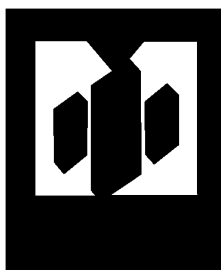
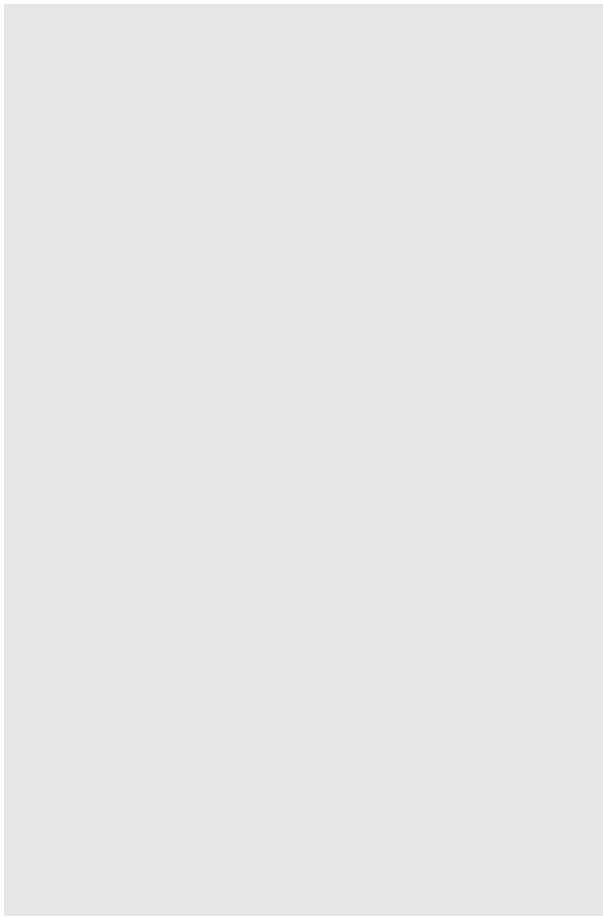

ANNUAL REPORT

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

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 1993. 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 500,000 Mississippians who are being helped through the Medicaid program, we wish to thank the Governor and the members of the Legislature for continuing to make these services available.

Respectfully,

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

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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 1993

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. Payment will be based on the level of care received by residents in each long-term care facility and a new quality assurance system has been implemented for both Medicaid and Medicare. The Division has worked closely with the Mississippi Case Mix Advisory Committee, 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 Receives Robert Wood Johnson Grant for the Development of a Statewide Health Care Database

Information is critical in the development of viable health care policies. In Mississippi, there is a need for integrated health data systems. 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 as reporting systems and so are not easily integrated with other systems and yield no outcomes analysis.

Responding to the country's needs, the Robert Wood Johnson Foundation announced the *Information for State Health Policy Initiative* in January of 1991, inviting all states to apply for funds to strengthen health statistics systems to support policy development.

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 state's needs for information. 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 not only to administer the project, but also to coordinate efforts with more than 30 public and private organizations. While the primary objectives of the IWG in Phase I of this project were to: 1) conduct a comprehensive review of information needs, 2) identify and prioritize data systems enhancement strategies and, 3) select specific projects 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.

In the spring of 1993, Mississippi competed with the nine other states for an additional \$1 million Robert Wood Johnson Foundation grant to proceed with Phase II. Having received the funding for Phase II, the state is in the process of developing strategies for data enhancement and development.

The IWG will provide continuing oversight to MISHPP staff at the Division as they implement an interagency collaborative work plan for four data projects. They are:

- Hospital Discharge Data Set (HDDS) - Develop a statewide database producing analytic reports profiling facility utilization and morbidity.
- Ambulatory Services Data Set -
 1. Community Health Centers - MS Department of Health Uniform Data Set (UDS) - Modification and linkage of extracted databases from the 20 community health centers and the Mississippi State Department of Health to develop a uniform ambulatory services data set providing analytic reports on utilization patterns across the state. These reports will improve the State's ability to assess service gaps and needs for low-income populations.
 2. Patient Information Management System (PIMS) at MS Department of Health (MSDH) Linkages and Reporting - Creation and linkage of extracted PIMS data files to change data into information that facilitates policy and decision making.
 3. Vital Records Data Linkages - Linkage of vital records and Medicaid claims files to assess the relationship between maternal and newborn Medicaid services utilization, infant outcomes, and other policy issues.
- Medicaid Utilization Reporting - Facilitate rapid dissemination of reports on Mississippi Medicaid utilization, explore alternate analytic options and report formats for the variety of users among the IWG, and study the feasibility of Medicaid claims file linkages to other databases.
- The Information Center - Institutionalize INFOSHP grant activities so that, when Phase II is completed, an independent State and/or privately supported entity remains whose charge will be to process, integrate, and disseminate information for Mississippi's health and human services providers.

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 1993, 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 1993 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
- Federally Qualified Health Centers (FQHC)

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
- Inpatient Psychiatric Hospital Services for Children up to the Age of 21
- Residential Psychiatric Services for Children up to the Age of 21
- Therapy Services for Children up the Age of 21
- Ambulatory Surgical Centers
- Birthing Centers

Waivered:

- Home and Community Based Services for the Aged

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 essentially provides an extension of existing Medicaid benefits through a prior authorization process used to determine medical necessity. EPSDT provides for the medical screening of eligible children under age 21 for physical, mental and developmental disorders and makes available the necessary services to care for those problems. The EPSDT program introduces children into the health care system and makes services available before health problems become chronic and much more expensive to treat.

ELIGIBILITY

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

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

- Persons who are eligible for Aid to Families with Dependent Children (AFDC).
- Pregnant women who would be eligible for AFDC if the child were born and living with the mother.
- 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, whose family incomes and resources do not exceed the allowable limits for the AFDC need standards.
- 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 (QMBs) 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.
- Certain disabled children age 18 and under who live at home but who would be eligible if they lived in a medical institution as certified by DOM.
- Specified Low-Income Medicare Beneficiaries (SLMBs), a category originating January 1, 1993, which includes individuals/couples whose income does not exceed 110 percent of the federal poverty level and whose resources do not exceed twice the SSI limits. The only benefit paid by Medicaid for this group is the Medicare Part B premium. (These individuals must be entitled to Part A Medicare benefits under their own coverage as Medicaid does not pay the Part A premium.)
- Individuals receiving hospice services who would be eligible for Medicaid if they were living in a Medicaid certified institution as certified by DOM.

