

**Table 13.1**  
**Medicaid Medical Assistance Payments: Fiscal Years 1975-2007**

Fiscal Year <sup>1</sup>	Medical Assistance Payments CMS Form-64		HCFA-2082/MSIS Payments	HCFA-2082/MSIS Payments as a Percent of CMS Form-64 Payments
	Total Expenditures <sup>2</sup>	2007 Inflation Adjusted Total Expenditures <sup>3</sup>		
	Amount in Thousands			
1975	\$12,086,166	\$72,686,737	\$12,142,000	100.5
1976	13,977,348	75,066,864	14,091,000	100.8
1977	16,354,599	80,141,510	16,239,000	99.3
1978	18,168,065	81,779,349	17,992,000	99.0
1979	20,736,011	86,053,348	20,472,000	98.7
1980	24,041,116	91,112,826	23,311,000	97.0
1981	28,485,289	96,568,135	27,204,000	95.5
1982	30,330,765	92,240,417	29,399,000	96.9
1983	33,298,880	93,290,548	32,391,000	97.3
1984	35,671,888	92,704,166	33,891,000	95.0
1985	39,413,219	97,005,707	37,508,000	95.2
1986	42,525,605	100,835,143	41,005,000	96.4
1987	46,956,072	107,206,895	45,050,000	95.9
1988	51,645,666	110,400,476	48,710,000	94.3
1989	58,645,953	115,669,375	54,500,000	92.9
1990	69,754,495	127,760,795	64,859,000	93.0
1991	88,377,773	152,135,181	76,964,000	87.1
1992	114,365,915	186,737,038	91,480,000	80.0
1993	126,573,138	196,862,782	101,708,889	80.4
1994	136,886,366	204,458,353	108,270,147	79.1
1995	151,707,290	217,952,827	120,140,904	79.2
1996	154,423,973	215,815,062	121,684,650	78.8
1997	160,538,571	218,718,260	123,551,014	77.0
1998	167,994,374	223,462,056	142,317,904	84.7
1999	180,456,639	234,450,311	153,479,358	85.1
2000	194,696,199	246,185,516	168,307,231	86.4
2001	215,377,890	263,001,672	186,905,000	86.8
2002	244,325,041	290,771,080	213,496,607	87.4
2003	261,870,099	301,431,487	233,205,998	89.1
2004	279,390,230	308,384,160	257,748,435	92.3
2005	298,169,895	318,107,129	273,202,750	91.6
2006	295,114,446	305,327,770	265,048,888	89.8
2007	311,197,380	311,197,380	276,246,429	88.8

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

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

<sup>3</sup>Dollar amounts adjusted using a personal consumption expenditure index for medical services, expressed in fiscal year 2007 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 2007**

Area of Residence	Total	Hospital <sup>1</sup>	Institutional Long-Term-Care <sup>2</sup>	Physicians and Other Practitioners <sup>3</sup>	Prescription Drug
Amount in Thousands					
All Jurisdictions	\$311,197,380	\$75,317,004	\$58,495,108	\$15,562,056	\$22,288,093
Boston: Region I	20,631,015	4,267,025	4,324,881	835,026	977,493
Connecticut	4,327,127	711,507	1,472,941	129,509	197,792
Maine	2,120,429	502,616	319,505	127,430	155,542
Massachusetts	10,233,572	2,249,378	1,816,618	473,586	485,681
New Hampshire	1,165,286	331,478	297,693	67,726	69,983
Rhode Island	1,755,403	432,271	307,806	35,322	66,485
Vermont	1,029,197	39,775	110,317	1,454	2,010
New York: Region II	53,809,338	13,459,173	11,899,144	841,844	3,891,777
New Jersey	8,913,611	2,713,454	2,387,865	102,259	503,185
New York	44,047,764	10,742,934	9,511,230	739,438	3,386,330
Puerto Rico	841,542	0	0	0	0
Virgin Islands	6,421	2,784	49	146	2,262
Philadelphia: Region III	30,724,386	5,057,691	7,246,955	788,642	1,303,552
Delaware	990,917	109,540	189,305	40,892	100,418
District of Columbia	1,385,146	409,185	258,062	26,793	72,237
Maryland	5,531,386	1,069,529	1,014,866	59,561	217,006
Pennsylvania	15,675,029	1,689,039	4,350,575	237,876	371,567
Virginia	4,969,659	1,338,491	955,838	239,573	227,004
West Virginia	2,172,248	441,908	478,310	183,948	315,321
Atlanta: Region IV	53,908,674	13,821,948	9,850,205	3,983,762	4,652,070
Alabama	4,145,702	1,041,849	901,345	327,027	408,969
Florida	13,700,251	3,831,326	2,661,031	765,172	1,015,626
Georgia	7,448,597	1,921,378	1,023,040	390,149	466,940
Kentucky	4,585,930	1,144,066	906,759	405,753	481,539
Mississippi	3,286,383	1,159,800	950,217	263,687	284,951
North Carolina	9,685,188	2,613,294	1,559,441	1,129,616	959,085
South Carolina	4,164,361	1,505,655	646,845	498,279	367,054
Tennessee	6,892,262	604,579	1,201,527	204,078	667,908
Chicago: Region V	50,775,922	13,427,548	10,249,511	2,332,770	3,030,382
Illinois	12,776,960	6,492,993	2,156,396	704,605	1,010,319
Indiana	5,558,233	1,441,523	1,355,480	250,675	299,389
Michigan	9,162,212	1,845,823	1,506,655	310,245	396,864
Minnesota	6,111,190	581,830	1,010,339	387,217	229,749
Ohio	12,366,276	2,619,668	3,269,957	535,875	744,365
Wisconsin	4,801,050	445,711	950,684	144,153	349,697
Dallas: Region VI	32,908,144	9,161,537	5,385,443	2,989,756	3,162,671
Arkansas	3,135,110	747,351	688,128	312,160	306,872
Louisiana	5,376,419	2,167,599	1,134,508	393,377	744,098
New Mexico	2,651,117	426,071	196,454	89,332	17,873
Oklahoma	3,361,442	989,295	633,037	387,840	313,643
Texas	18,384,056	4,831,222	2,733,315	1,807,046	1,780,185

See footnotes at end of table.

**Table 13.2—Continued**  
**Medicaid Expenditures, by Provider Type and Area of Residence: Fiscal Year 2007**

Area of Residence	Prescription Drug Rebate	Other		Home and Community <sup>5</sup>	Health Insurance <sup>6</sup>	Miscellaneous <sup>7</sup>
		Acute Care <sup>4</sup>				
Amount in Thousands						
All Jurisdictions	-\$7,253,330	\$11,607,605		\$41,421,214	\$73,883,142	\$19,876,488
Boston: Region I	-306,122	751,727		2,806,087	4,463,295	2,511,602
Connecticut	-64,380	109,322		810,869	870,269	89,298
Maine	-51,098	174,507		333,146	79,936	478,847
Massachusetts	-142,457	313,000		1,151,162	2,384,897	1,501,707
New Hampshire	-24,801	136,718		208,828	15,627	62,034
Rhode Island	-23,024	17,949		257,626	289,397	371,570
Vermont	-361	231		44,457	823,169	8,145
New York: Region II	-1,125,695	1,951,799		9,652,802	10,110,254	3,128,241
New Jersey	-136,041	319,858		1,011,235	1,597,400	414,395
New York	-989,654	1,631,732		8,641,567	7,703,720	2,680,465
Puerto Rico	0	0		0	808,880	32,663
Virgin Islands	0	208		0	254	717
Philadelphia: Region III	-461,641	797,933		3,626,755	11,106,139	1,258,360
Delaware	-40,562	34,146		103,704	397,490	55,986
District of Columbia	-15,097	182,316		97,059	318,645	35,947
Maryland	-53,017	238,380		726,876	1,892,603	365,583
Pennsylvania	-148,232	194,930		1,742,595	6,794,444	442,236
Virginia	-80,810	78,400		622,370	1,374,661	214,134
West Virginia	-123,922	69,761		334,150	328,297	144,474
Atlanta: Region IV	-1,503,615	1,772,649		5,374,844	11,321,658	4,635,153
Alabama	-117,097	249,481		361,722	794,365	178,041
Florida	-397,159	258,381		1,477,483	2,966,834	1,121,555
Georgia	-190,024	128,698		802,884	2,271,040	634,493
Kentucky	-144,739	232,658		393,461	893,313	273,119
Mississippi	-73,211	242,483		138,048	106,689	213,719
North Carolina	-267,741	302,683		1,269,511	436,474	1,682,826
South Carolina	-111,736	350,128		327,949	305,453	274,734
Tennessee	-201,909	8,138		603,786	3,547,490	256,665
Chicago: Region V	-1,104,859	1,459,956		6,539,392	12,346,270	2,494,952
Illinois	-323,305	347,069		1,063,908	424,917	900,058
Indiana	-95,812	442,852		551,084	1,094,162	218,881
Michigan	-166,978	290,919		751,824	4,034,759	192,103
Minnesota	-82,277	55,190		1,720,869	1,798,312	409,960
Ohio	-368,309	114,700		1,527,528	3,472,253	450,239
Wisconsin	-68,178	209,225		924,180	1,521,867	323,712
Dallas: Region VI	-1,008,709	1,397,740		3,839,923	5,868,080	2,111,703
Arkansas	-97,876	498,274		269,186	251,298	159,719
Louisiana	-195,896	239,365		511,573	197,827	183,969
New Mexico	-4,266	50,164		523,615	1,275,249	76,625
Oklahoma	-81,970	184,822		467,463	273,446	193,866
Texas	-628,700	425,116		2,068,087	3,870,260	1,497,524

**Table 13.2—Continued**  
**Medicaid Expenditures, by Provider Type and Area of Residence: Fiscal Year 2007**

Area of Residence	Total	Hospital <sup>1</sup>	Institutional Long-Term-Care <sup>2</sup>	Physicians and Other Practitioners <sup>3</sup>	Prescription Drug
Amount in Thousands					
Kansas City: Region VII	\$12,819,779	\$3,719,079	\$2,408,680	\$635,865	\$1,192,670
Iowa	2,643,090	511,668	715,014	284,586	337,256
Kansas	2,178,901	372,458	431,689	121,506	137,147
Missouri	6,467,397	2,521,079	866,636	98,557	574,191
Nebraska	1,530,392	313,873	395,341	131,216	144,076
Denver: Region VIII	6,638,601	1,690,159	1,375,974	562,089	510,052
Colorado	2,932,634	774,978	516,665	242,422	199,328
Montana	735,126	199,830	159,188	57,761	60,110
North Dakota	512,848	83,828	234,796	38,599	30,401
South Dakota	619,994	141,662	156,128	54,145	45,720
Utah	1,404,756	389,561	221,257	109,171	140,239
Wyoming	433,242	100,300	87,941	59,992	34,254
San Francisco: Region IX	38,299,118	8,755,338	4,435,698	2,025,451	2,879,893
American Samoa	18,730	0	0	0	117
Arizona	6,597,370	519,876	13,026	73,865	4,943
California	29,295,298	7,630,460	4,024,316	1,783,025	2,726,330
Guam	24,613	7,035	481	4,405	3,660
Hawaii	1,107,489	172,030	221,470	47,087	60,412
Nevada	1,246,537	420,697	176,405	117,070	82,372
Northern Mariana Islands	9,081	5,240	0	0	2,059
Seattle: Region X	10,682,404	1,957,506	1,318,616	566,851	687,534
Alaska	955,590	253,073	126,245	92,593	72,591
Idaho	1,114,364	248,459	205,467	118,547	97,141
Oregon	2,890,396	323,576	292,315	78,756	141,060
Washington	5,722,053	1,132,399	694,589	276,956	376,742

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

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

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

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

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

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

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

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 2007**

Area of Residence	Prescription Drug Rebate	Other	Home and Community <sup>5</sup>	Health Insurance <sup>6</sup>	Miscellaneous <sup>7</sup>
		Acute Care <sup>4</sup>			
Amount in Thousands					
Kansas City: Region VII	-\$337,739	\$558,697	\$1,859,591	\$1,928,647	\$854,290
Iowa	-81,941	55,125	439,628	271,960	109,793
Kansas	-54,064	21,940	473,424	366,717	308,083
Missouri	-167,042	388,222	708,326	1,127,950	349,479
Nebraska	-34,693	93,411	238,213	162,020	86,935
Denver: Region VIII	-146,579	423,163	1,137,732	676,339	409,672
Colorado	-56,701	114,001	576,919	384,570	180,451
Montana	-20,822	35,432	130,438	36,638	76,552
North Dakota	-8,161	16,018	80,176	9,573	27,619
South Dakota	-13,965	52,849	100,146	31,943	51,367
Utah	-36,233	174,388	139,653	204,115	62,605
Wyoming	-10,697	30,476	110,400	9,499	11,077
San Francisco: Region IX	-1,037,956	1,886,195	4,309,333	13,470,357	1,574,808
American Samoa	0	0	0	0	18,612
Arizona	0	50,401	23,181	5,688,009	224,069
California	-998,192	1,730,107	3,991,359	7,182,187	1,225,705
Guam	0	4,699	31	725	3,576
Hawaii	-15,375	67,515	148,659	378,465	27,226
Nevada	-24,390	33,332	146,102	220,564	74,385
Northern Mariana Islands	0	140	0	408	1,234
Seattle: Region X	-220,414	607,746	2,274,755	2,592,102	897,708
Alaska	-22,043	114,488	211,018	16,964	90,662
Idaho	-33,030	126,994	161,186	38,328	151,273
Oregon	-40,004	19,681	758,049	1,062,044	254,920
Washington	-125,337	346,584	1,144,503	1,474,766	400,853

**Table 13.3**  
**Medicaid Expenditures, Eligibles, and Average Expenditure per Eligible, by Area of Residence: Fiscal Year 2007**

Area of Residence	Expenditures <sup>1</sup>		Eligibles <sup>2</sup>		Average Expenditure per Eligible
	Total	Percent	Total	Percent	
All Jurisdictions	\$311,197,379,886	100.0	59,415,222	100.0	5,223 <sup>3</sup>
Boston: Region I	20,631,014,565	6.6	2,854,841	4.8	7,227
Connecticut	4,327,127,115	1.4	530,652	0.9	8,154
Maine	2,120,429,112	0.7	355,291	0.6	5,968
Massachusetts	10,233,572,102	3.3	1,448,115	2.4	7,067
New Hampshire	1,165,286,458	0.4	143,938	0.2	8,096
Rhode Island	1,755,402,988	0.6	219,061	0.4	8,013
Vermont	1,029,196,790	0.3	157,784	0.3	6,523
New York: Region II	53,809,337,715	17.3	6,020,544	10.1	8,797 <sup>4</sup>
New Jersey	8,913,610,621	2.9	1,065,057	1.8	8,369
New York	44,047,764,008	14.2	4,955,487	8.3	8,889
Puerto Rico	841,542,494	0.3	(7)	---	---
Virgin Islands	6,420,592	(6)	(7)	---	---
Philadelphia: Region III	30,724,386,110	9.9	4,582,832	7.7	6,704
Delaware	990,917,350	0.3	184,974	0.3	5,357
District of Columbia	1,385,146,005	0.4	168,716	0.3	8,210
Maryland	5,531,386,145	1.8	849,093	1.4	6,514
Pennsylvania	15,675,029,452	5.0	2,091,903	3.5	7,493
Virginia	4,969,659,461	1.6	895,548	1.5	5,549
West Virginia	2,172,247,697	0.7	392,598	0.7	5,533
Atlanta: Region IV	53,908,673,780	17.3	11,146,090	18.8	4,837
Alabama	4,145,702,142	1.3	919,304	1.5	4,510
Florida	13,700,251,123	4.4	2,843,938	4.8	4,817
Georgia	7,448,597,298	2.4	1,689,905	2.8	4,408
Kentucky	4,585,929,761	1.5	871,625	1.5	5,261
Mississippi	3,286,383,258	1.1	750,629	1.3	4,378
North Carolina	9,685,187,704	3.1	1,680,209	2.8	5,764
South Carolina	4,164,360,908	1.3	912,448	1.5	4,564
Tennessee	6,892,261,586	2.2	1,478,032	2.5	4,663
Chicago: Region V	50,775,922,035	16.3	9,402,449	15.8	5,400
Illinois	12,776,960,459	4.1	2,413,401	4.1	5,294
Indiana	5,558,232,854	1.8	1,053,487	1.8	5,276
Michigan	9,162,212,021	2.9	1,936,390	3.3	4,732
Minnesota	6,111,189,991	2.0	786,340	1.3	7,772
Ohio	12,366,276,374	4.0	2,172,360	3.7	5,693
Wisconsin	4,801,050,336	1.5	1,040,471	1.8	4,614

See footnotes at end of table.

**Table 13.3—Continued**  
**Medicaid Expenditures, Eligibles, and Average Expenditure per Eligible, by Area of**  
**Residence: Fiscal Year 2007**

Area of Residence	Expenditures <sup>1</sup>		Eligibles <sup>2</sup>		Average Expenditure per Eligible
	Total	Percent	Total	Percent	
Dallas: Region VI	\$32,908,143,903	10.6	7,416,896	12.5	4,437
Arkansas	3,135,110,386	1.0	757,432	1.3	4,139
Louisiana	5,376,418,953	1.7	1,189,880	2.0	4,518
New Mexico	2,651,116,745	0.9	518,866	0.9	5,109
Oklahoma	3,361,442,034	1.1	779,158	1.3	4,314
Texas	18,384,055,785	5.9	4,171,560	7.0	4,407
Kansas City: Region VII	12,819,779,122	4.1	2,152,152	3.6	5,957
Iowa	2,643,089,527	0.8	479,972	0.8	5,507
Kansas	2,178,900,996	0.7	353,162	0.6	6,170
Missouri	6,467,396,919	2.1	1,058,017	1.8	6,113
Nebraska	1,530,391,680	0.5	261,001	0.4	5,864
Denver: Region VIII	6,638,600,606	2.1	1,247,305	2.1	5,322
Colorado	2,932,634,212	0.9	565,888	1.0	5,182
Montana	735,125,879	0.2	111,031	0.2	6,621
North Dakota	512,848,316	0.2	71,058	0.1	7,217
South Dakota	619,994,328	0.2	129,769	0.2	4,778
Utah	1,404,755,596	0.5	291,297	0.5	4,822
Wyoming	433,242,275	0.1	78,262	0.1	5,536
San Francisco: Region IX	38,299,118,078	12.3	12,564,364	21.1	3,044 <sup>5</sup>
American Samoa	18,729,585	(6)	(7)	---	---
Arizona	6,597,370,443	2.1	1,455,923	2.5	4,531
California	29,295,297,766	9.4	10,630,016	17.9	2,756
Guam	24,612,593	(6)	(7)	---	---
Hawaii	1,107,488,987	0.4	231,135	0.4	4,792
Nevada	1,246,537,414	0.4	247,290	0.4	5,041
Northern Mariana Islands	9,081,290	(6)	(7)	---	---
Seattle: Region X	10,682,403,972	3.4	2,027,749	3.4	5,268
Alaska	955,589,923	0.3	127,367	0.2	7,503
Idaho	1,114,364,458	0.4	223,518	0.4	4,986
Oregon	2,890,396,164	0.9	512,966	0.9	5,635
Washington	5,722,053,427	1.8	1,163,898	2.0	4,916

<sup>1</sup>Medicaid 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.

<sup>2</sup>Eligibles 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.

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

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

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

<sup>6</sup>Less than 0.05 percent.

<sup>7</sup>Jurisdiction did not report eligibles.

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

**Table 13.4**  
**Number of Medicaid Persons Served (Beneficiaries), by Eligibility Group:**  
**Fiscal Years 1975-2007**

Year	Total	Children <sup>1</sup>	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
2007	56,821	27,527	12,405	4,044	8,427	4,418

See footnotes at end of table.

