

The Time Has Come

Better Health Care, Lower Costs



Alabama Medicaid Agency

Annual Report Fiscal Year 2009



Bob Riley
Governor
State of Alabama



FY 2009

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BOB RILEY
Governor

Alabama Medicaid Agency

501 Dexter Avenue
PO Box 5624
Montgomery Alabama 36103-5624



CAROL H. STECKEL, MPH
Commissioner

The Honorable Bob Riley
Governor of the State of Alabama
Alabama State Capitol
Montgomery, Alabama 36130

Dear Governor Riley:

It has long been the mission of the Alabama Medicaid Agency to help the state's most vulnerable citizens access vital health care services while maximizing available resources. As evidence of this, during Fiscal Year 2009, more than 964,000 Alabamians qualified for assistance from Medicaid in paying for hospital or nursing home care, physician care, lab tests, medicine and other medically-necessary services, with more than 96 percent of the Agency's budget going for direct medical services

While holding true to our mission, the Agency's actions during the past year have put us in a strong position to weather the financial uncertainties we face and still provide innovative, ground-breaking programs to those we serve.

The highlight of the FY 2009 year was building off the progress made in the Together for Quality initiative and moving forward in the arena of health information technology, including plans currently underway to establish a statewide health information exchange to connect patients, providers, payers, various state agencies and other interested stakeholders. As mandated by the federal stimulus legislation passed in February, the field of health information technology stands to greatly expand in the near future, with Alabama serving as a model of excellence for other states.

While health information technology remains a focal point, the Alabama Medicaid Agency made great strides in many other areas during FY 2009. The Agency launched the 1st Look Program to benefit infants and toddlers at high risk for serious dental problems, as well as a new long-term care insurance program in collaboration with the Alabama Department of Insurance to help protect the assets of Alabama residents, should they have to apply for nursing home assistance from Medicaid.

The Agency works to ensure recipients receive the most appropriate levels of care while minimizing costs for taxpayers. The Agency's Radiology Management program, developed in partnership with state physicians, is preventing unnecessary imaging exposure while still allowing recipients to receive the most clinically-appropriate care. A new program encouraging safe and appropriate use of anti-psychotic medication in children is improving the quality of care for the youngest Medicaid recipients based on FDA-approved guidelines.

Medicaid is a fundamental and critical component of Alabama's health care infrastructure and contributes substantially to the economic viability of the state. We greatly appreciate your continuing support of the Alabama Medicaid Agency.

It is with great pride that I present the Alabama Medicaid Agency's 37th Annual Report for Fiscal Year 2009.

Sincerely,

Carol H. Steckel, MPH
Commissioner

*There is nothing more powerful than
an idea whose time has come.*

-Victor Hugo



Carol H. Steckel
Commissioner,
Alabama Medicaid Agency



MISSION:

To provide a system of financing health care for eligible Alabamians in accordance with established statutes and Executive Orders.

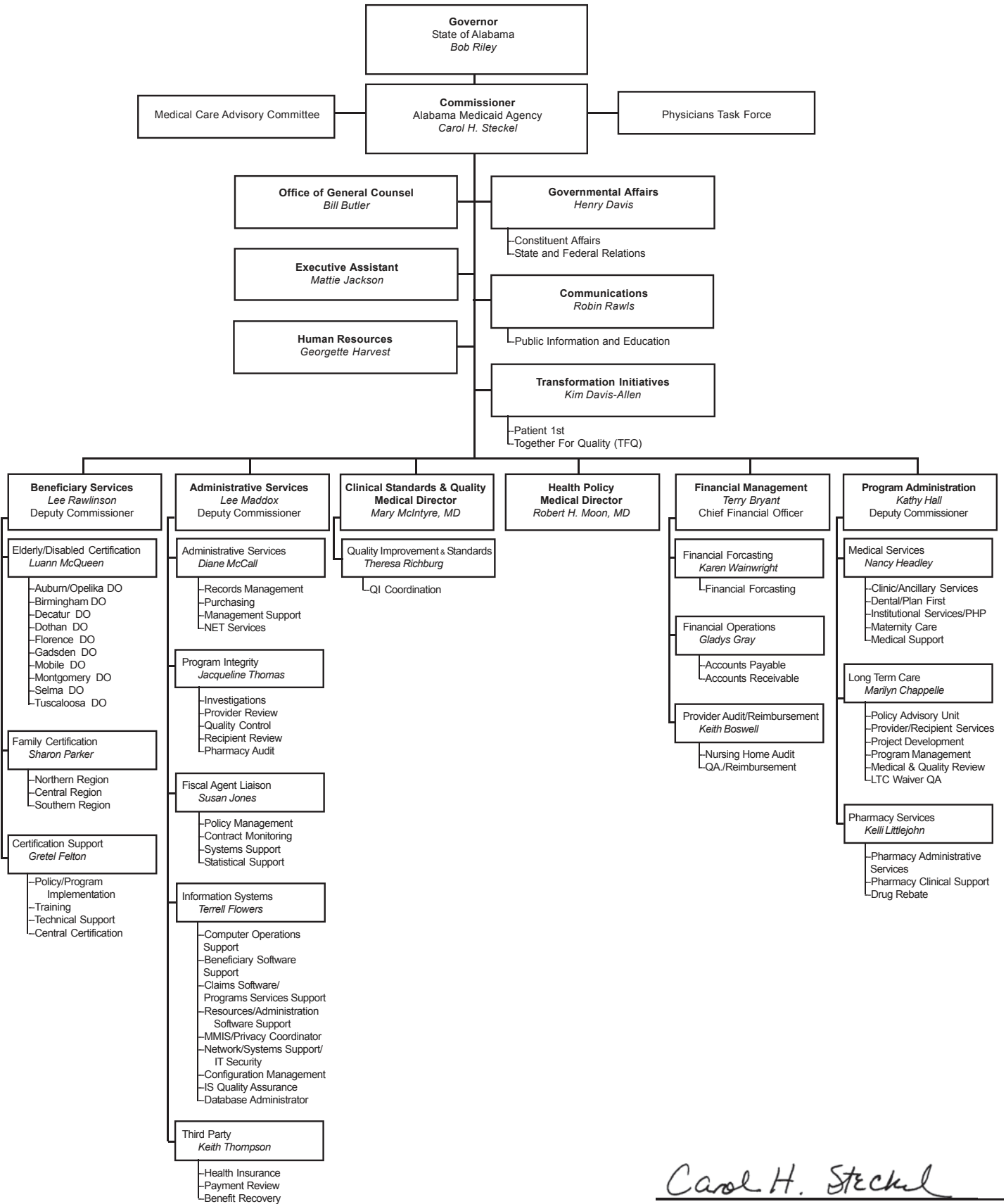
VISION:

To play a key leadership role in ensuring availability and access to appropriate health care for all Alabamians.

VALUES:

- Respect
We are a caring organization that treats each individual with dignity, empathy, and honesty.
- Integrity
Our stakeholders can depend on the quality, trustworthiness, and reliability of our Agency's employees and representatives.
- Excellence
We are committed to maximizing our resources to ensure the residents of Alabama have access to quality health care.
- Teamwork
Our success depends upon establishing and maintaining effective collaborative partnerships.
- Innovation
We willingly embrace new ideas and new ways of doing things to effectively meet a changing health care environment.

Alabama Medicaid Agency



Carol H. Steckel

Carol H. Steckel
Commissioner

Effective Date: January 1, 2009
Rev: March 12, 2009



FY 2009

A point in time, a year of change

During FY 2009, the Alabama Medicaid Agency built upon previous gains through ground-breaking practices and nationally-recognized programs to further its mission of providing access to basic medical services for Alabamians most in need. Through collaboration, innovation and efficiency, the Agency continued to focus on improving health results through better management and technology.

While technology advances dominated the year, the Agency reached other important milestones by reducing the number of uninsured children and participating in a national medical home consortium to build on the success of Medicaid's Patient 1st program.

Additionally, Alabama Medicaid promoted programs to help improve birth outcomes and safe usage of psychiatric medications for children, and the state of Alabama won additional settlements in its drug pricing policy lawsuits against several pharmaceutical companies. In a continued effort to improve efficiency and service to applicants, the Agency opened its first customer service center in Birmingham.

ARRA, TFQ Put State at Forefront of Health Information Technology

Medicaid receives stimulus funds, focuses on Health Information Technology

Approximately \$169 million in federal stimulus funding for the Alabama Medicaid Agency arrived in February 2009, the first installment of federal funds designed to help Medicaid agencies maintain “safety net” services during the economic downturn. The funds were part of the approximately \$3 billion the state received as a result of the federal stimulus bill, known as the American Reinvestment and Recovery Act of 2009 (ARRA). The legislation was designed to provide impetus and funds to create and save jobs and to restart the economy through targeted efforts ranging from road and bridge construction projects to educational, energy and technology projects.

A portion of the package provided over \$20 billion for the development and adoption of health information technology (HIT) projects to update and computerize the nation’s health care system to advance quality of care. The largest allocation—approximately \$17 billion—funded incentive payments through Medicare and Medicaid to encourage implementation of electronic health record (EHR) systems by providers and hospitals.

The Agency’s active efforts to embrace technology to deliver better health care more economically served as an asset when Gov. Bob Riley selected Medicaid as the lead agency to work closely with the state’s coordinator for all federal stimulus activities related to HIT.

Medicaid and Together For Quality (TFQ) stakeholders targeted areas where ARRA stimulus money would provide the most benefit to the state including broadband system development, establishment of regional technology extension centers, enhanced Medicaid match for planning and later, funds for building technological infrastructure.

