

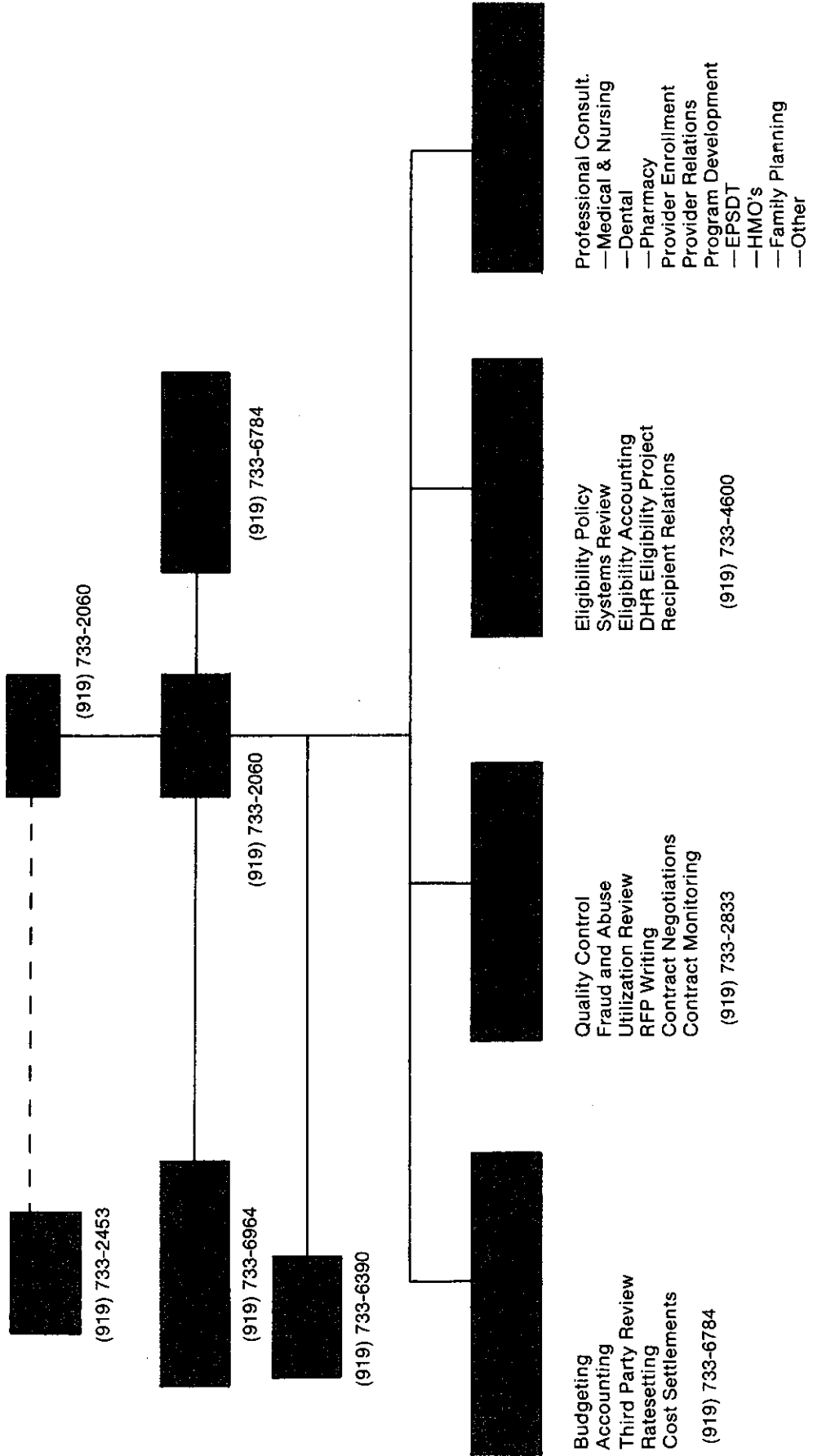
MEDICAID IN NORTH CAROLINA



**ANNUAL
REPORT
1981-1982**

N.C. Department of Human Resources
Division of Medical Assistance

**DEPARTMENT OF HUMAN RESOURCES
DIVISION OF MEDICAL ASSISTANCE
OFFICE OF THE DIRECTOR**



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JAMES B. HUNT, JR.
GOVERNOR

SARAH T. MORROW, M.D., M.P.H.
SECRETARY
DEPT. HUMAN RESOURCES

STATE OF NORTH CAROLINA
DEPARTMENT OF HUMAN RESOURCES
DIVISION OF MEDICAL ASSISTANCE
410 N. BOYLAN AVE.
RALEIGH, NORTH CAROLINA 27603

BARBARA D. MATULA
DIRECTOR

IN REPLY REFER TO CODE

August 1, 1983

Dear Citizen:

During FY 1981-82 the state Medicaid program faced its most serious funding crisis ever. Congressional action reduced federal matching dollars by 3% of what states would normally receive. In North Carolina, this meant a budget reduction of \$26 million. Congress did not specify how states should reduce expenditures, so very difficult decisions faced the General Assembly.

Benefit limitations, reimbursement changes, and eligibility changes were the only feasible alternatives. These changes are explained on page 5 of the Annual Report. Despite potential hardships, health care providers, county departments of social services, the Division of Medical Assistance, concerned citizens, and church organizations worked together to provide help to needy citizens.

In spite of these reductions, the Medicaid program was able to provide prenatal care to pregnant women who previously would not have been eligible for Medicaid.

Health screening for children remained a high priority, and once again, North Carolina was a national leader in the percentage of children screened.

Most importantly, the Medicaid program began innovative long term approaches to containing costs while providing even better health care. One such approach is the development of community programs to avoid long term institutional care. This includes payment for such non-medical items as home mobility aids and chore workers.

Another long term project is the development of prepaid primary care programs, in which a physician or group of physicians provide or arrange for all the health care received by an individual. This system of care, as well as financial incentives, should result in lower costs and healthier people.

Reducing health care costs has become a major concern of business and industry. It is hoped that in the future there will be continued cooperation and innovative ideas that will result in better and more economical health care.

Sincerely,

A handwritten signature in cursive script that reads "Barbara D. Matula".

Barbara D. Matula
Director
Division of Medical Assistance

PEOPLE SERVED . . .

In 1981-82 North Carolina Medicaid paid for needed medical care for 353,841 of its citizens who had one characteristic in common; they were poor.

North Carolina provides medical services for two classifications of eligible people —the categorically needy and the medically needy. The categorically needy group consists of people who are eligible for public assistance. Federal regulations require all state Medicaid programs to include the categorically needy classification.

The medically needy classification is included at state option. Medically needy Medicaid eligibles have the same general qualifications as the categorically needy, but they do not receive cash assistance. A recipient may have income below the allowable levels set by the state legislature, or if the income is higher, then he or she must spend the excess income on medical care before becoming eligible.

