

Table 13.1
Medicaid Medical Assistance Payments: Fiscal Years 1975-2005

Fiscal Year ¹	Medical Assistance Payments CMS Form-64		HCFA-2082/MSIS Payments	HCFA-2082/MSIS Payments as a Percent of CMS Form-64 Payments
	Total Expenditures ²	2005 Inflation Adjusted Total Expenditures ³		
	Amount in Thousands			
1975	\$12,086,166	\$68,141,843	\$12,142,000	100.5
1976	13,977,348	70,373,149	14,091,000	100.8
1977	16,354,599	75,130,490	16,239,000	99.3
1978	18,168,065	76,665,920	17,992,000	99.0
1979	20,736,011	80,672,679	20,472,000	98.7
1980	24,041,116	85,415,801	23,311,000	97.0
1981	28,485,289	90,530,006	27,204,000	95.5
1982	30,330,765	86,472,886	29,399,000	96.9
1983	33,298,880	87,457,356	32,391,000	97.3
1984	35,671,888	86,907,639	33,891,000	95.0
1985	39,413,219	90,940,217	37,508,000	95.2
1986	42,525,605	94,530,210	41,005,000	96.4
1987	46,956,072	100,503,553	45,050,000	95.9
1988	51,645,666	103,497,449	48,710,000	94.3
1989	58,645,953	108,436,899	54,500,000	92.9
1990	69,754,495	119,772,277	64,859,000	93.0
1991	88,377,773	142,622,603	76,964,000	87.1
1992	114,365,915	175,060,902	91,480,000	80.0
1993	126,573,138	184,553,515	101,708,889	80.4
1994	136,886,366	191,674,156	108,270,147	79.1
1995	151,707,290	204,324,861	120,140,904	79.2
1996	154,423,973	202,320,763	121,684,650	78.8
1997	160,538,571	205,042,432	123,551,014	77.0
1998	167,994,374	209,489,611	142,317,904	84.7
1999	180,456,639	219,790,801	153,479,358	85.1
2000	194,696,199	230,792,236	168,307,231	86.4
2001	215,377,890	246,556,929	186,905,000	86.8
2002	244,325,041	272,589,993	213,496,607	87.4
2003	261,870,099	282,583,836	233,205,998	89.1
2004	279,390,230	289,101,777	257,748,435	92.3
2005	298,169,895	298,169,895	273,202,750	91.6

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 2005 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.

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Fiscal Year ¹	Medical Assistance Payments CMS Form-64		HCFA-2082/MSIS Payments	HCFA-2082/MSIS Payments as a Percent of CMS Form-64 Payments
	Total Expenditures ²	2006 Inflation Adjusted Total Expenditures ³		
		Amount in Thousands		
1975	\$12,086,166	\$70,249,399	\$12,142,000	100.5
1976	13,977,348	72,549,717	14,091,000	100.8
1977	16,354,599	77,454,203	16,239,000	99.3
1978	18,168,065	79,037,119	17,992,000	99.0
1979	20,736,011	83,167,802	20,472,000	98.7
1980	24,041,116	88,057,625	23,311,000	97.0
1981	28,485,289	93,330,008	27,204,000	95.5
1982	30,330,765	89,147,405	29,399,000	96.9
1983	33,298,880	90,162,323	32,391,000	97.3
1984	35,671,888	89,595,605	33,891,000	95.0
1985	39,413,219	93,752,906	37,508,000	95.2
1986	42,525,605	97,453,934	41,005,000	96.4
1987	46,956,072	103,612,026	45,050,000	95.9
1988	51,645,666	106,698,521	48,710,000	94.3
1989	58,645,953	111,790,744	54,500,000	92.9
1990	69,754,495	123,476,712	64,859,000	93.0
1991	88,377,773	147,033,777	76,964,000	87.1
1992	114,365,915	180,475,361	91,480,000	80.0
1993	126,573,138	190,261,570	101,708,889	80.4
1994	136,886,366	197,602,444	108,270,147	79.1
1995	151,707,290	210,644,422	120,140,904	79.2
1996	154,423,973	208,578,339	121,684,650	78.8
1997	160,538,571	211,384,188	123,551,014	77.0
1998	167,994,374	215,968,914	142,317,904	84.7
1999	180,456,639	226,588,709	153,479,358	85.1
2000	194,696,199	237,930,410	168,307,231	86.4
2001	215,377,890	254,182,687	186,905,000	86.8
2002	244,325,041	281,020,928	213,496,607	87.4
2003	261,870,099	291,323,872	233,205,998	89.1
2004	279,390,230	298,043,404	257,748,435	92.3
2005	298,169,895	307,391,990	273,202,750	91.6
2006	295,114,446	295,114,446	265,048,888	89.8

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

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

³Dollar amounts adjusted using a personal consumption expenditure index for medical services, expressed in fiscal year 2006 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 13.2
Medicaid Expenditures, by Provider Type and Area of Residence: Fiscal Year 2005

Area of Residence	Total	Hospital ¹	Institutional Long-Term-Care ²	Physicians and Other Practitioners ³	Prescription Drug
Amount in Thousands					
All Jurisdictions	\$298,169,895	\$71,467,879	\$59,158,529	\$15,812,357	\$43,159,509
Boston: Region I	19,867,160	4,439,191	4,165,959	684,589	2,346,456
Connecticut	4,112,612	570,719	1,270,108	119,072	496,715
Maine	2,249,132	542,732	259,900	88,691	282,040
Massachusetts	9,598,653	2,396,295	1,879,185	289,111	1,075,833
New Hampshire	1,282,653	387,087	350,497	57,793	133,254
Rhode Island	1,755,728	391,305	301,561	36,579	173,884
Vermont	868,383	151,053	104,707	93,343	184,730
New York: Region II	51,981,581	12,822,884	11,930,296	797,420	6,390,716
New Jersey	8,459,832	2,445,929	2,295,243	99,374	1,135,724
New York	42,490,531	10,372,337	9,634,112	697,667	5,251,242
Puerto Rico	1,007,421	0	0	0	0
Virgin Islands	23,797	4,617	942	379	3,750
Philadelphia: Region III	29,518,674	4,535,636	7,648,565	729,174	2,865,788
Delaware	868,386	96,697	180,678	22,766	122,138
District of Columbia	1,266,796	358,751	255,543	21,233	104,859
Maryland	5,035,456	959,191	957,794	52,975	565,201
Pennsylvania	15,675,422	1,568,500	4,908,694	219,833	1,008,152
Virginia	4,443,920	1,077,618	899,295	192,070	634,701
West Virginia	2,228,693	474,878	446,561	220,296	430,737
Atlanta: Region IV	53,387,017	13,268,134	10,242,004	4,362,579	10,578,385
Alabama	3,854,404	845,614	865,154	250,356	606,583
Florida	13,373,502	3,075,494	2,529,777	813,643	2,503,151
Georgia	7,682,251	2,745,789	1,743,377	963,381	1,143,035
Kentucky	4,296,912	1,031,699	829,036	366,556	794,949
Mississippi	3,376,300	1,152,926	821,447	268,586	665,571
North Carolina	9,152,162	2,506,349	1,585,920	1,049,075	1,790,264
South Carolina	4,197,389	1,408,441	668,055	432,954	730,481
Tennessee	7,454,095	501,823	1,199,236	218,029	2,344,351
Chicago: Region V	\$47,080,313	\$11,296,062	\$11,183,885	\$2,533,555	\$6,700,152
Illinois	11,217,307	4,883,148	2,169,665	582,226	1,804,335
Indiana	5,383,569	1,103,329	1,597,725	296,331	758,648
Michigan	8,590,243	1,708,268	1,626,013	264,974	964,093
Minnesota	5,605,606	482,992	1,049,938	324,132	441,872
Ohio	11,465,008	2,629,169	3,650,219	904,413	1,969,553
Wisconsin	4,818,580	489,156	1,090,326	161,480	761,651
Dallas: Region VI	30,603,993	8,956,624	5,049,640	2,797,218	4,555,201
Arkansas	2,882,429	663,094	632,660	273,644	438,162
Louisiana	5,488,896	2,279,493	1,078,571	373,537	1,083,483
New Mexico	2,381,867	391,371	219,625	75,444	116,253
Oklahoma	2,810,150	668,579	572,473	298,166	500,424
Texas	17,040,651	4,954,088	2,546,311	1,776,427	2,416,879

See footnotes at end of table.

Table 13.2—Continued
Medicaid Expenditures, by Provider Type and Area of Residence: Fiscal Year 2005

Area of Residence	Prescription Drug Rebate	Other		Home and Community ⁵	Health Insurance ⁶	Miscellaneous ⁷
		Acute Care ⁴				
Amount in Thousands						
All Jurisdictions	-\$12,321,435	\$11,297,127		\$33,819,816	\$59,254,103	\$16,522,010
Boston: Region I	-618,039	609,727		2,707,113	3,447,172	2,084,994
Connecticut	-109,418	56,544		737,003	895,982	75,888
Maine	-99,805	102,688		249,024	53,632	770,229
Massachusetts	-281,524	298,074		1,157,481	2,080,368	703,829
New Hampshire	-37,567	128,922		180,246	12,255	70,166
Rhode Island	-44,671	7,113		227,406	350,890	311,661
Vermont	-45,054	16,386		155,953	54,044	153,221
New York: Region II	-1,557,183	2,077,233		8,027,821	8,941,862	2,550,533
New Jersey	-257,052	287,942		910,123	1,271,135	271,414
New York	-1,300,132	1,788,667		7,117,698	6,663,110	2,265,830
Puerto Rico	0	0		0	1,007,421	0
Virgin Islands	0	624		1	195	13,289
Philadelphia: Region III	-756,008	838,606		2,991,200	9,598,866	1,066,847
Delaware	-35,425	23,217		77,623	316,309	64,384
District of Columbia	-24,704	160,236		38,490	311,190	41,197
Maryland	-153,805	220,255		552,670	1,578,805	302,370
Pennsylvania	-253,722	261,288		1,513,570	6,036,753	412,355
Virginia	-174,024	86,236		500,198	1,130,945	96,881
West Virginia	-114,327	87,374		308,649	224,865	149,660
Atlanta: Region IV	-3,042,426	2,176,753		4,038,102	8,091,902	3,671,583
Alabama	-145,238	226,062		304,460	692,170	209,243
Florida	-728,569	229,987		999,640	2,518,650	1,431,730
Georgia	-332,736	211,031		463,944	204,498	539,932
Kentucky	-217,276	218,858		322,144	715,653	235,293
Mississippi	-180,055	237,098		119,721	82,499	208,509
North Carolina	-452,693	634,866		1,137,797	351,081	549,503
South Carolina	-217,001	390,347		300,317	197,588	286,209
Tennessee	-768,857	28,505		390,079	3,329,763	211,165
Chicago: Region V	-\$1,923,734	\$1,339,381		\$5,488,849	\$8,311,596	\$2,150,565
Illinois	-575,458	316,934		905,003	440,474	690,980
Indiana	-204,350	390,098		496,958	710,378	234,453
Michigan	-325,136	253,776		687,639	3,249,856	160,759
Minnesota	-118,040	42,738		1,490,251	1,514,100	377,625
Ohio	-594,559	134,812		1,103,858	1,251,135	416,409
Wisconsin	-106,191	201,024		805,140	1,145,654	270,340
Dallas: Region VI	-1,245,254	1,269,056		3,326,220	4,139,035	1,756,252
Arkansas	-100,829	388,596		263,673	211,115	112,313
Louisiana	-278,831	240,991		364,368	170,116	177,168
New Mexico	-25,418	34,788		450,984	1,041,338	77,483
Oklahoma	-103,413	132,481		360,605	226,832	154,004
Texas	-736,763	472,200		1,886,591	2,489,635	1,235,284

Table 13.2—Continued
Medicaid Expenditures, by Provider Type and Area of Residence: Fiscal Year 2005

Area of Residence	Total	Hospital ¹	Institutional Long-Term-Care ²	Physicians and Other Practitioners ³	Prescription Drug
Amount in Thousands					
Kansas City: Region VII	12,524,267	3,237,790	2,544,248	635,319	2,211,660
Iowa	2,416,558	419,161	671,475	238,137	416,073
Kansas	2,058,766	367,123	412,508	111,949	301,096
Missouri	6,558,808	2,180,182	1,047,992	169,029	1,245,888
Nebraska	1,490,135	271,323	412,274	116,204	248,603
Denver: Region VIII	6,441,552	1,543,890	1,306,796	455,275	816,609
Colorado	2,797,131	698,296	499,704	183,746	285,372
Montana	707,339	180,206	150,878	50,538	104,839
North Dakota	519,357	81,355	226,019	35,892	64,164
South Dakota	615,366	141,035	148,759	47,654	88,963
Utah	1,391,410	340,780	199,949	88,311	221,854
Wyoming	410,950	102,218	81,487	49,133	51,417
San Francisco: Region IX	\$36,196,363	\$9,311,435	\$3,847,441	\$2,160,403	\$5,450,292
American Samoa	10,984	0	0	0	0
Arizona	5,704,461	457,374	23,961	115,375	5,524
California	28,246,933	8,325,299	3,437,573	1,884,850	5,187,153
Guam	16,918	7,180	450	3,035	1,828
Hawaii	1,018,143	134,508	206,854	44,054	119,877
Nevada	1,190,739	381,502	178,602	113,090	134,590
Northern Mariana Islands	8,185	5,573	0	0	1,320
Seattle: Region X	10,568,974	2,056,235	1,239,695	656,825	1,244,249
Alaska	986,960	267,144	119,147	92,012	127,316
Idaho	1,033,654	221,637	184,532	110,521	168,781
Oregon	2,810,910	337,739	238,158	103,084	261,736
Washington	5,737,451	1,229,714	697,858	351,208	686,417

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 13.2—Continued
Medicaid Expenditures, by Provider Type and Area of Residence: Fiscal Year 2005

Area of Residence	Prescription Drug Rebate	Other	Home and Community ⁵	Health Insurance ⁶	Miscellaneous ⁷
		Acute Care ⁴			
Amount in Thousands					
Kansas City: Region VII	-551,879	505,819	1,566,696	1,622,545	752,070
Iowa	-90,050	42,746	339,440	254,931	124,645
Kansas	-93,126	32,393	409,251	189,107	328,465
Missouri	-300,271	347,027	610,295	1,035,688	222,978
Nebraska	-68,431	83,653	207,710	142,818	75,982
Denver: Region VIII	-197,946	465,417	948,984	734,458	368,069
Colorado	-74,633	159,545	448,923	455,252	140,925
Montana	-25,167	33,641	115,788	30,195	66,419
North Dakota	-15,335	22,363	67,364	8,522	29,014
South Dakota	-22,083	46,292	90,291	28,235	46,219
Utah	-47,062	177,057	130,748	203,845	75,928
Wyoming	-13,665	26,518	95,870	8,409	9,563
San Francisco: Region IX	-\$2,115,662	\$1,573,195	\$2,883,426	\$11,680,769	\$1,405,064
American Samoa	0	0	0	0	10,984
Arizona	0	38,561	11,312	4,866,715	185,640
California	-2,056,455	1,424,763	2,645,270	6,283,623	1,114,856
Guam	0	1,577	40	403	2,405
Hawaii	-25,104	81,248	121,012	316,540	19,153
Nevada	-34,104	26,785	105,791	213,091	71,391
Northern Mariana Islands	0	261	0	396	634
Seattle: Region X	-313,305	441,938	1,841,405	2,685,898	716,034
Alaska	-27,511	108,513	202,452	13,079	84,808
Idaho	-48,525	109,463	136,040	27,154	124,050
Oregon	-60,465	28,019	543,122	1,103,646	255,871
Washington	-176,804	195,943	959,791	1,542,019	251,305

Table 13.2
Medicaid Expenditures, by Provider Type and Area of Residence: Fiscal Year 2006

Area of Residence	Total	Hospital ¹	Institutional Long-Term-Care ²	Physicians and Other Practitioners ³	Prescription Drug
	Amount in Thousands				
All Jurisdictions	\$295,114,446	\$69,259,370	\$59,729,882	\$15,866,778	\$28,714,573
Boston: Region I	19,906,516	3,595,211	4,330,974	672,647	1,350,349
Connecticut	4,199,926	612,042	1,513,930	122,952	286,341
Maine	2,251,630	440,691	319,314	123,668	201,413
Massachusetts	9,638,244	1,814,468	1,809,508	324,550	665,626
New Hampshire	1,106,789	299,431	293,636	63,101	88,188
Rhode Island	1,757,076	400,461	305,938	36,798	100,885
Vermont	952,852	28,119	88,647	1,579	7,894
New York: Region II	53,822,198	14,024,611	12,242,754	845,754	4,674,395
New Jersey	9,015,594	2,584,291	2,421,728	103,612	768,814
New York	44,050,651	11,435,362	9,819,931	741,812	3,902,502
Puerto Rico	743,883	6	0	(8)	2
Virgin Islands	12,070	4,952	1,095	331	3,078
Philadelphia: Region III	29,407,753	4,670,489	7,255,592	724,231	1,755,809
Delaware	946,603	103,595	182,714	31,634	103,264
District of Columbia	1,277,945	371,920	252,515	23,011	80,436
Maryland	5,293,654	964,978	1,001,041	54,482	335,540
Pennsylvania	15,157,322	1,625,736	4,417,245	211,379	547,311
Virginia	4,630,308	1,180,131	944,043	224,763	346,299
West Virginia	2,101,920	424,128	458,034	178,963	342,960
Atlanta: Region IV	50,609,385	13,583,751	10,111,231	4,376,160	6,090,055
Alabama	3,870,498	837,843	864,953	317,977	467,555
Florida	12,763,510	3,320,035	2,710,387	819,940	1,426,818
Georgia	7,056,175	2,426,778	1,391,117	869,998	821,881
Kentucky	4,379,725	1,102,759	862,805	375,952	535,074
Mississippi	3,270,419	1,202,652	901,495	255,380	346,712
North Carolina	9,082,337	2,624,239	1,550,069	1,080,949	1,183,215
South Carolina	4,070,301	1,484,482	624,352	453,443	476,567
Tennessee	6,116,420	584,964	1,206,054	202,522	832,234
Chicago: Region V	45,617,925	10,461,112	10,870,460	2,588,242	4,624,749
Illinois	10,360,876	4,181,260	2,255,178	670,130	1,534,651
Indiana	5,570,108	1,169,373	1,751,449	268,052	411,789
Michigan	8,231,221	1,588,307	1,445,010	283,751	555,232
Minnesota	5,430,011	491,721	1,024,223	352,059	289,553
Ohio	11,243,449	2,538,881	3,394,708	859,865	1,370,556
Wisconsin	4,782,260	491,569	999,893	154,385	462,969
Dallas: Region VI	30,232,156	8,325,576	5,167,378	2,880,571	3,394,100
Arkansas	2,920,526	666,461	656,523	298,055	331,882
Louisiana	4,863,298	1,958,960	1,063,040	350,940	766,017
New Mexico	2,463,396	415,061	218,205	71,650	51,293
Oklahoma	2,964,811	763,601	580,060	389,792	358,051
Texas	17,020,125	4,521,494	2,649,550	1,770,135	1,886,857

See footnotes at end of table.

Table 13.2—Continued
Medicaid Expenditures, by Provider Type and Area of Residence: Fiscal Year 2006

Area of Residence	Prescription Drug Rebate	Other				Miscellaneous ⁷
		Acute Care ⁴	Home and Community ⁵	Health Insurance ⁶		
Amount in Thousands						
All Jurisdictions	-\$11,476,422	\$11,692,590	\$37,914,523	\$66,128,474	\$17,284,679	
Boston: Region I	-570,447	687,976	2,818,664	4,947,240	2,073,903	
Connecticut	-122,995	80,026	756,085	874,142	77,402	
Maine	-109,155	179,028	352,869	55,615	688,186	
Massachusetts	-249,803	283,743	1,237,535	2,846,327	906,289	
New Hampshire	-41,576	133,121	193,916	14,745	62,227	
Rhode Island	-45,359	11,825	243,066	370,111	333,350	
Vermont	-1,560	232	35,193	786,300	6,448	
New York: Region II	-1,403,785	2,114,417	9,049,367	9,578,547	2,696,138	
New Jersey	-250,716	309,386	1,254,837	1,434,107	389,535	
New York	-1,153,070	1,803,627	7,794,529	7,400,244	2,305,713	
Puerto Rico	0	0	0	743,875	0	
Virgin Islands	0	1,404	0	321	889	
Philadelphia: Region III	-713,244	869,520	3,367,946	10,280,815	1,196,594	
Delaware	-37,309	31,182	93,661	377,648	60,215	
District of Columbia	-18,727	148,568	62,384	315,504	42,334	
Maryland	-146,886	255,559	696,114	1,759,441	373,386	
Pennsylvania	-217,388	270,595	1,681,382	6,193,691	427,371	
Virginia	-152,074	79,396	533,742	1,316,423	157,586	
West Virginia	-140,859	84,220	300,664	318,107	135,702	
Atlanta: Region IV	-2,585,927	2,012,703	4,410,293	8,898,250	3,712,868	
Alabama	-151,203	252,138	330,349	761,995	188,890	
Florida	-785,735	249,307	1,151,770	2,625,697	1,245,292	
Georgia	-341,534	193,966	547,666	724,387	421,916	
Kentucky	-166,824	218,922	356,549	833,029	261,458	
Mississippi	-94,726	225,021	124,338	99,380	210,168	
North Carolina	-392,080	504,128	1,182,471	469,287	880,059	
South Carolina	-198,550	358,979	310,094	257,354	303,580	
Tennessee	-455,275	10,240	407,056	3,127,122	201,505	
Chicago: Region V	-1,933,515	1,375,052	5,936,735	9,671,011	2,024,079	
Illinois	-618,201	316,459	893,126	426,500	701,773	
Indiana	-189,638	400,669	503,398	1,005,475	249,542	
Michigan	-266,024	272,413	680,745	3,498,889	172,899	
Minnesota	-127,006	43,268	1,589,161	1,597,334	169,699	
Ohio	-642,960	133,971	1,381,724	1,755,375	451,329	
Wisconsin	-89,686	208,272	888,582	1,387,439	278,836	
Dallas: Region VI	-1,165,333	1,345,139	3,597,347	4,598,778	2,088,600	
Arkansas	-120,516	442,718	277,749	241,749	125,906	
Louisiana	-236,095	224,786	394,916	185,871	154,863	
New Mexico	-9,841	40,744	481,909	1,108,523	85,853	
Oklahoma	-111,464	162,242	409,262	224,722	188,545	
Texas	-687,418	474,651	2,033,511	2,837,913	1,533,434	

Table 13.2—Continued
Medicaid Expenditures, by Provider Type and Area of Residence: Fiscal Year 2006

Area of Residence	Total	Hospital ¹	Institutional Long-Term-Care ²	Physicians and Other Practitioners ³	Prescription Drug
Amount in Thousands					
Kansas City: Region VII	\$12,724,849	\$3,628,302	\$2,497,054	\$621,259	\$1,677,615
Iowa	2,757,154	483,388	701,947	275,146	546,796
Kansas	2,164,064	490,011	387,530	115,723	194,120
Missouri	6,303,398	2,358,507	1,000,413	108,815	762,889
Nebraska	1,500,233	296,395	407,165	121,574	173,810
Denver: Region VIII	6,614,938	1,718,210	1,339,711	522,748	575,974
Colorado	2,868,611	738,102	507,634	213,131	206,023
Montana	732,803	204,217	159,497	58,942	70,119
North Dakota	509,344	84,738	230,494	36,093	39,216
South Dakota	607,420	135,240	154,200	51,636	56,684
Utah	1,474,720	441,163	205,897	112,593	164,382
Wyoming	422,041	114,751	81,988	50,354	39,551
San Francisco: Region IX	35,791,172	7,324,304	4,633,457	2,058,658	3,721,054
American Samoa	13,142	0	0	0	115
Arizona	6,172,779	465,043	25,643	107,902	3,311
California	27,310,540	6,336,127	4,226,200	1,792,798	3,533,631
Guam	20,803	5,561	222	3,740	3,100
Hawaii	1,101,600	140,249	204,880	43,065	80,909
Nevada	1,164,569	375,020	176,511	111,075	97,263
Northern Mariana Islands	7,739	2,304	0	78	2,724
Seattle: Region X	10,387,555	1,927,803	1,281,271	576,507	850,473
Alaska	967,172	270,372	123,441	91,953	89,589
Idaho	1,049,799	222,220	193,385	117,473	117,955
Oregon	2,841,091	329,065	280,376	83,618	175,942
Washington	5,529,493	1,106,147	684,069	283,463	466,988

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.

⁸Less than \$500.

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 13.2—Continued
Medicaid Expenditures, by Provider Type and Area of Residence: Fiscal Year 2006

Area of Residence	Prescription Drug Rebate	Other	Home and Community ⁵	Health Insurance ⁶	Miscellaneous ⁷
		Acute Care ⁴			
Amount in Thousands					
Kansas City: Region VII	-\$540,388	\$528,983	\$1,723,106	\$1,753,865	\$835,053
Iowa	-124,129	51,088	407,389	268,132	147,397
Kansas	-83,822	36,728	448,686	229,543	345,546
Missouri	-283,691	352,746	643,892	1,095,212	264,614
Nebraska	-48,747	88,421	223,139	160,978	77,496
Denver: Region VIII	-199,980	473,309	1,029,742	751,480	403,744
Colorado	-71,240	157,409	493,752	467,561	156,239
Montana	-29,341	36,596	123,890	35,708	73,175
North Dakota	-14,557	16,164	73,479	9,844	33,873
South Dakota	-18,823	50,335	93,763	32,125	52,260
Utah	-55,072	186,061	143,181	198,396	78,118
Wyoming	-10,948	26,744	101,676	7,845	10,080
San Francisco: Region IX	-2,063,113	1,712,948	3,914,909	13,021,661	1,467,294
American Samoa	0	0	0	0	13,027
Arizona	0	44,635	16,676	5,307,808	201,761
California	-2,002,481	1,564,770	3,645,341	7,046,189	1,167,964
Guam	0	4,869	170	675	2,467
Hawaii	-26,910	68,251	120,861	448,753	21,541
Nevada	-33,723	30,268	131,861	217,869	58,423
Northern Mariana Islands	0	154	0	367	2,111
Seattle: Region X	-300,688	572,543	2,066,414	2,626,826	786,406
Alaska	-29,972	112,653	210,117	15,927	83,092
Idaho	-40,985	121,218	148,092	31,873	138,569
Oregon	-54,255	21,092	655,250	1,092,752	257,251
Washington	-175,476	317,581	1,052,955	1,486,273	307,493

Table 13.3
Medicaid Expenditures, Eligibles, and Average Expenditure per Eligible, by Area of Residence: Fiscal Year 2005

Area of Residence	Expenditures ¹		Eligibles ²		Average Expenditure per Eligible ³
	Total	Percent	Total	Percent	
All Jurisdictions	\$298,169,895,179	100.0	58,738,534	100.0	5,076 ³
Boston: Region I	19,867,160,138	6.7	2,256,209	3.8	8,806
Connecticut	4,112,611,823	1.4	524,847	0.9	7,836
Maine	2,249,132,069	0.8	(8)	---	---
Massachusetts	9,598,653,094	3.2	1,211,742	2.1	7,921
New Hampshire	1,282,652,571	0.4	138,732	0.2	9,246
Rhode Island	1,755,727,770	0.6	219,441	0.4	8,001
Vermont	868,382,811	0.3	161,447	0.3	5,379
New York: Region II	51,981,581,483	17.4	6,086,125	10.4	8,541 ⁴
New Jersey	8,459,831,894	2.8	997,598	1.7	8,480
New York	42,490,531,157	14.3	5,088,527	8.7	8,350
Puerto Rico	1,007,421,411	0.3	(7)	---	---
Virgin Islands	23,797,021	(6)	(7)	---	---
Philadelphia: Region III	29,518,673,880	9.9	4,462,875	7.6	6,614
Delaware	868,386,277	0.3	177,181	0.3	4,901
District of Columbia	1,266,796,103	0.4	165,704	0.3	7,645
Maryland	5,035,456,452	1.7	858,787	1.5	5,863
Pennsylvania	15,675,421,782	5.3	2,005,713	3.4	7,815
Virginia	4,443,919,986	1.5	873,585	1.5	5,087
West Virginia	2,228,693,280	0.7	381,905	0.7	5,836
Atlanta: Region IV	53,387,017,249	17.9	11,573,269	19.7	4,613
Alabama	3,854,404,376	1.3	948,255	1.6	4,065
Florida	13,373,502,447	4.5	2,996,864	5.1	4,462
Georgia	7,682,251,034	2.6	1,827,347	3.1	4,204
Kentucky	4,296,912,415	1.4	845,090	1.4	5,085
Mississippi	3,376,300,381	1.1	778,110	1.3	4,339
North Carolina	9,152,162,402	3.1	1,566,047	2.7	5,844
South Carolina	4,197,389,222	1.4	996,654	1.7	4,211
Tennessee	7,454,094,972	2.5	1,614,902	2.7	4,616
Chicago: Region V	47,080,313,066	15.8	9,135,947	15.6	5,153
Illinois	11,217,307,020	3.8	2,393,150	4.1	4,687
Indiana	5,383,568,607	1.8	1,019,871	1.7	5,279
Michigan	8,590,242,511	2.9	1,854,408	3.2	4,632
Minnesota	5,605,606,453	1.9	750,546	1.3	7,469
Ohio	11,465,008,365	3.8	2,101,901	3.6	5,455
Wisconsin	4,818,580,110	1.6	1,016,071	1.7	4,742

See footnotes at end of table.

