

MEDICAID IN NORTH CAROLINA



**ANNUAL
REPORT
1982-1983**

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

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BARBARA D. MATULA
DIRECTOR

IN REPLY REFER TO CODE

Dear Citizen:

Because of reductions in federal funding, strict benefit limitations were imposed on North Carolina Medicaid recipients for the first time in 1981. These limits, combined with some reimbursement changes, held program costs well below average. In 1982 we were able to ease some of the benefit limitations to allow recipients to receive needed services. For example, the limit on prescription drugs was increased from four to six per month.

Reimbursement changes made in 1982 offer incentives for cost effective care. Statewide physician fee schedules were adopted which provide the same reimbursement to all physicians within a speciality group for the same procedure. The fee schedule pays more favorable rates for in-office services delivered by primary care physicians than for in-hospital care, or care by specialists. The purpose of a fee schedule was to encourage more Medicaid participation by primary care physicians and to eliminate other inequities in the plan.

A new hospital reimbursement plan went into effect in 1982. Under this plan, full hospital rates for high cost hospitals were limited to a target number of days. Once the target is reached the higher cost hospitals receive payment equal to the average payment for all lower cost hospitals. This encourages routine cases to be treated in local hospitals where the recipient resides, rather than in large regional teaching hospitals where the costs are greater.

In 1982-83 the planning phase for development of home and community based services to help people avoid long term institutional care was completed. The program was initiated in eight counties on a pilot basis.

Another area of primary concern to North Carolina Medicaid is child health screening. Over 61,000 children were screened for health problems through the Medicaid program in FY 1983.

Although federal funding reductions continued through FY 1983, the Medicaid program sought alternatives to restrain cost increases which were fair and did not sacrifice quality of care.

Sincerely,

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

Barbara D. Matula
Director
Division of Medical Assistance

PEOPLE SERVED . . .

In state fiscal year 1982-83 the North Carolina Medicaid program paid for the medical care of 349,053 needy people. The people eligible for Medicaid are divided into two groups. One group is classified as categorically needy and the other as medically needy.

The categorically needy group consists of people who are eligible for public assistance. All state Medicaid programs are required by Federal regulations to include the categorically needy classification. The medically needy classification is included as a state option.

The medically needy must meet the same general qualifications as the categorically needy to be eligible for Medicaid. However, the medically needy individual is not eligible to receive public assistance. If the medically needy individual's income is higher than the allowable level he must spend the excess income on medical care before becoming eligible.

There are six categories of eligibility within each classification:

- 1) AFDC or Aid to Families with Dependent Children — A dependent child is defined as one who is deprived of parental support and care because one or both parents is ill, absent or deceased. Children and their parents, or caretakers, who are eligible for AFDC are eligible for Medicaid. A dependent child is eligible for AFDC Medicaid up to age 19.
- 2) AA or Aid to the Aged — Persons age 65 and over who are eligible for AA may be eligible for Medicaid.
- 3) AD or Aid to the Disabled — Persons between ages birth to 65 who meet the Supplemental Security Income definition of disability may be eligible for Medicaid.
- 4) AB or Aid to the Blind — Persons of any age who meet the Supplemental Security Income definition of blindness may be eligible for Medicaid.
- 5) RC or Reasonable Classification of Children under 19 — This category includes children in the custody of the county department of social services or children for whom the county has responsibility for placement in medical institutions.
- 6) Title IV-E — These children are in foster care or adoptive homes under Title IV-E which means they are automatically eligible for Medicaid.

One of the conditions of eligibility is a means test based on income and resources. With the exception of children under Title IV-E, applicants in all other categories must meet this means test. Resources are real or personal property, such as land, cash, non-essential automobiles, etc. As long as an applicant, his spouse and/or his dependent children reside in his home, the home is not considered an available resource for purposes of determining eligibility for public assistance or Medicaid.

The following are the maximum annual Income and Resource tables used in determining eligibility for 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	AFDC, RC	AA, AB, AD
1	\$1,000	\$1,500	\$1,500	\$1,000
2	1,100	2,250	2,250	1,100
3	1,150	2,350	2,350	1,150
4	1,200	2,450	2,450	1,200
5	1,250	2,550	2,550	1,250

Title IV-E children are automatically eligible for Medicaid without meeting the means test.

SERVICES PROVIDED . . .

Certain services are mandated by federal regulations for all states participating in Medicaid. Other services are optional for states under federal regulation. The N.C. General Assembly has authorized coverage for the following:

FEDERALLY MANDATED SERVICES

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

STATE'S OPTIONAL SERVICES

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
Community Alternatives Program
Durable Medical Equipment
Ambulance
Prepaid Plan

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 provide for the early identification and treatment of chronic conditions 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 state fiscal year 1983, a total of 61,112 children or 41% of all eligible children were screened. The national average is about 25.0%.

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 cases are issued a Medicaid identification card each month which lets the provider know that charges should be billed to the Medicaid Program.

During fiscal year 1983 a total of 9,467 providers submitted 5,813,334 claims for payment.

