

Table 14.1
Medicaid Medical Assistance Payments: Fiscal Years 1975-2003

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	2003 Inflation Adjusted Total Expenditures ³		
	Amount in Thousands			
1975	\$12,086,166	\$62,983,015	\$12,142,000	100.5
1976	13,977,348	65,045,395	14,091,000	100.8
1977	16,354,599	69,442,574	16,239,000	99.3
1978	18,168,065	70,861,759	17,992,000	99.0
1979	20,736,011	74,565,176	20,472,000	98.7
1980	24,041,116	78,949,212	23,311,000	97.0
1981	28,485,289	83,676,235	27,204,000	95.5
1982	30,330,765	79,926,269	29,399,000	96.9
1983	33,298,880	80,836,206	32,391,000	97.3
1984	35,671,888	80,328,107	33,891,000	95.0
1985	39,413,219	84,055,389	37,508,000	95.2
1986	42,525,605	87,373,593	41,005,000	96.4
1987	46,956,072	92,894,713	45,050,000	95.9
1988	51,645,666	95,661,949	48,710,000	94.3
1989	58,645,953	100,227,447	54,500,000	92.9
1990	69,754,495	110,704,655	64,859,000	93.0
1991	88,377,773	131,825,048	76,964,000	87.1
1992	114,365,915	161,807,537	91,480,000	80.0
1993	126,573,138	170,581,489	101,708,889	80.4
1994	136,886,366	177,163,045	108,270,147	79.1
1995	151,707,290	188,856,002	120,140,904	79.2
1996	154,423,973	187,003,629	121,684,650	78.8
1997	160,538,571	189,519,248	123,551,014	77.0
1998	167,994,374	193,629,744	142,317,904	84.7
1999	180,456,639	203,151,060	153,479,358	85.1
2000	194,696,199	213,319,609	168,307,231	86.4
2001	215,377,890	227,890,799	186,905,000	86.8
2002	244,325,041	251,952,975	213,496,607	87.4
2003	261,870,099	261,870,099	233,205,998	89.1

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 2003 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 14.2
Medicaid Expenditures, by Provider Type and Area of Residence: Fiscal Year 2003

Area of Residence	Total	Hospital ¹	Institutional Long-Term-Care ²	Physicians and Other Practitioners ³	Prescription Drug
	Amount in Thousands				
All Jurisdictions	\$261,870,099	\$59,770,815	\$56,298,260	\$12,693,564	\$34,318,160
Boston: Region I	17,154,617	3,256,275	3,859,582	598,980	2,084,532
Connecticut	3,658,072	464,071	1,244,741	89,557	403,802
Maine	1,796,360	319,680	298,431	81,871	268,548
Massachusetts	8,540,006	1,707,823	1,738,205	287,137	1,030,782
New Hampshire	987,246	296,175	207,656	39,056	112,949
Rhode Island	1,464,246	352,219	272,727	28,242	140,687
Vermont	708,687	116,307	97,822	73,117	127,764
New York: Region II	47,251,574	12,908,404	12,426,186	1,148,551	4,982,011
New Jersey	7,983,988	2,358,407	2,519,077	82,873	761,821
New York	38,479,680	9,972,724	9,906,003	865,089	4,216,228
Puerto Rico	772,883	572,559	0	200,324	0
Virgin Islands	15,023	4,714	1,106	265	3,962
Philadelphia: Region III	24,807,049	3,903,350	7,074,423	540,850	2,262,207
Delaware	719,331	63,794	181,054	18,427	110,650
District of Columbia	1,087,263	306,789	270,736	13,815	81,763
Maryland	4,411,838	855,136	861,198	32,648	429,594
Pennsylvania	13,101,387	1,355,964	4,545,810	136,069	787,847
Virginia	3,606,039	899,887	831,774	147,827	506,522
West Virginia	1,881,191	421,780	383,851	192,064	345,831
Atlanta: Region IV	46,063,645	10,707,404	8,738,152	3,450,160	8,305,727
Alabama	3,505,020	817,273	823,407	219,912	536,223
Florida	11,055,297	2,454,361	2,442,829	672,275	2,052,395
Georgia	7,585,900	1,938,759	1,006,300	751,707	1,270,559
Kentucky	3,810,832	911,992	732,983	334,290	685,230
Mississippi	2,895,959	962,539	687,631	247,950	568,362
North Carolina	7,215,866	2,125,421	1,303,799	769,335	1,291,256
South Carolina	3,534,516	1,057,674	585,977	367,304	565,890
Tennessee	6,460,255	439,385	1,155,226	87,387	1,335,812

See footnotes at end of table.

Table 14.2—Continued
Medicaid Expenditures, by Provider Type and Area of Residence: Fiscal Year 2003

Area of Residence	Prescription Drug Rebate	Other	Home and Community ⁵	Health Insurance ⁶	Miscellaneous ⁷
		Acute Care ⁴			
Amount in Thousands					
All Jurisdictions	-\$7,255,631	\$9,403,372	\$27,906,019	\$52,088,784	\$16,646,756
Boston: Region I	-444,731	541,137	2,368,970	3,263,638	1,626,235
Connecticut	-81,551	43,780	624,509	788,749	80,414
Maine	-68,331	128,927	251,854	70,458	444,923
Massachusetts	-208,146	234,441	1,002,589	2,109,349	637,825
New Hampshire	-27,629	115,865	159,585	24,858	58,730
Rhode Island	-30,478	5,418	204,499	217,207	273,727
Vermont	-28,596	12,706	125,934	53,017	130,616
New York: Region II	-1,023,066	2,035,965	6,830,662	5,042,162	2,900,700
New Jersey	-148,350	207,694	791,995	1,130,094	280,377
New York	-874,716	1,828,171	6,038,667	3,912,064	2,615,450
Puerto Rico	0	0	0	0	0
Virgin Islands	0	100	0	4	4,873
Philadelphia: Region III	-453,326	717,389	2,503,105	7,433,068	825,987
Delaware	-28,365	24,254	68,684	220,806	60,028
District of Columbia	-15,121	117,476	22,736	250,253	38,817
Maryland	-77,854	193,173	624,888	1,301,032	192,024
Pennsylvania	-149,563	264,742	1,184,133	4,693,338	283,049
Virginia	-112,855	64,786	353,306	847,333	67,458
West Virginia	-69,568	52,958	249,358	120,306	184,611
Atlanta: Region IV	-1,629,718	1,803,262	4,302,834	7,270,671	3,115,154
Alabama	-102,784	203,571	248,974	564,497	193,947
Florida	-464,881	191,855	902,619	1,708,756	1,095,088
Georgia	-219,238	148,330	1,406,290	667,744	615,450
Kentucky	-124,920	162,356	288,615	574,142	246,144
Mississippi	-114,233	179,607	101,357	92,568	170,179
North Carolina	-260,487	518,462	867,976	227,342	372,762
South Carolina	-119,102	378,856	286,511	148,666	262,739
Tennessee	-224,073	20,225	200,492	3,286,956	158,845

Table 14.2—Continued
Medicaid Expenditures, by Provider Type and Area of Residence: Fiscal Year 2003

Area of Residence	Total	Hospital ¹	Institutional Long-Term-Care ²	Physicians and Other Practitioners ³	Prescription Drug
Amount in Thousands					
Chicago: Region V	\$41,872,126	\$10,188,534	\$10,558,385	\$2,183,272	\$5,352,355
Illinois	9,663,906	3,973,427	2,172,007	495,444	1,503,238
Indiana	4,439,124	1,349,532	1,101,018	330,142	628,431
Michigan	7,918,989	1,612,443	1,023,503	242,611	754,674
Minnesota	4,921,224	431,060	1,125,656	219,073	363,365
Ohio	10,253,436	2,379,534	3,628,420	767,867	1,509,494
Wisconsin	4,675,447	442,538	1,507,781	128,135	593,153
Dallas: Region VI	26,384,370	4,631,965	4,911,728	1,000,537	3,455,713
Arkansas	2,369,807	581,076	557,808	197,069	318,730
Louisiana	4,496,315	1,886,739	963,712	300,257	828,459
New Mexico	2,008,041	297,262	185,293	135,227	86,408
Oklahoma	2,349,364	470,357	550,932	104,004	301,250
Texas	15,160,843	1,396,531	2,653,983	263,980	1,920,866
Kansas City: Region VII	10,895,339	2,650,281	2,512,889	522,993	1,719,190
Iowa	2,285,320	407,676	746,645	176,634	331,661
Kansas	1,787,320	268,764	416,408	90,141	236,451
Missouri	5,463,672	1,742,222	948,358	142,925	941,087
Nebraska	1,359,027	231,619	401,478	113,293	209,991
Denver: Region VIII	5,572,289	1,244,983	1,194,812	394,768	649,180
Colorado	2,531,617	587,294	441,374	155,581	225,298
Montana	571,276	128,621	147,991	59,548	83,275
North Dakota	476,448	68,772	224,519	34,298	56,996
South Dakota	546,568	127,062	148,975	38,435	71,223
Utah	1,111,227	267,274	159,316	67,478	163,185
Wyoming	335,153	65,960	72,637	39,428	49,203

See footnotes at end of table.

Table 14.2—Continued
Medicaid Expenditures, by Provider Type and Area of Residence: Fiscal Year 2003

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	-\$1,069,736	\$869,056	\$4,386,843	\$7,169,225	\$2,234,191
Illinois	-292,631	277,185	556,247	338,413	640,575
Indiana	-131,850	95,251	347,840	443,970	274,790
Michigan	-179,843	192,813	638,855	3,500,576	133,357
Minnesota	-76,178	34,406	1,257,428	1,006,668	559,746
Ohio	-325,329	111,203	882,829	915,366	384,052
Wisconsin	-63,905	158,198	703,644	964,232	241,671
Dallas: Region VI	-695,840	722,072	2,591,222	8,030,580	1,736,394
Arkansas	-58,098	311,296	192,573	176,202	93,152
Louisiana	-166,658	193,354	223,625	121,280	145,548
New Mexico	-19,585	29,244	345,982	904,648	43,562
Oklahoma	-59,206	67,451	326,038	470,474	118,064
Texas	-392,293	120,727	1,503,004	6,357,976	1,336,068
Kansas City: Region VII	-343,411	404,746	1,429,071	1,328,052	671,526
Iowa	-62,174	35,115	250,053	286,760	112,949
Kansas	-59,849	22,169	359,290	144,661	309,284
Missouri	-178,621	267,844	636,482	779,552	183,823
Nebraska	-42,767	79,618	183,246	117,079	65,470
Denver: Region VIII	-108,691	357,431	868,719	712,268	258,818
Colorado	-32,447	119,940	438,581	509,684	86,314
Montana	-17,172	9,494	93,834	23,010	42,675
North Dakota	-11,369	13,026	57,239	6,796	26,171
South Dakota	-14,809	42,300	74,800	21,415	37,166
Utah	-25,931	152,636	120,523	147,236	59,509
Wyoming	-6,963	20,035	83,742	4,127	6,983

Table 14.2—Continued
Medicaid Expenditures, by Provider Type and Area of Residence: Fiscal Year 2003

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	\$31,328,741	\$8,418,016	\$3,649,865	\$2,085,926	\$4,428,607
American Samoa	12,770	0	0	0	0
Arizona	4,175,084	400,156	22,575	76,522	4,797
California	25,306,949	7,540,207	3,307,956	1,876,927	4,216,515
Guam	11,320	4,261	130	1,757	1,044
Hawaii	777,297	82,133	182,946	38,967	97,444
Nevada	1,034,209	383,895	136,258	91,753	106,862
Northern Mariana Islands	11,112	7,364	0	0	1,945
Seattle: Region X	10,540,349	1,861,603	1,372,238	767,527	1,078,638
Alaska	835,508	271,547	99,367	82,408	93,456
Idaho	837,687	186,001	179,561	78,942	132,143
Oregon	2,689,676	306,721	321,542	106,301	260,590
Washington	6,177,478	1,097,334	771,768	499,876	592,449

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 totals 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 14.2—Continued
Medicaid Expenditures, by Provider Type and Area of Residence: Fiscal Year 2003

