

Table 13.1
Medicaid Medical Assistance Payments: Fiscal Years 1975-2011

Fiscal Year ¹	Medical Assistance Payments CMS Form-64		HCFA-2082/MSIS Payments	HCFA-2082/MSIS Payments as a Percent of CMS Form-64
	Total Expenditures ²	2010 Inflation Adjusted Total Expenditures ^{3, 4}		
	Amount in Thousands			
1975	\$12,086,166	\$88,397,630	\$12,142,000	100.5
1976	13,977,348	92,868,425	14,091,000	100.8
1977	16,354,599	100,137,759	16,239,000	99.3
1978	18,168,065	102,955,629	17,992,000	99.0
1979	20,736,011	107,141,807	20,472,000	98.7
1980	24,041,116	111,592,844	23,311,000	97.0
1981	28,485,289	117,704,887	27,204,000	95.5
1982	30,330,765	112,040,711	29,399,000	96.9
1983	33,298,880	112,311,812	32,391,000	97.3
1984	35,671,888	111,455,842	33,891,000	95.0
1985	39,413,219	115,831,633	37,508,000	95.2
1986	42,525,605	118,130,946	41,005,000	96.4
1987	46,956,072	122,609,674	45,050,000	95.9
1988	51,645,666	125,686,689	48,710,000	94.3
1989	58,645,953	131,300,927	54,500,000	92.9
1990	69,754,495	143,792,867	64,859,000	93.0
1991	88,377,773	168,528,973	76,964,000	87.1
1992	114,365,915	203,631,408	91,480,000	80.0
1993	126,573,138	212,722,958	101,708,889	80.4
1994	136,886,366	220,862,832	108,270,147	79.1
1995	151,707,290	235,698,057	120,140,904	79.2
1996	154,423,973	233,863,391	121,684,650	78.8
1997	160,538,571	237,956,895	123,551,014	77.0
1998	167,994,374	244,769,871	142,317,904	84.7
1999	180,456,639	257,318,791	153,479,358	85.1
2000	194,696,199	270,630,147	168,307,231	86.4
2001	215,377,890	289,623,826	186,905,000	86.8
2002	244,325,041	320,133,650	213,496,607	87.4
2003	261,870,099	331,406,467	233,205,998	89.1
2004	279,390,230	340,368,217	257,748,435	92.3
2005	298,169,895	352,221,030	273,202,750	91.6
2006	295,114,446	337,924,785	265,048,888	89.8
2007	311,197,380	344,426,628	276,246,429	88.8
2008	329,335,844	353,566,081	296,829,612	90.1
2009	355,311,219	372,013,899	325,818,622	91.7
2010	374,320,276	381,359,408	338,405,843	90.4
2011	397,325,788	397,325,788	364,459,895 ⁵	91.7

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

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

³Dollar amounts adjusted using a personal consumption expenditure index for health care services, expressed in fiscal year 2010 dollars.

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

⁵Includes last reported Medicaid payments for fiscal year 2010 for the following states: Maine, Oklahoma, Kansas, Utah, and Idaho; includes 2011 payments for all other states.

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 CHIP Services: State Reported Expenditures - CMS Form-64 (Quarterly Medicaid Statement of Expenditures for the Medical Assistance Program), HCFA-2082 (Statistical Report on Medical Care: Eligibles, Recipients, Payments, and Services), and the Medicaid Statistical Information System (MSIS); data development by the Office of Information Products and Data Analytics, and U.S. Department of Commerce.

Table 13.2
Medicaid Expenditures, by Provider Type and Area of Residence: Fiscal Year 2011

Area of Residence	Total	Hospital ¹	Institutional Long-Term-Care ²	Physicians and Other Practitioners ³	Prescription Drug
Amount in Thousands					
All Jurisdictions	\$397,325,788	\$89,924,305	\$62,942,311	\$20,515,741	\$30,150,070
Boston: Region I	25,987,541	5,122,175	4,214,306	1,162,615	1,464,087
Connecticut	6,008,290	996,489	1,501,642	346,332	615,614
Maine	2,383,843	699,140	263,303	168,384	203,784
Massachusetts	12,808,854	2,634,719	1,699,610	524,902	521,075
New Hampshire	1,366,676	374,067	316,331	94,678	96,845
Rhode Island	2,133,536	373,931	322,356	26,361	23,837
Vermont	1,286,342	43,829	111,064	1,958	2,932
New York: Region II	64,264,068	14,137,802	13,630,512	1,019,226	5,302,151
New Jersey	10,366,614	2,457,812	2,542,516	133,832	541,242
New York	52,735,836	11,659,968	11,085,478	884,370	4,754,495
Puerto Rico	1,127,049	0	0	0	0
Virgin Islands	34,569	20,022	2,518	1,024	6,414
Philadelphia: Region III	41,378,854	5,903,292	7,565,864	1,257,394	1,676,032
Delaware	1,406,899	75,691	208,974	54,739	150,714
District of Columbia	2,097,833	446,609	330,222	74,475	94,360
Maryland	7,659,890	1,259,041	1,080,095	229,783	356,541
Pennsylvania	20,492,992	2,361,760	4,283,701	310,724	465,967
Virginia	6,962,929	1,140,684	1,095,260	369,153	242,333
West Virginia	2,758,311	619,507	567,612	218,520	366,117
Atlanta: Region IV	65,948,036	17,340,323	9,956,025	5,024,515	5,321,066
Alabama	4,700,126	1,674,218	934,555	445,840	507,710
Florida	18,351,907	5,149,858	3,199,799	1,428,596	1,254,223
Georgia	8,442,027	1,915,056	1,195,734	441,405	495,491
Kentucky	5,793,695	1,590,727	992,465	497,882	607,522
Mississippi	4,452,297	1,706,031	1,018,066	347,479	294,675
North Carolina	10,906,900	2,949,864	1,700,018	1,287,428	1,136,034
South Carolina	5,077,981	1,397,431	668,120	366,319	258,592
Tennessee	8,223,104	957,138	247,268	209,566	766,819
Chicago: Region V	60,995,718	11,926,058	10,994,451	2,671,192	5,912,437
Illinois	12,145,767	5,478,804	2,204,415	1,114,018	1,407,711
Indiana	6,567,639	1,558,719	1,530,849	369,666	694,256
Michigan	11,839,436	1,635,823	1,716,476	260,518	651,302
Minnesota	8,021,175	752,399	946,823	419,422	281,528
Ohio	14,629,251	1,842,562	3,340,010	380,534	1,666,406
Wisconsin	7,792,450	657,751	1,255,878	127,034	1,211,234
Dallas: Region VI	44,234,249	11,546,543	5,754,882	5,157,961	4,283,183
Arkansas	4,002,403	1,105,404	783,972	364,543	289,257
Louisiana	6,365,332	2,244,364	1,271,973	619,894	1,040,028
New Mexico	3,363,926	429,806	28,536	97,124	20,264
Oklahoma	4,268,741	1,342,619	623,278	597,811	406,799
Texas	26,233,847	6,424,350	3,047,123	3,478,589	2,526,835

See footnotes at end of table.

Table 13.2—Continued
Medicaid Expenditures, by Provider Type and Area of Residence: Fiscal Year 2011

Area of Residence	Prescription Drug Rebate	Other Acute Care ⁴	Home and Community ⁵	Health Insurance ⁶	Miscellaneous ⁷
Amount in Thousands					
All Jurisdictions	-\$14,823,889	\$17,642,560	\$51,403,974	\$117,433,991	\$22,136,724
Boston: Region I	-864,605	1,296,294	3,640,694	6,500,772	3,451,203
Connecticut	-333,560	286,580	1,239,420	1,167,770	188,004
Maine	-120,051	208,410	353,496	216,105	391,272
Massachusetts	-334,879	396,783	1,762,844	4,052,326	1,551,475
New Hampshire	-56,629	160,015	275,846	29,187	76,336
Rhode Island	-15,297	243,665	2,048	766,566	390,068
Vermont	-4,189	841	7,040	268,818	854,048
New York: Region II	-2,626,927	2,029,612	11,499,875	16,234,789	3,037,027
New Jersey	-251,922	408,814	1,179,928	2,579,883	774,508
New York	-2,375,005	1,618,046	10,319,947	12,534,933	2,253,604
Puerto Rico	0	0	0	1,119,257	7,793
Virgin Islands	0	2,752	0	716	1,122
Philadelphia: Region III	-1,102,302	1,189,744	5,586,682	17,293,533	2,008,613
Delaware	-76,198	75,415	122,577	742,987	52,000
District of Columbia	-47,452	162,959	363,392	618,162	55,105
Maryland	-249,461	507,461	898,276	3,215,007	363,147
Pennsylvania	-407,131	201,839	2,640,119	10,130,688	505,325
Virginia	-117,745	95,365	1,103,476	2,123,554	910,849
West Virginia	-204,315	146,705	458,842	463,135	122,187
Atlanta: Region IV	-2,249,674	3,790,507	6,062,573	17,654,487	3,048,219
Alabama	-218,436	385,730	445,801	369,717	154,991
Florida	-539,537	664,847	1,603,370	4,531,238	1,059,513
Georgia	-362,283	205,015	843,358	3,344,427	363,825
Kentucky	-352,916	508,613	583,188	1,015,079	351,136
Mississippi	-127,206	325,265	216,636	466,846	204,505
North Carolina	-24,244	1,277,905	1,300,516	791,100	488,280
South Carolina	-206,234	383,413	480,021	1,524,090	206,230
Tennessee	-418,818	39,719	589,683	5,611,990	219,739
Chicago: Region V	-2,753,571	2,193,862	7,363,143	20,192,029	2,496,115
Illinois	-930,246	717,702	890,176	749,414	513,772
Indiana	-364,909	369,900	794,475	1,316,047	298,637
Michigan	-510,472	241,224	899,185	6,520,110	425,270
Minnesota	-134,259	179,156	2,099,477	3,115,369	361,259
Ohio	-789,192	269,013	2,054,788	5,341,037	524,092
Wisconsin	-24,493	416,867	625,042	3,150,052	373,085
Dallas: Region VI	-1,817,175	2,163,950	5,017,818	10,038,055	2,089,033
Arkansas	-130,424	696,632	438,815	308,523	145,681
Louisiana	-465,705	355,887	759,699	274,227	264,964
New Mexico	-4,449	47,941	316,059	2,378,793	49,853
Oklahoma	-146,273	439,076	499,964	310,172	195,296
Texas	-1,070,324	624,414	3,003,281	6,766,340	1,433,239

Table 13.2—Continued
Medicaid Expenditures, by Provider Type and Area of Residence: Fiscal Year 2011

Area of Residence	Total	Hospital ¹	Institutional Long Term-Care ²	Physicians and Other Practitioners ³	Prescription Drug
Amount in Thousands					
Kansas City: Region VII	\$15,712,439	\$4,542,359	\$2,896,015	\$612,452	\$1,553,291
Iowa	3,372,063	777,610	855,063	329,045	258,582
Kansas	2,685,662	512,695	479,515	142,543	162,750
Missouri	8,013,335	2,954,184	1,226,895	46,827	974,745
Nebraska	1,641,378	297,870	334,542	94,037	157,214
Denver: Region VIII	9,111,066	2,772,485	1,565,378	848,589	668,122
Colorado	4,341,734	1,441,327	614,005	385,483	284,698
Montana	964,834	278,593	176,265	87,692	70,932
North Dakota	730,610	129,785	294,287	65,812	41,561
South Dakota	756,923	199,878	161,213	77,376	51,245
Utah	1,786,766	584,275	219,709	159,615	178,466
Wyoming	530,200	138,627	99,899	72,611	41,220
San Francisco: Region IX	54,841,821	13,789,685	4,863,799	1,898,552	3,156,699
American Samoa	26,354	0	0	0	312
Arizona	8,962,001	830,123	35,649	50,607	8,023
California	42,640,789	12,442,898	4,628,334	1,680,376	3,021,661
Guam	30,957	8,664	376	4,572	6,746
Hawaii	1,587,397	91,940	10,064	35,341	2,960
Nevada	1,567,120	406,417	189,376	123,819	113,380
Northern Mariana Islands	27,202	9,643	0	3,837	3,617
Seattle: Region X	14,851,997	2,843,585	1,501,077	863,246	813,001
Alaska	1,308,732	342,465	126,189	169,821	80,054
Idaho	1,667,472	549,790	291,136	180,883	121,407
Oregon	4,341,261	334,720	345,256	57,588	154,565
Washington	7,534,532	1,616,610	738,496	454,954	456,975

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

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

³Includes physician, dental, and other practitioners.

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

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

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

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

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

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

Table 13.2—Continued
Medicaid Expenditures, by Provider Type and Area of Residence: Fiscal Year 2011

Area of Residence	Prescription Drug Rebate	Other Acute Care ⁴	Home and Community ⁵	Health Insurance ⁶	Miscellaneous ⁷
			Amount in Thousands		
Kansas City: Region VII	-\$640,946	\$931,597	\$2,442,491	\$2,689,823	\$685,444
Iowa	-124,150	206,019	560,942	294,927	214,025
Kansas	-86,260	58,341	590,640	722,544	102,983
Missouri	-372,124	576,623	984,123	1,327,254	294,808
Nebraska	-58,412	90,614	306,786	345,098	73,628
Denver: Region VIII	-309,038	445,415	1,572,415	1,015,683	532,015
Colorado	-134,647	173,981	787,265	531,125	258,495
Montana	-38,082	64,335	180,610	39,838	104,652
North Dakota	-19,481	29,657	148,485	14,966	25,537
South Dakota	-21,675	90,264	126,406	30,558	41,658
Utah	-74,560	43,943	198,952	389,203	87,162
Wyoming	-20,593	43,235	130,697	9,993	14,511
San Francisco: Region IX	-2,076,828	2,625,447	5,168,680	21,394,642	4,021,144
American Samoa	0	0	0	0	26,043
Arizona	-179,407	24,751	7,020	7,978,385	206,850
California	-1,835,553	2,485,935	4,892,729	11,662,011	3,662,398
Guam	0	5,863	42	996	3,698
Hawaii	-877	28,512	103,683	1,310,247	5,527
Nevada	-60,991	73,582	164,211	406	114,729
Northern Mariana Islands	0	6,804	995	442,597	1,899
Seattle: Region X	-382,824	976,132	3,049,603	4,420,176	768,003
Alaska	-45,412	203,513	319,159	22,816	90,127
Idaho	-80,064	142,577	201,044	104,885	155,815
Oregon	-63,910	205,073	1,016,044	2,087,484	204,441
Washington	-193,438	424,969	1,513,356	2,204,991	317,620

Table 13.3
Medicaid Expenditures, Eligibles, and Average Expenditure per Eligible, by Area of
Residence: Fiscal Year 2011

Area of Residence	Expenditures ¹		Eligibles ²		Average Expenditure per Eligible
	Total	Percent	Total	Percent	
All Jurisdictions	\$397,325,788,281	100.0	72,061,859	100.0	\$5,496 ³
Boston: Region I	25,987,540,652	6.5	3,657,971	5.1	\$7,104
Connecticut	\$6,008,289,982	1.5	786,354	1.1	\$7,641
Maine	\$2,383,842,631	0.6	426,799 ⁸	0.6	\$5,585
Massachusetts	\$12,808,853,922	3.2	1,828,824	2.5	\$7,004
New Hampshire	\$1,366,675,999	0.3	179,518	0.2	\$7,613
Rhode Island	\$2,133,536,044	0.5	233,292	0.3	\$9,145
Vermont	\$1,286,342,074	0.3	203,184	0.3	\$6,331
New York: Region II	\$64,264,067,695	16.2	7,278,503	10.1	\$8,670 ⁴
New Jersey	\$10,366,613,821	2.6	1,459,128	2.0	\$7,105
New York	\$52,735,836,138	13.3	5,819,375	8.1	\$9,062
Puerto Rico	\$1,127,049,216	0.3	(7)	---	---
Virgin Islands	\$34,568,520	(6)	(7)	---	---
Philadelphia: Region III	\$41,378,854,103	10.4	5,779,607	8.0	\$7,159
Delaware	\$1,406,899,219	0.4	248,076	0.3	\$5,671
District of Columbia	\$2,097,832,867	0.5	238,924	0.3	\$8,780
Maryland	\$7,659,890,089	1.9	1,149,416	1.6	\$6,664
Pennsylvania	\$20,492,991,747	5.2	2,531,235	3.5	\$8,096
Virginia	\$6,962,928,695	1.8	1,173,420	1.6	\$5,934
West Virginia	\$2,758,311,486	0.7	438,536	0.6	\$6,290
Atlanta: Region IV	\$65,948,036,404	16.6	13,761,091	19.1	\$4,792
Alabama	\$4,700,125,652	1.2	1,062,368	1.5	\$4,424
Florida	\$18,351,906,556	4.6	3,985,290	5.5	\$4,605
Georgia	\$8,442,027,227	2.1	2,153,231	3.0	\$3,921
Kentucky	\$5,793,694,975	1.5	1,008,030	1.4	\$5,748
Mississippi	\$4,452,297,213	1.1	848,791	1.2	\$5,245
North Carolina	\$10,906,899,524	2.7	2,121,018	2.9	\$5,142
South Carolina	\$5,077,980,992	1.3	1,019,254	1.4	\$4,982
Tennessee	\$8,223,104,265	2.1	1,563,109	2.2	\$5,261
Chicago: Region V	\$60,995,717,769	15.4	11,845,151	16.4	\$5,149
Illinois	\$12,145,766,523	3.1	3,130,791	4.3	\$3,879
Indiana	\$6,567,638,967	1.7	1,287,721	1.8	\$5,100
Michigan	\$11,839,436,367	3.0	2,390,708	3.3	\$4,952
Minnesota	\$8,021,175,364	2.0	1,108,326	1.5	\$7,237
Ohio	\$14,629,250,504	3.7	2,554,919	3.5	\$5,726
Wisconsin	\$7,792,450,044	2.0	1,372,686	1.9	\$5,677

See footnotes at end of table.

Table 13.3—Continued
Medicaid Expenditures, Eligibles, and Average Expenditure per Eligible, by Area of Residence: Fiscal Year 2011

Area of Residence	Expenditures ¹		Eligibles ²		Average Expenditure per Eligible
	Total	Percent	Total	Percent	
Dallas: Region VI	\$44,234,249,094	11.1	8,866,917	12.3	\$4,989
Arkansas	\$4,002,402,607	1.0	788,853	1.1	\$5,074
Louisiana	\$6,365,331,810	1.6	1,405,870	2.0	\$4,528
New Mexico	\$3,363,926,038	0.8	651,476	0.9	\$5,164
Oklahoma	\$4,268,741,203	1.1	908,387 ⁸	1.3	\$4,699
Texas	\$26,233,847,436	6.6	5,112,331	7.1	\$5,131
Kansas City: Region VII	\$15,712,438,758	4.0	2,529,028	3.5	\$6,213
Iowa	\$3,372,063,186	0.8	611,267	0.8	\$5,517
Kansas	\$2,685,662,296	0.7	394,417 ⁸	0.5	\$6,809
Missouri	\$8,013,335,106	2.0	1,222,957	1.7	\$6,552
Nebraska	\$1,641,378,170	0.4	300,387	0.4	\$5,464
Denver: Region VIII	\$9,111,065,978	2.3	1,719,972	2.4	\$5,297
Colorado	\$4,341,733,610	1.1	833,505	1.2	\$5,209
Montana	\$964,833,600	0.2	162,836	0.2	\$5,925
North Dakota	\$730,610,075	0.2	91,111	0.1	\$8,019
South Dakota	\$756,922,521	0.2	148,099	0.2	\$5,111
Utah	\$1,786,766,158	0.4	395,315 ⁸	0.5	\$4,520
Wyoming	\$530,200,014	0.1	89,106	0.1	\$5,950
San Francisco: Region IX	\$54,841,820,668	13.8	13,805,658	19.2	\$3,966 ⁵
American Samoa	\$26,354,498	(6)	(7)	---	---
Arizona	\$8,962,000,937	2.3	1,283,852	1.8	\$6,981
California	\$42,640,788,919	10.7	11,825,462	16.4	\$3,606
Guam	\$30,956,729	(6)	(7)	---	---
Hawaii	\$1,587,397,258	0.4	307,681	0.4	\$5,159
Nevada	\$1,567,120,310	0.4	388,663	0.5	\$4,032
Northern Mariana Islands	\$27,202,017	(6)	(7)	---	---
Seattle: Region X	\$14,851,997,160	3.7	2,817,961	3.9	\$5,270
Alaska	\$1,308,732,445	0.3	148,398	0.2	\$8,819
Idaho	\$1,667,471,566	0.4	458,149 ⁸	0.6	\$3,640
Oregon	\$4,341,260,974	1.1	789,360	1.1	\$5,500
Washington	\$7,534,532,175	1.9	1,422,054	2.0	\$5,298

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

²Eligibles represent persons ever enrolled in Medicaid during the fiscal year and for selected jurisdictions from the prior year, as reported in the Medicaid Statistical Information System.

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

⁴Excludes expenditures for Puerto Rico and Virgin Islands.

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

⁶Less than 0.05 percent.

⁷Jurisdiction did not report eligibles.

⁸Last reported number of eligibles is for fiscal year 2010.

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

Table 13.4
Number of Medicaid Persons Served (Beneficiaries), by Eligibility Group:
Fiscal Years 1975-2011

Year	Total	Children ¹	Adult	Aged	Disabled	Other/ Unknown
	Number in Thousands					
1975	22,007	9,598	4,529	3,615	2,464	1,801
1976	22,815	9,924	4,773	3,612	2,669	1,837
1977	22,832	9,651	4,785	3,636	2,802	1,958
1978	21,965	9,376	4,643	3,376	2,718	1,852
1979	21,520	9,106	4,570	3,364	2,753	1,727
1980	21,605	9,333	4,877	3,440	2,911	1,044
1981	21,980	9,581	5,187	3,367	3,079	766
1982	21,603	9,563	5,356	3,240	2,891	553
1983	21,554	9,535	5,592	3,372	2,921	134
1984	21,607	9,684	5,600	3,238	2,913	172
1985	21,814	9,757	5,518	3,061	3,012	466
1986	22,515	10,029	5,647	3,140	3,182	517
1987	23,109	10,168	5,599	3,224	3,381	737
1988	22,907	10,037	5,503	3,159	3,487	721
1989	23,511	10,318	5,717	3,132	3,590	754
1990	25,255	11,220	6,010	3,202	3,718	1,105
1991	27,967	12,855	6,703	3,341	4,033	1,035
1992	31,150	15,200	7,040	3,749	4,487	674
1993	33,432	16,285	7,505	3,863	5,016	763
1994	35,053	17,194	7,586	4,035	5,458	780
1995	36,282	17,164	7,604	4,119	5,858	1,537
1996	36,118	16,739	7,127	4,285	6,221	1,746
1997	34,872	15,791	6,803	3,955	6,129	2,195
1998	40,096	18,969	7,895	3,964	6,637	2,631
1999	40,184	18,837	7,511	3,774	6,698	3,365
2000	42,763	19,723	8,750	3,731	6,889	3,671
2001	45,766	21,064	9,758	3,810	7,107	4,026
2002	49,329	23,227	11,255	3,887	7,408	3,552
2003	51,971	24,831	11,691	4,041	7,669	3,739
2004	55,002	26,459	12,244	4,318	7,933	4,048
2005	57,349	27,096	12,461	4,370	8,165	5,257
2006	57,181	27,438	12,490	4,330	8,254	4,669
2007	56,821	27,527	12,405	4,044	8,427	4,418
2008	58,771	28,071	12,947	4,147	8,694	4,912
2009	62,363	29,848	14,447	4,195	9,036	4,837
2010	65,182	31,568	15,540	4,284	9,338	4,451
2011	68,372	32,662	16,396	4,349	9,791	5,174

See footnotes at end of table.

