

Medicaid in North Carolina Annual Report State Fiscal Year 2002

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.

This annual report was produced by the
North Carolina Department of Health and Human Services
Division of Medical Assistance
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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 2002.

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 continuing 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 7 percent over the previous year. While Medicaid health service expenditures for this population increased by approximately 12 percent, the total expenditures increased by only 4 percent.

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. These initiatives included significant enhancements in the areas of prescription drug utilization management, reduction of the reimbursement rates to several provider categories, increases in the reimbursement rates to dentists to improve patient access and, lastly, enhancements in the Carolina ACCESS program to encourage closer patient-provider relationships and cost efficiencies.

We have made this on-line 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,

Nina M. Yeager, Director

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Highlights



SFY 2002 Policy and Program Changes

Policy and program changes that were implemented during SFY 2002 either as a result of legislative mandates or at the discretion of the Division of Medical Assistance (DMA) included:

Drug Utilization Management

Various drug utilization measures were implemented (or, in some cases, studied for feasibility) to contain the cost of prescription drugs as recommended by the *North Carolina Medicaid Benefit Study*. They included:

- Establishing a prior authorization program to manage utilization of high-cost, brand name drugs.
- Limiting prescription drugs to a 34-day supply for all drugs, except birth control and hormone replacement therapy.
- Developing physician prescribing practice profiles and other educational tools to enable physicians to better manage their prescriptions.
- Establishing therapeutic limits based on appropriate dosage or usage standards.
- Encouraging use of generic drugs.
- Using maximum allowable pricing.
- Contracting with a pharmacy benefits manager to implement more extensive drug utilization review.
- Studying the impact of eliminating the six-prescription per month limit combined with a more rigorous prior authorization program to ensure cost decisions are determined by using evidence-based clinical guidelines (not implemented).
- Expanding disease management initiatives.
- Working with Carolina ACCESS primary care providers to develop and implement drug utilization management initiatives.
- If cost-effective, expanding Medicaid drug coverage to include selected over-the-counter medications (not implemented).

Prior Approval for Prescription Drugs

To ensure appropriate utilization of prescription drugs, DMA implemented a prior authorization process targeting certain prescription drugs that are either very expensive or subject to abuse or over-utilization. Criteria for prior authorization were established on clinically sound protocols that were developed according to evidence-based studies and recommendations from DMA's clinical consultants.

Dispensing Fee for Drugs

The dispensing fee for prescription drugs was reduced from \$5.60 to \$4.00 per prescription for brand name drugs. The dispensing fee for generic drugs remained at \$5.60.

SFY 2002 Policy and Program Changes

Co-payments for Prescription Drugs

Co-payments for brand name prescription drugs were increased from \$1 to \$3 per prescription. Co-payments for generic prescriptions remained at \$1 per prescription.

Daily Personal Care Services Limit

Personal Care Services were limited to 3.5 hours per day while maintaining the 80-hour per month limit.

Optional Services

The N.C. General Assembly reinstated medical coverage of routine newborn circumcision.

Physician Rates to 95 Percent of Medicare Rates

Rates paid to physicians were reduced to 95 percent of the physician rates paid by Medicare as recommended by the *North Carolina Medicaid Benefit Study*.

Medicare Crossover Claims Payments

Medicare crossover claims payments were limited to 95 percent of Medicare rates. Crossover claims are those that Medicare submits to DMA for healthcare services provided to Medicare-Medicaid dual eligible recipients where Medicare is considered to be the primary payer.

ICF/MR Rate Adjustment

Rates for private intermediate care facilities for the mentally retarded were adjusted to reflect actual costs and to prevent payment rates from exceeding upper payment limits established by Federal regulations.

Payment Increases

Annual fee increases for medical and remedial care were limited to percentage amounts authorized by the North Carolina General Assembly. This applied to inpatient hospitals, home health agencies, non-medical inpatient institutions providing personal care services, private duty nursing agencies, durable medical equipment vendors, providers rendering

SFY 2002 Policy and Program Changes

diagnostic screening, preventive and rehabilitative services, and the prospective reimbursement plan for nursing care facilities.

Dental Reimbursement Rate Increase

For SFY 2002 only, DMA increased reimbursement rates for 42 dental procedures to address access to care issues for children and adults. This was done in lieu of the annual inflation increase and was budget neutral.

Reimbursement of Indirect Medical Education

The Medicare indirect medical education factor was adopted by DMA to establish Medicaid reimbursement of indirect medical education.

Community Alternatives Program

An additional \$500,000 was provided by the General Assembly to the Community Alternatives Program for Children (CAP-C) and \$1,000,000 to the Community Alternative Program for the Mentally Retarded/Developmentally Disabled (CAP-MR/DD) in order to allow for additional recipients to be moved from institutional to home and community-based care.

Breast and Cervical Cancer Coverage

Medicaid coverage was extended to uninsured women under age 65 with breast or cervical cancer that has been detected through screening carried out under the Centers for Disease Control and Prevention Breast and Cervical Cancer Early Detection Program.

Mental Health Outpatient Visit Limitation

The legislated 24-visit limit was eliminated for recipients age 21 years and over receiving mental health services subject to utilization review.

Mental Health Services Prior Approval

Prior approval is required after the eighth visit for recipients 21 years and over receiving mental health services subject to utilization review.

SFY 2002 Policy and Program Changes

Therapeutic Leave

The therapeutic leave policy was changed for nursing facilities, intermediate care facilities for the mentally retarded (ICF-MR), psychiatric residential facilities and levels II-IV residential facilities. The change allows providers to hold beds for clients to make therapeutic home visits in an effort to return home permanently.

Hospital Discharges

The Medicare discharge policy is adopted when the discharged patient is assigned to a qualifying diagnosis-related group. The policy applies when the discharge is to a hospital or distinct part hospital unit that is excluded from the DRG reimbursement system, a skilled nursing facility or to home under a written plan of care.

ACCESS II in Mecklenburg County

On October 1, 2001, ACCESS II was implemented in Mecklenburg County. Medicaid recipients who are eligible to enroll in managed care now have an option of enrolling in ACCESS II or an HMO within the Health Care Connection.

Medicaid Services Provided by an LEA

Services may be provided by a Local Education Agency (LEA) to a Medicaid eligible student in the public school setting or setting identified on the student's Individualized Education Plan (IEP) or Individualized Family Service Plan (IFSP). In 2002, the service was expanded to allow Speech/Language Pathology assistants who work under the supervision of an enrolled licensed practitioner to provide treatment services.

Note: For a brief history of the NC Medicaid Program and a year-by-year record of program and policy changes over the years, please go to the following web page:

<http://www.dhhs.state.nc.us/dma/historyofmedicaid.pdf>

Summary of Populations, Services and Expenditures

Populations and Eligibility Groups

The estimated population in North Carolina during SFY 2002 was 8,188,008. A total of 1,390,028 North Carolinians, or 17 percent of the total population, were eligible for Medicaid coverage at some time during the year. The monthly average number of eligibles was 989,863 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 1,401,449. This figure is slightly larger than the total number of eligibles because it counts some recipients who were eligible in SFY 2001 for whom claims were paid during SFY 2002. Compared with SFY 2001, the population rose by 1.7 percent, the number of Medicaid eligibles increased by 2.6 percent and the number of monthly average eligibles increased by 7.5 percent.

Exhibit 1		
NC Medicaid Average Monthly Eligibles by Eligibility Group - SFY 2002		
<u>Eligibility Group</u>	<u>Number of</u>	<u>% of Total</u>
	<u>Eligibles</u>	<u>Eligibles</u>
Special Pregnant Women & Children	329,634	33.3%
AFDC-related	312,519	31.6%
Disabled	185,741	18.8%
Aged	128,164	12.9%
Qualified Medicare Beneficiaries	31,401	3.2%
Blind	2,124	0.2%
Aliens & Refugees	280	0.0%
Total	989,863	100.0%

As indicated in **Exhibit 1** above, the largest category of eligibles during SFY 2002 was Children and Pregnant Women with a monthly average of 329,634 individuals, or about 33 percent of total eligibles. There was only an increase of 17,000 eligibles in this category from the previous year. The Aid to Families with Dependent Children (AFDC)-related category was next in size with 312,519 individuals, or about 32 percent of the total eligibles. The AFDC-related population realized a huge increase of 16 percent in eligibles over the previous year. This was due primarily to the worsening of the economy and a large number of families qualifying for both welfare and Medicaid. The Disability category increased only slightly during SFY 2002. The Aged category contained 128,164 people, or 13 percent of total eligibles, which was a slight decline from the previous year. The Qualified Medicare Beneficiaries, Blind, and Undocumented Aliens and Refugees categories made up the smallest number of eligibles, totaling 33,805.

