

Table 85
Medicaid Medical Assistance Payments: Fiscal Years 1975-2001

Medical Assistance Payments: Fiscal Years 1975-2001				HCFA-2082/MSIS
	CMS Form-64			Payments
	Total	2001 Inflation		as a Percent of
Fiscal Year ¹	Expenditures ²	Adjusted Total	HCFA-2082/MSIS	CMS Form-64
		Expenditures ³	Payments	Payments
	Number in Thousands			
1975	\$12,086,166	\$59,550,846	\$12,142,000	100.5
1976	13,977,348	61,500,840	14,091,000	100.8
1977	16,354,599	65,658,400	16,239,000	99.3
1978	18,168,065	67,000,249	17,992,000	99.0
1979	20,736,011	70,501,854	20,472,000	98.7
1980	24,041,116	74,646,988	23,311,000	97.0
1981	28,485,289	79,116,417	27,204,000	95.5
1982	30,330,765	75,570,800	29,399,000	96.9
1983	33,298,880	76,431,152	32,391,000	97.3
1984	35,671,888	75,950,741	33,891,000	95.0
1985	39,413,219	79,474,911	37,508,000	95.2
1986	42,525,605	82,612,295	41,005,000	96.4
1987	46,956,072	87,832,548	45,050,000	95.9
1988	51,645,666	90,448,988	48,710,000	94.3
1989	58,645,953	94,765,696	54,500,000	92.9
1990	69,754,495	104,671,964	64,859,000	93.0
1991	88,377,773	124,641,430	76,964,000	87.1
1992	114,365,915	152,990,066	91,480,000	80.0
1993	126,573,138	161,285,894	101,708,889	80.4
1994	136,886,366	167,508,799	108,270,147	79.1
1995	151,707,290	178,564,564	120,140,904	79.2
1996	154,423,973	176,813,134	121,684,650	78.8
1997	160,538,571	179,191,668	123,551,014	77.0
1998	167,994,374	183,078,167	142,317,904	84.7
1999	180,456,639	190,871,063	153,479,358	85.1
2000	194,696,199	201,695,061	168,307,231	86.4
2001	215,377,890	215,377,890	186,905,000	86.8

¹Prior 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.

²CMS 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.

³Dollar amounts adjusted using a personal consumption expenditure index for medical services, expressed in fiscal year 2001 dollars.

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), HCFA-2082 (Statistical Report on Medical Care: Eligibles, Recipients, Payments, and Services), and the Medicaid Statistical Information System (MSIS); 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 2001

Area of Residence	Total	Hospital ¹	Institutional Long-Term-Care ²	Physicians and Other Practitioners ³	Prescription Drug
Amount in Thousands					
All Jurisdictions	\$215,377,890	\$53,437,273	\$53,079,479	\$10,036,688	\$24,685,546
Boston: Region I	14,689,300	3,024,904	3,685,193	571,947	1,593,961
Connecticut	3,386,612	533,239	1,254,787	74,420	304,836
Maine	1,349,675	267,999	246,233	58,873	191,786
Massachusetts	7,248,610	1,589,477	1,635,086	318,454	798,644
New Hampshire	878,037	233,599	211,952	33,125	91,703
Rhode Island	1,221,804	299,100	251,386	22,890	102,708
Vermont	604,562	101,490	85,749	64,185	104,284
New York: Region II	39,563,642	12,074,492	11,167,075	803,665	3,642,729
New Jersey	7,197,164	2,121,365	2,614,641	81,765	655,710
New York	31,605,930	9,197,098	8,551,572	721,715	2,984,226
Puerto Rico	750,263	750,263	0	0	0
Virgin Islands	10,285	5,766	862	185	2,793
Philadelphia: Region III	20,419,950	3,679,128	6,359,992	514,746	1,765,144
Delaware	593,522	41,404	141,384	12,323	81,157
District of Columbia	974,307	331,058	236,662	12,801	63,504
Maryland	3,311,047	647,726	755,154	18,604	244,302
Pennsylvania	10,886,949	1,393,920	4,170,179	138,929	692,666
Virginia	3,091,047	900,560	715,693	159,478	425,399
West Virginia	1,563,078	364,460	340,920	172,611	258,116
Atlanta: Region IV	37,440,317	10,171,314	7,683,000	2,767,971	5,785,866
Alabama	2,887,515	718,205	735,309	165,011	386,876
Florida	8,683,537	2,008,839	1,993,347	538,221	1,475,767
Georgia	5,183,957	2,323,334	872,288	564,176	733,825
Kentucky	3,387,871	847,082	659,549	287,326	592,097
Mississippi	2,504,510	878,196	585,917	206,358	493,177
North Carolina	6,239,709	1,912,154	1,276,363	673,718	984,644
South Carolina	3,094,579	1,010,135	542,753	302,220	438,897
Tennessee	5,458,639	473,369	1,017,474	30,941	680,583

See footnotes at end of table.

Table 86—Continued
Medicaid Expenditures, by Provider Type and Area of Residence: Fiscal Year 2001

Area of Residence	Prescription Drug Rebate	Other Acute Care ⁴	Home and Community ⁵	Health Insurance ⁶	Miscellaneous ⁷
Amount in Thousands					
All Jurisdictions	-\$4,914,043	\$7,727,692	\$20,811,109	\$38,271,307	\$12,242,831
Boston: Region I	-341,728	435,577	1,997,732	2,419,077	1,302,636
Connecticut	-61,916	36,392	586,836	601,858	56,160
Maine	-41,848	87,987	164,792	43,387	330,465
Massachusetts	-180,517	191,099	826,701	1,526,169	543,499
New Hampshire	-13,935	105,579	146,424	17,157	52,432
Rhode Island	-21,467	3,093	168,129	173,668	222,296
Vermont	-22,045	11,427	104,850	56,838	97,784
New York: Region II	-668,087	1,978,743	5,483,804	2,678,941	2,402,282
New Jersey	-124,102	184,290	579,728	861,987	221,779
New York	-543,985	1,794,356	4,904,076	1,816,705	2,180,169
Puerto Rico	0	0	0	0	0
Virgin Islands	0	97	0	249	334
Philadelphia: Region III	-338,545	725,573	1,810,568	5,162,699	740,647
Delaware	-17,042	47,879	53,523	193,600	39,295
District of Columbia	-10,446	107,372	16,685	185,897	30,775
Maryland	-47,231	163,686	305,967	1,006,472	216,366
Pennsylvania	-129,265	285,669	943,636	3,194,023	197,193
Virginia	-82,159	67,575	300,504	481,537	122,460
West Virginia	-52,402	53,392	190,253	101,170	134,558
Atlanta: Region IV	-1,071,838	1,374,112	2,631,428	5,877,986	2,220,476
Alabama	-76,631	167,294	192,124	472,105	127,223
Florida	-297,363	148,753	661,556	1,355,664	798,753
Georgia	-98,969	126,882	227,202	135,252	299,967
Kentucky	-104,759	127,787	275,656	485,018	218,114
Mississippi	-88,482	152,385	59,874	88,037	129,047
North Carolina	-207,552	357,652	760,855	238,261	243,614
South Carolina	-95,438	271,695	245,985	95,457	282,874
Tennessee	-102,644	21,664	208,176	3,008,192	120,884

Table 86—Continued
Medicaid Expenditures, by Provider Type and Area of Residence: Fiscal Year 2001

Area of Residence	Total	Hospital ¹	Institutional Long-Term-Care ²	Physicians and Other Practitioners ³	Prescription Drug
Amount in Thousands					
Chicago: Region V	\$35,242,576	\$9,464,461	\$10,443,699	\$1,860,678	\$3,786,024
Illinois	8,102,969	3,212,661	2,168,859	502,630	890,335
Indiana	4,061,790	1,570,224	1,114,369	302,154	561,642
Michigan	7,182,065	1,540,007	1,775,186	170,924	584,638
Minnesota	3,908,645	368,113	1,118,963	161,402	265,726
Ohio	8,480,062	2,404,209	3,100,527	617,396	1,099,698
Wisconsin	3,507,045	369,247	1,165,795	106,172	383,985
Dallas: Region VI	21,217,319	3,741,383	5,032,750	668,858	2,382,489
Arkansas	1,837,855	420,552	465,850	187,376	241,559
Louisiana	4,380,633	1,650,041	1,513,627	246,476	585,802
New Mexico	1,424,513	201,042	184,219	67,781	57,986
Oklahoma	2,053,773	188,780	540,352	32,375	171,170
Texas	11,520,545	1,280,968	2,328,702	134,850	1,325,972
Kansas City: Region VII	9,306,926	2,054,377	2,767,553	351,281	1,273,270
Iowa	1,727,640	296,629	576,372	102,471	236,469
Kansas	1,679,106	253,509	548,022	67,953	190,524
Missouri	4,687,679	1,345,458	1,225,497	94,722	675,448
Nebraska	1,212,501	158,781	417,662	86,135	170,829
Denver: Region VIII	4,643,509	942,083	1,082,132	272,561	482,969
Colorado	2,153,319	493,090	375,646	96,704	166,001
Montana	509,349	103,547	132,604	52,589	72,577
North Dakota	415,968	60,122	199,394	27,549	44,079
South Dakota	472,299	90,225	173,783	30,045	51,749
Utah	845,838	135,722	146,521	39,869	117,056
Wyoming	246,736	59,377	54,184	25,805	31,507
See footnotes at end of table.					

Table 86—Continued
Medicaid Expenditures, by Provider Type and Area of Residence: Fiscal Year 2001

Area of Residence	Prescription Drug Rebate	Other Acute Care ⁴	Home and Community ⁵	Health Insurance ⁶	Miscellaneous ⁷
Amount in Thousands					
Chicago: Region V	-\$698,719	\$722,475	\$3,093,746	\$5,000,544	\$1,569,668
Illinois	-170,734	215,949	372,165	327,709	583,396
Indiana	-103,148	77,864	192,376	218,433	127,876
Michigan	-111,717	156,064	609,640	2,351,201	106,122
Minnesota	-54,549	20,816	797,008	919,945	311,220
Ohio	-217,702	143,815	542,229	536,871	253,020
Wisconsin	-40,869	107,967	580,328	646,385	188,034
Dallas: Region VI	-481,845	424,140	1,955,634	6,164,162	1,329,749
Arkansas	-45,744	187,892	174,104	63,331	142,935
Louisiana	-115,255	139,486	163,387	88,364	108,704
New Mexico	-12,111	27,293	226,073	625,898	46,332
Oklahoma	-40,178	8,246	270,725	770,713	111,591
Texas	-268,557	61,223	1,121,345	4,615,856	920,187
Kansas City: Region VII	-246,481	284,438	1,129,388	1,158,944	534,154
Iowa	-42,602	23,354	179,913	252,664	102,371
Kansas	-39,732	18,535	338,593	93,978	207,723
Missouri	-133,927	211,044	449,934	644,047	175,455
Nebraska	-30,220	31,505	160,948	168,255	48,605
Denver: Region VIII	-93,570	276,483	742,683	726,879	211,285
Colorado	-34,265	92,840	392,590	499,649	71,064
Montana	-13,360	6,125	82,793	20,901	51,572
North Dakota	-8,780	14,347	51,776	5,050	22,431
South Dakota	-9,406	34,028	62,793	17,238	21,843
Utah	-21,950	114,839	94,117	179,235	40,427
Wyoming	-5,809	14,304	58,614	4,806	3,948

Table 86—Continued
Medicaid Expenditures, by Provider Type and Area of Residence: Fiscal Year 2001

Area of Residence	Total	Hospital ¹	Institutional Long-Term-Care ²	Physicians and Other Practitioners ³	Prescription Drug
Amount in Thousands					
San Francisco: Region IX	\$24,509,337	\$6,730,105	\$3,307,741	\$1,611,170	\$3,124,109
American Samoa	11,108	0	0	0	0
Arizona	2,641,019	241,419	12,281	17,023	2,589
California	20,513,230	6,166,572	3,018,075	1,493,906	2,985,284
Guam	12,508	0	0	0	0
Hawaii	634,120	80,643	156,250	27,489	73,459
Nevada	689,511	240,255	121,135	72,752	61,502
Northern Mariana Islands	7,841	1,216	0	0	1,275
Seattle: Region X	8,345,014	1,555,026	1,550,344	613,811	848,985
Alaska	580,768	188,200	71,610	64,091	58,797
Idaho	706,214	147,344	179,983	73,371	102,975
Oregon	2,668,512	265,363	553,973	84,885	228,537
Washington	4,389,520	954,119	744,778	391,464	458,676

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

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

³Includes physician, dental, and other practitioners.

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

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

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

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

Note: Numbers may not add to total because of rounding.

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 2001

Area of Residence	Prescription Drug Rebate	Other Acute Care ⁴	Home and Community ⁵	Health Insurance ⁶	Miscellaneous ⁷
Amount in Thousands					
San Francisco: Region IX	-\$816,809	\$1,028,927	\$610,551	\$7,471,972	\$1,441,568
American Samoa	0	0	0	0	11,108
Arizona	0	29,986	2,777	2,226,117	108,827
California	-786,114	973,916	518,465	4,916,483	1,226,643
Guam	0	0	0	0	12,508
Hawaii	-14,364	13,802	48,248	232,196	16,396
Nevada	-16,331	10,658	41,061	96,982	61,495
Northern Mariana Islands	0	565	0	194	4,591
Seattle: Region X	-156,421	477,224	1,355,575	1,610,103	490,366
Alaska	-11,338	78,842	84,758	7,932	37,875
Idaho	-18,841	45,387	77,947	13,927	84,121
Oregon	-34,991	42,342	510,261	808,621	209,521
Washington	-91,251	310,653	682,609	779,623	158,849

Table 87
Medicaid Expenditures, Eligibles, and Average Expenditure per Eligible, by Area of

Residence: Fiscal Year 2001					
Area of Residence	Expenditures ¹		Eligibles ²		Average Expenditure per Eligible
	Total	Percent	Total	Percent	
All Jurisdictions	\$215,377,889,593	100.0	47,060,617	100.0	\$4,560 ³
Boston: Region I	14,689,300,760	6.8	2,296,076	4.9	6,398
Connecticut	3,386,611,586	1.6	444,250	0.9	7,623
Maine	1,349,675,068	0.6	275,618	0.6	4,897
Massachusetts	7,248,610,148	3.4	1,120,283	2.4	6,470
New Hampshire	878,037,464	0.4	108,562	0.2	8,088
Rhode Island	1,221,804,282	0.6	194,170	0.4	6,292
Vermont	604,562,212	0.3	153,193	0.3	3,946
New York: Region II	39,563,643,245	18.4	4,469,316	9.5	8,682 ⁴
New Jersey	7,197,164,314	3.3	920,686	2.0	7,817
New York	31,605,930,404	14.7	3,548,630	7.5	8,907
Puerto Rico	750,263,161	0.3	(8)	---	---
Virgin Islands	10,285,366	(7)	(8)	---	---
Philadelphia: Region III	20,419,950,875	9.5	3,670,636	7.8	5,563
Delaware	593,522,480	0.3	133,079	0.3	4,460
District of Columbia	974,306,686	0.5	152,597	0.3	6,385
Maryland	3,311,047,378	1.5	704,316	1.5	4,701
Pennsylvania	10,886,949,361	5.1	1,647,440	3.5	6,608
Virginia	3,091,047,377	1.4	681,715	1.4	4,534
West Virginia	1,563,077,593	0.7	351,489	0.7	4,447
Atlanta: Region IV	37,440,317,075	17.4	9,861,200	21.0	3,797
Alabama	2,887,514,793	1.3	780,434	1.7	3,700
Florida	8,683,537,438	4.0	2,461,425	5.2	3,528
Georgia	5,183,956,791	2.4	1,328,468	2.8	3,902
Kentucky	3,387,870,502	1.6	752,584	1.6	4,502
Mississippi	2,504,510,226	1.2	681,161	1.4	3,677
North Carolina	6,239,709,423	2.9	1,382,192	2.9	4,514
South Carolina	3,094,578,743	1.4	871,640	1.9	3,550
Tennessee	5,458,639,159	2.5	1,603,296	3.4	3,405
Chicago: Region V	35,242,577,006	16.4	7,024,050	14.9	5,017
Illinois	8,102,969,450	3.8	1,795,564	3.8	4,513
Indiana	4,061,790,272	1.9	821,517	1.7	4,944
Michigan	7,182,065,339	3.3	1,430,246	3.0	5,022
Minnesota	3,908,644,831	1.8	642,722	1.4	6,081
Ohio	8,480,062,022	3.9	1,660,463	3.5	5,107
Wisconsin	3,507,045,092	1.6	673,538	1.4	5,207

See footnotes at end of table.

