

NEBRASKA MEDICAID GENERAL INFORMATION

FISCAL YEAR 2006

NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM



Nebraska Health and Human Services
Finance and Support
April 2007

TABLE OF CONTENTS

Medicaid Program Description:

Medicaid General Description	2
Medicaid Eligibility Description	3
Managed Care Coverage and Other Contractual Arrangements	4
Medicaid Program Changes FY 1985 to Present	5 - 8

Medicaid Expenditure and Recipient Data:

Vendor Expenditures by Service - Pie Chart - FY 2006	9
Vendor Expenditures and Eligible Persons - Bar Graph - FY 2001 - 2006	10
Medicaid Persons and Expenditures by Basis of Eligibility and Type of Service	11
Federal Match Rate History	12
Medicaid Expenditures by Funding Source - FY 1978 - 2006	13
Vendor Expenditures by Eligibility Category - Pie Chart - FY 2006	14

Medicaid Eligible Person Data:

Medicaid Eligible Persons by Eligibility Category - Pie Chart - FY 2006	15
Unduplicated Annual Medicaid Eligibles - FY 1986 - 2006	16
Average Monthly Medicaid Eligibles FY 1977 - 2006	17
Medicaid Eligible Persons by Month - Line Graph - July 1984 - June 2006	18
Percent Change by Fiscal Year by Eligibility Category - FY 1995 - 2006	19
Medicaid Eligible Persons by Eligibility Category - Individual Line Graphs	20
Medicaid Eligible Persons by HHSS Service Area - June 2006	21
Map of HHSS Service Areas	22
Medicaid Eligible Persons by Age and Race	23

Medicaid County Data:

Average Monthly Medicaid Eligibles by County of Residence and Age	24
Average Monthly Medicaid Eligibles by County of Residence and Eligibility Category	25
Expenditures by County of Residence of Recipient by Service	26

Expenditures by County of Residence of Recipient by Eligibility Category	27
<u>Medicaid Administrative Cost Data:</u>	
Medicaid Administrative Costs Compared to Selected Program Statistics	28
<u>Medicaid Managed Care Data:</u>	
Medicaid Managed Care Administration and Program Expenditures	29
Medicaid Managed Care Eligibles Enrolled by Health Plan and Eligibility Categories	30
<u>Medicaid Contacts:</u>	31

Notes:

- Throughout this report, the term **Eligible** means that a person is enrolled in Medicaid and eligible under a specific eligibility category.
- The term **Recipient** means that an eligible person had a Medicaid payment made on his/her behalf for a particular medical service.

Unless otherwise noted, State Children’s Health Insurance (SCHIP) eligibles, recipients and expenditures are included on all tables and graphs.



Check us out on the web!

<http://www.hhss.ne.gov/med/mmis/docs/library/MEDRPT06.pdf>

MEDICAID

STATUTORY AUTHORITY: The Medical Assistance Act, found in Nebraska Revised Statutes, Section 68-901 through 68-949

YEAR ESTABLISHED: 1965

The Medicaid Program pays for medical services for low-income persons meeting specific eligibility requirements. Certain medical services must be covered by state Medicaid programs to obtain federal financial participation. Coverage of medical services beyond those required is a state option under Medicaid. Nebraska covers 24 optional services.

Program Description The following medical services are available to eligible individuals. Medicaid pays the provider directly for services provided. Medicaid is the payer of last resort; therefore, any third party payments are investigated first.

- Inpatient and outpatient hospital care
- Services within licensure of practitioners licensed to practice medicine, surgery, dentistry, osteopathy, chiropractic, podiatry, optometry, nursing, physical therapy, occupational therapy, psychology and speech and hearing therapy
- Laboratory and x-ray services
- Prescribed drugs, appliances and health aids
- Care in institutions for mental diseases for children under age 21 and adults over age 64
- Early and periodic screening of children (Health Check)
- Family planning
- Nursing facility services
- Intermediate care facility for persons with mentally retardation
- Personal assistant services and home health
- Home and community-based services for selected populations

The state applies different levels of reimbursement to Medicaid services. Practitioner services are reimbursed according to a fee schedule based on “relative value data” for the particular services provided. Prescription drugs are reimbursed according to product cost, expressed as a discounted “average wholesale price” (AWP), plus a pharmacy dispensing fee. Urban inpatient hospital services are reimbursed on a “per discharge” basis (based on “diagnostic related group” classifications). Rural critical access hospitals are reimbursed according to a per diem rate based on actual cost and special federal rules applicable to such hospitals. Outpatient services are reimbursed at 82.45 percent of cost as indicated on the provider’s Medicare cost report. Nursing facility services are reimbursed according to a “prospective payment system,” at reasonable cost as determined from cost reports filed by the provider and using 19 different levels or payment rates based on acuity. ICF-MR facilities are reimbursed prospectively based on their cost reports but subject to a cost model. Laboratory and radiology services are reimbursed according to a federally established fee schedule. Federally qualified health centers (FQHCs) and rural health clinics (RHCs) are reimbursed according to actual cost per service provided (encounters), at a rate determined from provider Medicare cost reports and adjusted annually. Home and community-based waiver services are reimbursed at “reasonable fees” determined by the Nebraska Health and Human Services Finance and Support. Federal law prohibits waiver payments to public providers in excess of costs.

DESCRIPTION OF ELIGIBILITY FOR MEDICAID IN NEBRASKA

- All individuals who are age 65 and older or who have a disability and qualify for state supplement to SSI are automatically eligible for Medicaid. Aged, blind, and disabled with higher income may qualify if net income is below 100% of federal poverty levels or under the medically needy option by spending income in excess of the Medically Needy Standard on qualifying medical expenses.
- Individuals and families receiving cash assistance through ADC are automatically eligible for Medicaid in Nebraska. Children under age 19 whose households do not meet the deprivation requirements for ADC are eligible under the Ribicoff portion of the program if income is less than the medically needy level. A resource test is also applied.
- Ribicoff and ADC-related persons may also "spend down" excess income on medical bills to qualify for Medicaid.
- Children under age 6 are eligible with household income up to 133% of the federal poverty level. No resource test is applied and they are not allowed to spend down excess income. This is called Medical Assistance for Children (MAC) eligibility.
- Children under the age of 1 are eligible with household income up to 150% of the federal poverty level. No resource test is applied and they are not allowed to spend down excess income. This is called Enhanced Medical Assistance for Children (EMAC) eligibility.
- Children age 6 and older and under age 19 are eligible for Medicaid if income is less than 100% of poverty. No resource test is applied and spending down of excess income is not allowed. This is called School Age Medical (SAM) eligibility.
- Spousal impoverishment provisions allow individuals with higher income and resources to qualify for Medicaid if the individual is institutionalized or receives home and community based services and their spouse is at home. Income up to 150% of the federal poverty level for a family size of two and resources up to \$81,960 may be retained by the non-Medicaid family members (SLIMB 100-120% FPL, QI1 120-135% FPL).
- Mandatory Medicaid payment of Medicare premiums, coinsurance and deductibles is required for persons under 100% of the federal poverty level. The Department has elected to cover all Medicaid services for these persons. Individuals with income under 135% of the federal poverty level, not otherwise eligible may qualify for payment of Medicare Part B premiums only.
- Pregnant women are eligible up to 185% of the federal poverty level with no resource test.
- Children without credible health insurance are eligible up to 185% of the federal poverty level with no resource limit. This is called the (State) Children's Health Insurance Program (CHIP or SCHIP).
- Medicaid covers for the treatment of women who have been screened for breast or cervical cancer under the Every Women Matters Program and are found to need treatment for either breast or cervical cancer.
- Disabled clients who are eligible but for their earnings may remain Medicaid eligible with countable earned and unearned income less than 200% of the federal poverty level. If their countable earned and unearned income falls between 200% and 250% of the federal poverty level, they may retain Medicaid eligibility by paying a premium. This is referred to as Medical Insurance for the Working Disabled (MIWD).

Managed Care Coverage and Other Contractual Arrangements

All managed care in Nebraska began July 1995. Until December 31, 2001, coverage of mental health/substance abuse services for Medicaid persons across the state was provided through a contract with ValueOptions and paid on a capitated basis. After this date, HHSS developed a contract with ValueOptions initially to operate as a Specialty Physician Case Management (SPCM) administrator to provide certain managed care services. All payments began to be paid on a fee-for-service basis. After July 1, 2002, Magellan was selected as the SPCM administrator.

For managed care of medical/surgical services, only Medicaid persons living in Douglas, Sarpy and Lancaster counties and determined to be mandatory for managed care are required to enroll for coverage. For these persons, all primary care services except prescribed drugs, dental services and personal care aides are covered through the managed care plan.

Beginning in July 1997, HHSS contracted with the Lancaster County Health Department in conjunction with the Douglas County Health Department, the Lancaster County Medical Society, and the Omaha Metro Medical Society to oversee the Managed Care enrollment function through a program referred to as Access Medicaid. Individuals are given a choice to enroll with an MCO plan or Primary Care Case Management (PCCM). The MCO is Share Advantage, administered by United Healthcare of the Midlands. The other choice for an individual is to sign up for the primary care case management plan. The PCCM provider network is administered by Primary Care+. Primary Care+ is responsible for making sure an adequate provider network is available with the Department paying claims on a fee for service basis. The PCCM is paid an administrative fee to maintain a network, provide case management and staff a quality assurance program. The primary care physician in the PCCM network is paid a gatekeeper fee to manage the care of the client.

Managed Care is required for all active Medicaid eligible individuals except for the following groups:

- Individuals in a spend-down status,
- Individuals with Medicare coverage*,
- Individuals in a long term care facility or ICF/MR,
- Individuals eligible under Katie Beckett criteria,
- Individuals participating in a home and community-based waiver,
- Individuals participating in presumptive eligibility period,
- Individuals participating in subsidized adoption programs*,
- Individuals with certain health insurance coverage (only applies to med/surg),
- Individuals residing out of state for reasons other than referral/receipt of medical services or residing out of the plan area,
- Individuals receiving organ transplants.

*Effective 7/1/2005 Medicare eligibles and subsidized adoption program recipients are mandatory for Behavioral Health Managed Care.

Managed care plan areas for Primary Care coverage are Douglas, Sarpy and Lancaster counties. Mental Health/Substance Abuse managed care coverage is statewide.

MAJOR MEDICAID PROGRAM CHANGES FY 1985 TO PRESENT

Note: DSS (Nebraska Department of Social Services) merged into the Nebraska Health and Human Services System in January 1997

1. Expanded Medicaid coverage to Children under Age 21 meeting medically needy income and resource guidelines (Ribicoff). Required by LB 1127. Previously ADC and foster children were eligible. Effective 7/1/84.
2. Added nine months Medicaid coverage of ADC families who lose grant eligibility because of the expiration of the time limits on the work incentive disregards. Required by the Deficit Reduction Act of 1984 (P.L. 98-369). Effective 10/1/84.
3. Four months extended Medicaid coverage of ADC families who lose grant eligibility because of Child Support Collections. Required by Child Support Amendments of 1984 (P.L. 98-378).
4. Added Medicaid coverage of aliens not admitted for permanent residence but who have life threatening medical emergencies. Required by the Sixth Omnibus Budget Reconciliation Act (OBRA). (P.L. 99-509) Effective 1/1/87.
5. DSS implemented targeted case management to receive federal Medicaid funds for social service worker time spent with Medicaid clients. Effective 1/1/87.
6. DSS implemented Mental Retardation (MR) targeted case management to obtain federal participation for certain DPI-provided services. Effective 4/1/87.
7. Mental retardation Home and Community-Based Services Waiver for Adults was implemented by DSS to maximize federal funding for community services effective 9/1/87.
8. Added Medicaid coverage for Pregnant Woman and Infants with income below 100% of Office of Management and Budget poverty guidelines. Required by LB 229. Effective 7/1/88.
9. Presumptive Eligibility coverage for pregnant women meeting certain guidelines until eligibility for Medicaid is determined. Required by LB 229. Effective 7/1/88.
10. Medically needy level increased to \$392 due to increase in ADC standard per LB 518 effective 7/1/88.
11. Disproportionate share adjustments increase per diem rates for hospitals serving a large number of low-income patients per federal mandate effective 7/1/88.
12. Nebraska added a Spousal Impoverishment provision, which increased income and resource guidelines for nursing home clients who have a spouse at home. Required by LB 419. Effective 7/1/88.
13. Expanded coverage of Aged, Blind and Disabled to 85% of OMB poverty. Required by the Medicare Catastrophic Coverage Act of 1988 (P.L. 100-360). Effective 1/1/89. (An additional 5% each January 1 up to 100%).
14. Added 8 months (for total of 12 months) of Medicaid Coverage for ADC families losing grant eligibility due to entering employment. Required by LB 518. Effective 1/1/89. (100% state funded).
15. Aged and Disabled home and community-based waiver implemented per LB 42 effective 4/10/89.
16. Mental Retardation Children's home and community-based waiver implemented by DSS effective 6/1/89.
17. Infant Disproportionate Share payments to hospitals allow for payment above per diem rate for high cost infant care per federal law effective 7/1/89.

