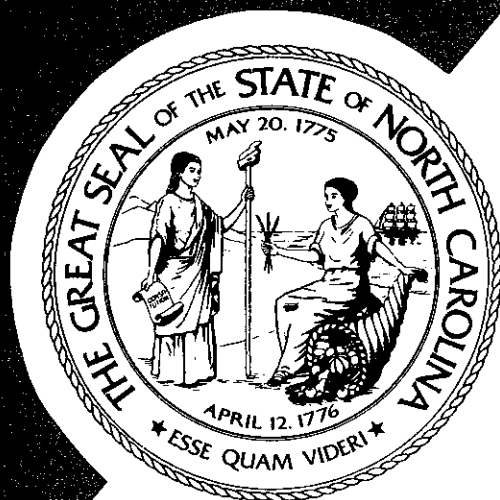


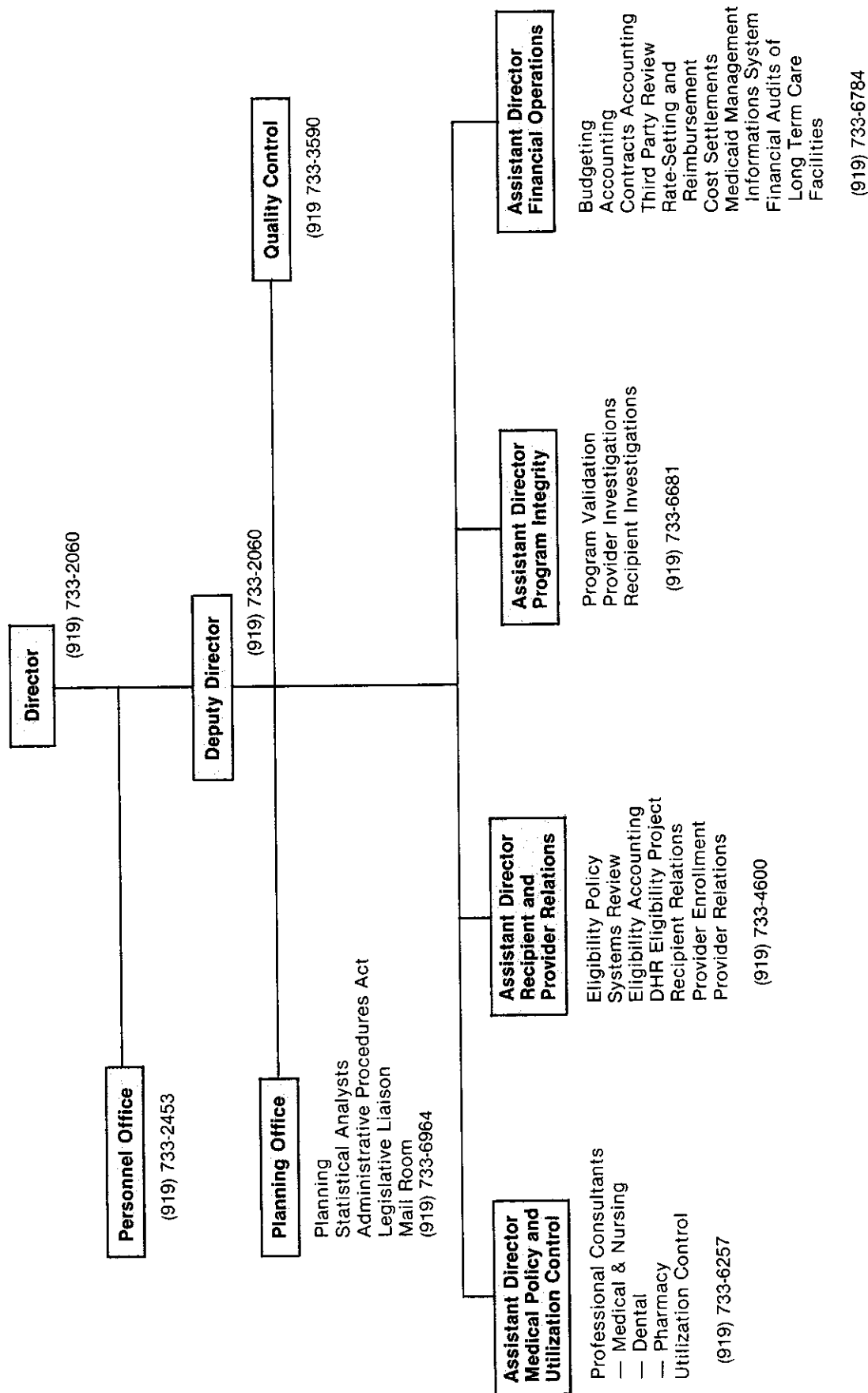
# **MEDICAID IN NORTH CAROLINA**



**ANNUAL  
REPORT  
1983-1984**

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

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



**MEDICAID IN NORTH CAROLINA  
ANNUAL REPORT  
1983 - 1984**

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

BARBARA D. MATULA  
DIRECTOR

January 2, 1985

Dear Citizens:

Fiscal year 1983-84 was a time of innovative planning for Medicaid in North Carolina. The prior two years were marked by dramatic changes, beginning with major federal budget cuts in FY 1982. The budget cuts led to limits on Medicaid services and to reimbursement reforms. These changes were refined in FY 1983. The federal budget cuts enacted for fiscal years 1982, 1983 and 1984 were not continued for fiscal year 1985. However, it is expected that Congress will again look to reductions in Medicaid expenditures as a way of dealing with the federal deficit.

In fiscal year 1984, the Division of Medical Assistance concentrated its efforts on two in-home care programs which promise to provide quality services at reduced costs. The Community Alternatives Programs (CAP) are designed to provide an alternative to nursing home placement. The CAP program for the elderly and disabled is fully implemented in twenty counties. The state recently received federal approval to expand this program statewide. A second CAP program for the mentally retarded (CAP/MR) is also fully implemented, with six counties participating.

Another priority for the Medicaid program was the promotion of pre-paid health plans. The agency has received waivers of federal regulations to allow for reimbursement to pre-paid health groups when the groups are not certified as HMOs. Negotiations are continuing with potential pre-paid providers at this time. Further, several certified HMOs are starting operations in North Carolina, and the Division of Medical Assistance is preparing for the enrollment of Medicaid recipients in those plans.

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

A major step forward was achieved when the agency received authorization and funding from the 1984 General Assembly to provide Medicaid coverage for all financially eligible pregnant women and children. Coverage will begin on January 1, 1985, and could affect up to 57,000 children and 2,000 pregnant women. Numerous studies have shown that money spent on health care for pregnant women and young children has the potential for tremendous savings in the long term.

Sincerely,

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

Barbara D. Matula  
Director

## PEOPLE SERVED . . .

In state fiscal year 1983-84 the North Carolina Medicaid program paid for the medical care of 345,894 needy people. The people eligible for Medicaid are divided into two groups: one group is classified as categorically needy and the other as medically needy.

