

**Table 85**  
**Medicaid Medical Assistance Payments: Fiscal Years 1975-2000**

Fiscal Year <sup>1</sup>	Medical Assistance Payments CMS Form-64		HCFA-2082/MSIS Payments as a Percent of CMS Form-64	
	Total Expenditures <sup>2</sup>	2000 Inflation Adjusted Total Expenditures <sup>3</sup>		
			HCFA-2082/MSIS Payments	
			Payments	
Number in Thousands				
1975	\$12,086,166	\$57,484,419	\$12,142,000	100.5
1976	13,977,348	59,366,747	14,091,000	100.8
1977	16,354,599	63,380,039	16,239,000	99.3
1978	18,168,065	64,675,326	17,992,000	99.0
1979	20,736,011	68,055,425	20,472,000	98.7
1980	24,041,116	72,056,721	23,311,000	97.0
1981	28,485,289	76,371,061	27,204,000	95.5
1982	30,330,765	72,948,477	29,399,000	96.9
1983	33,298,880	73,778,975	32,391,000	97.3
1984	35,671,888	73,315,234	33,891,000	95.0
1985	39,413,219	76,717,114	37,508,000	95.2
1986	42,525,605	79,745,631	41,005,000	96.4
1987	46,956,072	84,784,740	45,050,000	95.9
1988	51,645,666	87,310,388	48,710,000	94.3
1989	58,645,953	91,477,306	54,500,000	92.9
1990	69,754,495	101,039,824	64,859,000	93.0
1991	88,377,773	120,316,346	76,964,000	87.1
1992	114,365,915	147,681,278	91,480,000	80.0
1993	126,573,138	155,689,239	101,708,889	80.4
1994	136,886,366	161,696,208	108,270,147	79.1
1995	151,707,290	172,368,335	120,140,904	79.2
1996	154,423,973	170,677,680	121,684,650	78.8
1997	160,538,571	172,973,678	123,551,014	77.0
1998	167,994,374	176,725,315	142,317,904	84.7
1999	180,456,639	184,247,796	153,479,358	85.1
2000	194,696,199	194,696,199	168,307,231	86.4

<sup>1</sup>Prior to 1977, the Federal fiscal year was July 1-June 30; beginning on October 1, 1977, the Federal fiscal year became October 1-September 30. The transition quarter (July 1-September 30, 1976) is omitted from this table.

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

<sup>3</sup>Dollar amounts adjusted using a personal consumption expenditure index for medical services.

NOTES: While the CMS-64 and HCFA-2082/MSIS 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 CMS-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 - CMS Form-64 (Quarterly Medicaid Statement of Expenditures for the Medical Assistance Program), CMS MSIS (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 2000**

Area of Residence	Total	Hospital <sup>1</sup>	Institutional Long-Term-Care <sup>2</sup>	Physicians and Other Practitioners <sup>3</sup>
All Jurisdictions	\$194,696,199,460	\$49,138,362,158	\$49,538,637,913	\$8,698,929,141
Boston: Region I	13,873,583,036	2,835,492,809	3,602,474,730	512,211,796
Connecticut	3,266,060,130	541,482,917	1,215,201,092	70,136,195
Maine	1,218,482,486	243,582,667	234,895,732	50,363,353
Massachusetts	6,839,094,345	1,461,066,340	1,602,221,713	298,334,511
New Hampshire	843,696,102	214,752,088	215,923,161	31,210,552
Rhode Island	1,184,652,269	298,914,902	253,996,189	22,064,905
Vermont	521,597,704	75,693,895	80,236,843	40,102,280
New York: Region II	36,307,788,484	11,055,388,520	10,488,447,206	680,347,918
New Jersey	6,065,966,175	1,936,339,230	2,026,926,828	74,662,722
New York	29,922,397,365	8,803,622,338	8,460,919,120	605,500,092
Puerto Rico	310,000,000	310,000,000	0	0
Virgin Islands	9,424,944	5,426,952	601,258	185,104
Philadelphia: Region III	18,901,405,662	3,350,487,859	6,311,609,285	476,360,648
Delaware	525,979,066	41,555,823	125,863,885	9,652,223
District of Columbia	796,947,507	274,432,578	210,627,449	12,115,232
Maryland	3,145,441,078	720,433,025	684,262,860	15,614,414
Pennsylvania	10,322,164,905	1,276,509,455	4,296,478,606	125,851,931
Virginia	2,719,574,169	713,595,751	672,321,654	163,788,018
West Virginia	1,391,298,937	323,961,227	322,054,831	149,338,830
Atlanta: Region IV	32,827,912,653	8,706,511,735	7,673,927,766	2,299,681,197
Alabama	2,700,848,933	762,482,789	728,229,295	114,931,455
Florida	7,599,295,189	1,750,243,714	1,871,796,459	494,334,751
Georgia	4,255,427,057	1,708,148,485	868,158,840	486,953,704
Kentucky	3,066,283,255	740,278,692	641,446,669	226,180,582
Mississippi	1,994,181,361	647,805,638	541,953,078	172,917,418
North Carolina	5,571,242,345	1,776,361,332	1,229,578,846	543,237,583
South Carolina	2,720,951,840	945,968,022	530,209,474	235,559,385
Tennessee	4,919,682,673	375,223,063	1,262,555,105	25,566,319

See footnotes at end of table.

**Table 86—Continued**  
**Medicaid Expenditures, by Provider Type and Area of Residence: Fiscal Year 2000**

Prescription Drug	Prescription Drug Rebate	Other				Miscellaneous <sup>7</sup>
		Acute Care <sup>4</sup>	Home and Community <sup>5</sup>	Health Insurance <sup>6</sup>		
\$20,574,611,849	-\$3,949,043,407	\$23,746,413,311	\$18,387,403,360	\$34,393,252,847	\$10,793,200,730	
1,392,547,154	-278,870,019	1,510,474,780	1,860,130,311	2,367,681,320	1,185,117,290	
265,851,272	-49,164,014	250,227,366	560,906,270	541,813,327	86,292,963	
170,901,428	-31,598,262	206,910,315	155,272,608	48,482,094	278,975,717	
700,807,603	-147,851,332	727,319,192	745,490,932	1,522,413,816	482,247,841	
81,721,512	-15,073,211	175,766,666	142,483,827	12,429,702	51,130,106	
89,535,122	-19,223,034	74,141,758	163,323,373	172,447,928	199,763,214	
83,730,217	-15,960,166	76,109,483	92,653,301	70,094,453	86,707,449	
3,131,537,591	-575,480,633	4,501,277,122	4,936,469,767	2,405,287,760	2,240,570,191	
597,158,692	-105,162,641	645,531,512	492,823,522	722,130,194	167,552,167	
2,532,023,315	-470,317,992	3,853,236,864	4,443,646,245	1,682,952,908	2,072,519,798	
0	0	0	0	0	0	
2,355,584	0	2,508,746	0	204,658	498,226	
1,518,965,280	-306,322,317	1,834,240,988	1,515,891,171	4,744,444,004	668,371,707	
66,226,440	-13,780,359	88,501,510	50,073,821	178,475,917	31,855,887	
49,890,764	-9,215,651	103,398,660	14,219,747	159,516,610	22,637,231	
206,322,510	-42,082,087	300,304,602	258,982,914	963,633,897	202,209,366	
594,220,851	-118,989,849	735,042,391	760,136,607	2,949,514,527	178,631,388	
387,082,662	-75,492,222	384,473,348	264,945,437	411,095,362	109,354,599	
215,222,053	-46,762,149	222,520,477	167,532,645	82,207,691	123,683,236	
4,531,834,295	-810,859,887	4,856,893,917	2,156,059,685	5,310,537,538	1,824,300,815	
329,398,628	-60,984,826	402,037,401	166,854,411	430,972,382	95,341,200	
1,359,073,656	-248,637,014	1,233,894,369	474,802,944	1,127,562,128	646,660,824	
578,232,301	-91,886,605	612,455,171	207,748,188	137,936,061	234,026,608	
463,275,891	-93,688,165	458,667,586	233,033,235	559,429,809	207,246,682	
368,769,294	-61,260,326	419,310,211	30,986,207	81,003,895	100,204,914	
803,648,718	-140,047,825	979,109,749	644,048,385	214,764,333	184,142,117	
350,270,353	-73,052,676	508,360,870	207,758,519	78,867,770	214,227,800	
279,165,454	-41,302,450	243,058,560	190,827,796	2,680,001,160	142,450,670	

**Table 86—Continued**  
**Medicaid Expenditures, by Provider Type and Area of Residence: Fiscal Year 2000**

Area of Residence	Total	Hospital <sup>1</sup>	Institutional Long-Term-Care <sup>2</sup>	Physicians and Other Practitioners <sup>3</sup>
Chicago: Region V	\$32,249,317,685	\$8,842,657,406	\$9,777,299,331	\$1,539,820,497
Illinois	7,738,448,957	3,202,513,532	2,164,529,557	340,599,560
Indiana	3,489,915,490	1,306,230,831	1,028,472,141	271,732,701
Michigan	6,761,546,424	1,487,380,759	1,637,234,719	135,022,906
Minnesota	3,372,183,708	326,503,779	1,057,568,671	155,270,595
Ohio	7,582,352,606	2,167,792,461	2,738,021,487	535,617,234
Wisconsin	3,304,870,500	352,236,044	1,151,472,756	101,577,501
Dallas: Region VI	18,636,169,728	3,561,676,502	4,066,568,153	663,093,290
Arkansas	1,578,907,318	304,205,013	424,809,144	170,677,154
Louisiana	3,565,342,405	1,587,991,043	862,691,102	232,021,158
New Mexico	1,220,314,472	180,907,690	192,115,581	59,516,159
Oklahoma	1,648,813,029	242,765,899	415,416,777	49,846,937
Texas	10,622,792,504	1,245,806,857	2,171,535,549	151,031,882
Kansas City: Region VII	8,176,596,884	1,958,876,995	2,399,615,763	289,186,356
Iowa	1,708,620,280	288,700,709	696,711,905	73,873,009
Kansas	1,417,995,916	258,922,020	415,740,846	59,072,346
Missouri	3,986,556,529	1,274,200,775	889,882,747	80,322,259
Nebraska	1,063,424,159	137,053,491	397,280,265	75,918,742
Denver: Region VIII	4,293,281,727	829,108,836	1,096,741,960	249,084,602
Colorado	1,962,593,173	434,040,742	381,586,060	92,333,699
Montana	449,214,056	78,108,198	151,911,201	39,808,452
North Dakota	432,996,507	56,585,458	229,920,003	26,611,699
South Dakota	404,409,215	92,642,929	121,333,840	29,941,206
Utah	822,361,200	127,464,325	147,386,153	38,926,557
Wyoming	221,707,576	40,267,184	64,604,703	21,462,989

See footnotes at end of table.

