

Table 105

Medicaid Payments, Disabled, by Type of Service: Fiscal Years 1975-2001

Year	Total ¹	Inpatient		Nursing		Outpatient		Home	Prescribed	Other
		Hospital	ICF/MR	Facility ²	Physician	Hospital	Health	Drugs		
					Amount in Millions					
1975	\$3,145	\$1,049	\$294	\$941	\$243	\$81	\$27	\$201	\$309	
1976	3,920	1,247	545	1,052	286	121	55	258	356	
1977	4,883	1,498	819	1,197	342	193	76	299	459	
1978	5,620	1,652	1,086	1,426	358	190	87	321	500	
1979	6,882	1,957	1,402	1,703	396	208	129	372	715	
1980	7,621	2,207	1,699	1,506	475	275	111	424	924	
1981	9,455	2,521	2,760	1,562	529	353	140	500	1,090	
1982	10,405	2,691	3,296	1,683	512	349	162	531	1,181	
1983	11,367	2,943	3,838	1,749	543	369	194	599	1,132	
1984	11,977	3,064	4,073	1,962	540	429	292	687	930	
1985	13,452	3,293	4,477	2,157	588	484	433	855	1,165	
1986	14,913	3,636	4,817	2,337	637	566	531	1,025	1,364	
1987	16,817	4,213	5,282	2,491	714	679	658	1,174	1,606	
1988	18,594	4,588	5,748	2,615	779	803	815	1,336	1,910	
1989	20,885	5,043	6,311	2,812	892	962	1,052	1,540	2,273	
1990	24,404	6,130	6,878	3,075	1,001	1,039	1,559	1,864	2,858	
1991	28,251	7,352	7,181	3,500	1,205	1,312	1,917	2,297	3,487	
1992	34,004	9,079	7,973	3,878	1,515	1,624	2,439	2,936	4,560	
1993	38,655	10,230	8,170	4,149	1,774	2,044	2,988	3,572	5,728	
1994	42,298	10,951	7,701	4,362	1,939	2,188	4,075	4,147	6,935	
1995	49,418	11,421	9,680	4,798	2,104	2,451	5,860	4,794	8,310	
1996	52,065	11,419	8,946	5,117	2,241	2,645	7,024	5,554	9,119	
1997	54,130	10,423	8,988	5,448	2,298	2,721	8,113	6,518	9,621	
1998	60,374	9,642	8,763	5,952	2,102	2,683	1,692	7,618	21,922	
1999	65,850	9,868	8,522	6,400	2,256	2,831	2,023	9,457	24,493	
2000	72,742	10,409	8,611	6,967	2,316	3,174	2,175	11,591	27,499	
2001	80,386	11,195	8,866	7,814	2,528	3,307	2,431	13,666	30,579	

See footnotes at end of table

Table 105—Continued

Medicaid Payments, Disabled, by Type of Service: Fiscal Years 1975-2001

Year	Total ¹	Inpatient		Nursing		Outpatient		Home	Prescribed	Other
		Hospital	ICF/MR	Facility ²	Physician Percent	Hospital	Health	Drugs		
1975	100.0	33.4	9.3	29.9	7.7	2.6	0.9	6.4	9.8	
1976	100.0	31.8	13.9	26.8	7.3	3.1	1.4	6.6	9.1	
1977	100.0	30.7	16.8	24.5	7.0	4.0	1.6	6.1	9.4	
1978	100.0	29.4	19.3	25.4	6.4	3.4	1.5	5.7	8.9	
1979	100.0	28.4	20.4	24.7	5.8	3.0	1.9	5.4	10.4	
1980	100.0	29.0	22.3	19.8	6.2	3.6	1.5	5.6	12.1	
1981	100.0	26.7	29.2	16.5	5.6	3.7	1.5	5.3	11.5	
1982	100.0	25.9	31.7	16.2	4.9	3.4	1.6	5.1	11.4	
1983	100.0	25.9	33.8	15.4	4.8	3.2	1.7	5.3	10.0	
1984	100.0	25.6	34.0	16.4	4.5	3.6	2.4	5.7	7.8	
1985	100.0	24.5	33.3	16.0	4.4	3.6	3.2	6.4	8.7	
1986	100.0	24.4	32.3	15.7	4.3	3.8	3.6	6.9	9.1	
1987	100.0	25.1	31.4	14.8	4.2	4.0	3.9	7.0	9.5	
1988	100.0	24.7	30.9	14.1	4.2	4.3	4.4	7.2	10.3	
1989	100.0	24.1	30.2	13.5	4.3	4.6	5.0	7.4	10.9	
1990	100.0	25.1	28.2	12.6	4.1	4.3	6.4	7.6	11.7	
1991	100.0	26.0	25.4	12.4	4.3	4.6	6.8	8.1	12.3	
1992	100.0	26.7	23.4	11.4	4.5	4.8	7.2	8.6	13.4	
1993	100.0	26.5	21.1	10.7	4.6	5.3	7.7	9.2	14.8	
1994	100.0	25.9	18.2	10.3	4.6	5.2	9.6	9.8	16.4	
1995	100.0	23.1	19.6	9.7	4.3	5.0	11.9	9.7	16.8	
1996	100.0	21.9	17.2	9.8	4.3	5.1	13.5	10.7	17.5	
1997	100.0	19.3	16.6	10.1	4.2	5.0	15.0	12.0	17.8	
1998	100.0	16.0	14.5	9.9	3.5	4.4	2.8	12.6	36.3	
1999	100.0	15.0	12.9	9.7	3.4	4.3	3.1	14.4	37.2	
2000	100.0	14.3	11.8	9.6	3.2	4.4	3.0	15.9	37.8	
2001	100.0	13.9	11.0	9.7	3.1	4.1	3.0	17.0	38.0	

¹The total includes payments for all types of services reported on the HCFA Form-2082 and in the Medicaid Statistical Information System (MSIS), some not shown separately are included in other.

²Data shown include services shown separately in earlier years as skilled nursing facility (SNF) and intermediate care facilities (ICF-other). Beginning in fiscal year 1991, the conditions of participation for SNFs and ICF-other were unified, the distinction between them removed, and the services renamed nursing facility services.

NOTES: Beginning fiscal year 1998, capitated premiums for Medicaid eligibles enrolled in managed care plans were included in this series as a component of the other and of the total payment categories. Trends in home health agency program expenditures are not strictly comparable to 1997 and prior because of changes in redefining selected home health services as home and community-based waiver services in 1998 and reclassified as other in 1999.

SOURCES: Centers for Medicare & Medicaid Services, Center for Medicaid and State Operations: Statistical Report on Medical Care: Eligibles, Recipients, Payments, and Services (HCFA 2082) and the Medicaid Statistical Information System (MSIS); data development by the Office of Research, Development, and Information.