Table 13.4—Continued
Number of Medicaid Persons Served (Beneficiaries), by Eligibility Group:
Fiscal Years 1975-2011

Year	Total	Children ¹	Adult	Aged	Disabled	Other/ Unknown
			Percent Distribution			
1975	100.0	43.6	20.6	16.4	11.2	8.2
1976	100.0	43.5	20.9	15.8	11.7	8.1
1977	100.0	42.3	21.0	15.9	12.3	8.6
1978	100.0	42.7	21.1	15.4	12.4	8.4
1979	100.0	42.3	21.2	15.6	12.8	8.0
1980	100.0	43.2	22.6	15.9	13.5	4.8
1981	100.0	43.6	23.6	15.3	14.0	3.5
1982	100.0	44.3	24.8	15.0	13.4	2.6
1983	100.0	44.2	25.9	15.6	13.6	0.6
1984	100.0	44.8	25.9	15.0	13.5	0.8
1985	100.0	44.7	25.3	14.0	13.8	2.1
1986	100.0	44.5	25.1	13.9	14.1	2.3
1987	100.0	44.0	24.2	14.0	14.6	3.2
1988	100.0	43.8	24.0	13.8	15.2	3.1
1989	100.0	43.9	24.3	13.3	15.3	3.2
1990	100.0	44.4	23.8	12.7	14.7	4.4
1991	100.0	46.0	24.0	11.9	14.4	3.7
1992	100.0	48.8	22.6	12.0	14.4	2.2
1993	100.0	48.7	22.4	11.6	15.0	2.3
1994	100.0	49.1	21.6	11.5	15.6	2.2
1995	100.0	47.3	21.0	11.4	16.1	4.2
1996	100.0	46.3	19.7	11.9	17.2	4.8
1997	100.0	45.3	19.5	11.3	17.6	6.3
1998	100.0	47.3	19.7	9.9	16.6	6.6
1999	100.0	46.9	18.7	9.4	16.7	8.4
2000	100.0	46.1	20.5	8.7	16.1	8.6
2001	100.0	46.0	21.3	8.3	15.5	8.8
2002	100.0	47.1	22.8	7.9	15.0	7.2
2003	100.0	47.8	22.5	7.8	14.8	7.2
2004	100.0	48.1	22.3	7.9	14.4	7.4
2005	100.0	47.2	21.7	7.6	14.2	9.2
2006	100.0	48.0	21.8	7.6	14.4	8.2
2007	100.0	48.4	21.8	7.1	14.8	7.8
2008	100.0	47.8	22.0	7.1	14.8	8.4
2009	100.0	47.9	23.2	6.7	14.5	7.8
2010	100.0	48.4	23.8	6.6	14.3	6.8
2011	100.0	47.8	24.0	6.4	14.3	7.6

¹Includes non-disabled children and foster care children.

NOTE: Beginning fiscal year 1998, a Medicaid-eligible person who, during the year, received only coverage for managed care benefits was included in this series as a person served (beneficiary). Beneficiaries covered under SCHIP are excluded from Medicaid. The beneficiary counts reported for 2011 include last reported 2010 counts of beneficiaries for Maine, Oklahoma, Kansas, Utah, and Idaho.

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

Table 13.5

Medicaid Persons Served (Beneficiaries), All Eligibility Groups, by Selected Type of Service:

Fiscal Years 1975-2011

Year	Total ¹	Inpatient		Nursing		Outpatient	Home	Prescribed
		Hospital	ICF/MR	Facility ²	Physician	Hospital	Health ³	Drugs
Number Using Selected Service, in Thousands								
1975	22,007	3,432	69	1,312	15,198	7,437	343	14,155
1976	22,815	3,551	89	1,361	15,624	8,482	319	14,883
1977	22,832	3,768	107	1,395	16,074	8,619	371	15,370
1978	21,965	3,782	104	1,379	15,668	8,628	376	15,188
1979	21,520	3,608	114	1,376	15,168	7,710	359	14,283
1980	21,605	3,680	121	1,395	13,765	9,705	392	13,707
1981	21,980	3,703	151	1,372	14,403	10,018	402	14,256
1982	21,603	3,530	149	1,324	13,894	9,853	377	13,547
1983	21,554	3,696	151	1,367	14,056	10,069	422	13,732
1984	21,607	3,467	141	1,355	14,195	10,035	438	13,935
1985	21,814	3,434	147	1,375	14,387	10,072	535	13,921
1986	22,515	3,544	145	1,399	14,894	10,702	593	14,704
1987	23,109	3,767	149	1,421	15,373	10,979	609	15,083
1988	22,907	3,832	145	1,445	15,265	10,533	569	15,323
1989	23,511	4,170	148	1,452	15,686	11,344	609	15,916
1990	25,255	4,593	147	1,461	17,078	12,370	719	17,294
1991	27,967	5,014	145	1,490	19,119	14,031	809	19,581
1992	31,150	5,790	151	1,573	21,683	15,167	926	22,070
1993	33,432	5,894	149	1,610	23,746	16,436	1,067	23,901
1994	35,053	5,866	159	1,639	24,267	16,567	1,293	24,471
1995	36,282	5,561	151	1,667	23,789	16,712	1,639	23,723
1996	36,118	5,362	140	1,594	22,861	15,905	1,727	22,585
1997	34,872	4,746	136	1,603	21,170	13,632	1,861	20,954
1998	40,096	4,270	126	1,646	18,553	12,158	1,225	19,338
1999	40,184	4,497	122	1,617	18,373	12,417	814	19,855
2000	42,763	4,933	118	1,703	19,104	13,226	995	20,517
2001	45,766	4,900	117	1,701	20,184	13,815	1,011	22,040
2002	49,329	5,046	117	1,760	22,065	14,831	1,064	24,380
2003	51,971	5,217	114	1,691	22,857	15,511	1,184	26,075
2004	55,002	5,425	114	1,709	23,612	15,888	1,146	27,549
2005	57,349	5,462	109	1,703	24,030	16,153	1,192	28,162
2006	57,181	6,212	107	1,707	22,982	15,792	1,186	27,010
2007	56,821	5,134	104	1,645	22,047	14,896	1,190	23,923
2008	58,771	5,259	102	1,616	21,661	14,789	1,144	24,579
2009	62,363	5,443	101	1,645	23,070	16,544	1,087	26,687
2010	65,182	4,569	99	1,542	23,898	15,764	1,137	28,966
2011	68,372	5,132	96	1,619	24,143	16,182	1,095	30,416

See footnotes at end of table.

Table 13.5—Continued
Medicaid Persons Served (Beneficiaries), All Eligibility Groups, by Selected Type of Service:
Fiscal Years 1975-2011

Year	Total ¹	Inpatient		Nursing		Outpatient	Home	Prescribed
		Hospital	ICF/MR	Facility ²	Physician	Hospital	Health ³	Drugs
Percent of Unduplicated Total Using Selected Service								
1975	100.0	15.6	0.3	6.0	69.1	33.8	1.6	64.3
1976	100.0	15.6	0.4	6.0	68.5	37.2	1.4	65.2
1977	100.0	16.5	0.5	6.1	70.4	37.7	1.6	67.3
1978	100.0	17.2	0.5	6.3	71.3	39.3	1.7	69.1
1979	100.0	16.8	0.5	6.4	70.5	35.8	1.7	66.4
1980	100.0	17.0	0.6	6.5	63.7	44.9	1.8	63.4
1981	100.0	16.8	0.7	6.2	65.5	45.6	1.8	64.9
1982	100.0	16.3	0.7	6.1	64.3	45.6	1.7	62.7
1983	100.0	17.1	0.7	6.3	65.2	46.7	2.0	63.7
1984	100.0	16.0	0.7	6.3	65.7	46.4	2.0	64.5
1985	100.0	15.7	0.7	6.3	66.0	46.2	2.5	63.8
1986	100.0	15.7	0.6	6.2	66.2	47.5	2.6	65.3
1987	100.0	16.3	0.6	6.1	66.5	47.5	2.6	65.3
1988	100.0	16.7	0.6	6.3	66.6	46.0	2.5	66.9
1989	100.0	17.7	0.6	6.2	66.7	48.2	2.6	67.7
1990	100.0	18.2	0.6	5.8	67.6	49.0	2.8	68.5
1991	100.0	17.9	0.5	5.3	68.4	50.2	2.9	70.0
1992	100.0	18.6	0.5	5.0	69.6	48.7	3.0	70.9
1993	100.0	17.6	0.4	4.8	71.0	49.2	3.2	71.5
1994	100.0	16.7	0.5	4.7	69.2	47.3	3.7	69.8
1995	100.0	15.3	0.4	4.6	65.6	46.1	4.5	65.4
1996	100.0	14.8	0.4	4.4	63.3	44.0	4.8	62.5
1997	100.0	13.6	0.4	4.6	60.7	39.1	5.3	60.1
1998	100.0	10.6	0.3	4.1	46.3	30.3	3.1	48.2
1999	100.0	11.2	0.3	4.0	45.7	30.9	2.0	49.4
2000	100.0	11.5	0.3	4.0	44.7	30.9	2.3	48.0
2001	100.0	10.7	0.3	3.7	44.1	30.2	2.2	48.2
2002	100.0	10.2	0.2	3.6	44.7	30.1	2.2	49.4
2003	100.0	10.0	0.2	3.3	44.0	29.8	2.3	50.2
2004	100.0	9.9	0.2	3.1	42.9	28.9	2.1	50.1
2005	100.0	9.5	0.2	3.0	41.9	28.2	2.1	49.1
2006	100.0	10.9	0.2	3.0	40.2	27.6	2.1	47.2
2007	100.0	9.0	0.2	2.9	38.8	26.2	2.1	42.1
2008	100.0	8.9	0.2	2.7	36.9	25.2	1.9	41.8
2009	100.0	8.7	0.2	2.6	37.0	26.5	1.7	42.8
2010	100.0	7.0	0.2	2.4	36.7	24.2	1.7	44.4
2011	100.0	7.5	0.1	2.4	35.3	23.7	1.6	44.5

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

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

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

NOTES: Beginning fiscal year 1998, a Medicaid-eligible person who during the year, received only coverage for managed care benefits was included in this series as a person served (beneficiary). ICF/MR is Intermediate care facility for the mentally retarded. Beneficiaries covered under SCHIP are excluded from Medicaid. The beneficiary counts reported for 2011 include last reported 2010 counts of beneficiaries for Maine, Oklahoma, Kansas, Utah, and Idaho.

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

Table 13.6
Medicaid Persons Served (Beneficiaries), Children, by Selected Type of Service:
Fiscal Years 1975-2011

Year	Total ¹	Inpatient		Nursing		Outpatient	Home	Prescribed
		Hospital	ICF/MR	Facility ²	Physician	Hospital	Health ³	Drugs
Number Using Selected Service, in Thousands								
1975	9,598	984	4	6	6,659	3,619	58	5,552
1976	9,924	1,005	3	4	6,908	4,037	55	5,961
1977	9,651	1,019	4	4	6,864	4,024	62	6,067
1978	9,376	1,023	3	2	6,705	3,992	141	6,016
1979	9,106	944	5	2	6,459	3,528	185	5,655
1980	9,333	978	5	9	6,085	4,238	72	5,590
1981	9,581	955	1	2	6,482	4,282	90	5,810
1982	9,563	866	1	2	6,175	4,171	65	5,432
1983	9,535	881	1	0	6,111	4,159	39	5,488
1984	9,684	845	1	1	6,330	4,178	44	5,667
1985	9,757	864	1	1	6,284	4,269	64	5,592
1986	10,029	924	(4)	2	6,496	4,445	69	5,949
1987	10,168	1,005	(4)	(4)	6,649	4,520	60	6,073
1988	10,037	1,003	(4)	(4)	6,628	4,321	51	6,125
1989	10,318	1,138	1	(4)	6,908	4,662	59	6,454
1990	11,220	1,345	1	1	7,689	5,250	75	7,259
1991	12,855	1,472	1	2	8,911	6,157	103	8,605
1992	15,200	1,992	1	3	10,402	7,151	126	10,068
1993	16,285	1,905	1	1	11,350	7,651	149	10,989
1994	17,194	1,924	1	1	11,546	7,626	202	11,238
1995	17,164	1,725	1	1	11,041	7,389	259	10,708
1996	16,739	1,625	(4)	1	10,314	6,777	329	9,988
1997	15,791	1,363	1	2	9,370	5,472	309	9,129
1998	18,969	1,199	1	5	7,847	4,776	206	8,168
1999	18,837	1,152	1	1	7,617	4,617	132	8,118
2000	19,723	1,274	1	1	7,848	4,923	190	8,316
2001	21,064	1,314	1	2	8,364	5,284	208	8,954
2002	23,227	1,334	1	2	9,265	5,768	227	9,930
2003	24,831	1,380	1	2	9,785	6,075	248	10,818
2004	26,459	1,494	1	2	10,285	6,342	242	11,550
2005	27,096	1,485	1	2	10,360	6,305	252	11,774
2006	27,438	1,719	1	2	10,063	6,171	246	11,494
2007	27,527	1,388	1	4	9,401	5,657	240	11,015
2008	28,071	1,474	1	8	9,095	5,552	208	11,164
2009	29,848	1,515	1	2	9,661	6,025	176	12,098
2010	31,568	1,219	1	1	10,031	5,946	187	13,487
2011	32,662	1,367	1	2	10,111	5,901	177	14,305

See footnotes at end of table.

Table 13.6—Continued
Medicaid Persons Served (Beneficiaries), Children, by Selected Type of Service:
Fiscal Years 1975-2011

Year	Total ¹	Inpatient		Nursing		Outpatient	Home	Prescribed
		Hospital	ICF/MR	Facility ²	Physician	Hospital	Health ³	Drugs
Percent of Unduplicated Total Using Selected Service								
1975	100.0	10.3	(5)	(5)	69.4	37.7	0.6	57.8
1976	100.0	10.1	(5)	(5)	69.6	40.7	0.6	60.1
1977	100.0	10.6	(5)	(5)	71.1	41.7	0.6	62.9
1978	100.0	10.9	(5)	(5)	71.5	42.6	1.5	64.2
1979	100.0	10.4	(5)	(5)	70.9	38.7	2.0	62.1
1980	100.0	10.5	(5)	(5)	65.2	45.4	0.8	59.9
1981	100.0	10.0	(5)	(5)	67.7	44.7	0.9	60.6
1982	100.0	9.1	(5)	(5)	64.6	43.6	0.7	56.8
1983	100.0	9.2	(5)	(5)	64.1	43.6	0.4	57.6
1984	100.0	8.7	(5)	(5)	65.4	43.1	0.5	58.5
1985	100.0	8.9	(5)	(5)	64.4	43.8	0.7	57.3
1986	100.0	9.2	(5)	(5)	64.8	44.3	0.7	59.3
1987	100.0	9.9	(5)	(5)	65.4	44.5	0.6	59.7
1988	100.0	10.0	(5)	(5)	66.0	43.1	0.5	61.0
1989	100.0	11.0	(5)	(5)	67.0	45.2	0.6	62.6
1990	100.0	12.0	(5)	(5)	68.5	46.8	0.7	64.7
1991	100.0	11.4	(5)	(5)	69.3	47.9	0.8	66.9
1992	100.0	13.1	(5)	(5)	68.4	47.0	0.8	66.2
1993	100.0	11.7	(5)	(5)	69.7	47.0	0.9	67.5
1994	100.0	11.2	(5)	(5)	67.2	44.4	1.2	65.4
1995	100.0	10.1	(5)	(5)	64.3	43.0	1.5	62.4
1996	100.0	9.7	(5)	(5)	61.6	40.5	2.0	59.7
1997	100.0	8.6	(5)	(5)	59.3	34.7	2.0	57.8
1998	100.0	6.3	(5)	(5)	41.4	25.2	1.1	43.1
1999	100.0	6.1	(5)	(5)	40.4	24.5	0.7	43.1
2000	100.0	6.5	(5)	(5)	39.8	25.0	1.0	42.2
2001	100.0	6.2	(5)	(5)	39.7	25.1	1.0	42.5
2002	100.0	5.7	(5)	(5)	39.9	24.8	1.0	42.8
2003	100.0	5.6	(5)	(5)	39.4	24.5	1.0	43.6
2004	100.0	5.6	(5)	(5)	38.9	24.0	0.9	43.7
2005	100.0	5.5	(5)	(5)	38.2	23.3	0.9	43.5
2006	100.0	6.3	(5)	(5)	36.7	22.5	0.9	41.9
2007	100.0	5.0	(5)	(5)	34.2	20.5	0.9	40.0
2008	100.0	5.3	(5)	(5)	32.4	19.8	0.7	39.8
2009	100.0	5.1	(5)	(5)	32.4	20.2	0.6	40.5
2010	100.0	3.9	(5)	(5)	31.8	18.8	0.6	42.7
2011	100.0	4.2	(5)	(5)	31.0	18.1	0.5	43.8

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

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

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

⁴Less than 500 users.

⁵Less than 0.05 percent.

NOTES: Beginning fiscal year 1998, a Medicaid-eligible person who during the year, received only coverage for managed care benefits was included in this series as a person served (beneficiary). ICF/MR is Intermediate care facility for the mentally retarded. Beneficiaries covered under SCHIP are excluded from Medicaid. The beneficiary counts reported for 2011 include last reported 2010 counts of beneficiaries for Maine, Oklahoma, Kansas, Utah, and Idaho.

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

Table 13.7
Medicaid Persons Served (Beneficiaries), Adults, by Selected Type of Service:
Fiscal Years 1975-2011

Year	Total ¹	Inpatient		Nursing		Outpatient	Home	Prescribed
		Hospital	ICF/MR	Facility ²	Physician	Hospital	Health ³	Drugs
Number Using Selected Service, in Thousands								
1975	4,529	930	(4)	5	3,368	1,896	50	3,168
1976	4,773	959	1	3	3,437	2,127	31	3,329
1977	4,785	993	2	3	3,571	2,183	36	3,415
1978	4,643	975	2	3	3,469	2,161	29	3,460
1979	4,570	970	2	2	3,411	1,985	28	3,288
1980	4,877	1,000	3	9	3,206	2,485	41	3,173
1981	5,187	1,035	1	2	3,498	2,657	39	3,501
1982	5,356	1,035	(4)	1	3,555	2,755	38	3,493
1983	5,592	1,078	1	2	3,684	2,916	34	3,639
1984	5,600	1,006	(4)	2	3,696	2,894	38	3,663
1985	5,518	990	(4)	2	3,635	2,933	46	3,562
1986	5,647	1,016	(4)	2	3,699	3,060	59	3,681
1987	5,599	1,067	(4)	4	3,704	3,072	46	3,658
1988	5,503	1,090	(4)	4	3,646	2,894	37	3,617
1989	5,717	1,247	(4)	11	3,888	3,199	42	3,829
1990	6,010	1,457	(4)	2	4,168	3,508	48	4,057
1991	6,703	1,623	(4)	3	4,579	3,979	77	4,603
1992	7,040	1,711	(4)	4	5,152	4,060	71	5,076
1993	7,505	1,752	(4)	5	5,515	4,283	87	5,411
1994	7,586	1,672	(4)	3	5,457	4,145	117	5,383
1995	7,604	1,602	(4)	4	5,096	4,102	139	4,971
1996	7,127	1,431	(4)	2	4,499	3,616	139	4,342
1997	6,803	1,247	(4)	3	3,874	3,056	143	3,896
1998	7,895	1,135	(4)	8	3,352	2,679	120	3,513
1999	7,511	1,134	(4)	2	3,105	2,571	86	3,545
2000	8,750	1,268	(4)	3	3,580	2,793	101	3,962
2001	9,758	1,332	(4)	4	3,998	3,006	92	4,322
2002	11,255	1,407	(4)	4	4,862	3,467	91	5,146
2003	11,691	1,497	(4)	4	4,877	3,661	98	5,464
2004	12,244	1,554	(4)	5	4,891	3,718	90	5,724
2005	12,461	1,565	(4)	6	4,904	3,631	97	5,844
2006	12,490	1,798	(4)	6	4,698	3,611	90	5,624
2007	12,405	1,471	(4)	6	4,477	3,350	89	5,420
2008	12,947	1,506	(4)	10	4,378	3,337	85	5,543
2009	14,447	1,564	(4)	9	4,857	3,799	77	6,584
2010	15,540	1,257	(4)	5	5,122	3,757	81	7,445
2011	16,396	1,469	(4)	6	5,258	3,930	86	7,924

See footnotes at end of table.

Table 13.7—Continued
Medicaid Persons Served (Beneficiaries), Adults, by Selected Type of Service:
Fiscal Years 1975-2011

Year	Total ¹	Inpatient		Nursing		Outpatient	Home	Prescribed
		Hospital	ICF/MR	Facility ²	Physician	Hospital	Health ³	Drugs
Percent of Unduplicated Total Using Selected Service								
1975	100.0	20.5	(5)	(5)	74.4	41.9	1.1	69.9
1976	100.0	20.1	(5)	(5)	72.0	44.6	0.6	69.7
1977	100.0	20.8	(5)	(5)	74.6	45.6	0.8	71.4
1978	100.0	21.0	(5)	(5)	74.7	46.5	0.6	74.5
1979	100.0	21.2	(5)	(5)	74.6	43.4	0.6	71.9
1980	100.0	20.5	(5)	(5)	65.7	51.0	0.8	65.1
1981	100.0	20.0	(5)	(5)	67.4	51.2	0.8	67.5
1982	100.0	19.3	(5)	(5)	66.4	51.4	0.7	65.2
1983	100.0	19.3	(5)	(5)	65.9	52.1	0.6	65.1
1984	100.0	18.0	(5)	(5)	66.0	51.7	0.7	65.4
1985	100.0	17.9	(5)	(5)	65.9	53.2	0.8	64.6
1986	100.0	18.0	(5)	(5)	65.5	54.2	1.0	65.2
1987	100.0	19.1	(5)	(5)	66.2	54.9	0.8	65.3
1988	100.0	19.8	(5)	(5)	66.3	52.6	0.7	65.7
1989	100.0	21.8	(5)	0.2	68.0	56.0	0.7	67.0
1990	100.0	24.2	(5)	(5)	69.3	58.4	0.8	67.5
1991	100.0	24.2	(5)	(5)	68.3	59.4	1.1	68.7
1992	100.0	24.3	(5)	(5)	73.2	57.7	1.0	72.1
1993	100.0	23.3	(5)	(5)	73.5	57.1	1.2	72.1
1994	100.0	22.0	(5)	(5)	71.9	54.6	1.5	71.0
1995	100.0	21.1	(5)	(5)	67.0	53.9	1.8	65.4
1996	100.0	20.1	(5)	(5)	63.1	50.7	2.0	60.9
1997	100.0	18.3	(5)	(5)	56.9	44.9	2.1	57.3
1998	100.0	14.4	(5)	0.1	42.5	33.9	1.5	44.5
1999	100.0	15.1	(5)	(5)	41.3	34.2	1.1	47.2
2000	100.0	14.5	(5)	(5)	40.9	31.9	1.2	45.3
2001	100.0	13.7	(5)	(5)	41.0	30.8	0.9	44.3
2002	100.0	12.5	(5)	(5)	43.2	30.8	0.8	45.7
2003	100.0	12.8	(5)	(5)	41.7	31.3	0.8	46.7
2004	100.0	12.7	(5)	(5)	39.9	30.4	0.7	46.7
2005	100.0	12.6	(5)	(5)	39.4	29.1	0.8	46.9
2006	100.0	14.4	(5)	(5)	37.6	28.9	0.7	45.0
2007	100.0	11.9	(5)	(5)	36.1	27.0	0.7	43.7
2008	100.0	11.6	(5)	0.1	33.8	25.8	0.7	42.8
2009	100.0	10.8	(5)	0.1	33.6	26.3	0.5	45.6
2010	100.0	8.1	(5)	0.0	33.0	24.2	0.5	47.9
2011	100.0	9.0	(5)	(5)	32.1	24.0	0.5	48.3

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

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

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

⁴Less than 500 users.