Within each classification are five categories of eligibility:

- 1) AFDC or Aid to Families with Dependent Children — A dependent child is defined as one who has been deprived of parental support because one or both parents is absent or incapacitated. Until February 1982 a child could remain AFDC eligible until his or her 21st birthday. The state legislature changed the age limit to 19. Both children and their parents or caretakers in AFDC families may be eligible for Medicaid.
- 2) AA or Aid to the Aged — A person aged 65 or over is considered aged.
- 3) AD or Aid to the Disabled — The Social Security definition of disability is used. Those eligible are between the ages of birth to 65 years old.
- 4) AB or Aid to the Blind — The Social Security definition of blindness is used. No age criteria is involved.
- 5) RC or Reasonable Classification of Children under 19 — This category includes children in foster care, children in the custody of the county department of social services, and children who have lived in institutions for more than 180 consecutive days.

When a need is established, resources are counted as well as income. Resources are real or personal property, such as land, cash, non-essential automobiles, etc. As long as a recipient or his spouse or his dependent children live in his home, the home is not considered an available resource for purposes of determining Medicaid eligibility.

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Following are the maximum annual Income and Resource tables used in the North Carolina Medicaid program:

INCOME

Family Size	Categorically Needy		Medically Needy
	AFDC, RC	AA, AB, AD	AFDC, RC AA, AB, AD
1	\$1,608	\$1,700	\$2,200
2	2,112	2,200	2,900
3	2,424	2,500	3,300
4	2,652	2,800	3,600
5	2,904	3,000	3,900

RESOURCES

Family Size	Categorically Needy		Medically Needy
	AFDC, RC AA, AB, AD	AFDC, RC	AA, AB, AD
1	\$1,000	\$1,500	\$1,000
2	1,100	2,250	1,100
3	1,150	2,350	1,150
4	1,200	2,450	1,200
5	1,250	2,550	1,250

PROVIDERS OF SERVICE . . .

Medicaid payments are made to participating health care professionals who provide medical services to eligible people. Medicaid recipients have the freedom to choose any enrolled medical provider. Eligible persons are issued a Medicaid identification card which lets the provider know that charges should be billed to the Medicaid Program.

During fiscal year 1982 a total of 9,859 providers submitted 6,167,709 claims for payment.

**ENROLLED MEDICAID PROVIDERS
BY TYPE OF SERVICE
Fiscal Year 1982**

Type of Service	Number of Providers
Physicians	6,716
Radiologists	621
Pharmacies	1,616
Dentists	2,454
Optometrists	583
Chiropractors	422
Podiatrists	122
Ambulance	177
Home Health Agencies	92
ICF - General	171
ICF - MRC	13
Hospitals	152
Mental Health Clinics	72
Optical Supplies	161
SNF	153
Other	4,655
Total	18,180

SERVICES PROVIDED . . .

MANDATORY

- Hospital Inpatient
- Hospital Outpatient
- Lab and X-Ray
- Skilled Nursing Facilities,
over age 21 (SNF)
- Home Health
- Early and Periodic Screening,
Diagnosis and Treatment (EPSDT)
- Family Planning
- Physicians
- Hearing Aids for Children
- Rural Health Clinics
- Transportation (ambulance)

OPTIONAL

- Prescribed Drugs
- Chiropractors
- Dental
- Intermediate Care Facilities (ICF)
- Intermediate Care Facilities for the
Mentally Retarded (ICF-MR)
- Clinics
- Optical Supplies
- Optometrists
- Skilled Nursing Facilities, under age 21 (SNF)
- Podiatrists
- Mental Health Facilities, over age 65
- Psychiatric Facilities, under age 21
- Specialty Hospitals

CHANGES RESULTING FROM THE OMNIBUS RECONCILIATION ACT OF 1981

The Omnibus Reconciliation Act of 1981 reduced the federal matching rate for Medicaid expenditures by 3%, 4%, and 4.5% respectively during the following three federal fiscal years. For North Carolina this meant the federal match for the last three quarters of State fiscal 1981-82 was 97% of the established rate (67.81%). In order to deal with the loss in federal funds in all areas of state government, a special session of the North Carolina General Assembly was held in October, 1981. Legislative action during this session imposed restrictions on certain Medicaid services. Prior to December 1981, service limitations were based only on medical necessity. Effective December 1981, these restrictions were as follows:

1. Eighteen (18) visits per year were allowed to one or a combination of physicians, clinics, hospital outpatient departments, chiropractors, podiatrists, and optometrists. Exemptions based on medical necessity included:
 - a) prenatal care,
 - b) EPSDT screenings,
 - c) hospital emergency room care,
 - d) end stage renal disease,
 - e) chemotherapy and radiation therapy for malignancy,
 - f) acute sickle cell disease,
 - g) end stage lung disease,
 - h) unstable diabetes,
 - i) hemophilia,
 - j) terminal stage of any life threatening illness.
2. Eighteen (18) visits per year were allowed to a mental health center.
3. Four (4) prescriptions, including refills, were allowed each month.

Other major changes were made in reimbursement methods. Reimbursement for Intermediate Care Facilities-Mentally Retarded (ICF-MR) was changed from a retrospective to a prospective basis effective October 1, 1981. Inpatient hospital reimbursement was made prospective on November 1, 1981. Effective December 1, 1981 all non-institutional reimbursement rates were frozen at the levels in effect on June 30, 1981.

Effective February 1, 1982, persons ages 19 and 20 were no longer covered as dependent children in the AFDC category. Persons ages 19 and 20 who are parents or caretakers of dependent children may remain eligible. The Omnibus Reconciliation Act mandated coverage of the pregnant woman for states with medically needy programs. Effective March 1982 North Carolina began coverage of the pregnant woman under the medically needy group.

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

North Carolina is a leading state in the percentage of eligible children screened through the EPSDT program. EPSDT is a preventive health care program for Medicaid eligible children. It is designed to identify and treat health problems which can lead to disabling diseases later in life.

EPSDT screenings are provided by local health departments and participating private providers. Families are free to choose which provider will screen their children.

During fiscal year 1982 a total of 68,083 children, 47% of all eligible children, were screened. The national average is about 25%.

ADMINISTRATION, CLAIMS PROCESSING AND UTILIZATION REVIEW . . .

Administration of the Medicaid Program is the responsibility of the Division of Medical Assistance (DMA) in the Department of Human Resources (DHR). DMA has 122 staff positions and two major contracts. The Claims Processing contract is held by EDS Federal Corporation. The second major contract, also held by EDS Federal Corporation, is for utilization review.

In North Carolina 6,167,709 Medicaid claims were processed in 1982. Each claim was subjected to a series of edits and audits to determine if the recipient was eligible, if the provider was certified, if the procedure was covered, if the service was appropriate for the age and sex of the recipient, if the claim was a duplicate of one previously submitted, and a host of other relevant questions designed to guarantee that Medicaid funds are properly spent.

Fraud and abuse detection and deterrence are major concerns of the State's Medicaid administrators. In addition to Medicaid agency staff, the Office of the Attorney General has staff fully devoted to the investigation and prosecution of Medicaid fraud. In fiscal 1982, 1,468 cases were initiated from which 605 recoupments were made administratively and 49 cases were referred to the Attorney General for possible fraud prosecution.

On-site visits are made annually to each nursing home where the level of care needs of each Medicaid patient are reviewed. Paid claims are periodically reviewed and those which differ significantly from established norms are analyzed to insure the services are medically necessary and appropriate. Certain services which are very expensive or which may be of questionable necessity under certain circumstances, require prior approval before treatment is rendered.