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 1993, 550,174 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 1993, 500,268 Mississippians benefited from one or more of the health care services covered by Medicaid. This figure represents an increase of 15.7 percent, or 74,592 more individuals who received benefits than in Fiscal Year 1992. 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 1993, Mississippi's overall matching rate, which is determined by the state's per capita income, stands at 79.01 percent- the highest in the country. What this means to Mississippi is that for every single state dollar invested in the program, another \$3.76 is brought into the state through federal matching funds. For Fiscal Year 1993, federal contributions amounted to \$766,237,197, which, when combined with in-state dollars, provided for total medical expenditures of more than \$969,797,743: 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 1993, the total administrative expenses were \$27,711,838 with the federal government contributing \$17,282,968 or 62.37 percent. Mississippi's administrative expenses for Fiscal Year 1993, which were some of the lowest in the Southeastern region, amounted to only 2.23 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. Mississippi's Medicaid Third Party Recovery Unit is responsible for identifying any private third party source that is liable for payment for medical services that a Medicaid recipient receives and for incorporating this information into the Medicaid claims payment system so that when a claim is filed, the Medicaid program can avoid payment. This third party information is also directed to the medical provider. During FY 1993, the Medicaid program avoided paying \$25,216,722 due to private third party sources.

At the time a recipient receives a Medicaid-covered service, a determination must be 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.

The Medicaid Third Party Recovery Unit is also responsible for recovering the monies expended in the federally mandated or waived pay and chase programs as well as any retroactive third party source liability. One graphic example of the effectiveness of the Unit is the fact that in FY 1993, \$11.47 was recovered for every one dollar invested in salaries of the Medicaid auditors responsible for in-house recoveries.

Program Integrity

During Fiscal Year 1993, 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 following page. Listed below is the address and telephone number for each office.

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

Grenada
1321 C Sunset Plaza
Grenada, MS 38901
226-4406

Meridian
2502 9th Street
Meridian, MS 39302
483-9944

Clarksdale
325 Lee Drive
Clarksdale, MS 38614
627-1493

Gulfport
101 Hardy Court Shopping Center
Gulfport, MS 39507-2528
863-3328

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

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

Hattiesburg
132 Mayfair Boulevard
Hattiesburg, MS 39402
264-5386

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

Columbia
1111 Hwy. 98 Bypass
Suite B
Columbia, MS 39429
731-2271

Holly Springs
694 Salem Avenue
Holly Springs, MS 38635
252-3439

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

Columbus
2207 5th Street North
Columbus, MS 39701
329-2190

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

Philadelphia
301 Main Street
Philadelphia, MS 39350
656-3131

Corinth
2907 Hwy. 72 West
Corinth, MS 38834
286-8091

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

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

Greenville
Village Shopping Center, Suite 105
1407 South Main
Greenville, MS 38701-7027
332-9370

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

Tupelo
1830 N. Gloster Street
Tupelo, MS 38801
844-5304

Greenwood
919 Hwy. 49W/82 Bypass
Greenwood, MS 38930-2727
455-1053

McComb
312 Kendall Street
McComb, MS 39648
249-2071

Vicksburg
2734 Washington Street
Vicksburg, MS 39180-4656
638-6137

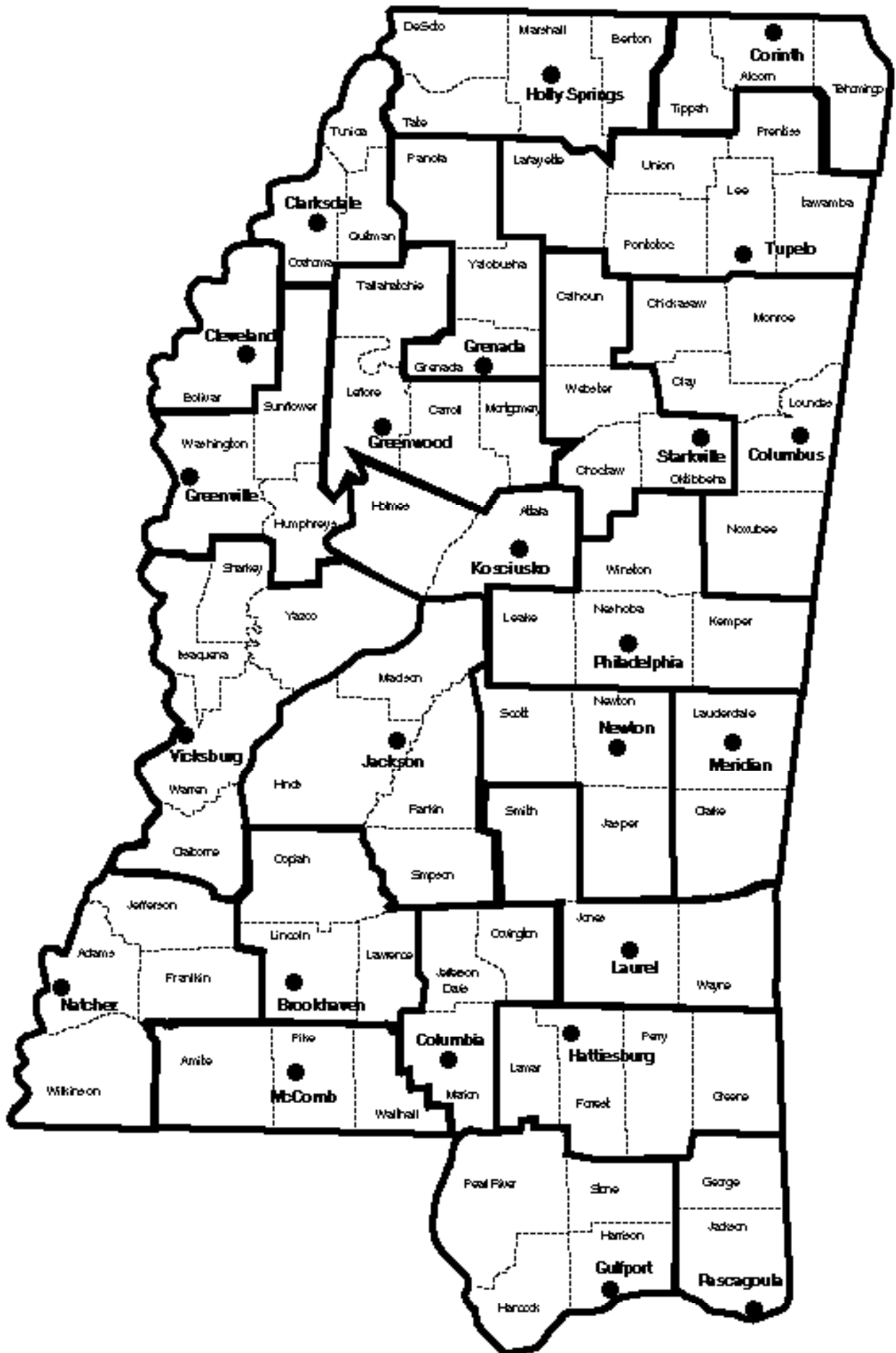


TABLE 1

Certified Eligibles by Eligibility Categories for Fiscal Years 1992 and 1993

Program Category	Total Number of Cert. Eligibles FY 1992	Total Number of Cert. Eligibles FY 1993	Percent of Total (FY 1993)	Percent of Increase/ Decrease
Total.....	536,683	550,174	100.00*	2.51
Aged.....	55,275	53,386	9.70	-3.42
Blind	1,824	1,769	0.32	-3.02
Disabled	91,371	100,911	18.34	10.44
Aid to Families with Dependent Children (AFDC)	238,455	232,799	42.31	-2.37
CWS Foster Care	2,528	2,428	0.44	-3.96
<i>Optional Categorically Needy - Pregnant Women & Children</i>				
At 100% Federal Poverty Level	24,459	20,310	3.69	-16.96
At 133% Federal Poverty Level	46,639	46,570	8.46	-0.15
At 185% Federal Poverty Level	15,602	18,387	3.34	17.85
<i>Qualified Medicare Beneficiary</i>				
Aged.....	107	119	0.02	11.21
Blind	8	9	<0.01	12.50
Disabled	10	17	<0.01	70.00
<i>Poverty Level</i>				
Aged.....	11,200	12,060	2.19	7.68
Disabled	5,320	6,481	1.18	21.82
Under Age 18.....	10,012	24,200	4.40	141.71
Katie Beckett	539	659	0.12	22.26
"K" Babies.....	33,334	30,069	5.47	-9.79

