

Medicaid Tables



Table 1
Federal Matching Rates
for N.C. Medicaid
SFY 2008

The N.C. Medicaid Program is funded by federal, state and county sources which operate on different fiscal years (July 1 through June 30 for state and county and October 1 through September 30 for federal). Therefore, three separate financial participation rates are shown below as they are phased in during the year. Effective October 1, 2007, the state share of non-federal Medicaid expenditures increased from 85% to 88.75% and the county share correspondingly decreased from 15% to 11.25%. Effective June 1, 2008, the state share of non-federal Medicaid expenditures increased from 88.75% to 92.5% and the county share correspondingly decreased from 11.25% to 7.5%.

Note: Administrative reimbursement does not change during the year as it is not affected by the difference in fiscal years.

Benefit Costs

(7/1/07 - 9/30/07)

	Services Except B&CC and Family Planning	Breast and Cervical Cancer	Family Planning
Federal	64.52%	75.16%	90.00%
State	30.16%	21.11%	8.50%
County	5.32%	3.73%	1.50%

Benefit Costs

(10/1/07 - 5/31/08)

	Services Except B&CC and Family Planning	Breast and Cervical Cancer	Family Planning
Federal	64.05%	74.84%	90.00%
State	31.91%	22.33%	8.88%
County	4.04%	2.83%	1.12%

Benefit Costs

(6/1/08 - 6/30/08)

	Services Except B&CC and Family Planning	Breast and Cervical Cancer	Family Planning
Federal	64.05%	74.84%	90.00%
State	33.25%	23.27%	9.25%
County	2.70%	1.89%	0.75%

Administrative Costs

(7/1/07 - 6/30/08)

	Skilled Medical Personnel & MMIS*	All Other
Federal	75.00%	50.00%
Non-Federal	25.00%	50.00%

*MMIS-Medicaid Management Information System

Source: DMA Decision Support

Table 2a N.C. Medicaid Eligibility Requirements – SFY 2008

GROUP	BENEFITS	BASIC REQUIREMENTS ¹					Deductible/Spenddown	SPECIAL PROVISIONS	
		Basic Eligibility Requirement	Whose Income and Resources Count	Income Limit (updated 4/08)	Resource Limit				
Recipients of Cash Assistance Programs	Full Medicaid Coverage	Recipients of the following cash assistance programs are automatically entitled to Medicaid. No separate Medicaid application or Medicaid eligibility determination is required.							
		<ul style="list-style-type: none"> • Work First Family Assistance – NC program under the federal Temporary Assistance to Needy Families law that provides cash assistance to families with children. • Supplemental Security Income (SSI) – Federal cash assistance program for the aged, blind, and disabled. • State/County Special Assistance – State cash assistance program for aged and disabled individuals, primarily those who are in adult care homes. • Special Assistance to the Blind – State cash assistance program for blind individuals. 							
Aged	Full Medicaid coverage	Age 65 or older	Spouse's income and resources if live together	100% of Poverty 1 \$ 867/mo 2 \$1,167/mo	SSI Limits 1 \$2,000 2 \$3,000	Yes	If income exceeds income limit and the indicator is "yes," the individual or family may be able to be eligible for Medicaid if they can meet a deductible. See discussion of Medical Deductible on page 2 of this same column.	<p>Protection of income for spouse at home: When an individual is in a nursing facility and has a spouse living at home, a portion of the income of the spouse in the facility may be protected to bring the income of the spouse at home up to a level specified by federal law. Currently, that amount is \$1,750/mo and can be as much as \$2,610, depending upon the at-home spouse's cost for housing. The amount protected for the at-home spouse is not counted in determining the eligibility of the spouse in the nursing facility.</p> <p>Protection of resources for spouse at home: Additionally, the countable resources of the couple are combined and a portion is protected for the spouse at home. That portion is 1/2 the total value of the countable resources, but currently not less than \$20,880 or more than \$104,400. The amount protected for the at-home spouse is not countable in determining the eligibility of the spouse in the facility.</p> <p>Transfer of resources: When a person gives away resources and does not receive compensation with a value at least equal to that of the resources given away, he may be penalized. Medicaid will not pay for care in a nursing facility or care provided under the Community Alternative Placement program or other in-home health services & supplies for a period of time that depends on the value of the transferred resource.</p>	
Blind	Full Medicaid Coverage	Blind by Social Security Standards	Spouse's income and resources if live together. Parents' income and resources if under age 18 and live with parents.	100% of Poverty 1 \$ 867/mo 2 \$1,167/mo	SSI Limits 1 \$2,000 2 \$3,000	Yes	<p>Individuals in nursing facilities generally do not have to meet a deductible to be eligible for Medicaid. However, they must pay all of their monthly income, less a \$30 personal needs allowance and the cost of medical expenses not covered by Medicaid or other insurance, to the nursing facility. Medicaid pays the remainder of their cost of care.</p>		
		Disabled by Social Security Standards	Spouse's income and resources if live together. Parents' income and resources if under age 18 and live with parents.	100% of Poverty 1 \$ 867/mo 2 \$1,167/mo	SSI Limits 1 \$2,000 2 \$3,000	Yes			
Qualified Medicare Beneficiaries	Payment of Medicare premiums and deductibles and co-insurance charges for Medicare-covered services	Entitled to Medicare Parts A & B	Spouse's income and resources if live together. Parents' income and resources if under age 18 and live with parents.	100% of Poverty 1 \$ 867/mo 2 \$1,167/mo	2 x SSI Limits 1 \$4,000 2 \$6,000	No	<p>Individuals in nursing facilities generally do not have to meet a deductible to be eligible for Medicaid. However, they must pay all of their monthly income, less a \$30 personal needs allowance and the cost of medical expenses not covered by Medicaid or other insurance, to the nursing facility. Medicaid pays the remainder of their cost of care.</p>		
		Entitled to free Medicare Part A	Spouse's income and resources if live together. Parents' income and resources if under age 18 and live with parents.	120% of Poverty 1 - \$1,040/mo 2 - \$1,400/mo	2 x SSI Limits 1 \$4,000 2 \$6,000	No			
Qualifying Individuals	Payment of Medicare Part B Premiums	Entitled to free Medicare Part A	Spouse's income and resources if live together. Parents' income and resources if under age 18 and live with parents.	135% of Poverty 1 - \$1,170/mo 2 - \$1,575/mo	2 x SSI Limits 1 \$4,000 2 \$6,000	No	<p>Individuals in nursing facilities generally do not have to meet a deductible to be eligible for Medicaid. However, they must pay all of their monthly income, less a \$30 personal needs allowance and the cost of medical expenses not covered by Medicaid or other insurance, to the nursing facility. Medicaid pays the remainder of their cost of care.</p>		
		Note: Total number of eligible individuals is limited to available funds.							
Working Disabled	Payment of Medicare Part A premiums	Lost entitlement to free Medicare A due to earnings but still has disabling impairment.	Spouse's income and resources if live together. Parents' income and resources if under age 18 and live with parents.	200% of Poverty 1 - \$1,734/mo 2 - \$2,334/mo	2 x SSI Limits 1 \$4,000 2 \$6,000	No			

¹This chart addresses benefits and basic eligibility requirements. Other requirements (such as citizenship/alien status, incarceration, & state residence), which can also affect eligibility or the level of benefits, are not reflected on this chart.

