

Table 13.1
Medicaid Medical Assistance Payments: Fiscal Years 1975-2004

Fiscal Year ¹	Medical Assistance Payments CMS Form-64		HCFA-2082/MSIS Payments	HCFA-2082/MSIS Payments as a Percent of CMS Form-64
	Total Expenditures ²	2004 Inflation Adjusted Total Expenditures ³		
	Amount in Thousands			
1975	\$12,086,166	\$65,835,432	\$12,142,000	100.5
1976	13,977,348	67,991,216	14,091,000	100.8
1977	16,354,599	72,587,536	16,239,000	99.3
1978	18,168,065	74,070,993	17,992,000	99.0
1979	20,736,011	77,942,136	20,472,000	98.7
1980	24,041,116	82,524,716	23,311,000	97.0
1981	28,485,289	87,465,819	27,204,000	95.5
1982	30,330,765	83,546,022	29,399,000	96.9
1983	33,298,880	84,497,169	32,391,000	97.3
1984	35,671,888	83,966,060	33,891,000	95.0
1985	39,413,219	87,862,146	37,508,000	95.2
1986	42,525,605	91,330,627	41,005,000	96.4
1987	46,956,072	97,101,790	45,050,000	95.9
1988	51,645,666	99,994,350	48,710,000	94.3
1989	58,645,953	104,766,615	54,500,000	92.9
1990	69,754,495	115,718,321	64,859,000	93.0
1991	88,377,773	137,795,229	76,964,000	87.1
1992	114,365,915	169,135,584	91,480,000	80.0
1993	126,573,138	178,306,898	101,708,889	80.4
1994	136,886,366	185,186,525	108,270,147	79.1
1995	151,707,290	197,409,038	120,140,904	79.2
1996	154,423,973	195,472,775	121,684,650	78.8
1997	160,538,571	198,102,324	123,551,014	77.0
1998	167,994,374	202,398,976	142,317,904	84.7
1999	180,456,639	212,351,501	153,479,358	85.1
2000	194,696,199	222,980,568	168,307,231	86.4
2001	215,377,890	238,211,669	186,905,000	86.8
2002	244,325,041	263,363,590	213,496,607	87.4
2003	261,870,099	273,019,170	233,205,998	89.1
2004	279,390,230	279,390,230	257,748,435	92.3

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 (CHIP) expansions.

³Dollar amounts adjusted using a personal consumption expenditure index for medical services, expressed in fiscal year 2004 dollars.

NOTES: Trend data in this table may differ from that in other tables. While the CMS-64 and HCFA-2082/MSIS are not strictly comparable, they are shown together as a gauge when using data from both systems. Refer to glossary for further detail on the difference between the CMS-64 and HCFA-2082 and for changes in the HCFA-2082 form and the Medicaid Statistical Information System (MSIS), which, since 1999, is the sole source of the HCFA-2082 like data. Beginning fiscal year 1998, capitated premiums for Medicaid eligibles in managed care plans were included in the HCFA-2082/MSIS time series.

SOURCES: Centers for Medicare & Medicaid Services, Center for Medicaid and State Operations: State Reported Expenditures - CMS Form-64 (Quarterly Medicaid Statement of Expenditures for the Medical Assistance Program), HCFA-2082 (Statistical Report on Medical Care: Eligibles, Recipients, Payments, and Services), and the Medicaid Statistical Information System (MSIS); data development by the Office of Research, Development, and Information, and U.S. Department of Commerce.

Table 13.2
Medicaid Expenditures, by Provider Type and Area of Residence: Fiscal Year 2004

