

Table 85
Medicaid Medical Assistance Payments: Fiscal Years 1975-2002

Fiscal Year ¹	Medical Assistance Payments CMS Form-64		HCFA-2082/MSIS Payments	HCFA-2082/MSIS Payments as a Percent of CMS Form-64
	Total Expenditures ²	2002 Inflation Adjusted Total Expenditures ³		
	Number in Thousands			
1975	\$12,086,166	\$61,125,287	\$12,142,000	100.5
1976	13,977,348	63,126,837	14,091,000	100.8
1977	16,354,599	67,394,316	16,239,000	99.3
1978	18,168,065	68,771,642	17,992,000	99.0
1979	20,736,011	72,365,825	20,472,000	98.7
1980	24,041,116	76,620,551	23,311,000	97.0
1981	28,485,289	81,208,144	27,204,000	95.5
1982	30,330,765	77,568,787	29,399,000	96.9
1983	33,298,880	78,451,885	32,391,000	97.3
1984	35,671,888	77,958,773	33,891,000	95.0
1985	39,413,219	81,576,116	37,508,000	95.2
1986	42,525,605	84,796,449	41,005,000	96.4
1987	46,956,072	90,154,719	45,050,000	95.9
1988	51,645,666	92,840,333	48,710,000	94.3
1989	58,645,953	97,271,169	54,500,000	92.9
1990	69,754,495	107,439,345	64,859,000	93.0
1991	88,377,773	127,936,776	76,964,000	87.1
1992	114,365,915	157,034,910	91,480,000	80.0
1993	126,573,138	165,550,069	101,708,889	80.4
1994	136,886,366	171,937,498	108,270,147	79.1
1995	151,707,290	183,285,561	120,140,904	79.2
1996	154,423,973	181,487,826	121,684,650	78.8
1997	160,538,571	183,929,247	123,551,014	77.0
1998	167,994,374	187,918,499	142,317,904	84.7
1999	180,456,639	195,917,428	153,479,358	85.1
2000	194,696,199	207,027,597	168,307,231	86.4
2001	215,377,890	221,169,001	186,905,000	86.8
2002	244,325,041	244,325,041	213,496,607	87.4

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 2002 dollars.

NOTES: Trend data in this table may differ from that in other tables. 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 the 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 the HCFA-2082 like data. Beginning fiscal year 1998, capitated premiums for Medicaid eligibles in managed care plans were included in the HCFA-2082/MSIS time series.

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 2002

Area of Residence	Total	Hospital ¹	Institutional Long-Term-Care ²	Physicians and Other Practitioners ³	Prescription Drug
Amount in Thousands					
All Jurisdictions	\$244,325,041	\$59,580,423	\$57,129,913	\$11,599,318	\$29,320,325
Boston: Region I	16,864,884	3,403,745	3,766,436	629,580	1,879,293
Connecticut	3,577,381	490,861	1,239,787	109,430	357,919
Maine	1,458,792	259,578	246,393	66,662	220,157
Massachusetts	8,747,011	1,944,830	1,612,764	321,403	962,188
New Hampshire	1,029,745	262,552	304,375	35,854	99,683
Rhode Island	1,386,580	334,862	269,303	26,222	125,188
Vermont	665,375	111,062	93,814	70,009	114,158
New York: Region II	44,572,687	13,801,584	11,759,573	996,328	4,348,515
New Jersey	7,736,775	2,305,502	2,758,914	74,156	690,056
New York	36,046,583	10,711,772	9,000,005	921,955	3,654,848
Puerto Rico	778,614	778,614	0	0	0
Virgin Islands	10,715	5,696	654	217	3,611
Philadelphia: Region III	22,543,165	3,750,875	7,006,749	498,109	1,916,216
Delaware	636,491	44,222	155,632	13,194	97,750
District of Columbia	1,034,805	303,421	260,488	14,483	66,129
Maryland	3,670,607	758,581	816,510	23,159	297,292
Pennsylvania	12,134,392	1,454,508	4,505,811	136,943	718,205
Virginia	3,468,789	848,992	909,525	146,210	459,800
West Virginia	1,598,081	341,151	358,783	164,120	277,040
Atlanta: Region IV	42,192,402	11,597,302	8,246,199	3,158,487	6,724,474
Alabama	3,122,791	739,371	753,386	198,563	452,270
Florida	9,956,522	2,232,588	2,186,243	613,382	1,719,583
Georgia	6,399,821	3,057,071	946,351	694,711	873,411
Kentucky	3,814,859	1,001,756	713,042	338,780	652,904
Mississippi	2,905,249	1,061,722	627,074	251,238	567,314
North Carolina	6,803,298	2,047,049	1,306,504	710,668	1,089,180
South Carolina	3,385,222	1,107,277	565,147	313,265	457,066
Tennessee	5,804,640	350,468	1,148,452	37,880	912,746

See footnotes at end of table.

Table 86—Continued
Medicaid Expenditures, by Provider Type and Area of Residence: Fiscal Year 2002

Area of Residence	Prescription Drug Rebate	Other	Home and Community ⁵	Health Insurance ⁶	Miscellaneous ⁷
		Acute Care ⁴			
Amount in Thousands					
All Jurisdictions	-\$5,875,416	\$8,967,338	\$23,951,561	\$45,372,426	\$14,278,976
Boston: Region I	-372,388	486,010	2,222,212	3,327,526	1,522,471
Connecticut	-62,627	41,677	654,910	660,353	85,069
Maine	-47,051	96,177	192,156	42,740	381,981
Massachusetts	-191,118	223,811	911,562	2,340,934	620,638
New Hampshire	-20,889	110,693	160,759	24,399	52,320
Rhode Island	-26,214	3,904	184,484	210,039	258,792
Vermont	-24,489	9,748	118,341	49,061	123,671
New York: Region II	-791,093	2,021,400	5,996,954	3,678,429	2,761,001
New Jersey	-127,120	197,829	683,492	914,913	239,034
New York	-663,973	1,823,497	5,313,462	2,763,378	2,521,641
Puerto Rico	0	0	0	0	0
Virgin Islands	0	74	0	138	326
Philadelphia: Region III	-362,783	751,490	2,007,251	6,237,994	737,266
Delaware	-16,990	24,893	57,641	218,284	41,865
District of Columbia	-11,440	139,252	17,971	208,101	36,400
Maryland	-54,262	202,171	334,590	1,065,828	226,738
Pennsylvania	-154,338	272,118	1,042,326	3,929,652	229,168
Virginia	-76,776	65,134	335,705	704,391	75,809
West Virginia	-48,977	47,922	219,018	111,738	127,286
Atlanta: Region IV	-1,378,617	1,665,305	3,083,552	6,301,768	2,793,927
Alabama	-84,994	176,046	225,195	503,429	159,525
Florida	-353,650	167,333	787,480	1,529,760	1,073,803
Georgia	-205,470	167,101	323,535	153,424	389,685
Kentucky	-133,331	144,430	283,188	560,194	253,895
Mississippi	-115,221	173,723	90,719	93,137	155,543
North Carolina	-207,064	455,424	847,722	219,096	334,720
South Carolina	-98,273	366,299	299,228	126,370	248,842
Tennessee	-180,614	14,949	226,485	3,116,358	177,914

Table 86—Continued
Medicaid Expenditures, by Provider Type and Area of Residence: Fiscal Year 2002

Area of Residence	Total	Hospital ¹	Institutional Long-Term-Care ²	Physicians and Other Practitioners ³	Prescription Drug
Amount in Thousands					
Chicago: Region V	\$39,263,524	\$9,815,424	\$11,045,251	\$2,166,133	\$4,669,428
Illinois	8,947,101	3,381,695	2,272,002	482,745	1,278,419
Indiana	4,415,140	1,363,902	1,208,158	428,601	631,638
Michigan	7,575,568	1,521,860	1,809,961	210,121	671,465
Minnesota	4,610,523	494,112	1,101,345	188,563	310,175
Ohio	9,801,660	2,639,777	3,446,192	738,219	1,334,136
Wisconsin	3,913,532	414,078	1,207,593	117,884	443,595
Dallas: Region VI	24,604,169	4,551,854	5,546,579	871,176	2,938,799
Arkansas	2,249,507	600,689	526,199	193,145	273,258
Louisiana	4,924,987	1,797,920	1,688,014	269,906	715,522
New Mexico	1,744,117	245,554	187,793	104,078	73,878
Oklahoma	2,296,667	407,047	562,411	101,134	285,072
Texas	13,388,891	1,500,644	2,582,162	202,913	1,591,069
Kansas City: Region VII	10,902,012	2,291,132	3,388,811	436,353	1,495,759
Iowa	2,313,340	354,454	950,194	142,775	286,819
Kansas	1,852,394	251,689	582,639	69,295	210,477
Missouri	5,359,412	1,467,559	1,408,584	116,528	790,666
Nebraska	1,376,866	217,430	447,394	107,755	207,797
Denver: Region VIII	5,221,572	1,060,333	1,203,142	316,025	567,431
Colorado	2,326,434	488,426	410,738	116,069	189,717
Montana	589,759	139,205	155,543	61,659	83,587
North Dakota	468,881	65,528	229,159	30,947	52,509
South Dakota	554,404	118,202	190,167	33,293	62,384
Utah	1,004,780	193,917	151,555	43,063	140,103
Wyoming	277,314	55,055	65,980	30,994	39,131

See footnotes at end of table.

Table 86—Continued
Medicaid Expenditures, by Provider Type and Area of Residence: Fiscal Year 2002

Area of Residence	Prescription Drug Rebate	Other	Home and Community ⁵	Health Insurance ⁶	Miscellaneous ⁷
		Acute Care ⁴			
Amount in Thousands					
Chicago: Region V	-\$861,302	\$871,206	\$3,746,786	\$5,967,199	\$1,843,401
Illinois	-190,317	254,454	513,648	327,092	627,362
Indiana	-126,512	162,645	274,601	313,746	158,361
Michigan	-172,523	192,043	579,521	2,672,366	90,754
Minnesota	-62,655	26,747	1,031,474	1,092,258	428,504
Ohio	-263,267	105,251	722,094	753,363	325,895
Wisconsin	-46,028	130,066	625,448	808,374	212,525
Dallas: Region VI	-540,275	552,131	2,270,305	6,838,490	1,575,109
Arkansas	-56,688	250,358	183,157	147,083	132,307
Louisiana	-113,730	162,780	182,951	103,312	118,311
New Mexico	-13,274	28,426	303,559	767,199	46,905
Oklahoma	-51,472	19,179	319,581	489,340	164,374
Texas	-305,111	91,388	1,281,057	5,331,556	1,113,212
Kansas City: Region VII	-274,986	341,620	1,307,789	1,332,629	582,905
Iowa	-50,093	27,844	215,230	278,048	108,069
Kansas	-29,756	18,115	371,990	134,562	243,383
Missouri	-147,282	234,332	529,012	787,680	172,332
Nebraska	-47,855	61,329	191,557	132,339	59,121
Denver: Region VIII	-124,157	316,827	827,739	813,035	241,195
Colorado	-39,054	102,800	435,190	541,240	81,308
Montana	-15,955	9,413	92,535	22,345	41,427
North Dakota	-11,652	15,556	55,237	5,676	25,922
South Dakota	-12,057	39,386	69,487	19,353	34,187
Utah	-36,757	133,427	108,820	218,348	52,303
Wyoming	-8,682	16,245	66,470	6,073	6,048

Table 86—Continued
Medicaid Expenditures, by Provider Type and Area of Residence: Fiscal Year 2002

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	\$28,670,757	\$7,468,423	\$3,553,133	\$1,824,010	\$3,769,401
American Samoa	11,819	0	0	0	0
Arizona	3,535,300	280,289	18,689	59,399	3,754
California	23,523,466	6,814,282	3,219,551	1,628,615	3,588,682
Guam	14,445	5,903	225	3,636	1,079
Hawaii	750,453	105,976	176,839	47,096	87,294
Nevada	823,529	253,286	137,829	85,264	86,945
Northern Mariana Islands	11,745	8,687	0	0	1,647
Seattle: Region X	9,489,869	1,839,751	1,614,040	703,117	1,011,009
Alaska	700,319	220,382	87,224	70,847	70,821
Idaho	798,907	183,879	177,427	77,894	119,177
Oregon	2,590,086	324,001	208,535	89,097	279,047
Washington	5,400,557	1,111,489	1,140,854	465,279	541,964

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 2002

Area of Residence	Prescription Drug Rebate	Other	Home and Community ⁵	Health Insurance ⁶	Miscellaneous ⁷
		Acute Care ⁴			
Amount in Thousands					
San Francisco: Region IX	-\$977,178	\$1,386,477	\$960,058	\$8,995,897	\$1,690,359
American Samoa	0	0	0	0	11,819
Arizona	0	44,487	3,577	3,008,785	116,319
California	-946,651	1,311,528	841,732	5,608,870	1,456,857
Guam	0	1,240	31	234	2,099
Hawaii	-15,268	15,548	64,848	244,865	23,256
Nevada	-15,259	12,878	49,870	132,851	79,685
Northern Mariana Islands	0	796	0	292	324
Seattle: Region X	-192,637	574,872	1,528,915	1,879,459	531,342
Alaska	-14,348	98,279	111,593	8,937	46,585
Idaho	-22,939	54,484	99,740	16,459	92,785
Oregon	-54,475	58,886	561,147	912,365	211,482
Washington	-100,875	363,223	756,435	941,698	180,490

Table 87
Medicaid Expenditures, Eligibles, and Average Expenditure per Eligible, by Area of Residence: Fiscal Year 2002

Area of Residence	Expenditures ¹		Eligibles ²		Average Expenditure per Eligible ³
	Total	Percent	Total	Percent	
All Jurisdictions	\$244,325,040,755	100.0	51,499,240	100.0	4,744 ³
Boston: Region I	16,864,883,907	6.9	2,516,014	4.9	6,703
Connecticut	3,577,380,550	1.5	487,989	0.9	7,331
Maine	1,458,791,867	0.6	346,449	0.7	4,211
Massachusetts	8,747,010,895	3.6	1,204,312	2.3	7,263
New Hampshire	1,029,745,190	0.4	115,517	0.2	8,914
Rhode Island	1,386,580,416	0.6	204,789	0.4	6,771
Vermont	665,374,989	0.3	156,958	0.3	4,239
New York: Region II	44,572,687,096	18.2	5,122,574	9.9	8,701 ⁴
New Jersey	7,736,775,148	3.2	982,676	1.9	7,873
New York	36,046,583,243	14.8	4,139,898	8.0	8,707
Puerto Rico	778,613,790	0.3	(7)	---	---
Virgin Islands	10,714,915	(6)	(7)	---	---
Philadelphia: Region III	22,543,165,166	9.2	3,851,649	7.5	5,853
Delaware	636,491,168	0.3	147,197	0.3	4,324
District of Columbia	1,034,804,939	0.4	151,340	0.3	6,838
Maryland	3,670,607,026	1.5	752,065	1.5	4,881
Pennsylvania	12,134,392,078	5.0	1,710,999	3.3	7,092
Virginia	3,468,789,025	1.4	727,784	1.4	4,766
West Virginia	1,598,080,930	0.7	362,264	0.7	4,411
Atlanta: Region IV	42,192,400,660	17.3	10,459,772	20.3	4,034
Alabama	3,122,790,544	1.3	845,125	1.6	3,695
Florida	9,956,521,568	4.1	2,691,502	5.2	3,699
Georgia	6,399,820,574	2.6	1,459,631	2.8	4,385
Kentucky	3,814,859,023	1.6	769,826	1.5	4,955
Mississippi	2,905,249,083	1.2	707,986	1.4	4,104
North Carolina	6,803,298,105	2.8	1,389,455	2.7	4,896
South Carolina	3,385,221,718	1.4	895,863	1.7	3,779
Tennessee	5,804,640,045	2.4	1,700,384	3.3	3,414
Chicago: Region V	39,263,524,224	16.1	7,697,359	14.9	5,101
Illinois	8,947,101,275	3.7	2,076,146	4.0	4,309
Indiana	4,415,139,546	1.8	881,942	1.7	5,006
Michigan	7,575,568,289	3.1	1,527,627	3.0	4,959
Minnesota	4,610,522,548	1.9	680,627	1.3	6,774
Ohio	9,801,660,191	4.0	1,754,379	3.4	5,587
Wisconsin	3,913,532,375	1.6	776,638	1.5	5,039

See footnotes at end of table.