Table 87—Continued
Medicaid Expenditures, Eligibles, and Average Expenditure per Eligible, by Area of
Residence: Fiscal Year 2001

Area of Residence	Expenditures ¹		Eligibles ²		Average Expenditure per Eligible
	Total	Percent	Total	Percent	
Dallas: Region VI	\$21,217,318,900	9.9	5,328,187	11.3	\$3,982
Arkansas	1,837,854,871	0.9	550,668	1.2	3,338
Louisiana	4,380,632,815	2.0	886,518	1.9	4,941
New Mexico	1,424,513,281	0.7	423,543	0.9	3,363
Oklahoma	2,053,773,185	1.0	631,996	1.3	3,250
Texas	11,520,544,748	5.3	2,835,462	6.0	4,063
Kansas City: Region VII	9,306,924,794	4.3	1,893,572	4.0	4,915
Iowa	1,727,640,228	0.8	331,025	0.7	5,219
Kansas	1,679,105,534	0.8	281,058	0.6	5,974
Missouri	4,687,678,522	2.2	1,032,316	2.2	4,541
Nebraska	1,212,500,510	0.6	249,173	0.5	4,866
Denver: Region VIII	4,643,507,299	2.2	949,210	2.0	4,892
Colorado	2,153,318,576	1.0	410,611	0.9	5,244
Montana	509,348,850	0.2	101,248	0.2	5,031
North Dakota	415,967,653	0.2	65,401	0.1	6,360
South Dakota	472,298,828	0.2	106,154	0.2	4,449
Utah	845,837,581	0.4	207,783	0.4	4,071
Wyoming	246,735,811	0.1	58,013	0.1	4,253
San Francisco: Region IX	24,509,336,184	11.4	9,706,819	20.6	2,522 ⁵
American Samoa	11,107,674	(7)	(8)	---	---
Arizona	2,641,018,769	1.2	808,386	1.7	3,267
California	20,513,230,494	9.5	8,528,274	18.1	2,405
Guam	12,507,638	(7)	(8)	---	---
Hawaii	634,119,511	0.3	202,912 ⁶	0.4	3,125
Nevada	689,510,747	0.3	167,247	0.4	4,123
Northern Mariana Islands	7,841,351	(7)	(8)	---	---
Seattle: Region X	8,345,013,455	3.9	1,861,551	4.0	4,483
Alaska	580,767,655	0.3	100,247	0.2	5,793
Idaho	706,213,899	0.3	172,348	0.4	4,098
Oregon	2,668,512,151	1.2	583,532	1.2	4,573
Washington	4,389,519,750	2.0	1,005,424	2.1	4,366

¹Medicaid 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 (CHIP) as well as State-reported adjustments and adjustments made by the Centers for Medicare & Medicaid Services.

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

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

⁴Excludes expenditures for Puerto Rico and Virgin Islands.

⁵Excludes expenditures for American Samoa, Guam, and Northern Mariana Islands.

⁶Last reported number of eligibles is for fiscal year 1999.

⁷Less than 0.05 percent.

⁸Jurisdiction did not report eligibles.

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) 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 1975-2001

Year	Total	Children ¹	Adult	Aged	Disabled	Other/ Unknown
Number in Thousands						
1975	22,007	9,598	4,529	3,615	2,464	1,801
1976	22,815	9,924	4,773	3,612	2,669	1,837
1977	22,832	9,651	4,785	3,636	2,802	1,958
1978	21,965	9,376	4,643	3,376	2,718	1,852
1979	21,520	9,106	4,570	3,364	2,753	1,727
1980	21,605	9,333	4,877	3,440	2,911	1,044
1981	21,980	9,581	5,187	3,367	3,079	766
1982	21,603	9,563	5,356	3,240	2,891	553
1983	21,554	9,535	5,592	3,372	2,921	134
1984	21,607	9,684	5,600	3,238	2,913	172
1985	21,814	9,757	5,518	3,061	3,012	466
1986	22,515	10,029	5,647	3,140	3,182	517
1987	23,109	10,168	5,599	3,224	3,381	737
1988	22,907	10,037	5,503	3,159	3,487	721
1989	23,511	10,318	5,717	3,132	3,590	754
1990	25,255	11,220	6,010	3,202	3,718	1,105
1991	27,967	12,855	6,703	3,341	4,033	1,035
1992	31,150	15,200	7,040	3,749	4,487	674
1993	33,432	16,285	7,505	3,863	5,016	763
1994	35,053	17,194	7,586	4,035	5,458	780
1995	36,282	17,164	7,604	4,119	5,858	1,537
1996	36,118	16,739	7,127	4,285	6,221	1,746
1997	34,872	15,791	6,803	3,955	6,129	2,195
1998	40,096	18,969	7,895	3,964	6,637	2,631
1999	40,184	18,837	7,511	3,774	6,698	3,365
2000	42,763	19,723	8,750	3,731	6,889	3,671
2001	45,766	21,064	9,758	3,810	7,107	4,026

See footnotes at end of table.

Table 88—Continued
Number of Medicaid Persons Served (Beneficiaries), by Eligibility Group:
Fiscal Years 1975-2001

Year	Total	Children ¹	Adult	Aged	Disabled	Other/ Unknown
Percent Distribution						
1975	100.0	43.6	20.6	16.4	11.2	8.2
1976	100.0	43.5	20.9	15.8	11.7	8.1
1977	100.0	42.3	21.0	15.9	12.3	8.6
1978	100.0	42.7	21.1	15.4	12.4	8.4
1979	100.0	42.3	21.2	15.6	12.8	8.0
1980	100.0	43.2	22.6	15.9	13.5	4.8
1981	100.0	43.6	23.6	15.3	14.0	3.5
1982	100.0	44.3	24.8	15.0	13.4	2.6
1983	100.0	44.2	25.9	15.6	13.6	0.6
1984	100.0	44.8	25.9	15.0	13.5	0.8
1985	100.0	44.7	25.3	14.0	13.8	2.1
1986	100.0	44.5	25.1	13.9	14.1	2.3
1987	100.0	44.0	24.2	14.0	14.6	3.2
1988	100.0	43.8	24.0	13.8	15.2	3.1
1989	100.0	43.9	24.3	13.3	15.3	3.2
1990	100.0	44.4	23.8	12.7	14.7	4.4
1991	100.0	46.0	24.0	11.9	14.4	3.7
1992	100.0	48.8	22.6	12.0	14.4	2.2
1993	100.0	48.7	22.4	11.6	15.0	2.3
1994	100.0	49.1	21.6	11.5	15.6	2.2
1995	100.0	47.3	21.0	11.4	16.1	4.2
1996	100.0	46.3	19.7	11.9	17.2	4.8
1997	100.0	45.3	19.5	11.3	17.6	6.3
1998	100.0	47.3	19.7	9.9	16.6	6.6
1999	100.0	46.9	18.7	9.4	16.7	8.4
2000	100.0	46.1	20.5	8.7	16.1	8.6
2001	100.0	46.0	21.3	8.3	15.5	8.8

¹Includes children and foster care children.

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

SOURCES: Centers for Medicare & Medicaid Services, Center for Medicaid and State Operations: 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 1975-2001

Medicaid Persons Served (Beneficiaries), All Eligibility Groups, by Selected Type of Service, Fiscal Years 1975-2001								
		Inpatient		Nursing		Outpatient	Home	Prescribed
Year	Total ¹	Hospital	ICF/MR	Facility ²	Physician	Hospital	Health ³	Drugs
				Number Using Selected Service, in Thousands				
1975	22,007	3,432	69	1,312	15,198	7,437	343	14,155
1976	22,815	3,551	89	1,361	15,624	8,482	319	14,883
1977	22,832	3,768	107	1,395	16,074	8,619	371	15,370
1978	21,965	3,782	104	1,379	15,668	8,628	376	15,188
1979	21,520	3,608	114	1,376	15,168	7,710	359	14,283
1980	21,605	3,680	121	1,395	13,765	9,705	392	13,707
1981	21,980	3,703	151	1,372	14,403	10,018	402	14,256
1982	21,603	3,530	149	1,324	13,894	9,853	377	13,547
1983	21,554	3,696	151	1,367	14,056	10,069	422	13,732
1984	21,607	3,467	141	1,355	14,195	10,035	438	13,935
1985	21,814	3,434	147	1,375	14,387	10,072	535	13,921
1986	22,515	3,544	145	1,399	14,894	10,702	593	14,704
1987	23,109	3,767	149	1,421	15,373	10,979	609	15,083
1988	22,907	3,832	145	1,445	15,265	10,533	569	15,323
1989	23,511	4,170	148	1,452	15,686	11,344	609	15,916
1990	25,255	4,593	147	1,461	17,078	12,370	719	17,294
1991	27,967	5,014	145	1,490	19,119	14,031	809	19,581
1992	31,150	5,790	151	1,573	21,683	15,167	926	22,070
1993	33,432	5,894	149	1,610	23,746	16,436	1,067	23,901
1994	35,053	5,866	159	1,639	24,267	16,567	1,293	24,471
1995	36,282	5,561	151	1,667	23,789	16,712	1,639	23,723
1996	36,118	5,362	140	1,594	22,861	15,905	1,727	22,585
1997	34,872	4,746	136	1,603	21,170	13,632	1,861	20,954
1998	40,096	4,270	126	1,646	18,553	12,158	1,225	19,338
1999	40,184	4,497	122	1,617	18,373	12,417	814	19,855
2000	42,763	4,933	118	1,703	19,104	13,226	995	20,517
2001	45,766	4,900	117	1,701	20,184	13,815	1,011	22,040

See footnotes at end of table.

Table 89—Continued

Medicaid Persons Served (Beneficiaries), All Eligibility Groups, by Selected Type of Service: Fiscal Years 1975-2001

		In patient		Nursing		Outpatient	Home	Prescribed
Year	Total ¹	Hos pital	ICF/MR	Facility ²	Physician	Hospital	Health ³	Drugs
				Percent of Unduplicated Total Using Selected Service				
1975	100.0	15.6	0.3	6.0	69.1	33.8	1.6	64.3
1976	100.0	15.6	0.4	6.0	68.5	37.2	1.4	65.2
1977	100.0	16.5	0.5	6.1	70.4	37.7	1.6	67.3
1978	100.0	17.2	0.5	6.3	71.3	39.3	1.7	69.1
1979	100.0	16.8	0.5	6.4	70.5	35.8	1.7	66.4
1980	100.0	17.0	0.6	6.5	63.7	44.9	1.8	63.4
1981	100.0	16.8	0.7	6.2	65.5	45.6	1.8	64.9
1982	100.0	16.3	0.7	6.1	64.3	45.6	1.7	62.7
1983	100.0	17.1	0.7	6.3	65.2	46.7	2.0	63.7
1984	100.0	16.0	0.7	6.3	65.7	46.4	2.0	64.5
1985	100.0	15.7	0.7	6.3	66.0	46.2	2.5	63.8
1986	100.0	15.7	0.6	6.2	66.2	47.5	2.6	65.3
1987	100.0	16.3	0.6	6.1	66.5	47.5	2.6	65.3
1988	100.0	16.7	0.6	6.3	66.6	46.0	2.5	66.9
1989	100.0	17.7	0.6	6.2	66.7	48.2	2.6	67.7
1990	100.0	18.2	0.6	5.8	67.6	49.0	2.8	68.5
1991	100.0	17.9	0.5	5.3	68.4	50.2	2.9	70.0
1992	100.0	18.6	0.5	5.0	69.6	48.7	3.0	70.9
1993	100.0	17.6	0.4	4.8	71.0	49.2	3.2	71.5
1994	100.0	16.7	0.5	4.7	69.2	47.3	3.7	69.8
1995	100.0	15.3	0.4	4.6	65.6	46.1	4.5	65.4
1996	100.0	14.8	0.4	4.4	63.3	44.0	4.8	62.5
1997	100.0	13.6	0.4	4.6	60.7	39.1	5.3	60.1
1998	100.0	10.6	0.3	4.1	46.3	30.3	3.1	48.2
1999	100.0	11.2	0.3	4.0	45.7	30.9	2.0	49.4
2000	100.0	11.5	0.3	4.0	44.7	30.9	2.3	48.0
2001	100.0	10.7	0.3	3.7	44.1	30.2	2.2	48.2

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

²Data shown include services shown separately in earlier years as skilled nursing facility (SNF) and intermediate care facilities (ICF-other). Beginning in fiscal year 1991, the conditions of participation for SNFs and ICF-other were unified, the distinction between them removed, and the services renamed nursing facility services. It is possible that the combined number of recipients includes some persons who used both types of nursing facility care during the reported fiscal year. This could somewhat inflate the number of users and lower the average payments per recipient.

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

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

SOURCES: Centers for Medicare & Medicaid Services, Center for Medicaid and State Operations: Statistical Report for 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 1975-2001

		Inpatient		Nursing		Outpatient	Home	Prescribed
Year	Total ¹	Hospital	ICF/M R	Facility ²	Physician	Hospital	Health ³	Drugs
Number Using Selected Service, in Thousands								
1975	9,598	984	4	6	6,659	3,619	58	5,552
1976	9,924	1,005	3	4	6,908	4,037	55	5,961
1977	9,651	1,019	4	4	6,864	4,024	62	6,067
1978	9,376	1,023	3	2	6,705	3,992	141	6,016
1979	9,106	944	5	2	6,459	3,528	185	5,655
1980	9,333	978	5	9	6,085	4,238	72	5,590
1981	9,581	955	1	2	6,482	4,282	90	5,810
1982	9,563	866	1	2	6,175	4,171	65	5,432
1983	9,535	881	1	0	6,111	4,159	39	5,488
1984	9,684	845	1	1	6,330	4,178	44	5,667
1985	9,757	864	1	1	6,284	4,269	64	5,592
1986	10,029	924	(4)	2	6,496	4,445	69	5,949
1987	10,168	1,005	(4)	(4)	6,649	4,520	60	6,073
1988	10,037	1,003	(4)	(4)	6,628	4,321	51	6,125
1989	10,318	1,138	1	(4)	6,908	4,662	59	6,454
1990	11,220	1,345	1	1	7,689	5,250	75	7,259
1991	12,855	1,472	1	2	8,911	6,157	103	8,605
1992	15,200	1,992	1	3	10,402	7,151	126	10,068
1993	16,285	1,905	1	1	11,350	7,651	149	10,989
1994	17,194	1,924	1	1	11,546	7,626	202	11,238
1995	17,164	1,725	1	1	11,041	7,389	259	10,708
1996	16,739	1,625	(4)	1	10,314	6,777	329	9,988
1997	15,791	1,363	1	2	9,370	5,472	309	9,129
1998	18,969	1,199	1	5	7,847	4,776	206	8,168
1999	18,837	1,152	1	1	7,617	4,617	132	8,118
2000	19,723	1,274	1	1	7,848	4,923	190	8,316
2001	21,064	1,314	1	2	8,364	5,284	208	8,954

See footnotes at end of table.

