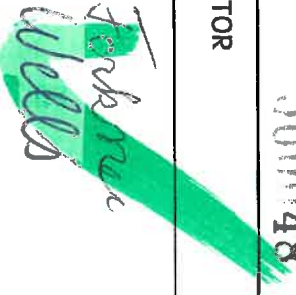


**DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR**

ACTION REFERRAL

TO	DATE
<i>Mayers</i>	<i>7/27/09</i>

DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOC NUMBER	<i>000048</i>	1. Prepare reply for the Director's signature	DATE DUE _____
2. DATE SIGNED BY DIRECTOR	<i>cc: Emma Quintanilla</i> 	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>8/10/09</i>	DATE DUE _____
<i>Cleared 8/5/09 e-mail attached.</i>		<input type="checkbox"/> Necessary Action	

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for return to preparer.)	COMMENT
1.			
2.			
3.			
4.			

HEALTH MANAGEMENT ASSOCIATES

July 24, 2009

RECEIVED

JUL 27 2009

Emma Forkner, Director
Department of Health & Human Services
PO Box 8206
1801 Main Street
Columbia, SC 29202-8206

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Dear Ms. Forkner: 

I am writing for two reasons. First, I thank you and your staff for providing data for our June 2008 Medicaid enrollment update report that Eileen Ellis and David Rousseau prepare for *The Kaiser Commission on Medicaid and the Uninsured*. Since the final June 2008 report has not been published, we have attached the summary for your use.

Second, we are now preparing our next report which will focus on trends in Medicaid enrollment through December 2008 in all 50 states and the District of Columbia. For that report, we are now asking that you send us the report or Excel workbook that Kevin Rogers has sent us in the past, updated with Medicaid enrollment data for the month of December 2008. We are requesting that this information again include the split of your state's Medicaid enrollment between children and adults. (We will again assign disabled children to the "adult" category.)

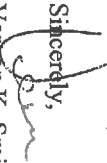
In addition to the child/adult split, we will continue to track trends in enrollment of other subsets of the Medicaid population including the following: (1) families, children, and pregnant women; (2) aged and disabled; (3) "childless adults" for those states with waivers; (4) Transitional Medical Assistance; (5) poverty-related (SOBRA) enrollment within the "families, children and pregnant women" group; (6) family planning waivers; (7) Pharmacy Plus Waivers; and (8) Medicare Savings Programs (QMB, SLMB & QI).

We wish to compile this data as quickly as possible in order to inform the national dialog on the future of Medicaid. For that reason, we would like to have this data not later than August 14th. Most states now provide the information electronically. If you are able to do so, please e-mail your response to Dennis Roberts at: droberts@healthmanagement.com. Otherwise, please fax the report to Dennis at: 517-482-0920, or mail to his attention at:

Health Management Associates
120 N. Washington Square, Suite 705
Lansing, MI 48933

You will note we are sending a copy of this letter to Kevin Rogers who assisted us as we gathered data for the last report. I hope this will facilitate our request because of the short timeframes we are working under for this report.

I thank you very much for your help on this very important project. If you have any questions, please feel free to call Eileen Ellis, Dennis Roberts, or me at 517-482-9236.

Sincerely,

Vernon K. Smith, Ph.D.
Principal

cc: Kevin Rogers

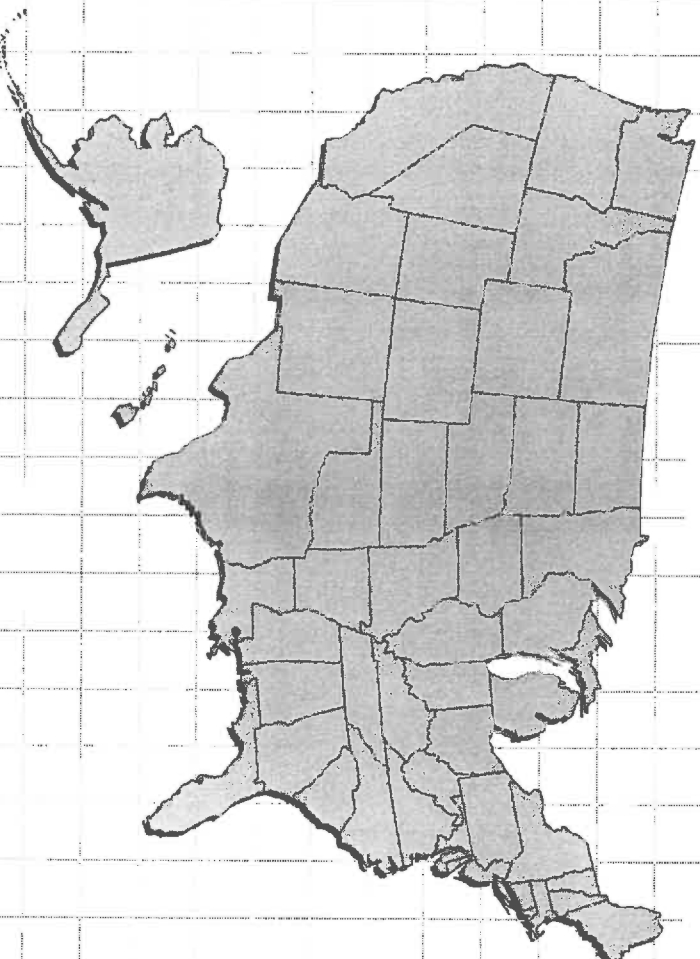

Thank you.