Summary of Populations, Services and Expenditures

Exhibit 2

NC Medicaid Recipients of Medicaid Services - SFY 2002

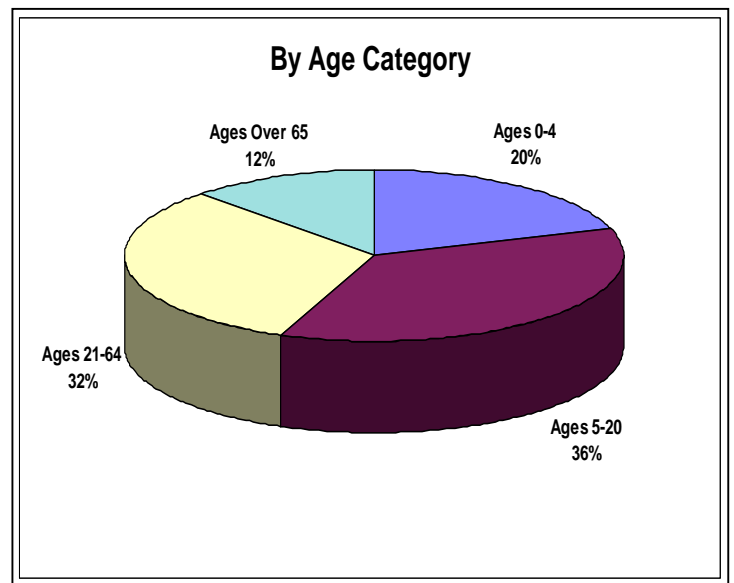
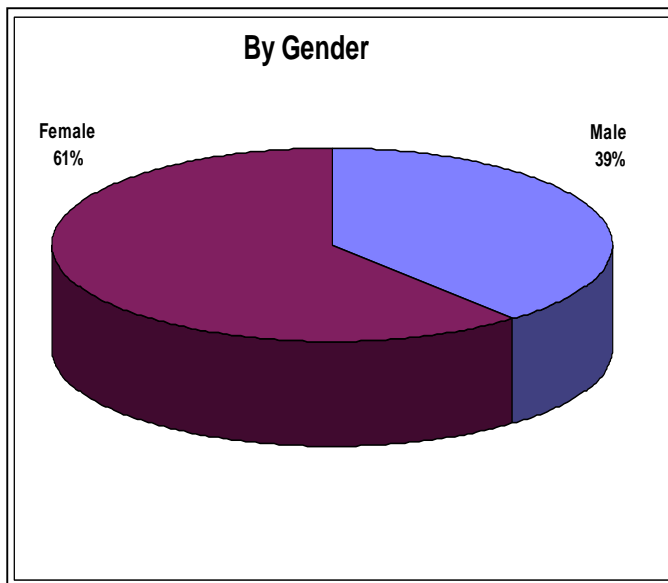
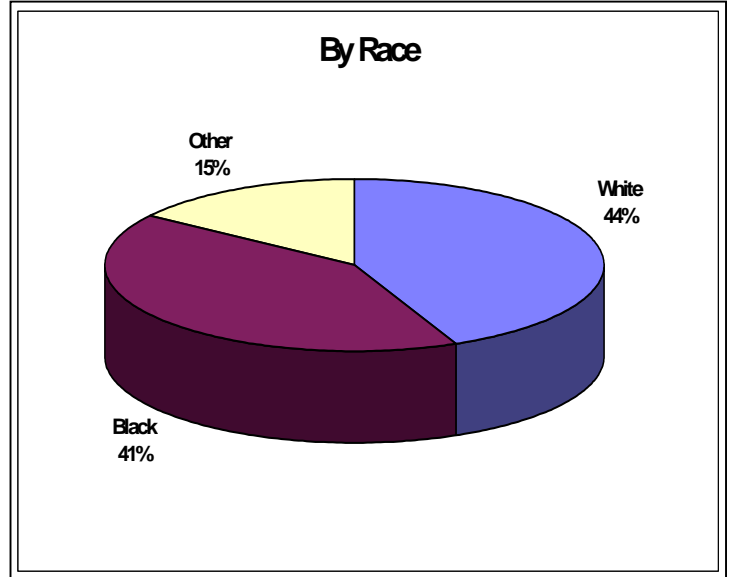
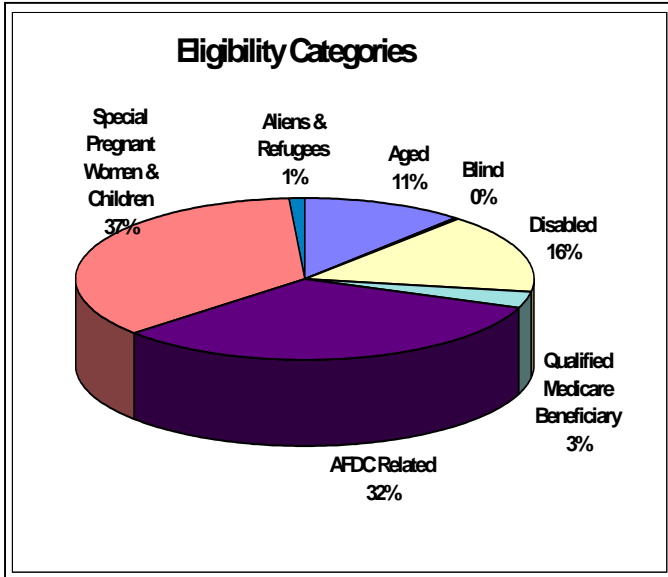


Exhibit 2 above shows the distribution and characteristics of recipients of Medicaid services. The distribution of recipients varies somewhat from the distribution of eligibles shown in Exhibit 1. For instance, pregnant women represented almost 40 percent of Medicaid recipients, while they constituted 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

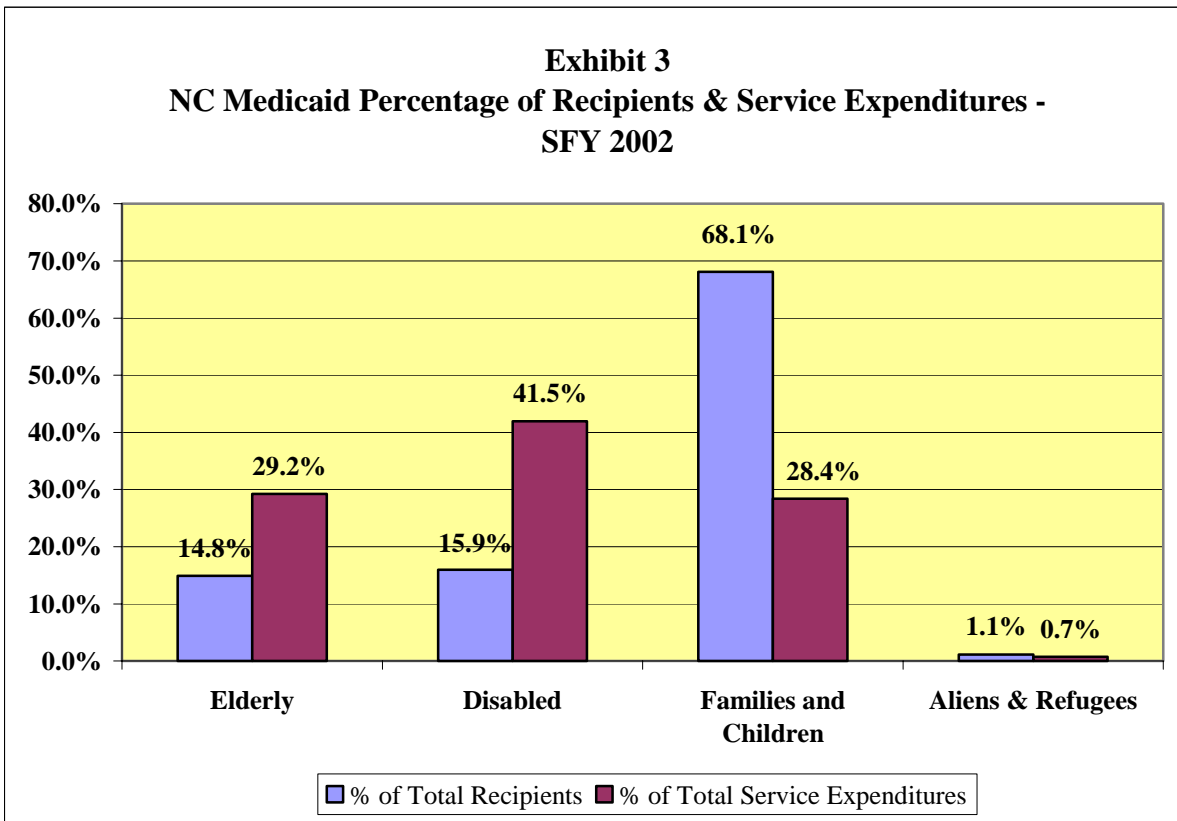
Alien and Refugee eligibles. The percentage of Aged and Disabled recipients was somewhat below expectations as indicated in the other charts in Exhibit 2.

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

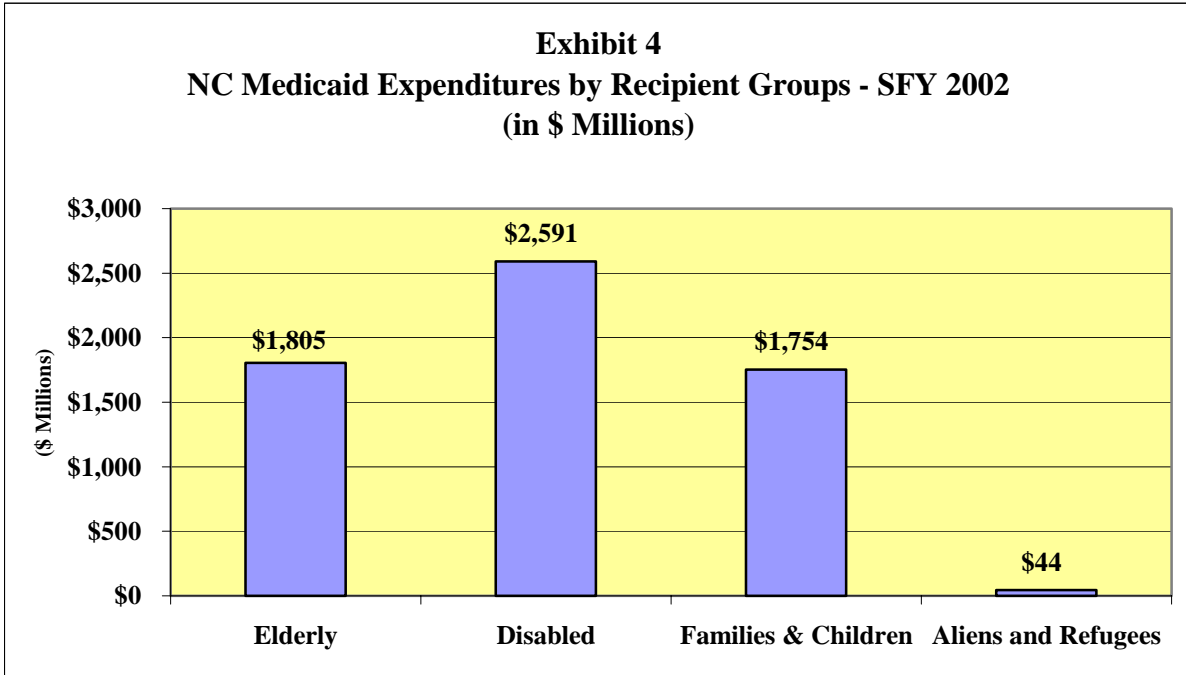
With the downturn in the national and state economies, SFY 2002 was a particularly difficult budget year for the State of North Carolina. The N.C. Legislature passed a final budget that reduced Medicaid funding by \$44.4 million related to the program changes that were mentioned above in the “Policy and Program Changes” section. It also increased funding for several program areas in the amount of \$38.1 million, largely due to a State-funded offset of a \$35 million reduction in the Federal Financial Participation rate. Thus, the net reduction in the Medicaid budget from the previous year was approximately \$6.3 million.

