



**State of Mississippi
Division of Medicaid**

**Data Book for MississippiCAN
Version 3**

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 3

August 21, 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.

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	Allowed Costs	SFY 2007		Allowed Costs	SFY 2008	
		Average Enrollment	PMPM		Average Enrollment	PMPM
SSI via SDX	\$477,930,299	73,125	\$ 544.65	\$513,906,869	74,206	\$ 577.12
Disabled Child at Home	\$ 8,852,795	975	\$ 757.04	\$ 10,347,675	1,075	\$ 802.21
Working Disabled	\$ 2,342,902	248	\$ 788.86	\$ 1,891,711	238	\$ 662.36
DHS Foster Care	\$ 4,257,046	1,526	\$ 232.46	\$ 4,413,172	1,551	\$ 237.11
Breast-Cervical	\$ 3,097,314	130	\$ 1,982.92	\$ 3,274,956	138	\$ 1,982.42
Total	\$496,480,356	76,003	\$ 544.36	\$533,834,382	77,208	\$ 576.19

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 each eligible COE 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 beneficiaries 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 targeted, high cost Medicaid beneficiaries defined by these categories of eligibility:

- > SSI via SDX
- > Disabled children at home
- > Working disabled
- > DHS Foster Care
- > Breast-Cervical

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:

Table 2 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

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. In addition to limiting membership to the five COEs described earlier, 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 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 that identify institutionalized beneficiaries (i.e., COE codes 005, 010), 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 that identify various waiver programs (i.e., COE codes 046 - 049, 062 - 067), 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.

RESULTING ENROLLMENT BY COE

After applying the various exclusions and identification methods documented in this section, the resulting enrollment by COE for SFY 2007 and 2008 is shown in Table 3 below.

Table 3 Mississippi Division of Medicaid Statewide SFY 2007 and 2008 Enrollment by Category of Eligibility				
Category of Eligibility	SFY 2007		SFY 2008	
	Member Months	Average Enrollment	Member Months	Average Enrollment
SSI via SDX	877,501	73,125	890,475	74,206
Disabled Child at Home	11,694	975	12,899	1,075
Working Disabled	2,970	248	2,856	238
DHS Foster Care	18,313	1,526	18,612	1,551
Breast-Cervical	1,562	130	1,652	138

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 4 displays the counties included in each region.

Table 4 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 5 shows the resulting enrollment counts by region for SFY 2007 and 2008. Appendix B includes a more detailed breakdown by county and COE within each region.

Table 5 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	312,505	26,042	318,440	26,537
Central	338,516	28,210	342,433	28,536
South	261,019	21,752	265,621	22,135
Statewide	912,040	76,003	926,494	77,208

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 the CCOs under 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

RESULTING COST BY COE

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 COEs outlined in Section III. The resulting costs by COE are shown in Table 6. Appendix A includes more detailed information by category of service and age band along with breakdowns by geographic region.

Table 6 Mississippi Division of Medicaid Statewide SFY 2007 and SFY 2008 Enrollment and Fee-for-Service Costs						
Category of Eligibility	Allowed Costs	SFY 2007		Allowed Costs	SFY 2008	
		Average Enrollment	PMPM		Average Enrollment	PMPM
SSI via SDX	\$477,930,299	73,125	\$ 544.65	\$513,906,869	74,206	\$ 577.12
Disabled Child at Home	\$ 8,852,795	975	\$ 757.04	\$ 10,347,675	1,075	\$ 802.21
Working Disabled	\$ 2,342,902	248	\$ 788.86	\$ 1,891,711	238	\$ 662.36
DHS Foster Care	\$ 4,257,046	1,526	\$ 232.46	\$ 4,413,172	1,551	\$ 237.11
Breast-Cervical	\$ 3,097,314	130	\$ 1,982.92	\$ 3,274,956	138	\$ 1,982.42
Total	\$496,480,356	76,003	\$ 544.36	\$533,834,382	77,208	\$ 576.19

CLAIMS DISTRIBUTIONS

Appendix C includes statewide claims probability distributions for each category of eligibility 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 7. 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 equal approximately 25% - 31% of drug services expenditures across all DOM categories of eligibility.

Table 7
Mississippi Division of Medicaid
Prescription Drug Rebates for Entire DOM Program

Quarter	2006	2007	2008	2009
Supplemental Rebates Collected				
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
Federal Rebates Collected				
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 8 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 8 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. 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).

- > *Appendix D.4-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 region.
 - Facility – ER Only: This tab provides hospital emergency room claims and units by facility name segmented by region.
 - 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.5- Rx Summaries.xls*: This appendix includes summaries of drug utilization and cost by therapeutic class and generic / brand status.
- > *Appendix D.6-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 benefit category.

Appendix A

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

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

COE: Region: Age:	High Cost Statewide All Ages	July 2006 - June 2007							July 2007 - June 2008						
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	912,040	139,810	161,506,043	1,840	1,155.18	177.08	926,494	145,029	172,515,620	1,878	1,189.52	186.20		
02	Outpatient Hospital Services	912,040	2,036,788	81,348,578	26,799	39.94	89.19	926,494	2,202,578	81,844,260	28,528	37.16	88.34		
03	Lab and Radiology Services	912,040	151,183	2,572,668	1,989	17.02	2.82	926,494	153,553	2,755,173	1,989	17.94	2.97		
05	Physician Services	912,040	2,333,549	56,898,444	30,703	24.38	62.39	926,494	2,215,492	59,560,022	28,695	26.88	64.29		
06	Home and Community Based Services	912,040	480	3,789	6	7.89	0.00	926,494	358	3,018	5	8.43	0.00		
07	Home Health Agency Services	912,040	97,674	2,179,509	1,285	22.31	2.39	926,494	114,506	2,207,419	1,483	19.28	2.38		
08	Swing Bed Skilled Care Services	912,040	81	11,542	1	142.49	0.01	926,494	111	16,984	1	153.01	0.02		
10	Periodic Screening Services (EPDST)	912,040	26,203	1,280,708	345	48.88	1.40	926,494	32,561	1,638,713	422	50.33	1.77		
11	Emergency/Non-Emergency Transportation	912,040	131,899	3,979,183	1,735	30.17	4.36	926,494	155,975	4,611,066	2,020	29.56	4.98		
12	Dental Services	912,040	37,168	1,538,449	489	41.39	1.69	926,494	40,209	2,057,027	521	51.16	2.22		
13	Eyeglass Services	912,040	43,341	1,625,757	570	37.51	1.78	926,494	43,986	1,709,083	570	38.86	1.84		
14	Family Planning Services	912,040	0	0	0	0.00	0.00	926,494	0	0	0	0.00	0.00		
15	Drug Services	912,040	1,401,773	134,836,936	18,444	96.19	147.84	926,494	1,464,887	151,984,194	18,973	103.75	164.04		
16	Dental Screening	912,040	78,644	3,143,034	1,035	39.97	3.45	926,494	94,545	3,969,387	1,225	41.98	4.28		
17	Eyeglass Screening	912,040	34,608	1,099,012	455	31.76	1.21	926,494	37,719	1,223,990	489	32.45	1.32		
18	Hearing Screening Services	912,040	1,692	114,266	22	67.53	0.13	926,494	3,171	171,525	41	54.09	0.19		
21	Swing Bed Intermediate Care Services	912,040	352	50,156	5	142.49	0.05	926,494	440	67,324	6	153.01	0.07		
22	Rural Health Clinic Services	912,040	111,903	6,068,004	1,472	54.23	6.65	926,494	113,330	6,061,887	1,468	53.49	6.54		
23	FQHC (Federally Qualified Health Center)	912,040	53,836	3,745,592	708	69.57	4.11	926,494	54,919	3,547,044	711	64.59	3.83		
24	DME (Durable Medical Equipment Services)	912,040	1,361,545	9,716,430	17,914	7.14	10.65	926,494	1,533,757	11,045,378	19,865	7.20	11.92		
25	Therapy Services, (outside the Home Health Program)	912,040	82,311	2,245,371	1,083	27.28	2.46	926,494	90,571	2,451,978	1,173	27.07	2.65		
27	Inpatient Psychiatric Hospital Services	912,040	0	0	0	0.00	0.00	926,494	0	0	0	0.00	0.00		
28	Nurse Services	912,040	671,186	3,235,879	8,831	4.82	3.55	926,494	742,620	3,813,105	9,618	5.13	4.12		
29	Ambulatory Surgical Centers	912,040	5,321	1,659,925	70	311.96	1.82	926,494	5,036	1,595,952	65	316.91	1.72		
31	Hospice Services	912,040	84,706	10,215,188	1,115	120.60	11.20	926,494	88,588	10,928,027	1,147	123.36	11.80		
32	Outpatient Psychiatric Hospital Services	912,040	0	0	0	0.00	0.00	926,494	0	0	0	0.00	0.00		
34	Family Planning Drug Services	912,040	11,031	430,269	145	39.01	0.47	926,494	10,928	441,039	142	40.36	0.48		
35	Freestanding Dialysis Services	912,040	1,500,168	6,975,089	19,738	4.65	7.65	926,494	2,451,757	7,613,030	31,755	3.11	8.22		
98	Unknown	912,040	7	535	0	76.48	0.00	926,494	34	2,138	0	62.89	0.00		
Total		912,040		\$ 496,480,356			\$ 544.36	926,494		\$ 533,834,382			\$ 576.19		

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

COE: High Cost
Region: Statewide
Age: 0 - 11 months

July 2006 - June 2007								July 2007 - June 2008					
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	6,564	12,307	15,722,213	22,499	1,277.50	2395.22	7,279	16,932	21,997,164	27,914	1,299.15	3022.00
02	Outpatient Hospital Services	6,564	12,071	633,178	22,068	52.45	96.46	7,279	15,966	1,037,855	26,321	65.00	142.58
03	Lab and Radiology Services	6,564	180	2,567	329	14.26	0.39	7,279	169	3,186	279	18.85	0.44
05	Physician Services	6,564	56,284	3,197,423	102,896	56.81	487.12	7,279	64,824	4,260,043	106,867	65.72	585.25
06	Home and Community Based Services	6,564	0	0	0	0.00	0.00	7,279	0	0	0	0.00	0.00
07	Home Health Agency Services	6,564	1,536	65,846	2,808	42.87	10.03	7,279	1,249	100,410	2,059	80.39	13.79
08	Swing Bed Skilled Care Services	6,564	0	0	0	0.00	0.00	7,279	0	0	0	0.00	0.00
10	Periodic Screening Services (EPDST)	6,564	3,089	149,907	5,647	48.53	22.84	7,279	4,274	226,133	7,046	52.91	31.07
11	Emergency/Non-Emergency Transportation	6,564	5,634	63,155	10,300	11.21	9.62	7,279	15,596	274,378	25,711	17.59	37.69
12	Dental Services	6,564	0	0	0	0.00	0.00	7,279	0	0	0	0.00	0.00
13	Eyeglass Services	6,564	0	0	0	0.00	0.00	7,279	0	0	0	0.00	0.00
14	Family Planning Services	6,564	0	0	0	0.00	0.00	7,279	0	0	0	0.00	0.00
15	Drug Services	6,564	5,209	1,369,151	9,523	262.84	208.58	7,279	7,270	1,994,626	11,985	274.36	274.02
16	Dental Screening	6,564	1	256	2	256.00	0.04	7,279	0	0	0	0.00	0.00
17	Eyeglass Screening	6,564	21	624	38	29.71	0.10	7,279	28	772	46	27.58	0.11
18	Hearing Screening Services	6,564	56	3,545	102	63.31	0.54	7,279	68	6,283	112	92.39	0.86
21	Swing Bed Intermediate Care Services	6,564	0	0	0	0.00	0.00	7,279	0	0	0	0.00	0.00
22	Rural Health Clinic Services	6,564	795	44,598	1,453	56.10	6.79	7,279	970	53,665	1,599	55.33	7.37
23	FQHC (Federally Qualified Health Center)	6,564	583	29,650	1,066	50.86	4.52	7,279	601	32,037	991	53.31	4.40
24	DME (Durable Medical Equipment Services)	6,564	7,926	186,198	14,490	23.49	28.37	7,279	16,784	325,722	27,670	19.41	44.75
25	Therapy Services, (outside the Home Health Program)	6,564	1,874	49,898	3,426	26.63	7.60	7,279	1,624	41,300	2,677	25.43	5.67
27	Inpatient Psychiatric Hospital Services	6,564	0	0	0	0.00	0.00	7,279	0	0	0	0.00	0.00
28	Nurse Services	6,564	6,096	32,539	11,144	5.34	4.96	7,279	10,080	47,663	16,618	4.73	6.55
29	Ambulatory Surgical Centers	6,564	8	3,845	15	480.67	0.59	7,279	9	4,761	15	528.99	0.65
31	Hospice Services	6,564	332	38,074	607	114.68	5.80	7,279	276	36,155	455	131.00	4.97
32	Outpatient Psychiatric Hospital Services	6,564	0	0	0	0.00	0.00	7,279	0	0	0	0.00	0.00
34	Family Planning Drug Services	6,564	0	0	0	0.00	0.00	7,279	9	289	15	32.07	0.04
35	Freestanding Dialysis Services	6,564	0	0	0	0.00	0.00	7,279	0	0	0	0.00	0.00
98	Unknown	6,564	1	8	2	7.69	0.00	7,279	0	0	0	0.00	0.00
Total		6,564		\$ 21,592,676		\$	3,289.56	7,279		\$ 30,442,441		\$	4,182.23

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

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

July 2006 - June 2007								July 2007 - June 2008					
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	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	136,140	6,336,588	28,412	46.54	110.20	59,535	153,872	7,927,676	31,015	51.52	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.1
State of Mississippi Department of Medicaid
Incurred Claims and Per Member Per Month (PMPM) Cost Summaries
Claims Basis: Amount Allowed

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

July 2006 - June 2007								July 2007 - June 2008					
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	288,504	23,952	25,147,634	996	1,049.92	87.17	290,171	22,986	25,551,929	951	1,111.63	88.06
02	Outpatient Hospital Services	288,504	358,048	13,666,441	14,893	38.17	47.37	290,171	350,740	14,012,773	14,505	39.95	48.29
03	Lab and Radiology Services	288,504	20,422	352,530	849	17.26	1.22	290,171	20,552	375,193	850	18.26	1.29
05	Physician Services	288,504	321,552	7,609,861	13,375	23.67	26.38	290,171	315,184	7,867,936	13,034	24.96	27.11
06	Home and Community Based Services	288,504	2	250	0	125.00	0.00	290,171	0	0	0	0.00	0.00
07	Home Health Agency Services	288,504	8,203	209,656	341	25.56	0.73	290,171	14,281	209,448	591	14.67	0.72
08	Swing Bed Skilled Care Services	288,504	14	1,995	1	142.49	0.01	290,171	0	0	0	0.00	0.00
10	Periodic Screening Services (EPDST)	288,504	11,331	298,063	471	26.31	1.03	290,171	13,190	333,637	545	25.29	1.15
11	Emergency/Non-Emergency Transportation	288,504	23,034	463,208	958	20.11	1.61	290,171	25,860	517,578	1,069	20.01	1.78
12	Dental Services	288,504	0	0	0	0.00	0.00	290,171	0	0	0	0.00	0.00
13	Eyeglass Services	288,504	0	0	0	0.00	0.00	290,171	0	0	0	0.00	0.00
14	Family Planning Services	288,504	0	0	0	0.00	0.00	290,171	0	0	0	0.00	0.00
15	Drug Services	288,504	241,910	34,853,996	10,062	144.08	120.81	290,171	250,795	37,132,570	10,372	148.06	127.97
16	Dental Screening	288,504	67,604	2,677,928	2,812	39.61	9.28	290,171	80,519	3,350,353	3,330	41.61	11.55
17	Eyeglass Screening	288,504	32,027	1,014,032	1,332	31.66	3.51	290,171	35,015	1,132,604	1,448	32.35	3.90
18	Hearing Screening Services	288,504	974	76,874	41	78.93	0.27	290,171	2,163	126,566	89	58.51	0.44
21	Swing Bed Intermediate Care Services	288,504	0	0	0	0.00	0.00	290,171	0	0	0	0.00	0.00
22	Rural Health Clinic Services	288,504	21,899	1,405,055	911	64.16	4.87	290,171	22,376	1,439,632	925	64.34	4.96
23	FQHC (Federally Qualified Health Center)	288,504	12,559	872,491	522	69.47	3.02	290,171	12,915	819,503	534	63.45	2.82
24	DME (Durable Medical Equipment Services)	288,504	898,851	2,999,851	37,387	3.34	10.40	290,171	1,009,687	3,112,163	41,756	3.08	10.73
25	Therapy Services, (outside the Home Health Program)	288,504	28,038	747,776	1,166	26.67	2.59	290,171	33,407	865,011	1,382	25.89	2.98
27	Inpatient Psychiatric Hospital Services	288,504	0	0	0	0.00	0.00	290,171	0	0	0	0.00	0.00
28	Nurse Services	288,504	88,761	734,725	3,692	8.28	2.55	290,171	102,638	864,654	4,245	8.42	2.98
29	Ambulatory Surgical Centers	288,504	317	112,407	13	354.60	0.39	290,171	299	100,742	12	336.93	0.35
31	Hospice Services	288,504	3,072	354,393	128	115.36	1.23	290,171	2,803	326,220	116	116.38	1.12
32	Outpatient Psychiatric Hospital Services	288,504	0	0	0	0.00	0.00	290,171	0	0	0	0.00	0.00
34	Family Planning Drug Services	288,504	4,670	190,166	194	40.72	0.66	290,171	4,674	194,724	193	41.66	0.67
35	Freestanding Dialysis Services	288,504	25,047	104,627	1,042	4.18	0.36	290,171	21,579	72,328	892	3.35	0.25
98	Unknown	288,504	4	213	0	53.34	0.00	290,171	16	768	1	47.99	0.00
Total		288,504		\$ 93,894,173		\$	325.45	290,171		\$ 98,406,332		\$	339.13

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

COE: High Cost
Region: Statewide
Age: Ages 21+

July 2006 - June 2007								July 2007 - June 2008					
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	559,472	97,105	112,313,656	2,083	1,156.62	200.75	569,509	98,205	116,030,347	2,069	1,181.51	203.74
02	Outpatient Hospital Services	559,472	1,530,529	60,712,370	32,828	39.67	108.52	569,509	1,682,000	58,865,956	35,441	35.00	103.36
03	Lab and Radiology Services	559,472	126,654	2,173,444	2,717	17.16	3.88	569,509	128,939	2,330,415	2,717	18.07	4.09
05	Physician Services	559,472	1,821,581	43,464,187	39,071	23.86	77.69	569,509	1,687,837	44,595,674	35,564	26.42	78.31
06	Home and Community Based Services	559,472	478	3,539	10	7.40	0.01	569,509	358	3,018	8	8.43	0.01
07	Home Health Agency Services	559,472	83,318	1,683,671	1,787	20.21	3.01	569,509	94,015	1,670,405	1,981	17.77	2.93
08	Swing Bed Skilled Care Services	559,472	67	9,547	1	142.49	0.02	569,509	111	16,984	2	153.01	0.03
10	Periodic Screening Services (EPDST)	559,472	663	31,648	14	47.73	0.06	569,509	647	15,116	14	23.36	0.03
11	Emergency/Non-Emergency Transportation	559,472	90,343	3,321,605	1,938	36.77	5.94	569,509	96,680	3,598,497	2,037	37.22	6.32
12	Dental Services	559,472	37,168	1,538,449	797	41.39	2.75	569,509	40,209	2,057,027	847	51.16	3.61
13	Eyeglass Services	559,472	43,341	1,625,757	930	37.51	2.91	569,509	43,986	1,709,083	927	38.86	3.00
14	Family Planning Services	559,472	0	0	0	0.00	0.00	569,509	0	0	0	0.00	0.00
15	Drug Services	559,472	1,103,445	93,091,680	23,668	84.36	166.39	569,509	1,147,700	105,723,415	24,183	92.12	185.64
16	Dental Screening	559,472	103	4,677	2	45.41	0.01	569,509	191	10,238	4	53.60	0.02
17	Eyeglass Screening	559,472	29	1,045	1	36.05	0.00	569,509	63	2,468	1	39.17	0.00
18	Hearing Screening Services	559,472	77	2,533	2	32.90	0.00	569,509	107	2,726	2	25.47	0.00
21	Swing Bed Intermediate Care Services	559,472	352	50,156	8	142.49	0.09	569,509	440	67,324	9	153.01	0.12
22	Rural Health Clinic Services	559,472	83,804	4,295,891	1,797	51.26	7.68	569,509	84,025	4,218,329	1,770	50.20	7.41
23	FQHC (Federally Qualified Health Center)	559,472	37,879	2,675,765	812	70.64	4.78	569,509	38,508	2,527,507	811	65.64	4.44
24	DME (Durable Medical Equipment Services)	559,472	208,763	5,170,569	4,478	24.77	9.24	569,509	256,381	6,078,367	5,402	23.71	10.67
25	Therapy Services, (outside the Home Health Program)	559,472	1,703	35,675	37	20.95	0.06	569,509	159	2,889	3	18.17	0.01
27	Inpatient Psychiatric Hospital Services	559,472	0	0	0	0.00	0.00	569,509	0	0	0	0.00	0.00
28	Nurse Services	559,472	528,232	2,115,569	11,330	4.01	3.78	569,509	569,415	2,417,029	11,998	4.24	4.24
29	Ambulatory Surgical Centers	559,472	4,844	1,490,763	104	307.75	2.66	569,509	4,561	1,426,137	96	312.68	2.50
31	Hospice Services	559,472	80,683	9,763,696	1,731	121.01	17.45	569,509	84,344	10,424,431	1,777	123.59	18.30
32	Outpatient Psychiatric Hospital Services	559,472	0	0	0	0.00	0.00	569,509	0	0	0	0.00	0.00
34	Family Planning Drug Services	559,472	6,361	240,103	136	37.75	0.43	569,509	6,244	245,994	132	39.40	0.43
35	Freestanding Dialysis Services	559,472	1,474,545	6,795,216	31,627	4.61	12.15	569,509	2,430,147	7,536,652	51,205	3.10	13.23
98	Unknown	559,472	2	314	0	157.16	0.00	569,509	18	1,371	0	76.14	0.00
Total		559,472		\$ 352,611,527		\$	630.26	569,509		\$ 371,577,398		\$	652.45

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					
COE:	High Cost												
Region:	North												
Age:	All Ages												
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	312,505	41,836	49,147,873	1,606	1,174.77	157.27	318,440	45,882	54,635,964	1,729	1,190.79	171.57
02	Outpatient Hospital Services	312,505	668,513	26,034,427	25,670	38.94	83.31	318,440	737,899	24,777,731	27,807	33.58	77.81
03	Lab and Radiology Services	312,505	50,134	874,293	1,925	17.44	2.80	318,440	51,965	953,437	1,958	18.35	2.99
05	Physician Services	312,505	841,090	19,723,540	32,297	23.45	63.11	318,440	790,986	21,108,783	29,807	26.69	66.29
06	Home and Community Based Services	312,505	276	2,209	11	8.00	0.01	318,440	179	1,303	7	7.28	0.00
07	Home Health Agency Services	312,505	38,924	663,647	1,495	17.05	2.12	318,440	43,635	684,636	1,644	15.69	2.15
08	Swing Bed Skilled Care Services	312,505	3	427	0	142.49	0.00	318,440	64	9,793	2	153.01	0.03
10	Periodic Screening Services (EPDST)	312,505	10,427	505,507	400	48.48	1.62	318,440	12,604	649,993	475	51.57	2.04
11	Emergency/Non-Emergency Transportation	312,505	52,778	1,333,133	2,027	25.26	4.27	318,440	59,060	1,441,032	2,226	24.40	4.53
12	Dental Services	312,505	13,727	598,952	527	43.63	1.92	318,440	15,229	818,948	574	53.78	2.57
13	Eyeglass Services	312,505	16,885	639,900	648	37.90	2.05	318,440	17,307	672,310	652	38.85	2.11
14	Family Planning Services	312,505	0	0	0	0.00	0.00	318,440	0	0	0	0.00	0.00
15	Drug Services	312,505	476,980	43,962,334	18,316	92.17	140.68	318,440	497,547	48,194,201	18,749	96.86	151.34
16	Dental Screening	312,505	26,827	1,102,246	1,030	41.09	3.53	318,440	32,113	1,390,287	1,210	43.29	4.37
17	Eyeglass Screening	312,505	12,519	397,902	481	31.78	1.27	318,440	14,114	457,051	532	32.38	1.44
18	Hearing Screening Services	312,505	895	48,049	34	53.69	0.15	318,440	1,773	68,069	67	38.39	0.21
21	Swing Bed Intermediate Care Services	312,505	142	20,234	5	142.49	0.06	318,440	80	12,241	3	153.01	0.04
22	Rural Health Clinic Services	312,505	38,827	2,215,631	1,491	57.06	7.09	318,440	39,516	2,181,515	1,489	55.21	6.85
23	FQHC (Federally Qualified Health Center)	312,505	13,327	886,497	512	66.52	2.84	318,440	12,639	799,493	476	63.26	2.51
24	DME (Durable Medical Equipment Services)	312,505	430,340	3,153,379	16,525	7.33	10.09	318,440	459,186	3,455,595	17,304	7.53	10.85
25	Therapy Services, (outside the Home Health Program)	312,505	34,109	900,762	1,310	26.41	2.88	318,440	40,219	1,050,580	1,516	26.12	3.30
27	Inpatient Psychiatric Hospital Services	312,505	0	0	0	0.00	0.00	318,440	0	0	0	0.00	0.00
28	Nurse Services	312,505	265,125	1,253,638	10,181	4.73	4.01	318,440	280,048	1,515,096	10,553	5.41	4.76
29	Ambulatory Surgical Centers	312,505	1,895	549,131	73	289.78	1.76	318,440	1,728	519,115	65	300.41	1.63
31	Hospice Services	312,505	36,445	4,028,601	1,399	110.54	12.89	318,440	39,318	4,566,518	1,482	116.14	14.34
32	Outpatient Psychiatric Hospital Services	312,505	0	0	0	0.00	0.00	318,440	0	0	0	0.00	0.00
34	Family Planning Drug Services	312,505	3,303	127,143	127	38.49	0.41	318,440	3,505	138,279	132	39.45	0.43
35	Freestanding Dialysis Services	312,505	559,188	2,519,257	21,472	4.51	8.06	318,440	1,025,345	2,809,833	38,639	2.74	8.82
98	Unknown	312,505	1	32	0	31.69	0.00	318,440	34	2,066	1	60.78	0.01
Total		312,505	\$	160,688,742		\$	514.20	318,440	\$	172,913,866		\$	543.00

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

COE: High Cost
Region: North
Age: 0 - 11 months

July 2006 - June 2007								July 2007 - June 2008					
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	2,068	3,656	4,824,450	21,215	1,319.60	2332.91	2,216	5,434	7,052,424	29,426	1,297.83	3182.50
02	Outpatient Hospital Services	2,068	3,924	157,780	22,770	40.21	76.30	2,216	5,287	198,287	28,630	37.50	89.48
03	Lab and Radiology Services	2,068	17	243	99	14.32	0.12	2,216	14	193	76	13.76	0.09
05	Physician Services	2,068	16,395	857,749	95,135	52.32	414.77	2,216	21,805	1,313,612	118,078	60.24	592.79
06	Home and Community Based Services	2,068	0	0	0	0.00	0.00	2,216	0	0	0	0.00	0.00
07	Home Health Agency Services	2,068	431	18,071	2,501	41.93	8.74	2,216	211	24,878	1,143	117.91	11.23
08	Swing Bed Skilled Care Services	2,068	0	0	0	0.00	0.00	2,216	0	0	0	0.00	0.00
10	Periodic Screening Services (EPDST)	2,068	959	43,560	5,565	45.42	21.06	2,216	1,563	77,810	8,464	49.78	35.11
11	Emergency/Non-Emergency Transportation	2,068	2,073	17,247	12,029	8.32	8.34	2,216	1,996	32,530	10,809	16.30	14.68
12	Dental Services	2,068	0	0	0	0.00	0.00	2,216	0	0	0	0.00	0.00
13	Eyeglass Services	2,068	0	0	0	0.00	0.00	2,216	0	0	0	0.00	0.00
14	Family Planning Services	2,068	0	0	0	0.00	0.00	2,216	0	0	0	0.00	0.00
15	Drug Services	2,068	1,465	366,024	8,501	249.85	176.99	2,216	2,174	586,870	11,773	269.95	264.83
16	Dental Screening	2,068	0	0	0	0.00	0.00	2,216	0	0	0	0.00	0.00
17	Eyeglass Screening	2,068	9	189	52	21.03	0.09	2,216	7	230	38	32.92	0.10
18	Hearing Screening Services	2,068	21	746	122	35.54	0.36	2,216	29	2,365	157	81.55	1.07
21	Swing Bed Intermediate Care Services	2,068	0	0	0	0.00	0.00	2,216	0	0	0	0.00	0.00
22	Rural Health Clinic Services	2,068	167	9,734	969	58.29	4.71	2,216	256	13,991	1,386	54.65	6.31
23	FQHC (Federally Qualified Health Center)	2,068	171	8,996	992	52.61	4.35	2,216	107	4,858	579	45.40	2.19
24	DME (Durable Medical Equipment Services)	2,068	2,005	48,821	11,634	24.35	23.61	2,216	3,077	91,071	16,662	29.60	41.10
25	Therapy Services, (outside the Home Health Program)	2,068	569	13,160	3,302	23.13	6.36	2,216	621	15,966	3,363	25.71	7.20
27	Inpatient Psychiatric Hospital Services	2,068	0	0	0	0.00	0.00	2,216	0	0	0	0.00	0.00
28	Nurse Services	2,068	3,453	9,459	20,037	2.74	4.57	2,216	4,860	13,545	26,318	2.79	6.11
29	Ambulatory Surgical Centers	2,068	3	1,099	17	366.23	0.53	2,216	1	549	5	549.34	0.25
31	Hospice Services	2,068	103	10,300	598	100.00	4.98	2,216	62	6,200	336	100.00	2.80
32	Outpatient Psychiatric Hospital Services	2,068	0	0	0	0.00	0.00	2,216	0	0	0	0.00	0.00
34	Family Planning Drug Services	2,068	0	0	0	0.00	0.00	2,216	9	289	49	32.07	0.13
35	Freestanding Dialysis Services	2,068	0	0	0	0.00	0.00	2,216	0	0	0	0.00	0.00
98	Unknown	2,068	1	8	6	7.69	0.00	2,216	0	0	0	0.00	0.00
Total		2,068		\$ 6,387,635		\$	3,088.80	2,216		\$ 9,435,667		\$	4,257.97

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

COE: High Cost
Region: North
Age: Ages 1 - 5

July 2006 - June 2007								July 2007 - June 2008					
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	48,856	1,918,798	30,316	39.27	99.22	19,704	55,013	2,087,176	33,504	37.94	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.1
State of Mississippi Department of Medicaid
Incurred Claims and Per Member Per Month (PMPM) Cost Summaries
Claims Basis: Amount Allowed

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

July 2006 - June 2007								July 2007 - June 2008					
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	97,130	5,260	5,917,743	650	1,125.05	60.93	98,125	5,281	6,621,630	646	1,253.86	67.48
02	Outpatient Hospital Services	97,130	127,088	4,497,964	15,701	35.39	46.31	98,125	126,938	4,529,806	15,524	35.69	46.16
03	Lab and Radiology Services	97,130	6,190	108,193	765	17.48	1.11	98,125	6,630	125,893	811	18.99	1.28
05	Physician Services	97,130	102,629	2,398,452	12,679	23.37	24.69	98,125	98,851	2,556,769	12,089	25.86	26.06
06	Home and Community Based Services	97,130	2	250	0	125.00	0.00	98,125	0	0	0	0.00	0.00
07	Home Health Agency Services	97,130	2,241	61,125	277	27.28	0.63	98,125	3,294	47,844	403	14.52	0.49
08	Swing Bed Skilled Care Services	97,130	0	0	0	0.00	0.00	98,125	0	0	0	0.00	0.00
10	Periodic Screening Services (EPDST)	97,130	4,646	119,183	574	25.65	1.23	98,125	5,270	132,121	644	25.07	1.35
11	Emergency/Non-Emergency Transportation	97,130	10,113	167,648	1,249	16.58	1.73	98,125	11,318	184,997	1,384	16.35	1.89
12	Dental Services	97,130	0	0	0	0.00	0.00	98,125	0	0	0	0.00	0.00
13	Eyeglass Services	97,130	0	0	0	0.00	0.00	98,125	0	0	0	0.00	0.00
14	Family Planning Services	97,130	0	0	0	0.00	0.00	98,125	0	0	0	0.00	0.00
15	Drug Services	97,130	76,112	10,908,155	9,403	143.32	112.30	98,125	80,410	11,867,873	9,834	147.59	120.95
16	Dental Screening	97,130	23,056	944,737	2,848	40.98	9.73	98,125	27,579	1,194,437	3,373	43.31	12.17
17	Eyeglass Screening	97,130	11,649	366,684	1,439	31.48	3.78	98,125	12,976	417,500	1,587	32.17	4.25
18	Hearing Screening Services	97,130	465	31,811	57	68.41	0.33	98,125	1,191	48,286	146	40.54	0.49
21	Swing Bed Intermediate Care Services	97,130	0	0	0	0.00	0.00	98,125	0	0	0	0.00	0.00
22	Rural Health Clinic Services	97,130	8,077	513,415	998	63.57	5.29	98,125	8,466	526,603	1,035	62.20	5.37
23	FQHC (Federally Qualified Health Center)	97,130	2,538	166,815	314	65.73	1.72	98,125	2,424	153,879	296	63.48	1.57
24	DME (Durable Medical Equipment Services)	97,130	272,363	930,127	33,649	3.42	9.58	98,125	296,902	833,009	36,309	2.81	8.49
25	Therapy Services, (outside the Home Health Program)	97,130	13,938	360,698	1,722	25.88	3.71	98,125	19,114	467,793	2,338	24.47	4.77
27	Inpatient Psychiatric Hospital Services	97,130	0	0	0	0.00	0.00	98,125	0	0	0	0.00	0.00
28	Nurse Services	97,130	34,954	222,291	4,318	6.36	2.29	98,125	31,270	244,454	3,824	7.82	2.49
29	Ambulatory Surgical Centers	97,130	107	41,109	13	384.19	0.42	98,125	96	31,287	12	325.90	0.32
31	Hospice Services	97,130	1,801	198,145	223	110.02	2.04	98,125	1,588	184,599	194	116.25	1.88
32	Outpatient Psychiatric Hospital Services	97,130	0	0	0	0.00	0.00	98,125	0	0	0	0.00	0.00
34	Family Planning Drug Services	97,130	1,310	53,807	162	41.07	0.55	98,125	1,483	60,199	181	40.59	0.61
35	Freestanding Dialysis Services	97,130	257	3,316	32	12.90	0.03	98,125	5,501	22,585	673	4.11	0.23
98	Unknown	97,130	0	0	0	0.00	0.00	98,125	16	768	2	47.99	0.01
Total		97,130		\$ 28,011,669		\$ 288.39		98,125		\$ 30,252,333		\$ 308.30	

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

COE: High Cost
Region: North
Age: Ages 21+

July 2006 - June 2007								July 2007 - June 2008					
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	193,968	30,693	35,042,079	1,899	1,141.70	180.66	198,395	32,933	38,013,154	1,992	1,154.26	191.60
02	Outpatient Hospital Services	193,968	488,645	19,459,885	30,230	39.82	100.33	198,395	550,661	17,962,463	33,307	32.62	90.54
03	Lab and Radiology Services	193,968	42,351	747,144	2,620	17.64	3.85	198,395	43,862	809,999	2,653	18.47	4.08
05	Physician Services	193,968	679,631	15,559,188	42,046	22.89	80.22	198,395	629,958	16,336,103	38,103	25.93	82.34
06	Home and Community Based Services	193,968	274	1,959	17	7.15	0.01	198,395	179	1,303	11	7.28	0.01
07	Home Health Agency Services	193,968	35,598	540,300	2,202	15.18	2.79	198,395	39,378	578,723	2,382	14.70	2.92
08	Swing Bed Skilled Care Services	193,968	3	427	0	142.49	0.00	198,395	64	9,793	4	153.01	0.05
10	Periodic Screening Services (EPDST)	193,968	185	4,523	11	24.45	0.02	198,395	184	2,503	11	13.60	0.01
11	Emergency/Non-Emergency Transportation	193,968	34,487	1,092,752	2,134	31.69	5.63	198,395	39,629	1,157,147	2,397	29.20	5.83
12	Dental Services	193,968	13,727	598,952	849	43.63	3.09	198,395	15,229	818,948	921	53.78	4.13
13	Eyeglass Services	193,968	16,885	639,900	1,045	37.90	3.30	198,395	17,307	672,310	1,047	38.85	3.39
14	Family Planning Services	193,968	0	0	0	0.00	0.00	198,395	0	0	0	0.00	0.00
15	Drug Services	193,968	382,467	30,260,761	23,662	79.12	156.01	198,395	396,509	33,061,557	23,983	83.38	166.65
16	Dental Screening	193,968	54	2,338	3	43.29	0.01	198,395	81	5,341	5	65.94	0.03
17	Eyeglass Screening	193,968	11	413	1	37.52	0.00	198,395	33	1,181	2	35.80	0.01
18	Hearing Screening Services	193,968	41	1,038	3	25.31	0.01	198,395	34	814	2	23.93	0.00
21	Swing Bed Intermediate Care Services	193,968	142	20,234	9	142.49	0.10	198,395	80	12,241	5	153.01	0.06
22	Rural Health Clinic Services	193,968	28,715	1,581,907	1,776	55.09	8.16	198,395	28,891	1,525,837	1,747	52.81	7.69
23	FQHC (Federally Qualified Health Center)	193,968	10,149	682,393	628	67.24	3.52	198,395	9,524	609,678	576	64.01	3.07
24	DME (Durable Medical Equipment Services)	193,968	85,076	1,780,550	5,263	20.93	9.18	198,395	101,127	2,084,924	6,117	20.62	10.51
25	Therapy Services, (outside the Home Health Program)	193,968	105	1,104	6	10.51	0.01	198,395	5	118	0	23.69	0.00
27	Inpatient Psychiatric Hospital Services	193,968	0	0	0	0.00	0.00	198,395	0	0	0	0.00	0.00
28	Nurse Services	193,968	203,645	909,885	12,599	4.47	4.69	198,395	226,847	1,174,445	13,721	5.18	5.92
29	Ambulatory Surgical Centers	193,968	1,737	489,640	107	281.89	2.52	198,395	1,580	465,734	96	294.77	2.35
31	Hospice Services	193,968	34,310	3,789,287	2,123	110.44	19.54	198,395	36,873	4,284,121	2,230	116.19	21.59
32	Outpatient Psychiatric Hospital Services	193,968	0	0	0	0.00	0.00	198,395	0	0	0	0.00	0.00
34	Family Planning Drug Services	193,968	1,993	73,336	123	36.80	0.38	198,395	2,012	77,759	122	38.65	0.39
35	Freestanding Dialysis Services	193,968	558,931	2,515,941	34,579	4.50	12.97	198,395	1,019,844	2,787,247	61,686	2.73	14.05
98	Unknown	193,968	0	24	0	0.00	0.00	198,395	18	1,299	1	72.14	0.01
Total		193,968		\$ 115,795,959		\$ 596.98		198,395		\$ 122,454,742		\$ 617.23	

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

COE: High Cost
Region: Central
Age: All Ages

July 2006 - June 2007								July 2007 - June 2008					
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	338,516	55,936	62,100,269	1,983	1,110.20	183.45	342,433	58,230	67,275,948	2,041	1,155.35	196.46
02	Outpatient Hospital Services	338,516	703,619	30,244,894	24,942	42.98	89.35	342,433	764,144	32,113,018	26,778	42.02	93.78
03	Lab and Radiology Services	338,516	52,956	921,295	1,877	17.40	2.72	342,433	52,766	982,793	1,849	18.63	2.87
05	Physician Services	338,516	844,698	19,754,529	29,944	23.39	58.36	342,433	797,642	20,796,786	27,952	26.07	60.73
06	Home and Community Based Services	338,516	86	483	3	5.62	0.00	342,433	179	1,716	6	9.58	0.01
07	Home Health Agency Services	338,516	36,533	752,750	1,295	20.60	2.22	342,433	49,705	809,364	1,742	16.28	2.36
08	Swing Bed Skilled Care Services	338,516	27	3,847	1	142.49	0.01	342,433	26	3,978	1	153.01	0.01
10	Periodic Screening Services (EPDST)	338,516	9,178	420,754	325	45.84	1.24	342,433	11,554	578,910	405	50.10	1.69
11	Emergency/Non-Emergency Transportation	338,516	41,288	1,541,499	1,464	37.34	4.55	342,433	55,135	1,875,221	1,932	34.01	5.48
12	Dental Services	338,516	13,502	522,721	479	38.71	1.54	342,433	14,522	693,507	509	47.76	2.03
13	Eyeglass Services	338,516	16,147	613,872	572	38.02	1.81	342,433	15,838	634,857	555	40.08	1.85
14	Family Planning Services	338,516	0	0	0	0.00	0.00	342,433	0	0	0	0.00	0.00
15	Drug Services	338,516	494,013	49,139,721	17,512	99.47	145.16	342,433	517,541	55,777,568	18,136	107.77	162.89
16	Dental Screening	338,516	30,002	1,178,646	1,064	39.29	3.48	342,433	34,917	1,420,056	1,224	40.67	4.15
17	Eyeglass Screening	338,516	12,805	409,999	454	32.02	1.21	342,433	13,825	456,405	484	33.01	1.33
18	Hearing Screening Services	338,516	360	31,309	13	86.97	0.09	342,433	552	48,376	19	87.64	0.14
21	Swing Bed Intermediate Care Services	338,516	176	25,078	6	142.49	0.07	342,433	191	29,225	7	153.01	0.09
22	Rural Health Clinic Services	338,516	36,629	1,859,936	1,298	50.78	5.49	342,433	37,688	1,910,101	1,321	50.68	5.58
23	FQHC (Federally Qualified Health Center)	338,516	22,980	1,615,617	815	70.31	4.77	342,433	21,608	1,429,372	757	66.15	4.17
24	DME (Durable Medical Equipment Services)	338,516	561,833	3,507,103	19,916	6.24	10.36	342,433	621,109	3,975,701	21,766	6.40	11.61
25	Therapy Services, (outside the Home Health Program)	338,516	30,512	825,201	1,082	27.05	2.44	342,433	31,303	829,935	1,097	26.51	2.42
27	Inpatient Psychiatric Hospital Services	338,516	0	0	0	0.00	0.00	342,433	0	0	0	0.00	0.00
28	Nurse Services	338,516	166,467	939,611	5,901	5.64	2.78	342,433	215,899	1,051,264	7,566	4.87	3.07
29	Ambulatory Surgical Centers	338,516	1,498	468,609	53	312.82	1.38	342,433	1,497	478,410	52	319.58	1.40
31	Hospice Services	338,516	28,809	3,893,583	1,021	135.15	11.50	342,433	31,489	4,212,788	1,103	133.79	12.30
32	Outpatient Psychiatric Hospital Services	338,516	0	0	0	0.00	0.00	342,433	0	0	0	0.00	0.00
34	Family Planning Drug Services	338,516	4,431	172,956	157	39.03	0.51	342,433	4,217	172,946	148	41.01	0.51
35	Freestanding Dialysis Services	338,516	598,296	2,777,781	21,209	4.64	8.21	342,433	977,234	3,188,794	34,246	3.26	9.31
98	Unknown	338,516	5	405	0	81.10	0.00	342,433	0	42	0	0.00	0.00
Total		338,516		\$ 183,722,469		\$	542.73	342,433		\$ 200,747,080		\$	586.24

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

COE: High Cost
Region: Central
Age: 0 - 11 months

July 2006 - June 2007								July 2007 - June 2008					
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	2,750	6,045	7,776,282	26,378	1,286.40	2827.74	3,219	8,608	11,144,415	32,089	1,294.66	3462.07
02	Outpatient Hospital Services	2,750	5,249	327,378	22,905	62.37	119.05	3,219	6,807	668,951	25,376	98.27	207.81
03	Lab and Radiology Services	2,750	59	918	257	15.55	0.33	3,219	86	1,647	321	19.15	0.51
05	Physician Services	2,750	25,560	1,662,615	111,535	65.05	604.59	3,219	28,687	2,154,076	106,941	75.09	669.18
06	Home and Community Based Services	2,750	0	0	0	0.00	0.00	3,219	0	0	0	0.00	0.00
07	Home Health Agency Services	2,750	703	28,423	3,068	40.43	10.34	3,219	447	34,174	1,666	76.45	10.62
08	Swing Bed Skilled Care Services	2,750	0	0	0	0.00	0.00	3,219	0	0	0	0.00	0.00
10	Periodic Screening Services (EPDST)	2,750	1,173	60,619	5,119	51.68	22.04	3,219	1,605	98,016	5,983	61.07	30.45
11	Emergency/Non-Emergency Transportation	2,750	2,094	33,889	9,137	16.18	12.32	3,219	10,411	180,083	38,811	17.30	55.94
12	Dental Services	2,750	0	0	0	0.00	0.00	3,219	0	0	0	0.00	0.00
13	Eyeglass Services	2,750	0	0	0	0.00	0.00	3,219	0	0	0	0.00	0.00
14	Family Planning Services	2,750	0	0	0	0.00	0.00	3,219	0	0	0	0.00	0.00
15	Drug Services	2,750	2,290	513,723	9,993	224.33	186.81	3,219	3,004	790,509	11,199	263.15	245.58
16	Dental Screening	2,750	1	256	4	256.00	0.09	3,219	0	0	0	0.00	0.00
17	Eyeglass Screening	2,750	6	194	26	32.38	0.07	3,219	12	337	45	28.05	0.10
18	Hearing Screening Services	2,750	14	804	61	57.45	0.29	3,219	22	2,194	82	99.72	0.68
21	Swing Bed Intermediate Care Services	2,750	0	0	0	0.00	0.00	3,219	0	0	0	0.00	0.00
22	Rural Health Clinic Services	2,750	320	17,332	1,396	54.16	6.30	3,219	248	15,746	925	63.49	4.89
23	FQHC (Federally Qualified Health Center)	2,750	319	12,613	1,392	39.54	4.59	3,219	402	18,514	1,499	46.05	5.75
24	DME (Durable Medical Equipment Services)	2,750	3,297	92,166	14,387	27.95	33.51	3,219	7,871	145,156	29,342	18.44	45.09
25	Therapy Services, (outside the Home Health Program)	2,750	709	22,580	3,094	31.85	8.21	3,219	425	10,684	1,584	25.14	3.32
27	Inpatient Psychiatric Hospital Services	2,750	0	0	0	0.00	0.00	3,219	0	0	0	0.00	0.00
28	Nurse Services	2,750	571	9,747	2,492	17.07	3.54	3,219	2,048	11,534	7,635	5.63	3.58
29	Ambulatory Surgical Centers	2,750	1	549	4	549.34	0.20	3,219	2	1,099	7	549.34	0.34
31	Hospice Services	2,750	198	23,855	864	120.48	8.67	3,219	214	29,955	798	139.98	9.31
32	Outpatient Psychiatric Hospital Services	2,750	0	0	0	0.00	0.00	3,219	0	0	0	0.00	0.00
34	Family Planning Drug Services	2,750	0	0	0	0.00	0.00	3,219	0	0	0	0.00	0.00
35	Freestanding Dialysis Services	2,750	0	0	0	0.00	0.00	3,219	0	0	0	0.00	0.00
98	Unknown	2,750	0	0	0	0.00	0.00	3,219	0	0	0	0.00	0.00
Total		2,750		\$ 10,583,945		\$	3,848.71	3,219		\$ 15,307,089		\$	4,755.23

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

COE: High Cost
Region: Central
Age: Ages 1 - 5

July 2006 - June 2007								July 2007 - June 2008					
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	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	50,078	2,609,759	27,522	52.11	119.52	22,826	55,922	3,694,168	29,399	66.06	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.1
State of Mississippi Department of Medicaid
Incurred Claims and Per Member Per Month (PMPM) Cost Summaries
Claims Basis: Amount Allowed

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

July 2006 - June 2007								July 2007 - June 2008					
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	109,113	9,722	9,131,983	1,069	939.31	83.69	109,038	9,479	9,365,680	1,043	988.05	85.89
02	Outpatient Hospital Services	109,113	127,115	4,992,969	13,980	39.28	45.76	109,038	130,080	5,287,929	14,316	40.65	48.50
03	Lab and Radiology Services	109,113	7,774	132,324	855	17.02	1.21	109,038	7,182	133,360	790	18.57	1.22
05	Physician Services	109,113	119,350	2,729,667	13,126	22.87	25.02	109,038	119,189	2,842,279	13,117	23.85	26.07
06	Home and Community Based Services	109,113	0	0	0	0.00	0.00	109,038	0	0	0	0.00	0.00
07	Home Health Agency Services	109,113	3,088	77,375	340	25.06	0.71	109,038	9,077	77,001	999	8.48	0.71
08	Swing Bed Skilled Care Services	109,113	14	1,995	2	142.49	0.02	109,038	0	0	0	0.00	0.00
10	Periodic Screening Services (EPDST)	109,113	4,347	115,062	478	26.47	1.05	109,038	5,003	133,579	551	26.70	1.23
11	Emergency/Non-Emergency Transportation	109,113	6,317	160,208	695	25.36	1.47	109,038	7,369	177,279	811	24.06	1.63
12	Dental Services	109,113	0	0	0	0.00	0.00	109,038	0	0	0	0.00	0.00
13	Eyeglass Services	109,113	0	0	0	0.00	0.00	109,038	0	0	0	0.00	0.00
14	Family Planning Services	109,113	0	0	0	0.00	0.00	109,038	0	0	0	0.00	0.00
15	Drug Services	109,113	88,512	12,840,228	9,734	145.07	117.68	109,038	91,194	13,531,588	10,036	148.38	124.10
16	Dental Screening	109,113	25,935	1,001,714	2,852	38.62	9.18	109,038	30,017	1,201,227	3,303	40.02	11.02
17	Eyeglass Screening	109,113	11,765	377,938	1,294	32.12	3.46	109,038	12,912	425,986	1,421	32.99	3.91
18	Hearing Screening Services	109,113	237	19,800	26	83.55	0.18	109,038	370	34,718	41	93.83	0.32
21	Swing Bed Intermediate Care Services	109,113	0	0	0	0.00	0.00	109,038	0	0	0	0.00	0.00
22	Rural Health Clinic Services	109,113	6,733	425,549	740	63.20	3.90	109,038	6,593	441,038	726	66.89	4.04
23	FQHC (Federally Qualified Health Center)	109,113	5,820	399,341	640	68.62	3.66	109,038	5,532	334,010	609	60.38	3.06
24	DME (Durable Medical Equipment Services)	109,113	379,382	1,166,405	41,724	3.07	10.69	109,038	417,037	1,322,905	45,896	3.17	12.13
25	Therapy Services, (outside the Home Health Program)	109,113	9,782	260,805	1,076	26.66	2.39	109,038	8,925	231,172	982	25.90	2.12
27	Inpatient Psychiatric Hospital Services	109,113	0	0	0	0.00	0.00	109,038	0	0	0	0.00	0.00
28	Nurse Services	109,113	22,965	232,461	2,526	10.12	2.13	109,038	30,626	237,612	3,370	7.76	2.18
29	Ambulatory Surgical Centers	109,113	67	22,486	7	335.61	0.21	109,038	66	21,155	7	320.53	0.19
31	Hospice Services	109,113	506	67,875	56	134.14	0.62	109,038	715	82,408	79	115.26	0.76
32	Outpatient Psychiatric Hospital Services	109,113	0	0	0	0.00	0.00	109,038	0	0	0	0.00	0.00
34	Family Planning Drug Services	109,113	1,862	75,427	205	40.51	0.69	109,038	1,774	74,764	195	42.14	0.69
35	Freestanding Dialysis Services	109,113	15,149	68,053	1,666	4.49	0.62	109,038	5,784	24,807	637	4.29	0.23
98	Unknown	109,113	3	130	0	43.39	0.00	109,038	0	0	0	0.00	0.00
Total		109,113		\$ 34,299,795		\$	314.35	109,038		\$ 35,980,496		\$	329.98