Table 90—Continued

Medicaid Persons Served (Beneficiaries), Children, by Selected Type of Service: Fiscal Years 1975-2001

		Inpatient		Nursing		Outpatient	Home	Prescribed
Year	Total ¹	Hospital	ICE/M R	Facility ²	Physician	Hospital	Health ³	Drugs
		Percent of Unduplicated Total Using Selected Service						
1975	100.0	10.3	(5)	(5)	69.4	37.7	0.6	57.8
1976	100.0	10.1	(5)	(5)	69.6	40.7	0.6	60.1
1977	100.0	10.6	(5)	(5)	71.1	41.7	0.6	62.9
1978	100.0	10.9	(5)	(5)	71.5	42.6	1.5	64.2
1979	100.0	10.4	(5)	(5)	70.9	38.7	2.0	62.1
1980	100.0	10.5	(5)	(5)	65.2	45.4	0.8	59.9
1981	100.0	10.0	(5)	(5)	67.7	44.7	0.9	60.6
1982	100.0	9.1	(5)	(5)	64.6	43.6	0.7	56.8
1983	100.0	9.2	(5)	(5)	64.1	43.6	0.4	57.6
1984	100.0	8.7	(5)	(5)	65.4	43.1	0.5	58.5
1985	100.0	8.9	(5)	(5)	64.4	43.8	0.7	57.3
1986	100.0	9.2	(5)	(5)	64.8	44.3	0.7	59.3
1987	100.0	9.9	(5)	(5)	65.4	44.5	0.6	59.7
1988	100.0	10.0	(5)	(5)	66.0	43.1	0.5	61.0
1989	100.0	11.0	(5)	(5)	67.0	45.2	0.6	62.6
1990	100.0	12.0	(5)	(5)	68.5	46.8	0.7	64.7
1991	100.0	11.4	(5)	(5)	69.3	47.9	0.8	66.9
1992	100.0	13.1	(5)	(5)	68.4	47.0	0.8	66.2
1993	100.0	11.7	(5)	(5)	69.7	47.0	0.9	67.5
1994	100.0	11.2	(5)	(5)	67.2	44.4	1.2	65.4
1995	100.0	10.1	(5)	(5)	64.3	43.0	1.5	62.4
1996	100.0	9.7	(5)	(5)	61.6	40.5	2.0	59.7
1997	100.0	8.6	(5)	(5)	59.3	34.7	2.0	57.8
1998	100.0	6.3	(5)	(5)	41.4	25.2	1.1	43.1
1999	100.0	6.1	(5)	(5)	40.4	24.5	0.7	43.1
2000	100.0	6.5	(5)	(5)	39.8	25.0	1.0	42.2
2001	100.0	6.2	(5)	(5)	39.7	25.1	1.0	42.5

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

²Data shown include services shown separately in earlier years as skilled nursing facility (SNF) and intermediate care facilities (ICF-other). Beginning in fiscal year 1991, the conditions of participation for SNFs and ICF-other were unified, the distinction between them removed, and the services renamed nursing facility services. It is possible that the combined number of recipients includes some persons who used both types of nursing facility care during the reported fiscal year. This could somewhat inflate the number of users and lower the average payments per recipient.

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

⁴Less than 500 users.

⁵Less than 0.05 percent.

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

SOURCES: Centers for Medicare & Medicaid Services, Center for Medicaid and State Operations: 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 1975-2001

		Inpatient		Nursing		Outpatient	Home	Prescribed
Year	Total ¹	Hospital	ICF/M R	Facility ²	Physician	Hospital	Health ³	Drugs
				Number Using Selected Service, in Thousands				
1975	4,529	930	(4)	5	3,368	1,896	50	3,168
1976	4,773	959	1	3	3,437	2,127	31	3,329
1977	4,785	993	2	3	3,571	2,183	36	3,415
1978	4,643	975	2	3	3,469	2,161	29	3,460
1979	4,570	970	2	2	3,411	1,985	28	3,288
1980	4,877	1,000	3	9	3,206	2,485	41	3,173
1981	5,187	1,035	1	2	3,498	2,657	39	3,501
1982	5,356	1,035	(4)	1	3,555	2,755	38	3,493
1983	5,592	1,078	1	2	3,684	2,916	34	3,639
1984	5,600	1,006	(4)	2	3,696	2,894	38	3,663
1985	5,518	990	(4)	2	3,635	2,933	46	3,562
1986	5,647	1,016	(4)	2	3,699	3,060	59	3,681
1987	5,599	1,067	(4)	4	3,704	3,072	46	3,658
1988	5,503	1,090	(4)	4	3,646	2,894	37	3,617
1989	5,717	1,247	(4)	11	3,888	3,199	42	3,829
1990	6,010	1,457	(4)	2	4,168	3,508	48	4,057
1991	6,703	1,623	(4)	3	4,579	3,979	77	4,603
1992	7,040	1,711	(4)	4	5,152	4,060	71	5,076
1993	7,505	1,752	(4)	5	5,515	4,283	87	5,411
1994	7,586	1,672	(4)	3	5,457	4,145	117	5,383
1995	7,604	1,602	(4)	4	5,096	4,102	139	4,971
1996	7,127	1,431	(4)	2	4,499	3,616	139	4,342
1997	6,803	1,247	(4)	3	3,874	3,056	143	3,896
1998	7,895	1,135	(4)	8	3,352	2,679	120	3,513
1999	7,511	1,134	(4)	2	3,105	2,571	86	3,545
2000	8,750	1,268	(4)	3	3,580	2,793	101	3,962
2001	9,758	1,332	(4)	4	3,998	3,006	92	4,322

See footnotes at end of table.

Table 91—Continued

Medicaid Persons Served (Beneficiaries), Adults, by Selected Type of Service: Fiscal Years 1975-2001

Year	Total ¹	Inpatient	ICF/MR	Nursing Facility ²	Physician	Outpatient	Home	Prescribed
		Hospital		Percent of Unduplicated Total Using Selected Service		Hospital	Health ³	Drugs
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)	0.2	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
2001	100.0	13.7	(5)	(5)	41.0	30.8	0.9	44.3

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

²Data shown include services shown separately in earlier years as skilled nursing facility (SNF) and intermediate care facilities (ICF-other). Beginning in fiscal year 1991, the conditions of participation for SNFs and ICF-other were unified, the distinction between them removed, and the services renamed nursing facility services. It is possible that the combined number of recipients includes some persons who used both types of nursing facility care during the reported fiscal year. This could somewhat inflate the number of users and lower the average payments per recipient.

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

⁴Less than 500 users.

⁵Less than 0.05 percent.

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

SOURCES: Centers for Medicare & Medicaid Services, Center for Medicaid and State Operations: 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 1975-2001

		Inpatient		Nursing		Outpatient	Home	Prescribed
Year	Total ¹	Hospital	ICF/MR	Facility ²	Physician	Hospital	Health ³	Drugs
Number Using Selected Service, in Thousands								
1975	3,615	757	3	1,023	2,263	732	115	2,673
1976	3,612	786	2	1,080	2,275	816	113	2,718
1977	3,636	824	2	1,112	2,338	828	134	2,678
1978	3,376	858	3	1,093	2,245	908	106	2,595
1979	3,364	798	3	1,080	2,222	874	56	2,504
1980	3,440	831	12	1,095	2,221	903	108	2,524
1981	3,367	843	9	1,134	2,208	895	102	2,655
1982	3,240	811	8	1,105	2,148	885	105	2,523
1983	3,372	881	8	1,186	2,265	1,088	207	2,526
1984	3,238	785	5	1,164	2,140	1,041	199	2,444
1985	3,061	729	7	1,171	2,166	804	234	2,400
1986	3,140	720	6	1,185	2,216	884	254	2,469
1987	3,224	725	6	1,206	2,239	912	277	2,490
1988	3,159	728	5	1,248	2,066	918	263	2,504
1989	3,132	720	5	1,227	1,989	940	264	2,471
1990	3,202	705	7	1,234	2,056	944	288	2,591
1991	3,341	759	8	1,265	2,185	1,049	300	2,727
1992	3,749	870	12	1,339	2,366	1,196	324	2,872
1993	3,863	909	10	1,370	2,569	1,335	356	2,954
1994	4,035	901	11	1,398	2,681	1,420	395	3,012
1995	4,119	855	12	1,405	2,753	1,557	481	2,981
1996	4,285	887	10	1,327	2,838	1,672	460	2,969
1997	3,955	790	10	1,298	2,836	1,471	530	2,848
1998	3,964	735	9	1,300	2,579	1,344	363	2,834
1999	3,774	694	9	1,210	2,444	1,286	199	2,907
2000	3,731	708	9	1,204	2,364	1,324	229	2,890
2001	3,810	703	8	1,196	2,369	1,303	235	2,997

See footnotes at end of table.

Table 92—Continued

Medicaid Persons Served (Beneficiaries), Aged, by Selected Type of Service: Fiscal Years 1975-2001

		Inpatient		Nursing		Outpatient	Home	Prescribed
Year	Total ¹	Hospital	ICF/MR	Facility ²	Physician	Hospital	Health ³	Drugs
Percent of Unduplicated Total Using Selected Service								
1975	100.0	20.9	0.1	28.3	62.6	20.2	3.2	73.9
1976	100.0	21.8	0.1	29.9	63.0	22.6	3.1	75.2
1977	100.0	22.7	0.1	30.6	64.3	22.8	3.7	73.7
1978	100.0	25.4	0.1	32.4	66.5	26.9	3.1	76.9
1979	100.0	23.7	0.1	32.1	66.1	26.0	1.7	74.4
1980	100.0	24.2	0.3	31.8	64.6	26.3	3.1	73.4
1981	100.0	25.0	0.3	33.7	65.6	26.6	3.0	78.9
1982	100.0	25.0	0.2	34.1	66.3	27.3	3.2	77.9
1983	100.0	26.1	0.2	35.2	67.2	32.3	6.1	74.9
1984	100.0	24.2	0.2	35.9	66.1	32.1	6.1	75.5
1985	100.0	23.8	0.2	38.3	70.8	26.3	7.6	78.4
1986	100.0	22.9	0.2	37.7	70.6	28.2	8.1	78.6
1987	100.0	22.5	0.2	37.4	69.4	28.3	8.6	77.2
1988	100.0	23.0	0.2	39.5	65.4	29.1	8.3	79.3
1989	100.0	23.0	0.2	39.2	63.5	30.0	8.4	78.9
1990	100.0	22.0	0.2	38.5	64.2	29.5	9.0	80.9
1991	100.0	22.7	0.2	37.9	65.4	31.4	9.0	81.6
1992	100.0	23.2	0.3	35.7	63.1	31.9	8.6	76.6
1993	100.0	23.5	0.3	35.5	66.5	34.6	9.2	76.5
1994	100.0	22.3	0.3	34.6	66.4	35.2	9.8	74.6
1995	100.0	20.8	0.3	34.1	66.8	37.8	11.7	72.4
1996	100.0	20.7	0.2	31.0	66.2	39.0	10.7	69.3
1997	100.0	20.0	0.3	32.8	71.7	37.2	13.4	72.0
1998	100.0	18.5	0.2	32.8	65.1	33.9	9.2	71.5
1999	100.0	18.4	0.2	32.1	64.8	34.1	5.3	77.0
2000	100.0	19.0	0.2	32.3	63.4	35.5	6.1	77.5
2001	100.0	18.5	0.2	31.4	62.2	34.2	6.2	78.7

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

²Data shown include services shown separately in earlier years as skilled nursing facility (SNF) and intermediate care facilities (ICF-other). Beginning in fiscal year 1991, the conditions of participation for SNFs and ICF-other were unified, the distinction between them removed, and the services renamed nursing facility services. It is possible that the combined number of recipients includes some persons who used both types of nursing facility care during the reported fiscal year. This could somewhat inflate the number of users and lower the average payments per recipient.

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

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

SOURCES: Centers for Medicare & Medicaid Services, Center for Medicaid and State Operations: 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 1975-2001

Year	Total ¹	Inpatient	ICF/MR	Nursing	Physician	Outpatient	Home	Prescribed
		Hospital		Facility ²		Hospital	Health ³	Drugs
Number Using Selected Service, in Thousands								
1975	2,464	531	57	273	1,652	874	99	1,745
1976	2,669	602	78	271	1,816	1,064	112	1,912
1977	2,802	677	94	271	1,980	1,137	127	2,049
1978	2,718	691	91	276	1,956	1,150	97	2,046
1979	2,753	718	102	289	1,985	1,120	87	2,081
1980	2,911	749	102	295	2,032	1,269	170	2,193
1981	3,079	775	142	272	2,076	1,418	169	2,226
1982	2,891	733	143	250	2,030	1,284	168	2,156
1983	2,921	748	151	231	2,057	1,354	144	2,156
1984	2,913	730	139	230	2,056	1,361	161	2,200
1985	3,012	728	141	232	2,161	1,413	188	2,287
1986	3,182	751	140	232	2,298	1,569	205	2,451
1987	3,381	801	144	236	2,458	1,698	221	2,627
1988	3,487	834	140	230	2,521	1,772	216	2,738
1989	3,590	885	142	224	2,596	1,911	236	2,882
1990	3,718	913	137	217	2,735	1,982	297	3,022
1991	4,033	990	136	216	2,971	2,196	341	3,282
1992	4,487	1,092	138	221	3,353	2,467	396	3,671
1993	5,016	1,200	138	225	3,842	2,854	464	4,118
1994	5,458	1,240	146	228	4,167	3,088	565	4,429
1995	5,858	1,226	135	242	4,370	3,312	736	4,570
1996	6,221	1,265	128	247	4,559	3,475	766	4,762
1997	6,129	1,216	122	259	4,581	3,393	860	4,728
1998	6,637	1,132	116	285	4,365	3,241	527	4,687
1999	6,698	1,168	110	246	4,288	3,300	375	4,865
2000	6,889	1,228	107	262	4,335	3,426	430	5,009
2001	7,107	1,235	105	277	4,471	3,508	436	5,229

See footnotes at end of table.