Third party resources for medical care, such as health insurance, are an important means of reducing the Medicaid obligation. When a person accepts Medicaid benefits he or she, by law, agrees to assign all third party resources designated for health care to the State Medicaid agency. North Carolina's Medicaid agency has received national recognition for its successful efforts in recovering third party resources. In FY 1982 for every \$1 spent in this effort, \$58.33 was collected. The recovery ratio nationally ranges from \$19-\$30 collected for every \$1 spent.

THE ROLE OF COUNTY SOCIAL SERVICES DEPARTMENTS IN THE MEDICAID PROGRAM

North Carolina has a state-supervised, county-administered social services system. County social services departments determine eligibility for Medicaid based on federal and state eligibility requirements. Counties also are required by state law to pay a portion of the costs for Medicaid recipients who reside in their county and receive Medicaid services throughout the year. The largest share of the costs of these services is paid by the federal government. The established federal rate for North Carolina, effective October 1, 1981, of 67.81% was subject to the 3% reduction provisions of the Omnibus Reconciliation Act of 1981. Family planning is paid at a federal rate of 90%. This also was subject to the 3% reduction. Thus during state fiscal 1981-82 North Carolina had two federal matching rates. The effective rates and time periods are shown below:

VENDOR PAYMENTS

	7/1/81 - 9/30/81			10/1/81 - 6/30/82		
	Family Planning	Non-State ICF & SNF	All Other	Family Planning	Non-State ICF & SNF	All Other
Federal	90.00	67.64	67.64	87.30	65.77	65.77
State	8.50	21.03	27.51	10.80	22.25	29.10
County	1.50	11.33	4.85	1.90	11.98	5.13

ADMINISTRATIVE COSTS

	7/1/81 - 9/30/81		10/1/81 - 6/30/82	
	Skilled Medical Personnel & MMIS ^a	All Other	Skilled Medical Personnel & MMIS ^a	All Other
Federal	75.00	50.00	72.75	48.50
State	25.00	50.00	27.25	51.50

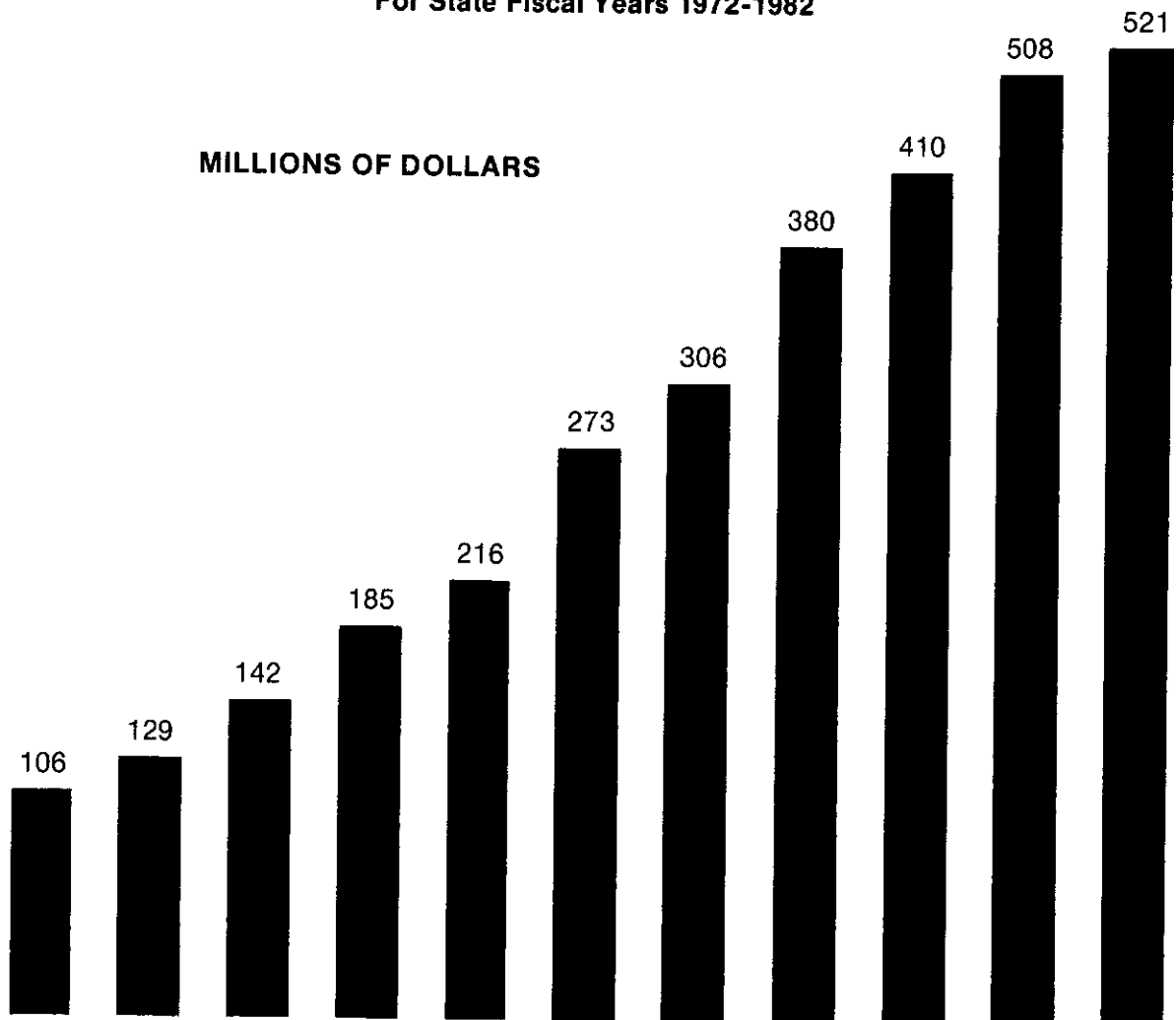
^a/MMIS - Medicaid Management Information System

**A HISTORY OF MEDICAID EXPENDITURES
For State Fiscal Years 1972-1982**

Fiscal Year	Total Expenditures	Percentage Change
1972	\$105,719,572	
1973	128,631,312	21.7
1974	141,833,487	10.3
1975	184,606,164	30.2
1976	215,741,299	16.9
1977	273,338,697	26.7
1978	306,691,301	12.2
1979	379,769,848	23.8
1980	410,053,625	8.0
1981	507,602,694	23.8
1982	521,462,961	2.7