Table 87—Continued
Medicaid Expenditures, Eligibles, and Average Expenditure per Eligible, by Area of Residence: Fiscal Year 2002

Area of Residence	Expenditures ¹		Eligibles ²		Average Expenditure per Eligible
	Total	Percent	Total	Percent	
Dallas: Region VI	\$24,604,169,316	10.1	5,941,140	11.5	\$4,141
Arkansas	2,249,507,493	0.9	608,017	1.2	3,700
Louisiana	4,924,986,863	2.0	990,286	1.9	4,973
New Mexico	1,744,116,612	0.7	462,878	0.9	3,768
Oklahoma	2,296,667,052	0.9	677,788	1.3	3,388
Texas	13,388,891,296	5.5	3,202,171	6.2	4,181
Kansas City: Region VII	10,902,012,125	4.5	2,028,588	3.9	5,374
Iowa	2,313,340,302	0.9	358,708	0.7	6,449
Kansas	1,852,393,969	0.8	305,110	0.6	6,071
Missouri	5,359,411,561	2.2	1,098,525	2.1	4,879
Nebraska	1,376,866,293	0.6	266,245	0.5	5,171
Denver: Region VIII	5,221,571,730	2.1	1,033,401	2.0	5,053
Colorado	2,326,434,147	1.0	438,670	0.9	5,303
Montana	589,758,576	0.2	106,229	0.2	5,552
North Dakota	468,881,461	0.2	71,619	0.1	6,547
South Dakota	554,403,668	0.2	113,925	0.2	4,866
Utah	1,004,779,964	0.4	233,156	0.5	4,309
Wyoming	277,313,914	0.1	69,802	0.1	3,973
San Francisco: Region IX	28,670,757,409	11.7	10,788,984	20.9	2,657 ⁵
American Samoa	11,819,054	(6)	(7)	---	---
Arizona	3,535,300,001	1.4	1,053,602	2.0	3,355
California	23,523,465,860	9.6	9,336,447	18.1	2,520
Guam	14,445,381	(6)	(7)	---	---
Hawaii	750,453,161	0.3	195,684	0.4	3,835
Nevada	823,528,613	0.3	203,251	0.4	4,052
Northern Mariana Islands	11,745,339	(6)	(7)	---	---
Seattle: Region X	9,489,869,122	3.9	2,059,759	4.0	4,607
Alaska	700,319,012	0.3	121,400	0.2	5,769
Idaho	798,906,740	0.3	196,406	0.4	4,068
Oregon	2,590,086,239	1.1	637,140	1.2	4,065
Washington	5,400,557,131	2.2	1,104,813	2.1	4,888

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

²Eligibles represent persons ever enrolled in Medicaid 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). Refer to 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.

⁶Less than 0.05 percent.

⁷Jurisdiction 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 1975-2002

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
2002	49,329	23,227	11,255	3,887	7,408	3,552

See footnotes at end of table.

Table 88—Continued
Number of Medicaid Persons Served (Beneficiaries), by Eligibility Group:
Fiscal Years 1975-2002

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
2002	100.0	47.1	22.8	7.9	15.0	7.2

¹Includes non-disabled 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 1975-2002

Year	Total ¹	Inpatient		Nursing		Outpatient	Home	Prescribed
		Hospital	ICF/MR	Facility ²	Physician	Hospital	Health ³	Drugs
Number Using Selected Service, in Thousands								
1975	22,007	3,432	69	1,312	15,198	7,437	343	14,155
1976	22,815	3,551	89	1,361	15,624	8,482	319	14,883
1977	22,832	3,768	107	1,395	16,074	8,619	371	15,370
1978	21,965	3,782	104	1,379	15,668	8,628	376	15,188
1979	21,520	3,608	114	1,376	15,168	7,710	359	14,283
1980	21,605	3,680	121	1,395	13,765	9,705	392	13,707
1981	21,980	3,703	151	1,372	14,403	10,018	402	14,256
1982	21,603	3,530	149	1,324	13,894	9,853	377	13,547
1983	21,554	3,696	151	1,367	14,056	10,069	422	13,732
1984	21,607	3,467	141	1,355	14,195	10,035	438	13,935
1985	21,814	3,434	147	1,375	14,387	10,072	535	13,921
1986	22,515	3,544	145	1,399	14,894	10,702	593	14,704
1987	23,109	3,767	149	1,421	15,373	10,979	609	15,083
1988	22,907	3,832	145	1,445	15,265	10,533	569	15,323
1989	23,511	4,170	148	1,452	15,686	11,344	609	15,916
1990	25,255	4,593	147	1,461	17,078	12,370	719	17,294
1991	27,967	5,014	145	1,490	19,119	14,031	809	19,581
1992	31,150	5,790	151	1,573	21,683	15,167	926	22,070
1993	33,432	5,894	149	1,610	23,746	16,436	1,067	23,901
1994	35,053	5,866	159	1,639	24,267	16,567	1,293	24,471
1995	36,282	5,561	151	1,667	23,789	16,712	1,639	23,723
1996	36,118	5,362	140	1,594	22,861	15,905	1,727	22,585
1997	34,872	4,746	136	1,603	21,170	13,632	1,861	20,954
1998	40,096	4,270	126	1,646	18,553	12,158	1,225	19,338
1999	40,184	4,497	122	1,617	18,373	12,417	814	19,855
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
2002	49,329	5,046	117	1,760	22,065	14,831	1,064	24,380

See footnotes at end of table.

Table 89—Continued

Medicaid Persons Served (Beneficiaries), All Eligibility Groups, by Selected Type of Service: Fiscal Years 1975-2002

Year	Total ¹	Inpatient		Nursing		Outpatient	Home	Prescribed Drugs
		Hospital	ICF/MR	Facility ²	Physician	Hospital	Health ³	
		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
2002	100.0	10.2	0.2	3.6	44.7	30.1	2.2	49.4

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

²Data shown include services shown separately in earlier years as skilled nursing facility (SNF) and intermediate care facilities (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 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 1975-2002

Year	Total ¹	Inpatient		Nursing		Outpatient		Home	Prescribed
		Hospital	ICF/MR	Facility ²	Physician	Hospital	Health ³	Drugs	
Number Using Selected Service, in Thousands									
1975	9,598	984	4	6	6,659	3,619	58	5,552	
1976	9,924	1,005	3	4	6,908	4,037	55	5,961	
1977	9,651	1,019	4	4	6,864	4,024	62	6,067	
1978	9,376	1,023	3	2	6,705	3,992	141	6,016	
1979	9,106	944	5	2	6,459	3,528	185	5,655	
1980	9,333	978	5	9	6,085	4,238	72	5,590	
1981	9,581	955	1	2	6,482	4,282	90	5,810	
1982	9,563	866	1	2	6,175	4,171	65	5,432	
1983	9,535	881	1	0	6,111	4,159	39	5,488	
1984	9,684	845	1	1	6,330	4,178	44	5,667	
1985	9,757	864	1	1	6,284	4,269	64	5,592	
1986	10,029	924	(4)	2	6,496	4,445	69	5,949	
1987	10,168	1,005	(4)	(4)	6,649	4,520	60	6,073	
1988	10,037	1,003	(4)	(4)	6,628	4,321	51	6,125	
1989	10,318	1,138	1	(4)	6,908	4,662	59	6,454	
1990	11,220	1,345	1	1	7,689	5,250	75	7,259	
1991	12,855	1,472	1	2	8,911	6,157	103	8,605	
1992	15,200	1,992	1	3	10,402	7,151	126	10,068	
1993	16,285	1,905	1	1	11,350	7,651	149	10,989	
1994	17,194	1,924	1	1	11,546	7,626	202	11,238	
1995	17,164	1,725	1	1	11,041	7,389	259	10,708	
1996	16,739	1,625	(4)	1	10,314	6,777	329	9,988	
1997	15,791	1,363	1	2	9,370	5,472	309	9,129	
1998	18,969	1,199	1	5	7,847	4,776	206	8,168	
1999	18,837	1,152	1	1	7,617	4,617	132	8,118	
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	
2002	23,227	1,334	1	2	9,265	5,768	227	9,930	

See footnotes at end of table.

Table 90—Continued

Medicaid Persons Served (Beneficiaries), Children, by Selected Type of Service: Fiscal Years 1975-2002

Year	Total ¹	Inpatient		Nursing		Outpatient	Home	Prescribed Drugs
		Hospital	ICF/MR	Facility ²	Physician	Hospital	Health ³	
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
2002	100.0	5.7	(5)	(5)	39.9	24.8	1.0	42.8

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 1975-2002

Year	Total ¹	Inpatient		Nursing		Outpatient	Home	Prescribed
		Hospital	ICF/MR	Facility ²	Physician	Hospital	Health ³	Drugs
Number Using Selected Service, in Thousands								
1975	4,529	930	(4)	5	3,368	1,896	50	3,168
1976	4,773	959	1	3	3,437	2,127	31	3,329
1977	4,785	993	2	3	3,571	2,183	36	3,415
1978	4,643	975	2	3	3,469	2,161	29	3,460
1979	4,570	970	2	2	3,411	1,985	28	3,288
1980	4,877	1,000	3	9	3,206	2,485	41	3,173
1981	5,187	1,035	1	2	3,498	2,657	39	3,501
1982	5,356	1,035	(4)	1	3,555	2,755	38	3,493
1983	5,592	1,078	1	2	3,684	2,916	34	3,639
1984	5,600	1,006	(4)	2	3,696	2,894	38	3,663
1985	5,518	990	(4)	2	3,635	2,933	46	3,562
1986	5,647	1,016	(4)	2	3,699	3,060	59	3,681
1987	5,599	1,067	(4)	4	3,704	3,072	46	3,658
1988	5,503	1,090	(4)	4	3,646	2,894	37	3,617
1989	5,717	1,247	(4)	11	3,888	3,199	42	3,829
1990	6,010	1,457	(4)	2	4,168	3,508	48	4,057
1991	6,703	1,623	(4)	3	4,579	3,979	77	4,603
1992	7,040	1,711	(4)	4	5,152	4,060	71	5,076
1993	7,505	1,752	(4)	5	5,515	4,283	87	5,411
1994	7,586	1,672	(4)	3	5,457	4,145	117	5,383
1995	7,604	1,602	(4)	4	5,096	4,102	139	4,971
1996	7,127	1,431	(4)	2	4,499	3,616	139	4,342
1997	6,803	1,247	(4)	3	3,874	3,056	143	3,896
1998	7,895	1,135	(4)	8	3,352	2,679	120	3,513
1999	7,511	1,134	(4)	2	3,105	2,571	86	3,545
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
2002	11,255	1,407	(4)	4	4,862	3,467	91	5,146

See footnotes at end of table.

Table 91—Continued

Medicaid Persons Served (Beneficiaries), Adults, by Selected Type of Service: Fiscal Years 1975-2002

Year	Total ¹	Inpatient		Nursing		Outpatient	Home	Prescribed
		Hospital	ICF/MR	Facility ²	Physician	Hospital	Health ³	Drugs
Percent of Unduplicated Total Using Selected Service								
1975	100.0	20.5	(5)	(5)	74.4	41.9	1.1	69.9
1976	100.0	20.1	(5)	(5)	72.0	44.6	0.6	69.7
1977	100.0	20.8	(5)	(5)	74.6	45.6	0.8	71.4
1978	100.0	21.0	(5)	(5)	74.7	46.5	0.6	74.5
1979	100.0	21.2	(5)	(5)	74.6	43.4	0.6	71.9
1980	100.0	20.5	(5)	(5)	65.7	51.0	0.8	65.1
1981	100.0	20.0	(5)	(5)	67.4	51.2	0.8	67.5
1982	100.0	19.3	(5)	(5)	66.4	51.4	0.7	65.2
1983	100.0	19.3	(5)	(5)	65.9	52.1	0.6	65.1
1984	100.0	18.0	(5)	(5)	66.0	51.7	0.7	65.4
1985	100.0	17.9	(5)	(5)	65.9	53.2	0.8	64.6
1986	100.0	18.0	(5)	(5)	65.5	54.2	1.0	65.2
1987	100.0	19.1	(5)	(5)	66.2	54.9	0.8	65.3
1988	100.0	19.8	(5)	(5)	66.3	52.6	0.7	65.7
1989	100.0	21.8	(5)	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
2002	100.0	12.5	(5)	(5)	43.2	30.8	0.8	45.7

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 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 1975-2002

Year	Total ¹	Inpatient		Nursing		Outpatient	Home	Prescribed Drugs
		Hospital	ICF/MR	Facility ²	Physician	Hospital	Health ³	
Number Using Selected Service, in Thousand:								
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
2002	3,887	721	8	1,174	2,187	1,264	250	3,147

See footnotes at end of table.