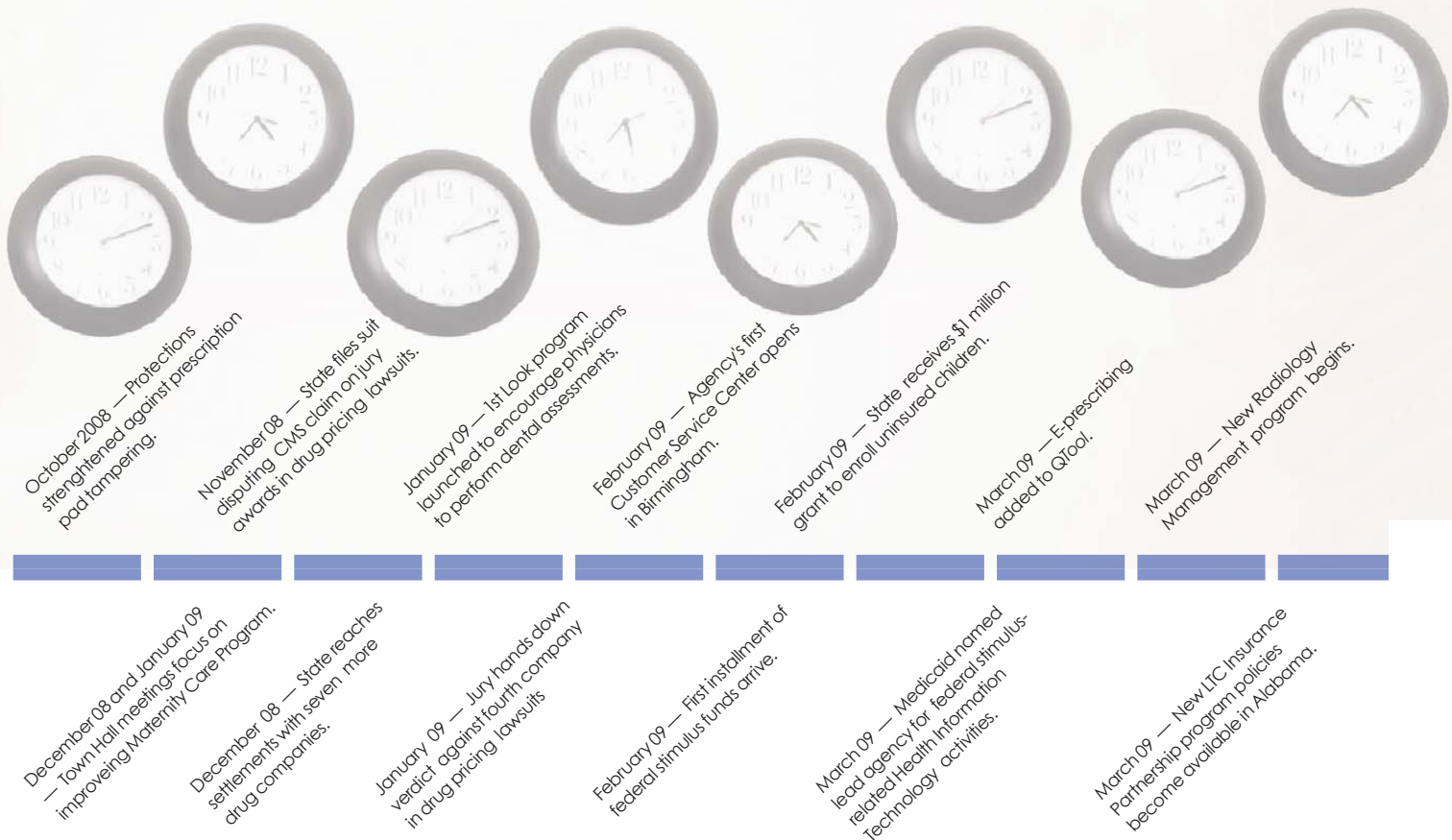
In FY 2009, the Agency was involved in two major HIT projects, the ongoing TFQ Medicaid transformation project and the Medicare Electronic Medical Records

demonstration project. The TFQ project included the Q⁴U care management program for patients with chronic diseases, an online Electronic Health Record called *QTool*, and *Q_x*, a data exchange system designed to reduce duplication by state agencies serving the same client. In July 2009, Commissioner Steckel was joined by Health and Human Services officials who announced Alabama’s selection for the technology demonstration project.

Alabama tested *QTool* in nine counties, assisting physicians and others as they used the technology to



A point in time, a year of change



review claims data on patients' hospital and office visits, medications, tests and procedures to enter, update, and print information, and view alerts. Subsequent versions added a provider message center, an internal referral function, email, provider reporting and better management of patient-provider visit workflow.

QTool EHR adds prescribing capabilities

A new e-prescribing capability that allowed physicians to electronically send an accurate and understandable prescription directly to a pharmacy was added to QTool in March. The e-prescribing system was designed with input from the state's community-based pharmacists, pharmacy technicians and physicians.

Summit frames statewide HIE vision

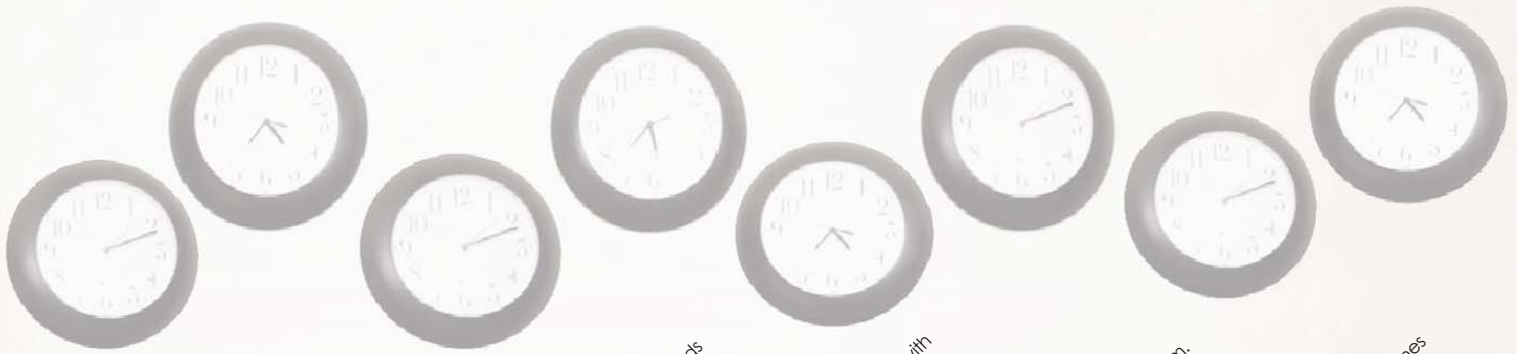
The promise of new federal funding opportunities and a national push to advance adoption and meaningful use of EHRs helped Alabama move quickly to improve the quality, safety and efficiency of health care delivery through the accurate and secure exchange of health information between providers.

More than 100 representatives of health care providers, state agencies, technology experts and other interested stakeholders convened in August to help frame a vision for a statewide Health Information Exchange (HIE). Participants explored key issues of governance, plan development, types of data to be included, membership and sustainability in preparation to apply for American Recovery and Reinvestment Act (ARRA) funding through the Office of the National Coordinator for Health Information Technology.

State in court over CMS and drug manufacturer pricing policies

After four verdicts in favor of the state in which juries handed down verdicts of more than \$352.4 million, three of the verdicts were appealed and the fourth was challenged in post-trial proceedings. The state continued fight against unfair drug pricing and several drug manufacturers negotiated settlements for more than \$123 million.

When the Centers for Medicare and Medicaid Services



- April 09 — Patient 1st Medical Home program waiver renewed by CMS.
- May 09 — Four more drug companies reach settlements in drug pricing suits.
- May 09 — Legislature expands breast cancer and cervical cancer treatment program.
- May 09 — Legislature ends with Medicaid budget increased by \$78 million.
- July 09 — Bids released for revamped Maternity Care Program.
- August 09 — Summit convenes to frame statewide vision for Health Information Exchange
- May 09 — Passage of hospital assessment program in Legislature.
- May 09 — Legislative joint resolution focuses attention on appropriate level of care for elderly and disabled.
- May 09 — Pharmacy Services initiative to encourage safe and appropriate use of anti-psychotic drugs for children.
- July 09 — Alabama selected for Medicare Electronic Medical Records demonstration project.
- July 09 — Rebalancing Committee formed in response to Legislative call to assess appropriate level of care for elderly and disabled.
- August 09 — Patient 1st program selected to join medical home consortium.

(CMS) asked the state to return nearly half of the jury awards and settlements it had not yet received, Alabama Attorney General Troy King challenged the request by filing suit in federal court.

Patient 1st program renewed, chosen for national medical home consortium

FY 2009 was a milestone year for the Agency’s Patient 1st medical home program when the program was renewed by CMS for another two years and selected to participate in a national consortium designed to take medical home programs to a higher level of effectiveness.

The April renewal was good news for more than 420,000 people who benefit from having their own personal doctor. Since its inception in 1997, the program has worked to ensure that each recipient has access to comprehensive and coordinated patient-centered care close to home.

In August, the National Academy for State Health Policy (NASHP) selected Alabama to join other states in a

Consortium to Advance Medical Homes for Medicaid and Children’s Health Insurance Program (CHIP) participants. Selection ensured a year of technical assistance and a leadership team to help Alabama officials develop and implement policies that increase Medicaid and CHIP participants’ access to high performing medical homes.

Partnership Insurance program helps Alabama citizens protect assets

A new long-term care insurance program to help Alabama residents protect their assets if they ever have to apply for nursing home assistance from Medicaid was implemented in FY 2009. The Alabama Long-Term Care Insurance Partnership Program, a collaboration between Alabama Medicaid and the Alabama Department of Insurance, allows Medicaid to disregard benefits paid under an approved policy when determining an applicant’s financial eligibility for long-term care.

First available in March, Partnership policies look like regular long-term care insurance policies except they must include inflation protection to keep up with the rising

cost of long-term care services and meet IRS and other requirements. The Partnership policy also protects these assets from any subsequent Medicaid liens and recoveries. Only policies certified by the Alabama Department of Insurance qualify as Partnership policies.

Rebalancing committee begins work on long-term care recommendations

Develop innovative ideas and suggestions to ensure that Alabama's elderly and disabled residents receive high quality services at the most appropriate level of care. This was the charge given in July to the newly appointed Long-Term Care Rebalancing Committee.

Chaired by Alabama Medicaid Commissioner Carol Steckel, the rebalancing committee was formed after the passage of Senate Joint Resolution 84 during the 2009 Legislative Session. Senator Linda Coleman, D-Birmingham, sponsored the resolution to focus attention on how to better care for the elderly and disabled in the state and how the state can successfully provide resources to family members and recipients. The committee, made up of state agency representatives, legislative officials, consumer advocates and provider association executives, is to submit recommendations to the Alabama Legislature during the 2010 legislative session.

Safe, appropriate use of anti-psychotic drugs is initiative goal

A new educational initiative by the Agency to encourage safe and appropriate use of anti-psychotic medication in children began in May. The effort was an outgrowth of a multi-agency collaborative effort to improve the quality of care for Medicaid recipients, particularly children, by supporting FDA-approved indications and evidence-based, age-appropriate utilization of antipsychotic drugs. The multi-agency group convened at the recommendation of Medicaid's Pharmacy and Therapeutics Committee to evaluate these findings and make recommendations.

A two-phase program uses the claims history of the Agency's Pharmacy program. In the first phase, providers whose prescribing practices for anti-psychotic medications for children may differ from those generally accepted as evidence-based practice received educational letters. The second phase involved educational phone calls by board-certified child psychiatrists to identified prescribers to discuss the use of these medications in children under the age of five. The calls, which began in June 2009, were educational in nature and explored evidence-based and/or guideline-supported prescribing.



1st Look program turns to physicians to help fight dental caries in children

Infants and toddlers at high risk for serious dental problems benefitted from a collaborative effort aimed at preventing early childhood caries (ECC) in children covered by Medicaid.

Developed by the Agency in partnership with the state's pediatric dentists and pediatricians, the 1st Look Program was launched in January 2009 to encourage primary care physicians to perform dental risk assessments, provide anticipatory guidance, apply fluoride varnish when indicated, and refer children to a dental home by age one. Before participating, primary medical providers were required to obtain certification by completing a Medicaid-approved training course.

First Medicaid Customer Service Center designed to improve access for recipients

The February 2009 opening of the Agency's first Customer Service Center in Birmingham not only made the Medicaid application process more user-friendly and accessible, but also represented an important milestone in the Agency's quest to reduce costs and increase efficiency through innovation and technology. The new office is the

prototype for storefront, self-service offices that provide access to computers and copiers along with staff assistance. The center also provides a drop box for change forms, and a resource center with information about other agencies, programs and referral information that may be of interest to the client.





Revamped maternity program to focus on improving birth outcomes

In response to a significant increase in the state's infant mortality rate, maternity care providers, state health officials, patient advocates and others partnered with Medicaid to update the Agency's maternity care program to increase the number of healthy babies born in the state.