As indicated in **Table 10** (see the Tables section at the back of this report), a total of approximately \$6.2 billion was spent on health services for roughly 1.4 million Medicaid recipients, or \$4,407 per recipient per year. **Exhibits 3** (below) and **4** (next page) show that Elderly (the combination of the Aged and Medicare Qualified Beneficiaries categories) and Disabled recipients numbered 14.8 percent and 15.9 percent of total



Summary of Populations, Services and Expenditures

recipients respectively. Yet expenditures for these two groups amounted to \$1.8 billion, or 29.2 percent of total expenditures, and \$2.6 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 68.1 percent of all recipients. However they



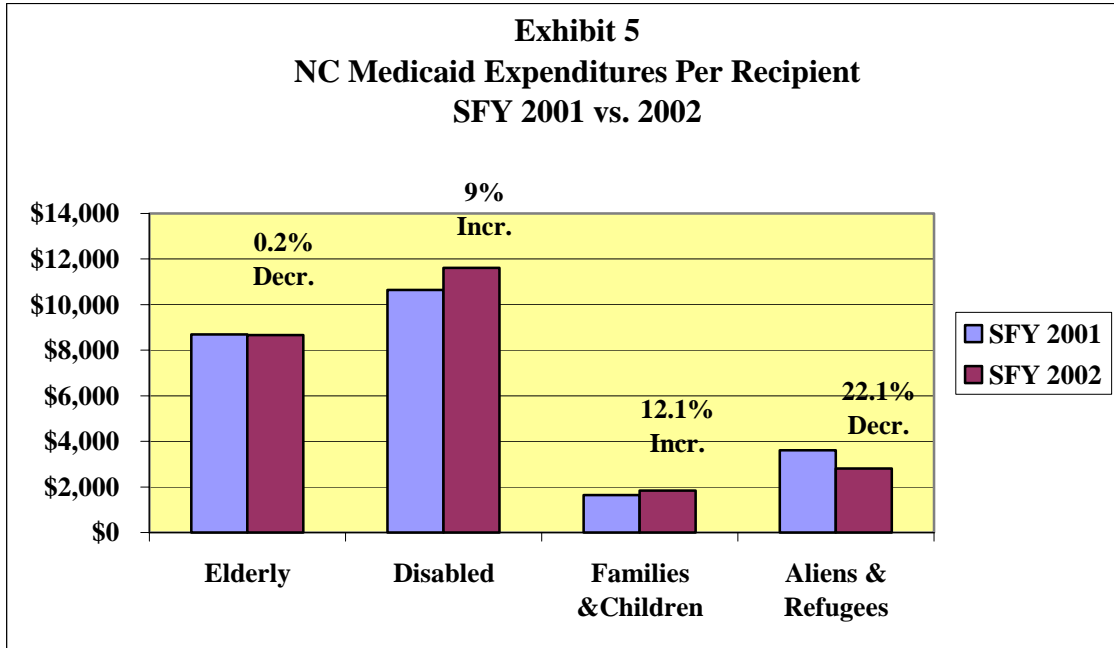
accounted for \$1.8 billion, only 28.4 percent, of total service expenditures. **Exhibit 5** on the next page shows that per recipient expenditures for the Elderly decreased by 0.2 percent and Aliens & Refugees by 22.1 percent between SFY 2001 and SFY 2002, but increased for the Disabled and Families & Children by 9 percent and 12.1 percent respectively.

As **Table 6** indicates (see the Tables section), the grand total of Medicaid and Medicaid-related expenditures in SFY 2002 was \$7,366,129,429. Of this amount, \$6,175,910,221 was spent on direct health care services to Medicaid recipients as mentioned above. The balance of approximately \$1.2 billion in expenditures was allocated to a variety of categories including adjustments, cost settlements, disproportionate share hospital payments, transfers and state and county administration. DMA spent approximately \$309 million or 4.2 percent of total SFY 2002 expenditures on administration. This is a relatively modest amount when compared with Medicaid programs in the other 49 states.

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** below. 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. A total of 20 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

Summary of Populations, Services and Expenditures

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.

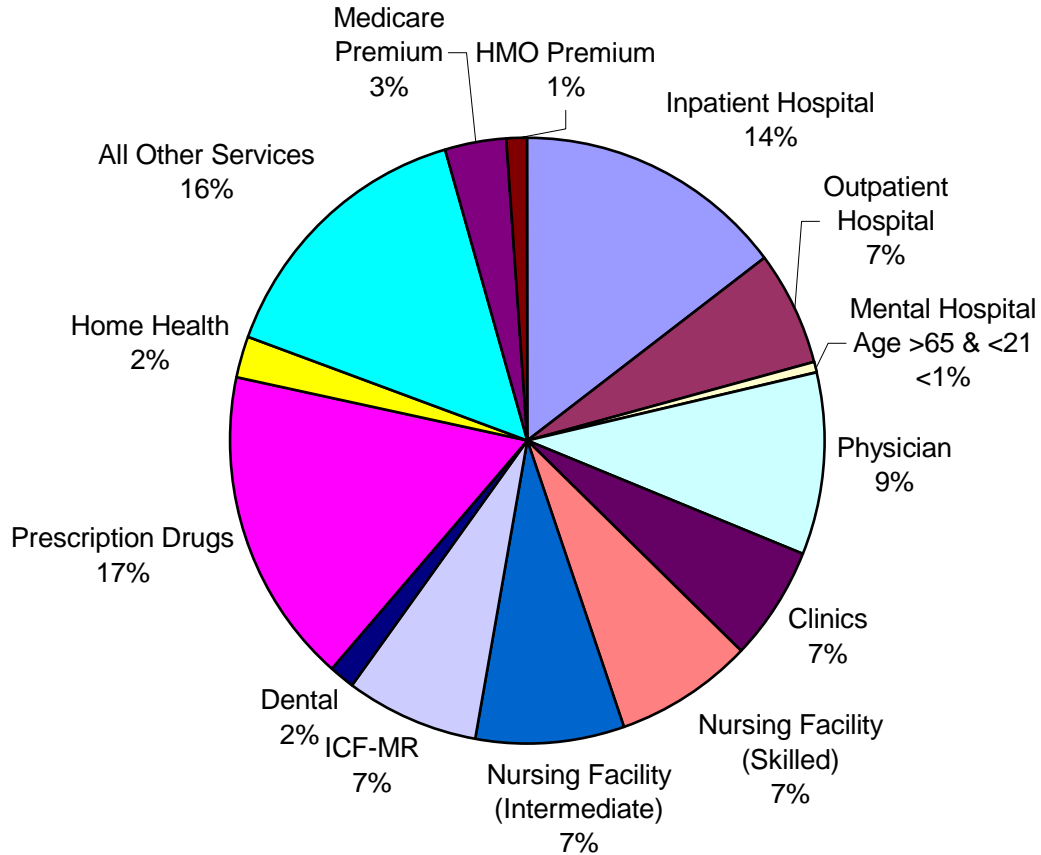


As indicated in **Exhibit 7** below and in **Table 10**, health services costs per recipient are rising. The SFY 2002 total annual service expenditures for each recipient were \$4,407, a 5.5 percent increase over the previous year. Among the service provider groups shown here, per recipient expenditures were the highest for Hospital services (\$920 per recipient) and lowest for Medicare Part A and Part B premiums (\$137 per recipient). Between SFY 2001 and 2002, the highest per recipient expenditure increase was 13.8 percent for Behavioral Health and the only decrease was 2.2 percent for Institutional services (i.e., non-behavioral health skilled nursing and intermediate care facilities).

Approximately 85 percent of North Carolina's Medicaid recipients received services from a Physician at least once during SFY 2002 and 67 percent received at least one prescribed drug. The utilization rate falls off dramatically for other service providers as shown in **Exhibit 8** below.

Summary of Populations, Services and Expenditures

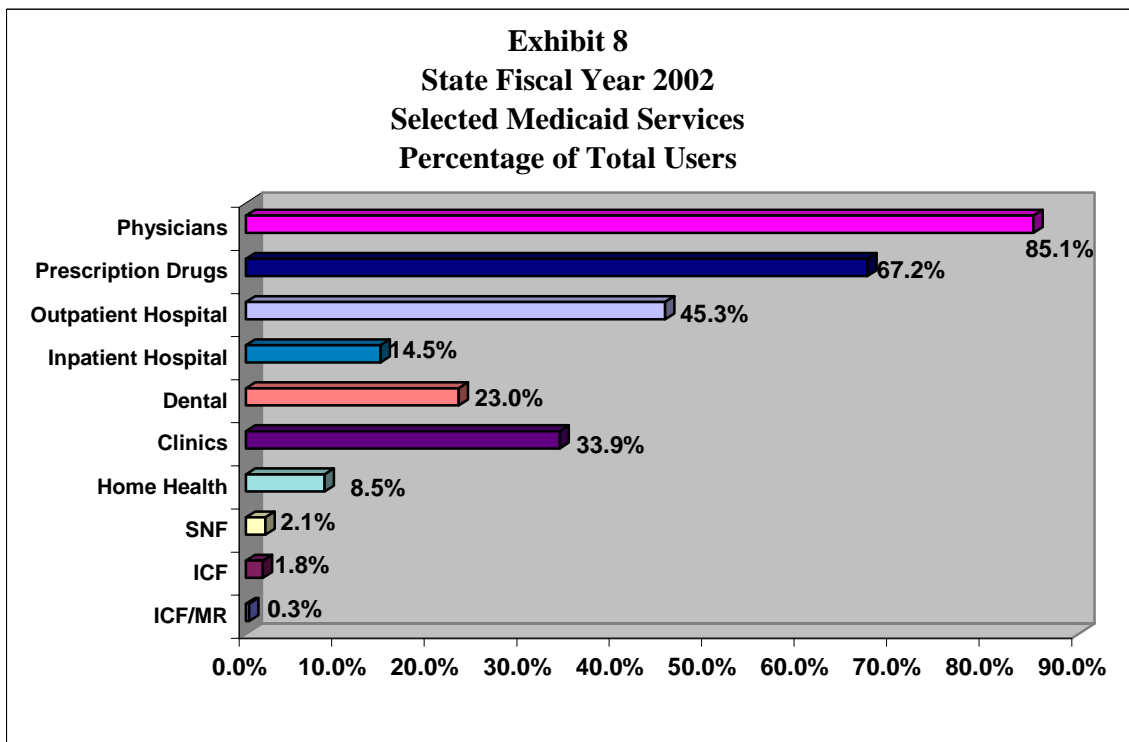
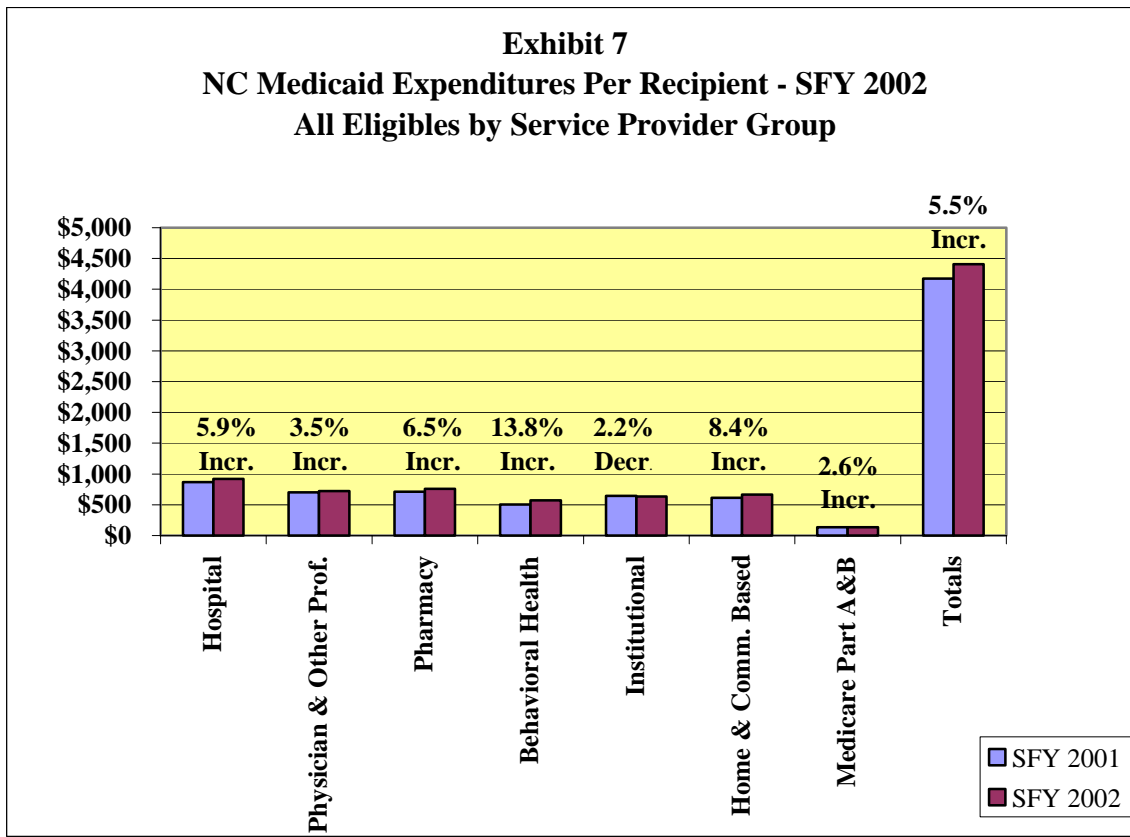
Exhibit 6
NC MEDICAID SERVICE EXPENDITURES - SFY 2002



