

Chapter 4: Insurance and Health Expenditures

Highlights

Insurance

Estimates from the U.S. Census Current Population Survey suggest that about 11.4 percent of Nebraskans were uninsured for some or all of 2004. Nationwide, 15.7 percent of people were uninsured at some time during that same year.

According to the Kaiser Family Foundation, as of July 2004, 101,403 Nebraska residents (5.8 percent of the total population) were enrolled in health maintenance organizations. Between July 2003 and July 2004, the number of Nebraskans enrolled in managed care has decreased 27.2 percent.

Personal Health Care Expenditures

In 1998, personal health care expenditures (PHCEs) in Nebraska were 11.5 percent of the gross state product (GSP). By 2000, PHCEs had increased to 12.5 percent of the GSP. Nationwide, PHCEs accounted for 11.6 percent of GSP in 1998 and 11.7 percent in 2000.

In 1998, almost \$6.0 billion was spent for PHCEs in Nebraska. By 2000, PHCEs in the state had increased to approximately \$7.0 billion. This change represents a statewide average increase of 8.0 percent from 1998 to 2000. Nationwide, PHCEs were slightly over \$1.0 trillion total in 1998. By 2000, nationwide PHCEs had increased to over \$1.1 trillion. This change represents a nationwide average increase of 6.1 percent from 1998 to 2000.

Medicare and Medicaid

In fiscal year 2003, the federal government obligated over \$1.54 billion in funding to Nebraska to insure Medicare beneficiaries. Over \$967 million was obligated to insure Medicaid-eligible Nebraskans.

As of September 2005, 265,946 Nebraskans were eligible for Medicare benefits. Of these, 11,974 beneficiaries (4.5 percent) were enrolled in managed care plans.

Kids Connection is the health insurance program authorized by the federal government as Nebraska's Child Health Insurance Program. The State of Nebraska developed Kids Connection as an extension of Medicaid. This program provides health coverage to uninsured children across the state. In July 2002, there were 138,763 children eligible for the program. A year later in July 2003, 123,566 children were eligible. This decrease is attributed to November 2002 legislation that reduced the period of continuous eligibility for children under Title XIX (Medicaid) and Title XXI (expanded Medicaid) from twelve months to six months, but also allowed for limited monthly eligibility reviews. As of November 2005, 128,157 were eligible for Kids Connection.

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Highlights (continued)**Centers for Medicare and Medicaid Services**

Due to recent changes in the Centers for Medicare and Medicaid Services (CMS) Web site, many of the links used as sources throughout chapter 4 may have changed. The CMS home page can be found at <http://www.cms.hhs.gov/>. Please check <http://www.unmc.edu/nebraska/databooks> for updates to the 2005 HIP Data Book.

Chapter Profile**Insurance****Estimated Percent of Persons Without Insurance at Any Time in 2004**

Nebraska	11.4%
United States	15.7%

Health Maintenance Organizations (HMOs) July 2004

Number of HMOs	
Nebraska	4
United States	414
Total HMO Enrollment	
Nebraska	101,403
United States	66,109,936
HMO Enrollment Growth (July 2003 – July 2004)	
Nebraska	-27.2%
HMO Penetration Rate	
Nebraska	5.8%

Medicare

Total Enrollees, Nebraska Fiscal Year 2003	257,171
Percent Aged	88.2%
Percent Disabled	11.8%

Medicare Enrollees Participating in Managed Care (as a percent of total enrollees),⁽¹⁾ 2005

Nebraska	4.5%
United States	13.3%

(1) Includes the number of Medicare entitled beneficiaries and the number of Medicare managed care enrollees for all Medicare+Choice, Cost, Demo, and HCPP Medicare managed care plans.

Medicaid**2005 Summary of Eligibles and Expenditures in Nebraska**

	Average ⁽²⁾	Total ⁽²⁾
	<u>Eligibles</u>	<u>Expenditures</u>
Aged	9.2%	26.1%
Blind/Disabled	14.4%	40.6%
Children	64.5%	25.8%
ADC Adults	11.9%	7.5%

Medicaid Managed Care Enrollment as a Percent of Medicaid Eligibles

Nebraska	72.28%
United States	60.68%

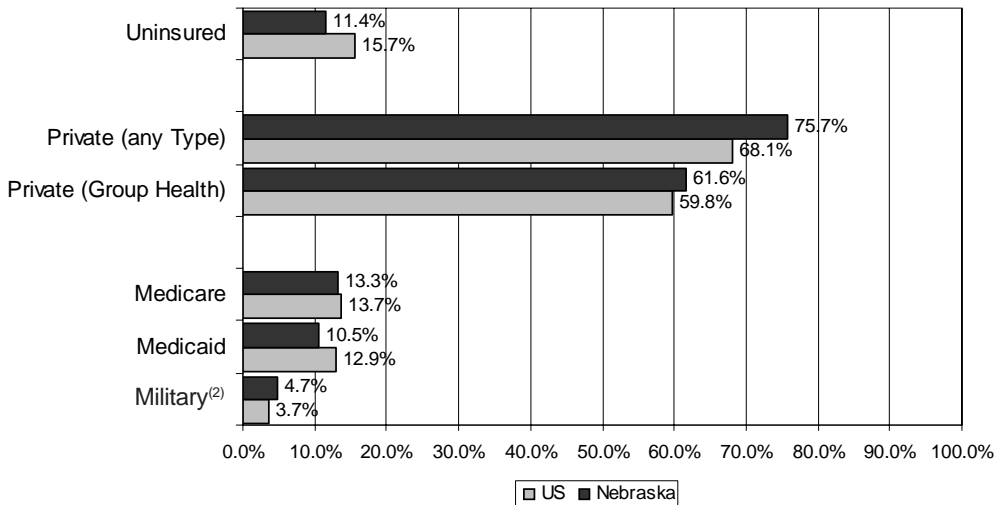
Nebraska Kids Connection Eligibility⁽³⁾

May 2000	114,329
November 2000	119,635
May 2003	123,596
November 2003	124,753
May 2005	128,675
November 2005	128,157

(2) May not sum to 100% due to rounding.

(3) Includes traditional Medicaid enrollment (Title XIX) plus Children's Health Insurance Program (Title XXI) enrollment. Figures reflect eligible children as of the end of the month.

Figure 4.1 - Insurance Status by Type,⁽¹⁾ Nebraska and the United States 2004

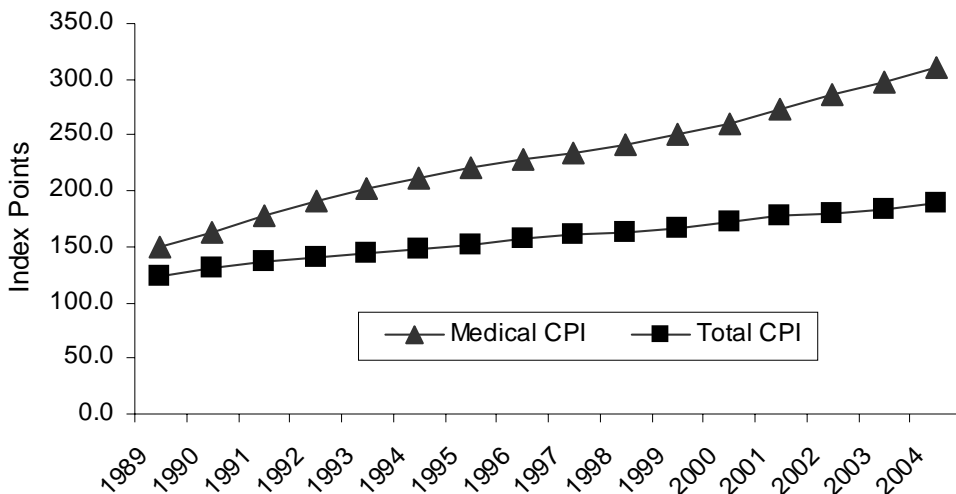


Source: U.S. Census Bureau, March Current Population Surveys, 1987-2004. Data abstracted from Health Insurance Historical Table 4. <http://www.census.gov/hhes/www/hlthins/historic/hihist4.html> (Internet Revision Date: August 30, 2005).

(1) The estimates by type of coverage are not mutually exclusive; people can be covered by more than one type of health insurance during the year.