ONE MICHIGAN AVENUE BUILDING
120 NORTH WASHINGTON SQUARE
SUITE 705
LANSING, MICHIGAN 48933
TELEPHONE: 517-482-9236
FAX: 517-482-0920
WWW.HEALTHMANAGEMENT.COM

AUSTIN, TEXAS
CHICAGO, ILLINOIS
COLUMBUS, OHIO
INDIANAPOLIS, INDIANA
LANSING, MICHIGAN
SACRAMENTO, CALIFORNIA
SOUTHERN CALIFORNIA
TALLAHASSEE, FLORIDA
WASHINGTON, D.C.

MEDICAID ENROLLMENT IN 50 STATES

June 2008 Data Update - Executive Summary



JULY 2009

Preliminary - Do Not Cite or Distribute

Prepared by:

Eileen R. Ellis

Dennis Roberts

Health Management Associates

Lansing, Michigan

and

David M. Rousseau

Tanya Schwartz

The Kaiser Commission on Medicaid and the Uninsured
Washington, D.C.

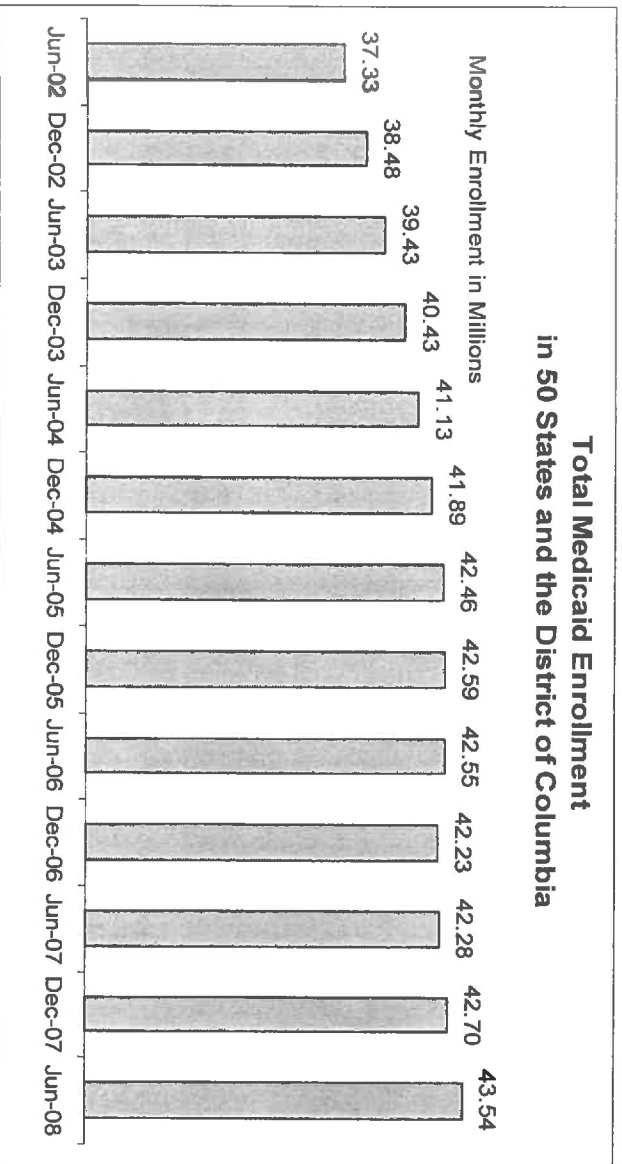


THE KAISER COMMISSION ON
Medicaid and the Uninsured

Executive Summary

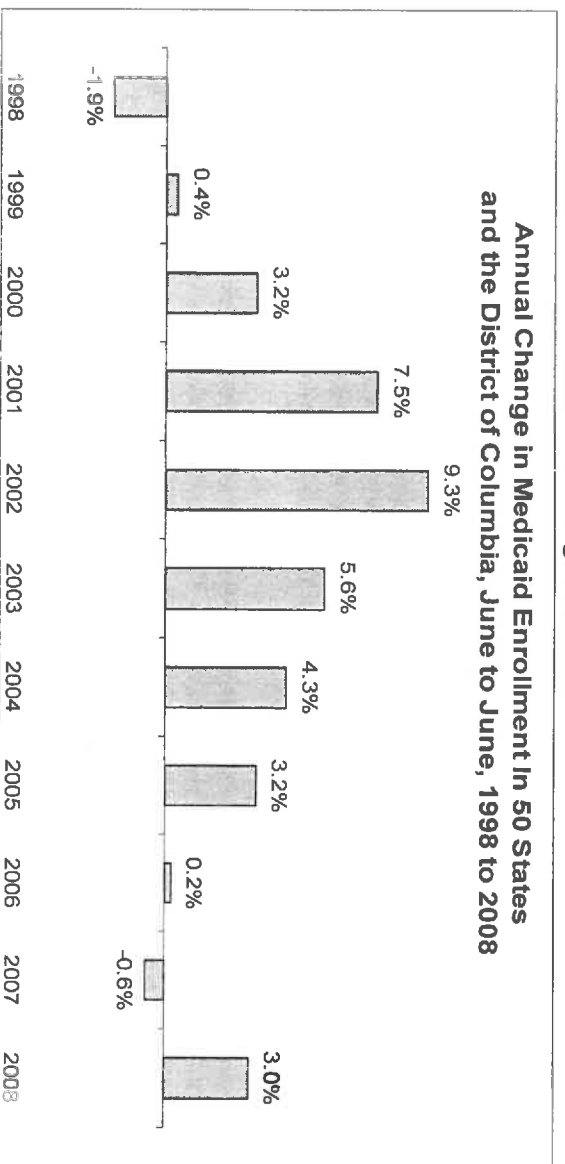
In June 2008, 43.54 million individuals were enrolled in Medicaid in the 50 states and the District of Columbia, a 3.0% increase from the previous June (Figures ES-1 and ES-2).¹ This increase represents a major reversal from the reduction of 0.6% from June 2006 to June 2007, which had been the first national decline in Medicaid enrollment from June of one year to the next, after seven consecutive years of growth (Figure ES-2).

