

Medicaid in North Carolina Annual Report State Fiscal Year 2001

Division of Medical Assistance



Michael F. Easley
Governor

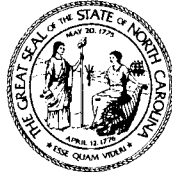
Carmen Hooker Odom
Secretary

Nina M. Yeager
Director

Mission Statement

The mission of the Division of Medical Assistance is to manage the Medicaid program efficiently so that cost effective health care services are available through enrolled providers to all eligible persons across the state.

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North Carolina Department of Health and Human Services
Division of Medical Assistance
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North Carolina
Department of Health and Human Services
Division of Medical Assistance
Director's Office

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Michael F. Easley, Governor
Carmen Hooker Odom, Secretary

Nina M. Yeager, Director

Dear Fellow North Carolinians:

I am pleased to present the Medicaid Annual Report for State Fiscal Year 2000 - 2001. I have the privilege of reporting on the final year of tenure of the former Director, Mr. Paul R. Perruzzi, who retired on July 31, 2001 from a distinguished career of twenty-three years with the NC Medicaid Program.

As was the case with almost all of the states in the nation, the North Carolina Medicaid Program had a challenging year in meeting the pressing needs of its citizens during the recent and on-going economic recession. As more North Carolinians moved to the welfare roles, they often qualified as well for Medicaid health insurance. The number of individuals eligible for Medicaid coverage at some point during the year increased by 10.9% over the previous year. Medicaid health service expenditures for this population increased by approximately 14%. This report provides details on the initiatives that the Division of Medical Assistance undertook to contain costs while continuing to fund much needed health services, including significant enhancements in the areas of mental health and early preventive dental care.

In keeping with the current trend to make information available through the Internet and the need to contain administrative costs, the SFY 2001 Annual Report is available largely through the Division of Medical Assistance website. We have made the main body of the report as concise as possible and have provided links to an in-depth historical background and detailed information about our programs. I invite you to read the full report to gain better insight into the Medicaid Program in North Carolina.

Sincerely,

A handwritten signature in black ink that reads "Nina M. Yeager". The signature is written in a cursive style with a long horizontal stroke at the beginning.

Nina M. Yeager, Director

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Retirement of Paul R. Perruzzi, Director



On July 31, 2001, Paul R. (Dick) Perruzzi retired as the Director of the Division of Medical Assistance after 23 years of service to the State's Medicaid Program. Mr. Perruzzi joined the Division of Medical Assistance (DMA) in 1978 as the Chief Financial Officer. He was appointed Deputy Director in 1980 and Director in April 1997. During his tenure with the Medicaid Program, Mr. Perruzzi exhibited extraordinary skills in the areas of personnel management, policy development, budgeting, program operations, and resource management.

Mr. Perruzzi was a member of the Executive Committee of the National Association of State Medicaid Directors, a member of the Department of Health and Human Services (DHHS) Executive Committee and a member of the Advisory Board of the North Carolina Institute for Public Health. In September 2000, he was the recipient of the North Carolina Pediatric Society's "Excellence in Public Service to Children Award." He was also the Medical Commissioner for the 1999 Special Olympics World Summer Games.

Among the many accomplishments of the DMA under Mr. Perruzzi's leadership was:

- Extension of Medicaid coverage to aged, blind, and disabled individuals with incomes below poverty.
- Establishment of Carolina ACCESS, ACCESS II, and ACCESS III, a nationally recognized primary care case management program.

Retirement of Paul R. Perruzzi, Director

- Implementation of N.C. Health Choice for Children, the highly successful State Child Health Insurance Program.
- Improved access to health care.

Mr. Perruzzi's contributions to the North Carolina Medicaid Program are notable. Recipients and providers will benefit from those contributions for years to come. The DHHS and the DMA thank him for his service.

Highlights



SFY 2001 Policy and Program Changes

TANF Redeterminations

The State was required by regulation to reinstate Medicaid benefits to thousands of Work First recipients whose Medicaid benefits may have been erroneously terminated when their Work First cases terminated. The purpose of the reinstatements was to evaluate ongoing Medicaid eligibility. Recipients, when reinstated, were provided up to four months of Medicaid benefits while staff from local departments of social services determined eligibility for ongoing benefits. Approximately 80,200 former Medicaid recipients were reinstated, of which 11,319 received on-going benefits beyond the period for which they were reinstated.

Transitional Medicaid

The Division has made it easier for Medicaid recipients who work to continue their Medicaid benefits for a few months. This was done by changing the reporting requirements from monthly to quarterly for Medicaid recipients who receive Transitional Medicaid. Transitional Medicaid is an incentive for recipients who have gone to work.

Qualified Medicare Beneficiaries

DMA implemented a consumer friendly re-enrollment form for qualified Medicare beneficiaries. The county department of social services can use this form rather than requiring the person to come to the office for a face-to-face interview. The project is part of DMA's efforts make it easier for people to sign up for Medicaid and stay in the program if they are eligible.

Into the Mouths of Babes Initiative

Into the Mouths of Babes Initiative is an innovative project that provides access to dental care to eligible children from birth to age three. The program's goal is to improve children's access to dental care and, by providing regular preventive care, remove the need for more extensive and expensive care at a later date. The program provides screening for dental disease, applying fluoride varnish to the children's teeth, and counseling parents and caregivers on proper dental care. Since January 2000, more than 7,500 children have received services and 117 private medical practices and 64 local health departments have been trained to provide services.

Psychiatric Residential Treatment Facilities

In response to the direction set by the N.C. General Assembly and concerns raised by N.C. Legal Services, the Department of Health and Human Services elected to cover psychiatric residential treatment facilities as part of the Early and Periodic Screening Diagnosis and Treatment (EPSDT) mandate. This is an inpatient behavioral health service, below hospital level, that covers both treatment and room-and-board costs.

SFY 2001 Policy and Program Changes

High Risk Intervention

The Department of Health and Human Services (DHHS) implemented a program to better identify children requiring behavioral health services and to directly enroll High Risk Intervention - Residential (HRI-R) providers into the N.C. Medicaid Program.

Emergency Department Policy Change

The Emergency Department Reimbursement Policy for North Carolina's Primary Care Case Management Program, Carolina ACCESS, was determined by the Health Care Financing Administration (now named "Centers for Medicare and Medicaid Services" or "CMS") to be out of compliance with the requirements of the Balanced Budget Act (BBA). The policy allowed fee-for-service reimbursement for emergency care based on a diagnostic code list of identified emergent conditions. A flat-rate medical screening fee was paid for all other emergency department claims. In September 2000, the policy was changed to pay claims on a fee-for-service basis for all emergency department visits, regardless of diagnosis, in an effort to comply with the BBA requirements.

Direct Enrollment of Independent Mental Health Providers

On February 1, 2001, the Division of Medical Assistance (DMA) began the process of directly enrolling independent mental health providers in a solo or group practice as Medicaid providers for the provision of mental health services to Medicaid-eligible children ages birth through twenty. This direct enrollment initiative applied to licensed psychologists, licensed clinical social workers, advanced practice psychiatric nurse practitioners, and advanced practice psychiatric clinical nurse specialists.

Cost Recovery and Avoidance

DMA's Post Payment and Cost Avoidance Unit was responsible for enabling Medicaid to recover or avoid more than \$38 million in costs. North Carolina is a consistent leader in the southeast region for this type of Medicaid recovery.

Summary of Populations, Services and Expenditures

Populations and Eligibility Groups

The estimated population in North Carolina during SFY 2001 was 8,049,313. A total of 1,354,593 North Carolinians, or 16.8 percent of the total population, were eligible for Medicaid coverage at some time during the year. The monthly average number of eligibles was 920,648 or roughly one out of eight people. The number of recipients (i.e., those eligibles who actually received Medicaid services of any kind at some point in the fiscal year) was 1,307,755, or 96.5 percent of total eligibles. Compared with SFY 2000, the population rose by 5.2 percent, the number of Medicaid eligibles increased by 10.9 percent and the number of monthly average eligibles increased by 8.2 percent.

Exhibit 1		
NC Medicaid Average Monthly Eligibles by Eligibility Group - SFY 2001		
<u>Eligibility Group</u>	<u>Number of Eligibles</u>	<u>% of Total Eligibles</u>
Special Pregnant Women & Children	312,422	33.9%
AFDC-related	268,442	29.2%
Disabled	179,388	19.5%
Aged	128,904	14.0%
Qualified Medicare Beneficiaries	29,045	3.2%
Blind	2,165	0.2%
Aliens & Refugees	283	0.0%
Total	920,649	100.0%

As indicated in **Exhibit 1** above, the largest category of eligibles during SFY 2001 was Children and Pregnant Women with a monthly average of 312,422 individuals, or about 34 percent of total eligibles. There was almost no increase in this category from the previous year. The Aid to Families with Dependent Children (AFDC)-related category was next in size with 268,442 individuals, or about 29 percent of the total eligibles. The AFDC-related population realized a huge increase of 27 percent in eligibles over the previous year. This was due primarily to three factors: (1) reinstatement of individuals who may have been erroneously terminated from Medicaid (see TANF Redeterminations in the preceding section of this report) and to the worsening of the economy; (2) a large number of families qualifying for both welfare and Medicaid; and (3) the decision in the middle of the previous fiscal year to provide a 12-month extension of Medicaid coverage to families who leave the Work First program for work. The Disability category increased only 3.5 percent from SFY 2000 to a new level of 179,388. The Aged category contained 128,904 people, or 14 percent of total eligibles, which was virtually the same

Summary of Populations, Services and Expenditures

as the previous year. The Qualified Medicare Beneficiaries, Blind, and Undocumented Aliens and Refugees categories made up the smallest number of eligibles, totaling 31,493.

Exhibit 2

NC Medicaid Recipients of Medicaid Services - SFY 2001

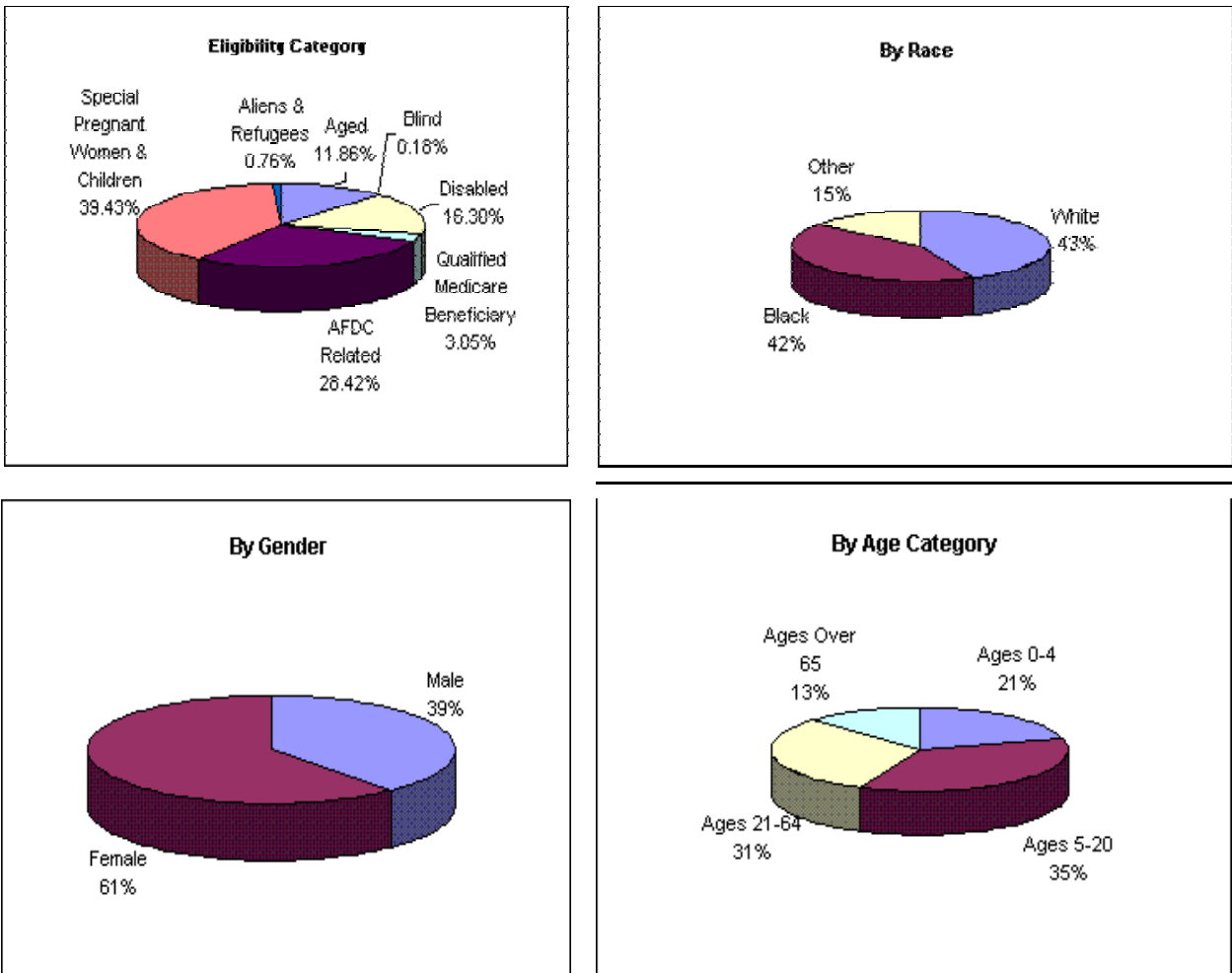


Exhibit 2 above shows the distribution and characteristics of recipients of Medicaid services. The distribution of recipients varies somewhat from the distribution of eligibles shown in Exhibit 1. For instance, pregnant women represented almost 40 percent of Medicaid recipients, while they constituted 33.9 percent of Medicaid eligibles. This was also true of Undocumented Alien and Refugee recipients compared to Undocumented

