FY2007

Annual Report

Alabama Medicaid Agency

MISSION: To provide a system of financing health care for eligible Alabamians in accordance with established statutes and Executive Orders. VISION: To play a key leadership role in ensuring availability and access to appropriate health care for all Alabamians. VALUES: Respect: We are a caring organization that treats each individual with dignity, empathy, and honesty. Integrity: Our stakeholders can depend on the quality, trustworthiness, and reliability of our Agency's employees and representatives. Excellence: We are committed to maximizing our resources to ensure the residents of Alabama have access to quality health care. Teamwork: Our success depends upon establishing and maintaining effective collaborative partnerships. Innovation: We willingly embrace new ideas and new ways of doing things to effectively meet a changing health care environment.

Alabama Medcaid Agency
FY 2006 Annual Report
October 1, 2006-September 30, 2007

Bob Riley

Governor

The Honorable Bob Riley

Governor of the State of Alabama

Alabama State Capitol

Montgomery, Alabama 36130

Dear Governor Riley:

It is my privilege to present to you the 35th Annual Report covering Fiscal Year 2007, a landmark year in terms of innovation at the Alabama Medicaid Agency. Among the advancements highlighted in this report are the Together for Quality and the Personal Choice initiatives.

A $7.6 million federal grant awarded in January 2007 for our Together for Quality proposal puts Alabama at the leading edge of a national Medicaid transformation movement using new technology to change a process-oriented and paper-driven system to one that keeps the health and well-being of the patient at the forefront while increasing efficiency and reducing duplication. This three-pronged effort involves creating an electronic clinical support tool for physicians, a care coordination system for patients, and establishing secure access to information about mutual clients for Medicaid and other state health and human service agencies. By the end of the fiscal year, the electronic health information tool was under development and committed stakeholders were focusing guidelines and establishing measurable goals for the pilot project that rolls out in July 2008.

The Agency's innovative efforts paid off again in May 2007, when Alabama became the first state approved to make consumer-directed care for Medicaid home and community-based services a permanent part of its State Plan. The new Personal Choices or "Cash and Counseling" program enables nearly 700 older adults and people with disabilities in west Alabama to have greater flexibility and control over the personal health care services they receive.

While Fiscal Year 2007 was a year of change and progress it also was a challenging year for Medicaid. The Agency's budget strained due to multiple mandates, changes in law and changes in regulations. However, your understanding and commitment to the needs of our Agency and its recipients allowed Medicaid to maintain its level of service to Alabama's most vulnerable citizens.

Alabama Medicaid appreciates your support and looks forward to working together to ensure the Agency manages its limited resources in such a manner as to provide the most effective and efficient health care services to improve the health and well-being of those we serve.

Sincerely,

Carol H. Steckel

Carol H. Steckel

Commissioner

Carol H. Steckel,

Commissioner

FY2007

Annual Report

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FY2007

Medicaid Today

Technology, innovation and quality were the guiding principles of FY 2007 for the Alabama Medicaid Agency. While a landmark Medicaid transformation grant award in January 2007 was the cornerstone of the Agency's commitment to quality improvement and innovation, several other Agency-sponsored initiatives were implemented in FY 2007 to improve patient health outcomes, streamline operations and protect patient privacy as well.

Together for Quality grant focuses on transformation

Together for Quality, the Agency's $7.6 million project to transform the state's fragmented claims and process-oriented system took significant steps during FY 2007

Together For Quality

toward achieving its goals of technological transformation and quality improvement.

Although the federal grant for the project was announced in January 2007, work on the three-year project was already underway as FY 2007 began. Creation of a Stakeholders' Council, Steering Committee and five workgroups in March 2007 allowed Medicaid staff to work in concert with others to lay the groundwork for a statewide electronic health information system linking Medicaid, state health agencies, providers and private payers while establishing a comprehensive, quality improvement model for the Alabama Medicaid program. During the following months, more than 200 individuals met in committees to establish technical, clinical and privacy requirements for the project while other committees focused on related fiscal and policy issues.

The Agency awarded a contract in August 2007 to develop an integrated health information system, a claims-based electronic clinical support tool to provide physicians and other health care providers with secure, timely access to patient data, and data connectivity between the Agency and other state health and human service agencies.

Shared savings program recognizes quality improvement efforts of Patient 1st Physicians

Patient 1st program physicians who worked with Alabama Medicaid to improve the quality of health care while saving millions of taxpayer dollars were rewarded in April 2007 when the Agency shared a portion of those savings with participating physicians.

The Centers for Medicare and Medicaid Services (CMS) approved the Agency's plan to share the savings.

Approximately $5.7 million was shared with eligible physicians based on performance and efficiency measures, including generic drug dispensing rate, visits per unique member and number of non-certified emergency room visits—all indicators that support Medicaid's goal of quality-focused, patient-centered care.

The Patient 1st program is a primary care case management (PCCM) program that links eligible Medicaid recipients with a primary medical provider (PMP) who provides services directly or through referral to another provider. Patient 1st recipients may also benefit from several program enhancements, such as in-home monitoring for patients with chronic disease. Approximately 1,300 PMPs currently provide health care, case management and other health services to more than 425,000 Medicaid recipients in Alabama's 67 counties.

Personal Choices program provides options for E&D and SAIL waiver participants

On May 24, 2007, Alabama was the first state to take advantage of a provision in the federal Deficit Reduction Act (DRA) of 2005 allowing states to make program changes to help Medicaid recipients live independently in the community.

By making consumer-directed care part of Alabama Medicaid's State Plan, the Agency provided nearly 700 older adults and people with disabilities in seven west Alabama counties with the option to exercise greater flexibility and control over the delivery of their personal health care services.

Participants in the voluntary program must be part of the Elderly and Disabled or the State of Alabama Independent Living (SAIL) home and community-based waiver programs.

Participants receive a monthly allowance from which they determine what personal health care services they need. They may choose to hire someone to help with their care or they may wish to save money for equipment purchases. Financial counselors are available to guide participants through the process that includes developing a budget to help manage the funds designated for their care.

In The Spotlight

Perfect property audit earns Medicaid recognition

Perfection is not just the goal, but the norm at the Alabama Medicaid Agency where attention to detail and a commitment to responsible use of taxpayer money has resulted in the Agency's recognition for turning in perfect state property audits in 2004 and 2006. The audits are coordinated by Medicaid's Inventory Control Officer Lane Pasley.

Pasley, however, gives all the credit to Medicaid's staff. "These perfect audits wouldn't be possible without the efforts of our employees at headquarters and in the district offices," he said.

For about three weeks every two years, the State Auditor's Office inspects the entire property inventory of the Agency's main and district offices. However, to ensure that the state audits come out perfect, Pasley conducts his own annual in-house inventory to identify and locate any missing items, a six-month process. While the state audit focuses on items over $500, Pasley admits he also keeps track of items under $500.

Technology has made Pasley's job a little easier over the years. In years past, inventory numbers were handwritten on desks, typewriters and other equipment. Today, all items are logged into a database and tagged with bar codes and property numbers for quick identification.

The Personal Choices program, which began in August 2007, is administered by the Alabama Department of Senior Services. The program is a collaborative effort of Alabama Medicaid, the Senior Services and the Alabama Department of Rehabilitation Services.

Utilization review contract awarded to improve process and health outcomes

In an effort to streamline agency efforts and improve health outcomes, Alabama Medicaid awarded a contract to an outside vendor to provide utilization review services. Under the contract, the vendor performs prior authorization review and associated medical criteria development; long-term care utilization review, including hospice pre-certification, hospice concurrent review and retrospective review of institutional admissions and; quality and outcome review.

Pilot project tests electronic verification of applicant income and reduces paperwork

Timely, accurate income verification with less paperwork was the goal of a new pilot project sponsored by Alabama Medicaid and the Alabama Department of Human Resources during FY 2007. The project called for the state agencies to work with TALX, a private payroll firm, to test the feasibility of verifying applicants' income electronically instead of relying on estimates or other paper-based information presented by applicants.

Implementation of the new process simplifies the application process while increasing the accuracy of the data obtained.

Collaborative effort helps recipients meet I.D. and citizenship deadline, maintain eligibility

A collaborative effort between Alabama Medicaid, state health care providers, state and local officials and consumer advocates made it possible for thousands of Medicaid-eligible individuals meet a March 2007 deadline for providing federally required citizenship and identity documents to Medicaid.

Prior to the deadline, the Agency sent numerous reminder letters, forms and other documents to help recipients prove citizenship and/or identity. In February 2007, Patient 1st physicians and clinics received a list of patients who still needed to provide documents in order to remain eligible. In some offices, workers were trained to assist recipients in completing required forms.

