

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 25th Annual Report of the Division of Medicaid for Fiscal Years 1995 and 1996. 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 Rehabilitation Services, and the State Department of Health 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 more than 500,000 Mississippians who are being helped through the Medicaid program, we 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

TABLE OF CONTENTS

MISSION STATEMENT	1
PROGRAM HIGHLIGHTS FOR FY 1995-96	2
Managed Care - HealthMACS	2
Capitated Managed Care	3
HOME AND COMMUNITY BASED SERVICES PROGRAMS	4
Elderly and Disabled Waiver	4
Independent Living Waiver	4
Mentally Retarded Developmentally Disabled Waiver	5
Case Mix in Mississippi	5
Mississippi Information for State Health Policy Project	6
ELIGIBILITY	8
As Determined by the Department of Human Services	8
As Determined by the Offices of the Social Security Administration	8
As Determined by the Division of Medicaid	8
REGIONAL OFFICES	18
FUNDING	20
MEDICAL EXPENDITURES BY TYPE OF SERVICE	22
EXPENDITURES BY ELIGIBILITY GROUP	26
MEDICAID MANAGEMENT INFORMATION SYSTEM (MMIS)	34
Plastic ID Card	36
Point of Service Eligibility Verification System (POSEVS)	36
THIRD PARTY LIABILITY	41
Medicare Buy-In	41
Private Health Insurance Resources	42
Casualty/Tort Resources	42
Prescribed Drug Recovery Program	42
Estate Recovery	42

PROGRAM INTEGRITY	43
CONTRACTS MONITORING	45
The Non-Emergency Transportation Program	45
The Contracts Monitoring Unit	45
Personnel Division	46
SERVICES	47
Mandated Services	47
Optional Services	47
Waivered Services	47
Prescribed Drugs	52
Long-Term Care Facilities	53
Early and Periodic Screening, Diagnosis and Treatment (EPSDT)	54
Perinatal High Risk Management/Infant Services System (PHRM/ISS)	54
Dental Services	56
Inpatient Hospital Services	56
Outpatient Hospital Services	56

LIST OF TABLES

Table 1	Certified Eligibles by Eligibility Category for FY 1995	10
Table 1-A	Certified Eligibles by Eligibility Category for FY 1996	11
Table 2	Number of Medicaid Eligibles by County for FY 1995	12
Table 2-A	Number of Medicaid Eligibles by County for FY 1996	13
Table 3	Recipients of Services by Program Category for FY 1995	14
Table 3-A	Recipients of Services by Program Category for FY 1996	15
Table 4	Recipients of Medical Services by Type of Service for FY 1994-95	16
Table 4-A	Recipients of Medical Services by Type of Service for FY 1995-96	17
Table 5	Paid Claims by Type of Service for FY 1994-95	24
Table 5-A	Paid Claims by Type of Service for FY 1995-96	25
Table 6	Total Expenditures for Medical Services, Total Number of Recipients, Average Expenditure Per Recipient, and Percentage by Program Category for FY 1995	28
Table 6-A	Total Expenditures for Medical Services, Total Number of	

	Recipients, Average Expenditure Per Recipient, and Percentage by Program Category for FY 1996	29
Table 7	Expenditures for Medical Services by Type of Service for FY 1994-95	30
Table 7-A	Expenditures for Medical Services by Type of Service for FY 1995-96	31
Table 8	Expenditures for Medical Services by Type of Service, Number of Recipients by Service, and Average Spent for FY 1995	32
Table 8-A	Expenditures for Medical Services by Type of Service, Number of Recipients by Service, and Average Spent for FY 1996	33
Table 9	Expenditures for Major Medical Services by Program Category for FY 1995	37
Table 9-A	Expenditures for Major Medical Services by Program Category for FY 1996	38
Table 10	Payments Made to Providers by County for FY 1995	39
Table 10-A	Payments Made for Recipients by County for FY 1996	40
Table 11	Total Number of Eligibles, Number Using Physician Services by Program Category for FY 1995	48
Table 11-A	Total Number of Eligibles, Number Using Physician Services by Program Category for FY 1996	48
Table 12	Amount of Expenditures with Percentage Distribution for Physician Services by Program Category for FY 1995	49
Table 12-A	Amount of Expenditures with Percentage Distribution for Physician Services By Program Category for FY 1996	49
Table 13	Amount of Expenditures with Percentage Distribution for Physician Services by Age Groups for FY 1995	50
Table 13-A	Amount of Expenditures with Percentage Distribution for Physician Services by Age Groups for FY 1996	50
Table 14	Number of Physician Visits by Place of Visit for FY 1995	51
Table 14-A	Number of Physician Visits by Place of Visit for FY 1996	51
Table 15	Number of Prescriptions, Number of Recipients, and Average Number Prescriptions Per Recipient by Program Category for FY 1995	52
Table 15-A	Number of Prescriptions, Number of Recipients, and Average Number Prescriptions Per Recipient by Program Category for FY 1996	52
Table 16	Number of Recipients and Number of Days of Care for Nursing Facilities by Program Category for FY 1995	53
Table 16-A	Number of Recipients and Number of Days of Care for Nursing Facilities by Program Category for FY 1996	53
Table 17	Number of Children Receiving Treatment by Category of Service	

	for FY 1995	55
Table 17-A	Number of Children Receiving Treatment by Category of Service for FY 1996	55
Table 18	Number of Recipients, Number of Discharges, Total Days of Hospital Care, and Average Length of Hospital Stay by Program Category for FY 1995	57
Table 18-A	Number of Recipients, Number of Discharges, Total Days of Hospital Care, and Average Length of Hospital Stay by Program Category for FY 1996	57
Table 19	Amount Paid to State Health Agencies and Institutions by Source of Funds for Fiscal Years 1993-1995	58
Table 19-A	Amount Paid to State Health Agencies and Institutions by Source of Funds for Fiscal Years 1994-1996	59

LIST OF CHARTS

Chart 1	Source of Funds and Percentage of Distribution for FY 1995	20
Chart 1-A	Source of Funds and Percentage of Distribution for FY 1996	21
Chart 2	Percentage Distribution of Expenditures by Type of Service for FY 1994 and 1995	22
Chart 2-A	Percentage Distribution of Expenditures by Type of Service for FY 1995 and 1996	23
Chart 3	Percentage of Total Recipients and Expenditures by Program Category for FY 1995	26
Chart 3-A	Percentage of Total Recipients and Expenditures by Program Category for FY 1996	27
Chart 4	Percentage of Claims Processed by Type of Service for FY 1995	35
Chart 4-A	Percentage of Claims Processed by Type of Service for FY 1996	35



PROGRAM HIGHLIGHTS FOR FY 1995-96

Managed Care - HealthMACS

HealthMACS (Health through Medicaid Managed Access to Care and Services) is the primary care case management program of the Division of Medicaid (DOM). The program was started in October of 1993. By the end of fiscal year 1994, HealthMACS had been implemented in seven (7) counties--Claiborne, Covington, Jefferson, Jefferson Davis, Lawrence, Warren and Washington.

During June of 1995 a request was submitted to the Health Care Financing Administration (HCFA) to renew the 1915(b) waiver for the HealthMACS program and to add eight (8) additional counties--Bolivar, Copiah, Hancock, Harrison, Jackson, Lincoln, Simpson and Sunflower. HCFA approved the waiver renewal in September 1995, and expansion of HealthMACS into additional counties began in October. As of June 30, 1996, HealthMACS had been implemented in fourteen counties. Plans are being made to implement HealthMACS in Jackson County during fiscal year 1997.

DOM expanded the scope of the contract with its fiscal agent, EDS, to provide additional managed care services. Included in the expanded scope was the provision for Client Field Services

Representative (CFSR). Initially three CFSRs were hired for Harrison and Hancock Counties. The primary role of the CFSR is client education about the HealthMACS program, the importance of accessing medical services through the primary care provider (PCP), and appropriate use of hospital emergency rooms. CFSRs are also available to PCPs to assist with clients who are not keeping office appointments, misusing the emergency room, not following through with PCP instructions, etc. Additional CFSRs will be hired by EDS during fiscal year 1997. The expanded contract also allowed EDS to have Provider Representatives devoted to provider issues regarding managed care.

In April, HCFA conducted a focused review as required in the approval for the renewal of the 1915(b) waiver. The findings of the focused review were that the DOM/EDS team had been effective in improving the overall operation of the HealthMACS program, specifically in the areas of training and education for both providers and recipients and with program monitoring and data tracking. Other findings of the program indicate that the use of emergency rooms for non-emergency care has decreased, and the number of visits to primary care physicians for routine care has increased.

During FY 1997 a request for an amendment to the 1915(b) waiver for HealthMACS will be submitted to HCFA. The amendment will request approval to implement HealthMACS statewide.

Capitated Managed Care

During the 1995 Regular Legislative Session, DOM was mandated to implement capitated managed care in an urban and rural area. A model HMO contract was submitted to HCFA in October 1995. During this time, DOM had contracted with an actuarial company to review past Medicaid claims data to determine the rates for capitated managed care. In January 1996, HCFA approved the model HMO contract and the capitated rates.

During the 1996 Regular Legislative Session, the Medicaid law was amended to limit the capitated managed care project to eleven counties-- Bolivar, Coahoma, Hancock, Harrison, Humphreys, Leflore, Sunflower, Tallahatchie, Warren, Washington and Yazoo. The Legislature also established a Legislative Oversight Committee to review the managed care activities of DOM and to make recommendations in December 1996 for the 1997 Legislative Session regarding the future direction of Medicaid and managed care.

Once HCFA approved the model HMO contract, DOM was ready to receive applications from HMOs interested

in contracting with DOM for capitated managed care for Medicaid recipients. By the end of the fiscal year, DOM had received and was reviewing applications from five (5) of the thirteen (13) HMOs certified by the Department of Insurance to do business in Mississippi.

As soon as possible in fiscal year 1997, DOM will submit to HCFA for approval the contract(s) with any HMOs which have submitted satisfactory applications. Upon approval by HCFA for DOM to contract with the HMO(s), DOM will finalize the contract and begin implementing the capitated managed care program.





HOME AND COMMUNITY BASED SERVICES PROGRAMS

Elderly and Disabled Waiver

The Elderly and Disabled Waiver provides services to individuals over the age of 21 who, but for the provision of such services, would require the level of care provided in a nursing facility. Recipients of this waiver must qualify for Medicaid as SSI recipients. The Health Care Financing Administration has approved a waiver of the statewideness requirement allowing individuals in Adams, Carroll, DeSoto, Forrest, Harrison, Hinds, Jackson, Lee, Leflore, Lowndes, Newton, Oktibbeha, Prentiss, Rankin, Union, Washington, and contiguous counties to participate. The Program is limited to 1600 recipients at any one time and 2400 unduplicated recipients during the waiver year (July 1, 1996 - June 30, 1997). This waiver is operated through the Department of Human Services, Division of Aging and Adult Services. The services available through this program are: Case Management, Adult Day Care, Home Delivered Meals, Institutional Respite, Homemaker Services, and Extended Home Health Visits (visits in excess of the regular Medicaid Program). Referrals for this program can be made through the Long Term Care Division of Medicaid; the Division of Aging and Adult Services of DHS; or the waiver case managers located at each Area Agency on Aging.

Independent Living Waiver

The Independent Living Waiver was created to assist severely orthopedically and neurologically impaired individuals, 21 - 64 years of age, to live independently through the services of a Personal Care Attendant. The recipient must be capable of directing his/her own care and possess some rehabilitation potential. Recipients are also provided Case Management Services. By receiving these services, waiver recipients are able to remain at home rather than being placed in a nursing facility. This statewide program is limited to a maximum of 175 unduplicated recipients per waiver year (January 1-December 31). Recipients of this waiver must be Medicaid eligible as SSI recipients or must meet the requirements for the handicapped coverage group. Furthermore, the special income level used for this coverage group is 300 percent of the SSI federal benefit rate. This waiver is operated through the Department of Rehabilitation Services. Referrals for this program can be made through the Long Term Care Division of Medicaid or through the Department of Rehabilitation Services.

Mentally Retarded Developmentally Disabled Waiver

The Mentally Retarded/Developmentally Disabled Waiver provides services to individuals who, but for the provision of such services, would require the level of care found in an Intermediate Care Facility for the mentally retarded or persons with related conditions (ICF/MR). This statewide program is limited to 200 unduplicated recipients the first year, 325 recipients the second year, and 450 recipients the third year. Recipients of this waiver must be Medicaid Eligible through one of three eligibility categories: 1) SSI Recipients, 2) AFDC recipients, or 3) Disabled Child Living at Home. This waiver is operated through the Department of Mental Health, Bureau of Mental Retardation. Currently the services available are: In-home Respite, Group Home Respite, ICF/MR Respite, Residential Habilitation, Personal Care Aide, Day Habilitation, Pre-vocational Services, Supported Employment, Physical Therapy, Occupational Therapy, Speech, Language, and Hearing Services. Referrals for this program can be made through the Long Term Care Division of Medicaid, the Bureau of Mental Retardation, or the waiver case managers located at each of the Regional ICF/MR's.

Case Mix in Mississippi

The Mississippi Demonstration Integrating Case-Mix Payment and Quality

Monitoring Systems in Nursing Facilities is part of a six-state Health Care Financing Administration (HCFA)-sponsored demonstration project.

This project was designed for the mutual benefit of providers and patients to develop a payment and quality monitoring system for the Medicaid and Medicare programs. The Mississippi Medicaid Case-Mix System establishes a facility-specific payment rate based on a facility's case mix of residents. Quality of care is assured by equitably analyzing facility-specific payments. This allows staff to assure that residents' health care requirements are being fulfilled at the optimal level. Staff of the Division of Medicaid and the Division of Health Facilities Licensure and Certification at the State Department of Health form the core staff for planning and implementing the resident assessment, case mix, and reimbursement systems. This system was designed to produce the following:

- (1) a resident classification system based on the characteristics of facility residents;
- (2) a quality monitoring system to create resident data-specific facility profiles for detecting quality of care changes; and
- (3) a case mix payment system that is facility-specific based on the case mix of residents.

The Division of Medicaid has worked closely with the Mississippi Case-

Mix Advisory Committee, composed of nursing facility administrators, owners, nurses, accountants, and geriatric specialists, to develop the best payment system for Mississippi. The Mississippi Medicaid Case-Mix Payment System was implemented July 1, 1993.