A statewide series of five "town hall" meetings allowed interested groups and individuals to provide input into the redesign of Medicaid's maternity program. An advisory Maternity Care Review Committee reviewed input from the "town hall" sessions to suggest ways to restructure Alabama Medicaid's maternity care program. Committee input was used to develop specifications for the new program, which was released for bids in July 2009.



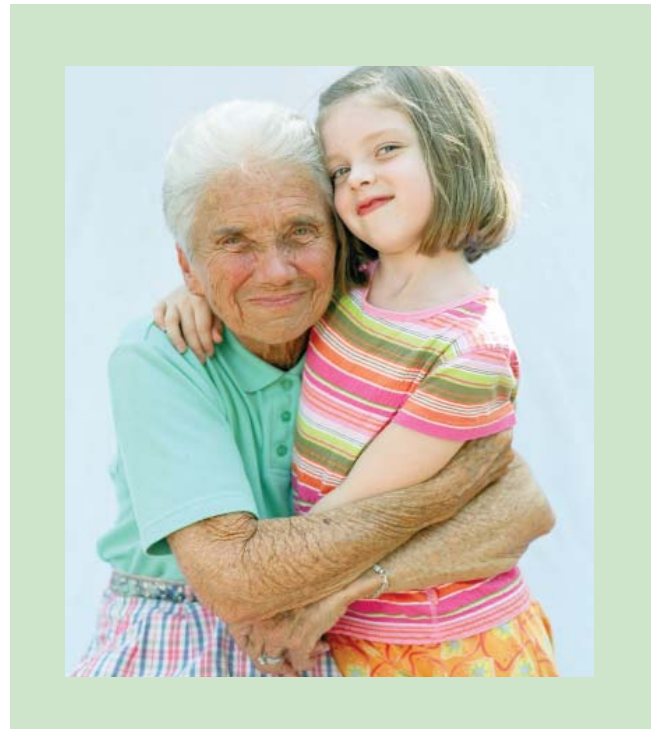
FY 2009

Eligibility: Who Medicaid Serves

During FY 2009, over 964,000 Alabama citizens, or 20.1 percent of the state's population, were eligible to receive Medicaid benefits for at least one month of the year.

The state's youngest citizens made up the largest category of Medicaid recipients with approximately 40 percent Alabama children having their health coverage paid for by Medicaid. Approximately 44 percent of these children were in families with at least one working caregiver. Medicaid also paid for over half of all babies born in Alabama during 2009. Children accounted for 336,731 recipients during FY 2009 — the largest single eligibility group served by Medicaid.

While the elderly Medicaid population is much smaller, approximately 17 percent of Alabamians over the age of 65 is eligible for Medicaid. Approximately two-thirds of all nursing home residents depend on Medicaid to cover the cost of their care.



*In FY 2009, more
than 964,000
Alabamians qualified
for Medicaid*





Several agencies determine Medicaid eligibility. Medicaid is responsible for certifying applicants for Elderly & Disabled programs; Medicaid for Low Income Families (MLIF); the SOBRA program for children under age 19 and pregnant women; Plan First (family planning for women ages 19-55) Program; Breast and Cervical Cancer Program; Department of Youth Services children; and Emergency Services for non-citizens.

The Alabama Department of Human Resources certifies foster children and children who receive state or federal adoption assistance.

The federal Social Security Administration certifies aged, blind, or disabled persons who have very low income and qualify for cash assistance through the Supplemental Security Income (SSI) program.

To qualify for Alabama Medicaid, all individuals must be living in Alabama, be a U.S. citizen or be in this country legally and meet income and age requirements that vary according to program.

Those who apply for assistance through a program for the elderly or disabled must also meet certain medical criteria and have resources below a certain limit, which also varies according to the program. Pregnant women applying for assistance must have their pregnancy medically verified.

States must provide coverage for certain groups in order to be eligible for federal funds. These groups include low income families who meet the eligibility requirements in the state's AFDC plan in effect on July 16, 1996; Supplemental Security Income (SSI) recipients; infants born to Medicaid-eligible pregnant women; children under age 6, and pregnant women whose family income is at or below 133 percent of the federal poverty level; children ages 6-18 whose family income is up to 100 percent of the federal poverty level; recipients of adoption assistance; children in foster care or custody of the Department of Youth Services; certain Medicare beneficiaries; and special protected groups, including those who lose eligibility for cash assistance or SSI due to an increase in earnings from work, Social Security benefits or child/spousal support.



Alabama receives four-year \$1 million grant to enroll uninsured children

More Alabama children will get the health care they need, thanks to a new \$1 million grant designed to reduce the number of children without health insurance. The four-year Robert Wood Johnson Foundation grant was awarded to the state to increase enrollment and retention of eligible children in Medicaid and ALL Kids, Alabama's Children's Health Insurance Program. Of the more than 25 states that made grant applications, Alabama was one of eight states selected to receive grant funding.

The Agency joined lead agency Alabama Department of Public Health in implementing the PEAK (Perfecting Enrollment for Alabama's Kids) grant project, which is funded through the foundation's national Maximizing Enrollment for Kids program. The grant period, which began in February 2009, is designed to increase enrollment of eligible children by further developing and enhancing existing community systems and partnerships that assist families with enrollment and renewal processes.



FY 2009

Programs and Services: What Medicaid Provides

Medicaid provides a wide range of covered services. Some recipients receive full coverage while others are eligible for limited services, such as pregnant women on Medicaid's SOBRA program. Thousands of health care providers throughout the state give care to eligible Alabama Medicaid recipients each year.

Patient 1st

The Patient 1st program is the cornerstone of Medicaid's health services and one of the initial building blocks of the Agency's transformation plans. Based on the medical home concept, Patient 1st links the Medicaid recipient with a physician or clinic that serves as the primary care provider to encourage a strong doctor/patient relationship.

Each month in FY 2009, an average 414,000 Alabamians were enrolled in the Patient 1st program, including 332,356 children under age 21. In operation since 1997 and revamped in FY 2005, the Patient 1st program encourages appropriate use of the emergency room by Medicaid recipients and has increased the number of generic prescriptions written.

Recipients in the program benefit from patient education, in-home monitoring of chronic conditions, and a care coordination referral program for recipients who need assistance in using services appropriately.

Physicians participating in the Patient 1st program receive a monthly case management fee consisting of three components to assist in the management of the recipient's health care needs.

Medical Services

Medicaid patients get medical care from a variety of sources. Primary care services are available through rural health clinics and Federally Qualified Health Centers (FQHCs) in addition to private offices and practices. Inpatient and outpatient services are provided by more than 100 acute care and specialty hospitals. In addition to acute care services, some hospitals offer post hospital extended care and swing beds. Medicaid also covers mental health services for eligible children and adults, providing both community-based and inpatient services.

Covered medical services include preventive and well-child care through Medicaid's Early, Periodic, Screening, Diagnosis and Treatment (EPSDT) program, eye and hearing care, inpatient and outpatient hospital care,

and doctor visits. Lab and X-ray services are diagnostic procedures provided in conjunction with other covered services while renal dialysis and transplant coverage extend and improve hundreds of lives each year.

Some services, including dental, are limited to children under the age of 21 who have full Medicaid coverage, while other services are limited to pregnancy-related care or family planning services. Some services, such as hospital days or doctor visits, are limited as well.

Medicaid also provides family planning services to help prevent or delay pregnancy; the Preventive Health Education program works to reduce unintended adolescent pregnancies while the Maternity Care Program serves pregnant women.

Ambulance and non-emergency transportation coverage is also available to help recipients receive the necessary medical care.

Long Term Care

A comprehensive program of long term care services is administered by the Alabama Medicaid Agency. This program offers eligible patients a range of care choices as well as increased opportunities to receive services at home or in the community.

These long term care services include home health services, private duty nursing, targeted case management, hospice care and durable medical equipment, as well as care in nursing and other long term care facilities.

In FY 2009, Alabama Medicaid paid for more than \$875 million nursing home bed-days of care at an average daily rate of \$166/day. Thousands of other recipients benefitted from hospice care, home health visits and access to supplies, appliances and durable medical equipment.

As an alternative to institutional care, more than 15,000 Alabama residents participated in one of six waiver programs during FY 2009. The waiver programs include



the Elderly and Disabled, Persons with Intellectual Disabilities, HIV/AIDS, Technology Assisted, State of Alabama Independent Living (SAIL) and Living at Home.

Transportation Programs

Medicaid covers ambulance transportation to and from medical facilities for eligible recipients. Approved services include ambulance service for emergency and non-emergency situations as well as non-emergency transportation coordinated by the Agency's Non-Emergency Transportation (NET) Program.

The NET Program helps eligible recipients pay for rides for medical care that can be planned ahead of time. In FY 2009, Medicaid funded 429,865 rides for 41,446 recipients at a cost of \$7,258,609.

Pharmacy Services

During FY 2009, the Pharmacy Services Division continued to seek out opportunities to further Medicaid's transformation transition. The program takes advantage of several electronic systems and tools to aid providers in complying with Medicaid's Preferred Drug List (PDL),

brand limit requirements and prior authorization and override programs.

In FY 2009, the brand limit remained at five brands per month. The number of prescriptions increased from the previous year to more than 7.8 million prescriptions dispensed at a cost of nearly \$475 million while generic and over-the-counter utilization increased to nearly over 76 percent, representing a substantial savings to taxpayers.

Additionally, the program continued quality improvement efforts, including its Hemophilia Standard of Care Program as well as the Positive Antipsychotic Management Program. The final stage of the federally-mandated Tamper Resistant Prescription Pad rule increasing protections against tampering went into effect in October 2008.

Pharmacy Services relies on the Pharmacy and Therapeutics (P&T) Committee to review and recommend drugs to be included in the PDL, and the Drug Utilization Review (DUR) board to review prescription claims history and recommend prospective criteria to promote optimal pharmaceutical therapy.



Radiology Management moves Agency closer to quality care at lower cost

With the inception of Alabama Medicaid's Radiology Management program in March 2009, the Agency moved closer in its goal to provide better care for recipients at a lower cost to taxpayers. The new program requires prior review and approval of expensive elective outpatient radiology procedures such as Magnetic Resonance Imaging, CT scans and PET scans for most Medicaid recipients who have full benefit coverage. By implementing the program, the Agency hopes to prevent unnecessary imaging exposure while ensuring that recipients receive the most clinically-appropriate advanced imaging services.

The Agency worked in partnership with state physicians to launch the radiology management program and established a Physicians' Advisory Committee to share and analyze data, make recommendations on the program and process, and on the clinical protocols and guidelines.

