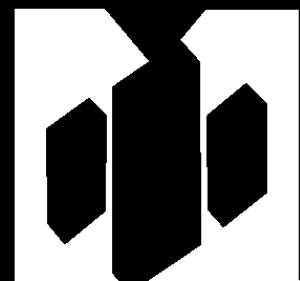
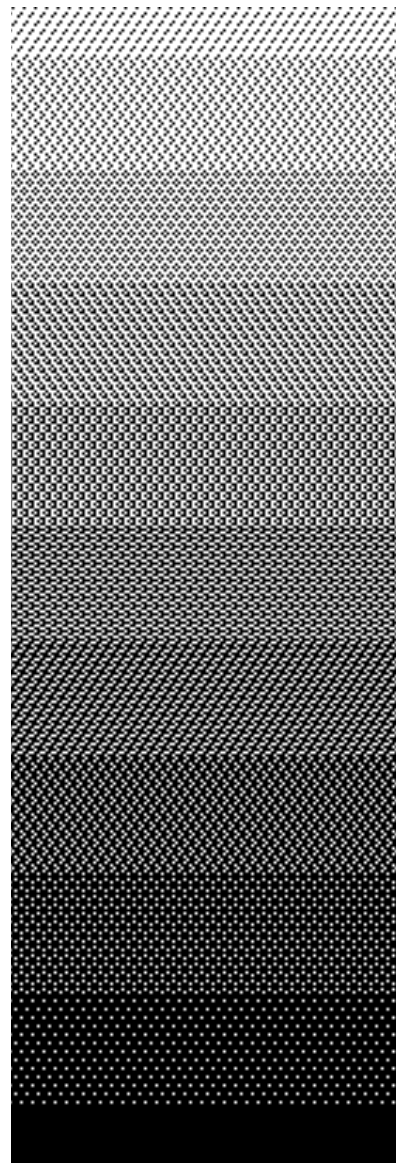


MISSISSIPPI DIVISION OF
MEDICAID

ANNUAL
REPORT

1991

"He who has health, has hope; and
he who has hope, has everything."
-Arabian Proverb



MISSISSIPPI DIVISION OF
MEDICAID

ANNUAL
REPORT
1991

**Honorable Kirk Fordice
Governor of the State of Mississippi
and
Members of the Mississippi State Legislature**

Ladies and Gentlemen:

It is my pleasure to submit to you the twenty-second Annual Report of the Division of Medicaid for Fiscal Year 1991. It is being submitted in accordance with the requirements of Section 43-13-127 of the Mississippi Code of 1972 as amended.

The Division gratefully acknowledges the vital contributions made by the State Department of Human Services, the State Department of Health, and the Mississippi Foundation for Medical Care to the ongoing administration of Mississippi's Medicaid program. In addition we acknowledge the continued commitment of Medicaid providers throughout the state who provide the necessary health care to those who would otherwise go without.

On behalf of the nearly 500,000 Mississippians who are being helped through the Medicaid program, we wish to thank the Governor and the members of the Legislature for continuing to make these services available.

Respectfully,

**Helen Wetherbee, J.D., M.P.H.
Executive Director
Division of Medicaid
Office of the Governor**

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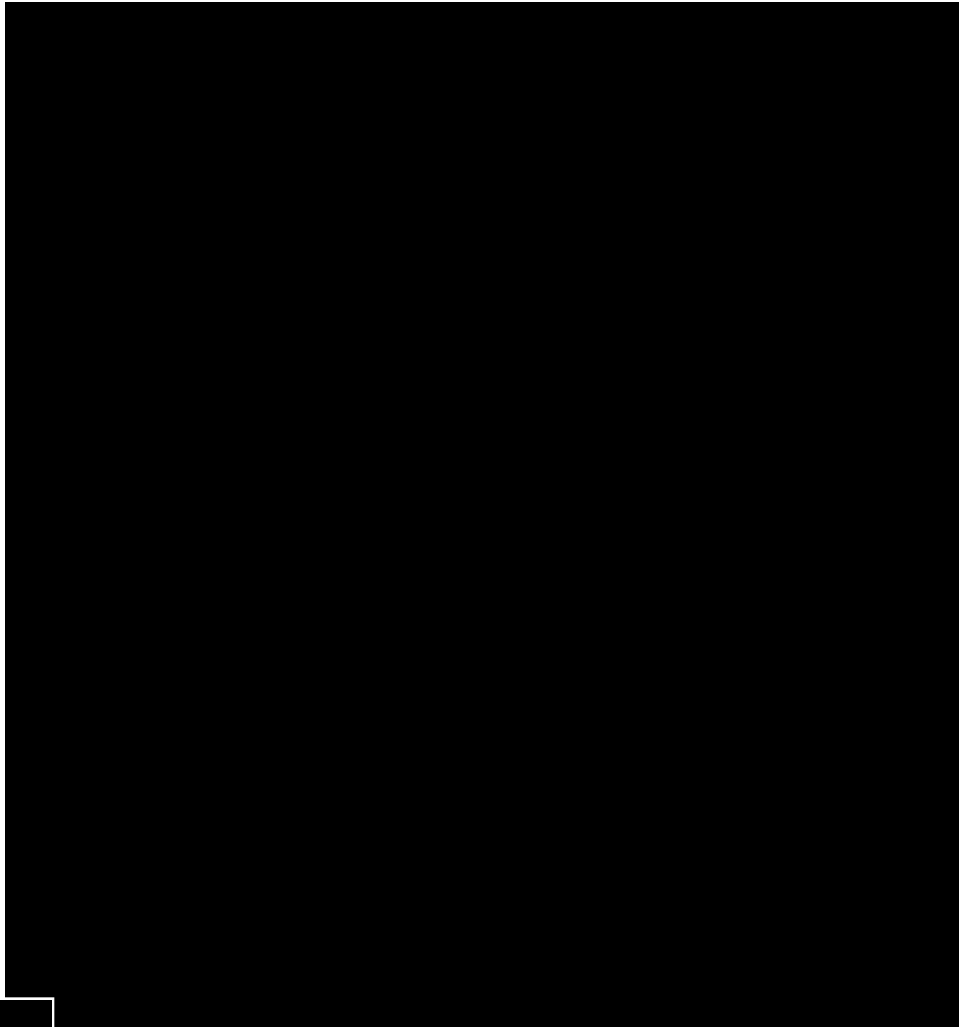
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med·ic·aid \ 'med-i-,kād \ n, [medical help] (1965): a program of medical aid designed for those unable to afford regular medical service and financed by the state and federal governments

Medicaid is a national health care program, administered individually by states, which provides funding to ensure the availability of medical services to low-income people. It was created in 1965 through Title XIX of the federal Social Security Act and was enacted in Mississippi by the state Legislature in December of 1969.

In Mississippi, the Medicaid program is administered by the Division of Medicaid, Office of the Governor by authority of Section 43-13-101 et seq. of the Mississippi Code of 1972, as amended. The Division operates





24 regional offices throughout Mississippi (see map on page 17) to serve the public by providing local accessibility.

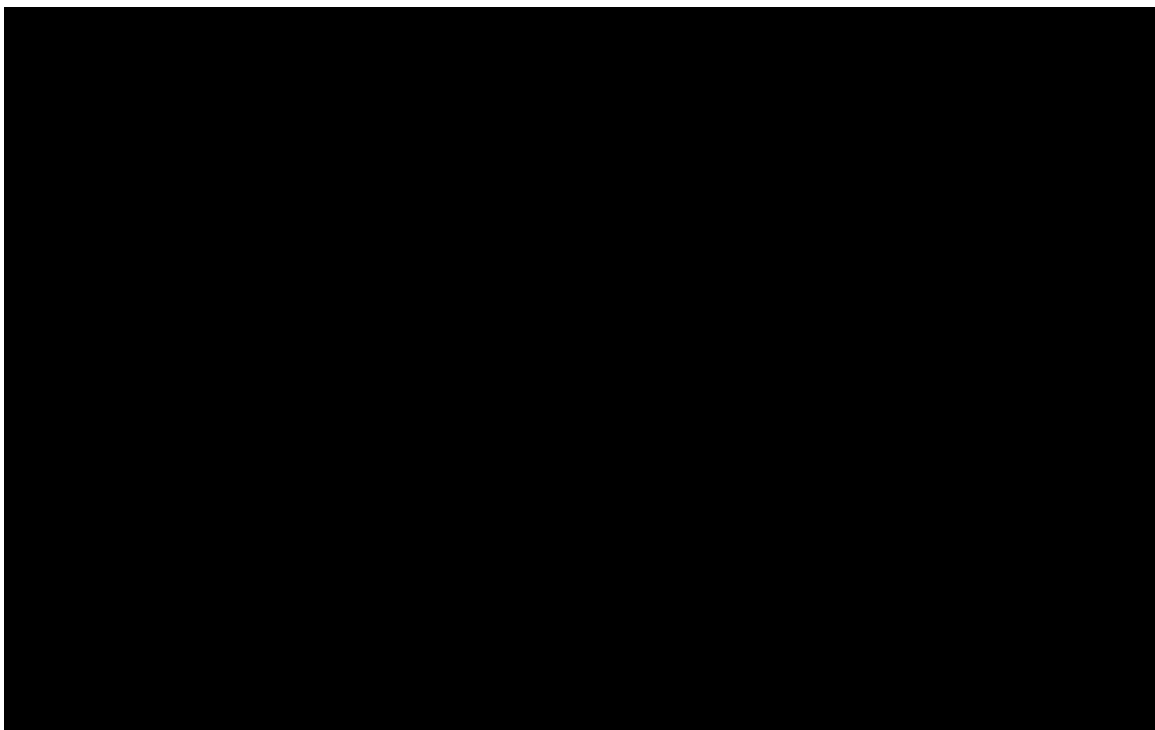
Services

Nationwide, Medicaid services fall into three main categories - those that are mandated by federal law, optional services that states may elect to provide, and certain waived projects that offer additional enhanced services. Based on the availability of funds, the Legislature determines each year the services that will be provided, eligibility criteria, and the reimbursement schedule for providers. During Fiscal Year 1991, Mississippi provided coverage for nine optional services and one waived project in addition to the 11 federally mandated services. Services provided by the Division of Medicaid during Fiscal Year 1991 included:

Mandated:

- Inpatient Hospital Services
 - Outpatient Hospital Services
- 

- **Laboratory / X-Ray Services**
- **Nursing Facility Services**
- **Physician Services**
- **Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Services**
- **Home Health Services**
- **Family Planning Services**
- **Rural Health Clinic Services**
- **Nurse-Midwife Services**
- **Transportation**



Optional :

- **Prescribed Drugs**
- **Licensed Nurse Anesthetist Services**
- **Dental Services for Adults**
- **Intermediate Care Facility / Mental Retardation Services**
- **Eyeglass Services for Adults**
- **Christian Science Sanatoria**
- **Mental Health Services**
- **Durable Medical Equipment**
- **Inpatient Psychiatric Services**

Waivered:

- **Home and Community Based Services**



An example of one of the more innovative preventive health care services available to Medicaid eligible children up to the age of 21 is the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program. This program provides for the medical screening of eligible children under age 21 for physical, mental and developmental disorders and makes available the necessary services to care for those problems. The EPSDT program introduces children into the health care system and makes services available before health problems become chronic and much more expensive to treat.