Table 2a (cont.) N.C. Medicaid Eligibility Requirements – SFY 2008

BASIC REQUIREMENTS								
GROUP	BENEFITS	Basic Eligibility Requirement	Whose Income and Resources Count	Income Limit (updated 4/08)	Resource Limit	Deductible/Spenddown	SPECIAL PROVISIONS	
Families & Children	Full Medicaid coverage	Parents/Caretaker relatives must be living with and caring for a child to whom they are related who is under age 19.	Spouse's income and resources if live together.	1 - \$362/mo 2 - \$472/mo 3 - \$544/mo 4 - \$594/mo 5 - \$648/mo	\$3,000	Yes	If income exceeds income limit and the indicator is "yes," the individual or family may be able to be eligible for Medicaid if s/he/they can meet a deductible.	Children with special needs who are adopted under state adoption agreements have their eligibility for Medicaid determined without counting the income of the adoptive parents.
Pregnant Women	Treatment for conditions that affect the pregnancy	Children must be under age 21.	Parents' income and resources if under age 21 and live with parents.	185% of Poverty 1 - \$1,604/mo 2 - \$2,159/mo 3 - \$2,714/mo 4 - \$3,269/mo 5 - \$3,824/mo	No resource limit if eligible with income no more than 185% of poverty	Yes	Medicaid Deductible: When an individual/family is ineligible for Medicaid due to income over the income limit, they may become eligible by meeting a Medicaid deductible. The deductible is determined by subtracting the Medically Needy Income Limit (MNIL) (see limits below) from the countable monthly income to determine the monthly excess income. Medicaid deductibles are generally determined for 6 months, so the monthly excess income is multiplied by 6 to determine the 6-mo. deductible. Once medical bills for which they are responsible totaling the amount of the deductible are incurred, they are authorized for the rest of the 6-mo. period. Medicaid cannot pay for any of the bills applied to the deductible.	When determining the family size for the pregnant woman, the unborn child is included. For example, the family size for a single pregnant woman would be 2.
Children Under Age 6	Full Medicaid Coverage	Medical verification of pregnancy	Income of the pregnant woman; income of the father of the unborn if living in the home.	200% of Poverty 1 - \$1,734/mo 2 - \$2,334/mo 3 - \$2,934/mo 4 - \$3,534/mo 5 - \$4,134/mo	No resource limit if eligible with income no more than 200% of poverty	Yes		
Children Ages 6 Through 18	Full Medicaid Coverage	Children under age 6	Parents' income if living in the home.	100% of Poverty 1 - \$867/mo 2 - \$1,167/mo 3 - \$1,467/mo 4 - \$1,767/mo 5 - \$2,067/mo	No resource limit if eligible with income no more than 100% of poverty.	Yes		
Title IV-E Children	Full Medicaid Coverage	Children ages 6 through age 18	Medicaid eligibility is automatic.	There is no income or resource determination.	No	No	MNIL: 1 - \$242/mo 2 - \$377/mo 3 - \$367/mo 4 - \$400/mo 5 - \$433/mo	All deductible cases have a resource limit: \$3,000 for families and children and \$2,000 (1) and \$3,000 (2) for aged, blind and disabled.
Breast & Cervical Cancer Medicaid	Full Medicaid Coverage	Title IV-E adoptive or foster child	Medicaid eligibility is automatic.	There is no income or resource determination.	No	No		To be eligible under the Breast and Cervical Cancer Medicaid program, the woman can have no medical insurance coverage, including Medicare.
Family Planning	Family Planning exams & services; screenings & treatment for STIs; screenings for HIV; sterilizations	A woman who has been screened and enrolled in the N.C. Breast & Cervical Cancer Control Program and is otherwise ineligible for Medicaid	Count spouse's income. Do not count parent's income for children.	185% of Poverty 1 - \$1,604/mo 2 - \$2,159/mo 3 - \$2,714/mo 4 - \$3,269/mo 5 - \$3,824/mo	No resource limit	No	There is no deductible or spenddown provision for Family Planning coverage. A recipient whose income increases to more than 185% of poverty is ineligible for family planning coverage.	
N.C. Health Choice (NCHC)	Coverage of the N.C. State Employees Health Plan, plus vision, hearing, & dental	Uninsured child over age 5 & under age 19	Parents' income if living in the home.	200% of Poverty 1 - \$1,734/mo 2 - \$2,334/mo 3 - \$2,934/mo 4 - \$3,534/mo 5 - \$4,134/mo	No resource limit	No	There is no deductible or spenddown provision for NCHC. A child who is ineligible due to too much income will be evaluated for Medicaid with a deductible.	Income over 150% of poverty, must pay enrollment fee. 1 - \$1,277 2 - \$1,712 3 - \$2,147 4 - \$2,582 5 - \$3,017

Table 2b
Financial Eligibility for Medicaid Based on
Percentage of Federal Poverty Level
SFY 2008

Family Size	100%	120%	133%	135%	185%	200%	SSI	MNIL	SA/ACH	SA/SCU	SA/In-Home
1	\$10,400	\$12,480	\$13,832	\$14,040	\$19,240	\$20,800	\$7,644	\$ 2,904	\$14,634	\$18,726	\$10,404
2	\$14,000	\$16,800	\$18,620	\$18,900	\$25,900	\$28,000	\$11,472	\$ 3,804			
3	\$17,600		\$23,408		\$32,560	\$35,200					
4	\$21,200		\$28,196		\$39,220	\$42,400					
5	\$24,800		\$32,984		\$45,880	\$49,600					

Note 1: The Federal Poverty Level amounts change each year effective April. The above figures were effective April 1, 2008 and remained in effect through the end of SFY 2008

Note 2: SSI recipients are automatically eligible. Income limits are \$7,644 for a family of one and \$11,472 for a family of two. Adult care home (ACH) residents who receive state-county special assistance (SA) are also automatically eligible. Income limit for SA/ACH is \$14,634 for a family of one; for SA/SCU (Special Care Unit) the income limit is \$18,726 for a family of one. Income limit for SA/In-Home is \$10,404 for a family of one.

Note 3: Those with incomes over the limits are eligible if their medical bills are high enough. Medical bills must be equal to or greater than the amount by which their income exceeds the Medically Needy Income Levels (MNIL). The annual 2008 MNIL is \$2,904 for a family of one and \$3,804 for a family of two. Eligibility is determined in six-month increments.

Source: DMA Recipient and Provider Services Section

Table 3
North Carolina Medicaid
State Fiscal Year 2008
Enrolled Medicaid Providers

<u>Providers</u>	<u>SFY 2008</u>	<u>SFY 2007</u>	<u>% Change</u>
Adult Care Home Providers	2,356	2,372	-0.7%
Ambulance Service Providers	322	303	6.3%
Carolina ACCESS II Entities	15	16	-6.3%
Child Development Services Agency (CDSAs)	19	20	-5.0%
Chiropractors	1,082	1,055	2.6%
Clinics:			
Rural Health Clinic/Federally Qualified Health Center Providers	435	412	5.6%
Ambulatory Surgery Centers, Birthing Centers, Dialysis Centers	270	246	9.8%
Community Alternatives Program Providers:			
CAP/C, CAP/AIDS, CAP/DD-MR, CAP/DA	1,633	1,604	1.8%
Community Based Providers ¹	2,254	6,412	-64.8%
Dental Service Providers:			
Dentists, Oral Surgeons, Peditontists, Orthodontists	4,779	4,605	3.8%
Durable Medical Equipment Suppliers	2,973	2,772	7.3%
Hearing Aid Suppliers	100	92	8.7%
Home Health Agency Providers:			
Home Infusion Therapy, Private Duty Nursing	402	421	-4.5%
Hospice Agency Providers	82	80	2.5%
Hospital Providers	1,064	1,073	-0.8%
Independent Diagnostic Testing Facilities	20	12	66.7%
Independent Laboratory Providers	201	183	9.8%
Independent Practitioners:			
Physical Therapy, Occupational Therapy, Respiratory Therapy, Speech Therapy, Audiologists	3,412	2,949	15.7%
Local Management Entities ² (formerly Area Mental Health Program Providers)	38	94	-59.6%
Managed Care Programs (HMOs)	1	1	0.0%
Mental Health HMO	1	1	0.0%
Mental Health Providers	8,847	8,148	8.6%
Nursing Facility Providers	1,210	1,223	-1.1%
Optical Service Providers and Suppliers:			
Opticians, Optometrists	1,248	1,201	3.9%
Personal Care Service Providers	1,144	1,186	-3.5%
Pharmacists	2,212	2,184	1.3%
Physician Extenders:			
Nurse Midwives, Nurse Practitioners, Nurse Anesthetists	3,571	3,134	13.9%
Physicians	30,075	28,692	4.8%
Podiatrists	372	360	3.3%
Portable X-ray Service Providers	15	16	-6.3%
Psychiatric Facility Providers	826	862	-4.2%
Public Health Program Providers	560	530	5.7%
Total	71,539	72,259	-1.0%

(1) Beginning in SFY 2008, provider organizations with multiple sub-entities are counted here as a single provider.

(2) This decrease is due to the merger of local management entities to provide behavioral health activities.

Note: The counts shown above are unduplicated counts of providers active at any time during the fiscal year. Physicians may be counted individually and/or as a member of a group practice.

Source: DRIVE System Provider Table

Table 4
Sources of N.C. Medicaid Funds
SFY 2008 vs. SFY 2007

	2008	Percent³	2007	Percent³
Federal	\$ 6,401,881,878	55.2%	\$ 6,152,419,490	54.7%
State ¹	\$ 2,915,133,475	25.1%	\$ 2,649,478,406	23.5%
Other State ²	\$ 790,570,317	6.8%	\$ 450,825,899	4.0%
County	\$ 407,599,854	3.5%	\$ 841,171,478	7.5%
Certified Public Expenditures	<u>\$ 1,081,338,116</u>	9.3%	<u>\$ 1,158,275,487</u>	10.3%
Total	\$ 9,012,613,680	100.00%	\$ 11,252,170,760	100.00%

(1) "State" refers to the state appropriation of funds

(2) Other "State" funds includes collection of nursing facility assessments, prior year earned revenues, receipts from DSH and certified public expenditures applicable to Local Education Agencies and Qualified Public Hospitals where DMA pays only the federal share.

(3) Percentages differ from those in Table 1 because the above figures are an aggregation of the 3 separate match rates applied at different periods during the state fiscal year.

