

# **NEBRASKA MEDICAID GENERAL INFORMATION**

**FISCAL YEAR 2007**



**Nebraska Department of Health  
and Human Services**

Nebraska Department of Health and Human Services  
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**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.***



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## 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 Department of Health and Human Services. 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 \$104,400 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, DHHS 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, DHHS 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 (HHSS) in January 1997. HHSS was reorganized as the Department of Health and Human Services (DHHS) in July 2007.*

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.

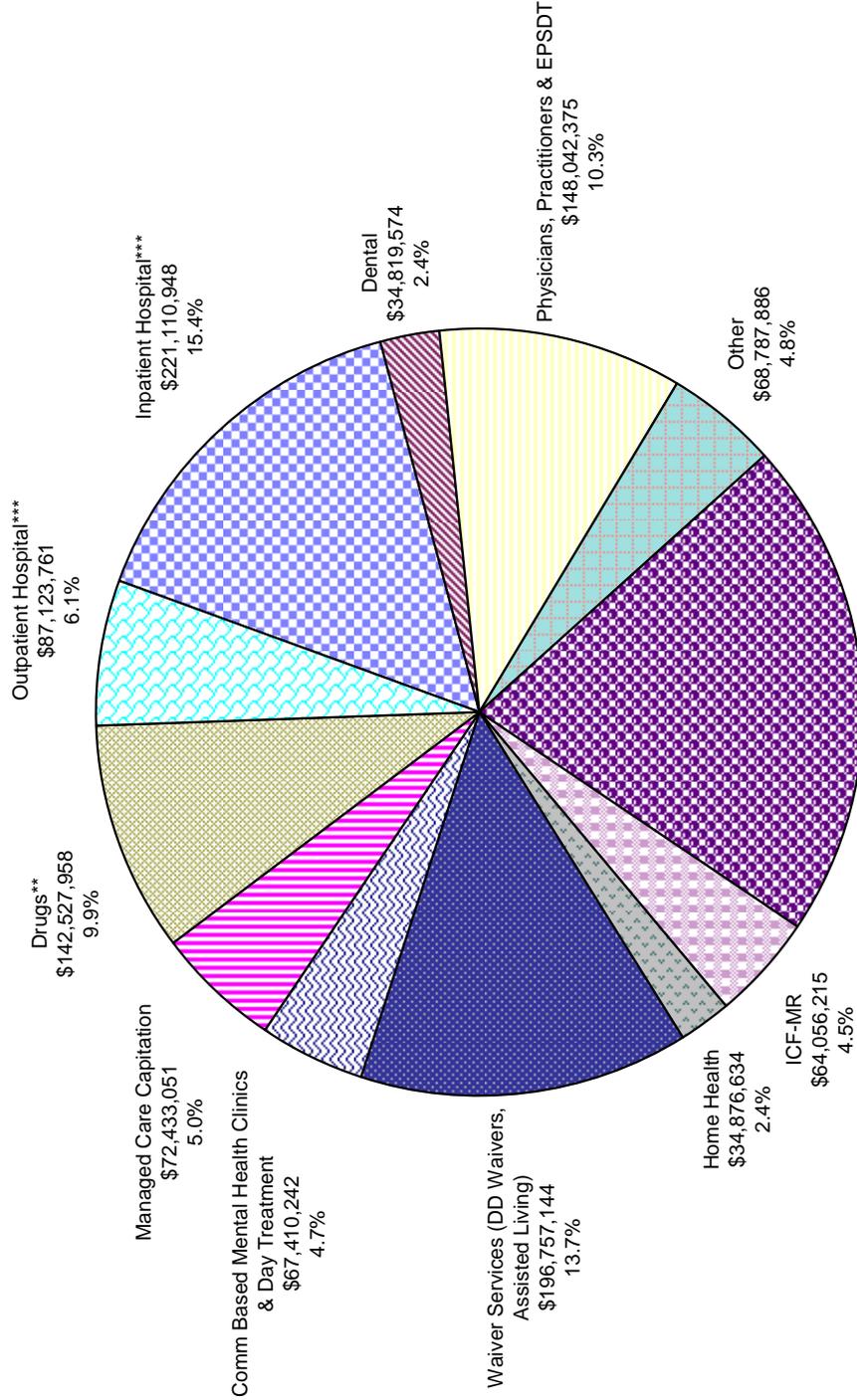
18. DSS implemented practitioner fee schedule with statewide rates for physicians and other practitioners. DSS administrative decision effective 8/1/89.
19. Federal Spousal Impoverishment allowed for higher income and resource standards than state provisions effective 10/1/89.
20. Federal expansion of 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 in June 2006 recodified statutes relating to the medical assistance program with an emphasis on continuing Medicaid reform efforts initiated with LB 709.
70. LB 482 in June 2007 required DHHS to apply for a Medicaid waiver to provide intensive early intervention services for children with a medical diagnosis of an autism spectral disorder or an educational verification of autism by July 1, 2008.

# NEBRASKA MEDICAID VENDOR EXPENDITURES BY SERVICE FISCAL YEAR 2007\*

(Includes CHIP/Title XXI and NFOCUS Payments for HCBS Waiver Services)  
**Total Vendor Payments \$1,438,783,077**

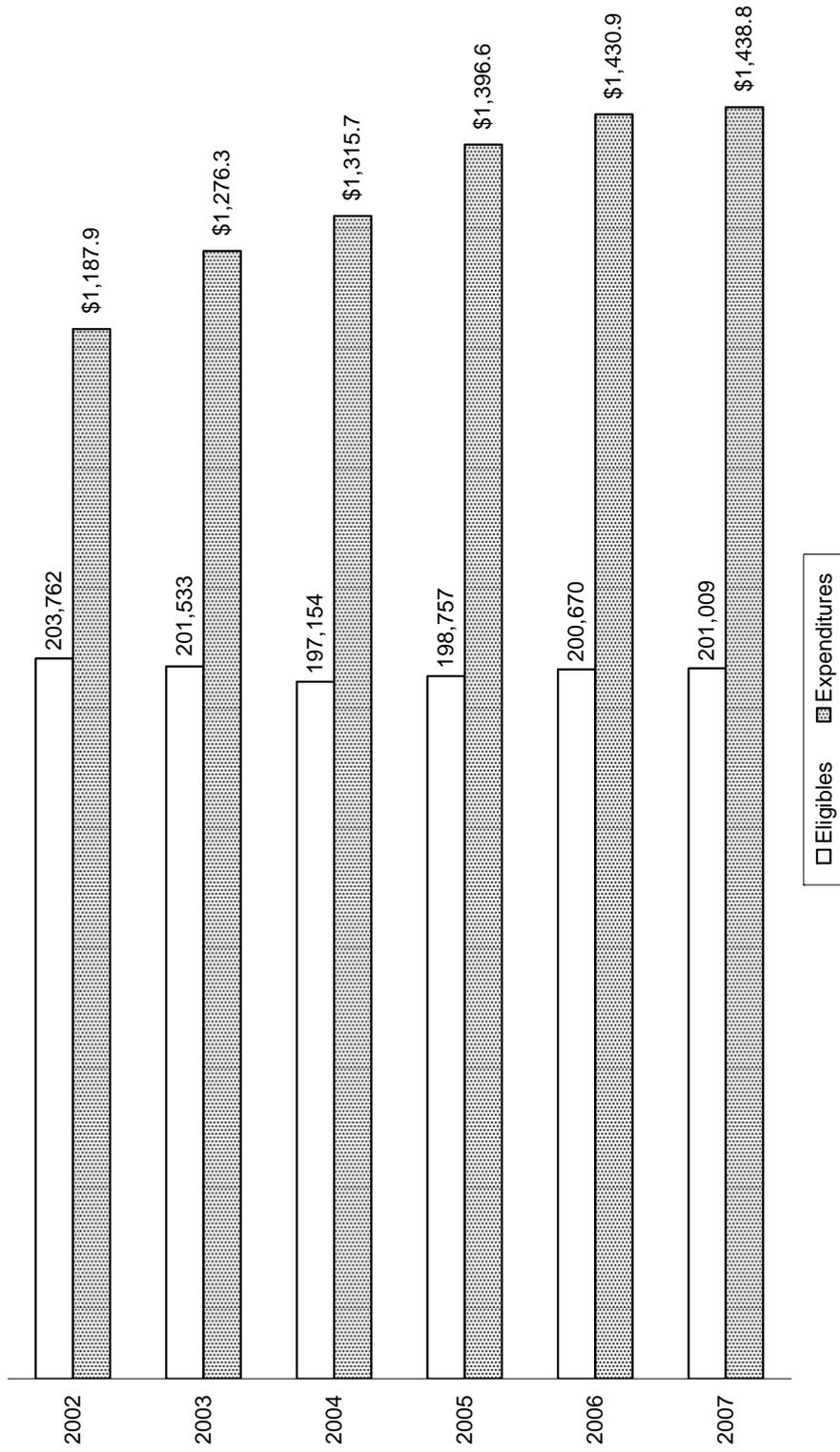


1,438,783,077 Vendor Payments	
29,898,753	DSH/Rate Adjustments
29,225,464	Medicare Premiums
21,988,636	Intergovernmental Transfer (IGT)
33,528,234	Other Payments (MC, Transport, FICA)
(37,580,152)	Rebates/Refunds
(73,389,770)	GF Paid in Other Budget Programs
38,802,693	Medicare Part D Clawback
<b>1,481,256,935</b>	<b>Net Program 344/348 Expenditures</b>

\* 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)  
 \*\* \$32.6 million in offsetting drug rebates received from manufacturers is not reflected in the Drug expenditures of \$142,527,958  
 \*\*\* DSH payments of \$24.1 million are not reflected in Inpatient or Outpatient Hospital Expenditures

Expenditures may not sum due to rounding.