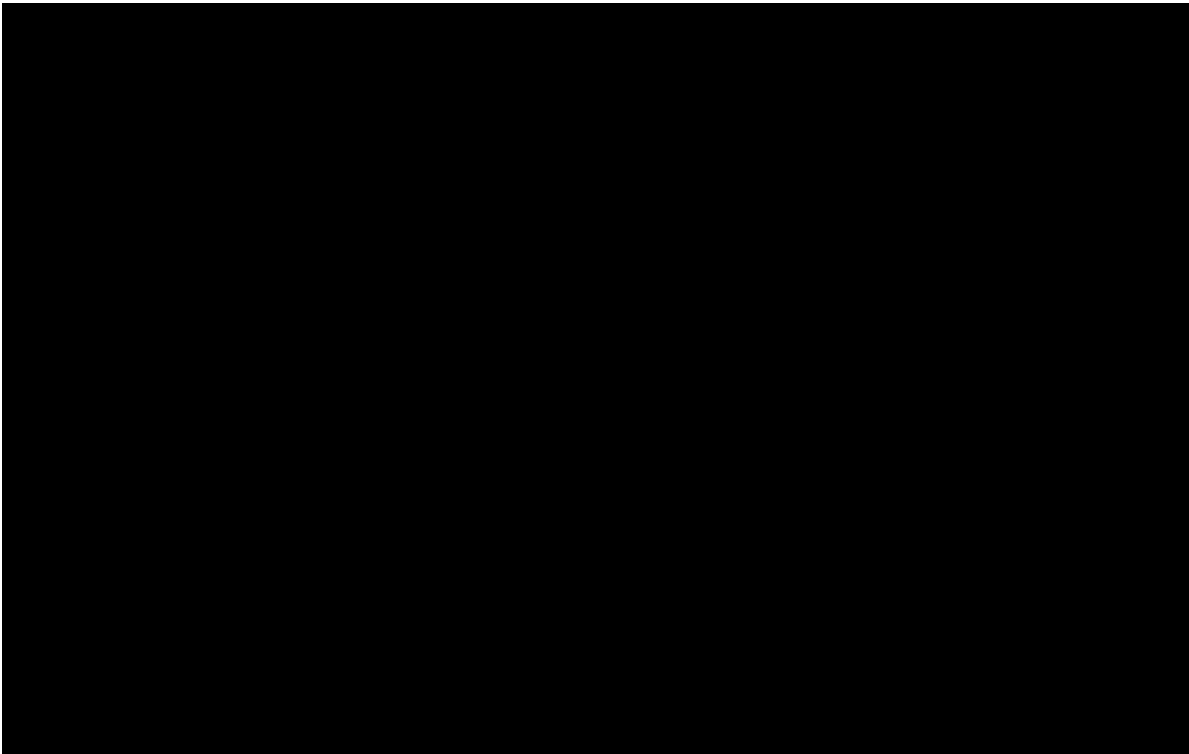
Eligibility

In Mississippi, eligibility for Medicaid is determined by three separate agencies. Depending on an applicant's needs, he or she can apply for Medicaid benefits through offices of the Mississippi Department of Human Services, the Social Security Administration or the Division of Medicaid.

Eligibility for the following categories is determined by the Department of Human Services:

- Persons who are eligible for Aid to Families with Dependent Children (AFDC),**
- Pregnant women who would be eligible for AFDC if the child were born and living with them,**
- Children in licensed foster homes or private child care institutions for whom public agencies in Mississippi are assuming financial responsibility,**
- Children receiving subsidized adoption payments,**
- Children under age 18 and pregnant women, including those from intact families, with family incomes and resources that do not exceed the allowable limits for the AFDC need standard,**
- Pregnant women and children under age six whose family income is equal to or below 133 percent of the federal poverty level,**

- **Pregnant women and children under age one whose family income is between 133 percent and 185 percent of the federal poverty level,**
- **Pregnant women, and children born after 9/30/83 whose family income is equal to or below 100 percent of the federal poverty level.**
- **Infants, up to age one, born to Medicaid eligible mothers provided the mother was eligible during pregnancy and the child lives with her.**



Offices of the Social Security Administration determine eligibility for:

- **Persons who are age 65 or over, blind, or disabled and who receive Supplemental Security Income (SSI) grants.**

Eligibility for the following groups is determined by the Division of Medicaid:

- **Persons in medical facilities who, if they left such facilities, would qualify for SSI except for income,**
- **Persons who would qualify for SSI except for certain Social Security cost-of-living increases,**
- **Persons who are age 65 or over or disabled and whose income is**





below 100 percent of the federal poverty level and whose resources are at SSI levels,

- **Qualified Medicare Beneficiaries (QMB) who are entitled to Medicare Part A, whose income is below 100 percent of the federal poverty level and whose resources are no more than double the SSI resource limits (*this group is only eligible for Medicare cost-sharing*),**
- **Certain qualified working disabled persons who are only eligible for Medicaid to pay their Part A Medicare premiums.**

Certification of Medicaid eligibility is represented by a Medicaid ID card which is valid for 1-month time periods. Medicaid's fiscal agent mails a new ID card each month to persons who remain or become eligible for the program. Information contained on the Medicaid ID card includes the person's name, unique identification number and current period of eligibility. It must be shown to the provider of health care services each time a service is requested.

During Fiscal Year 1991, 503,137 persons in Mississippi were eligible for Medicaid benefits. The length of eligibility periods for these individuals ranged from one month to the entire year. Information on eligibility

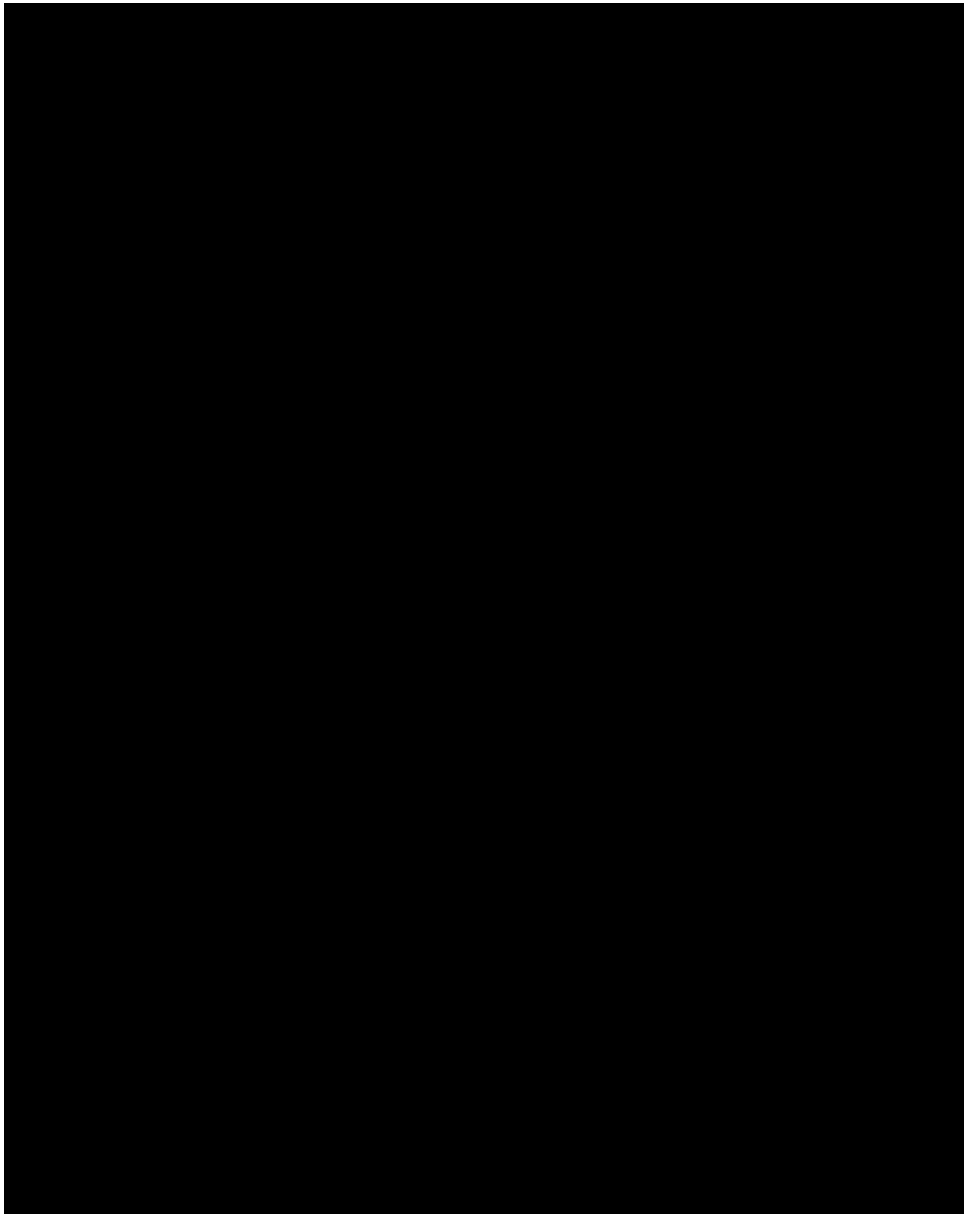
numbers by specific categories can be found in Tables 1 and 2 of this report. *(In reviewing information throughout this report, it is important to note the difference between the terms "eligible" and "recipient". A person who has met the basic eligibility requirements for income and resources is referred to as an "eligible". Even though a person may have been determined to be eligible for Medicaid, that person may not have actually received any service. A "recipient" is a person who has received Medicaid benefits.)*

Throughout Fiscal Year 1991, 443,448 Mississippians benefited from one or more of the health care services covered by Medicaid. This figure represents an increase of 6.47 percent, or 26,960 more individuals who received benefits than in Fiscal Year 1990. The distribution among program categories remained relatively equal for the unduplicated totals. Please refer to Tables 4 and 5 in this report for the recipient distribution by program category and the comparison of recipients by types of service.