Source: BD701, Authorized Monthly Budget Report, Budget Code 14445, for the periods ending June 29, 2008 and June 29, 2007

Table 5
A History of N.C. Medicaid Program
& Administrative Expenditures
SFYs 2004 - 2008

STATE FISCAL YEAR	TOTAL EXPENDITURES	Total Expenditure Change from Prior Year	Eligibles Change from Prior Year	Program Expenditures	Change from prior year	Administrative Expenditures	Change from prior year
SFY 2004	8,277,870,990	N/A	4.5%	8,104,408,262	N/A	173,462,729	N/A
SFY 2005	9,407,122,849	13.6%	3.4%	9,285,992,429	14.6%	121,130,420	-30.2%
SFY 2006	9,567,707,678	1.7%	5.2%	9,440,982,997	1.7%	126,724,680	4.6%
SFY 2007	11,252,170,760	17.6%	2.3%	11,108,696,561	17.7%	143,474,200	13.2%
SFY 2008	11,596,523,640	3.1%	2.6%	11,449,927,697	3.1%	153,239,123	6.8%

PROGRAM EXPENDITURES					
STATE FISCAL YEAR	Federal Share	State Share	County Share	Other State	Certified Public Expend.
SFY 2004	62.6%	24.1%	4.1%	8.2%	1.1%
SFY 2005	59.7%	24.9%	4.4%	9.8%	1.2%
SFY 2006	57.2%	26.2%	4.5%	6.2%	5.9%
SFY 2007	54.7%	23.5%	4.1%	7.4%	10.3%
SFY 2008	55.2%	25.1%	3.6%	6.8%	9.4%

NOTES:

(1) The expenditures in this table are only for Medicaid Program Services paid through the Division of Medical Assistance. Program Services expenditures paid through other DHHS divisions are not included.

(2) "State" expenditures include state appropriations from the NC General Assembly as well as "Other State" funds ("Other State" funds include collection of nursing facility assessments, prior year earned revenues, receipts from DSH and certified public expenditures applicable to Local Education Agencies and Qualified Public Hospitals where DMA pays only the federal share.)

Source: BD 701 Authorized Budget Report, Budget Code 14445

Table 6
**A History of N.C. Medicaid Eligibility
 SFYs 1979 - 2008**

Fiscal Years	Aged	Blind	Disabled	AFDC Adults & Children	Other Children	Pregnant Women	Infants & Children	Qualified Medicare Beneficiaries	Aliens and Refugees	Breast and Cervical Cancer	MSCHIP	Total	Percent Change
1978-79	82,930	3,219	59,187	301,218	6,620	N/A	N/A	N/A	N/A	N/A	59,187	453,174	
1979-80	82,859	2,878	56,265	307,059	6,641	N/A	N/A	N/A	N/A	N/A	56,265	455,702	0.56%
1980-81	80,725	2,656	56,773	315,651	6,559	N/A	N/A	N/A	N/A	N/A	56,773	459,364	0.80%
1981-82	70,010	2,349	48,266	298,483	6,125	N/A	N/A	N/A	N/A	N/A	48,266	425,233	-7.43%
1982-83	67,330	2,000	46,537	293,623	6,062	N/A	N/A	N/A	N/A	N/A	46,537	415,552	-2.28%
1983-84	65,203	1,755	46,728	288,619	5,501	N/A	N/A	N/A	N/A	N/A	46,728	407,806	-1.86%
1984-85	65,849	1,634	48,349	293,188	5,333	N/A	N/A	N/A	N/A	N/A	48,349	414,353	1.61%
1985-86	69,193	1,554	51,959	313,909	5,315	N/A	N/A	N/A	N/A	N/A	51,959	441,930	6.66%
1986-87	72,295	1,462	54,924	317,983	5,361	N/A	N/A	N/A	N/A	N/A	54,924	452,025	2.28%
1987-88	76,308	1,394	58,258	323,418	5,563	9,842	6,543	N/A	N/A	N/A	58,258	481,326	6.48%
1988-89	80,044	1,304	62,419	352,321	6,009	20,277	19,615	19,064	561	N/A	62,419	561,614	16.68%
1989-90	80,266	1,220	64,875	387,882	5,176	28,563	36,429	33,929	1,011	N/A	64,875	639,351	13.84%
1990-91	81,466	1,116	70,397	451,983	4,296	37,200	61,210	42,949	1,675	N/A	70,397	753,292	17.82%
1991-92	83,337	1,064	79,282	513,023	4,139	43,330	94,922	56,871	1,955	N/A	79,282	877,923	16.54%
1992-93	85,702	1,003	87,664	562,661	4,133	46,929	132,348	71,720	2,437	N/A	87,664	992,697	13.07%
1993-94	86,111	929	90,889	581,397	4,100	46,970	162,417	83,460	2,330	N/A	90,889	1,058,603	6.64%
1994-95	127,514	2,716	155,215	533,300	3,808	48,115	216,888	48,373	2,857	N/A	155,215	1,138,786	7.57%
1995-96	131,496	2,710	171,204	496,501	3,696	52,466	261,525	53,072	3,919	N/A	171,204	1,176,589	3.32%
1996-97	132,173	2,593	176,160	462,881	3,747	55,838	295,882	58,036	4,823	N/A	176,160	1,192,133	1.32%
1997-98	131,332	2,531	180,461	414,853	3,905	58,899	337,849	61,032	6,311	N/A	180,461	1,197,173	0.42%
1998-99	152,582	2,497	199,523	344,621	3,941	60,896	371,986	32,737	8,036	N/A	199,523	1,176,819	-1.70%
1999-00	154,222	2,428	205,205	330,113	4,063	60,918	421,158	33,302	9,857	N/A	205,205	1,221,266	3.78%
2000-01	154,284	2,357	212,798	450,472	4,195	57,318	424,436	36,053	12,680	N/A	212,798	1,354,593	10.92%
2001-02	153,282	2,334	221,813	456,232	4,737	53,009	444,299	39,799	14,523	N/A	221,813	1,390,028	2.62%
2002-03	151,672	2,226	228,159	478,842	4,881	51,111	474,557	41,030	14,805	N/A	228,159	1,447,283	4.12%
2003-04	151,478	2,177	238,810	485,856	4,882	53,768	517,251	42,413	15,528	N/A	238,810	1,512,360	4.50%
2004-05	151,512	2,130	249,921	468,711	5,366	57,190	567,060	44,130	17,496	N/A	249,921	1,563,751	3.40%
2005-06	149,961	2,084	257,344	468,662	5,511	58,518	588,417	52,895	18,980	N/A	257,344	1,644,457	5.16%
2006-07	147,813	1,988	261,594	451,053	5,599	60,016	622,292	56,612	20,731	54,009	261,594	1,682,028	2.28%
2007-08	145,898	1,923	267,843	451,186	5,746	59,628	655,311	59,428	21,626	57,396	267,843	1,726,412	2.64%
SFY 2007													
Percent Total Eligibles:	8.8%	0.1%	15.6%	26.8%	0.3%	3.6%	37.0%	3.4%	1.2%	3.2%	15.6%	100.0%	
SFY 2008													
Percent Total Eligibles:	8.5%	0.1%	15.5%	26.1%	0.3%	3.5%	38.0%	3.4%	1.3%	3.3%	15.5%	100.0%	

Source: EIA752 Report, Unduplicated Medicaid Eligibles

Table 7
N.C. Medicaid Eligibility and Program Expenditures for
Which the County is Responsible for Its Computable Share (1)
SFY 2008