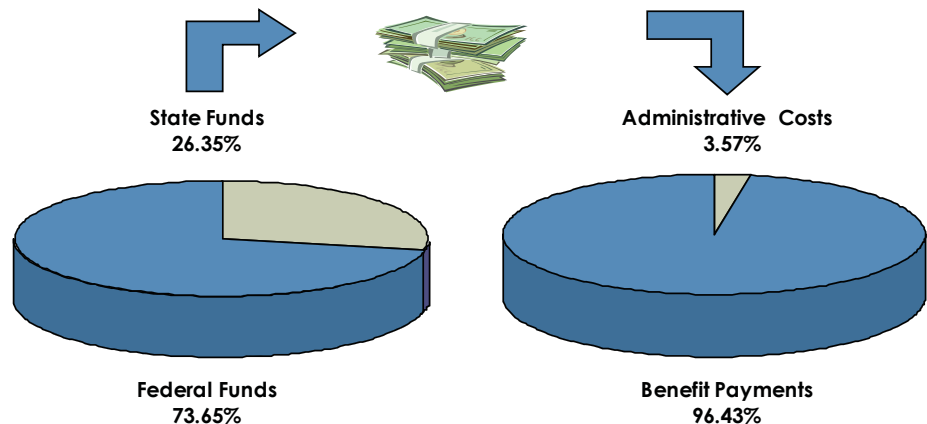


FY 2009

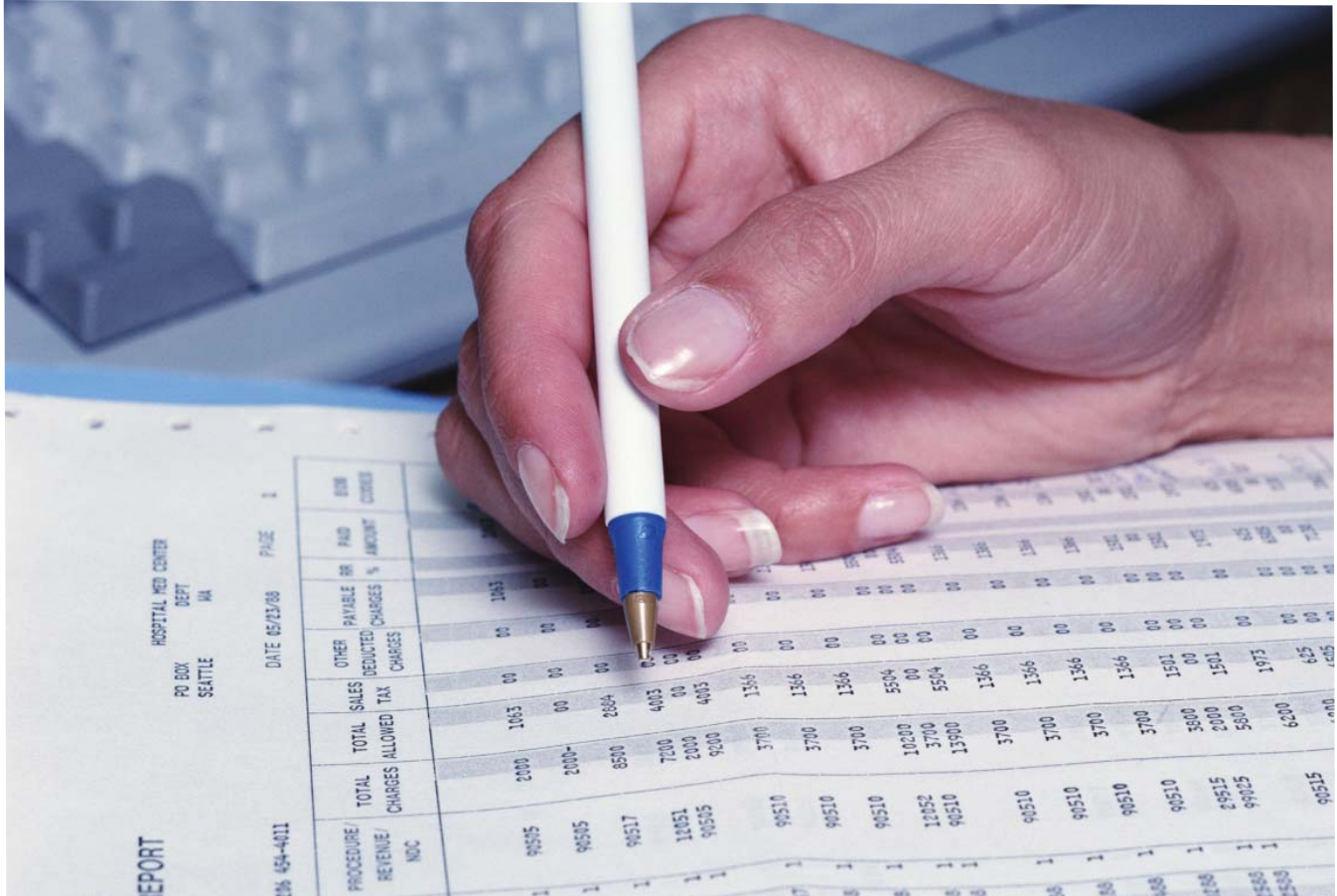
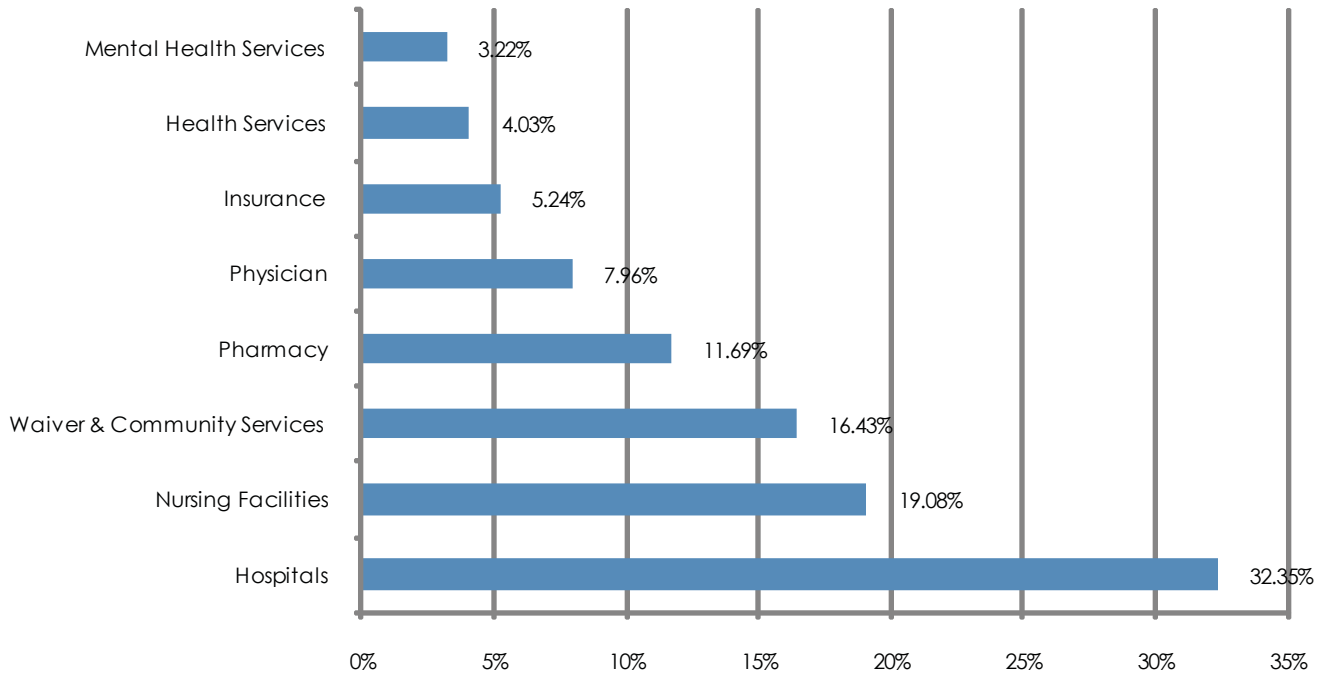
Revenue and Expenditures

In FY 2009, Medicaid paid \$4,560,118,672 for health care services provided to Alabama citizens. Another \$172,861,976 was spent to administer the Medicaid program. This means that approximately 96 cents of every Medicaid dollar went directly to providing care and services to recipients.

FY 2009
COMPOSITION AND DISBURSMENT OF MEDICAID'S BUDGET
Where It Comes From, Where It Goes



**FY 2009
BENEFIT PAYMENTS
Percent of Distribution**



**FY 2009
EXPENDITURES
By Type of Service**

Service	Payments	Percent of Total Payments
Nursing Facilities	\$870,253,984	19.08%
Hospital Care	\$1,475,105,768	32.35%
Physicians	\$363,023,330	7.96%
Pharmacy	\$533,265,509	11.69%
Health Support	\$183,607,223	4.03%
Alternative Care	\$423,333,061	9.28%
Mental Health Facilities	\$41,923,804	0.92%
Mental Health Waivers	\$273,470,968	6.00%
Mental Health Other	\$104,704,081	2.30%
Health Insurance	\$238,944,981	5.24%
Family Planning	\$52,485,963	1.15%
Total For Medical Care	\$4,560,118,672	100%
Administrative Costs	\$172,861,976	3.65%
Total Payments	\$4,732,980,648	_____

**FY 2009
SOURCES OF MEDICAID REVENUE**

Federal Funds	\$3,565,353,158
State Funds	\$1,275,427,633
Total Revenue	\$4,840,780,792

**FY 2009
COMPONENTS OF STATE FUNDS**

General Fund Appropriations	\$417,169,201
Public Hospital Transfers,	
Alabama Health Care Trust Fund, Certified Public Expenditures	\$539,134,500
Other State Agencies	\$217,030,569
State Drug Rebates	\$34,914,364
Tobacco Funds	\$35,111,965
Miscellaneous Receipts	\$12,393,558
School Based Admin Claiming	\$18,357,202
Funds Carried Forward	\$1,316,276
Total	\$1,275,427,633





2009 Legislative Session Ends with General Fund Budget Passage

Alabama lawmakers ended the 2009 regular session by passing a General Fund budget which provided a total of \$308 million toward Medicaid's \$4.9 billion budget for FY 2010. The \$2.5 billion General Fund budget, which included a \$78 million increase in state funding for Medicaid, was approved along with a \$35 million allocation to Medicaid from the Children First Trust Fund for FY 2010. The legislative session, which ended May 15, also saw passage of a hospital assessment program, changes to the state's Breast and Cervical Cancer Treatment Program and a resolution establishing a Long Term Care Rebalancing Advisory Committee.



FY 2009

Managing Medicaid's Assets

Maximizing all available taxpayer dollars for recipient services is an ongoing priority for the Agency. While all program areas seek to manage funds efficiently, two divisions specifically work to ensure that public funds are spent or managed in accordance with state and federal rules and regulations.

The Program Integrity Division is responsible for planning, developing and directing Medicaid's efforts to identify, prevent and prosecute fraud, abuse and/or misuse by providers, recipients or others. The Third Party Division saves taxpayers millions of dollars each year through coordination of benefits, cost avoidance activities and recoveries from liens, estates and recipients.

Program Integrity

Five units within this division work to detect, prevent and/or eliminate all forms of fraud and abuse to ensure that all available funds go to provide health care to those in need. Program Integrity staff verify that medical services are appropriate and rendered as billed to eligible recipients by qualified providers, that payments for those services are correct, and that all funds identified for collection are pursued.

The Provider Review Unit examines medical provider billing to assure proper claim payment and recovery of identified overpayments while the Pharmacy Audit Unit provides a similar function for pharmacy providers.

In FY 2009, reviews of 146 medical providers, through desk reviews and provider self-audit, and 413 pharmacies, through desk audits and self-audits, resulted in approximately \$1.2 million in identified recoupments and \$1.1 million in collected medical provider recoupments and \$2.4 million in identified pharmacy recoupments and \$163,336 in collected pharmacy recoupments.

