



**State of Mississippi
Division of Medicaid**

**Data Book for MississippiCAN
Version 2**

Prepared for:
**The State of Mississippi
Division of Medicaid**

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State of Mississippi Division of Medicaid
Data Book for MississippiCAN Program – Version 2

March 4, 2009

This report assumes that the reader is familiar with the State of Mississippi's Medicaid program, its benefits, and the MississippiCAN program. The report was prepared solely to assist DOM with the preparation of the RFP for the MississippiCAN program. It may not be appropriate for other purposes. Milliman does not intend to benefit and assumes no duty or liability to other parties who receive this work. This material should only be reviewed in its entirety.

I. EXECUTIVE SUMMARY

This report documents the development of the Data Book for the Mississippi Coordinated Access Network (MississippiCAN), a coordinated care program for Mississippi Medicaid beneficiaries.

The Mississippi Division of Medicaid (DOM) retained Milliman to collect and summarize the data presented in this report to support the Request for Proposals (RFP) for the MississippiCAN program. The data book includes data for the past two state fiscal years ending June 30, 2007 (SFY 2007) and June 30, 2008 (SFY 2008). The information presented in this report will be the basis for capitation rate and risk sharing arrangements developed for MississippiCAN. The capitation rates and risk sharing arrangements will be completed and released on or about April 1, 2009.

All claims information in this report is based on fee-for-service claims data for the eligible populations. Claims are stated on an allowed basis where allowed is defined as paid claims plus any enrollee cost sharing. Also, claims are presented on an incurred basis using the original date of service and include any 'run-out' of claims paid through October 11, 2008.

Section II of the report provides a brief background regarding the MississippiCAN program.

Section III documents the methodology used to identify the groups of beneficiaries eligible for the program.

Section IV includes the methodology used to categorize medical and prescription drug claims along with exclusions applied due to MississippiCAN benefit limitations.

Section V includes other information regarding provider reimbursement contracts, prescription drug rebates, other TPL recoveries, and program changes that occurred during SFY 2007 and SFY 2008.

SFY 2007 and SFY 2008 Cost and Enrollment

Table 1 below summarizes the statewide costs and enrollment for SFY 2007 and SFY 2008.

Table 1 Mississippi Division of Medicaid Statewide SFY 2007 and SFY 2008 Enrollment and Fee-for-Service Costs							
Category	Age Group	SFY 2007			SFY 2008		
		Allowed Costs	Average Enrollment	PMPM	Allowed Costs	Average Enrollment	PMPM
Pregnant Women	All	\$77,093,115	15,094	\$425.63	\$72,869,408	13,564	\$447.69
Kick Payment ¹		\$110,225,451	2,271	\$4,045.12	\$104,125,192	2,072	\$4,187.45
Non-NICU	0-2 months	\$57,398,213	9,249	\$517.13	\$66,015,436	8,797	\$625.38
Non-NICU	3-11 months	\$69,670,249	27,975	\$207.53	\$72,942,929	28,091	\$216.39
NICU	0-2 months	\$60,424,319	179	\$28,130.50	\$59,306,113	168	\$29,403.13
NICU	3-11 months	\$5,471,186	18	\$25,097.18	\$8,253,502	24	\$29,267.74
High Cost	1-5 years	\$28,381,980	4,792	\$493.60	\$33,408,211	4,961	\$561.15
High Cost	6-20 years	\$91,846,079	23,898	\$320.27	\$96,357,651	24,051	\$333.87
High Cost	21+ years	\$348,440,173	46,370	\$626.20	\$367,890,500	47,256	\$648.76
Total²		\$848,950,765	127,575	\$554.54	\$881,168,942	126,910	\$578.60

¹ Kick Payment claims excluded from Pregnant Women's costs. Average enrollment for this group represents number of cases.

² Total Average Enrollment excludes Kick Payment case counts.

Appendix A includes more detailed claims and enrollment information by category of service and also includes breakdowns by geographic region.

Appendix B provides more detailed enrollment information by region and rate category.

Appendix C includes statewide claims probability distributions for the High Cost groups by age band for each of the past two state fiscal years.

Appendix D includes additional data based on requests posed by bidders following the initial Data Book release.

Data Reliance and Important Caveats

We used fee-for-service cost and eligibility data for SFY 2007 and SFY 2008, historical provider reimbursement information, TPL recoveries, and fee schedules to prepare the data shown in this report. If the underlying data used is inadequate or incomplete, the results will be likewise inadequate or incomplete.

DOM's future costs to care for the MississippiCAN beneficiaries will vary from the historical claims and enrollment experience included in this report. Actual amounts will differ from projected amounts to the extent that actual experience is better or worse than expected.

Our report is intended for distribution with the RFP for the MississippiCAN program. It may not be appropriate for other purposes. Milliman does not intend to benefit and assumes no duty or liability to third parties who receive this work. It should only be reviewed in its entirety.

The results of this report are technical in nature and are dependent upon specific assumptions and methods. No party should rely on these results without a thorough understanding of those assumptions and methods. Such an understanding may require consultation with qualified professionals.

The terms of Milliman's contract with DOM signed on November 19, 2008 apply to this report and its use.

II. BACKGROUND

The implementation of MississippiCAN, a Coordinated Care Program for Mississippi Medicaid beneficiaries, will address the following goals:

- > Improve access to needed medical services - This goal will be accomplished by connecting the targeted beneficiaries with a medical home, increasing access to providers, and improving beneficiaries' use of primary and preventive care services.
- > Improve quality of care – This goal will be accomplished by providing systems and supportive services, including disease state management, and other programs that will allow beneficiaries to take increased responsibility for their health care.
- > Improve efficiencies and cost effectiveness – This goal will be accomplished by contracting with Coordinated Care Organizations (CCOs) on a full-risk capitated basis to provide comprehensive services through an efficient, cost effective system of care.

1915(b) Federal Waiver Authority

Mississippi is seeking a Federal Medicaid 1915(b) waiver to secure approval to implement a care coordination program for targeted beneficiaries.

The 1915(b) waiver will allow the Medicaid program to require mandatory enrollment of these targeted beneficiaries into contracted CCOs and to extend care coordination to children with special health care needs.

Program Geographic Areas

MississippiCAN will be implemented in all 82 counties in the state of Mississippi for all eligible beneficiaries beginning October 1, 2009.

Target Population

The target population of MississippiCAN is comprised of three groups, including:

- > Pregnant women
- > Children under the age of one year
- > Targeted, high cost Medicaid beneficiaries

Mandatory Enrollment

The enrollment into MississippiCAN of the targeted populations will be mandatory. There will be no ability to opt out of the program.

All beneficiaries will have the ability to choose the CCO of their choice. Enrolled beneficiaries will have an open enrollment period during the 90 days following their initial enrollment in a CCO during which they can enroll in a different CCO "without cause" and an open enrollment period at least once every 12 months after the initial date. This open enrollment assignment will align with the timing of each beneficiary's annual eligibility redetermination date (except for the initial enrollment group since that will occur on July 1 for all). At each beneficiary's annual eligibility redetermination, beneficiaries may choose to select another CCO.

Various “for cause” reasons for disenrollment at other times will incorporate federal requirements, such as: providers that do not (for religious or moral reasons) offer needed services; not all related services are available in the plan’s network; or the plan lacks providers experienced in dealing with the enrollee’s health care needs.

Eligibility criteria for MississippiCAN will be the same as the eligibility criteria for Mississippi Medicaid.

Children enrolled in MississippiCAN will have 12 months of continuous Medicaid eligibility and beneficiaries over 19 years of age will have eligibility determined annually.

The CCOs will not have the ability to directly market to the targeted beneficiaries. The Division of Medicaid (DOM) will be responsible for creating a process to provide information about choice of CCOs and enroll the beneficiaries into their chosen CCO. DOM staff and the Medicaid Fiscal Agent will work together to accomplish these tasks. No separate enrollment broker will be procured.

The enrollment process will ensure that beneficiaries have informed choice, the process is cost efficient and timely, and the process is acceptable to advocates, providers, and beneficiaries.

III. METHODOLOGY - BENEFICIARIES

This section of our report describes how we filtered the detailed enrollment data provided by DOM's Medicaid Management Information Systems (MMIS) vendor to determine the beneficiaries that would be eligible for MississippiCAN.

Base Data

DOM's MMIS vendor provided detailed Medicaid fee-for-service claims and eligibility data from SFY 2007 and SFY 2008. Before analyzing claims, we pared down the eligibility data to groups that will be eligible to enroll in MississippiCAN. Again, the targeted groups are:

- > Pregnant women
- > Children under the age of one year
- > Targeted, high cost beneficiaries

In order to isolate data only for these groups, we applied various filters as described in the rest of this section of our report.

Removal of Retroactive Eligibility Periods

Beneficiary enrollment in the fee-for-service program can and does occur retroactively. When some individuals apply and qualify for Medicaid coverage, DOM reimburses claims which occurred during the retroactive qualification period prior to their application. DOM backdates the eligibility of the individual to accommodate the retroactive coverage.

There is a lag between the first date of eligibility and the date of enrollment in a CCO because Medicaid eligibility begins on the first day of the month in which the application was received. Once a Medicaid beneficiary signs up for a CCO, they will be enrolled on the first day of the subsequent month.

The retroactive enrollment period is not covered by the CCO, so we removed retroactive eligibility included in the data provided to Milliman using the following criteria:

- > Category of Eligibility (COE) code 002 for Retroactive SSI beneficiaries were removed.
- > In addition to the COE code exclusion, we also removed any months prior to the date that a beneficiary was added to the Medicaid enrollment file. For example, if a beneficiary is active 1/15/08, but they were added to the enrollment file 2/1/08, we only included data on or after 2/1/08 to reflect any other retroactivity that may have occurred.

Excluded Eligibility Categories

Not all Medicaid recipients are eligible to enroll in the MississippiCAN. Table 2 below shows the ineligible COE codes for MississippiCAN as defined by DOM.

Table 2 Mississippi DOM Excluded Category of Eligibility Codes	
Category of Eligibility (COE) Code	Description
002	SSI Retroactive
005	SSI in Institution
010	Nursing Home, < 300%
013	NF, Eligible at Home
021	Illegal alien
028	DMIE Project
031	Qualified Medicare Beneficiary
045	Non-Medicare PLAD
046	PLAD-Cancer Waiver
047	PLAD-Renal Disease Waiver
048	PLAD-Transplant Waiver
049	PLAD-AP (Anti-psychotic)
051	Specified Low-Income Medicare
054	QI 1
057	QI 2
062	HCBS Assisted Living
063	HCBS Aged / Disabled
064	HCBS MR-DD
065	HCBS Independent Living
066	TBI / SCI Waiver
067	HCBS MYPAC COE
092	HR-1

In addition to the COEs in Table 2, a few other filters were applied to the enrollment data to remove Medicare eligibles, institutionalized beneficiaries, and beneficiaries participating in other waiver programs.

Medicare Enrollment Spans

In addition to the COE exclusions in Table 2 that identify Medicare eligibles (i.e., COE codes 031, 051, 054, and 057), we also removed any enrollees that were known to have been eligible for Medicare. Specifically, we used the date fields provided in the eligibility files to isolate the timeframes when enrollees were eligible for Medicare. If a beneficiary was Medicare eligible any time during a given month, the member month was removed for purposes of this data book.

Medicare Crossover Claims

Per DOM staff, Medicare claims with a claim type field of “A, B, or U” indicate that Medicare is making payments on a claim. We used this as another way to identify Medicare eligible beneficiaries. If a

Medicare claim was incurred in a month, then all claims and enrollment records from the month were excluded from the data book.

Institutionalized Population

In addition to the COEs in Table 2 (i.e., COE codes 005, 010) that identify institutionalized beneficiaries, we also removed institutionalized beneficiaries based on LTC codes in the eligibility files indicating dates that a person was institutionalized. If a beneficiary was institutionalized any time during a given month, the member month was removed for purposes of this analysis.

Waiver Program Exclusions

In addition to the COEs in Table 2 (i.e., COE codes 046 - 049, 062 - 067) that identify various waiver programs, we also removed waiver beneficiaries based on codes in the eligibility files indicating dates that a person was in a waiver program. Per DOM staff, a beneficiary is enrolled in waiver program if their lckn_cd equals SED, WAL, WED, WIL, WMR, or WTB. When this occurred, we removed their eligibility record for each month of such occurrence.

Pregnancy Window of Eligibility

Pregnant women are identified in the data using a multi-pronged approach.

First, we automatically include all females from COE categories 087 and 088 who are over the age of 12. These two COE categories enroll pregnant women with different income levels.

The second way we identified pregnant women was via the claims data for any female not excluded based on the criteria mentioned earlier. Of these females, anyone with a DRG in the range of 370 - 375 indicating a delivery was flagged. We then assumed the woman's eligibility for MississippiCAN would begin no more than five months prior to her delivery date. We determined five months was reasonable based on how quickly a pregnant woman typically enrolls in COE 087 and 088. Pregnant women enroll in those COEs five months prior to delivery on average.

We also assumed eligibility for MississippiCAN would terminate 2 months after the delivery.

Please note that retroactive periods of eligibility are excluded for pregnant women as well. For example, if a pregnant woman was retroactively eligible 5 months prior to delivery, but her application occurred 4 months prior to delivery, then we only assumed she was eligible for purposes of MississippiCAN for 4 months prior to the delivery date.

Infant Eligibility

We assumed any child less than one year of age was eligible for MississippiCAN (assuming they were not excluded via criteria mentioned earlier). We segmented the infants into age categories of 0 - 2 months and 3 - 11 months. The assignment of Neonatal Intensive Care Unit infants (i.e., NICU or Neonate) vs. non-NICU is based on DRG assignment and is discussed further in Section IV.

High Cost Category

If a beneficiary was not (a) excluded based on criteria described earlier and (b) was not classified as a pregnant woman or an infant, then DOM chose to include them in the High Cost category based on the COE codes shown in Table 3 below.

Table 3 Mississippi DOM Targeted High Cost Beneficiaries Based on COE Code	
Category of Eligibility (COE) Code	Description
001	SSI via SDX
019	Disabled Child at Home
025	Working Disabled
026	DHS-Foster-Care
027	Breast / Cervical Group

Note that if a woman is in a High Cost category and then becomes pregnant, her enrollment records during the pregnancy window will be included in the Pregnant Women category. Her remaining enrollment records will fall under the High Cost classification.

Resulting Rate Cell Categories

After applying the various exclusions and identification methods documented in this section, the resulting rate cell categories along with eligibility information for SFY 2007 and 2008 are shown in Table 4 below.

Table 4 Mississippi Division of Medicaid Statewide SFY 2007 and 2008 Enrollment by Rate Cell Category					
		SFY 2007		SFY 2008	
Category	Age Group	Member Months	Average Enrollment	Member Months	Average Enrollment
Pregnant Women	All	181,127	15,094	162,767	13,564
Kick Payment ¹	All Cases	27,249	2,271	24,866	2,072
Non-NICU	0 - 2 months	110,993	9,249	105,560	8,797
Non-NICU	3 - 11 months	335,704	27,975	337,087	28,091
NICU	0 - 2 months	2,148	179	2,017	168
NICU	3 - 11 months	218	18	282	24
High Cost	1 - 5 years	57,500	4,792	59,535	4,961
High Cost	6 - 20 years	286,780	23,898	288,609	24,051
High Cost	21+ years	556,435	46,370	567,068	47,256

¹ Kick Payment enrollment represents number of cases.

Geographic Regions

DOM will consider offering regional payments to better reflect CCO enrollment for CCOs that enroll a disproportionate number of members from high-cost or low-cost regions of the state. DOM will consider the three regions of North, Central, and South based on the county where a beneficiary lives. Table 5 displays the counties included in each region.

Table 5 Mississippi DOM Geographic Regions by County		
North Region	Central Region	South Region
Alcorn	Calhoun	Adams
Attala	Chickasaw	Amite
Benton	Choctaw	Covington
Bolivar	Claiborne	Forrest
Carroll	Clarke	Franklin
Coahoma	Clay	George
DeSoto	Copiah	Greene
Grenada	Hinds	Hancock
Holmes	Issaquena	Harrison
Humphreys	Jasper	Jackson
Itawamba	Kemper	Jefferson
Lafayette	Lauderdale	Jefferson Davis
Lee	Leake	Jones
LeFlore	Lowndes	Lamar
Marshall	Madison	Lawrence
Montgomery	Monroe	Lincoln
Panola	Neshoba	Marion
Pontotoc	Newton	Pearl River
Prentiss	Noxubee	Perry
Quitman	Oktibbeha	Pike
Sunflower	Rankin	Stone
Tallahatchie	Scott	Walthall
Tate	Sharkey	Wayne
Tippah	Simpson	Wilkinson
Tishomingo	Smith	
Tunica	Warren	
Union	Webster	
Washington	Winston	
Yalobusha	Yazoo	

To determine a beneficiary's county, we used the following approach:

- a. County code included on a beneficiary's enrollment record in a given month.
- b. Absent (a), we mapped zip codes in the enrollment file to counties. In cases where a zip code is present in more than one county, we assumed that a zip code maps to a given county if:
 - i. The zip code shows up most frequently for a given county in the enrollment file (assuming a minimum of 5 occurrences).
 - ii. Census information indicating the portion of a zip code's population that resides in each county. County is assigned to a zip code based on the county that includes the largest portion of a zip code's population.

Table 6 shows the resulting enrollment counts by region for SFY 2007 and 2008. Appendix B includes a more detailed breakdown by county and rate cell within each region.

Table 6 Mississippi Division of Medicaid Statewide SFY 2007 and 2008 Enrollment by Region				
	SFY 2007		SFY 2008	
Region	Member Months	Average Enrollment	Member Months	Average Enrollment
North	504,520	42,043	507,630	42,303
Central	575,730	47,978	566,847	47,237
South	450,653	37,554	448,448	37,371
Statewide	1,530,903	127,575	1,522,925	126,910

IV. METHODOLOGY– MEDICAL AND PRESCRIPTION DRUG CLAIMS

This section of our report describes the methodology to capture the medical and prescription drug claims for the data book. Individuals had to have eligibility in a month selected according to the criteria in Section III for any claims in that month to potentially be included.

Benefit Exclusions

Certain services and benefits are not covered under MississippiCAN. Therefore, we excluded certain claims from the data.

- > *Behavioral Health Claims* - CCOs will not be responsible for the treatment of behavioral health medical benefits (note that prescription drugs for treatment of behavioral health will be covered by MississippiCAN). Based on criteria provided by DOM, we removed the following medical claims from our analysis to reflect the behavioral health exclusion:

- § CMS 1500 claims

- All claim type M
- All procedure codes 90801 - 90899, 96101, 96110, 96111, 96118
- Rendering Provider types X00, X01, X02, X03
- COS 09, 33

- § UB 04 claims

- Provider type DP0, D05
- COS 26, 27
- DRG 740 (1 - 4) -776 (1 - 4)
- Rev codes 900 - 919, 942, 944, 945, 961

- > *Non-emergency Transportation Claims* - CCOs will not be responsible for providing non-emergency transportation claims. Based on criteria provided by DOM, we removed the following claims from our analysis:

- § Claim Type T, Provider Types J01, J03, J04 for DOS on and prior to 10/31/06

Rate Cell Categorization, Kick Payments, and NICU Assignment

After we applied the benefit exclusions, we then summarized all claims from the fee-for-service data by SFY along with eligible member months for any beneficiary in the rate cell categories outlined in Section III.

The only costs excluded from any rate cell are the facility and professional costs associated with delivering a baby in the Pregnant Women category. These costs are isolated because DOM intends to reimburse CCOs with a maternity “kick payment” (i.e., an all-inclusive case rate) for all hospital and physician delivery-related services. Many other Medicaid programs use a kick payment arrangement to pay plans for maternity services under their programs to protect CCOs from the financial risk of late term enrollment.

To determine the costs underlying the kick payment category, we applied the following criteria to the Pregnant Women category:

- a. Hospital Inpatient provider claims with DRG codes of 370 – 375
- b. For any hospital admissions identified in (a), include all physician-related claims billed during the hospital stay. This primarily included the following CPT codes: 01960, 01961, 01967, 01968, 59409, 59410, 59426, 59514, and 59515.

As discussed earlier, infants are segmented into NICU and non-NICU. NICU infants are placed in a separate category since DOM will potentially use a risk-sharing arrangement for these beneficiaries. To isolate the costs underlying the NICU category, we applied the following criteria to infants:

- a) Hospital Inpatient provider claims with DRG codes of 385 - 390, where length of stay is at least 10 days.
- b) For any hospital admissions identified in (a), include all physician-related claims billed during the hospital stay.
- c) "Continuous stay logic" was applied to these admissions to ensure that any beneficiary with a discharge and admission on the following day with the same provider are counted as one admission.
- d) All other claims incurred during the month of discharge are assigned to the NICU category.
- e) All member months associated with the dates of a NICU stay are isolated for purposes of developing the NICU category separately from the other infants.

Note that any NICU risk sharing arrangement implemented by DOM may use a different definition of NICU infant.

The resulting costs by rate cell category after applying the kick payment filters are shown in Table 7. Appendix A includes more detailed information by category of service and also includes breakdowns by geographic region.

Table 7
Mississippi Division of Medicaid
Statewide SFY 2007 and SFY 2008 Enrollment and Fee-for-Service Costs

		SFY 2007			SFY 2008		
Category	Age Group	Allowed Costs	Average Enrollment	PMPM	Allowed Costs	Average Enrollment	PMPM
Pregnant Women	All	\$77,093,115	15,094	\$425.63	\$72,869,408	13,564	\$447.69
Kick Payment ¹		\$110,225,451	2,271	\$4,045.12	\$104,125,192	2,072	\$4,187.45
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NICU	0 - 2 months	\$60,424,319	179	\$28,130.50	\$59,306,113	168	\$29,403.13
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High Cost	6 - 20 years	\$91,846,079	23,898	\$320.27	\$96,357,651	24,051	\$333.87
High Cost	21+ years	\$348,440,173	46,370	\$626.20	\$367,890,500	47,256	\$648.76
Total²		\$848,950,765	127,575	\$554.54	\$881,168,942	126,910	\$578.60

¹ Kick Payment claims excluded from Pregnant Women's costs. Average enrollment for this group represents number of cases.

² Total Average Enrollment excludes Kick Payment case counts.

High Cost Category Claims Distribution

Appendix C includes statewide claims probability distributions for the High Cost category by age band for each of the past two state fiscal years. These distributions illustrate average annual allowed costs per member by various claim buckets. The distributions also indicate the number of unique members without any claims incurred during a given fiscal year.

V. OTHER INFORMATION

Section V includes other information regarding provider reimbursement contracts, prescription drug rebates, third party liability (TPL) recoveries, program changes that occurred during SFY 2007 and SFY 2008, and additional data based on bidders questions to date.

Provider Reimbursement Contracts

DOM's current provider reimbursement fee schedules can be found on the internet at the following address:

<http://www.medicaid.ms.gov/FeeScheduleLists.aspx>

Additional historical fee schedule information is also found in the following file:

Appendix D1-Historical Provider Fee Schedules.zip

Prescription Drug Rebates

DOM received rebates for prescription drug claims as shown in Table 8. Please note that these rebates are not reflected in any claims information shown throughout this report. In addition, the rebates shown in Table 8 are for the entire Mississippi Medicaid program. Based on financial information we received for the entire Mississippi Medicaid program, these rebates entail approximately 25% - 31% of drug services expenditures across all DOM categories of eligibility.

Table 8
Mississippi Division of Medicaid
Prescription Drug Rebates for Entire DOM Program

Quarter	<u>State Fiscal Year</u>			
	2006	2007	2008	2009
<u>Supplemental Rebates Collected</u>				
July - September	N/A	\$2,392,475.54	\$2,376,496.02	\$1,472,506.00
October - December	N/A	\$3,020,994.39	\$3,035,825.00	N/A
January - March	N/A	\$2,307,065.53	\$1,630,011.00	N/A
April - June	\$2,115,402.44	\$2,325,702.56	\$2,651,888.00	N/A
Totals	\$2,115,402.44	\$10,046,238.02	\$9,694,220.02	\$1,472,506.00
<u>Federal Rebates Collected</u>				
July - September	\$ 63,355,600.88	\$11,904,775.91	\$17,344,525.83	\$20,650,750.35
October - December	\$ 22,845,196.36	\$14,199,110.85	\$20,440,247.49	N/A
January - March	\$ 30,089,659.79	\$14,369,330.49	\$22,361,461.19	N/A
April - June	\$ 29,889,260.65	\$18,151,521.15	\$25,529,933.49	N/A
Totals	\$146,179,717.68	\$58,624,738.40	\$85,676,168.00	\$20,650,750.35

Other Third Party Liability (TPL) Recoveries

TPL recoveries provided in the claims files we received from DOM are explicitly excluded from the allowed claims shown in this report. However, not all TPL recoveries that DOM receives are assigned to specific claims in the information we received. Table 9 illustrates these additional third liability recoveries that DOM received. Again, please note that these TPL recoveries are not reflected in any claims information shown throughout this report. In addition, these TPL recoveries shown in Table 9 are for the entire Mississippi Medicaid program. Based on financial information we received for the entire Mississippi Medicaid program, these TPL recoveries equal approximately 0.3% of all medical expenditures across all DOM categories of eligibility.

Table 9 Mississippi Division of Medicaid TPL Recoveries Not Reflected in Claims for Entire DOM Program		
July 06 - June 07	July 07 - June 08	July 08 - December 08
\$10,881,698	\$9,992,076	\$3,995,427

Program Changes Since July 2006

DOM states that very few program changes have occurred since July 1, 2006. Changes that were disclosed are as follows:

- 1) In 2007, DOM made changes to their dental fee schedule.
- 2) In April 2007, DOM changed their methodology for processing crossover claims.

Additional Information Requested by Bidders

Following the release of the original Data Book on January 29, 2009, a number of bidders requested additional information focused on various data elements. To address most of the issues raised, we included the following excel files with additional information:

- > *Appendix D.2-Procedure Codes.xls*: This appendix includes a list of allowed amounts and units by procedure code for each rate cell category. Please note that some codes have units without allowed dollars associated with them. This has to do with the claim types, which are not seen with this information but are used to calculate the allowed amounts and counts. If the claim type is outpatient, the amount allowed is found on the header record from the data warehouse, but the service count (units) is on the line level. In these cases, there have been multiple CPT / HCPCS codes submitted with units on the claim but all the allowed amounts are assigned to the CPT / HCPCS on the header level. Thus, zero dollars shows up with some unit counts (even though there are theoretically costs associated with the procedure code). All the other claim types included (i.e., inpatient is excluded) have allowed amounts and service unit counts at the line level.
- > *Appendix D.3-Diagnosis Codes by High Cost COE.xls*: This appendix includes a list of claims by ICD-9 diagnosis code for each Category of Eligibility (COE) within the High Cost category.

- > *Appendix D.4-Pregnant Women and Infant Member Month Distribution by Zip Code.xls*: This appendix includes distributions by fiscal year of member months for these beneficiaries broken down by zip code and corresponding region.
- > *Appendix D.5-Hospital Inpatient and Outpatient Detail.xls*: This appendix provides the following sets of data related to hospital claims:
 - DRG Distribution: Information on this tab includes CMS version 24 DRG classifications of inpatient claims segmented by combinations of region and the three major categories of beneficiaries (High Cost, Pregnant Women / Kick and Infants / NICU).
 - Facility – ER Only: This tab provides hospital emergency room claims and units by facility name segmented by combinations of region and the three major categories of beneficiaries.
 - Top Facilities: This tab provides a distribution of facility names along with their corresponding inpatient and outpatient claims and utilization for each state fiscal year.
- > *Appendix D.6- Rx Summaries.xls*: This appendix includes summaries of drug utilization and cost by therapeutic class and generic / brand status for each rate cell category.
- > *Appendix D.7-Out of State Providers.xls*: This appendix includes cost models (utilization and allowed costs by category of service) for any costs incurred at providers outside the State of Mississippi for each major beneficiary category.
- > *Appendix D.8-Infant & Pregnant Women CPDs.xls*: This appendix includes a number of claims probability distributions (CPD) and inpatient length of stay distributions for the Infants / NICU and Pregnant Women / Kick beneficiaries. Within this file there are a number of exhibits as follows:
 - § Exhibit C: Claim Probability Distributions for Infants
 - § Exhibit D: Claim Probability Distributions for Neonates
 - § Exhibit E: Claim Probability Distributions for Pregnant Women / Kick
 - § Exhibit F: Average Length of Stay Distributions for Pregnant Women / Kick, Infants and Neonates
- > *Appendix D.9-COE Cost Model Breakout.xls*: This appendix includes cost models (utilization and allowed costs by category of service) for the high cost categories broken out by COE.

Appendix A

Incurred Claims and Per Member Per Month (PMPM) Cost Summaries

State of Mississippi Division of Medicaid
Data Book for MississippiCAN Program – Version 2

March 4, 2009

This report assumes that the reader is familiar with the State of Mississippi's Medicaid program, its benefits, and the MississippiCAN program. The report was prepared solely to assist DOM with the preparation of the RFP for the MississippiCAN program. It may not be appropriate for other purposes. Milliman does not intend to benefit and assumes no duty or liability to other parties who receive this work. This material should only be reviewed in its entirety.

Appendix A.1
State of Mississippi Department of Medicaid
Incurred Claims and Per Member Per Month (PMPM) Cost Summaries
Claims Basis: Amount Allowed

July 2006 - June 2007								July 2007 - June 2008					
Category: Pregnant Women													
Region: Statewide													
Age: All													
cos_cd	Service Category	Member Months	Services	Annual Utilization				Member Months	Services	Amount Allowed	Annual Utilization		
				Amount Allowed	per 1,000	Average Unit Cost	Allowed \$ PMPM				per 1,000	Average Unit Cost	Allowed \$ PMPM
01	Inpatient Hospital Services	181,127	10,468	12,663,752	694	1,209.76	69.92	162,767	9,761	12,311,879	720	1,261.33	75.64
02	Outpatient Hospital Services	181,127	939,599	18,595,253	62,250	19.79	102.66	162,767	649,621	16,391,662	47,893	25.23	100.71
03	Lab and Radiology Services	181,127	154,136	2,889,475	10,212	18.75	15.95	162,767	134,652	2,681,397	9,927	19.91	16.47
05	Physician Services	181,127	517,009	26,330,363	34,253	50.93	145.37	162,767	471,157	25,979,597	34,736	55.14	159.61
06	Home and Community Based Services	181,127	0	0	0	0.00	0.00	162,767	0	0	0	0.00	0.00
07	Home Health Agency Services	181,127	5,159	98,171	342	19.03	0.54	162,767	4,447	88,228	328	19.84	0.54
08	Swing Bed Skilled Care Services	181,127	0	0	0	0.00	0.00	162,767	0	0	0	0.00	0.00
10	Periodic Screening Services (EPDST)	181,127	1,258	47,314	83	37.61	0.26	162,767	1,057	39,798	78	37.65	0.24
11	Emergency/Non-Emergency Transportation	181,127	57,942	871,734	3,839	15.04	4.81	162,767	57,447	867,366	4,235	15.10	5.33
12	Dental Services	181,127	2,235	85,073	148	38.06	0.47	162,767	2,547	115,055	188	45.17	0.71
13	Eyeglass Services	181,127	2,105	87,366	139	41.50	0.48	162,767	2,638	115,741	194	43.87	0.71
14	Family Planning Services	181,127	0	0	0	0.00	0.00	162,767	0	0	0	0.00	0.00
15	Drug Services	181,127	174,853	5,576,209	11,584	31.89	30.79	162,767	167,743	5,712,362	12,367	34.05	35.10
16	Dental Screening	181,127	5,378	216,638	356	40.28	1.20	162,767	5,804	262,159	428	45.17	1.61
17	Eyeglass Screening	181,127	3,555	119,175	236	33.52	0.66	162,767	4,013	141,854	296	35.35	0.87
18	Hearing Screening Services	181,127	14	411	1	29.34	0.00	162,767	33	1,274	2	38.59	0.01
21	Swing Bed Intermediate Care Services	181,127	0	0	0	0.00	0.00	162,767	0	0	0	0.00	0.00
22	Rural Health Clinic Services	181,127	72,156	4,407,822	4,780	61.09	24.34	162,767	61,488	3,814,800	4,533	62.04	23.44
23	FQHC (Federally Qualified Health Center)	181,127	32,133	2,577,145	2,129	80.20	14.23	162,767	23,806	1,710,494	1,755	71.85	10.51
24	DME (Durable Medical Equipment Services)	181,127	8,630	171,122	572	19.83	0.94	162,767	9,987	192,592	736	19.28	1.18
25	Therapy Services, (outside the Home Health Program)	181,127	0	0	0	0.00	0.00	162,767	42	805	3	19.17	0.00
27	Inpatient Psychiatric Hospital Services	181,127	0	0	0	0.00	0.00	162,767	0	0	0	0.00	0.00
28	Nurse Services	181,127	146,524	1,789,886	9,707	12.22	9.88	162,767	126,980	1,879,459	9,362	14.80	11.55
29	Ambulatory Surgical Centers	181,127	134	47,388	9	353.64	0.26	162,767	100	34,548	7	345.48	0.21
31	Hospice Services	181,127	15	518	1	34.53	0.00	162,767	0	0	0	0.00	0.00
32	Outpatient Psychiatric Hospital Services	181,127	0	0	0	0.00	0.00	162,767	0	0	0	0.00	0.00
34	Family Planning Drug Services	181,127	12,942	511,752	857	39.54	2.83	162,767	12,050	496,564	888	41.21	3.05
35	Freestanding Dialysis Services	181,127	562	6,543	37	11.64	0.04	162,767	10,400	31,363	767	3.02	0.19
98	Unknown	181,127	0	3	0	0.00	0.00	162,767	10	410	1	41.00	0.00
Total		181,127		\$ 77,093,115		\$ 425.63		162,767		\$ 72,869,408		\$ 447.69	

Appendix A.1
State of Mississippi Department of Medicaid
Incurred Claims and Per Member Per Month (PMPM) Cost Summaries
Claims Basis: Amount Allowed

July 2006 - June 2007										July 2007 - June 2008					
Category: Pregnant Women															
Region: North															
Age: All															
		Annual Utilization										Annual Utilization			
cos_cd	Service Category	Member Months	Services	Amount Allowed	per 1,000	Average Unit Cost	Allowed \$ PMPM			Member Months	Services	Amount Allowed	per 1,000	Average Unit Cost	Allowed \$ PMPM
01	Inpatient Hospital Services	55,271	3,238	3,992,276	703	1,232.95	72.23			51,688	2,877	3,645,499	668	1,267.12	70.53
02	Outpatient Hospital Services	55,271	496,968	5,276,949	107,898	10.62	95.47			51,688	238,415	4,662,310	55,351	19.56	90.20
03	Lab and Radiology Services	55,271	48,959	903,051	10,630	18.45	16.34			51,688	46,967	963,024	10,904	20.50	18.63
05	Physician Services	55,271	153,534	8,276,008	33,334	53.90	149.74			51,688	134,767	8,164,640	31,288	60.58	157.96
06	Home and Community Based Services	55,271	0	0	0	0.00	0.00			51,688	0	0	0	0.00	0.00
07	Home Health Agency Services	55,271	1,991	41,128	432	20.66	0.74			51,688	1,531	28,216	355	18.43	0.55
08	Swing Bed Skilled Care Services	55,271	0	0	0	0.00	0.00			51,688	0	0	0	0.00	0.00
10	Periodic Screening Services (EPDST)	55,271	473	16,959	103	35.85	0.31			51,688	441	16,842	102	38.19	0.33
11	Emergency/Non-Emergency Transportation	55,271	27,568	330,035	5,985	11.97	5.97			51,688	26,220	336,097	6,087	12.82	6.50
12	Dental Services	55,271	859	34,778	186	40.49	0.63			51,688	996	41,446	231	41.61	0.80
13	Eyeglass Services	55,271	820	32,801	178	40.00	0.59			51,688	1,047	43,533	243	41.58	0.84
14	Family Planning Services	55,271	0	0	0	0.00	0.00			51,688	0	0	0	0.00	0.00
15	Drug Services	55,271	55,497	1,649,896	12,049	29.73	29.85			51,688	54,306	1,906,025	12,608	35.10	36.88
16	Dental Screening	55,271	1,887	72,861	410	38.61	1.32			51,688	2,214	105,231	514	47.53	2.04
17	Eyeglass Screening	55,271	1,420	46,783	308	32.95	0.85			51,688	1,465	50,637	340	34.56	0.98
18	Hearing Screening Services	55,271	9	228	2	25.35	0.00			51,688	18	880	4	48.91	0.02
21	Swing Bed Intermediate Care Services	55,271	0	0	0	0.00	0.00			51,688	0	0	0	0.00	0.00
22	Rural Health Clinic Services	55,271	46,231	2,751,210	10,037	59.51	49.78			51,688	42,525	2,559,452	9,873	60.19	49.52
23	FQHC (Federally Qualified Health Center)	55,271	5,457	386,895	1,185	70.90	7.00			51,688	4,626	311,180	1,074	67.27	6.02
24	DME (Durable Medical Equipment Services)	55,271	2,690	55,442	584	20.61	1.00			51,688	2,694	58,172	625	21.59	1.13
25	Therapy Services, (outside the Home Health Program)	55,271	0	0	0	0.00	0.00			51,688	0	0	0	0.00	0.00
27	Inpatient Psychiatric Hospital Services	55,271	0	0	0	0.00	0.00			51,688	0	0	0	0.00	0.00
28	Nurse Services	55,271	38,325	412,814	8,321	10.77	7.47			51,688	30,775	465,618	7,145	15.13	9.01
29	Ambulatory Surgical Centers	55,271	25	9,492	5	379.69	0.17			51,688	31	11,161	7	360.02	0.22
31	Hospice Services	55,271	0	0	0	0.00	0.00			51,688	0	0	0	0.00	0.00
32	Outpatient Psychiatric Hospital Services	55,271	0	0	0	0.00	0.00			51,688	0	0	0	0.00	0.00
34	Family Planning Drug Services	55,271	4,228	164,759	918	38.97	2.98			51,688	4,439	181,096	1,031	40.80	3.50
35	Freestanding Dialysis Services	55,271	0	0	0	0.00	0.00			51,688	7,086	9,755	1,645	1.38	0.19
98	Unknown	55,271	0	0	0	0.00	0.00			51,688	9	385	2	42.82	0.01
Total		55,271		\$ 24,454,365			\$ 442.44			51,688		\$ 23,561,199			\$ 455.83

Appendix A.1
State of Mississippi Department of Medicaid
Incurred Claims and Per Member Per Month (PMPM) Cost Summaries
Claims Basis: Amount Allowed

		July 2006 - June 2007							July 2007 - June 2008						
Category:	Pregnant Women														
Region:	Central														
Age:	All														
		Annual Utilization							Annual Utilization						
cos_cd	Service Category	Member Months	Services	Amount Allowed	per 1,000	Average Unit Cost	Allowed \$ PMPM	Member Months	Services	Amount Allowed	per 1,000	Average Unit Cost	Allowed \$ PMPM		
01	Inpatient Hospital Services	69,432	3,977	4,713,939	687	1,185.30	67.89	61,429	4,071	5,029,823	795	1,235.53	81.88		
02	Outpatient Hospital Services	69,432	269,731	8,394,028	46,618	31.12	120.90	61,429	253,301	7,356,162	49,482	29.04	119.75		
03	Lab and Radiology Services	69,432	56,798	1,128,625	9,816	19.87	16.26	61,429	46,640	947,404	9,111	20.31	15.42		
05	Physician Services	69,432	212,159	10,105,418	36,668	47.63	145.54	61,429	198,320	10,157,715	38,741	51.22	165.36		
06	Home and Community Based Services	69,432	0	0	0	0.00	0.00	61,429	0	0	0	0.00	0.00		
07	Home Health Agency Services	69,432	1,525	27,918	264	18.31	0.40	61,429	2,087	35,592	408	17.05	0.58		
08	Swing Bed Skilled Care Services	69,432	0	0	0	0.00	0.00	61,429	0	0	0	0.00	0.00		
10	Periodic Screening Services (EPDST)	69,432	436	15,660	75	35.92	0.23	61,429	412	14,731	80	35.75	0.24		
11	Emergency/Non-Emergency Transportation	69,432	19,095	340,108	3,300	17.81	4.90	61,429	17,523	317,693	3,423	18.13	5.17		
12	Dental Services	69,432	849	30,211	147	35.58	0.44	61,429	995	46,374	194	46.61	0.75		
13	Eyeglass Services	69,432	845	36,122	146	42.75	0.52	61,429	1,026	47,328	200	46.13	0.77		
14	Family Planning Services	69,432	0	0	0	0.00	0.00	61,429	0	0	0	0.00	0.00		
15	Drug Services	69,432	66,149	2,229,399	11,433	33.70	32.11	61,429	64,517	2,231,763	12,603	34.59	36.33		
16	Dental Screening	69,432	1,871	76,670	323	40.98	1.10	61,429	1,816	80,226	355	44.18	1.31		
17	Eyeglass Screening	69,432	1,255	42,540	217	33.90	0.61	61,429	1,628	58,863	318	36.16	0.96		
18	Hearing Screening Services	69,432	2	121	0	60.36	0.00	61,429	15	393	3	26.21	0.01		
21	Swing Bed Intermediate Care Services	69,432	0	0	0	0.00	0.00	61,429	0	0	0	0.00	0.00		
22	Rural Health Clinic Services	69,432	10,869	686,836	1,878	63.19	9.89	61,429	8,894	578,599	1,737	65.05	9.42		
23	FQHC (Federally Qualified Health Center)	69,432	17,796	1,596,194	3,076	89.69	22.99	61,429	13,085	1,058,302	2,556	80.88	17.23		
24	DME (Durable Medical Equipment Services)	69,432	3,341	63,094	577	18.88	0.91	61,429	4,348	87,536	849	20.13	1.42		
25	Therapy Services, (outside the Home Health Program)	69,432	0	0	0	0.00	0.00	61,429	17	400	3	23.51	0.01		
27	Inpatient Psychiatric Hospital Services	69,432	0	0	0	0.00	0.00	61,429	0	0	0	0.00	0.00		
28	Nurse Services	69,432	40,708	334,268	7,036	8.21	4.81	61,429	40,389	357,151	7,890	8.84	5.81		
29	Ambulatory Surgical Centers	69,432	17	5,909	3	347.59	0.09	61,429	17	5,934	3	349.08	0.10		
31	Hospice Services	69,432	15	518	3	34.53	0.01	61,429	0	0	0	0.00	0.00		
32	Outpatient Psychiatric Hospital Services	69,432	0	0	0	0.00	0.00	61,429	0	0	0	0.00	0.00		
34	Family Planning Drug Services	69,432	4,924	197,173	851	40.04	2.84	61,429	4,308	182,534	842	42.37	2.97		
35	Freestanding Dialysis Services	69,432	562	6,543	97	11.64	0.09	61,429	0	0	0	0.00	0.00		
98	Unknown	69,432	0	0	0	0.00	0.00	61,429	0	9	0	0.00	0.00		
Total		69,432	\$	30,031,293		\$	432.53	61,429	\$	28,594,533		\$	465.49		

Appendix A.1
State of Mississippi Department of Medicaid
Incurred Claims and Per Member Per Month (PMPM) Cost Summaries
Claims Basis: Amount Allowed

July 2006 - June 2007								July 2007 - June 2008					
Category: Pregnant Women													
Region: South													
Age: All													

Appendix A.1
State of Mississippi Department of Medicaid
Incurred Claims and Per Member Per Month (PMPM) Cost Summaries
Claims Basis: Amount Allowed

July 2006 - June 2007														July 2007 - June 2008													
Category: Kick Payment																											
Region: Statewide																											
Age: All																											
Allowed \$ Per														Allowed \$ Per													
cos_cd	Service Category	Cases	Services	Amount Allowed	Utilization per Case	Average Unit Cost	Case	Cases	Services	Amount Allowed	Utilization per Case	Average Unit Cost	Case														
01	Inpatient Hospital Services	27,249	72,658	86,799,600	3	1,194.63	3185.42	24,866	65,839	82,384,279	3	1,251.30	3313.13														
02	Outpatient Hospital Services	27,249	8	181	0	22.57	0.01	24,866	0	0	0	0.00	0.00														
03	Lab and Radiology Services	27,249	0	0	0	0.00	0.00	24,866	0	0	0	0.00	0.00														
05	Physician Services	27,249	41,032	20,023,383	2	487.99	734.83	24,866	37,423	18,813,967	2	502.74	756.61														
06	Home and Community Based Services	27,249	0	0	0	0.00	0.00	24,866	0	0	0	0.00	0.00														
07	Home Health Agency Services	27,249	0	0	0	0.00	0.00	24,866	0	0	0	0.00	0.00														
08	Swing Bed Skilled Care Services	27,249	0	0	0	0.00	0.00	24,866	0	0	0	0.00	0.00														
10	Periodic Screening Services (EPDST)	27,249	0	0	0	0.00	0.00	24,866	0	0	0	0.00	0.00														
11	Emergency/Non-Emergency Transportation	27,249	0	0	0	0.00	0.00	24,866	1	0	0	0.00	0.00														
12	Dental Services	27,249	0	0	0	0.00	0.00	24,866	0	0	0	0.00	0.00														
13	Eyeglass Services	27,249	0	0	0	0.00	0.00	24,866	0	0	0	0.00	0.00														
14	Family Planning Services	27,249	0	0	0	0.00	0.00	24,866	0	0	0	0.00	0.00														
15	Drug Services	27,249	0	0	0	0.00	0.00	24,866	0	0	0	0.00	0.00														
16	Dental Screening	27,249	0	0	0	0.00	0.00	24,866	0	0	0	0.00	0.00														
17	Eyeglass Screening	27,249	0	0	0	0.00	0.00	24,866	0	0	0	0.00	0.00														
18	Hearing Screening Services	27,249	0	0	0	0.00	0.00	24,866	0	0	0	0.00	0.00														
21	Swing Bed Intermediate Care Services	27,249	0	0	0	0.00	0.00	24,866	0	0	0	0.00	0.00														
22	Rural Health Clinic Services	27,249	1,954	1,026,433	0	525.30	37.67	24,866	1,279	599,535	0	468.75	24.11														
23	FQHC (Federally Qualified Health Center)	27,249	214	23,793	0	111.18	0.87	24,866	114	13,214	0	115.91	0.53														
24	DME (Durable Medical Equipment Services)	27,249	0	0	0	0.00	0.00	24,866	0	0	0	0.00	0.00														
25	Therapy Services, (outside the Home Health Program)	27,249	0	0	0	0.00	0.00	24,866	0	0	0	0.00	0.00														
27	Inpatient Psychiatric Hospital Services	27,249	0	0	0	0.00	0.00	24,866	0	0	0	0.00	0.00														
28	Nurse Services	27,249	38,409	2,352,061	1	61.24	86.32	24,866	11,338	2,314,197	0	204.11	93.07														
29	Ambulatory Surgical Centers	27,249	0	0	0	0.00	0.00	24,866	0	0	0	0.00	0.00														
31	Hospice Services	27,249	0	0	0	0.00	0.00	24,866	0	0	0	0.00	0.00														
32	Outpatient Psychiatric Hospital Services	27,249	0	0	0	0.00	0.00	24,866	0	0	0	0.00	0.00														
34	Family Planning Drug Services	27,249	0	0	0	0.00	0.00	24,866	0	0	0	0.00	0.00														
35	Freestanding Dialysis Services	27,249	0	0	0	0.00	0.00	24,866	0	0	0	0.00	0.00														
98	Unknown	27,249	0	0	0	0.00	0.00	24,866	0	0	0	0.00	0.00														
Total		27,249		\$ 110,225,451		\$ 4,045.12		24,866		\$ 104,125,192		\$ 4,187.45															