(2) Military health care includes CHAMPUS (Comprehensive Health and Medical Plan for Uniformed Services)/Tricare, CHAMPVA (Civilian Health and Medical Program of the Department of Veteran's Affairs), Veterans, and military health care.

Figure 4.2 - Medical and Consumer Price Index (CPI)⁽¹⁾ Trends, United States 1989 to 2004



Source: Bureau of Labor Statistics, 2005. See <http://data.bls.gov/cgi-bin/surveymost?cu>.

Notes: Total CPI is for all items.
 Medical CPI and Total CPI are not seasonally adjusted.
 Annual data is an average of monthly CPI data. 1982-84 = 100.

(1) "The Consumer Price Index is a measure of the average change over time in the prices paid by urban consumers for a fixed market basket of goods and services. The CPI provides a way to compare what this market basket of goods and services costs this month with what the same market basket cost in the past." U.S. Department of Labor, Bureau of Labor Statistics. (November 1997 [Revised]. *Understanding the Consumer Price Index: Answers to Some Questions*. Available at <http://www.bls.gov/cpi/cpifaq.pdf>.

Table 4.1 - Medical and Consumer Price Index (CPI),⁽¹⁾ United States 1989 to 2004

Year	Percent Increase in Medical CPI over		Percent Increase in Total CPI over	
	Medical CPI	Previous Year	Total CPI	Previous Year
1989	149.3	7.6%	124.0	4.8%
1990	162.8	9.0%	130.7	5.4%
1991	177.0	8.2%	136.2	4.2%
1992	190.1	7.4%	140.3	3.0%
1993	201.4	5.9%	144.5	3.0%
1994	211.0	4.8%	148.2	2.6%
1995	220.5	4.4%	152.4	2.8%
1996	228.2	3.5%	156.9	3.0%
1997	234.6	2.8%	160.5	2.3%
1998	242.1	3.2%	163.0	1.6%
1999	250.6	3.5%	166.6	2.2%
2000	260.8	4.1%	172.2	3.4%
2001	272.8	4.6%	177.1	2.8%
2002	285.6	4.7%	179.9	1.6%
2003	297.1	4.0%	184.0	2.3%
2004	310.1	4.4%	188.9	2.7%

Source: Bureau of Labor Statistics, 2005. See <http://data.bls.gov/cgi-bin/surveymost?cu>.

Notes: Total CPI is for all items.

Medical CPI and Total CPI are not seasonally adjusted.

Annual data is an average of monthly CPI data. 1982-84 = 100.

(1) "The Consumer Price Index is a measure of the average change over time in the prices paid by urban consumers for a fixed market basket of goods and services. The CPI provides a way to compare what this market basket of goods and services costs this month with what the same market basket cost in the past." U.S. Department of Labor, Bureau of Labor Statistics. (November 1997 [Revised]. *Understanding the Consumer Price Index: Answers to Some Questions*. Available at <http://www.bls.gov/cpi/cpifaq.pdf>.

Table 4.2 - Personal Health Care Expenditures (PHEs) in Millions of Dollars, United States and Nebraska 1998 to 2000⁽¹⁾

	1998 ⁽²⁾		1999		2000		Average Percent Change (1998-2000)	
	U.S.	Nebraska	U.S.	Nebraska	U.S.	Nebraska	U.S.	Nebraska
	\$	\$	\$	\$	\$	\$	%	%
Total Personal Health Care Expenditures (Millions)	\$1,009,788	\$5,985	\$1,065,636	\$6,422	\$1,136,115	\$6,973	6.1%	8.0%
Hospital Care Expenditures	\$378,526	\$2,516	\$393,431	\$2,688	\$413,131	\$2,963	4.5%	8.5%
Physician and Other Professional Service	\$292,326	\$1,333	\$307,557	\$1,395	\$328,983	\$1,483	6.1%	5.5%
Dental Service	\$53,156	\$274	\$56,389	\$304	\$60,726	\$324	6.9%	8.8%
Home Health Expenditures	\$33,575	\$131	\$32,261	\$148	\$31,616	\$136	-3.0%	2.5%
Prescription Drugs	\$87,271	\$579	\$104,421	\$705	\$121,539	\$819	18.6%	19.0%
Other Non-Durable Medical Products	\$28,418	\$150	\$29,997	\$156	\$30,387	\$156	3.5%	4.0%
Durable Medical Products	\$16,851	\$128	\$17,231	\$131	\$17,750	\$131	2.7%	2.3%
Nursing Home Care	\$89,486	\$710	\$90,651	\$708	\$95,296	\$741	3.2%	2.2%
Other Personal Health Care	\$30,181	\$164	\$33,718	\$189	\$36,687	\$219	10.3%	15.6%
Medicare Expenditures for Personal Health Care	\$202,500	\$1,080	\$205,700	*	\$216,900	*	3.5%	*
Medicaid Expenditures for Personal Health Care	\$160,000	\$868	\$173,700	*	\$188,300	*	8.5%	*

Sources: Centers for Medicare & Medicaid Services, Office of the Actuary, National Health Statistics Group. See <http://www.cms.hhs.gov/statistics/nhe/default.asp#state>, and <http://www.cms.hhs.gov/statistics/nhe/state-estimates-provider/2000/states.pdf>.

(1) Data for Medicare and Medicaid personal health care expenditures is not available at this time. The Centers for Medicare and Medicaid Services expect to have state data available for all PHEs up to 2004 some time in 2006. Please check <http://www.unmc.edu/nebraska/databooks> for the HIP 2005 Data Book and updated information for Table 4.2.

(2) The Nebraska Health Information Project 2003 Databook used different sources, so figures may vary slightly for the 1998 figures. The sources used for the 2003 Databook were Levit, L. R., Lazenby, H. C., Cowan, C. A., Won, D. K., Stiller, J. M., Sivarajan, L., et al. (1995). State health expenditure accounts: Building blocks for state health spending analysis. *Health Care Financing Review*, 17(1), 201-254; and Martin, A. B., Whittle, L. S., & Levit, K. R. (2001). Trends in state health care expenditures and funding: 1980-1998. *Health Care Financing Review*, 22(4), 111-140.

Table 4.3 - Personal Health Care Expenditures⁽¹⁾ and Average Annual Percent Growth, the United States, Nebraska, and Selected States, Calendar Years 1995 to 2000⁽²⁾

Area	Expenditures ⁽³⁾						Average Annual Percent Growth 1995-2000
	1995	1996	1997	1998	1999	2000	
United States	\$865,700	\$911,149	\$959,228	\$1,009,788	\$1,065,636	\$1,136,115	5.7%
Nebraska	\$5,015	\$5,420	\$5,647	\$5,985	\$6,422	\$6,973	6.8%
Colorado	\$11,170	\$11,836	\$12,612	\$13,506	\$14,605	\$15,927	7.4%
Iowa	\$8,424	\$8,973	\$9,411	\$10,033	\$10,554	\$11,135	5.8%
Kansas	\$7,965	\$8,388	\$8,879	\$9,335	\$9,971	\$10,473	5.6%
Minnesota	\$16,114	\$16,858	\$18,175	\$19,253	\$20,642	\$22,258	6.7%
Missouri	\$17,757	\$18,846	\$19,870	\$20,876	\$21,976	\$23,292	5.6%
North Dakota	\$2,371	\$2,461	\$2,556	\$2,701	\$2,794	\$2,898	4.2%
South Dakota	\$2,288	\$2,463	\$2,630	\$2,737	\$2,883	\$3,047	5.9%

Source: Centers for Medicare & Medicaid Services, 2005. See <http://www.cms.hhs.gov/statistics/nhe/default.asp#state> and <http://www.cms.hhs.gov/statistics/nhe/state-estimates-provider/2000/states.pdf>.

(1) Expenditures are in millions of dollars.

(2) The Centers for Medicare and Medicaid Services expect to have state data available up to 2004 some time in 2006. Please check <http://www.unmc.edu/nebraska/databooks> for the HIP 2005 Data Book for updated information on Table 4.3.

(3) Nebraska Health Information Project 2003 Databook used a different source so figures may vary slightly. The source used for the 2003 Databook: Martin, A.B., Whittle, L.S., & Levit, K.R. (2001). Trends in state health care expenditures and funding: 1980-1998. *Health Care Financing Review*, 22(4), 111-140. The 2003 Databook reported expenditures for the years 1980, 1986, 1990, 1995, 1997, and 1998.