**Table 86—Continued**  
**Medicaid Expenditures, by Provider Type and Area of Residence: Fiscal Year 2000**

Prescription Drug	Prescription Drug Rebate	Other				Miscellaneous <sup>7</sup>
		Acute Care <sup>4</sup>	Home and Community <sup>5</sup>	Health Insurance <sup>6</sup>		
\$3,159,972,939	-\$554,141,419	\$3,440,272,639	\$2,714,050,332	\$4,558,189,479	\$1,377,028,001	
844,890,400	-143,590,170	897,854,454	293,309,688	325,568,069	514,074,097	
462,862,435	-84,453,135	439,050,096	155,978,651	191,459,549	96,991,521	
393,457,271	-75,687,945	494,215,748	572,490,192	2,332,709,394	102,492,706	
231,735,301	-43,228,324	208,001,521	655,880,515	725,651,723	243,306,904	
879,388,629	-171,754,249	988,465,188	474,082,628	443,047,430	235,326,178	
347,638,903	-35,427,596	412,685,632	562,308,658	539,753,314	184,836,595	
2,052,645,252	-394,020,628	2,051,678,814	1,662,169,793	5,398,765,291	1,232,217,885	
205,650,003	-40,814,931	318,708,948	156,780,194	60,048,834	143,678,031	
509,957,945	-84,853,901	557,897,455	134,561,854	83,860,119	106,319,674	
48,486,325	-8,901,456	65,518,595	139,010,812	542,825,208	40,420,427	
166,418,001	-37,135,809	142,889,043	219,765,412	452,156,270	125,972,691	
1,122,132,978	-222,314,531	966,664,773	1,012,051,521	4,259,874,860	815,827,062	
1,107,623,035	-208,092,798	1,152,529,190	978,148,785	998,032,639	400,207,156	
199,673,343	-36,040,216	183,910,211	152,761,277	219,446,868	93,216,301	
168,451,319	-31,022,023	162,312,392	304,698,588	72,385,293	144,864,431	
596,348,623	-110,025,619	667,529,140	397,155,813	553,084,061	124,381,734	
143,149,750	-31,004,940	138,777,447	123,533,107	153,116,417	37,744,690	
415,526,797	-80,131,686	598,996,311	675,216,859	672,587,701	171,545,458	
143,911,124	-28,832,989	199,648,809	360,685,381	429,536,765	64,761,717	
60,174,213	-10,985,923	54,519,784	71,273,533	19,662,685	33,930,203	
39,008,244	-6,503,601	46,360,116	48,149,670	4,942,090	20,427,471	
44,180,275	-7,198,848	69,486,523	57,606,336	15,794,736	17,603,645	
100,778,655	-21,889,639	193,588,770	84,783,208	198,716,788	31,495,399	
27,474,286	-4,720,686	35,392,309	52,718,731	3,934,637	3,327,023	

**Table 86—Continued**  
**Medicaid Expenditures, by Provider Type and Area of Residence: Fiscal Year 2000**

Area of Residence	Total	Hospital <sup>1</sup>	Institutional Long-Term-Care <sup>2</sup>	Physicians and Other Practitioners <sup>3</sup>
San Francisco: Region IX	\$22,221,092,530	\$6,645,386,449	\$2,883,778,506	\$1,462,608,585
American Samoa	9,838,158	0	0	0
Arizona	2,211,324,849	225,459,879	15,503,428	14,074,183
California	18,721,537,018	6,125,560,383	2,596,635,388	1,363,021,558
Guam	11,487,727	245,093	0	282,468
Hawaii	642,677,568	83,166,431	157,079,784	27,620,189
Nevada	615,328,216	210,100,312	114,559,906	57,610,105
Northern Mariana Islands	8,898,994	854,351	0	82
Seattle: Region X	7,209,051,071	1,352,775,047	1,238,175,213	526,534,252
Alaska	476,873,162	155,666,285	60,094,531	56,405,072
Idaho	586,028,499	115,383,767	164,947,200	58,558,981
Oregon	2,144,112,767	256,837,892	264,821,955	68,903,835
Washington	4,002,036,643	824,887,103	748,311,527	342,666,364

<sup>1</sup>Includes inpatient, inpatient disproportionate share, mental health, mental health disproportionate share, and outpatient.

<sup>2</sup>Includes nursing facility, intermediate care facility for the mentally retarded, public and private.

<sup>3</sup>Includes physician, dental, and other practitioners.

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

<sup>5</sup>Includes personal care, home health, and home and community-based waiver services.

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

<sup>7</sup>Includes sterilization, abortion, hospice, targeted case management, and all others.

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

**Table 86—Continued**  
**Medicaid Expenditures, by Provider Type and Area of Residence: Fiscal Year 2000**

Prescription Drug	Prescription Drug Rebate	Other Acute Care <sup>4</sup>	Home and Community <sup>5</sup>	Health Insurance <sup>6</sup>	Miscellaneous <sup>7</sup>
\$2,571,239,464	-\$616,707,220	\$2,834,542,735	\$731,095,882	\$6,395,849,136	\$1,267,831,237
0	0	0	0	0	9,838,158
1,609,621	0	28,244,606	2,543,040	1,824,242,914	101,256,799
2,456,902,903	-600,895,709	2,687,728,022	659,882,110	4,223,382,717	1,065,326,840
118,686	0	279,191	4,076	31,833	10,645,066
60,508,216	-10,947,632	61,337,626	37,306,485	257,051,957	19,115,096
50,370,056	-4,863,879	54,613,014	31,360,171	90,995,217	56,089,491
1,729,982	0	2,340,276	0	144,498	5,559,787
692,720,042	-124,416,800	965,506,815	1,158,170,775	1,541,877,979	426,010,990
47,548,477	-8,594,014	106,347,996	60,091,523	7,617,888	30,649,867
82,041,976	-13,984,004	104,845,321	57,853,111	12,120,560	72,319,559
168,346,947	-32,056,386	149,550,299	430,299,161	799,426,520	174,273,105
394,782,642	-69,782,396	604,763,199	609,926,980	722,713,011	148,768,459

Table 87

## Medicaid Expenditures, Eligibles, and Average Expenditure per Eligible, by Area of

Residence: Fiscal Year 2000

Area of Residence	Expenditures <sup>1</sup>		Eligibles <sup>2</sup>		Average Expenditure per Eligible
	Total	Percent	Total	Percent	
All Jurisdictions	\$194,696,199,460	100.0	44,297,288	100.0	\$4,387 <sup>3</sup>
Boston: Region I	13,873,583,036	7.1	2,175,620	4.9	6,377
Connecticut	3,266,060,130	1.7	417,682	0.9	7,819
Maine	1,218,482,486	0.6	214,093	0.5	5,691
Massachusetts	6,839,094,345	3.5	1,103,724	2.5	6,196
New Hampshire	843,696,102	0.4	110,155	0.2	7,659
Rhode Island	1,184,652,269	0.6	182,149	0.4	6,504
Vermont	521,597,704	0.3	147,817	0.3	3,529
New York: Region II	36,307,788,484	18.6	4,257,193	9.6	8,529 <sup>4</sup>
New Jersey	6,065,966,175	3.1	855,745	1.9	7,089
New York	29,922,397,365	15.4	3,401,448	7.7	8,797
Puerto Rico	310,000,000	0.2	(8)	---	---
Virgin Islands	9,424,944	(7)	(8)	---	---
Philadelphia: Region III	18,901,405,662	9.7	3,800,326	8.6	4,974
Delaware	525,979,066	0.3	124,327	0.3	4,231
District of Columbia	796,947,507	0.4	150,802	0.3	5,285
Maryland	3,145,441,078	1.6	721,762	1.6	4,358
Pennsylvania	10,322,164,905	5.3	1,767,817	4.0	5,839
Virginia	2,719,574,169	1.4	681,292	1.5	3,992
West Virginia	1,391,298,937	0.7	354,326	0.8	3,927
Atlanta: Region IV	32,827,912,653	16.9	9,001,127	20.3	3,647
Alabama	2,700,848,933	1.4	665,767	1.5	4,057
Florida	7,599,295,189	3.9	2,237,610	5.1	3,396
Georgia	4,255,427,057	2.2	1,238,794	2.8	3,435
Kentucky	3,066,283,255	1.6	724,478	1.6	4,232
Mississippi	1,994,181,361	1.0	595,824	1.3	3,347
North Carolina	5,571,242,345	2.9	1,228,105	2.8	4,536
South Carolina	2,720,951,840	1.4	775,428	1.8	3,509
Tennessee	4,919,682,673	2.5	1,535,121	3.5	3,205
Chicago: Region V	32,249,317,685	16.6	6,489,347	14.6	4,970
Illinois	7,738,448,957	4.0	1,736,185	3.9	4,457
Indiana	3,489,915,490	1.8	756,195	1.7	4,615
Michigan	6,761,546,424	3.5	1,360,726	3.1	4,969
Minnesota	3,372,183,708	1.7	596,726	1.3	5,651
Ohio	7,582,352,606	3.9	1,420,386	3.2	5,338
Wisconsin	3,304,870,500	1.7	619,129	1.4	5,338

See footnotes at end of table.

Table 87—Continued

## Medicaid Expenditures, Eligibles, and Average Expenditure per Eligible, by Area of

Residence: Fiscal Year 2000

Area of Residence	Expenditures <sup>1</sup>		Eligibles <sup>2</sup>		Average Expenditure per Eligible
	Total	Percent	Total	Percent	
Dallas: Region VI	\$18,636,169,728	9.6	5,021,802	11.3	\$3,711
Arkansas	1,578,907,318	0.8	504,297	1.1	3,131
Louisiana	3,565,342,405	1.8	827,413	1.9	4,309
New Mexico	1,220,314,472	0.6	398,498	0.9	3,062
Oklahoma	1,648,813,029	0.8	584,620	1.3	2,820
Texas	10,622,792,504	5.5	2,706,974	6.1	3,924
Kansas City: Region VII	8,176,596,884	4.2	1,813,719	4.1	4,508
Iowa	1,708,620,280	0.9	316,425	0.7	5,400
Kansas	1,417,995,916	0.7	267,812	0.6	5,295
Missouri	3,986,556,529	2.0	991,428	2.2	4,021
Nebraska	1,063,424,159	0.5	238,054	0.5	4,467
Denver: Region VIII	4,293,281,727	2.2	892,002	2.0	4,813
Colorado	1,962,593,173	1.0	377,670	0.9	5,197
Montana	449,214,056	0.2	97,136	0.2	4,625
North Dakota	432,996,507	0.2	62,235	0.1	6,957
South Dakota	404,409,215	0.2	98,740	0.2	4,096
Utah	822,361,200	0.4	203,751	0.5	4,036
Wyoming	221,707,576	0.1	52,470	0.1	4,225
San Francisco: Region IX	22,221,092,530	11.4	9,108,306	20.6	2,436 <sup>5</sup>
American Samoa	9,838,158	(7)	(8)	---	---
Arizona	2,211,324,849	1.1	683,224	1.5	3,237
California	18,721,537,018	9.6	8,063,644	18.2	2,322
Guam	11,487,727	(7)	(8)	---	---
Hawaii	642,677,568	0.3	202,912 <sup>6</sup>	0.5	3,167
Nevada	615,328,216	0.3	158,526	0.4	3,882
Northern Mariana Islands	8,898,994	(7)	(8)	---	---
Seattle: Region X	7,209,051,071	3.7	1,737,846	3.9	4,148
Alaska	476,873,162	0.2	109,457	0.2	4,357
Idaho	586,028,499	0.3	150,817	0.3	3,886
Oregon	2,144,112,767	1.1	560,734	1.3	3,824
Washington	4,002,036,643	2.1	916,838	2.1	4,365

<sup>1</sup>Medicaid expenditures for regular Medicaid from the CMS 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.

<sup>2</sup>Eligibles 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). See Glossary.

<sup>3</sup>Excludes expenditures for Puerto Rico, Virgin Islands, American Samoa, Guam, and Northern Mariana Islands.

<sup>4</sup>Excludes expenditures for Puerto Rico and Virgin Islands.

<sup>5</sup>Excludes expenditures for American Samoa, Guam, and Northern Mariana Islands.

<sup>6</sup>Last reported number of eligibles is for fiscal year 1999.

<sup>7</sup>Less than 0.05 percent.

<sup>8</sup>Jurisdiction did not report eligibles.

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

**Table 88**  
**Number of Medicaid Persons Served (Beneficiaries), by Eligibility Group:**  
**Fiscal Years 1975-2000**

Year	Total	Children <sup>1</sup>	Number in Thousands			Disabled	Other/
			Adult	Aged			Unknown
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	
2000	42,763	19,723	8,750	3,731	6,889	3,671	

See footnotes at end of table.

**Table 88—Continued**  
**Number of Medicaid Persons Served (Beneficiaries), by Eligibility Group:**  
**Fiscal Years 1975-2000**

Year	Total	Children <sup>1</sup>	Percent Distribution				Other/ Unknown
			Adult	Aged	Disabled		
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	
2000	100.0	46.1	20.5	8.7	16.1	8.6	

<sup>1</sup>Includes 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: Statistical Report on Medical Care: Eligibles, Recipients, Payments, and Services (HCFA-2082) and the Medicaid Statistical Information System (MSIS); data development by the Office of Research, Development, and Information.

Table 89

## Medicaid Persons Served (Beneficiaries), All Eligibility Groups, by Selected Type of Service: Fiscal Years 1975-2000

Year	Total <sup>1</sup>	Inpatient		Nursing		Outpatient	Home	Prescribed
		Hospital	ICF/MR	Facility <sup>2</sup>	Physician	Hospital	Health <sup>3</sup>	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
2000	42,763	4,933	118	1,703	19,104	13,226	995	20,517

See footnotes at end of table.

Table 89—Continued

Medicaid Persons Served (Beneficiaries), All Eligibility Groups, by Selected Type of Service: Fiscal Years 1975-2000

Year	Total <sup>1</sup>	Inpatient		Nursing		Outpatient	Home	Prescribed
		Hospital	ICF/MR	Facility <sup>2</sup>	Physician	Hospital	Health <sup>3</sup>	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
2000	100.0	11.5	0.3	4.0	44.7	30.9	2.3	48.0

<sup>1</sup>The 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.

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

<sup>3</sup>Trends 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: Statistical Report on Medical Care: Eligibles, Recipients, Payments, and Services (HCFA-2082) and the Medicaid Statistical Information System (MSIS); data development by the Office of Research, Development, and Information.