Appendix A.1
State of Mississippi Department of Medicaid
Incurred Claims and Per Member Per Month (PMPM) Cost Summaries
Claims Basis: Amount Allowed

		July 2006 - June 2007							July 2007 - June 2008						
Category: Kick Payment															
Region: North															
Age: All															
cos_cd	Service Category	Cases	Services	Amount Allowed	Utilization per Case	Average Unit Cost	Allowed \$ Per Case	Cases	Services	Amount Allowed	Utilization per Case	Average Unit Cost	Allowed \$ Per Case		
01	Inpatient Hospital Services	8,261	22,349	26,584,173	3	1,189.50	3218.03	7,860	21,126	26,012,730	3	1,231.31	3309.51		
02	Outpatient Hospital Services	8,261	0	0	0	0.00	0.00	7,860	0	0	0	0.00	0.00		
03	Lab and Radiology Services	8,261	0	0	0	0.00	0.00	7,860	0	0	0	0.00	0.00		
05	Physician Services	8,261	10,071	5,116,139	1	508.01	619.31	7,860	8,911	5,128,349	1	575.51	652.46		
06	Home and Community Based Services	8,261	0	0	0	0.00	0.00	7,860	0	0	0	0.00	0.00		
07	Home Health Agency Services	8,261	0	0	0	0.00	0.00	7,860	0	0	0	0.00	0.00		
08	Swing Bed Skilled Care Services	8,261	0	0	0	0.00	0.00	7,860	0	0	0	0.00	0.00		
10	Periodic Screening Services (EPDST)	8,261	0	0	0	0.00	0.00	7,860	0	0	0	0.00	0.00		
11	Emergency/Non-Emergency Transportation	8,261	0	0	0	0.00	0.00	7,860	0	0	0	0.00	0.00		
12	Dental Services	8,261	0	0	0	0.00	0.00	7,860	0	0	0	0.00	0.00		
13	Eyeglass Services	8,261	0	0	0	0.00	0.00	7,860	0	0	0	0.00	0.00		
14	Family Planning Services	8,261	0	0	0	0.00	0.00	7,860	0	0	0	0.00	0.00		
15	Drug Services	8,261	0	0	0	0.00	0.00	7,860	0	0	0	0.00	0.00		
16	Dental Screening	8,261	0	0	0	0.00	0.00	7,860	0	0	0	0.00	0.00		
17	Eyeglass Screening	8,261	0	0	0	0.00	0.00	7,860	0	0	0	0.00	0.00		
18	Hearing Screening Services	8,261	0	0	0	0.00	0.00	7,860	0	0	0	0.00	0.00		
21	Swing Bed Intermediate Care Services	8,261	0	0	0	0.00	0.00	7,860	0	0	0	0.00	0.00		
22	Rural Health Clinic Services	8,261	1,338	724,841	0	541.73	87.74	7,860	802	361,283	0	450.48	45.96		
23	FQHC (Federally Qualified Health Center)	8,261	23	1,800	0	78.24	0.22	7,860	1	110	0	109.55	0.01		
24	DME (Durable Medical Equipment Services)	8,261	0	0	0	0.00	0.00	7,860	0	0	0	0.00	0.00		
25	Therapy Services, (outside the Home Health Program)	8,261	0	0	0	0.00	0.00	7,860	0	0	0	0.00	0.00		
27	Inpatient Psychiatric Hospital Services	8,261	0	0	0	0.00	0.00	7,860	0	0	0	0.00	0.00		
28	Nurse Services	8,261	3,295	854,377	0	259.29	103.42	7,860	4,472	846,034	1	189.18	107.64		
29	Ambulatory Surgical Centers	8,261	0	0	0	0.00	0.00	7,860	0	0	0	0.00	0.00		
31	Hospice Services	8,261	0	0	0	0.00	0.00	7,860	0	0	0	0.00	0.00		
32	Outpatient Psychiatric Hospital Services	8,261	0	0	0	0.00	0.00	7,860	0	0	0	0.00	0.00		
34	Family Planning Drug Services	8,261	0	0	0	0.00	0.00	7,860	0	0	0	0.00	0.00		
35	Freestanding Dialysis Services	8,261	0	0	0	0.00	0.00	7,860	0	0	0	0.00	0.00		
98	Unknown	8,261	0	0	0	0.00	0.00	7,860	0	0	0	0.00	0.00		
Total		8,261		\$ 33,281,329		\$ 4,028.73		7,860		\$ 32,348,505		\$ 4,115.59			

Appendix A.1
State of Mississippi Department of Medicaid
Incurred Claims and Per Member Per Month (PMPM) Cost Summaries
Claims Basis: Amount Allowed

July 2006 - June 2007														July 2007 - June 2008											
Category: Kick Payment																									
Region: Central																									
Age: All																									
cos_cd	Service Category	Cases	Services	Amount Allowed	Utilization per Case	Average Unit Cost	Allowed \$ Per Case		Cases	Services	Amount Allowed	Utilization per Case	Average Unit Cost	Allowed \$ Per Case											
01	Inpatient Hospital Services	10,485	28,851	34,245,892	3	1,186.99	3266.18		9,384	25,584	31,637,739	3	1,236.62	3371.46											
02	Outpatient Hospital Services	10,485	8	181	0	22.57	0.02		9,384	0	0	0	0.00	0.00											
03	Lab and Radiology Services	10,485	0	0	0	0.00	0.00		9,384	0	0	0	0.00	0.00											
05	Physician Services	10,485	19,761	8,598,482	2	435.12	820.07		9,384	18,138	7,865,337	2	433.64	838.16											
06	Home and Community Based Services	10,485	0	0	0	0.00	0.00		9,384	0	0	0	0.00	0.00											
07	Home Health Agency Services	10,485	0	0	0	0.00	0.00		9,384	0	0	0	0.00	0.00											
08	Swing Bed Skilled Care Services	10,485	0	0	0	0.00	0.00		9,384	0	0	0	0.00	0.00											
10	Periodic Screening Services (EPDST)	10,485	0	0	0	0.00	0.00		9,384	0	0	0	0.00	0.00											
11	Emergency/Non-Emergency Transportation	10,485	0	0	0	0.00	0.00		9,384	1	0	0	0.00	0.00											
12	Dental Services	10,485	0	0	0	0.00	0.00		9,384	0	0	0	0.00	0.00											
13	Eyeglass Services	10,485	0	0	0	0.00	0.00		9,384	0	0	0	0.00	0.00											
14	Family Planning Services	10,485	0	0	0	0.00	0.00		9,384	0	0	0	0.00	0.00											
15	Drug Services	10,485	0	0	0	0.00	0.00		9,384	0	0	0	0.00	0.00											
16	Dental Screening	10,485	0	0	0	0.00	0.00		9,384	0	0	0	0.00	0.00											
17	Eyeglass Screening	10,485	0	0	0	0.00	0.00		9,384	0	0	0	0.00	0.00											
18	Hearing Screening Services	10,485	0	0	0	0.00	0.00		9,384	0	0	0	0.00	0.00											
21	Swing Bed Intermediate Care Services	10,485	0	0	0	0.00	0.00		9,384	0	0	0	0.00	0.00											
22	Rural Health Clinic Services	10,485	328	181,228	0	552.52	17.28		9,384	180	81,847	0	454.70	8.72											
23	FQHC (Federally Qualified Health Center)	10,485	130	14,407	0	110.82	1.37		9,384	78	8,499	0	108.96	0.91											
24	DME (Durable Medical Equipment Services)	10,485	0	0	0	0.00	0.00		9,384	0	0	0	0.00	0.00											
25	Therapy Services, (outside the Home Health Program)	10,485	0	0	0	0.00	0.00		9,384	0	0	0	0.00	0.00											
27	Inpatient Psychiatric Hospital Services	10,485	0	0	0	0.00	0.00		9,384	0	0	0	0.00	0.00											
28	Nurse Services	10,485	2,612	458,899	0	175.69	43.77		9,384	2,173	481,815	0	221.73	51.34											
29	Ambulatory Surgical Centers	10,485	0	0	0	0.00	0.00		9,384	0	0	0	0.00	0.00											
31	Hospice Services	10,485	0	0	0	0.00	0.00		9,384	0	0	0	0.00	0.00											
32	Outpatient Psychiatric Hospital Services	10,485	0	0	0	0.00	0.00		9,384	0	0	0	0.00	0.00											
34	Family Planning Drug Services	10,485	0	0	0	0.00	0.00		9,384	0	0	0	0.00	0.00											
35	Freestanding Dialysis Services	10,485	0	0	0	0.00	0.00		9,384	0	0	0	0.00	0.00											
98	Unknown	10,485	0	0	0	0.00	0.00		9,384	0	0	0	0.00	0.00											
Total		10,485		\$ 43,499,088			\$ 4,148.70		9,384		\$ 40,075,236			\$ 4,270.59											

Appendix A.1
State of Mississippi Department of Medicaid
Incurred Claims and Per Member Per Month (PMPM) Cost Summaries
Claims Basis: Amount Allowed

Category: Kick Payment
Region: South
Age: All

July 2006 - June 2007							July 2007 - June 2008						
cos_cd	Service Category	Cases	Services	Amount Allowed	Utilization per Case	Average Unit Cost	Allowed \$ Per Case	Cases	Services	Amount Allowed	Utilization per Case	Average Unit Cost	Allowed \$ Per Case
01	Inpatient Hospital Services	8,503	21,458	25,969,535	3	1,210.25	3054.16	7,622	19,129	24,733,810	3	1,293.00	3245.06
02	Outpatient Hospital Services	8,503	0	0	0	0.00	0.00	7,622	0	0	0	0.00	0.00
03	Lab and Radiology Services	8,503	0	0	0	0.00	0.00	7,622	0	0	0	0.00	0.00
05	Physician Services	8,503	11,200	6,308,763	1	563.28	741.95	7,622	10,374	5,820,281	1	561.05	763.62
06	Home and Community Based Services	8,503	0	0	0	0.00	0.00	7,622	0	0	0	0.00	0.00
07	Home Health Agency Services	8,503	0	0	0	0.00	0.00	7,622	0	0	0	0.00	0.00
08	Swing Bed Skilled Care Services	8,503	0	0	0	0.00	0.00	7,622	0	0	0	0.00	0.00
10	Periodic Screening Services (EPDST)	8,503	0	0	0	0.00	0.00	7,622	0	0	0	0.00	0.00
11	Emergency/Non-Emergency Transportation	8,503	0	0	0	0.00	0.00	7,622	0	0	0	0.00	0.00
12	Dental Services	8,503	0	0	0	0.00	0.00	7,622	0	0	0	0.00	0.00
13	Eyeglass Services	8,503	0	0	0	0.00	0.00	7,622	0	0	0	0.00	0.00
14	Family Planning Services	8,503	0	0	0	0.00	0.00	7,622	0	0	0	0.00	0.00
15	Drug Services	8,503	0	0	0	0.00	0.00	7,622	0	0	0	0.00	0.00
16	Dental Screening	8,503	0	0	0	0.00	0.00	7,622	0	0	0	0.00	0.00
17	Eyeglass Screening	8,503	0	0	0	0.00	0.00	7,622	0	0	0	0.00	0.00
18	Hearing Screening Services	8,503	0	0	0	0.00	0.00	7,622	0	0	0	0.00	0.00
21	Swing Bed Intermediate Care Services	8,503	0	0	0	0.00	0.00	7,622	0	0	0	0.00	0.00
22	Rural Health Clinic Services	8,503	288	120,365	0	417.93	14.16	7,622	297	156,406	0	526.62	20.52
23	FQHC (Federally Qualified Health Center)	8,503	61	7,587	0	124.38	0.89	7,622	35	4,605	0	131.58	0.60
24	DME (Durable Medical Equipment Services)	8,503	0	0	0	0.00	0.00	7,622	0	0	0	0.00	0.00
25	Therapy Services, (outside the Home Health Program)	8,503	0	0	0	0.00	0.00	7,622	0	0	0	0.00	0.00
27	Inpatient Psychiatric Hospital Services	8,503	0	0	0	0.00	0.00	7,622	0	0	0	0.00	0.00
28	Nurse Services	8,503	32,502	1,038,784	4	31.96	122.17	7,622	4,693	986,348	1	210.17	129.41
29	Ambulatory Surgical Centers	8,503	0	0	0	0.00	0.00	7,622	0	0	0	0.00	0.00
31	Hospice Services	8,503	0	0	0	0.00	0.00	7,622	0	0	0	0.00	0.00
32	Outpatient Psychiatric Hospital Services	8,503	0	0	0	0.00	0.00	7,622	0	0	0	0.00	0.00
34	Family Planning Drug Services	8,503	0	0	0	0.00	0.00	7,622	0	0	0	0.00	0.00
35	Freestanding Dialysis Services	8,503	0	0	0	0.00	0.00	7,622	0	0	0	0.00	0.00
98	Unknown	8,503	0	0	0	0.00	0.00	7,622	0	0	0	0.00	0.00
Total		8,503		\$ 33,445,034		\$ 3,933.32		7,622		\$ 31,701,451		\$ 4,159.20	

Appendix A.2
State of Mississippi Department of Medicaid
Incurred Claims and Per Member Per Month (PMPM) Cost Summaries
Claims Basis: Amount Allowed

		July 2006 - June 2007						July 2007 - June 2008					
Category:	Non-Neonate												
Region:	Statewide												
Age:	0 - 2 months												
cos_cd	Service Category	Member Months	Services	Amount Allowed	Annual Utilization per 1,000	Average Unit Cost	Allowed \$ PMPM	Member Months	Services	Amount Allowed	Annual Utilization per 1,000	Average Unit Cost	Allowed \$ PMPM
01	Inpatient Hospital Services	110,993	26,689	33,616,260	2,885	1,259.55	302.87	105,560	30,178	41,449,329	3,431	1,373.49	392.66
02	Outpatient Hospital Services	110,993	78,169	2,702,774	8,451	34.58	24.35	105,560	79,060	2,683,029	8,987	33.94	25.42
03	Lab and Radiology Services	110,993	1,684	25,463	182	15.12	0.23	105,560	1,495	20,990	170	14.04	0.20
05	Physician Services	110,993	233,150	12,543,392	25,207	53.80	113.01	105,560	244,637	13,822,334	27,810	56.50	130.94
06	Home and Community Based Services	110,993	0	0	0	0.00	0.00	105,560	0	0	0	0.00	0.00
07	Home Health Agency Services	110,993	3,025	82,162	327	27.16	0.74	105,560	2,850	72,029	324	25.27	0.68
08	Swing Bed Skilled Care Services	110,993	0	0	0	0.00	0.00	105,560	0	0	0	0.00	0.00
10	Periodic Screening Services (EPDST)	110,993	97,357	2,978,399	10,526	30.59	26.83	105,560	96,456	2,931,015	10,965	30.39	27.77
11	Emergency/Non-Emergency Transportation	110,993	39,259	502,717	4,244	12.81	4.53	105,560	37,297	473,937	4,240	12.71	4.49
12	Dental Services	110,993	0	0	0	0.00	0.00	105,560	0	0	0	0.00	0.00
13	Eyeglass Services	110,993	0	0	0	0.00	0.00	105,560	0	0	0	0.00	0.00
14	Family Planning Services	110,993	0	0	0	0.00	0.00	105,560	0	0	0	0.00	0.00
15	Drug Services	110,993	31,864	1,475,381	3,445	46.30	13.29	105,560	31,351	1,669,610	3,564	53.26	15.82
16	Dental Screening	110,993	33	2,476	4	75.04	0.02	105,560	38	1,980	4	52.12	0.02
17	Eyeglass Screening	110,993	39	1,647	4	42.22	0.01	105,560	49	2,526	6	51.55	0.02
18	Hearing Screening Services	110,993	293	19,066	32	65.07	0.17	105,560	247	15,687	28	63.51	0.15
21	Swing Bed Intermediate Care Services	110,993	0	0	0	0.00	0.00	105,560	0	0	0	0.00	0.00
22	Rural Health Clinic Services	110,993	26,367	1,418,643	2,851	53.80	12.78	105,560	22,435	1,165,466	2,550	51.95	11.04
23	FQHC (Federally Qualified Health Center)	110,993	21,151	1,277,888	2,287	60.42	11.51	105,560	16,629	905,870	1,890	54.48	8.58
24	DME (Durable Medical Equipment Services)	110,993	4,445	341,653	481	76.86	3.08	105,560	4,668	355,855	531	76.23	3.37
25	Therapy Services, (outside the Home Health Program)	110,993	80	2,370	9	29.62	0.02	105,560	36	1,363	4	37.86	0.01
27	Inpatient Psychiatric Hospital Services	110,993	0	0	0	0.00	0.00	105,560	0	0	0	0.00	0.00
28	Nurse Services	110,993	17,270	403,420	1,867	23.36	3.63	105,560	22,625	422,267	2,572	18.66	4.00
29	Ambulatory Surgical Centers	110,993	2	692	0	345.75	0.01	105,560	0	0	0	0.00	0.00
31	Hospice Services	110,993	29	3,298	3	113.71	0.03	105,560	148	21,657	17	146.33	0.21
32	Outpatient Psychiatric Hospital Services	110,993	0	0	0	0.00	0.00	105,560	0	0	0	0.00	0.00
34	Family Planning Drug Services	110,993	12	505	1	42.08	0.00	105,560	14	493	2	35.19	0.00
35	Freestanding Dialysis Services	110,993	0	0	0	0.00	0.00	105,560	0	0	0	0.00	0.00
98	Unknown	110,993	1	8	0	7.69	0.00	105,560	0	0	0	0.00	0.00
Total		110,993	\$	57,398,213			517.13	105,560	\$	66,015,436			625.38

Appendix A.2
State of Mississippi Department of Medicaid
Incurred Claims and Per Member Per Month (PMPM) Cost Summaries
Claims Basis: Amount Allowed

		July 2006 - June 2007						July 2007 - June 2008							
Category:	Non-Neonate														
Region:	Statewide														
Age:	3 - 11 months														
cos_cd	Service Category	Member Months	Services	Amount Allowed	Annual Utilization per 1,000	Average Unit Cost	Allowed \$ PMPM	Member Months	Services	Amount Allowed	Annual Utilization per 1,000	Average Unit Cost	Allowed \$ PMPM		
01	Inpatient Hospital Services	335,704	17,833	22,179,203	637	1,243.72	66.07	337,087	16,836	21,801,400	599	1,294.93	64.68		
02	Outpatient Hospital Services	335,704	240,125	10,530,960	8,583	43.86	31.37	337,087	250,170	10,929,772	8,906	43.69	32.42		
03	Lab and Radiology Services	335,704	10,186	122,401	364	12.02	0.36	337,087	11,592	134,759	413	11.63	0.40		
05	Physician Services	335,704	334,690	12,738,070	11,964	38.06	37.94	337,087	322,053	12,751,639	11,465	39.59	37.83		
06	Home and Community Based Services	335,704	0	0	0	0.00	0.00	337,087	0	0	0	0.00	0.00		
07	Home Health Agency Services	335,704	2,911	103,999	104	35.73	0.31	337,087	2,423	159,363	86	65.77	0.47		
08	Swing Bed Skilled Care Services	335,704	0	0	0	0.00	0.00	337,087	0	0	0	0.00	0.00		
10	Periodic Screening Services (EPDST)	335,704	195,446	4,941,763	6,986	25.28	14.72	337,087	211,000	5,282,311	7,511	25.03	15.67		
11	Emergency/Non-Emergency Transportation	335,704	25,707	312,053	919	12.14	0.93	337,087	31,307	444,027	1,115	14.18	1.32		
12	Dental Services	335,704	0	0	0	0.00	0.00	337,087	0	0	0	0.00	0.00		
13	Eyeglass Services	335,704	0	0	0	0.00	0.00	337,087	0	0	0	0.00	0.00		
14	Family Planning Services	335,704	0	0	0	0.00	0.00	337,087	0	0	0	0.00	0.00		
15	Drug Services	335,704	215,877	11,847,137	7,717	54.88	35.29	337,087	227,684	14,265,118	8,105	62.65	42.32		
16	Dental Screening	335,704	408	32,935	15	80.72	0.10	337,087	469	31,223	17	66.57	0.09		
17	Eyeglass Screening	335,704	261	11,284	9	43.24	0.03	337,087	279	13,238	10	47.45	0.04		
18	Hearing Screening Services	335,704	279	18,820	10	67.46	0.06	337,087	271	19,680	10	72.62	0.06		
21	Swing Bed Intermediate Care Services	335,704	0	0	0	0.00	0.00	337,087	0	0	0	0.00	0.00		
22	Rural Health Clinic Services	335,704	51,836	2,693,457	1,853	51.96	8.02	337,087	56,983	2,836,853	2,029	49.78	8.42		
23	FQHC (Federally Qualified Health Center)	335,704	41,070	1,899,958	1,468	46.26	5.66	337,087	38,755	1,810,636	1,380	46.72	5.37		
24	DME (Durable Medical Equipment Services)	335,704	25,462	886,574	910	34.82	2.64	337,087	33,200	1,008,722	1,182	30.38	2.99		
25	Therapy Services, (outside the Home Health Program)	335,704	4,011	102,687	143	25.60	0.31	337,087	3,400	87,998	121	25.88	0.26		
27	Inpatient Psychiatric Hospital Services	335,704	0	0	0	0.00	0.00	337,087	0	0	0	0.00	0.00		
28	Nurse Services	335,704	72,028	892,445	2,575	12.39	2.66	337,087	78,263	1,020,811	2,786	13.04	3.03		
29	Ambulatory Surgical Centers	335,704	605	295,012	22	487.62	0.88	337,087	640	309,178	23	483.09	0.92		
31	Hospice Services	335,704	513	58,656	18	114.34	0.17	337,087	276	32,130	10	116.41	0.10		
32	Outpatient Psychiatric Hospital Services	335,704	0	0	0	0.00	0.00	337,087	0	0	0	0.00	0.00		
34	Family Planning Drug Services	335,704	73	2,834	3	38.82	0.01	337,087	96	4,070	3	42.40	0.01		
35	Freestanding Dialysis Services	335,704	0	0	0	0.00	0.00	337,087	0	0	0	0.00	0.00		
98	Unknown	335,704	0	0	0	0.00	0.00	337,087	0	0	0	0.00	0.00		
Total		335,704	\$	69,670,249			207.53	337,087	\$	72,942,929			216.39		

Appendix A.2
State of Mississippi Department of Medicaid
Incurred Claims and Per Member Per Month (PMPM) Cost Summaries
Claims Basis: Amount Allowed

		July 2006 - June 2007						July 2007 - June 2008					
Category:	Non-Neonate												
Region:	North												
Age:	0 - 2 months												
cos_cd	Service Category	Member Months	Services	Amount Allowed	Annual Utilization per 1,000	Average Unit Cost	Allowed \$ PMPM	Member Months	Services	Amount Allowed	Annual Utilization per 1,000	Average Unit Cost	Allowed \$ PMPM
01	Inpatient Hospital Services	35,337	9,352	11,915,235	3,176	1,274.08	337.19	33,276	9,721	13,087,418	3,506	1,346.30	393.30
02	Outpatient Hospital Services	35,337	19,715	652,288	6,695	33.09	18.46	33,276	22,731	679,221	8,197	29.88	20.41
03	Lab and Radiology Services	35,337	157	2,749	53	17.51	0.08	33,276	144	1,467	52	10.18	0.04
05	Physician Services	35,337	72,703	4,351,133	24,689	59.85	123.13	33,276	76,494	4,727,047	27,585	61.80	142.06
06	Home and Community Based Services	35,337	0	0	0	0.00	0.00	33,276	0	0	0	0.00	0.00
07	Home Health Agency Services	35,337	104	13,320	35	128.08	0.38	33,276	142	11,728	51	82.59	0.35
08	Swing Bed Skilled Care Services	35,337	0	0	0	0.00	0.00	33,276	0	0	0	0.00	0.00
10	Periodic Screening Services (EPDST)	35,337	34,034	1,057,253	11,558	31.06	29.92	33,276	35,048	1,043,860	12,639	29.78	31.37
11	Emergency/Non-Emergency Transportation	35,337	13,877	127,541	4,712	9.19	3.61	33,276	12,535	127,715	4,520	10.19	3.84
12	Dental Services	35,337	0	0	0	0.00	0.00	33,276	0	0	0	0.00	0.00
13	Eyeglass Services	35,337	0	0	0	0.00	0.00	33,276	0	0	0	0.00	0.00
14	Family Planning Services	35,337	0	0	0	0.00	0.00	33,276	0	0	0	0.00	0.00
15	Drug Services	35,337	10,295	425,037	3,496	41.29	12.03	33,276	10,348	449,335	3,732	43.42	13.50
16	Dental Screening	35,337	5	309	2	61.77	0.01	33,276	3	88	1	29.45	0.00
17	Eyeglass Screening	35,337	9	543	3	60.34	0.02	33,276	12	714	4	59.51	0.02
18	Hearing Screening Services	35,337	78	3,926	26	50.33	0.11	33,276	66	3,780	24	57.27	0.11
21	Swing Bed Intermediate Care Services	35,337	0	0	0	0.00	0.00	33,276	0	0	0	0.00	0.00
22	Rural Health Clinic Services	35,337	8,140	431,148	2,764	52.97	12.20	33,276	7,128	349,422	2,571	49.02	10.50
23	FQHC (Federally Qualified Health Center)	35,337	3,793	238,869	1,288	62.98	6.76	33,276	3,464	190,766	1,249	55.07	5.73
24	DME (Durable Medical Equipment Services)	35,337	1,126	78,946	382	70.11	2.23	33,276	737	61,405	266	83.32	1.85
25	Therapy Services, (outside the Home Health Program)	35,337	31	1,040	11	33.54	0.03	33,276	26	1,053	9	40.50	0.03
27	Inpatient Psychiatric Hospital Services	35,337	0	0	0	0.00	0.00	33,276	0	0	0	0.00	0.00
28	Nurse Services	35,337	4,185	81,038	1,421	19.36	2.29	33,276	7,524	103,862	2,713	13.80	3.12
29	Ambulatory Surgical Centers	35,337	1	239	0	239.11	0.01	33,276	0	0	0	0.00	0.00
31	Hospice Services	35,337	0	0	0	0.00	0.00	33,276	0	0	0	0.00	0.00
32	Outpatient Psychiatric Hospital Services	35,337	0	0	0	0.00	0.00	33,276	0	0	0	0.00	0.00
34	Family Planning Drug Services	35,337	3	132	1	43.85	0.00	33,276	5	191	2	38.12	0.01
35	Freestanding Dialysis Services	35,337	0	0	0	0.00	0.00	33,276	0	0	0	0.00	0.00
98	Unknown	35,337	1	8	0	7.69	0.00	33,276	0	0	0	0.00	0.00
Total		35,337	\$	19,380,755			548.46	33,276	\$	20,839,071			626.25

Appendix A.2
State of Mississippi Department of Medicaid
Incurred Claims and Per Member Per Month (PMPM) Cost Summaries
Claims Basis: Amount Allowed

		July 2006 - June 2007						July 2007 - June 2008							
Category:	Non-Neonate														
Region:	North														
Age:	3 - 11 months														
cos_cd	Service Category	Member Months	Services	Amount Allowed	Annual Utilization per 1,000	Average Unit Cost	Allowed \$ PMPM	Member Months	Services	Amount Allowed	Annual Utilization per 1,000	Average Unit Cost	Allowed \$ PMPM		
01	Inpatient Hospital Services	104,641	6,363	8,164,588	730	1,283.14	78.02	107,355	6,330	7,994,590	708	1,262.97	74.47		
02	Outpatient Hospital Services	104,641	79,677	3,031,969	9,137	38.05	28.97	107,355	86,385	2,921,789	9,656	33.82	27.22		
03	Lab and Radiology Services	104,641	1,606	20,668	184	12.87	0.20	107,355	1,511	19,517	169	12.92	0.18		
05	Physician Services	104,641	112,801	4,624,879	12,936	41.00	44.20	107,355	105,312	4,602,279	11,772	43.70	42.87		
06	Home and Community Based Services	104,641	0	0	0	0.00	0.00	107,355	0	0	0	0.00	0.00		
07	Home Health Agency Services	104,641	491	25,601	56	52.14	0.24	107,355	350	39,616	39	113.19	0.37		
08	Swing Bed Skilled Care Services	104,641	0	0	0	0.00	0.00	107,355	0	0	0	0.00	0.00		
10	Periodic Screening Services (EPDST)	104,641	67,997	1,720,636	7,798	25.30	16.44	107,355	74,441	1,847,872	8,321	24.82	17.21		
11	Emergency/Non-Emergency Transportation	104,641	9,503	105,284	1,090	11.08	1.01	107,355	10,044	118,453	1,123	11.79	1.10		
12	Dental Services	104,641	0	0	0	0.00	0.00	107,355	0	0	0	0.00	0.00		
13	Eyeglass Services	104,641	0	0	0	0.00	0.00	107,355	0	0	0	0.00	0.00		
14	Family Planning Services	104,641	0	0	0	0.00	0.00	107,355	0	0	0	0.00	0.00		
15	Drug Services	104,641	71,165	3,271,747	8,161	45.97	31.27	107,355	74,697	3,781,447	8,350	50.62	35.22		
16	Dental Screening	104,641	77	2,875	9	37.34	0.03	107,355	86	2,680	10	31.17	0.02		
17	Eyeglass Screening	104,641	92	3,453	11	37.53	0.03	107,355	78	4,118	9	52.79	0.04		
18	Hearing Screening Services	104,641	115	6,237	13	54.23	0.06	107,355	105	7,136	12	67.96	0.07		
21	Swing Bed Intermediate Care Services	104,641	0	0	0	0.00	0.00	107,355	0	0	0	0.00	0.00		
22	Rural Health Clinic Services	104,641	16,330	842,572	1,873	51.60	8.05	107,355	18,255	893,479	2,041	48.94	8.32		
23	FQHC (Federally Qualified Health Center)	104,641	8,549	385,966	980	45.15	3.69	107,355	7,945	348,558	888	43.87	3.25		
24	DME (Durable Medical Equipment Services)	104,641	7,593	212,684	871	28.01	2.03	107,355	7,408	248,765	828	33.58	2.32		
25	Therapy Services, (outside the Home Health Program)	104,641	1,585	40,181	182	25.35	0.38	107,355	1,257	35,373	141	28.14	0.33		
27	Inpatient Psychiatric Hospital Services	104,641	0	0	0	0.00	0.00	107,355	0	0	0	0.00	0.00		
28	Nurse Services	104,641	33,008	323,300	3,785	9.79	3.09	107,355	31,273	393,439	3,496	12.58	3.66		
29	Ambulatory Surgical Centers	104,641	197	95,224	23	483.37	0.91	107,355	212	103,913	24	490.16	0.97		
31	Hospice Services	104,641	103	10,300	12	100.00	0.10	107,355	62	6,200	7	100.00	0.06		
32	Outpatient Psychiatric Hospital Services	104,641	0	0	0	0.00	0.00	107,355	0	0	0	0.00	0.00		
34	Family Planning Drug Services	104,641	30	1,202	3	40.06	0.01	107,355	30	1,291	3	43.04	0.01		
35	Freestanding Dialysis Services	104,641	0	0	0	0.00	0.00	107,355	0	0	0	0.00	0.00		
98	Unknown	104,641	0	0	0	0.00	0.00	107,355	0	0	0	0.00	0.00		
Total		104,641	\$	22,889,367			218.74	107,355	\$	23,370,514			217.69		

Appendix A.2
State of Mississippi Department of Medicaid
Incurred Claims and Per Member Per Month (PMPM) Cost Summaries
Claims Basis: Amount Allowed

		July 2006 - June 2007						July 2007 - June 2008					
Category:	Non-Neonate												
Region:	Central												
Age:	0 - 2 months												
cos_cd	Service Category	Member Months	Services	Amount Allowed	Annual Utilization per 1,000	Average Unit Cost	Allowed \$ PMPM	Member Months	Services	Amount Allowed	Annual Utilization per 1,000	Average Unit Cost	Allowed \$ PMPM
01	Inpatient Hospital Services	41,889	10,905	13,369,301	3,124	1,225.98	319.16	39,815	14,445	20,077,522	4,354	1,389.93	504.27
02	Outpatient Hospital Services	41,889	32,741	1,305,314	9,379	39.87	31.16	39,815	33,753	1,380,552	10,173	40.90	34.67
03	Lab and Radiology Services	41,889	898	12,297	257	13.69	0.29	39,815	830	11,323	250	13.64	0.28
05	Physician Services	41,889	92,181	4,828,394	26,407	52.38	115.27	39,815	100,365	5,718,410	30,249	56.98	143.62
06	Home and Community Based Services	41,889	0	0	0	0.00	0.00	39,815	0	0	0	0.00	0.00
07	Home Health Agency Services	41,889	244	16,459	70	67.46	0.39	39,815	127	14,390	38	113.31	0.36
08	Swing Bed Skilled Care Services	41,889	0	0	0	0.00	0.00	39,815	0	0	0	0.00	0.00
10	Periodic Screening Services (EPDST)	41,889	33,453	1,038,183	9,583	31.03	24.78	39,815	31,685	1,035,317	9,550	32.68	26.00
11	Emergency/Non-Emergency Transportation	41,889	16,613	233,972	4,759	14.08	5.59	39,815	17,735	260,334	5,345	14.68	6.54
12	Dental Services	41,889	0	0	0	0.00	0.00	39,815	0	0	0	0.00	0.00
13	Eyeglass Services	41,889	0	0	0	0.00	0.00	39,815	0	0	0	0.00	0.00
14	Family Planning Services	41,889	0	0	0	0.00	0.00	39,815	0	0	0	0.00	0.00
15	Drug Services	41,889	12,358	492,185	3,540	39.83	11.75	39,815	12,219	698,700	3,683	57.18	17.55
16	Dental Screening	41,889	19	1,901	5	100.05	0.05	39,815	30	1,744	9	58.15	0.04
17	Eyeglass Screening	41,889	6	263	2	43.86	0.01	39,815	24	1,121	7	46.70	0.03
18	Hearing Screening Services	41,889	192	13,607	55	70.87	0.32	39,815	138	9,882	42	71.61	0.25
21	Swing Bed Intermediate Care Services	41,889	0	0	0	0.00	0.00	39,815	0	0	0	0.00	0.00
22	Rural Health Clinic Services	41,889	8,600	470,602	2,464	54.72	11.23	39,815	7,231	410,251	2,179	56.74	10.30
23	FQHC (Federally Qualified Health Center)	41,889	12,892	645,872	3,693	50.10	15.42	39,815	9,960	445,220	3,002	44.70	11.18
24	DME (Durable Medical Equipment Services)	41,889	1,679	122,859	481	73.17	2.93	39,815	1,994	145,079	601	72.76	3.64
25	Therapy Services, (outside the Home Health Program)	41,889	3	259	1	86.28	0.01	39,815	0	0	0	0.00	0.00
27	Inpatient Psychiatric Hospital Services	41,889	0	0	0	0.00	0.00	39,815	0	0	0	0.00	0.00
28	Nurse Services	41,889	8,241	270,247	2,361	32.79	6.45	39,815	8,967	265,843	2,703	29.65	6.68
29	Ambulatory Surgical Centers	41,889	1	452	0	452.39	0.01	39,815	0	0	0	0.00	0.00
31	Hospice Services	41,889	0	0	0	0.00	0.00	39,815	148	21,657	45	146.33	0.54
32	Outpatient Psychiatric Hospital Services	41,889	0	0	0	0.00	0.00	39,815	0	0	0	0.00	0.00
34	Family Planning Drug Services	41,889	4	148	1	37.00	0.00	39,815	5	170	2	34.04	0.00
35	Freestanding Dialysis Services	41,889	0	0	0	0.00	0.00	39,815	0	0	0	0.00	0.00
98	Unknown	41,889	0	0	0	0.00	0.00	39,815	0	0	0	0.00	0.00
Total		41,889	\$	22,822,315			544.83	39,815	\$	30,497,517			765.98

Appendix A.2
State of Mississippi Department of Medicaid
Incurred Claims and Per Member Per Month (PMPM) Cost Summaries
Claims Basis: Amount Allowed

		July 2006 - June 2007						July 2007 - June 2008							
Category:	Non-Neonate														
Region:	Central														
Age:	3 - 11 months														
cos_cd	Service Category	Member Months	Services	Amount Allowed	Annual Utilization per 1,000	Average Unit Cost	Allowed \$ PMPM	Member Months	Services	Amount Allowed	Annual Utilization per 1,000	Average Unit Cost	Allowed \$ PMPM		
01	Inpatient Hospital Services	129,452	6,645	7,874,547	616	1,185.03	60.83	127,025	6,373	8,287,294	602	1,300.38	65.24		
02	Outpatient Hospital Services	129,452	96,018	5,025,798	8,901	52.34	38.82	127,025	98,135	5,580,012	9,271	56.86	43.93		
03	Lab and Radiology Services	129,452	4,332	48,887	402	11.28	0.38	127,025	5,087	59,158	481	11.63	0.47		
05	Physician Services	129,452	124,008	4,454,484	11,495	35.92	34.41	127,025	121,796	4,469,694	11,506	36.70	35.19		
06	Home and Community Based Services	129,452	0	0	0	0.00	0.00	127,025	0	0	0	0.00	0.00		
07	Home Health Agency Services	129,452	1,733	41,773	161	24.10	0.32	127,025	1,144	48,298	108	42.22	0.38		
08	Swing Bed Skilled Care Services	129,452	0	0	0	0.00	0.00	127,025	0	0	0	0.00	0.00		
10	Periodic Screening Services (EPDST)	129,452	64,763	1,718,851	6,003	26.54	13.28	127,025	68,163	1,878,050	6,439	27.55	14.78		
11	Emergency/Non-Emergency Transportation	129,452	9,976	132,677	925	13.30	1.02	127,025	14,583	216,717	1,378	14.86	1.71		
12	Dental Services	129,452	0	0	0	0.00	0.00	127,025	0	0	0	0.00	0.00		
13	Eyeglass Services	129,452	0	0	0	0.00	0.00	127,025	0	0	0	0.00	0.00		
14	Family Planning Services	129,452	0	0	0	0.00	0.00	127,025	0	0	0	0.00	0.00		
15	Drug Services	129,452	83,003	4,378,916	7,694	52.76	33.83	127,025	88,961	5,742,618	8,404	64.55	45.21		
16	Dental Screening	129,452	197	25,175	18	127.79	0.19	127,025	198	23,263	19	117.49	0.18		
17	Eyeglass Screening	129,452	101	4,912	9	48.63	0.04	127,025	101	4,628	10	45.83	0.04		
18	Hearing Screening Services	129,452	78	5,893	7	75.55	0.05	127,025	99	7,174	9	72.47	0.06		
21	Swing Bed Intermediate Care Services	129,452	0	0	0	0.00	0.00	127,025	0	0	0	0.00	0.00		
22	Rural Health Clinic Services	129,452	17,117	902,080	1,587	52.70	6.97	127,025	17,854	963,727	1,687	53.98	7.59		
23	FQHC (Federally Qualified Health Center)	129,452	26,584	1,097,714	2,464	41.29	8.48	127,025	24,056	968,771	2,273	40.27	7.63		
24	DME (Durable Medical Equipment Services)	129,452	9,205	356,654	853	38.75	2.76	127,025	13,472	409,641	1,273	30.41	3.22		
25	Therapy Services, (outside the Home Health Program)	129,452	880	26,854	82	30.52	0.21	127,025	639	16,255	60	25.44	0.13		
27	Inpatient Psychiatric Hospital Services	129,452	0	0	0	0.00	0.00	127,025	0	0	0	0.00	0.00		
28	Nurse Services	129,452	18,001	333,590	1,669	18.53	2.58	127,025	24,247	400,634	2,291	16.52	3.15		
29	Ambulatory Surgical Centers	129,452	177	82,383	16	465.44	0.64	127,025	136	64,490	13	474.19	0.51		
31	Hospice Services	129,452	198	23,855	18	120.48	0.18	127,025	196	23,883	19	121.85	0.19		
32	Outpatient Psychiatric Hospital Services	129,452	0	0	0	0.00	0.00	127,025	0	0	0	0.00	0.00		
34	Family Planning Drug Services	129,452	32	1,260	3	39.36	0.01	127,025	43	1,832	4	42.60	0.01		
35	Freestanding Dialysis Services	129,452	0	0	0	0.00	0.00	127,025	0	0	0	0.00	0.00		
98	Unknown	129,452	0	0	0	0.00	0.00	127,025	0	0	0	0.00	0.00		
Total		129,452	\$	26,536,302			204.99	127,025	\$	29,166,138			229.61		

Appendix A.2
State of Mississippi Department of Medicaid
Incurred Claims and Per Member Per Month (PMPM) Cost Summaries
Claims Basis: Amount Allowed

		July 2006 - June 2007						July 2007 - June 2008							
Category:	Non-Neonate														
Region:	South														
Age:	0 - 2 months														
cos_cd	Service Category	Member Months	Services	Amount Allowed	Annual Utilization per 1,000	Average Unit Cost	Allowed \$ PMPM	Member Months	Services	Amount Allowed	Annual Utilization per 1,000	Average Unit Cost	Allowed \$ PMPM		
01	Inpatient Hospital Services	33,767	6,432	8,331,723	2,286	1,295.36	246.74	32,469	6,012	8,284,389	2,222	1,377.98	255.15		
02	Outpatient Hospital Services	33,767	25,713	745,171	9,138	28.98	22.07	32,469	22,576	623,256	8,344	27.61	19.20		
03	Lab and Radiology Services	33,767	629	10,416	224	16.56	0.31	32,469	521	8,200	193	15.74	0.25		
05	Physician Services	33,767	68,266	3,363,865	24,260	49.28	99.62	32,469	67,778	3,376,877	25,050	49.82	104.00		
06	Home and Community Based Services	33,767	0	0	0	0.00	0.00	32,469	0	0	0	0.00	0.00		
07	Home Health Agency Services	33,767	2,677	52,383	951	19.57	1.55	32,469	2,581	45,911	954	17.79	1.41		
08	Swing Bed Skilled Care Services	33,767	0	0	0	0.00	0.00	32,469	0	0	0	0.00	0.00		
10	Periodic Screening Services (EPDST)	33,767	29,870	882,963	10,615	29.56	26.15	32,469	29,723	851,838	10,985	28.66	26.24		
11	Emergency/Non-Emergency Transportation	33,767	8,769	141,204	3,116	16.10	4.18	32,469	7,027	85,888	2,597	12.22	2.65		
12	Dental Services	33,767	0	0	0	0.00	0.00	32,469	0	0	0	0.00	0.00		
13	Eyeglass Services	33,767	0	0	0	0.00	0.00	32,469	0	0	0	0.00	0.00		
14	Family Planning Services	33,767	0	0	0	0.00	0.00	32,469	0	0	0	0.00	0.00		
15	Drug Services	33,767	9,211	558,160	3,273	60.60	16.53	32,469	8,784	521,574	3,246	59.38	16.06		
16	Dental Screening	33,767	9	267	3	29.61	0.01	32,469	5	148	2	29.53	0.00		
17	Eyeglass Screening	33,767	24	841	9	35.02	0.02	32,469	13	691	5	53.16	0.02		
18	Hearing Screening Services	33,767	23	1,533	8	66.67	0.05	32,469	43	2,025	16	47.09	0.06		
21	Swing Bed Intermediate Care Services	33,767	0	0	0	0.00	0.00	32,469	0	0	0	0.00	0.00		
22	Rural Health Clinic Services	33,767	9,627	516,893	3,421	53.69	15.31	32,469	8,076	405,793	2,985	50.25	12.50		
23	FQHC (Federally Qualified Health Center)	33,767	4,466	393,148	1,587	88.03	11.64	32,469	3,205	269,883	1,185	84.21	8.31		
24	DME (Durable Medical Equipment Services)	33,767	1,640	139,847	583	85.27	4.14	32,469	1,937	149,372	716	77.11	4.60		
25	Therapy Services, (outside the Home Health Program)	33,767	46	1,071	16	23.29	0.03	32,469	10	310	4	31.02	0.01		
27	Inpatient Psychiatric Hospital Services	33,767	0	0	0	0.00	0.00	32,469	0	0	0	0.00	0.00		
28	Nurse Services	33,767	4,844	52,135	1,721	10.76	1.54	32,469	6,134	52,562	2,267	8.57	1.62		
29	Ambulatory Surgical Centers	33,767	0	0	0	0.00	0.00	32,469	0	0	0	0.00	0.00		
31	Hospice Services	33,767	29	3,298	10	113.71	0.10	32,469	0	0	0	0.00	0.00		
32	Outpatient Psychiatric Hospital Services	33,767	0	0	0	0.00	0.00	32,469	0	0	0	0.00	0.00		
34	Family Planning Drug Services	33,767	5	225	2	45.08	0.01	32,469	4	132	1	32.95	0.00		
35	Freestanding Dialysis Services	33,767	0	0	0	0.00	0.00	32,469	0	0	0	0.00	0.00		
98	Unknown	33,767	0	0	0	0.00	0.00	32,469	0	0	0	0.00	0.00		
Total		33,767	\$	15,195,143			450.00	32,469	\$	14,678,848			452.09		

