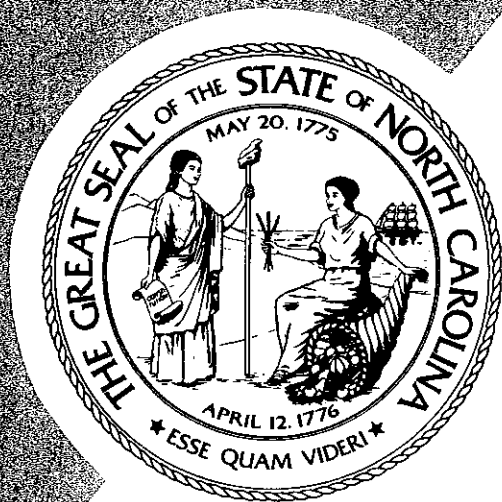


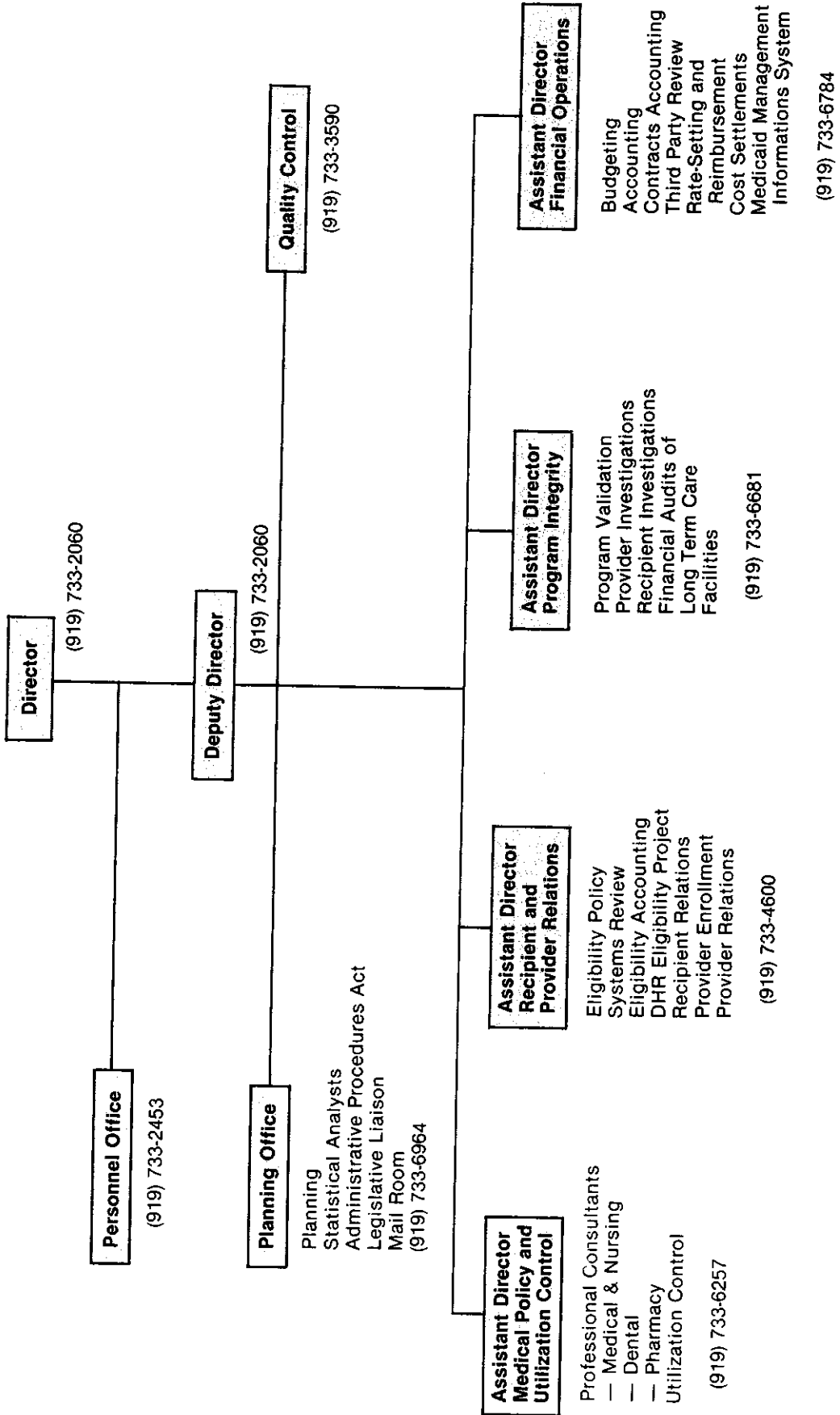
# MEDICAID IN NORTH CAROLINA



ANNUAL  
REPORT  
1984-1985

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

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



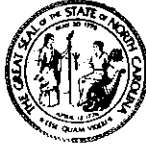
**MEDICAID IN NORTH CAROLINA  
ANNUAL REPORT  
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Department of Human Resources

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James G. Martin, Governor  
Phillip J. Kirk, Jr., Secretary

Barbara D. Matula, Director  
(919) 733-2060

June 2, 1986

Dear Citizens:

I am pleased to present North Carolina's 1984-85 Medicaid Annual Report. This year, an executive summary is added to highlight major events.

In 1985, several actions were taken to reduce administrative costs. First, a new claims processing contract was awarded to EDSF through a competitive bid process. The new contract provides claims processing services to Medicaid for four years (and on optional fifth year) at an attractive price. Second, the Division of Medical Assistance brought in-house the nursing home inspection of care function which was previously contracted out to private industry. Certain functions were retained by DMA and nursing home reviews were contracted out to the Division of Facility Services.

Savings from these two actions resulted in a reduction of State administrative costs from \$19.0 million in FY 1984 to \$16.4 million in FY 1985 for a savings of \$2.6 million.

Overall about 95 cents of each Medicaid dollar pays for medical services while 5 cents is used for State and local administration. This rate is comparable to private insurance companies.

Medicaid expenditures increased 1.2 percent from 1984 to 1985. Several new eligible groups were added to the program in 1985.

Details are provided in the report.

Sincerely,

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

Barbara D. Matula  
Director

## **EXECUTIVE SUMMARY . . .**

In fiscal year 1984-85 the state Medicaid program spent over \$665 million and served over 340,000 needy people. About 5% of total Medicaid expenditures went toward administrative costs. Of those administrative expenditures, 26.5% went to local county departments of social services for their efforts in eligibility determinations.