**Table 13.4—Continued**  
**Number of Medicaid Persons Served (Beneficiaries), by Eligibility Group:**  
**Fiscal Years 1975-2007**

Year	Total	Children <sup>1</sup>	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
2007	100.0	48.4	21.8	7.1	14.8	7.8

<sup>1</sup>Includes 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 1975-2007**

Year	Total <sup>1</sup>	Inpatient		Nursing		Outpatient	Home	Prescribed
		Hospital	ICF/MR	Facility <sup>2</sup>	Physician	Hospital	Health <sup>3</sup>	Drugs
Number Using Selected Service, in Thousands								
1975	22,007	3,432	69	1,312	15,198	7,437	343	14,155
1976	22,815	3,551	89	1,361	15,624	8,482	319	14,883
1977	22,832	3,768	107	1,395	16,074	8,619	371	15,370
1978	21,965	3,782	104	1,379	15,668	8,628	376	15,188
1979	21,520	3,608	114	1,376	15,168	7,710	359	14,283
1980	21,605	3,680	121	1,395	13,765	9,705	392	13,707
1981	21,980	3,703	151	1,372	14,403	10,018	402	14,256
1982	21,603	3,530	149	1,324	13,894	9,853	377	13,547
1983	21,554	3,696	151	1,367	14,056	10,069	422	13,732
1984	21,607	3,467	141	1,355	14,195	10,035	438	13,935
1985	21,814	3,434	147	1,375	14,387	10,072	535	13,921
1986	22,515	3,544	145	1,399	14,894	10,702	593	14,704
1987	23,109	3,767	149	1,421	15,373	10,979	609	15,083
1988	22,907	3,832	145	1,445	15,265	10,533	569	15,323
1989	23,511	4,170	148	1,452	15,686	11,344	609	15,916
1990	25,255	4,593	147	1,461	17,078	12,370	719	17,294
1991	27,967	5,014	145	1,490	19,119	14,031	809	19,581
1992	31,150	5,790	151	1,573	21,683	15,167	926	22,070
1993	33,432	5,894	149	1,610	23,746	16,436	1,067	23,901
1994	35,053	5,866	159	1,639	24,267	16,567	1,293	24,471
1995	36,282	5,561	151	1,667	23,789	16,712	1,639	23,723
1996	36,118	5,362	140	1,594	22,861	15,905	1,727	22,585
1997	34,872	4,746	136	1,603	21,170	13,632	1,861	20,954
1998	40,096	4,270	126	1,646	18,553	12,158	1,225	19,338
1999	40,184	4,497	122	1,617	18,373	12,417	814	19,855
2000	42,763	4,933	118	1,703	19,104	13,226	995	20,517
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
2007	56,821	5,134	104	1,645	22,047	14,896	1,190	23,923

See footnotes at end of table.

**Table 13.5—Continued**  
**Medicaid Persons Served (Beneficiaries), All Eligibility Groups, by Selected Type of Service:**  
**Fiscal Years 1975-2007**

Year	Total <sup>1</sup>	Inpatient		Nursing		Outpatient	Home	Prescribed
		Hospital	ICF/MR	Facility <sup>2</sup>	Physician	Hospital	Health <sup>3</sup>	Drugs
Percent of Unduplicated Total Using Selected Service								
1975	100.0	15.6	0.3	6.0	69.1	33.8	1.6	64.3
1976	100.0	15.6	0.4	6.0	68.5	37.2	1.4	65.2
1977	100.0	16.5	0.5	6.1	70.4	37.7	1.6	67.3
1978	100.0	17.2	0.5	6.3	71.3	39.3	1.7	69.1
1979	100.0	16.8	0.5	6.4	70.5	35.8	1.7	66.4
1980	100.0	17.0	0.6	6.5	63.7	44.9	1.8	63.4
1981	100.0	16.8	0.7	6.2	65.5	45.6	1.8	64.9
1982	100.0	16.3	0.7	6.1	64.3	45.6	1.7	62.7
1983	100.0	17.1	0.7	6.3	65.2	46.7	2.0	63.7
1984	100.0	16.0	0.7	6.3	65.7	46.4	2.0	64.5
1985	100.0	15.7	0.7	6.3	66.0	46.2	2.5	63.8
1986	100.0	15.7	0.6	6.2	66.2	47.5	2.6	65.3
1987	100.0	16.3	0.6	6.1	66.5	47.5	2.6	65.3
1988	100.0	16.7	0.6	6.3	66.6	46.0	2.5	66.9
1989	100.0	17.7	0.6	6.2	66.7	48.2	2.6	67.7
1990	100.0	18.2	0.6	5.8	67.6	49.0	2.8	68.5
1991	100.0	17.9	0.5	5.3	68.4	50.2	2.9	70.0
1992	100.0	18.6	0.5	5.0	69.6	48.7	3.0	70.9
1993	100.0	17.6	0.4	4.8	71.0	49.2	3.2	71.5
1994	100.0	16.7	0.5	4.7	69.2	47.3	3.7	69.8
1995	100.0	15.3	0.4	4.6	65.6	46.1	4.5	65.4
1996	100.0	14.8	0.4	4.4	63.3	44.0	4.8	62.5
1997	100.0	13.6	0.4	4.6	60.7	39.1	5.3	60.1
1998	100.0	10.6	0.3	4.1	46.3	30.3	3.1	48.2
1999	100.0	11.2	0.3	4.0	45.7	30.9	2.0	49.4
2000	100.0	11.5	0.3	4.0	44.7	30.9	2.3	48.0
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
2007	100.0	9.0	0.2	2.9	38.8	26.2	2.1	42.1

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

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

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

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

SOURCES: Centers for Medicare & Medicaid Services, Center for Medicaid and State Operations: Statistical Report for Medical Care: Eligibles, Recipients,

**Table 13.6**  
**Medicaid Persons Served (Beneficiaries), Children, by Selected Type of Service:**  
**Fiscal Years 1975-2007**

Year	Total <sup>1</sup>	Inpatient		Nursing		Outpatient	Home	Prescribed
		Hospital	ICF/MR	Facility <sup>2</sup>	Physician	Hospital	Health <sup>3</sup>	Drugs
Number Using Selected Service, in Thousands								
1975	9,598	984	4	6	6,659	3,619	58	5,552
1976	9,924	1,005	3	4	6,908	4,037	55	5,961
1977	9,651	1,019	4	4	6,864	4,024	62	6,067
1978	9,376	1,023	3	2	6,705	3,992	141	6,016
1979	9,106	944	5	2	6,459	3,528	185	5,655
1980	9,333	978	5	9	6,085	4,238	72	5,590
1981	9,581	955	1	2	6,482	4,282	90	5,810
1982	9,563	866	1	2	6,175	4,171	65	5,432
1983	9,535	881	1	0	6,111	4,159	39	5,488
1984	9,684	845	1	1	6,330	4,178	44	5,667
1985	9,757	864	1	1	6,284	4,269	64	5,592
1986	10,029	924	(4)	2	6,496	4,445	69	5,949
1987	10,168	1,005	(4)	(4)	6,649	4,520	60	6,073
1988	10,037	1,003	(4)	(4)	6,628	4,321	51	6,125
1989	10,318	1,138	1	(4)	6,908	4,662	59	6,454
1990	11,220	1,345	1	1	7,689	5,250	75	7,259
1991	12,855	1,472	1	2	8,911	6,157	103	8,605
1992	15,200	1,992	1	3	10,402	7,151	126	10,068
1993	16,285	1,905	1	1	11,350	7,651	149	10,989
1994	17,194	1,924	1	1	11,546	7,626	202	11,238
1995	17,164	1,725	1	1	11,041	7,389	259	10,708
1996	16,739	1,625	(4)	1	10,314	6,777	329	9,988
1997	15,791	1,363	1	2	9,370	5,472	309	9,129
1998	18,969	1,199	1	5	7,847	4,776	206	8,168
1999	18,837	1,152	1	1	7,617	4,617	132	8,118
2000	19,723	1,274	1	1	7,848	4,923	190	8,316
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
2007	27,527	1,388	1	4	9,401	5,657	240	11,015

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 <sup>1</sup>	Inpatient		Nursing		Outpatient	Home	Prescribed
		Hospital	ICF/MR	Facility <sup>2</sup>	Physician	Hospital	Health <sup>3</sup>	Drugs
Percent of Unduplicated Total Using Selected Service								
1975	100.0	10.3	(5)	(5)	69.4	37.7	0.6	57.8
1976	100.0	10.1	(5)	(5)	69.6	40.7	0.6	60.1
1977	100.0	10.6	(5)	(5)	71.1	41.7	0.6	62.9
1978	100.0	10.9	(5)	(5)	71.5	42.6	1.5	64.2
1979	100.0	10.4	(5)	(5)	70.9	38.7	2.0	62.1
1980	100.0	10.5	(5)	(5)	65.2	45.4	0.8	59.9
1981	100.0	10.0	(5)	(5)	67.7	44.7	0.9	60.6
1982	100.0	9.1	(5)	(5)	64.6	43.6	0.7	56.8
1983	100.0	9.2	(5)	(5)	64.1	43.6	0.4	57.6
1984	100.0	8.7	(5)	(5)	65.4	43.1	0.5	58.5
1985	100.0	8.9	(5)	(5)	64.4	43.8	0.7	57.3
1986	100.0	9.2	(5)	(5)	64.8	44.3	0.7	59.3
1987	100.0	9.9	(5)	(5)	65.4	44.5	0.6	59.7
1988	100.0	10.0	(5)	(5)	66.0	43.1	0.5	61.0
1989	100.0	11.0	(5)	(5)	67.0	45.2	0.6	62.6
1990	100.0	12.0	(5)	(5)	68.5	46.8	0.7	64.7
1991	100.0	11.4	(5)	(5)	69.3	47.9	0.8	66.9
1992	100.0	13.1	(5)	(5)	68.4	47.0	0.8	66.2
1993	100.0	11.7	(5)	(5)	69.7	47.0	0.9	67.5
1994	100.0	11.2	(5)	(5)	67.2	44.4	1.2	65.4
1995	100.0	10.1	(5)	(5)	64.3	43.0	1.5	62.4
1996	100.0	9.7	(5)	(5)	61.6	40.5	2.0	59.7
1997	100.0	8.6	(5)	(5)	59.3	34.7	2.0	57.8
1998	100.0	6.3	(5)	(5)	41.4	25.2	1.1	43.1
1999	100.0	6.1	(5)	(5)	40.4	24.5	0.7	43.1
2000	100.0	6.5	(5)	(5)	39.8	25.0	1.0	42.2
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
2007	100.0	5.0	(5)	(5)	34.2	20.5	0.9	40.0

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

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

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

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

<sup>5</sup>Less than 0.05 percent.

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

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

**Table 13.7**  
**Medicaid Persons Served (Beneficiaries), Adults, by Selected Type of Service:**  
**Fiscal Years 1975-2007**

Year	Total <sup>1</sup>	Inpatient		Nursing		Outpatient	Home	Prescribed
		Hospital	ICF/MR	Facility <sup>2</sup>	Physician	Hospital	Health <sup>3</sup>	Drugs
Number Using Selected Service, in Thousands								
1975	4,529	930	(4)	5	3,368	1,896	50	3,168
1976	4,773	959	1	3	3,437	2,127	31	3,329
1977	4,785	993	2	3	3,571	2,183	36	3,415
1978	4,643	975	2	3	3,469	2,161	29	3,460
1979	4,570	970	2	2	3,411	1,985	28	3,288
1980	4,877	1,000	3	9	3,206	2,485	41	3,173
1981	5,187	1,035	1	2	3,498	2,657	39	3,501
1982	5,356	1,035	(4)	1	3,555	2,755	38	3,493
1983	5,592	1,078	1	2	3,684	2,916	34	3,639
1984	5,600	1,006	(4)	2	3,696	2,894	38	3,663
1985	5,518	990	(4)	2	3,635	2,933	46	3,562
1986	5,647	1,016	(4)	2	3,699	3,060	59	3,681
1987	5,599	1,067	(4)	4	3,704	3,072	46	3,658
1988	5,503	1,090	(4)	4	3,646	2,894	37	3,617
1989	5,717	1,247	(4)	11	3,888	3,199	42	3,829
1990	6,010	1,457	(4)	2	4,168	3,508	48	4,057
1991	6,703	1,623	(4)	3	4,579	3,979	77	4,603
1992	7,040	1,711	(4)	4	5,152	4,060	71	5,076
1993	7,505	1,752	(4)	5	5,515	4,283	87	5,411
1994	7,586	1,672	(4)	3	5,457	4,145	117	5,383
1995	7,604	1,602	(4)	4	5,096	4,102	139	4,971
1996	7,127	1,431	(4)	2	4,499	3,616	139	4,342
1997	6,803	1,247	(4)	3	3,874	3,056	143	3,896
1998	7,895	1,135	(4)	8	3,352	2,679	120	3,513
1999	7,511	1,134	(4)	2	3,105	2,571	86	3,545
2000	8,750	1,268	(4)	3	3,580	2,793	101	3,962
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
2007	12,405	1,471	(4)	6	4,477	3,350	89	5,420

See footnotes at end of table.

**Table 13.7—Continued**  
**Medicaid Persons Served (Beneficiaries), Adults, by Selected Type of Service:**  
**Fiscal Years 1975-2007**

Year	Total <sup>1</sup>	Inpatient		Nursing		Outpatient	Home	Prescribed
		Hospital	ICF/MR	Facility <sup>2</sup>	Physician	Hospital	Health <sup>3</sup>	Drugs
Percent of Unduplicated Total Using Selected Service								
1975	100.0	20.5	(5)	(5)	74.4	41.9	1.1	69.9
1976	100.0	20.1	(5)	(5)	72.0	44.6	0.6	69.7
1977	100.0	20.8	(5)	(5)	74.6	45.6	0.8	71.4
1978	100.0	21.0	(5)	(5)	74.7	46.5	0.6	74.5
1979	100.0	21.2	(5)	(5)	74.6	43.4	0.6	71.9
1980	100.0	20.5	(5)	(5)	65.7	51.0	0.8	65.1
1981	100.0	20.0	(5)	(5)	67.4	51.2	0.8	67.5
1982	100.0	19.3	(5)	(5)	66.4	51.4	0.7	65.2
1983	100.0	19.3	(5)	(5)	65.9	52.1	0.6	65.1
1984	100.0	18.0	(5)	(5)	66.0	51.7	0.7	65.4
1985	100.0	17.9	(5)	(5)	65.9	53.2	0.8	64.6
1986	100.0	18.0	(5)	(5)	65.5	54.2	1.0	65.2
1987	100.0	19.1	(5)	(5)	66.2	54.9	0.8	65.3
1988	100.0	19.8	(5)	(5)	66.3	52.6	0.7	65.7
1989	100.0	21.8	(5)	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
2007	100.0	11.9	(5)	(5)	36.1	27.0	0.7	43.7

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

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

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

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

<sup>5</sup>Less than 0.05 percent.

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

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

**Table 13.8**  
**Medicaid Persons Served (Beneficiaries), Aged, by Selected Type of Service:**  
**Fiscal Years 1975-2007**

Year	Total <sup>1</sup>	Inpatient		Nursing		Outpatient	Home	Prescribed Drugs
		Hospital	ICF/MR	Facility <sup>2</sup>	Physician	Hospital	Health <sup>3</sup>	
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
2007	4,044	605	7	1,101	2,210	1,282	265	1,930

See footnotes at end of table.

**Table 13.8—Continued**  
**Medicaid Persons Served (Beneficiaries), Aged, by Selected Type of Service:**  
**Fiscal Years 1975-2007**

Year	Total <sup>1</sup>	Inpatient		Nursing		Outpatient	Home	Prescribed
		Hospital	ICF/MR	Facility <sup>2</sup>	Physician	Hospital	Health <sup>3</sup>	Drugs
Percent of Unduplicated Total Using Selected Service								
1975	100.0	20.9	0.1	28.3	62.6	20.2	3.2	73.9
1976	100.0	21.8	0.1	29.9	63.0	22.6	3.1	75.2
1977	100.0	22.7	0.1	30.6	64.3	22.8	3.7	73.7
1978	100.0	25.4	0.1	32.4	66.5	26.9	3.1	76.9
1979	100.0	23.7	0.1	32.1	66.1	26.0	1.7	74.4
1980	100.0	24.2	0.3	31.8	64.6	26.3	3.1	73.4
1981	100.0	25.0	0.3	33.7	65.6	26.6	3.0	78.9
1982	100.0	25.0	0.2	34.1	66.3	27.3	3.2	77.9
1983	100.0	26.1	0.2	35.2	67.2	32.3	6.1	74.9
1984	100.0	24.2	0.2	35.9	66.1	32.1	6.1	75.5
1985	100.0	23.8	0.2	38.3	70.8	26.3	7.6	78.4
1986	100.0	22.9	0.2	37.7	70.6	28.2	8.1	78.6
1987	100.0	22.5	0.2	37.4	69.4	28.3	8.6	77.2
1988	100.0	23.0	0.2	39.5	65.4	29.1	8.3	79.3
1989	100.0	23.0	0.2	39.2	63.5	30.0	8.4	78.9
1990	100.0	22.0	0.2	38.5	64.2	29.5	9.0	80.9
1991	100.0	22.7	0.2	37.9	65.4	31.4	9.0	81.6
1992	100.0	23.2	0.3	35.7	63.1	31.9	8.6	76.6
1993	100.0	23.5	0.3	35.5	66.5	34.6	9.2	76.5
1994	100.0	22.3	0.3	34.6	66.4	35.2	9.8	74.6
1995	100.0	20.8	0.3	34.1	66.8	37.8	11.7	72.4
1996	100.0	20.7	0.2	31.0	66.2	39.0	10.7	69.3
1997	100.0	20.0	0.3	32.8	71.7	37.2	13.4	72.0
1998	100.0	18.5	0.2	32.8	65.1	33.9	9.2	71.5
1999	100.0	18.4	0.2	32.1	64.8	34.1	5.3	77.0
2000	100.0	19.0	0.2	32.3	63.4	35.5	6.1	77.5
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
2007	100.0	15.0	0.2	27.2	54.7	31.7	6.6	47.7

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

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

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

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

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

**Table 13.9**  
**Medicaid Persons Served (Beneficiaries), Disabled, by Selected Type of Service:**  
**Fiscal Years 1975-2007**

Year	Total <sup>1</sup>	Inpatient		Nursing		Outpatient	Home	Prescribed Drugs
		Hospital	ICF/MR	Facility <sup>2</sup>	Physician	Hospital	Health <sup>3</sup>	
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
2007	8,427	1,275	93	324	5,027	3,962	558	5,158

See footnotes at end of table.

**Table 13.9—Continued**  
**Medicaid Persons Served (Beneficiaries), Disabled, by Selected Type of Service:**  
**Fiscal Years 1975-2007**

Year	Total <sup>1</sup>	Inpatient		Nursing		Outpatient	Home	Prescribed
		Hospital	ICF/MR	Facility <sup>2</sup>	Physician	Hospital	Health <sup>3</sup>	Drugs
Percent of Unduplicated Total Using Selected Service								
1975	100.0	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
2007	100.0	15.1	1.1	3.8	59.6	47.0	6.6	61.2

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

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

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

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

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

**Table 13.10**  
**Medicaid Payments, by Eligibility Group: Fiscal Years 1975-2007**

Year	Total <sup>1</sup>	Children	Adults	Aged	Disabled
Amount in Millions (Nominal Dollars)					
1975	\$12,242	\$2,186	\$2,062	\$4,358	\$3,145
1976	14,091	2,431	2,288	4,910	3,920
1977	16,239	2,610	2,606	5,499	4,883
1978	17,992	2,748	2,673	6,308	5,620
1979	20,472	2,884	3,021	7,046	6,882
1980	23,311	3,123	3,231	8,739	7,621
1981	27,204	3,508	3,763	9,926	9,455
1982	29,399	3,473	4,093	10,739	10,405
1983	32,391	3,836	4,487	11,954	11,367
1984	33,891	3,979	4,420	12,815	11,977
1985	37,508	4,414	4,746	14,096	13,452
1986	41,005	5,135	4,880	15,097	14,913
1987	45,050	5,508	5,592	16,037	16,817
1988	48,710	5,848	5,883	17,135	18,594
1989	54,500	6,892	6,897	18,558	20,885
1990	64,859	9,100	8,590	21,508	24,404
1991	76,964	11,600	10,421	25,444	28,251
1992	91,480	14,758	12,403	29,089	34,004
1993	101,709	16,504	13,605	31,554	38,655
1994	108,270	17,302	13,585	33,618	42,298
1995	120,141	17,976	13,511	36,527	49,418
1996	121,685	17,544	12,275	36,947	52,065
1997	124,430	17,544	12,307	37,721	54,130
1998	142,260	22,896	14,865	40,601	60,374
1999	153,479	24,151	15,801	42,522	65,850
2000	168,307	26,775	17,763	44,503	72,742
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
2007	276,246	53,716	34,153	57,179	119,617

See footnotes at end of table.