Table 93—Continued

Medicaid Persons Served (Beneficiaries), Disabled, by Selected Type of Service: Fiscal Years 1975-2001

		Inpatient		Nursing		Outpatient	Home	Prescribed
Year	Total ¹	Hospital	ICF/MR	Facility ²	Physician	Hospital	Health ³	Drugs
		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
2001	100.0	17.4	1.5	3.9	62.9	49.4	6.1	73.6

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

²Data shown include services shown separately in earlier years as skilled nursing facility (SNF) and intermediate care facilities (ICF-other). Beginning in fiscal year 1991, the conditions of participation for SNFs and ICF-other were unified, the distinction between them removed, and the services renamed nursing facility services. It is possible that the combined number of recipients includes some persons who used both types of nursing facility care during the reported fiscal year. This could somewhat inflate the number of users and lower the average payments per recipient.

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

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

SOURCES: Centers for Medicare & Medicaid Services, Center for Medicaid and State Operations: 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 1975-2001

Year	Total ¹	Children	Adults	Aged	Disabled
Amount in Millions (Nominal Dollars)					
1975	\$12,242	\$2,186	\$2,062	\$4,358	\$3,145
1976	14,091	2,431	2,288	4,910	3,920
1977	16,239	2,610	2,606	5,499	4,883
1978	17,992	2,748	2,673	6,308	5,620
1979	20,472	2,884	3,021	7,046	6,882
1980	23,311	3,123	3,231	8,739	7,621
1981	27,204	3,508	3,763	9,926	9,455
1982	29,399	3,473	4,093	10,739	10,405
1983	32,391	3,836	4,487	11,954	11,367
1984	33,891	3,979	4,420	12,815	11,977
1985	37,508	4,414	4,746	14,096	13,452
1986	41,005	5,135	4,880	15,097	14,913
1987	45,050	5,508	5,592	16,037	16,817
1988	48,710	5,848	5,883	17,135	18,594
1989	54,500	6,892	6,897	18,558	20,885
1990	64,859	9,100	8,590	21,508	24,404
1991	76,964	11,600	10,421	25,444	28,251
1992	91,480	14,758	12,403	29,089	34,004
1993	101,709	16,504	13,605	31,554	38,655
1994	108,270	17,302	13,585	33,618	42,298
1995	120,141	17,976	13,511	36,527	49,418
1996	121,685	17,544	12,275	36,947	52,065
1997	124,430	17,544	12,307	37,721	54,130
1998	142,260	22,896	14,865	40,601	60,374
1999	153,479	24,151	15,801	42,522	65,850
2000	168,307	26,775	17,763	44,503	72,742
2001	186,905	30,636	20,170	48,356	80,386

See footnotes at end of table.

Table 94—Continued
Medicaid Payments, by Eligibility Group: Fiscal Years 1975-2001

Year	Total ¹	Children	Adults	Aged	Disabled
Amount in Millions (Constant 2001 Dollars)					
1975	\$60,319	\$10,771	\$10,160	\$21,473	\$15,496
1976	62,001	10,696	10,067	21,604	17,248
1977	65,194	10,478	10,462	22,077	19,604
1978	66,351	10,134	9,858	23,263	20,725
1979	69,604	9,806	10,271	23,956	23,399
1980	72,380	9,697	10,032	27,134	23,663
1981	75,558	9,743	10,452	27,569	26,261
1982	73,249	8,653	10,198	26,757	25,925
1983	74,347	8,805	10,299	27,438	26,091
1984	72,159	8,472	9,411	27,285	25,501
1985	75,633	8,901	9,570	28,424	27,125
1986	79,658	9,976	9,480	29,328	28,971
1987	84,267	10,303	10,460	29,998	31,457
1988	85,308	10,242	10,303	30,009	32,564
1989	88,066	11,137	11,145	29,988	33,748
1990	97,326	13,655	12,890	32,274	36,620
1991	108,544	16,360	14,697	35,884	39,843
1992	122,375	19,742	16,592	38,913	45,488
1993	129,603	21,030	17,336	40,208	49,256
1994	132,491	21,173	16,624	41,139	51,760
1995	141,410	21,158	15,903	42,994	58,167
1996	139,327	20,088	14,055	42,304	59,614
1997	138,888	19,582	13,737	42,104	60,419
1998	155,033	24,952	16,200	44,246	65,795
1999	162,337	25,545	16,713	44,976	69,650
2000	174,357	27,737	18,402	46,103	75,357
2001	186,905	30,636	20,170	48,356	80,386

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

NOTES: Beginning fiscal year 1998, capitated premiums for Medicaid eligibles enrolled in managed care plans were included in this series. Dollar amounts are adjusted using a personal consumption expenditure index for medical services, U.S. Department of Commerce, Bureau of Economic Analysis, expressed in fiscal year 2001 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 the 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 1975-2001

Year	Total ¹	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
2001	4,084	1,454	2,067	12,691	11,310

See footnote at end of table

Table 95—Continued
Medicaid Payments per Person Served (Beneficiary), by Eligibility Group: Fiscal Years 1975-2001

Year	Total ¹	Children	Adults	Aged	Disabled
			(Constant 2001 Dollars)		
1975	\$2,740	\$1,123	\$2,242	\$5,937	\$6,287
1976	2,719	1,078	2,108	5,980	6,464
1977	2,854	1,084	2,188	6,070	6,998
1978	3,020	1,081	2,124	6,893	7,626
1979	3,233	1,078	2,247	7,120	8,500
1980	3,350	1,040	2,059	7,887	8,132
1981	3,438	1,017	2,014	8,188	8,530
1982	3,391	904	1,904	8,260	8,970
1983	3,450	923	1,841	8,137	8,931
1984	3,341	875	1,680	8,425	8,755
1985	3,466	911	1,734	9,286	8,991
1986	3,538	995	1,678	9,340	9,105
1987	3,646	1,014	1,869	9,306	9,304
1988	3,723	1,021	1,872	9,501	9,338
1989	3,746	1,079	1,949	9,576	9,400
1990	3,853	1,217	2,144	10,079	9,850
1991	3,881	1,272	2,193	10,742	9,879
1992	3,929	1,299	2,357	10,379	10,137
1993	3,876	1,291	2,310	10,408	9,819
1994	3,780	1,231	2,192	10,196	9,484
1995	3,897	1,232	2,092	10,438	9,928
1996	3,857	1,200	1,972	9,872	9,582
1997	3,983	1,240	2,019	10,646	9,858
1998	3,867	1,315	2,052	11,163	9,913
1999	4,040	1,356	2,225	11,919	10,399
2000	4,077	1,406	2,103	12,357	10,939
2001	4,084	1,454	2,067	12,691	11,310

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

NOTES: Beginning fiscal year 1998, capitated premiums for Medicaid eligibles enrolled in managed care plans were included in this series. Dollar amounts are adjusted using a personal consumption expenditure index for medical services, U.S. Department of Commerce, Bureau of Economic Analysis, expressed in fiscal year 2001 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 the personal 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 1975-2001

Year	¹	Inpatient Hospital	ICF/MR	Nursing Facility ²	Physician	Outpatient Hospital	Home Health ³	Prescribed Drugs
1975	\$356	\$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
2001	4,084	5,323	83,173	21,929	372	548	3,475	1,082

See footnotes at end of table

Table 96—Continued

Medicaid Payments per Person Served (Beneficiary), All Eligibility Groups, by Type of Service: Fiscal Years 1975-2001

Medicaid Payments per Person Served (Beneficiary), All Eligibility Groups, by Type of Service: Fiscal Years 1975-2001								
		Inpatient		Nursing		Outpatient	Home	Prescribed
Year	¹	Hospital	ICF/MR	Facility ²	Physician	Hospital	Health ³	Drugs
	Total			(Constant 2001 Dollars)				
1975	\$2,740	\$4,843	\$27,287	\$16,220	\$399	\$246	\$1,005	\$286
1976	2,719	4,840	31,394	15,145	387	286	1,848	277
1977	2,854	4,862	34,245	15,332	377	409	1,947	265
1978	3,020	4,868	42,358	16,658	365	358	2,058	262
1979	3,233	5,331	44,274	17,673	367	374	2,496	286
1980	3,350	5,409	51,043	17,556	422	351	2,627	298
1981	3,438	5,397	55,027	17,292	406	392	2,958	300
1982	3,391	5,412	58,083	17,700	374	364	3,271	294
1983	3,450	5,472	61,987	16,795	356	358	3,250	296
1984	3,341	5,434	64,236	16,707	332	349	3,764	300
1985	3,466	5,551	65,006	16,993	329	359	4,218	335
1986	3,538	5,680	68,166	17,264	332	359	4,425	356
1987	3,646	5,612	70,126	17,437	339	380	5,194	370
1988	3,723	5,518	72,528	17,303	338	401	6,203	377
1989	3,746	5,253	72,714	17,284	351	404	6,827	375
1990	3,854	5,447	75,101	18,169	353	403	7,102	384
1991	3,881	5,583	74,453	19,594	365	430	7,150	391
1992	3,929	5,473	75,763	20,024	377	467	7,062	412
1993	3,876	5,563	75,380	20,131	373	482	6,690	424
1994	3,780	5,461	64,241	20,229	362	469	6,664	444
1995	3,897	5,573	80,760	20,509	364	467	6,756	486
1996	3,857	5,377	78,125	21,284	363	468	7,205	543
1997	3,983	5,443	80,403	21,240	371	505	7,339	638
1998	3,867	5,472	81,691	21,119	357	516	2,404	762
1999	4,040	5,228	80,855	21,755	377	519	3,777	885
2000	4,077	5,096	82,182	20,947	369	552	3,248	1,011
2001	4,084	5,323	83,173	21,929	372	548	3,475	1,082

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

²Data shown include services shown separately in earlier years as skilled nursing facility (SNF) and intermediate care facilities (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.

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

NOTES: Beginning fiscal year 1998, capitated premiums for Medicaid eligibles enrolled in managed care plans were included in this series as a component of the total payment per person served (beneficiary). Dollar amounts are adjusted using a personal consumption expenditure index for medical services, U.S. Department of Commerce, Bureau of Economic Analysis, expressed in fiscal year 2001 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 the 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 1975-2001

Year	Total ¹	Inpatient Hospital	ICF/MR	Nursing Facility	Physician	Outpatient Hospital	Home Health ³	Prescribed 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
2001	1,454	4,006	(2)	(2)	263	309	795	224

See footnotes at end of table.

Table 97—Continued

Medicaid Payments per Person Served (Beneficiary), Children, by Type of Service: Fiscal Years 1975-2001

Year	Total ¹	Inpatient	ICF/MR	Nursing	Physician	Outpatient	Home	Prescribed
		Hospital		Facility		Hospital	Health ³	Drugs
					(Constant 2001 Dollars)			
1975	\$1,123	\$4,410	(2)	(2)	\$296	\$197	\$705	\$113
1976	1,078	4,431	(2)	(2)	282	238	1,016	92
1977	1,084	4,529	(2)	(2)	265	345	1,128	84
1978	1,081	4,543	(2)	(2)	258	306	620	81
1979	1,078	4,804	(2)	(2)	248	299	612	85
1980	1,040	4,685	(2)	(2)	270	279	326	87
1981	1,017	4,641	(2)	(2)	250	319	261	81
1982	904	4,579	(2)	(2)	232	289	326	77
1983	923	4,611	(2)	(2)	223	289	576	76
1984	875	4,654	(2)	(2)	215	273	605	77
1985	911	4,733	(2)	(2)	210	272	684	79
1986	995	5,072	(2)	(2)	204	288	670	97
1987	1,014	4,732	(2)	(2)	221	271	698	88
1988	1,021	4,748	(2)	(2)	221	273	877	86
1989	1,079	4,644	(2)	(2)	223	275	1,033	86
1990	1,217	4,933	(2)	(2)	232	287	1,105	92
1991	1,273	5,152	(2)	(2)	240	305	1,280	97
1992	1,299	4,428	(2)	(2)	250	325	1,295	107
1993	1,291	4,647	(2)	(2)	248	321	1,315	112
1994	1,231	4,391	(2)	(2)	241	308	1,236	116
1995	1,232	4,495	(2)	(2)	235	297	1,870	122
1996	1,200	4,153	(2)	(2)	235	282	2,124	128
1997	1,240	4,562	(2)	(2)	229	288	1,930	134
1998	1,315	4,668	(2)	(2)	228	283	767	151
1999	1,356	4,128	(2)	(2)	259	291	1,126	170
2000	1,406	3,982	(2)	(2)	255	302	816	195
2001	1,454	4,006	(2)	(2)	263	309	795	224

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

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

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

NOTES: Beginning fiscal year 1998, capitated premiums for Medicaid eligibles enrolled in managed care plans were included in this series as a component of the total payment per person served (beneficiary). Dollar amounts are adjusted using a personal consumption expenditure index for medical services, U.S. Department of Commerce, Bureau of Economic Analysis, expressed in fiscal year 2001 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 the 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 1975-2001

		Inpatient		Nursing		Outpatient	Home	Prescribed
Year	¹ Total	Hospital	ICF/MR	Facility	Physician	Hospital	Health ³	Drugs
1975	\$455	\$1,085	(2)	(2)	\$116	\$57	\$121	\$51
1976	479	1,202	(2)	(2)	125	74	284	46
1977	545	1,302	(2)	(2)	132	118	316	50
1978	576	1,404	(2)	(2)	140	113	457	52
1979	661	1,640	(2)	(2)	152	127	765	61
1980	663	1,673	(2)	(2)	183	126	252	66
1981	725	1,833	(2)	(2)	193	157	303	69
1982	764	2,046	(2)	(2)	197	162	352	74
1983	802	2,146	(2)	(2)	198	170	402	78
1984	789	2,229	(2)	(2)	197	172	411	83
1985	860	2,354	(2)	(2)	213	183	483	96
1986	864	2,237	(2)	(2)	237	175	433	102
1987	999	2,487	(2)	(2)	250	207	459	117
1988	1,069	2,542	(2)	(2)	272	232	570	122
1989	1,206	2,582	(2)	(2)	305	249	622	129
1990	1,429	2,889	(2)	(2)	349	279	709	141
1991	1,555	3,012	(2)	(2)	389	319	569	148
1992	1,762	3,247	(2)	(2)	417	377	789	161
1993	1,813	3,393	(2)	(2)	423	405	765	170
1994	1,791	3,450	(2)	(2)	420	404	633	179
1995	1,777	3,461	(2)	(2)	424	403	568	189
1996	1,722	3,456	(2)	(2)	429	398	540	197
1997	1,809	3,654	(2)	(2)	488	425	594	226
1998	1,883	3,702	(2)	(2)	457	442	509	261
1999	2,104	3,808	(2)	(2)	508	489	718	335
2000	2,030	3,759	(2)	(2)	474	516	641	364
2001	2,067	3,959	(2)	(2)	477	545	800	411

See footnotes at end of table.