Area of Residence	Total	Hospital ¹	Institutional Long-Term-Care ²	Physicians and Other Practitioners ³	Prescription Drug
	Amount in Thousands				
All Jurisdictions	\$279,390,230	\$68,577,819	\$56,857,482	\$14,724,125	\$40,069,753
Boston: Region I	18,278,052	3,831,705	4,080,463	647,858	2,179,602
Connecticut	3,980,393	549,634	1,270,162	121,261	448,164
Maine	2,038,106	451,851	309,492	87,807	281,693
Massachusetts	8,654,497	1,929,976	1,816,569	268,494	994,734
New Hampshire	1,162,289	375,741	278,376	53,649	128,553
Rhode Island	1,641,574	379,430	300,430	34,479	166,068
Vermont	801,192	145,074	105,435	82,168	160,390
New York: Region II	49,797,817	13,805,005	11,053,105	828,939	5,795,147
New Jersey	8,035,008	2,555,051	1,992,728	95,202	1,011,651
New York	40,769,806	10,631,451	9,059,950	733,448	4,779,764
Puerto Rico	972,401	614,274	0	0	0
Virgin Islands	20,602	4,229	427	289	3,732
Philadelphia: Region III	26,582,469	4,163,599	7,232,525	609,882	2,628,759
Delaware	794,443	77,502	187,295	26,327	122,561
District of Columbia	1,226,576	350,970	267,240	19,788	106,453
Maryland	4,687,720	901,652	927,422	41,446	490,239
Pennsylvania	13,985,461	1,480,967	4,570,815	164,541	951,373
Virginia	3,936,822	932,080	858,354	166,031	582,093
West Virginia	1,951,447	420,429	421,398	191,749	376,039
Atlanta: Region IV	52,350,687	13,942,903	9,489,408	4,261,491	10,147,411
Alabama	3,651,473	860,474	804,665	233,832	594,479
Florida	12,710,814	3,092,680	2,559,563	814,378	2,453,498
Georgia	9,177,611	3,550,720	1,428,288	1,099,712	1,179,719
Kentucky	4,305,162	1,181,526	734,073	351,051	802,701
Mississippi	3,452,962	1,145,860	749,870	269,885	668,103
North Carolina	8,180,757	2,289,340	1,418,768	934,836	1,575,005
South Carolina	3,933,947	1,331,360	636,749	383,784	673,036
Tennessee	6,937,961	490,943	1,157,432	174,013	2,200,870

See footnotes at end of table.

Table 13.2—Continued
Medicaid Expenditures, by Provider Type and Area of Residence: Fiscal Year 2004

Area of Residence	Prescription Drug Rebate	Other		Home and Community ⁵	Health Insurance ⁶	Miscellaneous ⁷
		Acute Care ⁴				
Amount in Thousands						
All Jurisdictions	-\$9,573,668	\$10,196,336		\$30,428,014	\$53,412,598	\$14,697,771
Boston: Region I	-561,208	581,572		2,466,112	3,415,630	1,636,317
Connecticut	-96,618	52,116		758,991	829,111	47,571
Maine	-80,174	144,909		323,409	50,932	468,188
Massachusetts	-277,112	244,206		850,006	2,207,512	620,112
New Hampshire	-33,253	118,480		171,881	8,794	60,069
Rhode Island	-38,067	5,814		218,470	275,780	299,171
Vermont	-35,983	16,048		143,356	43,500	141,206
New York: Region II	-1,158,982	2,035,950		7,864,914	7,285,271	2,288,467
New Jersey	-196,530	243,397		919,616	1,158,031	255,862
New York	-962,453	1,792,039		6,945,298	5,768,915	2,021,393
Puerto Rico	0	0		0	358,127	0
Virgin Islands	0	515		0	198	11,212
Philadelphia: Region III	-578,019	784,821		2,651,446	8,226,429	863,026
Delaware	-25,068	34,833		76,574	240,833	53,585
District of Columbia	-20,513	157,816		28,378	281,075	35,368
Maryland	-90,642	217,178		566,534	1,401,069	232,822
Pennsylvania	-196,450	250,957		1,314,589	5,132,266	316,402
Virginia	-137,835	71,507		398,051	973,882	92,660
West Virginia	-107,510	52,530		267,319	197,304	132,188
Atlanta: Region IV	-2,330,833	2,102,529		4,012,160	7,232,620	3,493,000
Alabama	-127,284	208,710		269,548	614,966	192,082
Florida	-670,837	211,841		948,402	2,092,470	1,208,819
Georgia	-256,981	242,630		873,940	417,206	642,378
Kentucky	-169,285	211,668		309,793	647,972	235,664
Mississippi	-125,406	222,043		104,212	75,830	342,566
North Carolina	-324,687	614,911		967,177	252,961	452,445
South Carolina	-163,587	369,420		280,640	160,348	262,198
Tennessee	-492,767	21,306		258,449	2,970,867	156,849

Table 13.2—Continued
Medicaid Expenditures, by Provider Type and Area of Residence: Fiscal Year 2004