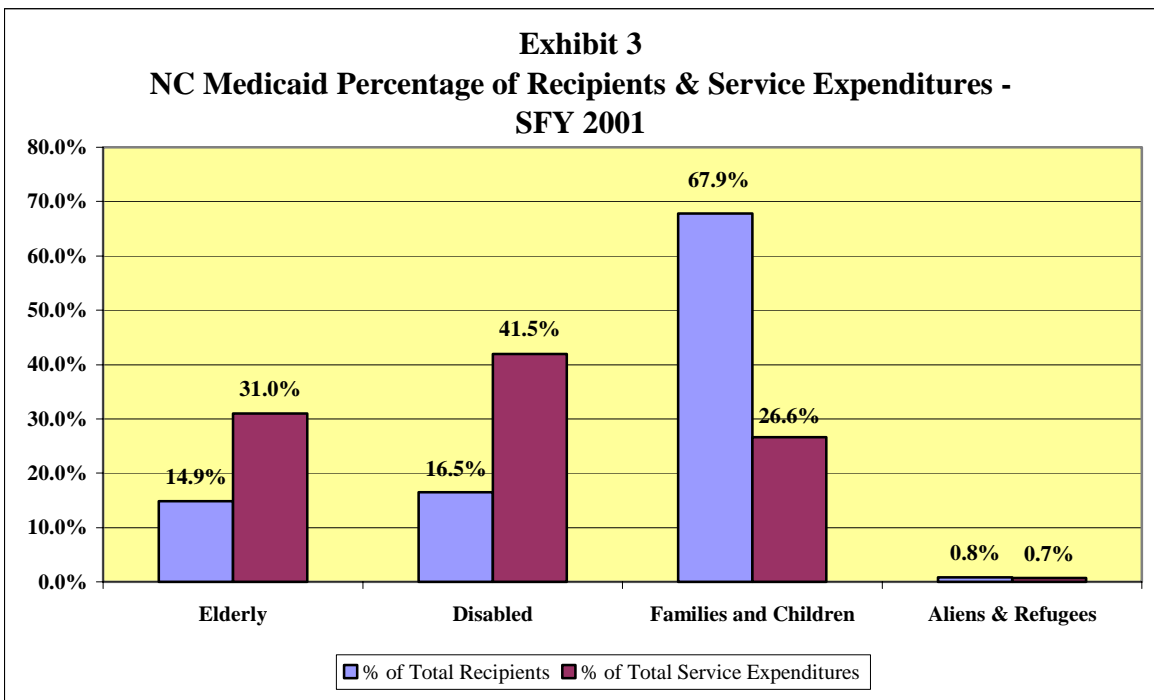
Summary of Populations, Services and Expenditures

Alien and Refugee eligibles. The percentage of Aged and Disabled recipients was somewhat below expectations as indicated in the other charts in Exhibit 2.

Forty-three percent of recipients were white, 42 percent were black, and the remaining 15 percent were of other races. A total of 61 percent of recipients were female and 39 percent male. When Medicaid recipients are grouped by age, children ages 5 to 20 constitute the largest group at 35 percent. Adults aged 21 to 64 are the second largest group, followed by young children from birth to 4 (21 percent) and the elderly, ages 65 and older, at 13 percent.

Services and Expenditures

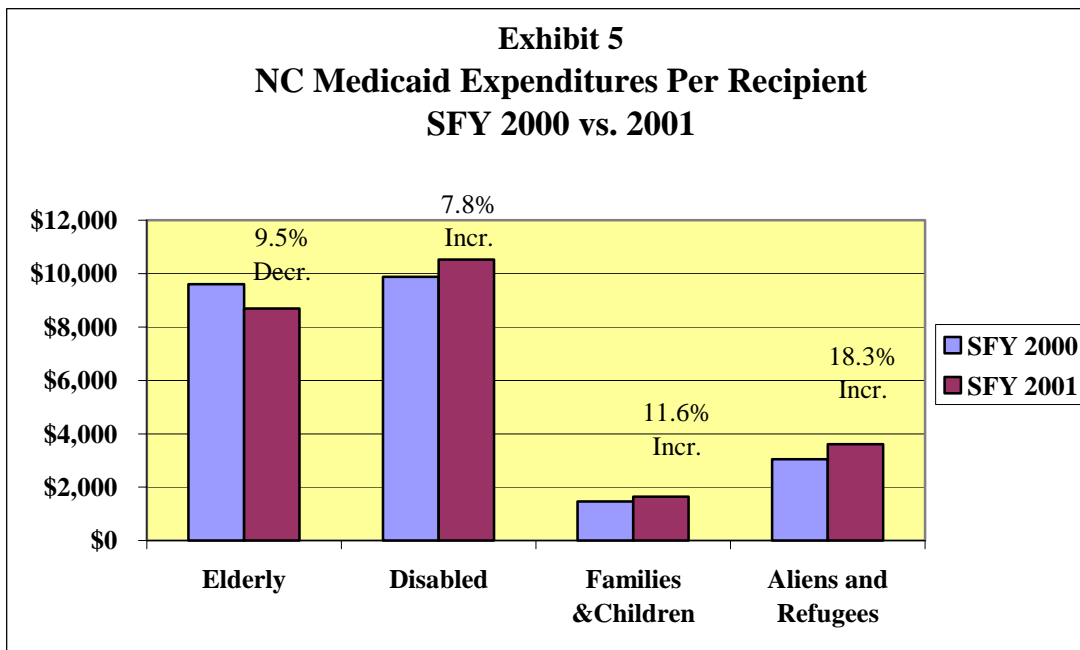
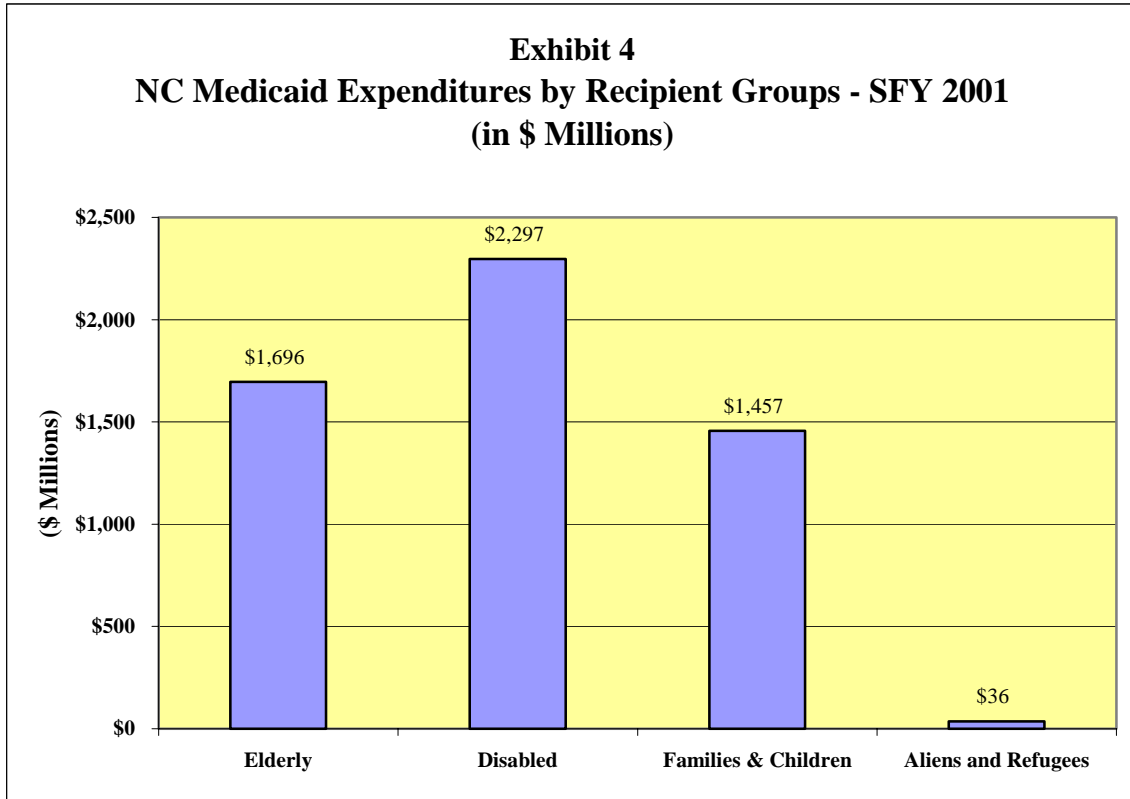
As indicated in [Table 10](#), a total of approximately \$5.4 billion was spent on health services for roughly 1.3 million Medicaid recipients, or \$4,175 per recipient per year. **Exhibits 3 and 4** below show that Elderly (the combination of the Aged and Medicare Qualified Beneficiaries categories) and Disabled



recipients numbered 14.9 percent and 16.5 percent of total recipients respectively. Yet expenditures for these two groups amounted to \$1.7 billion, or 31 percent of total expenditures, and \$2.3 billion, or 41.5 percent of total service expenditures respectively. These two groups received more services and services that are more expensive per unit than any other group. Recipients from the Families and Children group, on the other hand, represented 67.9 percent of all recipients. However they accounted for \$1.5 billion, only 26.6 percent, of total service expenditures. **Exhibit 5** below shows that per recipient