Table 4.4 - Insurance Status of Nebraskans,⁽¹⁾ Current Population Survey Estimates 1992 to 2004

Insurance Status	1992 ⁽²⁾	1993 ⁽³⁾	1994 ⁽⁴⁾	1995	1996	1997 ⁽⁵⁾	1998	1999 ⁽⁶⁾	2000 ⁽⁷⁾	2001	2002	2003	2004
Nebraskans Who Were Uninsured at Any Time	9.4%	11.9%	10.7%	9.0%	11.4%	10.8%	9.0%	10.1%	9.1%	9.5%	10.2%	11.3%	11.4%
Nebraskans Covered by Private or Government Insurance of Any Type	90.6%	88.1%	89.3%	91.0%	88.6%	89.2%	91.0%	89.9%	90.9%	90.5%	89.8%	88.7%	88.6%
Private Health Insurance													
Nebraskans Covered by Private Insurance of Any Type	79.6%	77.3%	79.7%	78.4%	76.1%	77.6%	79.7%	78.9%	77.6%	78.0%	77.0%	76.2%	75.7%
Nebraskans Covered by Private Employment Based Insurance Only	59.8%	57.1%	63.2%	62.6%	59.2%	62.5%	65.6%	61.1%	64.3%	62.4%	61.1%	61.4%	61.6%
Government Health Insurance													
Nebraskans Covered by Medicare	12.0%	13.4%	10.7%	13.5%	14.1%	14.6%	12.8%	13.3%	12.6%	13.2%	13.9%	12.5%	13.3%
Nebraskans Covered by Medicaid	7.9%	7.9%	5.8%	8.1%	9.0%	9.4%	9.4%	7.6%	8.0%	9.0%	9.8%	8.8%	10.5%
Nebraskans Covered by Military Insurance ⁽⁸⁾	5.5%	6.1%	7.3%	6.2%	4.2%	4.0%	6.0%	6.0%	8.1%	6.5%	4.0%	4.8%	4.7%

Source: U.S. Census Bureau, Current Population Survey (CPS), 1988-2005 Annual Social and Economic Supplements. Data abstracted from Health Insurance Historical Table 4. <http://www.census.gov/hhes/www/hithins/historic/hihistt4.html> (Internet revision date: August 30, 2005).

(1) The percentages by type of coverage are not mutually exclusive; in other words, persons can be covered by more than one type of health insurance during a year.

(2) Implementation of 1990 census population controls.

(3) Data collection method changed from paper and pencil to computer-assisted interviewing.

(4) Health insurance questions were redesigned. Increases in estimates of employment-based and military health care coverage may be partially due to questionnaire changes. Overall coverage estimates were not affected.

(5) Beginning with the March 1998 CPS, people with no coverage other than access to Indian Health Services are no longer considered covered by health insurance; instead, they are considered to be uninsured. The effect of this change on the overall estimates of health insurance coverage is negligible; however, the decrease in the number of people covered by Medicaid may be partially due to this change.

(6) Estimates reflect the results of follow-up verification questions and of 2000 census population controls.

(7) Implementation of a 28,000 household sample expansion.

(8) Includes CHAMPUS (Civilian Health and Medical Program of the Uniformed Services/Tricare, CHAMPVA (Civilian Health and Medical Program of the Department of Veterans Affairs), Veterans, and military health care.

Table 4.5 - Nebraska Behavioral Risk Factor Survey: Health Insurance Status⁽¹⁾ 2000 to 2004 (Weighted and Unweighted Totals)⁽²⁾

	2000		2001		2002		2003		2004	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Weighted Nebraska (Total)	1,225,353	100.0%	1,264,021	100.0%	1,271,365	100.0%	1,285,890	100.0%	1,294,762	100.0%
Metropolitan Counties										
Total	604,816	100.0%	617,526	100.0%	645,553	100.0%	635,911	100.0%	638,591	100.0%
Yes	557,981	92.3%	531,391	86.1%	574,902	89.1%	568,430	89.4%	561,748	88.0%
No	45,821	7.6%	84,958	13.8%	70,384	10.9%	65,313	10.3%	75,932	11.9%
Don't Know	1,013	0.2%	992	0.2%	0	0.0%	1,958	0.3%	911	0.1%
Refused	0	0.0%	185	0.0%	266	0.0%	210	0.0%	0	0.0%
Non-metropolitan Counties										
Total	620,537	100.0%	646,495	100.0%	625,812	100.0%	649,979	100.0%	656,171	100.0%
Yes	553,533	89.2%	553,918	85.7%	542,537	86.7%	564,748	86.9%	564,828	86.1%
No	65,787	10.6%	91,229	14.1%	79,400	12.7%	82,692	12.7%	88,232	13.5%
Don't Know	1,218	0.2%	1,348	0.2%	2,865	0.5%	2,360	0.4%	2,489	0.4%
Refused	0	0.0%	0	0.0%	1,010	0.2%	179	0.0%	621	0.1%
Unweighted Nebraska (Total)	3,096	100.0%	3,699	100.0%	4,383	100.0%	4,966	100.0%	8,761	100.0%
Metropolitan Counties										
Total	1,512	100.0%	1,780	100.0%	2,095	100.0%	2,390	100.0%	2,516	100.0%
Yes	1,403	92.8%	1,575	88.5%	1,925	91.9%	2,185	91.4%	2,281	90.7%
No	107	7.1%	201	11.3%	169	8.1%	200	8.4%	233	9.3%
Don't Know	2	0.1%	3	0.2%	0	0.0%	4	0.2%	2	0.1%
Refused	0	0.0%	1	0.1%	1	0.1%	1	0.0%	0	0.0%
Non-metropolitan Counties										
Total	1,584	100.0%	1,919	100.0%	2,288	100.0%	2,576	100.0%	6,245	100.0%
Yes	1,425	90.0%	1,689	88.0%	2,050	89.6%	2,304	89.4%	5,526	88.5%
No	157	9.9%	227	11.8%	229	10.0%	265	10.3%	701	11.2%
Don't Know	2	0.1%	3	0.2%	6	0.3%	6	0.2%	12	0.2%
Refused	0	0.0%	0	0.0%	3	0.1%	1	0.0%	6	0.1%

Source: Nebraska Behavioral Risk Factor Survey, 2000-2004.

Notes: Metropolitan boundaries are those defined by the Federal Office of Management and Budget on June 30, 1993. For further information about metropolitan and non-metropolitan definitions, see p. 1 and Appendix C.

(1) The data in this table are based on survey respondents' answer to the question, "Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare?"

(2) Due to rounding, percentages may not sum to 100%.

Table 4.6 - Nebraska Resident Enrollment in Nebraska Licensed Health Maintenance Organizations (HMOs) June 2003 to June 2005

Health Maintenance Organization Plan Name	Enrollment as of											
	June 2003	Sep. 2003	Dec. 2003	March 2004	June 2004	Sep. 2004	Dec. 2004	March 2005	June 2005			
United Health Care of the Midlands, Inc.	59,841	57,482	56,718	52,467	52,456	49,761	49,511	47,348	47,459			
Exclusive Healthcare, Inc. ⁽¹⁾	13,696	13,758	13,461	10,380	10,199	12,733	12,190	7,607	7,622			
Care Choices - Iowa (Operates in S. Sioux City, NE) ⁽²⁾	*	*	*	*	*	*	*	*	*			
Pioneer Health Plan, Inc.	0	0	0	0	0	0	0	0	0			
Coventry Health Care of Nebraska ⁽³⁾	44,373	45,716	41,679	43,013	43,217	43,948	44,293	42,549	42,887			
Blue Cross Blue Shield of Nebraska ⁽⁴⁾	NA	NA	NA	NA	NA	NA	NA	NA	713 ⁽⁵⁾			

Sources: Nebraska Department of Insurance, 2005. See http://www.nol.org/home/NDOL/brochure/b_hmo.htm, <http://www.census.gov/>, and <http://www.statehealthfacts.org>

*Contracts were not renewed.

(1) Beginning with December 1999, Exclusive Healthcare, Inc., includes enrollees from Mutual of Omaha Health Plans of Lincoln, Inc. This occurred because Mutual of Omaha Health Plans of Lincoln, Inc., did not renew all of its HMO contracts and transferred business into its affiliate, Exclusive Healthcare, Inc.