The Deficit Reduction Act of 2005 mandated that individuals prove citizenship and identity when first applying for Medicaid or upon a recipient's first Medicaid redetermination after July 1, 2006. While the Agency began requiring all new applicants to provide the necessary documents in July 2006, Alabama residents already on Medicaid were allowed a grace period in which to locate the necessary documents.

FY2007

Who We Serve

During FY 2007, more than 932,500 Alabama citizens, or 19.9 percent of the state's population, were eligible for Medicaid benefits for at least one month of the year.

The state's youngest citizens comprise the largest category of Medicaid recipients with two of every five Alabama children having their health coverage paid for by Medicaid. Almost half (47 percent) of these children were in families with at least one working caregiver. Medicaid also paid for almost half of all babies born in Alabama during the year.

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

To be eligible for federal funds, states are required to provide coverage for certain groups. These groups include low income families who meet the eligibility requirements in the state's AFDC plan in effect on July 16, 1996; Supplemental Security Income (SSI) recipients; infants born to Medicaid-eligible pregnant women; children under age 6 and pregnant women whose family income is at or below 133 percent of the federal poverty level; children ages 6-18 whose family income is up to

100 percent of the federal poverty level; recipients of adoption assistance; children in foster care or custody of the Department of Youth Services; certain Medicare beneficiaries; and special protected groups, including those who lose eligibility for cash assistance or SSI due to an increase in earnings from work, Social Security benefits or child/spousal support.

Several agencies determine Medicaid eligibility. The Social Security Administration certifies aged, blind, or disabled persons who have very low income and qualify for cash assistance through the Supplemental Security Income (SSI) program. The Department of Human Resources certifies foster children and children who receive state or federal adoption assistance. Medicaid is

Eligibility

Eligibility

Eligibility

Eligibility

Eligibility

Related Charts

For more statistics, see the Appendix or log on to www.medicaid.alabama.gov to find the following charts:

◆ Percent of Population Eligible for Medicaid
◆ Eligibles and Recipients - Utilization
◆ County Impact - Cost Per Eligible
◆ Cost Per Eligible By Category, Gender, Race and Age
◆ Eligibles and Payments - Percent of Distribution
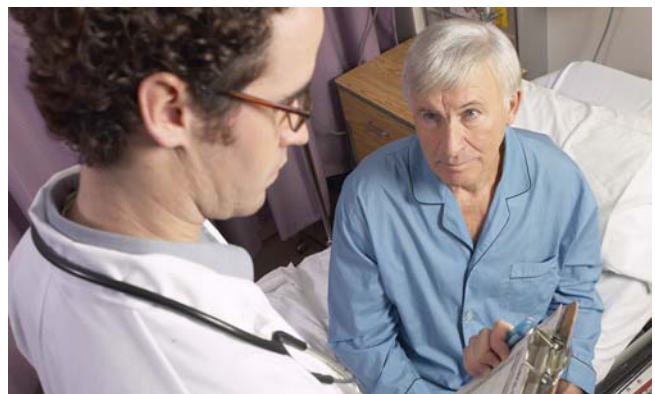
responsible for certifying applicants for Elderly & Disabled programs; Medicaid for Low Income Families (MLIF); the SOBRA program for children under age 19 and pregnant women; Plan First (Family Planning) Program; Breast and Cervical Cancer Program; Department of Youth Services children; and Emergency Services for non-citizens.

To qualify for Medicaid, all individuals must be living in Alabama, be a U.S. citizen or be in this country legally and, meet income and age requirements that vary according to program. Those who apply for assistance through a program for the elderly or disabled must also meet certain medical criteria and have resources below a certain limit which also varies according to the program. Pregnant women who are

applying for assistance must have their pregnancy medically verified.

While the number of actual participants in the program may change each month, an average of nearly 750,000 Alabama residents were eligible for Medicaid in at least one month of the year. The largest eligibility group served by Medicaid is SOBRA, which accounted for 437,081 people during FY 2007.

FY 2005-2007
POPULATION
Eligibles as a Percent of State Population by Year

	Population	Eligibles	Percent
2005	4,642,736	963,600	20.8%
2006	4,681,833	988,678	21.1%
2007	4,720,976	932,521	19.8%

Note: The FY 2007 Eligibles include 99,974 Plan First eligibles

FY 2007
ELIGIBLES
Monthly Count

October `06	769,076
November	746,561
December	738,971
January `07	739,342
February	737,447
March	735,476
April	728,489
May	724,680
June	724,424
July	728,054
August	731,458
September	740,324

In The Spotlight

New Recipient ID Card designed to protect recipient privacy

In an effort to better protect the privacy of nearly one million Alabama Medicaid recipients, the Agency issued new identification numbers for all people on Medicaid on January 16, 2007.

Most Alabama Medicaid recipients learned their new ID number when they received a new plastic ID card. The card, used to verify eligibility for Medicaid covered services, is identical to the previous card except that the 13-digit number starts with a "5" instead of a "0" and does not contain the Social Security number. Cards were issued over several weeks starting in mid-January of 2007. Unborn babies, people who are on Medicaid in the nursing home or people who only get Medicare premiums paid by Medicaid received a letter with the new Medicaid number instead of a card.
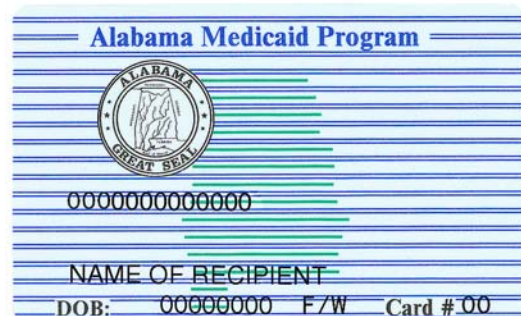
FY 2007
MEDICAID ELIGIBLES BY CATEGORY

COUNTY	MLIF	AGED	DISABLED	SOBRA	QMB	BLIND	SLMB	PLAN FIRST	TOTAL
Autauga	879	250	1,440	3,587	437	11	337	915	7,856
Baldwin	1,288	705	3,157	12,715	1,430	26	1,149	2,714	23,184
Barbour	870	325	1,537	3,618	487	11	285	668	7,801
Bibb	382	190	1,123	2,145	325	3	217	502	4,887
Blount	639	360	1,359	4,893	724	5	593	823	9,396
Bullock	366	244	865	1,945	227	3	114	364	4,128
Butler	696	372	1,247	2,866	444	8	276	632	6,541
Calhoun	3,232	803	5,111	11,611	1,590	56	1,088	2,945	26,436
Chambers	788	471	1,601	3,677	544	16	462	801	8,360
Cherokee	859	275	855	2,404	425	7	324	455	5,604
Chilton	611	297	1,356	4,618	663	8	519	833	8,905
Choctaw	369	246	867	1,525	265	6	152	388	3,818
Clarke	444	374	1,593	3,128	446	8	231	783	7,007
Clay	98	240	583	1,491	260	4	189	328	3,193
Cleburne	289	118	537	1,603	230	3	196	334	3,310
Coffee	897	482	1,566	4,233	600	6	373	813	8,970
Colbert	881	388	2,170	5,256	821	10	570	1,448	11,544
Conecuh	796	158	828	1,701	323	2	172	306	4,286
Coosa	74	100	568	1,072	209	4	157	261	2,445
Covington	851	543	1,631	4,371	781	8	530	878	9,593
Crenshaw	417	255	668	1,635	342	3	206	352	3,878
Cullman	776	834	2,711	7,713	1,233	16	986	1,393	15,662
Dale	1,297	373	2,038	4,839	620	9	328	1,066	10,570
Dallas	1,947	830	4,733	7,046	1,050	22	563	1,575	17,766
DeKalb	1,680	793	2,369	9,802	1,154	16	857	1,358	18,029
Elmore	1,126	443	2,379	5,335	616	10	481	1,176	11,566
Escambia	1,199	354	1,487	4,725	521	9	298	940	9,533
Etowah	1,690	1,031	4,683	10,366	1,539	23	1,097	2,082	22,511
Fayette	388	215	767	1,561	290	4	185	367	3,777
Franklin	710	345	1,269	4,174	609	6	392	662	8,167
Geneva	529	301	1,247	2,922	538	6	352	553	6,448
Greene	425	194	853	1,717	157	4	91	425	3,866
Hale	330	317	1,267	2,574	296	2	165	633	5,584
Henry	291	233	678	1,729	354	6	200	356	3,847
Houston	1,818	841	3,944	10,588	1,309	21	837	2,385	21,743
Jackson	792	511	1,896	5,341	861	18	581	893	10,893
Jefferson	8,115	4,303	26,164	52,910	7,080	119	6,125	13,172	117,988
Lamar	328	231	691	1,491	300	9	218	411	3,679
Lauderdale	1,079	670	3,051	7,597	1,223	8	907	2,171	16,706
Lawrence	511	287	1,189	3,056	489	7	382	696	6,617
Lee	1,878	526	3,083	9,378	875	19	636	2,397	18,792
Limestone	733	497	1,964	5,851	758	16	543	1,271	11,633
Lowndes	431	181	845	1,680	264	6	139	447	3,993
Macon	757	293	1,218	2,661	340	9	190	786	6,254
Madison	2,964	1,485	6,980	20,064	1,888	42	1,243	5,029	39,695
Marengo	563	330	1,485	2,531	384	7	169	669	6,138
Marion	562	358	1,180	3,243	621	4	447	730	7,145
Marshall	2,002	880	3,121	11,903	1,238	18	908	1,396	21,466
Mobile	8,867	2,790	14,883	43,734	4,626	94	3,478	10,552	89,024
Monroe	493	275	1,098	2,687	363	3	205	527	5,651
Montgomery	6,545	1,681	10,304	24,418	2,469	55	1,578	6,332	53,382
Morgan	1,431	862	3,633	10,733	1,038	32	711	2,085	20,525
Perry	469	293	1,159	1,678	264	3	133	419	4,418
Pickens	373	338	1,390	2,281	309	6	181	745	5,623
Pike	880	341	1,769	3,535	419	10	277	1,135	8,366
Randolph	330	255	866	2,563	365	10	289	515	5,193
Russell	2,334	492	2,308	5,871	676	18	551	1,411	13,661
St. Clair	1,263	388	1,895	6,572	736	13	667	1,298	12,832
Shelby	920	452	2,012	7,133	769	7	759	1,476	13,528
Sumter	797	289	1,229	1,773	246	7	99	600	5,040
Talladega	2,935	728	4,456	8,493	1,334	51	1,116	2,003	21,116
Tallapoosa	869	529	1,860	4,522	620	8	536	931	9,875
Tuscaloosa	2,069	1,195	7,123	14,522	1,290	41	975	4,421	31,636
Walker	1,022	667	3,648	6,963	1,030	13	926	1,580	15,849
Washington	379	194	840	1,602	266	5	168	364	3,818
Wilcox	443	279	1,619	2,031	279	7	114	534	5,306
Winston	458	313	1,192	2,579	550	3	404	464	5,963
Youth Services	5	0	0	500	0	0	0	0	505
STATEWIDE	83,529	37,213	177,238	437,081	55,829	1,030	40,627	99,974	932,521

