

**AMERICAN INDIAN AND ALASKA NATIVE
MEDICAID PROGRAM AND POLICY DATA**

March 2010

MEDICAID & SCHIP 2004

Enrollment

Service Use & Payments

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Consolidated Area

Appendix B. Medicaid Enrollment Data by IHS Area

Table Numbers

Number and Percent of Enrollees

IHS Area	Eligibility Groups	Assistance Categories	Dual Enrollees	Managed Care Enrollees
All Areas Combined	B.0.1, By state B.0.2	B.0.1, By state B.0.2	B.0.3, By Eligibility B.0.4	B.0.5
Aberdeen	B.1.1, By state B.1.2	B.1.1, By state B.1.2	B.1.3, By Eligibility B.1.4	B.1.5
Alaska	B.2.1, By state B.2.2	B.2.1, By state B.2.2	B.2.3, By Eligibility B.2.4	B.2.5
Albuquerque	B.3.1, By state B.3.2	B.3.1, By state B.3.2	B.3.3, By Eligibility B.3.4	B.3.5
Bemidji	B.4.1, By state B.4.2	B.4.1, By state B.4.2	B.4.3, By Eligibility B.4.4	B.4.5
Billings	B.5.1, By state B.5.2	B.5.1, By state B.5.2	B.5.3, By Eligibility B.5.4	B.5.5
California	B.6.1, By state B.6.2	B.6.1, By state B.6.2	B.6.3, By Eligibility B.6.4	B.6.5
Nashville	B.7.1, By state B.7.2	B.7.1, By state B.7.2	B.7.3, By Eligibility B.7.4	B.7.5
Navajo	B.8.1, By state B.8.2	B.8.1, By state B.8.2	B.8.3, By Eligibility B.8.4	B.8.5
Oklahoma	B.9.1, By state B.9.2	B.9.1, By state B.9.2	B.9.3, By Eligibility B.9.4	B.9.5
Phoenix	B.10.1, By state B.10.2	B.10.1, By state B.10.2	B.10.3, By Eligibility B.10.4	B.10.5
Portland	B.11.1, By state B.11.2	B.11.1, By state B.11.2	B.11.3, By Eligibility B.11.4	B.11.5
Tucson	B.12.1, By state B.12.2	B.12.1, By state B.12.2	B.12.3, By Eligibility B.12.4	B.12.5

Table B.0.1
 Number and Percent of Medicaid Enrollees for one month or more
 by their last assigned Eligibility Group and Maintenance Assistance Status
 Calendar Year 2004

All Areas Combined

Eligibility

Assistance Status	Total		Children		Adult		Aged		Disabled	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
All	598,775	100%	349,578	100%	168,482	100%	21,919	100%	58,796	100%
Receiving Cash	280,253	47%	136,443	39%	83,866	50%	11,370	52%	48,574	83%
Medically Needy	5,671	1%	2,111	1%	1,509	1%	1,065	5%	986	2%
Poverty-related	198,534	33%	171,771	49%	17,338	10%	4,723	22%	4,702	8%
Waiver	51,165	9%	2,884	1%	47,981	28%	300	1%	0	0%
Other	63,152	11%	36,369	10%	17,788	11%	4,461	20%	4,534	8%

Table B.0.2
Number and Percent of Medicaid Enrollees for one month or more in each state
by their last assigned Eligibility Group and Maintenance Assistance Status
Calendar Year 2004

All Areas Combined

There is no state-by-state table for All Areas combined because of Multiple IHS Areas within some single states.

Table B.0.3
Number and Percent of Dual Enrollees identified in Medicaid or Medicare Data Files
by Eligibility Category
Calendar Year 2004

All Areas Combined

Eligibility Category	Total		Medicaid		Medicare	
	Number	Percent	Number	Percent	Number	Percent
All	44,527	100%	666	100%	43,861	100%
QMB & Full Medicaid	30,096	68%	398	60%	29,698	68%
QMB Only	2,300	5%	47	7%	2,253	5%
SLMB & Full Medicaid	456	1%	16	2%	440	1%
SLMB Only	1,622	4%	44	7%	1,578	4%
Qualifying Individuals	665	1%	9	1%	656	1%
Other Duals	9,388	21%	152	23%	9,236	21%

Table B.0.4
 Number and Percent of Aged and Disabled Dual Enrollees
 by Eligibility Category
 Calendar Year 2004

All Areas Combined

Eligibility Category	Total		Aged		Disabled	
	Number	Percent	Number	Percent	Number	Percent
All	42,627	100%	21,173	100%	21,454	100%
QMB & Full Medicaid	29,807	70%	14,340	68%	15,467	72%
QMB Only	2,284	5%	1,311	6%	973	5%
SLMB & Full Medicaid	434	1%	230	1%	204	1%
SLMB Only	1,618	4%	1,029	5%	589	3%
Qualifying Individuals	665	2%	227	1%	438	2%
Other Duals	7,819	18%	4,036	19%	3,783	18%

Table B.0.5
Number of Medicaid Enrollees in Managed Care for one month or more as a Percent of the total number of
eligible enrollees by their last assigned Eligibility Group
Calendar Year 2004

All Areas Combined

Managed Care	Children			Adult			Aged			Disabled		
	Eligible Number	Number	Percent	Eligible Number	Number	Percent	Eligible Number	Number	Percent	Eligible Number	Number	Percent
HMO	349,590	58,061	17%	168,482	30,883	18%	21,919	830	4%	58,696	5,097	9%
Dental	349,590	41,705	12%	168,482	15,206	9%	21,919	1,426	7%	58,696	7,675	13%
Behavioral Health	349,590	37,367	11%	168,482	19,020	11%	21,919	1,675	8%	58,696	8,461	14%
PCCM	349,590	55,995	16%	168,482	18,915	11%	21,919	187	1%	58,696	4,104	7%
PACE	349,590	0	0%	168,482	0	0%	21,919	10	0%	58,696	5	0%
LTC	349,590	10	0%	168,482	3	0%	21,919	1,441	7%	58,696	2,114	4%
Prenatal	349,590	7	0%	168,482	19	0%	21,919	0	0%	58,696	0	0%

Table B.1.1
 Number and Percent of Medicaid Enrollees for one month or more
 by their last assigned Eligibility Group and Maintenance Assistance Status
 Calendar Year 2004

Aberdeen Area

Eligibility

Assistance Status	Total		Children		Adult		Aged		Disabled	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
All	53,510	100%	35,346	100%	12,388	100%	1,156	100%	4,620	100%
Receiving Cash	30,838	58%	18,129	51%	8,296	67%	465	40%	3,948	85%
Medically Needy	910	2%	241	1%	385	3%	161	14%	123	3%
Poverty-related	14,019	26%	12,236	35%	974	8%	402	35%	407	9%
Waiver	6	0%	5	0%	1	0%	0	0%	0	0%
Other	7,737	14%	4,735	13%	2,732	22%	128	11%	142	3%

Table B.1.2
Number and Percent of Medicaid Enrollees for one month or more in each state
by their last assigned Eligibility Group and Maintenance Assistance Status
Calendar Year 2004

Aberdeen Area

Iowa

Eligibility

Assistance Status	Total		Children		Adult		Aged		Disabled	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
All	1,195	100%	768	100%	289	100%	23	100%	115	100%
Receiving Cash	759	64%	444	58%	214	74%	15	65%	86	75%
Medically Needy	22	2%	3	0%	14	5%	0	0%	5	4%
Poverty-related	249	21%	203	26%	34	12%	4	17%	8	7%
Waiver	0	0%	0	0%	0	0%	0	0%	0	0%
Other	165	14%	118	15%	27	9%	4	17%	16	14%

Minnesota

Assistance Status	Total		Children		Adult		Aged		Disabled	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
All	138	100%	82	100%	38	100%	5	100%	13	100%
Receiving Cash	114	83%	62	76%	35	92%	5	100%	12	92%
Medically Needy	0	0%	0	0%	0	0%	0	0%	0	0%
Poverty-related	11	8%	9	11%	2	5%	0	0%	0	0%
Waiver	6	4%	5	6%	1	3%	0	0%	0	0%
Other	7	5%	6	7%	0	0%	0	0%	1	8%

Nebraska

Assistance Status	Total		Children		Adult		Aged		Disabled	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
All	6,912	100%	4,503	100%	1,613	100%	208	100%	588	100%
Receiving Cash	3,627	52%	2,196	49%	862	53%	95	46%	474	81%
Medically Needy	303	4%	15	0%	233	14%	43	21%	12	2%
Poverty-related	2,255	33%	1,914	43%	178	11%	68	33%	95	16%
Waiver	0	0%	0	0%	0	0%	0	0%	0	0%
Other	727	11%	378	8%	340	21%	2	1%	7	1%

North Dakota

Assistance Status	Total		Children		Adult		Aged		Disabled	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
All	12,365	100%	7,423	100%	3,255	100%	504	100%	1,183	100%
Receiving Cash	8,217	66%	4,756	64%	2,233	69%	252	50%	976	83%
Medically Needy	585	5%	223	3%	138	4%	118	23%	106	9%
Poverty-related	1,229	10%	929	13%	67	2%	134	27%	99	8%
Waiver	0	0%	0	0%	0	0%	0	0%	0	0%
Other	2,334	19%	1,515	20%	817	25%	0	0%	2	0%

South Dakota

Assistance Status	Total		Children		Adult		Aged		Disabled	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
All	32,912	100%	22,582	100%	7,193	100%	416	100%	2,721	100%
Receiving Cash	18,133	55%	10,683	47%	4,952	69%	98	24%	2,400	88%
Medically Needy	0	0%	0	0%	0	0%	0	0%	0	0%
Poverty-related	10,275	31%	9,181	41%	693	10%	196	47%	205	8%
Waiver	0	0%	0	0%	0	0%	0	0%	0	0%
Other	4,504	14%	2,718	12%	1,548	22%	122	29%	116	4%

Table B.1.3
 Number and Percent of Dual Enrollees identified in Medicaid or Medicare Data Files
 by Eligibility Category
 Calendar Year 2004

Aberdeen Area

Eligibility Category	Total		Medicaid		Medicare	
	Number	Percent	Number	Percent	Number	Percent
All	2,803	100%	37	100%	2,766	100%
QMB & Full Medicaid	1,247	44%	20	54%	1,227	44%
QMB Only	449	16%	8	22%	441	16%
SLMB & Full Medicaid	37	1%	0	0%	37	1%
SLMB Only	158	6%	2	5%	156	6%
Qualifying Individuals	54	2%	0	0%	54	2%
Other Duals	858	31%	7	19%	851	31%

Table B.1.4
 Number and Percent of Aged and Disabled Dual Enrollees
 by Eligibility Category
 Calendar Year 2004

Aberdeen Area

Eligibility Category	Total		Aged		Disabled	
	Number	Percent	Number	Percent	Number	Percent
All	2,727	100%	1,094	100%	1,633	100%
QMB & Full Medicaid	1,218	45%	326	30%	892	55%
QMB Only	434	16%	213	19%	221	14%
SLMB & Full Medicaid	37	1%	25	2%	12	1%
SLMB Only	154	6%	93	9%	61	4%
Qualifying Individuals	54	2%	24	2%	30	2%
Other Duals	830	30%	413	38%	417	26%

Table B.1.5
 Number of Medicaid Enrollees in Managed Care for one month or more as a Percent of the total number of
 eligible enrollees by their last assigned Eligibility Group
 Calendar Year 2004

Aberdeen Area

Managed Care	Children			Adult			Aged			Disabled		
	Eligible Number	Number	Percent	Eligible Number	Number	Percent	Eligible Number	Number	Percent	Eligible Number	Number	Percent
HMO	35,358	703	2%	12,388	223	2%	1,156	10	1%	4,520	77	2%
Dental	35,358	22,582	64%	12,388	7,193	58%	1,156	416	36%	4,520	2,721	60%
Behavioral Health	35,358	5,031	14%	12,388	1,692	14%	1,156	22	2%	4,520	457	10%
PCCM	35,358	27,985	79%	12,388	9,763	79%	1,156	6	1%	4,520	1,425	32%
PACE	35,358	0	0%	12,388	0	0%	1,156	0	0%	4,520	0	0%
LTC	35,358	0	0%	12,388	0	0%	1,156	0	0%	4,520	0	0%
Prenatal	35,358	0	0%	12,388	0	0%	1,156	0	0%	4,520	0	0%

Table B.2.1
 Number and Percent of Medicaid Enrollees for one month or more
 by their last assigned Eligibility Group and Maintenance Assistance Status
 Calendar Year 2004

Alaska Area

Eligibility

Assistance Status	Total		Children		Adult		Aged		Disabled	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
All	44,797	100%	28,305	100%	10,367	100%	2,557	100%	3,568	100%
Receiving Cash	20,807	46%	8,797	31%	6,305	61%	2,334	91%	3,371	94%
Medically Needy	0	0%	0	0%	0	0%	0	0%	0	0%
Poverty-related	21,054	47%	17,730	63%	3,263	31%	45	2%	16	0%
Waiver	0	0%	0	0%	0	0%	0	0%	0	0%
Other	2,936	7%	1,778	6%	799	8%	178	7%	181	5%

Table B.2.2
 Number and Percent of Medicaid Enrollees for one month or more in each state
 by their last assigned Eligibility Group and Maintenance Assistance Status
 Calendar Year 2004

Alaska Area

Alaska

Eligibility

Assistance Status	Total		Children		Adult		Aged		Disabled	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
All	44,797	100%	28,305	100%	10,367	100%	2,557	100%	3,568	100%
Receiving Cash	20,807	46%	8,797	31%	6,305	61%	2,334	91%	3,371	94%
Medically Needy	0	0%	0	0%	0	0%	0	0%	0	0%
Poverty-related	21,054	47%	17,730	63%	3,263	31%	45	2%	16	0%
Waiver	0	0%	0	0%	0	0%	0	0%	0	0%
Other	2,936	7%	1,778	6%	799	8%	178	7%	181	5%

Table B.2.3
 Number and Percent of Dual Enrollees identified in Medicaid or Medicare Data Files
 by Eligibility Category
 Calendar Year 2004

Alaska Area

Eligibility Category	Total		Medicaid		Medicare	
	Number	Percent	Number	Percent	Number	Percent
All	3,878	100%	18	100%	3,860	100%
QMB & Full Medicaid	2,806	72%	12	67%	2,794	72%
QMB Only	0	0%	0	0%	0	0%
SLMB & Full Medicaid	0	0%	0	0%	0	0%
SLMB Only	53	1%	0	0%	53	1%
Qualifying Individuals	0	0%	0	0%	0	0%
Other Duals	1,019	26%	6	33%	1,013	26%

Table B.2.4
 Number and Percent of Aged and Disabled Dual Enrollees
 by Eligibility Category
 Calendar Year 2004

Alaska Area

Eligibility Category	Total		Aged		Disabled	
	Number	Percent	Number	Percent	Number	Percent
All	3,822	100%	2,382	100%	1,440	100%
QMB & Full Medicaid	2,806	73%	1,858	78%	948	66%
QMB Only	0	0%	0	0%	0	0%
SLMB & Full Medicaid	0	0%	0	0%	0	0%
SLMB Only	53	1%	38	2%	15	1%
Qualifying Individuals	0	0%	0	0%	0	0%
Other Duals	963	25%	486	20%	477	33%

Table B.2.5
 Number of Medicaid Enrollees in Managed Care for one month or more as a Percent of the total number of
 eligible enrollees by their last assigned Eligibility Group
 Calendar Year 2004

Alaska Area

Managed Care	Children			Adult			Aged			Disabled		
	Eligible Number	Number	Percent	Eligible Number	Number	Percent	Eligible Number	Number	Percent	Eligible Number	Number	Percent
HMO	28,305	0	0%	10,367	0	0%	2,557	0	0%	3,568	0	0%
Dental	28,305	0	0%	10,367	0	0%	2,557	0	0%	3,568	0	0%
Behavioral Health	28,305	0	0%	10,367	0	0%	2,557	0	0%	3,568	0	0%
PCCM	28,305	0	0%	10,367	0	0%	2,557	0	0%	3,568	0	0%
PACE	28,305	0	0%	10,367	0	0%	2,557	0	0%	3,568	0	0%
LTC	28,305	0	0%	10,367	0	0%	2,557	0	0%	3,568	0	0%
Prenatal	28,305	0	0%	10,367	0	0%	2,557	0	0%	3,568	0	0%

Table B.3.1
 Number and Percent of Medicaid Enrollees for one month or more
 by their last assigned Eligibility Group and Maintenance Assistance Status
 Calendar Year 2004

Albuquerque Area

Eligibility

Assistance Status	Total		Children		Adult		Aged		Disabled	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
All	41,121	100%	25,557	100%	10,650	100%	1,163	100%	3,751	100%
Receiving Cash	17,031	41%	8,160	32%	4,814	45%	697	60%	3,360	90%
Medically Needy	12	0%	0	0%	12	0%	0	0%	0	0%
Poverty-related	15,220	37%	13,849	54%	857	8%	264	23%	250	7%
Waiver	4,349	11%	631	2%	3,718	35%	0	0%	0	0%
Other	4,509	11%	2,917	11%	1,249	12%	202	17%	141	4%

Table B.3.2
Number and Percent of Medicaid Enrollees for one month or more in each state
by their last assigned Eligibility Group and Maintenance Assistance Status
Calendar Year 2004

Albuquerque Area

Colorado

Eligibility

Assistance Status	Total		Children		Adult		Aged		Disabled	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
All	1,442	100%	1,049	100%	227	100%	74	100%	92	100%
Receiving Cash	960	67%	656	63%	161	71%	61	82%	82	89%
Medically Needy	0	0%	0	0%	0	0%	0	0%	0	0%
Poverty-related	375	26%	324	31%	40	18%	7	9%	4	4%
Waiver	0	0%	0	0%	0	0%	0	0%	0	0%
Other	107	7%	69	7%	26	11%	6	8%	6	7%

New Mexico

Assistance Status	Total		Children		Adult		Aged		Disabled	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
All	39,297	100%	24,255	100%	10,358	100%	1,060	100%	3,624	100%
Receiving Cash	15,995	41%	7,480	31%	4,635	45%	625	59%	3,255	90%
Medically Needy	0	0%	0	0%	0	0%	0	0%	0	0%
Poverty-related	14,601	37%	13,322	55%	795	8%	244	23%	240	7%
Waiver	4,349	11%	631	3%	3,718	36%	0	0%	0	0%
Other	4,352	11%	2,822	12%	1,210	12%	191	18%	129	4%

Texas

Assistance Status	Total		Children		Adult		Aged		Disabled	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
All	382	100%	253	100%	65	100%	29	100%	35	100%
Receiving Cash	76	20%	24	9%	18	28%	11	38%	23	66%
Medically Needy	12	3%	0	0%	12	18%	0	0%	0	0%
Poverty-related	244	64%	203	80%	22	34%	13	45%	6	17%
Waiver	0	0%	0	0%	0	0%	0	0%	0	0%
Other	50	13%	26	10%	13	20%	5	17%	6	17%

Table B.3.3
 Number and Percent of Dual Enrollees identified in Medicaid or Medicare Data Files
 by Eligibility Category
 Calendar Year 2004

Albuquerque Area

Eligibility Category	Total		Medicaid		Medicare	
	Number	Percent	Number	Percent	Number	Percent
All	2,554	100%	84	100%	2,470	100%
QMB & Full Medicaid	1,827	72%	67	80%	1,760	71%
QMB Only	450	18%	12	14%	438	18%
SLMB & Full Medicaid	0	0%	0	0%	0	0%
SLMB Only	13	1%	0	0%	13	1%
Qualifying Individuals	1	0%	0	0%	1	0%
Other Duals	263	10%	5	6%	258	10%

Table B.3.4
 Number and Percent of Aged and Disabled Dual Enrollees
 by Eligibility Category
 Calendar Year 2004

Albuquerque Area

Eligibility Category	Total		Aged		Disabled	
	Number	Percent	Number	Percent	Number	Percent
All	2,514	100%	1,138	100%	1,376	100%
QMB & Full Medicaid	1,820	72%	732	64%	1,088	79%
QMB Only	450	18%	253	22%	197	14%
SLMB & Full Medicaid	0	0%	0	0%	0	0%
SLMB Only	13	1%	10	1%	3	0%
Qualifying Individuals	1	0%	1	0%	0	0%
Other Duals	230	9%	142	12%	88	6%

Table B.3.5
 Number of Medicaid Enrollees in Managed Care for one month or more as a Percent of the total number of
 eligible enrollees by their last assigned Eligibility Group
 Calendar Year 2004

Albuquerque Area

Managed Care	<u>Children</u>			<u>Adult</u>			<u>Aged</u>			<u>Disabled</u>			
	<u>Eligible</u> Number	Number	Percent	<u>Eligible</u> Number	Number	Percent	<u>Eligible</u> Number	Number	Percent	<u>Eligible</u> Number	Number		
Percent													
HMO	25,557	5,459	21%	10,650	1,344	13%	1,163	10	1%	3,751	717	19%	
Dental	25,557	0	0%	10,650	0	0%	1,163	0	0%	3,751	0	0%	
Behavioral Health	25,557	1,042	4%	10,650	221	2%	1,163	68	6%	3,751	87	2%	
PCCM	25,557	96	0%	10,650	16	0%	1,163	4	0%	3,751	9	0%	
PACE	25,557	0	0%	10,650	0	0%	1,163	0	0%	3,751	0	0%	
LTC	25,557	0	0%	10,650	0	0%	1,163	0	0%	3,751	0	0%	
Prenatal	25,557	0	0%	10,650	0	0%	1,163	0	0%	3,751	0	0%	

Table B.4.1
 Number and Percent of Medicaid Enrollees for one month or more
 by their last assigned Eligibility Group and Maintenance Assistance Status
 Calendar Year 2004

Bemidji Area

Eligibility

Assistance Status	Total		Children		Adult		Aged		Disabled	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
All	35,161	100%	20,904	100%	9,761	100%	1,331	100%	3,165	100%
Receiving Cash	20,736	59%	12,229	59%	6,050	62%	307	23%	2,150	68%
Medically Needy	1,141	3%	461	2%	442	5%	104	8%	134	4%
Poverty-related	6,534	19%	5,319	25%	463	5%	345	26%	407	13%
Waiver	2,009	6%	493	2%	1,250	13%	266	20%	0	0%
Other	4,741	13%	2,402	11%	1,556	16%	309	23%	474	15%

Table B.4.2
Number and Percent of Medicaid Enrollees for one month or more in each state
by their last assigned Eligibility Group and Maintenance Assistance Status
Calendar Year 2004

Bemidji Area

Indiana

Eligibility

Assistance Status	Total		Children		Adult		Aged		Disabled	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
All	105	100%	66	100%	20	100%	0	0%	19	100%
Receiving Cash	56	53%	29	44%	13	65%	0	0%	14	74%
Medically Needy	0	0%	0	0%	0	0%	0	0%	0	0%
Poverty-related	35	33%	31	47%	3	15%	0	0%	1	5%
Waiver	0	0%	0	0%	0	0%	0	0%	0	0%
Other	14	13%	6	9%	4	20%	0	0%	4	21%

Michigan

Assistance Status	Total		Children		Adult		Aged		Disabled	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
All	6,813	100%	4,286	100%	1,406	100%	179	100%	942	100%
Receiving Cash	1,780	26%	864	20%	271	19%	25	14%	620	66%
Medically Needy	502	7%	150	3%	315	22%	11	6%	26	3%
Poverty-related	2,790	41%	2,368	55%	197	14%	90	50%	135	14%
Waiver	9	0%	0	0%	9	1%	0	0%	0	0%
Other	1,732	25%	904	21%	614	44%	53	30%	161	17%

Minnesota

Assistance Status	Total		Children		Adult		Aged		Disabled	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
All	17,578	100%	10,235	100%	4,723	100%	691	100%	1,929	100%
Receiving Cash	15,004	85%	8,916	87%	4,321	91%	280	41%	1,487	77%
Medically Needy	251	1%	28	0%	97	2%	60	9%	66	3%
Poverty-related	1,170	7%	691	7%	61	1%	198	29%	220	11%
Waiver	369	2%	271	3%	98	2%	0	0%	0	0%
Other	784	4%	329	3%	146	3%	153	22%	156	8%

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Table B.4.2 (continued)
 Number and Percent of Medicaid Enrollees for one month or more in each state
 by their last assigned Eligibility Group and Maintenance Assistance Status
 Calendar Year 2004

Bemidji Area

Wisconsin

Assistance Status	Total		Children		Adult		Aged		Disabled	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
All	10,664	100%	6,317	100%	3,612	100%	460	100%	275	100%
Receiving Cash	3,896	37%	2,420	38%	1,445	40%	2	0%	29	11%
Medically Needy	388	4%	283	4%	30	1%	33	7%	42	15%
Poverty-related	2,539	24%	2,229	35%	202	6%	57	12%	51	19%
Waiver	1,631	15%	222	4%	1,143	32%	266	58%	0	0%
Other	2,210	21%	1,163	18%	792	22%	102	22%	153	56%

Table B.4.3
 Number and Percent of Dual Enrollees identified in Medicaid or Medicare Data Files
 by Eligibility Category
 Calendar Year 2004

Bemidji Area

Eligibility Category	Total		Medicaid		Medicare	
	Number	Percent	Number	Percent	Number	Percent
All	2,723	100%	53	100%	2,670	100%
QMB & Full Medicaid	1,425	52%	31	58%	1,394	52%
QMB Only	69	3%	1	2%	68	3%
SLMB & Full Medicaid	156	6%	8	15%	148	6%
SLMB Only	179	7%	2	4%	177	7%
Qualifying Individuals	55	2%	0	0%	55	2%
Other Duals	839	31%	11	21%	828	31%

Table B.4.4
 Number and Percent of Aged and Disabled Dual Enrollees
 by Eligibility Category
 Calendar Year 2004