⁵Less than 0.05 percent.

NOTES: Beginning fiscal year 1998, a Medicaid-eligible person who during the year, received only coverage for managed care benefits was included in this series as a person served (beneficiary). ICF/MR is Intermediate care facility for the mentally retarded. The beneficiary counts reported for 2011 include last reported 2010 counts of beneficiaries for Maine, Oklahoma, Kansas, Utah, and Idaho.

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

Table 13.8
Medicaid Persons Served (Beneficiaries), Aged, by Selected Type of Service:
Fiscal Years 1975-2011

Year	Total ¹	Inpatient		Nursing		Outpatient	Home	Prescribed
		Hospital	ICF/MR	Facility ²	Physician	Hospital	Health ³	Drugs
Number Using Selected Service, in Thousands								
1975	3,615	757	3	1,023	2,263	732	115	2,673
1976	3,612	786	2	1,080	2,275	816	113	2,718
1977	3,636	824	2	1,112	2,338	828	134	2,678
1978	3,376	858	3	1,093	2,245	908	106	2,595
1979	3,364	798	3	1,080	2,222	874	56	2,504
1980	3,440	831	12	1,095	2,221	903	108	2,524
1981	3,367	843	9	1,134	2,208	895	102	2,655
1982	3,240	811	8	1,105	2,148	885	105	2,523
1983	3,372	881	8	1,186	2,265	1,088	207	2,526
1984	3,238	785	5	1,164	2,140	1,041	199	2,444
1985	3,061	729	7	1,171	2,166	804	234	2,400
1986	3,140	720	6	1,185	2,216	884	254	2,469
1987	3,224	725	6	1,206	2,239	912	277	2,490
1988	3,159	728	5	1,248	2,066	918	263	2,504
1989	3,132	720	5	1,227	1,989	940	264	2,471
1990	3,202	705	7	1,234	2,056	944	288	2,591
1991	3,341	759	8	1,265	2,185	1,049	300	2,727
1992	3,749	870	12	1,339	2,366	1,196	324	2,872
1993	3,863	909	10	1,370	2,569	1,335	356	2,954
1994	4,035	901	11	1,398	2,681	1,420	395	3,012
1995	4,119	855	12	1,405	2,753	1,557	481	2,981
1996	4,285	887	10	1,327	2,838	1,672	460	2,969
1997	3,955	790	10	1,298	2,836	1,471	530	2,848
1998	3,964	735	9	1,300	2,579	1,344	363	2,834
1999	3,774	694	9	1,210	2,444	1,286	199	2,907
2000	3,731	708	9	1,204	2,364	1,324	229	2,890
2001	3,810	703	8	1,196	2,369	1,303	235	2,997
2002	3,887	721	8	1,174	2,187	1,264	250	3,147
2003	4,041	697	8	1,157	2,210	1,235	264	3,294
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
2010	4,284	507	8	1,041	2,393	1,282	276	1,928
2011	4,349	581	8	1,007	2,387	1,358	263	1,892

See footnotes at end of table.

Table 13.8—Continued
Medicaid Persons Served (Beneficiaries), Aged, by Selected Type of Service:
Fiscal Years 1975-2011

Year	Total ¹	Inpatient		Nursing		Outpatient	Home	Prescribed
		Hospital	ICF/MR	Facility ²	Physician	Hospital	Health ³	Drugs
Percent of Unduplicated Total Using Selected Service								
1975	100.0	20.9	0.1	28.3	62.6	20.2	3.2	73.9
1976	100.0	21.8	0.1	29.9	63.0	22.6	3.1	75.2
1977	100.0	22.7	0.1	30.6	64.3	22.8	3.7	73.7
1978	100.0	25.4	0.1	32.4	66.5	26.9	3.1	76.9
1979	100.0	23.7	0.1	32.1	66.1	26.0	1.7	74.4
1980	100.0	24.2	0.3	31.8	64.6	26.3	3.1	73.4
1981	100.0	25.0	0.3	33.7	65.6	26.6	3.0	78.9
1982	100.0	25.0	0.2	34.1	66.3	27.3	3.2	77.9
1983	100.0	26.1	0.2	35.2	67.2	32.3	6.1	74.9
1984	100.0	24.2	0.2	35.9	66.1	32.1	6.1	75.5
1985	100.0	23.8	0.2	38.3	70.8	26.3	7.6	78.4
1986	100.0	22.9	0.2	37.7	70.6	28.2	8.1	78.6
1987	100.0	22.5	0.2	37.4	69.4	28.3	8.6	77.2
1988	100.0	23.0	0.2	39.5	65.4	29.1	8.3	79.3
1989	100.0	23.0	0.2	39.2	63.5	30.0	8.4	78.9
1990	100.0	22.0	0.2	38.5	64.2	29.5	9.0	80.9
1991	100.0	22.7	0.2	37.9	65.4	31.4	9.0	81.6
1992	100.0	23.2	0.3	35.7	63.1	31.9	8.6	76.6
1993	100.0	23.5	0.3	35.5	66.5	34.6	9.2	76.5
1994	100.0	22.3	0.3	34.6	66.4	35.2	9.8	74.6
1995	100.0	20.8	0.3	34.1	66.8	37.8	11.7	72.4
1996	100.0	20.7	0.2	31.0	66.2	39.0	10.7	69.3
1997	100.0	20.0	0.3	32.8	71.7	37.2	13.4	72.0
1998	100.0	18.5	0.2	32.8	65.1	33.9	9.2	71.5
1999	100.0	18.4	0.2	32.1	64.8	34.1	5.3	77.0
2000	100.0	19.0	0.2	32.3	63.4	35.5	6.1	77.5
2001	100.0	18.5	0.2	31.4	62.2	34.2	6.2	78.7
2002	100.0	18.5	0.2	30.2	56.3	32.5	6.4	81.0
2003	100.0	17.2	0.2	28.6	54.7	30.6	6.5	81.5
2004	100.0	16.5	0.2	26.9	52.1	28.7	6.0	82.2
2005	100.0	15.7	0.2	26.2	50.9	29.7	6.3	82.2
2006	100.0	15.1	0.2	25.8	51.9	30.4	6.3	78.1
2007	100.0	15.0	0.2	27.2	54.7	31.7	6.6	47.7
2008	100.0	14.5	0.2	26.0	54.5	30.9	6.5	45.4
2009	100.0	14.3	0.2	25.1	56.4	30.7	6.4	46.4
2010	100.0	11.8	0.2	24.3	55.8	29.9	6.4	45.0
2011	100.0	13.4	0.2	23.2	54.9	31.2	6.0	43.5

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

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

³Trends in home health agency beneficiaries (persons served) and program expenditures are not strictly comparable to 1997 and prior because of changes in the definitions of related categories of service. Reporting for 1998 added categories of service for personal care support services and home and community-based waiver services (category not shown separately in table). In 1999 the home and community-based waiver services were reclassified into the other related categories of service (category not shown separately in table). The beneficiary counts reported for 2011 include last reported 2010 counts of beneficiaries for Maine, Oklahoma, Kansas, Utah, and Idaho.

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 CHIP Services: Statistical Report on Medical Care: Eligibles, Recipients, Payments, and Services (HCFA-2082) and the Medicaid Statistical Information System (MSIS); data development by the Office of Information Products and Data Analytics.

Table 13.9
Medicaid Persons Served (Beneficiaries), Disabled, by Selected Type of Service:
Fiscal Years 1975-2011

Year	Total ¹	Inpatient		Nursing		Outpatient	Home	Prescribed
		Hospital	ICF/MR	Facility ²	Physician	Hospital	Health ³	Drugs
Number Using Selected Service, in Thousands								
1975	2,464	531	57	273	1,652	874	99	1,745
1976	2,669	602	78	271	1,816	1,064	112	1,912
1977	2,802	677	94	271	1,980	1,137	127	2,049
1978	2,718	691	91	276	1,956	1,150	97	2,046
1979	2,753	718	102	289	1,985	1,120	87	2,081
1980	2,911	749	102	295	2,032	1,269	170	2,193
1981	3,079	775	142	272	2,076	1,418	169	2,226
1982	2,891	733	143	250	2,030	1,284	168	2,156
1983	2,921	748	151	231	2,057	1,354	144	2,156
1984	2,913	730	139	230	2,056	1,361	161	2,200
1985	3,012	728	141	232	2,161	1,413	188	2,287
1986	3,182	751	140	232	2,298	1,569	205	2,451
1987	3,381	801	144	236	2,458	1,698	221	2,627
1988	3,487	834	140	230	2,521	1,772	216	2,738
1989	3,590	885	142	224	2,596	1,911	236	2,882
1990	3,718	913	137	217	2,735	1,982	297	3,022
1991	4,033	990	136	216	2,971	2,196	341	3,282
1992	4,487	1,092	138	221	3,353	2,467	396	3,671
1993	5,016	1,200	138	225	3,842	2,854	464	4,118
1994	5,458	1,240	146	228	4,167	3,088	565	4,429
1995	5,858	1,226	135	242	4,370	3,312	736	4,570
1996	6,221	1,265	128	247	4,559	3,475	766	4,762
1997	6,129	1,216	122	259	4,581	3,393	860	4,728
1998	6,637	1,132	116	285	4,365	3,241	527	4,687
1999	6,698	1,168	110	246	4,288	3,300	375	4,865
2000	6,889	1,228	107	262	4,335	3,426	430	5,009
2001	7,107	1,235	105	277	4,471	3,508	436	5,229
2002	7,408	1,282	106	317	4,682	3,693	467	5,686
2003	7,669	1,313	102	311	4,844	3,790	512	5,919
2004	7,933	1,339	101	311	5,011	3,876	517	6,128
2005	8,165	1,327	99	319	5,037	3,960	539	6,267
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
2010	9,338	1,223	86	325	5,426	4,137	557	5,663
2011	9,791	1,352	84	331	5,588	4,285	549	5,830

See footnotes at end of table.

Table 13.9—Continued
Medicaid Persons Served (Beneficiaries), Disabled, by Selected Type of Service:
Fiscal Years 1975-2011

Year	Total ¹	Inpatient		Nursing		Outpatient	Home	Prescribed
		Hospital	ICF/MR	Facility ²	Physician	Hospital	Health ³	Drugs
Percent of Unduplicated Total Using Selected Service								
1975	100.0	21.6	2.3	11.1	67.0	35.5	4.0	70.8
1976	100.0	22.6	2.9	10.2	68.0	39.9	4.2	71.6
1977	100.0	24.2	3.4	9.7	70.7	40.6	4.5	73.1
1978	100.0	25.4	3.3	10.2	72.0	42.3	3.6	75.3
1979	100.0	26.1	3.7	10.5	72.1	40.7	3.2	75.6
1980	100.0	25.7	3.5	10.1	69.8	43.6	5.8	75.3
1981	100.0	25.2	4.6	8.8	67.4	46.1	5.5	72.3
1982	100.0	25.4	4.9	8.6	70.2	44.4	5.8	74.6
1983	100.0	25.6	5.2	7.9	70.4	46.4	4.9	73.8
1984	100.0	25.1	4.8	7.9	70.6	46.7	5.5	75.5
1985	100.0	24.2	4.7	7.7	71.7	46.9	6.2	75.9
1986	100.0	23.6	4.4	7.3	72.2	49.3	6.4	77.0
1987	100.0	23.7	4.3	7.0	72.7	50.2	6.5	77.7
1988	100.0	23.9	4.0	6.6	72.3	50.8	6.2	78.5
1989	100.0	24.7	4.0	6.2	72.3	53.2	6.6	80.3
1990	100.0	24.5	3.7	5.8	73.6	53.3	8.0	81.3
1991	100.0	24.6	3.4	5.4	73.7	54.4	8.4	81.4
1992	100.0	24.4	3.1	4.9	74.7	55.0	8.8	81.8
1993	100.0	23.9	2.8	4.5	76.6	56.9	9.3	82.1
1994	100.0	22.7	2.7	4.2	76.3	56.6	10.4	81.1
1995	100.0	20.9	2.3	4.1	74.6	56.5	12.6	78.0
1996	100.0	20.3	2.1	4.0	73.3	55.9	12.3	76.5
1997	100.0	19.8	2.0	4.2	74.7	55.4	14.0	77.1
1998	100.0	17.1	1.7	4.3	65.8	48.8	7.9	70.6
1999	100.0	17.4	1.6	3.7	64.0	49.3	5.6	72.6
2000	100.0	17.8	1.6	3.8	62.9	49.7	6.2	72.7
2001	100.0	17.4	1.5	3.9	62.9	49.4	6.1	73.6
2002	100.0	17.3	1.4	4.3	63.2	49.9	6.3	76.8
2003	100.0	17.1	1.3	4.1	63.2	49.4	6.7	77.2
2004	100.0	16.9	1.3	3.9	63.2	48.9	6.5	77.3
2005	100.0	16.3	1.2	3.9	61.7	48.5	6.6	76.7
2006	100.0	16.8	1.2	3.9	60.7	48.2	6.6	74.3
2007	100.0	15.1	1.1	3.8	59.6	47.0	6.6	61.2
2008	100.0	14.8	1.0	3.7	58.1	45.4	6.3	59.4
2009	100.0	15.0	1.0	3.7	58.8	46.3	5.9	60.1
2010	100.0	13.1	0.9	3.5	58.1	44.3	6.0	60.6
2011	100.0	13.8	0.9	3.4	57.1	43.8	5.6	59.5

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

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

³Trends in home health agency beneficiaries (persons served) and program expenditures are not strictly comparable to 1997 and prior because of changes in the definitions of related categories of service. Reporting for 1998 added categories of service for personal care support services and home and community-based waiver services (category not shown separately in table). In 1999 the home and community-based waiver services were reclassified into the other related categories of service (category not shown separately in table). The beneficiary counts reported for 2011 include last reported 2010 counts of beneficiaries for Maine, Oklahoma, Kansas, Utah, and Idaho.

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 CHIP Services: Statistical Report on Medical Care: Eligibles, Recipients, Payments, and Services (HCFA-2082) and the Medicaid Statistical Information System (MSIS); data development by the Office of Information Products and Data Analytics.

Table 13.10
Medicaid Payments, by Eligibility Group: Fiscal Years 1975-2011

Year	Total ¹	Children	Adults	Aged	Disabled
Amount in Millions (Nominal Dollars)					
1975	\$12,242	\$2,186	\$2,062	\$4,358	\$3,145
1976	14,091	2,431	2,288	4,910	3,920
1977	16,239	2,610	2,606	5,499	4,883
1978	17,992	2,748	2,673	6,308	5,620
1979	20,472	2,884	3,021	7,046	6,882
1980	23,311	3,123	3,231	8,739	7,621
1981	27,204	3,508	3,763	9,926	9,455
1982	29,399	3,473	4,093	10,739	10,405
1983	32,391	3,836	4,487	11,954	11,367
1984	33,891	3,979	4,420	12,815	11,977
1985	37,508	4,414	4,746	14,096	13,452
1986	41,005	5,135	4,880	15,097	14,913
1987	45,050	5,508	5,592	16,037	16,817
1988	48,710	5,848	5,883	17,135	18,594
1989	54,500	6,892	6,897	18,558	20,885
1990	64,859	9,100	8,590	21,508	24,404
1991	76,964	11,600	10,421	25,444	28,251
1992	91,480	14,758	12,403	29,089	34,004
1993	101,709	16,504	13,605	31,554	38,655
1994	108,270	17,302	13,585	33,618	42,298
1995	120,141	17,976	13,511	36,527	49,418
1996	121,685	17,544	12,275	36,947	52,065
1997	124,430	17,544	12,307	37,721	54,130
1998	142,260	22,896	14,865	40,601	60,374
1999	153,479	24,151	15,801	42,522	65,850
2000	168,307	26,775	17,763	44,503	72,742
2001	186,905	30,636	20,170	48,356	80,386
2002	213,497	35,890	23,635	51,924	92,414
2003	233,206	39,871	26,800	55,271	102,014
2004	257,748	44,205	30,721	59,541	111,614
2005	273,203	46,846	32,215	62,929	118,683
2006	265,049	49,612	32,682	57,457	114,745
2007	276,246	53,716	34,153	57,179	119,617
2008	296,830	57,137	37,698	61,131	129,040
2009	325,819	64,022	45,423	64,332	141,596
2010	338,406	67,207	48,211	65,717	147,098
2011	364,460	71,546	53,937	67,058	155,784

See footnotes at end of table.

Table 13.10—Continued
Medicaid Payments, by Eligibility Group: Fiscal Years 1975-2011

Year	Total ¹	Children	Adults	Aged	Disabled
Amount in Millions (Constant 2011 Dollars)					
1975	\$89,537	\$15,988	\$15,081	\$31,874	\$23,002
1976	93,624	16,152	15,202	32,623	26,045
1977	99,430	15,981	15,956	33,670	29,898
1978	101,958	15,572	15,147	35,746	31,848
1979	105,778	14,901	15,609	36,406	35,559
1980	108,204	14,496	14,997	40,564	35,375
1981	112,410	14,496	15,549	41,016	39,069
1982	108,599	12,829	15,119	39,669	38,436
1983	109,250	12,938	15,134	40,319	38,339
1984	105,892	12,432	13,810	40,040	37,422
1985	110,232	12,972	13,948	41,427	39,534
1986	113,907	14,264	13,556	41,938	41,426
1987	117,633	14,382	14,602	41,875	43,912
1988	118,542	14,232	14,317	41,700	45,251
1989	122,019	15,430	15,442	41,549	46,759
1990	133,701	18,759	17,708	44,337	50,307
1991	146,764	22,120	19,872	48,520	53,872
1992	162,882	26,277	22,084	51,794	60,545
1993	170,935	27,737	22,865	53,031	64,965
1994	174,691	27,916	21,919	54,242	68,247
1995	186,656	27,928	20,991	56,750	76,778
1996	184,283	26,569	18,590	55,953	78,848
1997	184,435	26,004	18,242	55,912	80,234
1998	207,275	33,360	21,658	59,156	87,966
1999	218,851	34,438	22,531	60,633	93,898
2000	233,949	37,218	24,691	61,860	101,112
2001	251,336	41,197	27,123	65,025	108,097
2002	279,740	47,026	30,968	68,035	121,088
2003	295,131	50,458	33,916	69,948	129,103
2004	314,003	53,853	37,425	72,537	135,974
2005	322,728	55,338	38,054	74,337	140,198
2006	303,498	56,808	37,423	65,792	131,391
2007	305,744	59,452	37,800	63,285	132,389
2008	318,668	61,340	40,471	65,628	138,533
2009	341,135	67,032	47,558	67,356	148,253
2010	344,770	68,471	49,118	66,953	149,864
2011	364,460	71,546	53,937	67,058	155,784

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

NOTES: Beginning fiscal year 1998, capitated premiums for Medicaid eligibles enrolled in managed care plans were included in this series. Dollar amounts are adjusted using a personal consumption expenditure index for health care services, U.S. Department of Commerce, Bureau of Economic Analysis (BEA), expressed in fiscal year 2011 dollars. For more information on personal consumption expenditures and price indexes, please see BEA NIPA Table 1.5.4 at <http://www.bea.gov>. SCHIP payments are excluded from Medicaid. The payments reported for 2011 include last reported 2010 payments for Maine, Oklahoma, Kansas, Utah, and Idaho.

SOURCES: Centers for Medicare & Medicaid Services, Center for Medicaid and CHIP Services: Statistical Report on Medical Care: Eligibles, Recipients, Payments, and Services (HCFA 2082), Medicaid Statistical Information System (MSIS), and the personal health care consumption indices from the U.S. Department of Commerce; data development by the Office of Information Products and Data Analytics.

Table 13.11
Medicaid Payments per Person Served (Beneficiary), by Eligibility Group:
Fiscal Years 1975-2011

Year	Total ¹	Children	Adults	Aged	Disabled
1975	\$556	\$228	\$455	\$1,205	\$1,276
1976	618	245	479	1,359	1,469
1977	711	270	545	1,512	1,743
1978	819	293	576	1,869	2,068
1979	951	317	661	2,094	2,500
1980	1,079	335	663	2,540	2,619
1981	1,238	366	725	2,948	3,071
1982	1,361	363	764	3,315	3,600
1983	1,503	402	802	3,545	3,891
1984	1,569	411	789	3,957	4,112
1985	1,719	452	860	4,605	4,459
1986	1,821	512	864	4,808	4,687
1987	1,949	542	999	4,975	4,974
1988	2,126	583	1,069	5,425	5,332
1989	2,318	668	1,206	5,926	5,817
1990	2,568	811	1,429	6,717	6,564
1991	2,752	902	1,555	7,617	7,005
1992	2,937	971	1,762	7,759	7,578
1993	3,042	1,013	1,813	8,168	7,706
1994	3,089	1,006	1,791	8,332	7,750
1995	3,311	1,047	1,777	8,868	8,435
1996	3,369	1,048	1,722	8,622	8,369
1997	3,568	1,111	1,809	9,538	8,832
1998	3,548	1,207	1,883	10,243	9,096
1999	3,819	1,282	2,104	11,268	9,832
2000	3,936	1,358	2,030	11,929	10,559
2001	4,084	1,454	2,067	12,691	11,310
2002	4,328	1,545	2,100	13,359	12,475
2003	4,487	1,606	2,292	13,677	13,303
2004	4,686	1,671	2,509	13,790	14,070
2005	4,764	1,729	2,585	14,402	14,536
2006	4,635	1,808	2,617	13,268	13,902
2007	4,862	1,951	2,753	14,141	14,194
2008	5,051	2,035	2,912	14,742	14,843
2009	5,225	2,145	3,144	15,337	15,670
2010	5,192	2,129	3,102	15,339	15,752
2011	5,331	2,191	3,290	15,419	15,910

See footnote at end of table.