Figure ES-1



Source: Compiled by Health Management Associates from state Medicaid enrollment reports.

Figure ES-2



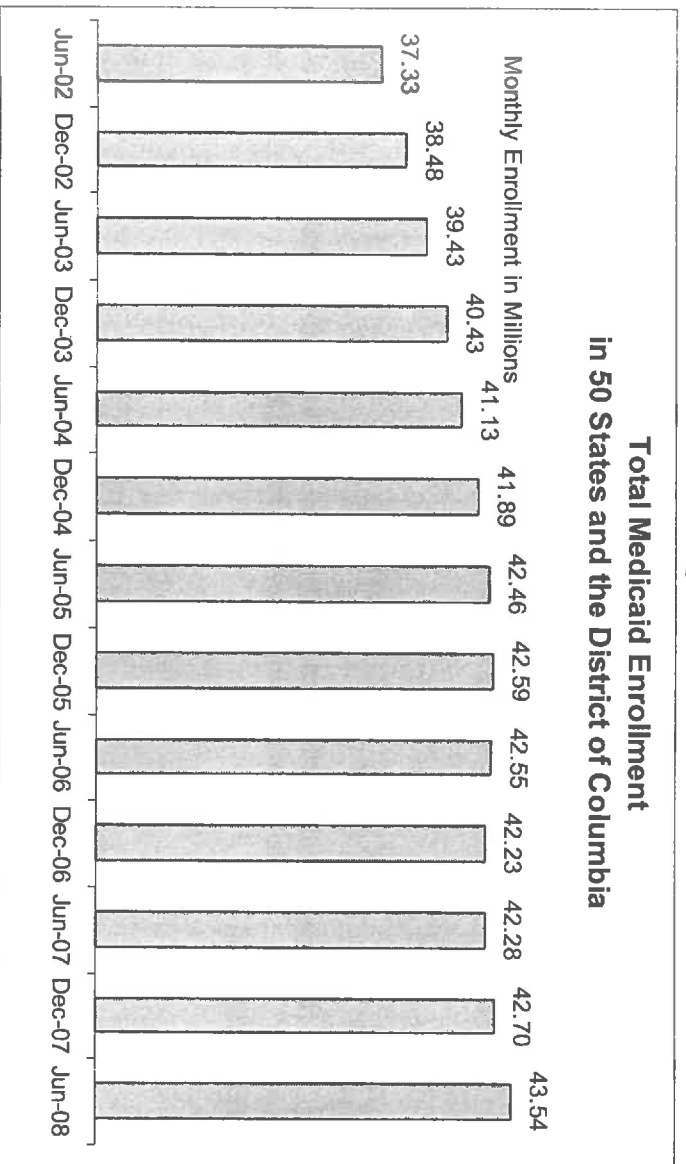
Source: Compiled by Health Management Associates from state Medicaid enrollment reports.

Total Medicaid Enrollment in the 50 States and D.C.

All 50 states and the District of Columbia provided data on the total number of individuals enrolled in their Medicaid programs for each June and December from June 1997 to June 2008. These data show that after declining from June 1997 to December 1998, total enrollment increased for seven consecutive years, reaching a total of 42.59 million in December 2005, and then declined during 2006.

Subsequent to December 2006 Medicaid enrollment has increased in each six month interval and has grown at an increasing rate. The enrollment of 43.54 million individuals in Medicaid in June 2008 represents an all-time high for Medicaid enrollment. (See Figures 1, 2, and 3.)

Figure 1



Source: Compiled by Health Management Associates from state Medicaid enrollment reports.

