

MEDICAID MANAGED CARE STATE ENROLLMENT - DECEMBER 31, 2001

STATE	MEDICAID ENROLLMENT	MANAGED CARE ENROLLMENT	PERCENT IN MANAGED CARE
ALABAMA	680,706	376,341	55.29%
ALASKA	85,575	0	0.00%
ARIZONA	664,871	636,587	95.75%
ARKANSAS	409,433	273,328	66.76%
CALIFORNIA	5,561,652	2,993,210	53.82%
COLORADO	277,947	256,800	92.39%
CONNECTICUT	353,795	260,102	73.52%
DELAWARE	110,688	90,995	82.21%
DIST. OF COLUMBIA	123,628	79,228	64.09%
FLORIDA	1,962,479	1,197,522	61.02%
GEORGIA	1,032,818	857,039	82.98%
HAWAII	162,735	127,345	78.25%
IDAHO	141,461	44,816	31.68%
ILLINOIS	1,539,276	147,191	9.56%
INDIANA	654,973	465,036	71.00%
IOWA	240,459	211,258	87.86%
KANSAS	207,294	114,561	55.26%
KENTUCKY	623,790	564,237	90.45%
LOUISIANA	803,922	128,129	15.94%
MAINE	228,382	100,275	43.91%
MARYLAND	637,084	434,405	68.19%
MASSACHUSETTS	977,832	629,218	64.35%
MICHIGAN	1,186,014	1,186,014	100.00%
MINNESOTA	506,563	342,885	67.69%
MISSISSIPPI	639,305	313,658	49.06%
MISSOURI	868,876	396,003	45.58%
MONTANA	74,957	49,153	65.57%
NEBRASKA	206,396	157,262	76.19%
NEVADA	141,029	56,056	39.75%
NEW HAMPSHIRE	85,320	7,361	8.63%
NEW JERSEY	777,828	498,549	64.10%
NEW MEXICO	346,429	226,523	65.39%
NEW YORK	3,114,509	831,430	26.70%
NORTH CAROLINA	991,451	679,837	68.57%
NORTH DAKOTA	44,692	24,926	55.77%
OHIO	1,246,751	334,400	26.82%
OKLAHOMA	465,408	319,365	68.62%
OREGON	418,520	363,850	86.94%
PENNSYLVANIA	1,392,541	1,076,749	77.32%
PUERTO RICO	1,051,822	895,889	85.17%

RHODE ISLAND	168,900	117,185	69.38%
SOUTH CAROLINA	684,654	52,275	7.64%
SOUTH DAKOTA	84,947	82,861	97.54%
TENNESSEE	1,468,613	1,468,613	100.00%
TEXAS	1,907,987	818,178	42.88%
UTAH	146,971	137,108	93.29%
VERMONT	129,679	78,452	60.50%
VIRGIN ISLANDS	17,039	0	0.00%
VIRGINIA	487,637	302,310	61.99%
WASHINGTON	856,497	856,497	100.00%
WEST VIRGINIA	277,086	130,844	47.22%
WISCONSIN	549,838	294,477	53.56%
WYOMING	45,501	0	0.00%
TOTALS	37,864,560	22,086,333	58.33%

2001 ENROLLMENT FACT SHEET (MAJOR CHANGES FROM - 6/30/01 - 12/31/01)

- **ALABAMA** – The State Medicaid Enrollment increase was due to SOBRA kids and the 1115 family planning waiver that added women below 133% of poverty-level.
- **ARIZONA** – The State Medicaid and Managed Care Enrollment increase was due to SCHIP enrollment.
- **CONNECTICUT** – The State Medicaid and Managed Care Enrollment increase was due to outreach and expansion of Medicaid eligibility for children.
- **FLORIDA** – The State Medicaid Enrollment increase was due to outreach and expansion of Medicaid eligibility for children and teens.
- **LOUISIANA** – The State Medicaid Enrollment increase was due to progressive Statewide expansion.
- **MISSISSIPPI** – The State Medicaid Enrollment increase was due to efforts to re-enroll eligibles who lost eligibility for Medicaid when TANF was implemented and SCHIP enrollment.
- **MISSOURI** – The State Medicaid Expansion decrease was due to moving the 1931 adults out of the 1115 waiver and into the 1915(b) waiver.
- **NEVADA** – The State Medicaid Enrollment increase was due to State's growing population, a downturn in the State's economy that led to increase unemployment, and the growth of TANF eligible population.

- **NEW JERSEY** – The State Medicaid Enrollment increase was due to the growth in the SOBRA, SCHIP and Section 1931 programs.
- **NEW YORK** – The State Medicaid Enrollment increase was due to disaster relief, implementation of the Family Health Plus Program, and children. The Managed Care Enrollment increase was due to expansion to new service areas.
- **OHIO** – The State Medicaid and Managed Care Enrollment increase was due to expansion to new service areas.
- **OKLAHOMA** – The State Medicaid Enrollment and Managed Care Enrollment increase was due to normal growth and economic circumstances.
- **PENNSYLVANIA** – The State Medicaid Managed Care Enrollment increase was due to the managed care expansion to new regions particularly Lehigh Capital zone.
- **WASHINGTON** – The State Medicaid Enrollment increase was due to economic circumstances.