Table 13.3—Continued
Medicaid Expenditures, Eligibles, and Average Expenditure per Eligible, by Area of Residence: Fiscal Year 2005

Area of Residence	Expenditures ¹		Eligibles ²		Average Expenditure per Eligible
	Total	Percent	Total	Percent	
Dallas: Region VI	\$30,603,993,041	10.3	7,122,935	12.1	\$4,297
Arkansas	2,882,429,092	1.0	734,959	1.3	3,922
Louisiana	5,488,895,821	1.8	1,153,385	2.0	4,759
New Mexico	2,381,867,350	0.8	528,378	0.9	4,508
Oklahoma	2,810,150,014	0.9	718,778	1.2	3,910
Texas	17,040,650,764	5.7	3,987,435	6.8	4,274
Kansas City: Region VII	12,524,266,985	4.2	2,233,814	3.8	5,607
Iowa	2,416,558,097	0.8	412,940	0.7	5,852
Kansas	2,058,765,729	0.7	352,314	0.6	5,844
Missouri	6,558,807,852	2.2	1,206,971	2.1	5,434
Nebraska	1,490,135,307	0.5	261,589	0.4	5,696
Denver: Region VII	6,441,552,329	2.2	1,237,537	2.1	5,205
Colorado	2,797,131,275	0.9	535,404	0.9	5,224
Montana	707,339,032	0.2	115,153	0.2	6,143
North Dakota	519,356,785	0.2	74,262	0.1	6,994
South Dakota	615,365,546	0.2	126,885	0.2	4,850
Utah	1,391,409,810	0.5	305,000	0.5	4,562
Wyoming	410,949,881	0.1	80,833	0.1	5,084
San Francisco: Region IX	36,196,362,552	12.1	12,527,651	21.3	2,889 ⁵
American Samoa	10,984,474	(6)	(7)	---	---
Arizona	5,704,461,184	1.9	1,451,207	2.5	3,931
California	28,246,932,584	9.5	10,588,818	18.0	2,668
Guam	16,918,083	(6)	(7)	---	---
Hawaii	1,018,142,736	0.3	229,773	0.4	4,431
Nevada	1,190,738,874	0.4	257,853	0.4	4,618
Northern Mariana Islands	8,184,617	(6)	(7)	---	---
Seattle: Region X	10,568,974,456	3.5	2,102,172	3.6	5,028
Alaska	986,959,584	0.3	130,250	0.2	7,577
Idaho	1,033,653,575	0.3	220,863	0.4	4,680
Oregon	2,810,910,412	0.9	550,049	0.9	5,110
Washington	5,737,450,885	1.9	1,201,010	2.0	4,777

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.

⁸Data not reported in time to be included in table.

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 13.3
Medicaid Expenditures, Eligibles, and Average Expenditure per Eligible, by Area of Residence: Fiscal Year 2006

Area of Residence	Expenditures ¹		Eligibles ²		Average Expenditure per Eligible
	Total	Percent	Total	Percent	
All Jurisdictions	\$295,114,445,852	100.0	59,914,521	100.0	4,912 ³
Boston: Region I	19,906,516,414	6.7	2,623,157	4.4	7,589
Connecticut	4,199,925,833	1.4	525,858	0.9	7,987
Maine	2,251,629,521	0.8	306,397 ⁸	0.5	7,349
Massachusetts	9,638,243,993	3.3	1,267,776	2.1	7,602
New Hampshire	1,106,789,332	0.4	141,907	0.2	7,799
Rhode Island	1,757,076,191	0.6	221,329	0.4	7,939
Vermont	952,851,544	0.3	159,890	0.3	5,959
New York: Region II	53,822,198,182	18.2	6,160,559	10.3	8,614 ⁴
New Jersey	9,015,594,053	3.1	1,042,795	1.7	8,646
New York	44,050,651,270	14.9	5,117,764	8.5	8,607
Puerto Rico	743,882,998	0.3	(7)	---	---
Virgin Islands	12,069,861	(6)	(7)	---	---
Philadelphia: Region III	29,407,752,536	10.0	4,587,014	7.7	6,411
Delaware	946,602,927	0.3	183,892	0.3	5,148
District of Columbia	1,277,944,927	0.4	166,889	0.3	7,657
Maryland	5,293,654,364	1.8	863,703	1.4	6,129
Pennsylvania	15,157,322,408	5.1	2,086,950	3.5	7,263
Virginia	4,630,308,172	1.6	892,841	1.5	5,186
West Virginia	2,101,919,738	0.7	392,739	0.7	5,352
Atlanta: Region IV	50,609,384,603	17.1	11,649,808	19.4	4,344
Alabama	3,870,498,018	1.3	974,268	1.6	3,973
Florida	12,763,510,023	4.3	3,031,743	5.1	4,210
Georgia	7,056,175,114	2.4	1,815,632	3.0	3,886
Kentucky	4,379,724,589	1.5	866,252	1.4	5,056
Mississippi	3,270,419,039	1.1	787,955	1.3	4,151
North Carolina	9,082,337,062	3.1	1,667,247	2.8	5,448
South Carolina	4,070,300,879	1.4	991,278	1.7	4,106
Tennessee	6,116,419,879	2.1	1,515,433	2.5	4,036
Chicago: Region V	45,617,925,331	15.5	9,435,368	15.7	4,835
Illinois	10,360,876,073	3.5	2,498,757	4.2	4,146
Indiana	5,570,107,982	1.9	1,046,088	1.7	5,325
Michigan	8,231,220,996	2.8	1,911,493	3.2	4,306
Minnesota	5,430,011,306	1.8	774,813	1.3	7,008
Ohio	11,243,448,916	3.8	2,161,877	3.6	5,201
Wisconsin	4,782,260,058	1.6	1,042,340	1.7	4,588

See footnotes at end of table.

Table 13.3—Continued
Medicaid Expenditures, Eligibles, and Average Expenditure per Eligible, by Area of Residence: Fiscal Year 2006

Area of Residence	Expenditures ¹		Eligibles ²		Average Expenditure per Eligible
	Total	Percent	Total	Percent	
Dallas: Region VI	\$30,232,155,706	10.2	7,326,110	12.2	4,127
Arkansas	2,920,525,623	1.0	755,173	1.3	3,867
Louisiana	4,863,297,790	1.6	1,189,076	2.0	4,090
New Mexico	2,463,395,809	0.8	521,789	0.9	4,721
Oklahoma	2,964,811,134	1.0	756,007	1.3	3,922
Texas	17,020,125,350	5.8	4,104,065	6.8	4,147
Kansas City: Region VII	12,724,848,721	4.3	2,231,695	3.7	5,702
Iowa	2,757,153,519	0.9	464,152	0.8	5,940
Kansas	2,164,064,086	0.7	360,124	0.6	6,009
Missouri	6,303,398,411	2.1	1,145,906	1.9	5,501
Nebraska	1,500,232,705	0.5	261,513	0.4	5,737
Denver: Region VIII	6,614,938,259	2.2	1,251,215	2.1	5,287
Colorado	2,868,610,815	1.0	549,952	0.9	5,216
Montana	732,803,234	0.2	114,050	0.2	6,425
North Dakota	509,343,734	0.2	74,793	0.1	6,810
South Dakota	607,419,572	0.2	126,379	0.2	4,806
Utah	1,474,719,529	0.5	304,316	0.5	4,846
Wyoming	422,041,375	0.1	81,725	0.1	5,164
San Francisco: Region IX	35,791,171,534	12.1	12,562,923	21.0	2,846 ⁵
American Samoa	13,141,792	(6)	(7)	---	---
Arizona	6,172,779,055	2.1	1,432,823	2.4	4,308
California	27,310,539,793	9.3	10,641,054	17.8	2,567
Guam	20,803,488	(6)	(7)	---	---
Hawaii	1,101,599,554	0.4	231,193	0.4	4,765
Nevada	1,164,568,899	0.4	257,853 ⁹	0.4	4,516
Northern Mariana Islands	7,738,953	(6)	(7)	---	---
Seattle: Region X	10,387,554,566	3.5	2,086,672	3.5	4,978
Alaska	967,171,512	0.3	131,246	0.2	7,369
Idaho	1,049,798,747	0.4	229,072	0.4	4,583
Oregon	2,841,091,169	1.0	530,121	0.9	5,359
Washington	5,529,493,138	1.9	1,196,233	2.0	4,622

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.

⁸Last reported number of eligibles is for 2004.

⁹Last reported number of eligibles is for 2005.

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 13.4
Number of Medicaid Persons Served (Beneficiaries), by Eligibility Group:
Fiscal Years 1975-2005

Year	Total	Children ¹	Adult	Aged	Disabled	Other/Unkown
	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
2004	55,002	26,459	12,244	4,318	7,933	4,048
2005	57,349	27,096	12,461	4,370	8,165	5,257

See footnotes at end of table.

Table 13.4—Continued
Number of Medicaid Persons Served (Beneficiaries), by Eligibility Group:
Fiscal Years 1975-2005

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	
2004	100.0	48.1	22.3	7.9	14.4	7.4	
2005	100.0	47.2	21.7	7.6	14.2	9.2	

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 13.4
Number of Medicaid Persons Served (Beneficiaries), by Eligibility Group:
Fiscal Years 1975-2006

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
2004	55,002	26,459	12,244	4,318	7,933	4,048
2005	57,349	27,096	12,461	4,370	8,165	5,257
2006	57,181	27,438	12,490	4,330	8,254	4,669

See footnotes at end of table.

Table 13.4—Continued
Number of Medicaid Persons Served (Beneficiaries), by Eligibility Group:
Fiscal Years 1975-2006

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
2004	100.0	48.1	22.3	7.9	14.4	7.4
2005	100.0	47.2	21.7	7.6	14.2	9.2
2006	100.0	48.0	21.8	7.6	14.4	8.2

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 13.5
Medicaid Persons Served (Beneficiaries), All Eligibility Groups, by Selected Type of Service:
Fiscal Years 1975-2005

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
2004	55,002	5,425	114	1,709	23,612	15,888	1,146	27,549
2005	57,349	5,462	109	1,703	24,030	16,153	1,192	28,162

See footnotes at end of table.

Table 13.5—Continued
Medicaid Persons Served (Beneficiaries), All Eligibility Groups, by Selected Type of Service:
Fiscal Years 1975-2005

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
2004	100.0	9.9	0.2	3.1	42.9	28.9	2.1	50.1
2005	100.0	9.5	0.2	3.0	41.9	28.2	2.1	49.1

¹The total persons served (beneficiaries) includes users of any type of services reported on the HCFA Form-2082 and in the Medicaid Statistical Information System. 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 13.5
Medicaid Persons Served (Beneficiaries), All Eligibility Groups, by Selected Type of Service:
Fiscal Years 1975-2006

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
2004	55,002	5,425	114	1,709	23,612	15,888	1,146	27,549
2005	57,349	5,462	109	1,703	24,030	16,153	1,192	28,162
2006	57,181	6,212	107	1,707	22,982	15,792	1,186	27,010

See footnotes at end of table.

Table 13.5—Continued
Medicaid Persons Served (Beneficiaries), All Eligibility Groups, by Selected Type of Service:
Fiscal Years 1975-2006

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
2004	100.0	9.9	0.2	3.1	42.9	28.9	2.1	50.1
2005	100.0	9.5	0.2	3.0	41.9	28.2	2.1	49.1
2006	100.0	10.9	0.2	3.0	40.2	27.6	2.1	47.2

¹The total persons served (beneficiaries) includes users of any type of services reported on the HCFA Form-2082 and in the Medicaid Statistical Information System. 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 13.6
Medicaid Persons Served (Beneficiaries), Children, by Selected Type of Service:
Fiscal Years 1975-2005

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
2004	26,459	1,494	1	2	10,285	6,342	242	11,550
2005	27,096	1,485	1	2	10,360	6,305	252	11,774

See footnotes at end of table.

Table 13.6—Continued
Medicaid Persons Served (Beneficiaries), Children, by Selected Type of Service:
Fiscal Years 1975-2005

Year	Total ¹	Inpatient		Nursing		Outpatient	Home	Prescribed
		Hospital	ICF/MR	Facility ²	Physician	Hospital	Health ³	Drugs
Percent of Unduplicated Total Using Selected Service								
1975	100.0	10.3	(5)	(5)	69.4	37.7	0.6	57.8
1976	100.0	10.1	(5)	(5)	69.6	40.7	0.6	60.1
1977	100.0	10.6	(5)	(5)	71.1	41.7	0.6	62.9
1978	100.0	10.9	(5)	(5)	71.5	42.6	1.5	64.2
1979	100.0	10.4	(5)	(5)	70.9	38.7	2.0	62.1
1980	100.0	10.5	(5)	(5)	65.2	45.4	0.8	59.9
1981	100.0	10.0	(5)	(5)	67.7	44.7	0.9	60.6
1982	100.0	9.1	(5)	(5)	64.6	43.6	0.7	56.8
1983	100.0	9.2	(5)	(5)	64.1	43.6	0.4	57.6
1984	100.0	8.7	(5)	(5)	65.4	43.1	0.5	58.5
1985	100.0	8.9	(5)	(5)	64.4	43.8	0.7	57.3
1986	100.0	9.2	(5)	(5)	64.8	44.3	0.7	59.3
1987	100.0	9.9	(5)	(5)	65.4	44.5	0.6	59.7
1988	100.0	10.0	(5)	(5)	66.0	43.1	0.5	61.0
1989	100.0	11.0	(5)	(5)	67.0	45.2	0.6	62.6
1990	100.0	12.0	(5)	(5)	68.5	46.8	0.7	64.7
1991	100.0	11.4	(5)	(5)	69.3	47.9	0.8	66.9
1992	100.0	13.1	(5)	(5)	68.4	47.0	0.8	66.2
1993	100.0	11.7	(5)	(5)	69.7	47.0	0.9	67.5
1994	100.0	11.2	(5)	(5)	67.2	44.4	1.2	65.4
1995	100.0	10.1	(5)	(5)	64.3	43.0	1.5	62.4
1996	100.0	9.7	(5)	(5)	61.6	40.5	2.0	59.7
1997	100.0	8.6	(5)	(5)	59.3	34.7	2.0	57.8
1998	100.0	6.3	(5)	(5)	41.4	25.2	1.1	43.1
1999	100.0	6.1	(5)	(5)	40.4	24.5	0.7	43.1
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
2004	100.0	5.6	(5)	(5)	38.9	24.0	0.9	43.7
2005	100.0	5.5	(5)	(5)	38.2	23.3	0.9	43.5

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

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

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

⁴Less than 500 users.

⁵Less than 0.05 percent.

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

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

Table 13.6
Medicaid Persons Served (Beneficiaries), Children, by Selected Type of Service:
Fiscal Years 1975-2006

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
2004	26,459	1,494	1	2	10,285	6,342	242	11,550
2005	27,096	1,485	1	2	10,360	6,305	252	11,774
2006	27,438	1,719	1	2	10,063	6,171	246	11,494

See footnotes at end of table.

Table 13.6—Continued
Medicaid Persons Served (Beneficiaries), Children, by Selected Type of Service:
Fiscal Years 1975-2006

Year	Total ¹	Inpatient		Nursing		Outpatient	Home	Prescribed
		Hospital	ICF/MR	Facility ²	Physician	Hospital	Health ³	Drugs
Percent of Unduplicated Total Using Selected Service								
1975	100.0	10.3	(5)	(5)	69.4	37.7	0.6	57.8
1976	100.0	10.1	(5)	(5)	69.6	40.7	0.6	60.1
1977	100.0	10.6	(5)	(5)	71.1	41.7	0.6	62.9
1978	100.0	10.9	(5)	(5)	71.5	42.6	1.5	64.2
1979	100.0	10.4	(5)	(5)	70.9	38.7	2.0	62.1
1980	100.0	10.5	(5)	(5)	65.2	45.4	0.8	59.9
1981	100.0	10.0	(5)	(5)	67.7	44.7	0.9	60.6
1982	100.0	9.1	(5)	(5)	64.6	43.6	0.7	56.8
1983	100.0	9.2	(5)	(5)	64.1	43.6	0.4	57.6
1984	100.0	8.7	(5)	(5)	65.4	43.1	0.5	58.5
1985	100.0	8.9	(5)	(5)	64.4	43.8	0.7	57.3
1986	100.0	9.2	(5)	(5)	64.8	44.3	0.7	59.3
1987	100.0	9.9	(5)	(5)	65.4	44.5	0.6	59.7
1988	100.0	10.0	(5)	(5)	66.0	43.1	0.5	61.0
1989	100.0	11.0	(5)	(5)	67.0	45.2	0.6	62.6
1990	100.0	12.0	(5)	(5)	68.5	46.8	0.7	64.7
1991	100.0	11.4	(5)	(5)	69.3	47.9	0.8	66.9
1992	100.0	13.1	(5)	(5)	68.4	47.0	0.8	66.2
1993	100.0	11.7	(5)	(5)	69.7	47.0	0.9	67.5
1994	100.0	11.2	(5)	(5)	67.2	44.4	1.2	65.4
1995	100.0	10.1	(5)	(5)	64.3	43.0	1.5	62.4
1996	100.0	9.7	(5)	(5)	61.6	40.5	2.0	59.7
1997	100.0	8.6	(5)	(5)	59.3	34.7	2.0	57.8
1998	100.0	6.3	(5)	(5)	41.4	25.2	1.1	43.1
1999	100.0	6.1	(5)	(5)	40.4	24.5	0.7	43.1
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
2004	100.0	5.6	(5)	(5)	38.9	24.0	0.9	43.7
2005	100.0	5.5	(5)	(5)	38.2	23.3	0.9	43.5
2006	100.0	6.3	(5)	(5)	36.7	22.5	0.9	41.9

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 13.7
Medicaid Persons Served (Beneficiaries), Adults, by Selected Type of Service:
Fiscal Years 1975-2005

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
2004	12,244	1,554	(4)	5	4,891	3,718	90	5,724
2005	12,461	1,565	(4)	6	4,904	3,631	97	5,844

See footnotes at end of table.

Table 13.7—Continued
Medicaid Persons Served (Beneficiaries), Adults, by Selected Type of Service:
Fiscal Years 1975-2005

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
2004	100.0	12.7	(5)	(5)	39.9	30.4	0.7	46.7
2005	100.0	12.6	(5)	(5)	39.4	29.1	0.8	46.9

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 13.7
Medicaid Persons Served (Beneficiaries), Adults, by Selected Type of Service:
Fiscal Years 1975-2006

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
2004	12,244	1,554	(4)	5	4,891	3,718	90	5,724
2005	12,461	1,565	(4)	6	4,904	3,631	97	5,844
2006	12,490	1,798	(4)	6	4,698	3,611	90	5,624

See footnotes at end of table.

Table 13.7—Continued
Medicaid Persons Served (Beneficiaries), Adults, by Selected Type of Service:
Fiscal Years 1975-2006

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
2004	100.0	12.7	(5)	(5)	39.9	30.4	0.7	46.7
2005	100.0	12.6	(5)	(5)	39.4	29.1	0.8	46.9
2006	100.0	14.4	(5)	(5)	37.6	28.9	0.7	45.0

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

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

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

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 13.8
Medicaid Persons Served (Beneficiaries), Aged, by Selected Type of Service:
Fiscal Years 1975-2005

Year	Total ¹	Inpatient		Nursing		Outpatient	Home	Prescribed Drugs
		Hospital	ICF/MR	Facility ²	Physician	Hospital	Health ³	
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
2004	4,318	711	7	1,162	2,249	1,238	258	3,548
2005	4,370	686	7	1,143	2,224	1,297	275	3,593

See footnotes at end of table.

Table 13.8—Continued
Medicaid Persons Served (Beneficiaries), Aged, by Selected Type of Service:
Fiscal Years 1975-2005

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
2004	100.0	16.5	0.2	26.9	52.1	28.7	6.0	82.2
2005	100.0	15.7	0.2	26.2	50.9	29.7	6.3	82.2

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 13.8
Medicaid Persons Served (Beneficiaries), Aged, by Selected Type of Service:
Fiscal Years 1975-2006

Year	Total ¹	Inpatient		Nursing		Outpatient	Home	Prescribed Drugs
		Hospital	ICF/MR	Facility ²	Physician	Hospital	Health ³	
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
2004	4,318	711	7	1,162	2,249	1,238	258	3,548
2005	4,370	686	7	1,143	2,224	1,297	275	3,593
2006	4,330	652	7	1,118	2,248	1,316	272	3,382

See footnotes at end of table.

Table 13.8—Continued
Medicaid Persons Served (Beneficiaries), Aged, by Selected Type of Service:
Fiscal Years 1975-2006

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
2004	100.0	16.5	0.2	26.9	52.1	28.7	6.0	82.2
2005	100.0	15.7	0.2	26.2	50.9	29.7	6.3	82.2
2006	100.0	15.1	0.2	25.8	51.9	30.4	6.3	78.1

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

²Data shown include services shown separately in earlier years as skilled nursing facility (SNF) and intermediate care facilities (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 13.9
Medicaid Persons Served (Beneficiaries), Disabled, by Selected Type of Service:
Fiscal Years 1975-2005

Year	Total ¹	Inpatient		Nursing		Outpatient	Home	Prescribed
		Hospital	ICF/MR	Facility ²	Physician	Hospital	Health ³	Drugs
Number Using Selected Service, in Thousands								
1975	2,464	531	57	273	1,652	874	99	1,745
1976	2,669	602	78	271	1,816	1,064	112	1,912
1977	2,802	677	94	271	1,980	1,137	127	2,049
1978	2,718	691	91	276	1,956	1,150	97	2,046
1979	2,753	718	102	289	1,985	1,120	87	2,081
1980	2,911	749	102	295	2,032	1,269	170	2,193
1981	3,079	775	142	272	2,076	1,418	169	2,226
1982	2,891	733	143	250	2,030	1,284	168	2,156
1983	2,921	748	151	231	2,057	1,354	144	2,156
1984	2,913	730	139	230	2,056	1,361	161	2,200
1985	3,012	728	141	232	2,161	1,413	188	2,287
1986	3,182	751	140	232	2,298	1,569	205	2,451
1987	3,381	801	144	236	2,458	1,698	221	2,627
1988	3,487	834	140	230	2,521	1,772	216	2,738
1989	3,590	885	142	224	2,596	1,911	236	2,882
1990	3,718	913	137	217	2,735	1,982	297	3,022
1991	4,033	990	136	216	2,971	2,196	341	3,282
1992	4,487	1,092	138	221	3,353	2,467	396	3,671
1993	5,016	1,200	138	225	3,842	2,854	464	4,118
1994	5,458	1,240	146	228	4,167	3,088	565	4,429
1995	5,858	1,226	135	242	4,370	3,312	736	4,570
1996	6,221	1,265	128	247	4,559	3,475	766	4,762
1997	6,129	1,216	122	259	4,581	3,393	860	4,728
1998	6,637	1,132	116	285	4,365	3,241	527	4,687
1999	6,698	1,168	110	246	4,288	3,300	375	4,865
2000	6,889	1,228	107	262	4,335	3,426	430	5,009
2001	7,107	1,235	105	277	4,471	3,508	436	5,229
2002	7,408	1,282	106	317	4,682	3,693	467	5,686
2003	7,669	1,313	102	311	4,844	3,790	512	5,919
2004	7,933	1,339	101	311	5,011	3,876	517	6,128
2005	8,165	1,327	99	319	5,037	3,960	539	6,267

See footnotes at end of table.

Table 13.9—Continued
Medicaid Persons Served (Beneficiaries), Disabled, by Selected Type of Service:
Fiscal Years 1975-2005

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
2004	100.0	16.9	1.3	3.9	63.2	48.9	6.5	77.3
2005	100.0	16.3	1.2	3.9	61.7	48.5	6.6	76.7

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).

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 13.9
Medicaid Persons Served (Beneficiaries), Disabled, by Selected Type of Service:
Fiscal Years 1975-2006

Year	Total ¹	Inpatient		Nursing		Outpatient	Home	Prescribed Drugs
		Hospital	ICF/MR	Facility ²	Physician	Hospital	Health ³	
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
2004	7,933	1,339	101	311	5,011	3,876	517	6,128
2005	8,165	1,327	99	319	5,037	3,960	539	6,267
2006	8,254	1,386	96	324	5,012	3,979	548	6,129

See footnotes at end of table.

Table 13.9—Continued
Medicaid Persons Served (Beneficiaries), Disabled, by Selected Type of Service:
Fiscal Years 1975-2006

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
2004	100.0	16.9	1.3	3.9	63.2	48.9	6.5	77.3
2005	100.0	16.3	1.2	3.9	61.7	48.5	6.6	76.7
2006	100.0	16.8	1.2	3.9	60.7	48.2	6.6	74.3

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

²Data shown include services shown separately in earlier years as skilled nursing facility (SNF) and intermediate care facilities (ICF-other). Beginning in fiscal year 1991, the conditions of participation for SNFs and ICF-other were unified, the distinction between them removed, and the services renamed nursing facility services. It is possible that the combined number of recipients includes some persons who used both types of nursing facility care during the reported fiscal year. This could 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 13.10
Medicaid Payments, by Eligibility Group: Fiscal Years 1975-2005

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
2004	257,748	44,205	30,721	59,541	111,614
2005	273,203	46,846	32,215	62,929	118,683

See footnotes at end of table.

Table 13.10—Continued
Medicaid Payments, by Eligibility Group: Fiscal Years 1975-2005

Year	Total ¹	Children	Adults	Aged	Disabled
Amount in Millions (Constant 2005 Dollars)					
1975	\$69,020	\$12,325	\$11,626	\$24,570	\$17,732
1976	70,945	12,240	11,520	24,721	19,736
1977	74,599	11,990	11,972	25,262	22,432
1978	75,923	11,596	11,280	26,619	23,715
1979	79,646	11,220	11,753	27,412	26,774
1980	82,822	11,096	11,479	31,049	27,077
1981	86,458	11,149	11,959	31,546	30,049
1982	83,816	9,902	11,669	30,617	29,665
1983	85,073	10,075	11,785	31,396	29,855
1984	82,569	9,694	10,768	31,221	29,180
1985	86,544	10,185	10,951	32,524	31,039
1986	91,150	11,415	10,848	33,559	33,150
1987	96,424	11,789	11,969	34,325	35,995
1988	97,614	11,719	11,789	34,338	37,262
1989	100,771	12,743	12,753	34,314	38,617
1990	111,366	15,625	14,749	36,930	41,903
1991	124,203	18,720	16,817	41,061	45,591
1992	140,029	22,590	18,985	44,527	52,050
1993	148,300	24,064	19,837	46,008	56,362
1994	151,604	24,227	19,022	47,073	59,227
1995	161,810	24,211	18,197	49,196	66,558
1996	159,427	22,986	16,082	48,407	68,214
1997	158,924	22,407	15,719	48,178	69,136
1998	177,399	28,551	18,537	50,630	75,287
1999	186,933	29,415	19,245	51,791	80,203
2000	199,511	31,739	21,056	52,754	86,228
2001	213,962	35,071	23,090	55,356	92,023
2002	238,196	40,042	26,369	57,931	103,105
2003	251,652	43,025	28,920	59,643	110,083
2004	266,708	45,741	31,788	61,611	115,494
2005	273,203	46,846	32,215	62,929	118,683

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 2005 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 13.10
Medicaid Payments, by Eligibility Group: Fiscal Years 1975-2006

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
2004	257,748	44,205	30,721	59,541	111,614
2005	273,203	46,846	32,215	62,929	118,683
2006	265,049	49,612	32,682	57,457	114,745

See footnotes at end of table.