Table 13.11—Continued
Medicaid Payments per Person Served (Beneficiary), by Eligibility Group:
Fiscal Years 1975-2011

Year	Total ¹	Children	Adults	Aged	Disabled
			(Constant 2010 Dollars)		
1975	\$4,067	\$1,668	\$3,328	\$8,813	\$9,333
1976	4,106	1,628	3,183	9,029	9,760
1977	4,275	1,623	3,277	9,090	10,479
1978	4,641	1,660	3,264	10,591	11,719
1979	4,914	1,638	3,415	10,820	12,917
1980	5,008	1,555	3,077	11,790	12,157
1981	5,116	1,512	2,996	12,182	12,690
1982	5,027	1,341	2,822	12,245	13,298
1983	5,069	1,356	2,705	11,957	13,124
1984	4,902	1,284	2,465	12,364	12,848
1985	5,052	1,328	2,527	13,534	13,105
1986	5,059	1,422	2,400	13,356	13,020
1987	5,089	1,415	2,609	12,991	12,988
1988	5,174	1,419	2,602	13,202	12,976
1989	5,190	1,496	2,700	13,268	13,024
1990	5,294	1,672	2,946	13,847	13,531
1991	5,248	1,720	2,965	14,525	13,358
1992	5,229	1,729	3,137	13,815	13,493
1993	5,112	1,702	3,047	13,727	12,951
1994	4,984	1,623	2,890	13,443	12,504
1995	5,144	1,627	2,761	13,778	13,105
1996	5,102	1,587	2,608	13,057	12,674
1997	5,289	1,647	2,682	14,138	13,091
1998	5,169	1,759	2,743	14,925	13,253
1999	5,446	1,828	3,000	16,068	14,019
2000	5,471	1,887	2,822	16,581	14,678
2001	5,492	1,956	2,779	17,066	15,209
2002	5,671	2,025	2,752	17,504	16,346
2003	5,679	2,032	2,901	17,309	16,835
2004	5,709	2,035	3,057	16,799	17,141
2005	5,627	2,042	3,054	17,012	17,171
2006	5,308	2,070	2,996	15,193	15,919
2007	5,381	2,160	3,047	15,651	15,710
2008	5,422	2,185	3,126	15,826	15,935
2009	5,470	2,246	3,292	16,058	16,406
2010	5,289	2,169	3,161	15,627	16,048
2011	5,331	2,191	3,290	15,419	15,910

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

NOTES: Beginning fiscal year 1998, capitated premiums for Medicaid eligibles enrolled in managed care plans were included in this series as a component of the total payment per person served (beneficiary). Dollar amounts are adjusted using a personal consumption expenditure index for health care services, U.S. Department of Commerce, Bureau of Economic Analysis (BEA), expressed in fiscal year 2011 dollars. For more information on personal consumption expenditures and price indexes, please see BEA NIPA Table 1.5.4 at <http://www.bea.gov>. Beneficiaries covered under SCHIP and their payments are excluded from Medicaid. The payments reported for 2011 include last reported 2010 payments for Maine, Oklahoma, Kansas, Utah, and Idaho.

SOURCES: Centers for Medicare & Medicaid Services, Center for Medicaid and CHIP Services: Statistical Report on Medical Care: Eligibles, Recipients, Payments, and Services (HCFA 2082), Medicaid Statistical Information System (MSIS), and the personal health care consumption indices from the U.S. Department of Commerce; data development by the Office of Information Products and Data Analytics.

Table 13.12
Medicaid Payments per Person Served (Beneficiary), All Eligibility Groups, by Type of Service:
Fiscal Years 1975-2011

Year	Total ¹	Inpatient		Nursing		Outpatient	Home	Prescribed
		Hospital	ICF/MR	Facility ²	Physician	Hospital	Health ³	Drugs
1975	\$556	\$983	\$5,538	\$3,292	\$81	\$50	\$204	\$58
1976	618	1,100	7,135	3,442	88	65	420	63
1977	711	1,211	8,530	3,819	94	102	485	66
1978	819	1,320	11,486	4,517	99	97	558	71
1979	951	1,568	13,022	5,198	108	110	734	84
1980	1,079	1,742	16,439	5,654	136	113	846	96
1981	1,238	1,943	19,812	6,226	146	141	1,065	108
1982	1,361	2,172	23,312	7,104	150	146	1,313	118
1983	1,503	2,384	27,006	7,317	155	156	1,416	129
1984	1,569	2,552	30,170	7,847	156	164	1,768	141
1985	1,719	2,753	32,238	8,427	163	178	2,092	166
1986	1,821	2,924	35,089	8,887	171	185	2,278	183
1987	1,949	3,000	37,490	9,322	181	203	2,777	198
1988	2,126	3,151	41,413	9,880	193	229	3,542	215
1989	2,318	3,251	44,999	10,696	217	250	4,225	232
1990	2,568	3,630	50,048	12,108	235	269	4,733	256
1991	2,752	3,959	52,791	13,893	259	305	5,070	277
1992	2,937	4,091	56,636	14,969	282	349	5,279	308
1993	3,042	4,366	59,156	15,798	293	378	5,250	333
1994	3,089	4,463	52,497	16,531	296	383	5,446	363
1995	3,311	4,735	68,613	17,424	309	397	5,740	413
1996	3,369	4,696	68,232	18,589	317	409	6,293	474
1997	3,568	4,877	72,033	19,029	333	453	6,575	571
1998	3,548	5,021	74,960	19,379	327	474	2,206	699
1999	3,819	4,943	76,443	20,568	357	491	3,571	837
2000	3,936	4,919	79,330	20,220	356	533	3,135	975
2001	4,084	5,323	83,173	21,929	372	548	3,475	1,082
2002	4,328	5,771	91,588	22,326	378	571	3,689	1,165
2003	4,487	6,047	95,287	23,882	403	596	3,720	1,293
2004	4,686	6,435	98,281	24,585	426	646	3,984	1,433
2005	4,764	6,401	107,135	26,096	467	615	4,493	1,510
2006	4,635	5,778	110,320	26,520	454	641	4,979	1,029
2007	4,862	7,191	113,735	28,282	457	695	5,334	926
2008	5,051	7,083	123,053	29,533	485	736	5,789	957
2009	5,225	7,070	127,837	29,551	496	735	6,628	951
2010	5,192	7,346	127,399	31,735	494	807	6,369	931
2011	5,331	7,130	137,554	29,855	499	800	6,550	974

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 1975-2011

Year	Total ¹	Inpatient		Nursing		Outpatient	Home	Prescribed
		Hospital	ICF/MR	Facility ²	Physician	Hospital	Health ³	Drugs
(Constant 2011 Dollars)								
1975	\$4,067	\$7,190	\$40,505	\$24,078	\$592	\$366	\$1,492	\$424
1976	4,106	7,309	47,406	22,869	585	432	2,791	419
1977	4,353	7,415	52,228	23,383	576	625	2,970	404
1978	4,641	7,480	65,089	25,597	561	550	3,162	402
1979	4,914	8,102	67,284	26,858	558	568	3,793	434
1980	5,008	8,086	76,306	26,244	631	525	3,927	446
1981	5,116	8,029	81,866	25,727	603	583	4,401	446
1982	5,027	8,023	86,114	26,242	554	539	4,850	436
1983	5,069	8,041	91,087	24,679	523	526	4,776	435
1984	4,902	7,974	94,265	24,518	487	512	5,524	441
1985	5,052	8,091	94,744	24,766	479	523	6,148	488
1986	5,059	8,123	97,473	24,687	475	514	6,328	508
1987	5,089	7,833	97,892	24,341	473	530	7,251	517
1988	5,174	7,668	100,784	24,044	470	557	8,620	523
1989	5,190	7,279	100,747	23,947	486	560	9,459	519
1990	5,294	7,483	103,170	24,960	485	554	9,757	527
1991	5,248	7,549	100,668	26,493	493	582	9,668	528
1992	5,229	7,284	100,842	26,653	502	621	9,399	548
1993	5,112	7,338	99,420	26,551	492	635	8,823	560
1994	4,984	7,201	84,703	26,672	478	618	8,787	586
1995	5,144	7,356	106,600	27,071	480	617	8,918	642
1996	5,102	7,112	103,332	28,152	480	619	9,530	718
1997	5,289	7,228	106,770	28,206	493	671	9,746	847
1998	5,169	7,316	109,218	28,235	477	690	3,214	1,019
1999	5,446	7,049	109,002	29,328	509	700	5,092	1,193
2000	5,471	6,837	110,270	28,106	495	741	4,358	1,356
2001	5,492	7,159	111,845	29,488	500	737	4,673	1,454
2002	5,671	7,562	120,005	29,253	496	748	4,833	1,527
2003	5,679	7,653	120,590	30,224	510	755	4,708	1,636
2004	5,709	7,840	119,732	29,951	519	787	4,854	1,746
2005	5,627	7,561	126,556	30,826	551	727	5,308	1,784
2006	5,308	6,617	126,323	30,367	520	734	5,701	1,179
2007	5,381	7,959	125,880	31,302	506	770	5,904	1,025
2008	5,422	7,604	132,107	31,706	521	790	6,215	1,027
2009	5,470	7,402	133,846	30,940	519	769	6,939	995
2010	5,289	7,485	129,795	32,332	503	822	6,489	949
2011	5,331	7,130	137,554	29,855	499	800	6,550	974

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

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

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

NOTES: Beginning fiscal year 1998, capitated premiums for Medicaid eligibles enrolled in managed care plans were included in this series as a component of the total payment per person served (beneficiary). Dollar amounts are adjusted using a personal consumption expenditure index for health care services, U.S. Department of Commerce, Bureau of Economic Analysis (BEA), expressed in fiscal year 2011 dollars. For more information on personal consumption expenditures and price indexes, please see BEA NIPA Table 1.5.4 at <http://www.bea.gov>. ICF/MR is intermediate care facility for the mentally retarded. Beneficiaries covered under SCHIP and their payments are excluded from Medicaid. The payments reported for 2011 include last reported 2010 payments for Maine, Oklahoma, Kansas, Utah, and Idaho.

SOURCES: Centers for Medicare & Medicaid Services, Center for Medicaid and CHIP Services: Statistical Report on Medical Care: Eligibles, Recipients, Payments, and Services (HCFA 2082), Medicaid Statistical Information System (MSIS), and the personal health care consumption indices from the U.S. Department of Commerce; data development by the Office of Information Products and Data Analytics.

Table 13.13
Medicaid Payments per Person Served (Beneficiary), Children, by Type of Service:
Fiscal Years 1975-2011

Year	Total ¹	Inpatient		Nursing		Outpatient	Home	Prescribed
		Hospital	ICF/MR	Facility	Physician	Hospital	Health ²	Drugs
1975	\$228	\$895	(3)	(3)	\$60	\$40	\$143	\$23
1976	245	1,007	(3)	(3)	64	54	231	21
1977	270	1,128	(3)	(3)	66	86	281	21
1978	293	1,232	(3)	(3)	70	83	168	22
1979	317	1,413	(3)	(3)	73	88	180	25
1980	335	1,509	(3)	(3)	87	90	105	28
1981	366	1,671	(3)	(3)	90	115	94	29
1982	363	1,838	(3)	(3)	93	116	131	31
1983	402	2,009	(3)	(3)	97	126	251	33
1984	411	2,186	(3)	(3)	101	128	284	36
1985	452	2,347	(3)	(3)	104	135	339	39
1986	512	2,611	(3)	(3)	105	148	345	50
1987	542	2,530	(3)	(3)	118	145	373	47
1988	583	2,711	(3)	(3)	126	156	501	49
1989	668	2,874	(3)	(3)	138	170	639	53
1990	811	3,287	(3)	(3)	154	191	736	61
1991	902	3,653	(3)	(3)	170	217	908	69
1992	971	3,310	(3)	(3)	187	243	968	80
1993	1,013	3,647	(3)	(3)	195	252	1,032	88
1994	1,006	3,588	(3)	(3)	197	252	1,010	95
1995	1,047	3,819	(3)	(3)	200	252	1,589	104
1996	1,048	3,627	(3)	(3)	205	246	1,855	112
1997	1,111	4,087	(3)	(3)	206	258	1,730	120
1998	1,207	4,284	(3)	(3)	209	260	704	138
1999	1,282	3,903	(3)	(3)	244	275	1,064	161
2000	1,358	3,844	(3)	(3)	246	291	788	188
2001	1,454	4,006	(3)	(3)	263	309	795	224
2002	1,545	4,305	(3)	(3)	270	322	874	258
2003	1,606	4,364	(3)	(3)	285	339	852	298
2004	1,671	4,369	(3)	(3)	297	365	900	335
2005	1,729	4,466	(3)	(3)	313	360	959	357
2006	1,808	3,986	(3)	(3)	310	379	1,042	370
2007	1,951	4,978	(3)	(3)	309	405	1,098	409
2008	2,035	4,943	(3)	(3)	335	434	1,191	433
2009	2,145	5,070	(3)	(3)	337	434	1,363	430
2010	2,129	5,357	(3)	(3)	339	446	1,383	418
2011	2,191	4,868	(3)	(3)	346	459	1,611	441

See footnotes at end of table.

Table 13.13—Continued
Medicaid Payments per Person Served (Beneficiary), Children, by Type of Service:
Fiscal Years 1975-2011

Year	Total ¹	Inpatient		Nursing		Outpatient	Home	Prescribed
		Hospital	ICF/MR	Facility	Physician	Hospital	Health ²	Drugs
(Constant 2011 Dollars)								
1975	\$1,668	\$6,546	(3)	(3)	\$439	\$293	\$1,046	\$168
1976	1,628	6,691	(3)	(3)	425	359	1,535	140
1977	1,653	6,907	(3)	(3)	404	527	1,721	129
1978	1,660	6,982	(3)	(3)	397	470	952	125
1979	1,638	7,301	(3)	(3)	377	455	930	129
1980	1,555	7,004	(3)	(3)	404	418	487	130
1981	1,512	6,905	(3)	(3)	372	475	388	120
1982	1,341	6,790	(3)	(3)	344	428	484	115
1983	1,356	6,776	(3)	(3)	327	425	847	111
1984	1,284	6,830	(3)	(3)	316	400	887	112
1985	1,328	6,898	(3)	(3)	306	397	996	115
1986	1,422	7,253	(3)	(3)	292	411	958	139
1987	1,415	6,606	(3)	(3)	308	379	974	123
1988	1,419	6,598	(3)	(3)	307	380	1,219	119
1989	1,496	6,435	(3)	(3)	309	381	1,431	119
1990	1,672	6,776	(3)	(3)	318	395	1,517	126
1991	1,721	6,965	(3)	(3)	325	413	1,731	131
1992	1,729	5,894	(3)	(3)	333	433	1,724	142
1993	1,702	6,129	(3)	(3)	328	424	1,734	148
1994	1,623	5,789	(3)	(3)	318	407	1,630	153
1995	1,627	5,933	(3)	(3)	311	392	2,469	162
1996	1,587	5,493	(3)	(3)	310	373	2,809	170
1997	1,647	6,058	(3)	(3)	305	383	2,564	178
1998	1,759	6,242	(3)	(3)	305	378	1,026	202
1999	1,828	5,565	(3)	(3)	349	392	1,518	230
2000	1,887	5,343	(3)	(3)	342	405	1,095	261
2001	1,956	5,387	(3)	(3)	354	416	1,070	301
2002	2,025	5,641	(3)	(3)	354	422	1,146	338
2003	2,032	5,523	(3)	(3)	360	429	1,078	377
2004	2,035	5,323	(3)	(3)	362	444	1,096	408
2005	2,042	5,275	(3)	(3)	370	425	1,133	422
2006	2,070	4,564	(3)	(3)	355	433	1,194	424
2007	2,160	5,509	(3)	(3)	342	449	1,216	452
2008	2,185	5,306	(3)	(3)	360	466	1,279	465
2009	2,246	5,309	(3)	(3)	352	455	1,427	450
2010	2,169	5,457	(3)	(3)	346	455	1,409	426
2011	2,191	4,868	(3)	(3)	346	459	1,611	441

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

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

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

NOTES: Beginning fiscal year 1998, capitated premiums for Medicaid eligibles enrolled in managed care plans were included in this series as a component of the total payment per person served (beneficiary). Dollar amounts are adjusted using a personal consumption expenditure index for health care services, U.S. Department of Commerce, Bureau of Economic Analysis (BEA), expressed in fiscal year 2011 dollars. For more information on personal consumption expenditures and price indexes, please see BEA NIPA Table 1.5.4 at <http://www.bea.gov>. ICF/MR is intermediate care facility for the mentally retarded. Beneficiaries covered under SCHIP and their payments are excluded from Medicaid. The payments reported for 2011 include last reported 2010 payments for Maine, Oklahoma, Kansas, Utah, and Idaho.

SOURCES: Centers for Medicare & Medicaid Services, Center for Medicaid and CHIP Services: Statistical Report on Medical Care: Eligibles, Recipients, Payments, and Services (HCFA 2082), Medicaid Statistical Information System (MSIS), and the personal health care consumption indices from the U.S. Department of Commerce; data development by the Office of Information Products and Data Analytics.

Table 13.14
Medicaid Payments per Person Served (Beneficiary), Adults, by Type of Service:
Fiscal Years 1975-2011

Year	Total ¹	Inpatient		Nursing		Outpatient	Home	Prescribed
		Hospital	ICF/MR	Facility	Physician	Hospital	Health ²	Drugs
1975	\$455	\$1,085	(3)	(3)	\$116	\$57	\$121	\$51
1976	479	1,202	(3)	(3)	125	74	284	46
1977	545	1,302	(3)	(3)	132	118	316	50
1978	576	1,404	(3)	(3)	140	113	457	52
1979	661	1,640	(3)	(3)	152	127	765	61
1980	663	1,673	(3)	(3)	183	126	252	66
1981	725	1,833	(3)	(3)	193	157	303	69
1982	764	2,046	(3)	(3)	197	162	352	74
1983	802	2,146	(3)	(3)	198	170	402	78
1984	789	2,229	(3)	(3)	197	172	411	83
1985	860	2,354	(3)	(3)	213	183	483	96
1986	864	2,237	(3)	(3)	237	175	433	102
1987	999	2,487	(3)	(3)	250	207	459	117
1988	1,069	2,542	(3)	(3)	272	232	570	122
1989	1,206	2,582	(3)	(3)	305	249	622	129
1990	1,429	2,889	(3)	(3)	349	279	709	141
1991	1,555	3,012	(3)	(3)	389	319	569	148
1992	1,762	3,247	(3)	(3)	417	377	789	161
1993	1,813	3,393	(3)	(3)	423	405	765	170
1994	1,791	3,450	(3)	(3)	420	404	633	179
1995	1,777	3,461	(3)	(3)	424	403	568	189
1996	1,722	3,456	(3)	(3)	429	398	540	197
1997	1,809	3,654	(3)	(3)	488	425	594	226
1998	1,883	3,702	(3)	(3)	457	442	509	261
1999	2,104	3,808	(3)	(3)	508	489	718	335
2000	2,030	3,759	(3)	(3)	474	516	641	364
2001	2,067	3,959	(3)	(3)	477	545	800	411
2002	2,100	4,255	(3)	(3)	457	572	627	453
2003	2,292	4,342	(3)	(3)	512	618	581	558
2004	2,509	4,420	(3)	(3)	541	681	646	627
2005	2,585	4,354	(3)	(3)	618	654	602	628
2006	2,617	3,900	(3)	(3)	564	670	666	573
2007	2,753	4,707	(3)	(3)	539	721	641	592
2008	2,912	4,710	(3)	(3)	568	755	656	612
2009	3,144	4,985	(3)	(3)	558	791	731	666
2010	3,102	4,798	(3)	(3)	552	832	697	690
2011	3,290	4,984	(3)	(3)	554	830	732	752

See footnotes at end of table.

Table 13.14—Continued
Medicaid Payments per Person Served (Beneficiary), Adults, by Type of Service:
Fiscal Years 1975-2011

Year	Total ¹	Inpatient		Nursing		Outpatient	Home	Prescribed
		Hospital	ICF/MR	Facility	Physician	Hospital	Health ²	Drugs
(Constant 2011 Dollars)								
1975	\$3,328	\$7,936	(3)	(3)	\$848	\$417	\$885	\$373
1976	3,183	7,986	(3)	(3)	831	492	1,887	306
1977	3,337	7,972	(3)	(3)	808	723	1,935	306
1978	3,264	7,956	(3)	(3)	793	640	2,590	295
1979	3,415	8,474	(3)	(3)	785	656	3,953	315
1980	3,077	7,766	(3)	(3)	849	585	1,170	306
1981	2,996	7,574	(3)	(3)	798	649	1,252	285
1982	2,822	7,558	(3)	(3)	728	598	1,300	273
1983	2,705	7,238	(3)	(3)	668	573	1,356	263
1984	2,465	6,964	(3)	(3)	616	537	1,284	259
1985	2,527	6,918	(3)	(3)	626	538	1,419	282
1986	2,400	6,214	(3)	(3)	658	486	1,203	283
1987	2,609	6,494	(3)	(3)	653	541	1,199	306
1988	2,602	6,186	(3)	(3)	662	565	1,387	297
1989	2,700	5,781	(3)	(3)	683	557	1,393	289
1990	2,946	5,956	(3)	(3)	719	574	1,461	290
1991	2,965	5,743	(3)	(3)	742	608	1,086	282
1992	3,137	5,781	(3)	(3)	742	671	1,405	287
1993	3,047	5,702	(3)	(3)	711	681	1,286	286
1994	2,890	5,566	(3)	(3)	678	652	1,021	289
1995	2,761	5,377	(3)	(3)	659	626	882	294
1996	2,608	5,234	(3)	(3)	650	603	818	298
1997	2,682	5,416	(3)	(3)	723	630	880	335
1998	2,743	5,393	(3)	(3)	666	643	741	380
1999	3,000	5,430	(3)	(3)	725	697	1,024	478
2000	2,822	5,226	(3)	(3)	659	718	892	507
2001	2,779	5,324	(3)	(3)	642	733	1,076	553
2002	2,752	5,575	(3)	(3)	599	749	821	594
2003	2,901	5,495	(3)	(3)	648	782	736	706
2004	3,057	5,384	(3)	(3)	659	829	787	764
2005	3,054	5,143	(3)	(3)	731	772	711	742
2006	2,996	4,465	(3)	(3)	646	767	762	656
2007	3,047	5,209	(3)	(3)	597	799	709	655
2008	3,126	5,056	(3)	(3)	610	810	704	657
2009	3,292	5,220	(3)	(3)	584	828	766	698
2010	3,161	4,888	(3)	(3)	562	848	710	703
2011	3,290	4,984	(3)	(3)	554	830	732	752

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

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

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

NOTES: Beginning fiscal year 1998, capitated premiums for Medicaid eligibles enrolled in managed care plans were included in this series as a component of the total payment per person served (beneficiary). Dollar amounts are adjusted using a personal consumption expenditure index for health care services, U.S. Department of Commerce, Bureau of Economic Analysis (BEA), expressed in fiscal year 2011 dollars. For more information on personal consumption expenditures and price indexes, please see BEA NIPA Table 1.5.4 at <http://www.bea.gov>. ICF/MR is intermediate care facility for the mentally retarded. Beneficiaries covered under SCHIP and their payments are excluded from Medicaid. The payments reported for 2011 include last reported 2010 payments for Maine, Oklahoma, Kansas, Utah, and Idaho.

SOURCES: Centers for Medicare & Medicaid Services, Center for Medicaid and CHIP Services: Statistical Report on Medical Care: Eligibles, Recipients, Payments, and Services (HCFA 2082), Medicaid Statistical Information System (MSIS), and the personal health care consumption indices from the U.S. Department of Commerce; data development by the Office of Information Products and Data Analytics.