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

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

There are six categories of eligibility within each classification:

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

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

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

The following are the annual Income and Resource tables used in determining eligibility for the North Carolina Medicaid program during fiscal year 1983-84.

## INCOME

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

## RESOURCES

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

## **SERVICES PROVIDED . . .**

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

### **FEDERALLY MANDATED SERVICES**

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

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

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

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

North Carolina is a leading state in the percentage of eligible children screened through the EPSDT program. EPSDT is a preventive health care program for Medicaid eligible children. It is designed to provide for the early identification and treatment of chronic conditions which can lead to disabling diseases later in life.

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

During state fiscal year 1984, a total of 51,945 children or 52% of all eligible children were screened.

## PROVIDERS OF SERVICE

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

During fiscal year 1984 a total of 9,792 providers submitted 6,318,805 claims for payment.

### ENROLLED MEDICAID PROVIDERS BY TYPE OF SERVICE

Type of Service	Number of Providers
Physicians .....	6,883
Radiologists .....	331
Pharmacists .....	1,654
Dentists .....	1,977
Optometrists .....	513
Chiropractors .....	53
Podiatrists .....	127
Ambulance .....	137
Home Health Agencies .....	100
ICF-General .....	193
ICF-MRC .....	17
Hospitals .....	170
Mental Health Clinics .....	75
Optical Supplies .....	139
SNF .....	188
Other .....	995
Total .....	13,752



## **LIMITATIONS ON SERVICES**

Effective July 1982, twenty-four (24) visits per year were allowed to one or a combination of physicians, clinics, hospital outpatient departments, chiropractors, podiatrists, and optometrists. Exemptions to limitations based on medical necessity included:

- a) prenatal care
- b) EPSDT screenings,
- c) hospital emergency room care,
- d) end stage renal disease,
- e) chemotherapy and radiation therapy for malignancy,
- f) acute sickle cell disease,
- g) end stage lung disease,
- h) unstable diabetes,
- i) hemophilia,
- j) terminal stage of any life threatening illness.

Effective July 1982 six (6) prescriptions, including refills, were allowed each month.

## **PRIOR APPROVAL**

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

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

## CO-PAYMENTS

### Recipient Cost Sharing

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

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

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

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

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

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

## **METHODS OF REIMBURSEMENT**

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

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

North Carolina has a state-supervised, county-administered social services system. County social service departments determine eligibility for Medicaid based upon federal and state eligibility requirements. Counties are required by state statute to pay a portion of the costs for Medicaid recipients who reside in their county and receive Medicaid services throughout the year. During state fiscal 1983-84 counties were required to pay 35% of the non-federal share on non-state owned ICF and SNF costs. For all other Medicaid service costs the counties were required to pay 15% of the non-federal share. Effective July 1, 1984 the county share for all service costs is 15% of the non-federal share.

## **ADMINISTRATION, CLAIMS PROCESSING, UTILIZATION, AND INTEGRITY REVIEW**

Administration of the Medicaid Program is the responsibility of the Division of Medical Assistance (DMA) in the Department of Human Resources (DHR). During FY 1983-84 DMA had 145 staff positions and two major contracts. The Claims Processing contract was held by EDS Federal Corporation. The second major contract, also held by EDS Federal Corporation, was for Utilization Review.

In October, 1983, a Request for Proposals was issued for a new multi-year claims processing contract. In February, 1984, a new four year contract with an option for an additional year, was signed with EDS-Federal Corporation. The new contract commenced July 1, 1984.

In March, 1984, the decision was made to return all utilization review activities to the Division of Medical Assistance. Therefore after the utilization review contract expired on June 30, 1984, it was not renewed.

In North Carolina 6,318,805 Medicaid claims were processed in 1984. Each claim was subjected to a series of edits and audits to determine if the recipient was eligible, if the provider was certified, if the procedure was covered, if the service was appropriate for the age and sex of the recipient, if the claim was a duplicate of one previously submitted, and other relevant questions designed to guarantee that Medicaid funds are properly spent.

Fraud and abuse detection and deterrence are major concerns of the State's Medicaid administrators. In addition to Medicaid agency staff, the Office of the Attorney General has staff fully devoted to the criminal investigation and prosecution of Medicaid fraud. In SFY 1984, 260 provider and 1003 recipient cases were initiated and recoupments in the total amount of \$267,483 (Providers) and \$231,447 (Recipient) were collected. Sixty cases were referred to the Attorney General for possible fraud prosecution.

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

Third party resources for medical care such as health insurance, are an important means of reducing the Medicaid obligation. When a person accepts Medicaid benefits he, by state law, agrees to assign all third party resources designated for health care to the State Medicaid agency. North Carolina's Medicaid agency has received national recognition for its successful efforts in recovering third party resources. In SFY 1984 for every \$1 spent in this effort, \$46 was collected. The recovery ratio nationally ranges from \$19 - \$30 dollars collected for every \$1 spent.

## FINANCING MEDICAID

The largest share of Medicaid costs is paid by the federal government. Federal medicaid matching rates are established by the Department of Health and Human Services using the most recent three year average per capita income for each state and the national per capita income. The established federal matching rates are effective for a period of two federal fiscal years beginning in the odd-numbered years. The minimum established rate is 50%; the maximum established rate, 83%.

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

During State fiscal year 1983-84, North Carolina operated with two established federal medicaid matching rates as well as two percentage reduction rates. The established federal rate was 67.81% for the first quarter and 69.54% for the last three quarters. The percentage reduction rates to be applied to the established rates were 4% for the first quarter and 4.5% for the last three quarters. The effective financial participation rates and time periods are shown below:

	4% Reduction 7/1/83 - 9/30/83			4.5% Reduction 10/1/83 - 6/30/84		
	Family Planning	Non-State ICF & SNF	All Other	Family Planning	Non-State ICF & SNF	All Other
Federal	86.40	65.10	65.10	85.95	66.41	66.41
State	11.56	22.68	29.66	11.94	21.83	28.55
County	2.04	11.22	5.24	2.11	11.76	5.04

## ADMINISTRATIVE COSTS

	7/1/83 - 9/30/83		10/1/83 - 6/30/84	
	Skilled Medical Personnel & MMIS <sup>a/</sup>	All Other	Skilled Medical Personnel & MMIS <sup>a/</sup>	All Other
Federal	72.00	48.00	71.625	47.75
Non-federal	28.00	52.00	28.375	52.25

