



ANNUAL REPORT
1992

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

Ladies and Gentlemen:

It is my pleasure to submit to you the 23rd Annual Report of the Division of Medicaid for Fiscal Year 1992. It is being submitted in accordance with the requirements of Section 43-13-127 of the Mississippi Code of 1972 as amended.

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

On behalf of the nearly 550,000 Mississippians who are being helped through the Medicaid program, we wish to thank the Governor and the members of the Legislature for continuing to make these services available.

Respectfully,

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

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

In Mississippi, the Medicaid program is administered by the Division of Medicaid, Office of the Governor by authority of Section 43-13-101 et seq. of the Mississippi Code of 1972, as amended. The Division operates 24 regional offices throughout Mississippi (see map on page 15) to serve the public by providing local accessibility.

PROGRAM HIGHLIGHTS FOR FY 1992

HealthMACS- MISSISSIPPI'S MANAGED CARE PROGRAM-

As medical costs throughout the country have continued their explosive rate of growth, Medicaid agencies have implemented various cost containment programs. Among the most effective of these is managed care. Through this program, medical services for Medicaid recipients are coordinated by a single managed care provider to ensure appropriate referrals for care and to reduce unnecessary or duplicative services particularly in hospital emergency rooms. States which have implemented managed care programs have realized substantial savings in the overall cost of medical services as well as improvement in the health care of the Medicaid recipients by providing timely care and avoiding unnecessary hospitalization.

Recognizing the need to control the costs of the state Medicaid program while ensuring the availability of adequate quality for Medicaid recipients, the Mississippi Legislature directed the Division of Medicaid, during the 1992 legislative session, to implement a managed care program in the state. To implement such a program, the Division was required to submit an application to the Health Care Financing Administration (HCFA). The first phase of the program should receive final approval from HCFA in January of 1993.

The Division will establish managed care services in the following seven pilot counties: Claiborne, Covington, Jefferson, Jefferson Davis, Lawrence, Warren, and Washington counties. These counties are home to approximately 32,000 Medicaid recipients. With assistance from the Department of Human Services, each Medicaid recipient in the seven counties will be enrolled in HealthMACS, Mississippi's managed care program, choosing as his/her managed care coordinator a doctor or clinic that has enrolled as a managed care provider. The name of the managed care provider will be printed on the recipient's Medicaid identification card. Each recipient in the managed care program will be instructed to contact his/her managed care provider any time that medical assistance is needed. That provider may then choose to either

provide the needed medical assistance to the Medicaid recipient, or he/she may refer the patient to another provider. Other providers are reimbursed for services provided to a recipient *only* if the recipient is referred to him/her by the recipient's managed care provider. The managed care provider will receive a management fee of \$3.00 per month per Medicaid recipient whose care he/she coordinates in addition to the usual fee for services he/she provides.

Eligible managed care providers include family practitioners, internists, obstetricians, gynecologists, general practitioners, pediatricians, federally qualified health centers, rural health clinics, State Department of Health clinics, physician group practices, and certified family, adult & pediatric nurse practitioners.

The primary purpose of a managed care program is to provide quality medical assistance to eligible recipients while reducing the amount spent for this care. The Division of Medicaid has estimated that the costs of physician, inpatient, outpatient, pharmacy, and lab/x-ray services will be reduced by \$3.5 million during the first two years of Medicaid's HealthMACS program in Mississippi.

CASE MIX IN MISSISSIPPI-

Over the past three years, the Division of Medicaid has been participating in a demonstration project with HCFA which has involved the research necessary for the development of a new payment system. This system will be based on the case mix of the residents in each long-term care facility and a quality assurance system for nursing facilities that participate in Medicaid and/or Medicare. The Division of Medicaid has been working closely with the Mississippi Case Mix Advisory Committee which is comprised of nursing facility administrators, owners, nurses, accountants and geriatric specialists to develop the best payment system for Mississippi nursing facilities. The Medicaid staff is currently working to finalize a written draft of the proposed reimbursement plan. This reimbursement methodology will be presented to the Mississippi State Legislature in the 1993 session in order to implement it July 1, 1993.

MISSISSIPPI- ONE OF 10 STATES AWARDED A ROBERT WOOD JOHNSON GRANT FOR THE DEVELOPMENT OF A STATEWIDE HEALTHCARE DATA BASE-

During the past decade, a growing number of states across the nation have been faced with the dilemma of inadequate data for health policy makers and program managers; information that is critical in the development of viable health care policies. Today in Mississippi, we are challenged by the same problem- the need for an integrated health statistics system. Fragmented sets of health and related human services data are found scattered throughout many different agencies and organizations, both public and private. Traditionally, most of the current health data systems in Mississippi

were originally designed to simply report service statistics from facilities such as clinics and hospitals and so lack the capability to integrate with other systems operating within the same agency and yield no outcomes analysis.

Responding to the country's needs, the Robert Wood Johnson Foundation announced the *Information for State Health Policy Initiative Grant* in January of 1991, and sent out an invitation to all states to apply for the grant by developing proposals which would strengthen each state's respective health statistics systems to support policy making, and aid in program development and management.

Answering this call, the governor selected 29 individuals, who represented the major stakeholders in planning for data system enhancements, to form the Interagency Working Group (IWG) which was charged with the responsibility of prioritizing the states any needs for information into a single strategy. This group had the benefit of participation from representatives of key health and human services agencies/organizations, judicial and legislative branches, consumer organizations and private providers. Group deliberations led to the selection of four major policy issues: 1) health care financing, 2) access to health care, 3) cost containment, and 4) comprehensive care.

From this initial information base, the governor selected the focus of health care access as one of the highest and most urgent priorities for Mississippians. Access was cited as an important challenge of health care particularly to a rural state. Following the submission of the final proposal to the Foundation, on August 1, 1991, Mississippi was chosen as one of 10 states to proceed with the project.

In April of 1992, the Division of Medicaid was awarded a grant to fund the "*Mississippi Information for State Health Policy Project (MISHPP)- Phase I*". As grantee, the Division has the responsibility to not only administer the project, but also coordinate efforts with more than 30 public and private organizations. While the primary objectives of the IWG in Phase I of this project are to: 1) conduct a comprehensive review of information needs, 2) identify and prioritize data systems enhancement strategies and, 3) select a specific detailed proposal to meet high priority information needs; the interagency effort being used in achieving these goals has potential long-term significance for the continued management of the state's data systems. It is hoped that the experiences of the IWG through these efforts will set a precedent for a long-standing coalition of agency directors, program managers and analysts who will advocate for accurate and timely data in health policy and program development and management .

The next step...

In the spring of 1993, Mississippi will again compete with the nine other states for an additional \$1 million Robert Wood Johnson Foundation grant to proceed with Phase II. This second phase would result in the development and actual implementation of the innovative data enhancement strategies developed during Phase I of this project.

THE PRIOR AUTHORIZATION DRUG PROGRAM-

Recognizing the expense associated with the provision of drug services through the Mississippi Medicaid program, the Division has historically implemented cost control measures for the drug program including, as an example, a restricted drug formulary.

With the passage of the Omnibus Budget Reconciliation Act of 1990 (OBRA 90), however, states were prohibited from using these restricted formularies, and required states to include a large number of products from pharmaceutical companies participating in the federal rebate program. This national legislation has resulted in an increase in the size of Mississippi's Medicaid formulary from approximately 1,700 total drug products to over 80,000 products in which the Medicaid program is now required to pay. Prior authorization remains one of the few viable options for controlling the cost of the drug program.

Through state legislation passed during the 1992 session, the Mississippi Legislature directed the Mississippi Medicaid program to put into place procedures for the prior authorization of costly drugs.

Further Developments...