Table 98—Continued

Medicaid Payments per Person Served (Beneficiary), Adults, by Type of Service: Fiscal Years 1975-2001

		Inpatient		Nursing		Outpatient	Home	Prescribed
Year	¹	Hospital	ICF/MR	Facility	Physician	Hospital	Health ³	Drugs
Total		(Constant 2001 Dollars)						
1975	\$2,242	\$5,346	(2)	(2)	\$572	\$281	\$596	\$251
1976	2,108	5,289	(2)	(2)	550	326	1,250	202
1977	2,188	5,227	(2)	(2)	530	474	1,269	201
1978	2,124	5,178	(2)	(2)	516	417	1,685	192
1979	2,247	5,576	(2)	(2)	517	432	2,601	207
1980	2,059	5,195	(2)	(2)	568	391	782	205
1981	2,014	5,091	(2)	(2)	536	436	842	192
1982	1,904	5,098	(2)	(2)	491	404	877	184
1983	1,841	4,926	(2)	(2)	454	390	923	179
1984	1,680	4,746	(2)	(2)	419	366	875	177
1985	1,734	4,747	(2)	(2)	430	369	974	194
1986	1,678	4,346	(2)	(2)	460	340	841	198
1987	1,869	4,652	(2)	(2)	468	387	859	219
1988	1,872	4,452	(2)	(2)	476	406	998	214
1989	1,949	4,172	(2)	(2)	493	402	1,005	208
1990	2,145	4,336	(2)	(2)	523	418	1,064	211
1991	2,193	4,247	(2)	(2)	549	450	803	208
1992	2,357	4,344	(2)	(2)	558	504	1,055	215
1993	2,310	4,324	(2)	(2)	539	516	975	217
1994	2,192	4,222	(2)	(2)	514	494	775	219
1995	2,092	4,074	(2)	(2)	499	474	669	222
1996	1,972	3,957	(2)	(2)	491	456	618	226
1997	2,019	4,079	(2)	(2)	545	474	663	252
1998	2,052	4,034	(2)	(2)	498	481	555	284
1999	2,225	4,028	(2)	(2)	538	517	759	355
2000	2,103	3,895	(2)	(2)	491	535	665	378
2001	2,067	3,959	(2)	(2)	477	545	800	411

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

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

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

NOTES: Beginning fiscal year 1998, capitated premiums for Medicaid eligibles enrolled in managed care plans were included in this series as a component of the total payment per person served (beneficiary). Dollar amounts are adjusted using a personal consumption expenditure index for medical services, U.S. Department of Commerce, Bureau of Economic Analysis, expressed in fiscal year 2001 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 the 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 1975-2001

Year	Total ¹	Inpatient	ICF/MR	Nursing	Physician	Outpatient	Home	Prescribed
		Hospital		Facility ²		Hospital	Health ³	Drugs
1975	3,205	\$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
2001	12,691	2,472	86,680	24,336	258	448	3,481	2,078

See footnotes at end of table.

Table 99—Continued

Medicaid Payments per Person Served (Beneficiary), Aged, by Type of Service: Fiscal Years 1975-2001

Year	1	Inpatient		Nursing		Outpatient	Home	Prescribed
		Hospital	ICF/MR	Facility ²	Physician	Hospital	Health ³	Drugs
	Total	(Constant 2001 Dollars)						
1975	\$5,937	\$1,335	\$34,121	\$16,013	\$291	\$172	\$1,173	\$547
1976	5,980	1,364	39,385	14,643	286	185	2,169	590
1977	6,070	1,461	30,038	14,770	285	213	2,148	578
1978	6,893	1,645	35,772	16,042	288	177	2,954	583
1979	7,120	1,935	33,333	16,905	282	228	4,716	609
1980	7,887	3,012	50,754	17,829	314	230	5,816	615
1981	8,188	3,097	53,458	17,045	328	253	7,288	639
1982	8,260	3,092	28,563	17,304	287	252	7,335	620
1983	8,137	3,861	46,705	15,934	262	223	4,198	629
1984	8,425	3,786	49,701	15,820	253	224	4,818	664
1985	9,286	4,013	54,295	16,202	246	264	5,507	742
1986	9,340	4,328	62,802	16,487	231	276	5,857	765
1987	9,306	3,550	74,548	16,577	208	297	6,642	808
1988	9,501	3,392	79,863	16,303	203	306	7,608	830
1989	9,576	2,834	82,839	16,540	221	310	8,810	839
1990	10,079	2,798	79,445	17,671	209	309	9,023	872
1991	10,742	3,034	79,024	19,096	222	342	9,518	943
1992	10,379	2,879	57,633	19,571	226	348	9,289	1,021
1993	10,408	2,835	77,603	19,709	242	387	8,485	1,053
1994	10,196	2,668	66,059	19,835	248	392	8,250	1,077
1995	10,438	2,821	60,802	20,225	264	404	7,321	1,130
1996	9,872	2,637	65,152	21,041	281	431	7,592	1,187
1997	10,648	2,728	71,379	21,232	311	459	7,058	1,310
1998	11,163	2,772	88,640	21,402	294	475	2,396	1,463
1999	11,919	2,522	86,210	23,234	275	482	3,553	1,664
2000	12,357	2,386	86,243	23,285	277	522	3,253	1,920
2001	12,691	2,472	86,680	24,336	258	448	3,481	2,078

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

²Data shown include services shown separately in earlier years as skilled nursing facility (SNF) and intermediate care facilities (ICF-other). Beginning in fiscal year 1991, the conditions of participation for SNFs and ICF-other were unified, the distinction between them removed, and the services renamed nursing facility services. It is possible that the combined number of recipients includes some persons who used both types of nursing facility care during the reported fiscal year. This could somewhat inflate the number of users and lower the average payments per user.

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

NOTES: Beginning fiscal year 1998, capitated premiums for Medicaid eligibles enrolled in managed care plans were included in this series as a component of the total payment per person served (beneficiary). Dollar amounts are adjusted using a personal consumption expenditure index for medical services, U.S. Department of Commerce, Bureau of Economic Analysis, expressed in fiscal year 2001 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 the 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 1975-2001

Year	Total ¹	Inpatient		Nursing		Outpatient		Home	Prescribed
		Hospital	ICF/MR	Facility ²	Physician	Hospital		Health ³	Drugs
1975	\$1,276	\$1,977	\$5,186	\$3,447	\$147	\$92		\$276	\$115
1976	1,469	2,072	6,940	3,882	158	114		492	135
1977	1,743	2,214	8,684	4,417	173	170		600	146
1978	2,068	2,392	11,926	5,167	183	165		893	157
1979	2,500	2,734	13,719	5,893	200	186		1,488	179
1980	2,619	2,948	16,653	5,105	234	217		652	193
1981	3,071	3,254	19,452	5,743	255	249		828	225
1982	3,600	3,672	23,065	6,732	252	272		966	246
1983	3,891	3,934	25,501	7,571	264	273		1,348	278
1984	4,112	4,196	29,353	8,530	262	315		1,813	312
1985	4,459	4,525	31,726	9,297	272	343		2,303	374
1986	4,687	4,841	34,462	10,073	277	361		2,592	418
1987	4,974	5,259	36,753	10,555	291	400		2,975	447
1988	5,332	5,502	40,910	11,370	309	453		3,768	488
1989	5,817	5,700	44,466	12,554	344	503		4,453	534
1990	6,564	6,717	50,242	14,202	366	524		5,252	617
1991	7,005	7,426	52,670	16,195	406	597		5,627	700
1992	7,578	8,314	57,775	17,548	452	658		6,159	800
1993	7,706	8,524	59,188	18,469	462	716		6,446	867
1994	7,750	8,831	52,747	19,132	465	709		7,212	936
1995	8,435	9,318	71,588	19,813	481	740		7,957	1,049
1996	8,369	9,026	69,740	20,734	491	761		9,172	1,166
1997	8,832	8,572	73,672	21,035	502	802		9,434	1,379
1998	9,096	8,519	75,819	20,864	481	828		3,211	1,625
1999	9,832	8,452	77,367	25,974	526	858		5,398	1,944
2000	10,559	8,479	80,194	26,555	534	926		5,054	2,314
2001	11,310	9,062	84,588	28,181	565	943		5,582	2,614

See footnotes at end of table.

Table 100—Continued

Medicaid Payments per Person Served (Beneficiary), Disabled, by Type of Service: Fiscal Years 1975-2001

Year	Total ¹	Inpatient Hospital	ICF/MR	Nursing Facility ²	Physician	Outpatient Hospital	Home Health ³	Prescribed Drugs
(Constant 2001 Dollars)								
1975	\$6,287	\$9,741	\$25,552	\$16,984	\$724	\$453	\$1,360	\$567
1976	6,464	9,117	30,536	17,081	695	502	2,165	594
1977	6,998	8,888	34,863	17,733	695	682	2,409	586
1978	7,626	8,821	43,981	19,055	675	608	3,293	579
1979	8,500	9,296	46,644	20,036	680	632	5,059	609
1980	8,132	9,153	51,707	15,851	727	674	2,024	599
1981	8,530	9,038	54,027	15,951	708	692	2,300	625
1982	8,970	9,149	57,468	16,773	628	678	2,407	613
1983	8,931	9,030	58,533	17,378	606	627	3,094	638
1984	8,755	8,934	62,497	18,162	558	671	3,860	664
1985	8,991	9,124	63,974	18,747	548	692	4,644	754
1986	9,105	9,404	66,948	19,568	538	701	5,035	812
1987	9,304	9,837	68,747	19,743	544	748	5,565	836
1988	9,338	9,636	71,647	19,913	541	793	6,599	855
1989	9,400	9,211	71,852	20,286	556	813	7,196	863
1990	9,849	10,079	75,392	21,311	549	786	7,881	925
1991	9,879	10,472	74,282	22,840	572	842	7,936	987
1992	10,137	11,122	77,287	23,474	605	880	8,239	1,070
1993	9,819	10,862	75,420	23,534	589	912	8,214	1,105
1994	9,484	10,807	64,547	23,412	569	868	8,825	1,145
1995	9,928	10,968	84,262	23,321	566	871	9,366	1,235
1996	9,582	10,335	79,851	23,740	562	871	10,502	1,335
1997	9,858	9,568	82,232	23,479	560	895	10,530	1,539
1998	9,913	9,284	82,627	22,738	525	902	3,499	1,771
1999	10,399	8,940	81,832	27,473	556	908	5,710	2,056
2000	10,939	8,784	83,077	27,509	554	960	5,235	2,397
2001	11,310	9,062	84,588	28,181	565	943	5,582	2,614

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

²Data shown include services shown separately in earlier years as skilled nursing facility (SNF) and intermediate care facilities (ICF-other). Beginning in fiscal year 1991, the conditions of participation for SNFs and ICF-other were unified, the distinction between them removed, and the services renamed nursing facility services. It is possible that the combined number of recipients includes some persons who used both types of nursing facility care during the reported fiscal year. This could somewhat inflate the number of users and lower the average payments per user.

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

NOTES: Beginning fiscal year 1998, capitated premiums for Medicaid eligibles enrolled in managed care plans were included in this series as a component of the total payment per person served (beneficiary). Dollar amounts are adjusted using a personal consumption expenditure index for medical services, U.S. Department of Commerce, Bureau of Economic Analysis, expressed in fiscal year 2001 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 the 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 1975-2001

		Inpatient		Nursing		Outpatient	Home	Prescribed	
Year	Total ¹	Hospital	ICF/MR	Facility ²	Physician	Hospital	Health	Drugs	Other
Amount in Millions									
1975	\$12,242	\$3,374	\$380	\$4,319	\$1,225	\$373	\$70	\$815	\$1,686
1976	14,091	3,905	634	4,685	1,369	555	134	940	1,869
1977	16,239	4,562	917	5,328	1,505	877	180	1,018	1,852
1978	17,992	4,992	1,192	6,229	1,554	835	210	1,082	1,898
1979	20,472	5,655	1,488	7,152	1,635	847	263	1,196	2,236
1980	23,311	6,412	1,989	7,887	1,875	1,101	332	1,318	2,397
1981	27,204	7,194	2,996	8,542	2,101	1,409	428	1,535	2,999
1982	29,399	7,670	3,467	9,406	2,086	1,438	496	1,599	3,237
1983	32,391	8,813	4,079	10,002	2,175	1,574	597	1,771	3,380
1984	33,891	8,848	4,256	10,633	2,220	1,646	774	1,968	3,546
1985	37,508	9,453	4,731	11,587	2,346	1,789	1,120	2,315	4,167
1986	41,005	10,364	5,072	12,433	2,547	1,980	1,352	2,692	4,565
1987	45,050	11,302	5,591	13,247	2,776	2,226	1,690	2,988	5,230
1988	48,710	12,076	6,022	14,277	2,953	2,413	2,015	3,294	5,660
1989	54,500	13,378	6,649	15,531	3,408	2,837	2,572	3,689	6,436
1990	64,859	16,674	7,354	17,693	4,018	3,324	3,404	4,420	7,971
1991	76,964	19,851	7,680	20,699	4,946	4,280	4,101	5,424	9,983
1992	91,480	23,686	8,552	23,547	6,122	5,296	4,888	6,790	12,599
1993	101,709	25,734	8,831	25,431	6,952	6,215	5,601	7,970	14,975
1994	108,270	26,180	8,347	27,095	7,189	6,342	7,042	8,875	17,200
1995	120,141	26,331	10,383	29,052	7,360	6,627	9,406	9,791	21,191
1996	121,685	25,176	9,555	29,630	7,238	6,504	10,868	10,697	22,017
1997	124,430	23,143	9,798	30,504	7,041	6,169	12,237	11,972	23,566
1998	142,260	21,441	9,482	31,892	6,070	5,759	2,702	13,522	51,392
1999	153,479	22,230	9,332	33,251	6,556	6,094	2,906	16,612	56,498
2000	168,307	24,266	9,375	34,432	6,806	7,053	3,119	20,014	63,242
2001	186,905	26,083	9,702	37,306	7,500	7,570	3,514	23,839	71,391

See footnotes at end of table.

Table 101—Continued

Medicaid Payments, All Eligibility Groups, by Type of Service: Fiscal Years 1975-2001

Year	Total ¹	Inpatient		Nursing		Outpatient		Home	Prescribed	
		Hospital	ICF/MR	Facility ²	Physician	Hospital	Health		Drugs	Other
					Percent					
1975	100.0	27.6	3.1	35.3	10.0	3.0	0.6		6.7	13.8
1976	100.0	27.7	4.5	33.2	9.7	3.9	1.0		6.7	13.3
1977	100.0	28.1	5.6	32.8	9.3	5.4	1.1		6.3	11.4
1978	100.0	27.7	6.6	34.6	8.6	4.6	1.2		6.0	10.5
1979	100.0	27.6	7.3	34.9	8.0	4.1	1.3		5.8	10.9
1980	100.0	27.5	8.5	33.8	8.0	4.7	1.4		5.7	10.3
1981	100.0	26.4	11.0	31.4	7.7	5.2	1.6		5.6	11.0
1982	100.0	26.1	11.8	32.0	7.1	4.9	1.7		5.4	11.0
1983	100.0	27.2	12.6	30.9	6.7	4.9	1.8		5.5	10.4
1984	100.0	26.1	12.6	31.4	6.6	4.9	2.3		5.8	10.5
1985	100.0	25.2	12.6	30.9	6.3	4.8	3.0		6.2	11.1
1986	100.0	25.3	12.4	30.3	6.2	4.8	3.3		6.6	11.1
1987	100.0	25.1	12.4	29.4	6.2	4.9	3.8		6.6	11.6
1988	100.0	24.8	12.4	29.3	6.1	5.0	4.1		6.8	11.6
1989	100.0	24.5	12.2	28.5	6.3	5.2	4.7		6.8	11.8
1990	100.0	25.7	11.3	27.3	6.2	5.1	5.2		6.8	12.3
1991	100.0	25.8	10.0	26.9	6.4	5.6	5.3		7.0	13.0
1992	100.0	25.9	9.3	25.7	6.7	5.8	5.3		7.4	13.8
1993	100.0	25.3	8.7	25.0	6.8	6.1	5.5		7.8	14.7
1994	100.0	24.2	7.7	25.0	6.6	5.9	6.5		8.2	15.9
1995	100.0	21.9	8.6	24.2	6.1	5.5	7.8		8.1	17.6
1996	100.0	20.7	7.9	24.3	5.9	5.3	8.9		8.8	18.1
1997	100.0	18.6	7.9	24.5	5.7	5.0	9.8		9.6	18.9
1998	100.0	15.1	6.7	22.4	4.3	4.0	1.9		9.5	36.1
1999	100.0	14.5	6.1	21.7	4.3	4.0	1.9		10.8	36.8
2000	100.0	14.4	5.6	20.5	4.0	4.2	1.9		11.9	37.6
2001	100.0	14.0	5.2	20.0	4.0	4.1	1.9		12.8	38.2

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

²Data shown include services shown separately in earlier years as skilled nursing facility (SNF) and intermediate care facilities (ICF-other).

