

Table 13.1
Medicaid Medical Assistance Payments: Fiscal Years 1975-2008

Fiscal Year ¹	Medical Assistance Payments CMS Form-64		HCFA-2082/MSIS Payments	HCFA-2082/MSIS Payments as a Percent of CMS Form-64 Payments
	Total Expenditures ²	2008 Inflation Adjusted Total Expenditures ^{3, 4}		
	Amount in Thousands			
1975	\$12,086,166	\$84,459,581	\$12,142,000	100.5
1976	13,977,348	86,547,046	14,091,000	100.8
1977	16,354,599	93,294,917	16,239,000	99.3
1978	18,168,065	95,924,314	17,992,000	99.0
1979	20,736,011	99,836,355	20,472,000	98.7
1980	24,041,116	103,984,066	23,311,000	97.0
1981	28,485,289	109,643,145	27,204,000	95.5
1982	30,330,765	104,372,901	29,399,000	96.9
1983	33,298,880	104,647,643	32,391,000	97.3
1984	35,671,888	103,848,291	33,891,000	95.0
1985	39,413,219	107,922,286	37,508,000	95.2
1986	42,525,605	110,055,914	41,005,000	96.4
1987	46,956,072	114,220,559	45,050,000	95.9
1988	51,645,666	117,083,804	48,710,000	94.3
1989	58,645,953	122,331,984	54,500,000	92.9
1990	69,754,495	133,962,925	64,859,000	93.0
1991	88,377,773	157,004,393	76,964,000	87.1
1992	114,365,915	189,724,477	91,480,000	80.0
1993	126,573,138	198,173,067	101,708,889	80.4
1994	136,886,366	205,782,270	108,270,147	79.1
1995	151,707,290	219,579,230	120,140,904	79.2
1996	154,423,973	217,866,779	121,684,650	78.8
1997	160,538,571	221,707,735	123,551,014	77.0
1998	167,994,374	228,036,343	142,317,904	84.7
1999	180,456,639	239,745,767	153,479,358	85.1
2000	194,696,199	252,131,830	168,307,231	86.4
2001	215,377,890	269,829,478	186,905,000	86.8
2002	244,325,041	298,175,544	213,496,607	87.4
2003	261,870,099	308,627,105	233,205,998	89.1
2004	279,390,230	316,984,604	257,748,435	92.3
2005	298,169,895	328,055,776	273,202,750	91.6
2006	295,114,446	314,755,168	265,048,888	89.8
2007	311,197,380	320,788,970	276,246,429	88.8
2008	329,335,844	329,335,844	296,829,612	90.1

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

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

³Dollar amounts adjusted using a personal consumption expenditure index for health care services, expressed in fiscal year 2008 dollars.

⁴With the release of the comprehensive revision of the national accounts in July of 2009, Bureau of Economic Analysis (BEA) introduced a new classification system for Personal Consumption Expenditures (PCE). With the new classification system and the release of the comprehensive revision estimates, components of medical care were changed, and the base year was updated to the year 2005. PCE health care services now excludes eye exams (currently classified in PCE goods under corrective eyeglasses and contact lenses), and net health insurance (now classified under insurance services). As a result of the PCE classification change, all PCE series were restated for the entire historical period to reflect the new PCE classification structure.

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 2008

Area of Residence	Total	Hospital ¹	Institutional Long-Term-Care ²	Physicians and Other Practitioners ³	Prescription Drug
Amount in Thousands					
All Jurisdictions	\$329,335,844	\$76,284,500	\$60,708,501	\$16,869,936	\$23,690,248
Boston: Region I	21,219,306	3,790,694	4,326,312	918,629	1,141,359
Connecticut	4,515,843	737,146	1,463,604	145,155	322,933
Maine	2,186,643	524,935	316,337	144,057	195,238
Massachusetts	10,379,771	1,709,498	1,819,348	519,057	484,748
New Hampshire	1,256,516	369,086	306,222	72,817	75,681
Rhode Island	1,846,482	409,048	306,600	35,497	59,974
Vermont	1,034,051	40,981	114,201	2,047	2,784
New York: Region II	56,452,771	13,735,921	12,338,928	833,749	4,179,193
New Jersey	9,390,014	2,758,380	2,485,908	112,878	555,088
New York	46,004,930	10,971,392	9,853,020	720,420	3,621,573
Puerto Rico	1,046,489	0	0	0	0
Virgin Islands	11,339	6,150	0	450	2,533
Philadelphia: Region III	32,132,529	4,831,038	7,519,171	809,471	1,416,778
Delaware	1,103,520	100,819	206,124	47,222	115,019
District of Columbia	1,459,890	401,427	262,784	32,516	79,084
Maryland	5,789,865	1,037,589	1,063,604	58,581	262,127
Pennsylvania	16,137,965	1,615,994	4,471,348	237,940	394,021
Virginia	5,361,612	1,201,417	1,012,461	260,496	225,032
West Virginia	2,279,677	473,792	502,851	172,715	341,495
Atlanta: Region IV	56,427,991	14,148,514	10,481,343	4,197,365	4,862,201
Alabama	4,065,659	877,155	871,572	343,438	441,432
Florida	14,674,722	4,037,579	2,751,894	881,050	1,055,817
Georgia	7,654,185	1,858,540	1,435,731	396,293	447,087
Kentucky	4,781,854	1,214,575	917,839	409,943	513,224
Mississippi	3,534,944	1,265,105	998,737	277,805	315,893
North Carolina	9,984,559	2,793,305	1,565,765	1,201,038	1,014,962
South Carolina	4,435,473	1,493,536	657,313	506,120	365,962
Tennessee	7,296,597	608,718	1,282,492	181,678	707,824
Chicago: Region V	52,450,249	12,132,783	10,450,965	2,426,241	3,001,859
Illinois	11,730,833	5,266,583	2,186,836	775,984	1,067,888
Indiana	6,679,844	2,058,819	1,574,856	276,331	307,581
Michigan	9,763,205	1,826,665	1,504,183	322,476	440,569
Minnesota	6,963,612	701,289	987,379	423,861	248,094
Ohio	12,208,921	1,697,594	3,246,319	488,365	460,487
Wisconsin	5,103,833	581,833	951,391	139,222	477,240
Dallas: Region VI	36,914,138	10,269,222	5,594,474	3,707,332	3,508,214
Arkansas	3,328,009	799,123	710,367	359,950	322,073
Louisiana	6,065,776	2,385,344	1,203,048	500,333	850,752
New Mexico	3,051,859	549,485	197,165	96,658	18,058
Oklahoma	3,525,552	992,290	655,335	420,276	349,476
Texas	20,942,942	5,542,979	2,828,560	2,330,116	1,967,856

See footnotes at end of table.

Table 13.2—Continued
Medicaid Expenditures, by Provider Type and Area of Residence: Fiscal Year 2008

Area of Residence	Prescription Drug Rebate	Other Acute Care ⁴	Home and Community ⁵	Health Insurance ⁶	Miscellaneous ⁷
Amount in Thousands					
All Jurisdictions	-\$8,336,141	\$12,056,077	\$44,761,708	\$83,673,035	\$19,627,980
Boston: Region I	-381,080	779,438	3,138,528	5,203,871	2,301,554
Connecticut	-71,783	124,052	859,107	840,518	95,112
Maine	-88,635	172,417	386,024	87,702	448,567
Massachusetts	-165,220	318,974	1,343,644	3,025,584	1,324,139
New Hampshire	-29,206	144,316	229,096	18,618	69,887
Rhode Island	-25,319	19,291	265,973	424,041	351,376
Vermont	-915	388	54,683	807,409	12,473
New York: Region II	-1,305,861	1,980,264	10,243,091	11,544,770	2,902,716
New Jersey	-144,695	365,136	1,041,750	1,779,701	435,869
New York	-1,161,165	1,614,187	9,201,341	8,793,209	2,390,953
Puerto Rico	0	0	0	971,551	74,938
Virgin Islands	0	941	0	309	956
Philadelphia: Region III	-527,022	784,082	4,050,909	11,716,562	1,531,541
Delaware	-51,475	54,870	115,039	457,398	58,504
District of Columbia	-21,294	217,595	128,118	318,347	41,313
Maryland	-61,575	239,924	741,177	2,045,093	403,345
Pennsylvania	-171,227	105,869	1,951,018	7,084,544	448,458
Virginia	-80,422	93,067	758,696	1,454,545	436,320
West Virginia	-141,029	72,757	356,860	356,635	143,601
Atlanta: Region IV	-1,737,250	1,837,398	5,632,212	12,652,702	4,353,505
Alabama	-139,935	253,225	396,512	844,673	177,588
Florida	-423,202	281,302	1,544,113	3,375,476	1,170,692
Georgia	-169,209	122,953	678,189	2,470,953	413,648
Kentucky	-188,441	254,075	398,533	971,270	290,835
Mississippi	-102,675	266,112	161,126	138,325	214,516
North Carolina	-307,041	310,956	1,390,501	457,299	1,557,774
South Carolina	-148,851	338,490	435,630	489,211	298,061
Tennessee	-257,895	10,284	627,609	3,905,496	230,391
Chicago: Region V	-1,038,594	1,553,452	6,834,135	14,567,609	2,521,798
Illinois	-337,447	375,016	1,048,521	528,493	818,960
Indiana	-121,875	414,880	643,092	1,286,280	239,881
Michigan	-216,153	338,083	778,305	4,573,586	195,490
Minnesota	-94,148	52,972	1,910,387	2,245,327	488,450
Ohio	-184,004	97,361	1,563,304	4,369,777	469,718
Wisconsin	-84,966	275,141	890,527	1,564,145	309,300
Dallas: Region VI	-1,263,513	1,533,008	4,350,567	6,968,207	2,246,627
Arkansas	-113,318	530,679	319,027	264,515	135,592
Louisiana	-240,396	275,122	666,522	212,573	212,478
New Mexico	-4,109	57,792	586,007	1,475,031	75,773
Oklahoma	-112,552	228,572	507,450	276,927	207,778
Texas	-793,139	440,842	2,271,561	4,739,162	1,615,006

Table 13.2—Continued
Medicaid Expenditures, by Provider Type and Area of Residence: Fiscal Year 2008

Area of Residence	Total	Hospital ¹	Institutional Long-Term-Care ²	Physicians and Other Practitioners ³	Prescription Drug
Amount in Thousands					
Kansas City: Region VII	\$13,823,574	\$4,022,243	\$2,557,086	\$693,758	\$1,159,288
Iowa	2,834,136	595,671	755,480	343,506	237,532
Kansas	2,338,692	443,769	421,414	116,706	149,329
Missouri	7,065,432	2,655,692	978,521	100,297	616,894
Nebraska	1,585,314	327,111	401,670	133,250	155,533
Denver: Region VIII	7,251,284	1,905,998	1,407,239	636,349	550,041
Colorado	3,186,825	847,740	521,631	267,618	224,687
Montana	780,125	210,160	165,942	61,031	64,507
North Dakota	555,283	105,814	239,035	42,078	32,025
South Dakota	672,641	162,489	160,416	66,655	49,444
Utah	1,570,683	450,763	232,180	132,431	143,912
Wyoming	485,726	129,032	88,035	66,537	35,464
San Francisco: Region IX	40,910,984	9,269,113	4,655,615	2,016,502	3,128,947
American Samoa	20,250	0	0	0	187
Arizona	7,285,799	576,392	33,541	58,619	6,514
California	31,039,145	8,085,054	4,205,096	1,747,752	2,964,348
Guam	25,159	6,495	247	2,782	3,179
Hawaii	1,222,551	191,384	234,160	60,256	67,465
Nevada	1,308,662	406,237	182,571	147,092	84,691
Northern Mariana Islands	9,417	3,550	0	0	2,564
Seattle: Region X	11,753,019	2,178,976	1,377,367	630,541	742,367
Alaska	962,595	258,972	119,679	105,600	71,932
Idaho	1,220,236	283,235	218,294	111,547	103,667
Oregon	3,188,916	353,551	323,031	75,507	147,490
Washington	6,381,272	1,283,218	716,364	337,886	419,278

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

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

³Includes physician, dental, and other practitioners.

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

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

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

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

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

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

Table 13.2—Continued
Medicaid Expenditures, by Provider Type and Area of Residence: Fiscal Year 2008

Area of Residence	Prescription Drug Rebate	Other	Home and Community ⁵	Health Insurance ⁶	Miscellaneous ⁷
		Acute Care ⁴			
Amount in Thousands					
Kansas City: Region VII	-\$383,780	\$616,610	\$2,036,186	\$2,377,060	\$745,123
Iowa	-90,269	67,829	496,792	298,306	129,290
Kansas	-55,894	24,170	502,365	581,504	155,330
Missouri	-188,080	431,091	779,884	1,317,268	373,866
Nebraska	-49,537	93,520	257,145	179,982	86,639
Denver: Region VIII	-173,859	464,533	1,309,240	703,315	448,428
Colorado	-73,562	121,123	646,473	423,747	207,368
Montana	-24,889	36,570	147,781	38,396	80,627
North Dakota	-10,978	17,022	97,892	10,918	21,476
South Dakota	-13,149	55,095	107,380	24,962	59,348
Utah	-41,169	201,134	189,336	195,463	66,633
Wyoming	-10,113	33,590	120,378	9,829	12,975
San Francisco: Region IX	-1,270,753	1,860,798	4,654,945	14,853,735	1,742,082
American Samoa	0	0	0	0	20,063
Arizona	0	42,893	9,211	6,295,869	262,760
California	-1,223,478	1,711,254	4,322,664	7,887,708	1,338,746
Guam	0	3,416	21	535	8,484
Hawaii	-18,991	82,673	168,229	404,119	33,256
Nevada	-28,284	20,182	154,819	265,156	76,199
Northern Mariana Islands	0	380	0	349	2,575
Seattle: Region X	-254,428	646,493	2,511,896	3,085,203	834,605
Alaska	-21,508	113,565	212,813	17,840	83,702
Idaho	-41,752	130,802	179,216	66,911	168,317
Oregon	-45,591	19,334	821,644	1,259,984	233,966
Washington	-145,577	382,792	1,298,223	1,740,468	348,620

Table 13.3
Medicaid Expenditures, Eligibles, and Average Expenditure per Eligible, by Area of
Residence: Fiscal Year 2008

Area of Residence	Expenditures ¹		Eligibles ²		Average Expenditure per Eligible
	Total	Percent	Total	Percent	
All Jurisdictions	\$329,335,843,635	100.0	60,867,440	100.0	5,392 ³
Boston: Region I	21,219,305,882	6.4	3,009,370	4.9	7,051
Connecticut	4,515,843,293	1.4	552,505	0.9	8,173
Maine	2,186,642,908	0.7	355,209	0.6	6,156
Massachusetts	10,379,770,851	3.2	1,568,182	2.6	6,619
New Hampshire	1,256,516,384	0.4	148,118	0.2	8,483
Rhode Island	1,846,481,589	0.6	217,724	0.4	8,481
Vermont	1,034,050,857	0.3	167,632	0.3	6,169
New York: Region II	56,452,771,245	17.1	6,039,237	9.9	9,173 ⁴
New Jersey	9,390,013,827	2.9	1,101,962	1.8	8,521
New York	46,004,929,844	14.0	4,937,275	8.1	9,318
Puerto Rico	1,046,489,033	0.3	(7)	---	---
Virgin Islands	11,338,541	(6)	(7)	---	---
Philadelphia: Region III	32,132,528,622	9.8	4,765,741	7.8	6,742
Delaware	1,103,519,563	0.3	192,551	0.3	5,731
District of Columbia	1,459,889,715	0.4	170,305	0.3	8,572
Maryland	5,789,864,630	1.8	883,324	1.5	6,555
Pennsylvania	16,137,965,265	4.9	2,199,371	3.6	7,338
Virginia	5,361,612,424	1.6	918,441	1.5	5,838
West Virginia	2,279,677,025	0.7	401,749	0.7	5,674
Atlanta: Region IV	56,427,990,622	17.1	11,382,881	18.7	4,957
Alabama	4,065,658,513	1.2	908,576	1.5	4,475
Florida	14,674,721,802	4.5	3,022,946	5.0	4,854
Georgia	7,654,184,658	2.3	1,683,118	2.8	4,548
Kentucky	4,781,853,623	1.5	886,864	1.5	5,392
Mississippi	3,534,943,883	1.1	736,867	1.2	4,797
North Carolina	9,984,558,550	3.0	1,741,471	2.9	5,733
South Carolina	4,435,472,577	1.3	891,795	1.5	4,974
Tennessee	7,296,597,016	2.2	1,511,244	2.5	4,828
Chicago: Region V	52,450,248,702	15.9	9,757,448	16.0	5,375
Illinois	11,730,832,868	3.6	2,525,478	4.1	4,645
Indiana	6,679,844,413	2.0	1,114,580	1.8	5,993
Michigan	9,763,205,475	3.0	2,010,668	3.3	4,856
Minnesota	6,963,611,523	2.1	807,774	1.3	8,621
Ohio	12,208,921,164	3.7	2,212,147	3.6	5,519
Wisconsin	5,103,833,259	1.5	1,086,801	1.8	4,696

See footnotes at end of table.

Table 13.3—Continued
Medicaid Expenditures, Eligibles, and Average Expenditure per Eligible, by Area of Residence: Fiscal Year 2008

Area of Residence	Expenditures ¹		Eligibles ²		Average Expenditure per Eligible
	Total	Percent	Total	Percent	
Dallas: Region VI	\$36,914,137,794	11.2	7,592,501	12.5	4,862
Arkansas	3,328,009,018	1.0	763,387	1.3	4,360
Louisiana	6,065,775,886	1.8	1,195,776	2.0	5,073
New Mexico	3,051,859,421	0.9	551,794	0.9	5,531
Oklahoma	3,525,551,862	1.1	803,226	1.3	4,389
Texas	20,942,941,607	6.4	4,278,318	7.0	4,895
Kansas City: Region VII	13,823,574,419	4.2	2,185,446	3.6	6,325
Iowa	2,834,135,869	0.9	492,655	0.8	5,753
Kansas	2,338,692,399	0.7	354,732	0.6	6,593
Missouri	7,065,432,032	2.1	1,075,238	1.8	6,571
Nebraska	1,585,314,119	0.5	262,821	0.4	6,032
Denver: Region VIII	7,251,283,905	2.2	1,259,211	2.1	5,759
Colorado	3,186,825,239	1.0	572,249	0.9	5,569
Montana	780,125,095	0.2	109,773	0.2	7,107
North Dakota	555,283,315	0.2	72,756	0.1	7,632
South Dakota	672,641,093	0.2	131,868	0.2	5,101
Utah	1,570,682,903	0.5	294,904	0.5	5,326
Wyoming	485,726,260	0.1	77,661	0.1	6,254
San Francisco: Region IX	40,910,983,557	12.4	12,828,880	21.1	3,185 ⁵
American Samoa	20,250,453	(6)	(7)	---	---
Arizona	7,285,798,764	2.2	1,539,073	2.5	4,734
California	31,039,145,327	9.4	10,791,945	17.7	2,876
Guam	25,159,316	(6)	(7)	---	---
Hawaii	1,222,550,545	0.4	238,068	0.4	5,135
Nevada	1,308,662,237	0.4	259,794	0.4	5,037
Northern Mariana Islands	9,416,915	(6)	(7)	---	---
Seattle: Region X	11,753,018,887	3.6	2,046,725	3.4	5,742
Alaska	962,595,105	0.3	124,498	0.2	7,732
Idaho	1,220,236,237	0.4	221,557	0.4	5,508
Oregon	3,188,916,042	1.0	520,269	0.9	6,129
Washington	6,381,271,503	1.9	1,180,401	1.9	5,406

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

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

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

⁴Excludes expenditures for Puerto Rico and Virgin Islands.

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

⁶Less than 0.05 percent.

⁷Jurisdiction did not report eligibles.

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

Table 13.4
Number of Medicaid Persons Served (Beneficiaries), by Eligibility Group:
Fiscal Years 1975-2008

Year	Total	Children ¹	Adult	Aged	Disabled	Other/ Unknown
Number in Thousands						
1975	22,007	9,598	4,529	3,615	2,464	1,801
1976	22,815	9,924	4,773	3,612	2,669	1,837
1977	22,832	9,651	4,785	3,636	2,802	1,958
1978	21,965	9,376	4,643	3,376	2,718	1,852
1979	21,520	9,106	4,570	3,364	2,753	1,727
1980	21,605	9,333	4,877	3,440	2,911	1,044
1981	21,980	9,581	5,187	3,367	3,079	766
1982	21,603	9,563	5,356	3,240	2,891	553
1983	21,554	9,535	5,592	3,372	2,921	134
1984	21,607	9,684	5,600	3,238	2,913	172
1985	21,814	9,757	5,518	3,061	3,012	466
1986	22,515	10,029	5,647	3,140	3,182	517
1987	23,109	10,168	5,599	3,224	3,381	737
1988	22,907	10,037	5,503	3,159	3,487	721
1989	23,511	10,318	5,717	3,132	3,590	754
1990	25,255	11,220	6,010	3,202	3,718	1,105
1991	27,967	12,855	6,703	3,341	4,033	1,035
1992	31,150	15,200	7,040	3,749	4,487	674
1993	33,432	16,285	7,505	3,863	5,016	763
1994	35,053	17,194	7,586	4,035	5,458	780
1995	36,282	17,164	7,604	4,119	5,858	1,537
1996	36,118	16,739	7,127	4,285	6,221	1,746
1997	34,872	15,791	6,803	3,955	6,129	2,195
1998	40,096	18,969	7,895	3,964	6,637	2,631
1999	40,184	18,837	7,511	3,774	6,698	3,365
2000	42,763	19,723	8,750	3,731	6,889	3,671
2001	45,766	21,064	9,758	3,810	7,107	4,026
2002	49,329	23,227	11,255	3,887	7,408	3,552
2003	51,971	24,831	11,691	4,041	7,669	3,739
2004	55,002	26,459	12,244	4,318	7,933	4,048
2005	57,349	27,096	12,461	4,370	8,165	5,257
2006	57,181	27,438	12,490	4,330	8,254	4,669
2007	56,821	27,527	12,405	4,044	8,427	4,418
2008	58,771	28,071	12,947	4,147	8,694	4,912

See footnotes at end of table.

Table 13.4—Continued
Number of Medicaid Persons Served (Beneficiaries), by Eligibility Group:
Fiscal Years 1975-2008

Year	Total	Children ¹	Adult	Aged	Disabled	Other/ Unknown
Percent Distribution						
1975	100.0	43.6	20.6	16.4	11.2	8.2
1976	100.0	43.5	20.9	15.8	11.7	8.1
1977	100.0	42.3	21.0	15.9	12.3	8.6
1978	100.0	42.7	21.1	15.4	12.4	8.4
1979	100.0	42.3	21.2	15.6	12.8	8.0
1980	100.0	43.2	22.6	15.9	13.5	4.8
1981	100.0	43.6	23.6	15.3	14.0	3.5
1982	100.0	44.3	24.8	15.0	13.4	2.6
1983	100.0	44.2	25.9	15.6	13.6	0.6
1984	100.0	44.8	25.9	15.0	13.5	0.8
1985	100.0	44.7	25.3	14.0	13.8	2.1
1986	100.0	44.5	25.1	13.9	14.1	2.3
1987	100.0	44.0	24.2	14.0	14.6	3.2
1988	100.0	43.8	24.0	13.8	15.2	3.1
1989	100.0	43.9	24.3	13.3	15.3	3.2
1990	100.0	44.4	23.8	12.7	14.7	4.4
1991	100.0	46.0	24.0	11.9	14.4	3.7
1992	100.0	48.8	22.6	12.0	14.4	2.2
1993	100.0	48.7	22.4	11.6	15.0	2.3
1994	100.0	49.1	21.6	11.5	15.6	2.2
1995	100.0	47.3	21.0	11.4	16.1	4.2
1996	100.0	46.3	19.7	11.9	17.2	4.8
1997	100.0	45.3	19.5	11.3	17.6	6.3
1998	100.0	47.3	19.7	9.9	16.6	6.6
1999	100.0	46.9	18.7	9.4	16.7	8.4
2000	100.0	46.1	20.5	8.7	16.1	8.6
2001	100.0	46.0	21.3	8.3	15.5	8.8
2002	100.0	47.1	22.8	7.9	15.0	7.2
2003	100.0	47.8	22.5	7.8	14.8	7.2
2004	100.0	48.1	22.3	7.9	14.4	7.4
2005	100.0	47.2	21.7	7.6	14.2	9.2
2006	100.0	48.0	21.8	7.6	14.4	8.2
2007	100.0	48.4	21.8	7.1	14.8	7.8
2008	100.0	47.8	22.0	7.1	14.8	8.4

¹Includes non-disabled children and foster care children.