Area of Residence	Total	Hospital ¹	Institutional Long-Term-Care ²	Physicians and Other Practitioners ³	Prescription Drug
Amount in Thousands					
Chicago: Region V	\$45,059,530	\$11,218,938	\$11,171,758	\$2,373,152	\$6,273,822
Illinois	10,510,735	4,156,639	2,400,753	524,070	1,812,106
Indiana	5,182,916	1,590,117	1,324,981	374,651	705,365
Michigan	8,241,778	1,632,395	1,723,158	239,390	873,178
Minnesota	5,401,549	498,357	1,085,122	266,718	394,600
Ohio	11,256,202	2,890,965	3,558,397	842,902	1,801,965
Wisconsin	4,466,350	450,465	1,079,347	125,420	686,608
Dallas: Region VI	27,931,335	7,589,577	4,976,367	2,214,736	4,054,793
Arkansas	2,606,911	583,832	611,515	260,608	386,813
Louisiana	5,081,160	2,195,375	1,013,512	330,500	944,735
New Mexico	2,224,189	303,724	202,737	80,395	103,698
Oklahoma	2,575,240	567,663	583,488	202,532	417,450
Texas	15,443,834	3,938,982	2,565,115	1,340,700	2,202,098
Kansas City: Region VII	11,705,115	2,835,988	2,548,644	570,366	2,000,750
Iowa	2,256,725	376,044	649,287	204,414	375,237
Kansas	1,974,563	310,308	433,066	101,069	273,366
Missouri	6,016,904	1,887,413	1,045,758	152,452	1,119,343
Nebraska	1,456,923	262,223	420,533	112,431	232,804
Denver: Region VIII	6,030,974	1,432,192	1,248,610	458,364	750,262
Colorado	2,651,600	646,777	468,222	176,059	264,117
Montana	673,089	153,941	183,528	76,325	99,334
North Dakota	496,952	77,767	222,296	37,081	59,740
South Dakota	573,305	135,736	137,233	43,237	81,937
Utah	1,260,656	332,369	159,832	83,192	191,901
Wyoming	375,371	85,603	77,498	42,471	53,233

See footnotes at end of table.

Table 13.2—Continued
Medicaid Expenditures, by Provider Type and Area of Residence: Fiscal Year 2004

Area of Residence	Prescription Drug Rebate	Other	Home and Community ⁵	Health Insurance ⁶	Miscellaneous ⁷
		Acute Care ⁴			
Amount in Thousands					
Chicago: Region V	-\$1,521,048	\$949,987	\$4,956,920	\$7,598,516	\$2,037,484
Illinois	-469,399	264,462	872,032	366,961	583,113
Indiana	-181,234	115,423	470,532	544,255	238,826
Michigan	-246,698	227,536	568,275	3,097,605	126,938
Minnesota	-92,188	37,263	1,373,153	1,411,780	426,744
Ohio	-447,436	116,996	985,466	1,099,633	407,312
Wisconsin	-84,091	188,306	687,463	1,078,282	254,550
Dallas: Region VI	-908,437	1,090,965	3,031,602	4,358,681	1,523,050
Arkansas	-82,287	343,778	223,235	187,486	91,930
Louisiana	-220,068	219,937	291,960	143,987	161,224
New Mexico	-24,520	36,415	422,485	1,041,315	57,940
Oklahoma	-74,199	108,014	339,093	291,229	139,969
Texas	-507,364	382,822	1,754,829	2,694,664	1,071,987
Kansas City: Region VII	-417,657	440,815	1,470,641	1,534,358	721,210
Iowa	-84,730	38,403	293,997	286,887	117,185
Kansas	-65,409	24,780	403,216	166,619	327,548
Missouri	-220,603	294,901	577,836	955,931	203,873
Nebraska	-46,915	82,732	195,592	124,921	72,604
Denver: Region VIII	-163,271	395,647	907,508	709,795	291,867
Colorado	-60,265	147,348	445,484	465,942	97,916
Montana	-20,783	11,102	102,418	23,436	43,789
North Dakota	-14,069	12,663	64,349	7,398	29,727
South Dakota	-17,560	45,338	80,494	23,933	42,958
Utah	-38,665	156,059	125,958	182,371	67,640
Wyoming	-11,929	23,137	88,805	6,715	9,837

Table 13.2—Continued
Medicaid Expenditures, by Provider Type and Area of Residence: Fiscal Year 2004