ENROLLED MEDICAID PROVIDERS BY TYPE OF SERVICE

Type of Service	Number of Providers
Physicians	6,160
Radiologists	286
Pharmacists	1,583
Dentists	1,844
Optometrists	484
Chiropractors	206
Podiatrists	109
Ambulance	144
Home Health Agencies	97
ICF - General	180
ICF - MRC	16
Hospitals	152
Mental Health Clinics	70
Optical Supplies	123
SNF	166
Other	690
Total	12,310

ADMINISTRATION, CLAIMS PROCESSING, UTILIZATION, AND INTEGRITY 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 127 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 5,813,334 Medicaid claims were processed in 1983. 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 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 criminal investigation and prosecution of Medicaid fraud. In SFY 1983, 346 provider and 1077 recipient cases were initiated and recoupments in the amount of \$390,128 (Providers) and \$184,293 (Recipients) were collected. A total of 58 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 that 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, by state 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 SFY 1983 for every \$1 spent in this effort, \$45.00 was collected. The recovery ratio nationally ranges from \$19-\$30 dollars 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 statute 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 during SFY 1983, 67.81%, was subject to the reduction provisions of the Omnibus Reconciliation Act of 1981. The reduction was 3% during the first quarter and 4% during the remainder of the fiscal year. Family planning is paid at a federal rate of 90%. This also was subject to the 3% and 4% reductions. During SFY 1983 North Carolina had two federal matching rates. The effective rates and time periods are shown below:

VENDOR PAYMENTS

	3% Reduction 7/1/82 - 9/30/82			4% Reduction 10/1/82 - 6/30/83		
	Family Planning	Non-State ICF & SNF	All Other	Family Planning	Non-State ICF & SNF	All Other
Federal	87.30	65.77	65.77	86.40	65.10	65.10
State	10.80	22.25	29.10	11.56	22.68	29.66
County	1.90	11.98	5.13	2.04	11.22	5.24

ADMINISTRATIVE COSTS

	7/1/82 - 9/30/82		10/1/82 - 6/30/83	
	Skilled Medical Personnel & MMIS ^a	All Other	Skilled Medical Personnel & MMIS ^a	All Other
Federal	72.75	48.50	72.00	48.00
Non-federal	27.25	51.50	28.00	52.00

^aMMIS - Medicaid Management Information System

REDUCTION IN FEDERAL FINANCIAL PARTICIPATION . . .

The Omnibus Reconciliation Act of 1981 reduced the federal matching rate for Medicaid expenditures by 3%, 4%, and 4.5% respectively for the next three federal fiscal years beginning in October 1981. For North Carolina the reduction in federal matching funds resulted in the following rates:

Federal Fiscal Year	Reduced Rates		Established Rates		Effective Rates
1981 - 1982	97.0%	x	67.81%	=	65.77%
1982 - 1983	96.0%	x	67.81%	=	65.10%
1983 - 1984	95.5%	x	69.54%	=	66.41%

LIMITATIONS ON SERVICES . . .

The N. C. Medicaid program responded to the cuts in federal financial participation by establishing limitations on services with certain exemptions. In SFY 1982-83 the limitations with exemptions were as follows:

1. Effective July 1982, twenty-four (24) visits per year were allowed to one or a combination of physicians, clinics, hospital outpatient departments, chiropractors, podiatrists, and optometrists. Exemptions to limitations 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. Limits on visits to a mental health center were eliminated in July 1982.
3. Effective July 1982 six (6) prescriptions, including refills, were allowed each month.

CHANGES IN REIMBURSEMENT

A rate freeze on non-institutional services was lifted in July 1982. A 7% rate increase was implemented for the following services:

1. Home health
2. Clinics
3. Ambulance
4. EPSDT
5. Hearing aid dispensing fees
6. Rural health clinics
7. Family planning
8. Independent laboratory and x-ray
9. Ambulatory surgical centers
10. Mental health clinics

A statewide physician fee schedule was implemented in October 1982. The intent of the new fee schedule was to eliminate the difference in reimbursement rates between physicians in rural and urban settings and to encourage greater participation by primary care physicians in the Medicaid program.

Certain co-payment exemptions were mandated under the Tax Equity and Fiscal Responsibility Act (TEFRA) of 1982. No co-payment can be charged on the following services:

1. EPSDT
2. Family planning
3. Services to children under 18
4. Services related to pregnancy
5. Services to residents of ICF, ICF-MR, SNF, and mental hospitals
6. Hospital emergency room

In addition to the federally mandated exemptions, the state exempted the services below from co-payment:

1. Community Alternatives Program (CAP)
2. Prepaid Plan
3. Rural health clinics
4. Non-hospital dialysis facility
5. State-owned mental hospital
6. Services covered by Medicare and Medicaid