**Table 13.10—Continued**  
**Medicaid Payments, by Eligibility Group: Fiscal Years 1975-2007**

Year	Total <sup>1</sup>	Children	Adults	Aged	Disabled
Amount in Millions (Constant 2007 Dollars)					
1975	\$73,624	\$13,147	\$12,401	\$26,209	\$18,914
1976	75,677	13,056	12,288	26,370	21,053
1977	79,575	12,790	12,770	26,946	23,928
1978	80,987	12,369	12,032	28,394	25,297
1979	84,958	11,968	12,537	29,241	28,560
1980	88,346	11,836	12,245	33,120	28,883
1981	92,224	11,892	12,757	33,650	32,053
1982	89,407	10,562	12,447	32,659	31,643
1983	90,747	10,747	12,571	33,490	31,846
1984	88,076	10,341	11,487	33,304	31,126
1985	92,316	10,864	11,681	34,694	33,109
1986	97,230	12,176	11,571	35,797	35,361
1987	102,855	12,575	12,767	36,615	38,395
1988	104,125	12,501	12,576	36,629	39,748
1989	107,492	13,593	13,603	36,603	41,192
1990	118,794	16,667	15,733	39,394	44,698
1991	132,487	19,968	17,939	43,800	48,632
1992	149,369	24,097	20,252	47,497	55,522
1993	158,191	25,669	21,160	49,077	60,121
1994	161,716	25,843	20,291	50,213	63,178
1995	172,603	25,826	19,411	52,477	70,997
1996	170,061	24,519	17,155	51,635	72,763
1997	169,524	23,902	16,767	51,391	73,747
1998	189,231	30,456	19,773	54,006	80,308
1999	199,401	31,377	20,529	55,245	85,553
2000	212,817	33,856	22,461	56,272	91,979
2001	228,233	37,410	24,630	59,048	98,161
2002	254,083	42,713	28,128	61,795	109,982
2003	268,437	45,894	30,849	63,621	117,426
2004	284,496	48,792	33,909	65,720	123,197
2005	291,471	49,978	34,369	67,137	126,619
2006	274,222	51,329	33,813	59,445	118,716
2007	276,246	53,716	34,153	57,179	119,617

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

NOTES: Beginning fiscal year 1998, capitated premiums for Medicaid eligibles enrolled in managed care plans were included in this series. Dollar amounts are adjusted using a personal consumption expenditure index for medical services, U.S. Department of Commerce, Bureau of Economic Analysis, expressed in fiscal year 2007 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 1975-2007**

Year	Total <sup>1</sup>	Children	Adults	Aged	Disabled
1975	\$556	\$228	\$455	\$1,205	\$1,276
1976	618	245	479	1,359	1,469
1977	711	270	545	1,512	1,743
1978	819	293	576	1,869	2,068
1979	951	317	661	2,094	2,500
1980	1,079	335	663	2,540	2,619
1981	1,238	366	725	2,948	3,071
1982	1,361	363	764	3,315	3,600
1983	1,503	402	802	3,545	3,891
1984	1,569	411	789	3,957	4,112
1985	1,719	452	860	4,605	4,459
1986	1,821	512	864	4,808	4,687
1987	1,949	542	999	4,975	4,974
1988	2,126	583	1,069	5,425	5,332
1989	2,318	668	1,206	5,926	5,817
1990	2,568	811	1,429	6,717	6,564
1991	2,752	902	1,555	7,617	7,005
1992	2,937	971	1,762	7,759	7,578
1993	3,042	1,013	1,813	8,168	7,706
1994	3,089	1,006	1,791	8,332	7,750
1995	3,311	1,047	1,777	8,868	8,435
1996	3,369	1,048	1,722	8,622	8,369
1997	3,568	1,111	1,809	9,538	8,832
1998	3,548	1,207	1,883	10,243	9,096
1999	3,819	1,282	2,104	11,268	9,832
2000	3,936	1,358	2,030	11,929	10,559
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
2007	4,862	1,951	2,753	14,141	14,194

See footnote at end of table.

**Table 13.11—Continued**  
**Medicaid Payments per Person Served (Beneficiary), by Eligibility Group:**  
**Fiscal Years 1975-2007**

Year	Total <sup>1</sup>	Children	Adults	Aged	Disabled
			(Constant 2007 Dollars)		
1975	\$3,344	\$1,371	\$2,736	\$7,247	\$7,674
1976	3,319	1,316	2,573	7,299	7,889
1977	3,484	1,323	2,671	7,409	8,541
1978	3,687	1,319	2,593	8,413	9,309
1979	3,947	1,316	2,743	8,690	10,375
1980	4,089	1,270	2,513	9,626	9,926
1981	4,197	1,241	2,458	9,994	10,411
1982	4,139	1,104	2,323	10,081	10,948
1983	4,211	1,126	2,247	9,932	10,901
1984	4,078	1,068	2,050	10,283	10,686
1985	4,231	1,112	2,117	11,334	10,975
1986	4,318	1,214	2,049	11,401	11,114
1987	4,450	1,237	2,281	11,359	11,356
1988	4,545	1,246	2,285	11,597	11,398
1989	4,572	1,318	2,379	11,688	11,473
1990	4,703	1,485	2,617	12,303	12,022
1991	4,737	1,553	2,677	13,112	12,059
1992	4,796	1,585	2,877	12,669	12,373
1993	4,731	1,576	2,820	12,704	11,985
1994	4,614	1,503	2,675	12,445	11,576
1995	4,757	1,504	2,553	12,740	12,118
1996	4,708	1,465	2,407	12,050	11,696
1997	4,861	1,514	2,465	12,995	12,032
1998	4,719	1,606	2,504	13,626	12,099
1999	4,962	1,666	2,733	14,640	12,773
2000	4,977	1,717	2,567	15,083	13,352
2001	4,987	1,776	2,524	15,497	13,811
2002	5,151	1,839	2,499	15,899	14,847
2003	5,165	1,848	2,639	15,744	15,313
2004	5,172	1,844	2,769	15,221	15,530
2005	5,082	1,844	2,758	15,364	15,508
2006	4,796	1,871	2,707	13,728	14,384
2007	4,862	1,951	2,753	14,141	14,194

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

NOTES: Beginning fiscal year 1998, capitated premiums for Medicaid eligibles enrolled in managed care plans were included in this series. Dollar amounts are adjusted using a personal consumption expenditure index for medical services, U.S. Department of Commerce, Bureau of Economic Analysis, expressed in fiscal year 2007 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 1975-2007**

Year	Total <sup>1</sup>	Inpatient		Nursing		Outpatient	Home	Prescribed
		Hospital	ICF/MR	Facility <sup>2</sup>	Physician	Hospital	Health <sup>3</sup>	Drugs
1975	\$556	\$983	\$5,538	\$3,292	\$81	\$50	\$204	\$58
1976	618	1,100	7,135	3,442	88	65	420	63
1977	711	1,211	8,530	3,819	94	102	485	66
1978	819	1,320	11,486	4,517	99	97	558	71
1979	951	1,568	13,022	5,198	108	110	734	84
1980	1,079	1,742	16,439	5,654	136	113	846	96
1981	1,238	1,943	19,812	6,226	146	141	1,065	108
1982	1,361	2,172	23,312	7,104	150	146	1,313	118
1983	1,503	2,384	27,006	7,317	155	156	1,416	129
1984	1,569	2,552	30,170	7,847	156	164	1,768	141
1985	1,719	2,753	32,238	8,427	163	178	2,092	166
1986	1,821	2,924	35,089	8,887	171	185	2,278	183
1987	1,949	3,000	37,490	9,322	181	203	2,777	198
1988	2,126	3,151	41,413	9,880	193	229	3,542	215
1989	2,318	3,251	44,999	10,696	217	250	4,225	232
1990	2,568	3,630	50,048	12,108	235	269	4,733	256
1991	2,752	3,959	52,791	13,893	259	305	5,070	277
1992	2,937	4,091	56,636	14,969	282	349	5,279	308
1993	3,042	4,366	59,156	15,798	293	378	5,250	333
1994	3,089	4,463	52,497	16,531	296	383	5,446	363
1995	3,311	4,735	68,613	17,424	309	397	5,740	413
1996	3,369	4,696	68,232	18,589	317	409	6,293	474
1997	3,568	4,877	72,033	19,029	333	453	6,575	571
1998	3,548	5,021	74,960	19,379	327	474	2,206	699
1999	3,819	4,943	76,443	20,568	357	491	3,571	837
2000	3,936	4,919	79,330	20,220	356	533	3,135	975
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
2007	4,862	7,191	113,735	28,282	457	695	5,334	926

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 1975-2007**

Year	Total <sup>1</sup>	Inpatient		Nursing		Outpatient	Home	Prescribed
		Hospital	ICF/MR	Facility <sup>2</sup>	Physician	Hospital	Health <sup>3</sup>	Drugs
(Constant 2007 Dollars)								
1975	\$3,344	\$5,912	\$33,306	\$19,798	\$487	\$301	\$1,227	\$349
1976	3,319	5,908	38,319	18,486	473	349	2,256	338
1977	3,484	5,934	41,799	18,714	461	500	2,377	323
1978	3,687	5,942	51,702	20,332	446	437	2,512	320
1979	3,947	6,507	54,041	21,571	448	456	3,046	349
1980	4,089	6,602	62,302	21,428	515	428	3,206	364
1981	4,197	6,587	67,165	21,107	495	478	3,610	366
1982	4,139	6,605	70,895	21,604	456	444	3,993	359
1983	4,211	6,679	75,660	20,499	434	437	3,967	361
1984	4,078	6,632	78,406	20,393	405	426	4,595	366
1985	4,231	6,776	79,346	20,741	401	438	5,149	409
1986	4,318	6,933	83,202	21,073	405	439	5,402	434
1987	4,450	6,849	85,595	21,283	413	463	6,340	452
1988	4,545	6,736	88,527	21,120	413	490	7,572	460
1989	4,572	6,412	88,753	21,096	428	493	8,333	458
1990	4,704	6,649	91,667	22,177	431	492	8,669	468
1991	4,737	6,815	90,876	23,916	445	525	8,727	477
1992	4,796	6,680	92,475	24,441	460	570	8,620	503
1993	4,731	6,791	92,007	24,571	456	588	8,165	518
1994	4,614	6,666	78,411	24,691	442	572	8,134	542
1995	4,757	6,803	98,574	25,032	444	570	8,246	593
1996	4,708	6,563	95,358	25,979	443	572	8,795	662
1997	4,861	6,644	98,138	25,925	453	617	8,958	778
1998	4,719	6,679	99,710	25,777	435	630	2,934	930
1999	4,962	6,422	99,315	26,722	464	638	4,640	1,087
2000	4,977	6,220	100,310	25,567	450	674	3,964	1,233
2001	4,987	6,501	101,564	26,778	454	669	4,243	1,321
2002	5,151	6,869	108,998	26,570	450	680	4,390	1,387
2003	5,165	6,961	109,683	27,490	464	687	4,282	1,488
2004	5,172	7,103	108,481	27,136	470	713	4,398	1,582
2005	5,082	6,829	114,299	27,841	498	657	4,794	1,611
2006	4,796	5,978	114,138	27,438	470	663	5,151	1,065
2007	4,862	7,191	113,735	28,282	457	695	5,334	926

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

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

<sup>3</sup>Trend in average payment per beneficiary (person served) for home health care are not strictly comparable to 1997 and prior 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 2007 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 1975-2007**

Year	Total <sup>1</sup>	Inpatient		Nursing		Outpatient	Home	Prescribed
		Hospital	ICF/MR	Facility	Physician	Hospital	Health <sup>3</sup>	Drugs
1975	\$228	\$895	(2)	(2)	\$60	\$40	\$143	\$23
1976	245	1,007	(2)	(2)	64	54	231	21
1977	270	1,128	(2)	(2)	66	86	281	21
1978	293	1,232	(2)	(2)	70	83	168	22
1979	317	1,413	(2)	(2)	73	88	180	25
1980	335	1,509	(2)	(2)	87	90	105	28
1981	366	1,671	(2)	(2)	90	115	94	29
1982	363	1,838	(2)	(2)	93	116	131	31
1983	402	2,009	(2)	(2)	97	126	251	33
1984	411	2,186	(2)	(2)	101	128	284	36
1985	452	2,347	(2)	(2)	104	135	339	39
1986	512	2,611	(2)	(2)	105	148	345	50
1987	542	2,530	(2)	(2)	118	145	373	47
1988	583	2,711	(2)	(2)	126	156	501	49
1989	668	2,874	(2)	(2)	138	170	639	53
1990	811	3,287	(2)	(2)	154	191	736	61
1991	902	3,653	(2)	(2)	170	217	908	69
1992	971	3,310	(2)	(2)	187	243	968	80
1993	1,013	3,647	(2)	(2)	195	252	1,032	88
1994	1,006	3,588	(2)	(2)	197	252	1,010	95
1995	1,047	3,819	(2)	(2)	200	252	1,589	104
1996	1,048	3,627	(2)	(2)	205	246	1,855	112
1997	1,111	4,087	(2)	(2)	206	258	1,730	120
1998	1,207	4,284	(2)	(2)	209	260	704	138
1999	1,282	3,903	(2)	(2)	244	275	1,064	161
2000	1,358	3,844	(2)	(2)	246	291	788	188
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
2007	1,951	4,978	(2)	(2)	309	405	1,098	409

See footnotes at end of table.

**Table 13.13—Continued**  
**Medicaid Payments per Person Served (Beneficiary), Children, by Type of Service:**  
**Fiscal Years 1975-2007**

Year	Total <sup>1</sup>	Inpatient		Nursing		Outpatient	Home	Prescribed
		Hospital	ICF/MR	Facility	Physician	Hospital	Health <sup>3</sup>	Drugs
(Constant 2007 Dollars)								
1975	\$1,371	\$5,383	(2)	(2)	\$361	\$241	\$860	\$138
1976	1,316	5,408	(2)	(2)	344	290	1,241	113
1977	1,323	5,527	(2)	(2)	323	421	1,377	103
1978	1,319	5,546	(2)	(2)	315	374	756	99
1979	1,316	5,864	(2)	(2)	303	365	747	104
1980	1,270	5,719	(2)	(2)	330	341	398	106
1981	1,241	5,665	(2)	(2)	305	390	319	98
1982	1,104	5,590	(2)	(2)	283	353	398	94
1983	1,126	5,628	(2)	(2)	272	353	703	92
1984	1,068	5,681	(2)	(2)	262	333	738	94
1985	1,112	5,777	(2)	(2)	256	332	834	96
1986	1,214	6,191	(2)	(2)	249	351	818	119
1987	1,237	5,776	(2)	(2)	269	331	852	107
1988	1,246	5,795	(2)	(2)	269	333	1,071	105
1989	1,318	5,668	(2)	(2)	272	335	1,260	105
1990	1,486	6,021	(2)	(2)	283	351	1,348	112
1991	1,553	6,288	(2)	(2)	293	373	1,563	118
1992	1,585	5,405	(2)	(2)	305	397	1,581	131
1993	1,576	5,672	(2)	(2)	303	392	1,605	137
1994	1,503	5,359	(2)	(2)	294	376	1,509	142
1995	1,504	5,487	(2)	(2)	287	362	2,283	149
1996	1,465	5,069	(2)	(2)	286	344	2,592	157
1997	1,514	5,568	(2)	(2)	280	352	2,356	164
1998	1,606	5,698	(2)	(2)	279	345	937	184
1999	1,666	5,071	(2)	(2)	318	357	1,383	209
2000	1,717	4,860	(2)	(2)	311	368	996	238
2001	1,776	4,892	(2)	(2)	322	378	971	274
2002	1,839	5,124	(2)	(2)	322	383	1,041	307
2003	1,848	5,024	(2)	(2)	328	390	981	343
2004	1,844	4,823	(2)	(2)	328	402	993	370
2005	1,844	4,764	(2)	(2)	334	384	1,024	381
2006	1,871	4,123	(2)	(2)	321	392	1,078	383
2007	1,951	4,978	(2)	(2)	309	405	1,098	409

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

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

<sup>3</sup>Trend in average payment per beneficiary (person served) for home health care are not strictly comparable to 1997 and prior 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 2007 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 1975-2007**

Year	Total <sup>1</sup>	Inpatient		Nursing		Outpatient	Home	Prescribed
		Hospital	ICF/MR	Facility	Physician	Hospital	Health <sup>3</sup>	Drugs
1975	\$455	\$1,085	(2)	(2)	\$116	\$57	\$121	\$51
1976	479	1,202	(2)	(2)	125	74	284	46
1977	545	1,302	(2)	(2)	132	118	316	50
1978	576	1,404	(2)	(2)	140	113	457	52
1979	661	1,640	(2)	(2)	152	127	765	61
1980	663	1,673	(2)	(2)	183	126	252	66
1981	725	1,833	(2)	(2)	193	157	303	69
1982	764	2,046	(2)	(2)	197	162	352	74
1983	802	2,146	(2)	(2)	198	170	402	78
1984	789	2,229	(2)	(2)	197	172	411	83
1985	860	2,354	(2)	(2)	213	183	483	96
1986	864	2,237	(2)	(2)	237	175	433	102
1987	999	2,487	(2)	(2)	250	207	459	117
1988	1,069	2,542	(2)	(2)	272	232	570	122
1989	1,206	2,582	(2)	(2)	305	249	622	129
1990	1,429	2,889	(2)	(2)	349	279	709	141
1991	1,555	3,012	(2)	(2)	389	319	569	148
1992	1,762	3,247	(2)	(2)	417	377	789	161
1993	1,813	3,393	(2)	(2)	423	405	765	170
1994	1,791	3,450	(2)	(2)	420	404	633	179
1995	1,777	3,461	(2)	(2)	424	403	568	189
1996	1,722	3,456	(2)	(2)	429	398	540	197
1997	1,809	3,654	(2)	(2)	488	425	594	226
1998	1,883	3,702	(2)	(2)	457	442	509	261
1999	2,104	3,808	(2)	(2)	508	489	718	335
2000	2,030	3,759	(2)	(2)	474	516	641	364
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
2007	2,753	4,707	(2)	(2)	539	721	641	592

See footnotes at end of table.

**Table 13.14—Continued**  
**Medicaid Payments per Person Served (Beneficiary), Adults, by Type of Service:**  
**Fiscal Years 1975-2007**

Year	Total <sup>1</sup>	Inpatient		Nursing		Outpatient	Home	Prescribed
		Hospital	ICF/MR	Facility	Physician	Hospital	Health <sup>3</sup>	Drugs
(Constant 2007 Dollars)								
1975	\$2,736	\$6,525	(2)	(2)	\$698	\$343	\$728	\$307
1976	2,573	6,455	(2)	(2)	671	397	1,525	247
1977	2,671	6,380	(2)	(2)	647	578	1,548	245
1978	2,593	6,320	(2)	(2)	630	509	2,057	234
1979	2,743	6,806	(2)	(2)	631	527	3,175	253
1980	2,513	6,340	(2)	(2)	694	478	955	250
1981	2,458	6,214	(2)	(2)	654	532	1,027	234
1982	2,323	6,222	(2)	(2)	599	493	1,070	225
1983	2,247	6,012	(2)	(2)	555	476	1,126	219
1984	2,050	5,793	(2)	(2)	512	447	1,068	216
1985	2,117	5,794	(2)	(2)	524	450	1,189	236
1986	2,049	5,304	(2)	(2)	562	415	1,027	242
1987	2,281	5,678	(2)	(2)	571	473	1,048	267
1988	2,285	5,434	(2)	(2)	581	496	1,218	261
1989	2,379	5,093	(2)	(2)	602	491	1,227	254
1990	2,618	5,292	(2)	(2)	639	510	1,298	258
1991	2,676	5,184	(2)	(2)	670	549	980	254
1992	2,877	5,302	(2)	(2)	681	616	1,288	263
1993	2,820	5,277	(2)	(2)	658	630	1,190	264
1994	2,675	5,153	(2)	(2)	627	603	945	267
1995	2,553	4,972	(2)	(2)	609	579	816	272
1996	2,407	4,830	(2)	(2)	600	556	755	275
1997	2,465	4,978	(2)	(2)	665	579	809	308
1998	2,504	4,924	(2)	(2)	608	587	677	347
1999	2,733	4,947	(2)	(2)	660	635	933	436
2000	2,567	4,754	(2)	(2)	599	653	811	461
2001	2,524	4,834	(2)	(2)	583	666	977	502
2002	2,499	5,064	(2)	(2)	544	680	746	540
2003	2,639	4,998	(2)	(2)	589	711	669	642
2004	2,769	4,878	(2)	(2)	597	751	713	692
2005	2,758	4,645	(2)	(2)	660	697	643	670
2006	2,707	4,035	(2)	(2)	584	693	689	593
2007	2,753	4,707	(2)	(2)	539	721	641	592

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

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

<sup>3</sup>Trend in average payment per beneficiary (person served) for home health care are not strictly comparable to 1997 and prior 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 2007 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 1975-2007**

Year	Total <sup>1</sup>	Inpatient		Nursing		Outpatient	Home	Prescribed
		Hospital	ICF/MR	Facility <sup>2</sup>	Physician	Hospital	Health <sup>3</sup>	Drugs
1975	\$1,205	\$271	\$6,925	\$3,250	\$59	\$35	\$238	\$111
1976	1,359	310	8,951	3,328	65	42	493	134
1977	1,512	364	7,482	3,679	71	53	535	144
1978	1,869	446	9,700	4,350	78	48	801	158
1979	2,094	569	9,804	4,972	83	67	1,387	179
1980	2,540	970	16,346	5,742	101	74	1,873	198
1981	2,948	1,115	19,247	6,137	118	91	2,624	230
1982	3,315	1,241	11,464	6,945	115	101	2,944	249
1983	3,545	1,682	20,348	6,942	114	97	1,829	274
1984	3,957	1,778	23,343	7,430	119	105	2,263	312
1985	4,605	1,990	26,926	8,035	122	131	2,731	368
1986	4,808	2,228	32,328	8,487	119	142	3,015	394
1987	4,975	1,898	39,854	8,862	111	159	3,551	432
1988	5,425	1,937	45,601	9,309	116	175	4,344	474
1989	5,926	1,754	51,265	10,236	137	192	5,452	519
1990	6,717	1,865	52,943	11,776	139	206	6,013	581
1991	7,617	2,151	56,032	13,540	157	243	6,749	668
1992	7,759	2,152	43,083	14,630	169	260	6,944	763
1993	8,168	2,225	60,901	15,467	190	304	6,659	826
1994	8,332	2,180	53,983	16,209	203	320	6,742	880
1995	8,868	2,397	51,657	17,183	224	343	6,220	960
1996	8,622	2,303	56,902	18,377	245	376	6,631	1,037
1997	9,540	2,444	63,949	19,022	279	411	6,323	1,174
1998	10,243	2,544	81,337	19,639	270	436	2,199	1,343
1999	11,268	2,385	81,506	21,966	260	455	3,359	1,573
2000	11,929	2,303	83,250	22,477	268	504	3,140	1,853
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
2007	14,141	2,972	115,600	31,771	274	487	5,958	442

See footnotes at end of table.