Area of Residence	Total	Hospital ¹	Institutional Long-Term-Care ²	Physicians and Other Practitioners ³	Prescription Drug
Amount in Thousands					
San Francisco: Region IX	\$31,865,161	\$7,923,773	\$3,851,433	\$1,964,862	\$5,075,462
American Samoa	10,781	0	0	0	0
Arizona	4,870,201	426,525	22,971	80,207	5,385
California	25,008,205	7,030,599	3,470,160	1,743,268	4,822,725
Guam	12,201	5,131	314	1,857	1,166
Hawaii	917,332	112,143	190,614	44,265	117,153
Nevada	1,039,144	345,003	167,374	95,266	127,795
Northern Mariana Islands	7,297	4,373	0	0	1,238
Seattle: Region X	9,789,090	1,834,139	1,205,170	794,475	1,163,744
Alaska	889,228	257,833	107,092	87,726	115,273
Idaho	968,664	218,180	180,157	101,852	153,351
Oregon	2,566,980	305,969	200,628	101,601	245,124
Washington	5,364,219	1,052,156	717,293	503,296	649,996

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.

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

Table 13.2—Continued
Medicaid Expenditures, by Provider Type and Area of Residence: Fiscal Year 2004

Area of Residence	Prescription Drug Rebate	Other	Home and Community ⁵	Health Insurance ⁶	Miscellaneous ⁷
		Acute Care ⁴			
Amount in Thousands					
San Francisco: Region IX	-\$1,672,683	\$1,487,534	\$1,308,997	\$10,664,772	\$1,261,011
American Samoa	0	0	0	0	10,781
Arizona	0	36,560	7,769	4,120,693	170,091
California	-1,615,942	1,408,086	1,126,533	6,029,836	992,940
Guam	0	1,738	52	221	1,722
Hawaii	-27,794	25,049	102,485	332,918	20,499
Nevada	-28,947	16,053	72,157	180,843	63,600
Northern Mariana Islands	0	48	0	261	1,378
Seattle: Region X	-261,530	326,515	1,757,713	2,386,527	582,338
Alaska	-29,189	100,390	175,479	11,196	63,426
Idaho	-30,042	90,552	123,906	22,579	108,129
Oregon	-53,843	25,543	594,726	920,784	226,448
Washington	-148,456	110,030	863,602	1,431,967	184,335

Table 13.3
Medicaid Expenditures, Eligibles, and Average Expenditure per Eligible, by Area of Residence: Fiscal Year 2004

Area of Residence	Expenditures ¹		Eligibles ²		Average Expenditure per Eligible
	Total	Percent	Total	Percent	
All Jurisdictions	\$279,390,229,772	100.0	57,575,692	100.0	4,853 ³
Boston: Region I	18,278,051,745	6.5	2,485,337	4.3	7,354
Connecticut	3,980,393,371	1.4	508,387	0.9	7,829
Maine	2,038,106,418	0.7	306,397	0.5	6,652
Massachusetts	8,654,497,141	3.1	1,156,690	2.0	7,482
New Hampshire	1,162,289,042	0.4	134,216	0.2	8,660
Rhode Island	1,641,574,025	0.6	216,052	0.4	7,598
Vermont	801,191,748	0.3	163,595	0.3	4,897
New York: Region II	49,797,816,839	17.8	5,877,543	10.2	8,473 ⁴
New Jersey	8,035,008,377	2.9	988,602	1.7	8,128
New York	40,769,805,573	14.6	4,888,941	8.5	8,339
Puerto Rico	972,401,075	0.3	(7)	---	---
Virgin Islands	20,601,814	(6)	(7)	---	---
Philadelphia: Region III	26,582,469,191	9.5	4,256,743	7.4	6,245
Delaware	794,442,848	0.3	166,604	0.3	4,768
District of Columbia	1,226,576,372	0.4	160,304	0.3	7,652
Maryland	4,687,719,619	1.7	845,145	1.5	5,547
Pennsylvania	13,985,460,998	5.0	1,890,061	3.3	7,399
Virginia	3,936,822,182	1.4	821,256	1.4	4,794
West Virginia	1,951,447,172	0.7	373,373	0.6	5,227
Atlanta: Region IV	52,350,687,469	18.7	11,300,802	19.6	4,632
Alabama	3,651,473,452	1.3	918,304	1.6	3,976
Florida	12,710,814,139	4.5	2,867,361	5.0	4,433
Georgia	9,177,611,209	3.3	1,759,654	3.1	5,216
Kentucky	4,305,161,716	1.5	833,511	1.4	5,165
Mississippi	3,452,962,330	1.2	785,105	1.4	4,398
North Carolina	8,180,756,933	2.9	1,526,268	2.7	5,360
South Carolina	3,933,947,175	1.4	990,658	1.7	3,971
Tennessee	6,937,960,515	2.5	1,619,941	2.8	4,283
Chicago: Region V	45,059,530,095	16.1	8,720,707	15.1	5,167
Illinois	10,510,735,212	3.8	2,264,567	3.9	4,641
Indiana	5,182,916,420	1.9	982,131	1.7	5,277
Michigan	8,241,777,544	2.9	1,770,258	3.1	4,656
Minnesota	5,401,549,294	1.9	736,476	1.3	7,334
Ohio	11,256,201,781	4.0	1,996,065	3.5	5,639
Wisconsin	4,466,349,844	1.6	971,210	1.7	4,599