Sanctions against providers and recipients resulted in \$1,746,178 in cost savings for the Agency. In all, 57 providers were suspended from participation as Medicaid providers due to sanctions by their licensing boards and/or the U.S. Department of Health and Human Services Office of Inspector General. These provider sanctions

netted a cost savings of \$1,275,997. Suspension of 100 recipients from the Medicaid program resulted in a cost savings of \$470,181.

The Recipient Review Unit investigates recipients who appear to have abused or misused their Medicaid benefits. If inappropriate behavior is found, the recipient is placed in the Agency's Restriction Program for management of his or her medical care.

In FY 2009, the Recipient Review Unit conducted 1,309 reviews. As a result, 790 recipients were restricted or "locked-in" to one doctor and one drug store resulting in \$501,053 in cost savings for the Agency.

The Investigations Unit conducts preliminary investigations of provider cases and full investigations of recipients cases based on referrals, including calls to the confidential hotline. Medicaid refers cases to local district attorneys or the Alabama Attorney General for legal action.

The Quality Control Unit reviews eligibility determinations for accuracy to ensure that only eligible individuals qualify for Medicaid. Alabama's quality control rate between October 2008 and March 2009 period was 0.4500, well below the national rate of 3 percent.

FY 2009 PROVIDER REVIEWS

<u>Medical Providers</u>	146
Medical Provider Recoupments – Identified	\$1,232,428
Medical Provider Recoupments – Collected	\$1,118,953
Medical Provider Self-Audit	1
Medical Provider Self-Audit Recoupments	\$9,941
<u>Pharmacies</u>	413
Pharmacy Recoupments – Identified	\$2,385,046
Pharmacy Recoupments – Collected	\$117,896
Pharmacy Self-Audit	1
Pharmacy Self-Audit Recoupments	\$45,440

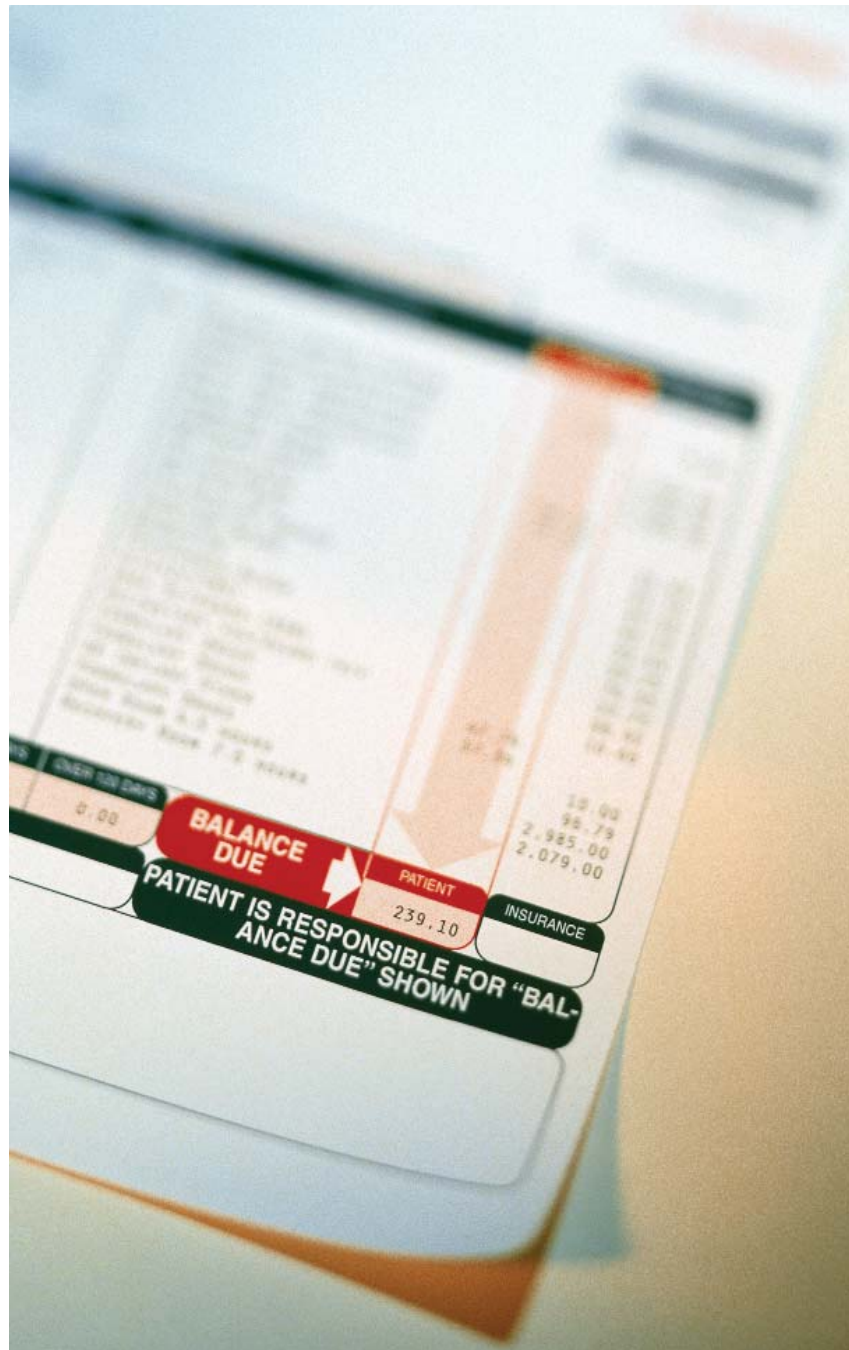
FY 2009 RECIPIENT REVIEWS

Reviews Conducted	1,309
Restricted Recipients (unduplicated)	790
Recipient Review Cost Avoidance	\$501,053

Third Party

Through its cost-avoidance and collection efforts, Medicaid's Third Party Division successfully saved Alabama taxpayers nearly \$900 million during FY 2009. Through coordination of benefits, savings were achieved through a combination of 1) cost avoidance of claims where providers are required to file with the primary payer first, 2) direct billing by Third Party to primary

payers, 3) payment of Medicare and health insurance premiums, 4) liens and estate recovery, and 5) recipient recoveries. Medicaid also made premium payments to Medicare Advantage Plans for Medicaid enrollees, resulting in an avoidance of payment for Medicare deductibles and co-payments/coinsurance for certain Medicaid recipients.



COLLECTIONS AND MEASURABLE COST AVOIDANCE

COLLECTIONS

<i>Third Party Liability</i>	18,748,614.00
Includes reported and estimated third party collections by providers, retroactive Medicare recoupments from providers, and collections due to health and casualty insurance, estate recovery, and misspent funds resulting from eligibility errors.	
<i>Program Integrity Division</i>	
Provider Recoupment	
Medical Provider Recoupments – Collected	1,118,953.00
Medical Provider Self-Audit Recoupments	9,941.00
Pharmacy Recoupments	
Pharmacy Recoupments – Collected	117,896.00
Pharmacy Self-Audit Recoupments	45,440.00
Drug Rebate Program	318,033.00
Fiscal Agent Liaison/Contract Monitoring Unit Claims Correction	20,080.00
TOTAL COLLECTIONS	20,378,957.00

MEASURABLE COST AVOIDANCE

<i>Third Party Claim Cost Avoidance Savings</i>	
Traditional Medicare Net Savings	719,125,755.00
(includes Provider Payments/Cost Avoidance/Recoupments less premium cost of \$225,966,583.00)	
Provider Reported Collections - Health and Casualty Insurance	28,594,782.00
Medicare Advantage Capitated Program Net Savings	14,795,249.00
Claims denied and returned to providers to file health/casualty insurance	115,447,669.00
Health Insurance Premium Payment Cost Avoidance	208,053.00
<i>Waiver Services Cost Avoidance</i>	
Elderly and Disable Waiver	209,384,710.00
State of Alabama Independent Living(SAIL) Waiver	12,997,541.00
Intellectual Disabilities Waiver	529,307,640.00
Living at Home Waiver	64,996,736.00
HIV/Aids Waiver	3,511,331.00
<i>Program Integrity Cost Avoidance</i>	
Pharmacy Cost Avoidance	2,385,046.00
Provider Review Cost Avoidance	1,541,001.00
Recipient Review Cost Avoidance	501,052.00
Sanctioned Provider and Recipients	1,746,178.00
TOTAL MEASURABLE COST AVOIDANCE	1,704,542,743.00
Grand Total	1,724,921,700.00

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FY 2009
 ALABAMA POPULATION AND MEDICAID ELIGIBLES

Total population ¹	4,799,189
Medicaid eligible population ²	964,171 (20.1%) ⁴
Total child ³ population	1,353,472
Medicaid eligible children ³	547,581 (40.5%) ⁴
Total payments	\$4,667.9 (in millions) ⁵



- ¹ Population projections based on 2000 U.S. Census, The Center for Business and Economic Research, University of Alabama
- ² Alabama Medicaid Agency records FY 2009
- ³ Child/children defined as those under age 21
- ⁴ Percentage of total population
- ⁵ Total payments in millions FY 2009, Alabama Medicaid Agency records. Does not reflect administrative costs.

**FY 2007-2009
POPULATION
Eligibles as a Percent of Alabama Population by Year**

	Population	Eligibles	Percent
2007	4,720,976	32,951	19.8%
2008	4,760,046	920,937	19.3%
2009	4,799,189	964,171	20.1%

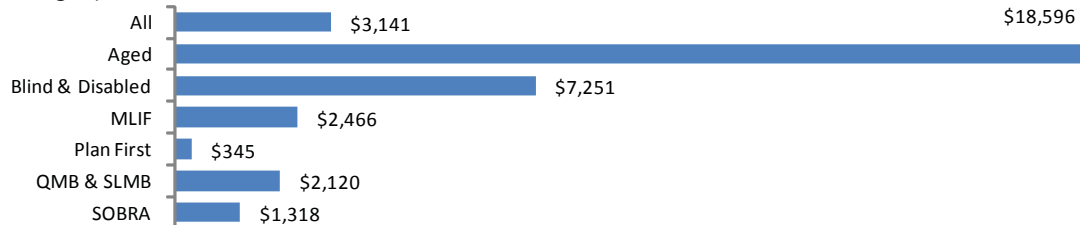
Note: Includes Plan First Eligibles

**FY 2009
ELIGIBLES
Monthly Count**

October '08	787,515
November	782,764
December	782,786
January '09	790,064
February	794,954
March	801,523
April	804,925
May	808,273
June	812,220
July	817,174
August	825,421
September	830,621

