

# Chart 1

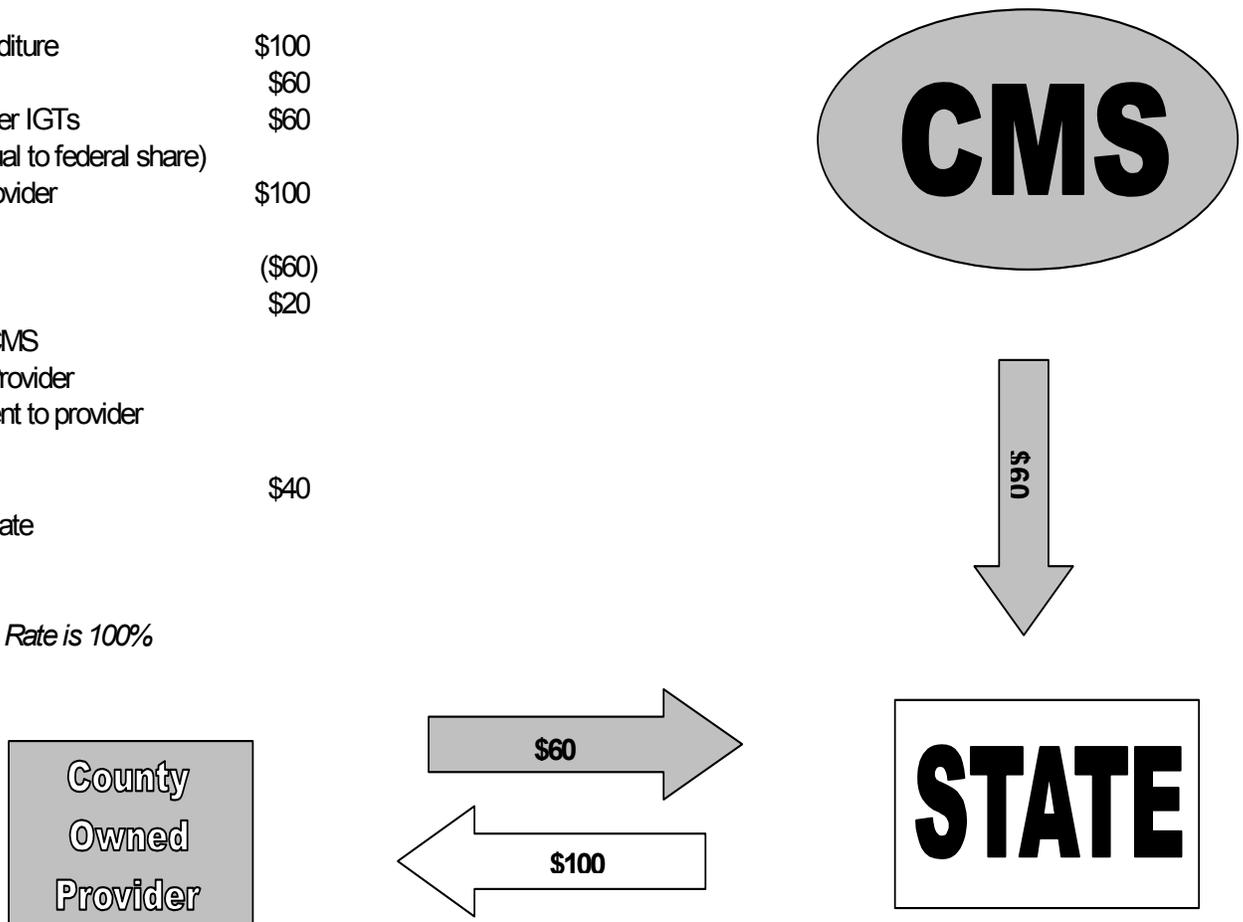
## Intergovernmental Transfer Financing (DSH)

### County Provider and State Profit Example

*Statutory Match Rate is 60/40*

Claimed Expenditure	\$100
CMS pays	\$60
County Provider IGTs (amount equal to federal share)	\$60
State pays Provider	\$100
Net to CMS	(\$60)
Net to State	\$20
\$ 60 from CMS	
+ \$ 60 from Provider	
- \$100 payment to provider	
Net to Provider	\$40
\$100 from State	
- \$ 60 IGT	