(2) Note: Care Choices - Iowa is licensed to operate in Nebraska but serves primarily Iowa residents seeking care from providers located in or near South Sioux City, Nebraska.

(3) Formerly Principal Health Care.

(4) HMO of Nebraska, Inc., was merged into Blue Cross Blue Shield of Nebraska.

(5) Figure for December 2005.

Table 4.7 - Health Maintenance Organizations (HMOs),⁽¹⁾ the United States, Nebraska, and Selected States July 2004

	Number of HMOs	Total HMO Enrollment	HMO Enrollment Growth ⁽²⁾	HMO Penetration Rate ⁽³⁾
United States	414	66,109,936	NA	NA
Nebraska	4	101,403	-27.2%	5.8%
Colorado	11	1,190,330	-3.7%	25.9%
Iowa	4	265,891	-0.8%	9.0%
Kansas	5	186,727	-22.7%	6.8%
Minnesota	8	1,343,251	-0.5%	26.3%
Missouri	18	1,407,533	-15.2%	24.5%
North Dakota	1	2,101	-4.6%	0.3%
South Dakota	3	75,900	-7.8%	9.8%

(1) An HMO is an entity that offers prepaid, comprehensive health coverage for both hospital and physician services with specific health care providers using a fixed structure or capitated rates. HMO enrollment includes enrollees in both traditional HMOs and HMO point-of-service (POS) plans through group/commercial plans, Medicare, Medicaid, the Federal Employees Health Benefits Program, direct pay plans, and unidentified HMO products.

(2) Annual growth, July 2003-July 2004.

(3) State penetration was calculated with state population data from the U.S. Census Bureau as of July 2004.

Table 4.8 - Federal Financial Assistance⁽¹⁾ in Thousands of Dollars from the U.S. Department of Health and Human Services, Nebraska and Substate Areas Fiscal Year 2003⁽²⁾

	Admin. Children & Families	Admin. on Aging	Center for Disease Control	Centers for Medicare & Medicaid Services	Health Care Policy Roundtable	Health Resources & Services Admin.	Indian Health Service	National Institutes of Health	Office of the Secretary	Substance Abuse & Mental Health Admin.
Nebraska	\$2,926,680	\$9,135	\$31,740	\$2,538,018	\$399	\$24,719	\$1,799	\$73,759	\$6,205	\$13,862
State Agencies	\$55,040	\$6,125	\$2,239	\$0	\$0	\$4,183	\$0	\$0	\$0	\$10,467
Western	\$163,296	\$0	\$0	\$151,067	\$199	\$1,519	\$0	\$0	\$0	\$0
Southwest	\$233,160	\$0	\$0	\$225,179	\$200	\$299	\$0	\$0	\$0	\$0
Central	\$371,672	\$0	\$0	\$349,292	\$0	\$694	\$0	\$0	\$0	\$0
Northern	\$403,414	\$311	\$41	\$382,836	\$0	\$650	\$1,357	\$0	\$0	\$0
Southeast	\$745,349	\$2,698	\$28,529	\$579,121	\$0	\$6,691	\$0	\$17,774	\$5,543	\$2,795
Eastern	\$954,747	\$0	\$932	\$850,436	\$0	\$10,683	\$443	\$55,984	\$662	\$600
Non-metropolitan*	\$1,333,593	\$65,155	\$41	\$1,262,389	\$399	\$3,162	\$1,357	\$0	\$0	\$0
Metropolitan*	\$1,538,045	\$128,361	\$29,461	\$1,275,542	\$0	\$17,374	\$443	\$73,758	\$6,205	\$3,395

Source: U.S. Department of Health and Human Services, *Financial Assistance by Geographic Area: Region VII, Fiscal Year 2003*, October 1, 2003-September 30, 2004. See <http://www.dpm.psc.gov/faga/fy04/nebraska.aspx>. Last updated 2/10/2005.

Note: Nebraska Health Planning Regions defined by Nebraska Health and Human Services System, 2001.

*Metropolitan boundaries are those defined by the Federal Office of Management and Budget on June 6, 2003. For further information about metropolitan and non-metropolitan definitions, see p. 1 and Appendix C.

(1) The dollar figures in this table represent the amount that has been obligated to state recipients during fiscal year 2003. "Obligations" are funds legally set aside to be disbursed. However, obligation of funds generally precedes the actual disbursement of funds. Therefore, it is possible that the obligation amount reported may be disbursed subsequent to the actual year of obligation.

(2) Due to rounding, substate area totals may not equal the state total.

Table 4.9 - Medicare and Medicaid: Federal Financial Assistance⁽¹⁾ in Thousands of Dollars from the U.S. Department of Health and Human Services, Nebraska and Substate Areas Fiscal Year 2001 and 2003

	2001			2003		
	Medicare		Medicaid	Medicare		Medicaid
	Hospital Insurance ⁽²⁾	Supplemental Insurance ⁽³⁾		Hospital Insurance ⁽²⁾	Supplemental Insurance ⁽³⁾	
Nebraska	\$641,319	\$478,841	\$793,790	\$825,504	\$719,510	\$967,522
Western	\$35,234	\$30,523	\$48,066	\$45,353	\$45,864	\$58,583
Southwest	\$45,832	\$36,644	\$49,521	\$58,996	\$55,057	\$60,360
Central	\$86,922	\$71,998	\$103,775	\$111,887	\$108,187	\$126,488
Northern	\$113,265	\$87,474	\$124,530	\$145,792	\$131,442	\$151,787
Southeast	\$141,633	\$114,139	\$177,328	\$182,309	\$171,505	\$216,139
Eastern	\$218,433	\$138,063	\$290,570	\$281,167	\$207,455	\$354,165
Non-metropolitan*	\$335,515	\$273,739	\$377,233	\$431,874	\$411,322	\$459,797
Metropolitan*	\$305,804	\$205,102	\$416,557	\$393,630	\$308,188	\$507,725

Source: U.S. Department of Health and Human Services, *Financial Assistance by Geographic Area: Region VII, Fiscal year 2003, October 1, 2003-September 30, 2004*. See <http://www.dpm.psc.gov/faga/fy04/nebraska.aspx>. Last updated 2/10/2005.

*Metropolitan boundaries are those defined by the Federal Office of Management and Budget on June 30, 1993. For further information about metropolitan and non-metropolitan definitions, see p. 1 and Appendix C.

(1) The dollar figures in this table represent the amount that has been obligated to state recipients during fiscal year 2003. "Obligations" are funds legally set aside to be disbursed. However, obligation of funds generally precedes the actual disbursement of funds. Therefore, it is possible that the obligation amount reported may be disbursed subsequent to the actual year of obligation.

(2) Medicare Part A covers hospital and post acute skilled care for beneficiaries.

(3) Medicare Part B covers physician services, outpatient hospital care, clinical laboratory tests, durable medical equipment, flu vaccinations, drugs that cannot be self-administered, diagnostic tests, and some other therapy and non-physician services.

Table 4.10 - Medicare and Medicaid: Federal Financial Assistance⁽¹⁾ in Thousands of Dollars from the U.S. Department of Health and Human Services by County, Nebraska Fiscal Year 2003

