

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

ACTION REFERRAL

| | |
|----------------------------|-------------------------------|
| TO <i>Moyers</i> | DATE <i>7/27/09</i> |
|----------------------------|-------------------------------|

| DIRECTOR'S USE ONLY | ACTION REQUESTED |
|--|--|
| 1. LOG NUMBER <i>000048</i> | <input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____ |
| 2. DATE SIGNED BY DIRECTOR <i>CE; Emma Quinton, Wells</i> | <input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>8/10/09</i> |
| <i>Cleared 8/5/09 e-mail attached.</i> | <input type="checkbox"/> FOIA DATE DUE _____ |
| | <input type="checkbox"/> Necessary Action DATE DUE _____ |

| APPROVALS (Only when prepared for director's signature) | APPROVE | * DISAPPROVE (Note reason for disapproval and 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: droboterts@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,

Verron K. Smith, Ph.D.
Principal

cc: Kevin Rogers

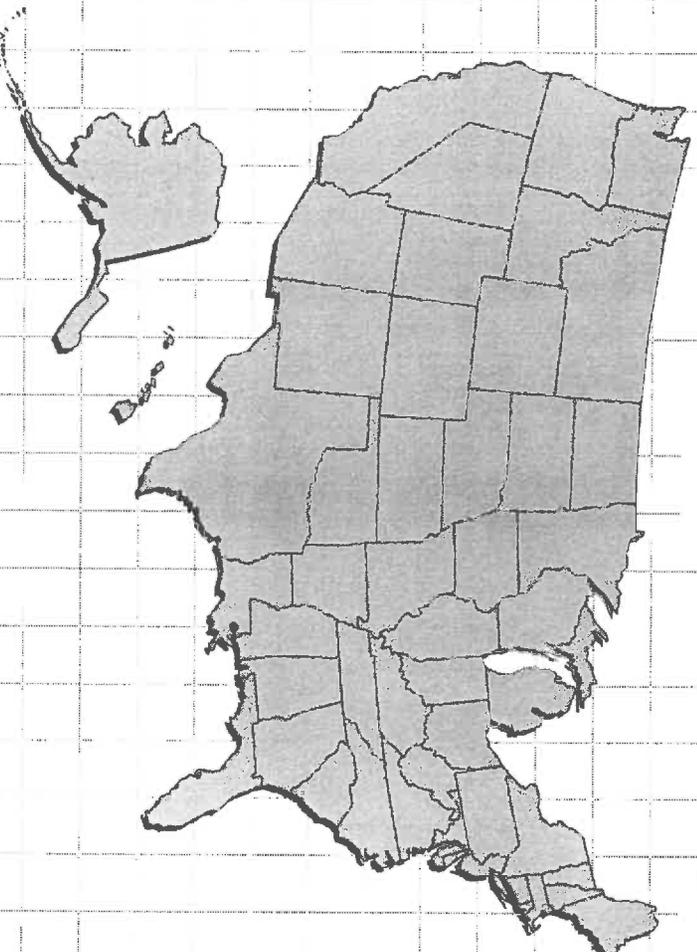


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MEDICAID ENROLLMENT IN 50 STATES

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.