**Table 13.15—Continued**  
**Medicaid Payments per Person Served (Beneficiary), Aged, by Type of Service:**  
**Fiscal Years 1975-2007**

Year	Total <sup>1</sup>	Inpatient		Nursing		Outpatient	Home	Prescribed
		Hospital	ICF/MR	Facility <sup>2</sup>	Physician	Hospital	Health <sup>3</sup>	Drugs
				(Constant 2007 Dollars)				
1975	\$7,247	\$1,630	\$41,647	\$19,546	\$355	\$210	\$1,431	\$668
1976	7,299	1,665	48,072	17,873	349	226	2,648	720
1977	7,409	1,784	36,664	18,028	348	260	2,622	706
1978	8,413	2,008	43,662	19,581	351	216	3,606	711
1979	8,690	2,361	40,686	20,634	344	278	5,756	743
1980	9,626	3,676	61,949	21,761	383	280	7,098	750
1981	9,994	3,780	65,249	20,805	400	308	8,896	780
1982	10,081	3,774	34,864	21,121	350	307	8,953	757
1983	9,932	4,712	57,007	19,449	319	272	5,124	768
1984	10,283	4,621	60,664	19,309	309	273	5,881	811
1985	11,334	4,898	66,272	19,776	300	322	6,722	906
1986	11,401	5,283	76,655	20,124	282	337	7,149	934
1987	11,359	4,333	90,992	20,233	253	363	8,107	986
1988	11,597	4,141	97,479	19,899	248	374	9,286	1,013
1989	11,688	3,459	101,112	20,189	270	379	10,753	1,024
1990	12,302	3,415	96,969	21,569	255	377	11,013	1,065
1991	13,112	3,703	96,455	23,308	271	418	11,618	1,151
1992	12,669	3,514	70,346	23,888	276	425	11,338	1,246
1993	12,704	3,461	94,721	24,056	296	473	10,357	1,285
1994	12,445	3,256	80,631	24,210	303	478	10,070	1,314
1995	12,740	3,444	74,214	24,686	322	493	8,936	1,379
1996	12,050	3,219	79,523	25,683	342	525	9,267	1,449
1997	12,997	3,330	87,124	25,916	380	560	8,614	1,599
1998	13,626	3,384	108,193	26,123	359	579	2,924	1,786
1999	14,640	3,098	105,893	28,539	337	592	4,364	2,044
2000	15,083	2,913	105,266	28,421	338	637	3,971	2,343
2001	15,497	3,019	105,846	29,717	315	547	4,251	2,537
2002	15,899	3,213	112,357	30,509	310	536	4,750	2,704
2003	15,744	3,368	112,137	30,776	295	516	4,312	2,894
2004	15,221	3,242	112,486	30,519	280	556	4,524	3,019
2005	15,364	2,723	117,664	31,518	293	475	4,720	3,141
2006	13,728	2,796	114,596	31,730	269	438	5,454	1,216
2007	14,141	2,972	115,600	31,771	274	487	5,958	442

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

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

<sup>3</sup>Trend in average payment per beneficiary (person served) for home health care are not strictly comparable to 1997 and prior 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 2007 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 1975-2007**

Year	Total <sup>1</sup>	Inpatient		Nursing		Outpatient	Home	Prescribed
		Hospital	ICF/MR	Facility <sup>2</sup>	Physician	Hospital	Health <sup>3</sup>	Drugs
1975	\$1,276	\$1,977	\$5,186	\$3,447	\$147	\$92	\$276	\$115
1976	1,469	2,072	6,940	3,882	158	114	492	135
1977	1,743	2,214	8,684	4,417	173	170	600	146
1978	2,068	2,392	11,926	5,167	183	165	893	157
1979	2,500	2,734	13,719	5,893	200	186	1,488	179
1980	2,619	2,948	16,653	5,105	234	217	652	193
1981	3,071	3,254	19,452	5,743	255	249	828	225
1982	3,600	3,672	23,065	6,732	252	272	966	246
1983	3,891	3,934	25,501	7,571	264	273	1,348	278
1984	4,112	4,196	29,353	8,530	262	315	1,813	312
1985	4,459	4,525	31,726	9,297	272	343	2,303	374
1986	4,687	4,841	34,462	10,073	277	361	2,592	418
1987	4,974	5,259	36,753	10,555	291	400	2,975	447
1988	5,332	5,502	40,910	11,370	309	453	3,768	488
1989	5,817	5,700	44,466	12,554	344	503	4,453	534
1990	6,564	6,717	50,242	14,202	366	524	5,252	617
1991	7,005	7,426	52,670	16,195	406	597	5,627	700
1992	7,578	8,314	57,775	17,548	452	658	6,159	800
1993	7,706	8,524	59,188	18,469	462	716	6,446	867
1994	7,750	8,831	52,747	19,132	465	709	7,212	936
1995	8,435	9,318	71,588	19,813	481	740	7,957	1,049
1996	8,369	9,026	69,740	20,734	491	761	9,172	1,166
1997	8,832	8,572	73,672	21,035	502	802	9,434	1,379
1998	9,096	8,519	75,819	20,864	481	828	3,211	1,625
1999	9,832	8,452	77,367	25,974	526	858	5,398	1,944
2000	10,559	8,479	80,194	26,555	534	926	5,054	2,314
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
2007	14,194	12,235	116,509	33,474	730	1,143	7,920	2,615

See footnotes at end of table.

**Table 13.16—Continued**  
**Medicaid Payments per Person Served (Beneficiary), Disabled, by Type of Service:**  
**Fiscal Years 1975-2007**

Year	Total <sup>1</sup>	Inpatient		Nursing		Outpatient	Home	Prescribed
		Hospital	ICF/MR	Facility <sup>2</sup>	Physician	Hospital	Health <sup>3</sup>	Drugs
				(Constant 2007 Dollars)				
1975	\$7,674	\$11,890	\$31,189	\$20,730	\$884	\$553	\$1,660	\$692
1976	7,889	11,128	37,272	20,849	849	612	2,642	725
1977	8,541	10,849	42,554	21,644	848	833	2,940	715
1978	9,309	10,767	53,682	23,258	824	743	4,020	707
1979	10,375	11,346	56,933	24,456	830	772	6,175	743
1980	9,926	11,173	63,113	19,347	887	822	2,471	731
1981	10,411	11,031	65,944	19,469	864	844	2,807	763
1982	10,948	11,167	70,144	20,473	766	827	2,938	748
1983	10,901	11,022	71,444	21,211	740	765	3,777	779
1984	10,686	10,905	76,283	22,168	681	819	4,712	811
1985	10,975	11,137	78,086	22,882	669	844	5,668	921
1986	11,114	11,479	81,715	23,885	657	856	6,146	991
1987	11,356	12,007	83,912	24,098	664	913	6,792	1,021
1988	11,398	11,761	87,451	24,305	661	968	8,055	1,043
1989	11,473	11,242	87,702	24,761	678	992	8,783	1,053
1990	12,022	12,302	92,023	26,012	670	960	9,620	1,130
1991	12,058	12,782	90,668	27,878	698	1,028	9,687	1,204
1992	12,373	13,575	94,335	28,652	738	1,074	10,056	1,306
1993	11,985	13,258	92,057	28,725	719	1,114	10,026	1,348
1994	11,576	13,190	78,785	28,576	695	1,059	10,772	1,398
1995	12,118	13,387	102,848	28,465	691	1,063	11,432	1,507
1996	11,696	12,614	97,465	28,977	686	1,064	12,818	1,630
1997	12,032	11,679	100,371	28,658	684	1,093	12,853	1,879
1998	12,099	11,331	100,853	27,753	640	1,101	4,271	2,162
1999	12,773	10,981	100,515	33,745	684	1,115	7,014	2,525
2000	13,352	10,722	101,402	33,577	676	1,171	6,390	2,926
2001	13,811	11,066	103,292	34,412	690	1,151	6,816	3,192
2002	14,847	11,252	110,428	33,044	706	1,176	6,799	3,393
2003	15,313	11,339	112,222	33,495	720	1,183	7,022	3,689
2004	15,530	11,553	112,645	32,989	733	1,226	6,866	3,977
2005	15,508	11,553	117,013	33,133	801	1,133	7,599	4,048
2006	14,384	11,307	117,466	33,090	749	1,138	7,804	2,739
2007	14,194	12,235	116,509	33,474	730	1,143	7,920	2,615

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

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

<sup>3</sup>Trend in average payment per beneficiary (person served) for home health care are not strictly comparable to 1997 and prior 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 2007 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 13.17**

**Medicaid Payments, All Eligibility Groups, by Type of Service: Fiscal Years 1975-2007**

Year	Total <sup>1</sup>	Inpatient		Nursing		Outpatient	Home	Prescribed	
		Hospital	ICF/MR	Facility <sup>2</sup>	Physician	Hospital	Health	Drugs	Other
Amount in Millions									
1975	\$12,242	\$3,374	\$380	\$4,319	\$1,225	\$373	\$70	\$815	\$1,686
1976	14,091	3,905	634	4,685	1,369	555	134	940	1,869
1977	16,239	4,562	917	5,328	1,505	877	180	1,018	1,852
1978	17,992	4,992	1,192	6,229	1,554	835	210	1,082	1,898
1979	20,472	5,655	1,488	7,152	1,635	847	263	1,196	2,236
1980	23,311	6,412	1,989	7,887	1,875	1,101	332	1,318	2,397
1981	27,204	7,194	2,996	8,542	2,101	1,409	428	1,535	2,999
1982	29,399	7,670	3,467	9,406	2,086	1,438	496	1,599	3,237
1983	32,391	8,813	4,079	10,002	2,175	1,574	597	1,771	3,380
1984	33,891	8,848	4,256	10,633	2,220	1,646	774	1,968	3,546
1985	37,508	9,453	4,731	11,587	2,346	1,789	1,120	2,315	4,167
1986	41,005	10,364	5,072	12,433	2,547	1,980	1,352	2,692	4,565
1987	45,050	11,302	5,591	13,247	2,776	2,226	1,690	2,988	5,230
1988	48,710	12,076	6,022	14,277	2,953	2,413	2,015	3,294	5,660
1989	54,500	13,378	6,649	15,531	3,408	2,837	2,572	3,689	6,436
1990	64,859	16,674	7,354	17,693	4,018	3,324	3,404	4,420	7,971
1991	76,964	19,851	7,680	20,699	4,946	4,280	4,101	5,424	9,983
1992	91,480	23,686	8,552	23,547	6,122	5,296	4,888	6,790	12,599
1993	101,709	25,734	8,831	25,431	6,952	6,215	5,601	7,970	14,975
1994	108,270	26,180	8,347	27,095	7,189	6,342	7,042	8,875	17,200
1995	120,141	26,331	10,383	29,052	7,360	6,627	9,406	9,791	21,191
1996	121,685	25,176	9,555	29,630	7,238	6,504	10,868	10,697	22,017
1997	124,430	23,143	9,798	30,504	7,041	6,169	12,237	11,972	23,566
1998	142,260	21,441	9,482	31,892	6,070	5,759	2,702	13,522	51,392
1999	153,479	22,230	9,332	33,251	6,556	6,094	2,906	16,612	56,498
2000	168,307	24,266	9,375	34,432	6,806	7,053	3,119	20,014	63,242
2001	186,905	26,083	9,702	37,306	7,500	7,570	3,514	23,839	71,391
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
2007	276,246	36,919	11,778	46,523	10,075	10,358	6,348	22,160	132,085

See footnotes at end of table.

**Table 13.17—Continued**

**Medicaid Payments, All Eligibility Groups, by Type of Service: Fiscal Years 1975-2007**

Year	Total <sup>1</sup>	Inpatient		Nursing		Outpatient	Home	Prescribed	Other
		Hospital	ICF/MR	Facility <sup>2</sup>	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
2007	100.0	13.4	4.3	16.8	3.6	3.7	2.3	8.0	47.8

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

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

NOTES: Beginning fiscal year 1998, capitated premiums for Medicaid eligibles enrolled in managed care plans were included in this series as a component of the other and of the total payment categories (\$48.7 billion for premiums in 2006 and \$58.5 billion in 2007). 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 1975-2007**

Year	Total <sup>1</sup>	Inpatient		Nursing		Outpatient	Home	Prescribed	Other
		Hospital	ICF/MR	Facility <sup>2</sup>	Physician	Hospital	Health	Drugs	
Amount in Millions									
1975	\$2,186	\$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
2007	53,716	6,910	51	63	2,901	2,293	264	4,502	36,733

See footnotes at end of table.

**Table 13.18—Continued**

**Medicaid Payments, Children, by Type of Service: Fiscal Years 1975-2007**

Year	Total <sup>1</sup>	Inpatient		Nursing		Outpatient	Home	Prescribed	Other
		Hospital	ICF/MR	Facility <sup>2</sup>	Physician	Hospital	Health	Drugs	
Percent									
1975	100.0	40.3	0.8	1.1	18.2	6.5	0.4	5.8	26.9
1976	100.0	41.6	0.5	0.8	18.2	9.0	0.5	5.2	24.2
1977	100.0	44.0	0.6	0.6	17.5	13.3	0.7	4.8	18.5
1978	100.0	45.9	0.5	0.5	17.1	12.1	0.9	4.9	18.2
1979	100.0	46.3	0.8	0.5	16.4	10.7	1.1	4.9	19.3
1980	100.0	47.3	0.7	0.8	16.9	12.2	0.3	5.0	16.9
1981	100.0	45.5	0.4	0.1	16.7	14.1	0.3	4.9	18.1
1982	100.0	45.9	0.3	0.3	16.5	13.9	0.3	4.9	18.1
1983	100.0	46.2	0.2	0.1	15.4	13.6	0.3	4.8	19.4
1984	100.0	46.4	0.3	0.1	16.1	13.5	0.3	5.1	18.3
1985	100.0	45.9	0.3	0.1	14.7	13.0	0.5	4.9	20.5
1986	100.0	47.0	0.3	0.3	13.3	12.8	0.5	5.8	20.1
1987	100.0	46.2	0.7	0.3	14.3	11.9	0.4	5.2	21.0
1988	100.0	46.5	0.2	0.1	14.2	11.5	0.4	5.1	21.9
1989	100.0	47.4	0.3	0.1	13.8	11.5	0.6	5.0	21.4
1990	100.0	48.6	0.5	(3)	13.0	11.0	0.6	4.9	21.3
1991	100.0	46.3	0.3	0.2	13.1	11.5	0.8	5.1	22.7
1992	100.0	44.7	0.3	0.1	13.2	11.8	0.8	5.5	23.7
1993	100.0	42.1	0.3	0.2	13.4	11.7	0.9	5.8	25.6
1994	100.0	39.9	0.3	0.1	13.1	11.1	1.2	6.1	28.1
1995	100.0	36.6	0.3	0.2	12.3	10.4	2.3	6.2	31.8
1996	100.0	33.6	0.1	0.2	12.0	9.5	3.5	6.4	34.7
1997	100.0	31.8	0.2	0.3	11.0	8.1	3.0	6.3	39.4
1998	100.0	22.4	0.3	0.4	7.2	5.4	0.6	4.9	58.7
1999	100.0	18.6	0.1	0.2	7.7	5.3	0.6	5.4	62.1
2000	100.0	18.3	0.1	0.2	7.2	5.4	0.6	5.8	62.4
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
2007	100.0	12.9	0.1	0.1	5.4	4.3	0.5	8.4	68.4

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

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

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

NOTES: Beginning fiscal year 1998, capitated premiums for Medicaid eligibles enrolled in managed care plans were included in this series as a component of the other and of the total payment categories. Trends in home health agency program expenditures are not strictly comparable to 1997 and prior 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 1975-2007**

Year	Total <sup>1</sup>	Inpatient		Nursing		Outpatient	Home	Prescribed	Other
		Hospital	ICF/MR	Facility <sup>2</sup>	Physician	Hospital	Health	Drugs	
Amount in Millions									
1975	\$2,062	\$1,009	(3)	\$9	\$392	\$109	\$6	\$160	\$377
1976	2,288	1,153	\$4	8	429	157	9	154	374
1977	2,606	1,294	4	5	473	257	11	171	391
1978	2,673	1,369	1	5	484	244	13	181	376
1979	3,021	1,591	3	5	518	252	21	200	431
1980	3,231	1,672	8	27	587	314	10	208	405
1981	3,763	1,897	2	5	674	418	12	243	512
1982	4,093	2,117	4	5	701	446	13	258	549
1983	4,487	2,314	11	5	730	495	14	286	632
1984	4,420	2,243	8	8	727	496	15	303	620
1985	4,746	2,330	9	7	775	537	22	342	724
1986	4,880	2,271	2	9	877	534	26	374	787
1987	5,592	2,654	2	39	926	635	21	427	888
1988	5,883	2,771	5	23	991	671	21	443	958
1989	6,897	3,219	3	127	1,186	795	26	494	1,047
1990	8,590	4,209	8	23	1,453	977	34	571	1,314
1991	10,241	4,886	5	27	1,782	1,268	44	680	1,728
1992	12,403	5,555	14	46	2,150	1,532	56	817	2,233
1993	13,605	5,943	10	40	2,334	1,734	67	920	2,557
1994	13,585	5,768	2	24	2,290	1,674	74	961	2,792
1995	13,511	5,544	4	39	2,162	1,652	79	939	3,092
1996	12,275	4,944	2	17	1,932	1,438	75	854	3,013
1997	12,307	4,558	6	39	1,890	1,299	84	881	3,550
1998	14,865	4,201	37	105	1,533	1,183	61	917	6,828
1999	15,801	4,319	10	31	1,578	1,258	62	1,189	7,354
2000	17,763	4,767	5	33	1,697	1,443	65	1,444	8,309
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
2007	34,153	6,922	8	70	2,415	2,417	57	3,207	19,058

See footnotes at end of table.