COUNTY NAME	2007 EST.	NUMBER OF	TOTAL	EXPENDITURES	PER CAPITA		ELIGIBLES	% OF MEDICAID
	COUNTY	MEDICAID			EXPENDITURES	AMOUNT		
	POPULATION	ELIGIBLES (2)	EXPENDITURES	PER ELIGIBLE			POPULATION	BY COUNTY, BASED
							ON 2007 POPULATION	
ALAMANCE	143,154	26,858	\$ 138,610,831	\$ 5,161	\$ 968	66	188	18.76%
ALEXANDER	36,656	6,601	31,403,413	4,757	857	85	180	18.01%
ALLEGHANY	11,088	2,391	14,906,538	6,234	1,344	31	216	21.56%
ANSON	25,332	6,930	51,113,465	7,376	2,018	7	274	27.36%
ASHE	26,003	5,480	32,788,383	5,983	1,261	41	211	21.07%
AVERY	18,292	3,256	17,071,345	5,243	933	75	178	17.80%
BEAUFORT	46,070	11,506	76,232,751	6,625	1,655	17	250	24.98%
BERTIE	19,971	6,340	48,112,021	7,589	2,409	1	317	31.75%
BLADEN	32,500	10,249	60,310,384	5,885	1,856	12	315	31.54%
BRUNSWICK	99,440	18,357	88,215,218	4,806	887	80	185	18.46%
BUNCOMBE	225,609	42,601	248,455,220	5,832	1,101	53	189	18.88%
BURKE	88,439	18,288	99,622,875	5,447	1,126	48	207	20.68%
CABARRUS	164,384	26,959	115,537,769	4,286	703	92	164	16.40%
CALDWELL	79,376	17,213	89,025,312	5,172	1,122	49	217	21.69%
CAMDEN	9,519	1,161	5,953,257	5,128	625	95	122	12.20%
CARTERET	63,294	9,919	55,314,677	5,577	874	82	157	15.67%
CASWELL	23,508	5,565	31,243,082	5,614	1,329	32	237	23.67%
CATAWBA	153,404	28,587	131,278,373	4,592	856	86	186	18.64%
CHATHAM	59,168	8,297	44,505,584	5,364	752	88	140	14.02%
CHEROKEE	27,026	5,889	34,581,356	5,872	1,280	38	218	21.79%
CHOWAN	14,660	3,733	25,163,089	6,741	1,716	15	255	25.46%
CLAY	10,326	2,096	10,700,439	5,105	1,036	58	203	20.30%
CLEVELAND	97,144	25,476	145,143,603	5,697	1,494	21	262	26.22%
COLUMBUS	54,460	18,130	113,454,276	6,258	2,083	6	333	33.29%
Craven	96,406	17,331	102,378,339	5,907	1,062	56	180	17.98%
CUMBERLAND	313,616	64,616	302,768,287	4,686	965	68	206	20.60%
CURRITUCK	23,731	2,945	14,837,182	5,038	625	96	124	12.41%
DARE	34,272	3,985	21,208,692	5,322	619	97	116	11.63%
DAVIDSON	156,400	31,118	143,475,348	4,611	917	76	199	19.90%
DAVIE	40,447	5,650	28,491,703	5,043	704	91	140	13.97%
DUPLIN	53,133	13,235	66,341,292	5,013	1,249	42	249	24.91%
DURHAM	254,740	44,081	263,123,527	5,969	1,033	59	173	17.30%
EDGECOMBE	51,813	19,210	104,291,052	5,429	2,013	8	371	37.08%
FORSYTH	338,679	61,261	306,269,211	4,999	904	78	181	18.09%
FRANKLIN	56,456	11,636	61,056,656	5,247	1,081	54	206	20.61%
GASTON	200,972	44,759	255,098,542	5,699	1,269	40	223	22.27%
GATES	11,819	2,173	10,686,368	4,918	904	79	184	18.39%
GRAHAM	8,144	2,281	14,777,309	6,478	1,815	13	280	28.01%
GRANVILLE	55,667	9,968	52,558,103	5,273	944	71	179	17.91%
GREENE	21,110	4,823	27,658,157	5,735	1,310	36	228	22.85%
GUILFORD	460,780	84,621	395,930,803	4,679	859	84	184	18.36%
HALIFAX	55,352	18,406	104,895,358	5,699	1,895	11	333	33.25%
HARNETT	106,506	21,497	103,167,018	4,799	969	65	202	20.18%
HAYWOOD	57,031	11,722	63,428,268	5,411	1,112	52	206	20.55%
HENDERSON	102,142	16,065	90,356,070	5,624	885	81	157	15.73%
HERTFORD	23,730	7,290	46,036,698	6,315	1,940	9	307	30.72%
HOKE	42,932	9,956	49,040,299	4,926	1,142	47	232	23.19%
HYDE	5,447	1,388	8,256,726	5,949	1,516	20	255	25.48%
IREDELL	150,421	24,506	113,052,842	4,613	752	89	163	16.29%
JACKSON	36,815	6,232	31,784,711	5,100	863	83	169	16.93%
JOHNSTON	157,296	31,596	143,440,871	4,540	912	77	201	20.09%
JONES	10,315	2,311	14,734,352	6,376	1,428	23	224	22.40%
LEE	56,376	12,133	54,834,227	4,519	973	64	215	21.52%
LENOIR	57,642	16,208	93,934,138	5,796	1,630	18	281	28.12%

Table 7 (cont.)

N.C. Medicaid Eligibility and Program Expenditures for Which the County is Responsible for Its Computable Share (1) SFY 2008

COUNTY NAME	2007 EST. COUNTY POPULATION	NUMBER OF MEDICAID ELIGIBLES (2)	TOTAL EXPENDITURES	PER ELIGIBLE EXPENDITURE	PER CAPITA EXPENDITURE		ELIGIBLES PER 1,000 POPULATION	% OF MEDICAID ELIGIBLES BY COUNTY, BASED ON 2007 POPULATION
					AMOUNT	RANKING		
LINCOLN	72,776	12,423	68,185,013	5,489	937	74	171	17.07%
MACON	33,626	6,562	33,628,089	5,125	1,000	61	195	19.51%
MADISON	20,495	4,611	27,180,552	5,895	1,326	33	225	22.50%
MARTIN	23,906	6,991	51,258,447	7,332	2,144	4	292	29.24%
MCDOWELL	44,064	9,699	50,974,935	5,256	1,157	46	220	22.01%
MECKLENBURG	863,147	139,391	644,308,134	4,622	746	90	161	16.15%
MITCHELL	15,950	3,431	21,003,676	6,122	1,317	35	215	21.51%
MONTGOMERY	27,588	7,370	36,032,543	4,889	1,306	37	267	26.71%
MOORE	83,932	13,204	69,119,404	5,235	824	87	157	15.73%
NASH	92,915	20,371	103,829,945	5,097	1,117	50	219	21.92%
NEW HANOVER	189,922	29,133	177,969,309	6,109	937	73	153	15.34%
NORTHAMPTON	21,235	6,874	44,862,348	6,526	2,113	5	324	32.37%
ONSLow	169,302	22,700	110,521,275	4,869	653	93	134	13.41%
ORANGE	127,344	12,722	82,306,750	6,470	646	94	100	9.99%
PAMLICO	12,947	2,540	17,625,493	6,939	1,361	28	196	19.62%
PASQUOTANCK	40,880	8,808	45,658,108	5,184	1,117	51	215	21.55%
PENDER	50,430	9,439	48,633,811	5,152	964	70	187	18.72%
PERQUIMANS	12,722	2,906	13,654,011	4,699	1,073	55	228	22.84%
PERSON	37,640	8,212	48,040,550	5,850	1,276	39	218	21.82%
PITT	151,970	30,258	216,715,858	7,162	1,426	24	199	19.91%
POLK	19,040	2,918	19,308,393	6,617	1,014	60	153	15.33%
RANDOLPH	139,422	29,060	134,729,386	4,636	966	67	208	20.84%
RICHMOND	46,672	14,326	75,550,772	5,274	1,619	19	307	30.70%
ROBESON	129,425	45,988	301,049,853	6,546	2,326	2	355	35.53%
ROCKINGHAM	91,646	20,820	107,517,331	5,164	1,173	45	227	22.72%
ROWAN	136,486	27,658	128,768,600	4,656	943	72	203	20.26%
RUTHERFORD	62,926	15,425	85,561,487	5,547	1,360	29	245	24.51%
SAMPSON	64,522	17,863	90,953,104	5,092	1,410	25	277	27.69%
SCOTLAND	36,830	12,721	70,595,083	5,549	1,917	10	345	34.54%
STANLY	59,158	11,286	57,584,440	5,102	973	63	191	19.08%
STOKES	46,257	8,042	44,642,052	5,551	965	69	174	17.39%
SURRY	73,150	16,581	89,126,285	5,375	1,218	43	227	22.67%
SWAIN	13,889	3,722	18,856,126	5,066	1,358	30	268	26.80%
TRANSYLVANIA	30,758	5,430	30,609,834	5,637	995	62	177	17.65%
TYRRELL	4,290	1,084	6,280,885	5,794	1,464	22	253	25.27%
UNION	182,344	24,075	98,237,131	4,080	539	100	132	13.20%
VANCE	43,583	15,612	78,620,042	5,036	1,804	14	358	35.82%
WAKE	832,590	93,773	451,802,280	4,818	543	99	113	11.26%
WARREN	19,919	5,778	33,177,416	5,742	1,666	16	290	29.01%
WASHINGTON	13,214	4,371	29,096,427	6,657	2,202	3	331	33.08%
WATAUGA	44,696	4,365	24,309,642	5,569	544	98	98	9.77%
WAYNE	115,225	27,504	137,481,246	4,999	1,193	44	239	23.87%
WILKES	67,182	14,977	88,618,299	5,917	1,319	34	223	22.29%
WILSON	77,970	19,821	109,493,189	5,524	1,404	26	254	25.42%
YADKIN	37,850	6,760	39,486,798	5,841	1,043	57	179	17.86%
YANCEY	18,550	3,922	25,505,357	6,503	1,375	27	211	21.14%
State Total	9,069,398	1,726,412	\$ 9,085,125,122	\$ 5,262	\$ 1,002		190	19.04%

Notes:

- (1) Expenditures' reflect net payments for which the county is responsible for its computable share, not Program Expenditures as reported in Tables 5 and 8.
- (2) Eligibles' is a statewide unduplicated count indicating eligibility in the last county of residence during the fiscal year.

Source: Medicaid Cost Calculation Fiscal YTD June 2007.