Table 1a

**Total Medicaid Enrollment in 50 States and the District of Columbia
June 1997 to June 2008**

State	Monthly Enrollment in Thousands											
	Jun-97	Jun-98	Jun-99	Jun-00	Jun-01	Jun-02	Jun-03	Jun-04	Jun-05	Jun-06	Jun-07	Jun-08
Alabama	497.4	504.5	515.7	534.2	572.6	618.6	651.7	678.2	687.3	690.5	665.2	699.0
Alaska	66.1	63.1	69.0	72.4	74.9	78.1	83.1	85.3	87.0	88.3	85.7	83.3
Arizona	409.6	366.4	396.2	438.9	500.2	676.2	813.4	836.0	927.2	910.5	917.3	969.2
Arkansas	273.3	298.0	315.7	329.8	374.5	416.7	410.6	438.0	458.4	480.7	492.6	487.6
California	5,179.0	4,980.9	5,049.3	5,046.5	5,505.1	6,065.8	6,373.4	6,392.5	6,470.5	6,420.2	6,409.2	6,524.2
Colorado	246.7	237.2	243.6	263.3	281.8	309.0	340.0	382.8	410.8	401.7	381.1	407.2
Connecticut	310.4	311.0	319.6	322.7	337.3	380.1	377.4	409.0	407.2	393.1	402.6	431.5
DC	125.1	119.1	115.6	115.4	112.2	114.1	118.8	124.7	127.4	126.5	127.3	128.7
Delaware	80.8	81.0	91.0	98.2	108.1	116.2	125.3	135.1	140.5	148.2	148.3	153.1
Florida	1,454.9	1,403.5	1,438.1	1,582.7	1,741.3	1,901.2	1,982.2	2,091.7	2,201.2	2,185.3	2,055.3	2,151.7
Georgia	946.6	926.0	927.4	912.0	996.9	1,125.0	1,254.0	1,325.5	1,379.8	1,325.7	1,224.5	1,266.9
Hawaii	161.0	159.2	155.3	148.6	159.3	163.0	168.7	178.1	186.3	187.6	184.9	192.3
Idaho	86.8	88.7	83.9	100.9	122.0	134.1	146.0	154.6	167.4	167.1	171.9	175.1
Illinois	1,305.0	1,243.7	1,216.5	1,286.5	1,343.3	1,358.6	1,472.2	1,611.9	1,727.0	1,805.1	1,930.3	2,043.4
Indiana	446.9	450.1	508.5	562.4	621.8	669.0	693.8	739.9	758.2	779.4	787.5	806.3
Iowa	212.5	204.7	199.0	202.0	223.7	242.9	262.3	277.4	289.9	316.4	314.2	335.0
Kansas	183.1	168.6	178.5	189.8	202.6	214.6	229.4	250.0	261.9	265.9	245.1	253.7
Kentucky	542.4	533.3	536.4	563.3	597.9	613.3	640.8	656.7	671.9	683.5	695.0	698.5
Louisiana	542.2	532.0	544.1	601.4	661.3	740.2	794.7	844.1	882.7	891.9	827.0	860.1
Maine	155.3	154.0	157.4	161.1	169.9	187.7	224.9	240.5	250.6	248.4	262.0	254.5
Maryland	438.9	413.6	399.7	412.0	434.9	456.5	467.1	495.6	506.7	507.2	500.9	520.2
Massachusetts	672.4	822.0	853.9	839.8	897.8	931.4	857.2	888.6	924.4	962.0	991.1	1,046.3
Michigan	1,115.9	1,106.5	1,055.4	1,042.5	1,109.6	1,212.0	1,293.2	1,366.3	1,421.9	1,460.4	1,502.1	1,526.3
Minnesota	463.5	436.3	457.6	446.1	501.2	513.1	557.8	571.3	584.9	585.6	585.3	601.9
Mississippi	409.3	382.5	401.5	445.8	545.4	576.1	584.8	579.2	593.3	539.7	509.9	530.6
Missouri	572.2	567.9	621.7	670.8	745.1	789.9	849.6	871.6	877.4	724.8	711.8	750.7
Montana	72.9	70.6	70.0	69.6	74.7	78.2	81.2	85.0	83.9	82.1	76.6	78.1
Nebraska	144.9	152.0	166.9	175.9	187.6	199.6	168.5	175.9	176.5	178.7	177.2	177.3
Nevada	92.9	97.5	99.4	105.9	126.4	157.2	168.1	176.6	171.7	171.8	170.2	188.9
New Hampshire	80.3	77.7	82.2	82.0	84.1	92.0	98.8	103.6	106.5	108.8	110.1	113.7
New Jersey	642.4	616.3	603.4	620.7	651.1	675.6	673.8	700.3	715.7	751.3	761.4	781.3
New Mexico	255.6	259.6	276.1	287.9	304.4	342.5	365.3	383.9	366.6	364.3	371.9	407.3
New York	2,918.7	2,806.3	2,727.5	2,719.2	2,835.9	3,362.1	3,684.1	3,952.2	4,132.0	4,177.2	4,101.0	4,139.6
North Carolina	828.5	815.4	828.5	872.6	971.9	1,023.6	1,074.6	1,112.3	1,137.5	1,179.0	1,177.5	1,238.0
North Dakota	45.3	42.5	43.3	43.4	44.7	48.7	54.2	52.8	52.4	53.0	51.7	51.9
Ohio	1,107.8	1,066.9	1,007.2	1,062.7	1,222.1	1,379.5	1,440.2	1,522.4	1,582.3	1,601.2	1,581.2	1,652.7
Oklahoma	282.5	310.5	329.8	369.1	404.4	437.0	450.7	472.4	486.7	497.3	525.9	522.4
Oregon	379.6	381.0	385.6	379.5	373.0	394.4	363.3	376.7	367.0	361.2	338.7	356.5
Pennsylvania	1,475.2	1,430.2	1,409.0	1,417.2	1,447.2	1,501.0	1,567.4	1,675.7	1,786.7	1,877.4	1,887.6	1,925.7
Rhode Island	124.0	125.0	131.3	144.7	149.6	158.1	164.1	169.6	167.5	167.6	163.7	158.7
South Carolina	393.6	443.0	452.6	535.0	631.7	664.5	678.0	656.5	654.1	650.2	618.6	643.4
South Dakota	60.3	61.2	66.2	69.5	75.1	79.9	83.9	86.5	88.2	88.9	88.7	90.9
Tennessee	1,230.6	1,305.0	1,338.7	1,347.0	1,459.3	1,445.7	1,347.5	1,391.8	1,383.8	1,255.7	1,215.3	1,237.0
Texas	1,944.1	1,803.5	1,749.3	1,761.4	1,849.3	2,200.1	2,554.8	2,683.6	2,782.9	2,800.7	2,864.9	2,882.6
Utah	133.9	135.7	135.5	135.2	140.7	155.4	189.2	204.4	215.5	210.1	197.3	203.1
Vermont	97.0	100.7	104.9	107.9	111.1	114.5	117.2	117.8	116.1	118.3	116.2	123.2
Virginia	522.1	498.6	491.7	480.7	480.3	502.2	540.3	596.3	628.0	646.3	636.0	665.8
Washington	732.0	720.0	716.5	800.5	784.2	828.8	854.0	823.8	844.8	863.1	856.0	885.7
West Virginia	300.3	308.9	266.8	259.1	262.4	279.1	289.1	296.0	299.7	308.8	300.2	307.4
Wisconsin	422.9	397.3	391.9	456.8	487.9	553.3	595.6	630.5	650.0	684.6	692.6	754.6
Wyoming	32.8	33.4	32.7	34.8	39.7	48.9	53.7	56.0	57.7	58.3	56.0	55.6
TOTAL	31,217.5	30,632.4	30,757.6	31,747.6	34,139.2	37,325.4	39,430.1	41,127.3	42,455.3	42,551.6	42,277.5	43,537.3