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	-\$1,248,092	\$1,386,324	\$981,490	\$9,950,950	\$1,675,651
American Samoa	0	0	0	0	12,770
Arizona	0	58,300	5,127	3,464,330	143,277
California	-1,207,801	1,289,731	833,442	6,044,038	1,405,933
Guam	0	1,192	6	157	2,773
Hawaii	-19,212	21,786	76,562	277,153	19,517
Nevada	-21,079	14,322	66,353	165,012	90,832
Northern Mariana Islands	0	993	0	260	549
Seattle: Region X	-239,020	565,990	1,643,103	1,888,170	1,602,100
Alaska	-17,194	85,605	155,135	9,775	55,407
Idaho	-32,433	67,690	126,578	18,903	80,303
Oregon	-65,707	33,809	577,589	921,115	227,716
Washington	-123,686	378,886	783,801	938,377	1,238,674

Table 14.3
Medicaid Expenditures, Eligibles, and Average Expenditure per Eligible, by Area of Residence: Fiscal Year 2003

Area of Residence	Expenditures ¹		Eligibles ²		Average Expenditure per Eligible ³
	Total	Percent	Total	Percent	
All Jurisdictions	\$261,870,098,953	100.0	55,157,775	100.0	4,748 ³
Boston: Region I	17,154,616,627	6.6	2,574,666	4.7	6,663
Connecticut	3,658,071,858	1.4	502,265	0.9	7,283
Maine	1,796,359,904	0.7	378,346	0.7	4,748
Massachusetts	8,540,005,883	3.3	1,193,533	2.2	7,155
New Hampshire	987,245,883	0.4	129,685	0.2	7,613
Rhode Island	1,464,246,409	0.6	211,136	0.4	6,935
Vermont	708,686,690	0.3	159,701	0.3	4,438
New York: Region II	47,251,574,722	18.0	5,557,963	10.1	8,502 ⁴
New Jersey	7,983,988,078	3.0	974,601	1.8	8,192
New York	38,479,679,950	14.7	4,583,362	8.3	8,396
Puerto Rico	772,883,294	0.3	(7)	---	---
Virgin Islands	15,023,400	(6)	(7)	---	---
Philadelphia: Region III	24,807,049,281	9.5	4,029,833	7.3	6,156
Delaware	719,330,767	0.3	156,721	0.3	4,590
District of Columbia	1,087,262,886	0.4	157,101	0.3	6,921
Maryland	4,411,838,199	1.7	825,493	1.5	5,344
Pennsylvania	13,101,387,210	5.0	1,787,059	3.2	7,331
Virginia	3,606,039,012	1.4	736,672	1.3	4,895
West Virginia	1,881,191,207	0.7	366,787	0.7	5,129
Atlanta: Region IV	46,063,644,336	17.6	11,009,868	20.0	4,184
Alabama	3,505,020,016	1.3	893,115	1.6	3,924
Florida	11,055,296,709	4.2	2,841,305	5.2	3,891
Georgia	7,585,899,689	2.9	1,640,500	3.0	4,624
Kentucky	3,810,832,328	1.5	810,159	1.5	4,704
Mississippi	2,895,958,893	1.1	730,995	1.3	3,962
North Carolina	7,215,865,635	2.8	1,450,218	2.6	4,976
South Carolina	3,534,515,945	1.3	992,090	1.8	3,563
Tennessee	6,460,255,121	2.5	1,651,486	3.0	3,912
Chicago: Region V	41,872,126,273	16.0	8,268,229	15.0	5,064
Illinois	9,663,906,357	3.7	2,177,724	3.9	4,438
Indiana	4,439,123,706	1.7	945,267	1.7	4,696
Michigan	7,918,989,104	3.0	1,572,356	2.9	5,036
Minnesota	4,921,224,484	1.9	730,195	1.3	6,740
Ohio	10,253,435,622	3.9	1,938,785	3.5	5,289
Wisconsin	4,675,447,000	1.8	903,902	1.6	5,173

See footnotes at end of table.

Table 14.3—Continued
Medicaid Expenditures, Eligibles, and Average Expenditure per Eligible, by Area of Residence: Fiscal Year 2003

Area of Residence	Expenditures ¹		Eligibles ²		Average Expenditure per Eligible
	Total	Percent	Total	Percent	
Dallas: Region VI	\$26,384,370,374	10.1	6,550,529	11.9	\$4,028
Arkansas	2,369,807,209	0.9	675,552	1.2	3,508
Louisiana	4,496,315,020	1.7	1,054,455	1.9	4,264
New Mexico	2,008,041,198	0.8	492,830	0.9	4,075
Oklahoma	2,349,364,171	0.9	666,529	1.2	3,525
Texas	15,160,842,776	5.8	3,661,163	6.6	4,141
Kansas City: Region VII	10,895,338,397	4.2	2,130,447	3.9	5,114
Iowa	2,285,319,840	0.9	378,708	0.7	6,035
Kansas	1,787,319,551	0.7	325,177	0.6	5,496
Missouri	5,463,671,987	2.1	1,157,231	2.1	4,721
Nebraska	1,359,027,019	0.5	269,331	0.5	5,046
Denver: Region VII	5,572,289,657	2.1	1,135,817	2.1	4,906
Colorado	2,531,617,167	1.0	473,880	0.9	5,342
Montana	571,276,251	0.2	110,549	0.2	5,168
North Dakota	476,447,995	0.2	76,677	0.1	6,214
South Dakota	546,568,370	0.2	119,693	0.2	4,566
Utah	1,111,227,080	0.4	278,232	0.5	3,994
Wyoming	335,152,794	0.1	76,786	0.1	4,365
San Francisco: Region IX	31,328,739,653	12.0	11,778,770	21.4	2,660 ⁵
American Samoa	12,769,614	(6)	(7)	---	---
Arizona	4,175,084,015	1.6	1,278,894	2.3	3,265
California	25,306,948,647	9.7	10,047,498	18.2	2,519
Guam	11,320,342	(6)	(7)	---	---
Hawaii	777,296,705	0.3	216,167	0.4	3,596
Nevada	1,034,208,789	0.4	236,211	0.4	4,378
Northern Mariana Islands	11,111,541	(6)	(7)	---	---
Seattle: Region X	10,540,349,633	4.0	2,121,653	3.8	4,968
Alaska	835,508,315	0.3	126,587	0.2	6,600
Idaho	837,686,711	0.3	208,748	0.4	4,013
Oregon	2,689,676,502	1.0	625,704	1.1	4,299
Washington	6,177,478,105	2.4	1,160,614	2.1	5,323

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 14.4
Number of Medicaid Persons Served (Beneficiaries), by Eligibility Group:
Fiscal Years 1975-2003

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
2003	51,971	24,831	11,691	4,041	7,669	3,739

See footnotes at end of table.

Table 14.4—Continued
Number of Medicaid Persons Served (Beneficiaries), by Eligibility Group:
Fiscal Years 1975-2003

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
2003	100.0	47.8	22.5	7.8	14.8	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 14.5

Medicaid Persons Served (Beneficiaries), All Eligibility Groups, by Selected Type of Service: Fiscal Years 1975-2003

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
2003	51,971	5,217	114	1,691	22,857	15,511	1,184	26,075

See footnotes at end of table.

Table 14.5—Continued

Medicaid Persons Served (Beneficiaries), All Eligibility Groups, by Selected Type of Service: Fiscal Years 1975-2003

Year	Total ¹	Inpatient		Nursing		Outpatient	Home	Prescribed
		Hospital	ICF/MR	Facility ²	Physician	Hospital	Health ³	Drugs
Percent of Unduplicated Total Using Selected Service								
1975	100.0	15.6	0.3	6.0	69.1	33.8	1.6	64.3
1976	100.0	15.6	0.4	6.0	68.5	37.2	1.4	65.2
1977	100.0	16.5	0.5	6.1	70.4	37.7	1.6	67.3
1978	100.0	17.2	0.5	6.3	71.3	39.3	1.7	69.1
1979	100.0	16.8	0.5	6.4	70.5	35.8	1.7	66.4
1980	100.0	17.0	0.6	6.5	63.7	44.9	1.8	63.4
1981	100.0	16.8	0.7	6.2	65.5	45.6	1.8	64.9
1982	100.0	16.3	0.7	6.1	64.3	45.6	1.7	62.7
1983	100.0	17.1	0.7	6.3	65.2	46.7	2.0	63.7
1984	100.0	16.0	0.7	6.3	65.7	46.4	2.0	64.5
1985	100.0	15.7	0.7	6.3	66.0	46.2	2.5	63.8
1986	100.0	15.7	0.6	6.2	66.2	47.5	2.6	65.3
1987	100.0	16.3	0.6	6.1	66.5	47.5	2.6	65.3
1988	100.0	16.7	0.6	6.3	66.6	46.0	2.5	66.9
1989	100.0	17.7	0.6	6.2	66.7	48.2	2.6	67.7
1990	100.0	18.2	0.6	5.8	67.6	49.0	2.8	68.5
1991	100.0	17.9	0.5	5.3	68.4	50.2	2.9	70.0
1992	100.0	18.6	0.5	5.0	69.6	48.7	3.0	70.9
1993	100.0	17.6	0.4	4.8	71.0	49.2	3.2	71.5
1994	100.0	16.7	0.5	4.7	69.2	47.3	3.7	69.8
1995	100.0	15.3	0.4	4.6	65.6	46.1	4.5	65.4
1996	100.0	14.8	0.4	4.4	63.3	44.0	4.8	62.5
1997	100.0	13.6	0.4	4.6	60.7	39.1	5.3	60.1
1998	100.0	10.6	0.3	4.1	46.3	30.3	3.1	48.2
1999	100.0	11.2	0.3	4.0	45.7	30.9	2.0	49.4
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
2003	100.0	10.0	0.2	3.3	44.0	29.8	2.3	50.2

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

²Data shown include services shown separately in earlier years as skilled nursing facility (SNF) and intermediate care facilities (ICF-other). Beginning in fiscal year 1991, the conditions of participation for SNFs and ICF-other were unified, the distinction between them removed, and the services renamed nursing facility services. It is possible that the combined number of recipients includes some persons who used both types of nursing facility care during the reported fiscal year. This could 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 14.6

Medicaid Persons Served (Beneficiaries), Children, by Selected Type of Service: Fiscal Years 1975-2003

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	
2003	24,831	1,380	1	2	9,785	6,075	248	10,818	

See footnotes at end of table.

Table 14.6—Continued

Medicaid Persons Served (Beneficiaries), Children, by Selected Type of Service: Fiscal Years 1975-2003

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
2003	100.0	5.6	(5)	(5)	39.4	24.5	1.0	43.6

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

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

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

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 14.7

Medicaid Persons Served (Beneficiaries), Adults, by Selected Type of Service: Fiscal Years 1975-2003

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
2003	11,691	1,497	(4)	4	4,877	3,661	98	5,464

See footnotes at end of table.

