

*Third Annual .Report*



*Mississippi Medicaid Commission*

*1972*

**MISSISSIPPI MEDICAID COMMISSION**

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DIRECTOR

November 20, 1972

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REP. MILTON CASE

Honorable William Lowe Waller  
Governor of Mississippi  
and  
Members of the Mississippi State Legislature  
and  
General Public

Gentlemen:

We are pleased to present this report on Medicaid for Fiscal Year 1972. It describes in some detail the expenditure of almost fifty-four million dollars for health care services provided to over 220,000 persons among the over 260,000 eligible individuals.

These necessary services were provided by 3,500 health service providers such as physicians, dentists, pharmacists, hospitals, nursing homes and others.

The cooperation of all practitioners, institutions and suppliers participating in the program is appreciated. They provide the health care services needed; we merely provide payment for covered services for eligible individuals.

A note of thanks is in order to the State Welfare Department and the State Health Department and to our fiscal agent, Blue Cross-Blue Shield. Their combined dedicated efforts are largely responsible for our achievements in program administration.

Finally, thanks to our Governor and Legislature for making it possible for this program to operate for the benefit of so many needy people in Mississippi.

Respectfully submitted,

Alton B. Cobb, M.D.  
Director

ABC/bcs

Attachment

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## ***DIRECTOR'S FORE WORD***

During Fiscal Year 1972 the Medicaid Program was operated within the limits of state appropriations and Federal matching funds. The number of eligibles increased from 217,555 to 278,746 during the year; about one-half of this increase was due to a Federal Court Order adding certain caretakers of eligible children to the Medicaid eligibility rolls in September 1971.

We have continued to work with Blue Cross-Blue Shield, fiscal agent for the program, in improvements on the Medicaid Claims Payment and Information System. The use of systems organization and computerizations has produced an efficient and effective claims payment system. The average time between receipt and payment of claims has been reduced to less than 15 days. The information storage and retrieval system for claims history is effective, but continues to undergo needed improvements. The profiles and patterns of practice for providers under the program derived from the computer system are invaluable indicators for the Program Integrity activities as reported.

The overall administrative costs of 3.8% of total program expenditures compares favorably with other states having similar programs and administrative arrangements.

Several studies and evaluations performed during the year reveal that the program has improved access of eligible persons to a wider range of better quality health care services. In addition, the program provides significant amounts of Federal and State funds to local communities for development and improvement of health care facilities and resources. The health services provided by these expanded resources are then available to all persons. The Medicaid Program thereby makes a real contribution to the total community's health services.

The staff of the Commission has continued to work closely with all health agencies with the objective of obtaining maximum benefit from Federal funds under Medicaid in expansions and improvements for public health services. Over three million dollars of payments were made to other state health agencies and institutions during the year.

New services supported by Medicaid and provided by other state health agencies are the Family Planning Services from the State Health Department and nursing home care at East Mississippi State Hospital and Ellisville State School.

### Recommendations for Legislative Action:

- (1) Transfer of the Intermediate Nursing Home Program from Welfare to Medicaid. This will improve program coordination and comply with Federal funding requirements.
- (2) Amend State Medical Assistance Act to add "Clinic Services" as an eligible service. This would authorize coverage of services provided by community mental health clinics and some services provided by health department clinics on a "Clinic Charge" basis rather than individual service component. During Fiscal Year 1974, one or more health maintenance organizations (HMO's) may be organized in Mississippi. If Medicaid is to contract with these new systems of health care delivery we need authority to cover Clinic Services on an all-inclusive charge or fee arrangement.
- (3) Amend State Medical Assistance Act to add "Durable Medical Equipment" as an eligible service. This would authorize Medicaid coverage for items such as wheel chairs, braces, hospital beds for patients at home, etc.

# **MISSISSIPPI'S MEDICAID PROGRAM**

## INTRODUCTION

Medicaid is a program of medical assistance for the needy administered by the states in accordance with provisions of Title XIX of the Social Security Act.

Mississippi began participation in Medicaid on January 1, 1970. The State's Medicaid Program is administered by the Mississippi Medicaid Commission, which was established by Section 7290-31 et. seq. of the Mississippi Code of 1942 (Recompiled). This law made the benefits of the Medicaid Program available to the following groups of needy persons:

Those who are qualified for public assistance grants under provisions of the following Titles of the Social Security Act as administered by Mississippi's State Department of Public Welfare:

Title I -- Old Age Assistance

Title IV -- Aid to Families with Dependent Children

Title X -- Aid to the Blind

Title XIV -Aid to the Permanently and Totally Disabled;

Children in foster homes or private institutions for whom Mississippi public agencies are assuming financial responsibility;

Children under twenty-one (21) years of age who, except for age or school attendance requirements, would be dependent children under the Aid to Families with Dependent Children Program (AFDC);

Persons who are patients in a medical facility and who, if they left such facility, would qualify for assistance (money) payments under Old Age Assistance, Aid to the Permanently and Totally Disabled, Aid to the Blind, or Aid to Families with Dependent Children Programs.

There was a monthly average of approximately 260,000 persons in Mississippi eligible for Medicaid benefits during Fiscal Year 1972. Health services covered under Medicaid in Mississippi are as follows:

- Inpatient Hospital Services
- Outpatient Hospital Services
- Skilled Nursing Home Services
- Physicians' Services
- Laboratory and X-Ray Services
- Pharmacy Services
- Emergency Ambulance Services
- Dental Services
- Home Health Services
- Eyeglasses Necessitated by Eye Surgery
- Christian Science Sanatoria Care and Services
- Early and Periodic Screening, Diagnostic and Treatment Services for Children

All covered services are subject to utilization controls and specific limitations. During Fiscal Year 1972, payments for these services were made with 83 percent Federal funds and 17 percent State funds. Federal financial participation in health services under Medicaid is established under a statutory formula which relates the per capita income of each state to the average per capita income for all states. The ceiling on Federal participation is 83 percent.

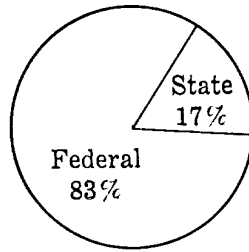
## ADMINISTRATION

Regulations of Title XIX of the Social Security Act, the Federal Medicaid legislation, provide that each state shall receive Federal funds for 75 percent of the cost of professional staffing and related administrative costs, and 50 percent of other administrative costs, as shown in Figure 1. The total program expenditures represent payments for health care services and program administration. Of the total expenditures of \$53,859,182, Federal funds amounted to \$43,971,431 or 81.6 percent of expenditures, while 18.4 percent or \$9,887,751 was State money, as shown in Figure 1.

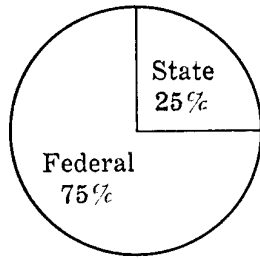
Expenditures for administration of the Medicaid Program totaled \$2,034,622 or 3.8 percent of the total cost of the Program. The expenditures for administration includes operation of a systematized, computerized claims payment and information system which was established by a consultant management firm on contract with the Mississippi Medicaid Commission and its fiscal agent, Mississippi Hospital and Medical Service (Blue Cross- Blue Sheld).

A total of \$54,984,681 was budgeted for the Medicaid Program for Fiscal Year 1972, and of this amount, \$53,859,182 was expended. Of the unspent balance, \$215,254 was State funds and this amount yeas returned to the General Fund after the close of the fiscal year.

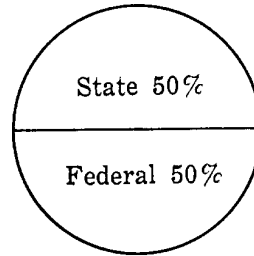
In accordance with State Law and Federal Regulations for Title XIX, payment for services under Medicaid is always secondary to other third party liability. At the time of a recipient's admission to a hospital and at each of his visits to a doctor's office or other provider of service, a determination is made as to whether the recipient has third party coverage. Since Medicaid liability is always secondary, any third party payments are required to be refunded to the Medicaid Program. A total of \$258,206 was collected in third party payments and was used to reduce the cost of medical services from \$52,082,765 to \$51,824,559.



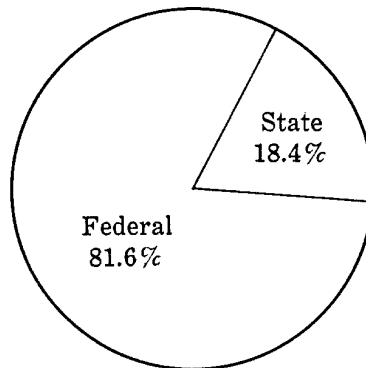
Provider Services



Professional Staff and Related Administrative Costs



Other Administration



Total Expenditures of Medicaid Program

FIGURE 1--Source of Funds by Type of Expense and Percentage Distribution of State and Federal Funds

## ELIGIBLES

During Fiscal Year 1972 the number of persons eligible to receive medical assistance increased by 61,191 persons or 28.1%, increasing from 217,555 at the end of Fiscal Year 1971 to 278,746 at the end of Fiscal Year 1972. This sharp rise in the eligibility rolls was attributable to two factors.

First, early in the fiscal year there were unavoidable delays in the determination of eligibility and in the transfer of eligibility information to a computerized file for payment of claims. As these difficulties were either solved or minimized, eligibility rolls expanded.

Secondly, by Federal Court Order, the program was required to provide medical assistance to the caretaker relatives whose needs were included in the budget of Aid to Families with Dependent Children eligibles. In September 1971, approximately 29,000 adults who are designated caretakers for such children were added under this mandate. In addition the eligibility rolls have shown a general increase of from 2,000 to 2,500 persons per month or about 12% for the year.

Table I shows the number of persons eligible for Medicaid by program category by month for Fiscal Year 1972.

TABLE 1  
NUMBER OF PERSONS ELIGIBLE FOR MEDICAID SERVICES  
BY MONTH AND BY PROGRAM CATEGORY FOR  
FISCAL YEAR 1972

<i>Month</i>	<i>Total</i>	<i>OAA</i>	<i>A B</i>	<i>APTD</i>	<i>AFDC Children</i>	<i>AFDC Adults</i>	<i>Other<sup>1</sup></i>
July .....	217,453	79,468	2,191	25,637	110,144	.....	13
August .....	232,541	78,221	2,162	25,399	126,391	.....	368
September .....	262,200	78,241	2,171	25,646	126,581	29,156	405
October .....	263,418	78,174	2,176	25,854	127,248	29,455	511
November .....	266,073	78,578	2,175	26,193	127,923	30,664	540
December .....	265,479	80,018	2,227	27,394	123,826	31,449	565
January .....	267,986	80,150	2,229	27,665	125,432	31,946	564
February .....	268,100	80,161	2,230	27,673	124,937	32,519	580
March .....	270,246	80,161	2,233	27,843	126,387	33,024	598
April .....	272,322	80,253	2,231	27,940	127,742	33,545	611
May .....	276,747	81,034	2,241	27,737	131,081	34,029	625
June .....	278,746	81,427	2,232	27,878	132,328	34,263	618
Monthly Average		79,657	2,208	26,905	125,835	31,985	500

<sup>1</sup>Children in Foster Homes.



## RECIPIENTS

The rate of increase in the number of eligibles was matched by a sharper rate of increase in the number of eligibles who used one or more services (recipients).

For the fiscal year, the number of recipients increased by 40.4%, rising from 74,144 in July to 104,101 in June. The monthly average number of recipients was 95,019. Increasing utilization of health services by eligible children was responsible for the largest growth in the number of recipients. The unduplicated count for total number of different persons receiving one or more services for Fiscal Year 1972, was 220,190 or 68.17% of the total eligibles.

Table 2 shows the number of recipients of medical assistance by program category by month for Fiscal Year 1972.

TABLE 2

NUMBER OF PERSONS RECEIVING ONE OR MORE MEDICAL SERVICES  
BY PROGRAM CATEGORY FOR FISCAL YEAR 1972

<i>Month</i>	<i>Total</i>	<i>OAA</i>	<i>A B</i>	<i>APTD</i>	<i>AFDC Children</i>	<i>AFDC Adults</i>	<i>Other</i>
July .....	74,144	43,674	922	14,697	14,838	.....	
August .....	93,531	48,779	1,100	16,912	26,643	.....	97
September .....	77,517	43,873	884	14,320	15,520	2,886	34
October .....	90,427	42,728	998	15,578	23,331	7,718	74
November .....	95,815	44,088	985	16,091	24,728	9,816	107
December .....	93,958	41,335	991	16,439	24,910	10,146	137
January .....	88,123	41,928	911	15,699	19,674	9,816	95
February .....	102,631	44,645	989	17,013	27,619	12,246	119
March .....	93,971	39,578	921	15,862	25,773	11,711	126
April .....	111,255	47,730	1,077	18,184	30,016	14,112	136
May .....	114,756	51,345	1,150	18,824	28,682	14,632	123
June .....	104,101	46,042	1,042	17,562	25,706	13,635	114

### UTILIZATION RATE

A utilization rate is the quotient of dividing the average number of recipients by the average number of eligibles. This percentage is indicative of the extent to which those persons who are eligible to receive medical services actually utilize one or more services. Table 3 shows the monthly utilization rate for Fiscal Year 1972. The utilization rate was highest in the month of May when 41.5% of the eligibles received one or more medical services. The average monthly utilization rate was 36.3%. From the highest monthly rate to the lowest, the rates fluctuated within a range of 12%. These differences by month or season are due to expected chance variation and variance in seasonal disease prevalence.

