

**Mississippi  
Division of  
Medicaid  
Annual Report  
1989**



**STATE OF MISSISSIPPI**

RAY MABUS  
GOVERNOR

Honorable Ray Mabus  
Governor of the State of Mississippi  
and  
Members of the Mississippi State Legislature

Ladies and Gentlemen:

We submit to you herewith the twentieth Annual Report of the Division of Medicaid covering the fiscal year ended June 30, 1989. It is being submitted in accordance with requirements of Section 43-13-127 of the Mississippi Code of 1972, as amended. In it, we have provided a broad range of factual information about Mississippi's Medicaid program in an effort to keep you and the general public fully informed.

We wish to acknowledge the vital roles played by the State Department of Human Services; the State Department of Health; the Mississippi Foundation for Medical Care; and the Medicaid fiscal agent, Blue Cross/Blue Shield of Mississippi, Incorporated, in the ongoing administration of the Medicaid program. We also wish to acknowledge the health professionals in our state who provide the necessary health services and who offer technical assistance to the Medicaid program through its advisory committees.

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

Respectfully,

A handwritten signature in cursive script, appearing to read "J. Clinton Smith".

J. Clinton Smith, M.D., M.P.H.  
Director  
Division of Medicaid  
Office of the Governor

JCS:DT/sw

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# INTRODUCTION

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

In Mississippi, the Medicaid program is administered by the Division of Medicaid, Office of the Governor by authority of Section 43-13-101 et seq. of the Mississippi Code of 1972, as amended. The Division operates 24 Regional Offices throughout Mississippi to better serve the public by providing local accessibility.

The Medicaid program is funded with federal dollars which are matched by state funds according to a formula based on that state's per capita income — the lower the per-capita income, the higher the federal contribution.

In state fiscal year 1989, Mississippi had one of the highest federal match rates in the country with a rate of 79.8 percent. This means that for every \$1 the state invested in the Medicaid program, another \$3.95 was generated in federal match. For fiscal year 1989, federal match contributions amounted to \$388,643,630, which when combined with state dollars gave the Mississippi Medicaid program a budget of more than \$477,300,000.

Mississippi's contribution to the Medicaid program comes from the state's general fund. The Legislature determines each year services to be provided, and the reimbursement schedule for providers.

In order to ensure that Medicaid recipients receive quality, comprehensive services, the Division of Medicaid actively maintained the Medical Care Advisory Committee which is comprised of recipients, providers, and consumer representatives and expanded the existing Technical Advisory Committees to include key providers who represent various health professions across the state. The responsibility of these committees is to share practical advice on ways the Division can improve both services to recipients and reimbursement procedures to providers.

Nationwide, Medicaid services fall into three main categories — those that are mandated by federal law, optional services that individual states may elect to provide, and certain waived projects which offer additional enhanced services.

During fiscal year 1989, Mississippi provided coverage for nine optional services and one waived project in addition to the 11 federally mandated services. Services provided by the Division of Medicaid during fiscal year 1989 included:

## **Mandated:**

- Inpatient Hospital Services
- Outpatient Hospital Services
- Other Laboratory and X-Ray Services
- Skilled Nursing Facility Services
- Physicians' Services
- Children's Preventive Health Program (Early and Periodic Screening, Diagnosis, and Treatment [EPSDT] Services)
- Home Health Services
- Family Planning Services
- Rural Health Clinic Services
- Nurse-Midwife Services
- Transportation Services

## **Optional:**

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

## **Waived:**

- Home and Community Based Services



Widespread changes throughout the Medicaid program were implemented during fiscal year 1989 as a result of progressive action taken during the 1988 legislative session. The most dramatic changes included:

■ **The expanded eligibility for pregnant women and children under the age of one year whose family income is at or below 185 percent of the Federal Poverty Level (FPL) —**

Through this program a pregnant woman in a typical family of four, consisting of the woman, her unborn child, her husband and another child, with an annual income of \$22,385 (\$1,865 a month) or less is eligible for prenatal care under the Medicaid program during her pregnancy and for 60 days after the child is born. The child remains eligible until he or she reaches the age of one year.

This provision became effective 10-01-88, making Mississippi one of the first states in the nation to take advantage of the new federal provision which allowed coverage of this group.

■ **The Development and Implementation of the Perinatal High Risk Management Program —**

The Perinatal High Risk Management Program, coordinated through the State Department of Health, was developed to address the needs of two special target groups — pregnant women and their newborn infants.

Through this program, pregnant women are examined on a regular basis to determine if they are at high risk for future problems in their pregnancies. If a woman is found to be at high risk, additional care which may include health education and nutritional counseling, psychosocial assessment, and more frequent medical examinations may be prescribed.

The other group in this program, the newborn infants of high-risk mothers, receive the above mentioned services as well as a series of comprehensive physical examinations during the first year to determine if any health problems are present.

This program became effective 10-01-88.

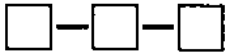
■ **The Automatic Determination of Medicaid Eligibility for Newborn Infants using the mother's Medicaid Identification Number —**

The process of automatically assigning a mother's Medicaid identification number to her newborn child was established to ensure that infants receive medical attention immediately upon birth without the delays incurred during the normal eligibility process.

Through this procedure every newborn infant of a Medicaid eligible mother is eligible to receive medical services under the mother's identification number for one year following the newborn's date of birth provided the mother remains eligible and the newborn lives with the mother.

This policy became effective 07-01-88.

These improvements in Mississippi's Medicaid program during fiscal year 1989 were accomplished through the cooperative efforts of Governor Ray Mabus, the Mississippi Legislature, health care professionals across the state and the staff of the Division of Medicaid. Through this continued commitment, the Division of Medicaid will work to ensure that funds are made available to provide medical services to Mississippi's most vulnerable citizens — its poor.



## MEDICAID ELIGIBLES

In the text of this report, the term eligible refers to a person who is entitled to receive medical assistance in accordance with Mississippi Code Section 43-13-115 as amended, and who has been certified as having met the necessary requirements to receive Medicaid benefits. Individuals who can receive Medicaid benefits include:

- Supplemental Security Income (SSI) recipients; aged, blind or disabled as certified by the Social Security Administration
- Aid to Families with Dependent Children (AFDC)
  - Children within the families (AFDC Children)
  - Caretaker relatives for the children (AFDC Adults)

In addition to the above-described AFDC recipients, statutory extension of AFDC category coverage includes the following groups:

- Certain pregnant women and children under eighteen (18) years of age, including those who are in intact families, who meet the financial criteria of the AFDC program on income and resources.
- Pregnant women who would meet AFDC criteria if the child were born.
- Children who are in the custody of the State Department of Human Services and in foster family homes or child caring institutions.
- Children for whom the State Department of Human Services makes subsidized adoption payments.
- Pregnant women and children under five (5) years of age whose family income is below 100 percent of the Federal Poverty Level.
- Pregnant women and children under one (1) year of age whose family income is below 185 percent of the Federal Poverty Level.

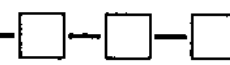
Eligibility for the above individuals is certified by the State Department of Human Services.

- Medical Assistance Only (MAO) aged, blind or disabled individuals who would be SSI eligible except for certain Social Security cost-of-living increases; or individuals who are in long-term institutional placement, i.e., nursing homes, hospitals, and whose income is less than \$1,062.00 a month.

Eligibility for this group is certified by the Division of Medicaid Regional Offices.

Certification of Medicaid eligibility is represented by a Medicaid identification card, valid for one month only. The fiscal agent for the Division of Medicaid mails a new card monthly to each eligible person or family. Information contained on the Medicaid card includes the individual's name, unique identification number and current period of eligibility. It must be shown to the provider each time a medical service is requested.

During fiscal year 1989, 453,480 persons in Mississippi were eligible for Medicaid benefits. The length of eligibility periods for these persons covered all possibilities from one month to the entire year. On the following page, Table 1 gives the eligibility count with the corresponding percentages for the program categories. In Table 2, the monthly number of eligibles is shown by program category.



**TABLE 1**

**TOTAL NUMBER OF PERSONS ELIGIBLE AND MONTHLY  
AVERAGE NUMBER OF PERSONS ELIGIBLE WITH PERCENTAGE  
DISTRIBUTION BY PROGRAM CATEGORY FOR FISCAL YEAR 1989**

Program Category	Total Number of Eligible Persons	Percent of Total	Monthly Average Number of Eligible Persons	Percent of Total
<b>Total</b> .....	<b>453,480</b>	<b>100.0</b>	<b>331,998</b>	<b>100.0</b>
Aged .....	59,398	13.1	53,031	16.0
<b>Blind</b> .....	<b>1,881</b>	<b>.4</b>	<b>1,711</b>	<b>.5</b>
Disabled .....	76,633	16.9	67,468	20.3
<b>AFDC Children</b> .....	<b>187,933</b>	<b>41.5</b>	<b>135,518</b>	<b>40.8</b>
AFDC Adults .....	61,153	13.5	45,173	13.6
<b>CWS Foster Care</b> .....	<b>1,441</b>	<b>.3</b>	<b>957</b>	<b>.3</b>
Optional Categorically Needy .....	65,041	14.3	28,140	8.5