Table 14.7—Continued

Medicaid Persons Served (Beneficiaries), Adults, by Selected Type of Service: Fiscal Years 1975-2003

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
2003	100.0	12.8	(5)	(5)	41.7	31.3	0.8	46.7

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 14.8

Medicaid Persons Served (Beneficiaries), Aged, by Selected Type of Service: Fiscal Years 1975-2003

Year	Total ¹	Inpatient		Nursing		Outpatient		Home	Prescribed
		Hospital	ICF/MR	Facility ²	Physician	Hospital	Health ³	Drugs	
Number Using Selected Service, in Thousands:									
1975	3,615	757	3	1,023	2,263	732	115	2,673	
1976	3,612	786	2	1,080	2,275	816	113	2,718	
1977	3,636	824	2	1,112	2,338	828	134	2,678	
1978	3,376	858	3	1,093	2,245	908	106	2,595	
1979	3,364	798	3	1,080	2,222	874	56	2,504	
1980	3,440	831	12	1,095	2,221	903	108	2,524	
1981	3,367	843	9	1,134	2,208	895	102	2,655	
1982	3,240	811	8	1,105	2,148	885	105	2,523	
1983	3,372	881	8	1,186	2,265	1,088	207	2,526	
1984	3,238	785	5	1,164	2,140	1,041	199	2,444	
1985	3,061	729	7	1,171	2,166	804	234	2,400	
1986	3,140	720	6	1,185	2,216	884	254	2,469	
1987	3,224	725	6	1,206	2,239	912	277	2,490	
1988	3,159	728	5	1,248	2,066	918	263	2,504	
1989	3,132	720	5	1,227	1,989	940	264	2,471	
1990	3,202	705	7	1,234	2,056	944	288	2,591	
1991	3,341	759	8	1,265	2,185	1,049	300	2,727	
1992	3,749	870	12	1,339	2,366	1,196	324	2,872	
1993	3,863	909	10	1,370	2,569	1,335	356	2,954	
1994	4,035	901	11	1,398	2,681	1,420	395	3,012	
1995	4,119	855	12	1,405	2,753	1,557	481	2,981	
1996	4,285	887	10	1,327	2,838	1,672	460	2,969	
1997	3,955	790	10	1,298	2,836	1,471	530	2,848	
1998	3,964	735	9	1,300	2,579	1,344	363	2,834	
1999	3,774	694	9	1,210	2,444	1,286	199	2,907	
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	
2003	4,041	697	8	1,157	2,210	1,235	264	3,294	

See footnotes at end of table.

Table 14.8—Continued

Medicaid Persons Served (Beneficiaries), Aged, by Selected Type of Service: Fiscal Years 1975-2003

Year	Total ¹	Inpatient		Nursing		Outpatient		Home	Prescribed
		Hospital	ICF/MR	Facility ²	Physician	Hospital	Health ³	Drugs	
Percent of Unduplicated Total Using Selected Service									
1975	100.0	20.9	0.1	28.3	62.6	20.2	3.2	73.9	
1976	100.0	21.8	0.1	29.9	63.0	22.6	3.1	75.2	
1977	100.0	22.7	0.1	30.6	64.3	22.8	3.7	73.7	
1978	100.0	25.4	0.1	32.4	66.5	26.9	3.1	76.9	
1979	100.0	23.7	0.1	32.1	66.1	26.0	1.7	74.4	
1980	100.0	24.2	0.3	31.8	64.6	26.3	3.1	73.4	
1981	100.0	25.0	0.3	33.7	65.6	26.6	3.0	78.9	
1982	100.0	25.0	0.2	34.1	66.3	27.3	3.2	77.9	
1983	100.0	26.1	0.2	35.2	67.2	32.3	6.1	74.9	
1984	100.0	24.2	0.2	35.9	66.1	32.1	6.1	75.5	
1985	100.0	23.8	0.2	38.3	70.8	26.3	7.6	78.4	
1986	100.0	22.9	0.2	37.7	70.6	28.2	8.1	78.6	
1987	100.0	22.5	0.2	37.4	69.4	28.3	8.6	77.2	
1988	100.0	23.0	0.2	39.5	65.4	29.1	8.3	79.3	
1989	100.0	23.0	0.2	39.2	63.5	30.0	8.4	78.9	
1990	100.0	22.0	0.2	38.5	64.2	29.5	9.0	80.9	
1991	100.0	22.7	0.2	37.9	65.4	31.4	9.0	81.6	
1992	100.0	23.2	0.3	35.7	63.1	31.9	8.6	76.6	
1993	100.0	23.5	0.3	35.5	66.5	34.6	9.2	76.5	
1994	100.0	22.3	0.3	34.6	66.4	35.2	9.8	74.6	
1995	100.0	20.8	0.3	34.1	66.8	37.8	11.7	72.4	
1996	100.0	20.7	0.2	31.0	66.2	39.0	10.7	69.3	
1997	100.0	20.0	0.3	32.8	71.7	37.2	13.4	72.0	
1998	100.0	18.5	0.2	32.8	65.1	33.9	9.2	71.5	
1999	100.0	18.4	0.2	32.1	64.8	34.1	5.3	77.0	
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	
2003	100.0	17.2	0.2	28.6	54.7	30.6	6.5	81.5	

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

²Data shown include services shown separately in earlier years as skilled nursing facility (SNF) and intermediate care facilities (ICF-other). Beginning in fiscal year 1991, the conditions of participation for SNFs and ICF-other were unified, the distinction between them removed, and the services renamed nursing facility services. It is possible that the combined number of recipients includes some persons who used both types of nursing facility care during the reported fiscal year. This could 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 14.9

Medicaid Persons Served (Beneficiaries), Disabled, by Selected Type of Service: Fiscal Years 1975-2003

Year	Total ¹	Inpatient	ICF/MR	Nursing	Physician	Outpatient	Home	Prescribed
		Hospital		Facility ²		Hospital	Health ³	Drugs
Number Using Selected Service, in Thousands								
1975	2,464	531	57	273	1,652	874	99	1,745
1976	2,669	602	78	271	1,816	1,064	112	1,912
1977	2,802	677	94	271	1,980	1,137	127	2,049
1978	2,718	691	91	276	1,956	1,150	97	2,046
1979	2,753	718	102	289	1,985	1,120	87	2,081
1980	2,911	749	102	295	2,032	1,269	170	2,193
1981	3,079	775	142	272	2,076	1,418	169	2,226
1982	2,891	733	143	250	2,030	1,284	168	2,156
1983	2,921	748	151	231	2,057	1,354	144	2,156
1984	2,913	730	139	230	2,056	1,361	161	2,200
1985	3,012	728	141	232	2,161	1,413	188	2,287
1986	3,182	751	140	232	2,298	1,569	205	2,451
1987	3,381	801	144	236	2,458	1,698	221	2,627
1988	3,487	834	140	230	2,521	1,772	216	2,738
1989	3,590	885	142	224	2,596	1,911	236	2,882
1990	3,718	913	137	217	2,735	1,982	297	3,022
1991	4,033	990	136	216	2,971	2,196	341	3,282
1992	4,487	1,092	138	221	3,353	2,467	396	3,671
1993	5,016	1,200	138	225	3,842	2,854	464	4,118
1994	5,458	1,240	146	228	4,167	3,088	565	4,429
1995	5,858	1,226	135	242	4,370	3,312	736	4,570
1996	6,221	1,265	128	247	4,559	3,475	766	4,762
1997	6,129	1,216	122	259	4,581	3,393	860	4,728
1998	6,637	1,132	116	285	4,365	3,241	527	4,687
1999	6,698	1,168	110	246	4,288	3,300	375	4,865
2000	6,889	1,228	107	262	4,335	3,426	430	5,009
2001	7,107	1,235	105	277	4,471	3,508	436	5,229
2002	7,408	1,282	106	317	4,682	3,693	467	5,686
2003	7,669	1,313	102	311	4,844	3,790	512	5,919

See footnotes at end of table.

Table 14.9—Continued

Medicaid Persons Served (Beneficiaries), Disabled, by Selected Type of Service: Fiscal Years 1975-2003

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	
2003	100.0	17.1	1.3	4.1	63.2	49.4	6.7	77.2	

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

²Data shown include services shown separately in earlier years as skilled nursing facility (SNF) and intermediate care facilities (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 14.10
Medicaid Payments, by Eligibility Group: Fiscal Years 1975-2003

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
2003	233,206	39,871	26,800	55,271	102,014

See footnotes at end of table.

Table 14.10—Continued
Medicaid Payments, by Eligibility Group: Fiscal Years 1975-2003

Year	Total ¹	Children	Adults	Aged	Disabled
Amount in Millions (Constant 2003 Dollars)					
1975	\$63,795	\$11,392	\$10,745	\$22,710	\$16,389
1976	65,574	11,313	10,648	22,849	18,242
1977	68,952	11,082	11,065	23,349	20,734
1978	70,175	10,718	10,426	24,603	21,920
1979	73,616	10,371	10,863	25,337	24,747
1980	76,552	10,256	10,610	28,698	25,027
1981	79,912	10,305	11,054	29,158	27,774
1982	77,471	9,152	10,786	28,299	27,419
1983	78,632	9,312	10,893	29,019	27,594
1984	76,318	8,960	9,953	28,858	26,971
1985	79,992	9,414	10,122	30,062	28,689
1986	84,249	10,550	10,027	31,018	30,640
1987	89,124	10,897	11,063	31,727	33,270
1988	90,224	10,832	10,897	31,739	34,441
1989	93,142	11,779	11,787	31,716	35,693
1990	102,935	14,442	13,633	34,135	38,731
1991	114,800	17,303	15,544	37,952	42,139
1992	129,428	20,880	17,548	41,156	48,110
1993	137,072	22,242	18,335	42,525	52,095
1994	140,127	22,393	17,582	43,510	54,744
1995	149,728	22,403	16,838	45,522	61,588
1996	147,358	21,245	14,865	44,742	63,049
1997	146,892	20,711	14,529	44,530	63,902
1998	163,968	26,390	17,133	46,797	69,587
1999	172,781	27,188	17,788	47,870	74,131
2000	184,406	29,336	19,462	48,760	79,700
2001	197,764	32,416	21,342	51,165	85,056
2002	220,162	37,011	24,373	53,545	95,299
2003	233,206	39,871	26,800	55,271	102,014

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 2003 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 14.11

Medicaid Payments per Person Served (Beneficiary), by Eligibility Group: Fiscal Years 1975-2003

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
2003	4,487	1,606	2,292	13,677	13,303

See footnote at end of table.

Table 14.11—Continued
Medicaid Payments per Person Served (Beneficiary), by Eligibility Group: Fiscal Years 1975-2003

Year	Total ¹	Children	Adults (Constant 2003 Dollars)	Aged	Disabled
1975	\$2,897	\$1,188	\$2,371	\$6,279	\$6,649
1976	2,876	1,140	2,229	6,324	6,836
1977	3,019	1,146	2,314	6,420	7,401
1978	3,194	1,143	2,247	7,290	8,066
1979	3,420	1,140	2,377	7,530	8,990
1980	3,543	1,100	2,177	8,341	8,601
1981	3,637	1,075	2,130	8,660	9,021
1982	3,586	957	2,013	8,736	9,487
1983	3,649	976	1,947	8,606	9,446
1984	3,533	926	1,777	8,911	9,260
1985	3,666	964	1,834	9,821	9,510
1986	3,741	1,052	1,775	9,879	9,630
1987	3,856	1,072	1,976	9,842	9,840
1988	3,938	1,080	1,980	10,049	9,876
1989	3,962	1,142	2,061	10,128	9,941
1990	4,076	1,287	2,268	10,660	10,417
1991	4,105	1,345	2,319	11,362	10,449
1992	4,155	1,374	2,493	10,978	10,722
1993	4,100	1,365	2,443	11,008	10,385
1994	3,998	1,302	2,318	10,784	10,030
1995	4,122	1,303	2,212	11,040	10,500
1996	4,080	1,269	2,085	10,441	10,135
1997	4,212	1,312	2,136	11,260	10,426
1998	4,089	1,391	2,170	11,807	10,484
1999	4,300	1,443	2,368	12,686	11,068
2000	4,312	1,487	2,224	13,070	11,569
2001	4,321	1,539	2,187	13,428	11,968
2002	4,463	1,593	2,166	13,776	12,865
2003	4,487	1,606	2,292	13,677	13,303

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 2003 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 14.12

Medicaid Payments per Person Served (Beneficiary), All Eligibility Groups, by Type of Service: Fiscal Years 1975-2003

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
2003	4,487	6,047	95,287	23,882	403	596	3,720	1,293

See footnotes at end of table.