Appendix A.2
State of Mississippi Department of Medicaid
Incurred Claims and Per Member Per Month (PMPM) Cost Summaries
Claims Basis: Amount Allowed

		July 2006 - June 2007						July 2007 - June 2008							
Category:	Non-Neonate														
Region:	South														
Age:	3 - 11 months														
cos_cd	Service Category	Member Months	Services	Amount Allowed	Annual Utilization per 1,000	Average Unit Cost	Allowed \$ PMPM	Member Months	Services	Amount Allowed	Annual Utilization per 1,000	Average Unit Cost	Allowed \$ PMPM		
01	Inpatient Hospital Services	101,611	4,825	6,140,068	570	1,272.55	60.43	102,707	4,133	5,519,516	483	1,335.47	53.74		
02	Outpatient Hospital Services	101,611	64,430	2,473,192	7,609	38.39	24.34	102,707	65,650	2,427,972	7,670	36.98	23.64		
03	Lab and Radiology Services	101,611	4,248	52,846	502	12.44	0.52	102,707	4,994	56,085	583	11.23	0.55		
05	Physician Services	101,611	97,881	3,658,707	11,559	37.38	36.01	102,707	94,945	3,679,667	11,093	38.76	35.83		
06	Home and Community Based Services	101,611	0	0	0	0.00	0.00	102,707	0	0	0	0.00	0.00		
07	Home Health Agency Services	101,611	687	36,624	81	53.31	0.36	102,707	929	71,450	109	76.91	0.70		
08	Swing Bed Skilled Care Services	101,611	0	0	0	0.00	0.00	102,707	0	0	0	0.00	0.00		
10	Periodic Screening Services (EPDST)	101,611	62,686	1,502,276	7,403	23.97	14.78	102,707	68,396	1,556,389	7,991	22.76	15.15		
11	Emergency/Non-Emergency Transportation	101,611	6,228	74,092	736	11.90	0.73	102,707	6,680	108,857	780	16.30	1.06		
12	Dental Services	101,611	0	0	0	0.00	0.00	102,707	0	0	0	0.00	0.00		
13	Eyeglass Services	101,611	0	0	0	0.00	0.00	102,707	0	0	0	0.00	0.00		
14	Family Planning Services	101,611	0	0	0	0.00	0.00	102,707	0	0	0	0.00	0.00		
15	Drug Services	101,611	61,709	4,196,474	7,288	68.00	41.30	102,707	64,026	4,741,053	7,481	74.05	46.16		
16	Dental Screening	101,611	134	4,885	16	36.45	0.05	102,707	185	5,280	22	28.54	0.05		
17	Eyeglass Screening	101,611	68	2,920	8	42.94	0.03	102,707	100	4,492	12	44.92	0.04		
18	Hearing Screening Services	101,611	86	6,691	10	77.80	0.07	102,707	67	5,370	8	80.15	0.05		
21	Swing Bed Intermediate Care Services	101,611	0	0	0	0.00	0.00	102,707	0	0	0	0.00	0.00		
22	Rural Health Clinic Services	101,611	18,389	948,805	2,172	51.60	9.34	102,707	20,874	979,648	2,439	46.93	9.54		
23	FQHC (Federally Qualified Health Center)	101,611	5,937	416,279	701	70.12	4.10	102,707	6,754	493,307	789	73.04	4.80		
24	DME (Durable Medical Equipment Services)	101,611	8,664	317,236	1,023	36.62	3.12	102,707	12,320	350,316	1,439	28.43	3.41		
25	Therapy Services, (outside the Home Health Program)	101,611	1,546	35,653	183	23.06	0.35	102,707	1,504	36,371	176	24.18	0.35		
27	Inpatient Psychiatric Hospital Services	101,611	0	0	0	0.00	0.00	102,707	0	0	0	0.00	0.00		
28	Nurse Services	101,611	21,019	235,556	2,482	11.21	2.32	102,707	22,743	226,738	2,657	9.97	2.21		
29	Ambulatory Surgical Centers	101,611	231	117,405	27	508.25	1.16	102,707	292	140,775	34	482.11	1.37		
31	Hospice Services	101,611	212	24,501	25	115.57	0.24	102,707	18	2,047	2	113.71	0.02		
32	Outpatient Psychiatric Hospital Services	101,611	0	0	0	0.00	0.00	102,707	0	0	0	0.00	0.00		
34	Family Planning Drug Services	101,611	11	373	1	33.89	0.00	102,707	23	947	3	41.18	0.01		
35	Freestanding Dialysis Services	101,611	0	0	0	0.00	0.00	102,707	0	0	0	0.00	0.00		
98	Unknown	101,611	0	0	0	0.00	0.00	102,707	0	0	0	0.00	0.00		
Total		101,611	\$	20,244,581			199.24	102,707	\$	20,406,277			198.68		

Appendix A.2
State of Mississippi Department of Medicaid
Incurred Claims and Per Member Per Month (PMPM) Cost Summaries
Claims Basis: Amount Allowed

		July 2006 - June 2007							July 2007 - June 2008						
Category:	Non-Neonate														
Region:	Statewide														
Age:	All														
cos_cd	Service Category	Member Months	Services	Amount Allowed	Annual Utilization per 1,000	Average Unit Cost	Allowed \$ PMPM	Member Months	Services	Amount Allowed	Annual Utilization per 1,000	Average Unit Cost	Allowed \$ PMPM		
01	Inpatient Hospital Services	446,697	44,522	55,795,462	1,196	1,253.21	124.91	442,647	47,014	63,250,729	1,275	1,345.36	142.89		
02	Outpatient Hospital Services	446,697	318,294	13,233,733	8,551	41.58	29.63	442,647	329,230	13,612,801	8,925	41.35	30.75		
03	Lab and Radiology Services	446,697	11,870	147,864	319	12.46	0.33	442,647	13,087	155,749	355	11.90	0.35		
05	Physician Services	446,697	567,840	25,281,462	15,254	44.52	56.60	442,647	566,690	26,573,973	15,363	46.89	60.03		
06	Home and Community Based Services	446,697	0	0	0	0.00	0.00	442,647	0	0	0	0.00	0.00		
07	Home Health Agency Services	446,697	5,936	186,161	159	31.36	0.42	442,647	5,273	231,392	143	43.88	0.52		
08	Swing Bed Skilled Care Services	446,697	0	0	0	0.00	0.00	442,647	0	0	0	0.00	0.00		
10	Periodic Screening Services (EPDST)	446,697	292,803	7,920,162	7,866	27.05	17.73	442,647	307,456	8,213,326	8,335	26.71	18.56		
11	Emergency/Non-Emergency Transportation	446,697	64,966	814,770	1,745	12.54	1.82	442,647	68,604	917,964	1,860	13.38	2.07		
12	Dental Services	446,697	0	0	0	0.00	0.00	442,647	0	0	0	0.00	0.00		
13	Eyeglass Services	446,697	0	0	0	0.00	0.00	442,647	0	0	0	0.00	0.00		
14	Family Planning Services	446,697	0	0	0	0.00	0.00	442,647	0	0	0	0.00	0.00		
15	Drug Services	446,697	247,741	13,322,518	6,655	53.78	29.82	442,647	259,035	15,934,728	7,022	61.52	36.00		
16	Dental Screening	446,697	441	35,412	12	80.30	0.08	442,647	507	33,203	14	65.49	0.08		
17	Eyeglass Screening	446,697	300	12,931	8	43.10	0.03	442,647	328	15,764	9	48.06	0.04		
18	Hearing Screening Services	446,697	572	37,886	15	66.23	0.08	442,647	518	35,367	14	68.28	0.08		
21	Swing Bed Intermediate Care Services	446,697	0	0	0	0.00	0.00	442,647	0	0	0	0.00	0.00		
22	Rural Health Clinic Services	446,697	78,203	4,112,101	2,101	52.58	9.21	442,647	79,418	4,002,319	2,153	50.40	9.04		
23	FQHC (Federally Qualified Health Center)	446,697	62,221	3,177,846	1,671	51.07	7.11	442,647	55,384	2,716,506	1,501	49.05	6.14		
24	DME (Durable Medical Equipment Services)	446,697	29,907	1,228,226	803	41.07	2.75	442,647	37,868	1,364,577	1,027	36.04	3.08		
25	Therapy Services, (outside the Home Health Program)	446,697	4,091	105,057	110	25.68	0.24	442,647	3,436	89,361	93	26.01	0.20		
27	Inpatient Psychiatric Hospital Services	446,697	0	0	0	0.00	0.00	442,647	0	0	0	0.00	0.00		
28	Nurse Services	446,697	89,298	1,295,865	2,399	14.51	2.90	442,647	100,888	1,443,078	2,735	14.30	3.26		
29	Ambulatory Surgical Centers	446,697	607	295,704	16	487.16	0.66	442,647	640	309,178	17	483.09	0.70		
31	Hospice Services	446,697	542	61,953	15	114.31	0.14	442,647	424	53,787	11	126.86	0.12		
32	Outpatient Psychiatric Hospital Services	446,697	0	0	0	0.00	0.00	442,647	0	0	0	0.00	0.00		
34	Family Planning Drug Services	446,697	85	3,339	2	39.28	0.01	442,647	110	4,563	3	41.48	0.01		
35	Freestanding Dialysis Services	446,697	0	0	0	0.00	0.00	442,647	0	0	0	0.00	0.00		
98	Unknown	446,697	1	8	0	7.69	0.00	442,647	0	0	0	0.00	0.00		
Total		446,697		\$ 127,068,462			284.46	442,647		\$ 138,958,366			313.93		

Appendix A.2
State of Mississippi Department of Medicaid
Incurred Claims and Per Member Per Month (PMPM) Cost Summaries
Claims Basis: Amount Allowed

		July 2006 - June 2007							July 2007 - June 2008						
Category:	Non-Neonate														
Region:	North														
Age:	All														
cos_cd	Service Category	Member Months	Services	Amount Allowed	Annual Utilization per 1,000	Average Unit Cost	Allowed \$ PMPM	Member Months	Services	Amount Allowed	Annual Utilization per 1,000	Average Unit Cost	Allowed \$ PMPM		
01	Inpatient Hospital Services	139,978	15,715	20,079,824	1,347	1,277.75	143.45	140,631	16,051	21,082,009	1,370	1,313.44	149.91		
02	Outpatient Hospital Services	139,978	99,392	3,684,257	8,521	37.07	26.32	140,631	109,116	3,601,010	9,311	33.00	25.61		
03	Lab and Radiology Services	139,978	1,763	23,418	151	13.28	0.17	140,631	1,655	20,983	141	12.68	0.15		
05	Physician Services	139,978	185,504	8,976,013	15,903	48.39	64.12	140,631	181,806	9,329,326	15,513	51.31	66.34		
06	Home and Community Based Services	139,978	0	0	0	0.00	0.00	140,631	0	0	0	0.00	0.00		
07	Home Health Agency Services	139,978	595	38,921	51	65.41	0.28	140,631	492	51,344	42	104.36	0.37		
08	Swing Bed Skilled Care Services	139,978	0	0	0	0.00	0.00	140,631	0	0	0	0.00	0.00		
10	Periodic Screening Services (EPDST)	139,978	102,031	2,777,889	8,747	27.23	19.85	140,631	109,489	2,891,732	9,343	26.41	20.56		
11	Emergency/Non-Emergency Transportation	139,978	23,380	232,825	2,004	9.96	1.66	140,631	22,579	246,169	1,927	10.90	1.75		
12	Dental Services	139,978	0	0	0	0.00	0.00	140,631	0	0	0	0.00	0.00		
13	Eyeglass Services	139,978	0	0	0	0.00	0.00	140,631	0	0	0	0.00	0.00		
14	Family Planning Services	139,978	0	0	0	0.00	0.00	140,631	0	0	0	0.00	0.00		
15	Drug Services	139,978	81,460	3,696,784	6,983	45.38	26.41	140,631	85,045	4,230,781	7,257	49.75	30.08		
16	Dental Screening	139,978	82	3,184	7	38.83	0.02	140,631	89	2,769	8	31.11	0.02		
17	Eyeglass Screening	139,978	101	3,996	9	39.56	0.03	140,631	90	4,832	8	53.69	0.03		
18	Hearing Screening Services	139,978	193	10,162	17	52.66	0.07	140,631	171	10,916	15	63.83	0.08		
21	Swing Bed Intermediate Care Services	139,978	0	0	0	0.00	0.00	140,631	0	0	0	0.00	0.00		
22	Rural Health Clinic Services	139,978	24,470	1,273,721	2,098	52.05	9.10	140,631	25,383	1,242,900	2,166	48.97	8.84		
23	FQHC (Federally Qualified Health Center)	139,978	12,342	624,834	1,058	50.63	4.46	140,631	11,409	539,324	974	47.27	3.84		
24	DME (Durable Medical Equipment Services)	139,978	8,719	291,630	747	33.45	2.08	140,631	8,145	310,170	695	38.08	2.21		
25	Therapy Services, (outside the Home Health Program)	139,978	1,616	41,221	139	25.51	0.29	140,631	1,283	36,425	109	28.39	0.26		
27	Inpatient Psychiatric Hospital Services	139,978	0	0	0	0.00	0.00	140,631	0	0	0	0.00	0.00		
28	Nurse Services	139,978	37,193	404,338	3,188	10.87	2.89	140,631	38,797	497,301	3,311	12.82	3.54		
29	Ambulatory Surgical Centers	139,978	198	95,464	17	482.14	0.68	140,631	212	103,913	18	490.16	0.74		
31	Hospice Services	139,978	103	10,300	9	100.00	0.07	140,631	62	6,200	5	100.00	0.04		
32	Outpatient Psychiatric Hospital Services	139,978	0	0	0	0.00	0.00	140,631	0	0	0	0.00	0.00		
34	Family Planning Drug Services	139,978	33	1,333	3	40.40	0.01	140,631	35	1,482	3	42.33	0.01		
35	Freestanding Dialysis Services	139,978	0	0	0	0.00	0.00	140,631	0	0	0	0.00	0.00		
98	Unknown	139,978	1	8	0	7.69	0.00	140,631	0	0	0	0.00	0.00		
Total		139,978		\$ 42,270,121			301.98	140,631		\$ 44,209,586			314.37		

Appendix A.2
State of Mississippi Department of Medicaid
Incurred Claims and Per Member Per Month (PMPM) Cost Summaries
Claims Basis: Amount Allowed

		July 2006 - June 2007							July 2007 - June 2008						
Category:	Non-Neonate														
Region:	Central														
Age:	All														
cos_cd	Service Category	Member Months	Services	Amount Allowed	Annual Utilization per 1,000	Average Unit Cost	Allowed \$ PMPM	Member Months	Services	Amount Allowed	Annual Utilization per 1,000	Average Unit Cost	Allowed \$ PMPM		
01	Inpatient Hospital Services	171,341	17,550	21,243,848	1,229	1,210.48	123.99	166,840	20,818	28,364,816	1,497	1,362.51	170.01		
02	Outpatient Hospital Services	171,341	128,759	6,331,113	9,018	49.17	36.95	166,840	131,888	6,960,563	9,486	52.78	41.72		
03	Lab and Radiology Services	171,341	5,230	61,184	366	11.70	0.36	166,840	5,917	70,481	426	11.91	0.42		
05	Physician Services	171,341	216,189	9,282,877	15,141	42.94	54.18	166,840	222,161	10,188,104	15,979	45.86	61.07		
06	Home and Community Based Services	171,341	0	0	0	0.00	0.00	166,840	0	0	0	0.00	0.00		
07	Home Health Agency Services	171,341	1,977	58,233	138	29.45	0.34	166,840	1,271	62,687	91	49.32	0.38		
08	Swing Bed Skilled Care Services	171,341	0	0	0	0.00	0.00	166,840	0	0	0	0.00	0.00		
10	Periodic Screening Services (EPDST)	171,341	98,216	2,757,034	6,879	28.07	16.09	166,840	99,848	2,913,367	7,182	29.18	17.46		
11	Emergency/Non-Emergency Transportation	171,341	26,589	366,649	1,862	13.79	2.14	166,840	32,318	477,051	2,324	14.76	2.86		
12	Dental Services	171,341	0	0	0	0.00	0.00	166,840	0	0	0	0.00	0.00		
13	Eyeglass Services	171,341	0	0	0	0.00	0.00	166,840	0	0	0	0.00	0.00		
14	Family Planning Services	171,341	0	0	0	0.00	0.00	166,840	0	0	0	0.00	0.00		
15	Drug Services	171,341	95,361	4,871,101	6,679	51.08	28.43	166,840	101,180	6,441,319	7,277	63.66	38.61		
16	Dental Screening	171,341	216	27,076	15	125.35	0.16	166,840	228	25,007	16	109.68	0.15		
17	Eyeglass Screening	171,341	107	5,175	7	48.37	0.03	166,840	125	5,749	9	45.99	0.03		
18	Hearing Screening Services	171,341	270	19,499	19	72.22	0.11	166,840	237	17,057	17	71.97	0.10		
21	Swing Bed Intermediate Care Services	171,341	0	0	0	0.00	0.00	166,840	0	0	0	0.00	0.00		
22	Rural Health Clinic Services	171,341	25,717	1,372,682	1,801	53.38	8.01	166,840	25,085	1,373,978	1,804	54.77	8.24		
23	FQHC (Federally Qualified Health Center)	171,341	39,476	1,743,586	2,765	44.17	10.18	166,840	34,016	1,413,992	2,447	41.57	8.48		
24	DME (Durable Medical Equipment Services)	171,341	10,884	479,514	762	44.06	2.80	166,840	15,466	554,720	1,112	35.87	3.32		
25	Therapy Services, (outside the Home Health Program)	171,341	883	27,113	62	30.71	0.16	166,840	639	16,255	46	25.44	0.10		
27	Inpatient Psychiatric Hospital Services	171,341	0	0	0	0.00	0.00	166,840	0	0	0	0.00	0.00		
28	Nurse Services	171,341	26,242	603,837	1,838	23.01	3.52	166,840	33,214	666,477	2,389	20.07	3.99		
29	Ambulatory Surgical Centers	171,341	178	82,836	12	465.37	0.48	166,840	136	64,490	10	474.19	0.39		
31	Hospice Services	171,341	198	23,855	14	120.48	0.14	166,840	344	45,540	25	132.38	0.27		
32	Outpatient Psychiatric Hospital Services	171,341	0	0	0	0.00	0.00	166,840	0	0	0	0.00	0.00		
34	Family Planning Drug Services	171,341	36	1,408	3	39.10	0.01	166,840	48	2,002	3	41.71	0.01		
35	Freestanding Dialysis Services	171,341	0	0	0	0.00	0.00	166,840	0	0	0	0.00	0.00		
98	Unknown	171,341	0	0	0	0.00	0.00	166,840	0	0	0	0.00	0.00		
Total		171,341	\$	49,358,617			288.07	166,840	\$	59,663,655			357.61		

Appendix A.2
State of Mississippi Department of Medicaid
Incurred Claims and Per Member Per Month (PMPM) Cost Summaries
Claims Basis: Amount Allowed

		July 2006 - June 2007							July 2007 - June 2008						
Category:	Non-Neonate														
Region:	South														
Age:	All														
cos_cd	Service Category	Member Months	Services	Amount Allowed	Annual Utilization per 1,000	Average Unit Cost	Allowed \$ PMPM	Member Months	Services	Amount Allowed	Annual Utilization per 1,000	Average Unit Cost	Allowed \$ PMPM		
01	Inpatient Hospital Services	135,378	11,257	14,471,791	998	1,285.58	106.90	135,176	10,145	13,803,904	901	1,360.66	102.12		
02	Outpatient Hospital Services	135,378	90,143	3,218,363	7,990	35.70	23.77	135,176	88,226	3,051,228	7,832	34.58	22.57		
03	Lab and Radiology Services	135,378	4,877	63,262	432	12.97	0.47	135,176	5,515	64,285	490	11.66	0.48		
05	Physician Services	135,378	166,147	7,022,572	14,727	42.27	51.87	135,176	162,723	7,056,543	14,445	43.37	52.20		
06	Home and Community Based Services	135,378	0	0	0	0.00	0.00	135,176	0	0	0	0.00	0.00		
07	Home Health Agency Services	135,378	3,364	89,007	298	26.46	0.66	135,176	3,510	117,360	312	33.44	0.87		
08	Swing Bed Skilled Care Services	135,378	0	0	0	0.00	0.00	135,176	0	0	0	0.00	0.00		
10	Periodic Screening Services (EPDST)	135,378	92,556	2,385,239	8,204	25.77	17.62	135,176	98,119	2,408,227	8,710	24.54	17.82		
11	Emergency/Non-Emergency Transportation	135,378	14,997	215,296	1,329	14.36	1.59	135,176	13,707	194,745	1,217	14.21	1.44		
12	Dental Services	135,378	0	0	0	0.00	0.00	135,176	0	0	0	0.00	0.00		
13	Eyeglass Services	135,378	0	0	0	0.00	0.00	135,176	0	0	0	0.00	0.00		
14	Family Planning Services	135,378	0	0	0	0.00	0.00	135,176	0	0	0	0.00	0.00		
15	Drug Services	135,378	70,920	4,754,634	6,286	67.04	35.12	135,176	72,810	5,262,628	6,464	72.28	38.93		
16	Dental Screening	135,378	143	5,151	13	36.02	0.04	135,176	190	5,428	17	28.57	0.04		
17	Eyeglass Screening	135,378	92	3,760	8	40.87	0.03	135,176	113	5,183	10	45.87	0.04		
18	Hearing Screening Services	135,378	109	8,224	10	75.45	0.06	135,176	110	7,395	10	67.23	0.05		
21	Swing Bed Intermediate Care Services	135,378	0	0	0	0.00	0.00	135,176	0	0	0	0.00	0.00		
22	Rural Health Clinic Services	135,378	28,016	1,465,698	2,483	52.32	10.83	135,176	28,950	1,385,440	2,570	47.86	10.25		
23	FQHC (Federally Qualified Health Center)	135,378	10,403	809,426	922	77.81	5.98	135,176	9,959	763,190	884	76.63	5.65		
24	DME (Durable Medical Equipment Services)	135,378	10,304	457,083	913	44.36	3.38	135,176	14,257	499,688	1,266	35.05	3.70		
25	Therapy Services, (outside the Home Health Program)	135,378	1,592	36,724	141	23.07	0.27	135,176	1,514	36,681	134	24.23	0.27		
27	Inpatient Psychiatric Hospital Services	135,378	0	0	0	0.00	0.00	135,176	0	0	0	0.00	0.00		
28	Nurse Services	135,378	25,863	287,691	2,293	11.12	2.13	135,176	28,877	279,300	2,564	9.67	2.07		
29	Ambulatory Surgical Centers	135,378	231	117,405	20	508.25	0.87	135,176	292	140,775	26	482.11	1.04		
31	Hospice Services	135,378	241	27,798	21	115.35	0.21	135,176	18	2,047	2	113.71	0.02		
32	Outpatient Psychiatric Hospital Services	135,378	0	0	0	0.00	0.00	135,176	0	0	0	0.00	0.00		
34	Family Planning Drug Services	135,378	16	598	1	37.39	0.00	135,176	27	1,079	2	39.97	0.01		
35	Freestanding Dialysis Services	135,378	0	0	0	0.00	0.00	135,176	0	0	0	0.00	0.00		
98	Unknown	135,378	0	0	0	0.00	0.00	135,176	0	0	0	0.00	0.00		
Total		135,378	\$	35,439,723			261.78	135,176	\$	35,085,125			259.55		

Appendix A.2
State of Mississippi Department of Medicaid
Incurred Claims and Per Member Per Month (PMPM) Cost Summaries
Claims Basis: Amount Allowed

		July 2006 - June 2007						July 2007 - June 2008					
Category:	Neonates												
Region:	Statewide												
Age:	0 - 2 months												
cos_cd	Service Category	Member Months	Services	Amount Allowed	Annual Utilization per 1,000	Average Unit Cost	Allowed \$ PMPM	Member Months	Services	Amount Allowed	Annual Utilization per 1,000	Average Unit Cost	Allowed \$ PMPM
01	Inpatient Hospital Services	2,148	41,461	52,755,083	231,626	1,272.40	24,560.09	2,017	39,517	51,762,887	235,104	1,309.89	25,663.31
02	Outpatient Hospital Services	2,148	1,025	41,354	5,726	40.35	19.25	2,017	948	37,476	5,640	39.53	18.58
03	Lab and Radiology Services	2,148	61	3,139	341	51.46	1.46	2,017	5	135	30	27.02	0.07
05	Physician Services	2,148	68,514	7,340,954	382,760	107.15	3,417.58	2,017	63,650	7,179,540	378,681	112.80	3,559.51
06	Home and Community Based Services	2,148	0	0	0	0.00	0.00	2,017	0	0	0	0.00	0.00
07	Home Health Agency Services	2,148	41	4,960	229	120.98	2.31	2,017	193	6,589	1,148	34.14	3.27
08	Swing Bed Skilled Care Services	2,148	0	0	0	0.00	0.00	2,017	0	0	0	0.00	0.00
10	Periodic Screening Services (EPDST)	2,148	1,204	49,314	6,726	40.96	22.96	2,017	669	32,604	3,980	48.73	16.16
11	Emergency/Non-Emergency Transportation	2,148	10,418	90,726	58,201	8.71	42.24	2,017	10,418	173,947	61,981	16.70	86.24
12	Dental Services	2,148	0	0	0	0.00	0.00	2,017	0	0	0	0.00	0.00
13	Eyeglass Services	2,148	0	0	0	0.00	0.00	2,017	0	0	0	0.00	0.00
14	Family Planning Services	2,148	0	0	0	0.00	0.00	2,017	0	0	0	0.00	0.00
15	Drug Services	2,148	200	36,216	1,117	181.08	16.86	2,017	201	32,847	1,196	163.42	16.29
16	Dental Screening	2,148	0	0	0	0.00	0.00	2,017	0	0	0	0.00	0.00
17	Eyeglass Screening	2,148	0	0	0	0.00	0.00	2,017	0	0	0	0.00	0.00
18	Hearing Screening Services	2,148	6	363	34	60.57	0.17	2,017	5	348	30	69.58	0.17
21	Swing Bed Intermediate Care Services	2,148	0	0	0	0.00	0.00	2,017	0	0	0	0.00	0.00
22	Rural Health Clinic Services	2,148	161	14,738	899	91.54	6.86	2,017	133	8,660	791	65.11	4.29
23	FQHC (Federally Qualified Health Center)	2,148	243	20,696	1,358	85.17	9.63	2,017	129	12,064	767	93.52	5.98
24	DME (Durable Medical Equipment Services)	2,148	417	22,563	2,330	54.11	10.50	2,017	374	19,914	2,225	53.25	9.87
25	Therapy Services, (outside the Home Health Program)	2,148	0	0	0	0.00	0.00	2,017	0	0	0	0.00	0.00
27	Inpatient Psychiatric Hospital Services	2,148	0	0	0	0.00	0.00	2,017	0	0	0	0.00	0.00
28	Nurse Services	2,148	2,246	44,213	12,547	19.69	20.58	2,017	2,415	39,049	14,368	16.17	19.36
29	Ambulatory Surgical Centers	2,148	0	0	0	0.00	0.00	2,017	0	0	0	0.00	0.00
31	Hospice Services	2,148	0	0	0	0.00	0.00	2,017	0	0	0	0.00	0.00
32	Outpatient Psychiatric Hospital Services	2,148	0	0	0	0.00	0.00	2,017	0	0	0	0.00	0.00
34	Family Planning Drug Services	2,148	0	0	0	0.00	0.00	2,017	1	54	6	54.20	0.03
35	Freestanding Dialysis Services	2,148	0	0	0	0.00	0.00	2,017	0	0	0	0.00	0.00
98	Unknown	2,148	0	0	0	0.00	0.00	2,017	0	0	0	0.00	0.00
Total		2,148	\$	60,424,319			28,130.50	2,017	\$	59,306,113			29,403.13

Appendix A.2
State of Mississippi Department of Medicaid
Incurred Claims and Per Member Per Month (PMPM) Cost Summaries
Claims Basis: Amount Allowed

		July 2006 - June 2007						July 2007 - June 2008					
Category:	Neonates												
Region:	Statewide												
Age:	3 - 11 months												
cos_cd	Service Category	Member Months	Services	Amount Allowed	Annual Utilization per 1,000	Average Unit Cost	Allowed \$ PMPM	Member Months	Services	Amount Allowed	Annual Utilization per 1,000	Average Unit Cost	Allowed \$ PMPM
01	Inpatient Hospital Services	218	3,485	4,512,557	191,835	1,294.85	20,699.80	282	5,273	7,075,268	224,383	1,341.79	25,089.60
02	Outpatient Hospital Services	218	351	15,280	19,321	43.53	70.09	282	138	6,645	5,872	48.15	23.56
03	Lab and Radiology Services	218	6	260	330	43.38	1.19	282	5	94	213	18.73	0.33
05	Physician Services	218	12,664	888,584	697,101	70.17	4,076.08	282	14,814	1,068,434	630,383	72.12	3,788.77
06	Home and Community Based Services	218	0	0	0	0.00	0.00	282	0	0	0	0.00	0.00
07	Home Health Agency Services	218	72	8,801	3,963	122.24	40.37	282	137	10,520	5,830	76.79	37.31
08	Swing Bed Skilled Care Services	218	0	0	0	0.00	0.00	282	0	0	0	0.00	0.00
10	Periodic Screening Services (EPDST)	218	111	4,618	6,110	41.60	21.18	282	71	3,825	3,021	53.87	13.56
11	Emergency/Non-Emergency Transportation	218	427	4,744	23,505	11.11	21.76	282	476	38,347	20,255	80.56	135.98
12	Dental Services	218	0	0	0	0.00	0.00	282	0	0	0	0.00	0.00
13	Eyeglass Services	218	0	0	0	0.00	0.00	282	0	0	0	0.00	0.00
14	Family Planning Services	218	0	0	0	0.00	0.00	282	0	0	0	0.00	0.00
15	Drug Services	218	113	14,455	6,220	127.92	66.31	282	99	16,603	4,213	167.70	58.87
16	Dental Screening	218	4	118	220	29.61	0.54	282	0	0	0	0.00	0.00
17	Eyeglass Screening	218	0	0	0	0.00	0.00	282	0	0	0	0.00	0.00
18	Hearing Screening Services	218	3	212	165	70.72	0.97	282	1	2	43	1.89	0.01
21	Swing Bed Intermediate Care Services	218	0	0	0	0.00	0.00	282	0	0	0	0.00	0.00
22	Rural Health Clinic Services	218	17	946	936	55.67	4.34	282	6	546	255	91.00	1.94
23	FQHC (Federally Qualified Health Center)	218	14	737	771	52.65	3.38	282	13	739	553	56.84	2.62
24	DME (Durable Medical Equipment Services)	218	212	19,115	11,670	90.17	87.69	282	1,384	29,749	58,894	21.49	105.49
25	Therapy Services, (outside the Home Health Program)	218	0	0	0	0.00	0.00	282	0	0	0	0.00	0.00
27	Inpatient Psychiatric Hospital Services	218	0	0	0	0.00	0.00	282	0	0	0	0.00	0.00
28	Nurse Services	218	481	758	26,477	1.58	3.48	282	2,191	2,731	93,234	1.25	9.68
29	Ambulatory Surgical Centers	218	0	0	0	0.00	0.00	282	0	0	0	0.00	0.00
31	Hospice Services	218	0	0	0	0.00	0.00	282	0	0	0	0.00	0.00
32	Outpatient Psychiatric Hospital Services	218	0	0	0	0.00	0.00	282	0	0	0	0.00	0.00
34	Family Planning Drug Services	218	0	0	0	0.00	0.00	282	0	0	0	0.00	0.00
35	Freestanding Dialysis Services	218	0	0	0	0.00	0.00	282	0	0	0	0.00	0.00
98	Unknown	218	0	0	0	0.00	0.00	282	0	0	0	0.00	0.00
Total		218		\$ 5,471,186			25,097.18	282		\$ 8,253,502			29,267.74

Appendix A.2
State of Mississippi Department of Medicaid
Incurred Claims and Per Member Per Month (PMPM) Cost Summaries
Claims Basis: Amount Allowed

		July 2006 - June 2007						July 2007 - June 2008					
Category:	Neonates												
Region:	North												
Age:	0 - 2 months												
cos_cd	Service Category	Member Months	Services	Amount Allowed	Annual Utilization per 1,000	Average Unit Cost	Allowed \$ PMPM	Member Months	Services	Amount Allowed	Annual Utilization per 1,000	Average Unit Cost	Allowed \$ PMPM
01	Inpatient Hospital Services	450	8,372	10,798,437	223,253	1,289.83	23,996.53	481	9,609	12,851,854	239,726	1,337.48	26,719.03
02	Outpatient Hospital Services	450	268	8,831	7,147	32.95	19.62	481	409	17,846	10,204	43.63	37.10
03	Lab and Radiology Services	450	5	74	133	14.84	0.16	481	0	0	0	0.00	0.00
05	Physician Services	450	13,881	1,414,193	370,160	101.88	3,142.65	481	16,661	1,753,318	415,659	105.23	3,645.15
06	Home and Community Based Services	450	0	0	0	0.00	0.00	481	0	0	0	0.00	0.00
07	Home Health Agency Services	450	5	591	133	118.29	1.31	481	131	2,086	3,268	15.93	4.34
08	Swing Bed Skilled Care Services	450	0	0	0	0.00	0.00	481	0	0	0	0.00	0.00
10	Periodic Screening Services (EPDST)	450	184	7,275	4,907	39.54	16.17	481	91	4,098	2,270	45.03	8.52
11	Emergency/Non-Emergency Transportation	450	5,310	38,666	141,600	7.28	85.92	481	4,063	57,013	101,364	14.03	118.53
12	Dental Services	450	0	0	0	0.00	0.00	481	0	0	0	0.00	0.00
13	Eyeglass Services	450	0	0	0	0.00	0.00	481	0	0	0	0.00	0.00
14	Family Planning Services	450	0	0	0	0.00	0.00	481	0	0	0	0.00	0.00
15	Drug Services	450	51	10,533	1,360	206.53	23.41	481	43	4,682	1,073	108.89	9.73
16	Dental Screening	450	0	0	0	0.00	0.00	481	0	0	0	0.00	0.00
17	Eyeglass Screening	450	0	0	0	0.00	0.00	481	0	0	0	0.00	0.00
18	Hearing Screening Services	450	0	0	0	0.00	0.00	481	0	0	0	0.00	0.00
21	Swing Bed Intermediate Care Services	450	0	0	0	0.00	0.00	481	0	0	0	0.00	0.00
22	Rural Health Clinic Services	450	29	3,042	773	104.90	6.76	481	25	2,519	624	100.75	5.24
23	FQHC (Federally Qualified Health Center)	450	78	8,704	2,080	111.59	19.34	481	72	8,287	1,796	115.10	17.23
24	DME (Durable Medical Equipment Services)	450	189	3,387	5,040	17.92	7.53	481	88	5,094	2,195	57.89	10.59
25	Therapy Services, (outside the Home Health Program)	450	0	0	0	0.00	0.00	481	0	0	0	0.00	0.00
27	Inpatient Psychiatric Hospital Services	450	0	0	0	0.00	0.00	481	0	0	0	0.00	0.00
28	Nurse Services	450	192	11,401	5,120	59.38	25.34	481	600	10,572	14,969	17.62	21.98
29	Ambulatory Surgical Centers	450	0	0	0	0.00	0.00	481	0	0	0	0.00	0.00
31	Hospice Services	450	0	0	0	0.00	0.00	481	0	0	0	0.00	0.00
32	Outpatient Psychiatric Hospital Services	450	0	0	0	0.00	0.00	481	0	0	0	0.00	0.00
34	Family Planning Drug Services	450	0	0	0	0.00	0.00	481	0	0	0	0.00	0.00
35	Freestanding Dialysis Services	450	0	0	0	0.00	0.00	481	0	0	0	0.00	0.00
98	Unknown	450	0	0	0	0.00	0.00	481	0	0	0	0.00	0.00
Total		450	\$	12,305,135			27,344.75	481	\$	14,717,369			30,597.44

Appendix A.2
State of Mississippi Department of Medicaid
Incurred Claims and Per Member Per Month (PMPM) Cost Summaries
Claims Basis: Amount Allowed

		July 2006 - June 2007						July 2007 - June 2008					
Category:	Neonates												
Region:	North												
Age:	3 - 11 months												
cos_cd	Service Category	Member Months	Services	Amount Allowed	Annual Utilization per 1,000	Average Unit Cost	Allowed \$ PMPM	Member Months	Services	Amount Allowed	Annual Utilization per 1,000	Average Unit Cost	Allowed \$ PMPM
01	Inpatient Hospital Services	47	917	1,196,279	234,128	1,304.56	25,452.74	93	1,956	2,665,647	252,387	1,362.80	28,662.87
02	Outpatient Hospital Services	47	256	7,571	65,362	29.57	161.08	93	60	1,896	7,742	31.60	20.39
03	Lab and Radiology Services	47	0	0	0	0.00	0.00	93	0	0	0	0.00	0.00
05	Physician Services	47	2,812	242,844	717,957	86.36	5,166.89	93	5,412	323,114	698,323	59.70	3,474.34
06	Home and Community Based Services	47	0	0	0	0.00	0.00	93	0	0	0	0.00	0.00
07	Home Health Agency Services	47	24	2,939	6,128	122.47	62.54	93	42	3,358	5,419	79.96	36.11
08	Swing Bed Skilled Care Services	47	0	0	0	0.00	0.00	93	0	0	0	0.00	0.00
10	Periodic Screening Services (EPDST)	47	20	900	5,106	44.98	19.14	93	35	1,534	4,516	43.82	16.49
11	Emergency/Non-Emergency Transportation	47	246	2,412	62,809	9.80	51.31	93	178	9,837	22,968	55.26	105.77
12	Dental Services	47	0	0	0	0.00	0.00	93	0	0	0	0.00	0.00
13	Eyeglass Services	47	0	0	0	0.00	0.00	93	0	0	0	0.00	0.00
14	Family Planning Services	47	0	0	0	0.00	0.00	93	0	0	0	0.00	0.00
15	Drug Services	47	15	283	3,830	18.89	6.03	93	36	2,758	4,645	76.60	29.65
16	Dental Screening	47	0	0	0	0.00	0.00	93	0	0	0	0.00	0.00
17	Eyeglass Screening	47	0	0	0	0.00	0.00	93	0	0	0	0.00	0.00
18	Hearing Screening Services	47	0	0	0	0.00	0.00	93	0	0	0	0.00	0.00
21	Swing Bed Intermediate Care Services	47	0	0	0	0.00	0.00	93	0	0	0	0.00	0.00
22	Rural Health Clinic Services	47	6	375	1,532	62.48	7.98	93	2	149	258	74.66	1.61
23	FQHC (Federally Qualified Health Center)	47	0	0	0	0.00	0.00	93	6	97	774	16.15	1.04
24	DME (Durable Medical Equipment Services)	47	57	7,736	14,553	135.72	164.60	93	111	8,333	14,323	75.07	89.60
25	Therapy Services, (outside the Home Health Program)	47	0	0	0	0.00	0.00	93	0	0	0	0.00	0.00
27	Inpatient Psychiatric Hospital Services	47	0	0	0	0.00	0.00	93	0	0	0	0.00	0.00
28	Nurse Services	47	83	190	21,191	2.29	4.05	93	702	1,052	90,581	1.50	11.32
29	Ambulatory Surgical Centers	47	0	0	0	0.00	0.00	93	0	0	0	0.00	0.00
31	Hospice Services	47	0	0	0	0.00	0.00	93	0	0	0	0.00	0.00
32	Outpatient Psychiatric Hospital Services	47	0	0	0	0.00	0.00	93	0	0	0	0.00	0.00
34	Family Planning Drug Services	47	0	0	0	0.00	0.00	93	0	0	0	0.00	0.00
35	Freestanding Dialysis Services	47	0	0	0	0.00	0.00	93	0	0	0	0.00	0.00
98	Unknown	47	0	0	0	0.00	0.00	93	0	0	0	0.00	0.00
Total		47		\$ 1,461,528			31,096.35	93		\$ 3,017,774			32,449.18

Appendix A.2
State of Mississippi Department of Medicaid
Incurred Claims and Per Member Per Month (PMPM) Cost Summaries
Claims Basis: Amount Allowed

		July 2006 - June 2007						July 2007 - June 2008					
Category:	Neonates												
Region:	Central												
Age:	0 - 2 months												
cos_cd	Service Category	Member Months	Services	Amount Allowed	Annual Utilization per 1,000	Average Unit Cost	Allowed \$ PMPM	Member Months	Services	Amount Allowed	Annual Utilization per 1,000	Average Unit Cost	Allowed \$ PMPM
01	Inpatient Hospital Services	963	18,738	23,877,937	233,495	1,274.31	24,795.37	855	16,715	21,840,396	234,596	1,306.63	25,544.32
02	Outpatient Hospital Services	963	528	24,820	6,579	47.01	25.77	855	423	15,780	5,937	37.30	18.46
03	Lab and Radiology Services	963	18	782	224	43.47	0.81	855	2	24	28	11.81	0.03
05	Physician Services	963	30,862	3,327,100	384,573	107.81	3,454.93	855	25,251	2,936,064	354,400	116.28	3,433.99
06	Home and Community Based Services	963	0	0	0	0.00	0.00	855	0	0	0	0.00	0.00
07	Home Health Agency Services	963	11	1,040	137	94.58	1.08	855	17	1,197	239	70.42	1.40
08	Swing Bed Skilled Care Services	963	0	0	0	0.00	0.00	855	0	0	0	0.00	0.00
10	Periodic Screening Services (EPDST)	963	515	20,414	6,417	39.64	21.20	855	194	10,450	2,723	53.86	12.22
11	Emergency/Non-Emergency Transportation	963	3,219	34,102	40,112	10.59	35.41	855	5,454	93,225	76,547	17.09	109.03
12	Dental Services	963	0	0	0	0.00	0.00	855	0	0	0	0.00	0.00
13	Eyeglass Services	963	0	0	0	0.00	0.00	855	0	0	0	0.00	0.00
14	Family Planning Services	963	0	0	0	0.00	0.00	855	0	0	0	0.00	0.00
15	Drug Services	963	92	13,517	1,146	146.92	14.04	855	89	18,112	1,249	203.50	21.18
16	Dental Screening	963	0	0	0	0.00	0.00	855	0	0	0	0.00	0.00
17	Eyeglass Screening	963	0	0	0	0.00	0.00	855	0	0	0	0.00	0.00
18	Hearing Screening Services	963	1	76	12	76.46	0.08	855	5	348	70	69.58	0.41
21	Swing Bed Intermediate Care Services	963	0	0	0	0.00	0.00	855	0	0	0	0.00	0.00
22	Rural Health Clinic Services	963	32	2,772	399	86.63	2.88	855	48	3,365	674	70.11	3.94
23	FQHC (Federally Qualified Health Center)	963	133	8,801	1,657	66.17	9.14	855	41	2,238	575	54.58	2.62
24	DME (Durable Medical Equipment Services)	963	63	9,211	785	146.21	9.57	855	212	6,379	2,975	30.09	7.46
25	Therapy Services, (outside the Home Health Program)	963	0	0	0	0.00	0.00	855	0	0	0	0.00	0.00
27	Inpatient Psychiatric Hospital Services	963	0	0	0	0.00	0.00	855	0	0	0	0.00	0.00
28	Nurse Services	963	377	25,000	4,698	66.31	25.96	855	528	20,615	7,411	39.04	24.11
29	Ambulatory Surgical Centers	963	0	0	0	0.00	0.00	855	0	0	0	0.00	0.00
31	Hospice Services	963	0	0	0	0.00	0.00	855	0	0	0	0.00	0.00
32	Outpatient Psychiatric Hospital Services	963	0	0	0	0.00	0.00	855	0	0	0	0.00	0.00
34	Family Planning Drug Services	963	0	0	0	0.00	0.00	855	1	54	14	54.20	0.06
35	Freestanding Dialysis Services	963	0	0	0	0.00	0.00	855	0	0	0	0.00	0.00
98	Unknown	963	0	0	0	0.00	0.00	855	0	0	0	0.00	0.00
Total		963		\$ 27,345,573			28,396.23	855		\$ 24,948,247			29,179.24

Appendix A.2
State of Mississippi Department of Medicaid
Incurred Claims and Per Member Per Month (PMPM) Cost Summaries
Claims Basis: Amount Allowed