Funding


Throughout the nation, Medicaid is funded primarily with federal dollars that are matched by individual state contributions. Currently, Mississippi's overall matching rate, which is determined by the state's per capita income, stands at 79.93 percent- the highest in the country. What this means to Mississippi is that for every single state dollar invested in the program, another \$3.99 is brought into the state through federal matching funds. For Fiscal Year 1991, federal contributions amounted to \$575,841,466, which, when combined with in-state dollars, provided for total medical expenditures of more than \$736,000,000: money that was paid to Mississippi providers for services to Medicaid recipients, money that was cycled into local economies throughout the state, and money that generated in excess of \$127,280,000 in state tax revenue back into the state's treasury.

Within the Medicaid program, individual matching rates may vary



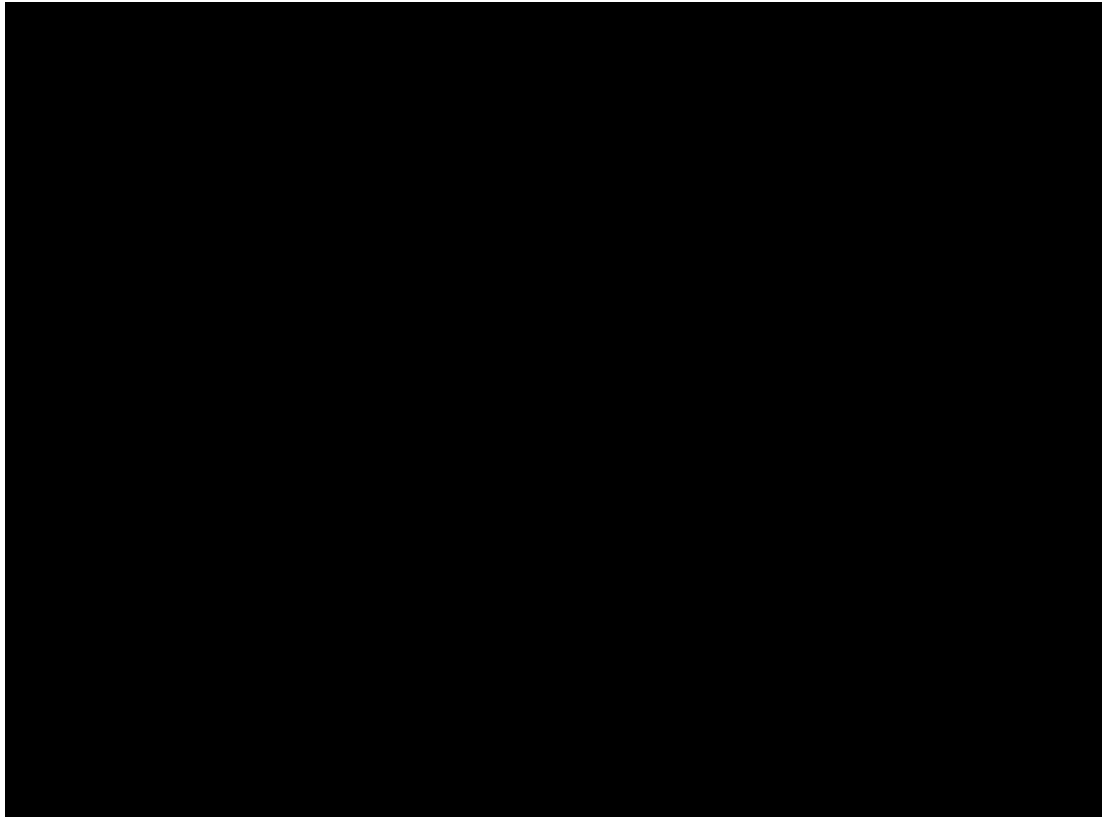
depending upon the specific area in which it will be used. A breakout of various matching rates is illustrated in Chart 1 of this report.

During Fiscal Year 1991, the total administrative expenses were \$24,780,886 with the federal government contributing \$14,357,789 or 57.9 percent. This total included all state agency costs and the costs of processing and paying claims by the previous fiscal agent, Blue Cross and Blue Shield of Mississippi, Inc. Mississippi's administrative expenses for Fiscal Year 1991, which were some of the lowest in the Southeastern region, amounted to only 3.26 percent of the total budget.



Third Party Coverage

In accordance with the Social Security Act and state law, payment by Medicaid for services is always secondary to any third party source. At the time a recipient receives a Medicaid-covered service, a determination is made as to whether the recipient has third party coverage; and, if so, the provider generally must seek third party payment, in accordance with the Medicaid program guidelines, prior to filing a Medicaid claim. Upon receipt of the third party payment, a Medicaid claim must be filed and the Medicaid payment will be the amount of the Medicaid payment liability less the third party payment. If the provider receives a third party payment after the Medicaid payment has been made, the provider is required to refund the third party payment to Medicaid up to the amount expended by Medicaid. In fiscal year 1991, Mississippi's Medicaid Third Party Recovery Unit was able to recoup \$4,162,323 in funds back to the state.



Program Integrity

During Fiscal Year 1991 the Division of Medicaid was responsible for conducting on-site investigations of providers and for monitoring both provider and recipient utilization throughout the Medicaid program. The Division of Medicaid 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 which suggest program abuse or misuse. Verification of the receipt of services is also accomplished through contact with recipients.

The existence of the Program Integrity Division continues to serve as an invaluable deterrent to potential fraud and abuse of benefits throughout the Medicaid program. Activities in this area continue to expand along with the growth of the program.

With the assistance of a computerized surveillance and utilization reporting system, the Program Integrity Division is able to maintain profiles on all providers of service and on recipients who participate in or receive services through the Medicaid program. These profiles provide indicators of possible fraudulent activities and/or abuse of program benefits and are a vital source of information upon which the Program Integrity staff base their investigations. Examples of the types of profile information used include: frequency of physician visits for a specific recipient, ratio of laboratory procedures to medical visits for a physician, the average length of hospital stay of recipients for a specific facility, and extractions per recipient for a given dentist. Exception reporting techniques are used to identify the unusual or exceptional profiles. These investigations may result in a monetary recovery, the termination of a provider from participating in the Medicaid program, or referral to the Medicaid Fraud Control Unit in the Office of the Attorney General.

Regional Offices

The Division of Medicaid operates 24 regional offices throughout Mississippi. Regions are identified by the dark lines on the map on the opposite page. Listed below is the address and telephone number for each office.

Brookhaven

210 S. First Street
Brookhaven, MS 39601
835-2020

Clarksdale

121 Sunflower,
Suite 101
Clarksdale, MS 38614
627-1493

Cleveland

201 E. Sunflower,
Suite 5
Cleveland, MS 38932
843-7753

Columbia

1111 Hwy. 98 Bypass
P.O. Box 8
Columbia, MS 39429
731-2271

Columbus

2205-B 5th Street
P.O. Box 2129
Columbus, MS 39704-2129
329-2190

Corinth

Hwy. 72 West
P.O. Box 370
Corinth, MS 38834

Greenville

Village Shopping Center
Suite 105
P. O. Box 5129
Greenville, MS 38701-5129
332-9370

Greenwood

919 Hwy. 49/82 Bypass
P. O. Box 1996
Greenwood, MS 38930-1996
455-1053

Grenada

639 Hwy. 8 East
P.O. Box 1050
Grenada, MS 38904-1050
226-4406

Gulfport

101 Hardy Court Shopping Center
P.O. Box 6887
Gulfport, MS 39506-6887
863-3328

Hattiesburg

132 Mayfair Boulevard
Hattiesburg, MS 39402
264-5386

Holly Springs

694 Salem Avenue
P.O. Box 130
Holly Springs, MS 38635-0130
252-3439

Jackson

5202 Keele Street,
Suite I
Jackson, MS 39206-4398
961-4361

Kosciusko

207 N. Madison
Kosciusko, MS 39090
289-4477

Laurel

1104 W. 1st Street
Suite 1
Laurel, MS 39440
425-3175

McComb

312 Kendall Street
McComb, MS 39648
249-2071

Meridian

2502 9th Street
P.O. Box 1769
Meridian, MS 39302-1769
483-8333

Natchez

116 S. Canal Street
Natchez, MS 39121-1225
445-4971

Newton

102 N. School Street
Newton, MS 39345
632-2581

Pascagoula

3203 Pascagoula Street,
Suite 202
Pascagoula, MS 39567
762-9591

Philadelphia

301 Main Street
Philadelphia, MS 39567
656-3131

Starkville

LaGallerie Shopping Center,
Suite 15
500 Russell Street
Starkville, MS 39759
323-3688