Bemidji Area

Eligibility Category	Total		Aged		Disabled	
	Number	Percent	Number	Percent	Number	Percent
All	2,351	100%	1,086	100%	1,265	100%
QMB & Full Medicaid	1,369	58%	562	52%	807	64%
QMB Only	69	3%	53	5%	16	1%
SLMB & Full Medicaid	144	6%	68	6%	76	6%
SLMB Only	179	8%	121	11%	58	5%
Qualifying Individuals	55	2%	35	3%	20	2%
Other Duals	535	23%	247	23%	288	23%

Table B.4.5
 Number of Medicaid Enrollees in Managed Care for one month or more as a Percent of the total number of
 eligible enrollees by their last assigned Eligibility Group
 Calendar Year 2004

Bemidji Area

Managed Care	Children			Adult			Aged			Disabled		
	Eligible Number	Number	Percent	Eligible Number	Number	Percent	Eligible Number	Number	Percent	Eligible Number	Number	Percent
HMO	20,904	7,110	34%	9,761	3,041	31%	1,331	168	13%	3,165	358	11%
Dental	20,904	2,056	10%	9,761	88	1%	1,331	0	0%	3,165	81	3%
Behavioral Health	20,904	4,181	20%	9,761	1,395	14%	1,331	150	11%	3,165	923	29%
PCCM	20,904	1	0%	9,761	0	0%	1,331	0	0%	3,165	8	0%
PACE	20,904	0	0%	9,761	0	0%	1,331	1	0%	3,165	4	0%
LTC	20,904	0	0%	9,761	0	0%	1,331	0	0%	3,165	3	0%
Prenatal	20,904	0	0%	9,761	0	0%	1,331	0	0%	3,165	0	0%

Table B.5.1
 Number and Percent of Medicaid Enrollees for one month or more
 by their last assigned Eligibility Group and Maintenance Assistance Status
 Calendar Year 2004

Billings Area

Eligibility

Assistance Status	Total		Children		Adult		Aged		Disabled	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
All	28,232	100%	17,862	100%	7,026	100%	792	100%	2,552	100%
Receiving Cash	17,913	63%	10,169	57%	5,129	73%	372	47%	2,243	88%
Medically Needy	265	1%	12	0%	0	0%	161	20%	92	4%
Poverty-related	6,078	22%	5,278	30%	647	9%	116	15%	37	1%
Waiver	0	0%	0	0%	0	0%	0	0%	0	0%
Other	3,976	14%	2,403	13%	1,250	18%	143	18%	180	7%

Table B.5.2
Number and Percent of Medicaid Enrollees for one month or more in each state
by their last assigned Eligibility Group and Maintenance Assistance Status
Calendar Year 2004

Billings Area

Montana

Eligibility

Assistance Status	Total		Children		Adult		Aged		Disabled	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
All	23,352	100%	14,599	100%	5,859	100%	647	100%	2,247	100%
Receiving Cash	15,403	66%	8,752	60%	4,338	74%	307	47%	2,006	89%
Medically Needy	265	1%	12	0%	0	0%	161	25%	92	4%
Poverty-related	4,506	19%	3,910	27%	502	9%	77	12%	17	1%
Waiver	0	0%	0	0%	0	0%	0	0%	0	0%
Other	3,178	14%	1,925	13%	1,019	17%	102	16%	132	6%

Wyoming

Assistance Status	Total		Children		Adult		Aged		Disabled	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
All	4,880	100%	3,263	100%	1,167	100%	145	100%	305	100%
Receiving Cash	2,510	51%	1,417	43%	791	68%	65	45%	237	78%
Medically Needy	0	0%	0	0%	0	0%	0	0%	0	0%
Poverty-related	1,572	32%	1,368	42%	145	12%	39	27%	20	7%
Waiver	0	0%	0	0%	0	0%	0	0%	0	0%
Other	798	16%	478	15%	231	20%	41	28%	48	16%

Table B.5.3
 Number and Percent of Dual Enrollees identified in Medicaid or Medicare Data Files
 by Eligibility Category
 Calendar Year 2004

Billings Area

Eligibility Category	Total		Medicaid		Medicare	
	Number	Percent	Number	Percent	Number	Percent
All	1,615	100%	26	100%	1,589	100%
QMB & Full Medicaid	1,080	67%	7	27%	1,073	68%
QMB Only	96	6%	0	0%	96	6%
SLMB & Full Medicaid	83	5%	5	19%	78	5%
SLMB Only	41	3%	1	4%	40	3%
Qualifying Individuals	16	1%	0	0%	16	1%
Other Duals	299	19%	13	50%	286	18%

Table B.5.4
 Number and Percent of Aged and Disabled Dual Enrollees
 by Eligibility Category
 Calendar Year 2004

Billings Area

Eligibility Category	Total		Aged		Disabled	
	Number	Percent	Number	Percent	Number	Percent
All	1,541	100%	788	100%	753	100%
QMB & Full Medicaid	1,037	67%	507	64%	530	70%
QMB Only	96	6%	72	9%	24	3%
SLMB & Full Medicaid	76	5%	44	6%	32	4%
SLMB Only	41	3%	33	4%	8	1%
Qualifying Individuals	16	1%	11	1%	5	1%
Other Duals	275	18%	121	15%	154	20%

Table B.5.5
 Number of Medicaid Enrollees in Managed Care for one month or more as a Percent of the total number of
 eligible enrollees by their last assigned Eligibility Group
 Calendar Year 2004

Billings Area

Managed Care	Children			Adult			Aged			Disabled		
	Eligible Number	Number	Percent	Eligible Number	Number	Percent	Eligible Number	Number	Percent	Eligible Number	Number	Percent
HMO	17,862	0	0%	7,026	0	0%	792	0	0%	2,552	0	0%
Dental	17,862	0	0%	7,026	0	0%	792	0	0%	2,552	0	0%
Behavioral Health	17,862	0	0%	7,026	0	0%	792	0	0%	2,552	0	0%
PCCM	17,862	13,532	76%	7,026	5,197	74%	792	19	2%	2,552	1,437	56%
PACE	17,862	0	0%	7,026	0	0%	792	0	0%	2,552	0	0%
LTC	17,862	0	0%	7,026	0	0%	792	0	0%	2,552	0	0%
Prenatal	17,862	0	0%	7,026	0	0%	792	0	0%	2,552	0	0%

Table B.6.1
 Number and Percent of Medicaid Enrollees for one month or more
 by their last assigned Eligibility Group and Maintenance Assistance Status
 Calendar Year 2004

California Area

Eligibility

Assistance Status	Total		Children		Adult		Aged		Disabled	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
All	26,960	100%	12,346	100%	10,097	100%	761	100%	3,756	100%
Receiving Cash	17,031	63%	8,949	72%	4,695	46%	233	31%	3,154	84%
Medically Needy	1,898	7%	1,168	9%	385	4%	200	26%	145	4%
Poverty-related	1,144	4%	443	4%	209	2%	258	34%	234	6%
Waiver	4,862	18%	601	5%	4,261	42%	0	0%	0	0%
Other	2,025	8%	1,185	10%	547	5%	70	9%	223	6%

Table B.6.2
 Number and Percent of Medicaid Enrollees for one month or more in each state
 by their last assigned Eligibility Group and Maintenance Assistance Status
 Calendar Year 2004

California Area

California

Eligibility

Assistance Status	Total		Children		Adult		Aged		Disabled	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
All	26,960	100%	12,346	100%	10,097	100%	761	100%	3,756	100%
Receiving Cash	17,031	63%	8,949	72%	4,695	46%	233	31%	3,154	84%
Medically Needy	1,898	7%	1,168	9%	385	4%	200	26%	145	4%
Poverty-related	1,144	4%	443	4%	209	2%	258	34%	234	6%
Waiver	4,862	18%	601	5%	4,261	42%	0	0%	0	0%
Other	2,025	8%	1,185	10%	547	5%	70	9%	223	6%

Table B.6.3
 Number and Percent of Dual Enrollees identified in Medicaid or Medicare Data Files
 by Eligibility Category
 Calendar Year 2004

California Area

Eligibility Category	Total		Medicaid		Medicare	
	Number	Percent	Number	Percent	Number	Percent
All	2,175	100%	22	100%	2,153	100%
QMB & Full Medicaid	1,874	86%	18	82%	1,856	86%
QMB Only	8	0%	0	0%	8	0%
SLMB & Full Medicaid	0	0%	0	0%	0	0%
SLMB Only	6	0%	0	0%	6	0%
Qualifying Individuals	9	0%	0	0%	9	0%
Other Duals	278	13%	4	18%	274	13%

Table B.6.4
 Number and Percent of Aged and Disabled Dual Enrollees
 by Eligibility Category
 Calendar Year 2004

California Area

Eligibility Category	Total		Aged		Disabled	
	Number	Percent	Number	Percent	Number	Percent
All	2,123	100%	741	100%	1,382	100%
QMB & Full Medicaid	1,828	86%	584	79%	1,244	90%
QMB Only	8	0%	6	1%	2	0%
SLMB & Full Medicaid	0	0%	0	0%	0	0%
SLMB Only	6	0%	3	0%	3	0%
Qualifying Individuals	9	0%	6	1%	3	0%
Other Duals	272	13%	142	19%	130	9%

Table B.6.5
 Number of Medicaid Enrollees in Managed Care for one month or more as a Percent of the total number of
 eligible enrollees by their last assigned Eligibility Group
 Calendar Year 2004

California Area

Managed Care	Children			Adult			Aged			Disabled		
	Eligible Number	Number	Percent	Eligible Number	Number	Percent	Eligible Number	Number	Percent	Eligible Number	Number	Percent
HMO	12,346	2,311	19%	10,097	1,333	13%	761	35	5%	3,756	292	8%
Dental	12,346	11,462	93%	10,097	5,628	56%	761	749	98%	3,756	3,749	100%
Behavioral Health	12,346	0	0%	10,097	0	0%	761	0	0%	3,756	0	0%
PCCM	12,346	0	0%	10,097	0	0%	761	0	0%	3,756	0	0%
PACE	12,346	0	0%	10,097	0	0%	761	0	0%	3,756	0	0%
LTC	12,346	0	0%	10,097	0	0%	761	0	0%	3,756	0	0%
Prenatal	12,346	0	0%	10,097	0	0%	761	0	0%	3,756	0	0%

Table B.7.1
 Number and Percent of Medicaid Enrollees for one month or more
 by their last assigned Eligibility Group and Maintenance Assistance Status
 Calendar Year 2004

Nashville Area

Eligibility

Assistance Status	Total		Children		Adult		Aged		Disabled	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
All	13,943	100%	7,770	100%	3,100	100%	906	100%	2,167	100%
Receiving Cash	4,696	34%	1,951	25%	1,025	33%	188	21%	1,532	71%
Medically Needy	832	6%	83	1%	217	7%	309	34%	223	10%
Poverty-related	6,461	46%	5,357	69%	501	16%	270	30%	333	15%
Waiver	1,198	9%	43	1%	1,121	36%	34	4%	0	0%
Other	756	5%	336	4%	236	8%	105	12%	79	4%

Table B.7.2
 Number and Percent of Medicaid Enrollees for one month or more in each state
 by their last assigned Eligibility Group and Maintenance Assistance Status
 Calendar Year 2004

Nashville Area

Alabama

Eligibility

Assistance Status	Total		Children		Adult		Aged		Disabled	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
All	915	100%	615	100%	218	100%	5	100%	77	100%
Receiving Cash	173	19%	67	11%	31	14%	1	20%	74	96%
Medically Needy	0	0%	0	0%	0	0%	0	0%	0	0%
Poverty-related	564	62%	539	88%	19	9%	4	80%	2	3%
Waiver	177	19%	9	1%	168	77%	0	0%	0	0%
Other	1	0%	0	0%	0	0%	0	0%	1	1%

Connecticut

Assistance Status	Total		Children		Adult		Aged		Disabled	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
All	1,018	100%	519	100%	237	100%	140	100%	122	100%
Receiving Cash	421	41%	247	48%	133	56%	12	9%	29	24%
Medically Needy	67	7%	7	1%	4	2%	23	16%	33	27%
Poverty-related	207	20%	141	27%	16	7%	39	28%	11	9%
Waiver	0	0%	0	0%	0	0%	0	0%	0	0%
Other	323	32%	124	24%	84	35%	66	47%	49	40%

Florida

Assistance Status	Total		Children		Adult		Aged		Disabled	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
All	609	100%	319	100%	96	100%	66	100%	128	100%
Receiving Cash	332	55%	133	42%	48	50%	40	61%	111	87%
Medically Needy	23	4%	5	2%	15	16%	0	0%	3	2%
Poverty-related	202	33%	149	47%	16	17%	23	35%	14	11%
Waiver	2	0%	0	0%	2	2%	0	0%	0	0%
Other	50	8%	32	10%	15	16%	3	5%	0	0%

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Table B.7.2 (continued)
 Number and Percent of Medicaid Enrollees for one month or more in each state
 by their last assigned Eligibility Group and Maintenance Assistance Status
 Calendar Year 2004

Nashville Area (continued)

Louisiana

Assistance Status	Total		Children		Adult		Aged		Disabled	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
All	415	100%	203	100%	45	100%	19	100%	148	100%
Receiving Cash	198	48%	34	17%	17	38%	12	63%	135	91%
Medically Needy	10	2%	4	2%	4	9%	1	5%	1	1%
Poverty-related	180	43%	145	71%	24	53%	5	26%	6	4%
Waiver	0	0%	0	0%	0	0%	0	0%	0	0%
Other	27	7%	20	10%	0	0%	1	5%	6	4%

Massachusetts

Assistance Status	Total		Children		Adult		Aged		Disabled	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
All	29	100%	12	100%	11	100%	2	100%	4	100%
Receiving Cash	4	14%	0	0%	1	9%	1	50%	2	50%
Medically Needy	0	0%	0	0%	0	0%	0	0%	0	0%
Poverty-related	14	48%	11	92%	0	0%	1	50%	2	50%
Waiver	8	28%	0	0%	8	73%	0	0%	0	0%
Other	3	10%	1	8%	2	18%	0	0%	0	0%

Maine

Assistance Status	Total		Children		Adult		Aged		Disabled	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
All	30	100%	14	100%	12	100%	2	100%	2	100%
Receiving Cash	4	13%	1	7%	1	8%	0	0%	2	100%
Medically Needy	0	0%	0	0%	0	0%	0	0%	0	0%
Poverty-related	15	50%	13	93%	0	0%	2	100%	0	0%
Waiver	7	23%	0	0%	7	58%	0	0%	0	0%
Other	4	13%	0	0%	4	33%	0	0%	0	0%

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Table B.7.2 (continued)
 Number and Percent of Medicaid Enrollees for one month or more in each state
 by their last assigned Eligibility Group and Maintenance Assistance Status
 Calendar Year 2004

Nashville Area (continued)

Mississippi

Assistance Status	Total		Children		Adult		Aged		Disabled	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
All	2,527	100%	1,632	100%	424	100%	99	100%	372	100%
Receiving Cash	567	22%	136	8%	64	15%	47	47%	320	86%
Medically Needy	0	0%	0	0%	0	0%	0	0%	0	0%
Poverty-related	1,753	69%	1,496	92%	185	44%	34	34%	38	10%
Waiver	175	7%	0	0%	175	41%	0	0%	0	0%
Other	32	1%	0	0%	0	0%	18	18%	14	4%

North Carolina

Assistance Status	Total		Children		Adult		Aged		Disabled	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
All	2,509	100%	1,669	100%	404	100%	148	100%	288	100%
Receiving Cash	503	20%	236	14%	168	42%	12	8%	87	30%
Medically Needy	25	1%	1	0%	11	3%	12	8%	1	0%
Poverty-related	1,907	76%	1,398	84%	185	46%	124	84%	200	69%
Waiver	0	0%	0	0%	0	0%	0	0%	0	0%
Other	74	3%	34	2%	40	10%	0	0%	0	0%

New York

Assistance Status	Total		Children		Adult		Aged		Disabled	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
All	4,041	100%	1,803	100%	1,174	100%	329	100%	735	100%
Receiving Cash	1,749	43%	807	45%	358	30%	42	13%	542	74%
Medically Needy	704	17%	66	4%	181	15%	272	83%	185	25%
Poverty-related	878	22%	857	48%	1	0%	12	4%	8	1%
Waiver	641	16%	19	1%	622	53%	0	0%	0	0%
Other	69	2%	54	3%	12	1%	3	1%	0	0%

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Table B.7.2 (continued)
 Number and Percent of Medicaid Enrollees for one month or more in each state
 by their last assigned Eligibility Group and Maintenance Assistance Status
 Calendar Year 2004

Nashville Area (continued)

Pennsylvania

Assistance Status	Total		Children		Adult		Aged		Disabled	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
All	12	100%	7	100%	2	100%	0	0%	3	100%
Receiving Cash	11	92%	6	86%	2	100%	0	0%	3	100%
Medically Needy	0	0%	0	0%	0	0%	0	0%	0	0%
Poverty-related	1	8%	1	14%	0	0%	0	0%	0	0%
Waiver	0	0%	0	0%	0	0%	0	0%	0	0%
Other	0	0%	0	0%	0	0%	0	0%	0	0%

Rhode Island

Assistance Status	Total		Children		Adult		Aged		Disabled	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
All	158	100%	83	100%	45	100%	8	100%	22	100%
Receiving Cash	82	52%	43	52%	22	49%	1	13%	16	73%
Medically Needy	1	1%	0	0%	0	0%	1	13%	0	0%
Poverty-related	25	16%	23	28%	0	0%	2	25%	0	0%
Waiver	12	8%	10	12%	2	4%	0	0%	0	0%
Other	38	24%	7	8%	21	47%	4	50%	6	27%

South Carolina

Assistance Status	Total		Children		Adult		Aged		Disabled	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
All	1,570	100%	825	100%	422	100%	70	100%	253	100%
Receiving Cash	637	41%	240	29%	180	43%	17	24%	200	79%
Medically Needy	0	0%	0	0%	0	0%	0	0%	0	0%
Poverty-related	636	41%	523	63%	49	12%	14	20%	50	20%
Waiver	176	11%	5	1%	137	32%	34	49%	0	0%
Other	121	8%	57	7%	56	13%	5	7%	3	1%

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Table B.7.2 (continued)
 Number and Percent of Medicaid Enrollees for one month or more in each state
 by their last assigned Eligibility Group and Maintenance Assistance Status
 Calendar Year 2004

Nashville Area (continued)

Texas

Assistance Status	Total		Children		Adult		Aged		Disabled	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
All	110	100%	69	100%	10	100%	18	100%	13	100%
Receiving Cash	15	14%	1	1%	0	0%	3	17%	11	85%
Medically Needy	2	2%	0	0%	2	20%	0	0%	0	0%
Poverty-related	79	72%	61	88%	6	60%	10	56%	2	15%
Waiver	0	0%	0	0%	0	0%	0	0%	0	0%
Other	14	13%	7	10%	2	20%	5	28%	0	0%

Table B.7.3
 Number and Percent of Dual Enrollees identified in Medicaid or Medicare Data Files
 by Eligibility Category
 Calendar Year 2004

Nashville Area

Eligibility Category	Total		Medicaid		Medicare	
	Number	Percent	Number	Percent	Number	Percent
All	1,754	100%	28	100%	1,726	100%
QMB & Full Medicaid	897	51%	5	18%	892	52%
QMB Only	50	3%	1	4%	49	3%
SLMB & Full Medicaid	29	2%	0	0%	29	2%
SLMB Only	70	4%	3	11%	67	4%
Qualifying Individuals	43	2%	0	0%	43	2%
Other Duals	665	38%	19	68%	646	37%

Table B.7.4
 Number and Percent of Aged and Disabled Dual Enrollees
 by Eligibility Category
 Calendar Year 2004

Nashville Area

Eligibility Category	Total		Aged		Disabled	
	Number	Percent	Number	Percent	Number	Percent
All	1,718	100%	875	100%	843	100%
QMB & Full Medicaid	892	52%	381	44%	511	61%
QMB Only	50	3%	32	4%	18	2%
SLMB & Full Medicaid	28	2%	18	2%	10	1%
SLMB Only	70	4%	42	5%	28	3%
Qualifying Individuals	43	3%	35	4%	8	1%
Other Duals	635	37%	367	42%	268	32%

Table B.7.5
 Number of Medicaid Enrollees in Managed Care for one month or more as a Percent of the total number of
 eligible enrollees by their last assigned Eligibility Group
 Calendar Year 2004

Nashville Area

Managed Care	Children			Adult			Aged			Disabled		
	Eligible Number	Number	Percent	Eligible Number	Number	Percent	Eligible Number	Number	Percent	Eligible Number	Number	Percent
HMO	7,770	1,822	23%	3,100	998	32%	906	19	2%	2,167	165	8%
Dental	7,770	69	1%	3,100	1	0%	906	0	0%	2,167	11	1%
Behavioral Health	7,770	53	1%	3,100	21	1%	906	2	0%	2,167	24	1%
PCCM	7,770	851	11%	3,100	169	5%	906	14	2%	2,167	180	8%
PACE	7,770	0	0%	3,100	0	0%	906	2	0%	2,167	0	0%
LTC	7,770	0	0%	3,100	0	0%	906	0	0%	2,167	0	0%
Prenatal	7,770	7	0%	3,100	19	1%	906	0	0%	2,167	0	0%

Table B.8.1
 Number and Percent of Medicaid Enrollees for one month or more
 by their last assigned Eligibility Group and Maintenance Assistance Status
 Calendar Year 2004

Navajo Area

Eligibility

Assistance Status	Total		Children		Adult		Aged		Disabled	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
All	140,682	100%	72,215	100%	48,622	100%	5,480	100%	14,365	100%
Receiving Cash	68,893	49%	29,069	40%	23,232	48%	3,429	63%	13,163	92%
Medically Needy	61	0%	26	0%	10	0%	14	0%	11	0%
Poverty-related	37,525	27%	34,240	47%	1,840	4%	980	18%	465	3%
Waiver	21,139	15%	913	1%	20,226	42%	0	0%	0	0%
Other	13,064	9%	7,967	11%	3,314	7%	1,057	19%	726	5%

Table B.8.2
Number and Percent of Medicaid Enrollees for one month or more in each state
by their last assigned Eligibility Group and Maintenance Assistance Status
Calendar Year 2004

Navajo Area

Arizona

Eligibility

Assistance Status	Total		Children		Adult		Aged		Disabled	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
All	83,842	100%	37,994	100%	34,529	100%	3,108	100%	8,211	100%
Receiving Cash	44,806	53%	18,570	49%	16,912	49%	1,922	62%	7,402	90%
Medically Needy	0	0%	0	0%	0	0%	0	0%	0	0%
Poverty-related	16,108	19%	14,525	38%	857	2%	501	16%	225	3%
Waiver	15,285	18%	252	1%	15,033	44%	0	0%	0	0%
Other	7,643	9%	4,647	12%	1,727	5%	685	22%	584	7%

New Mexico

Assistance Status	Total		Children		Adult		Aged		Disabled	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
All	53,196	100%	32,090	100%	13,349	100%	1,957	100%	5,800	100%
Receiving Cash	22,055	41%	9,484	30%	5,857	44%	1,213	62%	5,501	95%
Medically Needy	0	0%	0	0%	0	0%	0	0%	0	0%
Poverty-related	20,264	38%	18,819	59%	837	6%	420	21%	188	3%
Waiver	5,802	11%	661	2%	5,141	39%	0	0%	0	0%
Other	5,075	10%	3,126	10%	1,514	11%	324	17%	111	2%

Utah

Assistance Status	Total		Children		Adult		Aged		Disabled	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
All	3,644	100%	2,131	100%	744	100%	415	100%	354	100%
Receiving Cash	2,032	56%	1,015	48%	463	62%	294	71%	260	73%
Medically Needy	61	2%	26	1%	10	1%	14	3%	11	3%
Poverty-related	1,153	32%	896	42%	146	20%	59	14%	52	15%
Waiver	52	1%	0	0%	52	7%	0	0%	0	0%
Other	346	9%	194	9%	73	10%	48	12%	31	9%

Table B.8.3
 Number and Percent of Dual Enrollees identified in Medicaid or Medicare Data Files
 by Eligibility Category
 Calendar Year 2004

Navajo Area

Eligibility Category	Total		Medicaid		Medicare	
	Number	Percent	Number	Percent	Number	Percent
All	11,456	100%	154	100%	11,302	100%
QMB & Full Medicaid	8,032	70%	109	71%	7,923	70%
QMB Only	587	5%	7	5%	580	5%
SLMB & Full Medicaid	3	0%	0	0%	3	0%
SLMB Only	18	0%	0	0%	18	0%
Qualifying Individuals	7	0%	0	0%	7	0%
Other Duals	2,809	25%	38	25%	2,771	25%

Table B.8.4
 Number and Percent of Aged and Disabled Dual Enrollees
 by Eligibility Category
 Calendar Year 2004

Navajo Area

Eligibility Category	Total		Aged		Disabled	
	Number	Percent	Number	Percent	Number	Percent
All	10,812	100%	5,409	100%	5,403	100%
QMB & Full Medicaid	8,009	74%	3,768	70%	4,241	78%
QMB Only	587	5%	433	8%	154	3%
SLMB & Full Medicaid	3	0%	2	0%	1	0%
SLMB Only	18	0%	15	0%	3	0%
Qualifying Individuals	7	0%	6	0%	1	0%
Other Duals	2,188	20%	1,185	22%	1,003	19%

Table B.8.5
 Number of Medicaid Enrollees in Managed Care for one month or more as a Percent of the total number of
 eligible enrollees by their last assigned Eligibility Group
 Calendar Year 2004

