

**Table 13.1**  
**Medicaid Medical Assistance Payments: Fiscal Years 1975-2009**

Fiscal Year <sup>1</sup>	Medical Assistance Payments CMS Form-64		HCFA-2082/MSIS Payments	HCFA-2082/MSIS Payments as a Percent of CMS Form-64 Payments
	Total Expenditures <sup>2</sup>	2009 Inflation Adjusted Total Expenditures <sup>3, 4</sup>		
Amount in Thousands				
1975	\$12,086,166	\$86,626,763	\$12,142,000	100.5
1976	13,977,348	88,733,799	14,091,000	100.8
1977	16,354,599	95,674,500	16,239,000	99.3
1978	18,168,065	98,370,594	17,992,000	99.0
1979	20,736,011	102,369,723	20,472,000	98.7
1980	24,041,116	106,621,944	23,311,000	97.0
1981	28,485,289	112,461,167	27,204,000	95.5
1982	30,330,765	107,047,240	29,399,000	96.9
1983	33,298,880	107,308,434	32,391,000	97.3
1984	35,671,888	106,489,605	33,891,000	95.0
1985	39,413,219	110,670,876	37,508,000	95.2
1986	42,525,605	112,868,872	41,005,000	96.4
1987	46,956,072	117,147,100	45,050,000	95.9
1988	51,645,666	120,086,651	48,710,000	94.3
1989	58,645,953	125,451,256	54,500,000	92.9
1990	69,754,495	137,385,018	64,859,000	93.0
1991	88,377,773	161,020,612	76,964,000	87.1
1992	114,365,915	194,556,105	91,480,000	80.0
1993	126,573,138	203,245,453	101,708,889	80.4
1994	136,886,366	211,022,948	108,270,147	79.1
1995	151,707,290	225,195,259	120,140,904	79.2
1996	154,423,973	223,443,407	121,684,650	78.8
1997	160,538,571	227,356,320	123,551,014	77.0
1998	167,994,374	233,861,452	142,317,904	84.7
1999	180,456,639	245,853,732	153,479,358	85.1
2000	194,696,199	258,570,991	168,307,231	86.4
2001	215,377,890	276,717,960	186,905,000	86.8
2002	244,325,041	305,780,883	213,496,607	87.4
2003	261,870,099	316,501,407	233,205,998	89.1
2004	279,390,230	325,057,567	257,748,435	92.3
2005	298,169,895	336,417,162	273,202,750	91.6
2006	295,114,446	322,726,965	265,048,888	89.8
2007	311,197,380	328,884,805	276,246,429	88.8
2008	329,335,844	337,621,065	296,829,612	90.1
2009	355,311,219	355,311,219	325,818,622	91.7

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

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

<sup>3</sup>Dollar amounts adjusted using a personal consumption expenditure index for health care services, expressed in fiscal year 2009 dollars.

<sup>4</sup>With 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 Center for Strategic Planning, and U.S. Department of Commerce.

**Table 13.2**  
**Medicaid Expenditures, by Provider Type and Area of Residence: Fiscal Year 2009**

Area of Residence	Total	Hospital <sup>1</sup>	Institutional Long-Term-Care <sup>2</sup>	Physicians and Other Practitioners <sup>3</sup>	Prescription Drug
Amount in Thousands					
All Jurisdictions	\$355,311,219	\$81,252,408	\$62,674,030	\$19,026,113	\$25,349,977
Boston: Region I	25,366,697	5,323,120	4,707,649	1,069,189	1,244,903
Connecticut	6,014,060	900,228	1,764,043	247,283	451,323
Maine	2,514,583	766,453	316,763	158,642	194,806
Massachusetts	12,483,528	2,855,539	1,890,015	549,261	473,598
New Hampshire	1,322,132	369,959	313,129	82,665	84,892
Rhode Island	1,899,791	388,293	305,484	29,194	37,253
Vermont	1,132,604	42,649	118,215	2,143	3,030
New York: Region II	59,562,500	13,816,354	13,311,217	939,629	4,715,519
New Jersey	9,858,087	2,677,940	2,608,047	125,917	571,786
New York	48,627,430	11,121,714	10,701,658	812,645	4,139,220
Puerto Rico	1,050,975	0	0	0	0
Virgin Islands	26,008	16,699	1,512	1,066	4,514
Philadelphia: Region III	34,846,496	4,843,529	7,379,797	969,949	1,522,243
Delaware	1,211,814	86,629	213,749	50,942	120,837
District of Columbia	1,669,308	431,538	272,106	57,489	106,007
Maryland	6,775,349	1,192,150	1,104,557	82,287	292,314
Pennsylvania	16,990,369	1,574,308	4,223,390	280,415	429,082
Virginia	5,772,558	1,044,279	1,042,708	301,264	232,196
West Virginia	2,427,099	514,626	523,287	197,552	341,807
Atlanta: Region IV	60,034,110	15,479,712	10,594,527	4,616,350	5,057,280
Alabama	4,412,439	928,363	976,054	393,909	471,046
Florida	15,104,934	4,192,255	2,730,809	1,006,424	1,066,080
Georgia	7,742,986	1,923,646	1,229,118	395,644	495,679
Kentucky	5,335,053	1,455,366	928,301	466,899	547,473
Mississippi	3,815,087	1,404,781	1,004,546	303,101	336,491
North Carolina	11,023,667	3,217,808	1,803,315	1,433,343	1,113,655
South Carolina	5,096,670	1,683,140	679,778	439,410	290,678
Tennessee	7,503,276	674,352	1,242,606	177,620	736,178
Chicago: Region V	57,396,051	13,234,605	10,841,908	2,619,577	3,227,587
Illinois	12,741,978	6,466,639	2,168,116	871,340	1,103,134
Indiana	6,149,616	1,253,096	1,523,216	294,729	314,355
Michigan	10,543,166	1,821,724	1,538,400	321,436	481,785
Minnesota	7,375,065	704,277	1,008,963	438,222	247,745
Ohio	13,052,626	1,943,220	3,132,631	549,132	535,315
Wisconsin	7,533,599	1,045,650	1,470,583	144,718	545,253
Dallas: Region VI	39,931,245	11,179,319	5,720,985	4,270,518	3,775,610
Arkansas	3,518,922	882,281	717,195	339,137	311,557
Louisiana	6,467,556	2,476,396	1,213,679	568,701	933,813
New Mexico	3,264,180	562,667	83,738	92,250	13,523
Oklahoma	3,932,383	1,166,477	655,716	538,173	383,596
Texas	22,748,205	6,091,498	3,050,657	2,732,258	2,133,122

See footnotes at end of table.

**Table 13.2—Continued**  
**Medicaid Expenditures, by Provider Type and Area of Residence: Fiscal Year 2009**

Area of Residence	Prescription Drug Rebate	Other Acute Care <sup>4</sup>	Home and Community <sup>5</sup>	Health Insurance <sup>6</sup>	Miscellaneous <sup>7</sup>
Amount in Thousands					
All Jurisdictions	-\$9,599,967	\$13,595,631	\$48,565,762	\$94,225,056	\$20,222,209
Boston: Region I	-442,509	907,021	4,156,532	5,788,521	2,612,271
Connecticut	-147,536	155,410	1,516,206	1,000,730	126,372
Maine	-101,246	186,297	405,790	104,244	482,834
Massachusetts	-136,514	385,817	1,664,723	3,210,437	1,590,652
New Hampshire	-34,510	160,478	249,997	20,255	75,267
Rhode Island	-21,600	18,629	265,953	553,552	323,033
Vermont	-1,102	390	53,864	899,303	14,112
New York: Region II	-1,631,629	2,066,461	10,729,390	12,452,198	3,163,360
New Jersey	-169,065	394,364	1,145,257	1,961,587	542,253
New York	-1,462,565	1,670,913	9,584,134	9,536,070	2,523,640
Puerto Rico	0	0	0	954,130	96,845
Virgin Islands	0	1,184	0	412	622
Philadelphia: Region III	-624,515	1,127,551	4,508,139	13,109,434	2,010,369
Delaware	-53,022	70,425	120,014	535,950	66,290
District of Columbia	-25,557	269,695	166,223	348,682	43,126
Maryland	-96,305	490,654	808,134	2,358,955	542,604
Pennsylvania	-183,059	121,151	2,146,492	7,958,624	439,964
Virginia	-96,750	95,673	872,668	1,510,780	769,739
West Virginia	-169,822	79,953	394,607	396,442	148,646
Atlanta: Region IV	-1,983,414	2,078,903	5,940,825	13,920,272	4,329,656
Alabama	-155,650	280,147	437,206	888,477	192,885
Florida	-522,715	337,115	1,524,652	3,546,125	1,224,190
Georgia	-203,367	132,416	716,019	2,676,152	377,677
Kentucky	-201,770	319,057	456,902	1,057,645	305,181
Mississippi	-112,046	291,799	178,640	167,675	240,099
North Carolina	-361,105	347,781	1,493,462	483,118	1,492,288
South Carolina	-143,621	350,695	470,849	1,054,877	270,864
Tennessee	-283,140	19,892	663,095	4,046,202	226,471
Chicago: Region V	-1,202,351	1,583,139	6,986,382	17,695,442	2,409,763
Illinois	-372,894	403,113	884,637	525,907	691,988
Indiana	-141,966	433,164	742,346	1,483,682	246,994
Michigan	-216,987	302,506	827,023	5,252,107	215,172
Minnesota	-107,076	66,106	1,980,380	2,601,394	435,053
Ohio	-231,958	106,550	1,703,318	4,821,964	492,454
Wisconsin	-131,471	271,700	848,677	3,010,388	328,101
Dallas: Region VI	-1,287,108	1,742,252	4,630,256	8,039,582	1,859,831
Arkansas	-113,489	577,162	365,068	272,613	167,400
Louisiana	-274,869	312,917	763,020	213,957	259,942
New Mexico	-3,939	56,591	409,130	2,000,817	49,404
Oklahoma	-101,457	292,257	538,368	263,065	196,189
Texas	-793,354	503,326	2,554,671	5,289,130	1,186,896

**Table 13.2—Continued**  
**Medicaid Expenditures, by Provider Type and Area of Residence: Fiscal Year 2009**

Area of Residence	Total	Hospital <sup>1</sup>	Institutional Long-Term-Care <sup>2</sup>	Physicians and Other Practitioners <sup>3</sup>	Prescription Drug
Amount in Thousands					
Kansas City: Region VII	\$14,804,186	\$4,321,280	\$2,604,463	\$759,219	\$1,249,530
Iowa	2,948,238	597,272	759,504	399,354	251,031
Kansas	2,481,323	447,637	437,083	134,544	161,250
Missouri	7,755,153	2,905,290	1,023,382	91,024	686,692
Nebraska	1,619,472	371,080	384,494	134,297	150,556
Denver: Region VIII	7,907,337	2,057,769	1,459,626	750,682	571,510
Colorado	3,557,811	928,562	572,153	325,384	239,425
Montana	876,206	235,137	170,484	74,009	66,066
North Dakota	591,697	108,157	251,828	49,027	31,888
South Dakota	714,942	180,974	165,569	76,229	48,443
Utah	1,639,586	461,338	209,204	153,313	145,689
Wyoming	527,097	143,602	90,387	72,722	39,999
San Francisco: Region IX	42,893,270	8,730,816	4,624,500	2,309,794	3,225,306
American Samoa	23,010	0	0	0	77
Arizona	8,237,136	666,450	33,133	55,307	7,068
California	31,849,794	7,496,875	4,296,905	2,017,608	3,077,392
Guam	27,956	9,072	646	3,820	4,610
Hawaii	1,359,687	145,476	115,074	60,920	37,213
Nevada	1,382,661	408,933	178,742	170,915	95,633
Northern Mariana Islands	13,025	4,011	0	1,223	3,312
Seattle: Region X	12,569,326	2,265,903	1,429,358	721,207	760,488
Alaska	1,069,025	277,236	120,310	138,177	76,115
Idaho	1,294,726	304,668	212,483	130,363	110,207
Oregon	3,610,296	366,538	358,931	89,510	151,167
Washington	6,595,280	1,317,461	737,634	363,158	422,999

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

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

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

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

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

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

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

Note: Numbers may not add to totals because of rounding. Medicaid expenditures excludes SCHIP.

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 Center for Strategic Planning.

**Table 13.2—Continued**  
**Medicaid Expenditures, by Provider Type and Area of Residence: Fiscal Year 2009**

Area of Residence	Prescription Drug Rebate	Other	Home and Community <sup>5</sup>	Health Insurance <sup>6</sup>	Miscellaneous <sup>7</sup>
		Acute Care <sup>4</sup>			
Amount in Thousands					
Kansas City: Region VII	-\$468,354	\$710,321	\$2,242,931	\$2,604,360	\$780,437
Iowa	-115,217	76,745	530,853	309,660	139,037
Kansas	-60,195	29,400	573,777	585,940	171,885
Missouri	-234,955	514,620	865,030	1,522,083	381,985
Nebraska	-57,987	89,556	273,271	186,676	87,530
Denver: Region VIII	-201,569	479,747	1,424,368	864,257	500,947
Colorado	-78,732	143,103	732,870	461,063	233,983
Montana	-23,142	43,907	166,954	40,972	101,819
North Dakota	-12,072	18,546	106,728	11,440	26,155
South Dakota	-21,314	67,058	115,696	24,722	57,564
Utah	-54,522	167,668	177,702	315,885	63,308
Wyoming	-11,787	39,464	124,418	10,176	18,117
San Francisco: Region IX	-1,485,265	2,168,664	5,140,756	16,514,283	1,664,417
American Samoa	0	0	0	0	22,933
Arizona	0	13,645	9,059	7,198,392	254,082
California	-1,433,004	2,055,207	4,836,270	8,228,033	1,274,509
Guam	0	4,936	33	753	4,086
Hawaii	-13,612	71,189	138,799	783,216	21,412
Nevada	-38,649	23,589	156,594	303,422	83,480
Northern Mariana Islands	0	99	0	466	3,915
Seattle: Region X	-273,252	731,573	2,806,183	3,236,708	891,159
Alaska	-28,566	137,188	252,828	17,700	78,038
Idaho	-44,896	137,080	194,964	71,227	178,631
Oregon	-38,230	65,126	919,753	1,413,587	283,915
Washington	-161,559	392,179	1,438,638	1,734,194	350,576

**Table 13.3**  
**Medicaid Expenditures, Eligibles, and Average Expenditure per Eligible, by Area of**  
**Residence: Fiscal Year 2009**

Area of Residence	Expenditures <sup>1</sup>		Eligibles <sup>2</sup>		Average Expenditure per Eligible
	Total	Percent	Total	Percent	
All Jurisdictions	\$355,311,219,266	100.0	64,379,392	100.0	5,501 <sup>3</sup>
Boston: Region I	25,366,697,300	7.1	3,168,363	4.9	8,006
Connecticut	6,014,059,631	1.7	586,713	0.9	10,250
Maine	2,514,582,798	0.7	362,763	0.6	6,932
Massachusetts	12,483,527,622	3.5	1,652,823	2.6	7,553
New Hampshire	1,322,132,159	0.4	159,661	0.2	8,281
Rhode Island	1,899,791,329	0.5	224,282	0.3	8,471
Vermont	1,132,603,761	0.3	182,121	0.3	6,219
New York: Region II	59,562,499,806	16.8	6,368,112	9.9	9,184 <sup>4</sup>
New Jersey	9,858,086,894	2.8	1,159,977	1.8	8,499
New York	48,627,429,935	13.7	5,208,135	8.1	9,337
Puerto Rico	1,050,974,919	0.3	(7)	---	---
Virgin Islands	26,008,058	(6)	(7)	---	---
Philadelphia: Region III	34,846,495,945	9.8	5,045,702	7.8	6,906
Delaware	1,211,814,329	0.3	207,285	0.3	5,846
District of Columbia	1,669,307,520	0.5	175,671	0.3	9,502
Maryland	6,775,349,014	1.9	960,747	1.5	7,052
Pennsylvania	16,990,368,805	4.8	2,303,775	3.6	7,375
Virginia	5,772,557,669	1.6	981,366	1.5	5,882
West Virginia	2,427,098,608	0.7	416,858	0.6	5,822
Atlanta: Region IV	60,034,110,449	16.9	12,170,180	18.9	4,933
Alabama	4,412,438,569	1.2	954,793	1.5	4,621
Florida	15,104,934,251	4.3	3,421,911	5.3	4,414
Georgia	7,742,985,734	2.2	1,818,714	2.8	4,257
Kentucky	5,335,052,780	1.5	924,970	1.4	5,768
Mississippi	3,815,086,576	1.1	754,345	1.2	5,057
North Carolina	11,023,666,828	3.1	1,849,291	2.9	5,961
South Carolina	5,096,669,924	1.4	921,123	1.4	5,533
Tennessee	7,503,275,787	2.1	1,525,033	2.4	4,920
Chicago: Region V	57,396,051,038	16.2	10,465,381	16.3	5,484
Illinois	12,741,978,033	3.6	2,786,438	4.3	4,573
Indiana	6,149,615,755	1.7	1,176,945	1.8	5,225
Michigan	10,543,166,430	3.0	2,124,018	3.3	4,964
Minnesota	7,375,065,328	2.1	879,584	1.4	8,385
Ohio	13,052,626,045	3.7	2,296,927	3.6	5,683
Wisconsin	7,533,599,447	2.1	1,201,469	1.9	6,270

See footnotes at end of table.

**Table 13.3—Continued**  
**Medicaid Expenditures, Eligibles, and Average Expenditure per Eligible, by Area of Residence: Fiscal Year 2009**

Area of Residence	Expenditures <sup>1</sup>		Eligibles <sup>2</sup>		Average Expenditure per Eligible
	Total	Percent	Total	Percent	
Dallas: Region VI	\$39,931,245,427	11.2	7,949,793	12.3	5,023
Arkansas	3,518,922,088	1.0	755,248	1.2	4,659
Louisiana	6,467,555,679	1.8	1,251,597	1.9	5,167
New Mexico	3,264,179,931	0.9	604,251	0.9	5,402
Oklahoma	3,932,383,200	1.1	850,509	1.3	4,624
Texas	22,748,204,529	6.4	4,488,188	7.0	5,068
Kansas City: Region VII	14,804,185,968	4.2	2,301,364	3.6	6,433
Iowa	2,948,238,162	0.8	532,565	0.8	5,536
Kansas	2,481,322,939	0.7	372,522	0.6	6,661
Missouri	7,755,152,526	2.2	1,122,732	1.7	6,907
Nebraska	1,619,472,341	0.5	273,545	0.4	5,920
Denver: Region VIII	7,907,337,251	2.2	1,372,145	2.1	5,763
Colorado	3,557,810,675	1.0	632,258	1.0	5,627
Montana	876,205,770	0.2	114,958	0.2	7,622
North Dakota	591,696,849	0.2	76,830	0.1	7,701
South Dakota	714,941,836	0.2	136,489	0.2	5,238
Utah	1,639,585,551	0.5	329,245	0.5	4,980
Wyoming	527,096,570	0.1	82,365	0.1	6,400
San Francisco: Region IX	42,893,269,639	12.1	13,446,362	20.9	3,185 <sup>5</sup>
American Samoa	23,009,967	(6)	(7)	---	---
Arizona	8,237,136,218	2.3	1,721,267	2.7	4,786
California	31,849,794,021	9.0	11,167,377	17.3	2,852
Guam	27,956,091	(6)	(7)	---	---
Hawaii	1,359,686,850	0.4	266,960	0.4	5,093
Nevada	1,382,661,263	0.4	290,758	0.5	4,755
Northern Mariana Islands	13,025,229	(6)	(7)	---	---
Seattle: Region X	12,569,326,443	3.5	2,091,990	3.2	6,008
Alaska	1,069,025,134	0.3	128,774	0.2	8,302
Idaho	1,294,725,850	0.4	239,412	0.4	5,408
Oregon	3,610,295,761	1.0	564,471	0.9	6,396
Washington	6,595,279,698	1.9	1,159,333	1.8	5,689

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

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

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

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

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

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

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

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

**Table 13.4**  
**Number of Medicaid Persons Served (Beneficiaries), by Eligibility Group:**  
**Fiscal Years 1975-2009**

Year	Total	Children <sup>1</sup>	Adult	Aged	Disabled	Other/ Unknown
Number in Thousands						
1975	22,007	9,598	4,529	3,615	2,464	1,801
1976	22,815	9,924	4,773	3,612	2,669	1,837
1977	22,832	9,651	4,785	3,636	2,802	1,958
1978	21,965	9,376	4,643	3,376	2,718	1,852
1979	21,520	9,106	4,570	3,364	2,753	1,727
1980	21,605	9,333	4,877	3,440	2,911	1,044
1981	21,980	9,581	5,187	3,367	3,079	766
1982	21,603	9,563	5,356	3,240	2,891	553
1983	21,554	9,535	5,592	3,372	2,921	134
1984	21,607	9,684	5,600	3,238	2,913	172
1985	21,814	9,757	5,518	3,061	3,012	466
1986	22,515	10,029	5,647	3,140	3,182	517
1987	23,109	10,168	5,599	3,224	3,381	737
1988	22,907	10,037	5,503	3,159	3,487	721
1989	23,511	10,318	5,717	3,132	3,590	754
1990	25,255	11,220	6,010	3,202	3,718	1,105
1991	27,967	12,855	6,703	3,341	4,033	1,035
1992	31,150	15,200	7,040	3,749	4,487	674
1993	33,432	16,285	7,505	3,863	5,016	763
1994	35,053	17,194	7,586	4,035	5,458	780
1995	36,282	17,164	7,604	4,119	5,858	1,537
1996	36,118	16,739	7,127	4,285	6,221	1,746
1997	34,872	15,791	6,803	3,955	6,129	2,195
1998	40,096	18,969	7,895	3,964	6,637	2,631
1999	40,184	18,837	7,511	3,774	6,698	3,365
2000	42,763	19,723	8,750	3,731	6,889	3,671
2001	45,766	21,064	9,758	3,810	7,107	4,026
2002	49,329	23,227	11,255	3,887	7,408	3,552
2003	51,971	24,831	11,691	4,041	7,669	3,739
2004	55,002	26,459	12,244	4,318	7,933	4,048
2005	57,349	27,096	12,461	4,370	8,165	5,257
2006	57,181	27,438	12,490	4,330	8,254	4,669
2007	56,821	27,527	12,405	4,044	8,427	4,418
2008	58,771	28,071	12,947	4,147	8,694	4,912
2009	62,363	29,848	14,447	4,195	9,036	4,837

See footnotes at end of table.

**Table 13.4—Continued**  
**Number of Medicaid Persons Served (Beneficiaries), by Eligibility Group:**  
**Fiscal Years 1975-2009**

Year	Total	Children <sup>1</sup>	Adult	Aged	Disabled	Other/ Unknown
Percent Distribution						
1975	100.0	43.6	20.6	16.4	11.2	8.2
1976	100.0	43.5	20.9	15.8	11.7	8.1
1977	100.0	42.3	21.0	15.9	12.3	8.6
1978	100.0	42.7	21.1	15.4	12.4	8.4
1979	100.0	42.3	21.2	15.6	12.8	8.0
1980	100.0	43.2	22.6	15.9	13.5	4.8
1981	100.0	43.6	23.6	15.3	14.0	3.5
1982	100.0	44.3	24.8	15.0	13.4	2.6
1983	100.0	44.2	25.9	15.6	13.6	0.6
1984	100.0	44.8	25.9	15.0	13.5	0.8
1985	100.0	44.7	25.3	14.0	13.8	2.1
1986	100.0	44.5	25.1	13.9	14.1	2.3
1987	100.0	44.0	24.2	14.0	14.6	3.2
1988	100.0	43.8	24.0	13.8	15.2	3.1
1989	100.0	43.9	24.3	13.3	15.3	3.2
1990	100.0	44.4	23.8	12.7	14.7	4.4
1991	100.0	46.0	24.0	11.9	14.4	3.7
1992	100.0	48.8	22.6	12.0	14.4	2.2
1993	100.0	48.7	22.4	11.6	15.0	2.3
1994	100.0	49.1	21.6	11.5	15.6	2.2
1995	100.0	47.3	21.0	11.4	16.1	4.2
1996	100.0	46.3	19.7	11.9	17.2	4.8
1997	100.0	45.3	19.5	11.3	17.6	6.3
1998	100.0	47.3	19.7	9.9	16.6	6.6
1999	100.0	46.9	18.7	9.4	16.7	8.4
2000	100.0	46.1	20.5	8.7	16.1	8.6
2001	100.0	46.0	21.3	8.3	15.5	8.8
2002	100.0	47.1	22.8	7.9	15.0	7.2
2003	100.0	47.8	22.5	7.8	14.8	7.2
2004	100.0	48.1	22.3	7.9	14.4	7.4
2005	100.0	47.2	21.7	7.6	14.2	9.2
2006	100.0	48.0	21.8	7.6	14.4	8.2
2007	100.0	48.4	21.8	7.1	14.8	7.8
2008	100.0	47.8	22.0	7.1	14.8	8.4
2009	100.0	47.9	23.2	6.7	14.5	7.8

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

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

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 Center for Strategic Planning.

