

Table 13.1
Medicaid Medical Assistance Payments: Fiscal Years 1975-2010

Fiscal Year ¹	Medical Assistance Payments CMS Form-64		HCFA-2082/MSIS Payments as a Percent of CMS Form-64 Payments
	Total Expenditures ²	2010 Inflation Adjusted Total Expenditures ^{3, 4}	
			Amount in Thousands
1975	\$12,086,166	\$86,807,197	\$12,142,000
1976	13,977,348	91,200,235	14,091,000
1977	16,354,599	98,332,125	16,239,000
1978	18,168,065	101,102,198	17,992,000
1979	20,736,011	105,210,873	20,472,000
1980	24,041,116	109,581,640	23,311,000
1981	28,485,289	115,587,117	27,204,000
1982	30,330,765	110,025,628	29,399,000
1983	33,298,880	110,290,408	32,391,000
1984	35,671,888	109,449,828	33,891,000
1985	39,413,219	113,746,664	37,508,000
1986	42,525,605	116,006,342	41,005,000
1987	46,956,072	120,403,272	45,050,000
1988	51,645,666	123,424,305	48,710,000
1989	58,645,953	128,937,545	54,500,000
1990	69,754,495	141,203,431	64,859,000
1991	88,377,773	165,495,249	76,964,000
1992	114,365,915	199,964,882	91,480,000
1993	126,573,138	208,894,141	101,708,889
1994	136,886,366	216,887,483	108,270,147
1995	151,707,290	231,455,168	120,140,904
1996	154,423,973	229,654,045	121,684,650
1997	160,538,571	233,673,796	123,551,014
1998	167,994,374	240,362,808	142,317,904
1999	180,456,639	252,687,305	153,479,358
2000	194,696,199	265,760,577	168,307,231
2001	215,377,890	284,409,848	186,905,000
2002	244,325,041	314,280,805	213,496,607
2003	261,870,099	325,296,389	233,205,998
2004	279,390,230	334,094,934	257,748,435
2005	298,169,895	345,768,369	273,202,750
2006	295,114,446	331,697,346	265,048,888
2007	311,197,380	338,026,547	276,246,429
2008	329,335,844	347,005,356	296,829,612
2009	355,311,219	365,187,721	325,818,622
2010	374,320,276	374,320,276	338,405,843

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.

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 2010

Area of Residence	Total	Hospital ¹	Institutional Long-Term-Care ²	Physicians and Other Practitioners ³	Prescription Drug
Amount in Thousands					
All Jurisdictions	\$374,320,276	\$83,221,400	\$62,193,972	\$19,979,753	\$27,118,911
Boston: Region I	25,056,919	4,439,979	4,738,853	1,247,978	1,301,528
Connecticut	5,710,547	904,717	1,546,398	315,514	485,740
Maine	2,327,104	630,171	313,534	178,814	185,085
Massachusetts	12,512,651	2,128,940	2,129,295	629,824	511,975
New Hampshire	1,330,219	372,702	312,488	92,054	90,104
Rhode Island	1,948,282	364,542	322,026	29,825	25,549
Vermont	1,228,116	38,907	115,112	1,946	3,075
New York: Region II	61,778,441	13,910,170	12,698,834	1,036,661	4,985,890
New Jersey	9,918,436	2,497,763	2,499,986	131,112	578,649
New York	50,843,466	11,401,648	10,197,094	904,616	4,402,543
Puerto Rico	995,581	0	0	0	0
Virgin Islands	20,959	10,759	1,755	933	4,698
Philadelphia: Region III	37,747,879	5,013,602	7,264,991	1,214,077	1,537,159
Delaware	1,287,192	78,405	216,568	52,303	133,536
District of Columbia	1,798,509	439,331	274,235	74,580	86,160
Maryland	7,163,626	1,178,496	1,056,272	225,183	310,772
Pennsylvania	18,543,568	1,702,088	4,103,445	301,690	444,631
Virginia	6,429,517	1,104,228	1,071,875	342,719	230,269
West Virginia	2,525,467	511,054	542,597	217,603	331,792
Atlanta: Region IV	64,825,917	16,833,055	10,708,460	4,795,481	5,151,734
Alabama	4,740,779	1,120,240	910,093	426,581	506,415
Florida	17,385,152	4,976,238	3,119,305	1,244,596	1,148,197
Georgia	8,035,255	2,081,789	1,400,936	411,563	481,485
Kentucky	5,572,078	1,501,140	982,082	493,992	564,933
Mississippi	4,144,193	1,641,200	1,017,432	331,868	342,520
North Carolina	11,211,440	3,104,756	1,718,133	1,280,312	1,125,791
South Carolina	5,172,856	1,413,418	711,284	407,113	264,309
Tennessee	8,564,165	994,276	849,195	199,456	718,085
Chicago: Region V	59,211,516	12,860,167	10,626,590	2,546,818	4,304,003
Illinois	13,427,353	7,017,782	2,032,549	933,540	1,240,903
Indiana	6,007,970	802,681	1,518,582	366,699	540,945
Michigan	11,493,196	1,708,965	1,673,410	248,384	530,521
Minnesota	7,472,126	690,449	980,989	385,380	260,190
Ohio	14,136,799	1,990,978	3,381,416	420,847	1,080,174
Wisconsin	6,674,072	649,311	1,039,644	191,970	651,270
Dallas: Region VI	44,303,202	13,009,438	5,930,756	4,876,113	3,940,023
Arkansas	3,985,141	1,148,769	774,032	366,652	301,876
Louisiana	6,630,836	2,543,788	1,249,788	602,857	960,893
New Mexico	3,462,198	569,588	29,951	91,646	12,461
Oklahoma	4,105,365	1,253,885	631,974	561,403	391,305
Texas	26,119,662	7,493,407	3,245,010	3,253,555	2,273,489

See footnotes at end of table.

Table 13.2—Continued
Medicaid Expenditures, by Provider Type and Area of Residence: Fiscal Year 2010

Area of Residence	Prescription Drug Rebate	Other Acute Care ⁴	Home and Community ⁵	Health Insurance ⁶	Miscellaneous ⁷
Amount in Thousands					
All Jurisdictions	-\$10,858,487	\$16,593,665	\$50,814,834	\$104,746,811	\$20,509,416
Boston: Region I	-528,840	1,051,492	3,633,863	6,451,906	2,720,162
Connecticut	-183,285	227,368	1,218,525	1,004,584	190,986
Maine	-110,735	183,201	376,866	116,448	453,720
Massachusetts	-166,766	414,473	1,771,749	3,694,993	1,398,168
New Hampshire	-52,137	159,845	258,839	22,992	73,332
Rhode Island	-14,322	65,909	2,086	613,338	539,329
Vermont	-1,594	696	5,797	999,550	64,628
New York: Region II	-2,103,046	2,043,417	11,786,536	14,139,407	3,280,572
New Jersey	-203,526	393,835	1,206,568	2,191,191	622,858
New York	-1,899,520	1,648,429	10,579,968	10,993,752	2,614,935
Puerto Rico	0	0	0	954,257	41,324
Virgin Islands	0	1,152	0	207	1,455
Philadelphia: Region III	-706,465	1,050,240	5,315,472	15,164,773	1,894,030
Delaware	-61,773	76,429	117,061	629,157	45,505
District of Columbia	-26,285	131,137	332,342	438,220	48,790
Maryland	-123,542	468,317	899,115	2,802,479	346,534
Pennsylvania	-223,990	156,799	2,577,926	8,988,607	492,372
Virginia	-97,897	89,873	971,206	1,874,107	843,138
West Virginia	-172,978	127,684	417,821	432,203	117,691
Atlanta: Region IV	-1,865,210	3,707,616	6,002,261	16,233,583	3,258,937
Alabama	-170,572	328,758	445,183	987,996	186,086
Florida	-569,481	618,955	1,620,754	4,112,709	1,113,878
Georgia	-256,200	166,603	814,280	2,578,251	356,547
Kentucky	-266,511	479,132	492,883	956,886	367,541
Mississippi	-121,487	326,260	198,308	194,226	213,865
North Carolina	-4,495	1,394,561	1,383,242	679,108	530,035
South Carolina	-129,251	363,008	492,472	1,439,034	211,469
Tennessee	-347,213	30,340	555,138	5,285,372	279,515
Chicago: Region V	-1,427,286	2,053,392	7,080,212	18,781,194	2,386,426
Illinois	-473,165	686,821	816,068	631,098	541,757
Indiana	-185,074	408,230	810,372	1,501,674	243,862
Michigan	-230,200	213,280	851,123	6,109,917	387,796
Minnesota	-119,559	167,852	1,993,942	2,711,959	400,926
Ohio	-260,218	233,246	1,918,499	4,882,535	489,321
Wisconsin	-159,069	343,962	690,208	2,944,011	322,765
Dallas: Region VI	-1,594,579	2,184,430	4,900,310	8,959,065	2,097,647
Arkansas	-118,918	663,932	422,168	286,882	139,748
Louisiana	-328,927	367,593	743,402	243,703	247,739
New Mexico	-3,789	46,209	319,078	2,289,960	107,095
Oklahoma	-146,943	388,153	516,223	301,272	208,093
Texas	-996,002	718,544	2,899,440	5,837,248	1,394,972

Table 13.2—Continued
Medicaid Expenditures, by Provider Type and Area of Residence: Fiscal Year 2010

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	\$15,270,581	\$4,558,517	\$2,583,588	\$617,149	\$1,430,698
Iowa	3,079,859	704,650	769,104	291,065	246,076
Kansas	2,468,279	470,101	420,401	133,066	150,111
Missouri	8,106,241	3,009,160	1,042,742	64,501	884,573
Nebraska	1,616,203	374,606	351,340	128,517	149,939
Denver: Region VIII	8,728,119	2,612,764	1,522,811	798,388	594,817
Colorado	4,061,736	1,309,887	601,914	354,292	241,637
Montana	937,517	272,699	168,497	85,551	66,046
North Dakota	689,840	128,557	276,970	63,578	35,623
South Dakota	783,717	248,014	168,562	77,298	49,705
Utah	1,717,341	499,164	214,164	144,847	161,174
Wyoming	537,968	154,443	92,704	72,822	40,632
San Francisco: Region IX	43,916,349	7,670,051	4,740,065	2,109,088	3,105,161
American Samoa	25,216	0	0	0	46
Arizona	9,011,705	539,984	34,576	47,373	7,773
California	31,895,216	6,604,343	4,502,998	1,894,972	2,981,178
Guam	31,409	9,763	416	4,373	6,596
Hawaii	1,429,956	89,686	12,589	41,321	4,163
Nevada	1,509,038	422,316	189,486	118,841	102,188
Northern Mariana Islands	13,808	3,959	0	2,209	3,216
Seattle: Region X	13,481,352	2,313,658	1,379,025	738,001	767,897
Alaska	1,207,124	323,574	119,287	157,715	74,566
Idaho	1,410,397	318,451	191,310	151,111	115,835
Oregon	4,055,869	375,683	346,663	60,207	162,986
Washington	6,807,962	1,295,949	721,765	368,967	414,510

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 SCHIP.