Beginning in fiscal year 1991, the conditions of participation for SNFs and ICF-other were unified, the distinction between them removed, and the services renamed nursing facility services.

NOTES: Beginning fiscal year 1998, capitated premiums for Medicaid eligibles enrolled in managed care plans were included in this series as a component of the other and of the total payment categories (\$24.4 billion for premiums in 2000 and \$27.6 billion in 2001). 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 1975-2001

		Inpatient		Nursing		Outpatient	Home	Prescribed	
Year	Total ¹	Hospital	ICF/MR	Facility ²	Physician	Hospital	Health	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
2001	30,636	5,265	35	48	2,203	1,635	166	2,006	19,278

See footnotes at end of table.

Table 102—Continued

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

Year	Total ¹	Inpatient	ICF/MR	Nursing	Physician	Outpatient	Home	Prescribed	Other
		Hospital		Facility ²		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
2001	100.0	17.2	0.1	0.2	7.2	5.3	0.5	6.5	62.9

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

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

³Less 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 1975-2001

Amount in Millions									
		Inpatient		Nursing		Outpatient	Home	Prescribed	
Year	Total ¹	Hospital	ICF/MR	Facility ²	Physician	Hospital	Health	Drugs	Other
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
2001	20,170	5,275	6	46	1,908	1,639	74	1,777	9,445

See footnotes at end of table

Table 103—Continued
Medicaid Payments, Adults, by Type of Service: Fiscal Years 1975-2001

Year	Total ¹	Inpatient	ICF/MR	Nursing	Physician	Outpatient	Home	Prescribed	Other
		Hospital		Facility ²		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
2001	100.0	26.2	(4)	0.2	9.5	8.1	0.4	8.8	46.8

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

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

³Less than \$500,000.

⁴Less 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 1975-2001

Medicaid Payments, by Type of Service, Fiscal Years 1975-2001									
		Inpatient		Nursing		Outpatient		Home	Prescribed
Year	Total ¹	Hospital	ICF/MR	Facility ²	Physician	Hospital	Health	Drugs	Other
					Amount in Millions				
1975	\$4,358	\$205	\$20	\$3,325	\$133	\$25	\$27	\$297	\$326
1976	4,910	244	18	3,594	147	34	56	364	453
1977	5,499	300	18	4,091	166	44	72	387	421
1978	6,308	382	29	4,755	174	44	85	410	429
1979	7,046	454	33	5,370	184	58	78	449	420
1980	8,739	806	199	6,288	225	67	202	519	433
1981	9,926	941	167	6,959	259	81	267	611	641
1982	10,739	1,006	95	7,674	247	90	310	629	688
1983	11,954	1,482	161	8,233	257	106	378	692	645
1984	12,815	1,396	106	8,649	255	110	451	763	1,085
1985	14,096	1,450	175	9,409	264	105	639	883	1,171
1986	15,097	1,603	179	10,057	264	126	766	973	1,129
1987	16,037	1,375	226	10,687	249	145	982	1,075	1,298
1988	17,135	1,411	216	11,618	240	161	1,143	1,186	1,160
1989	18,558	1,263	264	12,559	272	181	1,441	1,282	1,296
1990	21,508	1,315	372	14,536	286	194	1,733	1,507	1,566
1991	25,444	1,634	430	17,121	343	255	2,026	1,823	1,812
1992	29,089	1,872	517	19,589	400	311	2,250	2,190	1,960
1993	31,554	2,023	590	21,191	489	406	2,370	2,441	2,046
1994	33,618	1,964	585	22,660	544	454	2,663	2,651	2,097
1995	36,527	2,050	637	24,148	617	534	2,990	2,861	2,690
1996	36,947	2,044	564	24,388	694	628	3,049	3,078	2,502
1997	37,721	1,931	637	24,691	791	605	3,351	3,343	2,372
1998	40,601	1,871	692	25,529	695	585	798	3,806	6,625
1999	42,522	1,655	742	26,578	635	585	667	4,572	7,088
2000	44,503	1,630	708	27,058	633	667	718	5,355	7,734
2001	48,356	1,739	717	29,104	612	584	820	6,227	8,553

See footnotes at end of table.

Table 104—Continued
Medicaid Payments, Aged, by Type of Service: Fiscal Years 1975-2001

Year	Total ¹	Inpatient		Nursing		Outpatient	Home	Prescribed	
		Hospital	ICF/MR	Facility ²	Physician	Hospital	Health	Drugs	Other
					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
2001	100.0	3.6	1.5	60.2	1.3	1.2	1.7	12.9	17.7

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

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

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

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

Table 105

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

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

See footnotes at end of table

Table 105—Continued

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

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

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

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

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Table 106

Medicaid Persons Served (Beneficiaries), by Basis of Eligibility and Area of Residence: Fiscal Year 2001

Area of Residence	Total	Aged	Disabled	Children ¹	Adults	Other/ Unknown
All Jurisdictions	45,765,714	3,810,378	7,107,219	21,064,244	9,758,338	4,025,535
Boston: Region I	2,399,538	234,510	397,789	902,643	488,588	376,008
Connecticut	684,712	51,609	54,221	219,488	71,735	287,659
Maine	246,884	45,191	56,567	87,758	45,864	11,504
Massachusetts	1,035,074	91,809	223,769	393,169	267,037	59,290
New Hampshire	97,062	11,882	12,685	55,617	12,904	3,974
Rhode Island	188,230	16,245	32,898	86,332	47,171	5,584
Vermont	147,576	17,774	17,649	60,279	43,877	7,997
New York: Region II	4,470,746	421,301	778,061	1,782,868	896,658	591,858
New Jersey	880,119	82,983	145,995	429,628	180,846	40,667
New York	3,590,627	338,318	632,066	1,353,240	715,812	551,191
Puerto Rico						
Virgin Islands	---	---	---	---	---	---
Philadelphia: Region III	3,453,120	344,852	685,518	1,714,207	551,810	156,733
Delaware	122,948	7,502	15,217	57,265	40,720	2,244
District of Columbia	140,720	8,169	24,656	71,932	32,736	3,227
Maryland	673,630	46,764	105,401	384,802	97,073	39,590
Pennsylvania	1,557,802	174,469	339,784	729,706	248,314	65,529
Virginia	608,791	79,162	119,424	307,242	79,447	23,516
West Virginia	349,229	28,786	81,036	163,260	53,520	22,627
Atlanta: Region IV	9,714,003	806,221	1,814,207	4,620,795	1,775,568	697,212
Alabama	703,486	61,716	167,346	367,006	77,994	29,424
Florida	2,457,958	198,842	431,549	1,129,087	414,484	283,996
Georgia	1,394,218	102,002	220,508	701,050	233,507	137,151
Kentucky	797,613	61,673	201,042	371,810	100,900	62,188
Mississippi	707,900	67,068	144,416	350,060	68,860	77,496
North Carolina	1,290,019	151,891	211,362	634,050	235,346	57,370
South Carolina	760,793	75,862	112,980	390,282	163,766	17,903
Tennessee	1,602,016	87,167	325,004	677,450	480,711	31,684

See footnotes at end of table.

Table 106—Continued

Medicaid Persons Served (Beneficiaries), by Basis of Eligibility and Area of Residence: Fiscal Year 2001						
Area of Residence	Total	Aged	Disabled	Children ¹	Adults	Other/ Unknown
Chicago: Region V	6,505,184	492,160	1,064,405	3,393,543	1,200,279	354,797
Illinois	1,653,055	94,468	253,066	884,045	306,234	115,242
Indiana	767,778	64,998	95,189	452,521	119,970	35,100
Michigan	1,352,418	87,653	265,691	713,971	222,554	62,549
Minnesota	600,175	58,410	82,042	296,500	126,738	36,485
Ohio	1,498,295	132,174	245,610	756,856	279,184	84,471
Wisconsin	633,463	54,457	122,807	289,650	145,599	20,950
Dallas: Region VI	4,970,811	494,478	681,694	2,776,253	741,888	276,498
Arkansas	531,533	45,709	100,628	262,572	91,474	31,150
Louisiana	804,987	83,425	149,188	420,605	87,512	64,257
New Mexico	385,180	19,774	47,279	251,422	60,726	5,979
Oklahoma	589,429	53,343	69,429	370,613	77,285	18,759
Texas	2,659,682	292,227	315,170	1,471,041	424,891	156,353
Kansas City: Region VII	1,814,048	168,879	261,206	957,584	341,456	84,923
Iowa	319,741	35,736	54,186	151,678	60,546	17,595
Kansas	272,783	26,190	47,247	146,306	36,971	16,069
Missouri	978,605	86,042	132,305	517,099	202,202	40,957
Nebraska	242,919	20,911	27,468	142,501	41,737	10,302
Denver: Region VIII	946,968	84,450	134,896	483,912	172,553	71,157
Colorado	393,195	41,565	60,957	198,968	69,937	21,768
Montana	107,052	8,985	16,559	49,780	17,645	14,083
North Dakota	60,193	8,759	8,574	27,634	11,535	3,691
South Dakota	109,483	9,894	16,042	63,514	16,704	3,329
Utah	225,977	11,134	25,399	115,965	47,779	25,700
Wyoming	51,068	4,113	7,365	28,051	8,953	2,586

See footnotes at end of table.

Table 106—Continued

Medicaid Persons Served (Beneficiaries), by Basis of Eligibility and Area of Residence: Fiscal Year 2001						
Area of Residence	Total	Aged	Disabled	Children ¹	Adults	Other/ Unknown
San Francisco: Region IX	9,717,796	638,758	1,071,236	3,519,200	3,144,891	1,343,711
Arizona	763,422	34,330	99,668	433,877	174,033	21,514
California	8,596,833	574,214	927,835	2,929,149	2,871,265	1,294,370
Hawaii ²	203,763	17,214	20,367	87,481	71,549	7,152
Nevada	153,778	13,000	23,366	68,693	28,044	20,675
Seattle: Region X	1,773,500	124,769	218,207	913,239	444,647	72,638
Alaska	105,464	5,391	9,766	54,556	18,338	17,413
Idaho	157,121	11,095	23,377	93,025	22,066	7,558
Oregon	553,696	41,196	63,013	222,074	216,058	11,355
Washington	957,219	67,087	122,051	543,584	188,185	36,312

¹Includes children and foster care children.

²Last 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).

SOURCES: 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 2001

Area of Residence	Total	Aged	Disabled	Children ¹	Adults	Other/ Unknown
All Jurisdictions	186,905,000,781	48,356,432,218	80,386,047,155	30,635,741,249	20,169,989,957	7,356,790,202
Boston: Region I	12,510,564,346	3,867,967,006	5,713,508,608	1,687,323,369	1,009,456,901	232,308,462
Connecticut	2,962,127,297	1,252,387,964	1,141,131,675	294,992,977	106,492,511	167,122,170
Maine	1,453,498,911	279,100,832	739,925,037	293,441,698	132,100,938	8,930,406
Massachusetts	5,767,990,629	1,658,720,129	2,837,983,440	663,339,373	567,728,398	40,219,289
New Hampshire	691,216,209	233,330,001	266,451,792	150,812,808	36,614,277	4,007,331
Rhode Island	1,096,057,064	310,585,573	517,231,903	166,771,975	92,948,491	8,519,122
Vermont	539,674,236	133,842,507	210,784,761	117,964,538	73,572,286	3,510,144
New York: Region II	32,756,445,331	9,230,611,105	15,740,859,696	3,573,141,240	3,912,995,850	298,837,440
New Jersey	5,016,750,996	1,379,202,846	2,103,033,269	697,382,652	780,070,638	57,061,591
New York	27,739,694,335	7,851,408,259	13,637,826,427	2,875,758,588	3,132,925,212	241,775,849
Puerto Rico						
Virgin Islands	---	---	---	---	---	---
Philadelphia: Region III	17,244,248,321	5,050,948,629	7,355,744,155	3,049,014,906	1,529,467,913	--259,072,718
Delaware	601,338,449	134,381,970	239,768,971	107,380,072	115,358,002	4,449,434
District of Columbia	830,289,290	167,460,923	421,509,943	150,534,683	84,994,880	5,788,861
Maryland	3,902,134,770	779,358,700	1,767,818,559	847,981,405	459,398,168	47,577,938
Pennsylvania	7,634,325,250	2,777,229,029	3,006,465,280	1,249,390,351	570,189,579	31,051,011
Virginia	2,709,122,137	794,997,610	1,267,322,820	437,691,644	184,912,624	24,197,439
West Virginia	1,567,038,425	397,520,397	652,858,582	256,036,751	114,614,660	146,008,035
Atlanta: Region IV	33,542,434,273	7,634,837,625	14,120,203,676	5,841,027,259	3,867,499,205	2,078,866,508
Alabama	2,950,095,956	676,435,852	956,789,161	531,828,842	131,476,356	653,565,745
Florida	8,577,965,428	1,893,096,056	4,079,817,324	1,279,540,099	751,922,790	573,589,159
Georgia	3,966,167,177	901,327,352	1,564,179,159	832,135,971	517,851,368	150,673,327
Kentucky	3,218,936,677	707,098,901	1,587,841,066	628,938,442	267,418,986	27,639,282
Mississippi	2,181,303,187	576,239,900	1,026,699,401	375,027,364	187,695,717	15,640,805
North Carolina	5,491,646,478	1,619,166,550	2,373,046,929	840,785,042	612,229,549	46,418,408
South Carolina	3,096,987,160	633,701,509	1,032,766,443	572,532,427	250,324,092	607,662,689
Tennessee	4,059,332,210	627,771,505	1,499,064,193	780,239,072	1,148,580,347	3,677,093

See footnotes at end of table.