**Table 13.5**  
**Medicaid Persons Served (Beneficiaries), All Eligibility Groups, by Selected Type of Service:**  
**Fiscal Years 1975-2009**

Year	Total <sup>1</sup>	Inpatient		Nursing		Outpatient	Home	Prescribed
		Hospital	ICF/MR	Facility <sup>2</sup>	Physician	Hospital	Health <sup>3</sup>	Drugs
Number Using Selected Service, in Thousands								
1975	22,007	3,432	69	1,312	15,198	7,437	343	14,155
1976	22,815	3,551	89	1,361	15,624	8,482	319	14,883
1977	22,832	3,768	107	1,395	16,074	8,619	371	15,370
1978	21,965	3,782	104	1,379	15,668	8,628	376	15,188
1979	21,520	3,608	114	1,376	15,168	7,710	359	14,283
1980	21,605	3,680	121	1,395	13,765	9,705	392	13,707
1981	21,980	3,703	151	1,372	14,403	10,018	402	14,256
1982	21,603	3,530	149	1,324	13,894	9,853	377	13,547
1983	21,554	3,696	151	1,367	14,056	10,069	422	13,732
1984	21,607	3,467	141	1,355	14,195	10,035	438	13,935
1985	21,814	3,434	147	1,375	14,387	10,072	535	13,921
1986	22,515	3,544	145	1,399	14,894	10,702	593	14,704
1987	23,109	3,767	149	1,421	15,373	10,979	609	15,083
1988	22,907	3,832	145	1,445	15,265	10,533	569	15,323
1989	23,511	4,170	148	1,452	15,686	11,344	609	15,916
1990	25,255	4,593	147	1,461	17,078	12,370	719	17,294
1991	27,967	5,014	145	1,490	19,119	14,031	809	19,581
1992	31,150	5,790	151	1,573	21,683	15,167	926	22,070
1993	33,432	5,894	149	1,610	23,746	16,436	1,067	23,901
1994	35,053	5,866	159	1,639	24,267	16,567	1,293	24,471
1995	36,282	5,561	151	1,667	23,789	16,712	1,639	23,723
1996	36,118	5,362	140	1,594	22,861	15,905	1,727	22,585
1997	34,872	4,746	136	1,603	21,170	13,632	1,861	20,954
1998	40,096	4,270	126	1,646	18,553	12,158	1,225	19,338
1999	40,184	4,497	122	1,617	18,373	12,417	814	19,855
2000	42,763	4,933	118	1,703	19,104	13,226	995	20,517
2001	45,766	4,900	117	1,701	20,184	13,815	1,011	22,040
2002	49,329	5,046	117	1,760	22,065	14,831	1,064	24,380
2003	51,971	5,217	114	1,691	22,857	15,511	1,184	26,075
2004	55,002	5,425	114	1,709	23,612	15,888	1,146	27,549
2005	57,349	5,462	109	1,703	24,030	16,153	1,192	28,162
2006	57,181	6,212	107	1,707	22,982	15,792	1,186	27,010
2007	56,821	5,134	104	1,645	22,047	14,896	1,190	23,923
2008	58,771	5,259	102	1,616	21,661	14,789	1,144	24,579
2009	62,363	5,443	101	1,645	23,070	16,544	1,087	26,687

See footnotes at end of table.

**Table 13.5—Continued**  
**Medicaid Persons Served (Beneficiaries), All Eligibility Groups, by Selected Type of Service:**  
**Fiscal Years 1975-2009**

Year	Total <sup>1</sup>	Inpatient		Nursing		Outpatient	Home	Prescribed
		Hospital	ICF/MR	Facility <sup>2</sup>	Physician	Hospital	Health <sup>3</sup>	Drugs
Percent of Unduplicated Total Using Selected Service								
1975	100.0	15.6	0.3	6.0	69.1	33.8	1.6	64.3
1976	100.0	15.6	0.4	6.0	68.5	37.2	1.4	65.2
1977	100.0	16.5	0.5	6.1	70.4	37.7	1.6	67.3
1978	100.0	17.2	0.5	6.3	71.3	39.3	1.7	69.1
1979	100.0	16.8	0.5	6.4	70.5	35.8	1.7	66.4
1980	100.0	17.0	0.6	6.5	63.7	44.9	1.8	63.4
1981	100.0	16.8	0.7	6.2	65.5	45.6	1.8	64.9
1982	100.0	16.3	0.7	6.1	64.3	45.6	1.7	62.7
1983	100.0	17.1	0.7	6.3	65.2	46.7	2.0	63.7
1984	100.0	16.0	0.7	6.3	65.7	46.4	2.0	64.5
1985	100.0	15.7	0.7	6.3	66.0	46.2	2.5	63.8
1986	100.0	15.7	0.6	6.2	66.2	47.5	2.6	65.3
1987	100.0	16.3	0.6	6.1	66.5	47.5	2.6	65.3
1988	100.0	16.7	0.6	6.3	66.6	46.0	2.5	66.9
1989	100.0	17.7	0.6	6.2	66.7	48.2	2.6	67.7
1990	100.0	18.2	0.6	5.8	67.6	49.0	2.8	68.5
1991	100.0	17.9	0.5	5.3	68.4	50.2	2.9	70.0
1992	100.0	18.6	0.5	5.0	69.6	48.7	3.0	70.9
1993	100.0	17.6	0.4	4.8	71.0	49.2	3.2	71.5
1994	100.0	16.7	0.5	4.7	69.2	47.3	3.7	69.8
1995	100.0	15.3	0.4	4.6	65.6	46.1	4.5	65.4
1996	100.0	14.8	0.4	4.4	63.3	44.0	4.8	62.5
1997	100.0	13.6	0.4	4.6	60.7	39.1	5.3	60.1
1998	100.0	10.6	0.3	4.1	46.3	30.3	3.1	48.2
1999	100.0	11.2	0.3	4.0	45.7	30.9	2.0	49.4
2000	100.0	11.5	0.3	4.0	44.7	30.9	2.3	48.0
2001	100.0	10.7	0.3	3.7	44.1	30.2	2.2	48.2
2002	100.0	10.2	0.2	3.6	44.7	30.1	2.2	49.4
2003	100.0	10.0	0.2	3.3	44.0	29.8	2.3	50.2
2004	100.0	9.9	0.2	3.1	42.9	28.9	2.1	50.1
2005	100.0	9.5	0.2	3.0	41.9	28.2	2.1	49.1
2006	100.0	10.9	0.2	3.0	40.2	27.6	2.1	47.2
2007	100.0	9.0	0.2	2.9	38.8	26.2	2.1	42.1
2008	100.0	8.9	0.2	2.7	36.9	25.2	1.9	41.8
2009	100.0	8.7	0.2	2.6	37.0	26.5	1.7	42.8

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

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

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

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

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 Center for Strategic Planning.

**Table 13.6**  
**Medicaid Persons Served (Beneficiaries), Children, by Selected Type of Service:**  
**Fiscal Years 1975-2009**

Year	Total <sup>1</sup>	Inpatient		Nursing		Outpatient	Home	Prescribed
		Hospital	ICF/MR	Facility <sup>2</sup>	Physician	Hospital	Health <sup>3</sup>	Drugs
Number Using Selected Service, in Thousands								
1975	9,598	984	4	6	6,659	3,619	58	5,552
1976	9,924	1,005	3	4	6,908	4,037	55	5,961
1977	9,651	1,019	4	4	6,864	4,024	62	6,067
1978	9,376	1,023	3	2	6,705	3,992	141	6,016
1979	9,106	944	5	2	6,459	3,528	185	5,655
1980	9,333	978	5	9	6,085	4,238	72	5,590
1981	9,581	955	1	2	6,482	4,282	90	5,810
1982	9,563	866	1	2	6,175	4,171	65	5,432
1983	9,535	881	1	0	6,111	4,159	39	5,488
1984	9,684	845	1	1	6,330	4,178	44	5,667
1985	9,757	864	1	1	6,284	4,269	64	5,592
1986	10,029	924	(4)	2	6,496	4,445	69	5,949
1987	10,168	1,005	(4)	(4)	6,649	4,520	60	6,073
1988	10,037	1,003	(4)	(4)	6,628	4,321	51	6,125
1989	10,318	1,138	1	(4)	6,908	4,662	59	6,454
1990	11,220	1,345	1	1	7,689	5,250	75	7,259
1991	12,855	1,472	1	2	8,911	6,157	103	8,605
1992	15,200	1,992	1	3	10,402	7,151	126	10,068
1993	16,285	1,905	1	1	11,350	7,651	149	10,989
1994	17,194	1,924	1	1	11,546	7,626	202	11,238
1995	17,164	1,725	1	1	11,041	7,389	259	10,708
1996	16,739	1,625	(4)	1	10,314	6,777	329	9,988
1997	15,791	1,363	1	2	9,370	5,472	309	9,129
1998	18,969	1,199	1	5	7,847	4,776	206	8,168
1999	18,837	1,152	1	1	7,617	4,617	132	8,118
2000	19,723	1,274	1	1	7,848	4,923	190	8,316
2001	21,064	1,314	1	2	8,364	5,284	208	8,954
2002	23,227	1,334	1	2	9,265	5,768	227	9,930
2003	24,831	1,380	1	2	9,785	6,075	248	10,818
2004	26,459	1,494	1	2	10,285	6,342	242	11,550
2005	27,096	1,485	1	2	10,360	6,305	252	11,774
2006	27,438	1,719	1	2	10,063	6,171	246	11,494
2007	27,527	1,388	1	4	9,401	5,657	240	11,015
2008	28,071	1,474	1	8	9,095	5,552	208	11,164
2009	29,848	1,515	1	2	9,661	6,025	176	12,098

See footnotes at end of table.

**Table 13.6—Continued**  
**Medicaid Persons Served (Beneficiaries), Children, by Selected Type of Service:**  
**Fiscal Years 1975-2009**

Year	Total <sup>1</sup>	Inpatient		Nursing		Outpatient	Home	Prescribed
		Hospital	ICF/MR	Facility <sup>2</sup>	Physician	Hospital	Health <sup>3</sup>	Drugs
Percent of Unduplicated Total Using Selected Service								
1975	100.0	10.3	(5)	(5)	69.4	37.7	0.6	57.8
1976	100.0	10.1	(5)	(5)	69.6	40.7	0.6	60.1
1977	100.0	10.6	(5)	(5)	71.1	41.7	0.6	62.9
1978	100.0	10.9	(5)	(5)	71.5	42.6	1.5	64.2
1979	100.0	10.4	(5)	(5)	70.9	38.7	2.0	62.1
1980	100.0	10.5	(5)	(5)	65.2	45.4	0.8	59.9
1981	100.0	10.0	(5)	(5)	67.7	44.7	0.9	60.6
1982	100.0	9.1	(5)	(5)	64.6	43.6	0.7	56.8
1983	100.0	9.2	(5)	(5)	64.1	43.6	0.4	57.6
1984	100.0	8.7	(5)	(5)	65.4	43.1	0.5	58.5
1985	100.0	8.9	(5)	(5)	64.4	43.8	0.7	57.3
1986	100.0	9.2	(5)	(5)	64.8	44.3	0.7	59.3
1987	100.0	9.9	(5)	(5)	65.4	44.5	0.6	59.7
1988	100.0	10.0	(5)	(5)	66.0	43.1	0.5	61.0
1989	100.0	11.0	(5)	(5)	67.0	45.2	0.6	62.6
1990	100.0	12.0	(5)	(5)	68.5	46.8	0.7	64.7
1991	100.0	11.4	(5)	(5)	69.3	47.9	0.8	66.9
1992	100.0	13.1	(5)	(5)	68.4	47.0	0.8	66.2
1993	100.0	11.7	(5)	(5)	69.7	47.0	0.9	67.5
1994	100.0	11.2	(5)	(5)	67.2	44.4	1.2	65.4
1995	100.0	10.1	(5)	(5)	64.3	43.0	1.5	62.4
1996	100.0	9.7	(5)	(5)	61.6	40.5	2.0	59.7
1997	100.0	8.6	(5)	(5)	59.3	34.7	2.0	57.8
1998	100.0	6.3	(5)	(5)	41.4	25.2	1.1	43.1
1999	100.0	6.1	(5)	(5)	40.4	24.5	0.7	43.1
2000	100.0	6.5	(5)	(5)	39.8	25.0	1.0	42.2
2001	100.0	6.2	(5)	(5)	39.7	25.1	1.0	42.5
2002	100.0	5.7	(5)	(5)	39.9	24.8	1.0	42.8
2003	100.0	5.6	(5)	(5)	39.4	24.5	1.0	43.6
2004	100.0	5.6	(5)	(5)	38.9	24.0	0.9	43.7
2005	100.0	5.5	(5)	(5)	38.2	23.3	0.9	43.5
2006	100.0	6.3	(5)	(5)	36.7	22.5	0.9	41.9
2007	100.0	5.0	(5)	(5)	34.2	20.5	0.9	40.0
2008	100.0	5.3	(5)	(5)	32.4	19.8	0.7	39.8
2009	100.0	5.1	(5)	(5)	32.4	20.2	0.6	40.5

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

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

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

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

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

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

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 Center for Strategic Planning.

**Table 13.7**  
**Medicaid Persons Served (Beneficiaries), Adults, by Selected Type of Service:**  
**Fiscal Years 1975-2009**

Year	Total <sup>1</sup>	Inpatient		Nursing		Outpatient	Home	Prescribed
		Hospital	ICF/MR	Facility <sup>2</sup>	Physician	Hospital	Health <sup>3</sup>	Drugs
Number Using Selected Service, in Thousands								
1975	4,529	930	(4)	5	3,368	1,896	50	3,168
1976	4,773	959	1	3	3,437	2,127	31	3,329
1977	4,785	993	2	3	3,571	2,183	36	3,415
1978	4,643	975	2	3	3,469	2,161	29	3,460
1979	4,570	970	2	2	3,411	1,985	28	3,288
1980	4,877	1,000	3	9	3,206	2,485	41	3,173
1981	5,187	1,035	1	2	3,498	2,657	39	3,501
1982	5,356	1,035	(4)	1	3,555	2,755	38	3,493
1983	5,592	1,078	1	2	3,684	2,916	34	3,639
1984	5,600	1,006	(4)	2	3,696	2,894	38	3,663
1985	5,518	990	(4)	2	3,635	2,933	46	3,562
1986	5,647	1,016	(4)	2	3,699	3,060	59	3,681
1987	5,599	1,067	(4)	4	3,704	3,072	46	3,658
1988	5,503	1,090	(4)	4	3,646	2,894	37	3,617
1989	5,717	1,247	(4)	11	3,888	3,199	42	3,829
1990	6,010	1,457	(4)	2	4,168	3,508	48	4,057
1991	6,703	1,623	(4)	3	4,579	3,979	77	4,603
1992	7,040	1,711	(4)	4	5,152	4,060	71	5,076
1993	7,505	1,752	(4)	5	5,515	4,283	87	5,411
1994	7,586	1,672	(4)	3	5,457	4,145	117	5,383
1995	7,604	1,602	(4)	4	5,096	4,102	139	4,971
1996	7,127	1,431	(4)	2	4,499	3,616	139	4,342
1997	6,803	1,247	(4)	3	3,874	3,056	143	3,896
1998	7,895	1,135	(4)	8	3,352	2,679	120	3,513
1999	7,511	1,134	(4)	2	3,105	2,571	86	3,545
2000	8,750	1,268	(4)	3	3,580	2,793	101	3,962
2001	9,758	1,332	(4)	4	3,998	3,006	92	4,322
2002	11,255	1,407	(4)	4	4,862	3,467	91	5,146
2003	11,691	1,497	(4)	4	4,877	3,661	98	5,464
2004	12,244	1,554	(4)	5	4,891	3,718	90	5,724
2005	12,461	1,565	(4)	6	4,904	3,631	97	5,844
2006	12,490	1,798	(4)	6	4,698	3,611	90	5,624
2007	12,405	1,471	(4)	6	4,477	3,350	89	5,420
2008	12,947	1,506	(4)	10	4,378	3,337	85	5,543
2009	14,447	1,564	(4)	9	4,857	3,799	77	6,584

See footnotes at end of table.

**Table 13.7—Continued**  
**Medicaid Persons Served (Beneficiaries), Adults, by Selected Type of Service:**  
**Fiscal Years 1975-2009**

Year	Total <sup>1</sup>	Inpatient		Nursing		Outpatient	Home	Prescribed
		Hospital	ICF/MR	Facility <sup>2</sup>	Physician	Hospital	Health <sup>3</sup>	Drugs
Percent of Unduplicated Total Using Selected Service								
1975	100.0	20.5	(5)	(5)	74.4	41.9	1.1	69.9
1976	100.0	20.1	(5)	(5)	72.0	44.6	0.6	69.7
1977	100.0	20.8	(5)	(5)	74.6	45.6	0.8	71.4
1978	100.0	21.0	(5)	(5)	74.7	46.5	0.6	74.5
1979	100.0	21.2	(5)	(5)	74.6	43.4	0.6	71.9
1980	100.0	20.5	(5)	(5)	65.7	51.0	0.8	65.1
1981	100.0	20.0	(5)	(5)	67.4	51.2	0.8	67.5
1982	100.0	19.3	(5)	(5)	66.4	51.4	0.7	65.2
1983	100.0	19.3	(5)	(5)	65.9	52.1	0.6	65.1
1984	100.0	18.0	(5)	(5)	66.0	51.7	0.7	65.4
1985	100.0	17.9	(5)	(5)	65.9	53.2	0.8	64.6
1986	100.0	18.0	(5)	(5)	65.5	54.2	1.0	65.2
1987	100.0	19.1	(5)	(5)	66.2	54.9	0.8	65.3
1988	100.0	19.8	(5)	(5)	66.3	52.6	0.7	65.7
1989	100.0	21.8	(5)	0.2	68.0	56.0	0.7	67.0
1990	100.0	24.2	(5)	(5)	69.3	58.4	0.8	67.5
1991	100.0	24.2	(5)	(5)	68.3	59.4	1.1	68.7
1992	100.0	24.3	(5)	(5)	73.2	57.7	1.0	72.1
1993	100.0	23.3	(5)	(5)	73.5	57.1	1.2	72.1
1994	100.0	22.0	(5)	(5)	71.9	54.6	1.5	71.0
1995	100.0	21.1	(5)	(5)	67.0	53.9	1.8	65.4
1996	100.0	20.1	(5)	(5)	63.1	50.7	2.0	60.9
1997	100.0	18.3	(5)	(5)	56.9	44.9	2.1	57.3
1998	100.0	14.4	(5)	0.1	42.5	33.9	1.5	44.5
1999	100.0	15.1	(5)	(5)	41.3	34.2	1.1	47.2
2000	100.0	14.5	(5)	(5)	40.9	31.9	1.2	45.3
2001	100.0	13.7	(5)	(5)	41.0	30.8	0.9	44.3
2002	100.0	12.5	(5)	(5)	43.2	30.8	0.8	45.7
2003	100.0	12.8	(5)	(5)	41.7	31.3	0.8	46.7
2004	100.0	12.7	(5)	(5)	39.9	30.4	0.7	46.7
2005	100.0	12.6	(5)	(5)	39.4	29.1	0.8	46.9
2006	100.0	14.4	(5)	(5)	37.6	28.9	0.7	45.0
2007	100.0	11.9	(5)	(5)	36.1	27.0	0.7	43.7
2008	100.0	11.6	(5)	0.1	33.8	25.8	0.7	42.8
2009	100.0	10.8	(5)	0.1	33.6	26.3	0.5	45.6

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

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

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

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

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

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

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

**Table 13.8**  
**Medicaid Persons Served (Beneficiaries), Aged, by Selected Type of Service:**  
**Fiscal Years 1975-2009**

Year	Total <sup>1</sup>	Inpatient		Nursing		Outpatient	Home	Prescribed Drugs
		Hospital	ICF/MR	Facility <sup>2</sup>	Physician	Hospital	Health <sup>3</sup>	
Number Using Selected Service, in Thousands								
1975	3,615	757	3	1,023	2,263	732	115	2,673
1976	3,612	786	2	1,080	2,275	816	113	2,718
1977	3,636	824	2	1,112	2,338	828	134	2,678
1978	3,376	858	3	1,093	2,245	908	106	2,595
1979	3,364	798	3	1,080	2,222	874	56	2,504
1980	3,440	831	12	1,095	2,221	903	108	2,524
1981	3,367	843	9	1,134	2,208	895	102	2,655
1982	3,240	811	8	1,105	2,148	885	105	2,523
1983	3,372	881	8	1,186	2,265	1,088	207	2,526
1984	3,238	785	5	1,164	2,140	1,041	199	2,444
1985	3,061	729	7	1,171	2,166	804	234	2,400
1986	3,140	720	6	1,185	2,216	884	254	2,469
1987	3,224	725	6	1,206	2,239	912	277	2,490
1988	3,159	728	5	1,248	2,066	918	263	2,504
1989	3,132	720	5	1,227	1,989	940	264	2,471
1990	3,202	705	7	1,234	2,056	944	288	2,591
1991	3,341	759	8	1,265	2,185	1,049	300	2,727
1992	3,749	870	12	1,339	2,366	1,196	324	2,872
1993	3,863	909	10	1,370	2,569	1,335	356	2,954
1994	4,035	901	11	1,398	2,681	1,420	395	3,012
1995	4,119	855	12	1,405	2,753	1,557	481	2,981
1996	4,285	887	10	1,327	2,838	1,672	460	2,969
1997	3,955	790	10	1,298	2,836	1,471	530	2,848
1998	3,964	735	9	1,300	2,579	1,344	363	2,834
1999	3,774	694	9	1,210	2,444	1,286	199	2,907
2000	3,731	708	9	1,204	2,364	1,324	229	2,890
2001	3,810	703	8	1,196	2,369	1,303	235	2,997
2002	3,887	721	8	1,174	2,187	1,264	250	3,147
2003	4,041	697	8	1,157	2,210	1,235	264	3,294
2004	4,318	711	7	1,162	2,249	1,238	258	3,548
2005	4,370	686	7	1,143	2,224	1,297	275	3,593
2006	4,330	652	7	1,118	2,248	1,316	272	3,382
2007	4,044	605	7	1,101	2,210	1,282	265	1,930
2008	4,147	601	8	1,080	2,258	1,280	268	1,884
2009	4,195	602	8	1,055	2,366	1,287	268	1,945

See footnotes at end of table.

**Table 13.8—Continued**  
**Medicaid Persons Served (Beneficiaries), Aged, by Selected Type of Service:**  
**Fiscal Years 1975-2009**

Year	Total <sup>1</sup>	Inpatient		Nursing		Outpatient	Home	Prescribed
		Hospital	ICF/MR	Facility <sup>2</sup>	Physician	Hospital	Health <sup>3</sup>	Drugs
Percent of Unduplicated Total Using Selected Service								
1975	100.0	20.9	0.1	28.3	62.6	20.2	3.2	73.9
1976	100.0	21.8	0.1	29.9	63.0	22.6	3.1	75.2
1977	100.0	22.7	0.1	30.6	64.3	22.8	3.7	73.7
1978	100.0	25.4	0.1	32.4	66.5	26.9	3.1	76.9
1979	100.0	23.7	0.1	32.1	66.1	26.0	1.7	74.4
1980	100.0	24.2	0.3	31.8	64.6	26.3	3.1	73.4
1981	100.0	25.0	0.3	33.7	65.6	26.6	3.0	78.9
1982	100.0	25.0	0.2	34.1	66.3	27.3	3.2	77.9
1983	100.0	26.1	0.2	35.2	67.2	32.3	6.1	74.9
1984	100.0	24.2	0.2	35.9	66.1	32.1	6.1	75.5
1985	100.0	23.8	0.2	38.3	70.8	26.3	7.6	78.4
1986	100.0	22.9	0.2	37.7	70.6	28.2	8.1	78.6
1987	100.0	22.5	0.2	37.4	69.4	28.3	8.6	77.2
1988	100.0	23.0	0.2	39.5	65.4	29.1	8.3	79.3
1989	100.0	23.0	0.2	39.2	63.5	30.0	8.4	78.9
1990	100.0	22.0	0.2	38.5	64.2	29.5	9.0	80.9
1991	100.0	22.7	0.2	37.9	65.4	31.4	9.0	81.6
1992	100.0	23.2	0.3	35.7	63.1	31.9	8.6	76.6
1993	100.0	23.5	0.3	35.5	66.5	34.6	9.2	76.5
1994	100.0	22.3	0.3	34.6	66.4	35.2	9.8	74.6
1995	100.0	20.8	0.3	34.1	66.8	37.8	11.7	72.4
1996	100.0	20.7	0.2	31.0	66.2	39.0	10.7	69.3
1997	100.0	20.0	0.3	32.8	71.7	37.2	13.4	72.0
1998	100.0	18.5	0.2	32.8	65.1	33.9	9.2	71.5
1999	100.0	18.4	0.2	32.1	64.8	34.1	5.3	77.0
2000	100.0	19.0	0.2	32.3	63.4	35.5	6.1	77.5
2001	100.0	18.5	0.2	31.4	62.2	34.2	6.2	78.7
2002	100.0	18.5	0.2	30.2	56.3	32.5	6.4	81.0
2003	100.0	17.2	0.2	28.6	54.7	30.6	6.5	81.5
2004	100.0	16.5	0.2	26.9	52.1	28.7	6.0	82.2
2005	100.0	15.7	0.2	26.2	50.9	29.7	6.3	82.2
2006	100.0	15.1	0.2	25.8	51.9	30.4	6.3	78.1
2007	100.0	15.0	0.2	27.2	54.7	31.7	6.6	47.7
2008	100.0	14.5	0.2	26.0	54.5	30.9	6.5	45.4
2009	100.0	14.3	0.2	25.1	56.4	30.7	6.4	46.4

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

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

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

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

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

**Table 13.9**  
**Medicaid Persons Served (Beneficiaries), Disabled, by Selected Type of Service:**  
**Fiscal Years 1975-2009**

Year	Total <sup>1</sup>	Inpatient		Nursing		Outpatient	Home	Prescribed Drugs
		Hospital	ICF/MR	Facility <sup>2</sup>	Physician	Hospital	Health <sup>3</sup>	
Number Using Selected Service, in Thousands								
1975	2,464	531	57	273	1,652	874	99	1,745
1976	2,669	602	78	271	1,816	1,064	112	1,912
1977	2,802	677	94	271	1,980	1,137	127	2,049
1978	2,718	691	91	276	1,956	1,150	97	2,046
1979	2,753	718	102	289	1,985	1,120	87	2,081
1980	2,911	749	102	295	2,032	1,269	170	2,193
1981	3,079	775	142	272	2,076	1,418	169	2,226
1982	2,891	733	143	250	2,030	1,284	168	2,156
1983	2,921	748	151	231	2,057	1,354	144	2,156
1984	2,913	730	139	230	2,056	1,361	161	2,200
1985	3,012	728	141	232	2,161	1,413	188	2,287
1986	3,182	751	140	232	2,298	1,569	205	2,451
1987	3,381	801	144	236	2,458	1,698	221	2,627
1988	3,487	834	140	230	2,521	1,772	216	2,738
1989	3,590	885	142	224	2,596	1,911	236	2,882
1990	3,718	913	137	217	2,735	1,982	297	3,022
1991	4,033	990	136	216	2,971	2,196	341	3,282
1992	4,487	1,092	138	221	3,353	2,467	396	3,671
1993	5,016	1,200	138	225	3,842	2,854	464	4,118
1994	5,458	1,240	146	228	4,167	3,088	565	4,429
1995	5,858	1,226	135	242	4,370	3,312	736	4,570
1996	6,221	1,265	128	247	4,559	3,475	766	4,762
1997	6,129	1,216	122	259	4,581	3,393	860	4,728
1998	6,637	1,132	116	285	4,365	3,241	527	4,687
1999	6,698	1,168	110	246	4,288	3,300	375	4,865
2000	6,889	1,228	107	262	4,335	3,426	430	5,009
2001	7,107	1,235	105	277	4,471	3,508	436	5,229
2002	7,408	1,282	106	317	4,682	3,693	467	5,686
2003	7,669	1,313	102	311	4,844	3,790	512	5,919
2004	7,933	1,339	101	311	5,011	3,876	517	6,128
2005	8,165	1,327	99	319	5,037	3,960	539	6,267
2006	8,254	1,386	96	324	5,012	3,979	548	6,129
2007	8,427	1,275	93	324	5,027	3,962	558	5,158
2008	8,694	1,289	91	322	5,049	3,950	546	5,162
2009	9,036	1,352	88	330	5,317	4,180	534	5,435

See footnotes at end of table.