Navajo Area

Managed Care	<u>Children</u>			<u>Adult</u>			<u>Aged</u>			<u>Disabled</u>		
	<u>Eligible</u> Number	Number	Percent	<u>Eligible</u> Number	Number	Percent	<u>Eligible</u> Number	Number	Percent	<u>Eligible</u> Number	Number	Percent
HMO	72,215	14,407	20%	48,622	7,393	15%	5480	262	5%	14,365	1,463	10%
Dental	72,215	0	0%	48,622	0	0%	5480	0	0%	14,365	0	0%
Behavioral Health	72,215	643	0.9%	48,622	1,696	3%	5480	21	0%	14,365	448	3%
PCCM	72,215	0	0%	48,622	0	0%	5480	0	0%	14,365	0	0%
PACE	72,215	0	0%	48,622	0	0%	5480	0	0%	14,365	0	0%
LTC	72,215	2	0%	48,622	2	0%	5480	841	15%	14,365	856	6%
Prenatal	72,215	0	0%	48,622	0	0%	5480	0	0%	14,365	0	0%

Table B.9.1
 Number and Percent of Medicaid Enrollees for one month or more
 by their last assigned Eligibility Group and Maintenance Assistance Status
 Calendar Year 2004

Oklahoma Area

Eligibility

Assistance Status	Total		Children		Adult		Aged		Disabled	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
All	87,041	100%	62,972	100%	11,294	100%	4,202	100%	8,573	100%
Receiving Cash	23,094	27%	9,538	15%	5,783	51%	1,826	43%	5,947	69%
Medically Needy	35	0%	4	0%	16	0%	6	0%	9	0%
Poverty-related	61,785	71%	53,329	85%	5,435	48%	1,321	31%	1,700	20%
Waiver	0	0%	0	0%	0	0%	0	0%	0	0%
Other	2,127	2%	101	0%	60	1%	1,049	25%	917	11%

Table B.9.2
 Number and Percent of Medicaid Enrollees for one month or more in each state
 by their last assigned Eligibility Group and Maintenance Assistance Status
 Calendar Year 2004

Oklahoma Area

Kansas

Eligibility

Assistance Status	Total		Children		Adult		Aged		Disabled	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
All	1,152	100%	750	100%	262	100%	41	100%	99	100%
Receiving Cash	512	44%	294	39%	137	52%	13	32%	68	69%
Medically Needy	23	2%	4	1%	5	2%	5	12%	9	9%
Poverty-related	513	45%	407	54%	85	32%	9	22%	12	12%
Waiver	0	0%	0	0%	0	0%	0	0%	0	0%
Other	104	9%	45	6%	35	13%	14	34%	10	10%

Nebraska

Assistance Status	Total		Children		Adult		Aged		Disabled	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
All	43	100%	20	100%	7	100%	8	100%	8	100%
Receiving Cash	14	33%	3	15%	1	14%	5	63%	5	63%
Medically Needy	6	14%	0	0%	5	71%	1	13%	0	0%
Poverty-related	22	51%	17	85%	1	14%	2	25%	2	25%
Waiver	0	0%	0	0%	0	0%	0	0%	0	0%
Other	1	2%	0	0%	0	0%	0	0%	1	13%

Oklahoma

Assistance Status	Total		Children		Adult		Aged		Disabled	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
All	85,588	100%	62,041	100%	10,983	100%	4,132	100%	8,432	100%
Receiving Cash	22,497	26%	9,230	15%	5,638	51%	1,788	43%	5,841	69%
Medically Needy	0	0%	0	0%	0	0%	0	0%	0	0%
Poverty-related	61,096	71%	52,778	85%	5,323	48%	1,310	32%	1,685	20%
Waiver	0	0%	0	0%	0	0%	0	0%	0	0%
Other	1,995	2%	33	0%	22	0%	1,034	25%	906	11%

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Table B.9.2 (continued)
 Number and Percent of Medicaid Enrollees for one month or more in each state
 by their last assigned Eligibility Group and Maintenance Assistance Status
 Calendar Year 2004

Oklahoma Area (continued)

Texas

Assistance Status	Total		Children		Adult		Aged		Disabled	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
All	258	100%	161	100%	42	100%	21	100%	34	100%
Receiving Cash	71	28%	11	7%	7	17%	20	95%	33	97%
Medically Needy	6	2%	0	0%	6	14%	0	0%	0	0%
Poverty-related	154	60%	127	79%	26	62%	0	0%	1	3%
Waiver	0	0%	0	0%	0	0%	0	0%	0	0%
Other	27	10%	23	14%	3	7%	1	5%	0	0%

Table B.9.3
 Number and Percent of Dual Enrollees identified in Medicaid or Medicare Data Files
 by Eligibility Category
 Calendar Year 2004

Oklahoma Area

Eligibility Category	Total		Medicaid		Medicare	
	Number	Percent	Number	Percent	Number	Percent
All	7,631	100%	88	100%	7,543	100%
QMB & Full Medicaid	6,383	84%	66	75%	6,317	84%
QMB Only	8	0%	0	0%	8	0%
SLMB & Full Medicaid	78	1%	3	3%	75	1%
SLMB Only	692	9%	14	16%	678	9%
Qualifying Individuals	308	4%	4	5%	304	4%
Other Duals	162	2%	1	1%	161	2%

Table B.9.4
 Number and Percent of Aged and Disabled Dual Enrollees
 by Eligibility Category
 Calendar Year 2004

Oklahoma Area

Eligibility Category	Total		Aged		Disabled	
	Number	Percent	Number	Percent	Number	Percent
All	7,555	100%	4,105	100%	3,450	100%
QMB & Full Medicaid	6,325	84%	3,556	87%	2,769	80%
QMB Only	8	0%	2	0%	6	0%
SLMB & Full Medicaid	76	1%	42	1%	34	1%
SLMB Only	692	9%	423	10%	269	8%
Qualifying Individuals	308	4%	1	0%	307	9%
Other Duals	146	2%	81	2%	65	2%

Table B.9.5
 Number of Medicaid Enrollees in Managed Care for one month or more as a Percent of the total number of
 eligible enrollees by their last assigned Eligibility Group
 Calendar Year 2004

Oklahoma Area

Managed Care	<u>Children</u>			<u>Adult</u>			<u>Aged</u>			<u>Disabled</u>		
	<u>Eligible</u> Number	Number	Percent	<u>Eligible</u> Number	Number	Percent	<u>Eligible</u> Number	Number	Percent	<u>Eligible</u> Number	Number	Percent
HMO	62,972	220	0%	11,294	65	1%	4,202	0	0%	8,573	0	0%
Dental	62,972	0	0%	11,294	0	0%	4,202	0	0%	8,573	0	0%
Behavioral Health	62,972	20	0%	11,294	7	0%	4,202	1	0%	8,573	5	0%
PCCM	62,972	7,003	11%	11,294	1,386	12%	4,202	3	0%	8,573	632	7%
PACE	62,972	0	0%	11,294	0	0%	4,202	0	0%	8,573	0	0%
LTC	62,972	0	0%	11,294	0	0%	4,202	0	0%	8,573	0	0%
Prenatal	62,972	0	0%	11,294	0	0%	4,202	0	0%	8,573	0	0%

Table B.10.1
 Number and Percent of Medicaid Enrollees for one month or more
 by their last assigned Eligibility Group and Maintenance Assistance Status
 Calendar Year 2004

Phoenix Area

Eligibility

Assistance Status	Total		Children		Adult		Aged		Disabled	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
All	63,027	100%	31,912	100%	24,918	100%	1,459	100%	4,738	100%
Receiving Cash	31,723	50%	15,803	50%	11,812	47%	568	39%	3,540	75%
Medically Needy	165	0%	92	0%	37	0%	13	1%	23	0%
Poverty-related	13,685	22%	11,819	37%	1,132	5%	344	24%	390	8%
Waiver	10,803	17%	147	0%	10,656	43%	0	0%	0	0%
Other	6,651	11%	4,051	13%	1,281	5%	534	37%	785	17%

Table B.10.2
 Number and Percent of Medicaid Enrollees for one month or more in each state
 by their last assigned Eligibility Group and Maintenance Assistance Status
 Calendar Year 2004

Phoenix Area

Arizona

Eligibility

Assistance Status	Total		Children		Adult		Aged		Disabled	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
All	55,037	100%	27,184	100%	22,902	100%	1,107	100%	3,844	100%
Receiving Cash	26,684	48%	12,855	47%	10,519	46%	402	36%	2,908	76%
Medically Needy	0	0%	0	0%	0	0%	0	0%	0	0%
Poverty-related	11,960	22%	10,662	39%	861	4%	215	19%	222	6%
Waiver	10,656	19%	142	1%	10,514	46%	0	0%	0	0%
Other	5,737	10%	3,525	13%	1,008	4%	490	44%	714	19%

California

Assistance Status	Total		Children		Adult		Aged		Disabled	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
All	973	100%	550	100%	273	100%	31	100%	119	100%
Receiving Cash	762	78%	447	81%	224	82%	7	23%	84	71%
Medically Needy	73	8%	39	7%	13	5%	9	29%	12	10%
Poverty-related	52	5%	21	4%	5	2%	14	45%	12	10%
Waiver	22	2%	5	1%	17	6%	0	0%	0	0%
Other	64	7%	38	7%	14	5%	1	3%	11	9%

Colorado

Assistance Status	Total		Children		Adult		Aged		Disabled	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
All	2	100%	0	0%	1	100%	0	0%	1	100%
Receiving Cash	2	100%	0	0%	1	100%	0	0%	1	100%
Medically Needy	0	0%	0	0%	0	0%	0	0%	0	0%
Poverty-related	0	0%	0	0%	0	0%	0	0%	0	0%
Waiver	0	0%	0	0%	0	0%	0	0%	0	0%
Other	0	0%	0	0%	0	0%	0	0%	0	0%

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Table B.10.2 (continued)
 Number and Percent of Medicaid Enrollees for one month or more in each state
 by their last assigned Eligibility Group and Maintenance Assistance Status
 Calendar Year 2004

Phoenix Area (continued)

Idaho

Assistance Status	Total		Children		Adult		Aged		Disabled	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
All	90	100%	61	100%	15	100%	7	100%	7	100%
Receiving Cash	30	33%	17	28%	5	33%	1	14%	7	100%
Medically Needy	0	0%	0	0%	0	0%	0	0%	0	0%
Poverty-related	34	38%	30	49%	4	27%	0	0%	0	0%
Waiver	0	0%	0	0%	0	0%	0	0%	0	0%
Other	26	29%	14	23%	6	40%	6	86%	0	0%

Nevada

Assistance Status	Total		Children		Adult		Aged		Disabled	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
All	3,763	100%	2,071	100%	946	100%	261	100%	485	100%
Receiving Cash	2,660	71%	1,445	70%	708	75%	139	53%	368	76%
Medically Needy	0	0%	0	0%	0	0%	0	0%	0	0%
Poverty-related	652	17%	397	19%	66	7%	95	36%	94	19%
Waiver	0	0%	0	0%	0	0%	0	0%	0	0%
Other	451	12%	229	11%	172	18%	27	10%	23	5%

Oregon

Assistance Status	Total		Children		Adult		Aged		Disabled	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
All	90	100%	43	100%	30	100%	2	100%	15	100%
Receiving Cash	39	43%	20	47%	7	23%	1	50%	11	73%
Medically Needy	0	0%	0	0%	0	0%	0	0%	0	0%
Poverty-related	22	24%	16	37%	5	17%	0	0%	1	7%
Waiver	17	19%	0	0%	17	57%	0	0%	0	0%
Other	12	13%	7	16%	1	3%	1	50%	3	20%

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Table B.10.2 (continued)
 Number and Percent of Medicaid Enrollees for one month or more in each state
 by their last assigned Eligibility Group and Maintenance Assistance Status
 Calendar Year 2004

Phoenix Area (continued)

Utah

Assistance Status	Total		Children		Adult		Aged		Disabled	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
All	3,072	100%	2,003	100%	751	100%	51	100%	267	100%
Receiving Cash	1,546	50%	1,019	51%	348	46%	18	35%	161	60%
Medically Needy	92	3%	53	3%	24	3%	4	8%	11	4%
Poverty-related	965	31%	693	35%	191	25%	20	39%	61	23%
Waiver	108	4%	0	0%	108	14%	0	0%	0	0%
Other	361	12%	238	12%	80	11%	9	18%	34	13%

Table B.10.3
 Number and Percent of Dual Enrollees identified in Medicaid or Medicare Data Files
 by Eligibility Category
 Calendar Year 2004

Phoenix Area

Eligibility Category	Total		Medicaid		Medicare	
	Number	Percent	Number	Percent	Number	Percent
All	3,509	100%	77	100%	3,432	100%
QMB & Full Medicaid	2,063	59%	35	45%	2,028	59%
QMB Only	148	4%	1	1%	147	4%
SLMB & Full Medicaid	8	0%	0	0%	8	0%
SLMB Only	182	5%	12	16%	170	5%
Qualifying Individuals	89	3%	4	5%	85	2%
Other Duals	1,019	29%	25	32%	994	29%

Table B.10.4
 Number and Percent of Aged and Disabled Dual Enrollees
 by Eligibility Category
 Calendar Year 2004

Phoenix Area

Eligibility Category	Total		Aged		Disabled	
	Number	Percent	Number	Percent	Number	Percent
All	3,210	100%	1,541	100%	1,669	100%
QMB & Full Medicaid	2,044	64%	894	58%	1,150	69%
QMB Only	148	5%	76	5%	72	4%
SLMB & Full Medicaid	8	0%	3	0%	5	0%
SLMB Only	182	6%	127	8%	55	3%
Qualifying Individuals	89	3%	56	4%	33	2%
Other Duals	739	23%	385	25%	354	21%

Table B.10.5
 Number of Medicaid Enrollees in Managed Care for one month or more as a Percent of the total number of
 eligible enrollees by their last assigned Eligibility Group
 Calendar Year 2004

Phoenix Area

Managed Care	<u>Children</u>			<u>Adult</u>			<u>Aged</u>			<u>Disabled</u>		
	<u>Eligible</u> Number	Number	Percent	<u>Eligible</u> Number	Number	Percent	<u>Eligible</u> Number	Number	Percent	<u>Eligible</u> Number	Number	Percent
HMO	31,912	13,673	43%	24,918	9,955	40%	1,459	151	10%	4,738	993	21%
Dental	31,912	558	2%	24,918	264	1%	1,459	32	2%	4,738	129	3%
Behavioral Health	31,912	3,351	11%	24,918	2,637	11%	1,459	58	4%	4,738	861	18%
PCCM	31,912	39	0%	24,918	11	0%	1,459	7	0%	4,738	6	0%
PACE	31,912	0	0%	24,918	0	0%	1,459	0	0%	4,738	0	0%
LTC	31,912	5	0%	24,918	1	0%	1,459	444	30%	4,738	970	20%
Prenatal	31,912	0	0%	24,918	0	0%	1,459	0	0%	4,738	0	0%

Table B.11.1
 Number and Percent of Medicaid Enrollees for one month or more
 by their last assigned Eligibility Group and Maintenance Assistance Status
 Calendar Year 2004

Portland Area

Eligibility

Assistance Status	Total		Children		Adult		Aged		Disabled	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
All	47,572	100%	26,323	100%	13,168	100%	1,705	100%	6,376	100%
Receiving Cash	19,314	41%	9,669	37%	3,669	28%	738	43%	5,238	82%
Medically Needy	352	1%	24	0%	5	0%	97	6%	226	4%
Poverty-related	11,648	24%	9,133	35%	1,817	14%	319	19%	379	6%
Waiver	3,177	7%	0	0%	3,177	24%	0	0%	0	0%
Other	13,081	27%	7,497	28%	4,500	34%	551	32%	533	8%

Table B.11.2
 Number and Percent of Medicaid Enrollees for one month or more in each state
 by their last assigned Eligibility Group and Maintenance Assistance Status
 Calendar Year 2004

Portland Area

Idaho

Eligibility

Assistance Status	Total		Children		Adult		Aged		Disabled	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
All	3,833	100%	2,476	100%	734	100%	167	100%	456	100%
Receiving Cash	1,487	39%	695	28%	312	43%	54	32%	426	93%
Medically Needy	0	0%	0	0%	0	0%	0	0%	0	0%
Poverty-related	1,728	45%	1,519	61%	161	22%	23	14%	25	5%
Waiver	0	0%	0	0%	0	0%	0	0%	0	0%
Other	618	16%	262	11%	261	36%	90	54%	5	1%

Oregon

Assistance Status	Total		Children		Adult		Aged		Disabled	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
All	13,835	100%	7,304	100%	4,596	100%	425	100%	1,510	100%
Receiving Cash	6,292	45%	3,765	52%	1,176	26%	197	46%	1,154	76%
Medically Needy	0	0%	0	0%	0	0%	0	0%	0	0%
Poverty-related	3,264	24%	2,687	37%	352	8%	95	22%	130	9%
Waiver	2,641	19%	0	0%	2,641	57%	0	0%	0	0%
Other	1,638	12%	852	12%	427	9%	133	31%	226	15%

Utah

Assistance Status	Total		Children		Adult		Aged		Disabled	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
All	102	100%	60	100%	30	100%	2	100%	10	100%
Receiving Cash	54	53%	35	58%	15	50%	1	50%	3	30%
Medically Needy	3	3%	0	0%	0	0%	0	0%	3	30%
Poverty-related	36	35%	22	37%	10	33%	1	50%	3	30%
Waiver	5	5%	0	0%	5	17%	0	0%	0	0%
Other	4	4%	3	5%	0	0%	0	0%	1	10%

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Table B.11.2 (continued)
 Number and Percent of Medicaid Enrollees for one month or more in each state
 by their last assigned Eligibility Group and Maintenance Assistance Status
 Calendar Year 2004

Portland Area (continued)

Washington

Assistance Status	Total		Children		Adult		Aged		Disabled	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
All	29,802	100%	16,483	100%	7,808	100%	1,111	100%	4,400	100%
Receiving Cash	11,481	39%	5,174	31%	2,166	28%	486	44%	3,655	83%
Medically Needy	349	1%	24	0%	5	0%	97	9%	223	5%
Poverty-related	6,620	22%	4,905	30%	1,294	17%	200	18%	221	5%
Waiver	531	2%	0	0%	531	7%	0	0%	0	0%
Other	10,821	36%	6,380	39%	3,812	49%	328	30%	301	7%

Table B.11.3
Number and Percent of Dual Enrollees identified in Medicaid or Medicare Data Files
by Eligibility Category
Calendar Year 2004

Portland Area

Eligibility Category	Total		Medicaid		Medicare	
	Number	Percent	Number	Percent	Number	Percent
All	3,519	100%	58	100%	3,461	100%
QMB & Full Medicaid	2,004	57%	19	33%	1,985	57%
QMB Only	428	12%	16	28%	412	12%
SLMB & Full Medicaid	62	2%	0	0%	62	2%
SLMB Only	171	5%	6	10%	165	5%
Qualifying Individuals	65	2%	1	2%	64	2%
Other Duals	789	22%	16	28%	773	22%

Table B.11.4
 Number and Percent of Aged and Disabled Dual Enrollees
 by Eligibility Category
 Calendar Year 2004

Portland Area

Eligibility Category	Total		Aged		Disabled	
	Number	Percent	Number	Percent	Number	Percent
All	3,455	100%	1,613	100%	1,842	100%
QMB & Full Medicaid	2,003	58%	973	60%	1,030	56%
QMB Only	427	12%	169	10%	258	14%
SLMB & Full Medicaid	62	2%	28	2%	34	2%
SLMB Only	171	5%	96	6%	75	4%
Qualifying Individuals	65	2%	37	2%	28	2%
Other Duals	727	21%	310	19%	417	23%

Table B.11.5
 Number of Medicaid Enrollees in Managed Care for one month or more as a Percent of the total number of
 eligible enrollees by their last assigned Eligibility Group
 Calendar Year 2004

Portland Area

Managed Care	Children			Adult			Aged			Disabled		
	Eligible Number	Number	Percent	Eligible Number	Number	Percent	Eligible Number	Number	Percent	Eligible Number	Number	Percent
HMO	26,323	8,097	31%	13,168	3,319	25%	1,705	118	7%	6,376	704	11%
Dental	26,323	4,978	19%	13,168	2,032	15%	1,705	229	13%	6,376	984	15%
Behavioral Health	26,323	22,302	85%	13,168	10,536	80%	1,705	1,349	79%	6,376	5,442	85%
PCCM	26,323	6,488	25%	13,168	2,373	18%	1,705	134	8%	6,376	407	6%
PACE	26,323	0	0%	13,168	0	0%	1,705	7	0%	6,376	1	0%
LTC	26,323	0	0%	13,168	0	0%	1,705	0	0%	6,376	0	0%
Prenatal	26,323	0	0%	13,168	0	0%	1,705	0	0%	6,376	0	0%

Table B.12.1
 Number and Percent of Medicaid Enrollees for one month or more
 by their last assigned Eligibility Group and Maintenance Assistance Status
 Calendar Year 2004

Tucson Area

Eligibility

Assistance Status	Total		Children		Adult		Aged		Disabled	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
All	16,729	100%	8,066	100%	7,091	100%	407	100%	1,165	100%
Receiving Cash	8,177	49%	3,980	49%	3,056	43%	213	52%	928	80%
Medically Needy	0	0%	0	0%	0	0%	0	0%	0	0%
Poverty-related	3,381	20%	3,038	38%	200	3%	59	14%	84	7%
Waiver	3,622	22%	51	1%	3,571	50%	0	0%	0	0%
Other	1,549	9%	997	12%	264	4%	135	33%	153	13%

Table B.12.2
 Number and Percent of Medicaid Enrollees for one month or more in each state
 by their last assigned Eligibility Group and Maintenance Assistance Status
 Calendar Year 2004

Tucson Area

Arizona

Eligibility

Assistance Status	Total		Children		Adult		Aged		Disabled	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
All	16,729	100%	8,066	100%	7,091	100%	407	100%	1,165	100%
Receiving Cash	8,177	49%	3,980	49%	3,056	43%	213	52%	928	80%
Medically Needy	0	0%	0	0%	0	0%	0	0%	0	0%
Poverty-related	3,381	20%	3,038	38%	200	3%	59	14%	84	7%
Waiver	3,622	22%	51	1%	3,571	50%	0	0%	0	0%
Other	1,549	9%	997	12%	264	4%	135	33%	153	13%

Table B.12.3
 Number and Percent of Dual Enrollees identified in Medicaid or Medicare Data Files
 by Eligibility Category
 Calendar Year 2004

Tucson Area

Eligibility Category	Total		Medicaid		Medicare	
	Number	Percent	Number	Percent	Number	Percent
All	910	100%	21	100%	889	100%
QMB & Full Medicaid	458	50%	9	43%	449	51%
QMB Only	7	1%	1	5%	6	1%
SLMB & Full Medicaid	0	0%	0	0%	0	0%
SLMB Only	39	4%	4	19%	35	4%
Qualifying Individuals	18	2%	0	0%	18	2%
Other Duals	388	43%	7	33%	381	43%

Table B.12.4
 Number and Percent of Aged and Disabled Dual Enrollees
 by Eligibility Category
 Calendar Year 2004

Tucson. Area

Eligibility Category	Total		Aged		Disabled	
	Number	Percent	Number	Percent	Number	Percent
All	799	100%	401	100%	398	100%
QMB & Full Medicaid	456	57%	199	50%	257	65%
QMB Only	7	1%	2	0%	5	1%
SLMB & Full Medicaid	0	0%	0	0%	0	0%
SLMB Only	39	5%	28	7%	11	3%
Qualifying Individuals	18	2%	15	4%	3	1%
Other Duals	279	35%	157	39%	122	31%

Table B.12.5
 Number of Medicaid Enrollees in Managed Care for one month or more as a Percent of the total number of
 eligible enrollees by their last assigned Eligibility Group
 Calendar Year 2004

Tucson Area

Managed Care	Children			Adult			Aged			Disabled		
	Eligible Number	Number	Percent	Eligible Number	Number	Percent	Eligible Number	Number	Percent	Eligible Number	Number	Percent
HMO	8,066	4,259	53%	7,091	3,212	45%	407	57	14%	1,165	328	28%
Dental	8,066	0	0%	7,091	0	0%	407	0	0%	1,165	0	0%
Behavioral Health	8,066	744	9%	7,091	815	11%	407	4	1%	1,165	214	18%
PCCM	8,066	0	0%	7,091	0	0%	407	0	0%	1,165	0	0%
PACE	8,066	0	0%	7,091	0	0%	407	0	0%	1,165	0	0%
LTC	8,066	3	0%	7,091	0	0%	407	156	38%	1,165	285	24%
Prenatal	8,066	0	0%	7,091	0	0%	407	0	0%	1,165	0	0%

Appendix C. Medicaid Service Use and Payment Data by IHS Area

Table Numbers

Recipients, Months of Enrollment, Claims and Payments

IHS Area	Fee-for-Service	Capitated Care	Capitated Care Type	IHS Program
All Areas Combined	C.0.1	C.0.1	C.0.2	C.0.3
Aberdeen	C.1.1	C.1.1	C.1.2	C.1.3
Alaska	C.2.1	C.2.1	C.2.2	C.2.3
Albuquerque	C.3.1	C.3.1	C.3.2	C.3.3
Bemidji	C.4.1	C.4.1	C.4.2	C.4.3
Billings	C.5.1	C.5.1	C.5.2	C.5.3
California	C.6.1	C.6.1	C.6.2	C.6.3
Nashville	C.7.1	C.7.1	C.7.2	C.7.3
Navajo	C.8.1	C.8.1	C.8.2	C.8.3
Oklahoma	C.9.1	C.9.1	C.9.2	C.9.3
Phoenix	C.10.1	C.10.1	C.10.2	C.10.3
Portland	C.11.1	C.11.1	C.11.2	C.11.3
Tucson	C.12.1	C.12.1	C.12.2	C.12.3

Table C.O.1
 Volume of Service and Payments for AIAN Medicaid Recipients in Fee-for-Service and Capitated Care
 by Payment Type
 Calendar Year 2004