County	Region ⁽²⁾	Medicare		Medicaid	County	Region ⁽²⁾	Medicare		Medicaid
		Hospital Insurance ⁽³⁾	Supplemental Insurance ⁽⁴⁾				Hospital Insurance ⁽³⁾	Supplemental Insurance ⁽⁴⁾	
Adams	3	\$14,344	\$15,756	\$22,635	Johnson	5	\$2,718	\$2,650	\$2,663
Antelope	4	\$5,075	\$4,247	\$5,326	Kearney	3	\$4,463	\$3,676	\$2,219
Arthur	2	\$198	\$146	\$0	Keith	2	\$4,463	\$3,588	\$3,551
Banner	1	\$216	\$220	\$0	Keya Paha	4	\$468	\$439	\$888
Blaine	3	\$306	\$220	\$444	Kimball	1	\$1,998	\$2,094	\$1,775
Boone	4	\$3,959	\$3,822	\$3,551	Knox	4	\$7,541	\$6,180	\$7,989
Box Butte	1	\$4,211	\$5,184	\$4,882	Lancaster*	5	\$83,452	\$77,450	\$124,712
Boyd	4	\$3,077	\$2,226	\$1,775	Lincoln	2	\$16,287	\$16,767	\$21,747
Brown	4	\$2,178	\$1,992	\$3,107	Logan	2	\$468	\$439	\$888
Buffalo	3	\$16,485	\$14,526	\$13,758	Loup	3	\$612	\$337	\$0
Burt	4	\$7,163	\$5,521	\$5,770	Madison	4	\$14,200	\$15,390	\$20,859
Butler	5	\$4,409	\$3,939	\$4,882	McPherson	2	\$180	\$351	\$888
Cass*	5	\$11,824	\$9,123	\$7,545	Merrick	3	\$5,327	\$4,671	\$4,438
Cedar	4	\$4,733	\$4,935	\$4,882	Morrill	1	\$2,862	\$2,812	\$2,663
Chase	2	\$2,916	\$2,812	\$1,775	Nance	4	\$3,095	\$2,182	\$4,882
Cherry	4	\$2,970	\$3,075	\$3,994	Nemaha	5	\$4,535	\$4,276	\$4,882
Cheyenne	1	\$6,623	\$5,667	\$6,213	Nuckolls	3	\$3,437	\$4,305	\$4,438
Clay	3	\$3,689	\$3,763	\$2,219	Otoe	5	\$8,243	\$7,512	\$7,545
Colfax	4	\$9,286	\$7,761	\$5,326	Pawnee	5	\$2,610	\$2,548	\$3,107
Cuming	4	\$5,939	\$5,477	\$3,107	Perkins	2	\$2,268	\$1,977	\$0
Custer	3	\$7,955	\$6,780	\$9,764	Phelps	3	\$5,309	\$5,403	\$4,882
Dakota*	4	\$9,106	\$7,439	\$15,090	Pierce	4	\$3,887	\$4,305	\$2,663
Dawes	1	\$3,923	\$3,646	\$4,438	Platte	4	\$9,394	\$9,108	\$9,764
Dawson	2	\$10,852	\$9,738	\$13,315	Polk	5	\$4,067	\$3,104	\$1,775
Deuel	1	\$1,620	\$1,406	\$2,219	Red Willow	2	\$7,253	\$6,297	\$4,438
Dixon*	4	\$3,995	\$3,222	\$3,107	Richardson	5	\$7,253	\$7,351	\$7,545
Dodge	4	\$22,388	\$20,340	\$15,977	Rock	4	\$756	\$1,010	\$888
Douglas*	6	\$264,052	\$191,977	\$339,075	Saline	5	\$6,497	\$6,048	\$5,770
Dundy	2	\$2,358	\$1,962	\$1,775	Sarpy*	6	\$17,115	\$15,478	\$15,090
Fillmore	5	\$3,851	\$4,012	\$3,994	Saunders*	5	\$10,960	\$9,035	\$4,882
Franklin	3	\$2,736	\$2,607	\$1,775	Scotts Bluff	1	\$17,313	\$19,534	\$31,067
Frontier	2	\$1,494	\$1,669	\$1,775	Seward*	5	\$5,219	\$6,224	\$3,551
Furnas	2	\$4,697	\$4,422	\$7,101	Sheridan	1	\$4,175	\$3,383	\$3,107
Gage	5	\$11,032	\$11,773	\$17,309	Sherman	3	\$2,196	\$2,065	\$3,551
Garden	1	\$2,142	\$1,684	\$1,775	Sioux	1	\$270	\$234	\$444
Garfield	3	\$1,620	\$1,538	\$1,331	Stanton	4	\$1,566	\$1,611	\$1,775
Gosper	2	\$1,188	\$1,098	\$0	Thayer	5	\$3,635	\$4,042	\$4,438
Grant	2	\$342	\$351	\$0	Thomas	2	\$648	\$483	\$0
Greeley	3	\$1,674	\$1,552	\$1,331	Thurston	4	\$5,093	\$3,998	\$11,983
Hall	3	\$23,990	\$23,503	\$32,399	Valley	3	\$3,545	\$3,090	\$7,545
Hamilton	3	\$3,617	\$4,510	\$5,326	Washington*	4	\$8,081	\$6,721	\$6,213
Harlan	3	\$2,700	\$2,460	\$1,775	Wayne	4	\$3,149	\$3,412	\$3,107
Hayes	2	\$702	\$556	\$444	Webster	3	\$3,149	\$3,339	\$3,551
Hitchcock	2	\$2,106	\$1,845	\$2,219	Wheeler	3	\$432	\$513	\$0
Holt	4	\$8,693	\$7,029	\$9,764	York	5	\$6,749	\$7,820	\$4,438
Hooker	2	\$576	\$556	\$444					
Howard	3	\$4,301	\$3,573	\$3,107					
Jefferson	5	\$5,255	\$4,598	\$7,101					
					Nebraska		\$825,504	\$719,510	\$967,522

Source: U.S. Department of Health and Human Services, *Financial Assistance by Geographic Area: Region VII*, Fiscal year 2003, October 1, 2003-September 30, 2004. See <http://www.dpm.psc.gov/faga/fy04/nebraska.aspx>. Last updated 2/10/2005.

*Metropolitan boundaries are those defined by the Federal Office of Management and Budget on June 6, 2003. For further information about metropolitan and non-metropolitan definitions, see p. 1 and Appendix C.

- (1) The dollar figures in this table represent the amount that has been obligated to state recipients during fiscal year 2003. "Obligations" are funds legally set aside to be disbursed. However, obligation of funds generally precedes the actual disbursement of funds. Therefore, it is possible that the obligation amount reported may be disbursed subsequent to the actual year of obligation.
- (2) Nebraska Health Planning Regions defined by the Nebraska Health and Human Services System, 2001.
- (3) Medicare Part A covers hospital and post acute skilled care for beneficiaries.
- (4) Medicare Part B covers physician services, outpatient hospital care, clinical laboratory tests, durable medical equipment, flu vaccinations, drugs that cannot be self-administered, diagnostic tests, and some other therapy and non-physician services.

Table 4.12 - Medicare Enrollment by Insurance Type and County, (1) Nebraska as of July 1, 2003