Tupelo

1018 N. Gloster Street,
Suite A
P.O. Box 2435
Tupelo, MS 38803-2435

Vicksburg

1415 Washington Street
P.O. Box 808
Vicksburg, MS 39180-0808
638-6137

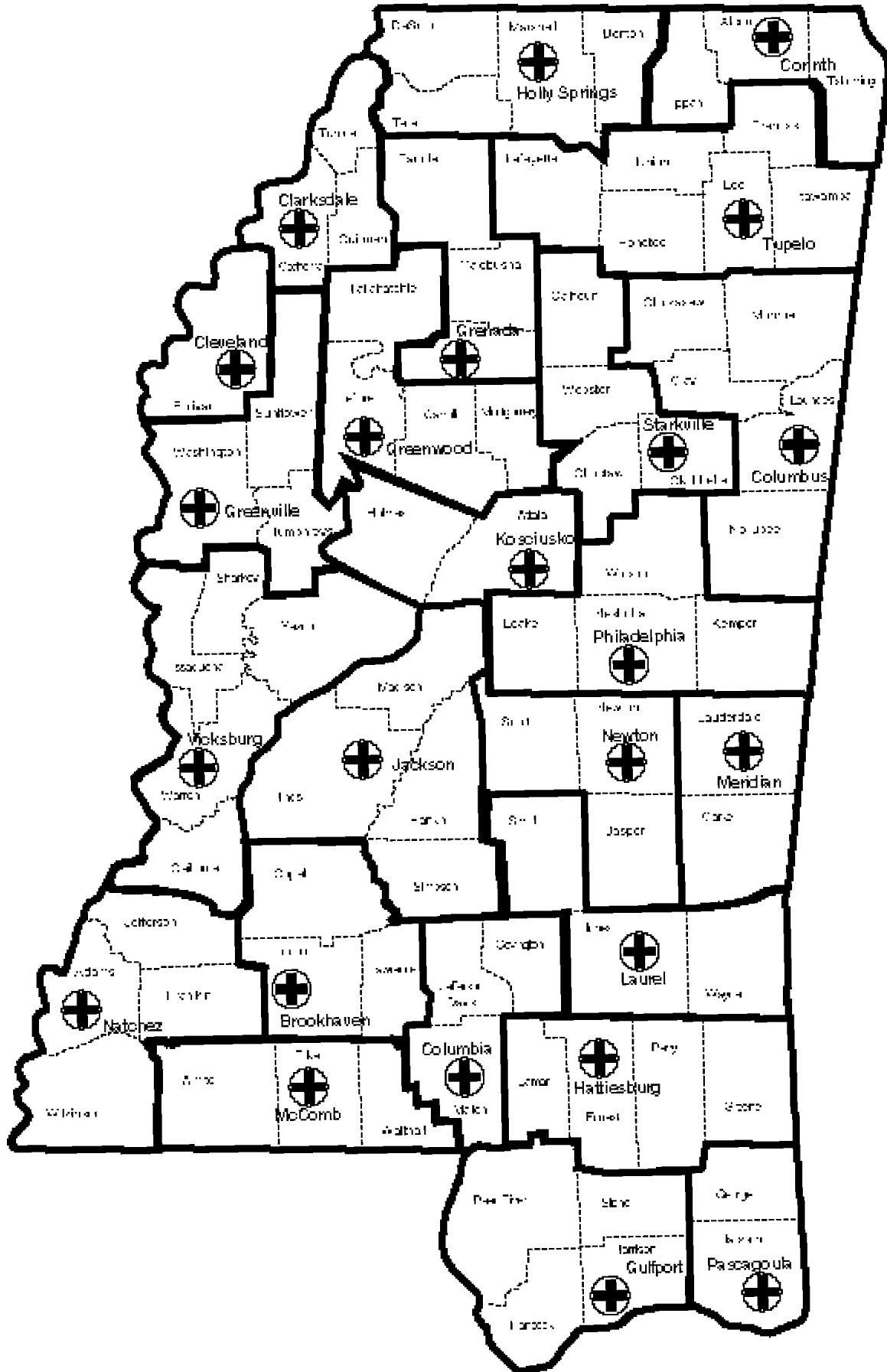


TABLE 1

**Total Number of Persons Eligible and
Monthly Average Number of Persons Eligible with
Percentage Distribution by Program Category for Fiscal Year 1991**

Program Category	Total Number of Eligible Persons	Percent of Total	Monthly Average Number of Eligible Persons	Percent of Total
Total	503,137	100.0	382,497	100.0
Aged.....	56,460	11.2	50,686	13.3
Blind	1,904	0.4	1,722	0.5
Disabled	85,197	16.9	74,487	19.5
Aid to Families with Dependent Children (AFDC)	252,451	50.2	196,599	51.4
CWS Foster Care	2,742	0.5	1,076	0.3
<i>Optional Categorically Needy - Pregnant Women & Children</i>				
At 100% Federal Poverty Level	29,644	5.9	17,638	4.6
At 133% Federal Poverty Level	44,779	8.9	23,653	6.2
At 185% Federal Poverty Level	18,113	3.6	7,784	2.0
<i>Qualified Medicare Beneficiary</i>				
Aged.....	70	<0.1	51	<0.1
Blind	2	<0.1	1	<0.1
Disabled	4	<0.1	5	<0.1
<i>Poverty Level</i>				
Aged.....	7,647	1.5	5,780	1.5
Disabled	3,772	0.7	2,747	0.7
Katie Beckett	352	0.1	268	0.1

Source: MAM 290-R1
MAM 200- Y-T-D, Monthly

TABLE 2
Number of Persons Eligible for Medicaid Services by Month and
by Program Category for Fiscal Year 1991

Category of Service	Average	July	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	June
Medicaid	50,686	51,368	51,354	51,210	51,123	50,993	50,419	50,492	50,449	50,353	50,215	50,218	50,000
Medicaid	1,722	1,722	1,712	1,714	1,719	1,730	1,731	1,725	1,716	1,715	1,717	1,723	1,740
Medicaid	74,487	72,773	72,776	73,265	73,386	73,471	74,012	74,140	74,775	75,143	75,906	76,711	77,480
Medicaid to Families with Dependent Children (AFDC)...	196,599	191,524	193,191	196,508	194,381	193,607	195,231	197,945	197,932	200,062	198,686	199,789	200,300
Medicaid Foster Care	1,076	1,110	1,123	1,130	1,023	1,038	1,041	1,063	1,084	1,075	1,075	1,076	1,070
<i>Medicaid Categorically Needy-</i>													
<i>Pregnant Women & Children</i>													
Medicaid 100% Federal Poverty Level	17,638	18,149	17,884	18,665	17,970	17,273	17,387	17,305	17,492	17,361	17,220	17,350	17,600
Medicaid 133% Federal Poverty Level	23,653	17,064	18,830	20,288	21,964	22,049	23,347	23,940	25,189	26,432	26,940	28,323	29,400
Medicaid 185% Federal Poverty Level	7,784	7,740	7,911	8,067	8,400	7,691	7,986	7,581	7,479	7,415	7,354	7,700	8,000
<i>Medicaid Qualified Medicare Beneficiary</i>													
Medicaid	51	36	38	37	43	42	42	40	43	45	74	112	100
Medicaid	1	0	0	0	1	0	0	0	1	2	2	2	2
Medicaid	5	1	3	2	4	4	5	3	3	3	7	17	10
<i>Medicaid Poverty Level</i>													
Medicaid	5,780	4,541	4,891	5,128	5,304	5,547	5,615	5,812	5,989	6,228	6,447	6,745	7,100
Medicaid	2,747	2,125	2,298	2,418	2,527	2,622	2,697	2,773	2,884	2,953	3,070	3,202	3,400
Medicaid	268	188	209	225	239	265	271	284	293	294	299	320	300
Monthly Average	382,499*	368,341	372,220	378,657	378,084	376,332	379,784	383,103	385,329	389,081	389,012	393,288	396,700

* Difference in Table 1 and Table 2 is due to rounding

TABLE 3

**Bureau of Census Population for Mississippi Counties,
Number of Persons Eligible for Medicaid by County, and
Number of Persons Who Received Medicaid Benefits by County for Fiscal Year 1991**

County	County Population	Number of Medicaid Eligibles	Percent of Population	Number of Eligibles Who Received Service(s)	Utilization Rate (Recip. to Elig.)
Adams.....	35,356	8,465	23.9	7,605	89.8
Alcorn.....	31,722	4,862	15.3	4,398	90.5
Amite.....	13,328	2,610	19.6	2,239	85.8
Attala.....	18,481	3,970	21.5	3,620	91.2
Benton.....	8,046	1,808	22.5	1,642	90.8
Bolivar.....	41,875	15,068	36.0	13,654	90.6
Calhoun.....	14,908	2,696	18.1	2,527	93.7
Carroll.....	9,237	1,750	19.0	1,595	91.1
Chickasaw.....	18,085	3,335	18.4	3,037	91.1
Choctaw.....	9,071	1,838	20.3	1,615	87.9
Claiborne.....	11,370	3,214	28.3	2,954	92.0
Clarke.....	17,313	3,116	18.0	2,843	91.2
Clay.....	21,120	4,793	22.7	4,208	87.8
Coahoma.....	31,665	12,417	39.2	11,237	90.5
Copiah.....	27,592	6,525	23.7	5,709	87.5
Covington.....	16,527	3,904	23.6	3,530	90.4
DeSoto.....	67,910	5,815	8.6	4,603	79.2
Forrest.....	68,314	12,250	17.9	10,973	89.6
Franklin.....	8,377	1,872	22.4	1,686	90.1
George.....	16,673	2,439	14.6	2,195	90.0
Greene.....	10,220	2,098	20.5	1,972	94.0
Grenada.....	21,555	4,817	22.4	4,335	90.0
Hancock.....	31,760	4,830	15.2	4,245	87.9
Harrison.....	165,365	24,373	14.7	21,089	86.5
Hinds.....	254,441	45,761	18.0	38,354	83.8
Holmes.....	21,604	9,794	45.3	8,809	89.9
Humphreys.....	12,134	4,290	35.4	3,892	90.7
Issaquena.....	1,909	587	30.8	507	86.4
Itawamba.....	20,017	1,998	10.0	1,905	95.4
Jackson.....	115,243	14,673	12.7	12,478	85.0
Jasper.....	17,114	3,460	20.2	3,144	90.9
Jefferson.....	8,653	3,115	36.0	2,849	91.5
Jefferson Davis.....	14,051	3,302	23.5	3,003	90.9
Jones.....	62,031	11,079	17.9	9,886	89.2
Kemper.....	10,356	2,001	19.3	1,819	90.9
Lafayette.....	31,826	3,222	10.1	2,835	88.0
Lamar.....	30,424	4,153	13.7	3,883	93.5
Lauderdale.....	75,555	13,451	17.8	11,383	84.6
Lawrence.....	12,458	2,566	20.6	2,278	88.8



TABLE 3 (continued)

County	County Population	Number of Medicaid Eligibles	Percent of Population	Number of Eligibles Who Received Service(s)	Utilization Rate (Recip. to Elig.)
Leake.....	18,436	3,712	20.1	3,307	89.1
Lee.....	65,581	8,433	12.9	7,147	84.8
Leflore.....	37,341	12,288	32.9	10,816	88.0
Lincoln.....	30,278	5,223	17.3	4,530	86.7
Lowndes.....	59,308	9,573	16.1	7,823	81.7
Madison.....	53,794	10,112	18.8	8,772	86.8
Marion.....	25,544	5,758	22.5	5,083	88.3
Marshall.....	30,361	7,200	23.7	6,076	84.4
Monroe.....	36,582	5,456	14.9	4,800	88.0
Montgomery.....	12,388	3,120	25.2	2,819	90.4
Neshoba.....	24,800	4,548	18.3	4,073	89.6
Newton.....	20,291	3,465	17.1	3,224	93.0
Noxubee.....	12,604	3,998	31.7	3,567	89.2
Oktibbeha.....	38,375	6,028	15.7	5,400	89.6
Panola.....	29,996	7,246	24.2	6,560	90.5
Pearl River.....	38,714	7,107	18.4	6,259	88.1
Perry.....	10,865	2,223	20.5	1,993	89.7
Pike.....	36,882	9,516	25.8	8,215	86.3
Pontotoc.....	22,237	2,399	10.8	2,228	92.9
Prentiss.....	23,278	3,272	14.1	3,069	93.8
Quitman.....	10,490	4,079	38.9	3,806	93.3
Rankin.....	87,161	7,479	8.6	6,643	88.8
Scott.....	24,137	5,059	21.0	4,457	88.1
Sharkey.....	7,066	2,842	40.2	2,560	90.1
Simpson.....	23,953	4,219	17.6	3,858	91.4
Smith.....	14,798	2,571	17.4	2,377	92.5
Stone.....	10,750	2,084	19.4	1,896	91.0
Sunflower.....	32,867	10,409	31.7	9,202	88.4
Tallahatchie.....	15,210	5,427	35.7	4,990	92.0
Tate.....	21,432	3,830	17.9	3,492	91.2
Tippah.....	19,523	3,430	17.6	3,134	91.4
Tishomingo.....	17,683	2,469	14.0	2,315	93.8
Tunica.....	8,164	3,708	45.4	3,242	87.4
Union.....	22,085	2,833	12.8	2,622	92.6
Walthall.....	14,352	4,184	29.2	3,738	89.3
Warren.....	47,880	9,654	20.2	8,463	87.7
Washington.....	67,935	20,326	29.9	17,368	85.5
Wayne.....	19,517	5,173	26.5	4,811	93.0
Webster.....	10,222	2,087	20.4	1,931	92.5
Wilkinson.....	9,678	3,059	31.6	2,827	92.4
Winston.....	19,433	4,078	21.0	3,602	88.3
Yalobusha.....	12,033	2,838	23.6	2,617	92.2
Yazoo.....	25,506	7,986	31.3	6,952	87.1