Table -1 is a comparison of yearly utilization rates by program category. The utilization rate for all categories combined was 68.1%, with persons in the adult categories using services more frequently than children. The greatest utilizers of medical assistance were the persons in the Aid for Permanently and Totally Disabled category, with a utilization rate of 85.4%.

T A B L E 3

TOTAL NUMBER OF PERSONS ELIGIBLE, UNDUPLICATED TOTAL PERSONS RECEIVING ONE OR MORE SERVICES<sup>1</sup> AND UTILIZATION RATE BY MONTH FOR FISCAL YEAR 1972

<i>Month</i>	<i>Number of Eligibles</i>	<i>Number o/ Recipients</i>	<i>Utilization Rate</i>
Average .....	261,775	95,019	36.3
July .....	217,453	74,144	30.1
August .....	232,541	93,531	40.2
September .....	262 200	77,517	29.6
October .....	263 418	90 427	34.3
November .....	266 073	95 815	36.0
December .....	265 479	93 958	35.4
January .....	267 986	88 123	32.9
February .....	268 100	102 631	38.3
March .....	270 246	93 971	34.8
April .....	272 322	111 255	40.9
May .....	276 747	114 756	41.5
June .....	278 746	104 101	37.3

Does not include persons for whom payments were made to Social Security Administration for Part B premiums.

T A B L E 4

TOTAL NUMBER OF DIFFERENT PERSONS ELIGIBLE AT SOME TIME DURING THE YEAR<sup>1</sup>, TOTAL NUMBER OF RECIPIENTS<sup>2</sup> OF MEDICAL SERVICES. AND UTILIZATION RATE BY PROGRAM CATEGORY FOR FISCAL YEAR 1972

<i>Program Category</i>	<i>Eligibles</i>	<i>Recipients</i>	<i>Utilization Rate</i>
Total .....	323,493	220,190	68.1
OAA .....	89,353	73,823	82.6
AB .....	2,394	1,832	76.5
<b>APTD</b> .....	30,949	26,445	85.4
A FDC Children .....	165,768	92,309	55.7
A FDC Adults .....	34,263	25,667	74.9
Others .....	766	114	14.9

Estimated.

<sup>2</sup> Does not include those persons for whom payments were made to Social Security Administration for Part B premiums.

## PROGRAM INTEGRITY

In November 1971, the Program Integrity Unit was established for the purpose of conducting on-site audits of providers and monitoring both provider and recipient utilization in the Medical Assistance Program. The Medicaid Commission is required, under both State and Federal laws, to conduct periodic checks of provider records in order to verify actual receipt of services for which payment has been made and to investigate any cases suggestive of program abuse or misuse. The Program Integrity Unit was established to perform these functions and generally "watchdog the program."

Initial staffing of the Unit in November consisted of a Supervisor, General Claims Auditor, a Pharmacy Claims Auditor who served half time, and a Recipient Counselor who also served half time. In February of 1972, a second General Claims Auditor was added, and it is anticipated that another Pharmacy Claims Auditor will be added in Fiscal Year 1973. A part time Physician Medical Consultant was also employed during 1971 to assist the Program Integrity Unit in its review of medical necessity of services provided.

With the assistance of a sophisticated computerized Surveillance and Utilization Reporting System the Commission is able to maintain practice and service profiles on all providers of service and on recipients who participate in or receive services from the Medicaid Program. These utilization profiles provide invaluable data which serve as keys to possible fraudulent activities or abuse of Program benefits and are a prime source of information upon which the Program Integrity Unit bases its investigations. An example of the type of profile information used is the frequency of physician visits for each recipient served during a specified time period. Exception reporting techniques are used to identify the unusual or exceptional profiles.

The results of any audit which reveals a significant discrepancy are routinely reported to the Commission at its monthly meetings for a determination of any sanctions or punitive action against the provider or recipient.

During the eight months in Fiscal Year 1972 in which the Program Integrity Unit was in full operation, approximately 140 physicians' records were audited in order to verify that services reimbursed by the Program were actually provided to recipients. The Commission obtained refunds totaling \$6,526.32 from 4 physicians and 1 physician was suspended from participation indefinitely for violations of Program regulations.

Eleven pharmacy providers were audited, resulting in \$4,039.37 collected in refunds from 5 pharmacists who violated program regulations. Of these 5 pharmacists, 1 was suspended for a 90 day period and the remaining 4 received official reprimands.

In addition, 4 dentists and 3 ambulance providers were audited, although no discrepancies were found and consequently no action was taken.

With respect to investigations of Medicaid recipients, information and evidence concerning the abuse of Medicaid benefits by 2 recipients was forwarded to the appropriate authorities for possible legal action.

The existence of the Program Integrity Unit has served and will continue to serve as all invaluable deterrent to potential fraud and abuse of benefits in the Medicaid Program. Activities in this field will be expanded if funds requested for the purpose are approved for next fiscal year.

## CLAIMS PAYMENTS

Under provisions of the State's Medicaid Law, the administration of the Medicaid claims payment system may be performed by either the Commission or by an insurance company under contract with the Commission. When the Commission was formally organized in October, 1969, it was apparent that it would be impossible for the Commission to staff and operate a claims payment system by January 1, 1970. The services of an insurance company were, therefore, sought by means of the bidding process authorized in the Medicaid Enabling Act. The Commission retained the services of a nationally recognized management consultant firm to assist in formulating bid specifications for operation of the Medicaid Program and evaluating the bid and cost proposals.

The Commission received several expressions of interest in administering the Medicaid claims payment system from major insurance companies. Only one of these companies, Mississippi Hospital and Medical Service, was willing to make a firm bid proposal to undertake the operation of the Medicaid claims payment system on January 1, 1970. The relatively short time frame and complex task reduced the interest of the other companies.

Mississippi Hospital and Medical Service is a non-profit medical and hospital service corporation organized under the laws of the State of Mississippi. The company serves as the Federal Government's Intermediary for Part A of Medicare, the hospital portion of the Civilian Health and Medical Program of the Uniformed Armed Services, and serves as one of the contractors for the Federal Employees Insurance Program. In addition the company insures many other persons through its private business.

The Commission's contract with Mississippi Hospital and Medical Service provides for reimbursement of administrative expenses based upon actual audited reasonable costs. Cost reimbursement principles used for this purpose are those established under the Medicare Program.

The fiscal agent contract operates on a yearly basis and monthly advances of administrative funds are made to Mississippi Hospital and Medical Service based upon a reasonable projection of administrative costs over the annual period. The monthly advances are subject to adjustment based upon actual cost experience.

For Fiscal Year 1972, a total of 3,883,305 claims were received by the Medicaid Claims Department of Mississippi Hospital and Medical Service. This represents an increase of 821,519 claims or 26.8% over Fiscal Year 1971. Table 5 lists the number of claims received by month for each type of service covered under the Medicaid Program for Fiscal Year 1972.

TABLE 5

NUMBER OF CLAIMS RECEIVED BY TYPE OF SERVICE  
BY MONTH FOR FISCAL YEAR 1972

<i>Type of Service</i>	<i>July</i>	<i>August</i>	<i>September</i>	<i>October</i>	<i>November</i>	<i>December</i>	<i>January</i>	<i>February</i>	<i>March</i>	<i>April</i>	<i>May</i>	<i>June</i>	<i>Total</i>
Total .....	307,261	334,551	300,546	283,964	309,713	321,999	343,468	336,366	307,961	334,478	392,481	310,517	3,883,305
Physicians .....	31,496	35,422	35,281	39,513	43,102	36,687	43,741	49,591	38,714	48,579	51,998	46,873	500,997
Physician Crossover....	22,538	23,912	29,401	18,695	18,149	21,078	26,416	23,485	19,415	31,829	27,701	28,000	290,619
Inpatient Hospital.....	2,551	2,745	2,862	3,589	3,005	3,162	3,377	3,296	2,242	3,418	3,934	3,330	37,511
•" Outpatient Hospital	5,368	3,521	4,522	5,689	5,654	4,509	5,431	5,509	4,576	6,430	7,082	6,157	64,448
Hospital Crossover.....	7,156	7,389	4,499	5,475	6,710	5,256	4,918	5,127	4,882	5,434	10,324	5,603	72,773
Skilled Nursing Home_	3,367	3,534	3,653	3,142	3,486	3,517	3,605	3,542	3,566	3,698	3,758	3,814	42,682
Drugs .....	230,705	254,274	215,469	203,116	224,188	243,800	251,382	240,878	230,257	228,396	280,938	211,291	2,814,694
Home Health .....	294	199	302	285	280	191	357	255	224	426	486	299	3,598
Dental Care .....	2,211	2,271	3,031	3,312	3,875	2,979	3,318	3,178	3,162	4,214	4,528	4,089	40,168
Eyeglasses	34	22	165	28	56	67	124	75	107	102	196	141	1,117
Ambulance .....	99	88	102	94	119	79	86	111	121	167	151	125	1,342
Periodic Screening	1,442	1,174	1,259	1,026	1,089	674	713	1,319	695	1,785	1,385	795	13,356

## ***EXPENDITURES***

### **EXPENDITURES BY TYPE OF SERVICE**

For the Fiscal Year beginning July 1, 1971, and ending June 30, 1972, total medical expenditures were \$51.8 million. This was an increase of \$14.8 million, or 40.0% above the amount spent for medical services in Fiscal Year 1971. This significant increase was due to the sharp increase in eligibles and the increase in utilization rate.

Table 6 contains the absolute and relative distribution of medical service expenditures for Fiscal Year 1972 and for Fiscal Year 1971, shows the average spent per eligible for Fiscal Year 1972 and for Fiscal Year 1971, and the percentage increase or decrease of the 1972 medical services expenditures over the 1971 medical service expenditures for each type of service.

The Medicaid service accounting for the largest program expenditure in Fiscal Year 1972 was inpatient hospital service. During Fiscal Year 1971, the largest expenditure was for drugs.

Skilled Nursing Home services were the second largest item in total payments provided for Medicaid eligible persons in both Fiscal Years 1972 and 1971.

Drugs dropped to third in total funds expended in Fiscal Year 1972. In Fiscal Year 1971, approximately \$.24 of each Medicaid service dollar was spent for drugs, while in Fiscal Year 1972, only about \$.21 of each Medicaid service dollar was spent for drugs.

Between Fiscal Year 1971 and Fiscal Year 1972 the amount expended for the provision of physicians' services increased from \$.17 to \$.18 of each service dollar. Expenditures for physicians' services ranked fourth in both fiscal years.

The relative distribution of the Medicaid service dollar was approximately the same in both fiscal years for the remainder of the medical services.

The average spent per eligible person showed an increase of 11.5% from an average of \$177.60 per eligible person spent in 1971 to an average of \$197.97 per eligible person in Fiscal Year 1972.

TABLE

EXPENDITURES FOR MEDICAL SERVICE AND AVI  
FOR FISCAL YEAR 1971

FISCAL YEAR 1972

## EXPENDITURES

<i>Type of Service</i>	<i>Amount</i>	<i>Percent of Total</i>	<i>Average Spent Per Eligible</i>
Total .....	\$51,824,559	100.0	\$197.97
Inpatient Hospital .....	12,603,632	24.3	48.15
Outpatient Hospital .....	862,854	1.7	3.30
Laboratory & X-Ray .....	55,284	.1	.21
Skilled Nursing Home .....	11,140,314	21.5	42.56
Screening & Diagnostic .....	107,872	.2	.86'
Physicians .....	9,539,162	18.4	36.44
Home Health .....	86,989	.2	.33
Emergency Ambulance .....	45,464	.1	.17
Drugs .....	10,766,860	20.8	41.13
Dental .....	606,709	1.1	2.32
Eyeglasses .....	28,750	.1	.11
T.B. & Mental Inst .....	154,057	.3	1.932
Buy-in, Part B, Medicare .....	5,826,612	11.2	73.152

Only AFDC Children are eligible.

Only OAA persons are eligible.

\* Less than 0.05%.