Acting upon this legislation, Mississippi chose to implement the prior authorization of anti-ulcer drugs, a very costly class of drug products. Procedures for the prior authorization of these drugs and the system changes resulting from these new procedures were finalized in November 1992. Reports regarding expenditures by the Division of Medicaid for this class of drugs during December 1992 indicate that the agency saved \$207,000 and \$452,000 over the first two weeks in October '92 and November '92, respectively. In an effort to continue the reduction of the cost of drugs to the Mississippi Medicaid program, the Division is planning to add additional drug classes to those requiring prior authorization. Because of the 24-hour response time required for drug prior authorization under OBRA'90, the Division of Medicaid has developed plans to automate the prior authorization process as much as possible. When this automation is complete in January, 1993, another drug class, single source non-steroidal anti-inflammatory drugs, will require prior authorization. The estimated annual savings to be realized as a result of prior authorization of these drugs is \$2.6 million.

SERVICES

Nationally, Medicaid services fall into three main categories - those that are mandated by federal law, optional services that states may elect to provide, and certain waived projects that offer additional enhanced services. Based on the availability of funds, the Legislature determines each year the services that will be provided and the reimbursement schedule for providers. During Fiscal Year 1992, Mississippi provided coverage for nine optional services and one waived project in addition to the 11 federally mandated services. Services provided by the Division of Medicaid during Fiscal Year 1992 included:

Mandated:

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

Optional :

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

Waivered:

- Home and Community Based Services

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

ELIGIBILITY

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

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

- Persons who are eligible for Aid to Families with Dependent Children (AFDC),
- Pregnant women who would be eligible for AFDC if the child were born and living them,
- Children in licensed foster homes or private child care institutions for whom public agencies in Mississippi are assuming financial responsibility,
- Children receiving subsidized adoption payments,
- Children under age 18 and pregnant women, including those from intact families, with family incomes and resources that do not exceed the allowable limits for the AFDC need standard,
- Pregnant women and children under age six whose family income is equal to or below 133 percent of the federal poverty level,
- Pregnant women and children under age one whose family income is between 133 percent and 185 percent of the federal poverty level,
- Pregnant women, and children born after 9/30/83 whose family income is equal to or below 100 percent of the federal poverty level.
- Infants, up to age one, born to Medicaid eligible mothers provided the mother was eligible during pregnancy and the child lives with her.

Offices of the Social Security Administration determine eligibility for:

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

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

- Persons in medical facilities who, if they left such facilities, would qualify for SSI except for income,
- Persons who would qualify for SSI except for certain Social Security cost-of-living increases,
- Persons who are age 65 or over or disabled and whose income is below 100 percent of the federal poverty level and whose resources are at SSI levels,
- Qualified Medicare beneficiaries (QMB) who are entitled to Medicare Part A, whose income is below 100 percent of the federal poverty level and whose resources are no more than double the SSI resource limits (*This group is only eligible for Medicare cost-sharing.*),
- Certain qualified working disabled persons who are only eligible for Medicaid to pay their Part A Medicare premiums.

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

During Fiscal Year 1992, 536,683 persons in Mississippi were eligible for Medicaid benefits. The length of eligibility periods for these individuals ranged from one month to the entire year. Information on eligibility numbers by specific categories can be found in Tables 1 and 2 of this report. *(In reviewing information throughout this report, it is important to note the difference between the terms "eligible" and "recipient". A person who has met the basic eligibility requirements for income and resources is referred to as an "eligible". Although a person may have been determined to be eligible for Medicaid, that person may not have actually received any service. A "recipient" is a person who has received Medicaid benefits.)*

Throughout Fiscal Year 1992, 475,676 Mississippians benefited from one or more of the health care services covered by Medicaid. This figure represents an increase of 7.27 percent, or 32,228 more individuals who received benefits than in Fiscal Year 1991. The distribution among program categories remained relatively equal for the unduplicated totals. Please refer to Tables 3 and 4 in this report for the recipient distribution by program category and the comparison of recipients by types of service.

FUNDING

Throughout the nation, Medicaid is funded primarily with federal dollars that are matched by individual state contributions. In Fiscal Year 1992, Mississippi's overall matching rate, which is determined by the state's per capita income, stands at 79.99 percent- the highest in the country. What this means to Mississippi is that for every single state dollar invested in the program, another \$4.00 is brought into the state through federal matching funds. For Fiscal Year 1992, federal contributions amounted to \$713,630,474, which, when combined with in-state dollars, provided for total medical expenditures of more than \$892,149,611: money that was paid to Mississippi providers for services to Medicaid recipients, money that was cycled into local economies throughout the state.

Within the Medicaid program, individual matching rates may vary depending upon the specific area in which it will be used. A breakout of various matching rates is illustrated in Chart 1 of this report.

During Fiscal Year 1992, the total administrative expenses were \$26,712,530 with the federal government contributing \$19,337,590 or 72.39 percent. Mississippi's administrative expenses for Fiscal Year 1992, which were some of the lowest in the Southeastern region, amounted to only 2.44 percent of the total budget.

COST CONTAINMENT / RECOUPMENT PROGRAMS

Third Party Recovery

In accordance with the Social Security Act and state law, payment for Medicaid services is always secondary to any third party source. At the time a recipient receives a Medicaid-covered service, a determination is made as to whether the recipient has third party coverage; and, if so, the provider generally must seek third party payment, in accordance with the Medicaid program guidelines, prior to filing a Medicaid claim. Upon receipt of the third party payment, a Medicaid claim must be filed and the Medicaid payment will be the amount of the Medicaid payment liability less the third party payment. If the provider receives a third party payment after the Medicaid payment has been made, the provider is required to refund the third party payment to Medicaid up to the amount expended by Medicaid. In Fiscal Year 1992, Mississippi's Medicaid Third Party Recovery Unit was able to recoup \$1,971,980 in funds back to the state.

Program Integrity

During Fiscal Year 1992, the Division of Medicaid was responsible for conducting on-site investigations of providers and for monitoring both provider and recipient utilization throughout the Medicaid program. The Division of Medicaid is required, under both state and federal laws, to conduct periodic checks of provider records in order to verify actual receipt of services for which payment has been made and to investigate any cases which suggest program abuse or misuse. Verification of the receipt of services is also accomplished through contact with recipients.