**Table 13.9—Continued**  
**Medicaid Persons Served (Beneficiaries), Disabled, by Selected Type of Service:**  
**Fiscal Years 1975-2009**

Year	Total <sup>1</sup>	Inpatient		Nursing		Outpatient	Home	Prescribed
		Hospital	ICF/MR	Facility <sup>2</sup>	Physician	Hospital	Health <sup>3</sup>	Drugs
Percent of Unduplicated Total Using Selected Service								
1975	100.0	21.6	2.3	11.1	67.0	35.5	4.0	70.8
1976	100.0	22.6	2.9	10.2	68.0	39.9	4.2	71.6
1977	100.0	24.2	3.4	9.7	70.7	40.6	4.5	73.1
1978	100.0	25.4	3.3	10.2	72.0	42.3	3.6	75.3
1979	100.0	26.1	3.7	10.5	72.1	40.7	3.2	75.6
1980	100.0	25.7	3.5	10.1	69.8	43.6	5.8	75.3
1981	100.0	25.2	4.6	8.8	67.4	46.1	5.5	72.3
1982	100.0	25.4	4.9	8.6	70.2	44.4	5.8	74.6
1983	100.0	25.6	5.2	7.9	70.4	46.4	4.9	73.8
1984	100.0	25.1	4.8	7.9	70.6	46.7	5.5	75.5
1985	100.0	24.2	4.7	7.7	71.7	46.9	6.2	75.9
1986	100.0	23.6	4.4	7.3	72.2	49.3	6.4	77.0
1987	100.0	23.7	4.3	7.0	72.7	50.2	6.5	77.7
1988	100.0	23.9	4.0	6.6	72.3	50.8	6.2	78.5
1989	100.0	24.7	4.0	6.2	72.3	53.2	6.6	80.3
1990	100.0	24.5	3.7	5.8	73.6	53.3	8.0	81.3
1991	100.0	24.6	3.4	5.4	73.7	54.4	8.4	81.4
1992	100.0	24.4	3.1	4.9	74.7	55.0	8.8	81.8
1993	100.0	23.9	2.8	4.5	76.6	56.9	9.3	82.1
1994	100.0	22.7	2.7	4.2	76.3	56.6	10.4	81.1
1995	100.0	20.9	2.3	4.1	74.6	56.5	12.6	78.0
1996	100.0	20.3	2.1	4.0	73.3	55.9	12.3	76.5
1997	100.0	19.8	2.0	4.2	74.7	55.4	14.0	77.1
1998	100.0	17.1	1.7	4.3	65.8	48.8	7.9	70.6
1999	100.0	17.4	1.6	3.7	64.0	49.3	5.6	72.6
2000	100.0	17.8	1.6	3.8	62.9	49.7	6.2	72.7
2001	100.0	17.4	1.5	3.9	62.9	49.4	6.1	73.6
2002	100.0	17.3	1.4	4.3	63.2	49.9	6.3	76.8
2003	100.0	17.1	1.3	4.1	63.2	49.4	6.7	77.2
2004	100.0	16.9	1.3	3.9	63.2	48.9	6.5	77.3
2005	100.0	16.3	1.2	3.9	61.7	48.5	6.6	76.7
2006	100.0	16.8	1.2	3.9	60.7	48.2	6.6	74.3
2007	100.0	15.1	1.1	3.8	59.6	47.0	6.6	61.2
2008	100.0	14.8	1.0	3.7	58.1	45.4	6.3	59.4
2009	100.0	15.0	1.0	3.7	58.8	46.3	5.9	60.1

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

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

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

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

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

**Table 13.10**  
**Medicaid Payments, by Eligibility Group: Fiscal Years 1975-2009**

Year	Total <sup>1</sup>	Children	Adults	Aged	Disabled
Amount in Millions (Nominal Dollars)					
1975	\$12,242	\$2,186	\$2,062	\$4,358	\$3,145
1976	14,091	2,431	2,288	4,910	3,920
1977	16,239	2,610	2,606	5,499	4,883
1978	17,992	2,748	2,673	6,308	5,620
1979	20,472	2,884	3,021	7,046	6,882
1980	23,311	3,123	3,231	8,739	7,621
1981	27,204	3,508	3,763	9,926	9,455
1982	29,399	3,473	4,093	10,739	10,405
1983	32,391	3,836	4,487	11,954	11,367
1984	33,891	3,979	4,420	12,815	11,977
1985	37,508	4,414	4,746	14,096	13,452
1986	41,005	5,135	4,880	15,097	14,913
1987	45,050	5,508	5,592	16,037	16,817
1988	48,710	5,848	5,883	17,135	18,594
1989	54,500	6,892	6,897	18,558	20,885
1990	64,859	9,100	8,590	21,508	24,404
1991	76,964	11,600	10,421	25,444	28,251
1992	91,480	14,758	12,403	29,089	34,004
1993	101,709	16,504	13,605	31,554	38,655
1994	108,270	17,302	13,585	33,618	42,298
1995	120,141	17,976	13,511	36,527	49,418
1996	121,685	17,544	12,275	36,947	52,065
1997	124,430	17,544	12,307	37,721	54,130
1998	142,260	22,896	14,865	40,601	60,374
1999	153,479	24,151	15,801	42,522	65,850
2000	168,307	26,775	17,763	44,503	72,742
2001	186,905	30,636	20,170	48,356	80,386
2002	213,497	35,890	23,635	51,924	92,414
2003	233,206	39,871	26,800	55,271	102,014
2004	257,748	44,205	30,721	59,541	111,614
2005	273,203	46,846	32,215	62,929	118,683
2006	265,049	49,612	32,682	57,457	114,745
2007	276,246	53,716	34,153	57,179	119,617
2008	296,830	57,137	37,698	61,131	129,040
2009	325,819	64,022	45,423	64,332	141,596

See footnotes at end of table.

**Table 13.10—Continued**  
**Medicaid Payments, by Eligibility Group: Fiscal Years 1975-2009**

Year	Total <sup>1</sup>	Children	Adults	Aged	Disabled
Amount in Millions (Constant 2009 Dollars)					
1975	\$87,744	\$15,668	\$14,779	\$31,236	\$22,542
1976	89,455	15,433	14,525	31,171	24,886
1977	94,998	15,269	15,245	32,169	28,566
1978	97,417	14,879	14,473	34,155	30,429
1979	101,066	14,238	14,914	34,785	33,975
1980	103,384	13,850	14,329	38,757	33,799
1981	107,403	13,850	14,856	39,188	37,329
1982	103,759	12,257	14,446	37,901	36,723
1983	104,383	12,362	14,460	38,523	36,631
1984	101,173	11,878	13,195	38,256	35,754
1985	105,321	12,394	13,327	39,581	37,773
1986	108,833	13,629	12,952	40,070	39,581
1987	112,392	13,741	13,951	40,009	41,955
1988	113,261	13,598	13,679	39,842	43,235
1989	116,583	14,743	14,754	39,698	44,676
1990	127,743	17,923	16,918	42,361	48,065
1991	140,225	21,135	18,987	46,358	51,472
1992	155,623	25,106	21,100	49,485	57,847
1993	163,320	26,501	21,846	50,668	62,070
1994	166,908	26,673	20,943	51,825	65,206
1995	178,338	26,684	20,056	54,221	73,356
1996	176,072	25,385	17,761	53,460	75,335
1997	176,219	24,846	17,429	53,421	76,659
1998	198,037	31,873	20,693	56,520	84,045
1999	209,099	32,903	21,527	57,932	89,714
2000	223,524	35,559	23,591	59,103	96,607
2001	240,136	39,361	25,914	62,128	103,280
2002	267,199	44,918	29,580	64,985	115,659
2003	281,857	48,189	32,391	66,802	123,296
2004	299,878	51,430	35,742	69,274	129,858
2005	308,247	52,855	36,347	71,001	133,907
2006	289,848	54,253	35,740	62,833	125,482
2007	291,947	56,769	36,094	60,429	126,415
2008	304,297	58,574	38,646	62,669	132,286
2009	325,819	64,022	45,423	64,332	141,596

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

NOTES: Beginning fiscal year 1998, capitated premiums for Medicaid eligibles enrolled in managed care plans were included in this series. Dollar amounts are adjusted using a personal consumption expenditure index for health care services, U.S. Department of Commerce, Bureau of Economic Analysis (BEA), expressed in fiscal year 2009 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. SCHIP payments are excluded from Medicaid.

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 Center for Strategic Planning.

**Table 13.11**  
**Medicaid Payments per Person Served (Beneficiary), by Eligibility Group:**  
**Fiscal Years 1975-2009**

Year	Total <sup>1</sup>	Children	Adults	Aged	Disabled
1975	\$556	\$228	\$455	\$1,205	\$1,276
1976	618	245	479	1,359	1,469
1977	711	270	545	1,512	1,743
1978	819	293	576	1,869	2,068
1979	951	317	661	2,094	2,500
1980	1,079	335	663	2,540	2,619
1981	1,238	366	725	2,948	3,071
1982	1,361	363	764	3,315	3,600
1983	1,503	402	802	3,545	3,891
1984	1,569	411	789	3,957	4,112
1985	1,719	452	860	4,605	4,459
1986	1,821	512	864	4,808	4,687
1987	1,949	542	999	4,975	4,974
1988	2,126	583	1,069	5,425	5,332
1989	2,318	668	1,206	5,926	5,817
1990	2,568	811	1,429	6,717	6,564
1991	2,752	902	1,555	7,617	7,005
1992	2,937	971	1,762	7,759	7,578
1993	3,042	1,013	1,813	8,168	7,706
1994	3,089	1,006	1,791	8,332	7,750
1995	3,311	1,047	1,777	8,868	8,435
1996	3,369	1,048	1,722	8,622	8,369
1997	3,568	1,111	1,809	9,538	8,832
1998	3,548	1,207	1,883	10,243	9,096
1999	3,819	1,282	2,104	11,268	9,832
2000	3,936	1,358	2,030	11,929	10,559
2001	4,084	1,454	2,067	12,691	11,310
2002	4,328	1,545	2,100	13,359	12,475
2003	4,487	1,606	2,292	13,677	13,303
2004	4,686	1,671	2,509	13,790	14,070
2005	4,764	1,729	2,585	14,402	14,536
2006	4,635	1,808	2,617	13,268	13,902
2007	4,862	1,951	2,753	14,141	14,194
2008	5,051	2,035	2,912	14,742	14,843
2009	5,225	2,145	3,144	15,337	15,670

See footnote at end of table.

**Table 13.11—Continued**  
**Medicaid Payments per Person Served (Beneficiary), by Eligibility Group:**  
**Fiscal Years 1975-2009**

Year	Total <sup>1</sup>	Children	Adults	Aged	Disabled
			(Constant 2009 Dollars)		
1975	\$3,985	\$1,634	\$3,261	\$8,637	\$9,146
1976	3,923	1,555	3,041	8,627	9,326
1977	4,159	1,580	3,188	8,845	10,197
1978	4,434	1,586	3,119	10,120	11,197
1979	4,695	1,565	3,263	10,338	12,342
1980	4,785	1,486	2,940	11,265	11,615
1981	4,888	1,445	2,862	11,639	12,124
1982	4,803	1,281	2,696	11,700	12,706
1983	4,844	1,295	2,585	11,424	12,539
1984	4,684	1,227	2,355	11,813	12,275
1985	4,827	1,269	2,415	12,931	12,521
1986	4,833	1,359	2,293	12,761	12,440
1987	4,862	1,352	2,492	12,412	12,409
1988	4,943	1,356	2,486	12,614	12,398
1989	4,959	1,429	2,580	12,676	12,443
1990	5,058	1,597	2,814	13,229	12,928
1991	5,014	1,643	2,833	13,878	12,763
1992	4,996	1,652	2,997	13,199	12,891
1993	4,885	1,627	2,911	13,116	12,374
1994	4,762	1,551	2,761	12,845	11,947
1995	4,915	1,554	2,638	13,164	12,521
1996	4,875	1,516	2,492	12,476	12,110
1997	5,053	1,573	2,562	13,508	12,508
1998	4,939	1,680	2,621	14,260	12,662
1999	5,204	1,747	2,866	15,352	13,395
2000	5,227	1,803	2,696	15,842	14,024
2001	5,247	1,869	2,656	16,305	14,532
2002	5,417	1,934	2,628	16,720	15,613
2003	5,423	1,941	2,771	16,531	16,078
2004	5,452	1,944	2,919	16,044	16,370
2005	5,375	1,951	2,917	16,249	16,400
2006	5,069	1,977	2,862	14,510	15,203
2007	5,138	2,062	2,910	14,944	15,001
2008	5,178	2,087	2,985	15,112	15,216
2009	5,225	2,145	3,144	15,337	15,670

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

NOTES: Beginning fiscal year 1998, capitated premiums for Medicaid eligibles enrolled in managed care plans were included in this series 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 2009 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. Beneficiaries covered under SCHIP and their payments are excluded from Medicaid.

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 Center for Strategic Planning.

**Table 13.12**  
**Medicaid Payments per Person Served (Beneficiary), All Eligibility Groups, by Type of Service:**  
**Fiscal Years 1975-2009**

Year	Total <sup>1</sup>	Inpatient		Nursing		Outpatient	Home	Prescribed
		Hospital	ICF/MR	Facility <sup>2</sup>	Physician	Hospital	Health <sup>3</sup>	Drugs
1975	\$556	\$983	\$5,538	\$3,292	\$81	\$50	\$204	\$58
1976	618	1,100	7,135	3,442	88	65	420	63
1977	711	1,211	8,530	3,819	94	102	485	66
1978	819	1,320	11,486	4,517	99	97	558	71
1979	951	1,568	13,022	5,198	108	110	734	84
1980	1,079	1,742	16,439	5,654	136	113	846	96
1981	1,238	1,943	19,812	6,226	146	141	1,065	108
1982	1,361	2,172	23,312	7,104	150	146	1,313	118
1983	1,503	2,384	27,006	7,317	155	156	1,416	129
1984	1,569	2,552	30,170	7,847	156	164	1,768	141
1985	1,719	2,753	32,238	8,427	163	178	2,092	166
1986	1,821	2,924	35,089	8,887	171	185	2,278	183
1987	1,949	3,000	37,490	9,322	181	203	2,777	198
1988	2,126	3,151	41,413	9,880	193	229	3,542	215
1989	2,318	3,251	44,999	10,696	217	250	4,225	232
1990	2,568	3,630	50,048	12,108	235	269	4,733	256
1991	2,752	3,959	52,791	13,893	259	305	5,070	277
1992	2,937	4,091	56,636	14,969	282	349	5,279	308
1993	3,042	4,366	59,156	15,798	293	378	5,250	333
1994	3,089	4,463	52,497	16,531	296	383	5,446	363
1995	3,311	4,735	68,613	17,424	309	397	5,740	413
1996	3,369	4,696	68,232	18,589	317	409	6,293	474
1997	3,568	4,877	72,033	19,029	333	453	6,575	571
1998	3,548	5,021	74,960	19,379	327	474	2,206	699
1999	3,819	4,943	76,443	20,568	357	491	3,571	837
2000	3,936	4,919	79,330	20,220	356	533	3,135	975
2001	4,084	5,323	83,173	21,929	372	548	3,475	1,082
2002	4,328	5,771	91,588	22,326	378	571	3,689	1,165
2003	4,487	6,047	95,287	23,882	403	596	3,720	1,293
2004	4,686	6,435	98,281	24,585	426	646	3,984	1,433
2005	4,764	6,401	107,135	26,096	467	615	4,493	1,510
2006	4,635	5,778	110,320	26,520	454	641	4,979	1,029
2007	4,862	7,191	113,735	28,282	457	695	5,334	926
2008	5,051	7,083	123,053	29,533	485	736	5,789	957
2009	5,225	7,070	127,837	29,551	496	735	6,628	951

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 1975-2009**

Year	Total <sup>1</sup>	Inpatient		Nursing		Outpatient	Home	Prescribed
		Hospital	ICF/MR	Facility <sup>2</sup>	Physician	Hospital	Health <sup>3</sup>	Drugs
(Constant 2009 Dollars)								
1975	\$3,985	\$7,046	\$39,693	\$23,595	\$581	\$358	\$1,462	\$416
1976	3,923	6,983	45,296	21,851	559	413	2,666	400
1977	4,159	7,084	49,901	22,341	550	597	2,837	386
1978	4,434	7,147	62,191	24,457	536	525	3,021	384
1979	4,695	7,741	64,287	25,662	533	543	3,624	415
1980	4,785	7,726	72,907	25,075	603	501	3,752	426
1981	4,888	7,671	78,219	24,581	576	557	4,205	426
1982	4,803	7,666	82,276	25,072	529	515	4,634	416
1983	4,844	7,683	87,029	23,580	500	503	4,563	416
1984	4,684	7,618	90,065	23,425	466	490	5,278	421
1985	4,827	7,730	90,523	23,663	458	500	5,874	466
1986	4,833	7,761	93,131	23,587	454	491	6,046	486
1987	4,862	7,484	93,531	23,257	452	506	6,928	494
1988	4,943	7,327	96,294	22,973	449	532	8,236	500
1989	4,959	6,954	96,259	22,880	464	535	9,038	496
1990	5,058	7,150	98,572	23,847	463	529	9,322	503
1991	5,014	7,213	96,183	25,312	471	556	9,237	505
1992	4,996	6,959	96,348	25,465	480	594	8,980	524
1993	4,885	7,011	94,990	25,368	470	607	8,430	535
1994	4,762	6,880	80,929	25,484	456	590	8,396	560
1995	4,915	7,029	101,850	25,864	459	589	8,520	613
1996	4,875	6,795	98,728	26,897	459	592	9,106	686
1997	5,053	6,906	102,014	26,949	471	641	9,311	809
1998	4,939	6,990	104,351	26,977	455	659	3,071	973
1999	5,204	6,734	104,146	28,021	486	669	4,865	1,140
2000	5,227	6,533	105,356	26,853	473	708	4,164	1,296
2001	5,247	6,840	106,861	28,174	477	704	4,464	1,390
2002	5,417	7,223	114,625	27,942	474	715	4,616	1,458
2003	5,423	7,309	115,166	28,864	487	721	4,496	1,563
2004	5,452	7,487	114,346	28,603	496	751	4,636	1,667
2005	5,375	7,222	120,878	29,443	527	694	5,070	1,704
2006	5,069	6,319	120,642	29,001	497	701	5,445	1,126
2007	5,138	7,599	120,200	29,889	483	735	5,638	979
2008	5,178	7,261	126,149	30,276	497	754	5,935	981
2009	5,225	7,070	127,837	29,551	496	735	6,628	951

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

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

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

NOTES: Beginning fiscal year 1998, capitated premiums for Medicaid eligibles enrolled in managed care plans were included in this series as a component of the total payment per person served (beneficiary). Dollar amounts are adjusted using a personal consumption expenditure index for health care services, U.S. Department of Commerce, Bureau of Economic Analysis (BEA), expressed in fiscal year 2009 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. Beneficiaries covered under SCHIP and their payments are excluded from Medicaid.

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 Center for Strategic Planning.

**Table 13.13**  
**Medicaid Payments per Person Served (Beneficiary), Children, by Type of Service:**  
**Fiscal Years 1975-2009**

Year	Total <sup>1</sup>	Inpatient		Nursing		Outpatient	Home	Prescribed
		Hospital	ICF/MR	Facility	Physician	Hospital	Health <sup>2</sup>	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
2009	2,145	5,070	(3)	(3)	337	434	1,363	430

See footnotes at end of table.

**Table 13.13—Continued**  
**Medicaid Payments per Person Served (Beneficiary), Children, by Type of Service:**  
**Fiscal Years 1975-2009**

Year	Total <sup>1</sup>	Inpatient		Nursing		Outpatient	Home	Prescribed
		Hospital	ICF/MR	Facility	Physician	Hospital	Health <sup>2</sup>	Drugs
(Constant 2009 Dollars)								
1975	\$1,634	\$6,415	(3)	(3)	\$430	\$287	\$1,025	\$165
1976	1,555	6,393	(3)	(3)	406	343	1,466	133
1977	1,580	6,599	(3)	(3)	386	503	1,644	123
1978	1,586	6,671	(3)	(3)	379	449	910	119
1979	1,565	6,976	(3)	(3)	360	434	889	123
1980	1,486	6,692	(3)	(3)	386	399	466	124
1981	1,445	6,597	(3)	(3)	355	454	371	114
1982	1,281	6,487	(3)	(3)	328	409	462	109
1983	1,295	6,474	(3)	(3)	313	406	809	106
1984	1,227	6,526	(3)	(3)	302	382	848	107
1985	1,269	6,590	(3)	(3)	292	379	952	110
1986	1,359	6,930	(3)	(3)	279	393	916	133
1987	1,352	6,312	(3)	(3)	294	362	931	117
1988	1,356	6,304	(3)	(3)	293	363	1,165	114
1989	1,429	6,148	(3)	(3)	295	364	1,367	113
1990	1,597	6,474	(3)	(3)	304	377	1,450	121
1991	1,644	6,655	(3)	(3)	310	394	1,654	125
1992	1,652	5,631	(3)	(3)	318	413	1,647	136
1993	1,627	5,856	(3)	(3)	313	405	1,657	141
1994	1,551	5,531	(3)	(3)	304	388	1,557	146
1995	1,554	5,669	(3)	(3)	297	374	2,359	154
1996	1,516	5,248	(3)	(3)	297	356	2,684	162
1997	1,573	5,788	(3)	(3)	291	366	2,449	171
1998	1,680	5,963	(3)	(3)	292	361	980	193
1999	1,747	5,317	(3)	(3)	333	375	1,450	220
2000	1,803	5,105	(3)	(3)	327	387	1,046	250
2001	1,869	5,147	(3)	(3)	338	397	1,022	288
2002	1,934	5,388	(3)	(3)	338	403	1,094	323
2003	1,941	5,275	(3)	(3)	344	409	1,030	360
2004	1,944	5,083	(3)	(3)	346	424	1,047	390
2005	1,951	5,039	(3)	(3)	354	406	1,082	403
2006	1,977	4,358	(3)	(3)	339	414	1,140	405
2007	2,062	5,261	(3)	(3)	326	428	1,161	432
2008	2,087	5,067	(3)	(3)	344	445	1,221	444
2009	2,145	5,070	(3)	(3)	337	434	1,363	430

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

<sup>2</sup>Trend in average payment per beneficiary (person served) for home health care are not strictly comparable to 1997 and prior years because of changes in the definitions of related categories of service. Reporting for 1998 added categories of service for personal care support services and home and community-based waiver services (category not shown separately in table). In 1999 the home and community-based waiver services were reclassified into the other related categories of service (category not shown separately in table).

<sup>3</sup>Average payment per person served are not shown for these categories. The small number of users causes large fluctuations in the time series that may be misleading.

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 2009 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. Beneficiaries covered under SCHIP and their payments are excluded from Medicaid.

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 Center for Strategic Planning.

**Table 13.14**  
**Medicaid Payments per Person Served (Beneficiary), Adults, by Type of Service:**  
**Fiscal Years 1975-2009**

Year	Total <sup>1</sup>	Inpatient		Nursing		Outpatient	Home	Prescribed
		Hospital	ICF/MR	Facility	Physician	Hospital	Health <sup>2</sup>	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
2009	3,144	4,985	(3)	(3)	558	791	731	666

See footnotes at end of table.