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

COE: High Cost
Region: Central
Age: Ages 21+

July 2006 - June 2007								July 2007 - June 2008					
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	204,818	37,657	42,363,021	2,206	1,124.97	206.83	207,350	37,197	42,969,915	2,153	1,155.20	207.23
02	Outpatient Hospital Services	204,818	521,177	22,314,789	30,535	42.82	108.95	207,350	571,335	22,461,970	33,065	39.31	108.33
03	Lab and Radiology Services	204,818	44,108	776,710	2,584	17.61	3.79	207,350	44,369	833,981	2,568	18.80	4.02
05	Physician Services	204,818	647,811	14,407,355	37,954	22.24	70.34	207,350	588,884	14,701,933	34,081	24.97	70.90
06	Home and Community Based Services	204,818	86	483	5	5.62	0.00	207,350	179	1,716	10	9.58	0.01
07	Home Health Agency Services	204,818	30,688	558,490	1,798	18.20	2.73	207,350	38,565	599,559	2,232	15.55	2.89
08	Swing Bed Skilled Care Services	204,818	13	1,852	1	142.49	0.01	207,350	26	3,978	2	153.01	0.02
10	Periodic Screening Services (EPDST)	204,818	207	7,506	12	36.26	0.04	207,350	240	5,048	14	21.04	0.02
11	Emergency/Non-Emergency Transportation	204,818	30,004	1,309,533	1,758	43.65	6.39	207,350	30,847	1,413,209	1,785	45.81	6.82
12	Dental Services	204,818	13,502	522,721	791	38.71	2.55	207,350	14,522	693,507	840	47.76	3.34
13	Eyeglass Services	204,818	16,147	613,872	946	38.02	3.00	207,350	15,838	634,857	917	40.08	3.06
14	Family Planning Services	204,818	0	0	0	0.00	0.00	207,350	0	0	0	0.00	0.00
15	Drug Services	204,818	383,383	34,007,024	22,462	88.70	166.04	207,350	400,249	38,996,913	23,164	97.43	188.07
16	Dental Screening	204,818	45	2,207	3	49.04	0.01	207,350	58	2,397	3	41.33	0.01
17	Eyeglass Screening	204,818	14	483	1	34.52	0.00	207,350	6	198	0	33.02	0.00
18	Hearing Screening Services	204,818	12	273	1	22.78	0.00	207,350	29	808	2	27.87	0.00
21	Swing Bed Intermediate Care Services	204,818	176	25,078	10	142.49	0.12	207,350	191	29,225	11	153.01	0.14
22	Rural Health Clinic Services	204,818	28,066	1,324,666	1,644	47.20	6.47	207,350	28,972	1,342,835	1,677	46.35	6.48
23	FQHC (Federally Qualified Health Center)	204,818	15,293	1,119,859	896	73.23	5.47	207,350	14,202	997,282	822	70.22	4.81
24	DME (Durable Medical Equipment Services)	204,818	67,995	1,743,696	3,984	25.64	8.51	207,350	84,005	1,995,191	4,862	23.75	9.62
25	Therapy Services, (outside the Home Health Program)	204,818	1,505	32,634	88	21.68	0.16	207,350	114	2,211	7	19.40	0.01
27	Inpatient Psychiatric Hospital Services	204,818	0	0	0	0.00	0.00	207,350	0	0	0	0.00	0.00
28	Nurse Services	204,818	134,072	614,356	7,855	4.58	3.00	207,350	166,044	655,659	9,609	3.95	3.16
29	Ambulatory Surgical Centers	204,818	1,395	435,199	82	311.97	2.12	207,350	1,404	447,638	81	318.83	2.16
31	Hospice Services	204,818	27,880	3,779,200	1,633	135.55	18.45	207,350	30,233	4,050,801	1,750	133.99	19.54
32	Outpatient Psychiatric Hospital Services	204,818	0	0	0	0.00	0.00	207,350	0	0	0	0.00	0.00
34	Family Planning Drug Services	204,818	2,569	97,529	151	37.96	0.48	207,350	2,443	98,182	141	40.19	0.47
35	Freestanding Dialysis Services	204,818	583,147	2,709,728	34,166	4.65	13.23	207,350	971,450	3,163,987	56,221	3.26	15.26
98	Unknown	204,818	2	275	0	137.66	0.00	207,350	0	42	0	0.00	0.00
Total		204,818		\$ 128,768,543		\$ 628.70		207,350		\$ 136,103,042		\$ 656.39	

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

COE: High Cost
Region: South
Age: All Ages

July 2006 - June 2007								July 2007 - June 2008					
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	261,019	42,038	50,257,901	1,933	1,195.54	192.54	265,621	40,917	50,603,708	1,849	1,236.74	190.51
02	Outpatient Hospital Services	261,019	664,656	25,069,256	30,557	37.72	96.04	265,621	700,535	24,953,511	31,648	35.62	93.94
03	Lab and Radiology Services	261,019	48,093	777,080	2,211	16.16	2.98	265,621	48,822	818,943	2,206	16.77	3.08
05	Physician Services	261,019	647,761	17,420,375	29,780	26.89	66.74	265,621	626,864	17,654,454	28,320	28.16	66.46
06	Home and Community Based Services	261,019	118	1,097	5	9.30	0.00	265,621	0	0	0	0.00	0.00
07	Home Health Agency Services	261,019	22,217	763,112	1,021	34.35	2.92	265,621	21,166	713,419	956	33.71	2.69
08	Swing Bed Skilled Care Services	261,019	51	7,267	2	142.49	0.03	265,621	21	3,213	1	153.01	0.01
10	Periodic Screening Services (EPDST)	261,019	6,598	354,448	303	53.72	1.36	265,621	8,403	409,809	380	48.77	1.54
11	Emergency/Non-Emergency Transportation	261,019	37,833	1,104,550	1,739	29.20	4.23	265,621	41,780	1,294,813	1,888	30.99	4.87
12	Dental Services	261,019	9,939	416,776	457	41.93	1.60	265,621	10,458	544,573	472	52.07	2.05
13	Eyeglass Services	261,019	10,309	371,985	474	36.08	1.43	265,621	10,841	401,917	490	37.07	1.51
14	Family Planning Services	261,019	0	0	0	0.00	0.00	265,621	0	0	0	0.00	0.00
15	Drug Services	261,019	430,780	41,734,881	19,805	96.88	159.89	265,621	449,799	48,012,425	20,321	106.74	180.76
16	Dental Screening	261,019	21,815	862,142	1,003	39.52	3.30	265,621	27,515	1,159,044	1,243	42.12	4.36
17	Eyeglass Screening	261,019	9,284	291,111	427	31.36	1.12	265,621	9,780	310,534	442	31.75	1.17
18	Hearing Screening Services	261,019	437	34,908	20	79.88	0.13	265,621	846	55,080	38	65.11	0.21
21	Swing Bed Intermediate Care Services	261,019	34	4,845	2	142.49	0.02	265,621	169	25,859	8	153.01	0.10
22	Rural Health Clinic Services	261,019	36,447	1,992,437	1,676	54.67	7.63	265,621	36,126	1,970,271	1,632	54.54	7.42
23	FQHC (Federally Qualified Health Center)	261,019	17,529	1,243,478	806	70.94	4.76	265,621	20,672	1,318,179	934	63.77	4.96
24	DME (Durable Medical Equipment Services)	261,019	369,372	3,055,948	16,981	8.27	11.71	265,621	453,462	3,614,082	20,486	7.97	13.61
25	Therapy Services, (outside the Home Health Program)	261,019	17,690	519,408	813	29.36	1.99	265,621	19,049	571,462	861	30.00	2.15
27	Inpatient Psychiatric Hospital Services	261,019	0	0	0	0.00	0.00	265,621	0	0	0	0.00	0.00
28	Nurse Services	261,019	239,594	1,042,630	11,015	4.35	3.99	265,621	246,673	1,246,745	11,144	5.05	4.69
29	Ambulatory Surgical Centers	261,019	1,928	642,185	89	333.08	2.46	265,621	1,811	598,427	82	330.44	2.25
31	Hospice Services	261,019	19,452	2,293,004	894	117.88	8.78	265,621	17,781	2,148,721	803	120.84	8.09
32	Outpatient Psychiatric Hospital Services	261,019	0	0	0	0.00	0.00	265,621	0	0	0	0.00	0.00
34	Family Planning Drug Services	261,019	3,297	130,171	152	39.48	0.50	265,621	3,206	129,814	145	40.49	0.49
35	Freestanding Dialysis Services	261,019	342,684	1,678,051	15,754	4.90	6.43	265,621	449,178	1,614,403	20,293	3.59	6.08
98	Unknown	261,019	1	98	0	98.20	0.00	265,621	0	30	0	0.00	0.00
Total		261,019	\$	152,069,145		\$	582.60	265,621	\$	160,173,436		\$	603.01

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

COE: High Cost
Region: South
Age: 0 - 11 months

July 2006 - June 2007								July 2007 - June 2008					
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	1,746	2,606	3,121,481	17,911	1,197.81	1787.79	1,844	2,890	3,800,324	18,807	1,314.99	2060.91
02	Outpatient Hospital Services	1,746	2,898	148,020	19,918	51.08	84.78	1,844	3,872	170,617	25,197	44.06	92.53
03	Lab and Radiology Services	1,746	104	1,406	715	13.52	0.81	1,844	69	1,346	449	19.51	0.73
05	Physician Services	1,746	14,329	677,059	98,481	47.25	387.78	1,844	14,332	792,355	93,267	55.29	429.69
06	Home and Community Based Services	1,746	0	0	0	0.00	0.00	1,844	0	0	0	0.00	0.00
07	Home Health Agency Services	1,746	402	19,352	2,763	48.14	11.08	1,844	591	41,358	3,846	69.98	22.43
08	Swing Bed Skilled Care Services	1,746	0	0	0	0.00	0.00	1,844	0	0	0	0.00	0.00
10	Periodic Screening Services (EPDST)	1,746	957	45,727	6,577	47.78	26.19	1,844	1,106	50,306	7,197	45.48	27.28
11	Emergency/Non-Emergency Transportation	1,746	1,467	12,019	10,082	8.19	6.88	1,844	3,189	61,765	20,753	19.37	33.50
12	Dental Services	1,746	0	0	0	0.00	0.00	1,844	0	0	0	0.00	0.00
13	Eyeglass Services	1,746	0	0	0	0.00	0.00	1,844	0	0	0	0.00	0.00
14	Family Planning Services	1,746	0	0	0	0.00	0.00	1,844	0	0	0	0.00	0.00
15	Drug Services	1,746	1,454	489,404	9,993	336.59	280.30	1,844	2,092	617,246	13,614	295.05	334.73
16	Dental Screening	1,746	0	0	0	0.00	0.00	1,844	0	0	0	0.00	0.00
17	Eyeglass Screening	1,746	6	240	41	40.07	0.14	1,844	9	205	59	22.80	0.11
18	Hearing Screening Services	1,746	21	1,995	144	94.99	1.14	1,844	17	1,724	111	101.41	0.93
21	Swing Bed Intermediate Care Services	1,746	0	0	0	0.00	0.00	1,844	0	0	0	0.00	0.00
22	Rural Health Clinic Services	1,746	308	17,532	2,117	56.92	10.04	1,844	466	23,929	3,033	51.35	12.98
23	FQHC (Federally Qualified Health Center)	1,746	93	8,041	639	86.46	4.61	1,844	92	8,666	599	94.19	4.70
24	DME (Durable Medical Equipment Services)	1,746	2,624	45,212	18,034	17.23	25.89	1,844	5,836	89,495	37,978	15.33	48.53
25	Therapy Services, (outside the Home Health Program)	1,746	596	14,158	4,096	23.76	8.11	1,844	578	14,651	3,761	25.35	7.95
27	Inpatient Psychiatric Hospital Services	1,746	0	0	0	0.00	0.00	1,844	0	0	0	0.00	0.00
28	Nurse Services	1,746	2,072	13,333	14,241	6.43	7.64	1,844	3,172	22,585	20,642	7.12	12.25
29	Ambulatory Surgical Centers	1,746	4	2,197	27	549.34	1.26	1,844	6	3,113	39	518.82	1.69
31	Hospice Services	1,746	31	3,919	213	126.43	2.24	1,844	0	0	0	0.00	0.00
32	Outpatient Psychiatric Hospital Services	1,746	0	0	0	0.00	0.00	1,844	0	0	0	0.00	0.00
34	Family Planning Drug Services	1,746	0	0	0	0.00	0.00	1,844	0	0	0	0.00	0.00
35	Freestanding Dialysis Services	1,746	0	0	0	0.00	0.00	1,844	0	0	0	0.00	0.00
98	Unknown	1,746	0	0	0	0.00	0.00	1,844	0	0	0	0.00	0.00
Total		1,746		\$ 4,621,096		\$ 2,646.68		1,844		\$ 5,699,686		\$ 3,090.94	

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

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

July 2006 - June 2007								July 2007 - June 2008					
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	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	37,206	1,808,031	27,347	48.60	110.75	17,005	42,937	2,146,332	30,300	49.99	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.1
State of Mississippi Department of Medicaid
Incurred Claims and Per Member Per Month (PMPM) Cost Summaries
Claims Basis: Amount Allowed

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

July 2006 - June 2007								July 2007 - June 2008					
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	82,261	8,970	10,097,908	1,309	1,125.74	122.75	83,008	8,226	9,564,619	1,189	1,162.73	115.23
02	Outpatient Hospital Services	82,261	103,845	4,175,509	15,149	40.21	50.76	83,008	93,722	4,195,039	13,549	44.76	50.54
03	Lab and Radiology Services	82,261	6,458	112,012	942	17.34	1.36	83,008	6,740	115,940	974	17.20	1.40
05	Physician Services	82,261	99,573	2,481,742	14,525	24.92	30.17	83,008	97,144	2,468,888	14,044	25.41	29.74
06	Home and Community Based Services	82,261	0	0	0	0.00	0.00	83,008	0	0	0	0.00	0.00
07	Home Health Agency Services	82,261	2,874	71,155	419	24.76	0.86	83,008	1,910	84,604	276	44.30	1.02
08	Swing Bed Skilled Care Services	82,261	0	0	0	0.00	0.00	83,008	0	0	0	0.00	0.00
10	Periodic Screening Services (EPDST)	82,261	2,338	63,818	341	27.30	0.78	83,008	2,917	67,937	422	23.29	0.82
11	Emergency/Non-Emergency Transportation	82,261	6,604	135,352	963	20.50	1.65	83,008	7,173	155,303	1,037	21.65	1.87
12	Dental Services	82,261	0	0	0	0.00	0.00	83,008	0	0	0	0.00	0.00
13	Eyeglass Services	82,261	0	0	0	0.00	0.00	83,008	0	0	0	0.00	0.00
14	Family Planning Services	82,261	0	0	0	0.00	0.00	83,008	0	0	0	0.00	0.00
15	Drug Services	82,261	77,286	11,105,613	11,274	143.70	135.00	83,008	79,191	11,733,109	11,448	148.16	141.35
16	Dental Screening	82,261	18,613	731,478	2,715	39.30	8.89	83,008	22,923	954,689	3,314	41.65	11.50
17	Eyeglass Screening	82,261	8,613	269,410	1,256	31.28	3.28	83,008	9,127	289,118	1,319	31.68	3.48
18	Hearing Screening Services	82,261	272	25,262	40	92.88	0.31	83,008	602	43,562	87	72.36	0.52
21	Swing Bed Intermediate Care Services	82,261	0	0	0	0.00	0.00	83,008	0	0	0	0.00	0.00
22	Rural Health Clinic Services	82,261	7,089	466,090	1,034	65.75	5.67	83,008	7,317	471,991	1,058	64.51	5.69
23	FQHC (Federally Qualified Health Center)	82,261	4,201	306,335	613	72.92	3.72	83,008	4,959	331,614	717	66.87	3.99
24	DME (Durable Medical Equipment Services)	82,261	247,106	903,320	36,047	3.66	10.98	83,008	295,748	956,249	42,755	3.23	11.52
25	Therapy Services, (outside the Home Health Program)	82,261	4,318	126,272	630	29.24	1.54	83,008	5,368	166,046	776	30.93	2.00
27	Inpatient Psychiatric Hospital Services	82,261	0	0	0	0.00	0.00	83,008	0	0	0	0.00	0.00
28	Nurse Services	82,261	30,842	279,973	4,499	9.08	3.40	83,008	40,742	382,588	5,890	9.39	4.61
29	Ambulatory Surgical Centers	82,261	143	48,813	21	341.35	0.59	83,008	137	48,301	20	352.56	0.58
31	Hospice Services	82,261	765	88,373	112	115.52	1.07	83,008	500	59,212	72	118.42	0.71
32	Outpatient Psychiatric Hospital Services	82,261	0	0	0	0.00	0.00	83,008	0	0	0	0.00	0.00
34	Family Planning Drug Services	82,261	1,498	60,933	219	40.68	0.74	83,008	1,417	59,760	205	42.17	0.72
35	Freestanding Dialysis Services	82,261	9,641	33,259	1,406	3.45	0.40	83,008	10,294	24,936	1,488	2.42	0.30
98	Unknown	82,261	1	83	0	83.20	0.00	83,008	0	0	0	0.00	0.00
Total		82,261		\$ 31,582,710		\$	383.93	83,008		\$ 32,173,503		\$	387.60

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

COE: High Cost
Region: South
Age: Ages 21+

July 2006 - June 2007								July 2007 - June 2008					
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	160,686	28,755	34,908,556	2,147	1,214.00	217.25	163,764	28,075	35,047,278	2,057	1,248.34	214.01
02	Outpatient Hospital Services	160,686	520,707	18,937,696	38,886	36.37	117.86	163,764	560,004	18,441,524	41,035	32.93	112.61
03	Lab and Radiology Services	160,686	40,195	649,590	3,002	16.16	4.04	163,764	40,708	686,434	2,983	16.86	4.19
05	Physician Services	160,686	494,139	13,497,644	36,902	27.32	84.00	163,764	468,995	13,557,638	34,366	28.91	82.79
06	Home and Community Based Services	160,686	118	1,097	9	9.30	0.01	163,764	0	0	0	0.00	0.00
07	Home Health Agency Services	160,686	17,032	584,880	1,272	34.34	3.64	163,764	16,072	492,124	1,178	30.62	3.01
08	Swing Bed Skilled Care Services	160,686	51	7,267	4	142.49	0.05	163,764	21	3,213	2	153.01	0.02
10	Periodic Screening Services (EPDST)	160,686	271	19,619	20	72.40	0.12	163,764	223	7,565	16	33.92	0.05
11	Emergency/Non-Emergency Transportation	160,686	25,852	919,320	1,931	35.56	5.72	163,764	26,204	1,028,141	1,920	39.24	6.28
12	Dental Services	160,686	9,939	416,776	742	41.93	2.59	163,764	10,458	544,573	766	52.07	3.33
13	Eyeglass Services	160,686	10,309	371,985	770	36.08	2.31	163,764	10,841	401,917	794	37.07	2.45
14	Family Planning Services	160,686	0	0	0	0.00	0.00	163,764	0	0	0	0.00	0.00
15	Drug Services	160,686	337,595	28,823,895	25,212	85.38	179.38	163,764	350,942	33,664,945	25,716	95.93	205.57
16	Dental Screening	160,686	4	133	0	33.23	0.00	163,764	52	2,499	4	48.06	0.02
17	Eyeglass Screening	160,686	4	149	0	37.34	0.00	163,764	24	1,088	2	45.33	0.01
18	Hearing Screening Services	160,686	24	1,222	2	50.92	0.01	163,764	44	1,104	3	25.09	0.01
21	Swing Bed Intermediate Care Services	160,686	34	4,845	3	142.49	0.03	163,764	169	25,859	12	153.01	0.16
22	Rural Health Clinic Services	160,686	27,023	1,389,317	2,018	51.41	8.65	163,764	26,162	1,349,657	1,917	51.59	8.24
23	FQHC (Federally Qualified Health Center)	160,686	12,437	873,512	929	70.23	5.44	163,764	14,782	920,547	1,083	62.27	5.62
24	DME (Durable Medical Equipment Services)	160,686	55,692	1,646,322	4,159	29.56	10.25	163,764	71,249	1,998,252	5,221	28.05	12.20
25	Therapy Services, (outside the Home Health Program)	160,686	93	1,938	7	20.84	0.01	163,764	40	559	3	13.97	0.00
27	Inpatient Psychiatric Hospital Services	160,686	0	0	0	0.00	0.00	163,764	0	0	0	0.00	0.00
28	Nurse Services	160,686	190,515	591,328	14,228	3.10	3.68	163,764	176,524	586,925	12,935	3.32	3.58
29	Ambulatory Surgical Centers	160,686	1,712	565,925	128	330.56	3.52	163,764	1,577	512,764	116	325.15	3.13
31	Hospice Services	160,686	18,493	2,195,209	1,381	118.70	13.66	163,764	17,238	2,089,509	1,263	121.22	12.76
32	Outpatient Psychiatric Hospital Services	160,686	0	0	0	0.00	0.00	163,764	0	0	0	0.00	0.00
34	Family Planning Drug Services	160,686	1,799	69,238	134	38.49	0.43	163,764	1,789	70,053	131	39.16	0.43
35	Freestanding Dialysis Services	160,686	332,467	1,569,547	24,829	4.72	9.77	163,764	438,853	1,585,417	32,157	3.61	9.68
98	Unknown	160,686	0	15	0	0.00	0.00	163,764	0	30	0	0.00	0.00
Total		160,686		\$ 108,047,026		\$	672.41	163,764		\$ 113,019,614		\$	690.14

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

COE: SSI Region: Statewide Age: All Ages		July 2006 - June 2007							July 2007 - June 2008						
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	877,501	135,599	157,455,615	1,854	1,161.19	179.44	890,475	141,551	168,941,689	1,908	1,193.50	189.72		
02	Outpatient Hospital Services	877,501	1,962,463	78,225,942	26,837	39.86	89.15	890,475	2,125,341	78,417,535	28,641	36.90	88.06		
03	Lab and Radiology Services	877,501	147,643	2,510,283	2,019	17.00	2.86	890,475	150,015	2,685,267	2,022	17.90	3.02		
05	Physician Services	877,501	2,215,354	54,683,449	30,295	24.68	62.32	890,475	2,119,689	57,389,806	28,565	27.07	64.45		
06	Home and Community Based Services	877,501	480	3,789	7	7.89	0.00	890,475	358	3,018	5	8.43	0.00		
07	Home Health Agency Services	877,501	96,264	2,115,518	1,316	21.98	2.41	890,475	113,746	2,163,178	1,533	19.02	2.43		
08	Swing Bed Skilled Care Services	877,501	81	11,542	1	142.49	0.01	890,475	111	16,984	1	153.01	0.02		
10	Periodic Screening Services (EPDST)	877,501	23,582	1,132,397	322	48.02	1.29	890,475	29,230	1,430,225	394	48.93	1.61		
11	Emergency/Non-Emergency Transportation	877,501	129,067	3,933,939	1,765	30.48	4.48	890,475	152,138	4,556,357	2,050	29.95	5.12		
12	Dental Services	877,501	36,931	1,529,033	505	41.40	1.74	890,475	39,901	2,041,003	538	51.15	2.29		
13	Eyeglass Services	877,501	42,818	1,606,933	586	37.53	1.83	890,475	43,520	1,691,762	586	38.87	1.90		
14	Family Planning Services	877,501	0	0	0	0.00	0.00	890,475	0	0	0	0.00	0.00		
15	Drug Services	877,501	1,362,728	127,796,530	18,636	93.78	145.64	890,475	1,422,098	143,780,465	19,164	101.10	161.46		
16	Dental Screening	877,501	70,476	2,833,948	964	40.21	3.23	890,475	84,305	3,557,115	1,136	42.19	3.99		
17	Eyeglass Screening	877,501	31,926	1,011,719	437	31.69	1.15	890,475	34,270	1,111,938	462	32.45	1.25		
18	Hearing Screening Services	877,501	1,634	109,956	22	67.29	0.13	890,475	3,067	162,913	41	53.12	0.18		
21	Swing Bed Intermediate Care Services	877,501	352	50,156	5	142.49	0.06	890,475	440	67,324	6	153.01	0.08		
22	Rural Health Clinic Services	877,501	109,459	5,928,873	1,497	54.17	6.76	890,475	110,366	5,900,274	1,487	53.46	6.63		
23	FQHC (Federally Qualified Health Center)	877,501	52,200	3,638,985	714	69.71	4.15	890,475	53,459	3,457,154	720	64.67	3.88		
24	DME (Durable Medical Equipment Services)	877,501	1,208,881	9,235,634	16,532	7.64	10.52	890,475	1,374,343	10,523,547	18,521	7.66	11.82		
25	Therapy Services, (outside the Home Health Program)	877,501	68,056	1,886,236	931	27.72	2.15	890,475	74,353	2,033,572	1,002	27.35	2.28		
27	Inpatient Psychiatric Hospital Services	877,501	0	0	0	0.00	0.00	890,475	0	0	0	0.00	0.00		
28	Nurse Services	877,501	644,797	3,099,894	8,818	4.81	3.53	890,475	707,861	3,529,497	9,539	4.99	3.96		
29	Ambulatory Surgical Centers	877,501	5,188	1,624,621	71	313.15	1.85	890,475	4,881	1,547,183	66	316.98	1.74		
31	Hospice Services	877,501	84,228	10,159,550	1,152	120.62	11.58	890,475	88,159	10,873,231	1,188	123.34	12.21		
32	Outpatient Psychiatric Hospital Services	877,501	0	0	0	0.00	0.00	890,475	0	0	0	0.00	0.00		
34	Family Planning Drug Services	877,501	10,444	403,709	143	38.65	0.46	890,475	10,333	413,781	139	40.04	0.46		
35	Freestanding Dialysis Services	877,501	1,499,911	6,941,516	20,512	4.63	7.91	890,475	2,450,570	7,609,912	33,024	3.11	8.55		
98	Unknown	877,501	7	532	0	76.05	0.00	890,475	34	2,138	0	62.89	0.00		
Total		877,501		\$ 477,930,299			\$ 544.65	890,475		\$ 513,906,869			\$ 577.12		

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

COE: Region: Age:	Disabled Child at Home Statewide All Ages	July 2006 - June 2007							July 2007 - June 2008						
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	11,694	1,773	1,351,913	1,819	762.50	115.61	12,899	1,355	1,251,102	1,261	923.32	96.99		
02	Outpatient Hospital Services	11,694	32,951	848,087	33,813	25.74	72.52	12,899	32,736	1,185,902	30,454	36.23	91.94		
03	Lab and Radiology Services	11,694	460	5,675	472	12.34	0.49	12,899	482	5,780	448	11.99	0.45		
05	Physician Services	11,694	30,196	427,787	30,986	14.17	36.58	12,899	30,468	453,478	28,345	14.88	35.16		
06	Home and Community Based Services	11,694	0	0	0	0.00	0.00	12,899	0	0	0	0.00	0.00		
07	Home Health Agency Services	11,694	1,192	52,732	1,223	44.24	4.51	12,899	573	32,532	533	56.77	2.52		
08	Swing Bed Skilled Care Services	11,694	0	0	0	0.00	0.00	12,899	0	0	0	0.00	0.00		
10	Periodic Screening Services (EPDST)	11,694	906	92,233	930	101.80	7.89	12,899	1,215	141,068	1,130	116.11	10.94		
11	Emergency/Non-Emergency Transportation	11,694	1,198	9,865	1,229	8.23	0.84	12,899	2,627	31,796	2,444	12.10	2.46		
12	Dental Services	11,694	0	0	0	0.00	0.00	12,899	0	0	0	0.00	0.00		
13	Eyeglass Services	11,694	0	0	0	0.00	0.00	12,899	0	0	0	0.00	0.00		
14	Family Planning Services	11,694	0	0	0	0.00	0.00	12,899	0	0	0	0.00	0.00		
15	Drug Services	11,694	17,335	5,040,506	17,789	290.77	431.03	12,899	19,851	6,015,571	18,467	303.04	466.36		
16	Dental Screening	11,694	1,368	49,436	1,404	36.14	4.23	12,899	2,173	89,644	2,022	41.25	6.95		
17	Eyeglass Screening	11,694	738	22,131	757	29.99	1.89	12,899	905	27,020	842	29.86	2.09		
18	Hearing Screening Services	11,694	42	3,940	43	93.81	0.34	12,899	69	7,269	64	105.35	0.56		
21	Swing Bed Intermediate Care Services	11,694	0	0	0	0.00	0.00	12,899	0	0	0	0.00	0.00		
22	Rural Health Clinic Services	11,694	543	25,683	557	47.30	2.20	12,899	718	31,229	668	43.49	2.42		
23	FQHC (Federally Qualified Health Center)	11,694	220	9,540	226	43.36	0.82	12,899	118	8,135	110	68.94	0.63		
24	DME (Durable Medical Equipment Services)	11,694	146,891	431,576	150,735	2.94	36.91	12,899	158,103	475,762	147,084	3.01	36.88		
25	Therapy Services, (outside the Home Health Program)	11,694	13,555	338,437	13,910	24.97	28.94	12,899	14,990	382,280	13,945	25.50	29.64		
27	Inpatient Psychiatric Hospital Services	11,694	0	0	0	0.00	0.00	12,899	0	0	0	0.00	0.00		
28	Nurse Services	11,694	5,337	51,991	5,477	9.74	4.45	12,899	12,625	149,118	11,745	11.81	11.56		
29	Ambulatory Surgical Centers	11,694	40	8,122	41	203.06	0.69	12,899	32	5,069	30	158.41	0.39		
31	Hospice Services	11,694	378	43,446	388	114.94	3.72	12,899	402	49,199	374	122.38	3.81		
32	Outpatient Psychiatric Hospital Services	11,694	0	0	0	0.00	0.00	12,899	0	0	0	0.00	0.00		
34	Family Planning Drug Services	11,694	123	6,121	126	49.77	0.52	12,899	111	5,722	103	51.55	0.44		
35	Freestanding Dialysis Services	11,694	257	33,573	264	130.63	2.87	12,899	0	0	0	0.00	0.00		
98	Unknown	11,694	0	0	0	0.00	0.00	12,899	0	0	0	0.00	0.00		
Total		11,694	\$	8,852,795		\$	757.04	12,899	\$	10,347,675		\$	802.21		

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

COE: Working Disabled Region: Statewide Age: All Ages		July 2006 - June 2007							July 2007 - June 2008						
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	2,970	484	545,834	1,956	1,127.76	183.78	2,856	312	334,410	1,311	1,071.83	117.09		
02	Outpatient Hospital Services	2,970	10,237	480,159	41,362	46.90	161.67	2,856	11,257	435,297	47,298	38.67	152.41		
03	Lab and Radiology Services	2,970	801	11,684	3,236	14.59	3.93	2,856	653	11,125	2,744	17.04	3.90		
05	Physician Services	2,970	15,549	367,564	62,824	23.64	123.76	2,856	8,770	268,278	36,849	30.59	93.94		
06	Home and Community Based Services	2,970	0	0	0	0.00	0.00	2,856	0	0	0	0.00	0.00		
07	Home Health Agency Services	2,970	90	3,164	364	35.15	1.07	2,856	3	398	13	132.81	0.14		
08	Swing Bed Skilled Care Services	2,970	0	0	0	0.00	0.00	2,856	0	0	0	0.00	0.00		
10	Periodic Screening Services (EPDST)	2,970	1	79	4	79.23	0.03	2,856	0	0	0	0.00	0.00		
11	Emergency/Non-Emergency Transportation	2,970	473	10,440	1,911	22.07	3.52	2,856	56	4,239	235	75.69	1.48		
12	Dental Services	2,970	109	4,130	440	37.89	1.39	2,856	138	6,355	580	46.05	2.23		
13	Eyeglass Services	2,970	302	11,218	1,220	37.14	3.78	2,856	249	9,359	1,046	37.59	3.28		
14	Family Planning Services	2,970	0	0	0	0.00	0.00	2,856	0	0	0	0.00	0.00		
15	Drug Services	2,970	7,011	809,416	28,327	115.45	272.53	2,856	6,892	695,190	28,958	100.87	243.41		
16	Dental Screening	2,970	5	155	20	30.91	0.05	2,856	0	0	0	0.00	0.00		
17	Eyeglass Screening	2,970	4	66	16	16.43	0.02	2,856	2	125	8	62.51	0.04		
18	Hearing Screening Services	2,970	3	62	12	20.66	0.02	2,856	0	0	0	0.00	0.00		
21	Swing Bed Intermediate Care Services	2,970	0	0	0	0.00	0.00	2,856	0	0	0	0.00	0.00		
22	Rural Health Clinic Services	2,970	421	20,849	1,701	49.52	7.02	2,856	396	19,280	1,664	48.69	6.75		
23	FQHC (Federally Qualified Health Center)	2,970	198	16,040	800	81.01	5.40	2,856	206	14,009	866	68.01	4.91		
24	DME (Durable Medical Equipment Services)	2,970	1,512	30,724	6,109	20.32	10.34	2,856	651	19,536	2,735	30.01	6.84		
25	Therapy Services, (outside the Home Health Program)	2,970	0	0	0	0.00	0.00	2,856	0	0	0	0.00	0.00		
27	Inpatient Psychiatric Hospital Services	2,970	0	0	0	0.00	0.00	2,856	0	0	0	0.00	0.00		
28	Nurse Services	2,970	3,940	17,748	15,919	4.50	5.98	2,856	2,495	57,127	10,483	22.90	20.00		
29	Ambulatory Surgical Centers	2,970	38	9,365	154	246.44	3.15	2,856	33	9,991	139	302.74	3.50		
31	Hospice Services	2,970	20	3,080	81	154.00	1.04	2,856	5	2,779	21	555.70	0.97		
32	Outpatient Psychiatric Hospital Services	2,970	0	0	0	0.00	0.00	2,856	0	0	0	0.00	0.00		
34	Family Planning Drug Services	2,970	31	1,127	125	36.35	0.38	2,856	30	1,093	126	36.43	0.38		
35	Freestanding Dialysis Services	2,970	0	0	0	0.00	0.00	2,856	1,187	3,118	4,987	2.63	1.09		
98	Unknown	2,970	0	0	0	0.00	0.00	2,856	0	0	0	0.00	0.00		
Total		2,970		\$ 2,342,902		\$ 788.86		2,856		\$ 1,891,711		\$ 662.36			

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					
COE:	DHS Foster Care												
Region:	Statewide												
Age:	All Ages												
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	18,313	1,669	1,799,375	1,094	1,078.12	98.26	18,612	1,489	1,582,529	960	1,062.81	85.03
02	Outpatient Hospital Services	18,313	9,960	417,390	6,527	41.91	22.79	18,612	11,354	419,392	7,320	36.94	22.53
03	Lab and Radiology Services	18,313	1,661	28,904	1,088	17.40	1.58	18,612	1,653	31,055	1,066	18.79	1.67
05	Physician Services	18,313	13,930	414,988	9,128	29.79	22.66	18,612	15,440	439,692	9,955	28.48	23.62
06	Home and Community Based Services	18,313	0	0	0	0.00	0.00	18,612	0	0	0	0.00	0.00
07	Home Health Agency Services	18,313	61	4,939	40	80.96	0.27	18,612	66	5,101	43	77.29	0.27
08	Swing Bed Skilled Care Services	18,313	0	0	0	0.00	0.00	18,612	0	0	0	0.00	0.00
10	Periodic Screening Services (EPDST)	18,313	1,713	55,875	1,122	32.62	3.05	18,612	2,116	67,420	1,364	31.86	3.62
11	Emergency/Non-Emergency Transportation	18,313	837	19,829	548	23.69	1.08	18,612	952	15,243	614	16.01	0.82
12	Dental Services	18,313	0	0	0	0.00	0.00	18,612	0	0	0	0.00	0.00
13	Eyeglass Services	18,313	0	0	0	0.00	0.00	18,612	0	0	0	0.00	0.00
14	Family Planning Services	18,313	0	0	0	0.00	0.00	18,612	0	0	0	0.00	0.00
15	Drug Services	18,313	11,593	944,725	7,597	81.49	51.59	18,612	12,859	1,154,899	8,291	89.81	62.05
16	Dental Screening	18,313	6,795	259,495	4,453	38.19	14.17	18,612	8,067	322,627	5,201	39.99	17.33
17	Eyeglass Screening	18,313	1,940	65,096	1,271	33.55	3.55	18,612	2,542	84,907	1,639	33.40	4.56
18	Hearing Screening Services	18,313	13	307	9	23.65	0.02	18,612	35	1,342	23	38.34	0.07
21	Swing Bed Intermediate Care Services	18,313	0	0	0	0.00	0.00	18,612	0	0	0	0.00	0.00
22	Rural Health Clinic Services	18,313	1,354	85,862	887	63.41	4.69	18,612	1,728	103,591	1,114	59.95	5.57
23	FQHC (Federally Qualified Health Center)	18,313	883	56,146	579	63.59	3.07	18,612	875	47,307	564	54.06	2.54
24	DME (Durable Medical Equipment Services)	18,313	4,086	13,630	2,677	3.34	0.74	18,612	392	19,974	253	50.96	1.07
25	Therapy Services, (outside the Home Health Program)	18,313	700	20,699	459	29.57	1.13	18,612	1,228	36,125	792	29.42	1.94
27	Inpatient Psychiatric Hospital Services	18,313	0	0	0	0.00	0.00	18,612	0	0	0	0.00	0.00
28	Nurse Services	18,313	4,586	39,971	3,005	8.72	2.18	18,612	5,502	40,991	3,547	7.45	2.20
29	Ambulatory Surgical Centers	18,313	33	11,095	22	336.22	0.61	18,612	48	20,591	31	428.98	1.11
31	Hospice Services	18,313	0	0	0	0.00	0.00	18,612	0	0	0	0.00	0.00
32	Outpatient Psychiatric Hospital Services	18,313	0	0	0	0.00	0.00	18,612	0	0	0	0.00	0.00
34	Family Planning Drug Services	18,313	417	18,720	273	44.89	1.02	18,612	452	20,384	291	45.10	1.10
35	Freestanding Dialysis Services	18,313	0	0	0	0.00	0.00	18,612	0	0	0	0.00	0.00
98	Unknown	18,313	0	0	0	0.00	0.00	18,612	0	0	0	0.00	0.00
Total		18,313	\$	4,257,046		\$	232.46	18,612	\$	4,413,172		\$	237.11

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

COE: Region: Age:	Breast - Cervical Statewide All Ages	July 2006 - June 2007						July 2007 - June 2008					
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	1,562	285	353,306	2,190	1,239.67	226.19	1,652	322	405,890	2,339	1,260.53	245.70
02	Outpatient Hospital Services	1,562	21,177	1,377,000	162,691	65.02	881.56	1,652	21,890	1,386,134	159,007	63.32	839.06
03	Lab and Radiology Services	1,562	618	16,122	4,748	26.09	10.32	1,652	750	21,945	5,448	29.26	13.28
05	Physician Services	1,562	58,520	1,004,656	449,577	17.17	643.19	1,652	41,125	1,008,767	298,729	24.53	610.63
06	Home and Community Based Services	1,562	0	0	0	0.00	0.00	1,652	0	0	0	0.00	0.00
07	Home Health Agency Services	1,562	67	3,156	515	47.11	2.02	1,652	118	6,210	857	52.63	3.76
08	Swing Bed Skilled Care Services	1,562	0	0	0	0.00	0.00	1,652	0	0	0	0.00	0.00
10	Periodic Screening Services (EPDST)	1,562	1	124	8	124.11	0.08	1,652	0	0	0	0.00	0.00
11	Emergency/Non-Emergency Transportation	1,562	324	5,110	2,489	15.77	3.27	1,652	202	3,432	1,467	16.99	2.08
12	Dental Services	1,562	128	5,287	983	41.30	3.38	1,652	170	9,669	1,235	56.87	5.85
13	Eyeglass Services	1,562	221	7,606	1,698	34.42	4.87	1,652	217	7,962	1,576	36.69	4.82
14	Family Planning Services	1,562	0	0	0	0.00	0.00	1,652	0	0	0	0.00	0.00
15	Drug Services	1,562	3,106	245,758	23,862	79.12	157.34	1,652	3,187	338,070	23,150	106.08	204.64
16	Dental Screening	1,562	0	0	0	0.00	0.00	1,652	0	0	0	0.00	0.00
17	Eyeglass Screening	1,562	0	0	0	0.00	0.00	1,652	0	0	0	0.00	0.00
18	Hearing Screening Services	1,562	0	0	0	0.00	0.00	1,652	0	0	0	0.00	0.00
21	Swing Bed Intermediate Care Services	1,562	0	0	0	0.00	0.00	1,652	0	0	0	0.00	0.00
22	Rural Health Clinic Services	1,562	126	6,736	968	53.46	4.31	1,652	122	7,513	886	61.58	4.55
23	FQHC (Federally Qualified Health Center)	1,562	335	24,881	2,574	74.27	15.93	1,652	261	20,439	1,896	78.31	12.37
24	DME (Durable Medical Equipment Services)	1,562	175	4,866	1,344	27.81	3.12	1,652	268	6,559	1,947	24.47	3.97
25	Therapy Services, (outside the Home Health Program)	1,562	0	0	0	0.00	0.00	1,652	0	0	0	0.00	0.00
27	Inpatient Psychiatric Hospital Services	1,562	0	0	0	0.00	0.00	1,652	0	0	0	0.00	0.00
28	Nurse Services	1,562	12,526	26,275	96,230	2.10	16.82	1,652	14,137	36,373	102,690	2.57	22.02
29	Ambulatory Surgical Centers	1,562	22	6,723	169	305.57	4.30	1,652	42	13,118	305	312.33	7.94
31	Hospice Services	1,562	80	9,112	615	113.90	5.83	1,652	22	2,818	160	128.10	1.71
32	Outpatient Psychiatric Hospital Services	1,562	0	0	0	0.00	0.00	1,652	0	0	0	0.00	0.00
34	Family Planning Drug Services	1,562	16	591	123	36.97	0.38	1,652	2	58	15	29.12	0.04
35	Freestanding Dialysis Services	1,562	0	0	0	0.00	0.00	1,652	0	0	0	0.00	0.00
98	Unknown	1,562	0	3	0	0.00	0.00	1,652	0	0	0	0.00	0.00
Total		1,562	\$	3,097,314		\$	1,982.92	1,652	\$	3,274,956		\$	1,982.42

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

COE: SSI		July 2006 - June 2007							July 2007 - June 2008						
Region: Statewide															
Age: 0 - 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	6,106	12,133	15,594,850	23,845	1,285.33	2554.02	6,593	16,837	21,888,470	30,645	1,300.02	3319.96		
02	Outpatient Hospital Services	6,106	11,334	614,295	22,274	54.20	100.61	6,593	14,803	992,498	26,943	67.05	150.54		
03	Lab and Radiology Services	6,106	159	2,336	312	14.69	0.38	6,593	162	3,113	295	19.21	0.47		
05	Physician Services	6,106	54,665	3,146,617	107,432	57.56	515.33	6,593	62,505	4,204,060	113,766	67.26	637.66		
06	Home and Community Based Services	6,106	0	0	0	0.00	0.00	6,593	0	0	0	0.00	0.00		
07	Home Health Agency Services	6,106	1,536	65,846	3,019	42.87	10.78	6,593	1,216	96,315	2,213	79.21	14.61		
08	Swing Bed Skilled Care Services	6,106	0	0	0	0.00	0.00	6,593	0	0	0	0.00	0.00		
10	Periodic Screening Services (EPDST)	6,106	2,801	134,124	5,505	47.88	21.97	6,593	3,814	197,751	6,942	51.85	29.99		
11	Emergency/Non-Emergency Transportation	6,106	5,594	62,199	10,994	11.12	10.19	6,593	14,614	256,851	26,599	17.58	38.96		
12	Dental Services	6,106	0	0	0	0.00	0.00	6,593	0	0	0	0.00	0.00		
13	Eyeglass Services	6,106	0	0	0	0.00	0.00	6,593	0	0	0	0.00	0.00		
14	Family Planning Services	6,106	0	0	0	0.00	0.00	6,593	0	0	0	0.00	0.00		
15	Drug Services	6,106	4,664	1,320,132	9,166	283.05	216.20	6,593	6,406	1,826,905	11,660	285.19	277.10		
16	Dental Screening	6,106	1	256	2	256.00	0.04	6,593	0	0	0	0.00	0.00		
17	Eyeglass Screening	6,106	21	624	41	29.71	0.10	6,593	28	772	51	27.58	0.12		
18	Hearing Screening Services	6,106	56	3,545	110	63.31	0.58	6,593	64	5,028	116	78.57	0.76		
21	Swing Bed Intermediate Care Services	6,106	0	0	0	0.00	0.00	6,593	0	0	0	0.00	0.00		
22	Rural Health Clinic Services	6,106	746	42,546	1,466	57.03	6.97	6,593	849	47,171	1,545	55.56	7.15		
23	FQHC (Federally Qualified Health Center)	6,106	546	28,647	1,073	52.47	4.69	6,593	588	30,731	1,070	52.26	4.66		
24	DME (Durable Medical Equipment Services)	6,106	7,874	183,111	15,475	23.26	29.99	6,593	16,411	314,314	29,870	19.15	47.67		
25	Therapy Services, (outside the Home Health Program)	6,106	1,588	39,733	3,121	25.02	6.51	6,593	1,339	34,406	2,437	25.70	5.22		
27	Inpatient Psychiatric Hospital Services	6,106	0	0	0	0.00	0.00	6,593	0	0	0	0.00	0.00		
28	Nurse Services	6,106	5,485	22,620	10,780	4.12	3.70	6,593	9,186	45,547	16,720	4.96	6.91		
29	Ambulatory Surgical Centers	6,106	5	2,747	10	549.34	0.45	6,593	8	4,212	15	526.45	0.64		
31	Hospice Services	6,106	134	14,219	263	106.11	2.33	6,593	162	22,351	295	137.97	3.39		
32	Outpatient Psychiatric Hospital Services	6,106	0	0	0	0.00	0.00	6,593	0	0	0	0.00	0.00		
34	Family Planning Drug Services	6,106	0	0	0	0.00	0.00	6,593	8	261	15	32.60	0.04		
35	Freestanding Dialysis Services	6,106	0	0	0	0.00	0.00	6,593	0	0	0	0.00	0.00		
98	Unknown	6,106	1	8	2	7.69	0.00	6,593	0	0	0	0.00	0.00		
Total		6,106		\$ 21,278,455		\$	3,484.84	6,593		\$ 29,970,755		\$	4,545.84		

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					
COE:	Disabled Child at Home												
Region:	Statewide												
Age:	0 - 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	200	120	50,105	7,200	417.54	250.52	278	49	49,009	2,115	1,000.19	176.29
02	Outpatient Hospital Services	200	472	11,518	28,320	24.40	57.59	278	537	21,386	23,180	39.83	76.93
03	Lab and Radiology Services	200	3	30	180	10.07	0.15	278	2	27	86	13.40	0.10
05	Physician Services	200	1,226	26,271	73,560	21.43	131.35	278	1,447	24,761	62,460	17.11	89.07
06	Home and Community Based Services	200	0	0	0	0.00	0.00	278	0	0	0	0.00	0.00
07	Home Health Agency Services	200	0	0	0	0.00	0.00	278	33	4,096	1,424	124.11	14.73
08	Swing Bed Skilled Care Services	200	0	0	0	0.00	0.00	278	0	0	0	0.00	0.00
10	Periodic Screening Services (EPDST)	200	90	10,360	5,400	115.11	51.80	278	125	17,304	5,396	138.43	62.24
11	Emergency/Non-Emergency Transportation	200	1	211	60	211.06	1.06	278	981	17,343	42,345	17.68	62.39
12	Dental Services	200	0	0	0	0.00	0.00	278	0	0	0	0.00	0.00
13	Eyeglass Services	200	0	0	0	0.00	0.00	278	0	0	0	0.00	0.00
14	Family Planning Services	200	0	0	0	0.00	0.00	278	0	0	0	0.00	0.00
15	Drug Services	200	330	27,140	19,800	82.24	135.70	278	482	101,289	20,806	210.14	364.35
16	Dental Screening	200	0	0	0	0.00	0.00	278	0	0	0	0.00	0.00
17	Eyeglass Screening	200	0	0	0	0.00	0.00	278	0	0	0	0.00	0.00
18	Hearing Screening Services	200	0	0	0	0.00	0.00	278	4	1,254	173	313.62	4.51
21	Swing Bed Intermediate Care Services	200	0	0	0	0.00	0.00	278	0	0	0	0.00	0.00
22	Rural Health Clinic Services	200	9	336	540	37.29	1.68	278	31	721	1,338	23.25	2.59
23	FQHC (Federally Qualified Health Center)	200	21	183	1,260	8.71	0.92	278	6	426	259	71.05	1.53
24	DME (Durable Medical Equipment Services)	200	42	1,347	2,520	32.07	6.73	278	345	7,248	14,892	21.01	26.07
25	Therapy Services, (outside the Home Health Program)	200	286	10,165	17,160	35.54	50.83	278	283	6,739	12,216	23.81	24.24
27	Inpatient Psychiatric Hospital Services	200	0	0	0	0.00	0.00	278	0	0	0	0.00	0.00
28	Nurse Services	200	545	8,625	32,700	15.83	43.12	278	528	428	22,791	0.81	1.54
29	Ambulatory Surgical Centers	200	1	0	60	0.00	0.00	278	0	0	0	0.00	0.00
31	Hospice Services	200	198	23,855	11,880	120.48	119.27	278	114	13,804	4,921	121.09	49.65
32	Outpatient Psychiatric Hospital Services	200	0	0	0	0.00	0.00	278	0	0	0	0.00	0.00
34	Family Planning Drug Services	200	0	0	0	0.00	0.00	278	0	0	0	0.00	0.00
35	Freestanding Dialysis Services	200	0	0	0	0.00	0.00	278	0	0	0	0.00	0.00
98	Unknown	200	0	0	0	0.00	0.00	278	0	0	0	0.00	0.00
Total		200		\$ 170,145			\$ 850.72	278		\$ 265,835			\$ 956.24

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

COE: Region: Age:	Working Disabled Statewide 0 - 11 months	July 2006 - June 2007							July 2007 - June 2008						
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	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
02	Outpatient Hospital Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
03	Lab and Radiology Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
05	Physician Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
06	Home and Community Based Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
07	Home Health Agency Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
08	Swing Bed Skilled Care Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
10	Periodic Screening Services (EPDST)	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
11	Emergency/Non-Emergency Transportation	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
12	Dental Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
13	Eyeglass Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
14	Family Planning Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
15	Drug Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
16	Dental Screening	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
17	Eyeglass Screening	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
18	Hearing Screening Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
21	Swing Bed Intermediate Care Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
22	Rural Health Clinic Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
23	FQHC (Federally Qualified Health Center)	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
24	DME (Durable Medical Equipment Services)	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
25	Therapy Services, (outside the Home Health Program)	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
27	Inpatient Psychiatric Hospital Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
28	Nurse Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
29	Ambulatory Surgical Centers	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
31	Hospice Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
32	Outpatient Psychiatric Hospital Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
34	Family Planning Drug Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
35	Freestanding Dialysis Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
98	Unknown	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
Total		NO MEMBERS		\$ -			\$ -	NO MEMBERS		\$ -			\$ -		

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					
COE:	DHS Foster Care												
Region:	Statewide												
Age:	0 - 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	258	54	77,258	2,512	1,430.71	299.45	408	46	59,684	1,353	1,297.48	146.28
02	Outpatient Hospital Services	258	265	7,365	12,326	27.79	28.55	408	626	23,971	18,412	38.29	58.75
03	Lab and Radiology Services	258	18	201	837	11.17	0.78	408	5	46	147	9.28	0.11
05	Physician Services	258	393	24,535	18,279	62.43	95.10	408	872	31,222	25,647	35.80	76.52
06	Home and Community Based Services	258	0	0	0	0.00	0.00	408	0	0	0	0.00	0.00
07	Home Health Agency Services	258	0	0	0	0.00	0.00	408	0	0	0	0.00	0.00
08	Swing Bed Skilled Care Services	258	0	0	0	0.00	0.00	408	0	0	0	0.00	0.00
10	Periodic Screening Services (EPDST)	258	198	5,423	9,209	27.39	21.02	408	335	11,078	9,853	33.07	27.15
11	Emergency/Non-Emergency Transportation	258	39	745	1,814	19.10	2.89	408	1	184	29	183.84	0.45
12	Dental Services	258	0	0	0	0.00	0.00	408	0	0	0	0.00	0.00
13	Eyeglass Services	258	0	0	0	0.00	0.00	408	0	0	0	0.00	0.00
14	Family Planning Services	258	0	0	0	0.00	0.00	408	0	0	0	0.00	0.00
15	Drug Services	258	215	21,879	10,000	101.76	84.80	408	382	66,432	11,235	173.91	162.82
16	Dental Screening	258	0	0	0	0.00	0.00	408	0	0	0	0.00	0.00
17	Eyeglass Screening	258	0	0	0	0.00	0.00	408	0	0	0	0.00	0.00
18	Hearing Screening Services	258	0	0	0	0.00	0.00	408	0	0	0	0.00	0.00
21	Swing Bed Intermediate Care Services	258	0	0	0	0.00	0.00	408	0	0	0	0.00	0.00
22	Rural Health Clinic Services	258	40	1,716	1,860	42.91	6.65	408	90	5,774	2,647	64.16	14.15
23	FQHC (Federally Qualified Health Center)	258	16	819	744	51.21	3.18	408	7	880	206	125.66	2.16
24	DME (Durable Medical Equipment Services)	258	10	1,741	465	174.07	6.75	408	28	4,160	824	148.58	10.20
25	Therapy Services, (outside the Home Health Program)	258	0	0	0	0.00	0.00	408	2	155	59	77.72	0.38
27	Inpatient Psychiatric Hospital Services	258	0	0	0	0.00	0.00	408	0	0	0	0.00	0.00
28	Nurse Services	258	66	1,294	3,070	19.61	5.02	408	366	1,688	10,765	4.61	4.14
29	Ambulatory Surgical Centers	258	2	1,099	93	549.34	4.26	408	1	549	29	549.34	1.35
31	Hospice Services	258	0	0	0	0.00	0.00	408	0	0	0	0.00	0.00
32	Outpatient Psychiatric Hospital Services	258	0	0	0	0.00	0.00	408	0	0	0	0.00	0.00
34	Family Planning Drug Services	258	0	0	0	0.00	0.00	408	1	28	29	27.80	0.07
35	Freestanding Dialysis Services	258	0	0	0	0.00	0.00	408	0	0	0	0.00	0.00
98	Unknown	258	0	0	0	0.00	0.00	408	0	0	0	0.00	0.00
Total		258	\$	144,076		\$	558.43	408	\$	205,851		\$	504.54

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

COE: Breast - Cervical		July 2006 - June 2007							July 2007 - June 2008						
Region: Statewide															
Age: 0 - 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	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
02	Outpatient Hospital Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
03	Lab and Radiology Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
05	Physician Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
06	Home and Community Based Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
07	Home Health Agency Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
08	Swing Bed Skilled Care Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
10	Periodic Screening Services (EPDST)	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
11	Emergency/Non-Emergency Transportation	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
12	Dental Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
13	Eyeglass Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
14	Family Planning Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
15	Drug Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
16	Dental Screening	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
17	Eyeglass Screening	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
18	Hearing Screening Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
21	Swing Bed Intermediate Care Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
22	Rural Health Clinic Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
23	FQHC (Federally Qualified Health Center)	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
24	DME (Durable Medical Equipment Services)	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
25	Therapy Services, (outside the Home Health Program)	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
27	Inpatient Psychiatric Hospital Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
28	Nurse Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
29	Ambulatory Surgical Centers	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
31	Hospice Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
32	Outpatient Psychiatric Hospital Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
34	Family Planning Drug Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
35	Freestanding Dialysis Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
98	Unknown	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
Total		NO MEMBERS		\$ -			\$ -	NO MEMBERS		\$ -			\$ -		