Through case mix, the Division of Medicaid has gained a system which:

- (1) assures quality care for all residents;
- (2) establishes a payment system that equitably reimburses providers for the level of care required for the individual resident and that represents the level of effort and professional supervision required to care for the individual residents in the facility; and
- (3) provides residents with the benefit of improved, more accessible care.

Mississippi Information for State Health Policy Project

In January 1991, The Robert Wood Johnson Foundation initiated the Information for State Health Policy program (InfoSHP), inviting all states to apply for funds to strengthen health statistics systems to support policy development. Twenty-nine (29) individuals representing the major stakeholders in planning data system enhancements, known as the Interagency Working Group (IWG), were charged with the responsibility of prioritizing the state's

needs for information. 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, a continuing challenge in a rural state, as one of the highest and most urgent priorities for Mississippians. Mississippi was chosen by the Foundation as one of ten states to proceed with the project, and in April of 1992 the Division of Medicaid was awarded a grant to fund the Mississippi Information for State Health Policy Project (InfoSHP) - Phase I. The DOM had the responsibility of administering the project and coordinating the efforts of more than thirty public and private organizations with the objectives of (1) conducting a comprehensive review of information needs; (2) identifying and prioritizing data systems enhancement strategies; and (3) selecting specific projects to meet high-priority information



needs.



In the spring of 1993, Mississippi competed with nine (9) other states for an additional Robert Wood Johnson Foundation grant to proceed with Phase II. In November of that year, the DOM was notified that Mississippi had been granted \$924,000 to be received over a four-year period to support Phase II activities. The IWG has developed and periodically refines data enhancement strategies. This group also provides continuing oversight to InfoSHP staff at the DOM as they implement an interagency collaborative work plan for the grant's four (4) primary data projects: (1) creation of a statewide hospital discharge data set; (2) modification and linkage of existing databases to develop a uniform ambulatory services data set;

(3) enhancement of reporting from the Medicaid claims data; and (4) creation of an independent IWG-supervised entity to process, integrate, and disseminate information.

The interagency collaborative effort 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 lasting coalition of agency directors, program managers, and analysts who will promote the provision of accurate and timely data for program development and management and health policy.



ELIGIBILITY

In Mississippi, eligibility for Medicaid is determined by three separate agencies. Depending on an applicant's needs, he or she may 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 their institutional status.
- Persons in institutions who are eligible under a special income level who remain institutionalized for thirty (30) consecutive days or longer.
- 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 resources limits. *(This group is eligible for Medicare cost-sharing only.)*
- Certain former SSI eligibles who are "deemed" Medicaid eligible because of specified circumstances.
- Certain qualified working disabled persons who are only eligible for Medicaid to pay their Part A Medicare premiums.
- Certain disabled children under age 18 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 120 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 for them.)
- Individuals receiving hospice services who would be eligible for Medicaid if they were living in a Medicaid certified institution as certified by DOM.

Information on eligibility numbers by specific categories can be found in Tables 1, 1-A, 2 and 2-A 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 1995, 523,760 Mississippians benefited from one or more of the health care services covered by Medicaid. This figure represents an increase of 3.83 percent, or 19,333 more individuals who received benefits than in Fiscal Year 1994. Tables 3, 3-A, 4 and 4-A show recipient distribution by program category and the comparison of recipients by types of service.

TABLE 1

Certified Eligibles by Eligibility Category for Fiscal Year 1995

Program Category	Total Number of Eligible Persons	Percent of Total
Total.....	561,176	100.00%
Aged.....	51,691	9.21%
Blind.....	1,695	0.30%
Disabled.....	120,437	21.46%
Aid to Families With Dependent Children (AFDC)	206,486	36.80%
CWS Foster Care	1,362	0.24%
<i>Optional Categorically Needy-</i>		
<i>Pregnant Women & Children</i>		
At 100% Federal Poverty Level.....	13,065	2.33%
At 133% Federal Poverty Level.....	42,447	7.56%
At 185% Federal Poverty Level.....	20,792	3.71%
<i>Qualified Medicare Beneficiary</i>		
Aged.....	85	0.02%
Blind.....	12	0.00%
Disabled.....	14	0.00%
<i>Poverty Level</i>		
Aged.....	14,555	2.59%
Disabled.....	9,166	1.63%
Under age 18.....	45,807	8.16%
Katie Beckett.....	705	0.13%
Automatic Infants.....	32,857	5.86%

*Percentage column may not total 100% due to rounding

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

TABLE 1-A

Certified Eligibles by Eligibility Category for Fiscal Year 1996

Program Category	Total Number of Eligible Persons	Percent of Total
Total.....	556,701	100.00%
Aged.....	50,880	9.14%
Blind.....	1,637	0.29%
Disabled.....	124,070	22.29%
Aid to Families With Dependent Children (AFDC)	188,822	33.92%
CWS Foster Care	1,566	0.28%
<i>Optional Categorically Needy- Pregnant Women & Children</i>		
At 100% Federal Poverty Level.....	10,601	1.90%
At 133% Federal Poverty Level.....	39,994	7.18%
At 185% Federal Poverty Level.....	20,951	3.76%
<i>Qualified Medicare Beneficiary</i>		
Aged.....	78	0.01%
Blind.....	11	0.00%
Disabled.....	14	0.00%
<i>Poverty Level</i>		
Aged.....	15,202	2.73%
Disabled.....	10,385	1.87%
Under age 18.....	57,726	10.37%
Katie Beckett.....	743	0.13%
Automatic Infants.....	34,021	6.11%

*Percentage column may not total 100% due to rounding

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

TABLE 2
 Bureau of Census Population for Mississippi Counties and
 Number of Medicaid Eligibles by County for fiscal Year 1995

County	County Population	Number of Medicaid Eligibles	Percent of Population	County	County Population	Number of Medicaid Eligibles	Percent of Population
Adams.....	35,356	9,188	25.99%	Leflore.....	37,341	13,269	35.53%
Alcorn.....	31,722	5,924	18.67%	Lincoln.....	30,278	6,229	20.57%
Amite.....	13,328	2,875	21.57%	Lowndes.....	59,308	1,535	2.59%
Attala.....	18,481	4,369	23.64%	Madison.....	53,794	11,169	20.76%
Benton.....	8,046	1,780	22.12%	Marion.....	25,544	6,748	26.42%
Bolivar.....	41,875	15,194	36.28%	Marshall.....	30,361	7,878	25.95%
Calhoun.....	14,908	3,119	20.92%	Monroe.....	36,582	6,474	17.70%
Carroll.....	9,237	1,828	19.79%	Montgomery.....	12,388	3,128	25.25%
Chickasaw.....	18,085	3,822	21.13%	Neshoba.....	24,800	5,645	22.76%
Choctaw.....	9,071	2,007	22.13%	Newton.....	20,291	4,202	20.71%
Claiborne.....	11,370	3,440	30.26%	Noxubee.....	12,604	4,331	34.36%
Clarke.....	17,313	3,048	17.61%	Oktibbeha.....	38,375	6,663	17.36%
Clay.....	21,120	5,408	25.61%	Panola.....	29,996	8,251	27.51%
Coahoma.....	31,665	12,748	40.26%	Pearl River.....	38,714	8,439	21.80%
Copiah.....	27,592	7,396	26.80%	Perry.....	10,865	2,626	24.17%
Covington.....	16,527	4,106	24.84%	Pike.....	36,882	10,434	28.29%
DeSoto.....	67,910	6,591	9.71%	Pontotoc.....	22,237	3,234	14.54%
Forrest.....	68,314	14,354	21.01%	Prentiss.....	23,278	3,701	15.90%
Franklin.....	8,377	1,990	23.76%	Quitman.....	10,490	4,023	38.35%
George.....	16,673	2,932	17.59%	Rankin.....	87,161	10,245	11.75%
Greene.....	10,220	2,291	22.42%	Scott.....	24,137	5,530	22.91%
Grenada.....	21,555	5,074	23.54%	Sharkey.....	7,066	2,819	39.90%
Hancock.....	31,760	5,649	17.79%	Simpson.....	23,953	5,196	21.69%
Harrison.....	165,365	28,488	17.23%	Smith.....	14,798	3,042	20.56%
Hinds.....	254,441	52,645	20.69%	Stone.....	10,750	2,722	25.32%
Holmes.....	21,604	9,648	44.66%	Sunflower.....	32,867	11,117	33.82%
Humphreys.....	12,134	4,553	37.52%	Tallahatchie.....	15,210	5,107	33.58%
Issaquena.....	1,909	584	30.59%	Tate.....	21,432	3,957	18.46%
Itawamba.....	20,017	2,541	12.69%	Tippah.....	19,523	4,084	20.92%
Jackson.....	115,243	16,457	14.28%	Tishomingo.....	17,683	2,754	15.57%
Jasper.....	17,114	3,865	22.58%	Tunica.....	8,164	3,046	37.31%
Jefferson.....	8,653	3,253	37.59%	Union.....	22,085	3,369	15.25%
Jefferson Davis.....	14,051	3,839	27.32%	Walthall.....	14,352	4,207	29.31%
Jones.....	62,031	12,856	20.73%	Warren.....	47,880	10,487	21.90%
Kemper.....	10,356	2,272	21.94%	Washington.....	67,935	22,540	33.18%
Lafayette.....	31,826	3,696	11.61%	Wayne.....	19,517	5,293	27.12%
Lamar.....	30,424	4,702	15.45%	Webster.....	10,222	2,141	20.95%
Lauderdale.....	75,555	4,986	6.60%	Wilkinson.....	9,678	3,082	31.85%
Lawrence.....	12,458	2,741	22.00%	Winston.....	19,433	4,423	22.76%
Leake.....	18,436	4,426	24.01%	Yalobusha.....	12,033	3,138	26.08%
Lee.....	65,581	10,377	15.82%	Yazoo.....	25,506	8,312	32.59%

TABLE 2-A
 Bureau of Census Population for Mississippi Counties and
 Number of Medicaid Eligibles by County for Fiscal Year 1996

Number of Medicaid Eligibles by County for Fiscal Year 1996				Number of Medicaid Eligibles by County for Fiscal Year 1996			
County	County Population	Number of Medicaid Eligibles	Percent of Population	County	County Population	Number of Medicaid Eligibles	Percent of Population
Adams.....	35,356	9,032	25.55%	Leflore.....	37,341	13,248	35.48%
Alcorn.....	31,722	5,920	18.66%	Lincoln.....	30,278	6,179	20.41%
Amite.....	13,328	2,866	21.50%	Lowndes.....	59,308	11,789	19.88%
Attala.....	18,481	4,378	23.69%	Madison.....	53,794	11,044	20.53%
Benton.....	8,046	1,796	22.32%	Marion.....	25,544	6,597	25.83%
Bolivar.....	41,875	14,948	35.70%	Marshall.....	30,361	7,775	25.61%
Calhoun.....	14,908	3,125	20.96%	Monroe.....	36,582	6,533	17.86%
Carroll.....	9,237	1,831	19.82%	Montgomery.....	12,388	3,102	25.04%
Chickasaw.....	18,085	3,734	20.65%	Neshoba.....	24,800	5,443	21.95%
Choctaw.....	9,071	1,980	21.83%	Newton.....	20,291	4,231	20.85%
Claiborne.....	11,370	3,393	29.84%	Noxubee.....	12,604	4,284	33.99%
Clarke.....	17,313	2,976	17.19%	Oktibbeha.....	38,375	6,631	17.28%
Clay.....	21,120	5,537	26.22%	Panola.....	29,996	8,447	28.16%
Coahoma.....	31,665	12,519	39.54%	Pearl River.....	38,714	8,419	21.75%
Copiah.....	27,592	7,251	26.28%	Perry.....	10,865	2,605	23.98%
Covington.....	16,527	3,989	24.14%	Pike.....	36,882	10,271	27.85%
DeSoto.....	67,910	6,559	9.66%	Pontotoc.....	22,237	3,217	14.47%
Forrest.....	68,314	14,057	20.58%	Prentiss.....	23,278	3,930	16.88%
Franklin.....	8,377	1,935	23.10%	Quitman.....	10,490	4,008	38.21%
George.....	16,673	2,989	17.93%	Rankin.....	87,161	10,595	12.16%
Greene.....	10,220	2,299	22.50%	Scott.....	24,137	5,584	23.13%
Grenada.....	21,555	5,046	23.41%	Sharkey.....	7,066	2,817	39.87%
Hancock.....	31,760	5,621	17.70%	Simpson.....	23,953	5,363	22.39%
Harrison.....	165,365	28,044	16.96%	Smith.....	14,798	3,027	20.46%
Hinds.....	254,441	51,334	20.18%	Stone.....	10,750	2,786	25.92%
Holmes.....	21,604	9,437	43.68%	Sunflower.....	32,867	10,949	33.31%
Humphreys.....	12,134	4,505	37.13%	Tallahatchie.....	15,210	4,934	32.44%
Issaquena.....	1,909	577	30.23%	Tate.....	21,432	3,937	18.37%
Itawamba.....	20,017	2,564	12.81%	Tippah.....	19,523	4,087	20.93%
Jackson.....	115,243	16,565	14.37%	Tishomingo.....	17,683	2,845	16.09%
Jasper.....	17,114	3,922	22.92%	Tunica.....	8,164	2,865	35.09%
Jefferson.....	8,653	3,146	36.36%	Union.....	22,085	3,518	15.93%
Jefferson Davis.....	14,051	3,782	26.92%	Walthall.....	14,352	4,027	28.06%
Jones.....	62,031	12,667	20.42%	Warren.....	47,880	10,299	21.51%
Kemper.....	10,356	2,210	21.34%	Washington.....	67,935	21,968	32.34%
Lafayette.....	31,826	3,779	11.87%	Wayne.....	19,517	5,068	25.97%
Lamar.....	30,424	4,553	14.97%	Webster.....	10,222	2,148	21.01%
Lauderdale.....	75,555	14,875	19.69%	Wilkinson.....	9,678	2,954	30.52%
Lawrence.....	12,458	2,738	21.98%	Winston.....	19,433	4,340	22.33%
Leake.....	18,436	4,277	23.20%	Yalobusha.....	12,033	3,045	25.31%
Lee.....	65,581	10,533	16.06%	Yazoo.....	25,506	8,078	31.67%