Highlights in the administration of the Medicaid program in FY 1984-85 include the award to EDS-Federal Corporation of a four (4) year claims processing contract, with an option for an additional year. Another administrative highlight was the decision to cease contracting with a private firm for utilization review activities and inspections of care in nursing homes. The Division of Medical Assistance now performs utilization review activities and contracts with a sister agency, the Division of Facility Services, to conduct inspections of care in nursing homes.

Liability for health care costs from third parties, such as insurance companies, represents a significant offset to Medicaid expenditures. In FY 1984-85 for every \$1 spent in collection efforts, \$54 was returned to the program.

Expansion of coverage to certain new groups of people was a major accomplishment in 1985.

In an effort to realize long term cost benefits the agency extended coverage to all pregnant women and all children in two-parent households whose family incomes do not exceed, or who can spenddown to, the medically needy income standards. Medicaid coverage was also extended to children in the custody of private adoption agencies.

Prior to this expanded coverage which was effective January 1, 1985, pregnant women and children were Medicaid eligible only when one or both parents were absent from the home or too ill to work.

More people were able to qualify for Medicaid when the Medicaid income levels increased by 10% on October 1, 1984.

## **PEOPLE SERVED . . .**

In state fiscal year 1984-85 the North Carolina Medicaid program paid for the medical care of 340,858 needy people. The people eligible for Medicaid are divided into two groups: one group is classified as categorically needy and the other is 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. Effective January 1, 1985, Medicaid coverage under the AFDC medically needy group was extended to pregnant women and children in intact, two parent families.
- 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 and 65 years of age, and 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. Effective January 1, 1985 coverage was extended to cover children who are in the custody of private adoption/placement agencies.
- 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.

Recipients of AFDC payments or state/county special assistance payments automatically qualify for Medicaid.

Federal regulations permit states to either accept as categorically needy all persons found eligible for the federal SSI program, or to set categorically needy eligibility criteria which is more restrictive than SSI standards. North Carolina has elected the more restrictive option, making it a "209(b)" state, so named for the regulatory cite explaining the option.

One of the conditions of eligibility is a needs test based on income and resources. With the exception of children under Title IV-E and those recipients who are automatically eligible, all must meet this needs 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 annual Income and Resource tables used in determining eligibility for the North Carolina Medicaid program during fiscal year 1984-85. These income eligibility standards reflect a 10% increase which was effective October 1, 1984.

### INCOME

Family Size	Categorically Needy AFDC, RC	Medically Needy AFDC, RC	All Groups AGED, BLIND, DISABLED
1	\$1,776	\$2,400	\$2,400
2	2,328	3,200	3,200
3	2,676	3,500	3,600
4	2,928	4,000	4,000
5	3,204	4,300	4,300

### RESOURCES

Categorically Needy AFDC, RC	Family Size	Categorically Needy AA, AB, AD	Medically Needy AFDC, RC	Medically Needy AA, AB, AD
Flat \$1,000	1	\$1,000	\$1,500	\$1,000
Reserve Limit,	2	1,100	2,250	1,100
no increment for	3	1,150	2,350	1,150
family size	4	1,200	2,450	1,200
	5	1,250	2,550	1,250

## **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 North Carolina General Assembly has authorized coverage for the following:

### **FEDERALLY MANDATED SERVICES**

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

### **STATE'S OPTIONAL SERVICES**

- Prescribed Drugs
- Chiropractors
- Dental
- Intermediate Care Facilities (ICF)
- Intermediate Care Facilities  
    for the Mentally Retarded (ICF-MRC)
- Clinics, Including Mental Health Centers
- Optical Supplies
- Optometrists
- Skilled Nursing Facilities,  
    under age 21 (SNF)
- Podiatrists
- Mental Hospitals, age 65 and over
- Psychiatric Facilities, under age 21
- Specialty Hospitals
- Community Alternatives Program
  - Aged/Disabled
  - Mentally Retarded
  - Disabled Children Under 18
- Ambulance
- Prepaid Health Plans

## **EARLY AND PERIODIC SCREENING, DIAGNOSIS AND TREATMENT (EPSDT)**

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 and treat their children.



## 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 1985 a total of 9,977 providers submitted 7,281,534 claims for payment.

### ENROLLED MEDICAID PROVIDERS BY TYPE OF SERVICE

Type of Service	Number of Providers
Physicians .....	8,665
Radiologists .....	499
Pharmacists .....	1,729
Dentists .....	2,082
Optometrists .....	563
Chiropractors .....	305
Podiatrists .....	146
Ambulance .....	148
Home Health Agencies .....	111
ICF-General .....	196
ICF-MRC .....	29
Hospitals .....	178
Mental Health Clinics .....	75
Optical Supplies .....	146
SNF .....	192
Other .....	815
<b>Total .....</b>	<b>15,879</b>

## **LIMITATIONS ON SERVICES**

Twenty-four (24) visits per year are 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,
- 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.

Six (6) prescriptions, including refills, are allowed each month. However, the exemptions based on medical necessity listed above also apply to prescriptions.

## **PRIOR APPROVAL**

Prior approval from the Division of Medical Assistance or its designated agent is required for the following services:

1. Reimbursement of hospital inpatient services when a lower level of care is needed, but a bed for the appropriate lower level of care is unavailable.
2. Cosmetic surgery
3. Out of state services that are non-emergency and performed outside a 40 mile radius of North Carolina.
4. More than two outpatient psychiatric visits.
5. Hearing aids for children.
6. Many non-emergency dental services, including dentures.
7. Admission to SNF, ICF, ICF-MR
8. Eye Care Services
9. Durable Medical Equipment
10. Community Alternatives Program

## CO-PAYMENTS

The following recipient cost sharing (co-payment) amounts became effective April 1, 1984. Co-payment amounts are the same for both categorically needy and medically needy recipients.

<b>Service Category</b>	<b>Co-Payment</b>
Chiropractic	\$ .50 per visit
Clinic Services	.50 per visit
Dental Services	2.00 per visit
Legend Drugs and Insulin	.50 per prescription including refills
Optical Supplies	2.00 per visit
Optometric Services	1.00 per visit
Outpatient Hospital	1.00 per visit
Physician	.50 per visit
Podiatrists	1.00 per visit

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 following services 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 when covered by both Medicare and Medicaid

## **METHODS OF REIMBURSEMENT**

- Hospitals, Inpatient Services, Long Term Care Facilities: Prospective per diem rates
- Physicians, Other Practitioners, Laboratory and X-Ray: Statewide fee schedule
- Home Health Agencies, Hospital Outpatient Services: Cost based reimbursement
- Rural Health Clinics, Free Standing Clinics, Health Department Clinics: Negotiated rates

## **THE ROLE OF THE COUNTY IN THE MEDICAID PROGRAM**

North Carolina has a state-supervised, county-administered social services system. County social service departments determine eligibility for Medicaid based upon federal and state eligibility requirements. Counties 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. Counties are required to pay 15% of the non-federal share.