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

COE: Region: Age:	SSI Statewide Ages 1 - 5	July 2006 - June 2007							July 2007 - June 2008						
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	50,857	5,859	7,753,729	1,382	1,323.39	152.46	52,148	6,378	8,456,135	1,468	1,325.83	162.16		
02	Outpatient Hospital Services	50,857	122,907	5,950,936	29,001	48.42	117.01	52,148	139,625	7,188,922	32,130	51.49	137.86		
03	Lab and Radiology Services	50,857	3,721	41,628	878	11.19	0.82	52,148	3,608	42,895	830	11.89	0.82		
05	Physician Services	50,857	122,788	2,444,965	28,973	19.91	48.08	52,148	133,356	2,614,113	30,687	19.60	50.13		
06	Home and Community Based Services	50,857	0	0	0	0.00	0.00	52,148	0	0	0	0.00	0.00		
07	Home Health Agency Services	50,857	4,002	179,457	944	44.84	3.53	52,148	4,606	209,419	1,060	45.47	4.02		
08	Swing Bed Skilled Care Services	50,857	0	0	0	0.00	0.00	52,148	0	0	0	0.00	0.00		
10	Periodic Screening Services (EPDST)	50,857	9,917	697,788	2,340	70.36	13.72	52,148	12,888	914,774	2,966	70.98	17.54		
11	Emergency/Non-Emergency Transportation	50,857	12,296	126,996	2,901	10.33	2.50	52,148	16,827	212,772	3,872	12.64	4.08		
12	Dental Services	50,857	0	0	0	0.00	0.00	52,148	0	0	0	0.00	0.00		
13	Eyeglass Services	50,857	0	0	0	0.00	0.00	52,148	0	0	0	0.00	0.00		
14	Family Planning Services	50,857	0	0	0	0.00	0.00	52,148	0	0	0	0.00	0.00		
15	Drug Services	50,857	45,164	4,985,940	10,657	110.40	98.04	52,148	51,292	6,181,819	11,803	120.52	118.54		
16	Dental Screening	50,857	9,895	422,216	2,335	42.67	8.30	52,148	12,141	537,904	2,794	44.30	10.31		
17	Eyeglass Screening	50,857	2,347	77,200	554	32.89	1.52	52,148	2,381	79,822	548	33.52	1.53		
18	Hearing Screening Services	50,857	555	29,177	131	52.57	0.57	52,148	789	32,949	182	41.76	0.63		
21	Swing Bed Intermediate Care Services	50,857	0	0	0	0.00	0.00	52,148	0	0	0	0.00	0.00		
22	Rural Health Clinic Services	50,857	4,904	295,568	1,157	60.27	5.81	52,148	5,318	318,221	1,224	59.84	6.10		
23	FQHC (Federally Qualified Health Center)	50,857	2,605	155,766	615	59.80	3.06	52,148	2,691	157,068	619	58.37	3.01		
24	DME (Durable Medical Equipment Services)	50,857	217,333	1,270,832	51,281	5.85	24.99	52,148	219,233	1,373,608	50,449	6.27	26.34		
25	Therapy Services, (outside the Home Health Program)	50,857	40,925	1,169,088	9,656	28.57	22.99	52,148	45,587	1,287,411	10,490	28.24	24.69		
27	Inpatient Psychiatric Hospital Services	50,857	0	0	0	0.00	0.00	52,148	0	0	0	0.00	0.00		
28	Nurse Services	50,857	44,916	339,336	10,598	7.55	6.67	52,148	52,671	389,128	12,120	7.39	7.46		
29	Ambulatory Surgical Centers	50,857	121	45,673	29	377.46	0.90	52,148	126	51,626	29	409.73	0.99		
31	Hospice Services	50,857	609	58,024	144	95.28	1.14	52,148	880	105,826	203	120.26	2.03		
32	Outpatient Psychiatric Hospital Services	50,857	0	0	0	0.00	0.00	52,148	0	0	0	0.00	0.00		
34	Family Planning Drug Services	50,857	0	0	0	0.00	0.00	52,148	1	33	0	32.60	0.00		
35	Freestanding Dialysis Services	50,857	319	41,672	75	130.63	0.82	52,148	31	4,050	7	130.63	0.08		
98	Unknown	50,857	0	0	0	0.00	0.00	52,148	0	0	0	0.00	0.00		
Total		50,857	\$	26,085,990		\$	512.93	52,148	\$	30,158,495		\$	578.33		

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

COE: Region: Age:	Disabled Child at Home Statewide Ages 1 - 5	July 2006 - June 2007							July 2007 - June 2008						
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	3,415	408	354,101	1,434	867.90	103.69	3,934	365	269,535	1,113	738.45	68.51		
02	Outpatient Hospital Services	3,415	11,418	314,712	40,122	27.56	92.16	3,934	12,069	601,702	36,814	49.86	152.95		
03	Lab and Radiology Services	3,415	75	831	264	11.09	0.24	3,934	59	970	180	16.45	0.25		
05	Physician Services	3,415	8,017	113,568	28,171	14.17	33.26	3,934	9,537	130,747	29,091	13.71	33.24		
06	Home and Community Based Services	3,415	0	0	0	0.00	0.00	3,934	0	0	0	0.00	0.00		
07	Home Health Agency Services	3,415	568	37,877	1,996	66.68	11.09	3,934	305	14,461	930	47.41	3.68		
08	Swing Bed Skilled Care Services	3,415	0	0	0	0.00	0.00	3,934	0	0	0	0.00	0.00		
10	Periodic Screening Services (EPDST)	3,415	611	77,948	2,147	127.57	22.83	3,934	825	118,764	2,517	143.96	30.19		
11	Emergency/Non-Emergency Transportation	3,415	429	2,486	1,507	5.80	0.73	3,934	465	3,829	1,418	8.23	0.97		
12	Dental Services	3,415	0	0	0	0.00	0.00	3,934	0	0	0	0.00	0.00		
13	Eyeglass Services	3,415	0	0	0	0.00	0.00	3,934	0	0	0	0.00	0.00		
14	Family Planning Services	3,415	0	0	0	0.00	0.00	3,934	0	0	0	0.00	0.00		
15	Drug Services	3,415	4,226	447,646	14,850	105.93	131.08	3,934	5,490	787,517	16,746	143.45	200.18		
16	Dental Screening	3,415	280	9,943	984	35.51	2.91	3,934	465	17,531	1,418	37.70	4.46		
17	Eyeglass Screening	3,415	88	2,477	309	28.15	0.73	3,934	100	2,841	305	28.41	0.72		
18	Hearing Screening Services	3,415	22	1,941	77	88.24	0.57	3,934	34	2,819	104	82.91	0.72		
21	Swing Bed Intermediate Care Services	3,415	0	0	0	0.00	0.00	3,934	0	0	0	0.00	0.00		
22	Rural Health Clinic Services	3,415	129	6,721	453	52.10	1.97	3,934	263	10,957	802	41.66	2.79		
23	FQHC (Federally Qualified Health Center)	3,415	56	2,990	197	53.39	0.88	3,934	25	1,752	76	70.08	0.45		
24	DME (Durable Medical Equipment Services)	3,415	25,737	82,833	90,437	3.22	24.26	3,934	31,360	143,238	95,658	4.57	36.41		
25	Therapy Services, (outside the Home Health Program)	3,415	9,519	234,557	33,449	24.64	68.68	3,934	9,326	240,238	28,447	25.76	61.07		
27	Inpatient Psychiatric Hospital Services	3,415	0	0	0	0.00	0.00	3,934	0	0	0	0.00	0.00		
28	Nurse Services	3,415	1,108	4,221	3,893	3.81	1.24	3,934	5,000	84,108	15,252	16.82	21.38		
29	Ambulatory Surgical Centers	3,415	24	4,999	84	208.30	1.46	3,934	16	1,518	49	94.85	0.39		
31	Hospice Services	3,415	10	1,000	35	100.00	0.29	3,934	285	35,395	869	124.19	9.00		
32	Outpatient Psychiatric Hospital Services	3,415	0	0	0	0.00	0.00	3,934	0	0	0	0.00	0.00		
34	Family Planning Drug Services	3,415	0	0	0	0.00	0.00	3,934	0	0	0	0.00	0.00		
35	Freestanding Dialysis Services	3,415	257	33,573	903	130.63	9.83	3,934	0	0	0	0.00	0.00		
98	Unknown	3,415	0	0	0	0.00	0.00	3,934	0	0	0	0.00	0.00		
Total		3,415	\$	1,734,425		\$	507.88	3,934	\$	2,467,919		\$	627.33		

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

COE: Region: Age:	Working Disabled Statewide Ages 1 - 5	July 2006 - June 2007							July 2007 - June 2008						
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	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
02	Outpatient Hospital Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
03	Lab and Radiology Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
05	Physician Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
06	Home and Community Based Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
07	Home Health Agency Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
08	Swing Bed Skilled Care Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
10	Periodic Screening Services (EPDST)	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
11	Emergency/Non-Emergency Transportation	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
12	Dental Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
13	Eyeglass Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
14	Family Planning Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
15	Drug Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
16	Dental Screening	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
17	Eyeglass Screening	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
18	Hearing Screening Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
21	Swing Bed Intermediate Care Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
22	Rural Health Clinic Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
23	FQHC (Federally Qualified Health Center)	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
24	DME (Durable Medical Equipment Services)	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
25	Therapy Services, (outside the Home Health Program)	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
27	Inpatient Psychiatric Hospital Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
28	Nurse Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
29	Ambulatory Surgical Centers	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
31	Hospice Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
32	Outpatient Psychiatric Hospital Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
34	Family Planning Drug Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
35	Freestanding Dialysis Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
98	Unknown	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
Total		NO MEMBERS	\$	-		\$	-	NO MEMBERS	\$	-		\$	-		

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					
COE:	DHS Foster Care												
Region:	Statewide												
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	3,228	179	214,710	665	1,199.50	66.51	3,453	163	210,512	566	1,291.48	60.96
02	Outpatient Hospital Services	3,228	1,815	70,940	6,747	39.09	21.98	3,453	2,178	137,052	7,569	62.93	39.69
03	Lab and Radiology Services	3,228	131	1,667	487	12.72	0.52	3,453	226	2,513	785	11.12	0.73
05	Physician Services	3,228	3,327	68,441	12,368	20.57	21.20	3,453	4,754	91,509	16,521	19.25	26.50
06	Home and Community Based Services	3,228	0	0	0	0.00	0.00	3,453	0	0	0	0.00	0.00
07	Home Health Agency Services	3,228	47	3,003	175	63.89	0.93	3,453	50	3,275	174	65.50	0.95
08	Swing Bed Skilled Care Services	3,228	0	0	0	0.00	0.00	3,453	0	0	0	0.00	0.00
10	Periodic Screening Services (EPDST)	3,228	592	25,354	2,201	42.83	7.85	3,453	737	30,288	2,561	41.10	8.77
11	Emergency/Non-Emergency Transportation	3,228	163	1,732	606	10.63	0.54	3,453	547	4,012	1,901	7.33	1.16
12	Dental Services	3,228	0	0	0	0.00	0.00	3,453	0	0	0	0.00	0.00
13	Eyeglass Services	3,228	0	0	0	0.00	0.00	3,453	0	0	0	0.00	0.00
14	Family Planning Services	3,228	0	0	0	0.00	0.00	3,453	0	0	0	0.00	0.00
15	Drug Services	3,228	1,819	88,523	6,762	48.67	27.42	3,453	2,340	164,248	8,132	70.19	47.57
16	Dental Screening	3,228	761	28,014	2,829	36.81	8.68	3,453	1,229	53,362	4,271	43.42	15.45
17	Eyeglass Screening	3,228	96	3,633	357	37.84	1.13	3,453	132	5,484	459	41.54	1.59
18	Hearing Screening Services	3,228	8	195	30	24.35	0.06	3,453	10	182	35	18.17	0.05
21	Swing Bed Intermediate Care Services	3,228	0	0	0	0.00	0.00	3,453	0	0	0	0.00	0.00
22	Rural Health Clinic Services	3,228	372	20,172	1,383	54.23	6.25	3,453	378	21,084	1,314	55.78	6.11
23	FQHC (Federally Qualified Health Center)	3,228	154	8,930	572	57.99	2.77	3,453	179	9,177	622	51.27	2.66
24	DME (Durable Medical Equipment Services)	3,228	2,935	6,147	10,911	2.09	1.90	3,453	312	12,280	1,084	39.36	3.56
25	Therapy Services, (outside the Home Health Program)	3,228	252	8,377	937	33.24	2.60	3,453	468	15,128	1,626	32.32	4.38
27	Inpatient Psychiatric Hospital Services	3,228	0	0	0	0.00	0.00	3,453	0	0	0	0.00	0.00
28	Nurse Services	3,228	2,073	9,490	7,706	4.58	2.94	3,453	2,816	10,524	9,786	3.74	3.05
29	Ambulatory Surgical Centers	3,228	7	2,238	26	319.65	0.69	3,453	25	11,168	87	446.73	3.23
31	Hospice Services	3,228	0	0	0	0.00	0.00	3,453	0	0	0	0.00	0.00
32	Outpatient Psychiatric Hospital Services	3,228	0	0	0	0.00	0.00	3,453	0	0	0	0.00	0.00
34	Family Planning Drug Services	3,228	0	0	0	0.00	0.00	3,453	0	0	0	0.00	0.00
35	Freestanding Dialysis Services	3,228	0	0	0	0.00	0.00	3,453	0	0	0	0.00	0.00
98	Unknown	3,228	0	0	0	0.00	0.00	3,453	0	0	0	0.00	0.00
Total		3,228	\$	561,564		\$	173.97	3,453	\$	781,796		\$	226.41

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

COE: Breast - Cervical Region: Statewide Age: Ages 1 - 5		July 2006 - June 2007							July 2007 - June 2008						
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	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
02	Outpatient Hospital Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
03	Lab and Radiology Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
05	Physician Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
06	Home and Community Based Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
07	Home Health Agency Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
08	Swing Bed Skilled Care Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
10	Periodic Screening Services (EPDST)	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
11	Emergency/Non-Emergency Transportation	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
12	Dental Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
13	Eyeglass Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
14	Family Planning Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
15	Drug Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
16	Dental Screening	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
17	Eyeglass Screening	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
18	Hearing Screening Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
21	Swing Bed Intermediate Care Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
22	Rural Health Clinic Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
23	FQHC (Federally Qualified Health Center)	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
24	DME (Durable Medical Equipment Services)	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
25	Therapy Services, (outside the Home Health Program)	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
27	Inpatient Psychiatric Hospital Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
28	Nurse Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
29	Ambulatory Surgical Centers	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
31	Hospice Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
32	Outpatient Psychiatric Hospital Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
34	Family Planning Drug Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
35	Freestanding Dialysis Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
98	Unknown	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
Total		NO MEMBERS		\$ -			\$ -	NO MEMBERS		\$ -			\$ -		

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

COE: Region: Age:	SSI Statewide Ages 6 - 20	July 2006 - June 2007							July 2007 - June 2008						
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	265,674	21,275	22,697,261	961	1,066.85	85.43	266,746	20,765	23,307,038	934	1,122.42	87.38		
02	Outpatient Hospital Services	265,674	329,038	12,803,705	14,862	38.91	48.19	266,746	321,549	13,185,467	14,465	41.01	49.43		
03	Lab and Radiology Services	265,674	18,517	320,450	836	17.31	1.21	266,746	18,693	341,704	841	18.28	1.28		
05	Physician Services	265,674	290,400	7,000,296	13,117	24.11	26.35	266,746	285,860	7,250,262	12,860	25.36	27.18		
06	Home and Community Based Services	265,674	2	250	0	125.00	0.00	266,746	0	0	0	0.00	0.00		
07	Home Health Agency Services	265,674	7,565	192,864	342	25.49	0.73	266,746	14,030	193,648	631	13.80	0.73		
08	Swing Bed Skilled Care Services	265,674	14	1,995	1	142.49	0.01	266,746	0	0	0	0.00	0.00		
10	Periodic Screening Services (EPDST)	265,674	10,203	269,040	461	26.37	1.01	266,746	11,881	302,583	534	25.47	1.13		
11	Emergency/Non-Emergency Transportation	265,674	21,631	438,688	977	20.28	1.65	266,746	24,275	495,907	1,092	20.43	1.86		
12	Dental Services	265,674	0	0	0	0.00	0.00	266,746	0	0	0	0.00	0.00		
13	Eyeglass Services	265,674	0	0	0	0.00	0.00	266,746	0	0	0	0.00	0.00		
14	Family Planning Services	265,674	0	0	0	0.00	0.00	266,746	0	0	0	0.00	0.00		
15	Drug Services	265,674	219,558	29,449,951	9,917	134.13	110.85	266,746	226,758	31,078,050	10,201	137.05	116.51		
16	Dental Screening	265,674	60,477	2,406,799	2,732	39.80	9.06	266,746	71,973	3,008,974	3,238	41.81	11.28		
17	Eyeglass Screening	265,674	29,529	932,850	1,334	31.59	3.51	266,746	31,798	1,028,876	1,430	32.36	3.86		
18	Hearing Screening Services	265,674	949	74,762	43	78.78	0.28	266,746	2,107	122,210	95	58.00	0.46		
21	Swing Bed Intermediate Care Services	265,674	0	0	0	0.00	0.00	266,746	0	0	0	0.00	0.00		
22	Rural Health Clinic Services	265,674	20,552	1,322,683	928	64.36	4.98	266,746	20,691	1,343,347	931	64.92	5.04		
23	FQHC (Federally Qualified Health Center)	265,674	11,703	819,728	529	70.04	3.09	266,746	12,137	776,063	546	63.94	2.91		
24	DME (Durable Medical Equipment Services)	265,674	776,598	2,646,712	35,077	3.41	9.96	266,746	883,237	2,783,353	39,734	3.15	10.43		
25	Therapy Services, (outside the Home Health Program)	265,674	23,840	641,740	1,077	26.92	2.42	266,746	27,268	708,866	1,227	26.00	2.66		
27	Inpatient Psychiatric Hospital Services	265,674	0	0	0	0.00	0.00	266,746	0	0	0	0.00	0.00		
28	Nurse Services	265,674	82,633	666,326	3,732	8.06	2.51	266,746	93,223	771,365	4,194	8.27	2.89		
29	Ambulatory Surgical Centers	265,674	278	101,525	13	365.20	0.38	266,746	261	88,317	12	338.38	0.33		
31	Hospice Services	265,674	2,902	335,803	131	115.71	1.26	266,746	2,800	326,220	126	116.51	1.22		
32	Outpatient Psychiatric Hospital Services	265,674	0	0	0	0.00	0.00	266,746	0	0	0	0.00	0.00		
34	Family Planning Drug Services	265,674	4,128	165,256	186	40.03	0.62	266,746	4,112	168,645	185	41.01	0.63		
35	Freestanding Dialysis Services	265,674	25,047	104,627	1,131	4.18	0.39	266,746	21,579	72,328	971	3.35	0.27		
98	Unknown	265,674	4	213	0	53.34	0.00	266,746	16	768	1	47.99	0.00		
Total		265,674	\$	83,393,525		\$	313.89	266,746	\$	87,353,990		\$	327.48		

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					
COE:	Disabled Child at Home												
Region:	Statewide												
Age:	Ages 6 - 20												
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	8,079	1,245	947,707	1,849	761.21	117.30	8,687	941	932,558	1,300	991.03	107.35
02	Outpatient Hospital Services	8,079	21,061	521,857	31,283	24.78	64.59	8,687	20,130	562,814	27,807	27.96	64.79
03	Lab and Radiology Services	8,079	382	4,813	567	12.60	0.60	8,687	421	4,782	582	11.36	0.55
05	Physician Services	8,079	20,953	287,948	31,122	13.74	35.64	8,687	19,484	297,970	26,915	15.29	34.30
06	Home and Community Based Services	8,079	0	0	0	0.00	0.00	8,687	0	0	0	0.00	0.00
07	Home Health Agency Services	8,079	624	14,856	927	23.81	1.84	8,687	235	13,975	325	59.47	1.61
08	Swing Bed Skilled Care Services	8,079	0	0	0	0.00	0.00	8,687	0	0	0	0.00	0.00
10	Periodic Screening Services (EPDST)	8,079	205	3,925	304	19.15	0.49	8,687	265	5,000	366	18.87	0.58
11	Emergency/Non-Emergency Transportation	8,079	768	7,168	1,141	9.33	0.89	8,687	1,181	10,624	1,631	9.00	1.22
12	Dental Services	8,079	0	0	0	0.00	0.00	8,687	0	0	0	0.00	0.00
13	Eyeglass Services	8,079	0	0	0	0.00	0.00	8,687	0	0	0	0.00	0.00
14	Family Planning Services	8,079	0	0	0	0.00	0.00	8,687	0	0	0	0.00	0.00
15	Drug Services	8,079	12,779	4,565,720	18,981	357.28	565.13	8,687	13,879	5,126,765	19,172	369.39	590.17
16	Dental Screening	8,079	1,088	39,493	1,616	36.30	4.89	8,687	1,708	72,113	2,359	42.22	8.30
17	Eyeglass Screening	8,079	650	19,654	965	30.24	2.43	8,687	805	24,180	1,112	30.04	2.78
18	Hearing Screening Services	8,079	20	1,999	30	99.94	0.25	8,687	31	3,196	43	103.10	0.37
21	Swing Bed Intermediate Care Services	8,079	0	0	0	0.00	0.00	8,687	0	0	0	0.00	0.00
22	Rural Health Clinic Services	8,079	405	18,626	602	45.99	2.31	8,687	424	19,552	586	46.11	2.25
23	FQHC (Federally Qualified Health Center)	8,079	143	6,367	212	44.53	0.79	8,687	87	5,957	120	68.47	0.69
24	DME (Durable Medical Equipment Services)	8,079	121,112	347,397	179,892	2.87	43.00	8,687	126,398	325,276	174,603	2.57	37.44
25	Therapy Services, (outside the Home Health Program)	8,079	3,750	93,714	5,570	24.99	11.60	8,687	5,381	135,303	7,433	25.14	15.58
27	Inpatient Psychiatric Hospital Services	8,079	0	0	0	0.00	0.00	8,687	0	0	0	0.00	0.00
28	Nurse Services	8,079	3,684	39,146	5,472	10.63	4.85	8,687	7,097	64,582	9,804	9.10	7.43
29	Ambulatory Surgical Centers	8,079	15	3,123	22	208.20	0.39	8,687	16	3,552	22	221.97	0.41
31	Hospice Services	8,079	170	18,591	253	109.36	2.30	8,687	3	0	4	0.00	0.00
32	Outpatient Psychiatric Hospital Services	8,079	0	0	0	0.00	0.00	8,687	0	0	0	0.00	0.00
34	Family Planning Drug Services	8,079	123	6,121	183	49.77	0.76	8,687	111	5,722	153	51.55	0.66
35	Freestanding Dialysis Services	8,079	0	0	0	0.00	0.00	8,687	0	0	0	0.00	0.00
98	Unknown	8,079	0	0	0	0.00	0.00	8,687	0	0	0	0.00	0.00
Total		8,079	\$	6,948,225		\$	860.04	8,687	\$	7,613,920		\$	876.47

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					
COE:	Working Disabled												
Region:	Statewide												
Age:	Ages 6 - 20												
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	20	0	0	0	0.00	0.00	37	0	0	0	0.00	0.00
02	Outpatient Hospital Services	20	193	2,743	115,800	14.21	137.15	37	535	7,136	173,514	13.34	192.87
03	Lab and Radiology Services	20	11	230	6,600	20.93	11.51	37	19	242	6,162	12.74	6.54
05	Physician Services	20	16	606	9,600	37.88	30.31	37	39	3,394	12,649	87.02	91.72
06	Home and Community Based Services	20	0	0	0	0.00	0.00	37	0	0	0	0.00	0.00
07	Home Health Agency Services	20	0	0	0	0.00	0.00	37	0	0	0	0.00	0.00
08	Swing Bed Skilled Care Services	20	0	0	0	0.00	0.00	37	0	0	0	0.00	0.00
10	Periodic Screening Services (EPDST)	20	0	0	0	0.00	0.00	37	0	0	0	0.00	0.00
11	Emergency/Non-Emergency Transportation	20	1	178	600	177.74	8.89	37	0	0	0	0.00	0.00
12	Dental Services	20	0	0	0	0.00	0.00	37	0	0	0	0.00	0.00
13	Eyeglass Services	20	0	0	0	0.00	0.00	37	0	0	0	0.00	0.00
14	Family Planning Services	20	0	0	0	0.00	0.00	37	0	0	0	0.00	0.00
15	Drug Services	20	38	5,252	22,800	138.20	262.58	37	25	3,641	8,108	145.64	98.41
16	Dental Screening	20	5	155	3,000	30.91	7.73	37	0	0	0	0.00	0.00
17	Eyeglass Screening	20	4	66	2,400	16.43	3.29	37	2	125	649	62.51	3.38
18	Hearing Screening Services	20	0	0	0	0.00	0.00	37	0	0	0	0.00	0.00
21	Swing Bed Intermediate Care Services	20	0	0	0	0.00	0.00	37	0	0	0	0.00	0.00
22	Rural Health Clinic Services	20	5	255	3,000	51.00	12.75	37	1	0	324	0.00	0.00
23	FQHC (Federally Qualified Health Center)	20	0	0	0	0.00	0.00	37	2	232	649	116.19	6.28
24	DME (Durable Medical Equipment Services)	20	0	0	0	0.00	0.00	37	0	0	0	0.00	0.00
25	Therapy Services, (outside the Home Health Program)	20	0	0	0	0.00	0.00	37	0	0	0	0.00	0.00
27	Inpatient Psychiatric Hospital Services	20	0	0	0	0.00	0.00	37	0	0	0	0.00	0.00
28	Nurse Services	20	1	71	600	71.31	3.57	37	0	0	0	0.00	0.00
29	Ambulatory Surgical Centers	20	0	0	0	0.00	0.00	37	0	0	0	0.00	0.00
31	Hospice Services	20	0	0	0	0.00	0.00	37	0	0	0	0.00	0.00
32	Outpatient Psychiatric Hospital Services	20	0	0	0	0.00	0.00	37	0	0	0	0.00	0.00
34	Family Planning Drug Services	20	2	69	1,200	34.40	3.44	37	0	0	0	0.00	0.00
35	Freestanding Dialysis Services	20	0	0	0	0.00	0.00	37	0	0	0	0.00	0.00
98	Unknown	20	0	0	0	0.00	0.00	37	0	0	0	0.00	0.00
Total		20		\$ 9,624			\$ 481.21	37		\$ 14,770			\$ 399.20

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

COE: DHS Foster Care		July 2006 - June 2007							July 2007 - June 2008						
Region: Statewide															
Age: Ages 6 - 20															
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	14,731	1,432	1,502,666	1,167	1,049.35	102.01	14,701	1,280	1,312,333	1,045	1,025.26	89.27		
02	Outpatient Hospital Services	14,731	7,756	338,136	6,318	43.60	22.95	14,701	8,526	257,356	6,960	30.18	17.51		
03	Lab and Radiology Services	14,731	1,512	27,036	1,232	17.88	1.84	14,701	1,419	28,464	1,158	20.06	1.94		
05	Physician Services	14,731	10,183	321,010	8,295	31.52	21.79	14,701	9,801	316,311	8,000	32.27	21.52		
06	Home and Community Based Services	14,731	0	0	0	0.00	0.00	14,701	0	0	0	0.00	0.00		
07	Home Health Agency Services	14,731	14	1,936	11	138.29	0.13	14,701	16	1,826	13	114.12	0.12		
08	Swing Bed Skilled Care Services	14,731	0	0	0	0.00	0.00	14,701	0	0	0	0.00	0.00		
10	Periodic Screening Services (EPDST)	14,731	923	25,098	752	27.19	1.70	14,701	1,044	26,055	852	24.96	1.77		
11	Emergency/Non-Emergency Transportation	14,731	634	17,174	516	27.09	1.17	14,701	404	11,047	330	27.34	0.75		
12	Dental Services	14,731	0	0	0	0.00	0.00	14,701	0	0	0	0.00	0.00		
13	Eyeglass Services	14,731	0	0	0	0.00	0.00	14,701	0	0	0	0.00	0.00		
14	Family Planning Services	14,731	0	0	0	0.00	0.00	14,701	0	0	0	0.00	0.00		
15	Drug Services	14,731	9,535	833,073	7,767	87.37	56.55	14,701	10,133	924,115	8,271	91.20	62.86		
16	Dental Screening	14,731	6,034	231,482	4,915	38.36	15.71	14,701	6,838	269,266	5,582	39.38	18.32		
17	Eyeglass Screening	14,731	1,844	61,463	1,502	33.33	4.17	14,701	2,410	79,424	1,967	32.96	5.40		
18	Hearing Screening Services	14,731	5	113	4	22.53	0.01	14,701	25	1,160	20	46.41	0.08		
21	Swing Bed Intermediate Care Services	14,731	0	0	0	0.00	0.00	14,701	0	0	0	0.00	0.00		
22	Rural Health Clinic Services	14,731	937	63,491	763	67.76	4.31	14,701	1,260	76,733	1,029	60.90	5.22		
23	FQHC (Federally Qualified Health Center)	14,731	713	46,396	581	65.07	3.15	14,701	689	37,251	562	54.06	2.53		
24	DME (Durable Medical Equipment Services)	14,731	1,141	5,742	929	5.03	0.39	14,701	52	3,534	42	67.96	0.24		
25	Therapy Services, (outside the Home Health Program)	14,731	448	12,322	365	27.50	0.84	14,701	758	20,842	619	27.50	1.42		
27	Inpatient Psychiatric Hospital Services	14,731	0	0	0	0.00	0.00	14,701	0	0	0	0.00	0.00		
28	Nurse Services	14,731	2,443	29,182	1,990	11.95	1.98	14,701	2,318	28,707	1,892	12.38	1.95		
29	Ambulatory Surgical Centers	14,731	24	7,759	20	323.30	0.53	14,701	22	8,873	18	403.33	0.60		
31	Hospice Services	14,731	0	0	0	0.00	0.00	14,701	0	0	0	0.00	0.00		
32	Outpatient Psychiatric Hospital Services	14,731	0	0	0	0.00	0.00	14,701	0	0	0	0.00	0.00		
34	Family Planning Drug Services	14,731	417	18,720	340	44.89	1.27	14,701	451	20,357	368	45.14	1.38		
35	Freestanding Dialysis Services	14,731	0	0	0	0.00	0.00	14,701	0	0	0	0.00	0.00		
98	Unknown	14,731	0	0	0	0.00	0.00	14,701	0	0	0	0.00	0.00		
Total		14,731	\$	3,542,799		\$	240.50	14,701	\$	3,423,652		\$	232.89		

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

COE: Breast - Cervical		July 2006 - June 2007							July 2007 - June 2008						
Region: Statewide															
Age: Ages 6 - 20															
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	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
02	Outpatient Hospital Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
03	Lab and Radiology Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
05	Physician Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
06	Home and Community Based Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
07	Home Health Agency Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
08	Swing Bed Skilled Care Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
10	Periodic Screening Services (EPDST)	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
11	Emergency/Non-Emergency Transportation	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
12	Dental Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
13	Eyeglass Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
14	Family Planning Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
15	Drug Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
16	Dental Screening	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
17	Eyeglass Screening	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
18	Hearing Screening Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
21	Swing Bed Intermediate Care Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
22	Rural Health Clinic Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
23	FQHC (Federally Qualified Health Center)	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
24	DME (Durable Medical Equipment Services)	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
25	Therapy Services, (outside the Home Health Program)	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
27	Inpatient Psychiatric Hospital Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
28	Nurse Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
29	Ambulatory Surgical Centers	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
31	Hospice Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
32	Outpatient Psychiatric Hospital Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
34	Family Planning Drug Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
35	Freestanding Dialysis Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
98	Unknown	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
Total		NO MEMBERS		\$ -			\$ -	NO MEMBERS		\$ -			\$ -		

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

COE: Region: Age:	SSI Statewide Ages 21 +	July 2006 - June 2007							July 2007 - June 2008						
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	554,864	96,332	111,409,776	2,083	1,156.52	200.79	564,988	97,571	115,290,047	2,072	1,181.60	204.06		
02	Outpatient Hospital Services	554,864	1,499,184	58,857,006	32,423	39.26	106.07	564,988	1,649,364	57,050,649	35,031	34.59	100.98		
03	Lab and Radiology Services	554,864	125,246	2,145,869	2,709	17.13	3.87	564,988	127,552	2,297,555	2,709	18.01	4.07		
05	Physician Services	554,864	1,747,501	42,091,571	37,793	24.09	75.86	564,988	1,637,968	43,321,371	34,789	26.45	76.68		
06	Home and Community Based Services	554,864	478	3,539	10	7.40	0.01	564,988	358	3,018	8	8.43	0.01		
07	Home Health Agency Services	554,864	83,161	1,677,351	1,799	20.17	3.02	564,988	93,894	1,663,797	1,994	17.72	2.94		
08	Swing Bed Skilled Care Services	554,864	67	9,547	1	142.49	0.02	564,988	111	16,984	2	153.01	0.03		
10	Periodic Screening Services (EPDST)	554,864	661	31,445	14	47.57	0.06	564,988	647	15,116	14	23.36	0.03		
11	Emergency/Non-Emergency Transportation	554,864	89,546	3,306,056	1,937	36.92	5.96	564,988	96,422	3,590,826	2,048	37.24	6.36		
12	Dental Services	554,864	36,931	1,529,033	799	41.40	2.76	564,988	39,901	2,041,003	847	51.15	3.61		
13	Eyeglass Services	554,864	42,818	1,606,933	926	37.53	2.90	564,988	43,520	1,691,762	924	38.87	2.99		
14	Family Planning Services	554,864	0	0	0	0.00	0.00	564,988	0	0	0	0.00	0.00		
15	Drug Services	554,864	1,093,342	92,040,507	23,646	84.18	165.88	564,988	1,137,642	104,693,692	24,163	92.03	185.30		
16	Dental Screening	554,864	103	4,677	2	45.41	0.01	564,988	191	10,238	4	53.60	0.02		
17	Eyeglass Screening	554,864	29	1,045	1	36.05	0.00	564,988	63	2,468	1	39.17	0.00		
18	Hearing Screening Services	554,864	74	2,471	2	33.40	0.00	564,988	107	2,726	2	25.47	0.00		
21	Swing Bed Intermediate Care Services	554,864	352	50,156	8	142.49	0.09	564,988	440	67,324	9	153.01	0.12		
22	Rural Health Clinic Services	554,864	83,257	4,268,076	1,801	51.26	7.69	564,988	83,508	4,191,536	1,774	50.19	7.42		
23	FQHC (Federally Qualified Health Center)	554,864	37,346	2,634,843	808	70.55	4.75	564,988	38,043	2,493,291	808	65.54	4.41		
24	DME (Durable Medical Equipment Services)	554,864	207,076	5,134,979	4,478	24.80	9.25	564,988	255,462	6,052,272	5,426	23.69	10.71		
25	Therapy Services, (outside the Home Health Program)	554,864	1,703	35,675	37	20.95	0.06	564,988	159	2,889	3	18.17	0.01		
27	Inpatient Psychiatric Hospital Services	554,864	0	0	0	0.00	0.00	564,988	0	0	0	0.00	0.00		
28	Nurse Services	554,864	511,763	2,071,613	11,068	4.05	3.73	564,988	552,781	2,323,457	11,741	4.20	4.11		
29	Ambulatory Surgical Centers	554,864	4,784	1,474,676	103	308.25	2.66	564,988	4,486	1,403,028	95	312.76	2.48		
31	Hospice Services	554,864	80,583	9,751,504	1,743	121.01	17.57	564,988	84,317	10,418,834	1,791	123.57	18.44		
32	Outpatient Psychiatric Hospital Services	554,864	0	0	0	0.00	0.00	564,988	0	0	0	0.00	0.00		
34	Family Planning Drug Services	554,864	6,316	238,453	137	37.75	0.43	564,988	6,212	244,843	132	39.41	0.43		
35	Freestanding Dialysis Services	554,864	1,474,545	6,795,216	31,890	4.61	12.25	564,988	2,428,960	7,533,534	51,590	3.10	13.33		
98	Unknown	554,864	2	311	0	155.66	0.00	564,988	18	1,371	0	76.14	0.00		
Total		554,864		\$ 347,172,329			\$ 625.69	564,988		\$ 366,423,630			\$ 648.55		

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

COE: Disabled Child at Home Region: Statewide Age: Ages 21 +		July 2006 - June 2007							July 2007 - June 2008						
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	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
02	Outpatient Hospital Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
03	Lab and Radiology Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
05	Physician Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
06	Home and Community Based Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
07	Home Health Agency Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
08	Swing Bed Skilled Care Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
10	Periodic Screening Services (EPDST)	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
11	Emergency/Non-Emergency Transportation	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
12	Dental Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
13	Eyeglass Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
14	Family Planning Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
15	Drug Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
16	Dental Screening	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
17	Eyeglass Screening	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
18	Hearing Screening Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
21	Swing Bed Intermediate Care Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
22	Rural Health Clinic Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
23	FQHC (Federally Qualified Health Center)	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
24	DME (Durable Medical Equipment Services)	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
25	Therapy Services, (outside the Home Health Program)	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
27	Inpatient Psychiatric Hospital Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
28	Nurse Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
29	Ambulatory Surgical Centers	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
31	Hospice Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
32	Outpatient Psychiatric Hospital Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
34	Family Planning Drug Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
35	Freestanding Dialysis Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
98	Unknown	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
Total		NO MEMBERS		\$ -			\$ -	NO MEMBERS		\$ -			\$ -		

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

COE: Region: Age:	Working Disabled Statewide Ages 21 +	July 2006 - June 2007						July 2007 - June 2008					
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	2,950	484	545,834	1,969	1,127.76	185.03	2,819	312	334,410	1,328	1,071.83	118.63
02	Outpatient Hospital Services	2,950	10,044	477,416	40,857	47.53	161.84	2,819	10,722	428,161	45,642	39.93	151.88
03	Lab and Radiology Services	2,950	790	11,453	3,214	14.50	3.88	2,819	634	10,883	2,699	17.17	3.86
05	Physician Services	2,950	15,533	366,957	63,185	23.62	124.39	2,819	8,731	264,885	37,166	30.34	93.96
06	Home and Community Based Services	2,950	0	0	0	0.00	0.00	2,819	0	0	0	0.00	0.00
07	Home Health Agency Services	2,950	90	3,164	366	35.15	1.07	2,819	3	398	13	132.81	0.14
08	Swing Bed Skilled Care Services	2,950	0	0	0	0.00	0.00	2,819	0	0	0	0.00	0.00
10	Periodic Screening Services (EPDST)	2,950	1	79	4	79.23	0.03	2,819	0	0	0	0.00	0.00
11	Emergency/Non-Emergency Transportation	2,950	472	10,262	1,920	21.74	3.48	2,819	56	4,239	238	75.69	1.50
12	Dental Services	2,950	109	4,130	443	37.89	1.40	2,819	138	6,355	587	46.05	2.25
13	Eyeglass Services	2,950	302	11,218	1,228	37.14	3.80	2,819	249	9,359	1,060	37.59	3.32
14	Family Planning Services	2,950	0	0	0	0.00	0.00	2,819	0	0	0	0.00	0.00
15	Drug Services	2,950	6,973	804,164	28,365	115.33	272.60	2,819	6,867	691,549	29,232	100.71	245.32
16	Dental Screening	2,950	0	0	0	0.00	0.00	2,819	0	0	0	0.00	0.00
17	Eyeglass Screening	2,950	0	0	0	0.00	0.00	2,819	0	0	0	0.00	0.00
18	Hearing Screening Services	2,950	3	62	12	20.66	0.02	2,819	0	0	0	0.00	0.00
21	Swing Bed Intermediate Care Services	2,950	0	0	0	0.00	0.00	2,819	0	0	0	0.00	0.00
22	Rural Health Clinic Services	2,950	416	20,594	1,692	49.51	6.98	2,819	395	19,280	1,681	48.81	6.84
23	FQHC (Federally Qualified Health Center)	2,950	198	16,040	805	81.01	5.44	2,819	204	13,777	868	67.53	4.89
24	DME (Durable Medical Equipment Services)	2,950	1,512	30,724	6,151	20.32	10.41	2,819	651	19,536	2,771	30.01	6.93
25	Therapy Services, (outside the Home Health Program)	2,950	0	0	0	0.00	0.00	2,819	0	0	0	0.00	0.00
27	Inpatient Psychiatric Hospital Services	2,950	0	0	0	0.00	0.00	2,819	0	0	0	0.00	0.00
28	Nurse Services	2,950	3,939	17,677	16,023	4.49	5.99	2,819	2,495	57,127	10,621	22.90	20.26
29	Ambulatory Surgical Centers	2,950	38	9,365	155	246.44	3.17	2,819	33	9,991	140	302.74	3.54
31	Hospice Services	2,950	20	3,080	81	154.00	1.04	2,819	5	2,779	21	555.70	0.99
32	Outpatient Psychiatric Hospital Services	2,950	0	0	0	0.00	0.00	2,819	0	0	0	0.00	0.00
34	Family Planning Drug Services	2,950	29	1,058	118	36.49	0.36	2,819	30	1,093	128	36.43	0.39
35	Freestanding Dialysis Services	2,950	0	0	0	0.00	0.00	2,819	1,187	3,118	5,053	2.63	1.11
98	Unknown	2,950	0	0	0	0.00	0.00	2,819	0	0	0	0.00	0.00
Total		2,950	\$	2,333,278		\$	790.94	2,819	\$	1,876,940		\$	665.82

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					
COE:	DHS Foster Care												
Region:	Statewide												
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	96	4	4,740	500	1,184.91	49.37	50	0	0	0	0.00	0.00
02	Outpatient Hospital Services	96	124	948	15,500	7.65	9.88	50	24	1,013	5,760	42.21	20.26
03	Lab and Radiology Services	96	0	0	0	0.00	0.00	50	3	32	720	10.54	0.63
05	Physician Services	96	27	1,002	3,375	37.12	10.44	50	13	651	3,120	50.06	13.02
06	Home and Community Based Services	96	0	0	0	0.00	0.00	50	0	0	0	0.00	0.00
07	Home Health Agency Services	96	0	0	0	0.00	0.00	50	0	0	0	0.00	0.00
08	Swing Bed Skilled Care Services	96	0	0	0	0.00	0.00	50	0	0	0	0.00	0.00
10	Periodic Screening Services (EPDST)	96	0	0	0	0.00	0.00	50	0	0	0	0.00	0.00
11	Emergency/Non-Emergency Transportation	96	1	178	125	177.74	1.85	50	0	0	0	0.00	0.00
12	Dental Services	96	0	0	0	0.00	0.00	50	0	0	0	0.00	0.00
13	Eyeglass Services	96	0	0	0	0.00	0.00	50	0	0	0	0.00	0.00
14	Family Planning Services	96	0	0	0	0.00	0.00	50	0	0	0	0.00	0.00
15	Drug Services	96	24	1,251	3,000	52.12	13.03	50	4	104	960	26.02	2.08
16	Dental Screening	96	0	0	0	0.00	0.00	50	0	0	0	0.00	0.00
17	Eyeglass Screening	96	0	0	0	0.00	0.00	50	0	0	0	0.00	0.00
18	Hearing Screening Services	96	0	0	0	0.00	0.00	50	0	0	0	0.00	0.00
21	Swing Bed Intermediate Care Services	96	0	0	0	0.00	0.00	50	0	0	0	0.00	0.00
22	Rural Health Clinic Services	96	5	484	625	96.71	5.04	50	0	0	0	0.00	0.00
23	FQHC (Federally Qualified Health Center)	96	0	0	0	0.00	0.00	50	0	0	0	0.00	0.00
24	DME (Durable Medical Equipment Services)	96	0	0	0	0.00	0.00	50	0	0	0	0.00	0.00
25	Therapy Services, (outside the Home Health Program)	96	0	0	0	0.00	0.00	50	0	0	0	0.00	0.00
27	Inpatient Psychiatric Hospital Services	96	0	0	0	0.00	0.00	50	0	0	0	0.00	0.00
28	Nurse Services	96	4	5	500	1.17	0.05	50	2	73	480	36.31	1.45
29	Ambulatory Surgical Centers	96	0	0	0	0.00	0.00	50	0	0	0	0.00	0.00
31	Hospice Services	96	0	0	0	0.00	0.00	50	0	0	0	0.00	0.00
32	Outpatient Psychiatric Hospital Services	96	0	0	0	0.00	0.00	50	0	0	0	0.00	0.00
34	Family Planning Drug Services	96	0	0	0	0.00	0.00	50	0	0	0	0.00	0.00
35	Freestanding Dialysis Services	96	0	0	0	0.00	0.00	50	0	0	0	0.00	0.00
98	Unknown	96	0	0	0	0.00	0.00	50	0	0	0	0.00	0.00
Total		96		\$ 8,607			\$ 89.65	50		\$ 1,872			\$ 37.44

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

COE: Region: Age:	Breast - Cervical Statewide Ages 21 +	July 2006 - June 2007						July 2007 - June 2008					
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	1,562	285	353,306	2,190	1,239.67	226.19	1,652	322	405,890	2,339	1,260.53	245.70
02	Outpatient Hospital Services	1,562	21,177	1,377,000	162,691	65.02	881.56	1,652	21,890	1,386,134	159,007	63.32	839.06
03	Lab and Radiology Services	1,562	618	16,122	4,748	26.09	10.32	1,652	750	21,945	5,448	29.26	13.28
05	Physician Services	1,562	58,520	1,004,656	449,577	17.17	643.19	1,652	41,125	1,008,767	298,729	24.53	610.63
06	Home and Community Based Services	1,562	0	0	0	0.00	0.00	1,652	0	0	0	0.00	0.00
07	Home Health Agency Services	1,562	67	3,156	515	47.11	2.02	1,652	118	6,210	857	52.63	3.76
08	Swing Bed Skilled Care Services	1,562	0	0	0	0.00	0.00	1,652	0	0	0	0.00	0.00
10	Periodic Screening Services (EPDST)	1,562	1	124	8	124.11	0.08	1,652	0	0	0	0.00	0.00
11	Emergency/Non-Emergency Transportation	1,562	324	5,110	2,489	15.77	3.27	1,652	202	3,432	1,467	16.99	2.08
12	Dental Services	1,562	128	5,287	983	41.30	3.38	1,652	170	9,669	1,235	56.87	5.85
13	Eyeglass Services	1,562	221	7,606	1,698	34.42	4.87	1,652	217	7,962	1,576	36.69	4.82
14	Family Planning Services	1,562	0	0	0	0.00	0.00	1,652	0	0	0	0.00	0.00
15	Drug Services	1,562	3,106	245,758	23,862	79.12	157.34	1,652	3,187	338,070	23,150	106.08	204.64
16	Dental Screening	1,562	0	0	0	0.00	0.00	1,652	0	0	0	0.00	0.00
17	Eyeglass Screening	1,562	0	0	0	0.00	0.00	1,652	0	0	0	0.00	0.00
18	Hearing Screening Services	1,562	0	0	0	0.00	0.00	1,652	0	0	0	0.00	0.00
21	Swing Bed Intermediate Care Services	1,562	0	0	0	0.00	0.00	1,652	0	0	0	0.00	0.00
22	Rural Health Clinic Services	1,562	126	6,736	968	53.46	4.31	1,652	122	7,513	886	61.58	4.55
23	FQHC (Federally Qualified Health Center)	1,562	335	24,881	2,574	74.27	15.93	1,652	261	20,439	1,896	78.31	12.37
24	DME (Durable Medical Equipment Services)	1,562	175	4,866	1,344	27.81	3.12	1,652	268	6,559	1,947	24.47	3.97
25	Therapy Services, (outside the Home Health Program)	1,562	0	0	0	0.00	0.00	1,652	0	0	0	0.00	0.00
27	Inpatient Psychiatric Hospital Services	1,562	0	0	0	0.00	0.00	1,652	0	0	0	0.00	0.00
28	Nurse Services	1,562	12,526	26,275	96,230	2.10	16.82	1,652	14,137	36,373	102,690	2.57	22.02
29	Ambulatory Surgical Centers	1,562	22	6,723	169	305.57	4.30	1,652	42	13,118	305	312.33	7.94
31	Hospice Services	1,562	80	9,112	615	113.90	5.83	1,652	22	2,818	160	128.10	1.71
32	Outpatient Psychiatric Hospital Services	1,562	0	0	0	0.00	0.00	1,652	0	0	0	0.00	0.00
34	Family Planning Drug Services	1,562	16	591	123	36.97	0.38	1,652	2	58	15	29.12	0.04
35	Freestanding Dialysis Services	1,562	0	0	0	0.00	0.00	1,652	0	0	0	0.00	0.00
98	Unknown	1,562	0	3	0	0.00	0.00	1,652	0	0	0	0.00	0.00
Total		1,562	\$	3,097,314		\$	1,982.92	1,652	\$	3,274,956		\$	1,982.42

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

COE: SSI		July 2006 - June 2007							July 2007 - June 2008						
Region: North															
Age: All Ages															
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	304,145	41,309	48,577,035	1,630	1,175.94	159.72	309,976	45,324	54,049,902	1,755	1,192.52	174.37		
02	Outpatient Hospital Services	304,145	649,833	25,339,407	25,639	38.99	83.31	309,976	716,079	24,094,988	27,721	33.65	77.73		
03	Lab and Radiology Services	304,145	49,310	861,283	1,946	17.47	2.83	309,976	51,084	936,333	1,978	18.33	3.02		
05	Physician Services	304,145	800,661	18,970,805	31,590	23.69	62.37	309,976	764,433	20,469,747	29,593	26.78	66.04		
06	Home and Community Based Services	304,145	276	2,209	11	8.00	0.01	309,976	179	1,303	7	7.28	0.00		
07	Home Health Agency Services	304,145	38,517	641,692	1,520	16.66	2.11	309,976	43,562	677,358	1,686	15.55	2.19		
08	Swing Bed Skilled Care Services	304,145	3	427	0	142.49	0.00	309,976	64	9,793	2	153.01	0.03		
10	Periodic Screening Services (EPDST)	304,145	9,551	458,705	377	48.03	1.51	309,976	11,639	586,241	451	50.37	1.89		
11	Emergency/Non-Emergency Transportation	304,145	51,883	1,323,034	2,047	25.50	4.35	309,976	58,434	1,432,834	2,262	24.52	4.62		
12	Dental Services	304,145	13,662	596,781	539	43.68	1.96	309,976	15,169	816,519	587	53.83	2.63		
13	Eyeglass Services	304,145	16,683	632,219	658	37.90	2.08	309,976	17,177	667,283	665	38.85	2.15		
14	Family Planning Services	304,145	0	0	0	0.00	0.00	309,976	0	0	0	0.00	0.00		
15	Drug Services	304,145	467,862	41,675,980	18,459	89.08	137.03	309,976	487,829	45,737,737	18,885	93.76	147.55		
16	Dental Screening	304,145	24,701	1,012,351	975	40.98	3.33	309,976	29,671	1,287,422	1,149	43.39	4.15		
17	Eyeglass Screening	304,145	11,805	375,563	466	31.81	1.23	309,976	13,208	428,818	511	32.47	1.38		
18	Hearing Screening Services	304,145	865	45,718	34	52.85	0.15	309,976	1,759	66,541	68	37.83	0.21		
21	Swing Bed Intermediate Care Services	304,145	142	20,234	6	142.49	0.07	309,976	80	12,241	3	153.01	0.04		
22	Rural Health Clinic Services	304,145	38,212	2,180,540	1,508	57.06	7.17	309,976	38,824	2,140,838	1,503	55.14	6.91		
23	FQHC (Federally Qualified Health Center)	304,145	13,136	877,005	518	66.76	2.88	309,976	12,459	788,451	482	63.28	2.54		
24	DME (Durable Medical Equipment Services)	304,145	393,819	3,009,940	15,538	7.64	9.90	309,976	421,675	3,355,550	16,324	7.96	10.83		
25	Therapy Services, (outside the Home Health Program)	304,145	29,180	784,293	1,151	26.88	2.58	309,976	34,134	905,082	1,321	26.52	2.92		
27	Inpatient Psychiatric Hospital Services	304,145	0	0	0	0.00	0.00	309,976	0	0	0	0.00	0.00		
28	Nurse Services	304,145	256,846	1,213,766	10,134	4.73	3.99	309,976	269,281	1,424,582	10,425	5.29	4.60		
29	Ambulatory Surgical Centers	304,145	1,869	539,939	74	288.89	1.78	309,976	1,703	511,054	66	300.09	1.65		
31	Hospice Services	304,145	36,403	4,024,401	1,436	110.55	13.23	309,976	39,304	4,564,624	1,522	116.14	14.73		
32	Outpatient Psychiatric Hospital Services	304,145	0	0	0	0.00	0.00	309,976	0	0	0	0.00	0.00		
34	Family Planning Drug Services	304,145	3,206	123,055	126	38.38	0.40	309,976	3,370	132,577	130	39.34	0.43		
35	Freestanding Dialysis Services	304,145	559,188	2,519,257	22,063	4.51	8.28	309,976	1,025,345	2,809,833	39,694	2.74	9.06		
98	Unknown	304,145	1	29	0	28.69	0.00	309,976	34	2,066	1	60.78	0.01		
Total		304,145	\$	155,805,667		\$	512.27	309,976	\$	167,909,716		\$	541.69		