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

FY2007

What We Provide

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

Patient 1st

Based on the medical home concept, the Patient 1st program is the cornerstone of Medicaid's health services and one of the initial building blocks of the Agency's transformation plans. As a medical home, Patient 1st promotes strong doctor/patient relationships by linking the Medicaid recipient with a physician or clinic which serves as the primary care provider. Recipients in the program benefit from patient education, in-home monitoring of chronic conditions and a care coordination referral program for recipients who need assistance in using services appropriately.

In FY 2007, an average of more than 425,000 Alabamians were enrolled in the Patient 1st program, including 333,084 children under age 21. The Patient 1st program, which operates as a 1915(b) waiver, was renewed for two years in December 2006.

In operation for nearly a decade, the Patient 1st program is designed to encourage appropriate use of the emergency room by Medicaid recipients and has increased the number of generic prescriptions written.

Patient 1st physicians receive a monthly case management fee to manage all facets of recipient health care.

FY 2005 - FY 2007
LAB AND X-RAY PROGRAM
Use and Cost

	Payments	Recipients	Annual Cost per Recipient
2005	$56,597,430	444,517	$127.32
2006	$66,476,307	489,905	$135.69
2007	$72,296,478	472,175	$153.11

*Includes Claims Data Only
Note: Includes Physicians Lab and X-Ray

FY 2007
PHYSICIAN PROGRAM
Use and Cost

Age	Payments	Recipients	Cost per Recipient
0 to 5	$ 87,029,394	230,075	$378
6 to 20	$ 50,956,319	240,070	$212
21 to 64	$ 99,334,507	226,349	$439
65 and up	$ 9,608,419	108,203	$89
All Ages	$ 246,928,640	804,697	$307

*Includes Claims Data Only

Medical Services

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

Covered medical services include well-child and preventive care through Medicaid's Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program, doctor visits, eye and hearing care, inpatient and outpatient hospital care. Lab and x-ray services are important diagnostic procedures provided in conjunction with other covered services while renal

dialysis and transplant coverage extend and improve hundreds of lives each year.

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

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

FY 2007
EYE CARE PROGRAM
Use and Cost

	Payments	Recipients	Cost per Recipient
Optometric Service	$8,862,270	101,683	$87
Eyeglasses	$3,315,286	88,491	$37

*Includes Claims Data Only

FY 2003-2007
HOSPITAL PROGRAM
Outpatients

	FY 2003	FY 2004	FY 2005	FY 2006	FY 2007
Number of outpatient recipients	328,029	365,389	405,907	378,893	371,241
Percent of eligibles using outpatient services	36%	39%	42%	38%	40%
Annual expenditure for outpatient care	$58,034,730	$59,169,313	$61,059,949	$66,433,329	$71,733,851
Cost per patient	$177	$162	$150	$175	$193

*Includes Claims Data Only

Ambulance and non-emergency transportation coverage is available to aid recipients in accessing medical care.

Long Term Care

The Alabama Medicaid Agency administers a comprehensive program of long term care services that offers eligible patients a wide range of care choices as well as increased opportunities to receive services at home or in the community.

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

In FY 2007, Alabama Medicaid paid for more than $822 million nursing home bed-days of care at an average daily cost of $111/day. Thousands of other recipients benefitted from hospice care, home health visits and access to supplies, appliances and durable medical equipment.

More than 14,000 Alabama residents participated in one of six waiver programs in FY 2007 as an alternative to institutional care. The waiver programs include the Elderly and Disabled, Mental Retardation, HIV/AIDS, Technology Assisted, State of Alabama Independent Living (SAIL) and Living at Home waivers. The SAIL and HIV/AIDS waivers were amended in FY 2007 to make it possible for more recipients to receive the support needed to make the transition into

FY 2007
LONG-TERM CARE PROGRAM
ICF-MR/DD

	ICF/MR	ICF/MD-Aged
Recipients	248	33
Total Payments	$30,606,282	$3,786,138
Annual Cost per Recipient	$123,412	$114,731

*Includes Claims Data Only

FY 2007
LONG-TERM CARE PROGRAM
Recipients and Payments by Gender, Race and Age

	Recipients	Payment	Cost Per Recipient
By Gender			
Female	19,246	$606,058,901	$31,490
Male	7,185	$216,232,262	$30,095
By Race			
African Am.	7,512	$243,592,663	$32,427
Am. Indian	9	$197,315	$21,924
Asian	53	$1,608,945	$30,357
Hispanic	38	$1,369,196	$36,031
Other	21	$711,969	$33,903
Unknown	371	$9,390,928	$25,312
White	18,427	$565,420,147	$30,684
By Age			
0-5	16	$877,939	$54,871
6-20	119	$6,761,219	$56,817
21-64	4,118	$134,439,161	$32,647
65-74	4,279	$130,982,619	$30,611
75-84	8,281	$249,313,874	$30,107
85 & Over	9,618	$299,916,352	$31,183

to a community setting from a hospital, nursing home or intermediate care facility.

The addition of "cash and counseling" services as a state plan amendment in May 2007 made it possible for elderly and disabled individuals in certain waiver programs to make decisions regarding their personal care services. The pilot project offered this option in seven counties to people receiving services under the E&D and SAIL waivers. Alabama became the first state to make these services a permanent part of its State Plan.

FY 2005 - 2007
LONG-TERM CARE PROGRAM
Number and Percent of Beds Used by Medicaid

Year	Licensed Nursing Home Beds	Medicaid Monthly Average	Percent of Beds Used By Medicaid In Average Month
FY 2005	26,433	17,380	66%
FY 2006	27,267	17,321	64%
FY 2007	27,689	16,902	61%

FY 2005 - 2007
LONG-TERM CARE PROGRAM
Patients, Days and Costs

Year	Number of Nursing Home Patients Unduplicated Total	Average Length of Stay During Year	Total Patient-Days Paid For By Medicaid	Average Cost Per Patient Per Day To Medicaid	*Total Cost To Medicaid
2005	27,213	290	7,890,883	$98	$773,327,685
2006	27,173	290	7,868,861	$102	$804,607,572
2007	26,431	282	7,441,542	$111	$822,291,163

* Does not include enhancements.