## **ADMINISTRATION AND CLAIMS PROCESSING**

The Division of Medical Assistance is responsible for administration of the state Medicaid program. During FY 1984-85 DMA had 145 staff positions. On July 1, 1984 a new four year claims processing contract with an option for an additional year was signed with EDS-Federal Corporation.

In North Carolina 7,281,534 Medicaid claims were processed in fiscal 1984-85. 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. This screening process is more extensive than is used for almost any other third party payor.

## **UTILIZATION AND INTEGRITY REVIEW**

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 1985, 663 provider and 1139 recipient cases were initiated and recoupments in the total amount of \$195,714 (Providers) and \$297,732 (Recipient) were collected. Fifty-one (51) cases were referred to the Attorney General for possible fraud prosecution.

The utilization review contract that expired June 30, 1985 was not renewed. All utilization review activity was returned to the Division. A major reason for the change was because the federal share of expenditures increased from 50% to 75% when a state agency performs these functions. As a result of this change the state saved approximately \$1.4 million.

Recoveries initiated by DMA as a result of retrospective review of the medical necessity for inpatient hospital services rose to \$129,114.

Federally required on-site visits are made annually to each nursing home where the level-of-care needs for each Medicaid patient are reviewed. In 1985, this function was contracted out to the Division of Facility Services (DFS). DFS was already performing nursing home Medicare-Medicaid certification surveys. This contract permits those two functions to be combined. By combining these two on-site inspections into one visit for most nursing homes, the state achieves efficiencies and the nursing homes suffer less disruption.

Paid claims are periodically reviewed and those which differ significantly from established norms are analyzed to ensure 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 LIABILITY**

Third party resources for medical care such as health insurance, are an important means of reducing Medicaid costs. 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 1984-85 for every \$1 spent in this effort, \$54 was collected. The recovery ratio nationally ranges from \$19-\$30 dollars collected for every \$1 spent.

## FINANCING MEDICAID

The largest share of Medicaid costs is paid by the federal government. Federal Medicaid matching rates are established by the Department of Health and Human Services using the most recent three year average per capita income for each state and the national per capita income. The established federal matching rates are effective for a period of two federal fiscal years beginning in the odd-numbered years. The minimum established rate is 50%; the maximum established rate, 83%. Family planning services are matched at 90% federal funding. The Omnibus Reconciliation Act of 1981 provided for a reduction in federal matching for three consecutive years. Because of the overlap of one quarter of federal fiscal year 1984 into state fiscal year 1985, the impact of that reduction remained in effect in state fiscal year 1985.

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%

During State fiscal year 1984-85, North Carolina's established federal Medicaid matching rate was 69.54%. During the first quarter the 4.5% reduction percentage was applied to the established rate. The effective financial participation rates and time periods are shown below:

	4.5% Reduction 7/1/84 - 9/30/84		No Reduction 10/1/84 - 6/30/85	
	Family Planning	All Other	Family Planning	All Other
Federal	85.95	66.41	90.00	69.54
State	11.94	28.55	8.50	25.89
County	2.11	5.04	1.50	4.57

## ADMINISTRATIVE COSTS

	7/1/84 - 9/30/84		10/1/84 - 6/30/85	
	Skilled Medical Personnel & MMIS <sup>a/</sup>	All Other	Skilled Medical Personnel & MMIS <sup>a/</sup>	All Other
Federal	71.625	47.75	75.00	50.00
Non-federal	28.375	52.25	25.00	50.00

MMIS — Medicaid Management Information System

## MAJOR POLICY CHANGES

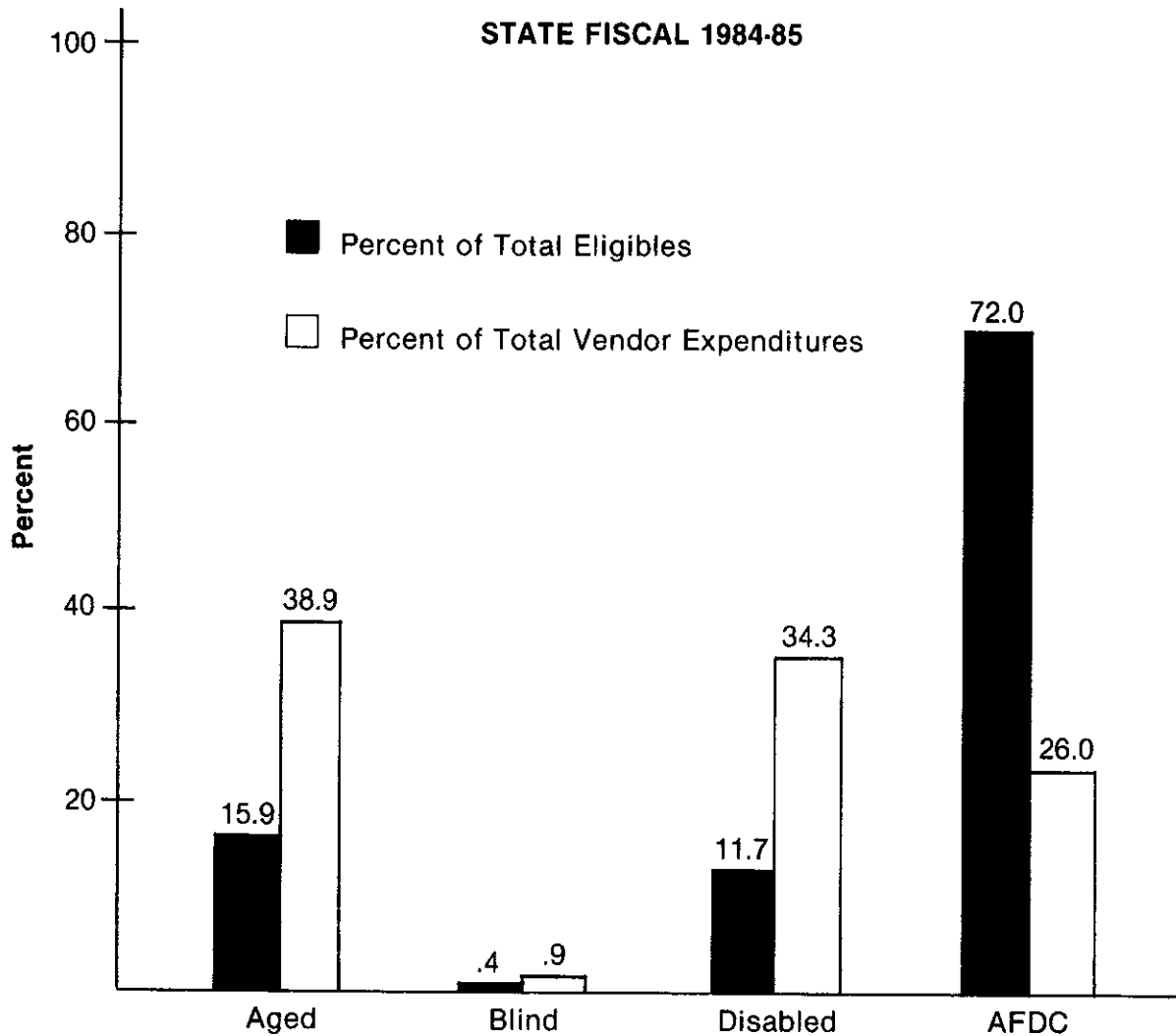
There were several major policy changes during SFY 1985. Among them were the following:

EFFECTIVE DATE	POLICY CHANGE
July 1984	Pharmacy dispensing fee raised from \$3.22 to \$3.36
October 1984	Maximum net family annual income eligibility standards for Medicaid and AFDC were raised. Medicaid Medically Needy standards were increased 10%. The standards for the Categorically Needy Aged, Blind, and Disabled were increased to those of the Medically Needy.
October 1984	Base year for Long-term Care Direct rates changed to 1983 Maximum direct rates based on 80th percentile instead of 75th
October 1984	Service coverage expanded to SNF/ICF services in a Swing Bed hospital
January 1985	Medicaid coverage was expanded to include the following groups: <ul style="list-style-type: none"><li>— All financially eligible pregnant women</li><li>— Financially eligible children in two-parent families</li><li>— Children in the custody of private adoption agencies</li></ul>
February 1985	Service coverage expanded to PrePaid Health Plans
February 1985	Elimination of the \$6000/6% reserve rule.
February 1985	Elimination of the first moment of the month reserve rule. (Note: Implementation of this rule has been held up pending appeal of HCFA denial of the accompanying State Plan.)
June 1985	The following short session legislative actions will be effective in SFY 1986: <ul style="list-style-type: none"><li>Drug Dispensing fee increased from \$3.36 to \$3.50 eff. July 1, 1985</li><li>Medically Needy Income Standards increased 10%, eff. July 1, 1985</li><li>Resource Limits for the Aged/Blind/Disabled Medically Needy Program increased eff. July 1, 1985</li><li>Authorization to develop as part of the Title XIX Hospital Reimbursement Plan, a method for increasing per diem rates to those hospitals serving a disproportionate share of indigent patients, eff. July 1, 1985</li><li>Personal Care Services to be covered eff. January 1, 1986</li><li>Adult Health Screening to be covered eff. January 1, 1986</li></ul>



**EXPENDITURES FOR SELECTED MAJOR MEDICAL SERVICES  
BY PROGRAM CATEGORY  
For Fiscal Year 1985**

Type of Service	Total	Aged	Blind	Disabled	AFDC Child Other Children	AFDC Adults
Inpatient Hospital .....	\$160,120,257	\$ 22,844,397	\$ 834,205	\$ 59,862,114	\$40,175,267	\$36,404,274
Outpatient Hospital .....	19,869,075	2,403,482	103,305	4,982,035	5,973,855	6,406,398
Skilled Nursing Home ....	110,530,644	94,073,725	951,721	15,073,152	375,255	56,791
Intermediate Care —						
General .....	97,567,434	86,748,353	1,161,734	9,572,985	58,262	26,100
Mentally Retarded .....	108,336,666	2,363,251	1,553,467	88,892,893	15,516,152	10,903
Physician .....	43,354,628	5,701,703	195,316	12,283,007	11,168,217	14,006,385
Dental .....	11,033,965	966,625	50,248	1,642,877	3,930,803	4,443,412
Prescription Drugs .....	43,700,338	21,228,477	464,455	13,434,183	2,980,052	5,593,171
Clinics .....	6,960,758	425,951	45,139	4,125,808	1,258,998	1,104,862
Total Vendor .....	\$636,462,414	\$247,539,270	\$5,558,621	\$218,096,068	\$92,097,687	\$73,170,768