**Table 13.14—Continued**  
**Medicaid Payments per Person Served (Beneficiary), Adults, by Type of Service:**  
**Fiscal Years 1975-2009**

Year	Total <sup>1</sup>	Inpatient		Nursing		Outpatient	Home	Prescribed
		Hospital	ICF/MR	Facility	Physician	Hospital	Health <sup>2</sup>	Drugs
(Constant 2009 Dollars)								
1975	\$3,261	\$7,777	(3)	(3)	\$831	\$409	\$867	\$366
1976	3,041	7,631	(3)	(3)	794	470	1,803	292
1977	3,188	7,617	(3)	(3)	772	690	1,849	293
1978	3,119	7,602	(3)	(3)	758	612	2,474	282
1979	3,263	8,096	(3)	(3)	750	627	3,777	301
1980	2,940	7,420	(3)	(3)	812	559	1,118	293
1981	2,862	7,237	(3)	(3)	762	620	1,196	272
1982	2,696	7,221	(3)	(3)	695	572	1,242	261
1983	2,585	6,916	(3)	(3)	638	548	1,295	251
1984	2,355	6,654	(3)	(3)	588	513	1,227	248
1985	2,415	6,610	(3)	(3)	598	514	1,356	270
1986	2,293	5,937	(3)	(3)	629	464	1,149	271
1987	2,492	6,205	(3)	(3)	624	516	1,145	292
1988	2,486	5,911	(3)	(3)	632	539	1,325	284
1989	2,580	5,523	(3)	(3)	652	533	1,331	276
1990	2,815	5,691	(3)	(3)	687	549	1,396	277
1991	2,832	5,487	(3)	(3)	709	581	1,037	269
1992	2,997	5,524	(3)	(3)	709	641	1,342	274
1993	2,911	5,448	(3)	(3)	679	650	1,228	273
1994	2,761	5,318	(3)	(3)	647	623	976	276
1995	2,638	5,138	(3)	(3)	629	598	843	281
1996	2,492	5,001	(3)	(3)	621	576	781	285
1997	2,562	5,175	(3)	(3)	691	602	841	320
1998	2,621	5,153	(3)	(3)	637	615	708	363
1999	2,866	5,188	(3)	(3)	692	666	978	457
2000	2,696	4,993	(3)	(3)	630	686	852	484
2001	2,656	5,087	(3)	(3)	613	700	1,028	528
2002	2,628	5,325	(3)	(3)	573	715	784	567
2003	2,771	5,248	(3)	(3)	619	747	703	675
2004	2,919	5,142	(3)	(3)	630	792	751	729
2005	2,917	4,912	(3)	(3)	698	737	680	709
2006	2,862	4,265	(3)	(3)	617	733	728	626
2007	2,910	4,974	(3)	(3)	570	762	677	625
2008	2,985	4,828	(3)	(3)	582	774	672	627
2009	3,144	4,985	(3)	(3)	558	791	731	666

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

<sup>2</sup>Trend in average payment per beneficiary (person served) for home health care are not strictly comparable to 1997 and prior years because of changes in the definitions of related categories of service. Reporting for 1998 added categories of service for personal care support services and home and community-based waiver services (category not shown separately in table). In 1999 the home and community-based waiver services were reclassified into the other related categories of service (category not shown separately in table).

<sup>3</sup>Average payment per person served are not shown for these categories. The small number of users causes large fluctuations in the time series that may be misleading.

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 2009 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 Center for Strategic Planning.

**Table 13.15**  
**Medicaid Payments per Person Served (Beneficiary), Aged, by Type of Service:**  
**Fiscal Years 1975-2009**

Year	Total <sup>1</sup>	Inpatient		Nursing		Outpatient	Home	Prescribed
		Hospital	ICF/MR	Facility <sup>2</sup>	Physician	Hospital	Health <sup>3</sup>	Drugs
1975	\$1,205	\$271	\$6,925	\$3,250	\$59	\$35	\$238	\$111
1976	1,359	310	8,951	3,328	65	42	493	134
1977	1,512	364	7,482	3,679	71	53	535	144
1978	1,869	446	9,700	4,350	78	48	801	158
1979	2,094	569	9,804	4,972	83	67	1,387	179
1980	2,540	970	16,346	5,742	101	74	1,873	198
1981	2,948	1,115	19,247	6,137	118	91	2,624	230
1982	3,315	1,241	11,464	6,945	115	101	2,944	249
1983	3,545	1,682	20,348	6,942	114	97	1,829	274
1984	3,957	1,778	23,343	7,430	119	105	2,263	312
1985	4,605	1,990	26,926	8,035	122	131	2,731	368
1986	4,808	2,228	32,328	8,487	119	142	3,015	394
1987	4,975	1,898	39,854	8,862	111	159	3,551	432
1988	5,425	1,937	45,601	9,309	116	175	4,344	474
1989	5,926	1,754	51,265	10,236	137	192	5,452	519
1990	6,717	1,865	52,943	11,776	139	206	6,013	581
1991	7,617	2,151	56,032	13,540	157	243	6,749	668
1992	7,759	2,152	43,083	14,630	169	260	6,944	763
1993	8,168	2,225	60,901	15,467	190	304	6,659	826
1994	8,332	2,180	53,983	16,209	203	320	6,742	880
1995	8,868	2,397	51,657	17,183	224	343	6,220	960
1996	8,622	2,303	56,902	18,377	245	376	6,631	1,037
1997	9,540	2,444	63,949	19,022	279	411	6,323	1,174
1998	10,243	2,544	81,337	19,639	270	436	2,199	1,343
1999	11,268	2,385	81,506	21,966	260	455	3,359	1,573
2000	11,929	2,303	83,250	22,477	268	504	3,140	1,853
2001	12,691	2,472	86,680	24,336	258	448	3,481	2,078
2002	13,359	2,700	94,410	25,636	261	451	3,992	2,272
2003	13,677	2,926	97,419	26,737	257	448	3,746	2,514
2004	13,790	2,937	101,910	27,650	253	504	4,098	2,735
2005	14,402	2,552	110,289	29,542	275	445	4,424	2,944
2006	13,268	2,703	110,763	30,669	260	423	5,272	1,175
2007	14,141	2,972	115,600	31,771	274	487	5,958	442
2008	14,742	3,157	123,246	33,097	282	598	6,259	432
2009	15,337	3,341	136,895	34,197	299	591	7,045	443

See footnotes at end of table.

**Table 13.15—Continued**  
**Medicaid Payments per Person Served (Beneficiary), Aged, by Type of Service:**  
**Fiscal Years 1975-2009**

Year	Total <sup>1</sup>	Inpatient		Nursing		Outpatient	Home	Prescribed
		Hospital	ICF/MR	Facility <sup>2</sup>	Physician	Hospital	Health <sup>3</sup>	Drugs
				(Constant 2009 Dollars)				
1975	\$8,637	\$1,942	\$49,634	\$23,294	\$423	\$251	\$1,706	\$796
1976	8,627	1,968	56,825	21,127	413	267	3,130	851
1977	8,845	2,129	43,770	21,522	415	310	3,130	842
1978	10,120	2,415	52,520	23,553	422	260	4,337	855
1979	10,338	2,809	48,400	24,546	410	331	6,847	884
1980	11,265	4,302	72,494	25,466	448	328	8,307	878
1981	11,639	4,402	75,988	24,229	466	359	10,360	908
1982	11,700	4,380	40,460	24,511	406	356	10,390	879
1983	11,424	5,420	65,573	22,371	367	313	5,894	883
1984	11,813	5,308	69,685	22,180	355	313	6,756	931
1985	12,931	5,588	75,607	22,562	343	368	7,669	1,033
1986	12,761	5,913	85,803	22,526	316	377	8,002	1,046
1987	12,412	4,735	99,429	22,109	277	397	8,859	1,078
1988	12,614	4,504	106,032	21,645	270	407	10,101	1,102
1989	12,676	3,752	109,662	21,896	293	411	11,663	1,110
1990	13,229	3,673	104,273	23,193	274	405	11,843	1,145
1991	13,877	3,919	102,088	24,669	286	442	12,296	1,218
1992	13,199	3,661	73,292	24,888	287	442	11,813	1,298
1993	13,116	3,573	97,792	24,836	305	488	10,693	1,326
1994	12,845	3,361	83,220	24,988	313	493	10,393	1,357
1995	13,164	3,558	76,680	25,507	333	509	9,233	1,425
1996	12,476	3,332	82,334	26,591	355	544	9,595	1,500
1997	13,511	3,461	90,565	26,939	395	582	8,955	1,663
1998	14,260	3,541	113,228	27,339	375	606	3,061	1,869
1999	15,352	3,249	111,043	29,927	354	620	4,577	2,143
2000	15,842	3,059	110,562	29,851	355	669	4,170	2,461
2001	16,305	3,177	111,366	31,267	332	575	4,473	2,670
2002	16,720	3,379	118,157	32,084	327	564	4,996	2,844
2003	16,531	3,536	117,743	32,315	310	542	4,527	3,039
2004	16,044	3,417	118,568	32,169	295	586	4,768	3,182
2005	16,249	2,880	124,436	33,332	310	502	4,991	3,322
2006	14,510	2,956	121,127	33,538	284	463	5,765	1,285
2007	14,944	3,141	122,170	33,577	290	515	6,297	467
2008	15,112	3,237	126,346	33,930	290	613	6,416	443
2009	15,337	3,341	136,895	34,197	299	591	7,045	443

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

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

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

NOTES: Beginning fiscal year 1998, capitated premiums for Medicaid eligibles enrolled in managed care plans were included in this series as a component of the total payment per person served (beneficiary). Dollar amounts are adjusted using a personal consumption expenditure index for health care services, U.S. Department of Commerce, Bureau of Economic Analysis (BEA), expressed in fiscal year 2009 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 Center for Strategic Planning.

**Table 13.16**  
**Medicaid Payments per Person Served (Beneficiary), Disabled, by Type of Service:**  
**Fiscal Years 1975-2009**

Year	Total <sup>1</sup>	Inpatient		Nursing		Outpatient	Home	Prescribed
		Hospital	ICF/MR	Facility <sup>2</sup>	Physician	Hospital	Health <sup>3</sup>	Drugs
1975	\$1,276	\$1,977	\$5,186	\$3,447	\$147	\$92	\$276	\$115
1976	1,469	2,072	6,940	3,882	158	114	492	135
1977	1,743	2,214	8,684	4,417	173	170	600	146
1978	2,068	2,392	11,926	5,167	183	165	893	157
1979	2,500	2,734	13,719	5,893	200	186	1,488	179
1980	2,619	2,948	16,653	5,105	234	217	652	193
1981	3,071	3,254	19,452	5,743	255	249	828	225
1982	3,600	3,672	23,065	6,732	252	272	966	246
1983	3,891	3,934	25,501	7,571	264	273	1,348	278
1984	4,112	4,196	29,353	8,530	262	315	1,813	312
1985	4,459	4,525	31,726	9,297	272	343	2,303	374
1986	4,687	4,841	34,462	10,073	277	361	2,592	418
1987	4,974	5,259	36,753	10,555	291	400	2,975	447
1988	5,332	5,502	40,910	11,370	309	453	3,768	488
1989	5,817	5,700	44,466	12,554	344	503	4,453	534
1990	6,564	6,717	50,242	14,202	366	524	5,252	617
1991	7,005	7,426	52,670	16,195	406	597	5,627	700
1992	7,578	8,314	57,775	17,548	452	658	6,159	800
1993	7,706	8,524	59,188	18,469	462	716	6,446	867
1994	7,750	8,831	52,747	19,132	465	709	7,212	936
1995	8,435	9,318	71,588	19,813	481	740	7,957	1,049
1996	8,369	9,026	69,740	20,734	491	761	9,172	1,166
1997	8,832	8,572	73,672	21,035	502	802	9,434	1,379
1998	9,096	8,519	75,819	20,864	481	828	3,211	1,625
1999	9,832	8,452	77,367	25,974	526	858	5,398	1,944
2000	10,559	8,479	80,194	26,555	534	926	5,054	2,314
2001	11,310	9,062	84,588	28,181	565	943	5,582	2,614
2002	12,475	9,454	92,789	27,766	593	988	5,713	2,851
2003	13,303	9,851	97,493	29,099	626	1,028	6,101	3,204
2004	14,070	10,467	102,054	29,888	664	1,110	6,220	3,603
2005	14,536	10,829	109,680	31,056	751	1,062	7,123	3,795
2006	13,902	10,928	113,537	31,983	724	1,100	7,543	2,647
2007	14,194	12,235	116,509	33,474	730	1,143	7,920	2,615
2008	14,843	12,403	126,644	35,075	768	1,217	8,440	2,730
2009	15,670	12,514	132,301	35,618	820	1,315	9,354	2,733

See footnotes at end of table.

**Table 13.16—Continued**  
**Medicaid Payments per Person Served (Beneficiary), Disabled, by Type of Service:**  
**Fiscal Years 1975-2009**

Year	Total <sup>1</sup>	Inpatient		Nursing		Outpatient	Home	Prescribed
		Hospital	ICF/MR	Facility <sup>2</sup>	Physician	Hospital	Health <sup>3</sup>	Drugs
				(Constant 2009 Dollars)				
1975	\$9,146	\$14,170	\$37,170	\$24,706	\$1,054	\$659	\$1,978	\$824
1976	9,326	13,154	44,058	24,644	1,003	724	3,123	857
1977	10,197	12,952	50,801	25,839	1,012	995	3,510	854
1978	11,197	12,951	64,573	27,977	991	893	4,835	850
1979	12,342	13,497	67,728	29,093	987	918	7,346	884
1980	11,662	13,127	74,152	22,731	1,042	966	2,903	859
1981	12,124	12,847	76,797	22,674	1,007	983	3,269	888
1982	12,706	12,960	81,404	23,759	889	960	3,409	868
1983	12,539	12,678	82,179	24,398	851	880	4,344	896
1984	12,275	12,526	87,626	25,464	782	940	5,412	931
1985	12,521	12,706	89,085	26,106	764	963	6,467	1,050
1986	12,440	12,849	91,467	26,735	735	958	6,880	1,109
1987	12,409	13,120	91,692	26,333	726	998	7,422	1,115
1988	12,398	12,793	95,124	26,438	718	1,053	8,761	1,135
1989	12,443	12,193	95,119	26,855	736	1,076	9,526	1,142
1990	12,927	13,229	98,955	27,972	721	1,032	10,345	1,215
1991	12,762	13,529	95,963	29,507	739	1,088	10,253	1,275
1992	12,891	14,144	98,285	29,852	769	1,119	10,478	1,361
1993	12,374	13,687	95,041	29,657	742	1,150	10,351	1,392
1994	11,947	13,614	81,314	29,494	717	1,093	11,118	1,443
1995	12,521	13,832	106,266	29,411	714	1,098	11,811	1,557
1996	12,110	13,060	100,910	30,001	710	1,101	13,271	1,687
1997	12,508	12,140	104,335	29,790	711	1,136	13,361	1,953
1998	12,662	11,859	105,546	29,045	670	1,152	4,470	2,263
1999	13,395	11,515	105,404	35,386	717	1,169	7,355	2,648
2000	14,024	11,261	106,504	35,267	710	1,230	6,711	3,073
2001	14,532	11,643	108,679	36,207	726	1,211	7,171	3,358
2002	15,613	11,832	116,129	34,750	743	1,237	7,150	3,568
2003	16,078	11,906	117,832	35,170	756	1,242	7,373	3,873
2004	16,370	12,178	118,735	34,773	772	1,292	7,237	4,192
2005	16,400	12,218	123,749	35,040	847	1,199	8,037	4,281
2006	15,203	11,951	124,160	34,976	792	1,203	8,249	2,895
2007	15,001	12,931	123,131	35,377	771	1,208	8,370	2,763
2008	15,216	12,715	129,830	35,957	787	1,247	8,652	2,799
2009	15,670	12,514	132,301	35,618	820	1,315	9,354	2,733

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

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

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

NOTES: Beginning fiscal year 1998, capitated premiums for Medicaid eligibles enrolled in managed care plans were included in this series as a component of the total payment per person served (beneficiary). Dollar amounts are adjusted using a personal consumption expenditure index for health care services, U.S. Department of Commerce, Bureau of Economic Analysis (BEA), expressed in fiscal year 2009 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 Center for Strategic Planning.

**Table 13.17**

**Medicaid Payments, All Eligibility Groups, by Type of Service: Fiscal Years 1975-2009**

Year	Total <sup>1</sup>	Inpatient		Nursing		Outpatient	Home	Prescribed	
		Hospital	ICF/MR	Facility <sup>2</sup>	Physician	Hospital	Health	Drugs	Other
Amount in Millions									
1975	\$12,242	\$3,374	\$380	\$4,319	\$1,225	\$373	\$70	\$815	\$1,686
1976	14,091	3,905	634	4,685	1,369	555	134	940	1,869
1977	16,239	4,562	917	5,328	1,505	877	180	1,018	1,852
1978	17,992	4,992	1,192	6,229	1,554	835	210	1,082	1,898
1979	20,472	5,655	1,488	7,152	1,635	847	263	1,196	2,236
1980	23,311	6,412	1,989	7,887	1,875	1,101	332	1,318	2,397
1981	27,204	7,194	2,996	8,542	2,101	1,409	428	1,535	2,999
1982	29,399	7,670	3,467	9,406	2,086	1,438	496	1,599	3,237
1983	32,391	8,813	4,079	10,002	2,175	1,574	597	1,771	3,380
1984	33,891	8,848	4,256	10,633	2,220	1,646	774	1,968	3,546
1985	37,508	9,453	4,731	11,587	2,346	1,789	1,120	2,315	4,167
1986	41,005	10,364	5,072	12,433	2,547	1,980	1,352	2,692	4,565
1987	45,050	11,302	5,591	13,247	2,776	2,226	1,690	2,988	5,230
1988	48,710	12,076	6,022	14,277	2,953	2,413	2,015	3,294	5,660
1989	54,500	13,378	6,649	15,531	3,408	2,837	2,572	3,689	6,436
1990	64,859	16,674	7,354	17,693	4,018	3,324	3,404	4,420	7,971
1991	76,964	19,851	7,680	20,699	4,946	4,280	4,101	5,424	9,983
1992	91,480	23,686	8,552	23,547	6,122	5,296	4,888	6,790	12,599
1993	101,709	25,734	8,831	25,431	6,952	6,215	5,601	7,970	14,975
1994	108,270	26,180	8,347	27,095	7,189	6,342	7,042	8,875	17,200
1995	120,141	26,331	10,383	29,052	7,360	6,627	9,406	9,791	21,191
1996	121,685	25,176	9,555	29,630	7,238	6,504	10,868	10,697	22,017
1997	124,430	23,143	9,798	30,504	7,041	6,169	12,237	11,972	23,566
1998	142,260	21,441	9,482	31,892	6,070	5,759	2,702	13,522	51,392
1999	153,479	22,230	9,332	33,251	6,556	6,094	2,906	16,612	56,498
2000	168,307	24,266	9,375	34,432	6,806	7,053	3,119	20,014	63,242
2001	186,905	26,083	9,702	37,306	7,500	7,570	3,514	23,839	71,391
2002	213,497	29,123	10,676	39,286	8,349	8,469	3,926	28,404	85,264
2003	233,206	31,549	10,861	40,381	9,210	9,252	4,404	33,714	93,835
2004	257,748	34,914	11,193	42,008	10,061	10,261	4,566	39,476	105,271
2005	273,203	34,959	11,698	44,435	11,218	9,940	5,355	42,525	113,073
2006	265,049	35,893	11,794	45,281	10,443	10,121	5,905	27,802	117,809
2007	276,246	36,919	11,778	46,523	10,075	10,358	6,348	22,160	132,085
2008	296,830	37,245	12,558	47,718	10,506	10,881	6,620	23,515	147,787
2009	325,819	38,481	12,876	48,625	11,435	12,153	7,205	25,367	169,676

See footnotes at end of table.

**Table 13.17—Continued**

**Medicaid Payments, All Eligibility Groups, by Type of Service: Fiscal Years 1975-2009**

Year	Total <sup>1</sup>	Inpatient		Nursing		Outpatient	Home	Prescribed	Other
		Hospital	ICF/MR	Facility <sup>2</sup>	Physician Percent	Hospital	Health	Drugs	
1975	100.0	27.6	3.1	35.3	10.0	3.0	0.6	6.7	13.8
1976	100.0	27.7	4.5	33.2	9.7	3.9	1.0	6.7	13.3
1977	100.0	28.1	5.6	32.8	9.3	5.4	1.1	6.3	11.4
1978	100.0	27.7	6.6	34.6	8.6	4.6	1.2	6.0	10.5
1979	100.0	27.6	7.3	34.9	8.0	4.1	1.3	5.8	10.9
1980	100.0	27.5	8.5	33.8	8.0	4.7	1.4	5.7	10.3
1981	100.0	26.4	11.0	31.4	7.7	5.2	1.6	5.6	11.0
1982	100.0	26.1	11.8	32.0	7.1	4.9	1.7	5.4	11.0
1983	100.0	27.2	12.6	30.9	6.7	4.9	1.8	5.5	10.4
1984	100.0	26.1	12.6	31.4	6.6	4.9	2.3	5.8	10.5
1985	100.0	25.2	12.6	30.9	6.3	4.8	3.0	6.2	11.1
1986	100.0	25.3	12.4	30.3	6.2	4.8	3.3	6.6	11.1
1987	100.0	25.1	12.4	29.4	6.2	4.9	3.8	6.6	11.6
1988	100.0	24.8	12.4	29.3	6.1	5.0	4.1	6.8	11.6
1989	100.0	24.5	12.2	28.5	6.3	5.2	4.7	6.8	11.8
1990	100.0	25.7	11.3	27.3	6.2	5.1	5.2	6.8	12.3
1991	100.0	25.8	10.0	26.9	6.4	5.6	5.3	7.0	13.0
1992	100.0	25.9	9.3	25.7	6.7	5.8	5.3	7.4	13.8
1993	100.0	25.3	8.7	25.0	6.8	6.1	5.5	7.8	14.7
1994	100.0	24.2	7.7	25.0	6.6	5.9	6.5	8.2	15.9
1995	100.0	21.9	8.6	24.2	6.1	5.5	7.8	8.1	17.6
1996	100.0	20.7	7.9	24.3	5.9	5.3	8.9	8.8	18.1
1997	100.0	18.6	7.9	24.5	5.7	5.0	9.8	9.6	18.9
1998	100.0	15.1	6.7	22.4	4.3	4.0	1.9	9.5	36.1
1999	100.0	14.5	6.1	21.7	4.3	4.0	1.9	10.8	36.8
2000	100.0	14.4	5.6	20.5	4.0	4.2	1.9	11.9	37.6
2001	100.0	14.0	5.2	20.0	4.0	4.1	1.9	12.8	38.2
2002	100.0	13.6	5.0	18.4	3.9	4.0	1.8	13.3	39.9
2003	100.0	13.5	4.7	17.3	3.9	4.0	1.9	14.5	40.2
2004	100.0	13.5	4.3	16.3	3.9	4.0	1.8	15.3	40.8
2005	100.0	12.8	4.3	16.3	4.1	3.6	2.0	15.6	41.4
2006	100.0	13.5	4.4	17.1	3.9	3.8	2.2	10.5	44.4
2007	100.0	13.4	4.3	16.8	3.6	3.7	2.3	8.0	47.8
2008	100.0	12.5	4.2	16.1	3.5	3.7	2.2	7.9	49.8
2009	100.0	11.8	4.0	14.9	3.5	3.7	2.2	7.8	52.1

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

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

NOTES: Beginning fiscal year 1998, capitated premiums for Medicaid eligibles enrolled in managed care plans were included in this series as a component of the other and of the total payment categories (\$68.1 billion for premiums in 2008 and \$83.0 billion in 2009). 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. SCHIP payments are excluded from Medicaid.

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 Center for Strategic Planning.

**Table 13.18**  
**Medicaid Payments, Children, by Type of Service: Fiscal Years 1975-2009**

Year	Total <sup>1</sup>	Inpatient		Nursing		Outpatient	Home	Prescribed	Other
		Hospital	ICF/MR	Facility <sup>2</sup>	Physician	Hospital	Health	Drugs	
Amount in Millions									
1975	\$2,186	\$881	\$17	\$24	\$397	\$143	\$8	\$127	\$589
1976	2,431	1,012	11	19	442	219	13	126	589
1977	2,610	1,149	16	16	456	348	17	125	483
1978	2,748	1,260	14	13	471	332	24	135	499
1979	2,884	1,334	22	13	474	310	33	140	558
1980	3,123	1,476	22	24	528	381	8	156	528
1981	3,508	1,595	14	4	586	493	9	171	636
1982	3,473	1,593	9	9	573	483	9	170	627
1983	3,836	1,771	8	4	592	523	10	183	745
1984	3,979	1,847	10	4	639	536	13	202	728
1985	4,414	2,028	12	4	651	576	22	217	904
1986	5,135	2,412	13	17	685	656	24	296	1,032
1987	5,508	2,544	40	17	785	657	22	285	1,158
1988	5,848	2,718	11	5	833	675	25	298	1,283
1989	6,892	3,270	20	6	950	793	38	343	1,472
1990	9,100	4,422	47	2	1,187	1,005	55	445	1,936
1991	11,600	5,376	38	20	1,518	1,333	93	590	2,631
1992	14,758	6,594	39	15	1,949	1,737	122	808	3,494
1993	16,504	6,950	44	27	2,216	1,928	154	965	4,220
1994	17,302	6,903	45	24	2,271	1,925	204	1,063	4,867
1995	17,976	6,588	46	28	2,211	1,863	412	1,117	5,712
1996	17,544	5,896	25	28	2,114	1,668	610	1,115	6,088
1997	17,544	5,571	39	44	1,926	1,414	534	1,099	6,917
1998	22,896	5,138	58	102	1,644	1,240	145	1,131	13,438
1999	24,151	4,495	34	50	1,862	1,270	141	1,308	14,991
2000	26,775	4,898	34	56	1,931	1,433	150	1,562	16,711
2001	30,636	5,265	35	48	2,203	1,635	166	2,006	19,278
2002	35,890	5,742	40	46	2,505	1,858	198	2,562	22,939
2003	39,871	6,023	36	46	2,784	2,057	211	3,223	25,491
2004	44,205	6,528	42	49	3,058	2,312	218	3,867	28,131
2005	46,846	6,630	49	52	3,248	2,269	242	4,206	30,150
2006	49,612	6,853	49	56	3,121	2,336	256	4,257	32,684
2007	53,716	6,910	51	63	2,901	2,293	264	4,502	36,733
2008	57,137	7,288	72	64	3,048	2,411	248	4,838	39,169
2009	64,022	7,684	76	60	3,251	2,616	240	5,204	44,891

See footnotes at end of table.