Table 90

Medicaid Persons Served (Beneficiaries), Children, by Selected Type of Service: Fiscal Years 1975-2000

Year	Total <sup>1</sup>	Inpatient		Nursing		Outpatient		Home	Prescribed
		Hospital	ICF/MR	Facility <sup>2</sup>	Physician	Hospital	Health <sup>3</sup>	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	
2000	19,723	1,274	1	1	7,848	4,923	190	8,316	

See footnotes at end of table.

Table 90—Continued

## Medicaid Persons Served (Beneficiaries), Children, by Selected Type of Service: Fiscal Years 1975-2000

Year	Total <sup>1</sup>	Inpatient		Nursing		Outpatient	Home	Prescribed
		Hospital	ICF/MR	Facility <sup>2</sup>	Physician	Hospital	Health <sup>3</sup>	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
2000	100.0	6.5	(5)	(5)	39.8	25.0	1.0	42.2

<sup>1</sup>The 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.

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

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.

<sup>3</sup>Trends 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).

<sup>4</sup>Less than 500 users.

<sup>5</sup>Less 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: Statistical Report on Medical Care: Eligibles, Recipients, Payments, and Services (HCFA-2082) and the Medicaid Statistical Information System (MSIS); data development by the Office of Research, Development, and Information.

**Table 91**

**Medicaid Persons Served (Beneficiaries), Adults, by Selected Type of Service: Fiscal Years 1975-2000**

Year	Total <sup>1</sup>	Inpatient		Nursing		Outpatient	Home	Prescribed
		Hospital	ICF/MR	Facility <sup>2</sup>	Physician	Hospital	Health <sup>3</sup>	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
2000	8,750	1,268	(4)	3	3,580	2,793	101	3,962

See footnotes at end of table.

Table 91—Continued

Medicaid Persons Served (Beneficiaries), Adults, by Selected Type of Service: Fiscal Years 1975-2000

Year	Total <sup>1</sup>	Inpatient		Nursing		Outpatient	Home	Prescribed
		Hospital	ICF/MR	Facility <sup>2</sup>	Physician	Hospital	Health <sup>3</sup>	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
2000	100.0	14.5	(5)	(5)	40.9	31.9	1.2	45.3

<sup>1</sup>The 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.

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

<sup>3</sup>Trends 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).

<sup>4</sup>Less than 500 users.

<sup>5</sup>Less 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: Statistical Report on Medical Care: Eligibles, Recipients, Payments, and Services (HCFA-2082) and the Medicaid Statistical Information System (MSIS); data development by the Office of Research, Development, and Information.

Table 92

## Medicaid Persons Served (Beneficiaries), Aged, by Selected Type of Service: Fiscal Years 1975-2000

Year	Total <sup>1</sup>	Inpatient		Nursing		Outpatient	Home	Prescribed
		Hospital	ICF/MR	Facility <sup>2</sup>	Physician	Hospital	Health <sup>3</sup>	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
2000	3,731	708	9	1,204	2,364	1,324	229	2,890

See footnotes at end of table.

Table 92—Continued

Medicaid Persons Served (Beneficiaries), Aged, by Selected Type of Service: Fiscal Years 1975-2000

Year	Total <sup>1</sup>	Inpatient		Nursing		Outpatient	Home	Prescribed
		Hospital	ICF/MR	Facility <sup>2</sup>	Physician	Hospital	Health <sup>3</sup>	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
2000	100.0	19.0	0.2	32.3	63.4	35.5	6.1	77.5

<sup>1</sup>The 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.

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

<sup>3</sup>Trends 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: Statistical Report on Medical Care: Eligibles, Recipients, Payments, and Services (HCFA-2082) and the Medicaid Statistical Information System (MSIS); data development by the Office of Research, Development, and Information.

Table 93

## Medicaid Persons Served (Beneficiaries), Disabled, by Selected Type of Service: Fiscal Years 1975-2000

Year	Total <sup>1</sup>	Inpatient		Nursing		Outpatient	Home	Prescribed
		Hospital	ICF/MR	Facility <sup>2</sup>	Physician	Hospital	Health <sup>3</sup>	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
2000	6,889	1,228	107	262	4,335	3,426	430	5,009

See footnotes at end of table.

Table 93—Continued

Medicaid Persons Served (Beneficiaries), Disabled, by Selected Type of Service: Fiscal Years 1975-2000

Year	Total <sup>1</sup>	Inpatient	ICF/MR	Nursing	Physician	Outpatient	Home	Prescribed
		Hospital		Facility <sup>2</sup>		Hospital	Health <sup>3</sup>	
Percent of Unduplicated Total Using Selected Service								
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
2000	100.0	17.8	1.6	3.8	62.9	49.7	6.2	72.7

<sup>1</sup>The 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.

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

<sup>3</sup>Trends 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: Statistical Report on Medical Care: Eligibles, Recipients, Payments, and Services (HCFA-2082) and the Medicaid Statistical Information System (MSIS); data development by the Office of Research, Development, and Information.

**Table 94**  
**Medicaid Payments, by Eligibility Group: Fiscal Years 1975-2000**

Year	Total <sup>1</sup>	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
2000	168,307	26,775	17,763	44,503	72,742

See footnotes at end of table

**Table 94—Continued**  
**Medicaid Payments, by Eligibility Group: Fiscal Years 1975-2000**

Year	Total <sup>1</sup>	Children	Adults	Aged	Disabled
Amount in Millions (Constant 2000 Dollars)					
1975	\$58,226	\$10,397	\$9,807	\$20,728	\$14,958
1976	59,849	10,325	9,718	20,854	16,650
1977	62,932	10,115	10,099	21,311	18,923
1978	64,049	9,782	9,515	22,455	20,006
1979	67,189	9,465	9,915	23,125	22,587
1980	69,868	9,360	9,684	26,193	22,842
1981	72,936	9,405	10,089	26,612	25,350
1982	70,708	8,353	9,844	25,828	25,025
1983	71,767	8,499	9,942	26,486	25,185
1984	69,655	8,178	9,084	26,338	24,616
1985	73,009	8,592	9,238	27,438	26,184
1986	76,894	9,629	9,151	28,310	27,965
1987	81,343	9,945	10,097	28,957	30,365
1988	82,347	9,886	9,946	28,968	31,434
1989	85,010	10,750	10,758	28,947	32,577
1990	93,949	13,181	12,443	31,154	35,349
1991	104,778	15,792	14,187	34,639	38,461
1992	118,129	19,057	16,016	37,563	43,910
1993	125,105	20,300	16,735	38,812	47,547
1994	127,893	20,438	16,047	39,711	49,964
1995	136,503	20,424	15,351	41,502	56,148
1996	134,493	19,391	13,567	40,836	57,545
1997	134,068	18,903	13,260	40,643	58,323
1998	149,653	24,086	15,638	42,711	63,512
1999	156,703	24,658	16,133	43,415	67,233
2000	168,307	26,775	17,763	44,503	72,742

<sup>1</sup>Includes 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 2000 dollars.

SOURCES: Centers for Medicare & Medicaid Services, Center for Medicaid and State Operations: Statistical Report on Medical Care: Eligibles, Recipients, Payments, and Services (HCFA-2082), Medicaid Statistical Information System (MSIS), and personal health care consumption indices from the U.S. Department of Commerce; data development by the Office of Research, Development, and Information.

Table 95

Medicaid Payments per Person Served (Beneficiary), by Eligibility Group: Fiscal Years 1975-2000

Year	Total <sup>1</sup>	Children	Adults	Aged	Disabled
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
2000	3,936	1,358	2,030	11,929	10,559

See footnote at end of table.

Table 95—Continued

## Medicaid Payments per Person Served (Beneficiary), by Eligibility Group: Fiscal Years 1975-2000

Year	Total <sup>1</sup>	Children	Adults (Inflated to Calendar Year 2000 Dollars)	Aged	Disabled
1975	\$2,644	\$1,084	\$2,164	\$5,731	\$6,069
1976	2,625	1,041	2,034	5,772	6,239
1977	2,755	1,046	2,112	5,860	6,755
1978	2,916	1,043	2,050	6,653	7,362
1979	3,121	1,040	2,169	6,872	8,205
1980	3,234	1,004	1,987	7,613	7,850
1981	3,319	981	1,944	7,904	8,234
1982	3,273	873	1,837	7,973	8,658
1983	3,330	891	1,777	7,855	8,621
1984	3,225	845	1,622	8,133	8,451
1985	3,346	880	1,674	8,964	8,679
1986	3,415	960	1,620	9,016	8,789
1987	3,519	979	1,804	8,983	8,981
1988	3,594	986	1,807	9,171	9,014
1989	3,616	1,042	1,881	9,244	9,073
1990	3,720	1,175	2,070	9,730	9,508
1991	3,747	1,228	2,117	10,370	9,537
1992	3,793	1,254	2,275	10,019	9,786
1993	3,742	1,246	2,230	10,047	9,479
1994	3,649	1,188	2,116	9,842	9,155
1995	3,762	1,190	2,019	10,076	9,584
1996	3,724	1,158	1,903	9,529	9,250
1997	3,845	1,197	1,949	10,277	9,516
1998	3,732	1,270	1,981	10,776	9,569
1999	3,900	1,309	2,148	11,505	10,038
2000	3,936	1,358	2,030	11,929	10,559

<sup>1</sup>Includes 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 2000 dollars.

SOURCES: Centers for Medicare & Medicaid Services, Center for Medicaid and State Operations: Statistical Report on Medical Care: Eligibles, Recipients, Payments, and Services (HCFA-2082), Medicaid Statistical Information System (MSIS), and person health care consumption indices from the U.S. Department of Commerce; 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 1975-2000

Year	Total <sup>1</sup>	Inpatient		Nursing		Outpatient		Home	Prescribed
		Hospital	ICF/MR	Facility <sup>2</sup>	Physician	Hospital	Health <sup>3</sup>	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	
2000	3,936	4,919	79,330	20,220	356	533	3,135	975	

See footnotes at end of table.

Table 96—Continued

## Medicaid Payments per Person Served (Beneficiary), All Eligibility Groups, by Type of Service: Fiscal Years 1975-2000

Year	Total <sup>1</sup>	Inpatient		Nursing	Physician	Outpatient	Home	Prescribed	
		Hospital	ICF/MR	Facility <sup>2</sup>		Hospital	Health <sup>3</sup>	Drugs	
				(Inflated to Calendar Year 2000 Dollars)					
1975	\$2,644	\$4,675	\$26,340	\$15,657	\$385	\$238	\$970	\$276	
1976	2,625	4,672	30,305	14,619	374	276	1,784	268	
1977	2,755	4,693	33,057	14,800	364	395	1,880	256	
1978	2,916	4,699	40,888	16,080	352	345	1,986	253	
1979	3,121	5,146	42,738	17,060	354	361	2,409	276	
1980	3,234	5,221	49,271	16,946	408	339	2,536	288	
1981	3,319	5,209	53,117	16,692	391	378	2,855	290	
1982	3,273	5,224	56,068	17,086	361	351	3,158	284	
1983	3,330	5,282	59,836	16,212	343	346	3,137	286	
1984	3,225	5,245	62,007	16,128	321	337	3,634	290	
1985	3,346	5,359	62,751	16,403	317	346	4,072	323	
1986	3,415	5,483	65,800	16,665	321	347	4,272	343	
1987	3,519	5,417	67,693	16,832	327	367	5,014	358	
1988	3,594	5,327	70,011	16,703	326	387	5,988	363	
1989	3,616	5,071	70,190	16,684	338	390	6,590	362	
1990	3,720	5,258	72,495	17,539	341	389	6,856	370	
1991	3,747	5,390	71,869	18,914	352	415	6,902	377	
1992	3,793	5,283	73,134	19,330	364	451	6,817	398	
1993	3,742	5,370	72,764	19,432	360	465	6,458	410	
1994	3,649	5,272	62,012	19,527	350	452	6,433	429	
1995	3,762	5,380	77,957	19,797	351	451	6,522	469	
1996	3,724	5,190	75,414	20,546	350	452	6,955	524	
1997	3,845	5,254	77,613	20,503	358	488	7,084	616	
1998	3,732	5,282	78,856	20,386	344	498	2,320	736	
1999	3,900	5,047	78,049	21,000	364	501	3,646	854	
2000	3,936	4,919	79,330	20,220	356	533	3,135	975	

<sup>1</sup>The 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.

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

<sup>3</sup>Trend 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 2000 dollars. ICF/MR is intermediate care facility for the mentally retarded.