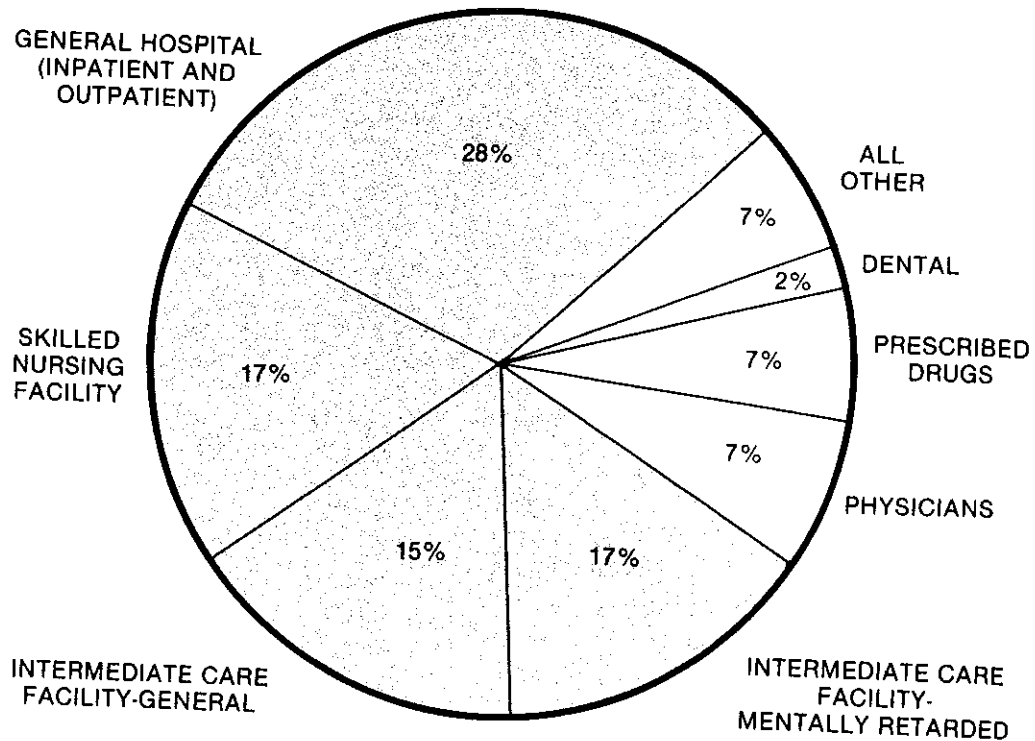


**COMPARISON OF MEDICAL EXPENDITURES**  
For Fiscal Years 1984 and 1985

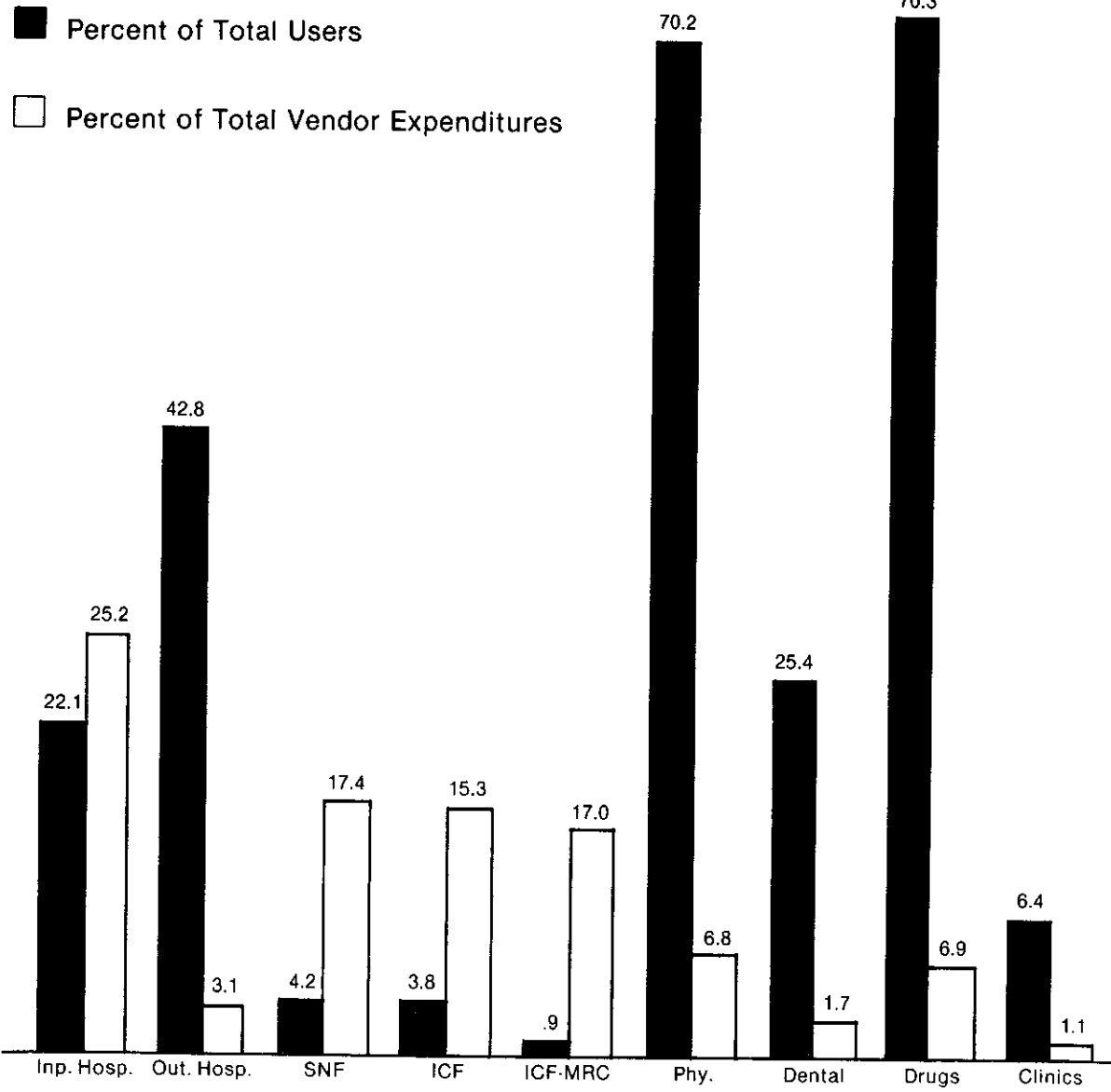
Type of Service	SFY 84 Expenditures	SFY 85 Expenditures	Percentage Change*
Inpatient Hospital .....	\$164,901,960	\$160,120,257	< 2.9 >
Outpatient Hospital .....	18,425,317	19,869,075	7.8
Mental Hospital .....	10,898,009	14,205,129	30.3
SNF .....	103,353,761	110,530,644	6.9
ICF .....	94,919,145	97,567,434	2.8
ICF-MR .....	92,829,474	108,336,666	16.7
Physician .....	44,338,434	43,354,628	< 2.2 >
Drugs .....	39,223,931	43,700,338	1.4
Dental .....	11,457,677	11,033,965	< 3.7 >
Screening .....	2,104,448	1,460,291	< 30.6 >
Clinics .....	6,525,119	6,960,758	6.7
Family Planning .....	3,447,620	2,583,551	< 25.1 >
Home Health .....	5,027,559	8,710,109	73.3
All Other Services .....	8,563,144	8,029,569	< 6.2 >
Total Vendor Services .....	606,015,598	636,462,414	5.0
Medicare Part B Premiums .....	9,571,521	10,671,456	11.5
Total Vendor and Premiums .....	615,587,119	647,133,870	5.1

\* Includes both increases in cost as well as utilization.