**TABLE 2**

**NUMBER OF PERSONS ELIGIBLE FOR MEDICAID SERVICES BY MONTH  
AND BY PROGRAM CATEGORY FOR FISCAL YEAR 1989**

Month	Total	Aged	Blind	Disabled	AFDC Children	AFDC Adults	CWS FOSTER Care	Optional Categorically Needy
<b>July</b> .....	<b>316,668</b>	<b>53,952</b>	<b>1,730</b>	<b>66,640</b>	<b>128,535</b>	<b>42,845</b>	<b>897</b>	<b>22,069</b>
August .....	329,773	53,859	1,713	66,609	136,559	45,519	896	24,618
<b>September</b> .....	<b>331,417</b>	<b>53,716</b>	<b>1,711</b>	<b>66,900</b>	<b>138,131</b>	<b>46,044</b>	<b>939</b>	<b>23,976</b>
October .....	331,948	53,530	1,717	67,064	137,865	45,955	952	24,865
<b>November</b> .....	<b>329,770</b>	<b>53,120</b>	<b>1,713</b>	<b>67,063</b>	<b>136,125</b>	<b>45,375</b>	<b>956</b>	<b>25,418</b>
December .....	332,148	53,010	1,711	67,429	136,405	45,468	936	27,189
<b>January</b> .....	<b>330,926</b>	<b>52,844</b>	<b>1,713</b>	<b>67,613</b>	<b>135,170</b>	<b>45,057</b>	<b>936</b>	<b>27,593</b>
February .....	331,420	52,388	1,688	67,167	134,587	44,862	969	29,759
<b>March</b> .....	<b>337,292</b>	<b>52,555</b>	<b>1,704</b>	<b>67,972</b>	<b>136,612</b>	<b>45,537</b>	<b>966</b>	<b>31,946</b>
April .....	336,896	52,569	1,715	68,371	136,026	45,342	996	31,877
<b>May</b> .....	<b>337,331</b>	<b>52,438</b>	<b>1,714</b>	<b>68,108</b>	<b>135,659</b>	<b>45,220</b>	<b>1,020</b>	<b>33,172</b>
June .....	338,386	52,385	1,714	68,686	134,539	44,846	1,015	35,201
<b>Monthly Average</b> .....	<b>331,998</b>	<b>53,031</b>	<b>1,711</b>	<b>67,468</b>	<b>135,518</b>	<b>45,173</b>	<b>957</b>	<b>28,140</b>

## ELIGIBLES BY COUNTY OF RESIDENCE

The population estimates for 1989 (as computed by the Bureau of the Census, U.S. Department of Commerce) and the number of persons eligible for Medicaid on June 30, 1989, are listed by counties in Table 3. The census figures are the latest available. Tunica County had the highest percentage of Medicaid eligibles with 41.8 percent, and Rankin County had the lowest percentage, with 6.6 percent.

**TABLE 3**

### BUREAU OF CENSUS POPULATION FOR MISSISSIPPI COUNTIES AND NUMBER OF PERSONS ELIGIBLE FOR MEDICAID FOR FISCAL YEAR 1989

County	County Population	Number of Medicaid Eligibles	Percent of Population
<b>Adams</b>	<b>37,200</b>	<b>7,830</b>	<b>21.0</b>
Alcorn	32,500	4,330	13.3
<b>Amite</b>	<b>13,200</b>	<b>2,371</b>	<b>18.0</b>
Attala	18,600	3,595	19.3
<b>Benton</b>	<b>8,500</b>	<b>1,715</b>	<b>20.2</b>
Bolivar	42,400	14,918	35.2
<b>Calhoun</b>	<b>15,200</b>	<b>2,290</b>	<b>15.1</b>
Carroll	9,700	1,666	17.2
<b>Chickasaw</b>	<b>18,300</b>	<b>2,687</b>	<b>14.7</b>
Choctaw	9,000	1,620	18.0
<b>Claiborne</b>	<b>12,200</b>	<b>2,984</b>	<b>24.5</b>
Clarke	16,700	2,548	15.3
<b>Clay</b>	<b>21,700</b>	<b>4,163</b>	<b>19.2</b>
Coahoma	34,000	12,221	35.9
<b>Copiah</b>	<b>27,100</b>	<b>5,745</b>	<b>21.2</b>
Covington	16,600	3,631	21.9
<b>DeSoto</b>	<b>70,100</b>	<b>4,936</b>	<b>7.0</b>
Forrest	67,200	11,213	16.7
<b>Franklin</b>	<b>8,500</b>	<b>1,767</b>	<b>20.8</b>
George	16,300	2,090	12.8
<b>Greene</b>	<b>9,500</b>	<b>1,922</b>	<b>20.2</b>
Grenada	20,800	4,045	19.4
<b>Hancock</b>	<b>33,500</b>	<b>4,007</b>	<b>12.0</b>
Harrison	171,400	21,057	12.3
<b>Hinds</b>	<b>253,200</b>	<b>40,487</b>	<b>16.0</b>
Holmes	22,600	9,310	41.2
<b>Humphreys</b>	<b>13,400</b>	<b>4,011</b>	<b>29.9</b>
Issaquena	2,200	594	27.0
<b>Itawamba</b>	<b>20,400</b>	<b>1,566</b>	<b>7.7</b>
Jackson	128,100	13,047	10.2
<b>Jasper</b>	<b>16,800</b>	<b>3,118</b>	<b>18.6</b>
Jefferson	8,400	3,130	37.3
<b>Jefferson Davis</b>	<b>14,500</b>	<b>3,089</b>	<b>21.3</b>
Jones	62,000	9,221	14.9
<b>Kemper</b>	<b>11,000</b>	<b>1,989</b>	<b>18.1</b>
Lafayette	30,800	2,810	9.1
<b>Lamar</b>	<b>27,700</b>	<b>3,622</b>	<b>13.1</b>
Lauderdale	76,200	11,532	15.1



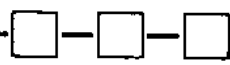


TABLE 3 (Continued)

County	County Population	Number of Medicaid Eligibles	Percent of Population
Lawrence	12,700	2,193	17.3
Leake	18,400	3,342	18.2
Lee	64,000	6,531	10.2
Leflore	38,200	10,966	28.8
Lincoln	31,100	4,787	15.4
Lowndes	58,900	8,763	14.9
Madison	55,800	9,442	16.9
Marion	25,900	5,007	19.3
Marshall	33,800	6,554	19.4
Monroe	36,800	5,200	14.1
Montgomery	12,500	3,012	24.1
Neshoba	24,800	3,946	15.9
Newton	19,400	2,927	15.1
Noxubee	12,300	4,162	33.8
Oktibbeha	36,500	5,766	15.8
Panola	30,500	6,878	22.6
Pearl River	39,900	6,401	16.0
Perry	9,900	1,885	19.0
Pike	36,300	8,300	22.9
Pontotoc	22,900	2,084	9.1
Prentiss	25,300	2,610	10.3
Quitman	10,900	3,947	36.2
Rankin	87,200	5,728	6.6
Scott	26,200	4,542	17.3
Sharkey	7,200	2,853	39.6
Simpson	24,200	3,669	15.2
Smith	15,100	2,148	14.2
Stone	10,500	1,775	16.9
Sunflower	35,700	9,992	28.0
Tallahatchie	16,800	5,286	31.5
Tate	22,100	3,641	16.5
Tippah	19,500	2,824	14.5
Tishomingo	18,100	2,001	11.1
Tunica	8,900	3,716	41.8
Union	22,500	2,425	10.8
Walthall	13,700	3,663	26.7
Warren	49,800	8,567	17.2
Washington	69,700	19,274	27.7
Wayne	20,000	4,590	23.0
Webster	10,000	1,920	19.2
Wilkinson	9,900	2,982	30.1
Winston	19,300	3,848	19.9
Yalobusha	12,900	2,487	19.3
Yazoo	26,100	7,555	28.9



## MEDICAID RECIPIENTS

During the fiscal year 1989, 396,226 different persons benefited from one or more of the medical services covered by the Medicaid program. This represents an increase of 34,345 persons or 9.5 percent from fiscal year 1988. The distribution among the program categories remained relatively the same for the unduplicated totals. Table 4 illustrates the recipient distribution by program category while Table 5 shows comparison of recipients by type of service for fiscal years 1988 and 1989.

**TABLE 4**  
**RECIPIENT DISTRIBUTION BY PROGRAM CATEGORY FOR FISCAL YEAR 1989**

Program Category	Number of Recipients	Percent of Total
<b>Total</b> .....	<b>396,226</b>	<b>100.0</b>
Aged .....	57,684	14.6
Blind .....	1,694	.4
Disabled .....	69,737	17.6
<b>AFDC Children</b> .....	<b>157,959</b>	<b>39.8</b>
AFDC Adults .....	52,615	13.3
<b>CWS Foster Care</b> .....	<b>1,123</b>	<b>.3</b>
Optional Categorically Needy .....	55,414	14.0

**TABLE 5**  
**RECIPIENTS OF MEDICAL SERVICES BY TYPE OF SERVICE FOR FISCAL YEAR 1988 AND FISCAL YEAR 1989**

Type of Service	Fiscal Year 1988 Recipients	Fiscal Year 1989 Recipients	Percent of Increase or (decrease)
<b>Total</b> .....	<b>361,881</b>	<b>396,226</b>	<b>9.49</b>
Inpatient Hospital .....	70,409	78,163	11.01
<b>Outpatient Hospital</b> .....	<b>159,239</b>	<b>172,555</b>	<b>8.36</b>
Laboratory & X-Ray .....	54,876	56,165	2.35
<b>Skilled Nursing Facility</b> .....	<b>8,107</b>	<b>8,557</b>	<b>5.55</b>
Physicians .....	310,590	335,415	7.99
<b>EPSDT</b> .....	<b>94,791</b>	<b>102,420</b>	<b>8.05</b>
Home Health .....	3,798	3,360	[11.53]
<b>Emergency Ambulance</b> .....	<b>14,145</b>	<b>15,276</b>	<b>8.00</b>
Prescribed Drugs .....	284,940	299,891	5.25
<b>Dental Care</b> .....	<b>95,372</b>	<b>93,024</b>	<b>[2.46]</b>
Eyeglasses .....	19,314	12,011	[37.81]
<b>Intermediate Care Facility</b> .....	<b>8,258</b>	<b>8,382</b>	<b>1.50</b>
Intermediate Care Mentally Retarded .....	1,630	1,680	3.07
<b>Family Planning</b> .....	<b>31,646</b>	<b>33,347</b>	<b>5.38</b>
Buy-In, Part B Medicare .....	128,909	161,056	24.94
<b>Clinic Services</b> .....	<b>30,633</b>	<b>35,796</b>	<b>16.85</b>
Home and Community .....	307	463	50.81
<b>Durable Medical Equipment</b> .....	<b>7,513</b>	<b>11,648</b>	<b>55.04</b>