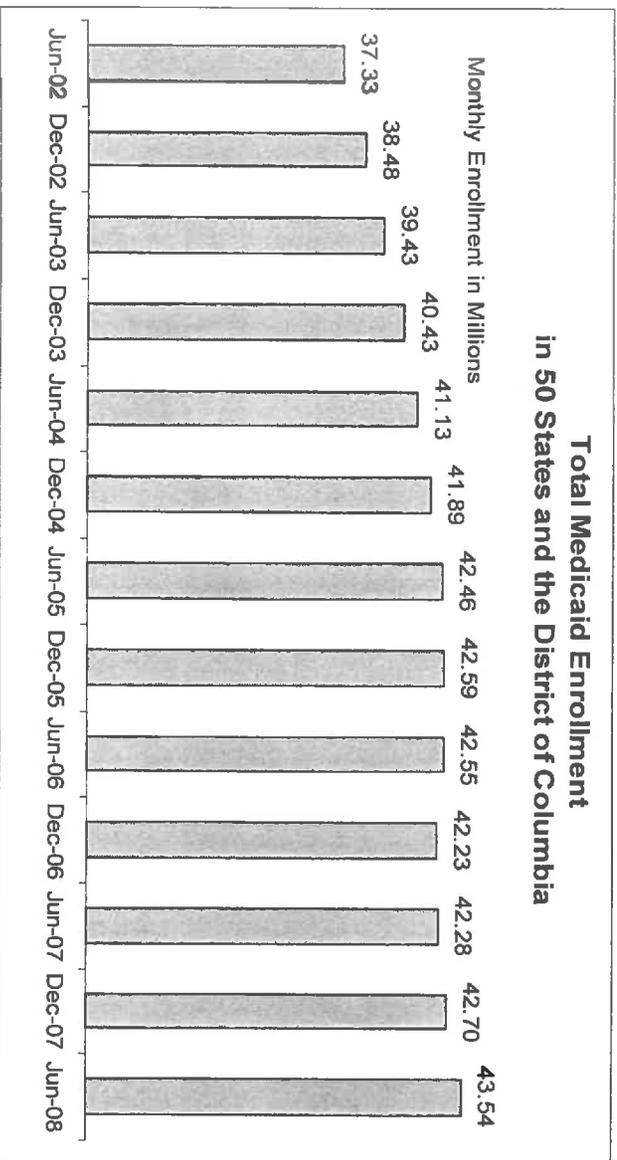


THE KAISER COMMISSION ON
Medicaid and the Uninsured

Executive Summary

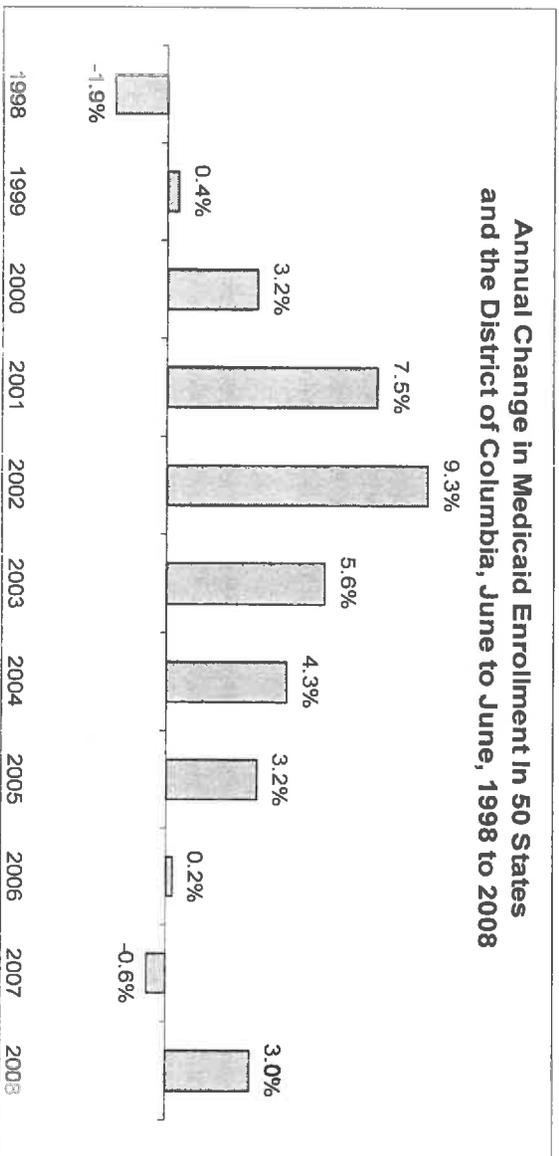
In June 2008, 43.54 million individuals were enrolled in Medicaid in the 50 states and the District of Columbia, a 3.0% increase from the previous June (Figures ES-1 and ES-2).¹ This increase represents a major reversal from the reduction of 0.6% from June 2006 to June 2007, which had been the first 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