In The Spotlight

Award recognizes Agency's efforts to reduce health disparities

Alabama Medicaid was one of three state Medicaid agencies recognized in FY 2007 by the Center for Health Care Strategies (CHCS) for its efforts in seeking creative, outcomes-based solutions to chronic health care problems in Alabama's Black Belt region.

The award included a $10,000 grant and technical assistance to implement a quality improvement project designed to improve health outcomes for diabetic patients in Perry County, located in west Alabama. The grant funds helped develop and implement a community-based intervention project for Medicaid recipients who have diabetes or are identified as being at risk for diabetes.

The project, in collaboration with the Black Belt Action Commission's Health Committee, used a community-based participatory research approach in which community leaders, academicians and health officials share equally in the design of the intervention.

Pharmacy Services

During FY 2007, the Pharmacy Services Program was at the forefront of Medicaid's transformation process as it utilized several electronic systems and tools to aid providers in complying with Medicaid's preferred drug list (PDL), brand limit requirements and prior authorization and override programs.

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

The number of prescriptions dropped in FY 2007 from the previous year to just over 7.1 million prescriptions dispensed at a cost of approximately $408 million while generic and over-the-counter utilization increased to more than 70 percent.

During FY 2007, the program developed and implemented its Hospice/Palliative Care drug list and added several new classes of drugs to the electronic prior approval program, among other initiatives.

FY 2005-2007
PHARMACEUTICAL PROGRAM
Cost

	Total Payments	Drug Rebates
2005	$603,752,029	$145,249,482
2006	$462,845,776	$151,282,401
2007	$408,984,534	$117,197,819

*Includes Claims Data Only

FY 2005-2007
PHARMACEUTICAL PROGRAM
Use and Cost

Year	Number Of Prescription Recipients	Recipients As a % Of Eligibles	Number Of Prescriptions†	Prescriptions Per Recipient†	Price Per Prescription	Cost Per Recipient	Total Cost To Medicaid*
2005	542,823	56%	11,617,801	21.40	$51.97	$1,112	$603,752,029
2006	558,610	57%	8,517,872	15.25	$54.34	$829	$462,845,776
2007	520,784	56%	7,144,619	13.72	$57.24	$785	$408,984,534

*Includes Claims Data Only

*Does not reflect rebates received by Medicaid from pharmaceutical manufacturers.

FY 2007 cost does not include payment to CMS for Dual Eligibles

†Prescriptions include initial prescriptions and all refills

Transportation Programs

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

The NET program helps eligible recipients pay for rides for medical care that can be planned ahead of time. In FY 2007, Medicaid funded 397,171 ride vouchers for 36,179 recipients at a cost of $6,867,583.

In The Spotlight

In-Home Monitoring Program helps teen regain control of her health

When a teenaged Coffee County recipient continued to experience problems with uncontrolled hypertension, her Patient 1st doctor enlisted the help of Medicaid's In-Home Monitoring program to monitor her diet, blood pressure and medications. When problems at home prevented the teen from transmitting her blood pressure readings, nurses from the Alabama Department of Public Health arranged for her school nurse to monitor and transmit the readings. As a result, the teen's blood pressure gradually declined as her compliance increased.

Success stories such as this one demonstrate the value of In-Home Monitoring, a new program to aid physicians' efforts to improve health outcomes for patients with chronic diseases or conditions while potentially reducing emergency room visits, hospitalizations, prescription costs or high cost procedures. There is no charge to patient or physician to participate in the statewide program.

The program is a joint effort of Medicaid, ADPH and the University of South Alabama's Center for Strategic Health Innovation. Patients referred to the program by their doctors use specially designed equipment to measure blood sugar, blood pressure and/or weight from the privacy and convenience of their homes and transmit the data via a toll-free telephone line to the monitoring center. If any of the submitted data is outside the limits set by the patient's doctor, the system triggers a follow-up phone call or visit to the patient. Patients who fail to submit data are also targeted for follow-up.

FY2007

Revenue and Expenditures

In FY 2007, Medicaid paid $4,360,568,724 for health care services to Alabama citizens. Another $136,334,986 was spent to administer the Medicaid program. This means that approximately 97 cents of every Medicaid dollar went directly to financing care and services to recipients.

FY 2007
Sources of Medicaid Revenue

	Dollars
Federal Funds	$3,106,546,012
State Funds	$1,390,357,698
Total Revenue	$4,496,903,710

FY 2007
Composition and Disbursement of Medicaid's Budget

Where it comes from ....

State Funds
31.15%
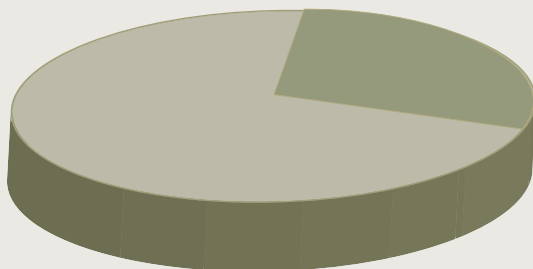
Federal Funds
68.85%

Where it goes

Administrative Costs
3%
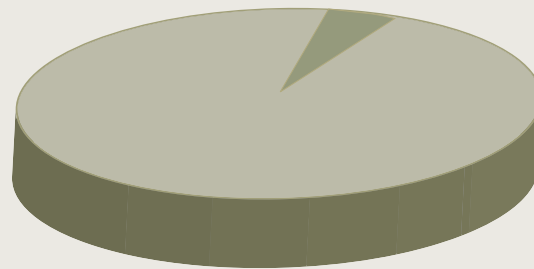
Benefit Payments
97%

FY 2007
Components of State Revenue

	(Net) Dollars
General Fund Appropriations	$399,947,450
Public Hospital Transfers and Alabama Health Care Trust Fund	$715,365,607
Other State Agencies	$202,838,511
State Drug Rebates	$36,359,443
UAB (Transplants)	$3,748,926
Miscellaneous Receipts	$17,678,730
Funds Carried Forward	$14,419,031
Total	$1,390,357,698

FY 2007
EXPENDITURES
By Type of Service

Service	Payments	Percent of Total Payments
Nursing Homes	$ 879,740,368	20.17%
Hospital Care	$ 1,497,549,796	34.34%
Physician Program	$ 322,491,700	7.40%
Pharmaceutical	$ 473,097,929	10.85%
Health Support	$ 145,894,121	3.35%
Alternative Care	$ 404,337,224	9.27%
Mental Health —FAC	$ 35,823,336	0.82%
Mental Health Waiver	$ 234,498,362	5.38%
Mental Health — Other	$ 97,896,510	2.25%
Health Insurance	$ 235,579,641	5.40%
Family Planning	$ 33,659,737	0.77%
Total for Care	$ 4,360,568,724	100.00%
Administration	$ 136,334,986	
Total Payments	$ 4,496,903,710	

FY2007

How We Ensure Integrity

The Program Integrity Division is responsible for planning, developing and directing Medicaid's efforts to identify, prevent and prosecute fraud, abuse and/or misuse by providers and recipients. Program Integrity staff verify that medical services are appropriate and rendered as billed to eligible recipients by qualified providers, that payments for those services are correct, and that all funds identified for collection are pursued.

The Provider Review Unit identifies overbilling or potential fraud and program abuse and responds to referrals from other programs, outside agencies, and Medicaid's fraud hotline. Pharmacy and medical audits are performed to assure proper claim payment, recovery of overpayments, and to identify fraud and abuse. The Recipient Review Unit investigates recipients who appear to have abused or misused benefits, and

criminal fraud or abuse related to providers and recipients. The Investigations Unit identifies and refers cases to appropriate oversight agencies or to the Alabama Attorney General for possible legal action. Additionally, the division follows up on referrals made from many internal and external sources, including calls made to the fraud hotline.

Through the Quality Control Unit, Medicaid makes sure eligibility determinations are as accurate as possible. The Prior Authorization (PA) Program works to ensure that only medically necessary services are provided in a cost-effective manner while also ensuring that medically necessary services are not denied to recipients.

During FY 2007, the Third Party Division was successful in saving Alabama taxpayers millions of dollars. Through coordination of benefits, savings were achieved through a combination of 1) cost avoidance of claims where providers are required to file with the primary payer first, 2) direct billing by Third Party to primary payers, 3) payment of Medicare and health insurance premiums, 4) liens and estate recovery, and 5) recipient recoveries. Medicaid also made capitated payments to Medicare Advantage Plans for Medicaid enrollees, resulting in an avoidance of payment for Medicare deductibles and co-payments/coinsurance for certain Medicaid recipients.