SOURCES: Centers for Medicare & Medicaid Services, Center for Medicaid and State Operations: Statistical Report on Medical Care: Eligibles, Recipients, Payments, and Services (HCFA-2082), Medicaid Statistical Information System (MSIS), and personal health care consumption indices from the U.S. Department of Commerce; 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 1975-2000**

Year	Total <sup>1</sup>	Inpatient		Nursing		Outpatient		Home	Prescribed
		Hospital	ICF/MR	Facility	Physician	Hospital	Health <sup>3</sup>	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	
2000	1,358	3,844	(2)	(2)	246	291	788	188	

See footnotes at end of table.

Table 97—Continued

## Medicaid Payments per Person Served (Beneficiary), Children, by Type of Service: Fiscal Years 1975-2000

Year	Total <sup>1</sup>	Inpatient		Nursing		Outpatient	Home	Prescribed
		Hospital	ICF/MR	Facility	Physician	Hospital	Health <sup>3</sup>	Drugs
				(Inflated to Calendar Year 2000 Dollars)				
1975	\$1,084	\$4,257	(2)	(2)	\$285	\$190	\$680	\$109
1976	1,041	4,277	(2)	(2)	272	229	981	89
1977	1,046	4,371	(2)	(2)	256	333	1,089	81
1978	1,043	4,386	(2)	(2)	249	295	598	78
1979	1,040	4,637	(2)	(2)	240	289	591	82
1980	1,004	4,523	(2)	(2)	261	270	315	84
1981	981	4,480	(2)	(2)	241	308	252	78
1982	873	4,421	(2)	(2)	224	279	315	75
1983	891	4,451	(2)	(2)	215	279	556	73
1984	845	4,493	(2)	(2)	208	263	584	74
1985	880	4,568	(2)	(2)	202	263	660	76
1986	960	4,896	(2)	(2)	197	278	647	94
1987	979	4,568	(2)	(2)	213	262	673	85
1988	986	4,583	(2)	(2)	213	264	847	83
1989	1,042	4,483	(2)	(2)	215	265	997	83
1990	1,175	4,762	(2)	(2)	224	277	1,066	89
1991	1,228	4,973	(2)	(2)	232	295	1,236	93
1992	1,254	4,274	(2)	(2)	241	314	1,250	103
1993	1,246	4,486	(2)	(2)	240	310	1,269	108
1994	1,188	4,238	(2)	(2)	233	298	1,193	112
1995	1,190	4,339	(2)	(2)	227	286	1,805	118
1996	1,158	4,009	(2)	(2)	227	272	2,050	124
1997	1,197	4,403	(2)	(2)	221	278	1,863	130
1998	1,270	4,506	(2)	(2)	220	273	741	146
1999	1,309	3,985	(2)	(2)	250	281	1,087	165
2000	1,358	3,844	(2)	(2)	246	291	788	188

<sup>1</sup>The 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.

<sup>2</sup>Average 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.

<sup>3</sup>Trend 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 2000 dollars. ICF/MR is intermediate care facility for the mentally retarded.

SOURCES: Centers for Medicare & Medicaid Services, Center for Medicaid and State Operations: Statistical Report on Medical Care: Eligibles, Recipients, Payments, and Services (HCFA-2082), Medicaid Statistical Information System (MSIS), and personal health care consumption indices from the U.S. Department of Commerce; 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 1975-2000**

Year	Total <sup>1</sup>	Inpatient		Nursing		Outpatient		Home	Prescribed
		Hospital	ICF/MR	Facility	Physician	Hospital	Health <sup>3</sup>	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	
2000	2,030	3,759	(2)	(2)	474	516	641	364	

See footnotes at end of table.

Table 98—Continued

## Medicaid Payments per Person Served (Beneficiary), Adults, by Type of Service: Fiscal Years 1975-2000

Year	Total <sup>1</sup>	Inpatient		Nursing		Outpatient	Home	Prescribed	
		Hospital	ICF/MR	Facility	Physician	Hospital	Health <sup>3</sup>	Drugs	
				(Inflated to Calendar Year 2000 Dollars)					
1975	\$2,164	\$5,160	(2)	(2)	\$552	\$271	\$576	\$243	
1976	2,034	5,105	(2)	(2)	531	314	1,206	195	
1977	2,112	5,046	(2)	(2)	512	457	1,225	194	
1978	2,050	4,998	(2)	(2)	498	402	1,627	185	
1979	2,169	5,382	(2)	(2)	499	417	2,511	200	
1980	1,987	5,014	(2)	(2)	548	378	755	198	
1981	1,944	4,914	(2)	(2)	517	421	812	185	
1982	1,837	4,921	(2)	(2)	474	390	847	178	
1983	1,777	4,755	(2)	(2)	439	377	891	173	
1984	1,622	4,581	(2)	(2)	405	354	845	171	
1985	1,674	4,582	(2)	(2)	415	356	940	187	
1986	1,620	4,195	(2)	(2)	444	328	812	191	
1987	1,804	4,491	(2)	(2)	451	374	829	211	
1988	1,807	4,297	(2)	(2)	460	392	964	206	
1989	1,881	4,027	(2)	(2)	476	388	970	201	
1990	2,070	4,185	(2)	(2)	505	404	1,027	204	
1991	2,116	4,100	(2)	(2)	530	434	775	201	
1992	2,275	4,193	(2)	(2)	538	487	1,019	208	
1993	2,230	4,174	(2)	(2)	520	498	941	209	
1994	2,116	4,075	(2)	(2)	496	477	748	211	
1995	2,019	3,932	(2)	(2)	482	458	645	215	
1996	1,903	3,820	(2)	(2)	474	440	597	218	
1997	1,949	3,937	(2)	(2)	526	458	640	244	
1998	1,981	3,894	(2)	(2)	481	465	535	275	
1999	2,148	3,888	(2)	(2)	519	499	733	342	
2000	2,030	3,759	(2)	(2)	474	516	641	364	

<sup>1</sup>The 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.

<sup>2</sup>Average 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.

<sup>3</sup>Trend 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 2000 dollars. ICF/MR is intermediate care facility for the mentally retarded.

SOURCES: Centers for Medicare & Medicaid Services, Center for Medicaid and State Operations: Statistical Report on Medical Care: Eligibles, Recipients, Payments, and Services (HCFA-2082), Medicaid Statistical Information System (MSIS), and personal health care consumption indices from the U.S. Department of Commerce; 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 1975-2000**

Year	Total <sup>1</sup>	Inpatient		Nursing		Outpatient		Home	Prescribed
		Hospital	ICF/MR	Facility <sup>2</sup>	Physician	Hospital	Health <sup>3</sup>	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	
2000	11,929	2,303	83,250	22,477	268	504	3,140	1,853	

See footnotes at end of table

Table 99—Continued

## Medicaid Payments per Person Served (Beneficiary), Aged, by Type of Service: Fiscal Years 1975-2000

Year	Total <sup>1</sup>	Inpatient	ICF/MR	Nursing	Physician	Outpatient	Home	Prescribed
		Hospital		Facility <sup>2</sup>		Hospital	Health <sup>3</sup>	Drugs
(Inflated to Calendar Year 2000 Dollars)								
1975	\$5,731	\$1,289	\$32,937	\$15,458	\$281	\$166	\$1,132	\$528
1976	5,772	1,317	38,018	14,135	276	178	2,094	569
1977	5,860	1,411	28,995	14,257	275	205	2,073	558
1978	6,653	1,588	34,530	15,485	278	171	2,851	562
1979	6,872	1,867	32,177	16,318	272	220	4,552	587
1980	7,613	2,907	48,993	17,210	303	222	5,614	593
1981	7,904	2,989	51,603	16,454	316	244	7,035	617
1982	7,973	2,985	27,572	16,703	277	243	7,081	599
1983	7,855	3,727	45,084	15,381	253	215	4,052	607
1984	8,133	3,654	47,976	15,271	245	216	4,651	641
1985	8,964	3,873	52,411	15,640	237	255	5,316	716
1986	9,016	4,178	60,623	15,915	223	266	5,654	739
1987	8,983	3,427	71,961	16,001	200	287	6,412	780
1988	9,171	3,275	77,091	15,737	196	296	7,344	801
1989	9,244	2,736	79,964	15,966	214	299	8,504	810
1990	9,729	2,701	76,688	17,058	202	298	8,710	842
1991	10,369	2,929	76,281	18,433	214	331	9,188	910
1992	10,019	2,779	55,633	18,892	218	336	8,967	985
1993	10,047	2,737	74,910	19,025	234	374	8,191	1,016
1994	9,842	2,575	63,767	19,147	240	378	7,964	1,039
1995	10,076	2,723	58,692	19,523	255	390	7,067	1,091
1996	9,529	2,545	62,891	20,311	271	416	7,329	1,146
1997	10,279	2,633	68,902	20,495	301	443	6,813	1,265
1998	10,776	2,676	85,564	20,659	284	458	2,313	1,413
1999	11,505	2,435	83,218	22,428	265	465	3,430	1,606
2000	11,929	2,303	83,250	22,477	268	504	3,140	1,853

<sup>1</sup>The 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.

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

<sup>3</sup>Trend 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 2000 dollars. ICF/MR is intermediate care facility for the mentally retarded.

SOURCES: Centers for Medicare & Medicaid Services, Center for Medicaid and State Operations: Statistical Report on Medical Care: Eligibles, Recipients, Payments, and Services (HCFA-2082), Medicaid Statistical Information System (MSIS), and personal health care consumption indices from the U.S. Department of Commerce; 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 1975-2000

Year	Total <sup>1</sup>	Inpatient		Nursing		Outpatient	Home	Prescribed
		Hospital	ICF/MR	Facility <sup>2</sup>	Physician	Hospital	Health <sup>3</sup>	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
2000	10,559	8,479	80,194	26,555	534	926	5,054	2,314

See footnotes at end of table

Table 100—Continued

Medicaid Payments per Person Served (Beneficiary), Disabled, by Type of Service: Fiscal Years 1975-2000

Year	Total <sup>1</sup>	Inpatient		Nursing		Outpatient	Home	Prescribed	
		Hospital	ICF/MR	Facility <sup>2</sup>	Physician	Hospital	Health <sup>3</sup>	Drugs	
				(Inflated to Calendar Year 2000 Dollars)					
1975	\$6,069	\$9,403	\$24,666	\$16,395	\$699	\$438	\$1,313	\$547	
1976	6,239	8,801	29,477	16,488	671	484	2,090	573	
1977	6,755	8,580	33,654	17,117	670	659	2,325	566	
1978	7,362	8,515	42,455	18,394	651	587	3,179	559	
1979	8,205	8,973	45,026	19,341	656	610	4,884	587	
1980	7,850	8,836	49,913	15,301	701	650	1,954	578	
1981	8,234	8,724	52,152	15,397	684	668	2,220	603	
1982	8,658	8,832	55,474	16,191	606	654	2,323	592	
1983	8,621	8,716	56,502	16,775	585	605	2,987	616	
1984	8,451	8,624	60,328	17,531	538	647	3,726	641	
1985	8,679	8,808	61,754	18,096	529	668	4,483	728	
1986	8,789	9,078	64,624	18,889	519	677	4,861	784	
1987	8,981	9,496	66,362	19,058	525	722	5,372	807	
1988	9,014	9,301	69,161	19,222	522	766	6,370	825	
1989	9,073	8,891	69,359	19,582	537	785	6,946	833	
1990	9,508	9,729	72,776	20,572	530	759	7,608	893	
1991	9,536	10,109	71,705	22,048	552	813	7,661	953	
1992	9,786	10,736	74,605	22,660	584	850	7,953	1,033	
1993	9,479	10,485	72,803	22,717	568	881	7,929	1,066	
1994	9,155	10,432	62,307	22,600	549	838	8,519	1,106	
1995	9,584	10,587	81,338	22,511	547	841	9,041	1,192	
1996	9,250	9,976	77,080	22,916	543	841	10,137	1,289	
1997	9,516	9,236	79,379	22,664	541	864	10,165	1,486	
1998	9,569	8,961	79,760	21,949	507	871	3,378	1,710	
1999	10,038	8,630	78,992	26,519	537	876	5,512	1,985	
2000	10,559	8,479	80,194	26,555	534	926	5,054	2,314	

<sup>1</sup>The 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.

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

<sup>3</sup>Trend 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 2000 dollars. ICF/MR is intermediate care facility for the mentally retarded.

SOURCES: Centers for Medicare & Medicaid Services, Center for Medicaid and State Operations: Statistical Report on Medical Care: Eligibles, Recipients, Payments, and Services (HCFA-2082), Medicaid Statistical Information System (MSIS), and personal health care consumption indices from the U.S. Department of Commerce; data development by the Office of Research, Development, and Information.