County	Region ⁽²⁾	Aged		Disabled		Aged and Disabled				
		Hospital and/or Supplemental ⁽³⁾	Hospital ⁽⁴⁾	Hospital and/or Supplemental ⁽⁵⁾	Hospital ⁽⁴⁾	Hospital and/or Supplemental ⁽⁵⁾	Hospital ⁽⁴⁾	Supplemental ⁽⁶⁾		
ADAMS	3	4,585	4,575	4,447	609	608	553	5,194	5,183	5,000
ANTELOPE	4	1,303	1,302	1,271	106	105	98	1,409	1,407	1,369
ARTHUR	2	**	**	**	**	**	**	113	113	107
BANNER	1	**	**	**	**	**	**	91	91	90
BLAINE	3	96	95	92	12	12	12	108	107	104
BOONE	4	1,278	1,276	1,250	69	69	57	1,347	1,345	1,307
BOX BUTTE	1	1,697	1,694	1,648	232	232	208	1,929	1,926	1,856
BOYD	4	618	617	613	39	39	36	657	656	649
BROWN	4	757	755	740	61	61	55	818	816	795
BUFFALO	3	4,916	4,909	4,748	625	625	563	5,541	5,534	5,311
BURT	4	1,601	1,601	1,552	152	152	138	1,753	1,753	1,690
BUTLER	5	1,513	1,512	1,484	174	174	155	1,687	1,686	1,619
CASS*	5	3,066	3,064	2,965	350	350	300	3,416	3,414	3,265
CEDAR	4	1,744	1,741	1,702	96	96	88	1,840	1,837	1,790
CHASE	2	854	853	841	46	46	42	900	899	883
CHERRY	4	1,127	1,125	1,095	106	106	100	1,233	1,231	1,195
CHEYENNE	1	1,641	1,640	1,570	191	190	170	1,832	1,830	1,740
CLAY	3	1,332	1,331	1,294	138	138	128	1,470	1,469	1,422
COLFAX	4	3,584	3,573	3,454	342	341	309	3,926	3,914	3,763
CUMING	4	1,858	1,856	1,798	103	103	98	1,961	1,959	1,896
CUSTER	3	2,292	2,288	2,234	232	232	211	2,524	2,520	2,445
DAKOTA*	4	2,140	2,129	2,045	379	379	341	2,519	2,508	2,386
DAVES	1	1,379	1,379	1,319	158	158	141	1,537	1,537	1,460
DAWSON	2	3,169	3,165	3,073	378	378	327	3,547	3,543	3,400
DEUEL	1	466	465	452	39	34	34	505	504	486
DIXON*	4	1,046	1,046	1,017	94	94	90	1,140	1,140	1,107
DODGE	4	6,120	6,113	5,965	696	695	616	6,816	6,808	6,581
DOUGLAS*	6	51,455	51,302	49,002	8,987	8,982	7,965	60,442	60,284	56,967
DUNDY	2	455	452	443	38	38	34	493	490	477
FILLMORE	5	1,330	1,326	1,290	89	89	82	1,419	1,415	1,372
FRANKLIN	3	820	815	792	82	82	74	902	897	866
FRONTIER	2	479	479	468	40	40	36	519	519	504
FURNAS	2	1,291	1,288	1,266	158	158	144	1,449	1,446	1,410
GAGE	5	4,160	4,148	4,005	837	837	782	4,997	4,985	4,787
GARDEN	1	606	606	578	60	60	52	666	666	630
GARFIELD	3	488	488	477	43	43	38	531	531	515
GOSPER	2	461	459	445	32	32	29	493	491	474
GRANT	2	**	**	**	**	**	**	166	166	159
GREELEY	3	598	597	577	37	37	34	635	634	611
HALL	3	7,167	7,146	6,852	1,073	1,073	951	8,240	8,219	7,803
HAMILTON	3	1,364	1,362	1,321	136	135	117	1,500	1,497	1,438
HARLAN	3	784	784	763	65	65	61	849	849	824
HAYES	2	**	**	**	**	**	**	131	131	125
HITCHCOCK	2	707	707	691	67	67	58	774	774	749
HOLT	4	2,174	2,171	2,120	209	209	197	2,383	2,380	2,317
HOOKER	2	199	199	196	15	15	13	214	214	209
HOWARD	3	1,139	1,136	1,108	108	108	99	1,247	1,244	1,207
JEFFERSON	5	1,806	1,804	1,760	196	196	174	2,002	2,000	1,934
JOHNSON	5	930	930	904	77	77	61	1,007	1,007	965
KEARNEY	3	1,041	1,041	1,015	138	138	126	1,179	1,179	1,141
KEITH	2	1,518	1,516	1,472	187	186	166	1,705	1,702	1,638
KEYA PAHA	4	195	195	192	17	17	11	212	212	203
KIMBALL	1	815	814	786	106	106	94	921	920	880
KNOX	4	2,094	2,093	2,044	185	185	175	2,279	2,278	2,219

Continued . . .

Table 4.12 (continued) - Medicare Enrollment by Insurance Type and County, (1) Nebraska as of July 1, 2003

County	Region ⁽²⁾	Aged		Disabled		Aged and Disabled			
		Hospital and/or Supplemental ⁽³⁾	Hospital ⁽⁴⁾	Hospital and/or Supplemental ⁽³⁾	Hospital ⁽⁴⁾	Hospital and/or Supplemental ⁽³⁾	Hospital ⁽⁴⁾	Supplemental ⁽⁵⁾	
LANCASTER*	5	26,306	26,254	25,025	4,077	4,076	30,383	30,330	28,543
LINCOLN	2	5,125	5,122	4,978	827	827	5,952	5,949	5,731
LOGAN	2	**	**	**	**	**	155	155	153
LOUP	3	**	**	**	**	**	99	99	97
MADISON	4	5,246	5,235	5,057	731	731	5,977	5,966	5,703
MC PHERSON	2	**	**	**	**	**	131	131	123
MERRICK	3	1,363	1,363	1,316	152	151	1,515	1,514	1,452
MORRILL	4	919	914	870	117	117	1,036	1,031	973
NANCE	4	754	751	727	69	69	823	820	786
NEMAHA	5	1,215	1,212	1,179	164	164	1,379	1,376	1,328
NUCKOLLS	3	1,197	1,195	1,158	104	104	1,301	1,299	1,259
OTOE	5	2,566	2,562	2,484	291	291	2,857	2,853	2,737
PAWNEE	5	752	750	734	57	57	809	807	782
PERKINS	3	586	586	569	35	35	621	621	600
PIHELPS	3	1,670	1,669	1,629	191	191	1,861	1,860	1,800
PIERCE	4	1,236	1,231	1,211	101	101	1,337	1,332	1,300
PLATTE	4	2,695	2,690	2,597	204	204	2,899	2,894	2,766
POLK	5	1,027	1,026	1,002	61	61	1,088	1,087	1,057
RED WILLOW	2	2,147	2,146	2,092	244	244	2,391	2,390	2,316
RICHARDSON	5	1,926	1,922	1,867	255	255	2,181	2,177	2,099
ROCK	4	365	364	360	16	16	381	380	376
SALINE	5	2,245	2,242	2,176	241	241	2,486	2,483	2,381
SARPY*	6	7,815	7,790	7,522	1,021	1,021	8,837	8,811	8,359
SAUNDERS*	5	2,920	2,915	2,804	323	322	3,243	3,237	3,078
SCOTTS BLUFF	1	6,143	6,135	5,966	1,180	1,180	7,323	7,315	7,043
SEWARD*	5	2,377	2,372	2,302	190	190	2,567	2,562	2,469
SHERIDAN	1	1,247	1,244	1,201	90	90	1,337	1,334	1,284
SHERMAN	3	723	722	700	43	43	766	765	740
SIoux	1	**	**	**	**	**	142	142	138
STANTON	4	520	519	483	67	67	587	586	555
THAYER	5	1,411	1,403	1,379	127	127	1,538	1,530	1,489
THOMAS	2	**	**	**	**	**	127	127	124
THURSTON	4	849	844	793	137	137	986	981	919
VALLEY	3	1,022	1,019	995	83	83	1,105	1,102	1,069
WASHINGTON*	4	2,314	2,313	2,233	214	214	2,528	2,527	2,422
WAYNE	4	1,225	1,225	1,177	102	102	1,327	1,327	1,274
WEBSTER	3	964	963	943	105	105	1,069	1,068	1,042
WHEELER	3	127	127	122	13	13	140	140	134
YORK	5	2,459	2,458	2,393	215	215	2,674	2,673	2,587
UNKNOWN							45	45	40
TOTAL		226,820	226,351	218,350	30,351	30,335	257,171	256,686	245,268

Source: Centers for Medicare and Medicaid Services; see <http://new.cms.hhs.gov/MedicareEnrpts> (last modified December 14, 2005).

*Metropolitan boundaries are those defined by the Federal Office of Management and Budget on June 6, 2003. For further information about metropolitan and non-metropolitan definitions, see p. 1 and Appendix C.

** Data have been screened to protect the privacy of beneficiaries.

- (1) Aged and disabled updated as of March 2004.
- (2) Nebraska Health Planning Regions defined by Nebraska Health and Human Services System, 2001.
- (3) Unduplicated count of persons enrolled in either or both parts of the program.
- (4) Hospital insurance-Part A.
- (5) Supplemental medical insurance-Part B.

Table 4.13 - Medicare Managed Care⁽¹⁾ Market Penetration for All Medicare Plan Contractors, Nebraska and Substate Areas September 2005

	Eligible Beneficiaries	Enrolled Beneficiaries⁽²⁾	Medicare Managed Care Penetration
Nebraska	265,946	11,974	4.5%
Western	17,554	32	0.2%
Southwest	20,254	857	4.2%
Central	38,617	362	0.9%
Northern	47,948	715	1.5%
Southeast	68,128	340	0.5%
Eastern	73,445	9,440	12.9%
Non-metropolitan*	144,469	1,781	1.2%
Metropolitan*	121,477	9,965	8.2%

Source: Centers for Medicare and Medicaid Services, Market Penetration - Quarterly State County Data File, September 2005
<http://www.cms.hhs.gov/healthplans/statistics/mpscpt/> (last modified October 17, 2005).

Note: Nebraska Health Planning Regions defined by Nebraska Health and Human Services System, 2001.

*Metropolitan boundaries are those defined by the Federal Office of Management and Budget on June 6, 2003. For further information about metropolitan and non-metropolitan definitions, see p. 1 and Appendix C.