<sup>a/</sup> MMIS — Medicaid Management Information System

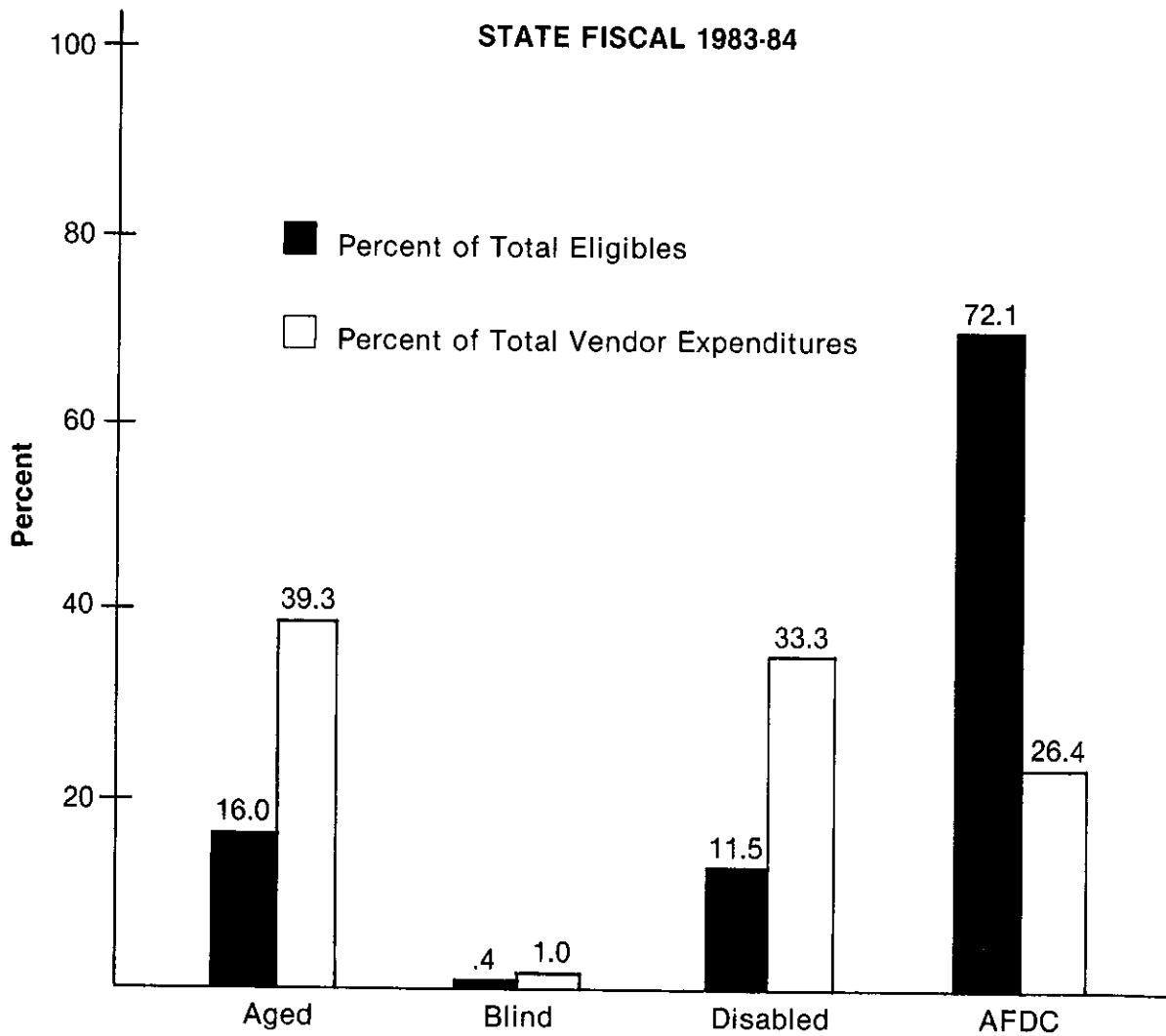
## MAJOR POLICY CHANGES

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

EFFECTIVE DATE	POLICY CHANGE
July 1983	The pharmacy dispensing fee was increased from \$3.00 to \$3.22 per prescription.
July 1983	Implementation of Community Alternatives Program to provide services to mentally retarded persons in their homes or in a community setting as an alternative to placement in an Intermediate Care Facility for the Mentally Retarded (ICF-MRC).
July 1983	Implementation of a model waiver to provide home based care to children who otherwise would be ineligible for Medicaid at home, but would be eligible in an institution.
September 1983	Resource Rule changed for Medically Needy Aged, Blind, Disabled cases to implement \$6,000/6% as mandated by TEFRA of 1982. Non-home property and personal property that is income producing is excluded from resources when the equity in the property does not exceed \$6,000 and the property produces a net annual return of at least 6% of the excludable equity value for each income producing activity. This rule was enjoyed by court order in <b>Monies vs Morrow</b> dated July 31, 1984.
September 1983	First moment of the month reserve rule for Medically Needy Aged, Blind, Disabled as mandated by TEFRA of 1982. For Aged, Blind, Disabled cases not protected by grandfathered provision, eligibility can begin no earlier than the month after countable resources are reduced to allowable limits.
April 1984	Recipient Cost Sharing (Co-Payment) changed.
June 1984	Legislative action during the June Budget Session enabling coverage of all financially eligible pregnant women and children effective January 1, 1985.  Legislative action to increase Categorically Needy and Medically Needy Income levels effective October 1984.

**EXPENDITURES FOR SELECTED MAJOR MEDICAL SERVICES  
BY PROGRAM CATEGORY  
For Fiscal Year 1984**

Type of Service	Total	Aged	Blind	Disabled	AFDC Child Other Children	AFDC Adults
Inpatient Hospital .....	\$164,901,960	\$ 25,844,731	\$1,058,644	\$ 62,115,293	\$38,030,914	\$37,852,378
Outpatient Hospital .....	18,425,317	2,310,148	107,330	4,243,587	5,784,678	5,979,574
Skilled Nursing Home ....	103,353,761	87,706,194	1,050,127	14,262,561	220,897	113,982
Intermediate Care —						
General .....	94,919,145	84,016,664	1,288,842	9,542,415	50,935	20,289
Mentally Retarded .....	92,829,474	2,002,657	1,447,176	75,544,034	13,835,607	0
Physician .....	44,338,434	5,475,534	259,108	12,756,615	10,680,497	15,166,680
Dental .....	11,457,677	921,701	37,645	1,580,602	4,162,204	4,755,525
Prescription Drugs .....	39,223,931	18,840,890	459,485	12,005,648	2,748,256	5,169,652
Clinics .....	6,525,119	353,217	47,616	3,453,728	1,364,748	1,305,810
Total Vendor .....	\$606,015,598	\$237,978,673	\$5,928,547	\$201,993,920	\$83,826,719	\$76,287,739