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

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

Table 13.5
Medicaid Persons Served (Beneficiaries), All Eligibility Groups, by Selected Type of Service:
Fiscal Years 1975-2008

Year	Total ¹	Inpatient		Nursing		Outpatient	Home	Prescribed
		Hospital	ICF/MR	Facility ²	Physician	Hospital	Health ³	Drugs
Number Using Selected Service, in Thousands								
1975	22,007	3,432	69	1,312	15,198	7,437	343	14,155
1976	22,815	3,551	89	1,361	15,624	8,482	319	14,883
1977	22,832	3,768	107	1,395	16,074	8,619	371	15,370
1978	21,965	3,782	104	1,379	15,668	8,628	376	15,188
1979	21,520	3,608	114	1,376	15,168	7,710	359	14,283
1980	21,605	3,680	121	1,395	13,765	9,705	392	13,707
1981	21,980	3,703	151	1,372	14,403	10,018	402	14,256
1982	21,603	3,530	149	1,324	13,894	9,853	377	13,547
1983	21,554	3,696	151	1,367	14,056	10,069	422	13,732
1984	21,607	3,467	141	1,355	14,195	10,035	438	13,935
1985	21,814	3,434	147	1,375	14,387	10,072	535	13,921
1986	22,515	3,544	145	1,399	14,894	10,702	593	14,704
1987	23,109	3,767	149	1,421	15,373	10,979	609	15,083
1988	22,907	3,832	145	1,445	15,265	10,533	569	15,323
1989	23,511	4,170	148	1,452	15,686	11,344	609	15,916
1990	25,255	4,593	147	1,461	17,078	12,370	719	17,294
1991	27,967	5,014	145	1,490	19,119	14,031	809	19,581
1992	31,150	5,790	151	1,573	21,683	15,167	926	22,070
1993	33,432	5,894	149	1,610	23,746	16,436	1,067	23,901
1994	35,053	5,866	159	1,639	24,267	16,567	1,293	24,471
1995	36,282	5,561	151	1,667	23,789	16,712	1,639	23,723
1996	36,118	5,362	140	1,594	22,861	15,905	1,727	22,585
1997	34,872	4,746	136	1,603	21,170	13,632	1,861	20,954
1998	40,096	4,270	126	1,646	18,553	12,158	1,225	19,338
1999	40,184	4,497	122	1,617	18,373	12,417	814	19,855
2000	42,763	4,933	118	1,703	19,104	13,226	995	20,517
2001	45,766	4,900	117	1,701	20,184	13,815	1,011	22,040
2002	49,329	5,046	117	1,760	22,065	14,831	1,064	24,380
2003	51,971	5,217	114	1,691	22,857	15,511	1,184	26,075
2004	55,002	5,425	114	1,709	23,612	15,888	1,146	27,549
2005	57,349	5,462	109	1,703	24,030	16,153	1,192	28,162
2006	57,181	6,212	107	1,707	22,982	15,792	1,186	27,010
2007	56,821	5,134	104	1,645	22,047	14,896	1,190	23,923
2008	58,771	5,259	102	1,616	21,661	14,789	1,144	24,579

See footnotes at end of table.

Table 13.5—Continued
Medicaid Persons Served (Beneficiaries), All Eligibility Groups, by Selected Type of Service:
Fiscal Years 1975-2008

Year	Total ¹	Inpatient		Nursing		Outpatient	Home	Prescribed
		Hospital	ICF/MR	Facility ²	Physician	Hospital	Health ³	Drugs
Percent of Unduplicated Total Using Selected Service								
1975	100.0	15.6	0.3	6.0	69.1	33.8	1.6	64.3
1976	100.0	15.6	0.4	6.0	68.5	37.2	1.4	65.2
1977	100.0	16.5	0.5	6.1	70.4	37.7	1.6	67.3
1978	100.0	17.2	0.5	6.3	71.3	39.3	1.7	69.1
1979	100.0	16.8	0.5	6.4	70.5	35.8	1.7	66.4
1980	100.0	17.0	0.6	6.5	63.7	44.9	1.8	63.4
1981	100.0	16.8	0.7	6.2	65.5	45.6	1.8	64.9
1982	100.0	16.3	0.7	6.1	64.3	45.6	1.7	62.7
1983	100.0	17.1	0.7	6.3	65.2	46.7	2.0	63.7
1984	100.0	16.0	0.7	6.3	65.7	46.4	2.0	64.5
1985	100.0	15.7	0.7	6.3	66.0	46.2	2.5	63.8
1986	100.0	15.7	0.6	6.2	66.2	47.5	2.6	65.3
1987	100.0	16.3	0.6	6.1	66.5	47.5	2.6	65.3
1988	100.0	16.7	0.6	6.3	66.6	46.0	2.5	66.9
1989	100.0	17.7	0.6	6.2	66.7	48.2	2.6	67.7
1990	100.0	18.2	0.6	5.8	67.6	49.0	2.8	68.5
1991	100.0	17.9	0.5	5.3	68.4	50.2	2.9	70.0
1992	100.0	18.6	0.5	5.0	69.6	48.7	3.0	70.9
1993	100.0	17.6	0.4	4.8	71.0	49.2	3.2	71.5
1994	100.0	16.7	0.5	4.7	69.2	47.3	3.7	69.8
1995	100.0	15.3	0.4	4.6	65.6	46.1	4.5	65.4
1996	100.0	14.8	0.4	4.4	63.3	44.0	4.8	62.5
1997	100.0	13.6	0.4	4.6	60.7	39.1	5.3	60.1
1998	100.0	10.6	0.3	4.1	46.3	30.3	3.1	48.2
1999	100.0	11.2	0.3	4.0	45.7	30.9	2.0	49.4
2000	100.0	11.5	0.3	4.0	44.7	30.9	2.3	48.0
2001	100.0	10.7	0.3	3.7	44.1	30.2	2.2	48.2
2002	100.0	10.2	0.2	3.6	44.7	30.1	2.2	49.4
2003	100.0	10.0	0.2	3.3	44.0	29.8	2.3	50.2
2004	100.0	9.9	0.2	3.1	42.9	28.9	2.1	50.1
2005	100.0	9.5	0.2	3.0	41.9	28.2	2.1	49.1
2006	100.0	10.9	0.2	3.0	40.2	27.6	2.1	47.2
2007	100.0	9.0	0.2	2.9	38.8	26.2	2.1	42.1
2008	100.0	8.9	0.2	2.7	36.9	25.2	1.9	41.8

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

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

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

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

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

Table 13.6
Medicaid Persons Served (Beneficiaries), Children, by Selected Type of Service:
Fiscal Years 1975-2008

Year	Total ¹	Inpatient		Nursing		Outpatient	Home	Prescribed
		Hospital	ICF/MR	Facility ²	Physician	Hospital	Health ³	Drugs
Number Using Selected Service, in Thousands								
1975	9,598	984	4	6	6,659	3,619	58	5,552
1976	9,924	1,005	3	4	6,908	4,037	55	5,961
1977	9,651	1,019	4	4	6,864	4,024	62	6,067
1978	9,376	1,023	3	2	6,705	3,992	141	6,016
1979	9,106	944	5	2	6,459	3,528	185	5,655
1980	9,333	978	5	9	6,085	4,238	72	5,590
1981	9,581	955	1	2	6,482	4,282	90	5,810
1982	9,563	866	1	2	6,175	4,171	65	5,432
1983	9,535	881	1	0	6,111	4,159	39	5,488
1984	9,684	845	1	1	6,330	4,178	44	5,667
1985	9,757	864	1	1	6,284	4,269	64	5,592
1986	10,029	924	(4)	2	6,496	4,445	69	5,949
1987	10,168	1,005	(4)	(4)	6,649	4,520	60	6,073
1988	10,037	1,003	(4)	(4)	6,628	4,321	51	6,125
1989	10,318	1,138	1	(4)	6,908	4,662	59	6,454
1990	11,220	1,345	1	1	7,689	5,250	75	7,259
1991	12,855	1,472	1	2	8,911	6,157	103	8,605
1992	15,200	1,992	1	3	10,402	7,151	126	10,068
1993	16,285	1,905	1	1	11,350	7,651	149	10,989
1994	17,194	1,924	1	1	11,546	7,626	202	11,238
1995	17,164	1,725	1	1	11,041	7,389	259	10,708
1996	16,739	1,625	(4)	1	10,314	6,777	329	9,988
1997	15,791	1,363	1	2	9,370	5,472	309	9,129
1998	18,969	1,199	1	5	7,847	4,776	206	8,168
1999	18,837	1,152	1	1	7,617	4,617	132	8,118
2000	19,723	1,274	1	1	7,848	4,923	190	8,316
2001	21,064	1,314	1	2	8,364	5,284	208	8,954
2002	23,227	1,334	1	2	9,265	5,768	227	9,930
2003	24,831	1,380	1	2	9,785	6,075	248	10,818
2004	26,459	1,494	1	2	10,285	6,342	242	11,550
2005	27,096	1,485	1	2	10,360	6,305	252	11,774
2006	27,438	1,719	1	2	10,063	6,171	246	11,494
2007	27,527	1,388	1	4	9,401	5,657	240	11,015
2008	28,071	1,474	1	8	9,095	5,552	208	11,164

See footnotes at end of table.

Table 13.6—Continued
Medicaid Persons Served (Beneficiaries), Children, by Selected Type of Service:
Fiscal Years 1975-2008

Year	Total ¹	Inpatient		Nursing		Outpatient	Home	Prescribed
		Hospital	ICF/MR	Facility ²	Physician	Hospital	Health ³	Drugs
Percent of Unduplicated Total Using Selected Service								
1975	100.0	10.3	(5)	(5)	69.4	37.7	0.6	57.8
1976	100.0	10.1	(5)	(5)	69.6	40.7	0.6	60.1
1977	100.0	10.6	(5)	(5)	71.1	41.7	0.6	62.9
1978	100.0	10.9	(5)	(5)	71.5	42.6	1.5	64.2
1979	100.0	10.4	(5)	(5)	70.9	38.7	2.0	62.1
1980	100.0	10.5	(5)	(5)	65.2	45.4	0.8	59.9
1981	100.0	10.0	(5)	(5)	67.7	44.7	0.9	60.6
1982	100.0	9.1	(5)	(5)	64.6	43.6	0.7	56.8
1983	100.0	9.2	(5)	(5)	64.1	43.6	0.4	57.6
1984	100.0	8.7	(5)	(5)	65.4	43.1	0.5	58.5
1985	100.0	8.9	(5)	(5)	64.4	43.8	0.7	57.3
1986	100.0	9.2	(5)	(5)	64.8	44.3	0.7	59.3
1987	100.0	9.9	(5)	(5)	65.4	44.5	0.6	59.7
1988	100.0	10.0	(5)	(5)	66.0	43.1	0.5	61.0
1989	100.0	11.0	(5)	(5)	67.0	45.2	0.6	62.6
1990	100.0	12.0	(5)	(5)	68.5	46.8	0.7	64.7
1991	100.0	11.4	(5)	(5)	69.3	47.9	0.8	66.9
1992	100.0	13.1	(5)	(5)	68.4	47.0	0.8	66.2
1993	100.0	11.7	(5)	(5)	69.7	47.0	0.9	67.5
1994	100.0	11.2	(5)	(5)	67.2	44.4	1.2	65.4
1995	100.0	10.1	(5)	(5)	64.3	43.0	1.5	62.4
1996	100.0	9.7	(5)	(5)	61.6	40.5	2.0	59.7
1997	100.0	8.6	(5)	(5)	59.3	34.7	2.0	57.8
1998	100.0	6.3	(5)	(5)	41.4	25.2	1.1	43.1
1999	100.0	6.1	(5)	(5)	40.4	24.5	0.7	43.1
2000	100.0	6.5	(5)	(5)	39.8	25.0	1.0	42.2
2001	100.0	6.2	(5)	(5)	39.7	25.1	1.0	42.5
2002	100.0	5.7	(5)	(5)	39.9	24.8	1.0	42.8
2003	100.0	5.6	(5)	(5)	39.4	24.5	1.0	43.6
2004	100.0	5.6	(5)	(5)	38.9	24.0	0.9	43.7
2005	100.0	5.5	(5)	(5)	38.2	23.3	0.9	43.5
2006	100.0	6.3	(5)	(5)	36.7	22.5	0.9	41.9
2007	100.0	5.0	(5)	(5)	34.2	20.5	0.9	40.0
2008	100.0	5.3	(5)	(5)	32.4	19.8	0.7	39.8

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

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

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

⁴Less than 500 users.

⁵Less than 0.05 percent.

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

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

Table 13.7
Medicaid Persons Served (Beneficiaries), Adults, by Selected Type of Service:
Fiscal Years 1975-2008

Year	Total ¹	Inpatient		Nursing		Outpatient	Home	Prescribed
		Hospital	ICF/MR	Facility ²	Physician	Hospital	Health ³	Drugs
Number Using Selected Service, in Thousands								
1975	4,529	930	(4)	5	3,368	1,896	50	3,168
1976	4,773	959	1	3	3,437	2,127	31	3,329
1977	4,785	993	2	3	3,571	2,183	36	3,415
1978	4,643	975	2	3	3,469	2,161	29	3,460
1979	4,570	970	2	2	3,411	1,985	28	3,288
1980	4,877	1,000	3	9	3,206	2,485	41	3,173
1981	5,187	1,035	1	2	3,498	2,657	39	3,501
1982	5,356	1,035	(4)	1	3,555	2,755	38	3,493
1983	5,592	1,078	1	2	3,684	2,916	34	3,639
1984	5,600	1,006	(4)	2	3,696	2,894	38	3,663
1985	5,518	990	(4)	2	3,635	2,933	46	3,562
1986	5,647	1,016	(4)	2	3,699	3,060	59	3,681
1987	5,599	1,067	(4)	4	3,704	3,072	46	3,658
1988	5,503	1,090	(4)	4	3,646	2,894	37	3,617
1989	5,717	1,247	(4)	11	3,888	3,199	42	3,829
1990	6,010	1,457	(4)	2	4,168	3,508	48	4,057
1991	6,703	1,623	(4)	3	4,579	3,979	77	4,603
1992	7,040	1,711	(4)	4	5,152	4,060	71	5,076
1993	7,505	1,752	(4)	5	5,515	4,283	87	5,411
1994	7,586	1,672	(4)	3	5,457	4,145	117	5,383
1995	7,604	1,602	(4)	4	5,096	4,102	139	4,971
1996	7,127	1,431	(4)	2	4,499	3,616	139	4,342
1997	6,803	1,247	(4)	3	3,874	3,056	143	3,896
1998	7,895	1,135	(4)	8	3,352	2,679	120	3,513
1999	7,511	1,134	(4)	2	3,105	2,571	86	3,545
2000	8,750	1,268	(4)	3	3,580	2,793	101	3,962
2001	9,758	1,332	(4)	4	3,998	3,006	92	4,322
2002	11,255	1,407	(4)	4	4,862	3,467	91	5,146
2003	11,691	1,497	(4)	4	4,877	3,661	98	5,464
2004	12,244	1,554	(4)	5	4,891	3,718	90	5,724
2005	12,461	1,565	(4)	6	4,904	3,631	97	5,844
2006	12,490	1,798	(4)	6	4,698	3,611	90	5,624
2007	12,405	1,471	(4)	6	4,477	3,350	89	5,420
2008	12,947	1,506	(4)	10	4,378	3,337	85	5,543

See footnotes at end of table.

Table 13.7—Continued
Medicaid Persons Served (Beneficiaries), Adults, by Selected Type of Service:
Fiscal Years 1975-2008

Year	Total ¹	Inpatient		Nursing		Outpatient	Home	Prescribed
		Hospital	ICF/MR	Facility ²	Physician	Hospital	Health ³	Drugs
Percent of Unduplicated Total Using Selected Service								
1975	100.0	20.5	(5)	(5)	74.4	41.9	1.1	69.9
1976	100.0	20.1	(5)	(5)	72.0	44.6	0.6	69.7
1977	100.0	20.8	(5)	(5)	74.6	45.6	0.8	71.4
1978	100.0	21.0	(5)	(5)	74.7	46.5	0.6	74.5
1979	100.0	21.2	(5)	(5)	74.6	43.4	0.6	71.9
1980	100.0	20.5	(5)	(5)	65.7	51.0	0.8	65.1
1981	100.0	20.0	(5)	(5)	67.4	51.2	0.8	67.5
1982	100.0	19.3	(5)	(5)	66.4	51.4	0.7	65.2
1983	100.0	19.3	(5)	(5)	65.9	52.1	0.6	65.1
1984	100.0	18.0	(5)	(5)	66.0	51.7	0.7	65.4
1985	100.0	17.9	(5)	(5)	65.9	53.2	0.8	64.6
1986	100.0	18.0	(5)	(5)	65.5	54.2	1.0	65.2
1987	100.0	19.1	(5)	(5)	66.2	54.9	0.8	65.3
1988	100.0	19.8	(5)	(5)	66.3	52.6	0.7	65.7
1989	100.0	21.8	(5)	0.2	68.0	56.0	0.7	67.0
1990	100.0	24.2	(5)	(5)	69.3	58.4	0.8	67.5
1991	100.0	24.2	(5)	(5)	68.3	59.4	1.1	68.7
1992	100.0	24.3	(5)	(5)	73.2	57.7	1.0	72.1
1993	100.0	23.3	(5)	(5)	73.5	57.1	1.2	72.1
1994	100.0	22.0	(5)	(5)	71.9	54.6	1.5	71.0
1995	100.0	21.1	(5)	(5)	67.0	53.9	1.8	65.4
1996	100.0	20.1	(5)	(5)	63.1	50.7	2.0	60.9
1997	100.0	18.3	(5)	(5)	56.9	44.9	2.1	57.3
1998	100.0	14.4	(5)	0.1	42.5	33.9	1.5	44.5
1999	100.0	15.1	(5)	(5)	41.3	34.2	1.1	47.2
2000	100.0	14.5	(5)	(5)	40.9	31.9	1.2	45.3
2001	100.0	13.7	(5)	(5)	41.0	30.8	0.9	44.3
2002	100.0	12.5	(5)	(5)	43.2	30.8	0.8	45.7
2003	100.0	12.8	(5)	(5)	41.7	31.3	0.8	46.7
2004	100.0	12.7	(5)	(5)	39.9	30.4	0.7	46.7
2005	100.0	12.6	(5)	(5)	39.4	29.1	0.8	46.9
2006	100.0	14.4	(5)	(5)	37.6	28.9	0.7	45.0
2007	100.0	11.9	(5)	(5)	36.1	27.0	0.7	43.7
2008	100.0	11.6	(5)	0.1	33.8	25.8	0.7	42.8

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

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

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

⁴Less than 500 users.

⁵Less than 0.05 percent.

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

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

Table 13.8
Medicaid Persons Served (Beneficiaries), Aged, by Selected Type of Service:
Fiscal Years 1975-2008

Year	Total ¹	Inpatient		Nursing		Outpatient	Home	Prescribed Drugs
		Hospital	ICF/MR	Facility ²	Physician	Hospital	Health ³	
Number Using Selected Service, in Thousands								
1975	3,615	757	3	1,023	2,263	732	115	2,673
1976	3,612	786	2	1,080	2,275	816	113	2,718
1977	3,636	824	2	1,112	2,338	828	134	2,678
1978	3,376	858	3	1,093	2,245	908	106	2,595
1979	3,364	798	3	1,080	2,222	874	56	2,504
1980	3,440	831	12	1,095	2,221	903	108	2,524
1981	3,367	843	9	1,134	2,208	895	102	2,655
1982	3,240	811	8	1,105	2,148	885	105	2,523
1983	3,372	881	8	1,186	2,265	1,088	207	2,526
1984	3,238	785	5	1,164	2,140	1,041	199	2,444
1985	3,061	729	7	1,171	2,166	804	234	2,400
1986	3,140	720	6	1,185	2,216	884	254	2,469
1987	3,224	725	6	1,206	2,239	912	277	2,490
1988	3,159	728	5	1,248	2,066	918	263	2,504
1989	3,132	720	5	1,227	1,989	940	264	2,471
1990	3,202	705	7	1,234	2,056	944	288	2,591
1991	3,341	759	8	1,265	2,185	1,049	300	2,727
1992	3,749	870	12	1,339	2,366	1,196	324	2,872
1993	3,863	909	10	1,370	2,569	1,335	356	2,954
1994	4,035	901	11	1,398	2,681	1,420	395	3,012
1995	4,119	855	12	1,405	2,753	1,557	481	2,981
1996	4,285	887	10	1,327	2,838	1,672	460	2,969
1997	3,955	790	10	1,298	2,836	1,471	530	2,848
1998	3,964	735	9	1,300	2,579	1,344	363	2,834
1999	3,774	694	9	1,210	2,444	1,286	199	2,907
2000	3,731	708	9	1,204	2,364	1,324	229	2,890
2001	3,810	703	8	1,196	2,369	1,303	235	2,997
2002	3,887	721	8	1,174	2,187	1,264	250	3,147
2003	4,041	697	8	1,157	2,210	1,235	264	3,294
2004	4,318	711	7	1,162	2,249	1,238	258	3,548
2005	4,370	686	7	1,143	2,224	1,297	275	3,593
2006	4,330	652	7	1,118	2,248	1,316	272	3,382
2007	4,044	605	7	1,101	2,210	1,282	265	1,930
2008	4,147	601	8	1,080	2,258	1,280	268	1,884

See footnotes at end of table.

Table 13.8—Continued
Medicaid Persons Served (Beneficiaries), Aged, by Selected Type of Service:
Fiscal Years 1975-2008

Year	Total ¹	Inpatient		Nursing		Outpatient	Home	Prescribed
		Hospital	ICF/MR	Facility ²	Physician	Hospital	Health ³	Drugs
Percent of Unduplicated Total Using Selected Service								
1975	100.0	20.9	0.1	28.3	62.6	20.2	3.2	73.9
1976	100.0	21.8	0.1	29.9	63.0	22.6	3.1	75.2
1977	100.0	22.7	0.1	30.6	64.3	22.8	3.7	73.7
1978	100.0	25.4	0.1	32.4	66.5	26.9	3.1	76.9
1979	100.0	23.7	0.1	32.1	66.1	26.0	1.7	74.4
1980	100.0	24.2	0.3	31.8	64.6	26.3	3.1	73.4
1981	100.0	25.0	0.3	33.7	65.6	26.6	3.0	78.9
1982	100.0	25.0	0.2	34.1	66.3	27.3	3.2	77.9
1983	100.0	26.1	0.2	35.2	67.2	32.3	6.1	74.9
1984	100.0	24.2	0.2	35.9	66.1	32.1	6.1	75.5
1985	100.0	23.8	0.2	38.3	70.8	26.3	7.6	78.4
1986	100.0	22.9	0.2	37.7	70.6	28.2	8.1	78.6
1987	100.0	22.5	0.2	37.4	69.4	28.3	8.6	77.2
1988	100.0	23.0	0.2	39.5	65.4	29.1	8.3	79.3
1989	100.0	23.0	0.2	39.2	63.5	30.0	8.4	78.9
1990	100.0	22.0	0.2	38.5	64.2	29.5	9.0	80.9
1991	100.0	22.7	0.2	37.9	65.4	31.4	9.0	81.6
1992	100.0	23.2	0.3	35.7	63.1	31.9	8.6	76.6
1993	100.0	23.5	0.3	35.5	66.5	34.6	9.2	76.5
1994	100.0	22.3	0.3	34.6	66.4	35.2	9.8	74.6
1995	100.0	20.8	0.3	34.1	66.8	37.8	11.7	72.4
1996	100.0	20.7	0.2	31.0	66.2	39.0	10.7	69.3
1997	100.0	20.0	0.3	32.8	71.7	37.2	13.4	72.0
1998	100.0	18.5	0.2	32.8	65.1	33.9	9.2	71.5
1999	100.0	18.4	0.2	32.1	64.8	34.1	5.3	77.0
2000	100.0	19.0	0.2	32.3	63.4	35.5	6.1	77.5
2001	100.0	18.5	0.2	31.4	62.2	34.2	6.2	78.7
2002	100.0	18.5	0.2	30.2	56.3	32.5	6.4	81.0
2003	100.0	17.2	0.2	28.6	54.7	30.6	6.5	81.5
2004	100.0	16.5	0.2	26.9	52.1	28.7	6.0	82.2
2005	100.0	15.7	0.2	26.2	50.9	29.7	6.3	82.2
2006	100.0	15.1	0.2	25.8	51.9	30.4	6.3	78.1
2007	100.0	15.0	0.2	27.2	54.7	31.7	6.6	47.7
2008	100.0	14.5	0.2	26.0	54.5	30.9	6.5	45.4

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

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

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

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

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

Table 13.9
Medicaid Persons Served (Beneficiaries), Disabled, by Selected Type of Service:
Fiscal Years 1975-2008

Year	Total ¹	Inpatient		Nursing		Outpatient	Home	Prescribed Drugs
		Hospital	ICF/MR	Facility ²	Physician	Hospital	Health ³	
Number Using Selected Service, in Thousands								
1975	2,464	531	57	273	1,652	874	99	1,745
1976	2,669	602	78	271	1,816	1,064	112	1,912
1977	2,802	677	94	271	1,980	1,137	127	2,049
1978	2,718	691	91	276	1,956	1,150	97	2,046
1979	2,753	718	102	289	1,985	1,120	87	2,081
1980	2,911	749	102	295	2,032	1,269	170	2,193
1981	3,079	775	142	272	2,076	1,418	169	2,226
1982	2,891	733	143	250	2,030	1,284	168	2,156
1983	2,921	748	151	231	2,057	1,354	144	2,156
1984	2,913	730	139	230	2,056	1,361	161	2,200
1985	3,012	728	141	232	2,161	1,413	188	2,287
1986	3,182	751	140	232	2,298	1,569	205	2,451
1987	3,381	801	144	236	2,458	1,698	221	2,627
1988	3,487	834	140	230	2,521	1,772	216	2,738
1989	3,590	885	142	224	2,596	1,911	236	2,882
1990	3,718	913	137	217	2,735	1,982	297	3,022
1991	4,033	990	136	216	2,971	2,196	341	3,282
1992	4,487	1,092	138	221	3,353	2,467	396	3,671
1993	5,016	1,200	138	225	3,842	2,854	464	4,118
1994	5,458	1,240	146	228	4,167	3,088	565	4,429
1995	5,858	1,226	135	242	4,370	3,312	736	4,570
1996	6,221	1,265	128	247	4,559	3,475	766	4,762
1997	6,129	1,216	122	259	4,581	3,393	860	4,728
1998	6,637	1,132	116	285	4,365	3,241	527	4,687
1999	6,698	1,168	110	246	4,288	3,300	375	4,865
2000	6,889	1,228	107	262	4,335	3,426	430	5,009
2001	7,107	1,235	105	277	4,471	3,508	436	5,229
2002	7,408	1,282	106	317	4,682	3,693	467	5,686
2003	7,669	1,313	102	311	4,844	3,790	512	5,919
2004	7,933	1,339	101	311	5,011	3,876	517	6,128
2005	8,165	1,327	99	319	5,037	3,960	539	6,267
2006	8,254	1,386	96	324	5,012	3,979	548	6,129
2007	8,427	1,275	93	324	5,027	3,962	558	5,158
2008	8,694	1,289	91	322	5,049	3,950	546	5,162

See footnotes at end of table.