TABLE 4

Recipient Distribution by Program Category for Fiscal Year 1991

Program Category	Number of Recipients	Percent of Total
Total	443,448	100.0*
Aged.....	55,949	12.6
Blind	1,703	0.4
Disabled	78,097	17.6
Aid to Families with Dependent Children (AFDC)	208,395	47.0
CWS Foster Care	2,186	0.5
<i>Optional Categorically Needy Pregnant Women and Children</i>		
At 100% Federal Poverty Level.....	27,011	6.1
At 133% Federal Poverty Level.....	39,741	9.0
At 185% Federal Poverty Level.....	19,757	4.5
<i>Qualified Medicare Beneficiary</i>		
Aged.....	37	<0.1
Blind	0	0.0
Disabled	3	<0.1
<i>Poverty Level</i>		
Aged.....	6,872	1.6
Disabled	3,380	0.8
Katie Beckett	317	0.1

* Percentage column may not total 100% due to rounding

Source: MAM 260-R1, Y-T-D, 7/31/91

TABLE 5

Recipients of Medical Services by Type of Service for Fiscal Years 1990 and 1991

Type of Service	Recipients FY 1990	Recipients FY 1991	% of Increase or Decrease
Total	431,758	443,448	2.7%
Inpatient Hospital.....	94,283	107,168	13.7
Outpatient Hospital.....	194,955	215,435	10.5
Laboratory / X-Ray.....	58,777	68,851	17.1
Nursing Facility.....	18,005	23,922	32.9
Physician	368,961	373,723	1.3
EPSDT	98,303	103,746	5.5
EPSDT Dental	61,788	65,588	6.2
EPSDT Vision	17,029	23,397	37.4
EPSDT Hearing	417	247	-40.8
Rural Health Clinic	1,840	28,000 *	1,421.7
Home Health	3,786	4,310	13.8
Transportation	17,628	22,941	30.1
Prescribed Drugs.....	328,332	345,869	5.3
Dental.....	31,907	28,285	-11.4
Eyeglasses.....	10,493	14,049	33.9
Intermediate Care Facility - Mentally Retarded ...	1,685	1,941	15.2
Family Planning	12,690	26,730	110.6
Buy-In, Parts A&B, Medicare.....	164,427	177,609	8.0
Mental Health Clinic.....	12,394	15,777	27.3
Home & Community Based.....	485	504	3.9
Durable Medical Equipment.....	13,923	16,486	18.4
Therapy	◆	42	◆
Inpatient Residential Psychiatric.....	◆	21	◆
Inpatient Psychiatric Hospital.....	◆	33	◆
Nurse Practitioner	◆	16,497	◆
Ambulatory Surgical Center.....	◆	2,279	◆

*Includes Federally Qualified Health Centers (FQHC) for FY 1991

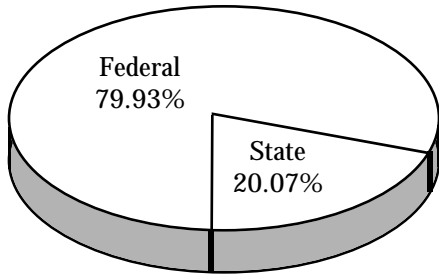
◆ New Category for FY 1991 - no comparison data available

Source: MAM 250-R1 & MAM 260-R1

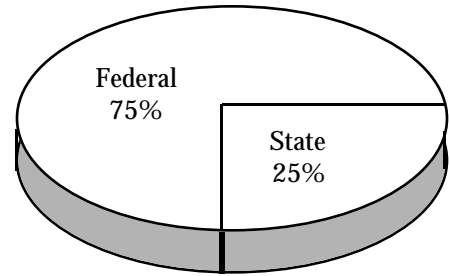


Chart 1

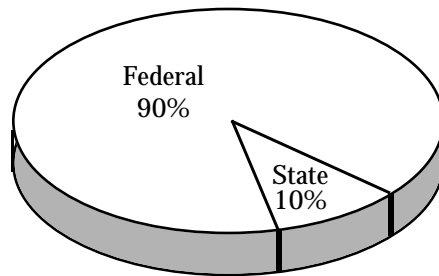
Source of Funds and Percentage Distributions for Fiscal Year 1991



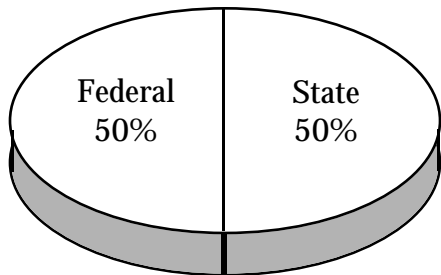
Health Care Services



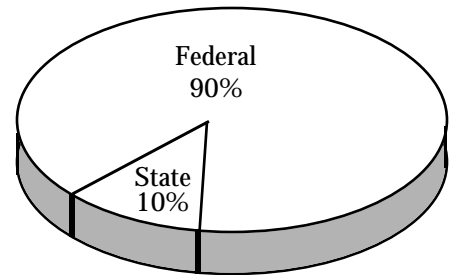
**Medical Professional Staff
and Related Administrative
Costs**



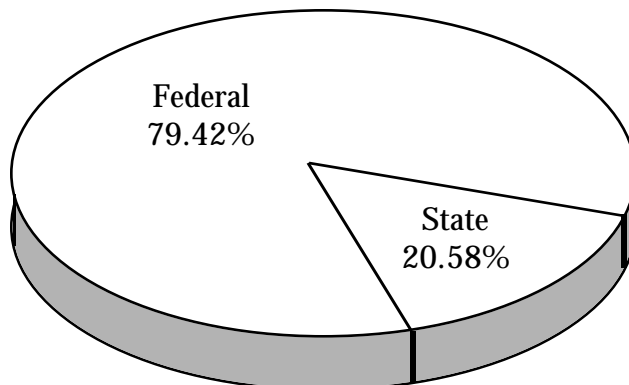
Family Planning



**Non-Medical Professional
Administrative Costs**



**Medicaid Management
Information System Development**



**Total Expenditures of
the Medicaid Program**

Source: State Allocation Plan

Medical Expenditures by Type of Service

- Total medical expenditures for Fiscal Year 1991 amounted to \$736,499,364 which represent a 24.9 percent increase over Fiscal Year 1990.
- Categories having the largest expenditures included inpatient hospital services with \$205,739,295 and nursing facilities totaling \$227,900,381.

Chart 2

Percentage Distribution of Expenditures by Type of Service for Fiscal Years 1990 and 1991