Medicaid eligibility and expenditures vary widely among the 100 North Carolina counties, as **Table 9** in the “Medicaid Tables” section of this report indicates. The percentage of Medicaid eligibles is as high as 33.5 percent in Robeson County and as low as 7.9 percent in Orange County. Expenditures per eligible ranged from a high of \$5,841 in Avery County to a low of \$3,480 in Cumberland County. Lastly, expenditures per capita were the highest in Bertie County at \$1,583 and the lowest in Orange County at \$431.

Note: Detailed information regarding expenditures and services is available in the “Medicaid Tables” section of this report.

Summary of Populations, Services and Expenditures



Major Accomplishments

Program Integrity Collections and Cost Avoidance

DMA staff saved the N.C. Medicaid Program \$1,388,449,884 through collections and cost avoidance during SFY 2002. 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's Third Party Recovery Section recovered or cost avoided \$1,351,996,018 when Medicare, private health insurance or other parties were responsible for paying the claims. This included an increase of direct recoveries last year from \$40 million to \$46 million.
- Program Integrity's Fraud and Abuse staff recovered \$8,343,835 for overpayments made to providers. The Attorney General's Medicaid Investigations Unit collected \$10,833,041 in restitution fines, penalties and interest when they concluded 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 \$1,409,293 in overpayments. The State helped them collect \$86,224 by intercepting North Carolina income tax refund checks from delinquent debtors.
- Financial Operations auditors recovered \$15,867,697 through audits of nursing home and ICF/MR facilities.
- 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 operates 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.

Pharmacy

The pharmacy program's major focus for this state fiscal year has been to increase utilization of generic drugs. Initiatives that have been implemented to increase generic drug utilization are:

- Increasing copays on brand name drugs to \$3.00
- Keeping generic copays at \$1.00
- Changing the pharmacy dispensing fee on brand name drugs to \$4.00

Major Accomplishments

- Keeping the pharmacy dispensing fee for generics at \$5.60
- Implementation of the State Maximum Allowable Cost (MAC) list

In addition to these initiatives, the pharmacy program implemented a prior authorization program in March 2002 to assure proper utilization of drugs that have been determined to be high-cost, over-utilized or have a high potential for abuse. There are currently 12 classes of drugs on the list requiring prior authorization.

Medicaid Medical Coverage Policy Development

In keeping with a special provision authorized by the NC General Assembly in the SFY 2002 appropriations bill, DMA implemented a number of initiatives to enhance the process of developing medical coverage policies including:

- Seeking the advice of the North Carolina Physician Advisory Group during the process of developing new or amended medical coverage policies,
- Adopting medical coverage policies for the State Medicaid Program that are consistent with national standards or Department-defined standards, and
- Posting proposed new or amended medical coverage policies for 45 days for public comments.

Nursing Facility Transition Grant

DMA was awarded a three-year Nursing Facility Transition grant, effective October 1, 2002, from the Centers for Medicare and Medicaid Services. DMA's primary partners in this program are the North Carolina Division of Vocational Rehabilitation's statewide Independent Living Rehabilitation Program (ILRP) and Centers for Independent Living (CIL). The main goals of the Nursing Facility Transition Program are to:

- Design and implement a program to transition nursing facility residents with disabilities who wish to live outside an institutional setting.
- Build the infrastructure and capacity statewide to sustain the transition effort beyond the grant period. The infrastructure will include DMA, ILRP, CILs, and community partners who join this effort to facilitate greater independence and freedom for people with disabilities.

Quality and Healthcare Outcome Improvements

The Quality Management (QM) Unit within DMA's Managed Care Section continued efforts in quality improvement by participating in local and national quality initiatives regarding children with special health care needs, pediatric asthma, adults with diabetes and congestive heart failure, and through evaluation of and intervention in the prescribing practices of unnecessary antibiotics. Result of various studies and initiatives may be found under Publications – Quality Management Initiatives on the DMA web page at <http://www.dhhs.state.nc.us/dma/ca/qm.htm> .

Major Accomplishments

HEDIS

The QM Unit, in conjunction with DMA Information Systems staff, utilized the Health Plan Employer Data and Information Set (HEDIS) to measure and evaluate the quality of care and delivery of services to Medicaid beneficiaries in all systems of care (Carolina ACCESS, ACCESS II/III and HMO) and provide a basis for setting quality standards for ongoing performance.

The analysis for HEDIS CY 2000 data (reporting year 2001) was completed and showed similar results to the HEDIS CY 1999 (reporting year 2000) in the areas of children's access to primary care practitioners and breast and cervical cancer screenings. There were noted increases in the areas of childhood immunizations and diabetic retinal exams. These increases could be attributed to interventions undertaken by the DMA Managed Care QM Unit in these two areas. Re-measures in the future may confirm the impact of these strategies to improve diabetic care and improve the immunization rate for children. Areas noted for improvement include adolescent immunization rates, which fell below the NCQA Medicaid Mean in all systems of care and prenatal care in the first trimester. The QM Unit continues to work collaboratively with the Health Check Program and the Division of Maternal and Child Health to improve the care for these populations. Additionally, strategies are being developed to address cervical and breast cancer screenings that will include patient education enclosures in the Medicaid card mailings.

Immunizations

The QM Unit is participating in the Government Performance and Results Act (GPRA) national initiative to improve the rate of immunizations for two-year-olds. In collaboration with the Immunization Branch of the North Carolina Division of Public Health, the QM Unit is striving to reach a rate goal of 60 percent compliance with scheduled immunization coverage for all two year olds enrolled in Medicaid by the year 2004. The baseline measurement in 2001, using only HEDIS administrative (claim and encounter) data, was 53.4 percent. A re-measure rate of 58.3 percent was obtained in 2002. Currently, the Vaccine for Children-Assessment Feedback Intervention and Exchange Program (VFC-AFIX) and the National Initiative for Children's Health Quality (NICHQ) are assisting providers in making evidence-based changes to improve immunization rates and other preventive services for Medicaid children.

Pediatric Asthma

The QM Unit participated in a national learning collaborative with the 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. The number of hospitalizations decreased on average by 0.9 percent. Emergency department visits decreased on average by 2.7 percent. This was achieved through a consistent and appropriate medical management plan, appropriate access to the physician, and patient/family education on self-management. Providers are continuously encouraged to participate in collaborations such as this. A web-based

Major Accomplishments

program has since been developed called eQuipp, which allows providers to work on-line through the collaborative for a fee.

ADHD

An additional learning collaborative focusing on children with Attention Deficit Hyperactivity Disorder was started in November 2001, again in cooperation with CPCRG and NICHQ. This collaboration involves approximately 20 Carolina ACCESS and ACCESS II/III practices with the specific objectives of early identification, diagnosis, appropriate medication and psychotherapeutic intervention, patient and family education and support, and community collaboration particularly with the school systems. Thus far, a standardized assessment tool has been developed and implemented for identifying children and collaboration with the N.C. Department of Public Instruction and the local schools has begun. Data regarding this collaborative should be available in 2003.

Congestive Heart Failure

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 effectiveness of these interventions.

Diabetes

As a result of the diabetes study conducted in the SFY 2000, quality improvement strategies were developed that included the mailing of a diabetic flow sheet to primary care physicians for use in the patients' charts in SFY 2001. Additionally, educational materials, known as "passports," were developed to provide a means for diabetic patients to participate in their care coordination. Due to budget constraints, the passports were only available at the physician's office until April 2002. The Division of Public Health funded the mailing of these passports along with education materials on diabetes to Carolina ACCESS Medicaid recipients in June 2002. This project has been completed and the re-measure data shows significant improvement from the baseline data in all of the quality indicators except dilated eye exams across all systems of care. Hemoglobin (HbA1c) testing improved by an average of 18%. Poor HbA1C control decreased by an average of 17 percent. Lipid profiles increased by an average of 15 percent. LDL cholesterol control improved by an average of 11 percent and nephropathy assessments also increased on average by 11 percent. While the primary care physician may order HbA1c tests, lipid profiles, and urinalyses or microalbuminuria tests as needed, the dilated eye exam does present somewhat of a challenge as the testing is usually administered by an eye care professional. Although there are real barriers to including dilated eye exams into primary care encounters, primary care physicians could have a significant impact on diabetic eye care by discussing eye care with their diabetic patients. The low performance rate on the dilated eye exam indicator may be explained in part by the possibility that results from exams performed by eye professionals may not be communicated back to the primary care office. However, this does not explain the low rate of primary care physician documentation of recommendation for the exam.