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 2010

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	-\$547,028	\$981,281	\$2,367,684	\$2,517,698	\$760,995
Iowa	-139,889	208,999	540,798	255,477	203,580
Kansas	-73,974	52,106	567,918	647,402	101,147
Missouri	-272,857	628,785	968,312	1,408,278	372,748
Nebraska	-60,308	91,391	290,655	206,541	83,521
Denver: Region VIII	-243,153	487,042	1,518,549	962,776	474,125
Colorado	-103,654	154,934	770,394	477,186	255,146
Montana	-33,402	65,177	177,216	38,579	97,155
North Dakota	-12,645	28,085	130,808	12,560	26,305
South Dakota	-15,885	96,994	123,006	28,198	7,825
Utah	-59,409	97,307	194,150	393,912	72,032
Wyoming	-18,157	44,544	122,976	12,342	15,662
San Francisco: Region IX	-1,545,290	2,129,791	5,293,189	17,703,417	2,710,879
American Samoa	0	0	0	0	25,170
Arizona	0	23,228	7,948	8,106,421	244,403
California	-1,503,376	1,982,936	5,028,160	8,070,146	2,333,858
Guam	0	5,268	68	913	4,011
Hawaii	-684	29,785	98,029	1,147,200	7,868
Nevada	-41,231	86,513	158,597	378,309	94,020
Northern Mariana Islands	0	2,061	386	427	1,549
Seattle: Region X	-297,589	904,965	2,916,758	3,832,992	925,645
Alaska	-28,094	162,528	284,434	20,715	92,398
Idaho	-50,269	131,015	192,173	69,099	291,672
Oregon	-53,124	215,708	984,009	1,720,685	243,051
Washington	-166,102	395,714	1,456,142	2,022,493	298,523

Table 13.3
Medicaid Expenditures, Eligibles, and Average Expenditure per Eligible, by Area of Residence: Fiscal Year 2010

Area of Residence	Expenditures ¹		Eligibles ²		Average Expenditure per Eligible
	Total	Percent	Total	Percent	
All Jurisdictions	\$374,320,276,361	100.0	67,928,148	100.0	5,495 ³
Boston: Region I	25,056,919,409	6.7	3,467,224	5.1	7,227
Connecticut	5,710,547,385	1.5	717,218	1.1	7,962
Maine	2,327,104,246	0.6	422,735	0.6	5,505
Massachusetts	12,512,651,343	3.3	1,726,117	2.5	7,249
New Hampshire	1,330,218,606	0.4	167,998	0.2	7,918
Rhode Island	1,948,281,854	0.5	236,699	0.3	8,231
Vermont	1,228,115,975	0.3	196,457	0.3	6,251
New York: Region II	61,778,441,378	16.5	6,801,550	10.0	8,934 ⁴
New Jersey	9,918,435,978	2.6	1,231,456	1.8	8,054
New York	50,843,465,632	13.6	5,570,094	8.2	9,128
Puerto Rico	995,581,081	0.3	(7)	---	---
Virgin Islands	20,958,687	(6)	(7)	---	---
Philadelphia: Region III	37,747,879,290	10.1	5,427,609	8.0	6,955
Delaware	1,287,192,065	0.3	225,522	0.3	5,708
District of Columbia	1,798,509,255	0.5	219,871	0.3	8,180
Maryland	7,163,626,154	1.9	1,067,506	1.6	6,711
Pennsylvania	18,543,567,816	5.0	2,417,096	3.6	7,672
Virginia	6,429,517,010	1.7	1,067,817	1.6	6,021
West Virginia	2,525,466,990	0.7	429,797	0.6	5,876
Atlanta: Region IV	64,825,916,855	17.3	12,740,334	18.8	5,088
Alabama	4,740,778,649	1.3	1,015,576	1.5	4,668
Florida	17,385,151,940	4.6	3,704,488	5.5	4,693
Georgia	8,035,254,640	2.1	1,869,622	2.8	4,298
Kentucky	5,572,077,566	1.5	960,776	1.4	5,800
Mississippi	4,144,192,687	1.1	772,142	1.1	5,367
North Carolina	11,211,440,493	3.0	1,927,542	2.8	5,816
South Carolina	5,172,856,250	1.4	959,114	1.4	5,393
Tennessee	8,564,164,630	2.3	1,531,074	2.3	5,594
Chicago: Region V	59,211,516,158	15.8	11,076,950	16.3	5,345
Illinois	13,427,352,910	3.6	2,900,616	4.3	4,629
Indiana	6,007,970,158	1.6	1,243,051	1.8	4,833
Michigan	11,493,195,738	3.1	2,270,969	3.3	5,061
Minnesota	7,472,126,413	2.0	936,495	1.4	7,979
Ohio	14,136,798,649	3.8	2,427,052	3.6	5,825
Wisconsin	6,674,072,290	1.8	1,298,767	1.9	5,139

See footnotes at end of table.

Table 13.3—Continued
Medicaid Expenditures, Eligibles, and Average Expenditure per Eligible, by Area of Residence: Fiscal Year 2010

Area of Residence	Expenditures ¹		Eligibles ²		Average Expenditure per Eligible
	Total	Percent	Total	Percent	
Dallas: Region VI	\$44,303,201,756	11.8	8,485,571	12.5	5,221
Arkansas	3,985,140,527	1.1	778,997	1.1	5,116
Louisiana	6,630,835,591	1.8	1,312,335	1.9	5,053
New Mexico	3,462,198,343	0.9	641,514	0.9	5,397
Oklahoma	4,105,365,067	1.1	908,387	1.3	4,519
Texas	26,119,662,228	7.0	4,844,338	7.1	5,392
Kansas City: Region VII	15,270,581,243	4.1	2,378,209	3.5	6,421
Iowa	3,079,858,767	0.8	574,611	0.8	5,360
Kansas	2,468,278,572	0.7	394,417	0.6	6,258
Missouri	8,106,240,991	2.2	1,122,732 ⁸	1.7	7,220
Nebraska	1,616,202,913	0.4	286,449	0.4	5,642
Denver: Region VIII	8,728,119,322	2.3	1,433,228	2.1	6,090
Colorado	4,061,736,401	1.1	632,258 ⁸	0.9	6,424
Montana	937,517,135	0.3	133,349	0.2	7,031
North Dakota	689,839,807	0.2	84,434	0.1	8,170
South Dakota	783,716,760	0.2	143,858	0.2	5,448
Utah	1,717,341,002	0.5	351,896	0.5	4,880
Wyoming	537,968,217	0.1	87,433	0.1	6,153
San Francisco: Region IX	43,916,348,848	11.7	13,742,096	20.2	3,191 ⁵
American Samoa	25,216,441	(6)	(7)	---	---
Arizona	9,011,704,900	2.4	1,531,127	2.3	5,886
California	31,895,216,491	8.5	11,582,254	17.1	2,754
Guam	31,408,566	(6)	(7)	---	---
Hawaii	1,429,956,330	0.4	287,917	0.4	4,967
Nevada	1,509,038,096	0.4	340,798	0.5	4,428
Northern Mariana Islands	13,808,024	(6)	(7)	---	---
Seattle: Region X	13,481,352,102	3.6	2,375,377	3.5	5,675
Alaska	1,207,123,773	0.3	139,086	0.2	8,679
Idaho	1,410,397,303	0.4	239,412 ⁸	0.4	5,891
Oregon	4,055,869,426	1.1	643,940	0.9	6,299
Washington	6,807,961,600	1.8	1,352,939	2.0	5,032

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

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

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

⁴Excludes expenditures for Puerto Rico and Virgin Islands.

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

⁶Less than 0.05 percent.

⁷Jurisdiction did not report eligibles.

⁸Last reported number of eligibles is for fiscal year 2009.

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 1975-2010

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

See footnotes at end of table.

Table 13.4—Continued
Number of Medicaid Persons Served (Beneficiaries), by Eligibility Group:
Fiscal Years 1975-2010

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

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.

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 1975-2010

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

See footnotes at end of table.

Table 13.5—Continued
Medicaid Persons Served (Beneficiaries), All Eligibility Groups, by Selected Type of Service:
Fiscal Years 1975-2010

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

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.

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 1975-2010

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

See footnotes at end of table.

Table 13.6—Continued
Medicaid Persons Served (Beneficiaries), Children, by Selected Type of Service:
Fiscal Years 1975-2010

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

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.

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 1975-2010

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

See footnotes at end of table.

Table 13.7—Continued
Medicaid Persons Served (Beneficiaries), Adults, by Selected Type of Service:
Fiscal Years 1975-2010

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

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

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

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

⁴Less than 500 users.

⁵Less than 0.05 percent.

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

SOURCES: Centers for Medicare & Medicaid Services, Center for Medicaid and 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 1975-2010

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

See footnotes at end of table.

Table 13.8—Continued
Medicaid Persons Served (Beneficiaries), Aged, by Selected Type of Service:
Fiscal Years 1975-2010

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

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

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

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

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

SOURCES: Centers for Medicare & Medicaid Services, Center for Medicaid and 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 1975-2010

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

See footnotes at end of table.

Table 13.9—Continued
Medicaid Persons Served (Beneficiaries), Disabled, by Selected Type of Service:
Fiscal Years 1975-2010

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

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

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

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

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

SOURCES: Centers for Medicare & Medicaid Services, Center for Medicaid and 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 1975-2010

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.

Table 13.11
Medicaid Payments per Person Served (Beneficiary), by Eligibility Group:
Fiscal Years 1975-2010

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

See footnote at end of table.