**Nebraska Medicaid Total Vendor Expenditures (millions)  
and Average Monthly Number of Eligible Persons  
Fiscal Years 2002 - 2007**



**NEBRASKA MEDICAID Recipients AND EXPENDITURES BY BASIS OF ELIGIBILITY AND TYPE OF SERVICE  
Fiscal Year Ending June 2007**

MEDICAL SERVICE	TOTAL	AGED	BLIND	DISABLED	ADC CHILD	ADC ADULT	OTHER CHILDREN
<b>Total Vendor Expenditures</b>	<b>\$1,438,783,077</b>	<b>\$333,402,607</b>	<b>\$3,034,495</b>	<b>\$582,982,739</b>	<b>\$64,456,414</b>	<b>\$105,182,019</b>	<b>\$348,724,202</b>
<b>INPATIENT HOSPITAL</b>							
Recipients	3,926	843	7	1,087	227	388	1,375
Expenditures	179,133,604	8,803,296	350,237	67,173,357	12,787,348	20,615,589	69,403,777
<b>INPATIENT MENTAL-AGED</b>							
Recipients	0	0	0	0	0	0	0
Expenditures	11,920	11,920	0	0	0	0	0
<b>INPATIENT MENTAL-UNDER 21</b>							
Recipients	564	0	0	26	24	3	510
Expenditures	41,965,424	0	0	1,138,697	1,778,239	41,609	39,006,879
<b>ICF FOR THE MENTALLY RETARDED</b>							
Recipients	591	60	3	523	0	0	6
Expenditures	64,056,215	6,232,234	221,851	56,859,995	0	0	742,135
<b>NURSING FACILITY</b>							
Recipients	7,832	6,462	8	1,354	**	4	4
Expenditures	300,837,289	231,925,544	580,231	67,290,023	161,294	334,877	545,320
<b>PHYSICIANS SERVICES</b>							
Recipients	82,620	10,437	122	15,130	8,207	9,031	39,693
Expenditures	112,807,310	7,245,152	267,298	30,925,577	8,640,903	16,099,933	49,628,447
<b>DENTAL SERVICES</b>							
Recipients	16,895	1,001	19	2,686	1,917	1,846	9,427
Expenditures	34,819,580	2,028,037	32,769	5,674,033	4,013,234	4,912,741	18,158,766
<b>OTHER PRACTITIONER</b>							
Recipients	18,210	5,092	44	5,862	832	1,506	4,875
Expenditures	19,441,912	3,306,452	58,911	7,316,140	1,029,698	1,956,008	5,774,703
<b>OUTPATIENT HOSPITAL</b>							
Recipients	29,052	6,606	57	7,744	1,818	3,300	9,528
Expenditures	87,123,761	7,603,268	265,622	31,110,081	5,173,524	15,012,036	27,939,230
<b>CLINIC SERVICES</b>							
Recipients	17,537	672	31	6,208	1,597	1,669	7,360
Expenditures	67,410,242	1,128,996	120,808	28,853,359	5,213,699	5,376,175	26,717,205
<b>HOME HEALTH</b>							
Recipients	2,045	650	8	888	72	42	384
Expenditures	34,876,634	9,093,087	105,478	23,075,345	237,267	167,693	2,197,764
<b>FAMILY PLANNING</b>							
Recipients	5,364	0	12	703	459	2,184	2,006
Expenditures	6,862,678	0	7,350	494,344	556,719	2,394,558	3,409,707
<b>LAB AND RADIOLOGY</b>							
Recipients	12,023	553	21	2,525	925	2,332	5,667
Expenditures	14,413,592	343,440	32,174	4,379,299	868,552	3,692,227	5,097,900
<b>PRESCRIBED DRUGS</b>							
Recipients	74,884	10,591	141	16,951	6,928	8,940	31,334
Expenditures	142,527,958	5,881,027	616,750	58,026,774	10,221,526	17,423,517	50,358,364
<b>MANAGED CARE</b>							
Recipients	21,621	164	13	1,751	4,718	3,485	11,490
Expenditures	72,433,051	2,028,081	127,459	19,342,560	9,406,454	14,316,522	27,211,975
<b>WAIVER SERVICES</b>							
Recipients	1,671	1,417	1	252	0	0	0
Expenditures	196,757,144	39,546,033	23,643	157,191,060	0	(3,592)	0
<b>OTHER CARE</b>							
Recipients	20,795	4,578	53	7,043	1,299	1,220	6,602
Expenditures	54,374,294	8,226,042	202,786	24,010,600	3,018,914	2,583,456	16,332,494
<b>SCREENING SERVICES</b>							
Recipients	8,442	0	1	121	1,209	252	6,859
Expenditures	8,930,475	0	1,123	121,505	1,349,048	259,267	7,199,532

\*Expenditures are total dollars paid for the year. Recipients 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**

<b>Time Period</b>	<b>Federal Match Rate</b>	<b>Percent Change from Prior Year</b>	<b>Time Period</b>	<b>County Match Rate</b>
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%	73.02%	
10-1-99 to 9-30-00	60.88%	-0.9%	72.62%	-0.5%
10-1-00 to 9-30-01	60.38%	-0.8%	72.27%	-0.5%
10-1-01 to 9-30-02	59.55%	-1.4%	71.69%	0.8%
10-1-02 to 9-30-03*	59.52%	-0.1%	71.66%	0.0%
10-1-03 to 9-30-04*	59.89%	0.6%	71.92%	0.4%
10-1-04 to 9-30-05	59.64%	-0.4%	71.75%	-0.2%
10-1-05 to 9-30-06	59.68%	0.1%	71.78%	0.0%
10-1-06 to 9-30-07	57.93%	-2.9%	70.55%	-1.7%
10-1-07 to 9-30-08	58.02%	0.2%	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
FY2007	536,056,993	25,175,430	920,024,512	1,481,256,935	17.2%	73,389,770
FY2006	504,686,140	22,905,429	885,477,300	1,413,068,869	17.3%	
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	

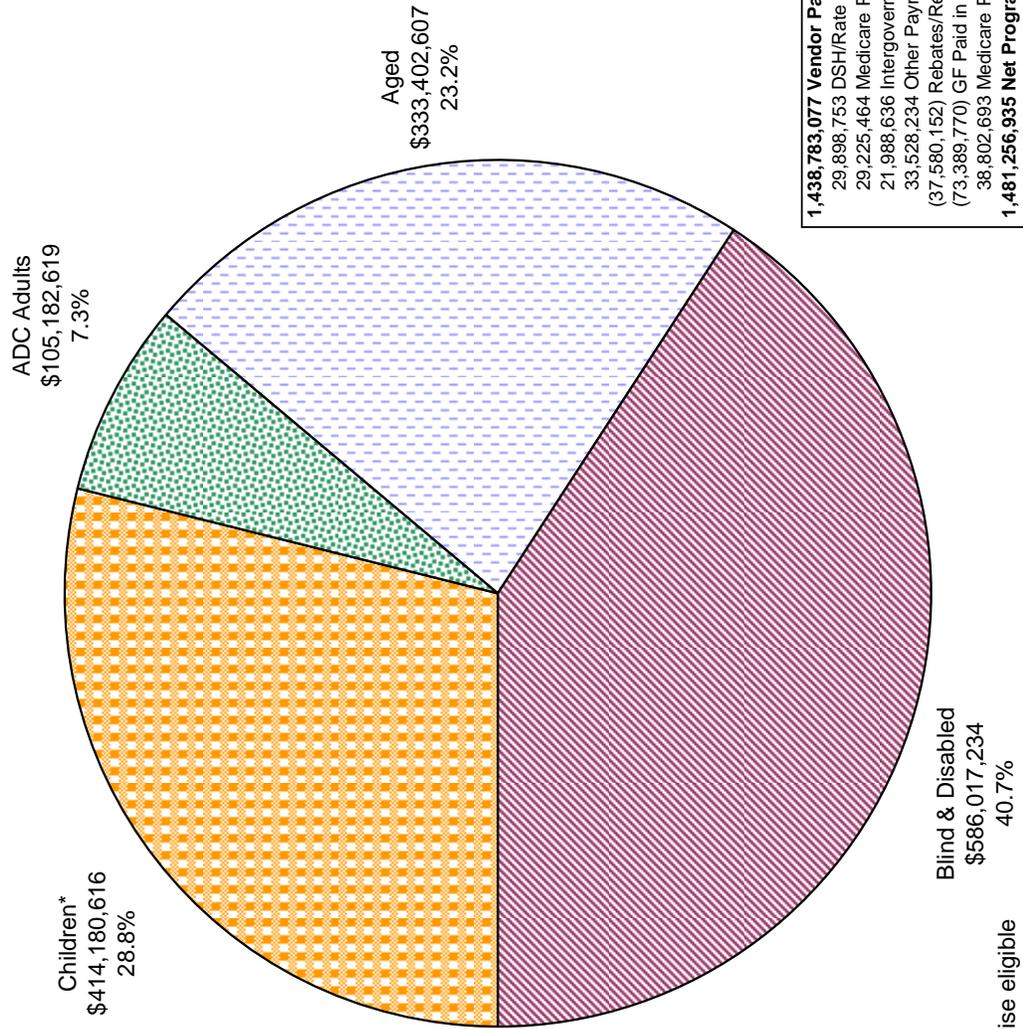
\* Medicaid Expenditures include all refunds, cancellations and other accounting adjustments