TABLE 3

Recipients of Services by Program Category for Fiscal Year 1995

Program Category	Total Number of Recipients	Percent of Total
Total.....	523,760	100.00%
<i>Money Payment Eligibles</i>		
Aged.....	50,819	9.70%
Blind.....	1,552	0.30%
Disabled.....	113,423	21.66%
Aid to Families With Dependent Children (AFDC)	189,559	36.19%
CWS Foster Care	1,318	0.25%
<i>Poverty Level Pregnant Women & Children</i>		
At 100% Federal Poverty Level	10,786	2.06%
At 133% Federal Poverty Level.....	41,025	7.83%
At 185% Federal Poverty Level	22,400	4.28%
Optional & Mandatory Phased-in Children Under Age 18	41,325	7.89%
<i>Qualified Medicare Beneficiary</i>		
Aged.....	64	0.01%
Blind.....	7	0.00%
Disabled.....	10	0.00%
<i>Poverty Level</i>		
Aged.....	15,141	2.89%
Disabled.....	9,391	1.79%
Katie Beckett.....	656	0.13%
<i>Hospice</i>		
Aged.....	15	0.00%
Blind.....	0	0.00%
Disabled.....	49	0.01%
<i>Other Medical Assistance Only</i>		
Automatic Infants	26,220	5.01%

* Percentage column may not total 100% due to rounding

Source: MAM 260-R1

TABLE 3-A

Recipients of Services by Program Category for Fiscal Year 1996

Program Category	Total Number of Recipients	Percent of Total
Total.....	510,226	100.00%
<i>Money Payment Eligibles</i>		
Aged.....	49,085	9.62%
Blind.....	1,510	0.30%
Disabled.....	116,700	22.87%
Aid to Families With Dependent Children (AFDC)	168,590	33.04%
CWS Foster Care	1,487	0.29%
<i>Poverty Level Pregnant Women & Children</i>		
At 100% Federal Poverty Level	8,412	1.65%
At 133% Federal Poverty Level.....	37,419	7.33%
At 185% Federal Poverty Level	22,291	4.37%
Optional & Mandatory Phased-in Children Under Age 18	50,428	9.88%
<i>Qualified Medicare Beneficiary</i>		
Aged.....	60	0.01%
Blind.....	9	0.00%
Disabled.....	14	0.00%
<i>Poverty Level</i>		
Aged.....	15,953	3.13%
Disabled.....	10,854	2.13%
Katie Beckett.....	702	0.14%
<i>Hospice</i>		
Aged.....	39	0.01%
Blind.....	2	0.00%
Disabled.....	82	0.02%
<i>Other Medical Assistance Only</i>		
Automatic Infants	26,589	5.21%

* 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 1994 and 1995

Type of Service	Recipients FY 1994	Recipients FY 1995	% of Incr or Decr
Total	504,427	523,760	3.83%
Inpatient Hospital.....	54,468	64,229	17.92%
Outpatient Hospital.....	222,117	247,756	11.54%
Laboratory/X-Ray.....	75,802	94,650	24.86%
Nursing Facility.....	17,674	18,358	3.87%
Physician.....	361,683	373,029	3.14%
EPSDT.....	119,145	124,283	4.31%
EPSDT Dental.....	71,172	80,695	13.38%
EPSDT Vision.....	35,482	41,346	16.53%
EPSDT Hearing.....	1,241	1,452	17.00%
Rural Health Clinic.....	27,556	68,826	149.77%
Federally Qualified Health Centers.....	41,796	74,731	78.80%
Home Health.....	5,101	5,101	0.00%
Transportation.....	21,070	28,254	34.10%
Prescribed Drugs.....	434,971	458,638	5.44%
Dental.....	26,297	31,244	18.81%
Eyeglasses.....	5,034	9,762	93.92%
Intermediate Care Facility - Mentally Retarded..	2,214	2,372	7.14%
Family Planning.....	0	0	0.00%
Buy-in, Parts A & B, Medicare.....	136,423	143,967	5.53%
Mental Health Clinic.....	30,357	33,940	11.80%
Home & Community Based Waiver.....	502	701	39.64%
Durable Medical Equipment.....	8,308	12,486	50.29%
Therapy.....	1,027	1,754	70.79%
Inpatient Residential Psychiatric.....	194	272	40.21%
Inpatient Psychiatric Hospital.....	1,014	1,471	45.07%
Nurse Practitioner.....	21,626	27,384	26.63%
Ambulatory Surgical Center.....	1,378	1,671	21.26%
Personal Care.....	0	0	0.00%
Hospice.....	143	329	130.07%
Outpatient Psychiatric Hospital.....	38	17	100.00%
Private Mental Health Centers.....	545	734	34.68%
Family Planning Drugs.....	21,387	20,904	-2.26%
Dialysis.....	318	452	42.14%

Source: MAM 260-R1

TABLE 4-A

Recipients of Medical Services by Type of Service for Fiscal Years 1995 and 1996

Type of Service	Recipients FY 1995	Recipients FY 1996	% of Incr or Decr
Total	523,760	510,226	-2.58%
Inpatient Hospital.....	64,229	63,058	-1.82%
Outpatient Hospital.....	247,756	263,988	6.55%
Laboratory/X-Ray.....	94,650	79,345	-16.17%
Nursing Facility.....	18,358	18,651	1.60%
Physician.....	373,029	353,623	-5.20%
EPSDT.....	124,283	113,564	-8.62%
EPSDT Dental.....	80,695	77,088	-4.47%
EPSDT Vision.....	41,346	38,625	-6.58%
EPSDT Hearing.....	1,452	1,359	-6.40%
Rural Health Clinic.....	68,826	88,778	28.99%
Federally Qualified Health Centers.....	74,731	56,304	-24.66%
Home Health.....	5,101	6,713	31.60%
Transportation.....	28,254	26,375	-6.65%
Prescribed Drugs.....	458,638	443,758	-3.24%
Dental.....	31,244	27,919	-10.64%
Eyeglasses.....	9,762	9,854	0.94%
Intermediate Care Facility - Mentally Retarded..	2,372	2,436	2.70%
Family Planning.....	0	0	ERR
Buy-in, Parts A & B, Medicare.....	143,967	150,395	4.46%
Mental Health Clinic.....	33,940	34,106	0.49%
Home & Community Based Waiver.....	701	1,133	61.63%
Durable Medical Equipment.....	12,486	12,178	-2.47%
Therapy.....	1,754	1,436	-18.13%
Inpatient Residential Psychiatric.....	272	456	67.65%
Inpatient Psychiatric Hospital.....	1,471	1,726	17.34%
Nurse Practitioner.....	27,384	25,749	-5.97%
Ambulatory Surgical Center.....	1,671	4,231	153.20%
Personal Care.....	0	0	0.00%
Hospice.....	329	390	18.54%
Outpatient Psychiatric Hospital.....	17	17	100.00%
Private Mental Health Centers.....	734	981	33.65%
Family Planning Drugs.....	20,904	19,226	-8.03%
Dialysis.....	452	402	-11.06%

Source: MAM260-R1

REGIONAL OFFICES

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

Brookhaven

128 South First Street
Brookhaven, MS 39601
835-2020

Clarksdale

325 Lee Drive
Clarksdale, MS 38614
627-1493

Cleveland

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

Columbia

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

Columbus

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

Corinth

2907 Highway 72 West
Corinth, MS 38834
286-8091

Greenville

Village Shopping Center
1407 S. Main, Suite 105
Greenville, MS 38701
332-9370

Greenwood

919 Highway 49 W
82 ByPass
Greenwood, MS 38930
455-1053

Grenada

1321 C Sunset Plaza
Grenada, MS 38901
226-4406

Gulfport

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

Hattiesburg

132 Mayfair Boulevard
Hattiesburg, MS 39402
264-5386

Holly Springs

695 Highway 4 East
Holly Springs, MS 38635
252-3439

Jackson

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

Kosciusko

207 North Madison
Kosciusko, MS 39090
289-4477

Laurel

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

McComb

312 Kendall Street
McComb, MS 39648
249-2071

Meridian

2502 9th Street
Meridian, MS 39302
483-9944

Natchez

116 South Canal Street
Natchez, MS 39121-1225
445-4971

Newton

102 North School Street
Newton, MS 39345
632-2581

Pascagoula

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

Philadelphia

301 Main Street
Philadelphia, MS 39350
656-3131

Starkville

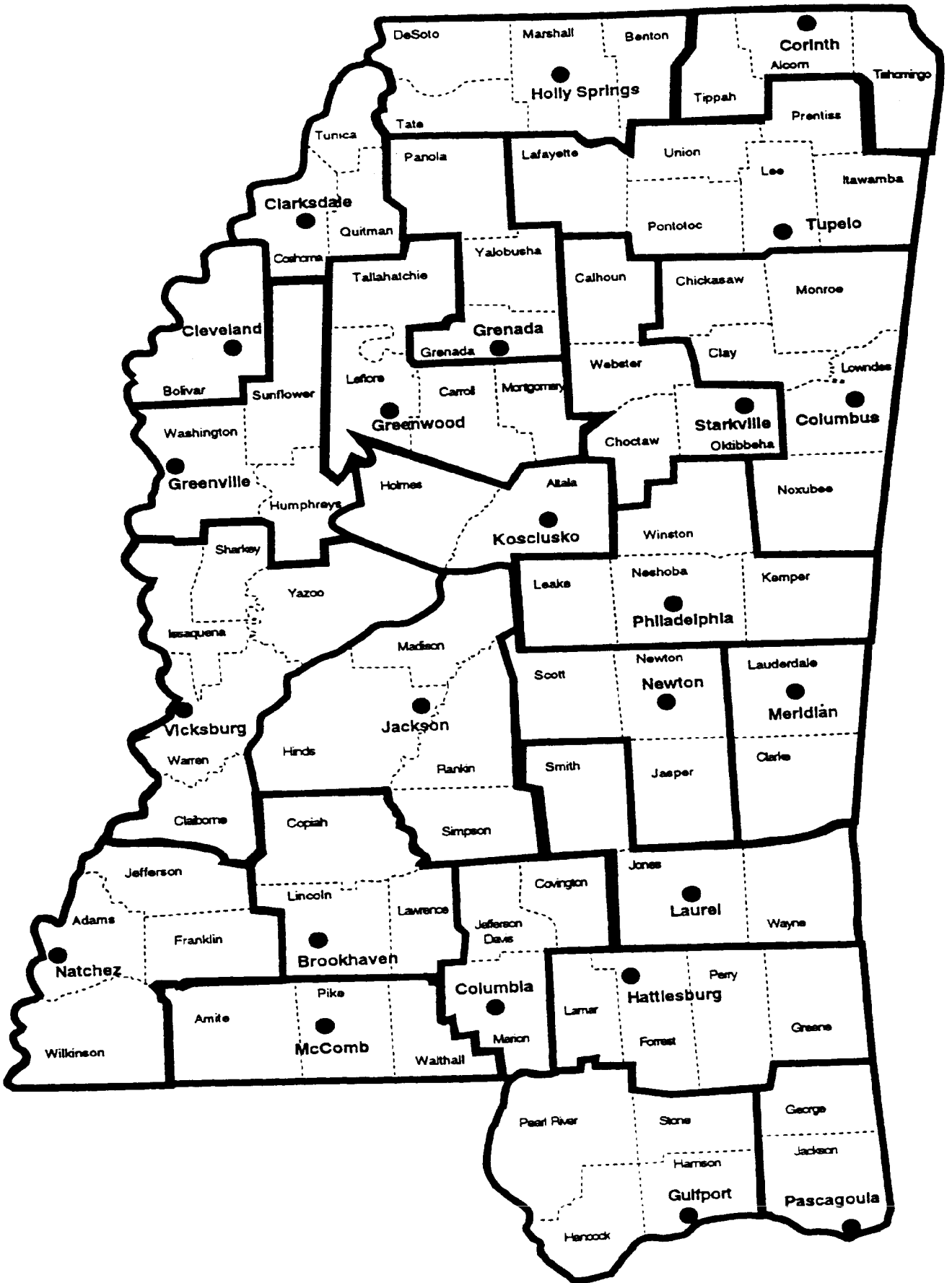
LaGallerie Shopping Ctr.
500 Russell St, Suite 15
Starkville, MS 39759
323-3688

Tupelo

1830 North Gloster Street
Tupelo, MS 38801
844-5304

Vicksburg

2734 Washington Street
Vicksburg, MS 39180
638-6137



FUNDING

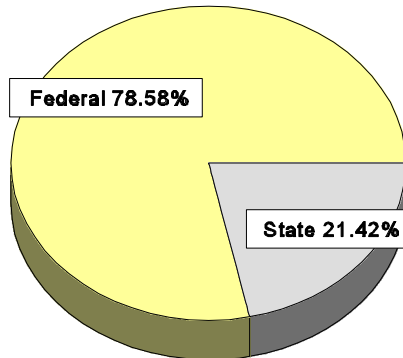
Source of Funds and Percentage of Distribution for FY 1995

Throughout the nation, Medicaid is funded primarily with federal dollars that are matched by individual state contributions. In FY 1996, Mississippi's overall matching rate, which is determined by the state's per capita income, decreased from 78.58 percent in FY 1995 to 77.22 percent in FY 1996. Even with this decrease the state single dollar investment brought into the state an additional \$3.38 through federal matching funds. Therefore for FY 1996 federal contributions amounted to \$1,020,349,605, which, when combined with state dollars, provided for total medical expenditures of \$1,321,354,060. Over 99 percent of this total was paid to Mississippi Providers for services to Medicaid recipients and thereby recycled into local economies throughout the state.

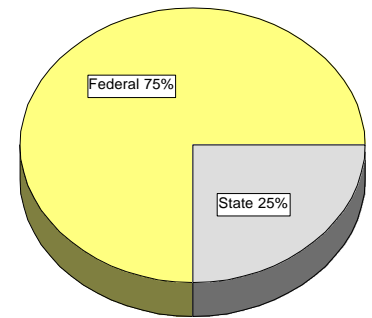
Within the Medicaid program, individual matching rates may vary depending upon the specific funding area. A breakdown of various matching rates is illustrated in Chart 1 on this page.

During FY 1996, the total administrative expenses were \$37,347,921, with federal contributions of \$23,096,052, or 61.84 percent. Mississippi's administrative expenses for FY 1996, which continued to be among the lowest in the Southeastern region, amounted to only 2.33 percent of the total budget.