Table 13.11—Continued
Medicaid Payments per Person Served (Beneficiary), by Eligibility Group:
Fiscal Years 1975-2010

Year	Total ¹	Children	Adults	Aged	Disabled
			(Constant 2010 Dollars)		
1975	\$3,993	\$1,638	\$3,268	\$8,655	\$9,165
1976	4,032	1,599	3,125	8,867	9,585
1977	4,275	1,623	3,277	9,091	10,480
1978	4,558	1,630	3,205	10,401	11,508
1979	4,825	1,608	3,354	10,625	12,685
1980	4,918	1,527	3,022	11,578	11,938
1981	5,024	1,485	2,942	11,962	12,461
1982	4,937	1,317	2,771	12,025	13,059
1983	4,978	1,331	2,656	11,742	12,888
1984	4,814	1,261	2,421	12,141	12,617
1985	4,961	1,304	2,482	13,290	12,869
1986	4,968	1,397	2,357	13,116	12,786
1987	4,998	1,390	2,562	12,757	12,754
1988	5,081	1,393	2,555	12,965	12,743
1989	5,056	1,457	2,630	12,925	12,688
1990	5,198	1,642	2,893	13,597	13,287
1991	5,153	1,689	2,912	14,264	13,117
1992	5,135	1,698	3,081	13,566	13,250
1993	5,020	1,672	2,992	13,480	12,718
1994	4,894	1,594	2,838	13,202	12,279
1995	5,051	1,597	2,711	13,530	12,869
1996	5,010	1,559	2,561	12,822	12,446
1997	5,194	1,617	2,633	13,883	12,855
1998	5,076	1,727	2,694	14,656	13,015
1999	5,348	1,795	2,946	15,779	13,767
2000	5,372	1,853	2,771	16,282	14,413
2001	5,393	1,921	2,729	16,758	14,936
2002	5,567	1,988	2,701	17,184	16,047
2003	5,574	1,995	2,848	16,990	16,525
2004	5,604	1,998	3,000	16,490	16,825
2005	5,524	2,005	2,998	16,701	16,856
2006	5,210	2,032	2,941	14,913	15,626
2007	5,281	2,120	2,990	15,360	15,418
2008	5,322	2,145	3,068	15,532	15,639
2009	5,370	2,205	3,231	15,763	16,105
2010	5,192	2,129	3,102	15,339	15,752

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 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 exclude eye exams (currently classified in PCE goods under corrective eyeglasses and contact lenses), and net health insurance (now classified under insurance services). As a result of the PCE classification change, all PCE series were restated for the entire historical period to reflect the new PCE classification structure. Beneficiaries covered under SCHIP and their payments are excluded from Medicaid.

SOURCES: Centers for Medicare & Medicaid Services, Center for Medicaid and 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 1975-2010

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

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 1975-2010

Year	Total ¹	Inpatient		Nursing		Outpatient	Home	Prescribed
		Hospital	ICF/MR	Facility ²	Physician	Hospital	Health ³	Drugs
(Constant 2010 Dollars)								
1975	\$3,993	\$7,060	\$39,776	\$23,644	\$582	\$359	\$1,465	\$417
1976	4,032	7,177	46,555	22,459	574	424	2,740	411
1977	4,275	7,281	51,287	22,962	565	613	2,916	397
1978	4,558	7,346	63,918	25,136	551	540	3,105	395
1979	4,825	7,956	66,071	26,374	548	558	3,724	426
1980	4,918	7,940	74,930	25,771	620	515	3,856	438
1981	5,024	7,884	80,393	25,264	592	572	4,322	438
1982	4,937	7,879	84,565	25,770	544	530	4,763	428
1983	4,978	7,896	89,448	24,235	513	517	4,690	427
1984	4,814	7,830	92,569	24,076	479	503	5,425	433
1985	4,961	7,945	93,039	24,320	470	514	6,038	479
1986	4,968	7,976	95,720	24,243	466	505	6,214	499
1987	4,998	7,693	96,131	23,903	464	521	7,121	508
1988	5,081	7,530	98,970	23,612	461	547	8,465	514
1989	5,096	7,148	98,934	23,516	477	550	9,289	510
1990	5,199	7,349	101,312	24,510	476	544	9,581	517
1991	5,153	7,414	98,856	26,016	484	571	9,494	519
1992	5,135	7,153	99,026	26,173	493	610	9,230	539
1993	5,020	7,206	97,630	26,073	484	624	8,665	550
1994	4,894	7,071	83,178	26,192	469	607	8,629	575
1995	5,051	7,224	104,681	26,583	471	606	8,757	630
1996	5,010	6,984	101,472	27,645	471	608	9,359	705
1997	5,194	7,098	104,849	27,698	484	659	9,570	832
1998	5,076	7,184	107,252	27,727	468	678	3,156	1,000
1999	5,348	6,922	107,040	28,800	500	687	5,000	1,172
2000	5,372	6,714	108,286	27,600	486	728	4,280	1,332
2001	5,393	7,030	109,831	28,957	491	724	4,589	1,428
2002	5,567	7,424	117,811	28,719	487	735	4,745	1,499
2003	5,574	7,512	118,367	29,667	501	741	4,621	1,606
2004	5,604	7,695	117,525	29,399	510	772	4,764	1,714
2005	5,524	7,423	124,238	30,262	541	714	5,211	1,751
2006	5,210	6,495	123,995	29,807	511	720	5,596	1,157
2007	5,281	7,811	123,541	30,720	496	755	5,794	1,006
2008	5,322	7,463	129,655	31,118	511	775	6,100	1,008
2009	5,370	7,267	131,389	30,372	509	755	6,812	977
2010	5,192	7,346	127,399	31,735	494	807	6,369	931

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 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 exclude eye exams (currently classified in PCE goods under corrective eyeglasses and contact lenses), and net health insurance (now classified under insurance services). As a result of the PCE classification change, all PCE series were restated for the entire historical period to reflect the new PCE classification structure. ICF/MR is intermediate care facility for the mentally retarded. Beneficiaries covered under SCHIP and their payments are excluded from Medicaid.

SOURCES: Centers for Medicare & Medicaid Services, Center for Medicaid and 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 1975-2010

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

See footnotes at end of table.

Table 13.13—Continued
Medicaid Payments per Person Served (Beneficiary), Children, by Type of Service:
Fiscal Years 1975-2010

Year	Total ¹	Inpatient		Nursing		Outpatient	Home	Prescribed
		Hospital	ICF/MR	Facility	Physician	Hospital	Health ²	Drugs
(Constant 2010 Dollars)								
1975	\$1,638	\$6,428	(3)	(3)	\$431	\$287	\$1,027	\$165
1976	1,599	6,571	(3)	(3)	418	352	1,507	137
1977	1,623	6,782	(3)	(3)	397	517	1,690	126
1978	1,630	6,856	(3)	(3)	390	462	935	122
1979	1,608	7,169	(3)	(3)	370	446	913	127
1980	1,527	6,878	(3)	(3)	397	410	479	128
1981	1,485	6,781	(3)	(3)	365	467	381	118
1982	1,317	6,667	(3)	(3)	337	421	475	112
1983	1,331	6,654	(3)	(3)	321	417	831	109
1984	1,261	6,707	(3)	(3)	310	393	871	110
1985	1,304	6,773	(3)	(3)	300	390	978	113
1986	1,397	7,123	(3)	(3)	286	404	941	136
1987	1,390	6,487	(3)	(3)	303	372	956	121
1988	1,393	6,479	(3)	(3)	301	373	1,197	117
1989	1,457	6,269	(3)	(3)	301	371	1,394	116
1990	1,642	6,654	(3)	(3)	313	388	1,490	124
1991	1,690	6,840	(3)	(3)	319	405	1,700	128
1992	1,698	5,787	(3)	(3)	327	425	1,693	140
1993	1,672	6,019	(3)	(3)	322	416	1,703	145
1994	1,594	5,685	(3)	(3)	312	399	1,600	151
1995	1,597	5,827	(3)	(3)	305	384	2,424	159
1996	1,559	5,394	(3)	(3)	305	366	2,759	167
1997	1,617	5,949	(3)	(3)	299	376	2,517	175
1998	1,727	6,129	(3)	(3)	300	371	1,008	198
1999	1,795	5,465	(3)	(3)	342	385	1,491	226
2000	1,853	5,247	(3)	(3)	336	397	1,075	256
2001	1,921	5,290	(3)	(3)	348	409	1,050	296
2002	1,988	5,538	(3)	(3)	348	414	1,125	332
2003	1,995	5,421	(3)	(3)	354	421	1,059	370
2004	1,998	5,225	(3)	(3)	356	436	1,076	400
2005	2,005	5,179	(3)	(3)	364	417	1,113	414
2006	2,032	4,480	(3)	(3)	349	425	1,172	416
2007	2,120	5,407	(3)	(3)	335	440	1,193	444
2008	2,145	5,208	(3)	(3)	353	457	1,255	457
2009	2,205	5,211	(3)	(3)	346	446	1,401	442
2010	2,129	5,357	(3)	(3)	339	446	1,383	418

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 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 exclude eye exams (currently classified in PCE goods under corrective eyeglasses and contact lenses), and net health insurance (now classified under insurance services). As a result of the PCE classification change, all PCE series were restated for the entire historical period to reflect the new PCE classification structure. ICF/MR is intermediate care facility for the mentally retarded. Beneficiaries covered under SCHIP and their payments are excluded from Medicaid.

SOURCES: Centers for Medicare & Medicaid Services, Center for Medicaid and 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 1975-2010

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

See footnotes at end of table.