Table 13.9—Continued
Medicaid Persons Served (Beneficiaries), Disabled, by Selected Type of Service:
Fiscal Years 1975-2008

Year	Total ¹	Inpatient		Nursing		Outpatient	Home	Prescribed
		Hospital	ICF/MR	Facility ²	Physician	Hospital	Health ³	Drugs
Percent of Unduplicated Total Using Selected Service								
1975	100.0	21.6	2.3	11.1	67.0	35.5	4.0	70.8
1976	100.0	22.6	2.9	10.2	68.0	39.9	4.2	71.6
1977	100.0	24.2	3.4	9.7	70.7	40.6	4.5	73.1
1978	100.0	25.4	3.3	10.2	72.0	42.3	3.6	75.3
1979	100.0	26.1	3.7	10.5	72.1	40.7	3.2	75.6
1980	100.0	25.7	3.5	10.1	69.8	43.6	5.8	75.3
1981	100.0	25.2	4.6	8.8	67.4	46.1	5.5	72.3
1982	100.0	25.4	4.9	8.6	70.2	44.4	5.8	74.6
1983	100.0	25.6	5.2	7.9	70.4	46.4	4.9	73.8
1984	100.0	25.1	4.8	7.9	70.6	46.7	5.5	75.5
1985	100.0	24.2	4.7	7.7	71.7	46.9	6.2	75.9
1986	100.0	23.6	4.4	7.3	72.2	49.3	6.4	77.0
1987	100.0	23.7	4.3	7.0	72.7	50.2	6.5	77.7
1988	100.0	23.9	4.0	6.6	72.3	50.8	6.2	78.5
1989	100.0	24.7	4.0	6.2	72.3	53.2	6.6	80.3
1990	100.0	24.5	3.7	5.8	73.6	53.3	8.0	81.3
1991	100.0	24.6	3.4	5.4	73.7	54.4	8.4	81.4
1992	100.0	24.4	3.1	4.9	74.7	55.0	8.8	81.8
1993	100.0	23.9	2.8	4.5	76.6	56.9	9.3	82.1
1994	100.0	22.7	2.7	4.2	76.3	56.6	10.4	81.1
1995	100.0	20.9	2.3	4.1	74.6	56.5	12.6	78.0
1996	100.0	20.3	2.1	4.0	73.3	55.9	12.3	76.5
1997	100.0	19.8	2.0	4.2	74.7	55.4	14.0	77.1
1998	100.0	17.1	1.7	4.3	65.8	48.8	7.9	70.6
1999	100.0	17.4	1.6	3.7	64.0	49.3	5.6	72.6
2000	100.0	17.8	1.6	3.8	62.9	49.7	6.2	72.7
2001	100.0	17.4	1.5	3.9	62.9	49.4	6.1	73.6
2002	100.0	17.3	1.4	4.3	63.2	49.9	6.3	76.8
2003	100.0	17.1	1.3	4.1	63.2	49.4	6.7	77.2
2004	100.0	16.9	1.3	3.9	63.2	48.9	6.5	77.3
2005	100.0	16.3	1.2	3.9	61.7	48.5	6.6	76.7
2006	100.0	16.8	1.2	3.9	60.7	48.2	6.6	74.3
2007	100.0	15.1	1.1	3.8	59.6	47.0	6.6	61.2
2008	100.0	14.8	1.0	3.7	58.1	45.4	6.3	59.4

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

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

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

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

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

Table 13.10
Medicaid Payments, by Eligibility Group: Fiscal Years 1975-2008

Year	Total ¹	Children	Adults	Aged	Disabled
Amount in Millions (Nominal Dollars)					
1975	\$12,242	\$2,186	\$2,062	\$4,358	\$3,145
1976	14,091	2,431	2,288	4,910	3,920
1977	16,239	2,610	2,606	5,499	4,883
1978	17,992	2,748	2,673	6,308	5,620
1979	20,472	2,884	3,021	7,046	6,882
1980	23,311	3,123	3,231	8,739	7,621
1981	27,204	3,508	3,763	9,926	9,455
1982	29,399	3,473	4,093	10,739	10,405
1983	32,391	3,836	4,487	11,954	11,367
1984	33,891	3,979	4,420	12,815	11,977
1985	37,508	4,414	4,746	14,096	13,452
1986	41,005	5,135	4,880	15,097	14,913
1987	45,050	5,508	5,592	16,037	16,817
1988	48,710	5,848	5,883	17,135	18,594
1989	54,500	6,892	6,897	18,558	20,885
1990	64,859	9,100	8,590	21,508	24,404
1991	76,964	11,600	10,421	25,444	28,251
1992	91,480	14,758	12,403	29,089	34,004
1993	101,709	16,504	13,605	31,554	38,655
1994	108,270	17,302	13,585	33,618	42,298
1995	120,141	17,976	13,511	36,527	49,418
1996	121,685	17,544	12,275	36,947	52,065
1997	124,430	17,544	12,307	37,721	54,130
1998	142,260	22,896	14,865	40,601	60,374
1999	153,479	24,151	15,801	42,522	65,850
2000	168,307	26,775	17,763	44,503	72,742
2001	186,905	30,636	20,170	48,356	80,386
2002	213,497	35,890	23,635	51,924	92,414
2003	233,206	39,871	26,800	55,271	102,014
2004	257,748	44,205	30,721	59,541	111,614
2005	273,203	46,846	32,215	62,929	118,683
2006	265,049	49,612	32,682	57,457	114,745
2007	276,246	53,716	34,153	57,179	119,617
2008	296,830	57,137	37,698	61,131	129,040

See footnotes at end of table.

Table 13.10—Continued
Medicaid Payments, by Eligibility Group: Fiscal Years 1975-2008

Year	Total ¹	Children	Adults	Aged	Disabled
Amount in Millions (Constant 2008 Dollars)					
1975	\$85,549	\$15,276	\$14,410	\$30,454	\$21,978
1976	87,251	15,053	14,167	30,402	24,272
1977	92,635	14,889	14,866	31,369	27,855
1978	94,995	14,509	14,113	33,305	29,673
1979	98,565	13,885	14,545	33,924	33,134
1980	100,826	13,508	13,975	37,798	32,963
1981	104,711	13,503	14,484	38,206	36,393
1982	101,167	11,951	14,085	36,955	35,805
1983	101,794	12,055	14,101	37,568	35,723
1984	98,664	11,584	12,868	37,307	34,868
1985	102,705	12,087	12,996	38,598	36,835
1986	106,121	13,289	12,629	39,071	38,595
1987	109,584	13,398	13,603	39,010	40,907
1988	110,428	13,258	13,337	38,846	42,154
1989	113,684	14,376	14,387	38,711	43,565
1990	124,561	17,476	16,497	41,306	46,868
1991	136,728	20,608	18,513	45,202	50,188
1992	151,758	24,482	20,576	48,256	56,410
1993	159,244	25,840	21,301	49,403	60,521
1994	162,763	26,010	20,422	50,538	63,587
1995	173,891	26,018	19,556	52,869	71,527
1996	171,677	24,752	17,318	52,126	73,455
1997	171,841	24,229	16,996	52,094	74,755
1998	193,104	31,079	20,178	55,112	81,952
1999	203,905	32,086	20,992	56,493	87,485
2000	217,958	34,674	23,003	57,631	94,201
2001	234,158	38,381	25,269	60,581	100,709
2002	260,553	43,800	28,844	63,368	112,783
2003	274,845	46,990	31,585	65,140	120,229
2004	292,431	50,153	34,854	67,553	126,633
2005	300,586	51,542	35,444	69,236	130,579
2006	282,689	52,913	34,857	61,281	122,382
2007	284,761	55,372	35,206	58,942	123,303
2008	296,830	57,137	37,698	61,131	129,040

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

NOTES: Beginning fiscal year 1998, capitated premiums for Medicaid eligibles enrolled in managed care plans were included in this series. Dollar amounts are adjusted using a personal consumption expenditure index for health care services, U.S. Department of Commerce, Bureau of Economic Analysis (BEA), expressed in fiscal year 2008 dollars. With the release of the comprehensive revision of the national accounts in July of 2009, BEA introduced a new classification system for Personal Consumption Expenditures (PCE). With the new classification system and the release of the comprehensive revision estimates, components of medical care were changed, and the base year was updated to the year 2005. PCE health care services now excludes eye exams (currently classified in PCE goods under corrective eyeglasses and contact lenses), and net health insurance (now classified under insurance services). As a result of the PCE classification change, all PCE series were restated for the entire historical period to reflect the new PCE classification structure.

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 1975-2008

Year	Total ¹	Children	Adults	Aged	Disabled
1975	\$556	\$228	\$455	\$1,205	\$1,276
1976	618	245	479	1,359	1,469
1977	711	270	545	1,512	1,743
1978	819	293	576	1,869	2,068
1979	951	317	661	2,094	2,500
1980	1,079	335	663	2,540	2,619
1981	1,238	366	725	2,948	3,071
1982	1,361	363	764	3,315	3,600
1983	1,503	402	802	3,545	3,891
1984	1,569	411	789	3,957	4,112
1985	1,719	452	860	4,605	4,459
1986	1,821	512	864	4,808	4,687
1987	1,949	542	999	4,975	4,974
1988	2,126	583	1,069	5,425	5,332
1989	2,318	668	1,206	5,926	5,817
1990	2,568	811	1,429	6,717	6,564
1991	2,752	902	1,555	7,617	7,005
1992	2,937	971	1,762	7,759	7,578
1993	3,042	1,013	1,813	8,168	7,706
1994	3,089	1,006	1,791	8,332	7,750
1995	3,311	1,047	1,777	8,868	8,435
1996	3,369	1,048	1,722	8,622	8,369
1997	3,568	1,111	1,809	9,538	8,832
1998	3,548	1,207	1,883	10,243	9,096
1999	3,819	1,282	2,104	11,268	9,832
2000	3,936	1,358	2,030	11,929	10,559
2001	4,084	1,454	2,067	12,691	11,310
2002	4,328	1,545	2,100	13,359	12,475
2003	4,487	1,606	2,292	13,677	13,303
2004	4,686	1,671	2,509	13,790	14,070
2005	4,764	1,729	2,585	14,402	14,536
2006	4,635	1,808	2,617	13,268	13,902
2007	4,862	1,951	2,753	14,141	14,194
2008	5,051	2,035	2,912	14,742	14,843

See footnote at end of table.

Table 13.11—Continued
Medicaid Payments per Person Served (Beneficiary), by Eligibility Group:
Fiscal Years 1975-2008

Year	Total ¹	Children	Adults	Aged	Disabled
			(Constant 2008 Dollars)		
1975	\$3,885	\$1,593	\$3,180	\$8,421	\$8,917
1976	3,827	1,517	2,966	8,415	9,096
1977	4,056	1,540	3,109	8,625	9,943
1978	4,324	1,547	3,041	9,868	10,919
1979	4,579	1,526	3,182	10,082	12,037
1980	4,667	1,449	2,868	10,986	11,328
1981	4,765	1,409	2,791	11,347	11,821
1982	4,683	1,249	2,629	11,407	12,388
1983	4,723	1,263	2,520	11,141	12,228
1984	4,568	1,197	2,297	11,520	11,971
1985	4,707	1,238	2,355	12,610	12,210
1986	4,713	1,325	2,236	12,443	12,130
1987	4,741	1,318	2,430	12,102	12,099
1988	4,820	1,322	2,423	12,299	12,088
1989	4,835	1,393	2,516	12,361	12,134
1990	4,932	1,558	2,744	12,900	12,606
1991	4,889	1,602	2,762	13,532	12,444
1992	4,872	1,611	2,923	12,872	12,571
1993	4,763	1,586	2,839	12,788	12,065
1994	4,644	1,512	2,692	12,526	11,651
1995	4,792	1,515	2,572	12,835	12,209
1996	4,753	1,479	2,429	12,164	11,807
1997	4,928	1,534	2,498	13,173	12,197
1998	4,816	1,638	2,556	13,904	12,347
1999	5,074	1,703	2,795	14,971	13,062
2000	5,097	1,758	2,629	15,447	13,674
2001	5,116	1,822	2,590	15,899	14,170
2002	5,282	1,886	2,563	16,304	15,225
2003	5,288	1,892	2,702	16,120	15,678
2004	5,317	1,895	2,847	15,645	15,963
2005	5,241	1,902	2,844	15,845	15,993
2006	4,944	1,928	2,791	14,152	14,828
2007	5,012	2,012	2,838	14,576	14,632
2008	5,051	2,035	2,912	14,742	14,843

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

NOTES: Beginning fiscal year 1998, capitated premiums for Medicaid eligibles enrolled in managed care plans were included in this series as a component of the total payment per person served (beneficiary). Dollar amounts are adjusted using a personal consumption expenditure index for health care services, U.S. Department of Commerce, Bureau of Economic Analysis (BEA), expressed in fiscal year 2008 dollars. With the release of the comprehensive revision of the national accounts in July of 2009, BEA introduced a new classification system for Personal Consumption Expenditures (PCE). With the new classification system and the release of the comprehensive revision estimates, components of medical care were changed, and the base year was updated to the year 2005. PCE health care services now exclude eye exams (currently classified in PCE goods under corrective eyeglasses and contact lenses), and net health insurance (now classified under insurance services). As a result of the PCE classification change, all PCE series were restated for the entire historical period to reflect the new PCE classification structure.

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 1975-2008

Year	Total ¹	Inpatient		Nursing		Outpatient	Home	Prescribed
		Hospital	ICF/MR	Facility ²	Physician	Hospital	Health ³	Drugs
1975	\$556	\$983	\$5,538	\$3,292	\$81	\$50	\$204	\$58
1976	618	1,100	7,135	3,442	88	65	420	63
1977	711	1,211	8,530	3,819	94	102	485	66
1978	819	1,320	11,486	4,517	99	97	558	71
1979	951	1,568	13,022	5,198	108	110	734	84
1980	1,079	1,742	16,439	5,654	136	113	846	96
1981	1,238	1,943	19,812	6,226	146	141	1,065	108
1982	1,361	2,172	23,312	7,104	150	146	1,313	118
1983	1,503	2,384	27,006	7,317	155	156	1,416	129
1984	1,569	2,552	30,170	7,847	156	164	1,768	141
1985	1,719	2,753	32,238	8,427	163	178	2,092	166
1986	1,821	2,924	35,089	8,887	171	185	2,278	183
1987	1,949	3,000	37,490	9,322	181	203	2,777	198
1988	2,126	3,151	41,413	9,880	193	229	3,542	215
1989	2,318	3,251	44,999	10,696	217	250	4,225	232
1990	2,568	3,630	50,048	12,108	235	269	4,733	256
1991	2,752	3,959	52,791	13,893	259	305	5,070	277
1992	2,937	4,091	56,636	14,969	282	349	5,279	308
1993	3,042	4,366	59,156	15,798	293	378	5,250	333
1994	3,089	4,463	52,497	16,531	296	383	5,446	363
1995	3,311	4,735	68,613	17,424	309	397	5,740	413
1996	3,369	4,696	68,232	18,589	317	409	6,293	474
1997	3,568	4,877	72,033	19,029	333	453	6,575	571
1998	3,548	5,021	74,960	19,379	327	474	2,206	699
1999	3,819	4,943	76,443	20,568	357	491	3,571	837
2000	3,936	4,919	79,330	20,220	356	533	3,135	975
2001	4,084	5,323	83,173	21,929	372	548	3,475	1,082
2002	4,328	5,771	91,588	22,326	378	571	3,689	1,165
2003	4,487	6,047	95,287	23,882	403	596	3,720	1,293
2004	4,686	6,435	98,281	24,585	426	646	3,984	1,433
2005	4,764	6,401	107,135	26,096	467	615	4,493	1,510
2006	4,635	5,778	110,320	26,520	454	641	4,979	1,029
2007	4,862	7,191	113,735	28,282	457	695	5,334	926
2008	5,051	7,083	123,053	29,533	485	736	5,789	957

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 1975-2008

Year	Total ¹	Inpatient		Nursing		Outpatient	Home	Prescribed
		Hospital	ICF/MR	Facility ²	Physician	Hospital	Health ³	Drugs
(Constant 2008 Dollars)								
1975	\$3,885	\$6,869	\$38,700	\$23,005	\$566	\$349	\$1,426	\$405
1976	3,827	6,811	44,180	21,313	545	402	2,601	390
1977	4,056	6,908	48,659	21,786	536	582	2,767	376
1978	4,324	6,969	60,644	23,849	523	512	2,946	375
1979	4,579	7,549	62,696	25,026	520	530	3,534	404
1980	4,667	7,535	71,103	24,455	588	489	3,659	415
1981	4,765	7,479	76,259	23,965	562	543	4,099	416
1982	4,683	7,474	80,220	24,446	516	502	4,518	406
1983	4,723	7,492	84,871	22,995	487	490	4,450	405
1984	4,568	7,429	87,831	22,844	454	477	5,147	410
1985	4,707	7,538	88,275	23,075	446	487	5,728	455
1986	4,713	7,567	90,810	22,999	443	479	5,895	474
1987	4,741	7,297	91,194	22,676	440	494	6,755	482
1988	4,820	7,144	93,886	22,399	438	519	8,030	487
1989	4,835	6,781	93,865	22,311	453	521	8,813	484
1990	4,932	6,972	96,117	23,253	452	516	9,090	491
1991	4,889	7,033	93,784	24,681	460	542	9,007	492
1992	4,872	6,787	93,955	24,832	468	579	8,757	511
1993	4,763	6,836	92,619	24,735	459	592	8,220	521
1994	4,644	6,709	78,919	24,851	445	576	8,187	546
1995	4,792	6,853	99,310	25,219	447	575	8,308	598
1996	4,753	6,625	96,264	26,226	447	577	8,878	669
1997	4,928	6,735	99,479	26,280	459	625	9,080	789
1998	4,816	6,816	101,751	26,305	444	643	2,994	949
1999	5,074	6,567	101,558	27,325	474	652	4,744	1,112
2000	5,097	6,370	102,732	26,185	461	691	4,060	1,263
2001	5,116	6,669	104,201	27,473	466	686	4,353	1,355
2002	5,282	7,044	111,774	27,247	462	697	4,502	1,422
2003	5,288	7,127	112,301	28,146	475	703	4,385	1,524
2004	5,317	7,301	111,506	27,893	483	733	4,520	1,626
2005	5,241	7,042	117,873	28,711	514	677	4,944	1,661
2006	4,944	6,163	117,662	28,285	485	684	5,310	1,098
2007	5,012	7,412	117,241	29,154	471	717	5,499	955
2008	5,051	7,083	123,053	29,533	485	736	5,789	957

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

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

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

NOTES: Beginning fiscal year 1998, capitated premiums for Medicaid eligibles enrolled in managed care plans were included in this series as a component of the total payment per person served (beneficiary). Dollar amounts are adjusted using a personal consumption expenditure index for health care services, U.S. Department of Commerce, Bureau of Economic Analysis (BEA), expressed in fiscal year 2008 dollars. With the release of the comprehensive revision of the national accounts in July of 2009, BEA introduced a new classification system for Personal Consumption Expenditures (PCE). With the new classification system and the release of the comprehensive revision estimates, components of medical care were changed, and the base year was updated to the year 2005. PCE health care services now exclude eye exams (currently classified in PCE goods under corrective eyeglasses and contact lenses), and net health insurance (now classified under insurance services). As a result of the PCE classification change, all PCE series were restated for the entire historical period to reflect the new PCE classification structure. 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 1975-2008

Year	Total ¹	Inpatient		Nursing		Outpatient	Home	Prescribed
		Hospital	ICF/MR	Facility	Physician	Hospital	Health ²	Drugs
1975	\$228	\$895	(3)	(3)	\$60	\$40	\$143	\$23
1976	245	1,007	(3)	(3)	64	54	231	21
1977	270	1,128	(3)	(3)	66	86	281	21
1978	293	1,232	(3)	(3)	70	83	168	22
1979	317	1,413	(3)	(3)	73	88	180	25
1980	335	1,509	(3)	(3)	87	90	105	28
1981	366	1,671	(3)	(3)	90	115	94	29
1982	363	1,838	(3)	(3)	93	116	131	31
1983	402	2,009	(3)	(3)	97	126	251	33
1984	411	2,186	(3)	(3)	101	128	284	36
1985	452	2,347	(3)	(3)	104	135	339	39
1986	512	2,611	(3)	(3)	105	148	345	50
1987	542	2,530	(3)	(3)	118	145	373	47
1988	583	2,711	(3)	(3)	126	156	501	49
1989	668	2,874	(3)	(3)	138	170	639	53
1990	811	3,287	(3)	(3)	154	191	736	61
1991	902	3,653	(3)	(3)	170	217	908	69
1992	971	3,310	(3)	(3)	187	243	968	80
1993	1,013	3,647	(3)	(3)	195	252	1,032	88
1994	1,006	3,588	(3)	(3)	197	252	1,010	95
1995	1,047	3,819	(3)	(3)	200	252	1,589	104
1996	1,048	3,627	(3)	(3)	205	246	1,855	112
1997	1,111	4,087	(3)	(3)	206	258	1,730	120
1998	1,207	4,284	(3)	(3)	209	260	704	138
1999	1,282	3,903	(3)	(3)	244	275	1,064	161
2000	1,358	3,844	(3)	(3)	246	291	788	188
2001	1,454	4,006	(3)	(3)	263	309	795	224
2002	1,545	4,305	(3)	(3)	270	322	874	258
2003	1,606	4,364	(3)	(3)	285	339	852	298
2004	1,671	4,369	(3)	(3)	297	365	900	335
2005	1,729	4,466	(3)	(3)	313	360	959	357
2006	1,808	3,986	(3)	(3)	310	379	1,042	370
2007	1,951	4,978	(3)	(3)	309	405	1,098	409
2008	2,035	4,943	(3)	(3)	335	434	1,191	433

See footnotes at end of table.

Table 13.13—Continued
Medicaid Payments per Person Served (Beneficiary), Children, by Type of Service:
Fiscal Years 1975-2008

Year	Total ¹	Inpatient		Nursing		Outpatient	Home	Prescribed
		Hospital	ICF/MR	Facility	Physician	Hospital	Health ²	Drugs
(Constant 2008 Dollars)								
1975	\$1,593	\$6,254	(3)	(3)	\$419	\$280	\$999	\$161
1976	1,517	6,235	(3)	(3)	396	334	1,430	130
1977	1,540	6,435	(3)	(3)	376	491	1,603	120
1978	1,547	6,505	(3)	(3)	370	438	887	116
1979	1,526	6,803	(3)	(3)	351	424	867	120
1980	1,449	6,527	(3)	(3)	376	389	454	121
1981	1,409	6,432	(3)	(3)	346	443	362	112
1982	1,249	6,325	(3)	(3)	320	399	451	107
1983	1,263	6,314	(3)	(3)	305	396	789	104
1984	1,197	6,364	(3)	(3)	294	373	827	105
1985	1,238	6,427	(3)	(3)	285	370	928	107
1986	1,325	6,757	(3)	(3)	272	383	893	129
1987	1,318	6,154	(3)	(3)	287	353	907	114
1988	1,322	6,146	(3)	(3)	286	354	1,136	111
1989	1,393	5,995	(3)	(3)	288	355	1,333	111
1990	1,558	6,313	(3)	(3)	297	368	1,414	118
1991	1,603	6,489	(3)	(3)	303	385	1,613	122
1992	1,611	5,491	(3)	(3)	310	403	1,606	133
1993	1,586	5,710	(3)	(3)	305	395	1,616	138
1994	1,512	5,394	(3)	(3)	296	379	1,518	143
1995	1,515	5,528	(3)	(3)	289	365	2,300	151
1996	1,479	5,117	(3)	(3)	289	347	2,617	158
1997	1,534	5,644	(3)	(3)	284	357	2,388	166
1998	1,638	5,815	(3)	(3)	284	352	956	188
1999	1,703	5,185	(3)	(3)	325	366	1,414	214
2000	1,758	4,978	(3)	(3)	319	377	1,020	243
2001	1,822	5,019	(3)	(3)	330	388	996	281
2002	1,886	5,254	(3)	(3)	330	393	1,067	315
2003	1,892	5,144	(3)	(3)	335	399	1,004	351
2004	1,895	4,957	(3)	(3)	337	414	1,021	380
2005	1,902	4,913	(3)	(3)	345	396	1,056	393
2006	1,928	4,251	(3)	(3)	331	404	1,112	395
2007	2,012	5,131	(3)	(3)	318	418	1,132	421
2008	2,035	4,943	(3)	(3)	335	434	1,191	433

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

²Trend 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).