All Areas Combined

Fee-for-Service

Program Type	<u>Volume of Service</u>			<u>Payment for Service</u>		
	Recipients Average Months per year	Claims Number	Total Payment in Thousands of \$	Payment per Recipient-Year \$	Payment per Claim \$	
All	435,568	9.9	12,578,493	2,065,652	5,757	164
Fee-for-Service	176,660	9.5	5,954,135	987,155	7,066	166
FFS and Capitated Care	258,908	10.2	6,624,358	1,078,497	4,922	163

Capitated Care

Program Type	Recipients Average Months per year	Claims Number	Total Payment in Thousands of \$	Payment per Recipient-Year \$	Payment per Claim \$	
All	334,884	9.7	3,877,325	282,625	1,044	73
Capitated Care	91,122	8.4	1,087,765	128,464	2,004	118
FFS and Capitated Care	243,762	10.2	2,789,560	154,161	747	55

Table C.0.2
 Volume of Service and Payments for AIAN Medicaid Recipients in various Capitated Care Plans
 by Payment Type
 Calendar Year 2004

All Areas Combined

HMO

Program Type	Volume of Service			Payment for Service		
	Recipients Average Months per year	Claims Number	Total Payment in Thousands of \$	Payment per Recipient-Year \$	Payment per Claim \$	
All	86,772	7.9	840,815	153802	2,690	183
Capitated Care Only	46,451	8.4	489,159	83,352	2,578	170
FFS & Capitated Care	40,321	7.4	351,656	70,450	2,836	200

PHP

Program Type	Volume of Service			Payment for Service		
	Recipients Average Months per year	Claims Number	Total Payment in Thousands of \$	Payment per Recipient-Year \$	Payment per Claim \$	
All	133,348	9.8	1,128,212	19,671	180	17
Capitated Care Only	26,455	8.2	193,755	4,233	233	22
FFS & Capitated Care	106,893	10.2	934,457	15,438	170	17

PCCM

Program Type	Volume of Service			Payment for Service		
	Recipients Average Months per year	Claims Number	Total Payment in Thousands of \$	Payment per Recipient-Year \$	Payment per Claim \$	
All	104,135	8.7	464,717	1250	17	2.7
Capitated Care Only	10,951	6.4	26,955	70	12	2.6
FFS & Capitated Care	93,184	9.0	437,762	1179	17	2.7

Table C.0.3
Volume of Service and Payments for AIAN Medicaid Recipients By Program Type
Calendar Year 2004

All Areas Combined

Total Medicaid Payments (including IHS programs)

Program Type	Volume of Service			Payment for Service		
	Recipients Average Months per year	Claims Number	Total Payment in Thousands of \$	Payment per Recipient-Year \$	Payment per Claim \$	
All	526,986	9.6	17,929,473	2,348,670	5,552	131
IHS served	278,652	10.0	9,942,010	1,529,011	6,561	154
Not IHS served	248,334	9.2	7,987,463	819,658	4,315	103

Medicaid Payments to IHS Programs alone

Program Type	Volume of Service			Payment for Service		
	Recipients Average Months per year	Claims Number	Total Payment in Thousands of \$	Payment per Recipient-Year \$	Payment per Claim \$	
All	526,986	9.6	2,432,354	536,849	1,269	221
IHS served	278,652	10.0	2,432,354	536,849	2,303	221
Not IHS served	248,334	9.2	0	0	0	0

Table C.1.1
 Volume of Service and Payments for AIAN Medicaid Recipients in Fee-for-Service and Capitated Care
 by Payment Type
 Calendar Year 2004

Aberdeen Area

Fee-for-Service

Payment Type	Volume of Service			Payment for Service		
	Recipients Average Months per year	Claims Number	Total Payment in Thousands of \$	Payment per Recipient-Year \$	Payment per Claim \$	
All	44,841	9.9	1,006,531	163,686	4,429	163
Fee-for-Service	8,807	9.5	304,051	46,225	6,605	152
FFS and Capitated Care	36,034	10.0	702,480	117,461	3,921	167

Capitated Care

Payment Type	Volume of Service			Payment for Service		
	Recipients Average Months per year	Claims Number	Total Payment in Thousands of \$	Payment per Recipient-Year \$	Payment per Claim \$	
All	42,357	9.5	447,560	4,059	121	9
Capitated Care	6,323	6.7	46,320	452	129	10
FFS and Capitated Care	36,034	10.0	401,240	3,607	120	9

Table C.1.2
Volume of Service and Payments for AIAN Medicaid Recipients in various Capitated Care Plans
by Payment Type
Calendar Year 2004

Aberdeen Area

HMO

Payment Type	Volume of Service			Payment for Service		
	Recipients Average Months per year	Claims Number	Total Payment in Thousands of \$	Payment per Recipient-Year \$	Payment per Claim \$	
All	1,003	8.3	7,766	1,439	2,082	185
Capitated Care Only	178	6.7	1,102	174	1,754	158
FFS & Capitated Care	825	8.6	6,664	1,265	2,137	190

PHP

Payment Type	Volume of Service			Payment for Service		
	Recipients Average Months per year	Claims Number	Total Payment in Thousands of \$	Payment per Recipient-Year \$	Payment per Claim \$	
All	35,934	9.4	322,005	2,323	82	7.2
Capitated Care Only	5,539	6.7	35,872	253	81	7.0
FFS & Capitated Care	30,395	9.9	286,133	2,070	82	7.2

PCCM

Payment Type	Volume of Service			Payment for Service		
	Recipients Average Months per year	Claims Number	Total Payment in Thousands of \$	Payment per Recipient-Year \$	Payment per Claim \$	
All	35,315	9.2	117,158	291	11	2.5
Capitated Care Only	4,342	6.9	9,070	23	9	2.6
FFS & Capitated Care	30,973	9.6	108,088	268	11	2.5

Table C.1.3
Volume of Service and Payments for AIAN Medicaid Recipients By Program Type
Calendar Year 2004

Aberdeen Area

Total Medicaid Payments (including IHS programs)

Program Type	<u>Volume of Service</u>			<u>Payment for Service</u>		
	Recipients Average Months per year	Claims Number	Total Payment in Thousands of \$	Payment per Recipient-Year \$	Payment per Claim \$	
All	51,164	9.5	1,472,775	167,745	4,145	114
IHS served	27,673	10.1	795,686	100,168	4,287	126
Not IHS served	23,491	8.7	677,089	67,577	3,953	100

Medicaid Payments to IHS Programs alone

Program Type	Recipients Average Months per year	Claims Number	Total Payment in Thousands of \$	Payment per Recipient-Year \$	Payment per Claim \$	
All	51,164	9.5	160,516	37,880	936	236
IHS served	27,673	10.1	160,516	37,880	1,621	236
Not IHS served	23,491	8.7	0	0	0	0

Table C.2.1
 Volume of Service and Payments for AIAN Medicaid Recipients in Fee-for-Service and Capitated Care
 by Payment Type
 Calendar Year 2004

Alaska Area

Fee-for-Service

Payment Type	Volume of Service			Payment for Service		
	Recipients Average Months per year	Claims Number	Total Payment in Thousands of \$	Payment per Recipient-Year \$	Payment per Claim \$	
All	39,667	9.3	1628794	358,832	11,723	220
Fee-for-Service	38,365	9.2	1595501	349,778	11,860	219
FFS and Capitated Care	1,302	10.3	33,293	9,054	8,096	272

Capitated Care

Payment Type	Volume of Service			Payment for Service		
	Recipients Average Months per year	Claims Number	Total Payment in Thousands of \$	Payment per Recipient-Year \$	Payment per Claim \$	
All	1,369	10.2	0	0	0	.
Capitated Care	67	8.5	0	0	0	.
FFS and Capitated Care	1,302	10.3	0	0	0	.

Table C.2.2
Volume of Service and Payments for AIAN Medicaid Recipients in various Capitated Care Plans
by Payment Type
Calendar Year 2004

Alaska Area

Alaska Area has no capitated care.

Table C.2.3
Volume of Service and Payments for AIAN Medicaid Recipients By Program Type
Calendar Year 2004

Alaska Area

Total Medicaid Payments (including IHS programs)

Program Type	<u>Volume of Service</u>			<u>Payment for Service</u>		
	Recipients Average Months per year	Claims Number	Total Payment in Thousands of \$	Payment per Recipient-Year \$	Payment per Claim \$	
All	39,734	9.3	1,630,458	358,832	11,705	220
IHS served	27,737	9.5	1,289,682	280,044	12,761	217
Not IHS served	11,997	8.7	340,776	78,788	9,043	231

Medicaid Payments to IHS Programs alone

Program Type	Recipients Average Months per year	Claims Number	Total Payment in Thousands of \$	Payment per Recipient-Year \$	Payment per Claim \$	
All	39,734	9.3	360,202	94,216	3,073	262
IHS served	27,737	9.5	360,202	94,216	4,293	262
Not IHS served	11,997	8.7	0	0	0	0

Table C.3.1
 Volume of Service and Payments for AIAN Medicaid Recipients in Fee-for-Service and Capitated Care
 by Payment Type
 Calendar Year 2004

Albuquerque Area

Fee-for-Service

Payment Type	Volume of Service			Payment for Service		Payment per Claim \$
	Recipients Average Months per year	Claims Number	Total Payment in Thousands of \$	Payment per Recipient Year \$		
All	29,220	10.2	827,816	119,968	4,840	145
Fee-for-Service	24,979	10.1	732,093	104,036	4,926	142
FFS and Capitated Care	4,241	10.4	95,723	15,932	4,344	166

Capitated Care

Payment Type	Recipients	Claims	Total	Payment	Payment	
	Average Months per year	Number	Payment in Thousands of \$	per Recipient Year \$	per Claim \$	
All	9,007	10.0	129,030	24,466	3,245	190
Capitated Care	4,766	9.7	79,419	14,491	3,742	182
FFS and Capitated Care	4,241	10.4	49,611	9,976	2,720	201

Table C.3.2
 Volume of Service and Payments for AIAN Medicaid Recipients in various Capitated Care Plans
 by Payment Type
 Calendar Year 2004

Albuquerque Area

HMO

Program Type	Volume of Service			Payment for Service		
	Recipients Average Months per year	Claims Number	Total Payment in Thousands of \$	Payment per Recipient-Year \$	Payment per Claim \$	
All	7,500	8.0	116,039	23,881	4,760	206
Capitated Care Only	4,394	9.0	76,979	14,407	4,378	187
FFS & Capitated Care	3,106	6.7	39,060	9,474	5,488	243

PHP

Program Type	Recipients Average Months per year	Claims Number	Total Payment in Thousands of \$	Payment per Recipient-Year \$	Payment per Claim \$	
All	1,399	8.8	12,190	422	413	35
Capitated Care Only	360	6.4	2,350	63	330	27
FFS & Capitated Care	1,039	9.6	9,840	359	433	36

PCCM

Program Type	Recipients Average Months per year	Claims Number	Total Payment in Thousands of \$	Payment per Recipient-Year \$	Payment per Claim \$	
All	124	8.5	648	1.94	22	3.0
Capitated Care Only	10	6.8	45	0.14	24	3.0
FFS & Capitated Care	114	8.7	603	1.81	22	3.0

Table C.3.3
Volume of Service and Payments for AIAN Medicaid Recipients By Program Type
Calendar Year 2004

Albuquerque Area

Total Medicaid Payments (including IHS programs)

Program Type	<u>Volume of Service</u>			<u>Payment for Service</u>		
	Recipients Average Months per year	Claims Number	Total Payment in Thousands of \$	Payment per Recipient-Year \$	Payment per Claim \$	
All	33,986	10.1	1,078,335	144,435	5,040	134
IHS served	24,892	10.3	823,519	107,573	5,053	131
Not IHS served	9,094	9.7	254,816	36,861	5,003	145

Medicaid Payments to IHS Programs alone

Program Type	Recipients Average Months per year	Claims Number	Total Payment in Thousands of \$	Payment per Recipient-Year \$	Payment per Claim \$	
All	33,986	10.1	189,819	27,102	946	143
IHS served	24,892	10.3	189,819	27,102	1,273	143
Not IHS served	9,094	9.7	0	0	0	0

Table C.4.1
 Volume of Service and Payments for AIAN Medicaid Recipients in Fee-for-Service and Capitated Care
 by Payment Type
 Calendar Year 2004

Bemidji Area

Fee-for-Service

Payment Type	Volume of Service			Payment for Service		
	Recipients Average Months per year	Claims Number	Total Payment in Thousands of \$	Payment per Recipient-Year \$	Payment per Claim \$	
All	27,004	10.0	942,763	122,418	5,429	130
Fee-for-Service	17,200	9.9	701,090	97,865	6,907	140
FFS and Capitated Care	9,804	10.3	241,673	24,553	2,929	102

Capitated Care

Payment Type	Volume of Service			Payment for Service		
	Recipients Average Months per year	Claims Number	Total Payment in Thousands of \$	Payment per Recipient-Year \$	Payment per Claim \$	
All	14,899	9.9	168,769	20,108	1,644	119
Capitated Care	5,095	9.1	63,007	6,883	1,789	109
FFS and Capitated Care	9,804	10.3	105,762	13,225	1,578	125

Table C.4.2
Volume of Service and Payments for AIAN Medicaid Recipients in various Capitated Care Plans
by Payment Type
Calendar Year 2004

Bemidji Area

HMO

Payment Type	Volume of Service			Payment for Service		
	Recipients Average Months per year	Claims Number	Total Payment in Thousands of \$	Payment per Recipient-Year \$	Payment per Claim \$	
All	10,571	7.8	86,047	16,309	2,385	190
Capitated Care Only	4,213	8.4	37,579	6,185	2,094	165
FFS & Capitated Care	6,358	7.3	48,468	10,124	2,607	209

PHP

Payment Type	Volume of Service			Payment for Service		
	Recipients Average Months per year	Claims Number	Total Payment in Thousands of \$	Payment per Recipient-Year \$	Payment per Claim \$	
All	6,413	12.2	82,071	3,573	547	44
Capitated Care Only	1,878	11.7	25,144	569	311	23
FFS & Capitated Care	4,535	12.4	56,927	3,005	639	53

PCCM

Payment Type	Volume of Service			Payment for Service		
	Recipients Average Months per year	Claims Number	Total Payment in Thousands of \$	Payment per Recipient-Year \$	Payment per Claim \$	
All	9	9.0	81	0.312	46	3.9
Capitated Care Only	1	1.0	1	0.004	48	4.0
FFS & Capitated Care	8	10.0	80	0.308	46	3.9

Table C.4.3
 Volume of Service and Payments for AIAN Medicaid Recipients By Program Type
 Calendar Year 2004

Bemidji Area

Total Medicaid Payments (including IHS programs)

Program Type	<u>Volume of Service</u>			<u>Payment for Service</u>		
	Recipients Average Months per year	Claims Number	Total Payment in Thousands of \$	Payment per Recipient-Year \$	Payment per Claim \$	
All	32,099	9.9	1,243,599	142,527	5,399	115
IHS served	8,140	10.2	374,946	58,376	8,405	156
Not IHS served	23,959	9.7	868,653	84,151	4,326	97

Medicaid Payments to IHS Programs alone

Program Type	Recipients Average Months per year	Claims Number	Total Payment in Thousands of \$	Payment per Recipient-Year \$	Payment per Claim \$	
All	32,099	9.9	67,483	14,018	531	208
IHS served	8,140	10.2	67,483	14,018	2,018	208
Not IHS served	23,959	9.7	0	0	0	0

Table C.5.1
 Volume of Service and Payments for AIAN Medicaid Recipients in Fee-for-Service and Capitated Care
 by Payment Type
 Calendar Year 2004

Billings Area

Fee-for-Service

Payment Type	Volume of Service			Payment for Service		
	Recipients Average Months per year	Claims Number	Total Payment in Thousands of \$	Payment per Recipient-Year \$	Payment per Claim \$	
All	26,634	9.7	769,823	105,113	4,889	137
Fee-for-Service	11,488	9.3	335,572	54,503	6,149	162
FFS and Capitated Care	15,146	10.0	434,251	50,611	4,006	117

Capitated Care

Payment Type	Volume of Service			Payment for Service		
	Recipients Average Months per year	Claims Number	Total Payment in Thousands of \$	Payment per Recipient-Year \$	Payment per Claim \$	
All	15,442	9.9	130,947	393	31	3
Capitated Care	296	2.0	549	2	33	3
FFS and Capitated Care	15,146	10.0	130,398	391	31	3

Table C.5.2
 Volume of Service and Payments for AIAN Medicaid Recipients in various Capitated Care Plans
 by Payment Type
 Calendar Year 2004

Billings Area

HMO

Payment Type	Volume of Service			Payment for Service		
	Recipients Average Months per year	Claims Number	Total Payment in Thousands of \$	Payment per Recipient-Year \$	Payment per Claim \$	
All	0	.	.	.	.
Capitated Care Only	.	.	.	.	.
FFS & Capitated Care	.	.	.	.	.

PHP

Payment Type	Volume of Service			Payment for Service		
	Recipients Average Months per year	Claims Number	Total Payment in Thousands of \$	Payment per Recipient-Year \$	Payment per Claim \$	
All	0	.	.	.	.
Capitated Care Only	.	.	.	.	.
FFS & Capitated Care	.	.	.	.	.

PCCM

Payment Type	Volume of Service			Payment for Service		
	Recipients Average Months per year	Claims Number	Total Payment in Thousands of \$	Payment per Recipient-Year \$	Payment per Claim \$	
All	15,415	8.9	130,947	393	34	3.0
Capitated Care Only	294	1.9	549	1.65	36	3.0
FFS & Capitated Care	15,121	9.1	130,398	391	34	3.0

Table C.5.3
Volume of Service and Payments for AIAN Medicaid Recipients By Program Type
Calendar Year 2004

Billings Area

Total Medicaid Payments (including IHS programs)

Program Type	<u>Volume of Service</u>			<u>Payment for Service</u>		
	Recipients Average Months per year	Claims Number	Total Payment in Thousands of \$	Payment per Recipient-Year \$	Payment per Claim \$	
All	26,930	9.6	903,100	105,506	4,896	117
IHS served	17,703	10.0	580,131	70,368	4,787	121
Not IHS served	9,227	8.9	322,969	35,138	5,131	109

Medicaid Payments to IHS Programs alone

Program Type	Recipients Average Months per year	Claims Number	Total Payment in Thousands of \$	Payment per Recipient-Year \$	Payment per Claim \$	
All	26,930	9.6	119,678	29,263	1,358	245
IHS served	17,703	10.0	119,678	29,263	1,991	245
Not IHS served	9,227	8.9	0	0	0	0

Table C.6.1
 Volume of Service and Payments for AIAN Medicaid Recipients in Fee-for-Service and Capitated Care
 by Payment Type
 Calendar Year 2004

California Area

Fee-for-Service

Payment Type	Volume of Service			Payment for Service		
	Recipients Average Months per year	Claims Number	Total Payment in Thousands of \$	Payment per Recipient-Year \$	Payment per Claim \$	
All	20,402	9.8	618,646	71,130	4,258	115
Fee-for-Service	3,863	7.3	32,813	1,939	820	59
FFS and Capitated Care	16,539	10.4	585,833	69,191	4,825	118

Capitated Care

Payment Type	Recipients Average Months per year	Claims Number	Total Payment in Thousands of \$	Payment per Recipient-Year \$	Payment per Claim \$	
All	20,854	9.9	187,205	5,470	317	29
Capitated Care	4,315	8.2	42,785	2,027	692	47
FFS and Capitated Care	16,539	10.4	144,420	3,443	240	24

Table C.6.2
 Volume of Service and Payments for AIAN Medicaid Recipients in various Capitated Care Plans
 by Payment Type
 Calendar Year 2004

California Area

HMO

Payment Type	Volume of Service			Payment for Service		
	Recipients Average Months per year	Claims Number	Total Payment in Thousands of \$	Payment per Recipient-Year \$	Payment per Claim \$	
All	3,964	8.5	32,611	3,831	1,363	117
Capitated Care Only	1,898	8.7	16,099	1,745	1,270	108
FFS & Capitated Care	2,066	8.3	16,512	2,086	1,452	126

PHP

Payment Type	Volume of Service			Payment for Service		
	Recipients Average Months per year	Claims Number	Total Payment in Thousands of \$	Payment per Recipient-Year \$	Payment per Claim \$	
All	20,753	9.8	154,534	1,631	96	11
Capitated Care Only	4,265	8.1	26,680	282	98	11
FFS & Capitated Care	16,488	10.3	127,854	1,349	95	11

PCCM

Payment Type	Volume of Service			Payment for Service		
	Recipients Average Months per year	Claims Number	Total Payment in Thousands of \$	Payment per Recipient-Year \$	Payment per Claim \$	
All	0	.	.	.	.	.
Capitated Care Only	.	.	.	.	.	.
FFS & Capitated Care	.	.	.	.	.	.

Table C.6.3
Volume of Service and Payments for AIAN Medicaid Recipients By Program Type
Calendar Year 2004

California Area

Total Medicaid Payments (including IHS programs)

Program Type	<u>Volume of Service</u>			<u>Payment for Service</u>		
	Recipients Average Months per year	Claims Number	Total Payment in Thousands of \$	Payment per Recipient-Year \$	Payment per Claim \$	
All	24,717	9.5	878,194	76,600	3,901	87
IHS served	7,642	10.4	332,329	32,195	4,847	97
Not IHS served	17,075	9.1	545,865	44,405	3,418	81

Medicaid Payments to IHS Programs alone

Program Type	Recipients Average Months per year	Claims Number	Total Payment in Thousands of \$	Payment per Recipient-Year \$	Payment per Claim \$	
All	24,717	9.5	41,135	8,324	424	202
IHS served	7,642	10.4	41,135	8,324	1,253	202
Not IHS served	17,075	9.1	0	0	0	0

Table C.7.1
 Volume of Service and Payments for AIAN Medicaid Recipients in Fee-for-Service and Capitated Care
 by Payment Type
 Calendar Year 2004

Nashville Area

Fee-for-Service

Payment Type	Volume of Service			Payment for Service		
	Recipients Average Months per year	Claims Number	Total Payment in Thousands of \$	Payment per Recipient-Year \$	Payment per Claim \$	
All	10,872	9.7	433,966	53,646	6,097	124
Fee-for-Service	7,724	9.4	331,592	44,377	7,300	134
FFS and Capitated Care	3,148	10.4	102,374	9,270	3,408	91

Capitated Care

Payment Type	Volume of Service			Payment for Service		
	Recipients Average Months per year	Claims Number	Total Payment in Thousands of \$	Payment per Recipient-Year \$	Payment per Claim \$	
All	4,739	10.0	43,007	5,514	1,402	128
Capitated Care	1,591	9.1	13,635	2,453	2,023	180
FFS and Capitated Care	3,148	10.4	29,372	3,061	1,126	104

Table C.7.2
 Volume of Service and Payments for AIAN Medicaid Recipients in various Capitated Care Plans
 by Payment Type
 Calendar Year 2004

Nashville Area

HMO

Payment Type	Volume of Service			Payment for Service		
	Recipients Average Months per year	Claims Number	Total Payment in Thousands of \$	Payment per Recipient-Year \$	Payment per Claim \$	
All	2,979	8.7	25,637	4,735	2,199	185
Capitated Care Only	1,387	8.7	12,098	2,312	2,298	191
FFS & Capitated Care	1,592	8.6	13,539	2,423	2,113	179

PHP

Payment Type	Volume of Service			Payment for Service		
	Recipients Average Months per year	Claims Number	Total Payment in Thousands of \$	Payment per Recipient-Year \$	Payment per Claim \$	
All	181	6.8	607	197	1,925	324
Capitated Care Only	46	4.3	63	1	52	13
FFS & Capitated Care	135	7.6	544	196	2,282	360

PCCM

Payment Type	Volume of Service			Payment for Service		
	Recipients Average Months per year	Claims Number	Total Payment in Thousands of \$	Payment per Recipient-Year \$	Payment per Claim \$	
All	1,190	6.4	10,182	36.66	58	3.6
Capitated Care Only	123	4.8	712	2.40	49	3.4
FFS & Capitated Care	1,067	6.6	9,470	34.25	58	3.6

Table C.7.3
Volume of Service and Payments for AIAN Medicaid Recipients By Program Type
Calendar Year 2004

Nashville Area

Total Medicaid Payments (including IHS programs)

Program Type	<u>Volume of Service</u>			<u>Payment for Service</u>		
	Recipients Average Months per year	Claims Number	Total Payment in Thousands of \$	Payment per Recipient-Year \$	Payment per Claim \$	
All	12,463	9.6	500,093	59,160	5,909	118
IHS served	3,561	9.3	109,766	14,337	5,175	131
Not IHS served	8,902	9.8	390,327	44,823	6,190	115

Medicaid Payments to IHS Programs alone

Program Type	Recipients Average Months per year	Claims Number	Total Payment in Thousands of \$	Payment per Recipient-Year \$	Payment per Claim \$	
All	12,463	9.6	46,639	6,898	689	148
IHS served	3,561	9.3	46,639	6,898	2,490	148
Not IHS served	8,902	9.8	0	0	0	0

Table C.8.1
Volume of Service and Payments for AIAN Medicaid Recipients in Fee-for-Service and Capitated Care
by Payment Type
Calendar Year 2004

Navajo Area

Fee-for-Service

Payment Type	Volume of Service			Payment for Service		
	Recipients Average Months per year	Claims Number	Total Payment in Thousands of \$	Payment per Recipient-Year \$	Payment per Claim \$	
All	87,459	10.3	1,859,924	406,234	5,420	218
Fee-for-Service	37,765	10.1	870,804	162,468	5,121	187
FFS and Capitated Care	49,694	10.4	989,120	243,766	5,640	246

Capitated Care

Payment Type	Recipients Average Months per year	Claims Number	Total Payment in Thousands of \$	Payment per Recipient-Year \$	Payment per Claim \$	
All	75,131	9.9	1,013,376	94,289	1,517	93
Capitated Care	25,437	8.9	331,851	39,749	2,101	120
FFS and Capitated Care	49,694	10.4	681,525	54,540	1,262	80

Table C.8.2
 Volume of Service and Payments for AIAN Medicaid Recipients in various Capitated Care Plans
 by Payment Type
 Calendar Year 2004

Navajo Area

HMO

Payment Type	Volume of Service			Payment for Service		
	Recipients Average Months per year	Claims Number	Total Payment in Thousands of \$	Payment per Recipient-Year \$	Payment per Claim \$	
All	20,943	7.9	236,575	43,025	3,122	182
Capitated Care Only	12,831	8.5	159,629	27,367	2,998	171
FFS & Capitated Care	8,112	6.9	76,946	15,658	3,364	203

PHP

Payment Type	Recipients Average Months per year	Claims Number	Total Payment in Thousands of \$	Payment per Recipient-Year \$	Payment per Claim \$	
All	3,526	8.2	28,118	1,288	536	46
Capitated Care Only	760	7.7	6,552	338	690	52
FFS & Capitated Care	2,766	8.3	21,566	950	497	44

PCCM

Payment Type	Recipients Average Months per year	Claims Number	Total Payment in Thousands of \$	Payment per Recipient-Year \$	Payment per Claim \$
All	0	.	.	.	.
Capitated Care Only	.	.	.	.	.
FFS & Capitated Care	.	.	.	.	.