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

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

REGIONAL OFFICES

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

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

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

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

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

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

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

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

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

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

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

Hattiesburg
132 Mayfair Boulevard
Hattiesburg, MS 39402
264-5386

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

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

Kosciusko
207 N. Madison
Kosciusko, MS 39090
289-4477

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

McComb
312 Kendall Street
McComb, MS 39648
249-2071

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

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

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

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

Philadelphia
301 Main Street
Philadelphia, MS 39567
656-3131

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

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

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

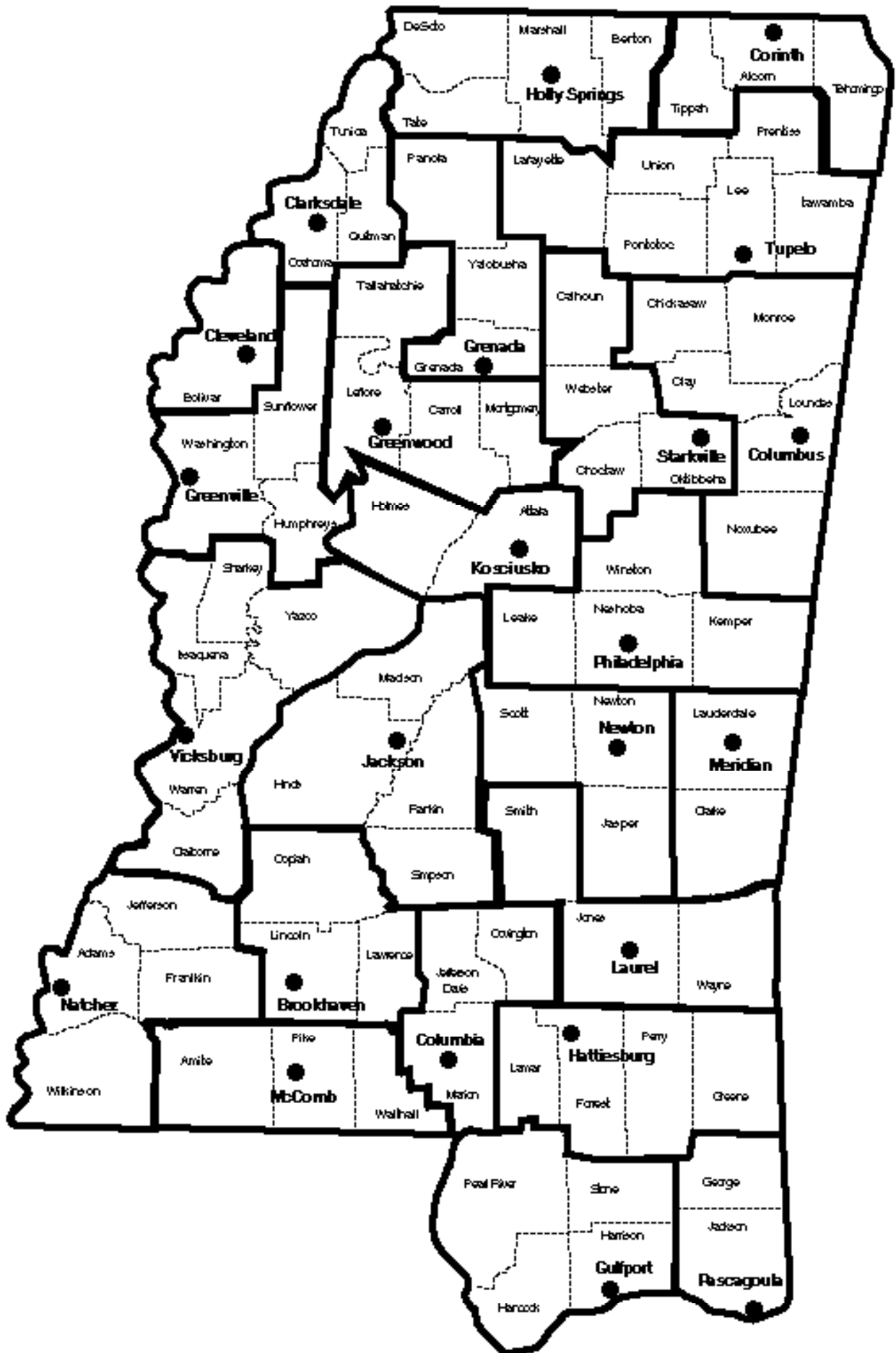


TABLE 1

Certified Eligibles by Eligibility Categories for Fiscal Years 1991 and 1992

Program Category	Total Number of Cert. Eligibles FY 1991	Total Number of Cert. Eligibles FY 1992	Percent of Total (FY 1992)	Percent of Increase/ Decrease
Total	503,137	536,683	100.00	6.67
Aged.....	56,460	55,275	10.30	-2.10
Blind	1,904	1,824	0.34	-4.20
Disabled	85,197	91,371	17.03	7.25
Aid to Families with Dependent Children (AFDC)	252,451	238,455	44.43	-5.54
CWS Foster Care	2,742	2,528	0.47	-7.80
<i>Optional Categorically Needy - Pregnant Women & Children</i>				
At 100% Federal Poverty Level	29,644	24,459	4.56	-17.49
At 133% Federal Poverty Level	44,779	46,639	8.69	4.15
At 185% Federal Poverty Level	18,113	15,602	2.91	-13.86
<i>Qualified Medicare Beneficiary</i>				
Aged.....	70	107	0.02	52.86
Blind	2	8	<0.01	300.00
Disabled	4	10	<0.01	150.00
<i>Poverty Level</i>				
Aged.....	7,647	11,200	2.09	46.46
Disabled	3,772	5,320	0.99	41.04
Under Age 18.....	◆	10,012	1.87	◆
Katie Beckett	352	539	0.10	53.13
"K" Babies.....	◆	33,334	6.21	◆

◆ No comparison data available

Source: MAM 290-R1

TABLE 2

**Bureau of Census Population for Mississippi Counties,
Number of Persons Eligible for Medicaid by County, and
Number of Persons Who Received Medicaid Benefits by County for Fiscal Year 1992**

County	County Population	Number of Medicaid Eligibles	Percent of Population	Number of Eligibles Who Received Service(s)	Utilization Rate (Recip. to Elig.)
Adams.....	35,356	8,982	25.40	8,249	91.84
Alcorn.....	31,722	5,243	16.53	4,780	91.17
Amite.....	13,328	2,631	19.74	2,380	90.46
Attala.....	18,481	4,237	22.93	3,966	93.60
Benton.....	8,046	1,997	24.82	1,791	89.68
Bolivar.....	41,875	15,203	36.31	14,135	92.98
Calhoun.....	14,908	2,822	18.93	2,725	96.56
Carroll.....	9,237	1,811	19.61	1,649	91.05
Chickasaw.....	18,085	3,335	18.44	3,327	99.76
Choctaw.....	9,071	1,922	21.19	1,777	92.46
Claiborne.....	11,370	3,373	29.67	3,211	95.20
Clarke.....	17,313	3,211	18.55	2,956	92.06
Clay.....	21,120	5,106	24.18	4,644	90.95
Coahoma.....	31,665	12,907	40.76	12,079	93.58
Copiah.....	27,592	6,943	25.16	6,351	91.47
Covington.....	16,527	4,041	24.45	3,742	92.60
DeSoto.....	67,910	6,287	9.26	5,188	82.52
Forrest.....	68,314	13,412	19.63	12,103	90.24
Franklin.....	8,377	1,999	23.86	1,860	93.05
George.....	16,673	2,680	16.07	2,394	89.33
Greene.....	10,220	2,270	22.21	2,146	94.54
Grenada.....	21,555	5,210	24.17	4,843	92.96
Hancock.....	31,760	5,267	16.58	4,589	87.13
Harrison.....	165,365	26,855	16.24	23,227	86.49
Hinds.....	254,441	48,431	19.03	41,182	85.03
Holmes.....	21,604	9,933	45.98	9,230	92.92
Humphreys.....	12,134	4,480	36.92	4,100	91.52
Issaquena.....	1,909	664	34.78	590	88.86
Itawamba.....	20,017	2,274	11.36	2,069	90.99
Jackson.....	115,243	15,614	13.55	13,306	85.22
Jasper.....	17,114	3,784	22.11	3,487	92.15
Jefferson.....	8,653	3,240	37.44	3,107	95.90
Jefferson Davis.....	14,051	3,525	25.09	3,310	93.90
Jones.....	62,031	12,047	19.42	10,798	89.63
Kemper.....	10,356	2,131	20.58	1,920	90.10
Lafayette.....	31,826	3,431	10.78	3,031	88.34
Lamar.....	30,424	4,656	15.30	4,286	92.05
Lauderdale.....	75,555	14,304	18.93	12,264	85.74
Lawrence.....	12,458	2,704	21.70	2,481	91.75

TABLE 2 (continued)