³Average 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.

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 health care services, U.S. Department of Commerce, Bureau of Economic Analysis (BEA), expressed in fiscal year 2008 dollars. With the release of the comprehensive revision of the national accounts in July of 2009, BEA introduced a new classification system for Personal Consumption Expenditures (PCE). With the new classification system and the release of the comprehensive revision estimates, components of medical care were changed, and the base year was updated to the year 2005. PCE health care services now exclude eye exams (currently classified in PCE goods under corrective eyeglasses and contact lenses), and net health insurance (now classified under insurance services). As a result of the PCE classification change, all PCE series were restated for the entire historical period to reflect the new PCE classification structure. 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 1975-2008

Year	Total ¹	Inpatient		Nursing		Outpatient	Home	Prescribed
		Hospital	ICF/MR	Facility	Physician	Hospital	Health ²	Drugs
1975	\$455	\$1,085	(3)	(3)	\$116	\$57	\$121	\$51
1976	479	1,202	(3)	(3)	125	74	284	46
1977	545	1,302	(3)	(3)	132	118	316	50
1978	576	1,404	(3)	(3)	140	113	457	52
1979	661	1,640	(3)	(3)	152	127	765	61
1980	663	1,673	(3)	(3)	183	126	252	66
1981	725	1,833	(3)	(3)	193	157	303	69
1982	764	2,046	(3)	(3)	197	162	352	74
1983	802	2,146	(3)	(3)	198	170	402	78
1984	789	2,229	(3)	(3)	197	172	411	83
1985	860	2,354	(3)	(3)	213	183	483	96
1986	864	2,237	(3)	(3)	237	175	433	102
1987	999	2,487	(3)	(3)	250	207	459	117
1988	1,069	2,542	(3)	(3)	272	232	570	122
1989	1,206	2,582	(3)	(3)	305	249	622	129
1990	1,429	2,889	(3)	(3)	349	279	709	141
1991	1,555	3,012	(3)	(3)	389	319	569	148
1992	1,762	3,247	(3)	(3)	417	377	789	161
1993	1,813	3,393	(3)	(3)	423	405	765	170
1994	1,791	3,450	(3)	(3)	420	404	633	179
1995	1,777	3,461	(3)	(3)	424	403	568	189
1996	1,722	3,456	(3)	(3)	429	398	540	197
1997	1,809	3,654	(3)	(3)	488	425	594	226
1998	1,883	3,702	(3)	(3)	457	442	509	261
1999	2,104	3,808	(3)	(3)	508	489	718	335
2000	2,030	3,759	(3)	(3)	474	516	641	364
2001	2,067	3,959	(3)	(3)	477	545	800	411
2002	2,100	4,255	(3)	(3)	457	572	627	453
2003	2,292	4,342	(3)	(3)	512	618	581	558
2004	2,509	4,420	(3)	(3)	541	681	646	627
2005	2,585	4,354	(3)	(3)	618	654	602	628
2006	2,617	3,900	(3)	(3)	564	670	666	573
2007	2,753	4,707	(3)	(3)	539	721	641	592
2008	2,912	4,710	(3)	(3)	568	755	656	612

See footnotes at end of table.

Table 13.14—Continued
Medicaid Payments per Person Served (Beneficiary), Adults, by Type of Service:
Fiscal Years 1975-2008

Year	Total ¹	Inpatient		Nursing		Outpatient	Home	Prescribed
		Hospital	ICF/MR	Facility	Physician	Hospital	Health ²	Drugs
(Constant 2008 Dollars)								
1975	\$3,180	\$7,582	(3)	(3)	\$811	\$398	\$846	\$356
1976	2,966	7,443	(3)	(3)	774	458	1,759	285
1977	3,109	7,427	(3)	(3)	753	673	1,803	285
1978	3,041	7,413	(3)	(3)	739	597	2,413	275
1979	3,182	7,896	(3)	(3)	732	611	3,683	294
1980	2,868	7,236	(3)	(3)	792	545	1,090	285
1981	2,791	7,055	(3)	(3)	743	604	1,166	266
1982	2,629	7,041	(3)	(3)	678	557	1,211	255
1983	2,520	6,744	(3)	(3)	622	534	1,263	245
1984	2,297	6,489	(3)	(3)	574	501	1,197	242
1985	2,355	6,446	(3)	(3)	583	501	1,323	263
1986	2,236	5,789	(3)	(3)	613	453	1,121	264
1987	2,430	6,050	(3)	(3)	608	504	1,117	285
1988	2,423	5,763	(3)	(3)	617	526	1,292	277
1989	2,516	5,386	(3)	(3)	636	519	1,297	269
1990	2,745	5,549	(3)	(3)	670	535	1,361	270
1991	2,762	5,350	(3)	(3)	692	566	1,012	263
1992	2,923	5,387	(3)	(3)	692	625	1,309	267
1993	2,839	5,312	(3)	(3)	662	634	1,198	266
1994	2,692	5,186	(3)	(3)	631	607	952	269
1995	2,572	5,009	(3)	(3)	614	583	822	274
1996	2,429	4,876	(3)	(3)	605	562	762	278
1997	2,498	5,046	(3)	(3)	674	587	820	312
1998	2,556	5,025	(3)	(3)	621	599	691	354
1999	2,795	5,059	(3)	(3)	675	650	954	446
2000	2,629	4,868	(3)	(3)	614	669	831	472
2001	2,590	4,960	(3)	(3)	598	683	1,002	515
2002	2,563	5,193	(3)	(3)	558	698	765	553
2003	2,702	5,117	(3)	(3)	603	728	685	658
2004	2,847	5,014	(3)	(3)	614	772	733	711
2005	2,844	4,790	(3)	(3)	680	719	663	691
2006	2,791	4,159	(3)	(3)	602	715	710	611
2007	2,838	4,852	(3)	(3)	556	744	661	610
2008	2,912	4,710	(3)	(3)	568	755	656	612

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

²Trend 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).

³Average 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.

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 health care services, U.S. Department of Commerce, Bureau of Economic Analysis (BEA), expressed in fiscal year 2008 dollars. With the release of the comprehensive revision of the national accounts in July of 2009, BEA introduced a new classification system for Personal Consumption Expenditures (PCE). With the new classification system and the release of the comprehensive revision estimates, components of medical care were changed, and the base year was updated to the year 2005. PCE health care services now exclude eye exams (currently classified in PCE goods under corrective eyeglasses and contact lenses), and net health insurance (now classified under insurance services). As a result of the PCE classification change, all PCE series were restated for the entire historical period to reflect the new PCE classification structure. 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 1975-2008

Year	Total ¹	Inpatient		Nursing		Outpatient	Home	Prescribed
		Hospital	ICF/MR	Facility ²	Physician	Hospital	Health ³	Drugs
1975	\$1,205	\$271	\$6,925	\$3,250	\$59	\$35	\$238	\$111
1976	1,359	310	8,951	3,328	65	42	493	134
1977	1,512	364	7,482	3,679	71	53	535	144
1978	1,869	446	9,700	4,350	78	48	801	158
1979	2,094	569	9,804	4,972	83	67	1,387	179
1980	2,540	970	16,346	5,742	101	74	1,873	198
1981	2,948	1,115	19,247	6,137	118	91	2,624	230
1982	3,315	1,241	11,464	6,945	115	101	2,944	249
1983	3,545	1,682	20,348	6,942	114	97	1,829	274
1984	3,957	1,778	23,343	7,430	119	105	2,263	312
1985	4,605	1,990	26,926	8,035	122	131	2,731	368
1986	4,808	2,228	32,328	8,487	119	142	3,015	394
1987	4,975	1,898	39,854	8,862	111	159	3,551	432
1988	5,425	1,937	45,601	9,309	116	175	4,344	474
1989	5,926	1,754	51,265	10,236	137	192	5,452	519
1990	6,717	1,865	52,943	11,776	139	206	6,013	581
1991	7,617	2,151	56,032	13,540	157	243	6,749	668
1992	7,759	2,152	43,083	14,630	169	260	6,944	763
1993	8,168	2,225	60,901	15,467	190	304	6,659	826
1994	8,332	2,180	53,983	16,209	203	320	6,742	880
1995	8,868	2,397	51,657	17,183	224	343	6,220	960
1996	8,622	2,303	56,902	18,377	245	376	6,631	1,037
1997	9,540	2,444	63,949	19,022	279	411	6,323	1,174
1998	10,243	2,544	81,337	19,639	270	436	2,199	1,343
1999	11,268	2,385	81,506	21,966	260	455	3,359	1,573
2000	11,929	2,303	83,250	22,477	268	504	3,140	1,853
2001	12,691	2,472	86,680	24,336	258	448	3,481	2,078
2002	13,359	2,700	94,410	25,636	261	451	3,992	2,272
2003	13,677	2,926	97,419	26,737	257	448	3,746	2,514
2004	13,790	2,937	101,910	27,650	253	504	4,098	2,735
2005	14,402	2,552	110,289	29,542	275	445	4,424	2,944
2006	13,268	2,703	110,763	30,669	260	423	5,272	1,175
2007	14,141	2,972	115,600	31,771	274	487	5,958	442
2008	14,742	3,157	123,246	33,097	282	598	6,259	432

See footnotes at end of table.

Table 13.15—Continued
Medicaid Payments per Person Served (Beneficiary), Aged, by Type of Service:
Fiscal Years 1975-2008

Year	Total ¹	Inpatient		Nursing		Outpatient	Home	Prescribed
		Hospital	ICF/MR	Facility ²	Physician	Hospital	Health ³	Drugs
				(Constant 2008 Dollars)				
1975	\$8,421	\$1,894	\$48,393	\$22,711	\$412	\$245	\$1,663	\$776
1976	8,415	1,920	55,424	20,607	402	260	3,053	830
1977	8,625	2,076	42,681	20,987	405	302	3,052	821
1978	9,868	2,355	51,214	22,967	412	253	4,229	834
1979	10,082	2,740	47,203	23,938	400	323	6,678	862
1980	10,986	4,196	70,701	24,836	437	320	8,101	856
1981	11,347	4,292	74,084	23,622	454	350	10,100	885
1982	11,407	4,270	39,449	23,899	396	348	10,131	857
1983	11,141	5,286	63,947	21,816	358	305	5,748	861
1984	11,520	5,176	67,956	21,630	346	306	6,588	908
1985	12,610	5,449	73,729	22,002	334	359	7,478	1,008
1986	12,443	5,766	83,665	21,964	308	367	7,803	1,020
1987	12,102	4,617	96,945	21,557	270	387	8,638	1,051
1988	12,299	4,391	103,380	21,104	263	397	9,848	1,075
1989	12,361	3,659	106,936	21,352	286	401	11,373	1,083
1990	12,900	3,581	101,676	22,616	268	395	11,548	1,117
1991	13,531	3,822	99,542	24,054	279	431	11,990	1,188
1992	12,872	3,570	71,471	24,270	280	431	11,520	1,266
1993	12,788	3,484	95,351	24,216	297	476	10,426	1,293
1994	12,526	3,277	81,153	24,367	305	481	10,135	1,323
1995	12,835	3,469	74,768	24,870	324	496	9,003	1,389
1996	12,164	3,249	80,279	25,927	346	530	9,355	1,463
1997	13,175	3,375	88,315	26,270	385	568	8,732	1,621
1998	13,904	3,453	110,407	26,658	366	591	2,984	1,823
1999	14,971	3,168	108,285	29,184	345	605	4,463	2,090
2000	15,447	2,983	107,809	29,107	347	653	4,067	2,400
2001	15,899	3,098	108,594	30,489	323	561	4,362	2,603
2002	16,304	3,295	115,218	31,286	318	550	4,871	2,773
2003	16,120	3,448	114,813	31,511	302	528	4,415	2,963
2004	15,645	3,332	115,623	31,370	287	571	4,650	3,103
2005	15,845	2,808	121,343	32,503	302	490	4,867	3,239
2006	14,152	2,883	118,135	32,710	277	451	5,623	1,253
2007	14,576	3,063	119,163	32,750	283	502	6,142	456
2008	14,742	3,157	123,246	33,097	282	598	6,259	432

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

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

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

NOTES: Beginning fiscal year 1998, capitated premiums for Medicaid eligibles enrolled in managed care plans were included in this series as a component of the total payment per person served (beneficiary). Dollar amounts are adjusted using a personal consumption expenditure index for health care services, U.S. Department of Commerce, Bureau of Economic Analysis (BEA), expressed in fiscal year 2008 dollars. With the release of the comprehensive revision of the national accounts in July of 2009, BEA introduced a new classification system for Personal Consumption Expenditures (PCE). With the new classification system and the release of the comprehensive revision estimates, components of medical care were changed, and the base year was updated to the year 2005. PCE health care services now exclude eye exams (currently classified in PCE goods under corrective eyeglasses and contact lenses), and net health insurance (now classified under insurance services). As a result of the PCE classification change, all PCE series were restated for the entire historical period to reflect the new PCE classification structure. ICF/MR is intermediate care facility for the mentally retarded.

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Table 13.16
Medicaid Payments per Person Served (Beneficiary), Disabled, by Type of Service:
Fiscal Years 1975-2008

Year	Total ¹	Inpatient		Nursing		Outpatient	Home	Prescribed
		Hospital	ICF/MR	Facility ²	Physician	Hospital	Health ³	Drugs
1975	\$1,276	\$1,977	\$5,186	\$3,447	\$147	\$92	\$276	\$115
1976	1,469	2,072	6,940	3,882	158	114	492	135
1977	1,743	2,214	8,684	4,417	173	170	600	146
1978	2,068	2,392	11,926	5,167	183	165	893	157
1979	2,500	2,734	13,719	5,893	200	186	1,488	179
1980	2,619	2,948	16,653	5,105	234	217	652	193
1981	3,071	3,254	19,452	5,743	255	249	828	225
1982	3,600	3,672	23,065	6,732	252	272	966	246
1983	3,891	3,934	25,501	7,571	264	273	1,348	278
1984	4,112	4,196	29,353	8,530	262	315	1,813	312
1985	4,459	4,525	31,726	9,297	272	343	2,303	374
1986	4,687	4,841	34,462	10,073	277	361	2,592	418
1987	4,974	5,259	36,753	10,555	291	400	2,975	447
1988	5,332	5,502	40,910	11,370	309	453	3,768	488
1989	5,817	5,700	44,466	12,554	344	503	4,453	534
1990	6,564	6,717	50,242	14,202	366	524	5,252	617
1991	7,005	7,426	52,670	16,195	406	597	5,627	700
1992	7,578	8,314	57,775	17,548	452	658	6,159	800
1993	7,706	8,524	59,188	18,469	462	716	6,446	867
1994	7,750	8,831	52,747	19,132	465	709	7,212	936
1995	8,435	9,318	71,588	19,813	481	740	7,957	1,049
1996	8,369	9,026	69,740	20,734	491	761	9,172	1,166
1997	8,832	8,572	73,672	21,035	502	802	9,434	1,379
1998	9,096	8,519	75,819	20,864	481	828	3,211	1,625
1999	9,832	8,452	77,367	25,974	526	858	5,398	1,944
2000	10,559	8,479	80,194	26,555	534	926	5,054	2,314
2001	11,310	9,062	84,588	28,181	565	943	5,582	2,614
2002	12,475	9,454	92,789	27,766	593	988	5,713	2,851
2003	13,303	9,851	97,493	29,099	626	1,028	6,101	3,204
2004	14,070	10,467	102,054	29,888	664	1,110	6,220	3,603
2005	14,536	10,829	109,680	31,056	751	1,062	7,123	3,795
2006	13,902	10,928	113,537	31,983	724	1,100	7,543	2,647
2007	14,194	12,235	116,509	33,474	730	1,143	7,920	2,615
2008	14,843	12,403	126,644	35,075	768	1,217	8,440	2,730

See footnotes at end of table.

Table 13.16—Continued
Medicaid Payments per Person Served (Beneficiary), Disabled, by Type of Service:
Fiscal Years 1975-2008

Year	Total ¹	Inpatient		Nursing		Outpatient	Home	Prescribed
		Hospital	ICF/MR	Facility ²	Physician	Hospital	Health ³	Drugs
				(Constant 2008 Dollars)				
1975	\$8,917	\$13,816	\$36,240	\$24,088	\$1,027	\$643	\$1,929	\$804
1976	9,096	12,830	42,972	24,037	978	706	3,046	836
1977	9,943	12,630	49,538	25,197	987	970	3,423	833
1978	10,919	12,629	62,967	27,281	966	871	4,715	829
1979	12,037	13,163	66,052	28,373	963	896	7,164	862
1980	11,328	12,751	72,029	22,080	1,012	939	2,820	835
1981	11,821	12,525	74,873	22,105	982	958	3,187	866
1982	12,388	12,636	79,370	23,166	867	936	3,324	847
1983	12,228	12,363	80,141	23,793	830	858	4,236	874
1984	11,971	12,215	85,453	24,833	763	917	5,278	908
1985	12,210	12,390	86,873	25,457	745	939	6,306	1,024
1986	12,130	12,528	89,187	26,069	717	934	6,708	1,082
1987	12,099	12,793	89,402	25,675	708	973	7,237	1,087
1988	12,088	12,473	92,745	25,776	701	1,027	8,542	1,106
1989	12,134	11,890	92,753	26,187	718	1,049	9,289	1,114
1990	12,605	12,899	96,490	27,275	703	1,007	10,087	1,184
1991	12,444	13,192	93,570	28,771	720	1,061	9,997	1,243
1992	12,571	13,792	95,844	29,111	750	1,092	10,217	1,327
1993	12,065	13,346	92,669	28,917	723	1,121	10,092	1,357
1994	11,651	13,276	79,295	28,761	699	1,066	10,842	1,407
1995	12,209	13,487	103,616	28,677	696	1,071	11,517	1,518
1996	11,807	12,734	98,392	29,252	693	1,074	12,940	1,645
1997	12,197	11,838	101,743	29,050	693	1,108	13,029	1,904
1998	12,347	11,563	102,917	28,321	654	1,124	4,358	2,206
1999	13,062	11,229	102,786	34,507	699	1,140	7,172	2,582
2000	13,674	10,981	103,851	34,388	692	1,200	6,544	2,997
2001	14,170	11,353	105,973	35,305	708	1,181	6,993	3,274
2002	15,225	11,538	113,240	33,885	724	1,206	6,972	3,480
2003	15,678	11,609	114,900	34,295	738	1,212	7,190	3,777
2004	15,963	11,876	115,786	33,909	753	1,260	7,057	4,088
2005	15,993	11,914	120,673	34,169	826	1,169	7,837	4,175
2006	14,828	11,656	121,093	34,112	773	1,173	8,045	2,823
2007	14,632	12,612	120,100	34,506	752	1,178	8,164	2,695
2008	14,843	12,403	126,644	35,075	768	1,217	8,440	2,730

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

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

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

NOTES: Beginning fiscal year 1998, capitated premiums for Medicaid eligibles enrolled in managed care plans were included in this series as a component of the total payment per person served (beneficiary). Dollar amounts are adjusted using a personal consumption expenditure index for health care services, U.S. Department of Commerce, Bureau of Economic Analysis (BEA), expressed in fiscal year 2008 dollars. With the release of the comprehensive revision of the national accounts in July of 2009, BEA introduced a new classification system for Personal Consumption Expenditures (PCE). With the new classification system and the release of the comprehensive revision estimates, components of medical care were changed, and the base year was updated to the year 2005. PCE health care services now exclude eye exams (currently classified in PCE goods under corrective eyeglasses and contact lenses), and net health insurance (now classified under insurance services). As a result of the PCE classification change, all PCE series were restated for the entire historical period to reflect the new PCE classification structure. 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 1975-2008

Year	Total ¹	Inpatient		Nursing		Outpatient		Home	Prescribed	Other
		Hospital	ICF/MR	Facility ²	Physician	Hospital	Health	Drugs		
Amount in Millions										
1975	\$12,242	\$3,374	\$380	\$4,319	\$1,225	\$373	\$70	\$815	\$1,686	
1976	14,091	3,905	634	4,685	1,369	555	134	940	1,869	
1977	16,239	4,562	917	5,328	1,505	877	180	1,018	1,852	
1978	17,992	4,992	1,192	6,229	1,554	835	210	1,082	1,898	
1979	20,472	5,655	1,488	7,152	1,635	847	263	1,196	2,236	
1980	23,311	6,412	1,989	7,887	1,875	1,101	332	1,318	2,397	
1981	27,204	7,194	2,996	8,542	2,101	1,409	428	1,535	2,999	
1982	29,399	7,670	3,467	9,406	2,086	1,438	496	1,599	3,237	
1983	32,391	8,813	4,079	10,002	2,175	1,574	597	1,771	3,380	
1984	33,891	8,848	4,256	10,633	2,220	1,646	774	1,968	3,546	
1985	37,508	9,453	4,731	11,587	2,346	1,789	1,120	2,315	4,167	
1986	41,005	10,364	5,072	12,433	2,547	1,980	1,352	2,692	4,565	
1987	45,050	11,302	5,591	13,247	2,776	2,226	1,690	2,988	5,230	
1988	48,710	12,076	6,022	14,277	2,953	2,413	2,015	3,294	5,660	
1989	54,500	13,378	6,649	15,531	3,408	2,837	2,572	3,689	6,436	
1990	64,859	16,674	7,354	17,693	4,018	3,324	3,404	4,420	7,971	
1991	76,964	19,851	7,680	20,699	4,946	4,280	4,101	5,424	9,983	
1992	91,480	23,686	8,552	23,547	6,122	5,296	4,888	6,790	12,599	
1993	101,709	25,734	8,831	25,431	6,952	6,215	5,601	7,970	14,975	
1994	108,270	26,180	8,347	27,095	7,189	6,342	7,042	8,875	17,200	
1995	120,141	26,331	10,383	29,052	7,360	6,627	9,406	9,791	21,191	
1996	121,685	25,176	9,555	29,630	7,238	6,504	10,868	10,697	22,017	
1997	124,430	23,143	9,798	30,504	7,041	6,169	12,237	11,972	23,566	
1998	142,260	21,441	9,482	31,892	6,070	5,759	2,702	13,522	51,392	
1999	153,479	22,230	9,332	33,251	6,556	6,094	2,906	16,612	56,498	
2000	168,307	24,266	9,375	34,432	6,806	7,053	3,119	20,014	63,242	
2001	186,905	26,083	9,702	37,306	7,500	7,570	3,514	23,839	71,391	
2002	213,497	29,123	10,676	39,286	8,349	8,469	3,926	28,404	85,264	
2003	233,206	31,549	10,861	40,381	9,210	9,252	4,404	33,714	93,835	
2004	257,748	34,914	11,193	42,008	10,061	10,261	4,566	39,476	105,271	
2005	273,203	34,959	11,698	44,435	11,218	9,940	5,355	42,525	113,073	
2006	265,049	35,893	11,794	45,281	10,443	10,121	5,905	27,802	117,809	
2007	276,246	36,919	11,778	46,523	10,075	10,358	6,348	22,160	132,085	
2008	296,830	37,245	12,558	47,718	10,506	10,881	6,620	23,515	147,787	

See footnotes at end of table.