SOURCE: Compiled by Health Management Associates from state Medicaid enrollment reports.

ⁱ The “point-in-time” monthly enrollment counts in this report differ from enrollment counts in other reports that show the number of persons “ever-enrolled” at any time and for any length of time over a year. For example, in March 2007, the Congressional Budget Office reported that Medicaid would cover 62.2 million individuals in fiscal year 2007, using an “ever-enrolled” methodology and counting individuals enrolled in Medicaid for a single benefit such as a Family Planning Waiver or Pharmacy Plus Waiver, or as residents of the U.S. Territories. For this report we count individuals with full Medicaid benefits or Medicaid with a deductible (“spend down”), as well as low-income Medicare beneficiaries who receive varying levels of assistance with their Medicare premiums, deductibles, and coinsurance. This report excludes about 2.8 million single benefit enrollees, roughly 1 million Medicaid enrollees in the U.S. territories and 1.3 million children enrolled in Medicaid expansion SCHIP programs funded through Title XXI. If all of those groups were included, the point-in-time enrollment for June 2008 would be 48.6 million. It should also be noted that this report does include an estimated 1.84 million low-income Medicare beneficiaries who only receive Medicaid assistance with their Medicare premiums and/or cost-sharing.

ⁱⁱ Smith V, Gifford K, Ellis E, Rudowitz R, O’Malley M and Marks C. *Headed for a Crunch? An Update on Medicaid Spending, Coverage and Policy Heading into an Economic Downturn*. Washington, D.C.: The Kaiser Commission on Medicaid and the Uninsured, Kaiser Family Foundation, September 2008. Available at: <http://www.kff.org/medicaid/7815.cfm>.

ⁱⁱⁱ Section 6036 of The Deficit Reduction Act of 2005 (P.L. 109-171) required that as of July 1, 2006, all United States citizens applying for or renewing Medicaid coverage present “satisfactory documentary evidence” of their citizenship. See “New Requirements for Citizenship Documentation in Medicaid,” Kaiser Commission on Medicaid and the Uninsured, December 2007. <http://www.kff.org/medicaid/7533.cfm>. State officials report that these new rules caused significant delays in processing applications and renewals for eligible citizens, contributing greatly to a slowdown in enrollment growth. However some state officials noted that the delay in application processing would result in only a temporary enrollment decline. These officials expected that enrollment would stabilize or increase as the longer enrollment processing timeframes became the norm. See: Smith V, Gifford K, Ellis E, Rudowitz R, O’Malley M and Marks C. *As Tough Times Wane, States Act to Improve Medicaid Coverage and Quality: Results from a 50-State Medicaid Budget Survey for State Fiscal Years 2007 and 2008*. Washington, DC: The Kaiser Commission on Medicaid and the Uninsured, Kaiser Family Foundation, October 2007. Available at <http://www.kff.org/medicaid/7699.cfm>.

^{iv} Ellis E, Roberts D, Rousseau D, Schwartz K. *Medicaid Enrollment in 50 States: December 2006 Data Update*. Washington D.C.: The Kaiser Commission on Medicaid and the Uninsured, Kaiser Family Foundation, January 2008. Available at <http://www.kff.org/medicaid/7606.cfm>.

Daisy G. Massey - Fwd: Re: SC Medicaid Data Request- -Log 000048

From: Daisy G. Massey
To: Brenda James; Margarete Keller
Subject: Fwd: Re: SC Medicaid Data Request- -Log 000048

Below is Kevin's response to Log 000048 that was due 08/10/09. In addition to the letter from Mr. Vernon K. Smith, Ph.D., Kevin had received the email request below from Mr. Dennis Roberts. Attached is requested information. This should clear the log.
I will also bring up a copy for your files.