Table 13.15
Medicaid Payments per Person Served (Beneficiary), Aged, by Type of Service:
Fiscal Years 1975-2011

Year	Total ¹	Inpatient		Nursing		Outpatient	Home	Prescribed
		Hospital	ICF/MR	Facility ²	Physician	Hospital	Health ³	Drugs
1975	\$1,205	\$271	\$6,925	\$3,250	\$59	\$35	\$238	\$111
1976	1,359	310	8,951	3,328	65	42	493	134
1977	1,512	364	7,482	3,679	71	53	535	144
1978	1,869	446	9,700	4,350	78	48	801	158
1979	2,094	569	9,804	4,972	83	67	1,387	179
1980	2,540	970	16,346	5,742	101	74	1,873	198
1981	2,948	1,115	19,247	6,137	118	91	2,624	230
1982	3,315	1,241	11,464	6,945	115	101	2,944	249
1983	3,545	1,682	20,348	6,942	114	97	1,829	274
1984	3,957	1,778	23,343	7,430	119	105	2,263	312
1985	4,605	1,990	26,926	8,035	122	131	2,731	368
1986	4,808	2,228	32,328	8,487	119	142	3,015	394
1987	4,975	1,898	39,854	8,862	111	159	3,551	432
1988	5,425	1,937	45,601	9,309	116	175	4,344	474
1989	5,926	1,754	51,265	10,236	137	192	5,452	519
1990	6,717	1,865	52,943	11,776	139	206	6,013	581
1991	7,617	2,151	56,032	13,540	157	243	6,749	668
1992	7,759	2,152	43,083	14,630	169	260	6,944	763
1993	8,168	2,225	60,901	15,467	190	304	6,659	826
1994	8,332	2,180	53,983	16,209	203	320	6,742	880
1995	8,868	2,397	51,657	17,183	224	343	6,220	960
1996	8,622	2,303	56,902	18,377	245	376	6,631	1,037
1997	9,540	2,444	63,949	19,022	279	411	6,323	1,174
1998	10,243	2,544	81,337	19,639	270	436	2,199	1,343
1999	11,268	2,385	81,506	21,966	260	455	3,359	1,573
2000	11,929	2,303	83,250	22,477	268	504	3,140	1,853
2001	12,691	2,472	86,680	24,336	258	448	3,481	2,078
2002	13,359	2,700	94,410	25,636	261	451	3,992	2,272
2003	13,677	2,926	97,419	26,737	257	448	3,746	2,514
2004	13,790	2,937	101,910	27,650	253	504	4,098	2,735
2005	14,402	2,552	110,289	29,542	275	445	4,424	2,944
2006	13,268	2,703	110,763	30,669	260	423	5,272	1,175
2007	14,141	2,972	115,600	31,771	274	487	5,958	442
2008	14,742	3,157	123,246	33,097	282	598	6,259	432
2009	15,337	3,341	136,895	34,197	299	591	7,045	443
2010	15,339	3,071	128,948	34,919	295	621	7,623	449
2011	15,419	3,225	134,897	35,241	297	598	7,965	460

See footnotes at end of table.

Table 13.15—Continued
Medicaid Payments per Person Served (Beneficiary), Aged, by Type of Service:
Fiscal Years 1975-2011

Year	Total ¹	Inpatient		Nursing		Outpatient	Home	Prescribed
		Hospital	ICF/MR	Facility ²	Physician	Hospital	Health ³	Drugs
(Constant 2011 Dollars)								
1975	\$8,813	\$1,982	\$50,649	\$23,770	\$432	\$256	\$1,741	\$812
1976	9,029	2,060	59,472	22,112	432	279	3,276	890
1977	9,258	2,229	45,812	22,526	435	325	3,276	882
1978	10,591	2,527	54,968	24,651	442	272	4,539	895
1979	10,820	2,940	50,657	25,690	429	346	7,167	925
1980	11,790	4,502	75,874	26,653	469	343	8,694	919
1981	12,182	4,607	79,531	25,359	488	376	10,843	950
1982	12,245	4,584	42,348	25,655	425	373	10,875	920
1983	11,957	5,673	68,631	23,414	385	327	6,169	924
1984	12,364	5,555	72,935	23,215	372	328	7,071	975
1985	13,534	5,848	79,133	23,614	359	385	8,026	1,082
1986	13,356	6,189	89,803	23,576	331	394	8,375	1,094
1987	12,991	4,956	104,065	23,140	290	415	9,272	1,128
1988	13,202	4,714	110,976	22,655	282	426	10,572	1,154
1989	13,268	3,927	114,776	22,917	307	430	12,206	1,162
1990	13,846	3,844	109,137	24,275	287	424	12,395	1,199
1991	14,525	4,102	106,848	25,820	300	463	12,870	1,275
1992	13,815	3,832	76,710	26,049	301	463	12,364	1,359
1993	13,727	3,739	102,352	25,994	319	511	11,191	1,388
1994	13,443	3,517	87,100	26,153	328	516	10,878	1,420
1995	13,778	3,724	80,256	26,696	348	533	9,664	1,491
1996	13,057	3,488	86,174	27,831	371	569	10,042	1,570
1997	14,141	3,623	94,788	28,195	414	609	9,372	1,740
1998	14,925	3,706	118,509	28,614	393	635	3,203	1,956
1999	16,068	3,401	116,222	31,323	370	649	4,790	2,243
2000	16,581	3,202	115,719	31,243	372	700	4,365	2,576
2001	17,066	3,325	116,560	32,725	347	602	4,681	2,794
2002	17,504	3,538	123,703	33,590	342	591	5,230	2,977
2003	17,309	3,703	123,288	33,837	325	567	4,740	3,182
2004	16,799	3,578	124,153	33,684	309	613	4,993	3,332
2005	17,012	3,015	130,282	34,897	325	526	5,226	3,478
2006	15,193	3,095	126,831	35,118	298	484	6,037	1,346
2007	15,651	3,289	127,944	35,163	303	539	6,594	489
2008	15,826	3,389	132,313	35,532	303	642	6,719	464
2009	16,058	3,498	143,331	35,805	313	619	7,376	464
2010	15,627	3,129	131,373	35,576	300	633	7,766	457
2011	15,419	3,225	134,897	35,241	297	598	7,965	460

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

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

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

NOTES: Beginning fiscal year 1998, capitated premiums for Medicaid eligibles enrolled in managed care plans were included in this series as a component of the total payment per person served (beneficiary). Dollar amounts are adjusted using a personal consumption expenditure index for health care services, U.S. Department of Commerce, Bureau of Economic Analysis (BEA), expressed in fiscal year 2011 dollars. For more information on personal consumption expenditures and price indexes, please see BEA NIPA Table 1.5.4 at <http://www.bea.gov>. ICF/MR is intermediate care facility for the mentally retarded. Beneficiaries covered under SCHIP and their payments are excluded from Medicaid. The payments reported for 2011 include last reported 2010 payments for Maine, Oklahoma, Kansas, Utah, and Idaho.

SOURCES: Centers for Medicare & Medicaid Services, Center for Medicaid and CHIP Services: Statistical Report on Medical Care: Eligibles, Recipients, Payments, and Services (HCFA 2082), Medicaid Statistical Information System (MSIS), and the personal health care consumption indices from the U.S. Department of Commerce; data development by the Office of Information Products and Data Analytics.

Table 13.16
Medicaid Payments per Person Served (Beneficiary), Disabled, by Type of Service:
Fiscal Years 1975-2011

Year	Total ¹	Inpatient		Nursing		Outpatient	Home	Prescribed
		Hospital	ICF/MR	Facility ²	Physician	Hospital	Health ³	Drugs
1975	\$1,276	\$1,977	\$5,186	\$3,447	\$147	\$92	\$276	\$115
1976	1,469	2,072	6,940	3,882	158	114	492	135
1977	1,743	2,214	8,684	4,417	173	170	600	146
1978	2,068	2,392	11,926	5,167	183	165	893	157
1979	2,500	2,734	13,719	5,893	200	186	1,488	179
1980	2,619	2,948	16,653	5,105	234	217	652	193
1981	3,071	3,254	19,452	5,743	255	249	828	225
1982	3,600	3,672	23,065	6,732	252	272	966	246
1983	3,891	3,934	25,501	7,571	264	273	1,348	278
1984	4,112	4,196	29,353	8,530	262	315	1,813	312
1985	4,459	4,525	31,726	9,297	272	343	2,303	374
1986	4,687	4,841	34,462	10,073	277	361	2,592	418
1987	4,974	5,259	36,753	10,555	291	400	2,975	447
1988	5,332	5,502	40,910	11,370	309	453	3,768	488
1989	5,817	5,700	44,466	12,554	344	503	4,453	534
1990	6,564	6,717	50,242	14,202	366	524	5,252	617
1991	7,005	7,426	52,670	16,195	406	597	5,627	700
1992	7,578	8,314	57,775	17,548	452	658	6,159	800
1993	7,706	8,524	59,188	18,469	462	716	6,446	867
1994	7,750	8,831	52,747	19,132	465	709	7,212	936
1995	8,435	9,318	71,588	19,813	481	740	7,957	1,049
1996	8,369	9,026	69,740	20,734	491	761	9,172	1,166
1997	8,832	8,572	73,672	21,035	502	802	9,434	1,379
1998	9,096	8,519	75,819	20,864	481	828	3,211	1,625
1999	9,832	8,452	77,367	25,974	526	858	5,398	1,944
2000	10,559	8,479	80,194	26,555	534	926	5,054	2,314
2001	11,310	9,062	84,588	28,181	565	943	5,582	2,614
2002	12,475	9,454	92,789	27,766	593	988	5,713	2,851
2003	13,303	9,851	97,493	29,099	626	1,028	6,101	3,204
2004	14,070	10,467	102,054	29,888	664	1,110	6,220	3,603
2005	14,536	10,829	109,680	31,056	751	1,062	7,123	3,795
2006	13,902	10,928	113,537	31,983	724	1,100	7,543	2,647
2007	14,194	12,235	116,509	33,474	730	1,143	7,920	2,615
2008	14,843	12,403	126,644	35,075	768	1,217	8,440	2,730
2009	15,670	12,514	132,301	35,618	820	1,315	9,354	2,733
2010	15,752	12,622	131,679	37,040	818	1,404	8,609	2,697
2011	15,910	12,343	141,961	36,563	804	1,329	8,569	2,796

See footnotes at end of table.

Table 13.16—Continued
Medicaid Payments per Person Served (Beneficiary), Disabled, by Type of Service:
Fiscal Years 1975-2011

Year	Total ¹	Inpatient		Nursing		Outpatient	Home	Prescribed
		Hospital	ICF/MR	Facility ²	Physician	Hospital	Health ³	Drugs
(Constant 2011 Dollars)								
1975	\$9,333	\$14,460	\$37,930	\$25,211	\$1,075	\$673	\$2,019	\$841
1976	9,760	13,767	46,111	25,793	1,050	757	3,269	897
1977	10,672	13,556	53,171	27,045	1,059	1,041	3,674	894
1978	11,719	13,555	67,583	29,281	1,037	935	5,060	890
1979	12,917	14,126	70,885	30,449	1,033	961	7,688	925
1980	12,157	13,684	77,299	23,696	1,086	1,007	3,026	896
1981	12,690	13,446	80,378	23,731	1,054	1,029	3,421	930
1982	13,298	13,564	85,201	24,868	931	1,005	3,568	909
1983	13,124	13,269	86,011	25,536	890	921	4,547	938
1984	12,848	13,110	91,713	26,652	819	984	5,665	975
1985	13,105	13,299	93,240	27,323	799	1,008	6,768	1,099
1986	13,020	13,448	95,731	27,982	769	1,003	7,200	1,161
1987	12,988	13,732	95,968	27,561	760	1,044	7,768	1,167
1988	12,976	13,390	99,560	27,670	752	1,102	9,170	1,188
1989	13,024	12,762	99,554	28,107	770	1,126	9,970	1,196
1990	13,530	13,846	103,570	29,276	755	1,080	10,827	1,271
1991	13,357	14,160	100,438	30,883	773	1,139	10,731	1,334
1992	13,493	14,803	102,870	31,245	805	1,172	10,966	1,424
1993	12,951	14,326	99,473	31,040	776	1,203	10,833	1,457
1994	12,504	14,249	85,106	30,869	750	1,144	11,636	1,510
1995	13,105	14,477	111,222	30,782	747	1,150	12,362	1,630
1996	12,674	13,669	105,616	31,400	744	1,152	13,890	1,766
1997	13,091	12,706	109,200	31,179	744	1,189	13,983	2,044
1998	13,253	12,412	110,469	30,399	702	1,206	4,678	2,368
1999	14,019	12,052	110,320	37,037	750	1,224	7,698	2,772
2000	14,678	11,786	111,471	36,911	743	1,288	7,024	3,217
2001	15,209	12,186	113,747	37,895	760	1,268	7,506	3,515
2002	16,346	12,388	121,580	36,381	778	1,295	7,485	3,736
2003	16,835	12,466	123,381	36,826	792	1,301	7,721	4,055
2004	17,141	12,752	124,328	36,411	809	1,353	7,578	4,389
2005	17,171	12,792	129,562	36,686	887	1,255	8,414	4,483
2006	15,919	12,514	130,007	36,623	829	1,259	8,637	3,031
2007	15,710	13,542	128,950	37,049	808	1,265	8,766	2,894
2008	15,935	13,315	135,962	37,655	824	1,306	9,061	2,931
2009	16,406	13,102	138,520	37,293	859	1,377	9,794	2,862
2010	16,048	12,859	134,155	37,736	833	1,430	8,771	2,747
2011	15,910	12,343	141,961	36,563	804	1,329	8,569	2,796

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

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

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

NOTES: Beginning fiscal year 1998, capitated premiums for Medicaid eligibles enrolled in managed care plans were included in this series as a component of the total payment per person served (beneficiary). Dollar amounts are adjusted using a personal consumption expenditure index for health care services, U.S. Department of Commerce, Bureau of Economic Analysis (BEA), expressed in fiscal year 2011 dollars. For more information on personal consumption expenditures and price indexes, please see BEA NIPA Table 1.5.4 at <http://www.bea.gov>. ICF/MR is intermediate care facility for the mentally retarded. Beneficiaries covered under SCHIP and their payments are excluded from Medicaid. The payments reported for 2011 include last reported 2010 payments for Maine, Oklahoma, Kansas, Utah, and Idaho.

SOURCES: Centers for Medicare & Medicaid Services, Center for Medicaid and CHIP Services: Statistical Report on Medical Care: Eligibles, Recipients, Payments, and Services (HCFA 2082), Medicaid Statistical Information System (MSIS), and the personal health care consumption indices from the U.S. Department of Commerce; data development by the Office of Information Products and Data Analytics.

Table 13.17

Medicaid Payments, All Eligibility Groups, by Type of Service: Fiscal Years 1975-2011

Year	Total ¹	Inpatient		Nursing		Outpatient		Home	Prescribed	Other
		Hospital	ICF/MR	Facility ²	Physician	Hospital	Health	Drugs		
Amount in Millions										
1975	\$12,242	\$3,374	\$380	\$4,319	\$1,225	\$373	\$70	\$815	\$1,686	
1976	14,091	3,905	634	4,685	1,369	555	134	940	1,869	
1977	16,239	4,562	917	5,328	1,505	877	180	1,018	1,852	
1978	17,992	4,992	1,192	6,229	1,554	835	210	1,082	1,898	
1979	20,472	5,655	1,488	7,152	1,635	847	263	1,196	2,236	
1980	23,311	6,412	1,989	7,887	1,875	1,101	332	1,318	2,397	
1981	27,204	7,194	2,996	8,542	2,101	1,409	428	1,535	2,999	
1982	29,399	7,670	3,467	9,406	2,086	1,438	496	1,599	3,237	
1983	32,391	8,813	4,079	10,002	2,175	1,574	597	1,771	3,380	
1984	33,891	8,848	4,256	10,633	2,220	1,646	774	1,968	3,546	
1985	37,508	9,453	4,731	11,587	2,346	1,789	1,120	2,315	4,167	
1986	41,005	10,364	5,072	12,433	2,547	1,980	1,352	2,692	4,565	
1987	45,050	11,302	5,591	13,247	2,776	2,226	1,690	2,988	5,230	
1988	48,710	12,076	6,022	14,277	2,953	2,413	2,015	3,294	5,660	
1989	54,500	13,378	6,649	15,531	3,408	2,837	2,572	3,689	6,436	
1990	64,859	16,674	7,354	17,693	4,018	3,324	3,404	4,420	7,971	
1991	76,964	19,851	7,680	20,699	4,946	4,280	4,101	5,424	9,983	
1992	91,480	23,686	8,552	23,547	6,122	5,296	4,888	6,790	12,599	
1993	101,709	25,734	8,831	25,431	6,952	6,215	5,601	7,970	14,975	
1994	108,270	26,180	8,347	27,095	7,189	6,342	7,042	8,875	17,200	
1995	120,141	26,331	10,383	29,052	7,360	6,627	9,406	9,791	21,191	
1996	121,685	25,176	9,555	29,630	7,238	6,504	10,868	10,697	22,017	
1997	124,430	23,143	9,798	30,504	7,041	6,169	12,237	11,972	23,566	
1998	142,260	21,441	9,482	31,892	6,070	5,759	2,702	13,522	51,392	
1999	153,479	22,230	9,332	33,251	6,556	6,094	2,906	16,612	56,498	
2000	168,307	24,266	9,375	34,432	6,806	7,053	3,119	20,014	63,242	
2001	186,905	26,083	9,702	37,306	7,500	7,570	3,514	23,839	71,391	
2002	213,497	29,123	10,676	39,286	8,349	8,469	3,926	28,404	85,264	
2003	233,206	31,549	10,861	40,381	9,210	9,252	4,404	33,714	93,835	
2004	257,748	34,914	11,193	42,008	10,061	10,261	4,566	39,476	105,271	
2005	273,203	34,959	11,698	44,435	11,218	9,940	5,355	42,525	113,073	
2006	265,049	35,893	11,794	45,281	10,443	10,121	5,905	27,802	117,809	
2007	276,246	36,919	11,778	46,523	10,075	10,358	6,348	22,160	132,085	
2008	296,830	37,245	12,558	47,718	10,506	10,881	6,620	23,515	147,787	
2009	325,819	38,481	12,876	48,625	11,435	12,153	7,205	25,367	169,676	
2010	338,406	33,567	12,595	48,935	11,807	12,715	7,239	26,971	184,576	
2011	364,460	36,591	13,137	48,349	12,051	12,952	7,171	29,635	204,574	

See footnotes at end of table.

Table 13.17—Continued

Medicaid Payments, All Eligibility Groups, by Type of Service: Fiscal Years 1975-2011

Year	Total ¹	Inpatient		Nursing		Outpatient	Home	Prescribed	Other
		Hospital	ICF/MR	Facility ²	Physician	Hospital	Health	Drugs	
Percent									
1975	100.0	27.6	3.1	35.3	10.0	3.0	0.6	6.7	13.8
1976	100.0	27.7	4.5	33.2	9.7	3.9	1.0	6.7	13.3
1977	100.0	28.1	5.6	32.8	9.3	5.4	1.1	6.3	11.4
1978	100.0	27.7	6.6	34.6	8.6	4.6	1.2	6.0	10.5
1979	100.0	27.6	7.3	34.9	8.0	4.1	1.3	5.8	10.9
1980	100.0	27.5	8.5	33.8	8.0	4.7	1.4	5.7	10.3
1981	100.0	26.4	11.0	31.4	7.7	5.2	1.6	5.6	11.0
1982	100.0	26.1	11.8	32.0	7.1	4.9	1.7	5.4	11.0
1983	100.0	27.2	12.6	30.9	6.7	4.9	1.8	5.5	10.4
1984	100.0	26.1	12.6	31.4	6.6	4.9	2.3	5.8	10.5
1985	100.0	25.2	12.6	30.9	6.3	4.8	3.0	6.2	11.1
1986	100.0	25.3	12.4	30.3	6.2	4.8	3.3	6.6	11.1
1987	100.0	25.1	12.4	29.4	6.2	4.9	3.8	6.6	11.6
1988	100.0	24.8	12.4	29.3	6.1	5.0	4.1	6.8	11.6
1989	100.0	24.5	12.2	28.5	6.3	5.2	4.7	6.8	11.8
1990	100.0	25.7	11.3	27.3	6.2	5.1	5.2	6.8	12.3
1991	100.0	25.8	10.0	26.9	6.4	5.6	5.3	7.0	13.0
1992	100.0	25.9	9.3	25.7	6.7	5.8	5.3	7.4	13.8
1993	100.0	25.3	8.7	25.0	6.8	6.1	5.5	7.8	14.7
1994	100.0	24.2	7.7	25.0	6.6	5.9	6.5	8.2	15.9
1995	100.0	21.9	8.6	24.2	6.1	5.5	7.8	8.1	17.6
1996	100.0	20.7	7.9	24.3	5.9	5.3	8.9	8.8	18.1
1997	100.0	18.6	7.9	24.5	5.7	5.0	9.8	9.6	18.9
1998	100.0	15.1	6.7	22.4	4.3	4.0	1.9	9.5	36.1
1999	100.0	14.5	6.1	21.7	4.3	4.0	1.9	10.8	36.8
2000	100.0	14.4	5.6	20.5	4.0	4.2	1.9	11.9	37.6
2001	100.0	14.0	5.2	20.0	4.0	4.1	1.9	12.8	38.2
2002	100.0	13.6	5.0	18.4	3.9	4.0	1.8	13.3	39.9
2003	100.0	13.5	4.7	17.3	3.9	4.0	1.9	14.5	40.2
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
2010	100.0	9.9	3.7	14.5	3.5	3.8	2.1	8.0	54.5
2011	100.0	10.0	3.6	13.3	3.3	3.6	2.0	8.1	56.1

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

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

NOTES: Beginning fiscal year 1998, capitated premiums for Medicaid eligibles enrolled in managed care plans were included in this series as a component of the other and of the total payment categories (\$92.4 billion for premiums in 2010 and \$110.0 billion in 2011). 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. The payments reported for 2011 include last reported 2010 payments for Maine, Oklahoma, Kansas, Utah, and Idaho.

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

Table 13.18

Medicaid Payments, Children, by Type of Service: Fiscal Years 1975-2011

Year	Total ¹	Inpatient		Nursing		Outpatient	Home	Prescribed	Other
		Hospital	ICF/MR	Facility ²	Physician	Hospital	Health	Drugs	
Amount in Millions									
1975	\$2,186	\$881	\$17	\$24	\$397	\$143	\$8	\$127	\$589
1976	2,431	1,012	11	19	442	219	13	126	589
1977	2,610	1,149	16	16	456	348	17	125	483
1978	2,748	1,260	14	13	471	332	24	135	499
1979	2,884	1,334	22	13	474	310	33	140	558
1980	3,123	1,476	22	24	528	381	8	156	528
1981	3,508	1,595	14	4	586	493	9	171	636
1982	3,473	1,593	9	9	573	483	9	170	627
1983	3,836	1,771	8	4	592	523	10	183	745
1984	3,979	1,847	10	4	639	536	13	202	728
1985	4,414	2,028	12	4	651	576	22	217	904
1986	5,135	2,412	13	17	685	656	24	296	1,032
1987	5,508	2,544	40	17	785	657	22	285	1,158
1988	5,848	2,718	11	5	833	675	25	298	1,283
1989	6,892	3,270	20	6	950	793	38	343	1,472
1990	9,100	4,422	47	2	1,187	1,005	55	445	1,936
1991	11,600	5,376	38	20	1,518	1,333	93	590	2,631
1992	14,758	6,594	39	15	1,949	1,737	122	808	3,494
1993	16,504	6,950	44	27	2,216	1,928	154	965	4,220
1994	17,302	6,903	45	24	2,271	1,925	204	1,063	4,867
1995	17,976	6,588	46	28	2,211	1,863	412	1,117	5,712
1996	17,544	5,896	25	28	2,114	1,668	610	1,115	6,088
1997	17,544	5,571	39	44	1,926	1,414	534	1,099	6,917
1998	22,896	5,138	58	102	1,644	1,240	145	1,131	13,438
1999	24,151	4,495	34	50	1,862	1,270	141	1,308	14,991
2000	26,775	4,898	34	56	1,931	1,433	150	1,562	16,711
2001	30,636	5,265	35	48	2,203	1,635	166	2,006	19,278
2002	35,890	5,742	40	46	2,505	1,858	198	2,562	22,939
2003	39,871	6,023	36	46	2,784	2,057	211	3,223	25,491
2004	44,205	6,528	42	49	3,058	2,312	218	3,867	28,131
2005	46,846	6,630	49	52	3,248	2,269	242	4,206	30,150
2006	49,612	6,853	49	56	3,121	2,336	256	4,257	32,684
2007	53,716	6,910	51	63	2,901	2,293	264	4,502	36,733
2008	57,137	7,288	72	64	3,048	2,411	248	4,838	39,169
2009	64,022	7,684	76	60	3,251	2,616	240	5,204	44,891
2010	67,207	6,530	72	62	3,402	2,653	259	5,644	48,585
2011	71,546	6,655	48	64	3,503	2,708	285	6,311	51,972

See footnotes at end of table.