Table 13.17—Continued

Medicaid Payments, All Eligibility Groups, by Type of Service: Fiscal Years 1975-2008

Year	Total ¹	Inpatient		Nursing		Outpatient	Home	Prescribed	Other
		Hospital	ICF/MR	Facility ²	Physician Percent	Hospital	Health	Drugs	
1975	100.0	27.6	3.1	35.3	10.0	3.0	0.6	6.7	13.8
1976	100.0	27.7	4.5	33.2	9.7	3.9	1.0	6.7	13.3
1977	100.0	28.1	5.6	32.8	9.3	5.4	1.1	6.3	11.4
1978	100.0	27.7	6.6	34.6	8.6	4.6	1.2	6.0	10.5
1979	100.0	27.6	7.3	34.9	8.0	4.1	1.3	5.8	10.9
1980	100.0	27.5	8.5	33.8	8.0	4.7	1.4	5.7	10.3
1981	100.0	26.4	11.0	31.4	7.7	5.2	1.6	5.6	11.0
1982	100.0	26.1	11.8	32.0	7.1	4.9	1.7	5.4	11.0
1983	100.0	27.2	12.6	30.9	6.7	4.9	1.8	5.5	10.4
1984	100.0	26.1	12.6	31.4	6.6	4.9	2.3	5.8	10.5
1985	100.0	25.2	12.6	30.9	6.3	4.8	3.0	6.2	11.1
1986	100.0	25.3	12.4	30.3	6.2	4.8	3.3	6.6	11.1
1987	100.0	25.1	12.4	29.4	6.2	4.9	3.8	6.6	11.6
1988	100.0	24.8	12.4	29.3	6.1	5.0	4.1	6.8	11.6
1989	100.0	24.5	12.2	28.5	6.3	5.2	4.7	6.8	11.8
1990	100.0	25.7	11.3	27.3	6.2	5.1	5.2	6.8	12.3
1991	100.0	25.8	10.0	26.9	6.4	5.6	5.3	7.0	13.0
1992	100.0	25.9	9.3	25.7	6.7	5.8	5.3	7.4	13.8
1993	100.0	25.3	8.7	25.0	6.8	6.1	5.5	7.8	14.7
1994	100.0	24.2	7.7	25.0	6.6	5.9	6.5	8.2	15.9
1995	100.0	21.9	8.6	24.2	6.1	5.5	7.8	8.1	17.6
1996	100.0	20.7	7.9	24.3	5.9	5.3	8.9	8.8	18.1
1997	100.0	18.6	7.9	24.5	5.7	5.0	9.8	9.6	18.9
1998	100.0	15.1	6.7	22.4	4.3	4.0	1.9	9.5	36.1
1999	100.0	14.5	6.1	21.7	4.3	4.0	1.9	10.8	36.8
2000	100.0	14.4	5.6	20.5	4.0	4.2	1.9	11.9	37.6
2001	100.0	14.0	5.2	20.0	4.0	4.1	1.9	12.8	38.2
2002	100.0	13.6	5.0	18.4	3.9	4.0	1.8	13.3	39.9
2003	100.0	13.5	4.7	17.3	3.9	4.0	1.9	14.5	40.2
2004	100.0	13.5	4.3	16.3	3.9	4.0	1.8	15.3	40.8
2005	100.0	12.8	4.3	16.3	4.1	3.6	2.0	15.6	41.4
2006	100.0	13.5	4.4	17.1	3.9	3.8	2.2	10.5	44.4
2007	100.0	13.4	4.3	16.8	3.6	3.7	2.3	8.0	47.8
2008	100.0	12.5	4.2	16.1	3.5	3.7	2.2	7.9	49.8

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

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

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 (\$58.5 billion for premiums in 2007 and \$68.1 billion in 2008). 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 1975-2008

Year	Total ¹	Inpatient		Nursing		Outpatient	Home	Prescribed	Other
		Hospital	ICF/MR	Facility ²	Physician	Hospital	Health	Drugs	
Amount in Millions									
1975	\$2,186	\$881	\$17	\$24	\$397	\$143	\$8	\$127	\$589
1976	2,431	1,012	11	19	442	219	13	126	589
1977	2,610	1,149	16	16	456	348	17	125	483
1978	2,748	1,260	14	13	471	332	24	135	499
1979	2,884	1,334	22	13	474	310	33	140	558
1980	3,123	1,476	22	24	528	381	8	156	528
1981	3,508	1,595	14	4	586	493	9	171	636
1982	3,473	1,593	9	9	573	483	9	170	627
1983	3,836	1,771	8	4	592	523	10	183	745
1984	3,979	1,847	10	4	639	536	13	202	728
1985	4,414	2,028	12	4	651	576	22	217	904
1986	5,135	2,412	13	17	685	656	24	296	1,032
1987	5,508	2,544	40	17	785	657	22	285	1,158
1988	5,848	2,718	11	5	833	675	25	298	1,283
1989	6,892	3,270	20	6	950	793	38	343	1,472
1990	9,100	4,422	47	2	1,187	1,005	55	445	1,936
1991	11,600	5,376	38	20	1,518	1,333	93	590	2,631
1992	14,758	6,594	39	15	1,949	1,737	122	808	3,494
1993	16,504	6,950	44	27	2,216	1,928	154	965	4,220
1994	17,302	6,903	45	24	2,271	1,925	204	1,063	4,867
1995	17,976	6,588	46	28	2,211	1,863	412	1,117	5,712
1996	17,544	5,896	25	28	2,114	1,668	610	1,115	6,088
1997	17,544	5,571	39	44	1,926	1,414	534	1,099	6,917
1998	22,896	5,138	58	102	1,644	1,240	145	1,131	13,438
1999	24,151	4,495	34	50	1,862	1,270	141	1,308	14,991
2000	26,775	4,898	34	56	1,931	1,433	150	1,562	16,711
2001	30,636	5,265	35	48	2,203	1,635	166	2,006	19,278
2002	35,890	5,742	40	46	2,505	1,858	198	2,562	22,939
2003	39,871	6,023	36	46	2,784	2,057	211	3,223	25,491
2004	44,205	6,528	42	49	3,058	2,312	218	3,867	28,131
2005	46,846	6,630	49	52	3,248	2,269	242	4,206	30,150
2006	49,612	6,853	49	56	3,121	2,336	256	4,257	32,684
2007	53,716	6,910	51	63	2,901	2,293	264	4,502	36,733
2008	57,137	7,288	72	64	3,048	2,411	248	4,838	39,169

See footnotes at end of table.

Table 13.18—Continued
Medicaid Payments, Children, by Type of Service: Fiscal Years 1975-2008

Year	Total ¹	Inpatient		Nursing		Outpatient	Home	Prescribed	Other
		Hospital	ICF/MR	Facility ²	Physician	Hospital	Health	Drugs	
Percent									
1975	100.0	40.3	0.8	1.1	18.2	6.5	0.4	5.8	26.9
1976	100.0	41.6	0.5	0.8	18.2	9.0	0.5	5.2	24.2
1977	100.0	44.0	0.6	0.6	17.5	13.3	0.7	4.8	18.5
1978	100.0	45.9	0.5	0.5	17.1	12.1	0.9	4.9	18.2
1979	100.0	46.3	0.8	0.5	16.4	10.7	1.1	4.9	19.3
1980	100.0	47.3	0.7	0.8	16.9	12.2	0.3	5.0	16.9
1981	100.0	45.5	0.4	0.1	16.7	14.1	0.3	4.9	18.1
1982	100.0	45.9	0.3	0.3	16.5	13.9	0.3	4.9	18.1
1983	100.0	46.2	0.2	0.1	15.4	13.6	0.3	4.8	19.4
1984	100.0	46.4	0.3	0.1	16.1	13.5	0.3	5.1	18.3
1985	100.0	45.9	0.3	0.1	14.7	13.0	0.5	4.9	20.5
1986	100.0	47.0	0.3	0.3	13.3	12.8	0.5	5.8	20.1
1987	100.0	46.2	0.7	0.3	14.3	11.9	0.4	5.2	21.0
1988	100.0	46.5	0.2	0.1	14.2	11.5	0.4	5.1	21.9
1989	100.0	47.4	0.3	0.1	13.8	11.5	0.6	5.0	21.4
1990	100.0	48.6	0.5	(3)	13.0	11.0	0.6	4.9	21.3
1991	100.0	46.3	0.3	0.2	13.1	11.5	0.8	5.1	22.7
1992	100.0	44.7	0.3	0.1	13.2	11.8	0.8	5.5	23.7
1993	100.0	42.1	0.3	0.2	13.4	11.7	0.9	5.8	25.6
1994	100.0	39.9	0.3	0.1	13.1	11.1	1.2	6.1	28.1
1995	100.0	36.6	0.3	0.2	12.3	10.4	2.3	6.2	31.8
1996	100.0	33.6	0.1	0.2	12.0	9.5	3.5	6.4	34.7
1997	100.0	31.8	0.2	0.3	11.0	8.1	3.0	6.3	39.4
1998	100.0	22.4	0.3	0.4	7.2	5.4	0.6	4.9	58.7
1999	100.0	18.6	0.1	0.2	7.7	5.3	0.6	5.4	62.1
2000	100.0	18.3	0.1	0.2	7.2	5.4	0.6	5.8	62.4
2001	100.0	17.2	0.1	0.2	7.2	5.3	0.5	6.5	62.9
2002	100.0	16.0	0.1	0.1	7.0	5.2	0.6	7.1	63.9
2003	100.0	15.1	0.1	0.1	7.0	5.2	0.5	8.1	63.9
2004	100.0	14.8	0.1	0.1	6.9	5.2	0.5	8.7	63.6
2005	100.0	14.2	0.1	0.1	6.9	4.8	0.5	9.0	64.4
2006	100.0	13.8	0.1	0.1	6.3	4.7	0.5	8.6	65.9
2007	100.0	12.9	0.1	0.1	5.4	4.3	0.5	8.4	68.4
2008	100.0	12.8	0.1	0.1	5.3	4.2	0.4	8.5	68.6

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

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

³Less than 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 1975-2008

Year	Total ¹	Inpatient		Nursing		Outpatient	Home	Prescribed	Other
		Hospital	ICF/MR	Facility ²	Physician	Hospital	Health	Drugs	
Amount in Millions									
1975	\$2,062	\$1,009	(3)	\$9	\$392	\$109	\$6	\$160	\$377
1976	2,288	1,153	\$4	8	429	157	9	154	374
1977	2,606	1,294	4	5	473	257	11	171	391
1978	2,673	1,369	1	5	484	244	13	181	376
1979	3,021	1,591	3	5	518	252	21	200	431
1980	3,231	1,672	8	27	587	314	10	208	405
1981	3,763	1,897	2	5	674	418	12	243	512
1982	4,093	2,117	4	5	701	446	13	258	549
1983	4,487	2,314	11	5	730	495	14	286	632
1984	4,420	2,243	8	8	727	496	15	303	620
1985	4,746	2,330	9	7	775	537	22	342	724
1986	4,880	2,271	2	9	877	534	26	374	787
1987	5,592	2,654	2	39	926	635	21	427	888
1988	5,883	2,771	5	23	991	671	21	443	958
1989	6,897	3,219	3	127	1,186	795	26	494	1,047
1990	8,590	4,209	8	23	1,453	977	34	571	1,314
1991	10,241	4,886	5	27	1,782	1,268	44	680	1,728
1992	12,403	5,555	14	46	2,150	1,532	56	817	2,233
1993	13,605	5,943	10	40	2,334	1,734	67	920	2,557
1994	13,585	5,768	2	24	2,290	1,674	74	961	2,792
1995	13,511	5,544	4	39	2,162	1,652	79	939	3,092
1996	12,275	4,944	2	17	1,932	1,438	75	854	3,013
1997	12,307	4,558	6	39	1,890	1,299	84	881	3,550
1998	14,865	4,201	37	105	1,533	1,183	61	917	6,828
1999	15,801	4,319	10	31	1,578	1,258	62	1,189	7,354
2000	17,763	4,767	5	33	1,697	1,443	65	1,444	8,309
2001	20,170	5,275	6	46	1,908	1,639	74	1,777	9,445
2002	23,635	5,988	4	42	2,224	1,982	57	2,333	11,005
2003	26,800	6,500	8	44	2,496	2,262	57	3,050	12,383
2004	30,721	6,870	5	55	2,647	2,530	58	3,588	14,966
2005	32,215	6,813	6	55	3,033	2,373	58	3,670	16,207
2006	32,682	7,011	10	64	2,650	2,420	60	3,222	17,247
2007	34,153	6,922	8	70	2,415	2,417	57	3,207	19,058
2008	37,698	7,095	13	80	2,487	2,518	56	3,392	22,058

See footnotes at end of table.

Table 13.19—Continued
Medicaid Payments, Adults, by Type of Service: Fiscal Years 1975-2008

Year	Total ¹	Inpatient		Nursing		Outpatient	Home	Prescribed	Other
		Hospital	ICF/MR	Facility ²	Physician	Hospital	Health	Drugs	
Percent									
1975	100.0	48.9	(4)	0.4	19.0	5.3	0.3	7.8	18.3
1976	100.0	50.4	0.2	0.3	18.8	6.9	0.4	6.7	16.3
1977	100.0	49.7	0.2	0.2	18.2	9.9	0.4	6.6	15.0
1978	100.0	51.2	(4)	0.2	18.1	9.1	0.5	6.8	14.1
1979	100.0	52.7	0.1	0.2	17.1	8.3	0.7	6.6	14.3
1980	100.0	51.7	0.2	0.8	18.2	9.7	0.3	6.4	12.5
1981	100.0	50.4	0.1	0.1	17.9	11.1	0.3	6.5	13.6
1982	100.0	51.7	0.1	0.1	17.1	10.9	0.3	6.3	13.4
1983	100.0	51.6	0.2	0.1	16.3	11.0	0.3	6.4	14.1
1984	100.0	50.7	0.2	0.2	16.4	11.2	0.3	6.9	14.0
1985	100.0	49.1	0.2	0.1	16.3	11.3	0.5	7.2	15.3
1986	100.0	46.5	(4)	0.2	18.0	10.9	0.5	7.7	16.1
1987	100.0	47.5	(4)	0.7	16.6	11.4	0.4	7.6	15.9
1988	100.0	47.1	0.1	0.4	16.8	11.4	0.4	7.5	16.3
1989	100.0	46.7	(4)	1.8	17.2	11.5	0.4	7.2	15.2
1990	100.0	49.0	0.1	0.3	16.9	11.4	0.4	6.6	15.3
1991	100.0	47.7	(4)	0.3	17.4	12.4	0.4	6.6	16.9
1992	100.0	44.8	0.1	0.4	17.3	12.4	0.5	6.6	18.0
1993	100.0	43.7	0.1	0.3	17.2	12.7	0.5	6.8	18.8
1994	100.0	42.5	(4)	0.2	16.9	12.3	0.5	7.1	20.6
1995	100.0	41.0	(4)	0.3	16.0	12.2	0.6	6.9	22.9
1996	100.0	40.3	(4)	0.1	15.7	11.7	0.6	7.0	24.5
1997	100.0	37.0	(4)	0.3	15.4	10.6	0.7	7.2	28.8
1998	100.0	28.3	0.2	0.7	10.3	8.0	0.4	6.2	45.9
1999	100.0	27.3	0.1	0.2	10.0	8.0	0.4	7.5	46.5
2000	100.0	26.8	(4)	0.2	9.6	8.1	0.4	8.1	46.8
2001	100.0	26.2	(4)	0.2	9.5	8.1	0.4	8.8	46.8
2002	100.0	25.3	(4)	0.2	9.4	8.4	0.2	9.9	46.6
2003	100.0	24.3	(4)	0.2	9.3	8.4	0.2	11.4	46.2
2004	100.0	22.4	(4)	0.2	8.6	8.2	0.2	11.7	48.7
2005	100.0	21.1	(4)	0.2	9.4	7.4	0.2	11.4	50.3
2006	100.0	21.5	(4)	0.2	8.1	7.4	0.2	9.9	52.8
2007	100.0	20.3	(4)	0.2	7.1	7.1	0.2	9.4	55.8
2008	100.0	18.8	(4)	0.2	6.6	6.7	0.1	9.0	58.5

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

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

³Less than \$500,000.

⁴Less than 0.05 percent.

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

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

Table 13.20
Medicaid Payments, Aged, by Type of Service: Fiscal Years 1975-2008

Year	Total ¹	Inpatient		Nursing		Outpatient	Home	Prescribed	Other
		Hospital	ICF/MR	Facility ²	Physician	Hospital	Health	Drugs	
Amount in Millions									
1975	\$4,358	\$205	\$20	\$3,325	\$133	\$25	\$27	\$297	\$326
1976	4,910	244	18	3,594	147	34	56	364	453
1977	5,499	300	18	4,091	166	44	72	387	421
1978	6,308	382	29	4,755	174	44	85	410	429
1979	7,046	454	33	5,370	184	58	78	449	420
1980	8,739	806	199	6,288	225	67	202	519	433
1981	9,926	941	167	6,959	259	81	267	611	641
1982	10,739	1,006	95	7,674	247	90	310	629	688
1983	11,954	1,482	161	8,233	257	106	378	692	645
1984	12,815	1,396	106	8,649	255	110	451	763	1,085
1985	14,096	1,450	175	9,409	264	105	639	883	1,171
1986	15,097	1,603	179	10,057	264	126	766	973	1,129
1987	16,037	1,375	226	10,687	249	145	982	1,075	1,298
1988	17,135	1,411	216	11,618	240	161	1,143	1,186	1,160
1989	18,558	1,263	264	12,559	272	181	1,441	1,282	1,296
1990	21,508	1,315	372	14,536	286	194	1,733	1,507	1,566
1991	25,444	1,634	430	17,121	343	255	2,026	1,823	1,812
1992	29,089	1,872	517	19,589	400	311	2,250	2,190	1,960
1993	31,554	2,023	590	21,191	489	406	2,370	2,441	2,046
1994	33,618	1,964	585	22,660	544	454	2,663	2,651	2,097
1995	36,527	2,050	637	24,148	617	534	2,990	2,861	2,690
1996	36,947	2,044	564	24,388	694	628	3,049	3,078	2,502
1997	37,721	1,931	637	24,691	791	605	3,351	3,343	2,372
1998	40,601	1,871	692	25,529	695	585	798	3,806	6,625
1999	42,522	1,655	742	26,578	635	585	667	4,572	7,088
2000	44,503	1,630	708	27,058	633	667	718	5,355	7,734
2001	48,356	1,739	717	29,104	612	584	820	6,227	8,553
2002	51,924	1,946	738	30,097	571	570	997	7,150	9,855
2003	55,271	2,040	753	30,947	567	554	991	8,284	11,135
2004	59,541	2,087	734	32,140	570	624	1,058	9,703	12,625
2005	62,929	1,751	795	33,778	611	578	1,216	10,576	13,624
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
2008	61,131	1,898	931	35,744	638	765	1,677	814	18,663

See footnotes at end of table.

Table 13.20—Continued
Medicaid Payments, Aged, by Type of Service: Fiscal Years 1975-2008

Year	Total ¹	Inpatient		Nursing		Outpatient	Home	Prescribed	Other
		Hospital	ICF/MR	Facility ²	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
2008	100.0	3.1	1.5	58.5	1.0	1.3	2.7	1.3	30.5

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

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

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

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

Table 13.21
Medicaid Payments, Disabled, by Type of Service: Fiscal Years 1975-2008

Year	Total ¹	Inpatient		Nursing		Outpatient	Home	Prescribed	Other
		Hospital	ICF/MR	Facility ²	Physician	Hospital	Health	Drugs	
Amount in Millions									
1975	\$3,145	\$1,049	\$294	\$941	\$243	\$81	\$27	\$201	\$309
1976	3,920	1,247	545	1,052	286	121	55	258	356
1977	4,883	1,498	819	1,197	342	193	76	299	459
1978	5,620	1,652	1,086	1,426	358	190	87	321	500
1979	6,882	1,957	1,402	1,703	396	208	129	372	715
1980	7,621	2,207	1,699	1,506	475	275	111	424	924
1981	9,455	2,521	2,760	1,562	529	353	140	500	1,090
1982	10,405	2,691	3,296	1,683	512	349	162	531	1,181
1983	11,367	2,943	3,838	1,749	543	369	194	599	1,132
1984	11,977	3,064	4,073	1,962	540	429	292	687	930
1985	13,452	3,293	4,477	2,157	588	484	433	855	1,165
1986	14,913	3,636	4,817	2,337	637	566	531	1,025	1,364
1987	16,817	4,213	5,282	2,491	714	679	658	1,174	1,606
1988	18,594	4,588	5,748	2,615	779	803	815	1,336	1,910
1989	20,885	5,043	6,311	2,812	892	962	1,052	1,540	2,273
1990	24,404	6,130	6,878	3,075	1,001	1,039	1,559	1,864	2,858
1991	28,251	7,352	7,181	3,500	1,205	1,312	1,917	2,297	3,487
1992	34,004	9,079	7,973	3,878	1,515	1,624	2,439	2,936	4,560
1993	38,655	10,230	8,170	4,149	1,774	2,044	2,988	3,572	5,728
1994	42,298	10,951	7,701	4,362	1,939	2,188	4,075	4,147	6,935
1995	49,418	11,421	9,680	4,798	2,104	2,451	5,860	4,794	8,310
1996	52,065	11,419	8,946	5,117	2,241	2,645	7,024	5,554	9,119
1997	54,130	10,423	8,988	5,448	2,298	2,721	8,113	6,518	9,621
1998	60,374	9,642	8,763	5,952	2,102	2,683	1,692	7,618	21,922
1999	65,850	9,868	8,522	6,400	2,256	2,831	2,023	9,457	24,493
2000	72,742	10,409	8,611	6,967	2,316	3,174	2,175	11,591	27,499
2001	80,386	11,195	8,866	7,814	2,528	3,307	2,431	13,666	30,579
2002	92,414	12,118	9,860	8,805	2,778	3,649	2,671	16,213	36,320
2003	102,014	12,932	9,990	9,056	3,032	3,896	3,127	18,966	41,015
2004	111,614	14,018	10,266	9,297	3,326	4,304	3,216	22,078	45,109
2005	118,683	14,373	10,818	9,907	3,782	4,207	3,841	23,779	47,977
2006	114,745	15,143	10,873	10,356	3,631	4,376	4,133	16,224	50,010
2007	119,617	15,604	10,816	10,860	3,669	4,527	4,420	13,487	56,235
2008	129,040	15,989	11,511	11,308	3,877	4,806	4,605	14,095	62,849

See footnotes at end of table.

Table 13.21—Continued
Medicaid Payments, Disabled, by Type of Service: Fiscal Years 1975-2008

Year	Total ¹	Inpatient		Nursing		Outpatient	Home	Prescribed	Other	
		Hospital	ICF/MR	Facility ²	Physician	Hospital	Health	Drugs		
				Percent						
1975	100.0	33.4	9.3	29.9	7.7	2.6	0.9	6.4	9.8	
1976	100.0	31.8	13.9	26.8	7.3	3.1	1.4	6.6	9.1	
1977	100.0	30.7	16.8	24.5	7.0	4.0	1.6	6.1	9.4	
1978	100.0	29.4	19.3	25.4	6.4	3.4	1.5	5.7	8.9	
1979	100.0	28.4	20.4	24.7	5.8	3.0	1.9	5.4	10.4	
1980	100.0	29.0	22.3	19.8	6.2	3.6	1.5	5.6	12.1	
1981	100.0	26.7	29.2	16.5	5.6	3.7	1.5	5.3	11.5	
1982	100.0	25.9	31.7	16.2	4.9	3.4	1.6	5.1	11.4	
1983	100.0	25.9	33.8	15.4	4.8	3.2	1.7	5.3	10.0	
1984	100.0	25.6	34.0	16.4	4.5	3.6	2.4	5.7	7.8	
1985	100.0	24.5	33.3	16.0	4.4	3.6	3.2	6.4	8.7	
1986	100.0	24.4	32.3	15.7	4.3	3.8	3.6	6.9	9.1	
1987	100.0	25.1	31.4	14.8	4.2	4.0	3.9	7.0	9.5	
1988	100.0	24.7	30.9	14.1	4.2	4.3	4.4	7.2	10.3	
1989	100.0	24.1	30.2	13.5	4.3	4.6	5.0	7.4	10.9	
1990	100.0	25.1	28.2	12.6	4.1	4.3	6.4	7.6	11.7	
1991	100.0	26.0	25.4	12.4	4.3	4.6	6.8	8.1	12.3	
1992	100.0	26.7	23.4	11.4	4.5	4.8	7.2	8.6	13.4	
1993	100.0	26.5	21.1	10.7	4.6	5.3	7.7	9.2	14.8	
1994	100.0	25.9	18.2	10.3	4.6	5.2	9.6	9.8	16.4	
1995	100.0	23.1	19.6	9.7	4.3	5.0	11.9	9.7	16.8	
1996	100.0	21.9	17.2	9.8	4.3	5.1	13.5	10.7	17.5	
1997	100.0	19.3	16.6	10.1	4.2	5.0	15.0	12.0	17.8	
1998	100.0	16.0	14.5	9.9	3.5	4.4	2.8	12.6	36.3	
1999	100.0	15.0	12.9	9.7	3.4	4.3	3.1	14.4	37.2	
2000	100.0	14.3	11.8	9.6	3.2	4.4	3.0	15.9	37.8	
2001	100.0	13.9	11.0	9.7	3.1	4.1	3.0	17.0	38.0	
2002	100.0	13.1	10.7	9.5	3.0	3.9	2.9	17.5	39.3	
2003	100.0	12.7	9.8	8.9	3.0	3.8	3.1	18.6	40.2	
2004	100.0	12.6	9.2	8.3	3.0	3.9	2.9	19.8	40.4	
2005	100.0	12.1	9.1	8.3	3.2	3.5	3.2	20.0	40.4	
2006	100.0	13.2	9.5	9.0	3.2	3.8	3.6	14.1	43.6	
2007	100.0	13.0	9.0	9.1	3.1	3.8	3.7	11.3	47.0	
2008	100.0	12.4	8.9	8.8	3.0	3.7	3.6	10.9	48.7	

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

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

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

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

Table 13.22

Medicaid Persons Served (Beneficiaries), by Basis of Eligibility and Area of Residence: Fiscal Year 2008

Area of Residence	Total	Aged	Disabled	Children ¹	Adults	Other/ Unknown
All Jurisdictions	58,770,540	4,146,833	8,693,801	28,071,065	12,947,079	4,911,762
Boston: Region I	2,556,784	255,693	467,059	1,072,740	654,451	106,841
Connecticut	524,210	51,370	61,735	263,901	118,536	28,668
Maine	305,581	31,916	52,393	117,466	91,762	12,044
Massachusetts	1,230,063	127,924	270,374	459,334	322,610	49,821
New Hampshire	131,056	11,840	20,354	77,947	16,851	4,064
Rhode Island	203,731	15,794	39,602	93,116	51,524	3,695
Vermont	162,143	16,849	22,601	60,976	53,168	8,549
New York: Region II	5,934,151	432,935	875,055	2,282,799	1,770,477	572,885
New Jersey	1,065,155	85,517	181,008	545,329	210,314	42,987
New York	4,868,996	347,418	694,047	1,737,470	1,560,163	529,898
Puerto Rico	---	---	---	---	---	---
Virgin Islands	---	---	---	---	---	---
Philadelphia: Region III	4,457,500	358,997	938,757	2,228,517	782,892	148,337
Delaware	180,795	9,130	20,567	79,791	67,200	4,107
District of Columbia	168,237	8,857	37,193	77,712	39,641	4,834
Maryland	757,031	45,964	126,868	462,116	105,798	16,285
Pennsylvania	2,134,331	190,041	507,812	958,207	389,892	88,379
Virginia	839,475	76,953	147,027	469,135	126,461	19,899
West Virginia	377,631	28,052	99,290	181,556	53,900	14,833
Atlanta: Region IV	11,090,669	760,901	2,027,666	5,591,112	1,882,982	828,008
Alabama	829,815	62,885	195,977	427,498	115,699	27,756
Florida	2,870,985	221,761	460,535	1,406,030	496,149	286,510
Georgia	1,711,976	99,064	259,980	934,124	275,493	143,315
Kentucky	893,008	54,094	225,416	411,858	133,768	67,872
Mississippi	657,430	57,011	143,939	318,136	94,691	43,653
North Carolina	1,785,086	144,313	267,034	899,559	292,209	181,971
South Carolina	871,211	65,660	142,724	461,993	177,882	22,952
Tennessee	1,471,158	56,113	332,061	731,914	297,091	53,979

See footnotes at end of table.