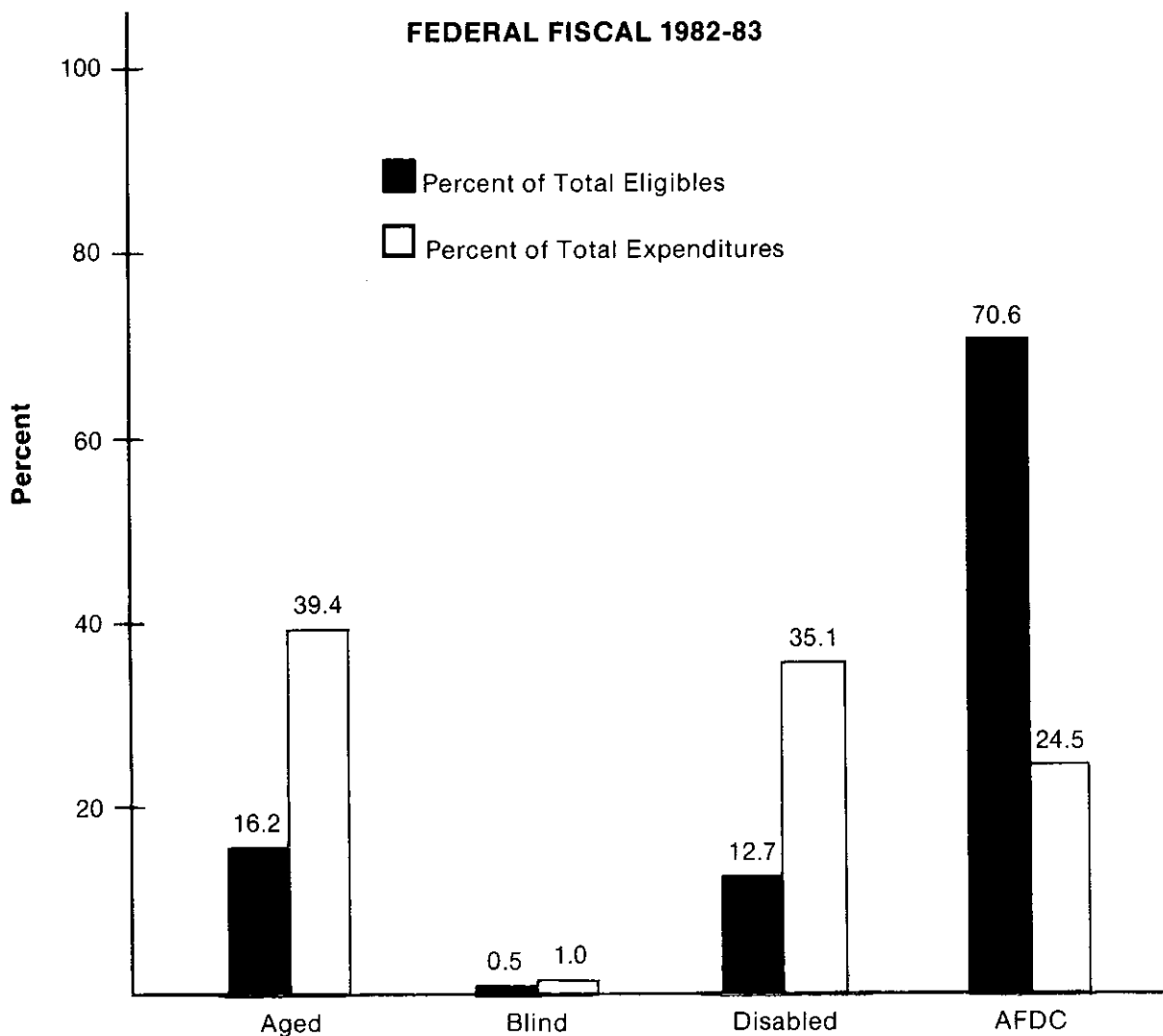
MAJOR POLICY CHANGES . . .

There were several major policy changes during SFY 1983. Among them were the following:

EFFECTIVE DATE	POLICY CHANGE
July 1982	Transfer of responsibility for hospital utilization review from Professional Standards Review Organizations (PSROs) to the state Medicaid staff.
July 1982	Revision of prospective reimbursement for hospital inpatient care on a per diem basis. The purpose of the revision was to provide incentives to lower cost hospitals to serve Medicaid recipients instead of transferring them to higher cost regional care centers.
July 1982	The pharmacy dispensing fee was increased from \$2.80 to \$3.00 per prescription.
July 1982	The freeze on reimbursement to rural health clinics, mental health centers, home health agencies, and other clinics was lifted. Reimbursement rate increases were limited to 7%.
July 1982	Implementation of the Community Alternatives Program (CAP) through which services are provided to adults in their own home or in a community setting as an alternative to nursing home placement.
September 1982	Established a Medicaid reimbursement rate equal to the average nursing home rate for recipients in acute care hospitals ready for discharge to Intermediate Care Facilities (ICF) or Skilled Nursing Facilities (SNF), but for whom no appropriate nursing care bed is available.
October 1982	Adoption of a provider fee schedule to encourage participation by primary care physicians in the Medicaid program.
March 1983	Approval by the Health Care Financing Administration of a waiver of federal regulations to allow implementation of a prepaid capitation primary care case management program for AFDC-CN recipients.

**EXPENDITURES FOR SELECTED MAJOR MEDICAL SERVICES
BY PROGRAM CATEGORY
For Fiscal Year 1983**

Type of Service	Total	Aged	Blind	Disabled	AFDC Child Other Children	AFDC Adults
Inpatient Hospital	\$161,032,431	\$ 24,255,145	\$1,095,358	\$ 59,350,666	\$37,442,584	\$38,888,678
Outpatient Hospital	17,060,688	2,156,327	122,170	3,877,525	5,285,883	5,618,783
Skilled Nursing Home	96,119,578	82,616,518	904,365	12,567,480	1,946	29,269
Intermediate Care --						
General	92,029,856	81,962,697	1,286,479	8,773,821	250	6,609
Mentally Retarded	85,286,611	1,647,837	1,378,646	82,202,524	54,442	3,162
Physician	37,707,679	3,571,552	229,483	10,945,997	9,436,166	13,578,481
Dental	11,898,807	934,650	44,813	1,529,217	4,355,508	5,034,619
Prescription Drugs	35,459,626	17,288,806	431,628	10,571,180	2,426,317	4,741,695
Clinics	6,437,250	412,223	54,469	3,256,963	1,357,184	1,356,411
Total	\$566,992,590	\$223,641,239	\$5,700,082	\$199,091,853	\$64,495,155	\$74,064,261