Table C.8.3
 Volume of Service and Payments for AIAN Medicaid Recipients By Program Type
 Calendar Year 2004

Navajo Area

Total Medicaid Payments (including IHS programs)

Program Type	<u>Volume of Service</u>			<u>Payment for Service</u>		
	Recipients Average Months per year	Claims Number	Total Payment in Thousands of \$	Payment per Recipient-Year \$	Payment per Claim \$	
All	112,896	10.0	3,143,924	500,523	5,332	159
IHS served	78,292	10.3	2,424,438	419,865	6,237	173
Not IHS served	34,604	9.2	719,486	80,658	3,039	112

Medicaid Payments to IHS Programs alone

Program Type	Recipients Average Months per year	Claims Number	Total Payment in Thousands of \$	Payment per Recipient-Year \$	Payment per Claim \$
All	112,896	10.0	779,971	1,822	219
IHS served	78,292	10.3	779,971	2,540	219
Not IHS served	34,604	9.2	0	0	0

Table C.9.1
 Volume of Service and Payments for AIAN Medicaid Recipients in Fee-for-Service and Capitated Care
 by Payment Type
 Calendar Year 2004

Oklahoma Area

Fee-for-Service

Payment Type	Volume of Service			Payment for Service		
	Recipients Average Months per year	Claims Number	Total Payment in Thousands of \$	Payment per Recipient-Year \$	Payment per Claim \$	
All	72,286	9.7	2,104,526	227,275	3,875	108
Fee-for-Service	4,302	4.4	92,883	14,791	9,452	159
FFS and Capitated Care	67,984	10.1	2,011,643	212,484	3,722	106

Capitated Care

Payment Type	Volume of Service			Payment for Service		
	Recipients Average Months per year	Claims Number	Total Payment in Thousands of \$	Payment per Recipient-Year \$	Payment per Claim \$	
All	78,885	9.7	752,153	8,884	139	12
Capitated Care	10,901	7.5	74,464	1,017	149	14
FFS and Capitated Care	67,984	10.1	677,689	7,867	138	12

Table C.9.2
 Volume of Service and Payments for AIAN Medicaid Recipients in various Capitated Care Plans
 by Payment Type
 Calendar Year 2004

Oklahoma Area

HMO

Payment Type	Volume of Service			Payment for Service		
	Recipients Average Months per year	Claims Number	Total Payment in Thousands of \$	Payment per Recipient-Year \$	Payment per Claim \$	
All	285	7.0	2,400	324	1,965	135
Capitated Care Only	141	6.7	1,167	181	2,285	155
FFS & Capitated Care	144	7.2	1,233	144	1,670	117

PHP

Payment Type	Recipients Average Months per year	Claims Number	Total Payment in Thousands of \$	Payment per Recipient-Year \$	Payment per Claim \$
All	0	.	.	.	.
Capitated Care Only	.	.	.	.	.
FFS & Capitated Care	.	.	.	.	.

PCCM

Payment Type	Recipients Average Months per year	Claims Number	Total Payment in Thousands of \$	Payment per Recipient-Year \$	Payment per Claim \$	
All	8,973	5.3	47,657	104.8	26	2.2
Capitated Care Only	826	4.3	3,473	7.131	24	2.1
FFS & Capitated Care	8,147	5.4	44,184	97.70	26	2.2

Table C.9.3
Volume of Service and Payments for AIAN Medicaid Recipients By Program Type
Calendar Year 2004

Oklahoma Area

Total Medicaid Payments (including IHS programs)

Program Type	<u>Volume of Service</u>			<u>Payment for Service</u>		
	Recipients Average Months per year	Claims Number	Total Payment in Thousands of \$	Payment per Recipient-Year \$	Payment per Claim \$	
All	83,187	9.4	2,869,699	236,159	3,608	82
IHS served	31,883	9.7	1,121,292	94,891	3,691	85
Not IHS served	51,304	9.3	1,748,407	141,268	3,554	81

Medicaid Payments to IHS Programs alone

Program Type	Recipients Average Months per year	Claims Number	Total Payment in Thousands of \$	Payment per Recipient-Year \$	Payment per Claim \$	
All	83,187	9.4	126,541	25,567	391	202
IHS served	31,883	9.7	126,541	25,567	995	202
Not IHS served	51,304	9.3	0	0	0	0

Table C.10.1
 Volume of Service and Payments for AIAN Medicaid Recipients in Fee-for-Service and Capitated Care
 by Payment Type
 Calendar Year 2004

Phoenix Area

Fee for service

Payment Type	Volume of Service			Payment for Service		
	Recipients Average Months per year	Claims Number	Total Payment in Thousands of \$	Payment per Recipient-Year \$	Payment per Claim \$	
All	32,579	9.9	765,012	211,954	7,919	277
Fee-for-Service	1,893	7.5	39,676	7,826	6,638	197
FFS and Capitated Care	30,686	10.0	725,336	204,129	7,978	281

Capitated Care

Payment Type	Volume of Service			Payment for Service		
	Recipients Average Months per year	Claims Number	Total Payment in Thousands of \$	Payment per Recipient-Year \$	Payment per Claim \$	
All	50,673	9.4	660,423	73,833	1,865	112
Capitated Care	19,987	8.4	257,450	40,395	2,883	157
FFS and Capitated Care	30,686	10.0	402,973	33,438	1,307	83

Table C.10.2
Volume of Service and Payments for AIAN Medicaid Recipients in various Capitated Care Plans
by Payment Type
Calendar Year 2004

Phoenix Area

HMO

Payment Type	Volume of Service			Payment for Service		
	Recipients Average Months per year	Claims Number	Total Payment in Thousands of \$	Payment per Recipient-Year \$	Payment per Claim \$	
All	20,193	7.7	168,039	30,486	2,344	181
Capitated Care Only	12,393	8.0	105,700	18,254	2,197	173
FFS & Capitated Care	7,800	7.2	62,339	12,232	2,606	196

PHP

Payment Type	Volume of Service			Payment for Service		
	Recipients Average Months per year	Claims Number	Total Payment in Thousands of \$	Payment per Recipient-Year \$	Payment per Claim \$	
All	6,553	8.4	54,559	2,478	538	45
Capitated Care Only	2,119	7.9	16,440	1,031	738	63
FFS & Capitated Care	4,434	8.7	38,119	1,447	450	38

PCCM

Payment Type	Volume of Service			Payment for Service		
	Recipients Average Months per year	Claims Number	Total Payment in Thousands of \$	Payment per Recipient-Year \$	Payment per Claim \$	
All	48	10.1	92	0.368	9	4.0
Capitated Care Only	11	9.6	21	0.084	10	4.0
FFS & Capitated Care	37	10.3	71	0.284	9	4.0

Table C.10.3
 Volume of Service and Payments for AIAN Medicaid Recipients By Program Type
 Calendar Year 2004

Phoenix Area

Total Medicaid Payments (including IHS programs)

Program Type	<u>Volume of Service</u>			<u>Payment for Service</u>		
	Recipients Average Months per year	Claims Number	Total Payment in Thousands of \$	Payment per Recipient-Year \$	Payment per Claim \$	
All	52,566	9.3	1,850,601	285,788	7,008	154
IHS served	27,331	10.0	1,083,976	209,266	9,177	193
Not IHS served	25,235	8.5	766,625	76,522	4,257	100

Medicaid Payments to IHS Programs alone

Program Type	Recipients Average Months per year	Claims Number	Total Payment in Thousands of \$	Payment per Recipient-Year \$	Payment per Claim \$	
All	52,566	9.3	318,327	80,648	1,978	253
IHS served	27,331	10.0	318,327	80,648	3,537	253
Not IHS served	25,235	8.5	0	0	0	0

Table C.11.1
 Volume of Service and Payments for AIAN Medicaid Recipients in Fee-for-Service and Capitated Care
 by Payment Type
 Calendar Year 2004

Portland Area

Fee-for-Service

Payment Type	Volume of Service			Payment for Service		
	Recipients Average Months per year	Claims Number	Total Payment in Thousands of \$	Payment per Recipient-Year \$	Payment per Claim \$	
All	37,881	9.8	1,447,067	168,033	5,452	116
Fee-for-Service	20,158	9.6	916,779	102,820	6,379	112
FFS and Capitated Care	17,723	10.0	530,288	65,214	4,436	123

Capitated Care

Payment Type	Volume of Service			Payment for Service		
	Recipients Average Months per year	Claims Number	Total Payment in Thousands of \$	Payment per Recipient-Year \$	Payment per Claim \$	
All	23,329	9.4	279,837	23,383	1,275	84
Capitated Care	5,606	7.8	75,693	5,992	1,648	79
FFS and Capitated Care	17,723	10.0	204,144	17,391	1,183	85

Table C.11.2
 Volume of Service and Payments for AIAN Medicaid Recipients in various Capitated Care Plans
 by Payment Type
 Calendar Year 2004

Portland Area

HMO

Payment Type	Volume of Service			Payment for Service		
	Recipients Average Months per year	Claims Number	Total Payment in Thousands of \$	Payment per Recipient-Year \$	Payment per Claim \$	
All	12,129	7.6	101,419	18,732	2,432	185
Capitated Care Only	4,122	7.5	33,604	5,072	1,960	151
FFS & Capitated Care	8,007	7.7	67,815	13,659	2,671	201

PHP

Payment Type	Volume of Service			Payment for Service		
	Recipients Average Months per year	Claims Number	Total Payment in Thousands of \$	Payment per Recipient-Year \$	Payment per Claim \$	
All	20,944	11.2	136,799	4,414	226	32
Capitated Care Only	5,214	10.7	37,958	876	188	23
FFS & Capitated Care	15,730	11.4	98,841	3,538	237	36

PCCM

Payment Type	Volume of Service			Payment for Service		
	Recipients Average Months per year	Claims Number	Total Payment in Thousands of \$	Payment per Recipient-Year \$	Payment per Claim \$	
All	7,746	7.6	40,794	130	26	3.2
Capitated Care Only	1,002	5.2	4,014	13	29	3.1
FFS & Capitated Care	6,744	8.0	36,780	118	26	3.2

Table C.11.3
 Volume of Service and Payments for AIAN Medicaid Recipients By Program Type
 Calendar Year 2004

Portland Area

Total Medicaid Payments (including IHS programs)

Program Type	<u>Volume of Service</u>			<u>Payment for Service</u>		
	Recipients Average Months per year	Claims Number		Total Payment in Thousands of \$	Payment per Recipient-Year \$	Payment per Claim \$
All	43,487	9.5	1,829,710	191,416	5,556	105
IHS served	17,643	9.7	731,767	81,893	5,750	112
Not IHS served	25,844	9.4	1,097,943	109,524	5,419	100

Medicaid Payments to IHS Programs alone

Program Type	Recipients Average Months per year	Claims Number	Total Payment in Thousands of \$	Payment per Recipient-Year \$	Payment per Claim \$
All	43,487	9.5	149,268	22,925	665
IHS served	17,643	9.7	149,268	22,925	1,610
Not IHS served	25,844	9.4	0	0	0

Table C.12.1
 Volume of Service and Payments for AIAN Medicaid Recipients in Fee-for-Service and Capitated Care
 by Payment Type
 Calendar Year 2004

Tucson Area

Fee-for-Service

Payment Type	Volume of Service			Payment for Service		
	Recipients Average Months per year	Claims Number	Total Payment in Thousands of \$	Payment per Recipient-Year \$	Payment per Claim \$	
All	6,723	10.3	173,625	57,362	9,980	330
Fee-for-Service	116	4.1	1,281	529	13,251	413
FFS and Capitated Care	6,607	10.4	172,344	56,833	9,957	330

Capitated Care

Payment Type	Volume of Service			Payment for Service		
	Recipients Average Months per year	Claims Number	Total Payment in Thousands of \$	Payment per Recipient-Year \$	Payment per Claim \$	
All	13,641	9.7	195,965	22,617	2,050	115
Capitated Care	7,034	9.1	103,141	15,004	2,819	145
FFS and Capitated Care	6,607	10.4	92,824	7,613	1,334	82

Table C.12.2
 Volume of Service and Payments for AIAN Medicaid Recipients in various Capitated Care Plans
 by Payment Type
 Calendar Year 2004

Tucson Area

HMO

Payment Type	Volume of Service			Payment for Service		
	Recipients Average Months per year	Claims Number	Total Payment in Thousands of \$	Payment per Recipient-Year \$	Payment per Claim \$	
All	6,202	8.4	56,516	9,601	2,221	170
Capitated Care Only	4,716	8.7	44,100	7,481	2,197	170
FFS & Capitated Care	1,486	7.4	12,416	2,120	2,311	171

PHP

Payment Type	Volume of Service			Payment for Service		
	Recipients Average Months per year	Claims Number	Total Payment in Thousands of \$	Payment per Recipient-Year \$	Payment per Claim \$	
All	1,709	8.6	15,324	1,022	834	67
Capitated Care Only	735	8.4	6,824	569	1,107	83
FFS & Capitated Care	974	8.8	8,500	453	637	53

PCCM

Payment Type	Volume of Service			Payment for Service		
	Recipients Average Months per year	Claims Number	Total Payment in Thousands of \$	Payment per Recipient-Year \$	Payment per Claim \$	
All	0	.	.	.	.	.
Capitated Care Only	.	.	.	.	.	.
FFS & Capitated Care	.	.	.	.	.	.

Table C.12.3
 Volume of Service and Payments for AIAN Medicaid Recipients By Program Type
 Calendar Year 2004

Tucson Area

Total Medicaid Payments (including IHS programs)

Program Type	<u>Volume of Service</u>			<u>Payment for Service</u>		
	Recipients Average Months per year	Claims Number	Total Payment in Thousands of \$	Payment per Recipient-Year \$	Payment per Claim \$	
All	13,757	9.7	528,985	79,979	7,225	151
IHS served	6,155	10.4	274,478	60,036	11,283	219
Not IHS served	7,602	9.1	254,507	19,943	3,469	78

Medicaid Payments to IHS Programs alone

Program Type	Recipients Average Months per year	Claims Number	Total Payment in Thousands of \$	Payment per Recipient-Year \$	Payment per Claim \$	
All	13,757	9.7	72,775	18,991	1,715	261
IHS served	6,155	10.4	72,775	18,991	3,569	261
Not IHS served	7,602	9.1	0	0	0	0

Appendix D. CHIP Enrollment, Service Use and Payment Data by IHS Area

Table Numbers

For Enrollees in M-CHIP Only and in Both M-CHIP and Medicaid During the Year

Number and Percent of Enrollees

IHS Area	Eligibility Groups	Assistance Categories	Managed Care Enrollees
All Areas Combined	D.0.1	D.0.1	D.0.2
Aberdeen	D.1.1	D.1.1	D.1.2
Alaska	D.2.1	D.2.1	D.2.2
Albuquerque	D.3.1	D.3.1	D.3.2
Bemidji	D.4.1	D.4.1	D.4.2
Billings	D.1.1	D.1.1	D.5.2
California	D.6.1	D.6.1	D.6.2
Nashville	D.7.1	D.7.1	D.7.2
Navajo	D.8.1	D.8.1	D.8.2
Oklahoma	D.9.1	D.9.1	D.9.2
Phoenix	D.10.1	D.10.1	D.10.2
Portland	D.11.1	D.11.1	D.11.2
Tucson	D.12.1	D.12.1	D.12.2

Recipients, Months of Enrollment, Claims and Payments

IHS Area	Fee-for-Service	Capitated Care	IHS Program
All Areas Combined	D.0.3	D.0.3	D.0.4
Aberdeen	D.1.3	D.1.3	D.1.4
Alaska	D.2.3	D.2.3	D.2.4
Albuquerque	D.3.3	D.3.3	D.3.4
Bemidji	D.4.3	D.4.3	D.4.4
Billings	D.5.3	D.5.3	D.5.4
California	D.6.3	D.6.3	D.6.4
Nashville	D.7.3	D.7.3	D.7.4
Navajo	D.8.3	D.8.3	D.8.4
Oklahoma	D.9.3	D.9.3	D.9.4
Phoenix	D.10.3	D.10.3	D.10.4
Portland	D.11.3	D.11.3	D.11.4
Tucson	D.12.3	D.12.3	D.12.4

Table D.0.1
 Number and Percent of M-CHIP Enrollees for one month or more
 enrolled in M-CHIP only or in both M-CHIP and Medicaid (in different months)
 by their last assigned Eligibility Group and Maintenance Assistance Status
 Calendar Year 2004

All Areas Combined

M-CHIP Only

Eligibility

Assistance Status	Total		Children		Adult		Disabled	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
All	11,833	100%	11,119	100%	714	100%	0	0%
Receiving Cash	12	0%	12	0%	0	0%	0	0%
Medically Needy	0	0%	0	0%	0	0%	0	0%
Poverty-related	9,351	79%	9,336	84%	15	2%	0	0%
Waiver	2,470	21%	1,771	16%	699	98%	0	0%
Other	0	0%	0	0%	0	0%	0	0%

Both M-CHIP and Medicaid

Assistance Status	Total		Children		Adult		Disabled	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
All	18,778	100%	18,095	100%	641	100%	42	100%
Receiving Cash	1,140	6%	1,002	6%	103	16%	35	83%
Medically Needy	26	0%	26	0%	0	0%	0	0%
Poverty-related	15,526	83%	15,385	85%	141	22%	0	0%
Waiver	1,808	10%	1,471	8%	337	53%	0	0%
Other	278	1%	211	1%	60	9%	7	17%

Table D.O.2
 Number of M-CHIP Enrollees in Managed Care for one month or more
 as a percent of the total number of eligible enrollees for M-CHIP only or
 both M-CHIP and Medicaid (in different months)
 Calendar Year 2004

All Areas Combined

M-CHIP Only

Managed Care	<u>Children</u>			<u>Adults</u>		
	Eligible Number	Number	Percent	Eligible Number	Number	Percent
HMO	11,119	589	5%	714	380	53%
Dental	11,119	1,427	13%	714	0	0%
Behavioral Health	11,119	248	2%	714	0	0%
PCCM	11,119	1,960	18%	714	0	0%
PACE	11,119	0	0%	714	0	0%
Long Term Care	11,119	0	0%	714	0	0%
Prenatal	11,119	0	0%	714	0	0%

Both M-CHIP and Medicaid

Managed Care	<u>Children</u>			<u>Adults</u>		
	Eligible Number	Number	Percent	Eligible Number	Number	Percent
HMO	18,095	948	5%	641	219	34%
Dental	18,095	1,555	9%	641	18	3%
Behavioral Health	18,095	558	3%	641	17	3%
PCCM	18,095	3,217	18%	641	29	5%
PACE	18,095	0	0%	641	0	0%
Long Term Care	18,095	0	0%	641	0	0%
Prenatal	18,095	0	0%	641	0	0%

Table D.0.3

Volume of Service and Payments for M-CHIP Recipients in Fee-for-service and Capitated care for M-CHIP only or Both M-CHIP and Medicaid (in different months) by Payment Type
Calendar Year 2004

All Areas Combined

M-CHIP Only

Fee-for-Service

Program Type	Volume of Service			Payment for Service		
	Recipients Average Months Number	Claims Number	Total Payment in Thousands of \$	Payment per Recipient-Year \$	Payment per Claim \$	
All	8,700	9.1	137,365	16,976	2,565	124
Fee-for-Service	4,605	8.7	76,145	11,439	3,416	150
FFS and Capitated Care	4,095	9.6	61,220	5,537	1,693	90

Capitated Care

Program Type	Volume of Service			Payment for Service		
	Recipients Average Months Number	Claims Number	Total Payment in Thousands of \$	Payment per Recipient-Year \$	Payment per Claim \$	
All	5,440	8.7	54,407	1,232	313	23
Capitated Care	1,345	5.9	9,756	656	993	67
FFS and Capitated Care	4,095	9.6	44,651	576	176	13

(Table continued next page)

Table D.0.3 (continued)

Volume of Service and Payments for M-CHIP Recipients in Fee-for-service and Capitated care for M-CHIP only or Both M-CHIP and Medicaid (in different months) by Payment Type
 Calendar Year 2004

All Areas Combined (continued)

Both M-CHIP and Medicaid

Fee-for-Service

Program Type	Volume of Service			Payment for Service		
	Recipients	Average Months	Claims	Total Payment in Thousands of \$	Payment per Recipient-Year \$	Payment per Claim \$
Number	per year	Number				
All	16,389	10.4	297,636	32,470	2,294	109
Fee-for-Service	4,486	10.1	96,508	13,849	3,650	143
FFS and Capitated Care	11,903	10.4	201,128	18,621	1,797	93

Capitated Care

Program Type	Volume of Service			Payment for Service		
	Recipients	Average Months	Claims	Total Payment in Thousands of \$	Payment per Recipient-Year \$	Payment per Claim \$
Number	per year	Number				
All	13,863	10.3	157,914	3,167	267	20
Capitated Care	1,960	9.1	21,042	1,241	835	59
FFS and Capitated Care	11,903	10.4	136,872	1,926	186	14

Table D.0.4
Volume of Service and Payments for M-CHIP recipients for M-CHIP only
or Both M_CHIP and Medicaid by Program Type
Calendar Year 2004

All Areas Combined

M-CHIP Only

Total Medicaid Service (including IHS Programs)

Program Type	Volume of Service			Payment for Service		
	Recipients Average Months per year	Claims Number	Total Payment in Thousands of \$	Payment per Recipient-Year \$	Payment per Claim \$	
All	10,045	8.7	198,090	18,208	2,501	92
IHS-provided service	5,269	9.1	108,731	12,735	3,177	117
Not IHS-served	4,776	8.2	89,359	5,473	1,673	61

Medicaid Payment to IHS Programs alone

Program Type	Recipients Average Months per year	Claims Number	Total Payment in Thousands of \$	Payment per Recipient-Year \$	Payment per Claim \$	
All	10,045	8.7	27,649	3,703	509	134
IHS-provided service	5,269	9.1	27,649	3,703	924	134
Not IHS-served	4,776	8.2	0	0	0	0

Table D.O.4 (continued)
Volume of Service and Payments for M-CHIP recipients for M-CHIP only
or Both M_CHIP and Medicaid by Program Type
Calendar Year 2004

All Areas Combined (continued)

Both M-CHIP and Medicaid

Total Medicaid Payments (including IHS Programs)

Program Type	Volume of Service			Payment for Service		
	Recipients Average Months per year	Claims Number	Total Payment in Thousands of \$	Payment per Recipient-Year \$	Payment per Claim \$	
All	18,349	10.2	472,212	35,637	2,278	75
IHS-provided service	8,948	10.3	230,822	22,590	2,947	98
Not IHS-served	9,401	10.2	241,390	13,047	1,636	54

Medicaid Payment to IHS Programs alone

Program Type	Recipients Average Months per year	Claims Number	Total Payment in Thousands of \$	Payment per Recipient-Year \$	Payment per Claim \$	
All	18,349	10.2	43,971	7,714	493	175
IHS-provided service	8,948	10.3	43,971	7,714	1,006	175
Not IHS-served	9,401	10.2	0	0	0	0

Table D.1.1
 Number and Percent of M-CHIP Enrollees for one month or more
 enrolled in M-CHIP only or in both M-CHIP and Medicaid (in different months)
 by their last assigned Eligibility Group and Maintenance Assistance Status
 Calendar Year 2004

Aberdeen Area

M-CHIP Only

Eligibility

Assistance Status	Total		Children		Adult		Disabled	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
All	1,732	100%	1,732	100%	0	0%	0	0%
Receiving Cash	12	1%	12	1%	0	0%	0	0%
Medically Needy	0	0%	0	0%	0	0%	0	0%
Poverty-related	1,720	99%	1,720	99%	0	0%	0	0%
Waiver	0	0%	0	0%	0	0%	0	0%
Other	0	0%	0	0%	0	0%	0	0%

Both M-CHIP and Medicaid

Assistance Status	Total		Children		Adult		Disabled	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
All	1,926	100%	1,895	100%	22	100%	9	100%
Receiving Cash	182	9%	167	9%	6	27%	9	100%
Medically Needy	0	0%	0	0%	0	0%	0	0%
Poverty-related	1,674	87%	1,665	88%	9	41%	0	0%
Waiver	0	0%	0	0%	0	0%	0	0%
Other	70	4%	63	3%	7	32%	0	0%

Table D.1.2
 Number of M-CHIP Enrollees in Managed Care for one month or more
 as a percent of the total number of eligible enrollees for M-CHIP only or
 both M-CHIP and Medicaid (in different months)
 Calendar Year 2004

Aberdeen Area

M-CHIP Only

Managed Care	<u>Children</u>			<u>Adults</u>		
	Eligible Number	Number	Percent	Eligible Number	Number	Percent
HMO	1,732	10	1%	0	0	0%
Dental	1,732	1,427	82%	0	0	0%
Behavioral Health	1,732	248	14%	0	0	0%
PCCM	1,732	1,387	80%	0	0	0%
PACE	1,732	0	0%	0	0	0%
Long Term Care	1,732	0	0%	0	0	0%
Prenatal	1,732	0	0%	0	0	0%