Table 13.10—Continued
Medicaid Payments, by Eligibility Group: Fiscal Years 1975-2006

Year	Total ¹	Children	Adults	Aged	Disabled
Amount in Millions (Constant 2006 Dollars)					
1975	\$71,155	\$12,706	\$11,985	\$25,330	\$18,280
1976	73,140	12,618	11,876	25,485	20,347
1977	76,907	12,361	12,342	26,043	23,126
1978	78,271	11,955	11,628	27,442	24,449
1979	82,109	11,567	12,117	28,260	27,602
1980	85,383	11,439	11,834	32,009	27,914
1981	89,132	11,494	12,329	32,522	30,979
1982	86,409	10,208	12,030	31,564	30,582
1983	87,704	10,387	12,149	32,367	30,778
1984	85,123	9,994	11,102	32,187	30,082
1985	89,221	10,500	11,289	33,530	31,999
1986	93,969	11,768	11,183	34,597	34,175
1987	99,406	12,154	12,339	35,387	37,108
1988	100,634	12,082	12,154	35,400	38,415
1989	103,888	13,138	13,147	35,375	39,811
1990	114,811	16,108	15,206	38,073	43,199
1991	128,045	19,299	17,337	42,331	47,001
1992	144,360	23,289	19,573	45,904	53,660
1993	152,886	24,808	20,451	47,431	58,105
1994	156,293	24,976	19,611	48,529	61,059
1995	166,815	24,960	18,760	50,717	68,617
1996	164,358	23,696	16,580	49,904	70,323
1997	163,839	23,101	16,205	49,668	71,274
1998	182,886	29,434	19,110	52,196	77,615
1999	192,714	30,325	19,840	53,392	82,684
2000	205,681	32,721	21,707	54,385	88,895
2001	220,580	36,156	23,804	57,068	94,869
2002	245,563	41,280	27,185	59,723	106,294
2003	259,436	44,355	29,814	61,488	113,488
2004	274,957	47,156	32,772	63,517	119,066
2005	281,653	48,295	33,211	64,875	122,354
2006	265,049	49,612	32,682	57,457	114,745

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 2006 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 13.11
Medicaid Payments per Person Served (Beneficiary), by Eligibility Group:
Fiscal Years 1975-2005

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
2004	4,686	1,671	2,509	13,790	14,070
2005	4,764	1,729	2,585	14,402	14,536

See footnote at end of table.

Table 13.11—Continued
Medicaid Payments per Person Served (Beneficiary), by Eligibility Group:
Fiscal Years 1975-2005

Year	Total ¹	Children	Adults	Aged	Disabled
			(Constant 2005 Dollars)		
1975	\$3,135	\$1,285	\$2,565	\$6,794	\$7,194
1976	3,112	1,234	2,412	6,842	7,396
1977	3,266	1,240	2,504	6,946	8,007
1978	3,456	1,236	2,431	7,887	8,727
1979	3,700	1,233	2,572	8,147	9,726
1980	3,834	1,190	2,356	9,024	9,305
1981	3,935	1,163	2,304	9,369	9,760
1982	3,880	1,035	2,178	9,451	10,264
1983	3,948	1,056	2,106	9,311	10,219
1984	3,823	1,001	1,922	9,640	10,018
1985	3,966	1,043	1,984	10,625	10,288
1986	4,048	1,138	1,921	10,688	10,419
1987	4,172	1,160	2,138	10,648	10,646
1988	4,260	1,168	2,142	10,872	10,685
1989	4,286	1,235	2,230	10,957	10,756
1990	4,409	1,393	2,454	11,533	11,271
1991	4,441	1,456	2,509	12,292	11,305
1992	4,496	1,486	2,697	11,877	11,600
1993	4,435	1,477	2,643	11,910	11,236
1994	4,325	1,409	2,508	11,667	10,852
1995	4,459	1,410	2,393	11,944	11,361
1996	4,414	1,373	2,256	11,296	10,965
1997	4,557	1,419	2,311	12,182	11,280
1998	4,424	1,505	2,348	12,774	11,343
1999	4,652	1,562	2,562	13,725	11,975
2000	4,665	1,609	2,406	14,140	12,517
2001	4,675	1,665	2,366	14,528	12,948
2002	4,829	1,724	2,343	14,905	13,919
2003	4,842	1,733	2,474	14,759	14,355
2004	4,849	1,729	2,596	14,269	14,559
2005	4,764	1,729	2,585	14,402	14,536

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 2005 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 13.11
Medicaid Payments per Person Served (Beneficiary), by Eligibility Group:
Fiscal Years 1975-2006

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
2004	4,686	1,671	2,509	13,790	14,070
2005	4,764	1,729	2,585	14,402	14,536
2006	4,635	1,808	2,617	13,268	13,902

See footnote at end of table.

Table 13.11—Continued
Medicaid Payments per Person Served (Beneficiary), by Eligibility Group:
Fiscal Years 1975-2006

Year	Total ¹	Children	Adults	Aged	Disabled
			(Constant 2006 Dollars)		
1975	\$3,232	\$1,325	\$2,645	\$7,004	\$7,417
1976	3,208	1,272	2,486	7,054	7,625
1977	3,367	1,279	2,581	7,161	8,255
1978	3,563	1,275	2,506	8,131	8,996
1979	3,814	1,271	2,651	8,399	10,027
1980	3,952	1,227	2,428	9,303	9,593
1981	4,056	1,199	2,375	9,659	10,062
1982	4,000	1,067	2,246	9,743	10,581
1983	4,070	1,088	2,172	9,599	10,536
1984	3,941	1,032	1,982	9,939	10,328
1985	4,089	1,075	2,046	10,954	10,607
1986	4,173	1,173	1,980	11,018	10,741
1987	4,301	1,196	2,204	10,978	10,975
1988	4,392	1,204	2,209	11,208	11,016
1989	4,419	1,273	2,299	11,296	11,088
1990	4,546	1,436	2,530	11,890	11,619
1991	4,578	1,501	2,587	12,672	11,654
1992	4,635	1,532	2,781	12,244	11,958
1993	4,573	1,523	2,725	12,278	11,583
1994	4,459	1,452	2,585	12,028	11,188
1995	4,597	1,454	2,467	12,313	11,712
1996	4,550	1,416	2,326	11,646	11,304
1997	4,698	1,463	2,382	12,559	11,629
1998	4,561	1,552	2,420	13,169	11,694
1999	4,796	1,610	2,642	14,149	12,345
2000	4,810	1,659	2,481	14,577	12,904
2001	4,820	1,716	2,439	14,977	13,348
2002	4,978	1,777	2,415	15,366	14,349
2003	4,992	1,786	2,550	15,216	14,799
2004	4,999	1,782	2,676	14,710	15,009
2005	4,911	1,782	2,665	14,847	14,985
2006	4,635	1,808	2,617	13,268	13,902

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 2006 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 13.12
Medicaid Payments per Person Served (Beneficiary), All Eligibility Groups, by Type of Service:
Fiscal Years 1975-2005

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
2004	4,686	6,435	98,281	24,585	426	646	3,984	1,433
2005	4,764	6,401	107,135	26,096	467	615	4,493	1,510

See footnotes at end of table.

Table 13.12—Continued
Medicaid Payments per Person Served (Beneficiary), All Eligibility Groups, by Type of Service:
Fiscal Years 1975-2005

Year	Total ¹	Inpatient		Nursing		Outpatient	Home	Prescribed
		Hospital	ICF/MR	Facility ²	Physician	Hospital	Health ³	Drugs
(Constant 2005 Dollars)								
1975	\$3,135	\$5,542	\$31,223	\$18,560	\$457	\$282	\$1,150	\$327
1976	3,112	5,538	35,923	17,330	443	327	2,115	317
1977	3,266	5,563	39,185	17,544	432	469	2,228	303
1978	3,456	5,570	48,469	19,061	418	409	2,355	300
1979	3,700	6,100	50,662	20,223	420	428	2,856	327
1980	3,834	6,189	58,406	20,088	483	401	3,006	341
1981	3,935	6,175	62,965	19,787	464	448	3,385	343
1982	3,880	6,192	66,462	20,253	428	416	3,743	336
1983	3,948	6,261	70,930	19,218	407	410	3,719	339
1984	3,823	6,217	73,503	19,118	380	400	4,307	344
1985	3,966	6,352	74,384	19,444	376	411	4,827	383
1986	4,048	6,500	77,999	19,755	380	411	5,064	407
1987	4,172	6,421	80,243	19,953	387	434	5,944	424
1988	4,260	6,315	82,991	19,799	387	459	7,098	431
1989	4,286	6,011	83,204	19,777	401	462	7,812	429
1990	4,410	6,233	85,935	20,790	404	461	8,127	439
1991	4,441	6,389	85,193	22,420	418	492	8,182	447
1992	4,496	6,262	86,693	22,913	432	534	8,081	471
1993	4,435	6,366	86,254	23,035	427	551	7,655	486
1994	4,325	6,249	73,509	23,147	414	536	7,626	508
1995	4,459	6,377	92,410	23,467	416	535	7,731	556
1996	4,414	6,153	89,395	24,355	415	536	8,245	621
1997	4,557	6,229	92,002	24,304	425	578	8,397	730
1998	4,424	6,261	93,476	24,165	408	591	2,751	872
1999	4,652	6,021	93,105	25,051	435	598	4,349	1,019
2000	4,665	5,831	94,038	23,969	422	632	3,717	1,156
2001	4,675	6,094	95,214	25,103	425	627	3,978	1,238
2002	4,829	6,439	102,183	24,909	422	637	4,115	1,300
2003	4,842	6,526	102,825	25,771	435	644	4,015	1,395
2004	4,849	6,659	101,698	25,439	441	668	4,123	1,483
2005	4,764	6,401	107,135	26,096	467	615	4,493	1,510

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 2005 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 13.12
Medicaid Payments per Person Served (Beneficiary), All Eligibility Groups, by Type of Service:
Fiscal Years 1975-2006

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
2004	4,686	6,435	98,281	24,585	426	646	3,984	1,433
2005	4,764	6,401	107,135	26,096	467	615	4,493	1,510
2006	4,635	5,778	110,320	26,520	454	641	4,979	1,029

See footnotes at end of table.

Table 13.12—Continued
Medicaid Payments per Person Served (Beneficiary), All Eligibility Groups, by Type of Service:
Fiscal Years 1975-2006

Year	Total ¹	Inpatient		Nursing		Outpatient	Home	Prescribed
		Hospital	ICF/MR	Facility ²	Physician	Hospital	Health ³	Drugs
(Constant 2006 Dollars)								
1975	\$3,232	\$5,714	\$32,189	\$19,134	\$471	\$291	\$1,186	\$337
1976	3,208	5,710	37,034	17,866	457	337	2,180	327
1977	3,367	5,735	40,397	18,087	445	483	2,297	313
1978	3,563	5,742	49,968	19,650	431	422	2,427	309
1979	3,814	6,289	52,229	20,848	433	441	2,944	337
1980	3,952	6,381	60,213	20,709	498	414	3,099	352
1981	4,056	6,366	64,913	20,399	478	462	3,489	354
1982	4,000	6,384	68,518	20,880	441	429	3,859	347
1983	4,070	6,455	73,123	19,812	420	422	3,834	349
1984	3,941	6,410	75,777	19,709	392	412	4,441	354
1985	4,089	6,549	76,685	20,045	388	423	4,976	395
1986	4,173	6,701	80,412	20,366	392	424	5,220	419
1987	4,301	6,620	82,724	20,570	399	448	6,128	437
1988	4,392	6,510	85,558	20,412	399	473	7,318	444
1989	4,419	6,197	85,777	20,389	414	477	8,054	442
1990	4,546	6,426	88,593	21,433	416	476	8,378	452
1991	4,579	6,587	87,828	23,114	430	507	8,435	461
1992	4,635	6,456	89,375	23,622	445	551	8,331	486
1993	4,573	6,563	88,922	23,747	440	568	7,892	501
1994	4,459	6,443	75,782	23,863	427	553	7,862	524
1995	4,597	6,575	95,269	24,193	429	551	7,970	573
1996	4,550	6,343	92,160	25,108	428	552	8,500	640
1997	4,698	6,421	94,847	25,056	438	596	8,657	752
1998	4,561	6,455	96,367	24,913	421	609	2,836	899
1999	4,796	6,207	95,985	25,826	448	616	4,484	1,051
2000	4,810	6,011	96,946	24,710	435	652	3,831	1,192
2001	4,820	6,283	98,159	25,880	439	647	4,101	1,277
2002	4,978	6,638	105,343	25,679	435	657	4,243	1,340
2003	4,992	6,727	106,005	26,568	448	664	4,139	1,438
2004	4,999	6,865	104,843	26,226	455	689	4,250	1,529
2005	4,911	6,599	110,449	26,903	481	634	4,632	1,557
2006	4,635	5,778	110,320	26,520	454	641	4,979	1,029

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 2006 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 13.13
Medicaid Payments per Person Served (Beneficiary), Children, by Type of Service:
Fiscal Years 1975-2005

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
2004	1,671	4,369	(2)	(2)	297	365	900	335
2005	1,729	4,466	(2)	(2)	313	360	959	357

See footnotes at end of table.

Table 13.13—Continued
Medicaid Payments per Person Served (Beneficiary), Children, by Type of Service:
Fiscal Years 1975-2005

Year	Total ¹	Inpatient		Nursing		Outpatient	Home	Prescribed
		Hospital	ICF/MR	Facility	Physician	Hospital	Health ³	Drugs
(Constant 2005 Dollars)								
1975	\$1,285	\$5,046	(2)	(2)	\$338	\$226	\$806	130
1976	1,234	5,070	(2)	(2)	322	272	1,163	106
1977	1,240	5,182	(2)	(2)	303	395	1,291	96
1978	1,236	5,199	(2)	(2)	295	350	709	93
1979	1,233	5,497	(2)	(2)	284	342	700	97
1980	1,190	5,361	(2)	(2)	309	320	373	99
1981	1,163	5,311	(2)	(2)	286	365	299	92
1982	1,035	5,240	(2)	(2)	265	331	373	88
1983	1,056	5,277	(2)	(2)	255	331	659	87
1984	1,001	5,326	(2)	(2)	246	312	692	88
1985	1,043	5,415	(2)	(2)	240	311	782	90
1986	1,138	5,804	(2)	(2)	233	329	767	111
1987	1,160	5,415	(2)	(2)	253	310	798	101
1988	1,168	5,433	(2)	(2)	253	313	1,004	98
1989	1,235	5,314	(2)	(2)	255	314	1,182	98
1990	1,393	5,644	(2)	(2)	265	329	1,264	105
1991	1,456	5,895	(2)	(2)	275	349	1,465	111
1992	1,486	5,067	(2)	(2)	286	372	1,482	122
1993	1,477	5,318	(2)	(2)	284	367	1,505	128
1994	1,409	5,024	(2)	(2)	276	353	1,414	133
1995	1,410	5,144	(2)	(2)	269	339	2,140	140
1996	1,373	4,752	(2)	(2)	269	322	2,430	147
1997	1,419	5,220	(2)	(2)	262	330	2,209	154
1998	1,505	5,342	(2)	(2)	261	324	878	173
1999	1,562	4,754	(2)	(2)	298	335	1,296	196
2000	1,609	4,556	(2)	(2)	292	345	934	223
2001	1,665	4,586	(2)	(2)	301	354	911	256
2002	1,724	4,803	(2)	(2)	302	359	976	288
2003	1,733	4,710	(2)	(2)	307	365	920	322
2004	1,729	4,521	(2)	(2)	308	377	931	346
2005	1,729	4,466	(2)	(2)	313	360	959	357

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 2005 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 13.13
Medicaid Payments per Person Served (Beneficiary), Children, by Type of Service:
Fiscal Years 1975-2006

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
2004	1,671	4,369	(2)	(2)	297	365	900	335
2005	1,729	4,466	(2)	(2)	313	360	959	357
2006	1,808	3,986	(2)	(2)	310	379	1,042	370

See footnotes at end of table.

Table 13.13—Continued
Medicaid Payments per Person Served (Beneficiary), Children, by Type of Service:
Fiscal Years 1975-2006

Year	Total ¹	Inpatient		Nursing		Outpatient	Home	Prescribed
		Hospital	ICF/MR	Facility	Physician	Hospital	Health ³	Drugs
(Constant 2006 Dollars)								
1975	\$1,325	\$5,202	(2)	(2)	\$349	\$232	\$831	\$134
1976	1,272	5,227	(2)	(2)	332	280	1,199	109
1977	1,279	5,342	(2)	(2)	313	407	1,331	99
1978	1,275	5,360	(2)	(2)	305	361	731	96
1979	1,271	5,667	(2)	(2)	293	353	722	100
1980	1,227	5,527	(2)	(2)	319	330	385	103
1981	1,199	5,475	(2)	(2)	295	377	308	95
1982	1,067	5,402	(2)	(2)	273	341	385	91
1983	1,088	5,440	(2)	(2)	263	341	680	89
1984	1,032	5,490	(2)	(2)	254	321	713	90
1985	1,075	5,583	(2)	(2)	247	321	806	93
1986	1,173	5,984	(2)	(2)	241	339	791	115
1987	1,196	5,583	(2)	(2)	260	320	823	104
1988	1,204	5,601	(2)	(2)	260	322	1,035	101
1989	1,273	5,478	(2)	(2)	263	324	1,218	101
1990	1,436	5,819	(2)	(2)	273	339	1,303	109
1991	1,501	6,077	(2)	(2)	283	360	1,510	114
1992	1,532	5,223	(2)	(2)	295	383	1,528	126
1993	1,523	5,482	(2)	(2)	293	379	1,551	132
1994	1,452	5,179	(2)	(2)	284	364	1,458	137
1995	1,454	5,303	(2)	(2)	278	350	2,206	144
1996	1,416	4,899	(2)	(2)	277	332	2,506	151
1997	1,463	5,381	(2)	(2)	271	340	2,277	159
1998	1,552	5,507	(2)	(2)	269	334	905	178
1999	1,610	4,901	(2)	(2)	307	345	1,337	202
2000	1,659	4,697	(2)	(2)	301	356	963	230
2001	1,716	4,728	(2)	(2)	311	365	939	264
2002	1,777	4,952	(2)	(2)	311	371	1,006	297
2003	1,786	4,855	(2)	(2)	317	377	948	331
2004	1,782	4,661	(2)	(2)	317	389	960	357
2005	1,782	4,604	(2)	(2)	323	371	989	368
2006	1,808	3,986	(2)	(2)	310	379	1,042	370

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 2006 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 13.14
Medicaid Payments per Person Served (Beneficiary), Adults, by Type of Service:
Fiscal Years 1975-2005

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
2004	2,509	4,420	(2)	(2)	541	681	646	627
2005	2,585	4,354	(2)	(2)	618	654	602	628

See footnotes at end of table.

Table 13.14—Continued
Medicaid Payments per Person Served (Beneficiary), Adults, by Type of Service:
Fiscal Years 1975-2005

Year	Total ¹	Inpatient		Nursing		Outpatient	Home	Prescribed
		Hospital	ICF/MR	Facility	Physician	Hospital	Health ³	Drugs
				(Constant 2005 Dollars)				
1975	\$2,565	\$6,117	(2)	(2)	\$654	\$321	\$682	\$288
1976	2,412	6,052	(2)	(2)	629	373	1,430	232
1977	2,504	5,981	(2)	(2)	606	542	1,452	230
1978	2,431	5,925	(2)	(2)	591	477	1,928	219
1979	2,572	6,380	(2)	(2)	591	494	2,976	237
1980	2,356	5,944	(2)	(2)	650	448	895	234
1981	2,304	5,826	(2)	(2)	613	499	963	219
1982	2,178	5,833	(2)	(2)	562	462	1,004	211
1983	2,106	5,636	(2)	(2)	520	446	1,056	205
1984	1,922	5,431	(2)	(2)	480	419	1,001	202
1985	1,984	5,432	(2)	(2)	491	422	1,114	222
1986	1,921	4,973	(2)	(2)	527	389	963	227
1987	2,138	5,323	(2)	(2)	535	443	982	250
1988	2,142	5,094	(2)	(2)	545	465	1,142	244
1989	2,230	4,774	(2)	(2)	564	460	1,150	239
1990	2,454	4,961	(2)	(2)	599	478	1,217	242
1991	2,509	4,860	(2)	(2)	628	514	919	239
1992	2,697	4,970	(2)	(2)	638	577	1,208	246
1993	2,643	4,947	(2)	(2)	617	591	1,115	248
1994	2,508	4,831	(2)	(2)	588	566	886	251
1995	2,393	4,661	(2)	(2)	571	543	765	255
1996	2,256	4,528	(2)	(2)	562	521	707	258
1997	2,311	4,667	(2)	(2)	623	543	759	289
1998	2,348	4,616	(2)	(2)	570	551	635	325
1999	2,562	4,638	(2)	(2)	619	596	875	409
2000	2,406	4,456	(2)	(2)	562	612	760	432
2001	2,366	4,532	(2)	(2)	546	624	916	471
2002	2,343	4,747	(2)	(2)	510	638	699	506
2003	2,474	4,686	(2)	(2)	552	667	627	602
2004	2,596	4,573	(2)	(2)	560	704	668	649
2005	2,585	4,354	(2)	(2)	618	654	602	628

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 2005 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 13.14
Medicaid Payments per Person Served (Beneficiary), Adults, by Type of Service:
Fiscal Years 1975-2006

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
2004	2,509	4,420	(2)	(2)	541	681	646	627
2005	2,585	4,354	(2)	(2)	618	654	602	628
2006	2,617	3,900	(2)	(2)	564	670	666	573

See footnotes at end of table.

Table 13.14—Continued
Medicaid Payments per Person Served (Beneficiary), Adults, by Type of Service:
Fiscal Years 1975-2006

Year	Total ¹	Inpatient		Nursing		Outpatient	Home	Prescribed
		Hospital	ICF/MR	Facility	Physician	Hospital	Health ³	Drugs
(Constant 2006 Dollars)								
1975	\$2,645	\$6,306	(2)	(2)	\$674	\$331	\$703	\$296
1976	2,486	6,239	(2)	(2)	649	384	1,474	239
1977	2,581	6,166	(2)	(2)	625	559	1,497	237
1978	2,506	6,108	(2)	(2)	609	492	1,988	226
1979	2,651	6,578	(2)	(2)	610	509	3,068	245
1980	2,428	6,128	(2)	(2)	670	462	923	242
1981	2,375	6,006	(2)	(2)	632	514	993	226
1982	2,246	6,014	(2)	(2)	579	476	1,035	217
1983	2,172	5,811	(2)	(2)	536	460	1,088	211
1984	1,982	5,598	(2)	(2)	495	432	1,032	208
1985	2,046	5,600	(2)	(2)	507	435	1,149	228
1986	1,980	5,126	(2)	(2)	543	401	992	234
1987	2,204	5,488	(2)	(2)	552	457	1,013	258
1988	2,209	5,252	(2)	(2)	562	479	1,178	252
1989	2,299	4,922	(2)	(2)	581	475	1,186	246
1990	2,530	5,115	(2)	(2)	617	493	1,255	249
1991	2,586	5,010	(2)	(2)	648	530	947	246
1992	2,781	5,124	(2)	(2)	658	595	1,245	254
1993	2,725	5,100	(2)	(2)	636	609	1,150	256
1994	2,585	4,980	(2)	(2)	606	583	914	258
1995	2,467	4,806	(2)	(2)	589	560	789	262
1996	2,326	4,668	(2)	(2)	579	538	729	266
1997	2,382	4,811	(2)	(2)	643	560	782	298
1998	2,420	4,759	(2)	(2)	588	568	654	335
1999	2,642	4,781	(2)	(2)	638	614	902	421
2000	2,481	4,594	(2)	(2)	579	631	784	445
2001	2,439	4,672	(2)	(2)	563	643	944	485
2002	2,415	4,894	(2)	(2)	526	657	721	521
2003	2,550	4,831	(2)	(2)	569	687	647	621
2004	2,676	4,715	(2)	(2)	577	726	689	669
2005	2,665	4,488	(2)	(2)	638	674	621	647
2006	2,617	3,900	(2)	(2)	564	670	666	573

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

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 2006 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 13.15
Medicaid Payments per Person Served (Beneficiary), Aged, by Type of Service:
Fiscal Years 1975-2005

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
2004	13,790	2,937	101,910	27,650	253	504	4,098	2,735
2005	14,402	2,552	110,289	29,542	275	445	4,424	2,944

See footnotes at end of table.

Table 13.15—Continued
Medicaid Payments per Person Served (Beneficiary), Aged, by Type of Service:
Fiscal Years 1975-2005

Year	Total ¹	Inpatient		Nursing		Outpatient	Home	Prescribed
		Hospital	ICF/MR	Facility ²	Physician	Hospital	Health ³	Drugs
(Constant 2005 Dollars)								
1975	\$6,794	\$1,528	\$39,043	\$18,324	\$333	\$197	\$1,342	\$626
1976	6,842	1,561	45,066	16,756	327	211	2,482	675
1977	6,946	1,672	34,371	16,901	326	243	2,458	662
1978	7,887	1,882	40,932	18,356	329	203	3,380	667
1979	8,147	2,214	38,142	19,343	323	261	5,396	696
1980	9,024	3,446	58,076	20,401	359	263	6,655	703
1981	9,369	3,544	61,170	19,504	375	289	8,339	731
1982	9,451	3,538	32,684	19,800	328	288	8,393	710
1983	9,311	4,418	53,443	18,233	299	255	4,804	720
1984	9,640	4,332	56,871	18,102	290	256	5,513	760
1985	10,625	4,592	62,128	18,540	281	302	6,301	849
1986	10,688	4,953	71,862	18,866	265	316	6,702	876
1987	10,648	4,062	85,302	18,968	238	340	7,600	925
1988	10,872	3,882	91,384	18,655	232	351	8,705	950
1989	10,957	3,243	94,789	18,926	253	355	10,081	960
1990	11,533	3,202	90,906	20,220	239	353	10,325	998
1991	12,292	3,472	90,424	21,851	254	392	10,891	1,079
1992	11,877	3,294	65,948	22,394	259	398	10,629	1,168
1993	11,910	3,244	88,798	22,552	277	443	9,709	1,204
1994	11,667	3,053	75,589	22,697	284	448	9,440	1,232
1995	11,944	3,228	69,574	23,143	302	462	8,377	1,293
1996	11,296	3,017	74,551	24,077	321	493	8,688	1,359
1997	12,185	3,122	81,677	24,295	356	525	8,076	1,499
1998	12,774	3,172	101,428	24,489	336	543	2,742	1,674
1999	13,725	2,905	99,272	26,754	316	555	4,091	1,916
2000	14,140	2,730	98,684	26,644	317	597	3,722	2,196
2001	14,528	2,830	99,228	27,859	296	513	3,985	2,379
2002	14,905	3,012	105,332	28,601	291	503	4,453	2,535
2003	14,759	3,157	105,125	28,852	277	484	4,042	2,713
2004	14,269	3,039	105,453	28,611	262	521	4,241	2,830
2005	14,402	2,552	110,289	29,542	275	445	4,424	2,944

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

²Data shown include services shown separately in earlier years as skilled nursing facility (SNF) and intermediate care facilities (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 2005 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 13.15
Medicaid Payments per Person Served (Beneficiary), Aged, by Type of Service:
Fiscal Years 1975-2006

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
2004	13,790	2,937	101,910	27,650	253	504	4,098	2,735
2005	14,402	2,552	110,289	29,542	275	445	4,424	2,944
2006	13,268	2,703	110,763	30,669	260	423	5,272	1,175

See footnotes at end of table.

