payments per User of Service and Percent of Enrollees Using Each Service**	CHILDREN Under 21		ADULTS	
	Per-user	%Use+	Per-user	%Use+
Physician Services	\$441	57.7%	\$719	50.6%
Dental Services	\$378	33.0%	\$315	5.2%
Clinic Services	\$678	23.2%	\$888	21.4%
Other Practitioner Services	\$190	18.7%	\$137	12.7%
Outpatient Hospital	\$527	37.1%	\$925	38.3%
Inpatient Hospital	\$8,318	3.6%	\$4,608	12.8%
Intermediate Care Facilities (ICF-MRs)^	\$88,245	<.05%	\$127,985	0.3%
Nursing Home	\$60,624	<.05%	\$30,000	5.7%
Mental Health Facility Services	\$15,441	0.3%	\$14,953	<.05%
Personal Care Services	\$511	11.6%	\$1,222	10.3%
Home Health Services	\$3,411	1.8%	\$9,642	4.6%
Lab and X-Ray	\$121	41.1%	\$315	46.1%
Prescribed Drugs	\$573	60.9%	\$1,312	45.7%
Capitated Payment	\$692	72.8%	\$1,003	57.2%
Primary Care Case Management Services	\$32	28.1%	\$32	11.3%
Sterilization Services	\$1,165	<.05%	\$1,343	1.2%
Other Care Services~	\$1,074	14.4%	\$2,085	23.6%
Total	\$2,617	88.7%	\$7,051	84.7%

* Includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. Data for ME based on FY2004. Data for HI based on FY2006 ** Services included in each service category are defined in the CMS document: MSIS Tape Specifications and Data Dictionary, p156 (URL: <http://www.cms.hhs.gov/MSIS/Downloads/msisdd05.pdf>). Effective FY1999, services provided under EPSDT are broken out by type of service as listed on II.A-B of this report. ~ may include, but are not limited to, Home and Community Waiver, prosthetic devices and eyeglasses. ~~ Expenditures do not sum to 100% due to unassigned claims and missing service recipient data. + Sum of percents may exceed 100% since enrollees may use multiple services. ^ for the mentally-retarded. 'na' Data unavailable. 'NA' Not applicable.





Medicaid State Report

FY 2007* (October 1, 2006 - September 30, 2007)

I. MEDICAID ENROLLEES AND EXPENDITURES*

EAST NORTH CENTRAL REGION

IL, IN, MI, OH & WI are included in the East North Central Region

A. Federal Medical Assistance Percentage (FMAP)**	56.6%, 68.2% (FY07 FMAP, Enhanced)	58.6%, 69.3% (FY09 FMAP, Enhanced)	
B. FY 2007 Total Medicaid Enrollment and Expenditures***	8,616,109 / \$39,416M		
C. Total Medicaid Managed Care^ Enrollment, 06/30/2007 (% of Total Medicaid Enrollment, 12/31/2006)	4,115,884 (59.5% of 6,920,175^)		
D. Percent of Births Paid for by Medicaid, 2002-3 Average^^	37.7%		
E. FY 2007 and FY 2003-2007 Averaged DSH## Payment	\$2,227.5M / \$1,671.0M		
F. Enrollee through Age 20, FY 2007	Enrollees	(as Proportion of Population)	
Through Age 20	4,972,970	(37.1% of 13,402,515)	
Through Age 18	4,677,180	(38.6% of 12,126,468)	
Through Age 5	1,797,715	(48.0% of 3,746,694)	
Infants	326,083	(52.0% of 627,582)	
Ages 1 through 5	1,471,632	(47.2% of 3,119,112)	
Ages 6 through 18	2,879,465	(34.4% of 8,379,774)	
Ages 6 through 14	2,061,297	(36.2% of 5,692,259)	
Ages 15 through 18	818,168	(30.4% of 2,687,515)	
Ages 19 and 20	295,790	(23.2% of 1,276,047)	
G. Enrollment, Expenditures*** and Per-enrollee Payment, by Age Group, FY 2007	% Total Enrollees~	% Total Expenditures~	Per Enrollee Payment
Through Age 20	57.7%	23.8%	\$1,885
Through Age 18	54.3%	21.8%	\$1,833
Through Age 5	20.9%	9.2%	\$2,021
Infants	3.8%	2.8%	\$3,381
Ages 1 through 5	17.1%	6.4%	\$1,720
Ages 6 through 18	33.4%	12.5%	\$1,716
Ages 6 through 14	23.9%	7.9%	\$1,510
Ages 15 through 18	9.5%	4.6%	\$2,235
Ages 19 and 20	3.4%	2.0%	\$2,708
Age 21 or Older	42.3%	69.1%	\$7,476
Age 65 or Older	8.9%	21.8%	\$11,167
H. Non-Blind/Disabled Enrollees: Enrollment and Per-enrollee Payment** FY2007	Number of Enrollees	Per Enrollee Payment	
Through Age 20	4,791,801	\$1,548	
Through Age 18	4,521,464	\$1,526	

Notes: * Includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. Data for ME based on FY2004. Data for HI based on FY2006 ** Regional and US averages of FMAPs are weighted by FY2007 Title XIX and Title XXI Medicaid expenditures reported in the CMS64. *** Expenditures include Medicaid vendor payments, health plan premiums, capitation and HMO payments reported by the states to CMS. All expenditures include federal and state shares. ^ Includes Primary Care Case Management. ^^ Point-in-time enrollment on 06/30/2007, at 6.9M, was 80.3% of 8.6M total annual enrollment state(s) reported to CMS for FY 2007. ^^ Data for NJ, NM, NV and TX are based on 2002 only. ## Disproportionate Share Hospital Payments. ~Percents may not sum up to 100% due to missing age information for some beneficiaries and unassigned claims.

II. MEDICAID* SERVICE UTILIZATION		EAST NORTH CENTRAL REGION			
A. Payments by Age and Type of Service**		CHILDREN Under 21		ADULTS	
Physician Services		1.1%		2.1%	
Dental Services		0.7%		0.4%	
Clinic Services		1.1%		1.1%	
Other Practitioner Services		0.1%		0.1%	
Outpatient Hospital		0.8%		2.0%	
Inpatient Hospital		3.6%		8.1%	
Intermediate Care Facilities (ICF-MRs)^		0.2%		4.4%	
Nursing Home		<.05%		18.1%	
Mental Health Facility Services		0.4%		0.2%	
Personal Care Services		2.5%		3.6%	
Home Health Services		0.3%		0.6%	
Lab and X-Ray		0.2%		0.9%	
Prescribed Drugs		2.2%		5.2%	
Capitated Payment		9.5%		13.5%	
Primary Care Case Management Services		<.05%		<.05%	
Sterilization Services		<.05%		<.05%	
Other Care Services~		1.1%		9.5%	
Total~~		23.8%		69.1%	
B. Average Payments per User of Service and Percent of Enrollees Using Each Service**		CHILDREN Under 21		ADULTS	
		Per-user	%Use+	Per-user	%Use+
Physician Services		\$273	30.5%	\$501	44.7%
Dental Services		\$233	23.7%	\$256	16.4%
Clinic Services		\$475	17.6%	\$589	19.5%
Other Practitioner Services		\$179	5.1%	\$108	13.9%
Outpatient Hospital		\$338	18.3%	\$673	32.8%
Inpatient Hospital		\$12,473	2.3%	\$8,737	9.3%
Intermediate Care Facilities (ICF-MRs)^		\$71,947	<.05%	\$79,848	0.6%
Nursing Home		\$33,729	<.05%	\$27,325	7.1%
Mental Health Facility Services		\$14,656	0.2%	\$25,254	0.1%
Personal Care Services		\$1,101	18.1%	\$2,730	14.2%
Home Health Services		\$7,172	0.3%	\$3,810	1.6%
Lab and X-Ray		\$96	20.5%	\$262	36.2%
Prescribed Drugs		\$547	31.6%	\$1,150	48.6%
Capitated Payment		\$1,245	60.3%	\$3,411	42.9%
Primary Care Case Management Services		\$38	0.2%	\$37	1.9%
Sterilization Services		\$764	<.05%	\$1,095	0.4%
Other Care Services~		\$1,089	8.1%	\$3,781	27.1%
Total		\$2,163	87.2%	\$8,713	85.8%

* Includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. Data for ME based on FY2004. Data for HI based on FY2006 ** Services included in each service category are defined in the CMS document: MSIS Tape Specifications and Data Dictionary, p156 (URL: <http://www.cms.hhs.gov/MSIS/Downloads/msisdd05.pdf>). Effective FY1999, services provided under EPSDT are broken out by type of service as listed on II.A-B of this report. ~ may include, but are not limited to, Home and Community Waiver, prosthetic devices and eyeglasses. ~~ Expenditures do not sum to 100% due to unassigned claims and missing service recipient data. + Sum of percents may exceed 100% since enrollees may use multiple services. ^ for the mentally-retarded. 'na' Data unavailable. 'NA' Not applicable.





Medicaid State Report

FY 2007* (October 1, 2006 - September 30, 2007)

I. MEDICAID ENROLLEES AND EXPENDITURES*

WEST SOUTH CENTRAL REGION

AR, LA, OK & TX are included in the West South Central Region

A. Federal Medical Assistance Percentage (FMAP)**	64.8%, 75.2% (FY07 FMAP, Enhanced)	63.9%, 74.5% (FY09 FMAP, Enhanced)	
B. FY 2007 Total Medicaid Enrollment and Expenditures***	6,898,030 / \$25,161M		
C. Total Medicaid Managed Care^ Enrollment, 06/30/2007 (% of Total Medicaid Enrollment, 12/31/2006)	3,580,199 (69.4% of 5,155,528^^)		
D. Percent of Births Paid for by Medicaid, 2002-3 Average^^^	50.2%		
E. FY 2007 and FY 2003-2007 Averaged DSH## Payment	\$2,459.5M / \$2,426.6M		
F. Enrollee through Age 20, FY 2007	Enrollees	(as Proportion of Population)	
Through Age 20	4,629,433	(43.0% of 10,772,728)	
Through Age 18	4,413,713	(45.1% of 9,776,390)	
Through Age 5	1,912,066	(57.7% of 3,315,040)	
Infants	370,561	(65.6% of 564,479)	
Ages 1 through 5	1,541,505	(56.0% of 2,750,561)	
Ages 6 through 18	2,501,647	(38.7% of 6,461,350)	
Ages 6 through 14	1,837,286	(41.4% of 4,433,747)	
Ages 15 through 18	664,361	(32.8% of 2,027,603)	
Ages 19 and 20	215,720	(21.7% of 996,338)	
G. Enrollment, Expenditures*** and Per-enrollee Payment, by Age Group, FY 2007	% Total Enrollees~	% Total Expenditures~	Per Enrollee Payment
Through Age 20	67.1%	38.9%	\$2,117
Through Age 18	64.0%	36.6%	\$2,089
Through Age 5	27.7%	18.1%	\$2,377
Infants	5.4%	5.3%	\$3,588
Ages 1 through 5	22.3%	12.8%	\$2,085
Ages 6 through 18	36.3%	18.6%	\$1,869
Ages 6 through 14	26.6%	12.4%	\$1,693
Ages 15 through 18	9.6%	6.2%	\$2,357
Ages 19 and 20	3.1%	2.3%	\$2,683
Age 21 or Older	32.9%	59.0%	\$6,546
Age 65 or Older	9.7%	20.0%	\$7,481
H. Non-Blind/Disabled Enrollees: Enrollment and Per-enrollee Payment** FY2007	Number of Enrollees	Per Enrollee Payment	
Through Age 20	4,410,374	\$1,680	
Through Age 18	4,217,741	\$1,677	

Notes: * Includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. Data for ME based on FY2004. Data for HI based on FY2006 ** Regional and US averages of FMAPs are weighted by FY2007 Title XIX and Title XXI Medicaid expenditures reported in the CMS64. *** Expenditures include Medicaid vendor payments, health plan premiums, capitation and HMO payments reported by the states to CMS. All expenditures include federal and state shares. ^ Includes Primary Care Case Management. ^^ Point-in-time enrollment on 06/30/2007, at 5.2M, was 74.7% of 6.9M total annual enrollment state(s) reported to CMS for FY 2007. ^^ Data for NJ, NM, NV and TX are based on 2002 only. ## Disproportionate Share Hospital Payments. ~Percents may not sum up to 100% due to missing age information for some beneficiaries and unassigned claims.

II. MEDICAID* SERVICE UTILIZATION		WEST SOUTH CENTRAL REGION			
A. Payments by Age and Type of Service**		CHILDREN Under 21		ADULTS	
Physician Services		3.3%		3.3%	
Dental Services		2.5%		0.1%	
Clinic Services		1.9%		1.1%	
Other Practitioner Services		0.4%		0.2%	
Outpatient Hospital		1.5%		2.3%	
Inpatient Hospital		6.8%		7.5%	
Intermediate Care Facilities (ICF-MRs)^		0.4%		6.0%	
Nursing Home		<.05%		14.1%	
Mental Health Facility Services		1.2%		0.2%	
Personal Care Services		2.1%		2.6%	
Home Health Services		1.4%		0.7%	
Lab and X-Ray		1.3%		1.4%	
Prescribed Drugs		6.4%		5.6%	
Capitated Payment		7.7%		3.7%	
Primary Care Case Management Services		0.1%		<.05%	
Sterilization Services		<.05%		0.1%	
Other Care Services~		2.0%		10.4%	
Total~~		38.9%		59.0%	
B. Average Payments per User of Service and Percent of Enrollees Using Each Service**		CHILDREN Under 21		ADULTS	
		Per-user	%Use+	Per-user	%Use+
Physician Services		\$374	47.3%	\$789	45.9%
Dental Services		\$335	40.5%	\$494	1.9%
Clinic Services		\$794	13.0%	\$926	13.4%
Other Practitioner Services		\$188	11.8%	\$157	13.3%
Outpatient Hospital		\$326	25.0%	\$848	29.5%
Inpatient Hospital		\$9,782	3.8%	\$4,531	18.0%
Intermediate Care Facilities (ICF-MRs)^		\$63,296	<.05%	\$75,186	0.9%
Nursing Home		\$30,030	<.05%	\$22,651	6.9%
Mental Health Facility Services		\$15,542	0.4%	\$4,578	0.4%
Personal Care Services		\$1,234	9.1%	\$2,706	10.6%
Home Health Services		\$3,570	2.1%	\$1,196	6.0%
Lab and X-Ray		\$189	37.5%	\$381	40.1%
Prescribed Drugs		\$559	62.4%	\$1,310	47.5%
Capitated Payment		\$989	42.5%	\$1,587	25.6%
Primary Care Case Management Services		\$20	38.7%	\$19	15.8%
Sterilization Services		\$331	<.05%	\$1,123	1.5%
Other Care Services~		\$417	26.1%	\$3,828	30.3%
Total		\$2,412	87.7%	\$8,327	78.6%

* Includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. Data for ME based on FY2004. Data for HI based on FY2006 ** Services included in each service category are defined in the CMS document: MSIS Tape Specifications and Data Dictionary, p156 (URL: <http://www.cms.hhs.gov/MSIS/Downloads/msisdd05.pdf>). Effective FY1999, services provided under EPSDT are broken out by type of service as listed on II.A-B of this report. ~ may include, but are not limited to, Home and Community Waiver, prosthetic devices and eyeglasses. ~~ Expenditures do not sum to 100% due to unassigned claims and missing service recipient data. + Sum of percents may exceed 100% since enrollees may use multiple services. ^ for the mentally-retarded. 'na' Data unavailable. 'NA' Not applicable.





Medicaid State Report

FY 2007* (October 1, 2006 - September 30, 2007)

I. MEDICAID ENROLLEES AND EXPENDITURES*

SOUTH ATLANTIC REGION

DC, DE, FL, GA, MD, NC, SC, VA & WV are included in the South Atlantic Region

A. Federal Medical Assistance Percentage (FMAP)**	60.2%, 71.3% (FY07 FMAP, Enhanced)	59.7%, 71.3% (FY09 FMAP, Enhanced)	
B. FY 2007 Total Medicaid Enrollment and Expenditures***	9,617,429 / \$46,816M		
C. Total Medicaid Managed Care^ Enrollment, 06/30/2007 (% of Total Medicaid Enrollment, 12/31/2006)	4,589,435 (60.0% of 7,647,083^^)		
D. Percent of Births Paid for by Medicaid, 2002-3 Average^^^	42.7%		
E. FY 2007 and FY 2003-2007 Averaged DSH## Payment	\$2,056.5M / \$1,944.2M		
F. Enrollee through Age 20, FY 2007	Enrollees	(as Proportion of Population)	
Through Age 20	5,598,916	(35.1% of 15,958,539)	
Through Age 18	5,299,434	(36.9% of 14,372,612)	
Through Age 5	2,256,762	(48.9% of 4,613,029)	
Infants	444,995	(57.0% of 780,118)	
Ages 1 through 5	1,811,767	(47.3% of 3,832,911)	
Ages 6 through 18	3,042,672	(31.2% of 9,759,583)	
Ages 6 through 14	2,179,917	(33.4% of 6,529,043)	
Ages 15 through 18	862,755	(26.7% of 3,230,540)	
Ages 19 and 20	299,482	(18.9% of 1,585,927)	
G. Enrollment, Expenditures*** and Per-enrollee Payment, by Age Group, FY 2007	% Total Enrollees~	% Total Expenditures~	Per Enrollee Payment
Through Age 20	58.2%	30.2%	\$2,524
Through Age 18	55.1%	27.9%	\$2,468
Through Age 5	23.5%	11.4%	\$2,364
Infants	4.6%	3.6%	\$3,802
Ages 1 through 5	18.8%	7.8%	\$2,011
Ages 6 through 18	31.6%	16.5%	\$2,545
Ages 6 through 14	22.7%	10.2%	\$2,191
Ages 15 through 18	9.0%	6.3%	\$3,439
Ages 19 and 20	3.1%	2.3%	\$3,518
Age 21 or Older	41.8%	62.6%	\$7,288
Age 65 or Older	11.2%	20.1%	\$8,741
H. Non-Blind/Disabled Enrollees: Enrollment and Per-enrollee Payment** FY2007	Number of Enrollees	Per Enrollee Payment	
Through Age 20	5,277,544	\$1,938	
Through Age 18	5,014,350	\$1,906	

Notes: * Includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. Data for ME based on FY2004. Data for HI based on FY2006 ** Regional and US averages of FMAPs are weighted by FY2007 Title XIX and Title XXI Medicaid expenditures reported in the CMS64. *** Expenditures include Medicaid vendor payments, health plan premiums, capitation and HMO payments reported by the states to CMS. All expenditures include federal and state shares. ^ Includes Primary Care Case Management. ^^ Point-in-time enrollment on 06/30/2007, at 7.6M, was 79.5% of 9.6M total annual enrollment state(s) reported to CMS for FY 2007. ^^ Data for NJ, NM, NV and TX are based on 2002 only. ## Disproportionate Share Hospital Payments. ~Percents may not sum up to 100% due to missing age information for some beneficiaries and unassigned claims.

II. MEDICAID* SERVICE UTILIZATION		SOUTH ATLANTIC REGION			
A. Payments by Age and Type of Service**		CHILDREN Under 21		ADULTS	
Physician Services		2.2%		3.0%	
Dental Services		1.0%		0.3%	
Clinic Services		1.1%		1.5%	
Other Practitioner Services		0.2%		0.1%	
Outpatient Hospital		1.4%		2.6%	
Inpatient Hospital		4.5%		8.9%	
Intermediate Care Facilities (ICF-MRs)^		0.2%		3.0%	
Nursing Home		0.1%		15.4%	
Mental Health Facility Services		0.5%		0.1%	
Personal Care Services		1.4%		4.0%	
Home Health Services		0.5%		2.0%	
Lab and X-Ray		0.2%		0.7%	
Prescribed Drugs		2.8%		5.1%	
Capitated Payment		9.1%		8.9%	
Primary Care Case Management Services		0.1%		0.1%	
Sterilization Services		<.05%		0.1%	
Other Care Services~		4.9%		7.5%	
Total~~		30.2%		62.6%	
B. Average Payments per User of Service and Percent of Enrollees Using Each Service**		CHILDREN Under 21		ADULTS	
		Per-user	%Use+	Per-user	%Use+
Physician Services		\$495	36.3%	\$668	52.5%
Dental Services		\$359	22.4%	\$437	8.3%
Clinic Services		\$553	16.8%	\$1,168	14.9%
Other Practitioner Services		\$197	7.2%	\$105	12.4%
Outpatient Hospital		\$537	21.3%	\$834	35.7%
Inpatient Hospital		\$10,333	3.7%	\$5,704	16.8%
Intermediate Care Facilities (ICF-MRs)^		\$82,150	<.05%	\$109,323	0.3%
Nursing Home		\$98,057	<.05%	\$30,617	5.9%
Mental Health Facility Services		\$25,757	0.2%	\$23,455	0.1%
Personal Care Services		\$1,513	7.9%	\$3,261	14.3%
Home Health Services		\$3,522	1.1%	\$7,200	3.2%
Lab and X-Ray		\$95	20.1%	\$254	31.8%
Prescribed Drugs		\$674	34.8%	\$1,436	41.5%
Capitated Payment		\$1,129	67.3%	\$2,538	41.0%
Primary Care Case Management Services		\$40	29.7%	\$53	20.2%
Sterilization Services		\$1,902	<.05%	\$1,099	0.6%
Other Care Services~		\$2,868	14.4%	\$3,588	24.3%
Total		\$2,852	88.5%	\$8,714	83.6%

* Includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. Data for ME based on FY2004. Data for HI based on FY2006 ** Services included in each service category are defined in the CMS document: MSIS Tape Specifications and Data Dictionary, p156 (URL:<http://www.cms.hhs.gov/MSIS/Downloads/msisdd05.pdf>). Effective FY1999, services provided under EPSDT are broken out by type of service as listed on II.A-B of this report. ~ may include, but are not limited to, Home and Community Waiver, prosthetic devices and eyeglasses. ~~ Expenditures do not sum to 100% due to unassigned claims and missing service recipient data. + Sum of percents may exceed 100% since enrollees may use multiple services. ^ for the mentally-retarded. 'na' Data unavailable. 'NA' Not applicable.





Medicaid State Report

FY 2007* (October 1, 2006 - September 30, 2007)

I. MEDICAID ENROLLEES AND EXPENDITURES*

MID ATLANTIC REGION

NJ, NY & PA are included in the Mid Atlantic Region

A. Federal Medical Assistance Percentage (FMAP)**	50.9%, 65.7% (FY07 FMAP, Enhanced)	50.9%, 65.7% (FY09 FMAP, Enhanced)	
B. FY 2007 Total Medicaid Enrollment and Expenditures***	8,112,447 / \$59,439M		
C. Total Medicaid Managed Care^ Enrollment, 06/30/2007 (% of Total Medicaid Enrollment, 12/31/2006)	4,617,623 (68.2% of 6,771,465^)		
D. Percent of Births Paid for by Medicaid, 2002-3 Average^^	34.2%		
E. FY 2007 and FY 2003-2007 Averaged DSH## Payment	\$4,466.5M / \$4,747.8M		
F. Enrollee through Age 20, FY 2007	<u>Enrollees</u>	<u>(as Proportion of Population)</u>	
Through Age 20	3,666,841	(33.0% of 11,113,901)	
Through Age 18	3,379,872	(33.8% of 10,013,271)	
Through Age 5	1,336,089	(43.5% of 3,068,548)	
Infants	243,525	(47.2% of 515,789)	
Ages 1 through 5	1,092,564	(42.8% of 2,552,759)	
Ages 6 through 18	2,043,783	(29.4% of 6,944,723)	
Ages 6 through 14	1,427,476	(30.7% of 4,654,559)	
Ages 15 through 18	616,307	(26.9% of 2,290,164)	
Ages 19 and 20	286,969	(26.1% of 1,100,630)	
G. Enrollment, Expenditures*** and Per-enrollee Payment, by Age Group, FY 2007	<u>% Total Enrollees~</u>	<u>% Total Expenditures~</u>	<u>Per Enrollee Payment</u>
Through Age 20	45.2%	20.1%	\$3,256
Through Age 18	41.7%	18.4%	\$3,228
Through Age 5	16.5%	7.4%	\$3,291
Infants	3.0%	1.9%	\$4,734
Ages 1 through 5	13.5%	5.5%	\$2,969
Ages 6 through 18	25.2%	11.0%	\$3,187
Ages 6 through 14	17.6%	7.0%	\$2,923
Ages 15 through 18	7.6%	3.9%	\$3,799
Ages 19 and 20	3.5%	1.7%	\$3,581
Age 21 or Older	53.7%	78.4%	\$10,701
Age 65 or Older	11.5%	28.5%	\$18,106
H. Non-Blind/Disabled Enrollees: Enrollment and Per-enrollee Payment** FY2007	<u>Number of Enrollees</u>	<u>Per Enrollee Payment</u>	
Through Age 20	3,372,964	\$2,314	
Through Age 18	3,115,675	\$2,317	

Notes: * Includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. Data for ME based on FY2004. Data for HI based on FY2006 ** Regional and US averages of FMAPs are weighted by FY2007 Title XIX and Title XXI Medicaid expenditures reported in the CMS64. *** Expenditures include Medicaid vendor payments, health plan premiums, capitation and HMO payments reported by the states to CMS. All expenditures include federal and state shares. ^ Includes Primary Care Case Management. ^^ Point-in-time enrollment on 06/30/2007, at 6.8M, was 83.5% of 8.1M total annual enrollment state(s) reported to CMS for FY 2007. ^^ Data for NJ, NM, NV and TX are based on 2002 only. ## Disproportionate Share Hospital Payments. ~Percents may not sum up to 100% due to missing age information for some beneficiaries and unassigned claims.

II. MEDICAID* SERVICE UTILIZATION		MID ATLANTIC REGION			
A. Payments by Age and Type of Service**	CHILDREN Under 21		ADULTS		
	Physician Services	0.2%		0.5%	
Dental Services	0.3%		0.5%		
Clinic Services	0.6%		2.1%		
Other Practitioner Services	<.05%		0.1%		
Outpatient Hospital	0.5%		2.0%		
Inpatient Hospital	2.3%		8.7%		
Intermediate Care Facilities (ICF-MRs)^	0.4%		6.3%		
Nursing Home	0.3%		18.8%		
Mental Health Facility Services	0.9%		0.4%		
Personal Care Services	2.0%		6.0%		
Home Health Services	0.2%		2.7%		
Lab and X-Ray	<.05%		0.3%		
Prescribed Drugs	1.3%		5.4%		
Capitated Payment	10.0%		15.0%		
Primary Care Case Management Services	<.05%		<.05%		
Sterilization Services	<.05%		<.05%		
Other Care Services~	1.1%		10.0%		
Total~~	20.1%		78.4%		
B. Average Payments per User of Service and Percent of Enrollees Using Each Service**	CHILDREN Under 21		ADULTS		
	Per-user	%Use+	Per-user	%Use+	
Physician Services	\$248	12.2%	\$262	25.8%	
Dental Services	\$386	12.8%	\$489	14.2%	
Clinic Services	\$806	11.1%	\$1,749	16.0%	
Other Practitioner Services	\$339	2.1%	\$85	8.7%	
Outpatient Hospital	\$695	12.2%	\$1,107	24.6%	
Inpatient Hospital	\$12,137	3.1%	\$9,056	12.9%	
Intermediate Care Facilities (ICF-MRs)^	\$232,256	<.05%	\$246,525	0.3%	
Nursing Home	\$42,732	0.1%	\$43,483	5.9%	
Mental Health Facility Services	\$32,860	0.4%	\$17,739	0.3%	
Personal Care Services	\$4,988	6.4%	\$11,125	7.4%	
Home Health Services	\$4,212	0.8%	\$7,692	4.8%	
Lab and X-Ray	\$97	7.5%	\$202	20.7%	
Prescribed Drugs	\$591	36.9%	\$1,721	42.5%	
Capitated Payment	\$1,976	81.7%	\$3,298	61.8%	
Primary Care Case Management Services	\$48	6.1%	\$42	3.2%	
Sterilization Services	\$122	<.05%	\$1,814	0.1%	
Other Care Services~	\$2,140	8.2%	\$6,870	19.8%	
Total	\$3,651	89.2%	\$12,068	88.7%	

* Includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. Data for ME based on FY2004. Data for HI based on FY2006 ** Services included in each service category are defined in the CMS document: MSIS Tape Specifications and Data Dictionary, p156 (URL: <http://www.cms.hhs.gov/MSIS/Downloads/msisdd05.pdf>). Effective FY1999, services provided under EPSDT are broken out by type of service as listed on II.A-B of this report. ~ may include, but are not limited to, Home and Community Waiver, prosthetic devices and eyeglasses. ~~ Expenditures do not sum to 100% due to unassigned claims and missing service recipient data. + Sum of percents may exceed 100% since enrollees may use multiple services. ^ for the mentally-retarded. 'na' Data unavailable. 'NA' Not applicable.





Medicaid State Report

FY 2007* (October 1, 2006 - September 30, 2007)

I. MEDICAID ENROLLEES AND EXPENDITURES*

NEW ENGLAND REGION

CT, MA, ME, NH, RI & VT are included in the New England Region

A. Federal Medical Assistance Percentage (FMAP)**	52.3%, 66.1% (FY07 FMAP, Enhanced)	52.5%, 66.2% (FY09 FMAP, Enhanced)	
B. FY 2007 Total Medicaid Enrollment and Expenditures***	2,805,947 / \$18,212M		
C. Total Medicaid Managed Care^ Enrollment, 06/30/2007 (% of Total Medicaid Enrollment, 12/31/2006)	1,433,626 (65.8% of 2,177,718^^)		
D. Percent of Births Paid for by Medicaid, 2002-3 Average^^^	30.1%		
E. FY 2007 and FY 2003-2007 Averaged DSH## Payment	\$217.7M / \$982.5M		
F. Enrollee through Age 20, FY 2007	Enrollees	(as Proportion of Population)	
Through Age 20	1,240,964	(31.6% of 3,922,212)	
Through Age 18	1,148,518	(32.6% of 3,524,189)	
Through Age 5	408,963	(39.4% of 1,038,238)	
Infants	75,997	(44.3% of 171,362)	
Ages 1 through 5	332,966	(38.4% of 866,876)	
Ages 6 through 18	739,555	(29.7% of 2,485,951)	
Ages 6 through 14	511,373	(30.9% of 1,655,141)	
Ages 15 through 18	228,182	(27.5% of 830,810)	
Ages 19 and 20	92,446	(23.2% of 398,023)	
G. Enrollment, Expenditures*** and Per-enrollee Payment, by Age Group, FY 2007	% Total Enrollees~	% Total Expenditures~	Per Enrollee Payment
Through Age 20	44.2%	24.1%	\$3,538
Through Age 18	40.9%	22.3%	\$3,538
Through Age 5	14.6%	7.3%	\$3,239
Infants	2.7%	2.0%	\$4,821
Ages 1 through 5	11.9%	5.3%	\$2,878
Ages 6 through 18	26.4%	15.0%	\$3,704
Ages 6 through 14	18.2%	9.2%	\$3,272
Ages 15 through 18	8.1%	5.9%	\$4,672
Ages 19 and 20	3.3%	1.8%	\$3,537
Age 21 or Older	55.8%	75.2%	\$8,747
Age 65 or Older	11.3%	27.4%	\$15,714
H. Non-Blind/Disabled Enrollees: Enrollment and Per-enrollee Payment** FY2007	Number of Enrollees	Per Enrollee Payment	
Through Age 20	1,170,594	\$3,005	
Through Age 18	1,104,159	\$3,015	

Notes: * Includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. Data for ME based on FY2004. Data for HI based on FY2006 ** Regional and US averages of FMAPs are weighted by FY2007 Title XIX and Title XXI Medicaid expenditures reported in the CMS64. *** Expenditures include Medicaid vendor payments, health plan premiums, capitation and HMO payments reported by the states to CMS. All expenditures include federal and state shares. ^ Includes Primary Care Case Management. ^^ Point-in-time enrollment on 06/30/2007, at 2.2M, was 77.6% of 2.8M total annual enrollment state(s) reported to CMS for FY 2007. ^^ Data for NJ, NM, NV and TX are based on 2002 only. ## Disproportionate Share Hospital Payments. ~Percents may not sum up to 100% due to missing age information for some beneficiaries and unassigned claims.

II. MEDICAID* SERVICE UTILIZATION		NEW ENGLAND REGION			
A. Payments by Age and Type of Service**		<u>CHILDREN Under 21</u>		<u>ADULTS</u>	
Physician Services		0.7%		1.7%	
Dental Services		0.8%		0.7%	
Clinic Services		1.2%		1.7%	
Other Practitioner Services		0.2%		0.2%	
Outpatient Hospital		1.3%		3.9%	
Inpatient Hospital		2.4%		5.7%	
Intermediate Care Facilities (ICF-MRs)^		0.1%		2.7%	
Nursing Home		0.2%		23.2%	
Mental Health Facility Services		0.6%		0.2%	
Personal Care Services		1.8%		7.9%	
Home Health Services		0.4%		4.9%	
Lab and X-Ray		0.2%		1.0%	
Prescribed Drugs		1.2%		5.8%	
Capitated Payment		8.9%		8.1%	
Primary Care Case Management Services		<.05%		<.05%	
Sterilization Services		<.05%		<.05%	
Other Care Services~		4.0%		7.6%	
Total~~		24.1%		75.2%	
B. Average Payments per User of Service and Percent of Enrollees Using Each Service**		<u>CHILDREN Under 21</u>		<u>ADULTS</u>	
		Per-user	%Use+	Per-user	%Use+
Physician Services		\$370	27.4%	\$453	42.5%
Dental Services		\$425	28.6%	\$396	19.6%
Clinic Services		\$1,598	11.4%	\$1,146	17.3%
Other Practitioner Services		\$394	6.8%	\$130	13.7%
Outpatient Hospital		\$873	21.2%	\$1,168	38.6%
Inpatient Hospital		\$16,237	2.2%	\$8,107	8.1%
Intermediate Care Facilities (ICF-MRs)^		\$114,761	<.05%	\$198,011	0.2%
Nursing Home		\$100,893	<.05%	\$40,113	6.7%
Mental Health Facility Services		\$41,798	0.2%	\$5,760	0.3%
Personal Care Services		\$2,164	12.5%	\$8,410	10.9%
Home Health Services		\$8,565	0.7%	\$13,886	4.1%
Lab and X-Ray		\$132	18.3%	\$354	33.5%
Prescribed Drugs		\$607	28.5%	\$1,480	45.5%
Capitated Payment		\$2,127	61.4%	\$2,693	34.9%
Primary Care Case Management Services		\$31	12.7%	\$27	8.8%
Sterilization Services		\$718	<.05%	\$1,521	0.3%
Other Care Services~		\$3,412	17.4%	\$3,532	25.2%
Total		\$4,071	86.9%	\$10,924	80.1%

* Includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. Data for ME based on FY2004. Data for HI based on FY2006 ** Services included in each service category are defined in the CMS document: MSIS Tape Specifications and Data Dictionary, p156 (URL: <http://www.cms.hhs.gov/MSIS/Downloads/msisdd05.pdf>). Effective FY1999, services provided under EPSDT are broken out by type of service as listed on II.A-B of this report. ~ may include, but are not limited to, Home and Community Waiver, prosthetic devices and eyeglasses. ~~ Expenditures do not sum to 100% due to unassigned claims and missing service recipient data. + Sum of percents may exceed 100% since enrollees may use multiple services. ^ for the mentally-retarded. 'na' Data unavailable. 'NA' Not applicable.





Medicaid State Report

FY 2007* (October 1, 2006 - September 30, 2007)

I. MEDICAID ENROLLEES AND EXPENDITURES*

ALABAMA

AL, KY, MS & TN are included in the East South Central Region

A. Federal Medical Assistance Percentage (FMAP)**	68.9%, 78.2% (FY07 FMAP, Enhanced)	68.0%, 77.6% (FY09 FMAP, Enhanced)	
B. FY 2007 Total Medicaid Enrollment and Expenditures***	919,304 / \$3,902M		
C. Total Medicaid Managed Care^ Enrollment, 06/30/2007 (% of Total Medicaid Enrollment, 12/31/2006)	471,824 (65.1% of 724,424^^)		
D. Percent of Births Paid for by Medicaid, 2002-3 Average^^^	45.8%		
E. FY 2007 and FY 2003-2007 Averaged DSH## Payment	\$423.7M / \$402.4M		
F. Enrollee through Age 20, FY 2007	Enrollees	(as Proportion of Population)	
Through Age 20	495,937	(38.4% of 1,291,008)	
Through Age 18	465,710	(39.8% of 1,169,319)	
Through Age 5	192,965	(53.6% of 360,200)	
Infants	36,910	(62.0% of 59,527)	
Ages 1 through 5	156,055	(51.9% of 300,673)	
Ages 6 through 18	272,745	(33.7% of 809,119)	
Ages 6 through 14	197,154	(35.8% of 550,192)	
Ages 15 through 18	75,591	(29.2% of 258,927)	
Ages 19 and 20	30,227	(24.8% of 121,689)	
G. Enrollment, Expenditures*** and Per-enrollee Payment, by Age Group, FY 2007	% Total Enrollees~	% Total Expenditures~	Per Enrollee Payment
Through Age 20	53.9%	27.3%	\$2,145
Through Age 18	50.7%	25.4%	\$2,127
Through Age 5	21.0%	9.5%	\$1,920
Infants	4.0%	1.9%	\$2,042
Ages 1 through 5	17.0%	7.6%	\$1,891
Ages 6 through 18	29.7%	15.9%	\$2,273
Ages 6 through 14	21.4%	10.4%	\$2,056
Ages 15 through 18	8.2%	5.5%	\$2,837
Ages 19 and 20	3.3%	1.9%	\$2,435
Age 21 or Older	46.1%	52.7%	\$4,853
Age 65 or Older	13.6%	23.4%	\$7,331
H. Non-Blind/Disabled Enrollees: Enrollment and Per-enrollee Payment** FY2007	Number of Enrollees	Per Enrollee Payment	
Through Age 20	456,917	\$1,821	
Through Age 18	431,083	\$1,821	

Notes: * Includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. Data for ME based on FY2004. Data for HI based on FY2006 ** Regional and US averages of FMAPs are weighted by FY2007 Title XIX and Title XXI Medicaid expenditures reported in the CMS64. *** Expenditures include Medicaid vendor payments, health plan premiums, capitation and HMO payments reported by the states to CMS. All expenditures include federal and state shares. ^ Includes Primary Care Case Management. ^^ Point-in-time enrollment on 06/30/2007, at 0.7M, was 78.8% of 0.9M total annual enrollment state(s) reported to CMS for FY 2007. ^^ Data for NJ, NM, NV and TX are based on 2002 only. ## Disproportionate Share Hospital Payments. ~Percents may not sum up to 100% due to missing age information for some beneficiaries and unassigned claims.

II. MEDICAID* SERVICE UTILIZATION		ALABAMA			
A. Payments by Age and Type of Service**		CHILDREN Under 21		ADULTS	
Physician Services		4.4%		3.6%	
Dental Services		1.4%		<.05%	
Clinic Services		3.1%		3.1%	
Other Practitioner Services		0.2%		0.1%	
Outpatient Hospital		0.8%		1.1%	
Inpatient Hospital		1.0%		4.3%	
Intermediate Care Facilities (ICF-MRs)^		<.05%		0.8%	
Nursing Home		0.2%		20.8%	
Mental Health Facility Services		0.0%		0.3%	
Personal Care Services		1.2%		1.8%	
Home Health Services		0.3%		1.0%	
Lab and X-Ray		0.7%		1.2%	
Prescribed Drugs		4.7%		5.8%	
Capitated Payment		8.2%		2.1%	
Primary Care Case Management Services		0.2%		0.1%	
Sterilization Services		<.05%		<.05%	
Other Care Services~		0.8%		7.6%	
Total~~		27.3%		52.7%	
B. Average Payments per User of Service and Percent of Enrollees Using Each Service**		CHILDREN Under 21		ADULTS	
		Per-user	%Use+	Per-user	%Use+
Physician Services		\$517	66.4%	\$692	47.6%
Dental Services		\$305	35.8%	\$465	0.2%
Clinic Services		\$811	30.0%	\$1,047	27.6%
Other Practitioner Services		\$137	12.5%	\$91	12.7%
Outpatient Hospital		\$173	37.3%	\$455	21.9%
Inpatient Hospital		\$3,860	2.0%	\$2,393	13.1%
Intermediate Care Facilities (ICF-MRs)^		\$109,385	<.05%	\$124,171	0.1%
Nursing Home		\$58,074	<.05%	\$32,492	5.9%
Mental Health Facility Services		NA	0.0%	\$55,253	<.05%
Personal Care Services		\$2,148	4.6%	\$3,091	5.3%
Home Health Services		\$444	6.2%	\$901	9.8%
Lab and X-Ray		\$160	35.7%	\$277	41.0%
Prescribed Drugs		\$577	64.3%	\$1,388	38.4%
Capitated Payment		\$737	87.7%	\$692	27.6%
Primary Care Case Management Services		\$27	66.2%	\$28	21.0%
Sterilization Services		\$129	<.05%	\$351	0.7%
Other Care Services~		\$571	10.7%	\$4,137	17.0%
Total		\$2,368	90.6%	\$6,438	75.4%

* Includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. Data for ME based on FY2004. Data for HI based on FY2006 ** Services included in each service category are defined in the CMS document: MSIS Tape Specifications and Data Dictionary, p156 (URL: <http://www.cms.hhs.gov/MSIS/Downloads/msisdd05.pdf>). Effective FY1999, services provided under EPSDT are broken out by type of service as listed on II.A-B of this report. ~ may include, but are not limited to, Home and Community Waiver, prosthetic devices and eyeglasses. ~~ Expenditures do not sum to 100% due to unassigned claims and missing service recipient data. + Sum of percents may exceed 100% since enrollees may use multiple services. ^ for the mentally-retarded. 'na' Data unavailable. 'NA' Not applicable.





Medicaid State Report

FY 2007* (October 1, 2006 - September 30, 2007)

I. MEDICAID ENROLLEES AND EXPENDITURES*

ALASKA

AK, CA, HI, OR & WA are included in the Pacific Region

A. Federal Medical Assistance Percentage (FMAP)**	51.1%, 65.8% (FY07 FMAP, Enhanced)	50.5%, 65.4% (FY09 FMAP, Enhanced)	
B. FY 2007 Total Medicaid Enrollment and Expenditures***	127,367 / \$937M		
C. Total Medicaid Managed Care^ Enrollment, 06/30/2007 (% of Total Medicaid Enrollment, 12/31/2006)	0 (0.0% of 96,146^^)		
D. Percent of Births Paid for by Medicaid, 2002-3 Average^^^	54.7%		
E. FY 2007 and FY 2003-2007 Averaged DSH## Payment	\$15.1M / \$15.1M		
F. Enrollee through Age 20, FY 2007	Enrollees	(as Proportion of Population)	
Through Age 20	84,138	(38.9% of 216,213)	
Through Age 18	79,959	(41.4% of 193,172)	
Through Age 5	30,519	(48.0% of 63,552)	
Infants	5,744	(50.7% of 11,335)	
Ages 1 through 5	24,775	(47.4% of 52,217)	
Ages 6 through 18	49,440	(38.1% of 129,620)	
Ages 6 through 14	34,209	(39.6% of 86,418)	
Ages 15 through 18	15,231	(35.3% of 43,202)	
Ages 19 and 20	4,179	(18.1% of 23,041)	
G. Enrollment, Expenditures*** and Per-enrollee Payment, by Age Group, FY 2007	% Total Enrollees~	% Total Expenditures~	Per Enrollee Payment
Through Age 20	66.1%	42.0%	\$4,678
Through Age 18	62.8%	39.2%	\$4,591
Through Age 5	24.0%	13.6%	\$4,183
Infants	4.5%	4.9%	\$7,924
Ages 1 through 5	19.5%	8.8%	\$3,315
Ages 6 through 18	38.8%	25.6%	\$4,844
Ages 6 through 14	26.9%	12.7%	\$3,485
Ages 15 through 18	12.0%	12.8%	\$7,894
Ages 19 and 20	3.3%	2.8%	\$6,334
Age 21 or Older	33.9%	56.9%	\$12,328
Age 65 or Older	6.6%	16.8%	\$18,592
H. Non-Blind/Disabled Enrollees: Enrollment and Per-enrollee Payment** FY2007	Number of Enrollees	Per Enrollee Payment	
Through Age 20	81,842	\$3,940	
Through Age 18	77,974	\$3,935	

Notes: * Includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. Data for ME based on FY2004. Data for HI based on FY2006 ** Regional and US averages of FMAPs are weighted by FY2007 Title XIX and Title XXI Medicaid expenditures reported in the CMS64. *** Expenditures include Medicaid vendor payments, health plan premiums, capitation and HMO payments reported by the states to CMS. All expenditures include federal and state shares. ^ Includes Primary Care Case Management. ^^ Point-in-time enrollment on 06/30/2007, at 0.1M, was 75.5% of 0.1M total annual enrollment state(s) reported to CMS for FY 2007. ^^ Data for NJ, NM, NV and TX are based on 2002 only. ## Disproportionate Share Hospital Payments. ~Percents may not sum up to 100% due to missing age information for some beneficiaries and unassigned claims.