Both M-CHIP and Medicaid

Managed Care	<u>Children</u>			<u>Adults</u>		
	Eligible Number	Number	Percent	Eligible Number	Number	Percent
HMO	1,895	57	3%	22	0	0%
Dental	1,895	1,305	69%	22	18	82%
Behavioral Health	1,895	558	29%	22	0	0%
PCCM	1,895	1,401	74%	22	20	91%
PACE	1,895	0	0%	22	0	0%
Long Term Care	1,895	0	0%	22	0	0%
Prenatal	1,895	0	0%	22	0	0%

Table D.1.3

Volume of Service and Payments for M-CHIP Recipients in Fee-for-service and Capitated care for M-CHIP only or Both M-CHIP and Medicaid (in different months) by Payment Type
Calendar Year 2004

Aberdeen Area

M-CHIP Only

Fee-for-Service

Program Type	Volume of Service			Payment for Service		
	Recipients Average Months per year	Claims Number	Total Payment in Thousands of \$	Payment per Recipient-Year \$	Payment per Claim \$	
All	1,366	9.6	15,982	2,146	1,963	134
Fee-for-Service	150	8.8	3,178	413	3,766	130
FFS and Capitated Care	1,216	9.7	12,804	1,732	1,762	135

Capitated Care

Program Type	Volume of Service			Payment for Service		
	Recipients Average Months per year	Claims Number	Total Payment in Thousands of \$	Payment per Recipient-Year \$	Payment per Claim \$	
All	1,511	8.9	15,867	100	90	6
Capitated Care	295	5.4	1,854	12	87	6
FFS and Capitated Care	1,216	9.7	14,013	89	90	6

(Table continued next page)

Continuation Table D.1.3

Both M-CHIP and Medicaid

Fee-for-Service

Program Type	Volume of Service			Payment for Service		
	Recipients Average Months per year	Claims Number	Total Payment in Thousands of \$	Payment per Recipient-Year \$	Payment per Claim \$	
All	1,749	11.0	25,788	3,280	2,041	127
Fee-for-Service	350	10.6	5,933	601	1,935	101
FFS and Capitated Care	1,399	11.1	19,855	2,680	2,066	135

Capitated Care

Program Type	Volume of Service			Payment for Service		
	Recipients Average Months per year	Claims Number	Total Payment in Thousands of \$	Payment per Recipient-Year \$	Payment per Claim \$	
All	1,543	11.0	20,306	152	107	7
Capitated Care	144	9.7	1,596	12	107	8
FFS and Capitated Care	1,399	11.1	18,710	140	108	7

Table D.1.4
Volume of Service and Payments for M-CHIP recipients for M-CHIP only
or Both M_CHIP and Medicaid by Program Type
Calendar Year 2004

Aberdeen Area

M-CHIP Only

Total Medicaid Service (including IHS Programs)

Program Type	Volume of Service			Payment for Service		
	Recipients Average Months per year	Claims Number	Total Payment in Thousands of \$	Payment per Recipient-Year \$	Payment per Claim \$	
All	1,661	8.9	32,305	2,246	1,833	70
IHS-provided service	868	9.8	18,303	1,668	2,363	91
Not IHS-served	793	7.9	14,002	578	1,113	41

Medicaid Payment to IHS Programs alone

Program Type	Recipients Average Months per year	Claims Number	Total Payment in Thousands of \$	Payment per Recipient-Year \$	Payment per Claim \$	
All	1,661	8.9	3,501	762	622	218
IHS-provided service	868	9.8	3,501	762	1,079	218
Not IHS-served	793	7.9	0	0	0	0

(Table continued next page)

continuation Table D.1.4

Both M-CHIP and Medicaid

Total Medicaid Payments (including IHS Programs)

Program Type	Volume of Service			Payment for Service		
	Recipients Average Months per year	Claims Number	Total Payment in Thousands of \$	Payment per Recipient-Year \$	Payment per Claim \$	
All	1,893	10.9	47,021	3,432	1,991	73
IHS-provided service	985	11.0	22,438	2,215	2,445	99
Not IHS-served	908	10.8	24,583	1,217	1,489	50

Medicaid Payment to IHS Programs alone

Program Type	Recipients Average Months per year	Claims Number	Total Payment in Thousands of \$	Payment per Recipient-Year \$	Payment per Claim \$	
All	1,893	10.9	4,336	935	543	216
IHS-provided service	985	11.0	4,336	935	1,032	216
Not IHS-served	908	10.8	0	0	0	0

Table D.2.1
 Number and Percent of M-CHIP Enrollees for one month or more
 enrolled in M-CHIP only or in both M-CHIP and Medicaid (in different months)
 by their last assigned Eligibility Group and Maintenance Assistance Status
 Calendar Year 2004

Alaska Area

M-CHIP Only

Eligibility

Assistance Status	Total		Children		Adult		Disabled	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
All	3,528	100%	3,513	100%	15	100%	0	0%
Receiving Cash	0	0%	0	0%	0	0%	0	0%
Medically Needy	0	0%	0	0%	0	0%	0	0%
Poverty-related	3,528	100%	3,513	100%	15	100%	0	0%
Waiver	0	0%	0	0%	0	0%	0	0%
Other	0	0%	0	0%	0	0%	0	0%

Both M-CHIP and Medicaid

Assistance Status	Total		Children		Adult		Disabled	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
All	2,226	100%	2,138	100%	80	100%	8	100%
Receiving Cash	63	3%	55	3%	4	5%	4	50%
Medically Needy	0	0%	0	0%	0	0%	0	0%
Poverty-related	2,119	95%	2,043	96%	76	95%	0	0%
Waiver	0	0%	0	0%	0	0%	0	0%
Other	44	2%	40	2%	0	0%	4	50%

Table D.2.2
 Number of M-CHIP Enrollees in Managed Care for one month or more
 as a percent of the total number of eligible enrollees for M-CHIP only or
 both M-CHIP and Medicaid (in different months)
 Calendar Year 2004

Alaska Area

M-CHIP Only

Managed Care	<u>Children</u>			<u>Adults</u>		
	<u>Eligible</u> Number	Number	Percent	<u>Eligible</u> Number	Number	Percent
HMO	0	0	0%	0	0	0%
Dental	0	0	0%	0	0	0%
Behavioral Health	0	0	0%	0	0	0%
PCCM	0	0	0%	0	0	0%
PACE	0	0	0%	0	0	0%
Long Term Care	0	0	0%	0	0	0%
Prenatal	0	0	0%	0	0	0%

Both M-CHIP and Medicaid

Managed Care	<u>Children</u>			<u>Adults</u>		
	<u>Eligible</u> Number	Number	Percent	<u>Eligible</u> Number	Number	Percent
HMO	0	0	0%	0	0	0%
Dental	0	0	0%	0	0	0%
Behavioral Health	0	0	0%	0	0	0%
PCCM	0	0	0%	0	0	0%
PACE	0	0	0%	0	0	0%
Long Term Care	0	0	0%	0	0	0%
Prenatal	0	0	0%	0	0	0%

Table D.2.3

Volume of Service and Payments for M-CHIP Recipients in Fee-for-service and Capitated care for M-CHIP only or Both M-CHIP and Medicaid (in different months) by Payment Type
Calendar Year 2004

Alaska Area

M-CHIP Only

Fee-for-Service

Program Type	Volume of Service			Payment for Service		
	Recipients Average Months per year	Claims Number	Total Payment in Thousands of \$	Payment per Recipient-Year \$	Payment per Claim \$	
All	2,962	9.2	51,513	9,286	4,106	180
Fee-for-Service	2,894	9.1	50,070	9,078	4,122	181
FFS and Capitated Care	68	10.5	1,443	208	3,509	144

Capitated Care

Program Type	Volume of Service			Payment for Service		
	Recipients Average Months per year	Claims Number	Total Payment in Thousands of \$	Payment per Recipient-Year \$	Payment per Claim \$	
All	72	10.3	0	0	0	0
Capitated Care	4	7.3	0	0	0	0
FFS and Capitated Care	68	10.5	0	0	0	0

(Table continued next page)

Continuation Table D.2.3

Both M-CHIP and Medicaid

Fee-for-Service

Program Type	<u>Volume of Service</u>			<u>Payment for Service</u>		
	Recipients Average Months per year	Claims Number	Total Payment in Thousands of \$	Payment per Recipient-Year \$	Payment per Claim \$	
All	2,063	9.7	49,141	9,284	5,578	189
Fee-for-Service	1,985	9.7	47,213	8,807	5,507	187
FFS and Capitated Care	78	10.0	1,928	477	7,335	247

Capitated Care

Program Type	<u>Volume of Service</u>			<u>Payment for Service</u>		
	Recipients Average Months per year	Claims Number	Total Payment in Thousands of \$	Payment per Recipient-Year \$	Payment per Claim \$	
All	83	10.0	0	0	0	0
Capitated Care	5	9.8	0	0	0	0
FFS and Capitated Care	78	10.0	0	0	0	0

Table D.2.4
 Volume of Service and Payments for M-CHIP recipients for M-CHIP only
 or Both M_CHIP and Medicaid by Program Type
 Calendar Year 2004

Alaska Area

M-CHIP Only

Total Medicaid Service (including IHS Programs)

Program Type	Volume of Service			Payment for Service		
	Recipients Average Months per year	Claims Number	Total Payment in Thousands of \$	Payment per Recipient-Year \$	Payment per Claim \$	
All	2,966	9.2	51,589	9,286	4,101	180
IHS-provided service	2,041	9.5	42,159	7,456	4,627	177
Not IHS-served	925	8.5	9,430	1,830	2,805	194

Medicaid Payment to IHS Programs alone

Program Type	Recipients Average Months per year	Claims Number	Total Payment in Thousands of \$	Payment per Recipient-Year \$	Payment per Claim \$	
All	2,966	9.2	14,759	1,399	618	95
IHS-provided service	2,041	9.5	14,759	1,399	868	95
Not IHS-served	925	8.5	0	0	0	0

(Table continued next page)

continuation Table D.2.4

Both M-CHIP and Medicaid

Total Medicaid Payments (including IHS Programs)

Program Type	Volume of Service			Payment for Service		
	Recipients Average Months per year	Claims Number	Total Payment in Thousands of \$	Payment per Recipient-Year \$	Payment per Claim \$	
All	2,068	9.7	49,235	9,284	5,564	189
IHS-provided service	1,434	9.8	38,514	7,259	6,221	188
Not IHS-served	634	9.5	10,721	2,025	4,036	189

Medicaid Payment to IHS Programs alone

Program Type	Recipients Average Months per year	Claims Number	Total Payment in Thousands of \$	Payment per Recipient-Year \$	Payment per Claim \$	
All	2,068	9.7	11,784	1,832	1,098	155
IHS-provided service	1,434	9.8	11,784	1,832	1,570	155
Not IHS-served	634	9.5	0	0	0	0

Table D.3.1
 Number and Percent of M-CHIP Enrollees for one month or more
 enrolled in M-CHIP only or in both M-CHIP and Medicaid (in different months)
 by their last assigned Eligibility Group and Maintenance Assistance Status
 Calendar Year 2004

Albuquerque Area

M-CHIP Only

Eligibility

Assistance Status	Total		Children		Adult		Disabled	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
All	737	100%	737	100%	0	0%	0	0%
Receiving Cash	0	0%	0	0%	0	0%	0	0%
Medically Needy	0	0%	0	0%	0	0%	0	0%
Poverty-related	0	0%	0	0%	0	0%	0	0%
Waiver	737	100%	737	100%	0	0%	0	0%
Other	0	0%	0	0%	0	0%	0	0%

Both M-CHIP and Medicaid

Assistance Status	Total		Children		Adult		Disabled	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
All	1,147	100%	1,147	100%	0	0%	0	0%
Receiving Cash	34	3%	34	3%	0	0%	0	0%
Medically Needy	0	0%	0	0%	0	0%	0	0%
Poverty-related	450	39%	450	39%	0	0%	0	0%
Waiver	626	54%	626	55%	0	0%	0	0%
Other	37	3%	37	3%	0	0%	0	0%

Table D.3.2
 Number of M-CHIP Enrollees in Managed Care for one month or more
 as a percent of the total number of eligible enrollees for M-CHIP only or
 both M-CHIP and Medicaid (in different months)
 Calendar Year 2004

Albuquerque Area

M-CHIP Only

Managed Care	Children			Adults		
	Eligible Number	Number	Percent	Eligible Number	Number	Percent
HMO	737	207	28%	0	0	0%
Dental	737	0	0%	0	0	0%
Behavioral Health	737	0	0%	0	0	0%
PCCM	737	0	0%	0	0	0%
PACE	737	0	0%	0	0	0%
Long Term Care	737	0	0%	0	0	0%
Prenatal	737	0	0%	0	0	0%

Both M-CHIP and Medicaid

Managed Care	Children			Adults		
	Eligible Number	Number	Percent	Eligible Number	Number	Percent
HMO	1,147	311	27%	0	0	0%
Dental	1,147	0	0%	0	0	0%
Behavioral Health	1,147	0	0%	0	0	0%
PCCM	1,147	0	0%	0	0	0%
PACE	1,147	0	0%	0	0	0%
Long Term Care	1,147	0	0%	0	0	0%
Prenatal	1,147	0	0%	0	0	0%

Table D.3.3

Volume of Service and Payments for M-CHIP Recipients in Fee-for-service and Capitated care for M-CHIP only or Both M-CHIP and Medicaid (in different months) by Payment Type
Calendar Year 2004

Albuquerque Area

M-CHIP Only

Fee-for-Service

Program Type	Volume of Service			Payment for Service		
	Recipients Average Months Number	Claims Number	Total Payment in Thousands of \$	Payment per Recipient-Year \$	Payment per Claim \$	
All	464	9.1	5,916	650	1,840	110
Fee-for-Service	411	9.0	5,227	580	1,888	111
FFS and Capitated Care	53	10.3	689	69	1,518	101

Capitated Care

Program Type	Volume of Service			Payment for Service		
	Recipients Average Months Number	Claims Number	Total Payment in Thousands of \$	Payment per Recipient-Year \$	Payment per Claim \$	
All	205	9.3	3,004	343	2,161	114
Capitated Care	152	8.9	2,471	275	2,427	111
FFS and Capitated Care	53	10.3	533	69	1,503	129

(Table continued next page)

Continuation Table D.3.3

Both M-CHIP and Medicaid

Fee-for-Service

Program Type	Volume of Service			Payment for Service		
	Recipients Average Months per year	Claims Number	Total Payment in Thousands of \$	Payment per Recipient-Year \$	Payment per Claim \$	
All	855	10.5	13,413	1,753	2,334	131
Fee-for-Service	747	10.5	12,425	1,659	2,537	134
FFS and Capitated Care	108	10.8	988	94	966	95

Capitated Care

Program Type	Volume of Service			Payment for Service		
	Recipients Average Months per year	Claims Number	Total Payment in Thousands of \$	Payment per Recipient-Year \$	Payment per Claim \$	
All	312	10.9	5,552	659	2,315	119
Capitated Care	204	11.0	4,192	489	2,607	117
FFS and Capitated Care	108	10.8	1,360	170	1,750	125

Table D.3.4
Volume of Service and Payments for M-CHIP recipients for M-CHIP only
or Both M_CHIP and Medicaid by Program Type
Calendar Year 2004

Albuquerque Area

M-CHIP Only

Total Medicaid Service (including IHS Programs)

Program Type	Volume of Service			Payment for Service		
	Recipients Average Months per year	Claims Number	Total Payment in Thousands of \$	Payment per Recipient-Year \$	Payment per Claim \$	
All	616	9.1	10,525	993	2,130	94
IHS-provided service	495	9.1	8,694	875	2,323	101
Not IHS-served	121	8.9	1,831	118	1,318	65

Medicaid Payment to IHS Programs alone

Program Type	Recipients Average Months per year	Claims Number	Total Payment in Thousands of \$	Payment per Recipient-Year \$	Payment per Claim \$	
All	616	9.1	2,854	375	805	131
IHS-provided service	495	9.1	2,854	375	997	131
Not IHS-served	121	8.9	0	0	0	0

(Table continued next page)

continuation Table D.3.4

Both M-CHIP and Medicaid

Total Medicaid Payments (including IHS Programs)

Program Type	Volume of Service			Payment for Service		
	Recipients Average Months per year	Claims Number	Total Payment in Thousands of \$	Payment per Recipient-Year \$	Payment per Claim \$	
All	1,059	10.6	23,001	2,412	2,570	105
IHS-provided service	863	10.6	19,810	2,189	2,865	111
Not IHS-served	196	10.7	3,191	222	1,277	70

Medicaid Payment to IHS Programs alone

Program Type	Recipients Average Months per year	Claims Number	Total Payment in Thousands of \$	Payment per Recipient-Year \$	Payment per Claim \$	
All	1,059	10.6	5,726	707	754	124
IHS-provided service	863	10.6	5,726	707	925	124
Not IHS-served	196	10.7	0	0	0	0

Table D.4.1
 Number and Percent of M-CHIP Enrollees for one month or more
 enrolled in M-CHIP only or in both M-CHIP and Medicaid (in different months)
 by their last assigned Eligibility Group and Maintenance Assistance Status
 Calendar Year 2004

Bemidji Area

M-CHIP Only

Eligibility

Assistance Status	Total		Children		Adult		Disabled	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
All	1,002	100%	310	100%	692	100%	0	0%
Receiving Cash	0	0%	0	0%	0	0%	0	0%
Medically Needy	0	0%	0	0%	0	0%	0	0%
Poverty-related	0	0%	0	0%	0	0%	0	0%
Waiver	1,002	100%	310	100%	692	100%	0	0%
Other	0	0%	0	0%	0	0%	0	0%

Both M-CHIP and Medicaid

Assistance Status	Total		Children		Adult		Disabled	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
All	1,032	100%	515	100%	510	100%	7	100%
Receiving Cash	152	15%	55	11%	97	19%	0	0%
Medically Needy	9	1%	9	2%	0	0%	0	0%
Poverty-related	249	24%	226	44%	23	5%	0	0%
Waiver	533	52%	196	38%	337	66%	0	0%
Other	89	9%	29	6%	53	10%	7	100%

Table D.4.2
 Number of M-CHIP Enrollees in Managed Care for one month or more
 as a percent of the total number of eligible enrollees for M-CHIP only or
 both M-CHIP and Medicaid (in different months)
 Calendar Year 2004

Bemidji Area

M-CHIP Only

Managed Care	Children			Adults		
	Eligible Number	Number	Percent	Eligible Number	Number	Percent
HMO	310	90	29%	692	380	55%
Dental	310	0	0%	692	0	0%
Behavioral Health	310	0	0%	692	0	0%
PCCM	310	0	0%	692	0	0%
PACE	310	0	0%	692	0	0%
Long Term Care	310	0	0%	692	0	0%
Prenatal	310	0	0%	692	0	0%

Both M-CHIP and Medicaid

Managed Care	Children			Adults		
	Eligible Number	Number	Percent	Eligible Number	Number	Percent
HMO	515	173	34%	510	219	43%
Dental	515	0	0%	510	0	0%
Behavioral Health	515	0	0%	510	17	3%
PCCM	515	0	0%	510	0	0%
PACE	515	0	0%	510	0	0%
Long Term Care	515	0	0%	510	0	0%
Prenatal	515	0	0%	510	0	0%

Table D.4.3

Volume of Service and Payments for M-CHIP Recipients in Fee-for-service and Capitated care for M-CHIP only or Both M-CHIP and Medicaid (in different months) by Payment Type
Calendar Year 2004

Bemidji Area

M-CHIP Only

Fee-for-Service

Program Type	Volume of Service			Payment for Service		
	Recipients Average Months per year	Claims Number	Total Payment in Thousands of \$	Payment per Recipient-Year \$	Payment per Claim \$	
All	419	9.1	10,493	584	1,837	56
Fee-for-Service	331	8.9	9,176	537	2,183	59
FFS and Capitated Care	88	9.8	1,317	47	655	36

Capitated Care

Program Type	Volume of Service			Payment for Service		
	Recipients Average Months per year	Claims Number	Total Payment in Thousands of \$	Payment per Recipient-Year \$	Payment per Claim \$	
All	192	8.5	1,208	141	1,040	117
Capitated Care	104	7.4	569	66	1,026	115
FFS and Capitated Care	88	9.8	639	76	1,053	119

(Table continued next page)

Continuation Table D.4.3

Both M-CHIP and Medicaid

Fee-for-Service

Program Type	Volume of Service			Payment for Service		
	Recipients Average Months per year	Claims Number	Total Payment in Thousands of \$	Payment per Recipient-Year \$	Payment per Claim \$	
All	839	10.7	22,964	1,373	1,833	60
Fee-for-Service	585	10.7	19,092	1,169	2,240	61
FFS and Capitated Care	254	10.7	3,872	204	898	53

Capitated Care

Program Type	Volume of Service			Payment for Service		
	Recipients Average Months per year	Claims Number	Total Payment in Thousands of \$	Payment per Recipient-Year \$	Payment per Claim \$	
All	399	10.6	2,978	407	1,150	137
Capitated Care	145	10.5	1,213	162	1,278	133
FFS and Capitated Care	254	10.7	1,765	245	1,079	139

Table D.4.4
 Volume of Service and Payments for M-CHIP recipients for M-CHIP only
 or Both M_CHIP and Medicaid by Program Type
 Calendar Year 2004

Bemidji Area

M-CHIP Only

Total Medicaid Service (including IHS Programs)

Program Type	Volume of Service			Payment for Service		
	Recipients Average Months per year	Claims Number	Total Payment in Thousands of \$	Payment per Recipient-Year \$	Payment per Claim \$	
All	523	8.8	13,463	726	1,899	54
IHS-provided service	0	0.0	0	0	0	0
Not IHS-served	523	8.8	13,463	726	1,899	54

Medicaid Payment to IHS Programs alone

Program Type	Recipients Average Months per year	Claims Number	Total Payment in Thousands of \$	Payment per Recipient-Year \$	Payment per Claim \$
All	523	8.8	0	0	0
IHS-provided service	0	0.0	0	0	0
Not IHS-served	523	8.8	0	0	0

(Table continued next page)

continuation Table D.4.4

Both M-CHIP and Medicaid

Total Medicaid Payments (including IHS Programs)

Program Type	Volume of Service			Payment for Service		
	Recipients Average Months per year	Claims Number	Total Payment in Thousands of \$	Payment per Recipient-Year \$	Payment per Claim \$	
All	984	10.7	32,204	1,780	2,032	55
IHS-provided service	0	0.0	0	0	0	0
Not IHS-served	984	10.7	32,204	1,780	2,032	55

Medicaid Payment to IHS Programs alone

Program Type	Recipients Average Months per year	Claims Number	Total Payment in Thousands of \$	Payment per Recipient-Year \$	Payment per Claim \$
All	984	10.7	0	0	0
IHS-provided service	0	0.0	0	0	0
Not IHS-served	984	10.7	0	0	0

Table D.5.1
 Number and Percent of M-CHIP Enrollees for one month or more
 enrolled in M-CHIP only or in both M-CHIP and Medicaid (in different months)
 by their last assigned Eligibility Group and Maintenance Assistance Status
 Calendar Year 2004

Billings Area

M-CHIP Only

Eligibility

Assistance Status	Total		Children		Adult		Disabled	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
All	0	0%	0	0%	0	0%	0	0%
Receiving Cash	0	0%	0	0%	0	0%	0	0%
Medically Needy	0	0%	0	0%	0	0%	0	0%
Poverty-related	0	0%	0	0%	0	0%	0	0%
Waiver	0	0%	0	0%	0	0%	0	0%
Other	0	0%	0	0%	0	0%	0	0%

Both M-CHIP and Medicaid

Assistance Status	Total		Children		Adult		Disabled	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
All	0	0%	0	0%	0	0%	0	0%
Receiving Cash	0	0%	0	0%	0	0%	0	0%
Medically Needy	0	0%	0	0%	0	0%	0	0%
Poverty-related	0	0%	0	0%	0	0%	0	0%
Waiver	0	0%	0	0%	0	0%	0	0%
Other	0	0%	0	0%	0	0%	0	0%

Table D.5.2
 Number of M-CHIP Enrollees in Managed Care for one month or more
 as a percent of the total number of eligible enrollees for M-CHIP only or
 both M-CHIP and Medicaid (in different months)
 Calendar Year 2004

Billings Area

M-CHIP Only

Managed Care	<u>Children</u>			<u>Adults</u>		
	<u>Eligible</u> Number	Number	Percent	<u>Eligible</u> Number	Number	Percent
HMO	0	0	0%	0	0	0%
Dental	0	0	0%	0	0	0%
Behavioral Health	0	0	0%	0	0	0%
PCCM	0	0	0%	0	0	0%
PACE	0	0	0%	0	0	0%
Long Term Care	0	0	0%	0	0	0%
Prenatal	0	0	0%	0	0	0%

Both M-CHIP and Medicaid

Managed Care	<u>Children</u>			<u>Adults</u>		
	<u>Eligible</u> Number	Number	Percent	<u>Eligible</u> Number	Number	Percent
HMO	0	0	0%	0	0	0%
Dental	0	0	0%	0	0	0%
Behavioral Health	0	0	0%	0	0	0%
PCCM	0	0	0%	0	0	0%
PACE	0	0	0%	0	0	0%
Long Term Care	0	0	0%	0	0	0%
Prenatal	0	0	0%	0	0	0%

Table D.5.3

Volume of Service and Payments for M-CHIP Recipients in Fee-for-service and Capitated care for M-CHIP only

or Both M-CHIP and Medicaid (in different months) by Payment Type
Calendar Year 2004

Billings Area

No M-CHIP Services

Table D.5.4
Volume of Service and Payments for M-CHIP recipients for M-CHIP only
or Both M_CHIP and Medicaid by Program Type
Calendar Year 2004