Average SPENT PER ELIGIBLE PERSON BY SERVICES  
AND FISCAL YEAR 1972

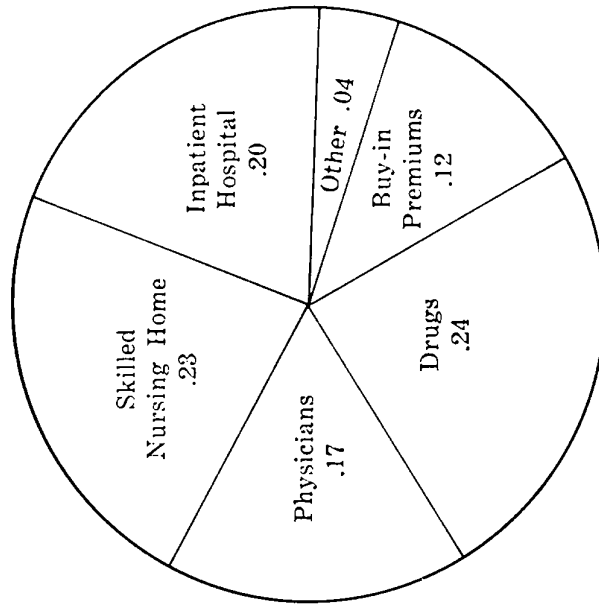
FISCAL YEAR 1971

EXPENDITURES

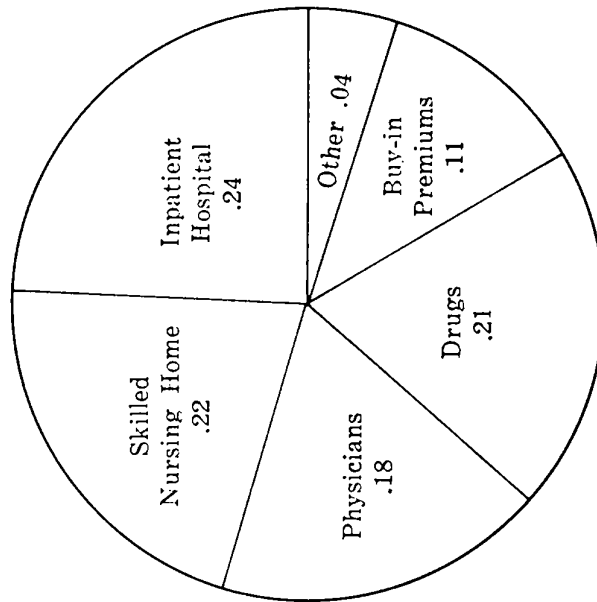
<i>Amount</i>	<i>Percent of Total</i>	<i>Average Spent Per Eligible</i>	<i>Percentage Increase or (Decrease) Over Expenditures for Fiscal Year 1971</i>
\$36,996,162	100.0	\$177.60	40.0
7,497,566	20.3	35.99	68.1
450,956	1.2	2.16	91.3
26,609	*	0.13	107.8
8,574,640	23.2	41.16	29.9
121,122	.3	1.151	(10.9)
6,339,462	17.2	30.43	50.5
48,844	.1	.23	78.1
16,583	*	.08	174.2
8,971,874	24.3	43.07	20.0
335,535	1.0	1.61	80.8
14,966	*	.07	92.1
144,032	.4	1.862	7.0
4,453,973	12.0	57.662	30.8



CHART 1



FISCAL YEAR 1971



FISCAL YEAR 1972

DISTRIBUTION OF MEDICAID SERVICE DOLLAR  
FISCAL YEAR 1972 AND FISCAL YEAR 1971

EXPENDITURES BY PROGRAM CATEGORY OF ELIGIBILITY

Table 7 illustrates the absolute and relative distribution of medical service expenditures and the average spent per eligible person by program category of eligibility.

Two of the program categories, Old Age Assistance and Aid to the Permanently and Totally Disabled, accounted for 78.7% of the total expenditures for medical service. The expenditures incurred on behalf of the persons eligible under the Aid to the Permanently and Totally Disabled program category averaged \$437.62 per eligible for Fiscal Year 1972, and the expenditures incurred on behalf of the persons eligible under the Old Age Assistance program category averaged \$364.22 per eligible.

While the Aid to Families with Dependent Children program category represented a large percentage of eligibles, the expenditures per person were relatively low. The persons covered under the Aid to the Blind program category represent approximately 1% of the total eligibles and the expenditures attributable to the Aid to the Blind program category were approximately 1% of the total amount spent for medical services in Fiscal Year 1972.

TABLE 7

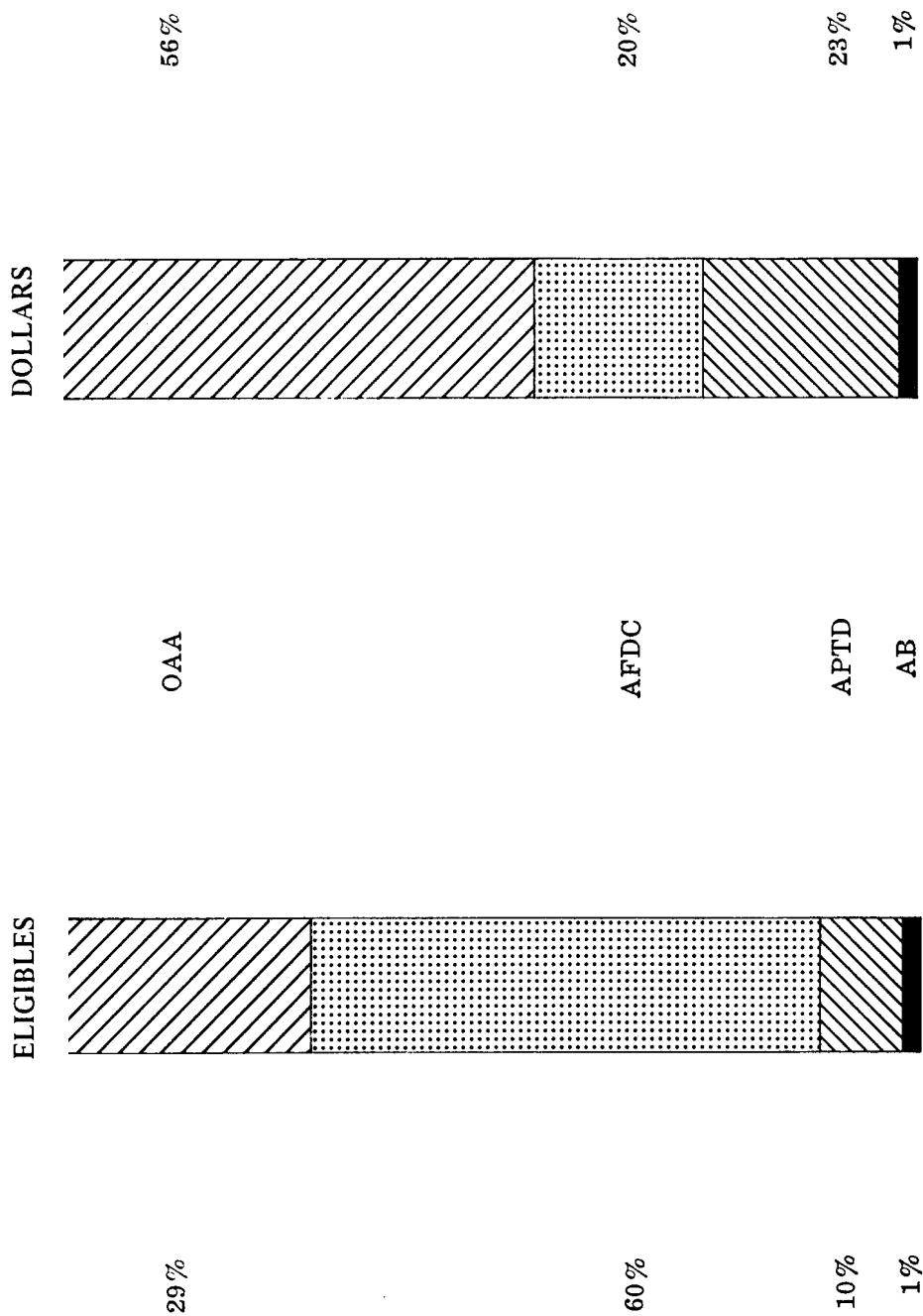
TOTAL EXPENDITURES FOR MEDICAL SERVICES, NUMBER OF ELIGIBLES,  
AVERAGE SPENT PER ELIGIBLE, AND PERCENTAGES BY  
PROGRAM CATEGORY FOR FISCAL YEAR 1972

<i>Program Category</i>	<i>Expenditures<sup>1</sup></i>	<i>Percent of Total</i>	<i>Eligibles</i>	<i>Percent of Total</i>	<i>Average per Eligible</i>
Total .....	\$51,824,559	261,775	100.00	100.0	\$197.97
OAA .....	29,013,012	79,657	29.4	56.0	364.22
' A B .....	626,672	2,208	0.8	1.2	283.82
<b>APT D</b> .....	11,774,080	26,905	10.3	22.7	437.62
'AFDC Children .....	6,545,743	125,835	48.1	12.6	52.02
AFDC Adults .....	3,865,052	31,985 <sup>2</sup>	11.4	7.5	120.84

<sup>1</sup> Includes Buy-in Premium.

<sup>2</sup>First AFDC Adults were added September 1971, therefore column does not add to equal total shown.

CHART 2



MISSISSIPPI MEDICAID COMMISSION  
 PERSONS ELIGIBLE AND DOLLARS SPENT BY PROGRAM CATEGORY  
 FISCAL YEAR 1972

PAYMENTS MADE TO STATE HEALTH AGENCIES AND INSTITUTIONS

State Health Agencies and Institutions received \$3,195,796 for services provided to Medicaid eligibles during the fiscal year. The Medicaid staff has worked closely with all State health agencies toward reaching the objectives of fiscal coordination intended under the Medical Assistance Act. The amounts paid to individual agencies and institutions are shown on Table 8.

TABLE 8

AMOUNT OF MEDICAID PAYMENTS MADE TO STATE HEALTH AGENCIES AND INSTITUTIONS BY SOURCE OF FUNDS FOR FISCAL YEAR 1972

<i>Name of Agency or Institution</i>	<i>Total Amount of Payment</i>	<i>From Federal Funds</i>	<i>From State Funds</i>
Total .....	\$3,195,796	\$2,652,511	\$543,285
University Hospital .....	1,941,536	1,611,475	330,061
East Mississippi State Nursing Home .....	373,555	310,051	63,504
Ellisville State School .....	296,249	245,887	50,362
State Board of Health .....	236,859	196,593	40,266
Mississippi State Sanatorium .....	147,702	122,593	25,109
Kuhn Memorial Hospital .....	78,739	65,353	13,386
South Mississippi State Hospital .....	61,521	51,062	10,459
Mississippi Crippled Children's Center .....	47,067	39,066	8,001
Natchez Charity Hospital .....	12,568	10,431	2,137

The Mississippi Medicaid Commission pays the premium for Part B of Medicare plus the Part B coinsurance and deductibles for eligible persons who are 65 years of age and older and meet the requirements of Social Security Administration. The amount paid by Medicaid for co-insurance and deductibles under physicians' services provided through Part B of Medicare totaled \$3,147,504.69. \$1,941,881.50 of the total was for deductibles and \$1,205,623.19 for coinsurance.

A total of 179,542 persons received one or more physicians' services. The largest number of recipients of physicians' services was in the Aid to Families with Dependent Children category, with 74,933 children receiving one or more physicians' services. Percentage-wise, the largest group of utilizers of physicians' services was the Aid to Permanently and Totally Disabled category, with a utilization rate of 83.7%. The overall utilization rate of physicians' services for all categories was 68.6%. Although they represent the group with the largest number of users, the group with the lowest utilization rate was the Aid to Families with Dependent Children category. Table 11 shows the utilization rates by category.

TABLE 11

AVERAGE NUMBER OF ELIGIBLES AND NUMBER OF RECIPIENTS OF PHYSICIANS' SERVICES BY PROGRAM CATEGORY WITH UTILIZATION RATES FOR PERIOD JULY 1, 1971 - JUNE 30, 1972

<i>Program Category</i>	<i>Average No. of Eligibles</i>	<i>No. of Recipients</i>	<i>Utilization Rate</i>
Total .....	261,775	179,542	68.6 %
OAA .....	<b>79,657</b>	59,564	74.8 %
AB .....	<b>2,208</b>	1,555	73.5 %
APTD .....	<b>26,905</b>	22,509	83.7 %
AFDC Children .....	<b>125,835</b>	74,933	59.5%
AFDC Adults .....	<b>31,985<sup>1</sup></b>	20,981	65.6%

<sup>1</sup>First AFDC Adults were added September 1, 1971, therefore column does not add to equal total shown.

A total of 1,197,837 visits were made to physicians by the 179,542 recipients.

Since only coinsurance and deductibles are paid for the majority of visits incurred by persons under the Old Age Assistance category, this category has been omitted from Table 12 (a small number of Old Age Assistance eligibles are not included in the Buy-In for Part B of Medicare).

The 1,163,635 visits made by 119,978 persons in the other categories represent an average of 9.7 visits per recipient. Persons in the adult categories used physicians' services much more frequently than children. The range of average visits per recipient was from 6.1 visits per recipient for the Aid to Families with Dependent Children to 20.5 visits per recipient for the Aid to Permanently and Totally Disabled Category. Table 12 shows the distribution of average visits per recipient by program category.