Major Accomplishments

Utilization Reporting

The Quarterly Utilization Review Report is distributed to providers on a regular basis to allow comparison of the provider's utilization of services compared to that provider's peer group for Carolina ACCESS recipients. This report is instrumental in helping providers to identify areas in their practice that may need improvement. This report was significantly revised in SFY 2002 to provide more useful and accurate information to the providers. The QM Unit, in conjunction with Managed Care Program Operations staff, will use this report to identify providers that may benefit from a site visit and medical record review to evaluate access to care and other quality indicators in order to seek healthcare improvement opportunities.

Antimicrobial Resistance

North Carolina and the southeastern United States have among the highest antimicrobial resistance rates for common respiratory tract pathogens in the nation. The excessive use of antibiotics for common outpatient infections is a major contributing factor in the emergence of antibiotic resistant bacteria. The QM Unit is participating in a study with MRNC to estimate the prevalence of oral antibiotic treatment for acute, nonbacterial respiratory tract infections among the adult Medicaid recipients in North Carolina, and to promote a pilot project aimed at reducing the prevalence of oral antibiotic treatment among this population. In SFY 2002, an initial measure using paid claims data revealed that 63 percent of Medicaid recipients received a prescription for a diagnosis for a nonbacterial respiratory tract infection. A total of 43,709 oral antibiotic prescriptions were filled at a cost to Medicaid of more than \$1.5 million. Several interventions have taken place including the administration of "cold kits" to provide symptom relief measures as a substitute for antibiotic prescriptions. Re-measurement of antibiotic use will be completed in February 2003 to determine effectiveness.

NC FAST

DMA has been an active participant in the NC Families Accessing Services through Technology (NC FAST) Program that is implementing a reengineered social services process that was created in the fall of 1999 by State and county leaders. The program is currently funded by the US Department of Health and Human Services, the US Department of Agriculture and the NC Department of Health and Human Services. This new process is designed to support North Carolina families by providing a streamlined approach to delivering services. NC FAST objectives are to:

- Enhance integrated, family-centered service delivery
- Enhance process efficiency to improve effectiveness of case management
- Improve data accuracy, usefulness and accessibility to support case management, accountability and decision-making at all levels
- Improve family access to services

As part of the project, three representatives from DMA worked with the group to recommend changes to the Family and Children's Medicaid Manual, the first of multiple

Major Accomplishments

manuals slated for policy and procedure simplification. Additionally, many of DMA's application and administrative processing forms are now online for easy access and submission by those seeking Medicaid eligibility, other agencies and providers.

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 2002, the annual number of people eligible for Medicaid increased from 456,000 to 1,390,028 and total annual Medicaid expenditures grew from approximately \$307 million to \$7.4 billion. The number of average monthly eligibles has increased from 344,260 during SFY 1989 to 989,863 during SFY 2002.

Please go to the web page <http://www.dhhs.state.nc.us/dma/2002report/howmedworks.pdf> 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 go to the web page <http://www.dhhs.state.nc.us/dma/2001report/initandsubprog.pdf> 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 2002
Federal Matching Rates**

**Benefit Costs
(7/1/01 - 9/30/01)**

	<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%

**Benefit Costs
(10/1/01 - 6/30/02)**

	<u>Family Planning</u>		<u>All Other</u>
Federal	90.00%	Federal	61.46%
State	8.50%	State	32.76%
County	1.50%	County	<u>5.78%</u>
			100.00%

**Administrative Costs
(7/1/01 - 6/30/02)**

	<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 2002
Medicaid Financial Eligibility Standards

GROUP	FAMILY SIZE:	1	2	3	4	5
Pregnant Women and Children under age 1		\$1,366/mo.	\$1,841/mo.	\$2,316/mo.	\$2,791/mo.	\$3,266/mo.
	Resource Limit:	None				
Children age 1 through 5	Income Limit:	\$982/mo.	\$1,324/mo.	\$1,665/mo.	\$2,007/mo.	\$2,348/mo.
	Resource Limit:	None				
Children age 6 through 18	Income Limit:	\$739/mo.	\$995/mo.	\$1,252/mo.	\$1,509/mo.	\$1,765/mo.
	Resource Limit:	None				
Children age 19 and 20	Income Limit:	\$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.	Income Limit:	\$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.	Income Limit:	\$739/mo.	\$995/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.	Income Limit:	\$739/mo.	\$995/mo.			
	Resource Limit:	\$ 4,000	\$ 6,000			
	Income Limit:	\$886/mo.	\$1,194/mo.			
	Resource Limit:	\$ 4,000	\$ 6,000			
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.	The deductible is based on how much the monthly income exceeds this	\$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			

Table 2b
Financial Eligibility for Medicaid
based on
Percentage of Poverty (Annual)
SFY 2002

Family Size	100%	120%	133%	135%	185%	200%	SSI	MNIL	SA
1	\$ 8,868	\$ 10,632	\$ 11,784	\$ 11,964	\$ 16,392	\$ 17,724	\$ 6,540	\$ 2,904	\$ 13,092
2	\$ 11,940	\$ 14,328	\$ 15,888	\$ 16,128	\$ 22,092	\$ 23,880	\$ 9,804	\$ 3,804	
3	\$ 15,024		\$ 19,980		\$ 27,792	\$ 30,048			
4	\$ 18,108		\$ 24,084		\$ 33,492	\$ 36,204			
5	\$ 21,180		\$ 28,176		\$ 39,192	\$ 42,360			

Table 3
North Carolina Medicaid
State Fiscal Year 2002
Enrolled Medicaid Providers

<u>Providers</u>	<u>Number</u>
Adult Care Home Providers	2,562
Ambulance Service Providers	390
Chiropractors	1,622
Community Alternatives Program Providers (CAP/C, CAP/AIDS, CAP/DD-MR, CAP/DA)	1,116
Dental Service Providers (Dentists, Oral Surgeons, Peditadontists,Orthodontists)	3,887
Durable Medical Equipment Suppliers	3,034
Hearing Aid Suppliers	194
Home Health Agency Providers (Home Infusion Therapy, Private Duty Nursing)	905
Hospice Agency Providers	75
Hospital Providers	411
Independent Laboratory Providers	176
Independent Practitioners (Physical Therapy, Occupational Therapy, Respiratory Therapy, Speech Therapy, Audiologists)	3,583
Managed Care Programs (HMOs)	3
Mental Health Program Providers	224
Mental Health Providers	2,585
Nursing Facility Providers	1,323
Optical Service Providers and Suppliers (Opticians, Optometrists)	1,891
Other Types of Clinics (Ambulatory Surgery Centers, Birthing Centers, Dialysis Centers)	223
Personal Care Service Providers	694
Pharmacists	2,332
Physician Extenders (Nurse Midwives, Physician Assistants, Nurse Practitioners, Certified Registered Nurse Anesthetists)	2,030
Physicians	35,796
Podiatrists	504
Portable X-ray Service Providers	27
Psychiatric Facility Providers	341
Public Health Program Providers	733
Rural Health Clinic/Federally Qualified Health Center Providers	368
Total	67,029

Note: Includes 19,070 providers terminated by 6/30/2002

Table 4
North Carolina Medicaid
State Fiscal Year 2002
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 2001 & 2002
Sources of Medicaid Funds

	<u>2001</u>	<u>Percent</u>	<u>2002</u>	<u>Percent</u>
Federal	\$ 4,095,353,070	57.96%	\$ 4,262,533,647	57.87%
State*	\$ 1,520,067,658	21.51%	\$ 1,967,890,766	26.72%
Other State	\$ 1,061,305,314	15.02%	\$ 684,135,803	9.29%
County	\$ 299,426,810	4.24%	\$ 338,293,885	4.59%
Admin -Other DHHS	\$ 86,258,048	1.22%	\$ 96,678,025	1.31%
Admin -non-DHHS	\$ 2,943,719	0.04%	\$ 16,597,304	0.23%
Total	\$ 7,065,354,618	100.00%	\$ 7,366,129,430	100.00%

* State Appropriation of funds

Source: BD701, The Authorized Monthly Budget Report for the period ending June 29, 2002

Medicaid Cost Calculation Report, June 2002

NCAS

**Table 6
North Carolina Medicaid
State Fiscal Year 2002
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	862,769,349	11.71%	13.97%	203,894	\$ 4,231
Outpatient Hospital	431,017,843	5.85%	6.98%	635,226	679
Mental Hospital >65 & <21	30,542,240	0.41%	0.49%	2,436	12,538
Physician	583,795,009	7.93%	9.45%	1,192,979	489
Clinics	431,812,460	5.86%	6.99%	475,128	909
Nursing Facility (Skilled)	428,768,724	5.82%	6.94%	29,374	14,597
Nursing Facility (Intermediate)	450,131,946	6.11%	7.29%	25,491	17,658
ICF-MR	414,508,021	5.63%	6.71%	4,682	88,532
Dental	104,388,003	1.42%	1.69%	322,168	324
Prescription Drugs	1,056,158,750	14.34%	17.10%	941,491	1,122
Home Health	146,906,481	1.99%	2.38%	119,127	1,233
All Other Services	1,000,509,096	13.58%	16.20%	932,474	1,073
Subtotal, Services	\$ 5,941,307,922	80.66%	96.20%		
Medicare Premiums: (Part A, Part B, QMB, Dually Eligible)	192,420,319	2.61%	3.12%		
HMO Premium	42,181,980	0.57%	0.68%		
Subtotal Services	\$ 6,175,910,221	83.84%			
Adjustments, Cost Settlements & Transfers	323,699,394	4.39%			
Disproportionate Share Payments	441,940,322	6.00%			
Transfer to State Treasurer	109,233,788	1.48%			
Transportation-Program County Share	1,159,123	0.02%			
VR DSH non-federal share	4,713,631	0.06%			
Title XIX Program - All Dollars	7,056,656,478	95.80%			
Title XIX Administration - All Dollars	309,472,951	4.20%			
Grand Total Medicaid Related Expenditures	\$ 7,366,129,429	100.00%			
Total Recipients (unduplicated)***				1,401,449	
Total Expenditures Per Recipient (unduplicated)					\$ 5,256