**Table 13.18—Continued**  
**Medicaid Payments, Children, by Type of Service: Fiscal Years 1975-2009**

Year	Total <sup>1</sup>	Inpatient		Nursing		Outpatient	Home	Prescribed	Other
		Hospital	ICF/MR	Facility <sup>2</sup>	Physician	Hospital	Health	Drugs	
Percent									
1975	100.0	40.3	0.8	1.1	18.2	6.5	0.4	5.8	26.9
1976	100.0	41.6	0.5	0.8	18.2	9.0	0.5	5.2	24.2
1977	100.0	44.0	0.6	0.6	17.5	13.3	0.7	4.8	18.5
1978	100.0	45.9	0.5	0.5	17.1	12.1	0.9	4.9	18.2
1979	100.0	46.3	0.8	0.5	16.4	10.7	1.1	4.9	19.3
1980	100.0	47.3	0.7	0.8	16.9	12.2	0.3	5.0	16.9
1981	100.0	45.5	0.4	0.1	16.7	14.1	0.3	4.9	18.1
1982	100.0	45.9	0.3	0.3	16.5	13.9	0.3	4.9	18.1
1983	100.0	46.2	0.2	0.1	15.4	13.6	0.3	4.8	19.4
1984	100.0	46.4	0.3	0.1	16.1	13.5	0.3	5.1	18.3
1985	100.0	45.9	0.3	0.1	14.7	13.0	0.5	4.9	20.5
1986	100.0	47.0	0.3	0.3	13.3	12.8	0.5	5.8	20.1
1987	100.0	46.2	0.7	0.3	14.3	11.9	0.4	5.2	21.0
1988	100.0	46.5	0.2	0.1	14.2	11.5	0.4	5.1	21.9
1989	100.0	47.4	0.3	0.1	13.8	11.5	0.6	5.0	21.4
1990	100.0	48.6	0.5	(3)	13.0	11.0	0.6	4.9	21.3
1991	100.0	46.3	0.3	0.2	13.1	11.5	0.8	5.1	22.7
1992	100.0	44.7	0.3	0.1	13.2	11.8	0.8	5.5	23.7
1993	100.0	42.1	0.3	0.2	13.4	11.7	0.9	5.8	25.6
1994	100.0	39.9	0.3	0.1	13.1	11.1	1.2	6.1	28.1
1995	100.0	36.6	0.3	0.2	12.3	10.4	2.3	6.2	31.8
1996	100.0	33.6	0.1	0.2	12.0	9.5	3.5	6.4	34.7
1997	100.0	31.8	0.2	0.3	11.0	8.1	3.0	6.3	39.4
1998	100.0	22.4	0.3	0.4	7.2	5.4	0.6	4.9	58.7
1999	100.0	18.6	0.1	0.2	7.7	5.3	0.6	5.4	62.1
2000	100.0	18.3	0.1	0.2	7.2	5.4	0.6	5.8	62.4
2001	100.0	17.2	0.1	0.2	7.2	5.3	0.5	6.5	62.9
2002	100.0	16.0	0.1	0.1	7.0	5.2	0.6	7.1	63.9
2003	100.0	15.1	0.1	0.1	7.0	5.2	0.5	8.1	63.9
2004	100.0	14.8	0.1	0.1	6.9	5.2	0.5	8.7	63.6
2005	100.0	14.2	0.1	0.1	6.9	4.8	0.5	9.0	64.4
2006	100.0	13.8	0.1	0.1	6.3	4.7	0.5	8.6	65.9
2007	100.0	12.9	0.1	0.1	5.4	4.3	0.5	8.4	68.4
2008	100.0	12.8	0.1	0.1	5.3	4.2	0.4	8.5	68.6
2009	100.0	12.0	0.1	0.1	5.1	4.1	0.4	8.1	70.1

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

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

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

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

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 Center for Strategic Planning.

**Table 13.19**  
**Medicaid Payments, Adults, by Type of Service: Fiscal Years 1975-2009**

Year	Total <sup>1</sup>	Inpatient		Nursing		Outpatient		Home	Prescribed	Other
		Hospital	ICF/MR	Facility <sup>2</sup>	Physician	Hospital	Health	Drugs		
Amount in Millions										
1975	\$2,062	\$1,009	(3)	\$9	\$392	\$109	\$6	\$160	\$377	
1976	2,288	1,153	\$4	8	429	157	9	154	374	
1977	2,606	1,294	4	5	473	257	11	171	391	
1978	2,673	1,369	1	5	484	244	13	181	376	
1979	3,021	1,591	3	5	518	252	21	200	431	
1980	3,231	1,672	8	27	587	314	10	208	405	
1981	3,763	1,897	2	5	674	418	12	243	512	
1982	4,093	2,117	4	5	701	446	13	258	549	
1983	4,487	2,314	11	5	730	495	14	286	632	
1984	4,420	2,243	8	8	727	496	15	303	620	
1985	4,746	2,330	9	7	775	537	22	342	724	
1986	4,880	2,271	2	9	877	534	26	374	787	
1987	5,592	2,654	2	39	926	635	21	427	888	
1988	5,883	2,771	5	23	991	671	21	443	958	
1989	6,897	3,219	3	127	1,186	795	26	494	1,047	
1990	8,590	4,209	8	23	1,453	977	34	571	1,314	
1991	10,241	4,886	5	27	1,782	1,268	44	680	1,728	
1992	12,403	5,555	14	46	2,150	1,532	56	817	2,233	
1993	13,605	5,943	10	40	2,334	1,734	67	920	2,557	
1994	13,585	5,768	2	24	2,290	1,674	74	961	2,792	
1995	13,511	5,544	4	39	2,162	1,652	79	939	3,092	
1996	12,275	4,944	2	17	1,932	1,438	75	854	3,013	
1997	12,307	4,558	6	39	1,890	1,299	84	881	3,550	
1998	14,865	4,201	37	105	1,533	1,183	61	917	6,828	
1999	15,801	4,319	10	31	1,578	1,258	62	1,189	7,354	
2000	17,763	4,767	5	33	1,697	1,443	65	1,444	8,309	
2001	20,170	5,275	6	46	1,908	1,639	74	1,777	9,445	
2002	23,635	5,988	4	42	2,224	1,982	57	2,333	11,005	
2003	26,800	6,500	8	44	2,496	2,262	57	3,050	12,383	
2004	30,721	6,870	5	55	2,647	2,530	58	3,588	14,966	
2005	32,215	6,813	6	55	3,033	2,373	58	3,670	16,207	
2006	32,682	7,011	10	64	2,650	2,420	60	3,222	17,247	
2007	34,153	6,922	8	70	2,415	2,417	57	3,207	19,058	
2008	37,698	7,095	13	80	2,487	2,518	56	3,392	22,058	
2009	45,423	7,795	6	176	2,710	3,006	57	4,386	27,286	

See footnotes at end of table.

**Table 13.19—Continued**  
**Medicaid Payments, Adults, by Type of Service: Fiscal Years 1975-2009**

Year	Total <sup>1</sup>	Inpatient		Nursing		Outpatient	Home	Prescribed	Other
		Hospital	ICF/MR	Facility <sup>2</sup>	Physician	Hospital	Health	Drugs	
Percent									
1975	100.0	48.9	(4)	0.4	19.0	5.3	0.3	7.8	18.3
1976	100.0	50.4	0.2	0.3	18.8	6.9	0.4	6.7	16.3
1977	100.0	49.7	0.2	0.2	18.2	9.9	0.4	6.6	15.0
1978	100.0	51.2	(4)	0.2	18.1	9.1	0.5	6.8	14.1
1979	100.0	52.7	0.1	0.2	17.1	8.3	0.7	6.6	14.3
1980	100.0	51.7	0.2	0.8	18.2	9.7	0.3	6.4	12.5
1981	100.0	50.4	0.1	0.1	17.9	11.1	0.3	6.5	13.6
1982	100.0	51.7	0.1	0.1	17.1	10.9	0.3	6.3	13.4
1983	100.0	51.6	0.2	0.1	16.3	11.0	0.3	6.4	14.1
1984	100.0	50.7	0.2	0.2	16.4	11.2	0.3	6.9	14.0
1985	100.0	49.1	0.2	0.1	16.3	11.3	0.5	7.2	15.3
1986	100.0	46.5	(4)	0.2	18.0	10.9	0.5	7.7	16.1
1987	100.0	47.5	(4)	0.7	16.6	11.4	0.4	7.6	15.9
1988	100.0	47.1	0.1	0.4	16.8	11.4	0.4	7.5	16.3
1989	100.0	46.7	(4)	1.8	17.2	11.5	0.4	7.2	15.2
1990	100.0	49.0	0.1	0.3	16.9	11.4	0.4	6.6	15.3
1991	100.0	47.7	(4)	0.3	17.4	12.4	0.4	6.6	16.9
1992	100.0	44.8	0.1	0.4	17.3	12.4	0.5	6.6	18.0
1993	100.0	43.7	0.1	0.3	17.2	12.7	0.5	6.8	18.8
1994	100.0	42.5	(4)	0.2	16.9	12.3	0.5	7.1	20.6
1995	100.0	41.0	(4)	0.3	16.0	12.2	0.6	6.9	22.9
1996	100.0	40.3	(4)	0.1	15.7	11.7	0.6	7.0	24.5
1997	100.0	37.0	(4)	0.3	15.4	10.6	0.7	7.2	28.8
1998	100.0	28.3	0.2	0.7	10.3	8.0	0.4	6.2	45.9
1999	100.0	27.3	0.1	0.2	10.0	8.0	0.4	7.5	46.5
2000	100.0	26.8	(4)	0.2	9.6	8.1	0.4	8.1	46.8
2001	100.0	26.2	(4)	0.2	9.5	8.1	0.4	8.8	46.8
2002	100.0	25.3	(4)	0.2	9.4	8.4	0.2	9.9	46.6
2003	100.0	24.3	(4)	0.2	9.3	8.4	0.2	11.4	46.2
2004	100.0	22.4	(4)	0.2	8.6	8.2	0.2	11.7	48.7
2005	100.0	21.1	(4)	0.2	9.4	7.4	0.2	11.4	50.3
2006	100.0	21.5	(4)	0.2	8.1	7.4	0.2	9.9	52.8
2007	100.0	20.3	(4)	0.2	7.1	7.1	0.2	9.4	55.8
2008	100.0	18.8	(4)	0.2	6.6	6.7	0.1	9.0	58.5
2009	100.0	17.2	(4)	0.4	6.0	6.6	0.1	9.7	60.1

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

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

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

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

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

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

**Table 13.20**  
**Medicaid Payments, Aged, by Type of Service: Fiscal Years 1975-2009**

Year	Total <sup>1</sup>	Inpatient		Nursing		Outpatient		Home	Prescribed	Other
		Hospital	ICF/MR	Facility <sup>2</sup>	Physician	Hospital	Health	Drugs		
Amount in Millions										
1975	\$4,358	\$205	\$20	\$3,325	\$133	\$25	\$27	\$297	\$326	
1976	4,910	244	18	3,594	147	34	56	364	453	
1977	5,499	300	18	4,091	166	44	72	387	421	
1978	6,308	382	29	4,755	174	44	85	410	429	
1979	7,046	454	33	5,370	184	58	78	449	420	
1980	8,739	806	199	6,288	225	67	202	519	433	
1981	9,926	941	167	6,959	259	81	267	611	641	
1982	10,739	1,006	95	7,674	247	90	310	629	688	
1983	11,954	1,482	161	8,233	257	106	378	692	645	
1984	12,815	1,396	106	8,649	255	110	451	763	1,085	
1985	14,096	1,450	175	9,409	264	105	639	883	1,171	
1986	15,097	1,603	179	10,057	264	126	766	973	1,129	
1987	16,037	1,375	226	10,687	249	145	982	1,075	1,298	
1988	17,135	1,411	216	11,618	240	161	1,143	1,186	1,160	
1989	18,558	1,263	264	12,559	272	181	1,441	1,282	1,296	
1990	21,508	1,315	372	14,536	286	194	1,733	1,507	1,566	
1991	25,444	1,634	430	17,121	343	255	2,026	1,823	1,812	
1992	29,089	1,872	517	19,589	400	311	2,250	2,190	1,960	
1993	31,554	2,023	590	21,191	489	406	2,370	2,441	2,046	
1994	33,618	1,964	585	22,660	544	454	2,663	2,651	2,097	
1995	36,527	2,050	637	24,148	617	534	2,990	2,861	2,690	
1996	36,947	2,044	564	24,388	694	628	3,049	3,078	2,502	
1997	37,721	1,931	637	24,691	791	605	3,351	3,343	2,372	
1998	40,601	1,871	692	25,529	695	585	798	3,806	6,625	
1999	42,522	1,655	742	26,578	635	585	667	4,572	7,088	
2000	44,503	1,630	708	27,058	633	667	718	5,355	7,734	
2001	48,356	1,739	717	29,104	612	584	820	6,227	8,553	
2002	51,924	1,946	738	30,097	571	570	997	7,150	9,855	
2003	55,271	2,040	753	30,947	567	554	991	8,284	11,135	
2004	59,541	2,087	734	32,140	570	624	1,058	9,703	12,625	
2005	62,929	1,751	795	33,778	611	578	1,216	10,576	13,624	
2006	57,457	1,762	824	34,284	585	557	1,434	3,975	14,038	
2007	57,179	1,799	851	34,980	606	625	1,581	853	15,885	
2008	61,131	1,898	931	35,744	638	765	1,677	814	18,663	
2009	64,332	2,011	1,050	36,066	707	761	1,885	862	20,991	

See footnotes at end of table.

**Table 13.20—Continued**  
**Medicaid Payments, Aged, by Type of Service: Fiscal Years 1975-2009**

Year	Total <sup>1</sup>	Inpatient		Nursing		Outpatient	Home	Prescribed	Other
		Hospital	ICF/MR	Facility <sup>2</sup>	Physician Percent	Hospital	Health	Drugs	
1975	100.0	4.7	0.5	76.3	3.1	0.6	0.6	6.8	7.5
1976	100.0	5.0	0.4	73.2	3.0	0.7	1.1	7.4	9.2
1977	100.0	5.5	0.3	74.4	3.0	0.8	1.3	7.0	7.7
1978	100.0	6.1	0.5	75.4	2.8	0.7	1.3	6.5	6.8
1979	100.0	6.4	0.5	76.2	2.6	0.8	1.1	6.4	6.0
1980	100.0	9.2	2.3	72.0	2.6	0.8	2.3	5.9	5.0
1981	100.0	9.5	1.7	70.1	2.6	0.8	2.7	6.2	6.5
1982	100.0	9.4	0.9	71.5	2.3	0.8	2.9	5.9	6.4
1983	100.0	12.4	1.3	68.9	2.1	0.9	3.2	5.8	5.4
1984	100.0	10.9	0.8	67.5	2.0	0.9	3.5	6.0	8.5
1985	100.0	10.3	1.2	66.7	1.9	0.7	4.5	6.3	8.3
1986	100.0	10.6	1.2	66.6	1.7	0.8	5.1	6.4	7.5
1987	100.0	8.6	1.4	66.6	1.6	0.9	6.1	6.7	8.1
1988	100.0	8.2	1.3	67.8	1.4	0.9	6.7	6.9	6.8
1989	100.0	6.8	1.4	67.7	1.5	1.0	7.8	6.9	7.0
1990	100.0	6.1	1.7	67.6	1.3	0.9	8.1	7.0	7.3
1991	100.0	6.4	1.7	67.3	1.3	1.0	8.0	7.2	7.1
1992	100.0	6.4	1.8	67.3	1.4	1.1	7.7	7.5	6.7
1993	100.0	6.4	1.9	67.2	1.5	1.3	7.5	7.7	6.5
1994	100.0	5.8	1.7	67.4	1.6	1.4	7.9	7.9	6.2
1995	100.0	5.6	1.7	66.1	1.7	1.5	8.2	7.8	7.4
1996	100.0	5.5	1.5	66.0	1.9	1.7	8.3	8.3	6.8
1997	100.0	5.1	1.7	65.5	2.1	1.6	8.9	8.9	6.3
1998	100.0	4.6	1.7	62.9	1.7	1.4	2.0	9.4	16.3
1999	100.0	3.9	1.7	62.5	1.5	1.4	1.6	10.8	16.7
2000	100.0	3.7	1.6	60.8	1.4	1.5	1.6	12.0	17.4
2001	100.0	3.6	1.5	60.2	1.3	1.2	1.7	12.9	17.7
2002	100.0	3.7	1.4	58.0	1.1	1.1	1.9	13.8	19.0
2003	100.0	3.7	1.4	56.0	1.0	1.0	1.8	15.0	20.1
2004	100.0	3.5	1.2	54.0	1.0	1.0	1.8	16.3	21.2
2005	100.0	2.8	1.3	53.7	1.0	0.9	1.9	16.8	21.7
2006	100.0	3.1	1.4	59.7	1.0	1.0	2.5	6.9	24.4
2007	100.0	3.1	1.5	61.2	1.1	1.1	2.8	1.5	27.8
2008	100.0	3.1	1.5	58.5	1.0	1.3	2.7	1.3	30.5
2009	100.0	3.1	1.6	56.1	1.1	1.2	2.9	1.3	32.6

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

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

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

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

**Table 13.21**  
**Medicaid Payments, Disabled, by Type of Service: Fiscal Years 1975-2009**

Year	Total <sup>1</sup>	Inpatient		Nursing		Outpatient	Home	Prescribed	Other
		Hospital	ICF/MR	Facility <sup>2</sup>	Physician	Hospital	Health	Drugs	
Amount in Millions									
1975	\$3,145	\$1,049	\$294	\$941	\$243	\$81	\$27	\$201	\$309
1976	3,920	1,247	545	1,052	286	121	55	258	356
1977	4,883	1,498	819	1,197	342	193	76	299	459
1978	5,620	1,652	1,086	1,426	358	190	87	321	500
1979	6,882	1,957	1,402	1,703	396	208	129	372	715
1980	7,621	2,207	1,699	1,506	475	275	111	424	924
1981	9,455	2,521	2,760	1,562	529	353	140	500	1,090
1982	10,405	2,691	3,296	1,683	512	349	162	531	1,181
1983	11,367	2,943	3,838	1,749	543	369	194	599	1,132
1984	11,977	3,064	4,073	1,962	540	429	292	687	930
1985	13,452	3,293	4,477	2,157	588	484	433	855	1,165
1986	14,913	3,636	4,817	2,337	637	566	531	1,025	1,364
1987	16,817	4,213	5,282	2,491	714	679	658	1,174	1,606
1988	18,594	4,588	5,748	2,615	779	803	815	1,336	1,910
1989	20,885	5,043	6,311	2,812	892	962	1,052	1,540	2,273
1990	24,404	6,130	6,878	3,075	1,001	1,039	1,559	1,864	2,858
1991	28,251	7,352	7,181	3,500	1,205	1,312	1,917	2,297	3,487
1992	34,004	9,079	7,973	3,878	1,515	1,624	2,439	2,936	4,560
1993	38,655	10,230	8,170	4,149	1,774	2,044	2,988	3,572	5,728
1994	42,298	10,951	7,701	4,362	1,939	2,188	4,075	4,147	6,935
1995	49,418	11,421	9,680	4,798	2,104	2,451	5,860	4,794	8,310
1996	52,065	11,419	8,946	5,117	2,241	2,645	7,024	5,554	9,119
1997	54,130	10,423	8,988	5,448	2,298	2,721	8,113	6,518	9,621
1998	60,374	9,642	8,763	5,952	2,102	2,683	1,692	7,618	21,922
1999	65,850	9,868	8,522	6,400	2,256	2,831	2,023	9,457	24,493
2000	72,742	10,409	8,611	6,967	2,316	3,174	2,175	11,591	27,499
2001	80,386	11,195	8,866	7,814	2,528	3,307	2,431	13,666	30,579
2002	92,414	12,118	9,860	8,805	2,778	3,649	2,671	16,213	36,320
2003	102,014	12,932	9,990	9,056	3,032	3,896	3,127	18,966	41,015
2004	111,614	14,018	10,266	9,297	3,326	4,304	3,216	22,078	45,109
2005	118,683	14,373	10,818	9,907	3,782	4,207	3,841	23,779	47,977
2006	114,745	15,143	10,873	10,356	3,631	4,376	4,133	16,224	50,010
2007	119,617	15,604	10,816	10,860	3,669	4,527	4,420	13,487	56,235
2008	129,040	15,989	11,511	11,308	3,877	4,806	4,605	14,095	62,849
2009	141,596	16,923	11,670	11,766	4,362	5,496	4,996	14,856	71,526

See footnotes at end of table.

**Table 13.21—Continued**  
**Medicaid Payments, Disabled, by Type of Service: Fiscal Years 1975-2009**

Year	Total <sup>1</sup>	Inpatient		Nursing		Outpatient	Home	Prescribed	Other	
		Hospital	ICF/MR	Facility <sup>2</sup>	Physician	Hospital	Health	Drugs		
				Percent						
1975	100.0	33.4	9.3	29.9	7.7	2.6	0.9	6.4	9.8	
1976	100.0	31.8	13.9	26.8	7.3	3.1	1.4	6.6	9.1	
1977	100.0	30.7	16.8	24.5	7.0	4.0	1.6	6.1	9.4	
1978	100.0	29.4	19.3	25.4	6.4	3.4	1.5	5.7	8.9	
1979	100.0	28.4	20.4	24.7	5.8	3.0	1.9	5.4	10.4	
1980	100.0	29.0	22.3	19.8	6.2	3.6	1.5	5.6	12.1	
1981	100.0	26.7	29.2	16.5	5.6	3.7	1.5	5.3	11.5	
1982	100.0	25.9	31.7	16.2	4.9	3.4	1.6	5.1	11.4	
1983	100.0	25.9	33.8	15.4	4.8	3.2	1.7	5.3	10.0	
1984	100.0	25.6	34.0	16.4	4.5	3.6	2.4	5.7	7.8	
1985	100.0	24.5	33.3	16.0	4.4	3.6	3.2	6.4	8.7	
1986	100.0	24.4	32.3	15.7	4.3	3.8	3.6	6.9	9.1	
1987	100.0	25.1	31.4	14.8	4.2	4.0	3.9	7.0	9.5	
1988	100.0	24.7	30.9	14.1	4.2	4.3	4.4	7.2	10.3	
1989	100.0	24.1	30.2	13.5	4.3	4.6	5.0	7.4	10.9	
1990	100.0	25.1	28.2	12.6	4.1	4.3	6.4	7.6	11.7	
1991	100.0	26.0	25.4	12.4	4.3	4.6	6.8	8.1	12.3	
1992	100.0	26.7	23.4	11.4	4.5	4.8	7.2	8.6	13.4	
1993	100.0	26.5	21.1	10.7	4.6	5.3	7.7	9.2	14.8	
1994	100.0	25.9	18.2	10.3	4.6	5.2	9.6	9.8	16.4	
1995	100.0	23.1	19.6	9.7	4.3	5.0	11.9	9.7	16.8	
1996	100.0	21.9	17.2	9.8	4.3	5.1	13.5	10.7	17.5	
1997	100.0	19.3	16.6	10.1	4.2	5.0	15.0	12.0	17.8	
1998	100.0	16.0	14.5	9.9	3.5	4.4	2.8	12.6	36.3	
1999	100.0	15.0	12.9	9.7	3.4	4.3	3.1	14.4	37.2	
2000	100.0	14.3	11.8	9.6	3.2	4.4	3.0	15.9	37.8	
2001	100.0	13.9	11.0	9.7	3.1	4.1	3.0	17.0	38.0	
2002	100.0	13.1	10.7	9.5	3.0	3.9	2.9	17.5	39.3	
2003	100.0	12.7	9.8	8.9	3.0	3.8	3.1	18.6	40.2	
2004	100.0	12.6	9.2	8.3	3.0	3.9	2.9	19.8	40.4	
2005	100.0	12.1	9.1	8.3	3.2	3.5	3.2	20.0	40.4	
2006	100.0	13.2	9.5	9.0	3.2	3.8	3.6	14.1	43.6	
2007	100.0	13.0	9.0	9.1	3.1	3.8	3.7	11.3	47.0	
2008	100.0	12.4	8.9	8.8	3.0	3.7	3.6	10.9	48.7	
2009	100.0	12.0	8.2	8.3	3.1	3.9	3.5	10.5	50.5	

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

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

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

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

**Table 13.22**

**Medicaid Persons Served (Beneficiaries), by Basis of Eligibility and Area of Residence: Fiscal Year 2009**

Area of Residence	Total	Aged	Disabled	Children <sup>1</sup>	Adults	Other/ Unknown
All Jurisdictions	62,362,956	4,194,604	9,036,364	29,848,423	14,447,006	4,836,559
Boston: Region I	2,810,413	259,060	448,003	1,136,475	903,305	63,570
Connecticut	558,170	51,990	63,829	286,012	135,106	21,233
Maine	312,615	34,636	55,187	120,933	90,976	10,883
Massachusetts	1,427,087	131,468	246,203	487,912	540,955	20,549
New Hampshire	141,069	12,073	22,639	83,608	18,638	4,111
Rhode Island	203,223	12,262	36,779	94,596	56,607	2,979
Vermont	168,249	16,631	23,366	63,414	61,023	3,815
New York: Region II	6,132,613	452,689	910,014	2,357,621	1,887,874	524,415
New Jersey	1,148,041	91,909	193,719	584,558	229,612	48,243
New York	4,984,572	360,780	716,295	1,773,063	1,658,262	476,172
Puerto Rico	---	---	---	---	---	---
Virgin Islands	---	---	---	---	---	---
Philadelphia: Region III	4,761,061	362,743	983,184	2,353,844	879,702	181,588
Delaware	208,838	9,359	21,445	84,557	76,245	17,232
District of Columbia	175,160	9,098	40,792	80,459	39,761	5,050
Maryland	845,383	45,442	131,895	493,703	151,866	22,477
Pennsylvania	2,232,142	193,520	533,106	997,749	416,537	91,230
Virginia	913,111	77,144	153,019	509,983	138,674	34,291
West Virginia	386,427	28,180	102,927	187,393	56,619	11,308
Atlanta: Region IV	11,952,199	767,743	2,123,788	6,093,841	2,035,546	931,281
Alabama	876,741	61,778	202,985	457,208	125,419	29,351
Florida	3,261,031	236,444	505,946	1,613,790	592,446	312,405
Georgia	1,794,502	99,034	274,811	1,016,463	287,598	116,596
Kentucky	939,263	52,782	232,733	450,247	138,155	65,346
Mississippi	931,640	55,690	155,776	357,074	112,675	250,425
North Carolina	1,772,871	141,399	275,253	956,558	315,178	84,483
South Carolina	897,123	63,653	147,928	482,716	180,861	21,965
Tennessee	1,479,028	56,963	328,356	759,785	283,214	50,710
See footnotes at end of table.						