# SERVICES

## PHYSICIANS' SERVICES

For the period beginning July 1, 1971, and ending June 30, 1972, Medicaid expenditures for physicians' services totaled \$9,539,162. In addition \$5,826,612 was used for Part B Premiums under Medicare for those Medicaid eligibles over 64 years of age. The greatest expenditure was for payments made on behalf of Old Age Assistance recipients. Of the \$9 million expended for physicians' services, \$3,309,419 was spent for services rendered to recipients in Old Age Assistance category. This was largely deductible and coinsurance payments under Part B of Medicare. The amount of expenditures by program category is shown on Table 9 below.

TABLE 9

AMOUNT OF EXPENDITURES FOR PHYSICIANS' SERVICES BY PROGRAM CATEGORY  
FOR PERIOD JULY 1, 1971 - JUNE 30, 1972

<i>Program Category</i>	<i>Expenditures</i>	<i>Percent</i>
Total .....	\$9,539,162	100.0
O A A .....	3,309,419	34.7
A B .....	137,461	1.4
A P T D .....	2,282,913	24.0
AFDC Children .....	2,522,581	26.3
AFDC Adults .....	1,282,007	13.5
Others under 21 .....	4,781	0.1

When the persons over 64 years of age who are caretaker relatives and covered under the Aid to Families with Dependent Children program category are added to those above, the total expenditures for persons 65 years and over becomes \$3,643,960 and represents 38.2% of the total expenditures for physicians' services. The distribution of expenditures by age groups is shown in Table 10. The age group 21- 64 years includes those persons covered under Aid to the Blind, Aid to the Permanently and Totally Disabled and Adult Caretakers in the Aid to Families with Dependent Children categories.

TABLE 10

AMOUNT OF EXPENDITURES FOR PHYSICIANS' SERVICES BY AGE GROUPS  
FOR PERIOD JULY 1, 1971-JUNE 30, 1972

<i>Age in Years</i>	<i>Expenditures</i>	<i>Percent</i>
Total .....	\$9,539,162	100.0
Under 6 .....	734,515	7.7
6 - 20 .....	1,821,980	19.1
21 - 64 .....	3,338,707	35.0
Over 64 .....	3,643,960	38.2

The Mississippi Medicaid Commission pays the premium for Part B of Medicare plus the Part B coinsurance and deductibles for eligible persons who are 65 years of age and older and meet the requirements of Social Security Administration. The amount paid by Medicaid for coinsurance and deductibles under physicians' services provided through Part B of Medicare totaled \$3,147,504.69. \$1,941,881.50 of the total was for deductibles and \$1,205,623.19 for coinsurance.

A total of 179,542 persons received one or more physicians' services. The largest number of recipients of physicians' services was in the Aid to Families with Dependent Children category, with 74,933 children receiving one or more physicians' services. Percentage-wise, the largest group of utilizers of physicians' services was the Aid to Permanently and Totally Disabled category, with a utilization rate of 83.7%. The overall utilization rate of physicians' services for all categories was 68.6%. Although they represent the group with the largest number of users, the group with the lowest utilization rate was the Aid to Families with Dependent Children category. Table 11 shows the utilization rates by category.

TABLE 11

AVERAGE NUMBER OF ELIGIBLES AND NUMBER OF RECIPIENTS OF PHYSICIANS' SERVICES BY PROGRAM CATEGORY WITH UTILIZATION RATES FOR PERIOD JULY 1, 1971 - JUNE 30, 1972

<i>Program Category</i>	<i>Average No. of Eligibles</i>	<i>No. of Recipients</i>	<i>Utilization Rate</i>
Total .....	261,775	179,542	68.6 %
OAA .....	<b>79,657</b>	59,564	74.8 %
AB .....	<b>2,208</b>	1,555	73.5 %
APTD .....	<b>26,905</b>	22,509	83.7 %
AFDC Children .....	<b>125,835</b>	74,933	59.5%
AFDC Adults .....	<b>31,985<sup>1</sup></b>	20,981	65.6%

<sup>1</sup>First AFDC Adults were added September 1, 1971, therefore column does not add to equal total shown.

A total of 1,197,837 visits were made to physicians by the 179,542 recipients.

Since only coinsurance and deductibles are paid for the majority of visits incurred by persons under the Old Age Assistance category, this category has been omitted from Table 12 (a small number of Old Age Assistance eligibles are not included in the Buy-In for Part B of Medicare).

The 1,163,635 visits made by 119,978 persons in the other categories represent an average of 9.7 visits per recipient. Persons in the adult categories used physicians' services much more frequently than children. The range of average visits per recipient was from 6.1 visits per recipient for the Aid to Families with Dependent Children to 20.5 visits per recipient for the Aid to Permanently and Totally Disabled Category. Table 12 shows the distribution of average visits per recipient by program category.

TABLE 12

TOTAL NUMBER OF PHYSICIANS' VISITS AND AVERAGE NUMBER OF VISITS PER RECIPIENT BY PROGRAM CATEGORY FOR PERIOD JULY 1, 1971 - JUNE 30, 1972

<i>Program Category</i>	<i>Total No. of Physicians' Visits</i>	<i>Total No. of Recipients</i>	<i>Average No. of Visits per Recipient</i>
Total .....	1,163,635	119,978	9.7
AB .....	22,762	1,555	14.6
APTD .....	460,472	22,509	20.5
AFDC Children .....	457,019	74,933	6.1
AFDC Adults .....	223,382	20,981	10.6

During Fiscal Year 1972 the average monthly caseload for the four categories above was 182,118 eligible persons. Relating the 1,163,635 physicians' visits to the persons eligible, represents an average of 6.4 visits per eligible. The relative distribution among the categories remained the same, with the members of the Aid to Permanently and Totally Disabled category making the highest number of visits per eligible, averaging 17.1 visits per eligible and the Aid to Families with Dependent Children making the least number of visits per eligible, averaging 3.6 visits per eligible. Table 13 shows the number of physicians' visits by program category.

TABLE 13

NUMBER OF PHYSICIANS' VISITS, AVERAGE NUMBER OF ELIGIBLE PERSONS AND AVERAGE NUMBER OF PHYSICIANS' VISITS PER ELIGIBLE BY PROGRAM CATEGORY FOR FISCAL YEAR 1972

<i>Program Category</i>	<i>Number of Physicians' Visits</i>	<i>Number of Eligibles</i>	<i>Average Visits per Eligible</i>
Total .....	1,163,635	182,118	6.4
AB .....	22,762	2,208	10.3
APTD .....	460,472	26,905	17.1
AFDC Children .....	457,019	125,835	3.6
AFDC Adults .....	223,382	31,9851	7.0

' AFDC Adults were not eligible until September 1971, therefore column does not add to equal total shown.

By place of service, the largest number of physicians' visits were office visits. There were 966,912 office visits, representing 80.7% of the total physicians' visits. The distribution of physicians' visits by place of service is shown on Table 14.



TABLE 14

TOTAL NUMBER OF PHYSICIANS' VISITS BY PLACE OF VISIT  
FOR PERIOD JULY 1, 1971 - JUNE 30, 1972

<i>Place of Visit</i>	<i>Number of Visits</i>	<i>Percent</i>
Total .....	1,197,837	100.0
Office .....	966,912	80i7
Hospital Inpatient .....	201,752	16,9 <sup>ii</sup>
Hospital Outpatient .....	19,679	
Home .....	6,590	0,6
Skilled Nursing Home .....	2,747	
Elsewhere .....	157	

\* Less than 0.05%

A total of 1,818 physicians participated in the Medicaid Program during this period, including 369 out-of-state physicians. The largest specialty group was the Family Physicians, representing almost half of the total.

Medical services rendered or ordered by these physicians for 220,190 Medicaid recipients included:

21,115	surgical	procedures
160,343	lab	procedures
232,494	injections	
35,847	radiology	procedures
2,764,284	drug	prescriptions and refills

## INPATIENT HOSPITAL SERVICES

During Fiscal Year 1972, there were 28,117 hospital discharges with 201,655 days of inpatient hospital care covered by Medicaid. The average length of stay was 7.2 days. For the relatively small number of persons covered under the Old Age Assistance category who do not qualify for Part A of Medicare, Medicaid pays for hospital services; these persons had a much longer average length of stay than did persons covered under the other four categories. The average length of stay for Old Age Assistance recipients was 15.5 days. Children had the shortest average length of stay, with an average of 5.1 days. Table 15 below shows the average length of stay for inpatient hospital service by program category.

TABLE 15

TOTAL NUMBER OF INPATIENT HOSPITAL DISCHARGES, TOTAL  
DAYS OF CARE AND AVERAGE LENGTH OF STAY BY  
PROGRAM CATEGORY FOR FISCAL YEAR 1972

<i>Program Category</i>	<i>Number of Discharges</i>	<i>Days of Care</i>	<i>Average Length of Stay</i>
Period Total .....	28,117	201,655	7.2
OAA 1 .....	156	2,420	15.5
AB .....	615	4,840	7.9
APTD .....	11,679	108,289	9.3
AFDC Children .....	9,879	50,615	5.1
AFDC Adults .....	5,760	35,491	6.2

1 Excludes hospital days paid jointly by Medicare and Medicaid.

A total of 149 hospitals participated in the Medicaid Program during Fiscal Year 1972. Of this total 113 were located in Mississippi and 36 were out-of-state hospitals. Also included in this total was the Mississippi State Sanatorium where 45 persons 65 years of age and over received services.

Most of the persons 65 years of age and over have inpatient hospital coverage under Part A of Medicare. For these persons, Medicaid paid the hospital deductible. A total of \$3,102,577 was paid for deductibles under Part A of Medicare for these persons.

## DRUGS

During Fiscal Year 1972, a total of 2,764,284 prescriptions was provided to 186,681 Medicaid recipients. This represents an average of 14.8 prescriptions per recipient. Table 16 shows that persons covered under the Aid to the Permanently and Totally Disabled category received the largest number of prescriptions for an average of 25.9 prescriptions per recipient, and persons covered under the Old Age Assistance category second with an average of 23.4 prescriptions per recipient.

The persons eligible received an average of 10.6 prescriptions for Fiscal Year 1972. The relative distribution remained approximately the same; with the members of the Aid to the Permanently and Totally Disabled category receiving the highest number of prescriptions per eligible, averaging 23.9 prescriptions per eligible and children in the Aid to Families with Dependent Children category receiving the lowest number of prescriptions per eligible, averaging 2.4 prescriptions per eligible.

A comparison of the average number of prescriptions by category for Fiscal Year 1972 with the average number of prescriptions by category for Fiscal Year 1971, in Table 17, shows an increase in utilization among all categories. This general increase in utilization by eligibles caused action to be taken to limit the expenditure for prescription drugs. The action taken was the adoption of a restricted list of drugs for reimbursement under Medicaid, effective September 1, 1971. This list included all those drugs considered essential and selected drugs proven effective for treatment of all types of conditions. Through setting of maximum reimbursable costs and adoption of generic designations, reductions in costs of many drugs were achieved.

During Fiscal Year 1972, approximately 71% of those eligible received one or more prescriptions, showing this service to be the one used by the largest number of eligibles.

The ten most frequently prescribed drugs under Medicaid included two antibiotics, drugs for arthritis, diabetes, hypertension and gastrointestinal complaints.

TABLE 16  
NUMBER OF PRESCRIPTIONS, NUMBER OF RECIPIENTS  
AND AVERAGE PRESCRIPTIONS PER RECIPIENT BY  
PROGRAM CATEGORY FOR FISCAL YEAR 1972

<i>Program Category</i>	<i>Number of Prescriptions</i>	<i>Number of Recipients</i>	<i>Avg. Rx per Recipient</i>
Total .....	2,764,284	186,681	14.8
OAA .....	1,600,577	68,510	23.4
AB .....	32,633	1,654	19.7
APTD .....	642,297	24,824	25.9
AFDC Children .....	298,873	69,417	4.3
AFDC Adults <sup>1</sup> .....	189,904	22,276	<b>8.5</b>

AFDC Adults were not eligible until September, 1971.

TABLE 17

NUMBER OF PRESCRIPTIONS NUMBER OF PERSONS ELIGIBLE AND AVERAGE  
 PRESCRIPTIONS PER ELIGIBLE BY PROGRAM CATEGORY FOR  
 FISCAL YEAR 1972 AND FISCAL YEAR 1971

<i>Program Category</i>	<i>Number of Prescriptions</i>	<i>Number of Eligibles</i>	<i>Avg. Rx per Eligible</i>
<i>FISCAL YEAR 1972</i>			
Total .....	2,764,284	261,775	10.6
OAA .....	1,600,577	79,657	20.1
AB .....	32,633	2,208	14.8
APTD .....	642,297	26,905	23.9
AFDC Children .....	298,873	125,835	2.4
AFDC Adults .....	189,904	31,985	5.9
<i>FISCAL YEAR 1971</i>			
Total .....	2,161,340	208,302	10.4
OAA .....	1,438,031	77,251	18.6
A B .....	29,081	2,159	13.5
A P T D .....	519,325	23,847	21.8
AFDC Children .....	174,903	105,045	1.7
A F D c Adults .....			