**Table 13.19—Continued**  
**Medicaid Payments, Adults, by Type of Service: Fiscal Years 1975-2007**

Year	Total <sup>1</sup>	Inpatient		Nursing		Outpatient	Home	Prescribed	Other
		Hospital	ICF/MR	Facility <sup>2</sup>	Physician	Hospital	Health	Drugs	
Percent									
1975	100.0	48.9	(4)	0.4	19.0	5.3	0.3	7.8	18.3
1976	100.0	50.4	0.2	0.3	18.8	6.9	0.4	6.7	16.3
1977	100.0	49.7	0.2	0.2	18.2	9.9	0.4	6.6	15.0
1978	100.0	51.2	(4)	0.2	18.1	9.1	0.5	6.8	14.1
1979	100.0	52.7	0.1	0.2	17.1	8.3	0.7	6.6	14.3
1980	100.0	51.7	0.2	0.8	18.2	9.7	0.3	6.4	12.5
1981	100.0	50.4	0.1	0.1	17.9	11.1	0.3	6.5	13.6
1982	100.0	51.7	0.1	0.1	17.1	10.9	0.3	6.3	13.4
1983	100.0	51.6	0.2	0.1	16.3	11.0	0.3	6.4	14.1
1984	100.0	50.7	0.2	0.2	16.4	11.2	0.3	6.9	14.0
1985	100.0	49.1	0.2	0.1	16.3	11.3	0.5	7.2	15.3
1986	100.0	46.5	(4)	0.2	18.0	10.9	0.5	7.7	16.1
1987	100.0	47.5	(4)	0.7	16.6	11.4	0.4	7.6	15.9
1988	100.0	47.1	0.1	0.4	16.8	11.4	0.4	7.5	16.3
1989	100.0	46.7	(4)	1.8	17.2	11.5	0.4	7.2	15.2
1990	100.0	49.0	0.1	0.3	16.9	11.4	0.4	6.6	15.3
1991	100.0	47.7	(4)	0.3	17.4	12.4	0.4	6.6	16.9
1992	100.0	44.8	0.1	0.4	17.3	12.4	0.5	6.6	18.0
1993	100.0	43.7	0.1	0.3	17.2	12.7	0.5	6.8	18.8
1994	100.0	42.5	(4)	0.2	16.9	12.3	0.5	7.1	20.6
1995	100.0	41.0	(4)	0.3	16.0	12.2	0.6	6.9	22.9
1996	100.0	40.3	(4)	0.1	15.7	11.7	0.6	7.0	24.5
1997	100.0	37.0	(4)	0.3	15.4	10.6	0.7	7.2	28.8
1998	100.0	28.3	0.2	0.7	10.3	8.0	0.4	6.2	45.9
1999	100.0	27.3	0.1	0.2	10.0	8.0	0.4	7.5	46.5
2000	100.0	26.8	(4)	0.2	9.6	8.1	0.4	8.1	46.8
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
2007	100.0	20.3	(4)	0.2	7.1	7.1	0.2	9.4	55.8

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

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

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

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

NOTES: Beginning fiscal year 1998, capitated premiums for Medicaid eligibles enrolled in managed care plans were included in this series as a component of the other and of the total payment categories. Trends in home health agency program expenditures are not strictly comparable to 1997 and prior 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 1975-2007**

Year	Total <sup>1</sup>	Inpatient		Nursing		Outpatient		Home	Prescribed	Other
		Hospital	ICF/MR	Facility <sup>2</sup>	Physician	Hospital	Health	Drugs		
Amount in Millions										
1975	\$4,358	\$205	\$20	\$3,325	\$133	\$25	\$27	\$297	\$326	
1976	4,910	244	18	3,594	147	34	56	364	453	
1977	5,499	300	18	4,091	166	44	72	387	421	
1978	6,308	382	29	4,755	174	44	85	410	429	
1979	7,046	454	33	5,370	184	58	78	449	420	
1980	8,739	806	199	6,288	225	67	202	519	433	
1981	9,926	941	167	6,959	259	81	267	611	641	
1982	10,739	1,006	95	7,674	247	90	310	629	688	
1983	11,954	1,482	161	8,233	257	106	378	692	645	
1984	12,815	1,396	106	8,649	255	110	451	763	1,085	
1985	14,096	1,450	175	9,409	264	105	639	883	1,171	
1986	15,097	1,603	179	10,057	264	126	766	973	1,129	
1987	16,037	1,375	226	10,687	249	145	982	1,075	1,298	
1988	17,135	1,411	216	11,618	240	161	1,143	1,186	1,160	
1989	18,558	1,263	264	12,559	272	181	1,441	1,282	1,296	
1990	21,508	1,315	372	14,536	286	194	1,733	1,507	1,566	
1991	25,444	1,634	430	17,121	343	255	2,026	1,823	1,812	
1992	29,089	1,872	517	19,589	400	311	2,250	2,190	1,960	
1993	31,554	2,023	590	21,191	489	406	2,370	2,441	2,046	
1994	33,618	1,964	585	22,660	544	454	2,663	2,651	2,097	
1995	36,527	2,050	637	24,148	617	534	2,990	2,861	2,690	
1996	36,947	2,044	564	24,388	694	628	3,049	3,078	2,502	
1997	37,721	1,931	637	24,691	791	605	3,351	3,343	2,372	
1998	40,601	1,871	692	25,529	695	585	798	3,806	6,625	
1999	42,522	1,655	742	26,578	635	585	667	4,572	7,088	
2000	44,503	1,630	708	27,058	633	667	718	5,355	7,734	
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	
2007	57,179	1,799	851	34,980	606	625	1,581	853	15,885	

See footnotes at end of table.

**Table 13.20—Continued**  
**Medicaid Payments, Aged, by Type of Service: Fiscal Years 1975-2007**

Year	Total <sup>1</sup>	Inpatient		Nursing		Outpatient	Home	Prescribed	Other
		Hospital	ICF/MR	Facility <sup>2</sup>	Physician Percent	Hospital	Health	Drugs	
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
2007	100.0	3.1	1.5	61.2	1.1	1.1	2.8	1.5	27.8

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

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

NOTES: Beginning fiscal year 1998, capitated premiums for Medicaid eligibles enrolled in managed care plans were included in this series as a component of the other and of the total payment categories. Trends in home health agency program expenditures are not strictly comparable to 1997 and prior 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 1975-2007**

Year	Total <sup>1</sup>	Inpatient		Nursing		Outpatient	Home	Prescribed	Other
		Hospital	ICF/MR	Facility <sup>2</sup>	Physician	Hospital	Health	Drugs	
Amount in Millions									
1975	\$3,145	\$1,049	\$294	\$941	\$243	\$81	\$27	\$201	\$309
1976	3,920	1,247	545	1,052	286	121	55	258	356
1977	4,883	1,498	819	1,197	342	193	76	299	459
1978	5,620	1,652	1,086	1,426	358	190	87	321	500
1979	6,882	1,957	1,402	1,703	396	208	129	372	715
1980	7,621	2,207	1,699	1,506	475	275	111	424	924
1981	9,455	2,521	2,760	1,562	529	353	140	500	1,090
1982	10,405	2,691	3,296	1,683	512	349	162	531	1,181
1983	11,367	2,943	3,838	1,749	543	369	194	599	1,132
1984	11,977	3,064	4,073	1,962	540	429	292	687	930
1985	13,452	3,293	4,477	2,157	588	484	433	855	1,165
1986	14,913	3,636	4,817	2,337	637	566	531	1,025	1,364
1987	16,817	4,213	5,282	2,491	714	679	658	1,174	1,606
1988	18,594	4,588	5,748	2,615	779	803	815	1,336	1,910
1989	20,885	5,043	6,311	2,812	892	962	1,052	1,540	2,273
1990	24,404	6,130	6,878	3,075	1,001	1,039	1,559	1,864	2,858
1991	28,251	7,352	7,181	3,500	1,205	1,312	1,917	2,297	3,487
1992	34,004	9,079	7,973	3,878	1,515	1,624	2,439	2,936	4,560
1993	38,655	10,230	8,170	4,149	1,774	2,044	2,988	3,572	5,728
1994	42,298	10,951	7,701	4,362	1,939	2,188	4,075	4,147	6,935
1995	49,418	11,421	9,680	4,798	2,104	2,451	5,860	4,794	8,310
1996	52,065	11,419	8,946	5,117	2,241	2,645	7,024	5,554	9,119
1997	54,130	10,423	8,988	5,448	2,298	2,721	8,113	6,518	9,621
1998	60,374	9,642	8,763	5,952	2,102	2,683	1,692	7,618	21,922
1999	65,850	9,868	8,522	6,400	2,256	2,831	2,023	9,457	24,493
2000	72,742	10,409	8,611	6,967	2,316	3,174	2,175	11,591	27,499
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
2007	119,617	15,604	10,816	10,860	3,669	4,527	4,420	13,487	56,235

See footnotes at end of table.

**Table 13.21—Continued**  
**Medicaid Payments, Disabled, by Type of Service: Fiscal Years 1975-2007**

Year	Total <sup>1</sup>	Inpatient		Nursing		Outpatient	Home	Prescribed	Other
		Hospital	ICF/MR	Facility <sup>2</sup>	Physician	Hospital	Health	Drugs	
Percent									
1975	100.0	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
2007	100.0	13.0	9.0	9.1	3.1	3.8	3.7	11.3	47.0

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

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

NOTES: Beginning fiscal year 1998, capitated premiums for Medicaid eligibles enrolled in managed care plans were included in this series as a component of the other and of the total payment categories. Trends in home health agency program expenditures are not strictly comparable to 1997 and prior 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 2007**

Area of Residence	Total	Aged	Disabled	Children <sup>1</sup>	Adults	Other/ Unknown
All Jurisdictions	56,820,750	4,043,618	8,427,192	27,526,869	12,405,352	4,417,719
Boston: Region I	2,504,309	247,131	454,816	1,066,015	631,088	105,259
Connecticut	518,675	50,793	60,426	267,659	112,285	27,512
Maine	300,876	26,842	49,178	118,723	96,097	10,036
Massachusetts	1,193,015	124,681	265,389	446,782	304,553	51,610
New Hampshire	126,074	11,772	18,698	75,436	16,521	3,647
Rhode Island	208,429	16,088	39,508	96,121	53,575	3,137
Vermont	157,240	16,955	21,617	61,294	48,057	9,317
New York: Region II	5,789,593	427,895	855,610	2,291,172	1,806,270	408,646
New Jersey	1,019,936	84,542	175,736	530,773	194,236	34,649
New York	4,769,657	343,353	679,874	1,760,399	1,612,034	373,997
Puerto Rico	---	---	---	---	---	---
Virgin Islands	---	---	---	---	---	---
Philadelphia: Region III	4,444,050	357,567	902,819	2,170,492	752,931	260,241
Delaware	172,666	9,062	19,723	76,802	63,492	3,587
District of Columbia	159,984	7,919	31,508	76,442	39,762	4,353
Maryland	745,883	46,484	126,139	456,987	100,287	15,986
Pennsylvania	2,181,821	189,590	485,143	928,268	374,006	204,814
Virginia	814,790	76,786	143,047	454,534	122,136	18,287
West Virginia	368,906	27,726	97,259	177,459	53,248	13,214
Atlanta: Region IV	10,899,987	764,445	1,992,841	5,532,159	1,845,108	765,434
Alabama	829,714	63,069	191,474	429,722	118,695	26,754
Florida	2,905,180	219,264	459,519	1,408,436	480,637	337,324
Georgia	1,702,785	99,819	256,802	937,090	275,428	133,646
Kentucky	867,563	53,999	220,069	404,654	128,902	59,939
Mississippi	683,100	62,079	143,342	316,289	97,165	64,225
North Carolina	1,618,599	144,929	259,003	861,216	278,975	74,476
South Carolina	848,527	64,337	140,029	449,953	175,434	18,774
Tennessee	1,444,519	56,949	322,603	724,799	289,872	50,296

See footnotes at end of table.

**Table 13.22—Continued**

**Medicaid Persons Served (Beneficiaries), by Basis of Eligibility and Area of Residence: Fiscal Year 2007**

Area of Residence	Total	Aged	Disabled	Children <sup>1</sup>	Adults	Other/ Unknown
Chicago: Region V	8,840,595	607,819	1,307,280	4,688,415	1,840,071	397,010
Illinois	2,178,494	111,148	305,562	1,247,954	413,496	100,334
Indiana	986,229	63,929	134,688	587,720	170,863	29,029
Michigan	1,906,764	116,942	288,755	992,711	355,683	152,673
Minnesota	741,193	64,169	105,981	362,539	175,858	32,646
Ohio	2,061,230	144,313	321,245	1,086,516	450,560	58,596
Wisconsin	966,685	107,318	151,049	410,975	273,611	23,732
Dallas: Region VI	7,172,324	464,766	882,387	4,305,257	951,859	568,055
Arkansas	922,904	55,434	114,245	425,995	98,647	228,583
Louisiana	1,151,767	77,652	169,554	603,968	146,000	154,593
New Mexico	491,758	22,279	61,731	287,237	95,914	24,597
Oklahoma	746,202	53,939	95,581	463,558	113,871	19,253
Texas	3,859,693	255,462	441,276	2,524,499	497,427	141,029
Kansas City: Region VII	2,073,747	173,012	332,949	1,114,165	356,631	96,990
Iowa	443,105	35,668	68,469	216,034	98,755	24,179
Kansas	340,483	29,116	57,266	186,648	50,326	17,127
Missouri	1,043,506	87,560	175,050	565,322	168,326	47,248
Nebraska	246,653	20,668	32,164	146,161	39,224	8,436
Denver: Region VIII	1,244,854	86,803	162,527	655,900	220,636	118,988
Colorado	616,378	45,858	76,220	317,342	91,280	85,678
Montana	111,995	8,015	17,622	56,531	19,946	9,881
North Dakota	71,464	7,529	9,566	34,240	13,888	6,241
South Dakota	132,986	10,279	18,679	80,337	20,474	3,217
Utah	242,650	10,828	31,952	124,116	65,035	10,719
Wyoming	69,381	4,294	8,488	43,334	10,013	3,252
See footnotes at end of table.						

**Table 13.22—Continued**

**Medicaid Persons Served (Beneficiaries), by Basis of Eligibility and Area of Residence: Fiscal Year 2007**

Area of Residence	Total	Aged	Disabled	Children <sup>1</sup>	Adults	Other/ Unknown
San Francisco: Region IX	11,883,958	779,385	1,252,104	4,662,169	3,618,802	1,571,498
Arizona	1,020,773	27,161	99,641	632,470	249,791	11,710
California	10,386,032	715,801	1,095,359	3,788,966	3,252,959	1,532,947
Hawaii	223,687	19,163	23,440	107,635	69,420	4,029
Nevada	253,466	17,260	33,664	133,098	46,632	22,812
Seattle: Region X	1,967,333	134,795	283,859	1,041,125	381,956	125,598
Alaska	120,314	6,763	14,704	65,111	23,667	10,069
Idaho	218,137	12,997	32,820	136,705	26,322	9,293
Oregon	476,196	40,478	75,254	248,498	101,906	10,060
Washington	1,152,686	74,557	161,081	590,811	230,061	96,176

<sup>1</sup>Includes non-disabled children and foster care children.

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

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

**Table 13.23**

**Medicaid Payments, by Basis of Eligibility and Area of Residence: Fiscal Year 2007**

Area of Residence	Total	Aged	Disabled	Children <sup>1</sup>	Adults	Other/ Unknown
All Jurisdictions	\$276,246,429,453	\$57,179,292,164	\$119,616,515,997	\$53,716,279,932	\$34,153,220,739	\$11,581,120,621
Boston: Region I	17,197,400,574	4,784,572,995	7,194,303,748	3,213,011,018	1,875,066,061	130,446,752
Connecticut	3,975,529,032	1,425,137,551	1,503,252,403	709,699,472	317,922,205	19,517,401
Maine	1,351,725,944	315,094,914	591,804,994	264,719,176	165,134,385	14,972,475
Massachusetts	8,384,192,285	2,270,446,242	3,559,229,361	1,482,688,319	994,603,387	77,224,976
New Hampshire	1,041,648,239	254,547,744	422,018,898	286,723,434	75,301,960	3,056,203
Rhode Island	1,632,060,521	357,242,414	801,334,142	293,803,686	174,532,662	5,147,617
Vermont	812,244,553	162,104,130	316,663,950	175,376,931	147,571,462	10,528,080
New York: Region II	47,344,791,649	11,341,476,611	22,295,452,851	5,510,104,961	7,474,666,310	723,090,916
New Jersey	7,319,226,519	1,690,213,048	3,709,365,981	1,136,611,596	699,335,515	83,700,379
New York	40,025,565,130	9,651,263,563	18,586,086,870	4,373,493,365	6,775,330,795	639,390,537
Puerto Rico	---	---	---	---	---	---
Virgin Islands	---	---	---	---	---	---
Philadelphia: Region III	26,596,751,779	5,787,990,643	12,001,910,760	5,300,549,770	2,914,713,144	591,587,462
Delaware	1,000,031,526	173,660,245	347,910,632	192,159,041	283,176,887	3,124,721
District of Columbia	1,452,654,182	182,515,652	741,011,794	227,059,819	218,429,724	83,637,193
Maryland	5,335,494,514	932,804,797	2,634,187,881	1,139,345,593	580,931,477	48,224,766
Pennsylvania	12,093,957,411	3,190,391,995	5,227,462,658	2,325,259,142	1,236,710,585	114,133,031
Virginia	4,459,078,385	900,677,562	2,044,018,596	1,030,546,121	450,020,315	33,815,791
West Virginia	2,255,535,761	407,940,392	1,007,319,199	386,180,054	145,444,156	308,651,960
Atlanta: Region IV	49,688,434,418	8,785,760,207	20,422,651,889	10,384,896,343	5,850,275,465	4,244,850,514
Alabama	3,902,245,013	714,851,365	1,365,919,655	799,079,338	238,731,741	783,662,914
Florida	13,157,994,181	2,599,812,553	5,350,403,189	2,186,312,408	1,325,645,963	1,695,820,068
Georgia	6,393,084,307	1,015,765,199	2,387,470,621	1,741,897,681	1,066,683,587	181,267,219
Kentucky	4,291,201,715	660,714,974	2,047,325,550	953,137,871	501,973,461	128,049,859
Mississippi	3,262,782,791	746,906,513	1,270,462,203	603,472,246	306,272,748	335,669,081
North Carolina	8,712,795,739	1,643,485,716	3,961,116,017	2,034,181,527	1,020,623,574	53,388,905
South Carolina	4,049,359,345	563,544,431	1,266,037,995	806,300,050	423,448,012	990,028,857
Tennessee	5,918,971,327	840,679,456	2,773,916,659	1,260,515,222	966,896,379	76,963,611

See footnotes at end of table.

**Table 13.23—Continued**

**Medicaid Payments, by Basis of Eligibility and Area of Residence: Fiscal Year 2007**

Area of Residence	Total	Aged	Disabled	Children <sup>1</sup>	Adults	Other/ Unknown
Chicago: Region V	\$45,287,886,654	\$9,045,027,798	\$19,962,259,314	\$8,221,411,447	\$5,205,554,071	\$2,853,634,024
Illinois	10,380,136,336	1,238,590,188	4,673,200,974	2,227,705,405	1,062,479,855	1,178,159,914
Indiana	4,604,727,338	1,039,688,913	2,025,099,380	1,038,853,306	480,598,053	20,487,686
Michigan	7,871,871,771	1,342,138,765	2,706,025,090	1,320,401,965	951,968,846	1,551,337,105
Minnesota	5,871,429,876	1,407,381,049	2,776,308,549	1,051,242,809	589,650,964	46,846,505
Ohio	12,118,575,325	2,994,874,664	5,582,670,281	2,032,558,324	1,482,013,375	26,458,681
Wisconsin	4,441,146,008	1,022,354,219	2,198,955,040	550,649,638	638,842,978	30,344,133
Dallas: Region VI	27,799,655,577	5,237,203,773	11,357,913,830	7,811,467,312	2,602,553,423	790,517,239
Arkansas	3,105,626,607	762,918,151	1,306,240,107	806,685,273	162,115,212	67,667,864
Louisiana	4,341,934,388	806,663,166	2,057,521,027	693,245,110	453,575,899	330,929,186
New Mexico	2,638,678,224	260,811,052	1,031,183,380	714,563,396	352,227,075	279,893,321
Oklahoma	3,120,689,590	595,871,354	1,254,687,155	924,986,926	326,912,408	18,231,747
Texas	14,592,726,768	2,810,940,050	5,708,282,161	4,671,986,607	1,307,722,829	93,795,121
Kansas City: Region VII	10,779,112,986	2,382,646,460	4,774,758,335	2,467,779,064	1,054,554,376	99,374,751
Iowa	2,413,472,488	565,150,813	1,190,295,659	373,257,181	259,388,223	25,380,612
Kansas	2,056,926,392	467,511,282	956,936,556	452,042,831	162,697,841	17,737,882
Missouri	4,843,057,764	1,012,315,520	2,040,887,827	1,270,155,987	495,880,699	23,817,731
Nebraska	1,465,656,342	337,668,845	586,638,293	372,323,065	136,587,613	32,438,526
Denver: Region VIII	6,302,572,419	1,348,526,721	2,481,257,398	1,278,258,971	642,404,747	552,124,582
Colorado	2,719,618,579	667,663,227	1,124,085,360	538,959,413	247,131,973	141,778,606
Montana	620,142,013	154,960,118	234,758,855	140,782,164	79,111,758	10,529,118
North Dakota	492,662,931	173,111,544	204,332,073	70,909,517	40,112,684	4,197,113
South Dakota	626,351,043	126,285,063	258,016,654	161,948,899	66,943,865	13,156,562
Utah	1,394,751,836	132,457,637	467,686,910	251,095,942	162,438,435	381,072,912
Wyoming	449,046,017	94,049,132	192,377,546	114,563,036	46,666,032	1,390,271

See footnotes at end of table.