>>> Kevin Rogers 8/4/2009 5:12 PM >>>
Hi, attached is the update for December 2008.

>>> Dennis Roberts <DRoberts@healthmanagement.com> 7/28/2009 2:39 PM >>>
Kevin,

We are again collecting data for our semi-annual Medicaid enrollment report that we write for the Kaiser Commission. Attached are a copy of the Medicaid data request and a copy of what you provided last time. Also attached for your reference is a draft summary of the June, 2009 report. We are currently collecting enrollment data for December 2008. We hope to collect data from all 50 states and the District of Columbia by August 14th. Your help with this very important project is greatly appreciated.

Dennis Roberts
Senior Consultant
Health Management Associates
120 N Washington Square #705
Lansing, MI 48933

Phone: (517) 482-9236
Fax: (517) 482-0920

email: DRoberts@HealthManagement.com

about:blank

8/5/2009

S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES
 MEDICAID ELIGIBLES
 DECEMBER 2008 FINAL REPORT

	PAYMENT CATEGORY	+ADULT					UNKNOWN	TOTAL
		GROUP	0 - 18	19 - 64	65+			
10	NURSING HOME	DA	4	1,734	10,390	0	12,128	
11	TRANSITIONAL (TMA)	OA	21,373	14,441	3	0	35,817	
12	OCWI INFANTS	OA	37,951	1	0	0	37,952	
13	FOSTERCARE	OA	1,165	277	0	0	1,442	
14	GENERAL HOSPITAL	DA	26	39	21	0	86	
15	HOMER&COMMUNITY BASED WAIVER	DA	195	3,960	4,207	0	8,362	
16	PASS ALONG	DA	0	40	3	0	43	
17	EARLY WIDOWS/WIDOWERS	DA	0	2	0	0	2	
18	DISABLED WIDOWS/WIDOWERS	DA	0	0	0	0	0	
19	DISABLED ADULT CHILDREN	DA	0	63	0	0	63	
20	PASS ALONG CHILDREN	OA	11	0	0	0	11	
31	TITLE IV-E FOSTER CARE	OA	2,642	202	0	0	2,844	
32	AGED, BLIND, DISABLED (ABD)	DA	99	28,024	24,100	0	52,223	
33	ABD NURSING HOME	DA	1	306	757	0	1,064	
40	WORKING DISABLED	DA	0	116	0	0	116	
48	QUALIFYING INDIVIDUALS (QI)	DA	0	2,413	3,634	0	6,047	
50	QUAL. DISABLED WORKING INDIV.	DA	0	0	0	0	0	
51	TITLE IV-E ADOPTION ASSISTANCE	OA	4,067	334	0	0	4,401	
52	SLMB	DA	0	4,718	6,442	0	11,160	
54	SSI NURSING HOME	DA	25	794	621	0	1,440	
55	FAMILY PLANNING WAIVER	OA	2,043	44,058	0	0	46,101	
57	TERRA/ KATIE BECKETT	OA	3,225	21	0	0	3,246	
59	LOW INCOME FAMILIES	OA	89,348	55,096	17	0	144,461	
60	REGULAR FOSTER CARE	OA	3,666	151	0	0	3,817	
71	BREAST AND CERVICAL CANCER	DA	1	909	13	0	923	
80	SSI	DA	22,806	64,124	21,919	0	108,849	
81	SSI WITH ESSENTIAL SPOUSE	DA	0	1	0	0	1	
85	OPTIONAL SUPPLEMENT	DA	0	680	970	0	1,650	
86	OPTIONAL SUPPLEMENT & SSI	DA	0	1,676	864	0	2,540	
37	OCWI PREGNANT WOMEN	OA	1,631	21,192	0	0	22,823	
88	PARTNERS FOR HEALTHY CHILDREN	OA	237,171	1,650	0	0	238,821	
90	QUALIFIED MEDICARE BENEFICIARY	DA	0	0	0	0	0	
91	RIBICOFF CHILDREN	OA	0	0	0	0	0	
E	EMERGENCY SERVICES	OA	29	358	3	0	390	
I	SCDC INMATE SERVICES	OA	0	102	61	0	163	
C	SCDC EMERGENCY//INMATE SERVICES	OA	0	0	0	0	0	
D	DJI INMATE SERVICES	OA	9	0	0	0	9	
J	DJI EMERGENCY//INMATE SERVICES	OA	0	0	0	0	0	
P	OTHER MISC. INMATE SERVICES	OA	0	2	0	0	2	
A	OTHER EMERGENCY//INMATE SERVICES	OA	0	0	0	0	0	
	TOTAL MEDICAID		427,488	247,484	74,024	0	748,996	

89	PHC EXPANSION	OA	0	0	0	0	0
99	HEALTHY CONNECTION KIDS	OA	9,169	48	0	0	9,217
	TOTAL SCHIP		9,169	48	0	0	9,217
	GRAND TOTAL MEDICAID AND SCHIP		436,657	247,532	74,024	0	758,213
	MAJOR COVERAGE GROUPS (MEDICAID/SCHIP)						
	CHILDREN		436,657	0	0	0	436,657
	ELDERLY		0	0	74,024	0	74,024
	+DISABLED ADULTS - DA		0	109,599	0	0	109,599
	+OTHER ADULTS - OA		0	137,933	0	0	137,933
70	REFUGEE ENTRANT		16	41	2	0	59
92	GAPS		0	0	29,997	0	29,997