**Table 101**  
**Medicaid Payments, All Eligibility Groups, by Type of Service: Fiscal Years 1975-2000**

Year	Total <sup>1</sup>	Inpatient		Nursing		Outpatient	Home	Prescribed	Other
		Hospital	ICF/MR	Facility <sup>2</sup>	Physician	Hospital	Health	Drugs	
						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
2000	168,307	24,266	9,375	34,432	6,806	7,053	3,119	20,014	63,243

See footnotes at end of table.

**Table 101—Continued**  
**Medicaid Payments, All Eligibility Groups, by Type of Service: Fiscal Years 1975-2000**

Year	Total <sup>1</sup>	Inpatient Hospital	ICF/MR	Nursing Facility <sup>2</sup>	Physician	Outpatient Hospital	Home Health	Prescribed 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
2000	100.0	14.4	5.6	20.5	4.0	4.2	1.9	11.9	37.6

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

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

NOTES: Beginning fiscal year 1998, capitated premiums for Medicaid eligibles enrolled in managed care plans were included in this series as a component of the other and of the total payment categories (\$21.5 billion for premiums in 1999 and \$24.4 billion in 2000). Trends in home health agency program expenditures are not strictly comparable to 1997 and prior because of changes in redefining selected home health services as home and community-based waiver services in 1998 and reclassified as other in 1999.

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

**Table 102**

**Medicaid Payments, Children, by Type of Service: Fiscal Years 1975-2000**

Year	Total <sup>1</sup>	Inpatient Hospital	ICF/MR	Nursing Facility <sup>2</sup>	Physician	Outpatient Hospital	Home Health	Prescribed Drugs	Other
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	24,151	4,495	34	50	1,862	1,270	141	1,308	14,991
2000	26,775	4,898	34	56	1,931	1,433	150	1,562	16,711

See footnotes at end of table.

Table 102—Continued

## Medicaid Payments, Children, by Type of Service: Fiscal Years 1975-2000

Year	Total <sup>1</sup>	Inpatient		Nursing		Outpatient		Home	Prescribed	Other
		Hospital	ICF/MR	Facility <sup>2</sup>	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	(3)	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	100.0	31.8	0.2	0.3	11.0	8.1	3.0	6.3	39.4	
1998	100.0	22.4	0.3	0.4	7.2	5.4	0.6	4.9	58.7	
1999	100.0	18.6	0.1	0.2	7.7	5.3	0.6	5.4	62.1	
2000	100.0	18.3	0.1	0.2	7.2	5.4	0.6	5.8	62.4	

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

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

<sup>3</sup>Less than 0.05 percent.

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

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

**Table 103**  
**Medicaid Payments, Adults, by Type of Service: Fiscal Years 1975-2000**

Year	Total <sup>1</sup>	Inpatient		Nursing		Outpatient	Home	Prescribed	Other	
		Hospital	ICF/MR	Facility <sup>2</sup>	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	
2000	17,763	4,767	5	33	1,697	1,443	65	1,444	8,309	

See footnotes at end of table.

**Table 103—Continued**  
**Medicaid Payments, Adults, by Type of Service: Fiscal Years 1975-2000**

Year	Total <sup>1</sup>	Inpatient		Nursing		Outpatient		Home	Prescribed	Other
		Hospital	ICF/MR	Facility <sup>2</sup>	Physician	Hospital	Health	Drugs		
Percent										
1975	100.0	48.9	(4)	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	(4)	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	(4)	0.2	18.0	10.9	0.5	7.7	16.1	
1987	100.0	47.5	(4)	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	(4)	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	(4)	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	(4)	0.2	16.9	12.3	0.5	7.1	20.6	
1995	100.0	41.0	(4)	0.3	16.0	12.2	0.6	6.9	22.9	
1996	100.0	40.3	(4)	0.1	15.7	11.7	0.6	7.0	24.5	
1997	100.0	37.0	(4)	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	
2000	100.0	26.8	(4)	0.2	9.6	8.1	0.4	8.1	46.8	

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

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

<sup>3</sup>Less than \$500,000.

<sup>4</sup>Less than 0.05 percent.

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

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

**Table 104**  
**Medicaid Payments, Aged, by Type of Service: Fiscal Years 1975-2000**

Year	Total <sup>1</sup>	Inpatient		Nursing		Outpatient	Home	Prescribed	Other
		Hospital	ICF/MR	Facility <sup>2</sup>	Physician	Hospital	Health	Drugs	
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
2000	44,503	1,630	708	27,058	633	667	718	5,355	7,734

See footnotes at end of table.

**Table 104—Continued**  
**Medicaid Payments, Aged, by Type of Service: Fiscal Years 1975-2000**

Year	Total <sup>1</sup>	Inpatient		Nursing		Outpatient	Home	Prescribed	Other
		Hospital	ICF/MR	Facility <sup>2</sup>	Physician	Hospital	Health	Drugs	
Percent									
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
2000	100.0	3.7	1.6	60.8	1.4	1.5	1.6	12.0	17.4

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

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

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

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

**Table 105**

**Medicaid Payments, Disabled, by Type of Service: Fiscal Years 1975-2000**

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

See footnotes at end of table

**Table 105—Continued**

**Medicaid Payments, Disabled, by Type of Service: Fiscal Years 1975-2000**

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

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

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

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

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Table 106

## Medicaid Persons Served (Beneficiaries), by Basis of Eligibility and Area of Residence: Fiscal Year 2000

Area of Residence	Total	Aged	Disabled	Children <sup>1</sup>	Adults	Other/ Unknown
All Jurisdictions	42,763,233	3,730,827	6,888,874	19,723,045	8,749,630	3,670,857
Boston: Region I	2,073,610	207,957	375,400	920,147	474,932	95,174
Connecticut	419,890	51,219	53,566	224,142	67,884	23,079
Maine	191,624	20,219	44,637	86,513	32,673	7,582
Massachusetts	1,047,440	91,609	216,590	414,145	275,414	49,682
New Hampshire	96,935	11,831	12,577	55,426	12,988	4,113
Rhode Island	178,859	16,356	31,044	80,719	44,037	6,703
Vermont	138,862	16,723	16,986	59,202	41,936	4,015
New York: Region II	4,242,262	424,477	763,653	1,687,818	867,545	498,769
New Jersey	822,369	83,308	144,866	430,182	125,580	38,433
New York	3,419,893	341,169	618,787	1,257,636	741,965	460,336
Puerto Rico	---	---	---	---	---	---
Virgin Islands	---	---	---	---	---	---
Philadelphia: Region III	3,373,100	335,620	663,762	1,680,862	539,626	153,230
Delaware	115,267	7,233	14,734	53,881	37,326	2,093
District of Columbia	138,677	8,178	24,109	70,735	32,222	3,433
Maryland	664,576	46,660	105,470	363,745	101,269	47,432
Pennsylvania	1,492,352	164,968	322,832	717,349	233,812	53,391
Virginia	627,214	79,181	117,939	319,238	82,943	27,913
West Virginia	335,014	29,400	78,678	155,914	52,054	18,968
Atlanta: Region IV	9,107,516	786,001	1,751,713	4,253,093	1,544,074	772,635
Alabama	619,480	61,908	161,483	332,235	45,646	18,208
Florida	2,360,417	182,226	416,433	1,009,823	368,282	383,653
Georgia	1,289,795	102,861	216,177	672,436	192,057	106,264
Kentucky	770,536	62,830	193,976	353,768	97,401	62,561
Mississippi	605,077	62,235	136,572	287,537	58,265	60,468
North Carolina	1,208,789	151,900	202,883	599,947	192,008	62,051
South Carolina	685,104	74,699	109,329	348,068	138,489	14,519
Tennessee	1,568,318	87,342	314,860	649,279	451,926	64,911

See footnotes at end of table.

**Table 106—Continued**

**Medicaid Persons Served (Beneficiaries), by Basis of Eligibility and Area of Residence: Fiscal Year 2000**

Area of Residence	Total	Aged	Disabled	Children <sup>1</sup>	Adults	Other/ Unknown
Chicago: Region V	6,013,341	490,343	1,044,807	3,086,513	1,075,948	315,730
Illinois	1,516,082	93,002	248,953	796,581	301,988	75,558
Indiana	704,624	63,916	89,712	412,504	106,094	32,398
Michigan	1,351,650	87,242	263,769	678,572	214,478	107,589
Minnesota	559,463	57,243	77,576	279,891	126,299	18,454
Ohio	1,304,886	133,613	243,978	660,482	201,702	65,111
Wisconsin	576,636	55,327	120,819	258,483	125,387	16,620
Dallas: Region VI	4,735,833	501,318	668,675	2,539,102	704,869	321,869
Arkansas	489,325	47,328	99,073	228,949	88,735	25,240
Louisiana	761,248	84,918	148,011	376,796	86,558	64,965
New Mexico	375,585	19,377	46,256	236,843	58,013	15,096
Oklahoma	507,059	53,367	66,127	295,995	75,101	16,469
Texas	2,602,616	296,328	309,208	1,400,519	396,462	200,099
Kansas City: Region VII	1,695,561	172,450	248,688	890,119	306,843	77,461
Iowa	313,648	36,152	52,253	144,039	59,051	22,153
Kansas	262,557	26,573	46,068	137,031	32,507	20,378
Missouri	890,318	88,977	123,262	476,019	176,350	25,710
Nebraska	229,038	20,748	27,105	133,030	38,935	9,220
Denver: Region VIII	918,290	84,034	133,253	454,279	157,360	89,364
Colorado	380,964	41,461	61,354	180,851	61,253	36,045
Montana	103,821	8,949	16,059	46,258	17,595	14,960
North Dakota	60,864	8,506	8,475	28,677	10,936	4,270
South Dakota	101,951	10,047	15,793	57,550	15,350	3,211
Utah	224,268	11,002	24,450	116,346	43,945	28,525
Wyoming	46,422	4,069	7,122	24,597	8,281	2,353

See footnotes at end of table.

**Table 106—Continued**

**Medicaid Persons Served (Beneficiaries), by Basis of Eligibility and Area of Residence: Fiscal Year 2000**

Area of Residence	Total	Aged	Disabled	Children <sup>1</sup>	Adults	Other/ Unknown
San Francisco: Region IX	8,938,540	610,287	1,034,922	3,352,043	2,667,031	1,274,257
Arizona	681,258	31,021	92,876	388,388	151,983	16,990
California	7,915,450	549,692	899,804	2,811,295	2,419,898	1,234,761
Hawaii <sup>2</sup>	203,763	17,214	20,367	87,481	71,549	7,152
Nevada	138,069	12,360	21,875	64,879	23,601	15,354
Seattle: Region X	1,665,180	118,340	204,001	859,069	411,402	72,368
Alaska	96,432	5,734	10,007	55,047	21,591	4,053
Idaho	131,077	10,506	21,761	73,087	18,605	7,118
Oregon	542,392	39,785	60,209	225,618	204,337	12,443
Washington	895,279	62,315	112,024	505,317	166,869	48,754

<sup>1</sup>Includes children and foster care children.

<sup>2</sup>Last reported number of beneficiaries is for fiscal year 1999.

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).