Table 13.14—Continued
Medicaid Payments per Person Served (Beneficiary), Adults, by Type of Service:
Fiscal Years 1975-2010

Year	Total ¹	Inpatient		Nursing		Outpatient	Home	Prescribed
		Hospital	ICF/MR	Facility	Physician	Hospital	Health ²	Drugs
(Constant 2010 Dollars)								
1975	\$3,268	\$7,793	(3)	(3)	\$833	\$409	\$869	\$366
1976	3,125	7,843	(3)	(3)	816	483	1,853	300
1977	3,277	7,828	(3)	(3)	794	709	1,900	301
1978	3,205	7,813	(3)	(3)	779	629	2,543	289
1979	3,354	8,321	(3)	(3)	771	644	3,881	310
1980	3,022	7,626	(3)	(3)	834	574	1,149	301
1981	2,942	7,438	(3)	(3)	783	637	1,230	280
1982	2,771	7,422	(3)	(3)	715	588	1,277	268
1983	2,656	7,108	(3)	(3)	656	563	1,331	258
1984	2,421	6,839	(3)	(3)	604	528	1,261	255
1985	2,482	6,794	(3)	(3)	615	528	1,394	277
1986	2,357	6,102	(3)	(3)	647	477	1,181	278
1987	2,562	6,377	(3)	(3)	641	531	1,177	300
1988	2,555	6,075	(3)	(3)	650	554	1,362	292
1989	2,651	5,677	(3)	(3)	671	547	1,368	284
1990	2,893	5,849	(3)	(3)	706	564	1,435	285
1991	2,911	5,640	(3)	(3)	729	597	1,066	277
1992	3,081	5,677	(3)	(3)	729	659	1,380	282
1993	2,992	5,600	(3)	(3)	698	668	1,263	281
1994	2,838	5,466	(3)	(3)	665	640	1,003	284
1995	2,711	5,280	(3)	(3)	647	615	867	288
1996	2,561	5,140	(3)	(3)	638	592	803	293
1997	2,633	5,319	(3)	(3)	710	619	865	329
1998	2,694	5,296	(3)	(3)	654	632	728	373
1999	2,946	5,332	(3)	(3)	712	685	1,005	470
2000	2,771	5,132	(3)	(3)	647	705	876	498
2001	2,729	5,228	(3)	(3)	630	720	1,056	543
2002	2,701	5,473	(3)	(3)	588	735	806	583
2003	2,848	5,394	(3)	(3)	636	768	722	693
2004	3,000	5,285	(3)	(3)	647	814	772	750
2005	2,998	5,049	(3)	(3)	717	758	698	728
2006	2,941	4,383	(3)	(3)	634	753	748	644
2007	2,990	5,112	(3)	(3)	586	784	696	643
2008	3,068	4,962	(3)	(3)	599	795	691	645
2009	3,231	5,124	(3)	(3)	574	813	752	685
2010	3,102	4,798	(3)	(3)	552	832	697	690

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 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 exclude eye exams (currently classified in PCE goods under corrective eyeglasses and contact lenses), and net health insurance (now classified under insurance services). As a result of the PCE classification change, all PCE series were restated for the entire historical period to reflect the new PCE classification structure. ICF/MR is intermediate care facility for the mentally retarded.

SOURCES: Centers for Medicare & Medicaid Services, Center for Medicaid and 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 1975-2010

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

See footnotes at end of table.

Table 13.15—Continued
Medicaid Payments per Person Served (Beneficiary), Aged, by Type of Service:
Fiscal Years 1975-2010

Year	Total ¹	Inpatient		Nursing		Outpatient	Home	Prescribed
		Hospital	ICF/MR	Facility ²	Physician	Hospital	Health ³	Drugs
(Constant 2010 Dollars)								
1975	\$8,655	\$1,946	\$49,738	\$23,343	\$424	\$251	\$1,709	\$797
1976	8,867	2,023	58,404	21,715	424	274	3,217	874
1977	9,091	2,189	44,986	22,120	427	319	3,217	866
1978	10,401	2,482	53,979	24,207	434	267	4,457	879
1979	10,625	2,887	49,744	25,227	421	340	7,037	908
1980	11,578	4,421	74,507	26,173	460	337	8,537	903
1981	11,962	4,524	78,100	24,903	479	369	10,648	933
1982	12,025	4,502	41,586	25,193	417	366	10,679	903
1983	11,742	5,571	67,395	22,993	378	321	6,058	908
1984	12,141	5,455	71,622	22,797	365	322	6,943	957
1985	13,290	5,743	77,709	23,189	352	378	7,882	1,062
1986	13,116	6,078	88,188	23,152	325	387	8,225	1,075
1987	12,757	4,867	102,192	22,724	285	408	9,105	1,108
1988	12,965	4,629	108,979	22,247	277	418	10,381	1,133
1989	13,029	3,856	112,710	22,505	301	422	11,987	1,141
1990	13,597	3,775	107,172	23,838	282	416	12,172	1,177
1991	14,263	4,028	104,925	25,355	294	455	12,638	1,252
1992	13,566	3,763	75,329	25,580	295	455	12,141	1,334
1993	13,480	3,672	100,510	25,526	314	502	10,990	1,363
1994	13,202	3,454	85,533	25,682	322	507	10,682	1,394
1995	13,530	3,657	78,812	26,216	342	523	9,490	1,465
1996	12,822	3,425	84,623	27,330	364	559	9,861	1,542
1997	13,886	3,557	93,082	27,688	406	598	9,204	1,709
1998	14,656	3,639	116,375	28,099	386	623	3,146	1,921
1999	15,779	3,339	114,130	30,759	363	638	4,704	2,203
2000	16,282	3,144	113,637	30,681	365	688	4,286	2,529
2001	16,758	3,265	114,462	32,136	341	591	4,597	2,744
2002	17,184	3,473	121,442	32,976	336	580	5,135	2,923
2003	16,990	3,634	121,015	33,213	319	557	4,653	3,123
2004	16,490	3,512	121,864	33,063	303	602	4,901	3,271
2005	16,701	2,960	127,895	34,258	319	516	5,130	3,414
2006	14,913	3,038	124,493	34,470	292	475	5,925	1,321
2007	15,360	3,228	125,566	34,510	298	529	6,472	480
2008	15,532	3,326	129,858	34,873	298	630	6,595	455
2009	15,763	3,434	140,700	35,147	307	607	7,240	455
2010	15,339	3,071	128,948	34,919	295	621	7,623	449

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 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 exclude eye exams (currently classified in PCE goods under corrective eyeglasses and contact lenses), and net health insurance (now classified under insurance services). As a result of the PCE classification change, all PCE series were restated for the entire historical period to reflect the new PCE classification structure. ICF/MR is intermediate care facility for the mentally retarded.

SOURCES: Centers for Medicare & Medicaid Services, Center for Medicaid and 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 1975-2010

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

See footnotes at end of table.

Table 13.16—Continued
Medicaid Payments per Person Served (Beneficiary), Disabled, by Type of Service:
Fiscal Years 1975-2010

Year	Total ¹	Inpatient		Nursing		Outpatient	Home	Prescribed
		Hospital	ICF/MR	Facility ²	Physician	Hospital	Health ³	Drugs
(Constant 2010 Dollars)								
1975	\$9,165	\$14,200	\$37,248	\$24,758	\$1,056	\$661	\$1,982	\$826
1976	9,585	13,520	45,283	25,330	1,031	744	3,210	881
1977	10,480	13,312	52,213	26,557	1,040	1,022	3,608	878
1978	11,508	13,311	66,366	28,753	1,018	918	4,969	874
1979	12,685	13,872	69,608	29,900	1,015	944	7,550	908
1980	11,938	13,437	75,906	23,269	1,067	989	2,972	880
1981	12,461	13,204	78,932	23,304	1,035	1,010	3,360	913
1982	13,059	13,320	83,669	24,421	914	987	3,504	892
1983	12,888	13,030	84,463	25,076	874	904	4,465	921
1984	12,617	12,874	90,062	26,172	804	966	5,563	957
1985	12,869	13,059	91,561	26,831	785	990	6,646	1,079
1986	12,786	13,206	94,009	27,478	756	985	7,071	1,140
1987	12,754	13,485	94,241	27,065	746	1,026	7,628	1,146
1988	12,743	13,149	97,768	27,172	738	1,083	9,005	1,166
1989	12,789	12,532	97,762	27,601	756	1,106	9,790	1,174
1990	13,287	13,596	101,705	28,749	741	1,061	10,632	1,248
1991	13,117	13,905	98,630	30,327	759	1,119	10,538	1,310
1992	13,250	14,537	101,018	30,682	790	1,150	10,769	1,399
1993	12,718	14,068	97,683	30,481	762	1,182	10,638	1,431
1994	12,279	13,992	83,574	30,313	737	1,123	11,427	1,483
1995	12,869	14,216	109,220	30,228	734	1,129	12,140	1,600
1996	12,446	13,423	103,715	30,835	730	1,132	13,640	1,734
1997	12,855	12,477	107,234	30,618	731	1,167	13,732	2,007
1998	13,015	12,188	108,480	29,852	689	1,184	4,594	2,326
1999	13,767	11,835	108,334	36,370	737	1,202	7,559	2,722
2000	14,413	11,574	109,465	36,247	729	1,265	6,898	3,159
2001	14,936	11,966	111,700	37,213	747	1,245	7,371	3,451
2002	16,047	12,161	119,357	35,716	763	1,271	7,348	3,668
2003	16,525	12,236	121,106	36,147	777	1,277	7,578	3,981
2004	16,825	12,517	122,036	35,740	794	1,328	7,438	4,308
2005	16,856	12,557	127,188	36,014	871	1,232	8,260	4,400
2006	15,626	12,283	127,611	35,948	814	1,236	8,478	2,975
2007	15,418	13,290	126,554	36,360	793	1,241	8,603	2,840
2008	15,639	13,068	133,439	36,956	809	1,282	8,893	2,877
2009	16,105	12,861	135,978	36,608	843	1,352	9,614	2,809
2010	15,752	12,622	131,679	37,040	818	1,404	8,609	2,697

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 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 exclude eye exams (currently classified in PCE goods under corrective eyeglasses and contact lenses), and net health insurance (now classified under insurance services). As a result of the PCE classification change, all PCE series were restated for the entire historical period to reflect the new PCE classification structure. ICF/MR is intermediate care facility for the mentally retarded.

SOURCES: Centers for Medicare & Medicaid Services, Center for Medicaid and 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 1975-2010

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

See footnotes at end of table.

Table 13.17—Continued

Medicaid Payments, All Eligibility Groups, by Type of Service: Fiscal Years 1975-2010

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

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 (\$83.0 billion for premiums in 2009 and \$92.3 billion in 2010). Trends in home health agency program expenditures are not strictly comparable to 1997 and prior years because of changes in redefining selected home health services as home and community-based waiver services in 1998 and reclassified as other in 1999. SCHIP payments are excluded from Medicaid.

SOURCES: Centers for Medicare & Medicaid Services, Center for Medicaid and 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 1975-2010

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

See footnotes at end of table.

Table 13.18—Continued
Medicaid Payments, Children, by Type of Service: Fiscal Years 1975-2010

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

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.

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 1975-2010

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

See footnotes at end of table.

Table 13.19—Continued

Medicaid Payments, Adults, by Type of Service: Fiscal Years 1975-2010

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	12.5	(4)	0.2	5.9	6.5	0.1	10.7	64.2

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 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 1975-2010

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

See footnotes at end of table.