Table 107—Continued

Medicaid Payments, by Basis of Eligibility and Area of Residence: Fiscal Year 2001

Area of Residence	Total	Aged	Disabled	Children ¹	Adults	Other/ Unknown
Chicago: Region V	31,592,265,625	8,174,536,865	13,206,560,327	4,694,598,541	2,673,672,604	2,842,897,288
Illinois	8,147,409,930	1,245,430,070	3,568,470,193	1,388,259,559	831,888,061	1,113,362,047
Indiana	3,352,907,664	1,029,345,613	1,372,751,286	647,798,054	278,103,043	24,909,668
Michigan	5,316,248,739	1,165,423,150	1,673,403,242	698,791,919	433,557,464	1,345,072,964
Minnesota	3,733,096,927	1,157,139,209	1,604,932,507	579,793,242	300,070,704	91,161,265
Ohio	8,012,879,425	2,661,904,576	3,417,741,982	1,054,069,509	631,715,761	247,447,597
Wisconsin	3,029,722,940	915,294,247	1,569,261,117	325,886,258	198,337,571	20,943,747
Dallas: Region VI	17,709,777,204	4,684,126,219	6,980,920,693	3,854,021,824	1,637,057,993	553,650,475
Arkansas	1,684,717,766	413,815,737	793,074,440	353,233,257	105,029,202	19,565,130
Louisiana	2,881,578,117	749,863,568	1,360,395,731	435,200,441	233,746,375	102,372,002
New Mexico	1,482,641,633	218,886,003	555,960,748	441,421,679	133,641,545	132,731,658
Oklahoma	2,016,239,330	564,514,443	733,992,733	470,563,865	107,184,890	139,983,399
Texas	9,644,600,358	2,737,046,468	3,537,497,041	2,153,602,582	1,057,455,981	158,998,286
Kansas City: Region VII	7,751,884,756	2,365,501,132	3,179,732,603	1,460,972,994	609,317,441	136,360,586
Iowa	1,661,548,237	560,403,505	679,017,411	242,134,888	141,573,742	38,418,691
Kansas	1,370,933,383	413,770,195	667,993,541	191,857,673	75,843,938	21,468,036
Missouri	3,629,606,730	1,082,505,359	1,436,269,147	792,530,079	300,277,856	18,024,289
Nebraska	1,089,796,406	308,822,073	396,452,504	234,450,354	91,621,905	58,449,570
Denver: Region VIII	4,523,858,603	1,115,411,673	1,820,959,379	845,349,953	387,398,709	354,738,889
Colorado	1,952,708,545	532,866,184	820,970,798	369,847,800	153,824,761	75,199,002
Montana	475,198,374	131,769,891	182,078,661	102,044,470	47,587,881	11,717,471
North Dakota	374,153,464	150,225,236	152,272,498	43,359,934	25,005,681	3,290,115
South Dakota	426,633,598	117,154,837	187,240,946	82,513,706	34,788,248	4,935,861
Utah	1,052,922,690	119,992,391	367,147,737	205,692,731	100,658,444	259,431,387
Wyoming	242,241,932	63,403,134	111,248,739	41,891,312	25,533,694	165,053

See footnotes at end of table.

Table 107—Continued

Medicaid Payments, by Basis of Eligibility and Area of Residence: Fiscal Year 2001

Area of Residence	Total	Aged	Disabled	Children ¹	Adults	Other/ Unknown
San Francisco: Region IX	23,420,976,048	4,909,024,798	10,226,618,179	4,378,942,660	3,397,435,126	508,955,285
Arizona	2,453,184,175	415,544,239	996,832,034	582,854,384	440,796,603	17,156,915
California	19,824,904,105	4,222,926,382	8,841,905,413	3,547,546,401	2,772,003,458	440,522,451
Hawaii ²	535,162,729	151,030,119	134,162,539	132,454,108	108,665,230	8,850,733
Nevada	607,725,039	119,524,058	253,718,193	116,087,767	75,969,835	42,425,186
Seattle: Region X	5,852,546,274	1,323,467,166	2,040,939,839	1,251,348,503	1,145,688,215	91,102,551
Alaska	560,453,317	78,630,978	186,241,544	166,021,443	77,246,067	52,313,285
Idaho	713,534,671	165,554,949	351,324,286	117,594,183	70,290,515	8,770,738
Oregon	1,865,948,892	431,285,411	596,363,758	354,990,287	477,820,517	5,488,919
Washington	2,712,609,394	647,995,828	907,010,251	612,742,590	520,331,116	24,529,609

¹Includes children and foster care children.

²Last 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.

SOURCES: 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 2001

Area of Residence	Total	Aged	Disabled	Children ¹	Adults	Other/Unknown
All Jurisdictions	\$4,084	\$12,691	\$11,310	\$1,454	\$2,067	\$1,828
Boston: Region I	5,214	16,494	14,363	1,869	2,066	618
Connecticut	4,326	24,267	21,046	1,344	1,485	581
Maine	5,887	6,176	13,081	3,344	2,880	776
Massachusetts	5,573	18,067	12,683	1,687	2,126	678
New Hampshire	7,121	19,637	21,005	2,712	2,837	1,008
Rhode Island	5,823	19,119	15,722	1,932	1,970	1,526
Vermont	3,657	7,530	11,943	1,957	1,677	439
New York: Region II	7,327	21,910	20,231	2,004	4,364	505
New Jersey	5,700	16,620	14,405	1,623	4,313	1,403
New York	7,726	23,207	21,577	2,125	4,377	439
Puerto Rico						
Virgin Islands						
	---	---	---	---	---	---
Philadelphia: Region III	---4,994	---14,647	---10,730	---1,779	---2,772	---1,653
Delaware	4,891	17,913	15,757	1,875	2,833	1,983
District of Columbia	5,900	20,500	17,096	2,093	2,596	1,794
Maryland	5,793	16,666	16,772	2,204	4,733	1,202
Pennsylvania	4,901	15,918	8,848	1,712	2,296	474
Virginia	4,450	10,043	10,612	1,425	2,327	1,029
West Virginia	4,487	13,810	8,056	1,568	2,142	6,453
Atlanta: Region IV	3,453	9,470	7,783	1,264	2,178	2,982
Alabama	4,194	10,960	5,717	1,449	1,686	22,212
Florida	3,490	9,521	9,454	1,133	1,814	2,020
Georgia	2,845	8,836	7,094	1,187	2,218	1,099
Kentucky	4,036	11,465	7,898	1,692	2,650	444
Mississippi	3,081	8,592	7,109	1,071	2,726	202
North Carolina	4,257	10,660	11,227	1,326	2,601	809
South Carolina	4,071	8,353	9,141	1,467	1,529	33,942
Tennessee	2,534	7,202	4,612	1,152	2,389	116

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 2001

Area of Residence	Total	Aged	Disabled	Children ¹	Adults	Other/ Unknown
Chicago: Region V	\$4,856	\$16,610	\$12,407	\$1,383	\$2,228	\$8,013
Illinois	4,929	13,184	14,101	1,570	2,717	9,661
Indiana	4,367	15,837	14,421	1,432	2,318	710
Michigan	3,931	13,296	6,298	979	1,948	21,504
Minnesota	6,220	19,811	19,562	1,955	2,368	2,499
Ohio	5,348	20,139	13,915	1,393	2,263	2,929
Wisconsin	4,783	16,808	12,778	1,125	1,362	1,000
Dallas: Region VI	3,563	9,473	10,241	1,388	2,207	2,002
Arkansas	3,170	9,053	7,881	1,345	1,148	628
Louisiana	3,580	8,988	9,119	1,035	2,671	1,593
New Mexico	3,849	11,069	11,759	1,756	2,201	22,200
Oklahoma	3,421	10,583	10,572	1,270	1,387	7,462
Texas	3,626	9,366	11,224	1,464	2,489	1,017
Kansas City: Region VII	4,273	14,007	12,173	1,526	1,784	1,606
Iowa	5,197	15,682	12,531	1,596	2,338	2,184
Kansas	5,026	15,799	14,138	1,311	2,051	1,336
Missouri	3,709	12,581	10,856	1,533	1,485	440
Nebraska	4,486	14,768	14,433	1,645	2,195	5,674
Denver: Region VIII	4,777	13,208	13,499	1,747	2,245	4,985
Colorado	4,966	12,820	13,468	1,859	2,199	3,455
Montana	4,439	14,666	10,996	2,050	2,697	832
North Dakota	6,216	17,151	17,760	1,569	2,168	891
South Dakota	3,897	11,841	11,672	1,299	2,083	1,483
Utah	4,659	10,777	14,455	1,774	2,107	10,095
Wyoming	4,744	15,415	15,105	1,493	2,852	64

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 2001

Area of Residence	Total	Aged	Disabled	Children ¹	Adults	Unknown
San Francisco: Region IX	\$2,410	\$7,685	\$9,547	\$1,244	\$1,080	\$379
Arizona	3,213	12,104	10,002	1,343	2,533	797
California	2,306	7,354	9,530	1,211	965	340
Hawaii ²	2,626	8,774	6,587	1,514	1,519	1,238
Nevada	3,952	9,194	10,858	1,690	2,709	2,052
Seattle: Region X	3,300	10,607	9,353	1,370	2,577	1,254
Alaska	5,314	14,586	19,070	3,043	4,212	3,004
Idaho	4,541	14,922	15,029	1,264	3,185	1,160
Oregon	3,370	10,469	9,464	1,599	2,212	483
Washington	2,834	9,659	7,431	1,127	2,765	676

¹Includes children and foster care children.

²Last 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 unusually large values, the average payments are not shown.

SOURCES: 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 2001

Area of Residence	Total ¹	General Hospital Services	Nursing Facilities Services	Physician Services	Dental Services	Outpatient Hospital	Lab and X-Ray	Home Health	Prescribed Drugs
All Jurisdictions	45,765,714	4,899,993	6,012,245	20,183,776	6,985,044	13,815,353	12,381,711	1,011,346	22,040,142
Boston: Region I	2,399,538	158,120	137,788	987,825	535,381	767,716	752,382	74,032	1,202,570
Connecticut	684,712	29,347	37,932	91,940	39,777	88,845	72,717	22,143	116,756
Maine	246,884	18,772	9,062	130,846	45,413	98,603	83,781	2,990	191,330
Massachusetts	1,035,074	78,492	67,035	568,266	322,110	430,488	476,453	36,628	662,204
New Hampshire	97,062	10,355	7,542	59,501	20,783	46,737	42,450	2,207	73,489
Rhode Island	188,230	11,034	12,414	36,845	55,826	38,091	22,114	6,697	50,412
Vermont	147,576	10,120	3,803	100,427	51,472	64,952	54,867	3,367	108,379
New York: Region II	4,470,746	669,076	232,195	1,702,159	936,026	1,906,083	1,121,233	274,713	2,762,662
New Jersey	880,119	78,664	52,900	223,292	79,150	233,454	131,418	14,425	304,698
New York	3,590,627	590,412	179,295	1,478,867	856,876	1,672,629	989,815	260,288	2,457,964
Puerto Rico	---	---	---	---	---	---	---	---	---
Virgin Islands	---	---	---	---	---	---	---	---	---
Philadelphia: Region III	3,453,120	--314,595	--156,661	1,441,207	--309,107	--851,703	---778,069	---62,282	1,601,040
Delaware	122,948	5,454	3,400	20,761	15,380	11,693	11,932	1,102	85,351
District of Columbia	140,720	19,465	4,212	25,342	2,785	25,675	13,675	2,140	35,324
Maryland	673,630	74,190	29,480	427,901	36,953	234,643	102,986	15,088	420,451
Pennsylvania	1,557,802	94,315	79,489	390,143	112,072	207,819	281,285	11,966	461,114
Virginia	608,791	83,866	28,157	349,731	58,538	208,472	223,052	4,749	329,626
West Virginia	349,229	37,305	11,923	227,329	83,379	163,401	145,139	27,237	269,174

See footnotes at end of table.

Table 109—Continued
Medicaid Persons Served (Beneficiaries), by Type of Service and Area of Residence: Fiscal Year 2001

Area of Residence	Total ¹	General Hospital	Nursing Facilities	Physician Services	Dental Services	Outpatient Hospital	Lab and X-ray	Home Health	Prescribed Drugs
Atlanta: Region IV	9,714,003	1,334,909	See footnote	5,217,781	1,507,464	3,572,538	2,849,893	231,354	4,934,517
Alabama	703,486	67,436	26,393	468,534	89,914	246,108	311,041	57,650	464,695
Florida	2,457,958	410,604	111,212	1,162,107	374,356	1,036,261	779,756	76,471	1,158,809
Georgia	1,394,218	213,489	41,413	993,520	269,590	623,151	187,409	20,337	921,455
Kentucky	797,613	112,291	33,037	464,459	154,050	329,451	250,005	23,359	469,055
Mississippi	707,900	154,098	20,483	459,689	136,078	416,611	107,156	11,697	478,404
North Carolina	1,290,019	196,752	43,741	937,522	281,044	582,608	646,049	32,260	899,337
South Carolina	760,793	159,066	18,859	546,419	202,078	317,036	262,803	9,053	542,762
Tennessee ²	1,602,016	20,773	38,605	185,531	354	21,312	105,674	527	-
Chicago: Region V	6,505,184	749,147	345,030	3,144,623	1,698,210	2,237,870	1,964,862	123,393	3,466,557
Illinois	1,653,055	189,366	80,527	999,707	619,780	725,537	646,567	12,566	1,066,743
Indiana	767,778	109,174	47,852	468,300	229,974	310,352	283,894	8,646	462,640
Michigan	1,352,418	105,026	44,747	392,549	323,253	245,957	174,385	6,467	551,593
Minnesota	600,175	36,825	40,913	201,432	70,195	105,470	24,990	59,134	188,713
Ohio	1,498,295	256,178	91,686	957,517	334,701	680,880	644,729	32,266	934,630
Wisconsin	633,463	52,578	39,305	125,118	120,307	169,674	190,297	4,314	262,238
Dallas: Region VI	4,970,811	800,676	183,954	3,105,443	986,795	1,672,263	1,975,441	146,980	3,195,760
Arkansas	531,533	80,140	19,880	372,042	79,539	202,000	142,421	8,285	321,920
Louisiana	804,987	158,676	34,702	657,938	167,187	371,198	456,670	9,831	628,571
New Mexico	385,180	37,110	7,109	88,891	18,346	67,975	34,889	507	75,891
Oklahoma	589,429	65,384	24,879	227,236	49,114	171,594	98,661	3,611	252,027
Texas	2,659,682	459,366	97,384	1,759,336	672,609	859,496	1,242,800	124,746	1,917,351

See footnotes at end of table.

Table 109—Continued
Medicaid Persons Served (Beneficiaries), by Type of Service and Area of Residence: Fiscal Year 2001

Area of Residence	Total ¹	General Hospital	Nursing Facilities Services	Physician Services	Dental Services	Outpatient Hospital	Lab and X-Ray	Home Health	Prescribed Drugs
Kansas City: Region VII	1,814,048	191,891	93,238	819,160	326,713	632,803	385,992	32,715	1,031,207
Iowa	319,741	36,325	21,662	176,506	94,736	119,134	118,795	17,116	221,691
Kansas	272,783	34,589	18,017	150,111	44,306	88,331	72,744	5,093	158,515
Missouri	978,605	95,472	39,501	330,279	101,405	330,999	137,935	6,023	472,633
Nebraska	242,919	25,505	14,058	162,264	86,266	94,339	56,518	4,483	178,368
Denver: Region VIII	946,968	97,946	46,048	329,907	169,863	299,291	157,335	12,071	473,869
Colorado	393,195	31,866	20,798	60,202	64,631	113,113	39,758	8,648	143,169
Montana	107,052	14,900	5,453	72,007	20,606	58,330	10,683	592	63,008
North Dakota	60,193	8,589	5,629	26,425	17,272	25,585	18,159	739	39,746
South Dakota	109,483	15,246	5,904	59,624	57	36,959	28,238	411	58,200
Utah	225,977	18,539	5,638	71,336	55,632	40,143	35,776	1,221	133,042
Wyoming	51,068	8,806	2,626	40,313	11,665	25,161	24,721	460	36,704
San Francisco: Region IX	9,717,796	472,137	128,479	2,704,828	113,019	1,444,127	2,276,127	46,649	2,591,055
Arizona ²	763,422	31,640	1,063	25,259	10,335	77,235	12,831	361	9,761
California	8,596,833	417,786	118,519	2,617,094	71,647	1,310,567	2,165,457	44,714	2,486,909
Hawaii ^{2,3}	203,763	4,805	4,274	41,782	19	19,551	25,210	11	35,687
Nevada	153,778	17,906	4,623	20,693	31,018	36,774	72,629	1,563	58,698
Seattle: Region X	1,773,500	111,496	44,109	730,843	402,466	430,959	300,377	7,157	780,905
Alaska	105,464	15,206	893	72,669	32,989	53,204	40,728	239	65,278
Idaho	157,121	21,825	5,115	120,843	49,555	69,032	66,856	2,076	112,357
Oregon	553,696	25,592	11,659	132,855	4,939	95,624	83,084	889	218,033
Washington	957,219	48,873	26,442	404,476	314,983	213,099	109,709	3,953	385,237

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

²The relatively low number of persons served (beneficiaries) under fee-for-service by type of service for Arizona, Hawaii, and Tennessee reflect the large proportion of the covered population in managed care in these states. Eligibles only enrolled are included in the total person served but not by type of service.