TABLE 6

## NUMBER OF PAID CLAIMS — FY 1989

Type of Service	July	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	June	TOTAL	Average
Inpatient .....	9,888	12,336	11,663	11,306	9,572	10,646	10,966	10,279	14,318	18,104	13,257	11,617	143,952	11,996
Outpatient .....	74,871	110,745	85,614	114,306	76,384	95,017	111,216	95,229	96,289	94,241	116,271	89,420	1,159,603	96,634
Lab X-Ray .....	16,994	18,337	13,442	25,415	16,010	19,710	21,060	18,294	18,280	24,869	31,541	23,724	247,676	20,640
<b>Skilled Nursing</b>														
Facility .....	5,917	6,174	7,512	6,263	6,148	6,037	6,492	7,363	10,302	6,576	7,564	7,566	83,914	6,993
EPSDT .....	10,953	21,982	8,116	20,690	11,395	9,429	16,208	15,737	10,237	13,243	12,980	9,505	160,475	13,373
Physician .....	207,782	287,457	227,768	334,882	227,996	289,753	297,520	305,907	262,075	287,467	264,064	334,370	3,327,041	277,253
Home Health .....	1,860	3,086	2,223	3,651	2,660	2,821	3,390	3,832	2,842	614	4,879	2,595	34,453	2,871
Home & Comm. Base .....	299	621	159	491	578	693	435	654	677	721	811	646	6,785	565
Durable Medical Equipment .....	4,920	6,109	4,600	5,982	3,099	4,528	5,032	3,898	3,986	4,586	2,661	7,495	56,896	4,741
Transportation .....	8,602	13,868	9,602	11,390	11,369	12,884	12,840	14,396	2,720	9,261	14,319	14,349	135,600	11,300
Drugs .....	217,149	317,654	229,193	376,634	228,610	328,650	342,586	297,083	327,806	266,774	365,940	254,480	3,552,559	296,047
Dental .....	7,168	10,711	8,168	14,103	9,856	9,645	10,559	8,826	8,930	9,578	14,169	9,095	120,908	10,076
Eyeglasses .....	1,314	1,597	1,473	5,554	3,397	3,873	4,365	4,583	4,018	6,589	6,677	5,578	49,018	4,085
<b>Intermediate Care</b>														
Facility .....	6,730	6,635	10,831	6,992	7,843	6,491	7,742	6,935	8,142	6,839	6,839	9,889	91,908	7,659
Intermediate Care Facility — Mental Retardation .....	1,498	1,600	1,587	1,599	2,490	1,580	1,568	1,578	1,610	1,579	1,614	1,636	19,939	1,662
Family Planning .....	612	1,210	2,702	5,167	4,415	5,598	5,842	1,852	4,953	5,508	7,413	2,523	47,795	3,983
Clinic (Rural Health) .....	902	796	1,443	1,303	209	222	252	220	236	329	289	186	6,387	532
EPSDT — Dental .....	21,688	41,877	35,609	45,664	30,624	37,725	35,732	28,459	29,857	27,314	36,716	19,618	390,883	32,574
EPSDT — Eye .....	4,433	7,874	7,191	8,094	6,073	5,840	5,556	3,313	2,873	3,208	3,743	2,745	60,943	5,079
EPSDT — Hearing .....	23	19	20	37	31	16	22	35	25	61	70	32	391	33
Mental Health Clinic .....	7,251	9,387	6,557	12,868	8,135	7,968	10,554	7,479	9,973	9,386	14,050	8,795	112,403	9,367
<b>TOTAL .....</b>	<b>610,854</b>	<b>880,075</b>	<b>675,473</b>	<b>1,012,391</b>	<b>666,894</b>	<b>859,126</b>	<b>910,037</b>	<b>835,952</b>	<b>820,149</b>	<b>796,847</b>	<b>925,867</b>	<b>815,864</b>	<b>9,809,529</b>	<b>817,463</b>

**FEDERAL/STATE FINANCIAL RESPONSIBILITIES**

The Mississippi Medicaid program is administered by the Division of Medicaid using funds appropriated by the state and federal governments. Federal matching rates vary considerably depending upon their use in providing medical services for eligibles or in meeting administrative costs of the program. The variation in matching rates is illustrated in Chart 1.

During fiscal year 1989, the total administrative expenses were \$15,047,020 with the federal government paying \$10,141,149 or 67.4 percent. This total included all state agency costs and the costs of processing and paying claims by the Medicaid fiscal agents, Blue Cross and Blue Shield of Mississippi, Incorporated. The administrative expenses for fiscal year 1989 were 3.06 percent of the total budget.

During fiscal year 1989, the FMAP (Federal Medical Assistance Percentage) for most medical services in Mississippi was 79.8 percent. A state's FMAP is a calculated percentage based on the state's per capita income.

Exceptions to the 79.8 percent FMAP for medical services were: the Family Planning Services Program at 90 percent federal money; Buy-In, Part B, for non-money payment individuals at 100 percent state money; and the Choctaw Indians and Indochinese Refugee Program at 100 percent federal money.

In accordance with the Social Security Act and Mississippi Medicaid Law, payment for services under Medicaid is always secondary to any third party source. At the time a recipient receives a Medicaid-covered service, a determination is made as to whether the recipient has third party coverage; and, if so, the provider generally must seek third party payment, in accordance with Medicaid program guidelines, prior to filing a Medicaid claim. Upon receipt of the third party payment, a Medicaid claim must be filed and the Medicaid payment will be the amount of the Medicaid payment liability less the third party payment. If the provider receives a third party payment after the Medicaid payment has been made, the provider is required to refund the third party payment to Medicaid up to the amount expended by Medicaid. In 1989, Mississippi Medicaid's third party recovery totaled \$3,294,917.

The total Medicaid expenditures represent the cost of program administration and the cost for health care services. This \$492,389,241 total is comprised of \$388,643,630 federal money and \$103,000,000 state money, and \$745,611 received from the Department of Mental Health.

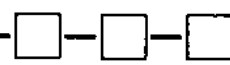
**TRAVEL AND OTHER EXPENSES IN CONNECTION WITH  
CONFERENCES, MEETINGS AND WORKSHOPS  
JULY 1, 1988 — JUNE 30, 1989**

<b>Employee's Name</b>	<b>Destination and Purpose</b>	<b>Total Cost</b>
James Steele	Chicago, IL -- Nat. Symposium for Medicaid Pharmacists	\$ 595.00
J. Clinton Smith	Atlanta, GA — Medicaid Directors Assn. Conference	\$ 464.00
J. Clinton Smith	New Orleans, LA — Medical Seminar	\$ 85.00
J. Clinton Smith	Washington, D.C. — State Medicaid Directors Conference	\$ 338.00
Jamie Collier	Atlanta, GA — Nursing Home Conference	\$ 481.41
J. Clinton Smith	Washington, D.C. — State Medicaid Directors Conference	\$ 334.00
James Lowery	Kalispell, MT — QC Director's Meeting	\$ 368.00
Alice Stuart	Memphis, TN — Nat'l Elig. Worker's Conference	\$ 400.00
James Lowery	Washington, D.C. — State Medicaid Director's Conference	\$ 435.70
J. Clinton Smith	Washington, D.C. — State Medicaid Director's Conference	\$ 784.46
Sandra Browne	Portland, OR — 1988 6th Ann. Home and Comm. Based Service	\$ 1,072.65
Lewis Smith	Portland, OR — 1988 6th Ann. Home and Comm. Based Service	\$ 1,081.90
Nancy Spencer	New Orleans, LA -- 1988 Joint State Meeting Welfare QC Estima.	\$ 102.44
Kay Anders	Cherry Hill, NJ — APWA/ISM Conference	\$ 839.48
J. Clinton Smith	San Francisco, CA — American Academy of Pediatrics Ann. Meeting	\$ 350.00