18. DSS implemented practitioner fee schedule with statewide rates for physicians and other practitioners. DSS administrative decision effective 8/1/89.
19. Federal Spousal Impoverishment allowed for higher income and resource standards than state provisions effective 10/1/89.
20. Federal expansion of eligibility for pregnant women and children through age 5, up to 133% of federal poverty level effective 4/1/90.
21. Federal Transitional Medical for ADC families who lose cash eligibility due to employment. This was previously state-funded and now federal participation is available (Family Support Act of 1988, effective 4/1/90).
22. Federally mandated coverage of medical services identified as a need through physical exams of children (OBRA 1989, effective 4/1/90).
23. OBRA 1987 nursing home requirements (health, safety and staffing) to be implemented by 10/1/90. Medicaid must reimburse nursing homes for the cost of these provisions.
24. Federal legislation allowed certain recipients of Veteran Administration pensions residing in nursing facilities to retain a larger portion of that pension. Effective 10/1/90.
25. Aged, blind and disabled income level increased to 100% of poverty 1/1/91 (was scheduled to go to 95% of poverty 1/1/91 before the budget reconciliation bill of 1990 accelerated the phase-in).
26. OBRA 90 legislation mandated changes for Medicaid coverage of prescribed drugs. Manufacturers must lower the price of certain drugs or rebate a portion of the cost. Effective 1/1/91.
27. Began coverage of children up to age 19 born after September 30, 1983, using 100% of poverty. OBRA 90, effective 7/1/91.
28. Nursing facility reimbursement plan change to incorporate individual client needs information into the payment methodology. Effective 7/1/92.
29. Settlement of lawsuit required hospital inpatient stays to be reimbursed at 85% of cost. Approved effective 7/1/92.
30. Outpatient reimbursement set to 85 percent of cost. Effective 7/1/92.
31. Elimination of Medical coverage for Medically Needy Caretaker relatives. Effective 3/1/93. As a result of Nebraska district court decision in December 1994, medical coverage for this population was reinstated back to the effective date of the elimination.
32. An Intergovernmental Transfer (IGT) process was established whereby revenues were passed from urban hospitals to DSS. Funding was used to reduce the required level of state general fund support and to increase Medicaid reimbursements to urban hospitals. Effective 7/1/93.
33. A physicians' tax was put in place for a two-year period to generate revenues used to increase Medicaid fees for primary care services. Effective 7/1/93, authorizing legislation expires 7/31/95.
34. DSS was directed by the legislature to set limitation requirements on the scope, duration, and amount of certain optional Medicaid services. Effective 10/1/93. (Implementation of some portions was delayed due to needed computer system changes.)
35. DSS implemented a system of co-payments on certain services as a method of cost sharing. Effective 4/1/94.
36. Began coverage of children under age 1 and pregnant women with a family income at or below 150% of poverty, effective 7/1/95.

37. Nebraska Medicaid Managed Care Program began 7/1/95. Payment for statewide coverage of mental health and substance abuse related care effective 7/17/95. Payment for managed care in an HMO or a Primary Care Case Management (PCCM) program for primary care services in the Omaha metro area and Lancaster County was effective 8/1/95.
38. Payment for inpatient hospital services for acute care based on a DRG (Diagnosis Related Group) per discharge rather than a per diem rate, effective 7/25/95.
39. Chapter 32 of the Medicaid policy was implemented 7/25/95, expanding mental health/substance abuse service coverage under Medicaid.
40. Effective 9/1/95, home health agencies services are prior authorized by the Peer Review Organization (PRO).
41. HHS implemented the Rehabilitation Option under Medicaid to receive federal Medicaid funds for community-based rehabilitative psychiatric services for clients with severe and persistent mental illness. Regulations approved February 26, 1996 for an April 1, 1995 effective date.
42. As a result of Welfare Reform, allowable assets for ADC cash assistance increased from \$1,000 to \$4,000 for a family size of 1 and to \$6,000 for a family of 2 or more, effective 7/1/97.
43. The 20% earned income disregard replaced the \$90, and \$30 and 1/3 time limited disregard for ADC grant cases, ADC Medically Needy and Children's Poverty programs. \$50 disregard of Child Support was dropped from the income test. Both changes in disregard were effective 10/1/97 as part of Welfare Reform.
44. Federal Welfare Reform limited groups of immigrants who could be covered under the Federal Medicaid Program. As a result, Nebraska no longer covers non-citizens (PRUCOL), but covers legal permanent residents who haven't been in the United States for 5 years with state funds, effective 10/1/97.
45. LB 608 (1997) created a new Assisted Living licensure category which combined Residential Care Facility and Domiciliary licensure categories. Regulation became effective 6/8/98.
46. Aged and Disabled Waiver was revised to add 2,000 additional slots over the next three years and additional services of Assisted Living, Nutrition Services, Case Management, Environmental Access Adaptations and Specialized Medical Equipment and Supplies (effective 1/1/98).
47. School age Medical (SAM) are eligible up to 100% of FPL through age 18. This was effective 5/1/98 with the federal approval of the Phase I State Plan for the Children's Health Insurance Program of the Balance Budget Act of 1997.
48. Children's Health provisions of the Balanced Budget Act of 1997 were further expanded, effective 9/1/98, with federal approval of the Phase II State Plan (LB 1063). Under this expansion, the income limit for children 18 and younger was increased to 185% of FPL.
49. Other LB 1063 provisions outside of Title XIX were implemented, effective 9/1/98.
 - 12 months of continuous eligibility for children 18 and younger who are determined eligible for Medicaid;
 - Income limit for pregnant women was increased to 185% of FPL;
 - Nebraska implemented the presumptive eligibility provision for all children up to their 19th birthday. This allowed qualified providers to grant Medicaid eligibility that ensures children receive prompt medical treatment.
50. LB 1070 (1998) created the Nebraska Health Care Trust Fund and the Nursing Facility Conversion Cash Fund. Funds generated through an intergovernmental transfer are to be used to convert all or a portion of a nursing facility to an assisted living facility or other alternatives to nursing facility care (Budget Program 342), funding Children's Health Insurance (Budget Program 344), and Excellence in Health Care Grants (Budget Program 343).
51. Expanded Medicaid coverage for the working disabled with income up to 250% of the federal poverty level, they pay a premium when income is between 200% and 250% of the federal poverty level effective 7/1/99.

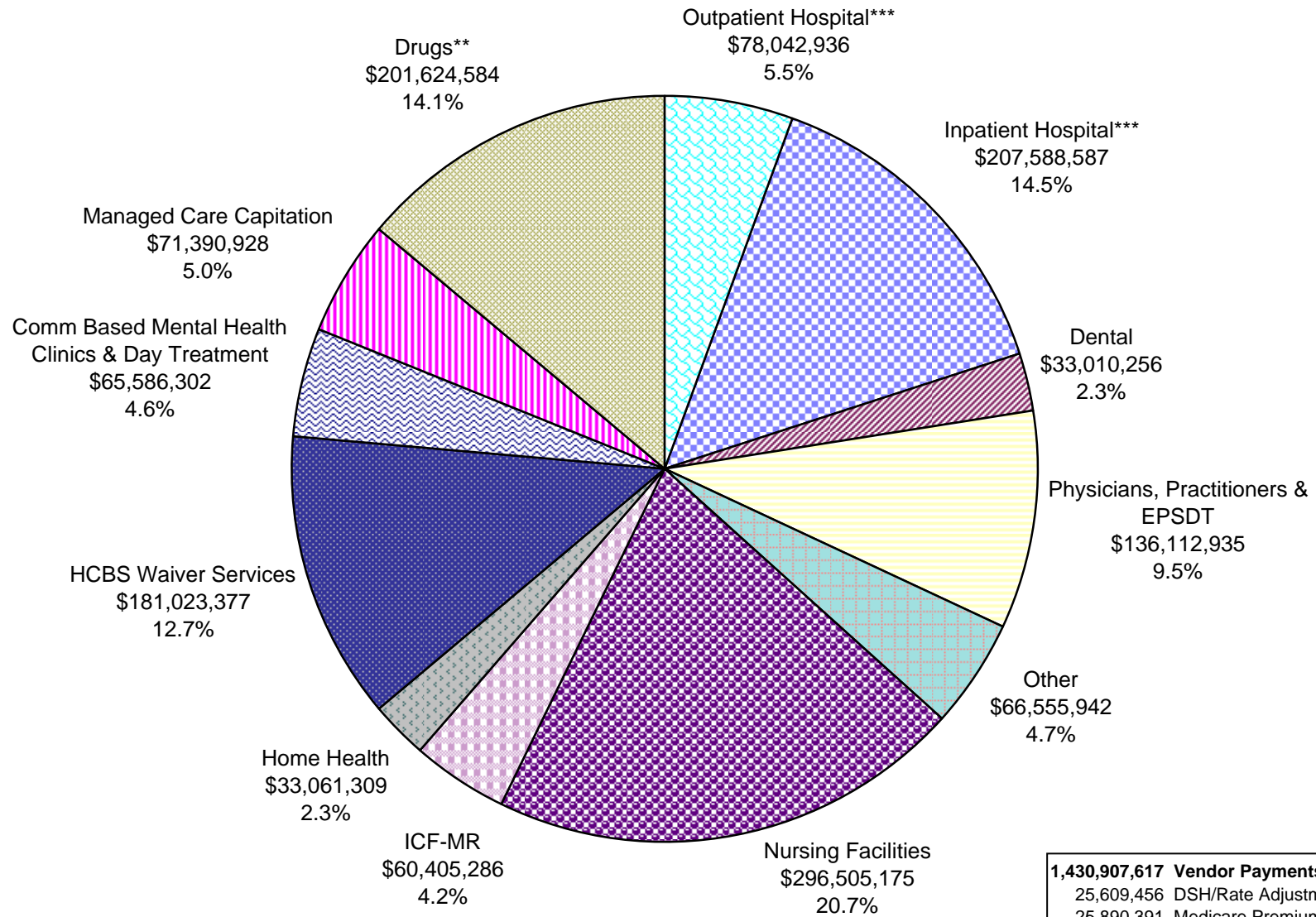
52. Eliminated Medical/Surgical capitation managed care contract with Mutual of Omaha (Wellness Option HMO). Effective July 1, 2001.
53. Expanded Medicaid coverage of qualifying women with breast and/or cervical cancer, during the course of treatment, at the CHIP enhanced match rate. Effective September 1, 2001.
54. Eliminated Mental Health/Substance Abuse capitation managed care contract with ValueOptions. Effective December 31, 2002. Replaced with an Administrative Service Organization (ASO) contract with Magellan on July 1, 2002.
55. Reduced payments to nursing facilities for persons determined at a 35 or 36 level of care to assisted living rates. Effective February 2, 2002.
56. No practitioner rate increase. Required prior authorization for certain prescription drugs, and client co-pay increased from \$1 to \$2 for prescription drugs. Effective July 1, 2002.
57. LB 8 changed the treatment of income for eligibility of most Medicaid cases with children. Cases may no longer "stack" together eligibility standards for selected persons in a family. The family must now be budgeted as a single unit against a standard. Effective October 15, 2002.
58. Earned income disregards were reduced from 20% to a flat \$100 for Medicaid budgeting. Effective October 15, 2002.
59. Continuous eligibility for children was reduced from 12 months to 6 months. Effective October 15, 2002.
60. Reduced Transitional Medical Assistance from 24 months to 12 months. Effective October 15, 2002.
61. Reduced drug payments to pharmacies from AWP-10% to AWP-11%. Effective October 5, 2002.
62. Began Medicaid payment of inpatient claims for eligible inmates of the penitentiary. Effective June 2003.
63. Began processing inpatient claims for Regional Centers. Effective July 2003.
64. Limitation on orthodontic treatment. Effective August 18, 2003.
65. Ribicoff eliminated for 19 and 20 year olds and presumptive eligibility for children discontinued (LB 411) effective September 20, 2003.
66. Added Medicare and Home and Community-Based Waivers to mandatory groups for MH/SA managed care. Effective July 2005.
67. LB 709 in June, 2005 directed HHSS to develop a plan for Medicaid reform.
68. Medicare implemented its prescription drug benefit, known as Medicare Part D. Effective January 1, 2006.
69. LB 1248 recodified statutes relating to the medical assistance program with an emphasis on continuing Medicaid reform efforts initiated with LB 709.