Table 92—Continued

Medicaid Persons Served (Beneficiaries), Aged, by Selected Type of Service: Fiscal Years 1975-2002

Year	Total ¹	Inpatient		Nursing		Outpatient	Home	Prescribed Drugs
		Hospital	ICF/MR	Facility ²	Physician	Hospital	Health ³	
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
2002	100.0	18.5	0.2	30.2	56.3	32.5	6.4	81.0

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

²Data shown include services shown separately in earlier years as skilled nursing facility (SNF) and intermediate care facilities (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 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 1975-2002

Year	Total ¹	Inpatient		Nursing		Outpatient	Home	Prescribed
		Hospital	ICF/MR	Facility ²	Physician	Hospital	Health ³	Drugs
Number Using Selected Service, in Thousands								
1975	2,464	531	57	273	1,652	874	99	1,745
1976	2,669	602	78	271	1,816	1,064	112	1,912
1977	2,802	677	94	271	1,980	1,137	127	2,049
1978	2,718	691	91	276	1,956	1,150	97	2,046
1979	2,753	718	102	289	1,985	1,120	87	2,081
1980	2,911	749	102	295	2,032	1,269	170	2,193
1981	3,079	775	142	272	2,076	1,418	169	2,226
1982	2,891	733	143	250	2,030	1,284	168	2,156
1983	2,921	748	151	231	2,057	1,354	144	2,156
1984	2,913	730	139	230	2,056	1,361	161	2,200
1985	3,012	728	141	232	2,161	1,413	188	2,287
1986	3,182	751	140	232	2,298	1,569	205	2,451
1987	3,381	801	144	236	2,458	1,698	221	2,627
1988	3,487	834	140	230	2,521	1,772	216	2,738
1989	3,590	885	142	224	2,596	1,911	236	2,882
1990	3,718	913	137	217	2,735	1,982	297	3,022
1991	4,033	990	136	216	2,971	2,196	341	3,282
1992	4,487	1,092	138	221	3,353	2,467	396	3,671
1993	5,016	1,200	138	225	3,842	2,854	464	4,118
1994	5,458	1,240	146	228	4,167	3,088	565	4,429
1995	5,858	1,226	135	242	4,370	3,312	736	4,570
1996	6,221	1,265	128	247	4,559	3,475	766	4,762
1997	6,129	1,216	122	259	4,581	3,393	860	4,728
1998	6,637	1,132	116	285	4,365	3,241	527	4,687
1999	6,698	1,168	110	246	4,288	3,300	375	4,865
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
2002	7,408	1,282	106	317	4,682	3,693	467	5,686

See footnotes at end of table.

Table 93—Continued

Medicaid Persons Served (Beneficiaries), Disabled, by Selected Type of Service: Fiscal Years 1975-2002

Year	Total ¹	Inpatient		Nursing		Outpatient	Home	Prescribed	
		Hospital	ICF/MR	Facility ²	Physician	Hospital	Health ³	Drugs	
		Percent of Unduplicated Total Using Selected Service							
1975	100.0	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	
2002	100.0	17.3	1.4	4.3	63.2	49.9	6.3	76.8	

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 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 1975-2002

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
2002	213,497	35,890	23,635	51,924	92,414

See footnotes at end of table.

Table 94—Continued
Medicaid Payments, by Eligibility Group: Fiscal Years 1975-2002

Year	Total ¹	Children	Adults	Aged	Disabled
			Amount in Millions (Constant 2002 Dollars)		
1975	\$61,913	\$11,056	\$10,428	\$22,040	\$15,906
1976	63,640	10,979	10,333	22,175	17,704
1977	66,918	10,755	10,739	22,660	20,122
1978	68,105	10,402	10,118	23,878	21,273
1979	71,445	10,065	10,543	24,590	24,017
1980	74,294	9,953	10,297	27,852	24,289
1981	77,555	10,001	10,728	28,298	26,955
1982	75,186	8,882	10,468	27,464	26,610
1983	76,313	9,038	10,571	28,164	26,781
1984	74,067	8,696	9,660	28,006	26,175
1985	77,633	9,136	9,823	29,175	27,842
1986	81,764	10,239	9,731	30,104	29,737
1987	86,495	10,575	10,737	30,791	32,288
1988	87,563	10,513	10,576	30,803	33,425
1989	90,395	11,431	11,439	30,781	34,640
1990	99,899	14,016	13,231	33,128	37,588
1991	111,414	16,792	15,086	36,833	40,896
1992	125,611	20,264	17,030	39,942	46,691
1993	133,029	21,586	17,795	41,271	50,558
1994	135,994	21,732	17,064	42,226	53,129
1995	145,149	21,718	16,323	44,130	59,704
1996	143,011	20,619	14,426	43,422	61,190
1997	142,560	20,100	14,100	43,217	62,017
1998	159,132	25,611	16,628	45,416	67,534
1999	166,628	26,220	17,155	46,165	71,492
2000	178,967	28,471	18,888	47,322	77,349
2001	191,931	31,460	20,712	49,656	82,547
2002	213,497	35,890	23,635	51,924	92,414

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 2002 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 1975-2002

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
2002	4,328	1,545	2,100	13,359	12,475

See footnote at end of table.

Table 95—Continued

Medicaid Payments per Person Served (Beneficiary), by Eligibility Group: Fiscal Years 1975-2002

Year	Total ¹	Children	Adults (Constant 2002 Dollars)	Aged	Disabled
1975	\$2,812	\$1,153	\$2,301	\$6,094	\$6,453
1976	2,791	1,107	2,163	6,138	6,635
1977	2,930	1,113	2,246	6,231	7,183
1978	3,100	1,109	2,180	7,075	7,828
1979	3,319	1,106	2,307	7,308	8,725
1980	3,439	1,068	2,113	8,095	8,347
1981	3,529	1,043	2,067	8,404	8,755
1982	3,481	928	1,954	8,478	9,207
1983	3,541	947	1,890	8,352	9,167
1984	3,429	898	1,724	8,648	8,987
1985	3,558	936	1,780	9,531	9,229
1986	3,631	1,021	1,723	9,587	9,346
1987	3,742	1,041	1,918	9,552	9,550
1988	3,822	1,048	1,922	9,752	9,585
1989	3,845	1,108	2,000	9,829	9,648
1990	3,955	1,249	2,201	10,346	10,110
1991	3,984	1,306	2,251	11,026	10,141
1992	4,033	1,333	2,419	10,654	10,405
1993	3,979	1,325	2,371	10,683	10,079
1994	3,880	1,264	2,250	10,465	9,734
1995	4,000	1,265	2,147	10,714	10,191
1996	3,959	1,232	2,024	10,133	9,836
1997	4,088	1,273	2,073	10,928	10,118
1998	3,969	1,350	2,106	11,458	10,175
1999	4,147	1,392	2,284	12,234	10,674
2000	4,185	1,444	2,159	12,684	11,228
2001	4,194	1,494	2,123	13,032	11,615
2002	4,328	1,545	2,100	13,359	12,475

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 2002 dollars. Analysis, expressed in fiscal year 2002 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 1975-2002

Year	Total ¹	Inpatient		Nursing		Outpatient		Home	Prescribed
		Hospital	ICF/MR	Facility ²	Physician	Hospital	Health ³	Drugs	
1975	\$556	\$983	\$5,538	\$3,292	\$81	\$50	\$204	\$58	
1976	618	1,100	7,135	3,442	88	65	420	63	
1977	711	1,211	8,530	3,819	94	102	485	66	
1978	819	1,320	11,486	4,517	99	97	558	71	
1979	951	1,568	13,022	5,198	108	110	734	84	
1980	1,079	1,742	16,439	5,654	136	113	846	96	
1981	1,238	1,943	19,812	6,226	146	141	1,065	108	
1982	1,361	2,172	23,312	7,104	150	146	1,313	118	
1983	1,503	2,384	27,006	7,317	155	156	1,416	129	
1984	1,569	2,552	30,170	7,847	156	164	1,768	141	
1985	1,719	2,753	32,238	8,427	163	178	2,092	166	
1986	1,821	2,924	35,089	8,887	171	185	2,278	183	
1987	1,949	3,000	37,490	9,322	181	203	2,777	198	
1988	2,126	3,151	41,413	9,880	193	229	3,542	215	
1989	2,318	3,251	44,999	10,696	217	250	4,225	232	
1990	2,568	3,630	50,048	12,108	235	269	4,733	256	
1991	2,752	3,959	52,791	13,893	259	305	5,070	277	
1992	2,937	4,091	56,636	14,969	282	349	5,279	308	
1993	3,042	4,366	59,156	15,798	293	378	5,250	333	
1994	3,089	4,463	52,497	16,531	296	383	5,446	363	
1995	3,311	4,735	68,613	17,424	309	397	5,740	413	
1996	3,369	4,696	68,232	18,589	317	409	6,293	474	
1997	3,568	4,877	72,033	19,029	333	453	6,575	571	
1998	3,548	5,021	74,960	19,379	327	474	2,206	699	
1999	3,819	4,943	76,443	20,568	357	491	3,571	837	
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	
2002	4,328	5,771	91,588	22,326	378	571	3,689	1,165	

See footnotes at end of table.

Table 96—Continued

Medicaid Payments per Person Served (Beneficiary), All Eligibility Groups, by Type of Service: Fiscal Years 1975-2002

Year	Total ¹	Inpatient		Nursing		Outpatient	Home	Prescribed
		Hospital	ICF/MR	Facility ²	Physician	Hospital	Health ³	Drugs
(Constant 2002 Dollars)								
1975	\$2,812	\$4,971	\$28,008	\$16,649	\$410	\$253	\$1,032	\$293
1976	2,791	4,968	32,224	15,545	397	294	1,897	285
1977	2,930	4,990	35,151	15,737	387	420	1,999	272
1978	3,100	4,997	43,478	17,098	375	367	2,112	269
1979	3,319	5,472	45,445	18,140	377	384	2,562	293
1980	3,439	5,552	52,392	18,020	433	360	2,696	306
1981	3,529	5,539	56,482	17,750	416	402	3,036	308
1982	3,481	5,555	59,619	18,168	384	373	3,358	302
1983	3,541	5,617	63,626	17,239	365	368	3,336	304
1984	3,429	5,577	65,935	17,149	341	358	3,864	308
1985	3,558	5,698	66,725	17,442	337	368	4,330	344
1986	3,631	5,830	69,968	17,721	341	369	4,542	365
1987	3,742	5,760	71,980	17,898	348	390	5,332	380
1988	3,822	5,664	74,446	17,761	347	412	6,367	386
1989	3,845	5,392	74,636	17,741	360	415	7,008	385
1990	3,956	5,591	77,086	18,649	362	414	7,290	394
1991	3,984	5,731	76,421	20,112	375	442	7,339	401
1992	4,033	5,617	77,766	20,554	387	479	7,249	423
1993	3,979	5,710	77,373	20,663	383	494	6,867	436
1994	3,880	5,606	65,939	20,764	372	481	6,841	456
1995	4,000	5,721	82,895	21,051	373	480	6,935	499
1996	3,959	5,519	80,190	21,847	373	481	7,396	557
1997	4,088	5,587	82,528	21,802	381	518	7,533	655
1998	3,969	5,617	83,851	21,677	366	530	2,467	782
1999	4,147	5,367	82,992	22,330	387	533	3,877	908
2000	4,185	5,230	84,355	21,500	379	567	3,334	1,037
2001	4,194	5,467	85,410	22,518	382	563	3,568	1,111
2002	4,328	5,771	91,588	22,326	378	571	3,689	1,165

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 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 years 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 2002 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 1975-2002

Year	Total ¹	Inpatient		Nursing		Outpatient		Home	Prescribed
		Hospital	ICF/MR	Facility	Physician	Hospital	Health ³	Drugs	
1975	\$228	\$895	(2)	(2)	\$60	\$40	\$143	\$23	
1976	245	1,007	(2)	(2)	64	54	231	21	
1977	270	1,128	(2)	(2)	66	86	281	21	
1978	293	1,232	(2)	(2)	70	83	168	22	
1979	317	1,413	(2)	(2)	73	88	180	25	
1980	335	1,509	(2)	(2)	87	90	105	28	
1981	366	1,671	(2)	(2)	90	115	94	29	
1982	363	1,838	(2)	(2)	93	116	131	31	
1983	402	2,009	(2)	(2)	97	126	251	33	
1984	411	2,186	(2)	(2)	101	128	284	36	
1985	452	2,347	(2)	(2)	104	135	339	39	
1986	512	2,611	(2)	(2)	105	148	345	50	
1987	542	2,530	(2)	(2)	118	145	373	47	
1988	583	2,711	(2)	(2)	126	156	501	49	
1989	668	2,874	(2)	(2)	138	170	639	53	
1990	811	3,287	(2)	(2)	154	191	736	61	
1991	902	3,653	(2)	(2)	170	217	908	69	
1992	971	3,310	(2)	(2)	187	243	968	80	
1993	1,013	3,647	(2)	(2)	195	252	1,032	88	
1994	1,006	3,588	(2)	(2)	197	252	1,010	95	
1995	1,047	3,819	(2)	(2)	200	252	1,589	104	
1996	1,048	3,627	(2)	(2)	205	246	1,855	112	
1997	1,111	4,087	(2)	(2)	206	258	1,730	120	
1998	1,207	4,284	(2)	(2)	209	260	704	138	
1999	1,282	3,903	(2)	(2)	244	275	1,064	161	
2000	1,358	3,844	(2)	(2)	246	291	788	188	
2001	1,454	4,006	(2)	(2)	263	309	795	224	
2002	1,545	4,305	(2)	(2)	270	322	874	258	

See footnotes at end of table.

Table 97—Continued
Medicaid Payments per Person Served (Beneficiary), Children, by Type of Service: Fiscal Years 1975-2002

Year	Total ¹	Inpatient		Nursing		Outpatient	Home	Prescribed
		Hospital	ICF/MR	Facility	Physician	Hospital	Health ³	Drugs
(Constant 2002 Dollars)								
1975	\$1,153	\$4,526	(2)	(2)	\$303	\$202	\$723	\$116
1976	1,107	4,548	(2)	(2)	289	244	1,043	95
1977	1,113	4,648	(2)	(2)	272	354	1,158	87
1978	1,109	4,663	(2)	(2)	265	314	636	83
1979	1,106	4,931	(2)	(2)	255	307	628	87
1980	1,068	4,809	(2)	(2)	277	287	335	89
1981	1,043	4,764	(2)	(2)	257	328	268	83
1982	928	4,701	(2)	(2)	238	297	335	79
1983	947	4,733	(2)	(2)	229	297	591	78
1984	898	4,777	(2)	(2)	221	280	621	79
1985	936	4,858	(2)	(2)	215	279	702	81
1986	1,021	5,206	(2)	(2)	209	295	688	97
1987	1,041	4,858	(2)	(2)	227	278	716	90
1988	1,048	4,873	(2)	(2)	227	280	901	88
1989	1,108	4,767	(2)	(2)	229	282	1,060	88
1990	1,289	5,224	(2)	(2)	245	304	1,170	97
1991	1,306	5,288	(2)	(2)	247	313	1,314	99
1992	1,333	4,545	(2)	(2)	257	334	1,329	110
1993	1,325	4,770	(2)	(2)	255	330	1,350	115
1994	1,264	4,507	(2)	(2)	247	317	1,269	116
1995	1,265	4,614	(2)	(2)	242	304	1,920	126
1996	1,232	4,263	(2)	(2)	241	289	2,180	132
1997	1,273	4,682	(2)	(2)	235	296	1,981	138
1998	1,350	4,792	(2)	(2)	234	290	788	155
1999	1,392	4,237	(2)	(2)	265	299	1,156	175
2000	1,444	4,087	(2)	(2)	262	310	838	200
2001	1,494	4,114	(2)	(2)	270	318	817	230
2002	1,545	4,305	(2)	(2)	270	322	874	258

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 years 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 2002 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 1975-2002

Year	Total ¹	Inpatient		Nursing		Outpatient	Home	Prescribed
		Hospital	ICF/MR	Facility	Physician	Hospital	Health ³	Drugs
1975	\$455	\$1,085	(2)	(2)	\$116	\$57	\$121	\$51
1976	479	1,202	(2)	(2)	125	74	284	46
1977	545	1,302	(2)	(2)	132	118	316	50
1978	576	1,404	(2)	(2)	140	113	457	52
1979	661	1,640	(2)	(2)	152	127	765	61
1980	663	1,673	(2)	(2)	183	126	252	66
1981	725	1,833	(2)	(2)	193	157	303	69
1982	764	2,046	(2)	(2)	197	162	352	74
1983	802	2,146	(2)	(2)	198	170	402	78
1984	789	2,229	(2)	(2)	197	172	411	83
1985	860	2,354	(2)	(2)	213	183	483	96
1986	864	2,237	(2)	(2)	237	175	433	102
1987	999	2,487	(2)	(2)	250	207	459	117
1988	1,069	2,542	(2)	(2)	272	232	570	122
1989	1,206	2,582	(2)	(2)	305	249	622	129
1990	1,429	2,889	(2)	(2)	349	279	709	141
1991	1,555	3,012	(2)	(2)	389	319	569	148
1992	1,762	3,247	(2)	(2)	417	377	789	161
1993	1,813	3,393	(2)	(2)	423	405	765	170
1994	1,791	3,450	(2)	(2)	420	404	633	179
1995	1,777	3,461	(2)	(2)	424	403	568	189
1996	1,722	3,456	(2)	(2)	429	398	540	197
1997	1,809	3,654	(2)	(2)	488	425	594	226
1998	1,883	3,702	(2)	(2)	457	442	509	261
1999	2,104	3,808	(2)	(2)	508	489	718	335
2000	2,030	3,759	(2)	(2)	474	516	641	364
2001	2,067	3,959	(2)	(2)	477	545	800	411
2002	2,100	4,255	(2)	(2)	457	572	627	453

See footnotes at end of table.