Billings Area

No M-CHIP Service

Table D.6.1
 Number and Percent of M-CHIP Enrollees for one month or more
 enrolled in M-CHIP only or in both M-CHIP and Medicaid (in different months)
 by their last assigned Eligibility Group and Maintenance Assistance Status
 Calendar Year 2004

California Area

M-CHIP Only

Eligibility

Assistance Status	Total		Children		Adult		Disabled	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
All	212	100%	212	100%	0	0%	0	0%
Receiving Cash	0	0%	0	0%	0	0%	0	0%
Medically Needy	0	0%	0	0%	0	0%	0	0%
Poverty-related	212	100%	212	100%	0	0%	0	0%
Waiver	0	0%	0	0%	0	0%	0	0%
Other	0	0%	0	0%	0	0%	0	0%

Both M-CHIP and Medicaid

Assistance Status	Total		Children		Adult		Disabled	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
All	265	100%	265	100%	0	0%	0	0%
Receiving Cash	129	48%	129	49%	0	0%	0	0%
Medically Needy	17	6%	17	6%	0	0%	0	0%
Poverty-related	105	39%	105	40%	0	0%	0	0%
Waiver	0	0%	0	0%	0	0%	0	0%
Other	14	5%	14	5%	0	0%	0	0%

Table D.6.2
 Number of M-CHIP Enrollees in Managed Care for one month or more
 as a percent of the total number of eligible enrollees for M-CHIP only or
 both M-CHIP and Medicaid (in different months)
 Calendar Year 2004

California Area

M-CHIP Only

Managed Care	<u>Children</u>			<u>Adults</u>		
	<u>Eligible</u> Number	Number	Percent	<u>Eligible</u> Number	Number	Percent
HMO	212	28	13%	0	0	0%
Dental	212	0	0%	0	0	0%
Behavioral Health	212	0	0%	0	0	0%
PCCM	212	0	0%	0	0	0%
PACE	212	0	0%	0	0	0%
Long Term Care	212	0	0%	0	0	0%
Prenatal	212	0	0%	0	0	0%

Both M-CHIP and Medicaid

Managed Care	<u>Children</u>			<u>Adults</u>		
	<u>Eligible</u> Number	Number	Percent	<u>Eligible</u> Number	Number	Percent
HMO	265	41	15%	0	0	0%
Dental	265	250	94%	0	0	0%
Behavioral Health	265	0	0%	0	0	0%
PCCM	265	0	0%	0	0	0%
PACE	265	0	0%	0	0	0%
Long Term Care	265	0	0%	0	0	0%
Prenatal	265	0	0%	0	0	0%

Table D.6.3

Volume of Service and Payments for M-CHIP Recipients in Fee-for-service and Capitated care for M-CHIP only or Both M-CHIP and Medicaid (in different months) by Payment Type
 Calendar Year 2004

California Area

M-CHIP Only

Fee-for-Service

Program Type	Volume of Service			Payment for Service		
	Recipients Average Months per year	Claims Number	Total Payment in Thousands of \$	Payment per Recipient-Year \$	Payment per Claim \$	
All	124	8.0	1,401	146	1,751	104
Fee-for-Service	114	7.9	1,308	136	1,828	104
FFS and Capitated Care	10	10.3	93	9	1,086	100

Capitated Care

Program Type	Volume of Service			Payment for Service		
	Recipients Average Months per year	Claims Number	Total Payment in Thousands of \$	Payment per Recipient-Year \$	Payment per Claim \$	
All	29	8.1	174	15	753	85
Capitated Care	19	7.0	94	8	742	87
FFS and Capitated Care	10	10.3	80	7	766	82

(Table continued next page)

Continuation Table D.6.3

Both M-CHIP and Medicaid

Fee-for-Service

Program Type	Volume of Service			Payment for Service		
	Recipients Average Months per year	Claims Number	Total Payment in Thousands of \$	Payment per Recipient-Year \$	Payment per Claim \$	
All	217	10.5	3,366	314	1,648	93
Fee-for-Service	19	8.4	270	26	1,955	97
FFS and Capitated Care	198	10.7	3,096	288	1,625	93

Capitated Care

Program Type	Volume of Service			Payment for Service		
	Recipients Average Months per year	Claims Number	Total Payment in Thousands of \$	Payment per Recipient-Year \$	Payment per Claim \$	
All	238	10.6	1,571	45	215	29
Capitated Care	40	10.1	312	13	401	43
FFS and Capitated Care	198	10.7	1,259	32	180	25

Table D.6.4
Volume of Service and Payments for M-CHIP recipients for M-CHIP only
or Both M_CHIP and Medicaid by Program Type
Calendar Year 2004

California Area

M-CHIP Only

Total Medicaid Service (including IHS Programs)

Program Type	Volume of Service			Payment for Service		
	Recipients Average Months per year	Claims Number	Total Payment in Thousands of \$	Payment per Recipient-Year \$	Payment per Claim \$	
All	143	7.9	1,653	160	1,703	97
IHS-provided service	58	8.5	556	66	1,613	119
Not IHS-served	85	7.5	1,097	94	1,772	86

Medicaid Payment to IHS Programs alone

Program Type	Recipients Average Months per year	Claims Number	Total Payment in Thousands of \$	Payment per Recipient-Year \$	Payment per Claim \$	
All	143	7.9	161	34	363	213
IHS-provided service	58	8.5	161	34	833	213
Not IHS-served	85	7.5	0	0	0	0

(Table continued next page)

continuation Table D.6.4

Both M-CHIP and Medicaid

Total Medicaid Payments (including IHS Programs)

Program Type	Volume of Service			Payment for Service		
	Recipients Average Months per year	Claims Number	Total Payment in Thousands of \$	Payment per Recipient-Year \$	Payment per Claim \$	
All	257	10.4	5,249	359	1,604	68
IHS-provided service	111	10.7	2,704	224	2,251	83
Not IHS-served	146	10.2	2,545	135	1,087	53

Medicaid Payment to IHS Programs alone

Program Type	Recipients Average Months per year	Claims Number	Total Payment in Thousands of \$	Payment per Recipient-Year \$	Payment per Claim \$	
All	257	10.4	446	96	427	214
IHS-provided service	111	10.7	446	96	962	214
Not IHS-served	146	10.2	0	0	0	0

Table D.7.1
 Number and Percent of M-CHIP Enrollees for one month or more
 enrolled in M-CHIP only or in both M-CHIP and Medicaid (in different months)
 by their last assigned Eligibility Group and Maintenance Assistance Status
 Calendar Year 2004

Nashville Area

M-CHIP Only

Eligibility

Assistance Status	Total		Children		Adult		Disabled	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
All	205	100%	198	100%	7	100%	0	0%
Receiving Cash	0	0%	0	0%	0	0%	0	0%
Medically Needy	0	0%	0	0%	0	0%	0	0%
Poverty-related	185	90%	185	93%	0	0%	0	0%
Waiver	16	8%	9	5%	7	100%	0	0%
Other	4	2%	4	2%	0	0%	0	0%

Both M-CHIP and Medicaid

Assistance Status	Total		Children		Adult		Disabled	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
All	141	100%	130	100%	7	100%	4	100%
Receiving Cash	14	10%	8	6%	2	29%	4	100%
Medically Needy	1	1%	1	1%	0	0%	0	0%
Poverty-related	116	82%	114	88%	2	29%	0	0%
Waiver	5	4%	3	2%	2	29%	0	0%
Other	5	4%	4	3%	1	14%	0	0%

Table D.7.2
 Number of M-CHIP Enrollees in Managed Care for one month or more
 as a percent of the total number of eligible enrollees for M-CHIP only or
 both M-CHIP and Medicaid (in different months)
 Calendar Year 2004

Nashville Area

M-CHIP Only

Managed Care	<u>Children</u>			<u>Adults</u>		
	<u>Eligible</u> Number	Number	Percent	<u>Eligible</u> Number	Number	Percent
HMO	197	71	36%	7	0	0%
Dental	197	0	0%	7	0	0%
Behavioral Health	197	0	0%	7	0	0%
PCCM	197	21	11%	7	0	0%
PACE	197	0	0%	7	0	0%
Long Term Care	197	0	0%	7	0	0%
Prenatal	197	0	0%	7	0	0%

Both M-CHIP and Medicaid

Managed Care	<u>Children</u>			<u>Adults</u>		
	<u>Eligible</u> Number	Number	Percent	<u>Eligible</u> Number	Number	Percent
HMO	122	57	47%	0	0	0%
Dental	122	0	0%	0	0	0%
Behavioral Health	122	0	0%	0	0	0%
PCCM	122	14	11%	0	0	0%
PACE	122	0	0%	0	0	0%
Long Term Care	122	0	0%	0	0	0%
Prenatal	122	0	0%	0	0	0%

Table D.7.3

Volume of Service and Payments for M-CHIP Recipients in Fee-for-service and Capitated care for M-CHIP only or Both M-CHIP and Medicaid (in different months) by Payment Type
Calendar Year 2004

Nashville Area

M-CHIP Only

Fee-for-Service

Program Type	Volume of Service			Payment for Service		
	Recipients Average Months per year	Claims Number	Total Payment in Thousands of \$	Payment per Recipient-Year \$	Payment per Claim \$	
All	142	9.6	2,074	110	972	53
Fee-for-Service	75	9.6	1,468	66	1,105	45
FFS and Capitated Care	67	9.6	606	44	822	72

Capitated Care

Program Type	Volume of Service			Payment for Service		
	Recipients Average Months per year	Claims Number	Total Payment in Thousands of \$	Payment per Recipient-Year \$	Payment per Claim \$	
All	97	9.1	795	67	908	84
Capitated Care	30	8.2	191	20	987	106
FFS and Capitated Care	67	9.6	604	47	878	78

(Table continued next page)

Continuation Table D.7.3

Both M-CHIP and Medicaid

Fee-for-Service

Program Type	<u>Volume of Service</u>			<u>Payment for Service</u>		
	Recipients Average Months per year	Claims Number	Total Payment in Thousands of \$	Payment per Recipient-Year \$	Payment per Claim \$	
All	129	11.5	3,463	380	3,065	110
Fee-for-Service	56	11.4	1,867	120	2,258	64
FFS and Capitated Care	73	11.7	1,596	260	3,670	163

Capitated Care

Program Type	<u>Volume of Service</u>			<u>Payment for Service</u>		
	Recipients Average Months per year	Claims Number	Total Payment in Thousands of \$	Payment per Recipient-Year \$	Payment per Claim \$	
All	81	11.4	780	77	997	99
Capitated Care	8	9.5	73	6	1,007	87
FFS and Capitated Care	73	11.7	707	71	996	100

Table D.7.4
 Volume of Service and Payments for M-CHIP recipients for M-CHIP only
 or Both M_CHIP and Medicaid by Program Type
 Calendar Year 2004

Nashville Area

M-CHIP Only

Total Medicaid Service (including IHS Programs)

Program Type	Volume of Service			Payment for Service		
	Recipients Average Months per year	Claims Number	Total Payment in Thousands of \$	Payment per Recipient-Year \$	Payment per Claim \$	
All	172	9.3	3,234	177	1,324	55
IHS-provided service	3	8.7	56	3	1,256	49
Not IHS-served	169	9.3	3,178	174	1,325	55

Medicaid Payment to IHS Programs alone

Program Type	Recipients Average Months per year	Claims Number	Total Payment in Thousands of \$	Payment per Recipient-Year \$	Payment per Claim \$	
All	172	9.3	3	1	4	197
IHS-provided service	3	8.7	3	1	273	197
Not IHS-served	169	9.3	0	0	0	0

(Table continued next page)

continuation Table D.7.4

Both M-CHIP and Medicaid

Total Medicaid Payments (including IHS Programs)

Program Type	Volume of Service			Payment for Service		
	Recipients Average Months per year	Claims Number	Total Payment in Thousands of \$	Payment per Recipient-Year \$	Payment per Claim \$	
All	137	11.4	4,657	457	3,507	98
IHS-provided service	2	9.0	2	0	288	216
Not IHS-served	135	11.5	4,655	457	3,544	98

Medicaid Payment to IHS Programs alone

Program Type	Recipients Average Months per year	Claims Number	Total Payment in Thousands of \$	Payment per Recipient-Year \$	Payment per Claim \$	
All	137	11.4	2	0	3	216
IHS-provided service	2	9.0	2	0	288	216
Not IHS-served	135	11.5	0	0	0	0

Table D.8.1
 Number and Percent of M-CHIP Enrollees for one month or more
 enrolled in M-CHIP only or in both M-CHIP and Medicaid (in different months)
 by their last assigned Eligibility Group and Maintenance Assistance Status
 Calendar Year 2004

Navajo Area

M-CHIP Only

Eligibility

Assistance Status	Total		Children		Adult		Disabled	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
All	715	100%	715	100%	0	0%	0	0%
Receiving Cash	0	0%	0	0%	0	0%	0	0%
Medically Needy	0	0%	0	0%	0	0%	0	0%
Poverty-related	0	0%	0	0%	0	0%	0	0%
Waiver	715	100%	715	100%	0	0%	0	0%
Other	0	0%	0	0%	0	0%	0	0%

Both M-CHIP and Medicaid

Assistance Status	Total		Children		Adult		Disabled	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
All	1,073	100%	1,073	100%	0	0%	0	0%
Receiving Cash	12	1%	12	1%	0	0%	0	0%
Medically Needy	0	0%	0	0%	0	0%	0	0%
Poverty-related	384	36%	384	36%	0	0%	0	0%
Waiver	649	60%	649	60%	0	0%	0	0%
Other	28	3%	28	3%	0	0%	0	0%

Table D.8.2
 Number of M-CHIP Enrollees in Managed Care for one month or more
 as a percent of the total number of eligible enrollees for M-CHIP only or
 both M-CHIP and Medicaid (in different months)
 Calendar Year 2004

Navajo Area

M-CHIP Only

Managed Care	Children			Adults		
	Eligible Number	Number	Percent	Eligible Number	Number	Percent
HMO	715	183	26%	0	0	0%
Dental	715	0	0%	0	0	0%
Behavioral Health	715	0	0%	0	0	0%
PCCM	715	0	0%	0	0	0%
PACE	715	0	0%	0	0	0%
Long Term Care	715	0	0%	0	0	0%
Prenatal	715	0	0%	0	0	0%

Both M-CHIP and Medicaid

Managed Care	Children			Adults		
	Eligible Number	Number	Percent	Eligible Number	Number	Percent
HMO	1,073	309	29%	0	0	0%
Dental	1,073	0	0%	0	0	0%
Behavioral Health	1,073	0	0%	0	0	0%
PCCM	1,073	0	0%	0	0	0%
PACE	1,073	0	0%	0	0	0%
Long Term Care	1,073	0	0%	0	0	0%
Prenatal	1,073	0	0%	0	0	0%

Table D.8.3

Volume of Service and Payments for M-CHIP Recipients in Fee-for-service and Capitated care for M-CHIP only or Both M-CHIP and Medicaid (in different months) by Payment Type
Calendar Year 2004

Navajo Area

M-CHIP Only

Fee-for-Service

Program Type	Volume of Service			Payment for Service		
	Recipients Average Months Number	Claims Number	Total Payment in Thousands of \$	Payment per Recipient-Year \$	Payment per Claim \$	
All	416	8.7	3,622	421	1,397	116
Fee-for-Service	382	8.7	3,456	408	1,477	118
FFS and Capitated Care	34	8.7	166	12	502	75

Capitated Care

Program Type	Volume of Service			Payment for Service		
	Recipients Average Months Number	Claims Number	Total Payment in Thousands of \$	Payment per Recipient-Year \$	Payment per Claim \$	
All	182	8.1	2,412	287	2,336	119
Capitated Care	148	8.0	2,100	252	2,564	120
FFS and Capitated Care	34	8.7	312	35	1,425	113

(Table continued next page)

Continuation Table D.8.3

Both M-CHIP and Medicaid

Fee-for-Service

Program Type	Volume of Service			Payment for Service		
	Recipients Average Months per year	Claims Number	Total Payment in Thousands of \$	Payment per Recipient-Year \$	Payment per Claim \$	
All	787	10.8	9,917	1,425	2,019	144
Fee-for-Service	678	10.7	8,969	1,371	2,272	153
FFS and Capitated Care	109	11.3	948	54	527	57

Capitated Care

Program Type	Volume of Service			Payment for Service		
	Recipients Average Months per year	Claims Number	Total Payment in Thousands of \$	Payment per Recipient-Year \$	Payment per Claim \$	
All	310	11.2	5,541	636	2,205	115
Capitated Care	201	11.1	4,108	465	2,497	113
FFS and Capitated Care	109	11.3	1,433	171	1,674	120

Table D.8.4
 Volume of Service and Payments for M-CHIP recipients for M-CHIP only
 or Both M_CHIP and Medicaid by Program Type
 Calendar Year 2004

Navajo Area

M-CHIP Only

Total Medicaid Service (including IHS Programs)

Program Type	Volume of Service			Payment for Service		
	Recipients Average Months per year	Claims Number	Total Payment in Thousands of \$	Payment per Recipient-Year \$	Payment per Claim \$	
All	564	8.5	7,516	708	1,773	94
IHS-provided service	469	8.4	6,675	646	1,976	97
Not IHS-served	95	9.2	841	63	862	75

Medicaid Payment to IHS Programs alone

Program Type	Recipients Average Months per year	Claims Number	Total Payment in Thousands of \$	Payment per Recipient-Year \$	Payment per Claim \$	
All	564	8.5	2,409	303	757	126
IHS-provided service	469	8.4	2,409	303	926	126
Not IHS-served	95	9.2	0	0	0	0

(Table continued next page)

continuation Table D.8.4

Both M-CHIP and Medicaid

Total Medicaid Payments (including IHS Programs)

Program Type	Volume of Service			Payment for Service		
	Recipients Average Months per year	Claims Number	Total Payment in Thousands of \$	Payment per Recipient-Year \$	Payment per Claim \$	
All	988	10.8	18,495	2,061	2,311	111
IHS-provided service	803	10.9	15,905	1,849	2,542	116
Not IHS-served	185	10.7	2,590	212	1,290	82

Medicaid Payment to IHS Programs alone

Program Type	Recipients Average Months per year	Claims Number	Total Payment in Thousands of \$	Payment per Recipient-Year \$	Payment per Claim \$	
All	988	10.8	5,209	695	779	133
IHS-provided service	803	10.9	5,209	695	956	133
Not IHS-served	185	10.7	0	0	0	0

Table D.9.1
 Number and Percent of M-CHIP Enrollees for one month or more
 enrolled in M-CHIP only or in both M-CHIP and Medicaid (in different months)
 by their last assigned Eligibility Group and Maintenance Assistance Status
 Calendar Year 2004

Oklahoma Area

M-CHIP Only

Eligibility

Assistance Status	Total		Children		Adult		Disabled	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
All	3,514	100%	3,514	100%	0	0%	0	0%
Receiving Cash	0	0%	0	0%	0	0%	0	0%
Medically Needy	0	0%	0	0%	0	0%	0	0%
Poverty-related	3,514	100%	3,514	100%	0	0%	0	0%
Waiver	0	0%	0	0%	0	0%	0	0%
Other	0	0%	0	0%	0	0%	0	0%

Both M-CHIP and Medicaid

Assistance Status	Total		Children		Adult		Disabled	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
All	10,901	100%	10842	100%	33	100%	26	100%
Receiving Cash	560	5%	534	5%	0	0%	26	100%
Medically Needy	0	0%	0	0%	0	0%	0	0%
Poverty-related	10,341	95%	10308	95%	33	100%	0	0%
Waiver	0	0%	0	0%	0	0%	0	0%
Other	0	0%	0	0%	0	0%	0	0%

Table D.9.2
 Number of M-CHIP Enrollees in Managed Care for one month or more
 as a percent of the total number of eligible enrollees for M-CHIP only or
 both M-CHIP and Medicaid (in different months)
 Calendar Year 2004

Oklahoma Area

M-CHIP Only

Managed Care	<u>Children</u>			<u>Adults</u>		
	<u>Eligible</u>	Number	Percent	<u>Eligible</u>	Number	Percent
	Number			Number		
HMO	3,514	0	0%	0	0	0%
Dental	3,514	0	0%	0	0	0%
Behavioral Health	3,514	0	0%	0	0	0%
PCCM	3,514	405	12%	0	0	0%
PACE	3,514	0	0%	0	0	0%
Long Term Care	3,514	0	0%	0	0	0%
Prenatal	3,514	0	0%	0	0	0%

Both M-CHIP and Medicaid

Managed Care	<u>Children</u>			<u>Adults</u>		
	<u>Eligible</u>	Number	Percent	<u>Eligible</u>	Number	Percent
	Number			Number		
HMO	10,842	0	0%	33	0	0%
Dental	10,842	0	0%	33	0	0%
Behavioral Health	10,842	0	0%	33	0	0%
PCCM	10,842	1,716	16%	33	9	27%
PACE	10,842	0	0%	33	0	0%
Long Term Care	10,842	0	0%	33	0	0%
Prenatal	10,842	0	0%	33	0	0%

Table D.9.3

Volume of Service and Payments for M-CHIP Recipients in Fee-for-service and Capitated care for M-CHIP only or Both M-CHIP and Medicaid (in different months) by Payment Type
 Calendar Year 2004

Oklahoma Area

M-CHIP Only

Fee-for-Service

Program Type	Volume of Service			Payment for Service		
	Recipients Average Months per year	Claims Number	Total Payment in Thousands of \$	Payment per Recipient-Year \$	Payment per Claim \$	
All	2,673	9.0	44,096	3,449	1,722	78
Fee-for-Service	192	1.8	979	126	4,382	128
FFS and Capitated Care	2,481	9.5	43,117	3,324	1,683	77

Capitated Care

Program Type	Volume of Service			Payment for Service		
	Recipients Average Months per year	Claims Number	Total Payment in Thousands of \$	Payment per Recipient-Year \$	Payment per Claim \$	
All	3,049	8.6	30,753	277	127	9
Capitated Care	568	4.5	2,433	23	111	10
FFS and Capitated Care	2,481	9.5	28,320	254	129	9

(Table continued next page)

Continuation Table D.9.3

Both M-CHIP and Medicaid

Fee-for-Service

Program Type	Volume of Service			Payment for Service		
	Recipients Average Months per year	Claims Number	Total Payment in Thousands of \$	Payment per Recipient-Year \$	Payment per Claim \$	
All	9,661	10.3	167,940	14,545	1,757	87
Fee-for-Service	42	4.4	408	62	4,033	152
FFS and Capitated Care	9,619	10.3	167,532	14,483	1,753	86

Capitated Care

Program Type	Volume of Service			Payment for Service		
	Recipients Average Months per year	Claims Number	Total Payment in Thousands of \$	Payment per Recipient-Year \$	Payment per Claim \$	
All	10,829	10.1	121,057	1,190	131	10
Capitated Care	1,210	8.2	9,542	93	113	10
FFS and Capitated Care	9,619	10.3	111,515	1,097	133	10

Table D.9.4
 Volume of Service and Payments for M-CHIP recipients for M-CHIP only
 or Both M_CHIP and Medicaid by Program Type
 Calendar Year 2004

Oklahoma Area

M-CHIP Only

Total Medicaid Service (including IHS Programs)

Program Type	Volume of Service			Payment for Service		
	Recipients Average Months per year	Claims Number	Total Payment in Thousands of \$	Payment per Recipient-Year \$	Payment per Claim \$	
All	3,241	8.2	75,343	3,726	1,683	49
IHS-provided service	1,252	8.5	31,335	1,926	2,167	61
Not IHS-served	1,989	8.0	44,008	1,800	1,358	41

Medicaid Payment to IHS Programs alone

Program Type	Recipients Average Months per year	Claims Number	Total Payment in Thousands of \$	Payment per Recipient-Year \$	Payment per Claim \$	
All	3,241	8.2	3,707	777	351	210
IHS-provided service	1,252	8.5	3,707	777	874	210
Not IHS-served	1,989	8.0	0	0	0	0

(Table continued next page)

continuation Table D.9.4

Both M-CHIP and Medicaid

Total Medicaid Payments (including IHS Programs)

Program Type	Volume of Service			Payment for Service		
	Recipients Average Months per year	Claims Number	Total Payment in Thousands of \$	Payment per Recipient-Year \$	Payment per Claim \$	
All	10,871	10.0	290,577	15,736	1,729	54
IHS-provided service	4,696	10.1	130,525	8,769	2,221	67
Not IHS-served	6,175	10.0	160,052	6,967	1,352	44

Medicaid Payment to IHS Programs alone

Program Type	Recipients Average Months per year	Claims Number	Total Payment in Thousands of \$	Payment per Recipient-Year \$	Payment per Claim \$	
All	10,871	10.0	16,220	3,401	374	210
IHS-provided service	4,696	10.1	16,220	3,401	861	210
Not IHS-served	6,175	10.0	0	0	0	0

Table D.10.1
 Number and Percent of M-CHIP Enrollees for one month or more
 enrolled in M-CHIP only or in both M-CHIP and Medicaid (in different months)
 by their last assigned Eligibility Group and Maintenance Assistance Status
 Calendar Year 2004

Phoenix Area

M-CHIP Only

Eligibility

Assistance Status	Total		Children		Adult		Disabled	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
All	19	100%	19	100%	0	0%	0	0%
Receiving Cash	0	0%	0	0%	0	0%	0	0%
Medically Needy	0	0%	0	0%	0	0%	0	0%
Poverty-related	19	100%	19	100%	0	0%	0	0%
Waiver	0	0%	0	0%	0	0%	0	0%
Other	0	0%	0	0%	0	0%	0	0%

Both M-CHIP and Medicaid

Assistance Status	Total		Children		Adult		Disabled	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
All	14	100%	14	100%	0	0%	0	0%
Receiving Cash	8	57%	8	57%	0	0%	0	0%
Medically Needy	0	0%	0	0%	0	0%	0	0%
Poverty-related	6	43%	6	43%	0	0%	0	0%
Waiver	0	0%	0	0%	0	0%	0	0%
Other	0	0%	0	0%	0	0%	0	0%