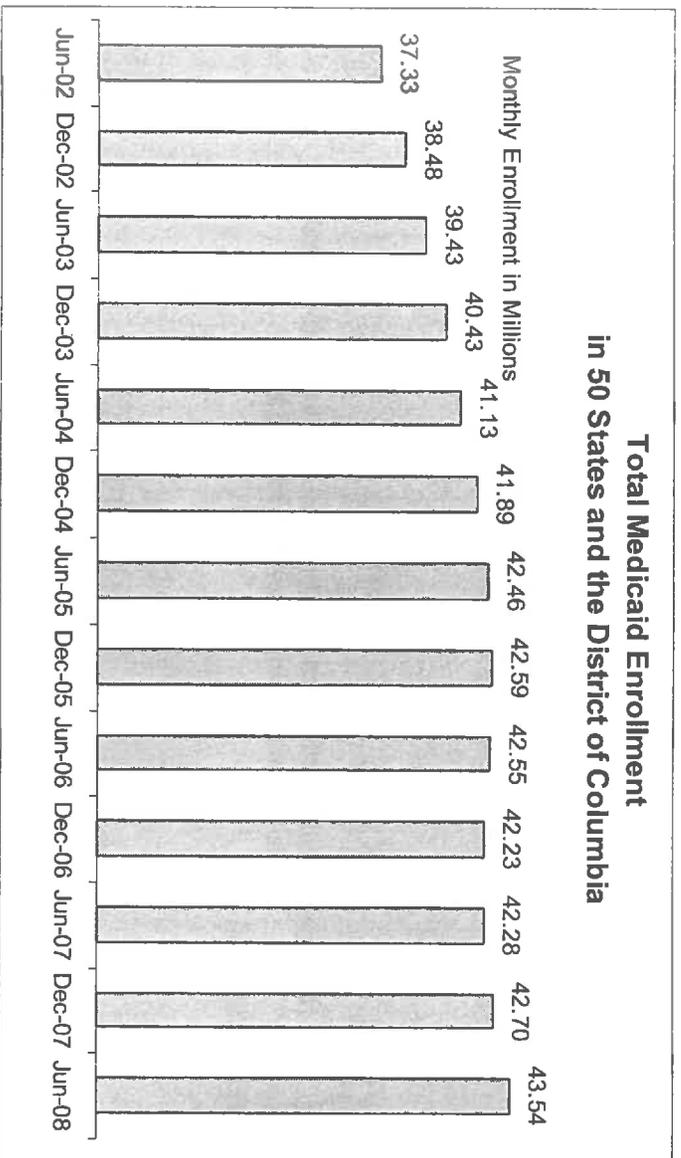
Source: Compiled by Health Management Associates from state Medicaid enrollment reports.

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 | 696.0 |
| 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 | 665.0 | 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 | 982.0 | 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 | 466.1 | 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 | 78.6 | 78.1 |
| Nebraska | 144.9 | 152.0 | 166.9 | 175.9 | 187.6 | 199.6 | 188.5 | 175.9 | 176.5 | 178.7 | 177.2 | 177.3 |
| Nevada | 92.9 | 97.5 | 99.4 | 105.9 | 128.4 | 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 | 3,664.1 | 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 | 80.3 | 61.2 | 66.2 | 69.5 | 75.1 | 79.9 | 83.9 | 86.5 | 88.2 | 88.9 | 89.7 | 90.9 |
| Tennessee | 1,230.6 | 1,305.0 | 1,338.7 | 1,347.0 | 1,459.3 | 1,445.7 | 1,347.5 | 1,301.8 | 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 | 533.3 | 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/75333.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

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 | HOME&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 | |
| 87 | 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 | DJJ INMATE SERVICES | OA | 9 | 0 | 0 | 0 | 9 | |
| J | DJJ 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 | 0 |
| 99 | HEALTHY CONNECTION KIDS | OA | 9,169 | 48 | 0 | 0 | 0 | 9,217 |
| | TOTAL SCHIP | | 9,169 | 48 | 0 | 0 | 0 | 9,217 |
| | GRAND TOTAL MEDICAID AND SCHIP | | 436,657 | 247,532 | 74,024 | 0 | 0 | 758,213 |
| | MAJOR COVERAGE GROUPS (MEDICAID/SCHIP) | | | | | | | |
| | CHILDREN | | 436,657 | 0 | 0 | 0 | 0 | 436,657 |
| | ELDERLY | | 0 | 0 | 74,024 | 0 | 0 | 74,024 |
| | +DISABLED ADULTS - DA | | 0 | 109,599 | 0 | 0 | 0 | 109,599 |
| | +OTHER ADULTS - OA | | 0 | 137,933 | 0 | 0 | 0 | 137,933 |
| 70 | REFUGEE ENTRANT | | 16 | 41 | 2 | 0 | 0 | 59 |
| 92 | GAPS | | 0 | 0 | 29,997 | 0 | 0 | 29,997 |

Source RSS3870R02 Dec08 Final

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

ACTION REFERRAL

| | |
|-----------------------|----------------|
| TO | DATE |
| <i>Myers / Rogers</i> | <i>7/27/09</i> |

| 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 | <i>G. Emma Forbes Quintin</i> | <input checked="" type="checkbox"/> Prepare reply for appropriate signature | DATE DUE <i>8/10/09</i> |
| | | <input type="checkbox"/> FOIA | DATE DUE _____ |
| | | <input type="checkbox"/> Necessary Action | |

| APPROVALS <small>(Only when prepared for director's signature)</small> | APPROVE | * DISAPPROVE <small>(Note reason for disapproval and return to preparer.)</small> | 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 (OMB, 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



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South Carolina

Log 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? | Populations 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? | Populations 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? | Populations 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 |