

Table 85
Medicaid Medical Assistance Payments: Fiscal Years 1975-1999

Fiscal Year ¹	Medical Assistance Payments HCFA Form-64		HCFA Form-2082 Payments	HCFA Form-2082 Payments as a Percent of HCFA Form-64
	Total Expenditures ²	1999 Inflation Adjusted Total Expenditures ³		
		Number in Thousands		
1975	\$12,086,166	\$57,055,395	\$12,142,000	100.5
1976	13,977,348	60,271,706	14,091,000	100.8
1977	16,354,599	63,021,929	16,239,000	99.3
1978	18,168,065	63,879,261	17,992,000	99.0
1979	20,736,011	67,034,890	20,472,000	98.7
1980	24,041,116	70,528,761	23,311,000	97.0
1981	28,485,289	74,853,725	27,204,000	95.5
1982	30,330,765	71,708,093	29,399,000	96.9
1983	33,298,880	72,644,462	32,391,000	97.3
1984	35,671,888	72,701,418	33,891,000	95.0
1985	39,413,219	75,993,475	37,508,000	95.2
1986	42,525,605	78,930,982	41,005,000	96.4
1987	46,956,072	83,563,663	45,050,000	95.9
1988	51,645,666	85,960,233	48,710,000	94.3
1989	58,645,953	90,184,158	54,500,000	92.9
1990	69,754,495	99,463,080	64,859,000	93.0
1991	88,377,773	118,592,596	76,964,000	87.1
1992	114,365,915	144,887,527	91,480,000	80.0
1993	126,573,138	151,324,698	101,708,889	80.4
1994	136,886,366	156,418,124	108,270,147	79.1
1995	151,707,290	166,669,977	120,140,904	79.2
1996	154,423,973	165,343,271	121,684,650	78.8
1997	160,538,571	168,077,242	123,551,014	77.0
1998	167,994,374	171,726,470	142,317,904	84.7
1999	180,456,639	180,456,639	153,479,358	85.1

¹Prior to 1976, the Federal fiscal year was July 1-June 30; beginning on October 1, 1976, the Federal fiscal year became October 1-September 30. The transition quarter (July 1-September 30, 1976) is omitted from this table.

²HCFA Form-64, Total Current Expenditures (Line 6): includes Federal and State share; excludes administrative expenses, HCFA adjustments, and payments for State Children's Health Insurance Program (SCHIP) expansions.

³Dollar amounts adjusted using a personal consumption expenditure index for medical services.

NOTES: While the HCFA-64 and HCFA-2082 are not strictly comparable, they are shown together as a gauge when using data from both systems. Refer to Glossary for further detail on difference between the HCFA-64 and HCFA-2082 and for changes in the HCFA-2082 form and the Medicaid Statistical Information System (MSIS), which, since 1999, is the sole source of HCFA-2082 like data.

SOURCES: Centers for Medicare & Medicaid Services, Center for Medicaid and State Operations: State Reported Expenditures - HCFA Form-64 (Quarterly Medicaid Statement of Expenditures for the Medical Assistance Program), HCFA Form-2082 (Statistical Report on Medical Care: Eligibles, Recipients, Payments, and Services), and the Medicaid Statistical Information System; data development by the Office of Research, Development, and Information, and U.S. Department of Commerce.

Table 86
Medicaid Expenditures, by Provider Type and Area of Residence: Fiscal Year 1999

Area of Residence	Total	Hospital ¹	Institutional Long-Term-Care ²	Physicians and Other Practitioners ³
All Jurisdictions	\$180,456,639,468	\$47,599,419,419	\$46,026,057,747	\$8,101,702,417
Boston: Region I	13,055,049,734	2,760,760,018	3,435,486,344	464,500,860
Connecticut	3,106,833,711	568,569,624	1,122,111,461	69,397,361
Maine	1,178,850,262	258,162,266	230,785,145	49,818,901
Massachusetts	6,446,127,975	1,408,120,076	1,553,462,651	274,299,022
New Hampshire	787,062,321	204,301,452	214,526,759	29,687,479
Rhode Island	1,063,037,589	266,376,880	235,211,990	21,854,279
Vermont	473,137,876	55,229,720	79,388,338	19,443,818
New York: Region II	34,754,691,825	11,135,141,508	9,798,210,871	682,195,244
New Jersey	5,772,631,914	2,119,779,213	1,594,404,557	80,756,868
New York	28,673,589,131	8,711,211,869	8,202,765,398	601,181,302
Puerto Rico	299,304,134	299,304,134	0	0
Virgin Islands	9,166,646	4,846,292	1,040,916	257,074
Philadelphia: Region III	17,743,831,813	3,500,741,643	5,860,696,764	499,380,316
Delaware	464,674,516	37,222,920	113,157,647	6,755,234
District of Columbia	812,307,461	283,988,999	205,665,865	13,929,892
Maryland	3,014,952,844	716,944,832	618,946,264	15,645,586
Pennsylvania	9,598,752,320	1,417,586,326	3,997,409,399	151,445,962
Virginia	2,487,100,612	734,881,499	605,536,845	172,456,081
West Virginia	1,366,044,060	310,117,067	319,980,744	139,147,561
Atlanta: Region IV	29,266,088,509	7,872,730,316	6,845,566,773	2,060,814,364
Alabama	2,426,546,629	628,138,652	631,353,494	111,692,169
Florida	6,842,352,222	1,673,623,454	1,669,628,694	446,548,408
Georgia	3,762,767,168	1,463,857,912	762,548,289	459,023,342
Kentucky	2,770,693,802	674,257,740	595,239,276	205,786,016
Mississippi	1,843,880,902	630,161,100	519,522,553	147,331,240
North Carolina	4,987,172,053	1,573,257,968	1,206,220,087	472,813,177
South Carolina	2,472,968,395	887,703,223	502,727,957	192,889,797
Tennessee	4,159,707,338	341,730,267	958,326,423	24,730,215

See footnotes at end of table.

Table 86—Continued
Medicaid Expenditures, by Provider Type and Area of Residence: Fiscal Year 1999

Prescription Drug	Prescription Drug Rebate	Other			Miscellaneous ⁷
		Acute Care ⁴	Home and Community ⁵	Health Insurance ⁶	
\$17,000,520,197	-\$3,316,594,880	\$6,657,214,077	\$16,435,369,711	\$31,823,458,808	\$10,129,491,972
1,171,198,073	-246,769,202	351,246,072	1,705,180,507	2,357,699,612	1,055,747,450
221,216,094	-38,656,394	29,690,398	537,669,983	539,602,589	57,232,595
143,912,147	-30,032,364	58,934,548	146,003,794	51,020,292	270,245,533
604,112,067	-140,102,747	153,971,861	662,148,115	1,487,485,540	442,631,390
65,580,129	-12,956,727	97,287,648	127,021,603	13,741,128	47,872,850
77,328,349	-14,440,971	2,932,547	154,870,726	147,318,014	171,585,775
59,049,287	-10,579,999	8,429,070	77,466,286	118,532,049	66,179,307
2,585,861,143	-445,286,190	1,784,644,532	4,688,988,746	2,172,938,389	2,351,997,582
502,917,803	-89,197,702	145,821,746	535,059,344	708,985,250	174,104,835
2,080,428,868	-356,088,488	1,638,755,668	4,153,929,402	1,463,780,481	2,177,624,631
0	0	0	0	0	0
2,514,472	0	67,118	0	172,658	268,116
1,427,148,131	-273,568,348	694,705,522	1,316,990,944	4,083,709,559	634,027,282
53,431,292	-9,787,444	36,776,274	42,643,064	156,217,773	28,257,756
39,451,093	-8,379,982	95,378,320	13,053,659	145,455,478	23,764,137
175,587,455	-32,403,851	171,708,924	222,858,834	943,070,205	182,594,595
628,477,685	-119,340,064	263,624,101	667,788,865	2,407,320,649	184,439,397
333,036,259	-67,715,512	70,627,427	213,784,378	332,721,208	91,772,427
197,164,347	-35,941,495	56,590,476	156,862,144	98,924,246	123,198,970
3,512,976,856	-651,942,251	1,082,941,023	1,814,129,049	5,142,472,278	1,586,400,101
273,464,409	-49,785,076	114,279,501	162,674,372	491,915,292	62,813,816
1,071,411,418	-195,512,719	108,670,452	399,787,336	1,143,735,262	524,459,917
465,220,735	-94,903,175	152,511,122	190,281,399	167,822,336	196,405,208
362,929,548	-72,676,810	109,115,445	188,238,626	525,328,215	182,475,746
273,482,560	-49,332,307	92,404,595	20,830,549	123,775,835	85,704,777
620,864,891	-111,326,116	271,491,692	550,762,310	201,913,722	201,174,322
286,512,220	-55,971,288	213,561,012	168,681,963	71,890,302	204,973,209
159,091,075	-22,434,760	20,907,204	132,872,494	2,416,091,314	128,393,106

Table 86—Continued
Medicaid Expenditures, by Provider Type and Area of Residence: Fiscal Year 1999

Area of Residence	Total	Hospital ¹	Institutional Long-Term-Care ²	Physicians and Other Practitioners ³
Chicago: Region V	\$28,658,246,884	\$7,660,484,536	\$8,955,402,363	\$1,303,285,201
Illinois	6,755,100,123	2,616,826,169	2,026,269,923	308,823,084
Indiana	2,977,949,366	952,891,278	1,050,580,741	215,465,347
Michigan	6,158,362,777	1,496,764,319	1,257,593,637	147,524,428
Minnesota	3,119,764,555	321,316,634	1,043,956,536	152,505,189
Ohio	6,908,994,760	1,979,666,867	2,588,639,058	395,123,338
Wisconsin	2,738,075,303	293,019,269	988,362,468	83,843,815
Dallas: Region VI	17,809,501,484	3,698,054,274	4,011,891,282	658,186,423
Arkansas	1,472,148,589	285,382,883	409,088,649	151,843,178
Louisiana	3,384,670,228	1,522,521,276	854,852,097	234,085,223
New Mexico	1,103,690,464	123,632,020	173,745,266	55,242,984
Oklahoma	1,498,146,904	288,328,399	421,910,337	73,239,942
Texas	10,350,845,299	1,478,189,696	2,152,294,933	143,775,096
Kansas City: Region VII	7,280,369,004	1,859,005,761	2,087,044,251	274,147,615
Iowa	1,469,173,214	257,304,681	517,190,745	71,120,512
Kansas	1,186,965,284	211,844,159	321,126,064	49,666,208
Missouri	3,639,967,302	1,256,581,296	867,011,414	71,995,588
Nebraska	984,263,204	133,275,625	381,716,028	81,365,307
Denver: Region VIII	3,949,953,707	833,753,834	975,177,709	230,187,069
Colorado	1,840,149,845	467,114,408	371,149,021	84,796,134
Montana	424,328,043	69,653,058	120,362,383	37,035,771
North Dakota	346,720,664	56,473,662	158,326,132	24,391,098
South Dakota	377,830,154	85,050,458	122,315,234	27,105,579
Utah	756,590,971	118,778,634	142,214,479	37,374,748
Wyoming	204,334,030	36,683,614	60,810,460	19,483,739

See footnotes at end of table.

Table 86—Continued
Medicaid Expenditures, by Provider Type and Area of Residence: Fiscal Year 1999

Prescription Drug	Prescription Drug Rebate	Other			
		Acute Care ⁴	Home and Community ⁵	Health Insurance ⁶	Miscellaneous ⁷
\$2,601,997,573	-\$484,417,240	\$783,679,597	\$2,350,017,325	\$4,209,734,308	\$1,278,063,221
678,224,794	-121,540,781	174,101,514	273,588,403	318,223,435	480,583,582
375,371,192	-62,691,135	50,177,063	132,165,247	188,571,409	75,418,224
321,344,861	-75,674,128	192,536,712	506,685,947	2,197,981,623	113,605,378
193,809,179	-37,389,033	16,459,021	576,263,291	592,387,402	260,456,336
756,276,062	-148,477,399	265,970,587	448,040,892	436,542,435	187,212,920
276,971,485	-38,644,764	84,434,700	413,273,545	476,028,004	160,786,781
1,771,969,667	-339,739,137	391,482,190	1,477,455,834	4,967,463,101	1,172,737,850
176,713,093	-37,931,853	157,605,084	140,937,788	61,927,603	126,582,164
428,041,488	-76,147,317	126,965,512	108,868,040	86,906,196	98,577,713
38,983,306	-7,972,600	21,158,864	120,401,426	540,946,267	37,552,931
179,687,552	-31,992,100	15,883,943	189,422,921	203,769,944	157,895,966
948,544,228	-185,695,267	69,868,787	917,825,659	4,073,913,091	752,129,076
917,881,101	-165,478,184	218,419,676	872,345,339	868,989,434	348,014,011
177,854,897	-32,369,409	18,146,232	139,668,935	211,135,602	109,121,019
140,314,367	-26,878,486	22,363,874	279,660,011	55,550,780	133,318,307
479,925,366	-84,620,799	151,643,191	344,536,563	477,770,505	75,124,178
119,786,471	-21,609,490	26,266,379	108,479,830	124,532,547	30,450,507
354,696,763	-65,452,159	235,279,749	614,987,840	623,206,779	148,116,123
125,412,087	-25,150,259	72,989,367	328,430,708	354,452,494	60,955,885
54,178,744	-9,290,653	4,013,094	65,390,926	61,710,722	21,273,998
32,477,042	-5,954,387	13,810,791	42,644,622	5,033,660	19,518,044
36,772,125	-5,971,015	28,013,331	53,326,050	15,369,626	15,848,766
83,685,104	-14,721,050	103,897,630	74,930,592	182,805,624	27,625,210
22,171,661	-4,364,795	12,555,536	50,264,942	3,834,653	2,894,220

Table 86—Continued
Medicaid Expenditures, by Provider Type and Area of Residence: Fiscal Year 1999

Area of Residence	Total	Hospital ¹	Institutional Long-Term-Care ²	Physicians and Other Practitioners ³
San Francisco: Region IX	\$21,486,891,152	\$7,115,534,056	\$2,839,463,810	\$1,468,595,414
American Samoa	10,048,544	0	0	0
Arizona	1,977,585,436	195,973,010	14,935,601	15,603,386
California	18,322,124,499	6,623,274,679	2,575,613,614	1,368,865,902
Guam	9,259,600	4,082,990	242,064	1,277,086
Hawaii	605,014,726	77,934,055	149,793,140	25,987,008
Nevada	559,503,198	213,289,228	98,879,391	56,862,032
Northern Mariana Islands	3,355,149	980,094	0	0
Seattle: Region X	6,452,015,356	1,163,213,473	1,217,117,580	460,409,911
Alaska	407,574,922	122,722,103	56,166,183	55,565,786
Idaho	517,507,218	108,365,311	157,564,338	51,437,180
Oregon	1,962,544,049	169,446,668	296,105,772	55,146,918
Washington	3,564,389,167	762,679,391	707,281,287	298,260,027

¹Includes inpatient, inpatient disproportionate share, mental health, mental health disproportionate share, and outpatient.

²Includes nursing facility, intermediate care facility for the mentally retarded, public and private.

³Includes physician, dental, and other practitioners.

⁴Includes clinics, federally qualified health centers, lab and X-ray, rural health clinics, and early and periodic screening, diagnosis, and treatment.

⁵Includes personal care, home health, and home and community-based waiver services.

⁶Includes Medicare Part A and Part B premiums, premiums to managed care organizations, prepaid health plans, group health plans, and primary care case management.

⁷Includes sterilization, abortion, hospice, targeted case management, and all others.

SOURCE: Centers for Medicare & Medicaid Services, Center for Medicaid and State Operations: HCFA Form-64 (Quarterly Medicaid Statement of Expenditures for the Medical Assistance Program); data development by the Office of Research, Development, and Information.

Table 86—Continued
Medicaid Expenditures, by Provider Type and Area of Residence: Fiscal Year 1999

Prescription Drug	Prescription Drug Rebate	Other				Miscellaneous ⁷
		Acute Care ⁴	Home and Community ⁵	Health Insurance ⁶		
\$2,120,492,606	-\$549,297,473	\$764,151,944	\$630,393,978	\$5,925,199,804	\$1,172,357,013	
0	0	0	0	0	10,048,544	
1,239,630	0	23,902,386	1,941,500	1,622,646,769	101,343,154	
2,031,837,165	-533,191,914	719,914,778	570,830,429	3,977,472,199	987,507,647	
689,930	0	747,671	8,783	305,716	1,905,360	
46,313,498	-8,378,292	10,370,831	32,310,670	248,018,045	22,665,771	
38,860,369	-7,727,267	8,631,314	25,302,596	76,570,681	48,834,854	
1,552,014	0	584,964	0	186,394	51,683	
536,298,284	-94,644,696	350,663,772	964,880,149	1,472,045,544	382,031,339	
40,232,711	-7,050,981	59,349,824	42,442,881	7,066,109	31,080,306	
67,661,438	-11,901,778	30,432,486	40,630,717	10,850,905	62,466,621	
127,574,212	-21,360,688	6,339,791	370,492,177	803,022,316	155,776,883	
300,829,923	-54,331,249	254,541,671	511,314,374	651,106,214	132,707,529	

Table 87
Medicaid Expenditures, Eligibles, and Average Expenditure per Eligible, by Area of
Residence: Fiscal Year 1999

Area of Residence	Expenditures ¹		Eligibles ²		Average Expenditure per Eligible
	Total	Percent	Total	Percent	
All Jurisdictions	\$180,456,639,468	100.0	42,030,772 ³	100.0	\$4,271 ⁴
Boston: Region I	13,055,049,734	7.2	2,052,927	4.9	6,359
Connecticut	3,106,833,711	1.7	409,554	1.0	7,586
Maine	1,178,850,262	0.7	201,143	0.5	5,861
Massachusetts	6,446,127,975	3.6	1,042,985	2.5	6,180
New Hampshire	787,062,321	0.4	105,474	0.3	7,462
Rhode Island	1,063,037,589	0.6	154,535	0.4	6,879
Vermont	473,137,876	0.3	139,236	0.3	3,398
New York: Region II	34,754,691,825	19.3	5,151,949 ³	12.3	6,746
New Jersey	5,772,631,914	3.2	841,383	2.0	6,861
New York	28,673,589,131	15.9	3,326,637	7.9	8,619
Puerto Rico	299,304,134	0.2	964,015 ⁵	2.3	310
Virgin Islands	9,166,646	(6)	19,914 ⁵	(6)	460
Philadelphia: Region III	17,743,831,813	9.8	3,728,077	8.9	4,760
Delaware	464,674,516	0.3	113,293	0.3	4,102
District of Columbia	812,307,461	0.5	144,785	0.3	5,610
Maryland	3,014,952,844	1.7	628,453	1.5	4,797
Pennsylvania	9,598,752,320	5.3	1,772,839	4.2	5,414
Virginia	2,487,100,612	1.4	691,217	1.6	3,598
West Virginia	1,366,044,060	0.8	377,490	0.9	3,619
Atlanta: Region IV	29,266,088,509	16.2	8,663,035	20.6	3,378
Alabama	2,426,546,629	1.3	649,501	1.5	3,736
Florida	6,842,352,222	3.8	2,115,983	5.0	3,234
Georgia	3,762,767,168	2.1	1,236,780	2.9	3,042
Kentucky	2,770,693,802	1.5	676,775	1.6	4,094
Mississippi	1,843,880,902	1.0	544,553	1.3	3,386
North Carolina	4,987,172,053	2.8	1,182,250	2.8	4,218
South Carolina	2,472,968,395	1.4	724,555	1.7	3,413
Tennessee	4,159,707,338	2.3	1,532,638	3.6	2,714
Chicago: Region V	28,658,246,884	15.9	6,240,449	14.8	4,592
Illinois	6,755,100,123	3.7	1,696,418	4.0	3,982
Indiana	2,977,949,366	1.7	668,491	1.6	4,455
Michigan	6,158,362,777	3.4	1,335,241	3.2	4,612
Minnesota	3,119,764,555	1.7	587,290	1.4	5,312
Ohio	6,908,994,760	3.8	1,389,905	3.3	4,971
Wisconsin	2,738,075,303	1.5	563,104	1.3	4,862

See footnotes at end of table.