Table 13.18—Continued

Medicaid Payments, Children, by Type of Service: Fiscal Years 1975-2011

Year	Total ¹	Inpatient		Nursing		Outpatient	Home	Prescribed	Other
		Hospital	ICF/MR	Facility ²	Physician	Hospital	Health	Drugs	
Percent									
1975	100.0	40.3	0.8	1.1	18.2	6.5	0.4	5.8	26.9
1976	100.0	41.6	0.5	0.8	18.2	9.0	0.5	5.2	24.2
1977	100.0	44.0	0.6	0.6	17.5	13.3	0.7	4.8	18.5
1978	100.0	45.9	0.5	0.5	17.1	12.1	0.9	4.9	18.2
1979	100.0	46.3	0.8	0.5	16.4	10.7	1.1	4.9	19.3
1980	100.0	47.3	0.7	0.8	16.9	12.2	0.3	5.0	16.9
1981	100.0	45.5	0.4	0.1	16.7	14.1	0.3	4.9	18.1
1982	100.0	45.9	0.3	0.3	16.5	13.9	0.3	4.9	18.1
1983	100.0	46.2	0.2	0.1	15.4	13.6	0.3	4.8	19.4
1984	100.0	46.4	0.3	0.1	16.1	13.5	0.3	5.1	18.3
1985	100.0	45.9	0.3	0.1	14.7	13.0	0.5	4.9	20.5
1986	100.0	47.0	0.3	0.3	13.3	12.8	0.5	5.8	20.1
1987	100.0	46.2	0.7	0.3	14.3	11.9	0.4	5.2	21.0
1988	100.0	46.5	0.2	0.1	14.2	11.5	0.4	5.1	21.9
1989	100.0	47.4	0.3	0.1	13.8	11.5	0.6	5.0	21.4
1990	100.0	48.6	0.5	(3)	13.0	11.0	0.6	4.9	21.3
1991	100.0	46.3	0.3	0.2	13.1	11.5	0.8	5.1	22.7
1992	100.0	44.7	0.3	0.1	13.2	11.8	0.8	5.5	23.7
1993	100.0	42.1	0.3	0.2	13.4	11.7	0.9	5.8	25.6
1994	100.0	39.9	0.3	0.1	13.1	11.1	1.2	6.1	28.1
1995	100.0	36.6	0.3	0.2	12.3	10.4	2.3	6.2	31.8
1996	100.0	33.6	0.1	0.2	12.0	9.5	3.5	6.4	34.7
1997	100.0	31.8	0.2	0.3	11.0	8.1	3.0	6.3	39.4
1998	100.0	22.4	0.3	0.4	7.2	5.4	0.6	4.9	58.7
1999	100.0	18.6	0.1	0.2	7.7	5.3	0.6	5.4	62.1
2000	100.0	18.3	0.1	0.2	7.2	5.4	0.6	5.8	62.4
2001	100.0	17.2	0.1	0.2	7.2	5.3	0.5	6.5	62.9
2002	100.0	16.0	0.1	0.1	7.0	5.2	0.6	7.1	63.9
2003	100.0	15.1	0.1	0.1	7.0	5.2	0.5	8.1	63.9
2004	100.0	14.8	0.1	0.1	6.9	5.2	0.5	8.7	63.6
2005	100.0	14.2	0.1	0.1	6.9	4.8	0.5	9.0	64.4
2006	100.0	13.8	0.1	0.1	6.3	4.7	0.5	8.6	65.9
2007	100.0	12.9	0.1	0.1	5.4	4.3	0.5	8.4	68.4
2008	100.0	12.8	0.1	0.1	5.3	4.2	0.4	8.5	68.6
2009	100.0	12.0	0.1	0.1	5.1	4.1	0.4	8.1	70.1
2010	100.0	9.7	0.1	0.1	5.1	3.9	0.4	8.4	72.3
2011	100.0	9.3	0.1	0.1	4.9	3.8	0.4	8.8	72.6

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

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

³Less than 0.05 percent.

NOTES: Beginning fiscal year 1998, capitated premiums for Medicaid eligibles enrolled in managed care plans were included in this series as a component of the other and of the total payment categories. Trends in home health agency program expenditures are not strictly comparable to 1997 and prior years because of changes in redefining selected home health services as home and community-based waiver services in 1998 and reclassified as other in 1999. SCHIP payments are excluded from Medicaid. The payments reported for 2011 include last reported 2010 payments for Maine, Oklahoma, Kansas, Utah, and Idaho.

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

Table 13.19

Medicaid Payments, Adults, by Type of Service: Fiscal Years 1975-2011

Year	Total ¹	Inpatient		Nursing		Outpatient	Home	Prescribed	Other
		Hospital	ICF/MR	Facility ²	Physician	Hospital	Health	Drugs	
Amount in Millions									
1975	\$2,062	\$1,009	(3)	\$9	\$392	\$109	\$6	\$160	\$377
1976	2,288	1,153	\$4	8	429	157	9	154	374
1977	2,606	1,294	4	5	473	257	11	171	391
1978	2,673	1,369	1	5	484	244	13	181	376
1979	3,021	1,591	3	5	518	252	21	200	431
1980	3,231	1,672	8	27	587	314	10	208	405
1981	3,763	1,897	2	5	674	418	12	243	512
1982	4,093	2,117	4	5	701	446	13	258	549
1983	4,487	2,314	11	5	730	495	14	286	632
1984	4,420	2,243	8	8	727	496	15	303	620
1985	4,746	2,330	9	7	775	537	22	342	724
1986	4,880	2,271	2	9	877	534	26	374	787
1987	5,592	2,654	2	39	926	635	21	427	888
1988	5,883	2,771	5	23	991	671	21	443	958
1989	6,897	3,219	3	127	1,186	795	26	494	1,047
1990	8,590	4,209	8	23	1,453	977	34	571	1,314
1991	10,241	4,886	5	27	1,782	1,268	44	680	1,728
1992	12,403	5,555	14	46	2,150	1,532	56	817	2,233
1993	13,605	5,943	10	40	2,334	1,734	67	920	2,557
1994	13,585	5,768	2	24	2,290	1,674	74	961	2,792
1995	13,511	5,544	4	39	2,162	1,652	79	939	3,092
1996	12,275	4,944	2	17	1,932	1,438	75	854	3,013
1997	12,307	4,558	6	39	1,890	1,299	84	881	3,550
1998	14,865	4,201	37	105	1,533	1,183	61	917	6,828
1999	15,801	4,319	10	31	1,578	1,258	62	1,189	7,354
2000	17,763	4,767	5	33	1,697	1,443	65	1,444	8,309
2001	20,170	5,275	6	46	1,908	1,639	74	1,777	9,445
2002	23,635	5,988	4	42	2,224	1,982	57	2,333	11,005
2003	26,800	6,500	8	44	2,496	2,262	57	3,050	12,383
2004	30,721	6,870	5	55	2,647	2,530	58	3,588	14,966
2005	32,215	6,813	6	55	3,033	2,373	58	3,670	16,207
2006	32,682	7,011	10	64	2,650	2,420	60	3,222	17,247
2007	34,153	6,922	8	70	2,415	2,417	57	3,207	19,058
2008	37,698	7,095	13	80	2,487	2,518	56	3,392	22,058
2009	45,423	7,795	6	176	2,710	3,006	57	4,386	27,286
2010	48,211	6,029	9	80	2,827	3,127	57	5,135	30,947
2011	53,937	7,321	11	101	2,913	3,261	63	5,960	34,308

See footnotes at end of table.

Table 13.19—Continued

Medicaid Payments, Adults, by Type of Service: Fiscal Years 1975-2011

Year	Total ¹	Inpatient		Nursing		Outpatient	Home	Prescribed	Other
		Hospital	ICF/MR	Facility ²	Physician	Hospital	Health	Drugs	
Percent									
1975	100.0	48.9	(4)	0.4	19.0	5.3	0.3	7.8	18.3
1976	100.0	50.4	0.2	0.3	18.8	6.9	0.4	6.7	16.3
1977	100.0	49.7	0.2	0.2	18.2	9.9	0.4	6.6	15.0
1978	100.0	51.2	(4)	0.2	18.1	9.1	0.5	6.8	14.1
1979	100.0	52.7	0.1	0.2	17.1	8.3	0.7	6.6	14.3
1980	100.0	51.7	0.2	0.8	18.2	9.7	0.3	6.4	12.5
1981	100.0	50.4	0.1	0.1	17.9	11.1	0.3	6.5	13.6
1982	100.0	51.7	0.1	0.1	17.1	10.9	0.3	6.3	13.4
1983	100.0	51.6	0.2	0.1	16.3	11.0	0.3	6.4	14.1
1984	100.0	50.7	0.2	0.2	16.4	11.2	0.3	6.9	14.0
1985	100.0	49.1	0.2	0.1	16.3	11.3	0.5	7.2	15.3
1986	100.0	46.5	(4)	0.2	18.0	10.9	0.5	7.7	16.1
1987	100.0	47.5	(4)	0.7	16.6	11.4	0.4	7.6	15.9
1988	100.0	47.1	0.1	0.4	16.8	11.4	0.4	7.5	16.3
1989	100.0	46.7	(4)	1.8	17.2	11.5	0.4	7.2	15.2
1990	100.0	49.0	0.1	0.3	16.9	11.4	0.4	6.6	15.3
1991	100.0	47.7	(4)	0.3	17.4	12.4	0.4	6.6	16.9
1992	100.0	44.8	0.1	0.4	17.3	12.4	0.5	6.6	18.0
1993	100.0	43.7	0.1	0.3	17.2	12.7	0.5	6.8	18.8
1994	100.0	42.5	(4)	0.2	16.9	12.3	0.5	7.1	20.6
1995	100.0	41.0	(4)	0.3	16.0	12.2	0.6	6.9	22.9
1996	100.0	40.3	(4)	0.1	15.7	11.7	0.6	7.0	24.5
1997	100.0	37.0	(4)	0.3	15.4	10.6	0.7	7.2	28.8
1998	100.0	28.3	0.2	0.7	10.3	8.0	0.4	6.2	45.9
1999	100.0	27.3	0.1	0.2	10.0	8.0	0.4	7.5	46.5
2000	100.0	26.8	(4)	0.2	9.6	8.1	0.4	8.1	46.8
2001	100.0	26.2	(4)	0.2	9.5	8.1	0.4	8.8	46.8
2002	100.0	25.3	(4)	0.2	9.4	8.4	0.2	9.9	46.6
2003	100.0	24.3	(4)	0.2	9.3	8.4	0.2	11.4	46.2
2004	100.0	22.4	(4)	0.2	8.6	8.2	0.2	11.7	48.7
2005	100.0	21.1	(4)	0.2	9.4	7.4	0.2	11.4	50.3
2006	100.0	21.5	(4)	0.2	8.1	7.4	0.2	9.9	52.8
2007	100.0	20.3	(4)	0.2	7.1	7.1	0.2	9.4	55.8
2008	100.0	18.8	(4)	0.2	6.6	6.7	0.1	9.0	58.5
2009	100.0	17.2	(4)	0.4	6.0	6.6	0.1	9.7	60.1
2010	100.0	17.2	(4)	0.4	6.0	6.6	0.1	9.7	60.1
2011	100.0	13.6	(4)	0.2	5.4	6.0	0.1	11.1	63.6

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

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

³Less than \$500,000.

⁴Less than 0.05 percent.

NOTES: Beginning fiscal year 1998, capitated premiums for Medicaid eligibles enrolled in managed care plans were included in this series as a component of the other and of the total payment categories. Trends in home health agency program expenditures are not strictly comparable to 1997 and prior years because of changes in redefining selected home health services as home and community-based waiver services in 1998 and reclassified as other in 1999. The payments reported for 2011 include last reported 2010 payments for Maine, Oklahoma, Kansas, Utah, and Idaho.

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

Table 13.20

Medicaid Payments, Aged, by Type of Service: Fiscal Years 1975-2011

Year	Total ¹	Inpatient		Nursing		Outpatient	Home	Prescribed	Other
		Hospital	ICF/MR	Facility ²	Physician	Hospital	Health	Drugs	
Amount in Millions									
1975	\$4,358	\$205	\$20	\$3,325	\$133	\$25	\$27	\$297	\$326
1976	4,910	244	18	3,594	147	34	56	364	453
1977	5,499	300	18	4,091	166	44	72	387	421
1978	6,308	382	29	4,755	174	44	85	410	429
1979	7,046	454	33	5,370	184	58	78	449	420
1980	8,739	806	199	6,288	225	67	202	519	433
1981	9,926	941	167	6,959	259	81	267	611	641
1982	10,739	1,006	95	7,674	247	90	310	629	688
1983	11,954	1,482	161	8,233	257	106	378	692	645
1984	12,815	1,396	106	8,649	255	110	451	763	1,085
1985	14,096	1,450	175	9,409	264	105	639	883	1,171
1986	15,097	1,603	179	10,057	264	126	766	973	1,129
1987	16,037	1,375	226	10,687	249	145	982	1,075	1,298
1988	17,135	1,411	216	11,618	240	161	1,143	1,186	1,160
1989	18,558	1,263	264	12,559	272	181	1,441	1,282	1,296
1990	21,508	1,315	372	14,536	286	194	1,733	1,507	1,566
1991	25,444	1,634	430	17,121	343	255	2,026	1,823	1,812
1992	29,089	1,872	517	19,589	400	311	2,250	2,190	1,960
1993	31,554	2,023	590	21,191	489	406	2,370	2,441	2,046
1994	33,618	1,964	585	22,660	544	454	2,663	2,651	2,097
1995	36,527	2,050	637	24,148	617	534	2,990	2,861	2,690
1996	36,947	2,044	564	24,388	694	628	3,049	3,078	2,502
1997	37,721	1,931	637	24,691	791	605	3,351	3,343	2,372
1998	40,601	1,871	692	25,529	695	585	798	3,806	6,625
1999	42,522	1,655	742	26,578	635	585	667	4,572	7,088
2000	44,503	1,630	708	27,058	633	667	718	5,355	7,734
2001	48,356	1,739	717	29,104	612	584	820	6,227	8,553
2002	51,924	1,946	738	30,097	571	570	997	7,150	9,855
2003	55,271	2,040	753	30,947	567	554	991	8,284	11,135
2004	59,541	2,087	734	32,140	570	624	1,058	9,703	12,625
2005	62,929	1,751	795	33,778	611	578	1,216	10,576	13,624
2006	57,457	1,762	824	34,284	585	557	1,434	3,975	14,038
2007	57,179	1,799	851	34,980	606	625	1,581	853	15,885
2008	61,131	1,898	931	35,744	638	765	1,677	814	18,663
2009	64,332	2,011	1,050	36,066	707	761	1,885	862	20,991
2010	65,717	1,559	1,013	36,362	705	796	2,105	865	22,311
2011	67,058	1,872	1,042	35,486	710	813	2,092	871	24,172

See footnotes at end of table.

Table 13.20—Continued

Medicaid Payments, Aged, by Type of Service: Fiscal Years 1975-2011

Year	Total ¹	Inpatient		Nursing		Outpatient	Home	Prescribed	Other
		Hospital	ICF/MR	Facility ²	Physician	Hospital	Health	Drugs	
Percent									
1975	100.0	4.7	0.5	76.3	3.1	0.6	0.6	6.8	7.5
1976	100.0	5.0	0.4	73.2	3.0	0.7	1.1	7.4	9.2
1977	100.0	5.5	0.3	74.4	3.0	0.8	1.3	7.0	7.7
1978	100.0	6.1	0.5	75.4	2.8	0.7	1.3	6.5	6.8
1979	100.0	6.4	0.5	76.2	2.6	0.8	1.1	6.4	6.0
1980	100.0	9.2	2.3	72.0	2.6	0.8	2.3	5.9	5.0
1981	100.0	9.5	1.7	70.1	2.6	0.8	2.7	6.2	6.5
1982	100.0	9.4	0.9	71.5	2.3	0.8	2.9	5.9	6.4
1983	100.0	12.4	1.3	68.9	2.1	0.9	3.2	5.8	5.4
1984	100.0	10.9	0.8	67.5	2.0	0.9	3.5	6.0	8.5
1985	100.0	10.3	1.2	66.7	1.9	0.7	4.5	6.3	8.3
1986	100.0	10.6	1.2	66.6	1.7	0.8	5.1	6.4	7.5
1987	100.0	8.6	1.4	66.6	1.6	0.9	6.1	6.7	8.1
1988	100.0	8.2	1.3	67.8	1.4	0.9	6.7	6.9	6.8
1989	100.0	6.8	1.4	67.7	1.5	1.0	7.8	6.9	7.0
1990	100.0	6.1	1.7	67.6	1.3	0.9	8.1	7.0	7.3
1991	100.0	6.4	1.7	67.3	1.3	1.0	8.0	7.2	7.1
1992	100.0	6.4	1.8	67.3	1.4	1.1	7.7	7.5	6.7
1993	100.0	6.4	1.9	67.2	1.5	1.3	7.5	7.7	6.5
1994	100.0	5.8	1.7	67.4	1.6	1.4	7.9	7.9	6.2
1995	100.0	5.6	1.7	66.1	1.7	1.5	8.2	7.8	7.4
1996	100.0	5.5	1.5	66.0	1.9	1.7	8.3	8.3	6.8
1997	100.0	5.1	1.7	65.5	2.1	1.6	8.9	8.9	6.3
1998	100.0	4.6	1.7	62.9	1.7	1.4	2.0	9.4	16.3
1999	100.0	3.9	1.7	62.5	1.5	1.4	1.6	10.8	16.7
2000	100.0	3.7	1.6	60.8	1.4	1.5	1.6	12.0	17.4
2001	100.0	3.6	1.5	60.2	1.3	1.2	1.7	12.9	17.7
2002	100.0	3.7	1.4	58.0	1.1	1.1	1.9	13.8	19.0
2003	100.0	3.7	1.4	56.0	1.0	1.0	1.8	15.0	20.1
2004	100.0	3.5	1.2	54.0	1.0	1.0	1.8	16.3	21.2
2005	100.0	2.8	1.3	53.7	1.0	0.9	1.9	16.8	21.7
2006	100.0	3.1	1.4	59.7	1.0	1.0	2.5	6.9	24.4
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
2010	100.0	2.4	1.5	55.3	1.1	1.2	3.2	1.3	34.0
2011	100.0	2.8	1.6	52.9	1.1	1.2	3.1	1.3	36.0

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

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

NOTES: Beginning fiscal year 1998, capitated premiums for Medicaid eligibles enrolled in managed care plans were included in this series as a component of the other and of the total payment categories. Trends in home health agency program expenditures are not strictly comparable to 1997 and prior years because of changes in redefining selected home health services as home and community-based waiver services in 1998 and reclassified as other in 1999. The payments reported for 2011 include last reported 2010 payments for Maine, Oklahoma, Kansas, Utah, and Idaho.

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

Table 13.21

Medicaid Payments, Disabled, by Type of Service: Fiscal Years 1975-2011

Year	Total ¹	Inpatient		Nursing		Outpatient	Home	Prescribed	Other
		Hospital	ICF/MR	Facility ²	Physician	Hospital	Health	Drugs	
Amount in Millions									
1975	\$3,145	\$1,049	\$294	\$941	\$243	\$81	\$27	\$201	\$309
1976	3,920	1,247	545	1,052	286	121	55	258	356
1977	4,883	1,498	819	1,197	342	193	76	299	459
1978	5,620	1,652	1,086	1,426	358	190	87	321	500
1979	6,882	1,957	1,402	1,703	396	208	129	372	715
1980	7,621	2,207	1,699	1,506	475	275	111	424	924
1981	9,455	2,521	2,760	1,562	529	353	140	500	1,090
1982	10,405	2,691	3,296	1,683	512	349	162	531	1,181
1983	11,367	2,943	3,838	1,749	543	369	194	599	1,132
1984	11,977	3,064	4,073	1,962	540	429	292	687	930
1985	13,452	3,293	4,477	2,157	588	484	433	855	1,165
1986	14,913	3,636	4,817	2,337	637	566	531	1,025	1,364
1987	16,817	4,213	5,282	2,491	714	679	658	1,174	1,606
1988	18,594	4,588	5,748	2,615	779	803	815	1,336	1,910
1989	20,885	5,043	6,311	2,812	892	962	1,052	1,540	2,273
1990	24,404	6,130	6,878	3,075	1,001	1,039	1,559	1,864	2,858
1991	28,251	7,352	7,181	3,500	1,205	1,312	1,917	2,297	3,487
1992	34,004	9,079	7,973	3,878	1,515	1,624	2,439	2,936	4,560
1993	38,655	10,230	8,170	4,149	1,774	2,044	2,988	3,572	5,728
1994	42,298	10,951	7,701	4,362	1,939	2,188	4,075	4,147	6,935
1995	49,418	11,421	9,680	4,798	2,104	2,451	5,860	4,794	8,310
1996	52,065	11,419	8,946	5,117	2,241	2,645	7,024	5,554	9,119
1997	54,130	10,423	8,988	5,448	2,298	2,721	8,113	6,518	9,621
1998	60,374	9,642	8,763	5,952	2,102	2,683	1,692	7,618	21,922
1999	65,850	9,868	8,522	6,400	2,256	2,831	2,023	9,457	24,493
2000	72,742	10,409	8,611	6,967	2,316	3,174	2,175	11,591	27,499
2001	80,386	11,195	8,866	7,814	2,528	3,307	2,431	13,666	30,579
2002	92,414	12,118	9,860	8,805	2,778	3,649	2,671	16,213	36,320
2003	102,014	12,932	9,990	9,056	3,032	3,896	3,127	18,966	41,015
2004	111,614	14,018	10,266	9,297	3,326	4,304	3,216	22,078	45,109
2005	118,683	14,373	10,818	9,907	3,782	4,207	3,841	23,779	47,977
2006	114,745	15,143	10,873	10,356	3,631	4,376	4,133	16,224	50,010
2007	119,617	15,604	10,816	10,860	3,669	4,527	4,420	13,487	56,235
2008	129,040	15,989	11,511	11,308	3,877	4,806	4,605	14,095	62,849
2009	141,596	16,923	11,670	11,766	4,362	5,496	4,996	14,856	71,526
2010	147,098	15,439	11,388	12,033	4,439	5,808	4,796	15,271	77,924
2011	155,784	16,690	11,926	12,089	4,495	5,695	4,706	16,298	83,885

See footnotes at end of table.