		July 2006 - June 2007						July 2007 - June 2008						
Category:	Neonates													
Region:	Central													
Age:	3 - 11 months													
cos_cd	Service Category	Member Months	Services	Amount Allowed	Annual Utilization per 1,000	Average Unit Cost	Allowed \$ PMPM	Member Months	Services	Amount Allowed	Annual Utilization per 1,000	Average Unit Cost	Allowed \$ PMPM	
01	Inpatient Hospital Services	104	1,641	2,150,945	189,346	1,310.75	20,682.16	104	1,949	2,580,635	224,885	1,324.08	24,813.80	
02	Outpatient Hospital Services	104	65	6,886	7,500	105.94	66.21	104	37	3,268	4,269	88.32	31.42	
03	Lab and Radiology Services	104	4	248	462	62.07	2.39	104	0	0	0	0.00	0.00	
05	Physician Services	104	5,645	396,042	651,346	70.16	3,808.09	104	5,186	446,519	598,385	86.10	4,293.45	
06	Home and Community Based Services	104	0	0	0	0.00	0.00	104	0	0	0	0.00	0.00	
07	Home Health Agency Services	104	25	2,757	2,885	110.27	26.51	104	19	2,327	2,192	122.47	22.37	
08	Swing Bed Skilled Care Services	104	0	0	0	0.00	0.00	104	0	0	0	0.00	0.00	
10	Periodic Screening Services (EPDST)	104	56	2,368	6,462	42.29	22.77	104	21	1,339	2,423	63.76	12.87	
11	Emergency/Non-Emergency Transportation	104	180	2,111	20,769	11.73	20.30	104	204	17,263	23,538	84.62	165.99	
12	Dental Services	104	0	0	0	0.00	0.00	104	0	0	0	0.00	0.00	
13	Eyeglass Services	104	0	0	0	0.00	0.00	104	0	0	0	0.00	0.00	
14	Family Planning Services	104	0	0	0	0.00	0.00	104	0	0	0	0.00	0.00	
15	Drug Services	104	72	8,823	8,308	122.54	84.84	104	34	6,837	3,923	201.10	65.74	
16	Dental Screening	104	0	0	0	0.00	0.00	104	0	0	0	0.00	0.00	
17	Eyeglass Screening	104	0	0	0	0.00	0.00	104	0	0	0	0.00	0.00	
18	Hearing Screening Services	104	3	212	346	70.72	2.04	104	1	2	115	1.89	0.02	
21	Swing Bed Intermediate Care Services	104	0	0	0	0.00	0.00	104	0	0	0	0.00	0.00	
22	Rural Health Clinic Services	104	2	149	231	74.54	1.43	104	1	185	115	184.93	1.78	
23	FQHC (Federally Qualified Health Center)	104	14	737	1,615	52.65	7.09	104	3	229	346	76.26	2.20	
24	DME (Durable Medical Equipment Services)	104	130	7,111	15,000	54.70	68.38	104	109	8,644	12,577	79.30	83.11	
25	Therapy Services, (outside the Home Health Program)	104	0	0	0	0.00	0.00	104	0	0	0	0.00	0.00	
27	Inpatient Psychiatric Hospital Services	104	0	0	0	0.00	0.00	104	0	0	0	0.00	0.00	
28	Nurse Services	104	202	329	23,308	1.63	3.16	104	296	329	34,154	1.11	3.17	
29	Ambulatory Surgical Centers	104	0	0	0	0.00	0.00	104	0	0	0	0.00	0.00	
31	Hospice Services	104	0	0	0	0.00	0.00	104	0	0	0	0.00	0.00	
32	Outpatient Psychiatric Hospital Services	104	0	0	0	0.00	0.00	104	0	0	0	0.00	0.00	
34	Family Planning Drug Services	104	0	0	0	0.00	0.00	104	0	0	0	0.00	0.00	
35	Freestanding Dialysis Services	104	0	0	0	0.00	0.00	104	0	0	0	0.00	0.00	
98	Unknown	104	0	0	0	0.00	0.00	104	0	0	0	0.00	0.00	
Total		104		\$ 2,578,718			24,795.37	104		\$ 3,067,577			29,495.93	

Appendix A.2
State of Mississippi Department of Medicaid
Incurred Claims and Per Member Per Month (PMPM) Cost Summaries
Claims Basis: Amount Allowed

		July 2006 - June 2007						July 2007 - June 2008						
Category:	Neonates													
Region:	South													
Age:	0 - 2 months													
cos_cd	Service Category	Member Months	Services	Amount Allowed	Annual Utilization per 1,000	Average Unit Cost	Allowed \$ PMPM	Member Months	Services	Amount Allowed	Annual Utilization per 1,000	Average Unit Cost	Allowed \$ PMPM	
01	Inpatient Hospital Services	735	14,351	18,078,710	234,302	1,259.75	24,596.88	681	13,193	17,070,637	232,476	1,293.92	25,067.01	
02	Outpatient Hospital Services	735	229	7,702	3,739	33.63	10.48	681	116	3,849	2,044	33.18	5.65	
03	Lab and Radiology Services	735	38	2,283	620	60.07	3.11	681	3	111	53	37.16	0.16	
05	Physician Services	735	23,771	2,599,661	388,098	109.36	3,536.95	681	21,738	2,490,158	383,048	114.55	3,656.62	
06	Home and Community Based Services	735	0	0	0	0.00	0.00	681	0	0	0	0.00	0.00	
07	Home Health Agency Services	735	25	3,328	408	133.13	4.53	681	45	3,305	793	73.45	4.85	
08	Swing Bed Skilled Care Services	735	0	0	0	0.00	0.00	681	0	0	0	0.00	0.00	
10	Periodic Screening Services (EPDST)	735	505	21,625	8,245	42.82	29.42	681	384	18,056	6,767	47.02	26.51	
11	Emergency/Non-Emergency Transportation	735	1,889	17,958	30,841	9.51	24.43	681	901	23,710	15,877	26.31	34.82	
12	Dental Services	735	0	0	0	0.00	0.00	681	0	0	0	0.00	0.00	
13	Eyeglass Services	735	0	0	0	0.00	0.00	681	0	0	0	0.00	0.00	
14	Family Planning Services	735	0	0	0	0.00	0.00	681	0	0	0	0.00	0.00	
15	Drug Services	735	57	12,166	931	213.44	16.55	681	69	10,054	1,216	145.71	14.76	
16	Dental Screening	735	0	0	0	0.00	0.00	681	0	0	0	0.00	0.00	
17	Eyeglass Screening	735	0	0	0	0.00	0.00	681	0	0	0	0.00	0.00	
18	Hearing Screening Services	735	5	287	82	57.39	0.39	681	0	0	0	0.00	0.00	
21	Swing Bed Intermediate Care Services	735	0	0	0	0.00	0.00	681	0	0	0	0.00	0.00	
22	Rural Health Clinic Services	735	100	8,924	1,633	89.24	12.14	681	60	2,776	1,057	46.27	4.08	
23	FQHC (Federally Qualified Health Center)	735	32	3,191	522	99.71	4.34	681	16	1,539	282	96.19	2.26	
24	DME (Durable Medical Equipment Services)	735	165	9,964	2,694	60.39	13.56	681	74	8,441	1,304	114.06	12.39	
25	Therapy Services, (outside the Home Health Program)	735	0	0	0	0.00	0.00	681	0	0	0	0.00	0.00	
27	Inpatient Psychiatric Hospital Services	735	0	0	0	0.00	0.00	681	0	0	0	0.00	0.00	
28	Nurse Services	735	1,677	7,812	27,380	4.66	10.63	681	1,287	7,861	22,678	6.11	11.54	
29	Ambulatory Surgical Centers	735	0	0	0	0.00	0.00	681	0	0	0	0.00	0.00	
31	Hospice Services	735	0	0	0	0.00	0.00	681	0	0	0	0.00	0.00	
32	Outpatient Psychiatric Hospital Services	735	0	0	0	0.00	0.00	681	0	0	0	0.00	0.00	
34	Family Planning Drug Services	735	0	0	0	0.00	0.00	681	0	0	0	0.00	0.00	
35	Freestanding Dialysis Services	735	0	0	0	0.00	0.00	681	0	0	0	0.00	0.00	
98	Unknown	735	0	0	0	0.00	0.00	681	0	0	0	0.00	0.00	
Total		735	\$	20,773,610			28,263.42	681	\$	19,640,497			28,840.67	

Appendix A.2
State of Mississippi Department of Medicaid
Incurred Claims and Per Member Per Month (PMPM) Cost Summaries
Claims Basis: Amount Allowed

July 2006 - June 2007								July 2007 - June 2008					
Category: Neonates													
Region: South													
Age: 3 - 11 months													
cos_cd	Service Category	Member Months	Services	Amount Allowed	Annual Utilization per 1,000	Average Unit Cost	Allowed \$ PMPM	Member Months	Services	Amount Allowed	Annual Utilization per 1,000	Average Unit Cost	Allowed \$ PMPM
01	Inpatient Hospital Services	67	927	1,165,333	166,030	1,257.10	17,393.02	85	1,368	1,828,987	193,129	1,336.98	21,517.49
02	Outpatient Hospital Services	67	30	823	5,373	27.43	12.28	85	41	1,481	5,788	36.12	17.42
03	Lab and Radiology Services	67	2	12	358	6.00	0.18	85	5	94	706	18.73	1.10
05	Physician Services	67	4,207	249,699	753,493	59.35	3,726.85	85	4,216	298,801	595,200	70.87	3,515.31
06	Home and Community Based Services	67	0	0	0	0.00	0.00	85	0	0	0	0.00	0.00
07	Home Health Agency Services	67	23	3,105	4,119	135.01	46.35	85	76	4,835	10,729	63.61	56.88
08	Swing Bed Skilled Care Services	67	0	0	0	0.00	0.00	85	0	0	0	0.00	0.00
10	Periodic Screening Services (EPDST)	67	35	1,350	6,269	38.57	20.15	85	15	952	2,118	63.47	11.20
11	Emergency/Non-Emergency Transportation	67	1	222	179	222.17	3.32	85	94	11,248	13,271	119.66	132.32
12	Dental Services	67	0	0	0	0.00	0.00	85	0	0	0	0.00	0.00
13	Eyeglass Services	67	0	0	0	0.00	0.00	85	0	0	0	0.00	0.00
14	Family Planning Services	67	0	0	0	0.00	0.00	85	0	0	0	0.00	0.00
15	Drug Services	67	26	5,348	4,657	205.70	79.82	85	29	7,008	4,094	241.65	82.45
16	Dental Screening	67	4	118	716	29.61	1.77	85	0	0	0	0.00	0.00
17	Eyeglass Screening	67	0	0	0	0.00	0.00	85	0	0	0	0.00	0.00
18	Hearing Screening Services	67	0	0	0	0.00	0.00	85	0	0	0	0.00	0.00
21	Swing Bed Intermediate Care Services	67	0	0	0	0.00	0.00	85	0	0	0	0.00	0.00
22	Rural Health Clinic Services	67	9	422	1,612	46.94	6.31	85	3	212	424	70.58	2.49
23	FQHC (Federally Qualified Health Center)	67	0	0	0	0.00	0.00	85	4	413	565	103.32	4.86
24	DME (Durable Medical Equipment Services)	67	25	4,268	4,478	170.72	63.70	85	1,164	12,772	164,329	10.97	150.26
25	Therapy Services, (outside the Home Health Program)	67	0	0	0	0.00	0.00	85	0	0	0	0.00	0.00
27	Inpatient Psychiatric Hospital Services	67	0	0	0	0.00	0.00	85	0	0	0	0.00	0.00
28	Nurse Services	67	196	239	35,104	1.22	3.57	85	1,193	1,349	168,424	1.13	15.88
29	Ambulatory Surgical Centers	67	0	0	0	0.00	0.00	85	0	0	0	0.00	0.00
31	Hospice Services	67	0	0	0	0.00	0.00	85	0	0	0	0.00	0.00
32	Outpatient Psychiatric Hospital Services	67	0	0	0	0.00	0.00	85	0	0	0	0.00	0.00
34	Family Planning Drug Services	67	0	0	0	0.00	0.00	85	0	0	0	0.00	0.00
35	Freestanding Dialysis Services	67	0	0	0	0.00	0.00	85	0	0	0	0.00	0.00
98	Unknown	67	0	0	0	0.00	0.00	85	0	0	0	0.00	0.00
Total		67		\$ 1,430,939			21,357.30	85		\$ 2,168,151			25,507.66

Appendix A.2
State of Mississippi Department of Medicaid
Incurred Claims and Per Member Per Month (PMPM) Cost Summaries
Claims Basis: Amount Allowed

		July 2006 - June 2007						July 2007 - June 2008					
Category:	Neonates												
Region:	Statewide												
Age:	All												
cos_cd	Service Category	Member Months	Services	Amount Allowed	Annual Utilization per 1,000	Average Unit Cost	Allowed \$ PMPM	Member Months	Services	Amount Allowed	Annual Utilization per 1,000	Average Unit Cost	Allowed \$ PMPM
01	Inpatient Hospital Services	449,063	89,468	113,063,102	2,391	1,263.73	251.78	444,946	91,804	122,088,884	2,476	1,329.89	274.39
02	Outpatient Hospital Services	449,063	319,670	13,290,367	8,542	41.58	29.60	444,946	330,316	13,656,921	8,908	41.35	30.69
03	Lab and Radiology Services	449,063	11,937	151,264	319	12.67	0.34	444,946	13,097	155,978	353	11.91	0.35
05	Physician Services	449,063	649,018	33,511,000	17,343	51.63	74.62	444,946	645,154	34,821,947	17,400	53.97	78.26
06	Home and Community Based Services	449,063	0	0	0	0.00	0.00	444,946	0	0	0	0.00	0.00
07	Home Health Agency Services	449,063	6,049	199,923	162	33.05	0.45	444,946	5,603	248,501	151	44.35	0.56
08	Swing Bed Skilled Care Services	449,063	0	0	0	0.00	0.00	444,946	0	0	0	0.00	0.00
10	Periodic Screening Services (EPDST)	449,063	294,118	7,974,094	7,860	27.11	17.76	444,946	308,196	8,249,754	8,312	26.77	18.54
11	Emergency/Non-Emergency Transportation	449,063	75,811	910,240	2,026	12.01	2.03	444,946	79,498	1,130,259	2,144	14.22	2.54
12	Dental Services	449,063	0	0	0	0.00	0.00	444,946	0	0	0	0.00	0.00
13	Eyeglass Services	449,063	0	0	0	0.00	0.00	444,946	0	0	0	0.00	0.00
14	Family Planning Services	449,063	0	0	0	0.00	0.00	444,946	0	0	0	0.00	0.00
15	Drug Services	449,063	248,054	13,373,189	6,629	53.91	29.78	444,946	259,335	15,984,178	6,994	61.64	35.92
16	Dental Screening	449,063	445	35,530	12	79.84	0.08	444,946	507	33,203	14	65.49	0.07
17	Eyeglass Screening	449,063	300	12,931	8	43.10	0.03	444,946	328	15,764	9	48.06	0.04
18	Hearing Screening Services	449,063	581	38,462	16	66.20	0.09	444,946	524	35,717	14	68.16	0.08
21	Swing Bed Intermediate Care Services	449,063	0	0	0	0.00	0.00	444,946	0	0	0	0.00	0.00
22	Rural Health Clinic Services	449,063	78,381	4,127,785	2,095	52.66	9.19	444,946	79,557	4,011,525	2,146	50.42	9.02
23	FQHC (Federally Qualified Health Center)	449,063	62,478	3,199,279	1,670	51.21	7.12	444,946	55,526	2,729,309	1,498	49.15	6.13
24	DME (Durable Medical Equipment Services)	449,063	30,536	1,269,905	816	41.59	2.83	444,946	39,626	1,414,240	1,069	35.69	3.18
25	Therapy Services, (outside the Home Health Program)	449,063	4,091	105,057	109	25.68	0.23	444,946	3,436	89,361	93	26.01	0.20
27	Inpatient Psychiatric Hospital Services	449,063	0	0	0	0.00	0.00	444,946	0	0	0	0.00	0.00
28	Nurse Services	449,063	92,025	1,340,836	2,459	14.57	2.99	444,946	105,494	1,484,858	2,845	14.08	3.34
29	Ambulatory Surgical Centers	449,063	607	295,704	16	487.16	0.66	444,946	640	309,178	17	483.09	0.69
31	Hospice Services	449,063	542	61,953	14	114.31	0.14	444,946	424	53,787	11	126.86	0.12
32	Outpatient Psychiatric Hospital Services	449,063	0	0	0	0.00	0.00	444,946	0	0	0	0.00	0.00
34	Family Planning Drug Services	449,063	85	3,339	2	39.28	0.01	444,946	111	4,617	3	41.59	0.01
35	Freestanding Dialysis Services	449,063	0	0	0	0.00	0.00	444,946	0	0	0	0.00	0.00
98	Unknown	449,063	1	8	0	7.69	0.00	444,946	0	0	0	0.00	0.00
Total		449,063	\$	192,963,967			429.70	444,946	\$	206,517,981			464.14

Appendix A.2
State of Mississippi Department of Medicaid
Incurred Claims and Per Member Per Month (PMPM) Cost Summaries
Claims Basis: Amount Allowed

		July 2006 - June 2007						July 2007 - June 2008							
Category:	Neonates														
Region:	North														
Age:	All														
cos_cd	Service Category	Member Months	Services	Amount Allowed	Annual Utilization per 1,000	Average Unit Cost	Allowed \$ PMPM	Member Months	Services	Amount Allowed	Annual Utilization per 1,000	Average Unit Cost	Allowed \$ PMPM		
01	Inpatient Hospital Services	140,475	25,004	32,074,540	2,136	1,282.78	228.33	141,205	27,616	36,599,509	2,347	1,325.30	259.19		
02	Outpatient Hospital Services	140,475	99,916	3,700,659	8,535	37.04	26.34	141,205	109,585	3,620,752	9,313	33.04	25.64		
03	Lab and Radiology Services	140,475	1,768	23,492	151	13.29	0.17	141,205	1,655	20,983	141	12.68	0.15		
05	Physician Services	140,475	202,197	10,633,050	17,273	52.59	75.69	141,205	203,879	11,405,757	17,326	55.94	80.77		
06	Home and Community Based Services	140,475	0	0	0	0.00	0.00	141,205	0	0	0	0.00	0.00		
07	Home Health Agency Services	140,475	624	42,452	53	68.03	0.30	141,205	665	56,789	57	85.40	0.40		
08	Swing Bed Skilled Care Services	140,475	0	0	0	0.00	0.00	141,205	0	0	0	0.00	0.00		
10	Periodic Screening Services (EPDST)	140,475	102,235	2,786,063	8,733	27.25	19.83	141,205	109,615	2,897,364	9,315	26.43	20.52		
11	Emergency/Non-Emergency Transportation	140,475	28,936	273,903	2,472	9.47	1.95	141,205	26,820	313,018	2,279	11.67	2.22		
12	Dental Services	140,475	0	0	0	0.00	0.00	141,205	0	0	0	0.00	0.00		
13	Eyeglass Services	140,475	0	0	0	0.00	0.00	141,205	0	0	0	0.00	0.00		
14	Family Planning Services	140,475	0	0	0	0.00	0.00	141,205	0	0	0	0.00	0.00		
15	Drug Services	140,475	81,526	3,707,600	6,964	45.48	26.39	141,205	85,124	4,238,221	7,234	49.79	30.01		
16	Dental Screening	140,475	82	3,184	7	38.83	0.02	141,205	89	2,769	8	31.11	0.02		
17	Eyeglass Screening	140,475	101	3,996	9	39.56	0.03	141,205	90	4,832	8	53.69	0.03		
18	Hearing Screening Services	140,475	193	10,162	16	52.66	0.07	141,205	171	10,916	15	63.83	0.08		
21	Swing Bed Intermediate Care Services	140,475	0	0	0	0.00	0.00	141,205	0	0	0	0.00	0.00		
22	Rural Health Clinic Services	140,475	24,505	1,277,138	2,093	52.12	9.09	141,205	25,410	1,245,569	2,159	49.02	8.82		
23	FQHC (Federally Qualified Health Center)	140,475	12,420	633,539	1,061	51.01	4.51	141,205	11,487	547,708	976	47.68	3.88		
24	DME (Durable Medical Equipment Services)	140,475	8,965	302,753	766	33.77	2.16	141,205	8,344	323,597	709	38.78	2.29		
25	Therapy Services, (outside the Home Health Program)	140,475	1,616	41,221	138	25.51	0.29	141,205	1,283	36,425	109	28.39	0.26		
27	Inpatient Psychiatric Hospital Services	140,475	0	0	0	0.00	0.00	141,205	0	0	0	0.00	0.00		
28	Nurse Services	140,475	37,468	415,929	3,201	11.10	2.96	141,205	40,099	508,926	3,408	12.69	3.60		
29	Ambulatory Surgical Centers	140,475	198	95,464	17	482.14	0.68	141,205	212	103,913	18	490.16	0.74		
31	Hospice Services	140,475	103	10,300	9	100.00	0.07	141,205	62	6,200	5	100.00	0.04		
32	Outpatient Psychiatric Hospital Services	140,475	0	0	0	0.00	0.00	141,205	0	0	0	0.00	0.00		
34	Family Planning Drug Services	140,475	33	1,333	3	40.40	0.01	141,205	35	1,482	3	42.33	0.01		
35	Freestanding Dialysis Services	140,475	0	0	0	0.00	0.00	141,205	0	0	0	0.00	0.00		
98	Unknown	140,475	1	8	0	7.69	0.00	141,205	0	0	0	0.00	0.00		
Total		140,475	\$	56,036,785			398.91	141,205	\$	61,944,729			438.69		

Appendix A.2
State of Mississippi Department of Medicaid
Incurred Claims and Per Member Per Month (PMPM) Cost Summaries
Claims Basis: Amount Allowed

		July 2006 - June 2007							July 2007 - June 2008						
Category:	Neonates														
Region:	Central														
Age:	All														
cos_cd	Service Category	Member Months	Services	Amount Allowed	Annual Utilization per 1,000	Average Unit Cost	Allowed \$ PMPM	Member Months	Services	Amount Allowed	Annual Utilization per 1,000	Average Unit Cost	Allowed \$ PMPM		
01	Inpatient Hospital Services	172,408	37,929	47,272,729	2,640	1,246.35	274.19	167,799	39,482	52,785,847	2,824	1,336.96	314.58		
02	Outpatient Hospital Services	172,408	129,352	6,362,819	9,003	49.19	36.91	167,799	132,348	6,979,611	9,465	52.74	41.60		
03	Lab and Radiology Services	172,408	5,252	62,215	366	11.85	0.36	167,799	5,919	70,504	423	11.91	0.42		
05	Physician Services	172,408	252,696	13,006,019	17,588	51.47	75.44	167,799	252,598	13,570,687	18,064	53.72	80.87		
06	Home and Community Based Services	172,408	0	0	0	0.00	0.00	167,799	0	0	0	0.00	0.00		
07	Home Health Agency Services	172,408	2,013	62,030	140	30.81	0.36	167,799	1,307	66,211	93	50.66	0.39		
08	Swing Bed Skilled Care Services	172,408	0	0	0	0.00	0.00	167,799	0	0	0	0.00	0.00		
10	Periodic Screening Services (EPDST)	172,408	98,787	2,779,816	6,876	28.14	16.12	167,799	100,063	2,925,156	7,156	29.23	17.43		
11	Emergency/Non-Emergency Transportation	172,408	29,988	402,862	2,087	13.43	2.34	167,799	37,976	587,539	2,716	15.47	3.50		
12	Dental Services	172,408	0	0	0	0.00	0.00	167,799	0	0	0	0.00	0.00		
13	Eyeglass Services	172,408	0	0	0	0.00	0.00	167,799	0	0	0	0.00	0.00		
14	Family Planning Services	172,408	0	0	0	0.00	0.00	167,799	0	0	0	0.00	0.00		
15	Drug Services	172,408	95,525	4,893,441	6,649	51.23	28.38	167,799	101,303	6,466,267	7,245	63.83	38.54		
16	Dental Screening	172,408	216	27,076	15	125.35	0.16	167,799	228	25,007	16	109.68	0.15		
17	Eyeglass Screening	172,408	107	5,175	7	48.37	0.03	167,799	125	5,749	9	45.99	0.03		
18	Hearing Screening Services	172,408	274	19,788	19	72.22	0.11	167,799	243	17,406	17	71.63	0.10		
21	Swing Bed Intermediate Care Services	172,408	0	0	0	0.00	0.00	167,799	0	0	0	0.00	0.00		
22	Rural Health Clinic Services	172,408	25,751	1,375,603	1,792	53.42	7.98	167,799	25,134	1,377,528	1,797	54.81	8.21		
23	FQHC (Federally Qualified Health Center)	172,408	39,623	1,753,123	2,758	44.25	10.17	167,799	34,060	1,416,458	2,436	41.59	8.44		
24	DME (Durable Medical Equipment Services)	172,408	11,077	495,836	771	44.76	2.88	167,799	15,787	569,743	1,129	36.09	3.40		
25	Therapy Services, (outside the Home Health Program)	172,408	883	27,113	61	30.71	0.16	167,799	639	16,255	46	25.44	0.10		
27	Inpatient Psychiatric Hospital Services	172,408	0	0	0	0.00	0.00	167,799	0	0	0	0.00	0.00		
28	Nurse Services	172,408	26,821	629,165	1,867	23.46	3.65	167,799	34,038	687,422	2,434	20.20	4.10		
29	Ambulatory Surgical Centers	172,408	178	82,836	12	465.37	0.48	167,799	136	64,490	10	474.19	0.38		
31	Hospice Services	172,408	198	23,855	14	120.48	0.14	167,799	344	45,540	25	132.38	0.27		
32	Outpatient Psychiatric Hospital Services	172,408	0	0	0	0.00	0.00	167,799	0	0	0	0.00	0.00		
34	Family Planning Drug Services	172,408	36	1,408	3	39.10	0.01	167,799	49	2,056	4	41.96	0.01		
35	Freestanding Dialysis Services	172,408	0	0	0	0.00	0.00	167,799	0	0	0	0.00	0.00		
98	Unknown	172,408	0	0	0	0.00	0.00	167,799	0	0	0	0.00	0.00		
Total		172,408	\$	79,282,909			459.86	167,799	\$	87,679,478			522.53		

Appendix A.2
State of Mississippi Department of Medicaid
Incurred Claims and Per Member Per Month (PMPM) Cost Summaries
Claims Basis: Amount Allowed

		July 2006 - June 2007						July 2007 - June 2008							
Category:	Neonates														
Region:	South														
Age:	All														
cos_cd	Service Category	Member Months	Services	Amount Allowed	Annual Utilization per 1,000	Average Unit Cost	Allowed \$ PMPM	Member Months	Services	Amount Allowed	Annual Utilization per 1,000	Average Unit Cost	Allowed \$ PMPM		
01	Inpatient Hospital Services	136,180	26,535	33,715,833	2,338	1,270.62	247.58	135,942	24,706	32,703,528	2,181	1,323.71	240.57		
02	Outpatient Hospital Services	136,180	90,402	3,226,888	7,966	35.69	23.70	135,942	88,383	3,056,558	7,802	34.58	22.48		
03	Lab and Radiology Services	136,180	4,917	65,557	433	13.33	0.48	135,942	5,523	64,490	488	11.68	0.47		
05	Physician Services	136,180	194,125	9,871,931	17,106	50.85	72.49	135,942	188,677	9,845,502	16,655	52.18	72.42		
06	Home and Community Based Services	136,180	0	0	0	0.00	0.00	135,942	0	0	0	0.00	0.00		
07	Home Health Agency Services	136,180	3,412	95,441	301	27.97	0.70	135,942	3,631	125,500	321	34.56	0.92		
08	Swing Bed Skilled Care Services	136,180	0	0	0	0.00	0.00	135,942	0	0	0	0.00	0.00		
10	Periodic Screening Services (EPDST)	136,180	93,096	2,408,214	8,203	25.87	17.68	135,942	98,518	2,427,235	8,696	24.64	17.85		
11	Emergency/Non-Emergency Transportation	136,180	16,887	233,476	1,488	13.83	1.71	135,942	14,702	229,702	1,298	15.62	1.69		
12	Dental Services	136,180	0	0	0	0.00	0.00	135,942	0	0	0	0.00	0.00		
13	Eyeglass Services	136,180	0	0	0	0.00	0.00	135,942	0	0	0	0.00	0.00		
14	Family Planning Services	136,180	0	0	0	0.00	0.00	135,942	0	0	0	0.00	0.00		
15	Drug Services	136,180	71,003	4,772,148	6,257	67.21	35.04	135,942	72,908	5,279,689	6,436	72.42	38.84		
16	Dental Screening	136,180	147	5,270	13	35.85	0.04	135,942	190	5,428	17	28.57	0.04		
17	Eyeglass Screening	136,180	92	3,760	8	40.87	0.03	135,942	113	5,183	10	45.87	0.04		
18	Hearing Screening Services	136,180	114	8,511	10	74.66	0.06	135,942	110	7,395	10	67.23	0.05		
21	Swing Bed Intermediate Care Services	136,180	0	0	0	0.00	0.00	135,942	0	0	0	0.00	0.00		
22	Rural Health Clinic Services	136,180	28,125	1,475,044	2,478	52.45	10.83	135,942	29,013	1,388,428	2,561	47.86	10.21		
23	FQHC (Federally Qualified Health Center)	136,180	10,435	812,617	920	77.87	5.97	135,942	9,979	765,142	881	76.68	5.63		
24	DME (Durable Medical Equipment Services)	136,180	10,494	471,315	925	44.91	3.46	135,942	15,495	520,900	1,368	33.62	3.83		
25	Therapy Services, (outside the Home Health Program)	136,180	1,592	36,724	140	23.07	0.27	135,942	1,514	36,681	134	24.23	0.27		
27	Inpatient Psychiatric Hospital Services	136,180	0	0	0	0.00	0.00	135,942	0	0	0	0.00	0.00		
28	Nurse Services	136,180	27,736	295,742	2,444	10.66	2.17	135,942	31,357	288,510	2,768	9.20	2.12		
29	Ambulatory Surgical Centers	136,180	231	117,405	20	508.25	0.86	135,942	292	140,775	26	482.11	1.04		
31	Hospice Services	136,180	241	27,798	21	115.35	0.20	135,942	18	2,047	2	113.71	0.02		
32	Outpatient Psychiatric Hospital Services	136,180	0	0	0	0.00	0.00	135,942	0	0	0	0.00	0.00		
34	Family Planning Drug Services	136,180	16	598	1	37.39	0.00	135,942	27	1,079	2	39.97	0.01		
35	Freestanding Dialysis Services	136,180	0	0	0	0.00	0.00	135,942	0	0	0	0.00	0.00		
98	Unknown	136,180	0	0	0	0.00	0.00	135,942	0	0	0	0.00	0.00		
Total		136,180	\$	57,644,273			423.29	135,942	\$	56,893,774			418.52		

Appendix A.2
State of Mississippi Department of Medicaid
Incurred Claims and Per Member Per Month (PMPM) Cost Summaries
Claims Basis: Amount Allowed

		July 2006 - June 2007						July 2007 - June 2008					
Category:	Infants												
Region:	Statewide												
Age:	0 - 2 months												
cos_cd	Service Category	Member Months	Services	Amount Allowed	Annual Utilization per 1,000	Average Unit Cost	Allowed \$ PMPM	Member Months	Services	Amount Allowed	Annual Utilization per 1,000	Average Unit Cost	Allowed \$ PMPM
01	Inpatient Hospital Services	113,141	68,150	86,371,343	7,228	1,267.37	763.40	107,577	69,695	93,212,216	7,774	1,337.43	866.47
02	Outpatient Hospital Services	113,141	79,194	2,744,127	8,400	34.65	24.25	107,577	80,008	2,720,505	8,925	34.00	25.29
03	Lab and Radiology Services	113,141	1,745	28,602	185	16.39	0.25	107,577	1,500	21,125	167	14.08	0.20
05	Physician Services	113,141	301,664	19,884,346	31,995	65.92	175.75	107,577	308,287	21,001,873	34,389	68.12	195.23
06	Home and Community Based Services	113,141	0	0	0	0.00	0.00	107,577	0	0	0	0.00	0.00
07	Home Health Agency Services	113,141	3,066	87,122	325	28.42	0.77	107,577	3,043	78,618	339	25.84	0.73
08	Swing Bed Skilled Care Services	113,141	0	0	0	0.00	0.00	107,577	0	0	0	0.00	0.00
10	Periodic Screening Services (EPDST)	113,141	98,561	3,027,713	10,454	30.72	26.76	107,577	97,125	2,963,619	10,834	30.51	27.55
11	Emergency/Non-Emergency Transportation	113,141	49,677	593,443	5,269	11.95	5.25	107,577	47,715	647,885	5,323	13.58	6.02
12	Dental Services	113,141	0	0	0	0.00	0.00	107,577	0	0	0	0.00	0.00
13	Eyeglass Services	113,141	0	0	0	0.00	0.00	107,577	0	0	0	0.00	0.00
14	Family Planning Services	113,141	0	0	0	0.00	0.00	107,577	0	0	0	0.00	0.00
15	Drug Services	113,141	32,064	1,511,597	3,401	47.14	13.36	107,577	31,552	1,702,457	3,520	53.96	15.83
16	Dental Screening	113,141	33	2,476	4	75.04	0.02	107,577	38	1,980	4	52.12	0.02
17	Eyeglass Screening	113,141	39	1,647	4	42.22	0.01	107,577	49	2,526	5	51.55	0.02
18	Hearing Screening Services	113,141	299	19,429	32	64.98	0.17	107,577	252	16,035	28	63.63	0.15
21	Swing Bed Intermediate Care Services	113,141	0	0	0	0.00	0.00	107,577	0	0	0	0.00	0.00
22	Rural Health Clinic Services	113,141	26,528	1,433,381	2,814	54.03	12.67	107,577	22,568	1,174,126	2,517	52.03	10.91
23	FQHC (Federally Qualified Health Center)	113,141	21,394	1,298,584	2,269	60.70	11.48	107,577	16,758	917,933	1,869	54.78	8.53
24	DME (Durable Medical Equipment Services)	113,141	4,862	364,216	516	74.91	3.22	107,577	5,042	375,769	562	74.53	3.49
25	Therapy Services, (outside the Home Health Program)	113,141	80	2,370	8	29.62	0.02	107,577	36	1,363	4	37.86	0.01
27	Inpatient Psychiatric Hospital Services	113,141	0	0	0	0.00	0.00	107,577	0	0	0	0.00	0.00
28	Nurse Services	113,141	19,516	447,633	2,070	22.94	3.96	107,577	25,040	461,316	2,793	18.42	4.29
29	Ambulatory Surgical Centers	113,141	2	692	0	345.75	0.01	107,577	0	0	0	0.00	0.00
31	Hospice Services	113,141	29	3,298	3	113.71	0.03	107,577	148	21,657	17	146.33	0.20
32	Outpatient Psychiatric Hospital Services	113,141	0	0	0	0.00	0.00	107,577	0	0	0	0.00	0.00
34	Family Planning Drug Services	113,141	12	505	1	42.08	0.00	107,577	15	547	2	36.45	0.01
35	Freestanding Dialysis Services	113,141	0	0	0	0.00	0.00	107,577	0	0	0	0.00	0.00
98	Unknown	113,141	1	8	0	7.69	0.00	107,577	0	0	0	0.00	0.00
Total		113,141		\$ 117,822,532			1,041.38	107,577		\$ 125,321,549			1,164.95

Appendix A.2
State of Mississippi Department of Medicaid
Incurred Claims and Per Member Per Month (PMPM) Cost Summaries
Claims Basis: Amount Allowed

		July 2006 - June 2007						July 2007 - June 2008							
Category:	Infants														
Region:	Statewide														
Age:	3 - 11 months														
cos_cd	Service Category	Member Months	Services	Amount Allowed	Annual Utilization per 1,000	Average Unit Cost	Allowed \$ PMPM	Member Months	Services	Amount Allowed	Annual Utilization per 1,000	Average Unit Cost	Allowed \$ PMPM		
01	Inpatient Hospital Services	335,922	21,318	26,691,759	762	1,252.08	79.46	337,369	22,109	28,876,669	786	1,306.10	85.59		
02	Outpatient Hospital Services	335,922	240,476	10,546,239	8,590	43.86	31.39	337,369	250,308	10,936,417	8,903	43.69	32.42		
03	Lab and Radiology Services	335,922	10,192	122,661	364	12.04	0.37	337,369	11,597	134,853	412	11.63	0.40		
05	Physician Services	335,922	347,354	13,626,654	12,408	39.23	40.56	337,369	336,867	13,820,074	11,982	41.03	40.96		
06	Home and Community Based Services	335,922	0	0	0	0.00	0.00	337,369	0	0	0	0.00	0.00		
07	Home Health Agency Services	335,922	2,983	112,800	107	37.81	0.34	337,369	2,560	169,883	91	66.36	0.50		
08	Swing Bed Skilled Care Services	335,922	0	0	0	0.00	0.00	337,369	0	0	0	0.00	0.00		
10	Periodic Screening Services (EPDST)	335,922	195,557	4,946,381	6,986	25.29	14.72	337,369	211,071	5,286,135	7,508	25.04	15.67		
11	Emergency/Non-Emergency Transportation	335,922	26,134	316,797	934	12.12	0.94	337,369	31,783	482,374	1,131	15.18	1.43		
12	Dental Services	335,922	0	0	0	0.00	0.00	337,369	0	0	0	0.00	0.00		
13	Eyeglass Services	335,922	0	0	0	0.00	0.00	337,369	0	0	0	0.00	0.00		
14	Family Planning Services	335,922	0	0	0	0.00	0.00	337,369	0	0	0	0.00	0.00		
15	Drug Services	335,922	215,990	11,861,591	7,716	54.92	35.31	337,369	227,783	14,281,721	8,102	62.70	42.33		
16	Dental Screening	335,922	412	33,054	15	80.23	0.10	337,369	469	31,223	17	66.57	0.09		
17	Eyeglass Screening	335,922	261	11,284	9	43.24	0.03	337,369	279	13,238	10	47.45	0.04		
18	Hearing Screening Services	335,922	282	19,033	10	67.49	0.06	337,369	272	19,682	10	72.36	0.06		
21	Swing Bed Intermediate Care Services	335,922	0	0	0	0.00	0.00	337,369	0	0	0	0.00	0.00		
22	Rural Health Clinic Services	335,922	51,853	2,694,404	1,852	51.96	8.02	337,369	56,989	2,837,399	2,027	49.79	8.41		
23	FQHC (Federally Qualified Health Center)	335,922	41,084	1,900,695	1,468	46.26	5.66	337,369	38,768	1,811,375	1,379	46.72	5.37		
24	DME (Durable Medical Equipment Services)	335,922	25,674	905,689	917	35.28	2.70	337,369	34,584	1,038,471	1,230	30.03	3.08		
25	Therapy Services, (outside the Home Health Program)	335,922	4,011	102,687	143	25.60	0.31	337,369	3,400	87,998	121	25.88	0.26		
27	Inpatient Psychiatric Hospital Services	335,922	0	0	0	0.00	0.00	337,369	0	0	0	0.00	0.00		
28	Nurse Services	335,922	72,509	893,203	2,590	12.32	2.66	337,369	80,454	1,023,542	2,862	12.72	3.03		
29	Ambulatory Surgical Centers	335,922	605	295,012	22	487.62	0.88	337,369	640	309,178	23	483.09	0.92		
31	Hospice Services	335,922	513	58,656	18	114.34	0.17	337,369	276	32,130	10	116.41	0.10		
32	Outpatient Psychiatric Hospital Services	335,922	0	0	0	0.00	0.00	337,369	0	0	0	0.00	0.00		
34	Family Planning Drug Services	335,922	73	2,834	3	38.82	0.01	337,369	96	4,070	3	42.40	0.01		
35	Freestanding Dialysis Services	335,922	0	0	0	0.00	0.00	337,369	0	0	0	0.00	0.00		
98	Unknown	335,922	0	0	0	0.00	0.00	337,369	0	0	0	0.00	0.00		
Total		335,922	\$	75,141,435			223.69	337,369	\$	81,196,432			240.68		

Appendix A.2
State of Mississippi Department of Medicaid
Incurred Claims and Per Member Per Month (PMPM) Cost Summaries
Claims Basis: Amount Allowed

		July 2006 - June 2007						July 2007 - June 2008					
Category:	Infants												
Region:	North												
Age:	0 - 2 months												
cos_cd	Service Category	Member Months	Services	Amount Allowed	Annual Utilization per 1,000	Average Unit Cost	Allowed \$ PMPM	Member Months	Services	Amount Allowed	Annual Utilization per 1,000	Average Unit Cost	Allowed \$ PMPM
01	Inpatient Hospital Services	35,787	17,724	22,713,672	5,943	1,281.52	634.69	33,757	19,330	25,939,272	6,871	1,341.92	768.41
02	Outpatient Hospital Services	35,787	19,983	661,119	6,701	33.08	18.47	33,757	23,140	697,067	8,226	30.12	20.65
03	Lab and Radiology Services	35,787	162	2,823	54	17.43	0.08	33,757	144	1,467	51	10.18	0.04
05	Physician Services	35,787	86,584	5,765,327	29,033	66.59	161.10	33,757	93,155	6,480,364	33,115	69.57	191.97
06	Home and Community Based Services	35,787	0	0	0	0.00	0.00	33,757	0	0	0	0.00	0.00
07	Home Health Agency Services	35,787	109	13,911	37	127.63	0.39	33,757	273	13,815	97	50.60	0.41
08	Swing Bed Skilled Care Services	35,787	0	0	0	0.00	0.00	33,757	0	0	0	0.00	0.00
10	Periodic Screening Services (EPDST)	35,787	34,218	1,064,528	11,474	31.11	29.75	33,757	35,139	1,047,957	12,491	29.82	31.04
11	Emergency/Non-Emergency Transportation	35,787	19,187	166,207	6,434	8.66	4.64	33,757	16,598	184,728	5,900	11.13	5.47
12	Dental Services	35,787	0	0	0	0.00	0.00	33,757	0	0	0	0.00	0.00
13	Eyeglass Services	35,787	0	0	0	0.00	0.00	33,757	0	0	0	0.00	0.00
14	Family Planning Services	35,787	0	0	0	0.00	0.00	33,757	0	0	0	0.00	0.00
15	Drug Services	35,787	10,346	435,570	3,469	42.10	12.17	33,757	10,391	454,017	3,694	43.69	13.45
16	Dental Screening	35,787	5	309	2	61.77	0.01	33,757	3	88	1	29.45	0.00
17	Eyeglass Screening	35,787	9	543	3	60.34	0.02	33,757	12	714	4	59.51	0.02
18	Hearing Screening Services	35,787	78	3,926	26	50.33	0.11	33,757	66	3,780	23	57.27	0.11
21	Swing Bed Intermediate Care Services	35,787	0	0	0	0.00	0.00	33,757	0	0	0	0.00	0.00
22	Rural Health Clinic Services	35,787	8,169	434,191	2,739	53.15	12.13	33,757	7,153	351,940	2,543	49.20	10.43
23	FQHC (Federally Qualified Health Center)	35,787	3,871	247,573	1,298	63.96	6.92	33,757	3,536	199,054	1,257	56.29	5.90
24	DME (Durable Medical Equipment Services)	35,787	1,315	82,334	441	62.61	2.30	33,757	825	66,499	293	80.61	1.97
25	Therapy Services, (outside the Home Health Program)	35,787	31	1,040	10	33.54	0.03	33,757	26	1,053	9	40.50	0.03
27	Inpatient Psychiatric Hospital Services	35,787	0	0	0	0.00	0.00	33,757	0	0	0	0.00	0.00
28	Nurse Services	35,787	4,377	92,439	1,468	21.12	2.58	33,757	8,124	114,434	2,888	14.09	3.39
29	Ambulatory Surgical Centers	35,787	1	239	0	239.11	0.01	33,757	0	0	0	0.00	0.00
31	Hospice Services	35,787	0	0	0	0.00	0.00	33,757	0	0	0	0.00	0.00
32	Outpatient Psychiatric Hospital Services	35,787	0	0	0	0.00	0.00	33,757	0	0	0	0.00	0.00
34	Family Planning Drug Services	35,787	3	132	1	43.85	0.00	33,757	5	191	2	38.12	0.01
35	Freestanding Dialysis Services	35,787	0	0	0	0.00	0.00	33,757	0	0	0	0.00	0.00
98	Unknown	35,787	1	8	0	7.69	0.00	33,757	0	0	0	0.00	0.00
Total		35,787	\$	31,685,890			885.40	33,757	\$	35,556,441			1,053.31

Appendix A.2
State of Mississippi Department of Medicaid
Incurred Claims and Per Member Per Month (PMPM) Cost Summaries
Claims Basis: Amount Allowed