Table 87—Continued
Medicaid Expenditures, Eligibles, and Average Expenditure per Eligible, by Area of
Residence: Fiscal Year 1999

Area of Residence	Expenditures ¹		Eligibles ²		Average Expenditure per Eligible
	Total	Percent	Total	Percent	
Dallas: Region VI	17,809,501,484	9.9	4,828,712	11.5	\$3,688
Arkansas	1,472,148,589	0.8	483,257	1.1	3,046
Louisiana	3,384,670,228	1.9	774,796	1.8	4,368
New Mexico	1,103,690,464	0.6	369,861	0.9	2,984
Oklahoma	1,498,146,904	0.8	524,742	1.2	2,855
Texas	10,350,845,299	5.7	2,676,056	6.4	3,868
Kansas City: Region VII	7,280,369,004	4.0	1,673,718	4.0	4,350
Iowa	1,469,173,214	0.8	313,328	0.7	4,689
Kansas	1,186,965,284	0.7	260,382	0.6	4,559
Missouri	3,639,967,302	2.0	877,354	2.1	4,149
Nebraska	984,263,204	0.5	222,654	0.5	4,421
Denver: Region VIII	3,949,953,707	2.2	851,775	2.0	4,637
Colorado	1,840,149,845	1.0	352,475	0.8	5,221
Montana	424,328,043	0.2	95,945	0.2	4,423
North Dakota	346,720,664	0.2	61,883	0.1	5,603
South Dakota	377,830,154	0.2	91,979	0.2	4,108
Utah	756,590,971	0.4	197,658	0.5	3,828
Wyoming	204,334,030	0.1	51,835	0.1	3,942
	21,486,891,152				
San Francisco: Region IX	21,486,891,152	11.9	7,217,522	17.2	2,974 ⁴
American Samoa	10,048,544	(6)	---	(7)	---
Arizona	1,977,585,436	1.1	644,376	1.5	3,069
California	18,322,124,499	10.2	6,216,983	14.8	2,947
Guam	9,259,600	(6)	---	(7)	---
Hawaii	605,014,726	0.3	202,912	0.5	2,982
Nevada	559,503,198	0.3	153,251	0.4	3,651
Northern Mariana Islands	3,355,149	(6)	---	(7)	---
Seattle: Region X	6,452,015,356	3.6	1,622,608	3.9	3,976
Alaska	407,574,922	0.2	99,177	0.2	4,110
Idaho	517,507,218	0.3	93,983	0.2	5,506
Oregon	1,962,544,049	1.1	534,300	1.3	3,673
Washington	3,564,389,167	2.0	895,148	2.1	3,982

¹Medicaid expenditures for regular Medicaid from the HCFA Form-64 (Quarterly Medicaid Statement of Expenditures for the Medical Assistance Program), Current Expenditure (line 6); excludes Medicaid expansions for the State Children's Health Insurance Program (SCHIP) as well as State-reported adjustments and adjustments made by the Centers for Medicare & Medicaid Services.

²Eligibles represent persons ever enrolled during the fiscal year, as reported in the Medicaid Statistical Information System and, for selected jurisdictions, as estimated from prior year's HCFA Form-2082 (Statistical Report on Medical Care: Eligibles, Recipients, Payments, and Services).

³National total and New York and San Francisco regional totals include estimates for the following non-reporting jurisdictions: Puerto Rico and the Virgin Islands.

⁴Excludes expenditures for American Samoa, Guam, and Northern Mariana Islands.

⁵Estimate is last reported number of eligibles (fiscal year 1998).

⁶Less than 0.05 percent.

⁷Jurisdiction did not report eligibles.

SOURCE: Centers for Medicare & Medicaid Services, Center for Medicaid and State Operations; data development by the Office of Research, Development, and Information.

Table 88
Number of Medicaid Persons Served (Beneficiaries), by Eligibility Group:
Fiscal Years 1975-1999

Year	Total	Children ¹	Adult	Aged	Disabled	Other/ Unknown
			Number in Thousands			
1975	22,007	9,598	4,529	3,615	2,464	1,801
1976	22,815	9,924	4,773	3,612	2,669	1,837
1977	22,832	9,651	4,785	3,636	2,802	1,958
1978	21,965	9,376	4,643	3,376	2,718	1,852
1979	21,520	9,106	4,570	3,364	2,753	1,727
1980	21,605	9,333	4,877	3,440	2,911	1,044
1981	21,980	9,581	5,187	3,367	3,079	766
1982	21,603	9,563	5,356	3,240	2,891	553
1983	21,554	9,535	5,592	3,372	2,921	134
1984	21,607	9,684	5,600	3,238	2,913	172
1985	21,814	9,757	5,518	3,061	3,012	466
1986	22,515	10,029	5,647	3,140	3,182	517
1987	23,109	10,168	5,599	3,224	3,381	737
1988	22,907	10,037	5,503	3,159	3,487	721
1989	23,511	10,318	5,717	3,132	3,590	754
1990	25,255	11,220	6,010	3,202	3,718	1,105
1991	27,967	12,855	6,703	3,341	4,033	1,035
1992	31,150	15,200	7,040	3,749	4,487	674
1993	33,432	16,285	7,505	3,863	5,016	763
1994	35,053	17,194	7,586	4,035	5,458	780
1995	36,282	17,164	7,604	4,119	5,858	1,537
1996	36,118	16,739	7,127	4,285	6,221	1,746
1997	34,872	15,791	6,803	3,955	6,129	2,195
1998	40,096	18,969	7,895	3,964	6,637	2,631
1999	40,184	18,837	7,511	3,774	6,698	3,365

See footnotes at end of table.

Table 88—Continued
Number of Medicaid Persons Served (Beneficiaries), by Eligibility Group:
Fiscal Years 1975-1999

Year	Total	Children ¹	Adult	Aged	Disabled	Other/ Unknown
Percent Distribution						
1975	100.0	43.6	20.6	16.4	11.2	8.2
1976	100.0	43.5	20.9	15.8	11.7	8.1
1977	100.0	42.3	21.0	15.9	12.3	8.6
1978	100.0	42.7	21.1	15.4	12.4	8.4
1979	100.0	42.3	21.2	15.6	12.8	8.0
1980	100.0	43.2	22.6	15.9	13.5	4.8
1981	100.0	43.6	23.6	15.3	14.0	3.5
1982	100.0	44.3	24.8	15.0	13.4	2.6
1983	100.0	44.2	25.9	15.6	13.6	0.6
1984	100.0	44.8	25.9	15.0	13.5	0.8
1985	100.0	44.7	25.3	14.0	13.8	2.1
1986	100.0	44.5	25.1	13.9	14.1	2.3
1987	100.0	44.0	24.2	14.0	14.6	3.2
1988	100.0	43.8	24.0	13.8	15.2	3.1
1989	100.0	43.9	24.3	13.3	15.3	3.2
1990	100.0	44.4	23.8	12.7	14.7	4.4
1991	100.0	46.0	24.0	11.9	14.4	3.7
1992	100.0	48.8	22.6	12.0	14.4	2.2
1993	100.0	48.7	22.4	11.6	15.0	2.3
1994	100.0	49.1	21.6	11.5	15.6	2.2
1995	100.0	47.3	21.0	11.4	16.1	4.2
1996	100.0	46.3	19.7	11.9	17.2	4.8
1997	100.0	45.3	19.5	11.3	17.6	6.3
1998	100.0	47.3	19.7	9.9	16.6	6.6
1999	100.0	46.9	18.7	9.4	16.7	8.4

¹Includes children and foster care children.

NOTE: Beginning fiscal year 1998, a Medicaid-eligible person who, during the year, received only coverage for managed care benefits was included in this series as a person served (beneficiary).

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

Table 89

Medicaid Persons Served (Beneficiaries), All Eligibility Groups, by Selected Type of Service: Fiscal Years 1975-1999

Year	Total ¹	Inpatient		Nursing		Outpatient	Home	Prescribed
		Hospital	ICF/MR	Facility ²	Physician	Hospital	Health ³	Drugs
Number Using Selected Service, in Thousands								
1975	22,007	3,432	69	1,312	15,198	7,437	343	14,155
1976	22,815	3,551	89	1,361	15,624	8,482	319	14,883
1977	22,832	3,768	107	1,395	16,074	8,619	371	15,370
1978	21,965	3,782	104	1,379	15,668	8,628	376	15,188
1979	21,520	3,608	114	1,376	15,168	7,710	359	14,283
1980	21,605	3,680	121	1,395	13,765	9,705	392	13,707
1981	21,980	3,703	151	1,372	14,403	10,018	402	14,256
1982	21,603	3,530	149	1,324	13,894	9,853	377	13,547
1983	21,554	3,696	151	1,367	14,056	10,069	422	13,732
1984	21,607	3,467	141	1,355	14,195	10,035	438	13,935
1985	21,814	3,434	147	1,375	14,387	10,072	535	13,921
1986	22,515	3,544	145	1,399	14,894	10,702	593	14,704
1987	23,109	3,767	149	1,421	15,373	10,979	609	15,083
1988	22,907	3,832	145	1,445	15,265	10,533	569	15,323
1989	23,511	4,170	148	1,452	15,686	11,344	609	15,916
1990	25,255	4,593	147	1,461	17,078	12,370	719	17,294
1991	27,967	5,014	145	1,490	19,119	14,031	809	19,581
1992	31,150	5,790	151	1,573	21,683	15,167	926	22,070
1993	33,432	5,894	149	1,610	23,746	16,436	1,067	23,901
1994	35,053	5,866	159	1,639	24,267	16,567	1,293	24,471
1995	36,282	5,561	151	1,667	23,789	16,712	1,639	23,723
1996	36,118	5,362	140	1,594	22,861	15,905	1,727	22,585
1997	34,872	4,746	136	1,603	21,170	13,632	1,861	20,954
1998	40,096	4,270	126	1,646	18,553	12,158	1,225	19,338
1999	40,184	4,497	122	1,617	18,373	12,417	814	19,855

See footnotes at end of table.

Table 89—Continued

Medicaid Persons Served (Beneficiaries), All Eligibility Groups, by Selected Type of Service: Fiscal Years 1975-1999

Year	Total ¹	Inpatient		Nursing		Outpatient	Home	Prescribed
		Hospital	ICF/MR	Facility ²	Physician	Hospital	Health ³	Drugs
		Percent of Unduplicated Total Using Selected Service						
1975	100.0	15.6	0.3	6.0	69.1	33.8	1.6	64.3
1976	100.0	15.6	0.4	6.0	68.5	37.2	1.4	65.2
1977	100.0	16.5	0.5	6.1	70.4	37.7	1.6	67.3
1978	100.0	17.2	0.5	6.3	71.3	39.3	1.7	69.1
1979	100.0	16.8	0.5	6.4	70.5	35.8	1.7	66.4
1980	100.0	17.0	0.6	6.5	63.7	44.9	1.8	63.4
1981	100.0	16.8	0.7	6.2	65.5	45.6	1.8	64.9
1982	100.0	16.3	0.7	6.1	64.3	45.6	1.7	62.7
1983	100.0	17.1	0.7	6.3	65.2	46.7	2.0	63.7
1984	100.0	16.0	0.7	6.3	65.7	46.4	2.0	64.5
1985	100.0	15.7	0.7	6.3	66.0	46.2	2.5	63.8
1986	100.0	15.7	0.6	6.2	66.2	47.5	2.6	65.3
1987	100.0	16.3	0.6	6.1	66.5	47.5	2.6	65.3
1988	100.0	16.7	0.6	6.3	66.6	46.0	2.5	66.9
1989	100.0	17.7	0.6	6.2	66.7	48.2	2.6	67.7
1990	100.0	18.2	0.6	5.8	67.6	49.0	2.8	68.5
1991	100.0	17.9	0.5	5.3	68.4	50.2	2.9	70.0
1992	100.0	18.6	0.5	5.0	69.6	48.7	3.0	70.9
1993	100.0	17.6	0.4	4.8	71.0	49.2	3.2	71.5
1994	100.0	16.7	0.5	4.7	69.2	47.3	3.7	69.8
1995	100.0	15.3	0.4	4.6	65.6	46.1	4.5	65.4
1996	100.0	14.8	0.4	4.4	63.3	44.0	4.8	62.5
1997	100.0	13.6	0.4	4.6	60.7	39.1	5.3	60.1
1998	100.0	10.6	0.3	4.1	46.3	30.3	3.1	48.2
1999	100.0	11.2	0.3	4.0	45.7	30.9	2.0	49.4

¹The total persons served (beneficiaries) includes users of any type of services reported on the HCFA Form-2082 and in the Medicaid Statistical Information System. A person receiving multiple services (e.g., inpatient hospital, physician, and outpatient services) is included once in the user count for each type of service and once in the total.

²Data shown include services shown separately in earlier years as skilled nursing facility (SNF) and intermediate care facilities, other than for the mentally retarded (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. It is possible that the combined number of recipients includes some persons who used both types of nursing facility care during the reported fiscal year. This could somewhat inflate the number of users and lower the average payments per recipient.

³Trends in home health agency beneficiaries (persons served) and program expenditures are not strictly comparable to 1997 and prior because of changes in the definitions of related categories of service. Reporting for 1998 added categories of service for personal care support services and home and community-based waiver services (category not shown separately in table). In 1999 the home and community-based waiver services were reclassified into the other related categories of service (category not shown separately in table).

NOTES: Beginning fiscal year 1998, a Medicaid-eligible person who during the year, received only coverage for managed care benefits was included in this series as a person served (beneficiary). ICF/MR is Intermediate care facility for the mentally retarded.

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

Table 90

Medicaid Persons Served (Beneficiaries), Children, by Selected Type of Service: Fiscal Years 1975-1999

Year	Total ¹	Inpatient		Nursing		Outpatient	Home	Prescribed
		Hospital	ICF/MR	Facility ²	Physician	Hospital	Health ³	Drugs
Number Using Selected Service, in Thousands								
1975	9,598	984	4	6	6,659	3,619	58	5,552
1976	9,924	1,005	3	4	6,908	4,037	55	5,961
1977	9,651	1,019	4	4	6,864	4,024	62	6,067
1978	9,376	1,023	3	2	6,705	3,992	141	6,016
1979	9,106	944	5	2	6,459	3,528	185	5,655
1980	9,333	978	5	9	6,085	4,238	72	5,590
1981	9,581	955	1	2	6,482	4,282	90	5,810
1982	9,563	866	1	2	6,175	4,171	65	5,432
1983	9,535	881	1	0	6,111	4,159	39	5,488
1984	9,684	845	1	1	6,330	4,178	44	5,667
1985	9,757	864	1	1	6,284	4,269	64	5,592
1986	10,029	924	(4)	2	6,496	4,445	69	5,949
1987	10,168	1,005	(4)	(4)	6,649	4,520	60	6,073
1988	10,037	1,003	(4)	(4)	6,628	4,321	51	6,125
1989	10,318	1,138	1	(4)	6,908	4,662	59	6,454
1990	11,220	1,345	1	1	7,689	5,250	75	7,259
1991	12,855	1,472	1	2	8,911	6,157	103	8,605
1992	15,200	1,992	1	3	10,402	7,151	126	10,068
1993	16,285	1,905	1	1	11,350	7,651	149	10,989
1994	17,194	1,924	1	1	11,546	7,626	202	11,238
1995	17,164	1,725	1	1	11,041	7,389	259	10,708
1996	16,739	1,625	(4)	1	10,314	6,777	329	9,988
1997	15,791	1,363	1	2	9,370	5,472	309	9,129
1998	18,969	1,199	1	5	7,847	4,776	206	8,168
1999	18,837	1,152	1	1	7,617	4,617	132	8,118

See footnotes at end of table.

Table 90—Continued

Medicaid Persons Served (Beneficiaries), Children, by Selected Type of Service: Fiscal Years 1975-1999

Year	Total ¹	Inpatient		Nursing		Outpatient	Home	Prescribed
		Hospital	ICF/MR	Facility ²	Physician	Hospital	Health ³	Drugs
Percent of Unduplicated Total Using Selected Service								
1975	100.0	10.3	(5)	(5)	69.4	37.7	0.6	57.8
1976	100.0	10.1	(5)	(5)	69.6	40.7	0.6	60.1
1977	100.0	10.6	(5)	(5)	71.1	41.7	0.6	62.9
1978	100.0	10.9	(5)	(5)	71.5	42.6	1.5	64.2
1979	100.0	10.4	(5)	(5)	70.9	38.7	2.0	62.1
1980	100.0	10.5	(5)	(5)	65.2	45.4	0.8	59.9
1981	100.0	10.0	(5)	(5)	67.7	44.7	0.9	60.6
1982	100.0	9.1	(5)	(5)	64.6	43.6	0.7	56.8
1983	100.0	9.2	(5)	(5)	64.1	43.6	0.4	57.6
1984	100.0	8.7	(5)	(5)	65.4	43.1	0.5	58.5
1985	100.0	8.9	(5)	(5)	64.4	43.8	0.7	57.3
1986	100.0	9.2	(5)	(5)	64.8	44.3	0.7	59.3
1987	100.0	9.9	(5)	(5)	65.4	44.5	0.6	59.7
1988	100.0	10.0	(5)	(5)	66.0	43.1	0.5	61.0
1989	100.0	11.0	(5)	(5)	67.0	45.2	0.6	62.6
1990	100.0	12.0	(5)	(5)	68.5	46.8	0.7	64.7
1991	100.0	11.4	(5)	(5)	69.3	47.9	0.8	66.9
1992	100.0	13.1	(5)	(5)	68.4	47.0	0.8	66.2
1993	100.0	11.7	(5)	(5)	69.7	47.0	0.9	67.5
1994	100.0	11.2	(5)	(5)	67.2	44.4	1.2	65.4
1995	100.0	10.1	(5)	(5)	64.3	43.0	1.5	62.4
1996	100.0	9.7	(5)	(5)	61.6	40.5	2.0	59.7
1997	100.0	8.6	(5)	(5)	59.3	34.7	2.0	57.8
1998	100.0	6.3	(5)	(5)	41.4	25.2	1.1	43.1
1999	100.0	6.1	(5)	(5)	40.4	24.5	0.7	43.1

¹The total persons served (beneficiaries) includes users of any type of services reported on the HCFA Form-2082 and in the Medicaid Statistical Information System (MSIS). A person receiving multiple services (e.g., inpatient hospital, physician, and outpatient services) is included once in the user count for each type of service and once in the total.

²Data shown include services shown separately in earlier years as skilled nursing facility (SNF) and intermediate care facilities, other than for the mentally retarded (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. It is possible that the combined number of recipients includes some persons who used both types of nursing facility care during the reported fiscal year. This could somewhat inflate the number of users and lower the average payments per recipient.

³Trends in home health agency beneficiaries (persons served) and program expenditures are not strictly comparable to 1997 and prior because of changes in the definitions of related categories of service. Reporting for 1998 added categories of service for personal care support services and home and community-based waiver services (category not shown separately in table). In 1999 the home and community-based waiver services were reclassified into the other related categories of service (category not shown separately in table).

⁴Less than 500 users.

⁵Less than 0.05 percent.

NOTES: Beginning fiscal year 1998, a Medicaid-eligible person who during the year, received only coverage for managed care benefits was included in this series as a person served (beneficiary). ICF/MR is Intermediate care facility for the mentally retarded.