**Table 13.23—Continued**

**Medicaid Payments, by Basis of Eligibility and Area of Residence: Fiscal Year 2007**

Area of Residence	Total	Aged	Disabled	Children <sup>1</sup>	Adults	Other/ Unknown
San Francisco: Region IX	\$35,606,766,985	\$6,674,331,661	\$15,491,688,613	\$7,515,742,023	\$5,263,318,921	661,685,767
Arizona	3,434,234,750	122,621,968	846,832,600	1,458,540,042	964,090,455	42,149,685
California	30,100,156,532	6,124,497,645	13,787,054,696	5,614,053,458	3,984,512,724	590,038,009
Hawaii	992,939,553	234,566,286	355,233,512	188,031,728	207,319,280	7,788,747
Nevada	1,079,436,150	192,645,762	502,567,805	255,116,795	107,396,462	21,709,326
Seattle: Region X	9,643,056,412	1,791,755,295	3,634,319,259	2,013,059,023	1,270,114,221	933,808,614
Alaska	937,114,888	143,598,913	347,816,975	295,360,447	139,740,921	10,597,632
Idaho	1,135,106,921	198,350,852	561,232,233	253,495,430	111,396,568	10,631,838
Oregon	2,207,781,118	487,215,746	842,669,191	474,190,427	396,024,058	7,681,696
Washington	5,363,053,485	962,589,784	1,882,600,860	990,012,719	622,952,674	904,897,448

<sup>1</sup>Includes non-disabled children and foster care children.

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

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

**Table 13.24**

**Medicaid Payments per Person Served (Beneficiary), by Basis of Eligibility and Area of Residence: Fiscal Year 2007**

Area of Residence	Total	Aged	Disabled	Children <sup>1</sup>	Adults	Other/ Unknown
All Jurisdictions	\$4,862	\$14,141	\$14,194	\$1,951	\$2,753	\$2,622
Boston: Region I	6,867	19,360	15,818	3,014	2,971	1,239
Connecticut	7,665	28,058	24,878	2,652	2,831	709
Maine	4,493	11,739	12,034	2,230	1,718	1,492
Massachusetts	7,028	18,210	13,411	3,319	3,266	1,496
New Hampshire	8,262	21,623	22,570	3,801	4,558	838
Rhode Island	7,830	22,206	20,283	3,057	3,258	1,641
Vermont	5,166	9,561	14,649	2,861	3,071	1,130
New York: Region II	8,178	26,505	26,058	2,405	4,138	1,769
New Jersey	7,176	19,993	21,108	2,141	3,600	2,416
New York	8,392	28,109	27,338	2,484	4,203	1,710
Puerto Rico	---	---	---	---	---	---
Virgin Islands	---	---	---	---	---	---
Philadelphia: Region III	5,985	16,187	13,294	2,442	3,871	2,273
Delaware	5,792	19,164	17,640	2,502	4,460	871
District of Columbia	9,080	23,048	23,518	2,970	5,493	19,214
Maryland	7,153	20,067	20,883	2,493	5,793	3,017
Pennsylvania	5,543	16,828	10,775	2,505	3,307	557
Virginia	5,473	11,730	14,289	2,267	3,685	1,849
West Virginia	6,114	14,713	10,357	2,176	2,731	23,358
Atlanta: Region IV	4,559	11,493	10,248	1,877	3,171	5,546
Alabama	4,703	11,334	7,134	1,860	2,011	29,291
Florida	4,529	11,857	11,643	1,552	2,758	5,027
Georgia	3,754	10,176	9,297	1,859	3,873	1,356
Kentucky	4,946	12,236	9,303	2,355	3,894	2,136
Mississippi	4,776	12,032	8,863	1,908	3,152	5,226
North Carolina	5,383	11,340	15,294	2,362	3,658	717
South Carolina	4,772	8,759	9,041	1,792	2,414	52,734
Tennessee	4,098	14,762	8,599	1,739	3,336	1,530

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 2007**

Area of Residence	Total	Aged	Disabled	Children <sup>1</sup>	Adults	Other/ Unknown
Chicago: Region V	\$5,123	\$14,881	\$15,270	\$1,754	\$2,829	\$7,188
Illinois	4,765	11,144	15,294	1,785	2,570	11,742
Indiana	4,669	16,263	15,035	1,768	2,813	706
Michigan	4,128	11,477	9,371	1,330	2,676	10,161
Minnesota	7,922	21,932	26,196	2,900	3,353	1,435
Ohio	5,879	20,753	17,378	1,871	3,298	452
Wisconsin	4,594	9,526	14,558	1,340	2,335	1,279
Dallas: Region VI	3,876	11,268	12,872	1,814	2,734	1,392
Arkansas	3,365	13,763	11,434	1,894	1,643	296
Louisiana	3,770	10,388	12,135	1,148	3,107	2,141
New Mexico	5,366	11,707	16,704	2,488	3,672	11,379
Oklahoma	4,182	11,047	13,127	1,995	2,871	947
Texas	3,781	11,003	12,936	1,851	2,629	665
Kansas City: Region VII	5,198	13,772	14,341	2,215	2,957	1,025
Iowa	5,447	15,845	17,384	1,728	2,627	1,050
Kansas	6,041	16,057	16,710	2,422	3,233	1,036
Missouri	4,641	11,561	11,659	2,247	2,946	504
Nebraska	5,942	16,338	18,239	2,547	3,482	3,845
Denver: Region VIII	5,063	15,535	15,267	1,949	2,912	4,640
Colorado	4,412	14,559	14,748	1,698	2,707	1,655
Montana	5,537	19,334	13,322	2,490	3,966	1,066
North Dakota	6,894	22,993	21,360	2,071	2,888	673
South Dakota	4,710	12,286	13,813	2,016	3,270	4,090
Utah	5,478	12,233	14,637	2,023	2,498	35,551
Wyoming	6,472	21,902	22,665	2,644	4,661	428

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 2007**

Area of Residence	Total	Aged	Disabled	Children <sup>1</sup>	Adults	Other/ Unknown
San Francisco: Region IX	\$2,996	\$8,564	\$12,373	\$1,612	\$1,454	\$421
Arizona	3,364	4,515	8,499	2,306	3,860	3,599
California	2,898	8,556	12,587	1,482	1,225	385
Hawaii	4,439	12,241	15,155	1,747	2,986	1,933
Nevada	4,259	11,161	14,929	1,917	2,303	952
Seattle: Region X	4,902	13,292	12,803	1,934	3,325	7,435
Alaska	7,789	21,233	23,655	4,536	5,904	1,053
Idaho	5,204	15,261	17,100	1,854	4,232	1,144
Oregon	4,636	12,037	11,198	1,908	3,886	764
Washington	4,653	12,911	11,687	1,676	2,708	9,409

<sup>1</sup>Includes non-disabled children and foster care children.

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

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

**Table 13.25**

**Medicaid Persons Served (Beneficiaries), by Type of Service and Area of Residence: Fiscal Year 2007**

Area of Residence	Total <sup>1</sup>	Inpatient Hospital	Nursing Facilities	Physician	Dental	Outpatient Hospital	Lab and X-Ray	Home Health	Prescribed Drugs
All Jurisdictions	56,820,750	5,134,214	1,644,963	22,046,923	9,532,962	14,896,456	15,787,513	1,189,968	23,922,907
Boston: Region I	2,504,309	179,851	122,397	1,079,533	653,597	739,766	688,536	79,345	1,082,827
Connecticut	518,675	36,354	38,792	104,079	38,713	101,561	102,120	22,939	115,442
Maine	300,876	26,227	9,057	201,354	56,047	6,681	45,233	3,091	216,701
Massachusetts	1,193,015	77,143	52,894	524,153	419,325	436,561	441,314	37,338	503,456
New Hampshire	126,074	16,016	7,184	95,663	42,515	66,613	19,035	2,867	86,662
Rhode Island	208,429	12,824	10,681	44,279	50,568	44,695	17,834	9,373	48,571
Vermont	157,240	11,287	3,789	110,005	46,429	83,655	63,000	3,737	111,995
New York: Region II	5,789,593	739,896	234,232	1,351,602	944,974	1,453,616	950,591	239,250	2,850,355
New Jersey	1,019,936	74,291	46,707	215,608	67,800	214,151	121,802	13,224	259,367
New York	4,769,657	665,605	187,525	1,135,994	877,174	1,239,465	828,789	226,026	2,590,988
Puerto Rico	---	---	---	---	---	---	---	---	---
Virgin Islands	---	---	---	---	---	---	---	---	---
Philadelphia: Region III	4,444,050	356,593	150,005	1,208,389	454,780	637,396	636,445	52,879	1,294,237
Delaware	172,666	9,234	3,646	44,999	27,727	24,258	26,512	1,324	107,205
District of Columbia	159,984	16,502	3,670	24,534	5,319	24,396	25,938	4,090	30,924
Maryland	745,883	61,015	24,713	225,394	2,315	122,420	15,365	24,894	156,579
Pennsylvania	2,181,821	112,691	79,932	384,264	167,184	229,954	299,197	17,223	475,485
Virginia	814,790	132,445	26,890	352,856	156,768	122,404	126,290	3,375	252,001
West Virginia	368,906	24,706	11,154	176,342	95,467	113,964	143,143	1,973	272,043

See footnotes at end of table.

**Table 13.25—Continued**

**Medicaid Persons Served (Beneficiaries), by Type of Service and Area of Residence: Fiscal Year 2007**

Area of Residence	Total <sup>1</sup>	Inpatient Hospital	Nursing Facilities	Physician	Dental	Outpatient Hospital	Lab and X-Ray	Home Health	Prescribed Drugs
Atlanta: Region IV	10,899,987	1,281,317	327,522	6,106,309	2,176,313	4,108,160	4,097,445	297,886	5,276,519
Alabama	829,714	67,388	25,868	570,201	179,060	293,831	385,127	75,430	505,616
Florida	2,905,180	434,021	116,885	1,253,519	317,538	1,030,604	893,400	115,915	998,971
Georgia	1,702,785	166,010	39,267	695,258	221,166	382,194	142,083	6,242	443,330
Kentucky	867,563	70,173	26,762	508,582	202,925	380,813	383,513	18,594	507,632
Mississippi	683,100	103,367	25,305	461,720	154,265	366,224	447,243	9,694	437,153
North Carolina	1,618,599	227,240	42,146	1,265,320	545,510	757,082	916,963	40,182	1,036,521
South Carolina	848,527	104,056	16,152	543,051	262,705	333,778	282,688	5,983	500,748
Tennessee <sup>2</sup>	1,444,519	109,062	35,137	808,658	293,144	563,634	646,428	25,846	846,548
Chicago: Region V	8,840,595	630,281	330,743	3,634,204	1,871,917	2,371,667	2,512,470	158,186	3,654,823
Illinois	2,178,494	208,971	73,550	1,539,962	631,260	899,522	1,161,276	15,747	1,498,435
Indiana	986,229	53,095	42,911	283,845	355,421	198,904	191,251	8,544	245,123
Michigan	1,906,764	105,831	49,857	517,561	402,080	316,275	273,792	7,587	592,429
Minnesota	741,193	69,562	29,942	272,230	84,207	164,889	53,408	80,423	204,876
Ohio	2,061,230	128,437	100,942	868,987	246,490	583,291	542,098	39,681	736,265
Wisconsin	966,685	64,385	33,541	151,619	152,459	208,786	290,645	6,204	377,695
Dallas: Region VI	7,172,324	877,450	181,528	3,710,708	2,088,454	2,069,918	3,012,891	257,435	4,323,935
Arkansas	922,904	143,247	22,346	522,297	272,473	296,310	233,600	7,456	431,829
Louisiana	1,151,767	151,597	32,248	825,931	239,537	548,678	604,031	11,779	773,254
New Mexico	491,758	23,748	6,194	124,500	30,936	80,952	69,321	488	64,987
Oklahoma	746,202	116,827	21,254	456,985	218,272	370,071	343,639	7,411	444,994
Texas	3,859,693	442,031	99,486	1,780,995	1,327,236	773,907	1,762,300	230,301	2,608,871

See footnotes at end of table.

**Table 13.25—Continued**

**Medicaid Persons Served (Beneficiaries), by Type of Service and Area of Residence: Fiscal Year 2007**

Area of Residence	Total <sup>1</sup>	Inpatient Hospital	Nursing Facilities	Physician	Dental	Outpatient Hospital	Lab and X-Ray	Home Health	Prescribed Drugs
Kansas City: Region VII	2,073,747	210,550	86,951	801,850	391,171	784,944	579,754	45,448	1,095,784
Iowa	443,105	61,173	19,829	304,629	143,775	213,650	226,073	28,947	291,764
Kansas	340,483	37,179	17,520	172,839	80,628	86,205	84,229	4,337	142,074
Missouri	1,043,506	82,236	38,639	146,457	62,735	373,689	201,639	6,841	475,366
Nebraska	246,653	29,962	10,963	177,925	104,033	111,400	67,813	5,323	186,580
Denver: Region VIII	1,244,854	133,219	39,426	390,643	259,442	432,490	280,981	15,305	615,441
Colorado	616,378	46,565	15,506	57,064	124,251	207,901	75,861	10,408	229,153
Montana	111,995	17,262	4,998	75,951	20,645	57,290	10,166	409	58,323
North Dakota	71,464	7,978	5,252	45,116	17,693	23,978	34,051	1,349	40,195
South Dakota	132,986	17,357	5,699	75,333	135	51,705	40,709	459	67,948
Utah	242,650	32,842	5,584	83,688	76,219	56,737	86,453	2,111	173,960
Wyoming	69,381	11,215	2,387	53,491	20,499	34,879	33,741	569	45,862
San Francisco: Region IX	11,883,958	599,711	132,733	3,011,572	167,728	1,815,894	2,679,663	40,803	2,987,917
Arizona <sup>2</sup>	1,020,773	37,436	1,163	41,110	150	109,030	17,720	208	6,980
California	10,386,032	520,893	121,984	2,817,270	78,805	1,621,658	2,566,354	33,829	2,867,915
Hawaii <sup>2</sup>	223,687	9,978	4,916	48,231	62,227	26,179	31,865	5,821	42,674
Nevada	253,466	31,404	4,670	104,961	26,546	59,027	63,724	945	70,348
Seattle: Region X	1,967,333	125,346	39,426	752,113	524,586	482,605	348,737	3,431	741,069
Alaska	120,314	17,554	1,296	83,446	42,371	59,459	52,405	332	65,809
Idaho	218,137	24,535	6,215	151,341	76,534	84,088	91,089	1,747	124,534
Oregon	476,196	24,425	9,932	91,392	2,343	79,758	56,683	1,330	136,620
Washington	1,152,686	58,832	21,983	425,934	403,338	259,300	148,560	22	414,106

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

<sup>2</sup>The 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 2007**

Area of Residence	Total <sup>1</sup>	Inpatient	Nursing	Physician		Outpatient	Lab and	Home	Prescribed
		Hospital	Facilities		Dental	Hospital	X-Ray	Health	Drugs
Amount in Thousands									
All Jurisdictions	\$276,246,429	\$36,918,814	\$46,522,891	\$10,075,454	\$3,243,818	\$10,358,061	\$2,927,635	\$6,347,692	\$22,159,652
Boston: Region I	17,197,401	1,293,403	4,294,244	431,427	269,806	658,416	208,066	966,551	1,171,963
Connecticut	3,975,529	233,166	1,307,150	37,111	8,115	97,564	26,944	200,414	216,427
Maine	1,351,726	188,785	237,422	60,420	17,473	5,975	7,400	7,861	200,794
Massachusetts	8,384,192	623,395	1,893,634	213,506	197,372	376,119	157,105	704,877	482,961
New Hampshire	1,041,648	55,153	212,465	53,474	20,105	74,470	2,074	9,370	94,395
Rhode Island	1,632,061	136,507	532,574	13,419	13,363	39,817	3,410	37,475	68,030
Vermont	812,245	56,398	111,000	53,497	13,379	64,471	11,133	6,553	109,356
New York: Region II	47,344,792	6,503,528	8,553,979	304,847	441,481	1,463,521	147,376	1,613,886	3,632,688
New Jersey	7,319,227	572,464	1,738,342	58,722	20,786	340,046	16,305	96,174	500,674
New York	40,025,565	5,931,064	6,815,637	246,125	420,695	1,123,476	131,071	1,517,712	3,132,015
Puerto Rico	---	---	---	---	---	---	---	---	---
Virgin Islands	---	---	---	---	---	---	---	---	---
Philadelphia: Region III	26,596,752	2,265,980	5,308,192	633,881	170,762	426,768	154,015	866,010	1,283,986
Delaware	1,000,032	59,479	165,450	21,150	18,868	17,627	3,861	5,085	102,879
District of Columbia	1,452,654	299,700	162,900	20,337	2,141	18,084	5,382	59,560	74,080
Maryland	5,335,495	661,273	958,877	195,505	460	182,416	1,419	659,496	199,297
Pennsylvania	12,093,957	516,642	2,879,739	115,784	46,647	63,724	65,959	133,931	367,183
Virginia	4,459,078	456,243	728,089	167,759	65,455	84,531	17,604	4,883	224,832
West Virginia	2,255,536	272,643	413,136	113,348	37,190	60,386	59,790	3,055	315,716
Atlanta: Region IV	49,688,434	8,690,332	8,103,738	3,304,013	781,404	2,743,185	728,724	1,360,516	4,679,827
Alabama	3,902,245	171,416	820,615	311,748	54,713	74,783	76,880	50,980	409,691
Florida	13,157,994	3,383,654	2,359,557	618,231	92,348	543,022	128,776	273,050	1,010,098
Georgia	6,393,084	1,003,130	1,021,302	300,642	43,830	224,208	16,495	5,623	451,703
Kentucky	4,291,202	488,006	759,950	240,821	72,982	315,757	77,401	51,864	508,661
Mississippi	3,262,783	857,472	705,067	185,415	40,828	239,775	103,128	11,574	284,333
North Carolina	8,712,796	1,025,751	1,064,250	764,666	246,807	642,675	161,624	125,882	971,594
South Carolina	4,049,359	1,152,811	457,277	390,683	92,829	240,506	41,895	9,631	364,195
Tennessee <sup>2</sup>	5,918,971	608,091	915,720	491,808	137,066	462,460	122,525	831,912	679,552

See footnotes at end of table.

Table 13.26—Continued

## Medicaid Payments, by Type of Service and Area of Residence: Fiscal Year 2007

Area of Residence	Total <sup>1</sup>	Inpatient	Nursing	Outpatient		Lab and	Home	Prescribed	
		Hospital	Facilities	Physician	Dental	Hospital	X-Ray	Health	Drugs
Amount in Thousands									
Chicago: Region V	\$45,287,887	\$6,232,439	\$8,253,404	\$1,469,632	\$473,563	\$1,410,552	\$454,956	\$417,098	\$3,127,864
Illinois	10,380,136	2,995,470	1,540,670	537,281	137,203	515,443	160,251	48,811	1,089,055
Indiana	4,604,727	346,653	1,006,420	148,347	140,360	110,064	26,400	88,882	292,033
Michigan	7,871,872	1,109,342	1,524,621	215,568	79,283	262,278	24,925	15,132	402,788
Minnesota	5,871,430	389,247	822,892	171,618	28,360	104,667	5,057	88,042	228,611
Ohio	12,118,575	1,069,146	2,550,555	355,228	55,735	322,221	193,956	150,547	763,438
Wisconsin	4,441,146	322,580	808,247	41,590	32,621	95,879	44,367	25,684	351,938
Dallas: Region VI	27,799,656	4,155,647	3,743,731	1,761,395	683,403	1,057,326	692,300	508,586	3,093,364
Arkansas	3,105,627	342,827	496,528	333,093	65,346	227,642	33,269	13,061	315,784
Louisiana	4,341,934	811,285	685,658	320,399	66,077	285,549	89,549	26,329	682,308
New Mexico	2,638,678	317,652	173,504	49,200	13,295	95,832	8,690	533	18,607
Oklahoma	3,120,690	569,884	498,757	288,945	117,972	193,165	58,085	16,742	301,679
Texas	14,592,727	2,113,999	1,889,283	769,758	420,712	255,137	502,708	451,921	1,774,985
Kansas City: Region VII	10,779,113	1,248,222	1,885,947	386,945	117,075	605,660	72,111	135,597	1,091,417
Iowa	2,413,472	274,755	446,617	161,364	41,375	157,543	26,788	94,714	215,577
Kansas	2,056,926	247,292	344,776	83,536	27,522	31,380	10,332	13,701	141,953
Missouri	4,843,058	548,435	801,844	26,579	14,639	329,451	20,909	6,065	589,852
Nebraska	1,465,656	177,740	292,710	115,466	33,538	87,285	14,083	21,117	144,034
Denver: Region VIII	6,302,572	886,937	1,155,527	216,115	94,240	364,489	45,214	149,791	543,221
Colorado	2,719,619	323,651	495,050	18,853	50,203	141,344	9,423	133,794	232,137
Montana	620,142	80,350	149,551	47,525	8,051	38,959	978	452	59,951
North Dakota	492,663	40,094	165,563	20,042	5,812	16,425	8,928	1,629	30,094
South Dakota	626,351	94,236	136,367	40,860	45	41,653	5,986	1,364	48,378
Utah	1,394,752	290,236	142,738	47,294	20,745	75,693	13,050	10,650	139,073
Wyoming	449,046	58,369	66,258	41,541	9,384	50,415	6,849	1,901	33,588

See footnotes at end of table.