**PERCENTAGE OF EXPENDITURES FOR SELECTED CATEGORIES OF SERVICE TO TOTAL VENDOR EXPENDITURES**  
For Fiscal Year 1985



# STATE FISCAL 1984-85



N.C. Medicaid Program  
State Fiscal Year 1984-1985

Total Providers Participating: 9,977

Total Service Expenditures:	\$636,462,414	Total Recipients:	340,858
Aged	: 247,539,270		63,258
Blind	: 5,558,621		1,584
Disabled	: 218,096,068		46,602
AFDC	: 140,497,824		224,662
Other	: 24,770,631		4,752

Total Medicare Part B Premiums: \$10,671,456

Percentage of Total Expenditures and Recipients:

	<u>Expenditures</u>		<u>Recipients</u>
Aged	38.9%	<u>By Aid Category</u>	18.9%
Blind	.9		.5
Disabled	34.3		13.7
AFDC & Other	25.9		67.3
0-5 yrs.	7.3%	<u>By Age Group</u>	19.9%
6-20	10.9		27.8
12-64	42.2		33.1
65 and over	39.6		19.2
Male	34.3%	<u>By Sex</u>	32.4%
Female	65.7		67.6
Black	39.1%	<u>By Race</u>	58.8%
White	59.2		38.3
Other	1.7		2.9

Total Expenditures By Category of Service:

Inpatient Hosp	\$ 160,120,257
Outpatient Hosp	19,869,075
Mental Hosp	14,205,129
SNF	110,530,644
ICF	97,567,434
ICF-MR	108,336,666
Physician	43,354,628
Drugs	43,700,338
Dental	11,033,965
Screening	1,460,291
Clinics	6,960,758
Fam Plan	2,583,551
Home Health	8,710,109
All Other	8,029,569

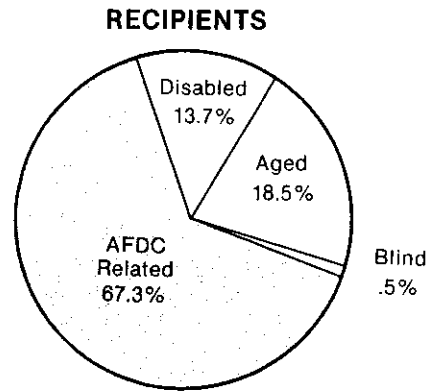
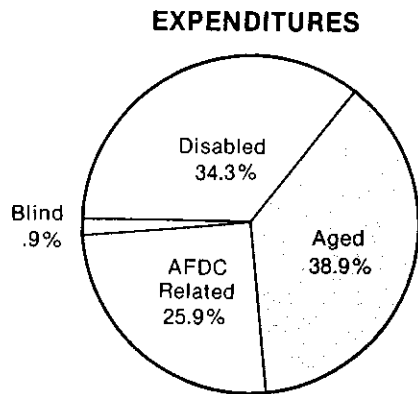
**TOTAL EXPENDITURES FOR MEDICAL SERVICES**  
**TOTAL NUMBER OF RECIPIENTS\***  
 State Fiscal Year 1985

Program Category	Expenditures	Percent of Total	Total No. Recipients	Percent of Total	Average Per Recipient
Aged .....	\$247,539,270	38.9	63,258	18.5	\$3,913.17
Blind .....	5,558,621	.9	1,584	.5	3,509.23
Disabled .....	218,096,621	34.3	46,602	13.7	4,679.97
AFDC-Child .....	67,327,056	10.6	143,400	42.1	469.50
AFDC-Adult .....	73,327,068	11.5	81,262	23.8	900.43
Other Child .....	24,770,631	3.8	4,752	1.4	5,212.67
Total Vendor .....	636,462,414	100.0	340,858	100.0	1,867.24

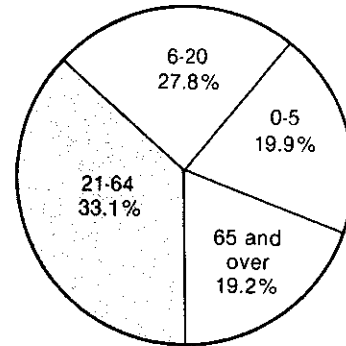
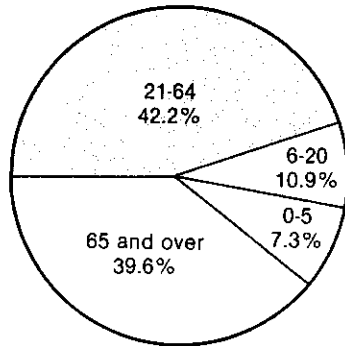
\* A recipient is a Medicaid eligible who has used services.

\*\* Includes approximately 524 children in long term care institutions with total costs of approximately \$19 million.

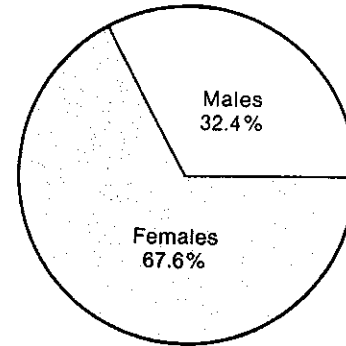
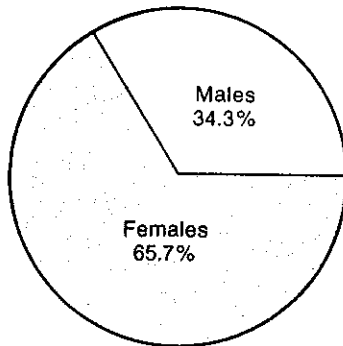
**EXPENDITURES AND RECIPIENTS BY AID CATEGORY, SEX, RACE, AGE GROUP**  
**For State Fiscal Year 1985**



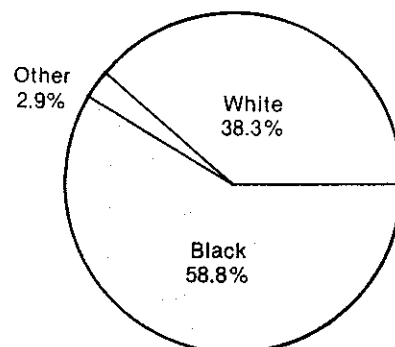
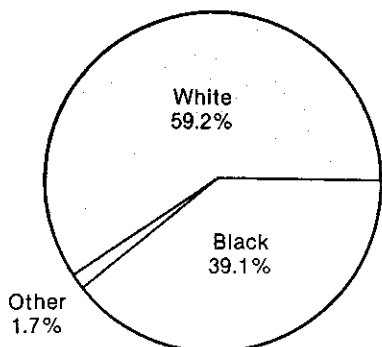
**BY AID CATEGORY**