Table 13.15—Continued
Medicaid Payments per Person Served (Beneficiary), Aged, by Type of Service:
Fiscal Years 1975-2006

Year	Total ¹	Inpatient		Nursing		Outpatient	Home	Prescribed
		Hospital	ICF/MR	Facility ²	Physician	Hospital	Health ³	Drugs
				(Constant 2006 Dollars)				
1975	\$7,004	\$1,575	\$40,251	\$18,890	\$343	\$203	\$1,383	\$645
1976	7,054	1,609	46,460	17,274	337	218	2,559	696
1977	7,161	1,724	35,434	17,423	336	251	2,534	682
1978	8,131	1,940	42,198	18,924	339	209	3,485	687
1979	8,399	2,282	39,322	19,942	333	269	5,563	718
1980	9,303	3,553	59,872	21,032	370	271	6,860	725
1981	9,659	3,653	63,061	20,107	387	298	8,597	754
1982	9,743	3,648	33,695	20,413	338	297	8,653	732
1983	9,599	4,554	55,096	18,797	309	263	4,952	742
1984	9,939	4,466	58,630	18,662	299	264	5,684	784
1985	10,954	4,734	64,049	19,113	290	312	6,496	875
1986	11,018	5,106	74,085	19,449	273	325	6,909	903
1987	10,978	4,188	87,941	19,555	245	351	7,836	953
1988	11,208	4,002	94,210	19,232	240	362	8,975	979
1989	11,296	3,343	97,721	19,512	261	366	10,393	989
1990	11,890	3,301	93,717	20,845	247	364	10,644	1,029
1991	12,672	3,579	93,220	22,526	262	404	11,228	1,112
1992	12,244	3,396	67,987	23,087	267	410	10,958	1,204
1993	12,278	3,345	91,545	23,250	286	457	10,010	1,242
1994	12,028	3,147	77,927	23,399	293	462	9,732	1,270
1995	12,313	3,328	71,725	23,858	311	476	8,636	1,333
1996	11,646	3,111	76,857	24,822	331	508	8,956	1,401
1997	12,561	3,218	84,203	25,047	367	541	8,326	1,546
1998	13,169	3,270	104,565	25,247	347	560	2,826	1,726
1999	14,149	2,994	102,342	27,582	326	572	4,218	1,975
2000	14,577	2,815	101,737	27,468	327	616	3,837	2,264
2001	14,977	2,918	102,297	28,721	305	528	4,109	2,452
2002	15,366	3,105	108,590	29,486	300	518	4,591	2,613
2003	15,216	3,255	108,376	29,744	285	499	4,167	2,797
2004	14,710	3,133	108,714	29,496	270	537	4,372	2,918
2005	14,847	2,631	113,700	30,456	283	459	4,561	3,035
2006	13,268	2,703	110,763	30,669	260	423	5,272	1,175

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 2006 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 13.16
Medicaid Payments per Person Served (Beneficiary), Disabled, by Type of Service:
Fiscal Years 1975-2005

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
2004	14,070	10,467	102,054	29,888	664	1,110	6,220	3,603
2005	14,536	10,829	109,680	31,056	751	1,062	7,123	3,795

See footnotes at end of table.

Table 13.16—Continued
Medicaid Payments per Person Served (Beneficiary), Disabled, by Type of Service:
Fiscal Years 1975-2005

Year	Total ¹	Inpatient		Nursing		Outpatient	Home	Prescribed
		Hospital	ICF/MR	Facility ²	Physician	Hospital	Health ³	Drugs
(Constant 2005 Dollars)								
1975	\$7,194	\$11,146	\$29,239	\$19,434	\$829	\$519	\$1,556	\$648
1976	7,396	10,432	34,942	19,545	795	574	2,477	680
1977	8,007	10,171	39,893	20,291	795	781	2,756	671
1978	8,727	10,094	50,326	21,804	772	696	3,768	663
1979	9,726	10,637	53,373	22,926	778	724	5,789	696
1980	9,305	10,474	59,167	18,138	831	771	2,316	686
1981	9,760	10,342	61,821	18,252	810	791	2,631	715
1982	10,264	10,469	65,758	19,193	718	775	2,754	701
1983	10,219	10,332	66,977	19,885	693	717	3,540	730
1984	10,018	10,223	71,513	20,782	638	767	4,417	760
1985	10,288	10,441	73,203	21,451	628	791	5,314	863
1986	10,419	10,761	76,606	22,391	616	802	5,762	929
1987	10,646	11,256	78,665	22,592	623	856	6,368	957
1988	10,685	11,026	81,983	22,785	619	908	7,551	978
1989	10,756	10,539	82,218	23,212	636	930	8,234	987
1990	11,270	11,533	86,269	24,386	629	900	9,018	1,059
1991	11,304	11,983	84,998	26,135	654	964	9,081	1,129
1992	11,600	12,726	88,437	26,861	692	1,007	9,428	1,225
1993	11,236	12,429	86,301	26,929	674	1,044	9,399	1,264
1994	10,852	12,366	73,859	26,789	651	993	10,099	1,311
1995	11,361	12,550	96,417	26,685	648	997	10,717	1,413
1996	10,965	11,826	91,371	27,165	643	997	12,017	1,528
1997	11,280	10,948	94,095	26,866	641	1,024	12,049	1,761
1998	11,343	10,623	94,547	26,018	600	1,032	4,004	2,027
1999	11,975	10,294	94,230	31,635	641	1,045	6,575	2,367
2000	12,517	10,051	95,062	31,478	633	1,098	5,990	2,743
2001	12,948	10,374	96,833	32,260	647	1,079	6,390	2,992
2002	13,919	10,548	103,524	30,978	662	1,102	6,374	3,181
2003	14,355	10,630	105,205	31,401	675	1,109	6,583	3,458
2004	14,559	10,831	105,602	30,927	687	1,149	6,436	3,728
2005	14,536	10,829	109,680	31,056	751	1,062	7,123	3,795

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 2005 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 13.16
Medicaid Payments per Person Served (Beneficiary), Disabled, by Type of Service:
Fiscal Years 1975-2006

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
2004	14,070	10,467	102,054	29,888	664	1,110	6,220	3,603
2005	14,536	10,829	109,680	31,056	751	1,062	7,123	3,795
2006	13,902	10,928	113,537	31,983	724	1,100	7,543	2,647

See footnotes at end of table.

Table 13.16—Continued
Medicaid Payments per Person Served (Beneficiary), Disabled, by Type of Service:
Fiscal Years 1975-2006

Year	Total ¹	Inpatient		Nursing		Outpatient	Home	Prescribed
		Hospital	ICF/MR	Facility ²	Physician	Hospital	Health ³	Drugs
				(Constant 2006 Dollars)				
1975	\$7,417	\$11,491	\$30,143	\$20,035	\$854	\$535	\$1,604	\$668
1976	7,625	10,755	36,022	20,150	820	592	2,554	701
1977	8,255	10,485	41,127	20,919	819	805	2,842	691
1978	8,996	10,406	51,882	22,478	796	718	3,885	683
1979	10,027	10,966	55,024	23,636	802	746	5,968	718
1980	9,593	10,798	60,996	18,699	857	795	2,388	707
1981	10,062	10,661	63,733	18,817	835	816	2,713	737
1982	10,581	10,793	67,792	19,787	741	799	2,839	723
1983	10,536	10,652	69,048	20,500	715	739	3,650	753
1984	10,328	10,539	73,725	21,424	658	791	4,554	784
1985	10,607	10,764	75,467	22,115	647	816	5,478	890
1986	10,741	11,094	78,975	23,084	635	827	5,940	958
1987	10,975	11,604	81,098	23,290	642	883	6,565	986
1988	11,016	11,367	84,519	23,490	638	936	7,785	1,008
1989	11,088	10,865	84,761	23,930	656	959	8,488	1,018
1990	11,619	11,890	88,937	25,140	648	928	9,297	1,092
1991	11,654	12,354	87,627	26,944	675	994	9,362	1,164
1992	11,958	13,120	91,172	27,692	713	1,038	9,719	1,262
1993	11,583	12,813	88,970	27,762	694	1,076	9,689	1,303
1994	11,188	12,748	76,143	27,618	671	1,023	10,411	1,351
1995	11,712	12,938	99,399	27,510	668	1,027	11,048	1,457
1996	11,304	12,191	94,197	28,005	663	1,028	12,388	1,575
1997	11,629	11,287	97,005	27,697	661	1,056	12,422	1,816
1998	11,694	10,951	97,471	26,822	619	1,064	4,128	2,090
1999	12,345	10,613	97,145	32,614	661	1,078	6,779	2,441
2000	12,904	10,362	98,002	32,451	653	1,132	6,176	2,828
2001	13,348	10,695	99,828	33,258	667	1,113	6,587	3,085
2002	14,349	10,874	106,725	31,936	683	1,137	6,571	3,279
2003	14,799	10,958	108,459	32,372	696	1,144	6,787	3,565
2004	15,009	11,166	108,868	31,883	708	1,185	6,635	3,843
2005	14,985	11,164	113,072	32,017	774	1,095	7,343	3,912
2006	13,902	10,928	113,537	31,983	724	1,100	7,543	2,647

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 2006 dollars. ICF/MR is intermediate care facility for the mentally retarded.

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Table 13.17

Medicaid Payments, All Eligibility Groups, by Type of Service: Fiscal Years 1975-2005

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
2004	257,748	34,914	11,193	42,008	10,061	10,261	4,566	39,476	105,271
2005	273,203	34,959	11,698	44,435	11,218	9,940	5,355	42,525	113,073

See footnotes at end of table.

Table 13.17—Continued

Medicaid Payments, All Eligibility Groups, by Type of Service: Fiscal Years 1975-2005

Year	Total ¹	Inpatient		Nursing		Outpatient	Home	Prescribed	Other
		Hospital	ICF/MR	Facility ²	Physician Percent	Hospital	Health	Drugs	
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
2004	100.0	13.5	4.3	16.3	3.9	4.0	1.8	15.3	40.8
2005	100.0	12.8	4.3	16.3	4.1	3.6	2.0	15.6	41.4

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 (\$42.6 billion for premiums in 2004 and \$46.4 billion in 2005). 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 13.17

Medicaid Payments, All Eligibility Groups, by Type of Service: Fiscal Years 1975-2006

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	
2004	257,748	34,914	11,193	42,008	10,061	10,261	4,566	39,476	105,271	
2005	273,203	34,959	11,698	44,435	11,218	9,940	5,355	42,525	113,073	
2006	265,049	35,893	11,794	45,281	10,443	10,121	5,905	27,802	117,809	

See footnotes at end of table.

Table 13.17—Continued

Medicaid Payments, All Eligibility Groups, by Type of Service: Fiscal Years 1975-2006

Year	Total ¹	Inpatient		Nursing		Outpatient	Home	Prescribed	Other
		Hospital	ICF/MR	Facility ²	Physician Percent	Hospital	Health	Drugs	
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
2004	100.0	13.5	4.3	16.3	3.9	4.0	1.8	15.3	40.8
2005	100.0	12.8	4.3	16.3	4.1	3.6	2.0	15.6	41.4
2006	100.0	13.5	4.4	17.1	3.9	3.8	2.2	10.5	44.4

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 (\$46.4 billion for premiums in 2005 and \$48.7 billion in 2006). 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 13.18
Medicaid Payments, Children, by Type of Service: Fiscal Years 1975-2005

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
2004	44,205	6,528	42	49	3,058	2,312	218	3,867	28,131
2005	46,846	6,630	49	52	3,248	2,269	242	4,206	30,150

See footnotes at end of table.

Table 13.18—Continued

Medicaid Payments, Children, by Type of Service: Fiscal Years 1975-2005

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
2004	100.0	14.8	0.1	0.1	6.9	5.2	0.5	8.7	63.6
2005	100.0	14.2	0.1	0.1	6.9	4.8	0.5	9.0	64.4

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.

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Table 13.18
Medicaid Payments, Children, by Type of Service: Fiscal Years 1975-2006

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
2004	44,205	6,528	42	49	3,058	2,312	218	3,867	28,131
2005	46,846	6,630	49	52	3,248	2,269	242	4,206	30,150
2006	49,612	6,853	49	56	3,121	2,336	256	4,257	32,684

See footnotes at end of table.

Table 13.18—Continued

Medicaid Payments, Children, by Type of Service: Fiscal Years 1975-2006

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
2004	100.0	14.8	0.1	0.1	6.9	5.2	0.5	8.7	63.6
2005	100.0	14.2	0.1	0.1	6.9	4.8	0.5	9.0	64.4
2006	100.0	13.8	0.1	0.1	6.3	4.7	0.5	8.6	65.9

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 13.19
Medicaid Payments, Adults, by Type of Service: Fiscal Years 1975-2005

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
2004	30,721	6,870	5	55	2,647	2,530	58	3,588	14,966
2005	32,215	6,813	6	55	3,033	2,373	58	3,670	16,207

See footnotes at end of table.

Table 13.19—Continued
Medicaid Payments, Adults, by Type of Service: Fiscal Years 1975-2005

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
2004	100.0	22.4	(4)	0.2	8.6	8.2	0.2	11.7	48.7
2005	100.0	21.1	(4)	0.2	9.4	7.4	0.2	11.4	50.3

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

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

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 13.19
Medicaid Payments, Adults, by Type of Service: Fiscal Years 1975-2006

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
2004	30,721	6,870	5	55	2,647	2,530	58	3,588	14,966
2005	32,215	6,813	6	55	3,033	2,373	58	3,670	16,207
2006	32,682	7,011	10	64	2,650	2,420	60	3,222	17,247

See footnotes at end of table.

Table 13.19—Continued
Medicaid Payments, Adults, by Type of Service: Fiscal Years 1975-2006

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
2004	100.0	22.4	(4)	0.2	8.6	8.2	0.2	11.7	48.7
2005	100.0	21.1	(4)	0.2	9.4	7.4	0.2	11.4	50.3
2006	100.0	21.5	(4)	0.2	8.1	7.4	0.2	9.9	52.8

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

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

³Less than \$500,000.

⁴Less than 0.05 percent.

NOTES: Beginning fiscal year 1998, capitated premiums for Medicaid eligibles enrolled in managed care plans were included in this series as a component of the other and of the total payment categories. Trends in home health agency program expenditures are not strictly comparable to 1997 and prior 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 13.20
Medicaid Payments, Aged, by Type of Service: Fiscal Years 1975-2005

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
2004	59,541	2,087	734	32,140	570	624	1,058	9,703	12,625
2005	62,929	1,751	795	33,778	611	578	1,216	10,576	13,624

See footnotes at end of table.

Table 13.20—Continued
Medicaid Payments, Aged, by Type of Service: Fiscal Years 1975-2005

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
2004	100.0	3.5	1.2	54.0	1.0	1.0	1.8	16.3	21.2
2005	100.0	2.8	1.3	53.7	1.0	0.9	1.9	16.8	21.7

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

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

NOTES: Beginning fiscal year 1998, capitated premiums for Medicaid eligibles enrolled in managed care plans were included in this series as a component of the other and of the total payment categories. Trends in home health agency program expenditures are not strictly comparable to 1997 and prior 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 13.20
Medicaid Payments, Aged, by Type of Service: Fiscal Years 1975-2006

Year	Total ¹	Inpatient Hospital	ICF/MR	Nursing Facility ²	Physician	Outpatient Hospital	Home Health	Prescribed Drugs	Other
Amount in Millions									
1975	\$4,358	\$205	\$20	\$3,325	\$133	\$25	\$27	\$297	\$326
1976	4,910	244	18	3,594	147	34	56	364	453
1977	5,499	300	18	4,091	166	44	72	387	421
1978	6,308	382	29	4,755	174	44	85	410	429
1979	7,046	454	33	5,370	184	58	78	449	420
1980	8,739	806	199	6,288	225	67	202	519	433
1981	9,926	941	167	6,959	259	81	267	611	641
1982	10,739	1,006	95	7,674	247	90	310	629	688
1983	11,954	1,482	161	8,233	257	106	378	692	645
1984	12,815	1,396	106	8,649	255	110	451	763	1,085
1985	14,096	1,450	175	9,409	264	105	639	883	1,171
1986	15,097	1,603	179	10,057	264	126	766	973	1,129
1987	16,037	1,375	226	10,687	249	145	982	1,075	1,298
1988	17,135	1,411	216	11,618	240	161	1,143	1,186	1,160
1989	18,558	1,263	264	12,559	272	181	1,441	1,282	1,296
1990	21,508	1,315	372	14,536	286	194	1,733	1,507	1,566
1991	25,444	1,634	430	17,121	343	255	2,026	1,823	1,812
1992	29,089	1,872	517	19,589	400	311	2,250	2,190	1,960
1993	31,554	2,023	590	21,191	489	406	2,370	2,441	2,046
1994	33,618	1,964	585	22,660	544	454	2,663	2,651	2,097
1995	36,527	2,050	637	24,148	617	534	2,990	2,861	2,690
1996	36,947	2,044	564	24,388	694	628	3,049	3,078	2,502
1997	37,721	1,931	637	24,691	791	605	3,351	3,343	2,372
1998	40,601	1,871	692	25,529	695	585	798	3,806	6,625
1999	42,522	1,655	742	26,578	635	585	667	4,572	7,088
2000	44,503	1,630	708	27,058	633	667	718	5,355	7,734
2001	48,356	1,739	717	29,104	612	584	820	6,227	8,553
2002	51,924	1,946	738	30,097	571	570	997	7,150	9,855
2003	55,271	2,040	753	30,947	567	554	991	8,284	11,135
2004	59,541	2,087	734	32,140	570	624	1,058	9,703	12,625
2005	62,929	1,751	795	33,778	611	578	1,216	10,576	13,624
2006	57,457	1,762	824	34,284	585	557	1,434	3,975	14,038

See footnotes at end of table.

Table 13.20—Continued
Medicaid Payments, Aged, by Type of Service: Fiscal Years 1975-2006

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
2004	100.0	3.5	1.2	54.0	1.0	1.0	1.8	16.3	21.2
2005	100.0	2.8	1.3	53.7	1.0	0.9	1.9	16.8	21.7
2006	100.0	3.1	1.4	59.7	1.0	1.0	2.5	6.9	24.4

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 13.21
Medicaid Payments, Disabled, by Type of Service: Fiscal Years 1975-2005

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
2004	111,614	14,018	10,266	9,297	3,326	4,304	3,216	22,078	45,109
2005	118,683	14,373	10,818	9,907	3,782	4,207	3,841	23,779	47,977

See footnotes at end of table.

Table 13.21—Continued
Medicaid Payments, Disabled, by Type of Service: Fiscal Years 1975-2005

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	
2004	100.0	12.6	9.2	8.3	3.0	3.9	2.9	19.8	40.4	
2005	100.0	12.1	9.1	8.3	3.2	3.5	3.2	20.0	40.4	

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

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

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

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Table 13.21
Medicaid Payments, Disabled, by Type of Service: Fiscal Years 1975-2006

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
2004	111,614	14,018	10,266	9,297	3,326	4,304	3,216	22,078	45,109
2005	118,683	14,373	10,818	9,907	3,782	4,207	3,841	23,779	47,977
2006	114,745	15,143	10,873	10,356	3,631	4,376	4,133	16,224	50,010

See footnotes at end of table.

Table 13.21—Continued
Medicaid Payments, Disabled, by Type of Service: Fiscal Years 1975-2006

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	
2004	100.0	12.6	9.2	8.3	3.0	3.9	2.9	19.8	40.4	
2005	100.0	12.1	9.1	8.3	3.2	3.5	3.2	20.0	40.4	
2006	100.0	13.2	9.5	9.0	3.2	3.8	3.6	14.1	43.6	

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

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

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 13.22

Medicaid Persons Served (Beneficiaries), by Basis of Eligibility and Area of Residence: Fiscal Year 2005

Area of Residence	Total	Aged	Disabled	Children ¹	Adults	Other/ Unknown
All Jurisdictions	57,349,022	4,369,608	8,164,987	27,096,133	12,461,147	5,257,147
Boston: Region I	2,112,102	215,101	359,898	932,439	517,667	86,997
Connecticut	520,660	52,042	59,028	275,909	109,248	24,433
Maine ²						
Massachusetts	1,110,475	116,595	224,815	428,751	294,034	46,280
New Hampshire	--- 120,760	--- 11,890	--- 17,096	--- 70,838	--- 16,081	--- 4,855
Rhode Island	209,371	16,655	38,758	96,014	54,636	3,308
Vermont	150,836	17,919	20,201	60,927	43,668	8,121
New York: Region II	5,903,441	443,753	851,760	2,348,684	1,786,892	472,352
New Jersey	965,768	87,514	170,424	484,070	172,754	51,006
New York	4,937,673	356,239	681,336	1,864,614	1,614,138	421,346
Puerto Rico						
Virgin Islands	---	---	---	---	---	---
Philadelphia: Region III	--- 4,215,640	--- 351,118	--- 862,300	--- 2,103,766	--- 709,304	--- 189,152
Delaware	165,354	8,641	18,623	73,191	61,240	3,659
District of Columbia	157,714	8,130	29,153	76,565	39,171	4,695
Maryland	750,131	54,806	124,991	450,195	104,246	15,893
Pennsylvania	1,990,466	170,722	460,019	903,280	337,416	119,029
Virginia	778,407	80,910	135,316	425,787	114,599	21,795
West Virginia	373,568	27,909	94,198	174,748	52,632	24,081
Atlanta: Region IV	11,644,367	925,532	2,004,341	5,623,691	2,031,298	1,059,505
Alabama	838,787	64,120	185,687	444,478	116,287	28,215
Florida	3,166,071	264,980	478,910	1,474,184	512,424	435,573
Georgia	2,038,468	106,267	254,558	1,036,857	300,364	340,422
Kentucky	856,566	55,184	213,222	413,563	130,147	44,450
Mississippi	715,940	79,285	147,904	333,632	99,143	55,976
North Carolina	1,548,843	149,553	248,496	792,157	274,697	83,940
South Carolina	869,910	97,348	132,057	436,595	184,797	19,113
Tennessee	1,609,782	108,795	343,507	692,225	413,439	51,816

See footnotes at end of table.

Table 13.22—Continued

Medicaid Persons Served (Beneficiaries), by Basis of Eligibility and Area of Residence: Fiscal Year 2005

Area of Residence	Total	Aged	Disabled	Children ¹	Adults	Other/ Unknown
Chicago: Region V	8,690,769	777,236	1,283,121	4,346,315	1,711,317	572,780
Illinois	2,239,134	291,477	295,134	1,079,963	369,685	202,875
Indiana	984,302	70,222	130,767	560,258	166,090	56,965
Michigan	1,856,006	92,262	304,636	936,523	321,458	201,127
Minnesota	707,643	62,838	99,282	360,502	157,705	27,316
Ohio	1,954,950	140,887	308,613	1,016,258	432,341	56,851
Wisconsin	948,734	119,550	144,689	392,811	264,038	27,646
Dallas: Region VI	7,052,661	483,978	818,056	4,183,168	935,983	631,476
Arkansas	977,121	55,966	103,024	376,285	129,054	312,792
Louisiana	1,146,062	83,253	176,201	638,573	130,711	117,324
New Mexico	491,310	22,690	59,064	297,709	99,794	12,053
Oklahoma	685,524	53,697	87,250	436,600	88,736	19,241
Texas	3,752,644	268,372	392,517	2,434,001	487,688	170,066
Kansas City: Region VII	2,189,027	176,524	322,561	1,150,103	420,130	119,709
Iowa	400,141	35,514	64,386	204,458	77,377	18,406
Kansas	384,890	28,967	52,952	186,179	54,487	62,305
Missouri	1,156,308	90,840	174,051	615,713	247,345	28,359
Nebraska	247,688	21,203	31,172	143,753	40,921	10,639
Denver: Region VIII	1,296,876	87,535	154,603	678,020	227,666	149,052
Colorado	593,039	43,764	70,004	297,361	80,120	101,790
Montana	116,315	8,731	17,477	59,040	22,156	8,911
North Dakota	73,548	8,072	9,329	34,900	14,910	6,337
South Dakota	130,864	9,939	17,649	78,276	21,021	3,979
Utah	314,136	12,736	32,160	165,932	77,968	25,340
Wyoming	68,974	4,293	7,984	42,511	11,491	2,695

See footnotes at end of table.

Table 13.22—Continued

Medicaid Persons Served (Beneficiaries), by Basis of Eligibility and Area of Residence: Fiscal Year 2005

Area of Residence	Total	Aged	Disabled	Children ¹	Adults	Other/ Unknown
San Francisco: Region IX	12,192,950	774,463	1,242,317	4,705,986	3,655,967	1,814,217
Arizona	1,202,991	45,252	118,396	619,177	256,182	163,984
California	10,509,214	691,771	1,066,888	3,847,560	3,278,821	1,624,174
Hawaii	223,933	19,449	23,439	103,928	72,556	4,561
Nevada	256,812	17,991	33,594	135,321	48,408	21,498
Seattle: Region X	2,051,189	134,368	266,030	1,023,961	464,923	161,907
Alaska	125,168	6,751	13,533	70,291	24,997	9,596
Idaho	200,571	12,390	29,204	122,569	28,250	8,158
Oregon	547,462	40,696	72,097	254,294	136,311	44,064
Washington	1,177,988	74,531	151,196	576,807	275,365	100,089

¹Includes non-disabled children and foster care children.

²Data for 2005 was not reported in time to be included in table.

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 13.22

Medicaid Persons Served (Beneficiaries), by Basis of Eligibility and Area of Residence: Fiscal Year 2006

Area of Residence	Total	Aged	Disabled	Children ¹	Adults	Other/ Unknown
All Jurisdictions	57,180,890	4,330,338	8,253,588	27,437,862	12,489,750	4,669,352
Boston: Region I	2,173,045	218,218	371,640	948,243	545,413	89,531
Connecticut	517,529	51,500	59,678	273,150	111,353	21,848
Maine ²	---	---	---	---	---	---
Massachusetts	1,166,759	120,777	233,676	443,565	319,230	49,511
New Hampshire	126,458	11,803	18,268	74,985	16,660	4,742
Rhode Island	212,491	16,379	39,302	97,012	55,029	4,769
Vermont	149,808	17,759	20,716	59,531	43,141	8,661
New York: Region II	6,198,743	441,507	864,278	2,356,944	1,860,204	675,810
New Jersey	1,004,370	86,283	172,583	523,976	181,851	39,677
New York	5,194,373	355,224	691,695	1,832,968	1,678,353	636,133
Puerto Rico	---	---	---	---	---	---
Virgin Islands	---	---	---	---	---	---
Philadelphia: Region III	4,346,978	366,961	876,797	2,176,999	746,651	179,570
Delaware	170,659	8,926	19,153	75,291	63,730	3,559
District of Columbia	159,335	8,259	30,152	76,235	39,116	5,573
Maryland	759,002	53,616	127,411	457,056	103,549	17,370
Pennsylvania	2,064,061	188,038	463,783	933,284	362,425	116,531
Virginia	820,625	79,820	140,287	456,786	123,831	19,901
West Virginia	373,296	28,302	96,011	178,347	54,000	16,636
Atlanta: Region IV	11,514,906	881,215	2,030,013	5,692,415	1,958,871	952,392
Alabama	844,988	64,257	189,537	438,180	133,132	19,882
Florida	3,123,301	257,213	483,323	1,491,997	510,826	379,942
Georgia	1,817,822	104,780	260,239	1,029,277	302,090	121,436
Kentucky	899,616	55,085	218,094	409,895	133,568	82,974
Mississippi	745,291	75,994	149,845	323,695	106,113	89,644
North Carolina	1,631,243	147,688	256,045	840,040	283,338	104,132
South Carolina	861,838	90,095	133,390	439,554	181,367	17,432
Tennessee	1,590,807	86,103	339,540	719,777	308,437	136,950
See footnotes at end of table.						