Table 13.21—Continued

Medicaid Payments, Disabled, by Type of Service: Fiscal Years 1975-2011

Year	Total ¹	Inpatient		Nursing		Outpatient	Home	Prescribed	Other
		Hospital	ICF/MR	Facility ²	Physician	Hospital	Health	Drugs	
Percent									
1975	100.0	33.4	9.3	29.9	7.7	2.6	0.9	6.4	9.8
1976	100.0	31.8	13.9	26.8	7.3	3.1	1.4	6.6	9.1
1977	100.0	30.7	16.8	24.5	7.0	4.0	1.6	6.1	9.4
1978	100.0	29.4	19.3	25.4	6.4	3.4	1.5	5.7	8.9
1979	100.0	28.4	20.4	24.7	5.8	3.0	1.9	5.4	10.4
1980	100.0	29.0	22.3	19.8	6.2	3.6	1.5	5.6	12.1
1981	100.0	26.7	29.2	16.5	5.6	3.7	1.5	5.3	11.5
1982	100.0	25.9	31.7	16.2	4.9	3.4	1.6	5.1	11.4
1983	100.0	25.9	33.8	15.4	4.8	3.2	1.7	5.3	10.0
1984	100.0	25.6	34.0	16.4	4.5	3.6	2.4	5.7	7.8
1985	100.0	24.5	33.3	16.0	4.4	3.6	3.2	6.4	8.7
1986	100.0	24.4	32.3	15.7	4.3	3.8	3.6	6.9	9.1
1987	100.0	25.1	31.4	14.8	4.2	4.0	3.9	7.0	9.5
1988	100.0	24.7	30.9	14.1	4.2	4.3	4.4	7.2	10.3
1989	100.0	24.1	30.2	13.5	4.3	4.6	5.0	7.4	10.9
1990	100.0	25.1	28.2	12.6	4.1	4.3	6.4	7.6	11.7
1991	100.0	26.0	25.4	12.4	4.3	4.6	6.8	8.1	12.3
1992	100.0	26.7	23.4	11.4	4.5	4.8	7.2	8.6	13.4
1993	100.0	26.5	21.1	10.7	4.6	5.3	7.7	9.2	14.8
1994	100.0	25.9	18.2	10.3	4.6	5.2	9.6	9.8	16.4
1995	100.0	23.1	19.6	9.7	4.3	5.0	11.9	9.7	16.8
1996	100.0	21.9	17.2	9.8	4.3	5.1	13.5	10.7	17.5
1997	100.0	19.3	16.6	10.1	4.2	5.0	15.0	12.0	17.8
1998	100.0	16.0	14.5	9.9	3.5	4.4	2.8	12.6	36.3
1999	100.0	15.0	12.9	9.7	3.4	4.3	3.1	14.4	37.2
2000	100.0	14.3	11.8	9.6	3.2	4.4	3.0	15.9	37.8
2001	100.0	13.9	11.0	9.7	3.1	4.1	3.0	17.0	38.0
2002	100.0	13.1	10.7	9.5	3.0	3.9	2.9	17.5	39.3
2003	100.0	12.7	9.8	8.9	3.0	3.8	3.1	18.6	40.2
2004	100.0	12.6	9.2	8.3	3.0	3.9	2.9	19.8	40.4
2005	100.0	12.1	9.1	8.3	3.2	3.5	3.2	20.0	40.4
2006	100.0	13.2	9.5	9.0	3.2	3.8	3.6	14.1	43.6
2007	100.0	13.0	9.0	9.1	3.1	3.8	3.7	11.3	47.0
2008	100.0	12.4	8.9	8.8	3.0	3.7	3.6	10.9	48.7
2009	100.0	12.0	8.2	8.3	3.1	3.9	3.5	10.5	50.5
2010	100.0	10.5	7.7	8.2	3.0	3.9	3.3	10.4	53.0
2011	100.0	10.7	7.7	7.8	2.9	3.7	3.0	10.5	53.8

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

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

NOTES: Beginning fiscal year 1998, capitated premiums for Medicaid eligibles enrolled in managed care plans were included in this series as a component of the other and of the total payment categories. 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. The payments reported for 2011 include last reported 2010 payments for Maine, Oklahoma, Kansas, Utah, and Idaho.

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

Table 13.22

Medicaid Persons Served (Beneficiaries), by Basis of Eligibility and Area of Residence: Fiscal Year 2011

Area of Residence	Total	Aged	Disabled	Children ¹	Adults	Other/ Unknown
All Jurisdictions	68,372,045	4,348,929	9,791,456	32,661,647	16,396,449	5,173,564
Boston: Region I	3,118,740	247,710	589,324	1,103,856	1,048,080	129,770
Connecticut	729,294	66,490	70,590	308,032	258,521	25,661
Maine ²	327,524	36,705	64,220	122,937	95,878	7,784
Massachusetts	1,504,611	95,614	366,792	419,580	543,790	78,835
New Hampshire	152,182	12,184	25,662	90,320	20,056	3,960
Rhode Island	221,041	16,409	38,290	98,460	58,845	9,037
Vermont	184,088	20,308	23,770	64,527	70,990	4,493
New York: Region II	6,725,489	486,276	965,804	2,560,744	2,224,692	487,973
New Jersey	1,304,257	96,482	210,508	673,701	271,032	52,534
New York	5,421,232	389,794	755,296	1,887,043	1,953,660	435,439
Puerto Rico	---	---	---	---	---	---
Virgin Islands	---	---	---	---	---	---
Philadelphia: Region III	5,333,984	375,394	1,087,281	2,608,060	1,093,593	169,656
Delaware	223,225	10,011	22,976	93,275	94,675	2,288
District of Columbia	235,665	10,555	42,879	87,922	90,512	3,797
Maryland	1,003,548	46,931	143,107	570,307	226,152	17,051
Pennsylvania	2,443,909	199,266	602,535	1,072,684	462,868	106,556
Virginia	1,016,419	76,478	168,743	585,594	159,423	26,181
West Virginia	411,218	32,153	107,041	198,278	59,963	13,783
Atlanta: Region IV	12,893,449	796,323	2,180,872	6,743,456	2,275,740	897,058
Alabama	938,313	59,305	207,941	512,741	140,536	17,790
Florida	3,829,173	255,757	564,045	1,901,763	730,784	376,824
Georgia	1,925,269	108,037	304,042	1,096,060	292,963	124,167
Kentucky	1,065,840	51,621	236,478	485,733	142,011	149,997
Mississippi	775,314	67,270	152,566	375,017	102,905	77,556
North Carolina	1,892,541	141,218	300,568	1,032,333	347,784	70,638
South Carolina	978,732	61,243	158,674	534,434	202,166	22,215
Tennessee	1,488,267	51,872	256,558	805,375	316,591	57,871

See footnotes at end of table.

Table 13.22—Continued

Medicaid Persons Served (Beneficiaries), by Basis of Eligibility and Area of Residence: Fiscal Year 2011

Area of Residence	Total	Aged	Disabled	Children ¹	Adults	Other/ Unknown
Chicago: Region V	11,183,030	646,861	1,525,246	5,671,807	2,942,266	396,850
Illinois	2,900,614	123,284	343,636	1,561,495	751,239	120,960
Indiana	1,208,207	68,956	164,668	705,507	240,058	29,018
Michigan	2,265,277	123,580	350,658	1,156,437	561,629	72,973
Minnesota	989,600	66,473	129,014	430,691	345,642	17,780
Ohio	2,526,533	152,153	365,435	1,268,241	605,502	135,202
Wisconsin	1,292,799	112,415	171,835	549,436	438,196	20,917
Dallas: Region VI	8,492,244	496,070	1,071,012	5,198,502	1,176,042	550,618
Arkansas	777,833	53,546	137,142	435,068	90,020	62,057
Louisiana	1,293,869	79,342	207,718	748,200	199,138	59,471
New Mexico	571,621	11,925	49,362	351,634	141,439	17,261
Oklahoma ²	852,603	54,226	109,846	519,365	135,392	33,774
Texas	4,996,318	297,031	566,944	3,144,235	610,053	378,055
Kansas City: Region VII	2,318,880	163,834	399,597	1,277,299	402,901	75,249
Iowa	544,620	35,920	80,252	287,112	115,444	25,892
Kansas ²	363,755	29,605	67,366	205,915	50,915	9,954
Missouri	1,126,505	83,306	214,198	608,358	193,809	26,834
Nebraska	284,000	15,003	37,781	175,914	42,733	12,569
Denver: Region VIII	1,532,324	93,718	195,291	880,350	304,839	58,126
Colorado	733,347	49,677	94,202	419,554	151,449	18,465
Montana	136,442	9,803	20,763	80,514	21,502	3,860
North Dakota	85,094	7,758	11,094	45,161	17,100	3,981
South Dakota	134,798	8,064	18,348	84,339	21,026	3,021
Utah ²	366,271	13,915	41,012	201,848	82,955	26,541
Wyoming	76,372	4,501	9,872	48,934	10,807	2,258

See footnotes at end of table.

Table 13.22—Continued

Medicaid Persons Served (Beneficiaries), by Basis of Eligibility and Area of Residence: Fiscal Year 2011

Area of Residence	Total	Aged	Disabled	Children ¹	Adults	Other/ Unknown
San Francisco: Region IX	14,167,039	881,593	1,404,562	5,178,836	4,394,067	2,307,981
Arizona	1,989,470	56,431	142,875	552,517	442,891	794,756
California	11,500,583	783,069	1,191,491	4,265,637	3,774,809	1,485,577
Hawaii	313,629	22,314	27,574	140,359	106,045	17,337
Nevada	363,357	19,779	42,622	220,323	70,322	10,311
Seattle: Region X	2,606,866	161,150	372,467	1,438,737	534,229	100,283
Alaska	135,059	7,333	17,725	74,722	29,979	5,300
Idaho ²	409,456	23,637	66,595	253,217	43,544	22,463
Oregon	690,364	46,314	93,915	339,286	191,357	19,492
Washington	1,371,987	83,866	194,232	771,512	269,349	53,028

¹Includes non-disabled children and foster care children.

²Last reported number of beneficiaries is for fiscal year 2010.

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 CHIP Services: Medicaid Statistical Information system (MSIS); data development by the Office of Information Products and Data Analytics.

Table 13.23

Medicaid Payments, by Basis of Eligibility and Area of Residence: Fiscal Year 2011

Area of Residence	Total	Aged	Disabled	Children ¹	Adults	Other/ Unknown
All Jurisdictions	\$364,459,894,536	\$67,058,106,659	\$155,783,590,850	\$71,545,595,971	\$53,936,779,896	\$16,135,821,160
Boston: Region I	21,680,404,834	4,836,640,687	9,285,009,359	3,432,990,336	4,038,033,470	87,730,982
Connecticut	5,837,220,615	1,556,791,171	1,990,661,497	992,055,593	1,272,330,720	25,381,634
Maine ²	1,466,911,543	373,757,619	685,850,023	235,205,191	161,507,226	10,591,484
Massachusetts	10,690,088,156	2,098,157,066	5,092,242,618	1,433,641,753	2,044,667,509	21,379,210
New Hampshire	1,032,054,260	244,959,334	442,134,165	269,386,288	72,328,085	3,246,388
Rhode Island	1,605,858,858	373,763,984	691,288,134	287,850,866	231,767,347	21,188,527
Vermont	1,048,271,402	189,211,513	382,832,922	214,850,645	255,432,583	5,943,739
New York: Region II	60,081,520,197	12,841,101,835	26,607,547,321	6,784,274,179	10,989,531,142	2,859,065,720
New Jersey	8,879,950,439	1,828,655,597	4,379,730,769	1,522,723,521	1,048,232,453	100,608,099
New York	51,201,569,758	11,012,446,238	22,227,816,552	5,261,550,658	9,941,298,689	2,758,457,621
Puerto Rico	---	---	---	---	---	---
Virgin Islands	---	---	---	---	---	---
Philadelphia: Region III	37,370,727,022	6,791,887,433	17,775,803,784	7,264,968,888	4,922,318,538	615,748,379
Delaware	1,461,604,411	198,680,165	463,858,940	289,758,074	506,153,296	3,153,936
District of Columbia	2,127,520,125	191,966,312	1,134,864,089	241,502,181	402,788,029	156,399,514
Maryland	7,185,166,986	1,007,925,519	3,236,355,347	1,551,934,288	1,325,701,671	63,250,161
Pennsylvania	17,699,701,055	3,786,361,875	8,968,057,147	3,256,289,667	1,747,948,551	-58,956,185
Virginia	5,969,089,658	1,047,412,626	2,726,072,955	1,464,569,388	692,096,517	38,938,172
West Virginia	2,927,644,787	559,540,936	1,246,595,306	460,915,290	247,630,474	412,962,781
Atlanta: Region IV	64,595,404,187	10,591,217,660	25,784,788,308	14,710,030,581	8,828,192,925	4,681,174,713
Alabama	4,182,417,150	748,000,005	\$1,787,824,238	985,509,329	371,727,597	289,355,981
Florida	17,257,937,544	3,242,047,022	\$6,290,242,809	2,872,461,197	1,793,532,709	3,059,653,807
Georgia	7,999,023,469	1,065,047,882	\$2,985,994,721	2,411,319,953	1,337,167,558	199,493,355
Kentucky	5,597,497,355	731,456,868	\$2,640,224,208	1,388,351,856	679,906,003	157,558,420
Mississippi	3,584,669,759	866,649,260	\$1,542,617,587	821,971,555	381,213,051	-27,781,694
North Carolina	9,613,869,735	1,744,363,646	\$4,342,921,102	2,202,519,011	1,267,684,288	56,381,688
South Carolina	5,150,891,269	651,741,955	\$1,808,386,116	1,029,354,758	768,982,974	892,425,466
Tennessee	11,209,097,906	1,541,911,022	\$4,386,577,527	2,998,542,922	2,227,978,745	54,087,690

See footnotes at end of table.

Table 13.23—Continued

Medicaid Payments, by Basis of Eligibility and Area of Residence: Fiscal Year 2011

Area of Residence	Total	Aged	Disabled	Children ¹	Adults	Other/ Unknown
Chicago: Region V	\$58,965,248,127	\$10,761,406,472	\$25,073,897,430	\$10,907,458,635	\$9,418,592,637	\$2,803,892,953
Illinois	11,870,594,403	1,320,526,525	5,036,010,159	2,579,837,831	1,752,391,558	1,181,828,330
Indiana	5,764,060,224	1,285,872,431	2,537,727,311	1,179,123,991	741,040,132	20,296,359
Michigan	11,850,123,779	1,739,429,531	4,712,953,336	2,141,807,163	1,946,665,693	1,309,268,056
Minnesota	7,928,523,510	1,589,366,211	3,503,646,483	1,454,161,037	1,341,429,743	39,920,036
Ohio	15,821,831,930	3,275,757,692	6,957,813,279	2,806,076,652	2,550,116,087	232,068,220
Wisconsin	5,730,114,281	1,550,454,082	2,325,746,862	746,451,961	1,086,949,424	20,511,952
Dallas: Region VI	37,840,199,816	6,200,124,854	15,501,455,854	12,123,675,568	3,476,944,054	537,999,486
Arkansas	3,636,048,347	807,566,382	1,618,328,511	978,113,386	182,692,520	49,347,548
Louisiana	5,491,055,053	972,576,659	2,666,901,142	1,261,740,574	545,332,677	44,504,001
New Mexico	2,579,463,671	28,074,089	733,279,865	883,269,461	631,610,078	303,230,178
Oklahoma ²	3,712,748,920	627,482,826	1,482,009,394	1,131,178,108	441,224,785	30,853,807
Texas	22,420,883,825	3,764,424,898	9,000,936,942	7,869,374,039	1,676,083,994	110,063,952
Kansas City: Region VII	13,433,950,319	2,587,841,409	6,335,507,486	2,976,136,905	1,310,301,239	224,163,280
Iowa	3,280,391,785	676,736,689	1,552,948,580	579,790,035	351,207,224	119,709,257
Kansas ²	2,295,014,237	505,244,096	1,113,852,786	462,365,119	195,949,270	17,602,966
Missouri	6,248,224,435	1,090,380,382	2,988,950,244	1,556,452,252	580,546,733	31,894,824
Nebraska	1,610,319,862	315,480,242	679,755,876	377,529,499	182,598,012	54,956,233
Denver: Region VIII	8,340,690,899	1,564,347,607	3,393,368,779	1,813,213,338	943,017,034	626,744,141
Colorado	3,477,767,818	755,810,601	1,497,236,181	726,732,904	413,866,425	84,121,707
Montana	797,389,191	176,974,042	281,163,092	220,286,150	93,003,634	25,962,273
North Dakota	726,629,703	220,123,386	304,180,846	129,825,226	68,556,322	3,943,923
South Dakota	767,179,652	134,415,196	331,400,028	205,694,473	85,843,656	9,826,299
Utah ²	1,995,098,381	156,232,512	719,524,881	397,735,497	219,025,272	502,580,219
Wyoming	576,626,154	120,791,870	259,863,751	132,939,088	62,721,725	309,720

See footnotes at end of table.

Table 13.23—Continued

Medicaid Payments, by Basis of Eligibility and Area of Residence: Fiscal Year 2011

Area of Residence	Total	Aged	Disabled	Children ¹	Adults	Other/ Unknown
San Francisco: Region IX	\$49,866,098,505	\$8,859,733,543	\$21,121,306,163	\$8,844,282,531	\$7,825,439,252	3,215,337,016
Arizona	9,439,338,374	787,732,020	2,535,000,496	1,340,409,448	2,280,664,883	2,495,531,527
California	37,564,509,243	7,479,712,672	17,580,332,429	6,815,914,543	4,993,784,208	694,765,391
Hawaii	1,466,031,926	382,545,298	427,565,662	267,439,841	381,158,484	7,322,641
Nevada	1,396,218,962	209,743,553	578,407,576	420,518,699	169,831,677	17,717,457
Seattle: Region X	12,285,650,630	2,023,805,159	4,904,906,366	2,688,565,010	2,184,409,605	483,964,490
Alaska	1,309,106,730	190,545,463	516,827,352	375,632,471	211,800,279	14,301,165
Idaho ²	1,224,364,086	198,620,888	603,847,130	260,999,884	113,908,280	46,987,904
Oregon	3,503,130,977	588,737,890	1,244,523,434	678,779,484	983,297,831	7,792,338
Washington	6,249,048,837	1,045,900,918	2,539,708,450	1,373,153,171	875,403,215	414,883,083

¹Includes non-disabled children and foster care children.

²Last reported Medicaid payments is for fiscal year 2010.

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 CHIP Services: Medicaid Statistical Information System (MSIS); data development by the Office of Information Products and Data Analytics.

Table 13.24

Medicaid Payments per Person Served (Beneficiary), by Basis of Eligibility and Area of Residence: Fiscal Year 2011

Area of Residence	Total	Aged	Disabled	Children ¹	Adults	Other/ Unknown
All Jurisdictions	\$5,331	\$15,419	\$15,910	\$2,191	\$3,290	\$3,119
Boston: Region I	6,952	19,525	15,755	3,110	3,853	676
Connecticut	8,004	23,414	28,200	3,221	4,922	989
Maine ²	4,479	10,183	10,680	1,913	1,685	1,361
Massachusetts	7,105	21,944	13,883	3,417	3,760	271
New Hampshire	6,782	20,105	17,229	2,983	3,606	820
Rhode Island	7,265	22,778	18,054	2,924	3,939	2,345
Vermont	5,694	9,317	16,106	3,330	3,598	1,323
New York: Region II	8,933	26,407	27,550	2,649	4,940	5,859
New Jersey	6,808	18,953	20,806	2,260	3,868	1,915
New York	9,445	28,252	29,429	2,788	5,089	6,335
Puerto Rico	---	---	---	---	---	---
Virgin Islands	---	---	---	---	---	---
Philadelphia: Region III	7,006	18,093	16,349	2,786	4,501	3,629
Delaware	6,548	19,846	20,189	3,106	5,346	1,378
District of Columbia	9,028	18,187	26,467	2,747	4,450	41,190
Maryland	7,160	21,477	22,615	2,721	5,862	3,709
Pennsylvania	7,242	19,002	14,884	3,036	3,776	-553
Virginia	5,873	13,696	16,155	2,501	4,341	1,487
West Virginia	7,119	17,402	11,646	2,325	4,130	29,962
Atlanta: Region IV	5,010	13,300	11,823	2,181	3,879	5,218
Alabama	4,457	12,613	8,598	1,922	2,645	16,265
Florida	4,507	12,676	11,152	1,510	2,454	8,120
Georgia	4,155	9,858	9,821	2,200	4,564	1,607
Kentucky	5,252	14,170	11,165	2,858	4,788	1,050
Mississippi	4,624	12,883	10,111	2,192	3,705	-358
North Carolina	5,080	12,352	14,449	2,134	3,645	798
South Carolina	5,263	10,642	11,397	1,926	3,804	40,172
Tennessee	7,532	29,725	17,098	3,723	7,037	935

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 2011

Area of Residence	Total	Aged	Disabled	Children ¹	Adults	Other/ Unknown
Chicago: Region V	\$5,273	\$16,636	\$16,439	\$1,923	\$3,201	\$7,065
Illinois	4,092	10,711	14,655	1,652	2,333	9,770
Indiana	4,771	18,648	15,411	1,671	3,087	699
Michigan	5,231	14,075	13,440	1,852	3,466	17,942
Minnesota	8,012	23,910	27,157	3,376	3,881	2,245
Ohio	6,262	21,529	19,040	2,213	4,212	1,716
Wisconsin	4,432	13,792	13,535	1,359	2,481	981
Dallas: Region VI	4,456	12,498	14,474	2,332	2,956	977
Arkansas	4,675	15,082	11,800	2,248	2,029	795
Louisiana	4,244	12,258	12,839	1,686	2,738	748
New Mexico	4,513	2,354	14,855	2,512	4,466	17,567
Oklahoma ²	4,355	11,572	13,492	2,178	3,259	914
Texas	4,487	12,674	15,876	2,503	2,747	291
Kansas City: Region VII	5,793	15,796	15,855	2,330	3,252	2,979
Iowa	6,023	18,840	19,351	2,019	3,042	4,623
Kansas ²	6,309	17,066	16,534	2,245	3,849	1,768
Missouri	5,547	13,089	13,954	2,558	2,995	1,189
Nebraska	5,670	21,028	17,992	2,146	4,273	4,372
Denver: Region VIII	5,443	16,692	17,376	2,060	3,093	10,783
Colorado	4,742	15,214	15,894	1,732	2,733	4,556
Montana	5,844	18,053	13,542	2,736	4,325	6,726
North Dakota	8,539	28,374	27,419	2,875	4,009	991
South Dakota	5,691	16,669	18,062	2,439	4,083	3,253
Utah ²	5,447	11,228	17,544	1,970	2,640	18,936
Wyoming	7,550	26,837	26,323	2,717	5,804	137

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 2011

Area of Residence	Total	Aged	Disabled	Children ¹	Adults	Other/ Unknown
San Francisco: Region IX	\$3,520	\$10,050	\$15,038	\$1,708	\$1,781	\$1,393
Arizona	4,745	13,959	17,743	2,426	5,149	3,140
California	3,266	9,552	14,755	1,598	1,323	468
Hawaii	4,674	17,144	15,506	1,905	3,594	422
Nevada	3,843	10,604	13,571	1,909	2,415	1,718
Seattle: Region X	4,713	12,559	13,169	1,869	4,089	4,826
Alaska	9,693	25,985	29,158	5,027	7,065	2,698
Idaho ²	2,990	8,403	9,067	1,031	2,616	2,092
Oregon	5,074	12,712	13,252	2,001	5,139	400
Washington	4,555	12,471	13,076	1,780	3,250	7,824

¹Includes non-disabled children and foster care children.