FY 2007
PROVIDER REVIEWS

Medical Providers	119
Medical Provider Recoupments	$1,883,007
Pharmacies	362
Pharmacy Reccoupments	$117,729

FY 2007
RECIPIENT REVIEWS

Reviews Conducted	1,169
Monthly Average Number	
of Restricted Recipients	528
Cost Avoidance	$215,640

Appendix

FY 2007
COLLECTIONS AND MEASURABLE COST AVOIDANCE

Collections

THIRD PARTY LIABILITY	$16,512,303
Includes reported and estimated third party collections by providers, retroactive Medicare recoupments from providers, and collections due to health and casualty insurance, estate recovery, and misspent funds resulting from eligibility errors.	
PROGRAM INTEGRITY DIVISION	
Provider Recoupments	$1,883,007
Pharmacy Recoupments	$117,729
DRUG REBATE PROGRAM	
Pharmacy Recoupments	$242,279
FISCAL AGENT LIAISON/CONTRACT MONITORING UNIT	
Claim Corrections	$104,160
TOTAL COLLECTIONS	**$18,859,479**

MEASURABLE COST AVOIDANCE

THIRD PARTY CLAIM COST AVOIDANCE SAVINGS	
Traditional Medicare Net Savings (includes Provider Payments/Cost Avoidance/Recoupments *less premium cost of $217,196,857*	$771,008,560
Provider Reported Collections - Health and Casualty Insurance	$32,796,617
Medicare Advantage Capitated Program Net Savings	$12,817,638
Claims denied and returned to providers to file health/casualty insurance.	$194,579,243
Health Insurance Premium Payment Cost Avoidance	$774,816
WAIVER SERVICES COST AVOIDANCE - ELDERLY AND DISABLED	$185,181,220
WAIVER SERVICES COST AVOIDANCE - STATE OF AL INDEPENDENT LIVING WAIVER	$11,550,360
WAIVER SERVICES COST AVOIDANCE - MR/DD	$389,601,422
WAIVER SERVICES COST AVOIDANCE - LIVING AT HOME	$53,578,823
TOTAL MEASURABLE COST AVOIDANCE	**$1,651,888,700**
GRAND TOTAL	**$1,787,945,997**

FY 2007
ELIGIBLES
Percent of Population Eligible for Medicaid By County

Lauderdale 18.0%

Limestone 15.8%

Madison 13.2%

Jackson 18.9%

Colbert 20.4%

Lawrence

Franklin 24.4%

18.1%

Morgan 17.4%

Marshall 23.7%

DeKalb 25.0%

Marion 22.3%

Winston 22.3%

Cullman 18.6%

Etowah 21.4%

Cherokee 20.7%

Blount 15.7%

Walker 21.9%

St Clair 17.0%

Calhoun 23.6%

22.0%

Lamar 22.9%

Fayette 20.2%

Jefferson 17.6%

Cleburne

Pickens 26.6%

Tuscaloosa 18.4%

Shelby 7.7%

Talladega 25.1%

Clay 21.3%

Randolph 21.6%

Bibb 20.7%

Coosa 19.0%

Tallapoosa 23.1%

Chambers 23.0%

Greene 39.6%

Hale 30.4%

Chilton 19.8%

Perry 38.7%

Elmore 15.0%

Lee 14.1%

Autauga 15.5%

Macon 26.5%

Russell 26.6%

Sumter 35.8%

Marengo 27.9%

Dallas 39.1%

Montgomery 22.9%

Bullock 34.4%

Choctaw 24.1%

Wilcox 40.8%

Lowndes 28.7%

Barbour 25.1%

Clarke 24.8%

Butler 31.2%

Crenshaw

Pike 26.8%

Monroe 23.2%

28.3%

Henry 22.9%

Washington 20.3%

Conecuh 30.4%

Covington 25.2%

Coffee 19.6%

Dale 21.1%

Escambia 23.9%

Geneva 23.9%

Houston 23.5%

Mobile 21.6%

Baldwin 13.5%

FY 1988-2007
MEDICAID ELIGIBLES AND RECIPIENTS
Utilization
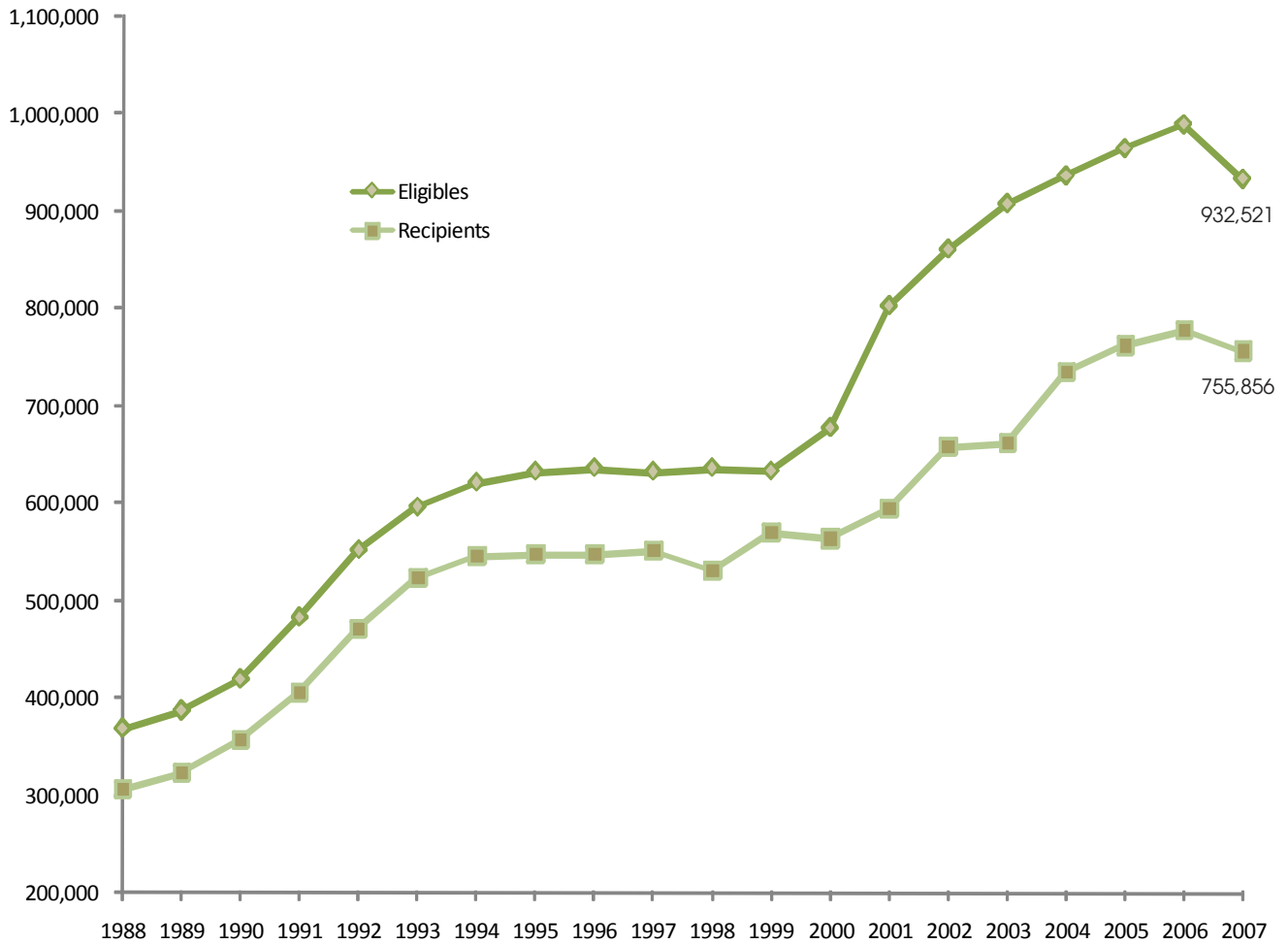
Eligibles - People who qualified for Medicaid coverage.

Recipients - People who had a medical expense paid for by Medicaid.