Table 14.12—Continued

Medicaid Payments per Person Served (Beneficiary), All Eligibility Groups, by Type of Service: Fiscal Years 1975-2003

Year	Total ¹	Inpatient		Nursing		Outpatient	Home	Prescribed	
		Hospital	ICF/MR	Facility ²	Physician	Hospital	Health ³	Drugs	
				(Constant 2003 Dollars)					
1975	\$2,897	\$5,123	\$28,859	\$17,155	\$422	\$261	\$1,063	\$302	
1976	2,876	5,119	33,204	16,018	410	302	1,955	293	
1977	3,019	5,142	36,219	16,216	399	433	2,059	280	
1978	3,194	5,148	44,799	17,618	386	378	2,176	277	
1979	3,420	5,638	46,826	18,692	388	396	2,639	302	
1980	3,543	5,721	53,984	18,567	447	371	2,778	315	
1981	3,637	5,708	58,198	18,289	429	414	3,128	317	
1982	3,586	5,724	61,431	18,720	395	385	3,460	311	
1983	3,649	5,787	65,560	17,763	376	379	3,437	313	
1984	3,533	5,747	67,939	17,670	351	369	3,981	318	
1985	3,666	5,871	68,753	17,972	348	380	4,462	354	
1986	3,741	6,008	72,094	18,259	351	380	4,680	376	
1987	3,856	5,935	74,168	18,442	358	402	5,494	392	
1988	3,938	5,837	76,708	18,300	357	424	6,561	398	
1989	3,962	5,556	76,904	18,280	371	427	7,221	396	
1990	4,076	5,761	79,429	19,216	373	427	7,512	406	
1991	4,105	5,905	78,744	20,723	386	455	7,562	413	
1992	4,155	5,788	80,130	21,178	399	494	7,469	436	
1993	4,100	5,884	79,724	21,291	395	509	7,075	449	
1994	3,998	5,776	67,943	21,395	383	496	7,048	470	
1995	4,122	5,894	85,414	21,691	385	494	7,146	514	
1996	4,080	5,687	82,627	22,511	384	495	7,621	574	
1997	4,212	5,757	85,037	22,464	393	534	7,762	675	
1998	4,089	5,787	86,399	22,336	377	546	2,542	806	
1999	4,300	5,565	86,056	23,154	402	552	4,020	942	
2000	4,312	5,389	86,918	22,154	390	584	3,435	1,069	
2001	4,321	5,633	88,005	23,203	393	580	3,677	1,144	
2002	4,463	5,952	94,447	23,023	390	589	3,804	1,201	
2003	4,487	6,047	95,287	23,882	403	596	3,720	1,293	

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 2003 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 14.13

Medicaid Payments per Person Served (Beneficiary), Children, by Type of Service: Fiscal Years 1975-2003

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	
2003	1,606	4,364	(2)	(2)	285	339	852	298	

See footnotes at end of table.

Table 14.13—Continued
Medicaid Payments per Person Served (Beneficiary), Children, by Type of Service: Fiscal Years 1975-2003

Year	Total ¹	Inpatient		Nursing		Outpatient	Home	Prescribed
		Hospital	ICF/MR	Facility	Physician	Hospital	Health ³	Drugs
(Constant 2003 Dollars)								
1975	\$1,188	\$4,664	(2)	(2)	\$313	\$208	\$745	\$120
1976	1,140	4,686	(2)	(2)	298	251	1,075	98
1977	1,146	4,790	(2)	(2)	280	365	1,193	89
1978	1,143	4,805	(2)	(2)	273	324	655	86
1979	1,140	5,081	(2)	(2)	263	316	647	90
1980	1,100	4,955	(2)	(2)	286	296	345	92
1981	1,075	4,909	(2)	(2)	264	338	276	85
1982	957	4,843	(2)	(2)	245	306	345	82
1983	976	4,877	(2)	(2)	235	306	609	80
1984	926	4,923	(2)	(2)	227	288	640	81
1985	964	5,005	(2)	(2)	222	288	723	83
1986	1,052	5,365	(2)	(2)	216	304	709	103
1987	1,072	5,005	(2)	(2)	233	287	738	93
1988	1,080	5,022	(2)	(2)	233	289	928	91
1989	1,142	4,912	(2)	(2)	236	291	1,092	91
1990	1,287	5,217	(2)	(2)	245	304	1,168	97
1991	1,346	5,448	(2)	(2)	254	323	1,354	102
1992	1,374	4,683	(2)	(2)	265	344	1,370	113
1993	1,365	4,915	(2)	(2)	263	340	1,391	119
1994	1,302	4,644	(2)	(2)	255	326	1,307	123
1995	1,303	4,754	(2)	(2)	249	314	1,978	129
1996	1,269	4,392	(2)	(2)	248	298	2,246	136
1997	1,312	4,825	(2)	(2)	243	305	2,042	142
1998	1,391	4,938	(2)	(2)	241	299	812	160
1999	1,443	4,394	(2)	(2)	275	310	1,198	181
2000	1,487	4,211	(2)	(2)	270	319	863	206
2001	1,539	4,239	(2)	(2)	279	327	842	237
2002	1,593	4,440	(2)	(2)	279	332	902	266
2003	1,606	4,364	(2)	(2)	285	339	852	298

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 2003 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 14.14

Medicaid Payments per Person Served (Beneficiary), Adults, by Type of Service: Fiscal Years 1975-2003

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
2003	2,292	4,342	(2)	(2)	512	618	581	558

See footnotes at end of table.

Table 14.14—Continued

Medicaid Payments per Person Served (Beneficiary), Adults, by Type of Service: Fiscal Years 1975-2003

Year	Total ¹	Inpatient		Nursing		Outpatient	Home	Prescribed
		Hospital	ICF/MR	Facility	Physician	Hospital	Health ³	Drugs
(Constant 2003 Dollars)								
1975	\$2,371	\$5,654	(2)	(2)	\$604	\$297	\$631	\$266
1976	2,229	5,594	(2)	(2)	582	344	1,322	214
1977	2,314	5,528	(2)	(2)	560	501	1,342	212
1978	2,247	5,476	(2)	(2)	546	441	1,782	203
1979	2,377	5,897	(2)	(2)	547	457	2,751	219
1980	2,177	5,494	(2)	(2)	601	414	828	217
1981	2,130	5,384	(2)	(2)	567	461	890	203
1982	2,013	5,392	(2)	(2)	519	427	928	195
1983	1,947	5,210	(2)	(2)	481	413	976	189
1984	1,777	5,019	(2)	(2)	444	387	926	187
1985	1,834	5,020	(2)	(2)	454	390	1,030	205
1986	1,775	4,596	(2)	(2)	487	360	890	210
1987	1,976	4,920	(2)	(2)	495	410	908	231
1988	1,980	4,708	(2)	(2)	504	430	1,056	226
1989	2,061	4,413	(2)	(2)	521	426	1,063	220
1990	2,268	4,586	(2)	(2)	553	442	1,125	223
1991	2,319	4,492	(2)	(2)	581	475	849	220
1992	2,493	4,594	(2)	(2)	590	533	1,116	228
1993	2,443	4,573	(2)	(2)	570	546	1,031	229
1994	2,318	4,465	(2)	(2)	544	523	819	232
1995	2,212	4,308	(2)	(2)	528	502	707	235
1996	2,085	4,185	(2)	(2)	520	482	654	239
1997	2,136	4,314	(2)	(2)	576	502	701	267
1998	2,170	4,267	(2)	(2)	527	509	586	301
1999	2,368	4,287	(2)	(2)	572	551	808	378
2000	2,224	4,119	(2)	(2)	519	566	703	399
2001	2,187	4,189	(2)	(2)	505	577	846	435
2002	2,166	4,388	(2)	(2)	472	589	646	468
2003	2,292	4,342	(2)	(2)	512	618	581	558

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 2003 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 14.15

Medicaid Payments per Person Served (Beneficiary), Aged, by Type of Service: Fiscal Years 1975-2003

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
2003	13,677	2,926	97,419	26,737	257	448	3,746	2,514

See footnotes at end of table.

Table 14.15—Continued

Medicaid Payments per Person Served (Beneficiary), Aged, by Type of Service: Fiscal Years 1975-2003

Year	Total ¹	Inpatient		Nursing		Outpatient	Home	Prescribed
		Hospital	ICF/MR	Facility ²	Physician	Hospital	Health ³	Drugs
				(Constant 2003 Dollars)				
1975	\$6,279	\$1,412	\$36,087	\$16,936	\$307	\$182	\$1,240	\$578
1976	6,324	1,443	41,655	15,487	302	195	2,294	624
1977	6,420	1,546	31,769	15,621	301	225	2,272	611
1978	7,290	1,740	37,833	16,967	304	187	3,124	616
1979	7,530	2,046	35,254	17,879	298	241	4,988	644
1980	8,341	3,185	53,679	18,856	332	243	6,151	650
1981	8,660	3,275	56,539	18,028	347	267	7,708	676
1982	8,736	3,270	30,209	18,301	303	266	7,758	656
1983	8,606	4,083	49,397	16,852	277	235	4,440	665
1984	8,911	3,886	51,015	16,238	260	229	4,946	682
1985	9,821	4,244	57,424	17,136	260	279	5,824	785
1986	9,879	4,578	66,421	17,437	244	292	6,195	810
1987	9,842	3,755	78,844	17,532	220	315	7,025	855
1988	10,049	3,588	84,466	17,243	215	324	8,046	878
1989	10,128	2,998	87,613	17,494	234	328	9,318	887
1990	10,660	2,959	84,023	18,689	221	326	9,543	923
1991	11,361	3,209	83,578	20,196	235	362	10,067	997
1992	10,978	3,045	60,955	20,699	239	368	9,825	1,080
1993	11,008	2,999	82,076	20,845	256	410	8,974	1,113
1994	10,784	2,821	69,867	20,978	263	414	8,726	1,139
1995	11,040	2,984	64,306	21,391	279	427	7,743	1,195
1996	10,441	2,789	68,907	22,254	297	455	8,030	1,256
1997	11,262	2,885	75,493	22,456	329	485	7,464	1,386
1998	11,807	2,932	93,749	22,635	311	502	2,534	1,548
1999	12,686	2,685	91,756	24,729	292	513	3,782	1,771
2000	13,070	2,524	91,213	24,627	293	552	3,441	2,030
2001	13,428	2,616	91,715	25,750	273	474	3,684	2,199
2002	13,776	2,784	97,357	26,436	269	465	4,116	2,343
2003	13,677	2,926	97,419	26,737	257	448	3,746	2,514

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 2003 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 14.16

Medicaid Payments per Person Served (Beneficiary), Disabled, by Type of Service: Fiscal Years 1975-2003

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	
2003	13,303	9,851	97,493	29,099	626	1,028	6,101	3,204	

See footnotes at end of table.

Table 14.16—Continued

Medicaid Payments per Person Served (Beneficiary), Disabled, by Type of Service: Fiscal Years 1975-2003

Year	Total ¹	Inpatient		Nursing		Outpatient	Home	Prescribed
		Hospital	ICF/MR	Facility ²	Physician	Hospital	Health ³	Drugs
				(Constant 2003 Dollars)				
1975	\$6,649	\$10,302	\$27,025	\$17,963	\$766	\$479	\$1,438	\$599
1976	6,836	9,642	32,296	18,065	735	531	2,290	628
1977	7,401	9,401	36,873	18,755	735	722	2,548	620
1978	8,066	9,330	46,516	20,153	714	644	3,483	612
1979	8,990	9,831	49,333	21,191	719	669	5,351	644
1980	8,601	9,681	54,687	16,764	768	713	2,141	634
1981	9,021	9,559	57,141	16,870	749	731	2,432	661
1982	9,487	9,676	60,780	17,740	664	717	2,546	648
1983	9,446	9,550	61,906	18,379	641	663	3,272	675
1984	9,260	9,449	66,099	19,208	590	709	4,083	703
1985	9,510	9,650	67,661	19,827	580	732	4,912	798
1986	9,630	9,946	70,806	20,696	569	742	5,326	859
1987	9,840	10,404	72,710	20,881	576	791	5,886	884
1988	9,876	10,191	75,777	21,060	572	839	6,979	904
1989	9,941	9,741	75,994	21,455	588	860	7,610	913
1990	10,417	10,660	79,738	22,539	581	832	8,336	979
1991	10,448	11,076	78,563	24,157	605	891	8,394	1,044
1992	10,722	11,763	81,741	24,827	640	931	8,714	1,132
1993	10,385	11,488	79,767	24,891	623	965	8,687	1,168
1994	10,030	11,429	68,267	24,761	602	918	9,334	1,211
1995	10,500	11,600	89,118	24,665	599	921	9,905	1,306
1996	10,135	10,930	84,453	25,108	595	922	11,107	1,412
1997	10,426	10,119	86,971	24,832	593	947	11,137	1,628
1998	10,484	9,819	87,389	24,048	555	954	3,701	1,873
1999	11,068	9,515	87,097	29,240	592	966	6,077	2,188
2000	11,569	9,290	87,865	29,095	586	1,015	5,537	2,535
2001	11,968	9,588	89,502	29,818	598	998	5,906	2,765
2002	12,865	9,750	95,686	28,632	612	1,019	5,891	2,940
2003	13,303	9,851	97,493	29,099	626	1,028	6,101	3,204

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 2003 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 14.17

Medicaid Payments, All Eligibility Groups, by Type of Service: Fiscal Years 1975-2003

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
2003	233,206	31,549	10,861	40,381	9,210	9,252	4,404	33,714	93,835

See footnotes at end of table.