**Table 13.22—Continued**

**Medicaid Persons Served (Beneficiaries), by Basis of Eligibility and Area of Residence: Fiscal Year 2009**

Area of Residence	Total	Aged	Disabled	Children <sup>1</sup>	Adults	Other/ Unknown
Chicago: Region V	9,769,368	611,997	1,376,319	5,169,745	2,340,194	271,113
Illinois	2,614,367	115,821	322,078	1,446,563	641,630	88,275
Indiana	1,106,027	64,306	139,921	647,004	233,135	21,661
Michigan	1,890,198	108,103	294,959	1,048,585	371,069	67,482
Minnesota	801,713	65,143	114,850	386,574	216,014	19,132
Ohio	2,238,140	145,939	354,717	1,152,314	537,862	47,308
Wisconsin	1,118,923	112,685	149,794	488,705	340,484	27,255
Dallas: Region VI	7,661,761	491,041	986,826	4,653,499	1,061,811	468,584
Arkansas	824,895	53,808	126,148	423,503	89,274	132,162
Louisiana	1,184,018	77,702	187,033	696,593	178,643	44,047
New Mexico	561,758	21,585	65,406	324,675	137,446	12,646
Oklahoma	808,526	53,635	106,772	498,708	123,886	25,525
Texas	4,282,564	284,311	501,467	2,710,020	532,562	254,204
Kansas City: Region VII	2,186,753	162,557	375,370	1,195,095	364,893	88,838
Iowa	481,599	36,103	74,174	243,157	105,954	22,211
Kansas	354,752	29,248	64,743	196,911	50,275	13,575
Missouri	1,094,776	77,097	202,328	598,432	170,693	46,226
Nebraska	255,626	20,109	34,125	156,595	37,971	6,826
Denver: Region VIII	1,382,944	91,955	177,740	771,619	252,713	88,917
Colorado	628,683	47,969	80,850	360,827	104,798	34,239
Montana	112,064	8,010	18,752	58,283	19,154	7,865
North Dakota	76,535	7,555	10,219	38,911	14,925	4,925
South Dakota	140,958	10,601	19,669	85,191	21,024	4,473
Utah	352,427	13,312	39,072	182,940	82,707	34,396
Wyoming	72,277	4,508	9,178	45,467	10,105	3,019
See footnotes at end of table.						

**Table 13.22—Continued**

**Medicaid Persons Served (Beneficiaries), by Basis of Eligibility and Area of Residence: Fiscal Year 2009**

Area of Residence	Total	Aged	Disabled	Children <sup>1</sup>	Adults	Other/ Unknown
San Francisco: Region IX	13,647,240	858,038	1,352,385	4,991,316	4,347,698	2,097,803
Arizona	1,587,731	66,880	142,629	738,749	624,875	14,598
California	11,518,049	751,510	1,147,732	3,970,543	3,581,308	2,066,956
Hawaii	260,596	21,433	25,560	119,975	88,266	5,362
Nevada	280,864	18,215	36,464	162,049	53,249	10,887
Seattle: Region X	2,058,604	136,781	302,735	1,125,368	373,270	120,450
Alaska	118,694	6,736	15,402	65,789	24,914	5,853
Idaho	241,166	13,675	36,470	151,360	29,304	10,357
Oregon	521,876	41,642	81,777	271,862	116,565	10,030
Washington	1,176,868	74,728	169,086	636,357	202,487	94,210

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

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

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

**Table 13.23**

**Medicaid Payments, by Basis of Eligibility and Area of Residence: Fiscal Year 2009**

Area of Residence	Total	Aged	Disabled	Children <sup>1</sup>	Adults	Other/ Unknown
All Jurisdictions	\$325,818,622,367	\$64,331,858,656	\$141,596,483,252	\$64,022,018,349	\$45,422,800,957	\$10,445,461,153
Boston: Region I	20,342,092,700	5,191,116,180	8,541,319,110	3,512,704,432	2,826,471,747	270,481,231
Connecticut	5,289,046,583	1,578,514,865	2,214,921,198	808,057,562	476,251,608	211,301,350
Maine	1,479,844,670	340,643,585	708,190,564	263,656,310	149,234,521	18,119,690
Massachusetts	10,054,279,000	2,590,261,622	4,130,578,385	1,693,671,717	1,610,911,552	28,855,724
New Hampshire	994,756,366	251,609,537	406,707,838	264,477,489	69,298,049	2,663,453
Rhode Island	1,555,518,543	255,206,880	709,389,267	275,865,397	309,664,106	5,392,893
Vermont	968,647,538	174,879,691	371,531,858	206,975,957	211,111,911	4,148,121
New York: Region II	53,171,871,312	12,353,740,722	25,098,707,145	6,174,367,625	9,062,001,819	483,054,001
New Jersey	8,289,318,254	1,873,413,853	4,158,795,979	1,278,151,902	867,652,595	111,303,925
New York	44,882,553,058	10,480,326,869	20,939,911,166	4,896,215,723	8,194,349,224	371,750,076
Puerto Rico	---	---	---	---	---	---
Virgin Islands	---	---	---	---	---	---
Philadelphia: Region III	31,870,397,892	6,496,938,438	14,749,981,960	6,287,027,193	3,685,430,816	651,019,485
Delaware	1,264,096,546	199,051,580	435,403,478	235,207,908	390,783,179	3,650,401
District of Columbia	1,940,310,415	240,024,315	1,124,920,677	225,098,386	189,446,222	160,820,815
Maryland	6,324,424,890	1,018,718,411	2,981,497,473	1,365,006,478	892,754,841	66,447,687
Pennsylvania	14,206,861,168	3,595,118,913	6,520,068,115	2,635,556,004	1,434,167,973	21,950,163
Virginia	5,545,953,271	984,143,165	2,507,008,154	1,409,117,780	591,884,852	53,799,320
West Virginia	2,588,751,602	459,882,054	1,181,084,063	417,040,637	186,393,749	344,351,099
Atlanta: Region IV	54,891,409,456	9,553,013,798	23,806,140,510	12,594,582,408	7,319,815,181	1,617,857,559
Alabama	3,625,502,688	710,428,684	1,548,178,834	981,808,592	284,216,796	100,869,782
Florida	14,053,739,488	2,952,670,859	6,384,172,097	2,702,484,314	1,686,290,922	328,121,296
Georgia	7,373,409,256	1,027,346,848	2,765,059,786	1,967,849,055	1,415,710,084	197,443,483
Kentucky	5,016,413,130	727,193,931	2,415,217,482	1,222,716,835	609,948,689	41,336,193
Mississippi	3,197,858,459	756,862,332	1,429,938,910	695,344,337	339,703,998	-23,991,118
North Carolina	9,662,437,953	1,804,004,294	4,331,970,673	2,233,812,821	1,228,266,712	64,383,453
South Carolina	4,700,405,915	631,831,654	1,698,085,552	947,678,886	567,348,917	855,460,906
Tennessee	7,261,642,567	942,675,196	3,233,517,176	1,842,887,568	1,188,329,063	54,233,564

See footnotes at end of table.

**Table 13.23—Continued**

**Medicaid Payments, by Basis of Eligibility and Area of Residence: Fiscal Year 2009**

Area of Residence	Total	Aged	Disabled	Children <sup>1</sup>	Adults	Other/ Unknown
Chicago: Region V	\$54,109,146,947	\$10,206,793,442	\$22,240,600,779	\$9,741,312,070	\$7,547,713,252	\$4,372,727,404
Illinois	11,769,260,556	1,378,237,610	4,907,180,918	2,452,418,320	1,649,937,124	1,381,486,584
Indiana	5,387,010,602	1,189,772,952	2,337,545,159	1,145,569,620	697,447,975	16,674,896
Michigan	10,170,613,978	1,445,678,391	2,957,333,026	1,586,855,773	1,332,976,969	2,847,769,819
Minnesota	7,029,290,654	1,568,382,559	3,273,379,249	1,308,713,740	840,988,091	37,827,015
Ohio	13,971,825,590	3,131,509,296	6,390,274,800	2,389,192,879	1,996,097,589	64,751,026
Wisconsin	5,781,145,567	1,493,212,634	2,374,887,627	858,561,738	1,030,265,504	24,218,064
Dallas: Region VI	34,037,419,061	6,008,379,318	13,838,969,201	10,254,841,267	3,302,083,531	633,145,744
Arkansas	3,578,939,648	846,339,449	1,573,232,292	943,106,144	171,691,090	44,570,673
Louisiana	5,429,694,762	953,967,547	2,605,879,047	1,239,271,844	574,947,608	55,628,716
New Mexico	2,912,818,269	103,292,152	899,710,834	883,089,241	671,331,650	355,394,392
Oklahoma	3,573,230,400	647,967,586	1,475,063,691	1,034,515,434	395,710,894	19,972,795
Texas	18,542,735,982	3,456,812,584	7,285,083,337	6,154,858,604	1,488,402,289	157,579,168
Kansas City: Region VII	12,547,032,177	2,503,824,722	5,871,826,124	2,877,021,794	1,149,415,992	144,943,545
Iowa	2,877,205,249	605,703,987	1,411,020,025	488,141,254	318,722,678	53,617,305
Kansas	2,315,887,435	523,367,765	1,133,672,355	445,592,741	190,191,418	23,063,156
Missouri	5,764,378,501	1,023,115,568	2,677,405,834	1,522,844,290	505,927,485	35,085,324
Nebraska	1,589,560,992	351,637,402	649,727,910	420,443,509	134,574,411	33,177,760
Denver: Region VIII	7,718,873,995	1,533,585,218	3,120,904,579	1,651,707,141	816,077,228	596,599,829
Colorado	3,266,560,441	784,630,360	1,393,556,274	682,757,812	326,634,128	78,981,867
Montana	714,093,266	168,032,709	277,407,004	160,813,509	83,845,635	23,994,409
North Dakota	587,304,770	185,924,104	243,473,702	99,478,298	53,765,037	4,663,629
South Dakota	731,834,712	136,341,247	308,026,815	193,337,209	78,273,536	15,855,905
Utah	1,867,270,859	148,365,130	665,539,718	365,738,501	215,415,239	472,212,271
Wyoming	551,809,947	110,291,668	232,901,066	149,581,812	58,143,653	891,748

See footnotes at end of table.

**Table 13.23—Continued**

**Medicaid Payments, by Basis of Eligibility and Area of Residence: Fiscal Year 2009**

Area of Residence	Total	Aged	Disabled	Children <sup>1</sup>	Adults	Other/Unknown
San Francisco: Region IX	\$46,236,651,964	\$8,521,076,133	\$19,987,413,474	\$8,747,497,890	\$8,236,359,079	744,305,388
Arizona	8,616,824,555	886,046,167	2,574,144,434	1,908,191,572	3,208,672,849	39,769,533
California	35,222,137,273	7,145,919,577	16,492,912,702	6,299,174,944	4,608,123,217	676,006,833
Hawaii	1,201,404,759	290,728,999	399,278,075	205,376,937	295,862,965	10,157,783
Nevada	1,196,285,377	198,381,390	521,078,263	334,754,437	123,700,048	18,371,239
Seattle: Region X	10,893,726,863	1,963,390,685	4,340,620,370	2,180,956,529	1,477,432,312	931,326,967
Alaska	1,067,104,934	159,273,315	404,072,319	327,956,746	163,861,160	11,941,394
Idaho	1,348,811,955	224,777,667	681,401,451	293,439,348	137,200,729	11,992,760
Oregon	2,743,881,172	554,023,830	1,106,175,833	550,628,626	522,321,851	10,731,032
Washington	5,733,928,802	1,025,315,873	2,148,970,767	1,008,931,809	654,048,572	896,661,781

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

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

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

**Table 13.24**

**Medicaid Payments per Person Served (Beneficiary), by Basis of Eligibility and Area of Residence: Fiscal Year 2009**

Area of Residence	Total	Aged	Disabled	Children <sup>1</sup>	Adults	Other/ Unknown
All Jurisdictions	\$5,225	\$15,337	\$15,670	\$2,145	\$3,144	\$2,160
Boston: Region I	7,238	20,038	19,065	3,091	3,129	4,255
Connecticut	9,476	30,362	34,701	2,825	3,525	9,952
Maine	4,734	9,835	12,833	2,180	1,640	1,665
Massachusetts	7,045	19,703	16,777	3,471	2,978	1,404
New Hampshire	7,052	20,841	17,965	3,163	3,718	648
Rhode Island	7,654	20,813	19,288	2,916	5,470	1,810
Vermont	5,757	10,515	15,901	3,264	3,460	1,087
New York: Region II	8,670	27,290	27,581	2,619	4,800	921
New Jersey	7,220	20,383	21,468	2,187	3,779	2,307
New York	9,004	29,049	29,234	2,761	4,942	781
Puerto Rico	---	---	---	---	---	---
Virgin Islands	---	---	---	---	---	---
Philadelphia: Region III	6,694	17,911	15,002	2,671	4,189	3,585
Delaware	6,053	21,268	20,303	2,782	5,125	212
District of Columbia	11,077	26,382	27,577	2,798	4,765	31,846
Maryland	7,481	22,418	22,605	2,765	5,879	2,956
Pennsylvania	6,365	18,578	12,230	2,642	3,443	241
Virginia	6,074	12,757	16,384	2,763	4,268	1,569
West Virginia	6,699	16,319	11,475	2,225	3,292	30,452
Atlanta: Region IV	4,593	12,443	11,209	2,067	3,596	1,737
Alabama	4,135	11,500	7,627	2,147	2,266	3,437
Florida	4,310	12,488	12,618	1,675	2,846	1,050
Georgia	4,109	10,374	10,062	1,936	4,923	1,693
Kentucky	5,341	13,777	10,378	2,716	4,415	633
Mississippi	3,433	13,591	9,179	1,947	3,015	-96
North Carolina	5,450	12,758	15,738	2,335	3,897	762
South Carolina	5,239	9,926	11,479	1,963	3,137	38,947
Tennessee	4,910	16,549	9,848	2,426	4,196	1,069

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 2009**

Area of Residence	Total	Aged	Disabled	Children <sup>1</sup>	Adults	Other/ Unknown
Chicago: Region V	\$5,539	\$16,678	\$16,159	\$1,884	\$3,225	\$16,129
Illinois	4,502	11,900	15,236	1,695	2,571	15,650
Indiana	4,871	18,502	16,706	1,771	2,992	770
Michigan	5,381	13,373	10,026	1,513	3,592	42,200
Minnesota	8,768	24,076	28,501	3,385	3,893	1,977
Ohio	6,243	21,458	18,015	2,073	3,711	1,369
Wisconsin	5,167	13,251	15,854	1,757	3,026	889
Dallas: Region VI	4,443	12,326	14,024	2,204	3,110	1,351
Arkansas	4,339	15,729	12,471	2,227	1,923	337
Louisiana	4,586	12,277	13,933	1,779	3,218	1,263
New Mexico	5,185	4,785	13,756	2,720	4,884	28,103
Oklahoma	4,419	12,081	13,815	2,074	3,194	782
Texas	4,330	12,159	14,528	2,271	2,795	620
Kansas City: Region VII	5,738	15,403	15,643	2,407	3,150	1,632
Iowa	5,974	16,777	19,023	2,008	3,008	2,414
Kansas	6,528	17,894	17,510	2,263	3,783	1,699
Missouri	5,265	13,270	13,233	2,545	2,964	759
Nebraska	6,218	17,487	19,040	2,685	3,544	4,860
Denver: Region VIII	5,581	16,678	17,559	2,141	3,229	6,710
Colorado	5,196	16,357	17,236	1,892	3,117	2,307
Montana	6,372	20,978	14,793	2,759	4,377	3,051
North Dakota	7,674	24,609	23,826	2,557	3,602	947
South Dakota	5,192	12,861	15,661	2,269	3,723	3,545
Utah	5,298	11,145	17,034	1,999	2,605	13,729
Wyoming	7,635	24,466	25,376	3,290	5,754	295

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 2009**

Area of Residence	Total	Aged	Disabled	Children <sup>1</sup>	Adults	Other/ Unknown
San Francisco: Region IX	\$3,388	\$9,931	\$14,779	\$1,753	\$1,894	\$355
Arizona	5,427	13,248	18,048	2,583	5,135	2,724
California	3,058	9,509	14,370	1,586	1,287	327
Hawaii	4,610	13,565	15,621	1,712	3,352	1,894
Nevada	4,259	10,891	14,290	2,066	2,323	1,687
Seattle: Region X	5,292	14,354	14,338	1,938	3,958	7,732
Alaska	8,990	23,645	26,235	4,985	6,577	2,040
Idaho	5,593	16,437	18,684	1,939	4,682	1,158
Oregon	5,258	13,304	13,527	2,025	4,481	1,070
Washington	4,872	13,721	12,709	1,585	3,230	9,518

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

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

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

**Table 13.25**

**Medicaid Persons Served (Beneficiaries), by Type of Service and Area of Residence: Fiscal Year 2009**

Area of Residence	Total <sup>1</sup>	Inpatient Hospital	Nursing Facilities	Physician	Dental	Outpatient Hospital	Lab and X-Ray	Home Health	Prescribed Drugs
All Jurisdictions	62,362,956	5,442,783	1,645,477	23,070,230	11,109,776	16,543,746	16,379,005	1,087,053	26,686,541
Boston: Region I	2,810,413	199,746	120,278	1,193,857	960,553	789,755	782,189	82,247	1,394,998
Connecticut	558,170	42,882	36,206	135,179	229,287	129,143	129,046	24,954	388,710
Maine	312,615	24,663	10,333	211,232	62,321	7,076	51,016	3,336	219,566
Massachusetts	1,427,087	89,818	52,533	574,529	517,558	441,967	497,665	41,946	530,664
New Hampshire	141,069	17,142	6,973	111,113	53,212	80,290	20,932	3,311	95,487
Rhode Island	203,223	11,524	9,529	41,146	47,659	40,521	12,826	4,890	42,967
Vermont	168,249	13,717	4,704	120,658	50,516	90,758	70,704	3,810	117,604
New York: Region II	6,132,613	1,042,590	307,294	1,317,016	946,318	1,816,426	919,463	247,650	3,364,154
New Jersey	1,148,041	72,489	49,452	217,319	66,402	211,650	123,616	17,890	265,628
New York	4,984,572	970,101	257,842	1,099,697	879,916	1,604,776	795,847	229,760	3,098,526
Puerto Rico	---	---	---	---	---	---	---	---	---
Virgin Islands	---	---	---	---	---	---	---	---	---
Philadelphia: Region III	4,761,061	353,423	151,591	1,484,150	672,185	698,527	830,952	58,733	1,406,533
Delaware	208,838	8,879	3,801	45,904	36,687	24,434	26,760	1,134	123,771
District of Columbia	175,160	16,189	3,455	28,656	22,677	28,239	30,896	5,903	33,852
Maryland	845,383	66,670	24,254	279,588	49,044	139,884	14,095	26,406	186,073
Pennsylvania	2,232,142	99,226	81,967	556,651	201,465	255,476	471,917	18,844	521,038
Virginia	913,111	137,589	26,681	382,159	257,805	133,017	137,649	3,845	260,954
West Virginia	386,427	24,870	11,433	191,192	104,507	117,477	149,635	2,601	280,845

See footnotes at end of table.

**Table 13.25—Continued**

**Medicaid Persons Served (Beneficiaries), by Type of Service and Area of Residence: Fiscal Year 2009**

Area of Residence	Total <sup>1</sup>	Inpatient Hospital	Nursing Facilities	Physician	Dental	Outpatient Hospital	Lab and X-Ray	Home Health	Prescribed Drugs
Atlanta: Region IV	11,952,199	1,370,249	286,537	6,329,329	2,330,327	4,419,047	3,333,923	191,387	5,557,893
Alabama	876,741	36,205	25,554	623,132	227,317	327,262	461,938	68,623	545,282
Florida	3,261,031	464,980	80,645	1,682,542	261,994	1,165,992	501,142	20,632	1,165,029
Georgia	1,794,502	291,742	37,219	607,731	127,652	359,235	140,154	6,132	426,815
Kentucky	939,263	126,577	30,694	524,977	221,486	398,578	407,813	18,165	511,776
Mississippi	931,640	91,074	21,767	557,591	209,336	771,660	249,183	8,050	471,635
North Carolina	1,772,871	227,539	41,793	1,416,185	634,801	842,006	1,046,282	42,420	1,140,732
South Carolina	897,123	91,113	15,977	470,308	306,546	294,404	227,012	4,785	403,496
Tennessee <sup>2</sup>	1,479,028	41,019	32,888	446,863	341,195	259,910	300,399	22,580	893,128
Chicago: Region V	9,769,368	594,344	304,829	3,799,999	2,226,720	2,307,137	2,757,574	152,232	4,068,640
Illinois	2,614,367	230,240	72,369	1,698,563	906,670	1,035,757	1,445,867	14,238	1,745,911
Indiana	1,106,027	52,899	41,075	285,692	413,306	149,215	224,413	8,931	243,189
Michigan	1,890,198	87,704	47,208	591,261	420,513	231,853	380,560	7,206	612,667
Minnesota	801,713	46,582	27,945	296,637	92,096	181,497	67,328	85,415	221,221
Ohio	2,238,140	108,804	85,032	664,273	194,859	467,712	393,396	35,692	500,894
Wisconsin	1,118,923	68,115	31,200	263,573	199,276	241,103	246,010	750	744,758
Dallas: Region VI	7,661,761	848,785	179,289	3,756,029	2,482,155	2,196,847	3,253,095	246,607	4,547,687
Arkansas	824,895	107,433	26,770	531,752	213,232	316,069	246,344	7,794	438,687
Louisiana	1,184,018	150,603	28,633	890,683	313,314	603,990	680,239	11,510	831,393
New Mexico	561,758	35,644	4,747	104,228	26,602	82,289	63,213	361	53,255
Oklahoma	808,526	118,763	20,207	529,148	259,598	397,156	401,841	7,094	489,276
Texas	4,282,564	436,342	98,932	1,700,218	1,669,409	797,343	1,861,458	219,848	2,735,076

See footnotes at end of table.