NEBRASKA MEDICAID VENDOR EXPENDITURES BY SERVICE

FISCAL YEAR 2006*

(Includes CHIP/Title XXI and NFOCUS Payments for HCBS Waiver Services)

Total Vendor Payments \$1,430,907,617



6

* Includes payments to vendors only, not adjustments, refunds or certain payments for premiums nor services paid outside the Medicaid Payment System (MMIS) or NFOCUS. (Payments for certain Waiver services are made through NFOCUS)

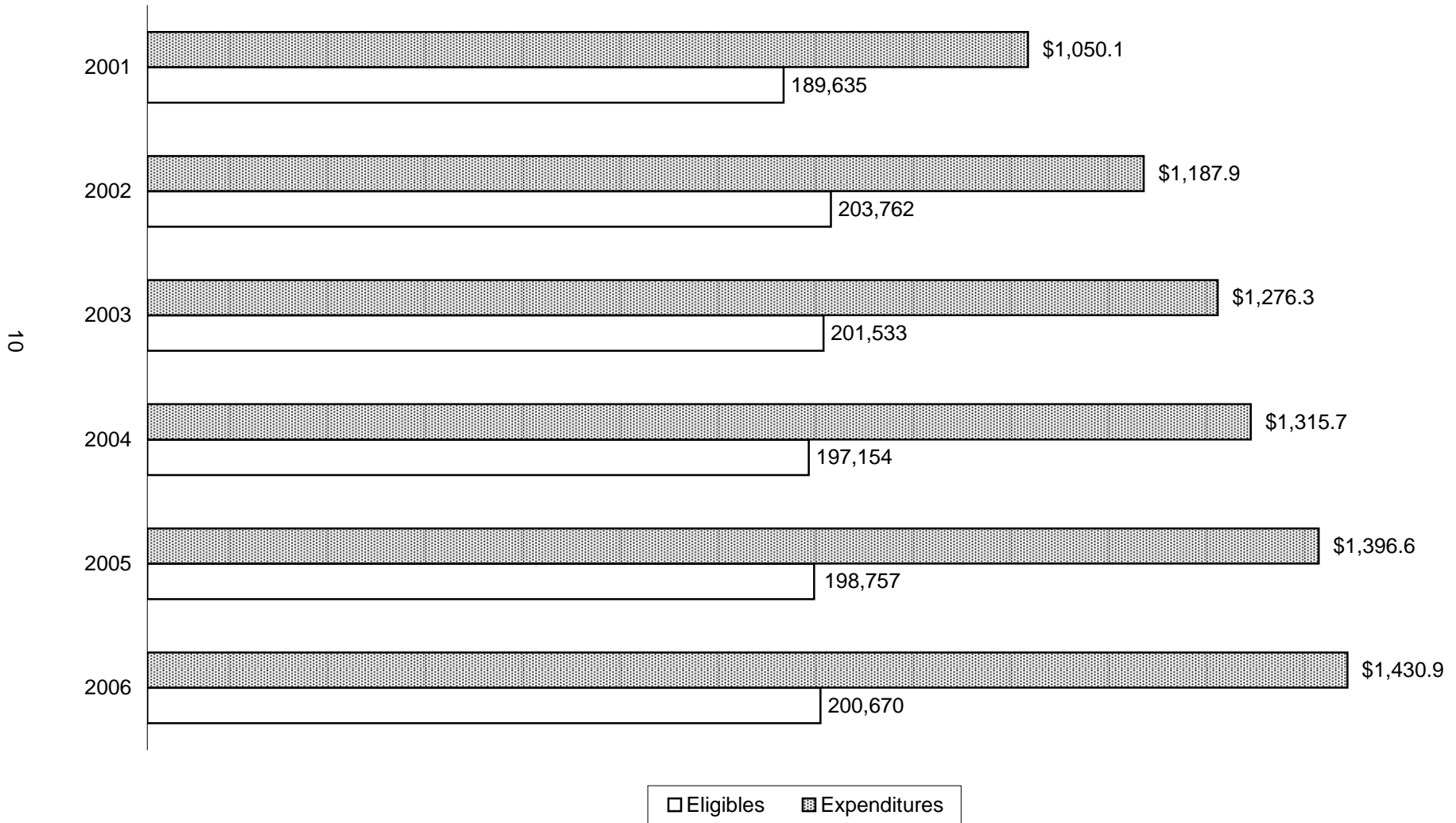
** \$72.2 million in offsetting drug rebates received from manufacturers is not reflected in the Drug expenditures of \$201,624,584

*** DSH payments of \$22.2 million are not reflected in Inpatient or Outpatient Hospital Expenditures

Expenditures may not sum due to rounding.

1,430,907,617	Vendor Payments
25,609,456	DSH/Rate Adjustments
25,890,391	Medicare Premiums
28,637,845	Intergovernmental Transfer (IGT)
35,373,472	Other Payments (MC, Transport, FICA)
(75,015,099)	Rebates/Refunds
(70,437,636)	GF Paid in Other Budget Programs
12,102,822	Medicare Part D Clawback
1,413,068,868	Net Program 344/348 Expenditures

**Nebraska Medicaid Total Vendor Expenditures (millions)
and Average Monthly Number of Eligible Persons
Fiscal Years 2001 - 2006**



NEBRASKA MEDICAID PERSONS AND EXPENDITURES BY BASIS OF ELIGIBILITY AND TYPE OF SERVICE
Fiscal Year Ending June 2006

MEDICAL SERVICE	TOTAL	AGED	BLIND	DISABLED	ADC CHILD	ADC ADULT	OTHER CHILDREN
TOTAL							
Total Fee for Service Expenditures	\$1,430,907,617	356,223,258	2,927,380	577,662,203	66,524,607	102,043,747	325,526,422
INPATIENT HOSPITAL							
Persons	3,836	789	5	1,048	230	400	1,365
Expenditures	163,228,510	9,316,303	267,148	57,953,013	12,011,531	18,941,612	64,738,903
INPATIENT MENTAL-AGED							
Persons	1	1	0	0	0	0	0
Expenditures	18,675	18,675	0	0	0	0	0
INPATIENT MENTAL-UNDER 21							
Persons	569	0	**	27	30	4	508
Expenditures	44,341,402	0	633	1,893,366	2,497,060	115,805	39,834,538
ICF FOR THE MENTALLY RETARDED							
Persons	598	55	2	536	0	0	4
Expenditures	60,405,286	5,434,275	153,576	54,288,376	0	0	529,059
NURSING FACILITY							
Persons	7,695	6,413	9	1,259	1	6	7
Expenditures	296,505,175	228,632,067	711,189	65,191,976	56,244	735,068	1,178,631
PHYSICIANS SERVICES							
Persons	78,457	9,384	114	14,544	8,900	9,122	36,393
Expenditures	102,313,739	6,523,138	193,542	27,102,238	8,760,190	15,125,564	44,609,067
DENTAL SERVICES							
Persons	16,018	944	20	2,575	2,024	1,879	8,576
Expenditures	33,010,251	1,852,402	32,734	5,667,628	4,182,099	5,002,299	16,273,089
OTHER PRACTITIONER							
Persons	17,393	4,565	35	5,554	956	1,587	4,695
Expenditures	19,002,585	3,147,307	40,773	6,957,635	1,193,868	2,024,039	5,638,963
OUTPATIENT HOSPITAL							
Persons	26,453	5,439	53	6,935	1,991	3,202	8,832
Expenditures	78,042,936	6,612,470	261,410	27,677,375	5,425,378	13,704,183	24,362,120
CLINIC SERVICES							
Persons	17,050	606	28	5,916	1,735	1,681	7,083
Expenditures	65,586,302	961,592	96,742	26,810,943	5,848,933	5,322,976	26,545,116
HOME HEALTH							
Persons	2,286	788	10	1,080	67	41	299
Expenditures	33,061,309	8,388,394	119,882	22,080,893	295,672	200,560	1,975,908
FAMILY PLANNING							
Persons	5,748	0	13	832	509	2,396	1,996
Expenditures	6,541,046	0	8,179	535,162	488,283	2,564,292	2,945,130
LAB AND RADIOLOGY							
Persons	12,137	547	25	2,527	1,072	2,456	5,510
Expenditures	15,563,869	386,145	41,603	4,640,614	1,082,093	4,034,537	5,378,877
PRESCRIBED DRUGS							
Persons	79,557	13,508	152	19,308	7,717	9,077	29,795
Expenditures	201,624,584	38,295,509	664,392	93,262,196	10,351,519	16,562,833	42,488,135
MANAGED CARE							
Persons	18,397	139	12	1,501	4,319	3,066	9,361
Expenditures	71,390,928	1,799,897	125,890	17,311,104	9,628,929	14,967,689	27,557,419
WAIVER SERVICES							
Persons	1,567	1,335	1	231	**	**	0
Expenditures	181,023,377	37,474,002	18,983	143,526,037	1,679	2,676	0
OTHER CARE							
Persons	19,879	4,137	51	6,850	1,486	1,193	6,162
Expenditures	50,992,073	7,381,076	189,474	22,652,236	3,336,520	2,481,004	14,951,763
SCREENING SERVICES							
Persons	8,449	0	1	125	1,350	271	6,702
Expenditures	8,255,565	0	1,226	111,417	1,364,611	258,610	6,519,701

*Expenditures are total dollars paid for the year. Persons are average monthly unduplicated recipients. Within a month, a person is counted only once regardless of the number of times the service is utilized and counted only once in the total regardless of the number of different services received.

**Less than one average monthly person

Source of Funding

The Medicaid Program is supported by federal and state general funds. Until July 1, 1986, counties also shared in part of the costs. The federal match rate is evaluated every year and is never less than 50 percent under Title XIX.

Under the Title XXI provisions of the Balance Budget Act of 1997, an enhanced federal match rate became available for services provided under the Children's Health Insurance Program. The enhanced rate is 70% of the federal match rate plus thirty percentage points.

FEDERAL AND COUNTY MATCH RATES

TITLE XIX

Time Period	Federal Match Rate	Percent Change from Prior Year	Time Period	County Match Rate
7-1-63 to 6-30-65	55.10%		Before 1980	20.00%
7-1-65 to 6-30-66	54.39%	-1.3%	1980	18.00%
7-1-66 to 6-30-67	60.39%	11.0%	1981	16.00%
7-1-67 to 6-30-69	60.48%	0.1%	1982	14.00%
7-1-69 to 6-30-71	57.25%	-5.3%	1983	14.00%
7-1-71 to 6-30-73	58.48%	2.1%	1984	14.00%
7-1-73 to 6-30-75	57.86%	-1.1%	1985	9.33%
7-1-75 to 9-30-77	55.59%	-3.9%	1986	4.67%
7-1-77 to 9-30-77	55.59%	0.0%	1987	0.00%
10-1-77 to 9-30-79	53.46%	-3.8%		
10-1-79 to 9-30-81	57.62%	7.8%		
10-1-81 to 9-30-83	58.12%	0.9%		
10-1-83 to 9-30-85	57.13%	-1.7%		
10-1-85 to 9-30-86	57.11%	0.0%		
10-1-86 to 9-30-87	58.06%	1.7%		
10-1-87 to 9-30-88	59.73%	2.9%		
10-1-88 to 9-30-89	60.37%	1.1%		
10-1-89 to 9-30-90	61.12%	1.2%		
10-1-90 to 9-30-91	62.71%	2.6%		
10-1-91 to 9-30-92	64.50%	2.9%		
10-1-92 to 9-30-93	61.32%	-4.9%		
10-1-93 to 9-30-94	61.98%	1.1%		
10-1-94 to 9-30-95	60.40%	-2.5%		
10-1-95 to 9-30-96	59.49%	-1.5%		
10-1-96 to 9-30-97	59.13%	-0.6%		
10-1-97 to 9-30-98	61.17%	3.5%		
10-1-98 to 9-30-99	61.46%	0.5%		
10-1-99 to 9-30-00	60.88%	-0.9%	73.02%	
10-1-00 to 9-30-01	60.38%	-0.8%	72.62%	-0.5%
10-1-01 to 9-30-02	59.55%	-1.4%	72.27%	-0.5%
10-1-02 to 9-30-03	59.52%	-0.1%	71.69%	0.8%
10-1-03 to 9-30-04	59.89%	0.6%	71.66%	0.0%
10-1-04 to 9-30-05	59.64%	-0.4%	71.92%	0.4%
10-1-05 to 9-30-06	59.68%	0.1%	71.75%	-0.2%
10-1-06 to 9-30-07	57.93%	-2.9%	71.78%	0.0%
10-1-07 to 9-30-08	58.02%	0.2%	70.55%	-1.7%
			70.61%	0.1%

TITLE XXI

*Enhanced Federal Share April 2003-Sept2003 62.5% and October 2003-June 2004 62.84%

NEBRASKA MEDICAID EXPENDITURES BY FUND TYPE*
(Includes Budget Programs 344 and 348)