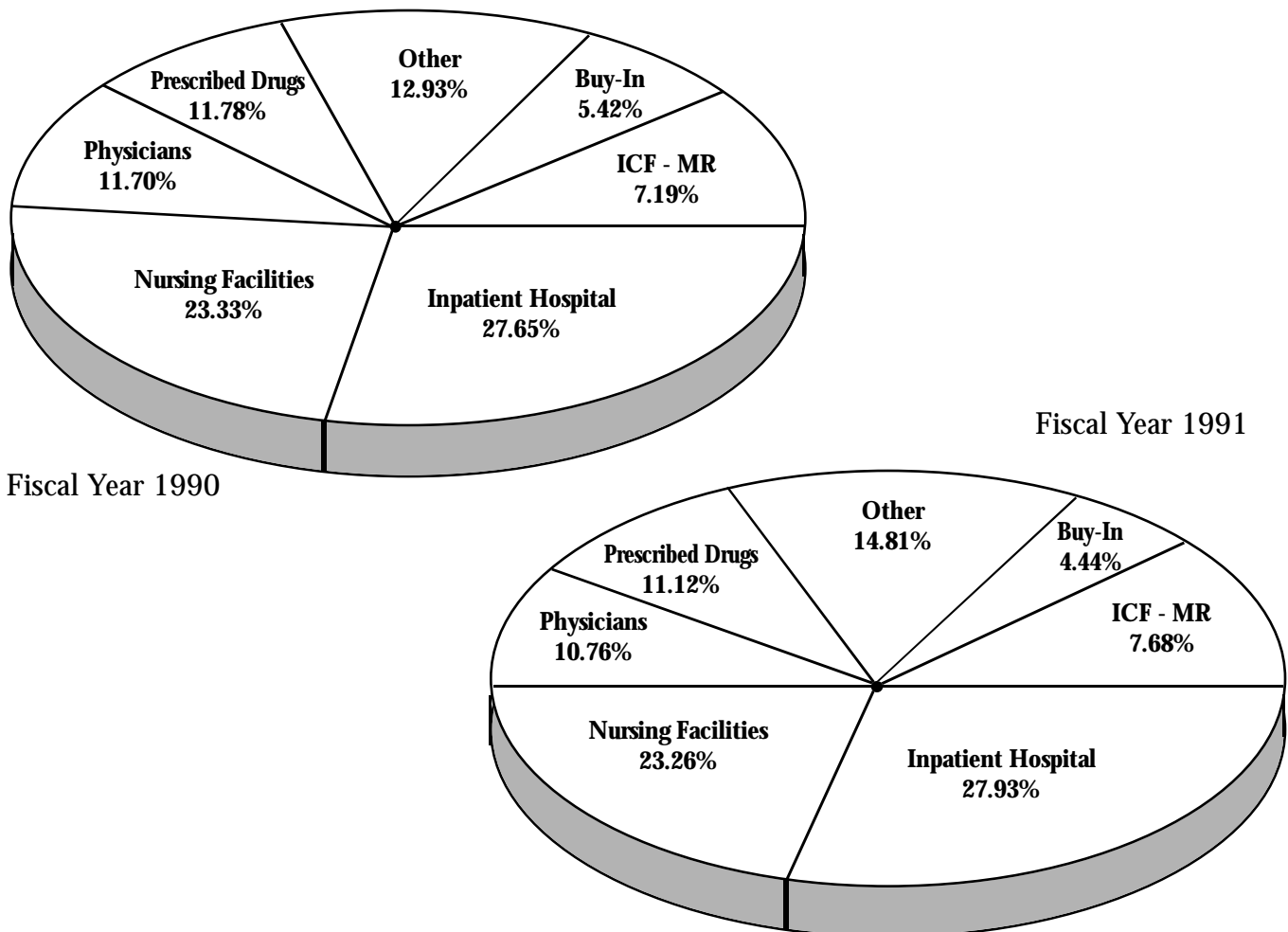


TABLE 6
Number of Paid Claims for Fiscal Year 1991

Type of Service	July	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	June	TOTAL	Average
patient Hospital	14,727	11,649	11,304	19,138	16,460	14,533	11,413	12,338	24,091	48,331	19,504	18,929	222,417	18,53
patient Hospital	52,155	42,503	42,100	54,538	36,289	52,950	39,650	48,414	48,884	58,906	50,740	46,522	573,651	47,80
/ X-Ray	15,218	9,860	9,574	14,155	9,718	16,759	13,798	10,459	17,006	17,962	13,932	13,751	162,192	13,51
sing Facility *	15,860	13,646	13,667	13,726	14,026	17,458	13,518	13,591	27,152	17,866	13,852	14,927	189,289	15,77
DT	15,695	11,605	7,324	11,656	10,950	13,799	13,362	10,935	15,835	13,156	9,312	18,704	152,333	12,69
sician	236,721	172,995	170,995	242,872	151,487	242,344	190,382	228,733	216,804	260,172	207,293	201,116	2,521,914	210,16
ne Health	1,821	1,273	1,386	1,557	1,543	1,738	1,451	1,832	1,372	1,797	1,409	1,438	18,617	1,55
ne & Comm Based	706	387	495	711	212	792	491	420	788	743	453	541	6,739	56
able Medical Equip. ...	7,330	6,061	5,804	6,496	4,862	6,358	5,794	7,323	6,624	7,663	6,382	6,188	76,885	6,40
nsportation	7,970	4,544	8,189	11,306	4,510	12,763	7,794	7,507	6,479	7,784	7,750	9,127	95,723	7,97
scribed Drugs	397,063	297,953	322,996	428,990	286,816	452,746	356,537	349,422	372,279	465,163	374,188	326,170	4,430,323	369,19
ital	4,229	2,559	3,379	4,989	2,653	4,864	2,903	3,521	3,603	4,251	4,147	3,718	44,816	3,73
glasses	1,485	1,300	1,365	1,950	1,281	2,010	1,164	1,887	1,332	2,041	2,180	1,811	19,806	1,65
r. Care Fac. - MR	1,623	1,829	1,856	1,807	1,864	4,708	3,644	8,132	1,851	1,885	1,920	1,839	32,958	2,74
ily Planning	1,359	1,430	1,743	2,605	2,959	3,023	2,926	2,519	3,607	4,298	2,933	4,295	33,697	2,80
al Health Clinic	118	136	4,500	11,065	5,621	8,797	6,120	8,103	6,945	8,978	7,667	7,890	75,940	6,32
DT - Dental	9,381	8,999	9,299	13,312	7,972	12,349	7,016	9,383	8,328	11,129	8,874	7,296	113,338	9,44
DT - Vision	1,366	1,608	1,837	2,861	1,901	2,824	1,862	2,153	2,158	2,682	2,510	1,683	25,445	2,12
DT - Hearing	22	8	18	27	18	39	22	42	30	38	15	23	302	2
ntal Health Clinic	9,609	5,724	7,143	9,951	4,796	10,560	9,619	8,986	9,391	10,735	9,825	9,940	106,279	8,85
rapy	0	0	0	0	0	0	0	0	3	19	46	48	116	1
. Res. Psychiatric	0	0	0	0	0	0	0	0	16	24	24	19	83	
. Hosp. Psychiatric	0	0	0	0	0	0	0	4	4	4	5	23	40	
se Practioneer	2,338	1,453	1,486	2,088	1,326	2,107	1,250	1,876	1,632	2,619	2,117	1,867	22,159	1,84
bulatory Surg. Ctr.	340	287	235	259	177	261	293	245	261	293	342	330	3,323	27
TOTAL	797,136	597,809	626,695	856,059	567,441	883,782	691,009	737,825	776,475	948,539	747,420	698,195	8,928,385	744,03

* Includes Skilled Nursing Facilities and Intermediate Care Facilities

Source: MAM 48-07 (month



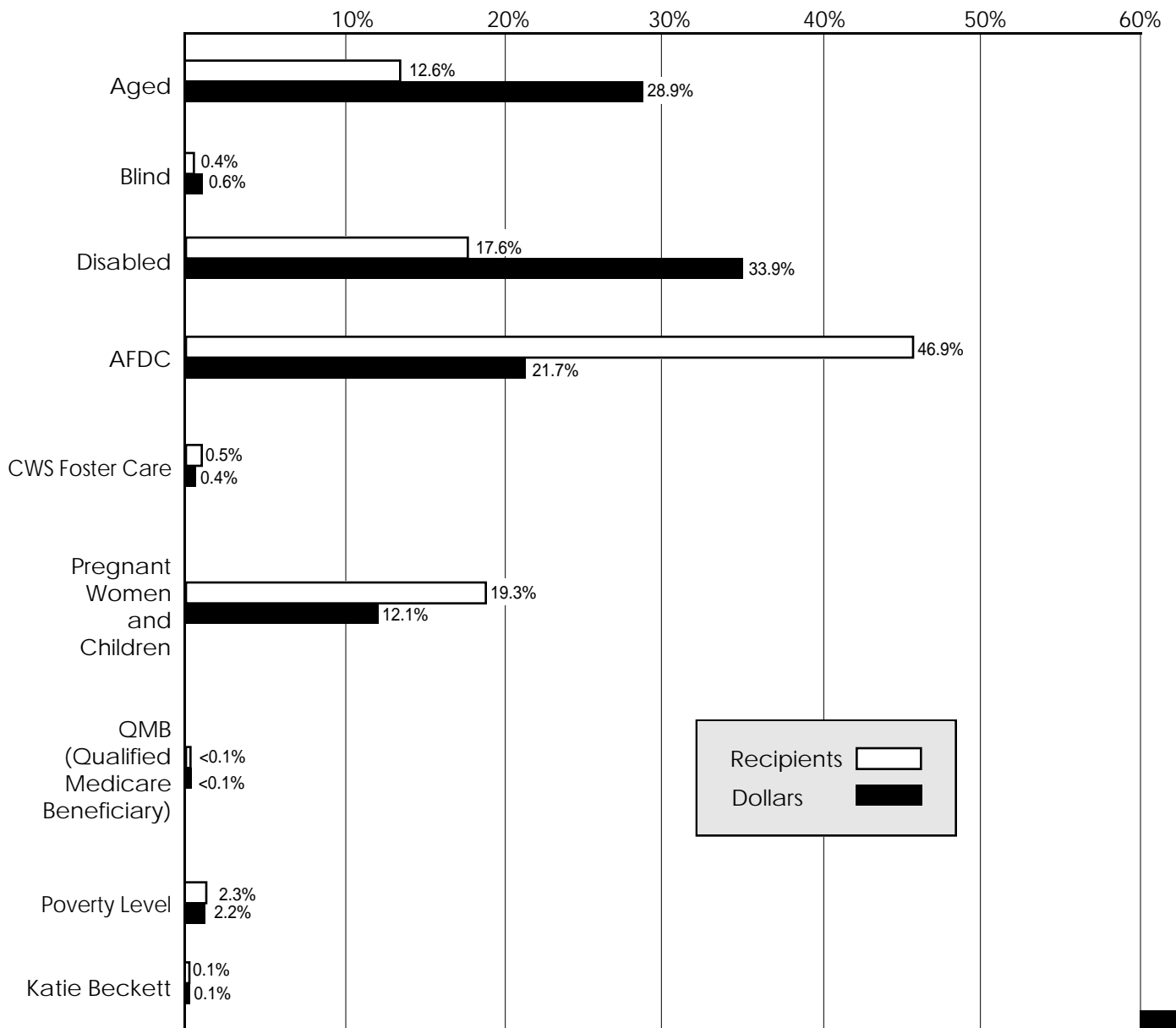
EXPENDITURES BY ELIGIBILITY GROUP

Approximately 29 percent of the total expenditures for Medical Services in Fiscal Year 1991 was spent in the "Aged" category. While only 13 percent of eligibles were classified as "Aged", over \$168 million was paid for nursing home care and drugs, and approximately \$9 million for physician services for elderly Medicaid recipients.

A graphic comparison of the expenditures in each program category is presented below in Chart 3. Tables 9 and 10, found on the following page, provide the Medical Services expenditures broken out by the average cost per recipient and the major medical expenditures that exceeded one million dollars for the year.

CHART 3

Number of Recipients Served and Total Expenditures by Program Category for Fiscal Year 1991



**Expenditures for Medical Services by Type of Service
for Fiscal Years 1990 and Year 1991**

Type of Service	Expenditures FY1990	Expenditures FY 1991	% of Increase or Decrease
Total	589,655,436	736,499,364	24.9
Inpatient Hospital	163,050,134	205,739,295	26.2
Outpatient Hospital	40,227,354	53,958,075	34.1
Laboratory / X-Ray	2,552,646	3,606,054	41.3
Nursing Facility*	137,544,491	171,309,892	24.6
Physician	68,993,561	79,250,309	14.9
EPSDT	3,076,406	5,827,319	36.5
EPSDT Dental	6,258,306	6,812,729	8.9
EPSDT Vision	1,268,282	1,869,666	47.4
EPSDT Hearing	45,182	29,837	-34.0
Rural Health Clinic	290,691	3,417,301 **	1,075.6
Home Health	4,035,075	5,151,820	27.7
Transportation	2,440,133	3,500,417	43.5
Prescribed Drugs	69,461,203	81,882,775	17.9
Dental	1,660,174	1,718,619	3.5
Eyeglasses	451,106	418,551	-7.2
Intermediate Care Facility - Mentally Retarded	42,393,034	56,590,489	33.5
Family Planning	493,262	1,816,447	268.3
Buy-In, Parts A & B, Medicare	31,942,415	32,724,676	2.5
Mental Health Clinic	8,816,103	12,197,202	71.5
Home & Community Based	1,120,161	1,193,662	6.6
Durable Medical Equipment	3,535,717	4,744,554	34.2
Therapy	◆	10,066	◆
Inpatient Residential Psychiatric	◆	469,708	◆
Inpatient Psychiatric Hospital	◆	351,807	◆
Nurse Practitioner	◆	1,417,054	◆
Ambulatory Surgical Center	◆	491,040	◆