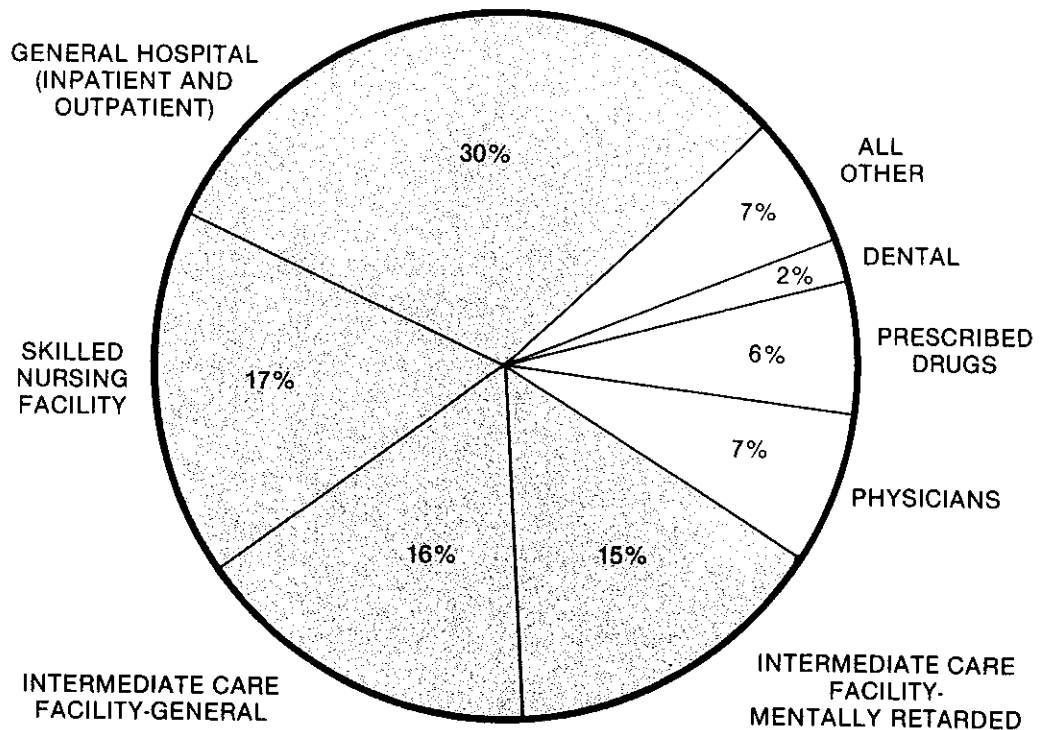


**COMPARISON OF MEDICAL EXPENDITURES**  
For Fiscal Years 1983 and 1984

Type of Service	SFY 83 Expenditures	SFY 84 Expenditures	Percentage Change*
Inpatient Hospital .....	\$153,243,658	\$164,901,960	7.61
Outpatient Hospital .....	15,987,749	18,425,317	15.25
Mental Hospital .....	8,610,924	10,898,009	26.56
SNF .....	91,434,568	103,353,761	13.04
ICF .....	90,096,171	94,919,145	5.35
ICF-MR .....	83,311,634	92,829,474	11.42
Physician .....	34,673,914	44,338,434	27.87
Drugs .....	33,465,843	39,223,931	17.21
Dental .....	11,405,349	11,457,677	.46
Screening .....	1,533,702	2,104,448	37.21
Clinics .....	5,263,461	6,525,119	23.97
Family Planning .....	2,030,253	3,447,620	69.81
Home Health .....	2,739,330	5,027,559	83.53
All Other Services .....	6,558,373	8,563,144	30.57
Total Vendor Services .....	540,354,929	606,015,598	12.15
Medicare Part B Premiums .....	6,817,077	9,571,521	40.41
Total Vendor and Premiums .....	547,172,006	615,587,119	12.50

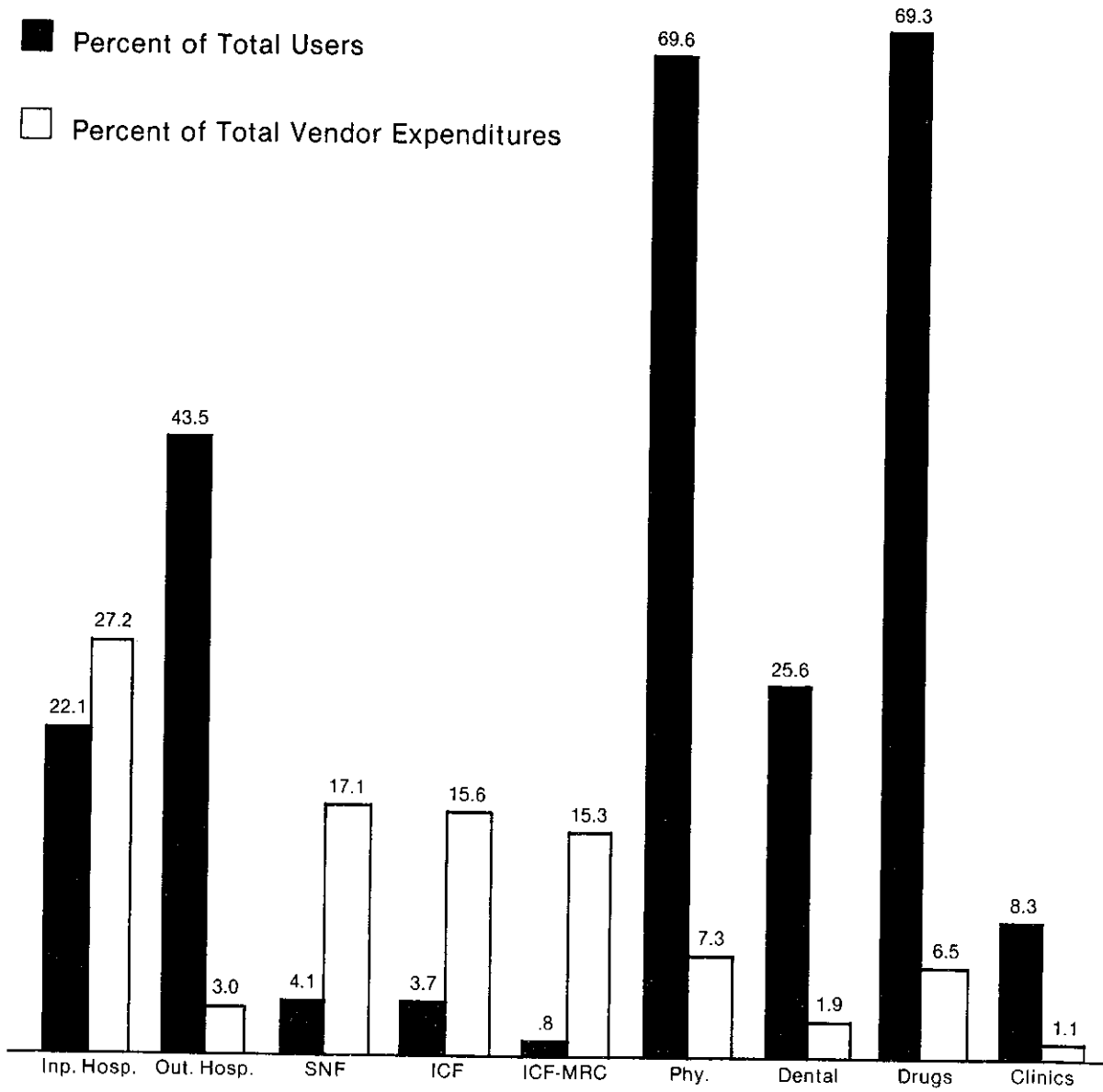
\* Includes both increases in cost as well as utilization.