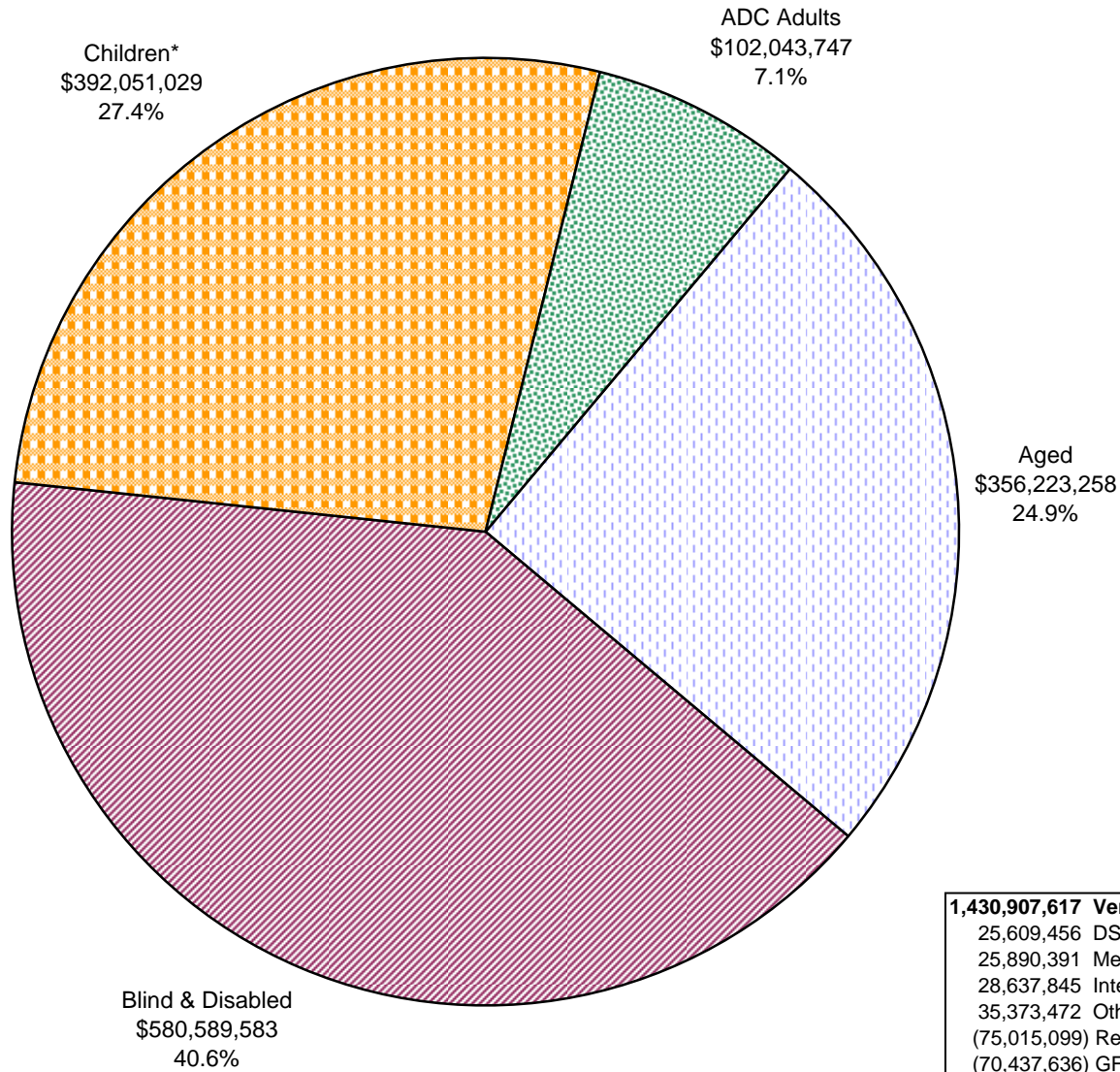
	GENERAL	CASH**	FEDERAL	TOTAL	GF AS % OF TOTAL STATE SPENDING***	GF FROM ALL OTHER PROGRAMS
FY2006	504,686,140	22,905,429	885,477,300	1,413,068,869	17.3%	70,437,636
FY2005	468,605,808	22,683,924	904,479,057	1,395,768,789	17.2%	
FY2004	390,628,600	27,837,886	925,752,755	1,344,219,241	15.2%	
FY2003	388,750,503	20,666,111	842,847,038	1,252,263,652	14.8%	
FY2002	381,848,545	30,808,524	776,874,581	1,189,531,650	14.7%	
FY2001	364,141,212	10,992,272	693,605,699	1,068,739,183	14.7%	
FY2000	316,511,454	4,086,842	663,136,996	983,735,292	13.5%	
FY1999	303,488,094	622,745	602,363,598	906,474,437	13.6%	
FY1998	273,146,679	-	508,684,894	781,831,573	14.1%	
FY1997	270,671,054	-	451,372,079	722,043,133	14.5%	
FY1996	250,156,474	-	418,711,525	668,867,999	14.2%	
FY1995	213,336,512	10,600,000	391,051,459	614,987,971	12.7%	
FY1994	203,021,418	9,200,000	374,411,781	586,633,199	12.6%	
FY1993	196,537,535	-	333,289,683	529,827,218	12.2%	
FY1992	139,695,741	-	305,159,804	444,855,545	9.0%	
FY1991	125,569,152	-	233,522,155	359,091,307	9.1%	
FY1990	96,343,598	-	189,239,880	285,583,478	8.1%	
FY1989	99,451,067	-	159,585,687	259,036,754	10.1%	
FY1988	87,007,086	-	142,686,892	229,693,978	9.8%	
FY1987	74,307,156	5,700,000	120,884,982	200,892,138	8.8%	
FY1986	57,207,316	7,468,116	109,425,207	174,100,639	6.9%	
FY1985	51,203,416	14,124,402	90,138,036	155,465,854	6.3%	
FY1984	46,286,082	15,551,866	87,148,510	148,986,458	6.2%	
FY1983	41,754,978	17,201,955	93,433,412	152,390,345	5.7%	
FY1982	38,426,377	18,093,036	79,672,068	136,191,481	5.3%	
FY1981	30,536,572	15,030,496	71,763,856	117,330,924	4.5%	
FY1980	26,847,715	16,576,124	62,263,255	105,687,094	4.6%	
FY1979	24,024,548	14,732,315	54,153,104	92,909,967	2.9%	
FY1978	19,406,136	13,333,402	46,654,863	79,394,401	NA	

* Medicaid Expenditures include all refunds, cancellations and other accounting adjustments

** Cash Expenditures prior to FY 1988 were primarily County Funds

*** Includes Funds 10000 and 33000

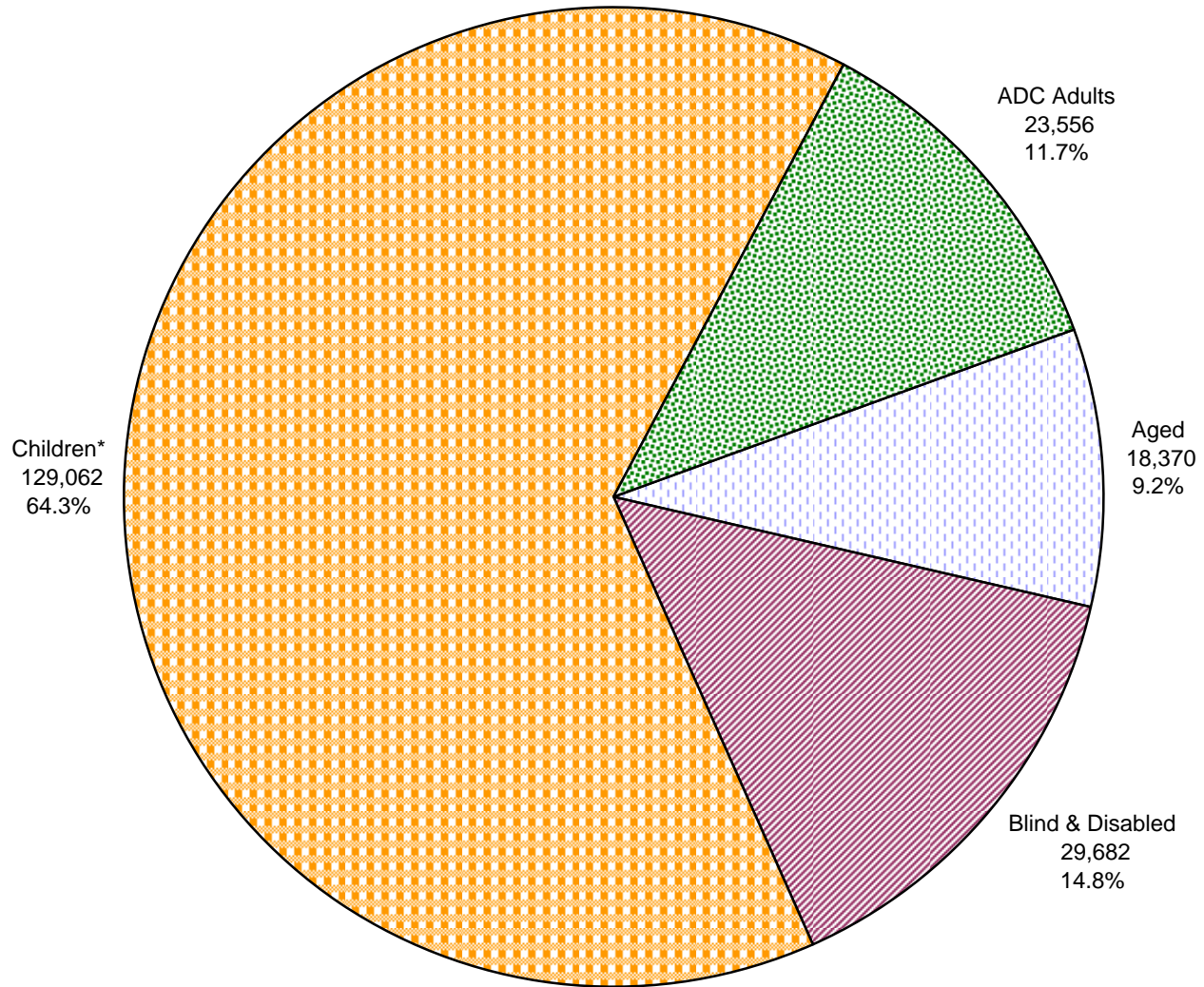
NEBRASKA MEDICAID VENDOR EXPENDITURES BY ELIGIBILITY
Fiscal Year 2006
Total: \$1,430,907,617



*Includes pregnant women not otherwise eligible

1,430,907,617	Vendor Payments
25,609,456	DSH/Rate Adjustments
25,890,391	Medicare Premiums
28,637,845	Intergovernmental Transfer (IGT)
35,373,472	Other Payments (MC, Transport, FICA)
(75,015,099)	Rebates/Refunds
(70,437,636)	GF Paid in Other Budget Programs
12,102,822	Medicare Part D Clawback
1,413,068,868	Net Program 344/348 Expenditures

NEBRASKA MEDICAID AVERAGE MONTHLY
ELIGIBLE PERSONS BY CATEGORY
Fiscal Year 2006
Total: 200,670



15

*Includes pregnant women not otherwise eligible

**NEBRASKA
UNDUPLICATED ANNUAL MEDICAID ELIGIBLES**

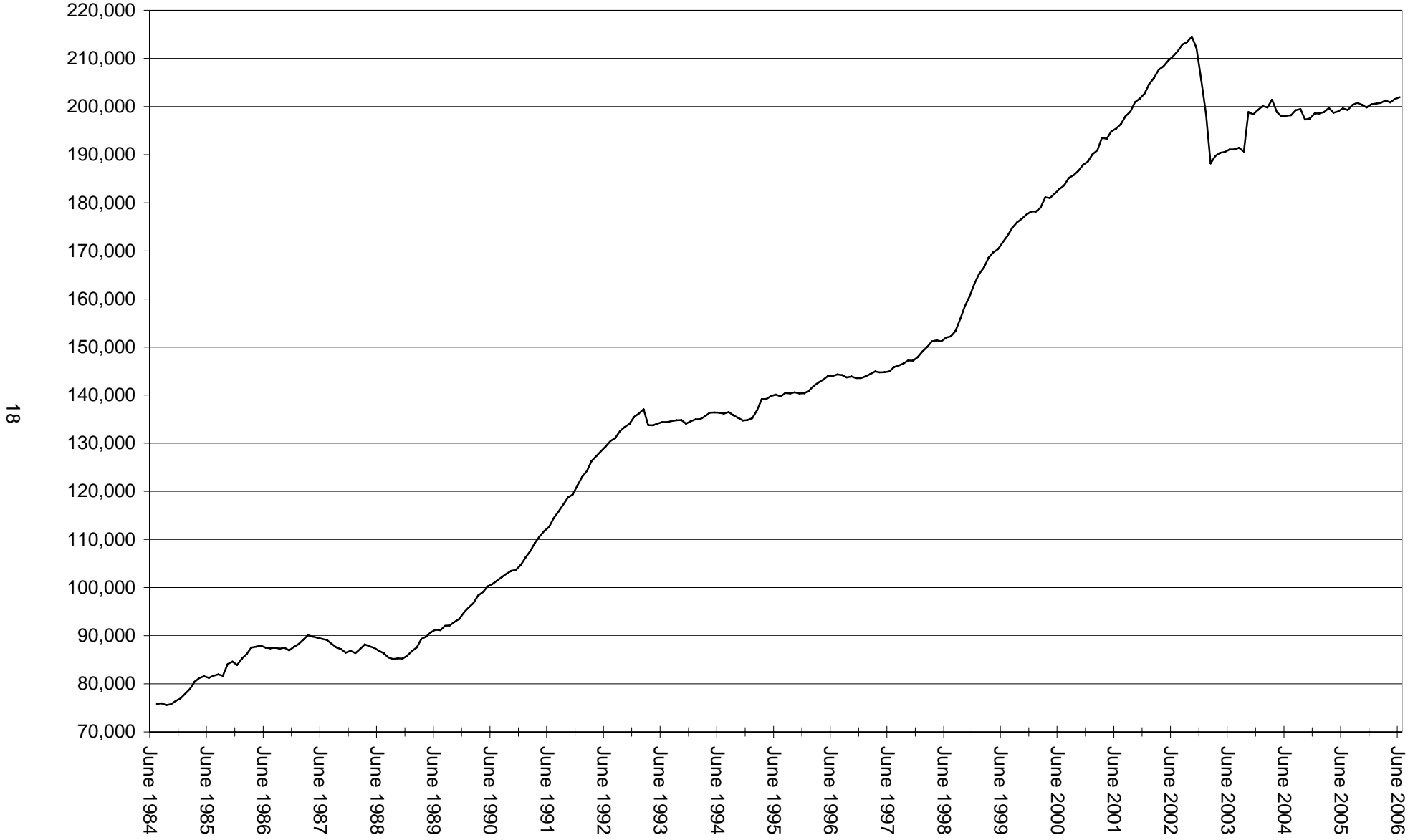
FISCAL YEAR	TOTAL
FY2006	257,688
FY2005	260,043
FY2004	255,791
FY2003	266,690
FY2002	256,205
FY2001	240,590
FY2000	228,419
FY1999	211,407
FY1998	209,668
FY1997	193,159
FY1996	183,379
FY1995	177,732
FY1994	172,231
FY1993	173,479
FY1992	160,354
FY1991	141,544
FY1990	129,499
FY1989	120,681
FY1988	120,477
FY1987	122,770
FY1986	116,388

**NEBRASKA
AVERAGE MONTHLY MEDICAID ELIGIBLES**

FISCAL YEAR	TOTAL	PERCENT CHANGE FROM PRIOR YEAR
FY2006	200,670	0.96%
FY2005	198,757	0.81%
FY2004	197,154	-2.17%
FY2003	201,533	-1.09%
FY2002	203,762	7.45%
FY2001	189,635	6.33%
FY2000	178,353	9.44%
FY1999	162,964	9.52%
FY1998	148,798	3.16%
FY1997	144,239	1.90%
FY1996	141,555	3.34%
FY1995	136,976	1.34%
FY1994	135,160	0.98%
FY1993	133,849	9.61%
FY1992	122,118	14.80%
FY1991	106,378	11.23%
FY1990	95,641	9.41%
FY1989	87,412	-0.05%
FY1988	87,454	-1.06%
FY1987	88,390	3.99%
FY1986	85,000	8.76%
FY1985	78,155	4.20%
FY1984	75,008	7.12%
FY1983	70,021	5.95%
FY1982	66,089	2.59%
FY1981	64,418	4.44%
FY1980	61,681	7.60%
FY1979	57,327	-0.31%
FY1978	57,506	5.92%
FY1977	54,292	