Table 98—Continued

Medicaid Payments per Person Served (Beneficiary), Adults, by Type of Service: Fiscal Years 1975-2002

Year	Total ¹	Inpatient		Nursing		Outpatient	Home	Prescribed
		Hospital	ICF/MR	Facility	Physician	Hospital	Health ³	Drugs
(Constant 2002 Dollars)								
1975	\$2,301	\$5,487	(2)	(2)	\$587	\$288	\$612	\$258
1976	2,163	5,429	(2)	(2)	565	334	1,283	208
1977	2,246	5,365	(2)	(2)	544	486	1,302	206
1978	2,180	5,315	(2)	(2)	530	428	1,730	197
1979	2,307	5,723	(2)	(2)	530	443	2,670	213
1980	2,113	5,332	(2)	(2)	583	402	803	210
1981	2,067	5,226	(2)	(2)	550	448	864	197
1982	1,954	5,232	(2)	(2)	504	414	900	189
1983	1,890	5,056	(2)	(2)	466	401	947	184
1984	1,724	4,871	(2)	(2)	431	376	898	181
1985	1,780	4,872	(2)	(2)	441	379	1,000	199
1986	1,723	4,461	(2)	(2)	473	349	863	203
1987	1,918	4,775	(2)	(2)	480	397	881	225
1988	1,922	4,570	(2)	(2)	489	417	1,025	219
1989	2,000	4,283	(2)	(2)	506	413	1,032	214
1990	2,201	4,450	(2)	(2)	537	429	1,092	217
1991	2,250	4,360	(2)	(2)	563	461	824	214
1992	2,419	4,458	(2)	(2)	573	518	1,083	221
1993	2,371	4,438	(2)	(2)	553	530	1,001	222
1994	2,250	4,333	(2)	(2)	528	507	795	225
1995	2,147	4,181	(2)	(2)	512	487	686	228
1996	2,024	4,062	(2)	(2)	504	468	635	232
1997	2,073	4,186	(2)	(2)	559	487	681	259
1998	2,106	4,141	(2)	(2)	512	494	569	292
1999	2,284	4,134	(2)	(2)	552	531	780	364
2000	2,159	3,997	(2)	(2)	504	549	682	388
2001	2,123	4,065	(2)	(2)	490	560	821	422
2002	2,100	4,255	(2)	(2)	457	572	627	453

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 years 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 2002 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 1975-2002

Year	Total ¹	Inpatient		Nursing		Outpatient	Home	Prescribed
		Hospital	ICF/MR	Facility ²	Physician	Hospital	Health ³	Drugs
1975	\$1,205	\$271	\$6,925	\$3,250	\$59	\$35	\$238	\$111
1976	1,359	310	8,951	3,328	65	42	493	134
1977	1,512	364	7,482	3,679	71	53	535	144
1978	1,869	446	9,700	4,350	78	48	801	158
1979	2,094	569	9,804	4,972	83	67	1,387	179
1980	2,540	970	16,346	5,742	101	74	1,873	198
1981	2,948	1,115	19,247	6,137	118	91	2,624	230
1982	3,315	1,241	11,464	6,945	115	101	2,944	249
1983	3,545	1,682	20,348	6,942	114	97	1,829	274
1984	3,957	1,778	23,343	7,430	119	105	2,263	312
1985	4,605	1,990	26,926	8,035	122	131	2,731	368
1986	4,808	2,228	32,328	8,487	119	142	3,015	394
1987	4,975	1,898	39,854	8,862	111	159	3,551	432
1988	5,425	1,937	45,601	9,309	116	175	4,344	474
1989	5,926	1,754	51,265	10,236	137	192	5,452	519
1990	6,717	1,865	52,943	11,776	139	206	6,013	581
1991	7,617	2,151	56,032	13,540	157	243	6,749	668
1992	7,759	2,152	43,083	14,630	169	260	6,944	763
1993	8,168	2,225	60,901	15,467	190	304	6,659	826
1994	8,332	2,180	53,983	16,209	203	320	6,742	880
1995	8,868	2,397	51,657	17,183	224	343	6,220	960
1996	8,622	2,303	56,902	18,377	245	376	6,631	1,037
1997	9,540	2,444	63,949	19,022	279	411	6,323	1,174
1998	10,243	2,544	81,337	19,639	270	436	2,199	1,343
1999	11,268	2,385	81,506	21,966	260	455	3,359	1,573
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
2002	13,359	2,700	94,410	25,636	261	451	3,992	2,272

See footnotes at end of table.

Table 99—Continued

Medicaid Payments per Person Served (Beneficiary), Aged, by Type of Service: Fiscal Years 1975-2002

Year	Total ¹	Inpatient		Nursing		Outpatient	Home	Prescribed
		Hospital	ICF/MR	Facility ²	Physician	Hospital	Health ³	Drugs
				(Constant 2002 Dollars)				
1975	\$6,094	\$1,371	\$35,023	\$16,437	\$298	\$177	\$1,204	\$561
1976	6,138	1,400	40,426	15,030	294	190	2,227	605
1977	6,231	1,500	30,832	15,161	293	218	2,205	593
1978	7,075	1,688	36,717	16,466	295	182	3,032	598
1979	7,308	1,986	34,215	17,352	290	234	4,840	625
1980	8,095	3,091	52,096	18,300	322	236	5,969	631
1981	8,404	3,179	54,871	17,496	336	259	7,481	656
1982	8,478	3,174	29,318	17,761	294	258	7,529	637
1983	8,352	3,963	47,940	16,355	269	229	4,309	646
1984	8,648	3,886	51,015	16,238	260	229	4,946	682
1985	9,531	4,119	55,730	16,631	253	271	5,653	762
1986	9,587	4,443	64,462	16,923	237	283	6,012	786
1987	9,552	3,644	76,519	17,015	213	305	6,818	829
1988	9,752	3,482	81,974	16,734	209	315	7,809	852
1989	9,829	2,909	85,029	16,978	227	318	9,043	861
1990	10,346	2,872	81,545	18,138	215	317	9,262	896
1991	11,026	3,114	81,113	19,601	228	352	9,770	968
1992	10,654	2,955	59,157	20,088	232	357	9,535	1,048
1993	10,683	2,910	79,655	20,230	249	398	8,710	1,080
1994	10,465	2,738	67,806	20,359	255	402	8,468	1,105
1995	10,714	2,896	62,410	20,760	271	414	7,515	1,160
1996	10,133	2,707	66,874	21,598	288	442	7,793	1,219
1997	10,930	2,800	73,266	21,794	320	471	7,244	1,345
1998	11,458	2,845	90,984	21,968	302	487	2,459	1,502
1999	12,234	2,589	88,489	23,848	282	494	3,647	1,708
2000	12,684	2,449	88,523	23,900	285	536	3,339	1,970
2001	13,032	2,539	89,010	24,990	265	460	3,575	2,134
2002	13,359	2,700	94,410	25,636	261	451	3,992	2,272

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 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 years 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 2002 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 1975-2002

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	
2002	12,475	9,454	92,789	27,766	593	988	5,713	2,851	

See footnotes at end of table.

Table 100—Continued

Medicaid Payments per Person Served (Beneficiary), Disabled, by Type of Service: Fiscal Years 1975-2002

Year	Total ¹	Inpatient		Nursing		Outpatient	Home	Prescribed
		Hospital	ICF/MR	Facility ²	Physician	Hospital	Health ³	Drugs
				(Constant 2002 Dollars)				
1975	\$6,453	\$9,999	\$26,228	\$17,433	\$743	\$465	\$1,396	\$582
1976	6,635	9,358	31,344	17,533	714	515	2,222	610
1977	7,183	9,124	35,785	18,202	713	701	2,472	602
1978	7,828	9,054	45,143	19,559	693	625	3,380	594
1979	8,725	9,541	47,877	20,566	698	649	5,193	625
1980	8,347	9,395	53,074	16,270	746	692	2,078	615
1981	8,755	9,277	55,455	16,373	727	710	2,361	641
1982	9,207	9,391	58,987	17,217	644	696	2,470	629
1983	9,167	9,268	60,080	17,837	622	643	3,176	655
1984	8,987	9,171	64,153	18,643	573	688	3,962	682
1985	9,229	9,366	65,665	19,243	563	710	4,767	774
1986	9,346	9,653	68,718	20,086	552	720	5,168	833
1987	9,550	10,097	70,565	20,265	559	768	5,712	858
1988	9,585	9,891	73,541	20,439	555	814	6,774	877
1989	9,648	9,454	73,752	20,822	571	834	7,386	886
1990	10,110	10,345	77,386	21,875	564	807	8,090	950
1991	10,140	10,749	76,246	23,444	587	865	8,146	1,013
1992	10,405	11,416	79,330	24,095	621	903	8,457	1,098
1993	10,079	11,149	77,414	24,156	604	936	8,431	1,134
1994	9,734	11,092	66,253	24,031	584	891	9,059	1,176
1995	10,191	11,258	86,489	23,937	581	894	9,613	1,267
1996	9,836	10,608	81,962	24,368	577	894	10,779	1,370
1997	10,118	9,821	84,406	24,100	575	919	10,809	1,580
1998	10,175	9,529	84,811	23,339	539	926	3,592	1,818
1999	10,674	9,176	83,995	28,199	571	932	5,861	2,110
2000	11,228	9,016	85,273	28,237	568	985	5,374	2,461
2001	11,615	9,306	86,862	28,938	581	968	5,732	2,684
2002	12,475	9,454	92,789	27,766	593	988	5,713	2,851

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 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 years 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 2002 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 1975-2002

Year	Total ¹	Inpatient		Nursing		Outpatient	Home	Prescribed	Other
		Hospital	ICF/MR	Facility ²	Physician	Hospital	Health	Drugs	
Amount in Millions									
1975	\$12,242	\$3,374	\$380	\$4,319	\$1,225	\$373	\$70	\$815	\$1,686
1976	14,091	3,905	634	4,685	1,369	555	134	940	1,869
1977	16,239	4,562	917	5,328	1,505	877	180	1,018	1,852
1978	17,992	4,992	1,192	6,229	1,554	835	210	1,082	1,898
1979	20,472	5,655	1,488	7,152	1,635	847	263	1,196	2,236
1980	23,311	6,412	1,989	7,887	1,875	1,101	332	1,318	2,397
1981	27,204	7,194	2,996	8,542	2,101	1,409	428	1,535	2,999
1982	29,399	7,670	3,467	9,406	2,086	1,438	496	1,599	3,237
1983	32,391	8,813	4,079	10,002	2,175	1,574	597	1,771	3,380
1984	33,891	8,848	4,256	10,633	2,220	1,646	774	1,968	3,546
1985	37,508	9,453	4,731	11,587	2,346	1,789	1,120	2,315	4,167
1986	41,005	10,364	5,072	12,433	2,547	1,980	1,352	2,692	4,565
1987	45,050	11,302	5,591	13,247	2,776	2,226	1,690	2,988	5,230
1988	48,710	12,076	6,022	14,277	2,953	2,413	2,015	3,294	5,660
1989	54,500	13,378	6,649	15,531	3,408	2,837	2,572	3,689	6,436
1990	64,859	16,674	7,354	17,693	4,018	3,324	3,404	4,420	7,971
1991	76,964	19,851	7,680	20,699	4,946	4,280	4,101	5,424	9,983
1992	91,480	23,686	8,552	23,547	6,122	5,296	4,888	6,790	12,599
1993	101,709	25,734	8,831	25,431	6,952	6,215	5,601	7,970	14,975
1994	108,270	26,180	8,347	27,095	7,189	6,342	7,042	8,875	17,200
1995	120,141	26,331	10,383	29,052	7,360	6,627	9,406	9,791	21,191
1996	121,685	25,176	9,555	29,630	7,238	6,504	10,868	10,697	22,017
1997	124,430	23,143	9,798	30,504	7,041	6,169	12,237	11,972	23,566
1998	142,260	21,441	9,482	31,892	6,070	5,759	2,702	13,522	51,392
1999	153,479	22,230	9,332	33,251	6,556	6,094	2,906	16,612	56,498
2000	168,307	24,266	9,375	34,432	6,806	7,053	3,119	20,014	63,242
2001	186,905	26,083	9,702	37,306	7,500	7,570	3,514	23,839	71,391
2002	213,497	29,123	10,676	39,286	8,349	8,469	3,926	28,404	85,264

See footnotes at end of table.

Table 101—Continued

Medicaid Payments, All Eligibility Groups, by Type of Service: Fiscal Years 1975-2002

Year	Total ¹	Inpatient		Nursing		Outpatient	Home	Prescribed	Other
		Hospital	ICF/MR	Facility ²	Physician	Hospital	Health	Drugs	
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
2002	100.0	13.6	5.0	18.4	3.9	4.0	1.8	13.3	39.9

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.