Table 13.22—Continued

Medicaid Persons Served (Beneficiaries), by Basis of Eligibility and Area of Residence: Fiscal Year 2006

Area of Residence	Total	Aged	Disabled	Children ¹	Adults	Other/ Unknown
Chicago: Region V	8,777,846	781,247	1,283,576	4,513,647	1,780,213	419,163
Illinois	2,194,730	266,241	299,135	1,142,565	388,530	98,259
Indiana	999,079	68,446	134,035	578,327	171,110	47,161
Michigan	1,872,398	117,632	284,537	967,009	334,613	168,607
Minnesota	717,738	64,348	102,688	363,516	161,685	25,501
Ohio	2,020,532	143,659	314,743	1,057,695	449,064	55,371
Wisconsin	973,369	120,921	148,438	404,535	275,211	24,264
Dallas: Region VI	7,054,019	487,375	860,371	4,314,911	968,682	422,680
Arkansas	753,166	56,190	106,964	399,089	128,144	62,779
Louisiana	1,148,972	81,541	176,838	662,089	139,098	89,406
New Mexico	515,658	23,000	61,948	298,499	101,744	30,467
Oklahoma	725,736	55,545	89,876	450,092	111,322	18,901
Texas	3,910,487	271,099	424,745	2,505,142	488,374	221,127
Kansas City: Region VII	2,158,680	177,729	330,824	1,139,583	393,813	116,731
Iowa	431,184	36,057	66,797	213,333	92,707	22,290
Kansas	343,498	28,844	53,477	188,719	55,458	17,000
Missouri	1,136,495	91,797	178,775	591,946	205,387	68,590
Nebraska	247,503	21,031	31,775	145,585	40,261	8,851
Denver: Region VIII	1,302,362	88,647	158,401	682,458	232,885	139,971
Colorado	624,889	45,357	72,083	319,097	94,198	94,154
Montana	115,278	8,527	17,750	57,987	21,317	9,697
North Dakota	74,076	7,947	9,486	35,089	14,747	6,807
South Dakota	130,509	10,094	18,062	77,873	20,350	4,130
Utah	288,149	12,476	32,770	148,825	71,625	22,453
Wyoming	69,461	4,246	8,250	43,587	10,648	2,730
See footnotes at end of table.						

Table 13.22—Continued

Medicaid Persons Served (Beneficiaries), by Basis of Eligibility and Area of Residence: Fiscal Year 2006

Area of Residence	Total	Aged	Disabled	Children ¹	Adults	Other/ Unknown
San Francisco: Region IX	11,672,802	751,900	1,203,871	4,559,890	3,584,385	1,572,756
Arizona	1,018,666	26,420	99,493	625,334	256,522	10,897
California	10,427,093	705,752	1,080,493	3,828,032	3,256,344	1,556,472
Hawaii	227,043	19,728	23,885	106,524	71,519	5,387
Nevada ²	---	---	---	---	---	---
Seattle: Region X	1,981,509	135,539	273,817	1,052,772	418,633	100,748
Alaska	120,508	6,775	13,985	68,178	24,906	6,664
Idaho	216,958	13,054	31,460	134,734	29,415	8,295
Oregon	516,067	40,699	73,667	258,949	112,916	29,836
Washington	1,127,976	75,011	154,705	590,911	251,396	55,953

¹Includes non-disabled children and foster care children.

²Data for 2006 was not reported in time to be included in table.

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 13.23

Medicaid Payments, by Basis of Eligibility and Area of Residence: Fiscal Year 2005

Area of Residence	Total	Aged	Disabled	Children ¹	Adults	Other/ Unknown
All Jurisdictions	\$273,202,750,172	\$62,929,039,209	\$118,683,158,532	\$46,846,073,176	\$32,214,665,932	\$12,529,813,323
Boston: Region	15,409,566,804	4,512,195,905	6,523,405,156	2,665,250,848	1,599,827,187	108,887,708
Connecticut	3,786,510,621	1,378,969,036	1,499,237,469	604,722,396	284,287,724	19,293,996
Maine ²	-	-	-	-	-	-
Massachusetts	8,308,261,026	2,301,775,732	3,578,975,059	1,406,950,714	956,323,474	64,236,047
New Hampshire	-- 817,933,840	--252,366,988	--324,547,035	--184,481,138	-- 52,921,420	-- 3,617,259
Rhode Island	1,637,717,916	387,265,909	790,242,912	296,076,529	160,371,373	3,761,193
Vermont	859,143,401	191,818,240	330,402,681	173,020,071	145,923,196	17,979,213
New York: Region II	46,357,898,807	11,577,390,558	22,072,482,372	5,136,408,166	6,857,721,036	713,896,675
New Jersey	7,009,549,306	1,952,721,071	3,635,303,847	933,169,809	404,434,385	83,920,194
New York	39,348,349,501	9,624,669,487	18,437,178,525	4,203,238,357	6,453,286,651	629,976,481
Puerto Rico						
Virgin Islands	---	---	---	---	---	---
Philadelphia: Region III	25,450,907,437	6,518,070,180	11,455,658,609	4,313,162,389	2,503,548,095	660,468,164
Delaware	884,667,964	180,580,022	315,009,383	159,159,302	227,135,185	2,784,072
District of Columbia	1,315,816,541	182,697,664	654,513,103	228,550,510	173,058,841	76,996,423
Maryland	4,948,611,465	1,002,417,186	2,428,114,945	965,325,790	516,001,123	36,752,421
Pennsylvania	11,901,877,948	3,663,401,160	5,180,607,377	1,855,237,340	1,069,319,956	133,312,115
Virginia	4,060,746,944	1,033,417,921	1,830,991,842	781,621,265	381,337,713	33,378,203
West Virginia	2,339,186,575	455,556,227	1,046,421,959	323,268,182	136,695,277	377,244,930
Atlanta: Region IV	52,004,558,663	10,769,786,859	21,638,161,083	9,211,498,419	6,184,863,877	4,200,248,425
Alabama	4,154,203,745	788,316,097	1,336,591,498	769,090,489	191,628,073	1,068,577,588
Florida	13,154,453,435	3,042,639,704	5,615,479,044	2,047,074,945	1,226,994,154	1,222,265,588
Georgia	6,821,022,623	1,227,349,567	2,684,308,834	1,566,474,973	936,896,566	405,992,683
Kentucky	4,043,630,633	752,507,355	1,970,984,674	850,345,711	429,938,541	39,854,352
Mississippi	3,470,478,324	896,440,793	1,304,564,935	537,848,591	290,180,805	441,443,200
North Carolina	8,414,803,162	2,153,594,349	3,729,013,269	1,485,616,205	988,564,386	58,014,953
South Carolina	4,247,817,505	722,467,673	1,424,425,937	791,528,800	400,231,557	909,163,538
Tennessee	7,698,149,236	1,186,471,321	3,572,792,892	1,163,518,705	1,720,429,795	54,936,523

See footnotes at end of table.

Table 13.23—Continued

Medicaid Payments, by Basis of Eligibility and Area of Residence: Fiscal Year 2005

Area of Residence	Total	Aged	Disabled	Children ¹	Adults	Other/ Unknown
Chicago: Region V	\$45,150,301,520	\$10,213,627,131	\$20,212,213,351	\$6,868,581,827	\$4,593,458,249	\$3,262,420,962
Illinois	10,787,559,126	1,727,251,135	4,715,182,996	1,713,364,104	959,584,402	1,672,176,489
Indiana	4,780,358,965	1,254,785,871	2,105,080,040	913,028,781	434,590,519	72,873,754
Michigan	7,654,273,978	1,360,448,950	3,029,860,790	1,095,654,059	777,439,270	1,390,870,909
Minnesota	5,233,970,089	1,343,419,860	2,418,444,689	924,967,804	506,069,389	41,068,347
Ohio	12,114,450,180	3,354,037,460	5,638,575,073	1,730,499,537	1,336,617,101	54,721,009
Wisconsin	4,579,689,182	1,173,683,855	2,305,069,763	491,067,542	579,157,568	30,710,454
Dallas: Region V	26,424,309,637	6,026,079,380	10,404,483,109	6,778,534,913	2,505,491,790	709,720,445
Arkansas	2,662,444,329	727,551,442	1,084,856,758	627,395,689	185,912,224	36,728,216
Louisiana	4,420,238,271	970,293,649	2,068,834,498	731,362,103	418,661,625	231,086,396
New Mexico	2,415,071,607	308,980,860	942,633,700	641,907,912	307,871,041	213,678,094
Oklahoma	2,561,235,780	616,011,791	1,016,270,350	706,300,189	207,419,465	15,233,985
Texas	14,365,319,650	3,403,241,638	5,291,887,803	4,071,569,020	1,385,627,435	212,993,754
Kansas City: Region VI	11,143,450,607	2,752,937,092	4,916,432,904	2,202,210,201	1,087,148,817	184,721,593
Iowa	2,350,365,034	589,651,223	1,158,929,038	351,941,207	214,956,254	34,887,312
Kansas	2,080,259,947	506,501,162	923,723,600	388,753,009	163,437,386	97,844,790
Missouri	5,263,004,188	1,283,465,291	2,251,368,046	1,128,787,887	578,360,157	21,022,807
Nebraska	1,449,821,438	373,319,416	582,412,220	332,728,098	130,395,020	30,966,684
Denver: Region VIII	6,298,187,369	1,422,301,984	2,416,090,908	1,226,979,665	602,850,039	629,964,773
Colorado	2,594,543,653	671,755,225	1,003,278,947	500,963,340	206,593,676	211,952,465
Montana	620,998,140	158,439,307	232,035,734	136,137,892	75,894,429	18,490,778
North Dakota	557,167,553	203,029,440	229,446,859	74,221,437	41,046,825	9,422,992
South Dakota	627,071,436	140,191,682	265,321,957	153,383,361	63,590,902	4,583,534
Utah	1,500,529,191	168,542,429	519,468,380	261,604,544	167,446,311	383,467,527
Wyoming	397,877,396	80,343,901	166,539,031	100,669,091	48,277,896	2,047,477

See footnotes at end of table.

Table 13.23—Continued

Medicaid Payments, by Basis of Eligibility and Area of Residence: Fiscal Year 2005

Area of Residence	Total	Aged	Disabled	Children ¹	Adults	Other/ Unknown
San Francisco: Region IX	\$35,107,643,017	\$7,330,594,583	\$15,635,849,279	\$6,545,157,601	\$4,778,931,873	\$817,109,681
Arizona	4,449,323,164	670,830,278	1,552,070,025	1,197,225,638	797,255,915	231,941,308
California	28,637,795,310	6,191,746,916	13,281,309,759	4,945,357,052	3,688,856,690	530,524,893
Hawaii	930,959,220	244,455,373	302,965,693	183,895,976	190,699,151	8,943,027
Nevada	1,089,565,323	223,562,016	499,503,802	218,678,935	102,120,117	45,700,453
Seattle: Region X	9,855,926,311	1,806,055,537	3,408,381,761	1,898,289,147	1,500,824,969	1,242,374,897
Alaska	1,003,770,833	160,812,018	371,204,484	316,573,753	145,866,320	9,314,258
Idaho	1,072,200,804	208,538,067	520,341,658	221,433,240	107,494,517	14,393,322
Oregon	2,444,482,998	531,521,470	875,999,740	488,120,927	513,366,782	35,474,079
Washington	5,335,471,676	905,183,982	1,640,835,879	872,161,227	734,097,350	1,183,193,238

¹Includes non-disabled children and foster care children.

²Data for 2005 was not reported in time to be included in table.

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 13.23

Medicaid Payments, by Basis of Eligibility and Area of Residence: Fiscal Year 2006

Area of Residence	Total	Aged	Disabled	Children ¹	Adults	Other/ Unknown
All Jurisdictions	\$265,048,888,075	\$57,456,964,053	\$114,745,349,870	\$49,611,566,370	\$32,682,314,388	\$10,552,693,394
Boston: Region I	15,961,986,276	4,481,128,767	6,519,299,469	3,082,947,233	1,758,845,962	119,764,845
Connecticut	3,986,150,305	1,468,048,941	1,522,886,055	665,971,675	307,547,716	21,695,918
Maine ²	---	---	---	---	---	---
Massachusetts	8,660,949,687	2,234,735,565	3,553,156,177	1,719,048,959	1,078,411,858	75,597,128
New Hampshire	854,602,809	240,792,064	329,845,560	224,518,906	56,829,688	2,616,591
Rhode Island	1,646,888,916	367,072,527	794,037,916	305,051,323	176,225,584	4,501,566
Vermont	813,394,559	170,479,670	319,373,761	168,356,370	139,831,116	15,353,642
New York: Region II	47,746,466,814	11,471,015,430	22,788,157,738	5,463,766,429	7,203,691,985	819,835,232
New Jersey	7,511,903,672	1,816,194,787	3,997,473,620	1,095,007,058	501,243,812	101,984,395
New York	40,234,563,142	9,654,820,643	18,790,684,118	4,368,759,371	6,702,448,173	717,850,837
Puerto Rico	---	---	---	---	---	---
Virgin Islands	---	---	---	---	---	---
Philadelphia: Region III	24,001,467,461	5,713,395,064	10,592,995,610	4,546,031,719	2,577,297,736	571,747,332
Delaware	946,873,408	171,584,943	332,981,406	177,197,397	261,306,056	3,803,606
District of Columbia	1,385,459,209	174,608,669	663,401,869	228,163,886	193,339,434	125,945,351
Maryland	5,218,617,669	966,298,129	2,523,440,435	1,116,519,926	566,627,559	45,731,620
Pennsylvania	10,052,037,109	3,072,568,308	4,206,522,090	1,725,802,283	1,005,743,242	41,401,186
Virginia	4,172,888,580	915,624,460	1,885,534,092	921,155,709	415,672,351	34,901,968
West Virginia	2,225,591,486	412,710,555	981,115,718	377,192,518	134,609,094	319,963,601
Atlanta: Region IV	47,874,994,762	9,096,866,352	20,183,467,497	9,459,005,204	5,585,309,086	3,550,346,623
Alabama	3,896,759,299	726,923,345	1,331,437,446	797,772,081	238,853,230	801,773,197
Florida	12,568,860,722	2,608,105,739	5,405,601,173	2,073,009,687	1,293,409,380	1,188,734,743
Georgia	6,041,739,927	1,022,653,286	2,406,174,286	1,508,885,678	933,583,847	170,442,830
Kentucky	4,135,090,909	688,128,744	1,993,174,521	854,996,814	477,607,210	121,183,620
Mississippi	3,144,213,144	763,011,581	1,231,122,189	559,736,159	295,454,525	294,888,690
North Carolina	8,120,839,869	1,792,289,296	3,657,615,049	1,615,244,732	999,516,933	56,173,859
South Carolina	4,012,809,012	596,521,733	1,338,310,685	803,280,179	417,107,927	857,588,488
Tennessee	5,954,681,880	899,232,628	2,820,032,148	1,246,079,874	929,776,034	59,561,196

See footnotes at end of table.

Table 13.23—Continued

Medicaid Payments, by Basis of Eligibility and Area of Residence: Fiscal Year 2006

Area of Residence	Total	Aged	Disabled	Children ¹	Adults	Other/ Unknown
Chicago: Region V	\$43,903,348,311	\$9,419,360,411	\$19,460,283,836	\$7,477,331,079	\$4,956,245,556	\$2,590,127,429
Illinois	9,962,885,170	1,349,823,202	4,580,390,357	1,819,118,719	974,926,562	1,238,626,330
Indiana	5,011,053,354	1,189,671,442	2,072,822,094	1,140,130,908	558,557,069	49,871,841
Michigan	7,139,180,928	1,390,158,165	2,532,028,442	1,136,390,092	822,134,441	1,258,469,788
Minnesota	5,505,113,472	1,377,060,470	2,600,269,300	965,568,871	531,083,014	31,131,817
Ohio	11,833,989,660	3,040,392,630	5,482,358,900	1,885,410,196	1,447,305,412	-21,477,478
Wisconsin	4,451,125,727	1,072,254,502	2,192,414,743	530,712,293	622,239,058	33,505,131
Dallas: Region VI	25,785,365,617	5,016,748,665	10,507,091,143	7,104,487,779	2,629,678,959	527,359,071
Arkansas	2,777,650,553	686,818,339	1,129,041,920	716,867,278	203,082,978	41,840,038
Louisiana	3,977,640,001	777,488,149	1,861,722,565	718,233,403	428,795,012	191,400,872
New Mexico	2,332,524,050	273,364,657	978,424,011	633,230,856	319,108,673	128,395,853
Oklahoma	2,933,663,906	615,170,691	1,151,788,900	844,083,526	306,146,263	16,474,526
Texas	13,763,887,107	2,663,906,829	5,386,113,747	4,192,072,716	1,372,546,033	149,247,782
Kansas City: Region VII	10,742,253,470	2,453,558,744	4,702,129,646	2,363,065,358	1,046,818,265	176,681,457
Iowa	2,524,284,822	580,169,351	1,197,837,896	393,698,615	258,389,910	94,189,050
Kansas	1,995,637,927	461,136,241	920,570,455	419,185,816	176,746,032	17,999,383
Missouri	4,771,200,728	1,062,267,298	2,009,770,406	1,188,787,611	477,103,716	33,271,697
Nebraska	1,451,129,993	349,985,854	573,950,889	361,393,316	134,578,607	31,221,327
Denver: Region VIII	6,367,274,153	1,349,139,790	2,393,233,117	1,313,730,884	662,938,235	648,232,127
Colorado	2,679,373,420	661,292,666	1,033,493,150	568,935,808	257,939,632	157,712,164
Montana	639,189,508	161,123,146	238,305,312	146,154,007	82,336,501	11,270,542
North Dakota	509,987,201	179,092,839	208,639,835	74,494,487	42,344,619	5,415,421
South Dakota	605,696,748	126,361,089	250,042,321	159,091,252	66,155,866	4,046,220
Utah	1,521,110,084	142,727,529	488,967,067	254,232,193	169,401,875	465,781,420
Wyoming	411,917,192	78,542,521	173,785,432	110,823,137	44,759,742	4,006,360

See footnotes at end of table.

Table 13.23—Continued

Medicaid Payments, by Basis of Eligibility and Area of Residence: Fiscal Year 2006

Area of Residence	Total	Aged	Disabled	Children ¹	Adults	Other/Unknown
San Francisco: Region IX	\$33,151,255,719	\$6,633,760,994	\$14,103,716,723	\$6,822,453,721	\$4,940,615,219	650,709,062
Arizona	3,152,835,043	126,096,375	766,556,927	1,315,416,394	889,055,894	55,709,453
California	29,009,839,505	6,261,278,688	13,007,608,204	5,315,027,356	3,840,636,939	585,288,318
Hawaii	988,581,171	246,385,931	329,551,592	192,009,971	210,922,386	9,711,291
Nevada ²	---	---	---	---	---	---
Seattle: Region X	9,514,475,492	1,821,989,836	3,494,975,091	1,978,746,964	1,320,873,385	897,890,216
Alaska	953,780,081	150,858,614	347,764,544	304,553,383	142,679,922	7,923,618
Idaho	1,056,588,201	199,014,946	510,365,045	225,477,853	112,806,469	8,923,888
Oregon	2,273,683,995	501,217,865	823,658,715	503,942,842	430,239,924	14,624,649
Washington	5,230,423,215	970,898,411	1,813,186,787	944,772,886	635,147,070	866,418,061

¹Includes non-disabled children and foster care children.

²Data for 2006 was not reported in time to be included in table.

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 13.24

Medicaid Payments per Person Served (Beneficiary), by Basis of Eligibility and Area of Residence: Fiscal Year 2005

Area of Residence	Total	Aged	Disabled	Children ¹	Adults	Other/ Unknown
All Jurisdictions	\$4,764	\$14,402	\$14,536	\$1,729	\$2,585	\$2,383
Boston: Region I	7,296	20,977	18,126	2,858	3,090	1,252
Connecticut	7,273	26,497	25,399	2,192	2,602	790
Maine ²						
Massachusetts	7,482	19,742	15,920	3,282	3,252	1,388
New Hampshire	6,773	21,225	18,984	2,604	3,291	745
Rhode Island	7,822	23,252	20,389	3,084	2,935	1,137
Vermont	5,696	10,705	16,356	2,840	3,342	2,214
New York: Region II	7,853	26,090	25,914	2,187	3,838	1,511
New Jersey	7,258	22,313	21,331	1,928	2,341	1,645
New York	7,969	27,017	27,060	2,254	3,998	1,495
Puerto Rico						
Virgin Islands	---	---	---	---	---	---
Philadelphia: Region III	6,037	18,564	13,285	2,050	3,530	3,492
Delaware	5,350	20,898	16,915	2,175	3,709	761
District of Columbia	8,343	22,472	22,451	2,985	4,418	16,400
Maryland	6,597	18,290	19,426	2,144	4,950	2,312
Pennsylvania	5,979	21,458	11,262	2,054	3,169	1,120
Virginia	5,217	12,772	13,531	1,836	3,328	1,531
West Virginia	6,262	16,323	11,109	1,850	2,597	15,666
Atlanta: Region IV	4,466	11,636	10,796	1,638	3,045	3,964
Alabama	4,953	12,294	7,198	1,730	1,648	37,873
Florida	4,155	11,483	11,726	1,389	2,394	2,806
Georgia	3,346	11,550	10,545	1,511	3,119	1,193
Kentucky	4,721	13,636	9,244	2,056	3,303	897
Mississippi	4,847	11,307	8,820	1,612	2,927	7,886
North Carolina	5,433	14,400	15,006	1,875	3,599	691
South Carolina	4,883	7,421	10,786	1,813	2,166	47,568
Tennessee	4,782	10,906	10,401	1,681	4,161	1,060

See footnotes at end of table.

Table 13.24—Continued

Medicaid Payments per Person Served (Beneficiary), by Basis of Eligibility and Area of Residence: Fiscal Year 2005

Area of Residence	Total	Aged	Disabled	Children ¹	Adults	Other/ Unknown
Chicago: Region V	\$5,195	\$13,141	\$15,752	\$1,580	\$2,684	\$5,696
Illinois	4,818	5,926	15,976	1,587	2,596	8,242
Indiana	4,857	17,869	10,068	1,630	2,617	1,279
Michigan	4,124	14,745	9,946	1,170	2,418	6,915
Minnesota	7,396	21,379	24,359	2,566	3,209	1,503
Ohio	6,197	23,807	18,271	1,703	3,092	963
Wisconsin	4,827	9,818	15,931	1,250	2,193	1,111
Dallas: Region V	3,747	12,451	12,719	1,620	2,677	1,124
Arkansas	2,725	13,000	10,530	1,667	1,441	117
Louisiana	3,857	11,655	11,741	1,145	3,203	1,970
New Mexico	4,916	13,617	15,960	2,156	3,085	17,728
Oklahoma	3,736	11,472	11,648	1,618	2,337	792
Texas	3,828	12,681	13,482	1,673	2,841	1,252
Kansas City: Region VI	5,091	15,595	15,242	1,915	2,588	1,543
Iowa	5,874	16,603	18,000	1,721	2,778	1,895
Kansas	5,405	17,485	17,445	2,088	3,000	1,570
Missouri	4,552	14,129	12,935	1,833	2,338	741
Nebraska	5,853	17,607	18,684	2,315	3,187	2,911
Denver: Region VIII	4,856	16,248	15,628	1,810	2,648	4,226
Colorado	4,375	15,349	14,332	1,685	2,579	2,082
Montana	5,339	18,147	13,277	2,306	3,425	2,075
North Dakota	7,576	25,152	24,595	2,127	2,753	1,487
South Dakota	4,762	14,105	15,033	1,960	3,025	1,152
Utah	4,777	13,234	16,153	1,577	2,148	15,133
Wyoming	5,769	18,715	20,859	2,368	4,201	760
See footnotes at end of table.						

Table 13.24—Continued

Medicaid Payments per Person Served (Beneficiary), by Basis of Eligibility and Area of Residence: Fiscal Year 2005

Area of Residence	Total	Aged	Disabled	Children ¹	Adults	Other/ Unknown
San Francisco: Region IX	\$2,879	\$9,465	\$12,586	\$1,391	\$1,307	\$450
Arizona	3,699	14,824	13,109	1,934	3,112	1,414
California	2,725	8,951	12,449	1,285	1,125	327
Hawaii	4,157	12,569	12,926	1,769	2,628	1,961
Nevada	4,243	12,426	14,869	1,616	2,110	2,126
Seattle: Region X	4,805	13,441	12,812	1,854	3,228	7,673
Alaska	8,019	23,820	27,430	4,504	5,853	971
Idaho	5,346	16,831	17,817	1,807	3,805	1,764
Oregon	4,465	13,061	12,150	1,920	3,766	805
Washington	4,529	12,145	10,852	1,512	2,666	11,821

¹Includes non-disabled children and foster care children.

²Data for 2005 was not reported in time to be included in table.

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 13.24

Medicaid Payments per Person Served (Beneficiary), by Basis of Eligibility and Area of Residence: Fiscal Year 2006

Area of Residence	Total	Aged	Disabled	Children ¹	Adults	Other/ Unknown
All Jurisdictions	\$4,635	\$13,268	\$13,902	\$1,808	\$2,617	\$2,260
Boston: Region I	7,345	20,535	17,542	3,251	3,225	1,338
Connecticut	7,702	28,506	25,518	2,438	2,762	993
Maine ²	---	---	---	---	---	---
Massachusetts	7,423	18,503	15,205	3,876	3,378	1,527
New Hampshire	6,758	20,401	18,056	2,994	3,411	552
Rhode Island	7,750	22,411	20,203	3,144	3,202	944
Vermont	5,430	9,600	15,417	2,828	3,241	1,773
New York: Region II	7,703	25,982	26,367	2,318	3,873	1,213
New Jersey	7,479	21,049	23,163	2,090	2,756	2,570
New York	7,746	27,180	27,166	2,383	3,993	1,128
Puerto Rico	---	---	---	---	---	---
Virgin Islands	---	---	---	---	---	---
Philadelphia: Region III	5,521	15,569	12,081	2,088	3,452	3,184
Delaware	5,548	19,223	17,385	2,354	4,100	1,069
District of Columbia	8,695	21,142	22,002	2,993	4,943	22,599
Maryland	6,876	18,023	19,806	2,443	5,472	2,633
Pennsylvania	4,870	16,340	9,070	1,849	2,775	355
Virginia	5,085	11,471	13,441	2,017	3,357	1,754
West Virginia	5,962	14,582	10,219	2,115	2,493	19,233
Atlanta: Region IV	4,158	10,323	9,943	1,662	2,851	3,728
Alabama	4,612	11,313	7,025	1,821	1,794	40,327
Florida	4,024	10,140	11,184	1,389	2,532	3,129
Georgia	3,324	9,760	9,246	1,466	3,090	1,404
Kentucky	4,597	12,492	9,139	2,086	3,576	1,461
Mississippi	4,219	10,040	8,216	1,729	2,784	3,290
North Carolina	4,978	12,136	14,285	1,923	3,528	539
South Carolina	4,656	6,621	10,033	1,827	2,300	49,196
Tennessee	3,743	10,444	8,305	1,731	3,014	435

See footnotes at end of table.