FY 2007
COUNTY IMPACT
Cost Per Eligible

County	Benefit Payments	Eligibles	Payment Per Eligible	County	Benefit Payments	Eligibles	Payment Per Eligible
Autauga	$ 31,065,003	7,860	$ 3,952	Houston	$ 99,361,900	21,755	$ 4,567
Baldwin	$ 96,426,478	23,197	$ 4,157	Jackson	$ 52,180,830	10,899	$ 4,788
Barbour	$ 30,316,121	7,805	$ 3,884	Jefferson	$ 569,924,671	118,052	$ 4,828
Bibb	$ 19,955,780	4,890	$ 4,081	Lamar	$ 21,667,753	3,681	$ 5,886
Blount	$ 36,358,897	9,401	$ 3,868	Lauderdale	$ 84,449,760	16,715	$ 5,052
Bullock	$ 19,439,744	4,130	$ 4,707	Lawrence	$ 29,571,444	6,621	$ 4,467
Butler	$ 32,032,984	6,545	$ 4,895	Lee	$ 74,094,745	18,802	$ 3,941
Calhoun	$116,618,732	26,450	$ 4,409	Limestone	$ 50,311,314	11,639	$ 4,323
Chambers	$ 39,849,437	8,365	$ 4,764	Lowndes	$ 14,027,376	3,995	$ 3,511
Cherokee	$ 26,577,596	5,607	$ 4,740	Macon	$ 26,546,599	6,257	$ 4,242
Chilton	$ 36,178,825	8,910	$ 4,061	Madison	$179,775,949	39,717	$ 4,526
Choctaw	$ 17,713,649	3,820	$ 4,637	Marengo	$ 27,282,995	6,141	$ 4,443
Clarke	$ 31,052,019	7,011	$ 4,429	Marion	$ 35,967,865	7,149	$ 5,031
Clay	$ 20,007,463	3,195	$ 6,263	Marshall	$ 95,023,680	21,478	$ 4,424
Cleburne	$ 15,453,205	3,312	$ 4,666	Mobile	$ 398,523,107	89,072	$ 4,474
Coffee	$ 46,755,764	8,975	$ 5,210	Monroe	$ 27,699,408	5,654	$ 4,899
Colbert	$ 50,130,806	11,550	$ 4,340	Montgomery	$ 221,300,328	53,411	$ 4,143
Conecuh	$ 19,044,192	4,288	$ 4,441	Morgan	$ 111,643,558	20,536	$ 5,436
Coosa	$ 10,306,362	2,446	$ 4,213	Perry	$ 22,319,969	4,420	$ 5,049
Covington	$ 51,374,496	9,598	$ 5,353	Pickens	$ 25,990,776	5,626	$ 4,620
Crenshaw	$ 18,092,713	3,880	$ 4,663	Pike	$ 39,651,485	8,371	$ 4,737
Cullman	$ 79,408,871	15,670	$ 5,067	Randolph	$ 24,496,880	5,196	$ 4,715
Dale	$ 44,517,984	10,576	$ 4,209	Russell	$ 48,427,855	13,668	$ 3,543
Dallas	$ 75,883,938	17,776	$ 4,269	St. Clair	$ 56,406,552	13,535	$ 4,167
DeKalb	$ 85,622,854	18,039	$ 4,747	Shelby	$ 56,158,600	12,839	$ 4,374
Elmore	$ 64,599,490	11,572	$ 5,582	Sumter	$ 19,862,182	5,043	$ 3,939
Escambia	$ 39,474,755	9,538	$ 4,139	Talladega	$ 91,251,821	21,127	$ 4,319
Etowah	$ 131,339,279	22,523	$ 5,831	Tallapoosa	$ 54,090,220	9,880	$ 5,475
Fayette	$ 22,170,750	3,779	$ 5,867	Tuscaloosa	$ 212,146,764	31,653	$ 6,702
Franklin	$ 38,578,686	8,171	$ 4,721	Walker	$ 88,580,270	15,858	$ 5,586
Geneva	$ 30,882,834	6,451	$ 4,787	Washington	$ 16,563,605	3,820	$ 4,336
Greene	$ 13,633,814	3,868	$ 3,525	Wilcox	$ 21,545,420	5,309	$ 4,058
Hale	$ 21,446,629	5,587	$ 3,839	Winston	$ 32,067,940	5,966	$ 5,375
Henry	$ 18,570,376	3,849	$ 4,825				

FY 2007
COST PER ELIGIBLE
By Category, Gender, Race and Age

By Category

All	$2,896 ... $17,714
Aged	
Blind & Disabled	$6,817
MLIF	$2,574
Plan First	$187
QMB & SLMB	$502
SOBRA	$1,246

By Gender

Female	$2,930
Male	$2,840

By Race

African American	$2,340
American Indian	$1,907
Asian	$1,453
Hispanic	$1,153
Other	$1,324
Unknown	$4,818
White	$3,560

By Age

0-5	$1,255
6-20	$1,786
21-64	$3,465
65 & Over	$7,185
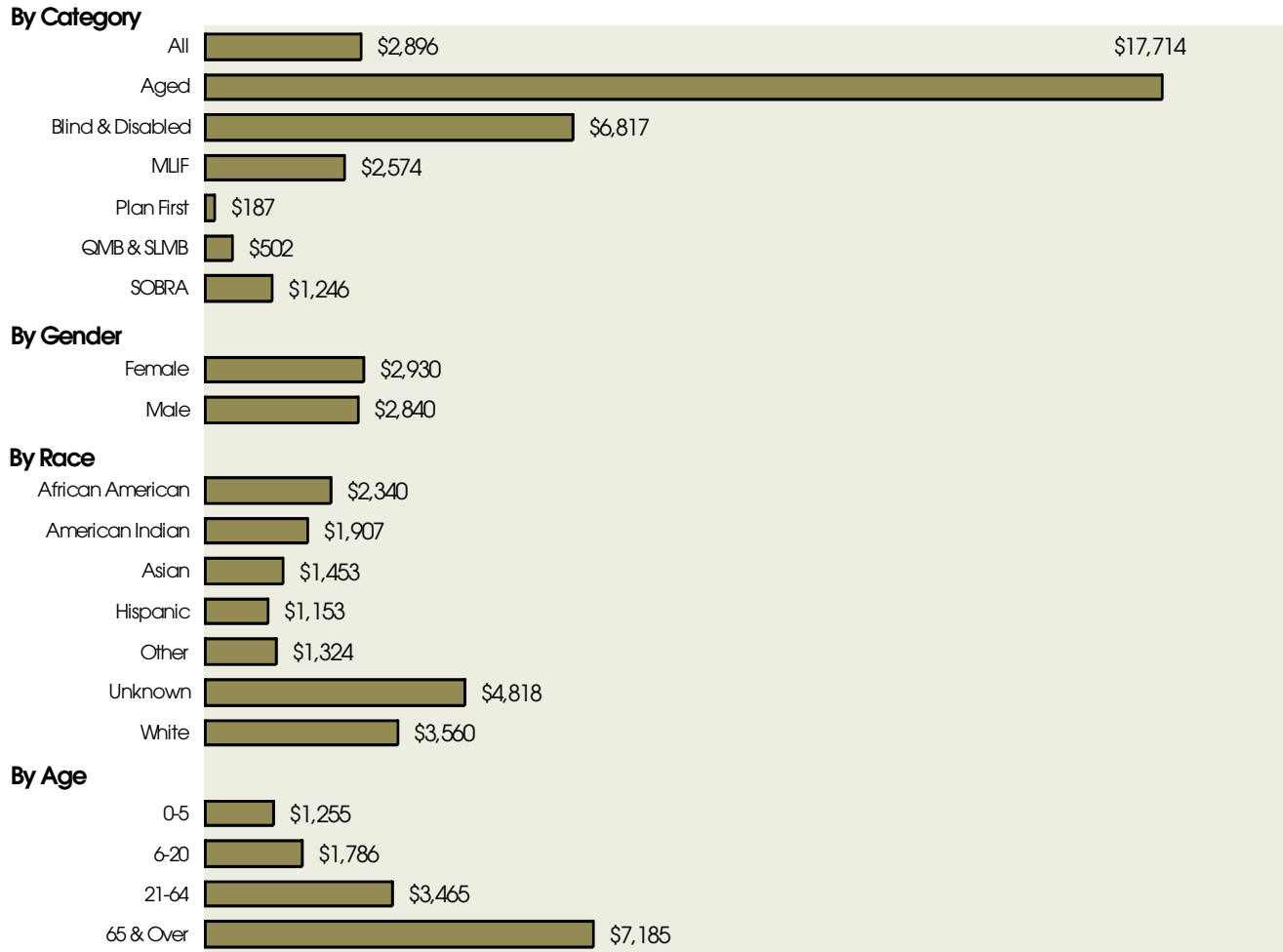
FY 2007
ELIGIBLES AND PAYMENTS - PERCENT DISTRIBUTION
Includes PHP Amounts

By Age

People who qualified for Medicaid coverage

Age Group	Number
65 and Up	119,809
21 to 64	298,226
6 to 20	303,519
0 to 5	210,967
Total	932,521