*Effective Match Rate is 100%*



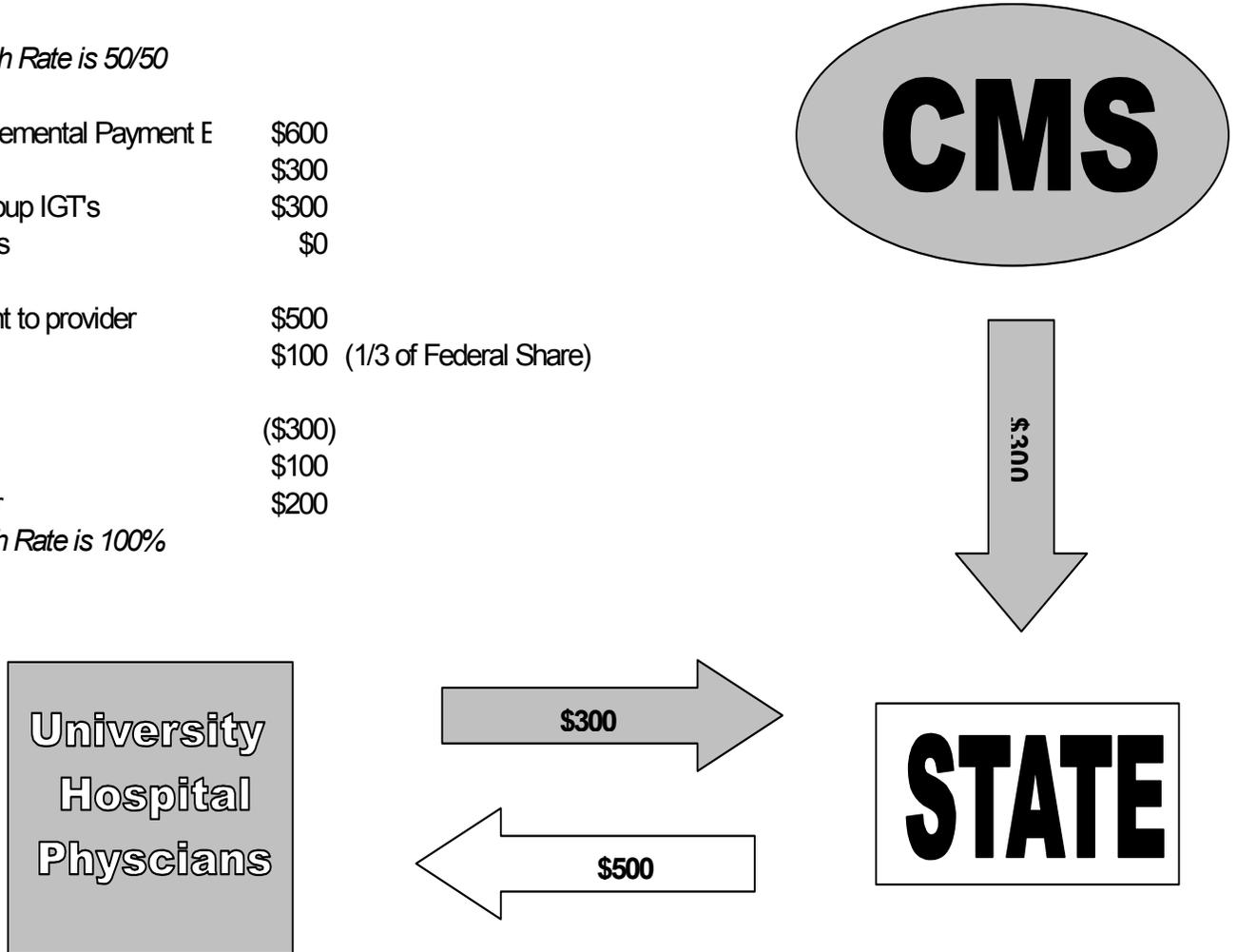
# Chart 2

## Intergovernmental Transfer Financing IGT from Physician Group Example

Statutory Match Rate is 50/50

Claimed Supplemental Payment E	\$600
CMS pays	\$300
Physician Group IGT's	\$300
State provides	\$0
State payment to provider	\$500
State retains	\$100 (1/3 of Federal Share)
Net to CMS	(\$300)
Net to State	\$100
Net to Provider	\$200