**FY 2009
COST PER ELIGIBLE
By Category, Gender, Race and Age**

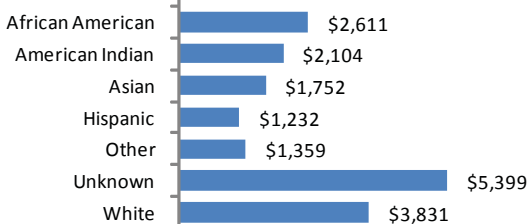
By Category



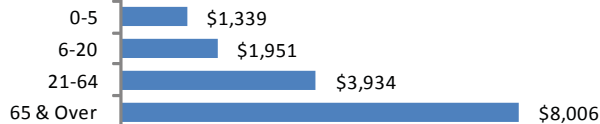
By Gender



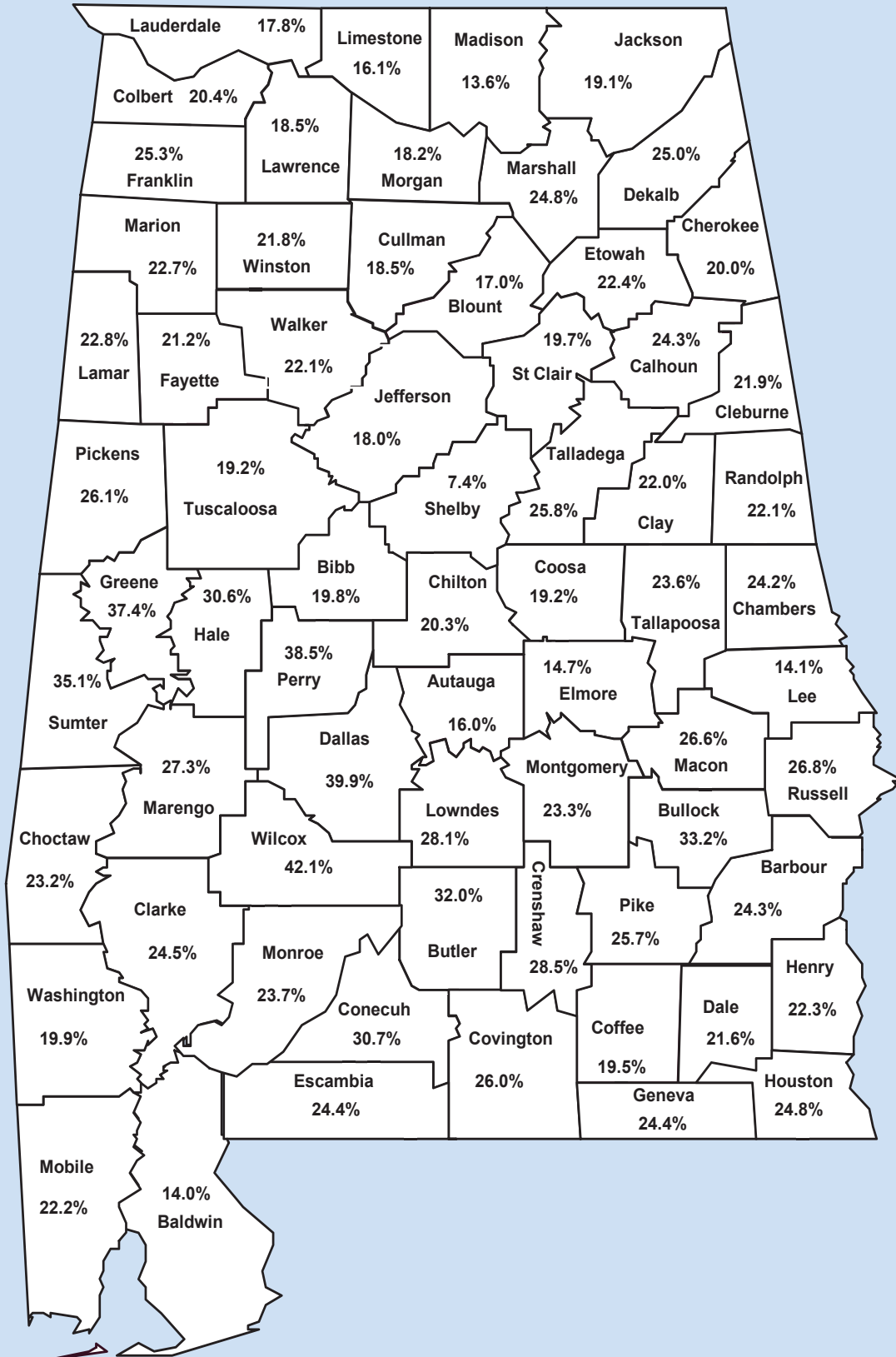
By Race



By Age

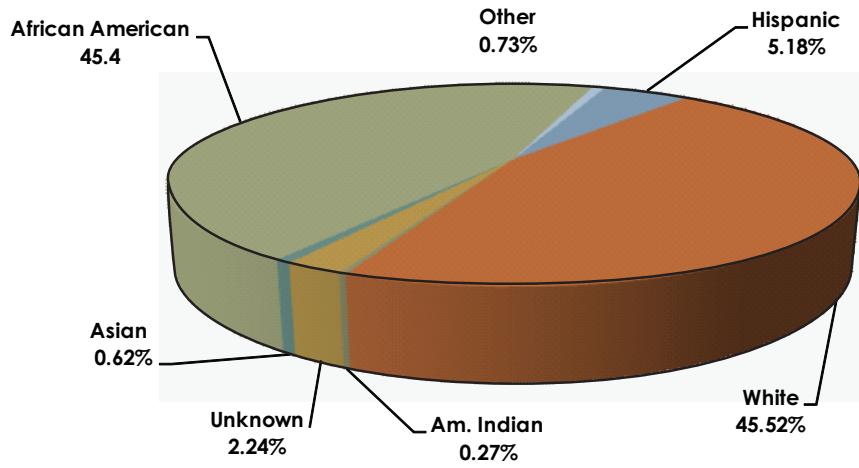


**FY 2009
ELIGIBLES
Percent of Population Eligible for Medicaid**



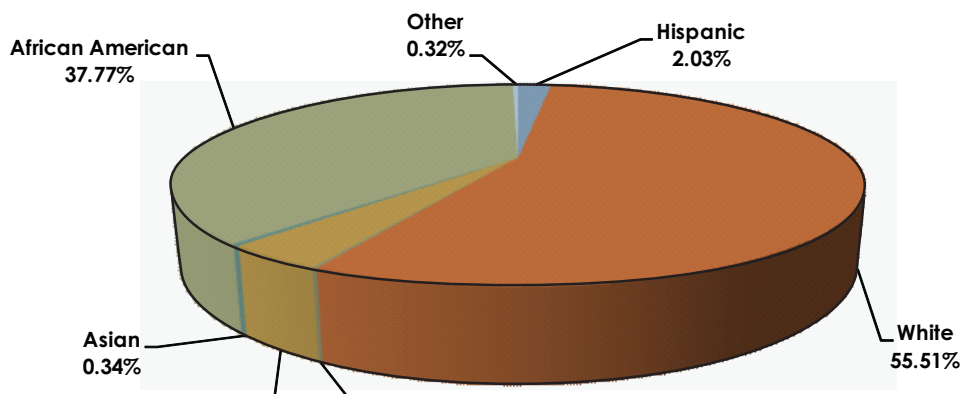
**FY 2009
BY RACE
Eligible Percent Distribution**

**FY 2009
BY RACE
Eligible Percent Distribution**

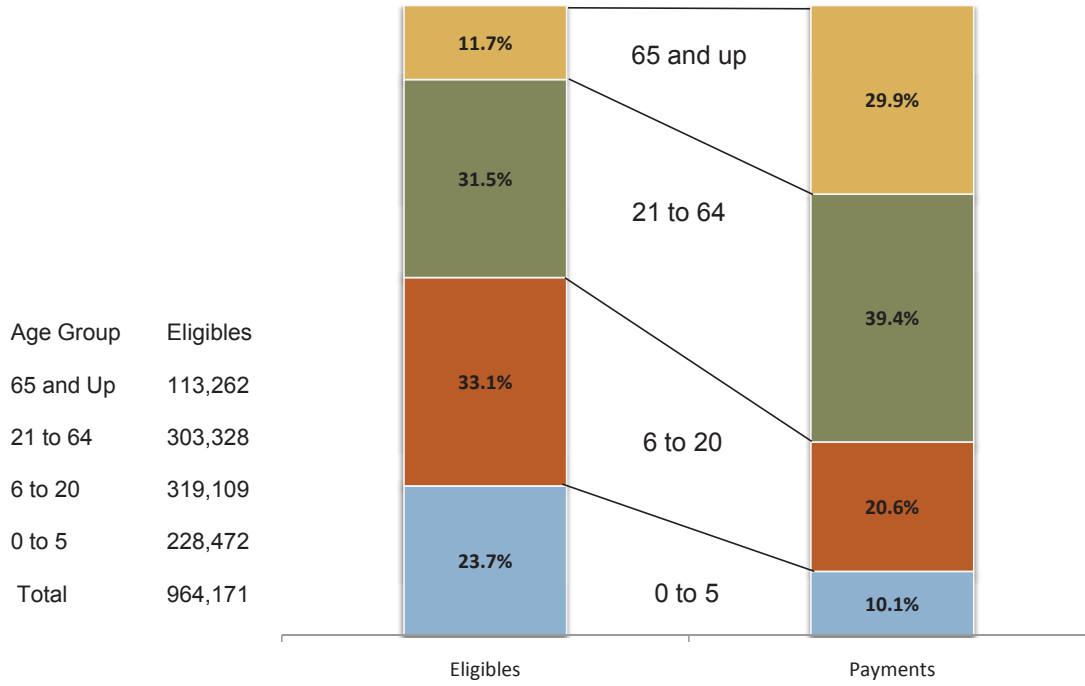


**FY 2009
BY RACE
Payment Percent Distribution by Race
Includes Claims Data Only**

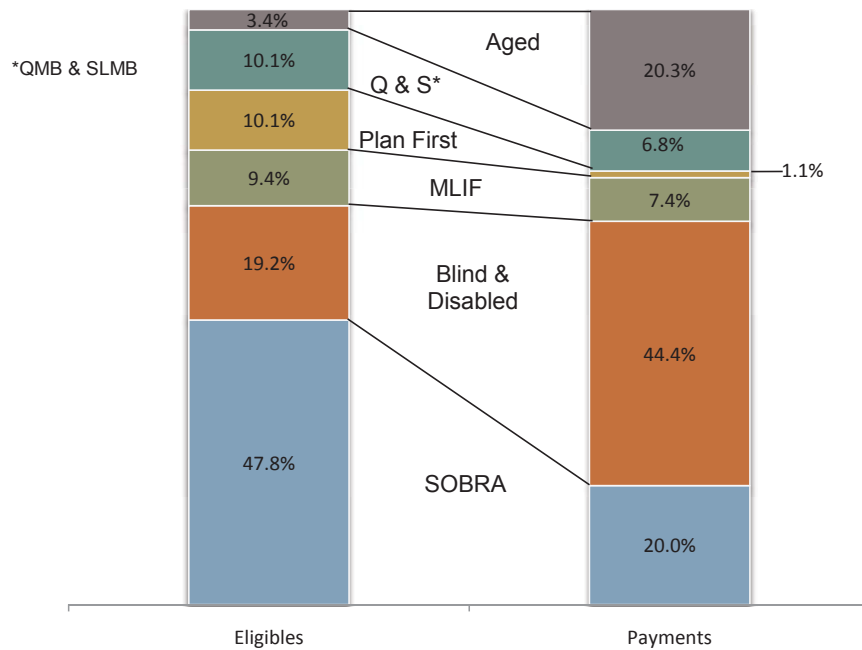
**FY 2009
BY RACE
Payment Percent Distribution by Race
Includes Claims Data Only**