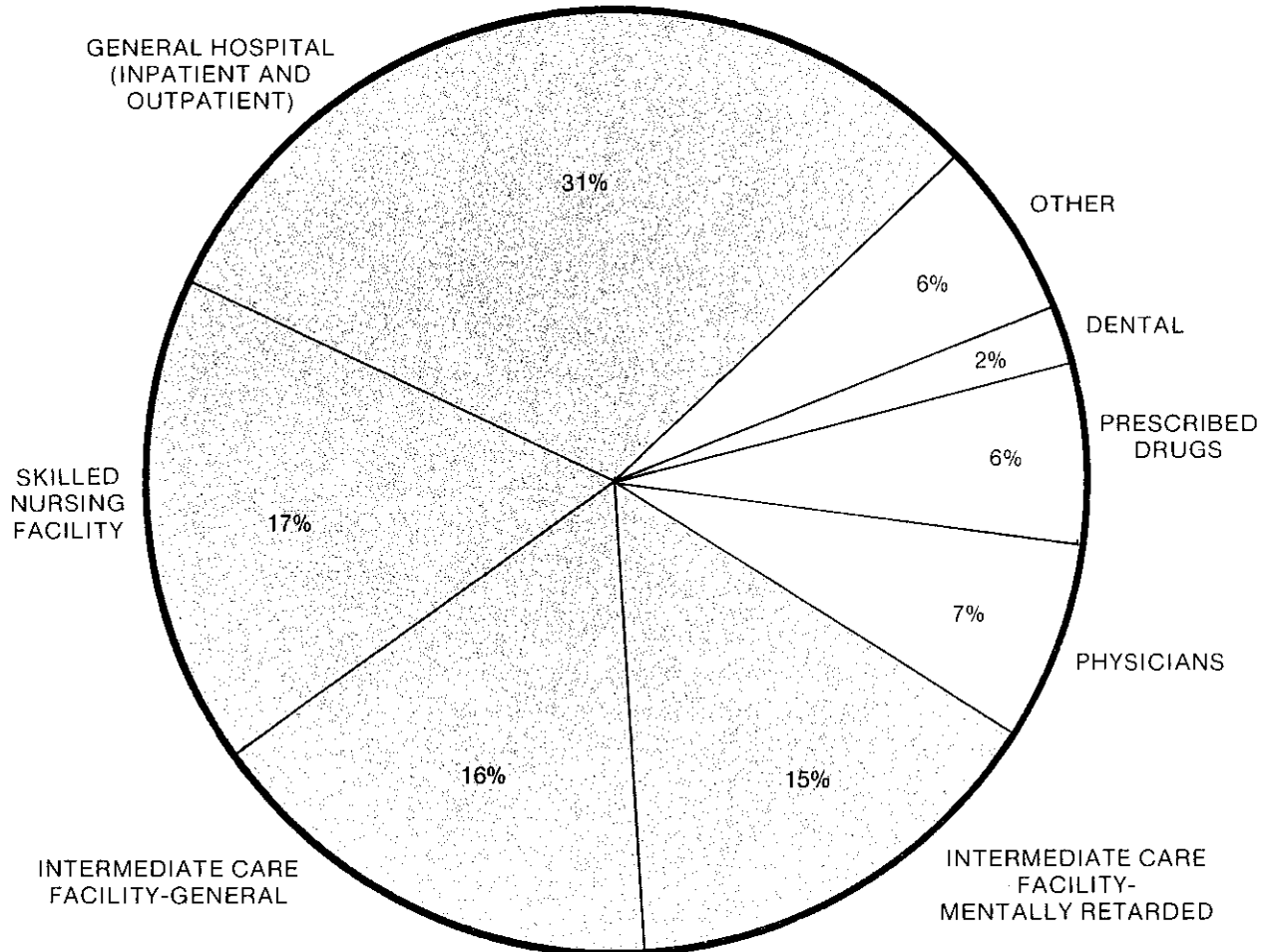


**COMPARISON OF MEDICAL EXPENDITURES
For Federal Fiscal Years 1982 and 1983**

Type of Service	FY 1982 Expenditures	FY 1983 Expenditures	Percentage Change*
Inpatient Hospital	\$122,623,120	\$161,032,431	31.32
Outpatient Hospital	13,240,371	17,060,688	28.85
Mental Hospital	6,284,630	9,616,405	53.01
Skilled Nursing Home	80,003,562	96,119,578	20.14
Intermediate Care —			
General	86,005,133	92,029,856	7.01
Mentally Retarded	79,001,015	85,286,611	7.96
Physician	32,832,252	37,707,679	14.85
Prescription Drugs	29,145,995	35,459,626	21.66
Dental	12,192,686	11,898,807	-2.41
Buy In Medicare	9,266,442	6,817,077	-26.43
Screening	1,610,892	1,738,496	7.92
Clinics	7,113,265	6,437,250	-9.50
Family Planning	2,478,857	2,658,644	7.25
Home Health	2,653,071	2,897,361	9.21