**BY AGE GROUP**



**BY SEX**

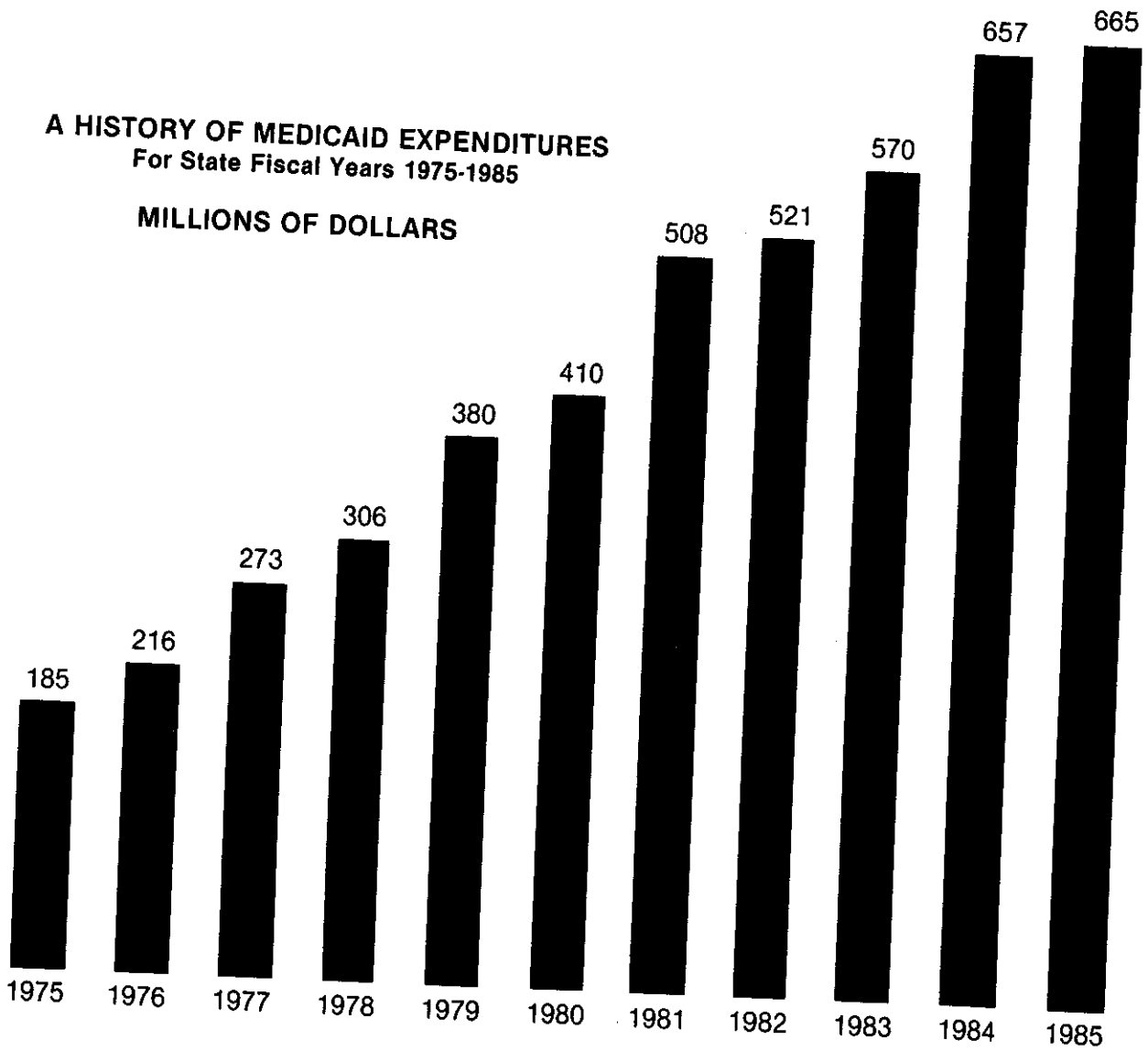


**BY RACE**

**A HISTORY OF TOTAL MEDICAID EXPENDITURES**  
For State Fiscal Years 1974-1985

Fiscal Year	Expenditures	Percentage Change
1974 .....	141,833,487	
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
1984 .....	657,763,927	15.3
1985 .....	665,526,678	1.2

NOTE: Expenditures include vendor payments, administrative costs, refunds and adjustments.



**A HISTORY OF UNDUPLICATED MEDICAID ELIGIBLES**  
**For State Fiscal Years 1977-1985**

<b>Fiscal Year</b>	<b>Aged</b>	<b>Blind</b>	<b>Disabled</b>	<b>AFDC</b>	<b>Other Children</b>	<b>Total</b>
1976-77	82,136	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
1983-84	65,203	1,755	46,728	288,619	5,501	407,806
1984-85	65,849	1,634	48,349	293,188	5,333	414,353