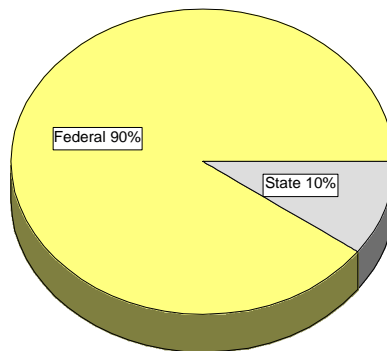
Chart 1



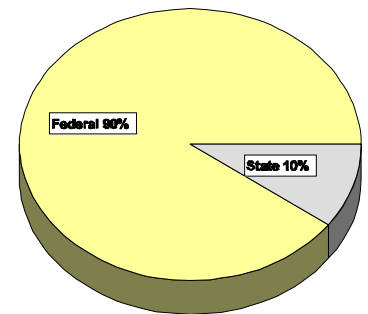
Health Care Services



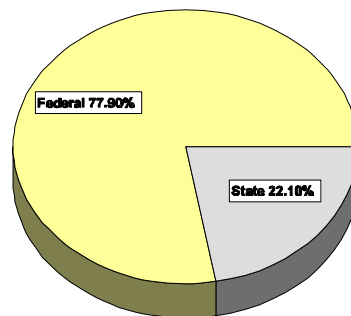
Medical Professional Staff and Related Administrative Costs



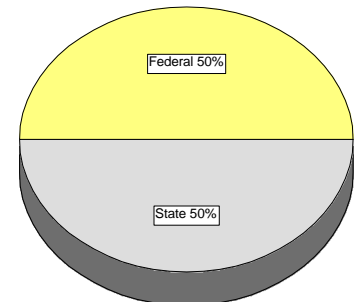
Medical Management Information System Development



Family Planning



Total Expenditure of the Medical Program

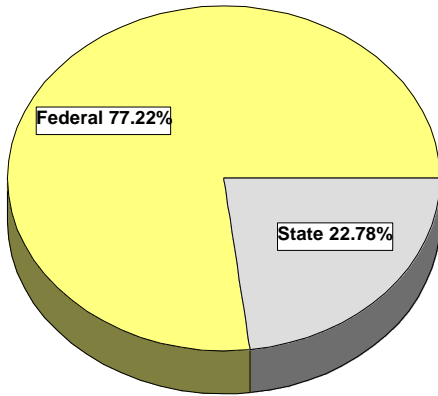


Non-Medical Professional and Administrative Costs

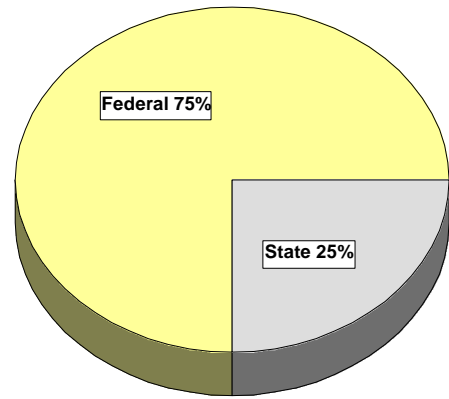
Source: State Allocation Plan

Source Funds and Percentage of Distribution for FY 1996

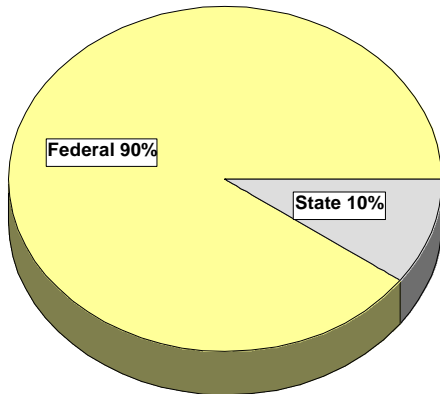
Chart 1-A



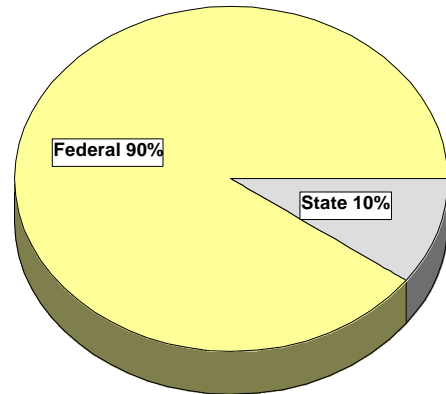
Health Care Services



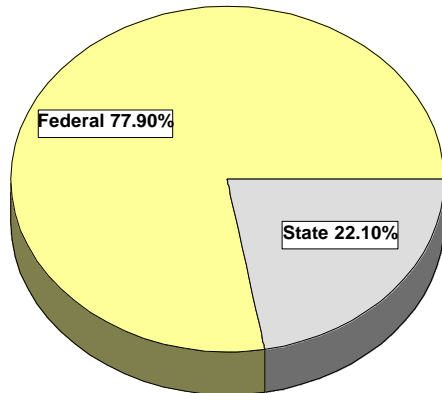
Medical Professional Staff and Related Administrative Costs



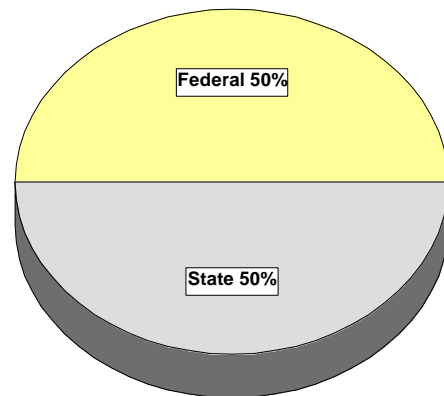
Medical Management Information System Development



Family Planning



Total Expenditure of the Medical Program



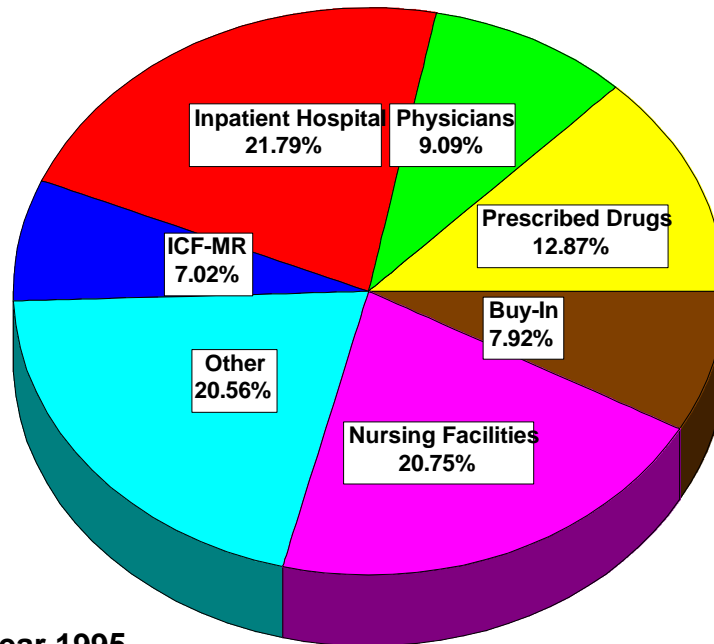
Non-Medical Professional and Administrative Costs

Source: State Allocation Plan

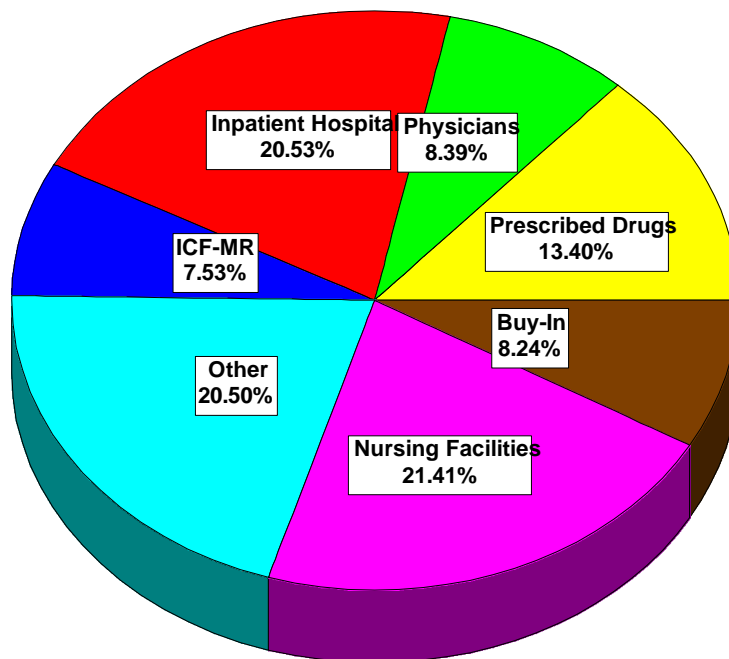
Total medical expenses for FY 1996 amount to \$1,321,354,060 which represents an increase of 3.56 percent over FY 1995. Nursing facilities and inpatient hospital services continued as categories having the largest expenditures with nursing facilities expenditures at \$282,938,033 and inpatient hospital services at \$271,297,377.

CHART 2-A

Percentage Distribution of Expenditures by Type of Service for Fiscal Years 1995 and 1996



Fiscal Year 1995



Fiscal Year 1996

TABLE 5

Paid Claims by Type of Service for Fiscal Years 1994 and 1995

Type of Service	Claims FY 1994	Claims FY 1995	% of Incr or Decr
Total	18,573,590	22,210,644	19.58%
Inpatient Hospital.....	330,833	213,303	-35.53%
Outpatient Hospital.....	748,714	821,378	9.71%
Laboratory/X-Ray.....	590,517	710,149	20.26%
Nursing Facility.....	250,351	350,249	39.90%
Physician.....	4,278,339	4,632,258	8.27%
EPSDT.....	586,125	510,842	-12.84%
EPSDT Dental.....	500,794	582,725	16.36%
EPSDT Vision.....	240,441	263,352	9.53%
EPSDT Hearing.....	2,562	3,102	21.08%
Rural Health Clinic.....	299,252	537,988	79.78%
Federally Qualified Health Centers.....	663,800	1,776,859	167.68%
Home Health.....	26,178	45,646	74.37%
Transportation.....	337,090	463,403	37.47%
Prescribed Drugs.....	6,289,598	7,023,500	11.67%
Dental.....	142,079	177,700	25.07%
Eyeglasses.....	13,099	21,518	64.27%
Intermediate Care Facility - Mentally Retarded..	89,222	165,285	85.25%
Family Planning.....	134,523	559	-99.58%
Buy-in, Parts A & B, Medicare.....	2,372,528	2,867,876	20.88%
Mental Health Clinic.....	427,212	675,632	58.15%
Home & Community Based Waiver.....	13,953	31,455	125.44%
Durable Medical Equipment.....	62,048	103,718	67.16%
Therapy.....	21,683	30,320	39.83%
Inpatient Residential Psychiatric.....	2,448	2,825	15.40%
Inpatient Psychiatric Hospital.....	5,790	12,004	107.32%
Nurse Practitioner.....	69,130	103,236	49.34%
Ambulatory Surgical Center.....	3,246	3,951	21.72%
Personal Care.....	0	132	ERR
Hospice.....	827	1,686	103.87%
Outpatient Psychiatric Hospital.....	233	62	-73.39%
Private Mental Health Centers.....	9,074	15,010	65.42%
Family Planning Drugs.....	58,592	56,897	-2.89%
Dialysis.....	3,309	6,024	82.05%

Source: MR-0-08

TABLE 5-A

Paid Claims by Type of Service for Fiscal Years 1995 and 1996

Type of Service	Claims FY 1995	Claims FY 1996	% of Incr or Decr
Total	22,210,644	20,699,012	-6.81%
Inpatient Hospital.....	213,303	389,568	82.64%
Outpatient Hospital.....	821,378	833,974	1.53%
Laboratory/X-Ray.....	710,149	605,576	-14.73%
Nursing Facility.....	350,249	426,181	21.68%
Physician.....	4,632,258	4,080,260	-11.92%
EPSDT.....	510,842	354,268	-30.65%
EPSDT Dental.....	582,725	546,448	-6.23%
EPSDT Vision.....	263,352	249,305	-5.33%
EPSDT Hearing.....	3,102	2,989	-3.64%
Rural Health Clinic.....	537,988	761,535	41.55%
Federally Qualified Health Centers.....	1,776,859	442,492	-75.10%
Home Health.....	45,646	50,757	11.20%
Transportation.....	463,403	351,514	-24.15%
Prescribed Drugs.....	7,023,500	7,114,981	1.30%
Dental.....	177,700	154,324	-13.15%
Eyeglasses.....	21,518	22,593	5.00%
Intermediate Care Facility - Mentally Retarded..	165,285	89,595	-45.79%
Family Planning.....	559	0	-100.00%
Buy-in, Parts A & B, Medicare.....	2,867,876	3,170,877	10.57%
Mental Health Clinic.....	675,632	647,313	-4.19%
Home & Community Based Waiver.....	31,455	43,960	39.76%
Durable Medical Equipment.....	103,718	105,982	2.18%
Therapy.....	30,320	26,085	-13.97%
Inpatient Residential Psychiatric.....	2,825	5,533	95.86%
Inpatient Psychiatric Hospital.....	12,004	11,981	-0.19%
Nurse Practitioner.....	103,236	111,958	8.45%
Ambulatory Surgical Center.....	3,951	16,729	323.41%
Personal Care.....	132	108	-18.18%
Hospice.....	1,686	1,794	6.41%
Outpatient Psychiatric Hospital.....	62	36	-41.94%
Private Mental Health Centers.....	15,010	19,312	28.66%
Family Planning Drugs.....	56,897	53,285	-6.35%
Dialysis.....	6,024	7,699	27.81%

Source: MR-0-08



EXPENDITURES BY ELIGIBILITY GROUP

Approximately 25 percent of the total expenditures for Medical Services in Fiscal Year 1996 was spent in the "Aged" category. Fewer than ten percent of eligibles were classified as aged in FY 1996, but over \$265 million was paid for nursing home care and drugs.

A graphic comparison of the expenditures in each program category is presented in Chart 3 and 3-A below. Tables 6, 6-A, 7, 7-A, 8 and 8-A found on the following pages, provided the medical services expenditures broken out by the average cost per recipient and the major medical expenditures for fiscal years 1995 and 1996.