Table 13.24—Continued

Medicaid Payments per Person Served (Beneficiary), by Basis of Eligibility and Area of Residence: Fiscal Year 2006

Area of Residence	Total	Aged	Disabled	Children ¹	Adults	Other/ Unknown
Chicago: Region V	\$5,002	\$12,057	\$15,161	\$1,657	\$2,784	\$6,179
Illinois	4,539	5,070	15,312	1,592	2,509	12,606
Indiana	5,016	17,381	15,465	1,971	3,264	1,057
Michigan	3,813	11,818	8,899	1,175	2,457	7,464
Minnesota	7,670	21,400	25,322	2,656	3,285	1,221
Ohio	5,857	21,164	17,419	1,783	3,223	-388
Wisconsin	4,573	8,867	14,770	1,312	2,261	1,381
Dallas: Region VI	3,655	10,293	12,212	1,646	2,715	1,248
Arkansas	3,688	12,223	10,555	1,796	1,585	666
Louisiana	3,462	9,535	10,528	1,085	3,083	2,141
New Mexico	4,523	11,885	15,794	2,121	3,136	4,214
Oklahoma	4,042	11,075	12,815	1,875	2,750	872
Texas	3,520	9,826	12,681	1,673	2,810	675
Kansas City: Region VII	4,976	13,805	14,213	2,074	2,658	1,514
Iowa	5,854	16,090	17,933	1,845	2,787	4,226
Kansas	5,810	15,987	17,214	2,221	3,187	1,059
Missouri	4,198	11,572	11,242	2,008	2,323	485
Nebraska	5,863	16,641	18,063	2,482	3,343	3,527
Denver: Region VIII	4,889	15,219	15,109	1,925	2,847	4,631
Colorado	4,288	14,580	14,338	1,783	2,738	1,675
Montana	5,545	18,896	13,426	2,520	3,862	1,162
North Dakota	6,885	22,536	21,995	2,123	2,871	796
South Dakota	4,641	12,518	13,844	2,043	3,251	980
Utah	5,279	11,440	14,921	1,708	2,365	20,745
Wyoming	5,930	18,498	21,065	2,543	4,204	1,468

See footnotes at end of table.

Table 13.24—Continued

Medicaid Payments per Person Served (Beneficiary), by Basis of Eligibility and Area of Residence: Fiscal Year 2006

Area of Residence	Total	Aged	Disabled	Children ¹	Adults	Other/ Unknown
San Francisco: Region IX	\$2,840	\$8,823	\$11,715	\$1,496	\$1,378	\$414
Arizona	3,095	4,773	7,705	2,104	3,466	5,112
California	2,782	8,872	12,039	1,388	1,179	376
Hawaii	4,354	12,489	13,797	1,803	2,949	1,803
Nevada ²	---	---	---	---	---	---
Seattle: Region X	4,802	13,443	12,764	1,880	3,155	8,912
Alaska	7,915	22,267	24,867	4,467	5,729	1,189
Idaho	4,870	15,246	16,223	1,674	3,835	1,076
Oregon	4,406	12,315	11,181	1,946	3,810	490
Washington	4,637	12,943	11,720	1,599	2,526	15,485

¹Includes non-disabled children and foster care children.

²Data for 2006 was not reported in time to be included in table.

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 13.25

Medicaid Persons Served (Beneficiaries), by Type of Service and Area of Residence: Fiscal Year 2005

Area of Residence	Total ¹	Inpatient ^t Hospital	Nursing Facilities	Physician	Dental	Outpatient Hospital	Lab and X-Ray ^d	Home Health	Prescribed Drugs
All Jurisdictions	57,349,022	5,461,560	1,702,753	24,029,629	9,260,703	16,152,839	15,894,156	1,191,713	28,161,951
Boston: Region I	2,112,102	150,341	124,554	847,471	445,844	698,173	574,396	74,384	975,538
Connecticut	520,660	35,130	41,538	98,216	36,557	98,401	80,347	22,657	120,601
Maine ²									
Massachusetts	1,110,475	76,419	60,411	508,699	267,345	426,087	396,374	36,395	584,659
New Hampshire	120,760	15,098	7,544	84,449	35,193	55,393	16,552	2,786	92,097
Rhode Island	209,371	12,417	11,108	42,654	59,531	41,239	18,616	8,692	57,986
Vermont	150,836	11,277	3,953	113,453	47,218	77,053	62,507	3,854	120,195
New York: Region II	5,903,441	796,562	250,919	1,410,644	883,143	1,838,236	1,004,882	271,186	3,112,417
New Jersey	965,768	82,377	47,196	221,291	71,537	229,877	148,691	14,624	316,538
New York	4,937,673	714,185	203,723	1,189,353	811,606	1,608,359	856,191	256,562	2,795,879
Puerto Rico									
Virgin Islands	---	---	---	---	---	---	---	---	---
Philadelphia: Region III	4,215,640	334,478	172,329	1,288,351	304,959	643,864	660,159	54,673	1,434,108
Delaware	165,354	8,744	3,654	39,005	23,402	21,360	22,720	1,428	108,989
District of Columbia	157,714	15,099	4,927	24,963	2,855	24,660	22,451	2,855	37,850
Maryland	750,131	56,633	26,862	222,817	2,297	116,690	13,566	25,246	216,108
Pennsylvania	1,990,466	89,514	97,223	405,968	129,596	208,743	297,911	18,702	454,045
Virginia	778,407	129,721	27,918	378,882	44,453	136,315	137,796	4,047	323,447
West Virginia	373,568	34,767	11,745	216,716	102,356	136,096	165,715	2,395	293,669

See footnotes at end of table.

Table 13.25—Continued

Medicaid Persons Served (Beneficiaries), by Type of Service and Area of Residence: Fiscal Year 2005

Area of Residence	Total ¹	Inpatient	Nursing	Physician	Dental	Outpatient	Lab and	Home	Prescribed
		Hospital	Facilities			Hospital	X-Ray	Health	Drugs
Atlanta: Region IV	11,644,367	1,426,396	313,135	7,172,292	2,521,624	4,648,995	4,343,316	295,547	7,213,180
Alabama	838,787	68,607	26,448	558,443	167,899	291,596	376,910	76,983	545,201
Florida	3,166,071	533,915	94,067	1,318,652	351,691	1,249,359	923,591	106,246	1,322,096
Georgia	2,038,468	259,946	47,590	1,481,072	632,886	912,613	316,489	13,380	1,323,854
Kentucky	856,566	67,993	28,533	506,188	191,400	361,313	305,694	20,109	532,122
Mississippi	715,940	106,757	21,774	509,073	164,874	353,884	443,807	9,394	565,437
North Carolina	1,548,843	213,784	43,003	1,222,090	461,478	738,147	875,168	39,991	1,098,993
South Carolina	869,910	109,610	16,976	567,750	265,752	364,124	304,595	7,062	623,706
Tennessee ³	1,609,782	65,784	34,744	1,009,024	285,644	377,959	797,062	22,382	1,201,771
Chicago: Region V	8,690,769	736,974	351,567	3,822,145	1,899,439	2,710,737	2,393,838	151,081	4,529,493
Illinois	2,239,134	205,725	77,045	1,370,402	561,049	927,564	797,902	12,064	1,601,528
Indiana	984,302	74,146	53,116	387,252	333,484	279,095	248,305	8,884	449,438
Michigan	1,856,006	109,758	52,398	503,094	309,921	303,516	229,310	7,728	720,337
Minnesota	707,643	52,688	33,512	257,576	81,597	151,683	40,595	72,384	217,890
Ohio	1,954,950	224,847	98,738	1,151,934	455,058	822,491	786,498	42,591	1,109,569
Wisconsin	948,734	69,810	36,758	151,887	158,330	226,388	291,228	7,430	430,731
Dallas: Region VI	7,052,661	939,616	192,245	4,156,554	1,834,733	2,091,217	3,025,116	238,008	4,605,247
Arkansas	977,121	102,864	27,091	709,083	133,158	279,077	245,790	6,695	447,072
Louisiana	1,146,062	178,722	31,463	865,434	254,084	541,557	611,347	12,391	831,834
New Mexico	491,310	23,964	7,268	109,640	28,984	85,752	66,951	522	110,950
Oklahoma	685,524	110,358	22,310	414,555	175,497	300,693	292,761	5,584	461,740
Texas	3,752,644	523,708	104,113	2,057,842	1,243,010	884,138	1,808,267	212,816	2,753,651

See footnotes at end of table.

Table 13.25—Continued

Medicaid Persons Served (Beneficiaries), by Type of Service and Area of Residence: Fiscal Year 2005

Area of Residence	Total ¹	Inpatient		Nursing		Outpatient		Lab and	Home	Prescribed
		Hospital	Facilities	Physician	Dental	Hospital	X-Ray	Health	Drugs	
Kansas City: Region VII	2,189,027	245,734	86,800	1,017,358	441,864	806,706	544,816	41,289	1,231,949	
Iowa	400,141	52,792	19,899	271,454	123,726	187,836	189,290	23,070	288,823	
Kansas	384,890	46,487	16,378	200,380	78,837	118,023	60,659	5,152	188,558	
Missouri	1,156,308	116,969	39,408	368,517	138,144	391,572	227,843	7,668	559,682	
Nebraska	247,688	29,486	11,115	177,007	101,157	109,275	67,024	5,399	194,886	
Denver: Region VIII	1,296,876	135,646	41,443	403,759	257,264	417,911	276,716	15,643	686,296	
Colorado	593,039	50,897	16,148	58,052	117,518	192,572	68,791	10,564	245,726	
Montana	116,315	16,849	5,218	76,648	21,889	57,749	11,732	416	70,738	
North Dakota	73,548	9,170	5,556	46,296	19,451	26,681	31,549	1,519	46,814	
South Dakota	130,864	16,825	5,895	75,862	61	50,836	40,535	411	74,710	
Utah	314,136	30,464	5,816	93,255	79,856	55,377	90,250	2,127	198,304	
Wyoming	68,974	11,441	2,810	53,646	18,489	34,696	33,859	606	50,004	
San Francisco: Region IX	12,192,950	563,658	130,921	3,115,486	161,978	1,793,448	2,686,192	46,858	3,516,664	
Arizona ³	1,202,991	36,708	1,530	42,596	952	125,923	21,456	355	9,469	
California	10,509,214	486,220	118,304	2,916,557	73,509	1,582,403	2,568,119	39,519	3,389,876	
Hawaii ³	223,933	11,062	5,359	47,959	58,321	23,616	32,816	5,668	40,167	
Nevada	256,812	29,668	5,728	108,374	29,196	61,506	63,801	1,316	77,152	
Seattle: Region X	2,051,189	132,155	38,840	795,569	509,855	503,552	384,725	3,044	857,059	
Alaska	125,168	18,045	1,063	88,308	41,695	67,238	51,462	430	78,232	
Idaho	200,571	25,368	5,046	152,408	75,096	84,851	88,574	1,770	144,419	
Oregon	547,462	32,383	10,118	117,708	3,542	108,209	75,496	819	183,766	
Washington	1,177,988	56,359	22,613	437,145	389,522	243,254	169,193	25	450,642	

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.

²Data for 2005 was not reported in time to be included in table.

³The 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 13.25

Medicaid Persons Served (Beneficiaries), by Type of Service and Area of Residence: Fiscal Year 2006

Area of Residence	Total ¹	Inpatient Hospital	Nursing Facilities	Physician	Dental	Outpatient Hospital	Lab and X-Ray	Home Health	Prescribed Drugs
All Jurisdictions	57,180,890	6,211,769	1,707,436	22,982,234	9,417,420	15,792,406	16,011,867	1,186,007	27,009,727
Boston: Region I	2,173,045	152,970	119,080	895,433	504,996	727,749	566,452	76,946	959,252
Connecticut	517,529	32,199	39,093	115,767	41,004	102,291	61,435	23,072	121,950
Maine ²	---	---	---	---	---	---	---	---	---
Massachusetts	1,166,759	81,450	56,338	528,578	315,578	441,033	406,919	38,100	568,871
New Hampshire	126,458	15,610	7,227	96,165	40,850	65,150	18,210	2,990	92,579
Rhode Island	212,491	12,482	10,803	43,592	60,963	41,347	18,381	8,942	57,064
Vermont	149,808	11,229	5,619	111,331	46,601	77,928	61,507	3,842	118,788
New York: Region II	6,198,743	1,544,390	252,773	1,402,942	867,009	1,847,939	1,039,362	249,366	3,091,972
New Jersey	1,004,370	74,893	46,549	224,073	71,307	222,573	127,107	13,746	321,793
New York	5,194,373	1,469,497	206,224	1,178,869	795,702	1,625,366	912,255	235,620	2,770,179
Puerto Rico	---	---	---	---	---	---	---	---	---
Virgin Islands	---	---	---	---	---	---	---	---	---
Philadelphia: Region III	4,346,978	337,587	157,491	1,279,798	452,405	632,660	665,359	53,243	1,438,709
Delaware	170,659	9,206	3,647	42,209	25,194	21,563	24,299	1,467	111,531
District of Columbia	159,335	14,717	4,226	24,888	2,697	24,276	22,513	3,406	37,370
Maryland	759,002	58,508	26,040	230,870	2,267	119,162	15,377	25,344	212,112
Pennsylvania	2,064,061	98,482	83,932	428,387	146,301	218,065	327,036	17,156	495,531
Virginia	820,625	131,039	28,300	365,202	179,032	127,744	125,940	3,628	297,495
West Virginia	373,296	25,635	11,346	188,242	96,914	121,850	150,194	2,242	284,670

See footnotes at end of table.

Table 13.25—Continued

Medicaid Persons Served (Beneficiaries), by Type of Service and Area of Residence: Fiscal Year 2006

Area of Residence	Total ¹	Inpatient		Nursing		Outpatient		Lab and	Home	Prescribed
		Hospital	Facilities	Physician	Dental	Hospital	X-Ray	Health	Drugs	
Atlanta: Region IV	11,514,906	1,585,471	325,948	6,788,276	2,352,511	4,503,009	4,239,666	303,241	6,707,150	
Alabama	844,988	65,573	26,312	567,822	176,271	295,665	375,237	76,071	544,417	
Florida	3,123,301	488,764	115,409	1,313,936	340,935	1,069,918	919,345	114,909	1,257,984	
Georgia	1,817,822	237,344	40,275	1,239,368	447,387	752,727	310,269	8,621	1,096,383	
Kentucky	899,616	72,681	28,259	523,050	195,598	374,286	335,882	19,781	524,642	
Mississippi	745,291	191,191	22,822	484,982	154,192	336,737	420,928	9,036	543,142	
North Carolina	1,631,243	314,255	42,823	1,241,020	491,389	751,730	893,745	42,115	1,118,119	
South Carolina	861,838	107,568	16,212	553,674	267,092	349,603	293,721	7,598	605,667	
Tennessee ³	1,590,807	108,095	33,836	864,424	279,647	572,343	690,539	25,110	1,016,796	
Chicago: Region V	8,777,846	670,347	337,903	3,656,860	2,010,523	2,486,281	2,588,153	154,117	4,355,092	
Illinois	2,194,730	195,030	72,965	1,314,213	622,177	808,925	1,071,637	13,109	1,664,038	
Indiana	999,079	56,346	47,943	301,434	353,740	208,214	189,037	8,681	313,161	
Michigan	1,872,398	105,094	53,145	508,689	384,002	301,209	236,774	7,253	665,789	
Minnesota	717,738	52,410	31,042	254,447	81,754	154,139	40,839	74,289	219,078	
Ohio	2,020,532	195,257	97,897	1,125,383	416,177	799,054	762,019	44,043	1,056,356	
Wisconsin	973,369	66,210	34,911	152,694	152,673	214,740	287,847	6,742	436,670	
Dallas: Region VI	7,054,019	892,292	187,479	3,948,365	1,893,599	2,185,406	3,002,570	246,447	4,521,354	
Arkansas	753,166	102,498	28,433	512,423	140,952	288,231	229,224	6,349	455,929	
Louisiana	1,148,972	150,367	31,441	807,303	222,714	542,636	579,605	11,653	792,298	
New Mexico	515,658	23,493	7,263	113,361	30,869	88,754	69,868	480	81,988	
Oklahoma	725,736	113,294	21,605	441,413	197,402	350,217	321,235	6,901	471,444	
Texas	3,910,487	502,640	98,737	2,073,865	1,301,662	915,568	1,802,638	221,064	2,719,695	

See footnotes at end of table.

Table 13.25—Continued

Medicaid Persons Served (Beneficiaries), by Type of Service and Area of Residence: Fiscal Year 2006

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	2,158,680	219,864	87,667	926,208	403,009	802,456	634,689	43,452	1,198,978
Iowa	431,184	64,083	20,613	306,521	144,918	218,488	225,291	26,439	306,252
Kansas	343,498	45,583	16,856	184,385	82,712	91,154	130,983	5,030	173,706
Missouri	1,136,495	80,900	38,836	258,407	73,159	383,852	210,634	6,546	526,470
Nebraska	247,503	29,298	11,362	176,895	102,220	108,962	67,781	5,437	192,550
Denver: Region VIII	1,302,362	137,793	42,611	403,934	285,397	437,944	279,706	15,098	683,976
Colorado	624,889	47,604	17,247	59,754	135,557	204,067	69,170	9,901	250,205
Montana	115,278	18,052	5,092	78,104	22,104	61,363	12,598	445	67,871
North Dakota	74,076	10,508	5,721	46,578	18,901	26,701	32,161	1,490	45,812
South Dakota	130,509	17,911	5,691	75,281	120	51,392	40,800	432	73,585
Utah	288,149	32,269	6,062	90,703	89,483	59,384	90,517	2,261	196,923
Wyoming	69,461	11,449	2,798	53,514	19,232	35,037	34,460	569	49,580
San Francisco: Region IX	11,672,802	545,802	158,512	2,913,361	131,119	1,692,164	2,637,220	41,263	3,226,291
Arizona ³	1,018,666	35,145	1,155	42,920	117	96,310	20,334	250	7,338
California	10,427,093	500,460	152,424	2,822,557	72,024	1,570,602	2,584,157	35,320	3,166,997
Hawaii ³	227,043	10,197	4,933	47,884	58,978	25,252	32,729	5,693	51,956
Nevada ²	---	---	---	---	---	---	---	---	---
Seattle: Region X	1,981,509	125,253	37,972	767,057	516,852	476,798	358,690	2,834	826,953
Alaska	120,508	16,833	1,272	86,293	40,913	61,385	52,175	382	76,303
Idaho	216,958	25,480	5,029	149,312	76,155	83,309	86,305	1,782	139,635
Oregon	516,067	24,563	9,876	98,262	2,946	77,318	61,532	650	166,175
Washington	1,127,976	58,377	21,795	433,190	396,838	254,786	158,678	20	444,840

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.

²Data for 2006 was not reported in time to be included in table.

³The 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 13.26

Medicaid Payments, by Type of Service and Area of Residence: Fiscal Year 2005

Area of Residence	Total	Inpatient Hospital	Nursing Facilities	Physician	Dental	Outpatient Hospital	Lab and X-Ray	Home Health	Prescribed Drugs
Amount in Thousands									
All Jurisdictions	\$273,202,750	\$34,958,562	\$44,434,839	\$11,217,837	\$3,024,221	\$9,939,899	\$2,911,185	\$5,354,943	\$42,525,257
Boston: Region I	15,409,567	923,708	3,798,620	325,844	136,659	595,270	159,513	1,012,755	2,040,306
Connecticut	3,786,511	198,119	1,120,409	34,077	7,224	85,780	11,542	181,592	488,520
Maine ²									
Massachusetts	8,308,261	487,446	1,860,200	194,709	88,600	360,400	133,397	786,881	1,047,696
New Hampshire	--- 817,934	--- 49,093	--- 201,255	--- 30,450	--- 12,322	--- 47,174	--- 1,156	--- 6,817	--- 133,158
Rhode Island	1,637,718	129,029	513,716	13,454	14,680	38,706	3,266	29,565	175,420
Vermont	859,143	60,021	103,040	53,153	13,834	63,209	10,152	7,900	195,512
New York: Region II	46,357,899	6,167,868	8,250,861	302,349	373,784	1,522,557	139,656	1,194,341	6,174,410
New Jersey	7,009,549	503,171	1,704,329	56,348	22,064	362,756	16,565	84,877	1,131,429
New York	39,348,350	5,664,697	6,546,532	246,001	351,720	1,159,801	123,091	1,109,464	5,042,980
Puerto Rico									---
Virgin Islands	---	---	---	---	---	---	---	---	---
Philadelphia: Region III	25,450,907	-2,047,002	-5,137,732	--- 637,373	--- 98,233	--- 405,700	--- 143,765	---775,759	2,764,005
Delaware	884,668	49,115	157,965	18,989	12,541	14,588	3,555	5,558	123,844
District of Columbia	1,315,817	267,836	174,411	18,404	873	17,318	4,514	29,352	111,964
Maryland	4,948,611	544,697	885,839	165,827	442	147,453	1,023	602,419	453,633
Pennsylvania	11,901,878	478,224	2,861,409	114,217	30,790	58,114	60,240	129,907	1,003,087
Virginia	4,060,747	388,448	676,239	179,963	11,966	99,271	17,546	4,760	631,070
West Virginia	2,339,187	318,682	381,869	139,974	41,620	68,957	56,886	3,763	440,406
Atlanta: Region IV	52,004,559	8,003,768	7,887,503	4,399,676	928,509	2,805,607	721,651	1,014,392	10,578,779
Alabama	4,154,204	176,339	774,335	235,340	48,614	62,789	57,301	47,035	609,128
Florida	13,154,453	2,683,701	2,244,058	645,528	88,464	474,620	120,926	262,990	2,509,844
Georgia	6,821,023	1,416,723	981,196	727,221	245,891	710,242	24,760	6,574	1,219,442
Kentucky	4,043,631	388,146	728,126	222,443	55,492	265,791	54,564	52,895	780,427
Mississippi	3,470,478	819,272	610,956	233,171	41,875	208,126	104,347	17,538	664,227
North Carolina	8,414,803	1,042,016	1,113,217	711,983	208,263	601,657	143,111	124,276	1,789,469
South Carolina	4,247,818	1,089,115	477,320	342,292	94,739	198,850	34,132	13,185	719,564
Tennessee ³	7,698,149	388,457	958,294	1,281,698	145,171	283,532	182,511	489,899	2,286,677

See footnotes at end of table.

Table 13.26—Continued

Medicaid Payments, by Type of Service and Area of Residence: Fiscal Year 2005

Area of Residence	Total	Inpatient Hospital	Nursing Facilities	Physician	Dental	Outpatient Hospital	Lab and X-Ray	Home Health	Prescribed Drugs
Amount in Thousands									
Chicago: Region V	\$45,150,302	\$6,730,970	\$8,339,251	\$1,618,672	\$481,725	\$1,407,585	\$474,899	\$334,705	\$6,913,461
Illinois	10,787,559	3,168,958	1,545,663	511,070	109,608	421,243	83,114	28,250	1,881,097
Indiana	4,780,359	363,051	1,082,160	167,089	129,482	119,289	29,588	72,856	788,329
Michigan	7,654,274	1,028,271	1,415,001	189,719	55,303	211,886	21,152	-33,525	1,052,310
Minnesota	5,233,970	318,068	795,025	154,667	25,341	80,333	4,041	85,152	398,225
Ohio	12,114,450	1,503,468	2,649,738	549,824	128,670	459,607	295,929	154,519	2,010,576
Wisconsin	4,579,689	349,154	851,664	46,303	33,322	115,227	41,076	27,453	782,923
Dallas: Region VI	26,424,310	4,097,193	3,747,896	1,810,106	580,284	839,008	747,042	499,103	4,436,978
Arkansas	2,662,444	288,132	429,559	270,665	35,088	91,770	25,264	13,246	450,363
Louisiana	4,420,238	782,165	649,476	318,735	58,907	273,116	80,736	28,580	1,003,367
New Mexico	2,415,072	265,748	197,473	35,222	11,567	88,533	6,974	561	85,683
Oklahoma	2,561,236	354,675	444,218	205,101	85,393	92,534	30,115	10,161	480,342
Texas	14,365,320	2,406,472	2,027,169	980,383	389,330	293,055	603,953	446,554	2,417,223
Kansas City: Region VII	11,143,451	1,142,136	1,797,438	412,161	134,658	566,871	61,704	112,141	2,226,106
Iowa	2,350,365	236,394	408,842	134,316	35,373	141,760	21,469	68,005	406,493
Kansas	2,080,260	235,305	322,243	89,769	27,024	47,587	5,545	16,229	316,468
Missouri	5,263,004	516,805	792,161	88,089	40,787	302,127	19,592	5,983	1,254,709
Nebraska	1,449,821	153,631	274,193	99,987	31,473	75,397	15,098	21,923	248,436
Denver: Region VIII	6,298,187	792,742	1,092,263	185,977	85,729	284,878	41,311	102,662	866,805
Colorado	2,594,544	275,744	447,595	16,653	43,558	117,286	7,782	88,193	324,686
Montana	620,998	75,211	139,425	40,594	7,785	32,585	951	461	105,898
North Dakota	557,168	41,597	173,640	22,326	6,172	19,564	8,313	1,961	70,118
South Dakota	627,071	86,663	127,489	38,246	21	39,955	5,373	1,159	90,799
Utah	1,500,529	252,618	141,769	31,118	20,346	57,535	12,426	9,322	222,416
Wyoming	397,877	60,909	62,345	37,039	7,847	17,953	6,465	1,566	52,888

See footnotes at end of table.

Table 13.26—Continued
Medicaid Payments, by Type of Service and Area of Residence: Fiscal Year 2005

Area of Residence	Total ¹	Inpatient Hospital	Nursing Facilities	Physician	Dental	Outpatient Hospital	Lab and X-Ray	Home Health	Prescribed Drugs
				Amount in Thousands					
San Francisco: Region IX	\$35,107,643	\$4,029,625	\$3,422,016	\$1,122,774	\$50,093	\$1,126,451	\$371,452	\$303,209	\$5,272,594
Arizona ³	4,449,323	170,141	23,659	30,663	458	511,577	5,905	523	4,670
California	28,637,795	3,605,738	3,056,140	990,687	17,099	555,560	327,902	184,045	5,037,421
Hawaii ³	930,959	69,528	189,669	23,307	17,845	14,140	5,583	113,397	94,278
Nevada	1,089,565	184,218	152,548	78,116	14,690	45,174	32,062	5,243	136,226
Seattle: Region X	9,855,926	1,023,552	961,259	402,906	154,546	385,972	50,193	5,875	1,251,814
Alaska	1,003,771	166,327	67,959	69,030	21,667	69,405	13,772	1,231	130,867
Idaho	1,072,201	141,216	133,955	74,928	27,827	50,089	10,889	3,939	176,099
Oregon	2,444,483	139,779	239,925	46,263	694	74,208	8,226	731	248,094
Washington	5,335,472	576,229	519,419	212,685	104,358	192,269	17,306	-25	696,755

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.

²Data for 2005 was not reported in time to be included in table.