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

\*\*\* Includes Funds 10000 and 33000

**NEBRASKA MEDICAID VENDOR EXPENDITURES BY ELIGIBILITY CATEGORY**

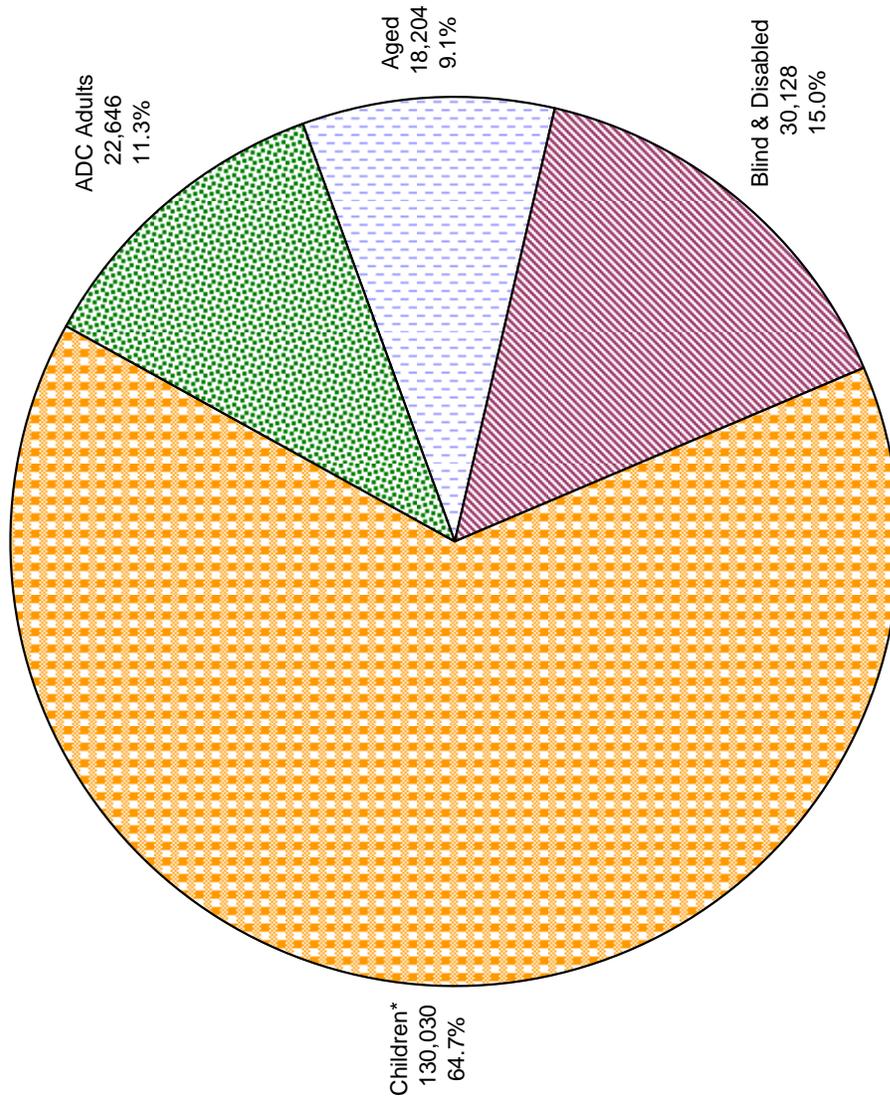
Fiscal Year 2007  
Total: \$1,438,783,077



**1,438,783,077 Vendor Payments**  
 29,898,753 DSH/Rate Adjustments  
 29,225,464 Medicare Premiums  
 21,988,636 Intergovernmental Transfer (IGT)  
 33,528,234 Other Payments (MC, Transport, FICA)  
 (37,580,152) Rebates/Refunds  
 (73,389,770) GF Paid in Other Budget Programs  
 38,802,693 Medicare Part D Clawback  
**1,481,256,935 Net Program 344/348 Expenditures**

\*Includes pregnant women not otherwise eligible

**NEBRASKA MEDICAID AVERAGE MONTHLY  
ELIGIBLE PERSONS BY CATEGORY  
Fiscal Year 2007  
Total: 201,009**



\*Includes pregnant women not otherwise eligible

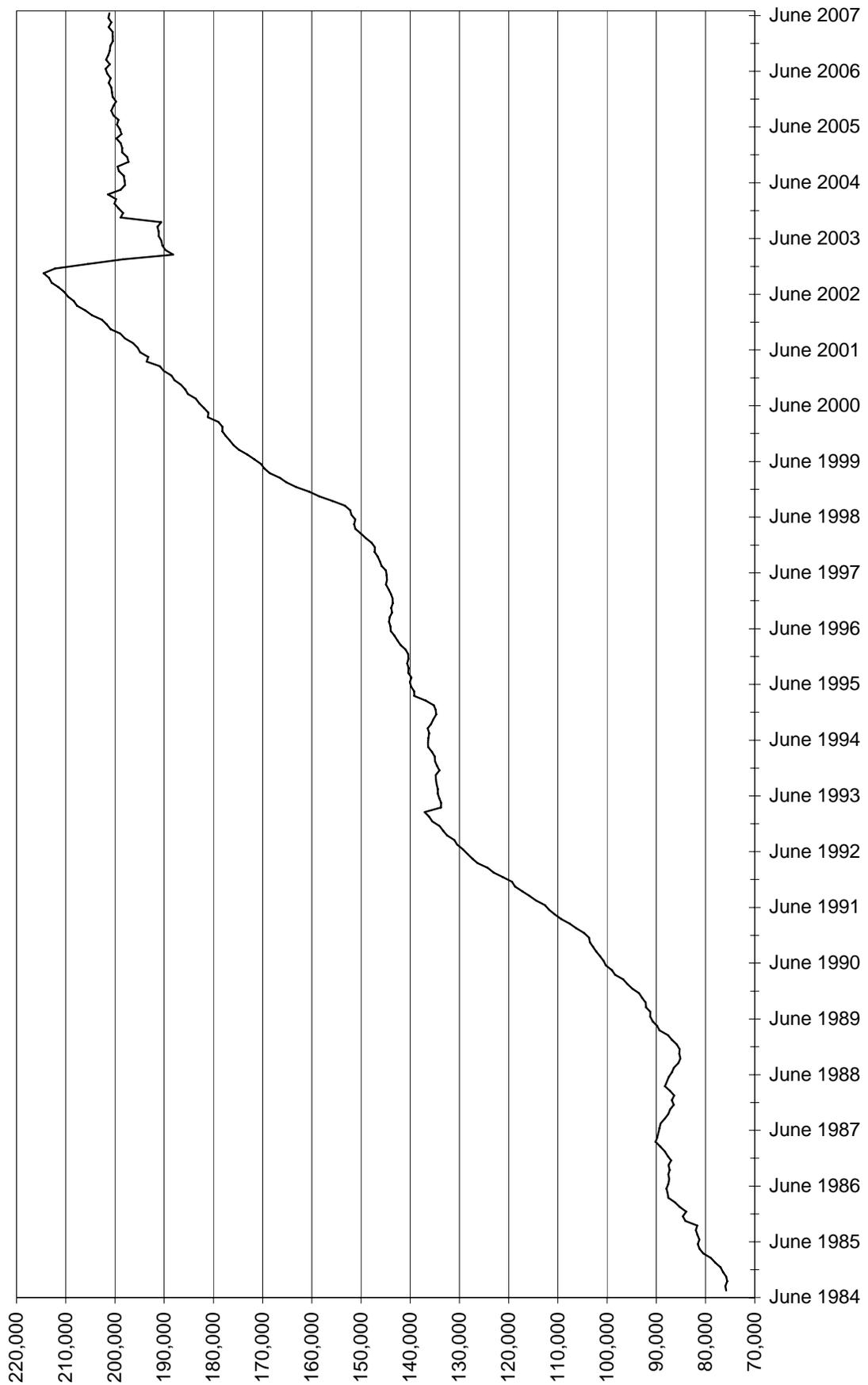
**NEBRASKA  
UNDUPLICATED ANNUAL MEDICAID ELIGIBLES**

FISCAL YEAR	TOTAL
FY2007	257,780
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
FY2007	201,009	0.17%
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	