**PERCENTAGE OF EXPENDITURES FOR SELECTED CATEGORIES OF SERVICE  
TO TOTAL VENDOR EXPENDITURES**  
For Fiscal Year 1984





# STATE FISCAL 1983-84



**TOTAL EXPENDITURES FOR MEDICAL SERVICES  
TOTAL NUMBER OF RECIPIENTS\*  
State Fiscal Year 1984**

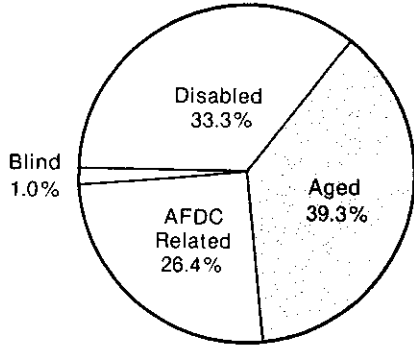
<b>Program Category</b>	<b>Expenditures</b>	<b>Percent of Total</b>	<b>Total No. Recipients</b>	<b>Percent of Total</b>	<b>Average Per Recipient</b>
Aged .....	\$237,978,673	39.27	62,929	18.19	\$3,781.70
Blind .....	5,928,547	.98	1,772	.51	3,345.68
Disabled .....	201,993,920	33.33	45,712	13.22	4,418.84
AFDC-Child .....	64,465,786	10.64	147,101	42.53	438.24
AFDC-Adult .....	76,287,739	12.59	83,603	24.17	912.50
Other Child .....	19,360,933	3.19	4,777	1.38	4,052.95
Total Vendor .....	606,015,598	100.00	345,894	100.00	1,752.02

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

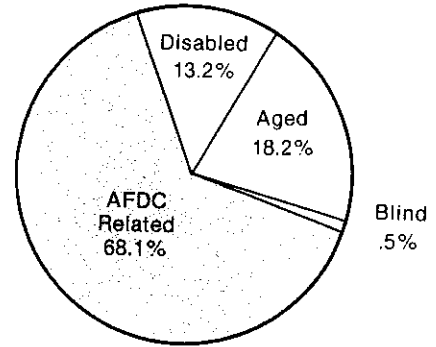
\*\* Includes approximately 475 children in long term care institutions with total costs of approximately \$14 million.

**EXPENDITURES AND RECIPIENTS BY AID CATEGORY, SEX, RACE, AGE GROUP**  
For State Fiscal Year 1984

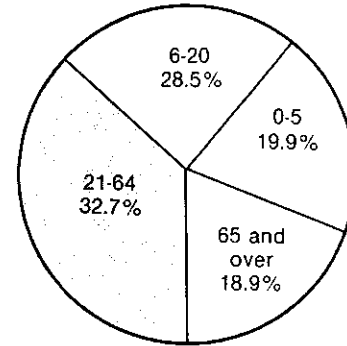
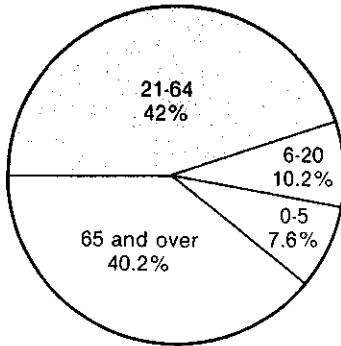
**EXPENDITURES**



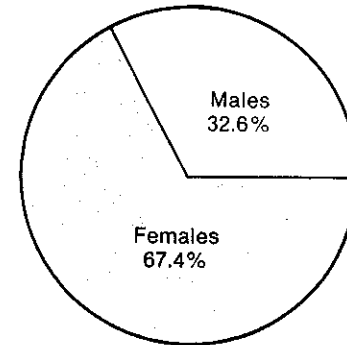
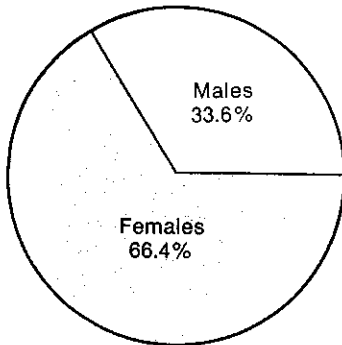
**RECIPIENTS**



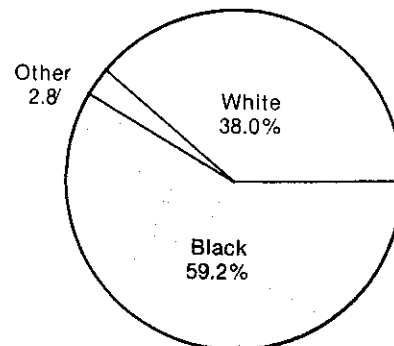
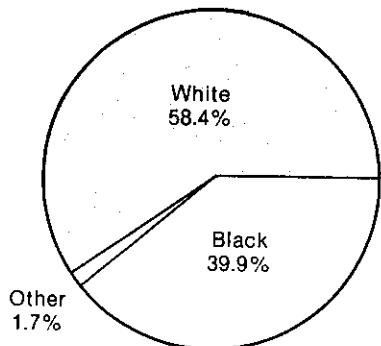
**BY AID CATEGORY**