Eligibles

- 12.8%
- 32.0%
- 32.5%
- 22.6%

65 and up
21 to 64
6 to 20
0 to 5

Payments

- 27.8%
- 35.6%
- 24.2%
- 12.4%

Eligibles

- 4.0%
- 10.3%
- 10.7%
- 9.0%
- 19.1%
- 46.9%

Aged
Q & S*
Plan First
MLIF
Blind & Disabled
SOBRA

Payments

- 21.2%
- 1.6%
- 0.6%
- 8.8%
- 42.0%
- 25.9%
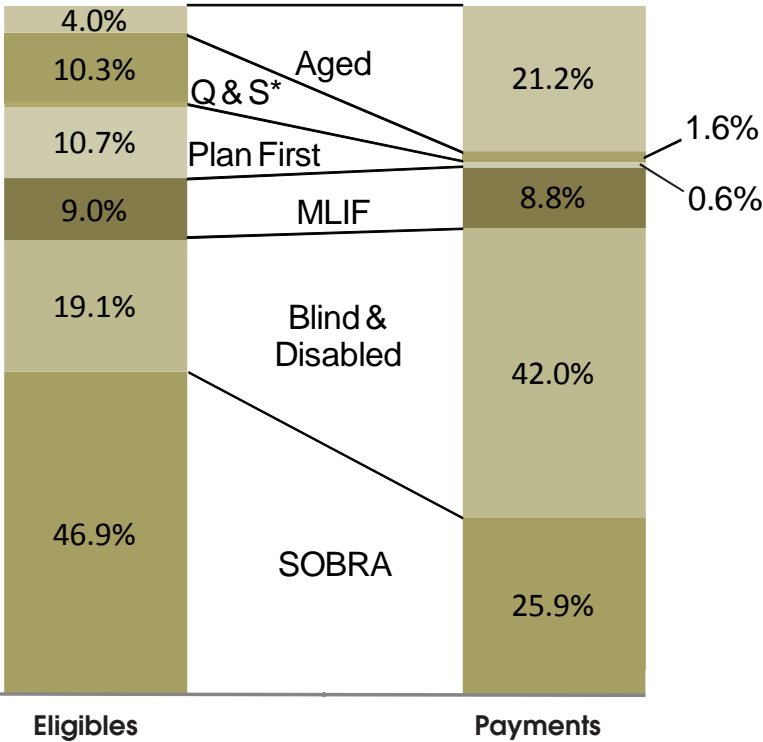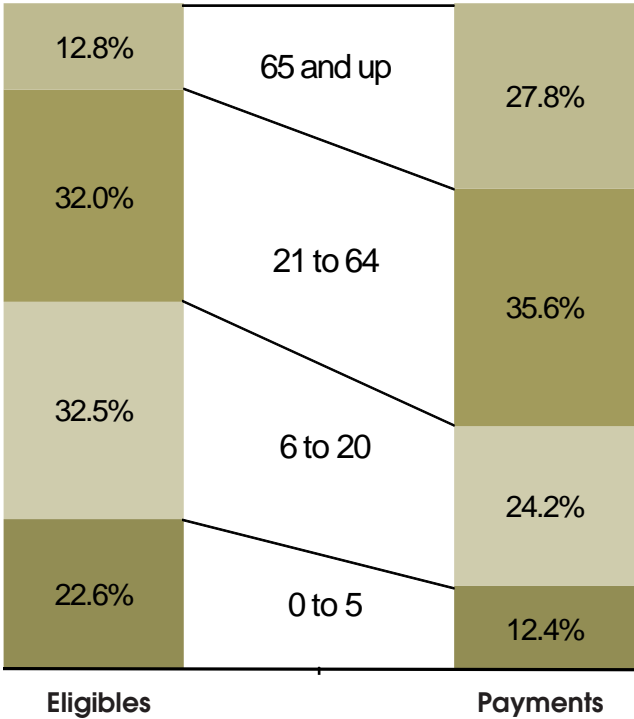
By Category Of Aid

*QMB & SLMB

FY 2007
ELIGIBLES AND PAYMENTS - PERCENT DISTRIBUTION
Includes Claims Data Only

By Gender

Eligibles

Male
37.55%

Female
62.45%

Payments

Male
36.82%

Female
63.18%

By Race

Eligibles

African
American
46.02%

Other
0.55%

Hispanic
4.24%

Asian
0.58%

Unknown
2.30%

Am. Indian
0.27%

White
46.03%

Payments

African
American
37.19%

Other
0.25%

Hispanic
1.69%

Asian
0.29%

Unknown
3.83%

Am. Indian
0.18%

White
56.57%
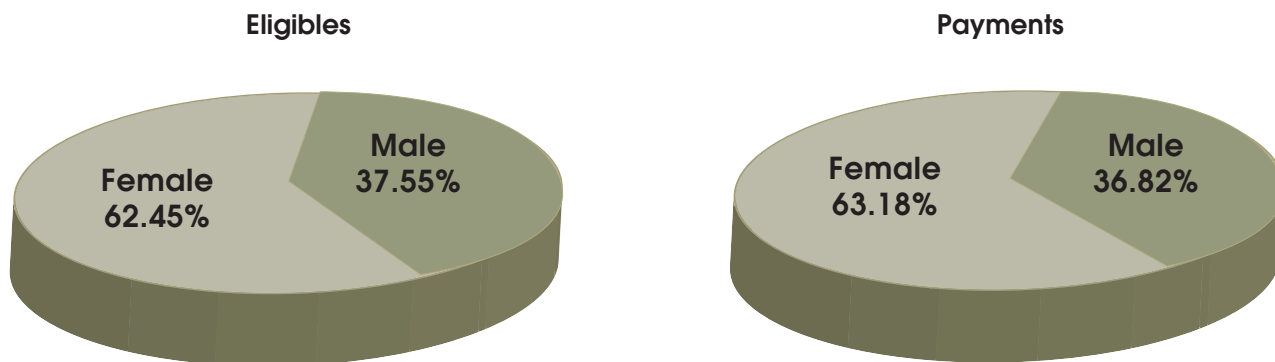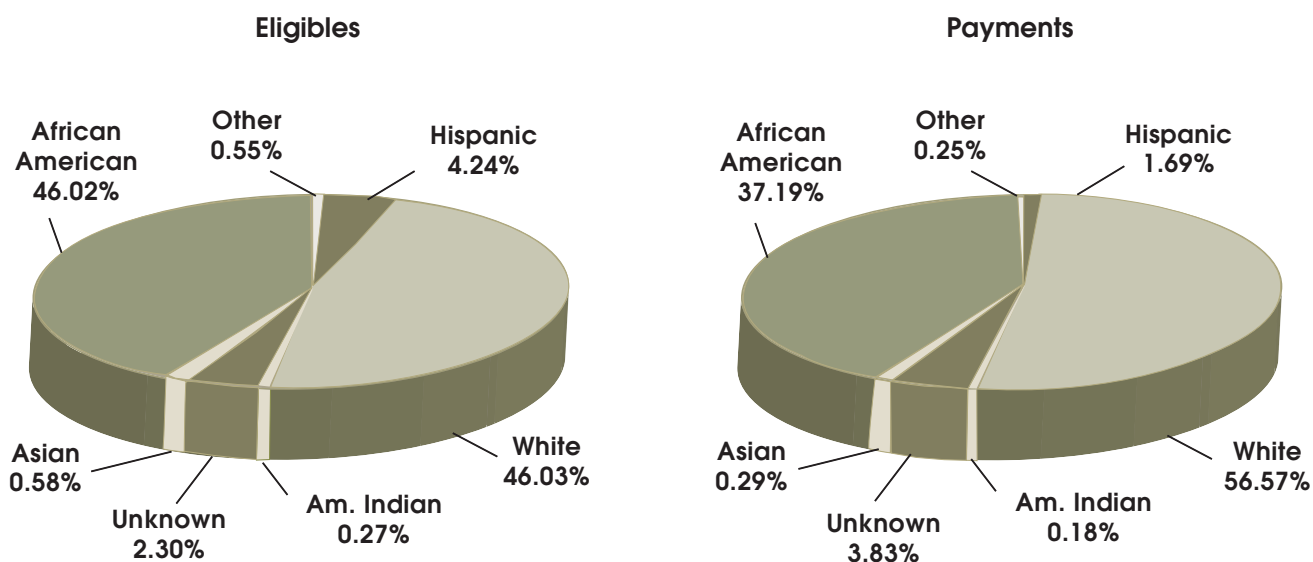
FY 2007
MEDICAID PAYMENTS BY TYPE OF SERVICE
By County of Recipient