1 AFDC Adults were not eligible until September, 1971, therefore column does not add to equal total Shown.

SKILLED NURSING HOME SERVICE

Under the Skilled Nursing Home service, 5,539 persons received care. Of these 4,975, or 89.97%, were age 65 or older. In addition to the elderly, 32 blind persons, 486 disabled persons, 45 children and 1 adult in the Aid to Families with Dependent Children program received Skilled Nursing Home care. A total of 1,211,222 days of care was provided for these 5,539 persons at a cost of \$11,140,314, which represents an average payment of \$9.27 a day. This payment does not include covered drugs, medical supplies or physicians' services as these are paid for under other covered services. Patient resources and other authorized payments increased the amount received by the homes.

A total of 89 homes in Mississippi and 5 out-of-state homes have participated. During this period, 2,680 patients were discharged. The average length of stay for these discharges was 290 days.

Extensive activity was begun during the year to upgrade the safety from fire of all participating skilled nursing homes along with improvements in standards for patient care. These activities were carried out under revised Federal requirements for long term care services.

## OUTPATIENT HOSPITAL SERVICE

A total of 65,100 outpatient hospital visits were provided to 41,091 recipients. These visits were made to 132 different hospitals at an average cost of \$9.97 per visit and represented an average of 2.1 visits per recipient.

## DENTAL SERVICE

Limited dental care was provided to 24,403 persons during Fiscal Year 1972. A total of 96,497 dental procedures (mainly extractions) were provided at an average cost of \$6.17 per procedure.

Of the 24,403 persons who received dental care during Fiscal Year 1972, approximately 50% or 12,207 were under 21 years of age.

A total of 338 dentists participated in the program during Fiscal Year 1972.

## EARLY AND PERIODIC SCREENING, DIAGNOSTIC AND TREATMENT SERVICE

The State Board of Health, in cooperation with local health departments, screens children eligible for Medicaid. Children requiring follow-up care and services are referred to an appropriate facility or practitioner for diagnosis and treatment.

During Fiscal Year 1972, 13,484 children were screened. Among those screened, 2,245 indicated they had never had a physical examination before. The most frequent abnormal condition found was multiple dental caries. A total of 4,490 children were reported with this defect. Enlarged or infected tonsils were found in 3,007 children. Other abnormal conditions found frequently included anemia, intestinal parasites, ear infections, impetigo and abnormal heart sounds. All children with suspected defects are referred and followed for corrections by local health department personnel.

Screening clinics were conducted in over seventy counties in Fiscal Year 1972, and a larger proportion of eligible children have been screened in Mississippi than in any other state.

## *C O U N T Y   D A   T A*

Table 18 is a presentation of the numbers of eligibles and recipients, and the Medicaid expenditures by county on the basis of the residence of the recipient for Fiscal Year 1972.

The expenditures varied from a low of \$66,919 for Issaquena County where only 612 persons were eligible to a high of \$3.4 million for Hinds where 24,139 persons were eligible.

With two exceptions, Simpson and Union, all counties showed an increase in the amount of expenditures on behalf of the persons residing within that county for Fiscal Year 1972 over Fiscal Year 1971.

A comparison of the number of persons eligible for medical assistance with the 1970 U. S. Census total population by county is shown on Table 18. While 12.9% of the State Population was eligible for Medicaid, county percentages varied from a high of 31.8% for Holmes County to a low of 4.2% for Rankin County.

T A B L E 8

NUMBER OF PERSONS ELIGIBLE FOR MEDICAID AS OF JUNE 30, 1972, NUMBER OF PERSONS RECEIVING ONE OR MORE MEDICAL SERVICES DURING FISCAL YEAR 1972, AND AMOUNT OF EXPENDITURES ON BEHALF OF THESE PERSONS BY COUNTY OF RESIDENCE FOR FISCAL YEAR 1972

<i>County</i>	<i>Eligibles</i>		<i>Recipients</i>	<i>Expenditures</i>
	<i>Number</i>	<i>% of Population</i>		
TOTAL .....	278,746	12.9	220,190	\$44,944,692
Adams .....	5,712	15.5	4,693	746,150
Alcorn .....	2,748	10.4	2,211	610,228
Amite .....	1,216	9.4	952	202,787
Attala .....	2,591	13.6	2,018	268,827
Benton .....	1,122	16.1	787	124,817
Bolivar .....	11,575	24.0	8,059	1,269,837
Calhoun .....	2,035	14.3	1,834	462,251
Carroll .....	1,763	19.7	1,451	236,991
Chickasaw .....	2,347	14.2	2,179	636,103
Choctaw .....	1,503	18.6	1,361	255,081
Claiborne .....	1,840	18.7	1,534	206,840
Clarke .....	2,406	16.4	2,059	356,136
Clay .....	2,719	14.7	2,159	279,207
Coahoma .....	8,329	21.2	6,233	925,021
Copiah .....	3,790	15.8	3,293	646,934
Covington .....	1,845	13.5	1,643	438,073
DeSoto .....	3,373	9.6	2,499	235,210

TABLE 18 (Continued)

<i>Eligibles</i>				
<i>County</i>	<i>Number</i>	<i>% of Population</i>	<i>Recipients</i>	<i>Expenditures I</i>
Forrest .....	3,162	5.6	2,450	955,717
Franklin .....	736	9.3	698	273,761
• xGeorge .....	1,104	8.8	1,044	337,748
Greene .....	1,160	13.9	1,124	280,685
.....	2,887	15.1	2,377	816,031
ancock .....	805	4.9	695	253,528
arrison .....	5,845	4.5	4,195	1,099,968
Itinds .....	24,139	11.5	17,139	3,370,763
Holmes .....	7,197	31.8	5,639	770,410
• -, Humphreys .....	3,657	26.2	2,975	600,835
Issaquena .....	612	23.0	452	66,919
Itawamba .....	1,331	8.0	1,238	494,377
Jackson .....	3,097	4.7	2,343	407,560
Jasper .....	2,381	15.6	2,276	434,825
Jefferson .....	2,475	28.5	2,045	383,704
Jefferson Davis .....	2,095	16.8	1,835	414,048
.....	4,867	8.8	4,006	1,126,920
Kemper .....	1,175	11.8	1,034	157,296
Lafayette .....	2,258	9.4	1,542	372,216
Lamar .....	1,627	10.7	1,465	335,150
Lauderdale .....	7,774	11.9	4,972	1,542,339
Lawrence.....	1,543	14.2	1,411	357,799



TABLE 18 (Continued)

<i>Eligibles</i>				
<i>County</i>	<i>Number</i>	<i>% of Population</i>	<i>Recipients</i>	<i>Expenditures</i>
L e a k e .....	2,825	16.7	2,194	458,331
Lee	3,415	7.5	2,610	608,078
Leflore	7,926	19.8	6,340	1,233,982
Lincoln .....	2,853	11.5	2,385	573,640
Lowndes .....	5,289	10.9	3,500	574,204
M a d i s o n	6,496	22.6	5,007	630,834
Marion.....	2,602	11.6	2,263	450,728
<b>M</b> Marshall.....	5,542	23.8	4,193	648,774
M o n r o e .....	3,520	10.7	2,833	538,404
Montgomery .....	2,912	22.8	2,336	585,293
Neshoba .....	2,397	11.7	1,985	460,765
Newton .....	2,048	11.2	1,921	409,603
Noxubee .....	2,766	20.5	2,240	344,934
Oktibbeha .....	3,345	11.8	2,517	376,513
Panola .....	3,845	15.5	3,056	403,267
Pearl River .....	2,439	8.9	2,146	734,557
● Perry .....	1,163	13.1	1,019	257,696
Pike .....	4,397	14.3	3,904	891,907
Pontotoc .....	1,929	11.1	1,677	379,574
Prentiss	2,080	10.8	1,842	676,583
Quitman	1,993	12.8	1,713	240,171
Rankin	1,806	4.2	1,516	524,202

TABLE 18 (Continued)

<i>County</i>	<i>Eligibles</i>		<i>Recipients</i>	<i>Expenditures*</i>
	<i>Number</i>	<i>% of Population</i>		
Scott .....	2,214	10.6	1,981	353,240
Sharkey .....	2,193	25.5	1,738	245,950
Simpson .....	1,999	10.4	1,785	414,986
Smith .....	1,390	10.5	1,344	348,023
Stone .....	679	8.5	631	225,334
S u n f o w e r .....	8,511	23.4	6,663	1,193,932
Tallahatchie .....	4,081	21.6	3,186	494,245
Tate .....	2,567	14.2	2,251	205,030
T i p p a h .....	2,233	14.3	1,936	497,279
.....	1,494	10.2	1,390	314,550
unica .....	2,763	23.9	2,092	221,943
Union .....	2,115	11.3	1,786	380,782
Walthall .....	2,169	17.4	1,685	483,052
Warren .....	5,155	11.8	3,837	644,030
W a s h i n g t o n .....	10,122	14.8	6,621	1,404,959
Wayne .....	2,534	15.8	2,259	492,415
W e b s t e r _ .....	1,248	12.7	1,210	299,812
Wilkinson .....	2,158	20.5	1,737	241,131
Winston .....	2,716	15.1	2,284	519,040
Yalobusha .....	1,819	15.8	1,410	349,079
Yazoo .....	6,137	22.5	5,244	860,710

\* Does not include premiums paid to Social Security Administration for Buy-In, Part B, Medicare or retroactive adjustment paid to hospitals.

APPENDIX

House Bill No. 666 of the 1972 Session of the Mississippi Legislature requires a listing of hospitals and nursing homes to whom payments in excess of \$25,000 were made, and all other providers to whom payments in excess of \$10,000 were made during Fiscal Year 1972. The following is a listing of those providers:

PROVIDERS OF MEDICAL CARE TO WHOM  
MORE THAN SPECIFIED AMOUNTS WERE PAID  
DURING FISCAL YEAR 1972

ADAMS		CALHOUN	
Jefferson Davis Memorial Hospital .....	\$180,170.60	Calhoun County Hospital .....	\$ 82,116.06
Trace Haven Nursing Home .....	147,389.01	Hillcrest Hospital .....	67,552.59
Dempsey T. Amacker, M.D. ....	41,798.19	Joseph S. Edmondson, M.D. ....	25,793.91
E. J. Flea"bas, M.D. ....	38,721.67	Peoples Drug Store .....	24,764.43
J. W. lies, M.D. ....	31,135.31	Ottis B. Crocker, M.D. ....	24,354.06
Wilson Drug Store .....	27,915.33	Charles H. Crocker, M.D. ....	22,933.89
Gilbert Rexall Drug Store .....	27,306.29	Guy Farmer, M.D. ....	22,537.16
Natchez Super Drugs #2 .....	22,295.30	Bruce Drug Store .....	20,761.55
Homer A. Whittington, M.D. ....	18,119.29	Chandler Drug Company .....	20,127.16
Medical Arts Pharmacy .....	16,763.53	Plunks Pharmacy .....	16,084.04
Morgantown Pharmacy .....	15,974.48	Crockers Pharmacy .....	15,001.50
D. H. Mutzger, M.D. ....	12,776.10		
W. W. Pearson, M.D. ....	10,597.12		
Pickle Rexall Drug Store .....	10,339.53		
ALCORN		CARROLL	
Care Inn Corinth .....	\$206,595.20	Montgomery Drugs .....	\$ 22,905.96
Magnolia Hospital .....	97,723.79	Millard S. Costilow, M.D. ....	13,718.73
Wilson Drug Company .....	30,916.69	Herbert R. Power, M.D. ....	11,960.83
Whitfield Pharmacy .....	24,517.90		
Richard B. Warriner, M.D. ....	11,825.89		
Smith Drug Company .....	11,276.18		
Robertson Drug Company .....	10,476.26		
AMITE		CHICKASAW	
Liberty Drug Store .....	\$ 15,515.44	Shearer Richardson Nursing Home .....	\$125,574.33
		Houston Hospital .....	116,444.69
		Floy Dyer, ECF .....	104,606.29
		Houston Drug Company .....	38,990.31
		Okolona Community Hospital .....	38,609.67
		John D. Dyer, M.D. ....	34,207.13
		Stewart-Harris, Inc. ....	33,021.82
		E. K. Gore, M.D. ....	24,231.16
		Estes Walgreen Drugs .....	22,312.05
		Joseph H. Shoemaker, M.D. ....	19,662.85
		John E. Harris, M.D. ....	16,226.47
		Ycungs Pharmacy .....	14,746.09
		Houses Pharmacy .....	13,604.88
		John E. Powell, M.D. ....	10,710.96
ATTALA		CHOCTAW	
Montfort Jones Memorial Hospital .....	\$ 55,313.51	Choctaw County Hospital .....	\$ 39,198.74
Pickles Drug Store .....	35,785.77	Edward Pennington, M.D. ....	33,247.25
Sullivans Discount Drugs .....	26,301.32	Humphrey Drug Store .....	23,244.70
Boyd's Drug Store, Inc. ....	18,022.51	Moore Drug Company .....	22,629.81
		William B. O'Kelly, M.D. ....	17,220.98
BOLIVAR		CLAIBORNE	
Bolivar County Hospital .....	\$214,735.42	Roy M. James, M.D. ....	\$ 29,589.16
Care Inn Cleveland .....	211,557.59	Claiborne County Hospital .....	28,347.84
James E. Warrington, M.D. ....	136,693.99	McFatters Drug Store .....	26,794.73
J. E. Warrington, M.D. ....	100,665.52	David M. Segrest, M.D. ....	23,785.84
Robert C. Tibbs, II, M.D. ....	81,219.30	Meyer Marx Drug Company .....	10,154.65
Mound Bayou Community Hospital .....	67,159.14		
Buckleys Pharmacy .....	62,745.95		
Cleveland Convalescent and Nursing Home .....	58,151.54		
Shelby Community Hospital .....	57,040.37		
R. T. Hollingsworth, Jr., M.D. ....	49,923.78		
Delta Drug Store .....	46,892.28		
John T. Milam, M.D. ....	34,690.65		
Medical Arts Pharmacy .....	29,361.66		
Simmons Drug Company, Inc. ....	29,161.69		
Eugene E. Tibbs, M.D. ....	26,623.34		
J. G. Peeler, Jr., M.D. ....	26,071.34		
R. T. Hollingsworth, M.D. ....	21,748.65		
Joseph G. Peeler, Sr., M.D. ....	16,890.60		
J. Abide, M.D. ....	13,588.80		
Owen Drugs, Inc. ....	13,304.64		
Arthur W. Lindsey, Jr., M.D. ....	12,838.30		
G. W. Green, M.D. ....	12,576.86		
George W. Green, M.D., .....	11,608.52		
Samuel D. Austin, M.D. ....	11,269.08		
James E. McAfee, M.D. ....	10,020.25		
		CLARKE	
		H. C. Watkins Memorial Hospital, Inc. ....	\$ 52,346.43
		Grumbley Drug Store .....	46,524.94
		Hammack Drug Company .....	30,424.11
		Walter D. Gunn, M.D. ....	22,064.20
		Quitman Drugs .....	19,334.91
		James C. Graham, M.D. ....	18,915.65
		CLAY	
		Ivy Memorial Hospital .....	\$ 57,035.33
		Robert T. Lott, M.D. ....	36,344.70
		Rose Drug Company, Inc. ....	23,683.83
		Plaza Drug Company .....	13,915.72