		July 2006 - June 2007						July 2007 - June 2008							
Category:	Infants														
Region:	North														
Age:	3 - 11 months														
cos_cd	Service Category	Member Months	Services	Amount Allowed	Annual Utilization per 1,000	Average Unit Cost	Allowed \$ PMPM	Member Months	Services	Amount Allowed	Annual Utilization per 1,000	Average Unit Cost	Allowed \$ PMPM		
01	Inpatient Hospital Services	104,688	7,280	9,360,867	834	1,285.83	89.42	107,448	8,286	10,660,237	925	1,286.54	99.21		
02	Outpatient Hospital Services	104,688	79,933	3,039,540	9,162	38.03	29.03	107,448	86,445	2,923,684	9,654	33.82	27.21		
03	Lab and Radiology Services	104,688	1,606	20,668	184	12.87	0.20	107,448	1,511	19,517	169	12.92	0.18		
05	Physician Services	104,688	115,613	4,867,723	13,252	42.10	46.50	107,448	110,724	4,925,393	12,366	44.48	45.84		
06	Home and Community Based Services	104,688	0	0	0	0.00	0.00	107,448	0	0	0	0.00	0.00		
07	Home Health Agency Services	104,688	515	28,540	59	55.42	0.27	107,448	392	42,975	44	109.63	0.40		
08	Swing Bed Skilled Care Services	104,688	0	0	0	0.00	0.00	107,448	0	0	0	0.00	0.00		
10	Periodic Screening Services (EPDST)	104,688	68,017	1,721,536	7,797	25.31	16.44	107,448	74,476	1,849,406	8,318	24.83	17.21		
11	Emergency/Non-Emergency Transportation	104,688	9,749	107,695	1,117	11.05	1.03	107,448	10,222	128,290	1,142	12.55	1.19		
12	Dental Services	104,688	0	0	0	0.00	0.00	107,448	0	0	0	0.00	0.00		
13	Eyeglass Services	104,688	0	0	0	0.00	0.00	107,448	0	0	0	0.00	0.00		
14	Family Planning Services	104,688	0	0	0	0.00	0.00	107,448	0	0	0	0.00	0.00		
15	Drug Services	104,688	71,180	3,272,030	8,159	45.97	31.26	107,448	74,733	3,784,204	8,346	50.64	35.22		
16	Dental Screening	104,688	77	2,875	9	37.34	0.03	107,448	86	2,680	10	31.17	0.02		
17	Eyeglass Screening	104,688	92	3,453	11	37.53	0.03	107,448	78	4,118	9	52.79	0.04		
18	Hearing Screening Services	104,688	115	6,237	13	54.23	0.06	107,448	105	7,136	12	67.96	0.07		
21	Swing Bed Intermediate Care Services	104,688	0	0	0	0.00	0.00	107,448	0	0	0	0.00	0.00		
22	Rural Health Clinic Services	104,688	16,336	842,947	1,873	51.60	8.05	107,448	18,257	893,628	2,039	48.95	8.32		
23	FQHC (Federally Qualified Health Center)	104,688	8,549	385,966	980	45.15	3.69	107,448	7,951	348,655	888	43.85	3.24		
24	DME (Durable Medical Equipment Services)	104,688	7,650	220,420	877	28.81	2.11	107,448	7,519	257,098	840	34.19	2.39		
25	Therapy Services, (outside the Home Health Program)	104,688	1,585	40,181	182	25.35	0.38	107,448	1,257	35,373	140	28.14	0.33		
27	Inpatient Psychiatric Hospital Services	104,688	0	0	0	0.00	0.00	107,448	0	0	0	0.00	0.00		
28	Nurse Services	104,688	33,091	323,490	3,793	9.78	3.09	107,448	31,975	394,492	3,571	12.34	3.67		
29	Ambulatory Surgical Centers	104,688	197	95,224	23	483.37	0.91	107,448	212	103,913	24	490.16	0.97		
31	Hospice Services	104,688	103	10,300	12	100.00	0.10	107,448	62	6,200	7	100.00	0.06		
32	Outpatient Psychiatric Hospital Services	104,688	0	0	0	0.00	0.00	107,448	0	0	0	0.00	0.00		
34	Family Planning Drug Services	104,688	30	1,202	3	40.06	0.01	107,448	30	1,291	3	43.04	0.01		
35	Freestanding Dialysis Services	104,688	0	0	0	0.00	0.00	107,448	0	0	0	0.00	0.00		
98	Unknown	104,688	0	0	0	0.00	0.00	107,448	0	0	0	0.00	0.00		
Total		104,688	\$	24,350,895			232.60	107,448	\$	26,388,288			245.59		

Appendix A.2
State of Mississippi Department of Medicaid
Incurred Claims and Per Member Per Month (PMPM) Cost Summaries
Claims Basis: Amount Allowed

		July 2006 - June 2007						July 2007 - June 2008					
Category:	Infants												
Region:	Central												
Age:	0 - 2 months												
cos_cd	Service Category	Member Months	Services	Amount Allowed	Annual Utilization per 1,000	Average Unit Cost	Allowed \$ PMPM	Member Months	Services	Amount Allowed	Annual Utilization per 1,000	Average Unit Cost	Allowed \$ PMPM
01	Inpatient Hospital Services	42,852	29,643	37,247,238	8,301	1,256.53	869.21	40,670	31,160	41,917,918	9,194	1,345.25	1,030.68
02	Outpatient Hospital Services	42,852	33,269	1,330,135	9,316	39.98	31.04	40,670	34,176	1,396,332	10,084	40.86	34.33
03	Lab and Radiology Services	42,852	916	13,080	257	14.28	0.31	40,670	832	11,347	245	13.64	0.28
05	Physician Services	42,852	123,043	8,155,494	34,456	66.28	190.32	40,670	125,616	8,654,475	37,064	68.90	212.80
06	Home and Community Based Services	42,852	0	0	0	0.00	0.00	40,670	0	0	0	0.00	0.00
07	Home Health Agency Services	42,852	255	17,500	71	68.63	0.41	40,670	144	15,587	42	108.24	0.38
08	Swing Bed Skilled Care Services	42,852	0	0	0	0.00	0.00	40,670	0	0	0	0.00	0.00
10	Periodic Screening Services (EPDST)	42,852	33,968	1,058,597	9,512	31.16	24.70	40,670	31,879	1,045,767	9,406	32.80	25.71
11	Emergency/Non-Emergency Transportation	42,852	19,832	268,074	5,554	13.52	6.26	40,670	23,189	353,559	6,842	15.25	8.69
12	Dental Services	42,852	0	0	0	0.00	0.00	40,670	0	0	0	0.00	0.00
13	Eyeglass Services	42,852	0	0	0	0.00	0.00	40,670	0	0	0	0.00	0.00
14	Family Planning Services	42,852	0	0	0	0.00	0.00	40,670	0	0	0	0.00	0.00
15	Drug Services	42,852	12,450	505,702	3,486	40.62	11.80	40,670	12,308	716,812	3,632	58.24	17.63
16	Dental Screening	42,852	19	1,901	5	100.05	0.04	40,670	30	1,744	9	58.15	0.04
17	Eyeglass Screening	42,852	6	263	2	43.86	0.01	40,670	24	1,121	7	46.70	0.03
18	Hearing Screening Services	42,852	193	13,683	54	70.90	0.32	40,670	143	10,230	42	71.54	0.25
21	Swing Bed Intermediate Care Services	42,852	0	0	0	0.00	0.00	40,670	0	0	0	0.00	0.00
22	Rural Health Clinic Services	42,852	8,632	473,374	2,417	54.84	11.05	40,670	7,279	413,617	2,148	56.82	10.17
23	FQHC (Federally Qualified Health Center)	42,852	13,025	654,673	3,647	50.26	15.28	40,670	10,001	447,458	2,951	44.74	11.00
24	DME (Durable Medical Equipment Services)	42,852	1,742	132,071	488	75.82	3.08	40,670	2,206	151,458	651	68.66	3.72
25	Therapy Services, (outside the Home Health Program)	42,852	3	259	1	86.28	0.01	40,670	0	0	0	0.00	0.00
27	Inpatient Psychiatric Hospital Services	42,852	0	0	0	0.00	0.00	40,670	0	0	0	0.00	0.00
28	Nurse Services	42,852	8,618	295,247	2,413	34.26	6.89	40,670	9,495	286,458	2,802	30.17	7.04
29	Ambulatory Surgical Centers	42,852	1	452	0	452.39	0.01	40,670	0	0	0	0.00	0.00
31	Hospice Services	42,852	0	0	0	0.00	0.00	40,670	148	21,657	44	146.33	0.53
32	Outpatient Psychiatric Hospital Services	42,852	0	0	0	0.00	0.00	40,670	0	0	0	0.00	0.00
34	Family Planning Drug Services	42,852	4	148	1	37.00	0.00	40,670	6	224	2	37.40	0.01
35	Freestanding Dialysis Services	42,852	0	0	0	0.00	0.00	40,670	0	0	0	0.00	0.00
98	Unknown	42,852	0	0	0	0.00	0.00	40,670	0	0	0	0.00	0.00
Total		42,852	\$	50,167,889			1,170.72	40,670	\$	55,445,763			1,363.31

Appendix A.2
State of Mississippi Department of Medicaid
Incurred Claims and Per Member Per Month (PMPM) Cost Summaries
Claims Basis: Amount Allowed

		July 2006 - June 2007						July 2007 - June 2008					
Category:	Infants												
Region:	Central												
Age:	3 - 11 months												
cos_cd	Service Category	Member Months	Services	Amount Allowed	Annual Utilization per 1,000	Average Unit Cost	Allowed \$ PMPM	Member Months	Services	Amount Allowed	Annual Utilization per 1,000	Average Unit Cost	Allowed \$ PMPM
01	Inpatient Hospital Services	129,556	8,286	10,025,492	767	1,209.93	77.38	127,129	8,322	10,867,929	786	1,305.93	85.49
02	Outpatient Hospital Services	129,556	96,083	5,032,684	8,900	52.38	38.85	127,129	98,172	5,583,280	9,267	56.87	43.92
03	Lab and Radiology Services	129,556	4,336	49,135	402	11.33	0.38	127,129	5,087	59,158	480	11.63	0.47
05	Physician Services	129,556	129,653	4,850,525	12,009	37.41	37.44	127,129	126,982	4,916,213	11,986	38.72	38.67
06	Home and Community Based Services	129,556	0	0	0	0.00	0.00	127,129	0	0	0	0.00	0.00
07	Home Health Agency Services	129,556	1,758	44,530	163	25.33	0.34	127,129	1,163	50,625	110	43.53	0.40
08	Swing Bed Skilled Care Services	129,556	0	0	0	0.00	0.00	127,129	0	0	0	0.00	0.00
10	Periodic Screening Services (EPDST)	129,556	64,819	1,721,220	6,004	26.55	13.29	127,129	68,184	1,879,388	6,436	27.56	14.78
11	Emergency/Non-Emergency Transportation	129,556	10,156	134,788	941	13.27	1.04	127,129	14,787	233,980	1,396	15.82	1.84
12	Dental Services	129,556	0	0	0	0.00	0.00	127,129	0	0	0	0.00	0.00
13	Eyeglass Services	129,556	0	0	0	0.00	0.00	127,129	0	0	0	0.00	0.00
14	Family Planning Services	129,556	0	0	0	0.00	0.00	127,129	0	0	0	0.00	0.00
15	Drug Services	129,556	83,075	4,387,739	7,695	52.82	33.87	127,129	88,995	5,749,455	8,400	64.60	45.23
16	Dental Screening	129,556	197	25,175	18	127.79	0.19	127,129	198	23,263	19	117.49	0.18
17	Eyeglass Screening	129,556	101	4,912	9	48.63	0.04	127,129	101	4,628	10	45.83	0.04
18	Hearing Screening Services	129,556	81	6,105	8	75.37	0.05	127,129	100	7,176	9	71.76	0.06
21	Swing Bed Intermediate Care Services	129,556	0	0	0	0.00	0.00	127,129	0	0	0	0.00	0.00
22	Rural Health Clinic Services	129,556	17,119	902,229	1,586	52.70	6.96	127,129	17,855	963,912	1,685	53.99	7.58
23	FQHC (Federally Qualified Health Center)	129,556	26,598	1,098,451	2,464	41.30	8.48	127,129	24,059	969,000	2,271	40.28	7.62
24	DME (Durable Medical Equipment Services)	129,556	9,335	363,765	865	38.97	2.81	127,129	13,581	418,285	1,282	30.80	3.29
25	Therapy Services, (outside the Home Health Program)	129,556	880	26,854	82	30.52	0.21	127,129	639	16,255	60	25.44	0.13
27	Inpatient Psychiatric Hospital Services	129,556	0	0	0	0.00	0.00	127,129	0	0	0	0.00	0.00
28	Nurse Services	129,556	18,203	333,918	1,686	18.34	2.58	127,129	24,543	400,963	2,317	16.34	3.15
29	Ambulatory Surgical Centers	129,556	177	82,383	16	465.44	0.64	127,129	136	64,490	13	474.19	0.51
31	Hospice Services	129,556	198	23,855	18	120.48	0.18	127,129	196	23,883	19	121.85	0.19
32	Outpatient Psychiatric Hospital Services	129,556	0	0	0	0.00	0.00	127,129	0	0	0	0.00	0.00
34	Family Planning Drug Services	129,556	32	1,260	3	39.36	0.01	127,129	43	1,832	4	42.60	0.01
35	Freestanding Dialysis Services	129,556	0	0	0	0.00	0.00	127,129	0	0	0	0.00	0.00
98	Unknown	129,556	0	0	0	0.00	0.00	127,129	0	0	0	0.00	0.00
Total		129,556	\$	29,115,020			224.73	127,129	\$	32,233,715			253.55

Appendix A.2
State of Mississippi Department of Medicaid
Incurred Claims and Per Member Per Month (PMPM) Cost Summaries
Claims Basis: Amount Allowed

		July 2006 - June 2007							July 2007 - June 2008						
Category:	Infants														
Region:	South														
Age:	0 - 2 months														
cos_cd	Service Category	Member Months	Services	Amount Allowed	Annual Utilization per 1,000	Average Unit Cost	Allowed \$ PMPM	Member Months	Services	Amount Allowed	Annual Utilization per 1,000	Average Unit Cost	Allowed \$ PMPM		
01	Inpatient Hospital Services	34,502	20,783	26,410,433	7,228	1,270.77	765.48	33,150	19,205	25,355,026	6,952	1,320.23	764.86		
02	Outpatient Hospital Services	34,502	25,942	752,873	9,023	29.02	21.82	33,150	22,692	627,106	8,214	27.64	18.92		
03	Lab and Radiology Services	34,502	667	12,699	232	19.04	0.37	33,150	524	8,311	190	15.86	0.25		
05	Physician Services	34,502	92,037	5,963,526	32,011	64.79	172.85	33,150	89,516	5,867,035	32,404	65.54	176.98		
06	Home and Community Based Services	34,502	0	0	0	0.00	0.00	33,150	0	0	0	0.00	0.00		
07	Home Health Agency Services	34,502	2,702	55,711	940	20.62	1.61	33,150	2,626	49,216	951	18.74	1.48		
08	Swing Bed Skilled Care Services	34,502	0	0	0	0.00	0.00	33,150	0	0	0	0.00	0.00		
10	Periodic Screening Services (EPDST)	34,502	30,375	904,588	10,565	29.78	26.22	33,150	30,107	869,894	10,898	28.89	26.24		
11	Emergency/Non-Emergency Transportation	34,502	10,658	159,162	3,707	14.93	4.61	33,150	7,928	109,598	2,870	13.82	3.31		
12	Dental Services	34,502	0	0	0	0.00	0.00	33,150	0	0	0	0.00	0.00		
13	Eyeglass Services	34,502	0	0	0	0.00	0.00	33,150	0	0	0	0.00	0.00		
14	Family Planning Services	34,502	0	0	0	0.00	0.00	33,150	0	0	0	0.00	0.00		
15	Drug Services	34,502	9,268	570,326	3,223	61.54	16.53	33,150	8,853	531,628	3,205	60.05	16.04		
16	Dental Screening	34,502	9	267	3	29.61	0.01	33,150	5	148	2	29.53	0.00		
17	Eyeglass Screening	34,502	24	841	8	35.02	0.02	33,150	13	691	5	53.16	0.02		
18	Hearing Screening Services	34,502	28	1,820	10	65.02	0.05	33,150	43	2,025	16	47.09	0.06		
21	Swing Bed Intermediate Care Services	34,502	0	0	0	0.00	0.00	33,150	0	0	0	0.00	0.00		
22	Rural Health Clinic Services	34,502	9,727	525,816	3,383	54.06	15.24	33,150	8,136	408,569	2,945	50.22	12.32		
23	FQHC (Federally Qualified Health Center)	34,502	4,498	396,338	1,564	88.11	11.49	33,150	3,221	271,422	1,166	84.27	8.19		
24	DME (Durable Medical Equipment Services)	34,502	1,805	149,811	628	83.00	4.34	33,150	2,011	157,812	728	78.47	4.76		
25	Therapy Services, (outside the Home Health Program)	34,502	46	1,071	16	23.29	0.03	33,150	10	310	4	31.02	0.01		
27	Inpatient Psychiatric Hospital Services	34,502	0	0	0	0.00	0.00	33,150	0	0	0	0.00	0.00		
28	Nurse Services	34,502	6,521	59,947	2,268	9.19	1.74	33,150	7,421	60,423	2,686	8.14	1.82		
29	Ambulatory Surgical Centers	34,502	0	0	0	0.00	0.00	33,150	0	0	0	0.00	0.00		
31	Hospice Services	34,502	29	3,298	10	113.71	0.10	33,150	0	0	0	0.00	0.00		
32	Outpatient Psychiatric Hospital Services	34,502	0	0	0	0.00	0.00	33,150	0	0	0	0.00	0.00		
34	Family Planning Drug Services	34,502	5	225	2	45.08	0.01	33,150	4	132	1	32.95	0.00		
35	Freestanding Dialysis Services	34,502	0	0	0	0.00	0.00	33,150	0	0	0	0.00	0.00		
98	Unknown	34,502	0	0	0	0.00	0.00	33,150	0	0	0	0.00	0.00		
Total		34,502	\$	35,968,753			1,042.51	33,150	\$	34,319,345			1,035.27		

Appendix A.2
State of Mississippi Department of Medicaid
Incurred Claims and Per Member Per Month (PMPM) Cost Summaries
Claims Basis: Amount Allowed

		July 2006 - June 2007						July 2007 - June 2008							
Category:	Infants														
Region:	South														
Age:	3 - 11 months														
cos_cd	Service Category	Member Months	Services	Amount Allowed	Annual Utilization per 1,000	Average Unit Cost	Allowed \$ PMPM	Member Months	Services	Amount Allowed	Annual Utilization per 1,000	Average Unit Cost	Allowed \$ PMPM		
01	Inpatient Hospital Services	101,678	5,752	7,305,400	679	1,270.06	71.85	102,792	5,501	7,348,502	642	1,335.85	71.49		
02	Outpatient Hospital Services	101,678	64,460	2,474,015	7,608	38.38	24.33	102,792	65,691	2,429,453	7,669	36.98	23.63		
03	Lab and Radiology Services	101,678	4,250	52,858	502	12.44	0.52	102,792	4,999	56,178	584	11.24	0.55		
05	Physician Services	101,678	102,088	3,908,406	12,048	38.28	38.44	102,792	99,161	3,978,468	11,576	40.12	38.70		
06	Home and Community Based Services	101,678	0	0	0	0.00	0.00	102,792	0	0	0	0.00	0.00		
07	Home Health Agency Services	101,678	710	39,730	84	55.96	0.39	102,792	1,005	76,284	117	75.90	0.74		
08	Swing Bed Skilled Care Services	101,678	0	0	0	0.00	0.00	102,792	0	0	0	0.00	0.00		
10	Periodic Screening Services (EPDST)	101,678	62,721	1,503,626	7,402	23.97	14.79	102,792	68,411	1,557,341	7,986	22.76	15.15		
11	Emergency/Non-Emergency Transportation	101,678	6,229	74,314	735	11.93	0.73	102,792	6,774	120,104	791	17.73	1.17		
12	Dental Services	101,678	0	0	0	0.00	0.00	102,792	0	0	0	0.00	0.00		
13	Eyeglass Services	101,678	0	0	0	0.00	0.00	102,792	0	0	0	0.00	0.00		
14	Family Planning Services	101,678	0	0	0	0.00	0.00	102,792	0	0	0	0.00	0.00		
15	Drug Services	101,678	61,735	4,201,822	7,286	68.06	41.32	102,792	64,055	4,748,061	7,478	74.12	46.19		
16	Dental Screening	101,678	138	5,003	16	36.26	0.05	102,792	185	5,280	22	28.54	0.05		
17	Eyeglass Screening	101,678	68	2,920	8	42.94	0.03	102,792	100	4,492	12	44.92	0.04		
18	Hearing Screening Services	101,678	86	6,691	10	77.80	0.07	102,792	67	5,370	8	80.15	0.05		
21	Swing Bed Intermediate Care Services	101,678	0	0	0	0.00	0.00	102,792	0	0	0	0.00	0.00		
22	Rural Health Clinic Services	101,678	18,398	949,228	2,171	51.59	9.34	102,792	20,877	979,859	2,437	46.93	9.53		
23	FQHC (Federally Qualified Health Center)	101,678	5,937	416,279	701	70.12	4.09	102,792	6,758	493,720	789	73.06	4.80		
24	DME (Durable Medical Equipment Services)	101,678	8,689	321,504	1,025	37.00	3.16	102,792	13,484	363,088	1,574	26.93	3.53		
25	Therapy Services, (outside the Home Health Program)	101,678	1,546	35,653	182	23.06	0.35	102,792	1,504	36,371	176	24.18	0.35		
27	Inpatient Psychiatric Hospital Services	101,678	0	0	0	0.00	0.00	102,792	0	0	0	0.00	0.00		
28	Nurse Services	101,678	21,215	235,795	2,504	11.11	2.32	102,792	23,936	228,087	2,794	9.53	2.22		
29	Ambulatory Surgical Centers	101,678	231	117,405	27	508.25	1.15	102,792	292	140,775	34	482.11	1.37		
31	Hospice Services	101,678	212	24,501	25	115.57	0.24	102,792	18	2,047	2	113.71	0.02		
32	Outpatient Psychiatric Hospital Services	101,678	0	0	0	0.00	0.00	102,792	0	0	0	0.00	0.00		
34	Family Planning Drug Services	101,678	11	373	1	33.89	0.00	102,792	23	947	3	41.18	0.01		
35	Freestanding Dialysis Services	101,678	0	0	0	0.00	0.00	102,792	0	0	0	0.00	0.00		
98	Unknown	101,678	0	0	0	0.00	0.00	102,792	0	0	0	0.00	0.00		
Total		101,678	\$	21,675,520			213.18	102,792	\$	22,574,428			219.61		

Appendix A.2
State of Mississippi Department of Medicaid
Incurred Claims and Per Member Per Month (PMPM) Cost Summaries
Claims Basis: Amount Allowed

		July 2006 - June 2007						July 2007 - June 2008							
Category:	Infants														
Region:	Statewide														
Age:	All														
cos_cd	Service Category	Member Months	Services	Amount Allowed	Annual Utilization per 1,000	Average Unit Cost	Allowed \$ PMPM	Member Months	Services	Amount Allowed	Annual Utilization per 1,000	Average Unit Cost	Allowed \$ PMPM		
01	Inpatient Hospital Services	449,063	89,468	113,063,102	2,391	1,263.73	251.78	444,946	91,804	122,088,884	2,476	1,329.89	274.39		
02	Outpatient Hospital Services	449,063	319,670	13,290,367	8,542	41.58	29.60	444,946	330,316	13,656,921	8,908	41.35	30.69		
03	Lab and Radiology Services	449,063	11,937	151,264	319	12.67	0.34	444,946	13,097	155,978	353	11.91	0.35		
05	Physician Services	449,063	649,018	33,511,000	17,343	51.63	74.62	444,946	645,154	34,821,947	17,400	53.97	78.26		
06	Home and Community Based Services	449,063	0	0	0	0.00	0.00	444,946	0	0	0	0.00	0.00		
07	Home Health Agency Services	449,063	6,049	199,923	162	33.05	0.45	444,946	5,603	248,501	151	44.35	0.56		
08	Swing Bed Skilled Care Services	449,063	0	0	0	0.00	0.00	444,946	0	0	0	0.00	0.00		
10	Periodic Screening Services (EPDST)	449,063	294,118	7,974,094	7,860	27.11	17.76	444,946	308,196	8,249,754	8,312	26.77	18.54		
11	Emergency/Non-Emergency Transportation	449,063	75,811	910,240	2,026	12.01	2.03	444,946	79,498	1,130,259	2,144	14.22	2.54		
12	Dental Services	449,063	0	0	0	0.00	0.00	444,946	0	0	0	0.00	0.00		
13	Eyeglass Services	449,063	0	0	0	0.00	0.00	444,946	0	0	0	0.00	0.00		
14	Family Planning Services	449,063	0	0	0	0.00	0.00	444,946	0	0	0	0.00	0.00		
15	Drug Services	449,063	248,054	13,373,189	6,629	53.91	29.78	444,946	259,335	15,984,178	6,994	61.64	35.92		
16	Dental Screening	449,063	445	35,530	12	79.84	0.08	444,946	507	33,203	14	65.49	0.07		
17	Eyeglass Screening	449,063	300	12,931	8	43.10	0.03	444,946	328	15,764	9	48.06	0.04		
18	Hearing Screening Services	449,063	581	38,462	16	66.20	0.09	444,946	524	35,717	14	68.16	0.08		
21	Swing Bed Intermediate Care Services	449,063	0	0	0	0.00	0.00	444,946	0	0	0	0.00	0.00		
22	Rural Health Clinic Services	449,063	78,381	4,127,785	2,095	52.66	9.19	444,946	79,557	4,011,525	2,146	50.42	9.02		
23	FQHC (Federally Qualified Health Center)	449,063	62,478	3,199,279	1,670	51.21	7.12	444,946	55,526	2,729,309	1,498	49.15	6.13		
24	DME (Durable Medical Equipment Services)	449,063	30,536	1,269,905	816	41.59	2.83	444,946	39,626	1,414,240	1,069	35.69	3.18		
25	Therapy Services, (outside the Home Health Program)	449,063	4,091	105,057	109	25.68	0.23	444,946	3,436	89,361	93	26.01	0.20		
27	Inpatient Psychiatric Hospital Services	449,063	0	0	0	0.00	0.00	444,946	0	0	0	0.00	0.00		
28	Nurse Services	449,063	92,025	1,340,836	2,459	14.57	2.99	444,946	105,494	1,484,858	2,845	14.08	3.34		
29	Ambulatory Surgical Centers	449,063	607	295,704	16	487.16	0.66	444,946	640	309,178	17	483.09	0.69		
31	Hospice Services	449,063	542	61,953	14	114.31	0.14	444,946	424	53,787	11	126.86	0.12		
32	Outpatient Psychiatric Hospital Services	449,063	0	0	0	0.00	0.00	444,946	0	0	0	0.00	0.00		
34	Family Planning Drug Services	449,063	85	3,339	2	39.28	0.01	444,946	111	4,617	3	41.59	0.01		
35	Freestanding Dialysis Services	449,063	0	0	0	0.00	0.00	444,946	0	0	0	0.00	0.00		
98	Unknown	449,063	1	8	0	7.69	0.00	444,946	0	0	0	0.00	0.00		
Total		449,063		\$ 192,963,967			429.70	444,946		\$ 206,517,981			464.14		

Appendix A.2
State of Mississippi Department of Medicaid
Incurred Claims and Per Member Per Month (PMPM) Cost Summaries
Claims Basis: Amount Allowed

		July 2006 - June 2007							July 2007 - June 2008						
Category:	Infants														
Region:	North														
Age:	All														
cos_cd	Service Category	Member Months	Services	Amount Allowed	Annual Utilization per 1,000	Average Unit Cost	Allowed \$ PMPM	Member Months	Services	Amount Allowed	Annual Utilization per 1,000	Average Unit Cost	Allowed \$ PMPM		
01	Inpatient Hospital Services	140,475	25,004	32,074,540	2,136	1,282.78	228.33	141,205	27,616	36,599,509	2,347	1,325.30	259.19		
02	Outpatient Hospital Services	140,475	99,916	3,700,659	8,535	37.04	26.34	141,205	109,585	3,620,752	9,313	33.04	25.64		
03	Lab and Radiology Services	140,475	1,768	23,492	151	13.29	0.17	141,205	1,655	20,983	141	12.68	0.15		
05	Physician Services	140,475	202,197	10,633,050	17,273	52.59	75.69	141,205	203,879	11,405,757	17,326	55.94	80.77		
06	Home and Community Based Services	140,475	0	0	0	0.00	0.00	141,205	0	0	0	0.00	0.00		
07	Home Health Agency Services	140,475	624	42,452	53	68.03	0.30	141,205	665	56,789	57	85.40	0.40		
08	Swing Bed Skilled Care Services	140,475	0	0	0	0.00	0.00	141,205	0	0	0	0.00	0.00		
10	Periodic Screening Services (EPDST)	140,475	102,235	2,786,063	8,733	27.25	19.83	141,205	109,615	2,897,364	9,315	26.43	20.52		
11	Emergency/Non-Emergency Transportation	140,475	28,936	273,903	2,472	9.47	1.95	141,205	26,820	313,018	2,279	11.67	2.22		
12	Dental Services	140,475	0	0	0	0.00	0.00	141,205	0	0	0	0.00	0.00		
13	Eyeglass Services	140,475	0	0	0	0.00	0.00	141,205	0	0	0	0.00	0.00		
14	Family Planning Services	140,475	0	0	0	0.00	0.00	141,205	0	0	0	0.00	0.00		
15	Drug Services	140,475	81,526	3,707,600	6,964	45.48	26.39	141,205	85,124	4,238,221	7,234	49.79	30.01		
16	Dental Screening	140,475	82	3,184	7	38.83	0.02	141,205	89	2,769	8	31.11	0.02		
17	Eyeglass Screening	140,475	101	3,996	9	39.56	0.03	141,205	90	4,832	8	53.69	0.03		
18	Hearing Screening Services	140,475	193	10,162	16	52.66	0.07	141,205	171	10,916	15	63.83	0.08		
21	Swing Bed Intermediate Care Services	140,475	0	0	0	0.00	0.00	141,205	0	0	0	0.00	0.00		
22	Rural Health Clinic Services	140,475	24,505	1,277,138	2,093	52.12	9.09	141,205	25,410	1,245,569	2,159	49.02	8.82		
23	FQHC (Federally Qualified Health Center)	140,475	12,420	633,539	1,061	51.01	4.51	141,205	11,487	547,708	976	47.68	3.88		
24	DME (Durable Medical Equipment Services)	140,475	8,965	302,753	766	33.77	2.16	141,205	8,344	323,597	709	38.78	2.29		
25	Therapy Services, (outside the Home Health Program)	140,475	1,616	41,221	138	25.51	0.29	141,205	1,283	36,425	109	28.39	0.26		
27	Inpatient Psychiatric Hospital Services	140,475	0	0	0	0.00	0.00	141,205	0	0	0	0.00	0.00		
28	Nurse Services	140,475	37,468	415,929	3,201	11.10	2.96	141,205	40,099	508,926	3,408	12.69	3.60		
29	Ambulatory Surgical Centers	140,475	198	95,464	17	482.14	0.68	141,205	212	103,913	18	490.16	0.74		
31	Hospice Services	140,475	103	10,300	9	100.00	0.07	141,205	62	6,200	5	100.00	0.04		
32	Outpatient Psychiatric Hospital Services	140,475	0	0	0	0.00	0.00	141,205	0	0	0	0.00	0.00		
34	Family Planning Drug Services	140,475	33	1,333	3	40.40	0.01	141,205	35	1,482	3	42.33	0.01		
35	Freestanding Dialysis Services	140,475	0	0	0	0.00	0.00	141,205	0	0	0	0.00	0.00		
98	Unknown	140,475	1	8	0	7.69	0.00	141,205	0	0	0	0.00	0.00		
Total		140,475		\$ 56,036,785			398.91	141,205		\$ 61,944,729			438.69		

Appendix A.2
State of Mississippi Department of Medicaid
Incurred Claims and Per Member Per Month (PMPM) Cost Summaries
Claims Basis: Amount Allowed

		July 2006 - June 2007						July 2007 - June 2008							
Category:	Infants														
Region:	Central														
Age:	All														
cos_cd	Service Category	Member Months	Services	Amount Allowed	Annual Utilization per 1,000	Average Unit Cost	Allowed \$ PMPM	Member Months	Services	Amount Allowed	Annual Utilization per 1,000	Average Unit Cost	Allowed \$ PMPM		
01	Inpatient Hospital Services	172,408	37,929	47,272,729	2,640	1,246.35	274.19	167,799	39,482	52,785,847	2,824	1,336.96	314.58		
02	Outpatient Hospital Services	172,408	129,352	6,362,819	9,003	49.19	36.91	167,799	132,348	6,979,611	9,465	52.74	41.60		
03	Lab and Radiology Services	172,408	5,252	62,215	366	11.85	0.36	167,799	5,919	70,504	423	11.91	0.42		
05	Physician Services	172,408	252,696	13,006,019	17,588	51.47	75.44	167,799	252,598	13,570,687	18,064	53.72	80.87		
06	Home and Community Based Services	172,408	0	0	0	0.00	0.00	167,799	0	0	0	0.00	0.00		
07	Home Health Agency Services	172,408	2,013	62,030	140	30.81	0.36	167,799	1,307	66,211	93	50.66	0.39		
08	Swing Bed Skilled Care Services	172,408	0	0	0	0.00	0.00	167,799	0	0	0	0.00	0.00		
10	Periodic Screening Services (EPDST)	172,408	98,787	2,779,816	6,876	28.14	16.12	167,799	100,063	2,925,156	7,156	29.23	17.43		
11	Emergency/Non-Emergency Transportation	172,408	29,988	402,862	2,087	13.43	2.34	167,799	37,976	587,539	2,716	15.47	3.50		
12	Dental Services	172,408	0	0	0	0.00	0.00	167,799	0	0	0	0.00	0.00		
13	Eyeglass Services	172,408	0	0	0	0.00	0.00	167,799	0	0	0	0.00	0.00		
14	Family Planning Services	172,408	0	0	0	0.00	0.00	167,799	0	0	0	0.00	0.00		
15	Drug Services	172,408	95,525	4,893,441	6,649	51.23	28.38	167,799	101,303	6,466,267	7,245	63.83	38.54		
16	Dental Screening	172,408	216	27,076	15	125.35	0.16	167,799	228	25,007	16	109.68	0.15		
17	Eyeglass Screening	172,408	107	5,175	7	48.37	0.03	167,799	125	5,749	9	45.99	0.03		
18	Hearing Screening Services	172,408	274	19,788	19	72.22	0.11	167,799	243	17,406	17	71.63	0.10		
21	Swing Bed Intermediate Care Services	172,408	0	0	0	0.00	0.00	167,799	0	0	0	0.00	0.00		
22	Rural Health Clinic Services	172,408	25,751	1,375,603	1,792	53.42	7.98	167,799	25,134	1,377,528	1,797	54.81	8.21		
23	FQHC (Federally Qualified Health Center)	172,408	39,623	1,753,123	2,758	44.25	10.17	167,799	34,060	1,416,458	2,436	41.59	8.44		
24	DME (Durable Medical Equipment Services)	172,408	11,077	495,836	771	44.76	2.88	167,799	15,787	569,743	1,129	36.09	3.40		
25	Therapy Services, (outside the Home Health Program)	172,408	883	27,113	61	30.71	0.16	167,799	639	16,255	46	25.44	0.10		
27	Inpatient Psychiatric Hospital Services	172,408	0	0	0	0.00	0.00	167,799	0	0	0	0.00	0.00		
28	Nurse Services	172,408	26,821	629,165	1,867	23.46	3.65	167,799	34,038	687,422	2,434	20.20	4.10		
29	Ambulatory Surgical Centers	172,408	178	82,836	12	465.37	0.48	167,799	136	64,490	10	474.19	0.38		
31	Hospice Services	172,408	198	23,855	14	120.48	0.14	167,799	344	45,540	25	132.38	0.27		
32	Outpatient Psychiatric Hospital Services	172,408	0	0	0	0.00	0.00	167,799	0	0	0	0.00	0.00		
34	Family Planning Drug Services	172,408	36	1,408	3	39.10	0.01	167,799	49	2,056	4	41.96	0.01		
35	Freestanding Dialysis Services	172,408	0	0	0	0.00	0.00	167,799	0	0	0	0.00	0.00		
98	Unknown	172,408	0	0	0	0.00	0.00	167,799	0	0	0	0.00	0.00		
Total		172,408	\$	79,282,909			459.86	167,799	\$	87,679,478			522.53		

Appendix A.2
State of Mississippi Department of Medicaid
Incurred Claims and Per Member Per Month (PMPM) Cost Summaries
Claims Basis: Amount Allowed

		July 2006 - June 2007							July 2007 - June 2008						
Category:	Infants														
Region:	South														
Age:	All														
cos_cd	Service Category	Member Months	Services	Amount Allowed	Annual Utilization per 1,000	Average Unit Cost	Allowed \$ PMPM	Member Months	Services	Amount Allowed	Annual Utilization per 1,000	Average Unit Cost	Allowed \$ PMPM		
01	Inpatient Hospital Services	136,180	26,535	33,715,833	2,338	1,270.62	247.58	135,942	24,706	32,703,528	2,181	1,323.71	240.57		
02	Outpatient Hospital Services	136,180	90,402	3,226,888	7,966	35.69	23.70	135,942	88,383	3,056,558	7,802	34.58	22.48		
03	Lab and Radiology Services	136,180	4,917	65,557	433	13.33	0.48	135,942	5,523	64,490	488	11.68	0.47		
05	Physician Services	136,180	194,125	9,871,931	17,106	50.85	72.49	135,942	188,677	9,845,502	16,655	52.18	72.42		
06	Home and Community Based Services	136,180	0	0	0	0.00	0.00	135,942	0	0	0	0.00	0.00		
07	Home Health Agency Services	136,180	3,412	95,441	301	27.97	0.70	135,942	3,631	125,500	321	34.56	0.92		
08	Swing Bed Skilled Care Services	136,180	0	0	0	0.00	0.00	135,942	0	0	0	0.00	0.00		
10	Periodic Screening Services (EPDST)	136,180	93,096	2,408,214	8,203	25.87	17.68	135,942	98,518	2,427,235	8,696	24.64	17.85		
11	Emergency/Non-Emergency Transportation	136,180	16,887	233,476	1,488	13.83	1.71	135,942	14,702	229,702	1,298	15.62	1.69		
12	Dental Services	136,180	0	0	0	0.00	0.00	135,942	0	0	0	0.00	0.00		
13	Eyeglass Services	136,180	0	0	0	0.00	0.00	135,942	0	0	0	0.00	0.00		
14	Family Planning Services	136,180	0	0	0	0.00	0.00	135,942	0	0	0	0.00	0.00		
15	Drug Services	136,180	71,003	4,772,148	6,257	67.21	35.04	135,942	72,908	5,279,689	6,436	72.42	38.84		
16	Dental Screening	136,180	147	5,270	13	35.85	0.04	135,942	190	5,428	17	28.57	0.04		
17	Eyeglass Screening	136,180	92	3,760	8	40.87	0.03	135,942	113	5,183	10	45.87	0.04		
18	Hearing Screening Services	136,180	114	8,511	10	74.66	0.06	135,942	110	7,395	10	67.23	0.05		
21	Swing Bed Intermediate Care Services	136,180	0	0	0	0.00	0.00	135,942	0	0	0	0.00	0.00		
22	Rural Health Clinic Services	136,180	28,125	1,475,044	2,478	52.45	10.83	135,942	29,013	1,388,428	2,561	47.86	10.21		
23	FQHC (Federally Qualified Health Center)	136,180	10,435	812,617	920	77.87	5.97	135,942	9,979	765,142	881	76.68	5.63		
24	DME (Durable Medical Equipment Services)	136,180	10,494	471,315	925	44.91	3.46	135,942	15,495	520,900	1,368	33.62	3.83		
25	Therapy Services, (outside the Home Health Program)	136,180	1,592	36,724	140	23.07	0.27	135,942	1,514	36,681	134	24.23	0.27		
27	Inpatient Psychiatric Hospital Services	136,180	0	0	0	0.00	0.00	135,942	0	0	0	0.00	0.00		
28	Nurse Services	136,180	27,736	295,742	2,444	10.66	2.17	135,942	31,357	288,510	2,768	9.20	2.12		
29	Ambulatory Surgical Centers	136,180	231	117,405	20	508.25	0.86	135,942	292	140,775	26	482.11	1.04		
31	Hospice Services	136,180	241	27,798	21	115.35	0.20	135,942	18	2,047	2	113.71	0.02		
32	Outpatient Psychiatric Hospital Services	136,180	0	0	0	0.00	0.00	135,942	0	0	0	0.00	0.00		
34	Family Planning Drug Services	136,180	16	598	1	37.39	0.00	135,942	27	1,079	2	39.97	0.01		
35	Freestanding Dialysis Services	136,180	0	0	0	0.00	0.00	135,942	0	0	0	0.00	0.00		
98	Unknown	136,180	0	0	0	0.00	0.00	135,942	0	0	0	0.00	0.00		
Total		136,180	\$	57,644,273			423.29	135,942	\$	56,893,774			418.52		

Appendix A.3
State of Mississippi Department of Medicaid
Incurred Claims and Per Member Per Month (PMPM) Cost Summaries
Claims Basis: Amount Allowed

Category: High Cost
Region: Statewide
Age: Ages 1 - 5

July 2006 - June 2007								July 2007 - June 2008					
		Annual Utilization						Annual Utilization					
cos_cd	Service Category	Member Months	Services	Amount Allowed	per 1,000	Average Unit Cost	Allowed \$ PMPM	Member Months	Services	Amount Allowed	per 1,000	Average Unit Cost	Allowed \$ PMPM
01	Inpatient Hospital Services	57,500	6,446	8,322,540	1,345	1,291.12	144.74	59,535	6,906	8,936,181	1,392	1,293.97	150.10
02	Outpatient Hospital Services	57,500	136,077	6,336,588	28,399	46.57	110.20	59,535	153,918	7,927,676	31,024	51.51	133.16
03	Lab and Radiology Services	57,500	3,927	44,127	820	11.24	0.77	59,535	3,893	46,379	785	11.91	0.78
05	Physician Services	57,500	134,132	2,626,973	27,993	19.58	45.69	59,535	147,647	2,836,369	29,760	19.21	47.64
06	Home and Community Based Services	57,500	0	0	0	0.00	0.00	59,535	0	0	0	0.00	0.00
07	Home Health Agency Services	57,500	4,617	220,337	964	47.72	3.83	59,535	4,961	227,155	1,000	45.79	3.82
08	Swing Bed Skilled Care Services	57,500	0	0	0	0.00	0.00	59,535	0	0	0	0.00	0.00
10	Periodic Screening Services (EPDST)	57,500	11,120	801,090	2,321	72.04	13.93	59,535	14,450	1,063,826	2,913	73.62	17.87
11	Emergency/Non-Emergency Transportation	57,500	12,888	131,214	2,690	10.18	2.28	59,535	17,839	220,613	3,596	12.37	3.71
12	Dental Services	57,500	0	0	0	0.00	0.00	59,535	0	0	0	0.00	0.00
13	Eyeglass Services	57,500	0	0	0	0.00	0.00	59,535	0	0	0	0.00	0.00
14	Family Planning Services	57,500	0	0	0	0.00	0.00	59,535	0	0	0	0.00	0.00
15	Drug Services	57,500	51,209	5,522,109	10,687	107.83	96.04	59,535	59,122	7,133,583	11,917	120.66	119.82
16	Dental Screening	57,500	10,936	460,172	2,282	42.08	8.00	59,535	13,835	608,796	2,789	44.00	10.23
17	Eyeglass Screening	57,500	2,531	83,310	528	32.92	1.45	59,535	2,613	88,146	527	33.73	1.48
18	Hearing Screening Services	57,500	585	31,313	122	53.53	0.54	59,535	833	35,950	168	43.16	0.60
21	Swing Bed Intermediate Care Services	57,500	0	0	0	0.00	0.00	59,535	0	0	0	0.00	0.00
22	Rural Health Clinic Services	57,500	5,405	322,461	1,128	59.66	5.61	59,535	5,959	350,261	1,201	58.78	5.88
23	FQHC (Federally Qualified Health Center)	57,500	2,815	167,686	587	59.57	2.92	59,535	2,895	167,997	584	58.03	2.82
24	DME (Durable Medical Equipment Services)	57,500	246,005	1,359,811	51,340	5.53	23.65	59,535	250,905	1,529,126	50,573	6.09	25.68
25	Therapy Services, (outside the Home Health Program)	57,500	50,696	1,412,022	10,580	27.85	24.56	59,535	55,381	1,542,777	11,163	27.86	25.91
27	Inpatient Psychiatric Hospital Services	57,500	0	0	0	0.00	0.00	59,535	0	0	0	0.00	0.00
28	Nurse Services	57,500	48,097	353,046	10,038	7.34	6.14	59,535	60,487	483,760	12,192	8.00	8.13
29	Ambulatory Surgical Centers	57,500	152	52,909	32	348.09	0.92	59,535	167	64,312	34	385.10	1.08
31	Hospice Services	57,500	619	59,024	129	95.35	1.03	59,535	1,165	141,221	235	121.22	2.37
32	Outpatient Psychiatric Hospital Services	57,500	0	0	0	0.00	0.00	59,535	0	0	0	0.00	0.00
34	Family Planning Drug Services	57,500	0	0	0	0.00	0.00	59,535	1	33	0	32.60	0.00
35	Freestanding Dialysis Services	57,500	576	75,245	120	130.63	1.31	59,535	31	4,050	6	130.63	0.07
98	Unknown	57,500	0	0	0	0.00	0.00	59,535	0	0	0	0.00	0.00
Total		57,500	\$	28,381,980		\$	493.60	59,535	\$	33,408,211		\$	561.15

Appendix A.3
State of Mississippi Department of Medicaid
Incurred Claims and Per Member Per Month (PMPM) Cost Summaries
Claims Basis: Amount Allowed