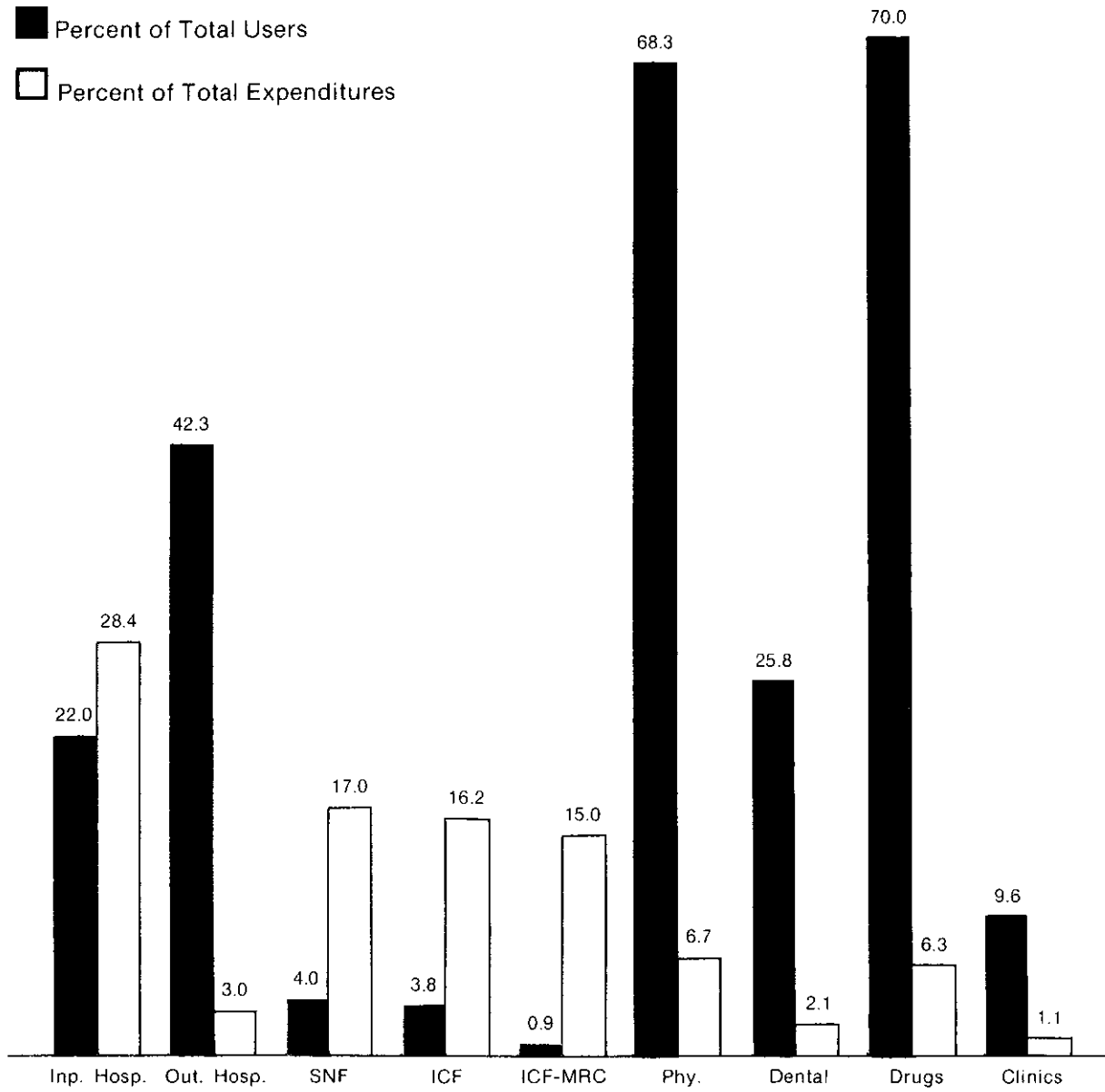
*Includes both increases in cost as well as utilization.

**PERCENTAGE OF EXPENDITURES FOR SELECTED CATEGORIES OF SERVICE
TO TOTAL EXPENDITURES
For Federal Fiscal Year 1983**



FEDERAL FISCAL 1982-83

■ Percent of Total Users
□ Percent of Total Expenditures



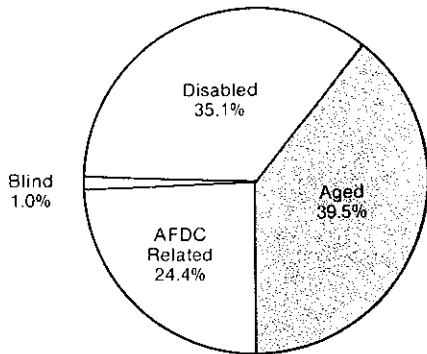
**TOTAL EXPENDITURES FOR MEDICAL SERVICES,
TOTAL NUMBER OF RECIPIENTS*
Federal Fiscal Year 1983**

Program Category	Expenditures	Percent of Total	Total No. Recipients	Percent of Total	Average Per Recipient
Aged	\$223,641,239	39.44	82,934	21.26	\$2,696.62
Blind	5,700,082	1.01	2,395	.61	2,379.99
Disabled	199,091,853	35.12	54,081	13.86	3,681.36
AFDC-Child	60,396,454	10.65	150,936	38.69	400.15
AFDC-Adult	74,064,261	13.06	93,990	24.09	788.00
Other Child	4,098,701	0.72	5,826	1.49	703.52

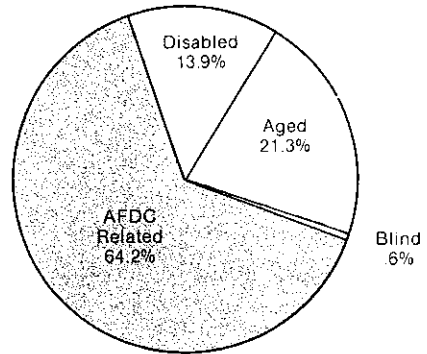
* A Medicaid eligible is a person who has a Medicaid ID card, but may not actually have used services. A recipient is a Medicaid eligible who has used services.

**EXPENDITURES AND RECIPIENTS BY AID CATEGORY, SEX, RACE, AGE GROUP
For Federal Fiscal Year 1983**

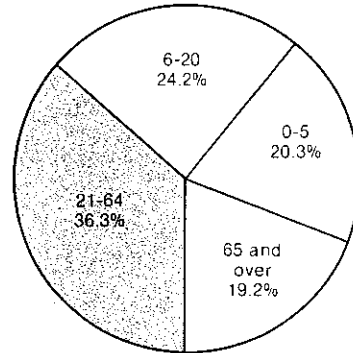
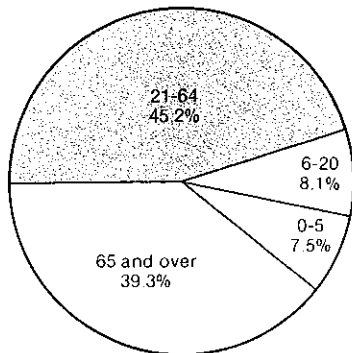
EXPENDITURES