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 (\$27.6 billion for premiums in 2001 and \$33.7 billion in 2002). Trends in home health agency program expenditures are not strictly comparable to 1997 and prior years 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 1975-2002

Year	Total ¹	Inpatient		Nursing		Outpatient	Home	Prescribed	Other
		Hospital	ICF/MR	Facility ²	Physician	Hospital	Health	Drugs	
Amount in Millions									
1975	\$2,186	\$881	\$17	\$24	\$397	\$143	\$8	\$127	\$589
1976	2,431	1,012	11	19	442	219	13	126	589
1977	2,610	1,149	16	16	456	348	17	125	483
1978	2,748	1,260	14	13	471	332	24	135	499
1979	2,884	1,334	22	13	474	310	33	140	558
1980	3,123	1,476	22	24	528	381	8	156	528
1981	3,508	1,595	14	4	586	493	9	171	636
1982	3,473	1,593	9	9	573	483	9	170	627
1983	3,836	1,771	8	4	592	523	10	183	745
1984	3,979	1,847	10	4	639	536	13	202	728
1985	4,414	2,028	12	4	651	576	22	217	904
1986	5,135	2,412	13	17	685	656	24	296	1,032
1987	5,508	2,544	40	17	785	657	22	285	1,158
1988	5,848	2,718	11	5	833	675	25	298	1,283
1989	6,892	3,270	20	6	950	793	38	343	1,472
1990	9,100	4,422	47	2	1,187	1,005	55	445	1,936
1991	11,600	5,376	38	20	1,518	1,333	93	590	2,631
1992	14,758	6,594	39	15	1,949	1,737	122	808	3,494
1993	16,504	6,950	44	27	2,216	1,928	154	965	4,220
1994	17,302	6,903	45	24	2,271	1,925	204	1,063	4,867
1995	17,976	6,588	46	28	2,211	1,863	412	1,117	5,712
1996	17,544	5,896	25	28	2,114	1,668	610	1,115	6,088
1997	17,544	5,571	39	44	1,926	1,414	534	1,099	6,917
1998	22,896	5,138	58	102	1,644	1,240	145	1,131	13,438
1999	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
2002	35,890	5,742	40	46	2,505	1,858	198	2,562	22,939

See footnotes at end of table.

Table 102—Continued

Medicaid Payments, Children, by Type of Service: Fiscal Years 1975-2002

Year	Total ¹	Inpatient		Nursing		Outpatient	Home	Prescribed	Other
		Hospital	ICF/MR	Facility ²	Physician	Hospital	Health	Drugs	
Percent									
1975	100.0	40.3	0.8	1.1	18.2	6.5	0.4	5.8	26.9
1976	100.0	41.6	0.5	0.8	18.2	9.0	0.5	5.2	24.2
1977	100.0	44.0	0.6	0.6	17.5	13.3	0.7	4.8	18.5
1978	100.0	45.9	0.5	0.5	17.1	12.1	0.9	4.9	18.2
1979	100.0	46.3	0.8	0.5	16.4	10.7	1.1	4.9	19.3
1980	100.0	47.3	0.7	0.8	16.9	12.2	0.3	5.0	16.9
1981	100.0	45.5	0.4	0.1	16.7	14.1	0.3	4.9	18.1
1982	100.0	45.9	0.3	0.3	16.5	13.9	0.3	4.9	18.1
1983	100.0	46.2	0.2	0.1	15.4	13.6	0.3	4.8	19.4
1984	100.0	46.4	0.3	0.1	16.1	13.5	0.3	5.1	18.3
1985	100.0	45.9	0.3	0.1	14.7	13.0	0.5	4.9	20.5
1986	100.0	47.0	0.3	0.3	13.3	12.8	0.5	5.8	20.1
1987	100.0	46.2	0.7	0.3	14.3	11.9	0.4	5.2	21.0
1988	100.0	46.5	0.2	0.1	14.2	11.5	0.4	5.1	21.9
1989	100.0	47.4	0.3	0.1	13.8	11.5	0.6	5.0	21.4
1990	100.0	48.6	0.5	(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
2002	100.0	16.0	0.1	0.1	7.0	5.2	0.6	7.1	63.9

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 years 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 1975-2002

Year	Total ¹	Inpatient		Nursing		Outpatient	Home	Prescribed	Other
		Hospital	ICF/MR	Facility ²	Physician	Hospital	Health	Drugs	
Amount in Millions									
1975	\$2,062	\$1,009	(3)	\$9	\$392	\$109	\$6	\$160	\$377
1976	2,288	1,153	\$4	8	429	157	9	154	374
1977	2,606	1,294	4	5	473	257	11	171	391
1978	2,673	1,369	1	5	484	244	13	181	376
1979	3,021	1,591	3	5	518	252	21	200	431
1980	3,231	1,672	8	27	587	314	10	208	405
1981	3,763	1,897	2	5	674	418	12	243	512
1982	4,093	2,117	4	5	701	446	13	258	549
1983	4,487	2,314	11	5	730	495	14	286	632
1984	4,420	2,243	8	8	727	496	15	303	620
1985	4,746	2,330	9	7	775	537	22	342	724
1986	4,880	2,271	2	9	877	534	26	374	787
1987	5,592	2,654	2	39	926	635	21	427	888
1988	5,883	2,771	5	23	991	671	21	443	958
1989	6,897	3,219	3	127	1,186	795	26	494	1,047
1990	8,590	4,209	8	23	1,453	977	34	571	1,314
1991	10,241	4,886	5	27	1,782	1,268	44	680	1,728
1992	12,403	5,555	14	46	2,150	1,532	56	817	2,233
1993	13,605	5,943	10	40	2,334	1,734	67	920	2,557
1994	13,585	5,768	2	24	2,290	1,674	74	961	2,792
1995	13,511	5,544	4	39	2,162	1,652	79	939	3,092
1996	12,275	4,944	2	17	1,932	1,438	75	854	3,013
1997	12,307	4,558	6	39	1,890	1,299	84	881	3,550
1998	14,865	4,201	37	105	1,533	1,183	61	917	6,828
1999	15,801	4,319	10	31	1,578	1,258	62	1,189	7,354
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
2002	23,635	5,988	4	42	2,224	1,982	57	2,333	11,005

See footnotes at end of table.

Table 103—Continued

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

Year	Total ¹	Inpatient		Nursing		Outpatient	Home	Prescribed	Other
		Hospital	ICF/MR	Facility ²	Physician	Hospital	Health	Drugs	
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
2002	100.0	25.3	(4)	0.2	9.4	8.4	0.2	9.9	46.6

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 years 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 1975-2002

Year	Total ¹	Inpatient		Nursing		Outpatient	Home	Prescribed	
		Hospital	ICF/MR	Facility ²	Physician	Hospital	Health	Drugs	Other
Amount in Millions									
1975	\$4,358	\$205	\$20	\$3,325	\$133	\$25	\$27	\$297	\$326
1976	4,910	244	18	3,594	147	34	56	364	453
1977	5,499	300	18	4,091	166	44	72	387	421
1978	6,308	382	29	4,755	174	44	85	410	429
1979	7,046	454	33	5,370	184	58	78	449	420
1980	8,739	806	199	6,288	225	67	202	519	433
1981	9,926	941	167	6,959	259	81	267	611	641
1982	10,739	1,006	95	7,674	247	90	310	629	688
1983	11,954	1,482	161	8,233	257	106	378	692	645
1984	12,815	1,396	106	8,649	255	110	451	763	1,085
1985	14,096	1,450	175	9,409	264	105	639	883	1,171
1986	15,097	1,603	179	10,057	264	126	766	973	1,129
1987	16,037	1,375	226	10,687	249	145	982	1,075	1,298
1988	17,135	1,411	216	11,618	240	161	1,143	1,186	1,160
1989	18,558	1,263	264	12,559	272	181	1,441	1,282	1,296
1990	21,508	1,315	372	14,536	286	194	1,733	1,507	1,566
1991	25,444	1,634	430	17,121	343	255	2,026	1,823	1,812
1992	29,089	1,872	517	19,589	400	311	2,250	2,190	1,960
1993	31,554	2,023	590	21,191	489	406	2,370	2,441	2,046
1994	33,618	1,964	585	22,660	544	454	2,663	2,651	2,097
1995	36,527	2,050	637	24,148	617	534	2,990	2,861	2,690
1996	36,947	2,044	564	24,388	694	628	3,049	3,078	2,502
1997	37,721	1,931	637	24,691	791	605	3,351	3,343	2,372
1998	40,601	1,871	692	25,529	695	585	798	3,806	6,625
1999	42,522	1,655	742	26,578	635	585	667	4,572	7,088
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
2002	51,924	1,946	738	30,097	571	570	997	7,150	9,855

See footnotes at end of table.

Table 104—Continued

Medicaid Payments, Aged, by Type of Service: Fiscal Years 1975-2002

Year	Total ¹	Inpatient		Nursing		Outpatient	Home	Prescribed	Other
		Hospital	ICF/MR	Facility ²	Physician	Hospital	Health	Drugs	
Percent									
1975	100.0	4.7	0.5	76.3	3.1	0.6	0.6	6.8	7.5
1976	100.0	5.0	0.4	73.2	3.0	0.7	1.1	7.4	9.2
1977	100.0	5.5	0.3	74.4	3.0	0.8	1.3	7.0	7.7
1978	100.0	6.1	0.5	75.4	2.8	0.7	1.3	6.5	6.8
1979	100.0	6.4	0.5	76.2	2.6	0.8	1.1	6.4	6.0
1980	100.0	9.2	2.3	72.0	2.6	0.8	2.3	5.9	5.0
1981	100.0	9.5	1.7	70.1	2.6	0.8	2.7	6.2	6.5
1982	100.0	9.4	0.9	71.5	2.3	0.8	2.9	5.9	6.4
1983	100.0	12.4	1.3	68.9	2.1	0.9	3.2	5.8	5.4
1984	100.0	10.9	0.8	67.5	2.0	0.9	3.5	6.0	8.5
1985	100.0	10.3	1.2	66.7	1.9	0.7	4.5	6.3	8.3
1986	100.0	10.6	1.2	66.6	1.7	0.8	5.1	6.4	7.5
1987	100.0	8.6	1.4	66.6	1.6	0.9	6.1	6.7	8.1
1988	100.0	8.2	1.3	67.8	1.4	0.9	6.7	6.9	6.8
1989	100.0	6.8	1.4	67.7	1.5	1.0	7.8	6.9	7.0
1990	100.0	6.1	1.7	67.6	1.3	0.9	8.1	7.0	7.3
1991	100.0	6.4	1.7	67.3	1.3	1.0	8.0	7.2	7.1
1992	100.0	6.4	1.8	67.3	1.4	1.1	7.7	7.5	6.7
1993	100.0	6.4	1.9	67.2	1.5	1.3	7.5	7.7	6.5
1994	100.0	5.8	1.7	67.4	1.6	1.4	7.9	7.9	6.2
1995	100.0	5.6	1.7	66.1	1.7	1.5	8.2	7.8	7.4
1996	100.0	5.5	1.5	66.0	1.9	1.7	8.3	8.3	6.8
1997	100.0	5.1	1.7	65.5	2.1	1.6	8.9	8.9	6.3
1998	100.0	4.6	1.7	62.9	1.7	1.4	2.0	9.4	16.3
1999	100.0	3.9	1.7	62.5	1.5	1.4	1.6	10.8	16.7
2000	100.0	3.7	1.6	60.8	1.4	1.5	1.6	12.0	17.4
2001	100.0	3.6	1.5	60.2	1.3	1.2	1.7	12.9	17.7
2002	100.0	3.7	1.4	58.0	1.1	1.1	1.9	13.8	19.0

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

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

NOTES: Beginning fiscal year 1998, capitated premiums for Medicaid eligibles enrolled in managed care plans were included in this series as a component of the other and of the total payment categories. Trends in home health agency program expenditures are not strictly comparable to 1997 and prior years 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 1975-2002

Year	Total ¹	Inpatient		Nursing		Outpatient	Home	Prescribed	Other
		Hospital	ICF/MR	Facility ²	Physician	Hospital	Health	Drugs	
Amount in Millions									
1975	\$3,145	\$1,049	\$294	\$941	\$243	\$81	\$27	\$201	\$309
1976	3,920	1,247	545	1,052	286	121	55	258	356
1977	4,883	1,498	819	1,197	342	193	76	299	459
1978	5,620	1,652	1,086	1,426	358	190	87	321	500
1979	6,882	1,957	1,402	1,703	396	208	129	372	715
1980	7,621	2,207	1,699	1,506	475	275	111	424	924
1981	9,455	2,521	2,760	1,562	529	353	140	500	1,090
1982	10,405	2,691	3,296	1,683	512	349	162	531	1,181
1983	11,367	2,943	3,838	1,749	543	369	194	599	1,132
1984	11,977	3,064	4,073	1,962	540	429	292	687	930
1985	13,452	3,293	4,477	2,157	588	484	433	855	1,165
1986	14,913	3,636	4,817	2,337	637	566	531	1,025	1,364
1987	16,817	4,213	5,282	2,491	714	679	658	1,174	1,606
1988	18,594	4,588	5,748	2,615	779	803	815	1,336	1,910
1989	20,885	5,043	6,311	2,812	892	962	1,052	1,540	2,273
1990	24,404	6,130	6,878	3,075	1,001	1,039	1,559	1,864	2,858
1991	28,251	7,352	7,181	3,500	1,205	1,312	1,917	2,297	3,487
1992	34,004	9,079	7,973	3,878	1,515	1,624	2,439	2,936	4,560
1993	38,655	10,230	8,170	4,149	1,774	2,044	2,988	3,572	5,728
1994	42,298	10,951	7,701	4,362	1,939	2,188	4,075	4,147	6,935
1995	49,418	11,421	9,680	4,798	2,104	2,451	5,860	4,794	8,310
1996	52,065	11,419	8,946	5,117	2,241	2,645	7,024	5,554	9,119
1997	54,130	10,423	8,988	5,448	2,298	2,721	8,113	6,518	9,621
1998	60,374	9,642	8,763	5,952	2,102	2,683	1,692	7,618	21,922
1999	65,850	9,868	8,522	6,400	2,256	2,831	2,023	9,457	24,493
2000	72,742	10,409	8,611	6,967	2,316	3,174	2,175	11,591	27,499
2001	80,386	11,195	8,866	7,814	2,528	3,307	2,431	13,666	30,579
2002	92,414	12,118	9,860	8,805	2,778	3,649	2,671	16,213	36,320

See footnotes at end of table.