Table 13.22—Continued

Medicaid Persons Served (Beneficiaries), by Basis of Eligibility and Area of Residence: Fiscal Year 2008

Area of Residence	Total	Aged	Disabled	Children ¹	Adults	Other/ Unknown
Chicago: Region V	9,589,185	609,980	1,317,016	4,817,243	1,964,375	880,571
Illinois	2,316,772	112,484	312,624	1,359,488	451,469	80,707
Indiana	1,126,436	63,635	136,559	611,257	199,259	115,726
Michigan	1,789,798	106,820	281,820	993,466	347,738	59,954
Minnesota	762,946	64,975	110,023	370,957	188,850	28,141
Ohio	2,061,713	153,596	333,956	1,056,728	477,349	40,084
Wisconsin	1,531,520	108,470	142,034	425,347	299,710	555,959
Dallas: Region VI	7,249,167	496,601	939,147	4,431,596	1,001,640	380,183
Arkansas	826,911	54,805	120,183	428,637	91,729	131,557
Louisiana	1,156,601	77,164	178,243	669,284	162,080	69,830
New Mexico	507,400	22,183	63,846	298,146	113,606	9,619
Oklahoma	765,344	54,227	100,798	475,765	112,821	21,733
Texas	3,992,911	288,222	476,077	2,559,764	521,404	147,444
Kansas City: Region VII	2,152,588	172,324	346,213	1,140,091	355,249	138,711
Iowa	498,325	35,941	71,054	225,732	101,739	63,859
Kansas	350,971	29,141	60,496	188,951	48,849	23,534
Missouri	1,054,099	86,802	181,601	575,505	166,936	43,255
Nebraska	249,193	20,440	33,062	149,903	37,725	8,063
Denver: Region VIII	1,315,049	89,692	169,745	689,149	226,800	139,663
Colorado	625,915	46,825	77,626	320,938	91,460	89,066
Montana	113,015	7,958	18,113	55,688	18,815	12,441
North Dakota	74,017	7,523	9,971	35,484	14,299	6,740
South Dakota	136,734	10,217	19,239	82,100	20,312	4,866
Utah	296,190	12,884	36,070	152,140	72,285	22,811
Wyoming	69,178	4,285	8,726	42,799	9,629	3,739
See footnotes at end of table.						

Table 13.22—Continued

Medicaid Persons Served (Beneficiaries), by Basis of Eligibility and Area of Residence: Fiscal Year 2008

Area of Residence	Total	Aged	Disabled	Children ¹	Adults	Other/ Unknown
San Francisco: Region IX	12,397,892	832,679	1,316,494	4,758,257	3,933,965	1,556,497
Arizona	1,398,542	61,091	136,435	670,777	510,677	19,562
California	10,514,516	734,270	1,121,390	3,839,744	3,300,011	1,519,101
Hawaii	235,577	19,786	23,891	108,071	74,413	9,416
Nevada	249,257	17,532	34,778	139,665	48,864	8,418
Seattle: Region X	2,027,555	137,031	296,649	1,059,561	374,248	160,066
Alaska	119,340	6,733	14,981	64,280	23,643	9,703
Idaho	233,056	13,300	34,708	138,913	25,911	20,224
Oregon	487,361	41,237	78,371	249,913	106,368	11,472
Washington	1,187,798	75,761	168,589	606,455	218,326	118,667

¹Includes non-disabled children and foster care children.

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

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

Table 13.23

Medicaid Payments, by Basis of Eligibility and Area of Residence: Fiscal Year 2008

Area of Residence	Total	Aged	Disabled	Children ¹	Adults	Other/Unknown
All Jurisdictions	\$296,829,612,488	\$61,130,792,854	\$129,039,649,346	\$57,136,620,526	\$37,697,615,209	\$11,824,934,553
Boston: Region I	17,956,089,201	4,988,207,571	7,510,918,989	3,030,662,836	1,874,075,152	552,224,653
Connecticut	4,143,762,719	1,450,909,866	1,575,988,318	457,706,316	226,239,254	432,918,965
Maine	1,355,222,292	324,251,237	626,361,629	252,615,687	136,433,415	15,560,324
Massachusetts	8,991,487,325	2,436,133,401	3,786,795,183	1,586,482,799	1,096,782,278	85,293,664
New Hampshire	935,283,430	242,941,643	377,813,235	245,636,367	65,066,817	3,825,368
Rhode Island	1,647,539,588	360,365,557	802,149,469	304,479,573	175,331,246	5,213,743
Vermont	882,793,847	173,605,867	341,811,155	183,742,094	174,222,142	9,412,589
New York: Region II	50,754,580,035	12,075,867,145	24,381,313,582	5,693,187,123	7,810,186,777	794,025,408
New Jersey	7,713,180,708	1,771,271,157	3,862,833,708	1,178,821,352	786,984,947	113,269,544
New York	43,041,399,327	10,304,595,988	20,518,479,874	4,514,365,771	7,023,201,830	680,755,864
Puerto Rico	---	---	---	---	---	---
Virgin Islands	---	---	---	---	---	---
Philadelphia: Region III	28,017,983,098	6,010,136,026	12,717,247,646	5,427,785,297	3,250,638,654	612,175,475
Delaware	1,137,201,381	185,412,061	403,649,057	209,760,254	333,603,010	4,776,999
District of Columbia	1,739,249,831	208,983,114	896,621,767	239,099,859	288,886,022	105,659,069
Maryland	5,578,313,576	982,799,824	2,716,450,964	1,195,072,560	627,319,246	56,670,982
Pennsylvania	12,500,716,474	3,271,135,569	5,482,429,982	2,329,247,526	1,356,061,375	61,842,022
Virginia	4,660,591,700	932,515,844	2,156,291,445	1,074,976,244	458,258,666	38,549,501
West Virginia	2,401,910,136	429,289,614	1,061,804,431	379,628,854	186,510,335	344,676,902
Atlanta: Region IV	50,827,543,330	9,001,706,392	21,533,957,886	11,059,466,840	6,386,080,110	2,846,332,102
Alabama	3,507,716,560	693,518,148	1,445,332,926	887,710,965	256,475,752	224,678,769
Florida	13,223,929,421	2,648,940,535	5,449,208,356	2,301,453,226	1,361,597,460	1,462,729,844
Georgia	6,863,188,421	1,051,956,668	2,567,921,734	1,814,278,411	1,241,606,703	187,424,905
Kentucky	4,474,558,097	677,684,645	2,132,513,273	1,023,358,978	546,391,156	94,610,045
Mississippi	3,123,699,935	755,671,925	1,412,441,315	640,909,301	327,460,539	-12,783,145
North Carolina	8,925,213,476	1,689,528,986	4,039,416,868	2,060,456,269	1,072,695,456	63,115,897
South Carolina	4,347,468,122	625,118,670	1,508,575,077	927,106,982	555,934,197	730,733,196
Tennessee	6,361,769,298	859,286,815	2,978,548,337	1,404,192,708	1,023,918,847	95,822,591

See footnotes at end of table.

Table 13.23—Continued

Medicaid Payments, by Basis of Eligibility and Area of Residence: Fiscal Year 2008

Area of Residence	Total	Aged	Disabled	Children ¹	Adults	Other/ Unknown
Chicago: Region V	\$47,703,373,656	\$9,666,206,884	\$19,974,751,635	\$8,487,168,723	\$5,615,864,376	\$3,959,382,038
Illinois	10,235,178,181	1,250,014,516	4,566,893,409	2,259,289,720	1,039,686,247	1,119,294,289
Indiana	4,941,164,675	1,130,135,065	2,166,728,976	1,073,383,664	560,034,131	10,882,839
Michigan	9,230,535,302	1,383,760,295	2,771,960,120	1,499,661,610	1,171,713,000	2,403,440,277
Minnesota	6,646,070,589	1,524,472,753	3,113,656,813	1,258,632,576	715,664,667	33,643,780
Ohio	12,061,645,064	3,162,965,218	5,475,532,277	1,872,889,599	1,489,056,590	61,201,380
Wisconsin	4,588,779,845	1,214,859,037	1,879,980,040	523,311,554	639,709,741	330,919,473
Dallas: Region VI	31,307,892,013	5,697,651,541	12,881,229,545	9,290,354,206	2,857,144,821	581,511,900
Arkansas	3,251,172,381	748,422,892	1,436,387,831	868,574,780	171,720,536	26,066,342
Louisiana	4,991,458,438	903,312,550	2,423,093,769	1,034,286,155	516,490,885	114,275,079
New Mexico	3,058,468,905	268,263,323	1,156,700,394	851,285,155	463,660,662	318,559,371
Oklahoma	3,349,528,009	635,262,162	1,375,589,807	976,871,165	337,135,201	24,669,674
Texas	16,657,264,280	3,142,390,614	6,489,457,744	5,559,336,951	1,368,137,537	97,941,434
Kansas City: Region VII	11,748,417,643	2,593,200,555	5,203,406,347	2,673,666,115	1,125,788,561	152,356,065
Iowa	2,691,421,624	606,876,494	1,302,212,014	432,341,241	290,785,092	59,206,783
Kansas	2,295,600,614	591,254,179	1,033,552,471	446,081,156	192,174,921	32,537,887
Missouri	5,224,997,915	1,050,666,919	2,249,976,643	1,392,644,938	508,571,500	23,137,915
Nebraska	1,536,397,490	344,402,963	617,665,219	402,598,780	134,257,048	37,473,480
Denver: Region VIII	7,009,515,696	1,428,060,359	2,797,697,340	1,443,768,487	703,601,739	636,387,771
Colorado	2,984,631,555	707,514,655	1,233,695,763	593,206,111	275,774,878	174,440,148
Montana	654,550,971	163,809,429	255,324,264	145,441,520	77,609,750	12,366,008
North Dakota	550,868,067	177,793,114	235,417,806	83,247,661	47,548,014	6,861,472
South Dakota	673,099,924	131,777,885	278,310,508	179,146,351	71,367,688	12,497,492
Utah	1,643,199,371	147,486,457	574,593,287	311,628,161	181,108,962	428,382,504
Wyoming	503,165,808	99,678,819	220,355,712	131,098,683	50,192,447	1,840,147

See footnotes at end of table.

Table 13.23—Continued

Medicaid Payments, by Basis of Eligibility and Area of Residence: Fiscal Year 2008

Area of Residence	Total	Aged	Disabled	Children ¹	Adults	Other/Unknown
San Francisco: Region IX	\$40,973,503,397	\$7,746,814,085	\$17,923,152,839	\$7,864,180,584	\$6,691,475,742	747,880,147
Arizona	6,583,579,070	591,917,776	1,983,600,140	1,714,654,745	2,177,165,815	116,240,594
California	32,245,479,726	6,719,019,110	15,090,805,995	5,661,899,548	4,162,497,552	611,257,521
Hawaii	1,014,143,923	234,046,859	343,451,254	191,420,817	242,092,088	3,132,905
Nevada	1,130,300,678	201,830,340	505,295,450	296,205,474	109,720,287	17,249,127
Seattle: Region X	10,530,714,419	1,922,942,296	4,115,973,537	2,166,380,315	1,382,759,277	942,658,994
Alaska	974,014,084	145,034,327	374,641,087	297,823,106	145,470,909	11,044,655
Idaho	1,262,942,856	221,606,158	633,940,303	265,529,251	117,651,764	24,215,380
Oregon	2,459,665,555	522,729,798	962,727,072	520,467,594	442,199,163	11,541,928
Washington	5,834,091,924	1,033,572,013	2,144,665,075	1,082,560,364	677,437,441	895,857,031

¹Includes non-disabled children and foster care children.

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

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

Table 13.24

Medicaid Payments per Person Served (Beneficiary), by Basis of Eligibility and Area of Residence: Fiscal Year 2008

Area of Residence	Total	Aged	Disabled	Children ¹	Adults	Other/ Unknown
All Jurisdictions	\$5,051	\$14,742	\$14,843	\$2,035	\$2,912	\$2,407
Boston: Region I	7,023	19,509	16,081	2,825	2,864	5,169
Connecticut	7,905	28,244	25,528	1,734	1,909	15,101
Maine	4,435	10,160	11,955	2,151	1,487	1,292
Massachusetts	7,310	19,044	14,006	3,454	3,400	1,712
New Hampshire	7,137	20,519	18,562	3,151	3,861	941
Rhode Island	8,087	22,817	20,255	3,270	3,403	1,411
Vermont	5,445	10,304	15,124	3,013	3,277	1,101
New York: Region II	8,553	27,893	27,863	2,494	4,411	1,386
New Jersey	7,241	20,713	21,341	2,162	3,742	2,635
New York	8,840	29,661	29,564	2,598	4,502	1,285
Puerto Rico	---	---	---	---	---	---
Virgin Islands	---	---	---	---	---	---
Philadelphia: Region III	6,286	16,741	13,547	2,436	4,152	4,127
Delaware	6,290	20,308	19,626	2,629	4,964	1,163
District of Columbia	10,338	23,595	24,107	3,077	7,288	21,857
Maryland	7,369	21,382	21,412	2,586	5,929	3,480
Pennsylvania	5,857	17,213	10,796	2,431	3,478	700
Virginia	5,552	12,118	14,666	2,291	3,624	1,937
West Virginia	6,360	15,303	10,694	2,091	3,460	23,237
Atlanta: Region IV	4,583	11,830	10,620	1,978	3,391	3,438
Alabama	4,227	11,028	7,375	2,077	2,217	8,095
Florida	4,606	11,945	11,832	1,637	2,744	5,105
Georgia	4,009	10,619	9,877	1,942	4,507	1,308
Kentucky	5,011	12,528	9,460	2,485	4,085	1,394
Mississippi	4,751	13,255	9,813	2,015	3,458	-293
North Carolina	5,000	11,707	15,127	2,291	3,671	347
South Carolina	4,990	9,521	10,570	2,007	3,125	31,837
Tennessee	4,324	15,314	8,970	1,919	3,446	1,775

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 2008

Area of Residence	Total	Aged	Disabled	Children ¹	Adults	Other/ Unknown
Chicago: Region V	\$4,975	\$15,847	\$15,167	\$1,762	\$2,859	\$4,496
Illinois	4,418	11,113	14,608	1,662	2,303	13,869
Indiana	4,387	17,760	15,867	1,756	2,811	94
Michigan	5,157	12,954	9,836	1,510	3,370	40,088
Minnesota	8,711	23,462	28,300	3,393	3,790	1,196
Ohio	5,850	20,593	16,396	1,772	3,119	1,527
Wisconsin	2,996	11,200	13,236	1,230	2,134	595
Dallas: Region VI	4,319	11,473	13,716	2,096	2,852	1,530
Arkansas	3,932	13,656	11,952	2,026	1,872	198
Louisiana	4,316	11,706	13,594	1,545	3,187	1,636
New Mexico	6,028	12,093	18,117	2,855	4,081	33,118
Oklahoma	4,376	11,715	13,647	2,053	2,988	1,135
Texas	4,172	10,903	13,631	2,172	2,624	664
Kansas City: Region VII	5,458	15,048	15,029	2,345	3,169	1,098
Iowa	5,401	16,885	18,327	1,915	2,858	927
Kansas	6,541	20,289	17,085	2,361	3,934	1,383
Missouri	4,957	12,104	12,390	2,420	3,047	535
Nebraska	6,165	16,849	18,682	2,686	3,559	4,648
Denver: Region VIII	5,330	15,922	16,482	2,095	3,102	4,557
Colorado	4,768	15,110	15,893	1,848	3,015	1,959
Montana	5,792	20,584	14,096	2,612	4,125	994
North Dakota	7,442	23,633	23,610	2,346	3,325	1,018
South Dakota	4,923	12,898	14,466	2,182	3,514	2,568
Utah	5,548	11,447	15,930	2,048	2,505	18,780
Wyoming	7,273	23,262	25,253	3,063	5,213	492

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 2008

Area of Residence	Total	Aged	Disabled	Children ¹	Adults	Other/ Unknown
San Francisco: Region IX	\$3,305	\$9,303	\$13,614	\$1,653	\$1,701	\$480
Arizona	4,707	9,689	14,539	2,556	4,263	5,942
California	3,067	9,151	13,457	1,475	1,261	402
Hawaii	4,305	11,829	14,376	1,771	3,253	333
Nevada	4,535	11,512	14,529	2,121	2,245	2,049
Seattle: Region X	5,194	14,033	13,875	2,045	3,695	5,889
Alaska	8,162	21,541	25,008	4,633	6,153	1,138
Idaho	5,419	16,662	18,265	1,911	4,541	1,197
Oregon	5,047	12,676	12,284	2,083	4,157	1,006
Washington	4,912	13,643	12,721	1,785	3,103	7,549

¹Includes non-disabled children and foster care children.

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

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

Table 13.25

Medicaid Persons Served (Beneficiaries), by Type of Service and Area of Residence: Fiscal Year 2008

Area of Residence	Total ¹	Inpatient Hospital	Nursing Facilities	Physician	Dental	Outpatient Hospital	Lab and X-Ray	Home Health	Prescribed Drugs
All Jurisdictions	58,770,540	5,258,592	1,615,744	21,660,966	9,821,338	14,788,589	15,612,025	1,143,561	24,578,986
Boston: Region I	2,556,784	193,121	123,661	1,098,498	711,740	773,040	719,547	81,726	1,295,200
Connecticut	524,210	48,038	39,696	120,510	51,841	126,954	123,894	28,407	321,560
Maine	305,581	23,007	10,285	199,420	60,443	6,778	49,311	3,287	214,333
Massachusetts	1,230,063	79,221	53,232	519,096	455,883	436,968	444,351	38,188	510,309
New Hampshire	131,056	16,544	6,840	99,692	48,328	70,827	18,610	2,877	88,328
Rhode Island	203,731	13,956	9,815	46,055	48,591	48,157	18,516	5,396	48,330
Vermont	162,143	12,355	3,793	113,725	46,654	83,356	64,865	3,571	112,340
New York: Region II	5,934,151	981,401	257,309	1,303,995	986,489	1,456,974	944,058	236,095	2,862,274
New Jersey	1,065,155	73,342	44,595	213,705	67,366	208,653	124,150	14,225	257,071
New York	4,868,996	908,059	212,714	1,090,290	919,123	1,248,321	819,908	221,870	2,605,203
Puerto Rico	---	---	---	---	---	---	---	---	---
Virgin Islands	---	---	---	---	---	---	---	---	---
Philadelphia: Region III	4,457,500	345,093	147,995	1,252,085	519,859	654,585	673,949	55,066	1,316,226
Delaware	180,795	9,648	3,713	47,536	31,331	24,370	29,203	1,210	113,682
District of Columbia	168,237	15,714	3,359	24,516	13,118	25,219	26,334	4,630	31,966
Maryland	757,031	61,861	24,714	231,094	3,189	122,989	14,314	25,503	164,463
Pennsylvania	2,134,331	96,555	77,931	397,950	180,841	244,963	331,729	17,753	481,466
Virginia	839,475	136,195	26,804	364,736	194,041	121,988	125,961	3,744	245,316
West Virginia	377,631	25,120	11,474	186,253	97,339	115,056	146,408	2,226	279,333

See footnotes at end of table.

Table 13.25—Continued

Medicaid Persons Served (Beneficiaries), by Type of Service and Area of Residence: Fiscal Year 2008

Area of Residence	Total ¹	Inpatient Hospital	Nursing Facilities	Physician	Dental	Outpatient Hospital	Lab and X-Ray	Home Health	Prescribed Drugs
Atlanta: Region IV	11,090,669	1,292,908	281,758	6,127,506	2,170,811	4,007,073	3,736,830	279,367	5,277,793
Alabama	829,815	49,018	25,671	576,776	196,167	299,646	421,118	64,697	509,826
Florida	2,870,985	411,717	77,853	1,364,421	299,296	1,016,420	819,409	108,900	1,029,641
Georgia	1,711,976	239,485	38,806	629,444	135,856	379,699	136,218	5,817	395,682
Kentucky	893,008	71,112	27,701	495,201	197,203	375,326	375,051	17,628	494,811
Mississippi	657,430	99,738	21,734	503,279	170,466	386,691	232,749	7,672	447,283
North Carolina	1,785,086	226,230	41,234	1,327,779	584,688	774,386	948,061	44,207	1,062,510
South Carolina	871,211	114,611	16,288	548,246	279,999	348,187	281,964	5,948	484,019
Tennessee ²	1,471,158	80,997	32,471	682,360	307,136	426,718	522,260	24,498	854,021
Chicago: Region V	9,589,185	575,392	308,530	3,312,484	1,873,157	2,127,069	2,477,991	152,656	3,985,205
Illinois	2,316,772	193,988	71,848	1,390,667	644,442	857,567	1,159,378	12,160	1,497,874
Indiana	1,126,436	53,323	44,479	277,742	379,104	190,290	202,286	9,120	221,397
Michigan	1,789,798	104,467	46,964	558,397	413,638	249,322	373,973	6,043	601,352
Minnesota	762,946	48,539	29,124	289,999	89,461	176,008	69,627	86,659	215,009
Ohio	2,061,713	102,703	83,530	644,840	176,125	442,794	378,552	32,698	493,884
Wisconsin	1,531,520	72,372	32,585	150,839	170,387	211,088	294,175	5,976	955,689
Dallas: Region VI	7,249,167	821,572	185,538	3,612,476	2,195,546	2,065,376	3,018,680	231,302	4,404,676
Arkansas	826,911	113,615	27,184	523,947	244,571	301,329	232,181	6,522	433,227
Louisiana	1,156,601	149,104	28,846	856,871	259,191	583,363	636,014	12,090	800,868
New Mexico	507,400	25,783	6,021	109,355	29,395	83,373	69,135	450	57,745
Oklahoma	765,344	118,666	21,376	480,401	228,107	376,695	346,635	6,697	453,852
Texas	3,992,911	414,404	102,111	1,641,902	1,434,282	720,616	1,734,715	205,543	2,658,984

See footnotes at end of table.