Effective Match Rate is 100%



# Chart 3

## Intergovernmental Transfer Financing Bank Loan to County-owned Provider Example

### Claiming Process for Regular Medicaid Payments

*Match Rate is 50/50*

Claimed Expenditure	\$100
CMS Match	\$50
State paid	\$50
Provider gets	\$100

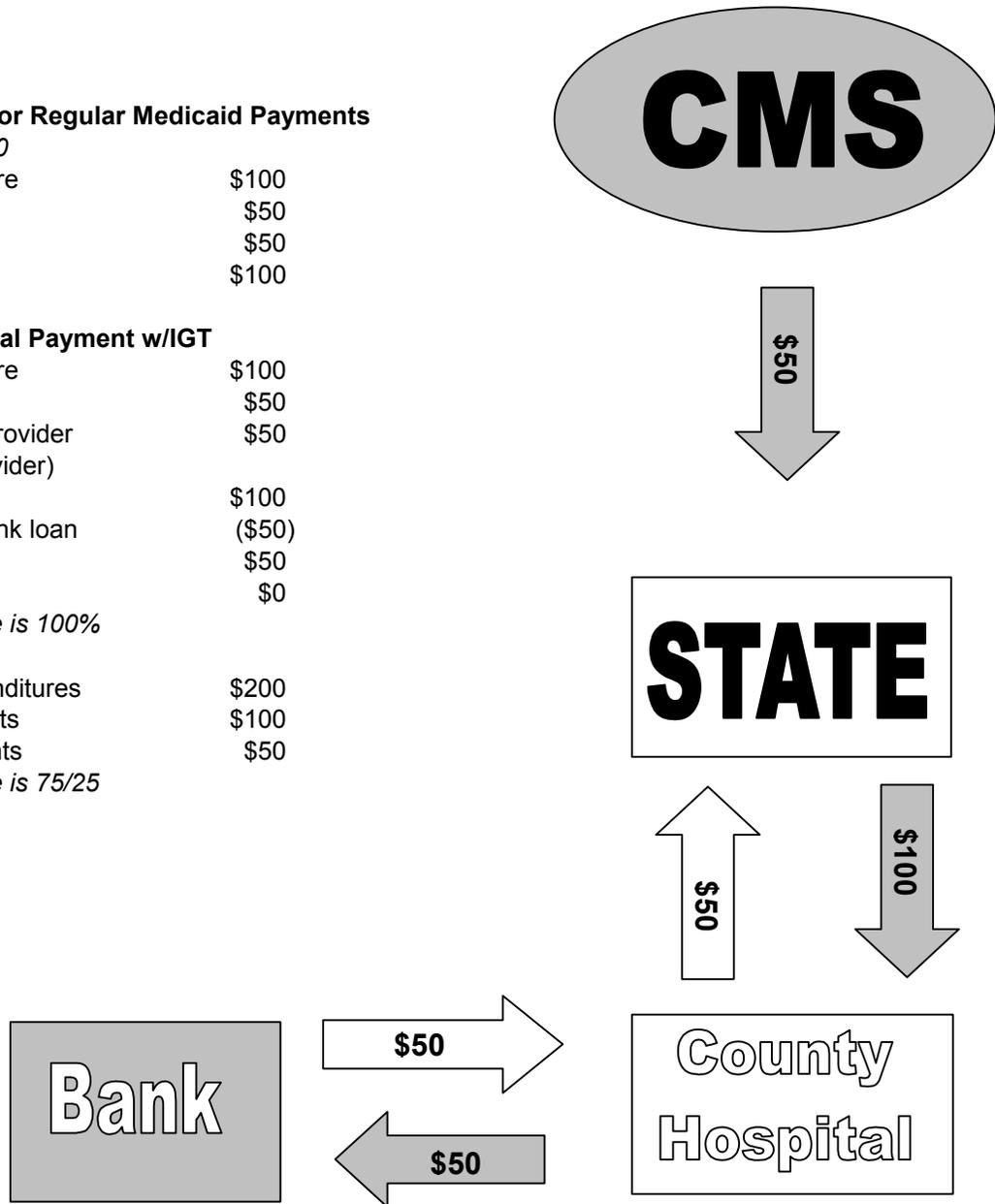
### Add In Supplemental Payment w/IGT

Claimed Expenditure	\$100
CMS Match	\$50
IGT from County Provider (Bank loan to provider)	\$50
Provider gets	\$100
Provider repays bank loan	(\$50)
Provider nets	\$50
State paid	\$0