Table 105—Continued

Medicaid Payments, Disabled, by Type of Service: Fiscal Years 1975-2002

Year	Total ¹	Inpatient		Nursing		Outpatient	Home	Prescribed	Other
		Hospital	ICF/MR	Facility ²	Physician	Hospital	Health	Drugs	
Percent									
1975	100.0	33.4	9.3	29.9	7.7	2.6	0.9	6.4	9.8
1976	100.0	31.8	13.9	26.8	7.3	3.1	1.4	6.6	9.1
1977	100.0	30.7	16.8	24.5	7.0	4.0	1.6	6.1	9.4
1978	100.0	29.4	19.3	25.4	6.4	3.4	1.5	5.7	8.9
1979	100.0	28.4	20.4	24.7	5.8	3.0	1.9	5.4	10.4
1980	100.0	29.0	22.3	19.8	6.2	3.6	1.5	5.6	12.1
1981	100.0	26.7	29.2	16.5	5.6	3.7	1.5	5.3	11.5
1982	100.0	25.9	31.7	16.2	4.9	3.4	1.6	5.1	11.4
1983	100.0	25.9	33.8	15.4	4.8	3.2	1.7	5.3	10.0
1984	100.0	25.6	34.0	16.4	4.5	3.6	2.4	5.7	7.8
1985	100.0	24.5	33.3	16.0	4.4	3.6	3.2	6.4	8.7
1986	100.0	24.4	32.3	15.7	4.3	3.8	3.6	6.9	9.1
1987	100.0	25.1	31.4	14.8	4.2	4.0	3.9	7.0	9.5
1988	100.0	24.7	30.9	14.1	4.2	4.3	4.4	7.2	10.3
1989	100.0	24.1	30.2	13.5	4.3	4.6	5.0	7.4	10.9
1990	100.0	25.1	28.2	12.6	4.1	4.3	6.4	7.6	11.7
1991	100.0	26.0	25.4	12.4	4.3	4.6	6.8	8.1	12.3
1992	100.0	26.7	23.4	11.4	4.5	4.8	7.2	8.6	13.4
1993	100.0	26.5	21.1	10.7	4.6	5.3	7.7	9.2	14.8
1994	100.0	25.9	18.2	10.3	4.6	5.2	9.6	9.8	16.4
1995	100.0	23.1	19.6	9.7	4.3	5.0	11.9	9.7	16.8
1996	100.0	21.9	17.2	9.8	4.3	5.1	13.5	10.7	17.5
1997	100.0	19.3	16.6	10.1	4.2	5.0	15.0	12.0	17.8
1998	100.0	16.0	14.5	9.9	3.5	4.4	2.8	12.6	36.3
1999	100.0	15.0	12.9	9.7	3.4	4.3	3.1	14.4	37.2
2000	100.0	14.3	11.8	9.6	3.2	4.4	3.0	15.9	37.8
2001	100.0	13.9	11.0	9.7	3.1	4.1	3.0	17.0	38.0
2002	100.0	13.1	10.7	9.5	3.0	3.9	2.9	17.5	39.3

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 years because of changes in redefining selected home health services as home and community-based waiver services in 1998 and reclassified as other in 1999.

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Table 106

Medicaid Persons Served (Beneficiaries), by Basis of Eligibility and Area of Residence: Fiscal Year 2002

Area of Residence	Total	Aged	Disabled	Children ¹	Adults	Other/ Unknown
All Jurisdictions	49,328,625	3,886,706	7,407,718	23,227,200	11,255,079	3,551,922
Boston: Region I	2,277,396	243,161	421,540	966,672	541,187	104,836
Connecticut	479,051	51,799	55,805	249,179	95,356	26,912
Maine	275,826	53,907	67,855	94,734	50,453	8,877
Massachusetts	1,065,636	91,332	230,958	406,072	284,587	52,687
New Hampshire	104,138	11,870	13,756	60,889	13,881	3,742
Rhode Island	199,014	16,298	34,844	91,378	50,773	5,721
Vermont	153,731	17,955	18,322	64,420	46,137	6,897
New York: Region II	4,875,209	437,776	798,130	1,954,955	1,238,125	446,223
New Jersey	954,491	86,588	159,687	462,946	196,015	49,255
New York	3,920,718	351,188	638,443	1,492,009	1,042,110	396,968
Puerto Rico	---	---	---	---	---	---
Virgin Islands	---	---	---	---	---	---
Philadelphia: Region III	3,658,479	345,892	721,970	1,836,045	579,435	175,137
Delaware	167,162	7,823	16,019	61,313	47,160	34,847
District of Columbia	144,284	8,250	24,327	73,032	33,115	5,560
Maryland	692,539	46,293	110,699	413,375	100,584	21,588
Pennsylvania	1,627,261	176,011	363,317	765,272	257,573	65,088
Virginia	665,203	80,053	123,404	351,095	85,959	24,692
West Virginia	362,030	27,462	84,204	171,958	55,044	23,362
Atlanta: Region IV	10,496,429	797,643	1,880,095	5,058,583	1,917,371	842,737
Alabama	765,328	60,517	172,694	401,104	98,099	32,914
Florida	2,676,235	193,541	463,416	1,266,377	452,599	300,302
Georgia	1,637,329	101,190	224,197	813,932	235,581	262,429
Kentucky	808,294	60,889	200,582	377,215	109,049	60,559
Mississippi	712,457	68,279	149,723	368,490	79,843	46,122
North Carolina	1,355,269	150,155	217,840	684,790	239,544	62,940
South Carolina	809,136	74,640	114,983	423,847	176,503	19,163
Tennessee	1,732,381	88,432	336,660	722,828	526,153	58,308

See footnotes at end of table.

Table 106—Continued

Medicaid Persons Served (Beneficiaries), by Basis of Eligibility and Area of Residence: Fiscal Year 2002

Area of Residence	Total	Aged	Disabled	Children ¹	Adults	Other/ Unknown
Chicago: Region V	7,023,814	525,494	1,125,897	3,735,281	1,353,072	284,070
Illinois	1,731,398	106,332	267,306	952,108	331,239	74,413
Indiana	849,427	65,585	104,150	502,290	137,439	39,963
Michigan	1,449,915	86,682	274,069	779,329	252,466	57,369
Minnesota	620,652	60,171	87,478	315,360	133,378	24,265
Ohio	1,656,124	134,290	264,573	862,195	326,993	68,073
Wisconsin	716,298	72,434	128,321	323,999	171,557	19,987
Dallas: Region VI	5,484,050	472,313	704,284	3,228,151	822,944	256,358
Arkansas	579,278	44,614	102,449	301,986	101,335	28,894
Louisiana	898,824	82,900	155,102	521,595	95,176	44,051
New Mexico	421,881	20,197	50,373	271,883	69,052	10,376
Oklahoma	631,498	54,334	74,185	400,114	82,303	20,562
Texas	2,952,569	270,268	322,175	1,732,573	475,078	152,475
Kansas City: Region VII	1,933,905	171,930	271,116	1,036,524	382,584	71,751
Iowa	352,635	35,850	56,558	171,188	65,840	23,199
Kansas	289,349	25,895	47,729	157,979	41,592	16,154
Missouri	1,036,150	89,043	138,517	555,331	230,289	22,970
Nebraska	255,771	21,142	28,312	152,026	44,863	9,428
Denver: Region VIII	1,051,036	85,203	138,171	542,527	198,038	87,097
Colorado	425,878	42,150	61,692	223,023	81,113	17,900
Montana	103,617	8,983	16,751	52,009	19,973	5,901
North Dakota	70,132	8,495	8,748	29,935	15,364	7,590
South Dakota	117,631	10,139	16,420	69,195	18,171	3,706
Utah	274,707	11,304	27,121	133,900	52,922	49,460
Wyoming	59,071	4,132	7,439	34,465	10,495	2,540

See footnotes at end of table.

Table 106—Continued

Medicaid Persons Served (Beneficiaries), by Basis of Eligibility and Area of Residence: Fiscal Year 2002

Area of Residence	Total	Aged	Disabled	Children ¹	Adults	Other/ Unknown
San Francisco: Region IX	10,581,635	677,964	1,111,319	3,890,506	3,697,697	1,204,149
Arizona	878,362	35,617	103,988	504,884	219,423	14,450
California	9,301,001	612,201	960,190	3,212,525	3,379,155	1,136,930
Hawaii	199,966	16,319	21,540	89,666	60,307	12,134
Nevada	202,306	13,827	25,601	83,431	38,812	40,635
Seattle: Region X	1,946,672	129,330	235,196	977,956	524,626	79,564
Alaska	109,641	6,152	11,567	63,884	22,705	5,333
Idaho	176,499	11,905	24,508	107,937	24,651	7,498
Oregon	621,462	42,372	66,857	245,583	235,406	31,244
Washington	1,039,070	68,901	132,264	560,552	241,864	35,489

¹Includes non-disabled 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: 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 2002

Area of Residence	Total	Aged	Disabled	Children ¹	Adults	Other/ Unknown
All Jurisdictions	213,496,606,630	51,923,752,294	92,413,632,363	35,890,359,880	23,635,057,822	9,633,804,271
Boston: Region I	13,953,268,959	4,123,389,472	6,394,575,143	2,096,985,000	1,241,252,941	97,066,403
Connecticut	3,245,142,644	1,294,044,482	1,259,123,751	480,935,263	198,216,470	12,822,678
Maine	1,716,581,955	320,111,958	853,132,797	357,218,263	172,366,177	13,752,760
Massachusetts	6,387,100,271	1,783,039,142	3,168,962,301	749,551,820	632,078,649	53,468,359
New Hampshire	745,754,084	244,139,587	288,292,167	167,941,968	41,359,833	4,020,529
Rhode Island	1,251,440,036	336,975,273	591,663,593	198,616,021	115,867,917	8,317,232
Vermont	607,249,969	145,079,030	233,400,534	142,721,665	81,363,895	4,684,845
New York: Region II	36,986,214,682	10,133,009,713	17,868,321,742	4,051,590,126	4,451,425,104	481,867,997
New Jersey	5,497,284,438	1,524,728,798	2,718,790,638	725,725,539	461,604,520	66,434,943
New York	31,488,930,244	8,608,280,915	15,149,531,104	3,325,864,587	3,989,820,584	415,433,054
Puerto Rico	---	---	---	---	---	---
Virgin Islands	---	---	---	---	---	---
Philadelphia: Region III	18,469,278,091	5,350,587,469	7,948,705,514	3,249,390,486	1,579,927,467	340,667,155
Delaware	651,384,655	151,306,805	246,032,817	103,685,117	137,206,379	13,153,537
District of Columbia	1,036,307,917	174,493,769	439,946,542	199,418,247	106,822,608	115,626,751
Maryland	3,662,089,984	843,148,526	1,644,530,853	764,978,815	376,568,556	32,863,234
Pennsylvania	8,523,928,057	2,964,833,568	3,517,054,317	1,383,808,827	627,965,058	30,266,287
Virginia	3,017,869,649	857,959,757	1,387,675,166	530,762,193	215,279,056	26,193,477
West Virginia	1,577,697,829	358,845,044	713,465,819	266,737,287	116,085,810	122,563,869
Atlanta: Region IV	37,957,590,447	7,488,565,590	16,614,650,452	6,771,263,797	4,449,231,941	2,633,878,667
Alabama	3,204,063,602	697,569,474	1,065,217,597	617,837,242	140,297,029	683,142,260
Florida	9,827,003,688	1,493,552,222	5,178,650,987	1,458,317,267	850,492,790	845,990,422
Georgia	4,796,005,361	971,944,051	1,840,986,577	1,055,096,808	633,292,394	294,685,531
Kentucky	3,459,365,581	719,619,508	1,692,312,848	711,514,417	289,677,666	46,241,142
Mississippi	2,499,640,805	620,090,092	1,160,307,946	463,819,461	239,156,151	16,267,155
North Carolina	6,041,011,008	1,677,488,756	2,609,461,609	1,009,585,441	696,597,825	47,877,377
South Carolina	3,382,950,504	618,193,917	1,120,784,311	648,044,482	309,523,277	686,404,517
Tennessee	4,747,549,898	690,107,570	1,946,928,577	807,048,679	1,290,194,809	13,270,263

See footnotes at end of table.

Table 107—Continued

Medicaid Payments, by Basis of Eligibility and Area of Residence: Fiscal Year 2002

Area of Residence	Total	Aged	Disabled	Children ¹	Adults	Other/ Unknown
Chicago: Region V	35,997,154,904	8,917,828,427	15,365,475,311	5,528,467,757	3,316,309,205	2,869,074,204
Illinois	9,121,713,188	1,403,394,927	4,128,178,217	1,536,579,469	916,969,311	1,136,591,264
Indiana	3,725,257,965	1,067,886,516	1,554,879,070	747,464,898	333,071,105	21,956,376
Michigan	5,918,817,382	1,242,556,437	1,801,564,100	820,986,267	533,101,859	1,520,608,719
Minnesota	4,439,493,794	1,245,038,414	1,958,974,935	774,348,150	338,589,801	122,542,494
Ohio	9,186,330,669	2,963,619,255	4,105,377,045	1,240,770,229	831,538,908	45,025,232
Wisconsin	3,605,541,906	995,332,878	1,816,501,944	408,318,744	363,038,221	22,350,119
Dallas: Region VI	20,402,000,795	5,101,276,564	7,924,530,660	4,858,025,815	1,982,718,974	535,448,782
Arkansas	2,015,436,554	513,545,384	907,507,911	442,881,118	127,734,231	23,767,910
Louisiana	3,234,421,939	794,556,558	1,509,195,311	595,743,334	274,877,579	60,049,157
New Mexico	1,792,909,175	251,122,565	698,168,607	510,446,910	180,702,459	152,468,634
Oklahoma	2,238,213,087	599,548,033	832,564,899	530,132,526	119,904,982	156,062,647
Texas	11,121,020,040	2,942,504,024	3,977,093,932	2,778,821,927	1,279,499,723	143,100,434
Kansas City: Region VII	8,683,671,581	2,528,393,214	3,572,218,376	1,703,012,128	760,458,154	119,589,709
Iowa	1,855,817,441	597,770,734	774,493,252	284,462,328	164,080,081	35,011,046
Kansas	1,501,270,019	430,727,418	703,003,443	251,240,511	93,424,357	22,874,290
Missouri	4,071,544,403	1,141,092,284	1,627,392,430	904,755,257	384,484,068	13,820,364
Nebraska	1,255,039,718	358,802,778	467,329,251	262,554,032	118,469,648	47,884,009
Denver: Region VIII	5,121,850,438	1,201,582,490	2,000,614,187	973,608,935	476,411,194	469,633,632
Colorado	2,166,199,614	575,787,936	874,418,784	401,264,025	188,510,310	126,218,559
Montana	532,886,400	137,448,213	199,108,539	114,259,038	60,775,552	21,295,058
North Dakota	422,745,114	168,064,026	165,222,909	49,631,556	31,111,959	8,714,664
South Dakota	503,947,234	123,883,822	210,895,102	114,986,139	43,573,761	10,608,410
Utah	1,215,620,497	129,364,737	423,913,745	240,414,237	120,395,075	301,532,703
Wyoming	280,451,579	67,033,756	127,055,108	53,053,940	32,044,537	1,264,238

See footnotes at end of table.