Medicaid Expenditures per Eligible by County, SFY 2008

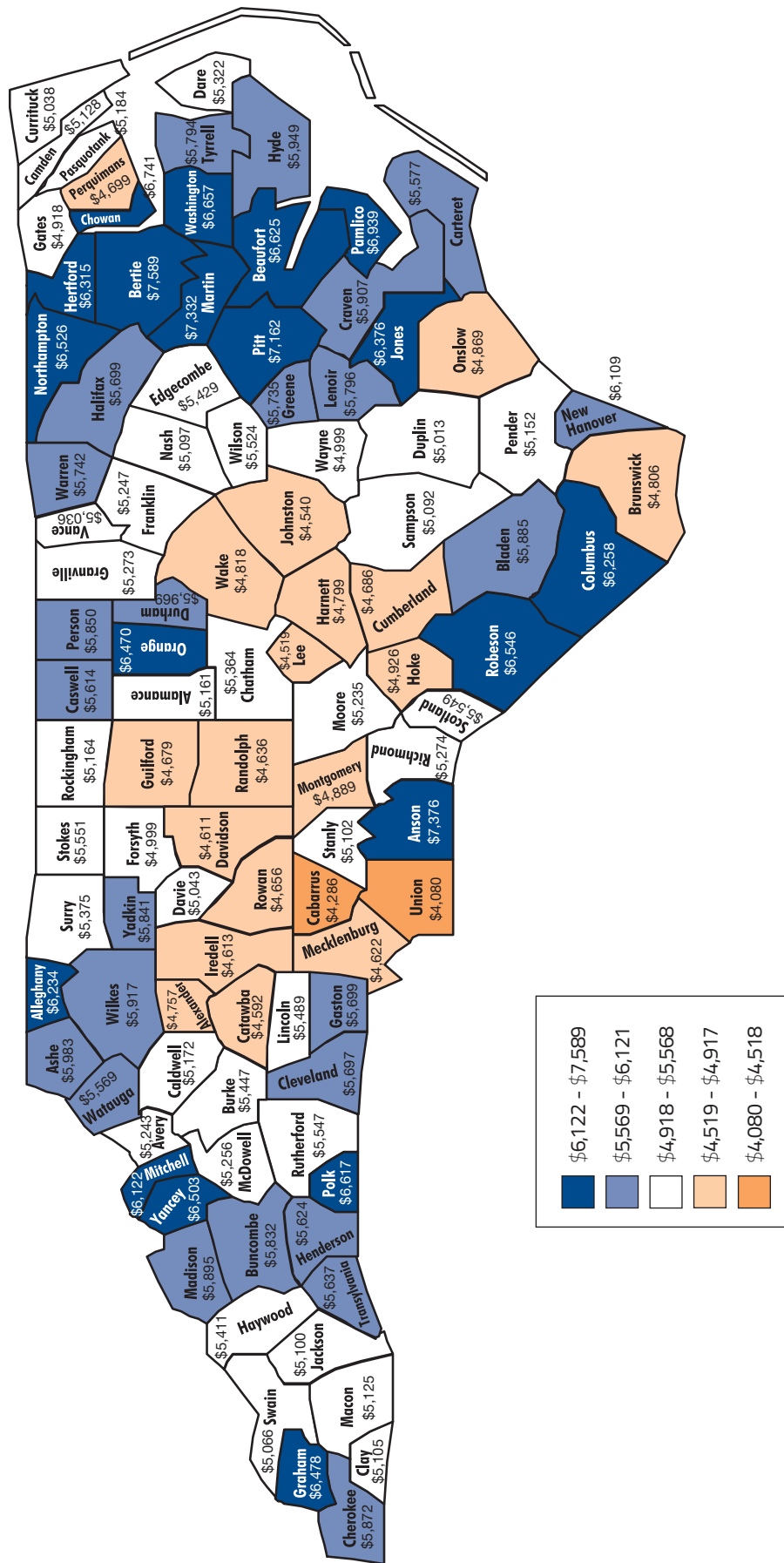


Table 8
North Carolina Medicaid Expenditures
SFY 2008

Claims	Expenditures	Percentage of Claims and Premiums Paid	Percentage of Claims Paid	SFY 2008		SFY 2007	
				Number of Recipients (1)	Expenditures per Recipient	Number of Recipients (1)	Expenditures per Recipient
Inpatient Hospital	\$ 1,073,691,222	11.3%	12.2%	232,192	\$ 4,624	292,366	\$ 3,485
Outpatient Hospital	657,311,343	6.9%	7.5%	786,550	836	770,748	810
Mental Hospital (> 65)	3,689,306	0.0%	0.0%	145	25,443	209	37,081
Psychiatric Hospital (<21)	61,375,560	0.6%	0.7%	2,936	20,904	2,827	18,072
Physician	903,005,553	9.5%	10.3%	1,664,915	542	1,516,925	563
Clinics	265,738,515	2.8%	3.0%	448,642	592	461,213	597
Nursing Facility	1,068,012,860	11.3%	12.2%	41,782	25,562	42,721	24,697
Intermediate Care Facility (Mentally Retarded)	471,169,626	5.0%	5.4%	4,168	113,045	4,157	106,408
Dental	269,692,850	2.8%	3.1%	574,718	469	535,545	449
Prescribed Drugs	973,762,882	10.3%	11.1%	1,045,084	932	1,023,202	901
Home Health	252,816,839	2.7%	2.9%	296,490	853	258,262	859
CAP/Disabled Adult	267,959,803	2.8%	3.1%	14,455	18,538	14,662	17,521
CAP/Mentally Retarded	427,977,911	4.5%	4.9%	10,043	42,615	9,497	39,603
CAP/Children	35,573,672	0.4%	0.4%	905	39,308	809	38,065
Personal Care	318,722,026	3.4%	3.6%	51,018	6,247	51,564	5,813
Hospice	54,324,979	0.6%	0.6%	6,022	9,021	5,836	9,607
EPSDT (Health Check)	63,326,326	0.7%	0.7%	888,137	71	810,924	73
Lab & X-ray	54,198,513	0.6%	0.6%	407,401	133	379,901	121
Adult Home Care	168,197,354	1.8%	1.9%	28,877	5,825	28,679	5,453
High Risk Intervention Residential	159,693,090	1.7%	1.8%	4,320	36,966	3,952	36,376
Behavioral Health Community Support (Professional Services)	823,907,297	8.7%	9.4%	81,515	10,107	64,604	12,508
Behavioral Health Community Support (Other Services)	124,440,897	1.3%	1.4%	37,599	3,310	35,774	2,316
Other Behavioral Health Independent Practitioners	68,000,692	0.7%	0.8%	114,811	592	93,796	566
Other Services	201,603,384	2.1%	2.3%	522,952	386	495,054	388
Claims Paid	\$ 8,768,192,497	92.5%	100.0%				
Premiums							
Medicare, Part A Premiums	53,411,065	0.6%					
Medicare, Part B Premiums	318,382,153	3.4%					
Medicare, Part D Payments	231,829,138	2.4%					
HMO Premiums	102,624,480	1.1%					
Premiums Paid	\$ 706,246,836	7.5%					
Total Claims and Premiums Paid	\$ 9,474,439,333	100.0%					
Adjustments, Cost Settlements and Transfers	1,480,231,224						
Disproportionate Share Hospital Payments	454,297,796						
County Transportation and Program Costs	34,316,165						
Total Program Expenditures	\$ 11,443,284,517						
Administrative Expenditures	153,239,123						
Total Expenditures	\$ 11,596,523,640						
Total Recipients (Unduplicated) (2)				1,805,254		1,684,411	
Total Expenditures per Recipient (Unduplicated)					\$ 6,424		\$ 6,680

(1) The term "recipient" refers to an individual who is eligible for Medicaid and who actually received at least one service during a given fiscal year.

(2) The number of "Total Recipients" is unduplicated for all services, and includes recipients only once regardless of the number or types of services they used during the fiscal year.

Table 9
North Carolina Medicaid Claim and Premium Expenditures by Eligibility Category
SFY 2008

Eligibility Group	Expenditures	Percent of Expenditures	Unduplicated Recipients	Percent of Recipients	SFY 2008 Expenditures Per Recipient	SFY 2007 Expenditures Per Recipient	07/08 Percent Change
Total Elderly	\$ 2,019,503,089	21.3%	237,091	13.1%	\$8,518	\$9,254	-8.0%
Aged	1,956,356,078	20.6%	177,836	9.9%	11,001	12,313	-10.7%
Medicare-Aid (MQBQ & MQBB & MQBE) (1)	63,147,011	0.7%	59,255	3.3%	1,066	1,060	0.5%
Total Disabled	\$ 4,150,259,450	43.8%	280,215	15.5%	\$14,811	\$14,672	0.9%
Disabled	4,118,710,461	43.5%	278,143	15.4%	14,808	14,667	1.0%
Blind	31,548,989	0.3%	2,072	0.1%	15,226	15,395	-1.1%
Total Families & Children	\$ 3,263,131,932	34.4%	1,262,188	69.9%	\$2,585	\$2,569	0.6%
AFDC Adults (>21) (2)	771,557,848	8.1%	243,419	13.5%	3,170	3,162	0.2%
Medicaid Pregnant Women (MPW)	265,828,998	2.8%	60,174	3.3%	4,418	4,085	8.1%
AFDC Children & Other Children	754,016,176	8.0%	213,785	11.8%	3,527	3,380	4.3%
Medicaid Infants & Children (MIC)	1,391,113,212	14.7%	682,955	37.8%	2,037	2,019	0.9%
Breast and Cervical	8,339,710	0.1%	441	0.0%	18,911	18,727	1.0%
M-SCHIP (3)	72,275,987	0.8%	61,414	3.4%	1,177	1,205	-2.3%
Aliens and Refugees	\$ 74,311,560	0.8%	25,328	1.4%	\$2,934	\$2,545	15.3%
Subtotal	9,507,206,031	100.3%	1,804,822	100.0%			
Adjustments Not Attributable to an Eligibility Category	(32,766,698)	-0.3%	432	0.0%			
Total Claim and Premium Expenditures	9,474,439,333	100.0%	1,805,254	100.0%			
Other Program and Administrative Expenditures	2,122,084,307						
Total Expenditures	\$ 11,596,523,640						

(1) "MQB" designates Medicare Qualified Beneficiaries; the count includes all eligible individuals whose Medicare premiums were paid by NC Medicaid, as well as those individuals whose Medicare premiums were paid and who also received medical services during the fiscal year.
 (2) Includes individuals age 21 & over under TANF or AFDC-related coverage or Family Planning Waiver.
 (3) M-SCHIP designates the NC Health Choice children, age 0 through 5, who were transitioned to NC Medicaid.
 Source: SFY 2008 Program Expenditure Report (PER), BD701 Budget Report, and State 2082 Report.