Summary of Populations, Services and Expenditures

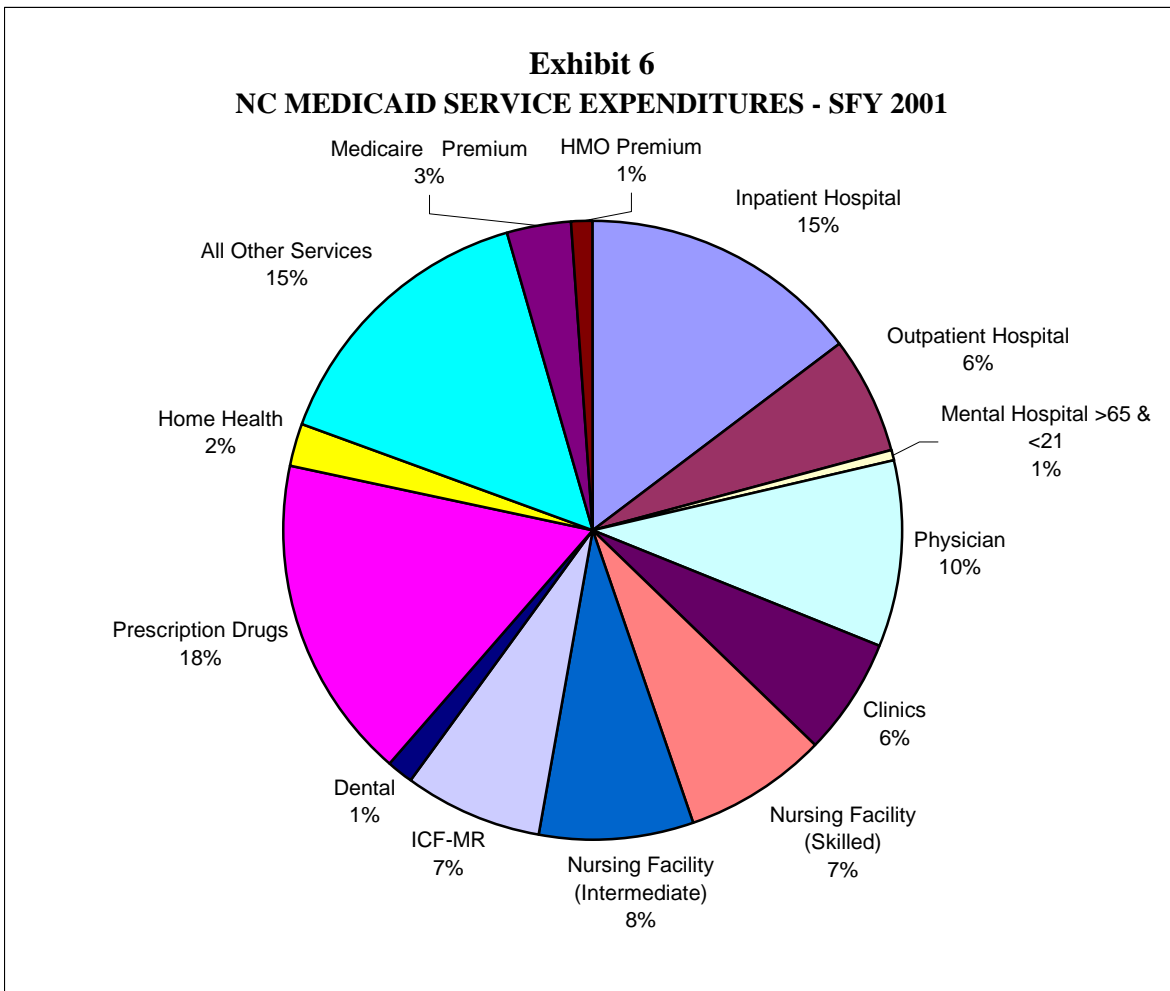
expenditures for the Elderly decreased by 9.5 percent between SFY 2000 and SFY 2001, but increased for all other groups.



Summary of Populations, Services and Expenditures

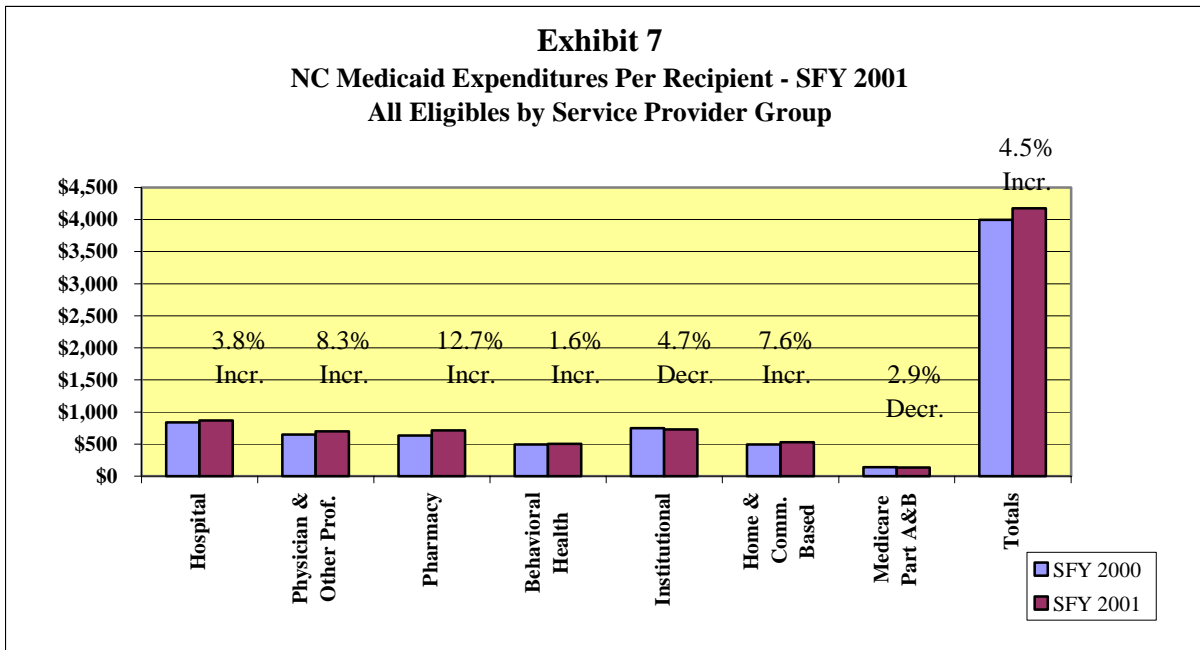
As [Table 6](#) indicates, the grand total of Medicaid and Medicaid-related expenditures in SFY 2001 was \$7,065,354,619. Of this amount, \$5,468,556,418 was spent on direct health care services to Medicaid recipients. The balance was spent on a variety of categories including state and county administration, disproportionate share hospital payments and transfers.

Of all Medicaid services provided, the Prescription Drug service category is the most expensive, at roughly \$927 million, or 17 percent of all service expenditures as shown in [Table 6](#) and [Exhibit 6](#). This was an increase of roughly \$172 million, or 22.9 percent, over the previous fiscal year. Approximately 58 percent of the increased expenditure was due to the change in the average monthly number of recipients. Twenty percent of the Prescription Drug expenditure increase was due to a change in the average amount paid per prescription, due in part to price increases and the type of drugs prescribed. The remaining 22 percent was due to an increase in the average number of prescriptions per recipient. Increased annual expenditures at 22.9 percent are already leading DMA toward intensive prescription drug cost containment efforts during SFY 2002 and beyond. Inpatient Hospital services accounted for 14.6 percent of total service expenditures.



Summary of Populations, Services and Expenditures

In over 30 years of operation, the programmatic complexity of Medicaid has paralleled the growth in both program expenditures and number of recipients. DMA has historically spent a modest percentage of its budget on administration. DMA spent a total of \$89,475,112, or approximately 1.3 percent of total expenditures, for the administration of the N.C. Medicaid Program at the State and county level. Other DHHS agencies spent \$175,299,863 and non-DHHS agencies spent \$2,943,718 on administering the Medicaid Program. Additionally, counties contributed \$510,623 in support of transportation administrative costs. Thus, total administrative expenditures were \$268,229,316, or approximately 3.8 percent. The relatively modest level of administrative expenditures



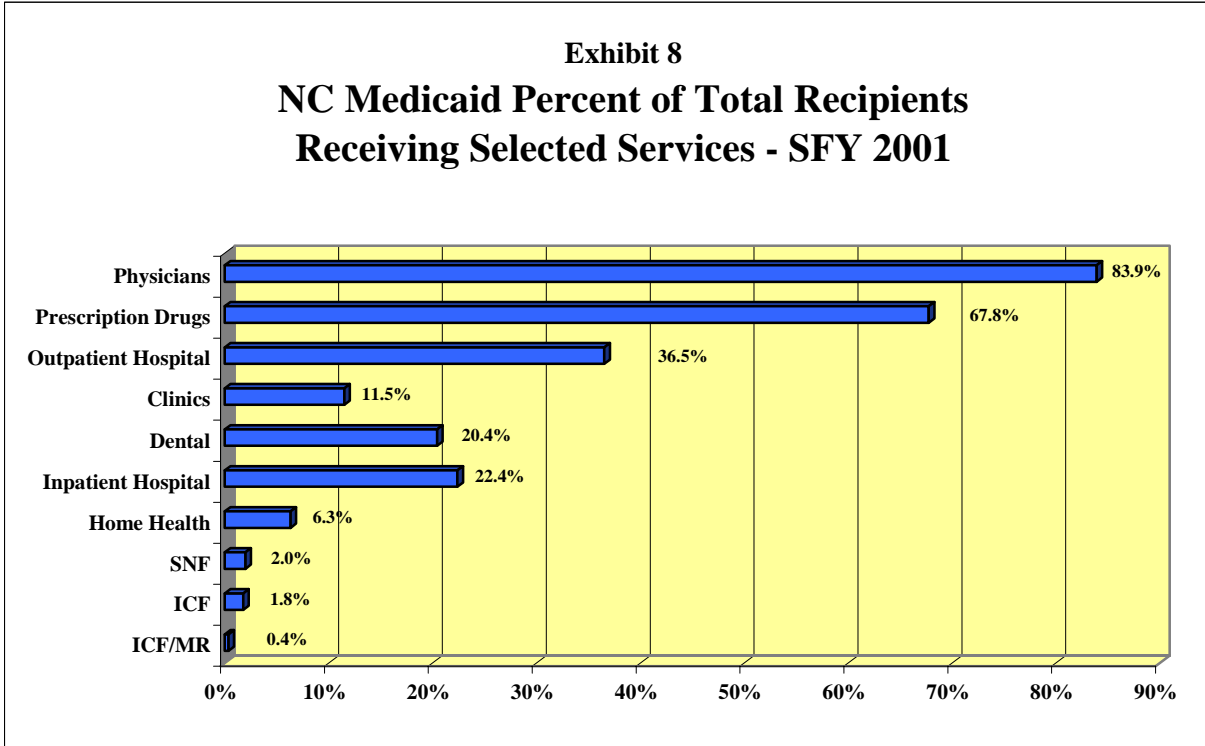
compared to other Medicaid programs in the nation became an important issue for the N.C. General Assembly as it began to put together the DMA budget for SFY 2002. The Legislature commissioned the services of a consulting firm to conduct a comprehensive study of DMA. They reported that “Limiting the size of the administrative staff can help control costs and reduce waste and inefficiency. However, having a minimal number of staff can lead to overloads and bottlenecks, compromising staff members’ ability to appropriately design, implement, and enforce Medicaid coverage policies.”¹ Correcting this situation, while at the same time seeking other appropriate means of operational efficiencies and cost reductions, will continue to have a high level of significance well into the future.

As indicated in **Exhibit 7** above, health services costs per recipient are rising. The SFY 2001 total annual service expenditures for each recipient were \$4,175, a 4.5 percent increase over the previous year. Among the service provider groups shown here, per recipient expenditures were the highest for Hospital services (\$869 per recipient) and lowest for Medicare Part A and Part B premiums (\$134 per recipient). Between SFY 2000 and 2001, the highest per recipient expenditure increase was 12.7 percent for Pharmacy and the largest decrease was 4.7 percent for Institutional services (i.e., non-behavioral health skilled nursing and intermediate care facilities).

¹ “North Carolina Medicaid Benefits Study: Final Report”, The Lewin Group, Inc., May 1, 2001

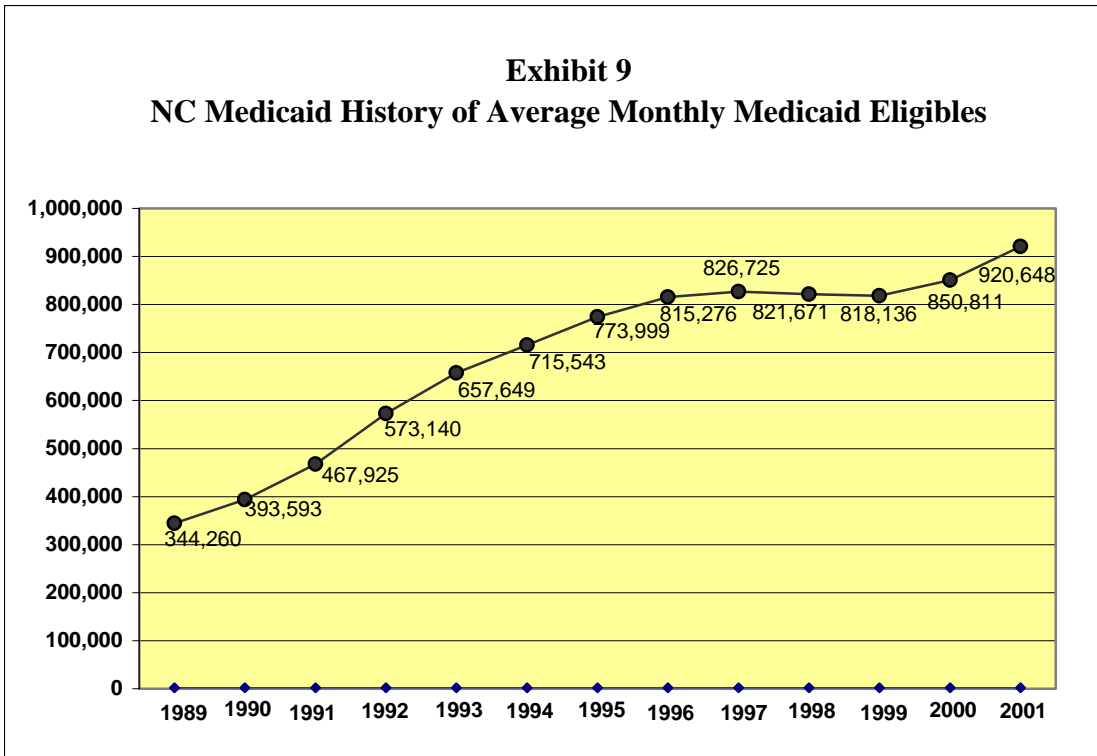
Summary of Populations, Services and Expenditures

Approximately 84 percent of North Carolina's Medicaid recipients received services from a Physician at least once during SFY 2001 and 68 percent received at least one prescribed drug. The utilization rate falls off dramatically for other service providers as shown in **Exhibit 8** below.