Table 14.17—Continued

Medicaid Payments, All Eligibility Groups, by Type of Service: Fiscal Years 1975-2003

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
2003	100.0	13.5	4.7	17.3	3.9	4.0	1.9	14.5	40.2

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

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

NOTES: Beginning fiscal year 1998, capitated premiums for Medicaid eligibles enrolled in managed care plans were included in this series as a component of the other and of the total payment categories (\$33.7 billion for premiums in 2002 and \$37.4 billion in 2003). 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 14.18

Medicaid Payments, Children, by Type of Service: Fiscal Years 1975-2003

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
2003	39,871	6,023	36	46	2,784	2,057	211	3,223	25,491

See footnotes at end of table.

Table 14.18—Continued

Medicaid Payments, Children, by Type of Service: Fiscal Years 1975-2003

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
2003	100.0	15.1	0.1	0.1	7.0	5.2	0.5	8.1	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 14.19

Medicaid Payments, Adults, by Type of Service: Fiscal Years 1975-2003

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
2003	26,800	6,500	8	44	2,496	2,262	57	3,050	12,383

See footnotes at end of table.

Table 14.19—Continued

Medicaid Payments, Adults, by Type of Service: Fiscal Years 1975-2003

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
2003	100.0	24.3	(4)	0.2	9.3	8.4	0.2	11.4	46.2

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

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

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 14.20
Medicaid Payments, Aged, by Type of Service: Fiscal Years 1975-2003

Year	Total ¹	Inpatient		Nursing		Outpatient	Home	Prescribed	Other
		Hospital	ICF/MR	Facility ²	Physician	Hospital	Health	Drugs	
Amount in Millions									
1975	\$4,358	\$205	\$20	\$3,325	\$133	\$25	\$27	\$297	\$326
1976	4,910	244	18	3,594	147	34	56	364	453
1977	5,499	300	18	4,091	166	44	72	387	421
1978	6,308	382	29	4,755	174	44	85	410	429
1979	7,046	454	33	5,370	184	58	78	449	420
1980	8,739	806	199	6,288	225	67	202	519	433
1981	9,926	941	167	6,959	259	81	267	611	641
1982	10,739	1,006	95	7,674	247	90	310	629	688
1983	11,954	1,482	161	8,233	257	106	378	692	645
1984	12,815	1,396	106	8,649	255	110	451	763	1,085
1985	14,096	1,450	175	9,409	264	105	639	883	1,171
1986	15,097	1,603	179	10,057	264	126	766	973	1,129
1987	16,037	1,375	226	10,687	249	145	982	1,075	1,298
1988	17,135	1,411	216	11,618	240	161	1,143	1,186	1,160
1989	18,558	1,263	264	12,559	272	181	1,441	1,282	1,296
1990	21,508	1,315	372	14,536	286	194	1,733	1,507	1,566
1991	25,444	1,634	430	17,121	343	255	2,026	1,823	1,812
1992	29,089	1,872	517	19,589	400	311	2,250	2,190	1,960
1993	31,554	2,023	590	21,191	489	406	2,370	2,441	2,046
1994	33,618	1,964	585	22,660	544	454	2,663	2,651	2,097
1995	36,527	2,050	637	24,148	617	534	2,990	2,861	2,690
1996	36,947	2,044	564	24,388	694	628	3,049	3,078	2,502
1997	37,721	1,931	637	24,691	791	605	3,351	3,343	2,372
1998	40,601	1,871	692	25,529	695	585	798	3,806	6,625
1999	42,522	1,655	742	26,578	635	585	667	4,572	7,088
2000	44,503	1,630	708	27,058	633	667	718	5,355	7,734
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
2003	55,271	2,040	753	30,947	567	554	991	8,284	11,135

See footnotes at end of table.

Table 14.20—Continued
Medicaid Payments, Aged, by Type of Service: Fiscal Years 1975-2003

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
2003	100.0	3.7	1.4	56.0	1.0	1.0	1.8	15.0	20.1

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 14.21

Medicaid Payments, Disabled, by Type of Service: Fiscal Years 1975-2003

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	
2003	102,014	12,932	9,990	9,056	3,032	3,896	3,127	18,966	41,015	

See footnotes at end of table.

Table 14.21—Continued

Medicaid Payments, Disabled, by Type of Service: Fiscal Years 1975-2003

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
2003	100.0	12.7	9.8	8.9	3.0	3.8	3.1	18.6	40.2

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

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

NOTES: Beginning fiscal year 1998, capitated premiums for Medicaid eligibles enrolled in managed care plans were included in this series as a component of the other and of the total payment categories. 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 14.22

Medicaid Persons Served (Beneficiaries), by Basis of Eligibility and Area of Residence: Fiscal Year 2003

Area of Residence	Total	Aged	Disabled	Children ¹	Adults	Other/ Unknown
All Jurisdictions	51,971,173	4,040,998	7,668,562	24,831,190	11,691,086	3,739,337
Boston: Region	2,314,665	243,280	421,606	988,408	555,754	105,617
Connecticut	496,680	52,076	57,208	259,965	103,863	23,568
Maine	307,279	54,791	53,556	110,152	81,679	7,101
Massachusetts	1,042,123	90,463	240,532	394,477	256,170	60,481
New Hampshire	112,044	11,823	15,015	66,945	14,811	3,450
Rhode Island	201,875	16,338	36,362	92,591	51,749	4,835
Vermont	154,664	17,789	18,933	64,278	47,482	6,182
New York: Region I	5,399,680	438,739	816,031	2,183,354	1,444,846	516,710
New Jersey	949,741	86,401	163,495	461,779	187,745	50,321
New York	4,449,939	352,338	652,536	1,721,575	1,257,101	466,389
Puerto Rico	---	---	---	---	---	---
Virgin Islands	---	---	---	---	---	---
Philadelphia: Region II	3,838,212	351,345	755,435	1,931,651	612,669	187,112
Delaware	149,864	8,676	17,604	66,434	52,778	4,372
District of Columbia	158,179	8,581	25,820	75,025	35,380	13,373
Maryland	725,820	48,083	114,781	435,124	108,000	19,832
Pennsylvania	1,721,707	178,460	385,363	815,581	271,604	70,699
Virginia	709,488	80,232	124,473	375,486	89,540	39,757
West Virginia	373,154	27,313	87,394	164,001	55,367	39,079
Atlanta: Region IV	10,829,200	849,147	1,907,958	5,263,031	1,964,807	844,257
Alabama	780,617	60,923	176,058	421,546	99,814	22,276
Florida	2,743,368	223,315	464,796	1,353,721	475,091	226,445
Georgia	1,732,120	100,703	233,042	872,626	252,259	273,490
Kentucky	847,943	58,738	205,698	389,419	117,990	76,098
Mississippi	717,435	70,229	154,752	352,056	83,764	56,634
North Carolina	1,416,912	149,824	226,547	722,725	256,610	61,206
South Carolina	861,216	96,507	120,897	443,119	183,093	17,600
Tennessee	1,729,589	88,908	326,168	707,819	496,186	110,508

See footnotes at end of table

Table 14.22—Continued

Medicaid Persons Served (Beneficiaries), by Basis of Eligibility and Area of Residence: Fiscal Year 2003

Area of Residence	Total	Aged	Disabled	Children ¹	Adults	Other/ Unknown
Chicago: Region V	7,590,819	575,953	1,185,069	3,991,090	1,472,909	365,798
Illinois	1,830,233	109,691	274,824	1,002,394	316,629	126,695
Indiana	895,973	66,237	113,730	522,004	150,801	43,201
Michigan	1,589,501	91,594	287,226	842,763	261,421	106,497
Minnesota	667,500	61,531	92,824	344,777	149,967	18,401
Ohio	1,778,325	135,291	282,529	927,489	378,325	54,691
Wisconsin	829,287	111,609	133,936	351,663	215,766	16,313
Dallas: Region V	6,115,217	474,548	741,594	3,617,356	899,887	381,832
Arkansas	702,064	45,125	107,672	324,422	110,869	113,976
Louisiana	995,362	84,485	161,260	544,023	108,768	96,826
New Mexico	452,120	21,122	52,675	282,420	83,373	12,530
Oklahoma	625,875	52,330	75,720	400,520	82,552	14,753
Texas	3,339,796	271,486	344,267	2,065,971	514,325	143,747
Kansas City: Region VI	2,013,395	172,612	284,782	1,085,927	397,505	72,569
Iowa	361,760	35,604	58,901	182,537	69,802	14,916
Kansas	316,411	28,080	48,388	168,399	48,560	22,984
Missouri	1,081,496	87,687	148,423	583,045	235,399	26,942
Nebraska	253,728	21,241	29,070	151,946	43,744	7,727
Denver: Region VII	1,121,929	86,280	140,130	598,117	234,625	62,777
Colorado	459,207	42,746	61,625	247,649	93,548	13,639
Montana	110,403	8,865	16,717	54,570	21,153	9,098
North Dakota	76,754	8,495	8,998	33,817	17,453	7,991
South Dakota	123,590	10,275	16,854	73,151	19,182	4,128
Utah	285,370	11,623	28,449	149,131	71,891	24,276
Wyoming	66,605	4,276	7,487	39,799	11,398	3,645
See footnotes at end of table						

Table 14.22—Continued

Medicaid Persons Served (Beneficiaries), by Basis of Eligibility and Area of Residence: Fiscal Year 2003

Area of Residence	Total	Aged	Disabled	Children ¹	Adults	Other/ Unknown
San Francisco: Region IX	10,763,363	717,407	1,167,028	4,154,446	3,601,150	1,123,332
Arizona	1,014,813	38,197	105,387	567,484	257,372	46,373
California	9,319,148	645,049	1,011,069	3,381,832	3,228,970	1,052,228
Hawaii	208,985	19,057	22,336	95,395	68,873	3,324
Nevada	220,417	15,104	28,236	109,735	45,935	21,407
Seattle: Region >	1,984,693	131,687	248,929	1,017,810	506,934	79,333
Alaska	116,211	6,373	12,294	67,506	23,874	6,164
Idaho	193,302	12,038	26,474	119,851	26,740	8,199
Oregon	598,110	42,211	70,807	246,234	207,120	31,738
Washington	1,077,070	71,065	139,354	584,219	249,200	33,232

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 14.23

Medicaid Payments, by Basis of Eligibility and Area of Residence: Fiscal Year 2003