Chart 3

Percentage of Total Recipients and Expenditures by Program Category
For Fiscal Year 1995
(Exclusive of CWS Foster Care)

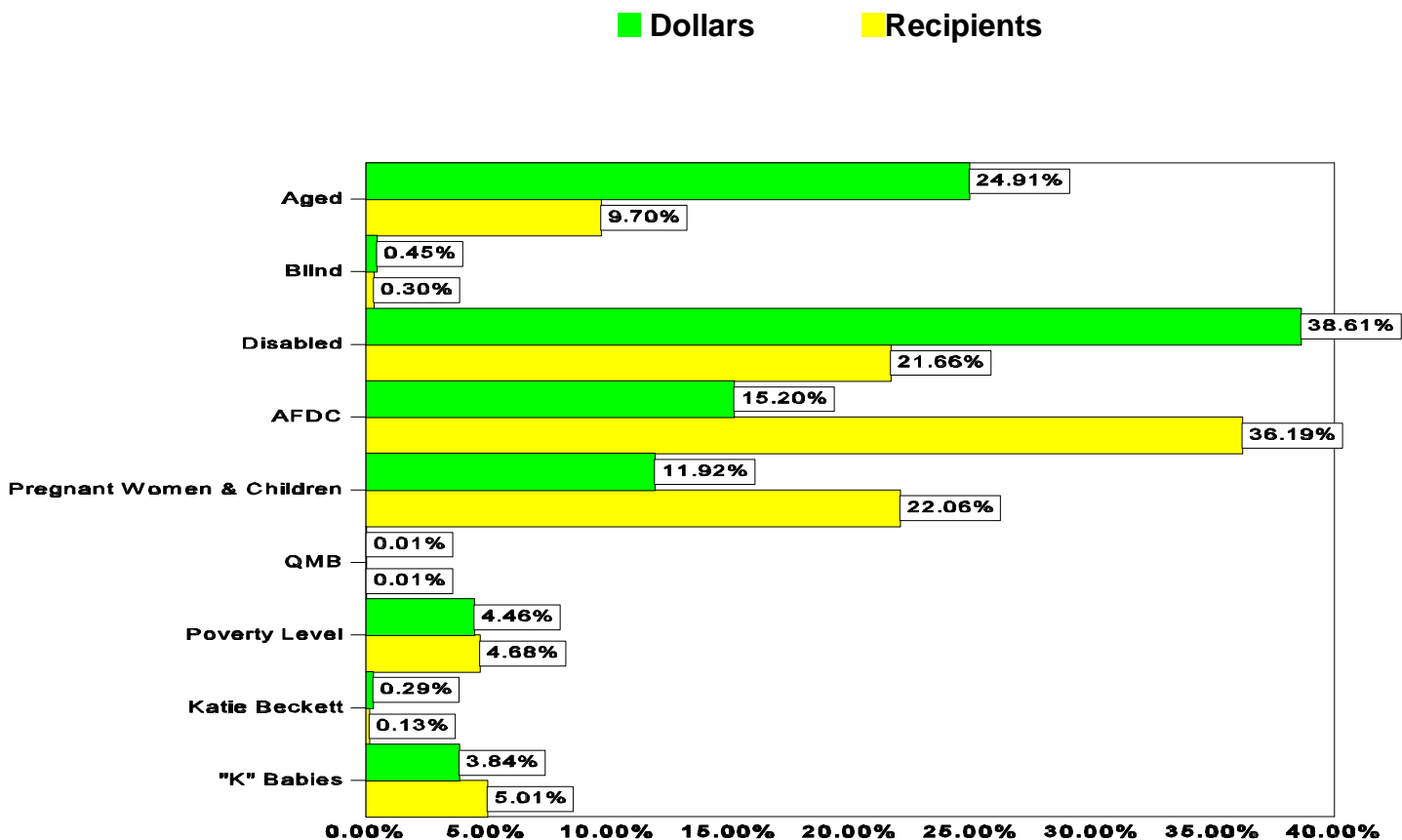


Chart 3-A
Percentage of Total Recipients and Expenditures by Program Category
For Fiscal Year 1996
(Exclusive of CWS Foster Care)

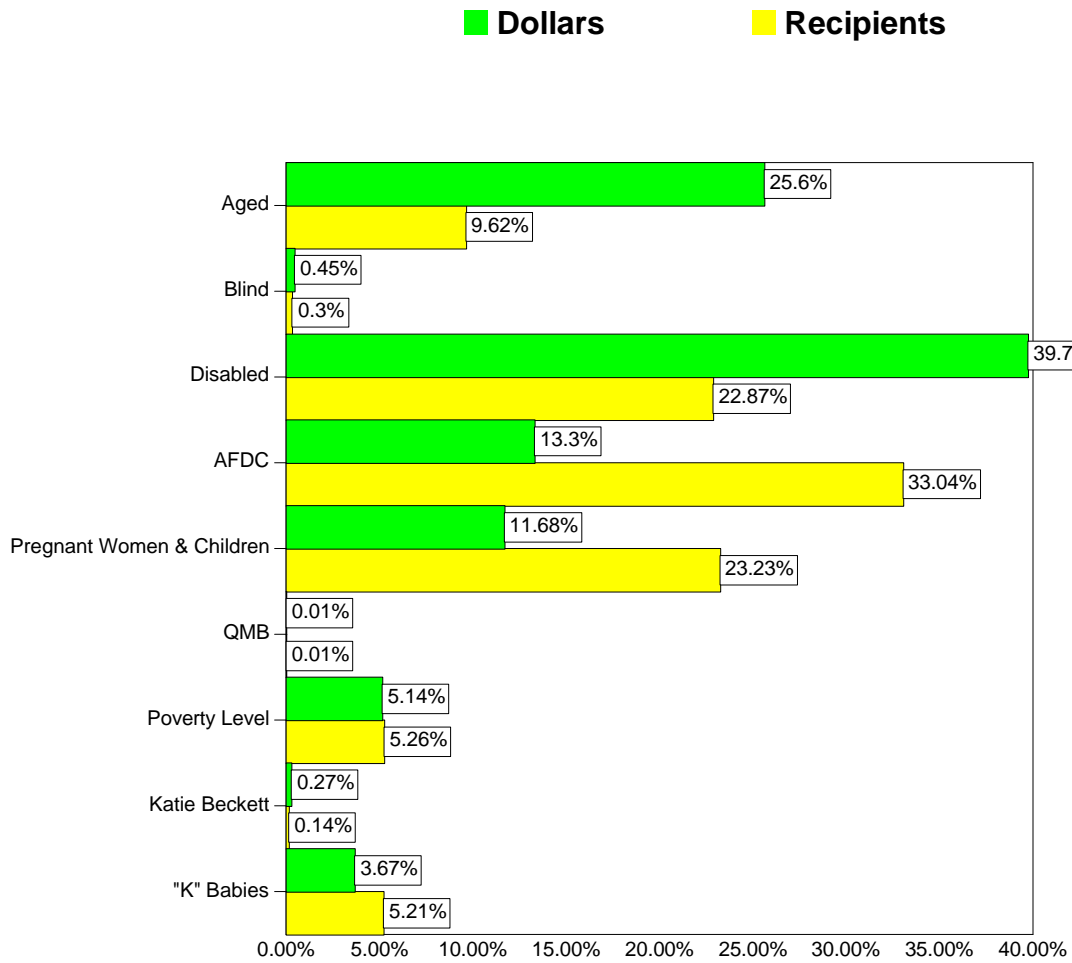


TABLE 6

Total Expenditures for Medical Services, Total Number of Recipients,
Average Expenditure Per Recipient, and Percentage by Program Category for Fiscal Year 1995

Program Category	Expenditures	Percent of Total	Number of Recipients	Percent of Total	Average per Recipient
Total.....	\$1,275,921,519	100.00%	523,760	100.00%	\$2,436
<i>Money Payment Eligibles</i>					
Aged.....	317,771,809	24.91%	50,819	9.70%	6,253
Blind.....	5,761,958	0.45%	1,552	0.30%	3,713
Disabled.....	492,639,244	38.61%	113,425	21.66%	4,343
AFDC.....	193,939,651	15.20%	189,557	36.19%	1,023
CWS Foster Care	3,674,590	0.29%	1,318	0.25%	2,788
<i>Poverty Level Pregnant Women & Children</i>					
At 100% Federal Poverty Level.....	10,406,128	0.82%	10,786	2.06%	965
At 133% Federal Poverty Level.....	55,241,896	4.33%	41,025	7.83%	1,347
At 185% Federal Poverty Level.....	48,118,914	3.77%	22,400	4.28%	2,148
Optional & Mandatory Phased-in Children Under age 18...	38,245,091	3.00%	41,325	7.89%	925
<i>Qualified Medicare Beneficiary</i>					
Aged.....	29,859	0.00%	64	0.01%	467
Blind.....	3,473	0.00%	7	0.00%	496
Disabled.....	11,908	0.00%	10	0.00%	1,191
<i>Poverty Level</i>					
Aged.....	25,857,546	2.03%	15,141	2.89%	1,708
Disabled.....	31,008,206	2.43%	9,391	1.79%	3,302
Katie Beckett.....	3,714,534	0.29%	656	0.13%	5,662
<i>Hospice</i>					
Aged.....	33,793	0.00%	15	0.00%	2,253
Blind	0	0.00%	0	0.00%	0
Disabled	435,780	0.03%	49	0.01%	8,893
<i>Other Medical Assistance Only</i>					
Automatic Infants	49,027,139	3.84%	26,220	5.01%	1,870

* Percentage columns may not total 100% due to rounding

Source: MAM 250-R1

TABLE 6-A

Total Expenditures for Medical Services, Total Number of Recipients,
Average Expenditure Per Recipient, and Percentage by Program Category for Fiscal Year 1996

Program Category	Expenditures	Percent of Total	Number of Recipients	Percent of Total	Average per Recipient
Total.....	\$1,321,354,060	100.00%	510,226	100.00%	\$2,590
<i>Money Payment Eligibles</i>					
Aged.....	338,326,030	25.60%	49,212	9.65%	6,875
Blind.....	5,927,732	0.45%	1,510	0.30%	3,926
Disabled.....	525,086,527	39.74%	116,700	22.87%	4,499
AFDC.....	175,778,668	13.30%	168,463	33.02%	1,043
CWS Foster Care	4,528,248	0.34%	1,487	0.29%	3,045
<i>Poverty Level Pregnant Women & Children</i>					
At 100% Federal Poverty Level.....	8,883,123	0.67%	8,412	1.65%	1,056
At 133% Federal Poverty Level.....	50,910,198	3.85%	37,419	7.33%	1,361
At 185% Federal Poverty Level.....	49,842,511	3.77%	22,291	4.37%	2,236
Optional & Mandatory Phased-in Children Under age 18.....	44,738,931	3.39%	50,428	9.88%	887
<i>Qualified Medicare Beneficiary</i>					
Aged.....	36,240	0.00%	60	0.01%	604
Blind.....	3,475	0.00%	9	0.00%	386
Disabled.....	19,101	0.00%	14	0.00%	1,364
<i>Poverty Level</i>					
Aged.....	28,545,801	2.16%	15,953	3.13%	1,789
Disabled.....	35,823,585	2.71%	10,854	2.13%	3,300
Katie Beckett.....	3,560,958	0.27%	702	0.14%	5,073
<i>Hospice</i>					
Aged.....	253,038	0.02%	39	0.01%	6,488
Blind	28,937	0.00%	2	0.00%	14,469
Disabled	632,621	0.05%	82	0.02%	7,715
<i>Other Medical Assistance Only</i>					
Automatic Infants	48,428,336	3.67%	26,589	5.21%	1,821

* Percentage columns may not total 100% due to rounding

Source: MAM 250-R1

TABLE 7

**Expenditures for Medical Services By Type of Service,
for Fiscal Years 1994 and 1995**

Type of Service	Expenditures FY1994	Expenditures FY1995	% Incr. or Decr.
Total	\$1,056,489,907	\$1,275,921,519	20.77%
Inpatient Hospital.....	\$230,125,811	\$277,988,327	20.80%
Outpatient Hospital.....	73,723,780	95,477,972	29.51%
Laboratory/X-Ray.....	5,179,891	6,577,892	26.99%
Nursing Facility.....	234,034,297	264,768,840	13.13%
Physician.....	98,748,321	115,996,781	17.47%
EPSDT.....	8,428,156	9,378,814	11.28%
EPSDT Dental.....	8,983,651	11,985,273	33.41%
EPSDT Vision.....	4,282,869	5,226,856	22.04%
EPSDT Hearing.....	186,735	211,263	13.14%
Rural Health Clinic.....	3,704,079	12,098,529	226.63%
Federally Qualified Health Centers.....	9,009,956	10,476,304	16.27%
Home Health.....	7,875,989	11,653,518	47.96%
Transportation.....	5,108,355	9,919,922	94.19%
Prescribed Drugs.....	139,099,325	164,213,518	18.05%
Dental.....	2,233,768	3,364,028	50.60%
Eyeglasses.....	267,520	518,218	93.71%
Intermediate Care Facility - Mentally Retarded..	81,808,237	89,535,205	9.45%
Family Planning.....	85,322	0	-100.00%
Buy-in, Parts A & B, Medicare.....	80,394,038	101,098,593	25.75%
Mental Health Clinic.....	26,393,331	35,567,967	34.76%
Home & Community Based Waiver.....	1,084,963	1,498,714	38.14%
Durable Medical Equipment.....	6,720,839	9,657,192	43.69%
Therapy.....	474,576	644,495	35.80%
Inpatient Residential Psychiatric.....	7,532,084	10,366,516	37.63%
Inpatient Psychiatric Hospital.....	10,969,851	13,577,177	23.77%
Nurse Practitioner.....	2,823,175	3,740,431	32.49%
Ambulatory Surgical Center.....	691,568	841,268	21.65%
Personal Care.....	0	0	0.00%
Hospice.....	758,671	2,041,783	169.13%
Outpatient Psychiatric Hospital.....	734	3,046	314.99%
Private Mental Health Centers.....	338,405	371,711	9.84%
Family Planning Drugs.....	2,113,539	1,791,322	-15.25%
Dialysis.....	3,308,071	5,330,044	61.12%