Table 13.20—Continued
Medicaid Payments, Aged, by Type of Service: Fiscal Years 1975-2010

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

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

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

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

SOURCES: Centers for Medicare & Medicaid Services, Center for Medicaid and 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 1975-2010

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

See footnotes at end of table.

Table 13.21—Continued
Medicaid Payments, Disabled, by Type of Service: Fiscal Years 1975-2010

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

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

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

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

SOURCES: Centers for Medicare & Medicaid Services, Center for Medicaid and 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 2010

Area of Residence	Total	Aged	Disabled	Children ¹	Adults	Other/ Unknown
All Jurisdictions	65,182,094	4,284,345	9,338,355	31,568,444	15,539,760	4,451,190
Boston: Region I	3,129,805	280,411	477,084	1,195,110	1,085,080	92,120
Connecticut	663,721	59,068	67,873	299,083	211,781	25,916
Maine	327,524	36,705	64,220	122,937	95,878	7,784
Massachusetts	1,598,374	135,878	260,239	520,293	632,733	49,231
New Hampshire	148,043	12,066	24,188	88,644	19,665	3,480
Rhode Island	213,691	16,473	37,748	99,303	57,453	2,714
Vermont	178,452	20,221	22,816	64,850	67,570	2,995
New York: Region II	6,237,544	467,830	937,147	2,463,526	2,046,769	322,272
New Jersey	1,226,460	94,335	201,957	629,282	248,927	51,959
New York	5,011,084	373,495	735,190	1,834,244	1,797,842	270,313
Puerto Rico	---	---	---	---	---	---
Virgin Islands	---	---	---	---	---	---
Philadelphia: Region III	5,050,794	368,387	1,029,763	2,505,039	999,151	148,454
Delaware	210,383	9,848	22,088	89,397	84,981	4,069
District of Columbia	210,606	10,030	41,451	84,240	71,344	3,541
Maryland	939,396	46,457	139,327	537,428	194,147	22,037
Pennsylvania	2,325,603	194,683	562,684	1,041,859	440,029	86,348
Virginia	967,712	76,502	160,760	557,137	150,303	23,010
West Virginia	397,094	30,867	103,453	194,978	58,347	9,449
Atlanta: Region IV	12,545,301	777,974	2,144,232	6,513,256	2,187,636	922,203
Alabama	930,899	59,943	209,523	498,359	136,990	26,084
Florida	3,656,331	253,366	536,469	1,788,411	686,559	391,526
Georgia	1,862,867	98,860	281,034	1,078,623	289,753	114,597
Kentucky	957,044	51,880	237,622	480,013	141,598	45,931
Mississippi	801,408	54,633	157,468	362,127	102,213	124,967
North Carolina	1,863,801	139,712	288,280	1,006,591	333,986	95,232
South Carolina	940,753	63,090	153,884	510,225	191,328	22,226
Tennessee	1,532,198	56,490	279,952	788,907	305,209	101,640

See footnotes at end of table.

Table 13.22—Continued

Medicaid Persons Served (Beneficiaries), by Basis of Eligibility and Area of Residence: Fiscal Year 2010

Area of Residence	Total	Aged	Disabled	Children ¹	Adults	Other/ Unknown
Chicago: Region V	10,493,633	632,358	1,459,263	5,497,905	2,643,701	260,406
Illinois	2,747,177	118,855	331,729	1,516,738	703,052	76,803
Indiana	1,171,341	66,804	152,868	684,264	243,216	24,189
Michigan	2,194,864	119,749	329,431	1,143,895	515,127	86,662
Minnesota	850,293	65,282	120,842	412,285	237,957	13,927
Ohio	2,319,252	148,111	366,057	1,227,465	539,423	38,196
Wisconsin	1,210,706	113,557	158,336	513,258	404,926	20,629
Dallas: Region VI	8,163,623	488,894	1,025,337	5,005,210	1,140,205	503,977
Arkansas	772,666	53,595	132,321	435,992	91,350	59,408
Louisiana	1,236,430	78,321	198,139	724,028	191,405	44,537
New Mexico	557,415	12,706	50,925	341,760	146,323	5,701
Oklahoma	852,603	54,226	109,846	519,365	135,392	33,774
Texas	4,744,509	290,046	534,106	2,984,065	575,735	360,557
Kansas City: Region VII	2,235,215	161,973	382,896	1,233,908	372,907	83,531
Iowa	507,551	36,051	77,071	261,518	111,744	21,167
Kansas	363,755	29,605	67,366	205,915	50,915	9,954
Missouri ²	1,094,776	77,097	202,328	598,432	170,693	46,226
Nebraska	269,133	19,220	36,131	168,043	39,555	6,184
Denver: Region VIII	1,421,019	94,206	182,393	812,507	257,346	74,567
Colorado ²	628,683	47,969	80,850	360,827	104,798	34,239
Montana	126,300	9,629	20,346	71,552	20,497	4,276
North Dakota	82,207	7,744	10,687	43,413	16,645	3,718
South Dakota	141,740	10,436	19,925	86,565	21,187	3,627
Utah	366,271	13,915	41,012	201,848	82,955	26,541
Wyoming	75,818	4,513	9,573	48,302	11,264	2,166

See footnotes at end of table.

Table 13.22—Continued

Medicaid Persons Served (Beneficiaries), by Basis of Eligibility and Area of Residence: Fiscal Year 2010

Area of Residence	Total	Aged	Disabled	Children ¹	Adults	Other/ Unknown
San Francisco: Region IX	13,635,008	868,815	1,375,570	5,077,870	4,346,023	1,966,730
Arizona	1,801,087	60,492	140,731	661,931	556,657	381,276
California	11,212,097	767,841	1,169,466	4,087,025	3,628,010	1,559,755
Hawaii	288,320	21,832	26,552	132,153	97,391	10,392
Nevada	333,504	18,650	38,821	196,761	63,965	15,307
Seattle: Region X	2,270,152	143,497	324,670	1,264,113	460,942	76,930
Alaska	126,754	6,961	16,486	70,834	27,239	5,234
Idaho ²	241,166	13,675	36,470	151,360	29,304	10,357
Oregon	593,236	43,824	87,803	308,217	141,105	12,287
Washington	1,308,996	79,037	183,911	733,702	263,294	49,052

¹Includes non-disabled children and foster care children.

²Last reported number of beneficiaries is for fiscal year 2009.

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 2010

Area of Residence	Total	Aged	Disabled	Children ¹	Adults	Other/ Unknown
All Jurisdictions	\$338,405,842,872	\$65,717,011,302	\$147,097,518,680	\$67,207,046,992	\$48,211,234,252	\$10,173,031,646
Boston: Region I	21,435,602,526	5,456,074,676	8,397,562,741	3,771,520,776	3,715,031,805	95,412,528
Connecticut	5,389,790,660	1,543,134,244	1,958,153,352	1,020,439,615	835,169,963	32,893,486
Maine	1,466,911,543	373,757,619	685,850,023	235,205,191	161,507,226	10,591,484
Massachusetts	10,997,276,302	2,730,855,643	4,263,849,036	1,756,420,955	2,207,915,493	38,235,175
New Hampshire	1,008,774,639	244,448,978	423,701,599	264,501,032	72,943,353	3,179,677
Rhode Island	1,574,200,574	372,494,759	702,312,454	285,720,020	206,233,712	7,439,629
Vermont	998,648,808	191,383,433	363,696,277	209,233,963	231,262,058	3,073,077
New York: Region II	51,277,869,386	12,299,309,690	24,304,764,364	5,946,748,657	8,449,845,033	277,201,642
New Jersey	8,554,226,253	1,849,769,328	4,226,147,957	1,448,235,782	924,122,034	105,951,152
New York	42,723,643,133	10,449,540,362	20,078,616,407	4,498,512,875	7,525,722,999	171,250,490
Puerto Rico	---	---	---	---	---	---
Virgin Islands	---	---	---	---	---	---
Philadelphia: Region III	34,427,135,497	6,545,866,173	16,560,004,572	6,739,484,763	4,080,686,909	501,093,080
Delaware	1,342,173,263	200,759,823	444,634,828	260,669,640	432,798,104	3,310,868
District of Columbia	1,806,398,718	206,054,809	1,062,234,275	216,752,117	215,661,641	105,695,876
Maryland	6,834,261,988	1,007,286,995	3,184,191,484	1,462,291,599	1,121,710,428	58,781,482
Pennsylvania	15,893,983,198	3,581,266,371	8,064,376,357	2,851,518,005	1,461,831,075	-65,008,610
Virginia	5,860,382,087	1,025,930,370	2,638,057,758	1,502,287,319	651,548,799	42,557,841
West Virginia	2,689,936,243	524,567,805	1,166,509,870	445,966,083	197,136,862	355,755,623
Atlanta: Region IV	59,529,486,950	10,053,096,628	25,196,828,975	13,526,498,509	8,168,929,664	2,584,133,174
Alabama	4,041,509,130	701,800,100	1,642,296,047	1,129,934,486	287,596,906	279,881,591
Florida	16,130,778,687	3,231,048,310	6,817,067,213	2,923,671,494	2,008,053,811	1,150,937,859
Georgia	6,968,189,977	1,059,219,118	2,866,052,620	1,820,326,349	1,108,474,597	114,117,293
Kentucky	5,302,776,307	729,573,385	2,530,419,415	1,366,863,118	638,380,704	37,539,685
Mississippi	3,363,699,687	776,825,746	1,502,811,545	745,958,683	351,925,714	-13,822,001
North Carolina	9,588,773,161	1,732,684,078	4,348,537,029	2,171,547,716	1,264,942,456	71,061,882
South Carolina	5,073,061,233	669,158,367	1,834,842,812	1,031,755,408	671,206,046	866,098,600
Tennessee	9,060,698,768	1,152,787,524	3,654,802,294	2,336,441,255	1,838,349,430	78,318,265

See footnotes at end of table.