**FY 2009
BY AGE
Eligible And Payment Percent Distribution
Includes Claims Data Only**



**FY 2009
BY CATEGORY OF AID
Eligible And Payment Percent Distribution
Includes Claims Data Only**



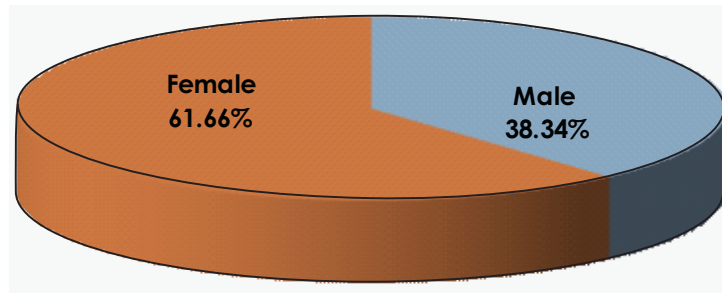
FY 2009

MEDICAID ELIGIBLES BY CATEGORY OF AID AND COUNTY

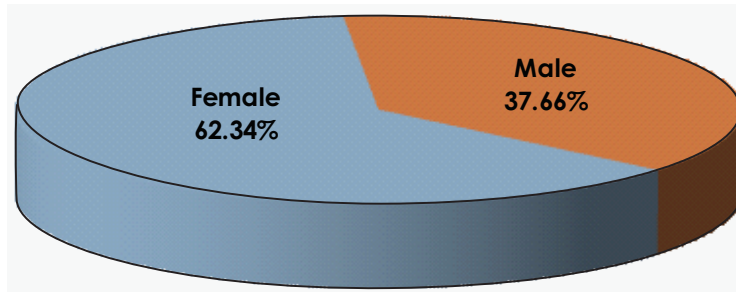
COUNTY	MLIF	AGED	DISABLED	SOBRA	QMB	BLIND	SLMB	PLAN 1ST	TOTAL
Autauga	819	251	1,474	4,199	457	8	349	855	8,412
Baldwin	1,426	604	3,476	14,319	1,473	24	1,164	2,682	25,168
Barbour	983	275	1,541	3,480	491	11	293	618	7,692
Bibb	317	171	1,127	2,182	320	2	236	486	4,841
Blount	613	334	1,449	5,875	762	5	615	943	10,596
Bullock	399	210	848	1,877	223	3	107	346	4,013
Butler	742	333	1,297	2,913	438	3	258	683	6,667
Calhoun	3,477	746	5,335	12,235	1,630	53	1,027	2,769	27,272
Chambers	841	467	1,700	3,948	542	15	455	816	8,784
Cherokee	831	237	887	2,398	431	7	319	455	5,565
Chilton	672	258	1,436	5,016	658	9	511	912	9,472
Choctaw	328	209	845	1,481	280	4	164	358	3,669
Clarke	396	352	1,677	3,096	438	8	234	749	6,950
Clay	122	226	618	1,546	263	3	184	372	3,334
Cleburne	351	116	552	1,618	210	3	188	313	3,351
Coffee	1,003	428	1,595	4,320	565	8	363	733	9,015
Colbert	875	349	2,343	5,270	804	11	584	1,410	11,646
Conecuh	776	139	843	1,775	329	3	182	292	4,339
Coosa	89	77	584	1,110	222	3	175	249	2,509
Covington	902	515	1,647	4,659	773	8	483	909	9,896
Crenshaw	453	200	694	1,624	352	2	192	383	3,900
Cullman	714	752	2,769	8,068	1,198	14	964	1,409	15,888
Dale	1,631	339	2,107	4,772	632	8	356	1,065	10,910
Dallas	2,125	750	4,872	7,011	1,145	23	573	1,534	18,033
Dekalb	1,506	677	2,483	10,661	1,145	15	789	1,272	18,548
Elmore	988	417	2,475	5,555	654	13	501	1,214	11,817
Escambia	1,238	335	1,525	4,887	582	7	317	963	9,854
Etowah	2,022	867	4,881	11,037	1,610	18	1,191	2,074	23,700
Fayette	480	190	774	1,719	276	3	184	347	3,973
Franklin	626	307	1,344	4,770	576	5	404	606	8,638
Geneva	674	267	1,249	3,007	524	6	356	561	6,644
Greene	419	168	847	1,524	178	4	99	391	3,630
Hale	454	272	1,329	2,554	333	3	159	624	5,728
Henry	313	204	665	1,690	344	7	205	349	3,777
Houston	2,265	735	4,280	11,350	1,343	22	903	2,301	23,199
Jackson	797	456	1,898	5,557	842	14	597	1,017	11,178
Jefferson	9,289	3,743	27,332	55,211	7,463	128	5,725	11,922	120,813
Lamar	342	219	676	1,534	314	8	213	363	3,669
Lauderdale	924	604	3,214	7,625	1,216	7	887	2,267	16,744
Lawrence	688	260	1,198	3,175	465	6	347	750	6,889
Lee	2,127	459	3,249	10,039	889	17	678	2,071	19,529
Limestone	860	432	2,023	6,225	755	14	558	1,297	12,164
Lowndes	240	158	889	1,744	300	6	168	432	3,937
Macon	821	233	1,282	2,653	356	10	208	680	6,243
Madison	3,257	1,356	7,247	21,894	1,948	36	1,255	4,588	41,581
Marengo	464	290	1,529	2,448	409	9	186	636	5,971
Marion	588	348	1,208	3,444	606	6	431	685	7,316
Marshall	2,310	800	3,250	13,171	1,211	14	927	1,440	23,123
Mobile	9,478	2,575	15,339	46,437	4,807	92	3,520	10,195	92,443
Monroe	567	239	1,089	2,800	372	2	220	492	5,781
Montgomery	7,656	1,449	10,739	24,674	2,563	54	1,615	6,168	54,918
Morgan	1,546	759	3,825	11,662	1,043	27	690	2,177	21,729
Perry	463	243	1,145	1,666	299	3	134	404	4,357
Pickens	361	302	1,392	2,303	331	5	184	671	5,549
Pike	986	296	1,792	3,385	452	9	286	929	8,135
Randolph	375	228	913	2,746	364	7	283	514	5,430
Russell	2,271	423	2,511	6,090	666	15	533	1,383	13,892
St. Clair	1,566	331	2,012	7,017	798	15	632	1,372	13,743
Shelby	1,032	386	2,127	8,892	767	6	726	1,560	15,496
Sumter	661	251	1,224	1,814	253	7	118	561	4,889
Talladega	3,256	652	4,659	8,844	1,342	58	1,104	2,060	21,975
Tallapoosa	883	442	1,978	4,784	634	8	521	937	10,187
Tuscaloosa	2,245	1,069	7,555	15,687	1,452	43	1,053	4,355	33,459
Walker	1,017	591	3,752	7,115	1,045	12	887	1,628	16,047
Washington	295	167	840	1,698	283	5	157	354	3,799
Wilcox	587	231	1,647	2,078	274	3	118	528	5,466
Winston	491	279	1,199	2,574	530	3	392	495	5,963
Youth Services	0	0	0	326	0	0	0	0	326
STATEWIDE	90,313	33,048	184,301	460,858	57,250	990	40,437	96,974	964,171

Note: QMB, SLMB, and Plan First Eligibles do not receive full Medicaid. QMB and SLMB are Low-Income Medicare beneficiaries and have certain premiums, co-insurance, or deductibles paid for by Medicaid. Plan First eligibles receive family planning only services.

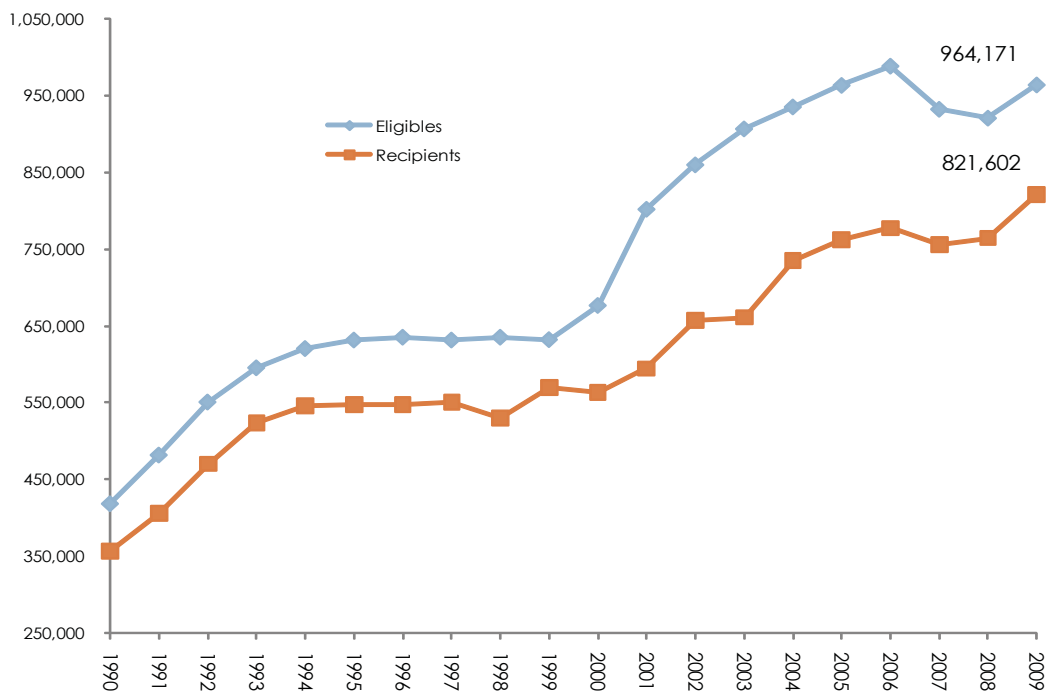
**FY 2009
BY GENDER
Eligible Percent Distribution**