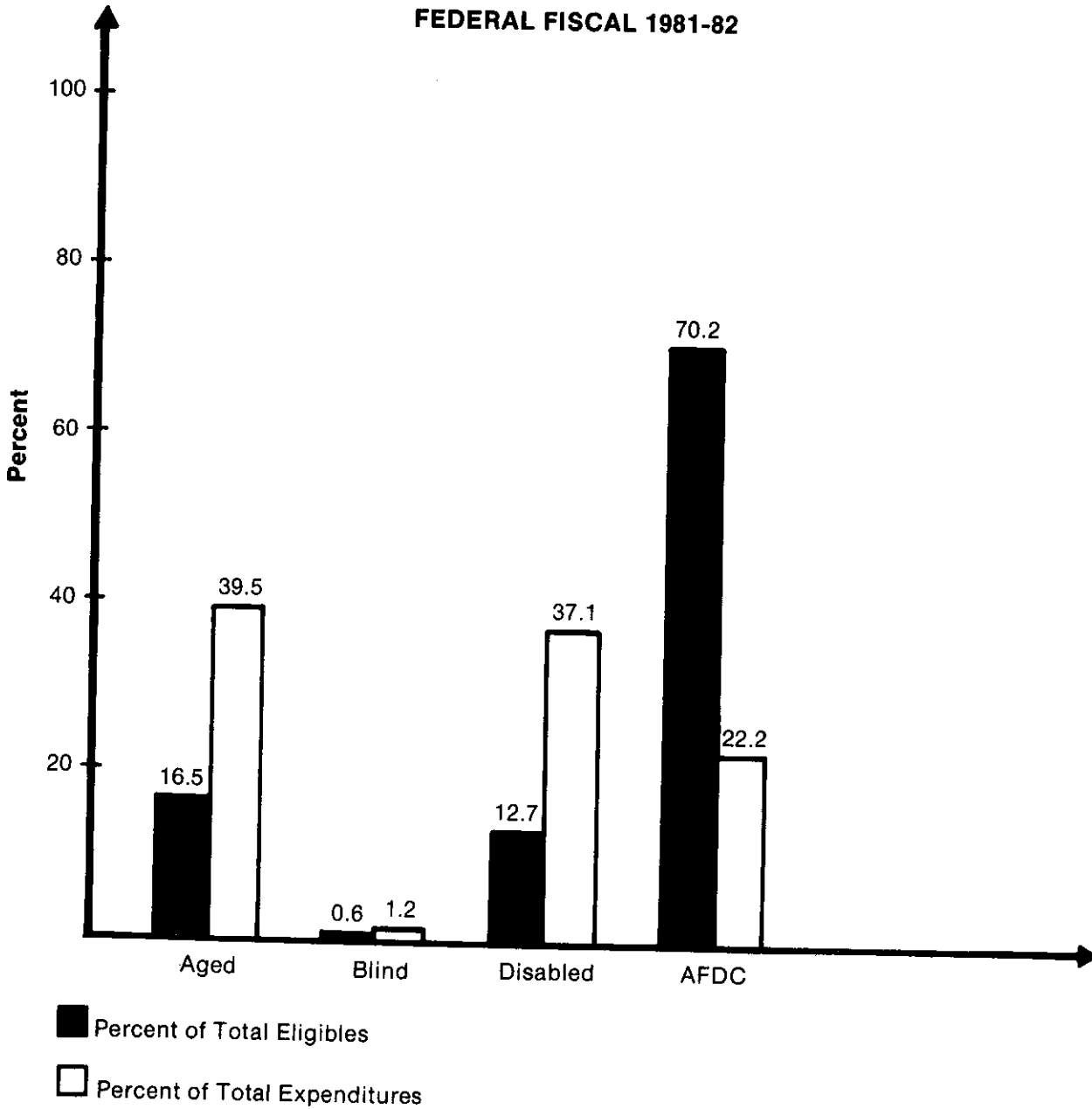
NOTE: Expenditures include vendor payments and administrative costs.

**A HISTORY OF MEDICAID EXPENDITURES
For State Fiscal Years 1972-1982**



UNDUPLICATED MEDICAID ELIGIBLES

Fiscal Year	Aged	Blind	Disabled	AFDC	Other Children	Total
1976-77	83,136	3,933	64,113	300,061	6,139	457,382
1977-78	82,835	3,616	62,179	300,719	6,425	455,774
1978-79	82,930	3,219	59,187	301,218	6,620	453,174
1979-80	82,859	2,878	56,265	307,059	6,641	455,702
1980-81	80,725	2,656	56,773	315,651	6,559	459,364
1981-82	70,010	2,349	48,266	298,483	6,125	425,233



**TOTAL EXPENDITURES FOR MEDICAL SERVICES,
TOTAL NUMBER OF RECIPIENTS*,
For Federal Fiscal Year 1982**

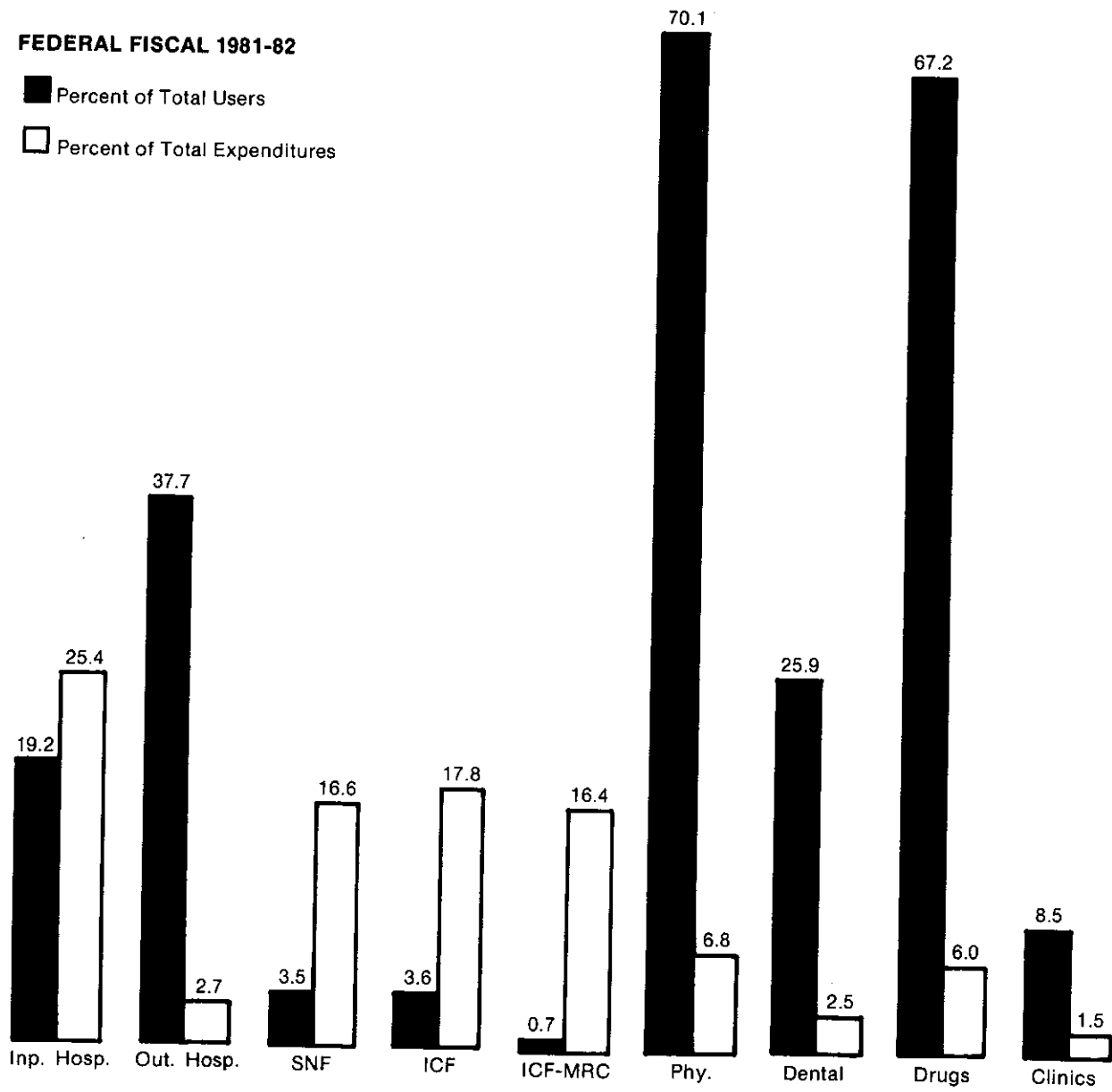
Program Category	Expenditures	Percent of Total	Total No. Recipients	Percent of Total	Average Per Recipient
Total	\$483,721,083	100.00	353,841	100.00	\$1,367.06
Aged	190,797,790	39.44	74,499	21.05	2,561.08
Blind	6,003,332	1.24	2,232	.63	2,689.66
Disabled	162,685,879	33.63	46,600	13.17	3,491.11
AFDC-Child	56,638,426	11.71	158,684	44.85	356.93
AFDC-Adult	50,861,873	10.52	66,977	18.93	759.39
Other Child**	16,733,783	3.46	4,849	1.37	3,450.98