NEBRASKA MEDICAID ELIGIBLE PERSONS

June 2006 Persons: 201,935



Nebraska Health & Human Services Percent Change Between Fiscal Years By Eligibility Category*

Average Monthly Medicaid Eligibles:

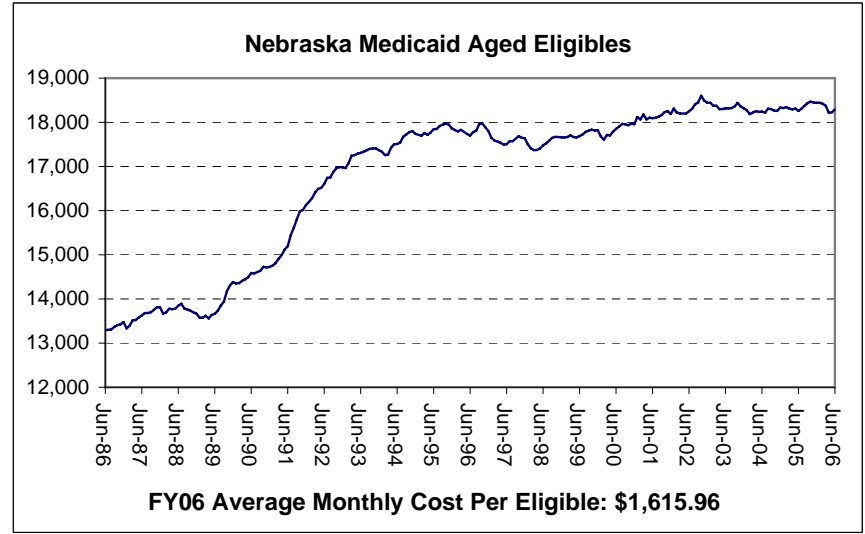
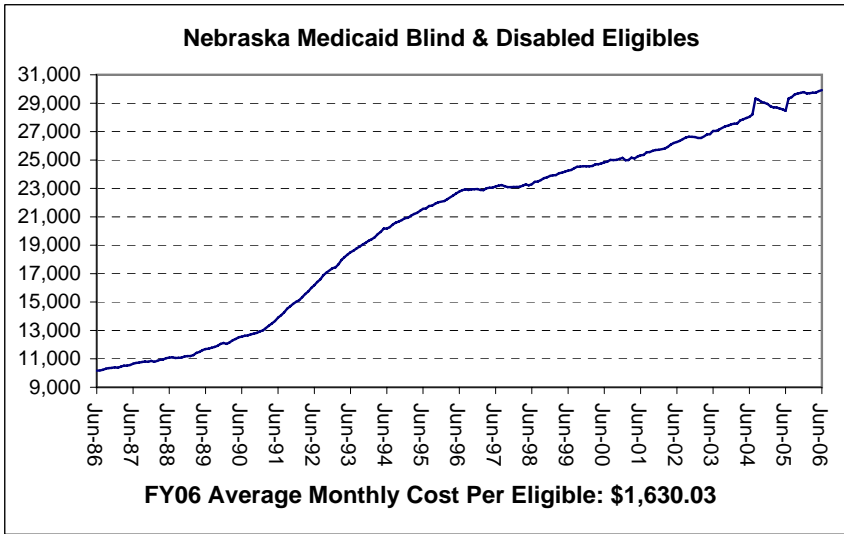
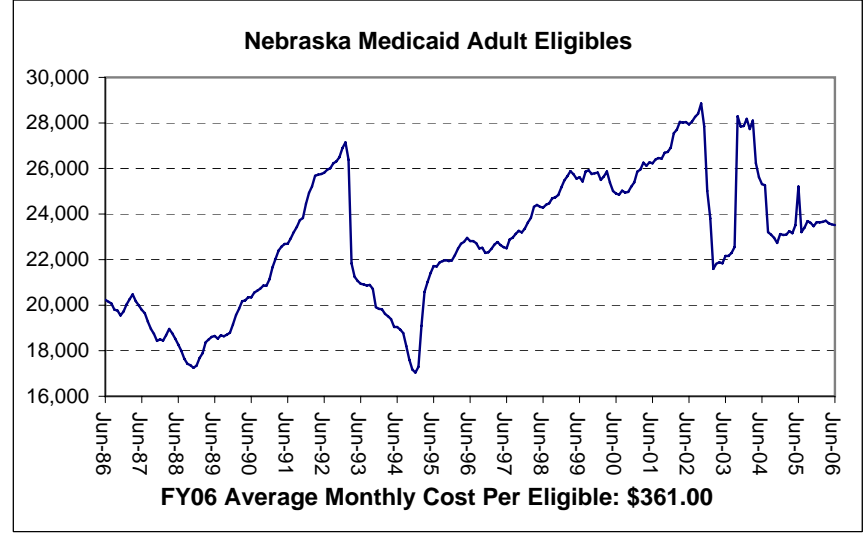
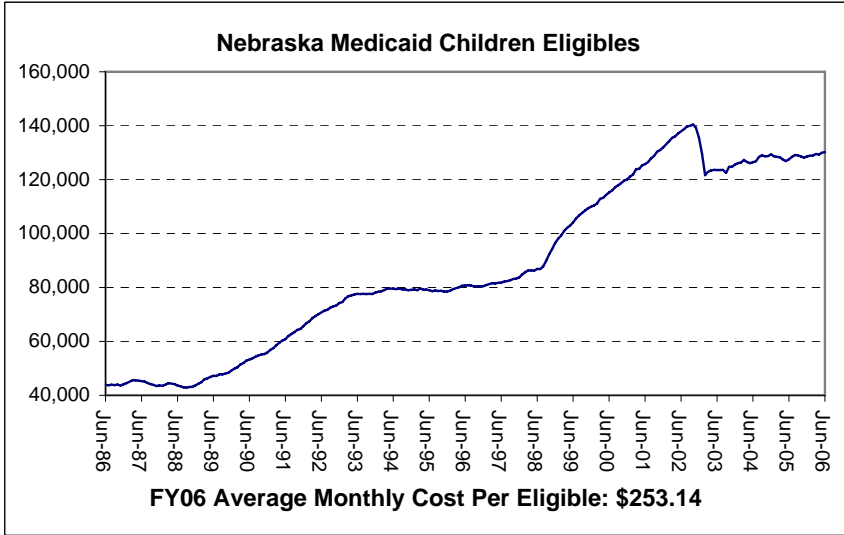
	FY 95 TO FY96	FY96 TO FY97	FY97 TO FY98	FY98 TO FY99	FY99 TO FY00	FY00 TO FY01	FY01 TO FY 02	FY02 TO FY 03	FY03 TO FY 04	FY04 TO FY 05	FY05 TO FY 06	Average Monthly Cost/Eligible	FY06 Total Expenditures
AGED	0.65%	-0.75%	-1.09%	0.74%	0.63%	1.48%	0.99%	1.08%	-0.58%	-0.02%	0.43%	\$1,615.96	\$356,223,258
BLIND	-5.35%	3.61%	6.73%	-8.82%	-0.61%	1.55%	3.65%	2.20%	6.03%	-2.03%	-2.49%	\$1,038.08	\$2,927,380
DISABLED	5.95%	3.67%	0.85%	3.11%	3.05%	2.01%	2.86%	3.29%	3.36%	4.33%	3.38%	\$1,634.75	\$577,662,203
ADC ADULT	16.82%	1.28%	4.74%	6.58%	1.54%	0.06%	6.46%	-8.37%	4.22%	-9.15%	-0.33%	\$361.00	\$102,043,747
CHILDREN	0.05%	2.17%	4.29%	13.95%	14.72%	9.52%	9.57%	-0.75%	-4.73%	2.24%	0.75%	\$253.14	\$392,051,029
TOTAL	3.34%	1.90%	3.16%	9.52%	9.44%	6.33%	7.45%	-1.09%	-2.17%	0.81%	0.96%	\$594.22	\$1,430,907,617

Average Monthly Medicaid Eligibles:

	FY95	FY96	FY97	FY98	FY99	FY00	FY01	FY02	FY03	FY04	FY05	FY06
AGED	17,730	17,846	17,713	17,520	17,650	17,761	18,025	18,204	18,401	18,294	18,291	18,370
BLIND	227	215	223	238	217	216	219	227	232	246	241	235
DISABLED	20,703	21,935	22,740	22,934	23,648	24,370	24,860	25,571	26,412	27,300	28,483	29,447
ADC ADULT	19,069	22,276	22,562	23,632	25,187	25,574	25,590	27,242	24,963	26,016	23,635	23,556
CHILDREN	79,247	79,283	81,001	84,474	96,262	110,432	120,941	132,518	131,525	125,298	128,107	129,062
TOTAL	136,976	141,555	144,239	148,798	162,964	178,353	189,635	203,762	201,533	197,154	198,757	200,670

* Source for all data: Medicaid Monthly Summary Report Plus NFOCUS Medicaid Expenditures

**NEBRASKA MEDICAID ELIGIBLE PERSONS BY CATEGORY
(JUNE 1986 - June 2006)**



NEBRASKA MEDICAID ELIGIBLE PERSONS BY HHSS SERVICE AREA

Fiscal Year 2006

- The Eastern Service Area (Douglas and Sarpy Counties) accounts for over one-third of all Nebraska of the Medicaid eligible persons.
- The Central Service Area (includes 21 Counties), the Western Service Area (includes 29 Counties), and the Northern Service Area (includes 24 Counties) each account for roughly one-seventh of the state Medicaid population.
- The Southeastern Service Area (includes Lancaster and 16 other Counties) accounts for the remaining one-fifth of Nebraska Medicaid eligible persons.

Number of Persons Eligible for Medicaid By Health & Human Services System Service Areas

	Percentage of State Total
Western	12.9%
Northern	15.0%
Central	13.2%
Eastern	36.1%
Southeastern	22.0%
Out-of-State	0.8%
	<hr/>
	100.0%

**Nebraska Medicaid Eligible Persons by Age and Race
June 2006**

	Total	White (Non-Hispanic/Latino)	Black / African American	American Indian / Alaskan Native	Asian	Hawaiian / Pacific Islander	Hispanic or Latino	More than one race (Non-Hispanic / Latino)	Unknown
Total*	210,491	133,482	29,082	7,187	2,113	125	30,598	1,339	6,565
Percent of Total	100.0%	63.4%	13.8%	3.4%	1.0%	0.1%	14.5%	0.6%	3.1%
Persons by Age									
Under 1**	29,255	16,251	3,156	838	319	27	6,926	312	1,426
1 - 5	43,062	24,369	5,364	1,509	464	31	9,233	462	1,630
6 - 14	53,486	31,873	8,508	2,240	509	31	8,789	179	1,357
15 - 18	19,383	12,349	3,350	845	143	8	2,113	91	484
19 - 20	2,366	1,544	461	107	11	1	163	27	52
21 - 64	44,706	31,618	7,165	1,438	331	20	2,591	260	1,283
65 - 84	12,822	10,419	906	193	312	7	700	6	279
85 - 125	5,411	5,059	172	17	24	0	83	2	54

*Due to rounding, columns and rows may not total.

**Includes pregnant women not otherwise eligible.

Note: Because a different source of information was used the totals in this table may not match other tables and graphs in this report.