County	County Population	Number of Medicaid Eligibles	Percent of Population	Number of Eligibles Who Received Service(s)	Utilization Rate (Recip. to Elig.)
Leake.....	18,436	4,104	22.26	3,836	93.47
Lee.....	65,581	9,622	14.67	8,393	87.23
Leflore.....	37,341	12,856	34.43	11,661	90.70
Lincoln.....	30,278	5,639	18.62	5,070	89.91
Lowndes.....	59,308	10,739	18.11	9,364	87.20
Madison.....	53,794	10,756	19.99	9,660	89.81
Marion.....	25,544	6,160	24.12	5,596	90.84
Marshall.....	30,361	7,387	24.33	6,587	89.17
Monroe.....	36,582	6,061	16.57	5,436	89.69
Montgomery.....	12,388	3,153	25.45	2,957	93.78
Neshoba.....	24,800	4,961	20.00	4,432	89.34
Newton.....	20,291	3,905	19.24	3,594	92.04
Noxubee.....	12,604	4,189	33.24	3,910	93.34
Oktibbeha.....	38,375	6,346	16.54	5,806	91.49
Panola.....	29,996	7,835	26.12	7,168	91.49
Pearl River.....	38,714	7,661	19.79	6,908	90.17
Perry.....	10,865	2,498	22.99	2,311	92.51
Pike.....	36,882	10,031	27.20	8,903	88.75
Pontotoc.....	22,237	2,784	12.52	2,547	91.49
Prentiss.....	23,278	3,547	15.24	3,259	91.88
Quitman.....	10,490	4,181	39.86	3,962	94.76
Rankin.....	87,161	8,849	10.15	7,769	87.80
Scott.....	24,137	5,342	22.13	4,761	89.12
Sharkey.....	7,066	2,832	40.08	2,588	91.38
Simpson.....	23,953	4,671	19.50	4,308	92.23
Smith.....	14,798	2,765	18.68	2,564	92.73
Stone.....	10,750	2,308	21.47	2,143	92.85
Sunflower.....	32,867	10,895	33.15	9,716	89.18
Tallahatchie.....	15,210	5,412	35.58	5,015	92.66
Tate.....	21,432	3,967	18.51	3,607	90.93
Tippah.....	19,523	3,813	19.53	3,548	93.05
Tishomingo.....	17,683	2,593	14.66	2,443	94.22
Tunica.....	8,164	3,702	45.35	3,336	90.11
Union.....	22,085	3,053	13.82	2,789	91.35
Walthall.....	14,352	4,324	30.13	4,016	92.88
Warren.....	47,880	10,374	21.67	8,942	86.20
Washington.....	67,935	21,483	31.62	19,241	89.56
Wayne.....	19,517	5,323	27.27	4,965	93.27
Webster.....	10,222	2,170	21.23	2,013	92.76
Wilkinson.....	9,678	3,131	32.35	2,934	93.71
Winston.....	19,433	4,356	22.42	3,989	91.57
Yalobusha.....	12,033	3,124	25.96	2,888	92.45
Yazoo.....	25,506	8,242	32.31	7,370	89.42

Source: U.S. Bureau Census • MAM 48-21

Recipient Distribution by Program Category for Fiscal Year 1992

Program Category	Number of Recipients	Percent of Total
Total	475,676	100.0*
Aged.....	53,260	11.20
Blind	1,649	0.35
Disabled	85,788	18.03
Aid to Families with Dependent Children (AFDC)	207,819	43.69
CWS Foster Care	2,174	0.46
<i>Optional Categorically Needy Pregnant Women and Children</i>		
At 100% Federal Poverty Level.....	19,815	4.17
At 133% Federal Poverty Level.....	44,379	9.33
At 185% Federal Poverty Level.....	15,133	3.18
<i>Qualified Medicare Beneficiary</i>		
Aged.....	75	0.02
Blind	4	<0.01
Disabled	6	<0.01
<i>Poverty Level</i>		
Aged.....	10,496	2.21
Disabled	5,315	1.12
Under age 18.....	9,673	2.03
Katie Beckett	483	0.10
"K" Babies.....	19,607	4.12

* Percentage column may not total 100% due to rounding

Source: MAM 260-R1

TABLE 4

Recipients of Medical Services by Type of Service for Fiscal Years 1991 and 1992

Type of Service	Recipients FY 1991	Recipients FY 1992	% of Increase or Decrease
Total	443,448	475,676	7.27%
Inpatient Hospital.....	107,168	92,162	-14.00
Outpatient Hospital	215,435	232,708	8.02
Laboratory / X-Ray.....	68,851	69,954	1.60
Nursing Facility.....	23,922	◆	◆
Physician	373,723	395,763	5.90
EPSDT	103,746	110,506	6.52
EPSDT Dental	65,588	71,327	8.75
EPSDT Vision	23,397	30,394	29.91
EPSDT Hearing	247	590	138.87
Rural Health Clinic	3,000	3,333	11.10
Federally Qualified Health Center.....	25,000	36,889	47.56
Home Health	4,310	4,760	10.44
Transportation	22,941	23,312	1.62
Prescribed Drugs.....	345,869	390,251	12.83
Dental.....	28,285	29,806	5.38
Eyeglasses.....	14,049	11,285	-19.67
Intermediate Care Facility - Mentally Retarded ...	1,941	1,908	-1.70
Family Planning	26,730	36,644	37.09
Family Planning Drugs	◆	25,769	◆
Buy-In, Medicare (Parts A & B)	177,609	104,195	-41.33
Mental Health Clinic.....	15,777	22,398	41.97
Home & Community Based.....	504	522	3.57
Durable Medical Equipment.....	16,486	15,836	-3.94
Therapy	42	295	602.38
Inpatient Residential Psychiatric.....	21	47	123.81
Inpatient Psychiatric Hospital	33	395	1,096.97
Nurse Practitioner	16,497	17,764	7.68
Ambulatory Surgical Center.....	2,279	2,568	12.68
Hospice	◆	52	◆
Private Mental Health Center	◆	291	◆
Dialysis	◆	841	◆

TABLE 5
Number of Paid Claims for Fiscal Year 1992

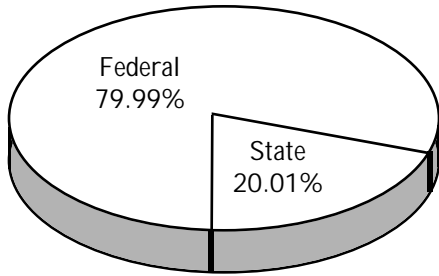
Type of Service	Claims for FY 1991	Claims for FY 1992	Percent of Increase/Decrease
Total	12,791,177	14,912,000	16.58
Inpatient Hospital	165,819	164,280	-0.93
Outpatient Hospital.....	639,787	680,119	6.30
Lab / X-Ray.....	428,982	482,408	12.45
Nursing Facility	189,289	227,876	20.39
Physician.....	4,610,669	4,357,643	-5.49
EPSDT.....	312,729	320,438	2.47
EPSDT - Dental.....	470,002	505,645	7.58
EPSDT - Vision.....	140,909	193,344	37.21
EPSDT - Hearing.....	507	1,485	192.90
Rural Health Clinic	4,673	11,310	142.03
Federally Qualified Health Center.....	162,452	243,357	49.80
Home Health	21,989	25,287	15.00
Transportation	290,218	341,994	17.84
Prescribed Drugs.....	4,608,489	5,698,555	23.65
Dental	162,712	166,286	2.20
Eyeglasses.....	27,610	22,891	-17.09
Intermediate Care Facility - Mentally Retarded	19,778	22,434	13.43
Family Planning.....	129,429	156,299	20.76
Family Planning Drugs.....	61,657	75,282	22.10
Buy-In, Medicare (Parts A & B).....	◆	770,340	◆
Mental Health Clinic.....	202,018	275,529	36.39
Home & Community Based	9,839	11,876	20.70
Durable Medical Equipment.....	95,196	93,588	-1.69
Therapy.....	682	9,560	1,303.23
Inpatient Residential Psychiatric.....	112	641	472.32
Inpatient Hospital Psychiatric.....	99	3,090	3,021.21
Nurse Practitioner.....	30,863	39,060	26.56
Ambulatory Surgical Center	4,668	4,950	6.04
Hospice.....	0	293	◆
Outpatient Psychiatric Hospital	0	8	◆
Private Mental Health Center	0	4,843	◆
Dialysis.....	0	1,279	◆

◆ No comparison data available

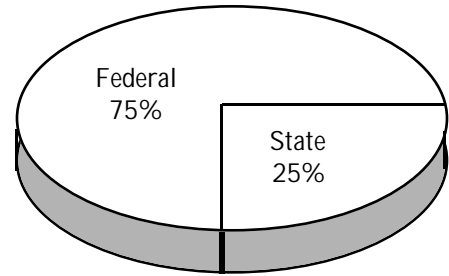
Source: MR-0-08

Chart 1

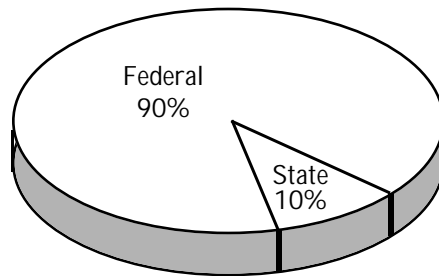
Source of Funds and Percentage Distributions for Fiscal Year 1992