Source: MAM 250-R1 and MAM 260-R1

TABLE 7-A

**Expenditures for Medical Services By Type of Service,
for Fiscal Years 1995 and 1996**

Type of Service	Expenditures FY1995	Expenditures FY1996	% Incr. or Decr.
Total	\$1,275,921,519	\$1,321,346,060	3.56%
Inpatient Hospital.....	\$277,988,327	\$271,297,327	-2.41%
Outpatient Hospital.....	95,477,972	98,197,974	2.85%
Laboratory/X-Ray.....	6,577,892	5,237,635	-20.38%
Nursing Facility.....	264,768,840	282,938,033	6.86%
Physician.....	115,996,781	110,826,739	-4.46%
EPSDT.....	9,378,814	8,637,628	-7.90%
EPSDT Dental.....	11,985,273	11,523,017	-3.86%
EPSDT Vision.....	5,226,856	4,946,356	-5.37%
EPSDT Hearing.....	211,263	189,713	-10.20%
Rural Health Clinic.....	12,098,529	17,661,663	45.98%
Federally Qualified Health Centers.....	10,476,304	14,401,231	37.46%
Home Health.....	11,653,518	12,636,203	8.43%
Transportation.....	9,919,922	10,866,568	9.54%
Prescribed Drugs.....	164,213,518	177,046,940	7.82%
Dental.....	3,364,028	3,063,818	-8.92%
Eyeglasses.....	518,218	520,462	0.43%
Intermediate Care Facility - Mentally Retarded..	89,535,205	99,508,248	11.14%
Family Planning.....	0	0	0
Buy-in, Parts A & B, Medicare.....	101,098,593	108,825,960	7.64%
Mental Health Clinic.....	35,567,967	36,142,933	1.62%
Home & Community Based Waiver.....	1,498,714	2,578,229	72.03%
Durable Medical Equipment.....	9,657,192	8,947,002	-7.35%
Therapy.....	644,495	599,079	-7.05%
Inpatient Residential Psychiatric.....	10,366,516	10,240,619	-1.21%
Inpatient Psychiatric Hospital.....	13,577,177	12,978,660	-4.41%
Nurse Practitioner.....	3,740,431	3,552,081	-5.04%
Ambulatory Surgical Center.....	841,268	453,916	-46.04%
Personal Care.....	0	0	0.00%
Hospice.....	2,041,783	2,317,090	13.48%
Outpatient Psychiatric Hospital.....	3,046	19,547	541.73%
Private Mental Health Centers.....	371,711	387,389	4.22%
Family Planning Drugs.....	1,791,322	1,621,324	-9.49%
Dialysis.....	5,330,044	3,182,676	-40.29%

Source: MAM 250-R1 and MAM 260-R1

TABLE 8

Expenditures for Medical Services By Type of Service,
 Number of Recipients by Service, and Average Spent for Fiscal Year 1995

Type of Service	Total Expenditures	Number of Recipients	Avg. per Recip
Total.....	\$1,275,921,521	523,760	\$2,436
Inpatient Hospital.....	\$278,005,147	64,229	4,328
Outpatient Hospital.....	95,477,972	247,756	385
Laboratory/X-Ray.....	6,577,892	94,650	69
Nursing Facility.....	264,768,840	18,358	14,423
Physician.....	116,028,209	373,029	311
EPSDT.....	9,378,814	124,283	75
EPSDT Dental.....	11,985,273	80,695	149
EPSDT Vision.....	5,226,856	41,346	126
EPSDT Hearing.....	211,263	1,452	145
Rural Health Clinic.....	12,088,209	68,826	176
Federally Qualified Health Centers.....	10,476,304	74,731	140
Home Health.....	11,653,518	5,101	2,285
Transportation.....	9,919,922	28,254	351
Prescribed Drugs.....	164,213,518	458,638	358
Dental.....	3,364,028	31,244	108
Eyeglasses.....	518,218	9,762	53
Intermediate Care Facility - Mentally Retarded..	89,535,205	2,372	37,747
Family Planning.....	(6,498)	0	0
Buy-in, Parts A & B, Medicare.....	101,098,593	143,967	702
Mental Health Clinic.....	35,567,967	33,940	1,048
Home & Community Based Waiver.....	1,467,286	701	2,093
Durable Medical Equipment.....	9,657,192	12,486	773
Therapy.....	644,495	1,754	367
Inpatient Residential Psychiatric.....	10,366,516	272	38,112
Inpatient Psychiatric Hospital.....	13,577,177	1,471	9,230
Nurse Practitioner.....	3,740,431	27,384	137
Ambulatory Surgical Center.....	841,268	1,671	503
Personal Care.....	0	0	0
Hospice.....	2,041,783	329	6,206
Outpatient Psychiatric Hospital.....	3,046	17	0
Private Mental Health Centers.....	371,711	734	506
Family Planning Drugs.....	1,791,322	20,904	86
Dialysis.....	5,330,044	452	11,792

MAM 250-R1 and MAM 260-R1

TABLE 8-A

Expenditures for Medical Services By Type of Service,
Number of Recipients by Service, and Average Spent for Fiscal Year 1996

Type of Service	Total Expenditures	Number of Recipients	Avg. per Recip
Total	\$1,321,354,060	510,226	\$2,590
Inpatient Hospital.....	\$271,297,327	63,058	4,302
Outpatient Hospital.....	98,197,974	236,988	414
Laboratory/X-Ray.....	5,237,635	79,345	66
Nursing Facility.....	282,938,033	18,651	15,170
Physician.....	110,826,739	353,623	313
EPSDT.....	8,637,628	113,564	76
EPSDT Dental.....	11,523,017	77,088	149
EPSDT Vision.....	4,946,356	38,625	128
EPSDT Hearing.....	189,713	1,359	140
Rural Health Clinic.....	17,661,663	88,778	199
Federally Qualified Health Centers.....	14,401,231	56,304	256
Home Health.....	12,636,203	6,713	1,882
Transportation.....	10,866,568	26,375	412
Prescribed Drugs.....	177,046,940	443,758	399
Dental.....	3,063,818	27,919	110
Eyeglasses.....	520,462	9,854	53
Intermediate Care Facility - Mentally Retarded..	99,508,248	2,436	40,849
Family Planning.....	0	0	0
Buy-in, Parts A & B, Medicare.....	108,825,960	150,395	724
Mental Health Clinic.....	36,142,933	34,106	1,060
Home & Community Based Waiver.....	2,578,229	1,133	2,276
Durable Medical Equipment.....	8,947,002	12,178	735
Therapy.....	599,079	1,436	417
Inpatient Residential Psychiatric.....	10,248,619	456	22,475
Inpatient Psychiatric Hospital.....	12,978,660	1,726	7,520
Nurse Practitioner.....	3,552,081	25,749	138
Ambulatory Surgical Center.....	453,916	4,231	107
Personal Care.....	0	0	0
Hospice.....	2,317,090	390	5,941
Outpatient Psychiatric Hospital.....	19,547	17	0
Private Mental Health Centers.....	387,389	981	395
Family Planning Drugs.....	1,621,324	19,226	84
Dialysis.....	3,182,676	402	7,917

Source: MAM 250-R1 and MAM 260-R1

Chart 4
Percentage of Claims Processed by Type of Service for Fiscal Year 1995

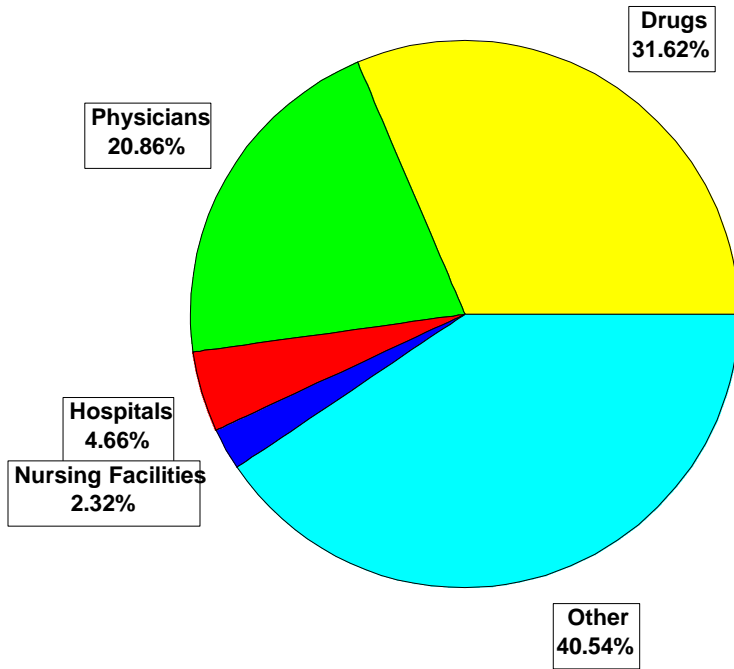
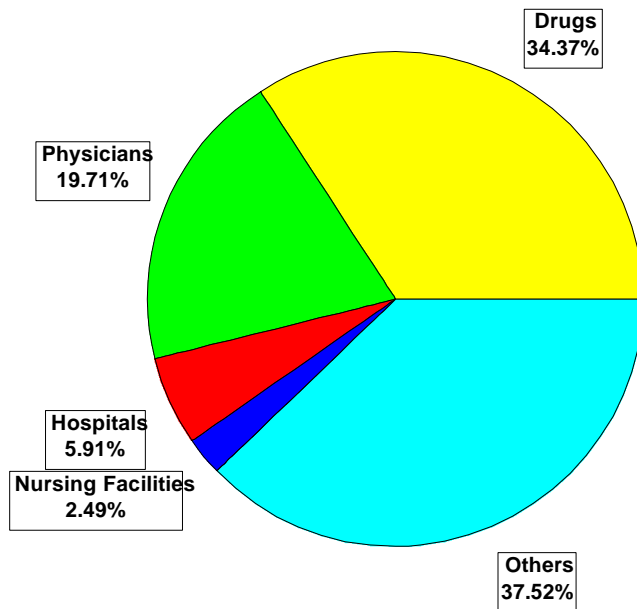


Chart 4-A
Percentage of Claims Processed by Type of Service for Fiscal Year 1996



Plastic ID Card

The Division of Medicaid issued plastic identification cards to all Medicaid recipients. A plastic Medicaid card is issued at the time a recipient is first enrolled in the Medicaid program. Recipients will keep the permanent Medicaid card, even during periods of ineligibility, since their case may be reopened.

The implementation of permanent identification cards has saved the state over \$680,000 in 1995, in postage costs. Paper cards were mailed monthly at a cost of approximately \$1 million in postage. The initial year of permanent cards, 1995, cost \$344,098. Subsequent years are expected to cost \$75,000, a projected savings of over \$900,000 per year.

Point of Service Eligibility Verification System (POSEVS)

POS is an acronym used frequently to describe computer transactions which process pertinent information at the point that a service is administered. POS terminals are widely used today in all aspects of society to track marketing information, record inventory and post sales to accounts.

For the Medicaid program, the POS application can be used to verify Medicaid recipients' current eligibility on-line before services are rendered.

Providers can access recipient eligibility files through POS device, with a swipe card attachment to a personal computer, or by keying combinations of information in their computer. Providers may continue to use the automated voice response system (AVRS) to verify eligibility. The benefits of POSEVS are:

- ◆ Assurance of recipient eligibility prior to services being rendered.
- ◆ Elimination of monthly problems associated with paper cards.
- ◆ Information accessibility - 24 hours a day, 7 days a week.
- ◆ Ability to verify eligibility in seconds.
- ◆ Stricter control over fraud and abuse of Medicaid services.
- ◆ Fewer eligibility denials for providers of service.
- ◆ Reduction in provider clerical time spent on recipient eligibility problems.

POSEVS was implemented in conjunction with the permanent Medicaid identification cards. Both implementations have proven to be a benefit to the providers of service, recipients, and to the Medicaid program.

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TABLE 10
Payments Made to Providers by County for Fiscal 1995

It is important to note that providers in one county may serve recipients living in a different county.

County	Total Payments	County	Total Payments
Adams.....	18,022,220	Leflore.....	26,467,272
Alcorn.....	12,364,101	Lincoln.....	11,555,617
Amite.....	617,388	Lowndes.....	18,035,268
Attala.....	4,061,578	Madison.....	13,921,074
Benton.....	1,453,961	Marion.....	7,175,641
Bolivar.....	14,900,189	Marshall.....	4,896,522
Calhoun.....	4,100,739	Monroe.....	8,304,952
Carroll.....	272,488	Montgomery.....	3,903,668
Chickasaw.....	6,354,752	Neshoba.....	9,296,486
Choctaw.....	2,201,680	Newton.....	5,895,736
Claiborne.....	3,981,366	Noxubee.....	3,108,138
Clarke.....	314,615	Oktibbeha.....	16,916,386
Clay.....	5,649,903	Panola.....	6,819,387
Coahoma.....	21,286,358	Pearl River.....	7,941,191
Copiah.....	5,612,162	Perry.....	2,076,957
Covington.....	4,026,872	Pike.....	16,397,525
DeSoto.....	10,057,126	Pontotoc.....	4,476,696
Forrest.....	43,290,126	Prentiss.....	3,422,130
Franklin.....	2,018,079	Quitman.....	4,239,999
George.....	3,458,047	Rankin.....	27,363,731
Greene.....	2,220,678	Scott.....	6,264,468
Grenada.....	12,077,356	Sharkey.....	2,046,616
Hancock.....	5,964,595	Simpson.....	17,856,870
Harrison.....	49,161,940	Smith.....	2,656,694
Hinds.....	137,537,223	Stone.....	3,890,603
Holmes.....	9,682,345	Sunflower.....	11,590,827
Humphreys.....	4,595,784	Tallahatchie.....	3,451,375
Issaquena.....	0	Tate.....	6,094,954
Itawamba.....	2,464,492	Tippah.....	6,054,460
Jackson.....	23,195,208	Tishomingo.....	4,765,373
Jasper.....	2,974,639	Tunica.....	1,893,048
Jefferson.....	2,410,701	Union.....	10,138,438
Jefferson Davis.....	2,502,640	Walthall.....	5,201,679
Jones.....	31,163,196	Warren.....	21,512,667
Kemper.....	1,747,973	Washington.....	27,932,268
Lafayette.....	21,306,545	Wayne.....	5,894,860
Lamar.....	8,791,948	Webster.....	3,602,340
Lauderdale.....	42,028,819	Wilkinson.....	3,769,121
Lawrence.....	2,516,926	Winston.....	4,840,178
Leake.....	3,708,253	Yalobusha.....	2,017,399
Lee.....	17,234,275	Yazoo.....	8,048,993

TABLE 10-A
Payments Made for Recipients by County for Fiscal Year 1996

It is important to note that recipients in one county may receive services from a provider in different county.