N.C. Medicaid Claim and Premium Expenditures for Medical Services by Eligibility Category

Table 10

Claims	Total (1)	Percent of Claim and Premium Expenditures	Aged	MOBQ (2) Medicare Qualified Beneficiary	MOBB+MOBE Part B Only	Blind	Disabled	Other Adult (3)	Children (4)	M-SCHIP (5)	Breast & Cervical Cancer	Aliens & Refugees	Adjustments Unattributable to an Eligibility Category
Inpatient Hospital	\$ 1,073,691,222	11.3%	\$ 13,309,778	\$ 30,811	\$ 7,905	\$ 1,363,966	\$ 484,148,820	\$ 2,444,944,921	\$ 283,339,738	\$ 4,082,378	\$ 62,571.6	\$ 500,430,855	\$ (8,205,665)
Outpatient Hospital	657,311,343	6.9%	19,491,797	83,304	0	1,124,192	253,379,579	185,837,138	180,461,109	10,915,185	3,952,040	3,479,063	(1,412,063)
Mental Hospital (> 65)	3,689,306	0.0%	37/15,128	0	0	0	0	0	0	0	0	0	(2,582.2)
Psychiatric Hospital (< 21)	61,375,560	0.6%	47,629,339	197,604	45	1,260,522	275,426,491	222,687,861	324,647,445	18,411,446	2,717,541	13,801,756	(3,774,498)
Physician	903,005,553	9.5%	267,385,155	32,828	0	684,356	111,608,718	36,127,281	100,468,220	3,175,117	19,681	3,118,747	(91,035.4)
Clinics	265,738,515	2.8%	1,068,012,860	217	261	2,335,058	166,824,892	336,304	29,506	0	0	615,446	(365,591)
Nursing Facility	1,068,012,860	11.3%	36,343,137	0	0	7,842,431	424,809,447	12,540	2,133,726	0	0	29,088	(74.9)
Intermediate Care Facility (Mentally Retarded)	471,169,626	5.0%	134,333,341	0	0	268,180	53,440,528	48,846,541	145,196,614	7,046,822	83,162	636,541	(2,987.9)
Dental	269,692,850	2.8%	89,384,431	0	0	2,548,856	523,899,546	155,633,622	268,935,869	12,909,972	655,861	4,661,101	(22,537.7)
Prescribed Drugs	973,762,882	10.3%	42,901,525	25,604	0	1,491,754	169,417,657	15,846,177	21,980,562	1,087,938	103,436	4,366,685	(474,399)
Home Health	252,816,839	2.7%	183,128,049	0	0	1,861,983	82,930,778	0	3,991	0	0	42,711	(7,700)
CAP/Disabled Adult	267,959,903	2.8%	427,977,911	0	0	3,339,128	411,152,513	0	3,924,339	0	0	0	(89,303)
CAP/Mentally Retarded	47,977,911	0.5%	9,651,234	0	0	369,724	34,238,790	0	981,706	0	0	0	(16,548)
Personal Care	355,736,72	3.4%	154,397,356	0	0	2,442,751	153,607,640	6,663,821	1,623,689	38,548	9,954	22,584	(84,317)
Hospice	54,324,979	0.6%	49,689,551	0	0	92,404	16,760,526	44,056	238,101	8,691	43,565	45,868	(12,998,382)
EPSDT (Health Check)	6,332,326	0.7%	54	0	0	5,198	1,667,084	60,332	58,047,304	3,566,056	9	13,541	(33,253)
Lab & X-ray	54,198,513	0.6%	584,901	825	0	53,024	10,695,426	25,679,152	16,383,266	396,947	54,194	195,254	(44,475)
Adult Home Care	168,197,354	1.8%	98,521,357	0	0	241,867	69,368,241	43,496	50,426	0	0	561	(28,594)
High Risk Intervention Residential	159,693,090	1.7%	0	0	0	0	46,214,907	0	113,510,363	0	0	0	(32,181)
Behavioral Health Community Support (Professional Services)	823,907,297	8.7%	11,667,748	0	0	671,448	355,051,040	32,638,431	421,721,290	2,090,968	23,639	42,732	0
Behavioral Health Community Support (Other Services)	124,440,897	1.3%	2,717,062	0	0	112,657	78,318,976	10,312,742	32,007,899	960,546	93,28	1,688	0
Other Behavioral Health	68,000,692	0.7%	849,058	565	0	68,802	19,154,598	7,232,867	40,132,628	544,101	103,93	7,679	0
Independent Practitioners	201,603,384	2.1%	201,055,522	27,410	110	371,909	70,710,871	38,297,544	68,850,272	6,326,042	27,709	1,161,024	(4,275,029)
Other Services	\$ 8,768,192,497	92.55%	\$ 1,626,729,656	\$ 399,168	\$ 8,321	\$ 28,550,208	\$ 3,833,780,286	\$ 1,032,854,445	\$ 2,125,124,360	\$ 71,567,911	\$ 8,936,230	\$ 74,160,125	\$ (33,318,212)
Premiums													
Medicare, Part A Premiums	53,411,065	0.6%	52,738,324	14,597	(423)	460,420	846	0	0	0	0	0	197,301
Medicare, Part B Premiums	318,382,153	3.4%	14,155,150	1,010,630	59,201,709	1,123,860	114,125,043	903,526	15,618	1,142	0	91,262	354,213
Medicare, Part D Premiums	231,829,138	2.4%	132,135,031	160,931	2,352,079	972,197	95,747,763	388,012	12,864	88	0	60,173	0
HMO Premiums	102,624,480	1.1%	3,197,917	0	0	442,304	75,056,523	3,240,863	19,976,547	706,846	3,480	0	0
Total Claims and Premiums Paid	\$ 706,246,836	7.45%	\$ 329,626,422	\$ 1,186,158	\$ 61,553,365	\$ 2,998,781	\$ 284,930,175	\$ 4,532,400	\$ 20,005,029	\$ 708,076	\$ 3,480	\$ 151,435	\$ 551,514
Adjustments, Cost Settlements and Transfers	\$ 9,474,439,333	100.0%	\$ 1,956,356,078	\$ 1,595,325	\$ 61,561,686	\$ 31,548,989	\$ 4,118,710,461	\$ 1,037,386,846	\$ 2,145,129,388	\$ 72,275,987	\$ 8,939,710	\$ 74,311,560	\$ (32,766,698)
Disproportionate Share Hospital Payments	454,297,796												
County Transportation and Program Costs	34,316,165												
Total Program Expenditures	\$ 11,443,284,517												
Administrative Expenditures	153,239,123												
Total Expenditures	\$ 11,596,523,640												

Source for Claim and Premium Expenditures (Other than Medicare Part D): SFY 2008 Program Expenditure Reports

Source for Medicare Part D Payments: SFY 2008 BD701 Report. Amounts are allocated to program groups based on the recipient's eligibility status at the end of the fiscal year

(1) Expenditures reported in the Program Expenditure Report relate to claims paid by MMIS during the fiscal year and are not identical with the financial data reported from the BD 701 Budget Report on Table 8.

(2) Reflects expenditures for those who were eligible as QMBs (Medicare-covered individuals only) at the end of the year. As a result, expenditures might include more categories of services than are available through QMB coverage.

(3) Includes individuals covered under SOBRA Pregnant Women policies, or individuals age 21 & over under TANF or AFDC-related coverage, or the Family Planning Waiver.

(4) Includes SOBRA Children, individuals under age 21 in TANF or AFDC-related coverages, or other children in foster care.

(5) Medicaid for children transferred from the State Children's Health Insurance Program

(6) The adjustment related to Hospice expenditures is a recoupment of provider overpayments.