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						
COE:	Disabled Child at Home														
Region:	North														
Age:	All Ages														
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	2,734	68	70,809	298	1,041.31	25.90	3,036	207	179,910	818	869.13	59.26		
02	Outpatient Hospital Services	2,734	7,476	197,857	32,813	26.47	72.37	3,036	9,549	233,711	37,743	24.47	76.98		
03	Lab and Radiology Services	2,734	113	1,481	496	13.11	0.54	3,036	83	1,051	328	12.67	0.35		
05	Physician Services	2,734	8,267	88,809	36,285	10.74	32.48	3,036	6,191	90,771	24,470	14.66	29.90		
06	Home and Community Based Services	2,734	0	0	0	0.00	0.00	3,036	0	0	0	0.00	0.00		
07	Home Health Agency Services	2,734	345	19,192	1,514	55.63	7.02	3,036	47	3,916	186	83.32	1.29		
08	Swing Bed Skilled Care Services	2,734	0	0	0	0.00	0.00	3,036	0	0	0	0.00	0.00		
10	Periodic Screening Services (EPDST)	2,734	269	28,734	1,181	106.82	10.51	3,036	367	48,652	1,451	132.57	16.03		
11	Emergency/Non-Emergency Transportation	2,734	359	2,099	1,576	5.85	0.77	3,036	473	4,168	1,870	8.81	1.37		
12	Dental Services	2,734	0	0	0	0.00	0.00	3,036	0	0	0	0.00	0.00		
13	Eyeglass Services	2,734	0	0	0	0.00	0.00	3,036	0	0	0	0.00	0.00		
14	Family Planning Services	2,734	0	0	0	0.00	0.00	3,036	0	0	0	0.00	0.00		
15	Drug Services	2,734	3,688	1,815,500	16,187	492.27	664.05	3,036	4,206	1,832,944	16,625	435.79	603.74		
16	Dental Screening	2,734	311	13,236	1,365	42.56	4.84	3,036	433	19,378	1,711	44.75	6.38		
17	Eyeglass Screening	2,734	178	4,930	781	27.70	1.80	3,036	218	6,073	862	27.86	2.00		
18	Hearing Screening Services	2,734	27	2,269	119	84.04	0.83	3,036	10	1,457	40	145.66	0.48		
21	Swing Bed Intermediate Care Services	2,734	0	0	0	0.00	0.00	3,036	0	0	0	0.00	0.00		
22	Rural Health Clinic Services	2,734	142	7,826	623	55.11	2.86	3,036	168	8,736	664	52.00	2.88		
23	FQHC (Federally Qualified Health Center)	2,734	12	562	53	46.84	0.21	3,036	8	586	32	73.25	0.19		
24	DME (Durable Medical Equipment Services)	2,734	35,985	128,276	157,944	3.56	46.92	3,036	37,142	88,965	146,806	2.40	29.30		
25	Therapy Services, (outside the Home Health Program)	2,734	4,742	111,803	20,813	23.58	40.89	3,036	5,682	134,358	22,458	23.65	44.25		
27	Inpatient Psychiatric Hospital Services	2,734	0	0	0	0.00	0.00	3,036	0	0	0	0.00	0.00		
28	Nurse Services	2,734	1,294	3,698	5,680	2.86	1.35	3,036	2,804	7,125	11,083	2.54	2.35		
29	Ambulatory Surgical Centers	2,734	5	1,430	22	286.08	0.52	3,036	9	1,549	36	172.09	0.51		
31	Hospice Services	2,734	40	4,000	176	100.00	1.46	3,036	0	0	0	0.00	0.00		
32	Outpatient Psychiatric Hospital Services	2,734	0	0	0	0.00	0.00	3,036	0	0	0	0.00	0.00		
34	Family Planning Drug Services	2,734	16	783	70	48.91	0.29	3,036	9	505	36	56.15	0.17		
35	Freestanding Dialysis Services	2,734	0	0	0	0.00	0.00	3,036	0	0	0	0.00	0.00		
98	Unknown	2,734	0	0	0	0.00	0.00	3,036	0	0	0	0.00	0.00		
Total		2,734	\$	2,503,294		\$	915.62	3,036	\$	2,663,855		\$	877.42		

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					
COE:	Working Disabled												
Region:	North												
Age:	All Ages												
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	651	127	148,951	2,341	1,172.84	228.80	659	65	66,952	1,184	1,030.03	101.60
02	Outpatient Hospital Services	651	1,757	61,785	32,387	35.16	94.91	659	1,829	86,804	33,305	47.46	131.72
03	Lab and Radiology Services	651	186	2,423	3,429	13.03	3.72	659	185	3,131	3,369	16.92	4.75
05	Physician Services	651	5,541	118,898	102,138	21.46	182.64	659	3,572	110,381	65,044	30.90	167.50
06	Home and Community Based Services	651	0	0	0	0.00	0.00	659	0	0	0	0.00	0.00
07	Home Health Agency Services	651	0	0	0	0.00	0.00	659	0	0	0	0.00	0.00
08	Swing Bed Skilled Care Services	651	0	0	0	0.00	0.00	659	0	0	0	0.00	0.00
10	Periodic Screening Services (EPDST)	651	0	0	0	0.00	0.00	659	0	0	0	0.00	0.00
11	Emergency/Non-Emergency Transportation	651	168	1,719	3,097	10.23	2.64	659	6	461	109	76.78	0.70
12	Dental Services	651	29	924	535	31.85	1.42	659	27	1,017	492	37.66	1.54
13	Eyeglass Services	651	108	4,270	1,991	39.53	6.56	659	69	2,843	1,256	41.20	4.31
14	Family Planning Services	651	0	0	0	0.00	0.00	659	0	0	0	0.00	0.00
15	Drug Services	651	1,599	168,858	29,475	105.60	259.38	659	1,660	296,275	30,228	178.48	449.58
16	Dental Screening	651	0	0	0	0.00	0.00	659	0	0	0	0.00	0.00
17	Eyeglass Screening	651	0	0	0	0.00	0.00	659	0	0	0	0.00	0.00
18	Hearing Screening Services	651	0	0	0	0.00	0.00	659	0	0	0	0.00	0.00
21	Swing Bed Intermediate Care Services	651	0	0	0	0.00	0.00	659	0	0	0	0.00	0.00
22	Rural Health Clinic Services	651	104	5,719	1,917	54.99	8.79	659	80	5,461	1,457	68.27	8.29
23	FQHC (Federally Qualified Health Center)	651	28	1,778	516	63.51	2.73	659	29	1,572	528	54.21	2.39
24	DME (Durable Medical Equipment Services)	651	299	9,445	5,512	31.59	14.51	659	241	6,270	4,388	26.02	9.51
25	Therapy Services, (outside the Home Health Program)	651	0	0	0	0.00	0.00	659	0	0	0	0.00	0.00
27	Inpatient Psychiatric Hospital Services	651	0	0	0	0.00	0.00	659	0	0	0	0.00	0.00
28	Nurse Services	651	549	8,822	10,120	16.07	13.55	659	1,208	46,391	21,997	38.40	70.40
29	Ambulatory Surgical Centers	651	3	880	55	293.21	1.35	659	1	452	18	452.39	0.69
31	Hospice Services	651	0	0	0	0.00	0.00	659	0	0	0	0.00	0.00
32	Outpatient Psychiatric Hospital Services	651	0	0	0	0.00	0.00	659	0	0	0	0.00	0.00
34	Family Planning Drug Services	651	15	481	276	32.06	0.74	659	12	418	219	34.86	0.63
35	Freestanding Dialysis Services	651	0	0	0	0.00	0.00	659	0	0	0	0.00	0.00
98	Unknown	651	0	0	0	0.00	0.00	659	0	0	0	0.00	0.00
Total		651		\$ 534,953			\$ 821.74	659		\$ 628,428			\$ 953.61

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					
COE:	DHS Foster Care												
Region:	North												
Age:	All Ages												
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	4,459	231	226,206	622	979.25	50.73	4,315	201	231,997	559	1,154.21	53.77
02	Outpatient Hospital Services	4,459	2,312	113,739	6,222	49.20	25.51	4,315	3,257	91,710	9,058	28.16	21.25
03	Lab and Radiology Services	4,459	287	4,823	772	16.81	1.08	4,315	425	7,056	1,182	16.60	1.64
05	Physician Services	4,459	3,418	84,956	9,198	24.86	19.05	4,315	3,637	108,232	10,114	29.76	25.08
06	Home and Community Based Services	4,459	0	0	0	0.00	0.00	4,315	0	0	0	0.00	0.00
07	Home Health Agency Services	4,459	0	0	0	0.00	0.00	4,315	0	0	0	0.00	0.00
08	Swing Bed Skilled Care Services	4,459	0	0	0	0.00	0.00	4,315	0	0	0	0.00	0.00
10	Periodic Screening Services (EPDST)	4,459	607	18,067	1,634	29.76	4.05	4,315	598	15,100	1,663	25.25	3.50
11	Emergency/Non-Emergency Transportation	4,459	156	3,651	420	23.40	0.82	4,315	144	3,087	400	21.44	0.72
12	Dental Services	4,459	0	0	0	0.00	0.00	4,315	0	0	0	0.00	0.00
13	Eyeglass Services	4,459	0	0	0	0.00	0.00	4,315	0	0	0	0.00	0.00
14	Family Planning Services	4,459	0	0	0	0.00	0.00	4,315	0	0	0	0.00	0.00
15	Drug Services	4,459	2,691	200,846	7,242	74.64	45.04	4,315	2,972	230,729	8,265	77.63	53.47
16	Dental Screening	4,459	1,815	76,659	4,885	42.24	17.19	4,315	2,009	83,486	5,587	41.56	19.35
17	Eyeglass Screening	4,459	536	17,409	1,442	32.48	3.90	4,315	688	22,160	1,913	32.21	5.14
18	Hearing Screening Services	4,459	3	62	8	20.66	0.01	4,315	4	71	11	17.71	0.02
21	Swing Bed Intermediate Care Services	4,459	0	0	0	0.00	0.00	4,315	0	0	0	0.00	0.00
22	Rural Health Clinic Services	4,459	287	17,710	772	61.71	3.97	4,315	379	22,073	1,054	58.24	5.12
23	FQHC (Federally Qualified Health Center)	4,459	42	2,324	113	55.34	0.52	4,315	82	3,985	228	48.60	0.92
24	DME (Durable Medical Equipment Services)	4,459	158	2,856	425	18.07	0.64	4,315	21	2,346	58	111.69	0.54
25	Therapy Services, (outside the Home Health Program)	4,459	187	4,666	503	24.95	1.05	4,315	403	11,140	1,121	27.64	2.58
27	Inpatient Psychiatric Hospital Services	4,459	0	0	0	0.00	0.00	4,315	0	0	0	0.00	0.00
28	Nurse Services	4,459	1,515	11,740	4,077	7.75	2.63	4,315	1,655	13,312	4,603	8.04	3.09
29	Ambulatory Surgical Centers	4,459	12	4,869	32	405.72	1.09	4,315	11	4,663	31	423.93	1.08
31	Hospice Services	4,459	0	0	0	0.00	0.00	4,315	0	0	0	0.00	0.00
32	Outpatient Psychiatric Hospital Services	4,459	0	0	0	0.00	0.00	4,315	0	0	0	0.00	0.00
34	Family Planning Drug Services	4,459	57	2,453	153	43.04	0.55	4,315	114	4,778	317	41.91	1.11
35	Freestanding Dialysis Services	4,459	0	0	0	0.00	0.00	4,315	0	0	0	0.00	0.00
98	Unknown	4,459	0	0	0	0.00	0.00	4,315	0	0	0	0.00	0.00
Total		4,459	\$	793,038		\$	177.85	4,315	\$	855,925		\$	198.36

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					
COE:	Breast - Cervical												
Region:	North												
Age:	All Ages												
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	516	101	124,872	2,349	1,236.36	242.00	454	85	107,203	2,247	1,261.21	236.13
02	Outpatient Hospital Services	516	7,135	321,639	165,930	45.08	623.33	454	7,185	270,519	189,912	37.65	595.86
03	Lab and Radiology Services	516	238	4,282	5,535	17.99	8.30	454	188	5,865	4,969	31.20	12.92
05	Physician Services	516	23,203	460,071	539,605	19.83	891.61	454	13,153	329,651	347,656	25.06	726.10
06	Home and Community Based Services	516	0	0	0	0.00	0.00	454	0	0	0	0.00	0.00
07	Home Health Agency Services	516	62	2,764	1,442	44.57	5.36	454	26	3,363	687	129.33	7.41
08	Swing Bed Skilled Care Services	516	0	0	0	0.00	0.00	454	0	0	0	0.00	0.00
10	Periodic Screening Services (EPDST)	516	0	0	0	0.00	0.00	454	0	0	0	0.00	0.00
11	Emergency/Non-Emergency Transportation	516	212	2,631	4,930	12.41	5.10	454	3	483	79	160.86	1.06
12	Dental Services	516	36	1,247	837	34.64	2.42	454	33	1,412	872	42.78	3.11
13	Eyeglass Services	516	94	3,411	2,186	36.28	6.61	454	61	2,183	1,612	35.79	4.81
14	Family Planning Services	516	0	0	0	0.00	0.00	454	0	0	0	0.00	0.00
15	Drug Services	516	1,140	101,150	26,512	88.73	196.03	454	880	96,517	23,260	109.68	212.59
16	Dental Screening	516	0	0	0	0.00	0.00	454	0	0	0	0.00	0.00
17	Eyeglass Screening	516	0	0	0	0.00	0.00	454	0	0	0	0.00	0.00
18	Hearing Screening Services	516	0	0	0	0.00	0.00	454	0	0	0	0.00	0.00
21	Swing Bed Intermediate Care Services	516	0	0	0	0.00	0.00	454	0	0	0	0.00	0.00
22	Rural Health Clinic Services	516	82	3,836	1,907	46.78	7.43	454	65	4,408	1,718	67.81	9.71
23	FQHC (Federally Qualified Health Center)	516	109	4,827	2,535	44.29	9.35	454	61	4,899	1,612	80.31	10.79
24	DME (Durable Medical Equipment Services)	516	79	2,862	1,837	36.23	5.55	454	107	2,464	2,828	23.03	5.43
25	Therapy Services, (outside the Home Health Program)	516	0	0	0	0.00	0.00	454	0	0	0	0.00	0.00
27	Inpatient Psychiatric Hospital Services	516	0	0	0	0.00	0.00	454	0	0	0	0.00	0.00
28	Nurse Services	516	4,921	15,612	114,442	3.17	30.26	454	5,100	23,686	134,802	4.64	52.17
29	Ambulatory Surgical Centers	516	6	2,013	140	335.58	3.90	454	4	1,396	106	348.98	3.07
31	Hospice Services	516	2	200	47	100.00	0.39	454	14	1,894	370	135.27	4.17
32	Outpatient Psychiatric Hospital Services	516	0	0	0	0.00	0.00	454	0	0	0	0.00	0.00
34	Family Planning Drug Services	516	9	371	209	41.20	0.72	454	0	0	0	0.00	0.00
35	Freestanding Dialysis Services	516	0	0	0	0.00	0.00	454	0	0	0	0.00	0.00
98	Unknown	516	0	3	0	0.00	0.01	454	0	0	0	0.00	0.00
Total		516		\$ 1,051,791			\$ 2,038.35	454		\$ 855,942			\$ 1,885.34

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

COE: Region: Age:	SSI North 0 - 11 months	July 2006 - June 2007						July 2007 - June 2008					
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	1,973	3,648	4,810,289	22,188	1,318.61	2438.06	2,065	5,420	7,033,205	31,496	1,297.64	3405.91
02	Outpatient Hospital Services	1,973	3,837	153,528	23,337	40.01	77.81	2,065	4,927	190,323	28,631	38.63	92.17
03	Lab and Radiology Services	1,973	14	208	85	14.89	0.11	2,065	14	193	81	13.76	0.09
05	Physician Services	1,973	16,232	848,522	98,725	52.27	430.07	2,065	20,864	1,294,169	121,244	62.03	626.72
06	Home and Community Based Services	1,973	0	0	0	0.00	0.00	2,065	0	0	0	0.00	0.00
07	Home Health Agency Services	1,973	431	18,071	2,621	41.93	9.16	2,065	211	24,878	1,226	117.91	12.05
08	Swing Bed Skilled Care Services	1,973	0	0	0	0.00	0.00	2,065	0	0	0	0.00	0.00
10	Periodic Screening Services (EPDST)	1,973	881	40,174	5,358	45.60	20.36	2,065	1,457	71,265	8,467	48.91	34.51
11	Emergency/Non-Emergency Transportation	1,973	2,072	17,036	12,602	8.22	8.63	2,065	1,995	32,312	11,593	16.20	15.65
12	Dental Services	1,973	0	0	0	0.00	0.00	2,065	0	0	0	0.00	0.00
13	Eyeglass Services	1,973	0	0	0	0.00	0.00	2,065	0	0	0	0.00	0.00
14	Family Planning Services	1,973	0	0	0	0.00	0.00	2,065	0	0	0	0.00	0.00
15	Drug Services	1,973	1,364	355,671	8,296	260.76	180.27	2,065	2,050	579,376	11,913	282.62	280.57
16	Dental Screening	1,973	0	0	0	0.00	0.00	2,065	0	0	0	0.00	0.00
17	Eyeglass Screening	1,973	9	189	55	21.03	0.10	2,065	7	230	41	32.92	0.11
18	Hearing Screening Services	1,973	21	746	128	35.54	0.38	2,065	29	2,365	169	81.55	1.15
21	Swing Bed Intermediate Care Services	1,973	0	0	0	0.00	0.00	2,065	0	0	0	0.00	0.00
22	Rural Health Clinic Services	1,973	162	9,432	985	58.22	4.78	2,065	218	11,984	1,267	54.97	5.80
23	FQHC (Federally Qualified Health Center)	1,973	171	8,996	1,040	52.61	4.56	2,065	107	4,858	622	45.40	2.35
24	DME (Durable Medical Equipment Services)	1,973	2,003	48,394	12,182	24.16	24.53	2,065	2,883	87,455	16,754	30.33	42.35
25	Therapy Services, (outside the Home Health Program)	1,973	479	11,656	2,913	24.33	5.91	2,065	489	12,970	2,842	26.52	6.28
27	Inpatient Psychiatric Hospital Services	1,973	0	0	0	0.00	0.00	2,065	0	0	0	0.00	0.00
28	Nurse Services	1,973	3,414	9,390	20,764	2.75	4.76	2,065	4,133	12,767	24,017	3.09	6.18
29	Ambulatory Surgical Centers	1,973	1	549	6	549.34	0.28	2,065	1	549	6	549.34	0.27
31	Hospice Services	1,973	103	10,300	626	100.00	5.22	2,065	62	6,200	360	100.00	3.00
32	Outpatient Psychiatric Hospital Services	1,973	0	0	0	0.00	0.00	2,065	0	0	0	0.00	0.00
34	Family Planning Drug Services	1,973	0	0	0	0.00	0.00	2,065	8	261	46	32.60	0.13
35	Freestanding Dialysis Services	1,973	0	0	0	0.00	0.00	2,065	0	0	0	0.00	0.00
98	Unknown	1,973	1	8	6	7.69	0.00	2,065	0	0	0	0.00	0.00
Total		1,973	\$	6,343,159		\$	3,214.98	2,065	\$	9,365,362		\$	4,535.28

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

COE: Disabled Child at Home Region: North Age: 0 - 11 months		July 2006 - June 2007						July 2007 - June 2008							
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	28	0	0	0	0.00	0.00	40	7	10,235	2,100	1,462.11	255.87		
02	Outpatient Hospital Services	28	42	2,869	18,000	68.32	102.48	40	49	2,126	14,700	43.40	53.16		
03	Lab and Radiology Services	28	2	21	857	10.29	0.74	40	0	0	0	0.00	0.00		
05	Physician Services	28	71	2,787	30,429	39.25	99.52	40	614	8,110	184,200	13.21	202.75		
06	Home and Community Based Services	28	0	0	0	0.00	0.00	40	0	0	0	0.00	0.00		
07	Home Health Agency Services	28	0	0	0	0.00	0.00	40	0	0	0	0.00	0.00		
08	Swing Bed Skilled Care Services	28	0	0	0	0.00	0.00	40	0	0	0	0.00	0.00		
10	Periodic Screening Services (EPDST)	28	15	1,744	6,429	116.24	62.27	40	34	4,683	10,200	137.72	117.06		
11	Emergency/Non-Emergency Transportation	28	0	0	0	0.00	0.00	40	1	218	300	218.31	5.46		
12	Dental Services	28	0	0	0	0.00	0.00	40	0	0	0	0.00	0.00		
13	Eyeglass Services	28	0	0	0	0.00	0.00	40	0	0	0	0.00	0.00		
14	Family Planning Services	28	0	0	0	0.00	0.00	40	0	0	0	0.00	0.00		
15	Drug Services	28	50	7,537	21,429	150.74	269.18	40	32	3,165	9,600	98.91	79.13		
16	Dental Screening	28	0	0	0	0.00	0.00	40	0	0	0	0.00	0.00		
17	Eyeglass Screening	28	0	0	0	0.00	0.00	40	0	0	0	0.00	0.00		
18	Hearing Screening Services	28	0	0	0	0.00	0.00	40	0	0	0	0.00	0.00		
21	Swing Bed Intermediate Care Services	28	0	0	0	0.00	0.00	40	0	0	0	0.00	0.00		
22	Rural Health Clinic Services	28	2	84	857	42.05	3.00	40	1	74	300	74.05	1.85		
23	FQHC (Federally Qualified Health Center)	28	0	0	0	0.00	0.00	40	0	0	0	0.00	0.00		
24	DME (Durable Medical Equipment Services)	28	0	0	0	0.00	0.00	40	184	1,968	55,200	10.69	49.20		
25	Therapy Services, (outside the Home Health Program)	28	90	1,504	38,571	16.71	53.72	40	132	2,995	39,600	22.69	74.88		
27	Inpatient Psychiatric Hospital Services	28	0	0	0	0.00	0.00	40	0	0	0	0.00	0.00		
28	Nurse Services	28	20	0	8,571	0.00	0.00	40	510	428	153,000	0.84	10.71		
29	Ambulatory Surgical Centers	28	1	0	429	0.00	0.00	40	0	0	0	0.00	0.00		
31	Hospice Services	28	0	0	0	0.00	0.00	40	0	0	0	0.00	0.00		
32	Outpatient Psychiatric Hospital Services	28	0	0	0	0.00	0.00	40	0	0	0	0.00	0.00		
34	Family Planning Drug Services	28	0	0	0	0.00	0.00	40	0	0	0	0.00	0.00		
35	Freestanding Dialysis Services	28	0	0	0	0.00	0.00	40	0	0	0	0.00	0.00		
98	Unknown	28	0	0	0	0.00	0.00	40	0	0	0	0.00	0.00		
Total		28		\$ 16,545			\$ 590.90	40		\$ 34,002			\$ 850.06		

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

COE: Working Disabled Region: North Age: 0 - 11 months		July 2006 - June 2007							July 2007 - June 2008						
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	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
02	Outpatient Hospital Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
03	Lab and Radiology Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
05	Physician Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
06	Home and Community Based Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
07	Home Health Agency Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
08	Swing Bed Skilled Care Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
10	Periodic Screening Services (EPDST)	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
11	Emergency/Non-Emergency Transportation	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
12	Dental Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
13	Eyeglass Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
14	Family Planning Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
15	Drug Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
16	Dental Screening	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
17	Eyeglass Screening	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
18	Hearing Screening Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
21	Swing Bed Intermediate Care Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
22	Rural Health Clinic Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
23	FQHC (Federally Qualified Health Center)	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
24	DME (Durable Medical Equipment Services)	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
25	Therapy Services, (outside the Home Health Program)	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
27	Inpatient Psychiatric Hospital Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
28	Nurse Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
29	Ambulatory Surgical Centers	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
31	Hospice Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
32	Outpatient Psychiatric Hospital Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
34	Family Planning Drug Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
35	Freestanding Dialysis Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
98	Unknown	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
Total		NO MEMBERS	\$	-		\$	-	NO MEMBERS	\$	-		\$	-		

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					
COE:	DHS Foster Care												
Region:	North												
Age:	0 - 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	8	14,161	1,433	1,770.14	211.36	111	7	8,984	757	1,283.45	80.94
02	Outpatient Hospital Services	67	45	1,382	8,060	30.72	20.63	111	311	5,838	33,622	18.77	52.59
03	Lab and Radiology Services	67	1	14	179	14.46	0.22	111	0	0	0	0.00	0.00
05	Physician Services	67	92	6,441	16,478	70.01	96.14	111	327	11,333	35,351	34.66	102.10
06	Home and Community Based Services	67	0	0	0	0.00	0.00	111	0	0	0	0.00	0.00
07	Home Health Agency Services	67	0	0	0	0.00	0.00	111	0	0	0	0.00	0.00
08	Swing Bed Skilled Care Services	67	0	0	0	0.00	0.00	111	0	0	0	0.00	0.00
10	Periodic Screening Services (EPDST)	67	63	1,643	11,284	26.08	24.52	111	72	1,862	7,784	25.86	16.78
11	Emergency/Non-Emergency Transportation	67	1	211	179	211.06	3.15	111	0	0	0	0.00	0.00
12	Dental Services	67	0	0	0	0.00	0.00	111	0	0	0	0.00	0.00
13	Eyeglass Services	67	0	0	0	0.00	0.00	111	0	0	0	0.00	0.00
14	Family Planning Services	67	0	0	0	0.00	0.00	111	0	0	0	0.00	0.00
15	Drug Services	67	51	2,815	9,134	55.20	42.02	111	92	4,329	9,946	47.06	39.00
16	Dental Screening	67	0	0	0	0.00	0.00	111	0	0	0	0.00	0.00
17	Eyeglass Screening	67	0	0	0	0.00	0.00	111	0	0	0	0.00	0.00
18	Hearing Screening Services	67	0	0	0	0.00	0.00	111	0	0	0	0.00	0.00
21	Swing Bed Intermediate Care Services	67	0	0	0	0.00	0.00	111	0	0	0	0.00	0.00
22	Rural Health Clinic Services	67	3	217	537	72.45	3.24	111	37	1,932	4,000	52.23	17.41
23	FQHC (Federally Qualified Health Center)	67	0	0	0	0.00	0.00	111	0	0	0	0.00	0.00
24	DME (Durable Medical Equipment Services)	67	2	427	358	213.39	6.37	111	10	1,648	1,081	164.80	14.85
25	Therapy Services, (outside the Home Health Program)	67	0	0	0	0.00	0.00	111	0	0	0	0.00	0.00
27	Inpatient Psychiatric Hospital Services	67	0	0	0	0.00	0.00	111	0	0	0	0.00	0.00
28	Nurse Services	67	19	69	3,403	3.62	1.03	111	217	349	23,459	1.61	3.14
29	Ambulatory Surgical Centers	67	1	549	179	549.34	8.20	111	0	0	0	0.00	0.00
31	Hospice Services	67	0	0	0	0.00	0.00	111	0	0	0	0.00	0.00
32	Outpatient Psychiatric Hospital Services	67	0	0	0	0.00	0.00	111	0	0	0	0.00	0.00
34	Family Planning Drug Services	67	0	0	0	0.00	0.00	111	1	28	108	27.80	0.25
35	Freestanding Dialysis Services	67	0	0	0	0.00	0.00	111	0	0	0	0.00	0.00
98	Unknown	67	0	0	0	0.00	0.00	111	0	0	0	0.00	0.00
Total		67		\$ 27,930			\$ 416.87	111		\$ 36,303			\$ 327.05

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

COE: Breast - Cervical		July 2006 - June 2007							July 2007 - June 2008						
Region: North															
Age: 0 - 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	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
02	Outpatient Hospital Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
03	Lab and Radiology Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
05	Physician Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
06	Home and Community Based Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
07	Home Health Agency Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
08	Swing Bed Skilled Care Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
10	Periodic Screening Services (EPDST)	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
11	Emergency/Non-Emergency Transportation	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
12	Dental Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
13	Eyeglass Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
14	Family Planning Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
15	Drug Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
16	Dental Screening	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
17	Eyeglass Screening	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
18	Hearing Screening Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
21	Swing Bed Intermediate Care Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
22	Rural Health Clinic Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
23	FQHC (Federally Qualified Health Center)	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
24	DME (Durable Medical Equipment Services)	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
25	Therapy Services, (outside the Home Health Program)	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
27	Inpatient Psychiatric Hospital Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
28	Nurse Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
29	Ambulatory Surgical Centers	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
31	Hospice Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
32	Outpatient Psychiatric Hospital Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
34	Family Planning Drug Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
35	Freestanding Dialysis Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
98	Unknown	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
Total		NO MEMBERS	\$	-		\$	-	NO MEMBERS	\$	-		\$	-		

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

COE: Region: Age:	SSI North Ages 1 - 5	July 2006 - June 2007							July 2007 - June 2008						
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	17,726	2,203	3,345,940	1,491	1,518.81	188.76	17,989	2,191	2,924,272	1,462	1,334.67	162.56		
02	Outpatient Hospital Services	17,726	46,187	1,820,997	31,267	39.43	102.73	17,989	51,781	1,963,323	34,542	37.92	109.14		
03	Lab and Radiology Services	17,726	1,505	17,877	1,019	11.88	1.01	17,989	1,391	16,691	928	12.00	0.93		
05	Physician Services	17,726	39,757	875,891	26,914	22.03	49.41	17,989	37,507	865,670	25,020	23.08	48.12		
06	Home and Community Based Services	17,726	0	0	0	0.00	0.00	17,989	0	0	0	0.00	0.00		
07	Home Health Agency Services	17,726	394	26,836	267	68.11	1.51	17,989	727	31,510	485	43.34	1.75		
08	Swing Bed Skilled Care Services	17,726	0	0	0	0.00	0.00	17,989	0	0	0	0.00	0.00		
10	Periodic Screening Services (EPDST)	17,726	4,243	304,616	2,872	71.79	17.18	17,989	5,165	390,743	3,445	75.65	21.72		
11	Emergency/Non-Emergency Transportation	17,726	5,860	54,333	3,967	9.27	3.07	17,989	5,880	63,820	3,922	10.85	3.55		
12	Dental Services	17,726	0	0	0	0.00	0.00	17,989	0	0	0	0.00	0.00		
13	Eyeglass Services	17,726	0	0	0	0.00	0.00	17,989	0	0	0	0.00	0.00		
14	Family Planning Services	17,726	0	0	0	0.00	0.00	17,989	0	0	0	0.00	0.00		
15	Drug Services	17,726	15,655	2,320,719	10,598	148.24	130.92	17,989	16,982	2,548,978	11,328	150.10	141.70		
16	Dental Screening	17,726	3,458	144,823	2,341	41.88	8.17	17,989	3,984	167,554	2,658	42.06	9.31		
17	Eyeglass Screening	17,726	802	29,205	543	36.42	1.65	17,989	1,015	35,122	677	34.60	1.95		
18	Hearing Screening Services	17,726	349	13,359	236	38.28	0.75	17,989	509	15,147	340	29.76	0.84		
21	Swing Bed Intermediate Care Services	17,726	0	0	0	0.00	0.00	17,989	0	0	0	0.00	0.00		
22	Rural Health Clinic Services	17,726	1,739	102,701	1,177	59.06	5.79	17,989	1,801	108,329	1,201	60.15	6.02		
23	FQHC (Federally Qualified Health Center)	17,726	455	27,849	308	61.21	1.57	17,989	569	30,475	380	53.56	1.69		
24	DME (Durable Medical Equipment Services)	17,726	64,847	374,211	43,900	5.77	21.11	17,989	53,179	422,005	35,474	7.94	23.46		
25	Therapy Services, (outside the Home Health Program)	17,726	16,277	449,565	11,019	27.62	25.36	17,989	16,947	482,113	11,305	28.45	26.80		
27	Inpatient Psychiatric Hospital Services	17,726	0	0	0	0.00	0.00	17,989	0	0	0	0.00	0.00		
28	Nurse Services	17,726	21,783	106,893	14,746	4.91	6.03	17,989	15,449	76,886	10,306	4.98	4.27		
29	Ambulatory Surgical Centers	17,726	44	15,853	30	360.30	0.89	17,989	40	18,290	27	457.24	1.02		
31	Hospice Services	17,726	221	29,868	150	135.15	1.68	17,989	795	91,598	530	115.22	5.09		
32	Outpatient Psychiatric Hospital Services	17,726	0	0	0	0.00	0.00	17,989	0	0	0	0.00	0.00		
34	Family Planning Drug Services	17,726	0	0	0	0.00	0.00	17,989	1	33	1	32.60	0.00		
35	Freestanding Dialysis Services	17,726	0	0	0	0.00	0.00	17,989	0	0	0	0.00	0.00		
98	Unknown	17,726	0	0	0	0.00	0.00	17,989	0	0	0	0.00	0.00		
Total		17,726	\$	10,061,534		\$	567.61	17,989	\$	10,252,558		\$	569.93		

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

COE: Disabled Child at Home Region: North Age: Ages 1 - 5		July 2006 - June 2007							July 2007 - June 2008						
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	795	12	7,430	181	619.18	9.35	928	39	20,121	504	515.93	21.68		
02	Outpatient Hospital Services	795	2,196	72,643	33,147	33.08	91.37	928	2,583	100,521	33,401	38.92	108.32		
03	Lab and Radiology Services	795	17	259	257	15.24	0.33	928	10	137	129	13.67	0.15		
05	Physician Services	795	1,884	18,673	28,438	9.91	23.49	928	2,115	22,284	27,349	10.54	24.01		
06	Home and Community Based Services	795	0	0	0	0.00	0.00	928	0	0	0	0.00	0.00		
07	Home Health Agency Services	795	260	17,314	3,925	66.59	21.78	928	25	1,681	323	67.25	1.81		
08	Swing Bed Skilled Care Services	795	0	0	0	0.00	0.00	928	0	0	0	0.00	0.00		
10	Periodic Screening Services (EPDST)	795	193	25,703	2,913	133.18	32.33	928	259	42,518	3,349	164.16	45.82		
11	Emergency/Non-Emergency Transportation	795	190	758	2,868	3.99	0.95	928	112	1,333	1,448	11.90	1.44		
12	Dental Services	795	0	0	0	0.00	0.00	928	0	0	0	0.00	0.00		
13	Eyeglass Services	795	0	0	0	0.00	0.00	928	0	0	0	0.00	0.00		
14	Family Planning Services	795	0	0	0	0.00	0.00	928	0	0	0	0.00	0.00		
15	Drug Services	795	802	89,547	12,106	111.65	112.64	928	1,066	112,281	13,784	105.33	120.99		
16	Dental Screening	795	38	1,352	574	35.58	1.70	928	133	6,213	1,720	46.71	6.70		
17	Eyeglass Screening	795	23	563	347	24.47	0.71	928	35	869	453	24.84	0.94		
18	Hearing Screening Services	795	16	1,033	242	64.54	1.30	928	10	1,457	129	145.66	1.57		
21	Swing Bed Intermediate Care Services	795	0	0	0	0.00	0.00	928	0	0	0	0.00	0.00		
22	Rural Health Clinic Services	795	39	2,298	589	58.92	2.89	928	43	2,515	556	58.49	2.71		
23	FQHC (Federally Qualified Health Center)	795	0	0	0	0.00	0.00	928	2	102	26	50.90	0.11		
24	DME (Durable Medical Equipment Services)	795	6,038	18,984	91,140	3.14	23.88	928	4,893	24,171	63,272	4.94	26.05		
25	Therapy Services, (outside the Home Health Program)	795	3,108	72,800	46,913	23.42	91.57	928	3,445	80,406	44,547	23.34	86.64		
27	Inpatient Psychiatric Hospital Services	795	0	0	0	0.00	0.00	928	0	0	0	0.00	0.00		
28	Nurse Services	795	629	1,352	9,494	2.15	1.70	928	861	2,146	11,134	2.49	2.31		
29	Ambulatory Surgical Centers	795	3	881	45	293.69	1.11	928	6	916	78	152.59	0.99		
31	Hospice Services	795	10	1,000	151	100.00	1.26	928	0	0	0	0.00	0.00		
32	Outpatient Psychiatric Hospital Services	795	0	0	0	0.00	0.00	928	0	0	0	0.00	0.00		
34	Family Planning Drug Services	795	0	0	0	0.00	0.00	928	0	0	0	0.00	0.00		
35	Freestanding Dialysis Services	795	0	0	0	0.00	0.00	928	0	0	0	0.00	0.00		
98	Unknown	795	0	0	0	0.00	0.00	928	0	0	0	0.00	0.00		
Total		795	\$	332,590		\$	418.35	928	\$	419,672		\$	452.23		

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

COE: Working Disabled Region: North Age: Ages 1 - 5		July 2006 - June 2007							July 2007 - June 2008						
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	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
02	Outpatient Hospital Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
03	Lab and Radiology Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
05	Physician Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
06	Home and Community Based Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
07	Home Health Agency Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
08	Swing Bed Skilled Care Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
10	Periodic Screening Services (EPDST)	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
11	Emergency/Non-Emergency Transportation	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
12	Dental Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
13	Eyeglass Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
14	Family Planning Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
15	Drug Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
16	Dental Screening	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
17	Eyeglass Screening	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
18	Hearing Screening Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
21	Swing Bed Intermediate Care Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
22	Rural Health Clinic Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
23	FQHC (Federally Qualified Health Center)	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
24	DME (Durable Medical Equipment Services)	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
25	Therapy Services, (outside the Home Health Program)	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
27	Inpatient Psychiatric Hospital Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
28	Nurse Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
29	Ambulatory Surgical Centers	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
31	Hospice Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
32	Outpatient Psychiatric Hospital Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
34	Family Planning Drug Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
35	Freestanding Dialysis Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
98	Unknown	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
Total		NO MEMBERS	\$	-		\$	-	NO MEMBERS	\$	-		\$	-		

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					
COE:	DHS Foster Care												
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	818	12	10,231	176	852.62	12.51	787	4	4,362	61	1,090.51	5.54
02	Outpatient Hospital Services	818	473	25,158	6,939	53.19	30.76	787	649	23,332	9,896	35.95	29.65
03	Lab and Radiology Services	818	54	576	792	10.67	0.70	787	58	524	884	9.04	0.67
05	Physician Services	818	794	13,587	11,648	17.11	16.61	787	750	14,344	11,436	19.12	18.23
06	Home and Community Based Services	818	0	0	0	0.00	0.00	787	0	0	0	0.00	0.00
07	Home Health Agency Services	818	0	0	0	0.00	0.00	787	0	0	0	0.00	0.00
08	Swing Bed Skilled Care Services	818	0	0	0	0.00	0.00	787	0	0	0	0.00	0.00
10	Periodic Screening Services (EPDST)	818	201	7,922	2,949	39.41	9.68	787	163	4,297	2,485	26.36	5.46
11	Emergency/Non-Emergency Transportation	818	55	395	807	7.19	0.48	787	125	1,204	1,906	9.63	1.53
12	Dental Services	818	0	0	0	0.00	0.00	787	0	0	0	0.00	0.00
13	Eyeglass Services	818	0	0	0	0.00	0.00	787	0	0	0	0.00	0.00
14	Family Planning Services	818	0	0	0	0.00	0.00	787	0	0	0	0.00	0.00
15	Drug Services	818	479	17,129	7,027	35.76	20.94	787	406	16,642	6,191	40.99	21.15
16	Dental Screening	818	221	8,997	3,242	40.71	11.00	787	336	16,741	5,123	49.83	21.27
17	Eyeglass Screening	818	25	848	367	33.93	1.04	787	48	2,148	732	44.75	2.73
18	Hearing Screening Services	818	3	62	44	20.66	0.08	787	0	0	0	0.00	0.00
21	Swing Bed Intermediate Care Services	818	0	0	0	0.00	0.00	787	0	0	0	0.00	0.00
22	Rural Health Clinic Services	818	90	5,576	1,320	61.96	6.82	787	59	4,240	900	71.87	5.39
23	FQHC (Federally Qualified Health Center)	818	14	444	205	31.68	0.54	787	13	501	198	38.55	0.64
24	DME (Durable Medical Equipment Services)	818	11	686	161	62.39	0.84	787	8	414	122	51.81	0.53
25	Therapy Services, (outside the Home Health Program)	818	112	3,436	1,643	30.68	4.20	787	87	4,184	1,327	48.09	5.32
27	Inpatient Psychiatric Hospital Services	818	0	0	0	0.00	0.00	787	0	0	0	0.00	0.00
28	Nurse Services	818	661	3,759	9,697	5.69	4.60	787	761	3,620	11,604	4.76	4.60
29	Ambulatory Surgical Centers	818	1	549	15	549.34	0.67	787	5	2,340	76	467.90	2.97
31	Hospice Services	818	0	0	0	0.00	0.00	787	0	0	0	0.00	0.00
32	Outpatient Psychiatric Hospital Services	818	0	0	0	0.00	0.00	787	0	0	0	0.00	0.00
34	Family Planning Drug Services	818	0	0	0	0.00	0.00	787	0	0	0	0.00	0.00
35	Freestanding Dialysis Services	818	0	0	0	0.00	0.00	787	0	0	0	0.00	0.00
98	Unknown	818	0	0	0	0.00	0.00	787	0	0	0	0.00	0.00
Total		818	\$	99,356		\$	121.46	787	\$	98,894		\$	125.66

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

COE: Breast - Cervical Region: North Age: Ages 1 - 5		July 2006 - June 2007							July 2007 - June 2008						
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	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
02	Outpatient Hospital Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
03	Lab and Radiology Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
05	Physician Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
06	Home and Community Based Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
07	Home Health Agency Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
08	Swing Bed Skilled Care Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
10	Periodic Screening Services (EPDST)	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
11	Emergency/Non-Emergency Transportation	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
12	Dental Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
13	Eyeglass Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
14	Family Planning Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
15	Drug Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
16	Dental Screening	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
17	Eyeglass Screening	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
18	Hearing Screening Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
21	Swing Bed Intermediate Care Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
22	Rural Health Clinic Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
23	FQHC (Federally Qualified Health Center)	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
24	DME (Durable Medical Equipment Services)	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
25	Therapy Services, (outside the Home Health Program)	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
27	Inpatient Psychiatric Hospital Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
28	Nurse Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
29	Ambulatory Surgical Centers	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
31	Hospice Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
32	Outpatient Psychiatric Hospital Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
34	Family Planning Drug Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
35	Freestanding Dialysis Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
98	Unknown	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
Total		NO MEMBERS	\$	-		\$	-	NO MEMBERS	\$	-		\$	-		

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

COE: SSI		July 2006 - June 2007							July 2007 - June 2008						
Region: North															
Age: Ages 6 - 20															
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	91,661	4,996	5,656,012	654	1,132.11	61.71	92,648	4,930	6,253,425	639	1,268.44	67.50		
02	Outpatient Hospital Services	91,661	120,059	4,288,503	15,718	35.72	46.79	92,648	117,724	4,336,202	15,248	36.83	46.80		
03	Lab and Radiology Services	91,661	5,864	102,759	768	17.52	1.12	92,648	6,190	118,447	802	19.14	1.28		
05	Physician Services	91,661	93,787	2,266,341	12,278	24.16	24.73	92,648	92,829	2,413,837	12,023	26.00	26.05		
06	Home and Community Based Services	91,661	2	250	0	125.00	0.00	92,648	0	0	0	0.00	0.00		
07	Home Health Agency Services	91,661	2,156	59,248	282	27.48	0.65	92,648	3,272	45,609	424	13.94	0.49		
08	Swing Bed Skilled Care Services	91,661	0	0	0	0.00	0.00	92,648	0	0	0	0.00	0.00		
10	Periodic Screening Services (EPDST)	91,661	4,242	109,393	555	25.79	1.19	92,648	4,833	121,729	626	25.19	1.31		
11	Emergency/Non-Emergency Transportation	91,661	9,844	163,262	1,289	16.58	1.78	92,648	10,939	180,498	1,417	16.50	1.95		
12	Dental Services	91,661	0	0	0	0.00	0.00	92,648	0	0	0	0.00	0.00		
13	Eyeglass Services	91,661	0	0	0	0.00	0.00	92,648	0	0	0	0.00	0.00		
14	Family Planning Services	91,661	0	0	0	0.00	0.00	92,648	0	0	0	0.00	0.00		
15	Drug Services	91,661	71,116	9,008,862	9,310	126.68	98.28	92,648	74,828	9,940,617	9,692	132.85	107.29		
16	Dental Screening	91,661	21,189	865,191	2,774	40.83	9.44	92,648	25,606	1,114,526	3,317	43.53	12.03		
17	Eyeglass Screening	91,661	10,983	345,756	1,438	31.48	3.77	92,648	12,153	392,284	1,574	32.28	4.23		
18	Hearing Screening Services	91,661	454	30,575	59	67.35	0.33	92,648	1,187	48,215	154	40.62	0.52		
21	Swing Bed Intermediate Care Services	91,661	0	0	0	0.00	0.00	92,648	0	0	0	0.00	0.00		
22	Rural Health Clinic Services	91,661	7,783	496,211	1,019	63.76	5.41	92,648	8,059	504,557	1,044	62.61	5.45		
23	FQHC (Federally Qualified Health Center)	91,661	2,498	164,372	327	65.80	1.79	92,648	2,349	149,911	304	63.82	1.62		
24	DME (Durable Medical Equipment Services)	91,661	242,271	819,092	31,717	3.38	8.94	92,648	264,834	769,900	34,302	2.91	8.31		
25	Therapy Services, (outside the Home Health Program)	91,661	12,319	321,969	1,613	26.14	3.51	92,648	16,693	409,881	2,162	24.55	4.42		
27	Inpatient Psychiatric Hospital Services	91,661	0	0	0	0.00	0.00	92,648	0	0	0	0.00	0.00		
28	Nurse Services	91,661	33,474	212,033	4,382	6.33	2.31	92,648	29,160	230,560	3,777	7.91	2.49		
29	Ambulatory Surgical Centers	91,661	96	36,789	13	383.22	0.40	92,648	87	28,330	11	325.63	0.31		
31	Hospice Services	91,661	1,771	195,145	232	110.19	2.13	92,648	1,588	184,599	206	116.25	1.99		
32	Outpatient Psychiatric Hospital Services	91,661	0	0	0	0.00	0.00	92,648	0	0	0	0.00	0.00		
34	Family Planning Drug Services	91,661	1,237	50,571	162	40.88	0.55	92,648	1,361	54,943	176	40.37	0.59		
35	Freestanding Dialysis Services	91,661	257	3,316	34	12.90	0.04	92,648	5,501	22,585	713	4.11	0.24		
98	Unknown	91,661	0	0	0	0.00	0.00	92,648	16	768	2	47.99	0.01		
Total		91,661	\$	25,195,650		\$	274.88	92,648	\$	27,321,424		\$	294.89		

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

COE: Disabled Child at Home		July 2006 - June 2007							July 2007 - June 2008						
Region: North															
Age: Ages 6 - 20															
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	1,911	56	63,379	352	1,131.77	33.17	2,068	161	149,554	934	928.91	72.32		
02	Outpatient Hospital Services	1,911	5,238	122,345	32,892	23.36	64.02	2,068	6,917	131,064	40,137	18.95	63.38		
03	Lab and Radiology Services	1,911	94	1,202	590	12.78	0.63	2,068	73	914	424	12.53	0.44		
05	Physician Services	1,911	6,312	67,350	39,636	10.67	35.24	2,068	3,462	60,377	20,089	17.44	29.20		
06	Home and Community Based Services	1,911	0	0	0	0.00	0.00	2,068	0	0	0	0.00	0.00		
07	Home Health Agency Services	1,911	85	1,877	534	22.09	0.98	2,068	22	2,235	128	101.58	1.08		
08	Swing Bed Skilled Care Services	1,911	0	0	0	0.00	0.00	2,068	0	0	0	0.00	0.00		
10	Periodic Screening Services (EPDST)	1,911	61	1,287	383	21.11	0.67	2,068	74	1,451	429	19.61	0.70		
11	Emergency/Non-Emergency Transportation	1,911	169	1,341	1,061	7.93	0.70	2,068	360	2,617	2,089	7.27	1.27		
12	Dental Services	1,911	0	0	0	0.00	0.00	2,068	0	0	0	0.00	0.00		
13	Eyeglass Services	1,911	0	0	0	0.00	0.00	2,068	0	0	0	0.00	0.00		
14	Family Planning Services	1,911	0	0	0	0.00	0.00	2,068	0	0	0	0.00	0.00		
15	Drug Services	1,911	2,836	1,718,416	17,808	605.93	899.22	2,068	3,108	1,717,497	18,035	552.61	830.51		
16	Dental Screening	1,911	273	11,884	1,714	43.53	6.22	2,068	300	13,165	1,741	43.88	6.37		
17	Eyeglass Screening	1,911	155	4,368	973	28.18	2.29	2,068	183	5,204	1,062	28.44	2.52		
18	Hearing Screening Services	1,911	11	1,236	69	112.40	0.65	2,068	0	0	0	0.00	0.00		
21	Swing Bed Intermediate Care Services	1,911	0	0	0	0.00	0.00	2,068	0	0	0	0.00	0.00		
22	Rural Health Clinic Services	1,911	101	5,444	634	53.90	2.85	2,068	124	6,147	720	49.57	2.97		
23	FQHC (Federally Qualified Health Center)	1,911	12	562	75	46.84	0.29	2,068	6	484	35	80.70	0.23		
24	DME (Durable Medical Equipment Services)	1,911	29,947	109,292	188,050	3.65	57.19	2,068	32,065	62,826	186,064	1.96	30.38		
25	Therapy Services, (outside the Home Health Program)	1,911	1,544	37,499	9,695	24.29	19.62	2,068	2,105	50,956	12,215	24.21	24.64		
27	Inpatient Psychiatric Hospital Services	1,911	0	0	0	0.00	0.00	2,068	0	0	0	0.00	0.00		
28	Nurse Services	1,911	645	2,346	4,050	3.64	1.23	2,068	1,433	4,551	8,315	3.18	2.20		
29	Ambulatory Surgical Centers	1,911	1	549	6	549.34	0.29	2,068	3	633	17	211.10	0.31		
31	Hospice Services	1,911	30	3,000	188	100.00	1.57	2,068	0	0	0	0.00	0.00		
32	Outpatient Psychiatric Hospital Services	1,911	0	0	0	0.00	0.00	2,068	0	0	0	0.00	0.00		
34	Family Planning Drug Services	1,911	16	783	100	48.91	0.41	2,068	9	505	52	56.15	0.24		
35	Freestanding Dialysis Services	1,911	0	0	0	0.00	0.00	2,068	0	0	0	0.00	0.00		
98	Unknown	1,911	0	0	0	0.00	0.00	2,068	0	0	0	0.00	0.00		
Total		1,911	\$	2,154,158			\$	1,127.24	2,068	\$	2,210,181		\$	1,068.75	

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

COE: Working Disabled		July 2006 - June 2007							July 2007 - June 2008						
Region: North															
Age: Ages 6 - 20															
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	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
02	Outpatient Hospital Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
03	Lab and Radiology Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
05	Physician Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
06	Home and Community Based Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
07	Home Health Agency Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
08	Swing Bed Skilled Care Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
10	Periodic Screening Services (EPDST)	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
11	Emergency/Non-Emergency Transportation	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
12	Dental Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
13	Eyeglass Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
14	Family Planning Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
15	Drug Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
16	Dental Screening	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
17	Eyeglass Screening	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
18	Hearing Screening Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
21	Swing Bed Intermediate Care Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
22	Rural Health Clinic Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
23	FQHC (Federally Qualified Health Center)	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
24	DME (Durable Medical Equipment Services)	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
25	Therapy Services, (outside the Home Health Program)	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
27	Inpatient Psychiatric Hospital Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
28	Nurse Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
29	Ambulatory Surgical Centers	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
31	Hospice Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
32	Outpatient Psychiatric Hospital Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
34	Family Planning Drug Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
35	Freestanding Dialysis Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
98	Unknown	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
Total		NO MEMBERS		\$ -			\$ -	NO MEMBERS		\$ -			\$ -		

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					
COE:	DHS Foster Care												
Region:	North												
Age:	Ages 6 - 20												
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	3,558	208	198,352	702	953.62	55.75	3,409	190	218,651	669	1,150.79	64.14
02	Outpatient Hospital Services	3,558	1,791	87,117	6,040	48.64	24.48	3,409	2,297	62,540	8,086	27.23	18.35
03	Lab and Radiology Services	3,558	232	4,233	782	18.24	1.19	3,409	367	6,532	1,292	17.80	1.92
05	Physician Services	3,558	2,530	64,762	8,533	25.60	18.20	3,409	2,560	82,555	9,011	32.25	24.22
06	Home and Community Based Services	3,558	0	0	0	0.00	0.00	3,409	0	0	0	0.00	0.00
07	Home Health Agency Services	3,558	0	0	0	0.00	0.00	3,409	0	0	0	0.00	0.00
08	Swing Bed Skilled Care Services	3,558	0	0	0	0.00	0.00	3,409	0	0	0	0.00	0.00
10	Periodic Screening Services (EPDST)	3,558	343	8,503	1,157	24.79	2.39	3,409	363	8,941	1,278	24.63	2.62
11	Emergency/Non-Emergency Transportation	3,558	100	3,045	337	30.45	0.86	3,409	19	1,882	67	99.07	0.55
12	Dental Services	3,558	0	0	0	0.00	0.00	3,409	0	0	0	0.00	0.00
13	Eyeglass Services	3,558	0	0	0	0.00	0.00	3,409	0	0	0	0.00	0.00
14	Family Planning Services	3,558	0	0	0	0.00	0.00	3,409	0	0	0	0.00	0.00
15	Drug Services	3,558	2,160	180,878	7,285	83.74	50.84	3,409	2,474	209,758	8,709	84.79	61.53
16	Dental Screening	3,558	1,594	67,662	5,376	42.45	19.02	3,409	1,673	66,745	5,889	39.90	19.58
17	Eyeglass Screening	3,558	511	16,561	1,723	32.41	4.65	3,409	640	20,012	2,253	31.27	5.87
18	Hearing Screening Services	3,558	0	0	0	0.00	0.00	3,409	4	71	14	17.71	0.02
21	Swing Bed Intermediate Care Services	3,558	0	0	0	0.00	0.00	3,409	0	0	0	0.00	0.00
22	Rural Health Clinic Services	3,558	193	11,760	651	60.93	3.31	3,409	283	15,900	996	56.18	4.66
23	FQHC (Federally Qualified Health Center)	3,558	28	1,881	94	67.18	0.53	3,409	69	3,484	243	50.49	1.02
24	DME (Durable Medical Equipment Services)	3,558	145	1,743	489	12.02	0.49	3,409	3	283	11	94.39	0.08
25	Therapy Services, (outside the Home Health Program)	3,558	75	1,230	253	16.40	0.35	3,409	316	6,956	1,112	22.01	2.04
27	Inpatient Psychiatric Hospital Services	3,558	0	0	0	0.00	0.00	3,409	0	0	0	0.00	0.00
28	Nurse Services	3,558	835	7,912	2,816	9.48	2.22	3,409	677	9,343	2,383	13.80	2.74
29	Ambulatory Surgical Centers	3,558	10	3,770	34	376.99	1.06	3,409	6	2,324	21	387.28	0.68
31	Hospice Services	3,558	0	0	0	0.00	0.00	3,409	0	0	0	0.00	0.00
32	Outpatient Psychiatric Hospital Services	3,558	0	0	0	0.00	0.00	3,409	0	0	0	0.00	0.00
34	Family Planning Drug Services	3,558	57	2,453	192	43.04	0.69	3,409	113	4,750	398	42.04	1.39
35	Freestanding Dialysis Services	3,558	0	0	0	0.00	0.00	3,409	0	0	0	0.00	0.00
98	Unknown	3,558	0	0	0	0.00	0.00	3,409	0	0	0	0.00	0.00
Total		3,558	\$	661,861		\$	186.02	3,409	\$	720,728		\$	211.42