**NEBRASKA MEDICAID ELIGIBLE PERSONS**  
**June 2007 Persons: 201,149**



## Nebraska Medicaid Eligibles Percent Change Between Fiscal Years By Eligibility Category\*

### Average Monthly Medicaid Eligibles:

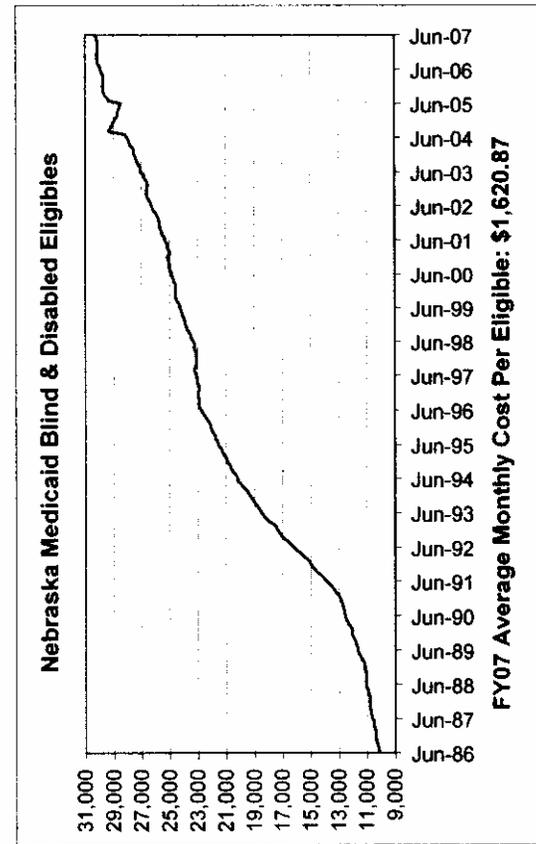
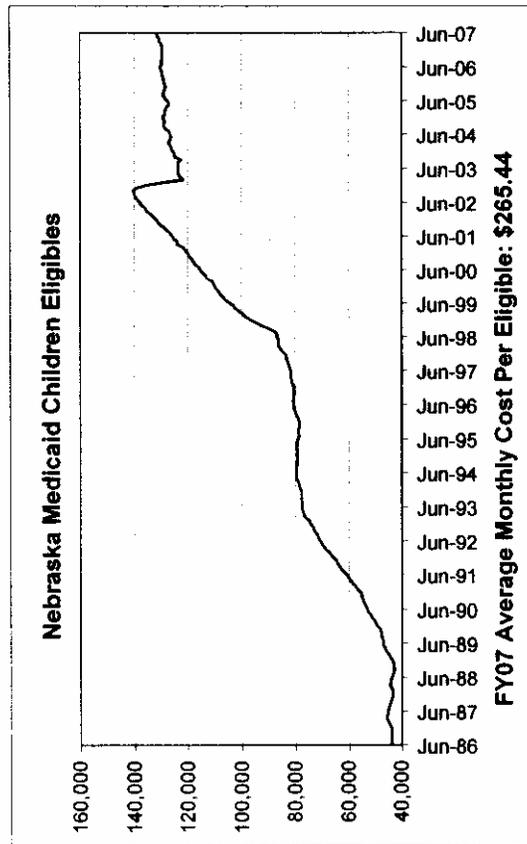
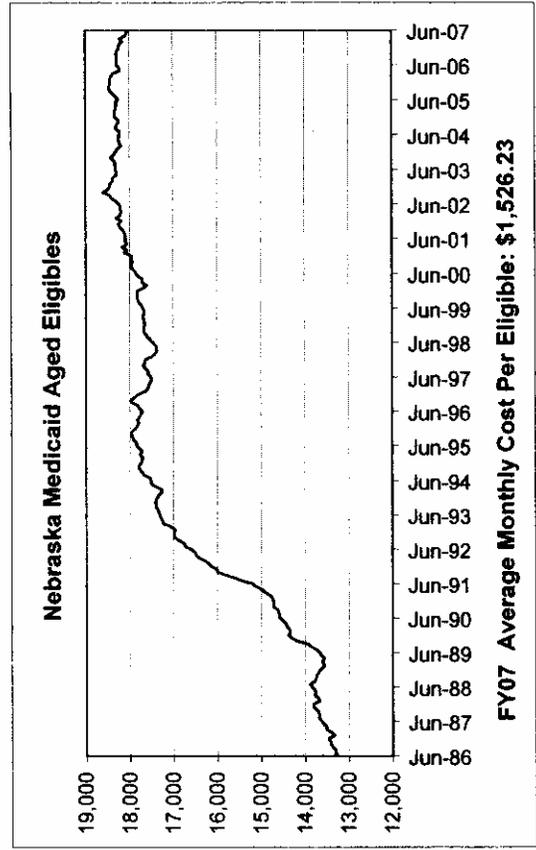
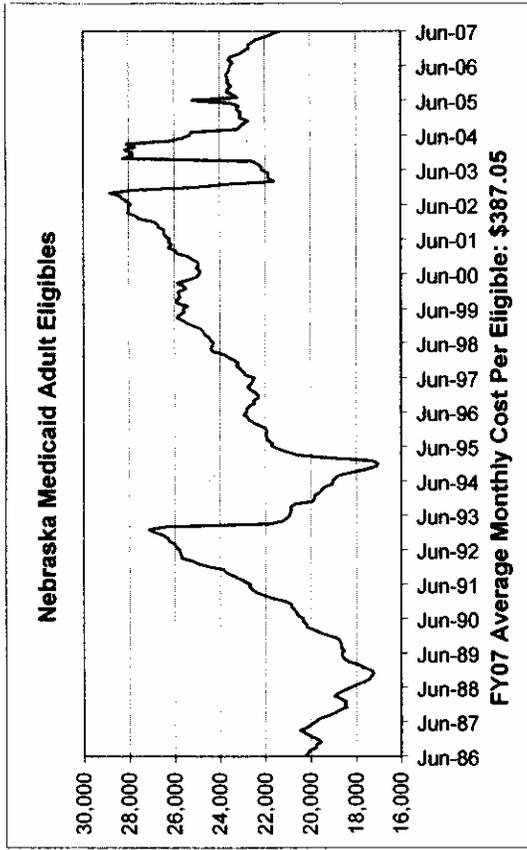
	FY96 TO FY97	FY97 TO FY98	FY98 TO FY99	FY99 TO FY00	FY00 TO FY01	FY01 TO FY02	FY02 TO FY03	FY03 TO FY04	FY04 TO FY05	FY05 TO FY06	FY06 TO FY07	FY07 Average Monthly Cost/Eligible	FY07 Total Expenditures
AGED	-0.75%	-1.09%	0.74%	0.63%	1.48%	0.99%	1.08%	-0.58%	-0.02%	0.43%	-0.90%	\$1,526.23	\$333,402,607
BLIND	3.61%	6.73%	-8.82%	-0.61%	1.55%	3.65%	2.20%	6.03%	-2.03%	-2.49%	7.38%	\$1,002.14	\$3,034,495
DISABLED	3.67%	0.85%	3.11%	3.05%	2.01%	2.86%	3.29%	3.36%	4.33%	3.38%	1.46%	\$1,626.10	\$582,982,739
ADC ADULT	1.28%	4.74%	6.58%	1.54%	0.06%	6.46%	-8.37%	4.22%	-9.15%	-0.33%	-3.86%	\$387.05	\$105,182,620
CHILDREN	2.17%	4.29%	13.95%	14.72%	9.52%	9.57%	-0.75%	-4.73%	2.24%	0.75%	0.75%	\$265.44	\$414,180,616
TOTAL	1.90%	3.16%	9.52%	9.44%	6.33%	7.45%	-1.09%	-2.17%	0.81%	0.96%	0.17%	\$596.48	\$1,438,783,077

### Average Monthly Medicaid Eligibles:

	FY96	FY97	FY98	FY99	FY00	FY01	FY02	FY03	FY04	FY05	FY06	FY07
AGED	17,846	17,713	17,520	17,650	17,761	18,025	18,204	18,401	18,294	18,291	18,370	18,204
BLIND	215	223	238	217	216	219	227	232	246	241	235	252
DISABLED	21,935	22,740	22,934	23,648	24,370	24,860	25,571	26,412	27,300	28,483	29,447	29,876
ADC ADULT	22,276	22,562	23,632	25,187	25,574	25,590	27,242	24,963	26,016	23,635	23,556	22,646
CHILDREN	79,283	81,001	84,474	96,262	110,432	120,941	132,518	131,525	125,298	128,107	129,062	130,030
TOTAL	141,555	144,239	148,798	162,964	178,353	189,635	203,762	201,533	197,154	198,757	200,670	201,009

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

**NEBRASKA MEDICAID ELIGIBLE PERSONS BY CATEGORY**  
(JUNE 1986 - JUNE 2007)



## NEBRASKA MEDICAID ELIGIBLE PERSONS BY DHHS SERVICE AREA

Fiscal Year 2007

- 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 Department of Health & Human Services Service Areas

	Percentage of State Total
Western	12.5%
Northern	14.7%
Central	13.1%
Eastern	36.8%
Southeastern	22.1%
Out-of-State	0.8%
	<hr/>
	100.0%



**Nebraska Medicaid Eligible Persons by Age and Race**  
**June 2007**

	Total	White		Black / African American		American Indian / Alaskan Native		Asian		Hawaiian / Pacific Islander		Hispanic or Latino		More than one race (Non-Hispanic / Latino)		Unknown	
		(Non-Hispanic/Latino)		American		Alaskan Native		Asian		Islander		Latino					
<b>Total*</b>	<b>212,592</b>	132,991	29,433	7,143	2,230	138	31,521	1,568	7,568								
<b>Percent of Total</b>	<b>100.0%</b>	62.6%	13.8%	3.4%	1.0%	0.1%	14.8%	0.7%	3.6%								
<b>Persons by Age</b>																	
<b>Under 1**</b>	<b>30,507</b>	16,798	3,410	889	340	32	6,984	356	1,698								
<b>1 - 5</b>	<b>43,914</b>	24,333	5,529	1,513	428	35	9,608	538	1,930								
<b>6 - 14</b>	<b>53,730</b>	31,351	8,553	2,207	553	31	9,233	221	1,581								
<b>15 - 18</b>	<b>19,561</b>	12,229	3,426	839	160	6	2,237	102	562								
<b>19 - 20</b>	<b>2,228</b>	1,417	432	95	15	1	187	14	67								
<b>21 - 64</b>	<b>44,505</b>	31,608	6,991	1,385	374	24	2,458	325	1,340								
<b>65 - 84</b>	<b>12,812</b>	10,296	927	199	332	8	724	9	317								
<b>85 - 125</b>	<b>5,335</b>	4,959	165	16	28	1	90	3	73								