Table 107—Continued

Medicaid Payments, by Basis of Eligibility and Area of Residence: Fiscal Year 2002

Area of Residence	Total	Aged	Disabled	Children ¹	Adults	Other/ Unknown
San Francisco: Region IX	27,937,345,512	5,639,437,606	12,323,215,315	5,282,738,947	4,079,785,592	612,168,052
Arizona	2,881,870,077	468,895,703	1,118,760,829	732,335,026	549,347,796	12,530,723
California	23,636,239,505	4,864,261,366	10,680,677,716	4,303,673,025	3,320,664,364	466,963,034
Hawaii	695,279,178	163,449,074	222,181,879	113,381,761	120,934,146	75,332,318
Nevada	723,956,752	142,831,463	301,594,891	133,349,135	88,839,286	57,341,977
Seattle: Region X	7,988,231,221	1,439,681,749	2,401,325,663	1,375,276,889	1,297,537,250	1,474,409,670
Alaska	686,795,186	101,797,970	250,966,365	223,311,509	103,887,186	6,832,156
Idaho	791,863,699	184,327,279	382,415,373	140,286,188	77,200,729	7,634,130
Oregon	2,136,400,869	471,486,362	695,837,283	395,565,633	555,406,139	18,105,452
Washington	4,373,171,467	682,070,138	1,072,106,642	616,113,559	561,043,196	1,441,837,932

¹Includes non-disabled children and foster care children.

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

SOURCES: Centers for Medicare & Medicaid Services, Center for Medicaid and State Operations: 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 2002

Area of Residence	Total	Aged	Disabled	Children ¹	Adults	Other/ Unknown
All Jurisdictions	\$4,328	\$13,359	\$12,475	\$1,545	\$2,100	\$2,712
Boston: Region I	6,127	16,957	15,170	2,169	2,294	926
Connecticut	6,774	24,982	22,563	1,930	2,079	476
Maine	6,223	5,938	12,573	3,771	3,416	1,549
Massachusetts	5,994	19,523	13,721	1,846	2,221	1,015
New Hampshire	7,161	20,568	20,958	2,758	2,980	1,074
Rhode Island	6,288	20,676	16,980	2,174	2,282	1,454
Vermont	3,950	8,080	12,739	2,215	1,764	679
New York: Region II	7,587	23,147	22,388	2,072	3,595	1,080
New Jersey	5,759	17,609	17,026	1,568	2,355	1,349
New York	8,031	24,512	23,729	2,229	3,829	1,047
Puerto Rico	---	---	---	---	---	---
Virgin Islands	---	---	---	---	---	---
Philadelphia: Region III	5,048	15,469	11,010	1,770	2,727	1,945
Delaware	3,897	19,341	15,359	1,691	2,909	377
District of Columbia	7,182	21,151	18,085	2,731	3,226	20,796
Maryland	5,288	18,213	14,856	1,851	3,744	1,522
Pennsylvania	5,238	16,845	9,680	1,808	2,438	465
Virginia	4,537	10,717	11,245	1,512	2,504	1,061
West Virginia	4,358	13,067	8,473	1,551	2,109	5,246
Atlanta: Region IV	3,616	9,388	8,837	1,339	2,320	3,125
Alabama	4,187	11,527	6,168	1,540	1,430	20,755
Florida	3,672	7,717	11,175	1,152	1,879	2,817
Georgia	2,929	9,605	8,211	1,296	2,688	1,123
Kentucky	4,280	11,819	8,437	1,886	2,656	764
Mississippi	3,508	9,082	7,750	1,259	2,995	353
North Carolina	4,457	11,172	11,979	1,474	2,908	761
South Carolina	4,181	8,282	9,747	1,529	1,754	35,819
Tennessee	2,740	7,804	5,783	1,117	2,452	228

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 2002

Area of Residence	Total	Aged	Disabled	Children ¹	Adults	Other/ Unknown
Chicago: Region V	\$5,125	\$16,970	\$13,647	\$1,480	\$2,451	\$10,100
Illinois	5,268	13,198	15,444	1,614	2,768	15,274
Indiana	4,386	16,282	14,929	1,488	2,423	549
Michigan	4,082	14,335	6,573	1,053	2,112	26,506
Minnesota	7,153	20,692	22,394	2,455	2,539	5,050
Ohio	5,547	22,069	15,517	1,439	2,543	661
Wisconsin	5,034	13,741	14,156	1,260	2,116	1,118
Dallas: Region VI	3,720	10,801	11,252	1,505	2,409	2,089
Arkansas	3,479	11,511	8,858	1,467	1,261	823
Louisiana	3,599	9,585	9,730	1,142	2,888	1,363
New Mexico	4,250	12,434	13,860	1,877	2,617	14,694
Oklahoma	3,544	11,034	11,223	1,325	1,457	7,590
Texas	3,767	10,887	12,345	1,604	2,693	939
Kansas City: Region VII	4,490	14,706	13,176	1,643	1,988	1,667
Iowa	5,263	16,674	13,694	1,662	2,492	1,509
Kansas	5,188	16,634	14,729	1,590	2,246	1,416
Missouri	3,929	12,815	11,749	1,629	1,670	602
Nebraska	4,907	16,971	16,506	1,727	2,641	5,079
Denver: Region VIII	4,873	14,103	14,479	1,795	2,406	5,392
Colorado	5,086	13,660	14,174	1,799	2,324	7,051
Montana	5,143	15,301	11,886	2,197	3,043	3,609
North Dakota	6,028	19,784	18,887	1,658	2,025	1,148
South Dakota	4,284	12,219	12,844	1,662	2,398	2,862
Utah	4,425	11,444	15,630	1,795	2,275	6,096
Wyoming	4,748	16,223	17,080	1,539	3,053	498

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 2002

Area of Residence	Total	Aged	Disabled	Children ¹	Adults	Other/ Unknown
San Francisco: Region IX	\$2,640	\$8,318	\$11,089	\$1,358	\$1,103	\$508
Arizona	3,281	13,165	10,759	1,451	2,504	867
California	2,541	7,946	11,124	1,340	983	411
Hawaii	3,477	10,016	10,315	1,264	2,005	6,208
Nevada	3,579	10,330	11,781	1,598	2,289	1,411
Seattle: Region X	4,104	11,132	10,210	1,406	2,473	18,531
Alaska	6,264	16,547	21,697	3,496	4,576	1,281
Idaho	4,487	15,483	15,604	1,300	3,132	1,018
Oregon	3,438	11,127	10,408	1,611	2,359	579
Washington	4,209	9,899	8,106	1,099	2,320	40,628

¹Includes non-disabled children and foster care children.

NOTES: Beginning fiscal year 1998, capitated premiums for Medicaid eligibles enrolled in managed care plans were included in this series as a Medicaid payment. Also, States process a variety of payments that are not associated with an eligible individual (e.g., disproportionate share payments to hospitals, interim lump-sum provider reimbursement adjustments, and final cost report settlements). These adjustments can be positive (that is, an additional payment to the provider) or negative (that is, a recoupment). Because these payments cannot be associated with any one beneficiary, the eligibility and demographic characteristics for these payments are categorized as other/unknown. Where distributions by basis of eligibility are not provided by the jurisdiction, and where the averages would yield negative or 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 2002

Area of Residence	Total ¹	Inpatient Hospital	Nursing Facilities	Physician	Dental	Outpatient Hospital	Lab and X-Ray	Home Health	Prescribed Drugs
All Jurisdictions	49,328,625	5,045,949	1,759,661	22,065,228	7,880,803	14,830,953	14,061,833	1,064,274	24,379,685
Boston: Region I	2,277,396	161,615	135,511	1,032,463	554,018	814,531	768,439	78,374	1,252,811
Connecticut	479,051	33,202	40,681	99,954	41,141	96,349	76,238	23,092	123,704
Maine	275,826	20,038	8,945	146,203	51,876	114,229	95,147	3,129	224,664
Massachusetts	1,065,636	76,240	62,081	579,916	332,539	448,677	471,863	38,037	659,626
New Hampshire	104,138	10,174	7,574	63,758	21,442	49,553	44,695	2,421	78,861
Rhode Island	199,014	11,863	12,379	37,292	58,635	37,125	22,329	8,138	53,729
Vermont	153,731	10,098	3,851	105,340	48,385	68,598	58,167	3,557	112,227
New York: Region II	4,875,209	691,653	292,475	1,869,460	1,102,637	1,931,832	1,247,599	251,920	2,863,654
New Jersey	954,491	78,936	53,314	213,787	74,561	216,459	120,990	13,616	296,059
New York	3,920,718	612,717	239,161	1,655,673	1,028,076	1,715,373	1,126,609	238,304	2,567,595
Puerto Rico	---	---	---	---	---	---	---	---	---
Virgin Islands	---	---	---	---	---	---	---	---	---
Philadelphia: Region III	3,658,479	281,534	151,733	1,171,643	275,006	719,104	722,838	66,224	1,399,659
Delaware	167,162	4,904	3,639	21,780	16,218	10,496	11,884	1,009	125,461
District of Columbia	144,284	17,595	4,288	22,819	2,367	17,379	21,604	2,006	32,715
Maryland	692,539	49,808	25,170	152,992	1,728	104,874	38,109	16,175	181,101
Pennsylvania	1,627,261	92,390	78,482	397,311	116,384	208,859	287,489	13,011	464,848
Virginia	665,203	80,664	28,704	353,344	53,457	208,943	214,515	4,245	319,196
West Virginia	362,030	36,173	11,450	223,397	84,852	168,553	149,237	29,778	276,338

See footnotes at end of table.

Table 109—Continued

Medicaid Persons Served (Beneficiaries), by Type of Service and Area of Residence: Fiscal Year 2002

Area of Residence	Total ¹	Inpatient Hospital	Nursing Facilities	Physician	Dental	Outpatient Hospital	Lab and X-Ray	Home Health	Prescribed Drugs
Atlanta: Region IV	10,496,429	1,338,388	325,741	6,440,063	1,936,213	4,151,069	3,159,264	251,003	6,282,772
Alabama	765,328	68,429	26,530	511,826	116,462	264,266	345,875	62,771	500,789
Florida	2,676,235	432,107	107,237	1,228,615	415,419	1,011,120	816,760	87,207	1,245,841
Georgia	1,637,329	227,976	41,616	1,184,321	393,445	731,565	221,980	20,909	1,076,904
Kentucky	808,294	93,954	31,161	481,959	164,759	349,128	272,594	23,070	489,416
Mississippi	712,457	115,873	19,864	514,042	156,833	404,422	111,776	9,987	526,923
North Carolina	1,355,269	202,664	43,128	1,006,830	325,941	637,476	724,280	33,455	949,795
South Carolina	809,136	126,736	18,251	561,552	231,455	361,265	275,988	8,502	576,136
Tennessee ²	1,732,381	70,649	37,954	950,918	131,899	391,827	390,011	5,102	916,968
Chicago: Region V	7,023,814	746,724	340,251	3,433,505	1,668,084	2,504,314	2,218,498	137,648	3,765,722
Illinois	1,731,398	209,370	78,489	1,098,931	441,909	818,963	758,695	12,930	1,199,933
Indiana	849,427	109,725	44,644	497,760	269,808	335,471	318,294	8,256	490,386
Michigan	1,449,915	111,252	45,068	435,359	354,580	280,438	193,508	7,051	577,785
Minnesota	620,652	53,369	39,709	209,027	75,615	149,541	26,840	69,385	190,577
Ohio	1,656,124	207,576	93,629	1,055,975	385,344	734,590	711,800	35,904	997,246
Wisconsin	716,298	55,432	38,712	136,453	140,828	185,311	209,361	4,122	309,795
Dallas: Region VI	5,484,050	866,259	198,655	3,112,750	1,167,709	1,641,427	2,418,073	175,651	3,565,424
Arkansas	579,278	83,745	20,068	409,316	96,550	217,232	165,946	7,831	356,233
Louisiana	898,824	176,229	34,356	731,385	187,347	420,655	487,831	10,980	689,973
New Mexico	421,881	30,164	6,985	91,812	22,651	76,233	52,296	582	89,791
Oklahoma	631,498	70,793	25,051	246,394	60,995	182,325	113,076	3,622	276,111
Texas	2,952,569	505,328	112,195	1,633,843	800,166	744,982	1,598,924	152,636	2,153,316

See footnotes at end of table.

Table 109—Continued

Medicaid Persons Served (Beneficiaries), by Type of Service and Area of Residence: Fiscal Year 2002

Area of Residence	Total ¹	Inpatient Hospital	Nursing Facilities	Physician	Dental	Outpatient Hospital	Lab and X-Ray	Home Health	Prescribed Drugs
Kansas City: Region VII	1,933,905	203,485	93,054	853,481	354,010	678,492	436,434	35,172	1,091,448
Iowa	352,635	40,308	21,228	196,952	108,681	133,117	135,481	18,657	245,711
Kansas	289,349	34,392	16,973	152,124	43,322	90,419	74,694	4,937	157,618
Missouri	1,036,150	100,904	40,798	328,550	104,581	349,865	162,487	6,511	493,230
Nebraska	255,771	27,881	14,055	175,855	97,426	105,091	63,772	5,067	194,889
Denver: Region VIII	1,051,036	106,570	45,291	348,939	199,251	313,760	176,080	11,833	525,181
Colorado	425,878	33,544	19,692	58,318	79,459	114,660	48,475	8,637	153,520
Montana	103,617	16,271	5,377	74,634	22,458	50,093	10,437	568	67,365
North Dakota	70,132	9,159	5,833	19,128	18,986	29,003	12,460	677	44,428
South Dakota	117,631	16,553	6,034	66,553	53	43,452	33,280	382	64,948
Utah	274,707	21,428	5,634	83,816	64,195	47,170	41,606	1,113	152,268
Wyoming	59,071	9,615	2,721	46,490	14,100	29,382	29,822	456	42,652
San Francisco: Region IX	10,581,635	524,037	134,483	3,001,509	172,769	1,592,365	2,549,662	49,741	2,770,304
Arizona ²	878,362	30,031	1,009	23,174	10,302	79,060	12,606	392	7,805
California	9,301,001	467,780	117,172	2,907,675	83,601	1,457,017	2,421,210	44,564	2,651,229
Hawaii ²	199,966	6,398	11,658	45,023	47,684	11,954	29,792	3,394	39,320
Nevada	202,306	19,828	4,644	25,637	31,182	44,334	86,054	1,391	71,950
Seattle: Region X	1,946,672	125,684	42,467	801,415	451,106	484,059	364,946	6,708	862,710
Alaska	109,641	14,901	903	79,936	36,512	54,050	45,048	257	70,550
Idaho	176,499	22,953	5,473	133,396	56,867	78,227	75,148	1,757	125,537
Oregon	621,462	28,256	11,410	150,982	4,170	113,777	97,399	1,152	242,865
Washington	1,039,070	59,574	24,681	437,101	353,557	238,005	147,351	3,542	423,758

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 in managed care are included in the total persons served but not by type of service.