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

COE: Breast - Cervical		July 2006 - June 2007						July 2007 - June 2008							
Region: North															
Age: Ages 6 - 20															
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	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
02	Outpatient Hospital Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
03	Lab and Radiology Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
05	Physician Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
06	Home and Community Based Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
07	Home Health Agency Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
08	Swing Bed Skilled Care Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
10	Periodic Screening Services (EPDST)	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
11	Emergency/Non-Emergency Transportation	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
12	Dental Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
13	Eyeglass Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
14	Family Planning Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
15	Drug Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
16	Dental Screening	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
17	Eyeglass Screening	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
18	Hearing Screening Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
21	Swing Bed Intermediate Care Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
22	Rural Health Clinic Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
23	FQHC (Federally Qualified Health Center)	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
24	DME (Durable Medical Equipment Services)	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
25	Therapy Services, (outside the Home Health Program)	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
27	Inpatient Psychiatric Hospital Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
28	Nurse Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
29	Ambulatory Surgical Centers	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
31	Hospice Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
32	Outpatient Psychiatric Hospital Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
34	Family Planning Drug Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
35	Freestanding Dialysis Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
98	Unknown	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
Total		NO MEMBERS		\$ -			\$ -	NO MEMBERS		\$ -			\$ -		

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

COE: Region: Age:	SSI North Ages 21 +	July 2006 - June 2007							July 2007 - June 2008					
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	192,785	30,462	34,764,794	1,896	1,141.25	180.33	197,274	32,783	37,838,999	1,994	1,154.23	191.81	
02	Outpatient Hospital Services	192,785	479,750	19,076,379	29,862	39.76	98.95	197,274	541,647	17,605,141	32,948	32.50	89.24	
03	Lab and Radiology Services	192,785	41,927	740,438	2,610	17.66	3.84	197,274	43,489	801,003	2,645	18.42	4.06	
05	Physician Services	192,785	650,885	14,980,052	40,515	23.01	77.70	197,274	613,233	15,896,070	37,302	25.92	80.58	
06	Home and Community Based Services	192,785	274	1,959	17	7.15	0.01	197,274	179	1,303	11	7.28	0.01	
07	Home Health Agency Services	192,785	35,536	537,537	2,212	15.13	2.79	197,274	39,352	575,360	2,394	14.62	2.92	
08	Swing Bed Skilled Care Services	192,785	3	427	0	142.49	0.00	197,274	64	9,793	4	153.01	0.05	
10	Periodic Screening Services (EPDST)	192,785	185	4,523	12	24.45	0.02	197,274	184	2,503	11	13.60	0.01	
11	Emergency/Non-Emergency Transportation	192,785	34,107	1,088,402	2,123	31.91	5.65	197,274	39,620	1,156,204	2,410	29.18	5.86	
12	Dental Services	192,785	13,662	596,781	850	43.68	3.10	197,274	15,169	816,519	923	53.83	4.14	
13	Eyeglass Services	192,785	16,683	632,219	1,038	37.90	3.28	197,274	17,177	667,283	1,045	38.85	3.38	
14	Family Planning Services	192,785	0	0	0	0.00	0.00	197,274	0	0	0	0.00	0.00	
15	Drug Services	192,785	379,727	29,990,728	23,636	78.98	155.57	197,274	393,969	32,668,766	23,965	82.92	165.60	
16	Dental Screening	192,785	54	2,338	3	43.29	0.01	197,274	81	5,341	5	65.94	0.03	
17	Eyeglass Screening	192,785	11	413	1	37.52	0.00	197,274	33	1,181	2	35.80	0.01	
18	Hearing Screening Services	192,785	41	1,038	3	25.31	0.01	197,274	34	814	2	23.93	0.00	
21	Swing Bed Intermediate Care Services	192,785	142	20,234	9	142.49	0.10	197,274	80	12,241	5	153.01	0.06	
22	Rural Health Clinic Services	192,785	28,528	1,572,196	1,776	55.11	8.16	197,274	28,746	1,515,968	1,749	52.74	7.68	
23	FQHC (Federally Qualified Health Center)	192,785	10,012	675,788	623	67.50	3.51	197,274	9,434	603,207	574	63.94	3.06	
24	DME (Durable Medical Equipment Services)	192,785	84,698	1,768,242	5,272	20.88	9.17	197,274	100,779	2,076,190	6,130	20.60	10.52	
25	Therapy Services, (outside the Home Health Program)	192,785	105	1,104	7	10.51	0.01	197,274	5	118	0	23.69	0.00	
27	Inpatient Psychiatric Hospital Services	192,785	0	0	0	0.00	0.00	197,274	0	0	0	0.00	0.00	
28	Nurse Services	192,785	198,175	885,451	12,336	4.47	4.59	197,274	220,539	1,104,368	13,415	5.01	5.60	
29	Ambulatory Surgical Centers	192,785	1,728	486,747	108	281.68	2.52	197,274	1,575	463,886	96	294.53	2.35	
31	Hospice Services	192,785	34,308	3,789,087	2,136	110.44	19.65	197,274	36,859	4,282,227	2,242	116.18	21.71	
32	Outpatient Psychiatric Hospital Services	192,785	0	0	0	0.00	0.00	197,274	0	0	0	0.00	0.00	
34	Family Planning Drug Services	192,785	1,969	72,485	123	36.81	0.38	197,274	2,000	77,340	122	38.67	0.39	
35	Freestanding Dialysis Services	192,785	558,931	2,515,941	34,791	4.50	13.05	197,274	1,019,844	2,787,247	62,036	2.73	14.13	
98	Unknown	192,785	0	21	0	0.00	0.00	197,274	18	1,299	1	72.14	0.01	
Total		192,785	\$	114,205,324		\$	592.40	197,274	\$	120,970,372		\$	613.21	

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

COE: Disabled Child at Home Region: North Age: Ages 21 +		July 2006 - June 2007							July 2007 - June 2008						
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	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
02	Outpatient Hospital Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
03	Lab and Radiology Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
05	Physician Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
06	Home and Community Based Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
07	Home Health Agency Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
08	Swing Bed Skilled Care Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
10	Periodic Screening Services (EPDST)	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
11	Emergency/Non-Emergency Transportation	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
12	Dental Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
13	Eyeglass Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
14	Family Planning Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
15	Drug Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
16	Dental Screening	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
17	Eyeglass Screening	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
18	Hearing Screening Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
21	Swing Bed Intermediate Care Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
22	Rural Health Clinic Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
23	FQHC (Federally Qualified Health Center)	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
24	DME (Durable Medical Equipment Services)	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
25	Therapy Services, (outside the Home Health Program)	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
27	Inpatient Psychiatric Hospital Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
28	Nurse Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
29	Ambulatory Surgical Centers	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
31	Hospice Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
32	Outpatient Psychiatric Hospital Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
34	Family Planning Drug Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
35	Freestanding Dialysis Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
98	Unknown	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
Total		NO MEMBERS		\$ -			\$ -	NO MEMBERS		\$ -			\$ -		

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

COE: Region: Age:	Working Disabled North Ages 21 +	July 2006 - June 2007							July 2007 - June 2008						
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	651	127	148,951	2,341	1,172.84	228.80	659	65	66,952	1,184	1,030.03	101.60		
02	Outpatient Hospital Services	651	1,757	61,785	32,387	35.16	94.91	659	1,829	86,804	33,305	47.46	131.72		
03	Lab and Radiology Services	651	186	2,423	3,429	13.03	3.72	659	185	3,131	3,369	16.92	4.75		
05	Physician Services	651	5,541	118,898	102,138	21.46	182.64	659	3,572	110,381	65,044	30.90	167.50		
06	Home and Community Based Services	651	0	0	0	0.00	0.00	659	0	0	0	0.00	0.00		
07	Home Health Agency Services	651	0	0	0	0.00	0.00	659	0	0	0	0.00	0.00		
08	Swing Bed Skilled Care Services	651	0	0	0	0.00	0.00	659	0	0	0	0.00	0.00		
10	Periodic Screening Services (EPDST)	651	0	0	0	0.00	0.00	659	0	0	0	0.00	0.00		
11	Emergency/Non-Emergency Transportation	651	168	1,719	3,097	10.23	2.64	659	6	461	109	76.78	0.70		
12	Dental Services	651	29	924	535	31.85	1.42	659	27	1,017	492	37.66	1.54		
13	Eyeglass Services	651	108	4,270	1,991	39.53	6.56	659	69	2,843	1,256	41.20	4.31		
14	Family Planning Services	651	0	0	0	0.00	0.00	659	0	0	0	0.00	0.00		
15	Drug Services	651	1,599	168,858	29,475	105.60	259.38	659	1,660	296,275	30,228	178.48	449.58		
16	Dental Screening	651	0	0	0	0.00	0.00	659	0	0	0	0.00	0.00		
17	Eyeglass Screening	651	0	0	0	0.00	0.00	659	0	0	0	0.00	0.00		
18	Hearing Screening Services	651	0	0	0	0.00	0.00	659	0	0	0	0.00	0.00		
21	Swing Bed Intermediate Care Services	651	0	0	0	0.00	0.00	659	0	0	0	0.00	0.00		
22	Rural Health Clinic Services	651	104	5,719	1,917	54.99	8.79	659	80	5,461	1,457	68.27	8.29		
23	FQHC (Federally Qualified Health Center)	651	28	1,778	516	63.51	2.73	659	29	1,572	528	54.21	2.39		
24	DME (Durable Medical Equipment Services)	651	299	9,445	5,512	31.59	14.51	659	241	6,270	4,388	26.02	9.51		
25	Therapy Services, (outside the Home Health Program)	651	0	0	0	0.00	0.00	659	0	0	0	0.00	0.00		
27	Inpatient Psychiatric Hospital Services	651	0	0	0	0.00	0.00	659	0	0	0	0.00	0.00		
28	Nurse Services	651	549	8,822	10,120	16.07	13.55	659	1,208	46,391	21,997	38.40	70.40		
29	Ambulatory Surgical Centers	651	3	880	55	293.21	1.35	659	1	452	18	452.39	0.69		
31	Hospice Services	651	0	0	0	0.00	0.00	659	0	0	0	0.00	0.00		
32	Outpatient Psychiatric Hospital Services	651	0	0	0	0.00	0.00	659	0	0	0	0.00	0.00		
34	Family Planning Drug Services	651	15	481	276	32.06	0.74	659	12	418	219	34.86	0.63		
35	Freestanding Dialysis Services	651	0	0	0	0.00	0.00	659	0	0	0	0.00	0.00		
98	Unknown	651	0	0	0	0.00	0.00	659	0	0	0	0.00	0.00		
Total		651	\$	534,953		\$	821.74	659	\$	628,428		\$	953.61		

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

COE: DHS Foster Care Region: North Age: Ages 21 +		July 2006 - June 2007							July 2007 - June 2008						
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	16	3	3,461	2,250	1,153.78	216.33	8	0	0	0	0.00	0.00		
02	Outpatient Hospital Services	16	3	82	2,250	27.39	5.14	8	0	0	0	0.00	0.00		
03	Lab and Radiology Services	16	0	0	0	0.00	0.00	8	0	0	0	0.00	0.00		
05	Physician Services	16	2	166	1,500	83.19	10.40	8	0	0	0	0.00	0.00		
06	Home and Community Based Services	16	0	0	0	0.00	0.00	8	0	0	0	0.00	0.00		
07	Home Health Agency Services	16	0	0	0	0.00	0.00	8	0	0	0	0.00	0.00		
08	Swing Bed Skilled Care Services	16	0	0	0	0.00	0.00	8	0	0	0	0.00	0.00		
10	Periodic Screening Services (EPDST)	16	0	0	0	0.00	0.00	8	0	0	0	0.00	0.00		
11	Emergency/Non-Emergency Transportation	16	0	0	0	0.00	0.00	8	0	0	0	0.00	0.00		
12	Dental Services	16	0	0	0	0.00	0.00	8	0	0	0	0.00	0.00		
13	Eyeglass Services	16	0	0	0	0.00	0.00	8	0	0	0	0.00	0.00		
14	Family Planning Services	16	0	0	0	0.00	0.00	8	0	0	0	0.00	0.00		
15	Drug Services	16	1	25	750	24.85	1.55	8	0	0	0	0.00	0.00		
16	Dental Screening	16	0	0	0	0.00	0.00	8	0	0	0	0.00	0.00		
17	Eyeglass Screening	16	0	0	0	0.00	0.00	8	0	0	0	0.00	0.00		
18	Hearing Screening Services	16	0	0	0	0.00	0.00	8	0	0	0	0.00	0.00		
21	Swing Bed Intermediate Care Services	16	0	0	0	0.00	0.00	8	0	0	0	0.00	0.00		
22	Rural Health Clinic Services	16	1	156	750	156.26	9.77	8	0	0	0	0.00	0.00		
23	FQHC (Federally Qualified Health Center)	16	0	0	0	0.00	0.00	8	0	0	0	0.00	0.00		
24	DME (Durable Medical Equipment Services)	16	0	0	0	0.00	0.00	8	0	0	0	0.00	0.00		
25	Therapy Services, (outside the Home Health Program)	16	0	0	0	0.00	0.00	8	0	0	0	0.00	0.00		
27	Inpatient Psychiatric Hospital Services	16	0	0	0	0.00	0.00	8	0	0	0	0.00	0.00		
28	Nurse Services	16	0	0	0	0.00	0.00	8	0	0	0	0.00	0.00		
29	Ambulatory Surgical Centers	16	0	0	0	0.00	0.00	8	0	0	0	0.00	0.00		
31	Hospice Services	16	0	0	0	0.00	0.00	8	0	0	0	0.00	0.00		
32	Outpatient Psychiatric Hospital Services	16	0	0	0	0.00	0.00	8	0	0	0	0.00	0.00		
34	Family Planning Drug Services	16	0	0	0	0.00	0.00	8	0	0	0	0.00	0.00		
35	Freestanding Dialysis Services	16	0	0	0	0.00	0.00	8	0	0	0	0.00	0.00		
98	Unknown	16	0	0	0	0.00	0.00	8	0	0	0	0.00	0.00		
Total		16	\$	3,891		\$	243.19	8	\$	-		\$	-		

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					
COE:	Breast - Cervical												
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	516	101	124,872	2,349	1,236.36	242.00	454	85	107,203	2,247	1,261.21	236.13
02	Outpatient Hospital Services	516	7,135	321,639	165,930	45.08	623.33	454	7,185	270,519	189,912	37.65	595.86
03	Lab and Radiology Services	516	238	4,282	5,535	17.99	8.30	454	188	5,865	4,969	31.20	12.92
05	Physician Services	516	23,203	460,071	539,605	19.83	891.61	454	13,153	329,651	347,656	25.06	726.10
06	Home and Community Based Services	516	0	0	0	0.00	0.00	454	0	0	0	0.00	0.00
07	Home Health Agency Services	516	62	2,764	1,442	44.57	5.36	454	26	3,363	687	129.33	7.41
08	Swing Bed Skilled Care Services	516	0	0	0	0.00	0.00	454	0	0	0	0.00	0.00
10	Periodic Screening Services (EPDST)	516	0	0	0	0.00	0.00	454	0	0	0	0.00	0.00
11	Emergency/Non-Emergency Transportation	516	212	2,631	4,930	12.41	5.10	454	3	483	79	160.86	1.06
12	Dental Services	516	36	1,247	837	34.64	2.42	454	33	1,412	872	42.78	3.11
13	Eyeglass Services	516	94	3,411	2,186	36.28	6.61	454	61	2,183	1,612	35.79	4.81
14	Family Planning Services	516	0	0	0	0.00	0.00	454	0	0	0	0.00	0.00
15	Drug Services	516	1,140	101,150	26,512	88.73	196.03	454	880	96,517	23,260	109.68	212.59
16	Dental Screening	516	0	0	0	0.00	0.00	454	0	0	0	0.00	0.00
17	Eyeglass Screening	516	0	0	0	0.00	0.00	454	0	0	0	0.00	0.00
18	Hearing Screening Services	516	0	0	0	0.00	0.00	454	0	0	0	0.00	0.00
21	Swing Bed Intermediate Care Services	516	0	0	0	0.00	0.00	454	0	0	0	0.00	0.00
22	Rural Health Clinic Services	516	82	3,836	1,907	46.78	7.43	454	65	4,408	1,718	67.81	9.71
23	FQHC (Federally Qualified Health Center)	516	109	4,827	2,535	44.29	9.35	454	61	4,899	1,612	80.31	10.79
24	DME (Durable Medical Equipment Services)	516	79	2,862	1,837	36.23	5.55	454	107	2,464	2,828	23.03	5.43
25	Therapy Services, (outside the Home Health Program)	516	0	0	0	0.00	0.00	454	0	0	0	0.00	0.00
27	Inpatient Psychiatric Hospital Services	516	0	0	0	0.00	0.00	454	0	0	0	0.00	0.00
28	Nurse Services	516	4,921	15,612	114,442	3.17	30.26	454	5,100	23,686	134,802	4.64	52.17
29	Ambulatory Surgical Centers	516	6	2,013	140	335.58	3.90	454	4	1,396	106	348.98	3.07
31	Hospice Services	516	2	200	47	100.00	0.39	454	14	1,894	370	135.27	4.17
32	Outpatient Psychiatric Hospital Services	516	0	0	0	0.00	0.00	454	0	0	0	0.00	0.00
34	Family Planning Drug Services	516	9	371	209	41.20	0.72	454	0	0	0	0.00	0.00
35	Freestanding Dialysis Services	516	0	0	0	0.00	0.00	454	0	0	0	0.00	0.00
98	Unknown	516	0	3	0	0.00	0.01	454	0	0	0	0.00	0.00
Total		516		\$ 1,051,791			\$ 2,038.35	454		\$ 855,942			\$ 1,885.34

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

COE: Region: Age:	SSI Central All Ages	July 2006 - June 2007							July 2007 - June 2008						
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	327,118	54,595	61,220,522	2,003	1,121.36	187.15	330,530	56,841	66,033,893	2,064	1,161.73	199.78		
02	Outpatient Hospital Services	327,118	679,687	29,115,921	24,934	42.84	89.01	330,530	741,801	30,944,922	26,931	41.72	93.62		
03	Lab and Radiology Services	327,118	51,781	900,903	1,900	17.40	2.75	330,530	51,748	959,356	1,879	18.54	2.90		
05	Physician Services	327,118	807,314	19,234,038	29,616	23.82	58.80	330,530	761,437	20,220,598	27,644	26.56	61.18		
06	Home and Community Based Services	327,118	86	483	3	5.62	0.00	330,530	179	1,716	6	9.58	0.01		
07	Home Health Agency Services	327,118	36,096	736,176	1,324	20.39	2.25	330,530	49,493	795,761	1,797	16.08	2.41		
08	Swing Bed Skilled Care Services	327,118	27	3,847	1	142.49	0.01	330,530	26	3,978	1	153.01	0.01		
10	Periodic Screening Services (EPDST)	327,118	8,339	374,030	306	44.85	1.14	330,530	10,479	512,286	380	48.89	1.55		
11	Emergency/Non-Emergency Transportation	327,118	40,590	1,532,026	1,489	37.74	4.68	330,530	53,233	1,845,570	1,933	34.67	5.58		
12	Dental Services	327,118	13,426	519,596	493	38.70	1.59	330,530	14,452	690,489	525	47.78	2.09		
13	Eyeglass Services	327,118	16,037	609,991	588	38.04	1.86	330,530	15,699	629,398	570	40.09	1.90		
14	Family Planning Services	327,118	0	0	0	0.00	0.00	330,530	0	0	0	0.00	0.00		
15	Drug Services	327,118	481,010	46,521,262	17,645	96.72	142.22	330,530	503,526	52,732,532	18,281	104.73	159.54		
16	Dental Screening	327,118	27,464	1,087,625	1,007	39.60	3.32	330,530	31,785	1,303,095	1,154	41.00	3.94		
17	Eyeglass Screening	327,118	11,970	382,654	439	31.97	1.17	330,530	12,717	419,086	462	32.95	1.27		
18	Hearing Screening Services	327,118	352	31,083	13	88.30	0.10	330,530	523	46,242	19	88.42	0.14		
21	Swing Bed Intermediate Care Services	327,118	176	25,078	6	142.49	0.08	330,530	191	29,225	7	153.01	0.09		
22	Rural Health Clinic Services	327,118	36,059	1,824,138	1,323	50.59	5.58	330,530	36,966	1,871,097	1,342	50.62	5.66		
23	FQHC (Federally Qualified Health Center)	327,118	22,324	1,573,037	819	70.46	4.81	330,530	21,080	1,397,434	765	66.29	4.23		
24	DME (Durable Medical Equipment Services)	327,118	502,507	3,372,105	18,434	6.71	10.31	330,530	559,584	3,779,348	20,316	6.75	11.43		
25	Therapy Services, (outside the Home Health Program)	327,118	24,454	664,738	897	27.18	2.03	330,530	25,037	664,611	909	26.55	2.01		
27	Inpatient Psychiatric Hospital Services	327,118	0	0	0	0.00	0.00	330,530	0	0	0	0.00	0.00		
28	Nurse Services	327,118	162,166	916,699	5,949	5.65	2.80	330,530	208,314	1,015,168	7,563	4.87	3.07		
29	Ambulatory Surgical Centers	327,118	1,474	463,724	54	314.60	1.42	330,530	1,462	468,033	53	320.13	1.42		
31	Hospice Services	327,118	28,471	3,854,138	1,044	135.37	11.78	330,530	31,075	4,160,010	1,128	133.87	12.59		
32	Outpatient Psychiatric Hospital Services	327,118	0	0	0	0.00	0.00	330,530	0	0	0	0.00	0.00		
34	Family Planning Drug Services	327,118	4,226	162,756	155	38.51	0.50	330,530	4,025	162,966	146	40.49	0.49		
35	Freestanding Dialysis Services	327,118	598,296	2,777,781	21,948	4.64	8.49	330,530	976,047	3,185,676	35,436	3.26	9.64		
98	Unknown	327,118	5	405	0	81.10	0.00	330,530	0	42	0	0.00	0.00		
Total		327,118		\$ 177,904,756		\$	543.85	330,530		\$ 193,872,532		\$	586.55		

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					
COE:	Disabled Child at Home												
Region:	Central												
Age:	All Ages												
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	4,876	862	402,361	2,121	466.78	82.52	5,320	561	455,590	1,265	812.10	85.64
02	Outpatient Hospital Services	4,876	12,318	342,892	30,315	27.84	70.32	5,320	12,164	385,065	27,438	31.66	72.38
03	Lab and Radiology Services	4,876	160	1,735	394	10.85	0.36	5,320	142	1,920	320	13.52	0.36
05	Physician Services	4,876	12,067	164,085	29,697	13.60	33.65	5,320	12,749	161,681	28,757	12.68	30.39
06	Home and Community Based Services	4,876	0	0	0	0.00	0.00	5,320	0	0	0	0.00	0.00
07	Home Health Agency Services	4,876	379	12,544	933	33.10	2.57	5,320	116	9,285	262	80.04	1.75
08	Swing Bed Skilled Care Services	4,876	0	0	0	0.00	0.00	5,320	0	0	0	0.00	0.00
10	Periodic Screening Services (EPDST)	4,876	303	28,789	746	95.01	5.90	5,320	382	41,680	862	109.11	7.83
11	Emergency/Non-Emergency Transportation	4,876	402	3,473	989	8.64	0.71	5,320	1,528	21,732	3,447	14.22	4.09
12	Dental Services	4,876	0	0	0	0.00	0.00	5,320	0	0	0	0.00	0.00
13	Eyeglass Services	4,876	0	0	0	0.00	0.00	5,320	0	0	0	0.00	0.00
14	Family Planning Services	4,876	0	0	0	0.00	0.00	5,320	0	0	0	0.00	0.00
15	Drug Services	4,876	7,118	2,116,543	17,518	297.35	434.07	5,320	8,014	2,493,957	18,077	311.20	468.79
16	Dental Screening	4,876	552	17,984	1,358	32.58	3.69	5,320	956	35,321	2,156	36.95	6.64
17	Eyeglass Screening	4,876	292	8,712	719	29.84	1.79	5,320	354	11,120	798	31.41	2.09
18	Hearing Screening Services	4,876	3	123	7	41.14	0.03	5,320	13	1,215	29	93.46	0.23
21	Swing Bed Intermediate Care Services	4,876	0	0	0	0.00	0.00	5,320	0	0	0	0.00	0.00
22	Rural Health Clinic Services	4,876	143	6,050	352	42.31	1.24	5,320	159	7,227	359	45.45	1.36
23	FQHC (Federally Qualified Health Center)	4,876	165	6,171	406	37.40	1.27	5,320	68	4,571	153	67.22	0.86
24	DME (Durable Medical Equipment Services)	4,876	56,650	121,965	139,418	2.15	25.01	5,320	61,125	180,440	137,876	2.95	33.92
25	Therapy Services, (outside the Home Health Program)	4,876	5,953	156,694	14,651	26.32	32.14	5,320	5,990	156,889	13,511	26.19	29.49
27	Inpatient Psychiatric Hospital Services	4,876	0	0	0	0.00	0.00	5,320	0	0	0	0.00	0.00
28	Nurse Services	4,876	826	3,944	2,033	4.77	0.81	5,320	2,606	16,710	5,878	6.41	3.14
29	Ambulatory Surgical Centers	4,876	12	1,099	30	91.56	0.23	5,320	8	363	18	45.36	0.07
31	Hospice Services	4,876	338	39,446	832	116.70	8.09	5,320	402	49,199	907	122.38	9.25
32	Outpatient Psychiatric Hospital Services	4,876	0	0	0	0.00	0.00	5,320	0	0	0	0.00	0.00
34	Family Planning Drug Services	4,876	61	2,756	150	45.17	0.57	5,320	37	1,910	83	51.62	0.36
35	Freestanding Dialysis Services	4,876	0	0	0	0.00	0.00	5,320	0	0	0	0.00	0.00
98	Unknown	4,876	0	0	0	0.00	0.00	5,320	0	0	0	0.00	0.00
Total		4,876	\$	3,437,366		\$	704.96	5,320	\$	4,035,874		\$	758.62

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

COE: Region: Age:	Working Disabled Central All Ages	July 2006 - June 2007							July 2007 - June 2008						
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	864	70	88,809	972	1,268.71	102.79	796	87	101,557	1,312	1,167.32	127.58		
02	Outpatient Hospital Services	864	2,949	180,132	40,958	61.08	208.49	796	2,414	147,778	36,392	61.22	185.65		
03	Lab and Radiology Services	864	190	3,377	2,639	17.78	3.91	796	90	2,125	1,357	23.61	2.67		
05	Physician Services	864	5,063	71,813	70,319	14.18	83.12	796	2,447	42,410	36,889	17.33	53.28		
06	Home and Community Based Services	864	0	0	0	0.00	0.00	796	0	0	0	0.00	0.00		
07	Home Health Agency Services	864	10	911	139	91.07	1.05	796	0	0	0	0.00	0.00		
08	Swing Bed Skilled Care Services	864	0	0	0	0.00	0.00	796	0	0	0	0.00	0.00		
10	Periodic Screening Services (EPDST)	864	0	0	0	0.00	0.00	796	0	0	0	0.00	0.00		
11	Emergency/Non-Emergency Transportation	864	71	1,159	986	16.32	1.34	796	8	1,197	121	149.67	1.50		
12	Dental Services	864	38	1,247	528	32.83	1.44	796	37	1,274	558	34.42	1.60		
13	Eyeglass Services	864	72	2,883	1,000	40.04	3.34	796	65	2,451	980	37.71	3.08		
14	Family Planning Services	864	0	0	0	0.00	0.00	796	0	0	0	0.00	0.00		
15	Drug Services	864	1,575	143,154	21,875	90.89	165.69	796	1,617	122,910	24,377	76.01	154.41		
16	Dental Screening	864	5	155	69	30.91	0.18	796	0	0	0	0.00	0.00		
17	Eyeglass Screening	864	4	66	56	16.43	0.08	796	0	0	0	0.00	0.00		
18	Hearing Screening Services	864	0	0	0	0.00	0.00	796	0	0	0	0.00	0.00		
21	Swing Bed Intermediate Care Services	864	0	0	0	0.00	0.00	796	0	0	0	0.00	0.00		
22	Rural Health Clinic Services	864	43	2,540	597	59.07	2.94	796	64	3,430	965	53.60	4.31		
23	FQHC (Federally Qualified Health Center)	864	82	7,737	1,139	94.36	8.96	796	58	4,146	874	71.49	5.21		
24	DME (Durable Medical Equipment Services)	864	779	6,978	10,819	8.96	8.08	796	126	5,228	1,899	41.49	6.57		
25	Therapy Services, (outside the Home Health Program)	864	0	0	0	0.00	0.00	796	0	0	0	0.00	0.00		
27	Inpatient Psychiatric Hospital Services	864	0	0	0	0.00	0.00	796	0	0	0	0.00	0.00		
28	Nurse Services	864	409	2,087	5,681	5.10	2.42	796	242	2,353	3,648	9.72	2.96		
29	Ambulatory Surgical Centers	864	4	1,844	56	460.97	2.13	796	4	1,585	60	396.16	1.99		
31	Hospice Services	864	0	0	0	0.00	0.00	796	5	2,779	75	555.70	3.49		
32	Outpatient Psychiatric Hospital Services	864	0	0	0	0.00	0.00	796	0	0	0	0.00	0.00		
34	Family Planning Drug Services	864	10	394	139	39.42	0.46	796	12	385	181	32.06	0.48		
35	Freestanding Dialysis Services	864	0	0	0	0.00	0.00	796	1,187	3,118	17,894	2.63	3.92		
98	Unknown	864	0	0	0	0.00	0.00	796	0	0	0	0.00	0.00		
Total		864	\$	515,287		\$	596.40	796	\$	444,724		\$	558.70		

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						
COE:	DHS Foster Care														
Region:	Central														
Age:	All Ages														
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	5,284	367	341,677	833	931.00	64.66	5,346	644	562,742	1,446	873.82	105.26		
02	Outpatient Hospital Services	5,284	3,389	165,135	7,696	48.73	31.25	5,346	3,520	153,493	7,901	43.61	28.71		
03	Lab and Radiology Services	5,284	729	10,081	1,656	13.83	1.91	5,346	532	10,054	1,194	18.90	1.88		
05	Physician Services	5,284	4,304	115,825	9,774	26.91	21.92	5,346	5,018	133,588	11,264	26.62	24.99		
06	Home and Community Based Services	5,284	0	0	0	0.00	0.00	5,346	0	0	0	0.00	0.00		
07	Home Health Agency Services	5,284	47	3,003	107	63.89	0.57	5,346	50	3,275	112	65.50	0.61		
08	Swing Bed Skilled Care Services	5,284	0	0	0	0.00	0.00	5,346	0	0	0	0.00	0.00		
10	Periodic Screening Services (EPDST)	5,284	536	17,934	1,217	33.46	3.39	5,346	693	24,944	1,556	35.99	4.67		
11	Emergency/Non-Emergency Transportation	5,284	224	4,630	509	20.67	0.88	5,346	261	5,490	586	21.03	1.03		
12	Dental Services	5,284	0	0	0	0.00	0.00	5,346	0	0	0	0.00	0.00		
13	Eyeglass Services	5,284	0	0	0	0.00	0.00	5,346	0	0	0	0.00	0.00		
14	Family Planning Services	5,284	0	0	0	0.00	0.00	5,346	0	0	0	0.00	0.00		
15	Drug Services	5,284	3,607	313,463	8,192	86.90	59.32	5,346	3,586	327,352	8,049	91.29	61.23		
16	Dental Screening	5,284	1,981	72,883	4,499	36.79	13.79	5,346	2,176	81,641	4,884	37.52	15.27		
17	Eyeglass Screening	5,284	539	18,567	1,224	34.45	3.51	5,346	754	26,198	1,692	34.75	4.90		
18	Hearing Screening Services	5,284	5	103	11	20.61	0.02	5,346	16	919	36	57.45	0.17		
21	Swing Bed Intermediate Care Services	5,284	0	0	0	0.00	0.00	5,346	0	0	0	0.00	0.00		
22	Rural Health Clinic Services	5,284	379	26,989	861	71.21	5.11	5,346	481	27,696	1,080	57.58	5.18		
23	FQHC (Federally Qualified Health Center)	5,284	330	21,075	749	63.86	3.99	5,346	330	16,331	741	49.49	3.05		
24	DME (Durable Medical Equipment Services)	5,284	1,889	5,861	4,290	3.10	1.11	5,346	245	9,783	550	39.93	1.83		
25	Therapy Services, (outside the Home Health Program)	5,284	105	3,769	238	35.90	0.71	5,346	276	8,435	620	30.56	1.58		
27	Inpatient Psychiatric Hospital Services	5,284	0	0	0	0.00	0.00	5,346	0	0	0	0.00	0.00		
28	Nurse Services	5,284	944	13,836	2,144	14.66	2.62	5,346	1,349	12,586	3,028	9.33	2.35		
29	Ambulatory Surgical Centers	5,284	3	366	7	122.07	0.07	5,346	7	3,238	16	462.55	0.61		
31	Hospice Services	5,284	0	0	0	0.00	0.00	5,346	0	0	0	0.00	0.00		
32	Outpatient Psychiatric Hospital Services	5,284	0	0	0	0.00	0.00	5,346	0	0	0	0.00	0.00		
34	Family Planning Drug Services	5,284	129	6,854	293	53.13	1.30	5,346	142	7,656	319	53.91	1.43		
35	Freestanding Dialysis Services	5,284	0	0	0	0.00	0.00	5,346	0	0	0	0.00	0.00		
98	Unknown	5,284	0	0	0	0.00	0.00	5,346	0	0	0	0.00	0.00		
Total		5,284	#REF!	\$ 1,142,051		\$ 216.13		5,346	\$ 1,415,420		\$ 264.76				

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

COE: Region: Age:	Breast - Cervical Central All Ages	July 2006 - June 2007							July 2007 - June 2008						
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	374	42	46,900	1,348	1,116.67	125.40	441	97	122,168	2,639	1,259.46	277.02		
02	Outpatient Hospital Services	374	5,276	440,815	169,283	83.55	1178.65	441	4,245	481,760	115,510	113.49	1092.43		
03	Lab and Radiology Services	374	96	5,199	3,080	54.15	13.90	441	254	9,339	6,912	36.77	21.18		
05	Physician Services	374	15,950	168,768	511,765	10.58	451.25	441	15,991	238,510	435,129	14.92	540.84		
06	Home and Community Based Services	374	0	0	0	0.00	0.00	441	0	0	0	0.00	0.00		
07	Home Health Agency Services	374	1	116	32	115.90	0.31	441	46	1,043	1,252	22.67	2.36		
08	Swing Bed Skilled Care Services	374	0	0	0	0.00	0.00	441	0	0	0	0.00	0.00		
10	Periodic Screening Services (EPDST)	374	0	0	0	0.00	0.00	441	0	0	0	0.00	0.00		
11	Emergency/Non-Emergency Transportation	374	1	211	32	211.06	0.56	441	105	1,232	2,857	11.73	2.79		
12	Dental Services	374	38	1,878	1,219	49.41	5.02	441	33	1,744	898	52.84	3.95		
13	Eyeglass Services	374	38	998	1,219	26.26	2.67	441	74	3,007	2,014	40.64	6.82		
14	Family Planning Services	374	0	0	0	0.00	0.00	441	0	0	0	0.00	0.00		
15	Drug Services	374	703	45,299	22,556	64.44	121.12	441	798	100,818	21,714	126.34	228.61		
16	Dental Screening	374	0	0	0	0.00	0.00	441	0	0	0	0.00	0.00		
17	Eyeglass Screening	374	0	0	0	0.00	0.00	441	0	0	0	0.00	0.00		
18	Hearing Screening Services	374	0	0	0	0.00	0.00	441	0	0	0	0.00	0.00		
21	Swing Bed Intermediate Care Services	374	0	0	0	0.00	0.00	441	0	0	0	0.00	0.00		
22	Rural Health Clinic Services	374	5	219	160	43.72	0.58	441	18	650	490	36.12	1.47		
23	FQHC (Federally Qualified Health Center)	374	79	7,596	2,535	96.16	20.31	441	72	6,889	1,959	95.68	15.62		
24	DME (Durable Medical Equipment Services)	374	8	193	257	24.07	0.51	441	29	902	789	31.09	2.04		
25	Therapy Services, (outside the Home Health Program)	374	0	0	0	0.00	0.00	441	0	0	0	0.00	0.00		
27	Inpatient Psychiatric Hospital Services	374	0	0	0	0.00	0.00	441	0	0	0	0.00	0.00		
28	Nurse Services	374	2,122	3,045	68,086	1.43	8.14	441	3,388	4,448	92,190	1.31	10.09		
29	Ambulatory Surgical Centers	374	5	1,577	160	315.38	4.22	441	16	5,192	435	324.48	11.77		
31	Hospice Services	374	0	0	0	0.00	0.00	441	7	801	190	114.41	1.82		
32	Outpatient Psychiatric Hospital Services	374	0	0	0	0.00	0.00	441	0	0	0	0.00	0.00		
34	Family Planning Drug Services	374	5	196	160	39.22	0.52	441	1	30	27	29.88	0.07		
35	Freestanding Dialysis Services	374	0	0	0	0.00	0.00	441	0	0	0	0.00	0.00		
98	Unknown	374	0	0	0	0.00	0.00	441	0	0	0	0.00	0.00		
Total		374		\$ 723,009			\$ 1,933.18	441		\$ 978,530			\$ 2,218.89		

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

COE: SSI		July 2006 - June 2007							July 2007 - June 2008						
Region: Central															
Age: 0 - 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	2,570	5,985	7,727,279	27,946	1,291.11	3006.72	2,963	8,573	11,106,079	34,720	1,295.47	3748.25		
02	Outpatient Hospital Services	2,570	4,885	318,091	22,809	65.12	123.77	2,963	6,260	642,686	25,353	102.67	216.90		
03	Lab and Radiology Services	2,570	51	839	238	16.45	0.33	2,963	86	1,647	348	19.15	0.56		
05	Physician Services	2,570	24,624	1,642,164	114,976	66.69	638.97	2,963	28,027	2,141,370	113,508	76.40	722.70		
06	Home and Community Based Services	2,570	0	0	0	0.00	0.00	2,963	0	0	0	0.00	0.00		
07	Home Health Agency Services	2,570	703	28,423	3,282	40.43	11.06	2,963	419	30,424	1,697	72.61	10.27		
08	Swing Bed Skilled Care Services	2,570	0	0	0	0.00	0.00	2,963	0	0	0	0.00	0.00		
10	Periodic Screening Services (EPDST)	2,570	1,085	53,976	5,066	49.75	21.00	2,963	1,428	85,480	5,783	59.86	28.85		
11	Emergency/Non-Emergency Transportation	2,570	2,093	33,678	9,773	16.09	13.10	2,963	9,431	162,958	38,195	17.28	55.00		
12	Dental Services	2,570	0	0	0	0.00	0.00	2,963	0	0	0	0.00	0.00		
13	Eyeglass Services	2,570	0	0	0	0.00	0.00	2,963	0	0	0	0.00	0.00		
14	Family Planning Services	2,570	0	0	0	0.00	0.00	2,963	0	0	0	0.00	0.00		
15	Drug Services	2,570	2,030	495,808	9,479	244.24	192.92	2,963	2,653	749,821	10,745	282.63	253.06		
16	Dental Screening	2,570	1	256	5	256.00	0.10	2,963	0	0	0	0.00	0.00		
17	Eyeglass Screening	2,570	6	194	28	32.38	0.08	2,963	12	337	49	28.05	0.11		
18	Hearing Screening Services	2,570	14	804	65	57.45	0.31	2,963	20	1,528	81	76.40	0.52		
21	Swing Bed Intermediate Care Services	2,570	0	0	0	0.00	0.00	2,963	0	0	0	0.00	0.00		
22	Rural Health Clinic Services	2,570	308	16,935	1,438	54.98	6.59	2,963	226	14,361	915	63.55	4.85		
23	FQHC (Federally Qualified Health Center)	2,570	288	11,895	1,345	41.30	4.63	2,963	396	17,733	1,604	44.78	5.98		
24	DME (Durable Medical Equipment Services)	2,570	3,288	91,188	15,353	27.73	35.48	2,963	7,711	139,663	31,229	18.11	47.14		
25	Therapy Services, (outside the Home Health Program)	2,570	522	14,125	2,437	27.06	5.50	2,963	276	7,102	1,118	25.73	2.40		
27	Inpatient Psychiatric Hospital Services	2,570	0	0	0	0.00	0.00	2,963	0	0	0	0.00	0.00		
28	Nurse Services	2,570	551	9,230	2,573	16.75	3.59	2,963	2,009	10,821	8,136	5.39	3.65		
29	Ambulatory Surgical Centers	2,570	1	549	5	549.34	0.21	2,963	2	1,099	8	549.34	0.37		
31	Hospice Services	2,570	0	0	0	0.00	0.00	2,963	100	16,151	405	161.51	5.45		
32	Outpatient Psychiatric Hospital Services	2,570	0	0	0	0.00	0.00	2,963	0	0	0	0.00	0.00		
34	Family Planning Drug Services	2,570	0	0	0	0.00	0.00	2,963	0	0	0	0.00	0.00		
35	Freestanding Dialysis Services	2,570	0	0	0	0.00	0.00	2,963	0	0	0	0.00	0.00		
98	Unknown	2,570	0	0	0	0.00	0.00	2,963	0	0	0	0.00	0.00		
Total		2,570	\$	10,445,436		\$	4,064.37	2,963	\$	15,129,258		\$	5,106.06		

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

COE: Disabled Child at Home Region: Central Age: 0 - 11 months		July 2006 - June 2007							July 2007 - June 2008						
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	112	60	49,003	6,429	816.71	437.53	131	24	24,920	2,198	1,038.33	190.23		
02	Outpatient Hospital Services	112	342	8,043	36,643	23.52	71.81	131	411	17,147	37,649	41.72	130.89		
03	Lab and Radiology Services	112	1	10	107	9.64	0.09	131	0	0	0	0.00	0.00		
05	Physician Services	112	907	19,272	97,179	21.25	172.07	131	448	5,991	41,038	13.37	45.73		
06	Home and Community Based Services	112	0	0	0	0.00	0.00	131	0	0	0	0.00	0.00		
07	Home Health Agency Services	112	0	0	0	0.00	0.00	131	28	3,750	2,565	133.93	28.63		
08	Swing Bed Skilled Care Services	112	0	0	0	0.00	0.00	131	0	0	0	0.00	0.00		
10	Periodic Screening Services (EPDST)	112	38	5,448	4,071	143.37	48.64	131	45	7,690	4,122	170.89	58.70		
11	Emergency/Non-Emergency Transportation	112	1	211	107	211.06	1.88	131	980	17,125	89,771	17.47	130.72		
12	Dental Services	112	0	0	0	0.00	0.00	131	0	0	0	0.00	0.00		
13	Eyeglass Services	112	0	0	0	0.00	0.00	131	0	0	0	0.00	0.00		
14	Family Planning Services	112	0	0	0	0.00	0.00	131	0	0	0	0.00	0.00		
15	Drug Services	112	220	16,138	23,571	73.35	144.09	131	259	16,688	23,725	64.43	127.39		
16	Dental Screening	112	0	0	0	0.00	0.00	131	0	0	0	0.00	0.00		
17	Eyeglass Screening	112	0	0	0	0.00	0.00	131	0	0	0	0.00	0.00		
18	Hearing Screening Services	112	0	0	0	0.00	0.00	131	2	666	183	332.90	5.08		
21	Swing Bed Intermediate Care Services	112	0	0	0	0.00	0.00	131	0	0	0	0.00	0.00		
22	Rural Health Clinic Services	112	0	0	0	0.00	0.00	131	1	76	92	75.63	0.58		
23	FQHC (Federally Qualified Health Center)	112	21	183	2,250	8.71	1.63	131	0	0	0	0.00	0.00		
24	DME (Durable Medical Equipment Services)	112	7	721	750	103.01	6.44	131	157	5,113	14,382	32.57	39.03		
25	Therapy Services, (outside the Home Health Program)	112	187	8,455	20,036	45.21	75.49	131	147	3,426	13,466	23.31	26.16		
27	Inpatient Psychiatric Hospital Services	112	0	0	0	0.00	0.00	131	0	0	0	0.00	0.00		
28	Nurse Services	112	3	10	321	3.48	0.09	131	18	0	1,649	0.00	0.00		
29	Ambulatory Surgical Centers	112	0	0	0	0.00	0.00	131	0	0	0	0.00	0.00		
31	Hospice Services	112	198	23,855	21,214	120.48	212.99	131	114	13,804	10,443	121.09	105.37		
32	Outpatient Psychiatric Hospital Services	112	0	0	0	0.00	0.00	131	0	0	0	0.00	0.00		
34	Family Planning Drug Services	112	0	0	0	0.00	0.00	131	0	0	0	0.00	0.00		
35	Freestanding Dialysis Services	112	0	0	0	0.00	0.00	131	0	0	0	0.00	0.00		
98	Unknown	112	0	0	0	0.00	0.00	131	0	0	0	0.00	0.00		
Total		112		\$ 131,348		\$	1,172.75	131		\$ 116,395		\$	888.51		

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

COE: Region: Age:	Working Disabled Central 0 - 11 months	July 2006 - June 2007							July 2007 - June 2008						
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	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
02	Outpatient Hospital Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
03	Lab and Radiology Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
05	Physician Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
06	Home and Community Based Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
07	Home Health Agency Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
08	Swing Bed Skilled Care Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
10	Periodic Screening Services (EPDST)	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
11	Emergency/Non-Emergency Transportation	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
12	Dental Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
13	Eyeglass Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
14	Family Planning Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
15	Drug Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
16	Dental Screening	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
17	Eyeglass Screening	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
18	Hearing Screening Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
21	Swing Bed Intermediate Care Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
22	Rural Health Clinic Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
23	FQHC (Federally Qualified Health Center)	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
24	DME (Durable Medical Equipment Services)	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
25	Therapy Services, (outside the Home Health Program)	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
27	Inpatient Psychiatric Hospital Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
28	Nurse Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
29	Ambulatory Surgical Centers	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
31	Hospice Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
32	Outpatient Psychiatric Hospital Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
34	Family Planning Drug Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
35	Freestanding Dialysis Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
98	Unknown	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
Total		NO MEMBERS		\$ -		\$ -		NO MEMBERS		\$ -		\$ -			

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					
COE:	DHS Foster Care												
Region:	Central												
Age:	0 - 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	68	0	0	0	0.00	0.00	125	11	13,416	1,056	1,219.68	107.33
02	Outpatient Hospital Services	68	22	1,244	3,882	56.56	18.30	125	136	9,119	13,056	67.05	72.95
03	Lab and Radiology Services	68	7	69	1,235	9.86	1.02	125	0	0	0	0.00	0.00
05	Physician Services	68	29	1,179	5,118	40.65	17.33	125	212	6,715	20,352	31.67	53.72
06	Home and Community Based Services	68	0	0	0	0.00	0.00	125	0	0	0	0.00	0.00
07	Home Health Agency Services	68	0	0	0	0.00	0.00	125	0	0	0	0.00	0.00
08	Swing Bed Skilled Care Services	68	0	0	0	0.00	0.00	125	0	0	0	0.00	0.00
10	Periodic Screening Services (EPDST)	68	50	1,195	8,824	23.90	17.57	125	132	4,846	12,672	36.72	38.77
11	Emergency/Non-Emergency Transportation	68	0	0	0	0.00	0.00	125	0	0	0	0.00	0.00
12	Dental Services	68	0	0	0	0.00	0.00	125	0	0	0	0.00	0.00
13	Eyeglass Services	68	0	0	0	0.00	0.00	125	0	0	0	0.00	0.00
14	Family Planning Services	68	0	0	0	0.00	0.00	125	0	0	0	0.00	0.00
15	Drug Services	68	40	1,778	7,059	44.45	26.14	125	92	24,000	8,832	260.87	192.00
16	Dental Screening	68	0	0	0	0.00	0.00	125	0	0	0	0.00	0.00
17	Eyeglass Screening	68	0	0	0	0.00	0.00	125	0	0	0	0.00	0.00
18	Hearing Screening Services	68	0	0	0	0.00	0.00	125	0	0	0	0.00	0.00
21	Swing Bed Intermediate Care Services	68	0	0	0	0.00	0.00	125	0	0	0	0.00	0.00
22	Rural Health Clinic Services	68	12	397	2,118	33.09	5.84	125	21	1,309	2,016	62.32	10.47
23	FQHC (Federally Qualified Health Center)	68	10	535	1,765	53.46	7.86	125	6	781	576	130.16	6.25
24	DME (Durable Medical Equipment Services)	68	2	257	353	128.55	3.78	125	3	381	288	126.87	3.04
25	Therapy Services, (outside the Home Health Program)	68	0	0	0	0.00	0.00	125	2	155	192	77.72	1.24
27	Inpatient Psychiatric Hospital Services	68	0	0	0	0.00	0.00	125	0	0	0	0.00	0.00
28	Nurse Services	68	17	507	3,000	29.84	7.46	125	21	713	2,016	33.95	5.70
29	Ambulatory Surgical Centers	68	0	0	0	0.00	0.00	125	0	0	0	0.00	0.00
31	Hospice Services	68	0	0	0	0.00	0.00	125	0	0	0	0.00	0.00
32	Outpatient Psychiatric Hospital Services	68	0	0	0	0.00	0.00	125	0	0	0	0.00	0.00
34	Family Planning Drug Services	68	0	0	0	0.00	0.00	125	0	0	0	0.00	0.00
35	Freestanding Dialysis Services	68	0	0	0	0.00	0.00	125	0	0	0	0.00	0.00
98	Unknown	68	0	0	0	0.00	0.00	125	0	0	0	0.00	0.00
Total		68		\$ 7,161			\$ 105.31	125		\$ 61,435			\$ 491.48

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

COE: Breast - Cervical		July 2006 - June 2007							July 2007 - June 2008						
Region: Central															
Age: 0 - 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	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
02	Outpatient Hospital Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
03	Lab and Radiology Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
05	Physician Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
06	Home and Community Based Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
07	Home Health Agency Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
08	Swing Bed Skilled Care Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
10	Periodic Screening Services (EPDST)	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
11	Emergency/Non-Emergency Transportation	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
12	Dental Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
13	Eyeglass Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
14	Family Planning Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
15	Drug Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
16	Dental Screening	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
17	Eyeglass Screening	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
18	Hearing Screening Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
21	Swing Bed Intermediate Care Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
22	Rural Health Clinic Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
23	FQHC (Federally Qualified Health Center)	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
24	DME (Durable Medical Equipment Services)	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
25	Therapy Services, (outside the Home Health Program)	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
27	Inpatient Psychiatric Hospital Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
28	Nurse Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
29	Ambulatory Surgical Centers	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
31	Hospice Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
32	Outpatient Psychiatric Hospital Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
34	Family Planning Drug Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
35	Freestanding Dialysis Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
98	Unknown	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
Total		NO MEMBERS	\$	-		\$	-	NO MEMBERS	\$	-		\$	-		

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

COE: SSI		July 2006 - June 2007						July 2007 - June 2008							
Region: Central															
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	19,334	2,254	2,675,276	1,399	1,186.90	138.37	20,031	2,637	3,540,523	1,580	1,342.63	176.75		
02	Outpatient Hospital Services	19,334	44,359	2,429,929	27,532	54.78	125.68	20,031	49,664	3,435,231	29,752	69.17	171.50		
03	Lab and Radiology Services	19,334	956	10,597	593	11.08	0.55	20,031	1,025	12,328	614	12.03	0.62		
05	Physician Services	19,334	47,219	889,282	29,307	18.83	46.00	20,031	54,253	1,010,654	32,501	18.63	50.45		
06	Home and Community Based Services	19,334	0	0	0	0.00	0.00	20,031	0	0	0	0.00	0.00		
07	Home Health Agency Services	19,334	1,829	74,019	1,135	40.47	3.83	20,031	1,501	90,868	899	60.54	4.54		
08	Swing Bed Skilled Care Services	19,334	0	0	0	0.00	0.00	20,031	0	0	0	0.00	0.00		
10	Periodic Screening Services (EPDST)	19,334	3,084	207,614	1,914	67.32	10.74	20,031	4,239	299,343	2,539	70.62	14.94		
11	Emergency/Non-Emergency Transportation	19,334	2,872	37,657	1,783	13.11	1.95	20,031	6,218	102,168	3,725	16.43	5.10		
12	Dental Services	19,334	0	0	0	0.00	0.00	20,031	0	0	0	0.00	0.00		
13	Eyeglass Services	19,334	0	0	0	0.00	0.00	20,031	0	0	0	0.00	0.00		
14	Family Planning Services	19,334	0	0	0	0.00	0.00	20,031	0	0	0	0.00	0.00		
15	Drug Services	19,334	17,322	1,574,232	10,751	90.88	81.42	20,031	20,139	2,074,640	12,065	103.02	103.57		
16	Dental Screening	19,334	3,674	162,225	2,280	44.15	8.39	20,031	4,405	201,870	2,639	45.83	10.08		
17	Eyeglass Screening	19,334	962	29,463	597	30.63	1.52	20,031	821	27,238	492	33.18	1.36		
18	Hearing Screening Services	19,334	93	10,284	58	110.58	0.53	20,031	126	10,345	75	82.10	0.52		
21	Swing Bed Intermediate Care Services	19,334	0	0	0	0.00	0.00	20,031	0	0	0	0.00	0.00		
22	Rural Health Clinic Services	19,334	1,404	86,122	871	61.34	4.45	20,031	1,688	101,814	1,011	60.32	5.08		
23	FQHC (Federally Qualified Health Center)	19,334	1,472	79,135	914	53.76	4.09	20,031	1,386	74,998	830	54.11	3.74		
24	DME (Durable Medical Equipment Services)	19,334	97,997	474,923	60,824	4.85	24.56	20,031	98,039	449,301	58,732	4.58	22.43		
25	Therapy Services, (outside the Home Health Program)	19,334	14,094	395,429	8,748	28.06	20.45	20,031	17,518	470,507	10,495	26.86	23.49		
27	Inpatient Psychiatric Hospital Services	19,334	0	0	0	0.00	0.00	20,031	0	0	0	0.00	0.00		
28	Nurse Services	19,334	8,337	78,903	5,175	9.46	4.08	20,031	15,800	141,158	9,465	8.93	7.05		
29	Ambulatory Surgical Centers	19,334	26	9,826	16	377.92	0.51	20,031	18	6,833	11	379.63	0.34		
31	Hospice Services	19,334	225	22,653	140	100.68	1.17	20,031	42	14,228	25	338.77	0.71		
32	Outpatient Psychiatric Hospital Services	19,334	0	0	0	0.00	0.00	20,031	0	0	0	0.00	0.00		
34	Family Planning Drug Services	19,334	0	0	0	0.00	0.00	20,031	0	0	0	0.00	0.00		
35	Freestanding Dialysis Services	19,334	0	0	0	0.00	0.00	20,031	0	0	0	0.00	0.00		
98	Unknown	19,334	0	0	0	0.00	0.00	20,031	0	0	0	0.00	0.00		
Total		19,334	\$	9,247,569		\$	478.31	20,031	\$	12,064,049		\$	602.27		