* Includes skilled nursing facilities and intermediate care facilities

** Includes Federally Qualified Health Centers (FQHC) for FY 1991

◆ New category for FY 1991 - no comparison data available

Source: MAM 250-R1, Y-T-D

TABLE 8

**Expenditures for Medical Services by Type of Service,
Number of Recipients by Service, and Average Spent for Fiscal Year 1991**

Type of Service	Total Expenditures	Number of Recipients	Avg. Spent per Recipient
Total	\$736,499,364	443,448	\$1,660.85
Inpatient Hospital	\$205,739,295	107,168	\$1,919.78
Outpatient Hospital	53,958,075	215,435	250.46
Laboratory / X-Ray	3,606,054	68,851	52.37
Nursing Facility*	171,309,892	16,151	10,606.77
Physician	79,250,309	373,723	212.06
EPSDT	5,827,319	103,746	56.17
EPSDT Dental	6,812,729	65,588	103.87
EPSDT Vision	1,869,666	23,397	79.91
EPSDT Hearing	29,837	247	120.80
Rural Health Clinic	3,417,301	28,000 **	122.05
Home Health	5,151,820	4,310	1,195.32
Transportation	3,500,417	22,941	152.58
Prescribed Drugs	81,882,775	345,869	236.75
Dental	1,718,619	28,285	60.76
Eyeglasses	418,551	14,049	29.79
Intermediate Care Facility - Mentally Retarded	56,590,489	1,941	29,155.33
Family Planning	1,816,447	26,730	67.96
Buy-In, Parts A&B, Medicare	32,724,676	177,609	184.25
Mental Health Clinic	12,197,202	15,777	773.10
Home & Community Based	1,193,662	504	2,368.38
Durable Medical Equipment	4,744,554	16,486	287.79
Therapy	10,066	42	239.67
Inpatient Residential Psychiatric	469,708	21	22,367.05
Inpatient Psychiatric Hospital	351,807	33	10,660.82
Nurse Practitioner	1,417,054	16,497	85.90
Ambulatory Surgical Center	491,040	2,279	215.46

TABLE 9

Total Expenditures for Medical Services, Total Number of Recipients, Average Expenditure Per Recipient, and Percentage by Program Category for Fiscal Year 1991

Program Category	Expenditures	Percent of Total	Total Number of Recipients	Percent of Total	Average per Recipient
Total.....	\$703,774,685*	100.0**	443,448	100.0**	\$1,587.05*
Aged.....	203,032,389	28.9	55,949	12.6	3,628.88
Blind.....	4,164,282	0.6	1,703	0.4	2,445.26
Disabled.....	239,088,830	34.0	78,097	17.6	3,061.43
AFDC.....	153,068,621	21.8	208,395	47.0	734.51
CWS Foster Care.....	2,532,164	0.4	2,186	0.5	1,158.35
<i>Optional Categorically</i>					
<i>Needy Pregnant Women</i>					
<i>and Children-</i>					
At 100% Federal Poverty Level....	21,213,403	3.0	27,011	6.1	785.36
At 133% Federal Poverty Level....	38,154,040	5.4	39,741	9.0	960.07
At 185% Federal Poverty Level....	26,205,637	3.7	19,757	4.5	1,326.40
<i>Qualified Medicare</i>					
<i>Beneficiary-</i>					
Aged.....	11,116	<0.1	37	<0.1	300.43
Blind.....	0	0.0	0	0.0	0
Disabled.....	331	<0.1	3	<0.1	110.33
<i>Poverty Level-</i>					
Aged.....	7,408,133	1.1	6,872	1.6	1,078.02
Blind.....	8,154,251	1.2	3,380	0.8	2,412.50
Katie Beckett.....	741,488	0.1	317	0.1	2,339.08

** Total expenditures & average per recipient do not include Medicare buy-in

* Percentage columns may not total 100% due to rounding

Source: MAM 250-R1, Y-T-D

TABLE 10

Expenditures for Major Medical Services by Program Category for Fiscal Year 1991

Program Category	Inpt. Hosp.	Outpt. Hosp.	Nursing Fac.	Physicians	EPSDT	Prescb. Drugs	Dental
Total.....	\$205,739,295	\$53,958,075	\$171,309,892	\$79,250,309	\$5,827,319	\$81,882,775	\$1,718,619
Aged.....	17,780,800	4,676,333	144,463,518	9,741,896	0	26,117,364	205,788
Blind.....	1,184,822	352,870	713,583	383,070	2,140	627,250	12,388
Disabled.....	69,971,277	18,149,999	25,620,264	17,990,721	146,430	32,146,739	583,103
AFDC.....	64,174,663	20,550,067	3,527	28,433,814	3,754,219	14,331,366	749,601
CWS Foster Care.....	1,454,377	177,377	6,984	232,220	41,438	96,344	2,712
<i>Optional Categorically</i>							
<i>Needy Pregnant Women</i>							
<i>and Children-</i>							
At 100% Fed. Poverty Level....	10,399,443	2,288,216	0	4,793,371	490,829	1,076,902	22,059
At 133% Fed. Poverty Level....	20,051,117	4,078,115	0	8,961,650	947,326	1,890,949	39,388
At 185% Fed. Poverty Level....	15,363,042	2,067,609	0	6,461,288	442,651	722,300	30,646
<i>Qualified Medicare</i>							
<i>Beneficiary-</i>							
Aged.....	4,926	1,944	0	4,080	0	0	0
Blind.....	0	19	0	12	0	0	0
Disabled.....	0	263	0	61	426	0	0
<i>Poverty Level-</i>							
Aged.....	1,538,043	617,340	463,638	1,299,612	0	3,127,603	33,106
Disabled.....	3,462,597	906,438	38,378	886,556	0	1,651,430	39,748
Katie Beckett.....	354,188	91,485	0	61,958	1,860	94,528	80

Source: MAM 250-R1

TABLE 11

Payments Made to Providers by County for Fiscal Year 1991

It is important to note that providers in one county may serve recipients living in a different county. For information on Medicaid payments for recipients by county refer to Table 12.

County	Total Payments	County	Total Payments
Adams	\$ 11,748,413	Leflore	\$ 16,798,208
Alcorn	7,977,806	Lincoln	11,349,751
Amite	362,851	Lowndes	9,611,634
Attala	3,560,214	Madison	10,405,150
Benton	373,760	Marion	5,029,575
Bolivar	16,841,674	Marshall	3,378,822
Calhoun	2,653,842	Monroe	6,680,847
Carroll	251,414	Montgomery	3,612,833
Chickasaw	3,123,758	Neshoba	5,717,443
Choctaw	1,817,283	Newton	5,115,073
Claiborne	1,713,194	Noxubee	1,846,228
Clarke	3,068,081	Oktibbeha	13,559,611
Clay	5,422,801	Panola	6,513,833
Coahoma	21,025,528	Pearl River	7,115,757
Copiah	3,916,925	Perry	1,035,706
Covington	3,761,097	Pike	14,483,769
DeSoto	3,980,947	Pontotoc	2,937,386
Forrest	34,180,718	Prentiss	3,360,296
Franklin	1,290,325	Quitman	3,706,110
George	1,904,536	Rankin	22,957,551
Greene	1,495,751	Scott	3,399,712
Grenada	9,254,608	Sharkey	2,156,952
Hancock	3,755,221	Simpson	11,826,552
Harrison	41,047,556	Smith	2,123,798
Hinds	124,399,811	Stone	2,256,295
Holmes	6,130,041	Sunflower	8,483,945
Humphreys	2,842,851	Tallahatchie	2,204,538
Issaquena	0	Tate	5,536,775
Itawamba	2,346,826	Tippah	4,799,218
Jackson	14,865,626	Tishomingo	3,564,006
Jasper	2,016,464	Tunica	742,255
Jefferson	1,499,978	Union	7,733,204
Jefferson Davis	2,006,063	Walthall	3,947,247
Jones	31,187,415	Warren	13,346,341
Kemper	1,402,973	Washington	19,382,855
Lafayette	15,193,450	Wayne	4,738,900
Lamar	2,583,396	Webster	2,910,899
Lauderdale	23,779,926	Wilkinson	3,732,130
Lawrence	2,065,604	Winston	3,258,166
Leake	3,500,318	Yalobusha	1,487,900
Lee	20,172,512	Yazoo	4,748,719

Source: HMCP990M-R2

Payments Made for Recipients by County for Fiscal Year 1991

It is important to note that recipients in one county may receive services from a provider in a different county. For information on Medicaid payments to providers by county refer to Table 11.

County	Total Payments	County	Total Payments
Adams	\$11,109,717	Leflore	\$16,015,580
Alcorn	8,296,871	Lincoln	11,477,850
Amite	2,289,410	Lowndes	10,271,774
Attala	5,293,057	Madison	13,331,794
Benton	1,658,019	Marion	8,632,943
Bolivar	17,786,616	Marshall	7,987,793
Calhoun	4,327,137	Monroe	7,770,794
Carroll	1,632,494	Montgomery	3,882,255
Chickasaw	4,974,197	Neshoba	8,283,240
Choctaw	2,172,700	Newton	5,380,936
Claiborne	2,960,160	Noxubee	3,569,330
Clarke	4,858,067	Oktibbeha	10,481,170
Clay	5,974,037	Panola	9,132,665
Coahoma	17,332,653	Pearl River	8,721,974
Copiah	6,615,452	Perry	2,443,228
Covington	4,705,776	Pike	11,316,068
DeSoto	6,241,262	Pontotoc	4,497,456
Forrest	20,116,525	Prentiss	4,906,366
Franklin	2,272,214	Quitman	5,371,460
George	3,367,449	Rankin	25,664,121
Greene	2,811,776	Scott	5,579,205
Grenada	8,104,522	Sharkey	2,985,040
Hancock	6,008,262	Simpson	12,906,120
Harrison	37,508,953	Smith	3,939,883
Hinds	52,995,310	Stone	3,349,005
Holmes	10,094,098	Sunflower	10,727,909
Humphreys	4,416,769	Tallahatchie	5,507,961
Issaquena	480,192	Tate	5,034,031
Itawamba	3,662,219	Tippah	6,226,905
Jackson	17,069,007	Tishomingo	4,779,304
Jasper	4,256,802	Tunica	2,831,377
Jefferson	2,962,014	Union	4,508,582
Jefferson Davis	4,280,012	Walthall	5,569,101
Jones	32,459,316	Warren	11,161,895
Kemper	2,417,973	Washington	19,478,066
Lafayette	11,971,809	Wayne	5,593,992
Lamar	5,823,934	Webster	3,641,403
Lauderdale	20,512,512	Wilkinson	3,951,815
Lawrence	3,350,290	Winston	5,395,016
Leake	5,533,473	Yalobusha	3,477,904
Lee	13,123,018	Yazoo	8,737,354