(1) All enrollees are included irrespective of the type of Medicare + Choice (M+C) organization they belong to. This includes PPOs, PFFS, RISK, COST, DEMOs, but not PACE.

(2) Total includes 228 enrolled beneficiaries for whom county was unknown.

Table 4.14 - Medicare Managed Care⁽¹⁾ Market Penetration for All Medicare Plan Contractors by County, Nebraska 2005

County	Region ⁽²⁾	Medicare			County	Region ⁽²⁾	Medicare		
		Eligible Beneficiaries	Enrolled Beneficiaries	Managed Care Penetration			Eligible Beneficiaries	Enrolled Beneficiaries	Managed Care Penetration
Adams	3	5,348	43	0.8%	Johnson	5	997	0	0.0%
Antelope	4	1,407	0	0.0%	Kearney	3	1,159	0	0.0%
Arthur	2	102	0	0.0%	Keith	2	1,755	22	1.3%
Banner	1	94	0	0.0%	Keya Paha	4	197	0	0.0%
Blaine	3	100	0	0.0%	Kimball	1	915	0	0.0%
Boone	4	1,324	12	0.9%	Knox	4	2,256	19	0.8%
Box Butte	1	1,931	0	0.0%	Lancaster*	5	32,210	76	0.2%
Boyd	4	648	0	0.0%	Lincoln	2	6,206	791	12.7%
Brown	4	851	0	0.0%	Logan	2	165	0	0.0%
Buffalo	3	5,801	80	1.4%	Loup	3	86	0	0.0%
Burt	4	1,790	35	2.0%	Madison	4	6,194	76	1.2%
Butler	5	1,693	0	0.0%	McPherson	2	126	0	0.0%
Cass*	5	3,526	98	2.8%	Merrick	3	1,569	19	1.2%
Cedar	4	1,839	83	4.5%	Morrill	1	1,049	0	0.0%
Chase	2	901	0	0.0%	Nance	4	826	0	0.0%
Cherry	4	1,264	0	0.0%	Nemaha	5	1,414	0	0.0%
Cheyenne	1	1,863	0	0.0%	Nuckolls	3	1,287	0	0.0%
Clay	3	1,482	12	0.8%	Otoe	5	2,952	72	2.4%
Colfax	4	3,741	0	0.0%	Pawnee	5	791	0	0.0%
Cuming	4	1,943	18	0.9%	Perkins	2	634	0	0.0%
Custer	3	2,519	19	0.8%	Phelps	3	1,894	37	2.0%
Dakota*	4	2,541	60	2.4%	Pierce	4	1,253	0	0.0%
Dawes	1	1,558	0	0.0%	Platte	4	3,222	30	0.9%
Dawson	2	3,566	44	1.2%	Polk	5	1,075	12	1.1%
Deuel	1	512	0	0.0%	Red Willow	2	2,425	0	0.0%
Dixon*	4	1,249	179	14.3%	Richardson	5	2,204	15	0.7%
Dodge	4	7,067	29	0.4%	Rock	4	372	0	0.0%
Douglas*	6	63,422	8,742	13.8%	Saline	5	2,474	16	0.6%
Dundy	2	489	0	0.0%	Sarpy*	6	10,023	698	7.0%
Fillmore	5	1,410	0	0.0%	Saunders*	5	3,287	0	0.0%
Franklin	3	906	0	0.0%	Scotts Bluff	1	7,519	32	0.4%
Frontier	2	555	0	0.0%	Seward*	5	2,585	12	0.5%
Furnas	2	1,415	0	0.0%	Sheridan	1	1,334	0	0.0%
Gage	5	5,213	21	0.4%	Sherman	3	770	0	0.0%
Garden	1	642	0	0.0%	Sioux	1	137	0	0.0%
Garfield	3	538	0	0.0%	Stanton	4	597	19	3.2%
Gosper	2	514	0	0.0%	Thayer	5	1,516	0	0.0%
Grant	2	169	0	0.0%	Thomas	2	115	0	0.0%
Greeley	3	628	0	0.0%	Thurston	4	992	0	0.0%
Hall	3	8,577	130	1.5%	Valley	3	1,098	0	0.0%
Hamilton	3	1,535	11	0.7%	Washington*	4	2,634	100	3.8%
Harlan	3	819	11	1.3%	Wayne	4	1,337	55	4.1%
Hayes	2	119	0	0.0%	Webster	3	1,068	0	0.0%
Hitchcock	2	783	0	0.0%	Wheeler	3	149	0	0.0%
Holt	4	2,404	0	0.0%	York	5	2,767	0	0.0%
Hooker	2	215	0	0.0%	Unknown ⁽³⁾			228	
Howard	3	1,284	0	0.0%					
Jefferson	5	2,014	18	0.9%	Nebraska				4.5%

Source: Centers for Medicare and Medicaid Services, Market Penetration - Quarterly State County Data File, June 2005 (last modified October 17, 2005). <http://www.cms.hhs.gov/healthplans/statistics/mpscpt/>.

*Metropolitan boundaries are those defined by the Federal Office of Management and Budget on June 6, 2003. For further information about metropolitan and non-metropolitan definitions, see p. 1 and Appendix C.

(1) All enrollees are included irrespective of the type of Medicare + Choice (M+C) organization they belong to. This includes PPOs, PFFS, RISK, COST, DEMOs, but not PACE.

(2) Nebraska Health Planning Regions defined by Nebraska Health and Human Services System, 2001.

(3) Total includes 228 enrolled beneficiaries for whom county was unknown.

Table 4.15 - Medicare: 100% United States Per Capita Costs (USPCCs)⁽¹⁾ for 2005 (Prospective) as of April 2005

	Part A	Part B	Part A + Part B
Aged	\$348.28	\$281.90	\$630.18
Disabled	\$291.45	\$272.79	\$564.24
ESRD⁽²⁾	\$1,759.90	\$2,739.99	\$4,499.89

Source: Centers for Medicare & Medicaid Services, Medicare Advantage Rates & Statistics, Ratebooks & Supporting Data, 2005.

See <http://new.cms.hhs.gov/MedicareAdvtgSpecRateStats/RSD/itemdetail.asp> or <http://new.cms.hhs.gov/MedicareAdvtgSpecRateStats/Downloads/USPCC.zip>.

(1) One of the factors used to determine Medicare payments to risk-based managed care plans.

(2) End-stage renal disease.

Table 4.16 - Medicaid Managed Care Enrollment as a Percentage of Medicaid Eligibles, the United States, Nebraska, and Selected States June 2004

Area	Percent
United States	60.68%
Nebraska	72.28%
Colorado	97.58%
Iowa	92.13%
Kansas	57.02%
Minnesota	63.54%
Missouri	44.37%
North Dakota	63.03%
South Dakota	97.75%

Source: Centers for Medicare and Medicaid Services, 2005.

See <http://new.cms.hhs.gov/MedicaidDataSourcesGenInfo/Downloads/mmcer/04.pdf>.

Table 4.17 - Nebraska Kids Connection⁽¹⁾ Eligibility⁽²⁾ Status, Selected Years, 2000, 2003, and 2005

	2000			2003			2005			
	Feb	May	Aug	Feb ⁽⁴⁾	May	Aug	Feb	May	Aug	Nov
Title XXI										
CHIP ⁽³⁾ Eligible Children	6,472	6,936	7,176	23,946	22,828	22,612	23,972	23,264	23,527	23,936
Title XIX										
Medicaid Eligible Children	104,264	106,996	109,606	97,181	100,293	100,523	104,490	105,194	105,430	103,993
Increase in # of Children Since August 1998	16,494	19,226	21,836	9,411	12,523	12,753	16,720	17,424	17,660	16,223
Presumptive Children	426	397	405	538	475	512	222	217	189	228
Kids Connection (Title XXI+Title XIX)										
Total Eligible Children	111,162	114,329	117,187	121,665	123,596	123,647	128,684	128,675	129,146	128,157
All Eligible Children Previous Year	99,251	102,956	106,744	134,240	137,095	139,732	126,297	126,099	127,476	127,444
Increase in # of Children Over Previous Year	11,911	11,373	10,443	(12,575)	(13,499)	(16,085)	2,387	2,576	1,670	713
% Change from Previous year	12.0%	11.0%	9.8%	-9.4%	-9.8%	-11.5%	1.90%	2.0%	1.3%	0.6%
Increase in # of Children Since August 1998	23,392	26,559	29,417	33,895	35,826	35,877	40,914	40,905	41,376	40,387

Source: Nebraska Health and Human Services System, Financial and Program Analysis Division for Medicaid, December 2005.