\*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 2007

	Total	0	1-5	6-14	15-18	19-20	21-64	65-84	85-125
ADAMS	202,531	20,217	43,571	53,707	19,450	2,314	44,988	12,871	5,433
ANTELOPE	3,947	397	803	971	368	56	925	305	123
ARTHUR	860	59	158	250	101	8	158	85	42
BANNER	41	3	10	12	7	0	8	1	1
BLAINE	67	6	16	26	11	0	3	2	2
BOONE	62	7	9	27	10	1	6	3	0
BOONE	453	43	59	116	43	4	87	57	44
BOX BUTTE	1,579	131	313	438	145	10	337	135	69
BOYD	246	15	49	59	38	2	36	29	18
BROWN	378	33	72	103	38	2	58	38	33
BUFFALO	4,972	510	1,085	1,246	585	66	1,039	286	155
BURT	789	59	113	195	78	6	186	87	44
BUTLER	745	52	124	184	69	5	166	94	52
CASS	1,989	160	402	606	206	20	396	127	73
CEDAR	582	62	107	158	59	5	74	58	60
CHASE	404	50	84	93	34	1	66	45	32
CHERRY	840	64	165	271	82	7	130	89	32
CHEYENNE	984	95	191	249	101	12	211	78	29
CLAY	675	96	128	178	63	7	147	88	25
COLFAX	1,129	214	367	253	67	8	102	82	38
CUMING	715	77	156	176	67	5	115	64	56
CUSTER	1,370	123	241	388	178	8	244	135	56
DAKOTA	3,023	417	782	858	242	28	452	175	69
DAWES	1,121	102	228	293	131	10	249	71	38
DAWSON	3,590	486	923	1,023	302	29	530	208	89
DEUEL	165	19	29	33	21	0	33	14	16
DIXON	518	51	112	150	49	3	75	53	25
DODGE	4,359	451	921	1,088	411	35	996	286	171
DOUGLAS	68,346	6,759	14,680	17,790	6,383	889	15,875	3,114	857
DUNDY	259	13	46	84	24	1	38	36	17
FILLMORE	655	39	112	176	138	4	92	58	37
FRANKLIN	346	23	46	96	39	3	76	45	19
FRONTIER	239	17	46	75	25	2	41	20	14
FURNAS	627	34	94	174	83	3	128	64	28
GAGE	2,891	214	409	629	239	31	994	262	113
GARDEN	251	19	35	66	32	3	48	35	14
GARFIELD	247	18	52	64	23	1	44	31	14
GOSPER	170	14	42	34	15	0	30	22	12
GRANT	54	5	11	18	10	0	6	6	0
GREELEY	277	23	60	75	33	1	38	31	18
HALL	8,541	1,025	2,161	2,354	888	87	1,659	408	160
HAMILTON	727	50	156	228	85	7	114	53	35
HARLAN	385	25	67	104	41	3	88	40	18
HAYES	60	4	8	20	12	0	9	6	1
HITCHCOCK	397	26	72	121	42	3	72	43	17
HOLT	1,291	108	240	327	137	9	264	124	83
HOOKER	64	4	12	20	11	0	4	8	5
HOWARD	658	46	137	200	75	5	113	56	26
JEFFERSON	894	58	142	184	92	8	227	118	67
JOHNSON	436	50	95	119	31	2	65	52	22
KEARNEY	886	57	121	169	62	5	159	58	36
KEITH	902	91	177	226	91	8	208	77	27
KEYA PAHA	83	6	16	35	10	0	7	7	2
KIMBALL	483	54	98	142	54	4	83	29	21
KNOX	1,295	83	218	361	152	9	213	161	96
LANCASTER	27,028	2,811	6,127	6,822	2,296	342	6,594	1,535	500
LINCOLN	4,527	420	940	1,073	417	64	1,183	312	118
LOGAN	67	5	14	20	8	1	16	1	1
LOUP	56	6	6	18	5	1	9	8	2
MADISON	4,569	485	1,014	1,148	418	65	980	300	160
MCPHERSON	40	5	8	13	4	0	6	4	0
MERRICK	844	48	138	235	82	6	226	73	36
MORRILL	796	54	146	242	86	4	160	71	35
NANCE	514	21	68	120	44	2	152	72	34
NEMAHA	637	66	139	187	79	10	240	73	43
NUCKOLLS	494	40	88	119	39	8	112	51	39
OTOE	1,452	143	267	365	124	15	342	131	66
PAWNEE	313	21	45	75	27	1	72	41	30
PERKINS	242	25	45	69	28	1	43	16	16
PHELPS	1,021	86	194	262	81	6	241	103	47
PIERCE	579	54	119	145	58	4	97	64	38
PLATTE	2,901	365	665	733	251	30	548	215	94
POLK	412	30	75	112	44	2	72	44	32
RED WILLOW	1,287	106	254	343	124	10	304	98	48
RICHARDSON	1,122	85	188	281	113	9	264	139	64
ROCK	172	12	37	54	21	1	21	16	11
SALINE	1,372	183	306	343	121	10	235	113	63
SARPY	7,738	832	1,855	2,245	742	91	1,573	276	124
SAUNDERS	1,562	124	296	414	167	14	337	161	69
SCOTT'S BLUFF	6,273	599	1,333	1,637	588	82	1,433	447	154
SEWARD	976	83	173	248	103	10	221	89	49
SHERIDAN	847	68	197	249	95	5	125	71	38
SHERMAN	352	16	59	108	35	3	58	47	26
SIOUX	89	4	16	36	12	0	12	9	0
STANTON	446	33	80	156	63	3	57	31	23
THAYER	806	35	76	153	63	3	120	103	55
THOMAS	59	9	18	14	4	0	7	4	5
THURSTON	2,272	216	524	710	259	35	421	87	21
VALLEY	543	40	101	130	64	3	102	60	34
WASHINGTON	1,205	102	246	307	119	9	241	113	69
WAYNE	638	78	119	159	55	9	160	35	24
WEBSTER	440	21	61	109	31	5	121	58	35
WHEELER	83	8	19	34	14	0	8	1	1
YORK	1,440	153	265	383	171	8	279	111	61
OUT-OF-STATE	1,483	144	256	498	265	18	258	28	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 2007**

	Total*	Aged	Blind/Disabled	ADC Adults	Children
	<b>202,531</b>	<b>18,304</b>	<b>30,156</b>	<b>19,302</b>	<b>134,770</b>
ADAMS	3,947	428	675	341	2,504
ANTELOPE	860	127	119	53	581
ARTHUR	41	2	6	3	31
BANNER	67	4	2	2	58
BLAINE	62	3	4	3	52
BOONE	453	101	57	38	257
BOX BUTTE	1,579	204	194	181	1,021
BOYD	246	47	33	8	158
BROWN	376	70	45	18	244
BUFFALO	4,972	441	615	532	3,384
BURT	769	132	156	50	431
BUTLER	745	148	134	49	417
CASS	1,989	200	282	159	1,348
CEDAR	582	117	60	29	378
CHASE	404	77	52	20	255
CHERRY	840	121	87	57	575
CHEYENNE	964	106	161	70	628
CLAY	675	93	104	61	417
GOLFAX	1,129	120	72	44	883
CUMING	715	119	100	30	466
CUSTER	1,370	191	195	72	914
DAKOTA	3,023	244	282	218	2,279
DAWES	1,121	108	150	120	743
DAWSON	3,580	297	361	236	2,695
DEUEL	165	30	26	9	101
DIXON	518	78	57	26	358
DODGE	4,359	457	694	390	2,818
DOUGLAS	66,346	3,970	5,743	7,699	44,834
DUNDY	259	53	28	11	187
FILLMORE	655	96	72	34	453
FRANKLIN	346	64	55	26	201
FRONTIER	239	33	29	18	159
FURNAS	627	111	97	44	375
GAGE	2,891	375	836	224	1,457
GARDEN	251	49	36	15	151
GARFIELD	247	45	35	12	155
GOSPER	170	34	21	18	99
GRANT	54	6	4	3	41
GREELEY	277	47	27	13	190
HALL	8,541	567	1,068	743	6,183
HAMILTON	727	88	79	53	508
HARLAN	385	58	64	28	235
HAYES	60	7	7	2	44
HITCHCOCK	387	60	50	31	256
HOLT	1,291	206	223	88	793
HOOKER	64	13	4	2	45
HOWARD	658	82	75	48	454
JEFFERSON	894	182	201	56	454
JOHNSON	436	75	51	23	288
KEARNEY	666	94	134	43	395
KEITH	902	104	153	70	576
KEYA PAHA	83	9	5	2	67
KIMBALL	483	50	69	25	339
KNOX	1,295	259	159	82	795
LANCASTER	27,028	2,035	4,437	2,779	17,778
LINCOLN	4,527	430	853	441	2,803
LOGAN	67	2	11	6	46
LOUP	56	10	8	4	34
MADISON	4,569	459	699	390	3,021
MCPHERSON	40	4	5	4	27
MERRICK	844	109	192	49	493
MORRILL	798	106	114	66	513
NANCE	514	106	139	28	241
NEMAHA	837	115	160	100	462
NUCKOLLS	494	90	88	33	283
OTOE	1,452	197	237	145	873
PAWNEE	313	71	57	19	165
PERKINS	242	32	31	16	163
PHELPS	1,021	150	189	69	613
PIERCE	579	102	82	26	369
PLATTE	2,901	309	410	202	1,980
POLK	412	76	48	30	258
RED WILLOW	1,287	148	235	99	807
RICHARDSON	1,122	203	198	90	634
ROCK	172	27	12	12	122
SALINE	1,372	178	199	73	925
SARPY	7,738	400	940	652	5,546
BAUNDERS	1,582	230	253	122	978
SCOTT'S BLUFF	6,273	800	989	563	4,122
SEWARD	976	138	188	63	587
SHERIDAN	847	108	81	55	603
SHERMAN	352	73	42	28	209
SHOUX	89	9	7	6	67
STANTON	446	54	47	24	321
THAYER	606	158	115	19	314
THOMAS	59	9	10	1	40
THURSTON	2,272	109	174	282	1,707
VALLEY	543	103	75	35	330
WASHINGTON	1,205	182	169	103	751
WAYNE	638	59	120	57	402
WEBSTER	440	93	106	24	217
WHEELER	83	2	9	1	70
YORK	1,440	172	235	74	959
OUT-OF-STATE	1,483	53	147	130	1,183