* "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 2002, PER Report YTD June 2002, BD701 Report June 2002, HCFA-64 quarterly reports covering SFY2002, MCC Report June 2002 an

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 1979-2002

<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%
2002	\$	7,366,129,429	4%

**Table 8
North Carolina Medicaid
State Fiscal Years 1979-2002
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%
2001-02	153,282	39,799	2,334	221,813	456,232	53,009	444,299	4,737	14,523	1,390,028	2.62%
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%	
SFY 2002											
Percent Total Eligibles:	11.0%	2.9%	0.2%	16.0%	32.8%	3.8%	32.0%	0.3%	1.0%	100.0%	

Source: Medicaid Eligibility Report, EJA752-SFY 2002

**Table 9
North Carolina Medicaid
State Fiscal Year 2002
Total Expenditures and Eligibles by County**

COUNTY NAME	2002 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 2002 population
ALAMANCE	133,596	20,033	84,929,900	\$ 4,239	636	80	150	15.00%
ALEXANDER	33,962	5,174	23,224,284	4,489	684	74	152	15.23%
ALLEGHANY	10,736	1,948	10,612,886	5,448	989	32	181	18.14%
ANSON	25,324	6,615	31,638,598	4,783	1,249	11	261	26.12%
ASHE	24,806	4,773	26,737,148	5,602	1,078	24	192	19.24%
AVERY	17,706	3,113	18,181,946	5,841	1,027	28	176	17.58%
BEAUFORT	45,332	10,740	50,130,770	4,668	1,106	22	237	23.69%
BERTIE	19,855	6,556	31,429,223	4,794	1,583	1	330	33.02%
BLADEN	32,417	9,980	46,452,044	4,655	1,433	5	308	30.79%
BRUNSWICK	76,904	14,727	61,449,984	4,173	799	61	191	19.15%
BUNCOMBE	208,592	34,074	166,141,908	4,876	796	63	163	16.34%
BURKE	89,025	15,212	72,318,760	4,754	812	57	171	17.09%
CABARRUS	136,312	18,381	83,925,211	4,566	616	84	135	13.48%
CALDWELL	77,622	13,664	64,020,096	4,685	825	54	176	17.60%
CAMDEN	7,024	951	4,451,374	4,681	634	81	135	13.54%
CARTERET	59,601	8,710	40,833,397	4,688	685	73	146	14.61%
CASWELL	23,713	4,452	20,266,409	4,552	855	47	188	18.77%
CATAWBA	145,113	21,442	85,066,319	3,967	586	90	148	14.78%
CHATHAM	50,954	6,330	29,883,300	4,721	586	89	124	12.42%
CHEROKEE	24,702	5,533	28,318,716	5,118	1,146	16	224	22.40%
CHOWAN	14,538	3,554	16,608,962	4,673	1,142	17	244	24.45%
CLAY	9,018	1,702	8,536,703	5,016	947	35	189	18.87%
CLEVELAND	96,808	20,161	90,204,747	4,474	932	38	208	20.83%
COLUMBUS	54,828	17,182	83,220,825	4,843	1,518	4	313	31.34%
CRAVEN	91,970	16,260	69,084,527	4,249	751	67	177	17.68%
CUMBERLAND	301,098	52,819	183,788,835	3,480	610	85	175	17.54%
CURRITUCK	18,839	2,517	9,502,168	3,775	504	94	134	13.36%
DARE	31,209	3,130	14,323,646	4,576	459	98	100	10.03%
DAVIDSON	149,104	22,731	90,970,479	4,002	610	86	152	15.25%
DAVIE	36,232	4,357	21,008,967	4,822	580	91	120	12.03%
DUPLIN	49,597	11,980	50,576,888	4,222	1,020	30	242	24.15%
DURHAM	228,086	35,151	160,672,967	4,571	704	71	154	15.41%
EDGECOMBE	54,698	17,451	67,819,408	3,886	1,240	12	319	31.90%
FORSYTH	310,331	44,540	185,747,007	4,170	599	88	144	14.35%
FRANKLIN	48,818	9,291	39,958,354	4,301	819	56	190	19.03%
GASTON	191,110	34,928	162,841,470	4,662	852	48	183	18.28%
GATES	10,560	1,816	8,658,710	4,768	820	55	172	17.20%
GRAHAM	8,033	2,237	12,243,669	5,473	1,524	2	278	27.85%
GRANVILLE	49,670	7,587	33,723,268	4,445	679	75	153	15.27%
GREENE	19,000	4,393	17,750,948	4,041	934	37	231	23.12%
GUILFORD	424,032	63,676	256,784,054	4,033	606	87	150	15.02%
HALIFAX	57,134	18,963	72,034,914	3,799	1,261	10	332	33.19%
HARNETT	93,684	18,831	74,091,209	3,935	791	65	201	20.10%
HAYWOOD	54,595	10,272	45,887,163	4,467	841	51	188	18.81%
HENDERSON	91,544	13,967	65,678,767	4,702	717	70	153	15.26%
HERTFORD	22,156	7,397	33,636,738	4,547	1,518	3	334	33.39%
HOKE	34,844	7,872	31,156,401	3,958	894	43	226	22.59%
HYDE	5,742	1,387	6,557,379	4,728	1,142	18	242	24.16%
IREDELL	127,896	17,622	71,364,273	4,050	558	92	138	13.78%
JACKSON	33,657	5,700	26,494,836	4,648	787	66	169	16.94%
JOHNSTON	127,791	22,361	84,593,209	3,783	662	77	175	17.50%
JONES	10,303	2,299	10,518,708	4,575	1,021	29	223	22.31%
LEE	49,426	9,643	41,347,286	4,288	837	52	195	19.51%
LENOIR	59,292	15,154	66,010,591	4,356	1,113	20	256	25.56%

**Table 9 (Cont.)
North Carolina Medicaid
State Fiscal Year 2002
Total Expenditures and Eligibles by County**

COUNTY NAME		NUMBER OF		EXPENDITURE		PER CAPITA		ELIGIBLES PER 1,000 POPULATION	% of Medicaid Eligibles by County, Based on 2002 population
		MEDICAID ELIGIBLES	TOTAL EXPENDITURES	PER ELIGIBLE	AMOUNT	RANKING			
LINCOLN	65,402	9,389	42,378,706	4,514	648	78	144	14.36%	
MACON	30,428	5,546	24,709,269	4,455	812	58	182	18.23%	
MADISON	19,780	4,079	19,754,484	4,843	999	31	206	20.62%	
MARTIN	25,339	6,814	33,317,153	4,890	1,315	8	269	26.89%	
MCDOWELL	42,834	7,533	35,584,534	4,724	831	53	176	17.59%	
MECKLENBURG	713,780	98,401	379,030,249	3,852	531	93	138	13.79%	
MITCHELL	15,874	2,867	16,520,596	5,762	1,041	27	181	18.06%	
MONTGOMERY	26,965	6,105	23,448,818	3,841	870	45	226	22.64%	
MOORE	76,358	11,608	48,703,488	4,196	638	79	152	15.20%	
NASH	88,346	17,428	70,385,529	4,039	797	62	197	19.73%	
NEW HANOVER	163,828	24,365	120,093,486	4,929	733	69	149	14.87%	
NORTHAMPTON	22,008	7,105	31,222,011	4,394	1,419	6	323	32.28%	
ONSLow	148,454	19,577	69,068,590	3,528	465	97	132	13.19%	
ORANGE	120,952	9,543	52,142,653	5,464	431	99	79	7.89%	
PAMLICO	12,848	2,704	13,658,198	5,051	1,063	25	210	21.05%	
PASQUOTANK	35,028	8,263	33,486,519	4,053	956	33	236	23.59%	
PENDER	42,051	8,182	36,503,321	4,461	868	46	195	19.46%	
PERQUIMANS	11,522	2,593	10,548,968	4,068	916	40	225	22.50%	
PERSON	36,131	6,422	33,522,573	5,220	928	39	178	17.77%	
PITT	134,936	26,843	108,142,516	4,029	801	59	199	19.89%	
POLK	18,828	2,408	12,661,380	5,258	672	76	128	12.79%	
RANDOLPH	132,139	20,723	83,154,629	4,013	629	82	157	15.68%	
RICHMOND	46,569	12,838	55,834,194	4,349	1,199	14	276	27.57%	
ROBESON	124,122	41,641	169,205,126	4,063	1,363	7	335	33.55%	
ROCKINGHAM	91,806	17,194	83,754,212	4,871	912	42	187	18.73%	
ROWAN	131,731	22,326	92,197,174	4,130	700	72	169	16.95%	
RUTHERFORD	63,394	13,676	56,267,852	4,114	888	44	216	21.57%	
SAMPSON	60,928	15,747	64,325,551	4,085	1,056	26	258	25.85%	
SCOTLAND	35,731	11,172	45,347,122	4,059	1,269	9	313	31.27%	
STANLY	58,792	9,759	49,633,701	5,086	844	50	166	16.60%	
STOKES	45,262	6,170	28,374,675	4,599	627	83	136	13.63%	
SURRY	71,394	12,814	60,813,885	4,746	852	49	179	17.95%	
SWAIN	13,200	3,281	14,538,739	4,431	1,101	23	249	24.86%	
TRANSYLVANIA	29,349	4,644	21,909,157	4,718	747	68	158	15.82%	
TYRRELL	4,149	985	4,683,111	4,754	1,129	19	237	23.74%	
UNION	132,086	16,006	64,040,869	4,001	485	96	121	12.12%	
VANCE	43,706	13,723	50,921,771	3,711	1,165	15	314	31.40%	
WAKE	658,490	62,569	251,904,276	4,026	383	100	95	9.50%	
WARREN	19,982	5,376	22,215,099	4,132	1,112	21	269	26.90%	
WASHINGTON	13,598	4,049	16,856,446	4,163	1,240	13	298	29.78%	
WATAUGA	42,690	3,727	20,761,732	5,571	486	95	87	8.73%	
WAYNE	113,170	23,839	89,885,496	3,771	794	64	211	21.06%	
WILKES	66,104	12,444	60,332,245	4,848	913	41	188	18.82%	
WILSON	74,386	17,366	69,864,664	4,023	939	36	233	23.35%	
YADKIN	36,587	5,370	29,236,069	5,444	799	60	147	14.68%	
YANCEY	18,012	3,475	17,139,889	4,932	952	34	193	19.29%	
STATE TOTAL	8,188,008	1,390,028	5,931,491,076	4,267	724	N/A	170	16.98%	

Source: Medicaid Cost Calculation Fiscal YTD June 2002.
Note: Data reflect only net vendor payments for which the county is responsible for its computable share.