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

Table 91

Medicaid Persons Served (Beneficiaries), Adults, by Selected Type of Service: Fiscal Years 1975-1999

Year	Total ¹	Inpatient		Nursing		Outpatient		Home	Prescribed
		Hospital	ICF/MR	Facility ²	Physician	Hospital	Health ³	Drugs	
Number Using Selected Service, in Thousands									
1975	4,529	930	(4)	5	3,368	1,896	50	3,168	
1976	4,773	959	1	3	3,437	2,127	31	3,329	
1977	4,785	993	2	3	3,571	2,183	36	3,415	
1978	4,643	975	2	3	3,469	2,161	29	3,460	
1979	4,570	970	2	2	3,411	1,985	28	3,288	
1980	4,877	1,000	3	9	3,206	2,485	41	3,173	
1981	5,187	1,035	1	2	3,498	2,657	39	3,501	
1982	5,356	1,035	(4)	1	3,555	2,755	38	3,493	
1983	5,592	1,078	1	2	3,684	2,916	34	3,639	
1984	5,600	1,006	(4)	2	3,696	2,894	38	3,663	
1985	5,518	990	(4)	2	3,635	2,933	46	3,562	
1986	5,647	1,016	(4)	2	3,699	3,060	59	3,681	
1987	5,599	1,067	(4)	4	3,704	3,072	46	3,658	
1988	5,503	1,090	(4)	4	3,646	2,894	37	3,617	
1989	5,717	1,247	(4)	11	3,888	3,199	42	3,829	
1990	6,010	1,457	(4)	2	4,168	3,508	48	4,057	
1991	6,703	1,623	(4)	3	4,579	3,979	77	4,603	
1992	7,040	1,711	(4)	4	5,152	4,060	71	5,076	
1993	7,505	1,752	(4)	5	5,515	4,283	87	5,411	
1994	7,586	1,672	(4)	3	5,457	4,145	117	5,383	
1995	7,604	1,602	(4)	4	5,096	4,102	139	4,971	
1996	7,127	1,431	(4)	2	4,499	3,616	139	4,342	
1997	6,803	1,247	(4)	3	3,874	3,056	143	3,896	
1998	7,895	1,135	(4)	8	3,352	2,679	120	3,513	
1999	7,511	1,134	(4)	2	3,105	2,571	86	3,545	

See footnotes at end of table.

Table 91—Continued

Medicaid Persons Served (Beneficiaries), Adults, by Selected Type of Service: Fiscal Years 1975-1999

Year	Total ¹	Inpatient		Nursing		Outpatient		Home	Prescribed
		Hospital	ICF/MR	Facility ²	Physician	Hospital	Health ³	Drugs	
Percent of Unduplicated Total Using Selected Service									
1975	100.0	20.5	(5)	(5)	74.4	41.9	1.1	69.9	
1976	100.0	20.1	(5)	(5)	72.0	44.6	0.6	69.7	
1977	100.0	20.8	(5)	(5)	74.6	45.6	0.8	71.4	
1978	100.0	21.0	(5)	(5)	74.7	46.5	0.6	74.5	
1979	100.0	21.2	(5)	(5)	74.6	43.4	0.6	71.9	
1980	100.0	20.5	(5)	(5)	65.7	51.0	0.8	65.1	
1981	100.0	20.0	(5)	(5)	67.4	51.2	0.8	67.5	
1982	100.0	19.3	(5)	(5)	66.4	51.4	0.7	65.2	
1983	100.0	19.3	(5)	(5)	65.9	52.1	0.6	65.1	
1984	100.0	18.0	(5)	(5)	66.0	51.7	0.7	65.4	
1985	100.0	17.9	(5)	(5)	65.9	53.2	0.8	64.6	
1986	100.0	18.0	(5)	(5)	65.5	54.2	1.0	65.2	
1987	100.0	19.1	(5)	(5)	66.2	54.9	0.8	65.3	
1988	100.0	19.8	(5)	(5)	66.3	52.6	0.7	65.7	
1989	100.0	21.8	(5)	(5)	68.0	56.0	0.7	67.0	
1990	100.0	24.2	(5)	(5)	69.3	58.4	0.8	67.5	
1991	100.0	24.2	(5)	(5)	68.3	59.4	1.1	68.7	
1992	100.0	24.3	(5)	(5)	73.2	57.7	1.0	72.1	
1993	100.0	23.3	(5)	(5)	73.5	57.1	1.2	72.1	
1994	100.0	22.0	(5)	(5)	71.9	54.6	1.5	71.0	
1995	100.0	21.1	(5)	(5)	67.0	53.9	1.8	65.4	
1996	100.0	20.1	(5)	(5)	63.1	50.7	2.0	60.9	
1997	100.0	18.3	(5)	(5)	56.9	44.9	2.1	57.3	
1998	100.0	14.4	(5)	0.1	42.5	33.9	1.5	44.5	
1999	100.0	15.1	(5)	(5)	41.3	34.2	1.1	47.2	

¹The total persons served (beneficiaries) includes users of any type of services reported on the HCFA Form-2082 and in the Medicaid Statistical Information System (MSIS). A person receiving multiple services (e.g., inpatient hospital, physician, and outpatient services) is included once in the user count for each type of service and once in the total.

²Data shown include services shown separately in earlier years as skilled nursing facility (SNF) and intermediate care facilities, other than for the mentally retarded (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. It is possible that the combined number of recipients includes some persons who used both types of nursing facility care during the reported fiscal year. This could somewhat inflate the number of users and lower the average payments per recipient.

³Trends in home health agency beneficiaries (persons served) and program expenditures are not strictly comparable to 1997 and prior because of changes in the definitions of related categories of service. Reporting for 1998 added categories of service for personal care support services and home and community-based waiver services (category not shown separately in table). In 1999 the home and community-based waiver services were reclassified into the other related categories of service (category not shown separately in table).

⁴Less than 500 users.

⁵Less than 0.05 percent.

NOTES: Beginning fiscal year 1998, a Medicaid-eligible person who during the year, received only coverage for managed care benefits was included in this series as a person served (beneficiary). ICF/MR is Intermediate care facility for the mentally retarded.

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

Table 92
Medicaid Persons Served (Beneficiaries), Aged, by Selected Type of Service: Fiscal Years 1975-1999

Year	Total ¹	Inpatient		Nursing		Outpatient	Home	Prescribed
		Hospital	ICF/MR	Facility ²	Physician	Hospital	Health ³	Drugs
				Number Using Selected Service, In Thousands				
1975	3,615	757	3	1,023	2,263	732	115	2,673
1976	3,612	786	2	1,080	2,275	816	113	2,718
1977	3,636	824	2	1,112	2,338	828	134	2,678
1978	3,376	858	3	1,093	2,245	908	106	2,595
1979	3,364	798	3	1,080	2,222	874	56	2,504
1980	3,440	831	12	1,095	2,221	903	108	2,524
1981	3,367	843	9	1,134	2,208	895	102	2,655
1982	3,240	811	8	1,105	2,148	885	105	2,523
1983	3,372	881	8	1,186	2,265	1,088	207	2,526
1984	3,238	785	5	1,164	2,140	1,041	199	2,444
1985	3,061	729	7	1,171	2,166	804	234	2,400
1986	3,140	720	6	1,185	2,216	884	254	2,469
1987	3,224	725	6	1,206	2,239	912	277	2,490
1988	3,159	728	5	1,248	2,066	918	263	2,504
1989	3,132	720	5	1,227	1,989	940	264	2,471
1990	3,202	705	7	1,234	2,056	944	288	2,591
1991	3,341	759	8	1,265	2,185	1,049	300	2,727
1992	3,749	870	12	1,339	2,366	1,196	324	2,872
1993	3,863	909	10	1,370	2,569	1,335	356	2,954
1994	4,035	901	11	1,398	2,681	1,420	395	3,012
1995	4,119	855	12	1,405	2,753	1,557	481	2,981
1996	4,285	887	10	1,327	2,838	1,672	460	2,969
1997	3,955	790	10	1,298	2,836	1,471	530	2,848
1998	3,964	735	9	1,300	2,579	1,344	363	2,834
1999	3,774	694	9	1,210	2,444	1,286	199	2,907

See footnotes at end of table.

Table 92—Continued
Medicaid Persons Served (Beneficiaries), Aged, by Selected Type of Service: Fiscal Years 1975-1999

Year	Total ¹	Inpatient		Nursing		Outpatient	Home	Prescribed
		Hospital	ICF/MR	Facility ²	Physician	Hospital	Health ³	Drugs
		Percent of Unduplicated Total Using Selected Service						
1975	100.0	20.9	0.1	28.3	62.6	20.2	3.2	73.9
1976	100.0	21.8	0.1	29.9	63.0	22.6	3.1	75.2
1977	100.0	22.7	0.1	30.6	64.3	22.8	3.7	73.7
1978	100.0	25.4	0.1	32.4	66.5	26.9	3.1	76.9
1979	100.0	23.7	0.1	32.1	66.1	26.0	1.7	74.4
1980	100.0	24.2	0.3	31.8	64.6	26.3	3.1	73.4
1981	100.0	25.0	0.3	33.7	65.6	26.6	3.0	78.9
1982	100.0	25.0	0.2	34.1	66.3	27.3	3.2	77.9
1983	100.0	26.1	0.2	35.2	67.2	32.3	6.1	74.9
1984	100.0	24.2	0.2	35.9	66.1	32.1	6.1	75.5
1985	100.0	23.8	0.2	38.3	70.8	26.3	7.6	78.4
1986	100.0	22.9	0.2	37.7	70.6	28.2	8.1	78.6
1987	100.0	22.5	0.2	37.4	69.4	28.3	8.6	77.2
1988	100.0	23.0	0.2	39.5	65.4	29.1	8.3	79.3
1989	100.0	23.0	0.2	39.2	63.5	30.0	8.4	78.9
1990	100.0	22.0	0.2	38.5	64.2	29.5	9.0	80.9
1991	100.0	22.7	0.2	37.9	65.4	31.4	9.0	81.6
1992	100.0	23.2	0.3	35.7	63.1	31.9	8.6	76.6
1993	100.0	23.5	0.3	35.5	66.5	34.6	9.2	76.5
1994	100.0	22.3	0.3	34.6	66.4	35.2	9.8	74.6
1995	100.0	20.8	0.3	34.1	66.8	37.8	11.7	72.4
1996	100.0	20.7	0.2	31.0	66.2	39.0	10.7	69.3
1997	100.0	20.0	0.3	32.8	71.7	37.2	13.4	72.0
1998	100.0	18.5	0.2	32.8	65.1	33.9	9.2	71.5
1999	100.0	18.4	0.2	32.1	64.8	34.1	5.3	77.0

¹The total persons served (beneficiaries) includes users of any type of services reported on the HCFA Form-2082 and in the Medicaid Statistical Information System (MSIS). A person receiving multiple services (e.g., inpatient hospital, physician, and outpatient services) is included once in the user count for each type of service and once in the total.

²Data shown include services shown separately in earlier years as skilled nursing facility (SNF) and intermediate care facilities, other than for the mentally retarded (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. It is possible that the combined number of recipients includes some persons who used both types of nursing facility care during the reported fiscal year. This could somewhat inflate the number of users and lower the average payments per recipient.

³Trends in home health agency beneficiaries (persons served) and program expenditures are not strictly comparable to 1997 and prior because of changes in the definitions of related categories of service. Reporting for 1998 added categories of service for personal care support services and home and community-based waiver services (category not shown separately in table). In 1999 the home and community-based waiver services were reclassified into the other related categories of service (category not shown separately in table).

NOTES: Beginning fiscal year 1998, a Medicaid-eligible person who during the year, received only coverage for managed care benefits was included in this series as a person served (beneficiary). ICF/MR is Intermediate care facility for the mentally retarded.

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

Table 93

Medicaid Persons Served (Beneficiaries), Disabled, by Selected Type of Service: Fiscal Years 1975-1999

Year	Total ¹	Inpatient		Nursing		Outpatient		Home	Prescribed
		Hospital	ICF/MR	Facility ²	Physician	Hospital	Health ³	Drugs	
				Number Using Selected Service, in Thousands					
1975	2,464	531	57	273	1,652	874	99	1,745	
1976	2,669	602	78	271	1,816	1,064	112	1,912	
1977	2,802	677	94	271	1,980	1,137	127	2,049	
1978	2,718	691	91	276	1,956	1,150	97	2,046	
1979	2,753	718	102	289	1,985	1,120	87	2,081	
1980	2,911	749	102	295	2,032	1,269	170	2,193	
1981	3,079	775	142	272	2,076	1,418	169	2,226	
1982	2,891	733	143	250	2,030	1,284	168	2,156	
1983	2,921	748	151	231	2,057	1,354	144	2,156	
1984	2,913	730	139	230	2,056	1,361	161	2,200	
1985	3,012	728	141	232	2,161	1,413	188	2,287	
1986	3,182	751	140	232	2,298	1,569	205	2,451	
1987	3,381	801	144	236	2,458	1,698	221	2,627	
1988	3,487	834	140	230	2,521	1,772	216	2,738	
1989	3,590	885	142	224	2,596	1,911	236	2,882	
1990	3,718	913	137	217	2,735	1,982	297	3,022	
1991	4,033	990	136	216	2,971	2,196	341	3,282	
1992	4,487	1,092	138	221	3,353	2,467	396	3,671	
1993	5,016	1,200	138	225	3,842	2,854	464	4,118	
1994	5,458	1,240	146	228	4,167	3,088	565	4,429	
1995	5,858	1,226	135	242	4,370	3,312	736	4,570	
1996	6,221	1,265	128	247	4,559	3,475	766	4,762	
1997	6,129	1,216	122	259	4,581	3,393	860	4,728	
1998	6,637	1,132	116	285	4,365	3,241	527	4,687	
1999	6,698	1,168	110	246	4,288	3,300	375	4,865	

See footnotes at end of table.

Table 93—Continued

Medicaid Persons Served (Beneficiaries), Disabled, by Selected Type of Service: Fiscal Years 1975-1999

Year	Total ¹	Percent of Unduplicated Total Using Selected Service				Outpatient Hospital	Home Health ³	Prescribed Drugs
		Inpatient Hospital	ICF/MR	Nursing Facility ²	Physician			
1975	100.0	21.6	2.3	11.1	67.0	35.5	4.0	70.8
1976	100.0	22.6	2.9	10.2	68.0	39.9	4.2	71.6
1977	100.0	24.2	3.4	9.7	70.7	40.6	4.5	73.1
1978	100.0	25.4	3.3	10.2	72.0	42.3	3.6	75.3
1979	100.0	26.1	3.7	10.5	72.1	40.7	3.2	75.6
1980	100.0	25.7	3.5	10.1	69.8	43.6	5.8	75.3
1981	100.0	25.2	4.6	8.8	67.4	46.1	5.5	72.3
1982	100.0	25.4	4.9	8.6	70.2	44.4	5.8	74.6
1983	100.0	25.6	5.2	7.9	70.4	46.4	4.9	73.8
1984	100.0	25.1	4.8	7.9	70.6	46.7	5.5	75.5
1985	100.0	24.2	4.7	7.7	71.7	46.9	6.2	75.9
1986	100.0	23.6	4.4	7.3	72.2	49.3	6.4	77.0
1987	100.0	23.7	4.3	7.0	72.7	50.2	6.5	77.7
1988	100.0	23.9	4.0	6.6	72.3	50.8	6.2	78.5
1989	100.0	24.7	4.0	6.2	72.3	53.2	6.6	80.3
1990	100.0	24.5	3.7	5.8	73.6	53.3	8.0	81.3
1991	100.0	24.6	3.4	5.4	73.7	54.4	8.4	81.4
1992	100.0	24.4	3.1	4.9	74.7	55.0	8.8	81.8
1993	100.0	23.9	2.8	4.5	76.6	56.9	9.3	82.1
1994	100.0	22.7	2.7	4.2	76.3	56.6	10.4	81.1
1995	100.0	20.9	2.3	4.1	74.6	56.5	12.6	78.0
1996	100.0	20.3	2.1	4.0	73.3	55.9	12.3	76.5
1997	100.0	19.8	2.0	4.2	74.7	55.4	14.0	77.1
1998	100.0	17.1	1.7	4.3	65.8	48.8	7.9	70.6
1999	100.0	17.4	1.6	3.7	64.0	49.3	5.6	72.6

¹The total persons served (beneficiaries) includes users of any type of services reported on the HCFA Form-2082 and in the Medicaid Statistical Information System (MSIS). A person receiving multiple services (e.g., inpatient hospital, physician, and outpatient services) is included once in the user count for each type of service and once in the total.

²Data shown include services shown separately in earlier years as skilled nursing facility (SNF) and intermediate care facilities, other than for the mentally retarded (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. It is possible that the combined number of recipients includes some persons who used both types of nursing facility care during the reported fiscal year. This could somewhat inflate the number of users and lower the average payments per recipient.

³Trends in home health agency beneficiaries (persons served) and program expenditures are not strictly comparable to 1997 and prior because of changes in the definitions of related categories of service. Reporting for 1998 added categories of service for personal care support services and home and community-based waiver services (category not shown separately in table). In 1999 the home and community-based waiver services were reclassified into the other related categories of service (category not shown separately in table).

NOTES: Beginning fiscal year 1998, a Medicaid-eligible person who during the year, received only coverage for managed care benefits was included in this series as a person served (beneficiary). ICF/MR is Intermediate care facility for the mentally retarded.

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

Table 94

Medicaid Payments, by Eligibility Group: Fiscal Years 1975-1999

Year	Total ¹	Children	Adults	Aged	Disabled
			Amount in Millions (Nominal Dollars)		
1975	\$12,242	\$2,186	\$2,062	\$4,358	\$3,145
1976	14,091	2,431	2,288	4,910	3,920
1977	16,239	2,610	2,606	5,499	4,883
1978	17,992	2,748	2,673	6,308	5,620
1979	20,472	2,884	3,021	7,046	6,882
1980	23,311	3,123	3,231	8,739	7,621
1981	27,204	3,508	3,763	9,926	9,455
1982	29,399	3,473	4,093	10,739	10,405
1983	32,391	3,836	4,487	11,954	11,367
1984	33,891	3,979	4,420	12,815	11,977
1985	37,508	4,414	4,746	14,096	13,452
1986	41,005	5,135	4,880	15,097	14,913
1987	45,050	5,508	5,592	16,037	16,817
1988	48,710	5,848	5,883	17,135	18,594
1989	54,500	6,892	6,897	18,558	20,885
1990	64,859	9,100	8,590	21,508	24,404
1991	76,964	11,600	10,421	25,444	28,251
1992	91,480	14,758	12,403	29,089	34,004
1993	101,709	16,504	13,605	31,554	38,655
1994	108,270	17,302	13,585	33,618	42,298
1995	120,141	17,976	13,511	36,527	49,418
1996	121,685	17,544	12,275	36,947	52,065
1997	124,430	17,544	12,307	37,721	54,130
1998	142,260	22,896	14,865	40,601	60,374
1999	153,479	24,151	15,801	42,522	65,850

See footnotes at end of table.