Table 13.23—Continued

Medicaid Payments, by Basis of Eligibility and Area of Residence: Fiscal Year 2010

Area of Residence	Total	Aged	Disabled	Children ¹	Adults	Other/ Unknown
Chicago: Region V	\$55,735,670,466	\$10,511,290,960	\$24,061,933,650	\$10,243,046,955	\$8,185,664,795	\$2,733,734,106
Illinois	11,640,164,174	1,330,909,767	4,887,328,322	2,572,188,980	1,732,718,422	1,117,018,683
Indiana	5,751,977,441	1,285,063,457	2,608,565,448	1,166,408,002	666,622,144	25,318,390
Michigan	11,363,066,464	1,628,507,581	4,420,841,882	2,099,139,344	1,743,902,217	1,470,675,440
Minnesota	7,135,729,070	1,530,886,887	3,392,127,004	1,283,169,208	883,411,425	46,134,546
Ohio	14,450,436,551	3,306,133,497	6,571,994,407	2,414,862,648	2,103,727,818	53,718,181
Wisconsin	5,394,296,766	1,429,789,771	2,181,076,587	707,278,773	1,055,282,769	20,868,866
Dallas: Region VI	36,491,543,054	6,295,759,460	14,837,031,349	11,267,836,582	3,494,306,322	596,609,341
Arkansas	3,799,172,495	897,287,192	1,692,359,636	984,324,603	183,171,261	42,029,803
Louisiana	5,490,759,472	952,987,037	2,690,784,717	1,252,585,396	569,397,738	25,004,584
New Mexico	2,770,858,831	29,319,735	769,679,984	908,863,740	682,766,123	380,229,249
Oklahoma	3,712,748,920	627,482,826	1,482,009,394	1,131,178,108	441,224,785	30,853,807
Texas	20,718,003,336	3,788,682,670	8,202,197,618	6,990,884,735	1,617,746,415	118,491,898
Kansas City: Region VII	12,650,363,528	2,516,390,111	5,899,002,699	2,900,784,165	1,177,979,341	156,207,212
Iowa	3,004,792,782	643,885,949	1,447,162,167	512,021,790	332,010,690	69,712,186
Kansas	2,295,014,237	505,244,096	1,113,852,786	462,365,119	195,949,270	17,602,966
Missouri ²	5,764,378,501	1,023,115,568	2,677,405,834	1,522,844,290	505,927,485	35,085,324
Nebraska	1,586,178,008	344,144,498	660,581,912	403,552,966	144,091,896	33,806,736
Denver: Region VIII	8,053,993,809	1,576,617,205	3,241,717,372	1,752,886,438	855,548,063	627,224,731
Colorado ²	3,266,560,441	784,630,360	1,393,556,274	682,757,812	326,634,128	78,981,867
Montana	761,766,750	174,267,363	282,173,403	196,649,707	87,879,531	20,796,746
North Dakota	681,716,807	205,594,625	281,672,793	121,437,796	67,391,636	5,619,957
South Dakota	777,167,424	135,665,091	321,152,060	212,803,415	88,153,603	19,393,255
Utah	1,995,098,381	156,232,512	719,524,881	397,735,497	219,025,272	502,580,219
Wyoming	571,684,006	120,227,254	243,637,961	141,502,211	66,463,893	-147,313

See footnotes at end of table.

Table 13.23—Continued

Medicaid Payments, by Basis of Eligibility and Area of Residence: Fiscal Year 2010

Area of Residence	Total	Aged	Disabled	Children ¹	Adults	Other/ Unknown
San Francisco: Region IX	\$46,849,181,827	\$8,408,679,813	\$19,836,002,574	\$8,523,403,213	\$8,269,579,083	1,811,517,144
Arizona	9,509,935,671	910,943,792	2,586,225,785	1,819,615,372	3,140,689,843	1,052,460,879
California	34,685,800,451	6,957,067,325	16,285,404,175	6,068,132,036	4,648,760,066	726,436,849
Hawaii	1,353,084,357	341,305,940	433,730,446	239,282,046	325,860,634	12,905,291
Nevada	1,300,361,348	199,362,756	530,642,168	396,373,759	154,268,540	19,714,125
Seattle: Region X	11,954,995,829	2,053,926,586	4,762,670,384	2,534,836,934	1,813,663,237	789,898,688
Alaska	1,206,732,274	173,560,863	466,672,867	362,878,321	190,627,681	12,992,542
Idaho ²	1,348,811,955	224,777,667	681,401,451	293,439,348	137,200,729	11,992,760
Oregon	3,120,701,043	583,389,229	1,219,579,353	644,012,535	655,032,840	18,687,086
Washington	6,278,750,557	1,072,198,827	2,395,016,713	1,234,506,730	830,801,987	746,226,300

¹Includes non-disabled children and foster care children.

²Last reported Medicaid payments is for fiscal year 2009.

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 2010

Area of Residence	Total	Aged	Disabled	Children ¹	Adults	Other/ Unknown
All Jurisdictions	\$5,192	\$15,339	\$15,752	\$2,129	\$3,102	\$2,285
Boston: Region I	6,849	19,457	17,602	3,156	3,424	1,036
Connecticut	8,121	26,125	28,850	3,412	3,944	1,269
Maine	4,479	10,183	10,680	1,913	1,685	1,361
Massachusetts	6,880	20,098	16,384	3,376	3,489	777
New Hampshire	6,814	20,259	17,517	2,984	3,709	914
Rhode Island	7,367	22,612	18,605	2,877	3,590	2,741
Vermont	5,596	9,465	15,940	3,226	3,423	1,026
New York: Region II	8,221	26,290	25,935	2,414	4,128	860
New Jersey	6,975	19,609	20,926	2,301	3,712	2,039
New York	8,526	27,978	27,311	2,453	4,186	634
Puerto Rico	---	---	---	---	---	---
Virgin Islands	---	---	---	---	---	---
Philadelphia: Region III	6,816	17,769	16,081	2,690	4,084	3,375
Delaware	6,380	20,386	20,130	2,916	5,093	814
District of Columbia	8,577	20,544	25,626	2,573	3,023	29,849
Maryland	7,275	21,682	22,854	2,721	5,778	2,667
Pennsylvania	6,834	18,395	14,332	2,737	3,322	-753
Virginia	6,056	13,411	16,410	2,696	4,335	1,850
West Virginia	6,774	16,994	11,276	2,287	3,379	37,650
Atlanta: Region IV	4,745	12,922	11,751	2,077	3,734	2,802
Alabama	4,342	11,708	7,838	2,267	2,099	10,730
Florida	4,412	12,752	12,707	1,635	2,925	2,940
Georgia	3,741	10,714	10,198	1,688	3,826	996
Kentucky	5,541	14,063	10,649	2,848	4,508	817
Mississippi	4,197	14,219	9,544	2,060	3,443	-111
North Carolina	5,145	12,402	15,084	2,157	3,787	746
South Carolina	5,393	10,606	11,924	2,022	3,508	38,968
Tennessee	5,914	20,407	13,055	2,962	6,023	771

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 2010

Area of Residence	Total	Aged	Disabled	Children ¹	Adults	Other/ Unknown
Chicago: Region V	\$5,311	\$16,622	\$16,489	\$1,863	\$3,096	\$10,498
Illinois	4,237	11,198	14,733	1,696	2,465	14,544
Indiana	4,911	19,236	17,064	1,705	2,741	1,047
Michigan	5,177	13,599	13,420	1,835	3,385	16,970
Minnesota	8,392	23,450	28,071	3,112	3,712	3,313
Ohio	6,231	22,322	17,953	1,967	3,900	1,406
Wisconsin	4,455	12,591	13,775	1,378	2,606	1,012
Dallas: Region VI	4,470	12,878	14,470	2,251	3,065	1,184
Arkansas	4,917	16,742	12,790	2,258	2,005	707
Louisiana	4,441	12,168	13,580	1,730	2,975	561
New Mexico	4,971	2,308	15,114	2,659	4,666	66,695
Oklahoma	4,355	11,572	13,492	2,178	3,259	914
Texas	4,367	13,062	15,357	2,343	2,810	329
Kansas City: Region VII	5,660	15,536	15,406	2,351	3,159	1,870
Iowa	5,920	17,860	18,777	1,958	2,971	3,293
Kansas	6,309	17,066	16,534	2,245	3,849	1,768
Missouri ²	5,265	13,270	13,233	2,545	2,964	759
Nebraska	5,894	17,906	18,283	2,401	3,643	5,467
Denver: Region VIII	5,668	16,736	17,773	2,157	3,325	8,412
Colorado ²	5,196	16,357	17,236	1,892	3,117	2,307
Montana	6,031	18,098	13,869	2,748	4,287	4,864
North Dakota	8,293	26,549	26,357	2,797	4,049	1,512
South Dakota	5,483	13,000	16,118	2,458	4,161	5,347
Utah	5,447	11,228	17,544	1,970	2,640	18,936
Wyoming	7,540	26,640	25,451	2,930	5,901	-68

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 2010

Area of Residence	Total	Aged	Disabled	Children ¹	Adults	Other/ Unknown
San Francisco: Region IX	\$3,436	\$9,678	\$14,420	\$1,679	\$1,903	\$921
Arizona	5,280	15,059	18,377	2,749	5,642	2,760
California	3,094	9,061	13,926	1,485	1,281	466
Hawaii	4,693	15,633	16,335	1,811	3,346	1,242
Nevada	3,899	10,690	13,669	2,014	2,412	1,288
Seattle: Region X	5,266	14,313	14,669	2,005	3,935	10,268
Alaska	9,520	24,933	28,307	5,123	6,998	2,482
Idaho ²	5,593	16,437	18,684	1,939	4,682	1,158
Oregon	5,260	13,312	13,890	2,089	4,642	1,521
Washington	4,797	13,566	13,023	1,683	3,155	15,213

¹Includes non-disabled children and foster care children.

²Last reported Medicaid payments is for fiscal year 2009.