* A Medicaid eligible is a person who has a Medicaid ID card, but may not actually have used services. A recipient is a Medicaid eligible who has *used* services.

** Includes approximately 475 children in long term care institutions with total costs of approximately \$13 million.

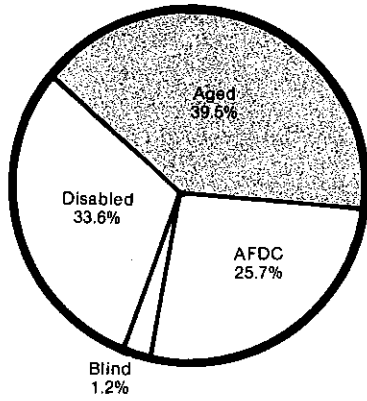
FEDERAL FISCAL 1981-82

■ Percent of Total Users
□ Percent of Total Expenditures



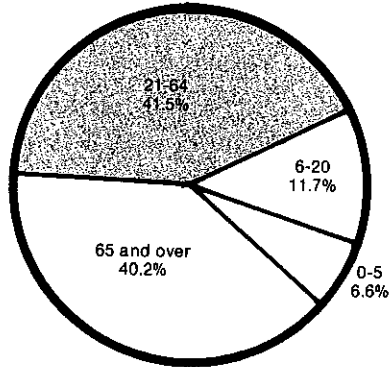
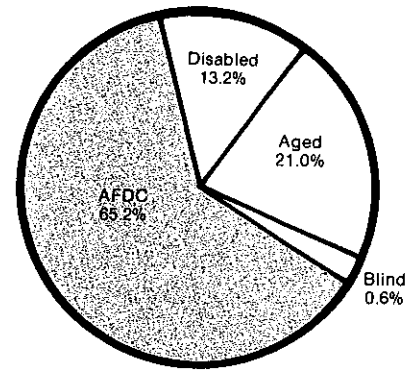
**EXPENDITURES AND RECIPIENTS BY AID CATEGORY, SEX, RACE, AGE GROUP
For Federal Fiscal Year 1982**

EXPENDITURES

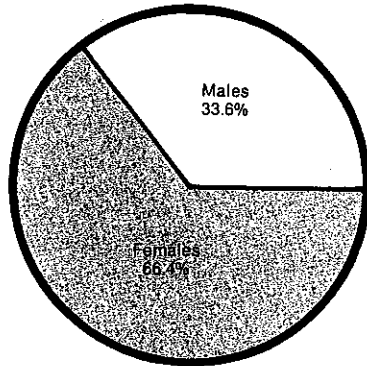
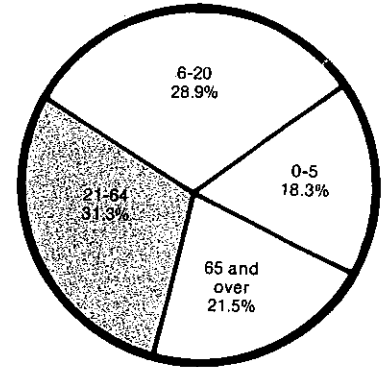


BY AID CATEGORY

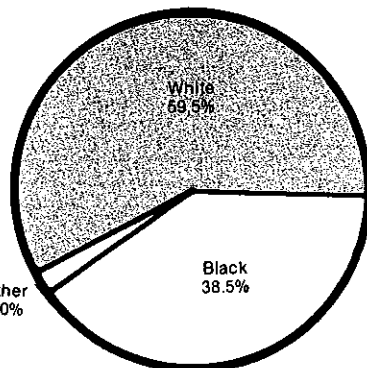
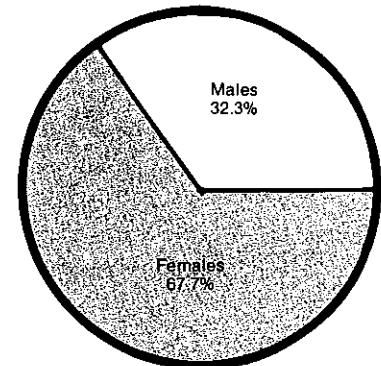
RECIPIENTS