Table D.10.2
 Number of M-CHIP Enrollees in Managed Care for one month or more
 as a percent of the total number of eligible enrollees for M-CHIP only or
 both M-CHIP and Medicaid (in different months)
 Calendar Year 2004

Phoenix Area

M-CHIP Only

Managed Care	<u>Children</u>			<u>Adults</u>		
	<u>Eligible</u> Number	Number	Percent	<u>Eligible</u> Number	Number	Percent
HMO	0	0	0%	0	0	0%
Dental	0	0	0%	0	0	0%
Behavioral Health	0	0	0%	0	0	0%
PCCM	0	0	0%	0	0	0%
PACE	0	0	0%	0	0	0%
Long Term Care	0	0	0%	0	0	0%
Prenatal	0	0	0%	0	0	0%

Both M-CHIP and Medicaid

Managed Care	<u>Children</u>			<u>Adults</u>		
	<u>Eligible</u> Number	Number	Percent	<u>Eligible</u> Number	Number	Percent
HMO	0	0	0%	0	0	0%
Dental	0	0	0%	0	0	0%
Behavioral Health	0	0	0%	0	0	0%
PCCM	0	0	0%	0	0	0%
PACE	0	0	0%	0	0	0%
Long Term Care	0	0	0%	0	0	0%
Prenatal	0	0	0%	0	0	0%

Table D.10.3

Volume of Service and Payments for M-CHIP Recipients in Fee-for-service and Capitated care for M-CHIP only

or Both M-CHIP and Medicaid (in different months) by Payment Type
Calendar Year 2004

Phoenix Area

No M-CHIP Services

Table D.10.4
Volume of Service and Payments for M-CHIP recipients for M-CHIP only
or Both M_CHIP and Medicaid by Program Type
Calendar Year 2004

Phoenix Area

No M-CHIP Service

Table D.11.1
 Number and Percent of M-CHIP Enrollees for one month or more
 enrolled in M-CHIP only or in both M-CHIP and Medicaid (in different months)
 by their last assigned Eligibility Group and Maintenance Assistance Status
 Calendar Year 2004

Portland Area

M-CHIP Only

Eligibility

Assistance Status	Total		Children		Adult		Disabled	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
All	173	100%	173	100%	0	0%	0	0%
Receiving Cash	0	0%	0	0%	0	0%	0	0%
Medically Needy	0	0%	0	0%	0	0%	0	0%
Poverty-related	173	100%	173	100%	0	0%	0	0%
Waiver	0	0%	0	0%	0	0%	0	0%
Other	0	0%	0	0%	0	0%	0	0%

Both M-CHIP and Medicaid

Assistance Status	Total		Children		Adult		Disabled	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
All	84	100%	84	100%	0	0%	0	0%
Receiving Cash	0	0%	0	0%	0	0%	0	0%
Medically Needy	0	0%	0	0%	0	0%	0	0%
Poverty-related	84	100%	84	100%	0	0%	0	0%
Waiver	0	0%	0	0%	0	0%	0	0%
Other	0	0%	0	0%	0	0%	0	0%

Table D.11.2
 Number of M-CHIP Enrollees in Managed Care for one month or more
 as a percent of the total number of eligible enrollees for M-CHIP only or
 both M-CHIP and Medicaid (in different months)
 Calendar Year 2004

Portland Area

M-CHIP Only

Managed Care	<u>Children</u>			<u>Adults</u>		
	Eligible Number	Number	Percent	Eligible Number	Number	Percent
HMO	173	0	0%	0	0	0%
Dental	173	0	0%	0	0	0%
Behavioral Health	173	0	0%	0	0	0%
PCCM	173	147	85%	0	0	0%
PACE	173	0	0%	0	0	0%
Long Term Care	173	0	0%	0	0	0%
Prenatal	173	0	0%	0	0	0%

Both M-CHIP and Medicaid

Managed Care	<u>Children</u>			<u>Adults</u>		
	Eligible Number	Number	Percent	Eligible Number	Number	Percent
HMO	95	0	0%	0	0	0%
Dental	95	0	0%	0	0	0%
Behavioral Health	95	0	0%	0	0	0%
PCCM	95	86	91%	0	0	0%
PACE	95	0	0%	0	0	0%
Long Term Care	95	0	0%	0	0	0%
Prenatal	95	0	0%	0	0	0%

Table D.11.3

Volume of Service and Payments for M-CHIP Recipients in Fee-for-service and Capitated care for M-CHIP only or Both M-CHIP and Medicaid (in different months) by Payment Type
Calendar Year 2004

Portland Area

M-CHIP Only

Fee-for-Service

Program Type	Volume of Service			Payment for Service		
	Recipients Average Months per year	Claims Number	Total Payment in Thousands of \$	Payment per Recipient-Year \$	Payment per Claim \$	
All	134	8.3	2,268	185	1,989	81
Fee-for-Service	56	9.3	1,283	94	2,171	73
FFS and Capitated Care	78	7.6	985	91	1,831	92

Capitated Care

Program Type	Volume of Service			Payment for Service		
	Recipients Average Months per year	Claims Number	Total Payment in Thousands of \$	Payment per Recipient-Year \$	Payment per Claim \$	
All	103	6.6	194	1	14	4
Capitated Care	25	3.6	44	0	24	4
FFS and Capitated Care	78	7.6	150	1	12	4

(Table continued next page)

Continuation Table D.11.3

Both M-CHIP and Medicaid

Fee-for-Service

Program Type	Volume of Service			Payment for Service		
	Recipients Average Months per year	Claims Number	Total Payment in Thousands of \$	Payment per Recipient-Year \$	Payment per Claim \$	
All	89	11.6	1,644	116	1,341	70
Fee-for-Service	24	11.6	331	34	1,452	102
FFS and Capitated Care	65	11.6	1,313	82	1,300	62

Capitated Care

Program Type	Volume of Service			Payment for Service		
	Recipients Average Months per year	Claims Number	Total Payment in Thousands of \$	Payment per Recipient-Year \$	Payment per Claim \$	
All	68	11.5	129	1	8	4
Capitated Care	3	9.3	6	0	10	4
FFS and Capitated Care	65	11.6	123	0	8	4

Table D.11.4
 Volume of Service and Payments for M-CHIP recipients for M-CHIP only
 or Both M_CHIP and Medicaid by Program Type
 Calendar Year 2004

Portland Area

M-CHIP Only

Total Medicaid Service (including IHS Programs)

Program Type	Volume of Service			Payment for Service		
	Recipients Average Months per year	Claims Number	Total Payment in Thousands of \$	Payment per Recipient-Year \$	Payment per Claim \$	
All	159	7.6	2,462	185	1,850	75
IHS-provided service	83	8.1	953	96	1,704	100
Not IHS-served	76	7.0	1,509	90	2,035	59

Medicaid Payment to IHS Programs alone

Program Type	Recipients Average Months per year	Claims Number	Total Payment in Thousands of \$	Payment per Recipient-Year \$	Payment per Claim \$	
All	159	7.6	255	52	517	203
IHS-provided service	83	8.1	255	52	923	203
Not IHS-served	76	7.0	0	0	0	0

(Table continued next page)

continuation Table D.11.4

Both M-CHIP and Medicaid

Total Medicaid Payments (including IHS Programs)

Program Type	Volume of Service			Payment for Service		
	Recipients Average Months per year	Claims Number	Total Payment in Thousands of \$	Payment per Recipient-Year \$	Payment per Claim \$	
All	130	8.8	2,433	174	1,818	71
IHS-provided service	54	11.4	924	84	1,633	91
Not IHS-served	76	7.0	1,509	90	2,035	59

Medicaid Payment to IHS Programs alone

Program Type	Recipients Average Months per year	Claims Number	Total Payment in Thousands of \$	Payment per Recipient-Year \$	Payment per Claim \$	
All	130	8.8	248	47	490	189
IHS-provided service	54	11.4	248	47	910	189
Not IHS-served	76	7.0	0	0	0	0

Table D.12.1
 Number and Percent of M-CHIP Enrollees for one month or more
 enrolled in M-CHIP only or in both M-CHIP and Medicaid (in different months)
 by their last assigned Eligibility Group and Maintenance Assistance Status
 Calendar Year 2004

Tucson Area

M-CHIP Only

Eligibility

Assistance Status	Total		Children		Adult		Disabled	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
All	0	0%	0	0%	0	0%	0	0%
Receiving Cash	0	0%	0	0%	0	0%	0	0%
Medically Needy	0	0%	0	0%	0	0%	0	0%
Poverty-related	0	0%	0	0%	0	0%	0	0%
Waiver	0	0%	0	0%	0	0%	0	0%
Other	0	0%	0	0%	0	0%	0	0%

Both M-CHIP and Medicaid

Assistance Status	Total		Children		Adult		Disabled	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
All	0	0%	0	0%	0	0%	0	0%
Receiving Cash	0	0%	0	0%	0	0%	0	0%
Medically Needy	0	0%	0	0%	0	0%	0	0%
Poverty-related	0	0%	0	0%	0	0%	0	0%
Waiver	0	0%	0	0%	0	0%	0	0%
Other	0	0%	0	0%	0	0%	0	0%

Table D.12.2
 Number of M-CHIP Enrollees in Managed Care for one month or more
 as a percent of the total number of eligible enrollees for M-CHIP only or
 both M-CHIP and Medicaid (in different months)
 Calendar Year 2004

Tucson Area

M-CHIP Only

Managed Care	<u>Children</u>			<u>Adults</u>		
	<u>Eligible</u> Number	Number	Percent	<u>Eligible</u> Number	Number	Percent
HMO	0	0	0%	0	0	0%
Dental	0	0	0%	0	0	0%
Behavioral Health	0	0	0%	0	0	0%
PCCM	0	0	0%	0	0	0%
PACE	0	0	0%	0	0	0%
Long Term Care	0	0	0%	0	0	0%
Prenatal	0	0	0%	0	0	0%

Both M-CHIP and Medicaid

Managed Care	<u>Children</u>			<u>Adults</u>		
	<u>Eligible</u> Number	Number	Percent	<u>Eligible</u> Number	Number	Percent
HMO	0	0	0%	0	0	0%
Dental	0	0	0%	0	0	0%
Behavioral Health	0	0	0%	0	0	0%
PCCM	0	0	0%	0	0	0%
PACE	0	0	0%	0	0	0%
Long Term Care	0	0	0%	0	0	0%
Prenatal	0	0	0%	0	0	0%

Table D.12.3

Volume of Service and Payments for M-CHIP Recipients in Fee-for-service and Capitated care
for M-CHIP only or Both M-CHIP and Medicaid (in different months) by Payment Type
Calendar Year 2004

Tucson Area

No M-CHIP Services

Table D.12.4
Volume of Service and Payments for M-CHIP recipients for M-CHIP only
or Both M_CHIP and Medicaid by Program Type
Calendar Year 2004

Tucson Area

No M-CHIP Service

Appendix E. Medicaid and CHIP Enrollment, Service Use and Payment Data for the Urban Consolidated Area

Table Numbers

Medicaid

Number and Percent of Enrollees

IHS Area	Eligibility Groups	Assistance Categories	Dual Enrollees	Managed Care Enrollees
Urban Area	E.1	E.1	E.2, E.3 By Eligibility	E.4

Recipients, Months of Enrollment, Claims and Payments

IHS Area	Fee-for-Service	Capitated Care	Capitated Care by Type	IHS Program
Urban Area	E.5	E.5	E.6	E.7

SCHIP

For Enrollees in M-CHIP Only and in Both M-CHIP and Medicaid During the Year

Number and Percent of Enrollees

IHS Area	Eligibility Groups	Assistance Categories	Managed Care Enrollees
Urban Area	E.8	E.8	E.9

Recipients, Months of Enrollment, Claims and Payments

IHS Area	Fee-for-Service	Capitated Care	IHS Program
Urban Area	E.10	E.10	E.11

Table E.1
 Number and Percent of Medicaid Enrollees for one month or more
 by their last assigned Eligibility Group and Maintenance Assistance Status
 Calendar Year 2004

Urban Area

Eligibility

Assistance Status	Total		Children		Adult		Aged		Disabled	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
All	671,738	100%	286,607	100%	232,607	100%	55,593	100%	96,931	100%
Receiving Cash	272,803	41%	111,289	39%	78,504	34%	16,650	30%	66,360	68%
Medically Needy	42,547	6%	13,459	5%	8,713	4%	13,355	24%	7,020	7%
Poverty-related	158,176	24%	123,645	43%	15,164	7%	9,369	17%	9,998	10%
Waiver	119,586	18%	5,554	2%	112,387	48%	1,591	3%	54	0%
Other	78,626	12%	32,660	11%	17,839	8%	14,628	26%	13,499	14%

Table E.2
Number and Percent of Enrollees with Dual Medicaid and Medicare Coverage
by Eligibility Category
Calendar Year 2004

Urban Area

Eligibility Category	Total		Medicaid		Medicare	
	Number	Percent	Number	Percent	Number	Percent
All	104,393	100%	2,178	100%	102,215	100%
QMB & Full Medicaid	57,254	55%	673	31%	56,581	55%
QMB Only	3,767	4%	68	3%	3,699	4%
SLMB & Full Medicaid	2,078	2%	25	1%	2,053	2%
SLMB Only	4,409	4%	158	7%	4,251	4%
Qualifying Individuals	2,533	2%	79	4%	2,454	2%
Other Duals	34,352	33%	1,175	54%	33,177	32%

Table E.3
Number and Percent of Aged and Disabled Dual Enrollees
by Eligibility Category
Calendar Year 2004

Urban Area

Eligibility Category	Total		Aged		Disabled	
	Number	Percent	Number	Percent	Number	Percent
All	99,210	100%	53,805	100%	45,405	100%
QMB & Full Medicaid	56,699	57%	26,418	49%	30,281	67%
QMB Only	3,767	4%	1,979	4%	1,788	4%
SLMB & Full Medicaid	2,034	2%	1,087	2%	947	2%
SLMB Only	4,409	4%	3,181	6%	1,228	3%
Qualifying Individuals	2,533	3%	1,698	3%	835	2%
Other Duals	29,768	30%	19,442	36%	10,326	23%

Table E.3
Number and Percent of Aged and Disabled Dual Enrollees
by Eligibility Category
Calendar Year 2004

Urban Area

Eligibility Category	Total		Aged		Disabled	
	Number	Percent	Number	Percent	Number	Percent
All	99,210	100%	53,805	100%	45,405	100%
QMB & Full Medicaid	56,699	57%	26,418	49%	30,281	67%
QMB Only	3,767	4%	1,979	4%	1,788	4%
SLMB & Full Medicaid	2,034	2%	1,087	2%	947	2%
SLMB Only	4,409	4%	3,181	6%	1,228	3%
Qualifying Individuals	2,533	3%	1,698	3%	835	2%
Other Duals	29,768	30%	19,442	36%	10,326	23%

Table E.4
 Number of Medicaid Enrollees in Managed Care for one month or more as a Percent of the total number of
 eligible enrollees by their last assigned Eligibility Group
 Calendar Year 2004

Urban Area

Managed Care	Children			Adult			Aged			Disabled		
	Eligible Number	Number	Percent	Eligible Number	Number	Percent	Eligible Number	Number	Percent	Eligible Number	Number	Percent
HMO	286,607	180,233	63%	232,607	153,549	66%	55,593	8,536	15%	96,931	25,919	27%
Dental	286,607	33,266	12%	232,607	17,707	8%	55,593	8,908	16%	96,931	19,037	20%
Behavioral Health	286,607	45,029	16%	232,607	30,640	13%	55,593	4,363	8%	96,931	19,482	20%
PCCM	286,607	25,126	9%	232,607	9,231	4%	55,593	218	0%	96,931	4,329	4%
PACE	286,607	0	0%	232,607	0	0%	55,593	231	0%	96,931	75	0%
LTC	286,607	53	0%	232,607	15	0%	55,593	5,368	10%	96,931	6,722	7%
Prenatal	286,607	0	0%	232,607	0	0%	55,593	0	0%	96,931	0	0%

Table E.5
 Volume of Service and Payments for AIAN Medicaid Recipients in Fee-for-Service and Capitated Care
 by Payment Type
 Calendar Year 2004

Urban Area

Fee-for-Service

Program Type	<u>Volume of Service</u>			<u>Payment for Service</u>		
	Recipients Average Months per year	Claims Number	Total Payment in Thousands of \$	Payment per Recipient-Year \$	Payment per Claim \$	
All	342,522	9.9	16,356,781	2,538,734	9,023	155
Fee-for-Service	96,246	9.1	7,667,793	1,291,117	17,722	168
FFS and Capitated Care	246,276	10.2	8,688,988	1,247,617	5,983	144

Capitated Care

Program Type	<u>Volume of Service</u>			<u>Payment for Service</u>		
	Recipients Average Months per year	Claims Number	Total Payment in Thousands of \$	Payment per Recipient-Year \$	Payment per Claim \$	
All	513,051	9.5	5,897,042	1,044,459	2,585	177
Capitated Care	266,775	8.8	3,290,298	747,434	3,823	227
FFS and Capitated Care	246,276	10.2	2,606,744	297,025	1,424	114

Table E.6
 Volume of Service and Payments for AIAN Medicaid Recipients in various Capitated Care Plans
 by Payment Type
 Calendar Year 2004

Urban Area

HMO

Program Type	Volume of Service			Payment for Service		
	Recipients Average Months per year	Claims Number	Total Payment in Thousands of \$	Payment per Recipient-Year \$	Payment per Claim \$	
All	317,604	8.5	2,755,485	621,620	2,751	226
Capitated Care Only	201,389	8.5	1,747,587	385,013	2,700	220
FFS & Capitated Care	116,215	8.6	1,007,898	236,607	2,839	235

PHP

Program Type	Volume of Service			Payment for Service		
	Recipients Average Months per year	Claims Number	Total Payment in Thousands of \$	Payment per Recipient-Year \$	Payment per Claim \$	
All	151,932	9.9	1,135,192	40,375	321	36
Capitated Care Only	62,473	9.3	478,092	18,044	374	38
FFS & Capitated Care	89,459	10.4	657,100	22,331	288	34

PCCM

Program Type	Volume of Service			Payment for Service		
	Recipients Average Months per year	Claims Number	Total Payment in Thousands of \$	Payment per Recipient-Year \$	Payment per Claim \$	
All	37,623	8.2	276,078	1,577	61	5.7
Capitated Care Only	2,393	5.2	9,759	65	62	6.6
FFS & Capitated Care	35,230	8.4	266,319	1,512	61	5.7

Table E.7
Volume of Service and Payments for AIAN Medicaid Recipients By Program Type
Calendar Year 2004

Urban Area

Total Medicaid Payments (including IHS programs)

Program Type	Volume of Service			Payment for Service		
	Recipients Average Months per year	Claims Number	Total Payment in Thousands of \$	Payment per Recipient-Year \$	Payment per Claim \$	
All	609,297	9.4	31,361,589	3,583,194	7,514	114
IHS served	43,229	10.0	1,681,911	260,015	7,215	155
Not IHS served	566,068	9.3	29,679,678	3,323,179	7,538	112

Medicaid Payments to IHS Programs alone

Program Type	Recipients Average Months per year	Claims Number	Total Payment in Thousands of \$	Payment per Recipient-Year \$	Payment per Claim \$	
All	609,297	9.4	370,664	86,239	181	233
IHS served	43,229	10.0	370,664	86,239	2,393	233
Not IHS served	566,068	9.3	0	0	0	0

Table E.8
 Number and Percent of M-CHIP Enrollees for one month or more
 enrolled in M-CHIP only or in both M-CHIP and Medicaid (in different months)
 by their last assigned Eligibility Group and Maintenance Assistance Status
 Calendar Year 2004

Urban Area

M-CHIP Only

Eligibility

Assistance Status	Total		Children		Adult		Disabled	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
All	7,511	100%	6,616	100%	895	100%	0	0%
Receiving Cash	0	0%	0	0%	0	0%	0	0%
Medically Needy	0	0%	0	0%	0	0%	0	0%
Poverty-related	5,365	71%	5,345	81%	20	2%	0	0%
Waiver	2,139	28%	1,264	19%	875	98%	0	0%
Other	7	0%	7	0%	0	0%	0	0%

Both M-CHIP and Medicaid

Assistance Status	Total		Children		Adult		Disabled	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
All	10,569	100%	9,652	100%	875	100%	42	100%
Receiving Cash	819	8%	624	6%	153	17%	42	100%
Medically Needy	83	1%	83	1%	0	0%	0	0%
Poverty-related	7,895	75%	7,842	81%	53	6%	0	0%
Waiver	1,565	15%	996	10%	569	65%	0	0%
Other	207	2%	107	1%	100	11%	0	0%

Table E.9
 Number of M-CHIP Enrollees in Managed Care for one month or more
 as a percent of the total number of eligible enrollees for M-CHIP only or
 both M-CHIP and Medicaid (in different months)
 Calendar Year 2004

Urban Area

M-CHIP Only

Managed Care	<u>Children</u>			<u>Adults</u>		
	Eligible Number	Number	Percent	Eligible Number	Number	Percent
HMO	6,616	3,492	53%	895	778	87%
Dental	6,616	649	10%	895	0	0%
Behavioral Health	6,616	527	8%	895	19	2%
PCCM	6,616	1,021	15%	895	12	1%
PACE	6,616	0	0%	895	0	0%
Long Term Care	6,616	0	0%	895	0	0%
Prenatal	6,616	0	0%	895	0	0%

Both M-CHIP and Medicaid

Managed Care	<u>Children</u>			<u>Adults</u>		
	Eligible Number	Number	Percent	Eligible Number	Number	Percent
HMO	9,652	3,057	32%	875	752	86%
Dental	9,652	814	8%	875	12	1%
Behavioral Health	9,652	879	9%	875	27	3%
PCCM	9,652	1,425	15%	875	24	3%
PACE	9,652	0	0%	875	0	0%
Long Term Care	9,652	0	0%	875	0	0%
Prenatal	9,652	0	0%	875	0	0%

Table E.10

Volume of Service and Payments for M-CHIP Recipients in Fee-for-service and Capitated care for M-CHIP only or Both M-CHIP and Medicaid (in different months) by Payment Type
 Calendar Year 2004

Urban Area

M-CHIP Only

Fee-for-Service

Program Type	Volume of Service			Payment for Service		
	Recipients Average Months per year	Claims Number	Total Payment in Thousands of \$	Payment per Recipient-Year \$	Payment per Claim \$	
All	3,900	9.5	53,397	4,040	1,311	76
Fee-for-Service	501	6.2	7,881	697	2,689	88
FFS and Capitated Care	3,399	10.0	45,516	3,343	1,184	73

Capitated Care

Program Type	Volume of Service			Payment for Service		
	Recipients Average Months per year	Claims Number	Total Payment in Thousands of \$	Payment per Recipient-Year \$	Payment per Claim \$	
All	5,961	9.2	54,680	3,914	860	72
Capitated Care	2,562	8.1	18,912	2,060	1,193	109
FFS and Capitated Care	3,399	10.0	35,768	1,854	657	52

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Table E.10 Continued

Both M-CHIP and Medicaid

Fee-for-Service

Program Type	Volume of Service			Payment for Service		
	Recipients Average Months per year	Claims Number	Total Payment in Thousands of \$	Payment per Recipient-Year \$	Payment per Claim \$	
All	7,673	10.6	142,714	11,473	1,691	80
Fee-for-Service	482	9.7	10,466	1,016	2,598	97
FFS and Capitated Care	7,191	10.7	132,248	10,458	1,636	79

Capitated Care

Program Type	Volume of Service			Payment for Service		
	Recipients Average Months per year	Claims Number	Total Payment in Thousands of \$	Payment per Recipient-Year \$	Payment per Claim \$	
All	9,970	10.5	104,436	5,923	678	57
Capitated Care	2,779	10.1	26,640	2,997	1,277	112
FFS and Capitated Care	7,191	10.7	77,796	2,926	458	38

Table E.11
 Volume of Service and Payments for M-CHIP recipients for M-CHIP only
 or Both M_CHIP and Medicaid by Program Type
 Calendar Year 2004

Urban Area

M-CHIP Only

Total Medicaid Service (including IHS Programs)

Program Type	Volume of Service			Payment for Service		
	Recipients Average Months Number	Claims Number	Total Payment in Thousands of \$	Payment per Recipient-Year \$	Payment per Claim \$	
All	6,462	8.9	146,366	7,954	1,654	54
IHS-provided service	313	8.1	5,652	441	2,096	78
Not IHS-served	6,149	9.0	140,714	7,513	1,634	53

Medicaid Payment to IHS Programs alone

Program Type	Recipients Average Months Number	Claims Number	Total Payment in Thousands of \$	Payment per Recipient-Year \$	Payment per Claim \$	
All	6,462	8.9	1,369	173	36	127
IHS-provided service	313	8.1	1,369	173	824	127
Not IHS-served	6,149	9.0	0	0	0	0

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Table E.11 continued

Both M-CHIP and Medicaid

Total Medicaid Payments (including IHS Programs)

Program Type	Volume of Service			Payment for Service		
	Recipients Average Months per year	Claims Number	Total Payment in Thousands of \$	Payment per Recipient-Year \$	Payment per Claim \$	
All	10,452	10.5	306,940	17,396	1,905	57
IHS-provided service	914	9.9	21,636	1,725	2,286	80
Not IHS-served	9,538	10.5	285,304	15,672	1,871	55

Medicaid Payment to IHS Programs alone

Program Type	Recipients Average Months per year	Claims Number	Total Payment in Thousands of \$	Payment per Recipient-Year \$	Payment per Claim \$	
All	10,452	10.5	3,951	623	68	158
IHS-provided service	914	9.9	3,951	623	826	158
Not IHS-served	9,538	10.5	0	0	0	0