Category: High Cost
Region: Statewide
Age: Ages 6 - 20

July 2006 - June 2007								July 2007 - June 2008					
		Annual Utilization						Annual Utilization					
cos_cd	Service Category	Member Months	Services	Amount Allowed	per 1,000	Average Unit Cost	Allowed \$ PMPM	Member Months	Services	Amount Allowed	per 1,000	Average Unit Cost	Allowed \$ PMPM
01	Inpatient Hospital Services	286,780	23,097	24,119,960	966	1,044.29	84.11	288,609	22,148	24,473,949	921	1,105.02	84.80
02	Outpatient Hospital Services	286,780	346,383	13,387,720	14,494	38.65	46.68	288,609	342,133	13,802,929	14,225	40.34	47.83
03	Lab and Radiology Services	286,780	18,948	325,787	793	17.19	1.14	288,609	19,102	346,568	794	18.14	1.20
05	Physician Services	286,780	317,375	7,181,561	13,280	22.63	25.04	288,609	310,571	7,392,285	12,913	23.80	25.61
06	Home and Community Based Services	286,780	2	250	0	125.00	0.00	288,609	0	0	0	0.00	0.00
07	Home Health Agency Services	286,780	7,943	208,226	332	26.21	0.73	288,609	14,266	207,838	593	14.57	0.72
08	Swing Bed Skilled Care Services	286,780	0	1,995	0	0.00	0.01	288,609	0	0	0	0.00	0.00
10	Periodic Screening Services (EPDST)	286,780	11,285	295,854	472	26.22	1.03	288,609	13,122	330,567	546	25.19	1.15
11	Emergency/Non-Emergency Transportation	286,780	21,222	430,413	888	20.28	1.50	288,609	24,717	494,938	1,028	20.02	1.71
12	Dental Services	286,780	0	0	0	0.00	0.00	288,609	0	0	0	0.00	0.00
13	Eyeglass Services	286,780	0	0	0	0.00	0.00	288,609	0	0	0	0.00	0.00
14	Family Planning Services	286,780	0	0	0	0.00	0.00	288,609	0	0	0	0.00	0.00
15	Drug Services	286,780	240,088	34,793,947	10,046	144.92	121.33	288,609	248,825	37,052,948	10,346	148.91	128.38
16	Dental Screening	286,780	67,309	2,665,969	2,816	39.61	9.30	288,609	80,226	3,337,211	3,336	41.60	11.56
17	Eyeglass Screening	286,780	31,842	1,008,269	1,332	31.66	3.52	288,609	34,809	1,125,819	1,447	32.34	3.90
18	Hearing Screening Services	286,780	973	76,857	41	78.99	0.27	288,609	2,161	126,446	90	58.51	0.44
21	Swing Bed Intermediate Care Services	286,780	0	0	0	0.00	0.00	288,609	0	0	0	0.00	0.00
22	Rural Health Clinic Services	286,780	20,955	1,322,569	877	63.11	4.61	288,609	21,598	1,377,673	898	63.79	4.77
23	FQHC (Federally Qualified Health Center)	286,780	12,039	829,854	504	68.93	2.89	288,609	12,664	801,147	527	63.26	2.78
24	DME (Durable Medical Equipment Services)	286,780	898,740	2,997,370	37,607	3.34	10.45	288,609	1,008,617	3,104,517	41,937	3.08	10.76
25	Therapy Services, (outside the Home Health Program)	286,780	28,038	747,776	1,173	26.67	2.61	288,609	33,407	865,011	1,389	25.89	3.00
27	Inpatient Psychiatric Hospital Services	286,780	0	0	0	0.00	0.00	288,609	0	0	0	0.00	0.00
28	Nurse Services	286,780	88,260	695,245	3,693	7.88	2.42	288,609	102,157	826,832	4,248	8.09	2.86
29	Ambulatory Surgical Centers	286,780	317	112,407	13	354.60	0.39	288,609	299	100,742	12	336.93	0.35
31	Hospice Services	286,780	3,072	354,393	129	115.36	1.24	288,609	2,803	326,220	117	116.38	1.13
32	Outpatient Psychiatric Hospital Services	286,780	0	0	0	0.00	0.00	288,609	0	0	0	0.00	0.00
34	Family Planning Drug Services	286,780	4,531	184,815	190	40.79	0.64	288,609	4,571	190,914	190	41.77	0.66
35	Freestanding Dialysis Services	286,780	25,047	104,627	1,048	4.18	0.36	288,609	21,579	72,328	897	3.35	0.25
98	Unknown	286,780	4	213	0	53.34	0.00	288,609	16	768	1	47.99	0.00
Total		286,780		\$ 91,846,079		\$ 320.27		288,609		\$ 96,357,651		\$ 333.87	

Appendix A.3
State of Mississippi Department of Medicaid
Incurred Claims and Per Member Per Month (PMPM) Cost Summaries
Claims Basis: Amount Allowed

July 2006 - June 2007								July 2007 - June 2008					
Category: High Cost													
Region: Statewide													
Age: Ages 21+													
Annual Utilization								Annual Utilization					
cos_cd	Service Category	Member Months	Services	Amount Allowed	per 1,000	Average Unit Cost	Allowed \$ PMPM	Member Months	Services	Amount Allowed	per 1,000	Average Unit Cost	Allowed \$ PMPM
01	Inpatient Hospital Services	556,435	95,302	110,126,095	2,055	1,155.55	197.91	567,068	96,629	114,044,019	2,045	1,180.23	201.11
02	Outpatient Hospital Services	556,435	1,510,352	60,234,499	32,572	39.88	108.25	567,068	1,667,779	58,478,378	35,293	35.06	103.12
03	Lab and Radiology Services	556,435	123,963	2,126,206	2,673	17.15	3.82	567,068	126,900	2,292,206	2,685	18.06	4.04
05	Physician Services	556,435	1,807,877	42,576,894	38,988	23.55	76.52	567,068	1,676,561	43,798,075	35,479	26.12	77.24
06	Home and Community Based Services	556,435	478	3,539	10	7.40	0.01	567,068	358	3,018	8	8.43	0.01
07	Home Health Agency Services	556,435	83,146	1,675,866	1,793	20.16	3.01	567,068	93,929	1,665,812	1,988	17.73	2.94
08	Swing Bed Skilled Care Services	556,435	0	9,547	0	0.00	0.02	567,068	0	16,984	0	0.00	0.03
10	Periodic Screening Services (EPDST)	556,435	649	31,273	14	48.19	0.06	567,068	643	14,999	14	23.33	0.03
11	Emergency/Non-Emergency Transportation	556,435	88,168	3,275,499	1,901	37.15	5.89	567,068	93,447	3,544,922	1,977	37.94	6.25
12	Dental Services	556,435	37,003	1,532,723	798	41.42	2.75	567,068	40,015	2,048,616	847	51.20	3.61
13	Eyeglass Services	556,435	43,199	1,620,096	932	37.50	2.91	567,068	43,885	1,704,771	929	38.85	3.01
14	Family Planning Services	556,435	0	0	0	0.00	0.00	567,068	0	0	0	0.00	0.00
15	Drug Services	556,435	1,098,897	92,858,498	23,699	84.50	166.88	567,068	1,144,005	105,546,157	24,209	92.26	186.13
16	Dental Screening	556,435	103	4,677	2	45.41	0.01	567,068	180	9,507	4	52.82	0.02
17	Eyeglass Screening	556,435	25	896	1	35.84	0.00	567,068	63	2,468	1	39.17	0.00
18	Hearing Screening Services	556,435	77	2,533	2	32.90	0.00	567,068	105	2,675	2	25.48	0.00
21	Swing Bed Intermediate Care Services	556,435	0	50,156	0	0.00	0.09	567,068	0	67,324	0	0.00	0.12
22	Rural Health Clinic Services	556,435	82,434	4,178,941	1,778	50.69	7.51	567,068	82,974	4,127,170	1,756	49.74	7.28
23	FQHC (Federally Qualified Health Center)	556,435	37,161	2,617,947	801	70.45	4.70	567,068	38,149	2,502,084	807	65.59	4.41
24	DME (Durable Medical Equipment Services)	556,435	208,193	5,155,468	4,490	24.76	9.27	567,068	255,810	6,065,964	5,413	23.71	10.70
25	Therapy Services, (outside the Home Health Program)	556,435	1,703	35,675	37	20.95	0.06	567,068	159	2,889	3	18.17	0.01
27	Inpatient Psychiatric Hospital Services	556,435	0	0	0	0.00	0.00	567,068	0	0	0	0.00	0.00
28	Nurse Services	556,435	524,107	2,044,485	11,303	3.90	3.67	567,068	565,411	2,356,446	11,965	4.17	4.16
29	Ambulatory Surgical Centers	556,435	4,844	1,490,763	104	307.75	2.68	567,068	4,554	1,423,214	96	312.52	2.51
31	Hospice Services	556,435	80,683	9,763,696	1,740	121.01	17.55	567,068	84,344	10,424,431	1,785	123.59	18.38
32	Outpatient Psychiatric Hospital Services	556,435	0	0	0	0.00	0.00	567,068	0	0	0	0.00	0.00
34	Family Planning Drug Services	556,435	6,227	235,213	134	37.77	0.42	567,068	6,132	241,710	130	39.42	0.43
35	Freestanding Dialysis Services	556,435	1,474,048	6,788,673	31,789	4.61	12.20	567,068	2,422,349	7,505,289	51,260	3.10	13.24
98	Unknown	556,435	2	314	0	157.16	0.00	567,068	18	1,371	0	76.14	0.00
Total		556,435		\$ 348,440,173			\$ 626.20	567,068		\$ 367,890,500			\$ 648.76

Appendix A.3
State of Mississippi Department of Medicaid
Incurred Claims and Per Member Per Month (PMPM) Cost Summaries
Claims Basis: Amount Allowed

July 2006 - June 2007								July 2007 - June 2008					
Category: High Cost													
Region: North													
Age: Ages 1 - 5													
cos_cd	Service Category	Member Months	Services	Amount Allowed	Annual Utilization per 1,000	Average Unit Cost	Allowed \$ PMPM	Member Months	Services	Amount Allowed	Annual Utilization per 1,000	Average Unit Cost	Allowed \$ PMPM
01	Inpatient Hospital Services	19,339	2,227	3,363,601	1,382	1,510.37	173.93	19,704	2,234	2,948,755	1,361	1,319.94	149.65
02	Outpatient Hospital Services	19,339	48,871	1,918,798	30,325	39.26	99.22	19,704	55,067	2,087,176	33,537	37.90	105.93
03	Lab and Radiology Services	19,339	1,576	18,712	978	11.87	0.97	19,704	1,459	17,351	889	11.89	0.88
05	Physician Services	19,339	42,435	908,151	26,331	21.40	46.96	19,704	40,372	902,298	24,587	22.35	45.79
06	Home and Community Based Services	19,339	0	0	0	0.00	0.00	19,704	0	0	0	0.00	0.00
07	Home Health Agency Services	19,339	654	44,150	406	67.51	2.28	19,704	752	33,191	458	44.14	1.68
08	Swing Bed Skilled Care Services	19,339	0	0	0	0.00	0.00	19,704	0	0	0	0.00	0.00
10	Periodic Screening Services (EPDST)	19,339	4,637	338,241	2,877	72.94	17.49	19,704	5,587	437,559	3,403	78.32	22.21
11	Emergency/Non-Emergency Transportation	19,339	6,105	55,487	3,788	9.09	2.87	19,704	6,117	66,358	3,725	10.85	3.37
12	Dental Services	19,339	0	0	0	0.00	0.00	19,704	0	0	0	0.00	0.00
13	Eyeglass Services	19,339	0	0	0	0.00	0.00	19,704	0	0	0	0.00	0.00
14	Family Planning Services	19,339	0	0	0	0.00	0.00	19,704	0	0	0	0.00	0.00
15	Drug Services	19,339	16,936	2,427,394	10,509	143.33	125.52	19,704	18,454	2,677,901	11,239	145.11	135.91
16	Dental Screening	19,339	3,717	155,171	2,306	41.75	8.02	19,704	4,453	190,509	2,712	42.78	9.67
17	Eyeglass Screening	19,339	850	30,616	527	36.02	1.58	19,704	1,098	38,139	669	34.74	1.94
18	Hearing Screening Services	19,339	368	14,453	228	39.27	0.75	19,704	519	16,604	316	31.99	0.84
21	Swing Bed Intermediate Care Services	19,339	0	0	0	0.00	0.00	19,704	0	0	0	0.00	0.00
22	Rural Health Clinic Services	19,339	1,868	110,574	1,159	59.19	5.72	19,704	1,903	115,084	1,159	60.48	5.84
23	FQHC (Federally Qualified Health Center)	19,339	469	28,293	291	60.33	1.46	19,704	584	31,078	356	53.22	1.58
24	DME (Durable Medical Equipment Services)	19,339	70,896	393,882	43,992	5.56	20.37	19,704	58,080	446,591	35,371	7.69	22.66
25	Therapy Services, (outside the Home Health Program)	19,339	19,497	525,801	12,098	26.97	27.19	19,704	20,479	566,703	12,472	27.67	28.76
27	Inpatient Psychiatric Hospital Services	19,339	0	0	0	0.00	0.00	19,704	0	0	0	0.00	0.00
28	Nurse Services	19,339	23,073	112,004	14,317	4.85	5.79	19,704	17,071	82,652	10,396	4.84	4.19
29	Ambulatory Surgical Centers	19,339	48	17,284	30	360.07	0.89	19,704	51	21,545	31	422.45	1.09
31	Hospice Services	19,339	231	30,868	143	133.63	1.60	19,704	795	91,598	484	115.22	4.65
32	Outpatient Psychiatric Hospital Services	19,339	0	0	0	0.00	0.00	19,704	0	0	0	0.00	0.00
34	Family Planning Drug Services	19,339	0	0	0	0.00	0.00	19,704	1	33	1	32.60	0.00
35	Freestanding Dialysis Services	19,339	0	0	0	0.00	0.00	19,704	0	0	0	0.00	0.00
98	Unknown	19,339	0	0	0	0.00	0.00	19,704	0	0	0	0.00	0.00
Total		19,339	\$	10,493,480		\$	542.61	19,704	\$	10,771,125		\$	546.65

Appendix A.3
State of Mississippi Department of Medicaid
Incurred Claims and Per Member Per Month (PMPM) Cost Summaries
Claims Basis: Amount Allowed

Category: High Cost
Region: North
Age: Ages 6 - 20

July 2006 - June 2007								July 2007 - June 2008					
		Annual Utilization						Annual Utilization					
cos_cd	Service Category	Member Months	Services	Amount Allowed	per 1,000	Average Unit Cost	Allowed \$ PMPM	Member Months	Services	Amount Allowed	per 1,000	Average Unit Cost	Allowed \$ PMPM
01	Inpatient Hospital Services	96,561	4,966	5,572,888	617	1,122.21	57.71	97,536	4,979	6,255,637	613	1,256.40	64.14
02	Outpatient Hospital Services	96,561	120,262	4,423,877	14,945	36.79	45.81	97,536	122,771	4,453,939	15,105	36.28	45.66
03	Lab and Radiology Services	96,561	5,833	101,774	725	17.45	1.05	97,536	6,109	114,770	752	18.79	1.18
05	Physician Services	96,561	101,342	2,280,317	12,594	22.50	23.62	97,536	97,363	2,394,532	11,979	24.59	24.55
06	Home and Community Based Services	96,561	2	250	0	125.00	0.00	97,536	0	0	0	0.00	0.00
07	Home Health Agency Services	96,561	1,981	59,695	246	30.13	0.62	97,536	3,284	46,513	404	14.16	0.48
08	Swing Bed Skilled Care Services	96,561	0	0	0	0.00	0.00	97,536	0	0	0	0.00	0.00
10	Periodic Screening Services (EPDST)	96,561	4,629	118,369	575	25.57	1.23	97,536	5,243	130,958	645	24.98	1.34
11	Emergency/Non-Emergency Transportation	96,561	9,018	151,948	1,121	16.85	1.57	97,536	10,801	176,420	1,329	16.33	1.81
12	Dental Services	96,561	0	0	0	0.00	0.00	97,536	0	0	0	0.00	0.00
13	Eyeglass Services	96,561	0	0	0	0.00	0.00	97,536	0	0	0	0.00	0.00
14	Family Planning Services	96,561	0	0	0	0.00	0.00	97,536	0	0	0	0.00	0.00
15	Drug Services	96,561	75,521	10,888,438	9,385	144.18	112.76	97,536	79,592	11,830,171	9,792	148.64	121.29
16	Dental Screening	96,561	22,969	941,436	2,854	40.99	9.75	97,536	27,482	1,190,642	3,381	43.32	12.21
17	Eyeglass Screening	96,561	11,596	364,982	1,441	31.47	3.78	97,536	12,896	414,862	1,587	32.17	4.25
18	Hearing Screening Services	96,561	464	31,794	58	68.52	0.33	97,536	1,189	48,166	146	40.51	0.49
21	Swing Bed Intermediate Care Services	96,561	0	0	0	0.00	0.00	97,536	0	0	0	0.00	0.00
22	Rural Health Clinic Services	96,561	7,522	463,365	935	61.60	4.80	97,536	7,884	478,367	970	60.68	4.90
23	FQHC (Federally Qualified Health Center)	96,561	2,463	161,088	306	65.40	1.67	97,536	2,367	150,297	291	63.50	1.54
24	DME (Durable Medical Equipment Services)	96,561	272,319	929,125	33,842	3.41	9.62	97,536	296,854	832,060	36,522	2.80	8.53
25	Therapy Services, (outside the Home Health Program)	96,561	13,938	360,698	1,732	25.88	3.74	97,536	19,114	467,793	2,352	24.47	4.80
27	Inpatient Psychiatric Hospital Services	96,561	0	0	0	0.00	0.00	97,536	0	0	0	0.00	0.00
28	Nurse Services	96,561	34,816	212,464	4,327	6.10	2.20	97,536	31,137	232,096	3,831	7.45	2.38
29	Ambulatory Surgical Centers	96,561	107	41,109	13	384.19	0.43	97,536	96	31,287	12	325.90	0.32
31	Hospice Services	96,561	1,801	198,145	224	110.02	2.05	97,536	1,588	184,599	195	116.25	1.89
32	Outpatient Psychiatric Hospital Services	96,561	0	0	0	0.00	0.00	97,536	0	0	0	0.00	0.00
34	Family Planning Drug Services	96,561	1,261	51,871	157	41.13	0.54	97,536	1,439	58,538	177	40.68	0.60
35	Freestanding Dialysis Services	96,561	257	3,316	32	12.90	0.03	97,536	5,501	22,585	677	4.11	0.23
98	Unknown	96,561	0	0	0	0.00	0.00	97,536	16	768	2	47.99	0.01
Total		96,561		\$ 27,356,948		\$ 283.31		97,536		\$ 29,514,999		\$ 302.61	

Appendix A.3
State of Mississippi Department of Medicaid
Incurred Claims and Per Member Per Month (PMPM) Cost Summaries
Claims Basis: Amount Allowed

July 2006 - June 2007								July 2007 - June 2008					
Category: High Cost													
Region: North													
Age: Ages 21+													
cos_cd	Service Category	Member Months	Services	Amount Allowed	Annual Utilization per 1,000	Average Unit Cost	Allowed \$ PMPM	Member Months	Services	Amount Allowed	Annual Utilization per 1,000	Average Unit Cost	Allowed \$ PMPM
01	Inpatient Hospital Services	192,874	30,065	34,267,836	1,871	1,139.79	177.67	197,497	32,370	37,319,628	1,967	1,152.91	188.96
02	Outpatient Hospital Services	192,874	479,461	19,297,086	29,831	40.25	100.05	197,497	544,880	17,850,181	33,107	32.76	90.38
03	Lab and Radiology Services	192,874	41,487	732,261	2,581	17.65	3.80	197,497	43,124	795,162	2,620	18.44	4.03
05	Physician Services	192,874	675,295	15,259,687	42,015	22.60	79.12	197,497	626,599	16,060,555	38,072	25.63	81.32
06	Home and Community Based Services	192,874	274	1,959	17	7.15	0.01	197,497	179	1,303	11	7.28	0.01
07	Home Health Agency Services	192,874	35,531	538,119	2,211	15.15	2.79	197,497	39,378	578,723	2,393	14.70	2.93
08	Swing Bed Skilled Care Services	192,874	0	427	0	0.00	0.00	197,497	0	9,793	0	0.00	0.05
10	Periodic Screening Services (EPDST)	192,874	183	4,395	11	24.01	0.02	197,497	183	2,426	11	13.25	0.01
11	Emergency/Non-Emergency Transportation	192,874	33,401	1,077,145	2,078	32.25	5.58	197,497	37,998	1,136,695	2,309	29.91	5.76
12	Dental Services	192,874	13,660	596,478	850	43.67	3.09	197,497	15,147	814,940	920	53.80	4.13
13	Eyeglass Services	192,874	16,852	638,479	1,048	37.89	3.31	197,497	17,252	669,984	1,048	38.84	3.39
14	Family Planning Services	192,874	0	0	0	0.00	0.00	197,497	0	0	0	0.00	0.00
15	Drug Services	192,874	380,771	30,183,982	23,690	79.27	156.50	197,497	395,141	32,995,820	24,009	83.50	167.07
16	Dental Screening	192,874	54	2,338	3	43.29	0.01	197,497	70	4,611	4	65.86	0.02
17	Eyeglass Screening	192,874	11	413	1	37.52	0.00	197,497	33	1,181	2	35.80	0.01
18	Hearing Screening Services	192,874	41	1,038	3	25.31	0.01	197,497	34	814	2	23.93	0.00
21	Swing Bed Intermediate Care Services	192,874	0	20,234	0	0.00	0.10	197,497	0	12,241	0	0.00	0.06
22	Rural Health Clinic Services	192,874	27,900	1,506,556	1,736	54.00	7.81	197,497	28,279	1,467,617	1,718	51.90	7.43
23	FQHC (Federally Qualified Health Center)	192,874	10,005	671,302	622	67.10	3.48	197,497	9,455	604,984	574	63.99	3.06
24	DME (Durable Medical Equipment Services)	192,874	84,958	1,777,580	5,286	20.92	9.22	197,497	100,882	2,079,602	6,130	20.61	10.53
25	Therapy Services, (outside the Home Health Program)	192,874	105	1,104	7	10.51	0.01	197,497	5	118	0	23.69	0.00
27	Inpatient Psychiatric Hospital Services	192,874	0	0	0	0.00	0.00	197,497	0	0	0	0.00	0.00
28	Nurse Services	192,874	202,566	885,375	12,603	4.37	4.59	197,497	226,135	1,150,575	13,740	5.09	5.83
29	Ambulatory Surgical Centers	192,874	1,737	489,640	108	281.89	2.54	197,497	1,578	464,790	96	294.54	2.35
31	Hospice Services	192,874	34,310	3,789,287	2,135	110.44	19.65	197,497	36,873	4,284,121	2,240	116.19	21.69
32	Outpatient Psychiatric Hospital Services	192,874	0	0	0	0.00	0.00	197,497	0	0	0	0.00	0.00
34	Family Planning Drug Services	192,874	1,956	72,063	122	36.84	0.37	197,497	1,960	75,668	119	38.61	0.38
35	Freestanding Dialysis Services	192,874	558,931	2,515,941	34,775	4.50	13.04	197,497	1,012,758	2,777,492	61,536	2.74	14.06
98	Unknown	192,874	0	24	0	0.00	0.00	197,497	18	1,299	1	72.14	0.01
Total		192,874		\$ 114,330,746			\$ 592.77	197,497		\$ 121,160,319			\$ 613.48

Appendix A.3
State of Mississippi Department of Medicaid
Incurred Claims and Per Member Per Month (PMPM) Cost Summaries
Claims Basis: Amount Allowed

July 2006 - June 2007								July 2007 - June 2008					
Category: High Cost													
Region: Central													
Age: Ages 1 - 5													
		Annual Utilization						Annual Utilization					
cos_cd	Service Category	Member Months	Services	Amount Allowed	per 1,000	Average Unit Cost	Allowed \$ PMPM	Member Months	Services	Amount Allowed	per 1,000	Average Unit Cost	Allowed \$ PMPM
01	Inpatient Hospital Services	21,835	2,512	2,828,983	1,381	1,126.19	129.56	22,826	2,946	3,795,939	1,549	1,288.51	166.30
02	Outpatient Hospital Services	21,835	49,980	2,609,759	27,468	52.22	119.52	22,826	55,893	3,694,168	29,384	66.09	161.84
03	Lab and Radiology Services	21,835	1,015	11,342	558	11.17	0.52	22,826	1,129	13,805	594	12.23	0.60
05	Physician Services	21,835	51,977	954,892	28,565	18.37	43.73	22,826	60,882	1,098,498	32,007	18.04	48.12
06	Home and Community Based Services	21,835	0	0	0	0.00	0.00	22,826	0	0	0	0.00	0.00
07	Home Health Agency Services	21,835	2,054	88,462	1,129	43.07	4.05	22,826	1,616	98,631	850	61.03	4.32
08	Swing Bed Skilled Care Services	21,835	0	0	0	0.00	0.00	22,826	0	0	0	0.00	0.00
10	Periodic Screening Services (EPDST)	21,835	3,451	237,566	1,897	68.84	10.88	22,826	4,706	342,267	2,474	72.73	14.99
11	Emergency/Non-Emergency Transportation	21,835	2,873	37,868	1,579	13.18	1.73	22,826	6,508	104,651	3,421	16.08	4.58
12	Dental Services	21,835	0	0	0	0.00	0.00	22,826	0	0	0	0.00	0.00
13	Eyeglass Services	21,835	0	0	0	0.00	0.00	22,826	0	0	0	0.00	0.00
14	Family Planning Services	21,835	0	0	0	0.00	0.00	22,826	0	0	0	0.00	0.00
15	Drug Services	21,835	19,828	1,778,746	10,897	89.71	81.46	22,826	23,094	2,458,557	12,141	106.46	107.71
16	Dental Screening	21,835	4,021	174,469	2,210	43.39	7.99	22,826	4,842	216,432	2,546	44.70	9.48
17	Eyeglass Screening	21,835	1,020	31,383	561	30.77	1.44	22,826	895	29,884	471	33.39	1.31
18	Hearing Screening Services	21,835	97	10,431	53	107.54	0.48	22,826	131	10,656	69	81.34	0.47
21	Swing Bed Intermediate Care Services	21,835	0	0	0	0.00	0.00	22,826	0	0	0	0.00	0.00
22	Rural Health Clinic Services	21,835	1,510	92,388	830	61.18	4.23	22,826	1,875	110,483	986	58.92	4.84
23	FQHC (Federally Qualified Health Center)	21,835	1,548	83,803	851	54.14	3.84	22,826	1,472	79,566	774	54.05	3.49
24	DME (Durable Medical Equipment Services)	21,835	111,159	504,835	61,090	4.54	23.12	22,826	112,196	512,449	58,983	4.57	22.45
25	Therapy Services, (outside the Home Health Program)	21,835	18,516	509,182	10,176	27.50	23.32	22,826	21,839	585,868	11,481	26.83	25.67
27	Inpatient Psychiatric Hospital Services	21,835	0	0	0	0.00	0.00	22,826	0	0	0	0.00	0.00
28	Nurse Services	21,835	8,859	83,046	4,869	9.37	3.80	22,826	17,181	146,460	9,032	8.52	6.42
29	Ambulatory Surgical Centers	21,835	35	10,375	19	296.44	0.48	22,826	25	8,518	13	340.73	0.37
31	Hospice Services	21,835	225	22,653	124	100.68	1.04	22,826	327	49,623	172	151.75	2.17
32	Outpatient Psychiatric Hospital Services	21,835	0	0	0	0.00	0.00	22,826	0	0	0	0.00	0.00
34	Family Planning Drug Services	21,835	0	0	0	0.00	0.00	22,826	0	0	0	0.00	0.00
35	Freestanding Dialysis Services	21,835	0	0	0	0.00	0.00	22,826	0	0	0	0.00	0.00
98	Unknown	21,835	0	0	0	0.00	0.00	22,826	0	0	0	0.00	0.00
Total		21,835	\$	10,070,187		\$	461.19	22,826	\$	13,356,454		\$	585.14

Appendix A.3
State of Mississippi Department of Medicaid
Incurred Claims and Per Member Per Month (PMPM) Cost Summaries
Claims Basis: Amount Allowed

Category: High Cost
Region: Central
Age: Ages 6 - 20

July 2006 - June 2007								July 2007 - June 2008					
		Annual Utilization						Annual Utilization					
cos_cd	Service Category	Member Months	Services	Amount Allowed	per 1,000	Average Unit Cost	Allowed \$ PMPM	Member Months	Services	Amount Allowed	per 1,000	Average Unit Cost	Allowed \$ PMPM
01	Inpatient Hospital Services	108,471	9,412	8,756,560	1,041	930.36	80.73	108,437	9,151	8,940,049	1,013	976.95	82.44
02	Outpatient Hospital Services	108,471	124,162	4,912,662	13,736	39.57	45.29	108,437	127,001	5,208,208	14,054	41.01	48.03
03	Lab and Radiology Services	108,471	7,135	120,883	789	16.94	1.11	108,437	6,648	123,242	736	18.54	1.14
05	Physician Services	108,471	117,776	2,557,112	13,029	21.71	23.57	108,437	117,124	2,643,306	12,961	22.57	24.38
06	Home and Community Based Services	108,471	0	0	0	0.00	0.00	108,437	0	0	0	0.00	0.00
07	Home Health Agency Services	108,471	3,088	77,375	342	25.06	0.71	108,437	9,072	76,721	1,004	8.46	0.71
08	Swing Bed Skilled Care Services	108,471	0	1,995	0	0.00	0.02	108,437	0	0	0	0.00	0.00
10	Periodic Screening Services (EPDST)	108,471	4,332	114,357	479	26.40	1.05	108,437	4,968	132,129	550	26.60	1.22
11	Emergency/Non-Emergency Transportation	108,471	5,898	149,780	652	25.40	1.38	108,437	7,033	169,507	778	24.10	1.56
12	Dental Services	108,471	0	0	0	0.00	0.00	108,437	0	0	0	0.00	0.00
13	Eyeglass Services	108,471	0	0	0	0.00	0.00	108,437	0	0	0	0.00	0.00
14	Family Planning Services	108,471	0	0	0	0.00	0.00	108,437	0	0	0	0.00	0.00
15	Drug Services	108,471	87,921	12,819,848	9,727	145.81	118.19	108,437	90,465	13,504,196	10,011	149.28	124.53
16	Dental Screening	108,471	25,853	999,007	2,860	38.64	9.21	108,437	29,920	1,196,927	3,311	40.00	11.04
17	Eyeglass Screening	108,471	11,687	375,260	1,293	32.11	3.46	108,437	12,812	422,607	1,418	32.99	3.90
18	Hearing Screening Services	108,471	237	19,800	26	83.55	0.18	108,437	370	34,718	41	93.83	0.32
21	Swing Bed Intermediate Care Services	108,471	0	0	0	0.00	0.00	108,437	0	0	0	0.00	0.00
22	Rural Health Clinic Services	108,471	6,596	412,423	730	62.53	3.80	108,437	6,487	434,432	718	66.97	4.01
23	FQHC (Federally Qualified Health Center)	108,471	5,491	372,635	607	67.86	3.44	108,437	5,386	322,384	596	59.86	2.97
24	DME (Durable Medical Equipment Services)	108,471	379,346	1,165,477	41,967	3.07	10.74	108,437	416,833	1,317,694	46,128	3.16	12.15
25	Therapy Services, (outside the Home Health Program)	108,471	9,782	260,805	1,082	26.66	2.40	108,437	8,925	231,172	988	25.90	2.13
27	Inpatient Psychiatric Hospital Services	108,471	0	0	0	0.00	0.00	108,437	0	0	0	0.00	0.00
28	Nurse Services	108,471	22,877	223,747	2,531	9.78	2.06	108,437	30,457	228,943	3,370	7.52	2.11
29	Ambulatory Surgical Centers	108,471	67	22,486	7	335.61	0.21	108,437	66	21,155	7	320.53	0.20
31	Hospice Services	108,471	506	67,875	56	134.14	0.63	108,437	715	82,408	79	115.26	0.76
32	Outpatient Psychiatric Hospital Services	108,471	0	0	0	0.00	0.00	108,437	0	0	0	0.00	0.00
34	Family Planning Drug Services	108,471	1,816	73,713	201	40.59	0.68	108,437	1,734	73,388	192	42.32	0.68
35	Freestanding Dialysis Services	108,471	15,149	68,053	1,676	4.49	0.63	108,437	5,784	24,807	640	4.29	0.23
98	Unknown	108,471	3	130	0	43.39	0.00	108,437	0	0	0	0.00	0.00
Total		108,471		\$ 33,571,982		\$ 309.50		108,437		\$ 35,187,994		\$ 324.50	

Appendix A.3
State of Mississippi Department of Medicaid
Incurred Claims and Per Member Per Month (PMPM) Cost Summaries
Claims Basis: Amount Allowed

		July 2006 - June 2007							July 2007 - June 2008						
Category: High Cost															
Region: Central															
Age: Ages 21+															
		Annual Utilization							Annual Utilization						
cos_cd	Service Category	Member Months	Services	Amount Allowed	per 1,000	Average Unit Cost	Allowed \$ PMPM	Member Months	Services	Amount Allowed	per 1,000	Average Unit Cost	Allowed \$ PMPM		
01	Inpatient Hospital Services	203,586	36,906	41,449,065	2,175	1,123.10	203.59	206,356	36,517	42,108,446	2,124	1,153.12	204.06		
02	Outpatient Hospital Services	203,586	513,793	22,101,780	30,285	43.02	108.56	206,356	564,787	22,242,744	32,843	39.38	107.79		
03	Lab and Radiology Services	203,586	43,007	757,143	2,535	17.61	3.72	206,356	43,657	820,139	2,539	18.79	3.97		
05	Physician Services	203,586	641,885	14,034,716	37,835	21.86	68.94	206,356	583,428	14,361,390	33,927	24.62	69.60		
06	Home and Community Based Services	203,586	86	483	5	5.62	0.00	206,356	179	1,716	10	9.58	0.01		
07	Home Health Agency Services	203,586	30,646	554,111	1,806	18.08	2.72	206,356	38,484	595,630	2,238	15.48	2.89		
08	Swing Bed Skilled Care Services	203,586	0	1,852	0	0.00	0.01	206,356	0	3,978	0	0.00	0.02		
10	Periodic Screening Services (EPDST)	203,586	202	7,409	12	36.68	0.04	206,356	238	5,026	14	21.12	0.02		
11	Emergency/Non-Emergency Transportation	203,586	29,333	1,289,808	1,729	43.97	6.34	206,356	29,695	1,389,781	1,727	46.80	6.73		
12	Dental Services	203,586	13,431	520,362	792	38.74	2.56	206,356	14,439	690,354	840	47.81	3.35		
13	Eyeglass Services	203,586	16,079	611,280	948	38.02	3.00	206,356	15,802	633,347	919	40.08	3.07		
14	Family Planning Services	203,586	0	0	0	0.00	0.00	206,356	0	0	0	0.00	0.00		
15	Drug Services	203,586	381,662	33,929,131	22,496	88.90	166.66	206,356	398,712	38,920,768	23,186	97.62	188.61		
16	Dental Screening	203,586	45	2,207	3	49.04	0.01	206,356	58	2,397	3	41.33	0.01		
17	Eyeglass Screening	203,586	14	483	1	34.52	0.00	206,356	6	198	0	33.02	0.00		
18	Hearing Screening Services	203,586	12	273	1	22.78	0.00	206,356	27	758	2	28.06	0.00		
21	Swing Bed Intermediate Care Services	203,586	0	25,078	0	0.00	0.12	206,356	0	29,225	0	0.00	0.14		
22	Rural Health Clinic Services	203,586	27,851	1,305,503	1,642	46.87	6.41	206,356	28,717	1,324,230	1,670	46.11	6.42		
23	FQHC (Federally Qualified Health Center)	203,586	14,808	1,080,166	873	72.94	5.31	206,356	14,016	981,954	815	70.06	4.76		
24	DME (Durable Medical Equipment Services)	203,586	67,733	1,738,365	3,992	25.66	8.54	206,356	83,721	1,989,545	4,869	23.76	9.64		
25	Therapy Services, (outside the Home Health Program)	203,586	1,505	32,634	89	21.68	0.16	206,356	114	2,211	7	19.40	0.01		
27	Inpatient Psychiatric Hospital Services	203,586	0	0	0	0.00	0.00	206,356	0	0	0	0.00	0.00		
28	Nurse Services	203,586	133,571	598,110	7,873	4.48	2.94	206,356	164,521	638,705	9,567	3.88	3.10		
29	Ambulatory Surgical Centers	203,586	1,395	435,199	82	311.97	2.14	206,356	1,400	445,980	81	318.56	2.16		
31	Hospice Services	203,586	27,880	3,779,200	1,643	135.55	18.56	206,356	30,233	4,050,801	1,758	133.99	19.63		
32	Outpatient Psychiatric Hospital Services	203,586	0	0	0	0.00	0.00	206,356	0	0	0	0.00	0.00		
34	Family Planning Drug Services	203,586	2,507	95,247	148	37.99	0.47	206,356	2,399	96,569	140	40.25	0.47		
35	Freestanding Dialysis Services	203,586	582,650	2,703,185	34,343	4.64	13.28	206,356	974,052	3,163,987	56,643	3.25	15.33		
98	Unknown	203,586	2	275	0	137.66	0.00	206,356	0	42	0	0.00	0.00		
Total		203,586		\$ 127,053,064			\$ 624.08	206,356		\$ 134,499,922			\$ 651.79		

Appendix A.3
State of Mississippi Department of Medicaid
Incurred Claims and Per Member Per Month (PMPM) Cost Summaries
Claims Basis: Amount Allowed

Category: High Cost
Region: South
Age: Ages 1 - 5

July 2006 - June 2007								July 2007 - June 2008					
cos_cd	Service Category	Member Months	Services	Annual Utilization				Member Months	Services	Amount Allowed	Annual Utilization		
				Amount Allowed	per 1,000	Average Unit Cost	Allowed \$ PMPM				per 1,000	Average Unit Cost	Allowed \$ PMPM
01	Inpatient Hospital Services	16,326	1,707	2,129,956	1,255	1,247.78	130.46	17,005	1,726	2,191,487	1,218	1,269.69	128.87
02	Outpatient Hospital Services	16,326	37,226	1,808,031	27,362	48.57	110.75	17,005	42,958	2,146,332	30,314	49.96	126.22
03	Lab and Radiology Services	16,326	1,336	14,072	982	10.53	0.86	17,005	1,305	15,222	921	11.66	0.90
05	Physician Services	16,326	39,720	763,931	29,195	19.23	46.79	17,005	46,393	835,573	32,738	18.01	49.14
06	Home and Community Based Services	16,326	0	0	0	0.00	0.00	17,005	0	0	0	0.00	0.00
07	Home Health Agency Services	16,326	1,909	87,724	1,403	45.95	5.37	17,005	2,593	95,333	1,830	36.77	5.61
08	Swing Bed Skilled Care Services	16,326	0	0	0	0.00	0.00	17,005	0	0	0	0.00	0.00
10	Periodic Screening Services (EPDST)	16,326	3,032	225,284	2,229	74.30	13.80	17,005	4,157	284,001	2,933	68.32	16.70
11	Emergency/Non-Emergency Transportation	16,326	3,910	37,859	2,874	9.68	2.32	17,005	5,214	49,604	3,679	9.51	2.92
12	Dental Services	16,326	0	0	0	0.00	0.00	17,005	0	0	0	0.00	0.00
13	Eyeglass Services	16,326	0	0	0	0.00	0.00	17,005	0	0	0	0.00	0.00
14	Family Planning Services	16,326	0	0	0	0.00	0.00	17,005	0	0	0	0.00	0.00
15	Drug Services	16,326	14,445	1,315,968	10,617	91.10	80.61	17,005	17,574	1,997,125	12,402	113.64	117.44
16	Dental Screening	16,326	3,198	130,532	2,351	40.82	8.00	17,005	4,540	201,856	3,204	44.46	11.87
17	Eyeglass Screening	16,326	661	21,311	486	32.24	1.31	17,005	620	20,123	438	32.46	1.18
18	Hearing Screening Services	16,326	120	6,429	88	53.57	0.39	17,005	183	8,690	129	47.49	0.51
21	Swing Bed Intermediate Care Services	16,326	0	0	0	0.00	0.00	17,005	0	0	0	0.00	0.00
22	Rural Health Clinic Services	16,326	2,027	119,499	1,490	58.95	7.32	17,005	2,181	124,694	1,539	57.17	7.33
23	FQHC (Federally Qualified Health Center)	16,326	798	55,590	587	69.66	3.41	17,005	839	57,353	592	68.36	3.37
24	DME (Durable Medical Equipment Services)	16,326	63,950	461,094	47,005	7.21	28.24	17,005	80,629	570,086	56,898	7.07	33.52
25	Therapy Services, (outside the Home Health Program)	16,326	12,683	377,039	9,322	29.73	23.09	17,005	13,063	390,206	9,218	29.87	22.95
27	Inpatient Psychiatric Hospital Services	16,326	0	0	0	0.00	0.00	17,005	0	0	0	0.00	0.00
28	Nurse Services	16,326	16,165	157,996	11,882	9.77	9.68	17,005	26,235	254,648	18,513	9.71	14.97
29	Ambulatory Surgical Centers	16,326	69	25,251	51	365.95	1.55	17,005	91	34,249	64	376.36	2.01
31	Hospice Services	16,326	163	5,503	120	33.76	0.34	17,005	43	0	30	0.00	0.00
32	Outpatient Psychiatric Hospital Services	16,326	0	0	0	0.00	0.00	17,005	0	0	0	0.00	0.00
34	Family Planning Drug Services	16,326	0	0	0	0.00	0.00	17,005	0	0	0	0.00	0.00
35	Freestanding Dialysis Services	16,326	576	75,245	423	130.63	4.61	17,005	31	4,050	22	130.63	0.24
98	Unknown	16,326	0	0	0	0.00	0.00	17,005	0	0	0	0.00	0.00
Total		16,326	\$	7,818,313		\$	478.89	17,005	\$	9,280,632		\$	545.76

Appendix A.3
State of Mississippi Department of Medicaid
Incurred Claims and Per Member Per Month (PMPM) Cost Summaries
Claims Basis: Amount Allowed

Category: High Cost
Region: South
Age: Ages 6 - 20

July 2006 - June 2007								July 2007 - June 2008					
		Annual Utilization						Annual Utilization					
cos_cd	Service Category	Member Months	Services	Amount Allowed	per 1,000	Average Unit Cost	Allowed \$ PMPM	Member Months	Services	Amount Allowed	per 1,000	Average Unit Cost	Allowed \$ PMPM
01	Inpatient Hospital Services	81,748	8,719	9,790,513	1,280	1,122.89	119.76	82,636	8,018	9,278,263	1,164	1,157.18	112.28
02	Outpatient Hospital Services	81,748	101,959	4,051,182	14,967	39.73	49.56	82,636	92,361	4,140,782	13,412	44.83	50.11
03	Lab and Radiology Services	81,748	5,980	103,130	878	17.25	1.26	82,636	6,345	108,556	921	17.11	1.31
05	Physician Services	81,748	98,257	2,344,132	14,423	23.86	28.68	82,636	96,084	2,354,447	13,953	24.50	28.49
06	Home and Community Based Services	81,748	0	0	0	0.00	0.00	82,636	0	0	0	0.00	0.00
07	Home Health Agency Services	81,748	2,874	71,155	422	24.76	0.87	82,636	1,910	84,604	277	44.30	1.02
08	Swing Bed Skilled Care Services	81,748	0	0	0	0.00	0.00	82,636	0	0	0	0.00	0.00
10	Periodic Screening Services (EPDST)	81,748	2,324	63,128	341	27.16	0.77	82,636	2,911	67,480	423	23.18	0.82
11	Emergency/Non-Emergency Transportation	81,748	6,306	128,686	926	20.41	1.57	82,636	6,883	149,011	1,000	21.65	1.80
12	Dental Services	81,748	0	0	0	0.00	0.00	82,636	0	0	0	0.00	0.00
13	Eyeglass Services	81,748	0	0	0	0.00	0.00	82,636	0	0	0	0.00	0.00
14	Family Planning Services	81,748	0	0	0	0.00	0.00	82,636	0	0	0	0.00	0.00
15	Drug Services	81,748	76,646	11,085,662	11,251	144.63	135.61	82,636	78,768	11,718,582	11,438	148.77	141.81
16	Dental Screening	81,748	18,487	725,526	2,714	39.25	8.88	82,636	22,824	949,642	3,314	41.61	11.49
17	Eyeglass Screening	81,748	8,559	268,027	1,256	31.32	3.28	82,636	9,101	288,350	1,322	31.68	3.49
18	Hearing Screening Services	81,748	272	25,262	40	92.88	0.31	82,636	602	43,562	87	72.36	0.53
21	Swing Bed Intermediate Care Services	81,748	0	0	0	0.00	0.00	82,636	0	0	0	0.00	0.00
22	Rural Health Clinic Services	81,748	6,837	446,782	1,004	65.35	5.47	82,636	7,227	464,874	1,049	64.32	5.63
23	FQHC (Federally Qualified Health Center)	81,748	4,085	296,131	600	72.49	3.62	82,636	4,911	328,466	713	66.88	3.97
24	DME (Durable Medical Equipment Services)	81,748	247,075	902,768	36,269	3.65	11.04	82,636	294,930	954,763	42,828	3.24	11.55
25	Therapy Services, (outside the Home Health Program)	81,748	4,318	126,272	634	29.24	1.54	82,636	5,368	166,046	780	30.93	2.01
27	Inpatient Psychiatric Hospital Services	81,748	0	0	0	0.00	0.00	82,636	0	0	0	0.00	0.00
28	Nurse Services	81,748	30,567	259,034	4,487	8.47	3.17	82,636	40,563	365,794	5,890	9.02	4.43
29	Ambulatory Surgical Centers	81,748	143	48,813	21	341.35	0.60	82,636	137	48,301	20	352.56	0.58
31	Hospice Services	81,748	765	88,373	112	115.52	1.08	82,636	500	59,212	73	118.42	0.72
32	Outpatient Psychiatric Hospital Services	81,748	0	0	0	0.00	0.00	82,636	0	0	0	0.00	0.00
34	Family Planning Drug Services	81,748	1,454	59,232	213	40.74	0.72	82,636	1,398	58,988	203	42.19	0.71
35	Freestanding Dialysis Services	81,748	9,641	33,259	1,415	3.45	0.41	82,636	10,294	24,936	1,495	2.42	0.30
98	Unknown	81,748	1	83	0	83.20	0.00	82,636	0	0	0	0.00	0.00
Total		81,748		\$ 30,917,150		\$ 378.20		82,636		\$ 31,654,658		\$ 383.06	

Appendix A.3
State of Mississippi Department of Medicaid
Incurred Claims and Per Member Per Month (PMPM) Cost Summaries
Claims Basis: Amount Allowed