\*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 MEDICAD EXPENDITURES BY SERVICE BY COUNTY - SFY 2007

	HOSPITAL						DENTAL	PRESCRIBED DRUGS	OTHER
	TOTAL*	INPATIENT	OUTPATIENT	ICF-MR	NURSING FACILITY	PHYSICIAN			
STATE TOTALS*	\$1,436,654,283	\$221,140,858	\$87,256,870	\$94,056,218	\$306,874,546	\$104,086,941	\$34,458,139	\$141,951,621	\$482,826,899
ADAMS	\$31,013,479	\$5,837,581	\$1,536,303	\$336,870	\$6,364,986	\$2,652,960	\$707,605	\$3,155,227	\$10,621,928
ANTELOPE	\$5,461,185	\$680,594	\$607,361	\$76,674	\$1,571,225	\$450,568	\$109,826	\$493,142	\$1,461,386
ARTHUR	\$115,064	\$23,033	\$27,137	\$0	\$2,482	\$10,097	\$6,643	\$11,605	\$34,067
BANNER	\$328,416	\$137,898	\$33,681	\$0	\$40,554	\$31,361	\$8,772	\$25,007	\$51,144
BLAINE	\$128,773	\$24,358	\$20,768	\$0	\$1,735	\$26,727	\$10,328	\$12,419	\$12,419
BOONE	\$3,803,429	\$624,553	\$346,355	\$0	\$1,729,171	\$226,738	\$61,283	\$273,204	\$942,125
BOX BUTTE	\$10,711,588	\$1,425,312	\$1,306,462	\$0	\$3,353,432	\$731,619	\$309,970	\$893,458	\$2,691,335
BOYD	\$1,519,839	\$104,597	\$214,443	\$0	\$494,053	\$147,330	\$38,437	\$149,631	\$411,347
BROWN	\$2,738,195	\$366,017	\$270,274	\$0	\$1,087,433	\$165,879	\$75,463	\$223,360	\$549,758
BUFFALO	\$35,015,497	\$7,680,360	\$1,708,135	\$521,255	\$6,943,274	\$3,256,103	\$823,557	\$3,684,546	\$10,398,287
BURT	\$7,222,759	\$908,231	\$488,236	\$0	\$2,132,098	\$383,713	\$127,087	\$692,586	\$2,390,809
BUTLER	\$6,245,534	\$414,136	\$319,524	\$0	\$2,286,887	\$351,111	\$103,648	\$433,910	\$2,326,312
CASS	\$13,531,571	\$2,288,661	\$893,717	\$72,042	\$3,763,289	\$1,423,729	\$307,288	\$1,458,188	\$3,326,655
CEDAR	\$4,369,927	\$216,152	\$199,578	\$0	\$2,370,060	\$210,907	\$86,721	\$283,532	\$1,002,977
CHASE	\$3,633,529	\$599,114	\$307,447	\$0	\$1,562,298	\$171,625	\$43,574	\$273,494	\$675,978
CHERRY	\$4,906,313	\$680,756	\$647,786	\$0	\$1,134,057	\$338,536	\$121,830	\$295,636	\$1,787,711
CHEYENNE	\$6,354,890	\$1,247,160	\$589,327	\$8,069	\$1,224,776	\$430,491	\$125,106	\$624,845	\$2,127,117
CLAY	\$4,927,056	\$507,904	\$329,617	\$230,424	\$1,938,513	\$355,999	\$123,534	\$461,133	\$990,933
COLFAX	\$5,393,945	\$1,030,301	\$480,310	\$112,268	\$1,545,949	\$808,017	\$142,189	\$359,095	\$1,115,617
CUMING	\$5,815,709	\$1,362,247	\$426,861	\$0	\$1,743,724	\$329,047	\$129,080	\$436,268	\$1,388,482
CUSTER	\$10,199,318	\$889,049	\$570,771	\$147,252	\$3,819,035	\$683,865	\$342,515	\$924,981	\$2,821,851
DAKOTA	\$17,626,640	\$5,182,483	\$1,443,358	\$0	\$2,755,318	\$1,848,318	\$460,846	\$1,685,015	\$4,451,301
DAWES	\$6,465,682	\$596,164	\$14,619	\$75,847	\$1,087,430	\$433,784	\$147,995	\$880,810	\$2,729,033
DAWSON	\$19,810,570	\$3,920,133	\$1,612,069	\$78,338	\$3,627,884	\$2,206,304	\$573,742	\$1,606,572	\$5,983,728
DEUEL	\$1,176,559	\$75,550	\$128,835	\$0	\$547,285	\$70,755	\$33,103	\$74,190	\$246,881
DIXON	\$3,117,175	\$317,255	\$250,008	\$0	\$1,345,199	\$189,537	\$81,238	\$214,028	\$644,115
DODGE	\$33,953,479	\$3,918,087	\$2,313,896	\$2,318,087	\$10,410,219	\$3,322,490	\$793,863	\$4,384,580	\$8,991,538
DOUGLAS	\$417,574,584	\$72,382,986	\$19,361,252	\$815,043	\$66,232,258	\$26,386,730	\$12,557,851	\$46,987,768	\$189,870,896
DUNWY	\$1,612,485	\$165,167	\$162,798	\$0	\$752,361	\$87,256	\$21,321	\$135,813	\$307,769
FILLMORE	\$4,794,224	\$603,718	\$307,582	\$0	\$1,851,474	\$422,224	\$83,311	\$346,928	\$965,688
FRANKLIN	\$2,319,649	\$251,434	\$187,836	\$74,881	\$888,823	\$132,501	\$80,073	\$231,103	\$492,220
FRONTIER	\$1,591,731	\$296,268	\$118,824	\$0	\$403,087	\$40,824	\$40,769	\$159,089	\$398,871
FURNAS	\$4,426,077	\$443,582	\$396,548	\$78,659	\$1,508,898	\$320,882	\$109,380	\$420,708	\$1,149,421
GAGE	\$71,034,190	\$3,367,652	\$2,144,009	\$51,040,976	\$5,777,134	\$1,484,494	\$367,747	\$1,889,421	\$4,962,748
GARDEN	\$1,662,997	\$132,045	\$216,427	\$78,281	\$497,706	\$94,705	\$54,978	\$170,881	\$428,174
GARFIELD	\$1,893,339	\$210,260	\$114,524	\$0	\$658,184	\$85,079	\$73,008	\$110,626	\$341,858
GOSPER	\$1,152,538	\$101,729	\$58,840	\$0	\$813,288	\$74,878	\$26,108	\$83,159	\$193,536
GRAHAM	\$78,534	\$16,154	\$11,112	\$0	\$8,900	\$8,950	\$6,945	\$17,405	\$17,987
GREELEY	\$1,474,896	\$123,353	\$114,042	\$0	\$671,344	\$83,405	\$53,938	\$115,519	\$313,095
HALL	\$49,853,186	\$8,856,588	\$2,953,877	\$1,173,345	\$6,978,062	\$5,466,536	\$1,410,797	\$5,745,789	\$17,068,192
HAMILTON	\$4,883,230	\$562,564	\$455,004	\$0	\$1,958,869	\$409,278	\$117,281	\$463,563	\$926,671
HARLAN	\$2,408,635	\$185,533	\$246,004	\$27,259	\$913,974	\$211,261	\$64,782	\$253,505	\$506,337
HAYES	\$275,828	\$20,848	\$27,737	\$85,614	\$55,225	\$27,886	\$4,420	\$14,733	\$39,365
HITCHCOCK	\$2,247,813	\$305,481	\$256,819	\$0	\$795,005	\$150,871	\$49,193	\$277,716	\$413,728
HOLT	\$10,401,106	\$1,068,586	\$1,030,812	\$71,723	\$2,821,670	\$751,551	\$188,430	\$824,566	\$3,643,768
HOOKER	\$954,633	\$112,668	\$117,779	\$0	\$234,983	\$28,726	\$12,932	\$29,111	\$118,434
HOWARD	\$3,269,675	\$444,528	\$334,383	\$0	\$742,162	\$274,472	\$117,644	\$333,006	\$1,023,480
JEFFERSON	\$7,790,840	\$1,170,984	\$980,254	\$2,401	\$2,883,431	\$338,533	\$99,108	\$580,740	\$2,333,809
JOHNSON	\$2,950,938	\$336,618	\$208,177	\$0	\$1,157,686	\$195,249	\$46,317	\$297,463	\$709,428
KEARNEY	\$11,017,305	\$505,787	\$278,774	\$5,880,374	\$278,774	\$304,797	\$103,035	\$680,530	\$1,856,875
KEITH	\$5,724,899	\$1,061,120	\$662,533	\$0	\$1,042,712	\$477,483	\$119,055	\$550,049	\$1,811,747
KEYA PAHA	\$143,053	\$26,208	\$23,280	\$0	\$2,360	\$23,894	\$12,047	\$16,300	\$38,954
KIMBALL	\$3,111,083	\$466,998	\$456,883	\$0	\$750,423	\$280,975	\$61,312	\$332,421	\$782,070
KNOX	\$10,198,734	\$1,018,759	\$702,915	\$0	\$3,882,482	\$701,996	\$165,706	\$581,320	\$3,145,556
LANCASTER	\$205,445,595	\$30,223,582	\$10,113,363	\$402,132	\$38,617,280	\$17,360,656	\$4,899,025	\$21,237,877	\$82,791,679
LINCOLN	\$28,004,978	\$4,670,117	\$2,714,194	\$0	\$4,684,583	\$2,932,122	\$713,152	\$3,695,397	\$8,595,413
LOGAN	\$289,872	\$25,814	\$30,589	\$82,286	\$34,822	\$27,870	\$9,565	\$27,927	\$51,029
LOUP	\$451,878	\$115,892	\$70,810	\$74,962	\$3,375	\$10,919	\$3,221	\$33,727	\$107,871
MADISON	\$32,292,967	\$3,895,522	\$2,580,743	\$26,510	\$6,825,862	\$2,990,865	\$780,121	\$3,493,254	\$11,720,091
MC PHERSON	\$164,195	\$15,262	\$19,011	\$0	\$66,402	\$20,925	\$3,985	\$8,468	\$30,143
MERRICK	\$5,989,831	\$686,060	\$543,159	\$0	\$1,916,615	\$430,270	\$140,628	\$385,271	\$1,307,828
MORRILL	\$5,452,897	\$790,019	\$581,837	\$0	\$1,761,894	\$386,425	\$137,619	\$638,523	\$1,146,580
NANKES	\$5,536,907	\$644,591	\$386,139	\$0	\$2,359,021	\$236,722	\$89,728	\$684,179	\$1,146,526
NEBASKA	\$7,594,939	\$1,346,720	\$505,137	\$0	\$1,936,313	\$497,087	\$127,519	\$653,601	\$2,648,361
NICKOLLS	\$4,395,777	\$354,710	\$363,545	\$0	\$1,458,118	\$217,468	\$63,886	\$339,527	\$1,598,523
OTOE	\$12,353,395	\$1,744,114	\$854,176	\$2,235	\$4,426,370	\$751,890	\$231,171	\$927,306	\$3,416,134
PAWNEE	\$2,443,984	\$254,293	\$231,119	\$0	\$990,678	\$144,421	\$61,112	\$208,412	\$643,949
PERKINS	\$2,067,188	\$145,677	\$159,626	\$0	\$695,503	\$86,596	\$51,300	\$328,434	\$403,052
PHILIPS	\$8,104,416	\$724,577	\$524,386	\$343,727	\$2,214,950	\$591,985	\$151,468	\$588,578	\$2,987,136
PIERCE	\$4,434,100	\$278,100	\$198,445	\$0	\$1,939,696	\$244,303	\$76,872	\$325,522	\$1,371,183
PLATTE	\$17,900,387	\$2,736,876	\$1,485,225	\$0	\$3,571,295	\$1,639,753	\$407,637	\$1,608,558	\$6,441,053
POLK	\$3,220,283	\$411,320	\$378,254	\$0	\$1,285,291	\$235,579	\$62,194	\$247,746	\$599,890
RED WILLOW	\$9,640,601	\$1,882,789	\$819,288	\$0	\$2,100,685	\$688,615	\$191,668	\$845,702	\$3,011,654
RICHARDSON	\$7,716,031	\$1,096,981	\$805,933	\$0	\$2,873,031	\$955,129	\$155,926	\$877,654	\$1,351,374
ROCK	\$1,005,633	\$144,947	\$121,137	\$0	\$384,697	\$64,643	\$20,511	\$113,757	\$155,941
SALINE	\$11,050,081	\$1,296,908	\$899,449	\$164,776	\$3,708,400	\$801,181	\$208,894	\$684,827	\$3,327,629
SARPY	\$45,876,767	\$6,537,035	\$2,382,964	\$85,522	\$4,721,264	\$3,425,257	\$1,422,343	\$5,409,945	\$21,892,437
SAUNDERS	\$14,217,643	\$1,825,594	\$786,561	\$139,912	\$4,381,332	\$858,308	\$294,536	\$1,158,818	\$4,772,582
SCOTT'S BLUFF	\$35,836,133	\$4,640,158	\$3,534,391	\$97,206	\$5,940,461	\$3,598,826	\$1,064,337	\$4,181,519	\$12,779,234
SEWARD	\$11,062,123	\$2,069,488	\$514,010	\$112,090	\$4,898,401	\$474,763	\$144,127	\$844,892	\$2,234,371
SHERIDAN	\$3,951,576	\$486,996	\$436,393	\$0	\$1,160,576	\$67,966	\$224,002	\$325,176	\$1,290,468
SHERMAN	\$2,752,809	\$130,787	\$146,170	\$0	\$1,637,418	\$161,471	\$53,654	\$152,675	\$470,632
SIOUX	\$276,050	\$19,790	\$62,617	\$0	\$47,216	\$31,508	\$13,641	\$21,581	\$79,698
STANTON	\$2,840,250	\$238,517	\$138,807	\$0	\$862,203	\$386,652	\$88,150	\$319,457	\$706,474
THAYER	\$7,221,991	\$396,657	\$362,624	\$144,781	\$4,255,285	\$206,263	\$64,547	\$420,581	\$1,371,033
THOMAS	\$230,153	\$18,000	\$12,619	\$0	\$66,800	\$20,870	\$8,010	\$13,503	\$80,350
THURSTON	\$12,676,920	\$4,267,227	\$2,370,880	\$140,483	\$2,152,115	\$877,803	\$188,187	\$605,788	\$2,094,658
VALLEY	\$4,164,183	\$238,764	\$314,289	\$24,969	\$1,138,756	\$312,374	\$131,946	\$343,091	\$1,659,986
WASHINGTON	\$10,585,465	\$706,516	\$729,019	\$0	\$3,737,898	\$500,283	\$182,497	\$831,968	\$3,777,274
WAYNE	\$8,727,569	\$485,342	\$361,832	\$0	\$677,141	\$308,			