*Percentage column may not total 100% due to rounding

TABLE Z

**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 1993**

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	9,123	25.80	8,515	93.34
Alcorn.....	31,722	5,480	17.28	5,198	94.85
Amite.....	13,328	2,740	20.56	2,605	95.07
Attala.....	18,481	4,294	23.23	4,128	96.13
Benton.....	8,046	1,962	24.38	1,923	98.01
Bolivar.....	41,875	15,256	36.43	14,661	96.10
Calhoun.....	14,908	2,995	20.09	2,964	98.96
Carroll.....	9,237	1,796	19.44	1,752	97.55
Chickasaw.....	18,085	3,804	21.03	3,675	96.61
Choctaw.....	9,071	1,988	21.92	1,916	96.38
Claiborne.....	11,370	3,422	30.10	3,375	98.63
Clarke.....	17,313	3,138	18.13	3,051	97.23
Clay.....	21,120	5,365	25.40	5,090	94.87
Coahoma.....	31,665	13,025	41.13	12,387	95.10
Copiah.....	27,592	7,203	26.11	6,769	93.97
Covington.....	16,527	4,192	25.36	4,077	97.26
DeSoto.....	67,910	6,646	9.79	5,830	87.72
Forrest.....	68,314	14,015	20.52	13,444	95.93
Franklin.....	8,377	2,014	24.04	1,949	96.77
George.....	16,673	2,825	16.94	2,679	94.83
Greene.....	10,220	2,305	22.55	2,232	96.83
Grenada.....	21,555	5,162	23.95	5,022	97.29
Hancock.....	31,760	5,675	17.87	5,114	90.11
Harrison.....	165,365	27,996	16.93	25,166	89.89
Hinds.....	254,441	50,824	19.97	43,862	86.30
Holmes.....	21,604	9,779	45.26	9,229	94.38
Humphreys.....	12,134	4,566	37.63	4,342	95.09
Issaquena.....	1,909	636	33.32	616	96.86
Itawamba.....	20,017	2,335	11.67	2,277	97.52
Jackson.....	115,243	15,547	13.49	14,078	90.55
Jasper.....	17,114	3,816	22.30	3,745	98.14
Jefferson.....	8,653	3,256	37.63	3,221	98.93
Jefferson Davis.....	14,051	3,643	25.93	3,615	99.23
Jones.....	62,031	12,472	20.11	11,710	93.89
Kemper.....	10,356	2,166	20.92	2,111	97.46
Lafayette.....	31,826	3,529	11.09	3,297	93.43
Lamar.....	30,424	5,366	17.64	4,717	87.91
Lauderdale.....	75,555	14,359	19.00	12,753	88.82
Lawrence.....	12,458	2,754	22.11	2,742	99.56

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	4,273	23.18	4,167	97.52
Lee.....	65,581	9,897	15.09	9,064	91.58
Leflore.....	37,341	12,987	34.78	11,837	91.14
Lincoln.....	30,278	5,947	19.64	5,591	94.01
Lowndes.....	59,308	10,928	18.43	9,943	90.99
Madison.....	53,794	10,925	20.31	10,081	92.27
Marion.....	25,544	6,248	24.46	6,092	97.50
Marshall.....	30,361	7,654	25.21	7,044	92.03
Monroe.....	36,582	6,295	17.21	5,959	94.66
Montgomery.....	12,388	3,153	25.45	3,059	97.02
Neshoba.....	24,800	5,306	21.40	5,094	96.00
Newton.....	20,291	4,075	20.08	4,012	98.45
Noxubee.....	12,604	4,186	33.21	3,193	76.28
Oktibbeha.....	38,375	6,550	17.07	6,112	93.31
Panola.....	29,996	8,061	26.87	7,609	94.39
Pearl River.....	38,714	7,992	20.64	7,419	92.83
Perry.....	10,865	3,083	28.38	2,708	87.84
Pike.....	36,882	10,118	27.43	9,399	92.89
Pontotoc.....	22,237	3,051	13.72	3,036	99.51
Prentiss.....	23,278	3,685	15.83	3,623	98.32
Quitman.....	10,490	4,181	39.86	4,092	97.87
Rankin.....	87,161	9,172	10.52	8,796	95.90
Scott.....	24,137	5,491	22.75	5,193	94.57
Sharkey.....	7,066	2,799	39.61	2,691	96.14
Simpson.....	23,953	4,880	20.37	4,790	98.16
Smith.....	14,798	3,629	24.52	2,947	81.21
Stone.....	10,750	2,490	23.16	2,425	97.39
Sunflower.....	32,867	11,053	33.63	10,523	95.20
Tallahatchie.....	15,210	5,412	35.58	5,226	96.56
Tate.....	21,432	3,967	18.51	3,821	96.32
Tippah.....	19,523	4,035	20.67	3,898	96.60
Tishomingo.....	17,683	3,404	19.25	2,632	77.32
Tunica.....	8,164	3,702	45.35	3,236	87.41
Union.....	22,085	3,172	14.36	3,159	99.59
Walthall.....	14,352	4,527	31.54	4,376	96.66
Warren.....	47,880	10,604	22.15	9,548	90.04
Washington.....	67,935	21,787	32.07	19,391	89.00
Wayne.....	19,517	5,401	27.67	5,241	97.04
Webster.....	10,222	2,691	26.33	2,119	78.74
Wilkinson.....	9,678	3,138	32.42	2,986	95.16
Winston.....	19,433	4,469	23.00	4,143	92.71
Yalobusha.....	12,033	3,292	27.36	3,112	94.53
Yazoo.....	25,506	8,259	32.38	7,594	91.95

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

Recipient Distribution by Program Category for Fiscal Year 1993

Program Category	Number of Recipients	Percent of Total
Total	500,268	100.0*
Aged.....	53,386	10.67
Blind	1,624	0.32
Disabled	95,105	19.01
Aid to Families with Dependent Children (AFDC)	206,051	41.19
CWS Foster Care	2,298	0.46
<i>Optional Categorically Needy Pregnant Women and Children</i>		
At 100% Federal Poverty Level.....	16,259	3.25
At 133% Federal Poverty Level.....	42,893	8.57
At 185% Federal Poverty Level.....	18,387	3.68
<i>Qualified Medicare Beneficiary</i>		
Aged.....	65	0.01
Blind	4	<0.01
Disabled	13	<0.01
<i>Poverty Level</i>		
Aged.....	12,060	2.41
Disabled	6,481	1.30
Under age 18.....	21,885	4.37
Katie Beckett	576	0.12
"K" Babies.....	23,181	4.63