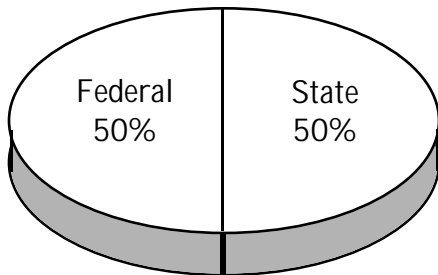
Health Care Services



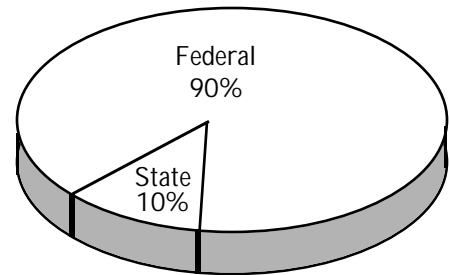
Medical Professional Staff
and Related Administrative
Costs



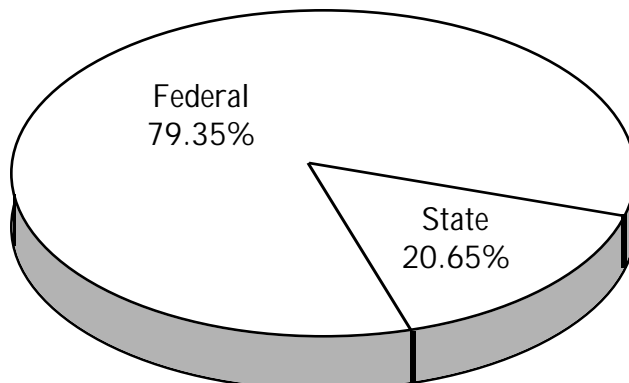
Family Planning



Non-Medical Professional
Administrative Costs



Medicaid Management
Information System Development



Total Expenditures of
the Medicaid Program

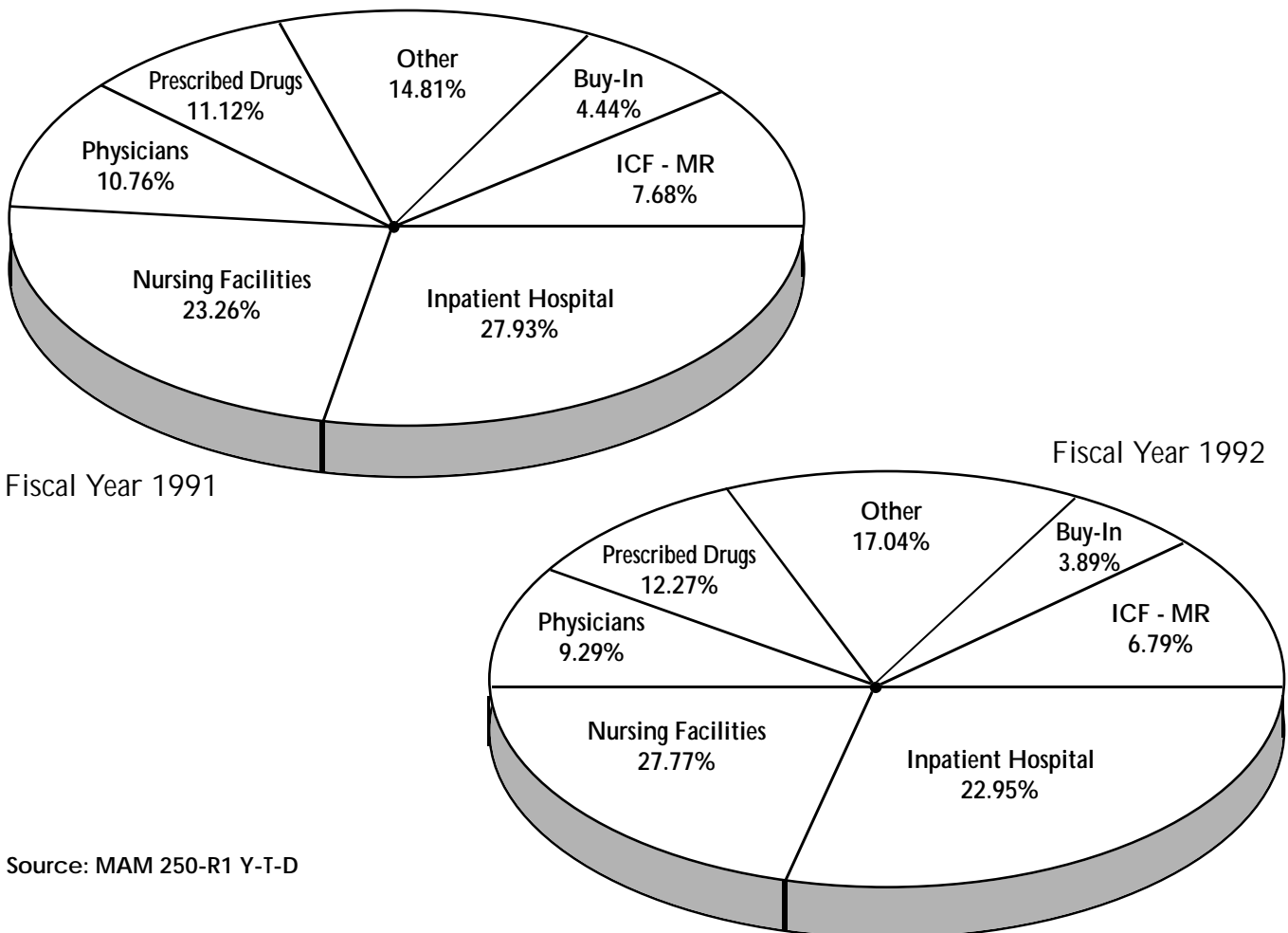
Source: State Allocation Plan

Medical Expenditures by Type of Service

- Total medical expenditures for Fiscal Year 1992 amounted to \$892,149,611 which represent a 21.13 percent increase over Fiscal Year 1991.
- Categories having the largest expenditures included inpatient hospital services with \$204,771,830 and nursing facilities totaling \$247,726,607.

Chart 2

Percentage Distribution of Expenditures by Type of Service for Fiscal Years 1991 and 1992



Source: MAM 250-R1 Y-T-D

Expenditures for Medical Services by Type of Service, Number of Recipients by Service & Average Spent Per Recipient for Fiscal Year 1992

Type of Service	Expenditures FY 1991	Expenditures FY 1992	Percent of Increase/Decrease	Number of Recipients	Average Spent Per Recipient
Total	\$736,499,364	\$892,149,611	21.13%	475,676	\$1,876
Inpatient Hospital.....	205,739,295	204,771,830	-0.47	92,162	2,222
Outpatient Hospital.....	53,958,075	68,596,745	27.13	232,708	295
Lab / X-Ray.....	3,606,054	4,202,400	16.54	69,954	60
Nursing Facility.....	171,309,892	247,726,607	44.61	◆	◆
Physician.....	79,250,309	82,852,510	4.55	395,763	209
EPSDT.....	5,827,319	6,581,293	12.94	110,506	60
EPSDT - Dental.....	6,812,729	7,829,570	14.93	71,327	110
EPSDT - Vision.....	1,869,666	2,511,496	34.33	30,394	83
EPSDT - Hearing.....	29,837	88,264	195.82	590	150
Rural Health Clinic.....	245,554	253,542	3.25	3,333	76
Federally Qualified Health Center.....	3,171,747	4,900,757	54.51	36,889	133
Home Health.....	5,151,820	5,992,689	16.32	4,760	1,259
Transportation.....	3,500,417	3,613,037	3.22	23,312	155
Prescribed Drugs.....	81,882,775	109,456,842	33.68	390,251	280
Dental.....	1,718,619	1,960,511	14.07	29,806	66
Eyeglasses.....	418,551	319,285	-23.72	11,285	28
Intermediate Care Facility- Mentally Retarded.....	56,590,489	60,621,911	7.12	1,908	31,772
Family Planning.....	1,816,447	4,101,592	125.80	36,644	112
Family Planning Drugs.....	0	2,065,921	◆	25,769	80
Buy-In, Medicare (Parts A & B).....	32,724,676	34,666,216	5.93	104,195	333
Mental Health Clinic.....	12,197,202	19,045,252	56.14	22,398	850
Home & Community Based.....	1,193,662	1,292,583	8.29	522	2,476
Durable Medical Equipment.....	4,744,554	6,153,857	29.70	15,836	389
Therapy.....	10,066	125,304	1,144.82	295	425
Inpatient Residential Psychiatric.....	469,708	3,693,596	686.36	47	78,587
Inpatient Hospital Psychiatric.....	351,807	4,281,583	1,117.03	395	10,839
Nurse Practitioner.....	1,417,054	1,669,204	17.79	17,764	94
Ambulatory Surgical Center.....	491,040	544,582	10.90	2,568	212
Hospice.....	0	235,504	◆	52	4,529
Private Mental Health Center.....	0	176,122	◆	291	605
Dialysis.....	0	1,819,006	◆	841	2,163