County	Total Payments	County	Total Payments
Adams.....	21,310,417	Leflore.....	28,837,329
Alcorn.....	15,331,041	Lincoln.....	19,572,131
Amite.....	4,257,546	Lowndes.....	21,193,005
Attala.....	9,716,262	Madison.....	24,724,849
Benton.....	4,139,241	Marion.....	15,487,539
Bolivar.....	27,630,020	Marshall.....	14,289,970
Calhoun.....	7,999,672	Monroe.....	14,903,234
Carroll.....	2,894,688	Montgomery.....	6,961,905
Chickasaw.....	8,863,531	Neshoba.....	18,512,701
Choctaw.....	4,480,061	Newton.....	11,561,454
Claiborne.....	7,260,987	Noxubee.....	7,111,358
Clarke.....	8,030,514	Ok t i b b e h a.....	16,781,658
Clay.....	11,081,325	Panola.....	16,622,867
Coahoma.....	26,731,171	Pearl River.....	17,846,180
Copiah.....	12,896,613	Perry.....	5,441,777
Covington.....	7,797,788	Pike.....	21,665,738
De Soto.....	12,068,982	Pontotoc.....	9,871,299
Forrest.....	38,061,672	Prentiss.....	8,815,795
Franklin.....	4,355,769	Quitman.....	7,649,787
George.....	6,133,045	Rankin.....	48,462,202
Greene.....	5,693,324	Scott.....	12,948,095
Grenada.....	13,503,711	Sharkey.....	5,151,274
Hancock.....	12,500,166	Simpson.....	27,027,014
Harrison.....	77,625,586	Smith.....	7,167,974
Hinds.....	105,998,916	Stone.....	6,534,627
Holmes.....	17,635,359	Sunflower.....	18,251,100
Humphreys.....	7,941,316	Tallahatchie.....	8,571,466
Issaquena.....	692,266	Tate.....	8,202,149
Itawamba.....	6,608,754	Tippah.....	11,649,849
Jackson.....	3,379,441	Tishomingo.....	8,034,849
Jasper.....	10,005,414	Tunica.....	5,562,531
Jefferson.....	6,943,960	Union.....	8,699,242
Jefferson Davis.....	7,162,322	Walthall.....	8,293,728
Jones.....	55,252,893	Warren.....	22,299,926
Kemper.....	5,843,977	Washington.....	35,612,954
Lafayette.....	24,242,280	Wayne.....	10,144,395
Lamar.....	10,291,187	Webster.....	6,332,155
Lauderdale.....	41,397,573	Wilkinson.....	7,474,820
Lawrence.....	5,981,910	Winston.....	9,862,318
Leake.....	10,036,263	Yalobusha.....	6,209,178
Lee.....	27,892,076	Yazoo.....	16,251,002

Private Health Insurance Resources

Approximately four (4) percent of the Mississippi Medicaid population was covered by some form of private health insurance in FY 1996. Through cost avoidance of claims (the provider must file and obtain third party benefits before Medicaid makes payment), the Medicaid agency saved \$30.8 million. Through post payment recovery (the Medicaid agency bills the third party for reimbursement), the TPL Unit collected \$4.3 million.

Casualty/Tort Resources

A significant number of Medicaid recipients receive medical care each month as the result of injuries or accident. Medicaid is responsible for pursuing recovery from liable third parties. These resources are identified through MMIS claims processing edits and referrals from outside entities such as insurance companies, providers and attorneys. In FY 1996, the TPL Unit collected slightly less than \$2 million from casualty/tort resources.

Prescribed Drug Recovery Program

In 1985, the Mississippi Division of Medicaid obtained a federal waiver which allows Medicaid to reimburse pharmacists participating in the program even if the MMIS contains a record of third party liability. Medicaid then pursues recovery from the third party resources. The TPL Unit reported a recoupment of slightly more than \$1 million in the drug program in FY 1996.



Estate Recovery

As a result of OBRA 1993, the state enacted legislation requiring recovery of medical payments from the estates of certain recipients who were residents of nursing facilities at the time of death. In FY 1996, the Estate Recovery program returned \$627,000.



PROGRAM INTEGRITY

The Division of Medicaid is responsible for monitoring both provider and recipient utilization of Medicaid services. State and federal laws require periodic checks of provider records in order to verify actual receipt of services for which payment has been made and to investigate any cases suggestive of program abuse, misuse or fraud. This is accomplished through the Program Integrity Investigative Unit.

With the assistance of a computerized surveillance and utilization reporting system (SURS), Mississippi's Program Integrity Unit is able to maintain practice and service profiles on all Medicaid providers and on recipients who receive services through the Medicaid program. These profiles provide indicators of possible fraudulent activities or abuse of program benefits and are an important source of information upon which investigators in the Program Integrity Unit base their investigations. Referrals from other providers or recipients also provide the investigators with information to warrant investigations. Program Integrity also handles complaints regarding recipients loaning their cards to ineligible persons. After an investigation, these cases are presented to local law enforcement authorities for disposition.

Medical personnel conduct physician reviews to determine the medical necessity and appropriateness of procedures performed and to ensure that quality health care is being provided to Mississippi Medicaid recipients. Recipient management reviews are also conducted to make certain that recipients are receiving only health care services which are medically necessary as well as to control misutilization of Medicaid services.

Investigations of providers by the Program Integrity Unit may result in monetary recovery, termination as a provider of Medicaid services, or referral to the Medicaid Fraud Control Unit of the Office of Attorney General. Medical review findings may be referred to the local peer review organization for their recommendation or to the State Board of Medical Licensure for corrective action.

During the course of routine investigations, Program Integrity monitors the provider's billing practices, the fiscal agent's payment of claims to ensure policy guidelines are met, and also make suggestions for policy changes to the Medical Services Division. Due to the visibility of Program Integrity's nurses and investigators in the medical community, they also act as liaison between the Division of Medicaid and the providers.

In July of 1995, Program Integrity became actively involved in a Federal/State Fraud Task Force that includes the United States Attorney, FBI, Office of the Inspector General, Postal Inspectors Office, State Attorney General's Office, and various other agencies. This task force is currently involved in several joint investigations, and has expedited the referrals of suspected fraud cases.

The Program Integrity Unit also handles recipient recoupment. Approximately 200 cases per month are received from the Department of Human Services and Medicaid Regional Offices. These cases involve recipients who have received Medicaid benefits during a period in which they were ineligible. Upon determination of the amount of overpayment, letters of explanation are sent to recipients and a payment plan is initiated. Investigators make field visits to all recipients owing \$500 or more.

Explanation of Medicaid Benefits (EOMB) audits are conducted to obtain confirmation that a recipient did or did not receive the services for which the Division of Medicaid made payment. Approximately 400 questionnaires per month are sent to recipients by the fiscal agent. The Program Integrity Unit responds to all negative replies and conducts an investigation when warranted.

The existence of the Program Integrity Unit 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 growth of the program.





CONTRACTS MONITORING

The Division of Contracts Monitoring includes two units--the Non-Emergency Transportation Program and the Contracts Monitoring Unit.

The Non-Emergency Transportation Program

To ensure access for Medicaid-eligible persons to covered services, the Mississippi Medicaid program provides non-emergency transportation services for Medicaid clients who have no other means of transportation. The Division of Medicaid provides ground and air non-emergency transportation services for eligible recipients. Commercial air and air ambulance services are available when ground transportation is inappropriate because of the recipient's condition or the distance to the receiving medical provider. Ground ambulance services are also available as required by the condition of the recipients requiring transportation assistance.

The majority of non-emergency transportation services provided to Medicaid clients in FY 1995 was offered through a contractual agreement between the Division of Medicaid and the Department of Human Services. Through this agreement, social workers in the county offices of the Department of Human Services were responsible for

serving as the contact points for Medicaid clients who needed non-emergency transportation services and for arranging transportation assistance with local volunteers. Transportation assistance was available to transport clients to local providers as well as to those outside the clients' communities. In FY 1996, 92,930 transports were provided to Medicaid clients through the Division of Medicaid's contractual agreements with the Department of Human Services.

The Contracts Monitoring Unit

The Division of Medicaid contracts with a number of organizations and individuals who provide assistance to the Division in the administration of the Medicaid program. The Contracts Monitoring Unit (CMU) conducts program and financial reviews on these contractors based upon requests by Division management.

During FY 1995, the CMU completed a review of the Department of Rehabilitation Services. As a result of the review, the billing and cost reporting process was simplified. In addition, the cost-per-case to determine eligibility dropped from \$259.14 in FY 1994 to \$51.28 in FY 1996, saving the Division \$521,508.

During FY 1996, the CMU completed the field work portion of the review of several contracts with the Department of Health. From May 1995 through March 1996, CMU staff examined patient records and supporting documentation for approximately 41,000 procedures. Upon completion of the field work, CMU examined financial records and supporting documentation to test the validity of both the Cost Report and the Time Study processed used by the Department of Health in determining the encounter rates for Medicaid claims.

The review of these contracts will be completed in early FY 1997. Upon completion of the review, the CMU will review additional contracts executed with the Health Department for Pharmacy services, Certification and Survey, Case- Mix, and Healthy Futures.

Personnel Division

The Personnel Division is responsible for the administration of personnel policies and procedures originated by the Mississippi State Legislature, Mississippi State Personnel Board, the Federal Office of Personnel Management and the Division of Medicaid. These policies and procedures may include, but are not limited to, the following:

- ◆Certified Public Manager Program
- ◆Classification and Compensation

- ◆Common State Payroll
- ◆Contractual Services
- ◆Discipline and Corrective Action
- ◆Employee Benefits
- ◆Employee Relations
- ◆Equal Employment Opportunities
- ◆Grievance and Appeals
- ◆Leave (Education, FMLA, Medical and Personal)
- ◆Performance Appraisal Review (PAR)
- ◆Recruitment and Selection
- ◆Training
- ◆Workers' Compensation

The Personnel Division is composed of eight (8) state-service employees and one (1) contractual employee, who are responsible for the maintenance of one or more of the policies and procedures listed above. Additionally, Personnel staff are responsible for guiding and assisting DOM's employees in personnel services through divisional goals and objectives as deemed necessary by the Directors for the Division of Medicaid. The Personnel Division is also responsible for the operation of the agency's six-line PBX system.



SERVICES

Nationwide, Medicaid services fall into three main categories--those that are mandated by federal law, optional services that states may elect to provide, and certain waived projects which 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 1995-96, the Mississippi Division of Medicaid provided the following services:

Mandated Services

- Inpatient hospital services
- Outpatient hospital services
- Laboratory/X-ray services
- Nursing facility services
- Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services
- Physician services
- Home health services
- Transportation services, emergency & non-emergency
- Rural health clinic services
- Federally qualified health clinic services

- Family planning services
- Nurse midwife services

Optional Services

- Prescribed drugs
- Dental services
- Eyeglasses services
- Intermediate care facilities for the mentally retarded
- Mental health services
- EPSDT Expanded Services
- Durable medical equipment & supplies
- Birthing center services
- Hospice services
- Christian Science Sanatoria services
- Podiatry services
- Chiropractic Services
- Nurse practitioner services including nurse anesthetist services
- Inpatient psychiatric services for under 21 years of age

Waivered Services

- Managed care
- Home- and community-based

TABLE 11

Total Number of Eligibles, Number Using Physician Services
by Program Category for Fiscal Year 1995

Program Category	Total Number of Eligibles	Recipients Using Services	Percent of Total
Total.....	561,176	373,029	66.47%
Aged.....	37,827	30,123	79.63%
Blind.....	1,664	1,208	72.60%
Disabled.....	116,037	87,961	75.80%
AFDC Children.....	81,595	56,503	69.25%
AFDC Adults.....	267,291	153,828	57.55%
CWS Foster Care.....	1,213	644	53.09%
Optional Categorically Needy.....	55,549	42,762	76.98%

Source: HCFA 2082

TABLE 11-A

Total Number of Eligibles, Number Using Physician Services
by Program Category for Fiscal Year 1996

Program Category	Total Number of Eligibles	Recipients Using Services	Percent of Total
Total.....	556,701	353,624	63.52%
Aged.....	35,091	28,556	81.38%
Blind.....	1,613	1,145	70.99%
Disabled.....	119,573	83,385	69.74%
AFDC Children.....	94,597	53,564	56.62%
AFDC Adults.....	247,190	145,825	58.99%
CWS Foster Care.....	1,212	611	50.41%
Optional Categorically Needy.....	57,425	40,538	70.59%

Source: HCFA 2082

TABLE 12

Amount of Expenditures with Percentage Distribution for
Physician Services By Program Category for Fiscal Year 1995

Program Category	Expenditures	Percent of Total
Total.....	\$115,996,781	100.00%
Aged.....	\$19,997,845	17.24%
Blind.....	\$556,785	0.48%
Disabled.....	\$33,143,951	28.57%
AFDC Children.....	\$23,409,119	20.18%
AFDC Adults.....	\$32,699,493	28.19%
CWS Foster Care.....	\$308,551	0.27%
Optional Categorically Needy.....	\$5,881,037	5.07%

Source: HCFA 2082

TABLE 12-A

Amount of Expenditures with Percentage Distribution for
Physician Services By Program Category for Fiscal Year 1996

Program Category	Expenditures	Percent of Total
Total.....	\$110,826,739	100.00%
Aged.....	\$19,106,530	17.24%
Blind.....	\$531,968	0.48%
Disabled.....	\$31,666,706	28.57%
AFDC Children.....	\$22,365,761	20.18%
AFDC Adults.....	\$31,242,058	28.19%
CWS Foster Care.....	\$294,800	0.27%
Optional Categorically Needy.....	\$5,618,916	5.07%

Source: HCFA 2082

TABLE 13

Amount of Expenditures with Percentage Distribution
for Physician Services by Age Groups for Fiscal Year 1995

Age in Years	Expenditures	Percent of Total
Total.....	\$115,996,781	100.00%
Birth to age 1.....	8,325,785	7.18%
Ages 1 to 3.....	1,346,490	1.16%
Ages 3 to 5.....	2,652,300	2.29%
Ages 5 to 6.....	584,589	0.50%
Ages 6 to 8.....	1,281,439	1.10%
Ages 8 to 19.....	29,770,631	25.67%
Ages 19 to 21.....	8,511,986	7.34%
Ages 21 to 64.....	61,961,935	53.42%
Ages 64 and Over.....	1,561,626	1.35%

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

Source : MAM 250-R1

TABLE 13-A

Amount of Expenditures with Percentage Distribution
for Physician Services by Age Groups for Fiscal Year 1996

Age in Years	Expenditures	Percent of Total
Total.....	\$110,826,739	100.00%
Birth to age 1.....	9,358,605	8.44%
Ages 1 to 3.....	1,365,474	1.23%
Ages 3 to 5.....	2,728,706	2.46%
Ages 5 to 6.....	605,321	0.55%
Ages 6 to 8.....	1,325,052	1.20%
Ages 8 to 19.....	27,327,319	24.66%
Ages 19 to 21.....	7,932,748	7.16%
Ages 21 to 64.....	58,816,501	53.07%
Ages 64 and Over.....	1,367,013	1.23%

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

Source : MAM 250-R1

TABLE 14
Number of Physician Visits by Place of Visit
for Fiscal Year 1995

Place of Visit	Number of Visits	Percent of Total
Total	2,016,635	100.00%
Physician's Office.....	1,221,665	60.58%
Hospital.....	477,138	23.66%
Nursing Home.....	8,990	0.45%
Emergency Room.....	277,456	13.76%
Consultations.....	31,266	1.55%
House Calls.....	120	0.01%

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

Source: SU-0-1-10

TABLE 14-A
Number of Physician Visits by Place of Visit
for Fiscal Year 1996

Place of Visit	Number of Visits	Percent of Total
Total	2,007,807	100.00%
Physician's Office.....	1,129,651	56.26%
Hospital.....	534,913	26.64%
Nursing Home.....	14,780	0.74%
Emergency Room.....	282,095	14.05%
Consultations.....	45,255	2.25%
House Calls.....	1,113	0.06%

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

Source: SU-0-1-10

Prescribed Drugs

Data regarding Prescription Drugs are in Table 15 and 15-A.