Table 94—Continued

Medicaid Payments, by Eligibility Group: Fiscal Years 1975-1999

Year	Total ¹	Children	Adults	Aged	Disabled
Amount in Millions (Constant 1999 Dollars)					
1975	\$57,791	\$10,319	\$9,734	\$20,573	\$14,847
1976	60,762	10,483	9,866	21,172	16,903
1977	62,576	10,058	10,042	21,190	18,816
1978	63,260	9,662	9,398	22,179	19,760
1979	66,181	9,323	9,766	22,778	22,248
1980	68,387	9,162	9,479	25,637	22,358
1981	71,487	9,218	9,888	26,084	24,846
1982	69,505	8,211	9,677	25,389	24,600
1983	70,664	8,369	9,789	26,079	24,798
1984	69,072	8,109	9,008	26,118	24,410
1985	72,320	8,511	9,151	27,179	25,937
1986	76,109	9,531	9,058	28,021	27,680
1987	80,172	9,802	9,952	28,540	29,928
1988	81,074	9,734	9,792	28,520	30,948
1989	83,809	10,598	10,606	28,538	32,116
1990	92,483	12,976	12,248	30,668	34,798
1991	103,277	15,566	13,984	34,143	37,910
1992	115,894	18,697	15,713	36,852	43,079
1993	121,598	19,731	16,265	37,724	46,214
1994	123,719	19,771	15,523	38,415	48,333
1995	131,990	19,749	14,844	40,130	54,292
1996	130,289	18,785	13,143	39,560	55,747
1997	130,273	18,368	12,885	39,492	56,672
1998	145,420	23,405	15,195	41,503	61,715
1999	153,479	24,151	15,801	42,522	65,850

¹Includes all eligibility groups reported on the HCFA Form-2082 and the Medicaid Statistical Information System (MSIS), some not shown separately.

NOTES: Beginning fiscal year 1998, capitated premiums for Medicaid eligibles enrolled in managed care plans were included in this series. Dollar amounts are adjusted using a personal consumption expenditure index for medical services, U.S. Department of Commerce, Bureau of Economic Analysis, expressed in calendar year 1999 dollars.

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

Table 95

Medicaid Payments per Person Served (Beneficiary), by Eligibility Group: Fiscal Years 1975-1999

Year	Total ¹	Children	Adults	Aged	Disabled	Other
1975	\$556	\$228	\$455	\$1,205	\$1,276	
1976	618	245	479	1,359	1,469	
1977	711	270	545	1,512	1,743	
1978	819	293	576	1,869	2,068	
1979	951	317	661	2,094	2,500	
1980	1,079	335	663	2,540	2,619	
1981	1,238	366	725	2,948	3,071	
1982	1,361	363	764	3,315	3,600	
1983	1,503	402	802	3,545	3,891	
1984	1,569	411	789	3,957	4,112	
1985	1,719	452	860	4,605	4,459	
1986	1,821	512	864	4,808	4,687	
1987	1,949	542	999	4,975	4,974	
1988	2,126	583	1,069	5,425	5,332	
1989	2,318	668	1,206	5,926	5,817	
1990	2,568	811	1,429	6,717	6,564	
1991	2,752	902	1,555	7,617	7,005	
1992	2,937	971	1,762	7,759	7,578	
1993	3,042	1,013	1,813	8,168	7,706	
1994	3,089	1,006	1,791	8,332	7,750	
1995	3,311	1,047	1,777	8,868	8,435	
1996	3,369	1,048	1,722	8,622	8,369	
1997	3,568	1,111	1,809	9,538	8,832	
1998	3,548	1,207	1,883	10,243	9,096	
1999	3,819	1,282	2,104	11,268	9,832	

See footnote at end of table

Table 95—Continued

Medicaid Payments per Person Served (Beneficiary), by Eligibility Group: Fiscal Years 1975-1999

Year	Total ¹	Children	Adults	Aged	Disabled	Other
		(Inflated to Calendar Year 1999 Dollars)				
1975	\$2,625	\$1,076	\$2,148	\$5,688	\$6,024	
1976	2,665	1,056	2,065	5,860	6,334	
1977	2,740	1,040	2,100	5,826	6,717	
1978	2,880	1,030	2,025	6,571	7,271	
1979	3,074	1,025	2,137	6,769	8,082	
1980	3,165	983	1,945	7,452	7,683	
1981	3,253	962	1,905	7,747	8,070	
1982	3,218	858	1,806	7,837	8,511	
1983	3,279	877	1,750	7,734	8,489	
1984	3,198	838	1,608	8,065	8,380	
1985	3,314	872	1,658	8,879	8,597	
1986	3,380	950	1,604	8,924	8,699	
1987	3,468	965	1,778	8,854	8,852	
1988	3,539	970	1,779	9,029	8,875	
1989	3,565	1,027	1,855	9,113	8,945	
1990	3,662	1,156	2,038	9,578	9,360	
1991	3,693	1,210	2,087	10,221	9,400	
1992	3,721	1,230	2,232	9,830	9,600	
1993	3,637	1,211	2,168	9,765	9,213	
1994	3,530	1,150	2,047	9,521	8,856	
1995	3,638	1,150	1,952	9,743	9,267	
1996	3,607	1,122	1,844	9,232	8,961	
1997	3,736	1,163	1,894	9,986	9,246	
1998	3,627	1,234	1,925	10,471	9,298	
1999	3,819	1,282	2,104	11,268	9,832	

¹Includes all eligibility groups reported on the HCFA Form-2082 and the Medicaid Statistical Information System (MSIS), some not shown separately.

NOTES: Beginning fiscal year 1998, capitated premiums for Medicaid eligibles enrolled in managed care plans were included in this series. Dollar amounts are adjusted using a personal consumption expenditure index for medical services, U.S. Department of Commerce, Bureau of Economic Analysis, expressed in calendar year 1999 dollars.

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

Table 96

Medicaid Payments per Person Served (Beneficiary), All Eligibility Groups, by Type of Service: Fiscal Years 1975-1999

Year	Total ¹	Inpatient		Nursing		Outpatient		Home	Prescribed
		Hospital	ICF/MR	Facility ²	Physician	Hospital	Health ³	Drugs	
1975	\$556	\$983	\$5,538	\$3,292	\$81	\$50	\$204	\$58	
1976	618	1,100	7,135	3,442	88	65	420	63	
1977	711	1,211	8,530	3,819	94	102	485	66	
1978	819	1,320	11,486	4,517	99	97	558	71	
1979	951	1,568	13,022	5,198	108	110	734	84	
1980	1,079	1,742	16,439	5,654	136	113	846	96	
1981	1,238	1,943	19,812	6,226	146	141	1,065	108	
1982	1,361	2,172	23,312	7,104	150	146	1,313	118	
1983	1,503	2,384	27,006	7,317	155	156	1,416	129	
1984	1,569	2,552	30,170	7,847	156	164	1,768	141	
1985	1,719	2,753	32,238	8,427	163	178	2,092	166	
1986	1,821	2,924	35,089	8,887	171	185	2,278	183	
1987	1,949	3,000	37,490	9,322	181	203	2,777	198	
1988	2,126	3,151	41,413	9,880	193	229	3,542	215	
1989	2,318	3,251	44,999	10,696	217	250	4,225	232	
1990	2,568	3,630	50,048	12,108	235	269	4,733	256	
1991	2,752	3,959	52,791	13,893	259	305	5,070	277	
1992	2,937	4,091	56,636	14,969	282	349	5,279	308	
1993	3,042	4,366	59,156	15,798	293	378	5,250	333	
1994	3,089	4,463	52,497	16,531	296	383	5,446	363	
1995	3,311	4,735	68,613	17,424	309	397	5,740	413	
1996	3,369	4,696	68,232	18,589	317	409	6,293	474	
1997	3,568	4,877	72,033	19,029	333	453	6,575	571	
1998	3,548	5,021	74,960	19,379	327	474	2,206	699	
1999	3,819	4,943	76,443	20,568	357	491	3,571	837	

See footnotes at end of table

Table 96—Continued

Medicaid Payments per Person Served (Beneficiary), All Eligibility Groups, by Type of Service: Fiscal Years 1975-1999

Year	Total ¹	Inpatient		Nursing	Outpatient		Home	Prescribed
		Hospital	ICF/MR	Facility ²	Physician	Hospital	Health ³	Drugs
					(Inflated to Calendar Year 1999 Dollars)			
1975	\$2,625	\$4,640	\$26,143	\$15,541	\$382	\$236	\$963	\$274
1976	2,665	4,743	30,767	14,842	379	280	1,811	272
1977	2,740	4,667	32,870	14,716	362	393	1,869	254
1978	2,880	4,641	40,385	15,882	348	341	1,962	250
1979	3,074	5,069	42,097	16,804	349	356	2,373	272
1980	3,165	5,110	48,227	16,587	399	332	2,482	282
1981	3,253	5,106	52,062	16,361	384	371	2,799	284
1982	3,218	5,135	55,114	16,795	355	345	3,104	279
1983	3,279	5,201	58,916	15,963	338	340	3,089	281
1984	3,198	5,201	61,488	15,993	318	334	3,603	287
1985	3,314	5,308	62,159	16,248	314	343	4,034	320
1986	3,380	5,427	65,128	16,495	317	343	4,228	340
1987	3,468	5,339	66,718	16,590	322	361	4,942	352
1988	3,539	5,245	68,929	16,444	321	381	5,895	358
1989	3,565	4,999	69,198	16,448	334	384	6,497	357
1990	3,662	5,176	71,363	17,265	335	383	6,749	364
1991	3,693	5,312	70,839	18,643	347	409	6,803	372
1992	3,721	5,183	71,751	18,964	357	442	6,688	390
1993	3,637	5,220	70,724	18,887	350	452	6,277	398
1994	3,530	5,100	59,988	18,890	338	438	6,223	415
1995	3,638	5,202	75,380	19,143	339	436	6,306	454
1996	3,607	5,028	73,057	19,903	339	438	6,738	508
1997	3,736	5,106	75,416	19,923	348	474	6,884	598
1998	3,627	5,133	76,626	19,809	334	484	2,255	715
1999	3,819	4,943	76,443	20,568	357	491	3,571	837

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.

²Data shown include services shown separately in earlier years as skilled nursing facility (SNF) and intermediate care facilities, other than for the mentally retarded (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. It is possible that the combined number of recipients includes some persons who used both types of nursing facility care during the reported fiscal year. This could somewhat inflate the number of users and lower the average payments per user.

³Trend in average payment per beneficiary (person served) for home health care are not strictly comparable to 1997 and prior because of changes in the definitions of related categories of service. Reporting for 1998 added categories of service for personal care support services and home and community-based waiver services (category not shown separately in table). In 1999 the home and community-based waiver services were reclassified into the other related categories of service (category not shown separately in table).

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 total payment per person served (beneficiary). Dollar amounts are adjusted using a personal consumption expenditure index for medical services, U.S. Department of Commerce, Bureau of Economic Analysis, expressed in calendar year 1999 dollars. ICF/MR is intermediate care facility for the mentally retarded.

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

Table 97

Medicaid Payments per Person Served (Beneficiary), Children, by Type of Service: Fiscal Years 1975-1999

Year	Total ¹	Inpatient		Nursing		Outpatient		Home	Prescribed
		Hospital	ICF/MR	Facility	Physician	Hospital	Health ³	Drugs	
1975	\$228	\$895	(2)	(2)	\$60	\$40	\$143	\$23	
1976	245	1,007	(2)	(2)	64	54	231	21	
1977	270	1,128	(2)	(2)	66	86	281	21	
1978	293	1,232	(2)	(2)	70	83	168	22	
1979	317	1,413	(2)	(2)	73	88	180	25	
1980	335	1,509	(2)	(2)	87	90	105	28	
1981	366	1,671	(2)	(2)	90	115	94	29	
1982	363	1,838	(2)	(2)	93	116	131	31	
1983	402	2,009	(2)	(2)	97	126	251	33	
1984	411	2,186	(2)	(2)	101	128	284	36	
1985	452	2,347	(2)	(2)	104	135	339	39	
1986	512	2,611	(2)	(2)	105	148	345	50	
1987	542	2,530	(2)	(2)	118	145	373	47	
1988	583	2,711	(2)	(2)	126	156	501	49	
1989	668	2,874	(2)	(2)	138	170	639	53	
1990	811	3,287	(2)	(2)	154	191	736	61	
1991	902	3,653	(2)	(2)	170	217	908	69	
1992	971	3,310	(2)	(2)	187	243	968	80	
1993	1,013	3,647	(2)	(2)	195	252	1,032	88	
1994	1,006	3,588	(2)	(2)	197	252	1,010	95	
1995	1,047	3,819	(2)	(2)	200	252	1,589	104	
1996	1,048	3,627	(2)	(2)	205	246	1,855	112	
1997	1,111	4,087	(2)	(2)	206	258	1,730	120	
1998	1,207	4,284	(2)	(2)	209	260	704	138	
1999	1,282	3,903	(2)	(2)	244	275	1,064	161	

See footnotes at end of table.

Table 97—Continued

Medicaid Payments per Person Served (Beneficiary), Children, by Type of Service: Fiscal Years 1975-1999

Year	Total ¹	Inpatient		Nursing		Outpatient	Home	Prescribed
		Hospital	ICF/MR	Facility	Physician	Hospital	Health ³	Drugs
(Inflated to Calendar Year 1999 Dollars)								
1975	\$1,076	\$4,225	(2)	(2)	\$283	\$189	\$675	\$109
1976	1,056	4,342	(2)	(2)	276	233	996	91
1977	1,040	4,347	(2)	(2)	254	331	1,083	81
1978	1,030	4,332	(2)	(2)	246	292	591	77
1979	1,025	4,568	(2)	(2)	236	284	582	81
1980	983	4,427	(2)	(2)	255	264	308	82
1981	962	4,391	(2)	(2)	237	302	247	76
1982	858	4,345	(2)	(2)	220	274	310	73
1983	877	4,383	(2)	(2)	212	275	548	72
1984	838	4,455	(2)	(2)	206	261	579	73
1985	872	4,525	(2)	(2)	201	260	654	75
1986	950	4,846	(2)	(2)	195	275	640	93
1987	965	4,502	(2)	(2)	210	258	664	84
1988	970	4,512	(2)	(2)	210	260	834	82
1989	1,027	4,420	(2)	(2)	212	261	983	82
1990	1,156	4,687	(2)	(2)	220	273	1,050	87
1991	1,211	4,902	(2)	(2)	229	291	1,218	92
1992	1,230	4,193	(2)	(2)	237	308	1,226	101
1993	1,211	4,360	(2)	(2)	233	301	1,234	105
1994	1,150	4,100	(2)	(2)	225	288	1,154	109
1995	1,150	4,196	(2)	(2)	220	277	1,746	114
1996	1,122	3,883	(2)	(2)	219	263	1,986	120
1997	1,163	4,279	(2)	(2)	215	271	1,811	126
1998	1,234	4,379	(2)	(2)	214	265	720	142
1999	1,282	3,903	(2)	(2)	244	275	1,064	161

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.

²Average payment per person served are not shown for these categories. The small number of users causes large fluctuations in the time series that may be misleading.

³Trend in average payment per beneficiary (person served) for home health care are not strictly comparable to 1997 and prior because of changes in the definitions of related categories of service. Reporting for 1998 added categories of service for personal care support services and home and community-based waiver services (category not shown separately in table). In 1999 the home and community-based waiver services were reclassified into the other related categories of service (category not shown separately in table).

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 total payment per person served (beneficiary). Dollar amounts are adjusted using a personal consumption expenditure index for medical services, U.S. Department of Commerce, Bureau of Economic Analysis, expressed in calendar year 1999 dollars. ICF/MR is intermediate care facility for the mentally retarded.

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

Table 98

Medicaid Payments per Person Served (Beneficiary), Adults, by Type of Service: Fiscal Years 1975-1999

Year	Total ¹	Inpatient		Nursing		Outpatient	Home	Prescribed
		Hospital	ICF/MR	Facility	Physician	Hospital	Health ³	Drugs
1975	\$455	\$1,085	(2)	(2)	\$116	\$57	\$121	\$51
1976	479	1,202	(2)	(2)	125	74	284	46
1977	545	1,302	(2)	(2)	132	118	316	50
1978	576	1,404	(2)	(2)	140	113	457	52
1979	661	1,640	(2)	(2)	152	127	765	61
1980	663	1,673	(2)	(2)	183	126	252	66
1981	725	1,833	(2)	(2)	193	157	303	69
1982	764	2,046	(2)	(2)	197	162	352	74
1983	802	2,146	(2)	(2)	198	170	402	78
1984	789	2,229	(2)	(2)	197	172	411	83
1985	860	2,354	(2)	(2)	213	183	483	96
1986	864	2,237	(2)	(2)	237	175	433	102
1987	999	2,487	(2)	(2)	250	207	459	117
1988	1,069	2,542	(2)	(2)	272	232	570	122
1989	1,206	2,582	(2)	(2)	305	249	622	129
1990	1,429	2,889	(2)	(2)	349	279	709	141
1991	1,555	3,012	(2)	(2)	389	319	569	148
1992	1,762	3,247	(2)	(2)	417	377	789	161
1993	1,813	3,393	(2)	(2)	423	405	765	170
1994	1,791	3,450	(2)	(2)	420	404	633	179
1995	1,777	3,461	(2)	(2)	424	403	568	189
1996	1,722	3,456	(2)	(2)	429	398	540	197
1997	1,809	3,654	(2)	(2)	488	425	594	226
1998	1,883	3,702	(2)	(2)	457	442	509	261
1999	2,104	3,808	(2)	(2)	508	489	718	335

See footnotes at end of table.

Table 98—Continued

Medicaid Payments per Person Served (Beneficiary), Adults, by Type of Service: Fiscal Years 1975-1999

Year	Total ¹	Inpatient		Nursing		Outpatient	Home	Prescribed
		Hospital	ICF/MR	Facility	Physician	Hospital	Health ³	Drugs
(Inflated to Calendar Year 1999 Dollars)								
1975	\$2,148	\$5,122	(2)	(2)	\$548	\$269	\$571	\$241
1976	2,065	5,183	(2)	(2)	539	319	1,225	198
1977	2,100	5,017	(2)	(2)	509	455	1,218	193
1978	2,025	4,936	(2)	(2)	492	397	1,607	183
1979	2,137	5,302	(2)	(2)	491	411	2,473	197
1980	1,945	4,908	(2)	(2)	537	370	739	194
1981	1,905	4,817	(2)	(2)	507	413	796	181
1982	1,806	4,837	(2)	(2)	466	383	832	175
1983	1,750	4,682	(2)	(2)	432	371	877	170
1984	1,608	4,543	(2)	(2)	401	351	838	169
1985	1,658	4,539	(2)	(2)	411	353	931	185
1986	1,604	4,152	(2)	(2)	440	325	804	189
1987	1,778	4,426	(2)	(2)	445	368	817	208
1988	1,779	4,231	(2)	(2)	453	386	949	203
1989	1,855	3,971	(2)	(2)	469	383	956	198
1990	2,038	4,120	(2)	(2)	497	397	1,011	201
1991	2,086	4,041	(2)	(2)	522	428	764	198
1992	2,232	4,114	(2)	(2)	528	478	1,000	204
1993	2,168	4,057	(2)	(2)	506	484	915	203
1994	2,047	3,942	(2)	(2)	480	462	723	205
1995	1,952	3,802	(2)	(2)	466	443	624	208
1996	1,844	3,700	(2)	(2)	459	426	578	211
1997	1,894	3,826	(2)	(2)	511	445	622	237
1998	1,925	3,784	(2)	(2)	467	451	520	267
1999	2,104	3,808	(2)	(2)	508	489	718	335

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.

²Average payment per person served are not shown for these categories. The small number of users causes large fluctuations in the time series that may be misleading.

³Trend in average payment per beneficiary (person served) for home health care are not strictly comparable to 1997 and prior because of changes in the definitions of related categories service. Reporting for 1998 added categories of service for personal care support services and home and community-based waiver services (category not shown separately in table). In 1999 the home and community-based waiver services were reclassified into the other related categories of service (category not shown separately in table).

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 total payment per person served (beneficiary). Dollar amounts are adjusted using a personal consumption expenditure index for medical services, U.S. Department of Commerce, Bureau of Economic Analysis; expressed in calendar year 1999 dollars. ICF/MR is intermediate care facility for the mentally retarded.