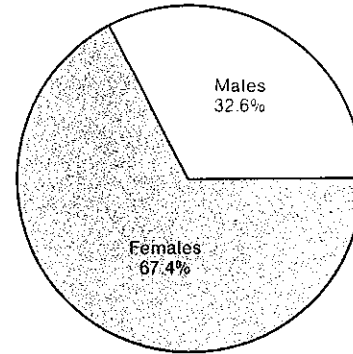
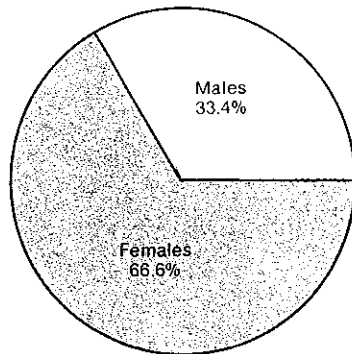
RECIPIENTS



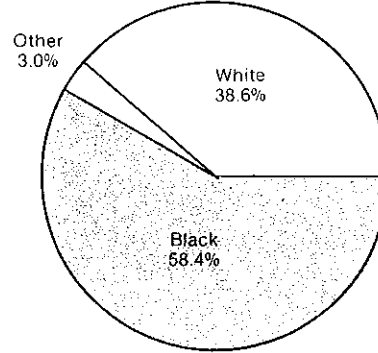
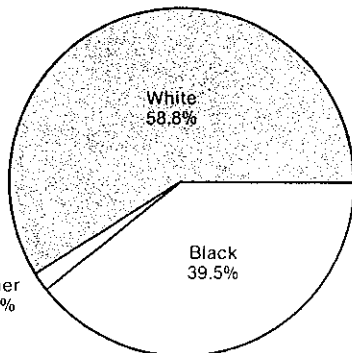
BY AID CATEGORY



BY AGE GROUP



BY SEX



BY RACE

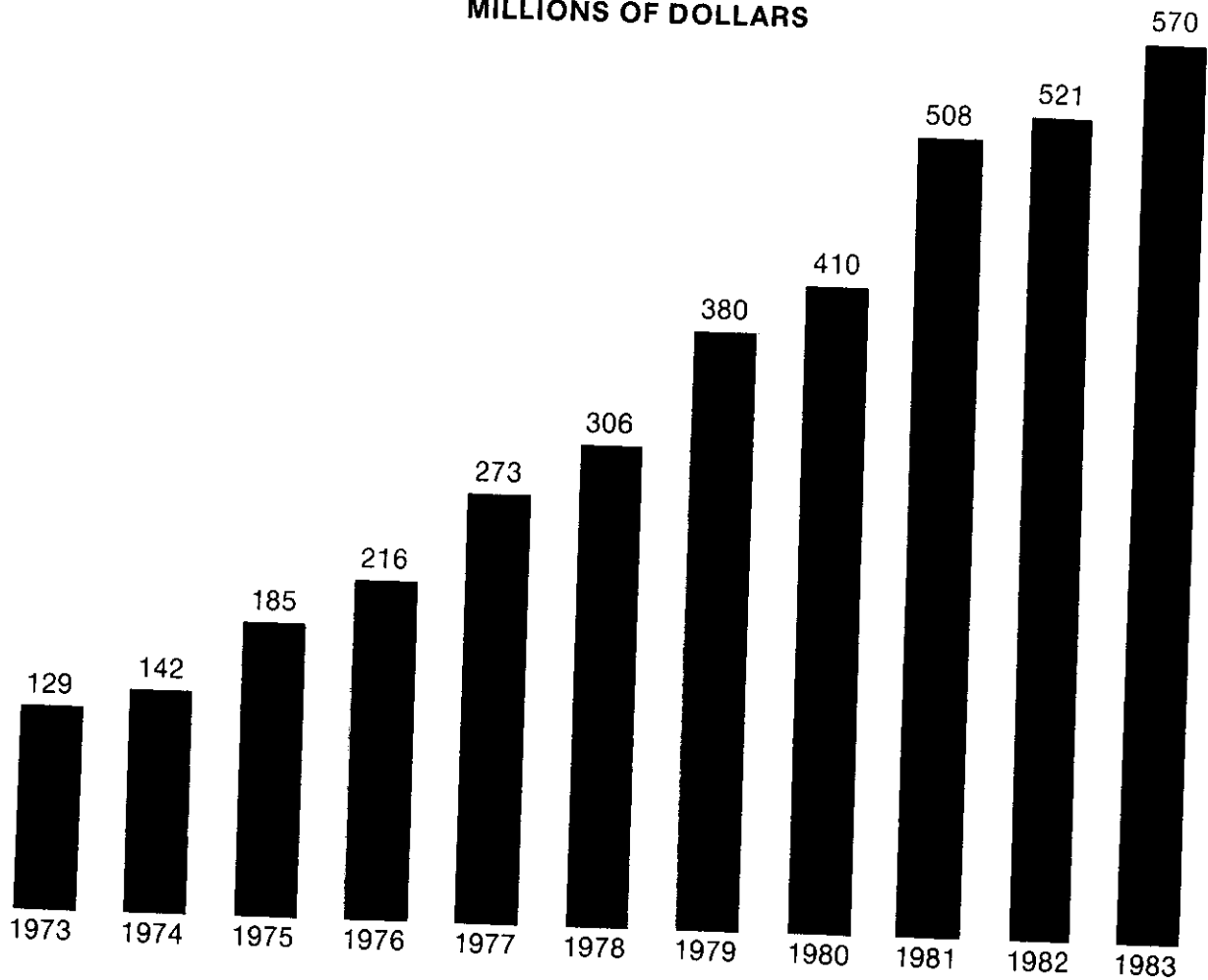
**A HISTORY OF TOTAL MEDICAID EXPENDITURES
For State Fiscal Years 1973-1983**

Fiscal Year	Expenditures	Percentage Change
1973	\$128,631,312	
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
1983	570,309,294	9.4

NOTE: Expenditures include vendor payments, administrative costs, refund, and adjustments