Employee's Name	Destination and Purpose	Total Cost
Billie Dunn	Dallas, TX — Bendex Conference	\$ 333.23
Kay Anders	Dallas, TX — Bendex Conference	\$ 356.22
Mike Lucius	Atlanta, GA — Budget & Forecasting Using Lotus 123	\$ 1,334.23
Bob Pilgrim	Atlanta, GA — Budget & Forecasting Using Lotus 123	\$ 1,617.75
Tommy Gardner	Atlanta, GA — Fraud & Abuse Region Four Conference	\$ 355.10
Roy Hart	Atlanta, GA — Fraud & Abuse Region Four Conference	\$ 520.35
Betty Williams	Atlanta, GA — HCFA Conference levs. Save. MCCA	\$ 518.94
Linda Edwards	Atlanta, GA — HCFA Conference levs. Save. MCCA	\$ 886.98
Betty Williams	Gulf Shores, AL — HCFA Eligibility Conference	\$ 361.79
Linda Edwards	Washington, D.C. — HCFA Eligibility Verification System Conference	\$ 717.61
Betty Williams	Washington, D.C. — HCFA Eligibility Verification System Conference	\$ 689.65
Nancy Spencer	Gulf Shores, AL — HCFA Medicaid Eligibility Conference	\$ 255.72
Cassandra Neal	Gulf Shores, AL — HCFA Medicaid Eligibility Conference	\$ 388.17
Melzana Fuller	Charleston, SC — HCFA State Medicaid Director's Meeting	\$ 569.04
Peggy Seale	Charleston, SC — HCFA State Medicaid Directors Meeting	\$ 410.00
J. Clinton Smith	Charleston, SC — HCFA State Medicaid Directors Meeting	\$ 645.94
Kay Anders	Atlanta, GA — Medicaid Director's Association Conference	\$ 681.77
Melzana Fuller	Atlanta, GA — Medicaid Director's Association Conference	\$ 821.45
Kathy Harris	Nashville, TN — Medicaid TPL Conference	\$ 473.65
Nancy Spencer	Nashville, TN — Medicaid TPL Conference	\$ 448.42
J. Clinton Smith	New Orleans, LA — Tulane School of Medicine Seminar	\$ 436.02
Betty Williams	Miami, FL — Medicare Catastrophic Coverage Meeting	\$ 687.74
Linda Edwards	Miami, FL — Medicare Catastrophic Coverage Meeting	\$ 699.74
Kay Anders	Memphis, TN — Memphis Area Workshop Hospital & Physician	\$ 126.35
Peggy Seale	Hilton Head, SC — MMIS TPL Conference	\$ 643.99
Rhea Shivel	Hilton Head, SC — MMIS TPL Conference	\$ 683.01
Kay Anders	Hilton Head, SC — MMIS TPL Conference	\$ 818.00
Williams Phillips	Atlanta, GA — MIG with Federal Staff Regional Office HCFA	\$ 484.00
James Lowery	Baltimore, MD — National Association Welfare Research and Statistics	\$ 999.78
Jim Steele	Chicago, IL — National Symposium for Medical Pharmacists Administration	\$ 566.08
Gayle Bridges	Niagara Falls, NY — National Association of SURS Officials	\$ 858.00
Judie Barnes	Niagara Falls, NY — National Association of SURS Officials	\$ 858.00
Ernest Bowen	Memphis, TN — National Eligibility Workers Conference	\$ 555.35
Lewis Smith	Washington, D.C. — National Gov.'s Association Meeting Long Term Care	\$ 513.75
Peggy Seale	Washington, D.C. — National Gov.'s Association Meeting Long Term Care	\$ 516.53
J. Clinton Smith	Washington, D.C. — National Gov.'s Conference on Long Term Care	\$ 542.79
Thomas Gatewood	Phoenix, AZ — National Health Care Anti-Fraud Associational Conference	\$ 1,114.48
Peggy Seale	Washington, D.C. — NGA LTC Workshop	\$ 467.95
Lewis Smith	Washington, D.C. — NGA LTC Workshop	\$ 469.12
Kay Anders	Washington, D.C. — NGA Meeting	\$ 46.40

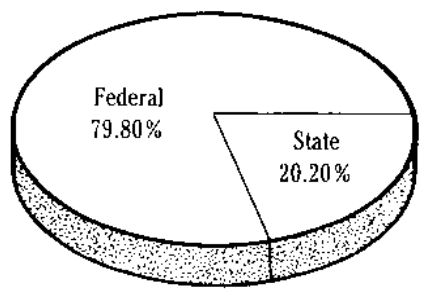


<b>Employee's Name</b>	<b>Destination and Purpose</b>	<b>Total Cost</b>
Jim Steele	Hilton Head, SC — Pharmacy Public Policy Meeting	\$ 649.02
Nancy Spencer	Kalispell, MT — QC Directors Meeting	\$ 821.02
Cassandra Neal	Kalispell, MT — QC Directors Meeting	\$ 818.62
Rhea Shivel	Kalispell, MT — QC Directors Meeting	\$ 844.17
J. Clinton Smith	Raleigh, NC — Region IV and Conference	\$ 884.45
Peggy Seale	Charleston, SC — Region IV Medicaid Directors Conference	\$ 154.04
William Phillips	Atlanta, GA — Reimbursement Lawsuit	\$ 477.90
Jim Steele	Atlanta, GA — Southern Association of Medic Pharmacists	\$ 834.47
Everett Nolen	Atlanta, GA — Southern Association of Medic Pharmacists	\$ 815.67
Melzana Fuller	Denver, CO — Technical Advisory Group Medicaid Directors	\$ 1,022.68
Kay Anders	Montgomery, AL — TPL System Review	\$ 67.31
Kathy Harris	Montgomery, AL — TPL System Review	\$ 214.57
J. Clinton Smith	New Orleans, LA — Tulane School of Medicine Conference	\$ 198.48
J. Clinton Smith	Birmingham, AL — Visit Birmingham Children's Hospital	\$ 152.81
Kay Anders	Memphis, TN — Medicaid Workshop	\$ 209.93
Kay Anders	Memphis, TN — Medicaid Workshop	\$ 328.72

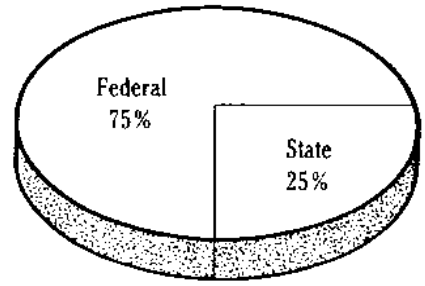


SOURCE OF FUNDS BY TYPE OF EXPENSE AND PERCENTAGE DISTRIBUTION  
OF STATE AND FEDERAL FUNDS

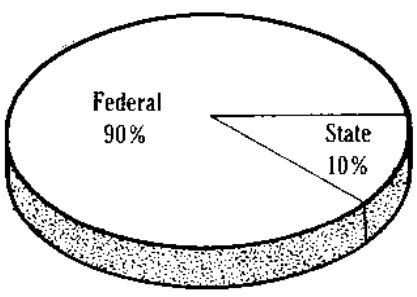
CHART 1



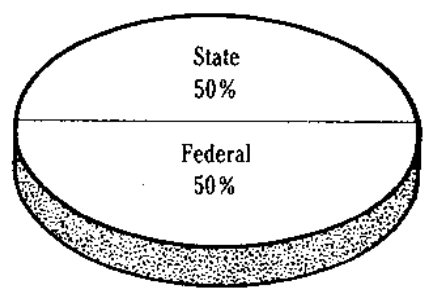
Health Care Services



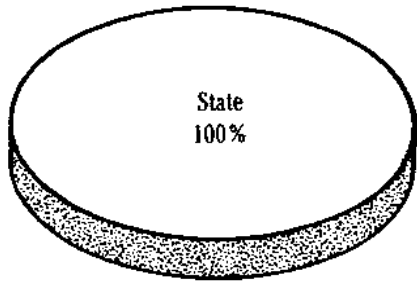
Professional Staff and  
Related Administrative Costs



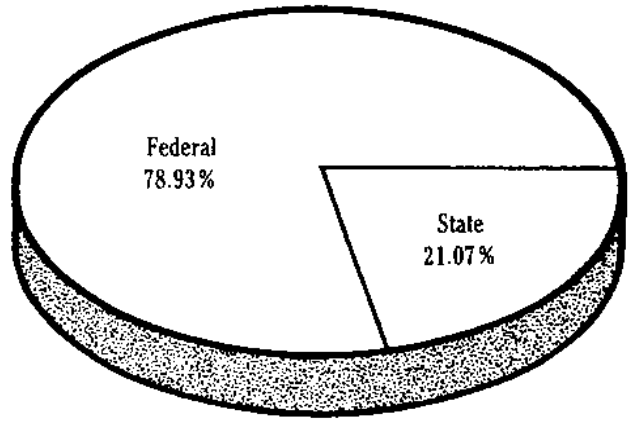
Family Planning



Buy-In Premium  
for Non-Money Payment  
Eligibles



Other Administration



Total Expenditures of Medicaid Program



## PROGRAM INTEGRITY

During fiscal year 1989 the Division of Medicaid was responsible for conducting on-site investigations of providers and for monitoring both provider and recipient utilization in the Medicaid program. The Division of Medicaid is required, under both state and federal laws, to conduct periodic checks of provider records in order to verify actual receipt of services for which payment has been made and to investigate any cases suggestive of program abuse or misuse. Verification of the receipt of services is also accomplished through recipient contact.

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

With the assistance of a computerized surveillance and utilization reporting system, Program Integrity is able to maintain practice and service profiles on all providers of service and on recipients who participate in or 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 Program Integrity bases its investigations. Examples of the types of profile information used are: frequency of physicians' visits for a given recipient, ratio of laboratory procedures to medical visits for a physician, the average length of stay of recipients for a hospital, and extractions per recipient for a dentist. Exception reporting techniques are used to identify the unusual or exceptional profiles.

These investigations may result in monetary recovery, termination as a provider of Medicaid services, or referral to the Medicaid Fraud Control Unit located in the Office of the Attorney General.



# EXPENDITURES



## EXPENDITURES BY TYPE OF SERVICE

Total medical expenditures for fiscal year 1989 amounted to \$477,341,680. This was an increase of 11.92 percent over fiscal year 1988.