*Effective Match Rate is 100%*

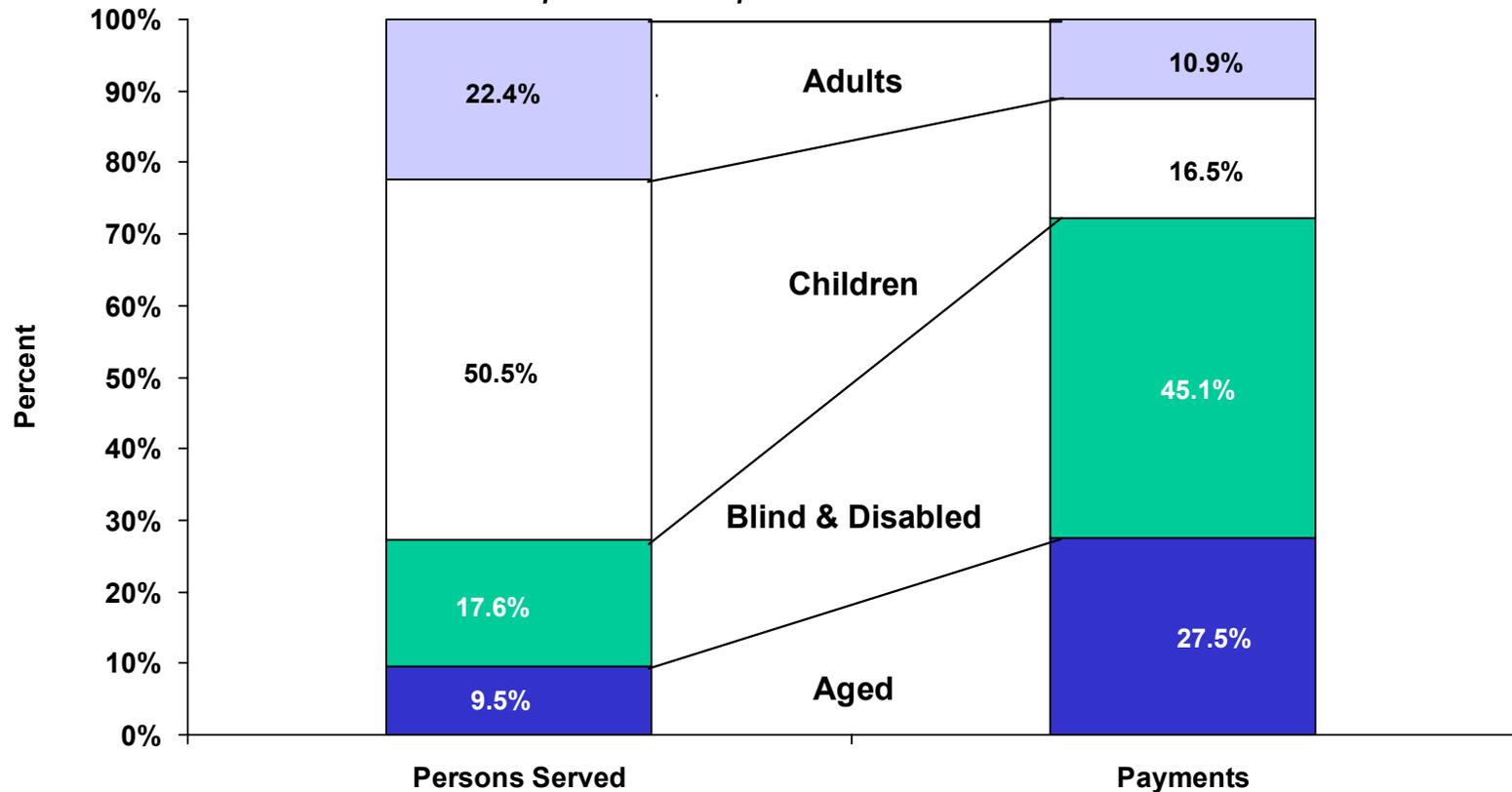
Total Claimed Expenditures	\$200
Total CMS payments	\$100
Total State payments	\$50