* 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 1992 and 1993

Type of Service	Recipients FY 1992	Recipients FY 1993	% of Increase or Decrease
Total	475,676	500,268	5.17%
Inpatient Hospital.....	92,162	62,907	-31.74
Outpatient Hospital	232,708	250,337	7.58
Laboratory / X-Ray.....	69,954	80,641	15.28
Nursing Facility.....	◆	◆	◆
Physician	395,763	401,177	1.37
EPSDT	110,506	139,538	26.27
EPSDT Dental	71,327	79,472	11.42
EPSDT Vision	30,394	36,817	21.13
EPSDT Hearing	590	1,255	112.71
Rural Health Clinic	3,333	8,777	163.34
Federally Qualified Health Center.....	36,889	49,699	34.73
Home Health	4,760	5,115	7.46
Transportation	23,312	22,215	-4.71
Prescribed Drugs.....	390,251	473,941	21.45
Dental.....	29,806	29,595	-0.71
Eyeglasses.....	11,285	4,390	-61.10
Intermediate Care Facility - Mentally Retarded ...	1,908	2,224	16.56
Family Planning	36,644	43,606	19.00
Family Planning Drugs	25,769	27,999	8.65
Buy-In, Medicare (Parts A & B)	104,195	136,524	31.03
Mental Health Clinic.....	22,398	29,076	29.82
Home & Community Based.....	522	531	1.72
Durable Medical Equipment.....	15,836	9,237	-41.67
Therapy	295	630	113.56
Inpatient Residential Psychiatric.....	47	102	117.02
Inpatient Psychiatric Hospital.....	395	808	104.56
Nurse Practitioner	17,764	21,642	21.83
Ambulatory Surgical Center.....	2,568	1,542	-39.95
Hospice	52	106	103.85
Private Mental Health Center	291	566	94.50
Dialysis	841	303	-63.97

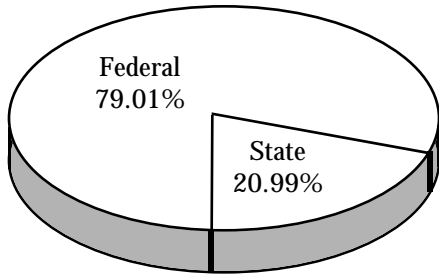
TABLE 5
Number of Paid Claims for Fiscal Years 1992 and 1993

Type of Service	Claims for FY 1992	Claims for FY 1993	Percent of Increase/Decrease
Total	14,913,165	17,306,563	16.05
Inpatient Hospital	164,280	244,217	48.66
Outpatient Hospital.....	680,119	739,059	8.67
Lab / X-Ray.....	482,408	600,166	24.41
Nursing Facility	228,546	334,144	46.20
Physician.....	4,357,643	4,277,253	-1.84
EPSDT.....	320,438	368,471	14.99
EPSDT - Dental.....	505,645	520,090	2.86
EPSDT - Vision.....	193,344	223,708	15.70
EPSDT - Hearing.....	1,485	2,751	85.25
Rural Health Clinic	11,310	45,852	305.41
Federally Qualified Health Center.....	243,357	305,541	25.55
Home Health	25,287	27,028	6.88
Transportation	341,994	456,305	33.42
Prescribed Drugs.....	5,698,555	6,035,060	5.91
Dental	166,286	154,585	-7.04
Eyeglasses.....	22,891	11,888	-48.07
Intermediate Care Facility - Mentally Retarded	22,929	108,119	371.54
Family Planning.....	156,299	175,121	12.04
Family Planning Drugs.....	75,282	75,098	-0.24
Buy-In, Medicare (Parts A & B).....	770,340	1,957,369	154.09
Mental Health Clinic.....	275,529	423,795	53.81
Home & Community Based	11,876	13,012	9.57
Durable Medical Equipment.....	93,588	76,491	-18.27
Therapy.....	9,570	15,911	66.26
Inpatient Residential Psychiatric.....	641	4,381	583.46
Inpatient Hospital Psychiatric.....	3,090	4,745	53.56
Nurse Practitioner.....	39,060	88,548	126.70
Ambulatory Surgical Center	4,950	4,099	-17.19
Hospice.....	293	771	163.14
Outpatient Psychiatric Hospital	8	1	-87.50
Private Mental Health Center	4,843	9,197	89.90
Dialysis.....	1,279	3,787	196.09

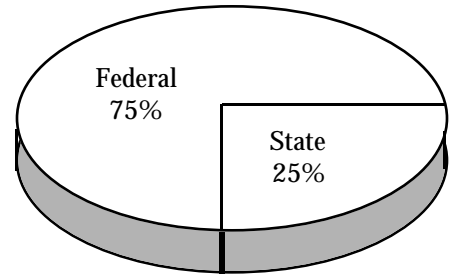
Source: MR-0-08

Chart 1

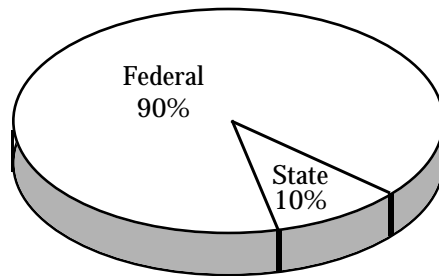
Source of Funds and Percentage Distributions for Fiscal Year 1993



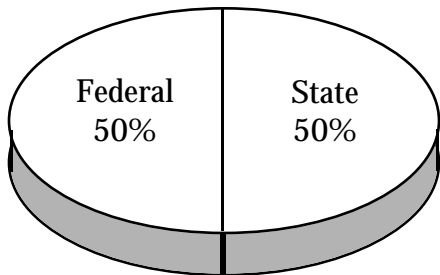
Health Care Services



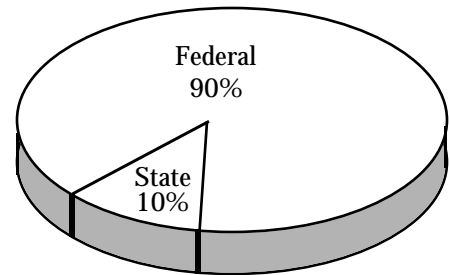
Medical Professional Staff
and Related Administrative
Costs