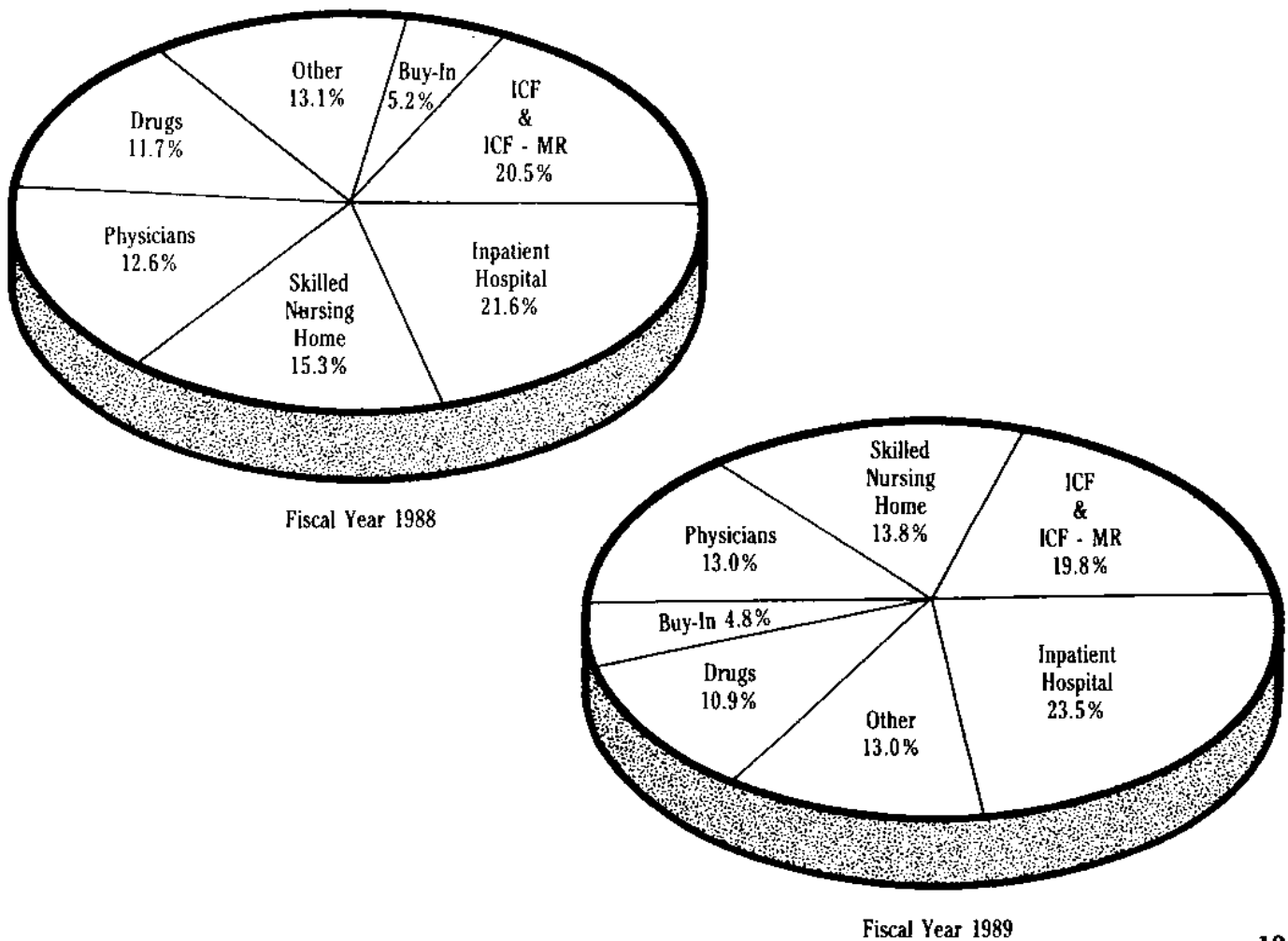
The medical services which accounted for the largest expenditures were Inpatient Hospital services with \$112,208,444 and Nursing Home Care services with \$160,343,615.

Chart 2 compares the percentage distribution of expenditures for the major medical services during fiscal year 1988 and fiscal year 1989.

Table 7 shows the actual amount spent for medical services with the percentage increase (or decrease), and Table 8 gives the average spent per recipient for each service.

### PERCENTAGE DISTRIBUTION OF EXPENDITURES BY TYPE OF SERVICE FOR FISCAL YEAR 1988 AND FISCAL YEAR 1989

CHART 2





**TABLE 7**  
**EXPENDITURES FOR MEDICAL SERVICES BY TYPE OF SERVICE**  
**FOR FISCAL YEAR 1988 AND FISCAL YEAR 1989**

Type of Service	Fiscal Year 1988 Expenditures	Fiscal Year 1989 Expenditures	Percent of Increase or (decrease)
<b>Total</b>	<b>\$426,495,700</b>	<b>\$477,341,680</b>	<b>11.92</b>
Inpatient Hospital	92,309,910	112,208,444	21.56
<b>Outpatient Hospital</b>	<b>26,048,146</b>	<b>29,598,634</b>	<b>13.63</b>
Laboratory + X-Ray	1,983,858	2,115,814	6.65
<b>Skilled Nursing Facility</b>	<b>65,339,499</b>	<b>65,801,505</b>	<b>.71</b>
Physicians	53,886,527	62,457,397	15.91
<b>EPSDT</b>	<b>3,311,313</b>	<b>10,307,650</b>	<b>See Note</b>
Home Health	3,650,074	4,168,760	14.21
<b>Emergency Ambulance</b>	<b>1,948,396</b>	<b>2,056,999</b>	<b>5.57</b>
Prescribed Drugs	49,913,962	52,110,304	4.40
<b>Dental Care</b>	<b>9,127,817</b>	<b>1,513,702</b>	<b>See Note</b>
Eyeglasses	185,936	661,387	See Note
<b>Intermediate Care Facility</b>	<b>57,191,732</b>	<b>58,614,685</b>	<b>2.49</b>
Intermediate Care Mentally Retarded	30,123,889	35,927,425	19.27
<b>Family Planning</b>	<b>2,483,997</b>	<b>2,829,582</b>	<b>13.91</b>
Buy-In, Part B Medicare	22,092,083	28,565,673	29.30
<b>Clinic Services</b>	<b>4,584,000</b>	<b>5,082,937</b>	<b>10.88</b>
Home and Community	544,325	800,795	47.12
<b>Durable Medical Equipment</b>	<b>1,770,236</b>	<b>2,519,987</b>	<b>42.35</b>

Note: Statistics are not comparable for these services due to systems changes.

**TABLE 8**  
**EXPENDITURES FOR MEDICAL SERVICES BY TYPE OF SERVICE, NUMBER OF RECIPIENTS**  
**FOR EACH SERVICE AND AVERAGE SPENT PER RECIPIENT FOR FISCAL YEAR 1989**

Type of Service	Total Expenditures	Number of Recipients	Average Spent per Recipient
<b>Total</b>	<b>\$477,341,680</b>	<b>396,226</b>	<b>\$1,204.72</b>
Inpatient Hospital	112,208,444	78,163	1,435.57
<b>Outpatient Hospital</b>	<b>29,598,634</b>	<b>172,555</b>	<b>171.53</b>
Laboratory and X-ray	2,115,814	56,165	37.67
<b>Skilled Nursing Facility</b>	<b>65,801,505</b>	<b>8,857</b>	<b>7,429.32</b>
Physicians	62,457,397	335,415	186.21
<b>EPSDT<sup>1</sup></b>	<b>10,307,650</b>	<b>102,420</b>	<b>100.64</b>
Home Health	4,168,760	3,360	1,240.70
<b>Emergency Ambulance</b>	<b>2,056,999</b>	<b>15,276</b>	<b>134.66</b>
Prescribed Drugs	52,110,304	299,891	173.76
<b>Dental Care</b>	<b>1,513,702</b>	<b>93,024</b>	<b>16.27</b>
Eyeglasses	661,387	12,011	55.07
<b>Intermediate Care Facility</b>	<b>58,614,685</b>	<b>8,382</b>	<b>6,992.92</b>
Intermediate Care Facility Mentally Retarded	35,927,425	1,680	21,385.37
<b>Family Planning</b>	<b>2,829,582</b>	<b>33,347</b>	<b>84.85</b>
Buy-In, Part B. Medicare <sup>2</sup>	28,565,673	161,056	177.36
<b>Clinic Services<sup>3</sup></b>	<b>5,082,937</b>	<b>35,796</b>	<b>142.00</b>
Home and Community	800,795	463	1,729.58
<b>Durable Medical Equipment</b>	<b>2,519,987</b>	<b>11,648</b>	<b>216.35</b>

<sup>1</sup> Only persons under 18 years of age are eligible.

<sup>2</sup> Average Number of monthly Buy-In recipients.

<sup>3</sup> Includes Rural Health Clinic Services and Mental Health Clinic Services



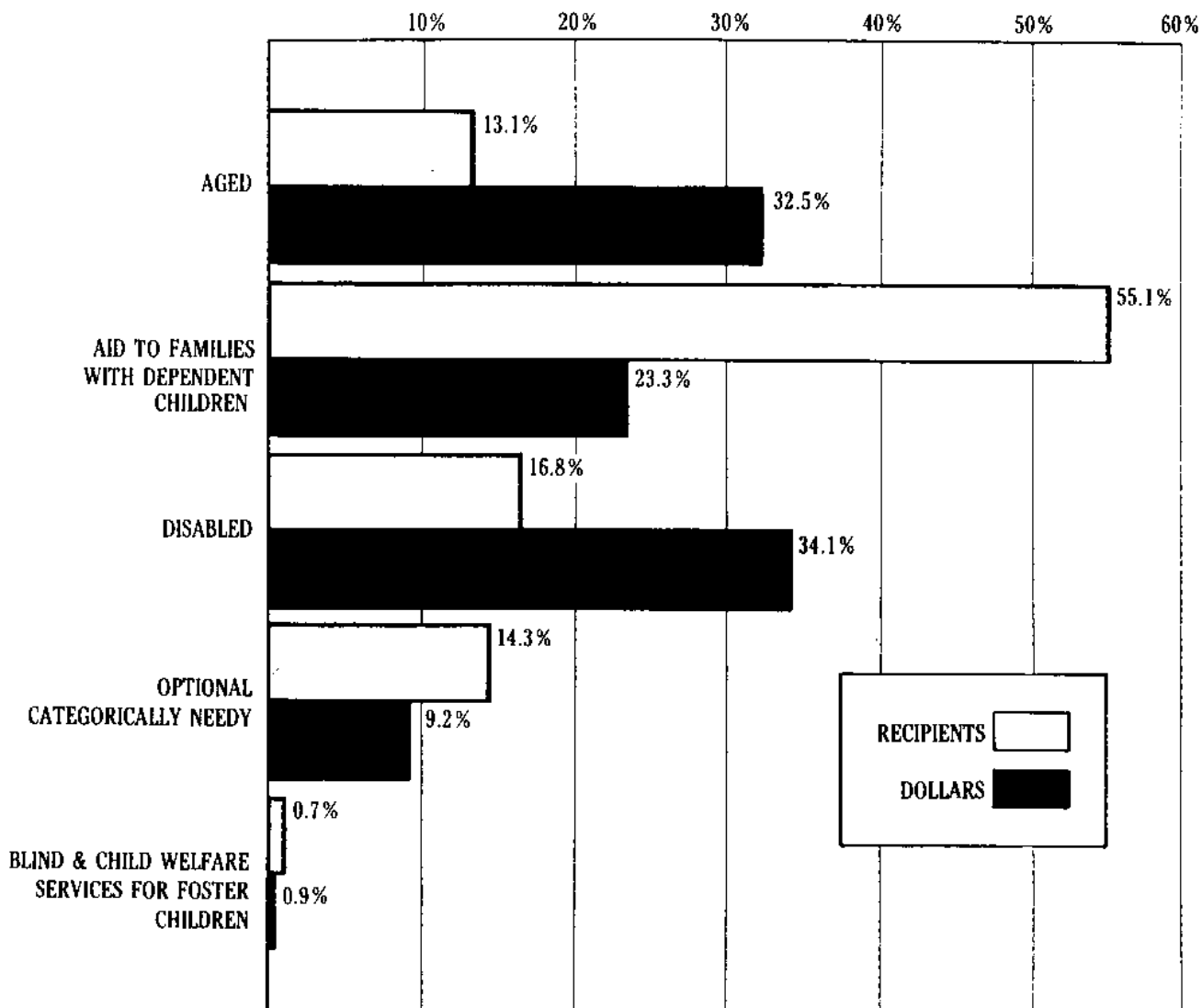
## EXPENDITURES BY PROGRAM CATEGORY OF ELIGIBILITY