Area of Residence	Total	Aged	Disabled	Children ¹	Adults	Other/ Unknown
All Jurisdictions	233,205,998,192	55,270,538,896	102,013,772,972	39,870,763,353	26,799,584,882	9,251,338,089
Boston: Region	14,591,687,881	4,183,040,054	6,653,941,114	2,276,765,366	1,384,636,106	93,305,241
Connecticut	3,359,497,127	1,297,738,558	1,282,135,823	516,634,604	247,591,945	15,396,197
Maine	2,074,246,677	377,887,425	904,286,804	457,882,561	321,780,446	12,409,441
Massachusetts	6,391,977,781	1,762,043,506	3,257,283,641	766,589,795	555,141,537	50,919,302
New Hampshire	786,014,720	250,292,571	302,832,431	182,891,786	47,128,604	2,869,328
Rhode Island	1,338,212,632	343,257,642	655,631,139	208,275,147	124,348,169	6,700,535
Vermont	641,738,944	151,820,352	251,771,276	144,491,473	88,645,405	5,010,438
New York: Region II	41,236,361,725	10,910,830,597	19,687,749,926	4,666,283,783	5,437,417,839	534,079,580
New Jersey	6,029,601,253	1,614,914,219	3,013,580,661	843,221,307	466,721,504	91,163,562
New York	35,206,760,472	9,295,916,378	16,674,169,265	3,823,062,476	4,970,696,335	442,916,018
Puerto Rico	---	---	---	---	---	---
Virgin Islands	---	---	---	---	---	---
Philadelphia: Region III	20,809,375,587	5,712,354,827	9,242,413,102	3,594,992,446	1,832,165,449	427,449,763
Delaware	750,252,370	170,533,927	288,040,472	132,724,356	153,981,192	4,972,423
District of Columbia	1,199,837,436	212,921,941	546,642,885	217,922,929	125,424,657	96,925,024
Maryland	4,398,301,341	910,379,388	2,137,761,270	871,539,125	437,756,072	40,865,486
Pennsylvania	9,450,026,724	3,143,134,958	3,989,630,470	1,531,165,495	751,663,396	34,432,405
Virginia	3,180,990,089	884,797,753	1,446,657,396	564,603,598	229,739,168	55,192,174
West Virginia	1,829,967,627	390,586,860	833,680,609	277,036,943	133,600,964	195,062,251
Atlanta: Region IV	41,683,139,541	8,471,970,255	18,064,874,126	7,542,473,880	4,950,265,045	2,653,556,235
Alabama	3,471,319,724	739,295,461	1,195,700,995	698,456,500	150,499,697	687,367,071
Florida	11,104,376,050	2,098,204,755	5,513,050,645	1,696,540,186	983,365,720	813,214,744
Georgia	5,357,550,658	1,048,884,651	1,999,829,241	1,226,689,364	763,017,951	319,129,451
Kentucky	3,557,820,183	716,048,775	1,746,970,969	730,505,211	322,189,079	42,106,149
Mississippi	2,569,776,154	642,643,840	1,181,364,075	486,999,852	243,786,672	14,981,715
North Carolina	6,521,288,060	1,687,387,669	2,832,620,867	1,157,105,621	794,579,673	49,594,230
South Carolina	3,641,714,949	654,374,273	1,240,501,808	703,876,410	353,435,212	689,527,246
Tennessee	5,459,293,763	885,130,831	2,354,835,526	842,300,736	1,339,391,041	37,635,629

See footnotes at end of table.

Table 14.23—Continued

Medicaid Payments, by Basis of Eligibility and Area of Residence: Fiscal Year 2003

Area of Residence	Total	Aged	Disabled	Children ¹	Adults	Other/ Unknown
Chicago: Region V	38,679,405,205	9,040,591,835	17,498,805,707	5,958,678,520	3,748,692,321	2,432,636,822
Illinois	9,391,357,857	1,252,639,010	4,000,108,210	1,594,387,370	888,923,245	1,655,300,022
Indiana	3,950,802,203	999,618,031	1,698,587,979	786,562,094	379,005,256	87,028,843
Michigan	6,479,029,763	1,315,793,772	3,093,142,126	913,654,885	558,937,423	597,501,557
Minnesota	4,701,612,364	1,239,733,121	2,164,975,399	836,485,867	414,075,765	46,342,212
Ohio	10,235,239,405	3,143,570,019	4,633,554,067	1,407,772,769	1,022,172,178	28,170,372
Wisconsin	3,921,363,613	1,089,237,882	1,908,437,926	419,815,535	485,578,454	18,293,816
Dallas: Region V	22,513,392,151	5,349,839,710	8,785,822,534	5,529,534,569	2,277,386,330	570,809,008
Arkansas	2,211,952,987	554,988,891	998,137,559	479,808,573	139,935,542	39,082,422
Louisiana	3,614,909,979	835,477,317	1,677,725,917	581,817,335	320,544,515	199,344,895
New Mexico	2,033,478,397	270,457,015	807,915,115	578,929,729	237,916,963	138,259,575
Oklahoma	2,128,524,455	574,489,081	830,691,498	561,507,335	147,233,558	14,602,983
Texas	12,524,526,333	3,114,427,406	4,471,352,445	3,327,471,597	1,431,755,752	179,519,133
Kansas City: Region VI	9,300,371,811	2,582,730,359	3,781,672,635	1,843,036,972	879,705,377	213,226,468
Iowa	1,996,207,221	626,207,889	850,991,665	306,611,511	177,351,029	35,045,127
Kansas	1,614,744,381	458,521,303	730,035,966	276,378,896	114,470,608	35,337,608
Missouri	4,406,852,103	1,143,672,894	1,791,293,565	969,090,103	474,910,578	27,884,963
Nebraska	1,282,568,106	354,328,273	409,351,439	290,956,462	112,973,162	114,958,770
Denver: Region VIII	5,317,301,128	1,248,534,684	2,071,087,843	1,023,106,443	556,150,224	418,421,934
Colorado	2,268,794,322	600,883,857	916,590,485	416,086,478	244,923,200	90,310,302
Montana	536,372,686	140,512,245	196,134,377	111,683,798	67,626,988	20,415,278
North Dakota	444,803,367	170,673,120	172,593,901	56,749,891	36,898,173	7,888,282
South Dakota	541,910,489	131,033,456	227,974,433	123,880,176	50,381,050	8,641,374
Utah	1,200,789,487	133,897,319	415,047,995	243,015,672	118,283,735	290,544,766
Wyoming	324,630,777	71,534,687	142,746,652	71,690,428	38,037,078	621,932

See footnotes at end of table.

Table 14.23—Continued

Medicaid Payments, by Basis of Eligibility and Area of Residence: Fiscal Year 2003

Area of Residence	Total	Aged	Disabled	Children ¹	Adults	Other/ Unknown
San Francisco: Region IX	30,732,646,406	6,211,038,601	13,502,899,376	5,919,089,581	4,512,189,567	587,429,281
Arizona	3,285,364,385	497,680,316	1,223,565,495	857,742,556	649,914,748	56,461,270
California	25,812,495,569	5,335,095,155	11,667,891,084	4,743,242,067	3,596,871,401	469,395,862
Hawaii	753,463,428	218,012,335	234,902,472	138,896,665	156,689,927	4,962,029
Nevada	881,323,024	160,250,795	376,540,325	179,208,293	108,713,491	56,610,120
Seattle: Region X	8,342,316,757	1,559,607,974	2,724,506,609	1,516,801,793	1,220,976,624	1,320,423,757
Alaska	835,515,131	125,219,729	298,852,035	276,972,989	123,768,524	10,701,854
Idaho	867,160,476	187,402,733	421,046,250	164,918,266	86,521,744	7,271,483
Oregon	2,115,608,505	480,576,701	756,167,570	422,801,466	435,542,400	20,520,368
Washington	4,524,032,645	766,408,811	1,248,440,754	652,109,072	575,143,956	1,281,930,052

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 14.24

Medicaid Payments per Person Served (Beneficiary), by Basis of Eligibility and Area of Residence: Fiscal Year 2003

Area of Residence	Total	Aged	Disabled	Children ¹	Adults	Other/ Unknown
All Jurisdictions	\$4,487	\$13,677	\$13,303	\$1,606	\$2,292	\$2,474
Boston: Region I	6,304	17,194	15,782	2,303	2,491	883
Connecticut	6,764	24,920	22,412	1,987	2,384	653
Maine	6,750	6,897	16,885	4,157	3,940	1,748
Massachusetts	6,134	19,478	13,542	1,943	2,167	842
New Hampshire	7,015	21,170	20,169	2,732	3,182	832
Rhode Island	6,629	21,010	18,031	2,249	2,403	1,386
Vermont	4,149	8,535	13,298	2,248	1,867	810
New York: Region II	7,637	24,869	24,126	2,137	3,763	1,034
New Jersey	6,349	18,691	18,432	1,826	2,486	1,812
New York	7,912	26,384	25,553	2,221	3,954	950
Puerto Rico	---	---	---	---	---	---
Virgin Islands	---	---	---	---	---	---
Philadelphia: Region III	5,422	16,259	12,235	1,861	2,990	2,284
Delaware	5,006	19,656	16,362	1,998	2,918	1,137
District of Columbia	7,585	24,813	21,171	2,905	3,545	7,248
Maryland	6,060	18,933	18,625	2,003	4,053	2,061
Pennsylvania	5,489	17,613	10,353	1,877	2,767	487
Virginia	4,484	11,028	11,622	1,504	2,566	1,388
West Virginia	4,904	14,300	9,539	1,689	2,413	4,991
Atlanta: Region IV	3,849	9,977	9,468	1,433	2,519	3,143
Alabama	4,447	12,135	6,792	1,657	1,508	30,857
Florida	4,048	9,396	11,861	1,253	2,070	3,591
Georgia	3,093	10,416	8,581	1,406	3,025	1,167
Kentucky	4,196	12,191	8,493	1,876	2,731	553
Mississippi	3,582	9,151	7,634	1,383	2,910	265
North Carolina	4,602	11,262	12,503	1,601	3,096	810
South Carolina	4,229	6,781	10,261	1,588	1,930	39,178
Tennessee	3,156	9,956	7,220	1,190	2,699	341

See footnotes at end of table.

Table 14.24—Continued

Medicaid Payments per Person Served (Beneficiary), by Basis of Eligibility and Area of Residence: Fiscal Year 2003

Area of Residence	Total	Aged	Disabled	Children ¹	Adults	Other/ Unknown
Chicago: Region V	\$5,096	\$15,697	\$14,766	\$1,493	\$2,545	\$6,650
Illinois	5,131	11,420	14,555	1,591	2,807	13,065
Indiana	4,410	15,092	14,935	1,507	2,513	2,015
Michigan	4,076	14,366	10,769	1,084	2,138	5,611
Minnesota	7,044	20,148	23,323	2,426	2,761	2,518
Ohio	5,756	23,236	16,400	1,518	2,702	515
Wisconsin	4,729	9,759	14,249	1,194	2,250	1,121
Dallas: Region VI	3,682	11,274	11,847	1,529	2,531	1,495
Arkansas	3,151	12,299	9,270	1,479	1,262	343
Louisiana	3,632	9,889	10,404	1,069	2,947	2,059
New Mexico	4,498	12,805	15,338	2,050	2,854	11,034
Oklahoma	3,401	10,978	10,971	1,402	1,784	990
Texas	3,750	11,472	12,988	1,611	2,784	1,249
Kansas City: Region VII	4,619	14,963	13,279	1,697	2,213	2,938
Iowa	5,518	17,588	14,448	1,680	2,541	2,349
Kansas	5,103	16,329	15,087	1,641	2,357	1,537
Missouri	4,075	13,043	12,069	1,662	2,017	1,035
Nebraska	5,055	16,681	14,082	1,915	2,583	14,878
Denver: Region VIII	4,739	14,471	14,780	1,711	2,370	6,665
Colorado	4,941	14,057	14,874	1,680	2,618	6,621
Montana	4,858	15,850	11,733	2,047	3,197	2,244
North Dakota	5,795	20,091	19,181	1,678	2,114	987
South Dakota	4,385	12,753	13,526	1,693	2,626	2,093
Utah	4,208	11,520	14,589	1,630	1,645	11,968
Wyoming	4,874	16,729	19,066	1,801	3,337	171

See footnotes at end of table.