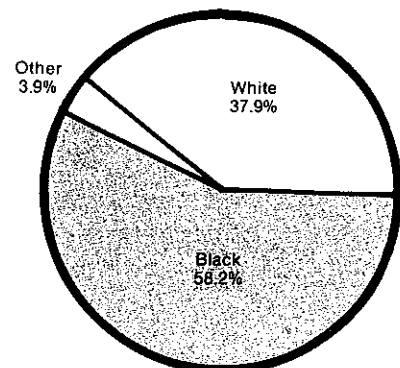
BY AGE GROUP



BY SEX



BY RACE

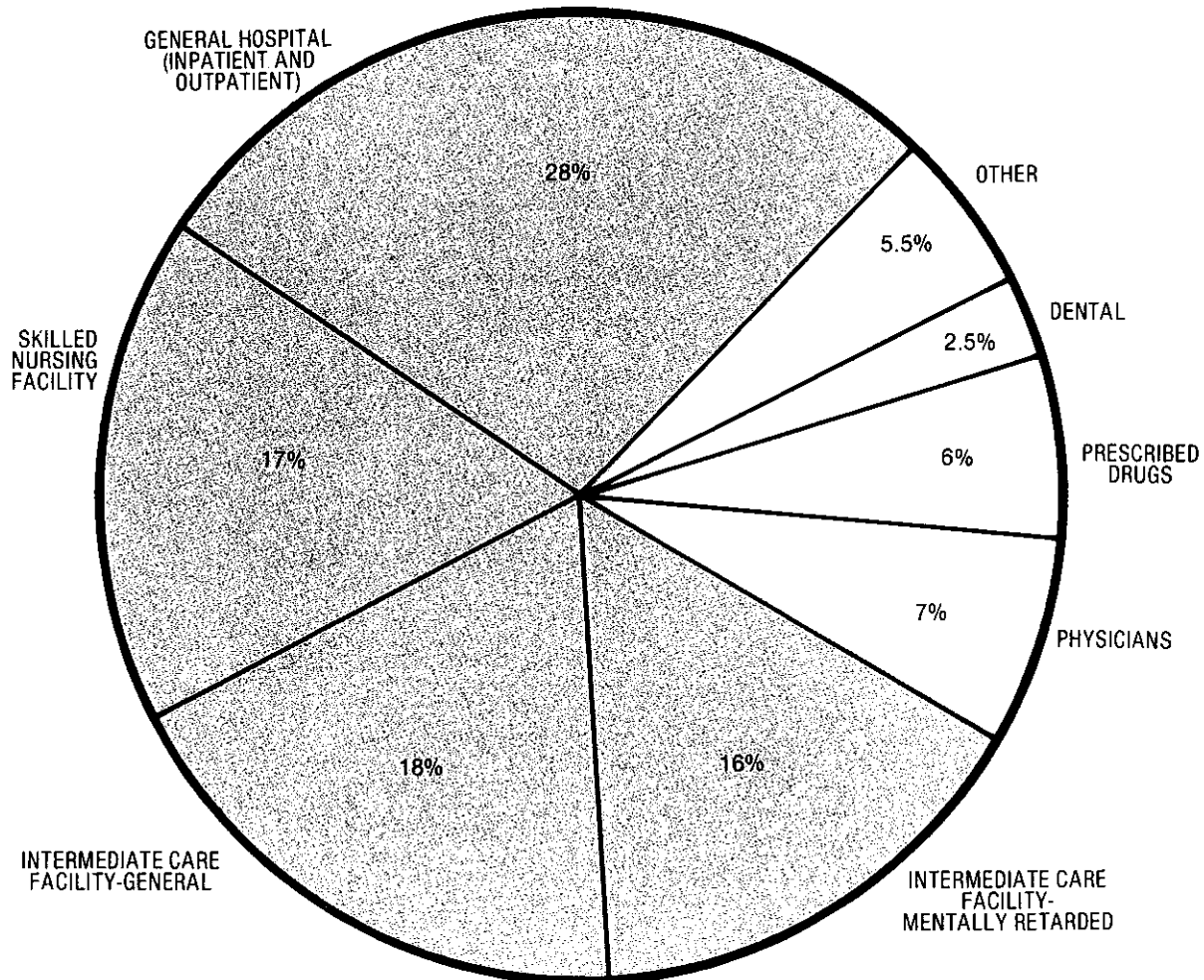


**COMPARISON OF SELECTED MEDICAL SERVICES
For Federal Fiscal Years 1981 and 1982**

Type of Service	FY 1981 Expenditures	FY 1982 Expenditures	Percentage Change*
Inpatient Hospital	\$133,589,144	\$122,623,120	-8.21
Outpatient Hospital	15,022,572	13,240,371	-11.86
Mental Hospital	7,456,787	6,284,630	-15.72
Skilled Nursing Home	72,411,391	80,003,562	10.48
Intermediate Care —			
General	79,265,889	86,005,133	8.50
Mentally Retarded	60,617,900	79,001,015	30.33
Physician	36,877,402	32,832,252	-10.97
Prescription Drugs	34,598,362	29,145,995	-15.76
Dental	14,470,545	12,192,686	-15.74
Buy In Medicare	8,368,548	9,266,442	10.73
Screening	1,793,322	1,610,892	-10.17
Clinics	9,201,130	7,113,265	-22.69
Family Planning	3,313,544	2,478,857	-25.19
Home Health	2,192,452	2,653,071	21.01

*Includes both increases in cost of the services as well as utilization.

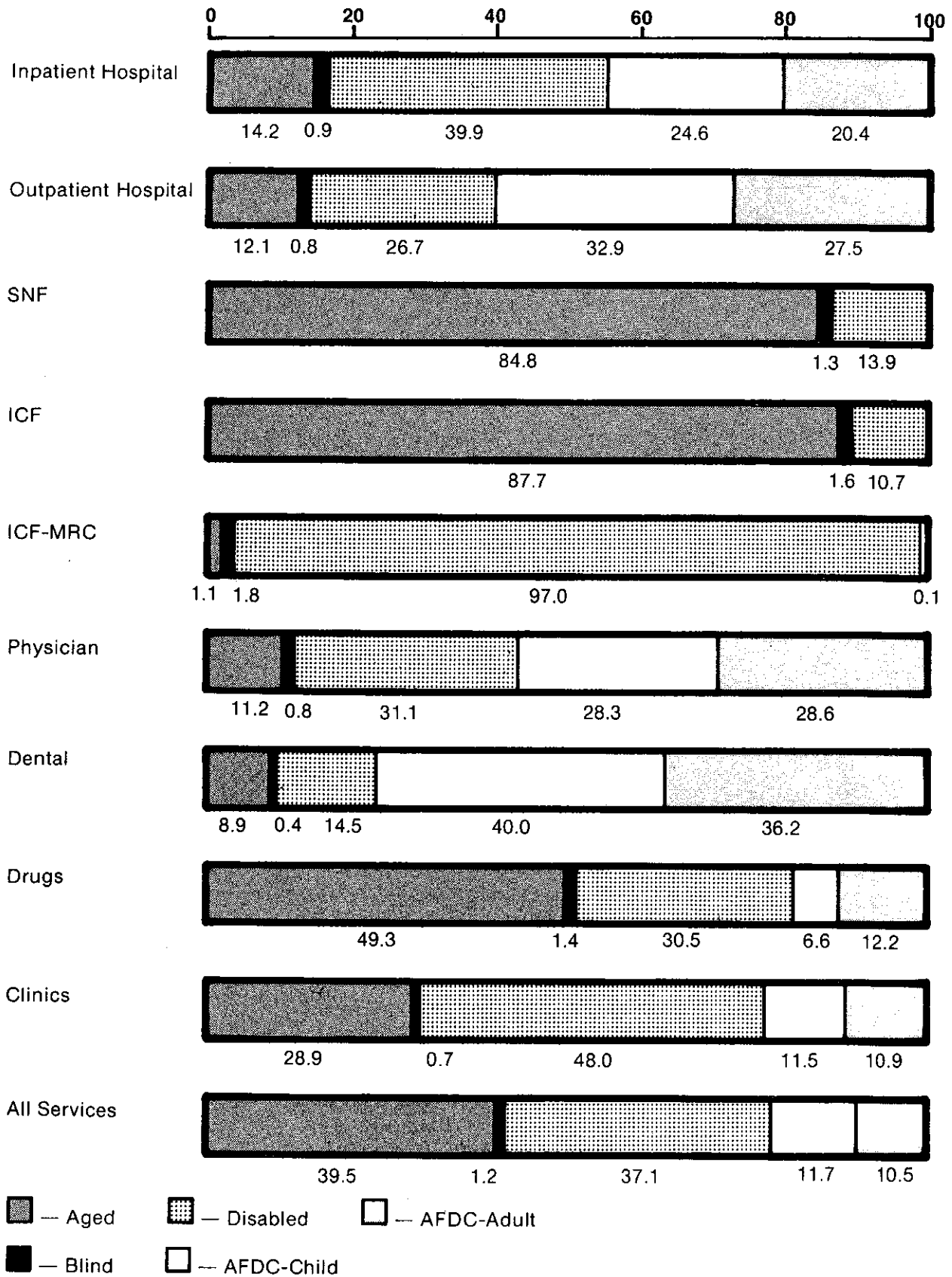
**PERCENTAGE OF EXPENDITURES FOR SELECTED CATEGORIES OF SERVICE
TO TOTAL EXPENDITURES
For Federal Fiscal Year 1982**