**Table 13.25—Continued**

**Medicaid Persons Served (Beneficiaries), by Type of Service and Area of Residence: Fiscal Year 2009**

Area of Residence	Total <sup>1</sup>	Inpatient Hospital	Nursing Facilities	Physician	Dental	Outpatient Hospital	Lab and X-Ray	Home Health	Prescribed Drugs
Kansas City: Region VII	2,186,753	203,052	83,582	771,529	404,438	787,815	663,652	51,090	1,132,639
Iowa	481,599	61,795	18,821	324,657	153,956	232,566	251,681	35,303	296,307
Kansas	354,752	33,957	14,914	153,173	92,815	68,748	117,263	4,023	122,930
Missouri	1,094,776	78,885	39,045	109,730	44,530	370,800	222,870	6,446	523,420
Nebraska	255,626	28,415	10,802	183,969	113,137	115,701	71,838	5,318	189,982
Denver: Region VIII	1,382,944	143,241	40,517	403,002	330,919	489,955	336,422	17,921	682,049
Colorado	628,683	50,922	16,835	51,872	163,255	242,806	100,812	11,388	268,370
Montana	112,064	17,440	4,998	78,860	26,927	62,016	10,937	450	59,933
North Dakota	76,535	10,332	5,367	51,730	19,034	30,580	39,548	2,710	43,762
South Dakota	140,958	17,942	5,606	83,522	116	50,928	47,235	511	71,969
Utah	352,427	34,945	5,186	80,379	97,394	65,677	101,708	2,315	191,315
Wyoming	72,277	11,660	2,525	56,639	24,193	37,948	36,182	547	46,700
San Francisco: Region IX	13,647,240	558,120	135,770	3,181,296	229,232	2,519,642	3,148,041	36,409	3,771,052
Arizona <sup>2</sup>	1,587,731	31,071	1,280	47,015	151	99,112	24,134	263	7,397
California	11,518,049	496,079	125,757	2,968,368	117,710	2,345,219	3,034,269	30,117	3,649,349
Hawaii <sup>2</sup>	260,596	5,932	4,185	53,712	73,750	23,766	34,304	5,412	33,318
Nevada	280,864	25,038	4,548	112,201	37,621	51,545	55,334	617	80,988
Seattle: Region X	2,058,604	129,233	35,790	834,023	526,929	518,595	353,694	2,777	760,896
Alaska	118,694	16,484	1,002	87,056	46,733	60,842	52,565	345	66,238
Idaho	241,166	27,068	5,258	166,153	23,223	91,421	102,685	1,838	131,530
Oregon	521,876	28,936	8,659	134,928	3,821	90,646	52,466	594	148,843
Washington	1,176,868	56,745	20,871	445,886	453,152	275,686	145,978	0	414,285

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

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

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

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

**Table 13.26**

**Medicaid Payments, by Type of Service and Area of Residence: Fiscal Year 2009**

Area of Residence	Total <sup>1</sup>	Inpatient	Nursing	Physician		Outpatient	Lab and	Home	Prescribed
		Hospital	Facilities		Dental	Hospital	X-Ray	Health	Drugs
Amount in Thousands									
All Jurisdictions	\$325,818,622	\$38,480,959	\$48,625,121	\$11,434,713	\$4,700,762	\$12,153,153	\$3,238,426	\$7,204,907	\$25,367,328
Boston: Region I	20,342,093	1,340,204	4,243,149	517,655	482,195	664,038	244,978	1,290,583	1,397,187
Connecticut	5,289,047	320,391	1,307,368	56,074	113,814	117,488	33,227	210,752	448,070
Maine	1,479,845	104,868	248,197	71,555	23,403	8,326	9,578	8,002	218,359
Massachusetts	10,054,279	651,191	1,848,960	260,410	293,105	383,640	181,620	1,014,727	480,629
New Hampshire	994,756	66,048	213,678	52,762	20,896	59,522	2,256	7,881	86,362
Rhode Island	1,555,519	108,579	505,736	10,142	13,561	25,022	2,184	42,021	37,956
Vermont	968,648	89,127	119,211	66,712	17,416	70,040	16,112	7,200	125,811
New York: Region II	53,171,871	6,543,071	8,682,665	367,252	422,442	1,702,128	139,409	1,815,698	4,434,082
New Jersey	8,289,318	549,760	1,918,824	68,229	25,084	297,378	18,680	154,147	571,992
New York	44,882,553	5,993,311	6,763,841	299,023	397,358	1,404,749	120,728	1,661,552	3,862,090
Puerto Rico	---	---	---	---	---	---	---	---	---
Virgin Islands	---	---	---	---	---	---	---	---	---
Philadelphia: Region III	31,870,398	2,619,666	5,884,581	775,756	295,643	535,987	190,932	1,002,483	1,499,502
Delaware	1,264,097	66,553	189,513	22,290	28,546	16,829	4,307	5,499	126,087
District of Columbia	1,940,310	322,391	184,241	32,241	18,762	22,371	7,487	95,784	94,256
Maryland	6,324,425	848,486	1,053,592	235,334	11,371	232,016	1,285	738,998	267,197
Pennsylvania	14,206,861	551,245	3,207,421	161,076	74,664	75,566	83,411	151,386	440,575
Virginia	5,545,953	510,699	794,238	192,377	120,109	113,708	20,766	6,726	229,762
West Virginia	2,588,752	320,292	455,576	132,439	42,190	75,497	73,675	4,089	341,626
Atlanta: Region IV	54,891,409	7,665,036	8,626,779	3,672,365	952,510	2,908,990	535,936	1,281,094	5,071,288
Alabama	3,625,503	144,544	872,076	322,126	77,960	83,575	69,306	59,199	471,202
Florida	14,053,739	2,334,667	2,541,600	1,043,057	62,016	772,460	64,918	207,173	1,107,192
Georgia	7,373,409	1,536,527	1,020,573	313,912	43,893	245,981	19,168	5,746	481,600
Kentucky	5,016,413	613,981	852,709	293,553	81,626	358,479	91,132	44,192	556,949
Mississippi	3,197,858	604,866	723,191	276,412	67,379	234,884	24,913	7,721	320,242
North Carolina	9,662,438	1,089,761	1,212,252	930,062	344,822	799,092	194,647	161,234	1,126,968
South Carolina	4,700,406	1,103,428	473,443	287,898	110,991	229,075	31,909	10,260	287,082
Tennessee <sup>2</sup>	7,261,643	237,261	930,934	205,346	163,823	185,444	39,942	785,569	720,052

See footnotes at end of table.

Table 13.26—Continued

## Medicaid Payments, by Type of Service and Area of Residence: Fiscal Year 2009

Area of Residence	Total <sup>1</sup>	Inpatient	Nursing	Outpatient		Lab and	Home	Prescribed	
		Hospital	Facilities	Physician	Dental	Hospital	X-Ray	Health	Drugs
		Amount in Thousands							
Chicago: Region V	\$54,109,147	\$6,721,521	\$8,555,155	\$1,598,253	\$617,192	\$1,709,032	\$535,368	\$472,411	\$3,523,289
Illinois	11,769,261	3,296,201	1,723,805	678,268	218,453	607,062	191,815	47,427	1,298,732
Indiana	5,387,011	394,529	1,074,196	124,201	172,722	97,924	83,532	135,772	305,676
Michigan	10,170,614	982,706	1,555,922	233,712	99,432	215,926	49,316	3,977	470,579
Minnesota	7,029,291	395,234	841,569	187,346	30,297	131,553	7,276	88,459	246,957
Ohio	13,971,826	1,029,842	2,537,915	309,990	49,745	300,985	157,340	193,655	561,110
Wisconsin	5,781,146	623,009	821,748	64,736	46,544	355,582	46,088	3,120	640,235
Dallas: Region VI	34,037,419	4,749,635	3,963,163	2,070,590	1,391,585	1,324,136	907,468	669,286	3,604,974
Arkansas	3,578,940	435,164	520,233	347,261	88,272	303,472	36,081	14,021	335,012
Louisiana	5,429,695	940,798	740,767	460,891	130,278	370,864	119,978	36,075	856,391
New Mexico	2,912,818	435,629	58,958	47,654	12,328	113,286	9,642	446	15,117
Oklahoma	3,573,230	643,772	522,526	358,518	149,553	211,156	78,793	18,239	362,776
Texas	18,542,736	2,294,273	2,120,678	856,266	1,011,154	325,358	662,974	600,504	2,035,678
Kansas City: Region VII	12,547,032	1,364,874	2,025,816	414,310	131,355	767,157	108,012	155,134	1,260,599
Iowa	2,877,205	343,577	464,295	186,559	52,820	208,113	35,120	113,056	239,841
Kansas	2,315,887	258,281	373,024	84,811	30,899	26,076	32,629	12,911	162,801
Missouri	5,764,379	572,143	889,856	22,869	12,814	427,368	29,713	5,924	704,266
Nebraska	1,589,561	190,872	298,641	120,071	34,823	105,599	10,551	23,243	153,691
Denver: Region VIII	7,718,874	1,043,830	1,245,786	251,823	147,665	493,698	65,803	176,400	637,434
Colorado	3,266,560	361,624	549,878	15,380	80,088	196,970	15,827	157,822	301,878
Montana	714,093	95,210	159,098	50,425	15,234	50,077	1,267	498	66,375
North Dakota	587,305	57,691	174,875	29,038	7,665	23,581	12,619	2,542	31,967
South Dakota	731,835	122,437	142,688	50,050	34	47,909	7,038	324	52,730
Utah	1,867,271	328,115	147,064	53,209	32,335	103,587	20,728	13,295	145,203
Wyoming	551,810	78,754	72,183	53,721	12,309	71,574	8,324	1,919	39,281

See footnotes at end of table.

**Table 13.26—Continued**  
**Medicaid Payments, by Type of Service and Area of Residence: Fiscal Year 2009**

Area of Residence	Total <sup>1</sup>	Inpatient	Nursing	Outpatient		Lab and	Home	Prescribed	
		Hospital	Facilities	Physician	Dental	Hospital	X-Ray	Health	Drugs
Amount in Thousands									
San Francisco: Region IX	\$46,236,652	\$5,254,324	\$4,355,751	\$1,294,325	\$75,052	\$1,579,663	\$453,315	\$335,264	\$3,199,473
Arizona <sup>2</sup>	8,616,825	183,680	32,198	35,602	160	952,743	7,666	607	5,094
California	35,222,137	4,856,042	4,059,954	1,154,906	28,712	586,361	417,181	203,723	3,080,689
Hawaii <sup>2</sup>	1,201,405	53,609	99,804	19,777	26,057	14,021	4,121	127,476	17,682
Nevada	1,196,285	160,992	163,795	84,040	20,123	26,537	24,348	3,458	96,009
Seattle: Region X	10,893,727	1,178,798	1,042,276	472,383	185,123	468,326	57,206	6,556	739,500
Alaska	1,067,105	152,599	79,308	83,487	34,368	83,908	13,814	1,152	78,919
Idaho	1,348,812	224,327	168,688	92,372	10,006	71,190	16,385	4,355	117,752
Oregon	2,743,881	185,154	313,758	68,998	1,090	91,355	7,338	1,050	145,183
Washington	5,733,929	616,718	480,522	227,526	139,659	221,873	19,669	-1	397,645

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

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

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

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

**Table 13.27**

**Medicaid Payment per Person Served (Beneficiary), by Type of Service and Area of Residence: Fiscal Year 2009**

Area of Residence	Total <sup>1</sup>	Inpatient Hospital	Nursing Facilities	Physician	Dental	Outpatient Hospital	Lab and X-Ray	Home Health	Prescribed Drugs
All Jurisdictions	\$5,225	\$7,070	\$29,551	\$496	\$423	\$735	\$198	\$6,628	\$951
Boston: Region I	7,238	6,710	35,278	434	502	841	313	15,692	1,002
Connecticut	9,476	7,471	36,109	415	496	910	257	8,446	1,153
Maine	4,734	4,252	24,020	339	376	1,177	188	2,399	995
Massachusetts	7,045	7,250	35,196	453	566	868	365	24,191	906
New Hampshire	7,052	3,853	30,644	475	393	741	108	2,380	904
Rhode Island	7,654	9,422	53,073	246	285	618	170	8,593	883
Vermont	5,757	6,498	25,342	553	345	772	228	1,890	1,070
New York: Region II	8,670	6,276	28,255	279	446	937	152	7,332	1,318
New Jersey	7,220	7,584	38,802	314	378	1,405	151	8,616	2,153
New York	9,004	6,178	26,233	272	452	875	152	7,232	1,246
Puerto Rico	---	---	---	---	---	---	---	---	---
Virgin Islands	---	---	---	---	---	---	---	---	---
Philadelphia: Region III	6,694	7,412	38,819	523	440	767	230	17,068	1,066
Delaware	6,053	7,496	49,859	486	778	689	161	4,850	1,019
District of Columbia	11,077	19,914	53,326	1,125	827	792	242	16,226	2,784
Maryland	7,481	12,727	43,440	842	232	1,659	91	27,986	1,436
Pennsylvania	6,365	5,555	39,131	289	371	296	177	8,034	846
Virginia	6,074	3,712	29,768	503	466	855	151	1,749	880
West Virginia	6,699	12,879	39,847	693	404	643	492	1,572	1,216
Atlanta: Region IV	4,593	5,594	30,107	580	409	658	161	6,694	912
Alabama	4,135	3,992	34,127	517	343	255	150	863	864
Florida	4,310	5,021	31,516	620	237	662	130	10,041	950
Georgia	4,109	5,267	27,421	517	344	685	137	937	1,128
Kentucky	5,341	4,851	27,781	559	369	899	223	2,433	1,088
Mississippi	3,433	6,641	33,224	496	322	304	100	959	679
North Carolina	5,450	4,789	29,006	657	543	949	186	3,801	988
South Carolina	5,239	12,111	29,633	612	362	778	141	2,144	711
Tennessee	4,910	5,784	28,306	460	480	713	133	34,790	806

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 2009**

Area of Residence	Total <sup>1</sup>	Inpatient Hospital	Nursing Facilities	Physician	Dental	Outpatient Hospital	Lab and X-Ray	Home Health	Prescribed Drugs
Chicago: Region V	\$5,539	\$11,309	\$28,065	\$421	\$277	\$741	\$194	\$3,103	\$866
Illinois	4,502	14,316	23,820	399	241	586	133	3,331	744
Indiana	4,871	7,458	26,152	435	418	656	372	15,202	1,257
Michigan	5,381	11,205	32,959	395	236	931	130	552	768
Minnesota	8,768	8,485	30,115	632	329	725	108	1,036	1,116
Ohio	6,243	9,465	29,847	467	255	644	400	5,426	1,120
Wisconsin	5,167	9,146	26,338	246	234	1,475	187	4,160	860
Dallas: Region VI	4,443	5,596	22,105	551	561	603	279	2,714	793
Arkansas	4,339	4,051	19,433	653	414	960	146	1,799	764
Louisiana	4,586	6,247	25,871	517	416	614	176	3,134	1,030
New Mexico	5,185	12,222	12,420	457	463	1,377	153	1,237	284
Oklahoma	4,419	5,421	25,859	678	576	532	196	2,571	741
Texas	4,330	5,258	21,436	504	606	408	356	2,731	744
Kansas City: Region VII	5,738	6,722	24,237	537	325	974	163	3,036	1,113
Iowa	5,974	5,560	24,669	575	343	895	140	3,202	809
Kansas	6,528	7,606	25,012	554	333	379	278	3,209	1,324
Missouri	5,265	7,253	22,791	208	288	1,153	133	919	1,346
Nebraska	6,218	6,717	27,647	653	308	913	147	4,371	809
Denver: Region VIII	5,581	7,287	30,747	625	446	1,008	196	9,843	935
Colorado	5,196	7,102	32,663	296	491	811	157	13,859	1,125
Montana	6,372	5,459	31,832	639	566	807	116	1,106	1,107
North Dakota	7,674	5,584	32,583	561	403	771	319	938	730
South Dakota	5,192	6,824	25,453	599	292	941	149	633	733
Utah	5,298	9,389	28,358	662	332	1,577	204	5,743	759
Wyoming	7,635	6,754	28,587	948	509	1,886	230	3,509	841

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 2009**

Area of Residence	Total <sup>1</sup>	Inpatient Hospital	Nursing Facilities	Physician	Dental	Outpatient Hospital	Lab and X-Ray	Home Health	Prescribed Drugs
San Francisco: Region IX	\$3,388	\$9,414	\$32,082	\$407	\$327	\$627	\$144	\$9,208	\$848
Arizona	5,427	5,912	25,155	757	1,060	9,613	318	2,308	689
California	3,058	9,789	32,284	389	244	250	137	6,764	844
Hawaii	4,610	9,037	23,848	368	353	590	120	23,554	531
Nevada	4,259	6,430	36,015	749	535	515	440	5,604	1,185
Seattle: Region X	5,292	9,121	29,122	566	351	903	162	2,361	972
Alaska	8,990	9,257	79,150	959	735	1,379	263	3,338	1,191
Idaho	5,593	8,288	32,082	556	431	779	160	2,369	895
Oregon	5,258	6,399	36,235	511	285	1,008	140	1,768	975
Washington	4,872	10,868	23,023	510	308	805	135	0	960

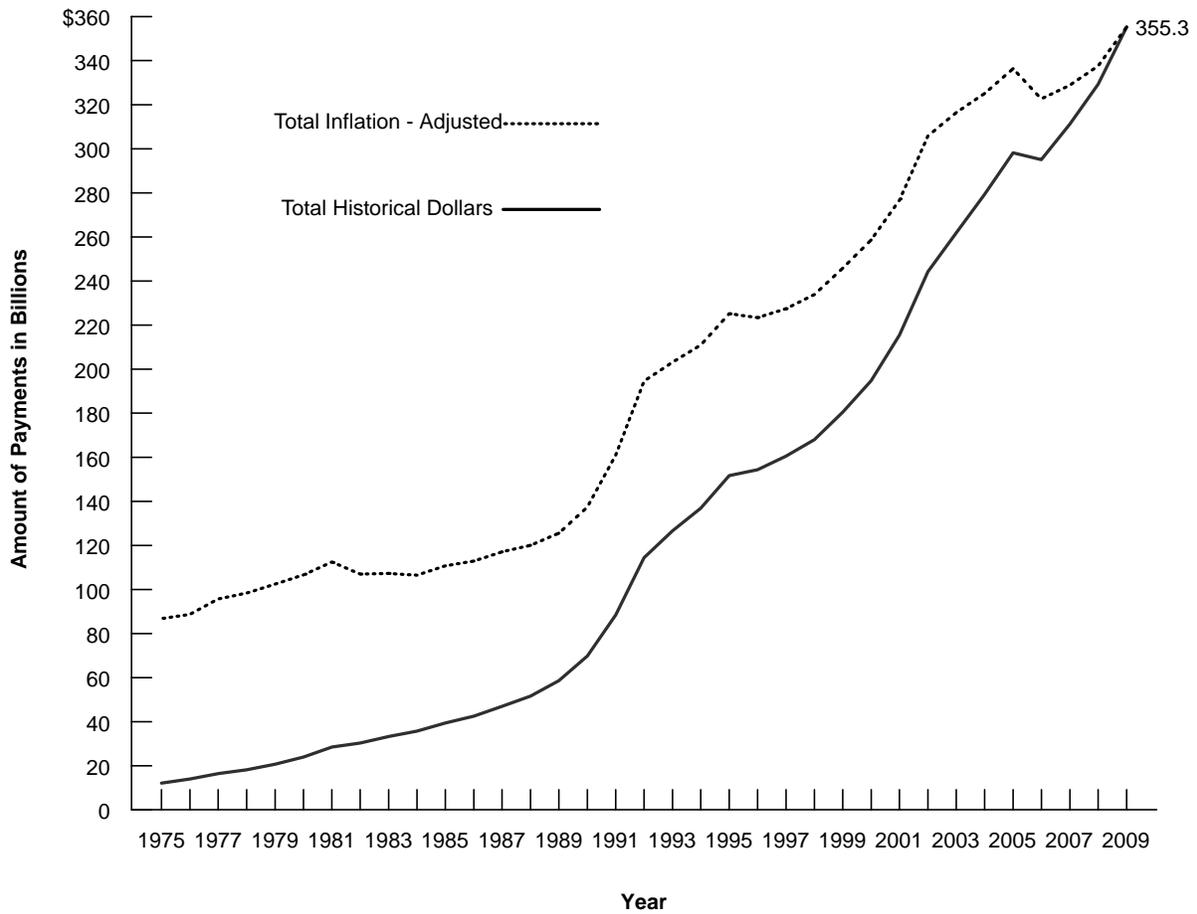
<sup>1</sup>The total includes payments for all types of services reported in the Medicaid Statistical Information System (MSIS), some not shown separately.

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). Beneficiaries covered under SCHIP and their payments are excluded from Medicaid.

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

# Figure 13.1

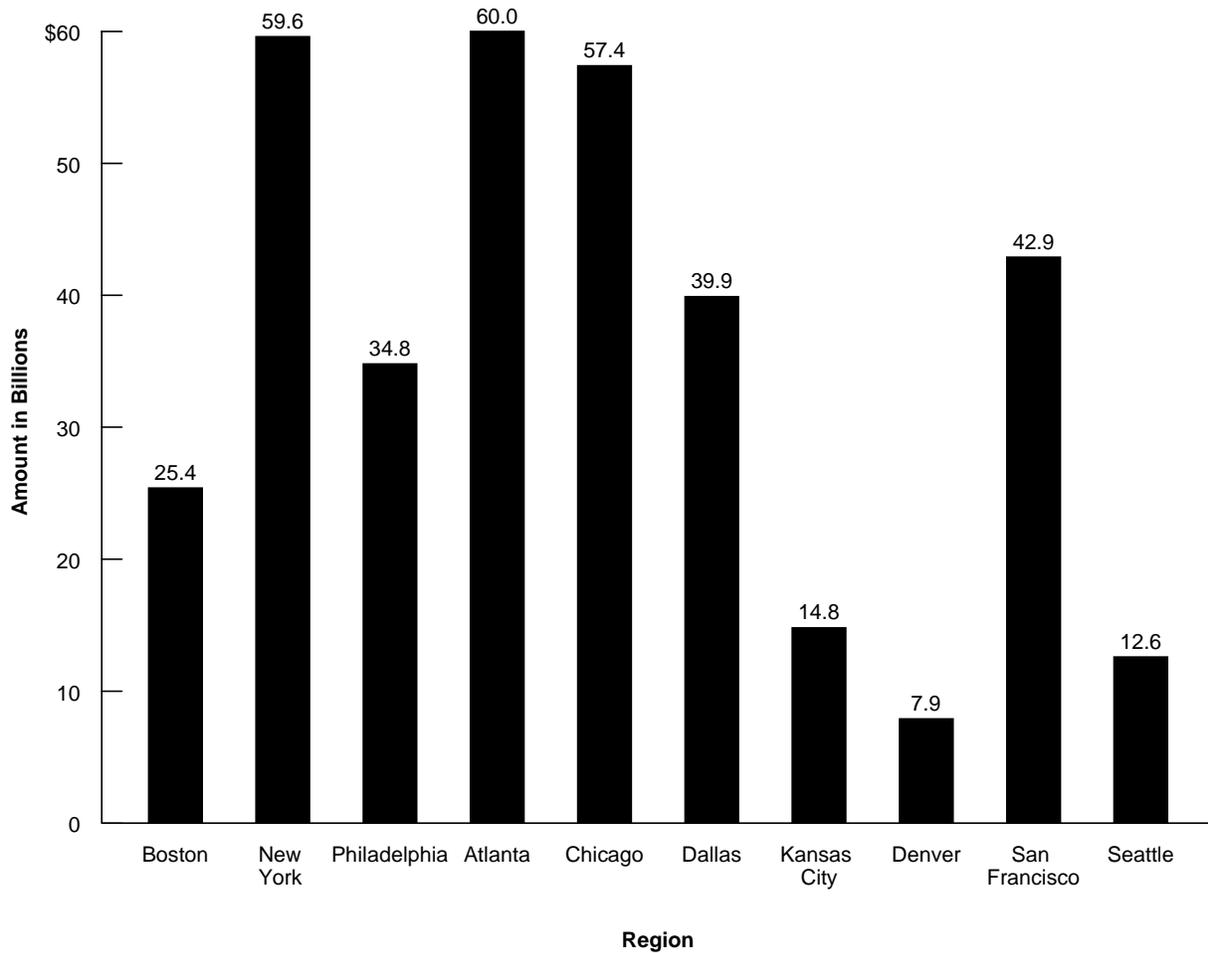
## Trends in Total Medicaid Expenditures: Fiscal Years 1975-2009



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 2009 dollars.

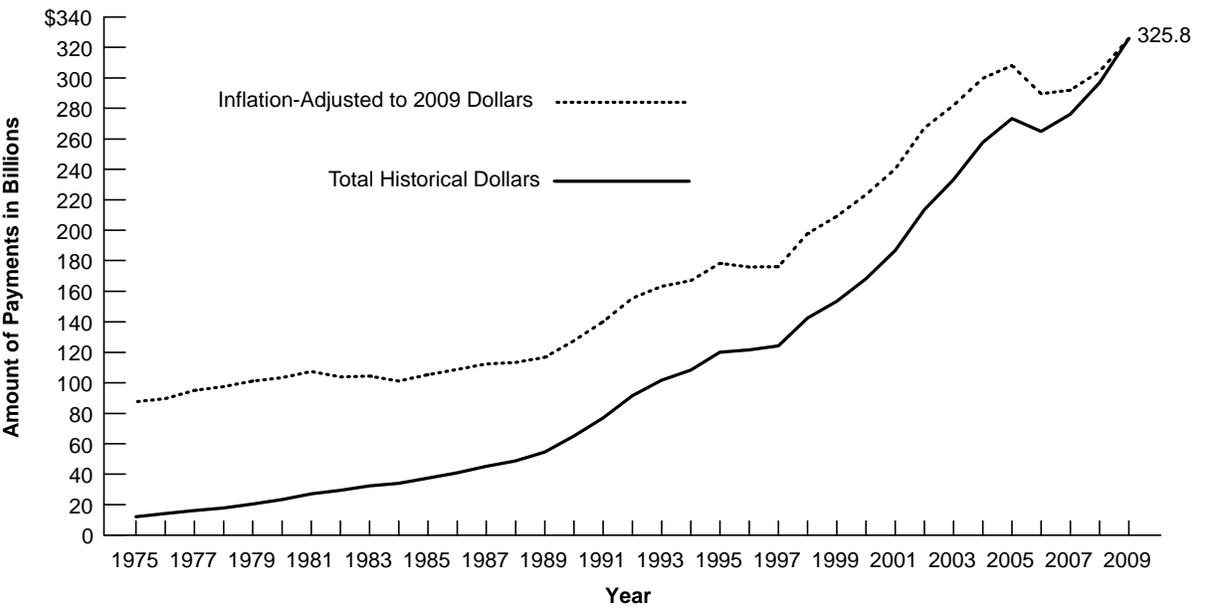
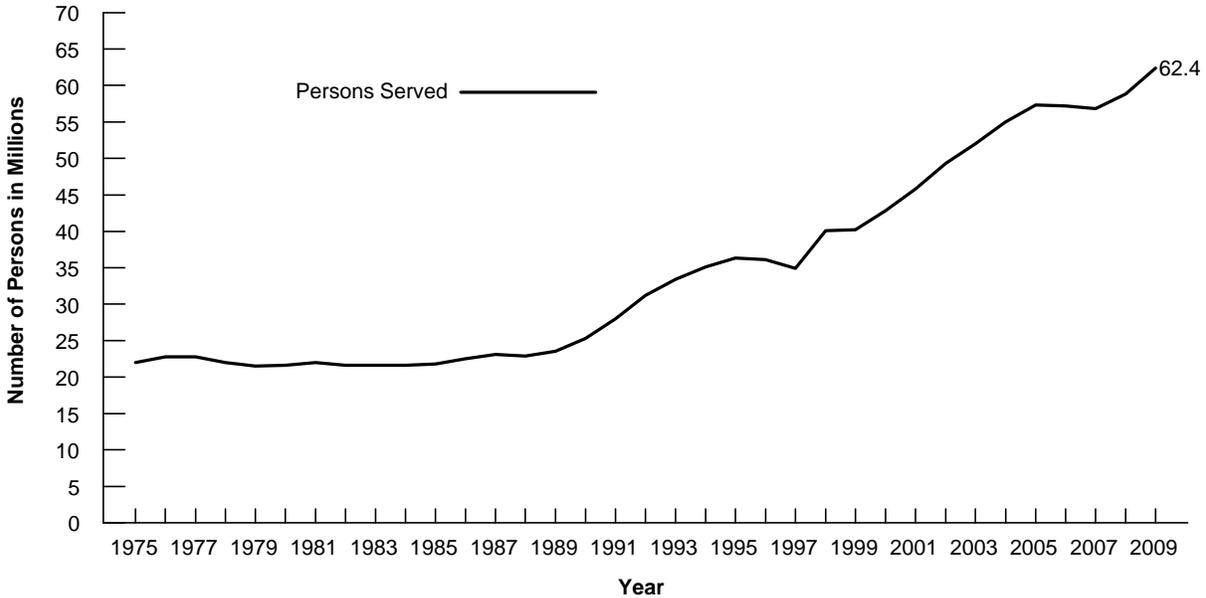
SOURCE: Centers for Medicare & Medicaid Services: HCFA Form-64 (Quarterly Medicaid Statement of Expenditures for the Medical Assistance Program); data development by the Center for Strategic Planning. See Table 13.1.