Source RSS3870R02 Dec08 Final

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
Myers / Rogers	7/27/09

DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER	000048	<input type="checkbox"/> Prepare reply for the Director's signature	DATE DUE _____
2. DATE SIGNED BY DIRECTOR	C. Emma Forbes Wills Quintin	<input checked="" type="checkbox"/> Prepare reply for appropriate signature	DATE DUE 8/10/09
		<input type="checkbox"/> FOIA	DATE DUE _____
		<input type="checkbox"/> Necessary Action	

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1.			
2.			
3.			
4.			

log # 00048
Should be appro
Sign 8/10/09

HEALTH MANAGEMENT ASSOCIATES

July 24, 2009

RECEIVED

JUL 27 2009

Emma Forkner, Director
Department of Health & Human Services
PO Box 8206
1801 Main Street
Columbia, SC 29202-8206

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Dear Ms. Forkner:

I am writing for two reasons. First, I thank you and your staff for providing data for our June 2008 Medicaid enrollment update report that Eileen Ellis and David Rousseau prepare for *The Kaiser Commission on Medicaid and the Uninsured*. Since the final June 2008 report has not been published, we have attached the summary for your use.

Second, we are now preparing our next report which will focus on trends in Medicaid enrollment through December 2008 in all 50 states and the District of Columbia. For that report, we are now asking that you send us the report or Excel workbook that Kevin Rogers has sent us in the past, updated with Medicaid enrollment data for the month of December 2008. We are requesting that this information again include the split of your state's Medicaid enrollment between children and adults. (We will again assign disabled children to the "adult" category.)

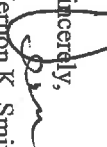
In addition to the child/adult split, we will continue to track trends in enrollment of other subsets of the Medicaid population including the following: (1) families, children, and pregnant women; (2) aged and disabled; (3) "childless adults" for those states with waivers; (4) Transitional Medical Assistance; (5) poverty-related (SOBRA) enrollment within the "families, children and pregnant women" group; (6) family planning waivers; (7) Pharmacy Plus Waivers; and (8) Medicare Savings Programs (QMB, SLMB & QI).

We wish to compile this data as quickly as possible in order to inform the national dialog on the future of Medicaid. For that reason, we would like to have this data not later than August 14th. Most states now provide the information electronically. If you are able to do so, please e-mail your response to Dennis Roberts at: droberts@healthmanagement.com. Otherwise, please fax the report to Dennis at: 517-482-0920, or mail to his attention at:

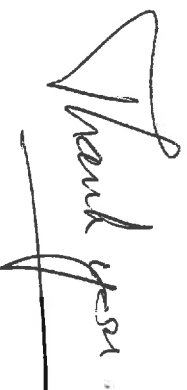
Health Management Associates
120 N. Washington Square, Suite 705
Lansing, MI 48933

You will note we are sending a copy of this letter to Kevin Rogers who assisted us as we gathered data for the last report. I hope this will facilitate our request because of the short timeframes we are working under for this report. I thank you very much for your help on this very important project. If you have any questions, please feel free to call Eileen Ellis, Dennis Roberts, or me at 517-482-9236.

Sincerely,


Vernon K. Smith, Ph.D.
Principal

cc: Kevin Rogers


Thank you.

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South Carolina

10/4/8

Is the Benefit Covered?	Populations Covered	Copayment Requirement	Prior Approval Requirement	Coverage Limitations	Reimbursement Methodology
Ambulance Services					
Yes	CN				Fee for service
Certified Registered Nurse Anesthetist Services					
Yes	CN				Fee for service, at 50% of physician fee
Chiropractor Services					
Yes	CN	\$1/visit <i>Is this still correct?</i>			Fee for service
Clinic Services, by an organized facility or clinic not part of a hospital: Freestanding Ambulatory Surgery Center					
Yes	CN	\$2/episode of care <i>Is this still correct?</i>			Fee for service
Clinic Services, by an organized facility or clinic not part of a hospital: Public Health and Mental Health Clinics					
Yes	CN	\$2/visit <i>Is this still correct?</i>			Fee for service
Dental Services					
Yes	CN	\$3/visit <i>Is this still correct?</i>		Limited to trauma care and emergency treatment for relief of pain and infection	Fee for service
Dentures					
No					
Diagnostic, Screening and Preventive Services					
Yes	CN			Limited to preventive services only	Fee for service
Early and Periodic Screening, Diagnosis and Treatment					
See service-specific FN.					
Extended Services for Pregnant Women					
See service-specific FN.					
Eyeglasses					
Yes	CN		Yes	Limited to post-cataract surgery lenses and eyeglasses	Most products provided by state's volume purchase contractor, dispensing provider paid fee for service