N.C. Medicaid Claim and Premium Expenditures for the Elderly SFY 2008

Table 11

Claims	Aged	Percent of Dollars Used	MQBQ Medicare Qualified Beneficiary	MQBB+MQBE Part B Premium Only	Total Qualified Beneficiaries	Percent of Dollars	Total Elderly Dollars	SFY 2008 % of Total Dollars	SFY 2007 % of Total Dollars	SFY 2006 % of Total Dollars
Inpatient Hospital	\$ 13,309,778	0.68%	\$ 30,811	\$ 7,905	\$ 38,716	0.06%	\$ 13,348,495	0.66%	0.62%	0.55%
Outpatient Hospital	19,491,797	1.00%	83,304	-	83,304	0.13%	19,575,100	0.97%	1.02%	0.99%
Mental Hospital (> 65)	3,715,128	0.19%	-	-	-	-	3,715,128	0.18%	0.39%	0.29%
Psychiatric Hospital (< 21)	-	-	-	-	-	-	-	-	-	-
Physician	47,629,339	2.43%	197,604	45	197,649	0.31%	47,826,988	2.37%	2.29%	2.28%
Clinics	11,414,522	0.58%	32,828	-	32,828	0.05%	11,447,350	0.57%	0.55%	0.65%
Nursing Facility	898,236,766	45.91%	217	261	478	0.00%	898,237,245	44.48%	45.65%	42.76%
Intermediate Care Facility for Mental Retardation	36,343,137	1.86%	-	-	-	-	36,343,137	1.80%	1.57%	1.22%
Dental	13,433,341	0.69%	-	-	-	-	13,433,341	0.67%	0.63%	0.49%
Prescribed Drugs	89,384,311	0.46%	-	-	-	-	89,384,311	0.44%	0.43%	13.26%
Home Health	42,901,525	2.19%	25,604	-	25,604	0.04%	42,927,129	2.13%	2.01%	1.81%
CAP/Disabled Adult	183,128,049	9.36%	-	-	-	-	183,128,049	9.07%	9.04%	8.61%
CAP/Mentally Retarded	9,651,234	0.49%	-	-	-	-	9,651,234	0.48%	0.42%	0.26%
CAP/Children	-	-	-	-	-	-	-	-	-	-
Personal Care	154,397,356	7.89%	-	-	-	-	154,397,356	7.65%	7.66%	7.32%
Hospice	49,693,551	2.54%	-	-	-	-	49,693,551	2.46%	1.92%	1.64%
EPSDT (Health Check)	54	0.00%	-	-	-	-	54	0.00%	0.00%	0.00%
Laboratory & Imaging Services	584,901	0.03%	825	-	825	0.00%	585,726	0.03%	0.03%	0.04%
Adult Home Care	98,521,357	5.04%	-	-	-	-	98,521,357	4.88%	4.52%	3.94%
High Risk Intervention Residential	-	-	-	-	-	-	-	-	-	-
Behavioral Health Community Support (Professional Services) (3)	11,667,748	0.60%	-	-	-	-	11,667,748	0.58%	-	-
Behavioral Health Community Support (Other Services) (3)	2,717,062	0.14%	-	-	-	-	2,717,062	0.13%	-	-
Other Behavioral Health Independent Practitioners (3)	849,058	0.04%	565	-	565	0.00%	849,623	0.04%	-	-
Other Services	20,105,522	1.03%	27,410	110	27,520	0.04%	20,133,042	1.00%	1.90%	0.92%
Claims Paid	\$ 1,626,729,656	83.15%	\$ 399,168	\$ 8,321	\$ 407,488	0.65%	\$ 1,627,137,145	80.57%	80.65%	87.04%
Premiums										
Medicare, Part A Premiums	52,738,324	2.70%	14,597	(423)	14,174	0.02%	52,752,498	2.61%	2.60%	2.27%
Medicare, Part B Premiums	141,555,150	7.24%	1,010,630	59,201,709	60,212,339	95.35%	201,767,489	9.99%	9.86%	8.04%
Medicare, Part D Premiums (1)	132,135,031	6.75%	160,931	2,352,079	2,513,010	3.98%	134,648,040	6.67%	6.74%	2.52%
HMO Premiums	3,197,917	0.16%	-	-	-	-	3,197,917	0.16%	0.15%	0.13%
Premiums Paid	\$ 329,626,422	16.85%	\$ 1,186,158	\$ 61,553,365	\$ 62,739,523	99.35%	\$ 392,365,944	19.43%	19.35%	12.96%
Total Claims and Premiums Paid	\$ 1,956,356,078	100.00%	\$ 1,585,325	\$ 61,561,686	\$ 63,147,011	100.00%	\$ 2,019,503,089	100.00%	100.00%	100.00%
Medicare Crossovers included above (2)	\$ 108,107,460		\$ 399,167	\$ 6,682	\$ 405,849		\$ 108,513,309			
Unduplicated Service Recipients	173,551		830	12,907	13,737		187,288			
Claim Expenditures Per Service Recipient	\$ 9,373		\$ 481	\$ 1	\$ 30		\$ 8,688			
Unduplicated Recipients	177,836		1,130	58,125	59,255		237,091			
Total Claims and Premiums Paid Per Recipient	\$ 11,001		\$ 1,403	\$ 1,059	\$ 1,066		\$ 8,518			

(1) Source for Medicare Part D Payments: SFY 2008 BD701 Report. Amounts are allocated to program groups based on the recipient's eligibility status at the end of the fiscal year.
 (2) Medicare Crossovers are amounts that Medicare bills Medicaid for those Medicare recipients who are also eligible for Medicaid.
 (3) This item was not recorded separately in previous fiscal years.
 Source: SFY 2008 Program Expenditure Report (HMGR0901)

Table 12
N.C. Medicaid Claim and Premium Expenditures for the Blind and Disabled
SFY 2008

Claims	Disabled	Percent of Dollars	Blind	Percent of Dollars	Total Blind & Disabled Dollars	SFY 2008 % of Total Dollars	SFY 2007 % of Total Dollars	SFY 2006 % of Total Dollars
Inpatient Hospital	\$ 484,148,820	11.8%	\$ 1,363,966	4.3%	\$ 485,512,785	11.7%	11.6%	12.4%
Outpatient Hospital	253,379,579	6.2%	1,124,192	3.6%	254,503,771	6.1%	6.2%	6.3%
Mental Hospital (> 65)	-	0.0%	-	0.0%	-	0.0%	0.0%	0.0%
Psychiatric Hospital (< 21)	20,953,219	0.5%	-	0.0%	20,953,219	0.5%	0.4%	0.3%
Physician	275,426,491	6.7%	1,260,522	4.0%	276,687,014	6.7%	6.7%	7.0%
Clinics	111,608,718	2.7%	684,356	2.2%	112,293,074	2.7%	3.0%	8.6%
Nursing Facility	166,824,892	4.1%	2,335,058	7.4%	169,159,950	4.1%	4.1%	4.4%
Intermediate Care Facility for Mental Retardation	424,809,447	10.3%	7,842,431	24.9%	432,651,877	10.4%	10.4%	10.4%
Dental	53,440,528	1.3%	268,180	0.9%	53,708,708	1.3%	1.2%	1.1%
Prescribed Drugs	523,899,546	12.7%	2,548,856	8.1%	526,448,402	12.7%	12.7%	19.0%
Home Health	169,417,657	4.1%	1,491,754	4.7%	170,909,411	4.1%	3.8%	3.9%
CAP/Disabled Adult	82,930,778	2.0%	1,861,983	5.9%	84,792,761	2.0%	2.0%	2.2%
CAP/Mentally Retarded	411,152,513	10.0%	3,339,128	10.6%	414,491,641	10.0%	9.3%	7.6%
CAP/Children	34,238,790	0.8%	369,724	1.2%	34,608,513	0.8%	0.8%	0.8%
Personal Care	153,607,640	3.7%	2,442,751	7.7%	156,050,390	3.8%	3.6%	3.9%
Hospice	16,760,526	0.4%	92,404	0.3%	16,852,930	0.4%	0.5%	0.5%
EPSDT (Health Check)	1,667,084	0.0%	5,198	0.0%	1,672,282	0.0%	0.0%	0.0%
Laboratory & Imaging Services	10,695,426	0.3%	53,024	0.2%	10,748,450	0.3%	0.2%	0.2%
Adult Home Care	69,368,241	1.7%	241,867	0.8%	69,610,108	1.7%	1.7%	1.8%
High Risk Intervention Residential	46,214,907	1.1%	-	0.0%	46,214,907	1.1%	1.0%	0.8%
Behavioral Health Community Support (Professional Services) (3)	355,051,040	8.6%	671,448	2.1%	355,722,488	8.6%		
Behavioral Health Community Support (Other Services) (3)	78,318,976	1.9%	112,657	0.4%	78,431,632	1.9%		
Other Behavioral Health Independent Practitioners (3)	19,154,598	0.5%	68,802	0.2%	19,223,400	0.5%		
Other Services	70,710,871	1.7%	371,909	1.2%	71,082,780	1.7%	13.8%	3.0%
Claims Paid	\$ 3,833,780,286	93.1%	\$ 28,550,208	90.5%	\$ 3,862,330,494	93.1%	93.0%	94.2%
Premiums								
Medicare, Part A Premiums	846	0.0%	460,420	1.5%	461,266	0.0%	0.0%	0.0%
Medicare, Part B Premiums	114,125,043	2.8%	1,123,860	3.6%	115,248,903	2.8%	2.7%	2.6%
Medicare, Part D Premiums (1)	95,747,763	2.3%	972,197	3.1%	96,719,960	2.3%	2.3%	1.0%
HMO Premiums	75,056,523	1.8%	442,304	1.4%	75,498,827	1.8%	2.0%	2.1%
Premiums Paid	\$ 284,930,175	6.9%	\$ 2,998,781	9.5%	\$ 287,928,956	6.9%	7.0%	5.8%
Total Claims and Premiums Paid	\$ 4,118,710,461	100.00%	\$ 31,548,989	100.00%	\$ 4,150,259,450	100.00%	100.00%	100.00%
Medicare Crossovers included above (2)	\$ 92,977,706		\$ 767,658		\$ 93,745,364			
Unduplicated Service Recipients	275,489		2,035		277,524			
Claim Expenditures Per Service Recipient	\$ 13,916		\$14,030		\$ 13,917			
Unduplicated Recipients	278,143		2,072		280,215			
Total Claims and Premiums Paid Per Recipient	\$ 14,808		\$ 15,226		\$ 14,811			

(1) Source for Medicare Part D Payments: SFY 2008 BD701 Report. Amounts are allocated to program groups based on the recipient's eligibility status at the end of the fiscal year.