*Effective Match Rate is 75/25*



# Distribution of Persons Served Through Medicaid and Payments by Basis of Eligibility, Fiscal Year 2000

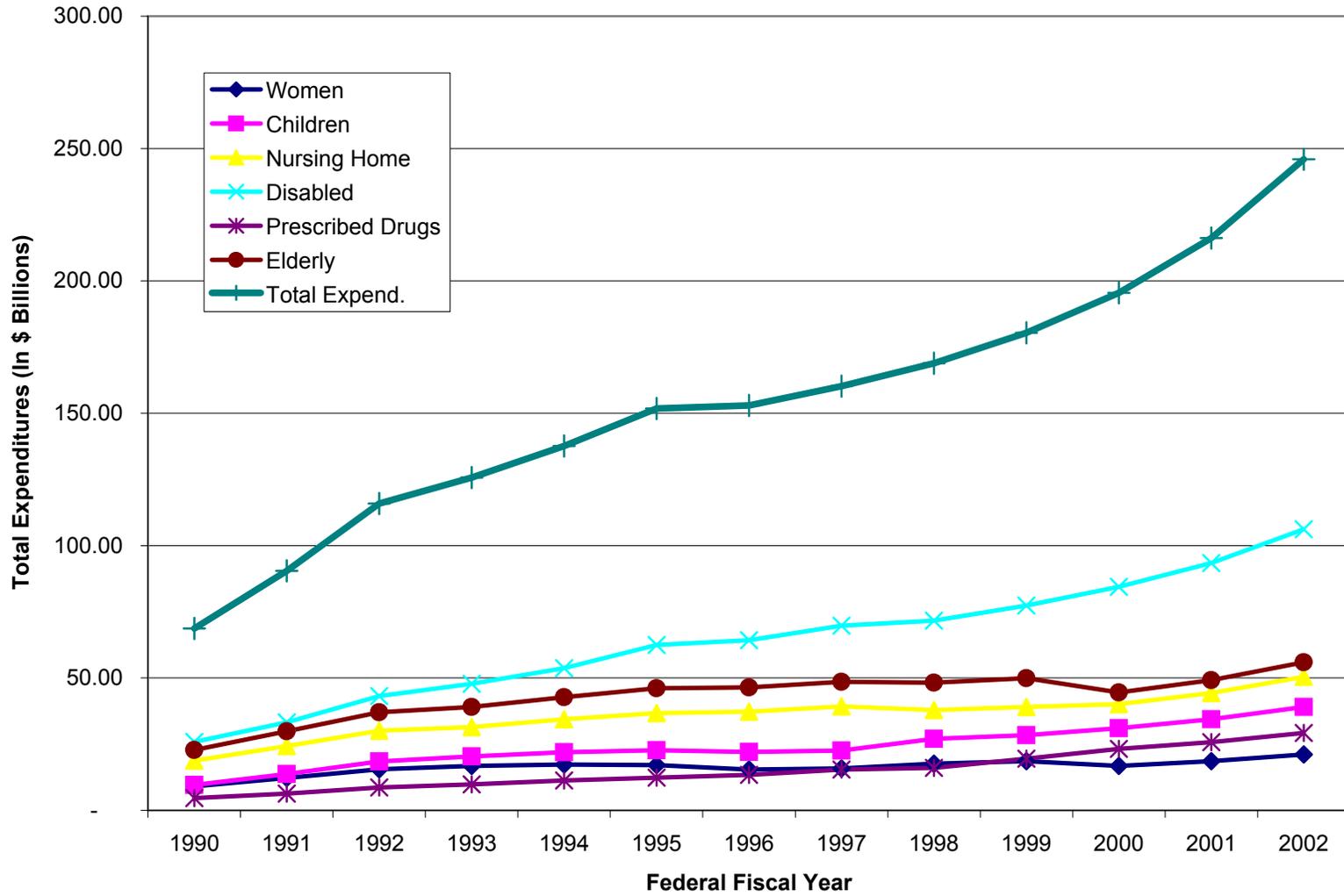
*Payments for the elderly, blind and disabled account for 73 percent of total payments and only 27 percent of persons served.*