**BY AGE GROUP**



**BY SEX**

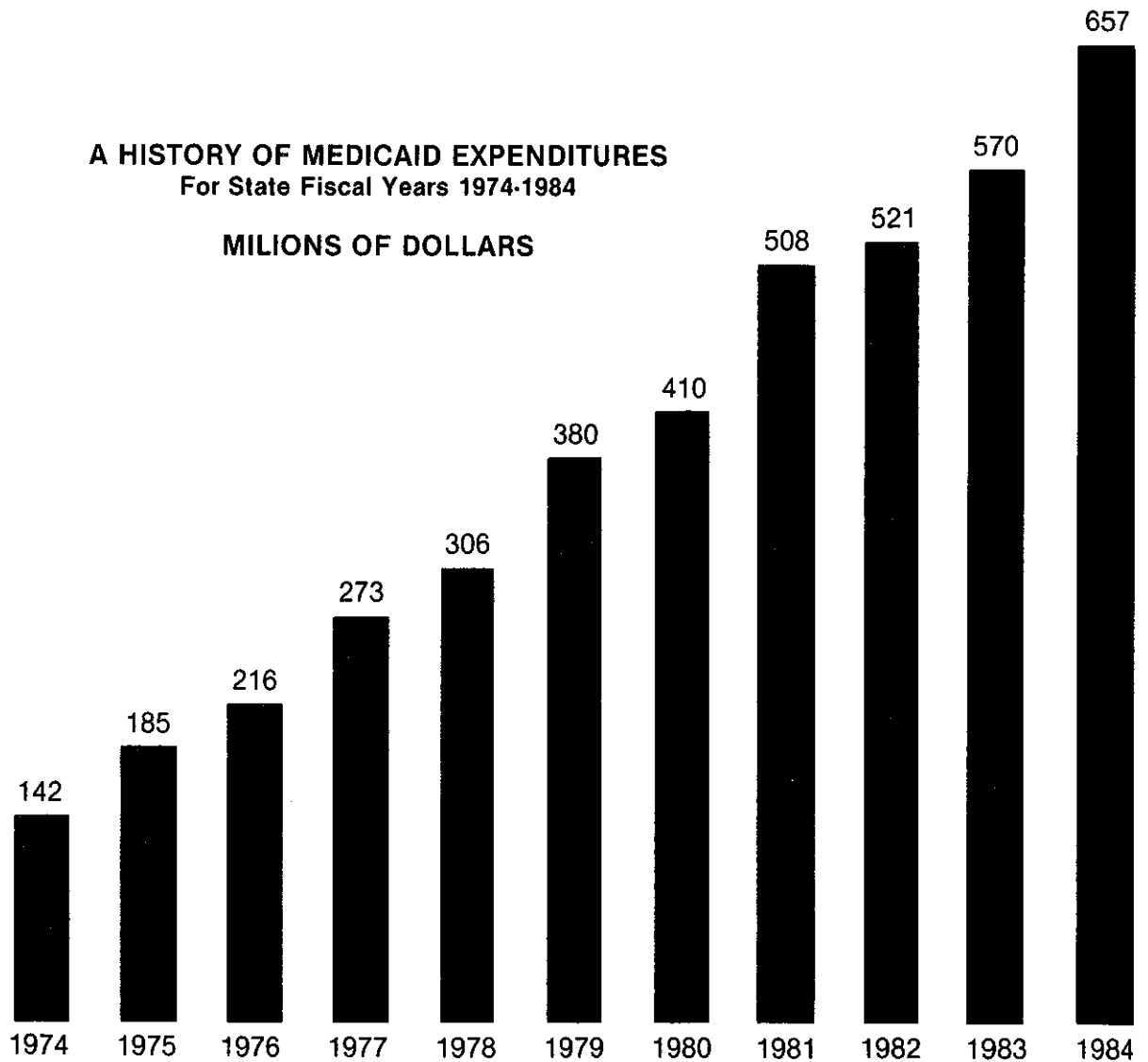


**BY RACE**

**A HISTORY OF TOTAL MEDICAID EXPENDITURES**  
For State Fiscal Years 1974-1984

<b>Fiscal Year</b>	<b>Expenditures</b>	<b>Percentage Change</b>
1973 .....	\$128,631,312	
1974 .....	141,833,487	10.3
1975 .....	184,606,164	30.2
1976 .....	215,741,299	16.9
1977 .....	273,338,697	26.7
1978 .....	306,691,301	12.2
1979 .....	379,769,848	23.8
1980 .....	410,053,625	8.0
1981 .....	507,602,694	23.8
1982 .....	521,462,961	2.7
1983 .....	570,309,294	9.4
1984 .....	657,763,927	15.3

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



**A HISTORY OF UNDUPLICATED MEDICAID ELIGIBLES**  
**For State Fiscal Years 1977-1984**

<b>Fiscal Year</b>	<b>Aged</b>	<b>Blind</b>	<b>Disabled</b>	<b>AFDC</b>	<b>Other Children</b>	<b>Total</b>
1976-77	83,136	3,933	64,113	300,061	6,139	457,382
1977-78	82,835	3,616	62,179	300,719	6,425	455,774
1978-79	82,930	3,219	59,187	301,218	6,620	453,174
1979-80	82,859	2,878	56,265	307,059	6,641	455,702
1980-81	80,725	2,656	56,773	315,651	6,559	459,364
1981-82	70,010	2,349	48,266	298,483	6,125	425,233
1982-83	67,330	2,000	46,537	293,623	6,062	415,552
1983-84	65,203	1,755	46,728	288,619	5,501	407,806

**TOTAL NET EXPENDITURES AND TOTAL ELIGIBLES BY COUNTY**  
For State Fiscal Year July 1, 1983 - June 30, 1984

County Name	1983 Est. County Population	Number of Medicaid Eligibles	Total Expenditure	Per Capita Expenditure Amount	Ranking	Eligibles Per 1,000 Population
Alamance .....	101,286	4,628	\$ 7,902,082	78.02	88	46
Alexander .....	26,051	858	2,039,529	78.29	86	33
Aileghany .....	9,827	488	657,912	66.95	93	50
Anson .....	26,120	2,459	3,865,763	148.00	12	94
Ashe .....	23,037	1,405	2,007,220	87.13	74	61
Avery .....	14,795	778	1,302,014	88.00	71	53
Beaufort .....	42,036	3,125	4,800,221	114.19	43	74
Bertie .....	21,331	2,467	2,944,813	138.05	21	116
Bladen .....	30,581	3,556	4,327,753	141.52	18	116
Brunswick .....	41,150	2,925	4,453,647	108.23	48	71
Buncombe .....	164,498	6,791	14,502,763	88.16	70	41
Burke .....	74,073	3,055	6,476,574	87.44	72	41
Cabarrus .....	90,353	3,848	7,651,683	84.69	78	43
Caldwell .....	67,828	2,739	5,774,992	85.14	77	40
Camden .....	5,861	418	592,262	101.05	56	71
Carteret .....	45,554	1,931	3,885,216	85.29	76	42
Caswell .....	21,719	1,909	2,599,192	119.67	36	88
Catawba .....	109,298	4,332	8,903,539	81.46	81	40
Chatham .....	34,497	1,684	3,330,328	96.54	61	49
Cherokee .....	19,672	1,039	2,315,523	117.71	40	53
Chowan .....	12,739	981	1,643,558	129.02	27	77
Clay .....	6,926	435	887,714	128.17	29	63
Cleveland .....	83,688	6,580	8,916,633	106.55	50	79
Columbus .....	51,511	6,167	8,448,595	164.02	4	120
Craven .....	74,645	5,307	7,594,299	101.74	54	71
Cumberland .....	250,552	19,484	19,609,087	78.26	87	78
Currituck .....	12,588	475	775,913	61.64	96	38
Dare .....	15,327	408	967,897	63.15	95	27
Davidson .....	115,831	5,269	9,241,197	79.78	83	45
Davie .....	26,577	971	2,446,067	92.04	66	37
Duplin .....	41,131	3,689	4,894,700	119.00	39	90
Durham .....	157,471	11,077	18,145,491	115.23	42	70
Edgecombe .....	57,321	8,076	9,095,747	158.68	6	141
Forsyth .....	252,341	16,612	24,541,763	97.26	59	66
Franklin .....	31,242	2,888	4,016,763	128.57	28	92
Gaston .....	167,181	10,806	15,795,882	94.48	62	65
Gates .....	9,050	719	1,299,592	143.60	15	79
Graham .....	7,104	533	716,501	100.86	57	75
Granville .....	35,900	2,274	3,490,028	97.22	60	63
Green .....	16,473	1,766	2,336,060	141.81	17	107
Guilford .....	323,073	19,255	30,368,837	94.00	63	60
Halifax .....	55,695	9,699	9,199,218	165.17	3	174
Harnett .....	61,597	5,504	8,363,218	135.77	22	89
Haywood .....	46,955	2,459	4,762,140	101.42	55	52
Henderson .....	63,277	2,406	4,934,897	77.99	89	38
Hertford .....	23,739	2,706	3,760,179	158.40	8	114
Hoke .....	21,897	2,374	2,056,097	93.90	64	108
Hyde .....	5,941	567	743,116	125.08	30	95
Iredell .....	84,973	4,544	7,886,502	92.81	65	53
Jackson .....	26,874	1,244	2,435,656	90.63	68	46