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

COE: Disabled Child at Home Region: Central Age: Ages 1 - 5		July 2006 - June 2007							July 2007 - June 2008						
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	1,531	192	70,961	1,505	369.59	46.35	1,751	209	129,346	1,432	618.88	73.87		
02	Outpatient Hospital Services	1,531	5,205	165,015	40,797	31.70	107.78	1,751	5,536	209,513	37,939	37.85	119.65		
03	Lab and Radiology Services	1,531	19	135	149	7.12	0.09	1,751	15	304	103	20.25	0.17		
05	Physician Services	1,531	3,879	46,641	30,404	12.02	30.46	1,751	4,739	56,308	32,477	11.88	32.16		
06	Home and Community Based Services	1,531	0	0	0	0.00	0.00	1,751	0	0	0	0.00	0.00		
07	Home Health Agency Services	1,531	178	11,441	1,395	64.27	7.47	1,751	65	4,487	445	69.04	2.56		
08	Swing Bed Skilled Care Services	1,531	0	0	0	0.00	0.00	1,751	0	0	0	0.00	0.00		
10	Periodic Screening Services (EPDST)	1,531	191	21,819	1,497	114.23	14.25	1,751	241	32,192	1,652	133.58	18.39		
11	Emergency/Non-Emergency Transportation	1,531	1	211	8	211.06	0.14	1,751	288	2,046	1,974	7.10	1.17		
12	Dental Services	1,531	0	0	0	0.00	0.00	1,751	0	0	0	0.00	0.00		
13	Eyeglass Services	1,531	0	0	0	0.00	0.00	1,751	0	0	0	0.00	0.00		
14	Family Planning Services	1,531	0	0	0	0.00	0.00	1,751	0	0	0	0.00	0.00		
15	Drug Services	1,531	1,956	177,060	15,331	90.52	115.65	1,751	2,324	352,476	15,927	151.67	201.30		
16	Dental Screening	1,531	145	5,265	1,137	36.31	3.44	1,751	187	4,981	1,282	26.64	2.84		
17	Eyeglass Screening	1,531	30	743	235	24.78	0.49	1,751	33	1,017	226	30.83	0.58		
18	Hearing Screening Services	1,531	1	95	8	95.00	0.06	1,751	3	274	21	91.32	0.16		
21	Swing Bed Intermediate Care Services	1,531	0	0	0	0.00	0.00	1,751	0	0	0	0.00	0.00		
22	Rural Health Clinic Services	1,531	16	870	125	54.36	0.57	1,751	72	2,631	493	36.55	1.50		
23	FQHC (Federally Qualified Health Center)	1,531	35	1,914	274	54.68	1.25	1,751	11	850	75	77.31	0.49		
24	DME (Durable Medical Equipment Services)	1,531	12,032	26,388	94,307	2.19	17.24	1,751	13,916	53,874	95,370	3.87	30.77		
25	Therapy Services, (outside the Home Health Program)	1,531	4,417	113,485	34,621	25.69	74.12	1,751	4,198	112,320	28,770	26.76	64.15		
27	Inpatient Psychiatric Hospital Services	1,531	0	0	0	0.00	0.00	1,751	0	0	0	0.00	0.00		
28	Nurse Services	1,531	201	1,193	1,575	5.93	0.78	1,751	664	2,297	4,551	3.46	1.31		
29	Ambulatory Surgical Centers	1,531	7	549	55	78.48	0.36	1,751	4	363	27	90.71	0.21		
31	Hospice Services	1,531	0	0	0	0.00	0.00	1,751	285	35,395	1,953	124.19	20.21		
32	Outpatient Psychiatric Hospital Services	1,531	0	0	0	0.00	0.00	1,751	0	0	0	0.00	0.00		
34	Family Planning Drug Services	1,531	0	0	0	0.00	0.00	1,751	0	0	0	0.00	0.00		
35	Freestanding Dialysis Services	1,531	0	0	0	0.00	0.00	1,751	0	0	0	0.00	0.00		
98	Unknown	1,531	0	0	0	0.00	0.00	1,751	0	0	0	0.00	0.00		
Total		1,531		\$ 643,783			\$ 420.50	1,751		\$ 1,000,675			\$ 571.49		

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

COE: Working Disabled		July 2006 - June 2007							July 2007 - June 2008						
Region: Central															
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	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
02	Outpatient Hospital Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
03	Lab and Radiology Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
05	Physician Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
06	Home and Community Based Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
07	Home Health Agency Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
08	Swing Bed Skilled Care Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
10	Periodic Screening Services (EPDST)	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
11	Emergency/Non-Emergency Transportation	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
12	Dental Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
13	Eyeglass Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
14	Family Planning Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
15	Drug Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
16	Dental Screening	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
17	Eyeglass Screening	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
18	Hearing Screening Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
21	Swing Bed Intermediate Care Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
22	Rural Health Clinic Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
23	FQHC (Federally Qualified Health Center)	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
24	DME (Durable Medical Equipment Services)	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
25	Therapy Services, (outside the Home Health Program)	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
27	Inpatient Psychiatric Hospital Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
28	Nurse Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
29	Ambulatory Surgical Centers	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
31	Hospice Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
32	Outpatient Psychiatric Hospital Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
34	Family Planning Drug Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
35	Freestanding Dialysis Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
98	Unknown	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
Total		NO MEMBERS		\$ -			\$ -	NO MEMBERS		\$ -			\$ -		

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						
COE:	DHS Foster Care														
Region:	Central														
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	970	66	82,746	816	1,253.72	85.30	1,044	100	126,070	1,149	1,260.70	120.76		
02	Outpatient Hospital Services	970	514	14,815	6,359	28.82	15.27	1,044	722	49,424	8,299	68.45	47.34		
03	Lab and Radiology Services	970	40	610	495	15.26	0.63	1,044	89	1,173	1,023	13.18	1.12		
05	Physician Services	970	879	18,969	10,874	21.58	19.56	1,044	1,890	31,535	21,724	16.69	30.21		
06	Home and Community Based Services	970	0	0	0	0.00	0.00	1,044	0	0	0	0.00	0.00		
07	Home Health Agency Services	970	47	3,003	581	63.89	3.10	1,044	50	3,275	575	65.50	3.14		
08	Swing Bed Skilled Care Services	970	0	0	0	0.00	0.00	1,044	0	0	0	0.00	0.00		
10	Periodic Screening Services (EPDST)	970	176	8,134	2,177	46.21	8.39	1,044	226	10,731	2,598	47.48	10.28		
11	Emergency/Non-Emergency Transportation	970	0	0	0	0.00	0.00	1,044	2	437	23	218.31	0.42		
12	Dental Services	970	0	0	0	0.00	0.00	1,044	0	0	0	0.00	0.00		
13	Eyeglass Services	970	0	0	0	0.00	0.00	1,044	0	0	0	0.00	0.00		
14	Family Planning Services	970	0	0	0	0.00	0.00	1,044	0	0	0	0.00	0.00		
15	Drug Services	970	550	27,455	6,804	49.92	28.30	1,044	631	31,441	7,253	49.83	30.12		
16	Dental Screening	970	202	6,979	2,499	34.55	7.19	1,044	250	9,580	2,874	38.32	9.18		
17	Eyeglass Screening	970	28	1,177	346	42.02	1.21	1,044	41	1,629	471	39.74	1.56		
18	Hearing Screening Services	970	3	52	37	17.44	0.05	1,044	2	37	23	18.40	0.04		
21	Swing Bed Intermediate Care Services	970	0	0	0	0.00	0.00	1,044	0	0	0	0.00	0.00		
22	Rural Health Clinic Services	970	90	5,396	1,113	59.96	5.56	1,044	115	6,037	1,322	52.50	5.78		
23	FQHC (Federally Qualified Health Center)	970	41	2,754	507	67.18	2.84	1,044	75	3,718	862	49.57	3.56		
24	DME (Durable Medical Equipment Services)	970	1,130	3,525	13,979	3.12	3.63	1,044	241	9,274	2,770	38.48	8.88		
25	Therapy Services, (outside the Home Health Program)	970	5	268	62	53.65	0.28	1,044	123	3,041	1,414	24.72	2.91		
27	Inpatient Psychiatric Hospital Services	970	0	0	0	0.00	0.00	1,044	0	0	0	0.00	0.00		
28	Nurse Services	970	321	2,951	3,971	9.19	3.04	1,044	717	3,005	8,241	4.19	2.88		
29	Ambulatory Surgical Centers	970	2	0	25	0.00	0.00	1,044	3	1,322	34	440.66	1.27		
31	Hospice Services	970	0	0	0	0.00	0.00	1,044	0	0	0	0.00	0.00		
32	Outpatient Psychiatric Hospital Services	970	0	0	0	0.00	0.00	1,044	0	0	0	0.00	0.00		
34	Family Planning Drug Services	970	0	0	0	0.00	0.00	1,044	0	0	0	0.00	0.00		
35	Freestanding Dialysis Services	970	0	0	0	0.00	0.00	1,044	0	0	0	0.00	0.00		
98	Unknown	970	0	0	0	0.00	0.00	1,044	0	0	0	0.00	0.00		
Total		970		\$ 178,834			\$ 184.36	1,044		\$ 291,730			\$ 279.43		

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

COE: Breast - Cervical		July 2006 - June 2007							July 2007 - June 2008						
Region: Central															
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	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
02	Outpatient Hospital Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
03	Lab and Radiology Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
05	Physician Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
06	Home and Community Based Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
07	Home Health Agency Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
08	Swing Bed Skilled Care Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
10	Periodic Screening Services (EPDST)	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
11	Emergency/Non-Emergency Transportation	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
12	Dental Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
13	Eyeglass Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
14	Family Planning Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
15	Drug Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
16	Dental Screening	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
17	Eyeglass Screening	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
18	Hearing Screening Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
21	Swing Bed Intermediate Care Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
22	Rural Health Clinic Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
23	FQHC (Federally Qualified Health Center)	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
24	DME (Durable Medical Equipment Services)	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
25	Therapy Services, (outside the Home Health Program)	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
27	Inpatient Psychiatric Hospital Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
28	Nurse Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
29	Ambulatory Surgical Centers	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
31	Hospice Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
32	Outpatient Psychiatric Hospital Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
34	Family Planning Drug Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
35	Freestanding Dialysis Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
98	Unknown	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
Total		NO MEMBERS	\$	-		\$	-	NO MEMBERS	\$	-		\$	-		

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

COE: SSI Region: Central Age: Ages 6 - 20		July 2006 - June 2007							July 2007 - June 2008						
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	101,680	8,812	8,591,933	1,040	975.03	84.50	101,434	8,618	8,641,101	1,020	1,002.68	85.19		
02	Outpatient Hospital Services	101,680	117,587	4,674,299	13,877	39.75	45.97	101,434	121,210	5,034,903	14,340	41.54	49.64		
03	Lab and Radiology Services	101,680	6,947	121,164	820	17.44	1.19	101,434	6,612	122,863	782	18.58	1.21		
05	Physician Services	101,680	108,692	2,536,498	12,828	23.34	24.95	101,434	108,711	2,647,468	12,861	24.35	26.10		
06	Home and Community Based Services	101,680	0	0	0	0.00	0.00	101,434	0	0	0	0.00	0.00		
07	Home Health Agency Services	101,680	2,887	76,271	341	26.42	0.75	101,434	9,054	75,953	1,071	8.39	0.75		
08	Swing Bed Skilled Care Services	101,680	14	1,995	2	142.49	0.02	101,434	0	0	0	0.00	0.00		
10	Periodic Screening Services (EPDST)	101,680	3,963	104,934	468	26.48	1.03	101,434	4,572	122,415	541	26.77	1.21		
11	Emergency/Non-Emergency Transportation	101,680	5,693	152,527	672	26.79	1.50	101,434	6,850	169,664	810	24.77	1.67		
12	Dental Services	101,680	0	0	0	0.00	0.00	101,434	0	0	0	0.00	0.00		
13	Eyeglass Services	101,680	0	0	0	0.00	0.00	101,434	0	0	0	0.00	0.00		
14	Family Planning Services	101,680	0	0	0	0.00	0.00	101,434	0	0	0	0.00	0.00		
15	Drug Services	101,680	80,554	10,629,930	9,507	131.96	104.54	101,434	82,901	11,134,928	9,807	134.32	109.78		
16	Dental Screening	101,680	23,744	922,937	2,802	38.87	9.08	101,434	27,322	1,098,827	3,232	40.22	10.83		
17	Eyeglass Screening	101,680	10,988	352,513	1,297	32.08	3.47	101,434	11,878	391,314	1,405	32.94	3.86		
18	Hearing Screening Services	101,680	233	19,721	27	84.64	0.19	101,434	348	33,560	41	96.44	0.33		
21	Swing Bed Intermediate Care Services	101,680	0	0	0	0.00	0.00	101,434	0	0	0	0.00	0.00		
22	Rural Health Clinic Services	101,680	6,327	399,090	747	63.08	3.92	101,434	6,162	416,167	729	67.54	4.10		
23	FQHC (Federally Qualified Health Center)	101,680	5,432	377,481	641	69.49	3.71	101,434	5,226	318,457	618	60.94	3.14		
24	DME (Durable Medical Equipment Services)	101,680	334,014	1,069,469	39,419	3.20	10.52	101,434	369,984	1,201,323	43,770	3.25	11.84		
25	Therapy Services, (outside the Home Health Program)	101,680	8,333	222,550	983	26.71	2.19	101,434	7,129	184,790	843	25.92	1.82		
27	Inpatient Psychiatric Hospital Services	101,680	0	0	0	0.00	0.00	101,434	0	0	0	0.00	0.00		
28	Nurse Services	101,680	21,740	219,275	2,566	10.09	2.16	101,434	28,091	214,331	3,323	7.63	2.11		
29	Ambulatory Surgical Centers	101,680	61	21,571	7	353.62	0.21	101,434	58	19,239	7	331.71	0.19		
31	Hospice Services	101,680	366	52,285	43	142.85	0.51	101,434	712	82,408	84	115.74	0.81		
32	Outpatient Psychiatric Hospital Services	101,680	0	0	0	0.00	0.00	101,434	0	0	0	0.00	0.00		
34	Family Planning Drug Services	101,680	1,670	65,748	197	39.37	0.65	101,434	1,595	65,199	189	40.88	0.64		
35	Freestanding Dialysis Services	101,680	15,149	68,053	1,788	4.49	0.67	101,434	5,784	24,807	684	4.29	0.24		
98	Unknown	101,680	3	130	0	43.39	0.00	101,434	0	0	0	0.00	0.00		
Total		101,680	\$	30,680,374		\$	301.73	101,434	\$	31,999,719		\$	315.47		

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

COE: Region: Age:	Disabled Child at Home Central Ages 6 - 20	July 2006 - June 2007							July 2007 - June 2008						
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	3,233	610	282,397	2,264	462.95	87.35	3,438	328	301,323	1,145	918.67	87.64		
02	Outpatient Hospital Services	3,233	6,771	169,834	25,132	25.08	52.53	3,438	6,217	158,405	21,700	25.48	46.07		
03	Lab and Radiology Services	3,233	140	1,590	520	11.36	0.49	3,438	127	1,616	443	12.73	0.47		
05	Physician Services	3,233	7,281	98,172	27,025	13.48	30.37	3,438	7,562	99,382	26,394	13.14	28.91		
06	Home and Community Based Services	3,233	0	0	0	0.00	0.00	3,438	0	0	0	0.00	0.00		
07	Home Health Agency Services	3,233	201	1,104	746	5.49	0.34	3,438	23	1,047	80	45.53	0.30		
08	Swing Bed Skilled Care Services	3,233	0	0	0	0.00	0.00	3,438	0	0	0	0.00	0.00		
10	Periodic Screening Services (EPDST)	3,233	74	1,522	275	20.57	0.47	3,438	96	1,797	335	18.72	0.52		
11	Emergency/Non-Emergency Transportation	3,233	400	3,051	1,485	7.63	0.94	3,438	260	2,562	908	9.85	0.75		
12	Dental Services	3,233	0	0	0	0.00	0.00	3,438	0	0	0	0.00	0.00		
13	Eyeglass Services	3,233	0	0	0	0.00	0.00	3,438	0	0	0	0.00	0.00		
14	Family Planning Services	3,233	0	0	0	0.00	0.00	3,438	0	0	0	0.00	0.00		
15	Drug Services	3,233	4,942	1,923,346	18,343	389.18	594.91	3,438	5,431	2,124,793	18,956	391.23	618.03		
16	Dental Screening	3,233	407	12,719	1,511	31.25	3.93	3,438	769	30,340	2,684	39.45	8.82		
17	Eyeglass Screening	3,233	262	7,969	972	30.41	2.46	3,438	321	10,103	1,120	31.47	2.94		
18	Hearing Screening Services	3,233	2	28	7	14.22	0.01	3,438	8	275	28	34.40	0.08		
21	Swing Bed Intermediate Care Services	3,233	0	0	0	0.00	0.00	3,438	0	0	0	0.00	0.00		
22	Rural Health Clinic Services	3,233	127	5,180	471	40.79	1.60	3,438	86	4,520	300	52.56	1.31		
23	FQHC (Federally Qualified Health Center)	3,233	109	4,074	405	37.38	1.26	3,438	57	3,721	199	65.28	1.08		
24	DME (Durable Medical Equipment Services)	3,233	44,611	94,856	165,584	2.13	29.34	3,438	47,052	121,453	164,230	2.58	35.33		
25	Therapy Services, (outside the Home Health Program)	3,233	1,349	34,755	5,007	25.76	10.75	3,438	1,645	41,143	5,742	25.01	11.97		
27	Inpatient Psychiatric Hospital Services	3,233	0	0	0	0.00	0.00	3,438	0	0	0	0.00	0.00		
28	Nurse Services	3,233	622	2,741	2,309	4.41	0.85	3,438	1,924	14,413	6,716	7.49	4.19		
29	Ambulatory Surgical Centers	3,233	5	549	19	109.87	0.17	3,438	4	0	14	0.00	0.00		
31	Hospice Services	3,233	140	15,591	520	111.36	4.82	3,438	3	0	10	0.00	0.00		
32	Outpatient Psychiatric Hospital Services	3,233	0	0	0	0.00	0.00	3,438	0	0	0	0.00	0.00		
34	Family Planning Drug Services	3,233	61	2,756	226	45.17	0.85	3,438	37	1,910	129	51.62	0.56		
35	Freestanding Dialysis Services	3,233	0	0	0	0.00	0.00	3,438	0	0	0	0.00	0.00		
98	Unknown	3,233	0	0	0	0.00	0.00	3,438	0	0	0	0.00	0.00		
Total		3,233	\$	2,662,234		\$	823.46	3,438	\$	2,918,804		\$	848.98		

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

COE: Working Disabled		July 2006 - June 2007							July 2007 - June 2008						
Region: Central															
Age: Ages 6 - 20															
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	7	0	0	0	0.00	0.00	8	0	0	0	0.00	0.00		
02	Outpatient Hospital Services	7	25	626	42,857	25.04	89.43	8	0	0	0	0.00	0.00		
03	Lab and Radiology Services	7	5	168	8,571	33.63	24.02	8	0	0	0	0.00	0.00		
05	Physician Services	7	6	155	10,286	25.91	22.21	8	3	132	4,500	44.07	16.53		
06	Home and Community Based Services	7	0	0	0	0.00	0.00	8	0	0	0	0.00	0.00		
07	Home Health Agency Services	7	0	0	0	0.00	0.00	8	0	0	0	0.00	0.00		
08	Swing Bed Skilled Care Services	7	0	0	0	0.00	0.00	8	0	0	0	0.00	0.00		
10	Periodic Screening Services (EPDST)	7	0	0	0	0.00	0.00	8	0	0	0	0.00	0.00		
11	Emergency/Non-Emergency Transportation	7	1	178	1,714	177.74	25.39	8	0	0	0	0.00	0.00		
12	Dental Services	7	0	0	0	0.00	0.00	8	0	0	0	0.00	0.00		
13	Eyeglass Services	7	0	0	0	0.00	0.00	8	0	0	0	0.00	0.00		
14	Family Planning Services	7	0	0	0	0.00	0.00	8	0	0	0	0.00	0.00		
15	Drug Services	7	14	3,571	24,000	255.09	510.17	8	0	0	0	0.00	0.00		
16	Dental Screening	7	5	155	8,571	30.91	22.08	8	0	0	0	0.00	0.00		
17	Eyeglass Screening	7	4	66	6,857	16.43	9.39	8	0	0	0	0.00	0.00		
18	Hearing Screening Services	7	0	0	0	0.00	0.00	8	0	0	0	0.00	0.00		
21	Swing Bed Intermediate Care Services	7	0	0	0	0.00	0.00	8	0	0	0	0.00	0.00		
22	Rural Health Clinic Services	7	2	83	3,429	41.34	11.81	8	0	0	0	0.00	0.00		
23	FQHC (Federally Qualified Health Center)	7	0	0	0	0.00	0.00	8	0	0	0	0.00	0.00		
24	DME (Durable Medical Equipment Services)	7	0	0	0	0.00	0.00	8	0	0	0	0.00	0.00		
25	Therapy Services, (outside the Home Health Program)	7	0	0	0	0.00	0.00	8	0	0	0	0.00	0.00		
27	Inpatient Psychiatric Hospital Services	7	0	0	0	0.00	0.00	8	0	0	0	0.00	0.00		
28	Nurse Services	7	1	71	1,714	71.31	10.19	8	0	0	0	0.00	0.00		
29	Ambulatory Surgical Centers	7	0	0	0	0.00	0.00	8	0	0	0	0.00	0.00		
31	Hospice Services	7	0	0	0	0.00	0.00	8	0	0	0	0.00	0.00		
32	Outpatient Psychiatric Hospital Services	7	0	0	0	0.00	0.00	8	0	0	0	0.00	0.00		
34	Family Planning Drug Services	7	2	69	3,429	34.40	9.83	8	0	0	0	0.00	0.00		
35	Freestanding Dialysis Services	7	0	0	0	0.00	0.00	8	0	0	0	0.00	0.00		
98	Unknown	7	0	0	0	0.00	0.00	8	0	0	0	0.00	0.00		
Total		7	\$	5,142			\$ 734.51	8	\$	132			\$ 16.53		

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						
COE:	DHS Foster Care														
Region:	Central														
Age:	Ages 6 - 20														
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	4,193	300	257,653	859	858.84	61.45	4,158	533	423,256	1,538	794.10	101.79		
02	Outpatient Hospital Services	4,193	2,732	148,209	7,819	54.25	35.35	4,158	2,653	94,620	7,657	35.67	22.76		
03	Lab and Radiology Services	4,193	682	9,401	1,952	13.79	2.24	4,158	443	8,881	1,278	20.05	2.14		
05	Physician Services	4,193	3,371	94,841	9,648	28.13	22.62	4,158	2,913	95,297	8,407	32.71	22.92		
06	Home and Community Based Services	4,193	0	0	0	0.00	0.00	4,158	0	0	0	0.00	0.00		
07	Home Health Agency Services	4,193	0	0	0	0.00	0.00	4,158	0	0	0	0.00	0.00		
08	Swing Bed Skilled Care Services	4,193	0	0	0	0.00	0.00	4,158	0	0	0	0.00	0.00		
10	Periodic Screening Services (EPDST)	4,193	310	8,606	887	27.76	2.05	4,158	335	9,367	967	27.96	2.25		
11	Emergency/Non-Emergency Transportation	4,193	223	4,453	638	19.97	1.06	4,158	259	5,053	747	19.51	1.22		
12	Dental Services	4,193	0	0	0	0.00	0.00	4,158	0	0	0	0.00	0.00		
13	Eyeglass Services	4,193	0	0	0	0.00	0.00	4,158	0	0	0	0.00	0.00		
14	Family Planning Services	4,193	0	0	0	0.00	0.00	4,158	0	0	0	0.00	0.00		
15	Drug Services	4,193	3,002	283,381	8,591	94.40	67.58	4,158	2,862	271,867	8,260	94.99	65.38		
16	Dental Screening	4,193	1,779	65,904	5,091	37.05	15.72	4,158	1,926	72,060	5,558	37.41	17.33		
17	Eyeglass Screening	4,193	511	17,391	1,462	34.03	4.15	4,158	713	24,569	2,058	34.46	5.91		
18	Hearing Screening Services	4,193	2	51	6	25.35	0.01	4,158	14	882	40	63.03	0.21		
21	Swing Bed Intermediate Care Services	4,193	0	0	0	0.00	0.00	4,158	0	0	0	0.00	0.00		
22	Rural Health Clinic Services	4,193	277	21,196	793	76.52	5.06	4,158	345	20,350	996	58.99	4.89		
23	FQHC (Federally Qualified Health Center)	4,193	279	17,786	798	63.75	4.24	4,158	249	11,832	719	47.52	2.85		
24	DME (Durable Medical Equipment Services)	4,193	757	2,080	2,166	2.75	0.50	4,158	1	129	3	128.55	0.03		
25	Therapy Services, (outside the Home Health Program)	4,193	100	3,501	286	35.01	0.83	4,158	151	5,239	436	34.70	1.26		
27	Inpatient Psychiatric Hospital Services	4,193	0	0	0	0.00	0.00	4,158	0	0	0	0.00	0.00		
28	Nurse Services	4,193	602	10,373	1,723	17.23	2.47	4,158	611	8,868	1,763	14.51	2.13		
29	Ambulatory Surgical Centers	4,193	1	366	3	366.22	0.09	4,158	4	1,916	12	478.96	0.46		
31	Hospice Services	4,193	0	0	0	0.00	0.00	4,158	0	0	0	0.00	0.00		
32	Outpatient Psychiatric Hospital Services	4,193	0	0	0	0.00	0.00	4,158	0	0	0	0.00	0.00		
34	Family Planning Drug Services	4,193	129	6,854	369	53.13	1.63	4,158	142	7,656	410	53.91	1.84		
35	Freestanding Dialysis Services	4,193	0	0	0	0.00	0.00	4,158	0	0	0	0.00	0.00		
98	Unknown	4,193	0	0	0	0.00	0.00	4,158	0	0	0	0.00	0.00		
Total		4,193	\$	952,045		\$	227.06	4,158	\$	1,061,842		\$	255.37		

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

COE: Breast - Cervical		July 2006 - June 2007							July 2007 - June 2008						
Region: Central															
Age: Ages 6 - 20															
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	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
02	Outpatient Hospital Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
03	Lab and Radiology Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
05	Physician Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
06	Home and Community Based Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
07	Home Health Agency Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
08	Swing Bed Skilled Care Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
10	Periodic Screening Services (EPDST)	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
11	Emergency/Non-Emergency Transportation	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
12	Dental Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
13	Eyeglass Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
14	Family Planning Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
15	Drug Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
16	Dental Screening	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
17	Eyeglass Screening	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
18	Hearing Screening Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
21	Swing Bed Intermediate Care Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
22	Rural Health Clinic Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
23	FQHC (Federally Qualified Health Center)	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
24	DME (Durable Medical Equipment Services)	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
25	Therapy Services, (outside the Home Health Program)	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
27	Inpatient Psychiatric Hospital Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
28	Nurse Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
29	Ambulatory Surgical Centers	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
31	Hospice Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
32	Outpatient Psychiatric Hospital Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
34	Family Planning Drug Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
35	Freestanding Dialysis Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
98	Unknown	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
Total		NO MEMBERS		\$ -			\$ -	NO MEMBERS		\$ -			\$ -		

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

COE: Region: Age:	SSI Central Ages 21 +	July 2006 - June 2007							July 2007 - June 2008						
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	203,534	37,544	42,226,033	2,214	1,124.71	207.46	206,102	37,013	42,746,190	2,155	1,154.90	207.40		
02	Outpatient Hospital Services	203,534	512,856	21,693,602	30,237	42.30	106.58	206,102	564,667	21,832,102	32,877	38.66	105.93		
03	Lab and Radiology Services	203,534	43,827	768,302	2,584	17.53	3.77	206,102	44,025	822,518	2,563	18.68	3.99		
05	Physician Services	203,534	626,779	14,166,094	36,954	22.60	69.60	206,102	570,446	14,421,105	33,213	25.28	69.97		
06	Home and Community Based Services	203,534	86	483	5	5.62	0.00	206,102	179	1,716	10	9.58	0.01		
07	Home Health Agency Services	203,534	30,677	557,464	1,809	18.17	2.74	206,102	38,519	598,516	2,243	15.54	2.90		
08	Swing Bed Skilled Care Services	203,534	13	1,852	1	142.49	0.01	206,102	26	3,978	2	153.01	0.02		
10	Periodic Screening Services (EPDST)	203,534	207	7,506	12	36.26	0.04	206,102	240	5,048	14	21.04	0.02		
11	Emergency/Non-Emergency Transportation	203,534	29,932	1,308,163	1,765	43.70	6.43	206,102	30,734	1,410,780	1,789	45.90	6.85		
12	Dental Services	203,534	13,426	519,596	792	38.70	2.55	206,102	14,452	690,489	841	47.78	3.35		
13	Eyeglass Services	203,534	16,037	609,991	946	38.04	3.00	206,102	15,699	629,398	914	40.09	3.05		
14	Family Planning Services	203,534	0	0	0	0.00	0.00	206,102	0	0	0	0.00	0.00		
15	Drug Services	203,534	381,104	33,821,293	22,469	88.75	166.17	206,102	397,833	38,773,144	23,163	97.46	188.13		
16	Dental Screening	203,534	45	2,207	3	49.04	0.01	206,102	58	2,397	3	41.33	0.01		
17	Eyeglass Screening	203,534	14	483	1	34.52	0.00	206,102	6	198	0	33.02	0.00		
18	Hearing Screening Services	203,534	12	273	1	22.78	0.00	206,102	29	808	2	27.87	0.00		
21	Swing Bed Intermediate Care Services	203,534	176	25,078	10	142.49	0.12	206,102	191	29,225	11	153.01	0.14		
22	Rural Health Clinic Services	203,534	28,020	1,321,990	1,652	47.18	6.50	206,102	28,890	1,338,754	1,682	46.34	6.50		
23	FQHC (Federally Qualified Health Center)	203,534	15,132	1,104,526	892	72.99	5.43	206,102	14,072	986,247	819	70.09	4.79		
24	DME (Durable Medical Equipment Services)	203,534	67,208	1,736,526	3,962	25.84	8.53	206,102	83,850	1,989,062	4,882	23.72	9.65		
25	Therapy Services, (outside the Home Health Program)	203,534	1,505	32,634	89	21.68	0.16	206,102	114	2,211	7	19.40	0.01		
27	Inpatient Psychiatric Hospital Services	203,534	0	0	0	0.00	0.00	206,102	0	0	0	0.00	0.00		
28	Nurse Services	203,534	131,538	609,291	7,755	4.63	2.99	206,102	162,414	648,857	9,456	4.00	3.15		
29	Ambulatory Surgical Centers	203,534	1,386	431,778	82	311.53	2.12	206,102	1,384	440,862	81	318.54	2.14		
31	Hospice Services	203,534	27,880	3,779,200	1,644	135.55	18.57	206,102	30,221	4,047,222	1,760	133.92	19.64		
32	Outpatient Psychiatric Hospital Services	203,534	0	0	0	0.00	0.00	206,102	0	0	0	0.00	0.00		
34	Family Planning Drug Services	203,534	2,556	97,007	151	37.95	0.48	206,102	2,430	97,767	141	40.23	0.47		
35	Freestanding Dialysis Services	203,534	583,147	2,709,728	34,381	4.65	13.31	206,102	970,263	3,160,869	56,492	3.26	15.34		
98	Unknown	203,534	2	275	0	137.66	0.00	206,102	0	42	0	0.00	0.00		
Total		203,534		\$ 127,531,377		\$	626.59	206,102		\$ 134,679,506		\$	653.46		

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

COE: Disabled Child at Home		July 2006 - June 2007							July 2007 - June 2008						
Region: Central															
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	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
02	Outpatient Hospital Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
03	Lab and Radiology Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
05	Physician Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
06	Home and Community Based Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
07	Home Health Agency Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
08	Swing Bed Skilled Care Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
10	Periodic Screening Services (EPDST)	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
11	Emergency/Non-Emergency Transportation	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
12	Dental Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
13	Eyeglass Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
14	Family Planning Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
15	Drug Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
16	Dental Screening	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
17	Eyeglass Screening	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
18	Hearing Screening Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
21	Swing Bed Intermediate Care Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
22	Rural Health Clinic Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
23	FQHC (Federally Qualified Health Center)	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
24	DME (Durable Medical Equipment Services)	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
25	Therapy Services, (outside the Home Health Program)	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
27	Inpatient Psychiatric Hospital Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
28	Nurse Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
29	Ambulatory Surgical Centers	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
31	Hospice Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
32	Outpatient Psychiatric Hospital Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
34	Family Planning Drug Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
35	Freestanding Dialysis Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
98	Unknown	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
Total		NO MEMBERS		\$ -			\$ -	NO MEMBERS		\$ -			\$ -		

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

COE: Region: Age:	Working Disabled Central Ages 21 +	July 2006 - June 2007							July 2007 - June 2008						
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	857	70	88,809	980	1,268.71	103.63	788	87	101,557	1,325	1,167.32	128.88		
02	Outpatient Hospital Services	857	2,924	179,506	40,943	61.39	209.46	788	2,414	147,778	36,761	61.22	187.54		
03	Lab and Radiology Services	857	185	3,209	2,590	17.35	3.74	788	90	2,125	1,371	23.61	2.70		
05	Physician Services	857	5,057	71,657	70,810	14.17	83.61	788	2,444	42,277	37,218	17.30	53.65		
06	Home and Community Based Services	857	0	0	0	0.00	0.00	788	0	0	0	0.00	0.00		
07	Home Health Agency Services	857	10	911	140	91.07	1.06	788	0	0	0	0.00	0.00		
08	Swing Bed Skilled Care Services	857	0	0	0	0.00	0.00	788	0	0	0	0.00	0.00		
10	Periodic Screening Services (EPDST)	857	0	0	0	0.00	0.00	788	0	0	0	0.00	0.00		
11	Emergency/Non-Emergency Transportation	857	70	981	980	14.02	1.14	788	8	1,197	122	149.67	1.52		
12	Dental Services	857	38	1,247	532	32.83	1.46	788	37	1,274	563	34.42	1.62		
13	Eyeglass Services	857	72	2,883	1,008	40.04	3.36	788	65	2,451	990	37.71	3.11		
14	Family Planning Services	857	0	0	0	0.00	0.00	788	0	0	0	0.00	0.00		
15	Drug Services	857	1,561	139,582	21,858	89.42	162.87	788	1,617	122,910	24,624	76.01	155.98		
16	Dental Screening	857	0	0	0	0.00	0.00	788	0	0	0	0.00	0.00		
17	Eyeglass Screening	857	0	0	0	0.00	0.00	788	0	0	0	0.00	0.00		
18	Hearing Screening Services	857	0	0	0	0.00	0.00	788	0	0	0	0.00	0.00		
21	Swing Bed Intermediate Care Services	857	0	0	0	0.00	0.00	788	0	0	0	0.00	0.00		
22	Rural Health Clinic Services	857	41	2,457	574	59.94	2.87	788	64	3,430	975	53.60	4.35		
23	FQHC (Federally Qualified Health Center)	857	82	7,737	1,148	94.36	9.03	788	58	4,146	883	71.49	5.26		
24	DME (Durable Medical Equipment Services)	857	779	6,978	10,908	8.96	8.14	788	126	5,228	1,919	41.49	6.63		
25	Therapy Services, (outside the Home Health Program)	857	0	0	0	0.00	0.00	788	0	0	0	0.00	0.00		
27	Inpatient Psychiatric Hospital Services	857	0	0	0	0.00	0.00	788	0	0	0	0.00	0.00		
28	Nurse Services	857	408	2,016	5,713	4.94	2.35	788	242	2,353	3,685	9.72	2.99		
29	Ambulatory Surgical Centers	857	4	1,844	56	460.97	2.15	788	4	1,585	61	396.16	2.01		
31	Hospice Services	857	0	0	0	0.00	0.00	788	5	2,779	76	555.70	3.53		
32	Outpatient Psychiatric Hospital Services	857	0	0	0	0.00	0.00	788	0	0	0	0.00	0.00		
34	Family Planning Drug Services	857	8	325	112	40.68	0.38	788	12	385	183	32.06	0.49		
35	Freestanding Dialysis Services	857	0	0	0	0.00	0.00	788	1,187	3,118	18,076	2.63	3.96		
98	Unknown	857	0	0	0	0.00	0.00	788	0	0	0	0.00	0.00		
Total		857	\$	510,145		\$	595.27	788	\$	444,592		\$	564.20		

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					
COE:	DHS Foster Care												
Region:	Central												
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	53	1	1,278	226	1,278.28	24.12	19	0	0	0	0.00	0.00
02	Outpatient Hospital Services	53	121	866	27,396	7.16	16.34	19	9	330	5,684	36.67	17.37
03	Lab and Radiology Services	53	0	0	0	0.00	0.00	19	0	0	0	0.00	0.00
05	Physician Services	53	25	836	5,660	33.44	15.77	19	3	41	1,895	13.70	2.16
06	Home and Community Based Services	53	0	0	0	0.00	0.00	19	0	0	0	0.00	0.00
07	Home Health Agency Services	53	0	0	0	0.00	0.00	19	0	0	0	0.00	0.00
08	Swing Bed Skilled Care Services	53	0	0	0	0.00	0.00	19	0	0	0	0.00	0.00
10	Periodic Screening Services (EPDST)	53	0	0	0	0.00	0.00	19	0	0	0	0.00	0.00
11	Emergency/Non-Emergency Transportation	53	1	178	226	177.74	3.35	19	0	0	0	0.00	0.00
12	Dental Services	53	0	0	0	0.00	0.00	19	0	0	0	0.00	0.00
13	Eyeglass Services	53	0	0	0	0.00	0.00	19	0	0	0	0.00	0.00
14	Family Planning Services	53	0	0	0	0.00	0.00	19	0	0	0	0.00	0.00
15	Drug Services	53	15	849	3,396	56.59	16.02	19	1	43	632	42.57	2.24
16	Dental Screening	53	0	0	0	0.00	0.00	19	0	0	0	0.00	0.00
17	Eyeglass Screening	53	0	0	0	0.00	0.00	19	0	0	0	0.00	0.00
18	Hearing Screening Services	53	0	0	0	0.00	0.00	19	0	0	0	0.00	0.00
21	Swing Bed Intermediate Care Services	53	0	0	0	0.00	0.00	19	0	0	0	0.00	0.00
22	Rural Health Clinic Services	53	0	0	0	0.00	0.00	19	0	0	0	0.00	0.00
23	FQHC (Federally Qualified Health Center)	53	0	0	0	0.00	0.00	19	0	0	0	0.00	0.00
24	DME (Durable Medical Equipment Services)	53	0	0	0	0.00	0.00	19	0	0	0	0.00	0.00
25	Therapy Services, (outside the Home Health Program)	53	0	0	0	0.00	0.00	19	0	0	0	0.00	0.00
27	Inpatient Psychiatric Hospital Services	53	0	0	0	0.00	0.00	19	0	0	0	0.00	0.00
28	Nurse Services	53	4	5	906	1.17	0.09	19	0	0	0	0.00	0.00
29	Ambulatory Surgical Centers	53	0	0	0	0.00	0.00	19	0	0	0	0.00	0.00
31	Hospice Services	53	0	0	0	0.00	0.00	19	0	0	0	0.00	0.00
32	Outpatient Psychiatric Hospital Services	53	0	0	0	0.00	0.00	19	0	0	0	0.00	0.00
34	Family Planning Drug Services	53	0	0	0	0.00	0.00	19	0	0	0	0.00	0.00
35	Freestanding Dialysis Services	53	0	0	0	0.00	0.00	19	0	0	0	0.00	0.00
98	Unknown	53	0	0	0	0.00	0.00	19	0	0	0	0.00	0.00
Total		53		\$ 4,011			\$ 75.69	19		\$ 414			\$ 21.77

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					
COE:	Breast - Cervical												
Region:	Central												
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	374	42	46,900	1,348	1,116.67	125.40	441	97	122,168	2,639	1,259.46	277.02
02	Outpatient Hospital Services	374	5,276	440,815	169,283	83.55	1178.65	441	4,245	481,760	115,510	113.49	1092.43
03	Lab and Radiology Services	374	96	5,199	3,080	54.15	13.90	441	254	9,339	6,912	36.77	21.18
05	Physician Services	374	15,950	168,768	511,765	10.58	451.25	441	15,991	238,510	435,129	14.92	540.84
06	Home and Community Based Services	374	0	0	0	0.00	0.00	441	0	0	0	0.00	0.00
07	Home Health Agency Services	374	1	116	32	115.90	0.31	441	46	1,043	1,252	22.67	2.36
08	Swing Bed Skilled Care Services	374	0	0	0	0.00	0.00	441	0	0	0	0.00	0.00
10	Periodic Screening Services (EPDST)	374	0	0	0	0.00	0.00	441	0	0	0	0.00	0.00
11	Emergency/Non-Emergency Transportation	374	1	211	32	211.06	0.56	441	105	1,232	2,857	11.73	2.79
12	Dental Services	374	38	1,878	1,219	49.41	5.02	441	33	1,744	898	52.84	3.95
13	Eyeglass Services	374	38	998	1,219	26.26	2.67	441	74	3,007	2,014	40.64	6.82
14	Family Planning Services	374	0	0	0	0.00	0.00	441	0	0	0	0.00	0.00
15	Drug Services	374	703	45,299	22,556	64.44	121.12	441	798	100,818	21,714	126.34	228.61
16	Dental Screening	374	0	0	0	0.00	0.00	441	0	0	0	0.00	0.00
17	Eyeglass Screening	374	0	0	0	0.00	0.00	441	0	0	0	0.00	0.00
18	Hearing Screening Services	374	0	0	0	0.00	0.00	441	0	0	0	0.00	0.00
21	Swing Bed Intermediate Care Services	374	0	0	0	0.00	0.00	441	0	0	0	0.00	0.00
22	Rural Health Clinic Services	374	5	219	160	43.72	0.58	441	18	650	490	36.12	1.47
23	FQHC (Federally Qualified Health Center)	374	79	7,596	2,535	96.16	20.31	441	72	6,889	1,959	95.68	15.62
24	DME (Durable Medical Equipment Services)	374	8	193	257	24.07	0.51	441	29	902	789	31.09	2.04
25	Therapy Services, (outside the Home Health Program)	374	0	0	0	0.00	0.00	441	0	0	0	0.00	0.00
27	Inpatient Psychiatric Hospital Services	374	0	0	0	0.00	0.00	441	0	0	0	0.00	0.00
28	Nurse Services	374	2,122	3,045	68,086	1.43	8.14	441	3,388	4,448	92,190	1.31	10.09
29	Ambulatory Surgical Centers	374	5	1,577	160	315.38	4.22	441	16	5,192	435	324.48	11.77
31	Hospice Services	374	0	0	0	0.00	0.00	441	7	801	190	114.41	1.82
32	Outpatient Psychiatric Hospital Services	374	0	0	0	0.00	0.00	441	0	0	0	0.00	0.00
34	Family Planning Drug Services	374	5	196	160	39.22	0.52	441	1	30	27	29.88	0.07
35	Freestanding Dialysis Services	374	0	0	0	0.00	0.00	441	0	0	0	0.00	0.00
98	Unknown	374	0	0	0	0.00	0.00	441	0	0	0	0.00	0.00
Total		374		\$ 723,009			\$ 1,933.18	441		\$ 978,530			\$ 2,218.89

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

COE: Region: Age:	SSI South All Ages	July 2006 - June 2007							July 2007 - June 2008						
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	246,238	39,695	47,658,059	1,934	1,200.61	193.54	249,969	39,386	48,857,894	1,891	1,240.49	195.46		
02	Outpatient Hospital Services	246,238	632,943	23,770,614	30,845	37.56	96.54	249,969	667,461	23,377,625	32,042	35.02	93.52		
03	Lab and Radiology Services	246,238	46,552	748,098	2,269	16.07	3.04	249,969	47,183	789,578	2,265	16.73	3.16		
05	Physician Services	246,238	607,379	16,478,606	29,600	27.13	66.92	249,969	593,819	16,699,461	28,507	28.12	66.81		
06	Home and Community Based Services	246,238	118	1,097	6	9.30	0.00	249,969	0	0	0	0.00	0.00		
07	Home Health Agency Services	246,238	21,651	737,650	1,055	34.07	3.00	249,969	20,691	690,059	993	33.35	2.76		
08	Swing Bed Skilled Care Services	246,238	51	7,267	2	142.49	0.03	249,969	21	3,213	1	153.01	0.01		
10	Periodic Screening Services (EPDST)	246,238	5,692	299,661	277	52.65	1.22	249,969	7,112	331,698	341	46.64	1.33		
11	Emergency/Non-Emergency Transportation	246,238	36,594	1,078,880	1,783	29.48	4.38	249,969	40,471	1,277,953	1,943	31.58	5.11		
12	Dental Services	246,238	9,843	412,655	480	41.92	1.68	249,969	10,280	533,995	494	51.95	2.14		
13	Eyeglass Services	246,238	10,098	364,723	492	36.12	1.48	249,969	10,644	395,081	511	37.12	1.58		
14	Family Planning Services	246,238	0	0	0	0.00	0.00	249,969	0	0	0	0.00	0.00		
15	Drug Services	246,238	413,856	39,599,288	20,169	95.68	160.82	249,969	430,743	45,310,196	20,678	105.19	181.26		
16	Dental Screening	246,238	18,311	733,972	892	40.08	2.98	249,969	22,849	966,599	1,097	42.30	3.87		
17	Eyeglass Screening	246,238	8,151	253,502	397	31.10	1.03	249,969	8,345	264,034	401	31.64	1.06		
18	Hearing Screening Services	246,238	417	33,156	20	79.51	0.13	249,969	785	50,130	38	63.86	0.20		
21	Swing Bed Intermediate Care Services	246,238	34	4,845	2	142.49	0.02	249,969	169	25,859	8	153.01	0.10		
22	Rural Health Clinic Services	246,238	35,188	1,924,195	1,715	54.68	7.81	249,969	34,576	1,888,339	1,660	54.61	7.55		
23	FQHC (Federally Qualified Health Center)	246,238	16,740	1,188,943	816	71.02	4.83	249,969	19,920	1,271,269	956	63.82	5.09		
24	DME (Durable Medical Equipment Services)	246,238	312,555	2,853,589	15,232	9.13	11.59	249,969	393,084	3,388,649	18,870	8.62	13.56		
25	Therapy Services, (outside the Home Health Program)	246,238	14,422	437,205	703	30.32	1.78	249,969	15,182	463,879	729	30.55	1.86		
27	Inpatient Psychiatric Hospital Services	246,238	0	0	0	0.00	0.00	249,969	0	0	0	0.00	0.00		
28	Nurse Services	246,238	225,785	969,429	11,003	4.29	3.94	249,969	230,266	1,089,747	11,054	4.73	4.36		
29	Ambulatory Surgical Centers	246,238	1,845	620,958	90	336.56	2.52	249,969	1,716	568,096	82	331.06	2.27		
31	Hospice Services	246,238	19,354	2,281,011	943	117.86	9.26	249,969	17,780	2,148,598	854	120.84	8.60		
32	Outpatient Psychiatric Hospital Services	246,238	0	0	0	0.00	0.00	249,969	0	0	0	0.00	0.00		
34	Family Planning Drug Services	246,238	3,012	117,898	147	39.14	0.48	249,969	2,938	118,238	141	40.24	0.47		
35	Freestanding Dialysis Services	246,238	342,427	1,644,478	16,688	4.80	6.68	249,969	449,178	1,614,403	21,563	3.59	6.46		
98	Unknown	246,238	1	98	0	98.20	0.00	249,969	0	30	0	0.00	0.00		
Total		246,238	\$	144,219,876		\$	585.69	249,969	\$	152,124,621		\$	608.57		

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

COE: Region: Age:		July 2006 - June 2007							July 2007 - June 2008						
		Disabled Child at Home													
		South													
		All Ages													
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	4,084	843	878,743	2,477	1,042.40	215.17	4,543	587	615,603	1,551	1,048.73	135.51		
02	Outpatient Hospital Services	4,084	13,157	307,338	38,659	23.36	75.25	4,543	11,023	567,126	29,116	51.45	124.84		
03	Lab and Radiology Services	4,084	187	2,458	549	13.15	0.60	4,543	257	2,808	679	10.93	0.62		
05	Physician Services	4,084	9,862	174,893	28,977	17.73	42.82	4,543	11,528	201,026	30,450	17.44	44.25		
06	Home and Community Based Services	4,084	0	0	0	0.00	0.00	4,543	0	0	0	0.00	0.00		
07	Home Health Agency Services	4,084	468	20,996	1,375	44.86	5.14	4,543	410	19,331	1,083	47.15	4.26		
08	Swing Bed Skilled Care Services	4,084	0	0	0	0.00	0.00	4,543	0	0	0	0.00	0.00		
10	Periodic Screening Services (EPDST)	4,084	334	34,710	981	103.92	8.50	4,543	466	50,736	1,231	108.87	11.17		
11	Emergency/Non-Emergency Transportation	4,084	437	4,293	1,284	9.82	1.05	4,543	626	5,896	1,654	9.42	1.30		
12	Dental Services	4,084	0	0	0	0.00	0.00	4,543	0	0	0	0.00	0.00		
13	Eyeglass Services	4,084	0	0	0	0.00	0.00	4,543	0	0	0	0.00	0.00		
14	Family Planning Services	4,084	0	0	0	0.00	0.00	4,543	0	0	0	0.00	0.00		
15	Drug Services	4,084	6,529	1,108,464	19,184	169.78	271.42	4,543	7,631	1,688,670	20,157	221.29	371.71		
16	Dental Screening	4,084	505	18,216	1,484	36.07	4.46	4,543	784	34,945	2,071	44.57	7.69		
17	Eyeglass Screening	4,084	268	8,489	787	31.67	2.08	4,543	333	9,826	880	29.51	2.16		
18	Hearing Screening Services	4,084	12	1,547	35	128.96	0.38	4,543	46	4,598	122	99.95	1.01		
21	Swing Bed Intermediate Care Services	4,084	0	0	0	0.00	0.00	4,543	0	0	0	0.00	0.00		
22	Rural Health Clinic Services	4,084	258	11,807	758	45.76	2.89	4,543	391	15,267	1,033	39.04	3.36		
23	FQHC (Federally Qualified Health Center)	4,084	43	2,807	126	65.27	0.69	4,543	42	2,978	111	70.90	0.66		
24	DME (Durable Medical Equipment Services)	4,084	54,256	181,335	159,420	3.34	44.40	4,543	59,836	206,356	158,052	3.45	45.42		
25	Therapy Services, (outside the Home Health Program)	4,084	2,860	69,940	8,404	24.45	17.13	4,543	3,318	91,033	8,764	27.44	20.04		
27	Inpatient Psychiatric Hospital Services	4,084	0	0	0	0.00	0.00	4,543	0	0	0	0.00	0.00		
28	Nurse Services	4,084	3,217	44,349	9,452	13.79	10.86	4,543	7,215	125,284	19,058	17.36	27.58		
29	Ambulatory Surgical Centers	4,084	23	5,593	68	243.18	1.37	4,543	15	3,157	40	210.49	0.69		
31	Hospice Services	4,084	0	0	0	0.00	0.00	4,543	0	0	0	0.00	0.00		
32	Outpatient Psychiatric Hospital Services	4,084	0	0	0	0.00	0.00	4,543	0	0	0	0.00	0.00		
34	Family Planning Drug Services	4,084	46	2,583	135	56.16	0.63	4,543	65	3,307	172	50.87	0.73		
35	Freestanding Dialysis Services	4,084	257	33,573	755	130.63	8.22	4,543	0	0	0	0.00	0.00		
98	Unknown	4,084	0	0	0	0.00	0.00	4,543	0	0	0	0.00	0.00		
Total		4,084	\$	2,912,135		\$	713.06	4,543	\$	3,647,946		\$	802.98		