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

Table 99

Medicaid Payments per Person Served (Beneficiary), Aged, by Type of Service: Fiscal Years 1975-1999

Year	Total ¹	Inpatient		Nursing		Outpatient		Home	Prescribed
		Hospital	ICF/MR	Facility ²	Physician	Hospital	Health ³	Drugs	
1975	\$1,205	\$271	\$6,925	\$3,250	\$59	\$35	\$238	\$111	
1976	1,359	310	8,951	3,328	65	42	493	134	
1977	1,512	364	7,482	3,679	71	53	535	144	
1978	1,869	446	9,700	4,350	78	48	801	158	
1979	2,094	569	9,804	4,972	83	67	1,387	179	
1980	2,540	970	16,346	5,742	101	74	1,873	198	
1981	2,948	1,115	19,247	6,137	118	91	2,624	230	
1982	3,315	1,241	11,464	6,945	115	101	2,944	249	
1983	3,545	1,682	20,348	6,942	114	97	1,829	274	
1984	3,957	1,778	23,343	7,430	119	105	2,263	312	
1985	4,605	1,990	26,926	8,035	122	131	2,731	368	
1986	4,808	2,228	32,328	8,487	119	142	3,015	394	
1987	4,975	1,898	39,854	8,862	111	159	3,551	432	
1988	5,425	1,937	45,601	9,309	116	175	4,344	474	
1989	5,926	1,754	51,265	10,236	137	192	5,452	519	
1990	6,717	1,865	52,943	11,776	139	206	6,013	581	
1991	7,617	2,151	56,032	13,540	157	243	6,749	668	
1992	7,759	2,152	43,083	14,630	169	260	6,944	763	
1993	8,168	2,225	60,901	15,467	190	304	6,659	826	
1994	8,332	2,180	53,983	16,209	203	320	6,742	880	
1995	8,868	2,397	51,657	17,183	224	343	6,220	960	
1996	8,622	2,303	56,902	18,377	245	376	6,631	1,037	
1997	9,540	2,444	63,949	19,022	279	411	6,323	1,174	
1998	10,243	2,544	81,337	19,639	270	436	2,199	1,343	
1999	11,268	2,385	81,506	21,966	260	455	3,359	1,573	

See footnotes at end of table.

Table 99—Continued

Medicaid Payments per Person Served (Beneficiary), Aged, by Type of Service: Fiscal Years 1975-1999

Year	Total ¹	Inpatient		Nursing		Outpatient		Home	Prescribed
		Hospital	ICF/MR	Facility ²	Physician	Hospital	Health ³	Drugs	
				(Inflated to Calendar Year 1999 Dollars)					
1975	\$5,688	\$1,279	\$32,691	\$15,342	\$279	\$165	\$1,124	\$524	
1976	5,860	1,337	38,598	14,351	280	181	2,126	578	
1977	5,826	1,403	28,832	14,177	274	204	2,062	555	
1978	6,571	1,568	34,105	15,295	274	169	2,816	556	
1979	6,769	1,839	31,694	16,073	268	217	4,484	579	
1980	7,452	2,846	47,954	16,845	296	217	5,495	581	
1981	7,747	2,930	50,577	16,127	310	239	6,895	604	
1982	7,837	2,934	27,103	16,419	272	239	6,960	589	
1983	7,734	3,669	44,391	15,145	249	212	3,990	598	
1984	8,065	3,624	47,574	15,143	243	214	4,612	636	
1985	8,879	3,837	51,917	15,492	235	253	5,266	710	
1986	8,924	4,135	60,003	15,753	221	264	5,596	731	
1987	8,854	3,378	70,925	15,771	198	283	6,319	769	
1988	9,029	3,224	75,899	15,494	193	291	7,230	789	
1989	9,113	2,697	78,834	15,741	211	295	8,384	798	
1990	9,578	2,659	75,491	16,791	199	293	8,574	829	
1991	10,221	2,887	75,188	18,169	211	326	9,056	897	
1992	9,830	2,726	54,581	18,534	214	329	8,797	967	
1993	9,765	2,660	72,810	18,492	227	363	7,961	988	
1994	9,521	2,491	61,686	18,522	232	366	7,704	1,006	
1995	9,743	2,633	56,752	18,878	246	377	6,833	1,055	
1996	9,232	2,466	60,926	19,676	262	403	7,100	1,110	
1997	9,988	2,559	66,952	19,915	292	430	6,620	1,229	
1998	10,471	2,600	83,144	20,075	276	445	2,247	1,373	
1999	11,268	2,385	81,506	21,966	260	455	3,359	1,573	

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.

²Data shown include services shown separately in earlier years as skilled nursing facility (SNF) and intermediate care facilities, other than for the mentally retarded (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. It is possible that the combined number of recipients includes some persons who used both types of nursing facility care during the reported fiscal year. This could somewhat inflate the number of users and lower the average payments per user.

³Trend in average payment per beneficiary (person served) for home health care are not strictly comparable to 1997 and prior because of changes in the definitions of related categories of service. Reporting for 1998 added categories of service for personal care support services and home and community-based waiver services (category not shown separately in table). In 1999 the home and community-based waiver services were reclassified into the other related categories of service (category not shown separately in table).

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 total payment per person served (beneficiary). Dollar amounts are adjusted using a personal consumption expenditure index for medical services, U.S. Department of Commerce, Bureau of Economic Analysis, expressed in calendar year 1999 dollars. ICF/MR is intermediate care facility for the mentally retarded.

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

Table 100

Medicaid Payments per Person Served (Beneficiary), Disabled, by Type of Service: Fiscal Years 1975-1999

Year	Total ¹	Inpatient		Nursing		Outpatient	Home	Prescribed
		Hospital	ICF/MR	Facility ²	Physician	Hospital	Health ³	Drugs
1975	\$1,276	\$1,977	\$5,186	\$3,447	\$147	\$92	\$276	\$115
1976	1,469	2,072	6,940	3,882	158	114	492	135
1977	1,743	2,214	8,684	4,417	173	170	600	146
1978	2,068	2,392	11,926	5,167	183	165	893	157
1979	2,500	2,734	13,719	5,893	200	186	1,488	179
1980	2,619	2,948	16,653	5,105	234	217	652	193
1981	3,071	3,254	19,452	5,743	255	249	828	225
1982	3,600	3,672	23,065	6,732	252	272	966	246
1983	3,891	3,934	25,501	7,571	264	273	1,348	278
1984	4,112	4,196	29,353	8,530	262	315	1,813	312
1985	4,459	4,525	31,726	9,297	272	343	2,303	374
1986	4,687	4,841	34,462	10,073	277	361	2,592	418
1987	4,974	5,259	36,753	10,555	291	400	2,975	447
1988	5,332	5,502	40,910	11,370	309	453	3,768	488
1989	5,817	5,700	44,466	12,554	344	503	4,453	534
1990	6,564	6,717	50,242	14,202	366	524	5,252	617
1991	7,005	7,426	52,670	16,195	406	597	5,627	700
1992	7,578	8,314	57,775	17,548	452	658	6,159	800
1993	7,706	8,524	59,188	18,469	462	716	6,446	867
1994	7,750	8,831	52,747	19,132	465	709	7,212	936
1995	8,435	9,318	71,588	19,813	481	740	7,957	1,049
1996	8,369	9,026	69,740	20,734	491	761	9,172	1,166
1997	8,832	8,572	73,672	21,035	502	802	9,434	1,379
1998	9,096	8,519	75,819	20,864	481	828	3,211	1,625
1999	9,832	8,452	77,367	25,974	526	858	5,398	1,944

See footnotes at end of table.

Table 100—Continued

Medicaid Payments per Person Served (Beneficiary), Disabled, by Type of Service: Fiscal Years 1975-1999

Year	Total ¹	Inpatient		Nursing		Outpatient	Home	Prescribed
		Hospital	ICF/MR	Facility ²	Physician	Hospital	Health ³	Drugs
(Inflated to Calendar Year 1999 Dollars)								
1975	\$6,024	\$9,333	\$24,482	\$16,272	\$694	\$434	\$1,303	\$543
1976	6,334	8,935	29,926	16,740	681	492	2,122	582
1977	6,717	8,532	33,464	17,021	667	655	2,312	563
1978	7,271	8,410	41,932	18,167	643	580	3,140	552
1979	8,082	8,838	44,350	19,051	647	601	4,810	579
1980	7,683	8,648	48,854	14,976	686	637	1,913	566
1981	8,070	8,551	51,116	15,091	670	654	2,176	591
1982	8,511	8,681	54,530	15,916	596	643	2,284	582
1983	8,489	8,582	55,633	16,517	576	596	2,941	606
1984	8,380	8,552	59,823	17,385	534	642	3,695	636
1985	8,597	8,725	61,172	17,926	524	661	4,440	721
1986	8,699	8,985	63,964	18,696	514	670	4,811	776
1987	8,852	9,359	65,406	18,784	518	712	5,294	795
1988	8,875	9,158	68,092	18,924	514	754	6,272	812
1989	8,945	8,765	68,379	19,305	529	773	6,848	821
1990	9,359	9,577	71,641	20,251	522	747	7,489	879
1991	9,400	9,964	70,677	21,732	544	802	7,551	939
1992	9,600	10,533	73,194	22,231	573	834	7,803	1,014
1993	9,213	10,191	70,762	22,081	552	856	7,707	1,037
1994	8,856	10,091	60,273	21,862	531	810	8,241	1,070
1995	9,267	10,237	78,649	21,767	528	813	8,742	1,152
1996	8,961	9,664	74,671	22,200	526	815	9,821	1,248
1997	9,246	8,975	77,132	22,023	526	840	9,877	1,444
1998	9,298	8,708	77,504	21,328	492	846	3,282	1,662
1999	9,832	8,452	77,367	25,974	526	858	5,398	1,944

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.

²Data shown include services shown separately in earlier years as skilled nursing facility (SNF) and intermediate care facilities, other than for the mentally retarded (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. It is possible that the combined number of recipients includes some persons who used both types of nursing facility care during the reported fiscal year. This could somewhat inflate the number of users and lower the average payments per user.

³Trend in average payment per beneficiary (person served) for home health care are not strictly comparable to 1997 and prior because of changes in the definitions of related categories of service. Reporting for 1998 added categories of service for personal care support services and home and community-based waiver services (category not shown separately in table). In 1999 the home and community-based waiver services were reclassified into the other related categories of service (category not shown separately in table).

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 total payment per person served (beneficiary). Dollar amounts are adjusted using a personal consumption expenditure index for medical services, U.S. Department of Commerce, Bureau of Economic Analysis, expressed in calendar year 1999 dollars. ICF/MR is intermediate care facility for the mentally retarded.

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

Table 101

Medicaid Payments, All Eligibility Groups, by Type of Service: Fiscal Years 1975-1999

Year	Total ¹	Inpatient		Nursing		Outpatient		Home	Prescribed	
		Hospital	ICF/MR	Facility ²	Physician	Hospital	Health	Drugs	Other	
Amount in Millions										
1975	\$12,242	\$3,374	\$380	\$4,319	\$1,225	\$373	\$70	\$815	\$1,686	
1976	14,091	3,905	634	4,685	1,369	555	134	940	1,869	
1977	16,239	4,562	917	5,328	1,505	877	180	1,018	1,852	
1978	17,992	4,992	1,192	6,229	1,554	835	210	1,082	1,898	
1979	20,472	5,655	1,488	7,152	1,635	847	263	1,196	2,236	
1980	23,311	6,412	1,989	7,887	1,875	1,101	332	1,318	2,397	
1981	27,204	7,194	2,996	8,542	2,101	1,409	428	1,535	2,999	
1982	29,399	7,670	3,467	9,406	2,086	1,438	496	1,599	3,237	
1983	32,391	8,813	4,079	10,002	2,175	1,574	597	1,771	3,380	
1984	33,891	8,848	4,256	10,633	2,220	1,646	774	1,968	3,546	
1985	37,508	9,453	4,731	11,587	2,346	1,789	1,120	2,315	4,167	
1986	41,005	10,364	5,072	12,433	2,547	1,980	1,352	2,692	4,565	
1987	45,050	11,302	5,591	13,247	2,776	2,226	1,690	2,988	5,230	
1988	48,710	12,076	6,022	14,277	2,953	2,413	2,015	3,294	5,660	
1989	54,500	13,378	6,649	15,531	3,408	2,837	2,572	3,689	6,436	
1990	64,859	16,674	7,354	17,693	4,018	3,324	3,404	4,420	7,971	
1991	76,964	19,851	7,680	20,699	4,946	4,280	4,101	5,424	9,983	
1992	91,480	23,686	8,552	23,547	6,122	5,296	4,888	6,790	12,599	
1993	101,709	25,734	8,831	25,431	6,952	6,215	5,601	7,970	14,975	
1994	108,270	26,180	8,347	27,095	7,189	6,342	7,042	8,875	17,200	
1995	120,141	26,331	10,383	29,052	7,360	6,627	9,406	9,791	21,191	
1996	121,685	25,176	9,555	29,630	7,238	6,504	10,868	10,697	22,017	
1997	124,430	23,143	9,798	30,504	7,041	6,169	12,237	11,972	23,566	
1998	142,260	21,441	9,482	31,892	6,070	5,759	2,702	13,522	51,392	
1999	153,479	22,230	9,332	33,251	6,556	6,094	2,906	16,612	56,498	

See footnotes at end of table.

Table 101—Continued

Medicaid Payments, All Eligibility Groups, by Type of Service: Fiscal Years 1975-1999

Year	Total ¹	Inpatient		Nursing		Outpatient	Home	Prescribed	
		Hospital	ICF/MR	Facility ²	Physician	Hospital	Health	Drugs	Other
					Percent				
1975	100.0	27.6	3.1	35.3	10.0	3.0	0.6	6.7	13.8
1976	100.0	27.7	4.5	33.2	9.7	3.9	1.0	6.7	13.3
1977	100.0	28.1	5.6	32.8	9.3	5.4	1.1	6.3	11.4
1978	100.0	27.7	6.6	34.6	8.6	4.6	1.2	6.0	10.5
1979	100.0	27.6	7.3	34.9	8.0	4.1	1.3	5.8	10.9
1980	100.0	27.5	8.5	33.8	8.0	4.7	1.4	5.7	10.3
1981	100.0	26.4	11.0	31.4	7.7	5.2	1.6	5.6	11.0
1982	100.0	26.1	11.8	32.0	7.1	4.9	1.7	5.4	11.0
1983	100.0	27.2	12.6	30.9	6.7	4.9	1.8	5.5	10.4
1984	100.0	26.1	12.6	31.4	6.6	4.9	2.3	5.8	10.5
1985	100.0	25.2	12.6	30.9	6.3	4.8	3.0	6.2	11.1
1986	100.0	25.3	12.4	30.3	6.2	4.8	3.3	6.6	11.1
1987	100.0	25.1	12.4	29.4	6.2	4.9	3.8	6.6	11.6
1988	100.0	24.8	12.4	29.3	6.1	5.0	4.1	6.8	11.6
1989	100.0	24.5	12.2	28.5	6.3	5.2	4.7	6.8	11.8
1990	100.0	25.7	11.3	27.3	6.2	5.1	5.2	6.8	12.3
1991	100.0	25.8	10.0	26.9	6.4	5.6	5.3	7.0	13.0
1992	100.0	25.9	9.3	25.7	6.7	5.8	5.3	7.4	13.8
1993	100.0	25.3	8.7	25.0	6.8	6.1	5.5	7.8	14.7
1994	100.0	24.2	7.7	25.0	6.6	5.9	6.5	8.2	15.9
1995	100.0	21.9	8.6	24.2	6.1	5.5	7.8	8.1	17.6
1996	100.0	20.7	7.9	24.3	5.9	5.3	8.9	8.8	18.1
1997	100.0	18.6	7.9	24.5	5.7	5.0	9.8	9.6	18.9
1998	100.0	15.1	6.7	22.4	4.3	4.0	1.9	9.5	36.1
1999	100.0	14.5	6.1	21.7	4.3	4.0	1.9	10.8	36.8

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.

²Data shown include services shown separately in earlier years as skilled nursing facility (SNF) and intermediate care facilities, other than for the mentally retarded (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 (\$19.3 billion for premiums in 1998 and \$21.5 billion in 1999). 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: HCFA Form-2082 (Statistical Report on Medical Care: Eligibles, Recipients, Payments, and Services); MSIS; data development by the Office of Research, Development, and Information.

Table 102

Medicaid Payments, Children, by Type of Service: Fiscal Years 1975-1999

Year	Total ¹	Inpatient		Nursing		Outpatient		Home	Prescribed	Other
		Hospital	ICF/MR	Facility ²	Physician	Hospital	Health	Drugs		
Amount in Millions										
1975	\$2,186	\$881	\$17	\$24	\$397	\$143	\$8	\$127	\$589	
1976	2,431	1,012	11	19	442	219	13	126	589	
1977	2,610	1,149	16	16	456	348	17	125	483	
1978	2,748	1,260	14	13	471	332	24	135	499	
1979	2,884	1,334	22	13	474	310	33	140	558	
1980	3,123	1,476	22	24	528	381	8	156	528	
1981	3,508	1,595	14	4	586	493	9	171	636	
1982	3,473	1,593	9	9	573	483	9	170	627	
1983	3,836	1,771	8	4	592	523	10	183	745	
1984	3,979	1,847	10	4	639	536	13	202	728	
1985	4,414	2,028	12	4	651	576	22	217	904	
1986	5,135	2,412	13	17	685	656	24	296	1,032	
1987	5,508	2,544	40	17	785	657	22	285	1,158	
1988	5,848	2,718	11	5	833	675	25	298	1,283	
1989	6,892	3,270	20	6	950	793	38	343	1,472	
1990	9,100	4,422	47	2	1,187	1,005	55	445	1,936	
1991	11,600	5,376	38	20	1,518	1,333	93	590	2,631	
1992	14,758	6,594	39	15	1,949	1,737	122	808	3,494	
1993	16,504	6,950	44	27	2,216	1,928	154	965	4,220	
1994	17,302	6,903	45	24	2,271	1,925	204	1,063	4,867	
1995	17,976	6,588	46	28	2,211	1,863	412	1,117	5,712	
1996	17,544	5,896	25	28	2,114	1,668	610	1,115	6,088	
1997	17,544	5,571	39	44	1,926	1,414	534	1,099	6,917	
1998	22,896	5,138	58	102	1,644	1,240	145	1,131	13,438	
1999	34,151	4,495	34	50	1,862	1,270	141	1,308	24,991	

See footnotes at end of table.