**Table 13.26—Continued**

**Medicaid Payments, by Type of Service and Area of Residence: Fiscal Year 2007**

Area of Residence	Total <sup>1</sup>	Inpatient	Nursing	Outpatient		Lab and	Home	Prescribed	
		Hospital	Facilities	Physician	Dental	Hospital	X-Ray	Health	Drugs
Amount in Thousands									
San Francisco: Region IX	\$35,606,767	\$4,641,934	\$4,181,489	\$1,164,650	\$50,451	\$1,215,650	\$374,809	\$324,272	\$2,832,929
Arizona <sup>2</sup>	3,434,235	168,873	28,061	29,468	138	588,311	5,878	361	3,212
California	30,100,157	4,221,719	3,796,556	1,033,287	17,490	567,108	344,237	183,917	2,662,028
Hawaii <sup>2</sup>	992,940	73,434	202,196	21,784	19,778	19,215	5,004	136,567	84,706
Nevada	1,079,436	177,908	154,676	80,112	13,045	41,016	19,691	3,427	82,983
Seattle: Region X	9,643,056	1,000,394	1,042,640	402,548	161,634	412,494	50,063	5,385	702,393
Alaska	937,115	128,299	71,930	67,233	22,106	75,857	13,119	797	74,841
Idaho	1,135,107	160,499	152,929	77,623	28,195	60,701	12,525	4,108	103,244
Oregon	2,207,781	137,852	292,749	36,826	434	65,997	6,499	477	128,508
Washington	5,363,053	573,743	525,032	220,865	110,899	209,939	17,921	3	395,800

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

<sup>2</sup>The 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 2007**

Area of Residence	Total <sup>1</sup>	Inpatient Hospital	Nursing Facilities	Physician	Dental	Outpatient Hospital	Lab and X-Ray	Home Health	Prescribed Drugs
All Jurisdictions	\$4,862	\$7,191	\$28,282	\$457	\$340	\$695	\$185	\$5,334	\$926
Boston: Region I	6,867	7,192	35,085	400	413	890	302	12,182	1,082
Connecticut	7,665	6,414	33,696	357	210	961	264	8,737	1,875
Maine	4,493	7,198	26,214	300	312	894	164	2,543	927
Massachusetts	7,028	8,081	35,801	407	471	862	356	18,878	959
New Hampshire	8,262	3,444	29,575	559	473	1,118	109	3,268	1,089
Rhode Island	7,830	10,645	49,862	303	264	891	191	3,998	1,401
Vermont	5,166	4,997	29,295	486	288	771	177	1,754	976
New York: Region II	8,178	8,790	36,519	226	467	1,007	155	6,746	1,274
New Jersey	7,176	7,706	37,218	272	307	1,588	134	7,273	1,930
New York	8,392	8,911	36,345	217	480	906	158	6,715	1,209
Puerto Rico	---	---	---	---	---	---	---	---	---
Virgin Islands	---	---	---	---	---	---	---	---	---
Philadelphia: Region III	5,985	6,355	35,387	525	375	670	242	16,377	992
Delaware	5,792	6,441	45,379	470	680	727	146	3,840	960
District of Columbia	9,080	18,161	44,387	829	403	741	207	14,562	2,396
Maryland	7,153	10,383	38,801	867	199	1,490	92	26,492	1,273
Pennsylvania	5,543	4,585	36,027	301	279	277	220	7,776	772
Virginia	5,473	3,445	27,077	475	418	691	139	1,447	892
West Virginia	6,114	11,035	37,039	643	390	530	418	1,548	1,161
Atlanta: Region IV	4,559	6,782	24,743	541	359	668	178	4,567	887
Alabama	4,703	2,544	31,723	547	306	255	200	676	810
Florida	4,529	7,796	20,187	493	291	527	144	2,356	1,011
Georgia	3,754	6,043	26,009	432	198	587	116	901	1,019
Kentucky	4,946	6,954	28,397	474	360	829	202	2,789	1,002
Mississippi	4,776	8,295	27,863	402	265	655	231	1,194	650
North Carolina	5,383	4,514	25,251	604	452	849	176	3,133	937
South Carolina	4,772	11,079	28,311	719	353	721	148	1,610	727
Tennessee	4,098	5,576	26,061	608	468	820	190	32,187	803

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 2007**

Area of Residence	Total <sup>1</sup>	Inpatient			Nursing		Outpatient		Lab and	Home	Prescribed
		Hospital	Facilities	Physician	Dental	Hospital	X-Ray	Health	Drugs		
Chicago: Region V	\$5,123	\$9,888	\$24,954	\$404	\$253	\$595	\$181	\$2,637	\$856		
Illinois	4,765	14,334	20,947	349	217	573	138	3,100	727		
Indiana	4,669	6,529	23,454	523	395	553	138	10,403	1,191		
Michigan	4,128	10,482	30,580	417	197	829	91	1,994	680		
Minnesota	7,922	5,596	27,483	630	337	635	95	1,095	1,116		
Ohio	5,879	8,324	25,268	409	226	552	358	3,794	1,037		
Wisconsin	4,594	5,010	24,097	274	214	459	153	4,140	932		
Dallas: Region VI	3,876	4,736	20,623	475	327	511	230	1,976	715		
Arkansas	3,365	2,393	22,220	638	240	768	142	1,752	731		
Louisiana	3,770	5,352	21,262	388	276	520	148	2,235	882		
New Mexico	5,366	13,376	28,012	395	430	1,184	125	1,092	286		
Oklahoma	4,182	4,878	23,466	632	540	522	169	2,259	678		
Texas	3,781	4,782	18,990	432	317	330	285	1,962	680		
Kansas City: Region VII	5,198	5,928	21,690	483	299	772	124	2,984	996		
Iowa	5,447	4,491	22,523	530	288	737	118	3,272	739		
Kansas	6,041	6,651	19,679	483	341	364	123	3,159	999		
Missouri	4,641	6,669	20,752	181	233	882	104	887	1,241		
Nebraska	5,942	5,932	26,700	649	322	784	208	3,967	772		
Denver: Region VIII	5,063	6,658	29,309	553	363	843	161	9,787	883		
Colorado	4,412	6,951	31,926	330	404	680	124	12,855	1,013		
Montana	5,537	4,655	29,922	626	390	680	96	1,105	1,028		
North Dakota	6,894	5,026	31,524	444	328	685	262	1,207	749		
South Dakota	4,710	5,429	23,928	542	333	806	147	2,973	712		
Utah	5,748	8,837	25,562	565	272	1,334	151	5,045	799		
Wyoming	6,472	5,205	27,758	777	458	1,445	203	3,341	732		

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 2007**

Area of Residence	Total <sup>1</sup>	Inpatient Hospital	Nursing Facilities	Physician	Dental	Outpatient Hospital	Lab and X-Ray	Home Health	Prescribed Drugs
San Francisco: Region IX	\$2,996	\$7,740	\$31,503	\$387	\$301	\$669	\$140	\$7,947	\$948
Arizona	3,364	4,511	24,128	717	921	5,396	332	1,737	460
California	2,898	8,105	31,123	367	222	350	134	5,437	928
Hawaii	4,439	7,360	41,130	452	318	734	157	23,461	1,985
Nevada	4,259	5,665	33,121	763	491	695	309	3,627	1,180
Seattle: Region X	4,902	7,981	26,446	535	308	855	144	1,570	948
Alaska	7,789	7,309	55,502	806	522	1,276	250	2,399	1,137
Idaho	5,204	6,542	24,606	513	368	722	138	2,352	829
Oregon	4,636	5,644	29,475	403	185	827	115	359	941
Washington	4,653	9,752	23,884	519	275	810	121	158	956

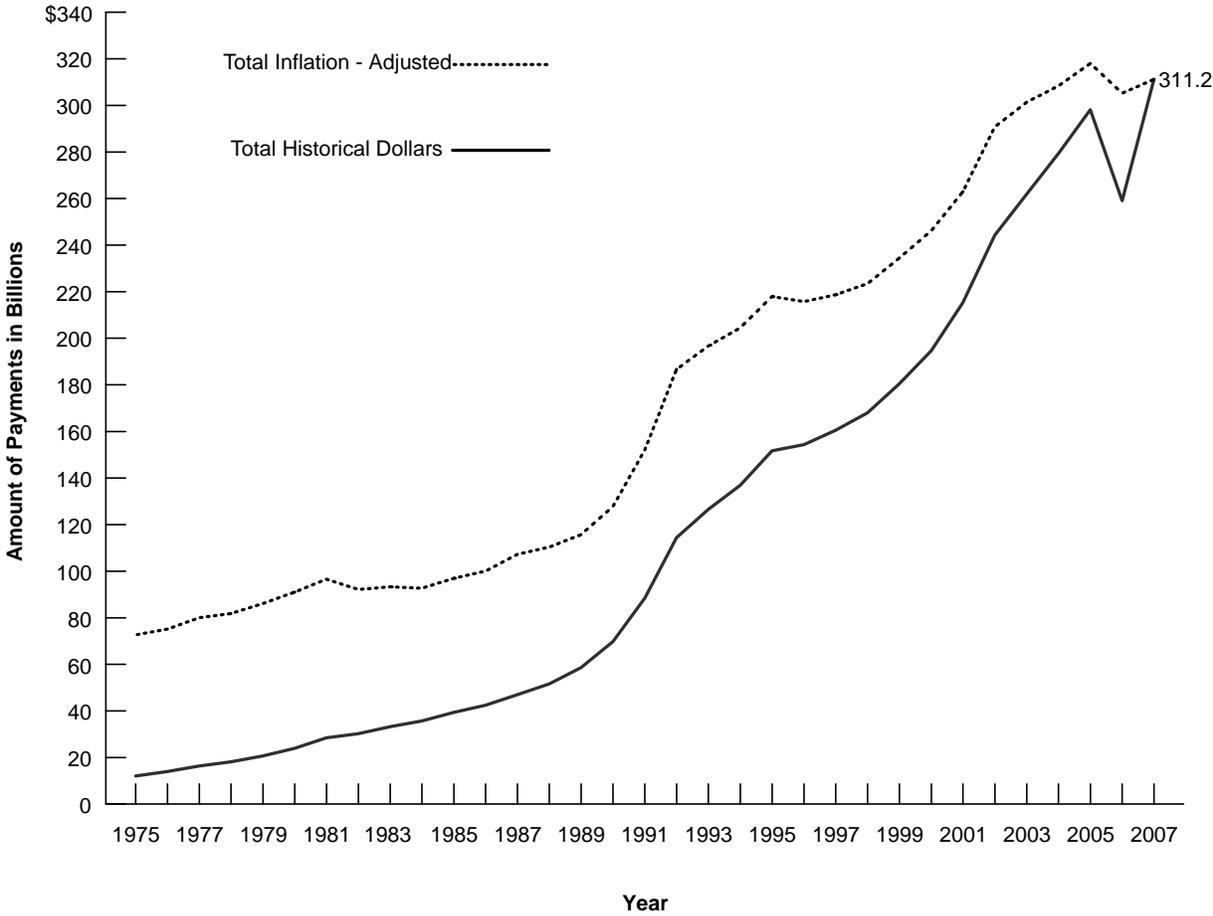
<sup>1</sup>The total includes payments for all types of services reported on the HCFA Form-2082 and the Medicaid Statistical Information System (MSIS), some not shown separately.

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

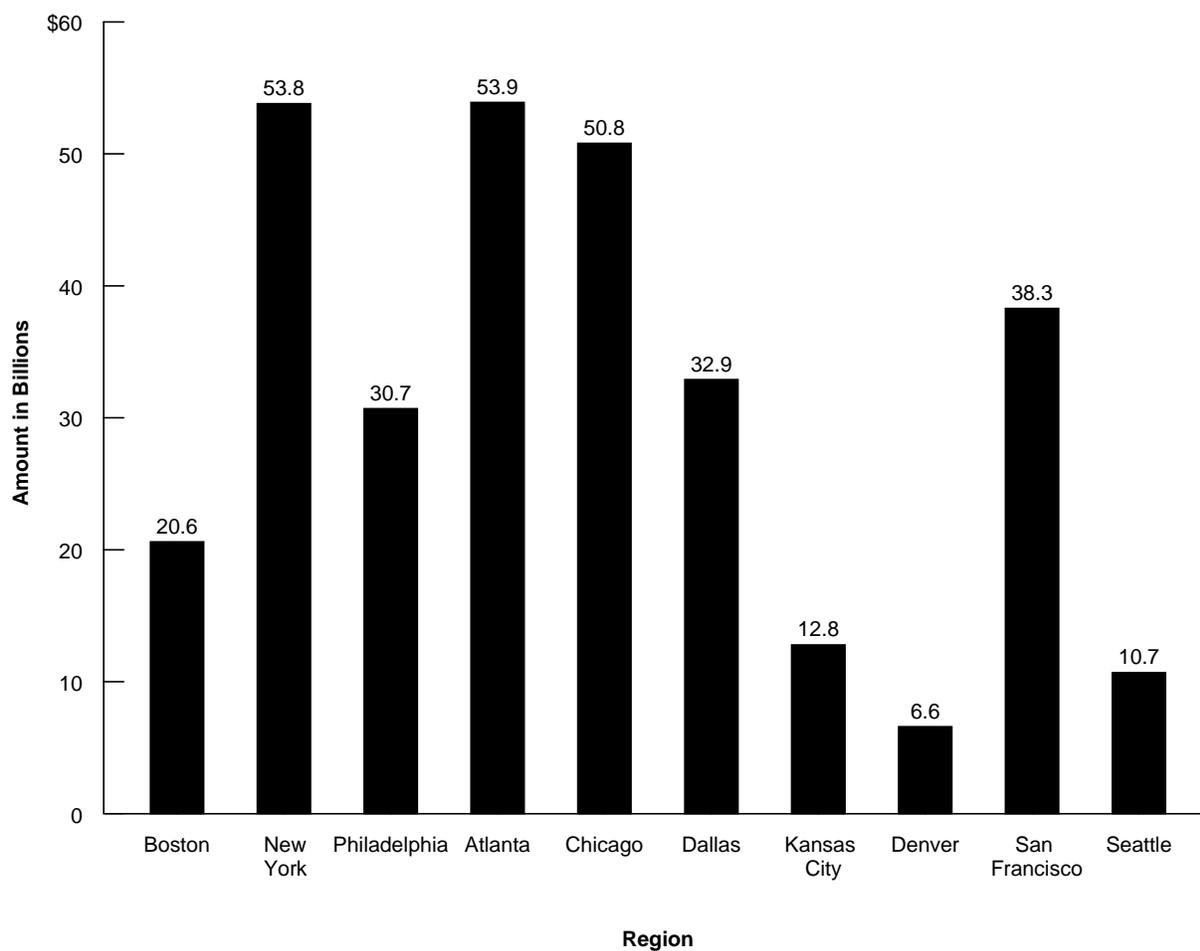
## Trends in Total Medicaid Expenditures: Fiscal Years 1975-2007



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 2007 dollars.

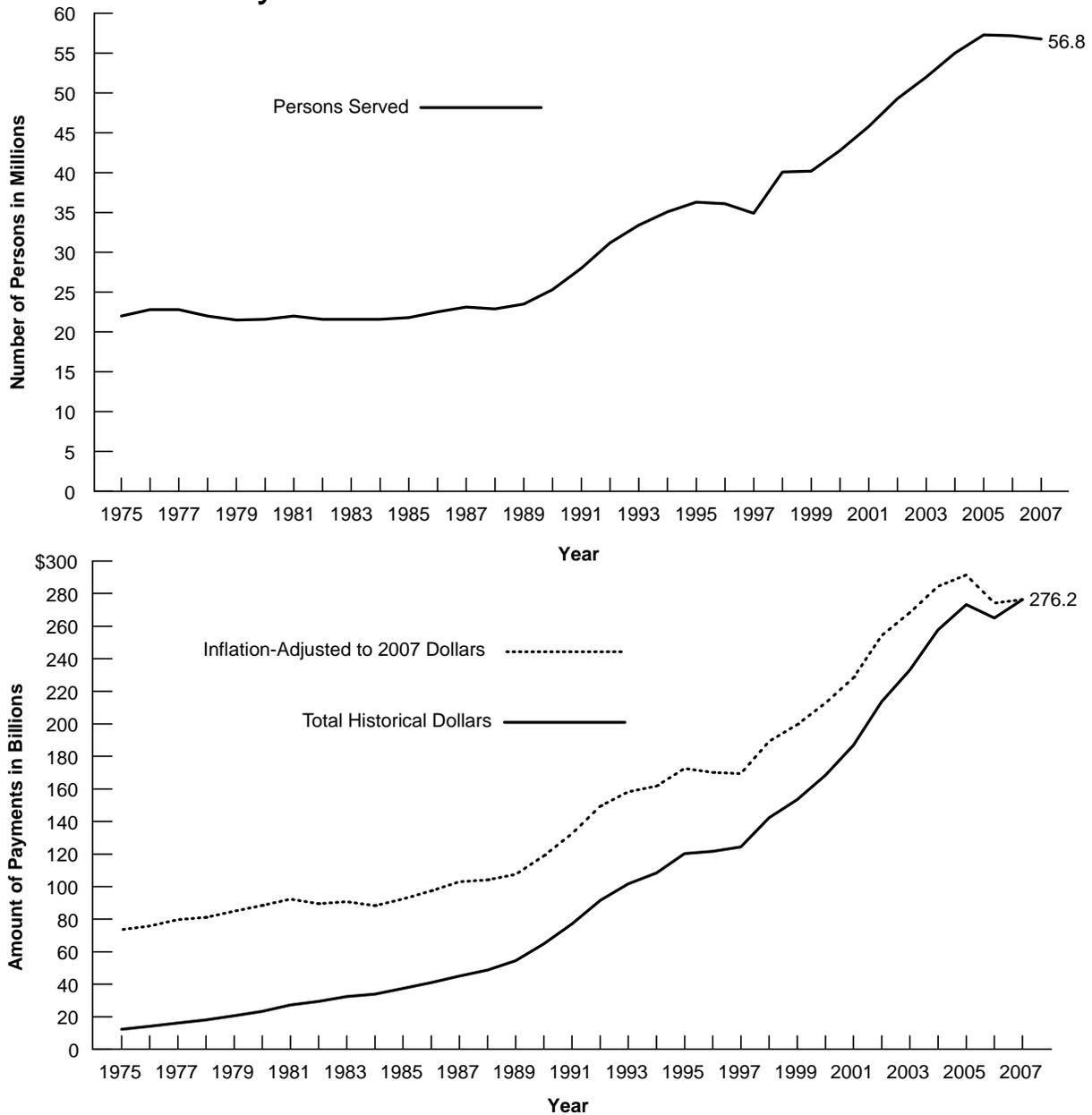
SOURCE: Centers for Medicare & Medicaid Services: HCFA Form-64 (Quarterly Medicaid Statement of Expenditures for the Medical Assistance Program); data development by the Office of Research, Development, and Information.