SEE IMPORTANT NOTE ON BOTTOM OF PAGE 19a

TOTAL NET EXPENDITURES AND TOTAL ELIGIBLES BY COUNTY

For State Fiscal Year July 1, 1983 - June 30, 1984

County Name	1983 Est. County Population	Number of Medicaid Eligibles	Total Expenditure	Per Capita Expenditure		Eligibles Per 1,000 Population
				Amount	Ranking	
Johnston .....	73,125	5,223	\$ 9,110,301	124.59	31	71
Jones .....	9,772	1,137	1,431,353	146.47	13	116
Lee .....	38,470	2,767	4,591,293	119.35	38	72
Lenoir .....	60,530	5,554	9,032,104	149.22	11	92
Lincoln .....	43,626	2,124	3,483,725	79.85	82	49
Macon .....	36,094	669	1,163,607	32.24	99	19
Madison .....	22,312	1,589	2,291,131	102.69	52	71
Martin .....	16,954	2,436	3,111,403	183.52	1	144
McDowell .....	26,268	1,791	3,542,725	134.87	23	68
Mecklenburg .....	424,839	27,773	37,020,113	87.14	73	65
Mitchell .....	14,281	862	1,593,167	111.56	45	60
Montgomery .....	23,242	1,605	2,513,002	108.12	49	69
Moore .....	52,916	2,574	4,848,785	91.63	67	49
Nash .....	69,309	6,410	8,332,911	120.23	35	92
New Hanover .....	108,819	8,320	11,198,584	102.91	51	76
Northhampton .....	22,585	3,751	3,907,723	173.02	2	166
Onslow .....	118,373	4,165	6,703,604	56.63	97	35
Orange .....	79,661	2,409	4,315,592	54.17	98	30
Pamlico .....	10,612	978	1,684,539	158.74	5	92
Pasquotank .....	28,642	2,487	3,217,897	112.35	44	87
Pender .....	23,337	2,265	2,846,152	121.96	32	97
Perquimans .....	9,704	1,014	1,359,135	140.06	20	104
Person .....	29,895	2,512	4,689,949	156.88	9	84
Pitt .....	94,303	9,426	11,347,625	120.33	33	100
Polk .....	14,158	465	49,262	3.48	100	33
Randolph .....	94,739	2,551	6,623,110	69.91	92	27
Richmond .....	45,103	3,166	5,279,602	117.06	41	70
Robeson .....	104,594	14,915	13,784,717	131.79	24	143
Rockingham .....	84,891	5,425	9,222,777	108.64	47	64
Rowan .....	101,341	4,389	8,011,596	79.06	85	43
Rutherford .....	55,709	3,521	5,673,403	101.84	53	63
Sampson .....	50,054	4,396	7,177,949	143.40	16	88
Scotland .....	33,336	4,812	4,834,614	145.03	14	144
Stanley .....	49,002	1,975	4,048,055	82.61	80	40
Stokes .....	34,426	1,373	2,856,573	82.98	79	40
Surry .....	59,780	2,843	5,181,544	86.68	75	48
Swain .....	10,672	1,038	1,396,666	130.87	25	97
Transylvania .....	24,504	1,066	2,461,050	100.43	58	44
Tyrrell .....	4,089	569	647,837	158.43	7	139
Union .....	75,011	4,039	5,778,199	77.03	90	54
Vance .....	37,553	4,511	5,303,787	141.23	19	120
Wake .....	324,959	14,862	23,399,396	72.01	91	46
Warren .....	16,106	2,423	2,516,451	156.24	10	150
Washington .....	14,565	1,716	1,893,280	129.99	26	118
Watauga .....	33,660	1,175	2,212,587	65.73	94	35
Wayne .....	97,961	8,823	11,700,498	119.44	37	90
Wilkes .....	59,898	2,978	6,594,705	110.10	46	50
Wilson .....	64,290	7,013	7,734,088	120.30	34	109
Yadkin .....	29,176	1,210	2,573,358	88.20	69	41
Yancey .....	15,236	1,001	1,214,137	79.69	84	66
TOTAL .....	6,081,668	407,806	\$601,212,034	98.85	NA	67