**COAHOMA**

Coahoma County Hospital	215,441.53
Greenbough Nursing Center	150,294.04
Julius L. Levy, M.D.	61,509.44
Henderson Rexall Drugs	39,181.33
Haggard Drug Store, Inc.	211,372.89
Williams Rexall Drugs	26,283.02
B. Rubisoff, M.D.	16,232.14
George C. Furr, M.D.	15,083.80
Van R. Burnham, Jr., M.D.	14,365.12
Rieger Pharmacies, Inc.	12,838.27
Jack Sartin, M.D.	11,436.00
Economy Drugs	10,672.03

**COPIAH**

Pinecrest Guest florae	\$110,050.35
Hardy Wilson Memorial Hospital	80,934.16
Alhreds Pharmacy	52,053.40
Higgs Drug Store, Inc.	36,819.61
City Drug Store	28,961.69
Mid City Drug	27,529.07
City Drug Store	25,215.32
Robert M. Akin, M.D.	24,325.89
William M. Dabney, M.D.	22,905.99
Hazle Drug Store	21,765.03
Jerry B. Gujledge, M.D.	20,975.37
Luther D. Turner, M.D.	17,643.88
Lamar Puryear, Jr., M.D.	17,410.10
Economy Drug Co	16,881.16
James R. Singily, M.D.	15,365.36
Biggs Walgreen Agency	11,859.70
J. H. Long, M.D.	11,425.89
Loren D. Breland, M.D.	11,051.33
Thomas F. McDonnell, M.D.	10,846.41

**COVINGTON**

Woodland Hills Nursing Home	\$145,
Covington County Hospital	73,454.59
C & C Drugs, Inc	32,510.99
Powell Drug Store	32,228.25
Cranfords Drug Store	26,660.91
Clayton Drug Store, Inc	20,585.37
Joseph E. Johnston, M.D.	19,277.74
Charles P. Crenshaw, Jr., M.D.	16,215.65
Weston E. Flose, M.D.	14,498.26

**DESOTO**

Hernando Pharmacy	\$ 31• 252.50
Leigh Pharmacy	24,205.05
Henry M. Wadsworth, Jr., M.D.	22,179.69
Malcolm D. Baxter, M.D.	21,002.24
Henry M. Wadsworth, Sr., M.D.	16,985.11
Hamilton Pharmacy	10,423.09

**FORREST**

Happy Acres Convalescent Home, Inc	\$261,476.04
Hattiesburg Convalescent Center	196,133.62
Forrest General Hospital	181,902.36
Methodist Hospital	167,946.57
Mullican Pharmacy	45,402.33
Green Forest Convalescent Home	41,164.76
Hattiesburg Convalescent Center	19,817.55
Gambles Drugs, Inc	19,660.41
Hub City Pharmacy, Inc	15,902.42
love Drug Company, Inc	13,731.08
Standard Drug Store	12,030.06
Hattiesburg Clinic Laboratory Pa	il,488.59

**FRANKLIN**

Myricks Meadville Nursing Home	\$171,813.59
Franklin County Memorial Hospital	44,981.22
Peoples Drug Store	37,689.61
W. B. Larkin, Jr., M.D.	21,843.40
Dillon & Smith Pharmacy	21,037.77
Meadville Rexall Drugs	17,502.18

**GEORGE**

Glen Oakes Nursing Home	\$172,604.77
George County Hospital	76,533.11

The Main Drug Company	40,677.08
Als Pharmacy	35,059.61
Itt.,lital Rexall Pharmacy	21,213.03
l'aym.md E. Tipton, M.D.	11,917.49
T. R. Shaw, M.D.	11,781.26

**GREENE**

Dietz Drug Store	\$ 53,337.62
Greene County Hospital	52,610.85
(enge W. Howell, M.D.	2,4094.10
ttodges Pharmacy	14,413.85

**GRENADA**

Care Inn Grenada	\$281,069.41
North Mississippi Retirement Home	279,097.81
Grenada County Hospital	147,884.92
Thompson Rexall Drugs	57,008.49
Brister Pharmacy	22,838.49
Dyre Kent Drug Company	19,895.50
D. L. Harrison, Jr., M.D.	18,105.59
Robert B. Townes, Jr., M.D.	14,765.96
Guy R. Braswell, M.D.	14,629.57
Gaines L. Cooke, M.D.	12,271.47
William B. Hunt, M.D.	12,052.13
McClure Drug Company	11,457.42
The Prescription Shop	10,423.66

**HANCOCK**

Gulf View Haven, Inc	\$148,477.09
Hancock General Hospital	30,330.01
Gulf Thrifty Drugs, Inc	15,154.12

**HARRISON**

Miramar Corporation	\$157,045.36
Memorial Hospital	143,618.61
Howard Memorial Hospital	128,400.43
Dixie Whitehouse Nursing Home	125,051.04
Driftwood Nursing Center	48,261.25
French Drug Company, Inc	35,201.41
Southwest Drug Company, Inc	17,453.73
Broad Avenue Pharmacy	13,472.07
Fred H. Walker, M.D.	13,444.93
Kimbrough & Quint Drug Company	12,111.77
Griffons Pharmacy	11,559.42

**HINDS**

University Hospital	\$1,596,042.81
Mississippi Baptist Hospital	272,175.40
Care Inn Clinton	269,070.47
ttinds General Hospital	201,063.74
Mississippi Nursing Home, Inc	157,113.55
Inglewood Nursing Home	156,160.00
St. Dominic Hospital	149,405.69
Lakeland Nursing Center	186,549.67
Carter Guest Home, Inc	130,857.91
State Board of Health	125,655.65
Department of Public Health	108,160.00
Whispering Pines Nursing Home	101,483.83
Beeh Haven Rest Home	91,272.53
Compere Nursing Home	74,707.40
University Hospital Pharmacy	47,462.80
Mississippi Crippled Childrens Center	41,579.97
Raymond Drug Store	32,056.75
Main Drug Store, Inc	31,485.44
Robert Smith, M.D.	39,870.43
Cooper Road Drugs	29,731.75
Southwest Drugs No. 20	26,952.71
Floyd E. Lagerson, M.D.	25,683.66
Thomas A. Baines, M.D.	25,598.82
Thomas S. McCay, M.D.	24,653.26
Gibson Pharmacy #1	24,000.11
R. D. Ward, Jr., M.D.	23,619.40
J. C. McGehee, M.D.	23,128.84
Albert B. Britton, Jr., M.D.	21,360.83
Thrifty Drug Store #1	21,104.70
C. Edmondson Jones, D.D.S	21,088.70
Millers Pharmacy No. 434	18,770.45
Clinton Drug Company	18,193.06
Gill Drugs, Inc	17,915.70
John D. Bower, M.D.	17,834.00

Mooreco Drug .....	17,277.03
Division of Family Planning .....	17,127.00
Walgreens .....	17,104.99
Davidson Pharmacy .....	16,891.17
Joseph C. McGehee, Jr., MD .....	16,754.66
Southwest Drug Company, Inc .....	16,375.57
Millers Pharmacy No. 439 .....	16,090.10
Dongs Pharmacy .....	15,102.40
Drug Center .....	13,911.96
William E. Miller, MD .....	13,316.40
Tylertown Extended Care Center .....	12,430.63
So'athwest Drug Company, Inc .....	11,897.00
Care Inn Clinton .....	11,736.38
Paul S. Derian, MD .....	11,587.70
Double M Drugs #2 .....	11,326.08
John P. Buckley, MD .....	11,129.35
Starkey Lee Hudson, MD .....	11,056.75
Willie Grady O'Reiny, D.D.S .....	10,829.00
Lakeland Nursing Center, Inc .....	10,044.87

**HOLMES**

Holmes County Community Hospital .....	127,221.71
Peoples Rexall Drug Store .....	114,908.24
Henrich Drug Store .....	81,072.00
John G. Downer, MD .....	75,215.32
Charles W. Campbell, MD .....	35,957.73
Paul B. Brumby, MD .....	33,263.10
S. D. Simpson Drug Store .....	32,606.07
Hugh L. Gowan, MD .....	30,666.00
Howell and Heggie Drug Company .....	23,184.98
Roy L. Smith, MD .....	12,109.81
Ferguson Drugs .....	10,524.23
Arthur A. Derrick, Jr., MD .....	10,441.61

**HUMPHREYS**

Belzoni Hospital .....	\$206,323.69
Belzoni Pharmacy .....	83,415.28
Humphreys County Memorial Hospital .....	57,834.04
A. E. Wood, Jr., MD .....	55,069.47
Stubbs Drug Store .....	52,656.13
Samuel C. Sugg, MD .....	35,721.00
Thomas J. Barkley, MD .....	33,319.91
Turners Drug Store, Inc .....	31,360.71
Toxey E. Hall, MD .....	21,472.21
Gortons Pharmacy .....	18,850.40
Sharp Laboratory .....	18,008.90
Robert A. Hoagland, MD .....	11,925.90

**ITAWAMBA**

Wm. Jackson Daniel Nursing Home .....	\$162,392.04
Itawamba County Hospital .....	64,437.77
Senter Drug Company .....	48,127.82
Fulton Drug Company .....	40,060.96
Billy T. Collum, MD .....	28,710.92
S & W Pharmacy, Inc .....	26,384.60
A. P. Sprabery, MD .....	20,374.19
S. Jay McDuffie, MD .....	11,879.38

**JACKSON**

Singing River Hospital .....	\$167,617.70
Reuben P. Morris, MD .....	14,761.70
Burnham Drug Company, Inc .....	11,840.27
Southwest Drug Company .....	11,634.79

**JASPER**

Jasper General Hospital .....	\$140,884.11
Standard Drug Store .....	38,507.36
Barnett Pharmacy .....	36,891.13
William Rupert Eure, MD .....	29,937.44
Teds Disiount Drugs .....	29,128.12
William C. Simmons, MD .....	24,826.12
Adron K. Lay, MD .....	23,841.00
Bay Springs Drugs, Inc .....	10,406.86
James D. Hadley, MD .....	17,107.59
City Drug Store .....	14,187.51
Jerald S. Hughes, MD .....	14,071.99

**JEFFERSON**

Jefferson County Hospital .....	\$139,597.07
Bankston Marron, Inc .....	27,494.89

Shanti Pandey, MD .....	25,938.72
Ball Drug Store .....	23,946.65
Robert B. Harper, MD .....	12,998.91
Elmo Gabbert, MD .....	10,488.49