Figure 13.2  
Total Medicaid Expenditures, by Region:  
Fiscal Year 2007



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 1975-2007

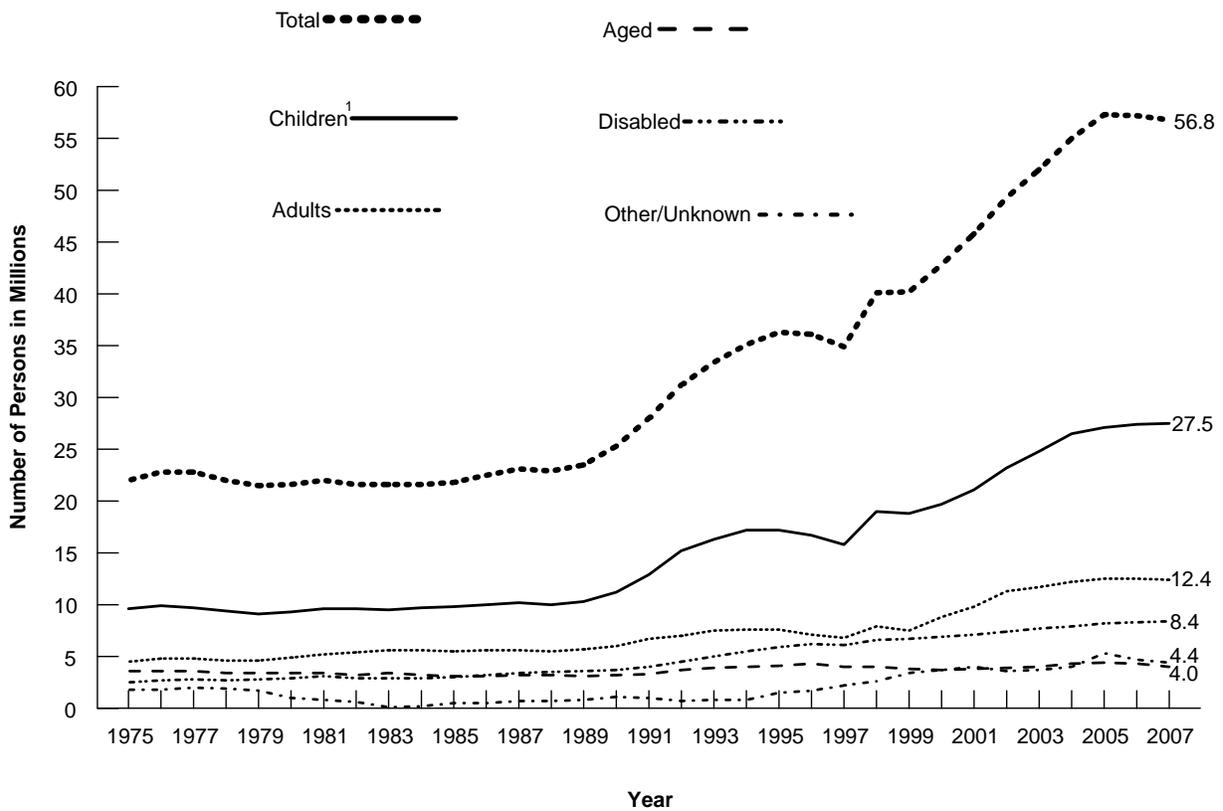


NOTES: Beginning 1998 the number of persons served included persons enrolled in Medicaid managed care organizations and payments included premiums to these plans. The inflation-adjusted dollar amounts were computed using a personal consumption expenditures index for medical services from the U.S. Department of Commerce, Bureau of Economic Analysis, and are expressed in 2007 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 1975-2007

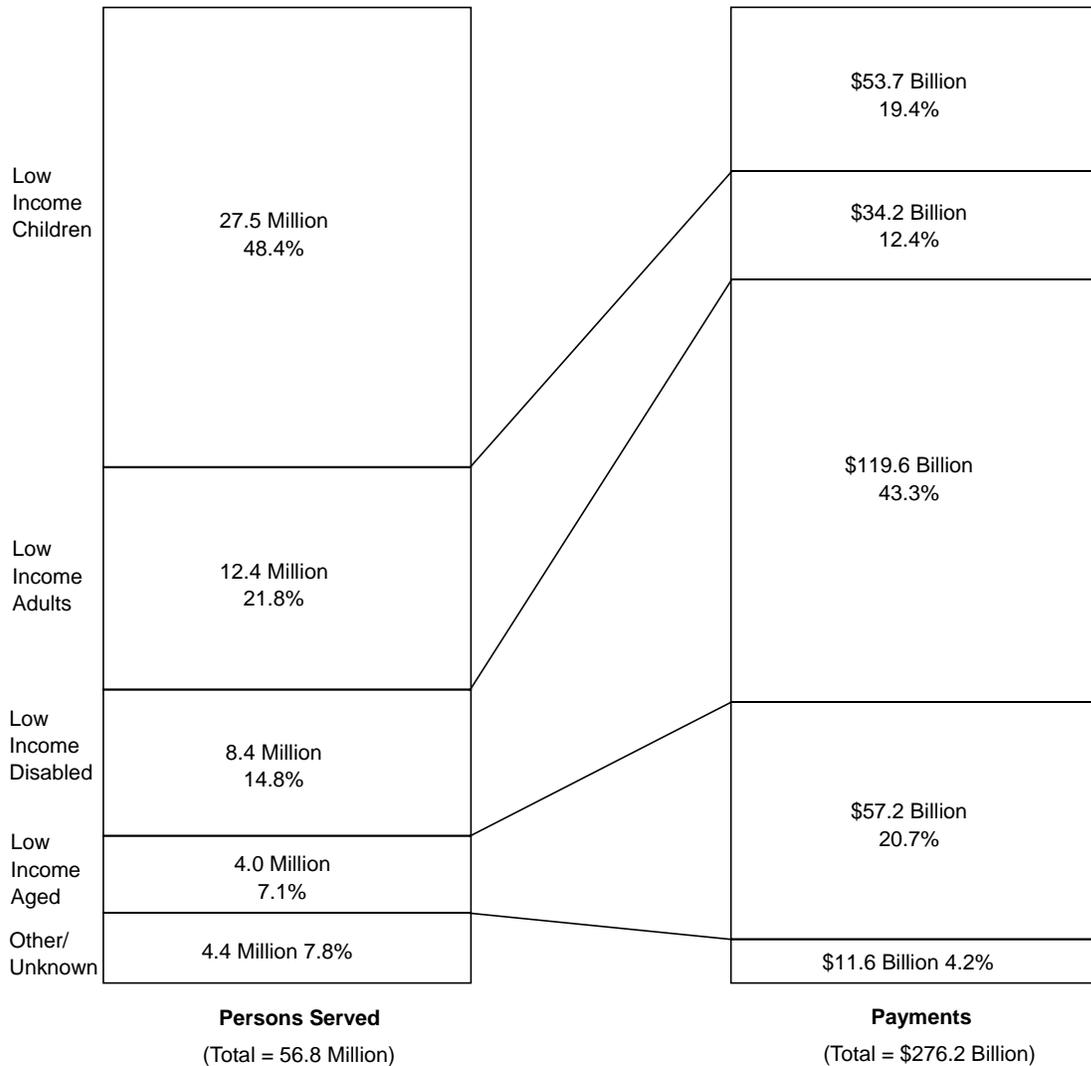


<sup>1</sup> Includes non-disabled children and foster care children.

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 2007

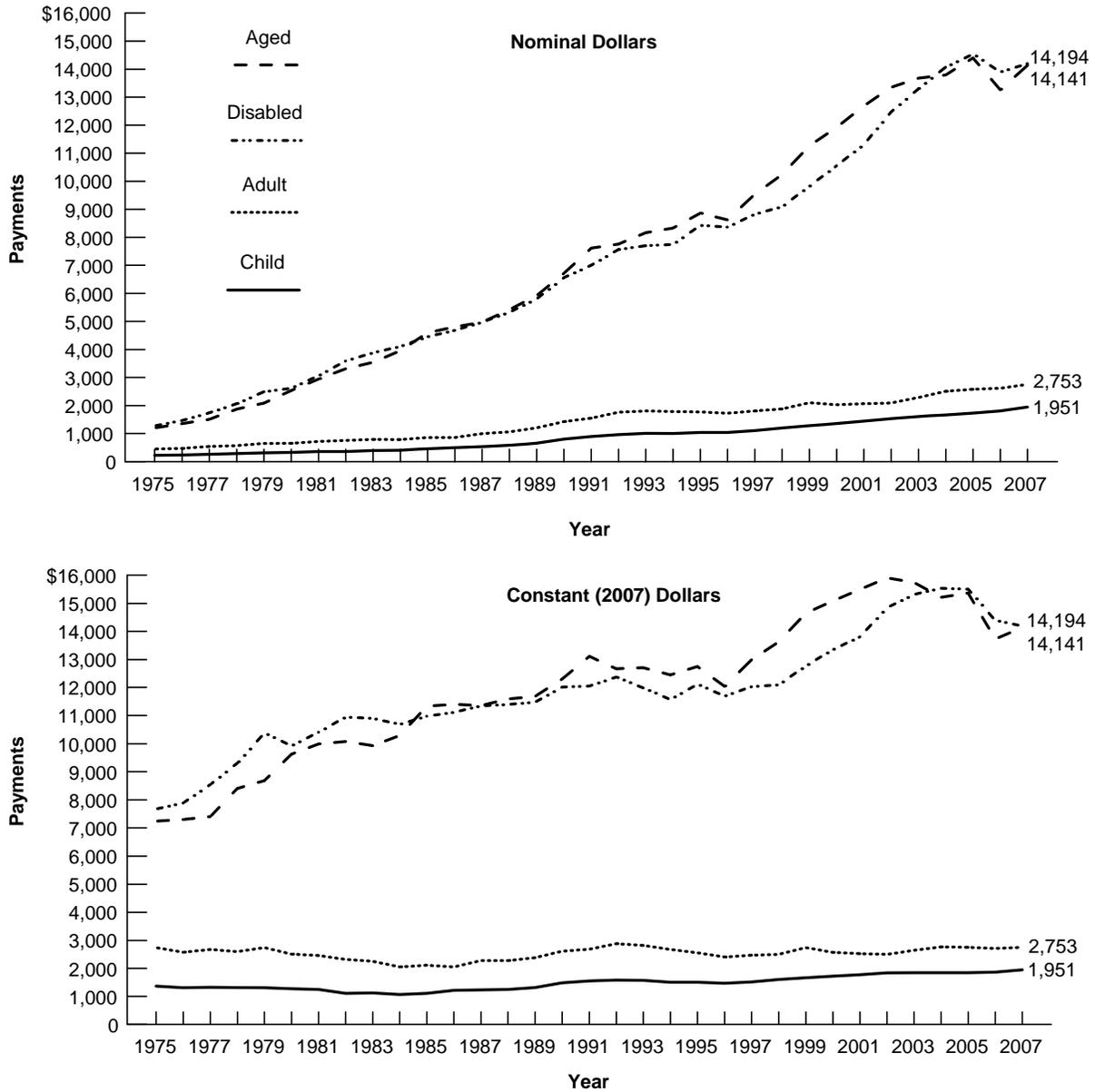


NOTE: Numbers may not add to totals because of rounding.

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 1975-2007

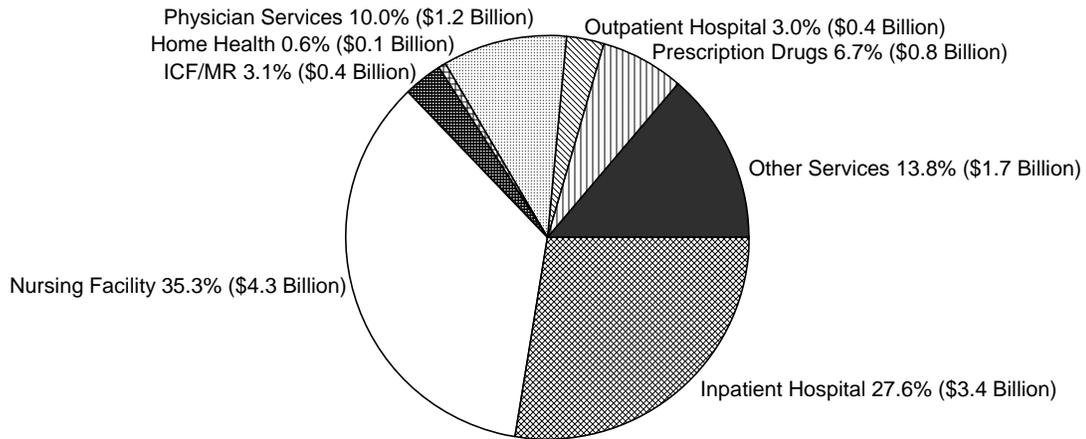


NOTE: The inflation-adjusted dollar amounts were computed using a personal consumption expenditure index for Medical services from the U.S. Department of Commerce, Bureau of Economic Analysis, and are expressed in fiscal year 2007 dollars.

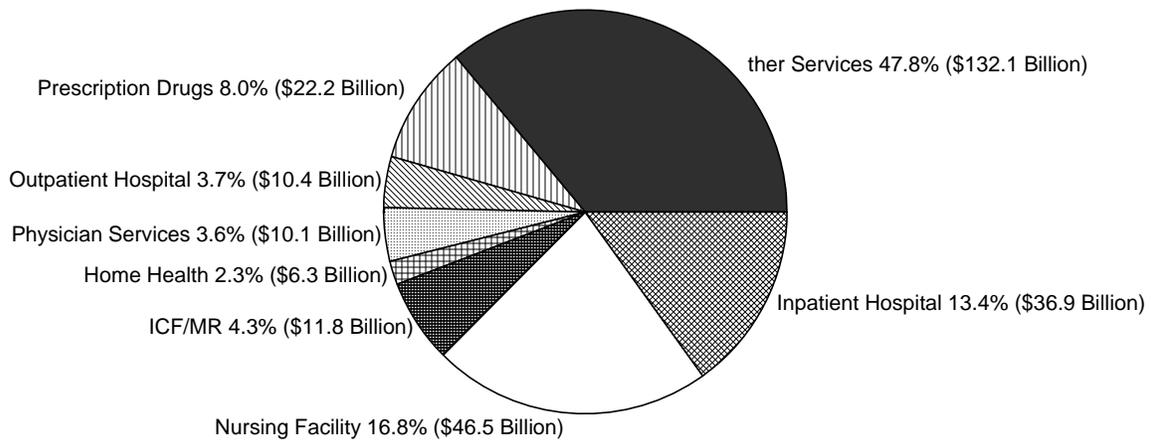
SOURCES: Centers for Medicare & Medicaid Services, Center for Medicaid and State Operations: HCFA Form-2082 (Statistical Report on Medical Care: Eligibles, Recipients, Payments, and Services) and the Medicaid Statistical Information System (MSIS); data development by the Office of Research, Development,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

### Figure 13.7

## Distribution of Medicaid Vendor Payments, by Type of Service: Fiscal Years 1975 and 2007



**1975 Total Payments \$12.2 Billion**

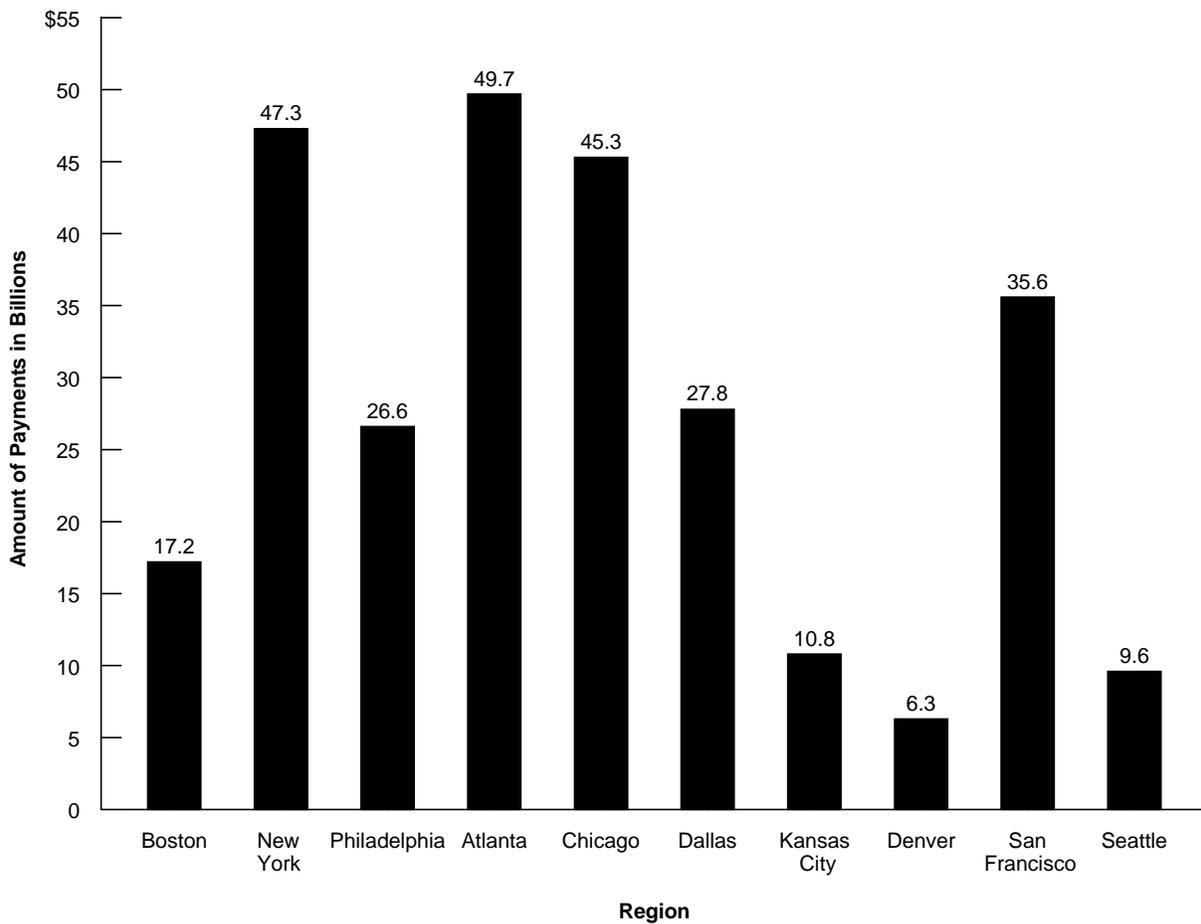


**2007 Total Payments \$276.2 Billion**

NOTES: Percents may not add to 100 because of rounding. Other services in 2007 included \$58.5 billion (21.2%) for pre-paid health insurance premiums. ICF/MR is intermediate care facility/mentally retarded.

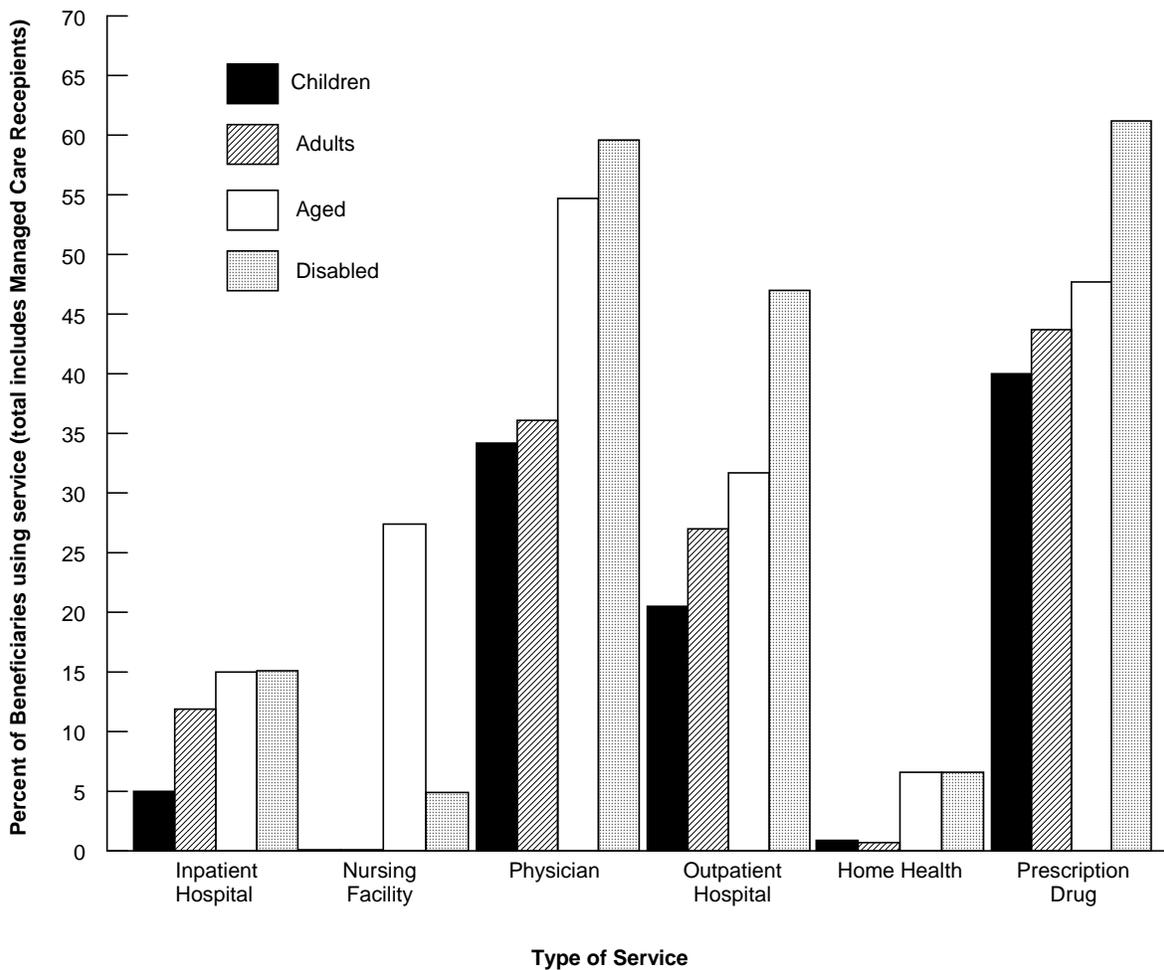
SOURCES: Centers for Medicare & Medicaid Services, Center for Medicaid and State Operations; Statistical Report on Medical Care: Eligibles, Recipients, Payments, and Services (HCFA 2082) and the Medicaid Statistical Information System (MSIS); data development by the Office of Research, Development, and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

Figure 13.8  
Total Medicaid Vendor Payments, by Region:  
Fiscal Year 2007



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 2007



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.