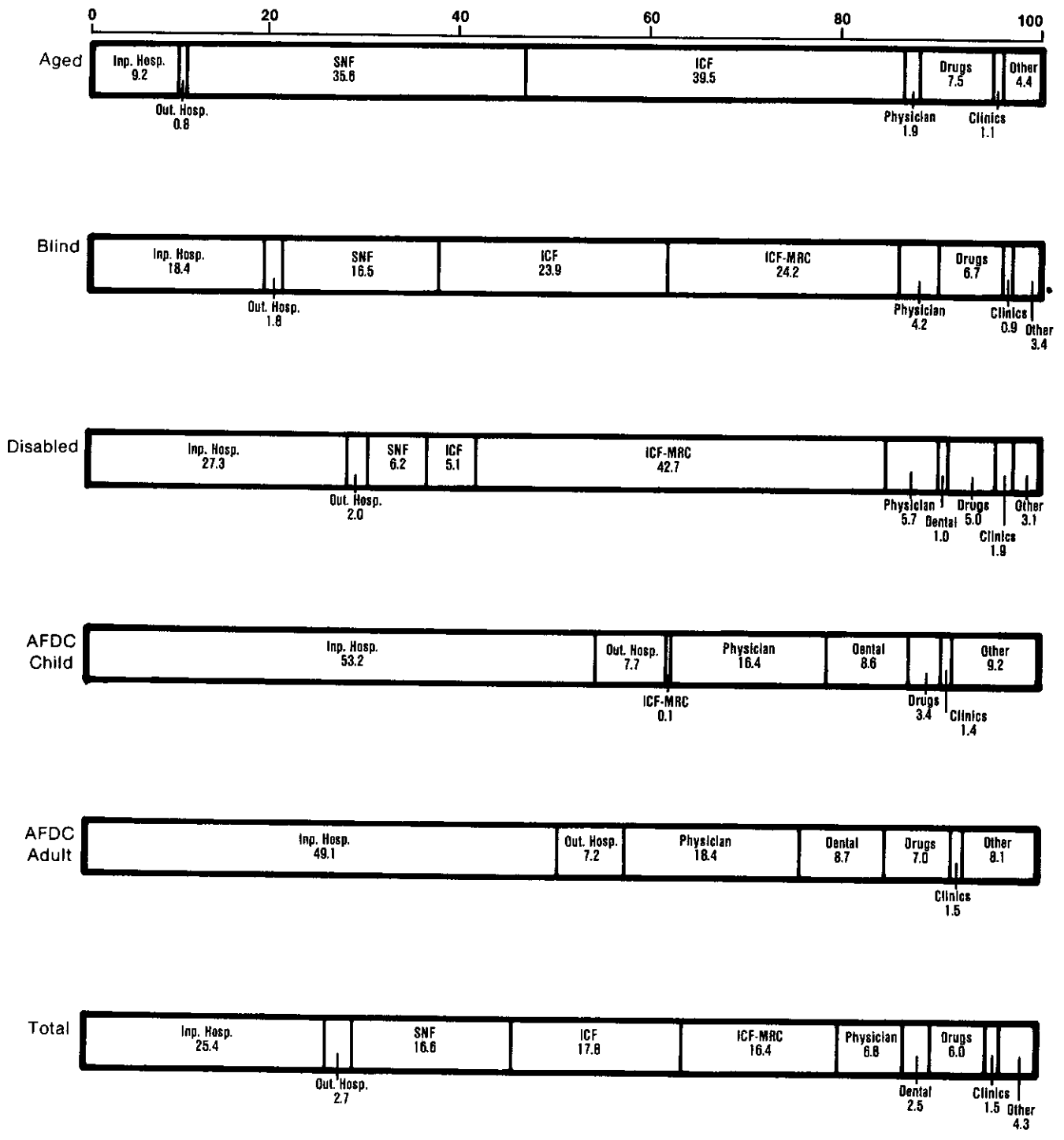
**EXPENDITURES FOR SELECTED MAJOR MEDICAL SERVICES
BY PROGRAM CATEGORY
For Fiscal Year 1982**

Type of Service	Total	Aged	Blind	Disabled	AFDC Children	AFDC Adults	Other Children
Inpatient Hospital	\$122,623,120	\$ 17,468,890	\$1,101,997	\$ 47,744,920	\$30,120,466	\$24,977,683	\$ 1,209,164
Outpatient Hospital	13,240,371	1,597,495	106,791	3,357,017	4,361,302	3,646,823	170,943
Skilled Nursing Home ...	80,003,562	67,842,133	990,829	10,960,979	8,255	22,864	178,052
Intermediate Care —							
General	86,005,133	75,405,216	1,432,980	9,113,763	936	8,185	44,053
Mentally Retarded	79,001,015	852,991	1,455,080	63,686,553	95,300		12,911,091
Physician	32,832,090	3,686,025	250,558	9,861,791	9,282,459	9,376,662	374,757
Dental	12,192,686	1,083,920	53,653	1,602,891	4,880,468	4,413,241	158,513
Prescription Drugs	29,145,995	14,386,456	399,489	8,793,464	1,916,357	3,555,769	94,460
Clinics	7,113,265	2,053,213	52,060	3,230,692	819,173	777,545	180,582
Total	\$483,721,083	\$190,797,790	\$6,003,332	\$162,685,879	\$56,638,426	\$50,861,873	\$16,733,783

**PERCENTAGE DISTRIBUTION OF EXPENDITURES
WITHIN THE ELIGIBILITY CLASS BY MAJOR SERVICES
Federal Fiscal 1981-82**



PERCENTAGE DISTRIBUTION OF EXPENDITURES WITHIN THE ELIGIBILITY CLASS BY MAJOR SERVICES Federal Fiscal 1981-82



TOTAL VENDOR PAYMENTS AND TOTAL ELIGIBLES BY COUNTY
For State Fiscal Year July 1, 1981 — June 30, 1982