South Carolina

Is the Benefit Covered?	Populations Covered	Copayment Requirement	Prior Approval Requirement	Coverage Limitations	Reimbursement Methodology
Family Planning Services					
See service-specific FN.					
Federally Qualified Health Center Services					
Yes	CN	\$2/encounter		12 visits/year, visits count toward physician visit limit	Prospective cost based rate/visit or cost based payment
<i>Is this still correct?</i>					
Hearing Aids					
Yes	CN			Specified criteria relative to disability and/or care setting must be met	Most products provided by state's volume purchase contractor
Home and Community Based Services Waiver					
Yes	CN			Services for the following populations: 2, 4, 5, 6 & 8 - See service-specific FN	Dependent upon the services provided
Home Health Services, includes nursing services, home health aides, and medical supplies/equipment					
Yes	CN	\$2/visit, medical supplies are exempt from copayments	Med equipment and supplies	75 nursing, home health aide and therapy visits/year	Cost based payment using Medicare upper limits for visits, med equipment paid at 50th percentile of Medicare allowable charge
<i>Is this still correct?</i>					
Hospice Care					
Yes	CN			Two 90-day periods and one 30-day period with additional periods as necessary	Prospective rates based on Medicare methodology
Inpatient Hospital Services, other than in an Institution for Mental Diseases					
Yes	CN	\$25/admission			Prospective payment/discharge using DRG or prospective per diem
<i>Is this still correct?</i>					
Inpatient Hospital, Nursing Facility and Intermediate Care Facility Services In Institutions for Mental Diseases, age 65 and older					
Yes	CN			10 hosp leave days/hospitalization, 9 consecutive therapeutic leave days up to 18 days/year	Prospective cost based per diem
<i>Is this leave day policy still correct?</i>					
Inpatient Psychiatric Services, under age 21					
Yes	CN		Admission	Limited to residential treatment facilities	Prospective cost based per diem with limits

South Carolina

Is the Benefit Covered?	Population s Covered	Copayment Requirement	Prior Approval Requirement	Coverage Limitations	Reimbursement Methodology
Intermediate Care Facility Services for the Mentally Retarded					
Yes	CN			10 hosp leave days/hospitalization, 9 consecutive therapeutic leave days up to 18 days/year, additional days allowed for approved rehab programs or transition to community placement <i>Is this leave day policy still correct?</i>	Cost based payment
Laboratory and X-Ray Services, outside Hospital or Clinic					
Yes	CN				Fee for service
Medical Equipment and Supplies					
Yes	CN	\$3/provider/day <i>Is this still correct?</i>			Fee for service using Medicare payment ceilings
Medical/Surgical Services of a Dentist					
Yes	CN				Fee for service
Non-Emergency Medical Transportation Services					
Yes	CN				See service-specific FN
Nurse Midwife Services					
Yes	CN	\$2/visit <i>Is this still correct?</i>			Fee for service
Nurse Practitioner Services					
Yes	CN	\$2/visit <i>Is this still correct?</i>		12 visits/year, visits count toward physician visit limit <i>New text - is this correct?</i>	Fee for service at 80% of physician fee
Nursing Facility Services, other than in an Institution for Mental Diseases					
Yes	CN			10 hosp leave days/hospitalization, 9 consecutive therapeutic leave days up to 18 days/year, additional days allowed for approved rehab programs or transition to community placement <i>Is this leave day policy still correct?</i>	Prospective per diem based on cost using peer groups and assuming 96% occupancy, low volume facilities paid statewide average rate
Occupational Therapy Services					
No					

South Carolina

Is the Benefit Covered?	Population s Covered	Copayment Requirement	Prior Approval Requirement	Coverage Limitations	Reimbursement Methodology
Optometrist Services					
Yes	CN	<i>Is this still correct?</i>		1 refractive exam/year <i>Is this text correct or should it indicate that coverage is limited to the treatment of glaucoma and cataracts?</i>	Fee for service
Outpatient Hospital Services					
Yes	CN	\$3/non-emergency visit in ER			Fee for service
Personal Care Services					
No					
Physical Therapy Services					
No					
Physician Services					
Yes	CN	<i>Is this still correct?</i>		12 visits/year including visits and services provided by other specified practitioners <i>Revised text - is this correct?</i>	Fee for service
Podiatrist Services					
Yes	CN	\$1/visit <i>Is this still correct?</i>		12 visits/year, visits count toward physician visit limit, routine foot care not covered <i>New text - is this correct? Regarding the routine foot care, do you cover it for persons with systemic diseases such as diabetes?</i>	Fee for service
Prescription Drugs					
Yes	CN	\$3/Rx <i>Is this still correct?</i>		4 Rxs/month	AWP-10%, plus \$4.05 dispensing fee for traditional pharmacies and \$3.15 dispensing fee for non-traditional pharmacies
Private Duty Nursing Services					
No					
Program of All-Inclusive Care for the Elderly					
Yes	CN			See service-specific FN	Capitated payment

South Carolina

Is the Benefit Covered?	Population s Covered	Copayment Requirement	Prior Approval Requirement	Coverage Limitations	Reimbursement Methodology
Prosthetic and Orthotic Devices					
Yes	CN	\$3/provider/day <i>Is this still correct?</i>			Fee for service using Medicare payment ceilings
Psychologist Services					
No					
Rehabilitation Services: Mental Health and Substance Abuse					
Yes	CN			Centers must be state-approved	Fee for service
Religious Non-Medical Health Care Institution and Practitioner Services					
No					
Rural Health Clinic Services					
Yes	CN	\$2/encounter <i>Is this still correct?</i>		12 visits/year, visits count toward physician visit limit	Prospective cost based rate/visit or cost based payment
Services for Speech, Hearing and Language Disorders					
No					
Targeted Case Management					
Yes	CN				Fee for service