**NEBRASKA MEDICAID TOTAL EXPENDITURES\* BY ELIGIBILITY BY COUNTY  
STATE FISCAL YEAR 2007**

	Total**	Aged	Blind & Disabled	ADC-Adults	All Children
STATE TOTALS	\$1,436,854,283	\$338,268,114	\$893,889,593	\$103,830,594	\$462,797,992
ADAMS	\$31,013,479	\$7,540,116	\$13,403,147	\$2,130,455	\$7,939,781
ANTELOPE	\$5,461,185	\$1,977,288	\$1,755,473	\$402,183	\$1,326,241
ARTHUR	\$115,064	\$16,755	\$51,530	\$3,300	\$43,479
BANNER	\$328,418	\$48,343	\$3,081	\$121,035	\$155,978
BLAINE	\$128,773	\$3,703	\$18,071	\$13,517	\$86,482
BOONE	\$3,903,429	\$1,948,526	\$1,003,036	\$315,240	\$536,626
BOX BUTTE	\$10,711,588	\$3,741,896	\$3,618,625	\$985,564	\$3,875,503
BOYD	\$1,519,839	\$521,917	\$529,363	\$64,735	\$403,823
BROWN	\$2,736,195	\$1,234,057	\$760,411	\$113,288	\$630,438
BUFFALO	\$35,015,497	\$8,320,036	\$11,183,360	\$2,708,228	\$12,794,875
BURT	\$7,222,759	\$2,382,590	\$3,187,462	\$428,119	\$1,226,587
BUTLER	\$6,245,534	\$2,582,214	\$2,707,792	\$182,426	\$813,103
CASS	\$13,531,571	\$4,081,873	\$4,560,100	\$1,210,990	\$3,698,806
CEDAR	\$4,369,927	\$2,580,989	\$820,881	\$174,022	\$794,255
CHASE	\$3,633,529	\$1,734,145	\$1,026,457	\$179,730	\$693,197
CHERRY	\$4,906,313	\$1,887,246	\$1,464,806	\$388,548	\$1,165,914
CHEYENNE	\$6,354,890	\$1,502,931	\$2,327,408	\$402,470	\$2,122,084
CLAY	\$4,827,056	\$1,847,381	\$1,575,802	\$361,808	\$1,142,084
COLFAX	\$5,393,945	\$1,810,476	\$1,218,885	\$256,067	\$2,108,497
CUMING	\$5,815,709	\$2,024,470	\$2,417,973	\$191,676	\$1,181,589
CUSTER	\$10,198,318	\$3,686,222	\$3,694,037	\$375,472	\$2,443,587
DAKOTA	\$17,628,640	\$3,095,880	\$4,759,102	\$979,622	\$8,792,236
DAWES	\$6,485,882	\$1,782,898	\$2,674,178	\$588,852	\$1,439,754
DAWSON	\$19,610,570	\$4,742,966	\$6,241,508	\$1,361,288	\$7,264,808
DEUEL	\$1,178,559	\$618,520	\$235,398	\$60,048	\$282,594
DIXON	\$3,112,175	\$1,385,981	\$784,821	\$180,209	\$781,185
DOGGE	\$33,953,479	\$9,892,028	\$12,782,147	\$2,744,108	\$8,535,198
DOUGLAS	\$417,607,875	\$68,463,495	\$176,923,361	\$36,559,715	\$135,661,304
DUNWY	\$1,612,485	\$937,659	\$178,397	\$79,331	\$417,098
FILLMORE	\$4,794,224	\$1,813,774	\$1,257,732	\$236,270	\$1,486,449
FRANKLIN	\$2,319,849	\$940,636	\$844,658	\$59,706	\$474,850
FRONTIER	\$1,591,731	\$667,731	\$368,605	\$130,289	\$425,105
FURNAS	\$4,426,077	\$1,652,740	\$1,482,012	\$430,353	\$860,973
GAGE	\$71,034,160	\$11,786,178	\$51,580,512	\$1,209,040	\$8,468,461
GARDEN	\$1,662,997	\$692,368	\$458,158	\$107,853	\$404,818
GARFIELD	\$1,893,339	\$1,018,986	\$382,577	\$129,902	\$361,874
GOSPER	\$1,152,538	\$724,807	\$190,930	\$54,133	\$182,668
GRANT	\$78,534	\$6,296	\$12,728	\$7,188	\$50,321
GREELEY	\$1,474,696	\$834,823	\$212,548	\$46,174	\$381,152
HALL	\$49,653,186	\$7,864,750	\$20,563,221	\$4,461,145	\$16,764,070
HAMILTON	\$4,893,230	\$2,059,813	\$1,000,272	\$333,203	\$1,500,141
HARLAN	\$2,408,635	\$1,094,439	\$715,804	\$123,502	\$474,891
HAYES	\$275,828	\$70,504	\$108,289	\$6,547	\$88,487
HITCHCOCK	\$2,247,813	\$800,593	\$771,047	\$157,809	\$519,564
HOLT	\$10,401,106	\$3,205,782	\$4,070,914	\$691,188	\$2,433,221
HOOKER	\$654,833	\$265,822	\$131,767	\$5,853	\$151,091
HOWARD	\$3,269,875	\$1,062,451	\$778,296	\$200,410	\$1,230,558
JEFFERSON	\$7,790,640	\$3,538,639	\$2,737,215	\$261,151	\$1,255,635
JOHNSON	\$2,950,938	\$1,302,514	\$658,767	\$210,259	\$779,398
KEARNEY	\$11,017,305	\$2,550,259	\$7,188,742	\$163,214	\$1,135,090
KEITH	\$5,724,899	\$1,502,493	\$2,019,876	\$489,583	\$1,712,748
KEYA PAHA	\$143,053	\$30,799	\$7,627	\$6,507	\$68,120
KIMBALL	\$3,111,083	\$932,880	\$965,398	\$308,618	\$604,189
KNOX	\$10,198,734	\$4,440,167	\$3,458,231	\$484,220	\$1,816,116
LANCASTER	\$205,445,595	\$43,852,589	\$89,999,790	\$15,033,221	\$58,559,995
LINCOLN	\$28,004,878	\$6,216,566	\$11,688,514	\$2,890,663	\$7,209,235
LOGAN	\$289,872	\$38,295	\$138,643	\$36,424	\$76,310
LOUP	\$451,878	\$48,068	\$239,315	\$47,343	\$119,152
MADISON	\$32,292,987	\$7,987,878	\$13,161,523	\$2,201,753	\$8,921,713
MCPHERSON	\$164,195	\$63,891	\$22,297	\$6,784	\$41,224
MERRICK	\$5,989,831	\$1,821,097	\$2,790,914	\$204,852	\$1,172,969
MORRILL	\$5,452,897	\$2,022,582	\$1,537,085	\$434,965	\$1,458,234
NANCE	\$5,536,907	\$2,263,029	\$2,431,780	\$286,906	\$575,192
NEBAMA	\$7,594,939	\$2,142,426	\$3,401,130	\$533,717	\$1,517,685
NUCKOLLS	\$4,385,777	\$1,713,959	\$1,672,889	\$215,348	\$793,581
OTOE	\$12,353,395	\$4,539,112	\$4,341,705	\$781,193	\$2,711,385
PAWNEE	\$2,443,984	\$1,021,810	\$789,403	\$171,281	\$461,481
PERKINS	\$2,087,188	\$618,340	\$643,273	\$92,665	\$512,910
PHELPS	\$9,104,418	\$3,888,365	\$3,549,731	\$341,858	\$1,524,462
PIERCE	\$4,434,100	\$2,086,498	\$1,489,085	\$142,609	\$715,908
PLATTE	\$17,900,397	\$4,230,985	\$7,712,350	\$1,076,782	\$4,880,299
POLK	\$3,220,293	\$1,583,514	\$678,248	\$249,167	\$709,365
RED WILLOW	\$9,640,601	\$2,518,110	\$3,641,843	\$1,472,891	\$2,007,757
RICHARDSON	\$7,718,031	\$3,119,673	\$2,800,267	\$589,401	\$1,408,690
ROCK	\$1,005,633	\$376,102	\$158,268	\$100,336	\$372,927
SALINE	\$11,050,061	\$4,279,180	\$3,845,058	\$654,926	\$2,470,896
SARPY	\$45,878,787	\$6,104,510	\$19,023,415	\$4,089,853	\$18,659,009
SAUNDERS	\$14,217,643	\$5,082,168	\$5,824,781	\$681,005	\$2,629,690
SCOTT'S BLUFF	\$35,836,133	\$8,265,993	\$13,632,893	\$2,893,096	\$11,054,161
SEWARD	\$11,062,123	\$3,829,016	\$4,048,443	\$386,540	\$3,028,124
SHERIDAN	\$3,951,578	\$1,613,842	\$1,094,601	\$224,391	\$1,018,742
SHERMAN	\$2,752,809	\$1,611,169	\$653,973	\$91,582	\$396,075
SIoux	\$278,050	\$36,478	\$143,803	\$9,765	\$86,005
STANTON	\$2,840,259	\$1,223,797	\$618,481	\$184,991	\$812,991
THAYER	\$7,221,991	\$3,974,625	\$2,219,362	\$131,599	\$896,405
THOMAS	\$230,153	\$84,490	\$68,343	\$1,744	\$75,577
THURSTON	\$12,678,920	\$1,315,087	\$5,328,398	\$1,155,646	\$4,877,792
VALLEY	\$4,164,183	\$1,717,820	\$1,404,294	\$217,952	\$824,316
WASHINGTON	\$10,585,465	\$4,332,966	\$3,701,693	\$340,428	\$1,990,478
WAYNE	\$6,727,569	\$1,133,680	\$4,294,449	\$213,374	\$1,088,065
WEBSTER	\$3,797,152	\$1,579,449	\$1,507,512	\$148,008	\$564,183
WHEELER	\$223,135	\$38,384	\$82,754	\$2,188	\$99,806
YORK	\$15,542,575	\$3,786,312	\$5,800,780	\$408,148	\$5,549,356
OUT-OF-STATE	\$12,435,820	\$1,085,259	\$4,234,478	\$1,103,331	\$6,012,755