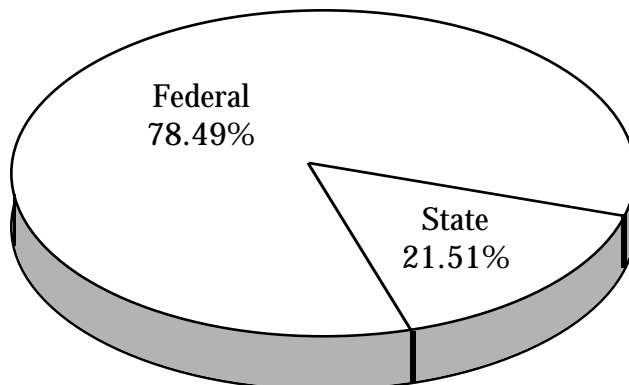
Family Planning



Non-Medical Professional
Administrative Costs



Medicaid Management
Information System Development



Total Expenditures of
the Medicaid Program

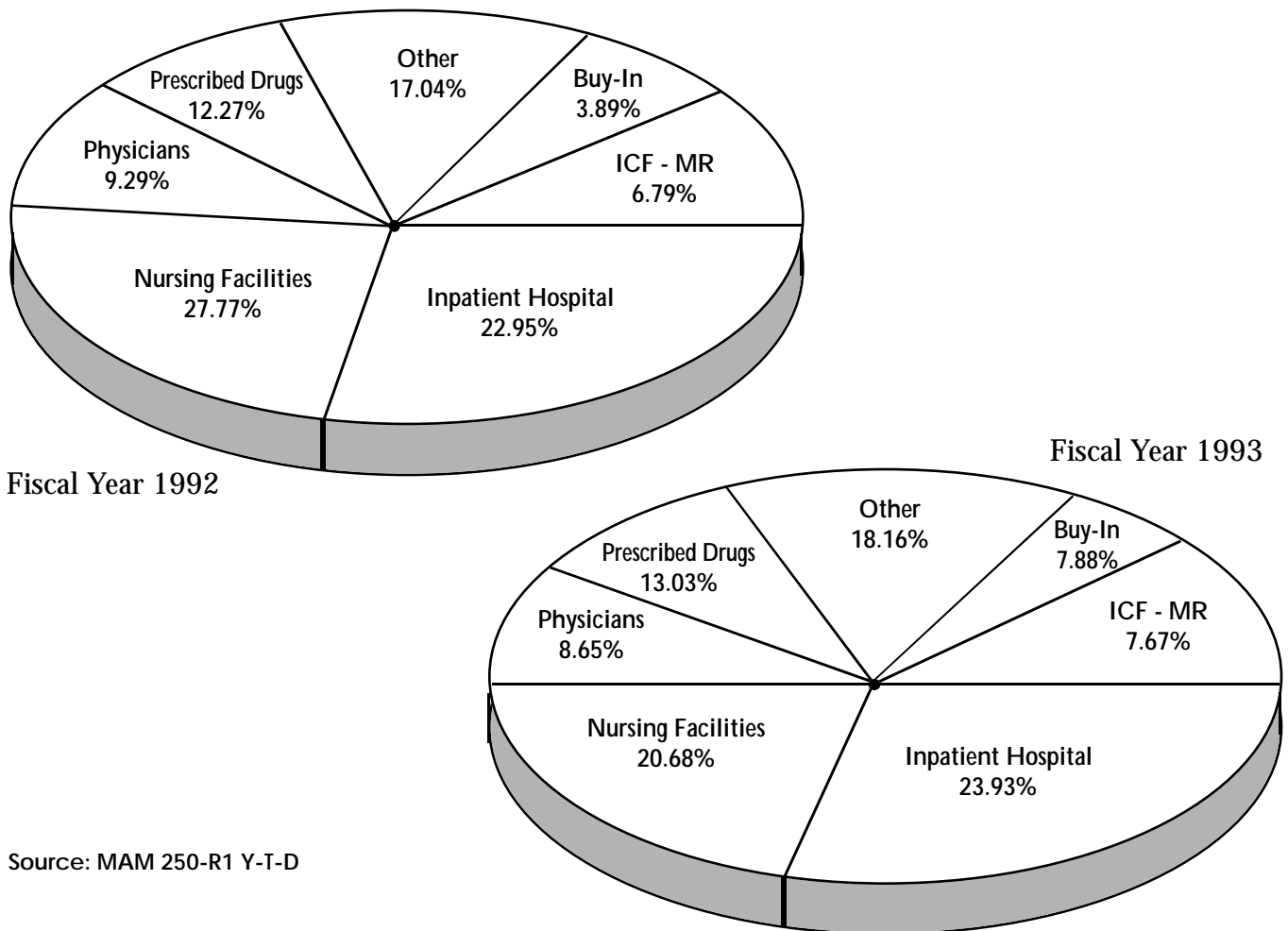
Source: State Allocation Plan

Medical Expenditures by Type of Service

- Total medical expenditures for Fiscal Year 1993 amounted to \$969,797,743 which represent a 8.70 percent increase over Fiscal Year 1992.
- Categories having the largest expenditures included inpatient hospital services with \$232,113,401 and nursing facilities totaling \$200,555,038.

Chart 2

Percentage Distribution of Expenditures by Type of Service for Fiscal Years 1992 and 1993



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 1993

Type of Service	Expenditures FY 1992	Expenditures FY 1993	Percent of Increase/Decrease	Number of Recipients	Average Spent Per Recipient
Total.....	\$892,149,611	969,797,743	8.70%	475,676	\$2,039
Inpatient Hospital.....	204,771,830	232,113,401	13.35	62,907	3,690
Outpatient Hospital.....	68,596,745	69,027,887	0.63	250,337	276
Lab / X-Ray.....	4,202,400	5,097,749	21.31	80,641	63
Nursing Facility.....	247,726,607	200,555,038	-19.04	18,357	10,925
Physician.....	82,852,510	83,883,681	1.24	401,177	209
EPSDT.....	6,581,293	7,495,405	13.89	139,538	54
EPSDT - Dental.....	7,829,570	8,009,851	2.30	79,472	101
EPSDT - Vision.....	2,511,496	3,300,831	31.43	36,817	90
EPSDT - Hearing.....	88,264	165,730	87.77	1,255	132
Rural Health Clinic.....	253,542	786,897	210.36	8,777	90
Federally Qualified Health Center.....	4,900,757	6,697,186	36.66	49,699	135
Home Health.....	5,992,689	7,201,145	20.17	5,115	1,408
Transportation.....	3,613,037	3,268,858	-9.53	22,215	147
Prescribed Drugs.....	109,456,842	126,403,962	15.48	473,941	267
Dental.....	1,960,511	1,979,242	0.96	29,595	67
Eyeglasses.....	319,285	186,558	-41.57	4,390	42
Intermediate Care Facility - Mentally Retarded.....	60,621,911	74,398,083	22.72	2,224	33,452
Family Planning.....	4,101,592	5,157,451	25.74	43,606	118
Family Planning Drugs.....	2,065,921	2,711,546	31.25	27,999	97
Buy-In, Medicare (Parts A & B).....	34,666,216	76,392,374	120.37	136,524	560
Mental Health Clinic.....	19,045,252	25,710,578	35.00	29,076	884
Home & Community Based.....	1,292,583	1,175,773	-9.04	531	2,214
Durable Medical Equipment.....	6,153,857	7,253,326	17.87	9,237	785
Therapy.....	125,304	259,165	106.83	630	411
Inpatient Residential Psychiatric.....	3,693,596	4,140,332	12.09	102	40,591
Inpatient Hospital Psychiatric.....	4,281,583	9,435,532	120.37	808	11,678
Nurse Practitioner.....	1,669,204	2,356,527	41.18	21,642	109
Ambulatory Surgical Center.....	544,582	647,154	18.83	1,542	420
Hospice.....	235,504	493,850	109.70	106	4,659
Private Mental Health Center.....	176,122	359,341	104.03	566	635
Dialysis.....	1,819,006	3,133,290	72.25	303	10,341

