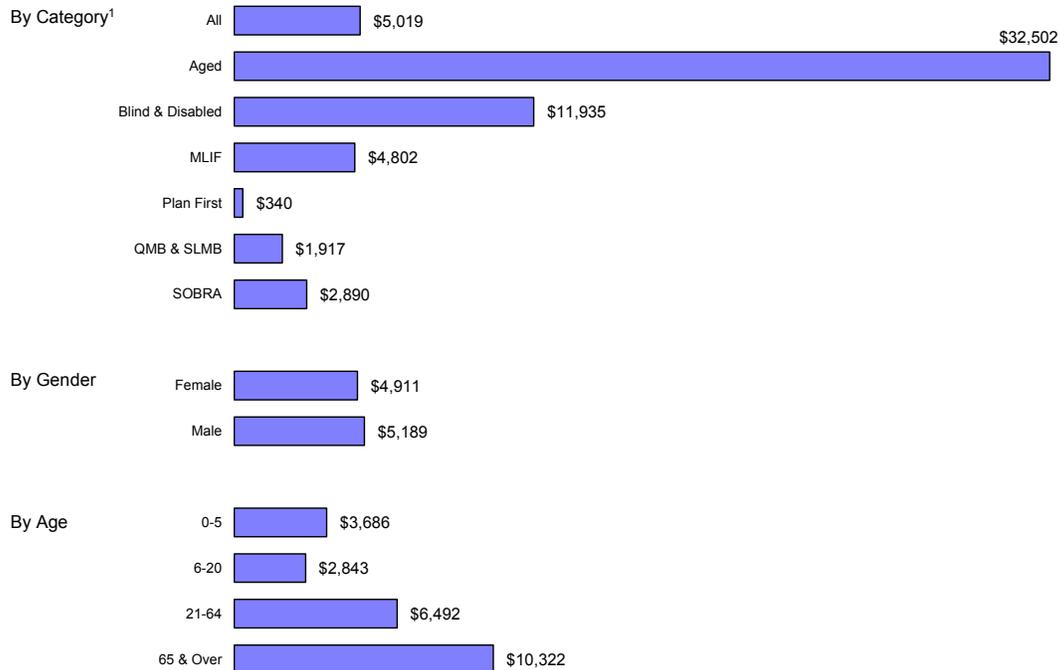


FY 2014
Annual Cost Per Eligible for Medical Care¹
By Category, Gender and Age



¹ The annual cost per eligible for medical services and support is calculated based on total expenditures of \$5,079,977,508 in FY 2014 divided by the annual average of monthly eligibles of 1,012,125. Total expenditures exclude the Medicaid Agency administrative expense, school-based services administration, expenses of the Health Information Exchange, and Disproportionate Share Hospital payments and includes encumbrances and payables at the end of the fiscal year.

Definitions of Eligibles and Recipients

Potential Eligibles

Potential Eligibles are individuals who potentially qualify for Medicaid but have not applied. It is typically an estimate based on census or other demographic data.

Annual Eligibles

An unduplicated count of individuals who qualified for full or partial Medicaid coverage and were enrolled in Medicaid for at least one month of the fiscal year.

Annual Recipients

An unduplicated count of Medicaid eligibles who received at least one medical service that Medicaid paid for during the fiscal year. This count excludes SLMB and QI-1 recipients who only receive the benefit of having their Medicare Part B premiums paid as well as those eligibles whose third-party payer covered their medical costs resulting in a zero payment by Medicaid.

Monthly Average Eligibles

The arithmetic average of the unduplicated number of individuals who qualified for full or partial Medicaid coverage in each month of the fiscal year.

Monthly Average Recipients

The arithmetic average of the unduplicated number of Medicaid eligibles in each month of the fiscal year who received at least one medical service that Medicaid paid for during the month. This excludes SLMB and QI-1 recipients who only receive the benefit of having their Medicare Part B premiums paid.