II. MEDICAID* SERVICE UTILIZATION		ALASKA			
A. Payments by Age and Type of Service**		<u>CHILDREN Under 21</u>		<u>ADULTS</u>	
Physician Services		3.5%		3.6%	
Dental Services		1.8%		0.5%	
Clinic Services		6.4%		4.0%	
Other Practitioner Services		0.2%		0.1%	
Outpatient Hospital		3.4%		4.5%	
Inpatient Hospital		7.7%		5.8%	
Intermediate Care Facilities (ICF-MRs)^		<.05%		<.05%	
Nursing Home		<.05%		7.6%	
Mental Health Facility Services		7.7%		<.05%	
Personal Care Services		3.1%		10.2%	
Home Health Services		<.05%		0.1%	
Lab and X-Ray		0.3%		1.0%	
Prescribed Drugs		2.7%		5.2%	
Capitated Payment		0.0%		0.0%	
Primary Care Case Management Services		0.0%		0.0%	
Sterilization Services		0.0%		0.1%	
Other Care Services~		5.1%		13.9%	
Total~~		42.0%		56.9%	
B. Average Payments per User of Service and Percent of Enrollees Using Each Service**		<u>CHILDREN Under 21</u>		<u>ADULTS</u>	
		Per-user	%Use+	Per-user	%Use+
Physician Services		\$721	53.7%	\$1,134	69.3%
Dental Services		\$513	39.2%	\$584	19.9%
Clinic Services		\$2,489	28.5%	\$2,226	39.2%
Other Practitioner Services		\$180	11.8%	\$147	18.6%
Outpatient Hospital		\$1,106	34.4%	\$1,668	59.1%
Inpatient Hospital		\$16,014	5.3%	\$6,105	20.2%
Intermediate Care Facilities (ICF-MRs)^		\$52,667	<.05%	\$70,278	<.05%
Nursing Home		\$47,232	<.05%	\$61,578	2.7%
Mental Health Facility Services		\$50,246	1.7%	\$23,803	<.05%
Personal Care Services		\$2,569	13.4%	\$7,209	30.7%
Home Health Services		\$1,564	0.1%	\$2,802	0.6%
Lab and X-Ray		\$138	27.7%	\$385	58.4%
Prescribed Drugs		\$662	45.6%	\$2,003	56.8%
Capitated Payment		NA	0.0%	NA	0.0%
Primary Care Case Management Services		NA	0.0%	NA	0.0%
Sterilization Services		NA	0.0%	\$3,260	0.8%
Other Care Services~		\$2,316	24.7%	\$6,275	48.2%
Total		\$5,868	79.7%	\$13,851	89.0%

* Includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. Data for ME based on FY2004. Data for HI based on FY2006 ** Services included in each service category are defined in the CMS document: MSIS Tape Specifications and Data Dictionary, p156 (URL: <http://www.cms.hhs.gov/MSIS/Downloads/msisdd05.pdf>). Effective FY1999, services provided under EPSDT are broken out by type of service as listed on II.A-B of this report. ~ may include, but are not limited to, Home and Community Waiver, prosthetic devices and eyeglasses. ~~ Expenditures do not sum to 100% due to unassigned claims and missing service recipient data. + Sum of percents may exceed 100% since enrollees may use multiple services. ^ for the mentally-retarded. 'na' Data unavailable. 'NA' Not applicable.





Medicaid State Report

FY 2007* (October 1, 2006 - September 30, 2007)

I. MEDICAID ENROLLEES AND EXPENDITURES*

ARIZONA

AZ, CO, ID, MT, NM, NV, UT & WY are included in the Mountain Region

A. Federal Medical Assistance Percentage (FMAP)**	66.5%, 76.5% (FY07 FMAP, Enhanced)	65.8%, 76.0% (FY09 FMAP, Enhanced)	
B. FY 2007 Total Medicaid Enrollment and Expenditures***	1,455,923 / \$3,434M		
C. Total Medicaid Managed Care^ Enrollment, 06/30/2007 (% of Total Medicaid Enrollment, 12/31/2006)	890,046 (89.9% of 989,519^^)		
D. Percent of Births Paid for by Medicaid, 2002-3 Average^^^	49.8%		
E. FY 2007 and FY 2003-2007 Averaged DSH## Payment	\$143.5M / \$150.8M		
F. Enrollee through Age 20, FY 2007	Enrollees	(as Proportion of Population)	
Through Age 20	754,532	(40.5% of 1,862,106)	
Through Age 18	704,477	(41.8% of 1,684,882)	
Through Age 5	302,558	(53.0% of 570,860)	
Infants	62,668	(63.1% of 99,329)	
Ages 1 through 5	239,890	(50.9% of 471,531)	
Ages 6 through 18	401,919	(36.1% of 1,114,022)	
Ages 6 through 14	293,284	(38.8% of 756,349)	
Ages 15 through 18	108,635	(30.4% of 357,673)	
Ages 19 and 20	50,055	(28.2% of 177,224)	
G. Enrollment, Expenditures*** and Per-enrollee Payment, by Age Group, FY 2007	% Total Enrollees~	% Total Expenditures~	Per Enrollee Payment
Through Age 20	51.8%	52.8%	\$2,403
Through Age 18	48.4%	48.8%	\$2,380
Through Age 5	20.8%	23.9%	\$2,707
Infants	4.3%	6.6%	\$3,595
Ages 1 through 5	16.5%	17.3%	\$2,475
Ages 6 through 18	27.6%	25.0%	\$2,133
Ages 6 through 14	20.1%	15.7%	\$1,843
Ages 15 through 18	7.5%	9.2%	\$2,919
Ages 19 and 20	3.4%	4.0%	\$2,728
Age 21 or Older	48.2%	46.0%	\$2,251
Age 65 or Older	6.2%	5.0%	\$1,902
H. Non-Blind/Disabled Enrollees: Enrollment and Per-enrollee Payment** FY2007	Number of Enrollees	Per Enrollee Payment	
Through Age 20	723,378	\$2,206	
Through Age 18	676,493	\$2,192	

Notes: * Includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. Data for ME based on FY2004. Data for HI based on FY2006 ** Regional and US averages of FMAPs are weighted by FY2007 Title XIX and Title XXI Medicaid expenditures reported in the CMS64. *** Expenditures include Medicaid vendor payments, health plan premiums, capitation and HMO payments reported by the states to CMS. All expenditures include federal and state shares. ^ Includes Primary Care Case Management. ^^ Point-in-time enrollment on 06/30/2007, at 1.0M, was 68.0% of 1.5M total annual enrollment state(s) reported to CMS for FY 2007. ^^ Data for NJ, NM, NV and TX are based on 2002 only. ## Disproportionate Share Hospital Payments. ~Percents may not sum up to 100% due to missing age information for some beneficiaries and unassigned claims.

II. MEDICAID* SERVICE UTILIZATION		ARIZONA			
A. Payments by Age and Type of Service**		CHILDREN Under 21		ADULTS	
Physician Services		0.3%		0.6%	
Dental Services		<.05%		<.05%	
Clinic Services		<.05%		<.05%	
Other Practitioner Services		<.05%		0.1%	
Outpatient Hospital		6.7%		10.1%	
Inpatient Hospital		1.7%		3.2%	
Intermediate Care Facilities (ICF-MRs)^		0.0%		0.0%	
Nursing Home		<.05%		0.7%	
Mental Health Facility Services		0.1%		0.0%	
Personal Care Services		<.05%		0.1%	
Home Health Services		<.05%		<.05%	
Lab and X-Ray		<.05%		0.1%	
Prescribed Drugs		<.05%		0.1%	
Capitated Payment		43.6%		30.4%	
Primary Care Case Management Services		0.0%		0.0%	
Sterilization Services		0.0%		0.0%	
Other Care Services~		0.3%		0.7%	
Total~~		52.8%		46.0%	
B. Average Payments per User of Service and Percent of Enrollees Using Each Service**		CHILDREN Under 21		ADULTS	
		Per-user	%Use+	Per-user	%Use+
Physician Services		\$672	1.8%	\$843	3.3%
Dental Services		\$1,077	<.05%	\$615	<.05%
Clinic Services		\$238	0.1%	\$334	0.2%
Other Practitioner Services		\$262	0.5%	\$372	0.9%
Outpatient Hospital		\$4,048	7.5%	\$8,188	6.1%
Inpatient Hospital		\$6,364	1.2%	\$4,446	3.4%
Intermediate Care Facilities (ICF-MRs)^		NA	0.0%	NA	0.0%
Nursing Home		\$33,368	<.05%	\$24,253	0.1%
Mental Health Facility Services		\$20,126	<.05%	NA	0.0%
Personal Care Services		\$433	0.3%	\$670	0.6%
Home Health Services		\$851	<.05%	\$1,990	<.05%
Lab and X-Ray		\$226	0.7%	\$402	1.6%
Prescribed Drugs		\$329	0.5%	\$628	0.5%
Capitated Payment		\$2,425	81.9%	\$3,586	41.5%
Primary Care Case Management Services		NA	0.0%	NA	0.0%
Sterilization Services		NA	0.0%	NA	0.0%
Other Care Services~		\$777	1.9%	\$1,207	2.9%
Total		\$2,892	83.1%	\$4,936	45.6%

* Includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. Data for ME based on FY2004. Data for HI based on FY2006 ** Services included in each service category are defined in the CMS document: MSIS Tape Specifications and Data Dictionary, p156 (URL: <http://www.cms.hhs.gov/MSIS/Downloads/msisdd05.pdf>). Effective FY1999, services provided under EPSDT are broken out by type of service as listed on II.A-B of this report. ~ may include, but are not limited to, Home and Community Waiver, prosthetic devices and eyeglasses. ~~ Expenditures do not sum to 100% due to unassigned claims and missing service recipient data. + Sum of percents may exceed 100% since enrollees may use multiple services. ^ for the mentally-retarded. 'na' Data unavailable. 'NA' Not applicable.





Medicaid State Report

FY 2007* (October 1, 2006 - September 30, 2007)

I. MEDICAID ENROLLEES AND EXPENDITURES*

ARKANSAS

AR, LA, OK & TX are included in the West South Central Region

A. Federal Medical Assistance Percentage (FMAP)**	73.4%, 81.4% (FY07 FMAP, Enhanced)	72.8%, 81.0% (FY09 FMAP, Enhanced)	
B. FY 2007 Total Medicaid Enrollment and Expenditures***	757,432 / \$3,106M		
C. Total Medicaid Managed Care^ Enrollment, 06/30/2007 (% of Total Medicaid Enrollment, 12/31/2006)	511,272 (81.7% of 625,866^)		
D. Percent of Births Paid for by Medicaid, 2002-3 Average^^	52.3%		
E. FY 2007 and FY 2003-2007 Averaged DSH## Payment	\$46.4M / \$35.9M		
F. Enrollee through Age 20, FY 2007	Enrollees	(as Proportion of Population)	
Through Age 20	474,028	(58.6% of 809,393)	
Through Age 18	445,611	(60.6% of 734,784)	
Through Age 5	162,150	(69.5% of 233,303)	
Infants	26,455	(68.7% of 38,500)	
Ages 1 through 5	135,695	(69.7% of 194,803)	
Ages 6 through 18	283,461	(56.5% of 501,481)	
Ages 6 through 14	201,181	(58.4% of 344,755)	
Ages 15 through 18	82,280	(52.5% of 156,726)	
Ages 19 and 20	28,417	(38.1% of 74,609)	
G. Enrollment, Expenditures*** and Per-enrollee Payment, by Age Group, FY 2007	% Total Enrollees~	% Total Expenditures~	Per Enrollee Payment
Through Age 20	62.6%	38.9%	\$2,549
Through Age 18	58.8%	37.1%	\$2,585
Through Age 5	21.4%	15.5%	\$2,974
Infants	3.5%	4.0%	\$4,663
Ages 1 through 5	17.9%	11.6%	\$2,645
Ages 6 through 18	37.4%	21.6%	\$2,362
Ages 6 through 14	26.6%	13.5%	\$2,088
Ages 15 through 18	10.9%	8.0%	\$3,032
Ages 19 and 20	3.8%	1.8%	\$1,992
Age 21 or Older	37.4%	58.9%	\$6,456
Age 65 or Older	8.6%	24.8%	\$11,861
H. Non-Blind/Disabled Enrollees: Enrollment and Per-enrollee Payment** FY2007	Number of Enrollees	Per Enrollee Payment	
Through Age 20	443,776	\$1,838	
Through Age 18	418,029	\$1,882	

Notes: * Includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. Data for ME based on FY2004. Data for HI based on FY2006 ** Regional and US averages of FMAPs are weighted by FY2007 Title XIX and Title XXI Medicaid expenditures reported in the CMS64. *** Expenditures include Medicaid vendor payments, health plan premiums, capitation and HMO payments reported by the states to CMS. All expenditures include federal and state shares. ^ Includes Primary Care Case Management. ^^ Point-in-time enrollment on 06/30/2007, at 0.6M, was 82.6% of 0.8M total annual enrollment state(s) reported to CMS for FY 2007. ^^ Data for NJ, NM, NV and TX are based on 2002 only. ## Disproportionate Share Hospital Payments. ~Percents may not sum up to 100% due to missing age information for some beneficiaries and unassigned claims.

II. MEDICAID* SERVICE UTILIZATION		ARKANSAS			
A. Payments by Age and Type of Service**		CHILDREN Under 21		ADULTS	
Physician Services		4.1%		6.4%	
Dental Services		1.7%		<.05%	
Clinic Services		10.0%		4.1%	
Other Practitioner Services		0.3%		0.2%	
Outpatient Hospital		1.2%		6.1%	
Inpatient Hospital		5.9%		4.0%	
Intermediate Care Facilities (ICF-MRs)^		0.6%		3.5%	
Nursing Home		<.05%		16.0%	
Mental Health Facility Services		4.3%		<.05%	
Personal Care Services		1.6%		2.8%	
Home Health Services		0.1%		0.3%	
Lab and X-Ray		0.3%		0.8%	
Prescribed Drugs		5.8%		4.3%	
Capitated Payment		0.0%		0.0%	
Primary Care Case Management Services		0.4%		0.1%	
Sterilization Services		<.05%		0.1%	
Other Care Services~		2.7%		10.1%	
Total~~		38.9%		58.9%	
B. Average Payments per User of Service and Percent of Enrollees Using Each Service**		CHILDREN Under 21		ADULTS	
		Per-user	%Use+	Per-user	%Use+
Physician Services		\$421	64.3%	\$1,085	64.8%
Dental Services		\$338	33.0%	\$588	0.1%
Clinic Services		\$1,540	42.3%	\$2,261	20.0%
Other Practitioner Services		\$105	17.0%	\$136	17.6%
Outpatient Hospital		\$209	36.0%	\$1,723	38.7%
Inpatient Hospital		\$9,205	4.2%	\$2,345	18.2%
Intermediate Care Facilities (ICF-MRs)^		\$73,851	0.1%	\$75,828	0.5%
Nursing Home		\$24,597	<.05%	\$27,668	6.3%
Mental Health Facility Services		\$25,855	1.1%	\$1,644	0.2%
Personal Care Services		\$1,883	5.4%	\$3,894	7.7%
Home Health Services		\$1,582	0.2%	\$2,303	1.6%
Lab and X-Ray		\$91	21.1%	\$189	43.9%
Prescribed Drugs		\$595	64.0%	\$1,214	39.2%
Capitated Payment		NA	0.0%	NA	0.0%
Primary Care Case Management Services		\$31	80.7%	\$27	26.0%
Sterilization Services		\$94	0.2%	\$439	1.7%
Other Care Services~		\$232	76.8%	\$1,742	63.7%
Total		\$2,761	92.3%	\$7,917	81.5%

* Includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. Data for ME based on FY2004. Data for HI based on FY2006 ** Services included in each service category are defined in the CMS document: MSIS Tape Specifications and Data Dictionary, p156 (URL: <http://www.cms.hhs.gov/MSIS/Downloads/msisdd05.pdf>). Effective FY1999, services provided under EPSDT are broken out by type of service as listed on II.A-B of this report. ~ may include, but are not limited to, Home and Community Waiver, prosthetic devices and eyeglasses. ~~ Expenditures do not sum to 100% due to unassigned claims and missing service recipient data. + Sum of percents may exceed 100% since enrollees may use multiple services. ^ for the mentally-retarded. 'na' Data unavailable. 'NA' Not applicable.





Medicaid State Report

FY 2007* (October 1, 2006 - September 30, 2007)

I. MEDICAID ENROLLEES AND EXPENDITURES*

CALIFORNIA

AK, CA, HI, OR & WA are included in the Pacific Region

A. Federal Medical Assistance Percentage (FMAP)**	50.0%, 65.0% (FY07 FMAP, Enhanced)	50.0%, 65.0% (FY09 FMAP, Enhanced)	
B. FY 2007 Total Medicaid Enrollment and Expenditures***	10,630,016 / \$30,100M		
C. Total Medicaid Managed Care^ Enrollment, 06/30/2007 (% of Total Medicaid Enrollment, 12/31/2006)	3,286,293 (50.8% of 6,465,346^^)		
D. Percent of Births Paid for by Medicaid, 2002-3 Average^^^	45.2%		
E. FY 2007 and FY 2003-2007 Averaged DSH## Payment	\$1,898.2M / \$2,113.3M		
F. Enrollee through Age 20, FY 2007	Enrollees	(as Proportion of Population)	
Through Age 20	4,849,178	(43.4% of 11,174,038)	
Through Age 18	4,304,607	(42.8% of 10,060,367)	
Through Age 5	1,667,903	(51.5% of 3,238,014)	
Infants	336,642	(59.3% of 567,243)	
Ages 1 through 5	1,331,261	(49.8% of 2,670,771)	
Ages 6 through 18	2,636,704	(38.6% of 6,822,353)	
Ages 6 through 14	1,712,234	(37.7% of 4,539,668)	
Ages 15 through 18	924,470	(40.5% of 2,282,685)	
Ages 19 and 20	544,571	(48.9% of 1,113,671)	
G. Enrollment, Expenditures*** and Per-enrollee Payment, by Age Group, FY 2007	% Total Enrollees~	% Total Expenditures~	Per Enrollee Payment
Through Age 20	45.6%	26.1%	\$1,618
Through Age 18	40.5%	23.6%	\$1,653
Through Age 5	15.7%	8.3%	\$1,494
Infants	3.2%	1.4%	\$1,292
Ages 1 through 5	12.5%	6.8%	\$1,545
Ages 6 through 18	24.8%	15.4%	\$1,754
Ages 6 through 14	16.1%	10.0%	\$1,763
Ages 15 through 18	8.7%	5.3%	\$1,737
Ages 19 and 20	5.1%	2.4%	\$1,342
Age 21 or Older	54.4%	72.0%	\$3,747
Age 65 or Older	9.0%	25.6%	\$8,098
H. Non-Blind/Disabled Enrollees: Enrollment and Per-enrollee Payment** FY2007	Number of Enrollees	Per Enrollee Payment	
Through Age 20	4,696,672	\$1,253	
Through Age 18	4,172,048	\$1,299	

Notes: * Includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. Data for ME based on FY2004. Data for HI based on FY2006 ** Regional and US averages of FMAPs are weighted by FY2007 Title XIX and Title XXI Medicaid expenditures reported in the CMS64. *** Expenditures include Medicaid vendor payments, health plan premiums, capitation and HMO payments reported by the states to CMS. All expenditures include federal and state shares. ^ Includes Primary Care Case Management. ^^ Point-in-time enrollment on 06/30/2007, at 6.5M, was 60.8% of 10.6M total annual enrollment state(s) reported to CMS for FY 2007. ^^ Data for NJ, NM, NV and TX are based on 2002 only. ## Disproportionate Share Hospital Payments. ~Percents may not sum up to 100% due to missing age information for some beneficiaries and unassigned claims.

II. MEDICAID* SERVICE UTILIZATION		CALIFORNIA			
A. Payments by Age and Type of Service**		<u>CHILDREN Under 21</u>		<u>ADULTS</u>	
Physician Services		0.8%		2.4%	
Dental Services		0.1%		<.05%	
Clinic Services		1.6%		3.7%	
Other Practitioner Services		<.05%		0.1%	
Outpatient Hospital		0.5%		1.3%	
Inpatient Hospital		3.7%		10.0%	
Intermediate Care Facilities (ICF-MRs)^		0.2%		2.4%	
Nursing Home		0.3%		12.2%	
Mental Health Facility Services		<.05%		<.05%	
Personal Care Services		4.0%		16.3%	
Home Health Services		0.5%		0.1%	
Lab and X-Ray		0.2%		0.9%	
Prescribed Drugs		1.7%		7.1%	
Capitated Payment		10.9%		9.3%	
Primary Care Case Management Services		0.0%		0.0%	
Sterilization Services		<.05%		<.05%	
Other Care Services~		1.6%		6.2%	
Total~~		26.1%		72.0%	
B. Average Payments per User of Service and Percent of Enrollees Using Each Service**		<u>CHILDREN Under 21</u>		<u>ADULTS</u>	
		Per-user	%Use+	Per-user	%Use+
Physician Services		\$371	13.6%	\$396	31.6%
Dental Services		\$227	1.6%	\$88	<.05%
Clinic Services		\$451	21.8%	\$717	27.0%
Other Practitioner Services		\$91	1.9%	\$85	7.1%
Outpatient Hospital		\$365	9.1%	\$382	17.8%
Inpatient Hospital		\$13,492	1.7%	\$7,502	6.8%
Intermediate Care Facilities (ICF-MRs)^		\$68,507	<.05%	\$90,916	0.1%
Nursing Home		\$158,083	<.05%	\$33,083	1.9%
Mental Health Facility Services		\$11,966	<.05%	\$212,038	<.05%
Personal Care Services		\$4,452	5.6%	\$6,848	12.4%
Home Health Services		\$19,685	0.2%	\$1,173	0.4%
Lab and X-Ray		\$92	11.6%	\$153	29.4%
Prescribed Drugs		\$658	15.8%	\$1,140	32.7%
Capitated Payment		\$975	69.3%	\$1,022	47.5%
Primary Care Case Management Services		NA	0.0%	NA	0.0%
Sterilization Services		\$86	<.05%	\$230	0.3%
Other Care Services~		\$520	19.1%	\$1,533	20.9%
Total		\$1,958	82.6%	\$4,714	79.5%

* Includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. Data for ME based on FY2004. Data for HI based on FY2006 ** Services included in each service category are defined in the CMS document: MSIS Tape Specifications and Data Dictionary, p156 (URL: <http://www.cms.hhs.gov/MSIS/Downloads/msisdd05.pdf>). Effective FY1999, services provided under EPSDT are broken out by type of service as listed on II.A-B of this report. ~ may include, but are not limited to, Home and Community Waiver, prosthetic devices and eyeglasses. ~~ Expenditures do not sum to 100% due to unassigned claims and missing service recipient data. + Sum of percents may exceed 100% since enrollees may use multiple services. ^ for the mentally-retarded. 'na' Data unavailable. 'NA' Not applicable.





Medicaid State Report

FY 2007* (October 1, 2006 - September 30, 2007)

I. MEDICAID ENROLLEES AND EXPENDITURES*

COLORADO

AZ, CO, ID, MT, NM, NV, UT & WY are included in the Mountain Region

A. Federal Medical Assistance Percentage (FMAP)**	50.0%, 65.0% (FY07 FMAP, Enhanced)	50.0%, 65.0% (FY09 FMAP, Enhanced)	
B. FY 2007 Total Medicaid Enrollment and Expenditures***	565,888 / \$2,720M		
C. Total Medicaid Managed Care^ Enrollment, 06/30/2007 (% of Total Medicaid Enrollment, 12/31/2006)	358,636 (94.1% of 381,113^^)		
D. Percent of Births Paid for by Medicaid, 2002-3 Average^^^	39.1%		
E. FY 2007 and FY 2003-2007 Averaged DSH## Payment	\$174.2M / \$172.8M		
F. Enrollee through Age 20, FY 2007	Enrollees	(as Proportion of Population)	
Through Age 20	343,460	(25.1% of 1,369,271)	
Through Age 18	327,958	(26.6% of 1,232,515)	
Through Age 5	156,739	(38.1% of 411,778)	
Infants	29,558	(42.4% of 69,751)	
Ages 1 through 5	127,181	(37.2% of 342,027)	
Ages 6 through 18	171,219	(20.9% of 820,737)	
Ages 6 through 14	127,053	(22.7% of 558,562)	
Ages 15 through 18	44,166	(16.8% of 262,175)	
Ages 19 and 20	15,502	(11.3% of 136,756)	
G. Enrollment, Expenditures*** and Per-enrollee Payment, by Age Group, FY 2007	% Total Enrollees~	% Total Expenditures~	Per Enrollee Payment
Through Age 20	60.7%	26.7%	\$2,113
Through Age 18	58.0%	24.6%	\$2,036
Through Age 5	27.7%	10.9%	\$1,900
Infants	5.2%	2.6%	\$2,371
Ages 1 through 5	22.5%	8.4%	\$1,790
Ages 6 through 18	30.3%	13.6%	\$2,161
Ages 6 through 14	22.5%	8.9%	\$1,901
Ages 15 through 18	7.8%	4.7%	\$2,908
Ages 19 and 20	2.7%	2.1%	\$3,734
Age 21 or Older	39.3%	68.1%	\$8,329
Age 65 or Older	9.6%	24.7%	\$12,365
H. Non-Blind/Disabled Enrollees: Enrollment and Per-enrollee Payment** FY2007	Number of Enrollees	Per Enrollee Payment	
Through Age 20	328,215	\$1,626	
Through Age 18	314,611	\$1,577	

Notes: * Includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. Data for ME based on FY2004. Data for HI based on FY2006 ** Regional and US averages of FMAPs are weighted by FY2007 Title XIX and Title XXI Medicaid expenditures reported in the CMS64. *** Expenditures include Medicaid vendor payments, health plan premiums, capitation and HMO payments reported by the states to CMS. All expenditures include federal and state shares. ^ Includes Primary Care Case Management. ^^ Point-in-time enrollment on 06/30/2007, at 0.4M, was 67.3% of 0.6M total annual enrollment state(s) reported to CMS for FY 2007. ^^ Data for NJ, NM, NV and TX are based on 2002 only. ## Disproportionate Share Hospital Payments. ~Percents may not sum up to 100% due to missing age information for some beneficiaries and unassigned claims.

II. MEDICAID* SERVICE UTILIZATION		COLORADO			
A. Payments by Age and Type of Service**		CHILDREN Under 21		ADULTS	
Physician Services		0.3%		0.3%	
Dental Services		1.7%		0.2%	
Clinic Services		5.2%		4.4%	
Other Practitioner Services		<.05%		<.05%	
Outpatient Hospital		2.3%		2.8%	
Inpatient Hospital		4.1%		7.8%	
Intermediate Care Facilities (ICF-MRs)^		<.05%		0.8%	
Nursing Home		<.05%		18.1%	
Mental Health Facility Services		0.1%		0.1%	
Personal Care Services		0.1%		1.1%	
Home Health Services		2.2%		2.7%	
Lab and X-Ray		0.1%		0.2%	
Prescribed Drugs		3.4%		5.2%	
Capitated Payment		5.6%		6.7%	
Primary Care Case Management Services		0.0%		0.0%	
Sterilization Services		<.05%		0.2%	
Other Care Services~		1.7%		17.8%	
Total~~		26.7%		68.1%	
B. Average Payments per User of Service and Percent of Enrollees Using Each Service**		CHILDREN Under 21		ADULTS	
		Per-user	%Use+	Per-user	%Use+
Physician Services		\$362	7.5%	\$333	12.5%
Dental Services		\$422	31.4%	\$291	6.9%
Clinic Services		\$656	62.3%	\$893	59.9%
Other Practitioner Services		\$124	2.3%	\$111	4.2%
Outpatient Hospital		\$585	30.6%	\$866	39.1%
Inpatient Hospital		\$9,979	3.2%	\$6,639	13.6%
Intermediate Care Facilities (ICF-MRs)^		\$153,876	<.05%	\$152,629	0.1%
Nursing Home		\$92,027	<.05%	\$34,228	6.5%
Mental Health Facility Services		\$17,769	<.05%	\$72,562	<.05%
Personal Care Services		\$1,689	0.5%	\$8,430	1.7%
Home Health Services		\$19,649	0.9%	\$10,869	3.0%
Lab and X-Ray		\$81	9.7%	\$166	18.1%
Prescribed Drugs		\$694	38.3%	\$1,627	39.3%
Capitated Payment		\$500	88.6%	\$977	83.3%
Primary Care Case Management Services		NA	0.0%	NA	0.0%
Sterilization Services		\$3,647	<.05%	\$3,140	0.8%
Other Care Services~		\$2,346	5.7%	\$8,780	24.8%
Total		\$2,373	89.0%	\$9,256	90.0%

* Includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. Data for ME based on FY2004. Data for HI based on FY2006 ** Services included in each service category are defined in the CMS document: MSIS Tape Specifications and Data Dictionary, p156 (URL: <http://www.cms.hhs.gov/MSIS/Downloads/msisdd05.pdf>). Effective FY1999, services provided under EPSDT are broken out by type of service as listed on II.A-B of this report. ~ may include, but are not limited to, Home and Community Waiver, prosthetic devices and eyeglasses. ~~ Expenditures do not sum to 100% due to unassigned claims and missing service recipient data. + Sum of percents may exceed 100% since enrollees may use multiple services. ^ for the mentally-retarded. 'na' Data unavailable. 'NA' Not applicable.





Medicaid State Report

FY 2007* (October 1, 2006 - September 30, 2007)

I. MEDICAID ENROLLEES AND EXPENDITURES*

CONNECTICUT

CT, MA, ME, NH, RI & VT are included in the New England Region

A. Federal Medical Assistance Percentage (FMAP)**	50.0%, 65.0% (FY07 FMAP, Enhanced)	50.0%, 65.0% (FY09 FMAP, Enhanced)	
B. FY 2007 Total Medicaid Enrollment and Expenditures***	530,652 / \$3,976M		
C. Total Medicaid Managed Care^ Enrollment, 06/30/2007 (% of Total Medicaid Enrollment, 12/31/2006)	298,914 (73.7% of 405,360^^)		
D. Percent of Births Paid for by Medicaid, 2002-3 Average^^^	28.7%		
E. FY 2007 and FY 2003-2007 Averaged DSH## Payment	\$314.2M / \$270.1M		
F. Enrollee through Age 20, FY 2007	Enrollees	(as Proportion of Population)	
Through Age 20	277,226	(28.7% of 967,403)	
Through Age 18	260,319	(29.7% of 876,813)	
Through Age 5	94,691	(36.6% of 258,662)	
Infants	17,387	(41.0% of 42,398)	
Ages 1 through 5	77,304	(35.7% of 216,264)	
Ages 6 through 18	165,628	(26.8% of 618,151)	
Ages 6 through 14	116,903	(27.6% of 422,895)	
Ages 15 through 18	48,725	(25.0% of 195,256)	
Ages 19 and 20	16,907	(18.7% of 90,590)	
G. Enrollment, Expenditures*** and Per-enrollee Payment, by Age Group, FY 2007	% Total Enrollees~	% Total Expenditures~	Per Enrollee Payment
Through Age 20	52.2%	17.9%	\$2,571
Through Age 18	49.1%	16.6%	\$2,540
Through Age 5	17.8%	6.3%	\$2,631
Infants	3.3%	1.9%	\$4,274
Ages 1 through 5	14.6%	4.4%	\$2,261
Ages 6 through 18	31.2%	10.4%	\$2,488
Ages 6 through 14	22.0%	6.2%	\$2,122
Ages 15 through 18	9.2%	4.1%	\$3,368
Ages 19 and 20	3.2%	1.3%	\$3,038
Age 21 or Older	47.8%	81.6%	\$12,798
Age 65 or Older	12.4%	36.1%	\$21,815
H. Non-Blind/Disabled Enrollees: Enrollment and Per-enrollee Payment** FY2007	Number of Enrollees	Per Enrollee Payment	
Through Age 20	276,193	\$2,535	
Through Age 18	260,195	\$2,537	

Notes: * Includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. Data for ME based on FY2004. Data for HI based on FY2006 ** Regional and US averages of FMAPs are weighted by FY2007 Title XIX and Title XXI Medicaid expenditures reported in the CMS64. *** Expenditures include Medicaid vendor payments, health plan premiums, capitation and HMO payments reported by the states to CMS. All expenditures include federal and state shares. ^ Includes Primary Care Case Management. ^^ Point-in-time enrollment on 06/30/2007, at 0.4M, was 76.4% of 0.5M total annual enrollment state(s) reported to CMS for FY 2007. ^^ Data for NJ, NM, NV and TX are based on 2002 only. ## Disproportionate Share Hospital Payments. ~Percents may not sum up to 100% due to missing age information for some beneficiaries and unassigned claims.

II. MEDICAID* SERVICE UTILIZATION		CONNECTICUT			
A. Payments by Age and Type of Service**		CHILDREN Under 21		ADULTS	
Physician Services		0.1%		0.8%	
Dental Services		<.05%		0.2%	
Clinic Services		0.7%		1.3%	
Other Practitioner Services		0.2%		0.1%	
Outpatient Hospital		0.3%		2.1%	
Inpatient Hospital		1.3%		4.4%	
Intermediate Care Facilities (ICF-MRs)^		<.05%		6.0%	
Nursing Home		0.3%		32.5%	
Mental Health Facility Services		0.9%		0.1%	
Personal Care Services		0.2%		22.4%	
Home Health Services		0.4%		4.6%	
Lab and X-Ray		<.05%		0.6%	
Prescribed Drugs		0.2%		5.2%	
Capitated Payment		11.2%		6.4%	
Primary Care Case Management Services		0.0%		0.0%	
Sterilization Services		<.05%		<.05%	
Other Care Services~		1.7%		na	
Total~~		17.9%		81.6%	
B. Average Payments per User of Service and Percent of Enrollees Using Each Service**		CHILDREN Under 21		ADULTS	
		Per-user	%Use+	Per-user	%Use+
Physician Services		\$361	4.9%	\$373	33.0%
Dental Services		\$145	1.2%	\$217	13.9%
Clinic Services		\$1,108	9.7%	\$1,099	18.5%
Other Practitioner Services		\$2,189	1.6%	\$77	12.9%
Outpatient Hospital		\$816	5.2%	\$1,023	32.8%
Inpatient Hospital		\$14,329	1.3%	\$6,287	10.9%
Intermediate Care Facilities (ICF-MRs)^		\$172,798	<.05%	\$189,523	0.5%
Nursing Home		\$243,365	<.05%	\$45,541	11.2%
Mental Health Facility Services		\$45,361	0.3%	\$3,505	0.5%
Personal Care Services		\$4,496	0.8%	\$20,848	16.8%
Home Health Services		\$18,756	0.3%	\$8,607	8.4%
Lab and X-Ray		\$128	4.2%	\$292	34.2%
Prescribed Drugs		\$741	4.6%	\$2,048	39.9%
Capitated Payment		\$1,820	88.6%	\$2,334	42.9%
Primary Care Case Management Services		NA	0.0%	NA	0.0%
Sterilization Services		\$1,033	<.05%	\$3,632	0.1%
Other Care Services~		\$3,169	7.8%	na	25.2%
Total		\$2,848	90.3%	\$14,340	89.3%

* Includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. Data for ME based on FY2004. Data for HI based on FY2006 ** Services included in each service category are defined in the CMS document: MSIS Tape Specifications and Data Dictionary, p156 (URL:<http://www.cms.hhs.gov/MSIS/Downloads/msisdd05.pdf>). Effective FY1999, services provided under EPSDT are broken out by type of service as listed on II.A-B of this report. ~ may include, but are not limited to, Home and Community Waiver, prosthetic devices and eyeglasses. ~~ Expenditures do not sum to 100% due to unassigned claims and missing service recipient data. + Sum of percents may exceed 100% since enrollees may use multiple services. ^ for the mentally-retarded. 'na' Data unavailable. 'NA' Not applicable.





Medicaid State Report

FY 2007* (October 1, 2006 - September 30, 2007)

I. MEDICAID ENROLLEES AND EXPENDITURES*

DELAWARE

DC, DE, FL, GA, MD, NC, SC, VA & WV are included in the South Atlantic Region

A. Federal Medical Assistance Percentage (FMAP)**	50.0%, 65.0% (FY07 FMAP, Enhanced)	50.0%, 65.0% (FY09 FMAP, Enhanced)	
B. FY 2007 Total Medicaid Enrollment and Expenditures***	184,974 / \$1,000M		
C. Total Medicaid Managed Care^ Enrollment, 06/30/2007 (% of Total Medicaid Enrollment, 12/31/2006)	96,296 (66.9% of 143,883^^)		
D. Percent of Births Paid for by Medicaid, 2002-3 Average^^^	43.5%		
E. FY 2007 and FY 2003-2007 Averaged DSH## Payment	\$4.9M / \$3.7M		
F. Enrollee through Age 20, FY 2007	Enrollees	(as Proportion of Population)	
Through Age 20	90,369	(38.5% of 234,876)	
Through Age 18	83,423	(39.3% of 212,225)	
Through Age 5	34,067	(50.4% of 67,529)	
Infants	6,083	(53.5% of 11,372)	
Ages 1 through 5	27,984	(49.8% of 56,157)	
Ages 6 through 18	49,356	(34.1% of 144,696)	
Ages 6 through 14	35,275	(36.0% of 97,999)	
Ages 15 through 18	14,081	(30.2% of 46,697)	
Ages 19 and 20	6,946	(30.7% of 22,651)	
G. Enrollment, Expenditures*** and Per-enrollee Payment, by Age Group, FY 2007	% Total Enrollees~	% Total Expenditures~	Per Enrollee Payment
Through Age 20	48.9%	30.7%	\$3,399
Through Age 18	45.1%	27.2%	\$3,258
Through Age 5	18.4%	9.8%	\$2,868
Infants	3.3%	2.7%	\$4,519
Ages 1 through 5	15.1%	7.0%	\$2,509
Ages 6 through 18	26.7%	17.4%	\$3,527
Ages 6 through 14	19.1%	11.2%	\$3,176
Ages 15 through 18	7.6%	6.2%	\$4,406
Ages 19 and 20	3.8%	3.5%	\$5,098
Age 21 or Older	51.1%	69.0%	\$7,291
Age 65 or Older	7.5%	18.2%	\$13,055
H. Non-Blind/Disabled Enrollees: Enrollment and Per-enrollee Payment** FY2007	Number of Enrollees	Per Enrollee Payment	
Through Age 20	84,743	\$2,571	
Through Age 18	78,344	\$2,428	

Notes: * Includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. Data for ME based on FY2004. Data for HI based on FY2006 ** Regional and US averages of FMAPs are weighted by FY2007 Title XIX and Title XXI Medicaid expenditures reported in the CMS64. *** Expenditures include Medicaid vendor payments, health plan premiums, capitation and HMO payments reported by the states to CMS. All expenditures include federal and state shares. ^ Includes Primary Care Case Management. ^^ Point-in-time enrollment on 06/30/2007, at 0.1M, was 77.8% of 0.2M total annual enrollment state(s) reported to CMS for FY 2007. ^^ Data for NJ, NM, NV and TX are based on 2002 only. ## Disproportionate Share Hospital Payments. ~Percents may not sum up to 100% due to missing age information for some beneficiaries and unassigned claims.

II. MEDICAID* SERVICE UTILIZATION		DELAWARE			
A. Payments by Age and Type of Service**		CHILDREN Under 21		ADULTS	
Physician Services		0.6%		1.5%	
Dental Services		1.8%		0.1%	
Clinic Services		0.2%		0.3%	
Other Practitioner Services		1.5%		0.1%	
Outpatient Hospital		0.4%		1.3%	
Inpatient Hospital		2.1%		3.7%	
Intermediate Care Facilities (ICF-MRs)^		<.05%		2.7%	
Nursing Home		0.5%		16.0%	
Mental Health Facility Services		0.1%		0.3%	
Personal Care Services		1.2%		2.0%	
Home Health Services		<.05%		0.5%	
Lab and X-Ray		<.05%		0.3%	
Prescribed Drugs		2.8%		7.5%	
Capitated Payment		14.9%		21.3%	
Primary Care Case Management Services		0.0%		0.0%	
Sterilization Services		0.0%		<.05%	
Other Care Services~		4.5%		11.5%	
Total~~		30.7%		69.0%	
B. Average Payments per User of Service and Percent of Enrollees Using Each Service**		CHILDREN Under 21		ADULTS	
		Per-user	%Use+	Per-user	%Use+
Physician Services		\$407	16.1%	\$549	28.9%
Dental Services		\$658	30.0%	\$1,799	0.6%
Clinic Services		\$504	4.7%	\$879	3.8%
Other Practitioner Services		\$448	37.0%	\$92	5.8%
Outpatient Hospital		\$592	7.3%	\$812	17.4%
Inpatient Hospital		\$16,687	1.4%	\$6,079	6.4%
Intermediate Care Facilities (ICF-MRs)^		\$52,115	<.05%	\$189,067	0.1%
Nursing Home		\$279,237	<.05%	\$45,848	3.7%
Mental Health Facility Services		\$28,068	<.05%	\$12,358	0.2%
Personal Care Services		\$3,801	3.3%	\$10,763	1.9%
Home Health Services		\$2,092	0.2%	\$4,853	1.0%
Lab and X-Ray		\$80	6.5%	\$171	20.7%
Prescribed Drugs		\$546	56.8%	\$1,430	55.3%
Capitated Payment		\$1,836	90.0%	\$2,875	78.3%
Primary Care Case Management Services		NA	0.0%	NA	0.0%
Sterilization Services		NA	0.0%	\$980	0.2%
Other Care Services~		\$6,871	7.3%	\$10,994	11.0%
Total		\$3,756	90.5%	\$8,474	86.0%

* Includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. Data for ME based on FY2004. Data for HI based on FY2006 ** Services included in each service category are defined in the CMS document: MSIS Tape Specifications and Data Dictionary, p156 (URL: <http://www.cms.hhs.gov/MSIS/Downloads/msisdd05.pdf>). Effective FY1999, services provided under EPSDT are broken out by type of service as listed on II.A-B of this report. ~ may include, but are not limited to, Home and Community Waiver, prosthetic devices and eyeglasses. ~~ Expenditures do not sum to 100% due to unassigned claims and missing service recipient data. + Sum of percents may exceed 100% since enrollees may use multiple services. ^ for the mentally-retarded. 'na' Data unavailable. 'NA' Not applicable.





Medicaid State Report

FY 2007* (October 1, 2006 - September 30, 2007)

I. MEDICAID ENROLLEES AND EXPENDITURES*

DIST OF COLUMBIA

DC, DE, FL, GA, MD, NC, SC, VA & WV are included in the South Atlantic Region

A. Federal Medical Assistance Percentage (FMAP)**	70.0%, 79.0% (FY07 FMAP, Enhanced)	70.0%, 79.0% (FY09 FMAP, Enhanced)	
B. FY 2007 Total Medicaid Enrollment and Expenditures***	168,716 / \$1,453M		
C. Total Medicaid Managed Care^ Enrollment, 06/30/2007 (% of Total Medicaid Enrollment, 12/31/2006)	92,229 (64.7% of 142,482^^)		
D. Percent of Births Paid for by Medicaid, 2002-3 Average^^^	48.7%		
E. FY 2007 and FY 2003-2007 Averaged DSH## Payment	\$74.6M / \$49.9M		
F. Enrollee through Age 20, FY 2007	Enrollees	(as Proportion of Population)	
Through Age 20	88,321	(61.5% of 143,552)	
Through Age 18	82,256	(64.9% of 126,702)	
Through Age 5	29,941	(64.0% of 46,773)	
Infants	6,027	(64.7% of 9,310)	
Ages 1 through 5	23,914	(63.8% of 37,463)	
Ages 6 through 18	52,315	(65.5% of 79,929)	
Ages 6 through 14	35,902	(78.7% of 45,622)	
Ages 15 through 18	16,413	(47.8% of 34,307)	
Ages 19 and 20	6,065	(36.0% of 16,850)	
G. Enrollment, Expenditures*** and Per-enrollee Payment, by Age Group, FY 2007	% Total Enrollees~	% Total Expenditures~	Per Enrollee Payment
Through Age 20	52.3%	23.3%	\$3,832
Through Age 18	48.8%	21.2%	\$3,742
Through Age 5	17.7%	7.2%	\$3,509
Infants	3.6%	2.8%	\$6,742
Ages 1 through 5	14.2%	4.4%	\$2,694
Ages 6 through 18	31.0%	14.0%	\$3,876
Ages 6 through 14	21.3%	7.8%	\$3,150
Ages 15 through 18	9.7%	6.2%	\$5,462
Ages 19 and 20	3.6%	2.1%	\$5,053
Age 21 or Older	47.6%	70.9%	\$12,820
Age 65 or Older	8.7%	19.7%	\$19,590
H. Non-Blind/Disabled Enrollees: Enrollment and Per-enrollee Payment** FY2007	Number of Enrollees	Per Enrollee Payment	
Through Age 20	81,893	\$2,875	
Through Age 18	76,608	\$2,803	

Notes: * Includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. Data for ME based on FY2004. Data for HI based on FY2006 ** Regional and US averages of FMAPs are weighted by FY2007 Title XIX and Title XXI Medicaid expenditures reported in the CMS64. *** Expenditures include Medicaid vendor payments, health plan premiums, capitation and HMO payments reported by the states to CMS. All expenditures include federal and state shares. ^ Includes Primary Care Case Management. ^^ Point-in-time enrollment on 06/30/2007, at 0.1M, was 84.5% of 0.2M total annual enrollment state(s) reported to CMS for FY 2007. ^^ Data for NJ, NM, NV and TX are based on 2002 only. ## Disproportionate Share Hospital Payments. ~Percents may not sum up to 100% due to missing age information for some beneficiaries and unassigned claims.