NEBRASKA MEDICAID AVERAGE MONTHLY ELIGIBLE PERSONS BY COUNTY AND AGE
State Fiscal Year 2006

	Total	0	1-5	6-14	15-18	19-20	21-64	65-84	85-125
	201,665	19,509	43,082	53,828	19,299	2,457	45,021	12,969	5,499
ADAMS	3,904	396	805	960	348	61	887	313	134
ANTELOPE	889	51	166	254	105	9	161	92	50
ARTHUR	45	1	10	16	6	1	10	1	1
BANNER	56	7	12	20	12	0	1	4	0
BLAINE	57	5	8	26	10	1	4	3	0
BOONE	458	36	51	127	58	3	80	63	41
BOX BUTTE	1,589	129	319	439	153	17	330	135	68
BOYD	266	13	50	69	39	2	42	31	20
BROWN	399	31	74	115	49	2	55	38	36
BUFFALO	4,829	503	1,051	1,226	539	64	1,012	292	141
BURT	838	63	115	208	92	9	209	94	47
BUTLER	735	48	132	191	55	6	166	96	41
CASS	2,022	169	429	623	197	21	385	130	68
CEDAR	648	60	126	188	64	4	87	58	60
CHASE	412	43	83	97	36	4	69	47	33
CHERRY	885	71	181	284	93	5	134	88	31
CHEYENNE	947	87	182	255	94	9	210	79	30
CLAY	669	62	123	181	67	4	134	70	27
COLFAX	1,052	207	319	232	66	6	90	93	39
CUMING	738	74	163	181	72	8	111	70	60
CUSTER	1,413	122	238	405	180	9	260	145	54
DAKOTA	3,035	404	786	854	248	26	459	187	71
DAWES	1,175	95	237	310	153	15	257	69	38
DAWSON	3,545	469	877	1,046	297	24	534	212	86
DEUEL	157	18	25	43	14	0	34	11	12
DIXON	533	51	118	164	46	2	78	50	24
DODGE	4,338	453	892	1,083	404	45	999	293	170
DOUGLAS	65,376	6,384	14,267	17,689	6,288	901	15,896	3,078	873
DUNDY	273	23	45	81	23	1	40	43	18
FILLMORE	702	47	116	191	147	5	94	63	38
FRANKLIN	358	20	50	97	39	4	79	46	22
FRONTIER	236	21	54	68	24	4	32	20	12
FURNAS	685	37	103	199	86	2	138	87	34
GAGE	2,901	186	424	642	242	24	1,011	256	118
GARDEN	255	16	37	73	31	2	48	39	11
GARFIELD	251	17	51	61	30	2	41	33	15
GOSPER	171	18	40	38	18	0	27	18	13
GRANT	61	7	12	18	10	1	7	6	0
GREELEY	275	26	53	79	29	2	41	31	13
HALL	8,561	993	2,191	2,388	662	94	1,676	392	166
HAMILTON	760	57	167	230	87	6	119	57	37
HARLAN	371	25	68	99	37	4	77	43	19
HAYES	57	5	6	18	12	1	10	3	2
HITCHCOCK	383	22	77	110	46	4	68	41	15
HOLT	1,344	113	243	356	148	12	260	135	78
HOOKER	60	4	10	21	9	0	3	8	5
HOWARD	700	56	132	220	81	3	123	61	25
JEFFERSON	903	49	136	201	89	7	229	123	69
JOHNSON	459	55	111	107	33	4	70	51	29
KEARNEY	642	56	108	167	59	7	157	47	40
KEITH	899	78	179	237	88	6	208	78	25
KEYA PAHA	81	8	14	33	8	0	8	7	2
KIMBALL	490	51	111	149	50	3	76	34	17
KNOX	1,288	86	217	371	145	9	201	167	93
LANCASTER	26,539	2,689	5,979	6,652	2,226	401	6,613	1,488	490
LINCOLN	4,469	403	910	1,052	403	64	1,178	333	127
LOGAN	87	8	24	29	9	1	14	1	1
LOUP	53	2	7	19	6	0	8	7	2
MADISON	4,639	510	1,005	1,196	447	66	959	304	152
MCPHERSON	27	2	5	7	4	0	7	3	0
MERRICK	817	46	134	235	69	7	217	79	30
MORRILL	825	63	140	274	88	7	154	63	38
NANCE	576	40	83	129	49	2	160	73	39
NEMAHA	817	54	128	191	81	18	227	77	43
NUCKOLLS	513	41	88	119	46	4	112	56	46
OTOE	1,466	139	270	349	133	13	353	142	66
PAWNEE	315	15	46	84	28	3	68	43	28
PERKINS	258	20	44	75	29	1	48	20	22
PHELPS	1,028	90	208	255	76	9	233	108	49
PIERCE	612	56	125	167	58	4	103	64	36
PLATTE	2,979	372	707	764	240	40	551	209	97
POLK	415	29	82	113	37	3	72	47	32
RED WILLOW	1,317	133	256	344	119	10	309	103	44
RICHARDSON	1,161	72	189	296	100	11	272	145	77
ROCK	182	13	33	60	26	2	22	16	11
SALINE	1,306	187	270	319	113	9	234	109	65
SARPY	7,388	748	1,814	2,087	727	93	1,517	271	133
SAUNDERS	1,594	126	290	434	169	14	340	158	64
SCOTTS BLUFF	6,530	589	1,403	1,710	624	86	1,504	454	160
SEWARD	984	84	187	243	106	8	216	89	52
SHERIDAN	892	71	197	267	116	6	133	65	39
SHERMAN	354	19	60	103	43	5	54	45	26
SIOUX	104	7	22	37	16	0	14	9	0
STANTON	465	32	99	156	61	4	59	31	24
THAYER	610	31	76	171	60	3	114	104	51
THOMAS	50	5	10	8	7	0	12	5	3
THURSTON	2,227	174	530	693	263	31	431	83	23
VALLEY	549	44	91	138	60	4	107	70	37
WASHINGTON	1,214	108	245	309	103	12	249	112	76
WAYNE	659	73	131	163	60	8	157	41	27
WEBSTER	462	19	70	107	34	4	123	64	43
WHEELER	81	5	18	37	11	0	7	1	2
YORK	1,364	129	234	389	172	15	252	119	53
OUT-OF-STATE	1,568	139	286	511	268	28	281	31	25

*County totals may not match other tables due to rounding

Note: Because a different source of information was used the totals in this table may not match other tables and graphs in this report.

NEBRASKA MEDICAID AVERAGE MONTHLY ELIGIBLE PERSONS BY COUNTY AND ELIGIBILITY CATEGORY
State Fiscal Year 2006

	Total*	Aged	Blind/Disabled	ADC Adults	All Children
	201,665	18,469	29,655	19,798	133,743
ADAMS	3,904	447	674	317	2,466
ANTELOPE	889	142	131	48	567
ARTHUR	45	2	7	5	31
BANNER	56	4	0	1	51
BLAINE	57	3	2	2	49
BOONE	458	104	53	37	263
BOX BUTTE	1,589	203	191	154	1,041
BOYD	266	51	41	6	167
BROWN	399	74	40	18	268
BUFFALO	4,829	433	577	529	3,289
BURT	838	141	165	66	465
BUTLER	735	137	130	55	413
CASS	2,022	198	263	166	1,395
CEDAR	648	118	73	34	423
CHASE	412	80	55	22	255
CHERRY	885	119	98	50	620
CHEYENNE	947	109	158	74	606
CLAY	669	97	91	54	426
COLFAX	1,052	132	68	33	818
CUMING	738	130	92	31	485
CUSTER	1,413	199	204	73	938
DAKOTA	3,035	258	284	222	2,271
DAWES	1,175	108	152	127	788
DAWSON	3,545	298	362	240	2,646
DEUEL	157	24	21	13	99
DIXON	533	75	62	23	372
DODGE	4,338	462	688	403	2,784
DOUGLAS	65,376	3,951	9,566	7,875	43,984
DUNDY	273	61	30	12	170
FILLMORE	702	101	68	43	490
FRANKLIN	358	68	55	29	205
FRONTIER	236	32	26	13	166
FURNAS	685	121	98	54	413
GAGE	2,901	373	863	218	1,447
GARDEN	255	49	34	16	156
GARFIELD	251	48	34	11	157
GOSPER	171	30	18	15	107
GRANT	61	6	6	2	46
GREELEY	275	44	29	14	187
HALL	8,561	558	1,033	788	6,183
HAMILTON	760	94	77	57	531
HARLAN	371	61	58	22	229
HAYES	57	5	7	3	41
HITCHCOCK	383	57	50	27	250
HOLT	1,344	213	223	69	839
HOOKER	60	13	3	2	42
HOWARD	700	86	78	55	482
JEFFERSON	903	192	196	64	451
JOHNSON	459	80	51	28	300
KEARNEY	642	87	137	38	380
KEITH	899	103	146	75	575
KEYA PAHA	81	9	7	2	63
KIMBALL	490	51	63	24	353
KNOX	1,288	260	150	74	803
LANCASTER	26,539	1,978	4,341	2,899	17,321
LINCOLN	4,469	460	825	455	2,730
LOGAN	87	2	12	6	67
LOUP	53	9	8	2	33
MADISON	4,639	456	668	392	3,123
MCPHERSON	27	3	5	5	15
MERRICK	817	109	179	51	478
MORRILL	825	100	114	65	546
NANCE	576	112	134	42	288
NEMAHA	817	120	151	97	449
NUCKOLLS	513	102	91	30	290
OTOE	1,466	209	240	154	863
PAWNEE	315	71	60	14	170
PERKINS	258	42	36	16	165
PHELPS	1,028	157	179	72	619
PIERCE	612	100	82	33	397
PLATTE	2,979	306	404	212	2,059
POLK	415	79	45	33	258
RED WILLOW	1,317	147	238	99	833
RICHARDSON	1,161	221	201	93	646
ROCK	182	27	18	10	126
SALINE	1,306	174	191	76	865
SARPY	7,388	403	878	839	5,268
SAUNDERS	1,594	222	247	132	993
SCOTTS BLUFF	6,530	614	1,008	614	4,295
SEWARD	984	140	185	58	600
SHERIDAN	892	104	83	63	643
SHERMAN	354	71	39	28	216
SIoux	104	9	6	10	80
STANTON	465	55	50	22	338
THAYER	610	155	106	22	326
THOMAS	50	8	11	3	28
THURSTON	2,227	105	186	277	1,659
VALLEY	549	107	83	32	328
WASHINGTON	1,214	188	166	110	751
WAYNE	659	68	112	63	417
WEBSTER	462	106	107	26	223
WHEELER	81	3	8	1	69
YORK	1,364	172	223	59	909
OUT-OF-STATE	1,568	56	148	153	1,212

*County totals may not match other tables due to rounding

Note: Because a different source of information was used the totals in this table may not match other tables and graphs in this report.