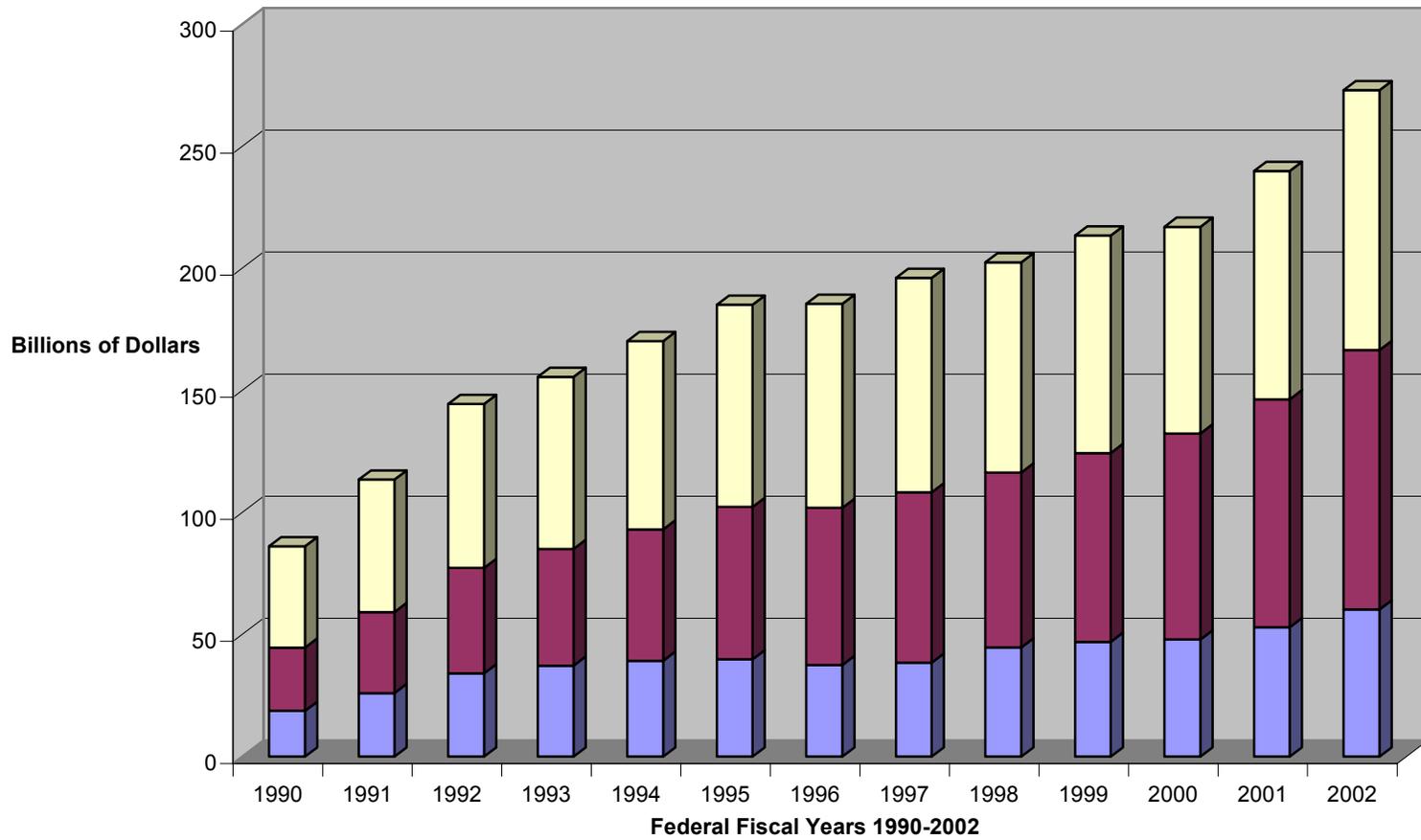
Note: (1) "Payments" describe direct Medicaid provider payments and Medicaid program expenditures for premium payments to third parties for managed care, as well as cost sharing on behalf of persons served who are dually enrolled in Medicaid and Medicare, but exclude DSH payments and Medicare premiums. (2) This chart excludes 3.7 million persons served with "unknown" basis of eligibility and 6.5 billion expenditures on behalf of persons served with "unknown" basis of eligibility in FY 2000. If included in the total above, "unknown" Medicaid persons served would have comprised about 9 percent of total persons served and about 4 percent of total expenditures.

Source: CMS, MSIS.

Medicaid Estimated Total Expenditures by Federal Fiscal Year



**Medicaid Estimated Expenditures (In \$ Billions) for Selected Expenditure Categories: Elderly and Nursing Home Spending Combined**



■ Adults and Children ■ Disabled ■ NH + Elderly