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 2002

Area of Residence	Total ¹	Inpatient Hospital	Nursing Facilities	Physician	Dental
Amount in Thousands					
All Jurisdictions	\$213,496,608	\$29,122,653	\$39,286,300	\$8,348,639	\$2,308,811
Boston: Region I	13,953,269	1,025,086	3,671,057	365,291	142,512
Connecticut	3,245,143	156,515	1,074,197	30,956	7,448
Maine	1,716,582	253,083	201,267	48,896	13,282
Massachusetts	6,387,100	436,132	1,637,023	214,876	92,617
New Hampshire	745,754	37,557	192,949	21,453	4,564
Rhode Island	1,251,440	101,565	482,406	10,107	12,130
Vermont	607,250	40,234	83,215	39,003	12,471
New York: Region II	36,986,214	5,866,333	7,280,278	453,951	446,705
New Jersey	5,497,284	416,879	1,300,520	35,727	18,929
New York	31,488,930	5,449,454	5,979,758	418,224	427,776
Puerto Rico	---	---	---	---	---
Virgin Islands	---	---	---	---	---
Philadelphia: Region III	18,469,279	1,599,415	4,240,270	380,971	72,006
Delaware	651,385	19,177	129,390	10,135	5,932
District of Columbia	1,036,308	206,016	166,510	10,699	238
Maryland	3,662,090	443,926	740,848	57,909	251
Pennsylvania	8,523,928	415,413	2,341,682	91,057	24,343
Virginia	3,017,870	301,672	558,401	117,218	12,594
West Virginia	1,577,698	213,211	303,439	93,953	28,648
Atlanta: Region IV	37,957,592	5,852,605	6,334,994	2,877,627	574,462
Alabama	3,204,064	182,898	667,433	190,744	34,650
Florida	9,827,004	1,911,378	1,886,566	464,445	94,114
Georgia	4,796,005	1,029,167	806,319	592,889	141,127
Kentucky	3,459,366	342,098	581,097	207,826	48,179
Mississippi	2,499,641	439,672	435,413	235,122	39,953
North Carolina	6,041,011	867,278	882,268	516,077	107,990
South Carolina	3,382,951	885,920	373,078	235,464	79,789
Tennessee ²	4,747,550	194,194	702,820	435,060	28,660

See footnotes at end of table.

Table 110—Continued
Medicaid Payments, by Type of Service and Area of Residence: Fiscal Year 2002

Area of Residence	Outpatient Hospital	Lab and X-Ray	Home Health	Prescribed Drugs
Amount in Thousands				
All Jurisdictions	\$8,469,139	\$2,160,079	\$3,925,710	\$28,403,929
Boston: Region I	629,796	152,090	909,667	1,900,895
Connecticut	67,852	12,187	154,801	356,980
Maine	159,104	10,369	6,896	250,332
Massachusetts	291,604	116,415	714,567	952,791
New Hampshire	41,913	3,457	5,642	98,837
Rhode Island	28,183	2,520	19,574	126,331
Vermont	41,140	7,142	8,187	115,624
New York: Region II	1,739,967	103,958	1,052,187	4,099,707
New Jersey	355,754	12,557	68,888	686,302
New York	1,384,213	91,401	983,299	3,413,405
Puerto Rico	---	---	---	---
Virgin Islands	---	---	---	---
Philadelphia: Region III	369,352	157,823	387,814	1,935,734
Delaware	4,547	1,507	5,274	100,113
District of Columbia	10,764	67,744	16,323	67,788
Maryland	99,426	3,206	271,249	320,314
Pennsylvania	56,446	41,256	71,658	719,243
Virginia	112,248	25,843	4,750	453,663
West Virginia	85,921	18,267	18,560	274,613
Atlanta: Region IV	2,130,423	341,480	568,511	6,270,114
Alabama	50,712	39,485	34,734	454,370
Florida	357,059	84,502	228,096	1,736,992
Georgia	496,846	21,024	101,041	749,552
Kentucky	271,713	34,572	70,087	661,410
Mississippi	192,837	10,603	14,298	568,084
North Carolina	444,784	93,633	96,023	1,069,141
South Carolina	133,733	22,151	12,760	456,977
Tennessee ²	182,739	35,510	11,472	573,588

Table 110—Continued

Medicaid Payments, by Type of Service and Area of Residence: Fiscal Year 2002

Area of Residence	Total ¹	Inpatient Hospital	Nursing Facilities	Physician	Dental
Amount in Thousands					
Chicago: Region V	35,997,155	5,530,754	7,715,856	1,299,605	415,676
Illinois	9,121,713	2,751,563	1,563,351	404,434	86,110
Indiana	3,725,258	439,326	834,381	172,993	123,499
Michigan	5,918,817	558,109	1,114,661	143,051	62,760
Minnesota	4,439,494	351,176	927,707	112,284	18,819
Ohio	9,186,331	1,156,317	2,460,563	433,936	98,764
Wisconsin	3,605,542	274,263	815,193	32,907	25,724
Dallas: Region VI	20,402,001	3,457,368	3,381,059	1,245,554	301,659
Arkansas	2,015,437	236,762	370,475	209,404	24,373
Louisiana	3,234,422	595,344	579,679	246,465	36,108
New Mexico	1,792,909	204,464	168,278	28,677	10,029
Oklahoma	2,238,213	292,904	458,916	71,229	23,796
Texas	11,121,020	2,127,894	1,803,711	689,779	207,353
Kansas City: Region VII	8,683,671	913,204	1,718,714	298,593	97,744
Iowa	1,855,817	190,753	388,251	88,649	32,344
Kansas	1,501,270	159,859	307,647	55,847	13,838
Missouri	4,071,544	428,061	725,467	73,061	25,504
Nebraska	1,255,040	134,531	297,349	81,036	26,058
Denver: Region VIII	5,121,850	561,236	911,209	133,622	61,016
Colorado	2,166,200	207,770	386,889	12,613	27,041
Montana	532,886	69,137	116,798	38,233	7,440
North Dakota	422,745	33,626	142,774	2,317	5,779
South Dakota	503,947	81,195	111,666	28,036	19
Utah	1,215,620	129,925	99,081	28,114	16,308
Wyoming	280,452	39,583	54,001	24,309	4,429

See footnotes at end of table.

Table 110—Continued

Medicaid Payments, by Type of Service and Area of Residence: Fiscal Year 2002

Area of Residence	Outpatient Hospital	Lab and X-Ray	Home Health	Prescribed Drugs
	Amount in Thousands			
Chicago: Region V	1,389,658	367,480	295,393	4,615,332
Illinois	544,362	78,205	37,765	1,222,947
Indiana	162,401	32,712	53,575	636,358
Michigan	166,409	15,144	12,749	674,898
Minnesota	82,143	1,907	72,244	294,839
Ohio	337,721	211,979	93,816	1,330,569
Wisconsin	96,622	27,533	25,244	455,721
Dallas: Region VI	617,688	547,646	316,715	2,910,261
Arkansas	60,576	19,282	10,694	279,645
Louisiana	217,036	53,319	24,570	682,557
New Mexico	53,507	4,726	948	88,682
Oklahoma	52,007	8,044	1,275	267,549
Texas	234,562	462,275	279,228	1,591,828
Kansas City: Region VII	413,901	40,261	114,582	1,494,991
Iowa	90,343	13,598	59,365	277,754
Kansas	19,859	5,285	27,975	220,801
Missouri	246,189	10,217	7,237	799,910
Nebraska	57,510	11,161	20,005	196,526
Denver: Region VIII	173,350	18,885	84,518	574,201
Colorado	53,824	6,034	75,968	202,286
Montana	27,050	723	771	77,981
North Dakota	23,729	898	2,273	51,750
South Dakota	26,884	3,469	500	63,655
Utah	30,262	2,955	3,917	140,520
Wyoming	11,601	4,806	1,089	38,009

Table 110—Continued

Medicaid Payments, by Type of Service and Area of Residence: Fiscal Year 2002

Area of Residence	Total ¹	Inpatient	Nursing	Physician	Dental
		Hospital	Facilities		
Amount in Thousands					
San Francisco: Region IX	27,937,346	3,509,139	3,162,098	941,057	54,840
Arizona ²	2,881,870	123,209	18,610	14,880	3,462
California	23,636,240	3,213,473	2,862,341	899,162	22,402
Hawaii ²	695,279	64,119	173,356	23,299	13,144
Nevada	723,957	108,338	107,791	3,716	15,832
Seattle: Region X	7,988,231	807,513	870,765	352,368	142,191
Alaska	686,795	119,347	59,616	57,673	17,513
Idaho	791,864	113,796	119,384	54,877	21,937
Oregon	2,136,401	108,942	198,403	49,966	545
Washington	4,373,171	465,428	493,362	189,852	102,196

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.

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 2002

Area of Residence	Outpatient Hospital	Lab and X-Ray	Home Health	Prescribed Drugs
	Amount in Thousands			
San Francisco: Region IX	667,610	391,806	186,788	3,578,436
Arizona ²	200,921	2,453	537	4,339
California	437,438	320,235	174,827	3,402,508
Hawaii ²	9,528	4,437	6,015	81,454
Nevada	19,723	64,681	5,409	90,135
Seattle: Region X	337,394	38,650	9,535	1,024,258
Alaska	46,010	9,256	680	83,324
Idaho	38,001	8,254	3,474	121,781
Oregon	60,051	9,611	968	269,937
Washington	193,332	11,529	4,413	549,216

Table 111

Medicaid Payment per Person Served (Beneficiary), by Type of Service and Area of Residence: Fiscal Year 2002

Area of Residence	Total ¹	Inpatient Hospital	Nursing Facilities	Physician	Dental	Outpatient Hospital	Lab and X-Ray	Home Health	Prescribed Drugs
All Jurisdictions	\$4,328	\$5,771	\$22,326	\$378	\$286	\$571	\$154	\$3,689	\$1,165
Boston: Region I	6,127	6,343	27,090	354	257	773	198	11,607	1,517
Connecticut	6,774	4,714	26,405	310	181	704	160	6,704	2,886
Maine	6,223	12,630	22,501	334	256	1,393	109	2,204	1,114
Massachusetts	5,994	5,721	26,369	371	279	650	247	18,786	1,444
New Hampshire	7,161	3,691	25,475	336	213	846	77	2,330	1,253
Rhode Island	6,288	8,561	38,970	271	207	759	113	2,405	2,351
Vermont	3,950	3,984	21,609	370	258	600	123	2,302	1,030
New York: Region II	7,587	8,482	24,892	243	405	901	83	4,177	1,432
New Jersey	5,759	5,281	24,394	167	254	1,644	104	5,059	2,318
New York	8,031	8,894	25,003	253	416	807	81	4,126	1,329
Puerto Rico	---	---	---	---	---	---	---	---	---
Virgin Islands	---	---	---	---	---	---	---	---	---
Philadelphia: Region III	5,048	5,681	27,946	325	262	514	218	5,856	1,383
Delaware	3,897	3,910	35,556	465	366	433	127	5,227	798
District of Columbia	7,182	11,709	38,832	469	101	619	3,136	8,137	2,072
Maryland	5,288	8,913	29,434	379	145	948	84	16,770	1,769
Pennsylvania	5,238	4,496	29,837	229	209	270	144	5,507	1,547
Virginia	4,537	3,740	19,454	332	236	537	120	1,119	1,421
West Virginia	4,358	5,894	26,501	421	338	510	122	623	994
Atlanta: Region IV	3,616	4,373	19,448	447	282	513	108	2,265	998
Alabama	4,187	2,673	25,158	373	298	192	114	553	907
Florida	3,672	4,423	17,592	378	227	353	103	2,616	1,394
Georgia	2,929	4,514	19,375	501	359	679	95	4,832	696
Kentucky	4,280	3,641	18,648	431	292	778	127	3,038	1,351
Mississippi	3,508	3,794	21,920	457	255	477	95	1,432	1,078
North Carolina	4,457	4,279	20,457	513	331	698	129	2,870	1,126
South Carolina	4,181	6,990	20,442	419	345	370	80	1,501	793
Tennessee	2,740	2,749	18,518	458	217	466	91	2,249	626

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 2002

Area of Residence	Total ¹	Inpatient Hospital	Nursing Facilities	Physician	Dental	Outpatient Hospital	Lab and X-Ray	Home Health	Prescribed Drugs
Chicago: Region V	\$5,125	\$7,407	\$22,677	\$379	\$249	\$555	\$166	\$2,146	\$1,226
Illinois	5,268	13,142	19,918	368	195	665	103	2,921	1,019
Indiana	4,386	4,004	18,690	348	458	484	103	6,489	1,298
Michigan	4,082	5,017	24,733	329	177	593	78	1,808	1,168
Minnesota	7,153	6,580	23,363	537	249	549	71	1,041	1,547
Ohio	5,547	5,571	26,280	411	256	460	298	2,613	1,334
Wisconsin	5,034	4,948	21,058	241	183	521	132	6,124	1,471
Dallas: Region VI	3,720	3,991	17,020	400	258	376	226	1,803	816
Arkansas	3,479	2,827	18,461	512	252	279	116	1,366	785
Louisiana	3,599	3,378	16,873	337	193	516	109	2,238	989
New Mexico	4,250	6,778	24,091	312	443	702	90	1,629	988
Oklahoma	3,544	4,137	18,319	289	390	285	71	352	969
Texas	3,767	4,211	16,077	422	259	315	289	1,829	739
Kansas City: Region VII	4,490	4,488	18,470	350	276	610	92	3,258	1,370
Iowa	5,263	4,732	18,290	450	298	679	100	3,182	1,130
Kansas	5,188	4,648	18,126	367	319	220	71	5,666	1,401
Missouri	3,929	4,242	17,782	222	244	704	63	1,112	1,622
Nebraska	4,907	4,825	21,156	461	267	547	175	3,948	1,008
Denver: Region VIII	4,873	5,266	20,119	383	306	552	107	7,143	1,093
Colorado	5,086	6,194	19,647	216	340	469	124	8,796	1,318
Montana	5,143	4,249	21,722	512	331	540	69	1,357	1,158
North Dakota	6,028	3,671	24,477	121	304	818	72	3,357	1,165
South Dakota	4,284	4,905	18,506	421	358	619	104	1,309	980
Utah	4,425	6,063	17,586	335	254	642	71	3,519	923
Wyoming	4,748	4,117	19,846	523	314	395	161	2,388	891

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 2002

Area of Residence	Total ¹	Inpatient		Nursing		Outpatient		Lab and	Home	Prescribed
		Hospital	Facilities	Physician	Dental	Hospital	X-Ray	Health	Drugs	
San Francisco: Region IX	\$2,640	\$6,696	\$23,513	\$314	\$317	\$419	\$154	\$3,755	\$1,292	
Arizona	3,281	4,103	18,444	642	336	2,541	195	1,370	556	
California	2,541	6,870	24,429	309	268	300	132	3,923	1,283	
Hawaii	3,477	10,022	14,870	517	276	797	149	1,772	2,072	
Nevada	3,579	5,464	23,211	145	508	445	752	3,889	1,253	
Seattle: Region X	4,104	6,425	20,505	440	315	697	106	1,421	1,187	
Alaska	6,264	8,009	66,020	721	480	851	205	2,646	1,181	
Idaho	4,487	4,958	21,813	411	386	486	110	1,977	970	
Oregon	3,438	3,856	17,389	331	131	528	99	840	1,111	
Washington	4,209	7,813	19,990	434	289	812	78	1,246	1,296	

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

NOTES: Beginning fiscal year 1998, capitated premiums for Medicaid eligibles enrolled in managed care plans were included in this series as a component of the total payment per person served (beneficiary).

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.