**A HISTORY OF MEDICAID EXPENDITURES
For State Fiscal Years 1973-1983**

MILLIONS OF DOLLARS



**A HISTORY OF UNDUPLICATED MEDICAID ELIGIBLES
For State Fiscal Years 1977-1983**

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
1982-83	67,330	2,000	46,537	293,623	6,062	415,552

TOTAL VENDOR PAYMENTS AND TOTAL ELIGIBLES BY COUNTY
For State Fiscal Year July 1, 1982 — June 30, 1983

County Name	1982 Est. County Population	Number of Medicaid Eligibles	Total Expenditure	Per Capita Expenditure		Eligibles Per 1,000 Population
				Amount	Ranking	
Alamance	100,140	4,692	\$ 6,874,687	68.65	90	47
Alexander	25,932	915	1,828,707	70.52	84	35
Alleghany	9,869	500	527,987	53.50	96	51
Anson	25,661	2,487	3,600,600	140.31	5	97
Ashe	22,928	1,463	1,865,635	81.37	70	64
Avery	14,888	799	1,260,314	84.65	64	54
Beaufort	41,836	3,149	3,891,216	93.01	48	75
Bertie	21,433	2,414	2,737,584	127.73	11	13
Bladen	30,805	3,623	3,742,078	121.48	16	18
Brunswick	38,952	2,872	3,384,166	86.88	60	74
Buncombe	164,172	7,229	14,440,236	87.96	57	44
Burke	73,819	3,161	6,005,236	81.35	71	43
Cabarrus	89,196	3,776	7,245,685	81.23	72	42
Caldwell	67,827	2,597	5,301,224	78.16	77	38
Camden	5,685	504	561,773	98.82	42	89
Carteret	43,984	2,005	3,521,354	80.06	75	46
Caswell	21,328	1,977	2,114,083	99.12	40	93
Catawba	108,074	4,575	8,075,927	74.73	81	42
Chatham	34,591	1,703	2,615,106	75.60	80	49
Cherokee	19,343	1,048	1,956,742	101.16	38	54
Chowan	12,594	1,017	1,599,758	127.03	12	81
Clay	7,004	434	835,329	119.26	18	62
Cleveland	83,603	6,642	7,823,846	93.58	47	79
Columbus	51,832	5,958	6,790,327	131.01	9	15
Craven	73,747	5,536	6,582,559	89.26	53	75
Cumberland	251,489	19,104	17,353,930	69.00	89	76
Currituck	11,622	560	895,640	77.06	78	48
Dare	14,974	419	769,137	51.36	97	28
Davidson	114,024	5,434	8,727,343	76.54	79	48
Davie	27,222	1,046	2,227,338	81.82	69	38
Duplin	41,351	3,757	4,790,431	115.85	24	91
Durham	156,038	11,755	17,324,400	111.03	28	75
Edgecombe	56,436	8,018	7,348,032	130.20	10	42
Forsyth	249,172	16,533	20,730,713	83.20	66	66
Franklin	30,755	3,008	3,660,082	119.01	20	98
Gaston	165,705	10,928	14,628,059	88.28	55	66
Gates	9,234	810	1,099,009	119.02	19	88
Graham	7,100	606	702,350	98.92	41	85
Granville	35,233	2,394	2,820,661	80.06	74	68
Greene	16,150	1,876	1,899,732	117.63	22	16
Guilford	319,472	21,087	27,701,399	86.71	61	66
Halifax	55,652	10,131	8,214,191	147.60	2	82
Harnett	61,540	5,712	7,512,078	122.07	15	93
Haywood	47,090	2,450	3,858,076	81.93	68	52
Henderson	61,842	2,526	4,487,841	72.57	83	41
Hertford	23,735	2,874	3,319,287	139.85	7	21
Hoke	22,071	2,366	2,032,439	92.09	49	07
Hyde	5,952	530	543,638	91.34	52	89
Iredell	84,492	4,532	7,081,390	83.81	65	54
Jackson	26,811	1,239	1,810,486	67.53	91	46
Johnston	72,454	5,177	7,492,667	103.41	35	71