Note: The figures above reflect eligible children as of the end of the month. Previous month counts are not recalculated to reflect changes in number due to retro-eligibility added to the system at a later date.

(1) Kids Connection is a state children's health insurance program that is an extension of Medicaid in Nebraska. Its purpose is to provide health care to low-income uninsured children all across the state. For more information contact Kids Connection toll-free at 1-877-NEBKIDS (1-877-632-5437).

(2) Kids Connection eligibility is based on Medicaid eligibility. For information on Medicaid eligibility, please see <http://www.hhs.state.ne.us/med/reform/eligibility.htm>.

(3) CHIP = Children's Health Insurance Program.

(4) November 2002 was the first month of implementation of Medicaid eligibility changes passed by LB 8 of the 2002 Special Session.

Table 4.18 - Medicaid (Title XIX and Title XXI) Persons and Expenditures by Basis of Eligibility and Type of Eligibility, Nebraska State Fiscal Years 2000 to 2005

	2000	2001	2002	2003	2004	2005
Total⁽¹⁾ Average Monthly Unduplicated Eligibles	178,353 100.0%	189,635 100.00%	203,762 100.0%	201,533 100.0%	197,154 100.0%	198,757 100.0%
Aged	10.0%	9.5%	8.9%	9.2%	9.3%	9.2%
Blind and Disabled	13.8%	13.2%	12.7%	13.1%	14.0%	14.4%
ADC Adult ⁽²⁾	14.3%	13.5%	13.4%	12.4%	13.2%	11.9%
Children ⁽³⁾	61.9%	63.8%	65.0%	65.3%	63.5%	64.5%
Total Dollars Paid for the Year	\$917,000,000 100.0%	\$1,050,000,000 100.0%	\$1,188,000,000 100.0%	\$1,278,000,000 100.0%	\$1,315,000,000 100.0%	\$1,397,000,000 100.0%
Aged	31.8%	31.0%	30.3%	28.6%	27.7%	26.1%
Blind and Disabled	37.1%	38.0%	38.4%	38.4%	39.5%	40.6%
ADC Adult ⁽²⁾	8.0%	7.2%	7.6%	7.6%	7.7%	7.5%
Children ⁽³⁾	23.1%	23.8%	23.7%	25.4%	25.2%	25.8%

Sources: Nebraska Health and Human Services System, Medicaid General Information 1997-2002 and <http://www.hhs.state.ne.us/med/reform/expenditures.htm>. See tables "Expenditures by Eligibility Category FY00-05," "Average Monthly Eligible Persons by Category and Vendor Expenditures by Eligibility FY04," and "Average Monthly Eligible Persons by Category and Vendor Expenditures by Eligibility FY05."

(1) Within a month, a Medicaid eligible person is counted only once regardless of whether or not a service is received.

(2) ADC = Aid to Dependent Children.

(3) Other children includes ADC children, state wards, and those who are eligible because of changes in federal law that provide Medicaid benefits to children in low income households, regardless of eligibility for other public assistance programs such as ADC.

Table 4.19 - Medicaid Personal Care⁽¹⁾ Services, Nebraska and Selected States October 2004

	Is the Benefit Covered?	Copayment Requirement	Prior Approval Requirement	Coverage Limitations	Reimbursement Methodology ⁽²⁾	Populations Covered ⁽³⁾
Nebraska	Yes	NA	Yes	40 hours/week	Federal minimum hourly wage, increased following training or licensure	CN & MN
Colorado	No	NA	NA	NA	NA	NA
Iowa	No	NA	NA	NA	NA	NA
Kansas	Yes	NA	Yes	Care must be supervised by RN	Fee for service using hourly rates	CN & MN
Minnesota	Yes	NA	Yes	NA	Fee for service	A
Missouri	Yes	NA	NA	Care must be supervised by RN, alternative to institutional placement	Fee for service with monthly payment ceiling at 60% to 100% of average nursing facility rate depending on services provided	CN
North Dakota	Yes	NA	Yes	120 hours/month	Fee for service	CN & MN
South Dakota	Yes	NA	NA	120 hours/3 months	Cost-based payment	CN

Source: The Henry J. Kaiser Family Foundation, Kaiser Commission on Medicaid and the Uninsured. Find <http://www.kff.org/medicaid/benefits/service.jsp>, table "Benefits by Service: Personal Care Services (October 2004)."

(1) Personal Care Services, sometimes called personal attendant or personal assistance services, include a range of human assistance provided to beneficiaries of all ages with disabilities and chronic conditions. The services enable these beneficiaries to accomplish tasks they would normally do for themselves if they did not have a disability. Provision of these services in the beneficiary's home is an alternative to institutionalization. Assistance may be in the form of direct provision of a task or cuing so that the beneficiary performs the task. Such assistance most often relates to activities of daily living such as eating and drinking, bathing, dressing, grooming, toileting, transferring, and mobility. Other supportive services may include light housework, laundry, meal preparation, transportation, grocery shopping, and medication or money management.

(2) States use varied reimbursement methodologies for personal care services. These have been generalized for purposes of this table as follows: "Fee for Service" means the state has established a maximum payment amount for a particular service or uses the maximum applicable to the Medicare program for the service and pays the lesser of the provider's charge or this amount. Payment could be on an hourly basis or perhaps a daily "per diem." "Cost-based payment" means that a year-end settlement process or some documentation of actual cost is required to justify payment. Some states negotiate payment rates.

(3) CN = Categorically Needy, MN = Medically Needy, A = Minnesota has an approved Section 1115 Waiver from CMS under which it extended Medicaid eligibility to the parents and caretakers of Medicaid and SCHIP-eligible children. The program, called "MinnesotaCare," requires monthly premiums based on family income. Copayment requirements vary between the traditional Medicaid population and the expansion population covered under the waiver. These differences are identified in the table. The state's traditional Medicaid population, both the Categorically and the Medically Needy groups, is identified in the table as "A." Some beneficiaries in each population receive care on a fee-for-service basis and others are enrolled in contracted managed care organizations. Only policies applicable to all populations or related to services reimbursed directly by the state on a fee-for-service basis are reflected in the table.

Table 4.20 - Medicaid Benefits, Long-term Care Services,* Community-based Care, Nebraska October 2004

Long-Term Care Services	Is the Benefit Covered?	Copayment Requirement ⁽¹⁾	Prior Approval Requirement	Coverage Limitations	Reimbursement Methodology	Populations Covered ⁽²⁾
Home and Community-Based Services Waiver	Yes	NA	N/A	Services for the following populations: Acquired or Traumatic Brain Injury, Aged, Developmentally Disabled/Mentally Retarded, and Physically or Otherwise Disabled	Dependent upon the services provided	CN & MN
Home Health Services	Yes	NA	Initiation of care	8 hours/day up to 40 hours/week	Fee-for-service	CN & MN
Hospice Care	Yes	NA	Initiation of care	NA	Prospective rates based on Medicare methodology	CN & MN
Personal Care Services	Yes	NA	Yes	40 hours/week	Federal minimum hourly wage, increased following training or licensure	CN & MN
Private Duty Nursing Services	Yes	NA	NA	NA	Fee for service	CN & MN
Program of All-Inclusive Care for the Elderly	No					

Source: The Henry J. Kaiser Family Foundation, The Kaiser Commission on Medicaid and the Uninsured. Find <http://www.kff.org/medicaid/benefits/state.jsp>.

*There are two types of long-term care services: community-based care and institutional care. This table looks only at community-based care.

(1) In the state of Nebraska, any copayments, whether they be for long-term care services or acute care services, are applicable to beneficiaries aged 19 and over. The state does not require a copayment for mental health care, irrespective of the provider of service. The state's copayment requirements for physicians are not applicable to primary care physicians and services; only the services of specialists are subject to copayments. The state's copayment requirements for nurse practitioners are not applicable to advance practice nurses with specialties in family practice, general practice, pediatrics, or internal medicine. The state requires a \$1/visit copayment for occupational therapy, physical therapy or speech pathology services rendered in an independent clinic setting but requires a \$3/visit copayment if the services are rendered in an outpatient hospital setting.

(2) CN = Categorically Needy; MN = Medically Needy.