**JEFFERSON DAVIS**

Jefferson Davis County ECF .....	\$ 90,025.08
Jefferson Davis County Hospital .....	73,229.79
Hudson Drugs .....	37,071.51
Frank L. Leggett, M.D .....	25,723.27
Palace Drug Company .....	25,408.65
Myron L. Arrington, MD .....	19,755.99
Stamps Drug Store .....	14,091.14
City Drug Store .....	12,831.23
David B. Dale, M.D .....	11,948.79

**JONES**

Ellisville State School .....	\$281,924.85
Nursicare Convalescent Center .....	185,954.06
Jones County Community Hospital .....	151,150.94
South Mississippi State Hospital .....	54,176.47
Read Drugs .....	25,999.97
Carter Drug Company .....	22,764.51
Medical Arts Pharmacy .....	19,320.86
Johnston Drug Store .....	18,511.25
Therrell Drug Store, Inc .....	17,798.90
Dons Drugs .....	16,796.31
Lawrence Drug Company .....	12,351.45
Ernest E. Ellis, M.D .....	11,256.60
Cato Mayfelds Drugs .....	10,546.93

**KEMPER**

Vandevender Drug Store .....	\$ 41,938.93
Adams Drug Store .....	12,459.98
Prentiss F. Keyes, MD .....	10,220.81

**LAFAYETTE**

Gracelands Convalescent Center .....	\$202,047.31
Oxford Lafayette County Hospital .....	96,626.54
Oxford Lafayette County ECF .....	31,650.97
Oxford Medical Center Pharmacy .....	20,281.31
James W. Rayner, M.D .....	12,521.65
Gathright Reed Drug Company .....	12,006.93
Joseph B. Rogers, MD .....	10,699.91

**LAMAR**

Sumrall Drug Store .....	\$ 43,118.24
Lumbertons Citizens Hospital .....	32,471.20
Citizens Drug 2 .....	28,907.00
Johns Discount Drugs, Inc .....	17,423.98
Lumberton Drug Store .....	14,526.59
Lloyd Z. Broadus, M.D .....	13,786.66
Angus M. McBryde, MD .....	12,809.64
Hudson Rexall Drugs .....	12,755.40
Warren B. Dale, Sr., M.D .....	12,044.47
L. G. Broome, M.D .....	10,936.71

**LAUDERDALE**

East Mississippi State Nursing Home .....	\$330,459.01
St. Joseph Hospital .....	273,535.13
Meridian Nursing Center .....	241,036.43
Myrick Meridian Nursing Home .....	182,379.49
Queen City Nursing Center .....	68,978.46
Wendell H. Cook, M.D .....	53,133.82
Rayner Drug & Gifts, Inc .....	48,586.37
Tutor Drug, Inc .....	48,043.56
Rush Foundation Hospital .....	30,000.98
Tutor Pharmacy .....	28,825.19
Gibson Pharmacy .....	22,819.87
Fielder & Brooks Pharmacy .....	20,446.93
Octavius D. Polk, MD .....	19,725.51
Tutor & Sims Drugs .....	16,830.35
Haekett Bennett, MD .....	16,006.38
Howard Bros. Pharmacy #2 .....	14,052.53
W. R. Holladay, M.D .....	11,057.53
Rush Foundation Hospital Pharmacy .....	10,633.68
Meridian Nursing Center .....	10,403.04

LAWRENCE

Lawrence County Hospital .....	\$ 69,596.83
Hudson Pharmacy .....	69,312.84
Brantley B. Pace, M.D. ....	38,768.92
Givens Drug Company .....	19,503.30
James B. Martin, M.D. ....	14,819.63
Lees Drug Store .....	12,037.05

LEAKE

Leake County Extended Care Unit .....	\$ 82,037.61
Thaggards Hospital .....	39,893.38
Leake Drug Company .....	39,032.92
Hospital Discount Drugs .....	37,810.57
Lamar Thaggard, M.D. ....	31,770.07
City Drug Store .....	22,103.49
Hilton M. Fairchild, M.D. ....	21,917.29
Lamar Thaggard, M.D. ....	20,137.95
Frank W. Bowen, M.D. ....	10,325.23

LEE

North Mississippi Medical Center .....	\$312,656.45
Belle Vista Extended Care Unit .....	71,653.70
Roy's Prescription Shop .....	41,325.16
Thomas-Kincannon-Elkin Co. ....	20,032.21
James H. Neely, M.D. ....	19,943.67
McDuffie Drug Company .....	17,811.96
East Heights Pharmacy .....	15,478.18
Edmondsons Drug Store .....	12,553.95
Community Discount Drugs .....	11,537.60

LEFLORE

Greenwood Leflore Hospital .....	\$369,553.67
Care Inn Greenwood .....	218,745.66
Chaney's Pharmacy .....	162,390.21
Pemberton Manor Nursing Home .....	123,293.43
Milton T. Person, Jr., M.D. ....	47,609.59
Gene E. Crick, M.D. ....	46,311.12
Durhams Drug Store .....	40,587.82
Fred M. Sandifer, Jr., M.D. ....	34,498.33
Gene E. Crick, M.D. ....	34,391.08
Edwin M. Meek, M.D. ....	31,085.43
Thompson-Turner Pharmacy .....	23,222.30
George J. Nassar, M.D. ....	25,380.00
Raymond W. Browning, M.D. ....	20,114.86
Crosstown Pharmacy .....	18,817.21
Jesse R. Hightower, M.D. ....	18,021.00
Hodges Drugs, Inc. ....	15,693.19
Eugene F. Webb, M.D. ....	15,357.53
John Hey, M.D. ....	13,749.18
Clyde Smith, M.D. ....	12,196.25
John D. Wofford, M.D. ....	11,359.37

LINCOLN

Ijrook Manor Nursing Center .....	\$129,121.76
Silver Cross Nursing Home .....	111,287.61
Kings Daughters Hospital .....	106,029.11
Walley-Field Drug Store .....	17,654.08
Bakers Pharmacy .....	16,963.14
Joseph P. Crawford, M.D. ....	16,938.43
Bane Drug Center .....	14,180.11
Brook Manor Nursing Center .....	13,588.64
Cases Pharmacy .....	13,031.27
Say On Drugs, Inc. ....	11,388.91
Jim C. Barnett, Jr., M.D. ....	10,492.94
Silver Cross Home .....	10,348.20

LOWNDES

Magnolia Manor Nursing Home .....	\$143,239.73
Lowndes General Hospital .....	115,896.28
Jo Newell Robinson, M.D. ....	14,411.00
Leonards Pharmacy .....	14,338.94
Richard L. George, M.D. ....	13,275.72
Laws Drug Store .....	12,474.01
Fairlane Drug Company .....	10,751.24

MADISON

Madison General Hospital .....	\$ 98,223.78
Madison County Nursing Home .....	75,906.64
Joe W. Terry, M.D. ....	32,892.63
Mississippi Discount Drugs, Inc. ....	24,688.98

Guys Drug Store .....	23,770.31
Hudsons Pharmacy .....	21,623.36
Robert A. Carsley, M.D. ....	17,149.92
George A. Carmichael, M.D. ....	14,676.95
George D. Allard, M.D. ....	13,373.99
Mitchell B. Wells, D.D.S. ....	12,187.00
Noble Drug Company .....	11,658.62
John R. Durfey, M.D. ....	11,044.67
Mosbys Drug Store .....	10,193.36
Charles H. Heywood, M.D. ....	10,290.18

MARION

Marion County General Hospital .....	\$ 86,406.12
Cook & Fortenberry .....	41,778.54
Shepards Pharmacy .....	26,086.79
Walker Brothers Druggist .....	24,227.06
The Harris Drug Company .....	17,139.86
Taylor's Pharmatist .....	15,437.83
Sav On Drugs of Columbia .....	13,688.56
Charles P. Bass, M.D. ....	13,061.19
Frank Fortenberry, M.D. ....	11,049.87

MARSHALL

Care Inn Holly Springs .....	\$238,044.96
Marshall County Hospital .....	105,513.72
Tyson Drug Company .....	68,358.10
Peels Drug Store .....	41,883.77
Marion V. Green, M.D. ....	31,951.52
Medical Center Pharmacy .....	24,600.51
Anthony D. Jones, M.D. ....	24,019.50
Herbert S. Phillips, M.D. ....	18,795.20
Sam P. McClatchy, M.D. ....	18,669.80
Presley A. Autry, D.D.S. ....	11,378.30
Rather Drug Store .....	10,404.62

MONROE

Monroe County Medic Center .....	\$113,196.87
Aberdeen Monroe County Hospital .....	110,047.82
Antonio Jamchuk, M.D. ....	32,438.23
Gilmore Memorial Hospital .....	32,072.51
Peoples Drug Company .....	31,873.98
Senters Drug Store .....	27,050.74
Foster Pharmacy .....	25,040.90
Hudson Drugs, Inc. ....	20,975.99
William T. Oakes, M.D. ....	20,111.15
Nancy A. Jamchuk, M.D. ....	19,625.92
Hospital Pharmacy .....	13,735.29

MONTGOMERY

Riddell Nursing Home .....	\$141,334.61
Tyler Holmes Memorial Hospital .....	119,828.68
L. C. Henson, M.D. ....	47,598.81
Kilmichael Drug Store .....	47,075.31
Moormans Drug Store .....	39,091.95
McDougal's Drug Store .....	38,727.64
Kilmichael Hospital .....	33,213.50
William A. Middleton, M.D. ....	32,102.82
Mai S. Riddell, Jr., M.D. ....	16,688.08
Plaza Drug Store .....	12,995.51

NESHOBA

Mothers and Fathers Memorial Nursing Home .....	\$113,017.47
Neshoba County General Hospital .....	80,403.73
Thompson Drug Store .....	28,912.39
Hamil Drug Store .....	25,040.81
Stribling Drug Store .....	20,969.57
James H. Leigh, M.D. ....	17,723.05
Robert L. Moore, Jr., M.D. ....	14,104.09
C. N. Cannon, M.D. ....	12,854.53
F. M. Blackwell, M.D. ....	12,763.22
Mothers & Fathers Home .....	10,518.15

NEWTON

Newton Hospital .....	\$ 44,903.96
Wheeler Drug Store .....	30,626.17
Dr. Duff D. Austin, P.A. ....	29,493.10
McBeath Drug Store .....	22,448.89
Alexanders Pharmacy, Inc. ....	20,953.04
Austin P. Boggan, M.D. ....	20,922.27
Upton Drugs .....	18,089.88

Moores Pharmacy .....	17,795.61
John G. Alexander, M.D .....	13,551.00
McMullan Drug Store .....	12,945.23

**NOXUBEE**

Noxubee General Hospital .....	\$112,575.89
James C. Ratcliff, M.D .....	33,775.2
Patrick H. Gill, M.D .....	28,270.37
Larry Morris, M.D .....	27,115.66
B & O Pharmacy .....	22,352.02
City Drug Store .....	21,271.92
Lawrence B. Morris, M.D .....	20,177.80
Owings Drug Company .....	18,08.39
Bethanys Drug Store .....	18,035.24
City Drug Store .....	10,229.07

**OKTIBBEHA**

George Leroy Howell, M.D .....	\$ 74,050.00
Felix Long Memorial Hospital .....	60,557.53
Wier Drug Company .....	46,058.16
Wise Drug Store .....	29,522.07
Allen Drug Store .....	16,764.03
Douglas L. Conner, M.D .....	13,835.92
Travis E. Lunceford, M.D .....	12,563.25

**PANOLA**

North Panola County Hospital .....	\$ 48,804.20
Michael E. Shaheen, M.D .....	38,707.88
Mark F. Hartley, M.D .....	22,050.87
City Drug Store .....	18,347.24
Sullivans Drug Store .....	16,428.66
Halton Drug Company .....	14,421.22
City Drug Store .....	12,873.06
Henry D. Stone, M.D .....	12,008.80
Houston Drug Store .....	11,785.41
Williams & Paslay Drug .....	11,554.46
William H. Lunceford, M.D .....	11,229.50
Saverex Drugs .....	10,996.19

**PEARL RIVER**

Picayune Convalescent Home .....	\$222,739.24
L. O. Crosby Memorial Hospital .....	84,157.82
Pearl River County Nursing Home .....	45,025.08
Medical Center Pharmacy .....	39,449.28
Picayune Drug Company .....	35,450.82
Dennis E. Magee, M.D .....	33,662.70
Pearl River Drug Company .....	27,823.31
Pearl River County Hospital .....	26,928.07
Gibson Pharmacy, Inc .....	18,058.40
Walker Pharmacy .....	15,477.54
Hickmans Drugs, Inc .....	13,394.44
Joe H. Powell, M.D .....	12,981.01
Willie F. Stringer, M.D .....	11,981.48