**FY 2009
BY GENDER
Payment Percent Distribution
Includes Claims Data Only**



**FY 2009
MEDICAID ELIGIBLES AND RECIPIENTS
Utilization**



**FY 2009
COUNTY IMPACT
Annual Cost Per Eligible**

County	Benefit Payments	Eligibles	Payment Per Eligible	County	Benefit Payments	Eligibles	Payment Per Eligible
Autauga	\$33,883,570	8,412	\$4,028	Houston	\$105,295,263	23,199	\$4,539
Baldwin	\$108,792,563	25,168	\$4,323	Jackson	\$55,382,152	11,178	\$4,955
Barbour	\$34,099,724	7,692	\$4,433	Jefferson	\$596,893,439	120,813	\$4,941
Bibb	\$20,393,824	4,841	\$4,213	Lamar	\$23,677,424	3,669	\$6,453
Blount	\$41,788,455	10,596	\$3,944	Lauderdale	\$88,916,860	16,744	\$5,310
Bullock	\$20,420,651	4,013	\$5,089	Lawrence	\$31,069,584	6,889	\$4,510
Butler	\$32,445,854	6,667	\$4,867	Lee	\$79,884,992	19,529	\$4,091
Calhoun	\$126,630,306	27,272	\$4,643	Limestone	\$56,561,854	12,164	\$4,650
Chambers	\$43,568,835	8,784	\$4,960	Lowndes	\$16,745,575	3,937	\$4,253
Cherokee	\$28,225,039	5,565	\$5,072	Macon	\$26,954,061	6,243	\$4,317
Chilton	\$36,574,508	9,472	\$3,861	Madison	\$197,656,171	41,581	\$4,754
Choctaw	\$17,340,962	3,669	\$4,726	Marengo	\$30,808,895	5,971	\$5,160
Clarke	\$33,326,870	6,950	\$4,795	Marion	\$39,483,753	7,316	\$5,397
Clay	\$21,207,091	3,334	\$6,361	Marshall	\$103,790,006	23,123	\$4,489
Cleburne	\$15,869,824	3,351	\$4,736	Mobile	\$438,347,580	92,443	\$4,742
Coffee	\$49,376,971	9,015	\$5,477	Monroe	\$28,933,686	5,781	\$5,005
Colbert	\$54,272,607	11,646	\$4,660	Montgomery	\$230,744,295	54,918	\$4,202
Conecuh	\$20,325,418	4,339	\$4,684	Morgan	\$120,724,845	21,729	\$5,556
Coosa	\$10,084,711	2,509	\$4,019	Perry	\$21,973,588	4,357	\$5,043
Covington	\$52,949,598	9,896	\$5,351	Pickens	\$28,442,108	5,549	\$5,126
Crenshaw	\$20,692,912	3,900	\$5,306	Pike	\$44,260,497	8,135	\$5,441
Cullman	\$81,312,795	15,888	\$5,118	Randolph	\$26,666,041	5,430	\$4,911
Dale	\$47,466,116	10,910	\$4,351	Russell	\$53,567,968	13,892	\$3,856
Dallas	\$78,664,202	18,033	\$4,362	St. Clair	\$60,468,735	13,743	\$4,400
Dekalb	\$84,424,855	18,548	\$4,552	Shelby	\$62,063,693	15,496	\$4,005
Elmore	\$72,939,940	11,817	\$6,172	Sumter	\$20,154,086	4,889	\$4,122
Escambia	\$41,714,444	9,854	\$4,233	Talladega	\$98,405,572	21,975	\$4,478
Etowah	\$139,057,985	23,700	\$5,867	Tallapoosa	\$55,435,659	10,187	\$5,442
Fayette	\$22,774,114	3,973	\$5,732	Tuscaloosa	\$233,285,842	33,459	\$6,972
Franklin	\$42,828,105	8,638	\$4,958	Walker	\$91,877,094	16,047	\$5,725
Geneva	\$32,113,923	6,644	\$4,834	Washington	\$17,643,378	3,799	\$4,644
Greene	\$13,513,006	3,630	\$3,723	Wilcox	\$22,072,681	5,466	\$4,038
Hale	\$24,239,108	5,728	\$4,232	Winston	\$33,874,231	5,963	\$5,681
Henry	\$19,475,058	3,777	\$5,156	Youth Services	\$3,063,264	326	\$9,397

**FY 2009
LONG-TERM CARE PROGRAM
ICF-MR/DD
Includes Claims Data Only**

	ICF/MR	ICF/MD
Recipients	242	32
Total Payments	\$38,024,252	\$3,982,865
Annual Cost per Recipient	\$157,125	\$124,465

**FY 2007 - 2009
LONG-TERM CARE PROGRAM
Patients, Days, and Costs**

Year	Number Of Nursing Home Patients Unduplicated Total	Average Length Of Stay During Year	Total Patient-Days Paid For By Medicaid	**Average Cost Per Patient Per Day To Medicaid	*Total Cost To Medicaid
2007	26,431	282	7,441,542	\$111	\$822,291,163
2008	26,549	242	6,437,501	\$129	\$832,682,281
2009	26,145	241	6,297,605	\$139	\$875,858,049

* Does not include enhancements.

** After application of patient assets.



**FY 2007 - 2009
LONG-TERM CARE PROGRAM
Number and Percent of Beds Used by Medicaid**

Year	Licensed Nursing Home Beds	Medicaid Monthly Average	Percent Of Beds Used By Medicaid In An Average Month
FY 2007	27,689	16,902	61%
FY 2008	26,567	6,607	63%
FY 2009	26,145	16,587	63%

**FY 2009
LONG-TERM CARE PROGRAM
Recipients and Payments by Gender, Race and Age**

	Recipients	Payments	Cost Per Recipient
By Gender			
Female	18,677	\$631,980,111	\$33,837
Male	7,468	\$243,877,937	\$32,656
By Race			
African Am.	7,593	\$265,221,155	\$34,930
Am. Indian	7	\$285,169	\$40,738
Asian	57	\$2,248,195	\$39,442
Hispanic	44	\$1,818,843	\$41,337
Other	20	\$670,725	\$33,536
Unknown	380	\$10,513,366	\$27,667
White	18,044	\$595,100,595	\$32,981
By Age			
0-5	11	\$716,277	\$65,116
6-20	103	\$7,415,331	\$71,993
21-64	4,335	\$148,806,447	\$34,327
65-74	4,245	\$141,415,446	\$33,313
75-84	7,498	\$251,100,160	\$33,489
85 & Over	9,954	\$326,404,388	\$32,791

**FY 2007-2009
PHARMACEUTICAL PROGRAM
Cost
Includes Claims Data Only**

	Total Payments	Drug Rebates
2007	\$408,984,534	\$117,197,819
2008	\$444,414,452	\$140,021,971
2009	\$474,961,929	\$155,712,772

**FY 2007-2009
PHARMACEUTICAL PROGRAM
Use and Cost
Includes Claims Data Only**

Year	Number of Prescription Recipients	Recipients As a % of Eligibles	Number of Prescriptions	Prescriptions Per Recipient	Price Per Prescription	Cost Per Recipient	Total Cost To Medicaid*
2007	520,784	53%	7,144,619	13.72	\$57.24	\$785	\$408,984,534
2008	507,343	55%	7,263,645	14.32	\$61.18	\$876	\$444,414,452
2009	541,561	56%	7,844,949	14.49	\$60.54	\$877	\$474,961,929

* Does not reflect rebates received by Medicaid from pharmaceutical manufacturers.
Prescriptions include initial prescriptions and all refills



**FY 2007 - FY 2009
LAB AND X-RAY PROGRAM
Use and Cost
Includes Claims Data Only**

	Payments	Recipients	Annual Cost Per Recipient
2007	\$72,296,478	472,175	\$153
2008	\$67,990,353	451,490	\$151
2009	\$68,383,202	474,417	\$144

Note: Includes Physicians Lab and X-Ray



**FY 2009
EYE CARE PROGRAM
Use and Cost
Includes Claims Data Only**

	Payments	Recipients	Cost Per Recipient
Optometric Service	\$12,230,518	139,285	\$88
Eyeglasses	\$4,210,554	105,141	\$40

**FY 2009
PHYSICIAN PROGRAM
Use and Cost
Includes Claims Data Only**

Age	Payments	Recipients	Cost per Recipient
0 to 5	\$93,588,165	264,537	\$354
6 to 20	\$56,959,667	270,773	\$210
21 to 64	\$119,658,693	253,729	\$472
65 and up	\$9,975,496	105,253	\$95
All Ages	\$280,182,021	894,292	\$313

**FY 2005-2009
HOSPITAL PROGRAM
Outpatients
Includes Claims Data Only**

	FY 2005	FY 2006	FY 2007	FY 2008	FY 2009
Number of outpatient recipients	405,907	378,893	371,241	393,670	404,810
Percent of eligibles using outpatient services	42%	38%	40%	43%	42%
Annual expenditure for outpatient care	\$61,059,949	\$66,433,329	\$71,733,851	\$71,721,298	\$83,021,117
Cost per patient	\$150	\$175	\$193	\$182	\$205

**FY 2009
MEDICAID PAYMENTS BY TYPE OF SERVICE
Nursing Home and Hospital**

COUNTY Only	Hospital Payments *includes PHP Payments	Nursing Home Payments *includes Claims Data	COUNTY	Hospital Payments *includes PHP Payments	Nursing Home Payments *includes Claims Data Only
Autauga	\$4,662,222	\$5,237,383	Jackson	\$9,757,100	\$10,474,983
Baldwin	\$15,750,594	\$15,339,656	Jefferson	\$67,307,582	\$111,958,658
Barbour	\$5,292,307	\$7,246,694	Lamar	\$3,022,297	\$6,430,041
Bibb	\$2,737,570	\$3,920,660	Lauderdale	\$10,149,313	\$18,702,068
Blount	\$6,664,570	\$7,298,585	Lawrence	\$5,420,925	\$3,150,181
Bullock	\$2,654,836	\$4,852,937	Lee	\$14,094,153	\$10,996,380
Butler	\$4,568,212	\$7,443,730	Limestone	\$8,758,873	\$11,302,856
Calhoun	\$18,898,079	\$18,992,281	Lowndes	\$1,662,121	\$2,712,020
Chambers	\$6,134,811	\$12,690,851	Macon	\$3,062,354	\$6,036,411
Cherokee	\$4,488,819	\$7,162,469	Madison	\$29,532,375	\$33,492,907
Chilton	\$5,806,548	\$5,655,088	Marengo	\$3,839,530	\$5,914,371
Choctaw	\$4,228,964	\$3,781,316	Marion	\$5,246,972	\$10,083,267
Clarke	\$5,859,899	\$6,652,965	Marshall	\$20,065,792	\$20,364,317
Clay	\$2,171,976	\$7,478,244	Mobile	\$47,033,269	\$69,166,412
Cleburne	\$2,123,544	\$2,718,354	Monroe	\$6,208,944	\$6,600,206
Coffee	\$7,347,248	\$12,255,500	Montgomery	\$24,728,919	\$47,470,782
Colbert	\$6,992,904	\$8,963,860	Morgan	\$15,783,717	\$21,342,495
Conecuh	\$4,646,173	\$2,643,737	Perry	\$2,232,536	\$5,982,745
Coosa	\$1,647,968	\$1,617,734	Pickens	\$5,033,108	\$7,296,648
Covington	\$8,790,507	\$14,679,860	Pike	\$4,873,490	\$8,028,016
Crenshaw	\$2,452,857	\$4,872,581	Randolph	\$3,719,531	\$7,688,712
Cullman	\$9,988,467	\$18,297,287	Russell	\$14,975,416	\$9,867,638
Dale	\$8,143,429	\$8,807,852	St. Clair	\$7,601,706	\$10,544,395
Dallas	\$9,131,948	\$13,826,754	Shelby	\$9,376,639	\$12,415,634
Dekalb	\$13,659,885	\$17,929,173	Sumter	\$4,752,874	\$4,056,554
Elmore	\$6,190,865	\$12,176,259	Talladega	\$14,746,801	\$19,228,437
Escambia	\$8,588,572	\$8,823,472	Tallapoosa	\$8,037,131	\$17,308,776
Etowah	\$15,957,514	\$29,438,778	Tuscaloosa	\$23,583,166	\$28,025,714
Fayette	\$3,103,550	\$4,035,492	Walker	\$9,200,768	\$18,122,430
Franklin	\$6,270,696	\$10,763,208	Washington	\$2,881,316	\$3,622,133
Geneva	\$4,839,543	\$6,427,582	Wilcox	\$2,862,014	\$3,861,673
Greene	\$2,225,145	\$1,904,336	Winston	\$4,551,218	\$7,615,648
Hale	\$4,466,176	\$5,226,972	Youth Services	\$450,655	\$-
Henry	\$2,363,321	\$4,968,295	STATEWIDE	\$629,134,550	\$880,171,878
Houston	\$15,732,227	\$16,178,427			

**FY 2009
TOTAL PAYMENTS
By County of Recipient**





FY 2009 Annual Report
October 1, 2008- September 30, 2009

Alabama Medicaid Agency
PO Box 5624 (501 Dexter Avenue)
Montgomery, AL 36103

For more information, visit our website at www.medicaid.alabama.gov