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 2010

Area of Residence	Total ¹	Inpatient Hospital	Nursing Facilities	Physician	Dental	Outpatient Hospital	Lab and X-Ray	Home Health	Prescribed Drugs
All Jurisdictions	65,182,094	4,569,259	1,541,990	23,897,711	12,536,694	15,763,654	16,879,650	1,136,672	28,966,126
Boston: Region I	3,129,805	197,621	121,579	1,278,863	1,089,389	857,585	863,388	81,889	1,509,946
Connecticut	663,721	48,681	38,969	144,067	298,548	150,946	155,756	24,886	454,669
Maine	327,524	23,790	9,608	220,255	64,079	21,644	51,836	3,104	232,790
Massachusetts	1,598,374	82,888	51,927	624,319	568,477	473,255	550,813	43,281	550,960
New Hampshire	148,043	18,079	7,023	120,726	58,167	77,958	18,328	3,448	101,331
Rhode Island	213,691	11,214	10,237	41,506	47,542	37,756	10,735	3,545	43,255
Vermont	178,452	12,969	3,815	127,990	52,576	96,026	75,920	3,625	126,941
New York: Region II	6,237,544	187,336	201,062	1,355,896	938,193	1,460,436	905,114	264,803	3,546,828
New Jersey	1,226,460	70,428	49,484	219,377	63,441	208,820	112,939	20,322	261,391
New York	5,011,084	116,908	151,578	1,136,519	874,752	1,251,616	792,175	244,481	3,285,437
Puerto Rico	---	---	---	---	---	---	---	---	---
Virgin Islands	---	---	---	---	---	---	---	---	---
Philadelphia: Region III	5,050,794	352,492	149,026	1,531,413	989,123	726,273	877,477	63,524	1,489,524
Delaware	210,383	8,424	3,900	45,094	40,920	25,568	25,864	1,091	136,398
District of Columbia	210,606	16,528	3,527	44,587	17,867	27,084	37,543	6,850	36,617
Maryland	939,396	64,968	24,500	277,657	289,366	146,844	15,170	27,128	201,082
Pennsylvania	2,325,603	97,593	78,992	584,196	220,106	268,931	503,924	20,159	552,162
Virginia	967,712	141,223	27,063	391,222	304,178	141,753	147,463	5,575	270,214
West Virginia	397,094	23,756	11,044	188,657	116,686	116,093	147,513	2,721	293,051

See footnotes at end of table.

Table 13.25—Continued

Medicaid Persons Served (Beneficiaries), by Type of Service and Area of Residence: Fiscal Year 2010

Area of Residence	Total ¹	Inpatient Hospital	Nursing Facilities	Physician	Dental	Outpatient Hospital	Lab and X-Ray	Home Health	Prescribed Drugs
Atlanta: Region IV	12,545,301	1,387,105	295,648	6,204,227	2,547,022	4,285,205	3,168,563	185,226	5,807,135
Alabama	930,899	35,307	25,298	662,774	259,209	360,775	495,940	73,129	583,739
Florida	3,656,331	591,148	84,669	1,810,071	319,548	1,506,224	531,832	18,516	1,254,167
Georgia	1,862,867	125,015	39,140	616,917	127,200	372,606	145,680	6,445	395,393
Kentucky	957,044	144,354	27,353	542,105	232,379	415,696	415,711	16,323	535,426
Mississippi	801,408	188,692	31,796	556,406	226,244	424,346	261,845	8,299	533,449
North Carolina	1,863,801	215,103	41,318	1,516,749	680,381	866,449	1,069,716	42,987	1,173,742
South Carolina	940,753	75,910	16,131	435,455	330,345	275,963	215,134	4,431	354,164
Tennessee ²	1,532,198	11,576	29,943	63,750	371,716	63,146	32,705	15,096	977,055
Chicago: Region V	10,493,633	574,909	296,873	3,943,608	2,207,586	2,357,292	2,927,006	166,886	5,662,365
Illinois	2,747,177	235,387	69,991	1,823,358	973,757	1,050,399	1,544,559	14,668	1,815,557
Indiana	1,171,341	53,378	38,742	287,661	445,272	154,741	223,362	10,214	718,051
Michigan	2,194,864	78,821	45,427	603,196	285,615	289,838	469,485	6,399	676,880
Minnesota	850,293	44,942	25,194	318,014	106,848	192,986	68,964	98,886	242,811
Ohio	2,319,252	101,901	86,506	620,122	182,097	446,206	356,432	36,186	1,402,296
Wisconsin	1,210,706	60,480	31,013	291,257	213,997	223,122	264,204	533	806,770
Dallas: Region VI	8,163,623	838,576	178,156	4,070,090	3,093,281	2,395,290	3,606,737	270,208	4,921,173
Arkansas	772,666	106,618	25,321	549,747	254,848	329,846	251,704	10,951	458,790
Louisiana	1,236,430	156,795	28,565	929,123	359,731	646,352	729,913	11,176	862,208
New Mexico	557,415	20,027	1,013	84,299	26,119	78,926	49,543	272	53,703
Oklahoma	852,603	118,882	19,383	622,159	287,655	413,378	441,072	7,091	532,773
Texas	4,744,509	436,254	103,874	1,884,762	2,164,928	926,788	2,134,505	240,718	3,013,699

See footnotes at end of table.

Table 13.25—Continued

Medicaid Persons Served (Beneficiaries), by Type of Service and Area of Residence: Fiscal Year 2010

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	2,235,215	203,712	83,876	793,276	432,391	852,993	650,498	52,290	1,160,767
Iowa	507,551	60,987	19,562	338,984	164,809	287,532	261,903	37,317	315,922
Kansas	363,755	32,819	14,768	152,102	98,593	76,229	94,119	3,582	120,257
Missouri ³	1,094,776	78,885	39,045	109,730	44,530	370,800	222,870	6,446	523,420
Nebraska	269,133	31,021	10,501	192,460	124,459	118,432	71,606	4,945	201,168
Denver: Region VIII	1,421,019	148,058	39,585	439,987	366,364	512,570	350,990	15,446	719,016
Colorado ³	628,683	50,922	16,835	51,872	163,255	242,806	100,812	11,388	268,370
Montana	126,300	18,533	4,699	100,161	33,466	67,244	11,813	424	66,002
North Dakota	82,207	10,693	5,161	57,173	22,185	34,230	43,280	430	49,254
South Dakota	141,740	18,214	5,453	84,741	7,156	52,778	47,603	434	76,606
Utah	366,271	37,933	4,987	86,135	113,381	75,404	108,733	2,129	209,335
Wyoming	75,818	11,763	2,450	59,905	26,921	40,108	38,749	641	49,449
San Francisco: Region IX	13,635,008	549,140	139,095	3,396,506	272,899	1,846,183	2,975,192	29,676	3,359,893
Arizona ²	1,801,087	27,641	1,368	50,117	291	99,630	27,736	287	8,884
California	11,212,097	493,900	132,066	3,198,218	155,657	1,680,858	2,876,674	26,291	3,210,124
Hawaii ²	288,320	3,315	1,168	30,009	75,641	8,401	14,771	2,444	55,355
Nevada	333,504	24,284	4,493	118,162	41,310	57,294	56,011	654	85,530
Seattle: Region X	2,270,152	130,310	37,090	883,845	600,446	469,827	554,685	6,724	789,479
Alaska	126,754	17,563	994	94,205	53,347	65,654	56,272	295	72,258
Idaho ³	241,166	27,068	5,258	166,153	23,223	91,421	102,685	1,838	131,530
Oregon	593,236	29,584	11,590	103,077	3,443	85,757	66,093	539	150,230
Washington	1,308,996	56,095	19,248	520,410	520,433	226,995	329,635	4,052	435,461

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 2009.

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 2010

Area of Residence	Total ¹	Inpatient Hospital	Nursing Facilities	Physician	Dental	Outpatient Hospital	Lab and X-Ray	Home Health	Prescribed Drugs
Amount in Thousands									
All Jurisdictions	\$338,405,843	\$33,567,495	\$48,935,295	\$11,807,351	\$5,420,632	\$12,714,948	\$3,471,828	\$7,239,357	\$26,970,956
Boston: Region I	21,435,603	1,383,406	4,329,015	557,887	581,153	728,011	270,231	1,355,491	1,445,033
Connecticut	5,389,791	376,481	1,319,092	59,491	159,448	156,064	40,187	222,370	495,055
Maine	1,466,912	119,444	258,078	76,922	25,469	20,980	10,706	7,653	208,862
Massachusetts	10,997,276	626,955	1,932,090	282,230	341,332	389,356	200,428	1,092,200	493,379
New Hampshire	1,008,775	63,416	205,990	58,917	22,408	63,808	1,909	8,713	91,614
Rhode Island	1,574,201	98,906	498,730	9,046	14,051	18,989	1,683	17,544	25,503
Vermont	998,649	98,205	115,036	71,281	18,445	78,815	15,317	7,011	130,621
New York: Region II	51,277,869	1,311,122	8,460,647	424,327	421,734	1,940,477	122,875	2,182,192	4,694,091
New Jersey	8,554,226	540,497	1,859,001	66,738	22,207	283,323	19,213	186,443	582,756
New York	42,723,643	770,625	6,601,646	357,588	399,527	1,657,154	103,662	1,995,749	4,111,335
Puerto Rico	---	---	---	---	---	---	---	---	---
Virgin Islands	---	---	---	---	---	---	---	---	---
Philadelphia: Region III	34,427,135	2,659,473	5,733,578	831,507	453,212	590,797	203,003	1,044,987	1,522,905
Delaware	1,342,173	58,323	191,821	22,624	29,799	18,998	4,100	5,366	138,891
District of Columbia	1,806,399	351,858	201,116	51,943	15,114	32,300	14,352	32,272	85,048
Maryland	6,834,262	848,599	1,044,468	238,759	131,773	252,134	1,462	820,847	277,075
Pennsylvania	15,893,983	533,943	2,997,887	167,365	84,162	78,583	88,130	175,049	457,035
Virginia	5,860,382	547,093	823,612	197,610	136,344	133,118	22,447	6,942	228,112
West Virginia	2,689,936	319,656	474,673	153,206	56,019	75,664	72,511	4,511	336,745
Atlanta: Region IV	59,529,487	7,789,862	8,728,897	3,617,804	1,020,477	2,995,845	510,616	684,732	5,209,781
Alabama	4,041,509	341,509	876,302	348,142	88,031	94,759	81,271	61,195	508,686
Florida	16,130,779	2,986,710	2,724,462	1,110,272	78,953	869,439	83,947	200,358	1,171,395
Georgia	6,968,190	963,755	1,054,096	320,311	41,696	268,604	21,496	5,856	465,683
Kentucky	5,302,776	688,757	861,303	297,547	85,622	377,579	96,767	35,269	574,832
Mississippi	3,363,700	593,970	740,095	282,771	82,027	320,784	25,527	8,300	341,603
North Carolina	9,588,773	1,099,362	1,204,062	943,828	350,586	802,696	163,289	158,398	1,137,333
South Carolina	5,073,061	1,062,708	530,846	278,164	115,663	230,547	35,082	8,573	264,361
Tennessee ²	9,060,699	53,091	737,731	36,768	177,899	31,438	3,238	206,784	745,888