◆ No comparison data available

Source: MAM 250-R1 & MAM 260-R1

EXPENDITURES BY ELIGIBILITY GROUP

Approximately 32 percent of the total expenditures for Medical Services in Fiscal Year 1992 was spent in the "Aged" category. While only 11 percent of eligibles were classified as "Aged", over \$247 million was paid for nursing home care and drugs, and approximately \$4.5 million for physician services for elderly Medicaid recipients.

A graphic comparison of the expenditures in each program category is presented below in Chart 3. Tables 7 and 8, found on the following page, provide the Medical Services expenditures broken out by the average cost per recipient and the major medical expenditures that exceeded one million dollars for the year.

CHART 3
Number of Recipients Served and
Total Expenditures by Program Category for Fiscal Year 1992

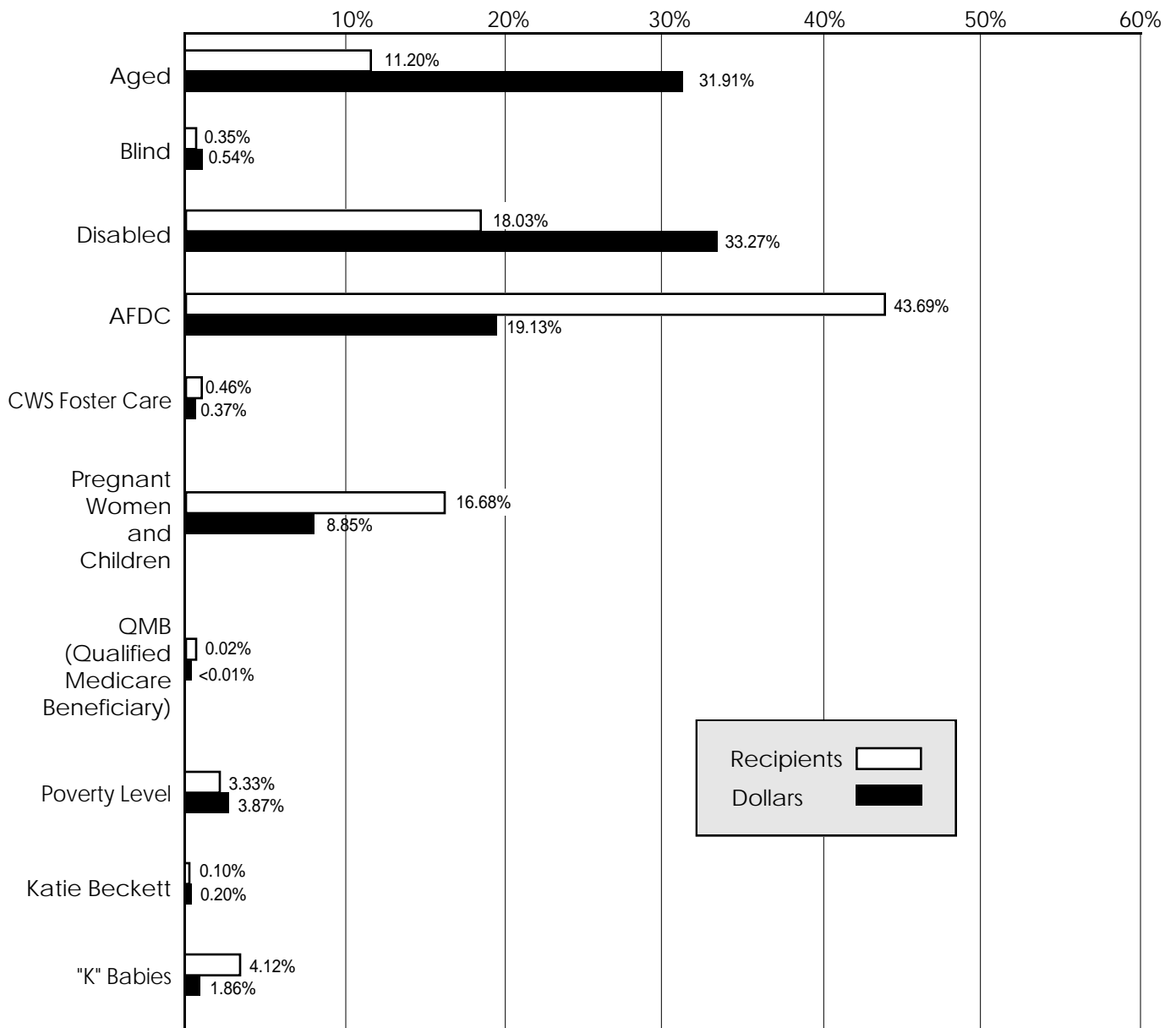


TABLE 7

**Total Expenditures for Medical Services, Total Number of Recipients,
Average Expenditure Per Recipient, and Percentage by Program Category for Fiscal Year 1992**

Program Category	Expenditures	Percent of Total	Total Number of Recipients	Percent of Total	Average per Recipient
Total.....	\$892,149,611*	100.0**	475,676	100.0**	\$1,876*
Aged	284,654,007	31.91	53,260	11.20	5,345
Blind	4,803,304	0.54	1,649	0.35	2,913
Disabled	296,791,193	33.27	85,788	18.03	3,460
AFDC	170,649,205	19.13	207,819	43.69	821
CWS Foster Care	3,315,231	0.37	2,174	0.46	1,525
<i>Optional Categorically Needy Pregnant Women & Children-</i>					
At 100% Federal Poverty Level	14,522,986	1.63	19,815	4.17	733
At 133% Federal Poverty Level	43,319,698	4.86	44,379	9.33	976
At 185% Federal Poverty Level	21,082,614	2.36	15,133	3.18	1,393
<i>Qualified Medicare Beneficiary-</i>					
Aged	38,625	<0.01	75	0.02	515
Blind	867	<0.01	4	<0.01	217
Disabled	3,050	<0.01	6	<0.01	508
<i>Poverty Level-</i>					
Aged	13,422,193	1.50	10,496	2.21	1,279
Disabled	13,835,883	1.55	5,315	1.12	2,603
Under Age 18	7,314,035	0.82	9,673	2.03	756
Katie Beckett	1,805,948	0.20	483	0.10	3,739
"K" Babies	16,590,772	1.86	19,607	4.12	846