Table 102—Continued

Medicaid Payments, Children, by Type of Service: Fiscal Years 1975-1999

Year	Total ¹	Inpatient		Nursing		Outpatient	Home	Prescribed	Other
		Hospital	ICF/MR	Facility ²	Physician	Hospital	Health	Drugs	
						Percent			
1975	100.0	40.3	0.8	1.1	18.2	6.5	0.4	5.8	26.9
1976	100.0	41.6	0.5	0.8	18.2	9.0	0.5	5.2	24.2
1977	100.0	44.0	0.6	0.6	17.5	13.3	0.7	4.8	18.5
1978	100.0	45.9	0.5	0.5	17.1	12.1	0.9	4.9	18.2
1979	100.0	46.3	0.8	0.5	16.4	10.7	1.1	4.9	19.3
1980	100.0	47.3	0.7	0.8	16.9	12.2	0.3	5.0	16.9
1981	100.0	45.5	0.4	0.1	16.7	14.1	0.3	4.9	18.1
1982	100.0	45.9	0.3	0.3	16.5	13.9	0.3	4.9	18.1
1983	100.0	46.2	0.2	0.1	15.4	13.6	0.3	4.8	19.4
1984	100.0	46.4	0.3	0.1	16.1	13.5	0.3	5.1	18.3
1985	100.0	45.9	0.3	0.1	14.7	13.0	0.5	4.9	20.5
1986	100.0	47.0	0.3	0.3	13.3	12.8	0.5	5.8	20.1
1987	100.0	46.2	0.7	0.3	14.3	11.9	0.4	5.2	21.0
1988	100.0	46.5	0.2	0.1	14.2	11.5	0.4	5.1	21.9
1989	100.0	47.4	0.3	0.1	13.8	11.5	0.6	5.0	21.4
1990	100.0	48.6	0.5	0.0	13.0	11.0	0.6	4.9	21.3
1991	100.0	46.3	0.3	0.2	13.1	11.5	0.8	5.1	22.7
1992	100.0	44.7	0.3	0.1	13.2	11.8	0.8	5.5	23.7
1993	100.0	42.1	0.3	0.2	13.4	11.7	0.9	5.8	25.6
1994	100.0	39.9	0.3	0.1	13.1	11.1	1.2	6.1	28.1
1995	100.0	36.6	0.3	0.2	12.3	10.4	2.3	6.2	31.8
1996	100.0	33.6	0.1	0.2	12.0	9.5	3.5	6.4	34.7
1997	101.0	31.8	0.2	0.3	11.0	8.1	3.0	6.3	39.4
1998	102.0	22.4	0.3	0.4	7.2	5.4	0.6	4.9	58.7
1999	103.0	13.2	0.1	0.1	5.5	3.7	0.4	3.8	73.2

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.

²Data shown include services shown separately in earlier years as skilled nursing facility (SNF) and intermediate care facilities, other than for the mentally retarded (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 (\$7.6 billion for premiums in 1998 and \$8.6 billion in 1999). 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: HCFA Form-2082 (Statistical Report on Medical Care: Eligibles, Recipients, Payments, and Services); MSIS; data development by the Office of Research, Development, and Information.

Table 103
Medicaid Payments, Adults, by Type of Service: Fiscal Years 1975-1999

Year	Total ¹	Inpatient		Nursing		Outpatient	Home	Prescribed	Other	
		Hospital	ICF/MR	Facility ²	Physician	Hospital	Health	Drugs		
				Amount in Millions						
1975	\$2,062	\$1,009	(3)	\$9	\$392	\$109	\$6	\$160	\$377	
1976	2,288	1,153	\$4	8	429	157	9	154	374	
1977	2,606	1,294	4	5	473	257	11	171	391	
1978	2,673	1,369	1	5	484	244	13	181	376	
1979	3,021	1,591	3	5	518	252	21	200	431	
1980	3,231	1,672	8	27	587	314	10	208	405	
1981	3,763	1,897	2	5	674	418	12	243	512	
1982	4,093	2,117	4	5	701	446	13	258	549	
1983	4,487	2,314	11	5	730	495	14	286	632	
1984	4,420	2,243	8	8	727	496	15	303	620	
1985	4,746	2,330	9	7	775	537	22	342	724	
1986	4,880	2,271	2	9	877	534	26	374	787	
1987	5,592	2,654	2	39	926	635	21	427	888	
1988	5,883	2,771	5	23	991	671	21	443	958	
1989	6,897	3,219	3	127	1,186	795	26	494	1,047	
1990	8,590	4,209	8	23	1,453	977	34	571	1,314	
1991	10,241	4,886	5	27	1,782	1,268	44	680	1,728	
1992	12,403	5,555	14	46	2,150	1,532	56	817	2,233	
1993	13,605	5,943	10	40	2,334	1,734	67	920	2,557	
1994	13,585	5,768	2	24	2,290	1,674	74	961	2,792	
1995	13,511	5,544	4	39	2,162	1,652	79	939	3,092	
1996	12,275	4,944	2	17	1,932	1,438	75	854	3,013	
1997	12,307	4,558	6	39	1,890	1,299	84	881	3,550	
1998	14,865	4,201	37	105	1,533	1,183	61	917	6,828	
1999	15,801	4,319	10	31	1,578	1,258	62	1,189	7,354	

See footnotes at end of table.

Table 103—Continued
Medicaid Payments, Adults, by Type of Service: Fiscal Years 1975-1999

Year	Total ¹	Inpatient		Nursing		Outpatient		Home	Prescribed	Other
		Hospital	ICF/MR	Facility ²	Physician	Hospital	Health	Drugs		
1975	100.0	48.9	0.0	0.4	19.0	5.3	0.3	7.8	18.3	
1976	100.0	50.4	0.2	0.3	18.8	6.9	0.4	6.7	16.3	
1977	100.0	49.7	0.2	0.2	18.2	9.9	0.4	6.6	15.0	
1978	100.0	51.2	0.0	0.2	18.1	9.1	0.5	6.8	14.1	
1979	100.0	52.7	0.1	0.2	17.1	8.3	0.7	6.6	14.3	
1980	100.0	51.7	0.2	0.8	18.2	9.7	0.3	6.4	12.5	
1981	100.0	50.4	0.1	0.1	17.9	11.1	0.3	6.5	13.6	
1982	100.0	51.7	0.1	0.1	17.1	10.9	0.3	6.3	13.4	
1983	100.0	51.6	0.2	0.1	16.3	11.0	0.3	6.4	14.1	
1984	100.0	50.7	0.2	0.2	16.4	11.2	0.3	6.9	14.0	
1985	100.0	49.1	0.2	0.1	16.3	11.3	0.5	7.2	15.3	
1986	100.0	46.5	0.0	0.2	18.0	10.9	0.5	7.7	16.1	
1987	100.0	47.5	0.0	0.7	16.6	11.4	0.4	7.6	15.9	
1988	100.0	47.1	0.1	0.4	16.8	11.4	0.4	7.5	16.3	
1989	100.0	46.7	0.0	1.8	17.2	11.5	0.4	7.2	15.2	
1990	100.0	49.0	0.1	0.3	16.9	11.4	0.4	6.6	15.3	
1991	100.0	47.7	0.0	0.3	17.4	12.4	0.4	6.6	16.9	
1992	100.0	44.8	0.1	0.4	17.3	12.4	0.5	6.6	18.0	
1993	100.0	43.7	0.1	0.3	17.2	12.7	0.5	6.8	18.8	
1994	100.0	42.5	0.0	0.2	16.9	12.3	0.5	7.1	20.6	
1995	100.0	41.0	0.0	0.3	16.0	12.2	0.6	6.9	22.9	
1996	100.0	40.3	0.0	0.1	15.7	11.7	0.6	7.0	24.5	
1997	100.0	37.0	0.0	0.3	15.4	10.6	0.7	7.2	28.8	
1998	100.0	28.3	0.2	0.7	10.3	8.0	0.4	6.2	45.9	
1999	100.0	27.3	0.1	0.2	10.0	8.0	0.4	7.5	46.5	

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.

²Data shown include services shown separately in earlier years as skilled nursing facility (SNF) and intermediate care facilities, other than for the mentally retarded (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.

³Less than 500,000.

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 (\$4.8 billion for premiums in 1998 and \$5.2 billion in 1999). 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: HCFA Form-2082 (Statistical Report on Medical Care: Eligibles, Recipients, Payments, and Services); MSIS; data development by the Office of Research, Development, and Information.

Table 104

Medicaid Payments, Aged, by Type of Service: Fiscal Years 1975-1999

Year	Total ¹	Inpatient		Nursing		Outpatient	Home	Prescribed		
		Hospital	ICF/MR	Facility ²	Physician	Hospital	Health	Drugs	Other	
				Amount in Millions						
1975	\$4,358	\$205	\$20	\$3,325	\$133	\$25	\$27	\$297	\$326	
1976	4,910	244	18	3,594	147	34	56	364	453	
1977	5,499	300	18	4,091	166	44	72	387	421	
1978	6,308	382	29	4,755	174	44	85	410	429	
1979	7,046	454	33	5,370	184	58	78	449	420	
1980	8,739	806	199	6,288	225	67	202	519	433	
1981	9,926	941	167	6,959	259	81	267	611	641	
1982	10,739	1,006	95	7,674	247	90	310	629	688	
1983	11,954	1,482	161	8,233	257	106	378	692	645	
1984	12,815	1,396	106	8,649	255	110	451	763	1,085	
1985	14,096	1,450	175	9,409	264	105	639	883	1,171	
1986	15,097	1,603	179	10,057	264	126	766	973	1,129	
1987	16,037	1,375	226	10,687	249	145	982	1,075	1,298	
1988	17,135	1,411	216	11,618	240	161	1,143	1,186	1,160	
1989	18,558	1,263	264	12,559	272	181	1,441	1,282	1,296	
1990	21,508	1,315	372	14,536	286	194	1,733	1,507	1,566	
1991	25,444	1,634	430	17,121	343	255	2,026	1,823	1,812	
1992	29,089	1,872	517	19,589	400	311	2,250	2,190	1,960	
1993	31,554	2,023	590	21,191	489	406	2,370	2,441	2,046	
1994	33,618	1,964	585	22,660	544	454	2,663	2,651	2,097	
1995	36,527	2,050	637	24,148	617	534	2,990	2,861	2,690	
1996	36,947	2,044	564	24,388	694	628	3,049	3,078	2,502	
1997	37,721	1,931	637	24,691	791	605	3,351	3,343	2,372	
1998	40,601	1,871	692	25,529	695	585	798	3,806	6,625	
1999	42,522	1,655	742	26,578	635	585	667	4,572	7,088	

See footnotes at end of table.

Table 104—Continued
Medicaid Payments, Aged, by Type of Service: Fiscal Years 1975-1999

Year	Total ¹	Inpatient		Nursing		Outpatient	Home	Prescribed	Other
		Hospital	ICF/MR	Facility ²	Physician	Hospital	Health	Drugs	
1975	100.0	4.7	0.5	76.3	3.1	0.6	0.6	6.8	7.5
1976	100.0	5.0	0.4	73.2	3.0	0.7	1.1	7.4	9.2
1977	100.0	5.5	0.3	74.4	3.0	0.8	1.3	7.0	7.7
1978	100.0	6.1	0.5	75.4	2.8	0.7	1.3	6.5	6.8
1979	100.0	6.4	0.5	76.2	2.6	0.8	1.1	6.4	6.0
1980	100.0	9.2	2.3	72.0	2.6	0.8	2.3	5.9	5.0
1981	100.0	9.5	1.7	70.1	2.6	0.8	2.7	6.2	6.5
1982	100.0	9.4	0.9	71.5	2.3	0.8	2.9	5.9	6.4
1983	100.0	12.4	1.3	68.9	2.1	0.9	3.2	5.8	5.4
1984	100.0	10.9	0.8	67.5	2.0	0.9	3.5	6.0	8.5
1985	100.0	10.3	1.2	66.7	1.9	0.7	4.5	6.3	8.3
1986	100.0	10.6	1.2	66.6	1.7	0.8	5.1	6.4	7.5
1987	100.0	8.6	1.4	66.6	1.6	0.9	6.1	6.7	8.1
1988	100.0	8.2	1.3	67.8	1.4	0.9	6.7	6.9	6.8
1989	100.0	6.8	1.4	67.7	1.5	1.0	7.8	6.9	7.0
1990	100.0	6.1	1.7	67.6	1.3	0.9	8.1	7.0	7.3
1991	100.0	6.4	1.7	67.3	1.3	1.0	8.0	7.2	7.1
1992	100.0	6.4	1.8	67.3	1.4	1.1	7.7	7.5	6.7
1993	100.0	6.4	1.9	67.2	1.5	1.3	7.5	7.7	6.5
1994	100.0	5.8	1.7	67.4	1.6	1.4	7.9	7.9	6.2
1995	100.0	5.6	1.7	66.1	1.7	1.5	8.2	7.8	7.4
1996	100.0	5.5	1.5	66.0	1.9	1.7	8.3	8.3	6.8
1997	100.0	5.1	1.7	65.5	2.1	1.6	8.9	8.9	6.3
1998	100.0	4.6	1.7	62.9	1.7	1.4	2.0	9.4	16.3
1999	100.0	3.9	1.7	62.5	1.5	1.4	1.6	10.8	16.7

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.

²Data shown include services shown separately in earlier years as skilled nursing facility (SNF) and intermediate care facilities, other than for the mentally retarded (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 (\$1.3 billion for premiums in 1998 and \$1.5 billion in 1999). 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: HCFA Form-2082 (Statistical Report on Medical Care: Eligibles, Recipients, Payments, and Services); MSIS; data development by the Office of Research, Development, and Information.

Table 105
Medicaid Payments, Disabled, by Type of Service: Fiscal Years 1975-1999

Year	Total ¹	Inpatient Hospital	ICF/MR	Nursing Facility ²	Amount in Millions				
					Physician	Outpatient Hospital	Home Health	Prescribed Drugs	Other
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

See footnotes at end of table.

Table 105—Continued

Medicaid Payments, Disabled, by Type of Service: Fiscal Years 1975-1999

Year	Total ¹	Inpatient Hospital	ICF/MR	Nursing Facility ²	Physician Percent	Outpatient Hospital	Home Health	Prescribed Drugs	Other
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

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.

²Data shown include services shown separately in earlier years as skilled nursing facility (SNF) and intermediate care facilities, other than for the mentally retarded (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 (\$5.1 billion for premiums in 1998 and \$6.0 billion in 1999). 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: HCFA Form-2082 (Statistical Report on Medical Care: Eligibles, Recipients, Payments, and Services); MSIS; data development by the Office of Research, Development, and Information.

Table 106

Medicaid Persons Served (Beneficiaries), by Basis of Eligibility and Area of Residence: Fiscal Year 1999

Area of Residence	Total	Aged	Disabled	Children ¹	Adults	Other/ Unknown
All Jurisdictions	40,184,407	3,773,532	6,697,764	18,836,970	7,510,735	3,365,406
Boston: Region I	2,004,698	205,806	361,196	875,484	441,724	120,488
Connecticut	414,578	50,963	52,442	216,547	69,517	25,109
Maine	180,668	21,155	41,684	82,020	27,126	8,683
Massachusetts	1,025,649	91,358	209,816	399,915	258,010	66,550
New Hampshire	93,169	11,278	11,781	52,641	13,196	4,273
Rhode Island	161,083	15,927	29,098	68,253	34,743	13,062
Vermont	129,551	15,125	16,375	56,108	39,132	2,811
New York: Region II	3,902,182	438,872	784,583	1,706,524	903,400	68,803
New Jersey	839,391	84,589	142,515	402,901	140,583	68,803
New York	3,062,791	354,283	642,068	1,303,623	762,817	0
Puerto Rico	---	---	---	---	---	---
Virgin Islands	---	---	---	---	---	---
Philadelphia: Region III	3,368,645	382,832	606,098	1,643,007	549,959	186,749
Delaware	107,133	7,015	14,506	50,667	32,971	1,974
District of Columbia	133,495	8,175	23,307	67,813	29,708	4,492
Maryland	616,243	45,918	105,322	323,938	93,057	48,008
Pennsylvania	1,554,374	212,398	269,129	736,054	252,359	84,434
Virginia	614,515	79,398	115,757	305,958	84,477	28,925
West Virginia	342,885	29,928	78,077	158,577	57,387	18,916
Atlanta: Region IV	8,730,318	781,665	1,690,593	3,933,302	1,497,737	827,021
Alabama	537,480	61,054	143,137	270,864	42,011	20,414
Florida	2,355,638	180,128	400,226	954,593	340,665	480,026
Georgia	1,267,798	97,725	214,229	676,025	193,694	86,125
Kentucky	718,979	62,627	187,545	305,750	97,605	65,452
Mississippi	513,114	58,025	132,887	219,162	49,123	53,917
North Carolina	1,141,774	151,842	197,511	550,285	188,483	53,653
South Carolina	644,580	74,666	106,534	316,008	132,505	14,867
Tennessee	1,550,955	95,598	308,524	640,615	453,651	52,567

See footnotes at end of table.

Table 106—Continued

Medicaid Persons Served (Beneficiaries), by Basis of Eligibility and Area of Residence: Fiscal Year 1999

Area of Residence	Total	Aged	Disabled	Children ¹	Adults	Other/ Unknown
Chicago: Region V	5,765,551	488,748	1,024,435	2,936,060	1,008,163	308,145
Illinois	1,475,330	91,478	241,344	766,042	298,891	77,575
Indiana	625,693	62,703	86,145	347,230	92,391	37,224
Michigan	1,299,136	86,563	262,301	664,316	211,168	74,788
Minnesota	561,823	56,876	73,860	279,193	125,522	26,372
Ohio	1,277,200	134,915	240,823	646,421	194,312	60,729
Wisconsin	526,369	56,213	119,962	232,858	85,879	31,457
Dallas: Region VI	4,531,164	510,243	657,768	2,393,640	692,307	277,206
Arkansas	466,417	48,075	98,780	207,284	85,881	26,397
Louisiana	720,360	86,464	147,127	332,003	89,204	65,562
New Mexico	360,321	18,586	45,049	221,981	54,683	20,022
Oklahoma	465,844	53,103	61,461	260,225	73,276	17,779
Texas	2,518,222	304,015	305,351	1,372,147	389,263	147,446
Kansas City: Region VII	1,591,724	171,867	237,756	811,220	270,453	100,428
Iowa	309,204	36,749	51,089	140,338	60,125	20,903
Kansas	269,453	26,437	44,805	124,521	33,019	40,671
Missouri	797,578	88,296	115,662	427,207	139,763	26,650
Nebraska	215,489	20,385	26,200	119,154	37,546	12,204
Denver: Region VIII	867,727	80,961	130,304	424,411	151,142	80,909
Colorado	359,237	40,181	61,037	168,800	56,167	33,052
Montana	96,677	9,029	16,146	45,718	19,034	6,750
North Dakota	61,913	8,477	8,309	28,659	10,566	5,902
South Dakota	85,820	8,597	14,334	47,366	12,585	2,938
Utah	217,997	10,645	23,521	110,073	43,976	29,782
Wyoming	46,083	4,032	6,957	23,795	8,814	2,485

See footnotes at end of table.

Table 106—Continued

Medicaid Persons Served (Beneficiaries), by Basis of Eligibility and Area of Residence: Fiscal Year 1999

Area of Residence	Total	Aged	Disabled	Children ¹	Adults	Other/ Unknown
San Francisco: Region IX	7,831,028	598,567	1,012,595	3,312,759	1,593,083	1,314,024
Arizona	639,015	29,148	87,509	361,613	144,406	16,339
California	6,854,016	540,091	884,745	2,798,660	1,353,803	1,276,717
Hawaii	203,763	17,214	20,367	87,481	71,549	7,152
Nevada	134,234	12,114	19,974	65,005	23,325	13,816
Seattle: Region X	1,591,370	113,971	192,436	800,563	402,767	81,633
Alaska	83,992	5,446	9,468	44,775	20,612	3,691
Idaho	120,052	7,905	16,174	46,076	12,508	37,389
Oregon	524,548	38,266	56,737	213,076	205,125	11,344
Washington	862,778	62,354	110,057	496,636	164,522	29,209

¹Includes children and foster care children.

NOTE: Beginning fiscal year 1998, a Medicaid-eligible person who, during the year, received only coverage for managed care benefits was included in this series as a person served (beneficiary).