Medicaid eligibility and expenditures vary widely among the 100 North Carolina counties, as **Exhibit 9** on the next page indicates. The percentage of Medicaid eligibles is as high as 36.3 percent in Martin County and as low as 7.8 percent in Orange County. Expenditures per eligible ranged from \$5,449 in Avery County to \$3,028 in Cumberland County. Lastly, expenditures per capita were the highest in Bertie County at \$1,509 and the lowest in Orange County at \$394.

Summary of Populations, Services and Expenditures



Detailed information regarding expenditures and services is available in the Medicaid Tables section (page 23) of this report.

Major Accomplishments

Program Integrity Collections and Cost Avoidance

DMA staff saved the N.C. Medicaid Program \$1,275,712,136 through collections and cost avoidance during SFY 2001. The DMA Program Integrity Section worked cooperatively with the Attorney General's Medicaid Investigation Unit, DMA Financial Operations/Audit Section staff, and the 100 county departments of social services to achieve these savings. Savings were accomplished through reviews of provider's medical records, audits of provider's financial records, coordination with other insurers and payers where Medicaid was not the primary payer, and through legal and civil actions cooperatively with State and local law enforcement.

- Program Integrity recovered or cost avoided \$1,251,747,820 when Medicare, private health insurance or other parties were responsible for paying the claims.
- Program Integrity's Third Party Recovery Unit increased recoveries last year from \$28 million to \$40 million.
- Program Integrity staff recovered \$5,966,879 for overpayments made to providers.
- The Attorney General's Medicaid Investigations Unit collected \$7,365,000 in restitution fines, penalties and interest when they concluded 43 criminal and civil cases. Money from the fines went to the State's School Fund as required by law.
- Recipient fraud investigators in the local departments of social services recovered \$1,493,270 in overpayments. The State helped them collect \$84,263 by intercepting North Carolina income tax refund checks from delinquent debtors.
- Financial Operations auditors recovered \$9,139,167 through audits of nursing home providers.
- Program Integrity's Quality Assurance Unit worked with local departments of social services to ensure that the state continues to have a 98.5 percent accuracy rate in Medicaid eligibility determinations.

The Program Integrity Section also implemented one of the more unique fraud and abuse detection software systems in the country. Only a handful of states utilize the technology similar to that used by DMA. The accomplishments listed above were made possible through the use of increased automation and hard work on the part of staff. The average return per employee is over \$1 million.

DHHS Develops Recommendations for Continuum of Long-Term Care

In 2001, the N.C. General Assembly authorized DHHS to develop a long-term care system that could provide a continuum of care for older adults, people with disabilities, and their families. DHHS contracted with the North Carolina Institute of Medicine to

Major Accomplishments

convene a statewide task force to assist in developing this comprehensive long-term care plan. Participants in the task force included long-term care providers, legislators, government agency directors, long-term care researchers, and consumer advocates. DMA leadership and staff were heavily involved in the process. Over the course of a year, the group examined and debated long-term care issues and, in December 2000, produced a report that assessed the current long-term care system. As a result of the assessment, the group made 47 recommendations to shape the future direction of long-term care in the state. The full text of the report can be found online at <http://www.niom.org>. Note: This website is not a NC State website. The (back) key does not work and will not return to the NC Annual Report.

Home and Community Based Services

In June 1999, the United States Supreme Court made a landmark decision in the case of *Olmstead v. L.C.* that it was a violation of the Americans with Disabilities Act (ADA) to fail to provide the option for community services for individuals living in institutions for whom community living has been deemed appropriate. The Court reiterated the ADA's mandate that services, programs and activities must be administered in the most integrated setting appropriate to the needs of individuals with disabilities, and suggested that a state could show compliance with this ruling by having a "comprehensive, effectively working plan to place people in more integrated settings." DHHS began to develop this plan in fall 2000 by soliciting input on how to best serve individuals with disabilities in the community.

DHHS and DMA staff conducted four public meetings at sites throughout the state, which were attended by over 900 individuals with disabilities, older adults, family members, treatment professionals, and providers of services and supports. At each meeting, participants were able to work in small groups to address the following topics: 1) identifying individuals who could be cared for in the community or in a home setting; 2) services or resources needed to support people in the community or home; 3) regulatory or bureaucratic barriers that prevent or hinder an individual from being appropriately cared for in the community or home; and 4) quality, monitoring, and reporting systems needed to oversee the quality of care provided in the community or home setting. Comments from these meetings, along with comments received by mail, telephone, and the Internet were integrated into the plan. The plan is available online at <http://www.dhhs.state.nc.us/docs/olmstead.htm> (click on this link).

Quality and Healthcare Outcome Improvements

The Quality Management (QM) Unit within DMA's Managed Care Section developed and implemented quality improvement plans by participating in local and national quality initiatives regarding children with special health care needs, pediatric asthma, patient satisfaction, and adults with diabetes and congestive heart failure .

The QM Unit participated in the National Medicaid Health Plan Employer Data and Information Set (HEDIS) Database/Benchmark Project during the past several years.

Major Accomplishments

used to measure and evaluate the quality of care and delivery of services to Medicaid beneficiaries and provides a basis for setting quality standards for measuring both baseline and ongoing performance.

During SFY 2001, DMA analyzed HEDIS data related to the treatment of persistent asthma in its pediatric population across the four systems of care offered through the N.C. Medicaid Program. These systems are Carolina ACCESS (a primary care case management, or PCCM, managed care program), ACCESS II (PCCM), ACCESS III (PCCM), Health Maintenance Organizations (managed care organization or MCO), and fee-for-service. Of those individuals ages 5 through 20 continuously enrolled in Medicaid for years 1998 and 1999, 4.7 percent were identified as persistent or chronic asthmatics. Approximately 60 percent of these children were receiving appropriate medications for long-term asthma management during year 1999. There were significant differences across the systems of care with Carolina ACCESS and ACCESS II and ACCESS III children having the highest rates for appropriate medication use.

The QM unit participated in a national learning collaborative with the University of North Carolina School of Public Health/Children's Primary Care Research Group (CPCRG) and the National Initiative for Children's Healthcare Quality (NICHQ) in an effort to improve asthma care in the primary care setting. Participation by Carolina ACCESS providers improved the quality of care for pediatric asthma patients and decreased the number of hospitalizations and emergency department visits through a consistent and appropriate medical management plan, appropriate access to the physician, and patient/family education on self-management. Data collection to analyze the success of the collaborative will be completed during SFY 2002 and all Carolina ACCESS physicians who care for pediatric asthmatics will be encouraged to implement the best practice clinical pathways developed during the collaborative.

In addition, QM has compiled HEDIS data on immunizations, breast and cervical cancer screenings, rates of prenatal care in the first trimester, diabetic retinal exams, childhood access to primary care physicians, well-child visits, ambulatory care, and inpatient utilization. Once analysis of the data is completed in 2002, a quality improvement plan will be developed for each system of care.

A baseline study on congestive heart failure was completed in early 2001 in conjunction with a national project undertaken by Medical Review of North Carolina, Inc. (MRNC). Quality interventions implemented include a medical record flow sheet, which was mailed to all physicians for use in care management, and a brochure providing disease-specific information, which was mailed to CHF patients. MRNC has begun the second phase of data abstraction to evaluate the effectiveness of these interventions.

As a result of the diabetes study conducted in 2000, quality improvement strategies were developed that included mailing a diabetic flow sheet to primary care physicians for use in the patient's chart. In addition, educational materials, known as "passports," were developed to provide a means for diabetic patients to participate in their care coordination.

Major Accomplishments

In order to coordinate care more effectively for children with special health care needs, QM has been working with the contracted HMOs to identify children early in the enrollment process in order to initiate appropriate care management in a timely manner.

CAHPS Survey and Identification of Children with Special Needs

The analysis and reporting of the Consumer Assessment of Health Plans Survey (CAHPS) was completed in spring 2001 as a tool to measure and evaluate satisfaction of care and access to services. The CAHPS survey included adults and children from Carolina ACCESS, ACCESS II, ACCESS III, HMOs, and N.C. Health Choice. The survey included questions regarding patient experiences with access to medical services, quality of care rendered by primary care physicians and specialists, and communication between patients and care providers. Generally, the results showed that both adults and children in the Medicaid managed care systems were highly satisfied with both the quality of care received and their ability to access care. The summary of the survey is posted online under <http://www.dhhs.state.nc.us/dma/cahps.htm> (click on this link).

In addition to the base CAHPS survey, the N.C. Medicaid Program, in conjunction with the Harvard School of Medicine, the University of Massachusetts, the University of North Carolina-Charlotte, and CMS, served as a pilot survey site for questions identifying children with special health care needs. The five 2-part questions have been incorporated into the Medicaid/Health Choice enrollment form as a means for identifying children with special needs who were not enrolled in a CMS-designated special needs eligibility category. In the first three months of the process, approximately 2,300 children had self-identified at the time of enrollment.

Information System Requirements

The Information Services Section, along with staff from DMA, Division of Information Resource Management (DIRM), and EDS, carried out several major tasks to ensure appropriately functioning automation systems.

The N.C. Medicaid Management Information System (MMIS), which processes Medicaid claims from enrolled Medicaid providers, was recently upgraded and is now called MMIS Plus. The enhancements to the MMIS provide the capability to identify, track, and measure the cost-effectiveness of different Medicaid health care delivery systems (Carolina ACCESS, ACCESS II, ACCESS III, HMOs and fee-for-service) and can be modified for use by other agencies that interface with the N.C. Medicaid Program. The conversion to a table-driven system adds flexibility for new program implementation and lowers the amount of time and expense required to modify the existing system.

With the widespread acceptance of the Internet, more software programs are implementing an interface to data that has the look and feel of an Internet browser system. N'ABLE was created to allow DMA and EDS staff to view Medicaid claims, eligibility information, and health care provider information, along with the ability to

Major Accomplishments

update records. This system replaces the mainframe series of screens that required specialized training and extensive knowledge. The system also provides Medicaid administrators with a fast, efficient means of updating data and finding answers to questions.

The Health Insurance Portability and Accountability Act (HIPAA) is the new federal standard that is being implemented nationally to improve efficiency in health care delivery through standardizing electronic data interchange and securing the confidentiality of health data. Implementation of these new standards heavily impacts every aspect of the MMIS claims processing system. Information Services leads a HIPAA workgroup that has evaluated the business impact of the HIPAA regulations and is now proceeding with Business Requirements.

How the NC Medicaid Program Works



How The NC Medicaid Program Works

North Carolina's Medicaid program began in 1970 under the direction of the North Carolina Division of Social Services. The Division of Medical Assistance (DMA) was created within the Department of Human Resources in 1978. From 1978 to 2001, the annual number of people eligible for Medicaid increased from 456,000 to 1,354,593 and total annual Medicaid expenditures grew from approximately \$307 million to \$7 billion. The number of average monthly eligibles has increased from 344,260 during SFY 1989 to 920,648 during SFY 2001.

Please [\(click here\)](#) for further information on the following topics:

- Brief History
- Medicaid Eligibility
- Funding the N.C. Medicaid Program
- Administrative Contracts
- Partnerships
- Covered Services
- Providers of Care
- Rate Setting
- Program Integrity
- Medicaid Eligibility Error Rate Reduction
- Utilization Management

Please also see the tables in the back of this report for more detailed service and financial information.