TOTAL VENDOR PAYMENTS AND TOTAL ELIGIBLES BY COUNTY FOR  
STATE FISCAL YEAR JULY 1, 1983 - JUNE 30, 1984

COUNTY NAME	1983 EST. COUNTY POPULATION	NUMBER OF MEDICAID ELIGIBLES	TOTAL EXPENDITURE	PER CAPITA EXPENDITURE		ELIGIBLES PER 1,000 POPULATION
				AMOUNT	RANKING	
ALAMANCE	101,286	4,628	\$ 7,902,082	\$78.02	88	46
ALEXANDER	26,051	858	2,039,529	78.29	86	33
ALLEGHANY	9,827	488	657,912	66.95	94	50
ANSON	26,120	2,459	3,865,763	148.00	11	94
ASHE	23,037	1,405	2,007,220	87.13	74	61
AVERY	14,795	778	1,302,014	88.00	71	53
BEAUFORT	42,036	3,125	4,800,221	114.19	43	74
BERTIE	21,331	2,467	2,944,813	138.05	20	116
BLADEN	30,581	3,556	4,327,753	141.52	17	116
BRUNSWICK	41,150	2,925	4,453,647	108.23	48	71
BUNCOMBE	164,498	6,791	14,502,763	88.16	70	41
BURKE	74,073	3,055	6,476,574	87.44	72	41
CABARRUS	90,353	3,848	7,651,683	84.69	78	43
CALDWELL	67,828	2,739	5,774,992	85.14	77	40
CAMDEN	5,861	418	592,262	101.05	55	71
CARTERET	45,554	1,931	3,885,216	85.29	76	42
CASWELL	21,719	1,909	2,599,192	119.67	35	88
CATAWBA	109,298	4,332	8,903,539	81.46	81	40
CHATHAM	34,497	1,684	3,330,328	96.54	61	49
CHEROKEE	19,672	1,039	2,315,523	117.71	40	53
CHOWAN	12,739	981	1,643,558	129.02	26	77
CLAY	6,926	435	887,714	128.17	28	63
CLEVELAND	83,688	6,580	8,916,633	106.55	50	79
COLUMBUS	51,511	6,167	8,448,595	164.02	3	120
Craven	74,645	5,307	7,594,299	101.74	53	71
CUMBERLAND	250,552	19,484	19,609,087	78.26	87	78
CURRITUCK	12,588	475	775,913	61.64	97	38
DARE	15,327	408	967,897	63.15	96	27
DAVIDSON	115,831	5,269	9,241,197	79.78	83	45
DAVIE	26,577	971	2,446,067	92.04	66	37
DUPLIN	41,131	3,689	4,894,700	119.00	38	90
DURHAM	157,471	11,077	18,145,491	115.23	42	70
EDGECOMBE	57,321	8,076	9,095,747	158.68	5	141
FORSYTH	252,341	16,612	24,541,763	97.26	59	66
FRANKLIN	31,242	2,888	4,016,763	128.57	27	92
GASTON	167,181	10,806	15,795,882	94.48	62	65
GATES	9,050	719	1,299,592	143.60	14	79
GRAHAM	7,104	533	716,501	100.86	56	75
GRANVILLE	35,900	2,274	3,490,028	97.22	60	63
GREEN	16,473	1,766	2,336,060	141.81	16	107
GUILFORD	323,073	19,255	30,368,837	94.00	63	60
HALIFAX	55,695	9,699	9,199,218	165.17	2	174
HARNETT	61,597	5,504	8,363,218	135.77	21	89
HAYWOOD	46,955	2,459	4,762,140	101.42	54	52
HENDERSON	63,277	2,406	4,934,897	77.99	89	38
HERTFORD	23,739	2,706	3,760,179	158.40	7	114
HOKE	21,897	2,374	2,056,097	93.90	64	108
HYDE	5,941	567	743,116	125.08	29	95
IREDELL	84,973	4,544	7,886,502	92.81	65	53
JACKSON	26,874	1,244	2,435,656	90.63	68	46



TOTAL VENDOR PAYMENTS AND TOTAL ELIGIBLES BY COUNTY FOR  
STATE FISCAL YEAR JULY 1, 1983 - JUNE 30, 1984

COUNTY NAME	1983 EST. COUNTY POPULATION	NUMBER OF MEDICAID ELIGIBLES	TOTAL EXPENDITURE	PER CAPITA EXPENDITURE		ELIGIBLES PER 1,000 POPULATION
				AMOUNT	RANKING	
JOHNSTON	73,125	5,223	9,110,301	124.59	30	71
JONES	9,772	1,137	1,431,353	146.47	12	116
LEE	38,470	2,767	4,591,293	119.35	37	72
LENOIR	60,530	5,554	9,032,104	149.22	10	92
LINCOLN	43,626	2,124	3,483,725	79.85	82	49
MACON	22,312	669	1,163,607	52.15	100	30
MADISON	16,954	1,589	2,291,131	135.14	22	94
MARTIN	26,268	2,436	3,111,403	118.45	39	93
MCDOWELL	36,094	1,791	3,542,725	98.15	58	50
MECKLENBURG	424,839	27,773	37,020,113	87.14	73	65
MITCHELL	14,281	862	1,593,167	111.56	45	60
MONTGOMERY	23,242	1,605	2,513,002	108.12	49	69
MOORE	52,916	2,574	4,848,785	91.63	67	49
NASH	69,309	6,410	8,332,911	120.23	34	92
NEW HANOVER	108,819	8,320	11,198,584	102.91	51	76
NORTHHAMPTON	22,585	3,751	3,907,723	173.02	1	166
ONslow	118,373	4,165	6,703,604	56.63	98	35
ORANGE	79,661	2,409	4,315,592	54.17	99	30
PAMLICO	10,612	978	1,684,539	158.74	4	92
PASQUOTANK	28,642	2,487	3,217,897	112.35	44	87
PENDER	23,337	2,265	2,846,152	121.96	31	97
PERQUIMANS	9,704	1,014	1,359,135	140.06	19	104
PERSON	29,895	2,512	4,689,949	156.88	8	84
PITT	94,303	9,426	11,347,625	120.33	32	100
POLK	14,158	465	1,049,262	74.11	91	33
RANDOLPH	94,739	2,551	6,623,110	69.91	93	27
RICHMOND	45,103	3,166	5,279,602	117.06	41	70
ROBESON	104,594	14,915	13,784,717	131.79	23	143
ROCKINGHAM	84,891	5,425	9,222,777	108.64	47	64
ROWAN	101,341	4,389	8,011,596	79.06	85	43
RUTHERFORD	55,709	3,521	5,673,403	101.84	52	63
SAMPSON	50,054	4,396	7,177,949	143.40	15	88
SCOTLAND	33,336	4,812	4,834,614	145.03	13	144
STANLY	49,002	1,975	4,048,055	82.61	80	40
STOKES	34,426	1,373	2,856,573	82.98	79	40
SURREY	59,780	2,843	5,181,544	86.68	75	48
SWAIN	10,672	1,038	1,396,666	130.87	24	97
TRANSYLVANIA	24,504	1,066	2,461,050	100.43	57	44
TYRELL	4,089	569	647,837	158.43	6	139
UNION	75,011	4,039	5,778,199	77.03	90	54
VANCE	37,553	4,511	5,303,787	141.23	18	120
WAKE	324,959	14,862	23,399,396	72.01	92	46
WARREN	16,106	2,423	2,516,451	156.24	9	150
WASHINGTON	14,565	1,716	1,893,280	129.99	25	118
WATAUGA	33,660	1,175	2,212,587	65.73	95	35
WAYNE	97,961	8,823	11,700,498	119.44	36	90
WILKES	59,898	2,978	6,594,705	110.10	46	50
WILSON	64,290	7,013	7,734,088	120.30	33	109
YADKIN	29,176	1,210	2,573,358	88.20	69	41
YANCEY	15,236	1,001	1,214,137	79.69	84	66
STATE TOTAL	6,081,668	407,806	\$602,212,034	\$99.02	NA	67

Errata: Corrections had to be made to Macon - McDowell and to Polk counties. This affected per capita rankings for all counties. Please staple these substitute pages 18 and 19 over the printed pages.



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