II. MEDICAID* SERVICE UTILIZATION		DIST OF COLUMBIA			
A. Payments by Age and Type of Service**		<u>CHILDREN Under 21</u>		<u>ADULTS</u>	
Physician Services		0.2%		1.2%	
Dental Services		0.1%		0.1%	
Clinic Services		4.5%		2.7%	
Other Practitioner Services		<.05%		0.1%	
Outpatient Hospital		0.2%		1.0%	
Inpatient Hospital		2.9%		18.1%	
Intermediate Care Facilities (ICF-MRs)^		0.1%		5.2%	
Nursing Home		<.05%		11.2%	
Mental Health Facility Services		0.2%		0.1%	
Personal Care Services		<.05%		0.2%	
Home Health Services		<.05%		4.1%	
Lab and X-Ray		<.05%		0.3%	
Prescribed Drugs		0.4%		4.7%	
Capitated Payment		12.8%		8.2%	
Primary Care Case Management Services		0.0%		0.0%	
Sterilization Services		0.0%		<.05%	
Other Care Services~		1.9%		14.8%	
Total~~		23.3%		70.9%	
B. Average Payments per User of Service and Percent of Enrollees Using Each Service**		<u>CHILDREN Under 21</u>		<u>ADULTS</u>	
		Per-user	%Use+	Per-user	%Use+
Physician Services		\$685	4.7%	\$951	22.1%
Dental Services		\$397	3.2%	\$415	2.7%
Clinic Services		\$7,194	10.3%	\$2,458	20.0%
Other Practitioner Services		\$397	0.5%	\$125	9.1%
Outpatient Hospital		\$429	6.8%	\$914	20.7%
Inpatient Hospital		\$29,272	1.6%	\$19,833	15.6%
Intermediate Care Facilities (ICF-MRs)^		\$102,950	<.05%	\$111,032	0.9%
Nursing Home		\$34,586	<.05%	\$46,767	4.3%
Mental Health Facility Services		\$19,242	0.2%	\$5,261	0.2%
Personal Care Services		\$472	0.4%	\$3,077	1.0%
Home Health Services		\$8,816	0.1%	\$14,989	4.9%
Lab and X-Ray		\$100	3.9%	\$231	26.9%
Prescribed Drugs		\$883	6.5%	\$2,857	29.6%
Capitated Payment		\$2,539	82.7%	\$3,388	44.0%
Primary Care Case Management Services		NA	0.0%	NA	0.0%
Sterilization Services		NA	0.0%	\$7,904	0.1%
Other Care Services~		\$4,815	6.5%	\$8,654	30.9%
Total		\$4,312	88.9%	\$14,316	89.6%

* Includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. Data for ME based on FY2004. Data for HI based on FY2006 ** Services included in each service category are defined in the CMS document: MSIS Tape Specifications and Data Dictionary, p156 (URL: <http://www.cms.hhs.gov/MSIS/Downloads/msisdd05.pdf>). Effective FY1999, services provided under EPSDT are broken out by type of service as listed on II.A-B of this report. ~ may include, but are not limited to, Home and Community Waiver, prosthetic devices and eyeglasses. ~~ Expenditures do not sum to 100% due to unassigned claims and missing service recipient data. + Sum of percents may exceed 100% since enrollees may use multiple services. ^ for the mentally-retarded. 'na' Data unavailable. 'NA' Not applicable.





Medicaid State Report

FY 2007* (October 1, 2006 - September 30, 2007)

I. MEDICAID ENROLLEES AND EXPENDITURES*

FLORIDA

DC, DE, FL, GA, MD, NC, SC, VA & WV are included in the South Atlantic Region

A. Federal Medical Assistance Percentage (FMAP)**	58.8%, 71.1% (FY07 FMAP, Enhanced)	55.4%, 68.8% (FY09 FMAP, Enhanced)	
B. FY 2007 Total Medicaid Enrollment and Expenditures***	2,843,938 / \$13,158M		
C. Total Medicaid Managed Care^ Enrollment, 06/30/2007 (% of Total Medicaid Enrollment, 12/31/2006)	1,355,169 (61.7% of 2,194,986^^)		
D. Percent of Births Paid for by Medicaid, 2002-3 Average^^^	48.2%		
E. FY 2007 and FY 2003-2007 Averaged DSH## Payment	\$320.5M / \$310.3M		
F. Enrollee through Age 20, FY 2007	Enrollees	(as Proportion of Population)	
Through Age 20	1,610,839	(34.7% of 4,639,931)	
Through Age 18	1,529,175	(36.6% of 4,182,841)	
Through Age 5	663,881	(48.9% of 1,356,689)	
Infants	127,158	(55.4% of 229,676)	
Ages 1 through 5	536,723	(47.6% of 1,127,013)	
Ages 6 through 18	865,294	(30.6% of 2,826,152)	
Ages 6 through 14	623,648	(32.9% of 1,894,284)	
Ages 15 through 18	241,646	(25.9% of 931,868)	
Ages 19 and 20	81,664	(17.9% of 457,090)	
G. Enrollment, Expenditures*** and Per-enrollee Payment, by Age Group, FY 2007	% Total Enrollees~	% Total Expenditures~	Per Enrollee Payment
Through Age 20	56.6%	26.5%	\$2,163
Through Age 18	53.8%	24.5%	\$2,104
Through Age 5	23.3%	12.1%	\$2,390
Infants	4.5%	4.0%	\$4,165
Ages 1 through 5	18.9%	8.0%	\$1,970
Ages 6 through 18	30.4%	12.4%	\$1,885
Ages 6 through 14	21.9%	7.8%	\$1,653
Ages 15 through 18	8.5%	4.6%	\$2,483
Ages 19 and 20	2.9%	2.0%	\$3,264
Age 21 or Older	43.4%	60.6%	\$6,470
Age 65 or Older	14.0%	22.8%	\$7,521
H. Non-Blind/Disabled Enrollees: Enrollment and Per-enrollee Payment** FY2007	Number of Enrollees	Per Enrollee Payment	
Through Age 20	1,502,174	\$1,532	
Through Age 18	1,431,925	\$1,501	

Notes: * Includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. Data for ME based on FY2004. Data for HI based on FY2006 ** Regional and US averages of FMAPs are weighted by FY2007 Title XIX and Title XXI Medicaid expenditures reported in the CMS64. *** Expenditures include Medicaid vendor payments, health plan premiums, capitation and HMO payments reported by the states to CMS. All expenditures include federal and state shares. ^ Includes Primary Care Case Management. ^^ Point-in-time enrollment on 06/30/2007, at 2.2M, was 77.2% of 2.8M total annual enrollment state(s) reported to CMS for FY 2007. ^^ Data for NJ, NM, NV and TX are based on 2002 only. ## Disproportionate Share Hospital Payments. ~Percents may not sum up to 100% due to missing age information for some beneficiaries and unassigned claims.

II. MEDICAID* SERVICE UTILIZATION		FLORIDA			
A. Payments by Age and Type of Service**		CHILDREN Under 21		ADULTS	
Physician Services		1.9%		2.4%	
Dental Services		0.6%		0.1%	
Clinic Services		1.0%		0.6%	
Other Practitioner Services		0.1%		0.1%	
Outpatient Hospital		1.7%		2.4%	
Inpatient Hospital		6.4%		10.1%	
Intermediate Care Facilities (ICF-MRs)^		0.1%		2.3%	
Nursing Home		0.2%		17.5%	
Mental Health Facility Services		0.0%		0.1%	
Personal Care Services		1.1%		2.2%	
Home Health Services		1.2%		0.8%	
Lab and X-Ray		0.2%		0.7%	
Prescribed Drugs		2.8%		4.9%	
Capitated Payment		7.4%		9.6%	
Primary Care Case Management Services		0.1%		0.1%	
Sterilization Services		<.05%		<.05%	
Other Care Services~		1.7%		8.0%	
Total~~		26.5%		60.6%	
B. Average Payments per User of Service and Percent of Enrollees Using Each Service**		CHILDREN Under 21		ADULTS	
		Per-user	%Use+	Per-user	%Use+
Physician Services		\$432	35.7%	\$599	42.4%
Dental Services		\$279	16.2%	\$362	4.1%
Clinic Services		\$938	9.0%	\$551	11.3%
Other Practitioner Services		\$112	6.7%	\$104	10.1%
Outpatient Hospital		\$561	24.5%	\$682	36.8%
Inpatient Hospital		\$10,600	4.9%	\$4,654	20.1%
Intermediate Care Facilities (ICF-MRs)^		\$109,635	<.05%	\$105,173	0.2%
Nursing Home		\$74,375	<.05%	\$29,651	6.3%
Mental Health Facility Services		NA	0.0%	\$53,105	<.05%
Personal Care Services		\$991	9.4%	\$2,377	10.0%
Home Health Services		\$3,248	3.1%	\$1,934	4.6%
Lab and X-Ray		\$79	25.2%	\$237	32.1%
Prescribed Drugs		\$727	31.1%	\$1,509	34.7%
Capitated Payment		\$766	79.0%	\$2,645	38.9%
Primary Care Case Management Services		\$26	43.0%	\$21	28.5%
Sterilization Services		\$796	<.05%	\$354	0.5%
Other Care Services~		\$645	21.2%	\$4,133	20.5%
Total		\$2,426	89.2%	\$7,877	82.1%

* Includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. Data for ME based on FY2004. Data for HI based on FY2006 ** Services included in each service category are defined in the CMS document: MSIS Tape Specifications and Data Dictionary, p156 (URL: <http://www.cms.hhs.gov/MSIS/Downloads/msisdd05.pdf>). Effective FY1999, services provided under EPSDT are broken out by type of service as listed on II.A-B of this report. ~ may include, but are not limited to, Home and Community Waiver, prosthetic devices and eyeglasses. ~~ Expenditures do not sum to 100% due to unassigned claims and missing service recipient data. + Sum of percents may exceed 100% since enrollees may use multiple services. ^ for the mentally-retarded. 'na' Data unavailable. 'NA' Not applicable.





Medicaid State Report

FY 2007* (October 1, 2006 - September 30, 2007)

I. MEDICAID ENROLLEES AND EXPENDITURES*

GEORGIA

DC, DE, FL, GA, MD, NC, SC, VA & WV are included in the South Atlantic Region

A. Federal Medical Assistance Percentage (FMAP)**	62.0%, 73.4% (FY07 FMAP, Enhanced)	64.5%, 75.1% (FY09 FMAP, Enhanced)	
B. FY 2007 Total Medicaid Enrollment and Expenditures***	1,689,905 / \$6,393M		
C. Total Medicaid Managed Care^ Enrollment, 06/30/2007 (% of Total Medicaid Enrollment, 12/31/2006)	965,043 (64.2% of 1,502,464^^)		
D. Percent of Births Paid for by Medicaid, 2002-3 Average^^^	49.5%		
E. FY 2007 and FY 2003-2007 Averaged DSH## Payment	\$408.5M / \$407.3M		
F. Enrollee through Age 20, FY 2007	Enrollees	(as Proportion of Population)	
Through Age 20	1,063,925	(37.7% of 2,819,707)	
Through Age 18	1,014,664	(39.7% of 2,555,377)	
Through Age 5	457,608	(54.1% of 845,457)	
Infants	103,207	(72.4% of 142,621)	
Ages 1 through 5	354,401	(50.4% of 702,836)	
Ages 6 through 18	557,056	(32.6% of 1,709,920)	
Ages 6 through 14	402,785	(34.6% of 1,165,593)	
Ages 15 through 18	154,271	(28.3% of 544,327)	
Ages 19 and 20	49,261	(18.6% of 264,330)	
G. Enrollment, Expenditures*** and Per-enrollee Payment, by Age Group, FY 2007	% Total Enrollees~	% Total Expenditures~	Per Enrollee Payment
Through Age 20	63.0%	36.5%	\$2,192
Through Age 18	60.0%	33.7%	\$2,124
Through Age 5	27.1%	15.8%	\$2,214
Infants	6.1%	5.7%	\$3,543
Ages 1 through 5	21.0%	10.1%	\$1,827
Ages 6 through 18	33.0%	17.9%	\$2,050
Ages 6 through 14	23.8%	10.4%	\$1,647
Ages 15 through 18	9.1%	7.5%	\$3,105
Ages 19 and 20	2.9%	2.8%	\$3,591
Age 21 or Older	37.0%	60.7%	\$6,198
Age 65 or Older	9.8%	18.7%	\$7,213
H. Non-Blind/Disabled Enrollees: Enrollment and Per-enrollee Payment** FY2007	Number of Enrollees	Per Enrollee Payment	
Through Age 20	1,009,699	\$1,866	
Through Age 18	966,266	\$1,810	

Notes: * Includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. Data for ME based on FY2004. Data for HI based on FY2006 ** Regional and US averages of FMAPs are weighted by FY2007 Title XIX and Title XXI Medicaid expenditures reported in the CMS64. *** Expenditures include Medicaid vendor payments, health plan premiums, capitation and HMO payments reported by the states to CMS. All expenditures include federal and state shares. ^ Includes Primary Care Case Management. ^^ Point-in-time enrollment on 06/30/2007, at 1.5M, was 88.9% of 1.7M total annual enrollment state(s) reported to CMS for FY 2007. ^^ Data for NJ, NM, NV and TX are based on 2002 only. ## Disproportionate Share Hospital Payments. ~Percents may not sum up to 100% due to missing age information for some beneficiaries and unassigned claims.

II. MEDICAID* SERVICE UTILIZATION		GEORGIA			
A. Payments by Age and Type of Service**		<u>CHILDREN Under 21</u>		<u>ADULTS</u>	
Physician Services		1.4%		3.1%	
Dental Services		0.5%		0.2%	
Clinic Services		0.7%		1.1%	
Other Practitioner Services		0.3%		0.1%	
Outpatient Hospital		0.8%		2.6%	
Inpatient Hospital		4.8%		9.5%	
Intermediate Care Facilities (ICF-MRs)^		0.1%		1.4%	
Nursing Home		<.05%		15.9%	
Mental Health Facility Services		0.0%		0.0%	
Personal Care Services		1.2%		3.2%	
Home Health Services		<.05%		0.1%	
Lab and X-Ray		0.1%		0.2%	
Prescribed Drugs		2.1%		5.0%	
Capitated Payment		19.1%		11.3%	
Primary Care Case Management Services		<.05%		0.3%	
Sterilization Services		<.05%		0.1%	
Other Care Services~		5.4%		6.9%	
Total~~		36.5%		60.7%	
B. Average Payments per User of Service and Percent of Enrollees Using Each Service**		<u>CHILDREN Under 21</u>		<u>ADULTS</u>	
		Per-user	%Use+	Per-user	%Use+
Physician Services		\$342	24.3%	\$553	57.4%
Dental Services		\$202	15.3%	\$346	5.0%
Clinic Services		\$213	19.6%	\$1,256	8.8%
Other Practitioner Services		\$314	5.6%	\$78	14.8%
Outpatient Hospital		\$434	11.4%	\$705	37.8%
Inpatient Hospital		\$9,940	2.9%	\$6,963	13.5%
Intermediate Care Facilities (ICF-MRs)^		\$30,026	<.05%	\$91,803	0.2%
Nursing Home		\$55,161	<.05%	\$27,731	5.9%
Mental Health Facility Services		NA	0.0%	NA	0.0%
Personal Care Services		\$882	8.3%	\$1,287	25.7%
Home Health Services		\$558	<.05%	\$957	0.9%
Lab and X-Ray		\$93	3.8%	\$129	15.6%
Prescribed Drugs		\$642	19.2%	\$1,444	35.3%
Capitated Payment		\$1,311	87.4%	\$1,526	75.5%
Primary Care Case Management Services		\$25	4.9%	\$215	15.3%
Sterilization Services		\$3,135	<.05%	\$3,049	0.2%
Other Care Services~		\$6,122	5.3%	\$3,498	20.0%
Total		\$2,493	87.9%	\$7,131	86.9%

* Includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. Data for ME based on FY2004. Data for HI based on FY2006 ** Services included in each service category are defined in the CMS document: MSIS Tape Specifications and Data Dictionary, p156 (URL: <http://www.cms.hhs.gov/MSIS/Downloads/msisdd05.pdf>). Effective FY1999, services provided under EPSDT are broken out by type of service as listed on II.A-B of this report. ~ may include, but are not limited to, Home and Community Waiver, prosthetic devices and eyeglasses. ~~ Expenditures do not sum to 100% due to unassigned claims and missing service recipient data. + Sum of percents may exceed 100% since enrollees may use multiple services. ^ for the mentally-retarded. 'na' Data unavailable. 'NA' Not applicable.





Medicaid State Report

FY 2007* (October 1, 2006 - September 30, 2007)

I. MEDICAID ENROLLEES AND EXPENDITURES*

HAWAII

AK, CA, HI, OR & WA are included in the Pacific Region

A. Federal Medical Assistance Percentage (FMAP)**	57.6%, 70.3% (FY07 FMAP, Enhanced)	55.1%, 68.6% (FY09 FMAP, Enhanced)	
B. FY 2007 Total Medicaid Enrollment and Expenditures***	231,193 / \$989M		
C. Total Medicaid Managed Care^ Enrollment, 06/30/2007 (% of Total Medicaid Enrollment, 12/31/2006)	161,447 (79.9% of 202,126^^)		
D. Percent of Births Paid for by Medicaid, 2002-3 Average^^^	25.5%		
E. FY 2007 and FY 2003-2007 Averaged DSH## Payment	\$0.0M / \$0.0M		
F. Enrollee through Age 20, FY 2007	Enrollees	(as Proportion of Population)	
Through Age 20	117,483	(32.0% of 366,761)	
Through Age 18	110,256	(33.6% of 328,202)	
Through Age 5	43,464	(37.5% of 115,973)	
Infants	7,200	(35.7% of 20,166)	
Ages 1 through 5	36,264	(37.9% of 95,807)	
Ages 6 through 18	66,792	(31.5% of 212,229)	
Ages 6 through 14	48,087	(34.7% of 138,668)	
Ages 15 through 18	18,705	(25.4% of 73,561)	
Ages 19 and 20	7,227	(18.7% of 38,559)	
G. Enrollment, Expenditures*** and Per-enrollee Payment, by Age Group, FY 2007	% Total Enrollees~	% Total Expenditures~	Per Enrollee Payment
Through Age 20	50.8%	25.6%	\$2,153
Through Age 18	47.7%	23.5%	\$2,111
Through Age 5	18.8%	12.1%	\$2,753
Infants	3.1%	3.1%	\$4,324
Ages 1 through 5	15.7%	9.0%	\$2,441
Ages 6 through 18	28.9%	11.4%	\$1,693
Ages 6 through 14	20.8%	7.1%	\$1,467
Ages 15 through 18	8.1%	4.3%	\$2,272
Ages 19 and 20	3.1%	2.0%	\$2,791
Age 21 or Older	49.2%	73.4%	\$6,385
Age 65 or Older	10.0%	25.6%	\$10,989
H. Non-Blind/Disabled Enrollees: Enrollment and Per-enrollee Payment** FY2007	Number of Enrollees	Per Enrollee Payment	
Through Age 20	107,544	\$1,641	
Through Age 18	100,705	\$1,612	

Notes: * Includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. Data for ME based on FY2004. Data for HI based on FY2006 ** Regional and US averages of FMAPs are weighted by FY2007 Title XIX and Title XXI Medicaid expenditures reported in the CMS64. *** Expenditures include Medicaid vendor payments, health plan premiums, capitation and HMO payments reported by the states to CMS. All expenditures include federal and state shares. ^ Includes Primary Care Case Management. ^^ Point-in-time enrollment on 06/30/2007, at 0.2M, was 87.4% of 0.2M total annual enrollment state(s) reported to CMS for FY 2007. ^^ Data for NJ, NM, NV and TX are based on 2002 only. ## Disproportionate Share Hospital Payments. ~Percents may not sum up to 100% due to missing age information for some beneficiaries and unassigned claims.

II. MEDICAID* SERVICE UTILIZATION		HAWAII			
A. Payments by Age and Type of Service**		<u>CHILDREN Under 21</u>		<u>ADULTS</u>	
Physician Services		0.2%		2.0%	
Dental Services		1.5%		0.3%	
Clinic Services		1.5%		4.1%	
Other Practitioner Services		<.05%		0.2%	
Outpatient Hospital		0.2%		1.5%	
Inpatient Hospital		1.6%		4.5%	
Intermediate Care Facilities (ICF-MRs)^		0.1%		0.8%	
Nursing Home		0.3%		18.8%	
Mental Health Facility Services		0.0%		0.0%	
Personal Care Services		0.3%		0.2%	
Home Health Services		1.6%		9.8%	
Lab and X-Ray		<.05%		0.5%	
Prescribed Drugs		0.6%		10.8%	
Capitated Payment		17.3%		18.5%	
Primary Care Case Management Services		0.0%		0.0%	
Sterilization Services		<.05%		<.05%	
Other Care Services~		0.2%		1.4%	
Total~~		25.6%		73.4%	
B. Average Payments per User of Service and Percent of Enrollees Using Each Service**		<u>CHILDREN Under 21</u>		<u>ADULTS</u>	
		Per-user	%Use+	Per-user	%Use+
Physician Services		\$382	4.7%	\$482	35.9%
Dental Services		\$316	40.4%	\$252	10.0%
Clinic Services		\$6,704	1.9%	\$2,743	13.0%
Other Practitioner Services		\$270	0.3%	\$193	10.5%
Outpatient Hospital		\$649	2.2%	\$660	19.4%
Inpatient Hospital		\$10,998	1.2%	\$5,320	7.3%
Intermediate Care Facilities (ICF-MRs)^		\$144,202	<.05%	\$86,346	0.1%
Nursing Home		\$40,627	0.1%	\$40,625	4.0%
Mental Health Facility Services		NA	0.0%	NA	0.0%
Personal Care Services		\$4,924	0.6%	\$581	3.3%
Home Health Services		\$24,777	0.5%	\$20,195	4.2%
Lab and X-Ray		\$108	2.4%	\$170	25.5%
Prescribed Drugs		\$849	6.4%	\$2,520	37.4%
Capitated Payment		\$1,524	95.7%	\$2,662	60.6%
Primary Care Case Management Services		NA	0.0%	NA	0.0%
Sterilization Services		\$2,450	<.05%	\$2,080	0.1%
Other Care Services~		\$1,714	1.2%	\$781	15.2%
Total		\$2,202	97.8%	\$6,796	94.0%

* Includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. Data for ME based on FY2004. Data for HI based on FY2006 ** Services included in each service category are defined in the CMS document: MSIS Tape Specifications and Data Dictionary, p156 (URL: <http://www.cms.hhs.gov/MSIS/Downloads/msisdd05.pdf>). Effective FY1999, services provided under EPSDT are broken out by type of service as listed on II.A-B of this report. ~ may include, but are not limited to, Home and Community Waiver, prosthetic devices and eyeglasses. ~~ Expenditures do not sum to 100% due to unassigned claims and missing service recipient data. + Sum of percents may exceed 100% since enrollees may use multiple services. ^ for the mentally-retarded. 'na' Data unavailable. 'NA' Not applicable.





Medicaid State Report

FY 2007* (October 1, 2006 - September 30, 2007)

I. MEDICAID ENROLLEES AND EXPENDITURES*

IDAHO

AZ, CO, ID, MT, NM, NV, UT & WY are included in the Mountain Region

A. Federal Medical Assistance Percentage (FMAP)**	70.4%, 79.3% (FY07 FMAP, Enhanced)	69.8%, 78.8% (FY09 FMAP, Enhanced)	
B. FY 2007 Total Medicaid Enrollment and Expenditures***	223,518 / \$1,135M		
C. Total Medicaid Managed Care^ Enrollment, 06/30/2007 (% of Total Medicaid Enrollment, 12/31/2006)	152,424 (84.8% of 179,734^^)		
D. Percent of Births Paid for by Medicaid, 2002-3 Average^^^	38.9%		
E. FY 2007 and FY 2003-2007 Averaged DSH## Payment	\$19.0M / \$14.4M		
F. Enrollee through Age 20, FY 2007	Enrollees	(as Proportion of Population)	
Through Age 20	154,403	(34.6% of 445,956)	
Through Age 18	147,969	(36.3% of 407,476)	
Through Age 5	61,879	(46.8% of 132,256)	
Infants	10,597	(47.6% of 22,252)	
Ages 1 through 5	51,282	(46.6% of 110,004)	
Ages 6 through 18	86,090	(31.3% of 275,220)	
Ages 6 through 14	63,954	(33.2% of 192,408)	
Ages 15 through 18	22,136	(26.7% of 82,812)	
Ages 19 and 20	6,434	(16.7% of 38,480)	
G. Enrollment, Expenditures*** and Per-enrollee Payment, by Age Group, FY 2007	% Total Enrollees~	% Total Expenditures~	Per Enrollee Payment
Through Age 20	69.1%	36.7%	\$2,694
Through Age 18	66.2%	33.7%	\$2,586
Through Age 5	27.7%	12.2%	\$2,230
Infants	4.7%	3.6%	\$3,852
Ages 1 through 5	22.9%	8.6%	\$1,895
Ages 6 through 18	38.5%	21.6%	\$2,842
Ages 6 through 14	28.6%	14.7%	\$2,613
Ages 15 through 18	9.9%	6.8%	\$3,505
Ages 19 and 20	2.9%	2.9%	\$5,185
Age 21 or Older	30.9%	62.4%	\$10,250
Age 65 or Older	7.3%	17.5%	\$12,225
H. Non-Blind/Disabled Enrollees: Enrollment and Per-enrollee Payment** FY2007	Number of Enrollees	Per Enrollee Payment	
Through Age 20	145,355	\$1,814	
Through Age 18	139,832	\$1,781	

Notes: * Includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. Data for ME based on FY2004. Data for HI based on FY2006 ** Regional and US averages of FMAPs are weighted by FY2007 Title XIX and Title XXI Medicaid expenditures reported in the CMS64. *** Expenditures include Medicaid vendor payments, health plan premiums, capitation and HMO payments reported by the states to CMS. All expenditures include federal and state shares. ^ Includes Primary Care Case Management. ^^ Point-in-time enrollment on 06/30/2007, at 0.2M, was 80.4% of 0.2M total annual enrollment state(s) reported to CMS for FY 2007. ^^ Data for NJ, NM, NV and TX are based on 2002 only. ## Disproportionate Share Hospital Payments. ~Percents may not sum up to 100% due to missing age information for some beneficiaries and unassigned claims.

II. MEDICAID* SERVICE UTILIZATION		IDAHO			
A. Payments by Age and Type of Service**		CHILDREN Under 21		ADULTS	
Physician Services		3.6%		3.1%	
Dental Services		1.8%		0.7%	
Clinic Services		3.7%		2.2%	
Other Practitioner Services		0.4%		0.3%	
Outpatient Hospital		2.2%		3.1%	
Inpatient Hospital		6.4%		7.3%	
Intermediate Care Facilities (ICF-MRs)^		1.0%		4.4%	
Nursing Home		<.05%		13.4%	
Mental Health Facility Services		0.9%		0.6%	
Personal Care Services		5.9%		11.6%	
Home Health Services		0.1%		0.2%	
Lab and X-Ray		0.4%		0.7%	
Prescribed Drugs		3.4%		5.6%	
Capitated Payment		0.0%		0.1%	
Primary Care Case Management Services		0.5%		0.1%	
Sterilization Services		<.05%		0.1%	
Other Care Services~		6.4%		9.0%	
Total~~		36.7%		62.4%	
B. Average Payments per User of Service and Percent of Enrollees Using Each Service**		CHILDREN Under 21		ADULTS	
		Per-user	%Use+	Per-user	%Use+
Physician Services		\$451	58.9%	\$737	69.4%
Dental Services		\$347	38.6%	\$449	23.8%
Clinic Services		\$943	28.6%	\$1,096	33.5%
Other Practitioner Services		\$147	17.8%	\$179	29.7%
Outpatient Hospital		\$530	30.4%	\$1,070	47.2%
Inpatient Hospital		\$12,785	3.7%	\$5,821	20.3%
Intermediate Care Facilities (ICF-MRs)^		\$101,057	0.1%	\$103,713	0.7%
Nursing Home		\$44,365	<.05%	\$32,085	6.8%
Mental Health Facility Services		\$10,826	0.6%	\$7,925	1.2%
Personal Care Services		\$2,245	19.3%	\$5,500	34.6%
Home Health Services		\$2,549	0.4%	\$2,630	1.4%
Lab and X-Ray		\$91	30.4%	\$213	54.9%
Prescribed Drugs		\$466	54.4%	\$1,790	51.5%
Capitated Payment		NA	0.0%	\$511	1.9%
Primary Care Case Management Services		\$40	87.5%	\$34	70.3%
Sterilization Services		\$485	<.05%	\$763	1.5%
Other Care Services~		\$2,200	21.3%	\$4,400	33.8%
Total		\$2,993	90.0%	\$11,621	88.2%

* Includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. Data for ME based on FY2004. Data for HI based on FY2006 ** Services included in each service category are defined in the CMS document: MSIS Tape Specifications and Data Dictionary, p156 (URL: <http://www.cms.hhs.gov/MSIS/Downloads/msisdd05.pdf>). Effective FY1999, services provided under EPSDT are broken out by type of service as listed on II.A-B of this report. ~ may include, but are not limited to, Home and Community Waiver, prosthetic devices and eyeglasses. ~~ Expenditures do not sum to 100% due to unassigned claims and missing service recipient data. + Sum of percents may exceed 100% since enrollees may use multiple services. ^ for the mentally-retarded. 'na' Data unavailable. 'NA' Not applicable.





Medicaid State Report

FY 2007* (October 1, 2006 - September 30, 2007)

I. MEDICAID ENROLLEES AND EXPENDITURES*

ILLINOIS

IL, IN, MI, OH & WI are included in the East North Central Region

A. Federal Medical Assistance Percentage (FMAP)**	50.0%, 65.0% (FY07 FMAP, Enhanced)	50.3%, 65.2% (FY09 FMAP, Enhanced)	
B. FY 2007 Total Medicaid Enrollment and Expenditures***	2,413,401 / \$10,380M		
C. Total Medicaid Managed Care^ Enrollment, 06/30/2007 (% of Total Medicaid Enrollment, 12/31/2006)	568,000 (28.4% of 2,003,200^^)		
D. Percent of Births Paid for by Medicaid, 2002-3 Average^^^	39.3%		
E. FY 2007 and FY 2003-2007 Averaged DSH## Payment	\$197.8M / \$290.6M		
F. Enrollee through Age 20, FY 2007	Enrollees	(as Proportion of Population)	
Through Age 20	1,462,406	(39.0% of 3,749,189)	
Through Age 18	1,387,231	(40.8% of 3,398,560)	
Through Age 5	544,631	(49.7% of 1,095,937)	
Infants	93,015	(50.0% of 185,868)	
Ages 1 through 5	451,616	(49.6% of 910,069)	
Ages 6 through 18	842,600	(36.6% of 2,302,623)	
Ages 6 through 14	612,861	(38.9% of 1,574,536)	
Ages 15 through 18	229,739	(31.6% of 728,087)	
Ages 19 and 20	75,175	(21.4% of 350,629)	
G. Enrollment, Expenditures*** and Per-enrollee Payment, by Age Group, FY 2007	% Total Enrollees~	% Total Expenditures~	Per Enrollee Payment
Through Age 20	60.6%	24.6%	\$1,745
Through Age 18	57.5%	22.7%	\$1,698
Through Age 5	22.6%	11.0%	\$2,089
Infants	3.9%	3.3%	\$3,653
Ages 1 through 5	18.7%	7.7%	\$1,767
Ages 6 through 18	34.9%	11.7%	\$1,446
Ages 6 through 14	25.4%	7.2%	\$1,214
Ages 15 through 18	9.5%	4.6%	\$2,064
Ages 19 and 20	3.1%	1.9%	\$2,601
Age 21 or Older	39.4%	64.1%	\$6,993
Age 65 or Older	9.1%	17.5%	\$8,278
H. Non-Blind/Disabled Enrollees: Enrollment and Per-enrollee Payment** FY2007	Number of Enrollees	Per Enrollee Payment	
Through Age 20	1,433,908	\$1,593	
Through Age 18	1,365,199	\$1,572	

Notes: * Includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. Data for ME based on FY2004. Data for HI based on FY2006 ** Regional and US averages of FMAPs are weighted by FY2007 Title XIX and Title XXI Medicaid expenditures reported in the CMS64. *** Expenditures include Medicaid vendor payments, health plan premiums, capitation and HMO payments reported by the states to CMS. All expenditures include federal and state shares. ^ Includes Primary Care Case Management. ^^ Point-in-time enrollment on 06/30/2007, at 2.0M, was 83.0% of 2.4M total annual enrollment state(s) reported to CMS for FY 2007. ^^ Data for NJ, NM, NV and TX are based on 2002 only. ## Disproportionate Share Hospital Payments. ~Percents may not sum up to 100% due to missing age information for some beneficiaries and unassigned claims.

II. MEDICAID* SERVICE UTILIZATION		ILLINOIS			
A. Payments by Age and Type of Service**		CHILDREN Under 21		ADULTS	
Physician Services		2.0%		3.1%	
Dental Services		0.9%		0.3%	
Clinic Services		1.2%		1.0%	
Other Practitioner Services		<.05%		0.1%	
Outpatient Hospital		1.3%		3.0%	
Inpatient Hospital		7.0%		15.4%	
Intermediate Care Facilities (ICF-MRs)^		0.3%		5.5%	
Nursing Home		<.05%		14.8%	
Mental Health Facility Services		0.9%		0.5%	
Personal Care Services		4.8%		4.1%	
Home Health Services		0.3%		0.1%	
Lab and X-Ray		0.4%		1.1%	
Prescribed Drugs		3.5%		6.9%	
Capitated Payment		1.0%		0.5%	
Primary Care Case Management Services		0.0%		0.0%	
Sterilization Services		<.05%		<.05%	
Other Care Services~		0.9%		9.5%	
Total~~		24.6%		64.1%	
B. Average Payments per User of Service and Percent of Enrollees Using Each Service**		CHILDREN Under 21		ADULTS	
		Per-user	%Use+	Per-user	%Use+
Physician Services		\$240	58.2%	\$536	62.3%
Dental Services		\$201	32.7%	\$211	15.6%
Clinic Services		\$280	30.6%	\$432	25.8%
Other Practitioner Services		\$43	7.0%	\$51	13.9%
Outpatient Hospital		\$300	31.6%	\$785	41.4%
Inpatient Hospital		\$13,398	3.7%	\$10,925	13.6%
Intermediate Care Facilities (ICF-MRs)^		\$60,573	<.05%	\$64,058	0.9%
Nursing Home		\$17,758	<.05%	\$22,064	7.3%
Mental Health Facility Services		\$16,591	0.4%	\$25,224	0.2%
Personal Care Services		\$724	46.9%	\$3,333	13.4%
Home Health Services		\$7,219	0.3%	\$1,032	1.0%
Lab and X-Ray		\$80	39.0%	\$213	54.7%
Prescribed Drugs		\$435	57.9%	\$1,218	62.0%
Capitated Payment		\$688	10.5%	\$1,413	4.1%
Primary Care Case Management Services		NA	0.0%	NA	0.0%
Sterilization Services		\$229	<.05%	\$759	0.6%
Other Care Services~		\$497	12.4%	\$3,429	30.2%
Total		\$2,083	83.7%	\$8,537	81.9%

* Includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. Data for ME based on FY2004. Data for HI based on FY2006 ** Services included in each service category are defined in the CMS document: MSIS Tape Specifications and Data Dictionary, p156 (URL: <http://www.cms.hhs.gov/MSIS/Downloads/msisdd05.pdf>). Effective FY1999, services provided under EPSDT are broken out by type of service as listed on II.A-B of this report. ~ may include, but are not limited to, Home and Community Waiver, prosthetic devices and eyeglasses. ~~ Expenditures do not sum to 100% due to unassigned claims and missing service recipient data. + Sum of percents may exceed 100% since enrollees may use multiple services. ^ for the mentally-retarded. 'na' Data unavailable. 'NA' Not applicable.





Medicaid State Report

FY 2007* (October 1, 2006 - September 30, 2007)

I. MEDICAID ENROLLEES AND EXPENDITURES*

INDIANA

IL, IN, MI, OH & WI are included in the East North Central Region

A. Federal Medical Assistance Percentage (FMAP)**	62.6%, 73.8% (FY07 FMAP, Enhanced)	64.3%, 75.0% (FY09 FMAP, Enhanced)	
B. FY 2007 Total Medicaid Enrollment and Expenditures***	1,053,487 / \$4,605M		
C. Total Medicaid Managed Care^ Enrollment, 06/30/2007 (% of Total Medicaid Enrollment, 12/31/2006)	599,636 (72.6% of 825,820^^)		
D. Percent of Births Paid for by Medicaid, 2002-3 Average^^^	40.5%		
E. FY 2007 and FY 2003-2007 Averaged DSH## Payment	\$331.3M / \$274.0M		
F. Enrollee through Age 20, FY 2007	Enrollees	(as Proportion of Population)	
Through Age 20	661,274	(35.4% of 1,865,787)	
Through Age 18	628,573	(37.2% of 1,690,655)	
Through Age 5	252,126	(48.7% of 517,476)	
Infants	48,728	(56.6% of 86,089)	
Ages 1 through 5	203,398	(47.1% of 431,387)	
Ages 6 through 18	376,447	(32.1% of 1,173,179)	
Ages 6 through 14	276,100	(34.6% of 799,118)	
Ages 15 through 18	100,347	(26.8% of 374,061)	
Ages 19 and 20	32,701	(18.7% of 175,132)	
G. Enrollment, Expenditures*** and Per-enrollee Payment, by Age Group, FY 2007	% Total Enrollees~	% Total Expenditures~	Per Enrollee Payment
Through Age 20	62.8%	28.0%	\$1,952
Through Age 18	59.7%	25.9%	\$1,900
Through Age 5	23.9%	10.0%	\$1,823
Infants	4.6%	3.0%	\$2,830
Ages 1 through 5	19.3%	7.0%	\$1,581
Ages 6 through 18	35.7%	16.0%	\$1,952
Ages 6 through 14	26.2%	10.6%	\$1,769
Ages 15 through 18	9.5%	5.4%	\$2,456
Ages 19 and 20	3.1%	2.1%	\$2,953
Age 21 or Older	37.2%	71.5%	\$8,397
Age 65 or Older	7.8%	22.7%	\$12,755
H. Non-Blind/Disabled Enrollees: Enrollment and Per-enrollee Payment** FY2007	Number of Enrollees	Per Enrollee Payment	
Through Age 20	644,554	\$1,670	
Through Age 18	613,924	\$1,659	

Notes: * Includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. Data for ME based on FY2004. Data for HI based on FY2006 ** Regional and US averages of FMAPs are weighted by FY2007 Title XIX and Title XXI Medicaid expenditures reported in the CMS64. *** Expenditures include Medicaid vendor payments, health plan premiums, capitation and HMO payments reported by the states to CMS. All expenditures include federal and state shares. ^ Includes Primary Care Case Management. ^^ Point-in-time enrollment on 06/30/2007, at 0.8M, was 78.4% of 1.1M total annual enrollment state(s) reported to CMS for FY 2007. ^^ Data for NJ, NM, NV and TX are based on 2002 only. ## Disproportionate Share Hospital Payments. ~Percents may not sum up to 100% due to missing age information for some beneficiaries and unassigned claims.

II. MEDICAID* SERVICE UTILIZATION		INDIANA			
A. Payments by Age and Type of Service**		CHILDREN Under 21		ADULTS	
Physician Services		1.2%		2.0%	
Dental Services		2.1%		1.0%	
Clinic Services		0.3%		1.4%	
Other Practitioner Services		0.3%		0.4%	
Outpatient Hospital		0.4%		2.0%	
Inpatient Hospital		1.8%		5.6%	
Intermediate Care Facilities (ICF-MRs)^		0.4%		6.5%	
Nursing Home		0.2%		21.6%	
Mental Health Facility Services		0.5%		0.2%	
Personal Care Services		2.6%		4.7%	
Home Health Services		0.6%		1.3%	
Lab and X-Ray		0.1%		0.5%	
Prescribed Drugs		1.3%		5.1%	
Capitated Payment		15.0%		8.0%	
Primary Care Case Management Services		<.05%		0.1%	
Sterilization Services		<.05%		<.05%	
Other Care Services~		1.3%		11.3%	
Total~~		28.0%		71.5%	
B. Average Payments per User of Service and Percent of Enrollees Using Each Service**		CHILDREN Under 21		ADULTS	
		Per-user	%Use+	Per-user	%Use+
Physician Services		\$594	14.2%	\$526	44.2%
Dental Services		\$374	38.4%	\$452	25.4%
Clinic Services		\$251	8.1%	\$589	27.7%
Other Practitioner Services		\$378	6.2%	\$288	15.9%
Outpatient Hospital		\$298	8.7%	\$684	34.3%
Inpatient Hospital		\$11,186	1.1%	\$7,606	8.6%
Intermediate Care Facilities (ICF-MRs)^		\$72,125	<.05%	\$75,219	1.0%
Nursing Home		\$53,966	<.05%	\$27,562	9.2%
Mental Health Facility Services		\$13,898	0.2%	\$19,118	0.1%
Personal Care Services		\$2,687	6.7%	\$4,582	12.0%
Home Health Services		\$24,472	0.2%	\$8,492	1.8%
Lab and X-Ray		\$83	6.5%	\$159	36.2%
Prescribed Drugs		\$685	12.9%	\$1,502	39.6%
Capitated Payment		\$1,292	81.1%	\$2,404	39.0%
Primary Care Case Management Services		\$38	1.3%	\$37	18.0%
Sterilization Services		\$1,095	<.05%	\$600	0.1%
Other Care Services~		\$1,371	6.6%	\$3,648	36.3%
Total		\$2,243	87.0%	\$9,724	86.3%

* Includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. Data for ME based on FY2004. Data for HI based on FY2006 ** Services included in each service category are defined in the CMS document: MSIS Tape Specifications and Data Dictionary, p156 (URL: <http://www.cms.hhs.gov/MSIS/Downloads/msisdd05.pdf>). Effective FY1999, services provided under EPSDT are broken out by type of service as listed on II.A-B of this report. ~ may include, but are not limited to, Home and Community Waiver, prosthetic devices and eyeglasses. ~~ Expenditures do not sum to 100% due to unassigned claims and missing service recipient data. + Sum of percents may exceed 100% since enrollees may use multiple services. ^ for the mentally-retarded. 'na' Data unavailable. 'NA' Not applicable.





Medicaid State Report

FY 2007* (October 1, 2006 - September 30, 2007)

I. MEDICAID ENROLLEES AND EXPENDITURES*

IOWA

IA, KS, MN, MO, ND, NE & SD are included in the West North Central Region

A. Federal Medical Assistance Percentage (FMAP)**	62.0%, 73.4%	62.6%, 73.8%	
	(FY07 FMAP, Enhanced)	(FY09 FMAP, Enhanced)	
B. FY 2007 Total Medicaid Enrollment and Expenditures***	479,972 / \$2,413M		
C. Total Medicaid Managed Care^ Enrollment, 06/30/2007	283,204		
(% of Total Medicaid Enrollment, 12/31/2006)	(77.4% of 366,049^^)		
D. Percent of Births Paid for by Medicaid, 2002-3 Average^^^	26.6%		
E. FY 2007 and FY 2003-2007 Averaged DSH## Payment	\$41.5M / \$31.0M		
F. Enrollee through Age 20, FY 2007	Enrollees	(as Proportion of Population)	
Through Age 20	257,745	(30.7% of 839,450)	
Through Age 18	237,262	(31.2% of 759,906)	
Through Age 5	97,463	(42.4% of 229,820)	
Infants	19,881	(52.1% of 38,193)	
Ages 1 through 5	77,582	(40.5% of 191,627)	
Ages 6 through 18	139,799	(26.4% of 530,086)	
Ages 6 through 14	98,120	(27.3% of 359,430)	
Ages 15 through 18	41,679	(24.4% of 170,656)	
Ages 19 and 20	20,483	(25.8% of 79,544)	
G. Enrollment, Expenditures*** and Per-enrollee Payment, by Age Group, FY 2007	% Total Enrollees~	% Total Expenditures~	Per Enrollee Payment
Through Age 20	53.7%	26.3%	\$2,466
Through Age 18	49.4%	23.5%	\$2,394
Through Age 5	20.3%	8.6%	\$2,136
Infants	4.1%	2.8%	\$3,368
Ages 1 through 5	16.2%	5.9%	\$1,820
Ages 6 through 18	29.1%	14.9%	\$2,573
Ages 6 through 14	20.4%	9.1%	\$2,227
Ages 15 through 18	8.7%	5.8%	\$3,387
Ages 19 and 20	4.3%	2.8%	\$3,308
Age 21 or Older	46.3%	72.6%	\$7,886
Age 65 or Older	8.9%	23.7%	\$13,444
H. Non-Blind/Disabled Enrollees: Enrollment and Per-enrollee Payment** FY2007	Number of Enrollees	Per Enrollee Payment	
Through Age 20	244,752	\$1,602	
Through Age 18	225,930	\$1,589	

Notes: * Includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. Data for ME based on FY2004. Data for HI based on FY2006 ** Regional and US averages of FMAPs are weighted by FY2007 Title XIX and Title XXI Medicaid expenditures reported in the CMS64. *** Expenditures include Medicaid vendor payments, health plan premiums, capitation and HMO payments reported by the states to CMS. All expenditures include federal and state shares. ^ Includes Primary Care Case Management. ^^ Point-in-time enrollment on 06/30/2007, at 0.4M, was 76.3% of 0.5M total annual enrollment state(s) reported to CMS for FY 2007. ^^ Data for NJ, NM, NV and TX are based on 2002 only. ## Disproportionate Share Hospital Payments. ~Percents may not sum up to 100% due to missing age information for some beneficiaries and unassigned claims.