**TOTAL VENDOR PAYMENTS AND TOTAL ELIGIBLES BY COUNTY**  
**For State Fiscal Year July 1, 1984 - June 30, 1985**

County Name	1984 Est.	Number of Medicaid Eligibles	Total Expenditure	Per Capita Expenditures		Eligibles Per 1,000 Population
	County Population			Amount	Ranking	
Alamance .....	101,223	4,695	\$ 8,357,278	82.56	88	46
Alexander .....	26,507	752	2,058,528	77.66	91	28
Alleghany .....	9,869	521	716,095	72.56	93	53
Anson .....	26,073	2,487	4,121,517	158.08	11	95
Ashe .....	23,278	1,479	2,176,415	93.50	68	64
Avery .....	14,966	821	1,637,539	109.42	50	55
Beaufort .....	42,818	3,093	5,002,243	116.83	40	72
Bertie .....	21,357	2,725	3,092,925	144.82	16	128
Bladen .....	30,717	3,668	5,027,433	163.67	6	119
Brunswick .....	43,429	3,181	4,376,604	100.78	61	73
Buncombe .....	165,595	6,794	14,472,931	87.40	80	41
Burke .....	74,711	3,068	6,751,811	90.37	74	41
Cabarrus .....	91,414	4,060	7,814,822	85.49	83	44
Caldwell .....	68,564	3,035	6,672,561	97.32	65	44
Camden .....	5,835	377	568,139	97.37	64	65
Carteret .....	47,120	1,856	4,139,434	87.85	79	39
Caswell .....	21,782	1,877	2,340,928	107.47	54	86
Catawba .....	110,966	4,439	9,752,087	87.88	78	40
Chatham .....	34,974	1,590	3,276,172	93.67	67	45
Cherokee .....	19,978	1,151	2,299,433	115.10	44	58
Chowan .....	12,935	1,061	1,966,666	152.04	12	82
Clay .....	7,065	465	976,112	138.16	24	66
Cleveland .....	84,365	6,270	9,302,950	110.27	49	74
Columbus .....	51,839	6,715	9,253,742	178.51	2	130
Craven .....	76,807	5,221	8,178,570	106.48	55	68
Cumberland .....	254,610	20,287	22,183,541	87.13	81	80
Currituck .....	12,877	492	712,195	55.31	101	38
Dare .....	16,372	442	1,174,653	71.75	94	27
Davidson .....	116,841	5,218	9,563,431	81.85	89	45
Davie .....	27,380	918	2,526,033	92.26	72	34
Duplin .....	41,707	3,899	5,760,563	138.12	25	93
Durham .....	160,340	10,670	18,536,193	115.61	42	67
Edgecombe .....	57,739	8,051	9,409,357	162.96	8	139
Forsyth .....	254,880	16,466	25,936,884	101.76	58	65
Franklin .....	31,740	2,930	4,408,417	138.89	22	92
Gaston .....	168,017	11,086	16,381,906	97.50	63	66
Gates .....	9,184	751	1,087,655	118.43	38	82
Graham .....	7,122	532	857,991	120.47	36	75
Granville .....	36,234	2,279	3,655,109	100.88	60	63
Green .....	16,478	1,923	2,371,388	143.91	18	117
Guilford .....	324,494	18,720	30,286,254	93.33	69	58
Halifax .....	55,703	9,951	9,063,384	162.71	9	179
Harnett .....	62,130	5,738	8,599,937	138.42	23	92
Haywood .....	47,337	2,763	4,799,956	101.40	59	58
Henderson .....	64,939	2,444	5,271,438	81.18	90	38
Hertford .....	23,808	2,798	3,364,394	141.31	19	118
Hoke .....	22,503	2,535	2,460,504	109.34	51	113
Hyde .....	5,931	595	738,275	124.48	32	100
Iredell .....	86,614	4,466	8,184,987	94.50	66	52
Jackson .....	27,189	1,413	2,496,012	91.80	73	52
Johnston .....	75,012	5,333	9,629,344	128.37	27	71
Jones .....	9,852	1,142	1,614,540	163.88	5	116

## TOTAL NET EXPENDITURES AND TOTAL ELIGIBLES BY COUNTY

For State Fiscal Year July 1, 1984 - June 30, 1985

County Name	1984 Est. County Population	Number of Medicaid Eligibles	Total Expenditure	Per Capita Expenditure		Eligibles Per 1,000 Population
				Amount	Ranking	
Lee .....	39,244	2,864	\$ 4,557,075	116.12	41	73
Lenoir .....	60,728	5,958	9,174,156	151.07	13	98
Lincoln .....	44,318	2,097	3,695,104	83.38	85	47
Macon .....	22,769	778	1,336,755	58.71	100	34
Madison .....	17,159	1,691	2,189,035	127.57	29	99
Martin .....	26,775	2,551	3,244,207	121.17	34	95
McDowell .....	36,219	1,956	3,910,427	107.97	53	54
Mecklenburg .....	431,696	27,729	38,265,908	88.64	76	64
Mitchell .....	14,253	947	1,693,321	118.80	37	66
Montgomery .....	23,760	1,609	2,374,759	99.95	62	68
Moore .....	54,063	2,509	4,848,664	89.69	75	46
Nash .....	70,324	6,379	8,990,304	127.84	28	91
New Hanover .....	110,139	8,674	12,226,640	111.01	48	79
Northhampton .....	22,212	3,880	3,944,237	177.57	3	175
Onslow .....	120,149	4,320	7,208,847	60.00	99	36
Orange .....	81,090	2,416	4,908,422	60.53	98	30
Pamlico .....	10,859	1,006	1,811,422	166.81	4	93
Pasquotank .....	28,993	2,464	3,608,160	124.45	33	85
Pender .....	23,753	2,333	3,030,091	127.57	30	98
Perquimans .....	9,935	1,099	1,578,389	158.87	10	111
Person .....	30,147	2,481	4,348,078	144.23	17	82
Pitt .....	95,462	9,599	11,561,246	121.11	35	101
Polk .....	14,247	450	1,074,553	75.42	92	32
Randolph .....	96,068	2,496	6,840,183	71.20	96	26
Richmond .....	45,627	3,327	5,330,984	116.84	39	73
Robeson .....	105,509	15,569	15,348,546	145.47	15	148
Rockingham .....	85,178	5,462	9,541,549	112.02	47	64
Rowan .....	101,562	4,370	8,434,445	83.05	87	43
Rutherford .....	56,263	3,495	6,079,952	108.06	52	62
Sampson .....	50,354	4,481	6,759,973	134.25	26	89
Scotland .....	33,796	4,979	4,956,531	146.66	14	147
Stanley .....	49,735	2,111	4,379,556	88.06	77	42
Stokes .....	35,051	1,424	3,271,067	93.32	70	41
Surry .....	60,656	3,087	5,223,443	86.12	82	51
Swain .....	10,683	1,000	1,230,901	115.22	43	94
Transylvania .....	24,923	1,089	2,650,817	106.36	56	44
Tyrrell .....	4,157	595	823,268	198.04	1	143
Union .....	76,328	4,168	6,484,180	84.95	84	55
Vance .....	37,694	4,490	5,298,150	140.56	21	119
Wake .....	338,195	14,526	24,252,845	71.71	95	43
Warren .....	16,467	2,399	2,690,603	163.39	7	146
Washington .....	14,367	1,787	2,023,819	140.87	20	124
Watauga .....	34,078	1,219	2,317,476	68.01	97	36
Wayne .....	98,479	8,816	11,103,384	112.75	46	90
Wilkes .....	60,463	2,937	6,895,224	114.04	45	49
Wilson .....	64,376	7,289	8,187,780	127.19	31	113
Yadkin .....	29,286	1,172	2,729,872	93.21	71	40
Yancey .....	15,392	1,032	1,279,786	83.15	86	67
TOTAL .....	6,164,201	414,353	\$629,121,410	102.06		67

Source: Medicaid Cost Calculation Fiscal Y-T-D June 1985

Data reflects only net vendor payments for which the county is billed for its computable share.





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