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					
COE:	Working Disabled												
Region:	South												
Age:	All Ages												
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	1,455	287	308,074	2,367	1,073.43	211.73	1,401	160	165,902	1,370	1,036.89	118.42
02	Outpatient Hospital Services	1,455	5,531	238,242	45,616	43.07	163.74	1,401	7,014	200,716	60,077	28.62	143.27
03	Lab and Radiology Services	1,455	425	5,883	3,505	13.84	4.04	1,401	378	5,870	3,238	15.53	4.19
05	Physician Services	1,455	4,945	176,853	40,784	35.76	121.55	1,401	2,751	115,487	23,563	41.98	82.43
06	Home and Community Based Services	1,455	0	0	0	0.00	0.00	1,401	0	0	0	0.00	0.00
07	Home Health Agency Services	1,455	80	2,253	660	28.16	1.55	1,401	3	398	26	132.81	0.28
08	Swing Bed Skilled Care Services	1,455	0	0	0	0.00	0.00	1,401	0	0	0	0.00	0.00
10	Periodic Screening Services (EPDST)	1,455	1	79	8	79.23	0.05	1,401	0	0	0	0.00	0.00
11	Emergency/Non-Emergency Transportation	1,455	234	7,562	1,930	32.32	5.20	1,401	42	2,581	360	61.44	1.84
12	Dental Services	1,455	42	1,958	346	46.63	1.35	1,401	74	4,065	634	54.93	2.90
13	Eyeglass Services	1,455	122	4,065	1,006	33.32	2.79	1,401	115	4,065	985	35.34	2.90
14	Family Planning Services	1,455	0	0	0	0.00	0.00	1,401	0	0	0	0.00	0.00
15	Drug Services	1,455	3,837	497,405	31,645	129.63	341.86	1,401	3,615	276,006	30,964	76.35	197.01
16	Dental Screening	1,455	0	0	0	0.00	0.00	1,401	0	0	0	0.00	0.00
17	Eyeglass Screening	1,455	0	0	0	0.00	0.00	1,401	2	125	17	62.51	0.09
18	Hearing Screening Services	1,455	3	62	25	20.66	0.04	1,401	0	0	0	0.00	0.00
21	Swing Bed Intermediate Care Services	1,455	0	0	0	0.00	0.00	1,401	0	0	0	0.00	0.00
22	Rural Health Clinic Services	1,455	274	12,590	2,260	45.95	8.65	1,401	252	10,388	2,158	41.22	7.41
23	FQHC (Federally Qualified Health Center)	1,455	88	6,524	726	74.14	4.48	1,401	119	8,291	1,019	69.67	5.92
24	DME (Durable Medical Equipment Services)	1,455	434	14,300	3,579	32.95	9.83	1,401	284	8,039	2,433	28.31	5.74
25	Therapy Services, (outside the Home Health Program)	1,455	0	0	0	0.00	0.00	1,401	0	0	0	0.00	0.00
27	Inpatient Psychiatric Hospital Services	1,455	0	0	0	0.00	0.00	1,401	0	0	0	0.00	0.00
28	Nurse Services	1,455	2,982	6,839	24,594	2.29	4.70	1,401	1,045	8,384	8,951	8.02	5.98
29	Ambulatory Surgical Centers	1,455	31	6,641	256	214.23	4.56	1,401	28	7,954	240	284.06	5.68
31	Hospice Services	1,455	20	3,080	165	154.00	2.12	1,401	0	0	0	0.00	0.00
32	Outpatient Psychiatric Hospital Services	1,455	0	0	0	0.00	0.00	1,401	0	0	0	0.00	0.00
34	Family Planning Drug Services	1,455	6	252	49	41.98	0.17	1,401	6	290	51	48.32	0.21
35	Freestanding Dialysis Services	1,455	0	0	0	0.00	0.00	1,401	0	0	0	0.00	0.00
98	Unknown	1,455	0	0	0	0.00	0.00	1,401	0	0	0	0.00	0.00
Total		1,455	\$	1,292,662		\$	888.43	1,401	\$	818,559		\$	584.27

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					
COE:	DHS Foster Care												
Region:	South												
Age:	All Ages												
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	8,570	1,071	1,231,492	1,500	1,149.85	143.70	8,951	644	787,790	863	1,223.28	88.01
02	Outpatient Hospital Services	8,570	4,259	138,516	5,964	32.52	16.16	8,951	4,577	174,189	6,136	38.06	19.46
03	Lab and Radiology Services	8,570	645	14,000	903	21.71	1.63	8,951	696	13,946	933	20.04	1.56
05	Physician Services	8,570	6,208	214,207	8,693	34.50	24.99	8,951	6,785	197,873	9,096	29.16	22.11
06	Home and Community Based Services	8,570	0	0	0	0.00	0.00	8,951	0	0	0	0.00	0.00
07	Home Health Agency Services	8,570	14	1,936	20	138.29	0.23	8,951	16	1,826	21	114.12	0.20
08	Swing Bed Skilled Care Services	8,570	0	0	0	0.00	0.00	8,951	0	0	0	0.00	0.00
10	Periodic Screening Services (EPDST)	8,570	570	19,874	798	34.87	2.32	8,951	825	27,376	1,106	33.18	3.06
11	Emergency/Non-Emergency Transportation	8,570	457	11,548	640	25.27	1.35	8,951	547	6,666	733	12.19	0.74
12	Dental Services	8,570	0	0	0	0.00	0.00	8,951	0	0	0	0.00	0.00
13	Eyeglass Services	8,570	0	0	0	0.00	0.00	8,951	0	0	0	0.00	0.00
14	Family Planning Services	8,570	0	0	0	0.00	0.00	8,951	0	0	0	0.00	0.00
15	Drug Services	8,570	5,295	430,416	7,414	81.29	50.22	8,951	6,301	596,818	8,447	94.72	66.68
16	Dental Screening	8,570	2,999	109,954	4,199	36.66	12.83	8,951	3,882	157,500	5,204	40.57	17.60
17	Eyeglass Screening	8,570	865	29,120	1,211	33.66	3.40	8,951	1,100	36,549	1,475	33.23	4.08
18	Hearing Screening Services	8,570	5	142	7	28.49	0.02	8,951	15	352	20	23.46	0.04
21	Swing Bed Intermediate Care Services	8,570	0	0	0	0.00	0.00	8,951	0	0	0	0.00	0.00
22	Rural Health Clinic Services	8,570	688	41,163	963	59.83	4.80	8,951	868	53,822	1,164	62.01	6.01
23	FQHC (Federally Qualified Health Center)	8,570	511	32,746	716	64.08	3.82	8,951	463	26,990	621	58.29	3.02
24	DME (Durable Medical Equipment Services)	8,570	2,039	4,912	2,855	2.41	0.57	8,951	126	7,846	169	62.27	0.88
25	Therapy Services, (outside the Home Health Program)	8,570	408	12,263	571	30.06	1.43	8,951	549	16,550	736	30.15	1.85
27	Inpatient Psychiatric Hospital Services	8,570	0	0	0	0.00	0.00	8,951	0	0	0	0.00	0.00
28	Nurse Services	8,570	2,127	14,395	2,978	6.77	1.68	8,951	2,498	15,093	3,349	6.04	1.69
29	Ambulatory Surgical Centers	8,570	18	5,861	25	325.59	0.68	8,951	30	12,690	40	423.00	1.42
31	Hospice Services	8,570	0	0	0	0.00	0.00	8,951	0	0	0	0.00	0.00
32	Outpatient Psychiatric Hospital Services	8,570	0	0	0	0.00	0.00	8,951	0	0	0	0.00	0.00
34	Family Planning Drug Services	8,570	231	9,413	323	40.75	1.10	8,951	196	7,951	263	40.57	0.89
35	Freestanding Dialysis Services	8,570	0	0	0	0.00	0.00	8,951	0	0	0	0.00	0.00
98	Unknown	8,570	0	0	0	0.00	0.00	8,951	0	0	0	0.00	0.00
Total		8,570	\$	2,321,957		\$	270.94	8,951	\$	2,141,826		\$	239.28

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					
COE:	Breast - Cervical												
Region:	South												
Age:	All Ages												
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	672	142	181,534	2,536	1,278.41	270.14	757	140	176,519	2,219	1,260.85	233.18
02	Outpatient Hospital Services	672	8,766	614,546	156,536	70.11	914.50	757	10,460	633,855	165,812	60.60	837.33
03	Lab and Radiology Services	672	284	6,641	5,071	23.38	9.88	757	308	6,741	4,882	21.89	8.91
05	Physician Services	672	19,367	375,817	345,839	19.41	559.25	757	11,981	440,606	189,923	36.78	582.04
06	Home and Community Based Services	672	0	0	0	0.00	0.00	757	0	0	0	0.00	0.00
07	Home Health Agency Services	672	4	277	71	69.15	0.41	757	46	1,805	729	39.23	2.38
08	Swing Bed Skilled Care Services	672	0	0	0	0.00	0.00	757	0	0	0	0.00	0.00
10	Periodic Screening Services (EPDST)	672	1	124	18	124.11	0.18	757	0	0	0	0.00	0.00
11	Emergency/Non-Emergency Transportation	672	111	2,268	1,982	20.43	3.38	757	94	1,718	1,490	18.27	2.27
12	Dental Services	672	54	2,162	964	40.04	3.22	757	104	6,513	1,649	62.63	8.60
13	Eyeglass Services	672	89	3,197	1,589	35.93	4.76	757	82	2,772	1,300	33.80	3.66
14	Family Planning Services	672	0	0	0	0.00	0.00	757	0	0	0	0.00	0.00
15	Drug Services	672	1,263	99,309	22,554	78.63	147.78	757	1,509	140,736	23,921	93.26	185.91
16	Dental Screening	672	0	0	0	0.00	0.00	757	0	0	0	0.00	0.00
17	Eyeglass Screening	672	0	0	0	0.00	0.00	757	0	0	0	0.00	0.00
18	Hearing Screening Services	672	0	0	0	0.00	0.00	757	0	0	0	0.00	0.00
21	Swing Bed Intermediate Care Services	672	0	0	0	0.00	0.00	757	0	0	0	0.00	0.00
22	Rural Health Clinic Services	672	39	2,682	696	68.77	3.99	757	39	2,455	618	62.95	3.24
23	FQHC (Federally Qualified Health Center)	672	147	12,458	2,625	84.75	18.54	757	128	8,651	2,029	67.59	11.43
24	DME (Durable Medical Equipment Services)	672	88	1,812	1,571	20.59	2.70	757	132	3,193	2,092	24.19	4.22
25	Therapy Services, (outside the Home Health Program)	672	0	0	0	0.00	0.00	757	0	0	0	0.00	0.00
27	Inpatient Psychiatric Hospital Services	672	0	0	0	0.00	0.00	757	0	0	0	0.00	0.00
28	Nurse Services	672	5,483	7,618	97,911	1.39	11.34	757	5,649	8,238	89,548	1.46	10.88
29	Ambulatory Surgical Centers	672	11	3,132	196	284.75	4.66	757	22	6,530	349	296.82	8.63
31	Hospice Services	672	78	8,912	1,393	114.26	13.26	757	1	124	16	123.63	0.16
32	Outpatient Psychiatric Hospital Services	672	0	0	0	0.00	0.00	757	0	0	0	0.00	0.00
34	Family Planning Drug Services	672	2	25	36	12.27	0.04	757	1	28	16	28.35	0.04
35	Freestanding Dialysis Services	672	0	0	0	0.00	0.00	757	0	0	0	0.00	0.00
98	Unknown	672	0	0	0	0.00	0.00	757	0	0	0	0.00	0.00
Total		672		\$ 1,322,514			\$ 1,968.03	757		\$ 1,440,484			\$ 1,902.88

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

COE: Region: Age:	SSI South 0 - 11 months	July 2006 - June 2007							July 2007 - June 2008						
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	1,563	2,500	3,057,281	19,194	1,222.91	1956.03	1,565	2,844	3,749,186	21,807	1,318.28	2395.65		
02	Outpatient Hospital Services	1,563	2,612	142,676	20,054	54.62	91.28	1,565	3,616	159,490	27,727	44.11	101.91		
03	Lab and Radiology Services	1,563	94	1,289	722	13.71	0.82	1,565	62	1,273	475	20.53	0.81		
05	Physician Services	1,563	13,809	655,931	106,019	47.50	419.66	1,565	13,614	768,520	104,388	56.45	491.07		
06	Home and Community Based Services	1,563	0	0	0	0.00	0.00	1,565	0	0	0	0.00	0.00		
07	Home Health Agency Services	1,563	402	19,352	3,086	48.14	12.38	1,565	586	41,013	4,493	69.99	26.21		
08	Swing Bed Skilled Care Services	1,563	0	0	0	0.00	0.00	1,565	0	0	0	0.00	0.00		
10	Periodic Screening Services (EPDST)	1,563	835	39,974	6,411	47.87	25.58	1,565	929	41,006	7,123	44.14	26.20		
11	Emergency/Non-Emergency Transportation	1,563	1,429	11,485	10,971	8.04	7.35	1,565	3,188	61,581	24,445	19.32	39.35		
12	Dental Services	1,563	0	0	0	0.00	0.00	1,565	0	0	0	0.00	0.00		
13	Eyeglass Services	1,563	0	0	0	0.00	0.00	1,565	0	0	0	0.00	0.00		
14	Family Planning Services	1,563	0	0	0	0.00	0.00	1,565	0	0	0	0.00	0.00		
15	Drug Services	1,563	1,270	468,653	9,750	369.02	299.84	1,565	1,703	497,708	13,058	292.25	318.02		
16	Dental Screening	1,563	0	0	0	0.00	0.00	1,565	0	0	0	0.00	0.00		
17	Eyeglass Screening	1,563	6	240	46	40.07	0.15	1,565	9	205	69	22.80	0.13		
18	Hearing Screening Services	1,563	21	1,995	161	94.99	1.28	1,565	15	1,135	115	75.68	0.73		
21	Swing Bed Intermediate Care Services	1,563	0	0	0	0.00	0.00	1,565	0	0	0	0.00	0.00		
22	Rural Health Clinic Services	1,563	276	16,178	2,119	58.62	10.35	1,565	405	20,825	3,105	51.42	13.31		
23	FQHC (Federally Qualified Health Center)	1,563	87	7,756	668	89.15	4.96	1,565	85	8,141	652	95.77	5.20		
24	DME (Durable Medical Equipment Services)	1,563	2,583	43,529	19,831	16.85	27.85	1,565	5,817	87,196	44,603	14.99	55.72		
25	Therapy Services, (outside the Home Health Program)	1,563	587	13,952	4,507	23.77	8.93	1,565	574	14,334	4,401	24.97	9.16		
27	Inpatient Psychiatric Hospital Services	1,563	0	0	0	0.00	0.00	1,565	0	0	0	0.00	0.00		
28	Nurse Services	1,563	1,520	4,000	11,670	2.63	2.56	1,565	3,044	21,959	23,341	7.21	14.03		
29	Ambulatory Surgical Centers	1,563	3	1,648	23	549.34	1.05	1,565	5	2,564	38	512.72	1.64		
31	Hospice Services	1,563	31	3,919	238	126.43	2.51	1,565	0	0	0	0.00	0.00		
32	Outpatient Psychiatric Hospital Services	1,563	0	0	0	0.00	0.00	1,565	0	0	0	0.00	0.00		
34	Family Planning Drug Services	1,563	0	0	0	0.00	0.00	1,565	0	0	0	0.00	0.00		
35	Freestanding Dialysis Services	1,563	0	0	0	0.00	0.00	1,565	0	0	0	0.00	0.00		
98	Unknown	1,563	0	0	0	0.00	0.00	1,565	0	0	0	0.00	0.00		
Total		1,563	\$	4,489,860		\$	2,872.59	1,565	\$	5,476,135		\$	3,499.13		

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

COE: Disabled Child at Home		July 2006 - June 2007							July 2007 - June 2008						
Region: South															
Age: 0 - 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	60	60	1,102	12,000	18.37	18.37	107	18	13,855	2,019	769.71	129.48		
02	Outpatient Hospital Services	60	88	606	17,600	6.88	10.09	107	77	2,113	8,636	27.45	19.75		
03	Lab and Radiology Services	60	0	0	0	0.00	0.00	107	2	27	224	13.40	0.25		
05	Physician Services	60	248	4,213	49,600	16.99	70.21	107	385	10,661	43,178	27.69	99.63		
06	Home and Community Based Services	60	0	0	0	0.00	0.00	107	0	0	0	0.00	0.00		
07	Home Health Agency Services	60	0	0	0	0.00	0.00	107	5	345	561	69.08	3.23		
08	Swing Bed Skilled Care Services	60	0	0	0	0.00	0.00	107	0	0	0	0.00	0.00		
10	Periodic Screening Services (EPDST)	60	37	3,168	7,400	85.62	52.80	107	46	4,931	5,159	107.19	46.08		
11	Emergency/Non-Emergency Transportation	60	0	0	0	0.00	0.00	107	0	0	0	0.00	0.00		
12	Dental Services	60	0	0	0	0.00	0.00	107	0	0	0	0.00	0.00		
13	Eyeglass Services	60	0	0	0	0.00	0.00	107	0	0	0	0.00	0.00		
14	Family Planning Services	60	0	0	0	0.00	0.00	107	0	0	0	0.00	0.00		
15	Drug Services	60	60	3,465	12,000	57.75	57.75	107	191	81,436	21,421	426.37	761.08		
16	Dental Screening	60	0	0	0	0.00	0.00	107	0	0	0	0.00	0.00		
17	Eyeglass Screening	60	0	0	0	0.00	0.00	107	0	0	0	0.00	0.00		
18	Hearing Screening Services	60	0	0	0	0.00	0.00	107	2	589	224	294.35	5.50		
21	Swing Bed Intermediate Care Services	60	0	0	0	0.00	0.00	107	0	0	0	0.00	0.00		
22	Rural Health Clinic Services	60	7	252	1,400	35.93	4.19	107	29	571	3,252	19.69	5.34		
23	FQHC (Federally Qualified Health Center)	60	0	0	0	0.00	0.00	107	6	426	673	71.05	3.98		
24	DME (Durable Medical Equipment Services)	60	35	626	7,000	17.88	10.43	107	4	167	449	41.78	1.56		
25	Therapy Services, (outside the Home Health Program)	60	9	206	1,800	22.94	3.44	107	4	317	449	79.28	2.96		
27	Inpatient Psychiatric Hospital Services	60	0	0	0	0.00	0.00	107	0	0	0	0.00	0.00		
28	Nurse Services	60	522	8,614	104,400	16.50	143.57	107	0	0	0	0.00	0.00		
29	Ambulatory Surgical Centers	60	0	0	0	0.00	0.00	107	0	0	0	0.00	0.00		
31	Hospice Services	60	0	0	0	0.00	0.00	107	0	0	0	0.00	0.00		
32	Outpatient Psychiatric Hospital Services	60	0	0	0	0.00	0.00	107	0	0	0	0.00	0.00		
34	Family Planning Drug Services	60	0	0	0	0.00	0.00	107	0	0	0	0.00	0.00		
35	Freestanding Dialysis Services	60	0	0	0	0.00	0.00	107	0	0	0	0.00	0.00		
98	Unknown	60	0	0	0	0.00	0.00	107	0	0	0	0.00	0.00		
Total		60	\$	22,251		\$	370.85	107	\$	115,438		\$	1,078.86		

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

COE: Working Disabled Region: South Age: 0 - 11 months		July 2006 - June 2007							July 2007 - June 2008						
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	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
02	Outpatient Hospital Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
03	Lab and Radiology Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
05	Physician Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
06	Home and Community Based Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
07	Home Health Agency Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
08	Swing Bed Skilled Care Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
10	Periodic Screening Services (EPDST)	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
11	Emergency/Non-Emergency Transportation	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
12	Dental Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
13	Eyeglass Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
14	Family Planning Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
15	Drug Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
16	Dental Screening	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
17	Eyeglass Screening	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
18	Hearing Screening Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
21	Swing Bed Intermediate Care Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
22	Rural Health Clinic Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
23	FQHC (Federally Qualified Health Center)	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
24	DME (Durable Medical Equipment Services)	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
25	Therapy Services, (outside the Home Health Program)	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
27	Inpatient Psychiatric Hospital Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
28	Nurse Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
29	Ambulatory Surgical Centers	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
31	Hospice Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
32	Outpatient Psychiatric Hospital Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
34	Family Planning Drug Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
35	Freestanding Dialysis Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
98	Unknown	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
Total		NO MEMBERS		\$ -			\$ -	NO MEMBERS		\$ -			\$ -		

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					
COE:	DHS Foster Care												
Region:	South												
Age:	0 - 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	123	46	63,097	4,488	1,371.68	512.99	172	28	37,284	1,953	1,331.56	216.77
02	Outpatient Hospital Services	123	198	4,738	19,317	23.93	38.52	172	179	9,014	12,488	50.36	52.41
03	Lab and Radiology Services	123	10	118	976	11.76	0.96	172	5	46	349	9.28	0.27
05	Physician Services	123	272	16,916	26,537	62.19	137.53	172	333	13,175	23,233	39.56	76.60
06	Home and Community Based Services	123	0	0	0	0.00	0.00	172	0	0	0	0.00	0.00
07	Home Health Agency Services	123	0	0	0	0.00	0.00	172	0	0	0	0.00	0.00
08	Swing Bed Skilled Care Services	123	0	0	0	0.00	0.00	172	0	0	0	0.00	0.00
10	Periodic Screening Services (EPDST)	123	85	2,585	8,293	30.42	21.02	172	131	4,369	9,140	33.35	25.40
11	Emergency/Non-Emergency Transportation	123	38	534	3,707	14.05	4.34	172	1	184	70	183.84	1.07
12	Dental Services	123	0	0	0	0.00	0.00	172	0	0	0	0.00	0.00
13	Eyeglass Services	123	0	0	0	0.00	0.00	172	0	0	0	0.00	0.00
14	Family Planning Services	123	0	0	0	0.00	0.00	172	0	0	0	0.00	0.00
15	Drug Services	123	124	17,286	12,098	139.40	140.53	172	198	38,102	13,814	192.44	221.53
16	Dental Screening	123	0	0	0	0.00	0.00	172	0	0	0	0.00	0.00
17	Eyeglass Screening	123	0	0	0	0.00	0.00	172	0	0	0	0.00	0.00
18	Hearing Screening Services	123	0	0	0	0.00	0.00	172	0	0	0	0.00	0.00
21	Swing Bed Intermediate Care Services	123	0	0	0	0.00	0.00	172	0	0	0	0.00	0.00
22	Rural Health Clinic Services	123	25	1,102	2,439	44.07	8.96	172	32	2,533	2,233	79.16	14.73
23	FQHC (Federally Qualified Health Center)	123	6	285	585	47.45	2.31	172	1	99	70	98.63	0.57
24	DME (Durable Medical Equipment Services)	123	6	1,057	585	176.14	8.59	172	15	2,132	1,047	142.11	12.39
25	Therapy Services, (outside the Home Health Program)	123	0	0	0	0.00	0.00	172	0	0	0	0.00	0.00
27	Inpatient Psychiatric Hospital Services	123	0	0	0	0.00	0.00	172	0	0	0	0.00	0.00
28	Nurse Services	123	30	718	2,927	23.94	5.84	172	128	626	8,930	4.89	3.64
29	Ambulatory Surgical Centers	123	1	549	98	549.34	4.47	172	1	549	70	549.34	3.19
31	Hospice Services	123	0	0	0	0.00	0.00	172	0	0	0	0.00	0.00
32	Outpatient Psychiatric Hospital Services	123	0	0	0	0.00	0.00	172	0	0	0	0.00	0.00
34	Family Planning Drug Services	123	0	0	0	0.00	0.00	172	0	0	0	0.00	0.00
35	Freestanding Dialysis Services	123	0	0	0	0.00	0.00	172	0	0	0	0.00	0.00
98	Unknown	123	0	0	0	0.00	0.00	172	0	0	0	0.00	0.00
Total		123		\$ 108,985		\$	886.06	172		\$ 108,113		\$	628.56

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

COE: Breast - Cervical Region: South Age: 0 - 11 months		July 2006 - June 2007							July 2007 - June 2008						
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	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
02	Outpatient Hospital Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
03	Lab and Radiology Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
05	Physician Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
06	Home and Community Based Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
07	Home Health Agency Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
08	Swing Bed Skilled Care Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
10	Periodic Screening Services (EPDST)	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
11	Emergency/Non-Emergency Transportation	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
12	Dental Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
13	Eyeglass Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
14	Family Planning Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
15	Drug Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
16	Dental Screening	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
17	Eyeglass Screening	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
18	Hearing Screening Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
21	Swing Bed Intermediate Care Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
22	Rural Health Clinic Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
23	FQHC (Federally Qualified Health Center)	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
24	DME (Durable Medical Equipment Services)	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
25	Therapy Services, (outside the Home Health Program)	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
27	Inpatient Psychiatric Hospital Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
28	Nurse Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
29	Ambulatory Surgical Centers	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
31	Hospice Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
32	Outpatient Psychiatric Hospital Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
34	Family Planning Drug Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
35	Freestanding Dialysis Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
98	Unknown	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
Total		NO MEMBERS		\$ -		\$ -		NO MEMBERS		\$ -		\$ -			

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

COE: Region: Age:	SSI South Ages 1 - 5	July 2006 - June 2007							July 2007 - June 2008						
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	13,797	1,402	1,732,513	1,219	1,235.74	125.57	14,128	1,550	1,991,340	1,317	1,284.74	140.95		
02	Outpatient Hospital Services	13,797	32,361	1,700,010	28,146	52.53	123.22	14,128	38,180	1,790,368	32,429	46.89	126.72		
03	Lab and Radiology Services	13,797	1,260	13,155	1,096	10.44	0.95	14,128	1,192	13,877	1,012	11.64	0.98		
05	Physician Services	13,797	35,812	679,792	31,148	18.98	49.27	14,128	41,596	737,789	35,331	17.74	52.22		
06	Home and Community Based Services	13,797	0	0	0	0.00	0.00	14,128	0	0	0	0.00	0.00		
07	Home Health Agency Services	13,797	1,779	78,603	1,547	44.18	5.70	14,128	2,378	87,040	2,020	36.60	6.16		
08	Swing Bed Skilled Care Services	13,797	0	0	0	0.00	0.00	14,128	0	0	0	0.00	0.00		
10	Periodic Screening Services (EPDST)	13,797	2,590	185,558	2,253	71.64	13.45	14,128	3,484	224,688	2,959	64.49	15.90		
11	Emergency/Non-Emergency Transportation	13,797	3,564	35,005	3,100	9.82	2.54	14,128	4,729	46,784	4,017	9.89	3.31		
12	Dental Services	13,797	0	0	0	0.00	0.00	14,128	0	0	0	0.00	0.00		
13	Eyeglass Services	13,797	0	0	0	0.00	0.00	14,128	0	0	0	0.00	0.00		
14	Family Planning Services	13,797	0	0	0	0.00	0.00	14,128	0	0	0	0.00	0.00		
15	Drug Services	13,797	12,187	1,090,990	10,600	89.52	79.07	14,128	14,171	1,558,201	12,037	109.96	110.29		
16	Dental Screening	13,797	2,763	115,168	2,403	41.68	8.35	14,128	3,752	168,479	3,187	44.90	11.93		
17	Eyeglass Screening	13,797	583	18,532	507	31.79	1.34	14,128	545	17,463	463	32.04	1.24		
18	Hearing Screening Services	13,797	113	5,534	98	48.98	0.40	14,128	154	7,457	131	48.42	0.53		
21	Swing Bed Intermediate Care Services	13,797	0	0	0	0.00	0.00	14,128	0	0	0	0.00	0.00		
22	Rural Health Clinic Services	13,797	1,761	106,745	1,532	60.62	7.74	14,128	1,829	108,077	1,554	59.09	7.65		
23	FQHC (Federally Qualified Health Center)	13,797	678	48,782	590	71.95	3.54	14,128	736	51,595	625	70.10	3.65		
24	DME (Durable Medical Equipment Services)	13,797	54,489	421,698	47,392	7.74	30.56	14,128	68,015	502,302	57,770	7.39	35.55		
25	Therapy Services, (outside the Home Health Program)	13,797	10,554	324,094	9,179	30.71	23.49	14,128	11,122	334,791	9,447	30.10	23.70		
27	Inpatient Psychiatric Hospital Services	13,797	0	0	0	0.00	0.00	14,128	0	0	0	0.00	0.00		
28	Nurse Services	13,797	14,796	153,540	12,869	10.38	11.13	14,128	21,422	171,084	18,195	7.99	12.11		
29	Ambulatory Surgical Centers	13,797	51	19,994	44	392.03	1.45	14,128	68	26,503	58	389.75	1.88		
31	Hospice Services	13,797	163	5,503	142	33.76	0.40	14,128	43	0	37	0.00	0.00		
32	Outpatient Psychiatric Hospital Services	13,797	0	0	0	0.00	0.00	14,128	0	0	0	0.00	0.00		
34	Family Planning Drug Services	13,797	0	0	0	0.00	0.00	14,128	0	0	0	0.00	0.00		
35	Freestanding Dialysis Services	13,797	319	41,672	277	130.63	3.02	14,128	31	4,050	26	130.63	0.29		
98	Unknown	13,797	0	0	0	0.00	0.00	14,128	0	0	0	0.00	0.00		
Total		13,797	\$	6,776,887		\$	491.19	14,128	\$	7,841,888		\$	555.06		

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

COE: Region: Age:	Disabled Child at Home South Ages 1 - 5	July 2006 - June 2007							July 2007 - June 2008						
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	1,089	204	275,710	2,248	1,351.52	253.18	1,255	117	120,067	1,119	1,026.21	95.67		
02	Outpatient Hospital Services	1,089	4,017	77,055	44,264	19.18	70.76	1,255	3,950	291,668	37,769	73.84	232.40		
03	Lab and Radiology Services	1,089	39	437	430	11.21	0.40	1,255	34	530	325	15.59	0.42		
05	Physician Services	1,089	2,254	48,254	24,837	21.41	44.31	1,255	2,683	52,154	25,654	19.44	41.56		
06	Home and Community Based Services	1,089	0	0	0	0.00	0.00	1,255	0	0	0	0.00	0.00		
07	Home Health Agency Services	1,089	130	9,122	1,433	70.17	8.38	1,255	215	8,293	2,056	38.57	6.61		
08	Swing Bed Skilled Care Services	1,089	0	0	0	0.00	0.00	1,255	0	0	0	0.00	0.00		
10	Periodic Screening Services (EPDST)	1,089	227	30,427	2,501	134.04	27.94	1,255	325	44,053	3,108	135.55	35.10		
11	Emergency/Non-Emergency Transportation	1,089	238	1,517	2,623	6.37	1.39	1,255	65	450	622	6.93	0.36		
12	Dental Services	1,089	0	0	0	0.00	0.00	1,255	0	0	0	0.00	0.00		
13	Eyeglass Services	1,089	0	0	0	0.00	0.00	1,255	0	0	0	0.00	0.00		
14	Family Planning Services	1,089	0	0	0	0.00	0.00	1,255	0	0	0	0.00	0.00		
15	Drug Services	1,089	1,468	181,040	16,176	123.32	166.24	1,255	2,100	322,759	20,080	153.69	257.18		
16	Dental Screening	1,089	97	3,325	1,069	34.28	3.05	1,255	145	6,337	1,386	43.70	5.05		
17	Eyeglass Screening	1,089	35	1,171	386	33.46	1.08	1,255	32	954	306	29.80	0.76		
18	Hearing Screening Services	1,089	5	814	55	162.72	0.75	1,255	21	1,088	201	51.82	0.87		
21	Swing Bed Intermediate Care Services	1,089	0	0	0	0.00	0.00	1,255	0	0	0	0.00	0.00		
22	Rural Health Clinic Services	1,089	74	3,554	815	48.03	3.26	1,255	148	5,810	1,415	39.26	4.63		
23	FQHC (Federally Qualified Health Center)	1,089	21	1,076	231	51.24	0.99	1,255	12	800	115	66.66	0.64		
24	DME (Durable Medical Equipment Services)	1,089	7,667	37,461	84,485	4.89	34.40	1,255	12,551	65,193	120,010	5.19	51.95		
25	Therapy Services, (outside the Home Health Program)	1,089	1,994	48,273	21,972	24.21	44.33	1,255	1,683	47,512	16,092	28.23	37.86		
27	Inpatient Psychiatric Hospital Services	1,089	0	0	0	0.00	0.00	1,255	0	0	0	0.00	0.00		
28	Nurse Services	1,089	278	1,676	3,063	6.03	1.54	1,255	3,475	79,665	33,227	22.93	63.48		
29	Ambulatory Surgical Centers	1,089	14	3,569	154	254.92	3.28	1,255	6	239	57	39.85	0.19		
31	Hospice Services	1,089	0	0	0	0.00	0.00	1,255	0	0	0	0.00	0.00		
32	Outpatient Psychiatric Hospital Services	1,089	0	0	0	0.00	0.00	1,255	0	0	0	0.00	0.00		
34	Family Planning Drug Services	1,089	0	0	0	0.00	0.00	1,255	0	0	0	0.00	0.00		
35	Freestanding Dialysis Services	1,089	257	33,573	2,832	130.63	30.83	1,255	0	0	0	0.00	0.00		
98	Unknown	1,089	0	0	0	0.00	0.00	1,255	0	0	0	0.00	0.00		
Total		1,089	\$	758,052		\$	696.10	1,255	\$	1,047,573		\$	834.72		

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

COE: Working Disabled Region: South Age: Ages 1 - 5		July 2006 - June 2007							July 2007 - June 2008						
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	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
02	Outpatient Hospital Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
03	Lab and Radiology Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
05	Physician Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
06	Home and Community Based Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
07	Home Health Agency Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
08	Swing Bed Skilled Care Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
10	Periodic Screening Services (EPDST)	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
11	Emergency/Non-Emergency Transportation	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
12	Dental Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
13	Eyeglass Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
14	Family Planning Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
15	Drug Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
16	Dental Screening	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
17	Eyeglass Screening	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
18	Hearing Screening Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
21	Swing Bed Intermediate Care Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
22	Rural Health Clinic Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
23	FQHC (Federally Qualified Health Center)	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
24	DME (Durable Medical Equipment Services)	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
25	Therapy Services, (outside the Home Health Program)	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
27	Inpatient Psychiatric Hospital Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
28	Nurse Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
29	Ambulatory Surgical Centers	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
31	Hospice Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
32	Outpatient Psychiatric Hospital Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
34	Family Planning Drug Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
35	Freestanding Dialysis Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
98	Unknown	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
Total		NO MEMBERS	\$	-		\$	-	NO MEMBERS	\$	-		\$	-		

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					
COE:	DHS Foster Care												
Region:	South												
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	1,440	101	121,733	842	1,205.28	84.54	1,622	59	80,080	436	1,357.29	49.37
02	Outpatient Hospital Services	1,440	828	30,967	6,900	37.40	21.50	1,622	807	64,296	5,970	79.67	39.64
03	Lab and Radiology Services	1,440	37	480	308	12.98	0.33	1,622	79	816	584	10.33	0.50
05	Physician Services	1,440	1,654	35,885	13,783	21.70	24.92	1,622	2,114	45,630	15,640	21.58	28.13
06	Home and Community Based Services	1,440	0	0	0	0.00	0.00	1,622	0	0	0	0.00	0.00
07	Home Health Agency Services	1,440	0	0	0	0.00	0.00	1,622	0	0	0	0.00	0.00
08	Swing Bed Skilled Care Services	1,440	0	0	0	0.00	0.00	1,622	0	0	0	0.00	0.00
10	Periodic Screening Services (EPDST)	1,440	215	9,299	1,792	43.25	6.46	1,622	348	15,259	2,575	43.85	9.41
11	Emergency/Non-Emergency Transportation	1,440	108	1,337	900	12.38	0.93	1,622	420	2,371	3,107	5.64	1.46
12	Dental Services	1,440	0	0	0	0.00	0.00	1,622	0	0	0	0.00	0.00
13	Eyeglass Services	1,440	0	0	0	0.00	0.00	1,622	0	0	0	0.00	0.00
14	Family Planning Services	1,440	0	0	0	0.00	0.00	1,622	0	0	0	0.00	0.00
15	Drug Services	1,440	790	43,939	6,583	55.62	30.51	1,622	1,303	116,165	9,640	89.15	71.62
16	Dental Screening	1,440	338	12,038	2,817	35.62	8.36	1,622	643	27,040	4,757	42.05	16.67
17	Eyeglass Screening	1,440	43	1,608	358	37.40	1.12	1,622	43	1,706	318	39.68	1.05
18	Hearing Screening Services	1,440	2	81	17	40.25	0.06	1,622	8	145	59	18.11	0.09
21	Swing Bed Intermediate Care Services	1,440	0	0	0	0.00	0.00	1,622	0	0	0	0.00	0.00
22	Rural Health Clinic Services	1,440	192	9,200	1,600	47.92	6.39	1,622	204	10,806	1,509	52.97	6.66
23	FQHC (Federally Qualified Health Center)	1,440	99	5,733	825	57.90	3.98	1,622	91	4,957	673	54.48	3.06
24	DME (Durable Medical Equipment Services)	1,440	1,794	1,936	14,950	1.08	1.34	1,622	63	2,592	466	41.14	1.60
25	Therapy Services, (outside the Home Health Program)	1,440	135	4,672	1,125	34.61	3.24	1,622	258	7,903	1,909	30.63	4.87
27	Inpatient Psychiatric Hospital Services	1,440	0	0	0	0.00	0.00	1,622	0	0	0	0.00	0.00
28	Nurse Services	1,440	1,091	2,780	9,092	2.55	1.93	1,622	1,338	3,899	9,899	2.91	2.40
29	Ambulatory Surgical Centers	1,440	4	1,688	33	422.05	1.17	1,622	17	7,507	126	441.58	4.63
31	Hospice Services	1,440	0	0	0	0.00	0.00	1,622	0	0	0	0.00	0.00
32	Outpatient Psychiatric Hospital Services	1,440	0	0	0	0.00	0.00	1,622	0	0	0	0.00	0.00
34	Family Planning Drug Services	1,440	0	0	0	0.00	0.00	1,622	0	0	0	0.00	0.00
35	Freestanding Dialysis Services	1,440	0	0	0	0.00	0.00	1,622	0	0	0	0.00	0.00
98	Unknown	1,440	0	0	0	0.00	0.00	1,622	0	0	0	0.00	0.00
Total		1,440	\$	283,375		\$	196.79	1,622	\$	391,172		\$	241.17

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

COE: Breast - Cervical Region: South Age: Ages 1 - 5		July 2006 - June 2007							July 2007 - June 2008						
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	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
02	Outpatient Hospital Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
03	Lab and Radiology Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
05	Physician Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
06	Home and Community Based Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
07	Home Health Agency Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
08	Swing Bed Skilled Care Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
10	Periodic Screening Services (EPDST)	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
11	Emergency/Non-Emergency Transportation	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
12	Dental Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
13	Eyeglass Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
14	Family Planning Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
15	Drug Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
16	Dental Screening	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
17	Eyeglass Screening	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
18	Hearing Screening Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
21	Swing Bed Intermediate Care Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
22	Rural Health Clinic Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
23	FQHC (Federally Qualified Health Center)	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
24	DME (Durable Medical Equipment Services)	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
25	Therapy Services, (outside the Home Health Program)	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
27	Inpatient Psychiatric Hospital Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
28	Nurse Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
29	Ambulatory Surgical Centers	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
31	Hospice Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
32	Outpatient Psychiatric Hospital Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
34	Family Planning Drug Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
35	Freestanding Dialysis Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
98	Unknown	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
Total		NO MEMBERS		\$ -			\$ -	NO MEMBERS		\$ -			\$ -		

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

COE: Region: Age:	SSI South Ages 6 - 20	July 2006 - June 2007							July 2007 - June 2008						
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	72,333	7,467	8,449,316	1,239	1,131.55	116.81	72,664	7,217	8,412,512	1,192	1,165.65	115.77		
02	Outpatient Hospital Services	72,333	91,392	3,840,903	15,162	42.03	53.10	72,664	82,615	3,814,361	13,643	46.17	52.49		
03	Lab and Radiology Services	72,333	5,706	96,527	947	16.92	1.33	72,664	5,891	100,395	973	17.04	1.38		
05	Physician Services	72,333	87,921	2,197,457	14,586	24.99	30.38	72,664	84,320	2,188,957	13,925	25.96	30.12		
06	Home and Community Based Services	72,333	0	0	0	0.00	0.00	72,664	0	0	0	0.00	0.00		
07	Home Health Agency Services	72,333	2,522	57,345	418	22.74	0.79	72,664	1,704	72,085	281	42.30	0.99		
08	Swing Bed Skilled Care Services	72,333	0	0	0	0.00	0.00	72,664	0	0	0	0.00	0.00		
10	Periodic Screening Services (EPDST)	72,333	1,998	54,713	331	27.38	0.76	72,664	2,476	58,439	409	23.60	0.80		
11	Emergency/Non-Emergency Transportation	72,333	6,094	122,899	1,011	20.17	1.70	72,664	6,486	145,746	1,071	22.47	2.01		
12	Dental Services	72,333	0	0	0	0.00	0.00	72,664	0	0	0	0.00	0.00		
13	Eyeglass Services	72,333	0	0	0	0.00	0.00	72,664	0	0	0	0.00	0.00		
14	Family Planning Services	72,333	0	0	0	0.00	0.00	72,664	0	0	0	0.00	0.00		
15	Drug Services	72,333	67,888	9,811,159	11,263	144.52	135.64	72,664	69,029	10,002,504	11,400	144.90	137.65		
16	Dental Screening	72,333	15,544	618,671	2,579	39.80	8.55	72,664	19,045	795,620	3,145	41.78	10.95		
17	Eyeglass Screening	72,333	7,558	234,581	1,254	31.04	3.24	72,664	7,767	245,278	1,283	31.58	3.38		
18	Hearing Screening Services	72,333	262	24,466	43	93.38	0.34	72,664	572	40,434	94	70.69	0.56		
21	Swing Bed Intermediate Care Services	72,333	0	0	0	0.00	0.00	72,664	0	0	0	0.00	0.00		
22	Rural Health Clinic Services	72,333	6,442	427,382	1,069	66.34	5.91	72,664	6,470	422,623	1,068	65.32	5.82		
23	FQHC (Federally Qualified Health Center)	72,333	3,773	277,875	626	73.65	3.84	72,664	4,562	307,695	753	67.45	4.23		
24	DME (Durable Medical Equipment Services)	72,333	200,313	758,151	33,232	3.78	10.48	72,664	248,419	812,130	41,025	3.27	11.18		
25	Therapy Services, (outside the Home Health Program)	72,333	3,188	97,221	529	30.50	1.34	72,664	3,446	114,195	569	33.14	1.57		
27	Inpatient Psychiatric Hospital Services	72,333	0	0	0	0.00	0.00	72,664	0	0	0	0.00	0.00		
28	Nurse Services	72,333	27,419	235,018	4,549	8.57	3.25	72,664	35,972	326,474	5,941	9.08	4.49		
29	Ambulatory Surgical Centers	72,333	121	43,165	20	356.74	0.60	72,664	116	40,749	19	351.28	0.56		
31	Hospice Services	72,333	765	88,373	127	115.52	1.22	72,664	500	59,212	83	118.42	0.81		
32	Outpatient Psychiatric Hospital Services	72,333	0	0	0	0.00	0.00	72,664	0	0	0	0.00	0.00		
34	Family Planning Drug Services	72,333	1,221	48,937	203	40.08	0.68	72,664	1,156	48,503	191	41.96	0.67		
35	Freestanding Dialysis Services	72,333	9,641	33,259	1,599	3.45	0.46	72,664	10,294	24,936	1,700	2.42	0.34		
98	Unknown	72,333	1	83	0	83.20	0.00	72,664	0	0	0	0.00	0.00		
Total		72,333	\$	27,517,501		\$	380.43	72,664	\$	28,032,847		\$	385.79		

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

COE: Disabled Child at Home Region: South Age: Ages 6 - 20		July 2006 - June 2007						July 2007 - June 2008							
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	2,935	579	601,931	2,367	1,039.60	205.09	3,181	452	481,681	1,705	1,065.67	151.42		
02	Outpatient Hospital Services	2,935	9,052	229,678	37,010	25.37	78.25	3,181	6,996	273,345	26,392	39.07	85.93		
03	Lab and Radiology Services	2,935	148	2,021	605	13.66	0.69	3,181	221	2,252	834	10.19	0.71		
05	Physician Services	2,935	7,360	122,427	30,092	16.63	41.71	3,181	8,460	138,211	31,914	16.34	43.45		
06	Home and Community Based Services	2,935	0	0	0	0.00	0.00	3,181	0	0	0	0.00	0.00		
07	Home Health Agency Services	2,935	338	11,875	1,382	35.13	4.05	3,181	190	10,693	717	56.28	3.36		
08	Swing Bed Skilled Care Services	2,935	0	0	0	0.00	0.00	3,181	0	0	0	0.00	0.00		
10	Periodic Screening Services (EPDST)	2,935	70	1,115	286	15.93	0.38	3,181	95	1,752	358	18.44	0.55		
11	Emergency/Non-Emergency Transportation	2,935	199	2,776	814	13.95	0.95	3,181	561	5,445	2,116	9.71	1.71		
12	Dental Services	2,935	0	0	0	0.00	0.00	3,181	0	0	0	0.00	0.00		
13	Eyeglass Services	2,935	0	0	0	0.00	0.00	3,181	0	0	0	0.00	0.00		
14	Family Planning Services	2,935	0	0	0	0.00	0.00	3,181	0	0	0	0.00	0.00		
15	Drug Services	2,935	5,001	923,959	20,447	184.75	314.81	3,181	5,340	1,284,475	20,145	240.54	403.80		
16	Dental Screening	2,935	408	14,891	1,668	36.50	5.07	3,181	639	28,608	2,411	44.77	8.99		
17	Eyeglass Screening	2,935	233	7,318	953	31.41	2.49	3,181	301	8,873	1,135	29.48	2.79		
18	Hearing Screening Services	2,935	7	734	29	104.84	0.25	3,181	23	2,921	87	127.00	0.92		
21	Swing Bed Intermediate Care Services	2,935	0	0	0	0.00	0.00	3,181	0	0	0	0.00	0.00		
22	Rural Health Clinic Services	2,935	177	8,002	724	45.21	2.73	3,181	214	8,885	807	41.52	2.79		
23	FQHC (Federally Qualified Health Center)	2,935	22	1,731	90	78.67	0.59	3,181	24	1,752	91	72.99	0.55		
24	DME (Durable Medical Equipment Services)	2,935	46,554	143,249	190,340	3.08	48.81	3,181	47,281	140,997	178,363	2.98	44.32		
25	Therapy Services, (outside the Home Health Program)	2,935	857	21,461	3,504	25.04	7.31	3,181	1,631	43,204	6,153	26.49	13.58		
27	Inpatient Psychiatric Hospital Services	2,935	0	0	0	0.00	0.00	3,181	0	0	0	0.00	0.00		
28	Nurse Services	2,935	2,417	34,059	9,882	14.09	11.60	3,181	3,740	45,618	14,109	12.20	14.34		
29	Ambulatory Surgical Centers	2,935	9	2,024	37	224.92	0.69	3,181	9	2,918	34	324.25	0.92		
31	Hospice Services	2,935	0	0	0	0.00	0.00	3,181	0	0	0	0.00	0.00		
32	Outpatient Psychiatric Hospital Services	2,935	0	0	0	0.00	0.00	3,181	0	0	0	0.00	0.00		
34	Family Planning Drug Services	2,935	46	2,583	188	56.16	0.88	3,181	65	3,307	245	50.87	1.04		
35	Freestanding Dialysis Services	2,935	0	0	0	0.00	0.00	3,181	0	0	0	0.00	0.00		
98	Unknown	2,935	0	0	0	0.00	0.00	3,181	0	0	0	0.00	0.00		
Total		2,935	\$	2,131,832		\$	726.35	3,181	\$	2,484,935		\$	781.18		

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					
COE:	Working Disabled												
Region:	South												
Age:	Ages 6 - 20												
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	13	0	0	0	0.00	0.00	29	0	0	0	0.00	0.00
02	Outpatient Hospital Services	13	168	2,117	155,077	12.60	162.84	29	535	7,136	221,379	13.34	246.08
03	Lab and Radiology Services	13	6	62	5,538	10.35	4.77	29	19	242	7,862	12.74	8.35
05	Physician Services	13	10	451	9,231	45.07	34.67	29	36	3,262	14,897	90.60	112.47
06	Home and Community Based Services	13	0	0	0	0.00	0.00	29	0	0	0	0.00	0.00
07	Home Health Agency Services	13	0	0	0	0.00	0.00	29	0	0	0	0.00	0.00
08	Swing Bed Skilled Care Services	13	0	0	0	0.00	0.00	29	0	0	0	0.00	0.00
10	Periodic Screening Services (EPDST)	13	0	0	0	0.00	0.00	29	0	0	0	0.00	0.00
11	Emergency/Non-Emergency Transportation	13	0	0	0	0.00	0.00	29	0	0	0	0.00	0.00
12	Dental Services	13	0	0	0	0.00	0.00	29	0	0	0	0.00	0.00
13	Eyeglass Services	13	0	0	0	0.00	0.00	29	0	0	0	0.00	0.00
14	Family Planning Services	13	0	0	0	0.00	0.00	29	0	0	0	0.00	0.00
15	Drug Services	13	24	1,681	22,154	70.02	129.27	29	25	3,641	10,345	145.64	125.55
16	Dental Screening	13	0	0	0	0.00	0.00	29	0	0	0	0.00	0.00
17	Eyeglass Screening	13	0	0	0	0.00	0.00	29	2	125	828	62.51	4.31
18	Hearing Screening Services	13	0	0	0	0.00	0.00	29	0	0	0	0.00	0.00
21	Swing Bed Intermediate Care Services	13	0	0	0	0.00	0.00	29	0	0	0	0.00	0.00
22	Rural Health Clinic Services	13	3	172	2,769	57.44	13.26	29	1	0	414	0.00	0.00
23	FQHC (Federally Qualified Health Center)	13	0	0	0	0.00	0.00	29	2	232	828	116.19	8.01
24	DME (Durable Medical Equipment Services)	13	0	0	0	0.00	0.00	29	0	0	0	0.00	0.00
25	Therapy Services, (outside the Home Health Program)	13	0	0	0	0.00	0.00	29	0	0	0	0.00	0.00
27	Inpatient Psychiatric Hospital Services	13	0	0	0	0.00	0.00	29	0	0	0	0.00	0.00
28	Nurse Services	13	0	0	0	0.00	0.00	29	0	0	0	0.00	0.00
29	Ambulatory Surgical Centers	13	0	0	0	0.00	0.00	29	0	0	0	0.00	0.00
31	Hospice Services	13	0	0	0	0.00	0.00	29	0	0	0	0.00	0.00
32	Outpatient Psychiatric Hospital Services	13	0	0	0	0.00	0.00	29	0	0	0	0.00	0.00
34	Family Planning Drug Services	13	0	0	0	0.00	0.00	29	0	0	0	0.00	0.00
35	Freestanding Dialysis Services	13	0	0	0	0.00	0.00	29	0	0	0	0.00	0.00
98	Unknown	13	0	0	0	0.00	0.00	29	0	0	0	0.00	0.00
Total		13		\$ 4,483			\$ 344.81	29		\$ 14,638			\$ 504.77

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					
COE:	DHS Foster Care												
Region:	South												
Age:	Ages 6 - 20												
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	6,980	924	1,046,661	1,589	1,132.75	149.95	7,134	557	670,426	937	1,203.64	93.98
02	Outpatient Hospital Services	6,980	3,233	102,811	5,558	31.80	14.73	7,134	3,576	100,196	6,015	28.02	14.04
03	Lab and Radiology Services	6,980	598	13,402	1,028	22.41	1.92	7,134	609	13,052	1,024	21.43	1.83
05	Physician Services	6,980	4,282	161,407	7,362	37.69	23.12	7,134	4,328	138,459	7,280	31.99	19.41
06	Home and Community Based Services	6,980	0	0	0	0.00	0.00	7,134	0	0	0	0.00	0.00
07	Home Health Agency Services	6,980	14	1,936	24	138.29	0.28	7,134	16	1,826	27	114.12	0.26
08	Swing Bed Skilled Care Services	6,980	0	0	0	0.00	0.00	7,134	0	0	0	0.00	0.00
10	Periodic Screening Services (EPDST)	6,980	270	7,989	464	29.59	1.14	7,134	346	7,747	582	22.39	1.09
11	Emergency/Non-Emergency Transportation	6,980	311	9,677	535	31.11	1.39	7,134	126	4,112	212	32.63	0.58
12	Dental Services	6,980	0	0	0	0.00	0.00	7,134	0	0	0	0.00	0.00
13	Eyeglass Services	6,980	0	0	0	0.00	0.00	7,134	0	0	0	0.00	0.00
14	Family Planning Services	6,980	0	0	0	0.00	0.00	7,134	0	0	0	0.00	0.00
15	Drug Services	6,980	4,373	368,814	7,518	84.34	52.84	7,134	4,797	442,489	8,069	92.24	62.03
16	Dental Screening	6,980	2,661	97,916	4,575	36.80	14.03	7,134	3,239	130,461	5,448	40.28	18.29
17	Eyeglass Screening	6,980	822	27,512	1,413	33.47	3.94	7,134	1,057	34,843	1,778	32.96	4.88
18	Hearing Screening Services	6,980	3	62	5	20.66	0.01	7,134	7	207	12	29.58	0.03
21	Swing Bed Intermediate Care Services	6,980	0	0	0	0.00	0.00	7,134	0	0	0	0.00	0.00
22	Rural Health Clinic Services	6,980	467	30,535	803	65.38	4.37	7,134	632	40,483	1,063	64.06	5.67
23	FQHC (Federally Qualified Health Center)	6,980	406	26,729	698	65.84	3.83	7,134	371	21,934	624	59.12	3.07
24	DME (Durable Medical Equipment Services)	6,980	239	1,920	411	8.03	0.28	7,134	48	3,122	81	65.05	0.44
25	Therapy Services, (outside the Home Health Program)	6,980	273	7,591	469	27.80	1.09	7,134	291	8,647	489	29.71	1.21
27	Inpatient Psychiatric Hospital Services	6,980	0	0	0	0.00	0.00	7,134	0	0	0	0.00	0.00
28	Nurse Services	6,980	1,006	10,897	1,730	10.83	1.56	7,134	1,030	10,495	1,733	10.19	1.47
29	Ambulatory Surgical Centers	6,980	13	3,623	22	278.69	0.52	7,134	12	4,634	20	386.15	0.65
31	Hospice Services	6,980	0	0	0	0.00	0.00	7,134	0	0	0	0.00	0.00
32	Outpatient Psychiatric Hospital Services	6,980	0	0	0	0.00	0.00	7,134	0	0	0	0.00	0.00
34	Family Planning Drug Services	6,980	231	9,413	397	40.75	1.35	7,134	196	7,951	330	40.57	1.11
35	Freestanding Dialysis Services	6,980	0	0	0	0.00	0.00	7,134	0	0	0	0.00	0.00
98	Unknown	6,980	0	0	0	0.00	0.00	7,134	0	0	0	0.00	0.00
Total		6,980	\$	1,928,893		\$	276.35	7,134	\$	1,641,083		\$	230.04

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

COE: Breast - Cervical Region: South Age: Ages 6 - 20		July 2006 - June 2007							July 2007 - June 2008						
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	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
02	Outpatient Hospital Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
03	Lab and Radiology Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
05	Physician Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
06	Home and Community Based Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
07	Home Health Agency Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
08	Swing Bed Skilled Care Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
10	Periodic Screening Services (EPDST)	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
11	Emergency/Non-Emergency Transportation	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
12	Dental Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
13	Eyeglass Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
14	Family Planning Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
15	Drug Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
16	Dental Screening	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
17	Eyeglass Screening	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
18	Hearing Screening Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
21	Swing Bed Intermediate Care Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
22	Rural Health Clinic Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
23	FQHC (Federally Qualified Health Center)	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
24	DME (Durable Medical Equipment Services)	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
25	Therapy Services, (outside the Home Health Program)	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
27	Inpatient Psychiatric Hospital Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
28	Nurse Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
29	Ambulatory Surgical Centers	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
31	Hospice Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
32	Outpatient Psychiatric Hospital Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
34	Family Planning Drug Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
35	Freestanding Dialysis Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
98	Unknown	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
Total		NO MEMBERS	\$	-		\$	-	NO MEMBERS	\$	-		\$	-		