SOURCE: Centers for Medicare & Medicaid Services, Center for Medicaid and State Operations: Medicaid Statistical Information System (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 2000

Area of Residence	Total	Aged	Disabled	Children <sup>1</sup>	Adults	Other/ Unknown
All Jurisdictions	\$168,307,231,426	\$44,503,184,188	\$72,741,603,714	\$26,774,664,587	\$17,762,792,055	\$6,524,986,882
Boston: Region I	11,743,120,276	3,755,994,877	5,372,055,828	1,624,824,002	926,858,118	63,387,451
Connecticut	2,839,310,317	1,219,693,863	1,093,094,417	382,071,744	134,467,032	9,983,261
Maine	1,306,809,473	268,848,250	672,882,138	262,121,904	94,968,329	7,988,852
Massachusetts	5,397,153,356	1,603,314,172	2,614,933,474	626,766,877	521,488,354	30,650,479
New Hampshire	650,594,289	230,412,953	252,586,825	130,229,576	33,274,874	4,090,061
Rhode Island	1,069,994,225	309,459,026	550,881,977	118,575,355	82,661,781	8,416,086
Vermont	479,258,616	124,266,613	187,676,997	105,058,546	59,997,748	2,258,712
New York: Region II	30,854,541,790	8,878,798,933	14,579,091,672	3,367,821,250	3,713,480,815	315,349,120
New Jersey	4,706,928,703	1,325,701,718	1,955,564,771	674,099,561	702,092,028	49,470,625
New York	26,147,613,087	7,553,097,215	12,623,526,901	2,693,721,689	3,011,388,787	265,878,495
Puerto Rico	---	---	---	---	---	---
Virgin Islands	---	---	---	---	---	---
Philadelphia: Region III	15,148,173,073	4,342,602,952	6,452,442,882	2,736,612,211	1,349,922,652	266,592,376
Delaware	528,339,689	115,493,646	219,199,878	91,469,445	99,325,947	2,850,773
District of Columbia	792,584,432	163,501,443	398,636,187	142,067,892	79,709,497	8,669,413
Maryland	3,585,781,047	716,698,372	1,642,944,854	746,501,287	407,755,124	71,881,410
Pennsylvania	6,365,806,031	2,230,078,487	2,466,396,025	1,159,769,804	480,411,073	29,150,642
Virginia	2,483,930,711	737,843,825	1,143,945,299	395,930,487	185,167,323	21,043,777
West Virginia	1,391,731,163	378,987,179	581,320,639	200,873,296	97,553,688	132,996,361
Atlanta: Region IV	29,032,773,332	6,708,697,816	12,624,539,741	4,911,757,632	3,209,418,485	1,578,359,658
Alabama	2,391,194,897	650,305,797	784,814,013	261,842,382	90,288,169	603,944,536
Florida	7,350,363,024	1,779,074,520	3,525,821,827	1,082,794,333	618,576,024	344,096,320
Georgia	3,577,903,288	905,106,615	1,424,019,689	708,221,801	449,967,746	90,587,437
Kentucky	2,912,792,289	684,302,422	1,422,598,121	563,890,959	221,053,303	20,947,484
Mississippi	1,807,391,891	502,149,184	858,653,060	278,556,554	147,920,055	20,113,038
North Carolina	4,830,025,832	1,495,444,928	2,080,811,242	703,504,766	501,375,055	48,889,841
South Carolina	2,672,145,530	606,937,695	948,810,875	476,575,533	205,409,398	434,412,029
Tennessee	3,490,956,581	85,376,655	1,579,010,914	836,371,304	974,828,735	15,368,973

See footnotes at end of table.

Table 107—Continued

## Medicaid Payments, by Basis of Eligibility and Area of Residence: Fiscal Year 2000

Area of Residence	Total	Aged	Disabled	Children <sup>1</sup>	Adults	Other/ Unknown
Chicago: Region V	\$28,937,401,881	\$7,700,603,121	\$12,214,102,408	\$4,054,476,736	\$2,256,814,121	\$2,711,405,495
Illinois	7,807,447,335	1,226,263,995	3,433,183,294	1,198,580,275	749,633,241	1,199,786,530
Indiana	2,976,177,145	963,804,910	1,204,338,032	554,457,974	227,970,290	25,605,939
Michigan	4,880,769,009	1,019,384,348	1,492,324,016	606,170,039	381,030,906	1,381,859,700
Minnesota	3,277,014,103	1,057,584,417	1,395,443,487	513,031,478	266,882,870	44,071,851
Ohio	7,090,395,763	2,530,066,275	3,195,339,475	874,387,306	453,044,079	37,558,628
Wisconsin	2,905,598,526	903,499,176	1,493,474,104	307,849,664	178,252,735	22,522,847
Dallas: Region VI	16,068,502,161	4,464,066,574	6,409,278,058	3,154,036,662	1,476,894,685	564,226,182
Arkansas	1,510,079,842	407,988,743	699,984,770	292,538,613	95,054,531	14,513,185
Louisiana	2,630,563,430	694,904,077	1,259,037,738	358,727,029	214,406,127	103,488,459
New Mexico	1,248,764,305	189,841,982	476,725,198	346,036,422	112,573,678	123,587,025
Oklahoma	1,603,788,998	442,152,852	593,821,056	353,776,468	94,916,965	119,121,657
Texas	9,075,305,586	2,729,178,920	3,379,709,296	1,802,958,130	959,943,384	203,515,856
Kansas City: Region VII	6,931,193,292	2,275,765,820	2,791,043,051	1,230,198,797	502,803,281	131,382,343
Iowa	1,476,340,040	528,013,171	589,530,232	205,154,242	119,735,064	33,907,331
Kansas	1,226,210,559	381,995,325	599,003,651	158,062,245	67,607,499	19,541,839
Missouri	3,270,152,458	1,080,951,068	1,270,550,499	665,654,806	236,941,020	16,055,065
Nebraska	958,490,235	284,806,256	331,958,669	201,327,504	78,519,698	61,878,108
Denver: Region VIII	4,172,194,976	1,075,891,962	1,660,185,019	743,550,889	342,482,991	350,084,115
Colorado	1,808,569,210	525,674,963	752,013,904	329,128,888	138,810,401	62,941,054
Montana	433,207,577	123,784,636	165,451,467	89,278,786	46,168,949	8,523,739
North Dakota	356,184,829	139,420,249	148,230,817	42,278,406	22,286,832	3,968,525
South Dakota	401,175,221	112,799,100	176,610,987	75,637,188	32,675,958	3,451,988
Utah	959,100,396	115,412,340	317,852,036	173,722,368	81,341,621	270,772,031
Wyoming	213,957,743	58,800,674	100,025,808	33,505,253	21,199,230	426,778

See footnotes at end of table.

**Table 107—Continued**

**Medicaid Payments, by Basis of Eligibility and Area of Residence: Fiscal Year 2000**

Area of Residence	Total	Aged	Disabled	Children <sup>1</sup>	Adults	Other/Unknown
San Francisco: Region IX	\$20,222,871,139	\$4,066,953,053	\$8,870,118,567	\$3,834,432,812	\$2,971,527,696	\$479,839,011
Arizona	2,111,769,849	360,344,395	843,499,644	484,113,538	371,444,143	52,368,129
California	17,060,494,184	3,446,192,142	7,677,237,649	3,114,401,821	2,434,735,880	387,926,692
Hawaii <sup>2</sup>	535,162,729	151,030,119	134,162,539	132,454,108	108,665,230	8,850,733
Nevada	515,444,377	109,386,397	215,218,735	103,463,345	56,682,443	30,693,457
Seattle: Region X	5,196,459,506	1,233,809,080	1,768,746,488	1,116,953,596	1,012,589,211	64,361,131
Alaska	470,249,823	73,583,710	167,661,716	146,687,280	78,380,133	3,936,984
Idaho	593,750,993	149,325,244	295,085,288	88,073,141	52,272,740	8,994,580
Oregon	1,700,408,573	404,242,432	523,382,418	339,054,297	425,932,679	7,796,747
Washington	2,432,050,117	606,657,694	782,617,066	543,138,878	456,003,659	43,632,820

<sup>1</sup>Includes children and foster care children.

<sup>2</sup>Last reported Medicaid payment is for fiscal year 1999.

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.

SOURCE: Centers for Medicare & Medicaid Services, Center for Medicaid and State Operations: Medicaid Statistical Information System (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 2000**

Area of Residence	Total	Aged	Disabled	Children <sup>1</sup>	Adults	Other/ Unknown
All Jurisdictions	\$3,936	\$11,929	\$10,559	\$1,358	\$2,030	\$1,778
Boston: Region I	5,663	18,061	14,310	1,766	1,952	666
Connecticut	6,762	23,813	20,406	1,705	1,981	433
Maine	6,820	13,297	15,075	3,030	2,907	1,054
Massachusetts	5,153	17,502	12,073	1,513	1,893	617
New Hampshire	6,712	19,475	20,083	2,350	2,562	994
Rhode Island	5,982	18,920	17,745	1,469	1,877	1,256
Vermont	3,451	7,431	11,049	1,775	1,431	563
New York: Region II	7,273	20,917	19,091	1,995	4,280	632
New Jersey	5,724	15,913	13,499	1,567	5,591	1,287
New York	7,646	22,139	20,400	2,142	4,059	578
Puerto Rico	---	---	---	---	---	---
Virgin Islands	---	---	---	---	---	---
Philadelphia: Region III	4,491	12,939	9,721	1,628	2,502	1,740
Delaware	4,584	15,968	14,877	1,698	2,661	1,362
District of Columbia	5,715	19,993	16,535	2,008	2,474	2,525
Maryland	5,396	15,360	15,577	2,052	4,026	1,515
Pennsylvania	4,266	13,518	7,640	1,617	2,055	546
Virginia	3,960	9,318	9,699	1,240	2,232	754
West Virginia	4,154	12,891	7,389	1,288	1,874	7,012
Atlanta: Region IV	3,188	8,535	7,207	1,155	2,079	2,043
Alabama	3,860	10,504	4,860	788	1,978	33,169
Florida	3,114	9,763	8,467	1,072	1,680	897
Georgia	2,774	8,799	6,587	1,053	2,343	852
Kentucky	3,780	10,891	7,334	1,594	2,270	335
Mississippi	2,987	8,069	6,287	969	2,539	333
North Carolina	3,996	9,845	10,256	1,173	2,611	788
South Carolina	3,900	8,125	8,678	1,369	1,483	20,920
Tennessee	2,226	977	5,015	1,288	2,157	237

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 2000**

Area of Residence	Total	Aged	Disabled	Children <sup>1</sup>	Adults	Other/ Unknown
Chicago: Region V	\$4,812	\$15,705	\$11,690	\$1,314	\$2,098	\$8,588
Illinois	5,150	13,185	13,790	1,505	2,482	15,879
Indiana	4,224	15,079	13,424	1,344	2,149	790
Michigan	3,611	11,685	5,658	893	1,777	12,844
Minnesota	5,857	18,475	17,988	1,833	2,113	2,388
Ohio	5,434	18,936	13,097	1,324	2,246	577
Wisconsin	5,039	16,330	12,361	1,191	1,422	1,355
Dallas: Region VI	3,393	8,905	9,585	1,242	2,095	1,753
Arkansas	3,086	8,620	7,065	1,278	1,071	575
Louisiana	3,456	8,183	8,506	952	2,477	1,593
New Mexico	3,325	9,797	10,306	1,461	1,940	8,187
Oklahoma	3,163	8,285	8,980	1,195	1,264	7,233
Texas	3,487	9,210	10,930	1,287	2,421	1,017
Kansas City: Region VII	4,088	13,197	11,223	1,382	1,639	1,696
Iowa	4,707	14,605	11,282	1,424	2,028	1,531
Kansas	4,670	14,375	13,003	1,153	2,080	959
Missouri	3,673	12,149	10,308	1,398	1,344	624
Nebraska	4,185	13,727	12,247	1,513	2,017	6,711
Denver: Region VIII	4,543	12,803	12,459	1,637	2,176	3,918
Colorado	4,747	12,679	12,257	1,820	2,266	1,746
Montana	4,173	13,832	10,303	1,930	2,624	570
North Dakota	5,852	16,391	17,490	1,474	2,038	929
South Dakota	3,935	11,227	11,183	1,314	2,129	1,075
Utah	4,277	10,490	13,000	1,493	1,851	9,492
Wyoming	4,609	14,451	14,045	1,362	2,560	181

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 2000**

Area of Residence	Total	Aged	Disabled	Children <sup>1</sup>	Adults	Other/ Unknown
San Francisco: Region IX	\$2,262	\$6,664	\$8,571	\$1,144	\$1,114	\$377
Arizona	3,100	11,616	9,082	1,246	2,444	3,082
California	2,155	6,269	8,532	1,108	1,006	314
Hawaii <sup>2</sup>	2,626	8,774	6,587	1,514	1,519	1,238
Nevada	3,733	8,850	9,839	1,595	2,402	1,999
Seattle: Region X	3,121	10,426	8,670	1,300	2,461	889
Alaska	4,876	12,833	16,754	2,665	3,630	971
Idaho	4,530	14,213	13,560	1,205	2,810	1,264
Oregon	3,135	10,161	8,693	1,503	2,084	627
Washington	2,717	9,735	6,986	1,075	2,733	895

<sup>1</sup>Includes children and foster care children.

<sup>2</sup>Last reported numbers are for fiscal year 1999.

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.

