

Table 13.10
Medicaid Payments, by Eligibility Group: Fiscal Years 1975-2010

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

See footnotes at end of table.

Table 13.10—Continued
Medicaid Payments, by Eligibility Group: Fiscal Years 1975-2010

Year	Total ¹	Children	Adults	Aged	Disabled
Amount in Millions (Constant 2010 Dollars)					
1975	\$87,926	\$15,701	\$14,810	\$31,301	\$22,589
1976	91,942	15,862	14,929	32,037	25,577
1977	97,637	15,693	15,669	33,063	29,359
1978	100,122	15,292	14,875	35,103	31,274
1979	103,871	14,633	15,328	35,750	34,918
1980	106,254	14,235	14,727	39,833	34,737
1981	110,388	14,235	15,269	40,278	38,366
1982	106,646	12,598	14,847	38,956	37,744
1983	107,283	12,705	14,862	39,593	37,649
1984	103,986	12,209	13,562	39,319	36,748
1985	108,248	12,739	13,697	40,681	38,823
1986	111,858	14,008	13,312	41,183	40,681
1987	115,516	14,123	14,339	41,122	43,122
1988	116,409	13,976	14,059	40,950	44,436
1989	119,822	15,153	15,164	40,801	45,917
1990	131,294	18,421	17,389	43,538	49,401
1991	144,122	21,722	19,514	47,646	52,903
1992	159,950	25,804	21,686	50,861	59,455
1993	167,859	27,238	22,453	52,076	63,796
1994	171,547	27,414	21,525	53,266	67,018
1995	183,295	27,425	20,613	55,728	75,396
1996	180,966	26,091	18,255	54,946	77,429
1997	181,116	25,536	17,914	54,905	78,790
1998	203,543	32,759	21,269	58,091	86,382
1999	214,911	33,818	22,126	59,542	92,208
2000	229,739	36,548	24,247	60,747	99,293
2001	246,811	40,455	26,635	63,855	106,151
2002	274,626	46,166	30,402	66,791	118,874
2003	289,690	49,528	33,291	68,658	126,722
2004	308,216	52,860	36,736	71,200	133,468
2005	316,816	54,324	37,357	72,975	137,629
2006	297,905	55,762	36,734	64,579	128,969
2007	300,062	58,347	37,098	62,109	129,929
2008	312,755	60,202	39,720	64,411	135,963
2009	334,874	65,801	46,685	66,120	145,532
2010	338,406	67,207	48,211	65,717	147,098

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 2010 dollars. With the release of the comprehensive revision of the national accounts in July of 2009, BEA introduced a new classification system for Personal Consumption Expenditures (PCE). With the new classification system and the release of the comprehensive revision estimates, components of medical care were changed, and the base year was updated to the year 2005. PCE health care services now excludes eye exams (currently classified in PCE goods under corrective eyeglasses and contact lenses), and net health insurance (now classified under insurance services). As a result of the PCE classification change, all PCE series were restated for the entire historical period to reflect the new PCE classification structure. SCHIP payments are excluded from Medicaid.

SOURCES: Centers for Medicare & Medicaid Services, Center for Medicaid and 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.