County Name	1981 Est. County Population	Number of Medicaid Eligibles	Total Expenditure	Per Capita Expenditure		Eligibles Per 1,000 Population
				Amount	Ranking	
Alamance	99,668	4,657	\$ 6,456,054	64.77	88	46
Alexander	25,543	976	1,848,145	72.35	78	38
Alleghany	9,724	506	412,565	42.42	100	52
Anson	25,601	2,412	3,232,514	126.26	6	94
Ashe	22,730	1,404	1,633,081	71.84	79	61
Avery	14,786	853	1,316,546	89.04	46	57
Beaufort	41,385	3,137	3,478,430	84.05	53	75
Bertie	21,221	2,511	2,698,662	127.16	4	118
Bladen	30,749	3,778	3,484,336	113.31	18	122
Brunswick	37,220	2,810	2,792,314	75.02	72	75
Buncombe	161,749	7,174	12,692,621	78.47	66	44
Burke	73,280	3,330	5,422,338	73.99	74	45
Cabarrus	87,851	4,024	6,262,994	71.29	80	45
Caldwell	68,162	2,455	4,524,963	66.38	87	36
Camden	5,679	463	483,200	85.08	50	81
Carteret	42,901	2,401	3,328,295	77.58	68	55
Caswell	21,009	2,106	1,941,730	92.42	42	100
Catawba	106,746	4,708	7,277,434	68.17	83	44
Chatham	34,002	1,672	2,509,619	73.80	75	49
Cherokee	19,218	1,006	1,827,588	95.09	36	52
Chowan	12,638	1,074	1,535,568	121.50	11	84
Clay	6,957	388	855,922	123.03	8	55
Cleveland	83,837	6,884	6,923,610	82.58	54	82
Columbus	51,952	5,671	5,947,666	114.48	16	109
Craven	71,832	5,628	5,457,238	75.97	69	78
Cumberland	251,138	21,090	15,293,395	60.89	93	83
Currituck	11,310	567	858,737	75.92	70	50
Dare	14,461	423	681,683	47.13	97	29
Davidson	113,661	5,384	7,665,968	67.44	85	47
Davie	26,532	1,107	1,950,825	73.52	77	41
Duplin	40,854	3,981	4,478,445	109.62	21	97
Durham	154,783	12,479	15,494,640	100.10	31	80
Edgecombe	56,125	8,321	6,901,013	122.95	9	148
Forsyth	246,863	16,951	19,715,072	79.86	62	68
Franklin	30,540	3,162	3,543,732	116.03	15	103
Gaston	164,222	10,946	13,031,585	79.35	63	66
Gates	8,970	852	1,099,982	122.62	10	94
Graham	7,052	560	629,253	89.23	45	79
Granville	34,554	2,388	2,595,188	75.10	71	69
Greene	16,078	1,896	1,750,996	108.90	22	117
Guilford	317,913	22,520	26,868,210	84.51	52	70
Halifax	55,432	10,432	6,721,519	121.25	12	188
Harnett	60,355	5,677	6,259,625	103.71	28	94
Haywood	46,915	2,380	3,748,734	79.90	61	50
Henderson	60,606	2,449	4,102,346	67.68	84	40
Hertford	23,513	2,917	2,953,787	125.62	7	124
Hoke	21,202	2,483	1,978,413	93.31	40	117
Hyde	6,000	562	606,545	101.09	30	93
Iredell	84,157	4,478	6,255,370	74.32	73	53
Jackson	26,460	1,208	1,594,117	60.24	94	45
Johnston	71,841	5,256	7,059,478	98.26	32	73
Jones	9,707	1,218	1,286,031	132.48	3	125

TOTAL VENDOR PAYMENTS AND TOTAL ELIGIBLES BY COUNTY
For State Fiscal Year July 1, 1981 — June 30, 1982

County Name	1981 Est. County Population	Number of Medicaid Eligibles	Total Expenditure	Per Capita Expenditure		Eligibles Per 1,000 Population
				Amount	Ranking	
Lee	37,090	2,782	\$ 3,221,583	86.85	48	75
Lenoir	60,004	5,934	7,161,510	119.35	13	98
Lincoln	42,909	1,858	2,852,640	66.48	86	43
Macon	21,204	627	959,809	45.26	98	29
Madison	17,522	1,614	1,986,673	113.38	17	92
Martin	26,356	2,272	2,501,649	94.91	37	86
McDowell	35,867	1,790	2,839,720	79.17	64	49
Mecklenburg	411,641	28,404	29,022,298	70.50	81	69
Mitchell	14,515	994	1,370,841	94.44	38	68
Montgomery	22,704	1,718	2,077,609	91.50	43	75
Moore	51,288	3,110	4,015,440	78.29	67	60
Nash	68,385	6,927	6,511,338	95.21	35	101
New Hanover	105,591	8,903	8,616,285	81.60	56	84
Northampton	22,494	3,979	3,419,749	152.02	1	176
Onslow	113,448	4,245	5,373,302	47.36	96	37
Orange	77,451	2,530	3,409,779	44.02	99	32
Pamlico	10,433	950	1,164,174	111.58	19	91
Pasquotank	28,428	2,353	2,941,135	103.45	29	82
Pender	22,511	2,157	1,827,558	81.18	57	95
Perquimans	9,618	875	1,015,383	105.57	26	90
Person	29,484	2,564	3,283,904	111.37	20	86
Pitt	92,126	9,804	8,515,668	92.43	41	106
Polk	13,416	491	1,080,456	80.53	59	36
Randolph	93,071	2,677	5,689,452	61.13	91	28
Richmond	45,853	3,062	4,122,464	89.90	44	66
Robeson	102,889	14,932	10,762,333	104.60	27	145
Rockingham	84,637	5,432	6,840,480	80.82	58	64
Rowan	100,231	4,375	6,169,859	61.55	90	43
Rutherford	54,541	3,535	4,308,663	78.99	65	64
Sampson	49,865	4,233	5,314,080	106.56	25	84
Scotland	32,559	4,876	3,797,063	116.62	14	149
Stanley	48,238	2,288	3,551,427	73.62	76	47
Stokes	34,054	1,511	2,350,236	69.01	82	44
Surry	59,885	3,015	4,788,294	79.95	60	50
Swain	10,360	876	976,169	94.22	39	84
Transylvania	23,869	1,178	1,970,804	82.56	55	49
Tyrrell	4,133	590	443,443	107.29	23	142
Union	72,070	3,982	4,405,894	61.13	92	55
Vance	36,803	4,856	3,947,831	107.26	24	131
Wake	307,705	16,420	19,848,943	64.50	89	53
Warren	16,256	2,668	2,308,363	142.00	2	164
Washington	14,692	1,645	1,243,929	84.66	51	111
Watauga	32,668	1,262	1,774,271	54.31	95	38
Wayne	97,449	9,062	9,339,790	95.84	34	92
Wilkes	59,193	2,752	5,177,448	87.46	47	46
Wilson	63,285	7,085	6,165,828	97.42	33	111
Yadkin	29,020	1,340	2,483,187	85.56	49	46
Yancey	15,010	985	1,908,312	127.13	5	65
STATE TOTAL	5,960,505	425,233	\$484,325,188	81.25	NA	71

Source: Division of Medical Assistance
 Medicaid Cost Calculation



STATE OF NORTH CAROLINA
DEPARTMENT OF HUMAN RESOURCES
DIVISION OF MEDICAL ASSISTANCE
410 NORTH BOYLAN AVENUE
RALEIGH, NORTH CAROLINA