\*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

	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
Net Program Expenditures (1)	\$ 783,285,998	\$ 906,474,438	\$ 983,735,293	\$ 1,088,739,183	\$ 1,189,931,650	\$ 1,252,263,652	\$ 1,344,219,241	\$ 1,395,768,788	\$ 1,413,068,868	\$ 1,481,256,935
Regular Administrative Costs	\$45,648,406	\$57,918,207	\$63,709,803	\$63,544,046	\$61,167,793	\$58,248,398	\$63,924,364	\$65,581,547	\$69,532,332	\$69,278,655
School Based Administrative Costs (2)	-	-	-	-	\$17,966,590	\$19,406,364	\$23,968,829	\$62,472,784	\$57,736,693	\$52,915,860
Number of Claims Paid (3)	7,443,069	8,111,785	8,899,645	9,824,514	9,763,703	9,407,366	9,495,333	9,991,728	9,113,182	8,927,131
Average Monthly Number of Eligibles	148,798	162,964	178,353	189,635	203,762	201,533	197,154	198,757	200,870	201,009
Total Admin. Cost as % of Program Expenditure	5.8%	6.4%	6.5%	5.9%	5.1%	4.7%	4.0%	4.0%	4.0%	4.0%
Total Admin. Cost per Claim Paid	\$6.13	\$7.14	\$7.16	\$6.60	\$6.24	\$6.19	\$6.65	\$5.56	\$6.20	\$6.64
Total Admin. Cost per Average Monthly Eligible	\$308.78	\$355.40	\$357.21	\$335.06	\$300.14	\$289.03	\$271.99	\$278.70	\$281.72	\$294.91
Percent Change in Net Program Expenditures	8.5%	15.7%	8.5%	8.6%	11.3%	5.3%	7.3%	3.8%	1.2%	4.8%
Percent Change in Total Admin. Costs	32.6%	28.9%	10.0%	-0.3%	-3.8%	-4.8%	-7.9%	3.7%	1.7%	4.9%
Percent Change in Number of Claims Paid	-11.7%	9.0%	8.7%	8.1%	1.8%	-3.8%	0.9%	5.2%	-8.6%	-2.0%
Percent Change in Average Monthly Number of Eligibles	3.2%	9.5%	9.4%	6.3%	7.4%	-1.1%	-2.2%	0.8%	1.0%	0.2%

(1) Does not include administrative costs. Program expenditures are budget program 344 and 348, 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 2007**

<b>Program Expenditures</b>	<b>Avg. monthly Recipients</b>	<b>Avg. Monthly Member Months</b>	<b>Avg. monthly Dollars**</b>	<b>Fiscal year Dollars</b>
Share Advantage-United	21,604	31,722	\$ 6,036,088	\$ 72,433,056
PCCM	26,382	38,451	\$ 76,902	\$ 922,826
 Incentive and Other Manual Payments				\$ 1,567,842
 MH/SA "Wrap-Around" Services (Non-MMIS)				\$ 118,971
 Magellan Contract Payments				\$ 4,530,842
 <b>Total Managed Care Program Expenditures</b>				\$ 79,573,538

\*\*Expenditures are posted to Program 344 and Program 348

**Nebraska Health Connection  
Nebraska Medicaid Managed Care Eligibles Enrolled  
June-2007**

Health Plan	June 2007 Enrollment	Average Monthly State Fiscal Year						Total Enrollment
		AABD	CHIP	Family	Maternity*	Wards	Eligibility Group	
<b>United HealthCare (HMO)</b>								
-Omaha	28,413	2,460	2,826	21,640	157	1,089	28,172	
-Lincoln	3,625	426	501	2,456	17	177	3,576	
-Total	32,038	2,886	3,326	24,095	175	1,266	31,748	
<b>Blue Cross/Blue Shield PC+ (PCCM)</b>								
-Omaha	24,458	1,840	4,019	17,600	N/A	1,051	24,511	
-Lincoln	14,245	1,261	1,976	10,006	N/A	728	13,971	
-Total	38,703	3,101	5,996	27,606	N/A	1,779	38,481	
<b>Primary Health Care total</b>	70,741	5,987	9,322	51,701	175	3,044	70,229	
<b>Magellan BH (Mental Health/Substance Abuse)</b>								
-Omaha	65,282	10,829	7,231	44,017	N/A	2,792	64,869	
-Lincoln	22,813	4,354	2,668	14,275	N/A	1,342	22,640	
-Balance	82,282	15,637	13,044	50,089	N/A	3,207	81,978	
-Total	170,377	30,821	22,942	108,382	N/A	7,342	169,486	

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

## 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@DHHS.ne.gov
Andy Scherer	(402) 471-9181	(402) 471-7783	andy.scherer@dhhs.ne.gov
Heidi Burklund	(402) 471-9101	(402) 471-7783	heidi.burklund@dhhs.ne.gov
Emi Nyman Giles	(402) 471-9082	(402) 471-7783	emi.nyman@dhhs.ne.gov

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

Title	Name	Phone	Fax	E-mail
Medicaid Director	Vivianne Chaumont	(402) 471-8566		vivianne.chaumont@dhhs.ne.gov
Medical Director	Dr. Christine Wright	(402) 471-9136	(402) 471-9092	chris.wright@dhhs.ne.gov
Long Term Care Programs	Ginger Goomis	(402) 471-9185	(402) 471-9092	ginger.goomis@dhhs.ne.gov
Claims Payment	Pat Darnell	(402) 471-9404	(402) 471-9092	pat.darnell@dhhs.ne.gov
Fraud & Abuse	Kris Azimi	(402) 471-9365	(402) 471-9092	kris.azimi@dhhs.ne.gov
Kids Connection	Deb Scherer	(402) 471-0122	(402) 471-9092	deb.scherer@dhhs.ne.gov
Managed Care	Kerri Kindelan	(402) 471-9337	(402) 471-9092	kerri.kindelan@dhhs.ne.gov
Nursing Facility	Cindy Kadavy	(402) 471-4684	(402) 471-4619	cindy.kadavy@dhhs.ne.gov
Pharmacy	Barb Mart	(402) 471-9301	(402) 471-9092	barbara.mart@dhhs.ne.gov
Eligibility	George Kahlandt	(402) 471-9267	(402) 471-9597	george.kahlandt@dhhs.ne.gov