TABLE 15

Number of Prescriptions, Number of Recipients, and
Average Number Prescriptions Per Recipient
by Program Category for Fiscal Year 1995

Program Category	Prescriptions	Percent of Total	Number of Recipients	Percent of Total	Average Number of Prescriptions per Recipient
Total.....	6,286,361	100.00%	458,475	100.00%	13.7
Aged.....	975,506	15.52%	37,218	8.12%	26.2
Blind.....	35,254	0.56%	1,516	0.33%	23.3
Disabled.....	2,238,241	35.60%	106,917	23.32%	20.9
AFDC Children.....	308,291	4.90%	56,885	12.41%	5.4
AFDC Adults.....	1,285,220	20.44%	205,758	44.88%	6.2
* CWS Foster Care.....	5,045	0.08%	934	0.20%	5.4
Optional Categorically Needy....	1,438,804	22.89%	49,247	10.74%	29.2

** Prescriptions for Foster Care Children were estimated. Prescription data was not available.*

Source: HCFA 2082

TABLE 15-A

Number of Prescriptions, Number of Recipients, and
Average Number Prescriptions Per Recipient
by Program Category for Fiscal Year 1996

Program Category	Prescriptions	Percent of Total	Number of Recipients	Percent of Total	Average Number of Prescriptions per Recipient
Total.....	6,148,820	100.00%	442,993	100.00%	13.9
Aged.....	889,462	14.47%	34,423	7.77%	25.8
Blind.....	33,235	0.54%	1,482	0.33%	22.4
Disabled.....	2,244,093	36.50%	108,800	24.56%	20.6
AFDC Children.....	339,547	5.52%	63,095	14.24%	5.4
AFDC Adults.....	1,133,251	18.43%	184,691	41.69%	6.1
* CWS Foster Care.....	4,872	0.08%	148	0.03%	32.9
Optional Categorically Needy....	1,504,360	24.47%	50,354	11.37%	29.9

** Prescriptions for Foster Care Children were estimated. Prescription data was not available.*

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).

TABLE 16

Number of Recipients and Number of Days of Care for Nursing Facilities by Program Category for Fiscal Year 1995

Program Category	Nursing Facility		Intermediate Care Facilities - MR	
	Recipients	Days of Care	Recipients	Days of Care
Total.....	18,358	4,732,806	2,372	729,843
Aged.....	15,566	4,051,842	72	21,769
Blind.....	57	13,431	26	7,362
Disabled.....	1,695	395,740	1,179	359,779
AFDC Children.....	1	58	0	0
AFDC Adults.....	2	57	0	0
CWS Foster Care.....	0	0	0	0
Optional Categorically Needy.....	1,037	271,678	1,095	340,933

Source: HCFA 2082

TABLE 16-A

Number of Recipients and Number of Days of Care for Nursing Facilities by Program Category for Fiscal Year 1996

Program Category	Nursing Facility		Intermediate Care Facilities - MR	
	Recipients	Days of Care	Recipients	Days of Care
Total.....	18,651	4,779,537	2,437	761,800
Aged.....	16,164	4,078,124	78	23,615
Blind.....	51	12,490	26	8,387
Disabled.....	1,476	402,839	1,233	373,961
AFDC Children.....	0	0	0	101
AFDC Adults.....	7	261	0	0
CWS Foster Care.....	0	0	0	0
Optional Categorically Needy.....	953	285,823	1,100	355,736

Source: HCFA 2082

Early and Periodic Screening, Diagnosis and Treatment (EPSDT)

EPSDT (Early and Periodic Screening, Diagnosis and Treatment) is a program which provides expanded Medicaid services to eligible children and youth. The primary goals of the program are to:

- increase the frequency of screening examinations to identify and treat preventable health problems;
- facilitate entry into the health care delivery system;
- improve provider participation in the program; and
- expand the package of diagnostic and treatment which children are entitled under the program.

EPSDT Screening and Related Services are now being offered in 105 schools. Schools throughout the state and DOM are working together to ensure access to preventive health and medical services for Medicaid eligible children in our State.

Perinatal High Risk Management/Infant Services System (PHRM/ISS)

The Perinatal High Risk Management/Infant Services System (PHRM/ISS) program is a multidisciplinary enhanced case management program for certain Medicaid eligible pregnant/postpartum women and infants. The multidisciplinary

team of physicians, nurse practitioners, registered nurses, licensed nutritionists/dietitians and licensed assessment/counseling, psychosocial assessment/counseling, health education and home visits to the targeted population.

The DOM has eighteen (18) private providers and 51 county health department providers participating in the PHRM/ISS program. The 1993 State Board of Health PHRM/ISS outcome data shows the average gestational age for 1,750 live births to mothers in this program was 38.5 weeks (singleton births) and 35.7 weeks (multiple births). The average birth weight for this population was 3117.4 grams (6.68 lb) for singleton. The DOM is actively recruiting new providers of PHRM/ISS. The number of treatments, by program category, received as a result of problems diagnosed during the screening are found in Table 17 and 17-A.



TABLE 17

**Number of Children Receiving Treatment
by Category of Service for Fiscal Year 1995**

Program Category	Number of Children
Dental	61,438
Vision	32,764
Hearing	17,108
Medical Referrals	160,425

Source: HCFA 416 Y-T-D

TABLE 17-A

**Number of Children Receiving Treatment
by Category of Service for Fiscal Year 1996**

Program Category	Number of Children
Dental	61,154
Vision	30,061
Hearing	15,259
Medical Referrals	169,654

Source: HCFA 416 Y-T-D

Dental Services

Limited dental care was provided to 31,244 recipients during Fiscal Year 1995 with expenditures amounting to \$3,364,028.

Inpatient Hospital Services

During Fiscal Year 1995, Medicaid provided for 418,524 days of inpatient hospital care. The average length of hospital stay was 3.0 days. Table 18 and 18-A 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 1995 and 1996.



Outpatient Hospital Services

A total of 621,664 outpatient visits were provided to 247,756 Medicaid recipients during Fiscal Year 1995 with an average of 2.68 visits per outpatient recipient.



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 1995

Program Category	Number of Recipients*	Number of Discharges	Days of Care	Average Length of Hospital Stay
Total.....	101,284	139,026	418,524	3.0
Aged.....	10,798	177	899	5.1
Blind.....	355	370	1,463	4.0
Disabled.....	26,936	43,908	168,706	3.8
AFDC Children.....	11,645	20,238	65,704	3.2
AFDC Adults.....	36,357	68,645	156,608	2.3
CWS Foster Care.....	not available	not available	not available	not available
Optional Categorically Needy.....	15,193	5,688	25,144	4.4

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

Source: HCFA 2082

TABLE 18-A

Number of Recipients, Number of Discharges, Total Days of
Hospital Care, and Average Length of Hospital Stay
by Program Category for Fiscal Year 1996

Program Category	Number of Recipients*	Number of Discharges	Days of Care	Average Length of Hospital Stay
Total.....	122,508	287,935	416,384	1.4
Aged.....	10,825	277	1,074	3.9
Blind.....	428	766	1,399	1.8
Disabled.....	33,491	88,148	178,878	2.0
AFDC Children.....	14,146	37,703	65,455	1.7
AFDC Adults.....	46,517	149,220	142,394	1.0
CWS Foster Care.....	not available	not available	not available	not available
Optional Categorically Needy....	17,101	11,821	27,184	2.3

Does not include Medicaid Recipients who are covered under Medicare Part A

Source: HCFA 2082

TABLE 19

Amount Paid to State Health Agencies and
Institutions by Source of Funds for Fiscal Years 1993 - 1995

Name of Agency or Institution	Fiscal Year	Total Amount Of Payment	From Federal Funds	From State Funds
Total	FY 1993	\$165,793,146	\$130,993,165	\$34,799,981
	FY 1994	184,326,157	145,341,175	38,984,982
	FY 1995	212,761,096	167,187,669	45,573,427
East Miss. State Nursing Home (Meridian)	FY 1993	3,447,820	2,724,123	723,697
	FY 1994	4,142,938	3,266,707	876,231
	FY 1995	5,232,129	4,111,407	1,120,722
Ellisville State School (Ellisville)	FY 1993	21,943,416	17,337,493	4,605,923
	FY 1994	23,644,322	18,643,548	5,000,774
	FY 1995	24,267,937	19,069,745	5,198,192
Miss. State Dept. of Health	FY 1993	20,155,057	15,924,511	4,230,546
	FY 1994	17,262,520	13,611,497	3,651,023
	FY 1995	17,859,024	14,033,621	3,825,403
North Miss. Retardation Center	FY 1993	10,971,603	8,668,664	2,302,939
	ERR FY 1994	12,275,937	9,679,576	2,596,361
	FY 1995	14,571,109	11,449,977	3,121,132
South Miss. Retardation Center	FY 1993	7,569,846	5,980,935	1,588,911
	ERR FY 1994	8,177,522	6,447,976	1,729,546
	FY 1995	9,293,055	7,302,483	1,990,572
Hudspeth Retardation Center (Whitfield)	FY 1993	13,306,742	10,513,657	2,793,085
	FY 1994	14,066,742	11,091,626	2,975,116
	FY 1995	16,402,714	12,889,253	3,513,461
Miss. State Hospital-Nursing Facility (Whitfield)	FY 1993	8,661,256	6,843,258	1,817,998
	FY 1994	8,456,098	6,667,633	1,788,465
	FY 1995	9,434,938	7,413,974	2,020,964
Miss. State Hospital (Whitfield)	FY 1993	791,454	625,328	166,126
	FY 1994	623,026	491,256	131,770
	FY 1995	1,752,557	1,377,159	375,398
Boswell Retardation Center (Sanatorium)	FY 1993	3,615,115	2,856,302	758,813
	FY 1994	4,163,685	3,283,066	880,619
	FY 1995	5,845,510	4,593,402	1,252,108
Miss. Department of Mental Health	FY 1993	25,726,932	20,326,849	5,400,083
	FY 1994	26,424,712	20,835,885	5,588,827
	FY 1995	36,653,851	28,802,596	7,851,255
University Medical Center * (Jackson)	FY 1993	47,484,173	37,517,245	9,966,928
	FY 1994	62,612,631	49,370,060	13,242,571
	FY 1995	68,144,172	53,547,690	14,596,482
Miss. Dept. of Human Services	FY 1993	2,119,732	1,674,800	444,932
	FY 1994	2,476,024	1,952,345	523,679
	FY 1995	3,304,100	2,596,362	707,738

Source: Provider History Report

TABLE 19-A

Amount Paid to State Health Agencies and
Institutions by Source of Funds for Fiscal Years 1994 - 1996

Name of Agency or Institution	Fiscal Year	Total Amount Of Payment	From Federal Funds	From State Funds
Total	FY 1994	\$184,326,157	\$145,341,175	\$38,984,982
	FY 1995	212,761,096	167,187,669	45,573,427
	FY 1996	213,757,848	166,880,752	46,877,096
East Miss. State Nursing Home (Meridian)	FY 1994	4,142,938	3,266,707	876,231
	FY 1995	5,232,129	4,111,407	1,120,722
	FY 1996	5,305,730	4,142,183	1,163,547
Ellisville State School (Ellisville)	FY 1994	23,644,322	18,643,548	5,000,774
	FY 1995	24,267,937	19,069,745	5,198,192
	FY 1996	25,237,901	19,703,229	5,534,672
Miss. State Dept. of Health	FY 1994	17,262,520	13,611,497	3,651,023
	FY 1995	17,859,024	14,033,621	3,825,403
	FY 1996	16,286,230	12,714,660	3,571,570
North Miss. Retardation Center (Long Beach)	FY 1994	12,275,937	9,679,576	2,596,361
	FY 1995	14,571,109	11,449,977	3,121,132
	FY 1996	17,228,521	13,450,306	3,778,215
South Miss. Retardation Center (Whitfield)	FY 1994	8,177,522	6,447,976	1,729,546
	FY 1995	9,293,055	7,302,483	1,990,572
	FY 1996	12,890,310	10,063,465	2,826,845
Hudspeth Retardation Center (Whitfield)	FY 1994	14,066,742	11,091,626	2,975,116
	FY 1995	16,402,714	12,889,253	3,513,461
	FY 1996	16,862,241	13,164,352	3,697,889
Miss. State Hospital-Nursing Facility (Whitfield)	FY 1994	8,456,098	6,667,633	1,788,465
	FY 1995	9,434,938	7,413,974	2,020,964
	FY 1996	9,778,949	7,634,425	2,144,524
Miss. State Hospital (Whitfield)	FY 1994	623,026	491,256	131,770
	FY 1995	1,752,557	1,377,159	375,398
	FY 1996	644,415	503,095	141,320
Boswell Retardation Center (Sanatorium)	FY 1994	4,163,685	3,283,066	880,619
	FY 1995	5,845,510	4,593,402	1,252,108
	FY 1996	8,257,931	6,446,967	1,810,964
Miss. Department of Mental Health	FY 1994	26,424,712	20,835,885	5,588,827
	FY 1995	36,653,851	28,802,596	7,851,255
	FY 1996	36,199,485	28,260,938	7,938,547
University Medical Center * (Jackson)	FY 1994	62,612,631	49,370,060	13,242,571
	FY 1995	68,144,172	53,547,690	14,596,482
	FY 1996	61,023,375	47,640,949	13,382,426
Miss. Dept. of Human Services	FY 1994	2,476,024	1,952,345	523,679
	FY 1995	3,304,100	2,596,362	707,738
	FY 1996	4,042,760	3,156,183	886,577

Source: Provider History Report