Approximately 33 percent of the total expenditures for medical services in fiscal year 1989 was spent for the Aged category. While only 13 percent of eligibles were in the Aged category, over \$212 million was paid for nursing home care and drugs, approximately \$29 million for Buy-In, Part B premiums, and \$9 million for physicians' services for the Medicaid elderly persons.

A comparison of the expenditures of each program category is presented graphically in Chart 3. In Table 9, these amounts are shown with the average cost per recipient. Table 10 lists the medical services expenditures which exceeded one million dollars in the year. EPSDT benefits are only provided for individuals under age 21; and Buy-In, Part B premiums are paid only for those eligible persons age 65 or over or who otherwise qualify for Medicare.

### DIVISION OF MEDICAID RECIPIENTS AND DOLLARS SPENT BY PROGRAM CATEGORY FISCAL YEAR 1989

CHART 3





**TABLE 9**

**TOTAL EXPENDITURES FOR MEDICAL SERVICES, TOTAL NUMBER OF RECIPIENTS, AVERAGE SPENT PER RECIPIENT, AND PERCENTAGE BY PROGRAM CATEGORY FOR FISCAL YEAR 1989**

Program Category	Expenditures	Percent of Total	Total No. Recipients	Percent of Total	Average per Recipient
<b>Total</b> .....	<b>\$477,341,680</b>	<b>100.0</b>	<b>396,226</b>	<b>100.0</b>	<b>\$1,204.72</b>
Aged .....	155,040,578	32.5	57,684	14.6	2,687.76
Blind .....	3,150,455	0.7	1,694	0.4	1,859.77
Disabled .....	162,927,838	34.1	69,737	17.6	2,336.32
<b>AFDC Children</b> .....	<b>65,942,700</b>	<b>13.8</b>	<b>157,959</b>	<b>39.8</b>	<b>417.47</b>
AFDC Adults .....	45,277,911	9.5	52,615	13.3	860.55
<b>CWS Foster Care</b> .....	<b>976,975</b>	<b>0.2</b>	<b>1,123</b>	<b>0.3</b>	<b>869.97</b>
Optional Categorically Needy .....	44,025,223	9.2	55,414	14.0	794.48

**TABLE 10**

**EXPENDITURES FOR MAJOR MEDICAL SERVICES BY PROGRAM CATEGORY FOR FISCAL YEAR 1989**

Type of Service	Total	Aged	Blind	Disabled	AFDC Children	AFDC Adults	CWS Foster Care	Optional Categorically Needy
<b>Inpatient Hospital</b> . . .	<b>\$112,208,444</b>	<b>\$12,713,217</b>	<b>\$729,355</b>	<b>\$36,007,690</b>	<b>\$23,642,319</b>	<b>\$17,358,646</b>	<b>\$504,938</b>	<b>\$21,252,279</b>
Outpatient Hospital .....	29,598,634	2,891,786	192,391	10,099,054	7,230,946	5,899,008	71,037	3,214,412
<b>Skilled Nursing Care</b> . .	<b>65,801,505</b>	<b>52,516,182</b>	<b>414,549</b>	<b>12,870,774</b>	<b>—0—</b>	<b>—0—</b>	<b>—0—</b>	<b>—0—</b>
Physicians .....	62,457,397	9,156,254	318,533	14,565,065	14,833,631	11,604,584	118,669	11,860,661
<b>EPSDT</b> .....	<b>10,307,650</b>	<b>—0—</b>	<b>7,215</b>	<b>423,644</b>	<b>7,986,368</b>	<b>—0—</b>	<b>68,030</b>	<b>1,822,393</b>
Prescribed Drugs .....	52,110,304	19,202,647	442,938	21,026,508	5,127,654	4,856,680	31,266	1,422,611
<b>Dental Care</b> .....	<b>1,513,702</b>	<b>198,743</b>	<b>10,299</b>	<b>496,040</b>	<b>131,087</b>	<b>600,031</b>	<b>1,211</b>	<b>76,291</b>
Intermediate Care .....	94,545,855	48,889,662	671,276	44,945,897	20,111	—0—	18,909	—0—
<b>Buy-In Part B Medicare</b>	<b>28,565,673</b>	<b>18,036,367</b>	<b>274,230</b>	<b>10,246,507</b>	<b>2,856</b>	<b>5,713</b>	<b>—0—</b>	<b>—0—</b>

□ — □ — □

## PAYMENTS MADE TO PROVIDERS BY COUNTY

The total paid to providers of medical services in each county is shown in Table 11. The recipients served by the providers during fiscal year 1989 were not necessarily residents of that county, but the providers were.

**TABLE 11**  
**TOTAL PAYMENTS TO PROVIDERS BY COUNTY FOR FISCAL YEAR 1989**

County	Total Payments	County	Total Payments
<b>Adams</b>	<b>\$ 7,477,192.67</b>	<b>Leflore</b>	<b>\$11,407,212.69</b>
Alcorn	5,159,789.41	Lincoln	7,670,114.11
<b>Amite</b>	<b>218,861.45</b>	<b>Lowndes</b>	<b>7,310,620.18</b>
Attala	2,400,549.61	Madison	7,251,895.74
<b>Benton</b>	<b>205,677.42</b>	<b>Marion</b>	<b>3,597,710.65</b>
Bolivar	11,636,833.36	Marshall	2,395,688.49
<b>Calhoun</b>	<b>2,080,421.32</b>	<b>Monroe</b>	<b>5,000,142.03</b>
Carrol	191,415.95	Montgomery	2,796,830.88
<b>Chickasaw</b>	<b>2,465,532.18</b>	<b>Neshoba</b>	<b>4,157,288.70</b>
Choctaw	1,439,280.24	Newton	3,371,178.67
<b>Claiborne</b>	<b>1,065,881.97</b>	<b>Noxubee</b>	<b>1,741,541.56</b>
Clarke	2,015,357.92	Oktibbeha	8,671,542.97
<b>Clay</b>	<b>3,359,409.12</b>	<b>Panola</b>	<b>5,807,180.96</b>
Coahoma	15,160,185.45	Pearl River	5,050,217.39
<b>Copiah</b>	<b>2,725,070.12</b>	<b>Perry</b>	<b>588,236.02</b>
Covington	2,464,567.85	Pike	8,079,064.08
<b>DeSoto</b>	<b>1,687,373.75</b>	<b>Pontotoc</b>	<b>2,116,444.80</b>
Forrest	20,706,535.40	Prentiss	2,362,531.92
<b>Franklin</b>	<b>1,046,637.62</b>	<b>Quitman</b>	<b>2,883,798.43</b>
George	1,315,974.16	Rankin	14,595,592.04
<b>Greene</b>	<b>993,258.84</b>	<b>Scott</b>	<b>2,526,454.61</b>
Grenada	5,986,377.67	Sharkey	1,603,640.52
<b>Hancock</b>	<b>2,109,980.42</b>	<b>Simpson</b>	<b>7,720,404.59</b>
Harrison	24,192,626.41	Smith	1,653,006.45
<b>Hinds</b>	<b>68,518,979.34</b>	<b>Stone</b>	<b>1,520,189.40</b>
Holmes	3,924,034.03	Sunflower	5,421,684.08
<b>Humphreys</b>	<b>2,154,564.97</b>	<b>Tallahatchie</b>	<b>1,564,550.72</b>
Issaquena	000.00	Tate	3,452,111.63
<b>Itawamba</b>	<b>1,697,668.20</b>	<b>Tippah</b>	<b>3,184,589.94</b>
Jackson	9,807,340.68	Tishomingo	2,027,136.97
<b>Jasper</b>	<b>1,430,272.36</b>	<b>Tunica</b>	<b>790,631.96</b>
Jefferson	1,124,607.57	Union	4,825,580.89
<b>Jefferson Davis</b>	<b>1,354,373.15</b>	<b>Walthall</b>	<b>2,404,218.67</b>
Jones	20,966,656.91	Warren	8,250,346.91
<b>Kemper</b>	<b>899,432.90</b>	<b>Washington</b>	<b>13,152,231.18</b>
Lafayette	9,879,608.98	Wayne	2,932,851.37
<b>Lamar</b>	<b>1,947,107.34</b>	<b>Webster</b>	<b>1,758,985.01</b>
Lauderdale	13,454,148.31	Wilkinson	2,524,074.36
<b>Lawrence</b>	<b>1,571,638.78</b>	<b>Winston</b>	<b>2,465,825.38</b>
Leake	2,503,930.50	Yalobusha	909,588.01
<b>Lee</b>	<b>11,411,707.18</b>	<b>Yazoo</b>	<b>3,693,469.53</b>