NEBRASKA MEDICAID EXPENDITURES BY SERVICE BY COUNTY - SFY 2006

	HOSPITAL							PRESCRIBED DRUGS	OTHER
	TOTAL*	INPATIENT	OUTPATIENT	ICF-MR	NURSING FACILITY	PHYSICIAN	DENTAL		
STATE TOTALS*	\$1,429,289,213	\$203,480,400	\$78,150,204	\$60,405,286	\$296,534,276	\$94,298,764	\$32,669,442	\$201,373,425	\$462,377,416
ADAMS	\$29,882,395	\$2,863,330	\$1,578,226	\$326,288	\$6,685,568	\$2,193,916	\$673,668	\$4,679,643	\$10,881,755
ANTELOPE	\$6,144,149	\$748,803	\$604,567	\$74,705	\$1,729,140	\$420,081	\$127,080	\$964,222	\$1,475,552
ARTHUR	\$110,044	\$11,353	\$14,400	\$0	\$2,052	\$12,474	\$6,011	\$21,263	\$42,491
BANNER	\$141,386	\$7,073	\$30,090	\$0	\$18,055	\$20,492	\$4,459	\$17,280	\$43,936
BLAINE	\$92,131	\$21,584	\$11,876	\$0	\$2,670	\$21,436	\$11,670	\$17,044	\$5,850
BOONE	\$3,339,233	\$374,305	\$257,820	\$0	\$1,356,244	\$176,932	\$65,403	\$561,736	\$546,792
BOX BUTTE	\$9,784,961	\$1,237,501	\$1,232,782	\$62,222	\$2,575,984	\$681,057	\$257,973	\$1,309,856	\$2,427,586
BOYD	\$1,649,554	\$120,816	\$204,182	\$0	\$439,172	\$134,422	\$43,958	\$236,625	\$470,380
BROWN	\$2,494,731	\$221,807	\$172,109	\$0	\$1,014,101	\$136,018	\$68,306	\$376,250	\$506,140
BUFFALO	\$33,340,086	\$5,720,000	\$1,377,762	\$428,294	\$6,935,995	\$2,843,489	\$772,609	\$5,010,070	\$10,251,866
BURT	\$7,695,348	\$760,672	\$535,300	\$0	\$2,081,726	\$477,034	\$137,896	\$1,047,524	\$2,655,197
BUTLER	\$6,019,508	\$252,523	\$310,446	\$0	\$2,007,307	\$299,762	\$113,413	\$703,263	\$2,332,792
CASS	\$12,844,206	\$1,766,760	\$712,836	\$72,597	\$3,625,253	\$1,104,815	\$301,238	\$2,548,572	\$3,102,135
CEDAR	\$4,678,986	\$360,482	\$185,839	\$0	\$2,433,022	\$289,048	\$94,209	\$539,174	\$777,213
CHASE	\$3,420,732	\$387,874	\$235,998	\$0	\$1,695,244	\$143,108	\$39,902	\$393,108	\$525,498
CHEERY	\$5,411,406	\$928,807	\$685,620	\$0	\$971,974	\$379,726	\$128,150	\$655,592	\$1,661,536
CHEYENNE	\$6,845,405	\$1,074,592	\$485,223	\$21,141	\$1,404,509	\$401,819	\$133,405	\$990,234	\$2,334,481
CLAY	\$4,928,635	\$450,077	\$319,793	\$225,734	\$2,010,634	\$351,045	\$95,159	\$703,257	\$772,935
COLFAX	\$5,859,837	\$1,451,340	\$410,583	\$105,849	\$1,752,238	\$587,325	\$119,453	\$551,150	\$881,900
CUMING	\$5,329,556	\$764,848	\$390,529	\$0	\$1,697,021	\$324,269	\$116,049	\$735,067	\$1,301,774
CUSTER	\$10,891,382	\$1,172,242	\$639,920	\$108,785	\$3,514,529	\$657,036	\$304,568	\$1,776,473	\$2,717,829
DAKOTA	\$19,406,542	\$6,739,901	\$1,153,208	\$0	\$2,793,769	\$1,468,904	\$418,710	\$2,205,861	\$4,626,190
DAWES	\$6,167,755	\$546,366	\$506,592	\$74,596	\$967,393	\$423,398	\$138,467	\$912,548	\$2,598,396
DAWSON	\$18,021,737	\$2,952,590	\$1,228,047	\$76,307	\$3,211,060	\$1,797,039	\$535,328	\$2,542,056	\$5,679,311
DEUEL	\$1,154,921	\$79,310	\$113,304	\$0	\$478,581	\$68,974	\$25,502	\$184,986	\$204,265
DIXON	\$3,217,634	\$294,311	\$163,057	\$63,102	\$1,382,067	\$141,990	\$74,408	\$680,539	\$680,539
DODGE	\$33,851,034	\$3,857,456	\$2,090,218	\$72,947	\$9,643,521	\$2,997,398	\$692,235	\$5,870,975	\$8,626,285
DOUGLAS	\$412,839,152	\$66,156,750	\$17,283,997	\$740,524	\$70,876,047	\$24,067,270	\$11,855,881	\$59,430,169	\$162,428,514
DUNDY	\$2,003,355	\$187,507	\$162,189	\$0	\$894,178	\$79,101	\$19,529	\$279,973	\$380,879
FILLMORE	\$5,084,424	\$641,892	\$386,263	\$0	\$1,966,116	\$319,215	\$107,250	\$629,217	\$1,034,470
FRANKLIN	\$2,693,046	\$128,212	\$164,176	\$69,851	\$1,172,207	\$129,507	\$74,193	\$431,625	\$523,275
FRONTIER	\$1,271,394	\$94,966	\$76,688	\$0	\$397,767	\$79,825	\$33,828	\$72,102	\$372,219
FURNAS	\$5,054,895	\$594,349	\$372,354	\$96,562	\$1,499,294	\$248,616	\$94,861	\$126,354	\$1,376,504
GAGE	\$69,063,688	\$3,770,838	\$1,572,656	\$48,160,912	\$5,541,708	\$1,354,430	\$345,948	\$3,230,015	\$5,087,181
GARDEN	\$1,560,553	\$151,055	\$187,088	\$77,087	\$373,142	\$74,033	\$285,170	\$40,210	\$272,768
GARFIELD	\$1,946,919	\$77,395	\$84,242	\$0	\$984,340	\$66,992	\$52,613	\$271,070	\$410,266
GOSPER	\$1,017,326	\$51,787	\$34,852	\$0	\$569,109	\$51,804	\$23,493	\$137,065	\$149,216
GRANT	\$97,064	\$9,508	\$17,613	\$0	\$0	\$11,883	\$5,207	\$26,597	\$26,256
GREELEY	\$1,557,180	\$131,360	\$135,164	\$0	\$511,750	\$112,978	\$56,468	\$265,221	\$344,238
HALL	\$49,029,228	\$7,585,208	\$2,867,638	\$1,122,318	\$7,462,004	\$5,005,646	\$1,352,896	\$7,494,850	\$16,138,668
HAMILTON	\$4,958,693	\$470,089	\$404,197	\$0	\$1,772,195	\$360,879	\$134,042	\$765,368	\$1,051,922
HARLAN	\$2,764,806	\$387,943	\$234,501	\$0	\$844,805	\$236,322	\$52,236	\$490,679	\$1,518,320
HAYES	\$251,772	\$25,476	\$28,524	\$83,357	\$48,325	\$20,992	\$9,138	\$15,543	\$20,417
HITCHCOCK	\$1,933,707	\$222,155	\$169,463	\$0	\$594,967	\$134,198	\$47,470	\$363,907	\$401,547
HOLT	\$10,230,701	\$1,185,823	\$973,678	\$70,731	\$2,481,762	\$676,791	\$193,845	\$1,320,734	\$3,327,337
HOOKER	\$438,274	\$10,013	\$14,502	\$0	\$259,024	\$16,710	\$60,263	\$3,810	\$73,954
HOWARD	\$3,411,661	\$285,875	\$341,131	\$0	\$766,965	\$300,578	\$115,106	\$564,071	\$1,037,935
JEFFERSON	\$7,410,707	\$475,624	\$483,218	\$38,013	\$2,611,976	\$259,512	\$125,608	\$1,031,369	\$2,385,385
JOHNSON	\$3,309,438	\$348,293	\$304,493	\$0	\$1,133,482	\$215,877	\$47,241	\$456,827	\$803,225
KEARNEY	\$10,923,604	\$391,171	\$250,008	\$5,448,275	\$1,536,724	\$276,822	\$92,111	\$1,127,687	\$1,800,808
KEITH	\$5,593,988	\$811,158	\$656,466	\$0	\$983,808	\$444,810	\$130,967	\$917,693	\$1,649,087
KEYA PAHA	\$262,629	\$64,368	\$32,501	\$0	\$19,312	\$31,956	\$11,336	\$34,899	\$68,258
KIMBALL	\$3,092,851	\$600,469	\$359,590	\$0	\$602,766	\$247,004	\$64,906	\$438,551	\$779,564
KNOX	\$10,057,295	\$1,073,458	\$413,140	\$0	\$3,935,935	\$573,400	\$158,916	\$1,130,989	\$2,771,457
LANCASTER	\$205,463,216	\$29,513,132	\$9,637,290	\$364,855	\$37,403,748	\$15,178,941	\$4,315,991	\$30,711,486	\$78,337,772
LINCOLN	\$28,442,265	\$4,262,378	\$2,611,705	\$0	\$5,063,657	\$2,701,701	\$717,439	\$5,418,889	\$7,666,495
LOGAN	\$352,630	\$31,697	\$32,801	\$80,085	\$20,085	\$38,911	\$20,648	\$64,059	\$64,346
LOUP	\$221,737	\$23,048	\$22,670	\$0	\$23,248	\$21,535	\$11,657	\$47,226	\$72,354
MADISON	\$31,064,222	\$4,193,736	\$1,449,199	\$48,703	\$6,152,934	\$2,609,166	\$821,607	\$4,911,401	\$10,877,476
MCPHERSON	\$203,983	\$61,696	\$29,232	\$0	\$34,903	\$19,221	\$6,887	\$12,458	\$39,585
MERRICK	\$6,262,883	\$914,799	\$371,380	\$0	\$1,691,309	\$423,641	\$125,045	\$1,457,372	\$1,279,337
MORRILL	\$5,431,714	\$712,805	\$513,607	\$0	\$1,678,935	\$362,215	\$127,151	\$1,015,351	\$1,021,651
NANCE	\$6,335,018	\$776,945	\$297,327	\$0	\$2,750,081	\$215,256	\$83,269	\$1,254,097	\$958,041
NEMAHA	\$6,603,232	\$602,803	\$466,145	\$0	\$1,758,578	\$417,023	\$132,909	\$870,827	\$2,354,946
NUCKOLLS	\$4,667,620	\$383,010	\$278,852	\$0	\$1,607,072	\$281,504	\$68,493	\$589,134	\$1,459,554
OTOE	\$12,216,288	\$1,549,490	\$909,548	\$0	\$4,211,582	\$814,942	\$211,006	\$1,578,071	\$2,941,650
PAWNEE	\$2,420,199	\$257,644	\$200,593	\$0	\$715,756	\$117,758	\$40,431	\$399,777	\$688,240
PERKINS	\$2,336,960	\$154,613	\$129,596	\$0	\$1,150,355	\$91,019	\$45,090	\$335,587	\$430,699
PHELPS	\$8,799,165	\$647,057	\$380,499	\$390,129	\$2,857,655	\$556,142	\$131,127	\$1,163,482	\$2,673,074
PIERCE	\$4,482,912	\$385,764	\$203,887	\$0	\$1,584,972	\$276,034	\$87,371	\$619,301	\$1,325,583
PLATTE	\$17,626,898	\$2,523,723	\$1,398,974	\$0	\$3,449,242	\$1,630,745	\$383,277	\$2,627,534	\$5,613,404
POLK	\$2,915,123	\$259,554	\$241,610	\$0	\$1,298,187	\$211,001	\$59,583	\$381,031	\$464,158
RED WILLOW	\$9,434,521	\$1,559,992	\$725,637	\$0	\$1,932,488	\$731,855	\$188,705	\$1,436,994	\$2,858,850
RICHARDSON	\$8,832,462	\$1,324,597	\$833,914	\$0	\$3,302,823	\$480,346	\$164,442	\$1,447,408	\$1,278,932
ROCK	\$1,047,268	\$167,156	\$106,534	\$0	\$360,905	\$62,900	\$21,770	\$167,023	\$160,980
SALINE	\$11,272,010	\$1,678,788	\$825,135	\$241,500	\$3,448,360	\$699,055	\$178,079	\$1,240,738	\$2,960,357
SARPY	\$45,122,939	\$6,295,401	\$2,359,274	\$73,591	\$5,286,187	\$3,045,436	\$1,344,902	\$6,474,249	\$20,243,900
SAUNDERS	\$12,655,420	\$1,172,092	\$747,425	\$22,791	\$3,716,836	\$823,959	\$256,319	\$1,776,668	\$4,139,331
SCOTTSS BLUFF	\$37,640,917	\$4,538,742	\$3,434,369	\$85,784	\$6,150,274	\$3,550,163	\$1,012,681	\$6,365,507	\$12,503,397
SEWARD	\$11,396,484	\$1,645,870	\$527,535	\$110,896	\$4,868,570	\$598,433	\$149,471	\$1,546,030	\$1,949,680
SHERIDAN	\$4,030,701	\$535,842	\$425,556	\$0	\$1,038,002	\$260,428	\$84,458	\$481,058	\$1,205,356
SHERMAN	\$2,860,593	\$283,706	\$116,525	\$0	\$1,432,000	\$173,399	\$52,199	\$348,136	\$454,628
SIoux	\$251,324	\$25,177	\$40,370	\$0	\$2,732	\$35,593	\$17,188	\$42,974	\$87,290
STANTON	\$2,767,454	\$235,876	\$158,879	\$0	\$865,012	\$271,045	\$69,798	\$469,242	\$697,602
THAYER	\$7,563,856	\$686,971	\$325,695	\$76,955	\$4,255,328	\$188,974	\$72,317	\$839,984	\$1,117,633
THOMAS	\$261,794	\$11,437	\$33,645	\$0	\$55,908	\$17,354	\$10,189	\$35,528	\$97,733
THURSTON	\$10,684,295	\$2,587,902	\$2,044,808	\$114,180	\$2,055,683	\$680,670	\$119,858	\$953,287	\$2,127,908
VALLEY	\$4,812,743	\$480,756	\$291,297	\$0	\$1,316,658	\$459,606	\$116,109	\$606,278	\$1,542,039
WASHINGTON	\$10,619,245	\$736,366	\$669,463	\$0	\$3,627,620	\$554,055	\$191,026	\$1,365,946	\$3,474,769
WAYNE	\$6,709,977	\$567,866	\$311,657	\$0	\$972,730	\$227,039	\$1		