II. MEDICAID* SERVICE UTILIZATION		IOWA			
A. Payments by Age and Type of Service**		<u>CHILDREN Under 21</u>		<u>ADULTS</u>	
Physician Services		2.8%		3.8%	
Dental Services		0.9%		0.8%	
Clinic Services		1.4%		0.8%	
Other Practitioner Services		0.2%		0.4%	
Outpatient Hospital		2.1%		4.5%	
Inpatient Hospital		3.7%		6.1%	
Intermediate Care Facilities (ICF-MRs)^		1.5%		9.6%	
Nursing Home		0.3%		18.5%	
Mental Health Facility Services		1.0%		0.1%	
Personal Care Services		0.7%		1.0%	
Home Health Services		0.8%		3.2%	
Lab and X-Ray		0.3%		0.8%	
Prescribed Drugs		3.9%		5.2%	
Capitated Payment		2.1%		2.5%	
Primary Care Case Management Services		0.1%		<.05%	
Sterilization Services		0.0%		0.0%	
Other Care Services~		4.4%		15.4%	
Total~~		26.3%		72.6%	
B. Average Payments per User of Service and Percent of Enrollees Using Each Service**		<u>CHILDREN Under 21</u>		<u>ADULTS</u>	
		Per-user	%Use+	Per-user	%Use+
Physician Services		\$452	57.4%	\$700	59.3%
Dental Services		\$253	33.1%	\$346	25.6%
Clinic Services		\$281	45.4%	\$330	26.4%
Other Practitioner Services		\$122	18.4%	\$139	31.5%
Outpatient Hospital		\$531	37.0%	\$1,007	48.2%
Inpatient Hospital		\$7,712	4.6%	\$4,129	15.8%
Intermediate Care Facilities (ICF-MRs)^		\$105,379	0.1%	\$118,080	0.9%
Nursing Home		\$109,097	<.05%	\$24,148	8.3%
Mental Health Facility Services		\$25,798	0.4%	\$110,167	<.05%
Personal Care Services		\$619	10.4%	\$980	11.3%
Home Health Services		\$3,110	2.4%	\$3,831	9.0%
Lab and X-Ray		\$73	38.7%	\$167	52.0%
Prescribed Drugs		\$612	60.3%	\$1,052	53.2%
Capitated Payment		\$237	81.8%	\$496	54.3%
Primary Care Case Management Services		\$17	49.2%	\$14	18.6%
Sterilization Services		NA	0.0%	NA	0.0%
Other Care Services~		\$2,714	15.3%	\$5,464	30.5%
Total		\$2,859	86.3%	\$9,746	80.9%

* Includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. Data for ME based on FY2004. Data for HI based on FY2006 ** Services included in each service category are defined in the CMS document: MSIS Tape Specifications and Data Dictionary, p156 (URL:<http://www.cms.hhs.gov/MSIS/Downloads/msisdd05.pdf>). Effective FY1999, services provided under EPSDT are broken out by type of service as listed on II.A-B of this report. ~ may include, but are not limited to, Home and Community Waiver, prosthetic devices and eyeglasses. ~~ Expenditures do not sum to 100% due to unassigned claims and missing service recipient data. + Sum of percents may exceed 100% since enrollees may use multiple services. ^ for the mentally-retarded. 'na' Data unavailable. 'NA' Not applicable.





Medicaid State Report

FY 2007* (October 1, 2006 - September 30, 2007)

I. MEDICAID ENROLLEES AND EXPENDITURES*

KANSAS

IA, KS, MN, MO, ND, NE & SD are included in the West North Central Region

A. Federal Medical Assistance Percentage (FMAP)**	60.3%, 72.2% (FY07 FMAP, Enhanced)	60.1%, 72.1% (FY09 FMAP, Enhanced)	
B. FY 2007 Total Medicaid Enrollment and Expenditures***	353,162 / \$2,057M		
C. Total Medicaid Managed Care^ Enrollment, 06/30/2007 (% of Total Medicaid Enrollment, 12/31/2006)	139,025 (51.1% of 272,090^^)		
D. Percent of Births Paid for by Medicaid, 2002-3 Average^^^	38.7%		
E. FY 2007 and FY 2003-2007 Averaged DSH## Payment	\$44.2M / \$54.2M		
F. Enrollee through Age 20, FY 2007	Enrollees	(as Proportion of Population)	
Through Age 20	218,961	(26.6% of 822,083)	
Through Age 18	207,861	(28.0% of 741,565)	
Through Age 5	96,848	(41.2% of 234,863)	
Infants	19,189	(48.3% of 39,761)	
Ages 1 through 5	77,659	(39.8% of 195,102)	
Ages 6 through 18	111,013	(21.9% of 506,702)	
Ages 6 through 14	81,199	(23.6% of 343,557)	
Ages 15 through 18	29,814	(18.3% of 163,145)	
Ages 19 and 20	11,100	(13.8% of 80,518)	
G. Enrollment, Expenditures*** and Per-enrollee Payment, by Age Group, FY 2007	% Total Enrollees~	% Total Expenditures~	Per Enrollee Payment
Through Age 20	62.0%	32.1%	\$3,015
Through Age 18	58.9%	29.7%	\$2,941
Through Age 5	27.4%	11.5%	\$2,452
Infants	5.4%	3.7%	\$3,985
Ages 1 through 5	22.0%	7.8%	\$2,073
Ages 6 through 18	31.4%	18.2%	\$3,368
Ages 6 through 14	23.0%	11.2%	\$2,834
Ages 15 through 18	8.4%	7.0%	\$4,820
Ages 19 and 20	3.1%	2.4%	\$4,387
Age 21 or Older	38.0%	67.0%	\$10,277
Age 65 or Older	10.1%	22.8%	\$13,236
H. Non-Blind/Disabled Enrollees: Enrollment and Per-enrollee Payment** FY2007	Number of Enrollees	Per Enrollee Payment	
Through Age 20	206,311	\$2,281	
Through Age 18	196,626	\$2,268	

Notes: * Includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. Data for ME based on FY2004. Data for HI based on FY2006 ** Regional and US averages of FMAPs are weighted by FY2007 Title XIX and Title XXI Medicaid expenditures reported in the CMS64. *** Expenditures include Medicaid vendor payments, health plan premiums, capitation and HMO payments reported by the states to CMS. All expenditures include federal and state shares. ^ Includes Primary Care Case Management. ^^ Point-in-time enrollment on 06/30/2007, at 0.3M, was 77.0% of 0.4M total annual enrollment state(s) reported to CMS for FY 2007. ^^ Data for NJ, NM, NV and TX are based on 2002 only. ## Disproportionate Share Hospital Payments. ~Percents may not sum up to 100% due to missing age information for some beneficiaries and unassigned claims.

II. MEDICAID* SERVICE UTILIZATION		KANSAS			
A. Payments by Age and Type of Service**		CHILDREN Under 21		ADULTS	
Physician Services		1.3%		2.7%	
Dental Services		1.2%		0.1%	
Clinic Services		2.6%		2.5%	
Other Practitioner Services		0.1%		0.1%	
Outpatient Hospital		0.4%		1.1%	
Inpatient Hospital		3.7%		7.9%	
Intermediate Care Facilities (ICF-MRs)^		0.1%		3.0%	
Nursing Home		<.05%		16.8%	
Mental Health Facility Services		0.1%		0.2%	
Personal Care Services		3.6%		3.1%	
Home Health Services		<.05%		0.6%	
Lab and X-Ray		0.1%		0.4%	
Prescribed Drugs		2.7%		4.0%	
Capitated Payment		10.1%		5.0%	
Primary Care Case Management Services		<.05%		<.05%	
Sterilization Services		<.05%		<.05%	
Other Care Services~		5.8%		19.7%	
Total~~		32.1%		67.0%	
B. Average Payments per User of Service and Percent of Enrollees Using Each Service**		CHILDREN Under 21		ADULTS	
		Per-user	%Use+	Per-user	%Use+
Physician Services		\$347	36.3%	\$679	60.2%
Dental Services		\$351	33.4%	\$262	5.1%
Clinic Services		\$1,090	22.7%	\$1,434	26.3%
Other Practitioner Services		\$150	7.3%	\$108	10.3%
Outpatient Hospital		\$235	17.4%	\$501	33.1%
Inpatient Hospital		\$9,581	3.6%	\$7,639	15.7%
Intermediate Care Facilities (ICF-MRs)^		\$84,980	<.05%	\$100,966	0.5%
Nursing Home		\$42,029	<.05%	\$23,874	10.8%
Mental Health Facility Services		\$10,109	0.1%	\$19,939	0.2%
Personal Care Services		\$6,526	5.2%	\$2,174	22.1%
Home Health Services		\$1,056	0.2%	\$3,989	2.5%
Lab and X-Ray		\$90	14.8%	\$161	33.5%
Prescribed Drugs		\$765	33.6%	\$1,305	46.8%
Capitated Payment		\$1,173	80.8%	\$1,225	62.6%
Primary Care Case Management Services		\$8	21.3%	\$13	12.6%
Sterilization Services		\$512	<.05%	\$667	0.4%
Other Care Services~		\$3,728	14.5%	\$10,855	27.8%
Total		\$3,464	87.0%	\$11,752	87.4%

* Includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. Data for ME based on FY2004. Data for HI based on FY2006 ** Services included in each service category are defined in the CMS document: MSIS Tape Specifications and Data Dictionary, p156 (URL: <http://www.cms.hhs.gov/MSIS/Downloads/msisdd05.pdf>). Effective FY1999, services provided under EPSDT are broken out by type of service as listed on II.A-B of this report. ~ may include, but are not limited to, Home and Community Waiver, prosthetic devices and eyeglasses. ~~ Expenditures do not sum to 100% due to unassigned claims and missing service recipient data. + Sum of percents may exceed 100% since enrollees may use multiple services. ^ for the mentally-retarded. 'na' Data unavailable. 'NA' Not applicable.





Medicaid State Report

FY 2007* (October 1, 2006 - September 30, 2007)

I. MEDICAID ENROLLEES AND EXPENDITURES*

KENTUCKY

AL, KY, MS & TN are included in the East South Central Region

A. Federal Medical Assistance Percentage (FMAP)**	69.6%, 78.7% (FY07 FMAP, Enhanced)	70.1%, 79.1% (FY09 FMAP, Enhanced)	
B. FY 2007 Total Medicaid Enrollment and Expenditures***	871,625 / \$4,291M		
C. Total Medicaid Managed Care^ Enrollment, 06/30/2007 (% of Total Medicaid Enrollment, 12/31/2006)	448,113 (62.8% of 713,961^^)		
D. Percent of Births Paid for by Medicaid, 2002-3 Average^^^	41.0%		
E. FY 2007 and FY 2003-2007 Averaged DSH## Payment	\$194.8M / \$190.3M		
F. Enrollee through Age 20, FY 2007	Enrollees	(as Proportion of Population)	
Through Age 20	478,629	(40.7% of 1,177,307)	
Through Age 18	454,398	(42.7% of 1,064,548)	
Through Age 5	175,838	(52.6% of 334,170)	
Infants	34,175	(62.7% of 54,505)	
Ages 1 through 5	141,663	(50.7% of 279,665)	
Ages 6 through 18	278,560	(38.1% of 730,378)	
Ages 6 through 14	198,405	(40.0% of 496,319)	
Ages 15 through 18	80,155	(34.2% of 234,059)	
Ages 19 and 20	24,231	(21.5% of 112,759)	
G. Enrollment, Expenditures*** and Per-enrollee Payment, by Age Group, FY 2007	% Total Enrollees~	% Total Expenditures~	Per Enrollee Payment
Through Age 20	54.9%	32.8%	\$2,944
Through Age 18	52.1%	30.5%	\$2,881
Through Age 5	20.2%	9.4%	\$2,303
Infants	3.9%	1.6%	\$2,060
Ages 1 through 5	16.3%	7.8%	\$2,361
Ages 6 through 18	32.0%	21.1%	\$3,247
Ages 6 through 14	22.8%	13.0%	\$2,820
Ages 15 through 18	9.2%	8.0%	\$4,303
Ages 19 and 20	2.8%	2.3%	\$4,127
Age 21 or Older	45.1%	64.2%	\$7,007
Age 65 or Older	11.0%	18.6%	\$8,325
H. Non-Blind/Disabled Enrollees: Enrollment and Per-enrollee Payment** FY2007	Number of Enrollees	Per Enrollee Payment	
Through Age 20	438,728	\$2,297	
Through Age 18	418,923	\$2,254	

Notes: * Includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. Data for ME based on FY2004. Data for HI based on FY2006 ** Regional and US averages of FMAPs are weighted by FY2007 Title XIX and Title XXI Medicaid expenditures reported in the CMS64. *** Expenditures include Medicaid vendor payments, health plan premiums, capitation and HMO payments reported by the states to CMS. All expenditures include federal and state shares. ^ Includes Primary Care Case Management. ^^ Point-in-time enrollment on 06/30/2007, at 0.7M, was 81.9% of 0.9M total annual enrollment state(s) reported to CMS for FY 2007. ^^ Data for NJ, NM, NV and TX are based on 2002 only. ## Disproportionate Share Hospital Payments. ~Percents may not sum up to 100% due to missing age information for some beneficiaries and unassigned claims.

II. MEDICAID* SERVICE UTILIZATION		KENTUCKY			
A. Payments by Age and Type of Service**		CHILDREN Under 21		ADULTS	
Physician Services		2.1%		3.2%	
Dental Services		1.2%		0.4%	
Clinic Services		2.5%		2.3%	
Other Practitioner Services		0.7%		0.2%	
Outpatient Hospital		2.3%		4.8%	
Inpatient Hospital		3.5%		7.2%	
Intermediate Care Facilities (ICF-MRs)^		<.05%		2.4%	
Nursing Home		0.2%		17.4%	
Mental Health Facility Services		0.8%		<.05%	
Personal Care Services		0.4%		0.8%	
Home Health Services		0.1%		1.1%	
Lab and X-Ray		0.5%		1.3%	
Prescribed Drugs		3.9%		7.7%	
Capitated Payment		8.5%		7.3%	
Primary Care Case Management Services		0.3%		0.1%	
Sterilization Services		<.05%		0.2%	
Other Care Services~		5.9%		7.9%	
Total~~		32.8%		64.2%	
B. Average Payments per User of Service and Percent of Enrollees Using Each Service**		CHILDREN Under 21		ADULTS	
		Per-user	%Use+	Per-user	%Use+
Physician Services		\$384	48.0%	\$591	60.0%
Dental Services		\$385	27.0%	\$295	16.3%
Clinic Services		\$770	29.4%	\$793	31.5%
Other Practitioner Services		\$295	21.2%	\$120	21.5%
Outpatient Hospital		\$594	34.7%	\$1,091	48.4%
Inpatient Hospital		\$8,324	3.7%	\$6,571	11.6%
Intermediate Care Facilities (ICF-MRs)^		\$121,598	<.05%	\$151,529	0.2%
Nursing Home		\$76,678	<.05%	\$28,531	6.6%
Mental Health Facility Services		\$11,502	0.7%	\$4,810	0.1%
Personal Care Services		\$358	10.3%	\$851	10.2%
Home Health Services		\$2,253	0.6%	\$2,972	3.9%
Lab and X-Ray		\$129	32.0%	\$269	52.3%
Prescribed Drugs		\$646	54.2%	\$1,537	54.8%
Capitated Payment		\$852	89.3%	\$991	80.2%
Primary Care Case Management Services		\$39	59.5%	\$34	30.3%
Sterilization Services		\$3,298	<.05%	\$2,428	1.1%
Other Care Services~		\$1,516	34.7%	\$2,572	33.4%
Total		\$3,253	90.5%	\$7,842	89.4%

* Includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. Data for ME based on FY2004. Data for HI based on FY2006 ** Services included in each service category are defined in the CMS document: MSIS Tape Specifications and Data Dictionary, p156 (URL: <http://www.cms.hhs.gov/MSIS/Downloads/msisdd05.pdf>). Effective FY1999, services provided under EPSDT are broken out by type of service as listed on II.A-B of this report. ~ may include, but are not limited to, Home and Community Waiver, prosthetic devices and eyeglasses. ~~ Expenditures do not sum to 100% due to unassigned claims and missing service recipient data. + Sum of percents may exceed 100% since enrollees may use multiple services. ^ for the mentally-retarded. 'na' Data unavailable. 'NA' Not applicable.





Medicaid State Report

FY 2007* (October 1, 2006 - September 30, 2007)

I. MEDICAID ENROLLEES AND EXPENDITURES*

LOUISIANA

AR, LA, OK & TX are included in the West South Central Region

A. Federal Medical Assistance Percentage (FMAP)**	69.7%, 78.8% (FY07 FMAP, Enhanced)	71.3%, 79.9% (FY09 FMAP, Enhanced)	
B. FY 2007 Total Medicaid Enrollment and Expenditures***	1,189,880 / \$4,342M		
C. Total Medicaid Managed Care^ Enrollment, 06/30/2007 (% of Total Medicaid Enrollment, 12/31/2006)	636,429 (68.1% of 934,899^^)		
D. Percent of Births Paid for by Medicaid, 2002-3 Average^^^	57.5%		
E. FY 2007 and FY 2003-2007 Averaged DSH## Payment	\$933.6M / \$910.8M		
F. Enrollee through Age 20, FY 2007	Enrollees	(as Proportion of Population)	
Through Age 20	772,498	(55.8% of 1,383,654)	
Through Age 18	727,164	(58.2% of 1,249,443)	
Through Age 5	267,814	(65.7% of 407,886)	
Infants	48,971	(71.7% of 68,320)	
Ages 1 through 5	218,843	(64.4% of 339,566)	
Ages 6 through 18	459,350	(54.6% of 841,557)	
Ages 6 through 14	325,420	(57.3% of 567,500)	
Ages 15 through 18	133,930	(48.9% of 274,057)	
Ages 19 and 20	45,334	(33.8% of 134,211)	
G. Enrollment, Expenditures*** and Per-enrollee Payment, by Age Group, FY 2007	% Total Enrollees~	% Total Expenditures~	Per Enrollee Payment
Through Age 20	64.9%	24.8%	\$1,396
Through Age 18	61.1%	22.3%	\$1,329
Through Age 5	22.5%	7.5%	\$1,222
Infants	4.1%	0.8%	\$675
Ages 1 through 5	18.4%	6.8%	\$1,344
Ages 6 through 18	38.6%	14.7%	\$1,391
Ages 6 through 14	27.3%	9.2%	\$1,226
Ages 15 through 18	11.3%	5.5%	\$1,791
Ages 19 and 20	3.8%	2.6%	\$2,470
Age 21 or Older	35.1%	67.5%	\$7,027
Age 65 or Older	9.4%	18.8%	\$7,259
H. Non-Blind/Disabled Enrollees: Enrollment and Per-enrollee Payment** FY2007	Number of Enrollees	Per Enrollee Payment	
Through Age 20	729,267	\$1,013	
Through Age 18	688,925	\$976	

Notes: * Includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. Data for ME based on FY2004. Data for HI based on FY2006 ** Regional and US averages of FMAPs are weighted by FY2007 Title XIX and Title XXI Medicaid expenditures reported in the CMS64. *** Expenditures include Medicaid vendor payments, health plan premiums, capitation and HMO payments reported by the states to CMS. All expenditures include federal and state shares. ^ Includes Primary Care Case Management. ^^ Point-in-time enrollment on 06/30/2007, at 0.9M, was 78.6% of 1.2M total annual enrollment state(s) reported to CMS for FY 2007. ^^ Data for NJ, NM, NV and TX are based on 2002 only. ## Disproportionate Share Hospital Payments. ~Percents may not sum up to 100% due to missing age information for some beneficiaries and unassigned claims.

II. MEDICAID* SERVICE UTILIZATION		LOUISIANA			
A. Payments by Age and Type of Service**		CHILDREN Under 21		ADULTS	
Physician Services		3.1%		3.2%	
Dental Services		1.4%		0.1%	
Clinic Services		0.7%		1.3%	
Other Practitioner Services		0.3%		0.2%	
Outpatient Hospital		2.3%		3.9%	
Inpatient Hospital		4.3%		11.1%	
Intermediate Care Facilities (ICF-MRs)^		0.6%		9.5%	
Nursing Home		<.05%		15.7%	
Mental Health Facility Services		0.4%		0.8%	
Personal Care Services		1.3%		4.6%	
Home Health Services		0.4%		0.1%	
Lab and X-Ray		0.6%		1.3%	
Prescribed Drugs		6.7%		8.1%	
Capitated Payment		0.0%		0.0%	
Primary Care Case Management Services		0.4%		0.1%	
Sterilization Services		<.05%		0.3%	
Other Care Services~		2.3%		8.2%	
Total~~		24.8%		67.5%	
B. Average Payments per User of Service and Percent of Enrollees Using Each Service**		CHILDREN Under 21		ADULTS	
		Per-user	%Use+	Per-user	%Use+
Physician Services		\$294	58.6%	\$524	63.2%
Dental Services		\$267	29.0%	\$489	2.5%
Clinic Services		\$350	11.2%	\$583	22.3%
Other Practitioner Services		\$122	16.1%	\$143	13.6%
Outpatient Hospital		\$355	36.6%	\$835	48.5%
Inpatient Hospital		\$5,784	4.2%	\$4,887	21.8%
Intermediate Care Facilities (ICF-MRs)^		\$62,382	0.1%	\$81,099	1.2%
Nursing Home		\$26,464	<.05%	\$24,248	6.8%
Mental Health Facility Services		\$4,777	0.5%	\$4,494	1.9%
Personal Care Services		\$438	17.2%	\$3,815	12.5%
Home Health Services		\$5,849	0.4%	\$1,070	1.3%
Lab and X-Ray		\$84	39.3%	\$247	54.7%
Prescribed Drugs		\$618	60.6%	\$1,629	51.4%
Capitated Payment		NA	0.0%	NA	0.0%
Primary Care Case Management Services		\$30	74.4%	\$26	32.6%
Sterilization Services		\$1,183	<.05%	\$1,667	1.6%
Other Care Services~		\$241	53.4%	\$3,262	26.1%
Total		\$1,650	84.6%	\$8,668	81.1%

* Includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. Data for ME based on FY2004. Data for HI based on FY2006 ** Services included in each service category are defined in the CMS document: MSIS Tape Specifications and Data Dictionary, p156 (URL:<http://www.cms.hhs.gov/MSIS/Downloads/msisdd05.pdf>). Effective FY1999, services provided under EPSDT are broken out by type of service as listed on II.A-B of this report. ~ may include, but are not limited to, Home and Community Waiver, prosthetic devices and eyeglasses. ~~ Expenditures do not sum to 100% due to unassigned claims and missing service recipient data. + Sum of percents may exceed 100% since enrollees may use multiple services. ^ for the mentally-retarded. 'na' Data unavailable. 'NA' Not applicable.





Medicaid State Report

FY 2007* (October 1, 2006 - September 30, 2007)

I. MEDICAID ENROLLEES AND EXPENDITURES*

MAINE

CT, MA, ME, NH, RI & VT are included in the New England Region

A. Federal Medical Assistance Percentage (FMAP)**	63.3%, 74.3% (FY07 FMAP, Enhanced)	64.4%, 75.1% (FY09 FMAP, Enhanced)	
B. FY 2007 Total Medicaid Enrollment and Expenditures***	306,397 / \$2,366M		
C. Total Medicaid Managed Care^ Enrollment, 06/30/2007 (% of Total Medicaid Enrollment, 12/31/2006)	171,554 (67.4% of 254,479^^)		
D. Percent of Births Paid for by Medicaid, 2002-3 Average^^^	39.4%		
E. FY 2007 and FY 2003-2007 Averaged DSH## Payment	\$41.4M / \$55.6M		
F. Enrollee through Age 20, FY 2007	Enrollees	(as Proportion of Population)	
Through Age 20	127,609	(38.8% of 328,963)	
Through Age 18	116,283	(39.3% of 295,713)	
Through Age 5	38,704	(45.7% of 84,762)	
Infants	6,329	(45.9% of 13,795)	
Ages 1 through 5	32,375	(45.6% of 70,967)	
Ages 6 through 18	77,579	(36.8% of 210,951)	
Ages 6 through 14	53,938	(38.1% of 141,699)	
Ages 15 through 18	23,641	(34.1% of 69,252)	
Ages 19 and 20	11,326	(34.1% of 33,250)	
G. Enrollment, Expenditures*** and Per-enrollee Payment, by Age Group, FY 2007	% Total Enrollees~	% Total Expenditures~	Per Enrollee Payment
Through Age 20	41.6%	28.4%	\$5,275
Through Age 18	38.0%	25.8%	\$5,255
Through Age 5	12.6%	6.2%	\$3,768
Infants	2.1%	1.6%	\$6,033
Ages 1 through 5	10.6%	4.5%	\$3,325
Ages 6 through 18	25.3%	19.7%	\$5,996
Ages 6 through 14	17.6%	11.6%	\$5,081
Ages 15 through 18	7.7%	8.1%	\$8,086
Ages 19 and 20	3.7%	2.6%	\$5,487
Age 21 or Older	58.4%	70.8%	\$9,376
Age 65 or Older	11.2%	18.4%	\$12,621
H. Non-Blind/Disabled Enrollees: Enrollment and Per-enrollee Payment** FY2007	Number of Enrollees	Per Enrollee Payment	
Through Age 20	121,060	\$4,175	
Through Age 18	110,568	\$4,220	

Notes: * Includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. Data for ME based on FY2004. Data for HI based on FY2006 ** Regional and US averages of FMAPs are weighted by FY2007 Title XIX and Title XXI Medicaid expenditures reported in the CMS64. *** Expenditures include Medicaid vendor payments, health plan premiums, capitation and HMO payments reported by the states to CMS. All expenditures include federal and state shares. ^ Includes Primary Care Case Management. ^^ Point-in-time enrollment on 06/30/2007, at 0.3M, was 83.1% of 0.3M total annual enrollment state(s) reported to CMS for FY 2007. ^^ Data for NJ, NM, NV and TX are based on 2002 only. ## Disproportionate Share Hospital Payments. ~Percents may not sum up to 100% due to missing age information for some beneficiaries and unassigned claims.

II. MEDICAID* SERVICE UTILIZATION		MAINE			
A. Payments by Age and Type of Service**		CHILDREN Under 21		ADULTS	
Physician Services		0.7%		1.9%	
Dental Services		0.6%		0.3%	
Clinic Services		3.7%		2.3%	
Other Practitioner Services		0.1%		0.2%	
Outpatient Hospital		3.3%		8.8%	
Inpatient Hospital		3.8%		12.4%	
Intermediate Care Facilities (ICF-MRs)^		0.1%		1.2%	
Nursing Home		<.05%		10.1%	
Mental Health Facility Services		1.7%		<.05%	
Personal Care Services		3.3%		3.9%	
Home Health Services		0.1%		0.2%	
Lab and X-Ray		0.1%		0.5%	
Prescribed Drugs		1.8%		11.0%	
Capitated Payment		0.0%		0.0%	
Primary Care Case Management Services		0.1%		0.1%	
Sterilization Services		0.0%		<.05%	
Other Care Services~		9.1%		18.0%	
Total~~		28.4%		70.8%	
B. Average Payments per User of Service and Percent of Enrollees Using Each Service**		CHILDREN Under 21		ADULTS	
		Per-user	%Use+	Per-user	%Use+
Physician Services		\$230	52.5%	\$426	57.4%
Dental Services		\$289	36.2%	\$362	11.0%
Clinic Services		\$2,085	33.0%	\$924	32.9%
Other Practitioner Services		\$111	19.3%	\$116	23.2%
Outpatient Hospital		\$1,097	55.1%	\$2,373	48.9%
Inpatient Hospital		\$9,090	7.8%	\$18,427	8.9%
Intermediate Care Facilities (ICF-MRs)^		\$146,374	<.05%	\$140,941	0.1%
Nursing Home		\$62,397	<.05%	\$27,358	4.9%
Mental Health Facility Services		\$40,918	0.8%	\$19,103	<.05%
Personal Care Services		\$3,183	19.2%	\$3,900	13.1%
Home Health Services		\$2,148	0.6%	\$1,980	1.4%
Lab and X-Ray		\$60	41.5%	\$175	39.7%
Prescribed Drugs		\$513	65.4%	\$1,909	76.2%
Capitated Payment		NA	0.0%	NA	0.0%
Primary Care Case Management Services		\$27	81.1%	\$24	49.3%
Sterilization Services		NA	0.0%	\$429	0.4%
Other Care Services~		\$6,490	25.9%	\$7,585	31.5%
Total		\$5,514	95.7%	\$10,362	90.5%

* Includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. Data for ME based on FY2004. Data for HI based on FY2006 ** Services included in each service category are defined in the CMS document: MSIS Tape Specifications and Data Dictionary, p156 (URL: <http://www.cms.hhs.gov/MSIS/Downloads/msisdd05.pdf>). Effective FY1999, services provided under EPSDT are broken out by type of service as listed on II.A-B of this report. ~ may include, but are not limited to, Home and Community Waiver, prosthetic devices and eyeglasses. ~~ Expenditures do not sum to 100% due to unassigned claims and missing service recipient data. + Sum of percents may exceed 100% since enrollees may use multiple services. ^ for the mentally-retarded. 'na' Data unavailable. 'NA' Not applicable.





Medicaid State Report

FY 2007* (October 1, 2006 - September 30, 2007)

I. MEDICAID ENROLLEES AND EXPENDITURES*

MARYLAND

DC, DE, FL, GA, MD, NC, SC, VA & WV are included in the South Atlantic Region

A. Federal Medical Assistance Percentage (FMAP)**	50.0%, 65.0% (FY07 FMAP, Enhanced)	50.0%, 65.0% (FY09 FMAP, Enhanced)	
B. FY 2007 Total Medicaid Enrollment and Expenditures***	849,093 / \$5,335M		
C. Total Medicaid Managed Care^ Enrollment, 06/30/2007 (% of Total Medicaid Enrollment, 12/31/2006)	501,822 (72.4% of 692,773^^)		
D. Percent of Births Paid for by Medicaid, 2002-3 Average^^^	33.9%		
E. FY 2007 and FY 2003-2007 Averaged DSH## Payment	\$120.0M / \$94.3M		
F. Enrollee through Age 20, FY 2007	Enrollees	(as Proportion of Population)	
Through Age 20	506,476	(30.9% of 1,636,747)	
Through Age 18	478,192	(32.4% of 1,473,868)	
Through Age 5	190,185	(40.6% of 468,390)	
Infants	36,961	(46.4% of 79,659)	
Ages 1 through 5	153,224	(39.4% of 388,731)	
Ages 6 through 18	288,007	(28.6% of 1,005,478)	
Ages 6 through 14	203,416	(30.1% of 675,906)	
Ages 15 through 18	84,591	(25.7% of 329,572)	
Ages 19 and 20	28,284	(17.4% of 162,879)	
G. Enrollment, Expenditures*** and Per-enrollee Payment, by Age Group, FY 2007	% Total Enrollees~	% Total Expenditures~	Per Enrollee Payment
Through Age 20	59.6%	29.8%	\$3,140
Through Age 18	56.3%	27.1%	\$3,024
Through Age 5	22.4%	9.7%	\$2,714
Infants	4.4%	2.6%	\$3,794
Ages 1 through 5	18.0%	7.0%	\$2,453
Ages 6 through 18	33.9%	17.4%	\$3,228
Ages 6 through 14	24.0%	10.9%	\$2,853
Ages 15 through 18	10.0%	6.5%	\$4,131
Ages 19 and 20	3.3%	2.7%	\$5,096
Age 21 or Older	40.3%	69.3%	\$10,791
Age 65 or Older	8.5%	20.8%	\$15,333
H. Non-Blind/Disabled Enrollees: Enrollment and Per-enrollee Payment** FY2007	Number of Enrollees	Per Enrollee Payment	
Through Age 20	484,270	\$2,442	
Through Age 18	458,975	\$2,351	

Notes: * Includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. Data for ME based on FY2004. Data for HI based on FY2006 ** Regional and US averages of FMAPs are weighted by FY2007 Title XIX and Title XXI Medicaid expenditures reported in the CMS64. *** Expenditures include Medicaid vendor payments, health plan premiums, capitation and HMO payments reported by the states to CMS. All expenditures include federal and state shares. ^ Includes Primary Care Case Management. ^^ Point-in-time enrollment on 06/30/2007, at 0.7M, was 81.6% of 0.8M total annual enrollment state(s) reported to CMS for FY 2007. ^^ Data for NJ, NM, NV and TX are based on 2002 only. ## Disproportionate Share Hospital Payments. ~Percents may not sum up to 100% due to missing age information for some beneficiaries and unassigned claims.

II. MEDICAID* SERVICE UTILIZATION		MARYLAND			
A. Payments by Age and Type of Service**		CHILDREN Under 21		ADULTS	
Physician Services		1.4%		2.2%	
Dental Services		<.05%		<.05%	
Clinic Services		0.1%		0.1%	
Other Practitioner Services		0.0%		<.05%	
Outpatient Hospital		1.2%		2.2%	
Inpatient Hospital		3.5%		8.3%	
Intermediate Care Facilities (ICF-MRs)^		<.05%		1.1%	
Nursing Home		<.05%		17.9%	
Mental Health Facility Services		1.8%		0.1%	
Personal Care Services		3.1%		3.2%	
Home Health Services		0.3%		12.1%	
Lab and X-Ray		<.05%		<.05%	
Prescribed Drugs		1.5%		2.2%	
Capitated Payment		15.4%		18.4%	
Primary Care Case Management Services		0.0%		0.0%	
Sterilization Services		0.0%		<.05%	
Other Care Services~		1.5%		1.6%	
Total~~		29.8%		69.3%	
B. Average Payments per User of Service and Percent of Enrollees Using Each Service**		CHILDREN Under 21		ADULTS	
		Per-user	%Use+	Per-user	%Use+
Physician Services		\$1,177	12.7%	\$805	42.1%
Dental Services		\$198	0.4%	\$154	0.1%
Clinic Services		\$734	1.8%	\$366	6.1%
Other Practitioner Services		NA	0.0%	\$82	6.4%
Outpatient Hospital		\$1,854	7.0%	\$1,419	23.6%
Inpatient Hospital		\$24,614	1.5%	\$10,487	12.3%
Intermediate Care Facilities (ICF-MRs)^		\$147,388	<.05%	\$176,823	0.1%
Nursing Home		\$27,411	<.05%	\$43,057	6.5%
Mental Health Facility Services		\$35,056	0.5%	\$38,362	<.05%
Personal Care Services		\$3,294	10.0%	\$5,015	9.8%
Home Health Services		\$3,406	0.9%	\$33,760	5.6%
Lab and X-Ray		\$45	<.05%	\$94	4.4%
Prescribed Drugs		\$1,395	11.3%	\$1,232	28.1%
Capitated Payment		\$1,849	87.7%	\$7,464	38.3%
Primary Care Case Management Services		NA	0.0%	NA	0.0%
Sterilization Services		NA	0.0%	\$3,255	0.1%
Other Care Services~		\$3,563	4.3%	\$1,186	20.4%
Total		\$3,524	89.1%	\$15,023	71.8%

* Includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. Data for ME based on FY2004. Data for HI based on FY2006 ** Services included in each service category are defined in the CMS document: MSIS Tape Specifications and Data Dictionary, p156 (URL: <http://www.cms.hhs.gov/MSIS/Downloads/msisdd05.pdf>). Effective FY1999, services provided under EPSDT are broken out by type of service as listed on II.A-B of this report. ~ may include, but are not limited to, Home and Community Waiver, prosthetic devices and eyeglasses. ~~ Expenditures do not sum to 100% due to unassigned claims and missing service recipient data. + Sum of percents may exceed 100% since enrollees may use multiple services. ^ for the mentally-retarded. 'na' Data unavailable. 'NA' Not applicable.





Medicaid State Report

FY 2007* (October 1, 2006 - September 30, 2007)

I. MEDICAID ENROLLEES AND EXPENDITURES*

MASSACHUSETTS

CT, MA, ME, NH, RI & VT are included in the New England Region

A. Federal Medical Assistance Percentage (FMAP)**	50.0%, 65.0% (FY07 FMAP, Enhanced)	50.0%, 65.0% (FY09 FMAP, Enhanced)	
B. FY 2007 Total Medicaid Enrollment and Expenditures***	1,448,115 / \$8,384M		
C. Total Medicaid Managed Care^ Enrollment, 06/30/2007 (% of Total Medicaid Enrollment, 12/31/2006)	641,665 (59.3% of 1,081,823^^)		
D. Percent of Births Paid for by Medicaid, 2002-3 Average^^^	28.5%		
E. FY 2007 and FY 2003-2007 Averaged DSH## Payment	na M / \$310.6M		
F. Enrollee through Age 20, FY 2007	Enrollees	(as Proportion of Population)	
Through Age 20	567,969	(31.6% of 1,796,007)	
Through Age 18	518,116	(32.2% of 1,609,276)	
Through Age 5	185,744	(38.4% of 484,004)	
Infants	36,137	(45.1% of 80,122)	
Ages 1 through 5	149,607	(37.0% of 403,882)	
Ages 6 through 18	332,372	(29.5% of 1,125,272)	
Ages 6 through 14	225,549	(30.4% of 742,114)	
Ages 15 through 18	106,823	(27.9% of 383,158)	
Ages 19 and 20	49,853	(26.7% of 186,731)	
G. Enrollment, Expenditures*** and Per-enrollee Payment, by Age Group, FY 2007	% Total Enrollees~	% Total Expenditures~	Per Enrollee Payment
Through Age 20	39.2%	23.7%	\$3,497
Through Age 18	35.8%	22.1%	\$3,572
Through Age 5	12.8%	8.2%	\$3,691
Infants	2.5%	2.2%	\$5,202
Ages 1 through 5	10.3%	5.9%	\$3,325
Ages 6 through 18	23.0%	13.9%	\$3,506
Ages 6 through 14	15.6%	8.9%	\$3,308
Ages 15 through 18	7.4%	5.0%	\$3,923
Ages 19 and 20	3.4%	1.6%	\$2,724
Age 21 or Older	60.8%	75.4%	\$7,181
Age 65 or Older	10.9%	27.2%	\$14,436
H. Non-Blind/Disabled Enrollees: Enrollment and Per-enrollee Payment** FY2007	Number of Enrollees	Per Enrollee Payment	
Through Age 20	517,469	\$2,975	
Through Age 18	489,895	\$3,000	

Notes: * Includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. Data for ME based on FY2004. Data for HI based on FY2006 ** Regional and US averages of FMAPs are weighted by FY2007 Title XIX and Title XXI Medicaid expenditures reported in the CMS64. *** Expenditures include Medicaid vendor payments, health plan premiums, capitation and HMO payments reported by the states to CMS. All expenditures include federal and state shares. ^ Includes Primary Care Case Management. ^^ Point-in-time enrollment on 06/30/2007, at 1.1M, was 74.7% of 1.4M total annual enrollment state(s) reported to CMS for FY 2007. ^^ Data for NJ, NM, NV and TX are based on 2002 only. ## Disproportionate Share Hospital Payments. ~Percents may not sum up to 100% due to missing age information for some beneficiaries and unassigned claims.

II. MEDICAID* SERVICE UTILIZATION		MASSACHUSETTS			
A. Payments by Age and Type of Service**		<u>CHILDREN Under 21</u>		<u>ADULTS</u>	
Physician Services		0.7%		1.8%	
Dental Services		1.2%		1.1%	
Clinic Services		0.2%		1.3%	
Other Practitioner Services		0.1%		0.1%	
Outpatient Hospital		1.1%		3.3%	
Inpatient Hospital		2.7%		4.7%	
Intermediate Care Facilities (ICF-MRs)^		0.0%		2.7%	
Nursing Home		0.3%		22.1%	
Mental Health Facility Services		0.3%		0.3%	
Personal Care Services		1.8%		3.7%	
Home Health Services		0.5%		7.9%	
Lab and X-Ray		0.3%		1.6%	
Prescribed Drugs		1.1%		4.6%	
Capitated Payment		11.6%		12.8%	
Primary Care Case Management Services		0.0%		0.0%	
Sterilization Services		<.05%		<.05%	
Other Care Services~		1.8%		7.3%	
Total~~		23.7%		75.4%	
B. Average Payments per User of Service and Percent of Enrollees Using Each Service**		<u>CHILDREN Under 21</u>		<u>ADULTS</u>	
		Per-user	%Use+	Per-user	%Use+
Physician Services		\$379	26.8%	\$446	39.5%
Dental Services		\$488	36.4%	\$455	24.0%
Clinic Services		\$393	5.6%	\$931	13.4%
Other Practitioner Services		\$244	5.3%	\$89	11.2%
Outpatient Hospital		\$897	18.5%	\$883	36.1%
Inpatient Hospital		\$26,586	1.5%	\$7,287	6.1%
Intermediate Care Facilities (ICF-MRs)^		NA	0.0%	\$220,412	0.1%
Nursing Home		\$85,126	0.1%	\$38,411	5.5%
Mental Health Facility Services		\$58,212	0.1%	\$6,899	0.4%
Personal Care Services		\$1,405	18.6%	\$3,924	9.1%
Home Health Services		\$15,690	0.5%	\$20,815	3.6%
Lab and X-Ray		\$180	21.8%	\$436	35.0%
Prescribed Drugs		\$617	27.2%	\$1,141	38.5%
Capitated Payment		\$2,298	74.6%	\$2,756	44.1%
Primary Care Case Management Services		NA	0.0%	NA	0.0%
Sterilization Services		\$614	<.05%	\$1,831	0.2%
Other Care Services~		\$1,380	19.2%	\$2,944	23.6%
Total		\$4,212	83.0%	\$9,907	72.5%

* Includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. Data for ME based on FY2004. Data for HI based on FY2006 ** Services included in each service category are defined in the CMS document: MSIS Tape Specifications and Data Dictionary, p156 (URL: <http://www.cms.hhs.gov/MSIS/Downloads/msisdd05.pdf>). Effective FY1999, services provided under EPSDT are broken out by type of service as listed on II.A-B of this report. ~ may include, but are not limited to, Home and Community Waiver, prosthetic devices and eyeglasses. ~~ Expenditures do not sum to 100% due to unassigned claims and missing service recipient data. + Sum of percents may exceed 100% since enrollees may use multiple services. ^ for the mentally-retarded. 'na' Data unavailable. 'NA' Not applicable.





Medicaid State Report

FY 2007* (October 1, 2006 - September 30, 2007)

I. MEDICAID ENROLLEES AND EXPENDITURES*

MICHIGAN

IL, IN, MI, OH & WI are included in the East North Central Region

A. Federal Medical Assistance Percentage (FMAP)**	56.4%, 69.5% (FY07 FMAP, Enhanced)	60.3%, 72.2% (FY09 FMAP, Enhanced)	
B. FY 2007 Total Medicaid Enrollment and Expenditures***	1,936,390 / \$7,872M		
C. Total Medicaid Managed Care^ Enrollment, 06/30/2007 (% of Total Medicaid Enrollment, 12/31/2006)	1,343,333 (88.4% of 1,520,378^^)		
D. Percent of Births Paid for by Medicaid, 2002-3 Average^^^	34.1%		
E. FY 2007 and FY 2003-2007 Averaged DSH## Payment	\$455.2M / \$429.4M		
F. Enrollee through Age 20, FY 2007	Enrollees	(as Proportion of Population)	
Through Age 20	1,110,405	(37.5% of 2,962,671)	
Through Age 18	1,035,824	(38.7% of 2,679,709)	
Through Age 5	375,816	(47.1% of 798,099)	
Infants	68,769	(51.5% of 133,416)	
Ages 1 through 5	307,047	(46.2% of 664,683)	
Ages 6 through 18	660,008	(35.1% of 1,881,610)	
Ages 6 through 14	463,624	(36.5% of 1,270,708)	
Ages 15 through 18	196,384	(32.1% of 610,902)	
Ages 19 and 20	74,581	(26.4% of 282,962)	
G. Enrollment, Expenditures*** and Per-enrollee Payment, by Age Group, FY 2007	% Total Enrollees~	% Total Expenditures~	Per Enrollee Payment
Through Age 20	57.3%	24.7%	\$1,753
Through Age 18	53.5%	22.4%	\$1,703
Through Age 5	19.4%	8.2%	\$1,718
Infants	3.6%	2.3%	\$2,647
Ages 1 through 5	15.9%	5.9%	\$1,510
Ages 6 through 18	34.1%	14.2%	\$1,695
Ages 6 through 14	23.9%	9.2%	\$1,563
Ages 15 through 18	10.1%	5.0%	\$2,006
Ages 19 and 20	3.9%	2.3%	\$2,439
Age 21 or Older	42.7%	55.6%	\$5,296
Age 65 or Older	7.1%	17.1%	\$9,858
H. Non-Blind/Disabled Enrollees: Enrollment and Per-enrollee Payment** FY2007	Number of Enrollees	Per Enrollee Payment	
Through Age 20	1,060,015	\$1,293	
Through Age 18	992,285	\$1,267	

Notes: * Includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. Data for ME based on FY2004. Data for HI based on FY2006 ** Regional and US averages of FMAPs are weighted by FY2007 Title XIX and Title XXI Medicaid expenditures reported in the CMS64. *** Expenditures include Medicaid vendor payments, health plan premiums, capitation and HMO payments reported by the states to CMS. All expenditures include federal and state shares. ^ Includes Primary Care Case Management. ^^ Point-in-time enrollment on 06/30/2007, at 1.5M, was 78.5% of 1.9M total annual enrollment state(s) reported to CMS for FY 2007. ^^ Data for NJ, NM, NV and TX are based on 2002 only. ## Disproportionate Share Hospital Payments. ~Percents may not sum up to 100% due to missing age information for some beneficiaries and unassigned claims.

II. MEDICAID* SERVICE UTILIZATION		MICHIGAN			
A. Payments by Age and Type of Service**		<u>CHILDREN Under 21</u>		<u>ADULTS</u>	
Physician Services		0.9%		1.2%	
Dental Services		0.6%		0.3%	
Clinic Services		2.7%		1.2%	
Other Practitioner Services		<.05%		0.1%	
Outpatient Hospital		0.6%		1.2%	
Inpatient Hospital		2.8%		4.7%	
Intermediate Care Facilities (ICF-MRs)^		<.05%		0.5%	
Nursing Home		<.05%		15.7%	
Mental Health Facility Services		0.3%		0.1%	
Personal Care Services		<.05%		1.3%	
Home Health Services		0.3%		na	
Lab and X-Ray		0.1%		0.2%	
Prescribed Drugs		2.0%		3.1%	
Capitated Payment		14.0%		26.1%	
Primary Care Case Management Services		0.0%		0.0%	
Sterilization Services		0.0%		<.05%	
Other Care Services~		0.4%		0.7%	
Total~~		24.7%		55.6%	
B. Average Payments per User of Service and Percent of Enrollees Using Each Service**		<u>CHILDREN Under 21</u>		<u>ADULTS</u>	
		Per-user	%Use+	Per-user	%Use+
Physician Services		\$359	17.9%	\$369	31.7%
Dental Services		\$176	23.0%	\$188	17.4%
Clinic Services		\$1,559	12.3%	\$2,721	4.3%
Other Practitioner Services		\$72	2.4%	\$65	8.5%
Outpatient Hospital		\$376	10.8%	\$555	20.5%
Inpatient Hospital		\$10,550	1.9%	\$6,765	5.3%
Intermediate Care Facilities (ICF-MRs)^		\$248,810	<.05%	\$271,514	<.05%
Nursing Home		\$27,441	<.05%	\$29,189	5.1%
Mental Health Facility Services		\$32,419	0.1%	\$92,555	<.05%
Personal Care Services		\$230	0.9%	\$1,419	8.9%
Home Health Services		\$11,513	0.2%	na	0.5%
Lab and X-Ray		\$51	10.4%	\$130	17.1%
Prescribed Drugs		\$709	20.5%	\$707	41.2%
Capitated Payment		\$1,109	89.7%	\$3,221	77.1%
Primary Care Case Management Services		NA	0.0%	NA	0.0%
Sterilization Services		NA	0.0%	\$869	0.3%
Other Care Services~		\$715	4.1%	\$377	18.8%
Total		\$1,936	90.5%	\$6,332	83.6%

* Includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. Data for ME based on FY2004. Data for HI based on FY2006 ** Services included in each service category are defined in the CMS document: MSIS Tape Specifications and Data Dictionary, p156 (URL: <http://www.cms.hhs.gov/MSIS/Downloads/msisdd05.pdf>). Effective FY1999, services provided under EPSDT are broken out by type of service as listed on II.A-B of this report. ~ may include, but are not limited to, Home and Community Waiver, prosthetic devices and eyeglasses. ~~ Expenditures do not sum to 100% due to unassigned claims and missing service recipient data. + Sum of percents may exceed 100% since enrollees may use multiple services. ^ for the mentally-retarded. 'na' Data unavailable. 'NA' Not applicable.