³The 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 13.26

Medicaid Payments, by Type of Service and Area of Residence: Fiscal Year 2006

Area of Residence	Total ¹	Inpatient	Nursing	Physician		Outpatient	Lab and	Home	Prescribed
		Hospital	Facilities		Dental	Hospital	X-Ray	Health	Drugs
Amount in Thousands									
All Jurisdictions	\$265,048,888	\$35,893,454	\$45,280,770	\$10,443,056	\$3,087,579	\$10,120,919	\$2,940,408	\$5,905,210	\$27,802,397
Boston: Region I	15,961,986	1,047,404	4,031,005	352,065	174,255	614,293	161,818	1,074,366	1,287,934
Connecticut	3,986,150	214,208	1,297,323	47,122	8,246	97,988	9,124	192,800	307,506
Maine ²	---	---	---	---	---	---	---	---	---
Massachusetts	8,660,950	594,980	1,896,305	200,999	121,134	363,463	137,877	834,498	645,108
New Hampshire	854,603	53,042	205,333	39,912	15,281	53,533	1,212	6,913	88,549
Rhode Island	1,646,889	129,983	526,926	14,008	16,526	40,346	3,474	32,578	101,505
Vermont	813,395	55,192	105,118	50,024	13,068	58,964	10,130	7,577	145,266
New York: Region II	47,746,467	6,491,205	8,662,354	314,484	380,207	1,655,664	156,975	1,423,053	4,439,667
New Jersey	7,511,904	546,597	1,745,800	59,149	22,237	361,524	16,846	92,009	766,046
New York	40,234,563	5,944,608	6,916,554	255,335	357,971	1,294,140	140,129	1,331,044	3,673,621
Puerto Rico	---	---	---	---	---	---	---	---	---
Virgin Islands	---	---	---	---	---	---	---	---	---
Philadelphia: Region III	24,001,467	2,112,610	4,972,011	608,853	163,631	411,139	139,397	817,259	1,720,848
Delaware	946,873	59,008	161,627	19,434	16,057	15,000	3,641	5,465	105,770
District of Columbia	1,385,459	281,846	169,937	19,322	869	19,482	4,763	42,601	83,517
Maryland	5,218,618	586,759	942,225	185,003	411	168,862	1,346	632,889	285,480
Pennsylvania	10,052,037	460,000	2,596,844	103,534	37,364	61,208	61,900	128,242	554,079
Virginia	4,172,889	435,558	708,021	167,233	70,888	87,240	16,323	4,657	349,596
West Virginia	2,225,591	289,439	393,357	114,328	38,041	59,348	51,424	3,405	342,406
Atlanta: Region IV	47,874,995	8,446,468	7,929,756	3,625,200	859,539	2,764,891	719,343	1,108,222	6,092,762
Alabama	3,896,759	166,696	792,660	276,522	52,972	68,106	68,554	47,135	463,670
Florida	12,568,861	2,967,892	2,318,025	650,445	91,293	537,561	127,604	269,670	1,430,481
Georgia	6,041,740	1,318,936	964,384	626,237	163,045	445,330	30,741	7,059	825,808
Kentucky	4,135,091	450,385	751,465	231,230	60,792	287,478	62,486	55,508	567,260
Mississippi	3,144,213	794,547	636,330	180,071	39,350	216,968	97,063	12,505	345,980
North Carolina	8,120,840	1,017,824	1,091,037	734,694	224,313	615,523	152,948	123,119	1,187,702
South Carolina	4,012,809	1,153,791	431,101	355,242	92,229	159,747	38,233	11,475	466,565
Tennessee ³	5,954,682	576,397	944,753	570,758	135,544	434,179	141,713	581,752	805,296

See footnotes at end of table.

Table 13.26—Continued

Medicaid Payments, by Type of Service and Area of Residence: Fiscal Year 2006

Area of Residence	Total ¹	Inpatient	Nursing	Physician		Outpatient	Lab and	Home	Prescribed
		Hospital	Facilities	Physician	Dental	Hospital	X-Ray	Health	Drugs
Amount in Thousands									
Chicago: Region V	\$43,903,348	\$6,378,606	\$8,315,269	\$1,566,747	\$515,176	\$1,427,996	\$533,089	\$410,552	\$4,569,644
Illinois	9,962,885	2,985,024	1,444,664	486,420	134,924	464,397	137,620	35,583	1,418,316
Indiana	5,011,053	336,521	1,130,676	145,093	139,251	99,565	25,825	81,403	412,773
Michigan	7,139,181	989,978	1,498,436	199,182	73,082	205,049	23,091	2,543	578,442
Minnesota	5,505,113	308,255	841,168	156,436	25,323	91,390	3,967	85,878	287,160
Ohio	11,833,990	1,431,645	2,565,338	536,375	110,707	465,702	301,289	179,348	1,407,966
Wisconsin	4,451,126	327,182	834,986	43,242	31,889	101,892	41,296	25,797	464,986
Dallas: Region VI	25,785,366	4,114,819	3,349,799	1,865,636	584,942	922,823	705,222	520,506	3,289,459
Arkansas	2,777,651	310,901	464,565	317,005	36,026	112,370	31,661	13,047	347,891
Louisiana	3,977,640	729,073	631,663	294,468	51,458	257,065	80,052	24,746	713,360
New Mexico	2,332,524	218,345	195,226	37,351	12,430	91,703	8,236	611	32,321
Oklahoma	2,933,664	512,231	455,356	271,924	101,016	173,343	48,108	13,607	386,288
Texas	13,763,887	2,344,269	1,602,990	944,888	384,011	288,342	537,165	468,495	1,809,598
Kansas City: Region VII	10,742,253	1,250,686	1,825,852	430,676	121,049	588,256	84,297	132,504	1,406,556
Iowa	2,524,285	290,770	440,578	195,432	43,140	166,216	26,498	90,336	282,012
Kansas	1,995,638	259,176	322,964	81,417	28,515	25,968	22,690	15,732	197,851
Missouri	4,771,201	531,266	772,129	48,201	16,733	316,483	19,651	4,988	752,177
Nebraska	1,451,130	169,473	290,181	105,627	32,661	79,590	15,458	21,448	174,516
Denver: Region VIII	6,367,274	934,463	1,119,159	209,260	97,662	319,583	44,417	119,412	619,242
Colorado	2,679,373	307,671	474,200	17,599	47,617	126,443	8,264	102,963	240,116
Montana	639,190	85,981	147,261	48,150	8,755	38,842	1,111	454	71,988
North Dakota	509,987	46,844	163,824	21,994	6,262	18,495	8,484	1,834	38,909
South Dakota	605,697	81,281	129,433	39,355	50	42,019	5,843	1,209	58,873
Utah	1,521,110	347,834	141,666	44,678	26,567	67,996	13,699	11,310	169,495
Wyoming	411,917	64,851	62,775	37,484	8,411	25,788	7,016	1,642	39,861

See footnotes at end of table.

Table 13.26—Continued

Medicaid Payments, by Type of Service and Area of Residence: Fiscal Year 2006

Area of Residence	Total ¹	Inpatient Hospital	Nursing Facilities	Physician	Dental	Outpatient Hospital	Lab and X-Ray	Home Health	Prescribed Drugs
Amount in Thousands									
San Francisco: Region IX	\$33,151,256	\$4,150,631	\$4,058,355	\$1,069,876	\$34,432	\$1,028,720	\$346,986	\$293,878	\$3,518,009
Arizona ³	3,152,835	171,309	26,101	33,284	88	487,265	6,786	379	2,788
California	29,009,840	3,914,670	3,842,314	1,014,533	16,446	524,913	334,912	181,007	3,400,265
Hawaii ³	988,581	64,652	189,940	22,059	17,898	16,543	5,287	112,493	114,955
Nevada ²	---	---	---	---	---	---	---	---	---
Seattle: Region X	9,514,475	966,563	1,017,210	400,258	156,686	387,554	48,864	5,459	858,276
Alaska	953,780	139,907	70,708	70,903	21,312	69,593	13,197	1,064	92,675
Idaho	1,056,588	147,141	145,091	71,427	26,949	52,956	10,813	3,854	124,337
Oregon	2,273,684	136,496	280,978	41,409	580	64,645	6,833	551	158,808
Washington	5,230,423	543,019	520,434	216,519	107,846	200,360	18,021	-10	482,457

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.

²Data for 2006 was not reported in time to be included in table.

³The 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 13.27

Medicaid Payment per Person Served (Beneficiary), by Type of Service and Area of Residence: Fiscal Year 2005

Area of Residence	Total ¹	Inpatient Hospital	Nursing			Outpatient		Lab and X-Ray	Home Health	Prescribed Drugs
			Facilities	Physician	Dental	Hospital				
All Jurisdictions	\$4,764	\$6,401	\$26,096	\$467	\$327	\$615	\$183	\$4,493	\$1,510	
Boston: Region I	7,296	6,144	30,498	384	307	853	278	13,615	2,091	
Connecticut	7,273	5,640	26,973	347	198	872	144	8,015	4,051	
Maine ²										
Massachusetts	7,482	6,379	30,792	383	331	846	337	21,621	1,792	
New Hampshire	6,773	3,252	26,678	361	350	852	70	2,447	1,446	
Rhode Island	7,822	10,391	46,247	315	247	939	175	3,401	3,025	
Vermont	5,696	5,322	26,066	469	293	820	162	2,050	1,627	
New York: Region II	7,853	7,743	32,883	214	423	828	139	4,404	1,984	
New Jersey	7,258	6,108	36,112	255	308	1,578	111	5,804	3,574	
New York	7,969	7,932	32,134	207	433	721	144	4,324	1,804	
Puerto Rico										
Virgin Islands										
Philadelphia: Region III	6,037	6,120	29,814	495	322	630	218	14,189	1,927	
Delaware	5,350	5,617	43,231	487	536	683	156	3,892	1,136	
District of Columbia	8,343	17,739	35,399	737	306	702	201	10,281	2,958	
Maryland	6,597	9,618	32,977	744	192	1,264	75	23,862	2,099	
Pennsylvania	5,979	5,342	29,431	281	238	278	202	6,946	2,209	
Virginia	5,217	2,994	24,222	475	269	728	127	1,176	1,951	
West Virginia	6,262	9,166	32,513	646	407	507	343	1,571	1,500	
Atlanta: Region IV	4,466	5,611	25,189	613	368	603	166	3,432	1,467	
Alabama	4,953	2,570	29,278	421	290	215	152	611	1,117	
Florida	4,155	5,026	23,856	490	252	380	131	2,475	1,898	
Georgia	3,346	5,450	20,618	491	389	778	78	491	921	
Kentucky	4,721	5,709	25,519	439	290	736	178	2,630	1,467	
Mississippi	4,847	7,674	28,059	458	254	588	235	1,867	1,175	
North Carolina	5,433	4,874	25,887	583	451	815	164	3,108	1,628	
South Carolina	4,883	9,936	28,117	603	356	546	112	1,867	1,154	
Tennessee	4,782	5,905	27,582	1,270	508	750	229	21,888	1,903	

See footnotes at end of table.

Table 13.27—Continued

Medicaid Payment per Person Served (Beneficiary), by Type of Service and Area of Residence: Fiscal Year 2005

Area of Residence	Total ¹	Inpatient Hospital	Nursing Facilities	Physician	Dental	Outpatient Hospital	Lab and X-Ray	Home Health	Prescribed Drugs
Chicago: Region V	\$5,195	\$9,133	\$23,720	\$423	\$254	\$519	\$198	\$2,215	\$1,526
Illinois	4,818	15,404	20,062	373	195	454	104	2,342	1,175
Indiana	4,857	4,896	20,374	431	388	427	119	8,201	1,754
Michigan	4,124	9,369	27,005	377	178	698	92	-4,338	1,461
Minnesota	7,396	6,037	23,724	600	311	530	100	1,176	1,828
Ohio	6,197	6,687	26,836	477	283	559	376	3,628	1,812
Wisconsin	4,827	5,001	23,169	305	210	509	141	3,695	1,818
Dallas: Region VI	3,747	4,360	19,495	435	316	401	247	2,097	963
Arkansas	2,725	2,801	15,856	382	264	329	103	1,979	1,007
Louisiana	3,857	4,376	20,643	368	232	504	132	2,307	1,206
New Mexico	4,916	11,089	27,170	321	399	1,032	104	1,074	772
Oklahoma	3,736	3,214	19,911	495	487	308	103	1,820	1,040
Texas	3,828	4,595	19,471	476	313	331	334	2,098	878
Kansas City: Region VII	5,091	4,648	20,708	405	305	703	113	2,716	1,807
Iowa	5,874	4,478	20,546	495	286	755	113	2,948	1,407
Kansas	5,405	5,062	19,675	448	343	403	91	3,150	1,678
Missouri	4,552	4,418	20,102	239	295	772	86	780	2,242
Nebraska	5,853	5,210	24,669	565	311	690	225	4,061	1,275
Denver: Region VIII	4,856	5,844	26,356	461	333	682	149	6,563	1,263
Colorado	4,375	5,418	27,718	287	371	609	113	8,348	1,321
Montana	5,339	4,464	26,720	530	356	564	81	1,107	1,497
North Dakota	7,576	4,536	31,253	482	317	733	263	1,291	1,498
South Dakota	4,792	5,151	21,627	504	340	786	133	2,819	1,215
Utah	4,777	8,292	24,376	334	255	1,039	138	4,383	1,122
Wyoming	5,769	5,324	22,187	690	424	517	191	2,584	1,058

See footnotes at end of table.

Table 13.27—Continued
Medicaid Payment per Person Served (Beneficiary), by Type of Service and Area of Residence: Fiscal Year 2005

Area of Residence	Total ¹	Inpatient Hospital	Nursing Facilities	Physician	Dental	Outpatient Hospital	Lab and X-Ray	Home Health	Prescribed Drugs
San Francisco: Region IX	\$2,879	\$7,149	\$26,138	\$360	\$309	\$628	\$138	\$6,471	\$1,499
Arizona	3,699	4,635	15,464	720	481	4,063	275	1,474	493
California	2,725	7,416	25,833	340	233	351	128	4,657	1,486
Hawaii	4,157	6,285	35,393	486	306	599	170	20,007	2,347
Nevada	4,243	6,209	26,632	721	503	734	503	3,984	1,766
Seattle: Region X	4,805	7,745	24,749	506	303	766	130	1,930	1,461
Alaska	8,019	9,217	63,932	782	520	1,032	268	2,862	1,673
Idaho	5,346	5,567	26,547	492	371	590	123	2,225	1,219
Oregon	4,465	4,316	23,713	393	196	686	109	892	1,350
Washington	4,529	10,224	22,970	487	268	790	102	-987	1,546

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.

²Data for 2005 was not reported in time to be included 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).

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 13.27

Medicaid Payment per Person Served (Beneficiary), by Type of Service and Area of Residence: Fiscal Year 2006

Area of Residence	Total ¹	Inpatient Hospital	Nursing Facilities	Physician	Dental	Outpatient Hospital	Lab and X-Ray	Home Health	Prescribed Drugs
All Jurisdictions	\$4,635	\$5,778	\$26,520	\$454	\$328	\$641	\$184	\$4,979	\$1,029
Boston: Region I	7,345	6,847	33,851	393	345	844	286	13,963	1,343
Connecticut	7,702	6,653	33,186	407	201	958	149	8,356	2,522
Maine ²	---	---	---	---	---	---	---	---	---
Massachusetts	7,423	7,305	33,659	380	384	824	339	21,903	1,134
New Hampshire	6,758	3,398	28,412	415	374	822	67	2,312	956
Rhode Island	7,750	10,414	48,776	321	271	976	189	3,643	1,779
Vermont	5,430	4,915	18,708	449	280	757	165	1,972	1,223
New York: Region II	7,703	4,203	34,269	224	439	896	151	5,707	1,436
New Jersey	7,479	7,298	37,505	264	312	1,624	133	6,694	2,381
New York	7,746	4,045	33,539	217	450	796	154	5,649	1,326
Puerto Rico	---	---	---	---	---	---	---	---	---
Virgin Islands	---	---	---	---	---	---	---	---	---
Philadelphia: Region III	5,521	6,258	31,570	476	362	650	210	15,350	1,196
Delaware	5,548	6,410	44,318	460	637	696	150	3,725	948
District of Columbia	8,695	19,151	40,212	776	322	803	212	12,508	2,235
Maryland	6,876	10,029	36,184	801	181	1,417	88	24,972	1,346
Pennsylvania	4,870	4,671	30,940	242	255	281	189	7,475	1,118
Virginia	5,085	3,324	25,018	458	396	683	130	1,284	1,175
West Virginia	5,962	11,291	34,669	607	393	487	342	1,519	1,203
Atlanta: Region IV	4,158	5,327	24,328	534	365	614	170	3,655	908
Alabama	4,612	2,542	30,125	487	301	230	183	620	852
Florida	4,024	6,072	20,085	495	268	502	139	2,347	1,137
Georgia	3,324	5,557	23,945	505	364	592	99	819	753
Kentucky	4,597	6,197	26,592	442	311	768	186	2,806	1,081
Mississippi	4,219	4,156	27,882	371	255	644	231	1,384	637
North Carolina	4,978	3,239	25,478	592	456	819	171	2,923	1,062
South Carolina	4,656	10,726	26,591	642	345	457	130	1,510	770
Tennessee	3,743	5,332	27,922	660	485	759	205	23,168	792

See footnotes at end of table.

Table 13.27—Continued

Medicaid Payment per Person Served (Beneficiary), by Type of Service and Area of Residence: Fiscal Year 2006

Area of Residence	Total ¹	Inpatient	Nursing	Outpatient		Lab and	Home	Prescribed	
		Hospital	Facilities	Physician	Dental	Hospital	X-Ray	Health	Drugs
Chicago: Region V	\$5,002	\$9,515	\$24,608	\$428	\$256	\$574	\$206	\$2,664	\$1,049
Illinois	4,539	15,305	19,799	370	217	574	128	2,714	852
Indiana	5,016	5,972	23,584	481	394	478	137	9,377	1,318
Michigan	3,813	9,420	28,195	392	190	681	98	351	869
Minnesota	7,670	5,882	27,098	615	310	593	97	1,156	1,311
Ohio	5,857	7,332	26,204	477	266	583	395	4,072	1,333
Wisconsin	4,573	4,942	23,918	283	209	474	143	3,826	1,065
Dallas: Region VI	3,655	4,612	17,868	473	309	422	235	2,112	728
Arkansas	3,688	3,033	16,339	619	256	390	138	2,055	763
Louisiana	3,462	4,849	20,090	365	231	474	138	2,124	900
New Mexico	4,523	9,294	26,880	329	403	1,033	118	1,273	394
Oklahoma	4,042	4,521	21,076	616	512	495	150	1,972	819
Texas	3,520	4,664	16,235	456	295	315	298	2,119	665
Kansas City: Region VII	4,976	5,688	20,827	465	300	733	133	3,049	1,173
Iowa	5,854	4,537	21,374	638	298	761	118	3,417	921
Kansas	5,810	5,686	19,160	442	345	285	173	3,128	1,139
Missouri	4,198	6,567	19,882	187	229	824	93	762	1,429
Nebraska	5,863	5,784	25,540	597	320	730	228	3,945	906
Denver: Region VIII	4,889	6,782	26,265	518	342	730	159	7,909	905
Colorado	4,288	6,463	27,495	295	351	620	119	10,399	960
Montana	5,545	4,763	28,920	616	396	633	88	1,019	1,061
North Dakota	6,885	4,458	28,636	472	331	693	264	1,231	849
South Dakota	4,641	4,538	22,743	523	415	818	143	2,798	800
Utah	5,279	10,779	23,370	493	297	1,145	151	5,002	861
Wyoming	5,930	5,664	22,436	700	437	736	204	2,886	804

See footnotes at end of table.

Table 13.27—Continued
Medicaid Payment per Person Served (Beneficiary), by Type of Service and Area of Residence: Fiscal Year 2006

Area of Residence	Total ¹	Inpatient Hospital	Nursing Facilities	Physician	Dental	Outpatient Hospital	Lab and X-Ray	Home Health	Prescribed Drugs
San Francisco: Region IX	\$2,840	\$7,605	\$25,603	\$367	\$263	\$608	\$132	\$7,122	\$1,090
Arizona	3,095	4,874	22,598	775	750	5,059	334	1,516	380
California	2,782	7,822	25,208	359	228	334	130	5,125	1,074
Hawaii	4,354	6,340	38,504	461	303	655	162	19,760	2,213
Nevada ²	---	---	---	---	---	---	---	---	---
Seattle: Region X	4,802	7,717	26,788	522	303	813	136	1,926	1,038
Alaska	7,915	8,311	55,588	822	521	1,134	253	2,785	1,215
Idaho	4,870	5,775	28,851	478	354	636	125	2,163	890
Oregon	4,406	5,557	28,451	421	197	836	111	847	956
Washington	4,637	9,302	23,879	500	272	786	114	-492	1,085

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.

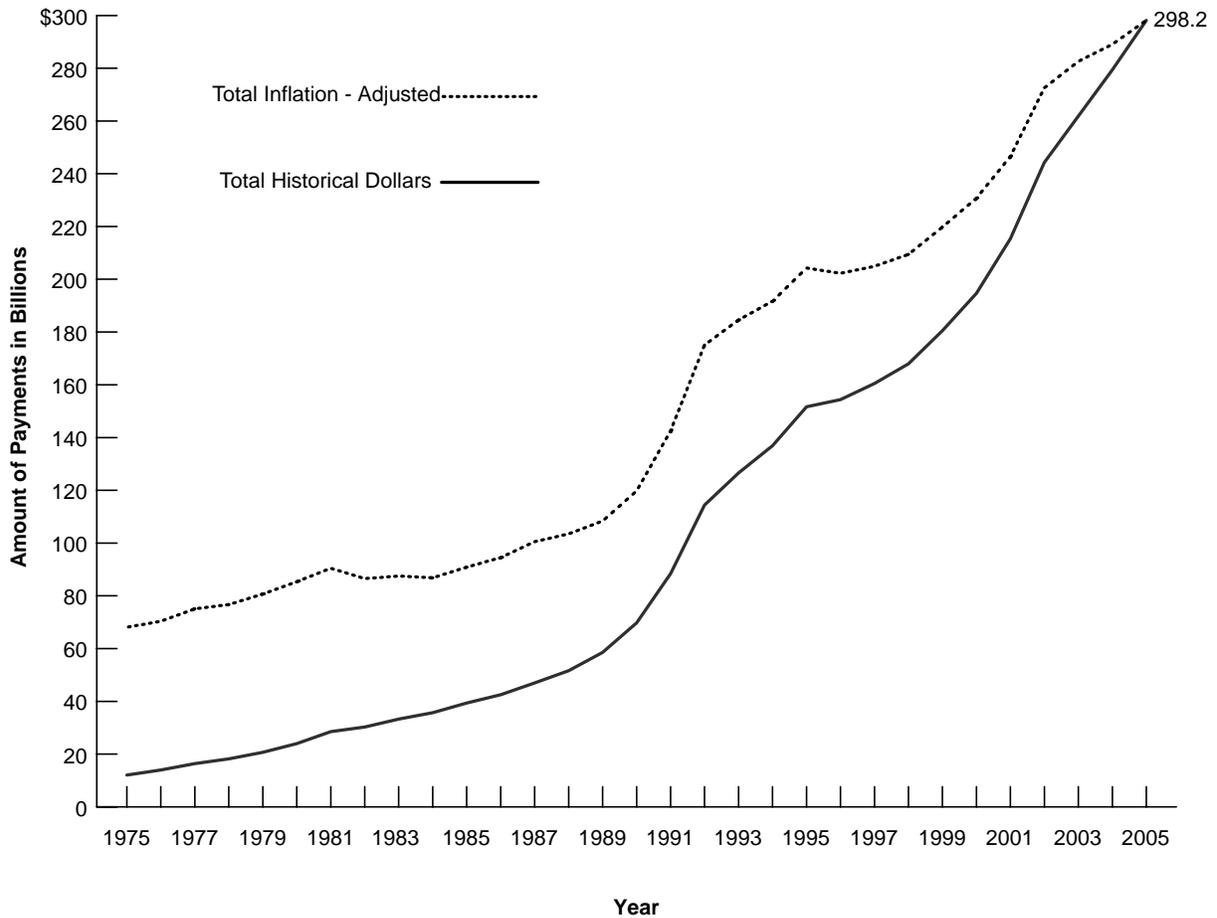
²Data for 2006 was not reported in time to be included in table.

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).

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.

Figure 13.1

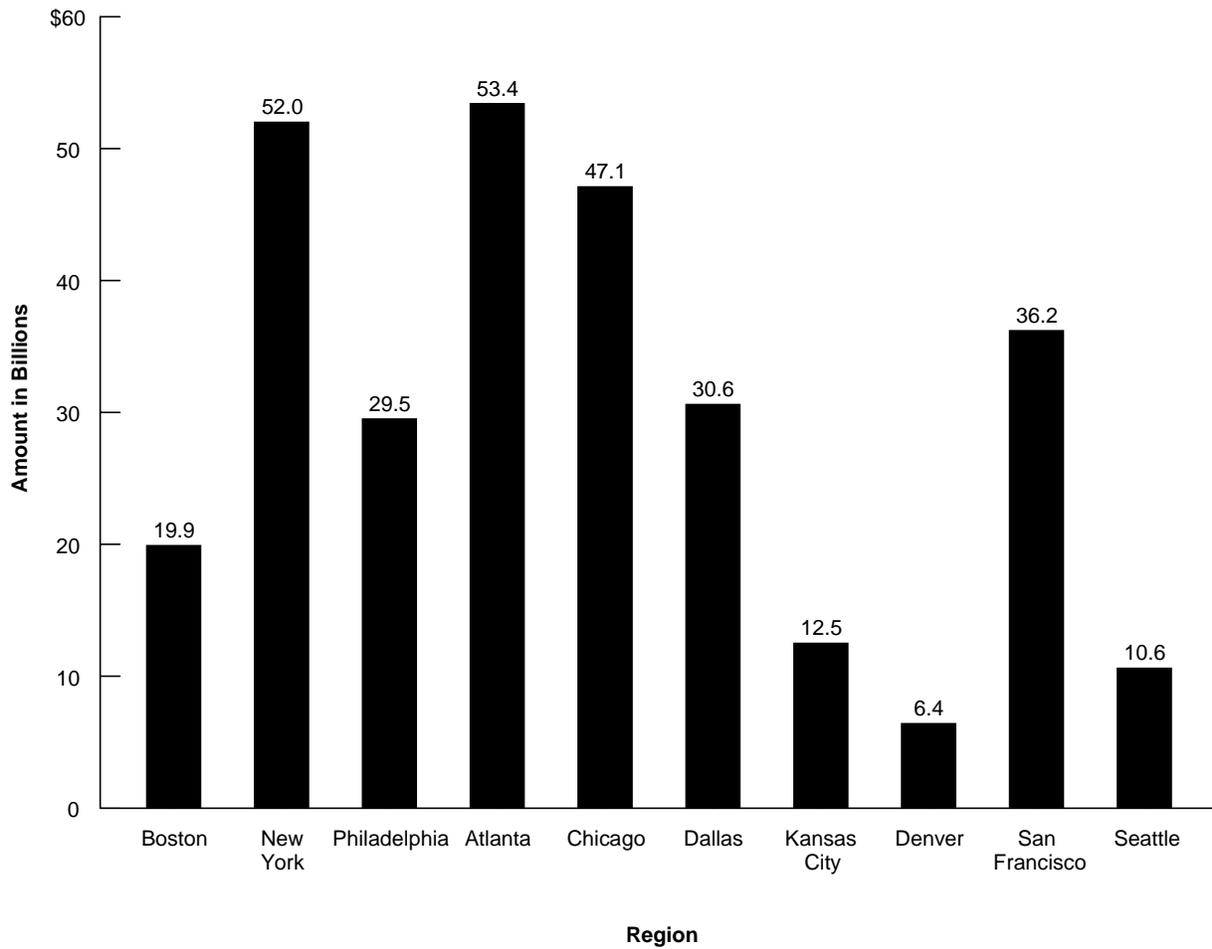
Trends in Total Medicaid Expenditures: Fiscal Years 1975-2005



NOTE: The inflation-adjusted dollar amounts were computed using a personal consumption expenditure index for medical services from the U.S. Department of Commerce, Bureau of Economic Analysis, and are expressed in fiscal year 2005 dollars.