**PERRY**

Perry County General Hospital .....	\$ 83,034.09
Carleys Drug Store .....	30,044.51
William E. Moak, M.D .....	25,598.35
Baucum Drug Store .....	25,396.46
Edwin H. Cole, M.D .....	23,286.46
Pratts Pharmacy .....	18,015.53

**PIKE**

McComb Extended Care Nursing Home .....	\$189,396.54
Southwest Mississippi General Hospital .....	174,745.46
S. W. Extended Care Center .....	127,337.02
Magnolia Hospital Benevolent Association .....	42,941.71
Gillis Drug Store, Inc .....	35,121.90
Corner Drug Store .....	31,403.78
Sav-On-Drugs # 1 .....	26,753.41
Herrington Rexall Drugs .....	23,112.33
Wendall B. Holmes, M.D .....	24,473.64
Finch & Lewman, Inc .....	17,768.54
John W. Boyd, M.D .....	16,274.76
State Pharmacy .....	16,214.28
William T. Mayer, M.D .....	14,509.25
H. L. Lewis, III, M.D .....	14,380.58
Thomas L. Moore, Jr., M.D .....	14,091.90
Sav-On-Drugs # 2 .....	13,410.81

James W. Pressler, M.D .....	13,258.95
Ralph L. Brock, M.D .....	12,901.92
McComb City Drug Store .....	11,220.41

**PONTOTOC**

Pontotoc Community Hospital .....	\$ 85,596.77
Day Drug Company .....	39,613.64
Ramsey-Young Pharmacy .....	35,376.75
Furr Drug Company .....	29,466.72
Whitworth & Ashmore Drug .....	23,807.54
William Pl. Howard, M.D .....	16,979.16
John M. Patterson, M.D .....	15,343.78
Polk West Town Pharmacy .....	12,572.42
James W. Speck, M.D .....	11,091.81

**PRETISS**

Aletha Lodge Nursing Home .....	\$183,166.60
Northeast Mississippi Hospital .....	149,090.57
Oakview Rest Home .....	95,579.55
Cox Blythe Drug Company .....	45,923.33
Houston Drug Store .....	44,017.42
Toms Drug Store .....	31,235.10
Tigrott Drug Center .....	21,276.80
Duckworth Drug Company .....	17,611.39
Webster Cleveland, Jr., M.D .....	13,935.83
Paul C. Ellzey, M.D .....	13,442.94
Denvil F. Crowe, M.D .....	12,081.73
Joseph L. Hurst, M.D .....	11,422.92

**QUITMAN**

Stones Drug Store .....	\$ 29,359.09
City Drug Store .....	27,635.86
Marshal B. Lynch, M.D .....	24,652.87
Dons Pharmacy, Inc .....	23,232.79
Clarence S. Phelps, M.D .....	18,406.06
Lewis H. Cook, M.D .....	16,997.90

**RANKIN**

Briar Hill Rest Home .....	\$126,165.84
Crossgate Manor .....	99,114.43
Rankin General Hospital .....	62,732.46
Richard E. Schuster, M.D .....	30,941.54
Brandon Discount Drugs, Inc .....	22,702.59
Johns Pharmacy .....	20,497.20
Rankin Discount Drugs .....	19,433.31
Rhodes & Robby Drugs, Inc .....	13,192.47
Perrys Drug Store .....	10,730.31
Briar Hill Rest Home, Inc .....	10,184.18

**SCOTT**

Russells Drug Company .....	\$ 38,928.57
S. E. Lackey Memorial Hospital .....	25,129.92
Howard D. Clark, M.D .....	21,899.72
Carleton Drug Store .....	12,738.42
Webba City Drug .....	11,489.73

**SHARKEY**

Sharkey Issaquena .....	\$ 63,110.32
Robert H. F. Lynch, M.D .....	34,183.97
Atchleys Village Pharmacy .....	30,832.55
Henry B. Goodman, M.D .....	22,185.21
Anguilla Drug Company .....	16,174.79

**SIMPSON**

Mississippi State Sanatorium .....	\$ 99,709.13
Simpson General Hospital .....	57,291.14
McGuffee Drug, Inc .....	37,975.42
Choctaw Discount Drugs .....	36,708.16
Gene Polks Pharmacy .....	34,496.05
W. G. Munn, M.D .....	19,407.57
Frank C. Wade, M.D .....	14,086.62
Mendenhall Drug Company .....	12,575.92
Magee Discount Drug Store .....	11,873.88

**SMITH**

Smith County General Hospital .....	\$ 63,771.36
Little Pharmacy .....	20,455.81
Farmers Drug Company .....	15,472.43

The House of Medicine .....	12,287.66
W. N. Gilbert, Sr., M.D .....	11,467.49
Robert E. Jennings, M.D .....	10,621.71

STONE

Azalea Gardens Nursing Home .....	\$152,312.75
Whites Pharmacy .....	24,351.86
Wilson's Pharmacy .....	17,612.98

SUNFLOWER

E C F Care Inn Indianola .....	\$166,624.49
North Sunflower County Hospital .....	154,798.24
South Sunflower County Hospital .....	118,389.47
Travis Q. Richardson, M.D .....	82,739.72
Whites Drug Store .....	46,187.10
CaldweB Drug Company, Inc .....	36,540.97
Caldwell Drug Company, Inc .....	34,689.72
Guy H. Robinson, M.D .....	30,868.14
Edwards Rexall Drugs .....	29,272.60
Joseph A. Hull, M.D .....	26,941.24
Parkers Pharmacy .....	25,801.16
W. H. Rose, M.D .....	23,005.43
Albert M. Phillips, M.D .....	22,065.76
John G. Egger, M.D .....	21,118.73
Drew Clinic Pharmacy .....	16,910.12
Spencers Drugs .....	18,839.73
Rawls Drug Store .....	16,860.61
Lee Pharmacy, Inc .....	14,893.33
Robert N. Hurt, M.D .....	13,935.44
Donald Drug Company .....	12,612.96
Collins Drug Store .....	12,477.25
Charles M. Dorough, Jr., M.D .....	11,822.91

TALLAHATCHIE

Tallahatchie General Hospital .....	\$ 77,020.59
Charleston Drug Company .....	35,701.33
Theodore T. Lewis, M.D .....	28,760.61
Paul R. Googe, M.D .....	28,750.73
Woods Drug Store, Inc .....	28,711.58
Tallahatchie General Hospital E C F .....	28,098.44
Ragland Drug Company .....	10,490.94
C. W. Taintor, M.D .....	14,126.81
Gerald A. Smith, M.D .....	12,178.33
Alexander W. Hulett, M.D .....	10,170.37

TATE

Flowers Drug Store .....	\$ 26,891.19
Ethelyn Smith, M.D .....	20,607.56
Varner Drug Company, Inc .....	18,669.43
City Drug Company, Inc .....	13,199.75
Mays Pharmacy .....	12,019.23

TIPPAH

Tippah County Hospital .....	\$158,787.72
Tippah County Nursing Home .....	124,648.40
City Drug Company, Inc .....	98,306.73
Lockes Drug Store .....	43,104.48
Ralph D. Ford, M.D .....	20,439.81
T. L. Ketchum, M.D .....	15,877.71
Walnut Drug Store .....	13,411.66
Orville P. Stone, M.D .....	13,336.53
Charles M. Elliott, M.D .....	12,394.25
Gerald Martin Walden, M.D .....	11,655.45

TISMOMINGO

Tishomingo County Hospital .....	\$ 94,500.05
Rushing Drug Company .....	31,967.21
Curtis Brothers Drug Store .....	24,550.96
Yarber Drug Store .....	23,585.16
Harry Cosby, Jr., M.D .....	18,954.72
Dawson Drugs, Inc .....	14,037.07
Louie L. Coker, M.D .....	11,127.10

TUNICA

Tunlea County Hospital .....	\$ 56,659.10
Robert P. Sayle, M.D .....	38,076.15
Est. of Robert P. Sayle, M.D .....	33,403.08
William W. Nobles, M.D .....	30,028.23
Tunica Pharmacy, Inc .....	29,646.65
City Drug Store .....	16,046.50

UNION

Union County General Hospital .....	\$118,679.92
Eastgate Pharmacy .....	35,319.47
Gray Drug Company .....	27,373.83
David B. Ellis, M.D .....	23,679.61
Catt Drugs .....	21,453.47
James L. Thornton, M.D .....	18,841.46
Chapman Drugs .....	10,114.02

WALTHALL

Tylertown Extended Care Center .....	\$136,886.97
Bildora Rest Home .....	118,258.08
Walthall County General Hospital .....	61,541.40
Breland Drug Store .....	32,333.24
Tylertown Drug Store .....	29,236.54
Pigotts Drug Store .....	20,391.77
Holmes Discount Drugs .....	13,377.76
Waiter W. Crawford, M.D .....	12,526.51
Tylertown Extended Care Center .....	12,403.63

WARREN

Vicksburg Convalescent Home .....	\$178,813.50
Mercy Hospital Street Memorial .....	89,799.90
Kuhn Memorial Hospital .....	66,913.97
Vicksburg Hospital, Inc .....	58,133.79
Corner Drug Store .....	31,933.94
Peoples Drug Store, Inc .....	19,774.69
Durst Discount Drugs .....	15,725.45
Vicksburg Hospital Pharmacy .....	12,979.40
Larrys Pharmacy .....	10,874.20

WASHINGTON

Greenville Convalescent Home .....	\$310,991.53
The General Hospital .....	228,999.81
Arnold Avenue Nursing Home .....	101,131.25
Autumn Leaves Nursing Home .....	94,974.02
South Washington County Hospital .....	93,945.97
J. Edward Hill, M.D .....	60,061.33
Chancy Drug .....	57,144.52
City Drug Store .....	39,369.24
P. D. Condon Drug Store .....	38,928.47
John M. Estess, M.D .....	38,046.69
Clarence Hull, III, M.D .....	34,125.77
Condon East Union Pharmacy .....	26,206.67
James B. Yeldell, Jr., M.D .....	22,129.56
Peoples Drug Store .....	21,222.04
Matthew J. Page, M.D .....	20,249.34
Booth Drug Store .....	17,339.01
Turners Pharmacy .....	17,097.60
Azin Drug Store .....	13,232.13
Robert T. Love, M.D .....	12,441.69
Clarence B. Clark, D.D.S .....	11,330.00

WAYNE

Restful Acres Nursing Home .....	\$116,824.68
Wayne General Hospital .....	75,830.31
W. W. Walley, M.D .....	32,445.03
Stanley Pharmacy .....	27,733.67
James P. Wood, M.D .....	23,470.16
Clanton Drug Company .....	22,208.26
Dixie Drug .....	13,864.95
Travls Pharmacy .....	11,434.53
Wayne Drug Store .....	11,372.99

WEBSTER

Webster General Hospital .....	\$ 80,006.89
Embry Drug .....	37,548.91
Booth Drugs .....	35,562.96
C. A. Ozborn, M.D .....	35,547.91
William B. Gilford, M.D .....	13,890.93
William A. Brown, Jr., M.D .....	12,716.18
William A. Brown, Jr., M.D .....	10,311.42

WILKINSON

Field Memorial Community Hospital .....	\$ 65,428.09
Louis J. Owens, M.D .....	32,475.50
Martens Drug Store .....	29,
City Drug Store .....	16,955.34
C. E. Catchings, Jr., M.D .....	15,826.88
The Field Clinic Pharmacy .....	12,359.82



WINSTON

Winston County Nursing Home .....	\$104,675.43
Gibsons Pharmacy .....	68,801.82
Winston County Community Hospital .....	65,584.98
David T. Wilson, M.D .....	29,611.57
Anse B. Itoward, III, M.D .....	28,111.89
Tabor Drugs .....	25,156.01
Ti-lman Discount Drugs .....	14,226.61
Hickman Drugs .....	13,043.27
James E. Calloway, M.D .....	10,957.79
Boswell Flexan Drugs .....	10,906.83
Winston County Nursing Home .....	10,017.52

YALOBUSHA

Yalobusha County Nursing Home .....	\$102,436.22
Yalobusha General Hospital .....	48,572.06
Turnage Drug Store .....	28,704.23
Wileys Drug Store .....	10,425.37

\*This payment represents reimbursement for drugs dispensed.

YAZOO

Care Inn Yazoo City .....	\$279,864.50
Millers Rexall Drug Store .....	61,077.44
VanJons Pharmacy .....	36,602.00
Willard A. Barnes, M.D .....	33,402.23
Physicians & Surgeons Pharmacy .....	28,841.19
Webbs Pharmacy .....	28,147.12
Charles R. Hogue, M.D .....	25,599.42
Marion L. Sigrest, M.D .....	21,553.91
William P. Thompson, M.D .....	17,905.25
Cyril A. Walwyn, M.D .....	12,700.80
John M. Shipp, M.D .....	12,537.63
Harold G. Magee, D.D.S .....	10,185.00

OUT OF STATE

City of Memphis Hospitals .....	\$208,259.34
Le Bonheur Childrens Hospital .....	32,172.00
Gary P. Wood, M.D .....	13,059.00
James K. Wakhams, M.D .....	12,257.05