Source: MAM 250-R1 & MAM 260-R1

EXPENDITURES BY ELIGIBILITY GROUP

Approximately 26 percent of the total expenditures for Medical Services in Fiscal Year 1993 was spent in the "Aged" category. While only 11 percent of eligibles were classified as "Aged", over \$208 million was paid for nursing home care and drugs, and approximately nine 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 1993

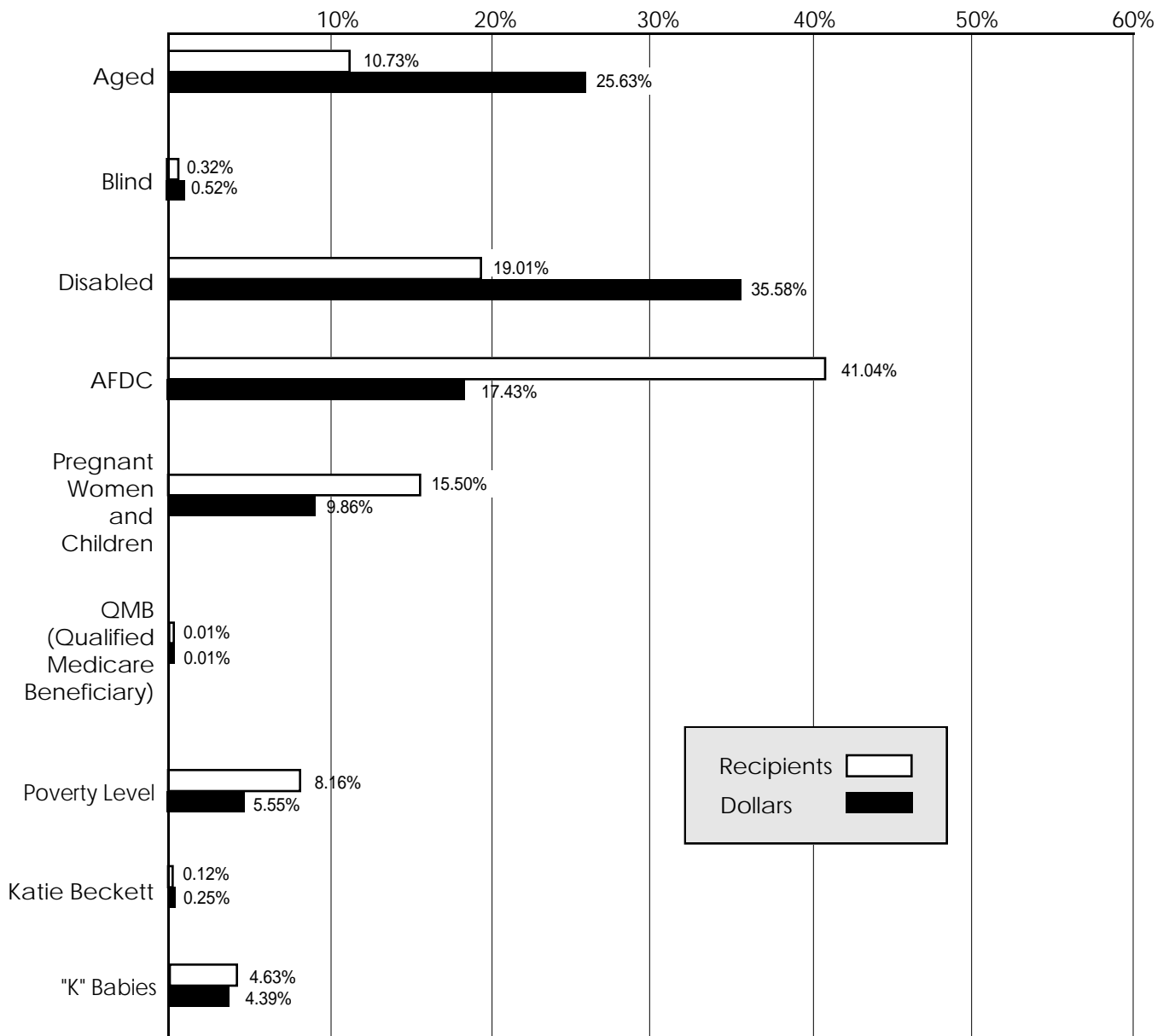


TABLE 7

**Total Expenditures for Medical Services, Total Number of Recipients,
Average Expenditure Per Recipient, and Percentage by Program Category for Fiscal Year 1993**

Program Category	Expenditures	Percent of Total	Total Number of Recipients	Percent of Total	Average per Recipient
Total.....	\$969,797,743*	100.0**	500,268	100.0**	\$1,939*
Aged	248,566,651	25.63	53,687	10.73	4,630
Blind	5,030,829	0.52	1,624	0.32	3,098
Disabled	345,040,173	35.58	95,105	19.01	3,628
AFDC	170,990,435	17.63	205,287	41.04	833
CWS Foster Care	5,615,628	0.58	2,298	0.46	2,444
<i>Optional Categorically Needy Pregnant Women & Children-</i>					
At 100% Federal Poverty Level	13,498,448	1.39	16,259	3.25	830
At 133% Federal Poverty Level	47,375,526	4.89	42,893	8.57	1,105
At 185% Federal Poverty Level	34,749,504	3.58	18,417	3.68	1,887
<i>Qualified Medicare Beneficiary-</i>					
Aged	50,663	0.01	65	0.01	779
Blind	3,948	<0.01	4	<0.01	987
Disabled	8,284	<0.01	13	<0.01	637
<i>Poverty Level-</i>					
Aged	17,589,948	1.81	12,366	2.47	1,422
Disabled	17,510,057	1.81	6,608	1.32	2,650
Under Age 18	18,728,826	1.93	21,885	4.37	856
Katie Beckett	2,417,013	0.25	576	0.12	4,196
"K" Babies	42,621,810	4.39	23,181	4.63	1,839