Figure 13.2  
Total Medicaid Expenditures, by Region:  
Fiscal Year 2009



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 Center for Strategic Planning. See Table 13.3.

### Figure 13.3 Trends in Medicaid Persons Served and Vendor Payments: Fiscal Years 1975-2009

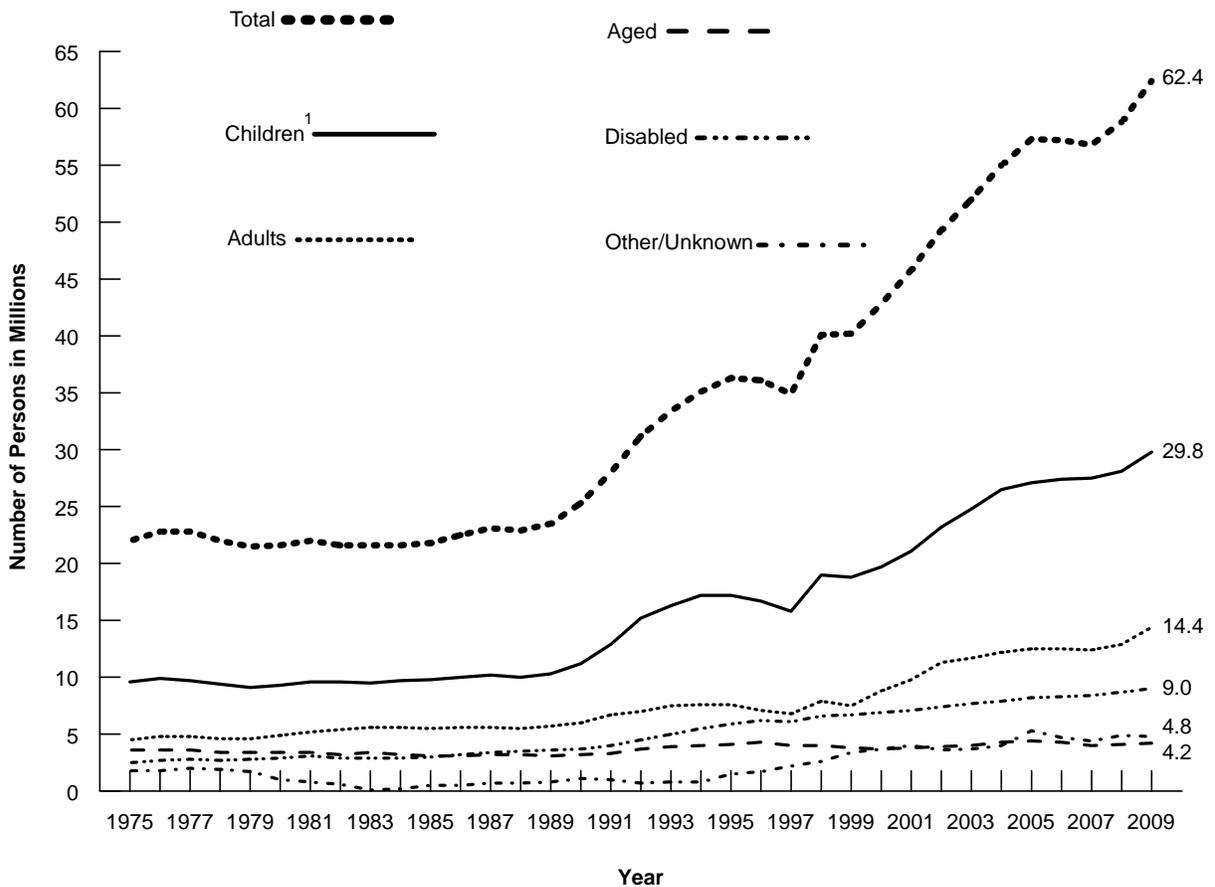


NOTES: Beginning 1998 the number of persons served included persons enrolled in Medicaid managed care organizations and payments included premiums to these plans. The inflation-adjusted dollar amounts were computed using a personal consumption expenditures index for health care services from the U.S. Department of Commerce, Bureau of Economic Analysis, and are expressed in 2009 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 Center for Strategic Planning. See Table 13.4 and 13.10.

# Figure 13.4

## Trends in Medicaid Persons Served, by Eligibility Group: Fiscal Years 1975-2009

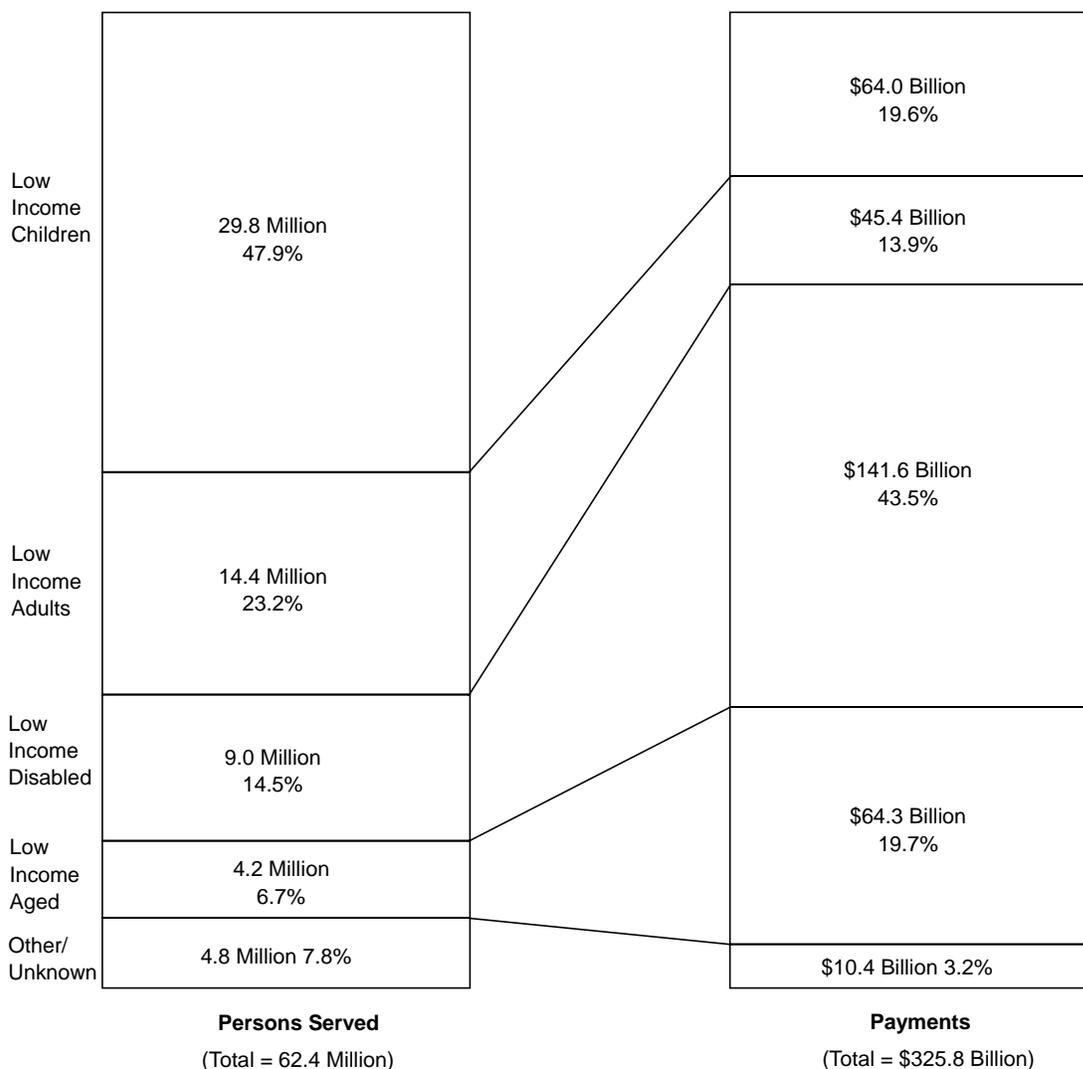


<sup>1</sup> Includes non-disabled children and foster care children.

NOTES: Beginning fiscal year 1998, a Medicaid-eligible person who, during the year, received only coverage for managed care benefits was included in this series as a person served (beneficiary). Number of persons served, by type of eligibility group, does not add to total persons served because of rounding.

SOURCES: Centers for Medicare & Medicaid Services, Center for Medicaid and State Operations: Statistical Report on Medical Care: Eligibles, Recipients, Payments, and Services (HCFA-2082) and the Medicaid Statistical Information System (MSIS); data development by the Center for Strategic Planning. See Table 13.4.

### Figure 13.5 Distribution of Medicaid Vendor Payments, by Eligibility Group: Fiscal Year 2009

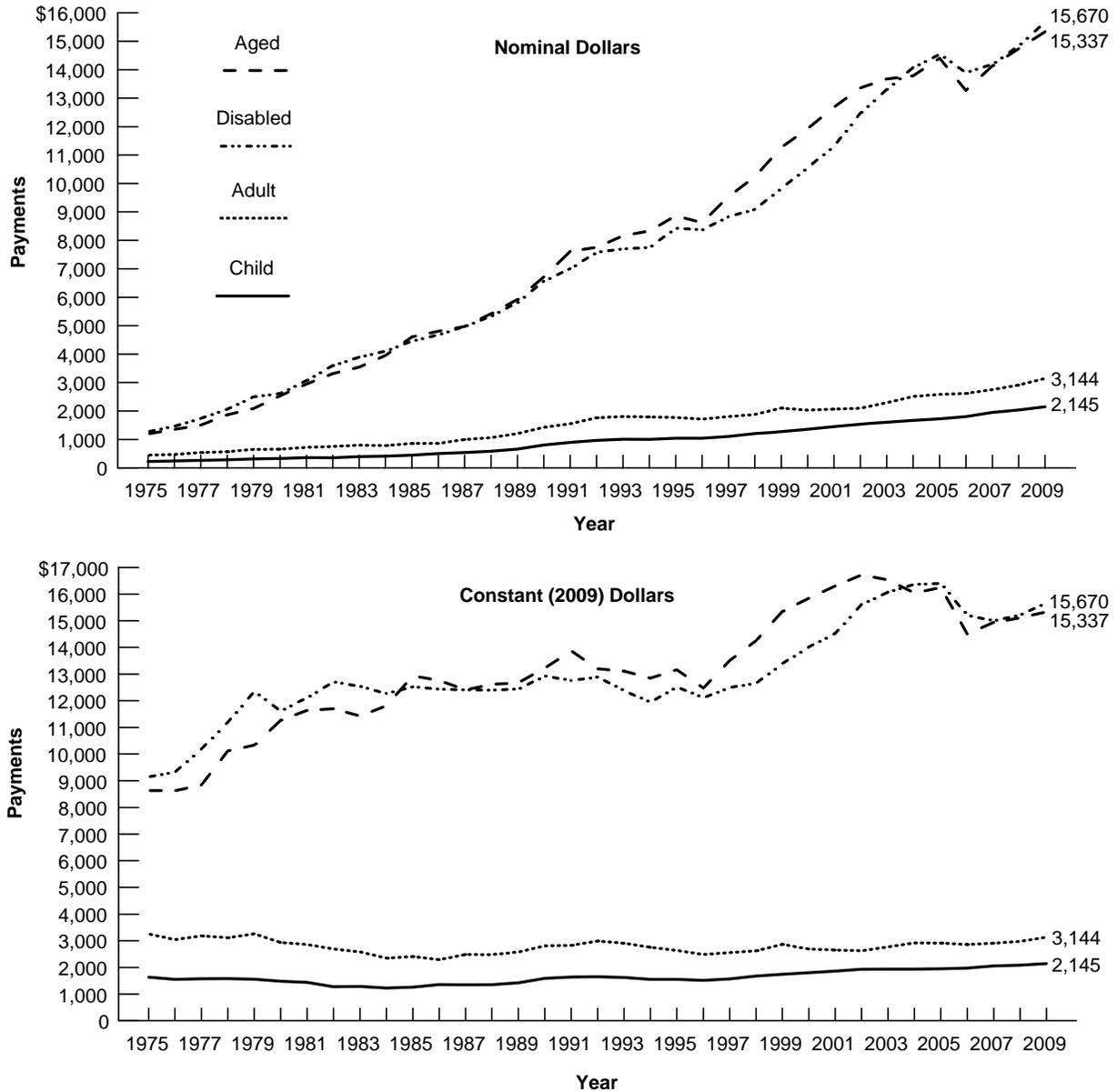


NOTE: Numbers may not add to totals because of rounding.

SOURCE: Centers for Medicare & Medicaid Services, Center for Medicaid and State Operations: Medicaid Statistical Information System (MSIS); data development by the Center for Strategic Planning. See Table 13.4 and 13.10.

### Figure 13.6

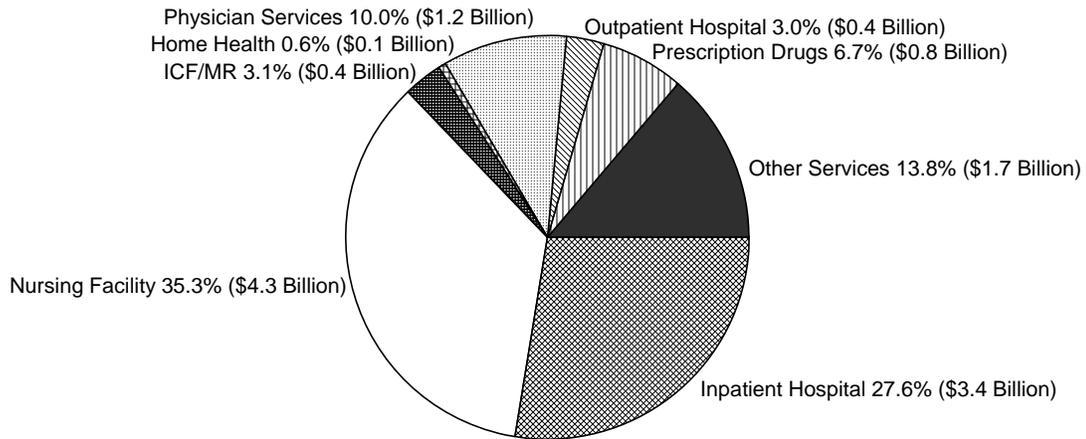
## Trends in Medicaid Vendor Payments per Person Served, by Eligibility Group: Fiscal Years 1975-2009



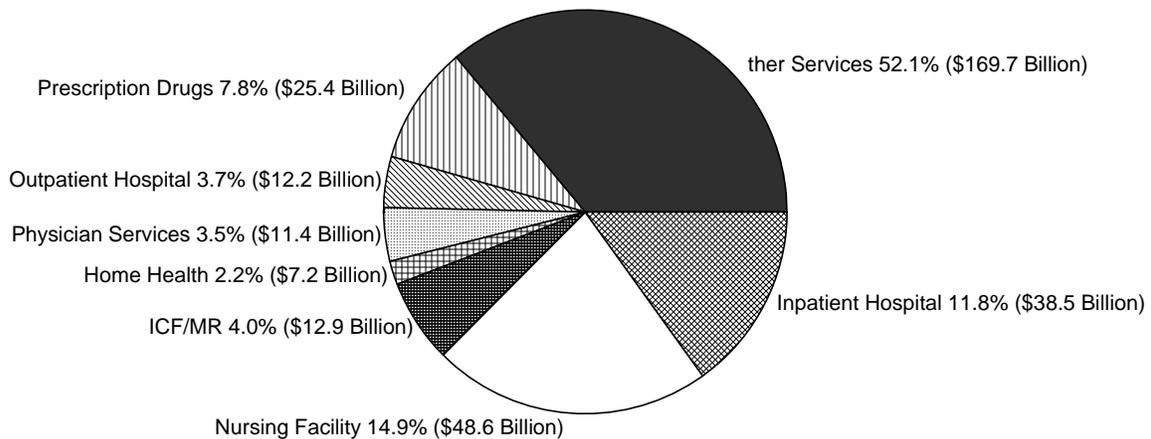
NOTE: The inflation-adjusted dollar amounts were computed using a personal consumption expenditure index for health care services from the U.S. Department of Commerce, Bureau of Economic Analysis, and are expressed in fiscal year 2009 dollars.

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 Center for Strategic Planning. See Table 13.11.

**Figure 13.7**  
**Distribution of Medicaid Vendor Payments, by Type of Service: Fiscal Years 1975 and 2009**



**1975 Total Payments \$12.2 Billion**

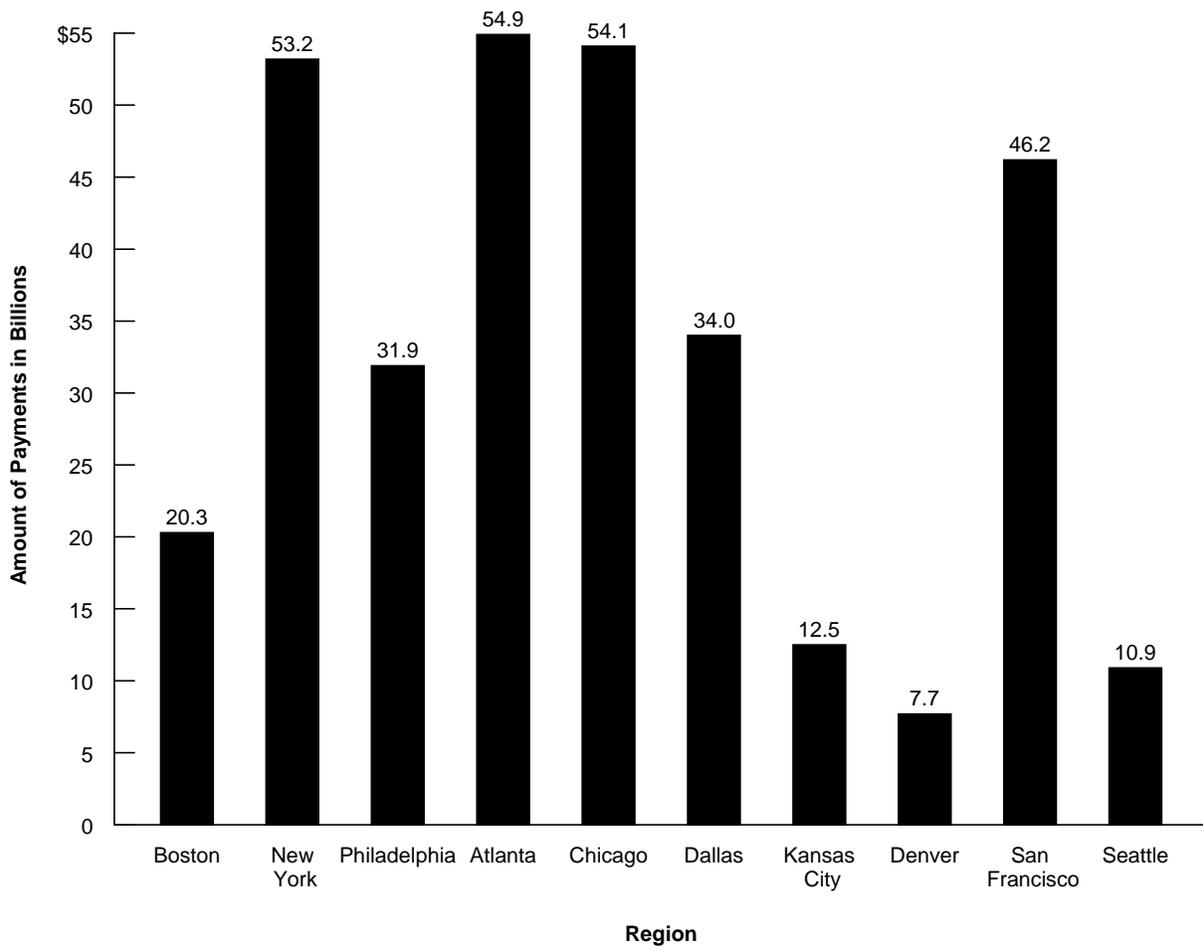


**2009 Total Payments \$325.8 Billion**

NOTES: Percents may not add to 100 because of rounding. Other services in 2009 included \$83.0 billion (25.5%) for pre-paid health insurance premiums. ICF/MR is intermediate care facility/mentally retarded.

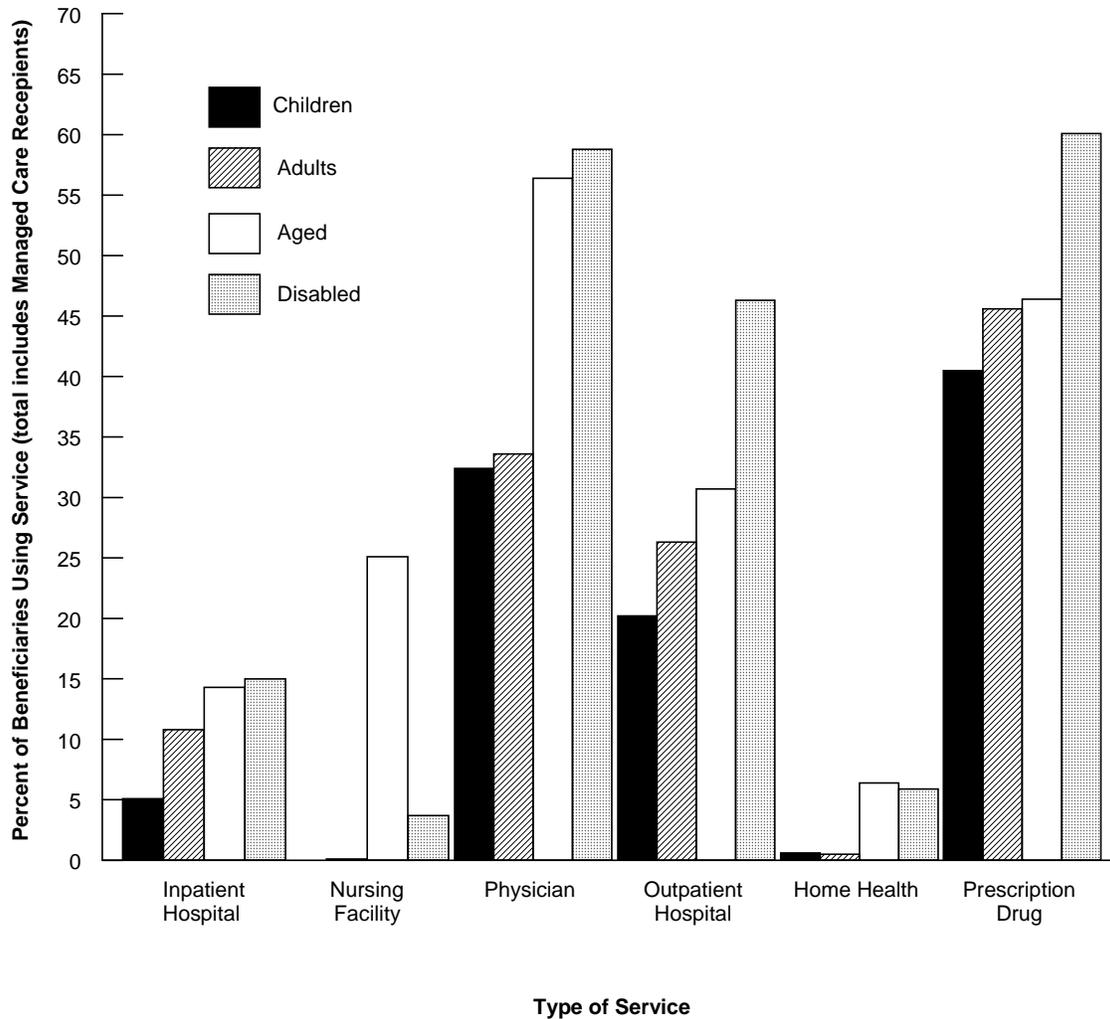
SOURCES: Centers for Medicare & Medicaid Services, Center for Medicaid and State Operations; Statistical Report on Medical Care: Eligibles, Recipients, Payments, and Services (HCFA 2082) and the Medicaid Statistical Information System (MSIS); data development by the Center for Strategic Planning. See Table 13.17.

Figure 13.8  
Total Medicaid Vendor Payments, by Region:  
Fiscal Year 2009



SOURCE: Centers for Medicare & Medicaid Services, Center for Medicaid and State Operations: Medicaid Statistical Information System (MSIS); data development by the Center for Strategic Planning. See Table 13.26.

## Figure 13.9 Medicaid Persons Served, by Type of Service and Eligibility Group: Fiscal Year 2009



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 Center for Strategic Planning. See Tables 13.6-13.9.