Table 14.24—Continued

Medicaid Payments per Person Served (Beneficiary), by Basis of Eligibility and Area of Residence: Fiscal Year 2003

Area of Residence	Total	Aged	Disabled	Children ¹	Adults	Other/ Unknown
San Francisco: Region IX	\$2,855	\$8,658	\$11,570	\$1,425	\$1,253	\$523
Arizona	3,237	13,029	11,610	1,511	2,525	1,218
California	2,770	8,271	11,540	1,403	1,114	446
Hawaii	3,605	11,440	10,517	1,456	2,275	1,493
Nevada	3,998	10,610	13,335	1,633	2,367	2,644
Seattle: Region X	4,203	11,843	10,945	1,490	2,409	16,644
Alaska	7,190	19,648	24,309	4,103	5,184	1,736
Idaho	4,486	15,568	15,904	1,376	3,236	887
Oregon	3,537	11,385	10,679	1,717	2,103	647
Washington	4,200	10,785	8,959	1,116	2,308	38,575

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 14.25

Medicaid Persons Served (Beneficiaries), by Type of Service and Area of Residence: Fiscal Year 2003

Area of Residence	Total ¹	Inpatient Hospital	Nursing Facilities	Physician	Dental	Outpatient Hospital	Lab and X-Ray	Home Health	Prescribed Drugs
All Jurisdictions	51,971,173	5,217,106	1,690,846	22,857,218	8,509,824	15,510,542	14,687,064	1,183,764	26,075,011
Boston: Region I	2,314,665	170,838	128,466	1,027,070	484,370	818,319	722,592	74,545	1,264,470
Connecticut	496,680	41,934	35,585	98,317	38,693	93,330	77,542	21,422	119,698
Maine	307,279	23,337	9,055	170,679	60,895	140,653	116,570	3,222	245,562
Massachusetts	1,042,123	71,854	61,198	538,931	257,955	422,711	405,090	35,140	640,437
New Hampshire	112,044	11,590	7,268	72,141	22,584	53,005	41,482	2,662	85,787
Rhode Island	201,875	11,959	11,571	39,497	59,822	39,560	22,408	8,670	57,605
Vermont	154,664	10,164	3,789	107,505	44,421	69,060	59,500	3,429	115,381
New York: Region II	5,399,680	718,399	231,743	1,749,436	1,059,579	1,951,014	1,237,517	324,644	2,921,802
New Jersey	949,741	81,944	48,503	211,560	70,155	207,938	115,568	22,615	297,997
New York	4,449,939	636,455	183,240	1,537,876	989,424	1,743,076	1,121,949	302,029	2,623,805
Puerto Rico	---	---	---	---	---	---	---	---	---
Virgin Islands	---	---	---	---	---	---	---	---	---
Philadelphia: Region III	3,838,212	279,649	173,319	1,149,908	280,196	691,138	716,549	70,834	1,354,267
Delaware	149,864	7,536	3,707	29,517	18,578	16,261	15,302	1,324	99,634
District of Columbia	158,179	28,303	8,308	22,226	2,726	24,485	19,282	2,241	34,424
Maryland	725,820	50,804	24,875	156,671	1,615	107,550	40,036	18,500	204,994
Pennsylvania	1,721,707	83,909	97,233	349,924	107,921	176,605	255,057	13,566	404,586
Virginia	709,488	71,321	27,717	355,133	55,788	193,907	219,910	3,849	325,047
West Virginia	373,154	37,776	11,479	236,437	93,568	172,330	166,962	31,354	285,582

See footnotes at end of table.

Table 14.25—Continued

Medicaid Persons Served (Beneficiaries), by Type of Service and Area of Residence: Fiscal Year 2003

Area of Residence	Total ¹	Inpatient		Nursing		Outpatient		Lab and	Home	Prescribed
		Hospital	Facilities	Physician	Dental	Hospital	X-Ray	Health	Drugs	
Atlanta: Region IV	10,829,200	1,395,529	312,650	6,921,485	2,233,739	4,390,574	3,459,952	269,086	6,924,826	
Alabama	780,617	68,754	26,692	526,291	138,858	276,616	345,618	68,241	527,855	
Florida	2,743,368	408,060	98,808	1,278,637	396,846	939,024	862,123	96,057	1,309,456	
Georgia	1,732,120	225,915	41,601	1,295,908	488,144	774,612	249,884	20,663	1,222,323	
Kentucky	847,943	75,869	27,328	495,220	175,189	353,352	278,526	21,234	512,351	
Mississippi	717,435	153,748	20,429	553,257	162,566	478,047	126,296	12,711	547,268	
North Carolina	1,416,912	205,779	43,143	1,062,621	370,784	665,035	747,816	33,972	1,015,932	
South Carolina	861,216	119,466	17,617	563,619	251,831	369,932	300,789	7,849	614,417	
Tennessee ²	1,729,589	137,938	37,032	1,145,932	249,521	533,956	548,900	8,359	1,175,224	
Chicago: Region V	7,590,819	733,608	331,137	3,575,422	1,743,204	2,553,488	2,309,540	137,511	3,916,012	
Illinois	1,830,233	207,321	75,585	1,206,416	444,580	830,468	790,306	13,065	1,227,361	
Indiana	895,973	98,785	42,561	458,318	302,977	318,097	293,537	8,062	459,938	
Michigan	1,589,501	116,133	44,919	460,075	368,512	299,460	206,740	9,527	610,641	
Minnesota	667,500	42,816	35,487	220,757	78,646	138,388	28,840	66,021	201,366	
Ohio	1,778,325	209,813	95,244	1,094,955	412,022	768,340	749,563	37,068	1,054,737	
Wisconsin	829,287	58,740	37,341	134,901	136,467	198,735	240,554	3,768	361,969	
Dallas: Region VI	6,115,217	912,069	210,917	3,425,870	1,439,538	1,800,217	2,669,431	201,276	4,069,041	
Arkansas	702,064	113,258	22,067	440,393	111,445	246,945	176,131	8,859	432,556	
Louisiana	995,362	179,182	32,955	789,162	232,875	465,274	532,212	11,406	758,388	
New Mexico	452,120	24,685	7,475	97,734	25,646	79,709	59,161	569	99,931	
Oklahoma	625,875	70,078	22,261	262,243	62,419	173,208	131,167	3,153	302,424	
Texas	3,339,796	524,866	126,159	1,836,338	1,007,153	835,081	1,770,760	177,289	2,475,742	

See footnotes at end of table.

Table 14.25—Continued

Medicaid Persons Served (Beneficiaries), by Type of Service and Area of Residence: Fiscal Year 2003

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	2,013,395	213,527	88,071	901,826	393,389	707,828	486,739	36,476	1,147,191
Iowa	361,760	40,437	20,450	207,535	113,854	139,343	139,642	19,675	258,417
Kansas	316,411	39,235	17,167	173,872	58,269	102,607	83,748	4,759	165,599
Missouri	1,081,496	105,584	38,916	344,460	122,807	362,421	199,612	6,910	526,991
Nebraska	253,728	28,271	11,538	175,959	98,459	103,457	63,737	5,132	196,184
Denver: Region VIII	1,121,929	123,878	44,374	419,186	218,588	379,664	230,715	14,071	594,886
Colorado	459,207	41,669	19,221	61,028	98,678	141,550	66,489	9,382	197,128
Montana	110,403	16,387	5,309	75,846	21,179	51,898	10,176	475	74,400
North Dakota	76,754	8,749	5,969	21,794	21,252	31,271	12,208	1,567	47,738
South Dakota	123,590	16,595	5,865	70,103	83	45,960	36,082	388	68,361
Utah	285,370	30,155	5,419	138,321	61,450	76,731	73,293	1,723	160,312
Wyoming	66,605	10,323	2,591	52,094	15,946	32,254	32,467	536	46,947
San Francisco: Region IX	10,763,363	546,297	129,341	2,870,941	178,893	1,725,749	2,480,826	48,755	2,994,577
Arizona ²	1,014,813	34,673	1,052	26,237	9,063	86,592	14,297	354	7,616
California	9,319,148	478,489	116,699	2,771,372	92,829	1,562,626	2,346,175	42,505	2,868,468
Hawaii ²	208,985	9,552	7,027	45,969	52,054	20,665	28,510	4,539	41,748
Nevada	220,417	23,583	4,563	27,363	24,947	55,866	91,844	1,357	76,745
Seattle: Region X	1,984,693	123,312	40,828	816,074	478,328	492,551	373,203	6,566	887,939
Alaska	116,211	16,122	938	84,333	38,496	58,841	46,939	279	75,501
Idaho	193,302	24,135	5,792	140,103	56,380	76,809	79,637	1,821	133,592
Oregon	598,110	29,909	10,588	158,525	6,069	118,435	95,396	1,165	240,228
Washington	1,077,070	53,146	23,510	433,113	377,383	238,466	151,231	3,301	438,618

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 14.26

Medicaid Payments, by Type of Service and Area of Residence: Fiscal Year 2003

Area of Residence	Total ¹	Inpatient Hospital	Nursing Facilities	Physician	Dental
Amount in Thousands					
All Jurisdictions	\$233,205,998	\$31,549,248	\$40,381,022	\$9,209,880	\$2,594,893
Boston: Region I	14,591,689	1,113,839	3,770,506	364,598	136,210
Connecticut	3,359,497	162,766	1,064,353	31,626	7,296
Maine	2,074,247	334,625	220,043	58,462	16,910
Massachusetts	6,391,978	426,138	1,715,773	199,245	82,071
New Hampshire	786,015	39,465	196,195	24,534	4,997
Rhode Island	1,338,213	107,664	487,597	10,686	13,239
Vermont	641,739	43,181	86,545	40,045	11,697
New York: Region II	41,236,362	5,966,903	7,531,113	437,289	428,351
New Jersey	6,029,601	446,241	1,346,519	46,473	18,025
New York	35,206,761	5,520,662	6,184,594	390,816	410,326
Puerto Rico	---	---	---	---	---
Virgin Islands	---	---	---	---	---
Philadelphia: Region III	20,809,375	1,746,503	4,470,367	417,731	79,842
Delaware	750,252	34,927	151,595	11,214	8,322
District of Columbia	1,199,837	231,746	197,586	11,840	285
Maryland	4,398,301	513,690	785,586	70,418	254
Pennsylvania	9,450,027	421,961	2,442,571	83,056	23,447
Virginia	3,180,990	270,602	569,073	130,824	13,351
West Virginia	1,829,968	273,577	323,956	110,379	34,183
Atlanta: Region IV	41,683,140	6,525,501	6,762,556	3,397,791	737,252
Alabama	3,471,320	201,753	710,889	208,563	40,697
Florida	11,104,376	2,179,605	2,141,537	522,810	86,064
Georgia	5,357,551	1,122,690	827,036	649,385	186,245
Kentucky	3,557,820	335,771	602,190	210,404	52,053
Mississippi	2,569,776	445,436	467,721	228,601	40,440
North Carolina	6,521,288	894,306	869,819	536,378	144,328
South Carolina	3,641,715	908,045	401,872	287,065	85,573
Tennessee ²	5,459,294	437,895	741,492	754,585	101,852

See footnotes at end of table.