Major Initiatives and Subprograms



Major Initiatives and Subprograms

The N.C. Medicaid Program has developed a number of initiatives and subprograms over time to meet federal or State government mandates, to respond to recipient lawsuits, to meet specific medical needs identified among Medicaid recipients or to give recipients better access to care or more care options. Some of these are only available to specific groups of recipients, such as pregnant women, and some are available to all. Services under the various subprograms are not necessarily mutually exclusive; a recipient may be eligible to receive services from a number of subprograms.

Please [\(click here\)](#) for further information on the following topics:

Managed Care

Maternity and Child Health Initiatives

Long-Term Care

Behavioral Health

Dental Health

Pharmacy

Visual Services

Hearing Aid Services

Medicare-Aid

Medicaid Tables



**Table 1
North Carolina Medicaid
State Fiscal Year 2001
Federal Matching Rates**

**Benefit Costs
(7/1/00 - 9/30/00)**

	<u>Family Planning</u>		<u>All Other</u>
Federal	90.00%	Federal	62.49%
State	8.50%	State	31.88%
County	1.50%	County	<u>5.63%</u>
			100.00%

**Benefit Costs
(10/1/00 - 6/30/01)**

	<u>Family Planning</u>		<u>All Other</u>
Federal	90.00%	Federal	62.47%
State	8.50%	State	31.90%
County	1.50%	County	<u>5.63%</u>
			100.00%

**Administrative Costs
(7/1/00 - 6/30/01)**

	<u>Skilled Medical Personnel & MMIS*</u>	<u>All Other</u>
Federal	75.00%	50.00%
Non-Federal	25.00%	50.00%

*MMIS-Medicaid Management Information System

**Table 2a
North Carolina Medicaid
State Fiscal Year 2001
Medicaid Financial Eligibility Standards**

GROUP	FAMILY SIZE:		1	2	3	4	5
Pregnant Women and Children under age 1			\$1,325/mo	\$1,790/mo.	\$2,256/mo.	\$2,722/mo.	\$3,187/mo.
	Resource Limit:		None				
Children age 1 through 5			\$953/mo.	\$1,287/mo.	\$1,622/mo.	\$1,957/mo.	\$2,291/mo.
	Resource Limit:		None				
Children age 6 through 18			\$716/mo.	\$968/mo.	\$1,220/mo.	\$1,471/mo.	\$1,723/mo.
	Resource Limit:		None				
Children age 19 and 20			\$362/mo.	\$472/mo.	\$544/mo.	\$594/mo.	\$648/mo.
	Resource Limit:		\$ 3,000	\$ 3,000	\$ 3,000	\$ 3,000	\$ 3,000
Caretaker Relatives - Individuals (usually parents) who live with children under age 19 to whom they are related when one or both of the child's parents are out of the home, dead, incapacitated or working less than 100 hours a month.			\$362/mo.	\$472/mo.	\$544/mo.	\$594/mo.	\$648/mo.
	Resource Limit:		\$ 3,000	\$ 3,000	\$ 3,000	\$ 3,000	\$ 3,000
Aged (over age 65), Blind or Disabled by Social Security standards.			\$716/mo.	\$968/mo.			
	Resource Limit:		\$ 2,000	\$ 3,000			
Medicare Beneficiaries - Persons who have Medicare Part A - * Medicaid pays for Medicare premiums, deductibles, and co-payments. * Medicaid pays Medicare Part B premiums only.							
			\$716/mo.	\$968/mo.			
	Resource Limit:		\$ 4,000	\$ 6,000			
			\$859/mo.	\$1,161/mo.			
Deductible/Spenddown - Individuals who do not meet the income limits specified above and who have high medical bills may be eligible for Medicaid after meeting a deductible.			\$242/mo.	\$317/mo.	\$367/mo.	\$400/mo.	\$433/mo.
	Resource Limit:						
	Families & Children	\$ 3,000	\$ 3,000	\$ 3,000	\$ 3,000	\$ 3,000	
	Aged,Blind,Disabled	\$ 2,000	\$ 3,000				

Table2b
Financial Eligibility for Medicaid
based on
Percentage of Poverty (Annual)
SFY 2001

Family Size	100%	120%	133%	135%	185%	200%	SSI	MNIL	SA
1	\$ 8,592	\$ 10,308	\$ 11,436	\$ 11,604	\$ 15,900	\$ 17,184	\$ 6,360	\$ 2,904	\$ 12,744
2	\$ 11,616	\$ 13,932	\$ 15,444	\$ 15,684	\$ 21,480	\$ 23,220	\$ 9,552	\$ 3,804	
3	\$ 14,640		\$ 19,464		\$ 27,072	\$ 29,268			
4	\$ 17,652		\$ 23,484		\$ 32,664	\$ 35,304			
5	\$ 20,676		\$ 27,492		\$ 38,244	\$ 41,340			

Table 3
North Carolina Medicaid
State Fiscal Year 2001
Enrolled Medicaid Providers

<u>Providers</u>	<u>Number</u>
Adult Care Home Providers	2,368
Ambulance Service Providers	381
Chiropractors	1,480
Community Alternatives Program Providers (CAP/C, CAP/AIDS, CAP/DD-MR, CAP/DA)	1,018
Dental Service Providers (Dentists, Oral Surgeons, Pediatontists, Orthodontists)	3,774
Durable Medical Equipment Suppliers	2,834
Hearing Aid Suppliers	183
Home Health Agency Providers (Home Infusion Therapy, Private Duty Nursing)	900
Hospice Agency Providers	74
Hospital Providers	381
Independent Laboratory Providers	167
Independent Practitioners (Physical Therapy, Occupational Therapy, Respiratory Therapy, Speech Therapy, Audiologists)	3,227
Managed Care Programs (HMOs)	12
Mental Health Program Providers	154
Mental Health Providers	2,219
Nursing Facility Providers	1,296
Optical Service Providers and Suppliers (Opticians, Optometrists)	1,740
Other Types of Clinics (Ambulatory Surgery Centers, Birthing Centers, Dialysis Centers)	209
Personal Care Service Providers	618
Pharmacists	2,251
Physician Extenders (Nurse Midwives, Physician Assistants, Nurse Practitioners, Certified Registered Nurse Anesthetists)	1,791
Physicians	32,212
Podiatrists	484
Portable X-ray Service Providers	24
Psychiatric Facility Providers	189
Public Health Program Providers	678
Rural Health Clinic/Federally Qualified Health Center Providers	357
Total	61,021

Table 4
North Carolina Medicaid
State Fiscal Year 2001
Medicaid Covered Services

- 1 Ambulance Transportation
- 2 Case Management for:
 - * Pregnant women
 - * High risk children (0-5)
 - * Chronically mentally ill adults
 - * Emotionally disturbed children
 - * Chronic substance abusers
 - * Adults & Children at risk of abuse, neglect, or exploitation
 - * Persons with HIV Disease
- 3 Chiropractors
- 4 Clinic Services
- 5 Community Alternatives Programs (CAP)
- 6 Dental Care Services
- 7 Domicile Care
- 8 Durable Medical Equipment
- 9 Health Check Services (EPSDT)
- 10 Family Planning Services
- 11 Hearing Aids (for children)
- 12 HMO Membership
- 13 Home Health Services
- 14 Home Infusion Therapy Services
- 15 Hospice
- 16 Inpatient & Outpatient Hospital Services
- 17 Intermediate Care Facilities for the Mentally Retarded (ICF-MR)
- 18 Laboratory & X-Ray Services
- 19 Mental Hospitals (age 65 & over)
- 20 Migrant Health Clinics
- 21 Nurse Midwives
- 22 Nurse Practitioners
- 23 Nursing Facilities (NF)
- 24 Optical Supplies
- 25 Optometrists
- 26 Personal Care Services
- 27 Physicians
- 28 Podiatrists
- 29 Prepaid Health Plan Services
- 30 Prescription Drugs
- 31 Private Duty Nursing Services
- 32 Prosthetics and Orthotics (children)
- 33 Rehabilitative Services:
 (under the auspices of area mental health programs)
- 34 Rural Health Clinics
- 35 Specialty Hospitals
- 36 Transportation

**Table 5
North Carolina Medicaid
State Fiscal Year 2000 & 2001
Sources of Medicaid Funds**

	<u>2000</u>	<u>Percent</u>	<u>2001</u>	<u>Percent</u>
Federal	\$ 3,405,578,752	58.83%	\$ 4,095,353,070	57.96%
State*	\$ 1,429,745,564	24.70%	\$ 1,520,067,658	21.51%
Other State	\$ 661,374,876	11.42%	\$ 1,061,305,314	15.02%
County	\$ 213,520,774	3.69%	\$ 299,426,810	4.24%
Admin -Other DHHS	\$ 78,913,119	1.36%	\$ 86,258,048	1.22%
Admin -non-DHHS	not available		\$ 2,943,719	0.04%
Total	\$ 5,789,133,085	100.00%	\$ 7,065,354,618	100.00%

* State Appropriation of funds

Source: BD701, The Authorized Monthly Budget Report for the period ending June 29, 2001

**Table 6
North Carolina Medicaid
State Fiscal Year 2001
Uses of Medicaid Funds**

<u>Type of Service</u>	<u>Total Expenditures</u>	<u>Percent of Total Dollars</u>	<u>Percent of Service Dollars</u>	<u>Users of Services*</u>	<u>Cost Per Service User</u>
Inpatient Hospital	800,302,588	11.33%	14.63%	150,654	\$ 5,312
Outpatient Hospital	341,572,413	4.83%	6.25%	478,463	714
Mental Hospital >65 & <21	28,309,245	0.40%	0.52%	2,052	13,796
Physician	533,997,448	7.56%	9.76%	1,099,082	486
Clinics	337,196,777	4.77%	6.17%	293,323	1,150
Nursing Facility (Skilled)	403,691,200	5.71%	7.38%	26,128	15,451
Nursing Facility (Intermediate)	436,964,073	6.18%	7.99%	23,245	18,798
ICF-MR	394,535,532	5.58%	7.21%	4,678	84,339
Dental	76,546,276	1.08%	1.40%	267,691	286
Prescription Drugs	927,240,693	13.12%	16.96%	887,430	1,045
Home Health	123,227,285	1.74%	2.25%	82,944	1,486
All Other Services	826,498,501	11.70%	15.11%	711,773	1,161
Subtotal, Services	\$ 5,230,082,033	74.02%	95.64%		
Medicare Premiums: (Part A, Part B, QMB, Dually Eligible)	175,275,216	2.48%	3.21%		
HMO Premium	63,199,169	0.89%	1.16%		
Subtotal Services	\$ 5,468,556,418				
Adjustments, Cost Settlements & Transfers	452,020,624	6.40%			
Disproportionate Share Payments	558,227,259	7.90% **			
Transfer to State Treasurer	317,329,139	4.49%			
Subtotal Services & Other	\$ 6,796,133,440	96.19%			
DMA Administration (State & County)	89,475,112	1.27%			
DMA Total Expenditures	\$ 6,885,608,552	97.46%			
County costs outside DMA budget for Transportation as XIX Program costs for which Medicaid Federal/State match was received.	991,862	0.01%			
County costs outside DMA budget for Transportation as XIX Administration costs for which Medicaid Federal match was received.	510,623	0.01%			
Admin Costs other DHHS agencies for which Medicaid Federal match was received.	175,299,863	2.48%			
Admin Costs non- DHHS agencies for which Medicaid Federal match was received.	2,943,719	0.04%			
Grand Total Medicaid Related Expenditures	\$ 7,065,354,618	100.00%			
Total Recipients (unduplicated)***				1,309,755	
Total Expenditures Per Recipient (unduplicated)					\$ 5,394

* "Users of Services" is a Duplicated Count. Recipients using one or more services are counted in each service category.

** Additional payments for hospitals providing services to a higher than average number of medicaid patients.

*** "Total Recipients" is unduplicated, counting recipients only once during the year regardless of the number or type of services they use.

Note: Numbers may not add to the dollar due to rounding.

SOURCE: State 2082 Report - SFY 2001, PER Report YTD June 2001, BD701 Report June 2001 and HCFA-64 quarterly reports covering SFY 2001.

Note: Users of Services in All Other services is obtained from the State History table by taking a nonduplicated count of the number of users.