TOTAL VENDOR PAYMENTS AND TOTAL ELIGIBLES BY COUNTY FOR
STATE FISCAL YEAR JULY 1, 1982 - JUNE 30, 1983

COUNTY NAME	1982 EST. COUNTY POPULATION	NUMBER OF MEDICAID ELIGIBLES	TOTAL EXPENDITURE	PER CAPITA EXPENDITURE		ELIGIBLES PER 1,000 POPULATION
				AMOUNT	RANKING	
LEE	37,453	2,706	3,795,136	101.33	37	72
LENOIR	59,801	5,794	7,977,893	133.41	8	97
LINCOLN	43,106	2,094	3,179,508	73.76	82	49
MACON	21,606	631	1,015,437	47.00	100	29
MADISON	17,325	1,606	2,060,732	118.95	21	93
MARTIN	26,286	2,295	2,669,043	101.54	36	87
MCDOWELL	36,158	1,905	3,164,793	87.53	57	53
MECKLENBURG	418,071	27,916	33,293,376	79.64	76	67
MITCHELL	14,354	950	1,347,181	93.85	45	66
MONTGOMERY	22,842	1,736	2,243,405	98.21	43	76
MOORE	51,709	2,876	4,458,087	86.21	61	56
NASH	69,122	6,578	7,289,805	105.46	31	95
NEW HANOVER	107,222	8,603	9,536,514	88.94	54	80
NORTHAMPTON	22,570	3,773	3,583,962	158.79	1	167
ONslow	113,605	4,226	5,576,763	49.09	98	37
ORANGE	78,476	2,478	3,830,976	48.82	99	32
PAMLICO	10,651	1,049	1,490,754	139.96	6	99
PASQUOTANK	28,480	2,345	2,974,423	104.44	34	82
PENDER	22,774	2,238	2,386,250	104.78	32	98
PERQUIMANS	9,563	951	1,122,777	117.41	23	99
PERSON	29,749	2,587	3,767,449	126.64	13	87
PITT	93,558	9,588	8,768,715	93.72	46	103
POLK	13,615	452	1,155,358	84.86	63	33
RANDOLPH	93,200	2,746	6,182,908	66.34	92	30
RICHMOND	45,564	3,084	4,392,352	96.40	44	68
ROBESON	103,719	14,418	11,658,857	112.41	27	139
ROCKINGHAM	84,899	5,406	7,801,387	91.89	51	64
ROWAN	101,219	4,471	7,127,063	70.41	85	44
RUTHERFORD	54,887	3,545	4,798,790	87.43	58	65
SAMPSON	49,778	4,384	5,985,514	120.24	17	88
SCOTLAND	33,230	4,763	4,081,388	122.82	14	143
STANLEY	48,521	2,097	3,893,463	80.24	73	43
STOKES	34,672	1,453	2,430,585	70.10	86	42
SURRY	60,564	2,992	4,992,458	82.43	67	49
SWAIN	10,512	980	1,189,465	113.15	26	93
TRANSYLVANIA	24,375	1,125	2,149,619	88.19	55	46
TYRRELL	4,278	602	446,800	104.44	33	141
UNION	73,053	3,896	4,738,479	64.86	93	53
VANCE	37,127	4,671	4,063,094	109.44	30	126
WAKE	314,669	15,603	21,871,310	69.51	87	50
WARREN	16,479	2,587	2,415,564	146.53	3	157
WASHINGTON	14,422	1,669	1,600,917	111.01	29	116
WATAUGA	33,232	1,250	1,996,199	60.07	94	38
WAYNE	97,634	8,842	9,860,603	101.00	29	91
WILKES	59,745	2,982	5,498,578	92.03	50	50
WILSON	63,531	7,197	7,231,203	113.82	25	113
YADKIN	29,295	1,277	2,023,539	69.07	68	44
YANCEY	15,204	977	881,809	58.00	95	64
TOTAL	6,018,533	415,552	\$ 531,249,599	88.26	NA	69

TOTAL VENDOR PAYMENTS AND TOTAL ELIGIBLES BY COUNTY
For State Fiscal Year July 1, 1982 — June 30, 1983

County Name	1982 Est. County Population	Number of Medicaid Eligibles	Total Expenditure	Per Capita Expenditure		Eligibles Per 1,000 Population
				Amount	Ranking	
Jones	9,769	1,210	1,396,810	142.98	4	24
Lee	37,453	2,706	\$ 3,795,136	101.33	37	72
Lenoir	59,801	5,794	7,977,893	133.41	8	97
Lincoln	43,106	2,094	3,179,508	73.76	82	49
Macon	21,606	631	1,015,437	47.00	100	29
Madison	17,325	1,606	2,060,732	118.95	21	93
Martin	26,286	2,295	2,669,043	101.54	36	87
McDowell	36,158	1,905	3,164,793	87.53	58	53
Mecklenburg	418,071	27,916	33,293,376	79.64	76	67
Mitchell	14,354	950	1,347,181	93.85	45	66
Montgomery	22,842	1,736	2,243,405	98.21	43	76
Moore	51,709	2,876	4,458,087	86.21	62	56
Nash	69,122	6,578	7,289,805	105.46	31	95
New Hanover	107,222	8,603	9,536,514	88.94	54	80
Northampton	22,570	3,773	3,583,962	158.79	1	67
Onslow	113,605	4,226	5,576,763	49.09	98	37
Orange	78,476	2,478	3,830,976	48.82	99	32
Pamlico	10,651	1,049	1,490,754	139.96	6	98
Pasquotank	28,480	2,345	2,974,423	104.44	34	82
Pender	22,774	2,238	2,386,250	104.78	32	98
Perquimans	9,563	951	1,122,777	117.41	23	99
Person	29,749	2,587	3,767,449	126.64	13	87
Pitt	93,558	9,588	8,768,715	93.72	46	02
Polk	13,615	452	1,155,358	84.86	63	33
Randolph	93,200	2,746	6,182,908	66.34	92	29
Richmond	45,564	3,084	4,392,352	96.40	44	68
Robeson	103,719	14,418	11,658,857	112.41	27	39
Rockingham	84,899	5,406	7,801,387	91.89	51	64
Rowan	101,219	4,471	7,127,063	70.41	85	44
Rutherford	54,887	3,545	4,798,790	87.43	59	65
Sampson	49,778	4,384	5,985,514	120.24	17	88
Scotland	33,230	4,763	4,081,388	122.82	14	43
Stanley	48,521	2,097	3,893,463	80.24	73	43
Stokes	34,672	1,453	2,430,585	70.10	86	42
Surry	60,564	2,992	4,992,458	82.43	67	49
Swain	10,512	980	1,189,465	113.15	26	93
Transylvania	24,375	1,125	2,149,619	88.19	56	46
Tyrrell	4,278	602	446,800	104.44	33	41
Union	73,053	3,896	4,738,479	64.86	93	53
Vance	37,127	4,671	4,063,094	109.44	30	26
Wake	314,669	15,603	21,871,310	69.51	87	50
Warren	16,479	2,587	2,415,564	146.58	3	57
Washington	14,422	1,669	1,600,917	111.01	29	16
Watauga	33,232	1,250	1,996,199	60.07	94	38
Wayne	97,634	8,842	9,860,603	101.00	39	91
Wilkes	59,745	2,982	5,498,578	92.03	50	50
Wilson	63,531	7,197	7,231,203	113.82	25	13
Yadkin	29,295	1,277	2,023,539	69.07	88	44
Yancey	15,204	977	881,809	58.00	95	64
TOTAL	6,018,533	415,552	\$531,249,599	88.26	NA	69



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