Table 10
North Carolina Medicaid
State Fiscal Year 2002
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 2002 Expenditures Per Recipient</u>	<u>SFY 2001 Expenditures Per Recipient</u>	<u>01/02 Percent Change</u>
Total Elderly	\$ 1,804,543,711	29.2%	208,109	14.8%	\$ 8,671	\$ 8,687	-0.2%
Aged	1,783,081,503	28.9%	160,845	11.5%	11,086	10,799	2.7%
Medicare-Aid (MQBQ & MQBB & MQBE)	21,462,207	0.3%	47,264	3.4%	454	473	-4.1%
Total Disabled	\$ 2,590,740,655	41.9%	223,225	15.9%	\$ 11,606	\$ 10,645	9.0%
Disabled	2,562,033,729	41.5%	220,890	15.8%	11,599	10,634	9.1%
Blind	28,706,927	0.5%	2,335	0.2%	12,294	11,685	5.2%
Total Families & Children	\$ 1,753,986,603	28.4%	954,340	68.1%	\$ 1,838	\$ 1,639	12.1%
AFDC Adults (> 21)	482,050,042	7.8%	193,549	13.8%	2,491	2,225	12.0%
Medicaid Pregnant Women Coverage(MPW)	199,398,598	3.2%	56,184	4.0%	3,549	2,691	31.9%
AFDC Children & Other Children	444,999,772	7.2%	261,886	18.7%	1,699	1,655	2.6%
Medicaid Indigent Children(MIC)	627,538,191	10.2%	442,721	31.6%	1,417	1,228	15.4%
Aliens and Refugees	\$ 44,354,622	0.7%	15,775	1.1%	\$ 2,812	\$ 3,611	-22.1%
Adjustments Not Attributable To A Specific Category	\$ (17,715,369)	-0.3%					
Total Service Expenditures All Groups	\$ 6,175,910,221	100.0%	1,401,449	100.0%	\$ 4,407	\$ 4,175	5.5%

Source: SFY 2002 Program Expenditure Report

Table 11
North Carolina Medicaid
State Fiscal Year 2002
Service Expenditures For Selected Major Medical Services By Program Category

<u>Type of Service</u>	<u>Total</u>	<u>Percent of Service Dollars</u>	<u>Aged</u>	<u>MQBQ* Medicare Qualified Beneficiary</u>	<u>MQBB + MQBE Part B Premium Only</u>	<u>Blind</u>	<u>Disabled</u>	<u>Other Adult**</u>	<u>Children***</u>	<u>Aliens & Refugees</u>	<u>Adjustments Unattributable to a Specific Category</u>
Inpatient Hospital	\$ 862,769,349	14.0%	\$ 18,396,816	\$ 47,836	\$ -	\$ 1,960,701	\$ 379,581,367	\$ 197,029,507	\$ 240,156,436	\$ 31,019,786	\$ (5,423,100)
Outpatient Hospital	431,017,843	7.0%	29,690,696	111,501	-	1,192,858	165,736,319	119,496,375	115,978,863	1,327,692	(2,516,460)
Mental Hospital (> 65)	8,004,224	0.1%	7,996,700	-	-	7,937	-	-	-	-	(413)
Psychiatric Hospital (< 21)	22,538,016	0.4%	-	-	-	-	6,228,232	3,414	16,337,778	-	(31,407)
Physician	583,795,009	9.5%	55,608,315	194,602	927	1,416,988	179,865,425	149,451,841	191,170,586	9,677,810	(3,591,484)
Clinics	431,812,460	7.0%	12,566,037	60,951	(229)	893,438	196,670,592	44,621,849	178,962,734	1,353,562	(3,316,473)
Nursing Facility:											
Skilled Level	428,768,724	6.9%	361,751,228	1,037	-	1,245,704	65,734,525	196,722	56,588	15,242	(232,325)
Intermediate Level	450,131,946	7.3%	405,783,660	-	-	1,390,018	42,938,978	5,187	98,317	147	(84,361)
Intermediate Care Facility (Mentally Retarded)	414,508,021	6.7%	22,648,400	-	-	7,237,850	382,048,755	-	2,894,222	-	(321,206)
Dental	104,388,003	1.7%	7,529,959	35	-	164,565	21,147,214	20,420,462	55,131,450	147,593	(153,275)
Prescription Drugs	1,056,158,750	17.1%	350,007,150	-	-	3,881,378	497,238,355	89,311,298	115,807,554	94,529	(181,513)
Home Health	146,906,481	2.4%	29,390,531	7,077	-	1,108,936	98,734,398	6,223,915	11,884,635	31,472	(474,483)
CAP/Disabled Adult	211,395,841	3.4%	157,524,651	-	-	1,828,824	52,087,719	-	-	-	(45,353)
CAP/Mentally Retarded	251,905,349	4.1%	4,787,386	-	-	2,685,624	242,203,262	-	2,957,113	-	(728,036)
CAP/Children	20,484,920	0.3%	-	-	-	83,237	19,540,371	-	869,229	-	(7,917)
Personal Care	152,655,698	2.5%	102,591,348	-	-	1,586,511	47,012,632	1,198,087	440,405	2,866	(176,151)
Hospice	18,964,897	0.3%	10,680,237	-	-	71,209	7,886,970	330,328	32,331	-	(36,178)
EPSDT (Health Check)	44,075,153	0.7%	6,808	-	-	6,995	1,295,628	125,038	42,687,067	6,088	(52,472)
Lab & X-ray	20,415,063	0.3%	118,344	431	-	40,904	4,389,409	8,272,965	7,584,935	45,046	(36,972)
Adult Home Care	117,492,781	1.9%	71,251,484	-	-	315,242	45,942,921	6,341	19,756	165	(43,128)
High Risk Intervention Residential	48,507,274	0.8%	-	-	-	-	11,297,936	-	37,282,902	-	(73,564)
Other Services	114,612,120	1.9%	13,087,736	15,802	-	286,811	36,757,338	30,771,280	33,311,957	626,940	(245,744)
Total Services	5,941,307,922	96.2%	1,661,417,484	439,272	698	27,405,730	2,504,338,347	667,464,607	1,053,664,858	44,348,938	(17,772,013)
Medicare:											
Part A Premiums	40,897,468	0.7%	40,405,218	10,580	-	566,293	6,961	-	-	-	(91,584)
Part B Premiums	151,522,851	2.5%	81,258,287	470,051	20,541,606	646,554	48,172,190	280,206	4,502	1,228	148,227
HMO Premiums	42,181,980	0.7%	514	-	-	88,350	9,516,231	13,703,828	18,868,602	4,456	-
Total Premiums	234,602,299	3.8%	121,664,019	480,631	20,541,606	1,301,197	57,695,382	13,984,033	18,873,104	5,683	56,643
Grand Total Services and premiums	\$ 6,175,910,221		\$ 1,783,081,503	\$ 919,904	\$ 20,542,304	\$ 28,706,927	\$ 2,562,033,729	\$ 681,448,640	\$ 1,072,537,963	\$ 44,354,622	\$ (17,715,369)

Note: Grand Total Expenditures do not include adjustments processed by DMA, settlements, Disproportionate Share Costs and State and County Administration costs, and certified public funds in other agencies.

* 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.

**Table 12
North Carolina Medicaid
State Fiscal Year 2002
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 2002 % of Total Dollars</u>	<u>SFY 2001 % of Total Dollars</u>	<u>SFY 2000 % of Total Dollars</u>
Inpatient Hospital	\$ 18,396,816	1.0%	\$ 47,836	\$ -	\$ 47,836	0.2%	\$ 18,444,652	1.0%	1.3%	1.3%
Outpatient Hospital	29,690,696	1.7%	111,501	-	111,501	0.5%	29,802,196	1.7%	1.8%	2.0%
Mental Hospital (> 65)	7,996,700	0.4%	-	-	-	0.0%	7,996,700	0.4%	0.7%	0.6%
Physician	55,608,315	3.1%	194,602	927	195,529	0.9%	55,803,843	3.1%	3.5%	3.3%
Clinics	12,566,037	0.7%	60,951	(229)	60,722	0.3%	12,626,759	0.7%	0.7%	0.7%
Nursing Facility:										
Skilled Level	361,751,228	20.3%	1,037	-	1,037	0.0%	361,752,266	20.0%	20.3%	23.5%
Intermediate Level	405,783,660	22.8%	-	-	-	0.0%	405,783,660	22.5%	23.4%	22.7%
Intermediate Care Facility (Mentally Retarded)	22,648,400	1.3%	-	-	-	0.0%	22,648,400	1.3%	1.2%	1.2%
Dental	7,529,959	0.4%	35	-	35	0.0%	7,529,994	0.4%	0.4%	0.5%
Prescription Drugs	350,007,150	19.6%	-	-	-	0.0%	350,007,150	19.4%	18.7%	17.3%
Home Health	29,390,531	1.6%	7,077	-	7,077	0.0%	29,397,608	1.6%	1.5%	1.5%
CAP/Disabled Adult	157,524,651	8.8%	-	-	-	0.0%	157,524,651	8.7%	8.7%	8.4%
CAP/Mentally Retarded	4,787,386	0.3%	-	-	-	0.0%	4,787,386	0.3%	0.3%	0.2%
Personal Care	102,591,348	5.8%	-	-	-	0.0%	102,591,348	5.7%	4.8%	4.3%
Hospice	10,680,237	0.6%	-	-	-	0.0%	10,680,237	0.6%	0.4%	0.3%
EPSDT (Health Check)	6,808	0.0%	-	-	-	0.0%	6,808	0.0%	0.0%	0.0%
Lab & X-ray	118,344	0.0%	431	-	431	0.0%	118,775	0.0%	0.0%	0.0%
Adult Home Care	71,251,484	4.0%	-	-	-	0.0%	71,251,484	3.9%	3.9%	3.4%
High Risk Intervention Residential	-	0.0%	-	-	-	0.0%	-	0.0%	0.0%	-
Other Services	13,087,736	0.7%	15,802	-	15,802	0.1%	13,103,539	0.7%	0.7%	0.6%
Total Services	\$1,661,417,484	93.2%	439,272	698	439,970	2.0%	1,661,857,454	92.1%	92.2%	91.8%
Medicare:										
Part A Premiums	40,405,218	2.3%	10,580	-	10,580	0.0%	40,415,798	2.2%	2.3%	2.6%
Part B Premiums	81,258,287	4.6%	470,051	20,541,606	21,011,657	97.9%	102,269,945	5.7%	5.5%	5.6%
HMO Premiums	514	0.0%	-	-	-	0.0%	514	0.0%	0.0%	0.0%
Total Premiums	\$ 121,664,019	6.8%	480,631	20,541,606	21,022,237	98.0%	142,686,256	7.9%	7.8%	8.2%
Grand Total Services and premiums	\$1,783,081,503	100.0%	919,904	20,542,304	21,462,207	100.0%	1,804,543,711	100.0%	100.0%	100.0%
Medicare Crossovers**	\$ 118,000,902									
Total Elderly Recipients	160,845		6,863	40,401	47,264		208,109			
Expenditures Per Recipient*	\$ 11,086		\$ 134	\$ 508	\$ 454		\$ 8,671			