TABLE 13

**Amount Paid to State Health Agencies and
Institutions by Source of Funds for Fiscal Years 1990 and 1991**

Name of Agency or Institution	Fiscal Year	Total Amount of Payment	From Federal Funds	From State Funds
Total	FY 1990	\$ 86,900,573	\$ 69,676,879	\$ 17,223,694
	FY 1991	113,186,087	90,469,638	22,716,449
East Miss. State Nursing Home (Meridian)	FY 1990 FY 1991	2,033,908 958,797	1,630,787 766,366	403,121 192,431
Ellisville State School (Ellisville)	FY 1990 FY 1991	14,199,648 16,600,809	11,385,278 13,269,027	2,814,370 3,331,782
Miss. State Dept. of Health	FY 1990 FY 1991	5,582,623 12,203,391	4,476,147 9,754,170	1,106,476 2,449,221
North Miss. Retardation Center (Oxford)	FY 1990 FY 1991	6,085,827 7,944,631	4,879,616 6,350,144	1,206,211 1,594,487
South Miss. Retardation Center (Long Beach)	FY 1990 FY 1991	3,322,010 4,117,427	2,663,588 3,291,059	658,422 826,368
Hudspeth Retardation Center (Whitfield)	FY 1990 FY 1991	7,259,802 9,252,779	5,820,909 7,395,746	1,438,893 1,857,033
Miss. State Hospital-Nursing Facilities (Whitfield)	FY 1990 FY 1991	3,783,800 1,793,927	3,033,851 1,433,886	749,949 360,041
Miss. State Hospital (Whitfield)	FY 1990 FY 1991	355,577 425,910	285,102 340,430	70,475 85,480
Boswell Retardation Center (Sanatorium)	FY 1990 FY 1991	2,137,105 2,376,804	1,713,531 1,899,779	423,574 477,025
Miss. Department of Mental Health	Fy 1990 FY 1991	8,823,722 12,202,380	7,074,860 9,753,362	1,748,862 2,449,018
University Medical Center (Jackson)	FY 1990 FY 1991	31,855,520 43,323,965	25,541,762 34,628,845	6,313,766 8,695,120
Miss. Children's Rehabilitation Center	FY 1990 FY 1991	190,276 90,291	152,563 72,170	37,713 18,121
Miss. Dept. of Human Services	FY 1990 FY 1991	1,270,747 1,894,976	1,018,885 1,514,654	251,862 380,322

Source: Provider History Report

TABLE 14
Total Number of Recipients, Number Using Physician Services
by Program Category for Fiscal Year 1991

Program Category	Total Number of Recipients	Recipients Using Services	Percent of Total
Total	443,448	373,723	84.3
Aged.....	55,949	51,675	92.4
Blind	1,703	1,509	88.6
Disabled	78,097	69,874	89.5
AFDC.....	208,395	171,202	82.2
CWS Foster Care	2,186	1,693	77.5
<i>Optional Categorically</i>			
<i>Needy Pregnant Women</i>			
<i>and Children-</i>			
At 100% Federal Poverty Level.....	27,011	20,472	75.8
At 133% Federal Poverty Level.....	39,741	32,265	81.2
At 185% Federal Poverty Level.....	19,757	15,790	79.9
<i>Qualified Medicare</i>			
<i>Beneficiary-</i>			
Aged.....	37	37	100.0
Blind	0	0	0.0
Disabled	3	3	100.0
<i>Poverty Level-</i>			
Aged.....	6,872	6,027	87.7
Disabled	3,380	2,926	86.6
Katie Beckett	317	250	78.9

Source: MAM 260-R1, Y-T-D

TABLE 15
Amount of Expenditures with Percentage Distribution for
Physician Services by Program Category for Fiscal Year 1991

Program Category	Expenditures	Percent of Total
Total.....	\$79,250,309	100.0*
Aged.....	9,741,896	12.3
Blind	383,082	0.5
Disabled	17,990,721	22.7
AFDC.....	28,433,814	35.9
CWS Foster Care	232,220	0.3
<i>Optional Categorically</i>		
<i>Needy Pregnant Women</i>		
<i>and Children-</i>		
At 100% Federal Poverty Level	4,793,371	6.0
At 133% Federal Poverty Level	8,961,650	11.3
At 185% Federal Poverty Level	6,461,288	8.2
<i>Qualified Medicare</i>		
<i>Beneficiary-</i>		
Aged.....	4,080	<0.1
Blind	0	0.0
Disabled	61	<0.1
<i>Poverty Level-</i>		
Aged.....	1,299,612	1.6
Disabled	886,556	1.1
Katie Beckett	61,958	0.1

* Percentage columns may not total 100% due to rounding

Source: MAM 250-R1, Y-T-D

TABLE 16

**Amount of Expenditures with Percentage Distribution
for Physician Services by Age Groups for Fiscal Year 1991**

Age in Years	Expenditures	Percent of Total
Total	\$79,250,309	100.0*
Birth to age 1	6,506,422	8.2
Ages 1 to 3	3,238,376	4.1
Ages 3 to 5	1,936,525	2.4
Ages 5 to 6	797,641	1.0
Ages 6 to 8	1,087,036	1.4
Ages 8 to 19	10,933,916	13.8
Ages 19 to 21	5,552,232	7.0
Ages 21 to 64	33,818,363	42.7
Age 64 and Over.....	15,379,798	19.4

* Percentage columns may not total 100% due to rounding

Source: MAM 250-R1, Y-T-D

TABLE 17

**Number of Physician Visits by Place of Visit
for Fiscal Year 1991**

Place of Visit	Number of Visits	Percent of Total
Total	1,239,095	100.0*
Physician's Office.....	775,114	62.6
Hospital	237,604	19.2
Nursing Home.....	9,870	0.8
Emergency Room	196,455	15.9
Consultations	19,887	1.6
House Calls.....	165	<0.1

* Percentage columns may not total 100% due to rounding

Source: MNADR1

PRESCRIBED DRUGS

The number of recipients who received prescribed drugs during Fiscal Year 1991 totaled 345,869. The average number of prescriptions per recipient for the same time period was 12.6.

TABLE 18

Number of Prescriptions, Number of Recipients, and
Average Number Prescriptions Per Recipient
by Program Category for Fiscal Year 1991

Program Category	Prescriptions	Percent of Total	Number of Recipients	Percent of Total	Average Number of Prescriptions Per Recipient
Total.....	4,349,346	100.0*	345,869	100.0*	12.6
Aged.....	1,526,588	35.1	50,284	14.5	30.4
Blind	45,284	1.0	1,496	0.4	30.2
Disabled	1,599,939	36.8	69,179	20.0	23.1
AFDC Children.....	519,587	12.0	105,796	30.6	4.9
AFDC Adults.....	409,385	9.4	51,591	14.9	7.9
CWS Foster Care	3,291	0.1	1,342	0.5	2.5
Optional Categorically Needy	245,272	5.6	66,181	19.1	3.7

* Percentage columns may not total 100% due to rounding

Source: MNADR-1

LONG-TERM CARE FACILITIES

(Previously Nursing Home Services)

Long-term care facilities in Mississippi are classified as either Nursing Facilities (NF), Nursing Facilities - Psychiatric (NFP), or Intermediate Care Facilities for the Mentally Retarded (ICF-MR). Nursing Facilities were formerly classified as either skilled, intermediate or dual. These classifications were changed October 1, 1990 as a result of the Omnibus Budget Reconciliation Act of 1987. (Information regarding Nursing Facilities - Psychiatric is not shown in Table 19 because the service was not implemented until March 1991 and only 21 recipients had utilized the program.)

TABLE 19

Number of Recipients and Number of Days of Care for Nursing
Facilities by Program Category for Fiscal Year 1991

Program Category	Nursing Facilities		Intermediate Care Facilities - MR	
	Recipients	Days of Care	Recipients	Days of Care
Total	23,054	4,439,096	1,937	646,445
Aged	19,440	3,781,401	59	18,896
Blind.....	94	17,194	19	6,483
Disabled.....	3,335	624,634	1,842	617,912
AFDC Children	6	474	0	0
AFDC Adults	2	89	0	0
CWS Foster Care.....	2	140	0	0
Optional Categorically Needy.....	175	15,164	17	3,154

Source: HCFA 2082 Y-T-D

INPATIENT HOSPITAL SERVICES

During Fiscal Year 1991, Medicaid provided for 360,169 days of inpatient hospital care. The average length of hospital stay was 2.4 days.

Table 20 shows the number of Medicaid recipients who received inpatient hospital service benefits, the number of discharges, the total days of care, and the average length of stay per recipient by program during Fiscal Year 1991. (The table does not include recipients who have hospital coverage under Medicare Part A.)

TABLE 20

Number of Recipients, Number of Discharges, Total Days of
Hospital Care, and Average Length of Hospital Stay
by Program Category for Fiscal Year 1991

Program Category	Number of Recipients*	Number of Discharges	Days of Care	Average Length of Hospital Stay
Total.....	66,170	149,326	360,169	2.4
Aged.....	1,591	3,685	13,251	3.6
Blind	2,309	4,215	9,968	2.4
Disabled	12,438	36,470	120,161	3.3
AFDC Children.....	12,001	24,170	66,251	2.7
AFDC Adults	14,957	35,295	61,924	1.8
CWS Foster Care	137	345	2,250	6.5
Optional Categorically Needy....	22,737	45,146	86,364	1.9

* Does not include Medicaid recipients who are covered under Medicare Part A

OUTPATIENT HOSPITAL SERVICES

A total of 431,337 outpatient visits were provided to 215,435 Medicaid recipients during Fiscal Year 1991 with an average of two visits per outpatient recipient.

DENTAL SERVICES

Limited dental care was provided to 28,285 recipients during Fiscal Year 1991 with expenditures amounting to \$1,718,619. A total of 576,872 procedures were performed.

FAMILY PLANNING SERVICES

Expenditures for the family planning services program amounted to \$1,816,447 in Fiscal year 1991 with the federal government paying 90 percent and Mississippi paying the remaining 10 percent. Payments were made to private physicians, pharmacies, and family planning clinics located through the state. A total 26,730 recipients received family planning services during the year.

EARLY AND PERIODIC SCREENING, DIAGNOSIS AND TREATMENT (EPSDT) PROGRAM

During Fiscal Year 1991, 106,266 of Mississippi's children and youth under age 21 received a comprehensive physical evaluation through EPSDT screenings. The number of treatments, by program category, received as a result of problems found during the screenings are found in the table below.

TABLE 21

Number of Children Receiving Treatment
by Category of Service

Program Category	Number of Children
Dental.....	52,124
Vision.....	25,120
Hearing.....	255
Medical Referrals	167,842

Source: HCFA 416 Y-T-D