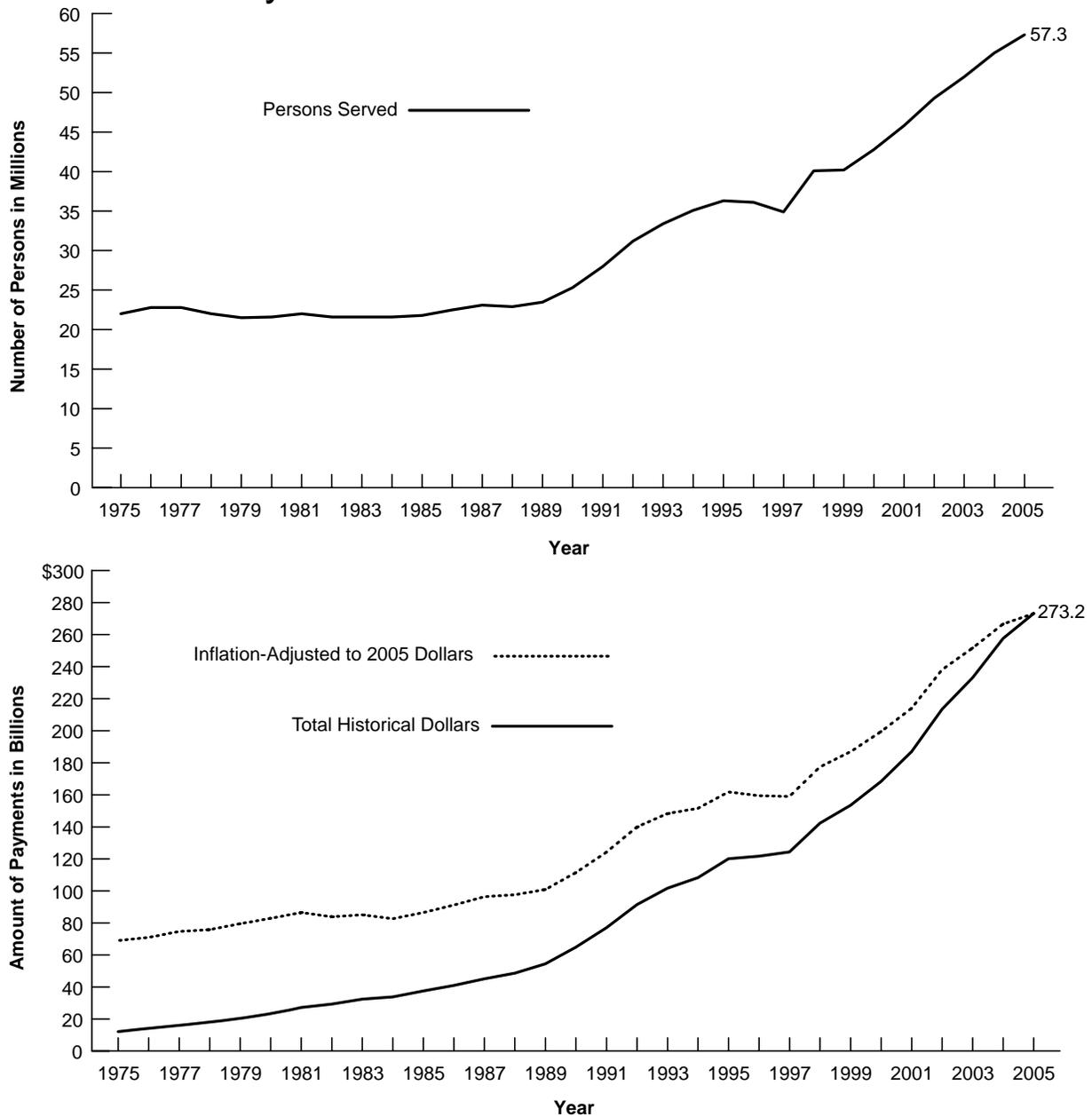
SOURCE: Centers for Medicare & Medicaid Services: HCFA Form-64 (Quarterly Medicaid Statement of Expenditures for the Medical Assistance Program); data development by the Office of Research, Development, and Information.

Figure 13.2
Total Medicaid Expenditures, by Region:
Fiscal Year 2005



SOURCE: Centers for Medicare & Medicaid Services (CMS): CMS Form-64 (Quarterly Medicaid Statement of Expenditures for the Medical Assistance Program), current expenditure (line 6); data development by the Office of Research, Development, and Information.

Figure 13.3 Trends in Medicaid Persons Served and Vendor Payments: Fiscal Years 1975-2005

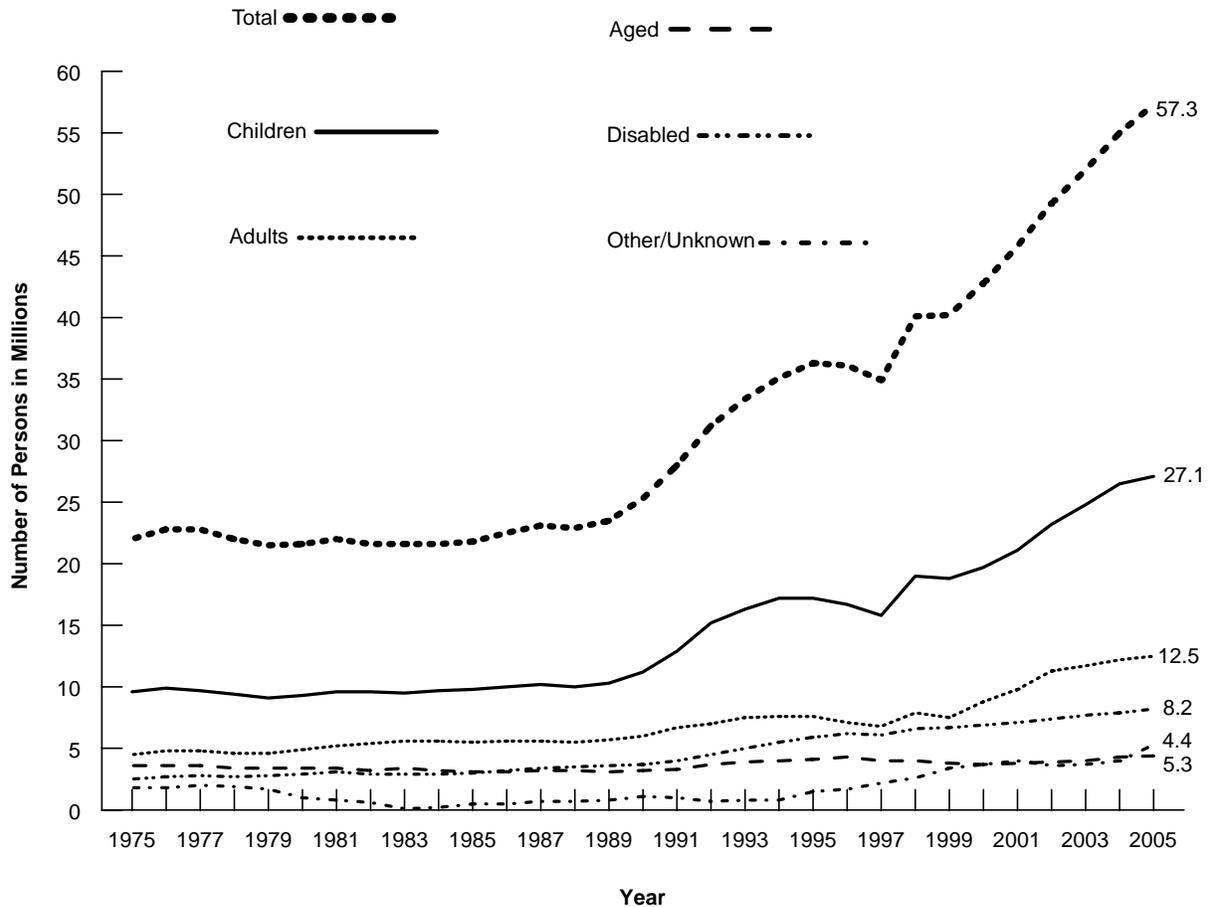


NOTES: Beginning 1998 the number of persons served included persons enrolled in Medicaid managed care organizations and payments included premiums to these plans. The inflation-adjusted dollar amounts were computed using a personal consumption expenditures index for medical services from the U.S. Department of Commerce, Bureau of Economic Analysis, and are expressed in 2005 dollars.

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

Figure 13.4

Trends in Medicaid Persons Served, by Eligibility Group: Fiscal Years 1975-2005

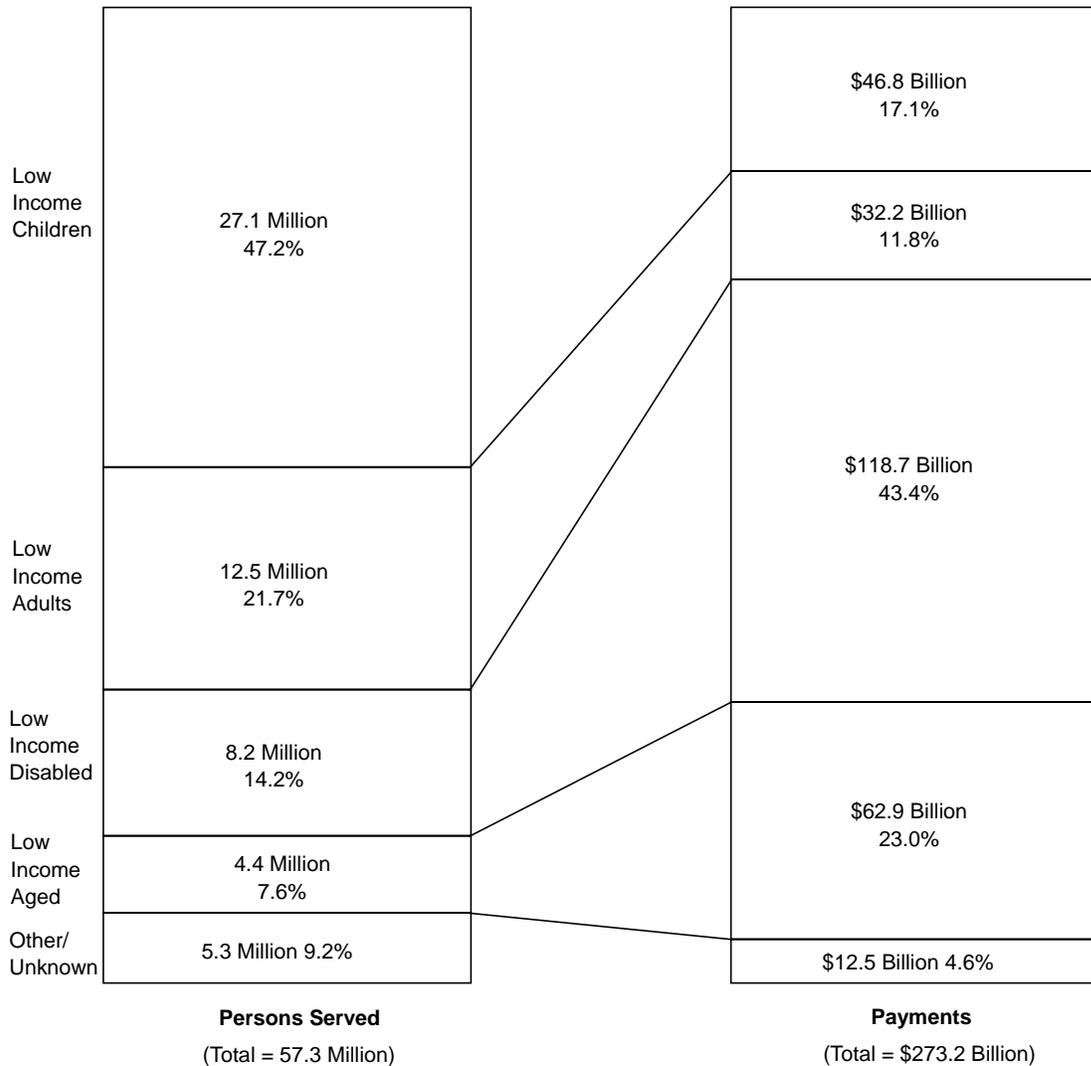


Includes non-disabled children and foster care children.

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). Number of persons served, by type of eligibility group, does not add to total persons served because of rounding.

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.

Figure 13.5 Distribution of Medicaid Vendor Payments, by Eligibility Group: Fiscal Year 2005

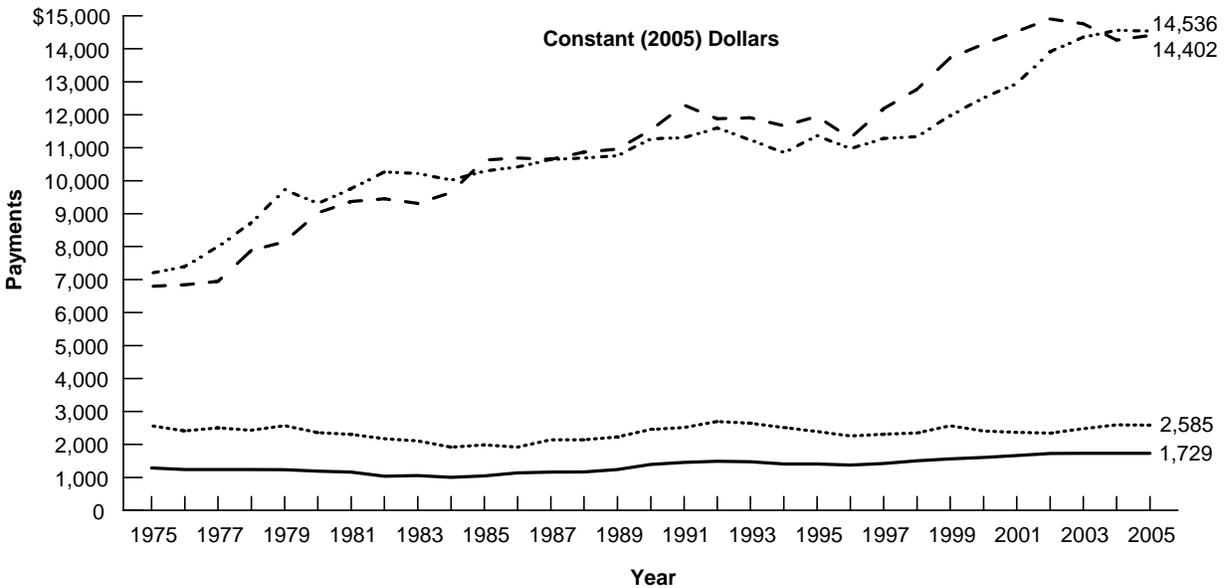
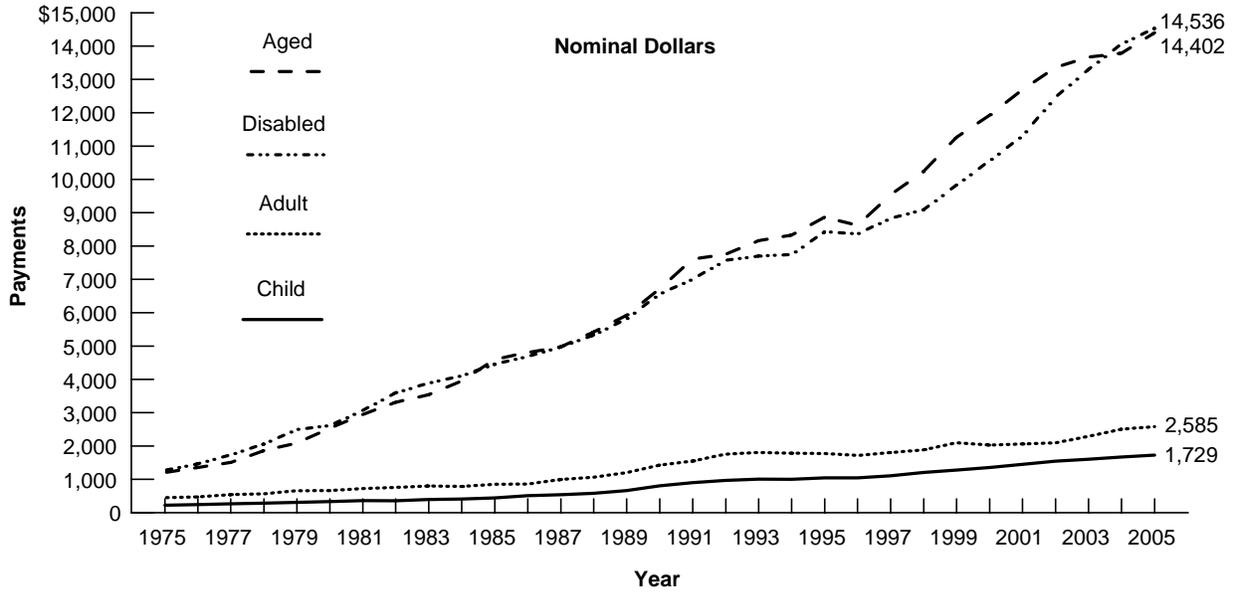


NOTE: Number of persons served, by type of eligibility group, does not add to total persons served because of rounding.

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

Figure 13.6

Trends in Medicaid Vendor Payments per Person Served, by Eligibility Group: Fiscal Years 1975-2005

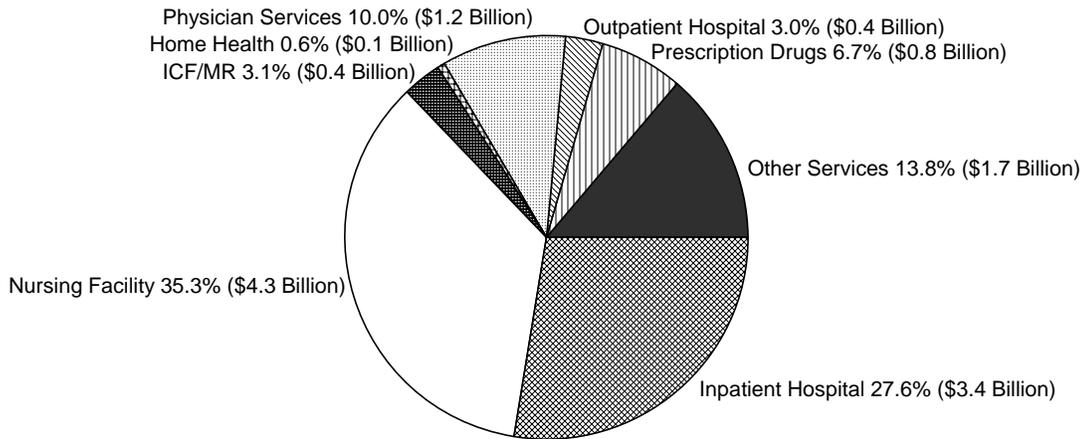


NOTE: The inflation-adjusted dollar amounts were computed using a personal consumption expenditure index for Medical services from the U.S. Department of Commerce, Bureau of Economic Analysis, and are expressed in fiscal year 2005 dollars.

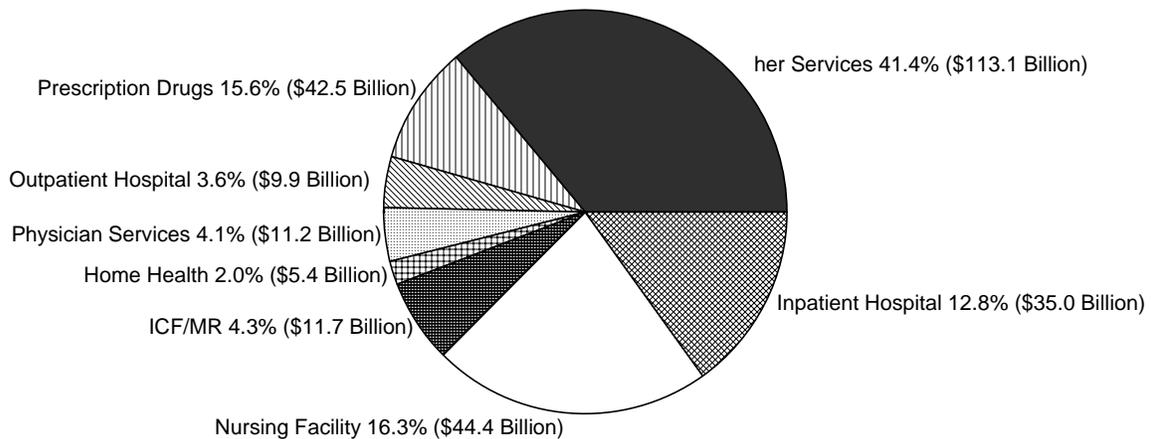
SOURCES: Centers for Medicare & Medicaid Services, Center for Medicaid and State Operations: HCFA Form-2082 (Statistical Report on Medical Care: Eligibles, Recipients, Payments, and Services) and the Medicaid Statistical Information System (MSIS); data development by the Office of Research, Development,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

Figure 13.7

Distribution of Medicaid Vendor Payments, by Type of Service: Fiscal Years 1975 and 2005



1975 Total Payments \$12.2 Billion

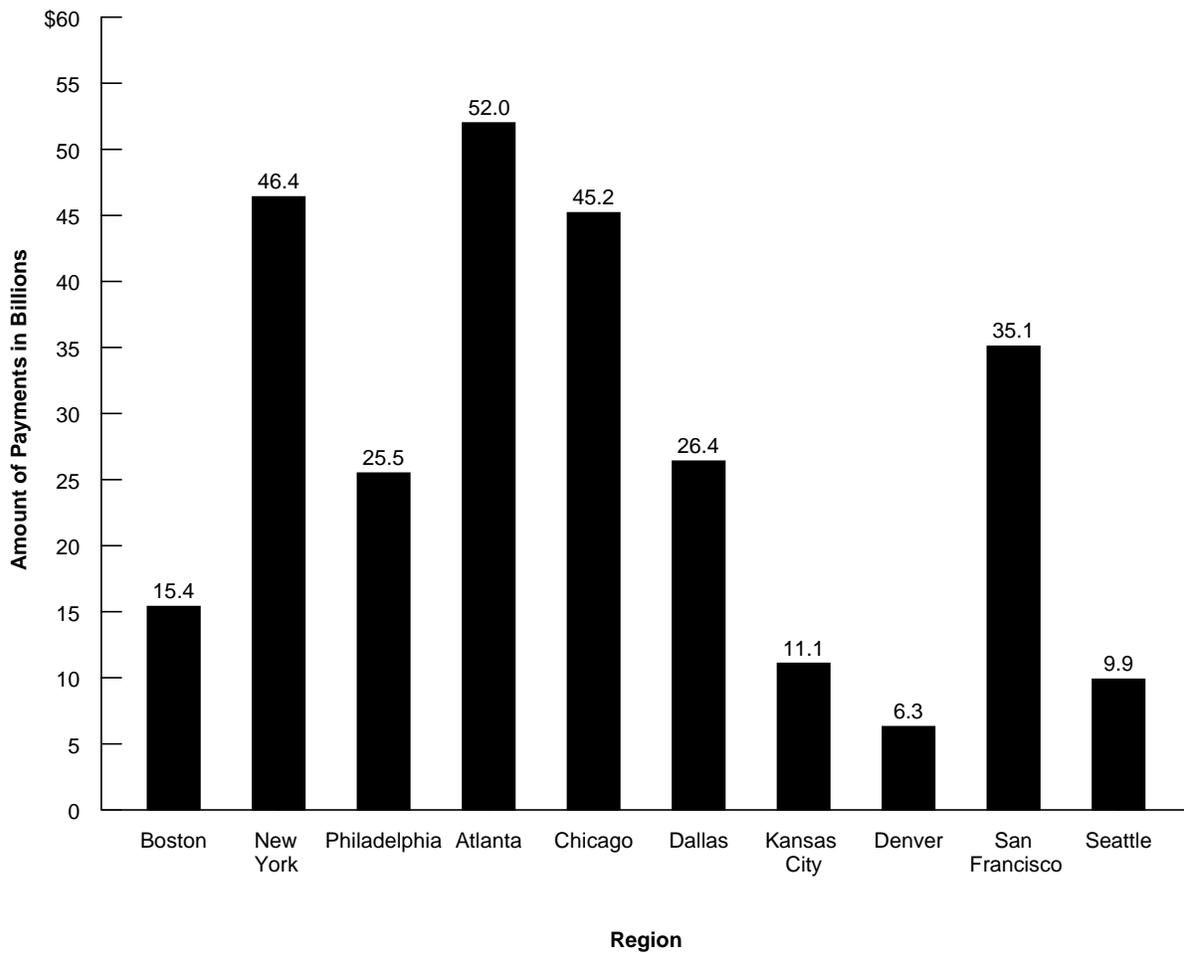


2005 Total Payments \$273.2 Billion

NOTES: Percents may not add to 100 because of rounding. Other services in 2005 included \$46.4 billion (17.0%) for pre-paid health insurance premiums. ICF/MR is intermediate care facility/mentally retarded.

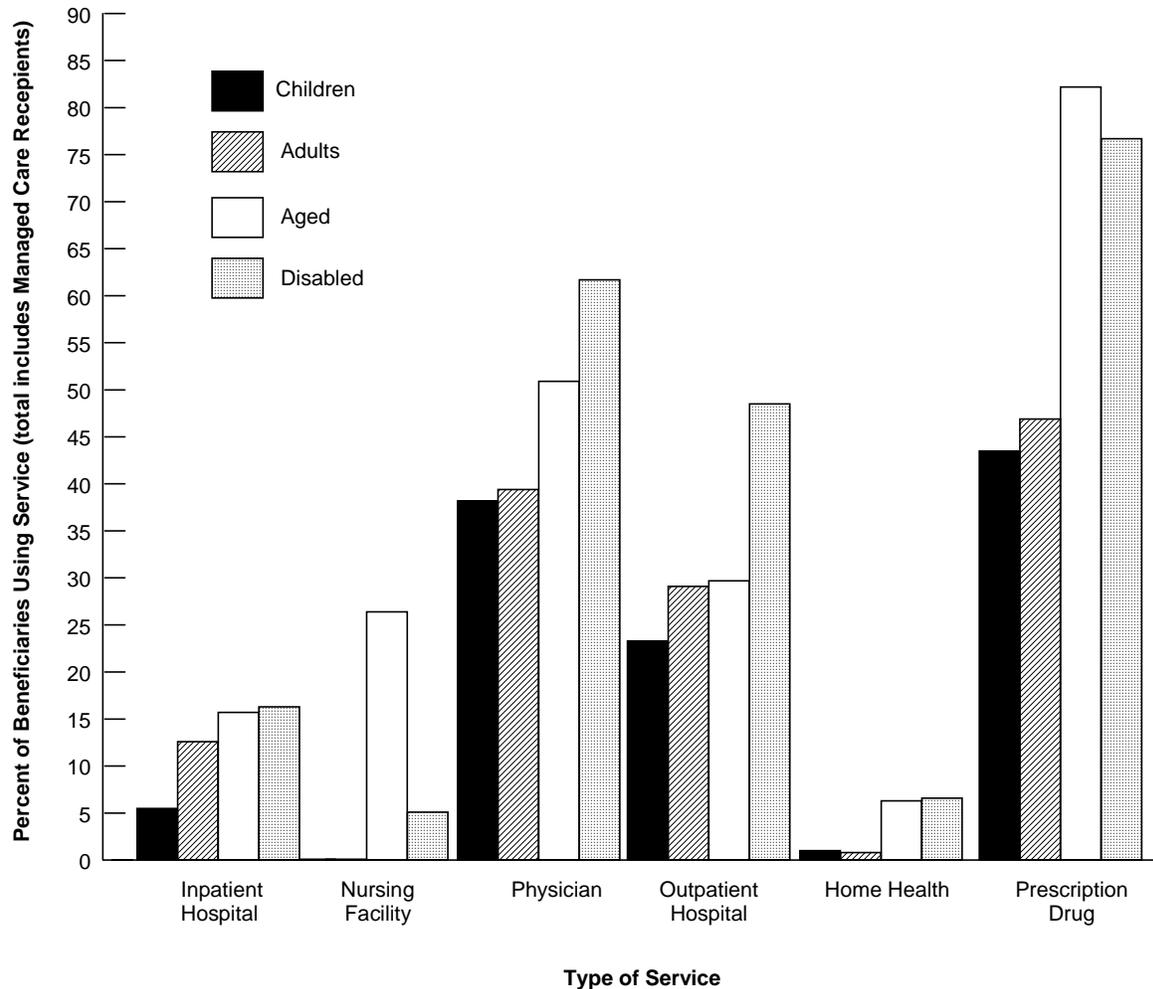
SOURCES: Centers for Medicare & Medicaid Services, Center for Medicaid and State Operations; Statistical Report on Medical Care: Eligibles, Recipients, Payments, and Services (HCFA 2082) and the Medicaid Statistical Information System (MSIS); data development by the Office of Research, Development, and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

Figure 13.8
Total Medicaid Vendor Payments, by Region:
Fiscal Year 2005



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

Figure 13.9 Medicaid Persons Served, by Type of Service and Eligibility Group: Fiscal Year 2005



NOTES: Percents based on total number of persons receiving any service, including having a managed care premium paid on his/her behalf. Most low income aged Medicaid eligibles are also covered by one or both parts of the Medicare Program for Medicare covered services (that is, dually entitled). Most prescribed drugs and nursing home care are excluded from Medicare coverage.

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