SOURCE: Centers for Medicare & Medicaid Services, Center for Medicaid and State Operations: Medicaid Statistical Information System (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 2000**

Area of Residence	Total <sup>1</sup>	General Hospital	Nursing	Physician Services	Dental Services	Outpatient Hospital	Lab and X-Ray	Home Health	Prescribed Drugs
			Facilities Services						
All Jurisdictions	42,763,233	4,933,277	1,702,885	19,103,558	5,891,733	13,226,305	11,395,712	994,801	20,516,882
Boston: Region I	2,073,610	143,600	137,620	975,321	540,685	756,790	720,824	76,887	1,154,115
Connecticut	419,890	13,686	35,703	97,814	39,545	84,164	49,218	20,435	113,089
Maine	191,624	21,381	9,456	120,123	45,296	101,939	88,675	4,664	148,049
Massachusetts	1,047,440	80,759	68,475	579,212	324,301	437,898	480,004	39,313	666,627
New Hampshire	96,935	9,301	7,605	58,823	24,361	44,715	42,377	2,347	73,313
Rhode Island	178,859	10,573	12,627	35,616	55,303	36,747	21,511	7,004	49,809
Vermont	138,862	7,900	3,754	83,733	51,879	51,327	39,039	3,124	103,228
New York: Region II	4,242,262	682,482	257,590	1,693,645	917,818	1,892,972	1,229,365	298,795	2,472,241
New Jersey	822,369	75,327	53,863	225,747	82,881	212,056	130,597	15,548	298,450
New York	3,419,893	607,155	203,727	1,467,898	834,937	1,680,916	1,098,768	283,247	2,173,791
Puerto Rico	---	---	---	---	---	---	---	---	---
Virgin Islands	---	---	---	---	---	---	---	---	---
Philadelphia: Region III	3,373,100	302,073	165,730	1,418,865	282,987	848,699	762,215	57,568	1,551,100
Delaware	115,267	4,529	3,271	19,017	13,150	10,394	10,521	1,034	78,167
District of Columbia	138,677	15,459	4,327	27,909	2,520	28,109	13,834	2,378	38,129
Maryland	664,576	73,365	27,270	398,274	18,001	227,957	70,890	11,798	409,511
Pennsylvania	1,492,352	86,964	91,668	372,974	104,748	195,155	265,459	10,749	416,498
Virginia	627,214	82,264	27,558	370,014	64,429	220,843	244,111	5,928	347,251
West Virginia	335,014	39,492	11,636	230,677	80,139	166,241	157,400	25,681	261,544

See footnotes at end of table.

Table 109—Continued

Medicaid Persons Served (Beneficiaries), by Type of Service and Area of Residence: Fiscal Year 2000

Area of Residence	Total <sup>1</sup>	General		Nursing	Physician	Dental	Outpatient	Lab and	Home	Prescribed
		Hospital	Facilities	Services	Services	Services	Hospital	X-Ray	Health	Drugs
Atlanta: Region IV	9,107,516	1,333,215	308,352	4,712,180	1,281,702	3,351,843	2,394,634	204,024	4,503,284	
Alabama	619,480	54,225	25,118	404,612	72,287	218,623	303,590	51,088	438,529	
Florida	2,360,417	448,982	89,954	1,037,041	358,949	1,111,223	696,834	63,906	1,072,082	
Georgia	1,289,795	211,400	40,326	909,574	227,960	578,918	176,254	18,049	847,730	
Kentucky	770,536	92,763	30,444	417,972	132,448	292,654	218,297	21,988	427,514	
Mississippi	605,077	162,784	23,217	395,696	107,403	316,224	71,469	8,444	415,925	
North Carolina	1,208,789	195,406	42,752	865,447	219,805	516,576	591,661	30,359	827,039	
South Carolina	685,104	148,303	17,663	499,921	162,503	292,783	234,429	9,657	474,465	
Tennessee	1,568,318	19,352	38,878	181,917	347	24,842	102,100	533	-	
Chicago: Region V	6,013,341	665,398	340,015	2,843,408	1,000,454	2,071,107	1,786,493	135,079	3,094,102	
Illinois	1,516,082	184,268	80,966	935,224	4,196	733,776	614,288	12,666	1,013,254	
Indiana	704,624	101,582	44,060	427,704	195,655	272,810	260,478	9,433	420,041	
Michigan	1,351,650	95,470	44,311	339,126	326,461	212,263	156,902	5,584	435,654	
Minnesota	559,463	41,295	37,720	194,803	69,721	115,381	26,388	61,446	180,104	
Ohio	1,304,886	192,108	93,407	823,658	279,883	570,194	542,470	41,370	777,632	
Wisconsin	576,636	50,675	39,551	122,893	124,538	166,683	185,967	4,580	267,417	
Dallas: Region VI	4,735,833	834,225	182,768	3,118,728	902,739	1,690,596	1,619,919	117,730	3,014,128	
Arkansas	489,325	72,791	20,350	339,780	67,765	179,151	135,454	8,753	290,749	
Louisiana	761,248	156,861	34,639	619,859	137,707	336,002	437,669	10,041	581,356	
New Mexicc	375,585	49,429	7,036	82,269	12,593	59,207	30,267	683	67,238	
Oklahoma	507,059	64,044	25,513	208,843	35,787	156,495	89,726	3,644	221,984	
Texas	2,602,616	491,100	95,230	1,867,977	648,887	959,741	926,803	94,609	1,852,801	

See footnotes at end of table.

**Table 109—Continued**

**Medicaid Persons Served (Beneficiaries), by Type of Service and Area of Residence: Fiscal Year 2000**

Area of Residence	Total <sup>1</sup>	General Hospital	Nursing	Physician Services	Dental Services	Outpatient Hospital	Lab and X-Ray	Home Health	Prescribed Drugs
			Facilities Services						
Kansas City: Region VII	1,695,561	182,395	96,134	790,299	297,479	598,206	380,456	32,556	983,465
Iowa	313,648	35,281	21,573	170,518	86,423	114,057	113,229	16,731	212,178
Kansas	262,557	35,299	17,995	149,562	40,995	88,066	70,368	5,005	158,334
Missouri	890,318	87,585	41,074	320,726	90,736	311,317	137,891	6,652	447,062
Nebraska	229,038	24,230	15,492	149,493	79,325	84,766	58,968	4,168	165,891
Denver: Region VIII	918,290	97,914	46,795	336,775	163,215	279,779	153,444	12,200	478,292
Colorado	380,964	34,417	21,308	67,728	59,594	117,513	34,913	8,704	160,264
Montana	103,821	13,725	5,567	71,734	19,400	39,459	8,290	689	58,899
North Dakota	60,864	8,684	5,635	29,826	17,570	25,072	21,495	742	38,957
South Dakota	101,951	15,046	6,051	56,636	69	34,552	26,225	444	53,666
Utah	224,268	18,345	5,596	73,773	56,405	40,999	39,446	1,185	133,164
Wyoming	46,422	7,697	2,638	37,078	10,177	22,184	23,075	436	33,342
San Francisco: Region IX	8,938,540	593,127	124,428	2,586,967	126,534	1,373,032	2,096,130	53,150	2,581,765
Arizona	681,258	26,098	1,036	35,674	8,258	23,641	18,374	527	7,034
California	7,915,450	546,305	114,948	2,492,157	92,127	1,304,163	1,988,792	51,193	2,487,875
Hawaii <sup>2</sup>	203,763	4,805	4,274	41,782	19	19,551	25,210	11	35,687
Nevada	138,069	15,919	4,170	17,354	26,130	25,677	63,754	1,419	51,169
Seattle: Region X	1,665,180	98,848	43,453	627,370	378,120	363,281	252,232	6,812	684,390
Alaska	96,432	14,861	946	66,980	29,012	48,453	38,765	293	60,273
Idaho	131,077	19,069	4,853	99,720	39,877	55,825	54,581	2,070	92,776
Oregon	542,392	21,609	11,862	108,626	6,977	74,615	64,845	889	191,901
Washington	895,279	43,309	25,792	352,044	302,254	184,388	94,041	3,560	339,440

<sup>1</sup>Includes 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.

<sup>2</sup>Last reported number of beneficiaries is for fiscal year 1999.

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).

SOURCE: Centers for Medicare & Medicaid Services, Center for Medicaid and State Operations: Medicaid Statistical Information System (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 2000**

Area of Residence	Total <sup>1</sup>	General Hospital	Nursing Facilities Services	Physician Services
All Jurisdictions	\$168,307,231,426	\$24,265,794,997	\$34,432,018,376	\$6,805,694,595
Boston: Region I	11,743,120,276	913,865,679	3,452,156,006	330,575,626
Connecticut	2,839,310,317	169,064,247	969,938,406	25,712,296
Maine	1,306,809,473	186,236,772	190,067,392	38,206,342
Massachusetts	5,397,153,356	417,963,094	1,582,812,372	219,491,325
New Hampshire	650,594,289	30,272,977	188,454,647	17,614,068
Rhode Island	1,069,994,225	81,825,850	444,809,564	7,779,327
Vermont	479,258,616	28,502,739	76,073,625	21,772,268
New York: Region II	30,854,541,790	5,196,998,266	6,457,835,273	377,647,994
New Jersey	4,706,928,703	424,185,828	1,226,070,478	43,076,864
New York	26,147,613,087	4,772,812,438	5,231,764,795	334,571,130
Puerto Rico	---	---	---	---
Virgin Islands	---	---	---	---
Philadelphia: Region III	15,148,173,073	1,624,170,329	3,443,806,849	471,983,011
Delaware	528,339,689	20,300,055	93,533,096	7,770,127
District of Columbia	792,584,432	196,342,080	148,916,169	11,462,444
Maryland	3,585,781,047	552,860,871	608,979,795	148,195,731
Pennsylvania	6,365,806,031	360,950,194	1,838,465,315	81,446,700
Virginia	2,483,930,711	290,073,429	482,194,747	132,056,707
West Virginia	1,391,731,163	203,643,700	271,717,727	91,051,302
Atlanta: Region IV	29,032,773,332	4,335,946,229	4,928,022,108	1,981,781,159
Alabama	2,391,194,897	148,854,036	622,181,339	119,160,192
Florida	7,350,363,024	1,289,042,041	1,513,576,612	377,329,125
Georgia	3,577,903,288	770,287,080	746,513,288	423,743,500
Kentucky	2,912,792,289	263,184,467	555,718,129	162,639,256
Mississippi	1,807,391,891	352,800,343	379,062,380	165,218,996
North Carolina	4,830,025,832	769,139,076	817,940,754	415,197,398
South Carolina	2,672,145,530	725,513,341	334,646,176	190,995,097
Tennessee	3,490,956,581	17,125,845	-41,616,570 <sup>3</sup>	127,497,595

See footnotes at end of table.

**Table 110—Continued**  
**Medicaid Payments, by Type of Service and Area of Residence: Fiscal Year 2000**

Dental Services	Outpatient Hospital	Lab and X-Ray	Home Health	Prescribed Drugs
\$1,404,498,611	\$7,053,041,842	\$1,288,213,313	\$3,118,966,203	\$20,013,770,558
108,371,385	475,237,651	119,029,969	713,244,258	1,384,869,513
7,183,615	60,487,136	8,097,537	115,753,407	264,641,409
10,518,076	96,513,895	8,373,228	9,632,167	175,938,952
62,674,765	241,611,964	94,222,367	559,827,324	682,519,910
4,752,007	31,255,070	3,065,171	5,422,005	80,562,181
10,454,419	22,065,772	1,774,825	16,795,823	89,482,143
12,788,503	23,303,814	3,496,841	5,813,532	91,724,918
222,827,277	1,609,449,295	80,519,179	897,931,853	2,951,433,217
11,814,338	321,295,108	14,171,792	64,112,788	584,533,211
211,012,939	1,288,154,187	66,347,387	833,819,065	2,366,900,006
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58,332,896	434,101,399	93,274,024	308,402,926	1,627,553,716
3,921,063	3,936,264	1,041,655	5,065,565	66,263,771
212,976	27,259,933	2,265,484	13,513,245	55,092,178
3,162,591	167,264,324	10,066,063	224,242,460	374,121,433
17,725,866	52,653,306	33,739,223	42,093,142	533,527,373
14,148,248	110,176,809	28,482,687	6,664,484	382,471,744
19,162,152	72,810,763	17,678,912	16,824,030	216,077,217
314,250,278	1,477,448,557	236,191,938	460,782,316	4,243,205,495
11,465,011	44,267,996	34,819,967	29,002,412	331,574,388
93,258,140	357,121,891	65,678,261	169,113,580	1,366,193,807
47,014,714	341,117,230	16,875,460	76,206,271	580,612,920
29,705,366	251,930,215	25,809,754	75,348,484	465,178,958
26,221,636	117,244,679	5,676,758	8,985,498	370,355,016
58,412,707	286,847,001	68,592,076	82,325,244	794,550,074
48,151,420	77,354,626	16,537,070	15,196,149	334,740,332
21,284	1,564,919	2,202,592	4,604,678	0

**Table 110—Continued**  
**Medicaid Payments, by Type of Service and Area of Residence: Fiscal Year 2000**

Area of Residence	Total <sup>1</sup>	General Hospital	Nursing Facilities Services	Physician Services
Chicago: Region V	\$28,937,401,881	\$5,001,191,058	\$7,456,775,655	\$993,432,377
Illinois	7,807,447,335	2,538,579,005	1,945,856,981	319,828,384
Indiana	2,976,177,145	395,600,783	774,858,479	148,995,384
Michigan	4,880,769,009	590,747,353	966,767,350	95,166,795
Minnesota	3,277,014,103	270,178,711	844,903,598	97,067,686
Ohio	7,090,395,763	965,305,585	2,148,038,114	303,305,265
Wisconsin	2,905,598,526	240,779,621	776,351,133	29,068,863
Dallas: Region VI	16,068,502,161	2,748,451,709	2,834,150,208	1,285,012,246
Arkansas	1,510,079,842	181,602,682	285,612,665	154,582,481
Louisiana	2,630,563,430	529,025,483	492,740,844	206,081,672
New Mexico	1,248,764,305	164,322,458	164,473,880	20,870,775
Oklahoma	1,603,788,998	208,673,999	316,262,282	60,091,554
Texas	9,075,305,586	1,664,827,087	1,575,060,537	843,385,764
Kansas City: Region VII	6,931,193,292	792,130,515	1,624,157,867	243,496,837
Iowa	1,476,340,040	169,829,846	353,850,880	57,118,675
Kansas	1,226,210,559	141,304,557	284,548,667	54,752,998
Missouri	3,270,152,458	376,607,207	732,508,771	70,972,252
Nebraska	958,490,235	104,388,905	253,249,549	60,652,912
Denver: Region VIII	4,172,194,976	458,339,932	821,915,047	128,828,787
Colorado	1,808,569,210	195,551,383	365,331,248	12,853,662
Montana	433,207,577	47,687,516	91,393,117	37,894,192
North Dakota	356,184,829	31,787,303	118,098,609	14,053,068
South Dakota	401,175,221	58,809,279	103,350,291	24,298,688
Utah	959,100,396	96,052,927	95,873,890	22,892,601
Wyoming	213,957,743	28,451,524	47,867,892	16,836,576

See footnotes at end of table.