Table 13.25—Continued

Medicaid Persons Served (Beneficiaries), by Type of Service and Area of Residence: Fiscal Year 2008

Area of Residence	Total ¹	Inpatient Hospital	Nursing Facilities	Physician	Dental	Outpatient Hospital	Lab and X-Ray	Home Health	Prescribed Drugs
Kansas City: Region VII	2,152,588	199,699	84,427	765,725	380,965	759,941	603,654	48,322	1,064,706
Iowa	498,325	60,773	19,597	304,769	138,208	217,252	232,379	33,274	281,636
Kansas	350,971	33,365	15,549	158,014	84,454	74,348	90,652	3,907	115,730
Missouri	1,054,099	76,353	38,466	123,231	49,642	354,950	209,985	6,075	480,109
Nebraska	249,193	29,208	10,815	179,711	108,661	113,391	70,638	5,066	187,231
Denver: Region VIII	1,315,049	139,602	40,446	393,295	286,301	454,432	306,425	16,262	621,327
Colorado	625,915	49,380	16,320	53,008	135,367	219,054	86,125	10,988	236,080
Montana	113,015	17,302	5,163	74,687	22,686	59,735	10,585	431	58,494
North Dakota	74,017	10,673	5,505	48,601	18,275	29,066	38,737	1,729	41,266
South Dakota	136,734	17,464	5,533	78,156	119	52,609	42,503	423	69,684
Utah	296,190	33,439	5,498	84,470	88,361	58,307	93,909	2,192	170,762
Wyoming	69,178	11,344	2,427	54,373	21,493	35,661	34,566	499	45,041
San Francisco: Region IX	12,397,892	578,886	148,406	3,022,351	187,271	2,001,447	2,779,706	39,928	3,014,649
Arizona ²	1,398,542	35,816	1,340	47,356	131	103,960	21,130	214	7,534
California	10,514,516	506,190	137,361	2,820,438	92,357	1,810,022	2,674,620	32,880	2,891,397
Hawaii ²	235,577	12,452	4,863	52,134	64,527	40,345	36,601	5,858	42,242
Nevada	249,257	24,428	4,842	102,423	30,256	47,120	47,355	976	73,476
Seattle: Region X	2,027,555	130,918	37,674	772,551	509,199	488,652	351,185	2,837	736,930
Alaska	119,340	18,372	939	82,659	43,522	64,328	51,279	289	65,081
Idaho	233,056	26,682	5,337	151,861	24,555	86,016	94,135	1,869	120,736
Oregon	487,361	23,389	10,189	91,610	2,585	68,700	54,208	669	131,361
Washington	1,187,798	62,475	21,209	446,421	438,537	269,608	151,563	10	419,752

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

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

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

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

Table 13.26

Medicaid Payments, by Type of Service and Area of Residence: Fiscal Year 2008

Area of Residence	Total ¹	Inpatient		Nursing		Outpatient	Lab and	Home	Prescribed
		Hospital	Facilities	Physician	Dental	Hospital	X-Ray	Health	Drugs
Amount in Thousands									
All Jurisdictions	\$296,829,612	\$37,244,803	\$47,718,388	\$10,505,645	\$3,819,095	\$10,880,911	\$2,931,415	\$6,620,243	\$23,514,970
Boston: Region I	17,956,089	1,313,268	4,296,050	451,014	312,514	637,462	207,177	1,071,516	1,282,429
Connecticut	4,143,763	290,501	1,323,715	49,407	13,756	88,445	30,142	204,593	340,216
Maine	1,355,222	92,261	246,716	61,256	20,749	7,113	8,391	8,422	207,492
Massachusetts	8,991,487	661,765	1,887,705	219,793	231,578	364,978	150,642	807,067	484,912
New Hampshire	935,283	60,157	210,830	45,437	18,685	72,568	1,840	7,039	76,441
Rhode Island	1,647,540	139,501	511,414	13,844	13,517	38,805	3,246	37,296	59,208
Vermont	882,794	69,083	115,670	61,277	14,230	65,553	12,916	7,100	114,159
New York: Region II	50,754,580	6,278,571	9,093,809	299,638	432,185	1,523,626	143,031	1,640,117	3,911,319
New Jersey	7,713,181	546,022	1,824,287	64,661	24,427	300,212	18,123	107,157	552,918
New York	43,041,399	5,732,548	7,269,523	234,977	407,758	1,223,414	124,908	1,532,960	3,358,401
Puerto Rico	---	---	---	---	---	---	---	---	---
Virgin Islands	---	---	---	---	---	---	---	---	---
Philadelphia: Region III	28,017,983	2,394,731	5,499,714	671,577	206,636	461,204	168,265	888,032	1,395,364
Delaware	1,137,201	67,192	179,595	23,322	23,320	17,449	4,584	5,375	117,176
District of Columbia	1,739,250	324,008	161,023	21,912	8,389	19,594	5,848	76,776	86,319
Maryland	5,578,314	694,079	1,017,394	203,430	822	200,355	1,247	661,403	241,779
Pennsylvania	12,500,716	519,964	2,951,028	126,669	55,753	71,114	73,527	135,056	386,337
Virginia	4,660,592	488,714	756,265	181,928	80,863	89,845	18,637	6,089	222,517
West Virginia	2,401,910	300,774	434,410	114,316	37,489	62,847	64,421	3,333	341,236
Atlanta: Region IV	50,827,543	8,359,667	8,174,244	3,580,320	833,017	2,805,020	636,399	1,317,817	4,840,965
Alabama	3,507,717	126,275	829,732	313,202	63,871	73,858	68,901	52,434	441,743
Florida	13,223,929	3,122,885	2,337,037	729,450	86,329	566,159	114,896	255,683	1,036,324
Georgia	6,863,188	1,337,851	1,057,590	307,730	42,565	226,939	17,585	5,328	430,492
Kentucky	4,474,558	541,027	779,970	259,328	69,755	327,344	85,313	47,189	514,996
Mississippi	3,123,700	592,064	706,140	250,211	54,214	294,242	24,300	7,348	315,472
North Carolina	8,925,213	1,073,083	1,080,723	808,692	272,242	660,149	171,118	146,544	1,027,780
South Carolina	4,347,468	1,112,650	461,944	398,788	99,333	261,850	43,089	11,632	365,052
Tennessee ²	6,361,769	453,831	921,108	512,920	144,707	394,479	111,197	791,661	709,106

See footnotes at end of table.

Table 13.26—Continued

Medicaid Payments, by Type of Service and Area of Residence: Fiscal Year 2008

Area of Residence	Total ¹	Inpatient	Nursing	Outpatient		Lab and	Home	Prescribed	
		Hospital	Facilities	Physician	Dental	Hospital	X-Ray	Health	Drugs
Amount in Thousands									
Chicago: Region V	\$47,703,374	\$5,968,064	\$8,296,227	\$1,359,828	\$482,743	\$1,294,914	\$429,570	\$425,881	\$3,018,826
Illinois	10,235,178	2,876,938	1,570,965	526,632	141,371	500,508	152,200	43,406	1,054,128
Indiana	4,941,165	368,403	1,050,801	114,787	158,204	114,387	46,824	104,510	296,659
Michigan	9,230,535	1,040,900	1,517,828	226,280	75,192	213,328	49,840	3,486	452,853
Minnesota	6,646,071	423,432	825,405	184,081	30,427	121,432	6,024	93,726	247,092
Ohio	12,061,645	905,417	2,550,568	265,868	39,191	247,800	127,412	156,589	466,576
Wisconsin	4,588,780	352,975	780,659	42,179	38,360	97,459	47,270	24,164	501,517
Dallas: Region VI	31,307,892	4,383,457	3,793,524	1,889,118	1,088,710	1,147,371	747,763	596,223	3,483,542
Arkansas	3,251,172	372,745	443,595	335,460	74,861	261,578	33,409	13,992	337,563
Louisiana	4,991,458	893,414	717,884	406,436	89,759	324,456	104,779	34,863	793,627
New Mexico	3,058,469	412,133	173,207	50,764	14,222	108,576	9,644	594	19,580
Oklahoma	3,349,528	615,190	522,507	316,777	124,905	180,483	59,845	15,847	330,352
Texas	16,657,264	2,089,975	1,936,330	779,682	784,964	272,278	540,087	530,927	2,002,420
Kansas City: Region VII	11,748,418	1,305,979	1,969,110	392,968	119,951	734,089	85,150	150,152	1,190,291
Iowa	2,691,422	303,809	476,083	173,599	44,265	190,326	30,356	108,483	229,634
Kansas	2,295,601	274,030	358,024	78,311	27,658	129,314	17,712	12,362	153,069
Missouri	5,224,998	545,858	839,800	23,679	12,048	323,704	24,198	5,454	650,153
Nebraska	1,536,397	182,282	295,203	117,378	35,980	90,745	12,884	23,853	157,435
Denver: Region VIII	7,009,516	992,548	1,195,067	228,283	116,900	413,540	54,908	170,007	581,863
Colorado	2,984,632	343,406	504,061	18,260	57,775	160,674	11,671	151,592	252,673
Montana	654,551	83,310	154,564	44,016	11,546	41,447	1,089	462	67,035
North Dakota	550,868	53,845	170,144	24,506	6,488	20,911	11,224	2,230	31,748
South Dakota	673,100	103,743	138,232	43,015	41	47,090	6,113	1,504	52,586
Utah	1,643,199	336,962	159,074	48,637	30,089	84,845	16,762	12,527	142,656
Wyoming	503,166	71,283	68,992	49,849	10,961	58,572	8,048	1,692	35,165

See footnotes at end of table.

Table 13.26—Continued

Medicaid Payments, by Type of Service and Area of Residence: Fiscal Year 2008

Area of Residence	Total ¹	Inpatient Hospital	Nursing Facilities	Physician	Dental	Outpatient Hospital	Lab and X-Ray	Home Health	Prescribed Drugs
Amount in Thousands									
San Francisco: Region IX	\$40,973,503	\$5,064,854	\$4,301,092	\$1,201,040	\$56,525	\$1,430,691	\$406,207	\$354,567	\$3,048,940
Arizona ²	6,583,579	193,979	32,366	35,768	122	798,080	7,065	344	4,511
California	32,245,480	4,654,249	3,892,977	1,059,384	21,114	594,894	370,621	197,060	2,898,323
Hawaii ²	1,014,144	52,452	211,546	24,198	19,717	8,379	6,243	153,266	55,830
Nevada	1,130,301	164,174	164,203	81,690	15,572	29,339	22,278	3,897	90,276
Seattle: Region X	10,530,714	1,183,665	1,099,550	431,860	169,912	432,995	52,945	5,930	761,431
Alaska	974,014	150,595	74,254	69,565	26,185	74,370	12,961	815	77,295
Idaho	1,262,943	192,763	173,553	81,197	9,165	65,722	13,662	4,302	109,449
Oregon	2,459,666	149,718	323,665	38,813	552	65,627	6,414	813	134,027
Washington	5,834,092	690,588	528,079	242,286	134,010	227,276	19,908	1	440,660

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

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

NOTES: Beginning fiscal year 1998, capitated premiums for Medicaid eligibles enrolled in managed care plans were included in this series as a component of the total payment categories. In addition, the HCFA Form-2082 was revised to include two new service categories: personal care services and home and community-based waiver services (not shown separately in this table). This created a reallocation of payments from other categories such as home health.

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

Table 13.27

Medicaid Payment per Person Served (Beneficiary), by Type of Service and Area of Residence: Fiscal Year 2008

Area of Residence	Total ¹	Inpatient Hospital	Nursing Facilities	Physician	Dental	Outpatient Hospital	Lab and X-Ray	Home Health	Prescribed Drugs
All Jurisdictions	\$5,051	\$7,083	\$29,533	\$485	\$389	\$736	\$188	\$5,789	\$957
Boston: Region I	7,023	6,800	34,741	411	439	825	288	13,111	990
Connecticut	7,905	6,047	33,346	410	265	697	243	7,202	1,058
Maine	4,435	4,010	23,988	307	343	1,049	170	2,562	968
Massachusetts	7,310	8,353	35,462	423	508	835	339	21,134	950
New Hampshire	7,137	3,636	30,823	456	387	1,025	99	2,447	865
Rhode Island	8,087	9,996	52,105	301	278	806	175	6,912	1,225
Vermont	5,445	5,591	30,496	539	305	786	199	1,988	1,016
New York: Region II	8,553	6,398	35,342	230	438	1,046	152	6,947	1,367
New Jersey	7,241	7,445	40,908	303	363	1,439	146	7,533	2,151
New York	8,840	6,313	34,175	216	444	980	152	6,909	1,289
Puerto Rico	---	---	---	---	---	---	---	---	---
Virgin Islands	---	---	---	---	---	---	---	---	---
Philadelphia: Region III	6,286	6,939	37,161	536	397	705	250	16,127	1,060
Delaware	6,290	6,964	48,369	491	744	716	157	4,442	1,031
District of Columbia	10,338	20,619	47,938	894	639	777	222	16,582	2,700
Maryland	7,369	11,220	41,167	880	258	1,629	87	25,934	1,470
Pennsylvania	5,857	5,385	37,867	318	308	290	222	7,608	802
Virginia	5,552	3,588	28,215	499	417	737	148	1,626	907
West Virginia	6,360	11,974	37,860	614	385	546	440	1,497	1,222
Atlanta: Region IV	4,583	6,466	29,012	584	384	700	170	4,717	917
Alabama	4,227	2,576	32,322	543	326	246	164	810	866
Florida	4,606	7,585	30,019	535	288	557	140	2,348	1,006
Georgia	4,009	5,586	27,253	489	313	598	129	916	1,088
Kentucky	5,011	7,608	28,157	524	354	872	227	2,677	1,041
Mississippi	4,751	5,936	32,490	497	318	761	104	958	705
North Carolina	5,000	4,743	26,210	609	466	852	180	3,315	967
South Carolina	4,990	9,708	28,361	727	355	752	153	1,956	754
Tennessee	4,324	5,603	28,367	752	471	924	213	32,315	830

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 2008

Area of Residence	Total ¹	Inpatient		Nursing		Outpatient		Lab and	Home	Prescribed
		Hospital	Hospital	Facilities	Physician	Dental	Hospital	X-Ray	Health	Drugs
Chicago: Region V	\$4,975	\$10,372	\$26,890	\$411	\$258	\$609	\$173	\$2,790	\$758	
Illinois	4,418	14,830	21,865	379	219	584	131	3,570	704	
Indiana	4,387	6,909	23,625	413	417	601	231	11,459	1,340	
Michigan	5,157	9,964	32,319	405	182	856	133	577	753	
Minnesota	8,711	8,724	28,341	635	340	690	87	1,082	1,149	
Ohio	5,850	8,816	30,535	412	223	560	337	4,789	945	
Wisconsin	2,996	4,877	23,958	280	225	462	161	4,044	525	
Dallas: Region VI	4,319	5,335	20,446	523	496	556	248	2,578	791	
Arkansas	3,932	3,281	16,318	640	306	868	144	2,145	779	
Louisiana	4,316	5,992	24,887	474	346	556	165	2,884	991	
New Mexico	6,028	15,985	28,767	464	484	1,302	139	1,319	339	
Oklahoma	4,376	5,184	24,444	659	548	479	173	2,366	728	
Texas	4,172	5,043	18,963	475	547	378	311	2,583	753	
Kansas City: Region VII	5,458	6,540	23,323	513	315	966	141	3,107	1,118	
Iowa	5,401	4,999	24,294	570	320	876	131	3,260	815	
Kansas	6,541	8,213	23,026	496	327	1,739	195	3,164	1,323	
Missouri	4,957	7,149	21,832	192	243	912	115	898	1,354	
Nebraska	6,165	6,241	27,296	653	331	800	182	4,708	841	
Denver: Region VIII	5,330	7,110	29,547	580	408	910	179	10,454	936	
Colorado	4,768	6,954	30,886	344	427	733	136	13,796	1,070	
Montana	5,792	4,815	29,937	589	509	694	103	1,072	1,146	
North Dakota	7,442	5,045	30,907	504	355	719	290	1,290	769	
South Dakota	4,923	5,940	24,983	550	341	895	144	3,556	755	
Utah	5,548	10,077	28,933	576	341	1,455	178	5,715	835	
Wyoming	7,273	6,284	28,427	917	510	1,642	233	3,391	781	

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 2008

Area of Residence	Total ¹	Inpatient Hospital	Nursing Facilities	Physician	Dental	Outpatient Hospital	Lab and X-Ray	Home Health	Prescribed Drugs
San Francisco: Region IX	\$3,305	\$8,749	\$28,982	\$397	\$302	\$715	\$146	\$8,880	\$1,011
Arizona	4,707	5,416	24,154	755	933	7,677	334	1,607	599
California	3,067	9,195	28,341	376	229	329	139	5,993	1,002
Hawaii	4,305	4,212	43,501	464	306	208	171	26,164	1,322
Nevada	4,535	6,721	33,912	798	515	623	470	3,993	1,229
Seattle: Region X	5,194	9,041	29,186	559	334	886	151	2,090	1,033
Alaska	8,162	8,197	79,078	842	602	1,156	253	2,820	1,188
Idaho	5,419	7,224	32,519	535	373	764	145	2,302	907
Oregon	5,047	6,401	31,766	424	214	955	118	1,215	1,020
Washington	4,912	11,054	24,899	543	306	843	131	60	1,050

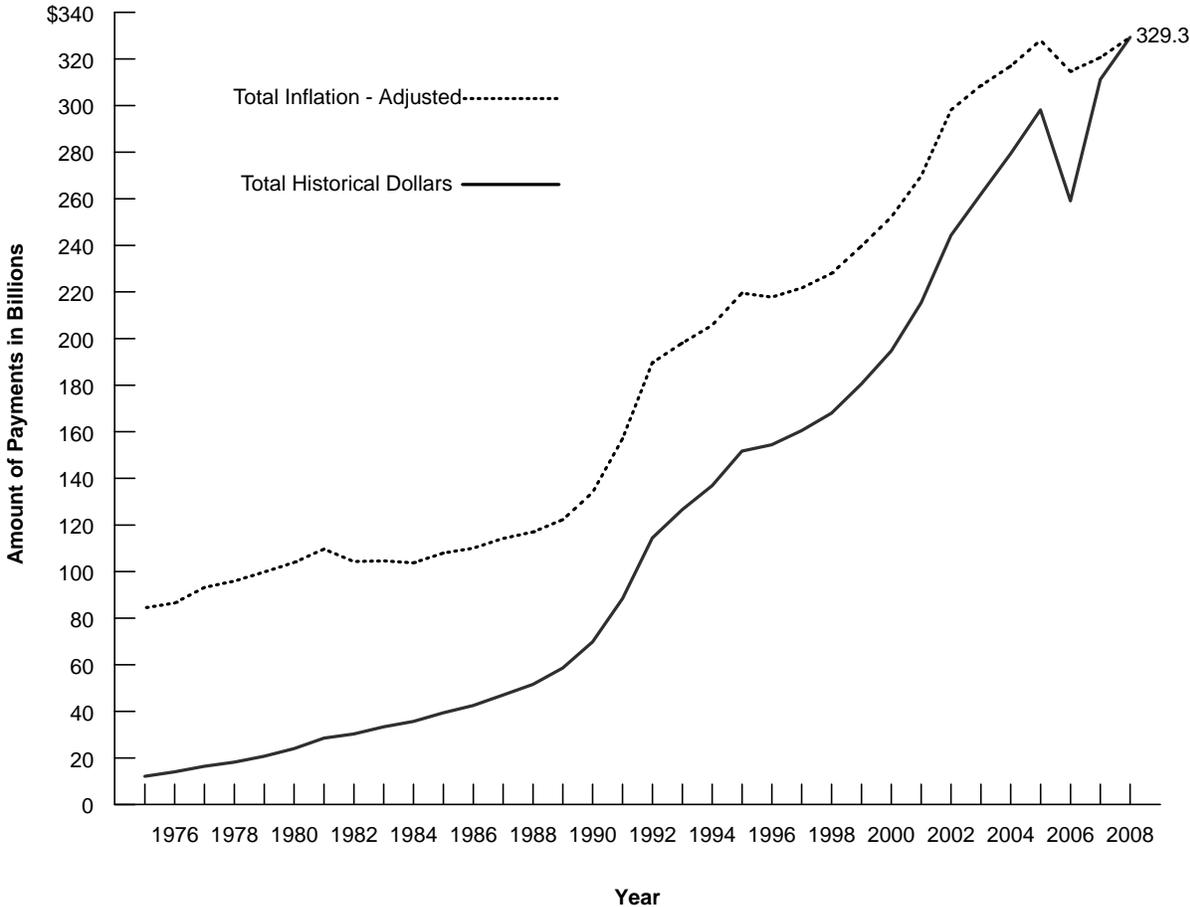
¹The total includes payments for all types of services reported on the HCFA Form-2082 and the Medicaid Statistical Information System (MSIS), some not shown separately.

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

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

Figure 13.1

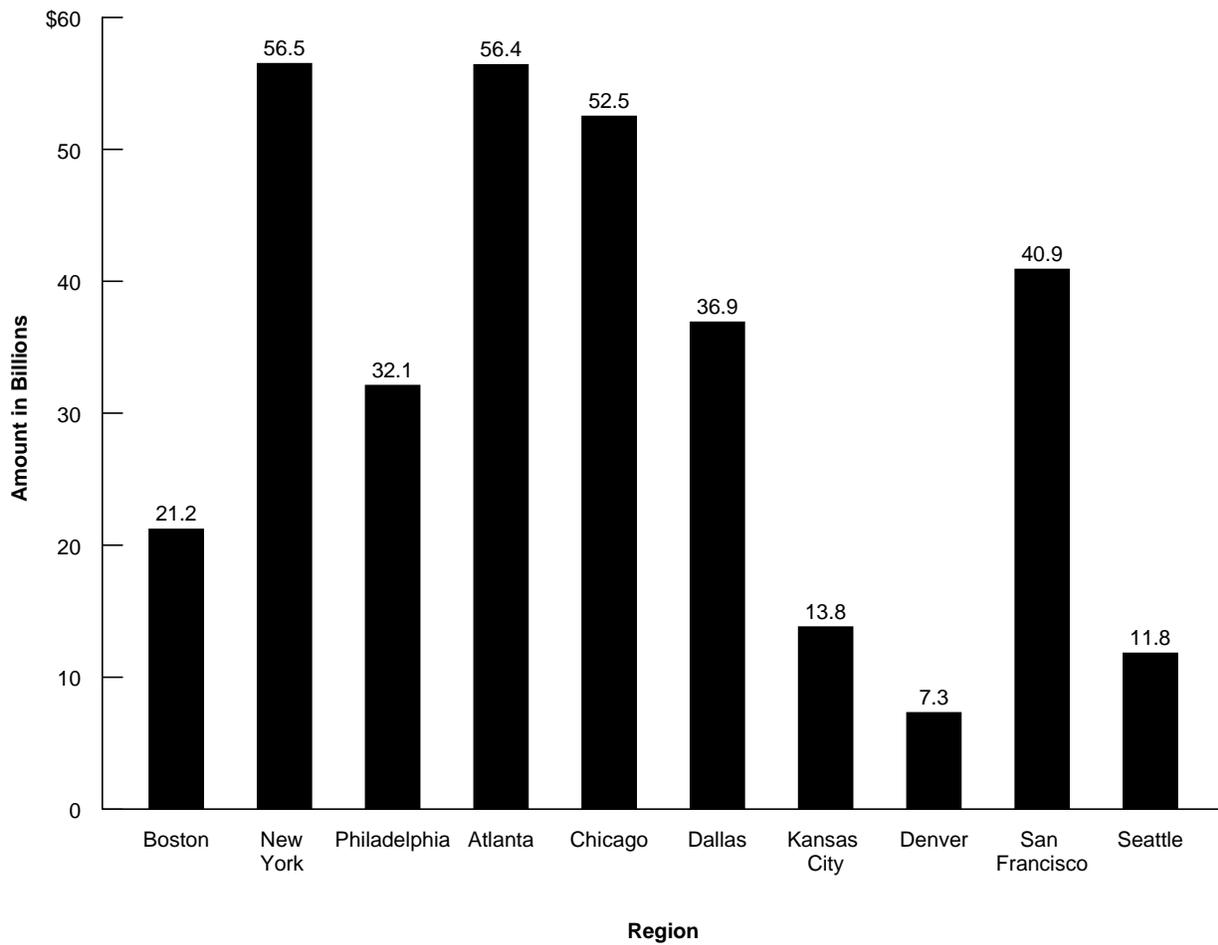
Trends in Total Medicaid Expenditures: Fiscal Years 1975-2008



NOTE: The inflation-adjusted dollar amounts were computed using a personal consumption expenditure index for health care services from the U.S. Department of Commerce, Bureau of Economic Analysis, and are expressed in fiscal year 2008 dollars.

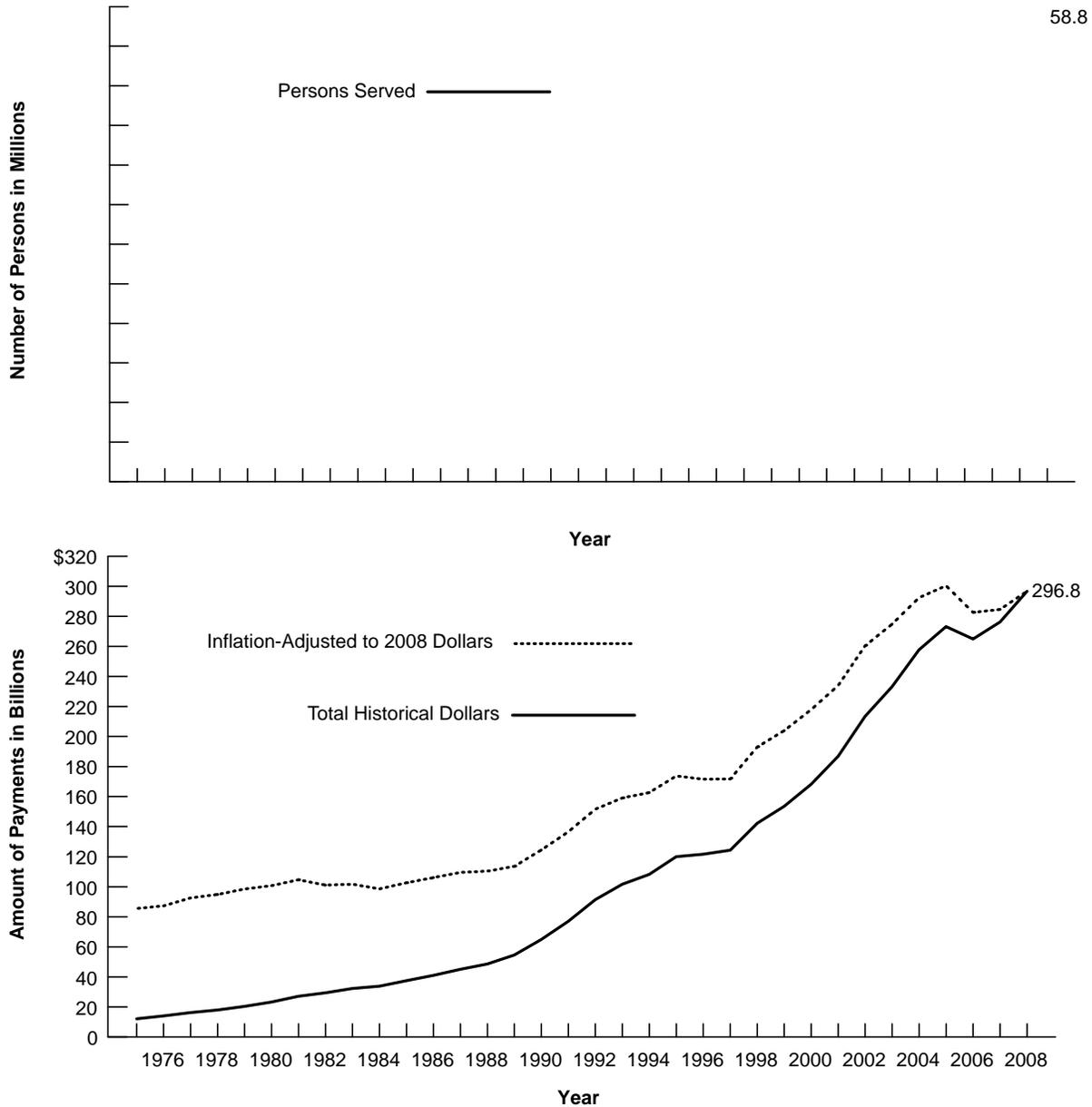
SOURCE: Centers for Medicare & Medicaid Services: HCFA Form-64 (Quarterly Medicaid Statement of Expenditures for the Medical Assistance Program); data development by the Office of Research, Development, and Information.