* 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 1993

Program Category	Inpt. Hosp.	Outpt. Hosp.	Nursing Fac.	Physicians	EPSDT	Prescb. Drugs	Dental
Total	\$232,059,763	\$69,027,887	\$274,685,141	\$83,883,665	\$7,495,405	\$126,420,404	\$1,979,242
Aged	489,115	102,591	172,326,096	8,886,872	0	35,594,711	232,968
Blind	864,471	353,379	1,675,351	430,055	1,029	843,605	13,005
Disabled	84,124,532	21,833,856	100,367,004	22,941,069	217,896	50,397,867	771,456
AFDC	58,167,127	29,031,936	7,407	17,460,392	3,698,233	17,765,736	716,637
CWS Foster Care	1,250,831	249,227	54,703	223,990	41,737	163,201	29
<i>Optional Categorically Needy Pregnant Women and Children-</i>							
At 100% Fed. Poverty Level	4,557,582	1,876,718	0	2,712,380	304,566	989,572	8,409
At 133% Fed. Poverty Level	19,679,112	6,436,801	0	11,892,591	1,267,096	3,236,726	45,417
At 185% Fed. Poverty Level	17,307,290	3,487,685	0	9,341,976	551,287	1,034,706	31,491
<i>Qualified Medicare Beneficiary-</i>							
Aged	0	0	1,489	0	0	1,648	163
Blind	0	0	0	0	0	138	0
Disabled	0	0	2,832	0	0	8	0
<i>Poverty Level-</i>							
Aged	53,467	30,867	252,663	16,868	0	8,683,370	66,994
Disabled	4,104,774	1,115,680	0	929,170	228	5,023,678	79,630
Under Age 18	7,279,614	2,638,838	0	4,264,915	471,960	1,435,584	13,043
Katie Beckett	990,762	167,374	0	125,868	2,523	366,002	0
"K" Babies	33,191,744	1,702,935	0	4,657,519	938,850	883,852	0

Source: MAM 250-R1

TABLE 9

Payments Made to Providers by County for Fiscal Year 1993

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	\$ 18,990,219	Leflore	\$ 27,931,111
Alcorn	10,163,081	Lincoln	14,451,258
Amite	430,311	Lowndes	15,371,423
Attala	6,506,477	Madison.....	13,955,625
Benton	1,373,615	Marion	6,310,813
Bolivar	24,630,105	Marshall	4,380,707
Calhoun	3,741,325	Monroe	12,013,977
Carroll	213,751	Montgomery.....	5,418,618
Chickasaw	4,548,291	Neshoba.....	8,621,110
Choctaw	1,555,467	Newton.....	6,677,660
Claiborne	4,160,399	Noxubee	2,705,065
Clarke	3,599,780	Oktibbeha.....	22,709,670
Clay	8,671,089	Panola	7,039,303
Coahoma	35,050,602	Pearl River	10,701,604
Copiah	6,850,021	Perry.....	1,734,340
Covington.....	6,848,999	Pike.....	24,212,611
DeSoto.....	7,167,653	Pontotoc	4,091,970
Forrest	59,140,112	Prentiss	3,373,931
Franklin	2,160,588	Quitman	5,553,549
George.....	2,848,203	Rankin.....	37,574,956
Greene	2,143,171	Scott.....	4,993,160
Grenada	16,431,188	Sharkey.....	2,684,854
Hancock	4,416,815	Simpson	18,735,498
Harrison.....	71,868,193	Smith	2,665,425
Hinds	197,946,973	Stone.....	2,597,820
Holmes.....	9,446,665	Sunflower.....	14,305,422
Humphreys.....	4,513,674	Tallahatchie	2,350,680
Issaquena.....	0	Tate	8,378,461
Itawamba	2,674,431	Tippah.....	5,608,569
Jackson	21,216,789	Tishomingo	4,022,898
Jasper	2,792,440	Tunica	603,325
Jefferson.....	1,777,746	Union.....	14,797,235
Jefferson Davis	2,288,837	Walthall.....	4,420,125
Jones	40,090,839	Warren	23,330,092
Kemper.....	1,654,808	Washington.....	29,532,362
Lafayette.....	19,568,178	Wayne	7,731,946
Lamar	7,806,048	Webster	3,317,447
Lauderdale	34,859,954	Wilkinson	5,607,222
Lawrence	2,482,300	Winston	4,133,715
Leake.....	4,883,272	Yalobusha	1,763,473
Lee	33,796,365	Yazoo.....	7,676,338

Payments Made for Recipients by County for Fiscal Year 1993

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	\$15,380,395	Leflore	\$20,934,913
Alcorn	11,737,875	Lincoln	15,703,741
Amite	3,155,617	Lowndes	15,958,271
Attala	7,253,317	Madison	17,589,991
Benton	3,120,143	Marion	11,021,907
Bolivar	21,877,464	Marshall	10,552,662
Calhoun	6,151,870	Monroe	11,642,522
Carroll	2,264,303	Montgomery	5,474,002
Chickasaw	6,802,107	Neshoba	12,973,530
Choctaw	3,035,376	Newton	7,740,268
Claiborne	5,103,164	Noxubee	5,311,685
Clarke	5,960,873	Oktibbeha	14,057,060
Clay	8,608,813	Panola	12,564,787
Coahoma	22,704,933	Pearl River	11,381,926
Copiah	9,826,593	Perry	3,684,224
Covington	6,044,691	Pike	15,957,175
DeSoto	9,691,358	Pontotoc	7,121,147
Forrest	27,657,466	Prentiss	6,503,373
Franklin	3,246,461	Quitman	6,615,721
George	4,801,175	Rankin	36,981,793
Greene	4,259,981	Scott	8,918,357
Grenada	10,663,818	Sharkey	4,149,889
Hancock	8,731,755	Simpson	18,758,293
Harrison	56,729,673	Smith	5,527,904
Hinds	75,174,723	Stone	4,409,991
Holmes	11,931,125	Sunflower	14,584,955
Humphreys	5,807,471	Tallahatchie	6,625,298
Issaquena	591,951	Tate	6,965,877
Itawamba	4,783,783	Tippah	8,213,727
Jackson	25,319,708	Tishomingo	5,881,396
Jasper	6,513,005	Tunica	3,740,810
Jefferson	4,409,002	Union	6,424,385
Jefferson Davis	5,145,120	Walthall	7,444,378
Jones	41,035,558	Warren	17,527,228
Kemper	3,604,372	Washington	26,037,592
Lafayette	15,448,589	Wayne	7,051,856
Lamar	8,526,550	Webster	4,482,752
Lauderdale	27,770,850	Wilkinson	4,935,602
Lawrence	4,699,442	Winston	7,347,564
Leake	7,999,909	Yalobusha	4,569,780
Lee	21,123,647	Yazoo	11,489,323

TABLE 11

Amount Paid to State Health Agencies and
Institutions by Source of Funds for Fiscal Years 1992 and 1993