Medicaid State Report

FY 2007* (October 1, 2006 - September 30, 2007)

I. MEDICAID ENROLLEES AND EXPENDITURES*

MINNESOTA

IA, KS, MN, MO, ND, NE & SD are included in the West North Central Region

A. Federal Medical Assistance Percentage (FMAP)**	50.0%, 65.0% (FY07 FMAP, Enhanced)	50.0%, 65.0% (FY09 FMAP, Enhanced)	
B. FY 2007 Total Medicaid Enrollment and Expenditures***	786,340 / \$5,871M		
C. Total Medicaid Managed Care^ Enrollment, 06/30/2007 (% of Total Medicaid Enrollment, 12/31/2006)	367,473 (61.8% of 594,270^^)		
D. Percent of Births Paid for by Medicaid, 2002-3 Average^^^	35.9%		
E. FY 2007 and FY 2003-2007 Averaged DSH## Payment	\$95.2M / \$63.4M		
F. Enrollee through Age 20, FY 2007	Enrollees	(as Proportion of Population)	
Through Age 20	418,827	(27.9% of 1,502,662)	
Through Age 18	383,115	(28.3% of 1,353,250)	
Through Age 5	154,913	(36.8% of 421,322)	
Infants	31,136	(43.7% of 71,235)	
Ages 1 through 5	123,777	(35.4% of 350,087)	
Ages 6 through 18	228,202	(24.5% of 931,928)	
Ages 6 through 14	156,818	(24.8% of 632,362)	
Ages 15 through 18	71,384	(23.8% of 299,566)	
Ages 19 and 20	35,712	(23.9% of 149,412)	
G. Enrollment, Expenditures*** and Per-enrollee Payment, by Age Group, FY 2007	% Total Enrollees~	% Total Expenditures~	Per Enrollee Payment
Through Age 20	53.3%	26.8%	\$3,754
Through Age 18	48.7%	24.1%	\$3,701
Through Age 5	19.7%	9.1%	\$3,445
Infants	4.0%	2.2%	\$4,074
Ages 1 through 5	15.7%	6.9%	\$3,287
Ages 6 through 18	29.0%	15.1%	\$3,875
Ages 6 through 14	19.9%	9.7%	\$3,643
Ages 15 through 18	9.1%	5.3%	\$4,382
Ages 19 and 20	4.5%	2.6%	\$4,324
Age 21 or Older	46.7%	72.4%	\$11,570
Age 65 or Older	11.9%	24.4%	\$15,319
H. Non-Blind/Disabled Enrollees: Enrollment and Per-enrollee Payment** FY2007	Number of Enrollees	Per Enrollee Payment	
Through Age 20	398,372	\$2,713	
Through Age 18	365,117	\$2,750	

Notes: * Includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. Data for ME based on FY2004. Data for HI based on FY2006 ** Regional and US averages of FMAPs are weighted by FY2007 Title XIX and Title XXI Medicaid expenditures reported in the CMS64. *** Expenditures include Medicaid vendor payments, health plan premiums, capitation and HMO payments reported by the states to CMS. All expenditures include federal and state shares. ^ Includes Primary Care Case Management. ^^ Point-in-time enrollment on 06/30/2007, at 0.6M, was 75.6% of 0.8M total annual enrollment state(s) reported to CMS for FY 2007. ^^ Data for NJ, NM, NV and TX are based on 2002 only. ## Disproportionate Share Hospital Payments. ~Percents may not sum up to 100% due to missing age information for some beneficiaries and unassigned claims.

II. MEDICAID* SERVICE UTILIZATION		MINNESOTA			
A. Payments by Age and Type of Service**		<u>CHILDREN Under 21</u>		<u>ADULTS</u>	
Physician Services		0.8%		2.1%	
Dental Services		0.1%		0.3%	
Clinic Services		0.1%		0.4%	
Other Practitioner Services		0.8%		1.4%	
Outpatient Hospital		0.4%		1.3%	
Inpatient Hospital		2.1%		4.3%	
Intermediate Care Facilities (ICF-MRs)^		0.1%		3.1%	
Nursing Home		0.1%		13.9%	
Mental Health Facility Services		0.2%		0.1%	
Personal Care Services		5.7%		24.0%	
Home Health Services		0.3%		1.2%	
Lab and X-Ray		<.05%		0.1%	
Prescribed Drugs		1.1%		2.8%	
Capitated Payment		12.6%		15.7%	
Primary Care Case Management Services		0.0%		0.0%	
Sterilization Services		0.0%		<.05%	
Other Care Services~		2.3%		1.7%	
Total~~		26.8%		72.4%	
B. Average Payments per User of Service and Percent of Enrollees Using Each Service**		<u>CHILDREN Under 21</u>		<u>ADULTS</u>	
		Per-user	%Use+	Per-user	%Use+
Physician Services		\$433	24.8%	\$821	41.3%
Dental Services		\$255	7.6%	\$389	14.1%
Clinic Services		\$273	5.1%	\$760	8.1%
Other Practitioner Services		\$1,450	7.4%	\$1,169	19.6%
Outpatient Hospital		\$453	13.0%	\$751	28.2%
Inpatient Hospital		\$7,555	3.8%	\$7,014	9.8%
Intermediate Care Facilities (ICF-MRs)^		\$61,588	<.05%	\$68,971	0.7%
Nursing Home		\$6,570	0.1%	\$29,259	7.6%
Mental Health Facility Services		\$24,278	0.1%	\$31,765	0.1%
Personal Care Services		\$4,978	16.2%	\$16,005	23.9%
Home Health Services		\$1,229	3.8%	\$1,115	16.6%
Lab and X-Ray		\$71	3.5%	\$107	10.0%
Prescribed Drugs		\$831	18.7%	\$1,346	33.0%
Capitated Payment		\$2,378	74.2%	\$4,642	54.1%
Primary Care Case Management Services		NA	0.0%	NA	0.0%
Sterilization Services		NA	0.0%	\$914	0.1%
Other Care Services~		\$3,510	9.3%	\$1,574	17.1%
Total		\$4,293	87.4%	\$13,426	86.2%

* Includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. Data for ME based on FY2004. Data for HI based on FY2006 ** Services included in each service category are defined in the CMS document: MSIS Tape Specifications and Data Dictionary, p156 (URL:<http://www.cms.hhs.gov/MSIS/Downloads/msisdd05.pdf>). Effective FY1999, services provided under EPSDT are broken out by type of service as listed on II.A-B of this report. ~ may include, but are not limited to, Home and Community Waiver, prosthetic devices and eyeglasses. ~~ Expenditures do not sum to 100% due to unassigned claims and missing service recipient data. + Sum of percents may exceed 100% since enrollees may use multiple services. ^ for the mentally-retarded. 'na' Data unavailable. 'NA' Not applicable.





Medicaid State Report

FY 2007* (October 1, 2006 - September 30, 2007)

I. MEDICAID ENROLLEES AND EXPENDITURES*

MISSISSIPPI

AL, KY, MS & TN are included in the East South Central Region

A. Federal Medical Assistance Percentage (FMAP)**	75.9%, 83.1% (FY07 FMAP, Enhanced)	75.8%, 83.1% (FY09 FMAP, Enhanced)	
B. FY 2007 Total Medicaid Enrollment and Expenditures***	750,629 / \$3,263M		
C. Total Medicaid Managed Care^ Enrollment, 06/30/2007 (% of Total Medicaid Enrollment, 12/31/2006)	0 (0.0% of 548,385^^)		
D. Percent of Births Paid for by Medicaid, 2002-3 Average^^^	57.9%		
E. FY 2007 and FY 2003-2007 Averaged DSH## Payment	\$191.2M / \$179.0M		
F. Enrollee through Age 20, FY 2007	Enrollees	(as Proportion of Population)	
Through Age 20	422,413	(47.3% of 893,670)	
Through Age 18	398,337	(49.0% of 812,276)	
Through Age 5	172,929	(66.8% of 258,991)	
Infants	38,575	(90.4% of 42,689)	
Ages 1 through 5	134,354	(62.1% of 216,302)	
Ages 6 through 18	225,408	(40.7% of 553,285)	
Ages 6 through 14	160,813	(42.8% of 375,990)	
Ages 15 through 18	64,595	(36.4% of 177,295)	
Ages 19 and 20	24,076	(29.6% of 81,394)	
G. Enrollment, Expenditures*** and Per-enrollee Payment, by Age Group, FY 2007	% Total Enrollees~	% Total Expenditures~	Per Enrollee Payment
Through Age 20	56.3%	27.7%	\$2,141
Through Age 18	53.1%	25.6%	\$2,095
Through Age 5	23.0%	11.9%	\$2,237
Infants	5.1%	3.8%	\$3,225
Ages 1 through 5	17.9%	8.0%	\$1,954
Ages 6 through 18	30.0%	13.7%	\$1,985
Ages 6 through 14	21.4%	8.3%	\$1,682
Ages 15 through 18	8.6%	5.4%	\$2,740
Ages 19 and 20	3.2%	2.1%	\$2,902
Age 21 or Older	43.7%	62.0%	\$6,163
Age 65 or Older	12.4%	24.1%	\$8,432
H. Non-Blind/Disabled Enrollees: Enrollment and Per-enrollee Payment** FY2007	Number of Enrollees	Per Enrollee Payment	
Through Age 20	388,785	\$1,671	
Through Age 18	368,030	\$1,637	

Notes: * Includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. Data for ME based on FY2004. Data for HI based on FY2006 ** Regional and US averages of FMAPs are weighted by FY2007 Title XIX and Title XXI Medicaid expenditures reported in the CMS64. *** Expenditures include Medicaid vendor payments, health plan premiums, capitation and HMO payments reported by the states to CMS. All expenditures include federal and state shares. ^ Includes Primary Care Case Management. ^^ Point-in-time enrollment on 06/30/2007, at 0.5M, was 73.1% of 0.8M total annual enrollment state(s) reported to CMS for FY 2007. ^^ Data for NJ, NM, NV and TX are based on 2002 only. ## Disproportionate Share Hospital Payments. ~Percents may not sum up to 100% due to missing age information for some beneficiaries and unassigned claims.

II. MEDICAID* SERVICE UTILIZATION		MISSISSIPPI			
A. Payments by Age and Type of Service**		CHILDREN Under 21		ADULTS	
Physician Services		2.8%		3.2%	
Dental Services		1.1%		0.2%	
Clinic Services		2.9%		2.3%	
Other Practitioner Services		0.8%		0.1%	
Outpatient Hospital		3.2%		4.1%	
Inpatient Hospital		7.4%		10.3%	
Intermediate Care Facilities (ICF-MRs)^		0.8%		6.7%	
Nursing Home		<.05%		21.0%	
Mental Health Facility Services		1.6%		<.05%	
Personal Care Services		1.2%		2.0%	
Home Health Services		<.05%		0.3%	
Lab and X-Ray		0.9%		2.3%	
Prescribed Drugs		4.2%		4.5%	
Capitated Payment		0.0%		0.0%	
Primary Care Case Management Services		0.0%		0.0%	
Sterilization Services		<.05%		0.2%	
Other Care Services~		0.7%		5.7%	
Total~~		27.7%		62.0%	
B. Average Payments per User of Service and Percent of Enrollees Using Each Service**		CHILDREN Under 21		ADULTS	
		Per-user	%Use+	Per-user	%Use+
Physician Services		\$417	52.8%	\$534	59.8%
Dental Services		\$294	29.9%	\$206	7.7%
Clinic Services		\$743	30.2%	\$832	27.0%
Other Practitioner Services		\$176	35.0%	\$105	12.4%
Outpatient Hospital		\$603	40.8%	\$830	49.5%
Inpatient Hospital		\$10,042	5.7%	\$4,420	20.7%
Intermediate Care Facilities (ICF-MRs)^		\$79,608	0.1%	\$88,635	0.8%
Nursing Home		\$26,304	<.05%	\$31,028	6.7%
Mental Health Facility Services		\$20,207	0.6%	\$1,084	0.1%
Personal Care Services		\$424	22.6%	\$1,044	19.3%
Home Health Services		\$1,396	0.2%	\$1,340	2.4%
Lab and X-Ray		\$142	47.9%	\$364	62.2%
Prescribed Drugs		\$529	60.9%	\$1,060	42.6%
Capitated Payment		NA	0.0%	NA	0.0%
Primary Care Case Management Services		NA	0.0%	NA	0.0%
Sterilization Services		\$545	<.05%	\$1,312	1.8%
Other Care Services~		\$633	8.7%	\$1,455	39.2%
Total		\$2,775	77.2%	\$7,781	79.2%

* Includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. Data for ME based on FY2004. Data for HI based on FY2006 ** Services included in each service category are defined in the CMS document: MSIS Tape Specifications and Data Dictionary, p156 (URL: <http://www.cms.hhs.gov/MSIS/Downloads/msisdd05.pdf>). Effective FY1999, services provided under EPSDT are broken out by type of service as listed on II.A-B of this report. ~ may include, but are not limited to, Home and Community Waiver, prosthetic devices and eyeglasses. ~~ Expenditures do not sum to 100% due to unassigned claims and missing service recipient data. + Sum of percents may exceed 100% since enrollees may use multiple services. ^ for the mentally-retarded. 'na' Data unavailable. 'NA' Not applicable.





Medicaid State Report

FY 2007* (October 1, 2006 - September 30, 2007)

I. MEDICAID ENROLLEES AND EXPENDITURES*

MISSOURI

IA, KS, MN, MO, ND, NE & SD are included in the West North Central Region

A. Federal Medical Assistance Percentage (FMAP)**	61.6%, 73.1% (FY07 FMAP, Enhanced)	63.2%, 74.2% (FY09 FMAP, Enhanced)	
B. FY 2007 Total Medicaid Enrollment and Expenditures***	1,058,017 / \$4,843M		
C. Total Medicaid Managed Care^ Enrollment, 06/30/2007 (% of Total Medicaid Enrollment, 12/31/2006)	344,991 (41.9% of 822,685^)		
D. Percent of Births Paid for by Medicaid, 2002-3 Average^^	45.1%		
E. FY 2007 and FY 2003-2007 Averaged DSH## Payment	\$717.8M / \$660.0M		
F. Enrollee through Age 20, FY 2007	Enrollees	(as Proportion of Population)	
Through Age 20	633,260	(38.1% of 1,660,598)	
Through Age 18	598,611	(39.9% of 1,498,681)	
Through Age 5	232,087	(49.8% of 465,854)	
Infants	43,228	(55.5% of 77,879)	
Ages 1 through 5	188,859	(48.7% of 387,975)	
Ages 6 through 18	366,524	(35.5% of 1,032,827)	
Ages 6 through 14	259,147	(37.1% of 698,049)	
Ages 15 through 18	107,377	(32.1% of 334,778)	
Ages 19 and 20	34,649	(21.4% of 161,917)	
G. Enrollment, Expenditures*** and Per-enrollee Payment, by Age Group, FY 2007	% Total Enrollees~	% Total Expenditures~	Per Enrollee Payment
Through Age 20	59.9%	29.8%	\$2,282
Through Age 18	56.6%	27.7%	\$2,240
Through Age 5	21.9%	11.8%	\$2,469
Infants	4.1%	4.0%	\$4,515
Ages 1 through 5	17.9%	7.8%	\$2,001
Ages 6 through 18	34.6%	15.9%	\$2,095
Ages 6 through 14	24.5%	9.1%	\$1,692
Ages 15 through 18	10.1%	6.8%	\$3,069
Ages 19 and 20	3.3%	2.2%	\$3,007
Age 21 or Older	40.1%	69.7%	\$7,943
Age 65 or Older	8.9%	21.2%	\$10,929
H. Non-Blind/Disabled Enrollees: Enrollment and Per-enrollee Payment** FY2007	Number of Enrollees	Per Enrollee Payment	
Through Age 20	623,997	\$2,120	
Through Age 18	592,439	\$2,123	

Notes: * Includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. Data for ME based on FY2004. Data for HI based on FY2006 ** Regional and US averages of FMAPs are weighted by FY2007 Title XIX and Title XXI Medicaid expenditures reported in the CMS64. *** Expenditures include Medicaid vendor payments, health plan premiums, capitation and HMO payments reported by the states to CMS. All expenditures include federal and state shares. ^ Includes Primary Care Case Management. ^^ Point-in-time enrollment on 06/30/2007, at 0.8M, was 77.8% of 1.1M total annual enrollment state(s) reported to CMS for FY 2007. ^^ Data for NJ, NM, NV and TX are based on 2002 only. ## Disproportionate Share Hospital Payments. ~Percents may not sum up to 100% due to missing age information for some beneficiaries and unassigned claims.

II. MEDICAID* SERVICE UTILIZATION		MISSOURI			
A. Payments by Age and Type of Service**		CHILDREN Under 21		ADULTS	
Physician Services		0.1%		0.4%	
Dental Services		0.3%		<.05%	
Clinic Services		2.1%		4.3%	
Other Practitioner Services		0.1%		0.2%	
Outpatient Hospital		1.7%		5.1%	
Inpatient Hospital		4.0%		7.1%	
Intermediate Care Facilities (ICF-MRs)^		<.05%		2.0%	
Nursing Home		<.05%		16.5%	
Mental Health Facility Services		0.1%		<.05%	
Personal Care Services		1.2%		8.8%	
Home Health Services		<.05%		0.1%	
Lab and X-Ray		0.1%		0.3%	
Prescribed Drugs		3.1%		9.0%	
Capitated Payment		13.6%		5.6%	
Primary Care Case Management Services		0.0%		0.0%	
Sterilization Services		<.05%		<.05%	
Other Care Services~		3.5%		10.3%	
Total~~		29.8%		69.7%	
B. Average Payments per User of Service and Percent of Enrollees Using Each Service**		CHILDREN Under 21		ADULTS	
		Per-user	%Use+	Per-user	%Use+
Physician Services		\$139	6.9%	\$210	22.8%
Dental Services		\$231	8.6%	\$252	1.9%
Clinic Services		\$449	35.1%	\$721	67.3%
Other Practitioner Services		\$135	6.1%	\$93	18.3%
Outpatient Hospital		\$594	21.3%	\$1,112	52.3%
Inpatient Hospital		\$10,234	3.0%	\$7,636	10.5%
Intermediate Care Facilities (ICF-MRs)^		\$90,946	<.05%	\$98,345	0.2%
Nursing Home		\$23,366	<.05%	\$21,581	8.7%
Mental Health Facility Services		\$14,844	<.05%	\$10,811	<.05%
Personal Care Services		\$2,491	3.6%	\$4,983	20.0%
Home Health Services		\$1,019	0.2%	\$992	1.1%
Lab and X-Ray		\$76	8.9%	\$124	31.3%
Prescribed Drugs		\$698	34.4%	\$1,816	56.7%
Capitated Payment		\$1,836	56.6%	\$808	79.5%
Primary Care Case Management Services		NA	0.0%	NA	0.0%
Sterilization Services		\$688	<.05%	\$491	0.3%
Other Care Services~		\$1,831	14.6%	\$4,521	26.0%
Total		\$2,600	87.8%	\$8,424	94.3%

* Includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. Data for ME based on FY2004. Data for HI based on FY2006 ** Services included in each service category are defined in the CMS document: MSIS Tape Specifications and Data Dictionary, p156 (URL: <http://www.cms.hhs.gov/MSIS/Downloads/msisdd05.pdf>). Effective FY1999, services provided under EPSDT are broken out by type of service as listed on II.A-B of this report. ~ may include, but are not limited to, Home and Community Waiver, prosthetic devices and eyeglasses. ~~ Expenditures do not sum to 100% due to unassigned claims and missing service recipient data. + Sum of percents may exceed 100% since enrollees may use multiple services. ^ for the mentally-retarded. 'na' Data unavailable. 'NA' Not applicable.





Medicaid State Report

FY 2007* (October 1, 2006 - September 30, 2007)

I. MEDICAID ENROLLEES AND EXPENDITURES*

MONTANA

AZ, CO, ID, MT, NM, NV, UT & WY are included in the Mountain Region

A. Federal Medical Assistance Percentage (FMAP)**	69.1%, 78.4% (FY07 FMAP, Enhanced)	68.0%, 77.6% (FY09 FMAP, Enhanced)	
B. FY 2007 Total Medicaid Enrollment and Expenditures***	111,031 / \$620M		
C. Total Medicaid Managed Care^ Enrollment, 06/30/2007 (% of Total Medicaid Enrollment, 12/31/2006)	44,598 (55.7% of 80,002^^)		
D. Percent of Births Paid for by Medicaid, 2002-3 Average^^^	35.6%		
E. FY 2007 and FY 2003-2007 Averaged DSH## Payment	\$13.3M / \$8.3M		
F. Enrollee through Age 20, FY 2007	Enrollees	(as Proportion of Population)	
Through Age 20	64,663	(25.8% of 250,877)	
Through Age 18	61,380	(27.2% of 225,985)	
Through Age 5	27,587	(39.8% of 69,333)	
Infants	5,360	(46.3% of 11,586)	
Ages 1 through 5	22,227	(38.5% of 57,747)	
Ages 6 through 18	33,793	(21.6% of 156,652)	
Ages 6 through 14	24,293	(22.9% of 105,980)	
Ages 15 through 18	9,500	(18.7% of 50,672)	
Ages 19 and 20	3,283	(13.2% of 24,892)	
G. Enrollment, Expenditures*** and Per-enrollee Payment, by Age Group, FY 2007	% Total Enrollees~	% Total Expenditures~	Per Enrollee Payment
Through Age 20	58.2%	31.7%	\$3,036
Through Age 18	55.3%	29.4%	\$2,975
Through Age 5	24.8%	10.0%	\$2,251
Infants	4.8%	3.3%	\$3,842
Ages 1 through 5	20.0%	6.7%	\$1,867
Ages 6 through 18	30.4%	19.4%	\$3,566
Ages 6 through 14	21.9%	11.5%	\$2,942
Ages 15 through 18	8.6%	7.9%	\$5,164
Ages 19 and 20	3.0%	2.2%	\$4,176
Age 21 or Older	41.8%	66.6%	\$8,913
Age 65 or Older	9.5%	26.0%	\$15,319
H. Non-Blind/Disabled Enrollees: Enrollment and Per-enrollee Payment** FY2007	Number of Enrollees	Per Enrollee Payment	
Through Age 20	61,461	\$2,336	
Through Age 18	58,625	\$2,290	

Notes: * Includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. Data for ME based on FY2004. Data for HI based on FY2006 ** Regional and US averages of FMAPs are weighted by FY2007 Title XIX and Title XXI Medicaid expenditures reported in the CMS64. *** Expenditures include Medicaid vendor payments, health plan premiums, capitation and HMO payments reported by the states to CMS. All expenditures include federal and state shares. ^ Includes Primary Care Case Management. ^^ Point-in-time enrollment on 06/30/2007, at 0.1M, was 72.1% of 0.1M total annual enrollment state(s) reported to CMS for FY 2007. ^^ Data for NJ, NM, NV and TX are based on 2002 only. ## Disproportionate Share Hospital Payments. ~Percents may not sum up to 100% due to missing age information for some beneficiaries and unassigned claims.

II. MEDICAID* SERVICE UTILIZATION		MONTANA			
A. Payments by Age and Type of Service**		<u>CHILDREN Under 21</u>		<u>ADULTS</u>	
Physician Services		3.1%		4.4%	
Dental Services		0.9%		0.4%	
Clinic Services		1.2%		2.9%	
Other Practitioner Services		1.5%		0.6%	
Outpatient Hospital		2.1%		4.0%	
Inpatient Hospital		5.9%		7.0%	
Intermediate Care Facilities (ICF-MRs)^		0.2%		1.6%	
Nursing Home		<.05%		23.0%	
Mental Health Facility Services		2.4%		0.4%	
Personal Care Services		0.8%		5.5%	
Home Health Services		<.05%		0.1%	
Lab and X-Ray		<.05%		0.1%	
Prescribed Drugs		3.2%		6.5%	
Capitated Payment		0.0%		0.0%	
Primary Care Case Management Services		0.2%		0.1%	
Sterilization Services		0.0%		<.05%	
Other Care Services~		10.3%		10.0%	
Total~~		31.7%		66.6%	
B. Average Payments per User of Service and Percent of Enrollees Using Each Service**		<u>CHILDREN Under 21</u>		<u>ADULTS</u>	
		Per-user	%Use+	Per-user	%Use+
Physician Services		\$532	55.5%	\$865	68.5%
Dental Services		\$371	22.2%	\$437	13.2%
Clinic Services		\$791	14.5%	\$2,212	17.8%
Other Practitioner Services		\$702	20.3%	\$291	28.2%
Outpatient Hospital		\$501	39.6%	\$929	58.2%
Inpatient Hospital		\$10,170	5.6%	\$4,558	20.3%
Intermediate Care Facilities (ICF-MRs)^		\$118,151	<.05%	\$132,060	0.2%
Nursing Home		\$29,429	<.05%	\$29,809	10.3%
Mental Health Facility Services		\$35,951	0.6%	\$56,617	0.1%
Personal Care Services		\$366	22.0%	\$1,898	38.8%
Home Health Services		\$976	<.05%	\$1,150	0.8%
Lab and X-Ray		\$76	5.2%	\$114	14.0%
Prescribed Drugs		\$624	48.6%	\$1,640	53.0%
Capitated Payment		NA	0.0%	NA	0.0%
Primary Care Case Management Services		\$27	67.2%	\$24	38.4%
Sterilization Services		NA	0.0%	\$58	<.05%
Other Care Services~		\$1,169	84.3%	\$1,811	73.6%
Total		\$3,509	86.5%	\$9,895	90.1%

* Includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. Data for ME based on FY2004. Data for HI based on FY2006 ** Services included in each service category are defined in the CMS document: MSIS Tape Specifications and Data Dictionary, p156 (URL: <http://www.cms.hhs.gov/MSIS/Downloads/msisdd05.pdf>). Effective FY1999, services provided under EPSDT are broken out by type of service as listed on II.A-B of this report. ~ may include, but are not limited to, Home and Community Waiver, prosthetic devices and eyeglasses. ~~ Expenditures do not sum to 100% due to unassigned claims and missing service recipient data. + Sum of percents may exceed 100% since enrollees may use multiple services. ^ for the mentally-retarded. 'na' Data unavailable. 'NA' Not applicable.





Medicaid State Report

FY 2007* (October 1, 2006 - September 30, 2007)

I. MEDICAID ENROLLEES AND EXPENDITURES*

NEBRASKA

IA, KS, MN, MO, ND, NE & SD are included in the West North Central Region

A. Federal Medical Assistance Percentage (FMAP)**	57.9%, 70.6% (FY07 FMAP, Enhanced)	59.5%, 71.7% (FY09 FMAP, Enhanced)	
B. FY 2007 Total Medicaid Enrollment and Expenditures***	261,001 / \$1,466M		
C. Total Medicaid Managed Care^ Enrollment, 06/30/2007 (% of Total Medicaid Enrollment, 12/31/2006)	170,377 (81.2% of 209,722^^)		
D. Percent of Births Paid for by Medicaid, 2002-3 Average^^^	37.7%		
E. FY 2007 and FY 2003-2007 Averaged DSH## Payment	\$27.2M / \$21.3M		
F. Enrollee through Age 20, FY 2007	Enrollees	(as Proportion of Population)	
Through Age 20	168,206	(32.3% of 520,423)	
Through Age 18	161,959	(34.4% of 470,874)	
Through Age 5	71,022	(46.6% of 152,339)	
Infants	14,975	(58.8% of 25,461)	
Ages 1 through 5	56,047	(44.2% of 126,878)	
Ages 6 through 18	90,937	(28.5% of 318,535)	
Ages 6 through 14	66,049	(30.5% of 216,737)	
Ages 15 through 18	24,888	(24.4% of 101,798)	
Ages 19 and 20	6,247	(12.6% of 49,549)	
G. Enrollment, Expenditures*** and Per-enrollee Payment, by Age Group, FY 2007	% Total Enrollees~	% Total Expenditures~	Per Enrollee Payment
Through Age 20	64.4%	32.4%	\$2,826
Through Age 18	62.1%	30.9%	\$2,799
Through Age 5	27.2%	13.9%	\$2,874
Infants	5.7%	6.8%	\$6,646
Ages 1 through 5	21.5%	7.1%	\$1,867
Ages 6 through 18	34.8%	17.0%	\$2,740
Ages 6 through 14	25.3%	9.4%	\$2,095
Ages 15 through 18	9.5%	7.6%	\$4,450
Ages 19 and 20	2.4%	1.5%	\$3,542
Age 21 or Older	33.0%	65.1%	\$11,094
Age 65 or Older	9.3%	23.5%	\$14,197
H. Non-Blind/Disabled Enrollees: Enrollment and Per-enrollee Payment** FY2007	Number of Enrollees	Per Enrollee Payment	
Through Age 20	163,847	\$2,453	
Through Age 18	158,293	\$2,461	

Notes: * Includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. Data for ME based on FY2004. Data for HI based on FY2006 ** Regional and US averages of FMAPs are weighted by FY2007 Title XIX and Title XXI Medicaid expenditures reported in the CMS64. *** Expenditures include Medicaid vendor payments, health plan premiums, capitation and HMO payments reported by the states to CMS. All expenditures include federal and state shares. ^ Includes Primary Care Case Management. ^^ Point-in-time enrollment on 06/30/2007, at 0.2M, was 80.4% of 0.3M total annual enrollment state(s) reported to CMS for FY 2007. ^^ Data for NJ, NM, NV and TX are based on 2002 only. ## Disproportionate Share Hospital Payments. ~Percents may not sum up to 100% due to missing age information for some beneficiaries and unassigned claims.

II. MEDICAID* SERVICE UTILIZATION		NEBRASKA			
A. Payments by Age and Type of Service**		CHILDREN Under 21		ADULTS	
Physician Services		4.4%		3.3%	
Dental Services		1.5%		0.8%	
Clinic Services		2.6%		1.4%	
Other Practitioner Services		0.4%		0.7%	
Outpatient Hospital		2.4%		3.5%	
Inpatient Hospital		6.2%		5.8%	
Intermediate Care Facilities (ICF-MRs)^		0.2%		4.2%	
Nursing Home		0.2%		19.8%	
Mental Health Facility Services		2.8%		0.1%	
Personal Care Services		0.8%		2.5%	
Home Health Services		0.4%		1.0%	
Lab and X-Ray		0.4%		0.5%	
Prescribed Drugs		4.6%		5.2%	
Capitated Payment		3.0%		2.1%	
Primary Care Case Management Services		0.1%		<.05%	
Sterilization Services		0.1%		0.1%	
Other Care Services~		2.3%		14.2%	
Total~~		32.4%		65.1%	
B. Average Payments per User of Service and Percent of Enrollees Using Each Service**		CHILDREN Under 21		ADULTS	
		Per-user	%Use+	Per-user	%Use+
Physician Services		\$651	59.0%	\$834	67.5%
Dental Services		\$310	42.0%	\$381	34.8%
Clinic Services		\$1,024	22.4%	\$782	30.2%
Other Practitioner Services		\$161	20.9%	\$272	43.1%
Outpatient Hospital		\$650	31.6%	\$1,148	51.6%
Inpatient Hospital		\$13,688	3.9%	\$6,018	16.1%
Intermediate Care Facilities (ICF-MRs)^		\$86,807	<.05%	\$100,983	0.7%
Nursing Home		\$89,995	<.05%	\$27,440	12.3%
Mental Health Facility Services		\$31,061	0.8%	\$5,518	0.4%
Personal Care Services		\$859	8.0%	\$3,364	12.6%
Home Health Services		\$5,862	0.6%	\$7,518	2.4%
Lab and X-Ray		\$172	19.5%	\$340	27.1%
Prescribed Drugs		\$617	65.3%	\$1,245	71.1%
Capitated Payment		\$1,466	17.8%	\$3,124	11.6%
Primary Care Case Management Services		\$19	23.5%	\$15	12.9%
Sterilization Services		\$6,506	0.2%	\$1,767	0.6%
Other Care Services~		\$1,448	14.1%	\$5,597	43.3%
Total		\$3,328	84.9%	\$12,365	89.7%

* Includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. Data for NE based on FY2004. Data for HI based on FY2006 ** Services included in each service category are defined in the CMS document: MSIS Tape Specifications and Data Dictionary, p156 (URL: <http://www.cms.hhs.gov/MSIS/Downloads/msisdd05.pdf>). Effective FY1999, services provided under EPSDT are broken out by type of service as listed on II.A-B of this report. ~ may include, but are not limited to, Home and Community Waiver, prosthetic devices and eyeglasses. ~~ Expenditures do not sum to 100% due to unassigned claims and missing service recipient data. + Sum of percents may exceed 100% since enrollees may use multiple services. ^ for the mentally-retarded. 'na' Data unavailable. 'NA' Not applicable.





Medicaid State Report

FY 2007* (October 1, 2006 - September 30, 2007)

I. MEDICAID ENROLLEES AND EXPENDITURES*

NEVADA

AZ, CO, ID, MT, NM, NV, UT & WY are included in the Mountain Region

A. Federal Medical Assistance Percentage (FMAP)**	53.9%, 67.8% (FY07 FMAP, Enhanced)	50.0%, 65.0% (FY09 FMAP, Enhanced)	
B. FY 2007 Total Medicaid Enrollment and Expenditures***	247,290 / \$1,079M		
C. Total Medicaid Managed Care^ Enrollment, 06/30/2007 (% of Total Medicaid Enrollment, 12/31/2006)	144,354 (84.8% of 170,152^^)		
D. Percent of Births Paid for by Medicaid, 2002-3 Average^^^	32.2%		
E. FY 2007 and FY 2003-2007 Averaged DSH## Payment	\$80.8M / \$77.9M		
F. Enrollee through Age 20, FY 2007	Enrollees	(as Proportion of Population)	
Through Age 20	149,291	(20.8% of 717,653)	
Through Age 18	142,645	(21.8% of 654,715)	
Through Age 5	68,022	(31.5% of 215,981)	
Infants	15,464	(41.9% of 36,876)	
Ages 1 through 5	52,558	(29.3% of 179,105)	
Ages 6 through 18	74,623	(17.0% of 438,734)	
Ages 6 through 14	55,493	(18.2% of 305,241)	
Ages 15 through 18	19,130	(14.3% of 133,493)	
Ages 19 and 20	6,646	(10.6% of 62,938)	
G. Enrollment, Expenditures*** and Per-enrollee Payment, by Age Group, FY 2007	% Total Enrollees~	% Total Expenditures~	Per Enrollee Payment
Through Age 20	60.4%	33.2%	\$2,402
Through Age 18	57.7%	30.9%	\$2,336
Through Age 5	27.5%	13.3%	\$2,104
Infants	6.3%	4.5%	\$3,124
Ages 1 through 5	21.3%	8.8%	\$1,804
Ages 6 through 18	30.2%	17.6%	\$2,547
Ages 6 through 14	22.4%	10.3%	\$2,011
Ages 15 through 18	7.7%	7.3%	\$4,103
Ages 19 and 20	2.7%	2.3%	\$3,810
Age 21 or Older	39.6%	64.8%	\$7,135
Age 65 or Older	9.8%	18.6%	\$8,285
H. Non-Blind/Disabled Enrollees: Enrollment and Per-enrollee Payment** FY2007	Number of Enrollees	Per Enrollee Payment	
Through Age 20	141,725	\$1,869	
Through Age 18	135,938	\$1,848	

Notes: * Includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. Data for ME based on FY2004. Data for HI based on FY2006 ** Regional and US averages of FMAPs are weighted by FY2007 Title XIX and Title XXI Medicaid expenditures reported in the CMS64. *** Expenditures include Medicaid vendor payments, health plan premiums, capitation and HMO payments reported by the states to CMS. All expenditures include federal and state shares. ^ Includes Primary Care Case Management. ^^ Point-in-time enrollment on 06/30/2007, at 0.2M, was 68.8% of 0.2M total annual enrollment state(s) reported to CMS for FY 2007. ^^ Data for NJ, NM, NV and TX are based on 2002 only. ## Disproportionate Share Hospital Payments. ~Percents may not sum up to 100% due to missing age information for some beneficiaries and unassigned claims.

II. MEDICAID* SERVICE UTILIZATION		NEVADA			
A. Payments by Age and Type of Service**		<u>CHILDREN Under 21</u>		<u>ADULTS</u>	
Physician Services		2.5%		4.8%	
Dental Services		0.7%		0.5%	
Clinic Services		1.4%		2.9%	
Other Practitioner Services		0.2%		0.2%	
Outpatient Hospital		0.9%		2.9%	
Inpatient Hospital		5.5%		9.8%	
Intermediate Care Facilities (ICF-MRs)^		0.4%		1.5%	
Nursing Home		0.2%		14.1%	
Mental Health Facility Services		2.6%		<.05%	
Personal Care Services		5.4%		9.6%	
Home Health Services		0.2%		0.1%	
Lab and X-Ray		0.7%		1.1%	
Prescribed Drugs		2.1%		5.6%	
Capitated Payment		9.1%		3.8%	
Primary Care Case Management Services		0.0%		0.0%	
Sterilization Services		<.05%		0.2%	
Other Care Services~		1.2%		7.8%	
Total~~		33.2%		64.8%	
B. Average Payments per User of Service and Percent of Enrollees Using Each Service**		<u>CHILDREN Under 21</u>		<u>ADULTS</u>	
		Per-user	%Use+	Per-user	%Use+
Physician Services		\$690	26.1%	\$1,006	52.2%
Dental Services		\$459	11.4%	\$565	9.4%
Clinic Services		\$1,540	6.8%	\$2,626	12.3%
Other Practitioner Services		\$408	4.0%	\$224	9.4%
Outpatient Hospital		\$469	13.9%	\$1,041	30.4%
Inpatient Hospital		\$10,466	3.8%	\$6,883	15.4%
Intermediate Care Facilities (ICF-MRs)^		\$105,837	<.05%	\$140,565	0.1%
Nursing Home		\$73,377	<.05%	\$35,048	4.4%
Mental Health Facility Services		\$29,919	0.6%	\$3,968	<.05%
Personal Care Services		\$3,216	12.2%	\$6,063	17.4%
Home Health Services		\$9,209	0.1%	\$2,234	0.6%
Lab and X-Ray		\$399	12.6%	\$339	36.7%
Prescribed Drugs		\$786	19.0%	\$1,552	39.8%
Capitated Payment		\$761	86.6%	\$541	77.1%
Primary Care Case Management Services		NA	0.0%	NA	0.0%
Sterilization Services		\$341	0.8%	\$1,470	1.4%
Other Care Services~		\$2,812	3.1%	\$4,644	18.6%
Total		\$2,750	87.3%	\$8,124	87.8%

* Includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. Data for ME based on FY2004. Data for HI based on FY2006 ** Services included in each service category are defined in the CMS document: MSIS Tape Specifications and Data Dictionary, p156 (URL: <http://www.cms.hhs.gov/MSIS/Downloads/msisdd05.pdf>). Effective FY1999, services provided under EPSDT are broken out by type of service as listed on II.A-B of this report. ~ may include, but are not limited to, Home and Community Waiver, prosthetic devices and eyeglasses. ~~ Expenditures do not sum to 100% due to unassigned claims and missing service recipient data. + Sum of percents may exceed 100% since enrollees may use multiple services. ^ for the mentally-retarded. 'na' Data unavailable. 'NA' Not applicable.





Medicaid State Report

FY 2007* (October 1, 2006 - September 30, 2007)

I. MEDICAID ENROLLEES AND EXPENDITURES*

NEW HAMPSHIRE

CT, MA, ME, NH, RI & VT are included in the New England Region

A. Federal Medical Assistance Percentage (FMAP)**	50.0%, 65.0% (FY07 FMAP, Enhanced)	50.0%, 65.0% (FY09 FMAP, Enhanced)	
B. FY 2007 Total Medicaid Enrollment and Expenditures***	143,938 / \$1,042M		
C. Total Medicaid Managed Care^ Enrollment, 06/30/2007 (% of Total Medicaid Enrollment, 12/31/2006)	84,165 (77.2% of 108,953^^)		
D. Percent of Births Paid for by Medicaid, 2002-3 Average^^^	22.3%		
E. FY 2007 and FY 2003-2007 Averaged DSH## Payment	\$204.4M / \$226.1M		
F. Enrollee through Age 20, FY 2007	Enrollees	(as Proportion of Population)	
Through Age 20	87,874	(24.6% of 357,790)	
Through Age 18	83,743	(25.9% of 323,367)	
Through Age 5	30,569	(32.1% of 95,152)	
Infants	5,617	(36.2% of 15,521)	
Ages 1 through 5	24,952	(31.3% of 79,631)	
Ages 6 through 18	53,174	(23.3% of 228,215)	
Ages 6 through 14	37,778	(24.4% of 154,700)	
Ages 15 through 18	15,396	(20.9% of 73,515)	
Ages 19 and 20	4,131	(12.0% of 34,423)	
G. Enrollment, Expenditures*** and Per-enrollee Payment, by Age Group, FY 2007	% Total Enrollees~	% Total Expenditures~	Per Enrollee Payment
Through Age 20	61.0%	29.4%	\$3,487
Through Age 18	58.2%	27.5%	\$3,425
Through Age 5	21.2%	6.7%	\$2,274
Infants	3.9%	1.3%	\$2,421
Ages 1 through 5	17.3%	5.4%	\$2,240
Ages 6 through 18	36.9%	20.9%	\$4,087
Ages 6 through 14	26.2%	12.5%	\$3,444
Ages 15 through 18	10.7%	8.4%	\$5,665
Ages 19 and 20	2.9%	1.9%	\$4,741
Age 21 or Older	39.0%	70.3%	\$13,059
Age 65 or Older	10.2%	24.6%	\$17,416
H. Non-Blind/Disabled Enrollees: Enrollment and Per-enrollee Payment** FY2007	Number of Enrollees	Per Enrollee Payment	
Through Age 20	87,131	\$3,285	
Through Age 18	83,550	\$3,330	

Notes: * Includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. Data for ME based on FY2004. Data for HI based on FY2006 ** Regional and US averages of FMAPs are weighted by FY2007 Title XIX and Title XXI Medicaid expenditures reported in the CMS64. *** Expenditures include Medicaid vendor payments, health plan premiums, capitation and HMO payments reported by the states to CMS. All expenditures include federal and state shares. ^ Includes Primary Care Case Management. ^^ Point-in-time enrollment on 06/30/2007, at 0.1M, was 75.7% of 0.1M total annual enrollment state(s) reported to CMS for FY 2007. ^^ Data for NJ, NM, NV and TX are based on 2002 only. ## Disproportionate Share Hospital Payments. ~Percents may not sum up to 100% due to missing age information for some beneficiaries and unassigned claims.

II. MEDICAID* SERVICE UTILIZATION		NEW HAMPSHIRE			
A. Payments by Age and Type of Service**		<u>CHILDREN Under 21</u>		<u>ADULTS</u>	
Physician Services		2.5%		2.6%	
Dental Services		1.7%		0.2%	
Clinic Services		8.1%		7.6%	
Other Practitioner Services		0.4%		0.2%	
Outpatient Hospital		2.8%		4.3%	
Inpatient Hospital		1.9%		3.4%	
Intermediate Care Facilities (ICF-MRs)^		0.2%		0.0%	
Nursing Home		0.1%		20.2%	
Mental Health Facility Services		0.3%		0.1%	
Personal Care Services		1.7%		0.9%	
Home Health Services		0.5%		0.3%	
Lab and X-Ray		0.1%		0.1%	
Prescribed Drugs		3.5%		5.5%	
Capitated Payment		0.0%		0.0%	
Primary Care Case Management Services		0.0%		0.0%	
Sterilization Services		<.05%		0.1%	
Other Care Services~		5.5%		24.8%	
Total~~		29.4%		70.3%	
B. Average Payments per User of Service and Percent of Enrollees Using Each Service**		<u>CHILDREN Under 21</u>		<u>ADULTS</u>	
		Per-user	%Use+	Per-user	%Use+
Physician Services		\$487	60.1%	\$728	67.0%
Dental Services		\$473	43.6%	\$467	7.0%
Clinic Services		\$3,654	26.4%	\$4,747	29.7%
Other Practitioner Services		\$336	14.0%	\$198	19.0%
Outpatient Hospital		\$772	43.0%	\$1,735	46.0%
Inpatient Hospital		\$6,810	3.2%	\$3,610	17.3%
Intermediate Care Facilities (ICF-MRs)^		\$68,149	<.05%	NA	0.0%
Nursing Home		\$57,776	<.05%	\$30,587	12.3%
Mental Health Facility Services		\$9,409	0.3%	\$4,502	0.2%
Personal Care Services		\$5,792	3.6%	\$3,667	4.4%
Home Health Services		\$5,844	1.1%	\$2,616	2.5%
Lab and X-Ray		\$64	11.2%	\$161	15.8%
Prescribed Drugs		\$724	57.7%	\$1,725	59.6%
Capitated Payment		NA	0.0%	NA	0.0%
Primary Care Case Management Services		NA	0.0%	NA	0.0%
Sterilization Services		\$22	<.05%	\$1,774	1.4%
Other Care Services~		\$8,163	8.0%	\$16,740	27.5%
Total		\$4,285	81.4%	\$15,750	82.9%

* Includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. Data for ME based on FY2004. Data for HI based on FY2006 ** Services included in each service category are defined in the CMS document: MSIS Tape Specifications and Data Dictionary, p156 (URL:<http://www.cms.hhs.gov/MSIS/Downloads/msisdd05.pdf>). Effective FY1999, services provided under EPSDT are broken out by type of service as listed on II.A-B of this report. ~ may include, but are not limited to, Home and Community Waiver, prosthetic devices and eyeglasses. ~~ Expenditures do not sum to 100% due to unassigned claims and missing service recipient data. + Sum of percents may exceed 100% since enrollees may use multiple services. ^ for the mentally-retarded. 'na' Data unavailable. 'NA' Not applicable.





