

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

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

See footnotes at end of table.

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

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

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

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

³Less than \$500,000.

⁴Less than 0.05 percent.

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

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