PAYMENTS FOR RECIPIENTS BY COUNTY OF RESIDENCE

TABLE 12

AMOUNT OF EXPENDITURES FOR RECIPIENTS BY COUNTY OF RESIDENCE FOR FISCAL YEAR 1989

County	Total Payments	County	Total Payments
<b>Adams</b>	<b>\$ 7,289,985.90</b>	<b>Leflore</b>	<b>\$11,110,896.36</b>
Alcorn	5,772,839.26	Lincoln	8,080,868.05
<b>Amite</b>	<b>1,464,697.62</b>	<b>Lowndes</b>	<b>7,191,446.76</b>
Attala	3,535,078.91	Madison	9,150,351.29
<b>Benton</b>	<b>1,141,082.39</b>	<b>Marion</b>	<b>5,520,493.98</b>
Bolivar	12,974,148.10	Marshall	5,074,431.68
<b>Calhoun</b>	<b>3,038,558.35</b>	<b>Monroe</b>	<b>5,796,833.89</b>
Carroll	1,269,988.50	Montgomery	3,253,977.71
<b>Chickasaw</b>	<b>3,307,464.62</b>	<b>Neshoba</b>	<b>5,875,338.68</b>
Choctaw	1,593,399.29	Newton	3,402,789.95
<b>Claiborne</b>	<b>1,914,092.73</b>	<b>Noxubee</b>	<b>2,704,188.96</b>
Clarke	2,883,667.21	Oktibbeha	7,837,117.62
<b>Clay</b>	<b>3,865,861.78</b>	<b>Panola</b>	<b>6,859,344.92</b>
Coahoma	12,642,211.96	Pearl River	6,056,418.12
<b>Copiah</b>	<b>4,350,436.96</b>	<b>Perry</b>	<b>1,413,730.32</b>
Covington	3,399,130.22	Pike	6,708,112.54
<b>DeSoto</b>	<b>3,782,877.55</b>	<b>Pontotoc</b>	<b>3,104,445.23</b>
Forrest	13,206,394.38	Prentiss	3,086,192.26
<b>Franklin</b>	<b>1,741,244.00</b>	<b>Quitman</b>	<b>3,831,707.87</b>
George	1,927,681.00	Rankin	16,052,864.20
<b>Greene</b>	<b>2,071,016.35</b>	<b>Scott</b>	<b>3,990,382.89</b>
Grenada	5,202,941.91	Sharkey	2,377,783.46
<b>Hancock</b>	<b>3,360,843.79</b>	<b>Simpson</b>	<b>8,298,259.78</b>
Harrison	23,007,441.32	Smith	2,871,959.28
<b>Hinds</b>	<b>31,669,081.03</b>	<b>Stone</b>	<b>2,106,344.74</b>
Holmes	6,202,896.70	Sunflower	7,120,503.50
<b>Humphreys</b>	<b>3,051,456.96</b>	<b>Tallahatchie</b>	<b>3,938,386.87</b>
Issaquena	276,103.80	Tate	3,499,917.36
<b>Itawamba</b>	<b>2,473,639.64</b>	<b>Tippah</b>	<b>3,938,459.32</b>
Jackson	10,571,313.74	Tishomingo	2,759,177.75
<b>Jasper</b>	<b>2,817,565.14</b>	<b>Tunica</b>	<b>2,193,933.47</b>
Jefferson	2,140,199.63	Union	2,959,575.33
<b>Jefferson Davis</b>	<b>2,697,024.97</b>	<b>Walthall</b>	<b>3,325,553.59</b>
Jones	21,186,638.03	Warren	7,521,025.15
<b>Kemper</b>	<b>1,632,794.03</b>	<b>Washington</b>	<b>13,442,314.21</b>
Lafayette	7,971,505.23	Wayne	3,356,359.32
<b>Lamar</b>	<b>4,080,787.23</b>	<b>Webster</b>	<b>2,119,294.71</b>
Lauderdale	11,464,477.67	Wilkinson	2,739,213.99
<b>Lawrence</b>	<b>2,057,991.02</b>	<b>Winston</b>	<b>3,611,074.54</b>
Leake	3,760,641.47	Yalobusha	2,217,127.74
<b>Lee</b>	<b>7,575,523.62</b>	<b>Yazoo</b>	<b>6,196,293.88</b>



TABLE 13

AMOUNT PAID TO STATE HEALTH AGENCIES AND  
INSTITUTIONS BY SOURCE OF FUNDS FOR FISCAL YEAR 1989

Name of Agency or Institution	Total Amount of Payment	From Federal Funds	From State Funds
<b>Total</b> .....	<b>\$69,876,257</b>	<b>\$55,761,253</b>	<b>\$14,115,004</b>
Boswell Retardation Center (Sanitorium) .....	1,784,176	1,423,772	360,404
<b>East Miss. State Nursing Home (NHs) (Meridian)</b> .....	<b>2,020,488</b>	<b>1,612,349</b>	<b>408,139</b>
Ellisville State School (NHs) (Ellisville) .....	12,296,265	9,812,419	2,483,846
<b>Miss. Crippled Children's Ctr. (NHs) (Jackson)</b> .....	<b>704,092</b>	<b>561,866</b>	<b>142,226</b>
North Miss. Retardation Ctr. (NHs) (Oxford) .....	5,477,773	4,371,263	1,106,510
<b>State Board of Health (Jackson)</b> .....	<b>5,782,983</b>	<b>4,614,821</b>	<b>1,168,162</b>
University Medical Ctr. (Jackson) .....	21,994,965	17,551,982	4,442,983
<b>South Miss. Retardation Ctr. (NHs) (Long Beach)</b> .....	<b>2,872,857</b>	<b>2,292,540</b>	<b>580,317</b>
Hudspeth Retardation Ctr. (NHs) (Whitfield) .....	6,427,955	5,129,508	1,298,447
<b>Miss. State Hospital (NHs) (Whitfield)</b> .....	<b>3,775,309</b>	<b>3,012,697</b>	<b>762,612</b>
Miss. State Hospital (Whitfield) .....	310,020	247,396	62,624
<b>Miss. Department of Human Services</b> .....	<b>1,240,291</b>	<b>989,752</b>	<b>250,539</b>
Miss. Department of Mental Health .....	5,189,083	4,140,888	1,048,195



**PHYSICIANS' SERVICES**

During fiscal year 1989, a total of 3,877 physicians participated in the Medicaid program. Medical services rendered or ordered by all participating physicians for Medicaid recipients included:

637,251	Laboratory procedures
68,948	Injections
225,607	Radiology procedures
132,054	Surgical procedures

**TABLE 14**  
**TOTAL NUMBER OF RECIPIENTS, NUMBER USING PHYSICIAN SERVICES**  
**BY PROGRAM CATEGORY FOR FISCAL 1989**

	Total Number of Recipients	Recipients Using Service	Percent of Total
<b>Total</b> .....	<b>396,226</b>	<b>335,415</b>	<b>84.7</b>
Aged .....	61,058	51,687	13.0
<b>Blind</b> .....	<b>1,743</b>	<b>1,476</b>	<b>.4</b>
Disabled .....	73,223	61,985	15.7
<b>AFDC Children</b> .....	<b>150,209</b>	<b>127,156</b>	<b>32.1</b>
AFDC Adults .....	56,027	47,428	12.0
<b>CWS Foster Care</b> .....	<b>1,070</b>	<b>906</b>	<b>.2</b>
Optional Categorically Needy .....	52,896	44,777	11.3

During fiscal year 1989, \$62,457,397 was expended for Physicians' Services. Distribution by program categories shows the Aged with 14.6 percent of the total expenditures. The children in the Aid to Families with Dependent Children who received physicians' care accounted for 19.3 percent of the total money paid.

Table 15 shows distribution of the total expenditures.

**TABLE 15**  
**AMOUNT OF EXPENDITURES WITH PERCENTAGE DISTRIBUTION**  
**FOR PHYSICIANS' SERVICES BY PROGRAM CATEGORY FOR FISCAL YEAR 1989**

Program Category	Expenditures	Percent
<b>Total</b> .....	<b>\$62,457,397</b>	<b>100.0</b>
Aged .....	9,156,254	14.7
<b>Blind</b> .....	<b>318,533</b>	<b>.5</b>
Disabled .....	14,565,065	23.3
<b>AFDC Children</b> .....	<b>14,833,631</b>	<b>23.7</b>
AFDC Adults .....	11,604,584	18.6
<b>CWS Foster Care</b> .....	<b>118,669</b>	<b>.2</b>
Optional Categorically Needy .....	11,860,661	19.0

**TABLE 16**  
**AMOUNT OF EXPENDITURES WITH PERCENTAGE DISTRIBUTION**  
**FOR PHYSICIANS' SERVICES BY AGE GROUPS FOR FISCAL YEAR 1989**

Age in Years	Expenditures	Percent
<b>Total</b> .....	<b>\$62,457,397</b>	<b>100.0</b>
Under 6 .....	9,181,237	14.7
<b>6-20</b> .....	<b>13,615,713</b>	<b>21.8</b>
21-64 .....	27,106,510	43.4
<b>Over 64</b> .....	<b>12,553,937</b>	<b>20.1</b>





There were 1,119,389 physicians' visits during fiscal year 89. The average number of visits per recipient by program category ranged from a low of 1.8 percent to a high of 3.9 percent. In Table 17, the average number of visits and the total number of visits for each program category are given. In Table 18, physicians' visits are shown by the place of the visit.