* 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 2002 Program Expenditure Report

**Table 13
North Carolina Medicaid
State Fiscal Year 2002
Expenditures for the Disabled & Blind**

<u>Type of Service</u>	<u>Disabled</u>	<u>Percent of Service Dollars</u>	<u>Blind</u>	<u>Percent of Service Dollars</u>	<u>Total Blind & Disabled Dollars</u>	<u>2002 % of Total Dollars</u>	<u>2001 % of Total Dollars</u>
Inpatient Hospital	\$ 379,581,367	14.8%	\$ 1,960,701	6.8%	\$ 381,542,068	14.7%	15.5%
Outpatient Hospital	165,736,319	6.5%	1,192,858	4.2%	166,929,177	6.4%	6.0%
Mental Hospital (> 65)	-	0.0%	7,937	0.0%	7,937	0.0%	0.0%
Psychiatric Hospital (< 21)	6,228,232	0.2%	-	0.0%	6,228,232	0.2%	0.2%
Physician	179,865,425	7.0%	1,416,988	4.9%	181,282,414	7.0%	7.3%
Clinics	196,670,592	7.7%	893,438	3.1%	197,564,029	7.6%	6.9%
Nursing Facility:							
Skilled Level	65,734,525	2.6%	1,245,704	4.3%	66,980,229	2.6%	2.6%
Intermediate Level	42,938,978	1.7%	1,390,018	4.8%	44,328,996	1.7%	1.7%
Intermediate Care Facility: (Mentally Retarded)	382,048,755	14.9%	7,237,850	25.2%	389,286,605	15.0%	16.2%
Dental	21,147,214	0.8%	164,565	0.6%	21,311,780	0.8%	0.8%
Prescription Drugs	497,238,355	19.4%	3,881,378	13.5%	501,119,732	19.3%	19.3%
Home Health	98,734,398	3.9%	1,108,936	3.9%	99,843,334	3.9%	3.7%
CAP/Disabled Adult	52,087,719	2.0%	1,828,824	6.4%	53,916,543	2.1%	2.1%
CAP/Mentally Retarded	242,203,262	9.5%	2,685,624	9.4%	244,888,887	9.5%	9.4%
CAP/Children	19,540,371	0.8%	83,237	0.3%	19,623,607	0.8%	0.7%
Personal Care	47,012,632	1.8%	1,586,511	5.5%	48,599,143	1.9%	1.4%
Hospice	7,886,970	0.3%	71,209	0.2%	7,958,180	0.3%	0.3%
EPSDT (Health Check)	1,295,628	0.1%	6,995	0.0%	1,302,623	0.1%	0.0%
Lab & X-ray	4,389,409	0.2%	40,904	0.1%	4,430,313	0.2%	0.2%
Adult Home Care	45,942,921	1.8%	315,242	1.1%	46,258,163	1.8%	1.8%
High Risk Intervention Residential	11,297,936	0.4%	-	0.0%	11,297,936	0.4%	0.1%
Other Services	36,757,338	1.4%	286,811	1.0%	37,044,148	1.4%	1.4%
Total Services	\$ 2,504,338,347	97.7%	\$ 27,405,730	95.5%	2,531,744,077		
Medicare, Part A Premiums	6,961	0.0%	566,293	2.0%	573,254	0.0%	0.0%
Medicare, Part B Premiums	48,172,190	1.9%	646,554	2.3%	48,818,743	1.9%	1.8%
HMO Premiums	9,516,231	0.4%	88,350	0.3%	9,604,581	0.4%	0.8%
Total Premiums	57,695,382	2.3%	1,301,197	4.5%	58,996,578		
Grand Total Services & Premiums	\$ 2,562,033,729	100.0%	\$ 28,706,927	100.0%	2,590,740,655		
Medicare Crossovers*	\$ 80,082,319		\$ 971,528		\$ 81,053,847		
Number of Disabled/Blind Recipients	220,890		2,335		223,225		
Service Expenditures Per Recipients**	\$ 11,599		\$ 12,294		11,606		

* 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 2002
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 2002 % of Total Dollars</u>	<u>SFY 2001 % of Total Dollars</u>
Inpatient Hospital	\$ 121,164,078	25.1%	\$ 75,865,429	38.0%	\$ 66,570,973	15.0%	\$ 173,585,463	27.7%	\$ 437,185,943	24.9%	27.8%
Outpatient Hospital	97,037,723	20.1%	22,458,653	11.3%	48,126,610	10.8%	67,852,252	10.8%	235,475,238	13.4%	12.1%
Psychiatric Hospital (< 21)	-	0.0%	3,414	0.0%	9,766,868	2.2%	6,570,909	1.0%	16,341,191	0.9%	0.7%
Physician	95,696,341	19.9%	53,755,500	27.0%	66,563,378	15.0%	124,607,207	19.9%	340,622,427	19.4%	20.9%
Clinics	23,741,887	4.9%	20,879,961	10.5%	108,339,168	24.3%	70,623,566	11.3%	223,584,583	12.7%	11.6%
Nursing Facility:											
Skilled Level	196,722	0.0%	-	0.0%	8,752	0.0%	47,836	0.0%	253,311	0.0%	0.0%
Intermediate Level	5,187	0.0%	-	0.0%	81,673	0.0%	16,644	0.0%	103,504	0.0%	0.0%
Intermediate Care Facility: (Mentally Retarded)	-	0.0%	-	0.0%	2,049,371	0.5%	844,851	0.1%	2,894,222	0.2%	0.2%
Dental	19,439,142	4.0%	981,320	0.5%	22,882,370	5.1%	32,249,080	5.1%	75,551,912	4.3%	3.6%
Prescription Drugs	82,465,450	17.1%	6,845,848	3.4%	48,052,293	10.8%	67,755,260	10.8%	205,118,852	11.7%	11.5%
Home Health	5,423,124	1.1%	800,791	0.4%	4,211,809	0.9%	7,672,826	1.2%	18,108,550	1.0%	1.0%
CAP/Disabled Adult	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%	0.0%
CAP/Mentally Retarded	-	0.0%	-	0.0%	2,956,979	0.7%	134	0.0%	2,957,113	0.2%	0.2%
CAP/Children	-	0.0%	-	0.0%	869,229	0.2%	-	0.0%	869,229	0.0%	0.0%
Personal Care	1,171,608	0.2%	26,478	0.0%	231,172	0.1%	209,232	0.0%	1,638,491	0.1%	0.1%
Hospice	330,328	0.1%	-	0.0%	1,085	0.0%	31,247	0.0%	362,659	0.0%	0.0%
EPSDT (Health Check)	49,662	0.0%	75,376	0.0%	12,017,619	2.7%	30,669,448	4.9%	42,812,105	2.4%	2.5%
Lab & X-ray	5,001,811	1.0%	3,271,155	1.6%	2,241,960	0.5%	5,342,975	0.9%	15,857,900	0.9%	1.0%
Adult Home Care	6,341	0.0%	-	0.0%	14,563	0.0%	5,193	0.0%	26,097	0.0%	0.0%
High Risk Intervention Residential	-	0.0%	-	0.0%	25,007,007	5.6%	12,275,895	2.0%	37,282,902	2.1%	0.3%
Other Services	19,336,493	4.0%	11,434,787	5.7%	16,772,985	3.8%	16,538,973	2.6%	64,083,237	3.7%	3.5%
Total Services	471,065,895	97.7%	196,398,712	98.5%	436,765,866	98.1%	616,898,992	98.3%	1,721,129,465	98.1%	96.9%
Medicare, Part A Premiums	-	0.0%	-	-	-	0.0%	-	0.0%	-	0.0%	0.0%
Medicare, Part B Premiums	267,444	0.1%	12,762	0.0%	3,266	0.0%	1,236	0.0%	284,708	0.0%	0.0%
HMO Premiums	10,716,703	2.2%	2,987,124	1.5%	8,230,640	1.8%	10,637,962	1.7%	32,572,430	1.9%	3.1%
Total Premiums	10,984,147		2,999,886		8,233,906		10,639,199		32,857,137		
Total Services & Premiums	482,050,042		199,398,598		444,999,772		627,538,191		1,753,986,603		
Medicare Crossovers*	\$ 1,020,234		\$ 66,080		\$ 9,174		\$ (58,199)		\$ 1,037,288		
Number of Family & Child Recipients	193,549		56,184		261,886		442,721		954,340		
Service Expenditures Per Recipient**	\$ 2,491		\$ 3,549		\$ 1,699		\$ 1,417		\$ 1,838		

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

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

Table 15
North Carolina Medicaid
State Fiscal Year 2002
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 drugs (including refills):	
Generic & Insulin	\$1.00
Brand Name	\$3.00

Acknowledgments

Project Team

Gary Kugler, Senior Editor
Social Service Program Administrator
Director's Office

Lou Morton
Services Consultant
Medical Policy

Editorial Panel

Debbie Barnes
Rate Analyst/Accountant
Financial Operations

Darlene Creech
Service Consultant
Medical Policy

Geoff Elting
Chief, Third Party Recovery
Program Integrity

Carleen Massey
Nurse Supervisor
Program Integrity

Julia McCollum
Human Services Planner/Evaluator
Managed Care

Gina Rutherford
Administrative Assistant
Recipient and Provider Services

Contributing Writers

Debbie Barnes
Darlene Creech
Geoff Elting
Gary Kugler
Sharman Leinwand
Carleen Massey
Julia McCollum
Lou Morton
Lynne Perrin
Carol Robertson
Gina Rutherford
Bruce Steel
Lisa Weeks
Angie Yow

Tables and Graphics

Emad Attiah

Production

Michelle St. Clair



Division of Medical Assistance
2517 Mail Service Center
Raleigh, NC 27699-2517
(919) 857-4011
Nina M. Yeager, Director

www.dhhs.state.nc.us/dma/