		July 2006 - June 2007							July 2007 - June 2008						
Category: High Cost															
Region: South															
Age: Ages 21+															
		Annual Utilization							Annual Utilization						
cos_cd	Service Category	Member Months	Services	Amount Allowed	per 1,000	Average Unit Cost	Allowed \$ PMPM	Member Months	Services	Amount Allowed	per 1,000	Average Unit Cost	Allowed \$ PMPM		
01	Inpatient Hospital Services	159,975	28,331	34,409,194	2,125	1,214.54	215.09	163,215	27,742	34,615,946	2,040	1,247.78	212.09		
02	Outpatient Hospital Services	159,975	517,098	18,835,634	38,788	36.43	117.74	163,215	558,112	18,385,454	41,034	32.94	112.65		
03	Lab and Radiology Services	159,975	39,469	636,802	2,961	16.13	3.98	163,215	40,119	676,905	2,950	16.87	4.15		
05	Physician Services	159,975	490,697	13,282,491	36,808	27.07	83.03	163,215	466,534	13,376,130	34,301	28.67	81.95		
06	Home and Community Based Services	159,975	118	1,097	9	9.30	0.01	163,215	0	0	0	0.00	0.00		
07	Home Health Agency Services	159,975	16,969	583,636	1,273	34.39	3.65	163,215	16,067	491,459	1,181	30.59	3.01		
08	Swing Bed Skilled Care Services	159,975	0	7,267	0	0.00	0.05	163,215	0	3,213	0	0.00	0.02		
10	Periodic Screening Services (EPDST)	159,975	264	19,470	20	73.75	0.12	163,215	222	7,547	16	33.99	0.05		
11	Emergency/Non-Emergency Transportation	159,975	25,434	908,546	1,908	35.72	5.68	163,215	25,754	1,018,446	1,894	39.55	6.24		
12	Dental Services	159,975	9,912	415,883	744	41.96	2.60	163,215	10,429	543,322	767	52.10	3.33		
13	Eyeglass Services	159,975	10,268	370,337	770	36.07	2.31	163,215	10,831	401,440	796	37.06	2.46		
14	Family Planning Services	159,975	0	0	0	0.00	0.00	163,215	0	0	0	0.00	0.00		
15	Drug Services	159,975	336,464	28,745,384	25,239	85.43	179.69	163,215	350,152	33,629,569	25,744	96.04	206.04		
16	Dental Screening	159,975	4	133	0	33.23	0.00	163,215	52	2,499	4	48.06	0.02		
17	Eyeglass Screening	159,975	0	0	0	0.00	0.00	163,215	24	1,088	2	45.33	0.01		
18	Hearing Screening Services	159,975	24	1,222	2	50.92	0.01	163,215	44	1,104	3	25.09	0.01		
21	Swing Bed Intermediate Care Services	159,975	0	4,845	0	0.00	0.03	163,215	0	25,859	0	0.00	0.16		
22	Rural Health Clinic Services	159,975	26,683	1,366,881	2,002	51.23	8.54	163,215	25,978	1,335,324	1,910	51.40	8.18		
23	FQHC (Federally Qualified Health Center)	159,975	12,348	866,479	926	70.17	5.42	163,215	14,678	915,146	1,079	62.35	5.61		
24	DME (Durable Medical Equipment Services)	159,975	55,502	1,639,524	4,163	29.54	10.25	163,215	71,207	1,996,817	5,235	28.04	12.23		
25	Therapy Services, (outside the Home Health Program)	159,975	93	1,938	7	20.84	0.01	163,215	40	559	3	13.97	0.00		
27	Inpatient Psychiatric Hospital Services	159,975	0	0	0	0.00	0.00	163,215	0	0	0	0.00	0.00		
28	Nurse Services	159,975	187,970	561,001	14,100	2.98	3.51	163,215	174,755	567,167	12,848	3.25	3.47		
29	Ambulatory Surgical Centers	159,975	1,712	565,925	128	330.56	3.54	163,215	1,576	512,444	116	325.15	3.14		
31	Hospice Services	159,975	18,493	2,195,209	1,387	118.70	13.72	163,215	17,238	2,089,509	1,267	121.22	12.80		
32	Outpatient Psychiatric Hospital Services	159,975	0	0	0	0.00	0.00	163,215	0	0	0	0.00	0.00		
34	Family Planning Drug Services	159,975	1,764	67,904	132	38.49	0.42	163,215	1,773	69,473	130	39.18	0.43		
35	Freestanding Dialysis Services	159,975	332,467	1,569,547	24,939	4.72	9.81	163,215	435,539	1,563,810	32,022	3.59	9.58		
98	Unknown	159,975	0	15	0	0.00	0.00	163,215	0	30	0	0.00	0.00		
Total		159,975		\$ 107,056,363		\$ 669.21		163,215		\$ 112,230,259		\$ 687.62			

Appendix A.3
State of Mississippi Department of Medicaid
Incurred Claims and Per Member Per Month (PMPM) Cost Summaries
Claims Basis: Amount Allowed

July 2006 - June 2007									July 2007 - June 2008					
Category: High Cost														
Region: Statewide														
Age: All														
cos_cd	Service Category	Member Months	Services	Amount Allowed	Annual Utilization per 1,000	Average Unit Cost	Allowed \$ PMPM		Member Months	Services	Amount Allowed	Annual Utilization per 1,000	Average Unit Cost	Allowed \$ PMPM
01	Inpatient Hospital Services	900,715	124,845	142,568,595	1,663	1,141.96	158.28		915,212	125,683	147,454,149	1,648	1,173.22	161.11
02	Outpatient Hospital Services	900,715	1,992,812	79,958,808	26,550	40.12	88.77		915,212	2,163,830	80,208,983	28,372	37.07	87.64
03	Lab and Radiology Services	900,715	146,838	2,496,120	1,956	17.00	2.77		915,212	149,895	2,685,153	1,965	17.91	2.93
05	Physician Services	900,715	2,259,384	52,385,428	30,101	23.19	58.16		915,212	2,134,779	54,026,729	27,991	25.31	59.03
06	Home and Community Based Services	900,715	480	3,789	6	7.89	0.00		915,212	358	3,018	5	8.43	0.00
07	Home Health Agency Services	900,715	95,706	2,104,428	1,275	21.99	2.34		915,212	113,156	2,100,805	1,484	18.57	2.30
08	Swing Bed Skilled Care Services	900,715	0	11,542	0	0.00	0.01		915,212	0	16,984	0	0.00	0.02
10	Periodic Screening Services (EPDST)	900,715	23,054	1,128,218	307	48.94	1.25		915,212	28,215	1,409,392	370	49.95	1.54
11	Emergency/Non-Emergency Transportation	900,715	122,278	3,837,126	1,629	31.38	4.26		915,212	136,003	4,260,473	1,783	31.33	4.66
12	Dental Services	900,715	37,003	1,532,723	493	41.42	1.70		915,212	40,015	2,048,616	525	51.20	2.24
13	Eyeglass Services	900,715	43,199	1,620,096	576	37.50	1.80		915,212	43,885	1,704,771	575	38.85	1.86
14	Family Planning Services	900,715	0	0	0	0.00	0.00		915,212	0	0	0	0.00	0.00
15	Drug Services	900,715	1,390,194	133,174,554	18,521	95.80	147.85		915,212	1,451,952	149,732,688	19,038	103.13	163.60
16	Dental Screening	900,715	78,348	3,130,818	1,044	39.96	3.48		915,212	94,241	3,955,514	1,236	41.97	4.32
17	Eyeglass Screening	900,715	34,398	1,092,475	458	31.76	1.21		915,212	37,485	1,216,433	491	32.45	1.33
18	Hearing Screening Services	900,715	1,635	110,703	22	67.71	0.12		915,212	3,099	165,070	41	53.27	0.18
21	Swing Bed Intermediate Care Services	900,715	0	50,156	0	0.00	0.06		915,212	0	67,324	0	0.00	0.07
22	Rural Health Clinic Services	900,715	108,794	5,823,971	1,449	53.53	6.47		915,212	110,531	5,855,105	1,449	52.97	6.40
23	FQHC (Federally Qualified Health Center)	900,715	52,015	3,615,488	693	69.51	4.01		915,212	53,708	3,471,228	704	64.63	3.79
24	DME (Durable Medical Equipment Services)	900,715	1,352,938	9,512,650	18,025	7.03	10.56		915,212	1,515,332	10,699,608	19,869	7.06	11.69
25	Therapy Services, (outside the Home Health Program)	900,715	80,437	2,195,473	1,072	27.29	2.44		915,212	88,947	2,410,677	1,166	27.10	2.63
27	Inpatient Psychiatric Hospital Services	900,715	0	0	0	0.00	0.00		915,212	0	0	0	0.00	0.00
28	Nurse Services	900,715	660,464	3,092,776	8,799	4.68	3.43		915,212	728,055	3,667,038	9,546	5.04	4.01
29	Ambulatory Surgical Centers	900,715	5,313	1,656,080	71	311.70	1.84		915,212	5,020	1,588,268	66	316.39	1.74
31	Hospice Services	900,715	84,374	10,177,113	1,124	120.62	11.30		915,212	88,312	10,891,872	1,158	123.33	11.90
32	Outpatient Psychiatric Hospital Services	900,715	0	0	0	0.00	0.00		915,212	0	0	0	0.00	0.00
34	Family Planning Drug Services	900,715	10,758	420,028	143	39.04	0.47		915,212	10,704	432,657	140	40.42	0.47
35	Freestanding Dialysis Services	900,715	1,499,671	6,968,546	19,980	4.65	7.74		915,212	2,443,959	7,581,667	32,044	3.10	8.28
98	Unknown	900,715	6	528	0	87.95	0.00		915,212	34	2,138	0	62.89	0.00
Total		900,715		\$ 468,668,232			\$ 520.33		915,212		\$ 497,656,362			\$ 543.76

Appendix A.3
State of Mississippi Department of Medicaid
Incurred Claims and Per Member Per Month (PMPM) Cost Summaries
Claims Basis: Amount Allowed

July 2006 - June 2007								July 2007 - June 2008					
Category: High Cost													
Region: North													
Age: All													
Annual Utilization								Annual Utilization					
cos_cd	Service Category	Member Months	Services	Amount Allowed	per 1,000	Average Unit Cost	Allowed \$ PMPM	Member Months	Services	Amount Allowed	per 1,000	Average Unit Cost	Allowed \$ PMPM
01	Inpatient Hospital Services	308,774	37,258	43,204,324	1,448	1,159.60	139.92	314,737	39,583	46,524,020	1,509	1,175.35	147.82
02	Outpatient Hospital Services	308,774	648,594	25,639,761	25,207	39.53	83.04	314,737	722,718	24,391,295	27,555	33.75	77.50
03	Lab and Radiology Services	308,774	48,896	852,748	1,900	17.44	2.76	314,737	50,692	927,284	1,933	18.29	2.95
05	Physician Services	308,774	819,072	18,448,155	31,832	22.52	59.75	314,737	764,334	19,357,385	29,142	25.33	61.50
06	Home and Community Based Services	308,774	276	2,209	11	8.00	0.01	314,737	179	1,303	7	7.28	0.00
07	Home Health Agency Services	308,774	38,166	641,965	1,483	16.82	2.08	314,737	43,414	658,427	1,655	15.17	2.09
08	Swing Bed Skilled Care Services	308,774	0	427	0	0.00	0.00	314,737	0	9,793	0	0.00	0.03
10	Periodic Screening Services (EPDST)	308,774	9,449	461,004	367	48.79	1.49	314,737	11,013	570,942	420	51.84	1.81
11	Emergency/Non-Emergency Transportation	308,774	48,524	1,284,580	1,886	26.47	4.16	314,737	54,916	1,379,473	2,094	25.12	4.38
12	Dental Services	308,774	13,660	596,478	531	43.67	1.93	314,737	15,147	814,940	578	53.80	2.59
13	Eyeglass Services	308,774	16,852	638,479	655	37.89	2.07	314,737	17,252	669,984	658	38.84	2.13
14	Family Planning Services	308,774	0	0	0	0.00	0.00	314,737	0	0	0	0.00	0.00
15	Drug Services	308,774	473,228	43,499,814	18,391	91.92	140.88	314,737	493,187	47,503,891	18,804	96.32	150.93
16	Dental Screening	308,774	26,740	1,098,945	1,039	41.10	3.56	314,737	32,005	1,385,761	1,220	43.30	4.40
17	Eyeglass Screening	308,774	12,457	396,011	484	31.79	1.28	314,737	14,027	454,182	535	32.38	1.44
18	Hearing Screening Services	308,774	873	47,285	34	54.16	0.15	314,737	1,742	65,583	66	37.65	0.21
21	Swing Bed Intermediate Care Services	308,774	0	20,234	0	0.00	0.07	314,737	0	12,241	0	0.00	0.04
22	Rural Health Clinic Services	308,774	37,290	2,080,496	1,449	55.79	6.74	314,737	38,066	2,061,068	1,451	54.14	6.55
23	FQHC (Federally Qualified Health Center)	308,774	12,937	860,683	503	66.53	2.79	314,737	12,406	786,359	473	63.39	2.50
24	DME (Durable Medical Equipment Services)	308,774	428,173	3,100,586	16,640	7.24	10.04	314,737	455,816	3,358,253	17,379	7.37	10.67
25	Therapy Services, (outside the Home Health Program)	308,774	33,540	887,603	1,303	26.46	2.87	314,737	39,598	1,034,615	1,510	26.13	3.29
27	Inpatient Psychiatric Hospital Services	308,774	0	0	0	0.00	0.00	314,737	0	0	0	0.00	0.00
28	Nurse Services	308,774	260,455	1,209,842	10,122	4.65	3.92	314,737	274,343	1,465,323	10,460	5.34	4.66
29	Ambulatory Surgical Centers	308,774	1,892	548,032	74	289.66	1.77	314,737	1,725	517,621	66	300.07	1.64
31	Hospice Services	308,774	36,342	4,018,301	1,412	110.57	13.01	314,737	39,256	4,560,318	1,497	116.17	14.49
32	Outpatient Psychiatric Hospital Services	308,774	0	0	0	0.00	0.00	314,737	0	0	0	0.00	0.00
34	Family Planning Drug Services	308,774	3,217	123,933	125	38.52	0.40	314,737	3,400	134,239	130	39.48	0.43
35	Freestanding Dialysis Services	308,774	559,188	2,519,257	21,732	4.51	8.16	314,737	1,018,259	2,800,077	38,823	2.75	8.90
98	Unknown	308,774	0	24	0	0.00	0.00	314,737	34	2,066	1	60.78	0.01
Total		308,774		\$ 152,181,174		\$ 492.86		314,737		\$ 161,446,443		\$ 512.96	

Appendix A.3
State of Mississippi Department of Medicaid
Incurred Claims and Per Member Per Month (PMPM) Cost Summaries
Claims Basis: Amount Allowed

		July 2006 - June 2007							July 2007 - June 2008						
Category:	High Cost														
Region:	Central														
Age:	All														
		Annual Utilization							Annual Utilization						
cos_cd	Service Category	Member Months	Services	Amount Allowed	per 1,000	Average Unit Cost	Allowed \$ PMPM	Member Months	Services	Amount Allowed	per 1,000	Average Unit Cost	Allowed \$ PMPM		
01	Inpatient Hospital Services	333,892	48,830	53,034,608	1,755	1,086.11	158.84	337,619	48,614	54,844,433	1,728	1,128.16	162.44		
02	Outpatient Hospital Services	333,892	687,935	29,624,200	24,724	43.06	88.72	337,619	747,681	31,145,120	26,575	41.66	92.25		
03	Lab and Radiology Services	333,892	51,157	889,368	1,839	17.39	2.66	337,619	51,434	957,186	1,828	18.61	2.84		
05	Physician Services	333,892	811,638	17,546,720	29,170	21.62	52.55	337,619	761,434	18,103,195	27,064	23.78	53.62		
06	Home and Community Based Services	333,892	86	483	3	5.62	0.00	337,619	179	1,716	6	9.58	0.01		
07	Home Health Agency Services	333,892	35,788	719,948	1,286	20.12	2.16	337,619	49,172	770,982	1,748	15.68	2.28		
08	Swing Bed Skilled Care Services	333,892	0	3,847	0	0.00	0.01	337,619	0	3,978	0	0.00	0.01		
10	Periodic Screening Services (EPDST)	333,892	7,985	359,332	287	45.00	1.08	337,619	9,912	479,422	352	48.37	1.42		
11	Emergency/Non-Emergency Transportation	333,892	38,104	1,477,455	1,369	38.77	4.42	337,619	43,236	1,663,939	1,537	38.49	4.93		
12	Dental Services	333,892	13,431	520,362	483	38.74	1.56	337,619	14,439	690,354	513	47.81	2.04		
13	Eyeglass Services	333,892	16,079	611,280	578	38.02	1.83	337,619	15,802	633,347	562	40.08	1.88		
14	Family Planning Services	333,892	0	0	0	0.00	0.00	337,619	0	0	0	0.00	0.00		
15	Drug Services	333,892	489,411	48,527,725	17,589	99.16	145.34	337,619	512,271	54,883,521	18,208	107.14	162.56		
16	Dental Screening	333,892	29,919	1,175,682	1,075	39.30	3.52	337,619	34,820	1,415,756	1,238	40.66	4.19		
17	Eyeglass Screening	333,892	12,721	407,126	457	32.00	1.22	337,619	13,713	452,690	487	33.01	1.34		
18	Hearing Screening Services	333,892	346	30,505	12	88.17	0.09	337,619	528	46,131	19	87.37	0.14		
21	Swing Bed Intermediate Care Services	333,892	0	25,078	0	0.00	0.08	337,619	0	29,225	0	0.00	0.09		
22	Rural Health Clinic Services	333,892	35,957	1,810,314	1,292	50.35	5.42	337,619	37,079	1,869,145	1,318	50.41	5.54		
23	FQHC (Federally Qualified Health Center)	333,892	21,847	1,536,605	785	70.33	4.60	337,619	20,874	1,383,904	742	66.30	4.10		
24	DME (Durable Medical Equipment Services)	333,892	558,238	3,408,678	20,063	6.11	10.21	337,619	612,750	3,819,688	21,779	6.23	11.31		
25	Therapy Services, (outside the Home Health Program)	333,892	29,803	802,621	1,071	26.93	2.40	337,619	30,878	819,251	1,097	26.53	2.43		
27	Inpatient Psychiatric Hospital Services	333,892	0	0	0	0.00	0.00	337,619	0	0	0	0.00	0.00		
28	Nurse Services	333,892	165,307	904,903	5,941	5.47	2.71	337,619	212,159	1,014,107	7,541	4.78	3.00		
29	Ambulatory Surgical Centers	333,892	1,497	468,060	54	312.67	1.40	337,619	1,491	475,653	53	319.02	1.41		
31	Hospice Services	333,892	28,611	3,869,728	1,028	135.25	11.59	337,619	31,275	4,182,833	1,112	133.74	12.39		
32	Outpatient Psychiatric Hospital Services	333,892	0	0	0	0.00	0.00	337,619	0	0	0	0.00	0.00		
34	Family Planning Drug Services	333,892	4,323	168,960	155	39.08	0.51	337,619	4,133	169,957	147	41.12	0.50		
35	Freestanding Dialysis Services	333,892	597,799	2,771,238	21,485	4.64	8.30	337,619	979,836	3,188,794	34,826	3.25	9.44		
98	Unknown	333,892	5	405	0	81.10	0.00	337,619	0	42	0	0.00	0.00		
Total		333,892		\$ 170,695,233		\$ 511.23		337,619		\$ 183,044,370		\$ 542.16			

Appendix A.3
State of Mississippi Department of Medicaid
Incurred Claims and Per Member Per Month (PMPM) Cost Summaries
Claims Basis: Amount Allowed

July 2006 - June 2007								July 2007 - June 2008					
Category:	High Cost												
Region:	South												
Age:	All												
Annual Utilization								Annual Utilization					
cos_cd	Service Category	Member Months	Services	Amount Allowed	per 1,000	Average Unit Cost	Allowed \$ PMPM	Member Months	Services	Amount Allowed	per 1,000	Average Unit Cost	Allowed \$ PMPM
01	Inpatient Hospital Services	258,049	38,757	46,329,663	1,802	1,195.39	179.54	262,856	37,486	46,085,696	1,711	1,229.41	175.33
02	Outpatient Hospital Services	258,049	656,283	24,694,846	30,519	37.63	95.70	262,856	693,431	24,672,568	31,657	35.58	93.86
03	Lab and Radiology Services	258,049	46,785	754,004	2,176	16.12	2.92	262,856	47,769	800,683	2,181	16.76	3.05
05	Physician Services	258,049	628,674	16,390,554	29,235	26.07	63.52	262,856	609,011	16,566,150	27,803	27.20	63.02
06	Home and Community Based Services	258,049	118	1,097	5	9.30	0.00	262,856	0	0	0	0.00	0.00
07	Home Health Agency Services	258,049	21,752	742,515	1,012	34.14	2.88	262,856	20,570	671,396	939	32.64	2.55
08	Swing Bed Skilled Care Services	258,049	0	7,267	0	0.00	0.03	262,856	0	3,213	0	0.00	0.01
10	Periodic Screening Services (EPDST)	258,049	5,620	307,882	261	54.78	1.19	262,856	7,290	359,027	333	49.25	1.37
11	Emergency/Non-Emergency Transportation	258,049	35,650	1,075,091	1,658	30.16	4.17	262,856	37,851	1,217,061	1,728	32.15	4.63
12	Dental Services	258,049	9,912	415,883	461	41.96	1.61	262,856	10,429	543,322	476	52.10	2.07
13	Eyeglass Services	258,049	10,268	370,337	477	36.07	1.44	262,856	10,831	401,440	494	37.06	1.53
14	Family Planning Services	258,049	0	0	0	0.00	0.00	262,856	0	0	0	0.00	0.00
15	Drug Services	258,049	427,555	41,147,015	19,883	96.24	159.45	262,856	446,494	47,345,276	20,384	106.04	180.12
16	Dental Screening	258,049	21,689	856,191	1,009	39.48	3.32	262,856	27,416	1,153,997	1,252	42.09	4.39
17	Eyeglass Screening	258,049	9,220	289,338	429	31.38	1.12	262,856	9,745	309,561	445	31.77	1.18
18	Hearing Screening Services	258,049	416	32,913	19	79.12	0.13	262,856	829	53,356	38	64.36	0.20
21	Swing Bed Intermediate Care Services	258,049	0	4,845	0	0.00	0.02	262,856	0	25,859	0	0.00	0.10
22	Rural Health Clinic Services	258,049	35,547	1,933,162	1,653	54.38	7.49	262,856	35,386	1,924,891	1,615	54.40	7.32
23	FQHC (Federally Qualified Health Center)	258,049	17,231	1,218,200	801	70.70	4.72	262,856	20,428	1,300,964	933	63.69	4.95
24	DME (Durable Medical Equipment Services)	258,049	366,527	3,003,386	17,045	8.19	11.64	262,856	446,766	3,521,666	20,396	7.88	13.40
25	Therapy Services, (outside the Home Health Program)	258,049	17,094	505,250	795	29.56	1.96	262,856	18,471	556,811	843	30.15	2.12
27	Inpatient Psychiatric Hospital Services	258,049	0	0	0	0.00	0.00	262,856	0	0	0	0.00	0.00
28	Nurse Services	258,049	234,702	978,030	10,914	4.17	3.79	262,856	241,553	1,187,608	11,027	4.92	4.52
29	Ambulatory Surgical Centers	258,049	1,924	639,988	89	332.63	2.48	262,856	1,804	594,998	82	329.82	2.26
31	Hospice Services	258,049	19,421	2,289,084	903	117.87	8.87	262,856	17,781	2,148,721	812	120.84	8.17
32	Outpatient Psychiatric Hospital Services	258,049	0	0	0	0.00	0.00	262,856	0	0	0	0.00	0.00
34	Family Planning Drug Services	258,049	3,218	127,135	150	39.51	0.49	262,856	3,171	128,461	145	40.51	0.49
35	Freestanding Dialysis Services	258,049	342,684	1,678,051	15,936	4.90	6.50	262,856	445,864	1,592,795	20,355	3.57	6.06
98	Unknown	258,049	1	98	0	98.20	0.00	262,856	0	30	0	0.00	0.00
Total		258,049		\$ 145,791,825		\$ 564.98		262,856		\$ 153,165,549		\$ 582.70	

Appendix A.4
State of Mississippi Department of Medicaid
Incurred Claims and Per Member Per Month (PMPM) Cost Summaries
Claims Basis: Amount Allowed

July 2006 - June 2007								July 2007 - June 2008					
Region:	Statewide												
Age:	All												
		Annual Utilization						Annual Utilization					
cos_cd	Service Category	Member Months	Services	Amount Allowed	per 1,000	Average Unit Cost	Allowed \$ PMPM	Member Months	Services	Amount Allowed	per 1,000	Average Unit Cost	Allowed \$ PMPM
01	Inpatient Hospital Services	1,530,905	297,439	355,095,049	2,331	1,193.84	231.95	1,522,925	293,087	364,239,191	2,309	1,242.77	239.17
02	Outpatient Hospital Services	1,530,905	3,252,089	111,844,608	25,492	34.39	73.06	1,522,925	3,143,767	110,257,567	24,772	35.07	72.40
03	Lab and Radiology Services	1,530,905	312,911	5,536,859	2,453	17.69	3.62	1,522,925	297,644	5,522,528	2,345	18.55	3.63
05	Physician Services	1,530,905	3,466,443	132,250,175	27,172	38.15	86.39	1,522,925	3,288,513	133,642,241	25,912	40.64	87.75
06	Home and Community Based Services	1,530,905	480	3,789	4	7.89	0.00	1,522,925	358	3,018	3	8.43	0.00
07	Home Health Agency Services	1,530,905	106,914	2,402,522	838	22.47	1.57	1,522,925	123,206	2,437,534	971	19.78	1.60
08	Swing Bed Skilled Care Services	1,530,905	0	11,542	0	0.00	0.01	1,522,925	0	16,984	0	0.00	0.01
10	Periodic Screening Services (EPDST)	1,530,905	318,430	9,149,626	2,496	28.73	5.98	1,522,925	337,468	9,698,944	2,659	28.74	6.37
11	Emergency/Non-Emergency Transportation	1,530,905	256,031	5,619,101	2,007	21.95	3.67	1,522,925	272,949	6,258,098	2,151	22.93	4.11
12	Dental Services	1,530,905	39,238	1,617,796	308	41.23	1.06	1,522,925	42,562	2,163,671	335	50.84	1.42
13	Eyeglass Services	1,530,905	45,304	1,707,462	355	37.69	1.12	1,522,925	46,523	1,820,512	367	39.13	1.20
14	Family Planning Services	1,530,905	0	0	0	0.00	0.00	1,522,925	0	0	0	0.00	0.00
15	Drug Services	1,530,905	1,813,101	152,123,952	14,212	83.90	99.37	1,522,925	1,879,030	171,429,228	14,806	91.23	112.57
16	Dental Screening	1,530,905	84,171	3,382,986	660	40.19	2.21	1,522,925	100,552	4,250,877	792	42.28	2.79
17	Eyeglass Screening	1,530,905	38,253	1,224,582	300	32.01	0.80	1,522,925	41,826	1,374,051	330	32.85	0.90
18	Hearing Screening Services	1,530,905	2,230	149,576	17	67.07	0.10	1,522,925	3,656	202,061	29	55.27	0.13
21	Swing Bed Intermediate Care Services	1,530,905	0	50,156	0	0.00	0.03	1,522,925	0	67,324	0	0.00	0.04
22	Rural Health Clinic Services	1,530,905	261,285	15,386,011	2,048	58.89	10.05	1,522,925	252,855	14,280,965	1,992	56.48	9.38
23	FQHC (Federally Qualified Health Center)	1,530,905	146,840	9,415,705	1,151	64.12	6.15	1,522,925	133,154	7,924,244	1,049	59.51	5.20
24	DME (Durable Medical Equipment Services)	1,530,905	1,392,104	10,953,676	10,912	7.87	7.16	1,522,925	1,564,945	12,306,440	12,331	7.86	8.08
25	Therapy Services, (outside the Home Health Program)	1,530,905	84,528	2,300,531	663	27.22	1.50	1,522,925	92,425	2,500,844	728	27.06	1.64
27	Inpatient Psychiatric Hospital Services	1,530,905	0	0	0	0.00	0.00	1,522,925	0	0	0	0.00	0.00
28	Nurse Services	1,530,905	937,422	8,575,558	7,348	9.15	5.60	1,522,925	971,867	9,345,552	7,658	9.62	6.14
29	Ambulatory Surgical Centers	1,530,905	6,054	1,999,172	47	330.22	1.31	1,522,925	5,760	1,931,994	45	335.42	1.27
31	Hospice Services	1,530,905	84,931	10,239,585	666	120.56	6.69	1,522,925	88,736	10,945,658	699	123.35	7.19
32	Outpatient Psychiatric Hospital Services	1,530,905	0	0	0	0.00	0.00	1,522,925	0	0	0	0.00	0.00
34	Family Planning Drug Services	1,530,905	23,785	935,119	186	39.32	0.61	1,522,925	22,865	933,838	180	40.84	0.61
35	Freestanding Dialysis Services	1,530,905	1,500,233	6,975,089	11,760	4.65	4.56	1,522,925	2,454,359	7,613,030	19,339	3.10	5.00
98	Unknown	1,530,905	7	538	0	76.91	0.00	1,522,925	44	2,548	0	57.91	0.00
Total		1,530,905		\$ 848,950,764		\$ 554.54		1,522,925		\$ 881,168,942		\$ 578.60	

Appendix A.4
State of Mississippi Department of Medicaid
Incurred Claims and Per Member Per Month (PMPM) Cost Summaries
Claims Basis: Amount Allowed

		July 2006 - June 2007						July 2007 - June 2008							
Region:	North														
Age:	All														
		Annual Utilization						Annual Utilization							
cos_cd	Service Category	Member Months	Services	Amount Allowed	per 1,000	Average Unit Cost	Allowed \$ PMPM	Member Months	Services	Amount Allowed	per 1,000	Average Unit Cost	Allowed \$ PMPM		
01	Inpatient Hospital Services	504,520	87,849	105,855,313	2,089	1,204.97	209.81	507,630	91,202	112,781,757	2,156	1,236.61	222.17		
02	Outpatient Hospital Services	504,520	1,245,478	34,617,369	29,624	27.79	68.61	507,630	1,070,718	32,674,357	25,311	30.52	64.37		
03	Lab and Radiology Services	504,520	99,623	1,779,291	2,370	17.86	3.53	507,630	99,314	1,911,291	2,348	19.24	3.77		
05	Physician Services	504,520	1,184,874	42,473,351	28,182	35.85	84.19	507,630	1,111,891	44,056,131	26,284	39.62	86.79		
06	Home and Community Based Services	504,520	276	2,209	7	8.00	0.00	507,630	179	1,303	4	7.28	0.00		
07	Home Health Agency Services	504,520	40,781	725,544	970	17.79	1.44	507,630	45,610	743,433	1,078	16.30	1.46		
08	Swing Bed Skilled Care Services	504,520	0	427	0	0.00	0.00	507,630	0	9,793	0	0.00	0.02		
10	Periodic Screening Services (EPDST)	504,520	112,157	3,264,026	2,668	29.10	6.47	507,630	121,069	3,485,147	2,862	28.79	6.87		
11	Emergency/Non-Emergency Transportation	504,520	105,028	1,888,519	2,498	17.98	3.74	507,630	107,956	2,028,587	2,552	18.79	4.00		
12	Dental Services	504,520	14,519	631,256	345	43.48	1.25	507,630	16,143	856,386	382	53.05	1.69		
13	Eyeglass Services	504,520	17,672	671,280	420	37.99	1.33	507,630	18,299	713,517	433	38.99	1.41		
14	Family Planning Services	504,520	0	0	0	0.00	0.00	507,630	0	0	0	0.00	0.00		
15	Drug Services	504,520	610,251	48,857,310	14,515	80.06	96.84	507,630	632,617	53,648,138	14,955	84.80	105.68		
16	Dental Screening	504,520	28,709	1,174,990	683	40.93	2.33	507,630	34,308	1,493,760	811	43.54	2.94		
17	Eyeglass Screening	504,520	13,978	446,790	332	31.96	0.89	507,630	15,582	509,651	368	32.71	1.00		
18	Hearing Screening Services	504,520	1,075	57,676	26	53.65	0.11	507,630	1,931	77,379	46	40.07	0.15		
21	Swing Bed Intermediate Care Services	504,520	0	20,234	0	0.00	0.04	507,630	0	12,241	0	0.00	0.02		
22	Rural Health Clinic Services	504,520	109,364	6,833,684	2,601	62.49	13.54	507,630	106,803	6,227,371	2,525	58.31	12.27		
23	FQHC (Federally Qualified Health Center)	504,520	30,837	1,882,916	733	61.06	3.73	507,630	28,520	1,645,357	674	57.69	3.24		
24	DME (Durable Medical Equipment Services)	504,520	439,828	3,458,781	10,461	7.86	6.86	507,630	466,854	3,740,022	11,036	8.01	7.37		
25	Therapy Services, (outside the Home Health Program)	504,520	35,156	928,824	836	26.42	1.84	507,630	40,881	1,071,040	966	26.20	2.11		
27	Inpatient Psychiatric Hospital Services	504,520	0	0	0	0.00	0.00	507,630	0	0	0	0.00	0.00		
28	Nurse Services	504,520	339,543	2,892,962	8,076	8.52	5.73	507,630	349,689	3,285,900	8,266	9.40	6.47		
29	Ambulatory Surgical Centers	504,520	2,115	652,988	50	308.74	1.29	507,630	1,968	632,695	47	321.49	1.25		
31	Hospice Services	504,520	36,445	4,028,601	867	110.54	7.99	507,630	39,318	4,566,518	929	116.14	9.00		
32	Outpatient Psychiatric Hospital Services	504,520	0	0	0	0.00	0.00	507,630	0	0	0	0.00	0.00		
34	Family Planning Drug Services	504,520	7,478	290,026	178	38.78	0.57	507,630	7,874	316,817	186	40.24	0.62		
35	Freestanding Dialysis Services	504,520	559,188	2,519,257	13,300	4.51	4.99	507,630	1,025,345	2,809,833	24,238	2.74	5.54		
98	Unknown	504,520	1	32	0	31.69	0.00	507,630	43	2,452	1	57.02	0.00		
Total		504,520		\$ 265,953,653			\$ 527.14	507,630		\$ 279,300,875			\$ 550.21		

Appendix A.4
State of Mississippi Department of Medicaid
Incurred Claims and Per Member Per Month (PMPM) Cost Summaries
Claims Basis: Amount Allowed

		July 2006 - June 2007							July 2007 - June 2008						
Region:	Central														
Age:	All														
cos_cd	Service Category	Member Months	Services	Amount Allowed	Annual Utilization			Allowed \$ PMPM	Member Months	Services	Amount Allowed	Annual Utilization			
					per 1,000	Average Unit Cost						per 1,000	Average Unit Cost	Allowed \$ PMPM	
01	Inpatient Hospital Services	575,732	119,587	139,267,168	2,493	1,164.57	241.90	566,847	117,751	144,297,843	2,493	1,225.45	254.56		
02	Outpatient Hospital Services	575,732	1,087,026	44,381,229	22,657	40.83	77.09	566,847	1,133,330	45,480,893	23,992	40.13	80.23		
03	Lab and Radiology Services	575,732	113,207	2,080,208	2,360	18.38	3.61	566,847	103,993	1,975,095	2,202	18.99	3.48		
05	Physician Services	575,732	1,296,254	49,256,638	27,018	38.00	85.55	566,847	1,230,490	49,696,933	26,049	40.39	87.67		
06	Home and Community Based Services	575,732	86	483	2	5.62	0.00	566,847	179	1,716	4	9.58	0.00		
07	Home Health Agency Services	575,732	39,326	809,896	820	20.59	1.41	566,847	52,566	872,786	1,113	16.60	1.54		
08	Swing Bed Skilled Care Services	575,732	0	3,847	0	0.00	0.01	566,847	0	3,978	0	0.00	0.01		
10	Periodic Screening Services (EPDST)	575,732	107,208	3,154,808	2,235	29.43	5.48	566,847	110,387	3,419,309	2,337	30.98	6.03		
11	Emergency/Non-Emergency Transportation	575,732	87,187	2,220,425	1,817	25.47	3.86	566,847	98,736	2,569,171	2,090	26.02	4.53		
12	Dental Services	575,732	14,280	550,573	298	38.56	0.96	566,847	15,434	736,728	327	47.73	1.30		
13	Eyeglass Services	575,732	16,924	647,402	353	38.25	1.12	566,847	16,828	680,676	356	40.45	1.20		
14	Family Planning Services	575,732	0	0	0	0.00	0.00	566,847	0	0	0	0.00	0.00		
15	Drug Services	575,732	651,085	55,650,565	13,571	85.47	96.66	566,847	678,091	63,581,552	14,355	93.77	112.17		
16	Dental Screening	575,732	32,006	1,279,428	667	39.97	2.22	566,847	36,864	1,520,989	780	41.26	2.68		
17	Eyeglass Screening	575,732	14,083	454,842	294	32.30	0.79	566,847	15,466	517,302	327	33.45	0.91		
18	Hearing Screening Services	575,732	622	50,414	13	81.05	0.09	566,847	786	63,931	17	81.34	0.11		
21	Swing Bed Intermediate Care Services	575,732	0	25,078	0	0.00	0.04	566,847	0	29,225	0	0.00	0.05		
22	Rural Health Clinic Services	575,732	72,905	4,053,980	1,520	55.61	7.04	566,847	71,287	3,907,119	1,509	54.81	6.89		
23	FQHC (Federally Qualified Health Center)	575,732	79,396	4,900,329	1,655	61.72	8.51	566,847	68,097	3,867,163	1,442	56.79	6.82		
24	DME (Durable Medical Equipment Services)	575,732	572,656	3,967,607	11,936	6.93	6.89	566,847	632,885	4,476,966	13,398	7.07	7.90		
25	Therapy Services, (outside the Home Health Program)	575,732	30,686	829,733	640	27.04	1.44	566,847	31,534	835,906	668	26.51	1.47		
27	Inpatient Psychiatric Hospital Services	575,732	0	0	0	0.00	0.00	566,847	0	0	0	0.00	0.00		
28	Nurse Services	575,732	235,448	2,327,235	4,907	9.88	4.04	566,847	288,759	2,540,495	6,113	8.80	4.48		
29	Ambulatory Surgical Centers	575,732	1,692	556,804	35	329.08	0.97	566,847	1,644	546,077	35	332.16	0.96		
31	Hospice Services	575,732	28,824	3,894,101	601	135.10	6.76	566,847	31,619	4,228,373	669	133.73	7.46		
32	Outpatient Psychiatric Hospital Services	575,732	0	0	0	0.00	0.00	566,847	0	0	0	0.00	0.00		
34	Family Planning Drug Services	575,732	9,283	367,540	193	39.59	0.64	566,847	8,490	354,547	180	41.76	0.63		
35	Freestanding Dialysis Services	575,732	598,361	2,777,781	12,472	4.64	4.82	566,847	979,836	3,188,794	20,743	3.25	5.63		
98	Unknown	575,732	5	405	0	81.10	0.00	566,847	0	51	0	0.00	0.00		
Total		575,732		\$ 323,508,523			\$ 561.91	566,847		\$ 339,393,617			\$ 598.74		

Appendix A.4
State of Mississippi Department of Medicaid
Incurred Claims and Per Member Per Month (PMPM) Cost Summaries
Claims Basis: Amount Allowed

July 2006 - June 2007								July 2007 - June 2008					
Region:	South												
Age:	All												
cos_cd	Service Category	Member Months	Services	Amount Allowed	Annual Utilization			Member Months	Services	Amount Allowed	Annual Utilization		
					per 1,000	Average Unit Cost	Allowed \$ PMPM				per 1,000	Average Unit Cost	Allowed \$ PMPM
01	Inpatient Hospital Services	450,653	90,003	109,972,568	2,397	1,221.88	244.03	448,448	84,134	107,159,591	2,251	1,273.68	238.96
02	Outpatient Hospital Services	450,653	919,585	32,846,010	24,487	35.72	72.89	448,448	939,719	32,102,316	25,146	34.16	71.59
03	Lab and Radiology Services	450,653	100,081	1,677,360	2,665	16.76	3.72	448,448	94,337	1,636,142	2,524	17.34	3.65
05	Physician Services	450,653	985,315	40,520,185	26,237	41.12	89.91	448,448	946,132	39,889,176	25,318	42.16	88.95
06	Home and Community Based Services	450,653	118	1,097	3	9.30	0.00	448,448	0	0	0	0.00	0.00
07	Home Health Agency Services	450,653	26,807	867,081	714	32.35	1.92	448,448	25,030	821,316	670	32.81	1.83
08	Swing Bed Skilled Care Services	450,653	0	7,267	0	0.00	0.02	448,448	0	3,213	0	0.00	0.01
10	Periodic Screening Services (EPDST)	450,653	99,065	2,730,792	2,638	27.57	6.06	448,448	106,012	2,794,488	2,837	26.36	6.23
11	Emergency/Non-Emergency Transportation	450,653	63,816	1,510,157	1,699	23.66	3.35	448,448	66,257	1,660,340	1,773	25.06	3.70
12	Dental Services	450,653	10,439	435,968	278	41.76	0.97	448,448	10,985	570,557	294	51.94	1.27
13	Eyeglass Services	450,653	10,708	388,780	285	36.31	0.86	448,448	11,396	426,319	305	37.41	0.95
14	Family Planning Services	450,653	0	0	0	0.00	0.00	448,448	0	0	0	0.00	0.00
15	Drug Services	450,653	551,765	47,616,077	14,692	86.30	105.66	448,448	568,322	54,199,539	15,208	95.37	120.86
16	Dental Screening	450,653	23,456	928,568	625	39.59	2.06	448,448	29,380	1,236,127	786	42.07	2.76
17	Eyeglass Screening	450,653	10,192	322,950	271	31.69	0.72	448,448	10,778	347,098	288	32.20	0.77
18	Hearing Screening Services	450,653	533	41,486	14	77.84	0.09	448,448	939	60,751	25	64.70	0.14
21	Swing Bed Intermediate Care Services	450,653	0	4,845	0	0.00	0.01	448,448	0	25,859	0	0.00	0.06
22	Rural Health Clinic Services	450,653	79,016	4,498,347	2,104	56.93	9.98	448,448	74,765	4,146,474	2,001	55.46	9.25
23	FQHC (Federally Qualified Health Center)	450,653	36,607	2,632,460	975	71.91	5.84	448,448	36,537	2,411,724	978	66.01	5.38
24	DME (Durable Medical Equipment Services)	450,653	379,620	3,527,288	10,109	9.29	7.83	448,448	465,206	4,089,451	12,448	8.79	9.12
25	Therapy Services, (outside the Home Health Program)	450,653	18,686	541,974	498	29.00	1.20	448,448	20,010	593,897	535	29.68	1.32
27	Inpatient Psychiatric Hospital Services	450,653	0	0	0	0.00	0.00	448,448	0	0	0	0.00	0.00
28	Nurse Services	450,653	362,431	3,355,361	9,651	9.26	7.45	448,448	333,419	3,519,157	8,922	10.55	7.85
29	Ambulatory Surgical Centers	450,653	2,247	789,380	60	351.30	1.75	448,448	2,148	753,222	57	350.66	1.68
31	Hospice Services	450,653	19,662	2,316,883	524	117.84	5.14	448,448	17,799	2,150,768	476	120.84	4.80
32	Outpatient Psychiatric Hospital Services	450,653	0	0	0	0.00	0.00	448,448	0	0	0	0.00	0.00
34	Family Planning Drug Services	450,653	7,024	277,554	187	39.52	0.62	448,448	6,501	262,475	174	40.37	0.59
35	Freestanding Dialysis Services	450,653	342,684	1,678,051	9,125	4.90	3.72	448,448	449,178	1,614,403	12,020	3.59	3.60
98	Unknown	450,653	1	101	0	101.20	0.00	448,448	1	45	0	45.29	0.00
Total		450,653		\$ 259,488,588			\$ 575.81	448,448		\$ 262,474,449			\$ 585.30

Appendix A.5
State of Mississippi Department of Medicaid
Incurred Claims and Per Member Per Month (PMPM) Cost Summaries
Claims Basis: Amount Allowed

July 2006 - June 2007								July 2007 - June 2008					
Category: All Hospital Outpatient													
Region: Statewide													
Age: All													
cos_cd	Service Category	Member Months	Services	Amount Allowed	Annual Utilization per 1,000	Average Unit Cost	Allowed \$ PMPM	Member Months	Services	Amount Allowed	Annual Utilization per 1,000	Average Unit Cost	Allowed \$ PMPM
02	Emergency Room Services	1,530,905	1,028,851	31,713,862	8,065	30.82	20.72	1,522,925	1,082,424	31,336,555	8,529	28.95	20.58
02	Other Outpatient Hospital Services	1,530,905	2,223,230	80,130,565	17,427	36.04	52.34	1,522,925	2,061,343	78,921,012	16,243	38.29	51.82
Total		1,530,905		\$ 111,844,427			\$ 73.06	1,522,925		\$ 110,257,567			\$ 72.40
Category: All Hospital Outpatient													
Region: North													
Age: All													
cos_cd	Service Category	Member Months	Services	Amount Allowed	Annual Utilization per 1,000	Average Unit Cost	Allowed \$ PMPM	Member Months	Services	Amount Allowed	Annual Utilization per 1,000	Average Unit Cost	Allowed \$ PMPM
02	Emergency Room Services	504,520	329,990	10,002,972	7,849	30.31	19.83	507,630	367,179	9,677,247	8,680	26.36	19.06
02	Other Outpatient Hospital Services	504,520	915,488	24,614,397	21,775	26.89	48.79	507,630	703,539	22,997,110	16,631	32.69	45.30
Total		504,520		\$ 34,617,369			\$ 68.61	507,630		\$ 32,674,357			\$ 64.37
Category: All Hospital Outpatient													
Region: Central													
Age: All													
cos_cd	Service Category	Member Months	Services	Amount Allowed	Annual Utilization per 1,000	Average Unit Cost	Allowed \$ PMPM	Member Months	Services	Amount Allowed	Annual Utilization per 1,000	Average Unit Cost	Allowed \$ PMPM
02	Emergency Room Services	575,732	371,774	12,313,566	7,749	33.12	21.39	566,847	390,581	12,519,225	8,268	32.05	22.09
02	Other Outpatient Hospital Services	575,732	715,244	32,067,482	14,908	44.83	55.70	566,847	742,749	32,961,668	15,724	44.38	58.15
Total		575,732		\$ 44,381,048			\$ 77.09	566,847		\$ 45,480,893			\$ 80.23
Category: All Hospital Outpatient													
Region: South													
Age: All													
cos_cd	Service Category	Member Months	Services	Amount Allowed	Annual Utilization per 1,000	Average Unit Cost	Allowed \$ PMPM	Member Months	Services	Amount Allowed	Annual Utilization per 1,000	Average Unit Cost	Allowed \$ PMPM
02	Emergency Room Services	450,653	327,087	9,397,324	8,710	28.73	20.85	448,448	324,664	9,140,083	8,688	28.15	20.38
02	Other Outpatient Hospital Services	450,653	592,498	23,448,686	15,777	39.58	52.03	448,448	615,055	22,962,233	16,458	37.33	51.20
Total		450,653		\$ 32,846,010			\$ 72.89	448,448		\$ 32,102,316			\$ 71.59

Appendix B

Enrollment Summaries

State of Mississippi Division of Medicaid
Data Book for MississippiCAN Program – Version 2

March 4, 2009

This report assumes that the reader is familiar with the State of Mississippi's Medicaid program, its benefits, and the MississippiCAN program. The report was prepared solely to assist DOM with the preparation of the RFP for the MississippiCAN program. It may not be appropriate for other purposes. Milliman does not intend to benefit and assumes no duty or liability to other parties who receive this work. This material should only be reviewed in its entirety.