**TABLE 17**  
**NUMBER OF PHYSICIANS' VISITS, AVERAGE NUMBER OF VISITS PER RECIPIENT**  
**BY PROGRAM CATEGORY FOR FISCAL YEAR 1987**

Program Category <sup>1</sup>	Number of Physicians' Visits	Number of Recipients	Average Visit Per Recipient
<b>Blind</b> .....	<b>4,308</b>	<b>1,482</b>	<b>2.9</b>
Disabled .....	219,188	61,289	3.6
<b>AFDC Children</b> .....	<b>261,173</b>	<b>119,868</b>	<b>2.2</b>
AFDC Adults .....	265,100	67,608	3.9
<b>CWS Foster Care</b> .....	<b>1,237</b>	<b>675</b>	<b>1.8</b>
Optional Categorically Needy .....	60,629	33,095	1.8

<sup>1</sup>Aged Category omitted since only Medicare coinsurance and deductibles are paid on the majority of visits made by persons in the Aged Category.

**TABLE 18**  
**NUMBER OF PHYSICIANS VISITS BY PLACE OF VISIT**  
**FOR FISCAL YEAR 1989**

Place of Visit	Number of Visits	Percent
<b>Total</b> .....	<b>1,119,389</b>	<b>100.00</b>
Physician's office .....	758,431	67.76
<b>Hospital</b> .....	<b>184,290</b>	<b>16.46</b>
Nursing Home .....	7,064	.63
<b>Emergency Room</b> .....	<b>150,937</b>	<b>13.48</b>
Recipient's Home .....	348	.03
<b>Consultations</b> .....	<b>18,319</b>	<b>1.64</b>



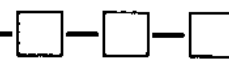
## PRESCRIBED DRUGS

Drug recipients numbered 299,891. The average number of prescriptions per recipient was 11.6 per year.

Table 19 shows the number of prescriptions and the average number of prescriptions per Medicaid drug recipient by program category in fiscal year 1989.

**TABLE 19**  
**NUMBER OF PRESCRIPTIONS, NUMBER OF RECIPIENTS, AND**  
**AVERAGE NUMBER PRESCRIPTIONS PER RECIPIENT**  
**BY PROGRAM CATEGORY FOR FISCAL YEAR 1989**

Program Category	Number of Prescriptions	Percent of Total	Number of Recipients	Percent of Total	Average Rx Per Recipient
<b>Total</b> .....	<b>3,471,285</b>	<b>100.00</b>	<b>299,891</b>	<b>100.00</b>	<b>11.6</b>
Aged .....	1,248,077	35.95	52,633	17.55	23.7
Blind .....	27,652	.80	1,516	51	18.2
Disabled .....	1,246,379	35.90	62,470	20.83	20.0
<b>AFDC Children</b> .....	<b>447,022</b>	<b>12.88</b>	<b>99,501</b>	<b>33.18</b>	<b>4.5</b>
AFDC Adults .....	401,035	11.55	59,125	19.71	6.8
<b>CWS Foster Care</b> .....	<b>1,949</b>	<b>.06</b>	<b>475</b>	<b>.16</b>	<b>4.1</b>
Optional Categorically Needy .....	99,171	2.86	24,171	8.06	4.1



## NURSING HOME SERVICES

Medicaid nursing home patients are classified as needing skilled care, intermediate care or intermediate care for the mentally retarded. Nursing homes are certified to render one or more of the above levels of care and are designated as Skilled Nursing Homes, Dual Nursing Homes, Intermediate Nursing Homes and Intermediate Nursing Homes for the Mentally Retarded. A Dual Nursing Home cares for both skilled and intermediate patients and complies with federal regulations governing both levels of care.

Medicaid income (which is applied to the nursing home cost) consists of all of patient's income above \$44.00 a month. The Medicaid payment is reduced by the amount of Medicaid income.

During fiscal year 1989, nursing homes rendered 1,941,773 days of skilled nursing care to 8,557 Medicaid patients. The total Medicaid cost of care was \$65,801,505, an average of \$33.89 per day for patients in Skilled and/or Dual homes.

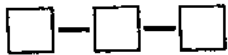
Nursing homes rendered 2,266,967 days of intermediate nursing care to 8,382 Medicaid patients. The total Medicaid cost of the care was \$58,614,685, an average of \$25.86 per day for patients in Intermediate Care Nursing Homes.

Intermediate Nursing Homes for the Mentally Retarded rendered 564,078 days of care to 1,680 Medicaid patients. The total cost of this care was \$35,927,425, an average of \$63.69 per day for patients in Intermediate Care Nursing Homes for the Mentally Retarded.

Overall the nursing home programs provided 4,772,818 days of care to 18,619 Medicaid patients at a cost of \$160,343,615 to the Medicaid program.

**TABLE 20**  
**NUMBER OF RECIPIENTS AND NUMBER OF DAYS OF CARE FOR NURSING HOME FACILITIES BY PROGRAM CATEGORY FOR FISCAL YEAR 1989**

Program Category	Skilled Nursing Homes		Intermediate Care Facilities		Intermediate Care Facilities — MR	
	Recipients	Days of Care	Recipients	Days of Care	Recipients	Days of Care
<b>Total</b> .....	<b>8,557</b>	<b>1,941,773</b>	<b>8,382</b>	<b>2,266,967</b>	<b>1,680</b>	<b>564,078</b>
Aged .....	7,066	1,587,332	7,157	1,934,171	11	3,847
Blind .....	45	10,987	30	9,726	17	5,459
Disabled .....	1,445	343,408	1,189	322,899	1,646	553,457
AFDC Children .....	0	0	4	74	2	660
AFDC Adults .....	1	46	1	16	0	0
CWS Foster Care .....	0	0	1	81	4	655
Optional Categorically Needy .....	0	0	0	0	0	0



## INPATIENT HOSPITAL SERVICES

During fiscal year 1989, there were 82,124 hospital discharges with 258,312 days of inpatient hospital care covered by Medicaid. The average length of stay was 3.1 days, a decrease of 0.7 from the previous year. For the relatively small number of persons covered in the Aged Category who do not qualify for Part A of Medicare, Medicaid pays the hospital services. Elderly recipients had the longest average length of stay for each period of hospitalization. Table 21 shows the number of recipients of Inpatient Hospital Service benefits with the number of discharges and days of care during fiscal year 1989. Those persons who have hospital coverage under Part A of Medicare are not included in the table. Medicaid paid hospital deductibles and coinsurance charges for them.

A total of 116 hospitals participated in the Medicaid program.

TABLE 21

NUMBER OF RECIPIENTS, NUMBER OF DISCHARGES, TOTAL DAYS OF  
HOSPITAL CARE AND AVERAGE LENGTH OF STAY FOR MEDICAID RECIPIENTS  
BY PROGRAM CATEGORY FOR FISCAL YEAR 1989

Program Category	Number of Recipients*	Number of Discharges	Days of Care	Avg. Hospital Length of Stay
<b>Total</b> .....	<b>50,521</b>	<b>82,124</b>	<b>258,312</b>	<b>3.1</b>
Aged .....	468	786	4,330	5.5
<b>Blind</b> .....	<b>204</b>	<b>406</b>	<b>1,485</b>	<b>3.7</b>
Disabled .....	10,099	19,895	79,780	4.0
<b>AFDC Children</b> .....	<b>10,869</b>	<b>16,071</b>	<b>53,039</b>	<b>3.3</b>
AFDC Adults .....	23,498	36,936	91,309	2.5
<b>CWS Foster Care</b> .....	<b>51</b>	<b>79</b>	<b>278</b>	<b>3.5</b>
Optional Categorically Needy .....	5,332	7,951	28,091	3.5

\*Not included are Medicaid recipients covered under Part A of Medicare.



## OUTPATIENT HOSPITAL SERVICE

A total of 326,451 outpatient hospital visits were provided to 172,555 recipients during fiscal year 1989 with an average of 1.9 visits per outpatient recipient.

## DENTAL SERVICES

Limited dental care was provided to 93,024 persons during fiscal year 1989 with expenditures amounting to \$1,513,702. A total of 520,556 procedures were provided.

An average of 465 dentists participated in the program during the fiscal year.

## FAMILY PLANNING SERVICES

Expenditures for the Family Planning Services Program amounted to \$2,829,582 in fiscal year 1989 with the federal government paying 90 percent and Mississippi paying 10 percent of the total. Payments were made to private physicians, pharmacies, and family planning clinics located throughout the state. A total of 33,347 different persons received family planning services during the year.

## CHILDREN'S PREVENTIVE HEALTH PROGRAM Early and Periodic Screening, Diagnosis and Treatment [EPSDT] Services

The Children's Preventive Health Program furnished a unique opportunity for providing health care to the Medicaid eligible children of Mississippi. This program required the screening of children under 21 years of age for physical, mental and developmental defects and provided for the necessary health care to correct or ameliorate those defects. Treatment for visual, hearing, and dental problems is also provided. Thus, the Children's Preventive Health Program introduced eligible children into the health care system and made services available before health problems become chronic and expensive to treat.

Good health is an important factor in the development of a productive adult who is independent of public assistance. Poverty and untreated health defects often lead to dependency and the perpetuation of the welfare cycle, making the importance of the Children's Preventive Health Program significant.

During fiscal year 1989, 101,784 children and youth under age 21 received a complete physical assessment through the Children's Preventive Health Program screening. Treatments received as a result of problems found during the screening process are as follows:

TABLE 22

### NUMBER OF CHILDREN RECEIVING TREATMENT BY CATEGORY OF SERVICE

Category	Number of Children
Dental .....	21,922
Vision .....	9,817
Hearing evaluation .....	450
Hearing aids .....	207
Medical .....	23,569

# DIVISION OF MEDICAID ORGANIZATIONAL CHART