Medicaid State Report

FY 2007* (October 1, 2006 - September 30, 2007)

I. MEDICAID ENROLLEES AND EXPENDITURES*

NEW JERSEY

NJ, NY & PA are included in the Mid Atlantic Region

A. Federal Medical Assistance Percentage (FMAP)**	50.0%, 65.0% (FY07 FMAP, Enhanced)	50.0%, 65.0% (FY09 FMAP, Enhanced)	
B. FY 2007 Total Medicaid Enrollment and Expenditures***	1,065,057 / \$7,319M		
C. Total Medicaid Managed Care^ Enrollment, 06/30/2007 (% of Total Medicaid Enrollment, 12/31/2006)	619,566 (70.6% of 878,125^)		
D. Percent of Births Paid for by Medicaid, 2002-3 Average^^	26.6%		
E. FY 2007 and FY 2003-2007 Averaged DSH## Payment	\$1,337.0M / \$1,206.3M		
F. Enrollee through Age 20, FY 2007	Enrollees	(as Proportion of Population)	
Through Age 20	596,948	(24.6% of 2,424,375)	
Through Age 18	565,725	(25.6% of 2,210,453)	
Through Age 5	233,881	(33.3% of 703,107)	
Infants	41,039	(35.4% of 115,780)	
Ages 1 through 5	192,842	(32.8% of 587,327)	
Ages 6 through 18	331,844	(22.0% of 1,507,346)	
Ages 6 through 14	239,610	(22.9% of 1,048,182)	
Ages 15 through 18	92,234	(20.1% of 459,164)	
Ages 19 and 20	31,223	(14.6% of 213,922)	
G. Enrollment, Expenditures*** and Per-enrollee Payment, by Age Group, FY 2007	% Total Enrollees~	% Total Expenditures~	Per Enrollee Payment
Through Age 20	56.0%	22.0%	\$2,703
Through Age 18	53.1%	20.4%	\$2,645
Through Age 5	22.0%	7.3%	\$2,299
Infants	3.9%	1.2%	\$2,179
Ages 1 through 5	18.1%	6.1%	\$2,324
Ages 6 through 18	31.2%	13.1%	\$2,889
Ages 6 through 14	22.5%	8.0%	\$2,444
Ages 15 through 18	8.7%	5.1%	\$4,047
Ages 19 and 20	2.9%	1.6%	\$3,755
Age 21 or Older	44.0%	76.8%	\$12,010
Age 65 or Older	13.7%	30.7%	\$15,336
H. Non-Blind/Disabled Enrollees: Enrollment and Per-enrollee Payment** FY2007	Number of Enrollees	Per Enrollee Payment	
Through Age 20	566,069	\$2,092	
Through Age 18	538,848	\$2,071	

Notes: * Includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. Data for ME based on FY2004. Data for HI based on FY2006 ** Regional and US averages of FMAPs are weighted by FY2007 Title XIX and Title XXI Medicaid expenditures reported in the CMS64. *** Expenditures include Medicaid vendor payments, health plan premiums, capitation and HMO payments reported by the states to CMS. All expenditures include federal and state shares. ^ Includes Primary Care Case Management. ^^ Point-in-time enrollment on 06/30/2007, at 0.9M, was 82.4% of 1.1M total annual enrollment state(s) reported to CMS for FY 2007. ^^ Data for NJ, NM, NV and TX are based on 2002 only. ## Disproportionate Share Hospital Payments. ~Percents may not sum up to 100% due to missing age information for some beneficiaries and unassigned claims.

II. MEDICAID* SERVICE UTILIZATION		NEW JERSEY			
A. Payments by Age and Type of Service**		CHILDREN Under 21		ADULTS	
Physician Services		0.2%		0.6%	
Dental Services		<.05%		0.3%	
Clinic Services		0.2%		1.2%	
Other Practitioner Services		<.05%		0.1%	
Outpatient Hospital		1.1%		3.4%	
Inpatient Hospital		2.0%		5.5%	
Intermediate Care Facilities (ICF-MRs)^		<.05%		8.5%	
Nursing Home		0.6%		23.0%	
Mental Health Facility Services		1.5%		0.3%	
Personal Care Services		3.5%		5.2%	
Home Health Services		0.1%		1.2%	
Lab and X-Ray		<.05%		0.2%	
Prescribed Drugs		1.1%		5.7%	
Capitated Payment		11.0%		10.2%	
Primary Care Case Management Services		0.0%		0.0%	
Sterilization Services		<.05%		<.05%	
Other Care Services~		0.7%		11.5%	
Total~~		22.0%		76.8%	
B. Average Payments per User of Service and Percent of Enrollees Using Each Service**		CHILDREN Under 21		ADULTS	
		Per-user	%Use+	Per-user	%Use+
Physician Services		\$251	8.7%	\$303	30.9%
Dental Services		\$208	1.6%	\$323	12.3%
Clinic Services		\$547	5.2%	\$1,576	11.4%
Other Practitioner Services		\$66	0.8%	\$94	9.4%
Outpatient Hospital		\$1,527	9.1%	\$1,734	30.9%
Inpatient Hospital		\$13,602	1.8%	\$8,512	10.0%
Intermediate Care Facilities (ICF-MRs)^		\$142,582	<.05%	\$204,854	0.6%
Nursing Home		\$188,003	<.05%	\$41,984	8.6%
Mental Health Facility Services		\$57,254	0.3%	\$60,842	0.1%
Personal Care Services		\$6,276	6.7%	\$9,276	8.8%
Home Health Services		\$4,792	0.2%	\$7,875	2.4%
Lab and X-Ray		\$70	4.4%	\$157	19.2%
Prescribed Drugs		\$1,290	10.3%	\$2,186	40.4%
Capitated Payment		\$1,572	85.9%	\$2,926	54.4%
Primary Care Case Management Services		NA	0.0%	NA	0.0%
Sterilization Services		\$40	<.05%	\$4,078	0.1%
Other Care Services~		\$4,635	1.8%	\$7,434	24.1%
Total		\$3,004	90.0%	\$13,619	88.2%

* Includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. Data for ME based on FY2004. Data for HI based on FY2006 ** Services included in each service category are defined in the CMS document: MSIS Tape Specifications and Data Dictionary, p156 (URL: <http://www.cms.hhs.gov/MSIS/Downloads/msisdd05.pdf>). Effective FY1999, services provided under EPSDT are broken out by type of service as listed on II.A-B of this report. ~ may include, but are not limited to, Home and Community Waiver, prosthetic devices and eyeglasses. ~~ Expenditures do not sum to 100% due to unassigned claims and missing service recipient data. + Sum of percents may exceed 100% since enrollees may use multiple services. ^ for the mentally-retarded. 'na' Data unavailable. 'NA' Not applicable.





Medicaid State Report

FY 2007* (October 1, 2006 - September 30, 2007)

I. MEDICAID ENROLLEES AND EXPENDITURES*

NEW MEXICO

AZ, CO, ID, MT, NM, NV, UT & WY are included in the Mountain Region

A. Federal Medical Assistance Percentage (FMAP)**	71.9%, 80.4% (FY07 FMAP, Enhanced)	70.9%, 79.6% (FY09 FMAP, Enhanced)	
B. FY 2007 Total Medicaid Enrollment and Expenditures***	518,866 / \$2,639M		
C. Total Medicaid Managed Care^ Enrollment, 06/30/2007 (% of Total Medicaid Enrollment, 12/31/2006)	256,425 (61.9% of 414,101^^)		
D. Percent of Births Paid for by Medicaid, 2002-3 Average^^^	66.8%		
E. FY 2007 and FY 2003-2007 Averaged DSH## Payment	\$19.6M / \$16.6M		
F. Enrollee through Age 20, FY 2007	Enrollees	(as Proportion of Population)	
Through Age 20	327,455	(57.6% of 568,925)	
Through Age 18	310,969	(60.7% of 512,144)	
Through Age 5	119,588	(71.9% of 166,360)	
Infants	21,525	(73.8% of 29,173)	
Ages 1 through 5	98,063	(71.5% of 137,187)	
Ages 6 through 18	191,381	(55.3% of 345,784)	
Ages 6 through 14	136,617	(58.9% of 231,992)	
Ages 15 through 18	54,764	(48.1% of 113,792)	
Ages 19 and 20	16,486	(29.0% of 56,781)	
G. Enrollment, Expenditures*** and Per-enrollee Payment, by Age Group, FY 2007	% Total Enrollees~	% Total Expenditures~	Per Enrollee Payment
Through Age 20	63.1%	33.5%	\$2,702
Through Age 18	59.9%	31.5%	\$2,675
Through Age 5	23.0%	13.5%	\$2,968
Infants	4.1%	3.5%	\$4,325
Ages 1 through 5	18.9%	9.9%	\$2,670
Ages 6 through 18	36.9%	18.1%	\$2,492
Ages 6 through 14	26.3%	12.6%	\$2,439
Ages 15 through 18	10.6%	5.4%	\$2,624
Ages 19 and 20	3.2%	2.0%	\$3,216
Age 21 or Older	36.9%	55.9%	\$7,700
Age 65 or Older	6.8%	14.5%	\$10,908
H. Non-Blind/Disabled Enrollees: Enrollment and Per-enrollee Payment** FY2007	Number of Enrollees	Per Enrollee Payment	
Through Age 20	316,379	\$2,326	
Through Age 18	301,291	\$2,341	

Notes: * Includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. Data for ME based on FY2004. Data for HI based on FY2006 ** Regional and US averages of FMAPs are weighted by FY2007 Title XIX and Title XXI Medicaid expenditures reported in the CMS64. *** Expenditures include Medicaid vendor payments, health plan premiums, capitation and HMO payments reported by the states to CMS. All expenditures include federal and state shares. ^ Includes Primary Care Case Management. ^^ Point-in-time enrollment on 06/30/2007, at 0.4M, was 79.8% of 0.5M total annual enrollment state(s) reported to CMS for FY 2007. ^^ Data for NJ, NM, NV and TX are based on 2002 only. ## Disproportionate Share Hospital Payments. ~Percents may not sum up to 100% due to missing age information for some beneficiaries and unassigned claims.

II. MEDICAID* SERVICE UTILIZATION		NEW MEXICO			
A. Payments by Age and Type of Service**		CHILDREN Under 21		ADULTS	
Physician Services		0.5%		1.0%	
Dental Services		0.3%		0.2%	
Clinic Services		0.1%		0.2%	
Other Practitioner Services		0.1%		0.1%	
Outpatient Hospital		1.7%		1.8%	
Inpatient Hospital		2.0%		2.5%	
Intermediate Care Facilities (ICF-MRs)^		<.05%		0.7%	
Nursing Home		<.05%		6.5%	
Mental Health Facility Services		0.1%		<.05%	
Personal Care Services		0.8%		8.1%	
Home Health Services		<.05%		<.05%	
Lab and X-Ray		0.1%		0.3%	
Prescribed Drugs		0.1%		0.4%	
Capitated Payment		26.2%		21.4%	
Primary Care Case Management Services		0.0%		0.0%	
Sterilization Services		0.0%		<.05%	
Other Care Services~		1.5%		12.4%	
Total~~		33.5%		55.9%	
B. Average Payments per User of Service and Percent of Enrollees Using Each Service**		CHILDREN Under 21		ADULTS	
		Per-user	%Use+	Per-user	%Use+
Physician Services		\$275	15.5%	\$423	31.9%
Dental Services		\$408	6.7%	\$509	4.4%
Clinic Services		\$284	2.7%	\$444	7.4%
Other Practitioner Services		\$153	2.8%	\$107	8.5%
Outpatient Hospital		\$1,035	13.6%	\$1,571	15.9%
Inpatient Hospital		\$10,439	1.5%	\$5,117	6.1%
Intermediate Care Facilities (ICF-MRs)^		\$8,838	<.05%	\$77,209	0.1%
Nursing Home		\$5,104	<.05%	\$29,217	3.1%
Mental Health Facility Services		\$28,714	<.05%	\$4,110	0.1%
Personal Care Services		\$734	9.2%	\$8,905	12.5%
Home Health Services		\$1,122	<.05%	\$1,539	0.1%
Lab and X-Ray		\$97	5.2%	\$142	25.5%
Prescribed Drugs		\$108	9.2%	\$359	16.2%
Capitated Payment		\$2,819	74.9%	\$6,067	48.5%
Primary Care Case Management Services		NA	0.0%	NA	0.0%
Sterilization Services		NA	0.0%	\$355	0.1%
Other Care Services~		\$2,086	5.8%	\$7,294	23.3%
Total		\$3,060	88.3%	\$9,079	84.8%

* Includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. Data for ME based on FY2004. Data for HI based on FY2006 ** Services included in each service category are defined in the CMS document: MSIS Tape Specifications and Data Dictionary, p156 (URL: <http://www.cms.hhs.gov/MSIS/Downloads/msisdd05.pdf>). Effective FY1999, services provided under EPSDT are broken out by type of service as listed on II.A-B of this report. ~ may include, but are not limited to, Home and Community Waiver, prosthetic devices and eyeglasses. ~~ Expenditures do not sum to 100% due to unassigned claims and missing service recipient data. + Sum of percents may exceed 100% since enrollees may use multiple services. ^ for the mentally-retarded. 'na' Data unavailable. 'NA' Not applicable.





Medicaid State Report

FY 2007* (October 1, 2006 - September 30, 2007)

I. MEDICAID ENROLLEES AND EXPENDITURES*

NEW YORK

NJ, NY & PA are included in the Mid Atlantic Region

A. Federal Medical Assistance Percentage (FMAP)**	50.0%, 65.0% (FY07 FMAP, Enhanced)	50.0%, 65.0% (FY09 FMAP, Enhanced)	
B. FY 2007 Total Medicaid Enrollment and Expenditures***	4,955,487 / \$40,026M		
C. Total Medicaid Managed Care^ Enrollment, 06/30/2007 (% of Total Medicaid Enrollment, 12/31/2006)	2,558,666 (62.1% of 4,120,044^^)		
D. Percent of Births Paid for by Medicaid, 2002-3 Average^^^	40.4%		
E. FY 2007 and FY 2003-2007 Averaged DSH## Payment	\$2,436.6M / \$2,756.0M		
F. Enrollee through Age 20, FY 2007	Enrollees	(as Proportion of Population)	
Through Age 20	1,981,552	(36.9% of 5,368,391)	
Through Age 18	1,812,778	(37.6% of 4,821,215)	
Through Age 5	727,909	(48.9% of 1,489,388)	
Infants	133,994	(52.8% of 253,697)	
Ages 1 through 5	593,915	(48.1% of 1,235,691)	
Ages 6 through 18	1,084,869	(32.6% of 3,331,827)	
Ages 6 through 14	753,309	(34.1% of 2,210,799)	
Ages 15 through 18	331,560	(29.6% of 1,121,028)	
Ages 19 and 20	168,774	(30.8% of 547,176)	
G. Enrollment, Expenditures*** and Per-enrollee Payment, by Age Group, FY 2007	% Total Enrollees~	% Total Expenditures~	Per Enrollee Payment
Through Age 20	40.0%	16.1%	\$3,244
Through Age 18	36.6%	14.6%	\$3,229
Through Age 5	14.7%	6.2%	\$3,420
Infants	2.7%	2.0%	\$5,936
Ages 1 through 5	12.0%	4.2%	\$2,852
Ages 6 through 18	21.9%	8.4%	\$3,101
Ages 6 through 14	15.2%	5.3%	\$2,804
Ages 15 through 18	6.7%	3.1%	\$3,776
Ages 19 and 20	3.4%	1.4%	\$3,410
Age 21 or Older	58.2%	82.3%	\$11,408
Age 65 or Older	11.2%	28.7%	\$20,675
H. Non-Blind/Disabled Enrollees: Enrollment and Per-enrollee Payment** FY2007	Number of Enrollees	Per Enrollee Payment	
Through Age 20	1,858,379	\$2,323	
Through Age 18	1,703,217	\$2,342	

Notes: * Includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. Data for ME based on FY2004. Data for HI based on FY2006 ** Regional and US averages of FMAPs are weighted by FY2007 Title XIX and Title XXI Medicaid expenditures reported in the CMS64. *** Expenditures include Medicaid vendor payments, health plan premiums, capitation and HMO payments reported by the states to CMS. All expenditures include federal and state shares. ^ Includes Primary Care Case Management. ^^ Point-in-time enrollment on 06/30/2007, at 4.1M, was 83.1% of 5.0M total annual enrollment state(s) reported to CMS for FY 2007. ^^ Data for NJ, NM, NV and TX are based on 2002 only. ## Disproportionate Share Hospital Payments. ~Percents may not sum up to 100% due to missing age information for some beneficiaries and unassigned claims.

II. MEDICAID* SERVICE UTILIZATION		NEW YORK			
A. Payments by Age and Type of Service**		CHILDREN Under 21		ADULTS	
Physician Services		0.1%		0.5%	
Dental Services		0.4%		0.6%	
Clinic Services		0.7%		2.8%	
Other Practitioner Services		<.05%		0.1%	
Outpatient Hospital		0.5%		2.2%	
Inpatient Hospital		2.8%		11.0%	
Intermediate Care Facilities (ICF-MRs)^		0.5%		6.3%	
Nursing Home		0.3%		16.6%	
Mental Health Facility Services		0.9%		0.3%	
Personal Care Services		1.8%		7.8%	
Home Health Services		0.2%		3.6%	
Lab and X-Ray		<.05%		0.3%	
Prescribed Drugs		1.5%		6.3%	
Capitated Payment		5.2%		12.6%	
Primary Care Case Management Services		0.0%		0.0%	
Sterilization Services		na		<.05%	
Other Care Services~		1.1%		11.5%	
Total~~		16.1%		82.3%	
B. Average Payments per User of Service and Percent of Enrollees Using Each Service**		CHILDREN Under 21		ADULTS	
		Per-user	%Use+	Per-user	%Use+
Physician Services		\$240	11.0%	\$230	27.8%
Dental Services		\$418	19.2%	\$540	16.6%
Clinic Services		\$860	16.3%	\$1,883	20.3%
Other Practitioner Services		\$39	1.4%	\$89	10.4%
Outpatient Hospital		\$688	15.0%	\$1,115	27.8%
Inpatient Hospital		\$12,276	4.6%	\$9,952	15.0%
Intermediate Care Facilities (ICF-MRs)^		\$258,090	<.05%	\$309,132	0.3%
Nursing Home		\$33,525	0.2%	\$46,536	4.9%
Mental Health Facility Services		\$34,269	0.5%	\$21,814	0.2%
Personal Care Services		\$5,122	7.2%	\$13,277	8.2%
Home Health Services		\$2,423	1.3%	\$7,843	6.4%
Lab and X-Ray		\$80	6.7%	\$181	22.3%
Prescribed Drugs		\$548	56.3%	\$1,825	47.8%
Capitated Payment		\$1,370	76.8%	\$3,082	56.6%
Primary Care Case Management Services		NA	0.0%	NA	0.0%
Sterilization Services		na	0.0%	\$1,563	0.1%
Other Care Services~		\$2,291	10.0%	\$6,852	23.2%
Total		\$3,706	87.5%	\$13,012	87.7%

* Includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. Data for ME based on FY2004. Data for HI based on FY2006 ** Services included in each service category are defined in the CMS document: MSIS Tape Specifications and Data Dictionary, p156 (URL: <http://www.cms.hhs.gov/MSIS/Downloads/msisdd05.pdf>). Effective FY1999, services provided under EPSDT are broken out by type of service as listed on II.A-B of this report. ~ may include, but are not limited to, Home and Community Waiver, prosthetic devices and eyeglasses. ~~ Expenditures do not sum to 100% due to unassigned claims and missing service recipient data. + Sum of percents may exceed 100% since enrollees may use multiple services. ^ for the mentally-retarded. 'na' Data unavailable. 'NA' Not applicable.





Medicaid State Report

FY 2007* (October 1, 2006 - September 30, 2007)

I. MEDICAID ENROLLEES AND EXPENDITURES*

NORTH CAROLINA

DC, DE, FL, GA, MD, NC, SC, VA & WV are included in the South Atlantic Region

A. Federal Medical Assistance Percentage (FMAP)**	64.5%, 75.2% (FY07 FMAP, Enhanced)	64.6%, 75.2% (FY09 FMAP, Enhanced)	
B. FY 2007 Total Medicaid Enrollment and Expenditures***	1,680,209 / \$8,713M		
C. Total Medicaid Managed Care^ Enrollment, 06/30/2007 (% of Total Medicaid Enrollment, 12/31/2006)	847,718 (64.4% of 1,317,033^^)		
D. Percent of Births Paid for by Medicaid, 2002-3 Average^^^	45.9%		
E. FY 2007 and FY 2003-2007 Averaged DSH## Payment	\$430.2M / \$421.0M		
F. Enrollee through Age 20, FY 2007	Enrollees	(as Proportion of Population)	
Through Age 20	969,816	(37.2% of 2,604,593)	
Through Age 18	914,938	(39.1% of 2,339,127)	
Through Age 5	408,205	(55.0% of 741,973)	
Infants	76,878	(61.1% of 125,752)	
Ages 1 through 5	331,327	(53.8% of 616,221)	
Ages 6 through 18	506,733	(31.7% of 1,597,154)	
Ages 6 through 14	366,485	(34.6% of 1,059,395)	
Ages 15 through 18	140,248	(26.1% of 537,759)	
Ages 19 and 20	54,878	(20.7% of 265,466)	
G. Enrollment, Expenditures*** and Per-enrollee Payment, by Age Group, FY 2007	% Total Enrollees~	% Total Expenditures~	Per Enrollee Payment
Through Age 20	57.7%	35.4%	\$3,176
Through Age 18	54.5%	32.9%	\$3,135
Through Age 5	24.3%	10.5%	\$2,233
Infants	4.6%	2.8%	\$3,223
Ages 1 through 5	19.7%	7.6%	\$2,004
Ages 6 through 18	30.2%	22.5%	\$3,862
Ages 6 through 14	21.8%	14.4%	\$3,417
Ages 15 through 18	8.3%	8.1%	\$5,024
Ages 19 and 20	3.3%	2.4%	\$3,855
Age 21 or Older	42.3%	64.0%	\$7,854
Age 65 or Older	10.9%	18.9%	\$9,006
H. Non-Blind/Disabled Enrollees: Enrollment and Per-enrollee Payment** FY2007	Number of Enrollees	Per Enrollee Payment	
Through Age 20	915,799	\$2,292	
Through Age 18	866,761	\$2,280	

Notes: * Includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. Data for ME based on FY2004. Data for HI based on FY2006 ** Regional and US averages of FMAPs are weighted by FY2007 Title XIX and Title XXI Medicaid expenditures reported in the CMS64. *** Expenditures include Medicaid vendor payments, health plan premiums, capitation and HMO payments reported by the states to CMS. All expenditures include federal and state shares. ^ Includes Primary Care Case Management. ^^ Point-in-time enrollment on 06/30/2007, at 1.3M, was 78.4% of 1.7M total annual enrollment state(s) reported to CMS for FY 2007. ^^ Data for NJ, NM, NV and TX are based on 2002 only. ## Disproportionate Share Hospital Payments. ~Percents may not sum up to 100% due to missing age information for some beneficiaries and unassigned claims.

II. MEDICAID* SERVICE UTILIZATION		NORTH CAROLINA			
A. Payments by Age and Type of Service**		<u>CHILDREN Under 21</u>		<u>ADULTS</u>	
Physician Services		4.1%		4.6%	
Dental Services		1.7%		1.1%	
Clinic Services		0.6%		0.9%	
Other Practitioner Services		0.2%		0.2%	
Outpatient Hospital		2.5%		4.8%	
Inpatient Hospital		4.2%		7.3%	
Intermediate Care Facilities (ICF-MRs)^		0.5%		4.6%	
Nursing Home		<.05%		12.2%	
Mental Health Facility Services		0.6%		0.1%	
Personal Care Services		1.0%		6.7%	
Home Health Services		0.4%		1.0%	
Lab and X-Ray		0.5%		1.3%	
Prescribed Drugs		4.4%		6.8%	
Capitated Payment		0.5%		0.6%	
Primary Care Case Management Services		0.5%		0.1%	
Sterilization Services		<.05%		0.1%	
Other Care Services~		13.7%		11.6%	
Total~~		35.4%		64.0%	
B. Average Payments per User of Service and Percent of Enrollees Using Each Service**		<u>CHILDREN Under 21</u>		<u>ADULTS</u>	
		Per-user	%Use+	Per-user	%Use+
Physician Services		\$542	67.7%	\$788	71.4%
Dental Services		\$432	35.4%	\$508	26.9%
Clinic Services		\$169	29.3%	\$527	20.6%
Other Practitioner Services		\$161	9.1%	\$104	20.0%
Outpatient Hospital		\$604	37.8%	\$1,181	49.5%
Inpatient Hospital		\$7,710	4.9%	\$5,762	15.5%
Intermediate Care Facilities (ICF-MRs)^		\$91,134	<.05%	\$109,120	0.5%
Nursing Home		\$18,876	<.05%	\$26,069	5.7%
Mental Health Facility Services		\$20,166	0.3%	\$28,558	<.05%
Personal Care Services		\$1,315	6.8%	\$4,344	19.0%
Home Health Services		\$7,756	0.5%	\$2,650	4.8%
Lab and X-Ray		\$107	44.2%	\$263	61.2%
Prescribed Drugs		\$641	61.5%	\$1,483	55.8%
Capitated Payment		\$903	5.3%	\$1,489	5.3%
Primary Care Case Management Services		\$53	81.2%	\$42	42.9%
Sterilization Services		\$3,785	<.05%	\$1,258	1.2%
Other Care Services~		\$5,356	23.0%	\$3,336	42.5%
Total		\$3,561	89.2%	\$9,131	86.0%

* Includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. Data for ME based on FY2004. Data for HI based on FY2006 ** Services included in each service category are defined in the CMS document: MSIS Tape Specifications and Data Dictionary, p156 (URL: <http://www.cms.hhs.gov/MSIS/Downloads/msisdd05.pdf>). Effective FY1999, services provided under EPSDT are broken out by type of service as listed on II.A-B of this report. ~ may include, but are not limited to, Home and Community Waiver, prosthetic devices and eyeglasses. ~~ Expenditures do not sum to 100% due to unassigned claims and missing service recipient data. + Sum of percents may exceed 100% since enrollees may use multiple services. ^ for the mentally-retarded. 'na' Data unavailable. 'NA' Not applicable.





Medicaid State Report

FY 2007* (October 1, 2006 - September 30, 2007)

I. MEDICAID ENROLLEES AND EXPENDITURES*

NORTH DAKOTA

IA, KS, MN, MO, ND, NE & SD are included in the West North Central Region

A. Federal Medical Assistance Percentage (FMAP)**	64.7%, 75.3% (FY07 FMAP, Enhanced)	63.2%, 74.2% (FY09 FMAP, Enhanced)	
B. FY 2007 Total Medicaid Enrollment and Expenditures***	71,058 / \$493M		
C. Total Medicaid Managed Care^ Enrollment, 06/30/2007 (% of Total Medicaid Enrollment, 12/31/2006)	29,339 (56.0% of 52,418^^)		
D. Percent of Births Paid for by Medicaid, 2002-3 Average^^^	27.3%		
E. FY 2007 and FY 2003-2007 Averaged DSH## Payment	\$1.6M / \$1.8M		
F. Enrollee through Age 20, FY 2007	Enrollees	(as Proportion of Population)	
Through Age 20	38,477	(21.6% of 178,076)	
Through Age 18	36,307	(23.1% of 156,893)	
Through Age 5	16,512	(36.0% of 45,855)	
Infants	2,991	(38.1% of 7,849)	
Ages 1 through 5	13,521	(35.6% of 38,006)	
Ages 6 through 18	19,795	(17.8% of 111,038)	
Ages 6 through 14	14,441	(20.5% of 70,473)	
Ages 15 through 18	5,354	(13.2% of 40,565)	
Ages 19 and 20	2,170	(10.2% of 21,183)	
G. Enrollment, Expenditures*** and Per-enrollee Payment, by Age Group, FY 2007	% Total Enrollees~	% Total Expenditures~	Per Enrollee Payment
Through Age 20	54.1%	19.0%	\$2,429
Through Age 18	51.1%	17.0%	\$2,305
Through Age 5	23.2%	6.6%	\$1,965
Infants	4.2%	2.1%	\$3,517
Ages 1 through 5	19.0%	4.4%	\$1,621
Ages 6 through 18	27.9%	10.4%	\$2,589
Ages 6 through 14	20.3%	5.9%	\$2,000
Ages 15 through 18	7.5%	4.5%	\$4,180
Ages 19 and 20	3.1%	2.0%	\$4,491
Age 21 or Older	45.9%	80.2%	\$12,124
Age 65 or Older	13.1%	35.4%	\$18,653
H. Non-Blind/Disabled Enrollees: Enrollment and Per-enrollee Payment** FY2007	Number of Enrollees	Per Enrollee Payment	
Through Age 20	37,261	\$1,982	
Through Age 18	35,302	\$1,957	

Notes: * Includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. Data for ME based on FY2004. Data for HI based on FY2006 ** Regional and US averages of FMAPs are weighted by FY2007 Title XIX and Title XXI Medicaid expenditures reported in the CMS64. *** Expenditures include Medicaid vendor payments, health plan premiums, capitation and HMO payments reported by the states to CMS. All expenditures include federal and state shares. ^ Includes Primary Care Case Management. ^^ Point-in-time enrollment on 06/30/2007, at 0.1M, was 73.8% of 0.1M total annual enrollment state(s) reported to CMS for FY 2007. ^^ Data for NJ, NM, NV and TX are based on 2002 only. ## Disproportionate Share Hospital Payments. ~Percents may not sum up to 100% due to missing age information for some beneficiaries and unassigned claims.

II. MEDICAID* SERVICE UTILIZATION		NORTH DAKOTA			
A. Payments by Age and Type of Service**		CHILDREN Under 21		ADULTS	
Physician Services		1.7%		2.2%	
Dental Services		0.6%		0.6%	
Clinic Services		0.9%		1.2%	
Other Practitioner Services		0.3%		0.3%	
Outpatient Hospital		1.0%		2.2%	
Inpatient Hospital		3.5%		4.4%	
Intermediate Care Facilities (ICF-MRs)^		2.1%		10.6%	
Nursing Home		<.05%		33.5%	
Mental Health Facility Services		0.1%		0.1%	
Personal Care Services		2.3%		5.8%	
Home Health Services		0.1%		0.2%	
Lab and X-Ray		0.4%		1.3%	
Prescribed Drugs		2.2%		3.9%	
Capitated Payment		<.05%		<.05%	
Primary Care Case Management Services		0.1%		<.05%	
Sterilization Services		0.0%		<.05%	
Other Care Services~		2.2%		13.8%	
Total~~		19.0%		80.2%	
B. Average Payments per User of Service and Percent of Enrollees Using Each Service**		CHILDREN Under 21		ADULTS	
		Per-user	%Use+	Per-user	%Use+
Physician Services		\$411	52.8%	\$554	60.9%
Dental Services		\$314	24.4%	\$348	25.0%
Clinic Services		\$375	32.3%	\$661	28.2%
Other Practitioner Services		\$151	22.8%	\$136	30.7%
Outpatient Hospital		\$479	27.9%	\$959	34.4%
Inpatient Hospital		\$8,700	5.2%	\$5,725	11.5%
Intermediate Care Facilities (ICF-MRs)^		\$99,714	0.3%	\$99,112	1.6%
Nursing Home		\$20,372	<.05%	\$34,195	14.8%
Mental Health Facility Services		\$16,097	0.1%	\$20,963	<.05%
Personal Care Services		\$1,068	27.1%	\$2,686	32.7%
Home Health Services		\$1,127	1.6%	\$1,267	2.1%
Lab and X-Ray		\$155	35.2%	\$372	53.7%
Prescribed Drugs		\$492	56.3%	\$1,148	51.5%
Capitated Payment		\$105	1.3%	\$224	0.7%
Primary Care Case Management Services		\$17	64.4%	\$14	32.8%
Sterilization Services		NA	0.0%	\$462	0.9%
Other Care Services~		\$1,230	22.7%	\$5,952	35.2%
Total		\$2,792	87.0%	\$13,660	88.8%

* Includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. Data for ME based on FY2004. Data for HI based on FY2006 ** Services included in each service category are defined in the CMS document: MSIS Tape Specifications and Data Dictionary, p156 (URL:<http://www.cms.hhs.gov/MSIS/Downloads/msisdd05.pdf>). Effective FY1999, services provided under EPSDT are broken out by type of service as listed on II.A-B of this report. ~ may include, but are not limited to, Home and Community Waiver, prosthetic devices and eyeglasses. ~~ Expenditures do not sum to 100% due to unassigned claims and missing service recipient data. + Sum of percents may exceed 100% since enrollees may use multiple services. ^ for the mentally-retarded. 'na' Data unavailable. 'NA' Not applicable.





Medicaid State Report

FY 2007* (October 1, 2006 - September 30, 2007)

I. MEDICAID ENROLLEES AND EXPENDITURES*

OHIO

IL, IN, MI, OH & WI are included in the East North Central Region

A. Federal Medical Assistance Percentage (FMAP)**	59.7%, 71.8% (FY07 FMAP, Enhanced)	62.1%, 73.5% (FY09 FMAP, Enhanced)	
B. FY 2007 Total Medicaid Enrollment and Expenditures***	2,172,360 / \$12,119M		
C. Total Medicaid Managed Care^ Enrollment, 06/30/2007 (% of Total Medicaid Enrollment, 12/31/2006)	1,194,349 (69.5% of 1,719,016^^)		
D. Percent of Births Paid for by Medicaid, 2002-3 Average^^^	31.2%		
E. FY 2007 and FY 2003-2007 Averaged DSH## Payment	\$1,186.0M / \$625.7M		
F. Enrollee through Age 20, FY 2007	<u>Enrollees</u>	<u>(as Proportion of Population)</u>	
Through Age 20	1,230,104	(37.7% of 3,262,860)	
Through Age 18	1,157,014	(39.2% of 2,952,019)	
Through Age 5	432,836	(47.6% of 908,703)	
Infants	79,360	(52.6% of 150,845)	
Ages 1 through 5	353,476	(46.6% of 757,858)	
Ages 6 through 18	724,178	(35.4% of 2,043,316)	
Ages 6 through 14	517,733	(37.3% of 1,388,138)	
Ages 15 through 18	206,445	(31.5% of 655,178)	
Ages 19 and 20	73,090	(23.5% of 310,841)	
G. Enrollment, Expenditures*** and Per-enrollee Payment, by Age Group, FY 2007	<u>% Total Enrollees~</u>	<u>% Total Expenditures~</u>	<u>Per Enrollee Payment</u>
Through Age 20	56.6%	22.3%	\$2,195
Through Age 18	53.3%	20.3%	\$2,121
Through Age 5	19.9%	8.7%	\$2,432
Infants	3.7%	2.8%	\$4,314
Ages 1 through 5	16.3%	5.9%	\$2,009
Ages 6 through 18	33.3%	11.6%	\$1,936
Ages 6 through 14	23.8%	7.3%	\$1,712
Ages 15 through 18	9.5%	4.3%	\$2,497
Ages 19 and 20	3.4%	2.0%	\$3,361
Age 21 or Older	43.4%	77.5%	\$9,968
Age 65 or Older	8.2%	24.8%	\$16,919
H. Non-Blind/Disabled Enrollees: Enrollment and Per-enrollee Payment** FY2007	<u>Number of Enrollees</u>	<u>Per Enrollee Payment</u>	
Through Age 20	1,175,604	\$1,782	
Through Age 18	1,108,924	\$1,738	

Notes: * Includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. Data for ME based on FY2004. Data for HI based on FY2006 ** Regional and US averages of FMAPs are weighted by FY2007 Title XIX and Title XXI Medicaid expenditures reported in the CMS64. *** Expenditures include Medicaid vendor payments, health plan premiums, capitation and HMO payments reported by the states to CMS. All expenditures include federal and state shares. ^ Includes Primary Care Case Management. ^^ Point-in-time enrollment on 06/30/2007, at 1.7M, was 79.1% of 2.2M total annual enrollment state(s) reported to CMS for FY 2007. ^^ Data for NJ, NM, NV and TX are based on 2002 only. ## Disproportionate Share Hospital Payments. ~Percents may not sum up to 100% due to missing age information for some beneficiaries and unassigned claims.

II. MEDICAID* SERVICE UTILIZATION		OHIO			
A. Payments by Age and Type of Service**		CHILDREN Under 21		ADULTS	
Physician Services		0.6%		2.3%	
Dental Services		0.2%		0.3%	
Clinic Services		0.2%		0.6%	
Other Practitioner Services		<.05%		0.1%	
Outpatient Hospital		0.6%		2.0%	
Inpatient Hospital		2.3%		6.5%	
Intermediate Care Facilities (ICF-MRs)^		0.3%		5.7%	
Nursing Home		<.05%		21.0%	
Mental Health Facility Services		<.05%		<.05%	
Personal Care Services		2.5%		3.7%	
Home Health Services		0.1%		1.1%	
Lab and X-Ray		0.3%		1.3%	
Prescribed Drugs		1.6%		4.7%	
Capitated Payment		12.3%		15.4%	
Primary Care Case Management Services		0.0%		0.0%	
Sterilization Services		<.05%		0.1%	
Other Care Services~		1.3%		12.6%	
Total~~		22.3%		77.5%	
B. Average Payments per User of Service and Percent of Enrollees Using Each Service**		CHILDREN Under 21		ADULTS	
		Per-user	%Use+	Per-user	%Use+
Physician Services		\$217	26.3%	\$559	53.6%
Dental Services		\$194	9.3%	\$255	13.9%
Clinic Services		\$199	8.0%	\$687	10.6%
Other Practitioner Services		\$72	4.2%	\$97	18.3%
Outpatient Hospital		\$365	16.2%	\$676	38.9%
Inpatient Hospital		\$13,054	1.7%	\$8,848	9.4%
Intermediate Care Facilities (ICF-MRs)^		\$94,739	<.05%	\$94,773	0.8%
Nursing Home		\$16,751	<.05%	\$31,302	8.6%
Mental Health Facility Services		\$3,956	0.1%	\$6,773	<.05%
Personal Care Services		\$2,219	11.2%	\$1,968	24.4%
Home Health Services		\$2,387	0.5%	\$4,249	3.4%
Lab and X-Ray		\$169	16.2%	\$488	34.6%
Prescribed Drugs		\$658	23.5%	\$1,314	46.2%
Capitated Payment		\$1,502	80.3%	\$3,552	55.8%
Primary Care Case Management Services		NA	0.0%	NA	0.0%
Sterilization Services		\$86	<.05%	\$1,757	0.4%
Other Care Services~		\$2,261	5.8%	\$5,474	29.5%
Total		\$2,481	88.5%	\$11,119	89.7%

* Includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. Data for ME based on FY2004. Data for HI based on FY2006 ** Services included in each service category are defined in the CMS document: MSIS Tape Specifications and Data Dictionary, p156 (URL: <http://www.cms.hhs.gov/MSIS/Downloads/msisdd05.pdf>). Effective FY1999, services provided under EPSDT are broken out by type of service as listed on II.A-B of this report. ~ may include, but are not limited to, Home and Community Waiver, prosthetic devices and eyeglasses. ~~ Expenditures do not sum to 100% due to unassigned claims and missing service recipient data. + Sum of percents may exceed 100% since enrollees may use multiple services. ^ for the mentally-retarded. 'na' Data unavailable. 'NA' Not applicable.





Medicaid State Report

FY 2007* (October 1, 2006 - September 30, 2007)

I. MEDICAID ENROLLEES AND EXPENDITURES*

OKLAHOMA

AR, LA, OK & TX are included in the West South Central Region

A. Federal Medical Assistance Percentage (FMAP)**	68.1%, 77.7% (FY07 FMAP, Enhanced)	65.9%, 76.1% (FY09 FMAP, Enhanced)	
B. FY 2007 Total Medicaid Enrollment and Expenditures***	779,158 / \$3,121M		
C. Total Medicaid Managed Care^ Enrollment, 06/30/2007 (% of Total Medicaid Enrollment, 12/31/2006)	411,554 (69.5% of 592,446^^)		
D. Percent of Births Paid for by Medicaid, 2002-3 Average^^^	48.7%		
E. FY 2007 and FY 2003-2007 Averaged DSH## Payment	\$41.2M / \$32.2M		
F. Enrollee through Age 20, FY 2007	Enrollees	(as Proportion of Population)	
Through Age 20	508,027	(48.6% of 1,045,949)	
Through Age 18	482,442	(51.0% of 945,075)	
Through Age 5	197,187	(64.8% of 304,237)	
Infants	38,148	(74.6% of 51,139)	
Ages 1 through 5	159,039	(62.8% of 253,098)	
Ages 6 through 18	285,255	(44.5% of 640,838)	
Ages 6 through 14	207,251	(47.9% of 432,390)	
Ages 15 through 18	78,004	(37.4% of 208,448)	
Ages 19 and 20	25,585	(25.4% of 100,874)	
G. Enrollment, Expenditures*** and Per-enrollee Payment, by Age Group, FY 2007	% Total Enrollees~	% Total Expenditures~	Per Enrollee Payment
Through Age 20	65.2%	37.2%	\$2,287
Through Age 18	61.9%	34.7%	\$2,246
Through Age 5	25.3%	13.6%	\$2,149
Infants	4.9%	4.6%	\$3,732
Ages 1 through 5	20.4%	9.0%	\$1,769
Ages 6 through 18	36.6%	21.1%	\$2,313
Ages 6 through 14	26.6%	13.2%	\$1,992
Ages 15 through 18	10.0%	7.9%	\$3,168
Ages 19 and 20	3.3%	2.5%	\$3,061
Age 21 or Older	34.8%	62.2%	\$7,157
Age 65 or Older	8.5%	19.4%	\$9,141
H. Non-Blind/Disabled Enrollees: Enrollment and Per-enrollee Payment** FY2007	Number of Enrollees	Per Enrollee Payment	
Through Age 20	491,251	\$1,953	
Through Age 18	467,722	\$1,936	

Notes: * Includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. Data for ME based on FY2004. Data for HI based on FY2006 ** Regional and US averages of FMAPs are weighted by FY2007 Title XIX and Title XXI Medicaid expenditures reported in the CMS64. *** Expenditures include Medicaid vendor payments, health plan premiums, capitation and HMO payments reported by the states to CMS. All expenditures include federal and state shares. ^ Includes Primary Care Case Management. ^^ Point-in-time enrollment on 06/30/2007, at 0.6M, was 76.0% of 0.8M total annual enrollment state(s) reported to CMS for FY 2007. ^^ Data for NJ, NM, NV and TX are based on 2002 only. ## Disproportionate Share Hospital Payments. ~Percents may not sum up to 100% due to missing age information for some beneficiaries and unassigned claims.

II. MEDICAID* SERVICE UTILIZATION		OKLAHOMA			
A. Payments by Age and Type of Service**		CHILDREN Under 21		ADULTS	
Physician Services		4.4%		4.7%	
Dental Services		3.4%		0.3%	
Clinic Services		2.2%		2.2%	
Other Practitioner Services		0.3%		0.1%	
Outpatient Hospital		3.3%		2.8%	
Inpatient Hospital		7.9%		10.1%	
Intermediate Care Facilities (ICF-MRs)^		0.1%		3.8%	
Nursing Home		<.05%		15.9%	
Mental Health Facility Services		2.7%		<.05%	
Personal Care Services		0.8%		2.3%	
Home Health Services		0.4%		0.1%	
Lab and X-Ray		0.6%		1.2%	
Prescribed Drugs		5.0%		4.6%	
Capitated Payment		3.0%		1.0%	
Primary Care Case Management Services		<.05%		<.05%	
Sterilization Services		<.05%		0.1%	
Other Care Services~		2.9%		12.9%	
Total~~		37.2%		62.2%	
B. Average Payments per User of Service and Percent of Enrollees Using Each Service**		CHILDREN Under 21		ADULTS	
		Per-user	%Use+	Per-user	%Use+
Physician Services		\$551	49.3%	\$886	61.6%
Dental Services		\$540	39.0%	\$553	7.2%
Clinic Services		\$582	23.5%	\$1,077	23.3%
Other Practitioner Services		\$227	8.9%	\$182	5.1%
Outpatient Hospital		\$489	42.0%	\$638	50.7%
Inpatient Hospital		\$9,618	5.1%	\$5,159	22.4%
Intermediate Care Facilities (ICF-MRs)^		\$61,853	<.05%	\$67,576	0.6%
Nursing Home		\$25,569	<.05%	\$24,189	7.6%
Mental Health Facility Services		\$21,754	0.8%	\$3,476	<.05%
Personal Care Services		\$789	5.9%	\$2,137	12.3%
Home Health Services		\$6,120	0.4%	\$1,133	1.3%
Lab and X-Ray		\$121	30.9%	\$250	56.8%
Prescribed Drugs		\$525	59.1%	\$1,151	46.1%
Capitated Payment		\$205	89.1%	\$154	75.0%
Primary Care Case Management Services		\$17	2.4%	\$15	0.9%
Sterilization Services		\$768	<.05%	\$659	2.2%
Other Care Services~		\$1,285	14.1%	\$5,820	25.4%
Total		\$2,535	90.2%	\$8,270	86.5%

* Includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. Data for ME based on FY2004. Data for HI based on FY2006 ** Services included in each service category are defined in the CMS document: MSIS Tape Specifications and Data Dictionary, p156 (URL: <http://www.cms.hhs.gov/MSIS/Downloads/msisdd05.pdf>). Effective FY1999, services provided under EPSDT are broken out by type of service as listed on II.A-B of this report. ~ may include, but are not limited to, Home and Community Waiver, prosthetic devices and eyeglasses. ~~ Expenditures do not sum to 100% due to unassigned claims and missing service recipient data. + Sum of percents may exceed 100% since enrollees may use multiple services. ^ for the mentally-retarded. 'na' Data unavailable. 'NA' Not applicable.