²Last reported Medicaid payments is for fiscal year 2010.

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 CHIP Services: Medicaid Statistical Information System (MSIS); data development by the Office of Information Products and Data Analytics.

Table 13.25

Medicaid Persons Served (Beneficiaries), by Type of Service and Area of Residence: Fiscal Year 2011

Area of Residence	Total ¹	Inpatient Hospital	Nursing Facilities	Physician	Dental	Outpatient Hospital	Lab and X-Ray	Home Health	Prescribed Drugs
All Jurisdictions	68,372,045	5,131,939	1,619,483	24,143,331	13,439,764	16,182,445	16,972,784	1,094,920	30,415,816
Boston: Region I	3,118,740	210,000	113,050	1,257,141	1,082,870	888,038	855,538	83,081	1,490,439
Connecticut	729,294	59,361	37,523	174,199	340,142	191,578	190,156	26,975	482,036
Maine ³	327,524	23,786	9,608	220,066	64,060	21,544	51,827	3,103	230,578
Massachusetts	1,504,611	85,500	45,733	565,053	520,594	456,183	508,895	42,877	499,836
New Hampshire	152,182	17,842	7,022	123,405	59,691	82,439	14,092	3,374	103,190
Rhode Island	221,041	10,544	9,161	41,724	44,987	37,204	10,237	2,963	44,321
Vermont	184,088	12,967	4,003	132,694	53,396	99,090	80,331	3,789	130,478
New York: Region II	6,725,489	1,321,214	275,195	1,383,452	953,087	1,611,106	917,772	216,321	3,685,134
New Jersey	1,304,257	65,097	53,463	220,461	65,491	210,296	115,442	22,261	261,548
New York	5,421,232	1,256,117	221,732	1,162,991	887,596	1,400,810	802,330	194,060	3,423,586
Puerto Rico	---	---	---	---	---	---	---	---	---
Virgin Islands	---	---	---	---	---	---	---	---	---
Philadelphia: Region III	5,333,984	353,087	173,769	1,584,271	1,069,607	732,091	892,847	64,258	1,556,495
Delaware	223,225	8,095	3,874	41,415	47,878	23,522	24,776	948	150,673
District of Columbia	235,665	16,253	3,670	50,463	20,532	36,480	44,367	7,532	43,196
Maryland	1,003,548	69,672	24,072	278,385	318,188	148,621	10,407	28,119	212,569
Pennsylvania	2,443,909	114,010	103,388	614,042	222,861	255,762	506,221	20,341	574,962
Virginia	1,016,419	120,371	27,468	408,412	347,508	149,098	154,376	4,513	277,463
West Virginia	411,218	24,686	11,297	191,554	112,640	118,608	152,700	2,805	297,632

See footnotes at end of table.

Table 13.25—Continued

Medicaid Persons Served (Beneficiaries), by Type of Service and Area of Residence: Fiscal Year 2011

Area of Residence	Total ¹	Inpatient Hospital	Nursing Facilities	Physician	Dental	Outpatient Hospital	Lab and X-Ray	Home Health	Prescribed Drugs
Atlanta: Region IV	12,893,449	925,870	273,374	6,216,120	2,678,814	4,369,966	3,222,306	168,694	5,853,743
Alabama	938,313	110,570	28,523	678,316	276,224	364,875	497,068	72,081	608,000
Florida	3,829,173	188,019	86,886	1,855,528	360,494	1,602,809	569,451	19,772	1,303,749
Georgia	1,925,269	117,165	35,335	608,729	132,782	381,836	153,079	6,419	421,272
Kentucky	1,065,840	104,146	40,504	545,580	253,387	432,413	432,868	15,783	541,807
Mississippi	775,314	115,040	22,347	616,542	222,108	411,739	286,538	9,040	507,757
North Carolina	1,892,541	211,967	41,301	1,493,959	708,887	873,663	1,075,576	41,142	1,186,010
South Carolina	978,732	72,035	16,206	417,466	335,507	267,455	207,726	4,457	336,284
Tennessee ²	1,488,267	6,928	2,272	---	389,425	35,176	---	---	948,864
Chicago: Region V	11,183,030	520,253	302,400	4,084,892	2,599,565	2,307,417	2,887,750	188,298	6,412,128
Illinois	2,900,614	194,831	68,483	1,866,396	1,131,775	958,248	1,540,986	15,663	2,063,642
Indiana	1,208,207	52,823	39,646	279,769	456,655	151,408	215,829	11,196	798,624
Michigan	2,265,277	57,536	48,811	647,810	395,077	281,482	485,457	6,529	756,476
Minnesota	989,600	51,167	25,881	356,682	103,496	226,949	74,197	113,526	279,672
Ohio	2,526,533	106,244	89,411	662,253	280,192	466,882	321,499	40,850	1,680,605
Wisconsin	1,292,799	57,652	30,168	271,982	232,370	222,448	249,782	534	833,109
Dallas: Region VI	8,492,244	795,900	187,214	4,126,278	3,210,819	2,323,815	3,531,395	269,820	5,370,208
Arkansas	777,833	101,462	28,014	547,961	265,474	328,014	239,722	6,306	453,110
Louisiana	1,293,869	143,777	28,328	1,001,817	402,169	634,801	721,510	10,756	891,554
New Mexico	571,621	19,065	809	82,417	28,469	78,439	49,964	260	66,682
Oklahoma ³	852,603	118,882	19,383	622,159	287,655	413,378	441,072	7,091	532,773
Texas	4,996,318	412,714	110,680	1,871,924	2,227,052	869,183	2,079,127	245,407	3,426,089

See footnotes at end of table.

Table 13.25—Continued

Medicaid Persons Served (Beneficiaries), by Type of Service and Area of Residence: Fiscal Year 2011

Area of Residence	Total ¹	Inpatient Hospital	Nursing Facilities	Physician	Dental	Outpatient Hospital	Lab and X-Ray	Home Health	Prescribed Drugs
Kansas City: Region VII	2,318,880	210,285	78,068	751,105	444,732	903,208	652,707	47,534	1,452,059
Iowa	544,620	65,690	18,031	357,554	178,871	275,284	274,469	33,780	335,381
Kansas ³	363,755	32,819	14,768	152,102	98,593	76,229	94,119	3,582	120,257
Missouri	1,126,505	80,465	35,487	81,757	37,519	459,495	233,596	6,724	788,142
Nebraska	284,000	31,311	9,782	159,692	129,749	92,200	50,523	3,448	208,279
Denver: Region VIII	1,532,324	145,630	37,733	794,897	473,486	570,543	375,648	16,162	799,592
Colorado	733,347	51,109	15,006	398,570	225,570	296,436	125,928	12,212	336,386
Montana	136,442	17,495	4,799	109,635	40,722	73,985	12,193	367	76,085
North Dakota	85,094	10,374	5,290	56,490	22,711	32,742	42,617	472	50,289
South Dakota	134,798	17,793	5,295	84,792	43,659	53,016	48,347	414	77,824
Utah ³	366,271	37,923	4,987	86,007	112,573	75,237	108,602	2,127	209,276
Wyoming	76,372	10,936	2,356	59,403	28,251	39,127	37,961	570	49,732
San Francisco: Region IX	14,167,039	522,431	135,844	3,025,910	328,158	2,038,964	3,075,063	34,165	2,940,065
Arizona ²	1,989,470	24,697	1,361	48,108	540	99,453	27,922	271	9,474
California	11,500,583	470,140	129,346	2,841,895	154,014	1,870,266	2,984,307	29,950	2,836,351
Hawaii ²	313,629	3,148	569	15,010	129,105	9,535	8,624	3,282	7,248
Nevada	363,357	24,446	4,568	120,897	44,499	59,710	54,210	662	86,992
Seattle: Region X	2,606,866	127,269	42,836	919,265	598,626	437,297	561,758	6,587	855,953
Alaska	135,059	17,425	961	97,193	60,089	71,015	58,547	296	77,743
Idaho ³	409,456	22,072	7,821	262,386	31,361	113,181	124,341	2,279	212,458
Oregon	690,364	27,691	10,814	101,086	2,690	83,750	68,776	491	165,880
Washington	1,371,987	60,081	23,240	458,600	504,486	169,351	310,094	3,521	399,872

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

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

³Last reported number of beneficiaries is for fiscal year 2010.

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 CHIP Services: Medicaid Statistical Information System (MSIS); data development by the Office of Information Products and Data Analytics.

Table 13.26

Medicaid Payments, by Type of Service and Area of Residence: Fiscal Year 2011

Area of Residence	Total ¹	Inpatient	Nursing	Outpatient		Lab and	Home	Prescribed	
		Hospital	Facilities	Physician	Dental	Hospital	X-Ray	Health	Drugs
Amount in Thousands									
All Jurisdictions	\$364,459,875	\$36,591,162	\$48,349,216	\$12,050,729	\$5,710,586	\$12,951,988	\$3,528,920	\$7,171,247	\$29,635,339
Boston: Region I	21,680,405	1,395,469	3,951,204	544,251	491,744	783,055	262,708	1,281,718	1,555,829
Connecticut	5,837,221	467,878	1,280,725	82,032	182,572	235,772	58,975	227,284	604,414
Maine ³	1,466,912	119,435	258,078	76,910	25,467	20,931	10,705	7,653	207,824
Massachusetts	10,690,088	527,307	1,651,443	242,022	229,686	368,046	176,569	1,010,963	484,099
New Hampshire	1,032,054	62,349	205,645	60,338	22,800	57,366	1,723	10,888	98,403
Rhode Island	1,605,859	98,177	442,819	8,849	12,853	17,582	1,511	17,314	24,550
Vermont	1,048,271	120,324	112,494	74,100	18,364	83,358	13,224	7,616	136,540
New York: Region II	60,081,520	5,867,906	8,722,123	425,036	360,193	1,542,217	113,395	2,194,773	4,965,750
New Jersey	8,879,950	548,081	1,824,876	62,687	22,263	275,308	18,827	192,021	504,644
New York	51,201,570	5,319,826	6,897,248	362,349	337,929	1,266,909	94,568	2,002,752	4,461,107
Puerto Rico	---	---	---	---	---	---	---	---	---
Virgin Islands	---	---	---	---	---	---	---	---	---
Philadelphia: Region III	37,370,727	2,870,484	6,028,405	822,816	493,775	642,102	220,881	1,005,917	1,656,531
Delaware	1,461,604	57,561	188,863	23,061	32,930	19,977	3,946	5,368	154,221
District of Columbia	2,127,520	395,477	263,647	52,835	19,784	31,014	18,281	10,659	94,743
Maryland	7,185,167	803,513	1,065,618	223,168	141,364	276,310	921	803,251	315,299
Pennsylvania	17,699,701	789,225	3,155,058	172,235	87,204	77,874	96,042	173,674	485,234
Virginia	5,969,090	411,559	856,610	208,879	154,968	154,444	25,329	8,328	239,525
West Virginia	2,927,645	413,149	498,609	142,638	57,526	82,483	76,362	4,635	367,509
Atlanta: Region IV	64,595,404	6,313,958	8,122,853	3,663,955	1,055,472	3,284,813	536,219	505,054	5,445,678
Alabama	4,182,417	924,933	901,660	362,753	91,292	204,841	82,487	57,128	508,098
Florida	17,257,938	846,167	2,865,743	1,147,278	98,031	957,150	90,160	240,588	1,276,502
Georgia	7,999,023	949,447	1,038,082	315,248	41,776	352,549	23,260	5,565	493,386
Kentucky	5,597,497	883,420	883,436	305,543	94,666	419,310	122,213	36,113	622,175
Mississippi	3,584,670	683,761	729,903	283,465	81,579	307,704	29,347	7,091	294,139
North Carolina	9,613,870	1,085,963	1,211,740	993,827	358,602	810,978	155,551	150,956	1,207,864
South Carolina	5,150,891	1,133,723	490,344	255,842	110,131	220,452	33,201	7,613	254,478
Tennessee ²	11,209,098	7,545	1,944	---	179,396	11,828	---	---	789,036

See footnotes at end of table.

Table 13.26—Continued

Medicaid Payments, by Type of Service and Area of Residence: Fiscal Year 2011

Area of Residence	Total ¹	Inpatient		Nursing		Outpatient		Lab and	Home	Prescribed
		Hospital	Facilities	Physician	Dental	Hospital	X-Ray	Health	Drugs	
		Amount in Thousands								
Chicago: Region V	\$58,965,248	\$6,047,597	\$8,453,621	\$1,786,419	\$613,191	\$1,703,067	\$540,232	\$595,250	\$5,615,106	
Illinois	11,870,594	2,869,906	1,449,998	783,556	227,360	580,377	218,043	47,871	1,403,821	
Indiana	5,764,060	415,213	1,123,993	135,912	165,953	122,904	86,234	185,799	707,214	
Michigan	11,850,124	877,075	1,713,223	269,537	80,291	219,354	75,822	4,183	721,839	
Minnesota	7,928,524	432,284	780,839	203,401	27,333	163,756	8,000	92,476	296,557	
Ohio	15,821,832	988,577	2,604,791	297,727	56,072	352,837	104,702	263,186	1,786,881	
Wisconsin	5,730,114	464,543	780,777	96,286	56,182	263,839	47,431	1,735	698,794	
Dallas: Region VI	37,840,200	4,591,932	4,158,648	2,210,083	1,926,644	1,312,321	1,084,401	885,372	4,158,601	
Arkansas	3,636,048	417,138	549,246	329,399	110,255	230,884	34,918	16,709	314,527	
Louisiana	5,491,055	831,078	821,481	411,650	159,144	378,899	99,928	38,335	918,447	
New Mexico	2,579,464	359,442	3,545	49,408	13,663	84,505	9,144	335	22,839	
Oklahoma ³	3,712,749	652,672	503,789	444,621	153,739	228,527	100,438	18,969	363,554	
Texas	22,420,884	2,331,601	2,280,586	975,004	1,489,843	389,506	839,973	811,024	2,539,233	
Kansas City: Region VII	13,433,950	1,502,740	2,043,846	368,134	141,810	834,237	89,877	145,258	1,581,471	
Iowa	3,280,392	430,482	529,936	188,566	61,194	263,546	34,437	111,195	252,186	
Kansas ³	2,295,014	245,797	354,689	78,180	31,501	31,788	19,143	10,211	151,518	
Missouri	6,248,224	654,991	879,315	16,174	11,513	456,102	29,842	6,449	1,017,319	
Nebraska	1,610,320	171,469	279,906	85,214	37,602	82,800	6,456	17,404	160,448	
Denver: Region VIII	8,340,671	1,110,263	1,231,801	502,157	203,947	591,927	71,256	189,689	656,894	
Colorado	3,477,768	360,676	500,964	243,886	104,402	253,765	19,180	171,790	286,843	
Montana	797,369	99,758	164,661	60,742	24,551	61,936	1,404	433	72,922	
North Dakota	726,630	70,585	199,032	43,301	11,588	24,355	14,631	1,565	41,587	
South Dakota	767,180	132,160	136,381	48,829	16,108	51,700	7,314	348	55,089	
Utah ³	1,995,098	367,542	157,722	53,717	33,736	104,300	19,322	12,910	159,087	
Wyoming	576,626	79,542	73,040	51,682	13,562	95,872	9,405	2,644	41,365	

See footnotes at end of table.

Table 13.26—Continued

Medicaid Payments, by Type of Service and Area of Residence: Fiscal Year 2010

Area of Residence	Total ¹	Inpatient	Nursing	Outpatient		Lab and	Home	Prescribed	
		Hospital	Facilities	Physician	Dental	X-Ray	Health	Drugs	
		Amount in Thousands							
San Francisco: Region IX	\$49,866,099	\$5,647,113	\$4,521,318	\$1,242,926	\$141,322	\$1,800,006	\$468,350	\$354,580	\$3,251,733
Arizona ²	9,439,338	152,967	34,316	36,183	106	1,155,450	8,927	392	6,144
California	37,564,509	5,304,468	4,311,810	1,109,940	35,237	604,982	437,785	252,109	3,128,874
Hawaii ²	1,466,032	22,959	317	3,495	79,471	7,314	729	93,617	1,212
Nevada	1,396,219	166,719	174,875	93,307	26,507	32,261	20,910	8,462	115,503
Seattle: Region X	12,285,651	1,243,699	1,115,398	484,951	282,488	458,244	141,599	13,637	747,747
Alaska	1,309,107	178,101	89,801	96,575	53,604	111,654	16,909	1,136	87,496
Idaho ³	1,224,364	163,944	163,489	103,345	9,347	69,391	13,510	4,172	122,736
Oregon	3,503,131	179,210	341,683	40,797	1,335	82,572	8,200	521	148,626
Washington	6,249,049	722,445	520,425	244,234	218,203	194,626	102,979	7,808	388,888

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

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

³Last reported Medicaid payments is for fiscal year 2010.

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. Totals may not sum because of rounding.

SOURCES: Centers for Medicare & Medicaid Services, Center for Medicaid and CHIP Services: Medicaid Statistical Information System (MSIS); data development by the Office of Information Products and Data Analytics.

Table 13.27

Medicaid Payment per Person Served (Beneficiary), by Type of Service and Area of Residence: Fiscal Year 2011

Area of Residence	Total ¹	Inpatient Hospital	Nursing Facilities	Physician	Dental	Outpatient Hospital	Lab and X-Ray	Home Health	Prescribed Drugs
All Jurisdictions	\$5,331	\$7,130	\$29,855	\$499	\$425	\$800	\$208	\$6,550	\$974
Boston: Region I	6,952	6,645	34,951	433	454	882	307	15,427	1,044
Connecticut	8,004	7,882	34,132	471	537	1,231	310	8,426	1,254
Maine ²	4,479	5,021	26,861	349	398	972	207	2,466	901
Massachusetts	7,105	6,167	36,111	428	441	807	347	23,578	969
New Hampshire	6,782	3,494	29,286	489	382	696	122	3,227	954
Rhode Island	7,265	9,311	48,337	212	286	473	148	5,843	954
Vermont	5,694	9,279	28,102	558	344	841	165	2,010	1,046
New York: Region II	8,933	4,441	31,694	307	378	957	124	10,146	1,348
New Jersey	6,808	8,419	34,133	284	340	1,309	163	8,626	1,929
New York	9,445	4,235	31,106	312	381	904	118	10,320	1,303
Puerto Rico	---	---	---	---	---	---	---	---	---
Virgin Islands	---	---	---	---	---	---	---	---	---
Philadelphia: Region III	7,006	8,130	34,692	519	462	877	247	15,654	1,064
Delaware	6,548	7,111	48,751	557	688	849	159	5,663	1,024
District of Columbia	9,028	24,333	71,838	1,047	964	850	412	1,415	2,193
Maryland	7,160	11,533	44,268	802	444	1,859	88	28,566	1,483
Pennsylvania	7,242	6,922	30,517	280	391	304	190	8,538	844
Virginia	5,873	3,419	31,186	511	446	1,036	164	1,845	863
West Virginia	7,119	16,736	44,136	745	511	695	500	1,653	1,235
Atlanta: Region IV	5,010	6,819	29,713	589	394	752	166	2,994	930
Alabama	4,457	8,365	31,612	535	331	561	166	793	836
Florida	4,507	4,500	32,983	618	272	597	158	12,168	979
Georgia	4,155	8,104	29,378	518	315	923	152	867	1,171
Kentucky	5,252	6,553	21,811	560	374	970	282	2,288	1,148
Mississippi	4,624	5,944	32,662	460	367	747	102	784	579
North Carolina	5,080	5,123	29,339	665	506	928	145	3,669	1,018
South Carolina	5,263	15,739	30,257	613	328	824	160	1,708	757
Tennessee	7,532	1,089	856	---	461	336	---	---	832
Chicago: Region V	\$5,273	\$11,624	\$27,955	\$437	\$236	\$738	\$187	\$3,161	\$876
Illinois	4,092	14,730	21,173	420	201	606	141	3,056	680
Indiana	4,771	7,860	28,351	486	363	812	400	16,595	886
Michigan	5,231	15,244	35,099	416	203	779	156	641	954
Minnesota	8,012	8,448	30,170	570	264	722	108	815	1,060
Ohio	6,262	9,305	29,133	450	200	756	326	6,443	1,063
Wisconsin	4,432	8,058	25,881	354	242	1,186	190	3,249	839

Medicaid Payment per Person Served (Beneficiary), by Type of Service and Area of Residence: Fiscal Year 2011

Area of Residence	Total ¹	Inpatient Hospital	Nursing Facilities	Physician	Dental	Outpatient Hospital	Lab and X-Ray	Home Health	Prescribed Drugs
Dallas: Region VI	4,456	5,769	22,213	536	600	565	307	3,281	774
Arkansas	4,675	4,111	19,606	601	415	704	146	2,650	694
Louisiana	4,244	5,780	28,999	411	396	597	138	3,564	1,030
New Mexico	4,513	18,854	4,382	599	480	1,077	183	1,289	343
Oklahoma ²	4,355	5,490	25,991	715	534	553	228	2,675	682
Texas	4,487	5,649	20,605	521	669	448	404	3,305	741
Kansas City: Region VII	5,793	7,146	26,180	490	319	924	138	3,056	1,089
Iowa	6,023	6,553	29,390	527	342	957	125	3,292	752
Kansas ²	6,309	7,489	24,017	514	320	417	203	2,851	1,260
Missouri	5,547	8,140	24,779	198	307	993	128	959	1,291
Nebraska	5,670	5,476	28,614	534	290	898	128	5,047	770
Denver: Region VIII	5,443	7,624	32,645	632	431	1,037	190	11,737	822
Colorado	4,742	7,057	33,384	612	463	856	152	14,067	853
Montana	5,844	5,702	34,312	554	603	837	115	1,181	958
North Dakota	8,539	6,804	37,624	767	510	744	343	3,315	827
South Dakota	5,691	7,428	25,757	576	369	975	151	839	708
Utah ²	5,447	9,692	31,627	625	300	1,386	178	6,069	760
Wyoming	7,550	7,273	31,002	870	480	2,450	248	4,639	832

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 2011

Area of Residence	Total ¹	Inpatient Hospital	Nursing Facilities	Physician	Dental	Outpatient Hospital	Lab and X-Ray	Home Health	Prescribed Drugs
San Francisco: Region IX	\$3,520	\$10,809	\$33,283	\$411	\$431	\$883	\$152	\$10,378	\$1,106
Arizona	4,745	6,194	25,214	752	197	11,618	320	1,446	649
California	3,266	11,283	33,335	391	229	323	147	8,418	1,103
Hawaii	4,674	7,293	558	233	616	767	84	28,524	167
Nevada	3,843	6,820	38,283	772	596	540	386	12,783	1,328
Seattle: Region X	4,713	9,772	26,039	528	472	1,048	252	2,070	874
Alaska	9,693	10,221	96,445	994	892	1,572	289	3,837	1,125
Idaho ²	2,990	7,428	20,904	394	298	613	109	1,830	578
Oregon	5,074	6,472	31,596	404	496	986	119	1,061	896
Washington	4,555	12,025	22,393	533	433	1,149	332	2,218	973

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

²Last reported Medicaid payments is for fiscal year 2010.

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 CHIP Services: Medicaid Statistical Information System (MSIS); data development by the Office of Information Products and Data Analytics.