COUNTY	Hospital Services	Nursing Home	COUNTY	Hospital Payments	Nursing Home
	*includes PHP Payments	*includes Claims Data Only		*includes PHP Payments	*includes Claims Data Only
Autauga	$ 3,798,501	$ 4,970,895	Houston	$ 12,365,860	$ 17,154,730
Baldwin	$ 12,110,944	$ 13,574,785	Jackson	$ 6,824,691	$ 10,964,482
Barbour	$ 4,039,958	$ 6,169,612	Jefferson	$ 68,445,851	$ 101,910,067
Bibb	$ 2,493,909	$ 3,550,215	Lamar	$ 2,630,783	$ 5,462,074
Blount	$ 4,754,707	$ 6,443,502	Lauderdale	$ 10,033,889	$ 18,598,265
Bullock	$ 2,384,136	$ 4,521,183	Lawrence	$ 3,885,054	$ 3,320,711
Butler	$ 3,962,591	$ 7,877,202	Lee	$ 9,838,790	$ 10,806,872
Calhoun	$ 14,923,278	$ 17,174,319	Limestone	$ 6,473,881	$ 10,877,828
Chambers	$ 4,888,070	$ 11,938,876	Lowndes	$ 1,715,254	$ 2,408,418
Cherokee	$ 3,501,661	$ 6,852,783	Macon	$ 3,212,104	$ 6,193,276
Chilton	$ 4,635,650	$ 5,330,397	Madison	$ 22,461,643	$ 29,701,567
Choctaw	$ 2,783,707	$ 4,164,942	Marengo	$ 3,482,625	$ 4,911,913
Clarke	$ 3,900,642	$ 6,551,817	Marion	$ 4,480,432	$ 8,642,447
Clay	$ 2,408,676	$ 6,776,004	Marshall	$ 12,989,480	$ 18,883,168
Cleburne	$ 2,152,040	$ 3,154,238	Mobile	$ 48,201,989	$ 60,938,235
Coffee	$ 5,973,862	$ 12,288,027	Monroe	$ 3,542,310	$ 5,576,399
Colbert	$ 6,197,578	$ 7,777,127	Montgomery	$ 26,002,846	$ 43,227,956
Conecuh	$ 2,704,386	$ 2,254,883	Morgan	$ 13,708,412	$ 19,769,867
Coosa	$ 1,384,713	$ 2,381,109	Perry	$ 2,673,193	$ 6,272,532
Covington	$ 6,697,034	$ 13,713,096	Pickens	$ 3,298,872	$ 6,668,537
Crenshaw	$ 2,204,817	$ 4,002,219	Pike	$ 4,798,737	$ 7,415,277
Cullman	$ 9,626,451	$ 17,369,859	Randolph	$ 3,159,898	$ 6,751,017
Dale	$ 5,765,536	$ 8,170,376	Russell	$ 7,523,865	$ 9,067,434
Dallas	$ 9,157,699	$ 12,899,243	St. Clair	$ 7,077,800	$ 9,674,730
DeKalb	$ 11,862,880	$ 17,349,292	Shelby	$ 7,016,172	$ 10,445,960
Elmore	$ 7,431,758	$ 10,711,500	Sumter	$ 2,988,426	$ 4,006,438
Escambia	$ 5,722,903	$ 8,389,844	Talladega	$ 12,133,401	$ 17,166,316
Etowah	$ 15,914,091	$ 28,259,131	Tallapoosa	$ 6,592,232	$ 17,705,211
Fayette	$ 2,751,207	$ 4,457,956	Tuscaloosa	$ 24,992,366	$ 26,268,995
Franklin	$ 4,956,797	$ 8,871,635	Walker	$ 10,634,276	$ 17,013,973
Geneva	$ 4,152,826	$ 6,079,991	Washington	$ 2,081,620	$ 3,290,545
Greene	$ 1,950,116	$ 2,110,282	Wilcox	$ 2,698,321	$ 3,685,160
Hale	$ 2,859,140	$ 4,763,338	Winston	$ 4,026,170	$ 7,866,670
Henry	$ 2,279,730	$ 4,951,247	STATEWIDE	$ 544,323,237	$ 818,497,997

FY 2007
TOTAL PAYMENTS
By County of Recipient

County	Amount
Lauderdale	$84.4
Limestone	$50.3
Madison	$179.8
Jackson	$52.2
Colbert	$50.1
Lawrence	$29.6
Morgan	$111.6
Marshall	$95.0
DeKalb	$85.6
Franklin	$38.6
Cherokee	$26.6
Marion	$36.0
Winston	$32.1
Cullman	$79.4
Etowah	$131.3
Blount	$36.4
Walker	$88.6
Calhoun	$116.6
$15.5	
Lamar	$21.7
Fayette	$22.2
St Clair	$56.4
Cleburne	
Jefferson	$569.9
Pickens	$26.0
Tuscaloosa	$212.1
Talladega	
Clay	$20.0
Randolph	$24.5
Shelby	$56.2
$91.3	
Bibb	$20.0
Greene	$13.6
Coosa	$10.3
Tallapoosa	$54.1
Chambers	$39.8
Hale	$21.4
Chilton	$36.2
Perry	$22.3
Elmore	$64.6
Lee	$74.1
Autauga	$31.1
Sumter	$19.9
Dallas	$75.9
Macon	$26.5
Marengo	$27.3
Russell	$48.4
Montgomery	$221.3
Choctaw	$17.7
Lowndes	$14.0
Bullock	$19.4
Wilcox	$21.5
Barbour	$30.3
Clarke	$31.1
Butler	$32.0
Crenshaw	$18.1
Pike	$39.7
Monroe	$27.7
Henry	$18.6
Washington	$16.6
Conecuh	$19.0
$46.8	
Dale	$44.5
Covington	$51.4
Coffee	
Escambia	$39.5
Geneva	$30.9
Houston	$99.4
Mobile	$398.5
Baldwin	$96.4

Alabama Medicaid Agency

Governor
State of Alabama
Bob Riley

Medical Care Advisory Committee

Alabama Medicaid Agency
Commissioner
Carol H. Steckel

Physicians Task Force

Office of General Counsel
Bill Butler

Chief of Staff
Mary Hayes Finch

Human Resources
Georgette Harvest

Communication/Health Promotion
Beverly Churchwell

Governmental Affairs
Henry Davis

Public Affairs and
Media Relations

Constituent Affairs
State and Federal Relations

Internal Audit
Gladys Gray

Executive Assistant
Mattie Jackson

Beneficiary Services
Lee Rawlinson
Deputy Commissioner

Disabled Certification
Luann McQueen

- Auburn/Opelika DO
- Birmingham DO
- Decatur DO
- Dothan DO
- Florence DO
- Gadsden DO
- Mobile DO
- Montgomery DO
- Selma DO
- Tuscaloosa DO

Family Certification
Sharon Parker

- Northern Region
- Central Region
- Southern Region

Certification Support
Gretel Felton

- Policy/Program
Implementation
- Training
- Technical Support
- Central Certification

Administrative Services
Lee Maddox
Deputy Commissioner

Administrative Services
Diane McCall

- Records Management
- Purchasing
- Management Support
- NET Services

Program Integrity
Jacqueline Thomas

- Investigations
- Provider Review
- Quality Control
- Recipient Review
- Pharmacy Audit

Fiscal Agent Liaison
Susan Jones

- Policy Management
- Contract Monitoring
- Systems Support

Information Systems
Terrell Flowers

- Computer Operations
Support
- Beneficiary Software
Support
- Claims Software/
Programs
Services Support
- Resources/Administration
Software Support
- MMIS/Privacy
Coordinator
- Network/Systems
Support/IT Security

Clinical Standards & Quality
Medical Director
Dr. Mary McIntyre

- Statistical Support

Quality Improvement &
Standards
Theresa Richburg

- Waiver QA
- QI Initiatives

Health Policy
Medical Director
Dr. Robert H. Moon*

Financial Management
Terry Bryant
Chief Financial Officer

Special Assistant to CFO
Mike Murphy

Finance Director
Karen Wainwright

- Accounts Payable
- Accounts Receivable
- Budgets/Reports

Third Party
Keith Thompson

- Health Insurance
- Payment Review
- Benefit Recovery

Provider Audit/
Reimbursement
Keith Boswell

- Nursing Home Audit
- Q.A./Reimbursement

Program Administration
Kathy Hall
Deputy Commissioner

Medical Services
Kim Davis-Allen

- Clinic/Ancillary Services
- Dental
- Family Planning
- Institutional Services/PHP
- Maternity Care
- Medical Support
- Patient 1st
- TFQ

Long Term Care
Marilyn Chappelle

- Policy Advisory Unit
- Provider/Recipient Services
- Project Development
- Program Management
- Medical & Quality Review

Pharmacy Services
Kelli Littlejohn

- Pharmacy Administrative
Services
- Pharmacy Clinical Support
- Drug Rebate

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Carol H. Steckel
Carol H. Steckel
Commissioner

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Alabama Medcaid Agency
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P.O. Box 5624 (501 Dexter Avenue)
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