Figure 13.2
Total Medicaid Expenditures, by Region:
Fiscal Year 2008



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 1975-2008

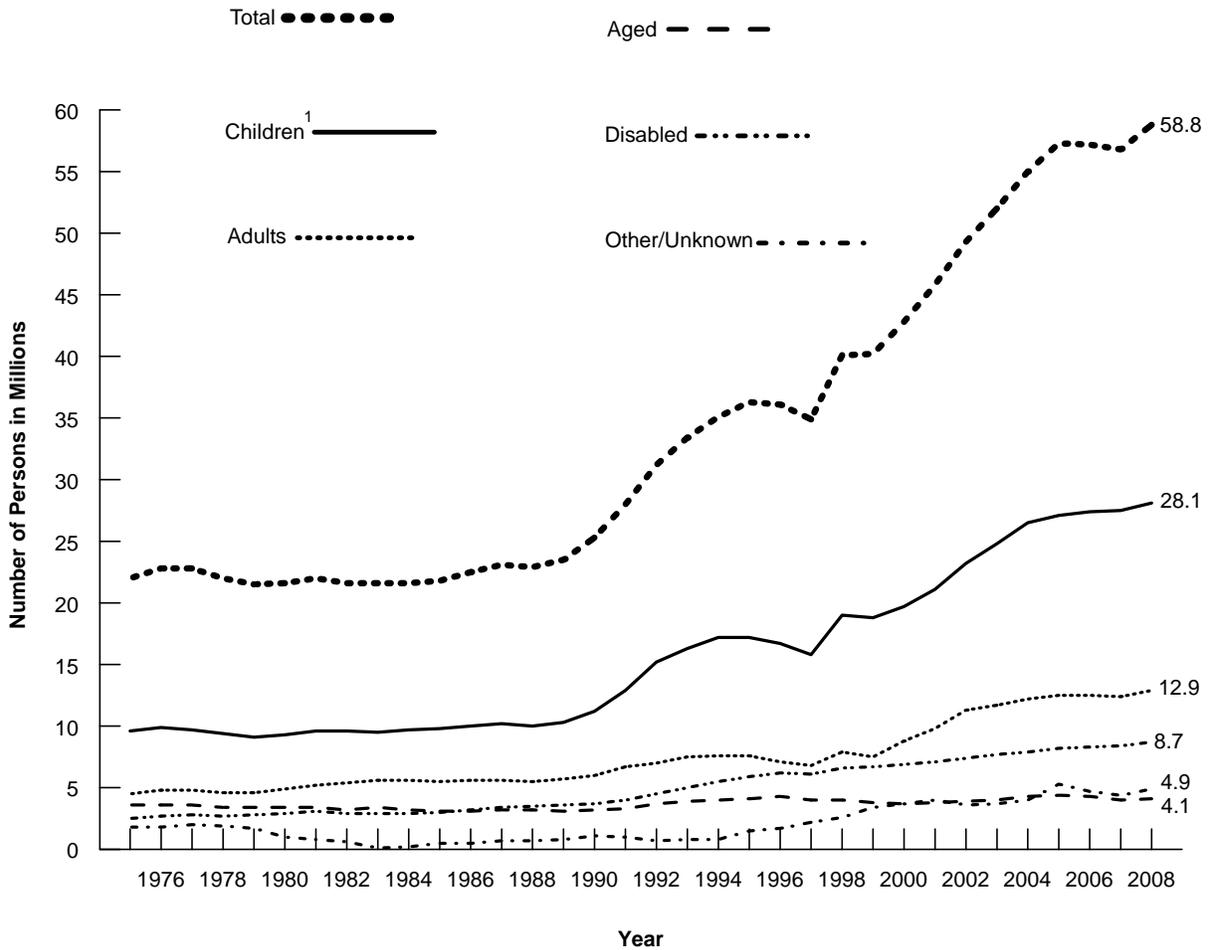


NOTES: Beginning 1998 the number of persons served included persons enrolled in Medicaid managed care organizations and payments included premiums to these plans. The inflation-adjusted dollar amounts were computed using a personal consumption expenditures index for health care services from the U.S. Department of Commerce, Bureau of Economic Analysis, and are expressed in 2008 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 1975-2008

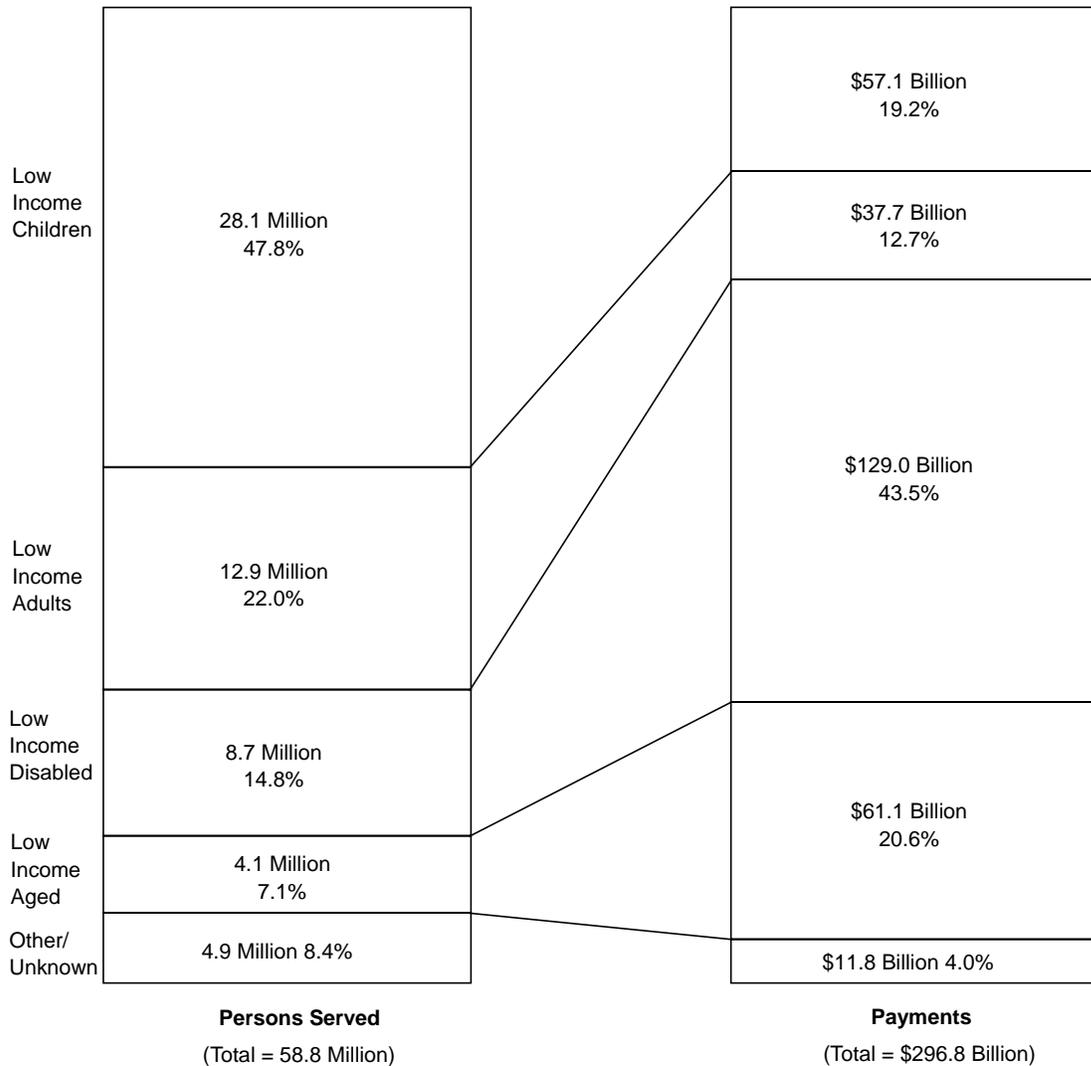


¹ Includes non-disabled children and foster care children.

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 2008

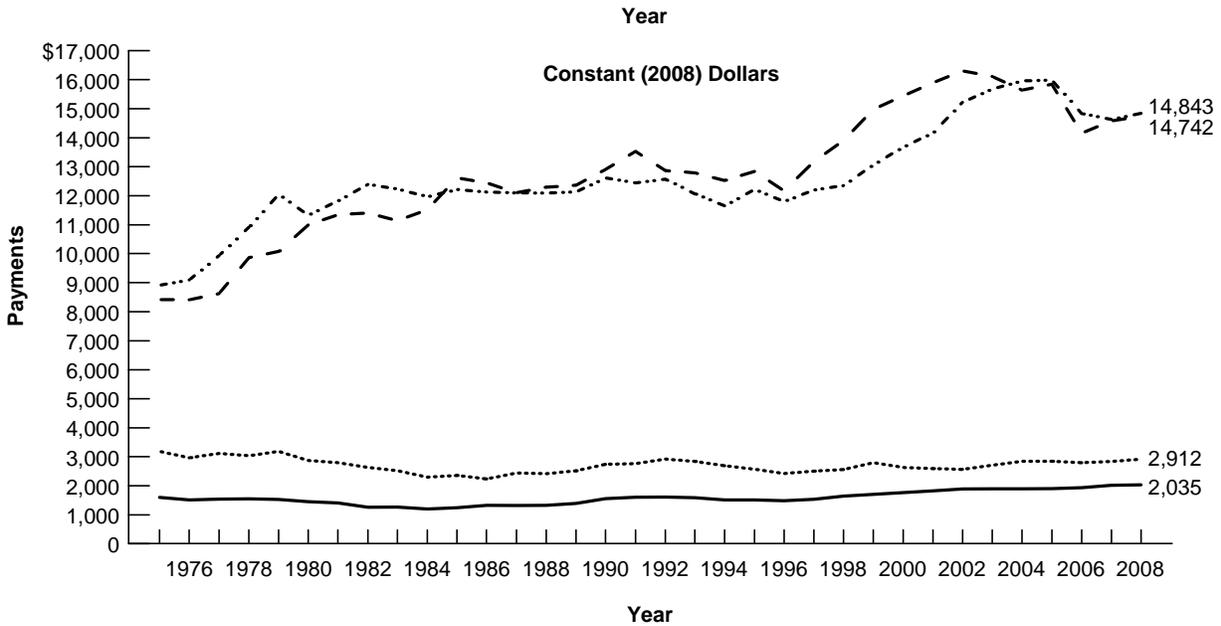
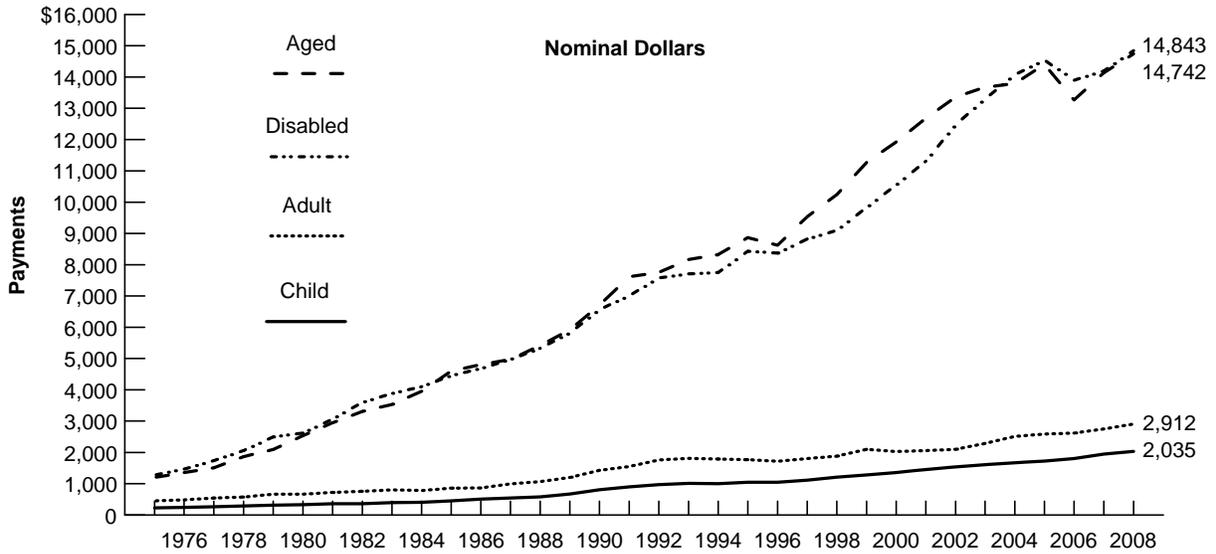


NOTE: Numbers may not add to totals because of rounding.

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

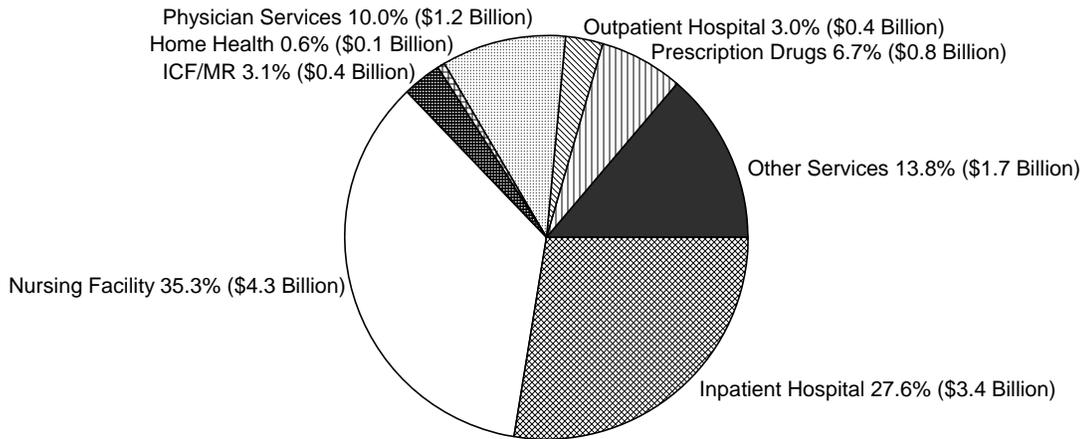
Trends in Medicaid Vendor Payments per Person Served, by Eligibility Group: Fiscal Years 1975-2008



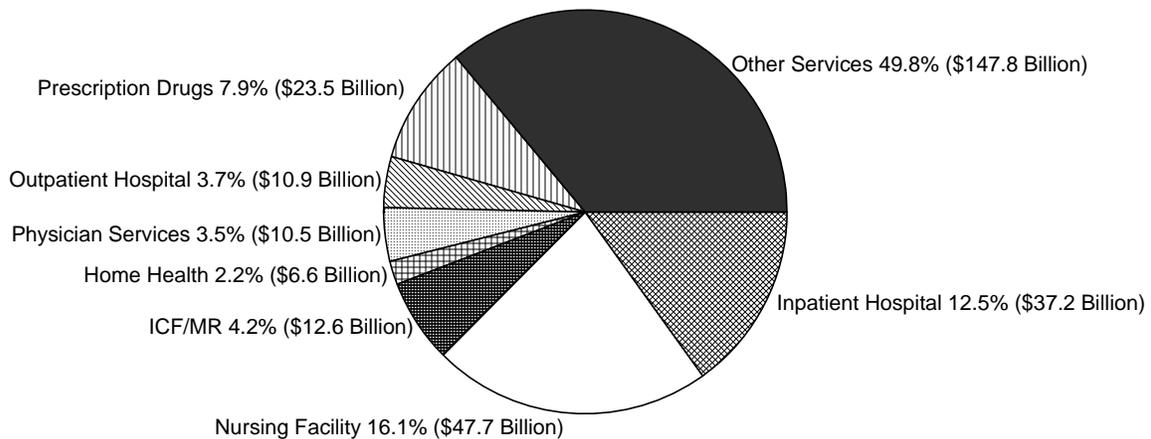
NOTE: The inflation-adjusted dollar amounts were computed using a personal consumption expenditure index for health care services from the U.S. Department of Commerce, Bureau of Economic Analysis, and are expressed in fiscal year 2008 dollars.

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 2008



1975 Total Payments \$12.2 Billion

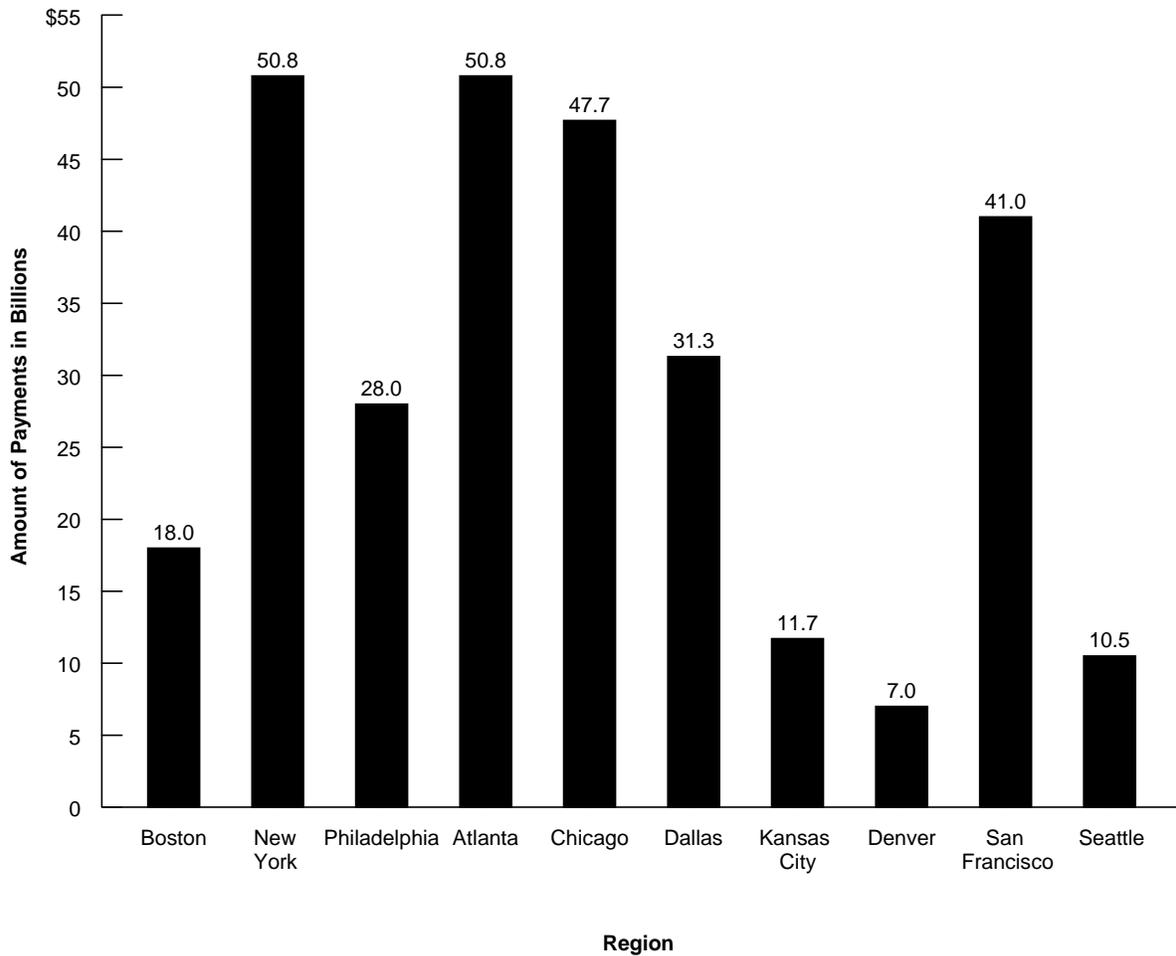


2008 Total Payments \$296.8 Billion

NOTES: Percents may not add to 100 because of rounding. Other services in 2008 included \$68.1 billion (22.9%) for pre-paid health insurance premiums. ICF/MR is intermediate care facility/mentally retarded.

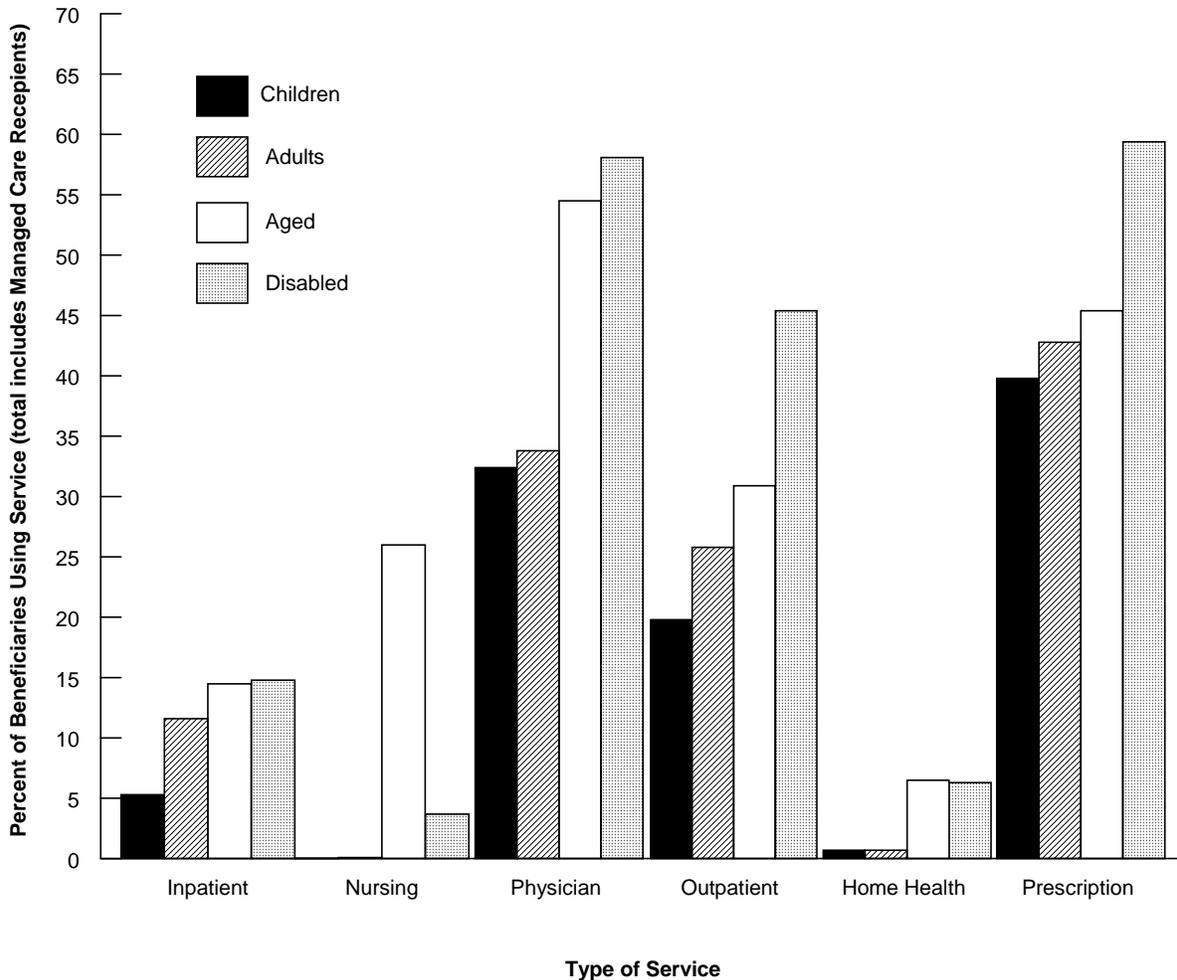
SOURCES: Centers for Medicare & Medicaid Services, Center for Medicaid and State Operations; Statistical Report on Medical Care: Eligibles, Recipients, Payments, and Services (HCFA 2082) and the Medicaid Statistical Information System (MSIS); data development by the Office of Research, Development, and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

Figure 13.8
Total Medicaid Vendor Payments, by Region:
Fiscal Year 2008



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 2008



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.