**NEBRASKA MEDICAID TOTAL EXPENDITURES* BY ELIGIBILITY BY COUNTY
STATE FISCAL YEAR 2006**

	Total**	Aged	Blind & Disabled	ADC-Adults	All Children
STATE TOTALS	\$1,429,289,213	\$356,364,344	\$576,785,308	\$107,397,790	\$388,741,771
ADAMS	\$29,882,395	\$8,534,643	\$11,489,591	\$2,097,688	\$7,760,473
ANTELOPE	\$6,144,149	\$2,337,215	\$2,116,142	\$402,060	\$1,288,732
ARTHUR	\$110,044	\$8,941	\$34,167	\$25,227	\$41,709
BANNER	\$141,386	\$26,808	\$0	\$1,346	\$113,232
BLAINE	\$92,131	\$1,743	\$13,772	\$14,325	\$62,292
BOONE	\$3,339,233	\$1,789,859	\$829,968	\$257,897	\$461,510
BOX BUTTE	\$9,784,961	\$3,456,948	\$3,042,561	\$816,307	\$2,469,144
BOYD	\$1,649,554	\$672,137	\$508,276	\$48,947	\$420,194
BROWN	\$2,494,731	\$1,303,255	\$530,292	\$113,027	\$548,156
BUFFALO	\$33,340,086	\$8,726,509	\$10,817,925	\$2,377,168	\$11,418,484
BURT	\$7,695,348	\$2,547,044	\$3,356,739	\$485,960	\$1,305,605
BUTLER	\$6,019,508	\$2,410,910	\$2,546,449	\$275,413	\$786,736
CASS	\$12,844,206	\$4,299,477	\$4,042,374	\$912,238	\$3,590,117
CEDAR	\$4,678,986	\$2,657,571	\$1,045,137	\$135,798	\$840,480
CHASE	\$3,420,732	\$1,881,906	\$723,520	\$174,319	\$640,987
CHERRY	\$5,411,406	\$1,693,447	\$1,934,489	\$309,607	\$1,473,863
CHEYENNE	\$6,845,405	\$1,746,661	\$2,710,144	\$553,318	\$1,835,283
CLAY	\$4,928,635	\$2,029,033	\$1,642,570	\$257,368	\$999,664
COLFAX	\$5,859,837	\$2,066,238	\$1,351,153	\$274,402	\$2,168,044
CUMING	\$5,329,556	\$2,297,376	\$1,546,296	\$225,159	\$1,260,725
CUSTER	\$10,891,382	\$3,907,465	\$4,018,845	\$438,838	\$2,526,233
DAKOTA	\$19,406,542	\$3,507,074	\$5,334,353	\$1,071,921	\$9,493,193
DAWES	\$6,167,755	\$1,643,837	\$2,627,094	\$544,897	\$1,351,927
DAWSON	\$18,021,737	\$5,009,782	\$6,190,847	\$1,311,021	\$5,510,087
DEUEL	\$1,154,921	\$595,719	\$300,932	\$92,391	\$165,880
DIXON	\$3,217,634	\$1,437,516	\$804,249	\$142,007	\$833,862
DODGE	\$33,851,034	\$10,548,781	\$12,163,291	\$2,894,599	\$8,244,362
DOUGLAS	\$412,839,152	\$73,540,798	\$171,090,126	\$38,767,953	\$129,440,275
DUNDY	\$2,003,355	\$1,280,217	\$260,412	\$91,021	\$371,705
FILLMORE	\$5,084,424	\$2,104,544	\$1,079,069	\$313,964	\$1,586,847
FRANKLIN	\$2,693,046	\$1,351,544	\$704,520	\$198,216	\$438,767
FRONTIER	\$1,271,394	\$608,083	\$174,365	\$103,597	\$385,349
FURNAS	\$5,054,895	\$2,235,090	\$1,653,986	\$190,622	\$975,197
GAGE	\$69,063,688	\$11,457,608	\$50,756,619	\$1,126,718	\$5,722,744
GARDEN	\$1,560,553	\$648,923	\$516,110	\$93,378	\$302,142
GARFIELD	\$1,946,919	\$1,159,935	\$375,985	\$57,477	\$353,521
GOSPER	\$1,017,326	\$612,947	\$171,792	\$59,727	\$172,861
GRANT	\$97,064	\$12,214	\$12,910	\$4,077	\$67,863
GREELEY	\$1,557,180	\$780,123	\$317,804	\$95,284	\$363,969
HALL	\$49,029,228	\$8,852,026	\$19,904,608	\$4,269,840	\$16,002,754
HAMILTON	\$4,958,693	\$2,025,393	\$1,060,595	\$350,735	\$1,521,970
HARLAN	\$2,764,806	\$1,133,422	\$943,821	\$136,534	\$551,029
HAYES	\$251,772	\$56,307	\$110,336	\$8,941	\$76,188
HITCHCOCK	\$1,933,707	\$727,158	\$634,461	\$111,811	\$460,277
HOLT	\$10,230,701	\$3,281,511	\$3,943,104	\$673,324	\$2,332,763
HOOKER	\$438,274	\$307,180	\$82,790	\$4,716	\$43,588
HOWARD	\$3,411,661	\$1,188,852	\$797,292	\$311,878	\$1,113,638
JEFFERSON	\$7,410,707	\$3,548,817	\$2,429,568	\$330,112	\$1,102,209
JOHNSON	\$3,309,438	\$1,523,170	\$827,981	\$263,803	\$694,484
KEARNEY	\$10,923,604	\$2,183,271	\$7,498,822	\$178,337	\$1,063,174
KEITH	\$5,593,988	\$1,605,285	\$2,032,798	\$567,718	\$1,388,186
KEYA PAHA	\$262,629	\$59,179	\$81,368	\$10,396	\$111,687
KIMBALL	\$3,092,851	\$840,619	\$1,112,793	\$130,664	\$1,008,775
KNOX	\$10,057,295	\$4,680,451	\$3,253,980	\$335,810	\$1,787,053
LANCASTER	\$205,463,216	\$44,902,443	\$87,373,578	\$16,392,684	\$56,794,512
LINCOLN	\$28,442,265	\$7,293,522	\$11,331,731	\$2,874,156	\$6,942,855
LOGAN	\$352,630	\$24,479	\$154,625	\$45,292	\$128,234
LOUP	\$221,737	\$63,329	\$85,042	\$13,137	\$60,230
MADISON	\$31,064,222	\$8,038,750	\$12,331,659	\$2,331,209	\$8,362,604
MCPHERSON	\$203,983	\$45,379	\$97,102	\$33,631	\$27,871
MERRICK	\$6,262,883	\$1,815,818	\$2,613,241	\$337,338	\$1,496,486
MORRILL	\$5,431,714	\$1,990,955	\$1,626,671	\$405,540	\$1,408,548
NANCE	\$6,335,018	\$2,532,508	\$2,936,144	\$268,220	\$598,146
NEMAHA	\$6,603,232	\$2,181,659	\$2,982,391	\$477,182	\$962,001
NUCKOLLS	\$4,667,620	\$2,020,865	\$1,597,622	\$328,173	\$720,960
OTOE	\$12,216,288	\$4,799,917	\$4,328,119	\$1,042,811	\$2,045,440
PAWNEE	\$2,420,199	\$1,085,637	\$851,284	\$108,847	\$374,431
PERKINS	\$2,336,960	\$1,156,225	\$641,718	\$146,281	\$392,736
PHELPS	\$8,799,165	\$3,666,037	\$3,407,698	\$325,655	\$1,399,775
PIERCE	\$4,482,912	\$1,854,415	\$1,633,636	\$177,380	\$817,481
PLATTE	\$17,626,898	\$4,532,567	\$6,884,763	\$1,239,700	\$4,969,868
POLK	\$2,915,123	\$1,680,534	\$536,933	\$159,213	\$538,444
RED WILLOW	\$9,434,521	\$2,755,421	\$3,378,009	\$846,349	\$2,454,742
RICHARDSON	\$8,832,462	\$3,798,918	\$3,102,921	\$582,527	\$1,348,096
ROCK	\$1,047,268	\$383,583	\$203,391	\$68,582	\$391,712
SALINE	\$11,272,010	\$4,159,161	\$3,503,910	\$416,219	\$3,192,720
SARPY	\$45,122,939	\$7,444,084	\$18,109,041	\$4,157,666	\$15,412,149
SAUNDERS	\$12,655,420	\$4,839,482	\$4,621,720	\$804,876	\$2,389,342
SCOTTS BLUFF	\$37,640,917	\$9,263,501	\$15,021,747	\$3,029,628	\$10,326,041
SEWARD	\$11,396,484	\$4,234,361	\$4,337,126	\$420,866	\$2,404,131
SHERIDAN	\$4,030,701	\$1,507,940	\$1,071,724	\$214,372	\$1,236,665
SHERMAN	\$2,860,593	\$1,577,969	\$660,431	\$261,511	\$360,611
SIoux	\$251,324	\$33,061	\$95,126	\$33,068	\$90,069
STANTON	\$2,767,454	\$1,166,272	\$618,055	\$256,107	\$727,020
THAYER	\$7,563,856	\$4,106,833	\$2,151,985	\$278,494	\$1,026,543
THOMAS	\$261,794	\$72,299	\$136,833	\$10,677	\$41,984
THURSTON	\$10,684,295	\$1,337,067	\$3,917,945	\$1,188,339	\$4,240,943
VALLEY	\$4,812,743	\$2,003,449	\$1,544,285	\$336,291	\$928,718
WASHINGTON	\$10,619,245	\$4,487,459	\$3,457,073	\$824,230	\$1,850,483
WAYNE	\$6,709,977	\$1,294,016	\$3,758,679	\$335,696	\$1,321,586
WEBSTER	\$4,384,329	\$2,049,145	\$1,720,527	\$142,309	\$472,349
WHEELER	\$266,588	\$74,629	\$76,375	\$321	\$115,263
YORK	\$16,553,326	\$3,844,306	\$6,030,275	\$447,844	\$6,230,902
OUT-OF-STATE	\$13,693,260	\$1,303,784	\$4,304,982	\$995,403	\$7,089,090

*County totals may not match other tables due to rounding

Note: Because a different source of information was used the totals in this table may not match other tables and graphs in this report.

Nebraska Health and Human Services Medicaid and Program Administrative Costs with Selected Medicaid Statistics

	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
Net Program Expenditures (1)	\$ 722,043,133	\$ 783,285,996	\$ 906,474,438	\$ 983,735,293	\$ 1,068,739,183	\$ 1,189,531,650	\$ 1,252,263,652	\$ 1,344,219,241	\$ 1,395,768,788	\$ 1,413,068,868
Regular Administrative Costs	\$34,422,324	\$45,648,406	\$57,918,207	\$63,708,803	\$63,544,046	\$61,157,793	\$58,248,399	\$53,624,364	\$55,591,547	\$56,532,332
School Based Administrative Costs (2)	-	-	-	-	-	\$17,066,590	\$16,406,364	\$23,988,929	\$62,472,764	\$57,736,893
Number of Claims Paid (3)	8,428,908	7,443,069	8,111,785	8,899,645	9,624,514	9,793,703	9,407,356	9,495,333	9,991,728	9,113,162
Average Monthly Number of Eligibles	144,177	148,798	162,964	178,353	189,635	203,762	201,533	197,154	198,757	200,670
Total Admin. Cost as % of Program Expenditure	4.8%	5.8%	6.4%	6.5%	5.9%	5.1%	4.7%	4.0%	4.0%	4.0%
Total Admin. Cost per Claim Paid	\$4.08	\$6.13	\$7.14	\$7.16	\$6.60	\$6.24	\$6.19	\$5.65	\$5.56	\$6.20
Total Admin. Cost per Average Monthly Eligible	\$238.75	\$306.78	\$355.40	\$357.21	\$335.09	\$300.14	\$289.03	\$271.99	\$279.70	\$281.72
Percent Change in Net Program Expenditures	8.0%	8.5%	15.7%	8.5%	8.6%	11.3%	5.3%	7.3%	3.8%	1.2%
Percent Change in Total Admin. Costs	-4.8%	32.6%	26.9%	10.0%	-0.3%	-3.8%	-4.8%	-7.9%	3.7%	1.7%
Percent Change in Number of Claims Paid	30.2%	-11.7%	9.0%	9.7%	8.1%	1.8%	-3.9%	0.9%	5.2%	-8.8%
Percent Change in Average Monthly Number of Eligibles	1.9%	3.2%	9.5%	9.4%	6.3%	7.4%	-1.1%	-2.2%	0.8%	1.0%

(1) Does not include administrative costs. Program expenditures are budget program 344, 348 and 349 total expenditures less refunds and include retroactive settlements to nursing homes and hospitals.

(2) Includes cost of eligibility determination and reviews.

Note: FY 2002 was the first year to claim school-based administration expenditures passed through to local school districts

Note: FY 2005 includes retro-settlement for school-based administration from FY 1999 to FY 2004 of \$31,595,309.

(3) Documents paid from Cost Avoidance Report

**Nebraska Medicaid Managed Care Expenditures
SFY 2006**

Program Expenditures	Avg. monthly Recipients	Avg. Monthly Member Months	Avg. monthly Dollars**	Fiscal year Dollars
Share Advantage-United	18,382	28,253	5,949,244	\$ 71,390,925
PCCM	22,867	34,853	69,706	\$ 836,468
Incentive and Other Manual Payments				\$ 2,962,753
MH/SA "Wrap-Around" Services (Non-MMIS)				\$ 97,766
Total Managed Care Program Expenditures				\$ 75,287,912
Magellan Contract Payments				\$ 3,581,173

**Expenditures are posted to Program 344 and Program 348

**Nebraska Health Connection
Nebraska Medicaid Managed Care Eligibles Enrolled
June-2006**

<u>Health Plan</u>	<u>June 2006 Enrollment</u>	<u>Average Monthly State Fiscal Year Eligibility Group</u>					<u>Wards</u>	<u>Total Enrollment</u>
		<u>AABD</u>	<u>CHIP</u>	<u>Family</u>	<u>Maternity*</u>			
United HealthCare (HMO)								
-Omaha	27,724	2,370	2,717	20,790	202	1,044	27,124	
-Lincoln	3,497	438	501	2,577	25	166	3,706	
-Total	31,221	2,808	3,218	23,368	227	1,211	30,830	
Blue Cross/Blue Shield PC+ (PCCM)								
-Omaha	24,487	1,867	3,848	17,698	N/A	957	24,371	
-Lincoln	13,821	1,253	1,908	9,843	N/A	694	13,699	
-Total	38,308	3,121	5,756	27,541	0	1,651	38,069	
Primary Health Care total	69,529	5,929	8,974	50,909	227	2,862	68,900	

* Maternity care payments made for the birth of a child.

Note:

Mental Health/Substance Abuse services are contracted through an Administrative Service Organization (ASO) managed care arrangement with Magellan that began 7/1/2002 and are not reported here.

Nebraska Medicaid Staff Directory

If you have any questions regarding information in this report or would like additional statistical information, please contact:

Name	Phone	Fax	E-mail
Kim Collins	(402) 471-9104	(402) 471-7783	kim.collins@hhss.ne.gov
Karen Brandt	(402) 471-9177	(402) 471-7783	karen.brandt@hhss.ne.gov
Heidi Burklund	(402) 471-9101	(402) 471-7783	heidi.burklund@hhss.ne.gov
Emi Nyman Giles	(402) 471-9082	(402) 471-7783	emi.nyman@hhss.ne.gov
Andy Scherer	(402) 471-9181	(402) 471-7783	andy.scherer@hhss.ne.gov

Program and policy related questions may be directed to the following:

Title	Name	Phone	Fax	E-mail
Medicaid Administrator	Mary Steiner	(402) 471-9147	(402) 471-9092	mary.steiner@hhss.ne.gov
Deputy Administrator	Cec Brady	(402) 471-9506	(402) 471-9092	cecile.brady@hhss.ne.gov
Medical Director	Dr. Christine Wright	(402) 471-9136	(402) 471-9092	chris.wright@hhss.ne.gov
Financial Participation	Ginger Goomis	(402) 471-9185	(402) 471-9092	ginger.goomis@hhss.ne.gov
Claims Payments	Pat Darnell	(402) 471-9404	(402) 471-9092	pat.darnell@hhss.ne.gov
Fraud & Abuse	Kris Azimi	(402) 471-9365	(402) 471-9092	kris.azimi@hhss.ne.gov
Kids Connection	Deb Scherer	(402) 471-0122	(402) 471-9092	deb.scherer@hhss.ne.gov
Managed Care	David Cygan	(402) 471-9050	(402) 471-9092	david.cygan@hhss.ne.gov
Nursing Facility	Ginger Goomis	(402) 471-9185	(402) 471-9092	ginger.goomis@hhss.ne.gov
Pharmacy	Barb Mart	(402) 471-9301	(402) 471-9092	barbara.mart@hhss.ne.gov
Aging/Disability	Mary Jo Iwan	(402) 471-9345	(402) 471-6352	maryjo.iwan@hhss.ne.gov
Eligibility	George Kahlandt	(402) 471-9267	(402) 471-9597	george.Kahlandt@hhss.ne.gov