(2) Medicare Crossovers are amounts that Medicare bills Medicaid for those Medicare recipients who are also eligible for Medicaid.

(3) This item was not recorded separately in previous fiscal years.

Source: SFY 2008 Program Expenditure Report (HMGR0901)

Table 13
N.C. Medicaid Claim and Premium Expenditures for Families and Children
SFY 2008

Claims	AFDC Adults	Percent of Dollars	Special Pregnant Women	Percent of Dollars	AFDC Children and Other Children	Percent of Dollars	Infants and Children	Percent of Dollars	MSCHIP	Percent of Dollars	Breast and Cervical	Percent of Dollars	Total Families & Children	Percent of Dollars	SFY 2008 % of Total Dollars	SFY 2007 % of Total Dollars
Inpatient Hospital	\$ 148,456,677	19.2%	\$ 96,483,244	12.5%	\$ 53,883,662	7.1%	\$ 229,456,076	16.5%	\$ 4,082,378	5.6%	\$ 625,716	7.5%	\$ 532,992,752	16.3%	17.1%	17.1%
Outpatient Hospital	152,402,763	19.8%	33,223,996	4.4%	55,735,921	7.4%	124,725,189	9.0%	10,915,185	15.1%	3,952,040	47.4%	380,955,083	11.7%	11.9%	11.9%
Mental Hospital (> 65)	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%	0.0%	0.0%
Psychiatric Hospital (< 21)	148,753,254	19.3%	73,934,607	9.8%	25,439,739	3.4%	15,016,567	1.1%	7,253	0.0%	-	0.0%	40,476,581	1.2%	1.2%	1.2%
Physician	14,782,187	1.9%	21,345,093	2.8%	79,544,828	10.5%	245,102,616	17.6%	18,411,446	25.5%	2,711,541	32.6%	568,464,293	17.4%	17.7%	17.7%
Clinics	336,304	0.0%	-	0.0%	54,599,285	7.2%	45,888,935	3.3%	3,175,117	4.4%	19,681	0.2%	139,790,298	4.3%	4.9%	4.9%
Nursing Facility	12,540	0.0%	-	0.0%	6,228	0.0%	23,279	0.0%	-	0.0%	-	0.0%	365,811	0.0%	0.0%	0.0%
Intermediate Care Facility for Mental Retardation	47,306,712	6.1%	2,539,829	0.3%	1,543,171	0.2%	590,555	0.0%	-	0.0%	-	0.0%	2,146,266	0.1%	0.1%	0.1%
Dental	144,605,672	18.7%	11,026,839	1.5%	88,222,240	11.7%	180,713,629	13.0%	12,909,972	17.9%	655,861	7.9%	438,134,213	13.4%	13.8%	13.8%
Prescribed Drugs	132,151,117	1.7%	2,631,060	0.3%	6,467,368	0.9%	1,513,194	1.1%	1,087,838	1.5%	103,436	1.2%	39,018,013	1.2%	1.2%	1.2%
Home Health	-	0.0%	-	0.0%	3,981	0.0%	-	0.0%	-	0.0%	-	0.0%	3,981	0.0%	0.0%	0.0%
CAP/Disabled Adult	-	0.0%	-	0.0%	3,924,339	0.5%	-	0.0%	-	0.0%	-	0.0%	3,924,339	0.1%	0.1%	0.1%
CAP/Mentally Retarded	-	0.0%	-	0.0%	981,706	0.1%	-	0.0%	-	0.0%	-	0.0%	981,706	0.0%	0.0%	0.0%
CAP/Children	-	0.0%	-	0.0%	781,848	0.1%	841,841	0.1%	383,548	0.1%	9,954	0.1%	8,336,012	0.3%	0.3%	0.3%
Personal Care	440,656	0.1%	23,638	0.0%	23,638	0.0%	214,462	0.0%	8,691	0.0%	4,356	0.0%	731,013	0.0%	0.0%	0.0%
Hospice	18,032	0.0%	42,300	0.0%	10,433,522	1.4%	47,893,782	3.4%	3,566,056	4.9%	9	0.0%	61,673,702	1.9%	1.9%	1.9%
EPSDT (Health Check)	15,358,131	2.0%	10,521,020	1.4%	4,682,346	0.6%	11,700,921	0.8%	396,947	0.5%	54,194	0.6%	42,713,559	1.3%	1.2%	1.2%
Laboratory & Imaging Services	43,496	0.0%	-	0.0%	34,576	0.0%	15,850	0.0%	-	0.0%	-	0.0%	93,922	0.0%	0.0%	0.0%
Adult Home Care	-	0.0%	-	0.0%	64,393,957	8.5%	48,116,407	3.5%	-	0.0%	-	0.0%	113,510,363	3.5%	3.5%	3.5%
High Risk Intervention Residential	32,040,641	4.2%	597,790	0.2%	194,313,752	25.8%	227,407,538	16.3%	2,090,968	2.9%	23,639	0.3%	456,474,329	14.0%	14.0%	14.0%
Behavioral Health Community Support (Professional Services)(B)	957,963	1.2%	732,778	0.3%	14,492,708	1.9%	17,515,191	1.3%	960,546	1.3%	9,328	0.1%	43,290,515	1.3%	1.3%	1.3%
Behavioral Health Community Support (Other Services)(B)	6,949,761	0.9%	283,106	0.1%	19,510,913	2.6%	20,621,715	1.5%	544,101	0.8%	10,393	0.1%	47,919,990	1.5%	1.5%	1.5%
Other Behavioral Health Independent Practitioners (B)	26,920,666	3.5%	11,588,978	4.4%	22,855,796	3.0%	45,994,516	3.3%	6,326,042	8.8%	27,709	0.3%	113,713,067	3.5%	3.5%	3.5%
Other Services	\$ 767,855,656	99.5%	\$ 264,987,89	99.7%	\$ 743,073,817	98.5%	\$ 1,382,050,543	99.3%	\$ 71,567,911	99.0%	\$ 8,336,230	100.0%	\$ 3,237,862,946	99.2%	99.1%	99.1%
Premiums																
Medicare, Part A Premiums	807,365	0.1%	96,161	0.0%	7,108	0.0%	8,509	0.0%	1,142	0.0%	-	0.0%	\$ 920,286	0.0%	0.0%	0.0%
Medicare, Part B Premiums	317,456	0.0%	70,557	0.0%	6,385	0.0%	6,479	0.0%	88	0.0%	-	0.0%	\$ 400,965	0.0%	0.0%	0.0%
Medicare, Part D Premiums (1)	2,572,772	0.3%	663,491	0.2%	10,928,866	1.4%	9,047,681	0.7%	708,846	1.0%	3,480	0.0%	\$ 23,927,736	0.7%	0.8%	0.8%
HMO Premiums	\$ 3,702,192	0.5%	\$ 830,09	0.3%	\$ 10,942,359	1.5%	\$ 9,062,670	0.7%	\$ 708,076	1.0%	\$ 3,480	0.0%	\$ 25,248,986	0.8%	0.9%	0.9%
Total Claims and Premiums Paid	\$ 771,557,848	100.00%	\$ 265,828,998	100.00%	\$ 754,016,176	100.00%	\$ 1,391,113,212	100.00%	\$ 72,275,987	100.00%	\$ 8,339,710	100.00%	\$ 3,263,31,932	100.00%	100.00%	100.00%
Medicare Crossovers included above (2)	\$ 631,210		\$ 123,449		\$ 18,525		\$ 26,031		\$ -		\$ -		\$ 799,215			
Unallocated Service Recipients	243,394		601,166		21,3785		682,955		61,414		441		1,262,155			
Claim Expenditures Per Service Recipient	\$ 3,155		\$ 4,404		\$ 3,476		\$ 2,024		\$ 1,165		\$ 18,903		\$ 2,565			
Unallocated Recipients	243,419		601,74		21,3785		682,955		61,414		441		1,262,188			
Total Claims and Premiums Paid Per Recipient	\$ 3,170		\$ 4,418		\$ 3,527		\$ 2,037		\$ 1,177		\$ 18,911		\$ 2,585			

(1) Source for Medicare Part D Payments: SFY 2008 BD701 Report. Amounts are allocated to program groups based on the recipient's eligibility status at the end of the fiscal year.
 (2) Medicare Crossovers are amounts that Medicare bills Medicaid for those Medicare recipients who are also eligible for Medicaid.
 (3) This item was not recorded separately in previous fiscal years.

Source: SFY 2008 Program Expenditure Reports (HMGR0901, HMGR0903, and HMGR0906)

Table 14
**N.C. Medicaid Copayment Amounts
 SFY 2008**

<u>Service</u>	<u>Copayment Amount</u>
Chiropractor visit	\$2.00
Dental visit	\$3.00
Optical supplies and services	\$2.00
Ophthalmologist visit	\$3.00
Optometrist visit	\$3.00
Outpatient visit	\$3.00
Physician visit	\$3.00
Podiatrist visit	\$3.00
Prescription drugs and insulin:	
Generic	\$3.00
Brand Name	\$3.00