Medicaid State Report

FY 2007* (October 1, 2006 - September 30, 2007)

I. MEDICAID ENROLLEES AND EXPENDITURES*

OREGON

AK, CA, HI, OR & WA are included in the Pacific Region

A. Federal Medical Assistance Percentage (FMAP)**	61.1%, 72.8% (FY07 FMAP, Enhanced)	62.5%, 73.7% (FY09 FMAP, Enhanced)	
B. FY 2007 Total Medicaid Enrollment and Expenditures***	512,966 / \$2,208M		
C. Total Medicaid Managed Care^ Enrollment, 06/30/2007 (% of Total Medicaid Enrollment, 12/31/2006)	359,073 (90.8% of 395,632^^)		
D. Percent of Births Paid for by Medicaid, 2002-3 Average^^^	42.7%		
E. FY 2007 and FY 2003-2007 Averaged DSH## Payment	\$55.3M / \$43.6M		
F. Enrollee through Age 20, FY 2007	Enrollees	(as Proportion of Population)	
Through Age 20	283,327	(28.5% of 993,177)	
Through Age 18	268,217	(29.9% of 897,489)	
Through Age 5	118,607	(41.9% of 282,771)	
Infants	24,597	(51.1% of 48,125)	
Ages 1 through 5	94,010	(40.1% of 234,646)	
Ages 6 through 18	149,610	(24.3% of 614,718)	
Ages 6 through 14	107,171	(25.5% of 419,937)	
Ages 15 through 18	42,439	(21.8% of 194,781)	
Ages 19 and 20	15,110	(15.8% of 95,688)	
G. Enrollment, Expenditures*** and Per-enrollee Payment, by Age Group, FY 2007	% Total Enrollees~	% Total Expenditures~	Per Enrollee Payment
Through Age 20	55.2%	28.8%	\$2,241
Through Age 18	52.3%	26.0%	\$2,140
Through Age 5	23.1%	11.5%	\$2,143
Infants	4.8%	3.5%	\$3,183
Ages 1 through 5	18.3%	8.0%	\$1,871
Ages 6 through 18	29.2%	14.5%	\$2,138
Ages 6 through 14	20.9%	9.3%	\$1,920
Ages 15 through 18	8.3%	5.2%	\$2,686
Ages 19 and 20	2.9%	2.8%	\$4,025
Age 21 or Older	44.8%	70.9%	\$6,816
Age 65 or Older	10.0%	22.6%	\$9,664
H. Non-Blind/Disabled Enrollees: Enrollment and Per-enrollee Payment** FY2007	Number of Enrollees	Per Enrollee Payment	
Through Age 20	272,531	\$1,847	
Through Age 18	259,127	\$1,793	

Notes: * Includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. Data for ME based on FY2004. Data for HI based on FY2006 ** Regional and US averages of FMAPs are weighted by FY2007 Title XIX and Title XXI Medicaid expenditures reported in the CMS64. *** Expenditures include Medicaid vendor payments, health plan premiums, capitation and HMO payments reported by the states to CMS. All expenditures include federal and state shares. ^ Includes Primary Care Case Management. ^^ Point-in-time enrollment on 06/30/2007, at 0.4M, was 77.1% of 0.5M total annual enrollment state(s) reported to CMS for FY 2007. ^^ Data for NJ, NM, NV and TX are based on 2002 only. ## Disproportionate Share Hospital Payments. ~Percents may not sum up to 100% due to missing age information for some beneficiaries and unassigned claims.

II. MEDICAID* SERVICE UTILIZATION		OREGON			
A. Payments by Age and Type of Service**		<u>CHILDREN Under 21</u>		<u>ADULTS</u>	
Physician Services		0.5%		1.1%	
Dental Services		<.05%		<.05%	
Clinic Services		0.6%		0.6%	
Other Practitioner Services		0.4%		0.1%	
Outpatient Hospital		0.8%		2.1%	
Inpatient Hospital		2.2%		4.0%	
Intermediate Care Facilities (ICF-MRs)^		0.0%		0.5%	
Nursing Home		0.3%		13.0%	
Mental Health Facility Services		0.5%		0.2%	
Personal Care Services		3.5%		1.5%	
Home Health Services		<.05%		<.05%	
Lab and X-Ray		0.1%		0.2%	
Prescribed Drugs		1.3%		4.5%	
Capitated Payment		16.9%		25.9%	
Primary Care Case Management Services		<.05%		<.05%	
Sterilization Services		<.05%		<.05%	
Other Care Services~		1.6%		17.1%	
Total~~		28.8%		70.9%	
B. Average Payments per User of Service and Percent of Enrollees Using Each Service**		<u>CHILDREN Under 21</u>		<u>ADULTS</u>	
		Per-user	%Use+	Per-user	%Use+
Physician Services		\$340	12.1%	\$507	21.1%
Dental Services		\$185	0.5%	\$181	0.3%
Clinic Services		\$600	7.3%	\$536	10.4%
Other Practitioner Services		\$666	4.7%	\$248	4.9%
Outpatient Hospital		\$676	9.8%	\$1,005	20.2%
Inpatient Hospital		\$12,425	1.4%	\$7,019	5.5%
Intermediate Care Facilities (ICF-MRs)^		NA	0.0%	\$288,160	<.05%
Nursing Home		\$67,954	<.05%	\$30,504	4.1%
Mental Health Facility Services		\$36,475	0.1%	\$77,392	<.05%
Personal Care Services		\$2,900	9.5%	\$813	17.6%
Home Health Services		\$368	0.1%	\$448	0.4%
Lab and X-Ray		\$61	6.8%	\$152	15.1%
Prescribed Drugs		\$613	16.5%	\$1,143	38.0%
Capitated Payment		\$1,561	84.6%	\$3,155	78.9%
Primary Care Case Management Services		\$44	1.8%	\$56	1.4%
Sterilization Services		\$35	<.05%	\$659	0.2%
Other Care Services~		\$2,082	5.9%	\$5,946	27.6%
Total		\$2,603	86.1%	\$7,842	86.9%

* Includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. Data for ME based on FY2004. Data for HI based on FY2006 ** Services included in each service category are defined in the CMS document: MSIS Tape Specifications and Data Dictionary, p156 (URL:<http://www.cms.hhs.gov/MSIS/Downloads/msisdd05.pdf>). Effective FY1999, services provided under EPSDT are broken out by type of service as listed on II.A-B of this report. ~ may include, but are not limited to, Home and Community Waiver, prosthetic devices and eyeglasses. ~~ Expenditures do not sum to 100% due to unassigned claims and missing service recipient data. + Sum of percents may exceed 100% since enrollees may use multiple services. ^ for the mentally-retarded. 'na' Data unavailable. 'NA' Not applicable.





Medicaid State Report

FY 2007* (October 1, 2006 - September 30, 2007)

I. MEDICAID ENROLLEES AND EXPENDITURES*

PENNSYLVANIA

NJ, NY & PA are included in the Mid Atlantic Region

A. Federal Medical Assistance Percentage (FMAP)**	54.4%, 68.1% (FY07 FMAP, Enhanced)	54.5%, 68.2% (FY09 FMAP, Enhanced)	
B. FY 2007 Total Medicaid Enrollment and Expenditures***	2,091,903 / \$12,094M		
C. Total Medicaid Managed Care^ Enrollment, 06/30/2007 (% of Total Medicaid Enrollment, 12/31/2006)	1,439,391 (81.2% of 1,773,296^)		
D. Percent of Births Paid for by Medicaid, 2002-3 Average^^	30.5%		
E. FY 2007 and FY 2003-2007 Averaged DSH## Payment	\$692.9M / \$785.5M		
F. Enrollee through Age 20, FY 2007	Enrollees	(as Proportion of Population)	
Through Age 20	1,088,341	(32.8% of 3,321,135)	
Through Age 18	1,001,369	(33.6% of 2,981,603)	
Through Age 5	374,299	(42.7% of 876,053)	
Infants	68,492	(46.8% of 146,312)	
Ages 1 through 5	305,807	(41.9% of 729,741)	
Ages 6 through 18	627,070	(29.8% of 2,105,550)	
Ages 6 through 14	434,557	(31.1% of 1,395,578)	
Ages 15 through 18	192,513	(27.1% of 709,972)	
Ages 19 and 20	86,972	(25.6% of 339,532)	
G. Enrollment, Expenditures*** and Per-enrollee Payment, by Age Group, FY 2007	% Total Enrollees~	% Total Expenditures~	Per Enrollee Payment
Through Age 20	52.0%	32.2%	\$3,579
Through Age 18	47.9%	29.4%	\$3,555
Through Age 5	17.9%	11.3%	\$3,659
Infants	3.3%	2.2%	\$3,912
Ages 1 through 5	14.6%	9.1%	\$3,603
Ages 6 through 18	30.0%	18.1%	\$3,493
Ages 6 through 14	20.8%	12.2%	\$3,394
Ages 15 through 18	9.2%	5.9%	\$3,719
Ages 19 and 20	4.2%	2.8%	\$3,850
Age 21 or Older	48.0%	66.8%	\$8,057
Age 65 or Older	11.2%	26.5%	\$13,724
H. Non-Blind/Disabled Enrollees: Enrollment and Per-enrollee Payment** FY2007	Number of Enrollees	Per Enrollee Payment	
Through Age 20	948,516	\$2,430	
Through Age 18	873,610	\$2,418	

Notes: * Includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. Data for ME based on FY2004. Data for HI based on FY2006 ** Regional and US averages of FMAPs are weighted by FY2007 Title XIX and Title XXI Medicaid expenditures reported in the CMS64. *** Expenditures include Medicaid vendor payments, health plan premiums, capitation and HMO payments reported by the states to CMS. All expenditures include federal and state shares. ^ Includes Primary Care Case Management. ^^ Point-in-time enrollment on 06/30/2007, at 1.8M, was 84.8% of 2.1M total annual enrollment state(s) reported to CMS for FY 2007. ^^ Data for NJ, NM, NV and TX are based on 2002 only. ## Disproportionate Share Hospital Payments. ~Percents may not sum up to 100% due to missing age information for some beneficiaries and unassigned claims.

II. MEDICAID* SERVICE UTILIZATION		PENNSYLVANIA			
A. Payments by Age and Type of Service**		<u>CHILDREN Under 21</u>		<u>ADULTS</u>	
Physician Services		0.4%		0.6%	
Dental Services		0.2%		0.2%	
Clinic Services		0.3%		0.3%	
Other Practitioner Services		0.2%		<.05%	
Outpatient Hospital		0.2%		0.3%	
Inpatient Hospital		1.1%		3.0%	
Intermediate Care Facilities (ICF-MRs)^		0.2%		4.7%	
Nursing Home		<.05%		23.7%	
Mental Health Facility Services		0.5%		0.5%	
Personal Care Services		1.5%		0.4%	
Home Health Services		0.5%		0.6%	
Lab and X-Ray		0.1%		0.4%	
Prescribed Drugs		0.9%		2.1%	
Capitated Payment		25.0%		25.7%	
Primary Care Case Management Services		0.1%		<.05%	
Sterilization Services		<.05%		<.05%	
Other Care Services~		1.2%		4.1%	
Total~~		32.2%		66.8%	
B. Average Payments per User of Service and Percent of Enrollees Using Each Service**		<u>CHILDREN Under 21</u>		<u>ADULTS</u>	
		Per-user	%Use+	Per-user	%Use+
Physician Services		\$258	16.2%	\$377	17.6%
Dental Services		\$254	7.5%	\$306	8.2%
Clinic Services		\$628	4.9%	\$535	5.7%
Other Practitioner Services		\$571	3.9%	\$46	3.7%
Outpatient Hospital		\$238	8.7%	\$324	12.4%
Inpatient Hospital		\$9,963	1.2%	\$4,513	8.0%
Intermediate Care Facilities (ICF-MRs)^		\$140,463	<.05%	\$146,394	0.4%
Nursing Home		\$34,631	<.05%	\$38,463	7.4%
Mental Health Facility Services		\$15,524	0.3%	\$10,847	0.6%
Personal Care Services		\$3,581	4.6%	\$1,146	4.3%
Home Health Services		\$23,595	0.2%	\$5,542	1.4%
Lab and X-Ray		\$122	10.6%	\$303	16.8%
Prescribed Drugs		\$619	15.9%	\$910	28.4%
Capitated Payment		\$3,153	88.2%	\$3,853	80.5%
Primary Care Case Management Services		\$48	20.5%	\$42	13.7%
Sterilization Services		\$208	<.05%	\$1,952	0.2%
Other Care Services~		\$1,528	8.5%	\$6,226	8.0%
Total		\$3,905	91.7%	\$8,777	91.8%

* Includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. Data for ME based on FY2004. Data for HI based on FY2006 ** Services included in each service category are defined in the CMS document: MSIS Tape Specifications and Data Dictionary, p156 (URL: <http://www.cms.hhs.gov/MSIS/Downloads/msisdd05.pdf>). Effective FY1999, services provided under EPSDT are broken out by type of service as listed on II.A-B of this report. ~ may include, but are not limited to, Home and Community Waiver, prosthetic devices and eyeglasses. ~~ Expenditures do not sum to 100% due to unassigned claims and missing service recipient data. + Sum of percents may exceed 100% since enrollees may use multiple services. ^ for the mentally-retarded. 'na' Data unavailable. 'NA' Not applicable.





Medicaid State Report

FY 2007* (October 1, 2006 - September 30, 2007)

I. MEDICAID ENROLLEES AND EXPENDITURES*

RHODE ISLAND

CT, MA, ME, NH, RI & VT are included in the New England Region

A. Federal Medical Assistance Percentage (FMAP)**	52.4%, 66.7% (FY07 FMAP, Enhanced)	52.6%, 66.8% (FY09 FMAP, Enhanced)	
B. FY 2007 Total Medicaid Enrollment and Expenditures***	219,061 / \$1,632M		
C. Total Medicaid Managed Care^ Enrollment, 06/30/2007 (% of Total Medicaid Enrollment, 12/31/2006)	114,106 (63.1% of 180,864^^)		
D. Percent of Births Paid for by Medicaid, 2002-3 Average^^^	36.8%		
E. FY 2007 and FY 2003-2007 Averaged DSH## Payment	\$1.6M / \$85.8M		
F. Enrollee through Age 20, FY 2007	Enrollees	(as Proportion of Population)	
Through Age 20	110,104	(36.0% of 306,080)	
Through Age 18	104,072	(38.2% of 272,392)	
Through Age 5	36,972	(48.2% of 76,668)	
Infants	6,786	(52.3% of 12,986)	
Ages 1 through 5	30,186	(47.4% of 63,682)	
Ages 6 through 18	67,100	(34.3% of 195,724)	
Ages 6 through 14	46,939	(37.6% of 124,939)	
Ages 15 through 18	20,161	(28.5% of 70,785)	
Ages 19 and 20	6,032	(17.9% of 33,688)	
G. Enrollment, Expenditures*** and Per-enrollee Payment, by Age Group, FY 2007	% Total Enrollees~	% Total Expenditures~	Per Enrollee Payment
Through Age 20	50.3%	27.8%	\$4,127
Through Age 18	47.5%	25.5%	\$3,994
Through Age 5	16.9%	7.8%	\$3,440
Infants	3.1%	2.7%	\$6,456
Ages 1 through 5	13.8%	5.1%	\$2,762
Ages 6 through 18	30.6%	17.7%	\$4,299
Ages 6 through 14	21.4%	9.7%	\$3,369
Ages 15 through 18	9.2%	8.0%	\$6,463
Ages 19 and 20	2.8%	2.4%	\$6,437
Age 21 or Older	49.7%	71.8%	\$10,761
Age 65 or Older	11.3%	25.0%	\$16,471
H. Non-Blind/Disabled Enrollees: Enrollment and Per-enrollee Payment** FY2007	Number of Enrollees	Per Enrollee Payment	
Through Age 20	101,715	\$3,028	
Through Age 18	96,628	\$2,955	

Notes: * Includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. Data for ME based on FY2004. Data for HI based on FY2006 ** Regional and US averages of FMAPs are weighted by FY2007 Title XIX and Title XXI Medicaid expenditures reported in the CMS64. *** Expenditures include Medicaid vendor payments, health plan premiums, capitation and HMO payments reported by the states to CMS. All expenditures include federal and state shares. ^ Includes Primary Care Case Management. ^^ Point-in-time enrollment on 06/30/2007, at 0.2M, was 82.6% of 0.2M total annual enrollment state(s) reported to CMS for FY 2007. ^^ Data for NJ, NM, NV and TX are based on 2002 only. ## Disproportionate Share Hospital Payments. ~Percents may not sum up to 100% due to missing age information for some beneficiaries and unassigned claims.

II. MEDICAID* SERVICE UTILIZATION		RHODE ISLAND			
A. Payments by Age and Type of Service**		CHILDREN Under 21		ADULTS	
Physician Services		0.2%		0.6%	
Dental Services		0.5%		0.3%	
Clinic Services		<.05%		0.3%	
Other Practitioner Services		<.05%		0.1%	
Outpatient Hospital		0.2%		2.2%	
Inpatient Hospital		2.2%		6.0%	
Intermediate Care Facilities (ICF-MRs)^		0.2%		0.3%	
Nursing Home		<.05%		32.6%	
Mental Health Facility Services		0.6%		<.05%	
Personal Care Services		3.6%		7.6%	
Home Health Services		0.1%		2.2%	
Lab and X-Ray		<.05%		0.2%	
Prescribed Drugs		0.3%		3.9%	
Capitated Payment		12.3%		9.0%	
Primary Care Case Management Services		0.0%		0.0%	
Sterilization Services		0.0%		<.05%	
Other Care Services~		7.6%		6.6%	
Total~~		27.8%		71.8%	
B. Average Payments per User of Service and Percent of Enrollees Using Each Service**		CHILDREN Under 21		ADULTS	
		Per-user	%Use+	Per-user	%Use+
Physician Services		\$461	6.4%	\$283	32.9%
Dental Services		\$295	24.2%	\$230	21.8%
Clinic Services		\$221	1.8%	\$584	8.4%
Other Practitioner Services		\$229	1.3%	\$76	13.2%
Outpatient Hospital		\$547	5.5%	\$972	34.4%
Inpatient Hospital		\$54,102	0.6%	\$8,868	10.0%
Intermediate Care Facilities (ICF-MRs)^		\$155,388	<.05%	\$201,236	<.05%
Nursing Home		\$145,968	<.05%	\$53,099	9.2%
Mental Health Facility Services		\$43,101	0.2%	\$2,787	0.2%
Personal Care Services		\$5,148	10.2%	\$7,843	14.6%
Home Health Services		\$978	1.8%	\$7,483	4.4%
Lab and X-Ray		\$86	2.0%	\$208	14.1%
Prescribed Drugs		\$534	8.5%	\$1,618	35.8%
Capitated Payment		\$2,165	84.3%	\$2,995	44.9%
Primary Care Case Management Services		NA	0.0%	NA	0.0%
Sterilization Services		NA	0.0%	\$723	0.1%
Other Care Services~		\$5,126	21.9%	\$4,082	24.1%
Total		\$4,533	91.1%	\$11,885	90.5%

* Includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. Data for ME based on FY2004. Data for HI based on FY2006 ** Services included in each service category are defined in the CMS document: MSIS Tape Specifications and Data Dictionary, p156 (URL: <http://www.cms.hhs.gov/MSIS/Downloads/msisdd05.pdf>). Effective FY1999, services provided under EPSDT are broken out by type of service as listed on II.A-B of this report. ~ may include, but are not limited to, Home and Community Waiver, prosthetic devices and eyeglasses. ~~ Expenditures do not sum to 100% due to unassigned claims and missing service recipient data. + Sum of percents may exceed 100% since enrollees may use multiple services. ^ for the mentally-retarded. 'na' Data unavailable. 'NA' Not applicable.





Medicaid State Report

FY 2007* (October 1, 2006 - September 30, 2007)

I. MEDICAID ENROLLEES AND EXPENDITURES*

SOUTH CAROLINA

DC, DE, FL, GA, MD, NC, SC, VA & WV are included in the South Atlantic Region

A. Federal Medical Assistance Percentage (FMAP)**	69.5%, 78.7%	70.1%, 79.1%	
	(FY07 FMAP, Enhanced)	(FY09 FMAP, Enhanced)	
B. FY 2007 Total Medicaid Enrollment and Expenditures***	912,448 / \$4,049M		
C. Total Medicaid Managed Care^ Enrollment, 06/30/2007	149,738		
(% of Total Medicaid Enrollment, 12/31/2006)	(22.9% of 654,677^^)		
D. Percent of Births Paid for by Medicaid, 2002-3 Average^^^	51.2%		
E. FY 2007 and FY 2003-2007 Averaged DSH## Payment	\$443.6M / \$433.1M		
F. Enrollee through Age 20, FY 2007	Enrollees	(as Proportion of Population)	
Through Age 20	528,414	(43.1% of 1,227,366)	
Through Age 18	493,024	(44.6% of 1,104,366)	
Through Age 5	193,409	(56.9% of 339,652)	
Infants	38,046	(66.7% of 57,038)	
Ages 1 through 5	155,363	(55.0% of 282,614)	
Ages 6 through 18	299,615	(39.2% of 764,714)	
Ages 6 through 14	209,556	(41.5% of 505,001)	
Ages 15 through 18	90,059	(34.7% of 259,713)	
Ages 19 and 20	35,390	(28.8% of 123,000)	
G. Enrollment, Expenditures*** and Per-enrollee Payment, by Age Group, FY 2007	% Total Enrollees~	% Total Expenditures~	Per Enrollee Payment
Through Age 20	57.9%	27.4%	\$2,099
Through Age 18	54.0%	25.5%	\$2,095
Through Age 5	21.2%	10.3%	\$2,147
Infants	4.2%	3.8%	\$4,033
Ages 1 through 5	17.0%	6.5%	\$1,685
Ages 6 through 18	32.8%	15.3%	\$2,061
Ages 6 through 14	23.0%	9.3%	\$1,804
Ages 15 through 18	9.9%	5.9%	\$2,659
Ages 19 and 20	3.9%	1.9%	\$2,159
Age 21 or Older	42.1%	48.2%	\$5,078
Age 65 or Older	9.3%	14.8%	\$7,109
H. Non-Blind/Disabled Enrollees: Enrollment and Per-enrollee Payment** FY2007	Number of Enrollees	Per Enrollee Payment	
Through Age 20	498,278	\$1,718	
Through Age 18	466,167	\$1,723	

Notes: * Includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. Data for ME based on FY2004. Data for HI based on FY2006 ** Regional and US averages of FMAPs are weighted by FY2007 Title XIX and Title XXI Medicaid expenditures reported in the CMS64. *** Expenditures include Medicaid vendor payments, health plan premiums, capitation and HMO payments reported by the states to CMS. All expenditures include federal and state shares. ^ Includes Primary Care Case Management. ^^ Point-in-time enrollment on 06/30/2007, at 0.7M, was 71.7% of 0.9M total annual enrollment state(s) reported to CMS for FY 2007. ^^ Data for NJ, NM, NV and TX are based on 2002 only. ## Disproportionate Share Hospital Payments. ~Percents may not sum up to 100% due to missing age information for some beneficiaries and unassigned claims.

II. MEDICAID* SERVICE UTILIZATION		SOUTH CAROLINA			
A. Payments by Age and Type of Service**		CHILDREN Under 21		ADULTS	
Physician Services		3.8%		4.2%	
Dental Services		2.0%		0.3%	
Clinic Services		3.9%		6.5%	
Other Practitioner Services		0.3%		0.2%	
Outpatient Hospital		0.9%		1.3%	
Inpatient Hospital		5.1%		10.2%	
Intermediate Care Facilities (ICF-MRs)^		0.1%		3.3%	
Nursing Home		<.05%		10.8%	
Mental Health Facility Services		0.9%		0.3%	
Personal Care Services		1.4%		4.3%	
Home Health Services		<.05%		0.2%	
Lab and X-Ray		0.3%		0.7%	
Prescribed Drugs		3.9%		5.1%	
Capitated Payment		2.7%		1.5%	
Primary Care Case Management Services		0.1%		<.05%	
Sterilization Services		0.0%		0.1%	
Other Care Services~		2.0%		1.6%	
Total~~		27.4%		48.2%	
B. Average Payments per User of Service and Percent of Enrollees Using Each Service**		CHILDREN Under 21		ADULTS	
		Per-user	%Use+	Per-user	%Use+
Physician Services		\$551	52.5%	\$752	58.7%
Dental Services		\$361	42.5%	\$312	9.7%
Clinic Services		\$731	40.8%	\$2,090	32.7%
Other Practitioner Services		\$139	14.4%	\$119	17.9%
Outpatient Hospital		\$217	32.6%	\$369	36.9%
Inpatient Hospital		\$8,996	4.3%	\$6,296	12.9%
Intermediate Care Facilities (ICF-MRs)^		\$86,642	<.05%	\$83,763	0.4%
Nursing Home		\$3,282	<.05%	\$28,185	4.1%
Mental Health Facility Services		\$36,813	0.2%	\$52,646	0.1%
Personal Care Services		\$1,460	7.3%	\$3,667	12.3%
Home Health Services		\$1,379	0.2%	\$1,666	1.1%
Lab and X-Ray		\$80	28.6%	\$241	32.3%
Prescribed Drugs		\$560	53.2%	\$1,054	51.1%
Capitated Payment		\$262	80.0%	\$240	66.7%
Primary Care Case Management Services		\$57	13.6%	\$56	4.6%
Sterilization Services		NA	0.0%	\$682	1.4%
Other Care Services~		\$1,065	14.1%	\$787	21.1%
Total		\$2,373	88.4%	\$5,983	84.9%

* Includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. Data for ME based on FY2004. Data for HI based on FY2006 ** Services included in each service category are defined in the CMS document: MSIS Tape Specifications and Data Dictionary, p156 (URL:<http://www.cms.hhs.gov/MSIS/Downloads/msisdd05.pdf>). Effective FY1999, services provided under EPSDT are broken out by type of service as listed on II.A-B of this report. ~ may include, but are not limited to, Home and Community Waiver, prosthetic devices and eyeglasses. ~~ Expenditures do not sum to 100% due to unassigned claims and missing service recipient data. + Sum of percents may exceed 100% since enrollees may use multiple services. ^ for the mentally-retarded. 'na' Data unavailable. 'NA' Not applicable.





Medicaid State Report

FY 2007* (October 1, 2006 - September 30, 2007)

I. MEDICAID ENROLLEES AND EXPENDITURES*

SOUTH DAKOTA

IA, KS, MN, MO, ND, NE & SD are included in the West North Central Region

A. Federal Medical Assistance Percentage (FMAP)**	62.9%, 74.0% (FY07 FMAP, Enhanced)	62.6%, 73.8% (FY09 FMAP, Enhanced)	
B. FY 2007 Total Medicaid Enrollment and Expenditures***	129,769 / \$626M		
C. Total Medicaid Managed Care^ Enrollment, 06/30/2007 (% of Total Medicaid Enrollment, 12/31/2006)	99,446 (98.6% of 100,853^^)		
D. Percent of Births Paid for by Medicaid, 2002-3 Average^^^	35.0%		
E. FY 2007 and FY 2003-2007 Averaged DSH## Payment	\$1.2M / \$1.0M		
F. Enrollee through Age 20, FY 2007	Enrollees	(as Proportion of Population)	
Through Age 20	85,475	(37.6% of 227,546)	
Through Age 18	81,338	(39.5% of 205,706)	
Through Age 5	33,248	(51.8% of 64,186)	
Infants	6,146	(56.6% of 10,860)	
Ages 1 through 5	27,102	(50.8% of 53,326)	
Ages 6 through 18	48,090	(34.0% of 141,520)	
Ages 6 through 14	34,348	(35.6% of 96,578)	
Ages 15 through 18	13,742	(30.6% of 44,942)	
Ages 19 and 20	4,137	(18.9% of 21,840)	
G. Enrollment, Expenditures*** and Per-enrollee Payment, by Age Group, FY 2007	% Total Enrollees~	% Total Expenditures~	Per Enrollee Payment
Through Age 20	65.9%	34.6%	\$2,535
Through Age 18	62.7%	31.6%	\$2,430
Through Age 5	25.6%	11.9%	\$2,238
Infants	4.7%	4.3%	\$4,418
Ages 1 through 5	20.9%	7.5%	\$1,744
Ages 6 through 18	37.1%	19.7%	\$2,563
Ages 6 through 14	26.5%	10.7%	\$1,959
Ages 15 through 18	10.6%	8.9%	\$4,074
Ages 19 and 20	3.2%	3.0%	\$4,587
Age 21 or Older	34.1%	63.3%	\$8,952
Age 65 or Older	9.6%	23.3%	\$11,682
H. Non-Blind/Disabled Enrollees: Enrollment and Per-enrollee Payment** FY2007	Number of Enrollees	Per Enrollee Payment	
Through Age 20	82,143	\$2,042	
Through Age 18	78,438	\$2,009	

Notes: * Includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. Data for ME based on FY2004. Data for HI based on FY2006 ** Regional and US averages of FMAPs are weighted by FY2007 Title XIX and Title XXI Medicaid expenditures reported in the CMS64. *** Expenditures include Medicaid vendor payments, health plan premiums, capitation and HMO payments reported by the states to CMS. All expenditures include federal and state shares. ^ Includes Primary Care Case Management. ^^ Point-in-time enrollment on 06/30/2007, at 0.1M, was 77.7% of 0.1M total annual enrollment state(s) reported to CMS for FY 2007. ^^ Data for NJ, NM, NV and TX are based on 2002 only. ## Disproportionate Share Hospital Payments. ~Percents may not sum up to 100% due to missing age information for some beneficiaries and unassigned claims.

II. MEDICAID* SERVICE UTILIZATION		SOUTH DAKOTA			
A. Payments by Age and Type of Service**		CHILDREN Under 21		ADULTS	
Physician Services		3.2%		3.2%	
Dental Services		<.05%		<.05%	
Clinic Services		3.4%		2.9%	
Other Practitioner Services		1.0%		0.6%	
Outpatient Hospital		2.7%		3.9%	
Inpatient Hospital		7.0%		7.6%	
Intermediate Care Facilities (ICF-MRs)^		0.6%		2.5%	
Nursing Home		0.1%		21.2%	
Mental Health Facility Services		3.3%		0.6%	
Personal Care Services		6.2%		3.1%	
Home Health Services		0.2%		<.05%	
Lab and X-Ray		0.3%		0.6%	
Prescribed Drugs		3.8%		3.9%	
Capitated Payment		0.9%		0.3%	
Primary Care Case Management Services		0.2%		<.05%	
Sterilization Services		0.0%		0.0%	
Other Care Services~		1.7%		12.9%	
Total~~		34.6%		63.3%	
B. Average Payments per User of Service and Percent of Enrollees Using Each Service**		CHILDREN Under 21		ADULTS	
		Per-user	%Use+	Per-user	%Use+
Physician Services		\$474	49.4%	\$752	61.1%
Dental Services		\$359	0.1%	\$302	0.2%
Clinic Services		\$688	36.2%	\$1,200	34.5%
Other Practitioner Services		\$204	34.9%	\$204	40.6%
Outpatient Hospital		\$617	32.2%	\$1,125	48.5%
Inpatient Hospital		\$10,342	5.0%	\$5,389	19.5%
Intermediate Care Facilities (ICF-MRs)^		\$97,471	<.05%	\$107,184	0.3%
Nursing Home		\$63,678	<.05%	\$24,298	12.3%
Mental Health Facility Services		\$29,254	0.8%	\$43,225	0.2%
Personal Care Services		\$4,531	10.0%	\$3,302	13.5%
Home Health Services		\$6,510	0.2%	\$656	0.4%
Lab and X-Ray		\$108	22.1%	\$199	43.9%
Prescribed Drugs		\$531	52.4%	\$1,223	45.3%
Capitated Payment		\$72	92.8%	\$48	100.0%
Primary Care Case Management Services		\$29	51.9%	\$22	28.5%
Sterilization Services		NA	0.0%	NA	0.0%
Other Care Services~		\$1,161	10.4%	\$6,225	29.3%
Total		\$2,731	92.8%	\$8,952	100.0%

* Includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. Data for ME based on FY2004. Data for HI based on FY2006 ** Services included in each service category are defined in the CMS document: MSIS Tape Specifications and Data Dictionary, p156 (URL: <http://www.cms.hhs.gov/MSIS/Downloads/msisdd05.pdf>). Effective FY1999, services provided under EPSDT are broken out by type of service as listed on II.A-B of this report. ~ may include, but are not limited to, Home and Community Waiver, prosthetic devices and eyeglasses. ~~ Expenditures do not sum to 100% due to unassigned claims and missing service recipient data. + Sum of percents may exceed 100% since enrollees may use multiple services. ^ for the mentally-retarded. 'na' Data unavailable. 'NA' Not applicable.





Medicaid State Report

FY 2007* (October 1, 2006 - September 30, 2007)

I. MEDICAID ENROLLEES AND EXPENDITURES*

TENNESSEE

AL, KY, MS & TN are included in the East South Central Region

A. Federal Medical Assistance Percentage (FMAP)**	63.7%, 74.6% (FY07 FMAP, Enhanced)	64.3%, 75.0% (FY09 FMAP, Enhanced)	
B. FY 2007 Total Medicaid Enrollment and Expenditures***	1,478,032 / \$5,919M		
C. Total Medicaid Managed Care^ Enrollment, 06/30/2007 (% of Total Medicaid Enrollment, 12/31/2006)	1,182,221 (100.0% of 1,182,221^)		
D. Percent of Births Paid for by Medicaid, 2002-3 Average^^^	46.9%		
E. FY 2007 and FY 2003-2007 Averaged DSH## Payment	\$85.4M / \$17.1M		
F. Enrollee through Age 20, FY 2007	Enrollees	(as Proportion of Population)	
Through Age 20	781,801	(45.7% of 1,712,396)	
Through Age 18	722,619	(46.7% of 1,547,784)	
Through Age 5	276,415	(57.0% of 484,822)	
Infants	48,732	(60.3% of 80,781)	
Ages 1 through 5	227,683	(56.4% of 404,041)	
Ages 6 through 18	446,204	(42.0% of 1,062,962)	
Ages 6 through 14	314,945	(43.8% of 719,474)	
Ages 15 through 18	131,259	(38.2% of 343,488)	
Ages 19 and 20	59,182	(36.0% of 164,612)	
G. Enrollment, Expenditures*** and Per-enrollee Payment, by Age Group, FY 2007	% Total Enrollees~	% Total Expenditures~	Per Enrollee Payment
Through Age 20	52.9%	28.4%	\$2,150
Through Age 18	48.9%	25.4%	\$2,082
Through Age 5	18.7%	10.2%	\$2,188
Infants	3.3%	2.3%	\$2,841
Ages 1 through 5	15.4%	7.9%	\$2,049
Ages 6 through 18	30.2%	15.2%	\$2,016
Ages 6 through 14	21.3%	9.4%	\$1,759
Ages 15 through 18	8.9%	5.8%	\$2,632
Ages 19 and 20	4.0%	3.0%	\$2,988
Age 21 or Older	47.1%	70.3%	\$5,976
Age 65 or Older	10.1%	18.1%	\$7,160
H. Non-Blind/Disabled Enrollees: Enrollment and Per-enrollee Payment** FY2007	Number of Enrollees	Per Enrollee Payment	
Through Age 20	736,544	\$1,699	
Through Age 18	683,488	\$1,648	

Notes: * Includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. Data for ME based on FY2004. Data for HI based on FY2006 ** Regional and US averages of FMAPs are weighted by FY2007 Title XIX and Title XXI Medicaid expenditures reported in the CMS64. *** Expenditures include Medicaid vendor payments, health plan premiums, capitation and HMO payments reported by the states to CMS. All expenditures include federal and state shares. ^ Includes Primary Care Case Management. ^^ Point-in-time enrollment on 06/30/2007, at 1.2M, was 80.0% of 1.5M total annual enrollment state(s) reported to CMS for FY 2007. ^^ Data for NJ, NM, NV and TX are based on 2002 only. ## Disproportionate Share Hospital Payments. ~Percents may not sum up to 100% due to missing age information for some beneficiaries and unassigned claims.

II. MEDICAID* SERVICE UTILIZATION		TENNESSEE			
A. Payments by Age and Type of Service**		CHILDREN Under 21		ADULTS	
Physician Services		3.4%		4.8%	
Dental Services		2.2%		0.1%	
Clinic Services		0.3%		0.9%	
Other Practitioner Services		0.2%		0.2%	
Outpatient Hospital		3.2%		4.5%	
Inpatient Hospital		3.9%		6.1%	
Intermediate Care Facilities (ICF-MRs)^		0.1%		4.0%	
Nursing Home		<.05%		15.4%	
Mental Health Facility Services		<.05%		<.05%	
Personal Care Services		0.4%		1.1%	
Home Health Services		1.9%		12.1%	
Lab and X-Ray		0.5%		1.5%	
Prescribed Drugs		4.6%		6.7%	
Capitated Payment		7.0%		11.2%	
Primary Care Case Management Services		0.0%		0.0%	
Sterilization Services		<.05%		0.2%	
Other Care Services~		0.5%		1.4%	
Total~~		28.4%		70.3%	
B. Average Payments per User of Service and Percent of Enrollees Using Each Service**		CHILDREN Under 21		ADULTS	
		Per-user	%Use+	Per-user	%Use+
Physician Services		\$427	60.7%	\$960	42.7%
Dental Services		\$458	36.6%	\$925	0.9%
Clinic Services		\$217	11.4%	\$857	9.3%
Other Practitioner Services		\$138	12.4%	\$232	7.9%
Outpatient Hospital		\$671	36.5%	\$1,032	37.2%
Inpatient Hospital		\$8,385	3.6%	\$5,303	9.6%
Intermediate Care Facilities (ICF-MRs)^		\$152,672	<.05%	\$195,003	0.2%
Nursing Home		\$30,571	<.05%	\$28,545	4.6%
Mental Health Facility Services		\$2,436	<.05%	\$1,234	<.05%
Personal Care Services		\$263	11.0%	\$980	9.2%
Home Health Services		\$22,562	0.6%	\$36,387	2.8%
Lab and X-Ray		\$88	46.5%	\$339	38.1%
Prescribed Drugs		\$554	62.8%	\$1,232	46.5%
Capitated Payment		\$570	92.6%	\$1,068	89.1%
Primary Care Case Management Services		NA	0.0%	NA	0.0%
Sterilization Services		\$1,125	<.05%	\$1,191	1.4%
Other Care Services~		\$545	7.3%	\$816	14.7%
Total		\$2,320	92.7%	\$6,620	90.3%

* Includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. Data for ME based on FY2004. Data for HI based on FY2006 ** Services included in each service category are defined in the CMS document: MSIS Tape Specifications and Data Dictionary, p156 (URL: <http://www.cms.hhs.gov/MSIS/Downloads/msisdd05.pdf>). Effective FY1999, services provided under EPSDT are broken out by type of service as listed on II.A-B of this report. ~ may include, but are not limited to, Home and Community Waiver, prosthetic devices and eyeglasses. ~~ Expenditures do not sum to 100% due to unassigned claims and missing service recipient data. + Sum of percents may exceed 100% since enrollees may use multiple services. ^ for the mentally-retarded. 'na' Data unavailable. 'NA' Not applicable.





Medicaid State Report

FY 2007* (October 1, 2006 - September 30, 2007)

I. MEDICAID ENROLLEES AND EXPENDITURES*

TEXAS

AR, LA, OK & TX are included in the West South Central Region

A. Federal Medical Assistance Percentage (FMAP)**	60.8%, 72.6% (FY07 FMAP, Enhanced)	59.4%, 71.6% (FY09 FMAP, Enhanced)	
B. FY 2007 Total Medicaid Enrollment and Expenditures***	4,171,560 / \$14,593M		
C. Total Medicaid Managed Care^ Enrollment, 06/30/2007 (% of Total Medicaid Enrollment, 12/31/2006)	2,020,944 (67.3% of 3,002,317^^)		
D. Percent of Births Paid for by Medicaid, 2002-3 Average^^^	49.2%		
E. FY 2007 and FY 2003-2007 Averaged DSH## Payment	\$1,438.2M / \$1,447.7M		
F. Enrollee through Age 20, FY 2007	Enrollees	(as Proportion of Population)	
Through Age 20	2,874,880	(38.2% of 7,533,732)	
Through Age 18	2,758,496	(40.3% of 6,847,088)	
Through Age 5	1,284,915	(54.2% of 2,369,614)	
Infants	256,987	(63.2% of 406,520)	
Ages 1 through 5	1,027,928	(52.4% of 1,963,094)	
Ages 6 through 18	1,473,581	(32.9% of 4,477,474)	
Ages 6 through 14	1,103,434	(35.7% of 3,089,102)	
Ages 15 through 18	370,147	(26.7% of 1,388,372)	
Ages 19 and 20	116,384	(16.9% of 686,644)	
G. Enrollment, Expenditures*** and Per-enrollee Payment, by Age Group, FY 2007	% Total Enrollees~	% Total Expenditures~	Per Enrollee Payment
Through Age 20	68.9%	43.5%	\$2,209
Through Age 18	66.1%	41.2%	\$2,182
Through Age 5	30.8%	22.7%	\$2,577
Infants	6.2%	7.1%	\$4,012
Ages 1 through 5	24.6%	15.6%	\$2,218
Ages 6 through 18	35.3%	18.6%	\$1,838
Ages 6 through 14	26.5%	12.9%	\$1,702
Ages 15 through 18	8.9%	5.7%	\$2,241
Ages 19 and 20	2.8%	2.3%	\$2,851
Age 21 or Older	31.1%	55.8%	\$6,284
Age 65 or Older	10.3%	19.5%	\$6,621
H. Non-Blind/Disabled Enrollees: Enrollment and Per-enrollee Payment** FY2007	Number of Enrollees	Per Enrollee Payment	
Through Age 20	2,746,080	\$1,783	
Through Age 18	2,643,065	\$1,782	

Notes: * Includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. Data for ME based on FY2004. Data for HI based on FY2006 ** Regional and US averages of FMAPs are weighted by FY2007 Title XIX and Title XXI Medicaid expenditures reported in the CMS64. *** Expenditures include Medicaid vendor payments, health plan premiums, capitation and HMO payments reported by the states to CMS. All expenditures include federal and state shares. ^ Includes Primary Care Case Management. ^^ Point-in-time enrollment on 06/30/2007, at 3.0M, was 72.0% of 4.2M total annual enrollment state(s) reported to CMS for FY 2007. ^^ Data for NJ, NM, NV and TX are based on 2002 only. ## Disproportionate Share Hospital Payments. ~Percents may not sum up to 100% due to missing age information for some beneficiaries and unassigned claims.

II. MEDICAID* SERVICE UTILIZATION		TEXAS			
A. Payments by Age and Type of Service**		<u>CHILDREN Under 21</u>		<u>ADULTS</u>	
Physician Services		2.9%		2.3%	
Dental Services		2.8%		<.05%	
Clinic Services		0.5%		0.2%	
Other Practitioner Services		0.5%		0.2%	
Outpatient Hospital		0.9%		0.8%	
Inpatient Hospital		7.5%		6.7%	
Intermediate Care Facilities (ICF-MRs)^		0.3%		5.9%	
Nursing Home		0.1%		12.9%	
Mental Health Facility Services		0.4%		<.05%	
Personal Care Services		2.7%		2.0%	
Home Health Services		2.1%		1.0%	
Lab and X-Ray		1.9%		1.6%	
Prescribed Drugs		6.8%		5.4%	
Capitated Payment		12.7%		6.1%	
Primary Care Case Management Services		0.1%		<.05%	
Sterilization Services		<.05%		0.1%	
Other Care Services~		1.6%		10.7%	
Total~~		43.5%		55.8%	
B. Average Payments per User of Service and Percent of Enrollees Using Each Service**		<u>CHILDREN Under 21</u>		<u>ADULTS</u>	
		Per-user	%Use+	Per-user	%Use+
Physician Services		\$355	41.2%	\$787	33.0%
Dental Services		\$315	45.2%	\$400	0.9%
Clinic Services		\$346	6.7%	\$335	7.0%
Other Practitioner Services		\$232	10.3%	\$166	14.0%
Outpatient Hospital		\$278	17.0%	\$554	16.9%
Inpatient Hospital		\$11,274	3.4%	\$4,738	15.8%
Intermediate Care Facilities (ICF-MRs)^		\$59,743	<.05%	\$73,656	0.9%
Nursing Home		\$31,321	<.05%	\$20,804	7.0%
Mental Health Facility Services		\$9,352	0.2%	\$9,661	<.05%
Personal Care Services		\$1,676	8.1%	\$2,219	10.3%
Home Health Services		\$3,454	3.1%	\$1,161	9.5%
Lab and X-Ray		\$233	40.9%	\$566	31.0%
Prescribed Drugs		\$544	63.2%	\$1,249	48.4%
Capitated Payment		\$1,222	52.7%	\$2,360	29.1%
Primary Care Case Management Services		\$9	28.6%	\$7	11.4%
Sterilization Services		\$1,371	<.05%	\$1,276	1.2%
Other Care Services~		\$633	12.6%	\$4,745	25.3%
Total		\$2,527	87.4%	\$8,319	75.5%

* Includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. Data for ME based on FY2004. Data for HI based on FY2006 ** Services included in each service category are defined in the CMS document: MSIS Tape Specifications and Data Dictionary, p156 (URL: <http://www.cms.hhs.gov/MSIS/Downloads/msisdd05.pdf>). Effective FY1999, services provided under EPSDT are broken out by type of service as listed on II.A-B of this report. ~ may include, but are not limited to, Home and Community Waiver, prosthetic devices and eyeglasses. ~~ Expenditures do not sum to 100% due to unassigned claims and missing service recipient data. + Sum of percents may exceed 100% since enrollees may use multiple services. ^ for the mentally-retarded. 'na' Data unavailable. 'NA' Not applicable.