Table 7
North Carolina Medicaid
A History of Medicaid Expenditures
SFYs 1979-2001

<u>Fiscal Year</u>		<u>Expenditures</u>	<u>Percentage Change</u>
1979	\$	379,769,848	N/A
1980	\$	410,053,625	8%
1981	\$	507,602,694	24%
1982	\$	521,462,961	3%
1983	\$	570,309,294	9%
1984	\$	657,763,927	15%
1985	\$	665,526,678	1%
1986	\$	758,115,890	14%
1987	\$	861,175,819	14%
1988	\$	983,464,113	14%
1989	\$	1,196,905,351	22%
1990	\$	1,427,672,567	19%
1991	\$	1,942,016,092	36%
1992	\$	2,478,709,587	28%
1993	\$	2,836,335,468	14%
1994	\$	3,550,099,377	25%
1995	\$	3,550,468,230	0%
1996	\$	4,113,344,777	16%
1997	\$	4,640,421,917	13%
1998	\$	4,715,733,033	2%
1999	\$	4,934,136,597	5%
2000	\$	5,789,133,085	17%
2001	\$	7,065,354,618	22%

Table 8
North Carolina Medicaid
State Fiscal Years 1979-2001
A History of Medicaid Eligibles

<u>Fiscal Years</u>	<u>Aged</u>	<u>Qualified Medicare Beneficiaries</u>	<u>Blind</u>	<u>Disabled</u>	<u>AFDC Adults & Children</u>	<u>Medicaid Pregnant Women Coverage</u>	<u>Medicaid Indigent Children Coverage</u>	<u>Other Children</u>	<u>Aliens and Refugees</u>	<u>Total</u>	<u>Percent Change</u>
1978-79	82,930	N/A	3,219	59,187	301,218	N/A	N/A	6,620	N/A	453,174	-
1979-80	82,859	N/A	2,878	56,265	307,059	N/A	N/A	6,641	N/A	455,702	0.56%
1980-81	80,725	N/A	2,656	56,773	315,651	N/A	N/A	6,559	N/A	459,364	0.80%
1981-82	70,010	N/A	2,349	48,266	298,483	N/A	N/A	6,125	N/A	425,233	-7.43%
1982-83	67,330	N/A	2,000	46,537	293,623	N/A	N/A	6,062	N/A	415,552	-2.28%
1983-84	65,203	N/A	1,755	46,728	288,619	N/A	N/A	5,501	N/A	407,806	-1.86%
1984-85	65,849	N/A	1,634	48,349	293,188	N/A	N/A	5,333	N/A	414,353	1.61%
1985-86	69,193	N/A	1,554	51,959	313,909	N/A	N/A	5,315	N/A	441,930	6.66%
1986-87	72,295	N/A	1,462	54,924	317,983	N/A	N/A	5,361	N/A	452,025	2.28%
1987-88	76,308	N/A	1,394	58,258	323,418	9,842	6,543	5,563	N/A	481,326	6.48%
1988-89	80,044	19,064	1,304	62,419	352,321	20,277	19,615	6,009	561	561,614	16.68%
1989-90	80,266	33,929	1,220	64,875	387,882	28,563	36,429	5,176	1,011	639,351	13.84%
1990-91	81,466	42,949	1,116	70,397	451,983	37,200	61,210	4,296	1,675	753,292	17.82%
1991-92	83,337	56,871	1,064	79,282	513,023	43,330	94,922	4,139	1,955	877,923	16.54%
1992-93	85,702	71,120	1,003	87,664	562,661	45,629	132,348	4,133	2,437	992,697	13.07%
1993-94	86,111	83,460	929	90,889	581,397	46,970	162,417	4,100	2,330	1,058,603	6.64%
1994-95	127,514	48,373	2,716	155,215	533,300	48,115	216,888	3,808	2,857	1,138,786	7.57%
1995-96	131,496	53,072	2,710	171,204	496,501	52,466	261,525	3,696	3,919	1,176,589	3.32%
1996-97	132,173	58,036	2,593	176,160	462,881	55,838	295,882	3,747	4,823	1,192,133	1.32%
1997-98	131,332	61,032	2,531	180,461	414,853	58,899	337,849	3,905	6,311	1,197,173	0.42%
1998-99	152,582	32,737	2,497	199,523	344,621	60,896	371,986	3,941	8,036	1,176,819	-1.70%
1999-00	154,222	33,302	2,428	205,205	330,113	60,918	421,158	4,063	9,857	1,221,266	3.78%
2000-01	154,284	36,053	2,357	212,798	450,472	57,318	424,436	4,195	12,680	1,354,593	10.92%
SFY 2000											
Percent Total Eligibles:	12.6%	2.7%	0.2%	16.8%	27.0%	5.0%	34.5%	0.3%	0.8%	100.0%	
SFY 2001											
Percent Total Eligibles:	11.4%	2.7%	0.2%	15.7%	33.3%	4.2%	31.3%	0.3%	0.9%	100.0%	

Source: Medicaid Eligibility Report EJA752 - SFY 2001

**Table 9
North Carolina Medicaid
State Fiscal Year 2001
Total Expenditures and Eligibles by County**

COUNTY NAME	2001 EST. COUNTY POPULATION	NUMBER OF MEDICAID ELIGIBLES	TOTAL EXPENDITURES	EXPENDITURE PER ELIGIBLE	PER CAPITA EXPENDITURE AMOUNT	RANKING	ELIGIBLES PER 1,000 POPULATION	% of Medicaid Eligibles by County Based on 2001 population
ALAMANCE	130,800	18,810	\$ 80,074,093	\$ 4,257	\$ 612	75	144	14.38%
ALEXANDER	33,603	5,042	19,296,856	3,827	574	83	150	15.00%
ALLEGHANY	10,677	1,846	8,970,301	4,859	840	40	173	17.29%
ANSON	25,275	6,815	29,233,677	4,290	1,157	11	270	26.96%
ASHE	24,384	4,774	25,712,414	5,386	1,054	19	196	19.58%
AVERY	17,167	3,098	16,880,395	5,449	983	27	180	18.05%
BEAUFORT	44,958	10,751	46,795,359	4,353	1,041	22	239	23.91%
BERTIE	19,773	6,736	29,871,415	4,435	1,511	1	341	34.07%
BLADEN	32,278	9,820	42,624,402	4,341	1,321	6	304	30.42%
BRUNSWICK	73,143	13,819	53,155,579	3,847	727	57	189	18.89%
BUNCOMBE	206,330	33,275	145,837,083	4,383	707	61	161	16.13%
BURKE	89,148	15,047	63,496,298	4,220	712	58	169	16.88%
CABARRUS	131,063	17,080	72,145,050	4,224	550	86	130	13.03%
CALDWELL	77,415	12,614	57,851,892	4,586	747	54	163	16.29%
CAMDEN	6,885	961	4,102,410	4,269	596	77	140	13.96%
CARTERET	59,383	8,940	40,029,786	4,478	674	68	151	15.05%
CASWELL	23,501	4,448	17,821,612	4,007	758	50	189	18.93%
CATAWBA	141,685	20,864	74,302,587	3,561	524	91	147	14.73%
CHATHAM	49,329	6,167	28,641,661	4,644	581	79	125	12.50%
CHEROKEE	24,298	5,342	26,993,833	5,053	1,111	14	220	21.99%
CHOWAN	14,526	3,657	15,221,420	4,162	1,048	21	252	25.18%
CLAY	8,775	1,646	8,168,654	4,963	931	30	188	18.76%
CLEVELAND	96,287	19,197	79,142,908	4,123	822	42	199	19.94%
COLUMBUS	54,749	16,876	75,807,444	4,492	1,385	4	308	30.82%
CRAVEN	91,436	16,258	64,746,323	3,982	708	60	178	17.78%
CUMBERLAND	302,963	53,997	163,842,880	3,034	541	87	178	17.82%
CURRITUCK	18,190	2,414	8,634,670	3,577	475	94	133	13.27%
DARE	29,967	3,103	13,299,442	4,286	444	98	104	10.35%
DAVIDSON	147,246	21,453	79,527,865	3,707	540	88	146	14.57%
DAVIE	34,835	4,149	18,331,318	4,418	526	90	119	11.91%
DUPLIN	49,063	11,847	46,234,855	3,903	942	29	241	24.15%
DURHAM	223,314	34,776	140,092,842	4,028	627	73	156	15.57%
EDGECOMBE	55,606	17,695	60,678,652	3,429	1,091	17	318	31.82%
FORSYTH	306,067	41,879	165,300,780	3,947	540	89	137	13.68%
FRANKLIN	47,260	9,097	35,830,862	3,939	758	51	192	19.25%
GASTON	190,365	35,718	141,767,432	3,969	745	55	188	18.76%
GATES	10,516	1,830	8,225,944	4,495	782	45	174	17.40%
GRAHAM	7,993	2,177	11,311,135	5,196	1,415	3	272	27.24%
GRANVILLE	48,498	7,599	28,092,816	3,697	579	80	157	15.67%
GREENE	18,974	4,287	16,361,620	3,817	862	34	226	22.59%
GUILFORD	421,048	62,159	233,655,200	3,759	555	85	148	14.76%
HALIFAX	57,370	19,229	65,967,533	3,431	1,150	12	335	33.52%
HARNETT	91,025	18,500	64,563,102	3,490	709	59	203	20.32%
HAYWOOD	54,033	9,732	39,966,703	4,107	740	56	180	18.01%
HENDERSON	89,173	13,275	59,741,761	4,500	670	69	149	14.89%
HERTFORD	22,601	7,397	30,835,742	4,169	1,364	5	327	32.73%
HOKE	33,646	7,984	25,756,834	3,226	766	47	237	23.73%
HYDE	5,826	1,374	6,535,778	4,757	1,122	13	236	23.58%
IREDELL	122,660	16,957	62,915,605	3,710	513	93	138	13.82%
JACKSON	33,121	5,582	24,791,908	4,441	749	53	169	16.85%
JOHNSTON	121,965	21,063	79,397,772	3,770	651	72	173	17.27%
JONES	10,381	2,353	10,040,376	4,267	967	28	227	22.67%
LEE	49,040	9,682	34,208,351	3,533	698	63	197	19.74%
LENOIR	59,648	15,532	60,502,036	3,895	1,014	25	260	26.04%

**Table 9(Cont.)
North Carolina Medicaid
State Fiscal Year 2001
Total Expenditures and Eligibles by County**

<u>COUNTY NAME</u>	<u>2001 EST. COUNTY POPULATION</u>	<u>NUMBER OF MEDICAID ELIGIBLES</u>	<u>TOTAL EXPENDITURES</u>	<u>EXPENDITURE PER ELIGIBLE</u>	<u>PER CAPITA EXPENDITURE AMOUNT</u>	<u>RANKING</u>	<u>ELIGIBLES PER 1,000 POPULATION</u>	<u>% of Medicaid Eligibles by County Based on 2001 population</u>
LINCOLN	63,780	9,006	\$ 37,961,960	\$ 4,215	\$ 595	78	141	14.12%
MACON	29,811	5,324	22,022,560	4,136	522	92	126	12.63%
MADISON	19,635	4,066	17,231,287	4,238	578	81	136	13.64%
MARTIN	25,593	7,124	29,572,665	4,151	1,506	2	363	36.28%
MCDOWELL	42,151	7,556	31,260,361	4,137	1,221	9	295	29.52%
MECKLENBURG	695,454	94,220	322,498,398	3,423	464	96	135	13.55%
MITCHELL	15,687	2,754	14,394,185	5,227	918	32	176	17.56%
MONTGOMERY	26,822	5,949	20,187,905	3,393	753	52	222	22.18%
MOORE	74,769	10,997	44,556,232	4,052	596	76	147	14.71%
NASH	87,420	17,221	66,431,576	3,858	760	48	197	19.70%
NEW HANOVER	160,307	24,398	108,250,516	4,437	675	67	152	15.22%
NORTHAMPTON	22,086	6,958	28,766,808	4,134	1,302	7	315	31.50%
ONSLOW	150,355	19,333	64,630,489	3,343	430	99	129	12.86%
ORANGE	118,227	9,262	46,670,732	5,039	395	100	78	7.83%
PAMLICO	12,934	2,642	12,013,632	4,547	929	31	204	20.43%
PASQUOTANK	34,897	8,333	29,934,548	3,592	858	36	239	23.88%
PENDER	41,082	8,012	32,199,289	4,019	784	44	195	19.50%
PERQUIMANS	11,368	2,646	9,454,573	3,573	832	41	233	23.28%
PERSON	35,623	6,187	30,656,401	4,955	861	35	174	17.37%
PITT	133,798	25,689	93,101,699	3,624	696	64	192	19.20%
POLK	18,324	2,452	12,271,853	5,005	670	70	134	13.38%
RANDOLPH	130,454	19,379	73,562,142	3,796	564	84	149	14.86%
RICHMOND	46,564	12,862	51,251,526	3,985	1,101	15	276	27.62%
ROBESON	123,339	41,339	155,714,223	3,767	1,262	8	335	33.52%
ROCKINGHAM	91,928	16,863	77,975,038	4,624	848	38	183	18.34%
ROWAN	130,340	21,219	81,381,052	3,835	624	74	163	16.28%
RUTHERFORD	62,899	12,956	50,687,408	3,912	806	43	206	20.60%
SAMPSON	60,161	15,164	59,434,274	3,919	988	26	252	25.21%
SCOTLAND	35,998	11,189	43,693,478	3,905	1,214	10	311	31.08%
STANLY	58,100	9,436	44,131,077	4,677	760	49	162	16.24%
STOKES	44,711	6,140	25,711,287	4,188	575	82	137	13.73%
SURRY	71,219	12,131	54,609,769	4,502	767	46	170	17.03%
SWAIN	12,968	3,529	13,191,646	3,738	1,017	24	272	27.21%
TRANSYLVANIA	29,334	4,415	20,336,141	4,606	693	65	151	15.05%
TYRRELL	4,149	1,062	4,306,447	4,055	1,038	23	256	25.60%
UNION	123,677	14,971	57,887,337	3,867	468	95	121	12.10%
VANCE	42,954	13,801	45,070,819	3,266	1,049	20	321	32.13%
WAKE	627,846	56,595	225,133,349	3,978	359	101	90	9.01%
WARREN	19,972	5,667	21,718,721	3,832	1,087	18	284	28.37%
WASHINGTON	13,723	4,110	15,019,983	3,654	1,095	16	299	29.95%
WATAUGA	42,695	3,749	19,176,565	5,115	449	97	88	8.78%
WAYNE	113,329	23,849	79,995,632	3,354	706	62	210	21.04%
WILKES	65,632	11,790	55,179,597	4,680	841	39	180	17.96%
WILSON	73,814	17,044	65,414,879	3,838	886	33	231	23.09%
YADKIN	36,348	5,051	24,614,678	4,873	677	66	139	13.90%
YANCEY	17,774	3,430	15,123,200	4,409	851	37	193	19.30%
STATE TOTAL	8,049,313	1,354,593	\$ 5,317,723,204	\$ 3,926	\$ 661	N/A	168	16.83%