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

Table 107

Medicaid Payments, by Basis of Eligibility and Area of Residence: Fiscal Year 1999

Area of Residence	Total	Aged	Disabled	Children ¹	Adults	Other/ Unknown
All Jurisdictions	\$153,479,357,882	\$42,521,620,708	\$65,849,549,697	\$24,151,236,446	\$15,801,202,536	\$5,155,748,495
Boston: Region I	10,658,243,920	3,505,255,126	4,756,729,806	1,485,861,952	844,876,584	65,520,452
Connecticut	2,670,645,595	1,133,773,220	1,016,841,959	369,745,488	136,216,258	14,068,670
Maine	1,205,739,079	287,155,581	580,995,486	247,463,561	81,792,738	8,331,713
Massachusetts	4,952,519,946	1,526,652,254	2,357,339,089	570,872,130	471,784,336	25,872,137
New Hampshire	527,042,360	156,807,340	216,755,825	118,395,115	30,929,732	4,154,348
Rhode Island	881,475,373	288,809,342	418,603,776	96,229,138	66,830,383	11,002,734
Vermont	420,821,567	112,057,389	166,193,671	83,156,520	57,323,137	2,090,850
New York: Region II	29,743,114,573	8,766,525,673	14,102,348,697	3,302,049,287	3,485,680,513	86,510,403
New Jersey	4,385,909,789	1,281,996,064	1,813,186,992	570,255,871	633,960,459	86,510,403
New York	25,357,204,784	7,484,529,609	12,289,161,705	2,731,793,416	2,851,720,054	0
Puerto Rico	---	---	---	---	---	---
Virgin Islands	---	---	---	---	---	---
Philadelphia: Region III	13,950,022,314	4,310,695,650	5,718,372,728	2,452,988,893	1,195,600,816	272,364,227
Delaware	462,393,250	103,548,603	202,500,151	79,659,808	74,739,780	1,944,908
District of Columbia	758,834,650	160,272,147	378,031,540	128,742,435	81,673,389	10,115,139
Maryland	3,044,363,679	635,703,870	1,481,265,947	588,195,055	291,490,886	47,707,921
Pennsylvania	6,132,982,264	2,390,132,594	2,118,490,802	1,129,417,382	473,325,223	21,616,263
Virginia	2,207,250,462	658,972,110	1,004,491,715	341,584,684	179,655,011	22,546,942
West Virginia	1,344,198,009	362,066,326	533,592,573	185,389,529	94,716,527	168,433,054
Atlanta: Region IV	25,575,447,971	6,596,660,775	11,079,292,728	4,201,739,148	2,689,604,659	1,008,150,661
Alabama	1,695,032,495	596,607,846	666,328,117	201,675,261	74,941,457	155,479,814
Florida	6,439,628,101	1,623,995,818	3,062,685,719	980,875,605	561,643,754	210,427,205
Georgia	3,231,985,992	761,511,681	1,314,273,990	682,666,909	418,366,719	55,166,693
Kentucky	2,598,116,804	620,102,401	1,285,451,951	459,585,463	206,850,543	26,126,446
Mississippi	1,600,445,609	462,231,615	758,345,537	244,175,164	121,334,376	14,358,917
North Carolina	4,265,757,472	1,359,011,158	1,823,717,253	606,587,860	435,731,494	40,709,707
South Carolina	2,459,158,525	542,711,752	836,668,046	405,257,102	171,055,241	503,466,384
Tennessee	3,285,322,973	630,488,504	1,331,822,115	620,915,784	699,681,075	2,415,495

See footnotes at end of table.

Table 107—Continued

Medicaid Payments, by Basis of Eligibility and Area of Residence: Fiscal Year 1999

Area of Residence	Total	Aged	Disabled	Children ¹	Adults	Other/ Unknown
Chicago: Region V	\$25,402,663,907	\$7,189,938,231	\$10,823,765,008	\$3,623,604,063	\$1,971,722,078	\$1,793,634,527
Illinois	6,338,906,883	1,127,517,101	3,150,249,954	1,064,236,764	665,268,922	331,634,142
Indiana	2,749,567,218	922,670,793	1,116,350,064	483,865,115	191,048,329	35,632,917
Michigan	4,700,675,939	956,824,549	1,513,980,846	547,665,371	345,010,773	1,337,194,400
Minnesota	3,038,407,690	1,027,719,020	1,239,473,218	476,839,711	246,092,123	48,283,618
Ohio	6,329,289,738	2,313,539,076	2,828,611,500	768,883,084	398,482,898	19,773,180
Wisconsin	2,245,816,439	841,667,692	975,099,426	282,114,018	125,819,033	21,116,270
Dallas: Region VI	14,582,517,791	4,154,066,771	5,679,486,397	2,905,110,720	1,407,670,132	436,183,771
Arkansas	1,365,423,117	349,420,692	638,002,714	271,916,910	88,792,421	17,290,380
Louisiana	2,534,164,208	711,447,386	1,183,130,403	318,108,180	206,383,665	115,094,574
New Mexico	1,123,377,560	173,716,023	433,966,688	319,987,583	109,276,003	86,431,263
Oklahoma	1,433,727,088	428,708,692	543,837,592	302,086,868	88,333,419	70,760,517
Texas	8,125,825,818	2,490,773,978	2,880,549,000	1,693,011,179	914,884,624	146,607,037
Kansas City: Region VII	6,134,521,560	2,106,162,912	2,493,040,360	1,007,772,961	412,001,434	115,543,893
Iowa	1,364,392,000	489,723,110	535,617,134	192,197,737	111,894,095	34,959,924
Kansas	1,095,942,670	345,762,673	538,062,045	144,340,178	52,657,004	15,120,770
Missouri	2,798,158,114	1,000,805,731	1,104,005,340	502,902,324	174,808,878	15,635,841
Nebraska	876,028,776	269,871,398	315,355,841	168,332,722	72,641,457	49,827,358
Denver: Region VIII	3,717,619,306	1,004,119,047	1,493,149,562	608,316,251	298,922,481	313,111,965
Colorado	1,640,946,271	480,583,145	693,855,029	289,498,041	119,606,080	57,403,976
Montana	365,024,520	121,409,981	140,056,748	59,248,560	39,986,027	4,323,204
North Dakota	346,252,475	132,106,257	139,704,788	43,979,961	21,651,773	8,809,696
South Dakota	369,468,750	109,136,453	164,324,990	61,659,450	28,112,342	6,235,515
Utah	797,193,827	103,920,617	264,603,710	124,570,875	68,045,959	236,052,666
Wyoming	198,733,463	56,962,594	90,604,297	29,359,364	21,520,300	286,908

See footnotes at end of table.

Table 107—Continued

Medicaid Payments, by Basis of Eligibility and Area of Residence: Fiscal Year 1999

Area of Residence	Total	Aged	Disabled	Children ¹	Adults	Other/ Unknown
San Francisco: Region IX	\$18,626,058,501	\$3,771,781,433	\$8,146,575,260	\$3,580,909,195	\$2,644,401,692	\$482,390,921
Arizona	1,877,596,603	348,964,991	755,748,062	430,278,949	321,835,454	20,769,147
California	15,754,462,481	3,178,538,320	7,070,985,665	2,922,643,059	2,160,029,569	422,265,868
Hawaii	535,162,729	151,030,119	134,162,539	132,454,108	108,665,230	8,850,733
Nevada	458,836,688	93,248,003	185,678,994	95,533,079	53,871,439	30,505,173
Seattle: Region X	5,089,148,039	1,116,415,090	1,556,789,151	982,883,976	850,722,147	582,337,675
Alaska	397,769,879	64,382,220	139,297,968	117,552,050	71,098,480	5,439,161
Idaho	520,290,649	97,736,817	206,190,962	54,211,358	37,337,059	124,814,453
Oregon	1,596,106,651	366,062,934	532,368,231	345,074,721	344,684,112	7,916,653
Washington	2,574,980,860	588,233,119	678,931,990	466,045,847	397,602,496	444,167,408

¹Includes children and foster care children.

NOTES: Beginning fiscal year 1998, capitated premiums for Medicaid eligibles enrolled in managed care plans were included in this series as a Medicaid payment. Also, States process a variety of payments that are not associated with an eligible individual (e.g., disproportionate share payments to hospitals, interim lump-sum provider reimbursement adjustments, and final cost report settlements). These adjustments can be positive (that is, an additional payment to the provider) or negative (that is, a recoupment). Because these payments cannot be associated with any one beneficiary, the eligibility and demographic characteristics for these payments are categorized as other/unknown.

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

Table 108

Medicaid Payments per Person Served (Beneficiary), by Basis of Eligibility and Area of Residence: Fiscal Year 1999

Area of Residence	Total	Aged	Disabled	Children ¹	Adults	Other/ Unknown
All Jurisdictions	\$3,819	\$11,268	\$9,832	\$1,282	\$2,104	\$1,532
Boston: Region I	5,317	17,032	13,169	1,697	1,913	544
Connecticut	6,442	22,247	19,390	1,707	1,959	560
Maine	6,674	13,574	13,938	3,017	3,015	960
Massachusetts	4,829	16,711	11,235	1,427	1,829	389
New Hampshire	5,657	13,904	18,399	2,249	2,344	972
Rhode Island	5,472	18,133	14,386	1,410	1,924	842
Vermont	3,248	7,409	10,149	1,482	1,465	744
New York: Region II	7,622	19,975	17,974	1,935	3,858	1,257
New Jersey	5,225	15,156	12,723	1,415	4,510	1,257
New York	8,279	21,126	19,140	2,096	3,738	---
Puerto Rico	---	---	---	---	---	---
Virgin Islands	---	---	---	---	---	---
Philadelphia: Region III	4,141	11,260	9,435	1,493	2,174	1,458
Delaware	4,316	14,761	13,960	1,572	2,267	985
District of Columbia	5,684	19,605	16,220	1,898	2,749	2,252
Maryland	4,940	13,844	14,064	1,816	3,132	994
Pennsylvania	3,946	11,253	7,872	1,534	1,876	256
Virginia	3,592	8,300	8,678	1,116	2,127	779
West Virginia	3,920	12,098	6,834	1,169	1,650	8,904
Atlanta: Region IV	2,929	8,439	6,553	1,068	1,796	1,219
Alabama	3,154	9,772	4,655	745	1,784	7,616
Florida	2,734	9,016	7,652	1,028	1,649	438
Georgia	2,549	7,792	6,135	1,010	2,160	641
Kentucky	3,614	9,902	6,854	1,503	2,119	399
Mississippi	3,119	7,966	5,707	1,114	2,470	266
North Carolina	3,736	8,950	9,233	1,102	2,312	759
South Carolina	3,815	7,269	7,854	1,282	1,291	33,865
Tennessee	2,118	6,595	4,317	969	1,542	46

See footnotes at end of table.

Table 108—Continued

Medicaid Payments per Person Served (Beneficiary), by Basis of Eligibility and Area of Residence: Fiscal Year 1999

Area of Residence	Total	Aged	Disabled	Children ¹	Adults	Other/ Unknown
Chicago: Region V	\$4,406	\$14,711	\$10,566	\$1,234	\$1,956	\$5,821
Illinois	4,297	12,326	13,053	1,389	2,226	4,275
Indiana	4,394	14,715	12,959	1,394	2,068	957
Michigan	3,618	11,054	5,772	824	1,634	17,880
Minnesota	5,408	18,069	16,781	1,708	1,961	1,831
Ohio	4,956	17,148	11,746	1,189	2,051	326
Wisconsin	4,267	14,973	8,128	1,212	1,465	671
Dallas: Region VI	3,218	8,141	8,634	1,214	2,033	1,574
Arkansas	2,927	7,268	6,459	1,312	1,034	655
Louisiana	3,518	8,228	8,042	958	2,314	1,756
New Mexico	3,118	9,347	9,633	1,442	1,998	4,317
Oklahoma	3,078	8,073	8,848	1,161	1,205	3,980
Texas	3,227	8,193	9,434	1,234	2,350	994
Kansas City: Region VII	3,854	12,255	10,486	1,242	1,523	1,151
Iowa	4,413	13,326	10,484	1,370	1,861	1,672
Kansas	4,067	13,079	12,009	1,159	1,595	372
Missouri	3,508	11,335	9,545	1,177	1,251	587
Nebraska	4,065	13,239	12,036	1,413	1,935	4,083
Denver: Region VIII	4,284	12,403	11,459	1,433	1,978	3,870
Colorado	4,568	11,960	11,368	1,715	2,129	1,737
Montana	3,776	13,447	8,674	1,296	2,101	640
North Dakota	5,593	15,584	16,814	1,535	2,049	1,493
South Dakota	4,305	12,695	11,464	1,302	2,234	2,122
Utah	3,657	9,762	11,250	1,132	1,547	7,926
Wyoming	4,313	14,128	13,023	1,234	2,442	115

See footnotes at end of table.

Table 108—Continued

Medicaid Payments per Person Served (Beneficiary), by Basis of Eligibility and Area of Residence: Fiscal Year 1999

Area of Residence	Total	Aged	Disabled	Children ¹	Adults	Unknown
San Francisco: Region IX	\$2,378	\$6,301	\$8,045	\$1,081	\$1,660	\$367
Arizona	2,938	11,972	8,636	1,190	2,229	1,271
California	2,299	5,885	7,992	1,044	1,596	331
Hawaii	2,626	8,774	6,587	1,514	1,519	1,238
Nevada	3,418	7,698	9,296	1,470	2,310	2,208
Seattle: Region X	3,198	9,796	8,090	1,228	2,112	7,134
Alaska	4,736	11,822	14,713	2,625	3,449	1,474
Idaho	4,334	12,364	12,748	1,177	2,985	3,338
Oregon	3,043	9,566	9,383	1,619	1,680	698
Washington	2,985	9,434	6,169	938	2,417	15,207

¹Includes children and foster care children.

NOTES: Beginning fiscal year 1998, capitated premiums for Medicaid eligibles enrolled in managed care plans were included in this series as a Medicaid payment. Also, States process a variety of payments that are not associated with an eligible individual (e.g., disproportionate share payments to hospitals, interim lump-sum provider reimbursement adjustments, and final cost report settlements). These adjustments can be positive (that is, an additional payment to the provider) or negative (that is, a recoupment). Because these payments cannot be associated with any one beneficiary, the eligibility and demographic characteristics for these payments are categorized as other/unknown. Where distributions by basis of eligibility are not provided by the jurisdiction, and where the averages would yield negative or unually large values, the average payments are not shown.

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

Table 109

Medicaid Persons Served (Beneficiaries), by Type of Service and Area of Residence: Fiscal Year 1999

Area of Residence	Total ¹	General Hospital	Nursing Facilities Services	Physician Services	Dental Services	Outpatient Hospital	Lab and X-Ray	Home Health	Prescribed Drugs
All Jurisdictions	40,184,407	4,497,189	1,616,663	18,373,483	5,621,824	12,417,078	10,194,096	813,631	19,854,953
Boston: Region I	2,004,698	132,146	132,331	901,908	523,206	687,383	668,215	82,732	1,123,968
Connecticut	414,578	12,877	38,862	101,065	41,038	84,015	49,138	20,534	108,753
Maine	180,668	25,175	9,236	121,285	43,674	105,614	84,742	6,177	142,043
Massachusetts	1,025,649	68,862	60,044	538,028	315,988	392,666	457,704	44,168	664,528
New Hampshire	93,169	10,460	7,147	58,626	25,246	43,058	39,918	2,347	71,037
Rhode Island	161,083	9,717	13,297	35,439	49,292	36,842	22,487	6,972	49,285
Vermont	129,551	5,055	3,745	47,465	47,968	25,188	14,226	2,534	88,322
New York: Region II	3,902,182	534,224	191,256	1,644,761	861,328	1,624,408	1,021,821	231,859	2,496,202
New Jersey	839,391	68,322	51,747	260,842	87,604	236,962	164,378	17,192	302,687
New York	3,062,791	465,902	139,509	1,383,919	773,724	1,387,446	857,443	214,667	2,193,515
Puerto Rico	---	---	---	---	---	---	---	---	---
Virgin Islands	---	---	---	---	---	---	---	---	---
Philadelphia: Region III	3,368,645	336,799	147,403	1,486,081	318,684	846,520	823,074	55,460	1,625,279
Delaware	107,133	3,830	3,109	17,060	7,783	9,414	9,282	1,154	73,093
District of Columbia	133,495	15,821	4,359	34,327	3,350	31,645	18,263	2,584	37,862
Maryland	616,243	48,721	27,920	315,893	15,083	151,875	39,210	10,180	345,740
Pennsylvania	1,554,374	151,451	72,481	476,362	139,745	244,465	336,637	12,445	520,251
Virginia	614,515	77,754	27,746	399,472	71,128	238,853	273,540	6,257	373,491
West Virginia	342,885	39,222	11,788	242,967	81,595	170,268	146,142	22,840	274,842

See footnotes at end of table.

Table 109—Continued

Medicaid Persons Served (Beneficiaries), by Type of Service and Area of Residence: Fiscal Year 1999

Area of Residence	Total ¹	General Hospital	Nursing Facilities Services	Physician Services	Dental Services	Outpatient Hospital	Lab and X-Ray	Home Health	Prescribed Drugs
Atlanta: Region IV	8,730,318	1,228,803	305,080	4,504,631	1,210,005	3,085,312	2,226,994	166,224	4,319,039
Alabama	537,480	27,820	24,576	388,851	76,694	184,497	275,979	18,878	405,338
Florida	2,355,638	405,623	91,985	1,026,745	341,397	1,055,037	667,887	56,606	1,079,997
Georgia	1,267,798	204,883	39,720	894,636	230,903	543,482	164,840	20,108	841,024
Kentucky	718,979	118,705	27,739	369,105	114,895	255,354	197,741	20,282	372,254
Mississippi	513,114	134,635	23,909	366,788	92,449	266,840	71,141	9,843	375,585
North Carolina	1,141,774	178,092	42,382	811,612	213,972	488,111	540,123	29,676	797,903
South Carolina	644,580	137,578	17,458	470,740	139,267	263,419	211,494	10,223	446,938
Tennessee	1,550,955	21,467	37,311	176,154	428	28,572	97,789	608	0
Chicago: Region V	5,765,551	648,438	346,358	2,819,219	921,295	1,978,340	1,702,307	128,285	2,970,063
Illinois	1,475,330	175,229	81,791	907,626	1,487	661,939	564,311	13,911	965,747
Indiana	625,693	93,490	47,988	373,837	157,907	234,477	220,511	9,599	361,784
Michigan	1,299,136	124,488	44,180	426,094	336,659	255,850	200,885	7,237	436,652
Minnesota	561,823	41,287	38,925	206,737	76,058	122,750	25,689	63,708	184,947
Ohio	1,277,200	168,556	92,133	795,179	251,896	560,795	522,354	28,953	796,720
Wisconsin	526,369	45,388	41,341	109,746	97,288	142,529	168,557	4,877	224,213
Dallas: Region VI	4,531,164	740,716	184,851	3,107,512	858,426	1,631,028	1,497,940	31,900	2,963,167
Arkansas	466,417	73,746	20,699	327,769	62,755	174,952	136,100	9,859	280,573
Louisiana	720,360	155,285	35,508	613,491	133,584	319,041	422,834	9,903	549,296
New Mexico	360,321	54,670	7,074	70,415	9,163	48,830	23,383	879	55,020
Oklahoma	465,844	60,905	25,758	210,411	34,939	146,370	77,215	3,203	224,742
Texas	2,518,222	396,110	95,812	1,885,426	617,985	941,835	838,408	8,056	1,853,536

See footnotes at end of table.