Table 14.26—Continued

Medicaid Payments, by Type of Service and Area of Residence: Fiscal Year 2003

Area of Residence	Outpatient Hospital	Lab and X-Ray	Home Health	Prescribed Drugs
Amount in Thousands				
All Jurisdictions	\$9,251,889	\$2,365,006	\$4,403,905	\$33,714,314
Boston: Region I	687,385	152,945	914,025	2,006,903
Connecticut	70,072	9,801	176,217	402,381
Maine	223,546	13,443	6,691	278,813
Massachusetts	272,133	114,901	690,064	938,276
New Hampshire	47,935	3,296	6,587	117,004
Rhode Island	30,344	2,720	26,836	141,127
Vermont	43,355	8,784	7,630	129,302
New York: Region II	1,651,930	144,745	1,118,492	4,758,043
New Jersey	346,712	12,269	85,558	757,754
New York	1,305,218	132,476	1,032,934	4,000,289
Puerto Rico	---	---	---	---
Virgin Islands	---	---	---	---
Philadelphia: Region III	391,327	96,395	665,325	2,190,100
Delaware	7,437	1,594	5,126	110,942
District of Columbia	16,362	3,152	16,009	82,817
Maryland	117,473	4,102	540,715	380,008
Pennsylvania	47,646	39,291	78,708	769,963
Virginia	103,054	26,214	4,236	506,529
West Virginia	99,355	22,042	20,531	339,841
Atlanta: Region IV	2,603,533	414,485	549,560	8,461,464
Alabama	52,857	43,763	35,951	537,071
Florida	400,591	97,111	246,385	2,062,350
Georgia	606,811	24,182	66,139	1,003,854
Kentucky	273,738	40,853	59,924	693,989
Mississippi	206,319	9,200	14,351	568,266
North Carolina	543,479	99,337	95,230	1,263,258
South Carolina	150,336	25,304	11,764	559,909
Tennessee ²	369,402	74,735	19,816	1,772,767

Table 14.26—Continued

Medicaid Payments, by Type of Service and Area of Residence: Fiscal Year 2003

Area of Residence	Total ¹	Inpatient Hospital	Nursing Facilities	Physician	Dental
Amount in Thousands					
Chicago: Region V	38,679,405	6,199,963	7,650,103	1,345,463	438,923
Illinois	9,391,358	3,150,544	1,406,981	407,686	84,523
Indiana	3,950,802	409,996	789,266	156,865	126,156
Michigan	6,479,030	789,449	1,186,643	160,302	68,560
Minnesota	4,701,612	293,181	834,432	123,005	22,744
Ohio	10,235,239	1,251,885	2,592,656	461,661	109,318
Wisconsin	3,921,364	304,908	840,125	35,944	27,622
Dallas: Region VI	22,513,391	3,656,661	3,412,055	1,413,560	391,607
Arkansas	2,211,953	249,238	405,043	226,429	28,744
Louisiana	3,614,910	682,696	585,804	276,178	43,541
New Mexico	2,033,478	196,960	164,796	32,785	11,996
Oklahoma	2,128,524	207,768	435,979	81,993	25,736
Texas	12,524,526	2,319,999	1,820,433	796,175	281,590
Kansas City: Region VII	9,300,371	971,651	1,716,531	328,339	109,299
Iowa	1,996,207	182,748	400,113	93,987	32,254
Kansas	1,614,744	180,189	317,661	71,772	19,841
Missouri	4,406,852	472,473	709,866	78,022	29,841
Nebraska	1,282,568	136,241	288,891	84,558	27,363
Denver: Region VIII	5,317,302	653,037	961,212	168,956	69,176
Colorado	2,268,794	246,463	407,704	14,727	36,192
Montana	536,373	64,529	124,459	39,401	6,526
North Dakota	444,803	35,956	146,982	2,726	6,336
South Dakota	541,911	81,220	117,356	30,889	27
Utah	1,200,790	180,554	108,644	51,021	14,383
Wyoming	324,631	44,315	56,067	30,192	5,712

See footnotes at end of table.

Table 14.26—Continued

Medicaid Payments, by Type of Service and Area of Residence: Fiscal Year 2003

Area of Residence	Outpatient Hospital	Lab and X-Ray	Home Health	Prescribed Drugs
	Amount in Thousands			
Chicago: Region V	1,441,606	408,583	335,244	5,183,970
Illinois	579,001	81,335	38,400	1,258,647
Indiana	149,136	31,670	54,470	655,689
Michigan	160,042	17,068	22,779	753,841
Minnesota	71,149	2,354	77,545	336,445
Ohio	371,533	244,282	119,294	1,569,068
Wisconsin	110,745	31,874	22,756	610,280
Dallas: Region VI	728,339	639,812	361,488	3,429,729
Arkansas	72,636	21,628	9,975	325,829
Louisiana	250,447	61,360	28,345	783,761
New Mexico	64,986	5,860	552	108,080
Oklahoma	45,899	9,084	4,458	290,182
Texas	294,371	541,880	318,158	1,921,877
Kansas City: Region VII	419,824	46,601	107,061	1,711,411
Iowa	92,927	14,429	67,204	325,270
Kansas	24,112	6,536	12,871	235,118
Missouri	241,123	13,314	7,297	953,325
Nebraska	61,662	12,322	19,689	197,698
Denver: Region VIII	227,184	26,197	91,017	656,362
Colorado	76,665	9,886	79,628	251,367
Montana	28,704	743	556	86,637
North Dakota	26,326	912	2,357	56,433
South Dakota	32,061	4,025	691	72,884
Utah	49,108	5,388	6,661	146,490
Wyoming	14,320	5,243	1,124	42,551

Table 14.26—Continued

Medicaid Payments, by Type of Service and Area of Residence: Fiscal Year 2003

Area of Residence	Total ¹	Inpatient Hospital	Nursing Facilities	Physician	Dental
		Amount in Thousands			
San Francisco: Region IX	30,732,646	3,835,289	3,231,491	967,162	56,169
Arizona ²	3,285,364	143,584	22,011	17,998	3,060
California	25,812,496	3,471,834	2,920,150	924,490	24,322
Hawaii ²	753,463	49,468	177,930	20,819	15,338
Nevada	881,323	170,403	111,400	3,855	13,449
Seattle: Region X	8,342,317	879,901	875,088	368,991	148,064
Alaska	835,515	151,187	62,452	63,072	19,163
Idaho	867,160	131,261	124,891	57,656	19,198
Oregon	2,115,609	111,952	191,891	55,308	950
Washington	4,524,033	485,501	495,854	192,955	108,753

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 14.26—Continued

Medicaid Payments, by Type of Service and Area of Residence: Fiscal Year 2003

Area of Residence	Outpatient Hospital	Lab and X-Ray	Home Health	Prescribed Drugs
	Amount in Thousands			
San Francisco: Region IX	753,627	391,171	252,449	4,230,261
Arizona ²	233,560	3,040	584	4,140
California	477,138	309,435	180,403	4,019,645
Hawaii ²	11,980	4,353	65,331	96,405
Nevada	30,949	74,343	6,131	110,071
Seattle: Region X	347,134	44,072	9,244	1,086,071
Alaska	56,588	11,448	780	99,757
Idaho	39,139	9,212	3,470	137,360
Oregon	68,426	9,751	982	251,539
Washington	182,981	13,661	4,012	597,415

Table 14.27

Medicaid Payment per Person Served (Beneficiary), by Type of Service and Area of Residence: Fiscal Year 2003

Area of Residence	Total ¹	Inpatient Hospital	Nursing Facilities	Physician	Dental	Outpatient Hospital	Lab and X-Ray	Home Health	Prescribed Drugs
All Jurisdictions	\$4,487	\$6,047	\$23,882	\$403	\$305	\$596	\$161	\$3,720	\$1,293
Boston: Region I	6,304	6,520	29,350	355	281	840	212	12,261	1,587
Connecticut	6,764	3,881	29,910	322	189	751	126	8,226	3,362
Maine	6,750	14,339	24,301	343	278	1,589	115	2,077	1,135
Massachusetts	6,134	5,931	28,036	370	318	644	284	19,638	1,465
New Hampshire	7,015	3,405	26,994	340	221	904	79	2,474	1,364
Rhode Island	6,629	9,003	42,140	271	221	767	121	3,095	2,450
Vermont	4,149	4,248	22,841	372	263	628	148	2,225	1,121
New York: Region II	7,637	8,306	32,498	250	404	847	117	3,445	1,628
New Jersey	6,349	5,446	27,762	220	257	1,667	106	3,783	2,543
New York	7,912	8,674	33,751	254	415	749	118	3,420	1,525
Puerto Rico	---	---	---	---	---	---	---	---	---
Virgin Islands	---	---	---	---	---	---	---	---	---
Philadelphia: Region III	5,422	6,245	25,793	363	285	566	135	9,393	1,617
Delaware	5,006	4,635	40,894	380	448	457	104	3,872	1,113
District of Columbia	7,585	8,188	23,783	533	105	668	163	7,144	2,406
Maryland	6,060	10,111	31,581	449	157	1,092	102	29,228	1,854
Pennsylvania	5,489	5,029	25,121	237	217	270	154	5,802	1,903
Virginia	4,484	3,794	20,532	368	239	531	119	1,101	1,558
West Virginia	4,904	7,242	28,222	467	365	577	132	655	1,190
Atlanta: Region IV	3,849	4,676	21,630	491	330	593	120	2,042	1,222
Alabama	4,447	2,934	26,633	396	293	191	127	527	1,017
Florida	4,048	5,341	21,674	409	217	427	113	2,565	1,575
Georgia	3,093	4,970	19,880	501	382	783	97	3,201	821
Kentucky	4,196	4,426	22,036	425	297	775	147	2,822	1,355
Mississippi	3,582	2,897	22,895	413	249	432	73	1,129	1,038
North Carolina	4,602	4,346	20,161	505	389	817	133	2,803	1,243
South Carolina	4,229	7,601	22,812	509	340	406	84	1,499	911
Tennessee	3,156	3,175	20,023	658	408	692	136	2,371	1,508

See footnotes at end of table.

Table 14.27—Continued

Medicaid Payment per Person Served (Beneficiary), by Type of Service and Area of Residence: Fiscal Year 2003

Area of Residence	Total ¹	Inpatient Hospital	Nursing Facilities	Physician	Dental	Outpatient Hospital	Lab and X-Ray	Home Health	Prescribed Drugs
Chicago: Region V	\$5,096	\$8,451	\$23,103	\$376	\$252	\$565	\$177	\$2,438	\$1,324
Illinois	5,131	15,196	18,615	338	190	697	103	2,939	1,025
Indiana	4,410	4,150	18,544	342	416	469	108	6,756	1,426
Michigan	4,076	6,798	26,417	348	186	534	83	2,391	1,235
Minnesota	7,044	6,847	23,514	557	289	514	82	1,175	1,671
Ohio	5,756	5,967	27,221	422	265	484	326	3,218	1,488
Wisconsin	4,729	5,191	22,499	266	202	557	133	6,039	1,686
Dallas: Region VI	3,682	4,009	16,177	413	272	405	240	1,796	843
Arkansas	3,151	2,201	18,355	514	258	294	123	1,126	753
Louisiana	3,632	3,810	17,776	350	187	538	115	2,485	1,033
New Mexico	4,498	7,979	22,046	335	468	815	99	970	1,082
Oklahoma	3,401	2,965	19,585	313	412	265	69	1,414	960
Texas	3,750	4,420	14,430	434	280	353	306	1,795	776
Kansas City: Region VII	4,619	4,550	19,490	364	278	593	96	2,935	1,492
Iowa	5,518	4,519	19,565	453	283	667	103	3,416	1,259
Kansas	5,103	4,593	18,504	413	341	235	78	2,705	1,420
Missouri	4,075	4,475	18,241	227	243	665	67	1,056	1,809
Nebraska	5,055	4,819	25,038	481	278	596	193	3,837	1,008
Denver: Region VIII	4,739	5,272	21,662	403	316	598	114	6,468	1,103
Colorado	4,941	5,915	21,211	241	367	542	149	8,487	1,275
Montana	4,858	3,938	23,443	519	308	553	73	1,171	1,164
North Dakota	5,795	4,110	24,624	125	298	842	75	1,504	1,182
South Dakota	4,385	4,894	20,010	441	325	698	112	1,781	1,066
Utah	4,208	5,988	20,049	369	234	640	74	3,866	914
Wyoming	4,874	4,293	21,639	580	358	444	161	2,097	906
See footnotes at end of table.									

Table 14.27—Continued

Medicaid Payment per Person Served (Beneficiary), by Type of Service and Area of Residence: Fiscal Year 2003

Area of Residence	Total ¹	Inpatient		Nursing		Outpatient		Lab and	Home	Prescribed
		Hospital	Hospital	Facilities	Physician	Dental	Hospital	X-Ray	Health	Drugs
San Francisco: Region IX	\$2,855	\$7,021	\$24,984	\$337	\$314	\$437	\$158	\$5,178	\$1,413	
Arizona	3,237	4,141	20,923	686	338	2,697	213	1,650	544	
California	2,770	7,256	25,023	334	262	305	132	4,244	1,401	
Hawaii	3,605	5,179	25,321	453	295	580	153	14,393	2,309	
Nevada	3,998	7,226	24,414	141	539	554	809	4,518	1,434	
Seattle: Region X	4,203	7,136	21,434	452	310	705	118	1,408	1,223	
Alaska	7,190	9,378	66,580	748	498	962	244	2,796	1,321	
Idaho	4,486	5,439	21,563	412	341	510	116	1,906	1,028	
Oregon	3,537	3,743	18,123	349	157	578	102	843	1,047	
Washington	4,200	9,135	21,091	446	288	767	90	1,215	1,362	

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.