Medicaid State Report

FY 2007* (October 1, 2006 - September 30, 2007)

I. MEDICAID ENROLLEES AND EXPENDITURES*

UTAH

AZ, CO, ID, MT, NM, NV, UT & WY are included in the Mountain Region

A. Federal Medical Assistance Percentage (FMAP)**	70.1%, 79.1% (FY07 FMAP, Enhanced)	70.7%, 79.5% (FY09 FMAP, Enhanced)	
B. FY 2007 Total Medicaid Enrollment and Expenditures***	291,297 / \$1,395M		
C. Total Medicaid Managed Care^ Enrollment, 06/30/2007 (% of Total Medicaid Enrollment, 12/31/2006)	165,459 (82.3% of 201,073^^)		
D. Percent of Births Paid for by Medicaid, 2002-3 Average^^^	31.0%		
E. FY 2007 and FY 2003-2007 Averaged DSH## Payment	\$22.7M / \$17.0M		
F. Enrollee through Age 20, FY 2007	Enrollees	(as Proportion of Population)	
Through Age 20	170,845	(18.4% of 926,326)	
Through Age 18	163,321	(19.5% of 836,871)	
Through Age 5	89,830	(31.9% of 281,270)	
Infants	20,498	(42.1% of 48,635)	
Ages 1 through 5	69,332	(29.8% of 232,635)	
Ages 6 through 18	73,491	(13.2% of 555,601)	
Ages 6 through 14	54,941	(14.6% of 377,088)	
Ages 15 through 18	18,550	(10.4% of 178,513)	
Ages 19 and 20	7,524	(8.4% of 89,455)	
G. Enrollment, Expenditures*** and Per-enrollee Payment, by Age Group, FY 2007	% Total Enrollees~	% Total Expenditures~	Per Enrollee Payment
Through Age 20	58.6%	25.3%	\$2,062
Through Age 18	56.1%	23.2%	\$1,982
Through Age 5	30.8%	11.0%	\$1,707
Infants	7.0%	5.1%	\$3,457
Ages 1 through 5	23.8%	5.9%	\$1,189
Ages 6 through 18	25.2%	12.2%	\$2,318
Ages 6 through 14	18.9%	6.2%	\$1,573
Ages 15 through 18	6.4%	6.0%	\$4,524
Ages 19 and 20	2.6%	2.1%	\$3,810
Age 21 or Older	41.4%	47.4%	\$5,491
Age 65 or Older	5.2%	9.9%	\$9,121
H. Non-Blind/Disabled Enrollees: Enrollment and Per-enrollee Payment** FY2007	Number of Enrollees	Per Enrollee Payment	
Through Age 20	165,041	\$1,604	
Through Age 18	158,372	\$1,580	

Notes: * Includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. Data for ME based on FY2004. Data for HI based on FY2006 ** Regional and US averages of FMAPs are weighted by FY2007 Title XIX and Title XXI Medicaid expenditures reported in the CMS64. *** Expenditures include Medicaid vendor payments, health plan premiums, capitation and HMO payments reported by the states to CMS. All expenditures include federal and state shares. ^ Includes Primary Care Case Management. ^^ Point-in-time enrollment on 06/30/2007, at 0.2M, was 69.0% of 0.3M total annual enrollment state(s) reported to CMS for FY 2007. ^^ Data for NJ, NM, NV and TX are based on 2002 only. ## Disproportionate Share Hospital Payments. ~Percents may not sum up to 100% due to missing age information for some beneficiaries and unassigned claims.

II. MEDICAID* SERVICE UTILIZATION		UTAH			
A. Payments by Age and Type of Service**		<u>CHILDREN Under 21</u>		<u>ADULTS</u>	
Physician Services		0.9%		0.9%	
Dental Services		1.0%		0.5%	
Clinic Services		5.5%		2.8%	
Other Practitioner Services		0.1%		0.1%	
Outpatient Hospital		1.7%		3.5%	
Inpatient Hospital		7.1%		10.8%	
Intermediate Care Facilities (ICF-MRs)^		0.2%		3.9%	
Nursing Home		0.2%		10.0%	
Mental Health Facility Services		1.0%		0.1%	
Personal Care Services		0.3%		1.5%	
Home Health Services		0.4%		0.4%	
Lab and X-Ray		0.3%		0.6%	
Prescribed Drugs		3.2%		6.7%	
Capitated Payment		0.1%		0.3%	
Primary Care Case Management Services		0.0%		0.0%	
Sterilization Services		<.05%		0.3%	
Other Care Services~		3.2%		8.2%	
Total~~		25.3%		47.4%	
B. Average Payments per User of Service and Percent of Enrollees Using Each Service**		<u>CHILDREN Under 21</u>		<u>ADULTS</u>	
		Per-user	%Use+	Per-user	%Use+
Physician Services		\$353	20.8%	\$347	29.9%
Dental Services		\$259	31.6%	\$303	17.8%
Clinic Services		\$1,248	35.9%	\$667	48.2%
Other Practitioner Services		\$112	4.7%	\$150	10.3%
Outpatient Hospital		\$1,035	13.5%	\$1,655	24.6%
Inpatient Hospital		\$18,593	3.1%	\$7,289	12.4%
Intermediate Care Facilities (ICF-MRs)^		\$51,914	<.05%	\$70,372	0.6%
Nursing Home		\$74,717	<.05%	\$27,518	4.2%
Mental Health Facility Services		\$130,737	0.1%	\$85,415	<.05%
Personal Care Services		\$478	4.9%	\$1,390	12.1%
Home Health Services		\$12,015	0.3%	\$3,508	1.2%
Lab and X-Ray		\$134	20.4%	\$190	36.3%
Prescribed Drugs		\$504	52.5%	\$1,271	61.3%
Capitated Payment		\$5,652	0.1%	\$3,566	0.8%
Primary Care Case Management Services		NA	0.0%	NA	0.0%
Sterilization Services		\$7,607	<.05%	\$3,938	0.8%
Other Care Services~		\$4,087	6.3%	\$6,540	14.4%
Total		\$2,978	69.3%	\$6,815	80.6%

* Includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. Data for ME based on FY2004. Data for HI based on FY2006 ** Services included in each service category are defined in the CMS document: MSIS Tape Specifications and Data Dictionary, p156 (URL: <http://www.cms.hhs.gov/MSIS/Downloads/msisdd05.pdf>). Effective FY1999, services provided under EPSDT are broken out by type of service as listed on II.A-B of this report. ~ may include, but are not limited to, Home and Community Waiver, prosthetic devices and eyeglasses. ~~ Expenditures do not sum to 100% due to unassigned claims and missing service recipient data. + Sum of percents may exceed 100% since enrollees may use multiple services. ^ for the mentally-retarded. 'na' Data unavailable. 'NA' Not applicable.





Medicaid State Report

FY 2007* (October 1, 2006 - September 30, 2007)

I. MEDICAID ENROLLEES AND EXPENDITURES*

VERMONT

CT, MA, ME, NH, RI & VT are included in the New England Region

A. Federal Medical Assistance Percentage (FMAP)**	58.9%, 71.3% (FY07 FMAP, Enhanced)	59.5%, 71.6% (FY09 FMAP, Enhanced)	
B. FY 2007 Total Medicaid Enrollment and Expenditures***	157,784 / \$812M		
C. Total Medicaid Managed Care^ Enrollment, 06/30/2007 (% of Total Medicaid Enrollment, 12/31/2006)	123,222 (84.3% of 146,239^^)		
D. Percent of Births Paid for by Medicaid, 2002-3 Average^^^	47.8%		
E. FY 2007 and FY 2003-2007 Averaged DSH## Payment	\$47.7M / \$34.2M		
F. Enrollee through Age 20, FY 2007	Enrollees	(as Proportion of Population)	
Through Age 20	70,182	(42.3% of 165,969)	
Through Age 18	65,985	(45.0% of 146,628)	
Through Age 5	22,283	(57.2% of 38,990)	
Infants	3,741	(57.2% of 6,540)	
Ages 1 through 5	18,542	(57.1% of 32,450)	
Ages 6 through 18	43,702	(40.6% of 107,638)	
Ages 6 through 14	30,266	(44.0% of 68,794)	
Ages 15 through 18	13,436	(34.6% of 38,844)	
Ages 19 and 20	4,197	(21.7% of 19,341)	
G. Enrollment, Expenditures*** and Per-enrollee Payment, by Age Group, FY 2007	% Total Enrollees~	% Total Expenditures~	Per Enrollee Payment
Through Age 20	44.5%	31.7%	\$3,671
Through Age 18	41.8%	29.3%	\$3,613
Through Age 5	14.1%	5.8%	\$2,128
Infants	2.4%	1.0%	\$2,272
Ages 1 through 5	11.8%	4.8%	\$2,099
Ages 6 through 18	27.7%	23.5%	\$4,370
Ages 6 through 14	19.2%	14.4%	\$3,857
Ages 15 through 18	8.5%	9.1%	\$5,524
Ages 19 and 20	2.7%	2.4%	\$4,587
Age 21 or Older	55.5%	67.0%	\$6,211
Age 65 or Older	12.6%	21.7%	\$8,844
H. Non-Blind/Disabled Enrollees: Enrollment and Per-enrollee Payment** FY2007	Number of Enrollees	Per Enrollee Payment	
Through Age 20	67,026	\$2,664	
Through Age 18	63,323	\$2,669	

Notes: * Includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. Data for ME based on FY2004. Data for HI based on FY2006 ** Regional and US averages of FMAPs are weighted by FY2007 Title XIX and Title XXI Medicaid expenditures reported in the CMS64. *** Expenditures include Medicaid vendor payments, health plan premiums, capitation and HMO payments reported by the states to CMS. All expenditures include federal and state shares. ^ Includes Primary Care Case Management. ^^ Point-in-time enrollment on 06/30/2007, at 0.1M, was 92.7% of 0.2M total annual enrollment state(s) reported to CMS for FY 2007. ^^ Data for NJ, NM, NV and TX are based on 2002 only. ## Disproportionate Share Hospital Payments. ~Percents may not sum up to 100% due to missing age information for some beneficiaries and unassigned claims.

II. MEDICAID* SERVICE UTILIZATION		VERMONT			
A. Payments by Age and Type of Service**		CHILDREN Under 21		ADULTS	
Physician Services		2.4%		4.2%	
Dental Services		1.2%		0.4%	
Clinic Services		1.2%		1.2%	
Other Practitioner Services		1.1%		1.1%	
Outpatient Hospital		1.7%		6.2%	
Inpatient Hospital		2.3%		4.4%	
Intermediate Care Facilities (ICF-MRs)^		0.0%		0.1%	
Nursing Home		<.05%		13.5%	
Mental Health Facility Services		0.0%		<.05%	
Personal Care Services		2.8%		0.8%	
Home Health Services		0.1%		0.7%	
Lab and X-Ray		0.3%		1.1%	
Prescribed Drugs		3.2%		9.8%	
Capitated Payment		0.0%		0.0%	
Primary Care Case Management Services		0.3%		0.2%	
Sterilization Services		<.05%		0.1%	
Other Care Services~		15.2%		23.3%	
Total~~		31.7%		67.0%	
B. Average Payments per User of Service and Percent of Enrollees Using Each Service**		CHILDREN Under 21		ADULTS	
		Per-user	%Use+	Per-user	%Use+
Physician Services		\$400	68.1%	\$589	66.0%
Dental Services		\$297	47.9%	\$266	14.5%
Clinic Services		\$677	21.3%	\$454	23.8%
Other Practitioner Services		\$778	16.2%	\$529	18.6%
Outpatient Hospital		\$472	41.4%	\$974	59.2%
Inpatient Hospital		\$10,748	2.5%	\$4,146	9.8%
Intermediate Care Facilities (ICF-MRs)^		NA	0.0%	\$138,389	<.05%
Nursing Home		\$43,293	<.05%	\$32,641	3.8%
Mental Health Facility Services		NA	0.0%	\$1,075	0.2%
Personal Care Services		\$2,784	11.5%	\$979	7.2%
Home Health Services		\$1,313	1.3%	\$1,984	3.1%
Lab and X-Ray		\$78	38.6%	\$260	39.4%
Prescribed Drugs		\$593	61.8%	\$1,248	72.5%
Capitated Payment		NA	0.0%	NA	0.0%
Primary Care Case Management Services		\$38	76.4%	\$32	55.9%
Sterilization Services		\$1,145	<.05%	\$1,243	0.9%
Other Care Services~		\$5,747	30.6%	\$7,753	27.9%
Total		\$4,098	89.6%	\$6,636	93.6%

* Includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. Data for ME based on FY2004. Data for HI based on FY2006 ** Services included in each service category are defined in the CMS document: MSIS Tape Specifications and Data Dictionary, p156 (URL: <http://www.cms.hhs.gov/MSIS/Downloads/msisdd05.pdf>). Effective FY1999, services provided under EPSDT are broken out by type of service as listed on II.A-B of this report. ~ may include, but are not limited to, Home and Community Waiver, prosthetic devices and eyeglasses. ~~ Expenditures do not sum to 100% due to unassigned claims and missing service recipient data. + Sum of percents may exceed 100% since enrollees may use multiple services. ^ for the mentally-retarded. 'na' Data unavailable. 'NA' Not applicable.





Medicaid State Report

FY 2007* (October 1, 2006 - September 30, 2007)

I. MEDICAID ENROLLEES AND EXPENDITURES*

VIRGINIA

DC, DE, FL, GA, MD, NC, SC, VA & WV are included in the South Atlantic Region

A. Federal Medical Assistance Percentage (FMAP)** 50.0%, 65.0% 50.0%, 65.0%
(FY07 FMAP, Enhanced) (FY09 FMAP, Enhanced)

B. FY 2007 Total Medicaid Enrollment and Expenditures*** 895,548 / \$4,459M

C. Total Medicaid Managed Care^ Enrollment, 06/30/2007 446,033
(% of Total Medicaid Enrollment, 12/31/2006) (64.2% of 694,950^^)

D. Percent of Births Paid for by Medicaid, 2002-3 Average^^^ 29.4%

E. FY 2007 and FY 2003-2007 Averaged DSH## Payment \$179.5M / \$149.4M

F. Enrollee through Age 20, FY 2007	Enrollees	(as Proportion of Population)
Through Age 20	536,917	(24.4% of 2,197,588)
Through Age 18	511,338	(26.0% of 1,966,189)
Through Age 5	208,394	(33.6% of 620,129)
Infants	38,651	(37.0% of 104,554)
Ages 1 through 5	169,743	(32.9% of 515,575)
Ages 6 through 18	302,944	(22.5% of 1,346,060)
Ages 6 through 14	217,177	(24.4% of 891,409)
Ages 15 through 18	85,767	(18.9% of 454,651)
Ages 19 and 20	25,579	(11.1% of 231,399)

G. Enrollment, Expenditures*** and Per-enrollee Payment, by Age Group, FY 2007	% Total Enrollees~	% Total Expenditures~	Per Enrollee Payment
Through Age 20	60.0%	30.5%	\$2,536
Through Age 18	57.1%	28.8%	\$2,508
Through Age 5	23.3%	12.0%	\$2,564
Infants	4.3%	3.4%	\$3,965
Ages 1 through 5	19.0%	8.5%	\$2,245
Ages 6 through 18	33.8%	16.8%	\$2,469
Ages 6 through 14	24.3%	9.9%	\$2,032
Ages 15 through 18	9.6%	6.9%	\$3,573
Ages 19 and 20	2.9%	1.8%	\$3,107
Age 21 or Older	40.0%	68.7%	\$8,543
Age 65 or Older	11.6%	21.2%	\$9,144

H. Non-Blind/Disabled Enrollees: Enrollment and Per-enrollee Payment** FY2007	Number of Enrollees	Per Enrollee Payment
Through Age 20	510,229	\$2,072
Through Age 18	488,339	\$2,080

Notes: * Includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. Data for ME based on FY2004. Data for HI based on FY2006 ** Regional and US averages of FMAPs are weighted by FY2007 Title XIX and Title XXI Medicaid expenditures reported in the CMS64. *** Expenditures include Medicaid vendor payments, health plan premiums, capitation and HMO payments reported by the states to CMS. All expenditures include federal and state shares. ^ Includes Primary Care Case Management. ^^ Point-in-time enrollment on 06/30/2007, at 0.7M, was 77.6% of 0.9M total annual enrollment state(s) reported to CMS for FY 2007. ^^ Data for NJ, NM, NV and TX are based on 2002 only. ## Disproportionate Share Hospital Payments. ~Percents may not sum up to 100% due to missing age information for some beneficiaries and unassigned claims.

II. MEDICAID* SERVICE UTILIZATION		VIRGINIA			
A. Payments by Age and Type of Service**		CHILDREN Under 21		ADULTS	
Physician Services		1.3%		2.4%	
Dental Services		1.4%		<.05%	
Clinic Services		1.2%		3.2%	
Other Practitioner Services		0.1%		<.05%	
Outpatient Hospital		0.6%		1.3%	
Inpatient Hospital		2.9%		6.9%	
Intermediate Care Facilities (ICF-MRs)^		0.3%		5.1%	
Nursing Home		0.5%		15.8%	
Mental Health Facility Services		0.1%		0.5%	
Personal Care Services		0.8%		4.0%	
Home Health Services		<.05%		0.1%	
Lab and X-Ray		0.1%		0.3%	
Prescribed Drugs		1.8%		3.2%	
Capitated Payment		13.4%		16.0%	
Primary Care Case Management Services		<.05%		<.05%	
Sterilization Services		<.05%		0.1%	
Other Care Services~		6.0%		9.8%	
Total~~		30.5%		68.7%	
B. Average Payments per User of Service and Percent of Enrollees Using Each Service**		CHILDREN Under 21		ADULTS	
		Per-user	%Use+	Per-user	%Use+
Physician Services		\$446	23.7%	\$552	54.2%
Dental Services		\$415	28.1%	\$459	1.3%
Clinic Services		\$1,266	7.6%	\$3,327	11.9%
Other Practitioner Services		\$204	2.8%	\$113	3.3%
Outpatient Hospital		\$432	11.2%	\$1,066	15.1%
Inpatient Hospital		\$11,432	2.1%	\$2,977	28.5%
Intermediate Care Facilities (ICF-MRs)^		\$115,958	<.05%	\$131,506	0.5%
Nursing Home		\$144,583	<.05%	\$27,959	7.0%
Mental Health Facility Services		\$6,278	0.1%	\$22,900	0.2%
Personal Care Services		\$2,899	2.4%	\$7,250	6.8%
Home Health Services		\$1,207	0.1%	\$1,605	0.7%
Lab and X-Ray		\$96	10.0%	\$184	18.7%
Prescribed Drugs		\$764	19.9%	\$1,055	37.8%
Capitated Payment		\$1,711	65.2%	\$5,847	34.1%
Primary Care Case Management Services		\$26	7.2%	\$33	9.6%
Sterilization Services		\$2,370	<.05%	\$2,750	0.5%
Other Care Services~		\$6,670	7.5%	\$7,854	15.5%
Total		\$2,987	84.9%	\$10,013	85.3%

* Includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. Data for ME based on FY2004. Data for HI based on FY2006 ** Services included in each service category are defined in the CMS document: MSIS Tape Specifications and Data Dictionary, p156 (URL: <http://www.cms.hhs.gov/MSIS/Downloads/msisdd05.pdf>). Effective FY1999, services provided under EPSDT are broken out by type of service as listed on II.A-B of this report. ~ may include, but are not limited to, Home and Community Waiver, prosthetic devices and eyeglasses. ~~ Expenditures do not sum to 100% due to unassigned claims and missing service recipient data. + Sum of percents may exceed 100% since enrollees may use multiple services. ^ for the mentally-retarded. 'na' Data unavailable. 'NA' Not applicable.





Medicaid State Report

FY 2007* (October 1, 2006 - September 30, 2007)

I. MEDICAID ENROLLEES AND EXPENDITURES*

WASHINGTON

AK, CA, HI, OR & WA are included in the Pacific Region

A. Federal Medical Assistance Percentage (FMAP)**	50.1%, 65.1% (FY07 FMAP, Enhanced)	50.9%, 65.7% (FY09 FMAP, Enhanced)	
B. FY 2007 Total Medicaid Enrollment and Expenditures***	1,163,898 / \$5,363M		
C. Total Medicaid Managed Care^ Enrollment, 06/30/2007 (% of Total Medicaid Enrollment, 12/31/2006)	849,184 (85.5% of 993,118^^)		
D. Percent of Births Paid for by Medicaid, 2002-3 Average^^^	44.5%		
E. FY 2007 and FY 2003-2007 Averaged DSH## Payment	\$297.5M / \$311.5M		
F. Enrollee through Age 20, FY 2007	Enrollees	(as Proportion of Population)	
Through Age 20	684,444	(38.9% of 1,761,232)	
Through Age 18	635,177	(40.3% of 1,577,539)	
Through Age 5	238,856	(49.6% of 481,965)	
Infants	39,918	(48.1% of 82,994)	
Ages 1 through 5	198,938	(49.9% of 398,971)	
Ages 6 through 18	396,321	(36.2% of 1,095,574)	
Ages 6 through 14	275,627	(37.7% of 731,509)	
Ages 15 through 18	120,694	(33.2% of 364,065)	
Ages 19 and 20	49,267	(26.8% of 183,693)	
G. Enrollment, Expenditures*** and Per-enrollee Payment, by Age Group, FY 2007	% Total Enrollees~	% Total Expenditures~	Per Enrollee Payment
Through Age 20	58.8%	25.1%	\$1,964
Through Age 18	54.6%	23.0%	\$1,943
Through Age 5	20.5%	10.1%	\$2,265
Infants	3.4%	2.3%	\$3,125
Ages 1 through 5	17.1%	7.8%	\$2,092
Ages 6 through 18	34.1%	12.9%	\$1,749
Ages 6 through 14	23.7%	7.6%	\$1,482
Ages 15 through 18	10.4%	5.3%	\$2,358
Ages 19 and 20	4.2%	2.0%	\$2,229
Age 21 or Older	41.2%	58.1%	\$6,495
Age 65 or Older	7.5%	18.0%	\$11,096
H. Non-Blind/Disabled Enrollees: Enrollment and Per-enrollee Payment** FY2007	Number of Enrollees	Per Enrollee Payment	
Through Age 20	660,510	\$1,567	
Through Age 18	614,905	\$1,565	

Notes: * Includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. Data for ME based on FY2004. Data for HI based on FY2006 ** Regional and US averages of FMAPs are weighted by FY2007 Title XIX and Title XXI Medicaid expenditures reported in the CMS64. *** Expenditures include Medicaid vendor payments, health plan premiums, capitation and HMO payments reported by the states to CMS. All expenditures include federal and state shares. ^ Includes Primary Care Case Management. ^^ Point-in-time enrollment on 06/30/2007, at 1.0M, was 85.3% of 1.2M total annual enrollment state(s) reported to CMS for FY 2007. ^^ Data for NJ, NM, NV and TX are based on 2002 only. ## Disproportionate Share Hospital Payments. ~Percents may not sum up to 100% due to missing age information for some beneficiaries and unassigned claims.

II. MEDICAID* SERVICE UTILIZATION		WASHINGTON			
A. Payments by Age and Type of Service**		CHILDREN Under 21		ADULTS	
Physician Services		0.9%		2.6%	
Dental Services		1.5%		0.6%	
Clinic Services		0.7%		1.1%	
Other Practitioner Services		0.1%		0.2%	
Outpatient Hospital		0.7%		3.0%	
Inpatient Hospital		2.6%		7.9%	
Intermediate Care Facilities (ICF-MRs)^		0.0%		0.1%	
Nursing Home		<.05%		9.7%	
Mental Health Facility Services		0.0%		0.1%	
Personal Care Services		1.6%		5.4%	
Home Health Services		0.0%		<.05%	
Lab and X-Ray		<.05%		0.2%	
Prescribed Drugs		1.4%		5.9%	
Capitated Payment		13.6%		7.9%	
Primary Care Case Management Services		<.05%		<.05%	
Sterilization Services		0.0%		<.05%	
Other Care Services~		2.0%		15.0%	
Total~~		25.1%		58.1%	
B. Average Payments per User of Service and Percent of Enrollees Using Each Service**		CHILDREN Under 21		ADULTS	
		Per-user	%Use+	Per-user	%Use+
Physician Services		\$307	22.1%	\$604	48.4%
Dental Services		\$275	41.7%	\$283	22.0%
Clinic Services		\$1,013	5.2%	\$607	19.5%
Other Practitioner Services		\$69	7.3%	\$110	15.4%
Outpatient Hospital		\$552	9.3%	\$943	35.3%
Inpatient Hospital		\$20,835	1.0%	\$9,260	7.9%
Intermediate Care Facilities (ICF-MRs)^		NA	0.0%	\$76,356	<.05%
Nursing Home		\$38,117	<.05%	\$26,598	4.1%
Mental Health Facility Services		NA	0.0%	\$4,086	0.2%
Personal Care Services		\$6,579	1.9%	\$5,420	11.1%
Home Health Services		NA	0.0%	\$158	<.05%
Lab and X-Ray		\$89	4.0%	\$122	21.6%
Prescribed Drugs		\$578	19.4%	\$1,233	53.1%
Capitated Payment		\$1,431	74.6%	\$1,877	46.8%
Primary Care Case Management Services		\$24	0.6%	\$17	0.3%
Sterilization Services		NA	0.0%	\$1,327	0.1%
Other Care Services~		\$847	18.4%	\$4,365	38.5%
Total		\$2,241	87.6%	\$7,389	87.9%

* Includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. Data for ME based on FY2004. Data for HI based on FY2006 ** Services included in each service category are defined in the CMS document: MSIS Tape Specifications and Data Dictionary, p156 (URL: <http://www.cms.hhs.gov/MSIS/Downloads/msisdd05.pdf>). Effective FY1999, services provided under EPSDT are broken out by type of service as listed on II.A-B of this report. ~ may include, but are not limited to, Home and Community Waiver, prosthetic devices and eyeglasses. ~~ Expenditures do not sum to 100% due to unassigned claims and missing service recipient data. + Sum of percents may exceed 100% since enrollees may use multiple services. ^ for the mentally-retarded. 'na' Data unavailable. 'NA' Not applicable.





Medicaid State Report

FY 2007* (October 1, 2006 - September 30, 2007)

I. MEDICAID ENROLLEES AND EXPENDITURES*

WEST VIRGINIA

DC, DE, FL, GA, MD, NC, SC, VA & WV are included in the South Atlantic Region

A. Federal Medical Assistance Percentage (FMAP)**	72.8%, 81.0% (FY07 FMAP, Enhanced)	73.7%, 81.6% (FY09 FMAP, Enhanced)	
B. FY 2007 Total Medicaid Enrollment and Expenditures***	392,598 / \$2,256M		
C. Total Medicaid Managed Care^ Enrollment, 06/30/2007 (% of Total Medicaid Enrollment, 12/31/2006)	135,387 (44.6% of 303,835^)		
D. Percent of Births Paid for by Medicaid, 2002-3 Average^^	50.0%		
E. FY 2007 and FY 2003-2007 Averaged DSH## Payment	\$74.8M / \$75.2M		
F. Enrollee through Age 20, FY 2007	Enrollees	(as Proportion of Population)	
Through Age 20	203,839	(44.9% of 454,179)	
Through Age 18	192,424	(46.7% of 411,917)	
Through Age 5	71,072	(56.2% of 126,437)	
Infants	11,984	(59.5% of 20,136)	
Ages 1 through 5	59,088	(55.6% of 106,301)	
Ages 6 through 18	121,352	(42.5% of 285,480)	
Ages 6 through 14	85,673	(44.2% of 193,834)	
Ages 15 through 18	35,679	(38.9% of 91,646)	
Ages 19 and 20	11,415	(27.0% of 42,262)	
G. Enrollment, Expenditures*** and Per-enrollee Payment, by Age Group, FY 2007	% Total Enrollees~	% Total Expenditures~	Per Enrollee Payment
Through Age 20	51.9%	23.5%	\$2,598
Through Age 18	49.0%	22.0%	\$2,583
Through Age 5	18.1%	6.9%	\$2,194
Infants	3.1%	1.5%	\$2,820
Ages 1 through 5	15.1%	5.4%	\$2,067
Ages 6 through 18	30.9%	15.1%	\$2,811
Ages 6 through 14	21.8%	9.1%	\$2,387
Ages 15 through 18	9.1%	6.1%	\$3,831
Ages 19 and 20	2.9%	1.4%	\$2,842
Age 21 or Older	48.1%	62.8%	\$7,509
Age 65 or Older	10.2%	19.7%	\$11,047
H. Non-Blind/Disabled Enrollees: Enrollment and Per-enrollee Payment** FY2007	Number of Enrollees	Per Enrollee Payment	
Through Age 20	190,459	\$2,077	
Through Age 18	180,965	\$2,101	

Notes: * Includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. Data for ME based on FY2004. Data for HI based on FY2006 ** Regional and US averages of FMAPs are weighted by FY2007 Title XIX and Title XXI Medicaid expenditures reported in the CMS64. *** Expenditures include Medicaid vendor payments, health plan premiums, capitation and HMO payments reported by the states to CMS. All expenditures include federal and state shares. ^ Includes Primary Care Case Management. ^^ Point-in-time enrollment on 06/30/2007, at 0.3M, was 77.4% of 0.4M total annual enrollment state(s) reported to CMS for FY 2007. ^^ Data for NJ, NM, NV and TX are based on 2002 only. ## Disproportionate Share Hospital Payments. ~Percents may not sum up to 100% due to missing age information for some beneficiaries and unassigned claims.

II. MEDICAID* SERVICE UTILIZATION		WEST VIRGINIA			
A. Payments by Age and Type of Service**		<u>CHILDREN Under 21</u>		<u>ADULTS</u>	
Physician Services		0.9%		3.3%	
Dental Services		1.5%		0.2%	
Clinic Services		0.3%		0.9%	
Other Practitioner Services		0.2%		0.2%	
Outpatient Hospital		0.4%		2.3%	
Inpatient Hospital		1.0%		6.4%	
Intermediate Care Facilities (ICF-MRs)^		0.3%		2.3%	
Nursing Home		<.05%		18.1%	
Mental Health Facility Services		1.7%		<.05%	
Personal Care Services		3.7%		10.9%	
Home Health Services		<.05%		0.1%	
Lab and X-Ray		0.3%		2.3%	
Prescribed Drugs		3.7%		10.3%	
Capitated Payment		6.7%		2.0%	
Primary Care Case Management Services		<.05%		<.05%	
Sterilization Services		0.0%		0.0%	
Other Care Services~		2.6%		4.3%	
Total~~		23.5%		62.8%	
B. Average Payments per User of Service and Percent of Enrollees Using Each Service**		<u>CHILDREN Under 21</u>		<u>ADULTS</u>	
		Per-user	%Use+	Per-user	%Use+
Physician Services		\$364	27.0%	\$654	60.1%
Dental Services		\$418	39.2%	\$239	7.9%
Clinic Services		\$329	11.1%	\$430	25.4%
Other Practitioner Services		\$258	10.0%	\$189	12.8%
Outpatient Hospital		\$313	13.9%	\$622	43.6%
Inpatient Hospital		\$7,343	1.6%	\$6,617	10.0%
Intermediate Care Facilities (ICF-MRs)^		\$97,829	<.05%	\$105,767	0.3%
Nursing Home		\$41,685	<.05%	\$38,715	5.6%
Mental Health Facility Services		\$21,700	0.9%	\$2,546	0.2%
Personal Care Services		\$2,678	15.1%	\$5,167	25.3%
Home Health Services		\$1,013	0.1%	\$1,642	0.9%
Lab and X-Ray		\$205	17.9%	\$509	53.9%
Prescribed Drugs		\$585	69.6%	\$1,954	63.1%
Capitated Payment		\$1,057	70.6%	\$1,192	20.5%
Primary Care Case Management Services		\$27	10.9%	\$20	3.3%
Sterilization Services		NA	0.0%	NA	0.0%
Other Care Services~		\$1,530	19.0%	\$1,798	28.5%
Total		\$2,871	90.5%	\$8,785	85.5%

* Includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. Data for ME based on FY2004. Data for HI based on FY2006 ** Services included in each service category are defined in the CMS document: MSIS Tape Specifications and Data Dictionary, p156 (URL:<http://www.cms.hhs.gov/MSIS/Downloads/msisdd05.pdf>). Effective FY1999, services provided under EPSDT are broken out by type of service as listed on II.A-B of this report. ~ may include, but are not limited to, Home and Community Waiver, prosthetic devices and eyeglasses. ~~ Expenditures do not sum to 100% due to unassigned claims and missing service recipient data. + Sum of percents may exceed 100% since enrollees may use multiple services. ^ for the mentally-retarded. 'na' Data unavailable. 'NA' Not applicable.





Medicaid State Report

FY 2007* (October 1, 2006 - September 30, 2007)

I. MEDICAID ENROLLEES AND EXPENDITURES*

WISCONSIN

IL, IN, MI, OH & WI are included in the East North Central Region

A. Federal Medical Assistance Percentage (FMAP)**	57.5%, 70.2% (FY07 FMAP, Enhanced)	59.4%, 71.6% (FY09 FMAP, Enhanced)	
B. FY 2007 Total Medicaid Enrollment and Expenditures***	1,040,471 / \$4,441M		
C. Total Medicaid Managed Care^ Enrollment, 06/30/2007 (% of Total Medicaid Enrollment, 12/31/2006)	410,566 (48.2% of 851,761^^)		
D. Percent of Births Paid for by Medicaid, 2002-3 Average^^^	39.0%		
E. FY 2007 and FY 2003-2007 Averaged DSH## Payment	\$57.1M / \$51.2M		
F. Enrollee through Age 20, FY 2007	Enrollees	(as Proportion of Population)	
Through Age 20	508,781	(32.6% of 1,562,008)	
Through Age 18	468,538	(33.3% of 1,405,525)	
Through Age 5	192,306	(45.1% of 426,479)	
Infants	36,211	(50.7% of 71,364)	
Ages 1 through 5	156,095	(44.0% of 355,115)	
Ages 6 through 18	276,232	(28.2% of 979,046)	
Ages 6 through 14	190,979	(28.9% of 659,759)	
Ages 15 through 18	85,253	(26.7% of 319,287)	
Ages 19 and 20	40,243	(25.7% of 156,483)	
G. Enrollment, Expenditures*** and Per-enrollee Payment, by Age Group, FY 2007	% Total Enrollees~	% Total Expenditures~	Per Enrollee Payment
Through Age 20	48.9%	20.0%	\$1,745
Through Age 18	45.0%	18.2%	\$1,721
Through Age 5	18.5%	7.6%	\$1,758
Infants	3.5%	2.3%	\$2,771
Ages 1 through 5	15.0%	5.4%	\$1,523
Ages 6 through 18	26.5%	10.5%	\$1,695
Ages 6 through 14	18.4%	6.1%	\$1,413
Ages 15 through 18	8.2%	4.5%	\$2,327
Ages 19 and 20	3.9%	1.8%	\$2,025
Age 21 or Older	51.1%	79.3%	\$6,626
Age 65 or Older	14.8%	30.9%	\$8,948
H. Non-Blind/Disabled Enrollees: Enrollment and Per-enrollee Payment** FY2007	Number of Enrollees	Per Enrollee Payment	
Through Age 20	477,720	\$1,236	
Through Age 18	441,132	\$1,245	

Notes: * Includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. Data for ME based on FY2004. Data for HI based on FY2006 ** Regional and US averages of FMAPs are weighted by FY2007 Title XIX and Title XXI Medicaid expenditures reported in the CMS64. *** Expenditures include Medicaid vendor payments, health plan premiums, capitation and HMO payments reported by the states to CMS. All expenditures include federal and state shares. ^ Includes Primary Care Case Management. ^^ Point-in-time enrollment on 06/30/2007, at 0.9M, was 81.9% of 1.0M total annual enrollment state(s) reported to CMS for FY 2007. ^^ Data for NJ, NM, NV and TX are based on 2002 only. ## Disproportionate Share Hospital Payments. ~Percents may not sum up to 100% due to missing age information for some beneficiaries and unassigned claims.

II. MEDICAID* SERVICE UTILIZATION		WISCONSIN			
A. Payments by Age and Type of Service**		CHILDREN Under 21		ADULTS	
Physician Services		0.3%		0.6%	
Dental Services		0.4%		0.4%	
Clinic Services		1.0%		1.9%	
Other Practitioner Services		0.4%		0.2%	
Outpatient Hospital		0.8%		1.4%	
Inpatient Hospital		2.6%		4.5%	
Intermediate Care Facilities (ICF-MRs)^		0.1%		3.2%	
Nursing Home		<.05%		18.1%	
Mental Health Facility Services		0.5%		0.1%	
Personal Care Services		1.6%		4.9%	
Home Health Services		0.2%		0.4%	
Lab and X-Ray		0.2%		0.8%	
Prescribed Drugs		1.8%		6.1%	
Capitated Payment		7.8%		22.2%	
Primary Care Case Management Services		0.0%		0.0%	
Sterilization Services		0.0%		<.05%	
Other Care Services~		2.2%		14.6%	
Total~~		20.0%		79.3%	
B. Average Payments per User of Service and Percent of Enrollees Using Each Service**		CHILDREN Under 21		ADULTS	
		Per-user	%Use+	Per-user	%Use+
Physician Services		\$274	9.6%	\$286	17.9%
Dental Services		\$207	15.1%	\$221	14.2%
Clinic Services		\$326	27.7%	\$376	41.2%
Other Practitioner Services		\$625	6.1%	\$128	12.8%
Outpatient Hospital		\$485	13.7%	\$467	24.9%
Inpatient Hospital		\$11,212	2.0%	\$4,697	7.9%
Intermediate Care Facilities (ICF-MRs)^		\$33,455	<.05%	\$93,100	0.3%
Nursing Home		\$31,553	<.05%	\$25,840	5.9%
Mental Health Facility Services		\$11,736	0.4%	\$17,581	<.05%
Personal Care Services		\$2,906	4.7%	\$5,449	7.5%
Home Health Services		\$9,257	0.2%	\$3,494	0.9%
Lab and X-Ray		\$101	18.3%	\$183	35.6%
Prescribed Drugs		\$665	23.6%	\$1,087	47.1%
Capitated Payment		\$1,066	64.3%	\$4,756	39.0%
Primary Care Case Management Services		NA	0.0%	NA	0.0%
Sterilization Services		NA	0.0%	\$1,423	0.2%
Other Care Services~		\$1,548	12.3%	\$5,201	23.5%
Total		\$2,009	86.8%	\$7,461	88.8%

* Includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. Data for ME based on FY2004. Data for HI based on FY2006 ** Services included in each service category are defined in the CMS document: MSIS Tape Specifications and Data Dictionary, p156 (URL: <http://www.cms.hhs.gov/MSIS/Downloads/msisdd05.pdf>). Effective FY1999, services provided under EPSDT are broken out by type of service as listed on II.A-B of this report. ~ may include, but are not limited to, Home and Community Waiver, prosthetic devices and eyeglasses. ~~ Expenditures do not sum to 100% due to unassigned claims and missing service recipient data. + Sum of percents may exceed 100% since enrollees may use multiple services. ^ for the mentally-retarded. 'na' Data unavailable. 'NA' Not applicable.





Medicaid State Report

FY 2007* (October 1, 2006 - September 30, 2007)

I. MEDICAID ENROLLEES AND EXPENDITURES*

WYOMING

AZ, CO, ID, MT, NM, NV, UT & WY are included in the Mountain Region

A. Federal Medical Assistance Percentage (FMAP)**	52.9%, 67.0% (FY07 FMAP, Enhanced)	50.0%, 65.0% (FY09 FMAP, Enhanced)	
B. FY 2007 Total Medicaid Enrollment and Expenditures***	78,262 / \$449M		
C. Total Medicaid Managed Care^ Enrollment, 06/30/2007 (% of Total Medicaid Enrollment, 12/31/2006)	0 (0.0% of 61,026^^)		
D. Percent of Births Paid for by Medicaid, 2002-3 Average^^^	46.0%		
E. FY 2007 and FY 2003-2007 Averaged DSH## Payment	\$0.1M / \$0.1M		
F. Enrollee through Age 20, FY 2007	Enrollees	(as Proportion of Population)	
Through Age 20	52,723	(38.2% of 137,992)	
Through Age 18	49,827	(40.0% of 124,438)	
Through Age 5	21,846	(55.6% of 39,318)	
Infants	3,956	(60.6% of 6,525)	
Ages 1 through 5	17,890	(54.6% of 32,793)	
Ages 6 through 18	27,981	(32.9% of 85,120)	
Ages 6 through 14	20,003	(34.5% of 58,005)	
Ages 15 through 18	7,978	(29.4% of 27,115)	
Ages 19 and 20	2,896	(21.4% of 13,554)	
G. Enrollment, Expenditures*** and Per-enrollee Payment, by Age Group, FY 2007	% Total Enrollees~	% Total Expenditures~	Per Enrollee Payment
Through Age 20	67.4%	31.9%	\$2,716
Through Age 18	63.7%	29.3%	\$2,641
Through Age 5	27.9%	11.1%	\$2,280
Infants	5.1%	3.8%	\$4,301
Ages 1 through 5	22.9%	7.3%	\$1,833
Ages 6 through 18	35.8%	18.2%	\$2,922
Ages 6 through 14	25.6%	10.3%	\$2,308
Ages 15 through 18	10.2%	7.9%	\$4,462
Ages 19 and 20	3.7%	2.6%	\$4,010
Age 21 or Older	32.6%	67.8%	\$11,922
Age 65 or Older	7.1%	21.1%	\$17,059
H. Non-Blind/Disabled Enrollees: Enrollment and Per-enrollee Payment** FY2007	Number of Enrollees	Per Enrollee Payment	
Through Age 20	50,953	\$2,236	
Through Age 18	48,288	\$2,189	

Notes: * Includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. Data for ME based on FY2004. Data for HI based on FY2006 ** Regional and US averages of FMAPs are weighted by FY2007 Title XIX and Title XXI Medicaid expenditures reported in the CMS64. *** Expenditures include Medicaid vendor payments, health plan premiums, capitation and HMO payments reported by the states to CMS. All expenditures include federal and state shares. ^ Includes Primary Care Case Management. ^^ Point-in-time enrollment on 06/30/2007, at 0.1M, was 78.0% of 0.1M total annual enrollment state(s) reported to CMS for FY 2007. ^^ Data for NJ, NM, NV and TX are based on 2002 only. ## Disproportionate Share Hospital Payments. ~Percents may not sum up to 100% due to missing age information for some beneficiaries and unassigned claims.

II. MEDICAID* SERVICE UTILIZATION		WYOMING			
A. Payments by Age and Type of Service**		<u>CHILDREN Under 21</u>		<u>ADULTS</u>	
Physician Services		4.7%		4.4%	
Dental Services		1.8%		0.3%	
Clinic Services		1.6%		1.6%	
Other Practitioner Services		0.8%		0.4%	
Outpatient Hospital		1.7%		9.4%	
Inpatient Hospital		6.7%		6.1%	
Intermediate Care Facilities (ICF-MRs)^		0.0%		2.4%	
Nursing Home		0.0%		14.8%	
Mental Health Facility Services		4.7%		<.05%	
Personal Care Services		1.4%		1.4%	
Home Health Services		0.1%		0.3%	
Lab and X-Ray		0.5%		1.0%	
Prescribed Drugs		3.7%		3.8%	
Capitated Payment		0.0%		0.0%	
Primary Care Case Management Services		0.0%		0.0%	
Sterilization Services		<.05%		0.4%	
Other Care Services~		4.1%		21.5%	
Total~~		31.9%		67.8%	
B. Average Payments per User of Service and Percent of Enrollees Using Each Service**		<u>CHILDREN Under 21</u>		<u>ADULTS</u>	
		Per-user	%Use+	Per-user	%Use+
Physician Services		\$678	59.6%	\$1,151	67.4%
Dental Services		\$464	32.4%	\$435	13.1%
Clinic Services		\$743	18.4%	\$1,236	23.4%
Other Practitioner Services		\$400	16.2%	\$507	14.3%
Outpatient Hospital		\$423	34.5%	\$2,932	56.2%
Inpatient Hospital		\$9,933	5.7%	\$5,360	20.0%
Intermediate Care Facilities (ICF-MRs)^		NA	0.0%	\$108,015	0.4%
Nursing Home		NA	0.0%	\$29,121	8.9%
Mental Health Facility Services		\$38,280	1.0%	\$3,026	0.1%
Personal Care Services		\$728	16.9%	\$987	25.7%
Home Health Services		\$4,969	0.2%	\$3,556	1.4%
Lab and X-Ray		\$121	33.8%	\$329	55.4%
Prescribed Drugs		\$555	56.8%	\$1,265	52.7%
Capitated Payment		NA	0.0%	NA	0.0%
Primary Care Case Management Services		NA	0.0%	NA	0.0%
Sterilization Services		\$2,299	<.05%	\$3,978	1.6%
Other Care Services~		\$998	35.3%	\$14,432	26.2%
Total		\$3,475	78.2%	\$14,313	83.3%

* Includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. Data for ME based on FY2004. Data for HI based on FY2006 ** Services included in each service category are defined in the CMS document: MSIS Tape Specifications and Data Dictionary, p156 (URL: <http://www.cms.hhs.gov/MSIS/Downloads/msisdd05.pdf>). Effective FY1999, services provided under EPSDT are broken out by type of service as listed on II.A-B of this report. ~ may include, but are not limited to, Home and Community Waiver, prosthetic devices and eyeglasses. ~~ Expenditures do not sum to 100% due to unassigned claims and missing service recipient data. + Sum of percents may exceed 100% since enrollees may use multiple services. ^ for the mentally-retarded. 'na' Data unavailable. 'NA' Not applicable.



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