Table 109—Continued

Medicaid Persons Served (Beneficiaries), by Type of Service and Area of Residence: Fiscal Year 1999

Area of Residence	Total ¹	General Hospital	Nursing Facilities Services	Physician Services	Dental Services	Outpatient Hospital	Lab and X-Ray	Home Health	Prescribed Drugs
Kansas City: Region VII	1,591,724	182,715	95,775	773,110	294,856	558,768	370,125	34,183	933,406
Iowa	309,204	34,918	21,882	173,551	92,697	113,775	115,015	17,452	213,161
Kansas	269,453	37,295	17,644	171,635	43,634	95,233	78,194	5,829	153,117
Missouri	797,578	87,558	39,762	283,200	86,846	267,917	121,744	7,090	411,959
Nebraska	215,489	22,944	16,487	144,724	71,679	81,843	55,172	3,812	155,169
Denver: Region VIII	867,727	90,516	44,109	332,343	157,449	265,507	154,261	17,943	461,341
Colorado	359,237	28,435	18,918	65,990	55,942	105,455	39,957	14,344	151,581
Montana	96,677	13,233	5,549	75,120	20,900	40,258	9,257	1,019	59,204
North Dakota	61,913	8,512	5,570	29,110	16,839	24,114	20,724	680	38,191
South Dakota	85,820	14,494	5,950	53,622	43	33,093	23,769	450	50,783
Utah	217,997	17,740	5,513	71,956	54,073	40,209	38,070	1,038	128,297
Wyoming	46,083	8,102	2,609	36,545	9,652	22,378	22,484	412	33,285
San Francisco: Region IX	7,831,028	508,616	126,906	2,262,208	131,814	1,426,278	1,517,610	57,881	2,354,709
Arizona	639,015	24,569	968	27,958	17,893	15,027	14,218	581	5,545
California	6,854,016	462,602	117,843	2,169,415	90,588	1,356,556	1,416,222	55,779	2,264,942
Hawaii	203,763	4,805	4,274	41,782	19	19,551	25,210	11	35,687
Nevada	134,234	16,640	3,821	23,053	23,314	35,144	61,960	1,510	48,535
Seattle: Region X	1,591,370	94,216	42,594	541,710	344,761	313,534	211,749	7,164	607,779
Alaska	83,992	13,875	929	54,201	23,661	42,641	31,791	413	52,086
Idaho	120,052	19,341	5,014	91,351	34,204	50,543	49,349	1,859	81,943
Oregon	524,548	17,897	12,031	87,716	6,921	60,189	51,632	756	171,997
Washington	862,778	43,103	24,620	308,442	279,975	160,161	78,977	4,136	301,753

¹Includes beneficiaries who received any service, some not shown separately. Numbers do not add to total by type of service because one person may use several types of services

NOTES: Beginning fiscal year 1998, a Medicaid-eligible person who, during the year, received only coverage for managed care benefits was included for the first time in this series as a person served (beneficiary). Oklahoma and Puerto Rico submitted total recipients only; data by type of service are not reported.

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

Table 110

Medicaid Payments, by Type of Service and Area of Residence: Fiscal Year 1999

Area of Residence	Total ¹	General Hospital	Nursing Facilities Services	Physician Services
All Jurisdictions	\$153,479,357,882	\$22,231,055,497	\$33,251,160,195	\$6,555,991,342
Boston: Region I	10,658,243,920	799,753,555	3,020,773,567	303,092,213
Connecticut	2,670,645,595	154,880,394	896,540,659	37,858,459
Maine	1,205,739,079	172,713,784	189,303,870	37,759,883
Massachusetts	4,952,519,946	350,038,998	1,315,342,371	193,149,066
New Hampshire	527,042,360	29,798,708	116,501,719	17,518,589
Rhode Island	881,475,373	75,956,005	426,720,348	7,696,885
Vermont	420,821,567	16,365,666	76,364,600	9,109,331
New York: Region II	29,743,114,573	4,894,641,061	6,451,394,921	373,201,912
New Jersey	4,385,909,789	389,962,770	1,186,761,798	49,782,689
New York	25,357,204,784	4,504,678,291	5,264,633,123	323,419,223
Puerto Rico	---	---	---	---
Virgin Islands	---	---	---	---
Philadelphia: Region III	13,950,022,314	1,589,062,209	3,257,853,544	458,298,123
Delaware	462,393,250	14,924,885	81,492,624	6,396,726
District of Columbia	758,834,650	196,502,150	148,404,130	12,956,845
Maryland	3,044,363,679	414,027,277	555,986,281	102,204,514
Pennsylvania	6,132,982,264	446,648,456	1,784,641,665	103,100,770
Virginia	2,207,250,462	299,332,357	424,166,215	136,672,029
West Virginia	1,344,198,009	217,627,084	263,162,629	96,967,239
Atlanta: Region IV	25,575,447,971	3,873,282,806	5,152,930,160	1,868,382,195
Alabama	1,695,032,495	37,043,028	562,914,508	188,073,488
Florida	6,439,628,101	1,104,464,305	1,390,332,461	346,965,626
Georgia	3,231,985,992	706,922,816	639,253,258	392,476,463
Kentucky	2,598,116,804	237,801,108	509,667,816	149,241,730
Mississippi	1,600,445,609	331,119,693	349,920,112	146,219,372
North Carolina	4,265,757,472	684,598,964	805,603,790	349,748,787
South Carolina	2,459,158,525	751,959,296	309,472,299	174,104,766
Tennessee	3,285,322,973	19,373,596	585,765,916	121,551,963

See footnotes at end of table.

Table 110—Continued
Medicaid Payments, by Type of Service and Area of Residence: Fiscal Year 1999

Dental Services	Outpatient Hospital	Lab and X-Ray	Home Health	Prescribed Drugs
\$1,203,968,526	\$6,093,610,706	\$1,158,399,249	\$2,905,559,796	\$16,611,636,947
98,998,220	406,181,279	98,788,470	709,571,635	1,167,399,851
7,086,436	67,985,236	7,907,205	102,167,371	220,556,702
9,679,444	91,177,729	7,110,932	14,151,846	145,653,294
57,774,038	189,713,222	78,167,498	569,583,863	594,321,506
4,715,902	26,195,319	2,817,253	4,483,401	64,895,522
9,227,338	20,739,094	1,731,972	14,939,474	75,139,107
10,515,062	10,370,679	1,053,610	4,245,680	66,833,720
197,879,898	1,523,561,926	71,683,655	847,570,007	2,463,948,971
12,378,278	308,594,069	14,835,964	76,929,374	491,431,380
185,501,620	1,214,967,857	56,847,691	770,640,633	1,972,517,591
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64,181,762	385,196,263	94,507,622	274,355,534	1,518,735,173
2,071,911	3,348,377	869,723	5,481,740	53,443,101
267,512	31,843,978	2,154,016	13,924,537	44,963,481
7,368,928	106,336,425	4,294,907	190,672,414	291,435,049
20,040,830	65,412,291	40,993,533	42,151,804	605,729,789
15,179,443	114,410,112	29,836,988	6,835,806	327,518,802
19,253,138	63,845,080	16,358,455	15,289,233	195,644,951
253,011,806	1,279,164,296	197,229,218	377,238,550	3,350,758,293
10,518,783	30,973,049	24,684,849	1,583,188	281,017,085
86,994,473	303,908,598	60,300,118	136,690,552	1,092,855,918
40,855,499	311,143,950	14,090,357	71,871,270	462,992,436
25,500,108	226,742,312	24,197,400	67,451,501	359,671,170
15,921,659	103,738,218	5,257,577	5,603,573	274,594,293
54,442,765	240,436,556	52,742,389	75,235,845	611,309,477
18,755,973	60,423,664	14,065,499	14,652,302	268,317,914
22,546	1,797,949	1,891,029	4,150,319	0

Table 110—Continued
Medicaid Payments, by Type of Service and Area of Residence: Fiscal Year 1999

Area of Residence	Total ¹	General Hospital	Nursing Facilities Services	Physician Services
Chicago: Region V	\$25,402,663,907	\$4,259,292,663	\$7,054,617,895	\$892,888,602
Illinois	6,338,906,883	1,808,131,896	1,795,277,476	286,881,354
Indiana	2,749,567,218	404,796,797	778,743,737	124,562,132
Michigan	4,700,675,939	683,652,927	930,807,995	110,773,260
Minnesota	3,038,407,690	255,783,363	832,385,261	93,321,370
Ohio	6,329,289,738	893,364,442	1,951,048,210	251,171,083
Wisconsin	2,245,816,439	213,563,238	766,355,216	26,179,403
Dallas: Region VI	14,582,517,791	2,312,632,733	2,657,457,715	1,361,065,933
Arkansas	1,365,423,117	166,239,639	229,645,982	138,220,547
Louisiana	2,534,164,208	529,664,856	508,689,630	209,849,639
New Mexico	1,123,377,560	115,778,093	158,288,194	16,820,633
Oklahoma	1,433,727,088	174,786,789	323,793,016	58,978,604
Texas	8,125,825,818	1,326,163,356	1,437,040,893	937,196,510
Kansas City: Region VII	6,134,521,560	747,694,026	1,556,880,746	225,614,773
Iowa	1,364,392,000	156,639,220	336,758,030	53,441,925
Kansas	1,095,942,670	140,300,933	261,489,645	47,168,250
Missouri	2,798,158,114	349,386,862	718,187,010	58,020,860
Nebraska	876,028,776	101,367,011	240,446,061	66,983,738
Denver: Region VIII	3,717,619,306	462,075,575	805,845,851	119,451,413
Colorado	1,640,946,271	207,460,795	352,512,799	14,832,983
Montana	365,024,520	45,436,917	96,643,628	30,715,376
North Dakota	346,252,475	28,461,173	112,553,631	12,984,319
South Dakota	369,468,750	63,353,382	103,800,481	22,694,263
Utah	797,193,827	89,899,712	94,024,399	22,040,946
Wyoming	198,733,463	27,463,596	46,310,913	16,183,526

See footnotes at end of table.

Table 110—Continued

Medicaid Payments, by Type of Service and Area of Residence: Fiscal Year 1999

Dental Services	Outpatient Hospital	Lab and X-Ray	Home Health	Prescribed Drugs
\$178,705,526	\$793,395,574	\$223,800,926	\$248,004,705	\$2,590,596,083
191,604	267,829,061	48,033,120	28,782,498	670,336,480
68,415,606	93,662,442	20,381,919	47,592,379	375,534,082
44,859,907	106,973,382	13,665,904	17,977,269	320,544,345
14,333,953	46,414,378	1,497,286	56,872,331	184,423,517
35,210,761	212,264,289	122,087,740	62,284,845	761,987,389
15,693,695	66,252,022	18,134,957	34,495,383	277,770,270
181,244,787	657,005,013	124,623,568	104,367,244	1,755,739,453
14,817,664	44,535,556	12,092,233	14,456,325	182,862,001
22,401,128	148,443,259	43,375,990	18,686,295	405,754,264
2,053,821	20,581,436	2,437,700	1,867,339	46,998,841
6,897,050	57,087,453	4,540,933	1,111,619	167,704,485
135,075,124	386,357,309	62,176,712	68,245,666	952,419,862
54,607,174	275,246,911	24,981,762	86,956,012	906,197,932
17,539,187	56,086,264	8,783,523	46,842,230	169,142,312
9,904,733	14,361,303	3,659,074	15,379,462	139,664,907
11,463,432	168,549,075	5,997,897	8,114,919	482,087,676
15,699,822	36,250,269	6,541,268	16,619,401	115,303,037
40,114,310	131,147,534	13,753,632	107,567,912	352,589,958
15,724,763	49,116,786	3,535,682	99,706,948	130,546,904
4,990,292	17,522,379	682,771	1,300,831	47,841,127
4,928,879	19,411,497	2,134,448	1,980,213	31,584,648
14,186	16,485,503	2,184,839	544,626	37,044,912
12,133,112	20,676,110	2,220,011	2,963,180	83,321,189
2,323,078	7,935,259	2,995,881	1,072,114	22,251,178

Table 110—Continued
Medicaid Payments, by Type of Service and Area of Residence: Fiscal Year 1999

Area of Residence	Total ¹	General Hospital	Nursing Facilities Services	Physician Services
San Francisco: Region IX	\$18,626,058,501	\$2,783,926,264	\$2,475,230,032	\$742,936,042
Arizona	1,877,596,603	84,524,422	15,062,120	21,730,201
California	15,754,462,481	2,558,090,254	2,251,766,967	697,571,214
Hawaii	535,162,729	48,741,431	137,754,201	20,442,761
Nevada	458,836,688	92,570,157	70,646,744	3,191,866
Seattle: Region X	5,089,148,039	508,694,605	818,175,764	211,060,136
Alaska	397,769,879	76,695,180	47,344,663	41,023,384
Idaho	520,290,649	84,299,564	105,995,612	38,862,679
Oregon	1,596,106,651	61,169,631	181,276,680	21,183,054
Washington	2,574,980,860	286,530,230	483,558,809	109,991,019

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

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 total payment categories. In addition, the HCFA Form-2082 was revised to include two new service categories: personal care services and home and community-based waiver services (not shown separately in this table). This created a reallocation of payments from other categories such as home health.

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

Table 110—Continued
Medicaid Payments, by Type of Service and Area of Residence: Fiscal Year 1999

Dental Services	Outpatient Hospital	Lab and X-Ray	Home Health	Prescribed Drugs
\$37,022,225	\$464,425,946	\$288,243,283	\$139,079,722	\$1,970,439,502
5,357,519	96,980,771	1,746,261	992,433	1,458,590
19,516,096	335,030,078	242,208,432	129,941,546	1,883,865,448
1,504	18,946,453	3,341,248	5,349	44,849,664
12,147,106	13,468,644	40,947,342	8,140,394	40,265,800
98,202,818	178,285,964	20,787,113	10,848,475	535,231,731
10,389,013	27,019,739	6,288,007	693,677	39,414,646
11,420,743	19,974,787	5,056,456	3,759,023	68,618,868
856,808	25,744,198	3,885,542	459,711	123,806,352
75,536,254	105,547,240	5,557,108	5,936,064	303,391,865

Table 111
Medicaid Payment per Person Served (Beneficiary), by Type of Service and Area of Residence: Fiscal Year 1999

Area of Residence	Total ¹	Nursing		Physician Services	Dental Services	Outpatient Hospital	Lab and X-Ray	Home Health	Prescribed Drugs
		Hospital	Facilities Services						
All Jurisdictions	\$3,819	\$4,943	\$20,568	\$357	\$214	\$491	\$114	\$3,571	\$837
Boston: Region I	5,317	6,052	22,827	336	189	591	148	8,577	1,039
Connecticut	6,442	12,028	23,070	375	173	809	161	4,976	2,028
Maine	6,674	6,861	20,496	311	222	863	84	2,291	1,025
Massachusetts	4,829	5,083	21,906	359	183	483	171	12,896	894
New Hampshire	5,657	2,849	16,301	299	187	608	71	1,910	914
Rhode Island	5,472	7,817	32,091	217	187	563	77	2,143	1,525
Vermont	3,248	3,238	20,391	192	219	412	74	1,675	757
New York: Region II	7,622	9,162	33,732	227	230	938	70	3,656	987
New Jersey	5,225	5,708	22,934	191	141	1,302	90	4,475	1,624
New York	8,279	9,669	37,737	234	240	876	66	3,590	899
Puerto Rico	---	---	---	---	---	---	---	---	---
Virgin Islands	---	---	---	---	---	---	---	---	---
Philadelphia: Region III	4,141	4,718	22,102	308	201	455	115	4,947	934
Delaware	4,316	3,897	26,212	375	266	356	94	4,750	731
District of Columbia	5,684	12,420	34,045	377	80	1,006	118	5,389	1,188
Maryland	4,940	8,498	19,914	324	489	700	110	18,730	843
Pennsylvania	3,946	2,949	24,622	216	143	268	122	3,387	1,164
Virginia	3,592	3,850	15,287	342	213	479	109	1,093	877
West Virginia	3,920	5,549	22,325	399	236	375	112	669	712
Atlanta: Region IV	2,929	3,152	16,890	415	209	415	89	2,269	776
Alabama	3,154	1,332	22,905	484	137	168	89	84	693
Florida	2,734	2,723	15,115	338	255	288	90	2,415	1,012
Georgia	2,549	3,450	16,094	439	177	573	85	3,574	551
Kentucky	3,614	2,003	18,374	404	222	888	122	3,326	966
Mississippi	3,119	2,459	14,635	399	172	389	74	569	731
North Carolina	3,736	3,844	19,008	431	254	493	98	2,535	766
South Carolina	3,815	5,466	17,727	370	135	229	67	1,433	600
Tennessee	2,118	902	15,700	690	53	63	19	6,826	---

See footnotes at end of table.

Table 111—Continued
Medicaid Payment per Person Served (Beneficiary), by Type of Service and Area of Residence: Fiscal Year 1999

Area of Residence	Total ¹	Nursing							
		General Hospital	Facilities Services	Physician Services	Dental Services	Outpatient Hospital	Lab and X-Ray	Home Health	Prescribed Drugs
Chicago: Region V	\$4,406	\$6,569	\$20,368	\$317	\$194	\$401	\$131	\$1,933	\$872
Illinois	4,297	10,319	21,950	316	129	405	85	2,069	694
Indiana	4,394	4,330	16,228	333	433	399	92	4,958	1,038
Michigan	3,618	5,492	21,069	260	133	418	68	2,484	734
Minnesota	5,408	6,195	21,384	451	188	378	58	893	997
Ohio	4,956	5,300	21,176	316	140	379	234	2,151	956
Wisconsin	4,267	4,705	18,537	239	161	465	108	7,073	1,239
Dallas: Region VI	3,218	3,122	14,376	438	211	403	83	3,272	593
Arkansas	2,927	2,254	11,095	422	236	255	89	1,466	652
Louisiana	3,518	3,411	14,326	342	168	465	103	1,887	739
New Mexico	3,118	2,118	22,376	239	224	421	104	2,124	854
Oklahoma	3,078	2,870	12,571	280	197	390	59	347	746
Texas	3,227	3,348	14,999	497	219	410	74	8,471	514
Kansas City: Region VII	3,854	4,092	16,256	292	185	493	67	2,544	971
Iowa	4,413	4,486	15,390	308	189	493	76	2,684	793
Kansas	4,067	3,762	14,820	275	227	151	47	2,638	912
Missouri	3,508	3,990	18,062	205	132	629	49	1,145	1,170
Nebraska	4,065	4,418	14,584	463	219	443	119	4,360	743
Denver: Region VIII	4,284	5,105	18,269	359	255	494	89	5,995	764
Colorado	4,568	7,296	18,634	225	281	466	88	6,951	861
Montana	3,776	3,434	17,416	409	239	435	74	1,277	808
North Dakota	5,593	3,344	20,207	446	293	805	103	2,912	827
South Dakota	4,305	4,371	17,445	423	330	498	92	1,210	729
Utah	3,657	5,068	17,055	306	224	514	58	2,855	649
Wyoming	4,313	3,390	17,750	443	241	355	133	2,602	669

See footnotes at end of table.

Table 111—Continued
Medicaid Payment per Person Served (Beneficiary), by Type of Service and Area of Residence: Fiscal Year 1999

Area of Residence	Total ¹	Nursing		Physician Services	Dental Services	Outpatient Hospital	Lab and X-Ray	Home Health	Prescribed Drugs
		General Hospital	Facilities Services						
San Francisco: Region I)	\$2,378	\$5,474	\$19,504	\$328	\$281	\$326	\$190	\$2,403	\$837
Arizona	2,938	3,440	15,560	777	299	6,454	123	1,708	263
California	2,299	5,530	19,108	322	215	247	171	2,330	832
Hawaii	2,626	10,144	32,231	489	79	969	133	486	1,257
Nevada	3,418	5,563	18,489	138	521	383	661	5,391	830
Seattle: Region X	3,198	5,399	19,209	390	285	569	98	1,514	881
Alaska	4,736	5,528	50,963	757	439	634	198	1,680	757
Idaho	4,334	4,359	21,140	425	334	395	102	2,022	837
Oregon	3,043	3,418	15,067	241	124	428	75	608	720
Washington	2,985	6,648	19,641	357	270	659	70	1,435	1,005

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

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 total payment per person served (beneficiary). Puerto Rico submitted a total recipient count only; data by type of service are not reported. Oklahoma submitted total recipients, eligibles and payments only; data by type of service are not reported.

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