Name of Agency or Institution	Fiscal Year	Total Amount of Payment	From Federal Funds	From State Funds
Total	FY 1992	\$170,874,717	136,682,686	34,192,031
	FY 1993	201,985,831	159,589,005	42,396,826
Miss. State Dept. of Health	FY 1992	14,820,267	11,854,732	2,965,535
	FY 1993	20,155,057	15,924,511	4,230,546
Miss. Dept. of Human Services	FY 1992	2,441,876	1,953,257	488,619
	FY 1993	2,119,732	1,674,800	444,932
Miss. Department of Mental Health	FY 1992	19,571,389	15,655,154	3,916,235
	FY 1993	25,726,932	20,326,849	5,400,083
East Miss. State Nursing Home (Meridian)	FY 1992	3,173,423	2,538,421	635,002
	FY 1993	3,447,820	2,724,123	723,697
Ellisville State School (Ellisville)	FY 1992	18,247,073	14,595,834	3,651,239
	FY 1993	21,943,416	17,337,493	4,605,923
North Miss. Regional Center (Oxford)	FY 1992	7,912,022	6,328,826	1,583,196
	FY 1993	172,918	136,623	36,295
South Miss. Regional Center (Long Beach)	FY 1992	6,109,475	4,886,969	1,222,506
	FY 1993	10,798,685	8,532,041	2,266,644
Hudspeth Retardation Center (Whitfield)	FY 1992	9,758,937	7,806,174	1,952,763
	FY 1993	13,306,742	10,513,657	2,793,085
Miss. State Hospital-Nursing Facilities (Whitfield)	FY 1992	6,641,813	5,312,786	1,329,027
	FY 1993	9,286,644	7,337,377	1,949,267
Miss. State Hospital (Whitfield)	FY 1992	486,498	389,150	97,348
	FY 1993	791,454	625,328	166,126
Boswell Retardation Center (Sanatorium)	FY 1992	2,757,762	2,205,934	551,828
	FY 1993	3,615,115	2,856,302	758,813
University Medical Center (Jackson)	FY 1992	78,954,182	63,155,450	15,798,732
	FY 1993	90,621,316	71,599,902	19,021,414

Source: Provider History Report

TABLE 12
Total Number of Recipients, Number Using Physician Services
by Program Category for Fiscal Year 1993

Program Category	Total Number of Recipients	Recipients Using Services	Percent of Total
Total	500,268	401,177	80.19
Aged.....	39,987	35,810	89.55
Blind.....	1,609	1,369	85.08
Disabled	95,158	80,076	84.15
AFDC Children.....	221,140	165,908	75.02
AFDC Adults.....	93,913	77,962	83.02
CWS Foster Care.....	2,298	2,061	89.69
Optional Categorically Needy.....	46,163	37,991	82.30

Source: HCFA 2082

TABLE 13
Amount of Expenditures with Percentage Distribution for
Physician Services by Program Category for Fiscal Year 1993

Program Category	Expenditures	Percent of Total
Total.....	\$83,883,681	100.0*
Aged.....	8,886,872	10.59
Blind	430,055	0.51
Disabled	22,941,069	27.35
AFDC Children.....	16,148,256	19.25
AFDC Adults.....	23,846,464	28.43
CWS Foster Care	223,990	0.27
Optional Categorically Needy.....	11,406,975	13.60

* Percentage columns may not total 100% due to rounding

Source: HCFA 2082

TABLE 14
Amount of Expenditures with Percentage Distribution
for Physician Services by Age Groups for Fiscal Year 1993

Age in Years	Expenditures	Percent of Total
Total	\$83,883,666	100.0*
Birth to age 1	6,501,968	7.75
Ages 1 to 3.....	7,041,997	8.39
Ages 3 to 5.....	3,223,635	3.84
Ages 5 to 6.....	1,281,467	1.53
Ages 6 to 8.....	2,016,899	2.40
Ages 8 to 19.....	13,325,644	15.89
Ages 19 to 21.....	6,885,431	8.21
Ages 21 to 64.....	35,620,605	42.46
Age 64 and Over	7,986,020	9.52

* 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 1993

Place of Visit	Number of Visits	Percent of Total
Total	1,992,207	100.0*
Physician's Office	1,158,213	58.14
Hospital	506,908	25.44
Nursing Home	9,412	0.47
Emergency Room	292,875	14.70
Consultations	24,727	1.24
House Calls	72	<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 1993 totaled \$407,169. The average number of prescriptions per recipient for the same time period was 13.6.

TABLE 16

Number of Prescriptions, Number of Recipients, and
Average Number Prescriptions Per Recipient
by Program Category for Fiscal Year 1993

Program Category	Prescriptions	Percent of Total	Number of Recipients	Percent of Total	Average Number of Prescriptions Per Recipient
Total	5,548,324	100.00*	407,169	100.00*	13.6
Aged	1,860,071	33.52	60,965	14.97	30.5
Blind.....	32,704	0.59	1,457	0.36	22.4
Disabled.....	1,854,339	33.42	85,895	21.10	21.6
AFDC Children	924,131	16.66	163,903	40.25	5.6
AFDC Adults	590,813	10.65	78,156	19.19	7.6
CWS Foster Care.....	4,700**	0.08	1,880	0.46	2.5
Optional Categorically Needy.	281,566	5.07	14,913	3.66	18.9

* Percentage columns may not total 100% due to rounding

** Prescriptions for CWS Foster Care children were estimated as data was unavailable.

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 1993

Program Category	Nursing Facilities		Intermediate Care Facilities - MR	
	Recipients	Days of Care	Recipients	Days of Care
Total	*18,357	4,693,240	2,224	663,035
Aged	16,088	4,111,268	74	21,266
Blind	47	12,114	20	6,239
Disabled	1,330	329,990	1,145	331,920
AFDC Children	1	138	0	0
AFDC Adults	3	39	0	0
CWS Foster Care	0	0	0	0
Optional Categorically Needy	887	239,691	985	303,610

* 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 1993, Medicaid provided for 411,556 days of inpatient hospital care. The average length of hospital stay was 2.9 days. Table 18 shows the number of Medicaid recipients who received inpatient hospital service benefits, the number of discharges, the total days of care, and the average length of stay per recipient by program during Fiscal Year 1993.

TABLE 18

Number of Recipients, Number of Discharges, Total Days of Hospital Care, and Average Length of Hospital Stay by Program Category for Fiscal Year 1993

Program Category	Number of Recipients*	Number of Discharges	Days of Care	Average Length of Hospital Stay
Total	110,014	143,038	411,556	2.9
Aged	11,494	875	3,753	4.3
Blind	420	487	1,949	4.0
Disabled	26,395	41,083	160,569	3.9
AFDC Children	21,301	33,505	106,141	3.2
AFDC Adults	35,677	60,249	114,229	1.9
CWS Foster Care	145	◆	◆	◆
Optional Categorically Needy	14,582	6,839	24,915	3.6

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

Source: HCFA 2082

OUTPATIENT HOSPITAL SERVICES

A total of 583,724 outpatient visits were provided to 250,337 Medicaid recipients during Fiscal Year 1993 with an average of two visits per outpatient recipient.

DENTAL SERVICES

Limited dental care was provided to 29,595 recipients during Fiscal Year 1993 with expenditures amounting to \$1,979,242. A total of 586,410 procedures were performed.

FAMILY PLANNING SERVICES

Expenditures for the family planning services program amounted to \$5,157,451 in Fiscal year 1993 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 throughout the state. A total 43,606 recipients received family planning services during the year.

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

During Fiscal Year 1993, 139,538 of Mississippi's children and youth under age 21 received a comprehensive physical evaluation through EPSDT screenings. The number of treatments, by program category, received as a result of problems diagnosed during the screenings are found in the table below.

TABLE 19

Number of Children Receiving Treatment
by Category of Service

Program Category	Number of Children
Dental.....	56,843
Vision.....	32,544
Hearing.....	379
Medical Referrals	170,305

Source: HCFA 416 Y-T-D