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

** Percentage columns may not total 100% due to rounding

Source: MAM 250-R1

TABLE 8

Expenditures for Major Medical Services by Program Category for Fiscal Year 1992

Program Category	Inpt. Hosp.	Outpt. Hosp.	Nursing Fac.	Physicians	EPSDT	Prescb. Drugs	Dental
Total	\$204,563,606	\$68,534,580	\$308,296,625	\$82,783,466	\$6,566,461	\$109,418,597	\$1,960,227
Aged	9,255,284	2,813,886	213,505,912	4,518,520	0	33,335,163	225,827
Blind	1,009,543	383,716	1,660,765	347,289	1,647	795,508	11,786
Disabled	75,188,193	21,172,946	92,212,992	18,082,475	190,407	43,209,736	690,572
AFDC	61,053,580	30,055,030	87,948	34,681,009	3,636,502	16,225,949	798,124
CWS Foster Care	1,170,256	236,348	34,432	266,852	40,970	124,712	376
<i>Optional Categorically Needy Pregnant Women and Children-</i>							
At 100% Fed. Poverty Level	5,845,611	1,884,188	0	2,932,436	336,905	977,147	146
At 133% Fed. Poverty Level	19,447,306	5,789,443	0	10,301,750	1,204,676	2,754,174	◆
At 185% Fed. Poverty Level	10,829,215	2,105,878	0	5,623,119	296,950	663,324	◆
<i>Qualified Medicare Beneficiary-</i>							
Aged	2,512	4,137	497	5,428	0	7,350	12,471
Blind	0	0	0	125	0	13	52,935
Disabled	630	131	0	345	0	458	28,271
<i>Poverty Level-</i>							
Aged	1,118,937	547,924	529,407	880,125	0	6,406,898	64,963
Disabled	4,550,246	1,228,449	223,081	1,068,417	218	3,464,371	66,050
Under Age 18	2,714,407	1,253,503	0	1,520,007	215,369	626,703	8,597
Katie Beckett	838,238	123,386	0	90,690	3,064	320,391	109
"K" Babies	11,539,648	935,615	0	2,464,879	639,677	506,700	0

▲ No comparison data available

Source: MAM 250-R1

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TABLE 7

Payments Made to Providers by County for Fiscal Year 1992

It is important to note that providers in one county may serve recipients living in a different county. For information on Medicaid payments for recipients by county refer to Table 10.

County	Total Payments	County	Total Payments
Adams	\$ 18,286,330	Leflore	\$ 25,403,125
Alcorn	9,125,698	Lincoln	13,386,756
Amite	387,235	Lowndes	13,967,010
Attala	4,969,210	Madison	13,934,926
Benton	1,280,212	Marion	6,012,017
Bolivar	23,917,063	Marshall	4,466,996
Calhoun	3,844,145	Monroe	8,864,536
Carroll	258,493	Montgomery	4,820,725
Chickasaw	3,939,257	Neshoba	8,178,763
Choctaw	1,760,024	Newton	5,658,583
Claiborne	3,196,633	Noxubee	3,319,915
Clarke	3,588,507	Oktibbeha	19,825,720
Clay	7,831,458	Panola	9,084,902
Coahoma	33,358,999	Pearl River	10,984,913
Copiah	5,449,453	Perry	1,235,541
Covington	6,137,092	Pike	23,311,459
DeSoto	5,959,162	Pontotoc	3,777,552
Forrest	39,999,344	Prentiss	3,244,246
Franklin	1,430,852	Quitman	6,079,600
George	2,591,931	Rankin	27,254,253
Greene	2,264,607	Scott	4,733,889
Grenada	14,674,126	Sharkey	3,146,729
Hancock	3,992,875	Simpson	17,151,977
Harrison	62,700,937	Smith	2,286,610
Hinds	170,840,461	Stone	2,599,208
Holmes	8,757,567	Sunflower	12,505,647
Humphreys	4,036,331	Tallahatchie	2,410,397
Issaquena	0	Tate	8,541,783
Itawamba	2,880,586	Tippah	5,846,638
Jackson	17,976,497	Tishomingo	4,220,628
Jasper	2,479,563	Tunica	612,342
Jefferson	1,699,945	Union	12,298,777
Jefferson Davis	2,277,527	Walthall	4,123,411
Jones	34,603,375	Warren	24,160,578
Kemper	1,514,727	Washington	27,302,027
Lafayette	15,593,966	Wayne	7,833,365
Lamar	6,291,272	Webster	3,132,013
Lauderdale	30,460,274	Wilkinson	5,565,590
Lawrence	2,355,653	Winston	4,199,247
Leake	4,415,589	Yalobusha	1,874,566
Lee	27,895,607	Yazoo	6,086,087

Source: HMCP990M-R2

Payments Made for Recipients by County for Fiscal Year 1992

It is important to note that recipients in one county may receive services from a provider in a different county. For information on Medicaid payments to providers by county refer to Table 9.

County	Total Payments	County	Total Payments
Adams	\$15,003,718	Leflore	\$19,078,803
Alcorn	10,631,194	Lincoln	14,297,873
Amite	2,555,275	Lowndes	14,383,744
Attala	7,306,650	Madison	16,452,610
Benton	2,681,480	Marion	10,443,125
Bolivar	20,304,649	Marshall	9,694,430
Calhoun	6,007,815	Monroe	10,691,364
Carroll	1,853,206	Montgomery	5,063,591
Chickasaw	6,259,970	Neshoba	11,545,635
Choctaw	2,995,157	Newton	7,076,908
Claiborne	4,158,186	Noxubee	4,676,447
Clarke	5,894,533	Oktibbeha	12,563,017
Clay	7,686,337	Panola	12,232,798
Coahoma	21,160,156	Pearl River	11,053,409
Copiah	7,790,982	Perry	3,333,273
Covington	5,856,719	Pike	14,880,076
DeSoto	8,416,904	Pontotoc	6,084,226
Forrest	25,205,374	Prentiss	5,632,388
Franklin	2,737,437	Quitman	6,586,205
George	4,309,601	Rankin	33,435,419
Greene	4,231,434	Scott	7,972,647
Grenada	9,984,595	Sharkey	4,213,815
Hancock	6,721,198	Simpson	17,426,048
Harrison	48,931,840	Smith	4,812,834
Hinds	71,037,627	Stone	4,154,347
Holmes	15,330,025	Sunflower	13,199,432
Humphreys	5,098,827	Tallahatchie	5,954,889
Issaquena	555,317	Tate	6,536,122
Itawamba	4,924,203	Tippah	8,104,228
Jackson	21,210,255	Tishomingo	5,846,791
Jasper	5,581,445	Tunica	3,261,737
Jefferson	4,021,961	Union	5,299,131
Jefferson Davis	5,038,805	Walthall	6,468,953
Jones	37,562,580	Warren	16,141,845
Kemper	3,018,066	Washington	24,601,893
Lafayette	12,642,324	Wayne	6,755,564
Lamar	7,653,995	Webster	4,526,624
Lauderdale	27,101,554	Wilkinson	5,425,731
Lawrence	4,259,680	Winston	7,184,523
Leake	7,013,944	Yalobusha	4,504,250
Lee	18,378,100	Yazoo	10,279,912

TABLE 11

Amount Paid to State Health Agencies and
Institutions by Source of Funds for Fiscal Years 1991 and 1992

Name of Agency or Institution	Fiscal Year	Total Amount of Payment	From Federal Funds	From State Funds
Total	FY 1991	\$ 113,186,087	\$ 90,469,639	\$ 22,716,448
	FY 1992	170,874,717	136,682,686	34,192,031
Miss. State Dept. of Health	FY 1991	12,203,391	9,754,170	2,449,221
	FY 1992	14,820,267	11,854,732	2,965,535
Miss. Dept. of Human Services	FY 1991	1,894,976	1,514,654	380,322
	FY 1992	2,441,876	1,953,257	488,619
Miss. Department of Mental Health	FY 1991	12,202,380	9,753,362	2,449,018
	FY 1992	19,571,389	15,655,154	3,916,235
East Miss. State Nursing Home (Meridian)	FY 1991	958,797	766,366	192,431
	FY 1992	3,173,423	2,538,421	635,002
Ellisville State School (Ellisville)	FY 1991	16,600,809	13,269,027	3,331,782
	FY 1992	18,247,073	14,595,834	3,651,239
North Miss. Regional Center (Oxford)	FY 1991	7,944,631	6,350,144	1,594,487
	FY 1992	7,912,022	6,328,826	1,583,196
South Miss. Regional Center (Long Beach)	FY 1991	4,117,427	3,291,059	826,368
	FY 1992	6,109,475	4,886,969	1,222,506
Hudspeth Retardation Center (Whitfield)	FY 1991	9,252,779	7,395,746	1,857,033
	FY 1992	9,758,937	7,806,174	1,952,763
Miss. State Hospital-Nursing Facilities (Whitfield)	FY 1991	1,793,927	1,433,886	360,041
	FY 1992	6,641,813	5,312,786	1,329,027
Miss. State Hospital (Whitfield)	FY 1991	425,910	340,430	85,480
	FY 1992	486,498	389,150	97,348
Boswell Retardation Center (Sanatorium)	FY 1991	2,376,804	1,899,779	477,025
	FY 1992	2,757,762	2,205,934	551,828
University Medical Center (Jackson)	FY 1991	43,414,256	34,701,015	8,713,241
	FY 1992	78,954,182	63,155,450	15,798,732