Source: Medicaid Cost Calculation Fiscal YTD June 2001.

Note: Data reflect only net vendor payments for which the county is billed for its computable share.

**Table 10
North Carolina Medicaid
State Fiscal Year 2001
Medicaid Service Expenditures by Recipient Group**

<u>Eligibility Group</u>	<u>Total Service Dollars</u>	<u>Percent of Service Dollars</u>	<u>Total Recipients</u>	<u>Percent of Recipients</u>	<u>SFY 2001 Expenditures Per Recipient</u>	<u>SFY 2000 Expenditures Per Recipient</u>	<u>00/01 Percent Change</u>
Total Elderly	\$ 1,696,633,962	31.0%	195,307	14.9%	\$ 8,687	\$ 9,594	-9.5%
Aged	1,677,720,089	30.7%	155,358	11.9%	10,799	10,342	4.4%
Medicare-Aid (MQBQ & MQBB & MQBE)*	18,913,874	0.3%	39,949	3.1%	473	1,352	-65.0%
Total Disabled	\$ 2,297,193,767	42.0%	215,799	16.5%	\$ 10,645	\$ 9,874	7.8%
Disabled	2,270,365,515	41.5%	213,503	16.3%	10,634	9,863	7.8%
Blind	26,828,252	0.5%	2,296	0.2%	11,685	10,754	8.7%
Total Families & Children	\$ 1,456,832,820	26.6%	888,705	67.9%	\$ 1,639	\$ 1,469	11.6%
AFDC Adults (> 21)	382,648,225	7.0%	172,007	13.1%	2,225	2,013	10.5%
Medicaid Pregnant Women Coverage(MPW)	199,309,980	3.6%	74,052	5.7%	2,691	2,735	-1.6%
AFDC Children & Other Children	331,508,383	6.1%	200,256	15.3%	1,655	1,336	23.9%
Medicaid Indigent Children(MIC)	543,366,232	9.9%	442,390	33.8%	1,228	1,131	8.6%
Aliens and Refugees	\$ 35,911,592	0.7%	9,944	0.8%	\$ 3,611	\$ 3,052	18.3%
Adjustments Not Attributable To A Specific Category	\$ (18,015,723)	-0.3%					
Total Service Expenditures All Groups	\$ 5,468,556,418	100.0%	1,309,755	100.0%	\$ 4,175	\$ 3,994	4.5%

* MQBE was added to Medicare-Aid for the first time this year therefore, the percent change has noticeably dropped between SFYs 2000 and 2001.

Table 11
North Carolina Medicaid
State Fiscal Year 2001
Service Expenditures For Selected Major Medical Services By Program Category

Type of Service	Total	Percent of Service Dollars	Aged	MQBQ*	MQBB+MQBE	Blind	Disabled	Other Adult**	Children***	Alien & Refugees	Adjustments
				Medicare Qualified Beneficiary	Part B Premium Only						To A Specific Category
Inpatient Hospital	\$ 800,302,588	14.6%	\$ 21,325,368	\$ 85,681	\$ -	\$ 1,909,933	\$ 353,629,213	\$ 182,583,728	\$ 222,170,027	\$ 25,745,793	\$ (7,147,156)
Outpatient Hospital	341,572,413	6.2%	30,296,578	218,488	2,497	1,042,153	135,715,933	89,272,568	86,699,559	891,773	(2,567,137)
Mental Hospital (> 65)	12,708,709	0.2%	12,665,607	190	-	-	42,912	-	-	-	-
Psychiatric Hospital (< 21)	15,600,536	0.3%	-	-	-	3,702	4,850,222	22,362	10,734,137	-	(9,887)
Physician	533,997,448	9.8%	58,351,934	364,130	960	1,320,192	166,013,229	130,695,976	173,398,144	7,799,470	(3,946,587)
Clinics	337,196,777	6.2%	11,666,128	57,064	274	635,754	156,896,947	37,017,669	132,225,702	1,023,565	(2,326,326)
Nursing Facility:											
Skilled Level	403,691,200	7.4%	344,558,693	1,299	-	1,311,144	57,918,070	92,727	54,418	69	(245,220)
Intermediate Level	436,964,073	8.0%	397,130,100	-	-	1,441,399	38,489,562	13	76,095	2,444	(175,539)
Intermediate Care Facility (Mentally Retarded)	394,535,532	7.2%	20,204,309	-	-	6,964,696	364,224,158	14,401	3,190,616	-	(62,647)
Dental	76,546,276	1.4%	6,889,395	-	-	131,440	17,719,932	14,065,455	37,796,282	112,035	(168,263)
Prescription Drugs	927,240,693	17.0%	317,293,208	-	-	3,643,287	439,578,532	74,174,671	92,757,096	93,627	(299,728)
Home Health	123,227,285	2.3%	24,723,523	442	-	1,135,602	82,943,268	5,551,788	9,200,166	50,404	(377,908)
CAP/Disabled Adult	195,685,776	3.6%	147,952,876	-	-	1,632,379	46,131,570	-	-	14,205	(45,254)
CAP/Mentally Retarded	222,550,760	4.1%	4,516,853	-	-	2,413,244	213,492,098	-	2,506,630	-	(378,066)
CAP/Children	16,571,899	0.3%	-	-	-	6,982	15,919,658	-	651,265	-	(6,006)
Personal Care	113,353,293	2.1%	80,704,250	-	-	1,184,263	30,750,609	629,499	249,145	3,308	(167,780)
Hospice	13,049,220	0.2%	6,642,982	-	-	33,305	6,088,468	247,089	54,450	-	(17,075)
EPSDT (Health Check)	37,250,236	0.7%	468	-	-	7,531	1,118,396	39,582	36,135,933	6,629	(58,303)
Lab & X-ray	18,248,087	0.3%	94,482	295	-	37,198	3,826,729	6,857,044	7,419,677	31,487	(18,825)
Adult Home Care	108,845,863	2.0%	66,638,546	-	(803)	325,619	41,941,109	5,951	16,165	-	(80,724)
High Risk Intervention Residential****	5,937,046	0.1%	-	-	-	-	1,625,370	-	4,314,068	-	(2,393)
Other Services	95,006,323	1.7%	11,650,708	29,290	-	332,318	32,211,853	23,637,524	27,320,170	133,253	(308,792)
Total Services	5,230,082,033	95.6%	1,563,306,009	756,880	2,928	25,512,142	2,211,127,839	564,908,047	846,969,744	35,908,062	(18,409,617)
Medicare:											
Part A Premiums	39,766,027	0.7%	39,188,651	8,109	-	571,721	5,710	-	-	-	(8,164)
Part B Premiums	135,509,189	2.5%	75,224,663	673,527	17,472,429	580,822	40,826,521	319,182	9,550	437	402,058
HMO Premiums	63,199,169	1.2%	765	-	-	163,567	18,405,445	16,730,977	27,895,321	3,094	-
Total Premiums	238,474,385	4.4%	114,414,079	681,636	17,472,429	1,316,110	59,237,677	17,050,159	27,904,871	3,530	393,894
Grand Total Services and premiums	\$ 5,468,556,418		\$ 1,677,720,089	\$ 1,438,516	\$ 17,475,357	\$ 26,828,252	\$ 2,270,365,515	\$ 581,958,205	\$ 874,874,614	\$ 35,911,592	\$ (18,015,723)

Note: Grand Total Expenditures do not include adjustments processed by DMA, settlements, Disproportionate Share Costs and State and County Administration costs.

* Reflects expenditures for those who were eligible as QMBs at the end of the year. As a result, expenditures include more services than are available through QMB coverage (Medicare-covered services only).

** Includes individuals covered under SOBRA Pregnant Women policies or individuals age 21 & Over under TANF or AFDC Related coverage.

*** Includes SOBRA Children, individuals under age 21 in TANF or AFDC Related coverages or Other Children in Foster Care.

**** High Risk Intervention Residential has been added to the type of service this year.

**Table12
North Carolina Medicaid
State Fiscal Year 2001
Expenditures For The Elderly**

<u>Type of Service</u>	<u>Aged</u>	<u>Percent of Service Dollars</u>	<u>MQBQ Medicare Qualified Beneficiary</u>	<u>MQBB+MQBE Part B Premium Only</u>	<u>Total Qualified Beneficiaries</u>	<u>Percent of Service Dollars</u>	<u>Total Elderly Dollars</u>	<u>SFY</u>	<u>SFY</u>	<u>SFY</u>
								<u>2001 % OF Total Dollars</u>	<u>2000 % OF Total Dollars</u>	<u>1999 % OF Total Dollars</u>
Inpatient Hospital	\$ 21,325,368	1.3%	\$ 85,681	\$ -	\$ 85,681	0.5%	\$ 21,411,049	1.3%	1.3%	1.2%
Outpatient Hospital	30,296,578	1.8%	218,488	2,497	220,985	1.2%	\$ 30,517,563	1.8%	2.0%	2.2%
Mental Hospital (> 65)	12,665,607	0.8%	190	-	190	0.0%	\$ 12,665,797	0.7%	0.6%	0.6%
Physician Clinics	58,351,934	3.5%	364,130	960	365,090	1.9%	\$ 58,717,024	3.5%	3.3%	3.6%
	11,666,128	0.7%	57,064	274	57,339	0.3%	\$ 11,723,467	0.7%	0.7%	0.9%
Nursing Facility:										
Skilled Level	344,558,693	20.5%	1,299	-	1,299	0.0%	\$ 344,559,993	20.3%	23.5%	26.5%
Intermediate Level	397,130,100	23.7%	-	-	-	0.0%	\$ 397,130,100	23.4%	22.7%	23.0%
Intermediate Care Facility (Mentally Retarded)	20,204,309	1.2%	-	-	-	0.0%	\$ 20,204,309	1.2%	1.2%	1.2%
Dental	6,889,395	0.4%	-	-	-	0.0%	\$ 6,889,395	0.4%	0.5%	0.4%
Prescription Drugs	317,293,208	18.9%	-	-	-	0.0%	\$ 317,293,208	18.7%	17.3%	13.9%
Home Health	24,723,523	1.5%	442	-	442	0.0%	\$ 24,723,965	1.5%	1.5%	1.5%
CAP/Disabled Adult	147,952,876	8.8%	-	-	-	0.0%	\$ 147,952,876	8.7%	8.4%	8.1%
CAP/Mentally Retarded	4,516,853	0.3%	-	-	-	0.0%	\$ 4,516,853	0.3%	0.2%	0.2%
Personal Care	80,704,250	4.8%	-	-	-	0.0%	\$ 80,704,250	4.8%	4.3%	3.7%
Hospice	6,642,982	0.4%	-	-	-	0.0%	\$ 6,642,982	0.4%	0.3%	0.3%
EPSDT (Health Check)	468	0.0%	-	-	-	0.0%	\$ 468	0.0%	0.0%	0.0%
Lab & X-ray	94,482	0.0%	295	-	295	0.0%	\$ 94,777	0.0%	0.0%	0.0%
Adult Home Care	66,638,546	4.0%	-	(803)	(803)	0.0%	\$ 66,637,743	3.9%	3.4%	3.1%
High Risk Intervention Residential	-	0.0%	-	-	-	0.0%	\$ -	0.0%		
Other Services	11,650,708	0.7%	29,290	-	29,290	0.2%	\$ 11,679,998	0.7%	0.6%	0.7%
Total Services	\$ 1,563,306,009	93.2%	756,880	2,928	759,808	4.0%	\$ 1,564,065,818	92.2%	91.8%	91.0%
Medicare:										
Part A Premiums	39,188,651	2.3%	8,109	-	8,109	0.0%	\$ 39,196,760	2.3%	2.6%	2.9%
Part B Premiums	75,224,663	4.5%	673,527	17,472,429	18,145,956	95.9%	\$ 93,370,620	5.5%	5.6%	6.1%
HMO Premiums	765	0.0%	-	-	-	0.0%	\$ 765	0.0%	0.0%	0.0%
Total Premiums	\$ 114,414,079	6.8%	681,636	17,472,429	18,154,065	96.0%	\$ 132,568,145	7.8%		
Grand Total Services and premiums	\$ 1,677,720,089	100.0%	1,438,516	17,475,357	18,913,874	100.0%	\$ 1,696,633,962	100.0%		
Medicare Crossovers**	\$ 121,717,483									
Total Elderly Recipients	155,358		2,325	37,624	39,949		195,307			
Expenditures Per Recipient*	\$ 10,799		\$ 619	\$ 464	\$ 473		\$ 8,687			