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	Hospital	X-Ray	Health	Drugs
Amount in Thousands									
Chicago: Region V	\$55,735,670	\$6,335,300	\$8,647,848	\$1,688,755	\$595,191	\$1,565,408	\$573,741	\$532,878	\$4,395,576
Illinois	11,640,164	2,996,673	1,534,129	684,129	227,070	626,901	205,662	49,337	1,255,841
Indiana	5,751,977	427,449	1,086,659	147,237	183,397	114,092	91,675	166,027	546,383
Michigan	11,363,066	1,063,145	1,681,874	305,288	57,869	192,510	77,340	4,470	546,999
Minnesota	7,135,729	395,684	811,668	191,303	30,020	139,275	8,270	91,788	255,831
Ohio	14,450,437	970,096	2,702,255	284,114	46,186	317,454	132,757	217,664	1,130,344
Wisconsin	5,394,297	482,253	831,264	76,684	50,650	175,176	58,036	3,592	660,177
Dallas: Region VI	36,491,543	4,770,202	4,163,976	2,224,744	1,716,788	1,385,708	1,051,712	792,330	3,827,457
Arkansas	3,799,172	445,886	550,180	354,762	113,242	318,669	38,019	14,136	324,912
Louisiana	5,490,759	928,223	772,786	435,043	154,539	367,117	111,565	38,700	856,543
New Mexico	2,770,859	455,785	5,235	42,919	11,264	97,678	8,828	359	16,933
Oklahoma	3,712,749	652,672	503,789	444,621	153,739	228,527	100,438	18,969	363,554
Texas	20,718,003	2,287,636	2,331,987	947,399	1,284,003	373,718	792,862	720,166	2,265,514
Kansas City: Region VII	12,650,364	1,373,167	2,045,189	407,750	140,098	809,697	92,987	156,892	1,244,135
Iowa	3,004,793	355,745	502,255	187,145	57,569	240,617	34,371	117,202	235,448
Kansas	2,295,014	245,797	354,689	78,180	31,501	31,788	19,143	10,211	151,518
Missouri ³	5,764,379	572,143	889,856	22,869	12,814	427,368	29,713	5,924	704,266
Nebraska	1,586,178	199,481	298,389	119,556	38,213	109,924	9,760	23,555	152,903
Denver: Region VIII	8,053,994	1,129,887	1,271,092	273,185	161,320	514,633	67,720	175,499	652,906
Colorado ³	3,266,560	361,624	549,878	15,381	80,088	196,970	15,827	157,822	301,878
Montana	761,767	98,279	156,052	59,036	21,134	54,944	1,410	533	65,484
North Dakota	681,717	71,757	190,394	42,247	10,717	25,589	14,930	1,723	35,730
South Dakota	777,167	144,547	143,311	49,076	2,924	50,239	6,878	267	52,023
Utah	1,995,098	367,576	157,722	53,741	33,789	104,334	19,329	12,911	159,092
Wyoming	571,684	86,103	73,736	53,704	12,669	82,557	9,346	2,244	38,699

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 Hospital	Nursing Facilities	Physician	Dental	Outpatient Hospital	Lab and X-Ray	Home Health	Prescribed Drugs
Amount in Thousands									
San Francisco: Region IX	\$46,849,182	\$5,602,001	\$4,430,415	\$1,305,258	\$86,224	\$1,763,694	\$431,941	\$299,753	\$3,247,814
Arizona ²	9,509,936	173,646	32,863	36,866	372	1,090,768	9,197	501	5,920
California	34,685,800	5,248,554	4,223,504	1,175,452	35,682	638,768	397,530	201,206	3,063,431
Hawaii ²	1,353,084	25,952	3,155	5,760	27,378	4,084	1,003	92,886	75,143
Nevada	1,300,361	153,849	170,893	87,180	22,792	30,074	24,212	5,161	103,320
Seattle: Region X	11,954,996	1,213,076	1,124,639	476,134	244,436	420,678	147,003	14,603	731,258
Alaska	1,206,732	176,793	84,752	91,703	45,871	96,683	15,020	939	80,151
Idaho ³	1,348,812	224,327	168,688	92,372	10,006	71,190	16,385	4,355	117,752
Oregon	3,120,701	198,351	344,921	43,898	1,659	89,252	8,861	846	138,778
Washington	6,278,751	613,604	526,278	248,160	186,901	163,553	106,736	8,462	394,576

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 2009.

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

SOURCES: Centers for Medicare & Medicaid Services, Center for Medicaid and 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 2010

Area of Residence	Total ¹	Inpatient Hospital	Nursing Facilities	Physician	Dental	Outpatient Hospital	Lab and X-Ray	Home Health	Prescribed Drugs
All Jurisdictions	\$5,192	\$7,346	\$31,735	\$494	\$432	\$807	\$206	\$6,369	\$931
Boston: Region I	6,849	7,000	35,607	436	533	849	313	16,553	957
Connecticut	8,121	7,734	33,850	413	534	1,034	258	8,936	1,089
Maine	4,479	5,021	26,861	349	397	969	207	2,465	897
Massachusetts	6,880	7,564	37,208	452	600	823	364	25,235	895
New Hampshire	6,814	3,508	29,331	488	385	818	104	2,527	904
Rhode Island	7,367	8,820	48,718	218	296	503	157	4,949	590
Vermont	5,596	7,572	30,153	557	351	821	202	1,934	1,029
New York: Region II	8,221	6,999	42,080	313	450	1,329	136	8,241	1,323
New Jersey	6,975	7,674	37,568	304	350	1,357	170	9,174	2,229
New York	8,526	6,592	43,553	315	457	1,324	131	8,163	1,251
Puerto Rico	---	---	---	---	---	---	---	---	---
Virgin Islands	---	---	---	---	---	---	---	---	---
Philadelphia: Region III	6,816	7,545	38,474	543	458	813	231	16,450	1,022
Delaware	6,380	6,923	49,185	502	728	743	159	4,919	1,018
District of Columbia	8,577	21,289	57,022	1,165	846	1,193	382	4,711	2,323
Maryland	7,275	13,062	42,631	860	455	1,717	96	30,258	1,378
Pennsylvania	6,834	5,471	37,952	286	382	292	175	8,683	828
Virginia	6,056	3,874	30,433	505	448	939	152	1,245	844
West Virginia	6,774	13,456	42,980	812	480	652	492	1,658	1,149
Atlanta: Region IV	4,745	5,616	29,525	583	401	699	161	3,697	897
Alabama	4,342	9,673	34,639	525	340	263	164	837	871
Florida	4,412	5,052	32,178	613	247	577	158	10,821	934
Georgia	3,741	7,709	26,931	519	328	721	148	909	1,178
Kentucky	5,541	4,771	31,488	549	368	908	233	2,161	1,074
Mississippi	4,197	3,148	23,276	508	363	756	97	1,000	640
North Carolina	5,145	5,111	29,141	622	515	926	153	3,685	969
South Carolina	5,393	14,000	32,908	639	350	835	163	1,935	746
Tennessee	5,914	4,586	24,638	577	479	498	99	13,698	763

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 2010

Area of Residence	Total ¹	Inpatient Hospital	Nursing Facilities	Physician	Dental	Outpatient Hospital	Lab and X-Ray	Home Health	Prescribed Drugs
Chicago: Region V	\$5,311	\$11,020	\$29,130	\$428	\$270	\$664	\$196	\$3,193	\$776
Illinois	4,237	12,731	21,919	375	233	597	133	3,364	692
Indiana	4,911	8,008	28,049	512	412	737	410	16,255	761
Michigan	5,177	13,488	37,024	506	203	664	165	699	808
Minnesota	8,392	8,804	32,217	602	281	722	120	928	1,054
Ohio	6,231	9,520	31,238	458	254	711	372	6,015	806
Wisconsin	4,455	7,974	26,804	263	237	785	220	6,739	818
Dallas: Region VI	4,470	5,688	23,373	547	555	579	292	2,932	778
Arkansas	4,917	4,182	21,728	645	444	966	151	1,291	708
Louisiana	4,441	5,920	27,054	468	430	568	153	3,463	993
New Mexico	4,971	22,759	5,167	509	431	1,238	178	1,319	315
Oklahoma	4,355	5,490	25,991	715	234	553	228	2,675	682
Texas	4,367	5,244	22,450	503	593	403	371	2,992	752
Kansas City: Region VII	5,660	6,741	24,383	514	324	949	143	3,000	1,072
Iowa	5,920	5,833	25,675	552	349	837	131	3,141	745
Kansas	6,309	7,489	24,017	514	320	417	203	2,851	1,260
Missouri ²	5,265	7,253	22,791	208	288	1,153	133	919	1,346
Nebraska	5,894	6,431	28,415	621	307	928	136	4,763	760
Denver: Region VIII	5,668	7,631	32,110	621	440	1,004	193	11,362	908
Colorado ²	5,196	7,102	32,663	297	491	811	157	13,859	1,125
Montana	6,031	5,303	33,210	589	631	817	119	1,257	992
North Dakota	8,293	6,711	36,891	739	483	748	345	4,006	725
South Dakota	5,483	7,936	26,281	579	409	952	144	615	679
Utah	5,447	9,690	31,627	624	298	1,384	178	6,064	760
Wyoming	7,540	7,320	30,096	896	471	2,058	241	3,500	783

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 2010

Area of Residence	Total ¹	Inpatient	Nursing	Outpatient		Lab and	Home	Prescribed	
		Hospital	Facilities	Physician	Dental	Hospital	X-Ray	Health	Drugs
San Francisco: Region IX	\$3,436	\$10,201	\$31,852	\$384	\$316	\$955	\$145	\$10,101	\$967
Arizona	5,280	6,282	24,023	736	1,279	10,948	332	1,744	666
California	3,094	10,627	31,980	368	229	380	138	7,653	954
Hawaii	4,693	7,829	2,701	192	362	486	68	38,006	1,357
Nevada	3,899	6,335	38,035	738	552	525	432	7,891	1,208
Seattle: Region X	5,266	9,309	30,322	539	407	895	265	2,172	926
Alaska	9,520	10,066	85,264	973	860	1,473	267	3,185	1,109
Idaho ²	5,593	8,288	32,082	556	431	779	160	2,369	895
Oregon	5,260	6,705	29,760	426	482	1,041	134	1,570	924
Washington	4,797	10,939	27,342	477	359	721	324	2,088	906

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 2009.

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.