Appendix B
State of Mississippi Department of Medicaid
Enrollment Summaries by County, Region, and Group

		July 2006 - June 2007		July 2007 - June 2008	
Population: Infants					
Region: North					
County Code	County Name	Member Months	Average Enrollment	Member Months	Average Enrollment
02	Alcorn	5,394	450	5,583	465
04	Attala	3,230	269	3,279	273
05	Benton	1,368	114	1,191	99
06	Bolivar, East	8,011	668	7,623	635
08	Carroll	1,096	91	1,200	100
14	Coahoma	7,224	602	7,079	590
17	Desoto	12,503	1,042	13,005	1,084
22	Grenada	3,562	297	4,553	379
26	Holmes	5,345	445	4,887	407
27	Humphreys	3,019	252	3,012	251
29	Itawamba	2,319	193	2,336	195
36	Lafayette	3,951	329	3,673	306
41	Lee	10,924	910	11,127	927
42	Leflore	8,027	669	7,416	618
47	Marshall	5,504	459	5,716	476
49	Montgomery	2,379	198	2,320	193
54	Panola	7,487	624	7,847	654
58	Pontotoc	3,278	273	3,382	282
59	Prentiss	3,720	310	3,950	329
60	Quitman	1,928	161	1,790	149
67	Sunflower	6,969	581	6,551	546
68	Tallahatchie	2,584	215	2,889	241
69	Tate	4,294	358	4,198	350
70	Tippah	3,092	258	3,380	282
71	Tishomingo	2,256	188	2,363	197
72	Tunica	2,683	224	2,767	231
73	Union	3,658	305	3,552	296
76	Washington	11,843	987	11,964	997
81	Yalobusha	2,827	236	2,572	214
Total		140,475	11,706	141,205	11,767

Appendix B
State of Mississippi Department of Medicaid
Enrollment Summaries by County, Region, and Group

		July 2006 - June 2007		July 2007 - June 2008	
Population: Pregnant Women					
Region: North					
County Code	County Name	Member Months	Average Enrollment	Member Months	Average Enrollment
02	Alcorn	2,082	174	1,852	154
04	Attala	1,410	118	1,440	120
05	Benton	483	40	479	40
06	Bolivar, East	2,981	248	2,740	228
08	Carroll	524	44	465	39
14	Coahoma	2,525	210	2,522	210
17	Desoto	4,598	383	4,122	344
22	Grenada	1,479	123	1,454	121
26	Holmes	2,282	190	1,951	163
27	Humphreys	1,370	114	1,082	90
29	Itawamba	1,028	86	881	73
36	Lafayette	1,549	129	1,297	108
41	Lee	4,620	385	4,706	392
42	Leflore	3,191	266	2,863	239
47	Marshall	2,256	188	2,465	205
49	Montgomery	922	77	741	62
54	Panola	2,934	245	2,578	215
58	Pontotoc	1,317	110	1,279	107
59	Prentiss	1,446	121	1,648	137
60	Quitman	673	56	659	55
67	Sunflower	2,788	232	2,267	189
68	Tallahatchie	1,120	93	1,074	90
69	Tate	1,595	133	1,457	121
70	Tippah	1,171	98	1,221	102
71	Tishomingo	826	69	728	61
72	Tunica	974	81	1,063	89
73	Union	1,361	113	1,145	95
76	Washington	4,686	391	4,542	379
81	Yalobusha	1,080	90	967	81
Total		55,271	4,606	51,688	4,307

Appendix B
State of Mississippi Department of Medicaid
Enrollment Summaries by County, Region, and Group

		July 2006 - June 2007		July 2007 - June 2008	
Population: High Cost					
Region: North					
County Code	County Name	Member Months	Average Enrollment	Member Months	Average Enrollment
02	Alcorn	11,382	949	11,505	959
04	Attala	6,811	568	6,878	573
05	Benton	3,618	302	3,637	303
06	Bolivar, East	25,273	2,106	25,239	2,103
08	Carroll	2,928	244	2,976	248
14	Coahoma	17,082	1,424	17,150	1,429
17	Desoto	15,560	1,297	17,294	1,441
22	Grenada	9,355	780	9,523	794
26	Holmes	14,140	1,178	14,183	1,182
27	Humphreys	7,122	594	7,499	625
29	Itawamba	3,857	321	3,945	329
36	Lafayette	4,834	403	4,939	412
41	Lee	20,943	1,745	21,534	1,795
42	Leflore	21,681	1,807	21,919	1,827
47	Marshall	11,130	928	11,630	969
49	Montgomery	4,473	373	4,440	370
54	Panola	14,171	1,181	14,590	1,216
58	Pontotoc	5,611	468	5,759	480
59	Prentiss	6,382	532	6,525	544
60	Quitman	6,016	501	6,034	503
67	Sunflower	15,055	1,255	15,098	1,258
68	Tallahatchie	8,128	677	8,043	670
69	Tate	5,614	468	5,752	479
70	Tippah	7,813	651	8,021	668
71	Tishomingo	5,084	424	5,355	446
72	Tunica	4,595	383	4,839	403
73	Union	5,388	449	5,779	482
76	Washington	38,239	3,187	38,080	3,173
81	Yalobusha	6,489	541	6,571	548
Total		308,774	25,731	314,737	26,228

Appendix B
State of Mississippi Department of Medicaid
Enrollment Summaries by County, Region, and Group

		July 2006 - June 2007		July 2007 - June 2008	
Population: Infants					
Region: Central					
County Code	County Name	Member Months	Average Enrollment	Member Months	Average Enrollment
07	Calhoun	2,170	181	2,514	210
09	Chickasaw, East	3,365	280	3,255	271
10	Choctaw	1,061	88	1,064	89
11	Claiborne	2,410	201	2,028	169
12	Clarke	2,604	217	2,312	193
13	Clay	3,099	258	3,188	266
15	Copiah	5,725	477	5,658	472
25	Hinds	40,556	3,380	40,216	3,351
28	Issaquena	233	19	173	14
31	Jasper	3,160	263	2,966	247
35	Kemper	1,599	133	1,531	128
38	Lauderdale	12,081	1,007	11,802	984
40	Leake	4,471	373	4,141	345
44	Lowndes	8,640	720	8,515	710
45	Madison	9,946	829	9,734	811
48	Monroe	4,942	412	5,056	421
50	Neshoba	5,407	451	5,169	431
51	Newton	3,767	314	3,528	294
52	Noxubee	2,627	219	2,445	204
53	Oktibbeha	6,188	516	5,612	468
61	Rankin	14,435	1,203	15,372	1,281
62	Scott	5,888	491	5,914	493
63	Sharkey	1,254	105	1,196	100
64	Simpson	4,687	391	4,469	372
65	Smith	2,090	174	1,785	149
75	Warren	9,732	811	8,290	691
78	Webster	1,678	140	1,322	110
80	Winston	2,937	245	2,988	249
82	Yazoo	5,656	471	5,556	463
Total		172,408	14,367	167,799	13,983

Appendix B
State of Mississippi Department of Medicaid
Enrollment Summaries by County, Region, and Group

		July 2006 - June 2007		July 2007 - June 2008	
Population: Pregnant Women					
Region: Central					
County Code	County Name	Member Months	Average Enrollment	Member Months	Average Enrollment
07	Calhoun	858	72	816	68
09	Chickasaw, East	1,246	104	1,071	89
10	Choctaw	460	38	467	39
11	Claiborne	906	76	736	61
12	Clarke	1,104	92	841	70
13	Clay	1,444	120	1,371	114
15	Copiah	2,252	188	1,979	165
25	Hinds	16,499	1,375	14,845	1,237
28	Issaquena	71	6	69	6
31	Jasper	1,403	117	495	41
35	Kemper	653	54	522	44
38	Lauderdale	5,093	424	4,163	347
40	Leake	1,694	141	1,478	123
44	Lowndes	3,496	291	3,476	290
45	Madison	3,714	310	3,598	300
48	Monroe	2,140	178	1,568	131
50	Neshoba	2,282	190	1,959	163
51	Newton	1,534	128	1,375	115
52	Noxubee	1,025	85	1,046	87
53	Oktibbeha	2,290	191	2,044	170
61	Rankin	6,151	513	5,513	459
62	Scott	2,196	183	2,173	181
63	Sharkey	401	33	525	44
64	Simpson	1,774	148	1,679	140
65	Smith	854	71	489	41
75	Warren	3,524	294	3,196	266
78	Webster	582	49	441	37
80	Winston	1,362	114	1,264	105
82	Yazoo	2,422	202	2,230	186
Total		69,430	5,786	61,429	5,119

Appendix B
State of Mississippi Department of Medicaid
Enrollment Summaries by County, Region, and Group

		July 2006 - June 2007		July 2007 - June 2008	
Population: High Cost					
Region: Central					
County Code	County Name	Member Months	Average Enrollment	Member Months	Average Enrollment
07	Calhoun	4,772	398	4,947	412
09	Chickasaw, East	7,263	605	7,457	621
10	Choctaw	3,111	259	3,089	257
11	Claiborne	5,240	437	5,264	439
12	Clarke	6,152	513	6,245	520
13	Clay	7,986	666	8,132	678
15	Copiah	12,028	1,002	12,120	1,010
25	Hinds	81,692	6,808	82,153	6,846
28	Issaquena	492	41	541	45
31	Jasper	7,395	616	7,261	605
35	Kemper	3,122	260	3,188	266
38	Lauderdale	26,600	2,217	26,685	2,224
40	Leake	7,319	610	7,749	646
44	Lowndes	18,579	1,548	18,822	1,569
45	Madison	16,281	1,357	16,533	1,378
48	Monroe	9,438	787	9,447	787
50	Neshoba	8,339	695	8,582	715
51	Newton	7,022	585	7,266	606
52	Noxubee	7,459	622	7,564	630
53	Oktibbeha	12,100	1,008	12,222	1,019
61	Rankin	18,686	1,557	18,966	1,581
62	Scott	9,328	777	9,655	805
63	Sharkey	3,822	319	3,744	312
64	Simpson	8,343	695	8,455	705
65	Smith	4,684	390	4,686	391
75	Warren	15,207	1,267	15,368	1,281
78	Webster	3,573	298	3,603	300
80	Winston	5,856	488	5,736	478
82	Yazoo	12,003	1,000	12,139	1,012
Total		333,892	27,824	337,619	28,135

Appendix B
State of Mississippi Department of Medicaid
Enrollment Summaries by County, Region, and Group

		July 2006 - June 2007		July 2007 - June 2008	
Population: Infants					
Region: South					
County Code	County Name	Member Months	Average Enrollment	Member Months	Average Enrollment
01	Adams	4,774	398	4,681	390
03	Amite	1,533	128	1,513	126
16	Covington	3,732	311	3,601	300
18	Forrest	14,849	1,237	14,594	1,216
19	Franklin	1,193	99	1,292	108
20	George	3,716	310	3,935	328
21	Greene	1,708	142	1,772	148
23	Hancock	4,447	371	4,258	355
24	Harrison	24,724	2,060	26,052	2,171
30	Jackson	14,321	1,193	14,949	1,246
32	Jefferson	1,773	148	1,545	129
33	Jefferson Davis	2,333	194	2,109	176
34	Jones	11,650	971	11,671	973
37	Lamar	4,440	370	3,943	329
39	Lawrence	2,577	215	2,756	230
43	Lincoln	5,335	445	5,589	466
46	Marion	4,857	405	4,695	391
55	Pearl River	8,139	678	7,954	663
56	Perry	2,039	170	2,014	168
57	Pike	7,336	611	7,178	598
66	Stone	2,404	200	2,746	229
74	Walthall	2,296	191	1,936	161
77	Wayne	4,069	339	3,326	277
79	Wilkinson	1,935	161	1,833	153
Total		136,180	11,348	135,942	11,329

Appendix B
State of Mississippi Department of Medicaid
Enrollment Summaries by County, Region, and Group

		July 2006 - June 2007		July 2007 - June 2008	
Population: Pregnant Women					
Region: South					
County Code	County Name	Member Months	Average Enrollment	Member Months	Average Enrollment
01	Adams	2,043	170	1,907	159
03	Amite	721	60	630	53
16	Covington	1,615	135	1,422	119
18	Forrest	6,415	535	5,889	491
19	Franklin	475	40	486	41
20	George	1,600	133	1,135	95
21	Greene	763	64	534	45
23	Hancock	1,704	142	1,454	121
24	Harrison	10,164	847	9,608	801
30	Jackson	6,333	528	6,251	521
32	Jefferson	715	60	665	55
33	Jefferson Davis	985	82	915	76
34	Jones	4,181	348	1,669	139
37	Lamar	1,756	146	1,779	148
39	Lawrence	1,139	95	1,066	89
43	Lincoln	1,960	163	1,743	145
46	Marion	2,101	175	1,856	155
55	Pearl River	3,133	261	3,207	267
56	Perry	913	76	777	65
57	Pike	3,297	275	3,179	265
66	Stone	1,109	92	1,061	88
74	Walthall	989	82	741	62
77	Wayne	1,437	120	999	83
79	Wilkinson	876	73	677	56
Total		56,424	4,702	49,650	4,138

Appendix B
State of Mississippi Department of Medicaid
Enrollment Summaries by County, Region, and Group

		July 2006 - June 2007		July 2007 - June 2008	
Population: High Cost					
Region: South					
County Code	County Name	Member Months	Average Enrollment	Member Months	Average Enrollment
01	Adams	14,768	1,231	14,922	1,244
03	Amite	4,374	365	4,369	364
16	Covington	8,543	712	8,624	719
18	Forrest	25,165	2,097	25,158	2,097
19	Franklin	2,839	237	2,895	241
20	George	5,404	450	5,679	473
21	Greene	3,333	278	3,320	277
23	Hancock	7,962	664	8,105	675
24	Harrison	40,711	3,393	41,880	3,490
30	Jackson	23,418	1,952	24,044	2,004
32	Jefferson	5,969	497	6,070	506
33	Jefferson Davis	5,463	455	5,363	447
34	Jones	20,034	1,670	20,216	1,685
37	Lamar	7,072	589	7,489	624
39	Lawrence	4,536	378	4,667	389
43	Lincoln	9,561	797	9,940	828
46	Marion	10,330	861	10,288	857
55	Pearl River	13,696	1,141	14,223	1,185
56	Perry	3,971	331	3,995	333
57	Pike	16,893	1,408	17,361	1,447
66	Stone	4,970	414	5,089	424
74	Walthall	5,634	470	5,608	467
77	Wayne	7,442	620	7,612	634
79	Wilkinson	5,961	497	5,939	495
Total		258,049	21,504	262,856	21,905

Appendix B
State of Mississippi Department of Medicaid
Enrollment Summaries by County, Region, and Group

		July 2006 - June 2007		July 2007 - June 2008	
Population: All					
Region: North					
County Code	County Name	Member Months	Average Enrollment	Member Months	Average Enrollment
02	Alcorn	18,858	1,572	18,940	1,578
04	Attala	11,451	954	11,597	966
05	Benton	5,469	456	5,307	442
06	Bolivar, East	36,265	3,022	35,602	2,967
08	Carroll	4,548	379	4,641	387
14	Coahoma	26,831	2,236	26,751	2,229
17	Desoto	32,661	2,722	34,421	2,868
22	Grenada	14,396	1,200	15,530	1,294
26	Holmes	21,767	1,814	21,021	1,752
27	Humphreys	11,511	959	11,593	966
29	Itawamba	7,204	600	7,162	597
36	Lafayette	10,334	861	9,909	826
41	Lee	36,487	3,041	37,367	3,114
42	Leflore	32,899	2,742	32,198	2,683
47	Marshall	18,890	1,574	19,811	1,651
49	Montgomery	7,774	648	7,501	625
54	Panola	24,592	2,049	25,015	2,085
58	Pontotoc	10,206	851	10,420	868
59	Prentiss	11,548	962	12,123	1,010
60	Quitman	8,617	718	8,483	707
67	Sunflower	24,812	2,068	23,916	1,993
68	Tallahatchie	11,832	986	12,006	1,001
69	Tate	11,503	959	11,407	951
70	Tippah	12,076	1,006	12,622	1,052
71	Tishomingo	8,166	681	8,446	704
72	Tunica	8,252	688	8,669	722
73	Union	10,407	867	10,476	873
76	Washington	54,768	4,564	54,586	4,549
81	Yalobusha	10,396	866	10,110	843
Total		504,520	42,043	507,630	42,303

Appendix B
State of Mississippi Department of Medicaid
Enrollment Summaries by County, Region, and Group

		July 2006 - June 2007		July 2007 - June 2008	
Population: All					
Region: Central					
County Code	County Name	Member Months	Average Enrollment	Member Months	Average Enrollment
07	Calhoun	7,800	650	8,277	690
09	Chickasaw, East	11,874	990	11,783	982
10	Choctaw	4,632	386	4,620	385
11	Claiborne	8,556	713	8,028	669
12	Clarke	9,860	822	9,398	783
13	Clay	12,529	1,044	12,691	1,058
15	Copiah	20,005	1,667	19,757	1,646
25	Hinds	138,747	11,562	137,214	11,435
28	Issaquena	796	66	783	65
31	Jasper	11,958	997	10,722	894
35	Kemper	5,374	448	5,241	437
38	Lauderdale	43,774	3,648	42,650	3,554
40	Leake	13,484	1,124	13,368	1,114
44	Lowndes	30,715	2,560	30,813	2,568
45	Madison	29,941	2,495	29,865	2,489
48	Monroe	16,520	1,377	16,071	1,339
50	Neshoba	16,028	1,336	15,710	1,309
51	Newton	12,323	1,027	12,169	1,014
52	Noxubee	11,111	926	11,055	921
53	Oktibbeha	20,578	1,715	19,878	1,657
61	Rankin	39,272	3,273	39,851	3,321
62	Scott	17,412	1,451	17,742	1,479
63	Sharkey	5,477	456	5,465	455
64	Simpson	14,804	1,234	14,603	1,217
65	Smith	7,628	636	6,960	580
75	Warren	28,463	2,372	26,854	2,238
78	Webster	5,833	486	5,366	447
80	Winston	10,155	846	9,988	832
82	Yazoo	20,081	1,673	19,925	1,660
Total		575,730	47,978	566,847	47,237

Appendix B
State of Mississippi Department of Medicaid
Enrollment Summaries by County, Region, and Group

		July 2006 - June 2007		July 2007 - June 2008	
Population: All					
Region: South					
County Code	County Name	Member Months	Average Enrollment	Member Months	Average Enrollment
01	Adams	21,585	1,799	21,510	1,793
03	Amite	6,628	552	6,512	543
16	Covington	13,890	1,158	13,647	1,137
18	Forrest	46,429	3,869	45,641	3,803
19	Franklin	4,507	376	4,673	389
20	George	10,720	893	10,749	896
21	Greene	5,804	484	5,626	469
23	Hancock	14,113	1,176	13,817	1,151
24	Harrison	75,599	6,300	77,540	6,462
30	Jackson	44,072	3,673	45,244	3,770
32	Jefferson	8,457	705	8,280	690
33	Jefferson Davis	8,781	732	8,387	699
34	Jones	35,865	2,989	33,556	2,796
37	Lamar	13,268	1,106	13,211	1,101
39	Lawrence	8,252	688	8,489	707
43	Lincoln	16,856	1,405	17,272	1,439
46	Marion	17,288	1,441	16,839	1,403
55	Pearl River	24,968	2,081	25,384	2,115
56	Perry	6,923	577	6,786	566
57	Pike	27,526	2,294	27,718	2,310
66	Stone	8,483	707	8,896	741
74	Walthall	8,919	743	8,285	690
77	Wayne	12,948	1,079	11,937	995
79	Wilkinson	8,772	731	8,449	704
Total		450,653	37,554	448,448	37,371

Appendix C

Claim Probability Distributions for High Cost Beneficiaries

State of Mississippi Division of Medicaid
Data Book for MississippiCAN Program – Version 2

March 4, 2009

This report assumes that the reader is familiar with the State of Mississippi's Medicaid program, its benefits, and the MississippiCAN program. The report was prepared solely to assist DOM with the preparation of the RFP for the MississippiCAN program. It may not be appropriate for other purposes. Milliman does not intend to benefit and assumes no duty or liability to other parties who receive this work. This material should only be reviewed in its entirety.

Appendix C
State of Mississippi Department of Medicaid
High Cost Population
Claim Probability Distribution
State Fiscal Year 2007
1-5 Years Age Band

Amount Allowed	Membership	Average Amount	Frequency	Cumulative Frequency
0 - 0	684	0.00	0.1055	0.1055
0 - 49.99	241	24.47	0.0372	0.1426
50 - 74.99	104	62.85	0.0160	0.1587
75 - 99.99	136	87.35	0.0210	0.1796
100 - 149.99	203	123.57	0.0313	0.2109
150 - 199.99	174	173.98	0.0268	0.2378
200 - 249.99	167	224.05	0.0258	0.2635
250 - 499.99	653	364.97	0.1007	0.3642
500 - 749.99	505	619.78	0.0779	0.4421
750 - 999.99	388	869.74	0.0598	0.5019
1,000 - 1,499.99	565	1,231.27	0.0871	0.5891
1,500 - 1,999.99	347	1,725.14	0.0535	0.6426
2,000 - 2,499.99	259	2,239.08	0.0399	0.6825
2,500 - 2,999.99	219	2,727.83	0.0338	0.7163
3,000 - 3,999.99	402	3,474.55	0.0620	0.7783
4,000 - 4,999.99	248	4,483.85	0.0382	0.8165
5,000 - 7,499.99	364	6,092.51	0.0561	0.8726
7,500 - 9,999.99	236	8,604.00	0.0364	0.9090
10,000 - 14,999.99	237	12,367.02	0.0365	0.9456
15,000 - 19,999.99	126	17,192.97	0.0194	0.9650
20,000 - 24,999.99	58	22,160.58	0.0089	0.9739
25,000 - 29,999.99	32	27,152.49	0.0049	0.9789
30,000 - 34,999.99	27	32,575.98	0.0042	0.9830
35,000 - 39,999.99	12	37,340.79	0.0019	0.9849
40,000 - 49,999.99	25	45,531.20	0.0039	0.9887
50,000 - 59,999.99	19	53,254.66	0.0029	0.9917
60,000 - 69,999.99	10	65,224.06	0.0015	0.9932
70,000 - 79,999.99	14	75,891.51	0.0022	0.9954
80,000 - 89,999.99	6	84,349.03	0.0009	0.9963
90,000 - 99,999.99	4	95,525.47	0.0006	0.9969
100,000 - 109,999.99	2	101,615.31	0.0003	0.9972
110,000 - 119,999.99	2	114,649.17	0.0003	0.9975
120,000 - 129,999.99	1	126,323.96	0.0002	0.9977
130,000 - 139,999.99	2	131,997.70	0.0003	0.9980
140,000 - 149,999.99	3	149,393.89	0.0005	0.9985
150,000 - 174,999.99	2	156,043.75	0.0003	0.9988
175,000 - 199,999.99	1	176,367.10	0.0002	0.9989
200,000 - 224,999.99	2	219,280.27	0.0003	0.9992
225,000 - 249,999.99	0	0.00	0.0000	0.9992
250,000 - 274,999.99	2	265,462.12	0.0003	0.9995
275,000 - 299,999.99	0	0.00	0.0000	0.9995
300,000 - 349,999.99	1	334,763.95	0.0002	0.9997
350,000 - 399,999.99	0	0.00	0.0000	0.9997
400,000 - 449,999.99	0	0.00	0.0000	0.9997
450,000 - 499,999.99	0	0.00	0.0000	0.9997
500,000 - 599,999.99	0	0.00	0.0000	0.9997
600,000 - 699,999.99	0	0.00	0.0000	0.9997
700,000 - 799,999.99	0	0.00	0.0000	0.9997
800,000 - 899,999.99	1	851,157.08	0.0002	0.9998
900,000 - 999,999.99	1	909,617.82	0.0002	1.0000
1,000,000+	0	0.00	0.0000	1.0000

Appendix C
State of Mississippi Department of Medicaid
High Cost Population
Claim Probability Distribution
State Fiscal Year 2007
6-20 Years Age Band

Amount Allowed	Membership	Average Amount	Frequency	Cumulative Frequency
0 - 0	3,944	0.00	0.1437	0.1437
0 - 49.99	425	24.98	0.0155	0.1592
50 - 74.99	285	63.25	0.0104	0.1696
75 - 99.99	367	87.23	0.0134	0.1829
100 - 149.99	817	124.09	0.0298	0.2127
150 - 199.99	792	174.96	0.0289	0.2415
200 - 249.99	754	223.91	0.0275	0.2690
250 - 499.99	2,928	369.83	0.1067	0.3757
500 - 749.99	2,404	620.70	0.0876	0.4633
750 - 999.99	1,798	871.80	0.0655	0.5288
1,000 - 1,499.99	2,715	1,232.06	0.0989	0.6277
1,500 - 1,999.99	1,908	1,731.87	0.0695	0.6972
2,000 - 2,499.99	1,371	2,236.29	0.0499	0.7471
2,500 - 2,999.99	1,009	2,733.83	0.0368	0.7839
3,000 - 3,999.99	1,450	3,467.92	0.0528	0.8367
4,000 - 4,999.99	880	4,461.78	0.0321	0.8688
5,000 - 7,499.99	1,201	6,085.75	0.0438	0.9125
7,500 - 9,999.99	653	8,673.27	0.0238	0.9363
10,000 - 14,999.99	742	12,115.26	0.0270	0.9634
15,000 - 19,999.99	309	17,280.33	0.0113	0.9746
20,000 - 24,999.99	204	22,362.26	0.0074	0.9820
25,000 - 29,999.99	104	27,454.47	0.0038	0.9858
30,000 - 34,999.99	78	32,305.69	0.0028	0.9887
35,000 - 39,999.99	54	37,657.30	0.0020	0.9906
40,000 - 49,999.99	69	44,329.35	0.0025	0.9932
50,000 - 59,999.99	53	54,507.79	0.0019	0.9951
60,000 - 69,999.99	35	64,035.11	0.0013	0.9964
70,000 - 79,999.99	17	73,910.13	0.0006	0.9970
80,000 - 89,999.99	10	86,090.41	0.0004	0.9973
90,000 - 99,999.99	11	93,315.36	0.0004	0.9977
100,000 - 109,999.99	4	104,557.73	0.0001	0.9979
110,000 - 119,999.99	5	114,158.44	0.0002	0.9981
120,000 - 129,999.99	8	124,038.48	0.0003	0.9984
130,000 - 139,999.99	2	138,743.96	0.0001	0.9984
140,000 - 149,999.99	5	145,647.79	0.0002	0.9986
150,000 - 174,999.99	5	157,518.72	0.0002	0.9988
175,000 - 199,999.99	9	185,217.98	0.0003	0.9991
200,000 - 224,999.99	3	209,781.39	0.0001	0.9992
225,000 - 249,999.99	1	231,187.89	0.0000	0.9993
250,000 - 274,999.99	1	251,338.30	0.0000	0.9993
275,000 - 299,999.99	0	0.00	0.0000	0.9993
300,000 - 349,999.99	8	318,888.61	0.0003	0.9996
350,000 - 399,999.99	2	353,869.77	0.0001	0.9997
400,000 - 449,999.99	2	418,029.78	0.0001	0.9997
450,000 - 499,999.99	3	464,038.12	0.0001	0.9999
500,000 - 599,999.99	1	500,658.11	0.0000	0.9999
600,000 - 699,999.99	1	669,645.47	0.0000	0.9999
700,000 - 799,999.99	1	750,112.89	0.0000	1.0000
800,000 - 899,999.99	0	0.00	0.0000	1.0000
900,000 - 999,999.99	0	0.00	0.0000	1.0000
1,000,000+	1	1,149,238.02	0.0000	1.0000

Appendix C
State of Mississippi Department of Medicaid
High Cost Population
Claim Probability Distribution
State Fiscal Year 2007
21+ Years Age Band

Amount Allowed	Membership	Average Amount	Frequency	Cumulative Frequency
0 - 0	7,556	0.00	0.1351	0.1351
0 - 49.99	824	25.27	0.0147	0.1498
50 - 74.99	430	62.72	0.0077	0.1575
75 - 99.99	501	87.88	0.0090	0.1664
100 - 149.99	945	125.21	0.0169	0.1833
150 - 199.99	887	175.21	0.0159	0.1992
200 - 249.99	868	223.82	0.0155	0.2147
250 - 499.99	3,399	369.01	0.0608	0.2754
500 - 749.99	2,624	619.03	0.0469	0.3223
750 - 999.99	2,165	870.99	0.0387	0.3610
1,000 - 1,499.99	3,544	1,236.79	0.0633	0.4244
1,500 - 1,999.99	2,980	1,743.42	0.0533	0.4776
2,000 - 2,499.99	2,648	2,247.94	0.0473	0.5250
2,500 - 2,999.99	2,300	2,752.65	0.0411	0.5661
3,000 - 3,999.99	3,882	3,483.62	0.0694	0.6355
4,000 - 4,999.99	3,006	4,485.01	0.0537	0.6892
5,000 - 7,499.99	5,200	6,133.59	0.0929	0.7821
7,500 - 9,999.99	2,997	8,662.92	0.0536	0.8357
10,000 - 14,999.99	3,284	12,212.14	0.0587	0.8944
15,000 - 19,999.99	1,662	17,281.70	0.0297	0.9241
20,000 - 24,999.99	1,029	22,310.74	0.0184	0.9425
25,000 - 29,999.99	740	27,408.89	0.0132	0.9557
30,000 - 34,999.99	529	32,497.72	0.0095	0.9652
35,000 - 39,999.99	440	37,437.61	0.0079	0.9730
40,000 - 49,999.99	689	44,652.49	0.0123	0.9853
50,000 - 59,999.99	397	54,283.47	0.0071	0.9924
60,000 - 69,999.99	150	64,351.42	0.0027	0.9951
70,000 - 79,999.99	109	74,350.44	0.0019	0.9971
80,000 - 89,999.99	66	84,267.10	0.0012	0.9982
90,000 - 99,999.99	42	94,496.97	0.0008	0.9990
100,000 - 109,999.99	22	104,974.66	0.0004	0.9994
110,000 - 119,999.99	7	113,931.39	0.0001	0.9995
120,000 - 129,999.99	8	123,492.13	0.0001	0.9997
130,000 - 139,999.99	5	135,119.33	0.0001	0.9997
140,000 - 149,999.99	3	145,314.67	0.0001	0.9998
150,000 - 174,999.99	4	162,746.17	0.0001	0.9999
175,000 - 199,999.99	2	186,958.17	0.0000	0.9999
200,000 - 224,999.99	3	214,856.14	0.0001	1.0000
225,000 - 249,999.99	0	0.00	0.0000	1.0000
250,000 - 274,999.99	0	0.00	0.0000	1.0000
275,000 - 299,999.99	0	0.00	0.0000	1.0000
300,000 - 349,999.99	1	347,611.53	0.0000	1.0000
350,000 - 399,999.99	0	0.00	0.0000	1.0000
400,000 - 449,999.99	0	0.00	0.0000	1.0000
450,000 - 499,999.99	0	0.00	0.0000	1.0000
500,000 - 599,999.99	1	536,015.24	0.0000	1.0000
600,000 - 699,999.99	0	0.00	0.0000	1.0000
700,000 - 799,999.99	0	0.00	0.0000	1.0000
800,000 - 899,999.99	0	0.00	0.0000	1.0000
900,000 - 999,999.99	0	0.00	0.0000	1.0000
1,000,000+	0	0.00	0.0000	1.0000

Appendix C
State of Mississippi Department of Medicaid
High Cost Population
Claim Probability Distribution
State Fiscal Year 2008
1-5 Years Age Band

Amount Allowed	Membership	Average Amount	Frequency	Cumulative Frequency
0 - 0	538	0.00	0.0815	0.0815
0 - 49.99	212	22.01	0.0321	0.1136
50 - 74.99	103	63.35	0.0156	0.1292
75 - 99.99	108	88.09	0.0164	0.1456
100 - 149.99	209	123.35	0.0317	0.1772
150 - 199.99	147	174.72	0.0223	0.1995
200 - 249.99	164	225.69	0.0248	0.2244
250 - 499.99	694	364.65	0.1051	0.3295
500 - 749.99	485	618.24	0.0735	0.4030
750 - 999.99	369	867.09	0.0559	0.4589
1,000 - 1,499.99	547	1,218.93	0.0829	0.5417
1,500 - 1,999.99	360	1,745.00	0.0545	0.5963
2,000 - 2,499.99	291	2,247.81	0.0441	0.6404
2,500 - 2,999.99	242	2,754.00	0.0367	0.6770
3,000 - 3,999.99	405	3,495.76	0.0614	0.7384
4,000 - 4,999.99	271	4,491.75	0.0411	0.7794
5,000 - 7,499.99	470	6,098.35	0.0712	0.8506
7,500 - 9,999.99	249	8,705.84	0.0377	0.8884
10,000 - 14,999.99	261	12,174.41	0.0395	0.9279
15,000 - 19,999.99	165	17,203.32	0.0250	0.9529
20,000 - 24,999.99	90	22,035.57	0.0136	0.9665
25,000 - 29,999.99	48	27,154.41	0.0073	0.9738
30,000 - 34,999.99	31	32,447.53	0.0047	0.9785
35,000 - 39,999.99	23	37,258.10	0.0035	0.9820
40,000 - 49,999.99	32	45,609.94	0.0048	0.9868
50,000 - 59,999.99	15	54,622.89	0.0023	0.9891
60,000 - 69,999.99	14	65,561.32	0.0021	0.9912
70,000 - 79,999.99	15	73,890.92	0.0023	0.9935
80,000 - 89,999.99	6	85,451.28	0.0009	0.9944
90,000 - 99,999.99	8	92,947.42	0.0012	0.9956
100,000 - 109,999.99	3	106,681.26	0.0005	0.9961
110,000 - 119,999.99	6	116,601.29	0.0009	0.9970
120,000 - 129,999.99	3	122,807.23	0.0005	0.9974
130,000 - 139,999.99	1	136,603.10	0.0002	0.9976
140,000 - 149,999.99	6	144,431.09	0.0009	0.9985
150,000 - 174,999.99	2	156,056.92	0.0003	0.9988
175,000 - 199,999.99	3	185,974.32	0.0005	0.9992
200,000 - 224,999.99	1	210,514.63	0.0002	0.9994
225,000 - 249,999.99	0	0.00	0.0000	0.9994
250,000 - 274,999.99	0	0.00	0.0000	0.9994
275,000 - 299,999.99	0	0.00	0.0000	0.9994
300,000 - 349,999.99	1	309,672.75	0.0002	0.9995
350,000 - 399,999.99	2	359,380.76	0.0003	0.9998
400,000 - 449,999.99	0	0.00	0.0000	0.9998
450,000 - 499,999.99	0	0.00	0.0000	0.9998
500,000 - 599,999.99	0	0.00	0.0000	0.9998
600,000 - 699,999.99	0	0.00	0.0000	0.9998
700,000 - 799,999.99	0	0.00	0.0000	0.9998
800,000 - 899,999.99	0	0.00	0.0000	0.9998
900,000 - 999,999.99	1	924,944.33	0.0002	1.0000
1,000,000+	0	0.00	0.0000	1.0000

Appendix C
State of Mississippi Department of Medicaid
High Cost Population
Claim Probability Distribution
State Fiscal Year 2008
6-20 Years Age Band

Amount Allowed	Membership	Average Amount	Frequency	Cumulative Frequency
0 - 0	3,750	0.00	0.1357	0.1357
0 - 49.99	422	24.25	0.0153	0.1510
50 - 74.99	302	62.79	0.0109	0.1619
75 - 99.99	426	86.87	0.0154	0.1773
100 - 149.99	813	125.53	0.0294	0.2067
150 - 199.99	695	174.37	0.0251	0.2319
200 - 249.99	690	224.93	0.0250	0.2568
250 - 499.99	2,955	369.63	0.1069	0.3638
500 - 749.99	2,270	618.31	0.0821	0.4459
750 - 999.99	1,892	871.66	0.0685	0.5144
1,000 - 1,499.99	2,704	1,235.41	0.0978	0.6122
1,500 - 1,999.99	2,023	1,735.02	0.0732	0.6854
2,000 - 2,499.99	1,337	2,240.43	0.0484	0.7338
2,500 - 2,999.99	1,058	2,737.77	0.0383	0.7721
3,000 - 3,999.99	1,473	3,461.47	0.0533	0.8254
4,000 - 4,999.99	963	4,479.15	0.0348	0.8602
5,000 - 7,499.99	1,346	6,096.92	0.0487	0.9089
7,500 - 9,999.99	702	8,687.06	0.0254	0.9343
10,000 - 14,999.99	717	12,168.90	0.0259	0.9603
15,000 - 19,999.99	335	17,169.60	0.0121	0.9724
20,000 - 24,999.99	226	22,436.28	0.0082	0.9806
25,000 - 29,999.99	120	27,221.46	0.0043	0.9849
30,000 - 34,999.99	86	32,304.77	0.0031	0.9880
35,000 - 39,999.99	52	37,615.91	0.0019	0.9899
40,000 - 49,999.99	81	45,090.27	0.0029	0.9928
50,000 - 59,999.99	46	54,684.12	0.0017	0.9945
60,000 - 69,999.99	36	64,701.09	0.0013	0.9958
70,000 - 79,999.99	25	74,723.18	0.0009	0.9967
80,000 - 89,999.99	15	85,453.29	0.0005	0.9972
90,000 - 99,999.99	14	94,857.34	0.0005	0.9978
100,000 - 109,999.99	6	106,505.31	0.0002	0.9980
110,000 - 119,999.99	7	114,515.19	0.0003	0.9982
120,000 - 129,999.99	7	123,840.88	0.0003	0.9985
130,000 - 139,999.99	2	135,930.28	0.0001	0.9986
140,000 - 149,999.99	6	145,284.16	0.0002	0.9988
150,000 - 174,999.99	5	161,023.63	0.0002	0.9990
175,000 - 199,999.99	4	186,173.81	0.0001	0.9991
200,000 - 224,999.99	5	207,543.60	0.0002	0.9993
225,000 - 249,999.99	3	228,204.33	0.0001	0.9994
250,000 - 274,999.99	1	269,465.93	0.0000	0.9994
275,000 - 299,999.99	3	287,215.00	0.0001	0.9995
300,000 - 349,999.99	2	345,961.52	0.0001	0.9996
350,000 - 399,999.99	3	384,795.11	0.0001	0.9997
400,000 - 449,999.99	1	448,589.44	0.0000	0.9997
450,000 - 499,999.99	4	490,177.62	0.0001	0.9999
500,000 - 599,999.99	1	518,313.81	0.0000	0.9999
600,000 - 699,999.99	1	655,508.41	0.0000	1.0000
700,000 - 799,999.99	0	0.00	0.0000	1.0000
800,000 - 899,999.99	0	0.00	0.0000	1.0000
900,000 - 999,999.99	0	0.00	0.0000	1.0000
1,000,000+	1	1,413,046.11	0.0000	1.0000

Appendix C
State of Mississippi Department of Medicaid
High Cost Population
Claim Probability Distribution
State Fiscal Year 2008
21+ Years Age Band

Amount Allowed	Membership	Average Amount	Frequency	Cumulative Frequency
0 - 0	7,286	0.00	0.1281	0.1281
0 - 49.99	868	25.07	0.0153	0.1433
50 - 74.99	447	63.14	0.0079	0.1512
75 - 99.99	489	87.46	0.0086	0.1598
100 - 149.99	992	124.35	0.0174	0.1772
150 - 199.99	952	174.99	0.0167	0.1940
200 - 249.99	818	225.05	0.0144	0.2084
250 - 499.99	3,496	369.49	0.0615	0.2698
500 - 749.99	2,740	619.81	0.0482	0.3180
750 - 999.99	2,175	870.65	0.0382	0.3562
1,000 - 1,499.99	3,610	1,239.75	0.0635	0.4197
1,500 - 1,999.99	2,922	1,741.08	0.0514	0.4711
2,000 - 2,499.99	2,594	2,245.10	0.0456	0.5167
2,500 - 2,999.99	2,286	2,743.25	0.0402	0.5569
3,000 - 3,999.99	3,987	3,483.75	0.0701	0.6269
4,000 - 4,999.99	3,158	4,485.70	0.0555	0.6825
5,000 - 7,499.99	5,339	6,139.74	0.0939	0.7763
7,500 - 9,999.99	3,114	8,642.16	0.0547	0.8311
10,000 - 14,999.99	3,343	12,179.16	0.0588	0.8898
15,000 - 19,999.99	1,766	17,275.89	0.0310	0.9209
20,000 - 24,999.99	1,066	22,322.99	0.0187	0.9396
25,000 - 29,999.99	754	27,413.06	0.0133	0.9529
30,000 - 34,999.99	562	32,385.56	0.0099	0.9628
35,000 - 39,999.99	444	37,410.16	0.0078	0.9706
40,000 - 49,999.99	750	44,582.98	0.0132	0.9838
50,000 - 59,999.99	461	54,132.63	0.0081	0.9919
60,000 - 69,999.99	203	64,440.05	0.0036	0.9954
70,000 - 79,999.99	104	74,679.56	0.0018	0.9973
80,000 - 89,999.99	69	84,354.69	0.0012	0.9985
90,000 - 99,999.99	28	94,661.58	0.0005	0.9990
100,000 - 109,999.99	26	104,296.36	0.0005	0.9994
110,000 - 119,999.99	4	117,274.41	0.0001	0.9995
120,000 - 129,999.99	7	124,304.21	0.0001	0.9996
130,000 - 139,999.99	5	136,510.50	0.0001	0.9997
140,000 - 149,999.99	3	145,389.65	0.0001	0.9998
150,000 - 174,999.99	4	160,871.91	0.0001	0.9998
175,000 - 199,999.99	1	180,777.26	0.0000	0.9998
200,000 - 224,999.99	0	0.00	0.0000	0.9998
225,000 - 249,999.99	1	229,975.52	0.0000	0.9999
250,000 - 274,999.99	2	270,230.98	0.0000	0.9999
275,000 - 299,999.99	2	287,341.00	0.0000	0.9999
300,000 - 349,999.99	0	0.00	0.0000	0.9999
350,000 - 399,999.99	0	0.00	0.0000	0.9999
400,000 - 449,999.99	0	0.00	0.0000	0.9999
450,000 - 499,999.99	2	474,086.91	0.0000	1.0000
500,000 - 599,999.99	0	0.00	0.0000	1.0000
600,000 - 699,999.99	0	0.00	0.0000	1.0000
700,000 - 799,999.99	0	0.00	0.0000	1.0000
800,000 - 899,999.99	0	0.00	0.0000	1.0000
900,000 - 999,999.99	0	0.00	0.0000	1.0000
1,000,000+	2	1,548,156.94	0.0000	1.0000

Appendix D

Additional Data

State of Mississippi Division of Medicaid
Data Book for MississippiCAN Program – Version 2

March 4, 2009

This report assumes that the reader is familiar with the State of Mississippi's Medicaid program, its benefits, and the MississippiCAN program. The report was prepared solely to assist DOM with the preparation of the RFP for the MississippiCAN program. It may not be appropriate for other purposes. Milliman does not intend to benefit and assumes no duty or liability to other parties who receive this work. This material should only be reviewed in its entirety.

Appendix D Files

Appendix D.1-Historical Provider Fee Schedules.zip
Appendix D.2-Procedure Codes.xls
Appendix D.3-Diagnosis Codes by High Cost COE.xls
Appendix D.4-Pregnant Women and Infant Member Month Distribution by Zip Code.xls
Appendix D.5-Hospital Inpatient and Outpatient Detail.xls
Appendix D.6-Rx Summaries.xls
Appendix D.7-Out of State Providers.xls
Appendix D.8-Infant & Pregnant Women CPDs.xls
Appendix D.9-COE Cost Model Breakout.xls