Source: Provider History Report

TABLE 12
**Total Number of Recipients, Number Using Physician Services
 by Program Category for Fiscal Year 1992**

Program Category	Total Number of Recipients	Recipients Using Services	Percent of Total
Total	475,676	392,290	82.47
Aged.....	53,260	45,346	85.14
Blind.....	1,649	1,417	85.93
Disabled	85,788	73,502	85.68
AFDC.....	207,819	170,923	82.25
CWS Foster Care.....	2,174	1,713	78.79
<i>Optional Categorically Needy</i>			
<i>Pregnant Women & Children</i>			
At 100% Federal Poverty Level.....	19,815	14,743	74.40
At 133% Federal Poverty Level.....	44,379	37,808	85.19
At 185% Federal Poverty Level.....	15,133	12,378	81.79
<i>Qualified Medicare Beneficiary-</i>			
Aged.....	75	47	62.67
Blind.....	4	2	50.00
Disabled	6	3	50.00
<i>Poverty Level-</i>			
Aged.....	10,496	7,332	69.86
Disabled	5,315	4,180	78.65
Under Age 18.....	9,673	8,406	86.90
Katie Beckett	483	362	74.95
"K" Babies.....	19,607	14,128	72.06

Source: MAM 260-R1

TABLE 13
**Amount of Expenditures with Percentage Distribution for
 Physician Services by Program Category for Fiscal Year 1992**

Program Category	Expenditures	Percent of Total
Total.....	\$82,783,448	100.0*
Aged.....	4,518,502	5.46
Blind	347,289	0.42
Disabled	18,082,475	21.84
AFDC.....	34,681,009	41.89
CWS Foster Care	266,852	0.32
<i>Optional Categorically Needy</i>		
<i>Pregnant Women and Children-</i>		
At 100% Federal Poverty Level	2,932,436	3.54
At 133% Federal Poverty Level	10,301,750	12.44
At 185% Federal Poverty Level	5,623,119	6.79
<i>Qualified Medicare Beneficiary-</i>		
Aged.....	5,428	0.01
Blind	125	<0.01
Disabled	345	<0.01
<i>Poverty Level-</i>		
Aged.....	880,125	1.06
Disabled	1,068,417	1.29
Under Age 18.....	1,520,007	1.84
Katie Beckett	90,690	0.11
"K" Babies.....	2,464,879	2.98

* Percentage columns may not total 100% due to rounding

Source: MAM 250-R1

TABLE 14

**Amount of Expenditures with Percentage Distribution
for Physician Services by Age Groups for Fiscal Year 1992**

Age in Years	Expenditures	Percent of Total
Total	\$82,783,448	100.0*
Birth to age 1	8,122,189	9.81
Ages 1 to 3	8,076,528	9.76
Ages 3 to 5	2,335,149	2.82
Ages 5 to 6	909,660	1.10
Ages 6 to 8	1,385,026	1.67
Ages 8 to 19	12,116,997	14.64
Ages 19 to 21	6,220,707	7.51
Ages 21 to 64	35,825,709	43.28
Age 64 and Over.....	7,791,483	9.41

* Percentage columns may not total 100% due to rounding

Source: MAM 250-R1

TABLE 15

**Number of Physician Visits by Place of Visit
for Fiscal Year 1992**

Place of Visit	Number of Visits	Percent of Total
Total	1,801,341	100.0*
Physician's Office.....	1,109,181	61.58
Hospital	447,910	24.87
Nursing Home.....	10,615	0.59
Emergency Room	214,785	11.92
Consultations	18,692	1.04
House Calls.....	158	0.01

* Percentage columns may not total 100% due to rounding

Source: SU-0-1-10

PRESCRIBED DRUGS

**The number of recipients who received prescribed drugs during Fiscal Year 1992 totaled \$109,456,842.
The average number of prescriptions per recipient for the same time period was 13.4.**

TABLE 16

Number of Prescriptions, Number of Recipients, and
Average Number Prescriptions Per Recipient
by Program Category for Fiscal Year 1992

Program Category	Prescriptions	Percent of Total	Number of Recipients	Percent of Total	Average Number of Prescriptions Per Recipient
Total.....	5,258,329	100.00*	393,490	100.00*	13.4
Aged.....	1,521,316	28.93	50,235	12.77	30.3
Blind	34,787	0.66	1,508	0.38	23.1
Disabled	1,791,290	34.07	76,345	19.40	23.5
AFDC Children.....	888,118	16.89	165,117	41.96	5.4
AFDC Adults.....	472,490	8.99	52,812	13.42	8.9
CWS Foster Care	3,975	0.08	1,484	0.38	2.7
Optional Categorically Needy	546,353	10.39	45,989	11.69	11.9

* Percentage columns may not total 100% due to rounding

Source: HCFA 2082

LONG-TERM CARE FACILITIES

Long-term care facilities in Mississippi are classified as either Nursing Facilities (NF), Nursing Facilities - Psychiatric (NFP), or Intermediate Care Facilities for the Mentally Retarded (ICF-MR). Nursing Facilities were formerly classified as either skilled, intermediate or dual. These classifications were changed October 1, 1990 as a result of the Omnibus Budget Reconciliation Act of 1987.

TABLE 17

Number of Recipients and Number of Days of Care for Nursing
Facilities by Program Category for Fiscal Year 1992

Program Category	Nursing Facilities		Intermediate Care Facilities - MR	
	Recipients	Days of Care	Recipients	Days of Care
Total	*18,438	10,450,725	1,908	1,009,187
Aged	15,798	9,036,274	64	28,316
Blind.....	60	34,877	24	9,572
Disabled.....	2,262	1,329,608	1,800	967,298
AFDC Children	1	503	3	861
AFDC Adults	1	611	1	183
CWS Foster Care.....	0	0	0	0
Optional Categorically Needy.....	316	48,852	16	2,957

* These data are incomplete but are presented to show distribution of NF residents by category to the extent possible.

Source: HCFA 2082

INPATIENT HOSPITAL SERVICES

During Fiscal Year 1992, Medicaid provided for 275,598 days of inpatient hospital care. The average length of hospital stay was 7.2 days.

OUTPATIENT HOSPITAL SERVICES

Outpatient visits were provided to 232,708 Medicaid recipients during Fiscal Year 1992 with an average of two visits per outpatient recipient.

DENTAL SERVICES

Limited dental care was provided to 29,806 recipients during Fiscal Year 1992 with expenditures amounting to \$1,960,511. A total of 558,743 procedures were performed.

FAMILY PLANNING SERVICES

Expenditures for the family planning services program amounted to \$4,101,592 in Fiscal year 1992 with the federal government paying 90 percent and Mississippi paying the remaining 10 percent. Payments were made to private physicians, pharmacies, and family planning clinics located through the state. A total 36,644 recipients received family planning services during the year.

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

During Fiscal Year 1992, 110,506 of Mississippi's children and youth under age 21 received a comprehensive physical evaluation through EPSDT screenings.