* Service Expenditure/Recipient amounts do not contain adjustments, settlements or administrative costs.

** Medicare Crossovers are amounts that Medicaid bills Medicare for those Medicaid-eligible people who are also eligible for Medicare.

Source: SFY 2001 Program Expenditure Report and 2082 Report

**Table 13
North Carolina Medicaid
State Fiscal Year 2001
Expenditures for the Disabled & Blind**

<u>Type of Service</u>	<u>Percent of Service</u>		<u>Percent of Service</u>		<u>Total Blind & Disabled Dollars</u>	<u>SFY 2001</u>	<u>SFY 2000</u>
	<u>Disabled Dollars</u>	<u>Dollars</u>	<u>Blind Dollars</u>	<u>Dollars</u>		<u>% of Total Dollars</u>	<u>% of Total Dollars</u>
Inpatient Hospital	\$ 353,629,213	15.6%	\$ 1,909,933	7.1%	\$ 355,539,146	15.5%	16.3%
Outpatient Hospital	135,715,933	6.0%	1,042,153	3.9%	\$ 136,758,086	6.0%	5.7%
Mental Hospital (> 65)	42,912	0.0%	-	0.0%	\$ 42,912	0.0%	0.0%
Psychiatric Hospital (< 21)	4,850,222	0.2%	3,702	0.0%	\$ 4,853,925	0.2%	0.2%
Physician	166,013,229	7.3%	1,320,192	4.9%	\$ 167,333,421	7.3%	6.7%
Clinics	156,896,947	6.9%	635,754	2.4%	\$ 157,532,701	6.9%	7.0%
Nursing Facility:							
Skilled Level	57,918,070	2.6%	1,311,144	4.9%	\$ 59,229,214	2.6%	2.9%
Intermediate Level	38,489,562	1.7%	1,441,399	5.4%	\$ 39,930,960	1.7%	1.6%
Intermediate Care Facility:							
(Mentally Retarded)	364,224,158	16.0%	6,964,696	26.0%	\$ 371,188,854	16.2%	17.9%
Dental	17,719,932	0.8%	131,440	0.5%	\$ 17,851,372	0.8%	0.8%
Prescription Drugs	439,578,532	19.4%	3,643,287	13.6%	\$ 443,221,819	19.3%	18.0%
Home Health	82,943,268	3.7%	1,135,602	4.2%	\$ 84,078,871	3.7%	4.1%
CAP/Disabled Adult	46,131,570	2.0%	1,632,379	6.1%	\$ 47,763,949	2.1%	2.0%
CAP/Mentally Retarded	213,492,098	9.4%	2,413,244	9.0%	\$ 215,905,342	9.4%	8.7%
CAP/Children	15,919,658	0.7%	6,982	0.0%	\$ 15,926,640	0.7%	0.6%
Personal Care	30,750,609	1.4%	1,184,263	4.4%	\$ 31,934,872	1.4%	1.3%
Hospice	6,088,468	0.3%	33,305	0.1%	\$ 6,121,774	0.3%	0.3%
EPSDT (Health Check)	1,118,396	0.0%	7,531	0.0%	\$ 1,125,927	0.0%	0.1%
Lab & X-ray	3,826,729	0.2%	37,198	0.1%	\$ 3,863,927	0.2%	0.2%
Adult Home Care	41,941,109	1.8%	325,619	1.2%	\$ 42,266,728	1.8%	1.7%
High Risk Intervention Residential	1,625,370	0.1%	-	0.0%	\$ 1,625,370	0.1%	
Other Services	32,211,853	1.4%	332,318	1.2%	\$ 32,544,171	1.4%	1.4%
Total Services	\$ 2,211,127,839	97.4%	\$ 25,512,142	95.1%	\$ 2,236,639,981		
Medicare, Part A Premiums	5,710	0.0%	571,721	2.1%	\$ 577,431	0.0%	0.0%
Medicare, Part B Premiums	40,826,521	1.8%	580,822	2.2%	\$ 41,407,344	1.8%	1.8%
HMO Premiums	18,405,445	0.8%	163,567	0.6%	\$ 18,569,012	0.8%	0.8%
Total Premiums	\$ 59,237,677	2.6%	\$ 1,316,110	4.9%	\$ 60,553,787		
Grand Total Services & Premiums	\$ 2,270,365,515	100.0%	\$ 26,828,252	100.0%	\$ 2,297,193,767		
Medicare Crossovers*	\$ 77,674,362		\$ 972,327		\$ 78,646,689		
Number of Disabled/Blind Recipients	213,503		2,296		215,799		
Service Expenditures Per Recipients**	\$ 10,634		\$ 11,685		\$ 10,645		

* Medicare Crossovers are amounts that are billed to Medicare for those Medicaid clients who are also eligible for Medicare.

** Service Expenditures Per Recipient does not include adjustments, settlements or administrative costs.

**Table 14
North Carolina Medicaid
State Fiscal Year 2001
Expenditures for Families and Children**

<u>Type of Service</u>	<u>AFDC Adults</u>	<u>% of Service Dollars</u>	<u>Special Pregnant Women</u>	<u>% of Service Dollars</u>	<u>AFDC Children & Other Children</u>	<u>% of Service Dollars</u>	<u>Indigent Children</u>	<u>% of Service Dollars</u>	<u>Total Families & Children Dollars</u>	<u>SFY 2001</u>	<u>SFY 2000</u>
										<u>% of Total Dollars</u>	<u>% of Total Dollars</u>
Inpatient Hospital	\$ 104,758,567	27.4%	\$ 77,825,161	39.0%	\$ 60,578,485	18.3%	\$ 161,591,542	29.7%	\$ 404,753,755	27.8%	30.7%
Outpatient Hospital	68,662,718	17.9%	20,609,850	10.3%	33,433,975	10.1%	53,265,584	9.8%	175,972,128	12.1%	10.7%
Psychiatric Hospital (< 21)	-	0.0%	22,362	0.0%	6,510,916	2.0%	4,223,221	0.8%	10,756,499	0.7%	0.9%
Physician	75,429,964	19.7%	55,266,013	27.7%	55,269,836	16.7%	118,128,308	21.7%	304,094,120	20.9%	20.1%
Clinics	17,880,903	4.7%	19,136,765	9.6%	76,976,836	23.2%	55,248,866	10.2%	169,243,370	11.6%	12.8%
Nursing Facility:											
Skilled Level	92,727	0.0%	-	0.0%	9,318	0.0%	45,100	0.0%	147,145	0.0%	0.0%
Intermediate Level	13	0.0%	-	0.0%	76,095	0.0%	-	0.0%	76,108	0.0%	0.0%
Intermediate Care Facility: (Mentally Retarded)	14,401	0.0%	-	0.0%	2,292,661	0.7%	897,955	0.2%	3,205,017	0.2%	0.3%
Dental	13,278,976	3.5%	786,479	0.4%	14,901,715	4.5%	22,894,567	4.2%	51,861,737	3.6%	2.9%
Prescription Drugs	67,545,790	17.7%	6,628,881	3.3%	36,317,294	11.0%	56,439,803	10.4%	166,931,767	11.5%	10.1%
Home Health	4,651,158	1.2%	900,630	0.5%	3,111,648	0.9%	6,088,518	1.1%	14,751,954	1.0%	1.2%
CAP/Disabled Adult	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%	0.0%
CAP/Mentally Retarded	-	0.0%	-	0.0%	2,505,416	0.8%	1,215	0.0%	2,506,630	0.2%	0.2%
CAP/Children	-	0.0%	-	0.0%	651,265	0.2%	-	0.0%	651,265	0.0%	0.0%
Personal Care	604,535	0.2%	24,963	0.0%	95,891	0.0%	153,254	0.0%	878,643	0.1%	0.0%
Hospice	247,089	0.1%	-	0.0%	27,628	0.0%	26,822	0.0%	301,539	0.0%	0.0%
EPSDT (Health Check)	7,332	0.0%	32,251	0.0%	9,482,673	2.9%	26,653,260	4.9%	36,175,516	2.5%	2.8%
Lab & X-ray	3,689,842	1.0%	3,167,202	1.6%	1,992,564	0.6%	5,427,112	1.0%	14,276,721	1.0%	0.7%
Adult Home Care	5,951	0.0%	-	0.0%	12,281	0.0%	3,884	0.0%	22,116	0.0%	0.0%
High Risk Intervention Residential	-	0.0%	-	0.0%	2,841,843	0.9%	1,472,226	0.3%	4,314,068	0.3%	
Other Services	13,694,227	3.6%	9,943,297	5.0%	13,148,524	4.0%	14,171,646	2.6%	50,957,694	3.5%	3.8%
Total Services	370,564,192	96.8%	194,343,855	97.5%	320,236,861	96.6%	526,732,883	96.9%	1,411,877,790	96.9%	97.0%
Medicare, Part A Premiums	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%	0.0%
Medicare, Part B Premiums	302,647	0.1%	16,535	0.0%	3,852	0.0%	5,698	0.0%	328,732	0.0%	0.0%
HMO Premiums	11,781,387	3.1%	4,949,590	2.5%	11,267,670	3.4%	16,627,651	3.1%	44,626,298	3.1%	3.0%
Total Premiums	12,084,033		4,966,125		11,271,522		16,633,349		44,955,030		
Total Services & Premiums	382,648,225		199,309,980		331,508,383		543,366,232		1,456,832,820		
Medicare Crossovers*	\$ 1,071,320		86,220		(128,527)		6,113		1,035,126		
Number of Family & Child Recipients	172,007		74,052		200,256		442,390		888,705		
Service Expenditures Per Recipient**	\$ 2,225		\$ 2,691		\$ 1,655		\$ 1,228		\$ 1,639		

* Medicare Crossovers are Medicare charges that are billed to Medicaid.

** Service Expenditures per Recipient does not include adjustments, settlements, or administrative costs.

Source: SFY 2001 Program Expenditure Report & 2002 Report

Table 15
North Carolina Medicaid
State Fiscal Year 2001
Medicaid Copayment Amounts

<u>Service</u>	<u>Copayment Amount</u>
Chiropractor visit	\$1.00
Dental visit	\$3.00
Optical service	\$2.00
Optometrist visit	\$2.00
Outpatient visit	\$3.00
Physician visit	\$3.00
Podiatrist visit	\$1.00
Prescription drug (including refills)	\$1.00

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