³Last 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).

SOURCES: 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 2001

Area of Residence	Total ¹	General Hospital	Nursing Facilities Services	Physician Services	Dental Services
			Amount in Thousands		
All Jurisdictions	\$186,905,000	\$26,082,799	\$37,306,359	\$7,499,591	\$1,882,173
Boston: Region I	12,510,564	939,059	3,592,343	351,222	127,605
Connecticut	2,962,127	139,836	1,060,260	27,005	7,209
Maine	1,453,499	212,850	190,673	42,682	11,024
Massachusetts	5,767,991	428,725	1,629,465	218,952	81,144
New Hampshire	691,216	34,506	187,055	18,680	4,331
Rhode Island	1,096,057	88,258	445,769	8,377	11,010
Vermont	539,674	34,883	79,121	35,527	12,886
New York: Region II	32,756,445	5,373,189	6,678,063	415,533	299,873
New Jersey	5,016,751	425,719	1,262,288	40,908	19,550
New York	27,739,694	4,947,471	5,415,774	374,625	280,323
Puerto Rico	---	---	---	---	---
Virgin Islands	---	---	---	---	---
Philadelphia: Region III	17,244,248	1,720,645	4,003,464	498,713	70,518
Delaware	601,338	20,422	110,562	9,698	5,160
District of Columbia	830,289	198,759	155,760	12,844	253
Maryland	3,902,135	550,864	681,121	158,894	3,987
Pennsylvania	7,634,325	414,338	2,238,817	92,568	21,434
Virginia	2,709,122	305,767	528,748	123,715	13,952
West Virginia	1,567,038	230,496	288,456	100,995	25,732
Atlanta: Region IV	33,542,434	5,070,000	5,974,894	2,294,599	432,218
Alabama	2,950,096	195,246	648,171	170,233	23,163
Florida	8,577,965	1,606,985	1,710,839	416,287	84,321
Georgia	3,966,167	872,939	734,038	475,434	85,593
Kentucky	3,218,937	328,297	565,579	198,035	45,032
Mississippi	2,181,303	397,704	403,056	195,382	34,756
North Carolina	5,491,646	819,562	852,242	495,968	83,347
South Carolina	3,096,987	827,498	355,578	232,001	75,982
Tennessee ²	4,059,332	21,769	705,391	111,259	24

See footnotes at end of table.

Table 110— Continued
Medicaid Payments, by Type of Service and Area of Residence: Fiscal Year 2001

Area of Residence	Outpatient Hospital	Lab and X-Ray	Home Health	Prescribed Drugs
Amount in Thousands				
All Jurisdictions	\$7,569,847	\$1,623,204	\$3,514,227	\$23,839,174
Boston: Region I	522,743	132,953	781,809	1,603,950
Connecticut	59,807	11,269	145,209	304,471
Maine	117,647	8,710	6,696	203,260
Massachusetts	245,124	101,012	601,466	794,849
New Hampshire	35,548	3,173	5,267	90,928
Rhode Island	26,819	1,974	15,850	104,918
Vermont	37,798	6,816	7,321	105,523
New York: Region II	1,627,381	82,731	975,384	3,431,959
New Jersey	319,322	14,297	65,723	649,622
New York	1,308,059	68,434	909,662	2,782,336
Puerto Rico	---	---	---	---
Virgin Islands	---	---	---	---
Philadelphia: Region III	458,365	100,297	383,294	1,928,283
Delaware	4,971	1,348	5,152	81,623
District of Columbia	20,304	2,791	13,832	62,296
Maryland	184,359	11,291	273,171	419,187
Pennsylvania	59,575	39,265	66,591	690,559
Virginia	107,402	27,120	5,197	418,223
West Virginia	81,754	18,482	19,351	256,395
Atlanta: Region IV	1,656,531	274,812	523,047	5,050,300
Alabama	47,152	35,150	33,918	392,483
Florida	352,739	76,512	202,090	1,487,853
Georgia	390,894	16,900	88,039	671,834
Kentucky	280,231	33,043	79,177	595,293
Mississippi	146,853	8,729	11,267	494,805
North Carolina	357,293	82,703	83,614	969,535
South Carolina	80,136	19,456	20,130	438,498
Tennessee ²	1,234	2,319	4,812	0

Table 110– Continued
Medicaid Payments, by Type of Service and Area of Residence: Fiscal Year 2001

Area of Residence	Total ¹	General Hospital	Nursing Facilities Services	Physician Services	Dental Services
Amount in Thousands					
Chicago: Region V	\$31,592,266	\$4,915,929	\$7,657,442	\$1,135,798	\$426,513
Illinois	8,147,410	2,350,559	1,837,318	364,648	147,045
Indiana	3,352,908	440,759	816,922	163,800	107,456
Michigan	5,316,249	519,125	1,061,703	109,237	53,328
Minnesota	3,733,097	275,476	894,542	97,622	14,104
Ohio	8,012,879	1,070,164	2,269,573	369,956	81,565
Wisconsin	3,029,723	259,846	777,384	30,535	23,015
Dallas: Region VI	17,709,777	3,037,903	3,056,138	1,246,690	230,830
Arkansas	1,684,718	199,917	284,583	166,096	19,766
Louisiana	2,881,578	547,462	566,831	223,183	27,872
New Mexico	1,482,642	191,329	165,796	26,235	8,006
Oklahoma	2,016,239	277,398	434,173	70,861	16,926
Texas	9,644,600	1,821,797	1,604,754	760,315	158,259
Kansas City: Region VII	7,751,885	861,151	1,672,256	265,493	83,414
Iowa	1,661,548	177,554	375,773	71,872	29,429
Kansas	1,370,933	156,205	302,505	55,088	11,985
Missouri	3,629,607	410,576	735,630	72,159	21,145
Nebraska	1,089,796	116,816	258,349	66,374	20,855
Denver: Region VIII	4,523,859	487,743	847,681	123,921	49,109
Colorado	1,952,709	201,679	361,877	12,417	20,469
Montana	475,198	61,539	105,294	34,443	5,711
North Dakota	374,153	32,435	126,471	8,444	5,400
South Dakota	426,634	58,801	107,849	25,333	27
Utah	1,052,923	99,764	94,893	22,309	13,861
Wyoming	242,242	33,525	51,296	20,975	3,640

See footnotes at end of table.

Table 110– Continued
Medicaid Payments, by Type of Service and Area of Residence: Fiscal Year 2001

Area of Residence	Outpatient Hospital	Lab and X-Ray	Home Health	Prescribed Drugs
Amount in Thousands				
Chicago: Region V	\$1,334,436	\$310,735	\$253,839	\$3,872,614
Illinois	605,400	65,543	32,284	933,903
Indiana	155,206	28,386	51,460	561,480
Michigan	148,340	11,853	15,281	604,759
Minnesota	48,845	1,645	64,533	264,983
Ohio	299,092	179,361	61,778	1,118,115
Wisconsin	77,553	23,949	28,504	389,374
Dallas: Region VI	630,349	308,138	238,244	2,416,423
Arkansas	52,494	14,203	10,737	248,392
Louisiana	158,038	46,575	22,000	554,671
New Mexico	44,344	3,484	515	70,201
Oklahoma	44,434	6,769	1,017	215,937
Texas	331,040	237,107	203,975	1,327,222
Kansas City: Region VII	365,545	32,455	96,516	1,265,490
Iowa	78,450	10,905	48,616	231,010
Kansas	20,405	4,915	24,068	189,946
Missouri	221,130	8,181	6,584	682,954
Nebraska	45,560	8,454	17,248	161,579
Denver: Region VIII	155,340	15,624	78,125	491,407
Colorado	56,448	4,397	70,071	177,116
Montana	24,837	641	793	69,695
North Dakota	20,335	1,595	2,660	43,285
South Dakota	19,576	2,880	328	52,610
Utah	24,655	2,335	3,300	116,601
Wyoming	9,489	3,776	973	32,100

Table 110— Continued
Medicaid Payments, by Type of Service and Area of Residence: Fiscal Year 2001

Area of Residence	Total ¹	General Hospital	Nursing Facilities Services	Physician Services	Dental Services
Amount in Thousands					
San Francisco: Region IX	\$23,420,976	\$2,999,133	\$2,979,882	\$857,416	\$38,026
Arizona ²	2,453,184	114,050	16,684	15,395	3,724
California	19,824,904	2,728,596	2,733,563	818,467	17,525
Hawaii ^{2,3}	535,163	48,741	137,754	20,443	2
Nevada	607,725	107,746	91,881	3,111	16,775
Seattle: Region X	5,852,546	678,047	844,196	310,206	124,067
Alaska	560,453	86,913	53,767	50,724	15,788
Idaho	713,535	105,921	114,333	53,776	20,359
Oregon	1,865,949	93,328	186,180	42,277	613
Washington	2,712,609	391,885	489,916	163,428	87,308

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

²The relative lower amounts of fee-for-service payment amounts by type of service for Arizona, Hawaii, and Tennessee, reflects the large proportion of the covered population in managed care in those states. The capitated payments for members of prepaid health care are included in the total but are not distributed by the type of service.

³Last 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 component of the total payment categories. In addition, the HCFA Form-2082 was revised to include two new service categories: personal care services and home and community-based waiver services (not shown separately in this table). This created a reallocation of payments from other categories such as home health.

SOURCES: Centers for Medicare & Medicaid Services, Center for Medicaid and State Operations: 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 2001

Area of Residence	Outpatient Hospital	Lab and X-Ray	Home Health	Prescribed Drugs
Amount in Thousands				
San Francisco: Region IX	\$556,853	\$334,197	\$173,701	\$2,920,758
Arizona ²	190,203	2,450	474	4,254
California	331,091	275,879	166,047	2,808,294
Hawaii ^{2, 3}	18,946	3,341	5	44,850
Nevada	16,612	52,527	7,175	63,360
Seattle: Region X	262,304	31,263	10,267	857,990
Alaska	40,223	7,589	700	66,768
Idaho	32,949	7,558	3,771	105,497
Oregon	45,392	7,679	727	221,690
Washington	143,740	8,437	5,069	464,036

Area of Residence	Total ¹	General Hospital	Nursing Facilities Services	Physician Services	Dental Services	Outpatient Hospital	Lab and X-Ray	Home Health	Prescribed Drugs
All Jurisdictions	\$4,084	\$5,323	\$21,929	\$372	\$269	\$548	\$131	\$3,475	\$1,082
Boston: Region I	5,214	5,939	26,072	356	238	681	177	10,560	1,334
Connecticut	4,326	4,765	27,952	294	181	673	155	6,558	2,608
Maine	5,887	11,339	21,041	326	243	1,193	104	2,240	1,062
Massachusetts	5,573	5,462	24,308	385	252	569	212	16,421	1,200
New Hampshire	7,121	3,332	24,802	314	208	761	75	2,386	1,237
Rhode Island	5,823	7,999	35,909	227	197	704	89	2,367	2,081
Vermont	3,657	3,447	20,805	354	250	582	124	2,174	974
New York: Region II	7,327	8,031	28,761	244	320	854	74	3,551	1,242
New Jersey	5,700	5,412	23,862	183	247	1,368	109	4,556	2,132
New York	7,726	8,380	30,206	253	327	782	69	3,495	1,132
Puerto Rico	---	---	---	---	---	---	---	---	---
Virgin Islands	---	---	---	---	---	---	---	---	---
Philadelphia: Region III	--- 4,994	--- 5,469	--- 25,555	--- 346	--- 228	--- 538	--- 129	--- 6,154	1,204
Delaware	4,891	3,744	32,518	467	335	425	113	4,675	956
District of Columbia	5,900	10,211	36,980	507	91	791	204	6,463	1,764
Maryland	5,793	7,425	23,105	371	108	786	110	18,105	997
Pennsylvania	4,901	4,393	28,165	237	191	287	140	5,565	1,498
Virginia	4,450	3,646	18,779	354	238	515	122	1,094	1,269
West Virginia	4,487	6,179	24,193	444	309	500	127	710	953
Atlanta: Region IV	3,453	3,799	17,903	440	287	464	104	2,261	1,023
Alabama	4,194	2,895	24,558	363	258	192	113	588	845
Florida	3,490	3,914	15,384	358	225	340	98	2,643	1,284
Georgia	2,845	4,089	17,725	479	317	627	90	4,329	729
Kentucky	4,036	2,924	17,120	426	292	851	132	3,390	1,269
Mississippi	3,081	2,581	19,678	425	255	352	81	963	1,034
North Carolina	4,257	4,165	19,484	529	297	613	128	2,592	1,078
South Carolina	4,071	5,202	18,855	425	376	253	74	2,224	808
Tennessee	2,534	1,048	18,272	600	67	58	22	9,130	

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 2001

[illegible]

Table 111—Continued

Medicaid Payment per Person Served (Beneficiary), by Type of Service and Area of Residence: Fiscal Year 2001

Area of Residence	Total ¹	General Hospital	Nursing Facilities Services	Physician Services	Dental Services	Outpatient Hospital	Lab and X-Ray	Home Health	Prescribed Drugs
San Francisco: Region IX	\$2,410	\$6,352	\$23,194	\$317	\$336	\$386	\$147	\$3,724	\$1,127
Arizona	3,213	3,605	15,696	609	360	2,463	191	1,312	436
California	2,306	6,531	23,064	313	245	253	127	3,714	1,129
Hawaii ²	2,626	10,144	32,231	489	79	969	133	486	1,257
Nevada	3,952	6,017	19,875	150	541	452	723	4,590	1,079
Seattle: Region X	3,300	6,081	19,139	424	308	609	104	1,434	1,099
Alaska	5,314	5,716	60,209	698	479	756	186	2,929	1,023
Idaho	4,541	4,853	22,353	445	411	477	113	1,816	939
Oregon	3,370	3,647	15,969	318	124	475	92	818	1,017
Washington	2,834	8,018	18,528	404	277	675	77	1,282	1,205

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

²Last 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 component of the total payment per person served (beneficiary).

SOURCES: 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.