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

COE: Region: Age:	SSI South Ages 21 +	July 2006 - June 2007							July 2007 - June 2008						
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	158,545	28,326	34,418,948	2,144	1,215.10	217.09	161,612	27,775	34,704,857	2,062	1,249.50	214.74		
02	Outpatient Hospital Services	158,545	506,578	18,087,025	38,342	35.70	114.08	161,612	543,050	17,613,406	40,323	32.43	108.99		
03	Lab and Radiology Services	158,545	39,492	637,128	2,989	16.13	4.02	161,612	40,038	674,034	2,973	16.83	4.17		
05	Physician Services	158,545	469,837	12,945,425	35,561	27.55	81.65	161,612	454,289	13,004,196	33,732	28.63	80.47		
06	Home and Community Based Services	158,545	118	1,097	9	9.30	0.01	161,612	0	0	0	0.00	0.00		
07	Home Health Agency Services	158,545	16,948	582,350	1,283	34.36	3.67	161,612	16,023	489,921	1,190	30.58	3.03		
08	Swing Bed Skilled Care Services	158,545	51	7,267	4	142.49	0.05	161,612	21	3,213	2	153.01	0.02		
10	Periodic Screening Services (EPDST)	158,545	269	19,416	20	72.18	0.12	161,612	223	7,565	17	33.92	0.05		
11	Emergency/Non-Emergency Transportation	158,545	25,507	909,491	1,931	35.66	5.74	161,612	26,068	1,023,842	1,936	39.28	6.34		
12	Dental Services	158,545	9,843	412,655	745	41.92	2.60	161,612	10,280	533,995	763	51.95	3.30		
13	Eyeglass Services	158,545	10,098	364,723	764	36.12	2.30	161,612	10,644	395,081	790	37.12	2.44		
14	Family Planning Services	158,545	0	0	0	0.00	0.00	161,612	0	0	0	0.00	0.00		
15	Drug Services	158,545	332,511	28,228,485	25,167	84.89	178.05	161,612	345,840	33,251,783	25,679	96.15	205.75		
16	Dental Screening	158,545	4	133	0	33.23	0.00	161,612	52	2,499	4	48.06	0.02		
17	Eyeglass Screening	158,545	4	149	0	37.34	0.00	161,612	24	1,088	2	45.33	0.01		
18	Hearing Screening Services	158,545	21	1,160	2	55.24	0.01	161,612	44	1,104	3	25.09	0.01		
21	Swing Bed Intermediate Care Services	158,545	34	4,845	3	142.49	0.03	161,612	169	25,859	13	153.01	0.16		
22	Rural Health Clinic Services	158,545	26,709	1,373,890	2,022	51.44	8.67	161,612	25,872	1,336,814	1,921	51.67	8.27		
23	FQHC (Federally Qualified Health Center)	158,545	12,202	854,530	924	70.03	5.39	161,612	14,537	903,838	1,079	62.17	5.59		
24	DME (Durable Medical Equipment Services)	158,545	55,170	1,630,211	4,176	29.55	10.28	161,612	70,833	1,987,021	5,259	28.05	12.30		
25	Therapy Services, (outside the Home Health Program)	158,545	93	1,938	7	20.84	0.01	161,612	40	559	3	13.97	0.00		
27	Inpatient Psychiatric Hospital Services	158,545	0	0	0	0.00	0.00	161,612	0	0	0	0.00	0.00		
28	Nurse Services	158,545	182,050	576,871	13,779	3.17	3.64	161,612	169,828	570,231	12,610	3.36	3.53		
29	Ambulatory Surgical Centers	158,545	1,670	556,151	126	333.02	3.51	161,612	1,527	498,281	113	326.31	3.08		
31	Hospice Services	158,545	18,395	2,183,217	1,392	118.69	13.77	161,612	17,237	2,089,385	1,280	121.22	12.93		
32	Outpatient Psychiatric Hospital Services	158,545	0	0	0	0.00	0.00	161,612	0	0	0	0.00	0.00		
34	Family Planning Drug Services	158,545	1,791	68,961	136	38.50	0.43	161,612	1,782	69,735	132	39.13	0.43		
35	Freestanding Dialysis Services	158,545	332,467	1,569,547	25,164	4.72	9.90	161,612	438,853	1,585,417	32,586	3.61	9.81		
98	Unknown	158,545	0	15	0	0.00	0.00	161,612	0	30	0	0.00	0.00		
Total		158,545		\$ 105,435,628		\$	665.02	161,612		\$ 110,773,751		\$	685.43		

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						
COE:	Disabled Child at Home														
Region:	South														
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	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
02	Outpatient Hospital Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
03	Lab and Radiology Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
05	Physician Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
06	Home and Community Based Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
07	Home Health Agency Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
08	Swing Bed Skilled Care Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
10	Periodic Screening Services (EPDST)	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
11	Emergency/Non-Emergency Transportation	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
12	Dental Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
13	Eyeglass Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
14	Family Planning Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
15	Drug Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
16	Dental Screening	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
17	Eyeglass Screening	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
18	Hearing Screening Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
21	Swing Bed Intermediate Care Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
22	Rural Health Clinic Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
23	FQHC (Federally Qualified Health Center)	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
24	DME (Durable Medical Equipment Services)	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
25	Therapy Services, (outside the Home Health Program)	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
27	Inpatient Psychiatric Hospital Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
28	Nurse Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
29	Ambulatory Surgical Centers	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
31	Hospice Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
32	Outpatient Psychiatric Hospital Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
34	Family Planning Drug Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
35	Freestanding Dialysis Services	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
98	Unknown	NO MEMBERS	0	0	0	0.00	0.00	NO MEMBERS	0	0	0	0.00	0.00		
Total		NO MEMBERS		\$ -			\$ -	NO MEMBERS		\$ -			\$ -		

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

COE: Region: Age:	Working Disabled South Ages 21 +	July 2006 - June 2007						July 2007 - June 2008					
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	1,442	287	308,074	2,388	1,073.43	213.64	1,372	160	165,902	1,399	1,036.89	120.92
02	Outpatient Hospital Services	1,442	5,363	236,125	44,630	44.03	163.75	1,372	6,479	193,580	56,668	29.88	141.09
03	Lab and Radiology Services	1,442	419	5,821	3,487	13.89	4.04	1,372	359	5,628	3,140	15.68	4.10
05	Physician Services	1,442	4,935	176,402	41,068	35.75	122.33	1,372	2,715	112,226	23,746	41.34	81.80
06	Home and Community Based Services	1,442	0	0	0	0.00	0.00	1,372	0	0	0	0.00	0.00
07	Home Health Agency Services	1,442	80	2,253	666	28.16	1.56	1,372	3	398	26	132.81	0.29
08	Swing Bed Skilled Care Services	1,442	0	0	0	0.00	0.00	1,372	0	0	0	0.00	0.00
10	Periodic Screening Services (EPDST)	1,442	1	79	8	79.23	0.05	1,372	0	0	0	0.00	0.00
11	Emergency/Non-Emergency Transportation	1,442	234	7,562	1,947	32.32	5.24	1,372	42	2,581	367	61.44	1.88
12	Dental Services	1,442	42	1,958	350	46.63	1.36	1,372	74	4,065	647	54.93	2.96
13	Eyeglass Services	1,442	122	4,065	1,015	33.32	2.82	1,372	115	4,065	1,006	35.34	2.96
14	Family Planning Services	1,442	0	0	0	0.00	0.00	1,372	0	0	0	0.00	0.00
15	Drug Services	1,442	3,813	495,724	31,731	130.01	343.78	1,372	3,590	272,365	31,399	75.87	198.52
16	Dental Screening	1,442	0	0	0	0.00	0.00	1,372	0	0	0	0.00	0.00
17	Eyeglass Screening	1,442	0	0	0	0.00	0.00	1,372	0	0	0	0.00	0.00
18	Hearing Screening Services	1,442	3	62	25	20.66	0.04	1,372	0	0	0	0.00	0.00
21	Swing Bed Intermediate Care Services	1,442	0	0	0	0.00	0.00	1,372	0	0	0	0.00	0.00
22	Rural Health Clinic Services	1,442	271	12,418	2,255	45.82	8.61	1,372	251	10,388	2,195	41.39	7.57
23	FQHC (Federally Qualified Health Center)	1,442	88	6,524	732	74.14	4.52	1,372	117	8,058	1,023	68.87	5.87
24	DME (Durable Medical Equipment Services)	1,442	434	14,300	3,612	32.95	9.92	1,372	284	8,039	2,484	28.31	5.86
25	Therapy Services, (outside the Home Health Program)	1,442	0	0	0	0.00	0.00	1,372	0	0	0	0.00	0.00
27	Inpatient Psychiatric Hospital Services	1,442	0	0	0	0.00	0.00	1,372	0	0	0	0.00	0.00
28	Nurse Services	1,442	2,982	6,839	24,816	2.29	4.74	1,372	1,045	8,384	9,140	8.02	6.11
29	Ambulatory Surgical Centers	1,442	31	6,641	258	214.23	4.61	1,372	28	7,954	245	284.06	5.80
31	Hospice Services	1,442	20	3,080	166	154.00	2.14	1,372	0	0	0	0.00	0.00
32	Outpatient Psychiatric Hospital Services	1,442	0	0	0	0.00	0.00	1,372	0	0	0	0.00	0.00
34	Family Planning Drug Services	1,442	6	252	50	41.98	0.17	1,372	6	290	52	48.32	0.21
35	Freestanding Dialysis Services	1,442	0	0	0	0.00	0.00	1,372	0	0	0	0.00	0.00
98	Unknown	1,442	0	0	0	0.00	0.00	1,372	0	0	0	0.00	0.00
Total		1,442	\$	1,288,180		\$	893.33	1,372	\$	803,921		\$	585.95

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

COE: DHS Foster Care Region: South Age: Ages 21 +		July 2006 - June 2007							July 2007 - June 2008						
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	27	0	0	0	0.00	0.00	23	0	0	0	0.00	0.00		
02	Outpatient Hospital Services	27	0	0	0	0.00	0.00	23	15	683	7,826	45.53	29.70		
03	Lab and Radiology Services	27	0	0	0	0.00	0.00	23	3	32	1,565	10.54	1.37		
05	Physician Services	27	0	0	0	0.00	0.00	23	10	610	5,217	60.97	26.51		
06	Home and Community Based Services	27	0	0	0	0.00	0.00	23	0	0	0	0.00	0.00		
07	Home Health Agency Services	27	0	0	0	0.00	0.00	23	0	0	0	0.00	0.00		
08	Swing Bed Skilled Care Services	27	0	0	0	0.00	0.00	23	0	0	0	0.00	0.00		
10	Periodic Screening Services (EPDST)	27	0	0	0	0.00	0.00	23	0	0	0	0.00	0.00		
11	Emergency/Non-Emergency Transportation	27	0	0	0	0.00	0.00	23	0	0	0	0.00	0.00		
12	Dental Services	27	0	0	0	0.00	0.00	23	0	0	0	0.00	0.00		
13	Eyeglass Services	27	0	0	0	0.00	0.00	23	0	0	0	0.00	0.00		
14	Family Planning Services	27	0	0	0	0.00	0.00	23	0	0	0	0.00	0.00		
15	Drug Services	27	8	377	3,556	47.14	13.97	23	3	62	1,565	20.51	2.67		
16	Dental Screening	27	0	0	0	0.00	0.00	23	0	0	0	0.00	0.00		
17	Eyeglass Screening	27	0	0	0	0.00	0.00	23	0	0	0	0.00	0.00		
18	Hearing Screening Services	27	0	0	0	0.00	0.00	23	0	0	0	0.00	0.00		
21	Swing Bed Intermediate Care Services	27	0	0	0	0.00	0.00	23	0	0	0	0.00	0.00		
22	Rural Health Clinic Services	27	4	327	1,778	81.82	12.12	23	0	0	0	0.00	0.00		
23	FQHC (Federally Qualified Health Center)	27	0	0	0	0.00	0.00	23	0	0	0	0.00	0.00		
24	DME (Durable Medical Equipment Services)	27	0	0	0	0.00	0.00	23	0	0	0	0.00	0.00		
25	Therapy Services, (outside the Home Health Program)	27	0	0	0	0.00	0.00	23	0	0	0	0.00	0.00		
27	Inpatient Psychiatric Hospital Services	27	0	0	0	0.00	0.00	23	0	0	0	0.00	0.00		
28	Nurse Services	27	0	0	0	0.00	0.00	23	2	73	1,043	36.31	3.16		
29	Ambulatory Surgical Centers	27	0	0	0	0.00	0.00	23	0	0	0	0.00	0.00		
31	Hospice Services	27	0	0	0	0.00	0.00	23	0	0	0	0.00	0.00		
32	Outpatient Psychiatric Hospital Services	27	0	0	0	0.00	0.00	23	0	0	0	0.00	0.00		
34	Family Planning Drug Services	27	0	0	0	0.00	0.00	23	0	0	0	0.00	0.00		
35	Freestanding Dialysis Services	27	0	0	0	0.00	0.00	23	0	0	0	0.00	0.00		
98	Unknown	27	0	0	0	0.00	0.00	23	0	0	0	0.00	0.00		
Total		27	\$	704		\$	26.09	23	\$	1,458		\$	63.41		

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					
COE:	Breast - Cervical												
Region:	South												
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	672	142	181,534	2,536	1,278.41	270.14	757	140	176,519	2,219	1,260.85	233.18
02	Outpatient Hospital Services	672	8,766	614,546	156,536	70.11	914.50	757	10,460	633,855	165,812	60.60	837.33
03	Lab and Radiology Services	672	284	6,641	5,071	23.38	9.88	757	308	6,741	4,882	21.89	8.91
05	Physician Services	672	19,367	375,817	345,839	19.41	559.25	757	11,981	440,606	189,923	36.78	582.04
06	Home and Community Based Services	672	0	0	0	0.00	0.00	757	0	0	0	0.00	0.00
07	Home Health Agency Services	672	4	277	71	69.15	0.41	757	46	1,805	729	39.23	2.38
08	Swing Bed Skilled Care Services	672	0	0	0	0.00	0.00	757	0	0	0	0.00	0.00
10	Periodic Screening Services (EPDST)	672	1	124	18	124.11	0.18	757	0	0	0	0.00	0.00
11	Emergency/Non-Emergency Transportation	672	111	2,268	1,982	20.43	3.38	757	94	1,718	1,490	18.27	2.27
12	Dental Services	672	54	2,162	964	40.04	3.22	757	104	6,513	1,649	62.63	8.60
13	Eyeglass Services	672	89	3,197	1,589	35.93	4.76	757	82	2,772	1,300	33.80	3.66
14	Family Planning Services	672	0	0	0	0.00	0.00	757	0	0	0	0.00	0.00
15	Drug Services	672	1,263	99,309	22,554	78.63	147.78	757	1,509	140,736	23,921	93.26	185.91
16	Dental Screening	672	0	0	0	0.00	0.00	757	0	0	0	0.00	0.00
17	Eyeglass Screening	672	0	0	0	0.00	0.00	757	0	0	0	0.00	0.00
18	Hearing Screening Services	672	0	0	0	0.00	0.00	757	0	0	0	0.00	0.00
21	Swing Bed Intermediate Care Services	672	0	0	0	0.00	0.00	757	0	0	0	0.00	0.00
22	Rural Health Clinic Services	672	39	2,682	696	68.77	3.99	757	39	2,455	618	62.95	3.24
23	FQHC (Federally Qualified Health Center)	672	147	12,458	2,625	84.75	18.54	757	128	8,651	2,029	67.59	11.43
24	DME (Durable Medical Equipment Services)	672	88	1,812	1,571	20.59	2.70	757	132	3,193	2,092	24.19	4.22
25	Therapy Services, (outside the Home Health Program)	672	0	0	0	0.00	0.00	757	0	0	0	0.00	0.00
27	Inpatient Psychiatric Hospital Services	672	0	0	0	0.00	0.00	757	0	0	0	0.00	0.00
28	Nurse Services	672	5,483	7,618	97,911	1.39	11.34	757	5,649	8,238	89,548	1.46	10.88
29	Ambulatory Surgical Centers	672	11	3,132	196	284.75	4.66	757	22	6,530	349	296.82	8.63
31	Hospice Services	672	78	8,912	1,393	114.26	13.26	757	1	124	16	123.63	0.16
32	Outpatient Psychiatric Hospital Services	672	0	0	0	0.00	0.00	757	0	0	0	0.00	0.00
34	Family Planning Drug Services	672	2	25	36	12.27	0.04	757	1	28	16	28.35	0.04
35	Freestanding Dialysis Services	672	0	0	0	0.00	0.00	757	0	0	0	0.00	0.00
98	Unknown	672	0	0	0	0.00	0.00	757	0	0	0	0.00	0.00
Total		672		\$ 1,322,514		\$ 1,968.03		757		\$ 1,440,484		\$ 1,902.88	

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:	SSI														
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	877,501	711,688	20,475,870	9,732	28.77	23.33	890,475	772,211	20,835,945	10,406	26.98	23.40		
02	Other Outpatient Hospital Services	877,501	1,250,775	57,750,072	17,105	46.17	65.81	890,475	1,353,130	57,581,590	18,235	42.55	64.66		
	Total	877,501		\$ 78,225,942			\$ 89.15	890,475		\$ 78,417,535			\$ 88.06		
Category:	Disabled Child at Home														
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	11,694	2,689	54,625	2,759	20.31	4.67	12,899	2,630	59,665	2,447	22.69	4.63		
02	Other Outpatient Hospital Services	11,694	30,262	793,461	31,054	26.22	67.85	12,899	30,106	1,126,238	28,008	37.41	87.31		
	Total	11,694		\$ 848,087			\$ 72.52	12,899		\$ 1,185,902			\$ 91.94		
Category:	Working Disabled														
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	2,970	2,666	77,752	10,772	29.16	26.18	2,856	2,575	49,689	10,819	19.30	17.40		
02	Other Outpatient Hospital Services	2,970	7,571	402,407	30,590	53.15	135.49	2,856	8,682	385,608	36,479	44.41	135.02		
	Total	2,970		\$ 480,159			\$ 161.67	2,856		\$ 435,297			\$ 152.41		
Category:	DHS Foster Care														
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	18,313	4,541	150,813	2,976	33.21	8.24	18,612	5,606	155,625	3,614	27.76	8.36		
02	Other Outpatient Hospital Services	18,313	5,419	266,577	3,551	49.19	14.56	18,612	5,748	263,767	3,706	45.89	14.17		
	Total	18,313		\$ 417,390			\$ 22.79	18,612		\$ 419,392			\$ 22.53		
Category:	Breast - Cervical														
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	1,562	1,199	38,320	9,211	31.96	24.53	1,652	1,605	39,239	11,659	24.45	23.75		
02	Other Outpatient Hospital Services	1,562	19,978	1,338,680	153,480	67.01	857.03	1,652	20,285	1,346,895	147,349	66.40	815.31		
	Total	1,562		\$ 1,377,000			\$ 881.56	1,652		\$ 1,386,134			\$ 839.06		

Appendix B

Enrollment Summaries

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

		July 2006 - June 2007		July 2007 - June 2008	
Region: North					
County Code	County Name	Member Months	Average Enrollment	Member Months	Average Enrollment
02	Alcorn	11,489	957	11,649	971
04	Attala	6,909	576	6,953	579
05	Benton	3,651	304	3,649	304
06	Bolivar, East	25,467	2,122	25,531	2,128
08	Carroll	2,960	247	3,045	254
14	Coahoma	17,316	1,443	17,417	1,451
17	Desoto	15,841	1,320	17,498	1,458
22	Grenada	9,419	785	9,639	803
26	Holmes	14,317	1,193	14,313	1,193
27	Humphreys	7,221	602	7,575	631
29	Itawamba	3,893	324	3,989	332
36	Lafayette	4,915	410	5,017	418
41	Lee	21,291	1,774	21,844	1,820
42	Leflore	21,914	1,826	22,119	1,843
47	Marshall	11,233	936	11,774	981
49	Montgomery	4,534	378	4,470	373
54	Panola	14,319	1,193	14,787	1,232
58	Pontotoc	5,691	474	5,852	488
59	Prentiss	6,418	535	6,617	551
60	Quitman	6,080	507	6,103	509
67	Sunflower	15,234	1,270	15,221	1,268
68	Tallahatchie	8,281	690	8,209	684
69	Tate	5,679	473	5,799	483
70	Tippah	7,882	657	8,058	672
71	Tishomingo	5,133	428	5,421	452
72	Tunica	4,709	392	4,880	407
73	Union	5,444	454	5,838	487
76	Washington	38,699	3,225	38,534	3,211
81	Yalobusha	6,566	547	6,639	553
Total		312,505	26,042	318,440	26,537

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

		July 2006 - June 2007		July 2007 - June 2008	
Region: Central					
County Code	County Name	Member Months	Average Enrollment	Member Months	Average Enrollment
07	Calhoun	4,825	402	5,009	417
09	Chickasaw, East	7,372	614	7,540	628
10	Choctaw	3,118	260	3,113	259
11	Claiborne	5,318	443	5,336	445
12	Clarke	6,211	518	6,286	524
13	Clay	8,085	674	8,266	689
15	Copiah	12,123	1,010	12,215	1,018
25	Hinds	82,863	6,905	83,323	6,944
28	Issaquena	495	41	547	46
31	Jasper	7,494	625	7,289	607
35	Kemper	3,141	262	3,204	267
38	Lauderdale	26,918	2,243	27,067	2,256
40	Leake	7,478	623	7,904	659
44	Lowndes	18,868	1,572	19,095	1,591
45	Madison	16,672	1,389	16,879	1,407
48	Monroe	9,559	797	9,550	796
50	Neshoba	8,470	706	8,750	729
51	Newton	7,128	594	7,331	611
52	Noxubee	7,569	631	7,644	637
53	Oktibbeha	12,282	1,024	12,390	1,033
61	Rankin	18,903	1,575	19,414	1,618
62	Scott	9,459	788	9,774	815
63	Sharkey	3,848	321	3,832	319
64	Simpson	8,416	701	8,529	711
65	Smith	4,723	394	4,713	393
75	Warren	15,414	1,285	15,635	1,303
78	Webster	3,646	304	3,615	301
80	Winston	5,927	494	5,869	489
82	Yazoo	12,191	1,016	12,314	1,026
Total		338,516	28,210	342,433	28,536

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

		July 2006 - June 2007		July 2007 - June 2008	
Region: South					
County Code	County Name	Member Months	Average Enrollment	Member Months	Average Enrollment
01	Adams	14,915	1,243	15,156	1,263
03	Amite	4,433	369	4,402	367
16	Covington	8,647	721	8,706	726
18	Forrest	25,428	2,119	25,407	2,117
19	Franklin	2,868	239	2,936	245
20	George	5,454	455	5,743	479
21	Greene	3,369	281	3,352	279
23	Hancock	8,007	667	8,168	681
24	Harrison	41,156	3,430	42,327	3,527
30	Jackson	23,610	1,968	24,314	2,026
32	Jefferson	6,067	506	6,159	513
33	Jefferson Davis	5,519	460	5,432	453
34	Jones	20,314	1,693	20,439	1,703
37	Lamar	7,161	597	7,567	631
39	Lawrence	4,553	379	4,723	394
43	Lincoln	9,737	811	10,047	837
46	Marion	10,411	868	10,372	864
55	Pearl River	13,808	1,151	14,339	1,195
56	Perry	4,003	334	4,033	336
57	Pike	17,194	1,433	17,562	1,464
66	Stone	5,027	419	5,130	428
74	Walthall	5,722	477	5,651	471
77	Wayne	7,526	627	7,685	640
79	Wilkinson	6,090	508	5,971	498
Total		261,019	21,752	265,621	22,135

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

		July 2006 - June 2007		July 2007 - June 2008	
Region: Statewide					
County Code	County Name	Member Months	Average Enrollment	Member Months	Average Enrollment
01	Adams	14,915	1,243	15,156	1,263
02	Alcorn	11,489	957	11,649	971
03	Amite	4,433	369	4,402	367
04	Attala	6,909	576	6,953	579
05	Benton	3,651	304	3,649	304
06	Bolivar, East	25,467	2,122	25,531	2,128
07	Calhoun	4,825	402	5,009	417
08	Carroll	2,960	247	3,045	254
09	Chickasaw, East	7,372	614	7,540	628
10	Choctaw	3,118	260	3,113	259
11	Claiborne	5,318	443	5,336	445
12	Clarke	6,211	518	6,286	524
13	Clay	8,085	674	8,266	689
14	Coahoma	17,316	1,443	17,417	1,451
15	Copiah	12,123	1,010	12,215	1,018
16	Covington	8,647	721	8,706	726
17	Desoto	15,841	1,320	17,498	1,458
18	Forrest	25,428	2,119	25,407	2,117
19	Franklin	2,868	239	2,936	245
20	George	5,454	455	5,743	479
21	Greene	3,369	281	3,352	279
22	Grenada	9,419	785	9,639	803
23	Hancock	8,007	667	8,168	681
24	Harrison	41,156	3,430	42,327	3,527
25	Hinds	82,863	6,905	83,323	6,944
26	Holmes	14,317	1,193	14,313	1,193
27	Humphreys	7,221	602	7,575	631
28	Issaquena	495	41	547	46
29	Itawamba	3,893	324	3,989	332
30	Jackson	23,610	1,968	24,314	2,026
31	Jasper	7,494	625	7,289	607
32	Jefferson	6,067	506	6,159	513
33	Jefferson Davis	5,519	460	5,432	453
34	Jones	20,314	1,693	20,439	1,703
35	Kemper	3,141	262	3,204	267
36	Lafayette	4,915	410	5,017	418
37	Lamar	7,161	597	7,567	631
38	Lauderdale	26,918	2,243	27,067	2,256
39	Lawrence	4,553	379	4,723	394
40	Leake	7,478	623	7,904	659
41	Lee	21,291	1,774	21,844	1,820
42	Leflore	21,914	1,826	22,119	1,843
43	Lincoln	9,737	811	10,047	837
44	Lowndes	18,868	1,572	19,095	1,591
45	Madison	16,672	1,389	16,879	1,407
46	Marion	10,411	868	10,372	864
47	Marshall	11,233	936	11,774	981
48	Monroe	9,559	797	9,550	796
49	Montgomery	4,534	378	4,470	373
50	Neshoba	8,470	706	8,750	729
51	Newton	7,128	594	7,331	611
52	Noxubee	7,569	631	7,644	637
53	Oktibbeha	12,282	1,024	12,390	1,033
54	Panola	14,319	1,193	14,787	1,232
55	Pearl River	13,808	1,151	14,339	1,195
56	Perry	4,003	334	4,033	336
57	Pike	17,194	1,433	17,562	1,464
58	Pontotoc	5,691	474	5,852	488
59	Prentiss	6,418	535	6,617	551
60	Quitman	6,080	507	6,103	509
61	Rankin	18,903	1,575	19,414	1,618
62	Scott	9,459	788	9,774	815
63	Sharkey	3,848	321	3,832	319
64	Simpson	8,416	701	8,529	711
65	Smith	4,723	394	4,713	393
66	Stone	5,027	419	5,130	428
67	Sunflower	15,234	1,270	15,221	1,268
68	Tallahatchie	8,281	690	8,209	684
69	Tate	5,679	473	5,799	483
70	Tippah	7,882	657	8,058	672
71	Tishomingo	5,133	428	5,421	452
72	Tunica	4,709	392	4,880	407
73	Union	5,444	454	5,838	487
74	Walthall	5,722	477	5,651	471
75	Warren	15,414	1,285	15,635	1,303
76	Washington	38,699	3,225	38,534	3,211
77	Wayne	7,526	627	7,685	640
78	Webster	3,646	304	3,615	301
79	Wilkinson	6,090	508	5,971	498
80	Winston	5,927	494	5,869	489
81	Yalobusha	6,566	547	6,639	553
82	Yazoo	12,191	1,016	12,314	1,026
Total		912,040	76,003	926,494	77,208

Appendix C

Claim Probability Distributions

Appendix C
State of Mississippi Department of Medicaid
High Cost Population
Claim Probability Distribution
State Fiscal Year 2007
0-1 Years Age Band

Amount Allowed	Membership	Average Amount	Frequency	Cumulative Frequency
0 - 0	126	0	0.1046	0.1046
0 - 49.99	41	20.34	0.0340	0.1386
50 - 74.99	27	62.52	0.0224	0.1610
75 - 99.99	23	82.53	0.0191	0.1801
100 - 149.99	34	124.22	0.0282	0.2083
150 - 199.99	36	178.55	0.0299	0.2382
200 - 249.99	34	218.58	0.0282	0.2664
250 - 499.99	88	368.99	0.0730	0.3394
500 - 749.99	49	629.21	0.0407	0.3801
750 - 999.99	43	869.61	0.0357	0.4158
1,000 - 1,499.99	76	1,226.16	0.0631	0.4788
1,500 - 1,999.99	48	1,689.85	0.0398	0.5187
2,000 - 2,499.99	30	2,225.30	0.0249	0.5436
2,500 - 2,999.99	26	2,756.41	0.0216	0.5651
3,000 - 3,999.99	42	3,474.95	0.0349	0.6000
4,000 - 4,999.99	33	4,498.58	0.0274	0.6274
5,000 - 7,499.99	60	6,116.28	0.0498	0.6772
7,500 - 9,999.99	48	8,910.73	0.0398	0.7170
10,000 - 14,999.99	61	11,978.98	0.0506	0.7676
15,000 - 19,999.99	32	16,980.56	0.0266	0.7942
20,000 - 24,999.99	28	22,515.86	0.0232	0.8174
25,000 - 29,999.99	17	27,064.50	0.0141	0.8315
30,000 - 34,999.99	16	32,195.06	0.0133	0.8448
35,000 - 39,999.99	10	36,982.57	0.0083	0.8531
40,000 - 49,999.99	29	45,385.49	0.0241	0.8772
50,000 - 59,999.99	28	55,033.24	0.0232	0.9004
60,000 - 69,999.99	25	64,306.10	0.0207	0.9212
70,000 - 79,999.99	10	71,680.73	0.0083	0.9295
80,000 - 89,999.99	12	85,116.85	0.0100	0.9394
90,000 - 99,999.99	16	94,527.92	0.0133	0.9527
100,000 - 109,999.99	7	104,796.21	0.0058	0.9585
110,000 - 119,999.99	7	116,606.77	0.0058	0.9643
120,000 - 129,999.99	9	124,783.97	0.0075	0.9718
130,000 - 139,999.99	2	137,332.53	0.0017	0.9734
140,000 - 149,999.99	5	146,160.94	0.0041	0.9776
150,000 - 174,999.99	11	160,548.43	0.0091	0.9867
175,000 - 199,999.99	5	183,115.15	0.0041	0.9909
200,000 - 224,999.99	2	211,863.63	0.0017	0.9925
225,000 - 249,999.99	4	232,801.94	0.0033	0.9959
250,000 - 274,999.99	3	267,703.63	0.0025	0.9983
275,000 - 299,999.99	2	292,327.39	0.0017	1.0000
300,000 - 349,999.99	0		0.0000	1.0000
350,000 - 399,999.99	0		0.0000	1.0000
400,000 - 449,999.99	0		0.0000	1.0000
450,000 - 499,999.99	0		0.0000	1.0000
500,000 - 599,999.99	0		0.0000	1.0000
600,000 - 699,999.99	0		0.0000	1.0000
700,000 - 799,999.99	0		0.0000	1.0000
800,000 - 899,999.99	0		0.0000	1.0000
900,000 - 999,999.99	0		0.0000	1.0000
1,000,000+	0		0.0000	1.0000

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	626	0	0.0996	0.0996
0 - 49.99	163	25.11	0.0259	0.1256
50 - 74.99	81	63.22	0.0129	0.1384
75 - 99.99	111	87.53	0.0177	0.1561
100 - 149.99	194	123.51	0.0309	0.1870
150 - 199.99	171	174.09	0.0272	0.2142
200 - 249.99	166	223.90	0.0264	0.2406
250 - 499.99	651	365.55	0.1036	0.3442
500 - 749.99	504	619.47	0.0802	0.4244
750 - 999.99	387	870.02	0.0616	0.4860
1,000 - 1,499.99	565	1,231.27	0.0899	0.5759
1,500 - 1,999.99	347	1,725.14	0.0552	0.6311
2,000 - 2,499.99	259	2,239.08	0.0412	0.6723
2,500 - 2,999.99	219	2,727.83	0.0349	0.7072
3,000 - 3,999.99	402	3,474.55	0.0640	0.7712
4,000 - 4,999.99	248	4,483.85	0.0395	0.8106
5,000 - 7,499.99	364	6,092.51	0.0579	0.8686
7,500 - 9,999.99	236	8,604.00	0.0376	0.9061
10,000 - 14,999.99	237	12,367.02	0.0377	0.9438
15,000 - 19,999.99	126	17,192.97	0.0201	0.9639
20,000 - 24,999.99	58	22,160.58	0.0092	0.9731
25,000 - 29,999.99	32	27,152.49	0.0051	0.9782
30,000 - 34,999.99	27	32,575.98	0.0043	0.9825
35,000 - 39,999.99	12	37,340.79	0.0019	0.9844
40,000 - 49,999.99	25	45,531.20	0.0040	0.9884
50,000 - 59,999.99	19	53,254.66	0.0232	0.9914
60,000 - 69,999.99	10	65,224.06	0.0016	0.9930
70,000 - 79,999.99	14	75,891.51	0.0022	0.9952
80,000 - 89,999.99	6	84,349.03	0.0010	0.9962
90,000 - 99,999.99	4	95,525.47	0.0006	0.9968
100,000 - 109,999.99	2	101,615.31	0.0003	0.9971
110,000 - 119,999.99	2	114,649.17	0.0003	0.9975
120,000 - 129,999.99	1	126,323.96	0.0002	0.9976
130,000 - 139,999.99	2	131,997.70	0.0003	0.9979
140,000 - 149,999.99	3	149,393.89	0.0005	0.9984
150,000 - 174,999.99	2	156,043.75	0.0003	0.9987
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		0.0000	0.9992
250,000 - 274,999.99	2	265,462.12	0.0003	0.9995
275,000 - 299,999.99	0		0.0000	0.9995
300,000 - 349,999.99	1	334,763.95	0.0002	0.9997
350,000 - 399,999.99	0		0.0000	0.9997
400,000 - 449,999.99	0		0.0000	0.9997
450,000 - 499,999.99	0		0.0000	0.9997
500,000 - 599,999.99	0		0.0000	0.9997
600,000 - 699,999.99	0		0.0000	0.9997
700,000 - 799,999.99	0		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		0.0000	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	4,019	0	0.1464	0.1464
0 - 49.99	358	26.09	0.0130	0.1594
50 - 74.99	260	63.95	0.0095	0.1689
75 - 99.99	351	87.18	0.0128	0.1817
100 - 149.99	795	124.09	0.0290	0.2107
150 - 199.99	787	174.74	0.0287	0.2393
200 - 249.99	760	224.16	0.0277	0.2670
250 - 499.99	2,885	370.32	0.1051	0.3721
500 - 749.99	2,360	621.02	0.0860	0.4581
750 - 999.99	1,779	872.21	0.0648	0.5229
1,000 - 1,499.99	2,661	1,232.95	0.0969	0.6198
1,500 - 1,999.99	1,894	1,732.49	0.0690	0.6888
2,000 - 2,499.99	1,362	2,238.95	0.0496	0.7384
2,500 - 2,999.99	1,012	2,734.93	0.0369	0.7753
3,000 - 3,999.99	1,449	3,468.91	0.0528	0.8280
4,000 - 4,999.99	900	4,464.98	0.0328	0.8608
5,000 - 7,499.99	1,287	6,100.57	0.0469	0.9077
7,500 - 9,999.99	721	8,668.46	0.0263	0.9340
10,000 - 14,999.99	792	12,098.36	0.0288	0.9628
15,000 - 19,999.99	314	17,269.81	0.0114	0.9742
20,000 - 24,999.99	208	22,360.56	0.0076	0.9818
25,000 - 29,999.99	105	27,397.54	0.0038	0.9856
30,000 - 34,999.99	80	32,305.65	0.0029	0.9886
35,000 - 39,999.99	55	37,661.72	0.0020	0.9906
40,000 - 49,999.99	70	44,341.63	0.0025	0.9931
50,000 - 59,999.99	53	54,524.38	0.0232	0.9950
60,000 - 69,999.99	36	63,984.29	0.0013	0.9964
70,000 - 79,999.99	17	73,929.55	0.0006	0.9970
80,000 - 89,999.99	10	86,099.71	0.0004	0.9973
90,000 - 99,999.99	11	93,378.09	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	124,050.48	0.0003	0.9984
130,000 - 139,999.99	2	138,743.96	0.0001	0.9984
140,000 - 149,999.99	5	145,656.19	0.0002	0.9986
150,000 - 174,999.99	5	157,602.72	0.0002	0.9988
175,000 - 199,999.99	8	185,647.93	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	0.9992
250,000 - 274,999.99	2	255,852.52	0.0001	0.9993
275,000 - 299,999.99	0		0.0000	0.9993
300,000 - 349,999.99	8	318,892.36	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	750,178.89	0.0000	1.0000
800,000 - 899,999.99	0		0.0000	1.0000
900,000 - 999,999.99	0		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	7,629	0	0.1360	0.1360
0 - 49.99	772	26.65	0.0138	0.1497
50 - 74.99	416	63.16	0.0074	0.1572
75 - 99.99	464	87.78	0.0083	0.1654
100 - 149.99	906	124.88	0.0161	0.1816
150 - 199.99	864	174.93	0.0154	0.1970
200 - 249.99	854	224.64	0.0152	0.2122
250 - 499.99	3,289	369.58	0.0586	0.2708
500 - 749.99	2,542	619.36	0.0453	0.3161
750 - 999.99	2,098	871.84	0.0374	0.3535
1,000 - 1,499.99	3,439	1,237.64	0.0613	0.4148
1,500 - 1,999.99	2,906	1,743.12	0.0518	0.4666
2,000 - 2,499.99	2,558	2,245.82	0.0456	0.5122
2,500 - 2,999.99	2,284	2,742.86	0.0407	0.5529
3,000 - 3,999.99	3,940	3,478.40	0.0702	0.6231
4,000 - 4,999.99	3,129	4,486.38	0.0558	0.6789
5,000 - 7,499.99	5,415	6,140.08	0.0965	0.7754
7,500 - 9,999.99	3,153	8,656.81	0.0562	0.8316
10,000 - 14,999.99	3,420	12,196.79	0.0610	0.8926
15,000 - 19,999.99	1,723	17,281.21	0.0307	0.9233
20,000 - 24,999.99	1,041	22,306.55	0.0186	0.9418
25,000 - 29,999.99	757	27,397.85	0.0135	0.9553
30,000 - 34,999.99	534	32,496.46	0.0095	0.9649
35,000 - 39,999.99	446	37,447.35	0.0079	0.9728
40,000 - 49,999.99	692	44,599.04	0.0123	0.9851
50,000 - 59,999.99	405	54,240.99	0.0232	0.9924
60,000 - 69,999.99	154	64,315.86	0.0027	0.9951
70,000 - 79,999.99	109	74,361.97	0.0019	0.9970
80,000 - 89,999.99	67	84,309.93	0.0012	0.9982
90,000 - 99,999.99	43	94,681.67	0.0008	0.9990
100,000 - 109,999.99	22	105,103.39	0.0004	0.9994
110,000 - 119,999.99	7	114,047.11	0.0001	0.9995
120,000 - 129,999.99	8	123,612.88	0.0001	0.9997
130,000 - 139,999.99	5	135,285.53	0.0001	0.9998
140,000 - 149,999.99	3	145,449.67	0.0001	0.9998
150,000 - 174,999.99	3	158,776.31	0.0001	0.9999
175,000 - 199,999.99	3	183,080.36	0.0001	0.9999
200,000 - 224,999.99	3	214,941.14	0.0001	1.0000
225,000 - 249,999.99	0		0.0000	1.0000
250,000 - 274,999.99	0		0.0000	1.0000
275,000 - 299,999.99	0		0.0000	1.0000
300,000 - 349,999.99	1	347,743.53	0.0000	1.0000
350,000 - 399,999.99	0		0.0000	1.0000
400,000 - 449,999.99	0		0.0000	1.0000
450,000 - 499,999.99	0		0.0000	1.0000
500,000 - 599,999.99	1	536,060.24	0.0000	1.0000
600,000 - 699,999.99	0		0.0000	1.0000
700,000 - 799,999.99	0		0.0000	1.0000
800,000 - 899,999.99	0		0.0000	1.0000
900,000 - 999,999.99	0		0.0000	1.0000
1,000,000+	0		0.0000	1.0000

Appendix C
State of Mississippi Department of Medicaid
High Cost Population
Claim Probability Distribution
State Fiscal Year 2008
0-1 Years Age Band

Amount Allowed	Membership	Average Amount	Frequency	Cumulative Frequency
0 - 0	121	0	0.0935	0.0935
0 - 49.99	31	28	0.0240	0.1175
50 - 74.99	23	63	0.0178	0.1352
75 - 99.99	14	87	0.0108	0.1461
100 - 149.99	24	124	0.0185	0.1646
150 - 199.99	23	174	0.0178	0.1824
200 - 249.99	26	223	0.0201	0.2025
250 - 499.99	91	375	0.0703	0.2728
500 - 749.99	56	607	0.0433	0.3161
750 - 999.99	42	866	0.0325	0.3485
1,000 - 1,499.99	71	1,222	0.0549	0.4034
1,500 - 1,999.99	56	1,738	0.0433	0.4467
2,000 - 2,499.99	45	2,244	0.0348	0.4815
2,500 - 2,999.99	37	2,743	0.0286	0.5100
3,000 - 3,999.99	53	3,491	0.0410	0.5510
4,000 - 4,999.99	42	4,478	0.0325	0.5835
5,000 - 7,499.99	61	6,152	0.0471	0.6306
7,500 - 9,999.99	51	8,640	0.0394	0.6700
10,000 - 14,999.99	91	12,144	0.0703	0.7403
15,000 - 19,999.99	41	17,286	0.0317	0.7720
20,000 - 24,999.99	22	22,483	0.0170	0.7890
25,000 - 29,999.99	22	27,137	0.0170	0.8060
30,000 - 34,999.99	17	32,638	0.0131	0.8192
35,000 - 39,999.99	17	37,463	0.0131	0.8323
40,000 - 49,999.99	22	45,215	0.0170	0.8493
50,000 - 59,999.99	16	55,385	0.0232	0.8617
60,000 - 69,999.99	25	64,171	0.0193	0.8810
70,000 - 79,999.99	24	75,114	0.0185	0.8995
80,000 - 89,999.99	20	85,226	0.0155	0.9150
90,000 - 99,999.99	17	95,246	0.0131	0.9281
100,000 - 109,999.99	10	104,852	0.0077	0.9359
110,000 - 119,999.99	15	115,936	0.0116	0.9474
120,000 - 129,999.99	11	123,680	0.0085	0.9560
130,000 - 139,999.99	5	135,234	0.0039	0.9598
140,000 - 149,999.99	12	143,659	0.0093	0.9691
150,000 - 174,999.99	14	160,982	0.0108	0.9799
175,000 - 199,999.99	5	188,330	0.0039	0.9838
200,000 - 224,999.99	7	210,118	0.0054	0.9892
225,000 - 249,999.99	1	228,200	0.0008	0.9900
250,000 - 274,999.99	3	265,915	0.0023	0.9923
275,000 - 299,999.99	1	291,700	0.0008	0.9930
300,000 - 349,999.99	4	322,011	0.0031	0.9961
350,000 - 399,999.99	1	395,181	0.0008	0.9969
400,000 - 449,999.99	2	411,063	0.0015	0.9985
450,000 - 499,999.99	1	475,492	0.0008	0.9992
500,000 - 599,999.99	1	524,403	0.0008	1.0000
600,000 - 699,999.99	0	0	0.0000	1.0000
700,000 - 799,999.99	0	0	0.0000	1.0000
800,000 - 899,999.99	0	0	0.0000	1.0000
900,000 - 999,999.99	0	0	0.0000	1.0000
1,000,000+	0	0	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	505	0	0.0783	0.0783
0 - 49.99	141	22	0.0219	0.1002
50 - 74.99	90	63	0.0140	0.1142
75 - 99.99	95	89	0.0147	0.1289
100 - 149.99	196	123	0.0304	0.1593
150 - 199.99	143	175	0.0222	0.1815
200 - 249.99	162	226	0.0251	0.2066
250 - 499.99	690	365	0.1070	0.3137
500 - 749.99	484	618	0.0751	0.3888
750 - 999.99	368	867	0.0571	0.4459
1,000 - 1,499.99	547	1,219	0.0849	0.5307
1,500 - 1,999.99	360	1,745	0.0558	0.5866
2,000 - 2,499.99	291	2,248	0.0451	0.6317
2,500 - 2,999.99	242	2,754	0.0375	0.6693
3,000 - 3,999.99	405	3,496	0.0628	0.7321
4,000 - 4,999.99	271	4,492	0.0420	0.7741
5,000 - 7,499.99	470	6,098	0.0729	0.8470
7,500 - 9,999.99	249	8,706	0.0386	0.8857
10,000 - 14,999.99	261	12,174	0.0405	0.9262
15,000 - 19,999.99	165	17,203	0.0256	0.9518
20,000 - 24,999.99	90	22,036	0.0140	0.9657
25,000 - 29,999.99	48	27,154	0.0074	0.9732
30,000 - 34,999.99	31	32,448	0.0048	0.9780
35,000 - 39,999.99	23	37,258	0.0036	0.9815
40,000 - 49,999.99	32	45,610	0.0050	0.9865
50,000 - 59,999.99	15	54,623	0.0232	0.9888
60,000 - 69,999.99	14	65,561	0.0022	0.9910
70,000 - 79,999.99	15	73,891	0.0023	0.9933
80,000 - 89,999.99	6	85,451	0.0009	0.9943
90,000 - 99,999.99	8	92,947	0.0012	0.9955
100,000 - 109,999.99	3	106,681	0.0005	0.9960
110,000 - 119,999.99	6	116,601	0.0009	0.9969
120,000 - 129,999.99	3	122,807	0.0005	0.9974
130,000 - 139,999.99	1	136,603	0.0002	0.9975
140,000 - 149,999.99	6	144,431	0.0009	0.9984
150,000 - 174,999.99	2	156,057	0.0003	0.9988
175,000 - 199,999.99	3	185,974	0.0005	0.9992
200,000 - 224,999.99	1	210,515	0.0002	0.9994
225,000 - 249,999.99	0	0	0.0000	0.9994
250,000 - 274,999.99	0	0	0.0000	0.9994
275,000 - 299,999.99	0	0	0.0000	0.9994
300,000 - 349,999.99	1	309,673	0.0002	0.9995
350,000 - 399,999.99	2	359,381	0.0003	0.9998
400,000 - 449,999.99	0	0	0.0000	0.9998
450,000 - 499,999.99	0	0	0.0000	0.9998
500,000 - 599,999.99	0	0	0.0000	0.9998
600,000 - 699,999.99	0	0	0.0000	0.9998
700,000 - 799,999.99	0	0	0.0000	0.9998
800,000 - 899,999.99	0	0	0.0000	0.9998
900,000 - 999,999.99	1	924,944	0.0002	1.0000
1,000,000+	0	0	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	3,797	0	0.1374	0.1374
0 - 49.99	352	25	0.0127	0.1502
50 - 74.99	286	63	0.0104	0.1605
75 - 99.99	407	87	0.0147	0.1753
100 - 149.99	807	126	0.0292	0.2045
150 - 199.99	687	174	0.0249	0.2293
200 - 249.99	690	225	0.0250	0.2543
250 - 499.99	2,926	369	0.1059	0.3602
500 - 749.99	2,241	619	0.0811	0.4413
750 - 999.99	1,839	872	0.0666	0.5079
1,000 - 1,499.99	2,683	1,235	0.0971	0.6050
1,500 - 1,999.99	2,009	1,735	0.0727	0.6777
2,000 - 2,499.99	1,323	2,241	0.0479	0.7256
2,500 - 2,999.99	1,048	2,737	0.0379	0.7635
3,000 - 3,999.99	1,472	3,460	0.0533	0.8168
4,000 - 4,999.99	977	4,480	0.0354	0.8521
5,000 - 7,499.99	1,428	6,113	0.0517	0.9038
7,500 - 9,999.99	766	8,668	0.0277	0.9316
10,000 - 14,999.99	768	12,144	0.0278	0.9594
15,000 - 19,999.99	348	17,141	0.0126	0.9719
20,000 - 24,999.99	232	22,433	0.0084	0.9803
25,000 - 29,999.99	121	27,217	0.0044	0.9847
30,000 - 34,999.99	86	32,320	0.0031	0.9878
35,000 - 39,999.99	52	37,602	0.0019	0.9897
40,000 - 49,999.99	85	45,019	0.0031	0.9928
50,000 - 59,999.99	46	54,534	0.0232	0.9945
60,000 - 69,999.99	36	64,458	0.0013	0.9958
70,000 - 79,999.99	26	74,563	0.0009	0.9967
80,000 - 89,999.99	15	85,470	0.0005	0.9972
90,000 - 99,999.99	14	94,886	0.0005	0.9978
100,000 - 109,999.99	6	106,516	0.0002	0.9980
110,000 - 119,999.99	7	114,525	0.0003	0.9982
120,000 - 129,999.99	7	123,871	0.0003	0.9985
130,000 - 139,999.99	2	135,930	0.0001	0.9986
140,000 - 149,999.99	6	145,309	0.0002	0.9988
150,000 - 174,999.99	5	161,044	0.0002	0.9990
175,000 - 199,999.99	4	186,174	0.0001	0.9991
200,000 - 224,999.99	5	207,566	0.0002	0.9993
225,000 - 249,999.99	3	228,213	0.0001	0.9994
250,000 - 274,999.99	1	269,466	0.0000	0.9994
275,000 - 299,999.99	3	287,229	0.0001	0.9995
300,000 - 349,999.99	2	345,962	0.0001	0.9996
350,000 - 399,999.99	3	384,808	0.0001	0.9997
400,000 - 449,999.99	1	448,589	0.0000	0.9997
450,000 - 499,999.99	4	490,193	0.0001	0.9999
500,000 - 599,999.99	1	518,314	0.0000	0.9999
600,000 - 699,999.99	1	655,508	0.0000	1.0000
700,000 - 799,999.99	0	0	0.0000	1.0000
800,000 - 899,999.99	0	0	0.0000	1.0000
900,000 - 999,999.99	0	0	0.0000	1.0000
1,000,000+	1	1,413,046	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	7,404	0	0.1298	0.1298
0 - 49.99	813	26	0.0142	0.1440
50 - 74.99	423	63	0.0074	0.1514
75 - 99.99	484	87	0.0085	0.1599
100 - 149.99	934	124	0.0164	0.1763
150 - 199.99	939	175	0.0165	0.1927
200 - 249.99	792	225	0.0139	0.2066
250 - 499.99	3,414	370	0.0598	0.2665
500 - 749.99	2,686	622	0.0471	0.3135
750 - 999.99	2,088	872	0.0366	0.3501
1,000 - 1,499.99	3,517	1,241	0.0616	0.4118
1,500 - 1,999.99	2,837	1,743	0.0497	0.4615
2,000 - 2,499.99	2,548	2,245	0.0447	0.5062
2,500 - 2,999.99	2,281	2,743	0.0400	0.5461
3,000 - 3,999.99	3,989	3,487	0.0699	0.6160
4,000 - 4,999.99	3,201	4,482	0.0561	0.6721
5,000 - 7,499.99	5,577	6,141	0.0977	0.7699
7,500 - 9,999.99	3,271	8,643	0.0573	0.8272
10,000 - 14,999.99	3,490	12,176	0.0612	0.8884
15,000 - 19,999.99	1,792	17,257	0.0314	0.9198
20,000 - 24,999.99	1,105	22,284	0.0194	0.9392
25,000 - 29,999.99	770	27,396	0.0135	0.9527
30,000 - 34,999.99	569	32,408	0.0100	0.9626
35,000 - 39,999.99	442	37,436	0.0077	0.9704
40,000 - 49,999.99	756	44,601	0.0133	0.9836
50,000 - 59,999.99	464	54,173	0.0232	0.9918
60,000 - 69,999.99	206	64,428	0.0036	0.9954
70,000 - 79,999.99	107	74,706	0.0019	0.9972
80,000 - 89,999.99	69	84,469	0.0012	0.9985
90,000 - 99,999.99	29	94,716	0.0005	0.9990
100,000 - 109,999.99	26	104,409	0.0005	0.9994
110,000 - 119,999.99	4	117,390	0.0001	0.9995
120,000 - 129,999.99	7	124,413	0.0001	0.9996
130,000 - 139,999.99	5	136,675	0.0001	0.9997
140,000 - 149,999.99	3	145,529	0.0001	0.9998
150,000 - 174,999.99	4	160,943	0.0001	0.9998
175,000 - 199,999.99	1	180,957	0.0000	0.9998
200,000 - 224,999.99	0	0	0.0000	0.9998
225,000 - 249,999.99	1	230,000	0.0000	0.9999
250,000 - 274,999.99	2	270,310	0.0000	0.9999
275,000 - 299,999.99	2	287,444	0.0000	0.9999
300,000 - 349,999.99	0	0	0.0000	0.9999
350,000 - 399,999.99	0	0	0.0000	0.9999
400,000 - 449,999.99	0	0	0.0000	0.9999
450,000 - 499,999.99	2	474,172	0.0000	1.0000
500,000 - 599,999.99	0	0	0.0000	1.0000
600,000 - 699,999.99	0	0	0.0000	1.0000
700,000 - 799,999.99	0	0	0.0000	1.0000
800,000 - 899,999.99	0	0	0.0000	1.0000
900,000 - 999,999.99	0	0	0.0000	1.0000
1,000,000+	2	1,548,244	0.0000	1.0000

Appendix D Files

Appendix D.1-Historical Provider Fee Schedules.zip
Appendix D.2-Procedure Codes.xls
Appendix D.3-Diagnosis Codes by COE.xls
Appendix D.4-Hospital Inpatient and Outpatient Detail.xls
Appendix D.5-Rx Summaries.xls
Appendix D.6-Out of State Providers.xls