**Table 110—Continued**  
**Medicaid Payments, by Type of Service and Area of Residence: Fiscal Year 2000**

Dental Services	Outpatient Hospital	Lab and X-Ray	Home Health	Prescribed Drugs
\$240,184,404	\$1,134,286,913	\$262,012,337	\$206,149,955	\$3,140,138,440
9,127,942	528,017,723	58,210,840	27,308,346	847,001,431
90,785,379	133,391,786	25,208,369	49,825,898	464,982,829
48,699,617	98,826,572	10,690,194	15,149,629	374,334,359
13,822,016	49,992,354	1,779,652	62,139,554	221,682,000
55,996,864	248,342,940	144,209,976	18,281,272	882,579,749
21,752,586	75,715,538	21,913,306	33,445,256	349,558,072
205,388,786	722,989,636	144,893,054	208,344,825	2,047,330,450
16,275,309	47,716,392	12,605,188	11,880,729	209,933,612
22,251,055	146,172,967	46,000,148	21,289,864	476,400,908
4,558,733	33,442,897	2,912,541	1,743,150	57,502,713
7,658,904	44,411,364	5,996,892	945,979	178,254,361
154,644,785	451,246,016	77,378,285	172,485,103	1,125,238,856
58,833,488	345,851,413	28,646,728	88,567,934	1,096,888,783
17,578,369	67,961,858	9,492,263	43,311,456	193,832,443
10,660,263	18,401,680	4,257,876	19,344,350	167,216,488
13,286,049	219,722,488	7,464,955	8,564,806	600,484,118
17,308,807	39,765,387	7,431,634	17,347,322	135,355,734
45,350,452	154,588,799	15,014,494	75,087,548	421,867,972
18,480,307	61,326,934	3,638,427	66,790,385	152,478,786
5,231,765	23,273,802	581,075	934,038	58,634,278
5,419,363	20,136,880	2,366,191	2,480,662	38,076,519
28,148	18,809,720	2,710,258	426,002	44,650,518
13,351,603	22,908,310	2,456,500	3,314,409	100,794,076
2,839,266	8,133,153	3,262,043	1,142,052	27,233,795

**Table 110—Continued**  
**Medicaid Payments, by Type of Service and Area of Residence: Fiscal Year 2000**

Area of Residence	Total <sup>1</sup>	General Hospital	Nursing Facilities Services	Physician Services
San Francisco: Region IX	\$20,222,871,139	\$2,629,086,227	\$2,583,500,500	\$739,382,382
Arizona	2,111,769,849	93,034,078	15,498,950	24,982,291
California	17,060,494,184	2,397,163,171	2,344,690,731	691,528,740
Hawaii <sup>2</sup>	535,162,729	48,741,431	137,754,201	20,442,761
Nevada	515,444,377	90,147,547	85,556,618	2,428,590
Seattle: Region X	5,196,459,506	565,615,053	829,698,863	253,554,176
Alaska	470,249,823	81,559,978	49,336,132	46,661,540
Idaho	593,750,993	87,338,995	108,695,419	42,356,368
Oregon	1,700,408,573	74,743,131	184,775,241	30,374,502
Washington	2,432,050,117	321,972,949	486,892,071	134,161,766

<sup>1</sup>The 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.

<sup>2</sup>Last reported Medicaid payment is for fiscal year 1999.

<sup>3</sup>During fiscal year 2000, the State of Tennessee processed a large number of credit adjustment bills, some of which applied to earlier periods, resulting in a net negative amount for that year and category. A more typical amount based on earlier experience would be in the neighborhood of \$0.5 to about \$1.0 billion.

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.

SOURCE: Centers for Medicare & Medicaid Services, Center for Medicaid and State Operations: Medicaid Statistical Information System (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 2000**

Dental Services	Outpatient Hospital	Lab and X-Ray	Home Health	Prescribed Drugs
\$38,159,267	\$485,121,740	\$283,353,080	\$150,470,500	\$2,414,619,714
2,901,967	121,464,407	2,158,881	732,608	1,952,231
21,226,150	334,065,676	237,249,967	141,115,044	2,316,135,493
1,504	18,946,453	3,341,248	5,349	44,849,664
14,029,646	10,645,204	40,602,984	8,617,499	51,682,326
112,800,378	213,966,439	25,278,510	9,984,088	685,863,258
13,785,450	31,853,770	6,856,306	711,458	51,196,685
16,522,875	22,696,608	5,832,738	4,045,868	83,525,730
875,338	33,513,542	5,458,586	674,325	163,263,562
81,616,715	125,902,519	7,130,880	4,552,437	387,877,281

Table 111

## Medicaid Payment per Person Served (Beneficiary), by Type of Service and Area of Residence: Fiscal Year 2000

Area of Residence	Total <sup>1</sup>	General Hospital	Nursing Facilities Services	Physician Services	Dental Services	Outpatient Hospital	Lab and X-Ray	Home Health	Prescribed Drugs
All Jurisdictions	\$3,936	\$4,919	\$20,220	\$356	\$238	\$533	\$113	\$3,135	\$975
Boston: Region I	5,663	6,364	25,085	339	200	628	165	9,277	1,200
Connecticut	6,762	12,353	27,167	263	182	719	165	5,664	2,340
Maine	6,820	8,710	20,100	318	232	947	94	2,065	1,188
Massachusetts	5,153	5,175	23,115	379	193	552	196	14,240	1,024
New Hampshire	6,712	3,255	24,780	299	195	699	72	2,310	1,099
Rhode Island	5,982	7,739	35,227	218	189	600	83	2,398	1,797
Vermont	3,451	3,608	20,265	260	247	454	90	1,861	889
New York: Region II	7,273	7,615	20,070	223	243	850	65	3,005	1,194
New Jersey	5,724	5,631	22,763	191	143	1,515	109	4,124	1,959
New York	7,646	7,861	25,680	228	253	766	60	2,944	1,089
Puerto Rico	---	---	---	---	---	---	---	---	---
Virgin Islands	---	---	---	---	---	---	---	---	---
Philadelphia: Region III	4,491	5,377	20,780	333	206	511	122	5,357	1,049
Delaware	4,584	4,482	28,595	409	298	379	99	4,899	848
District of Columbia	5,715	12,701	34,416	411	85	970	164	5,683	1,445
Maryland	5,396	7,536	22,331	372	176	734	142	19,007	914
Pennsylvania	4,266	4,151	20,056	218	169	270	127	3,916	1,281
Virginia	3,960	3,526	17,497	357	220	499	117	1,124	1,101
West Virginia	4,154	5,157	23,351	395	239	438	112	655	826
Atlanta: Region IV	3,188	3,252	15,982	421	245	441	99	2,258	942
Alabama	3,860	2,745	24,770	295	159	202	115	568	756
Florida	3,114	2,871	16,826	364	260	321	94	2,646	1,274
Georgia	2,774	3,644	18,512	466	206	589	96	4,222	685
Kentucky	3,780	2,837	18,254	389	224	861	118	3,427	1,088
Mississippi	2,987	2,167	16,327	418	244	371	79	1,064	890
North Carolina	3,996	3,936	19,132	480	266	555	116	2,712	961
South Carolina	3,900	4,892	18,946	382	296	264	71	1,574	706
Tennessee	2,226	882	-1070 <sup>3</sup>	701	61	63	22	8,639	---

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 2000**

Area of Residence	Total <sup>1</sup>	General Hospital	Nursing Facilities Services	Physician Services	Dental Services	Outpatient Hospital	Lab and X-Ray	Home Health	Prescribed Drugs
Chicago: Region V	\$4,812	\$7,516	\$21,931	\$349	\$240	\$548	\$147	\$1,526	\$1,015
Illinois	5,150	13,777	24,033	342	2,175	720	95	2,156	836
Indiana	4,224	3,894	17,586	348	464	489	97	5,282	1,107
Michigan	3,611	6,188	21,818	281	149	466	68	2,713	859
Minnesota	5,857	6,543	22,399	498	198	433	67	1,011	1,231
Ohio	5,434	5,025	22,997	368	200	436	266	442	1,135
Wisconsin	5,039	4,751	19,629	237	175	454	118	7,302	1,307
Dallas: Region VI	3,393	3,295	15,507	412	228	428	89	1,770	679
Arkansas	3,086	2,495	14,035	455	240	266	93	1,357	722
Louisiana	3,456	3,373	14,225	332	162	435	105	2,120	819
New Mexico	3,325	3,324	23,376	254	362	565	96	2,552	855
Oklahoma	3,163	3,258	12,396	288	214	284	67	260	803
Texas	3,487	3,390	16,540	451	238	470	83	1,823	607
Kansas City: Region VII	4,088	4,343	16,895	308	198	578	75	2,720	1,115
Iowa	4,707	4,814	16,402	335	203	596	84	2,589	914
Kansas	4,670	4,003	15,813	366	260	209	61	3,865	1,056
Missouri	3,673	4,300	17,834	221	146	706	54	1,288	1,343
Nebraska	4,185	4,308	16,347	406	218	469	126	4,162	816
Denver: Region VIII	4,543	4,681	17,564	383	278	553	98	6,155	882
Colorado	4,747	5,682	17,145	190	310	522	104	7,674	951
Montana	4,173	3,475	16,417	528	270	590	70	1,356	996
North Dakota	5,852	3,660	20,958	471	308	803	110	3,343	977
South Dakota	3,935	3,909	17,080	429	408	544	103	959	832
Utah	4,277	5,236	17,133	310	237	559	62	2,797	757
Wyoming	4,609	3,696	18,146	454	279	367	141	2,619	817

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 2000**

Area of Residence	Total <sup>1</sup>	General Hospital	Nursing	Physician Services	Dental Services	Outpatient Hospital	Lab and X-Ray	Home Health	Prescribed Drugs
			Facilities Services						
San Francisco: Region IX	\$2,262	\$4,433	\$20,763	\$286	\$302	\$353	\$135	\$2,831	\$935
Arizona	3,100	3,565	14,960	700	351	5,138	117	1,390	278
California	2,155	4,388	20,398	277	230	256	119	2,757	931
Hawaii <sup>2</sup>	2,626	10,144	32,231	489	79	969	133	486	1,257
Nevada	3,733	5,663	20,517	140	537	415	637	6,073	1,010
Seattle: Region X	3,121	5,722	19,094	404	298	589	100	1,466	1,002
Alaska	4,876	5,488	52,152	697	475	657	177	2,428	849
Idaho	4,530	4,580	22,398	425	414	407	107	1,955	900
Oregon	3,135	3,459	15,577	280	125	449	84	759	851
Washington	2,717	7,434	18,878	381	270	683	76	1,279	1,143

<sup>1</sup>The 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.

<sup>2</sup>Last reported numbers are for fiscal year 1999.

<sup>3</sup>During fiscal year 2000, the State of Tennessee processed a large number of credit adjustment bills, some of which applied to earlier periods, resulting in a net negative payment amount for that year and category. A more typical average amount based on earlier experience would be in the neighborhood of \$15,000 to about \$16,000.

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 total payment per person served (beneficiary).

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