See footnotes at end of table.

Table 13.3—Continued
Medicaid Expenditures, Eligibles, and Average Expenditure per Eligible, by Area of Residence: Fiscal Year 2004

Area of Residence	Expenditures ¹		Eligibles ²		Average Expenditure per Eligible
	Total	Percent	Total	Percent	
Dallas: Region VI	\$27,931,334,632	10.0	6,886,046	12.0	\$4,056
Arkansas	2,606,910,594	0.9	700,038	1.2	3,724
Louisiana	5,081,160,471	1.8	1,112,345	1.9	4,568
New Mexico	2,224,189,071	0.8	511,778	0.9	4,346
Oklahoma	2,575,240,347	0.9	683,702	1.2	3,767
Texas	15,443,834,149	5.5	3,878,183	6.7	3,982
Kansas City: Region VII	11,705,114,808	4.2	2,210,332	3.8	5,296
Iowa	2,256,724,715	0.8	399,710	0.7	5,646
Kansas	1,974,563,081	0.7	344,006	0.6	5,740
Missouri	6,016,903,704	2.2	1,205,751	2.1	4,990
Nebraska	1,456,923,308	0.5	260,865	0.5	5,585
Denver: Region VII	6,030,973,882	2.2	1,209,932	2.1	4,985
Colorado	2,651,600,136	0.9	524,760	0.9	5,053
Montana	673,089,116	0.2	113,073	0.2	5,953
North Dakota	496,952,373	0.2	74,996	0.1	6,626
South Dakota	573,304,861	0.2	124,032	0.2	4,622
Utah	1,260,656,466	0.5	295,299	0.5	4,269
Wyoming	375,370,930	0.1	77,772	0.1	4,827
San Francisco: Region IX	31,865,161,181	11.4	12,493,997	21.7	2,550 ⁵
American Samoa	10,780,953	(6)	(7)	---	---
Arizona	4,870,201,087	1.7	1,394,378	2.4	3,493
California	25,008,205,251	9.0	10,619,361	18.4	2,355
Guam	12,200,679	(6)	(7)	---	---
Hawaii	917,332,389	0.3	223,417	0.4	4,106
Nevada	1,039,143,633	0.4	256,841	0.4	4,046
Northern Mariana Islands	7,297,189	(6)	(7)	---	---
Seattle: Region X	9,789,089,930	3.5	2,134,253	3.7	4,587
Alaska	889,227,606	0.3	127,779	0.2	6,959
Idaho	968,663,619	0.3	220,535	0.4	4,392
Oregon	2,566,980,072	0.9	590,236	1.0	4,349
Washington	5,364,218,633	1.9	1,195,703	2.1	4,486

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.

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

Table 13.4
Number of Medicaid Persons Served (Beneficiaries), by Eligibility Group:
Fiscal Years 1975-2004

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

See footnotes at end of table.

Table 13.4—Continued
Number of Medicaid Persons Served (Beneficiaries), by Eligibility Group:
Fiscal Years 1975-2004

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

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).

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

Table 13.5

Medicaid Persons Served (Beneficiaries), All Eligibility Groups, by Selected Type of Service: Fiscal Years 1975-2004

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

See footnotes at end of table.

Table 13.5—Continued

Medicaid Persons Served (Beneficiaries), All Eligibility Groups, by Selected Type of Service: Fiscal Years 1975-2004

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

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.

SOURCES: Centers for Medicare & Medicaid Services, Center for Medicaid and State Operations: Statistical Report for Medical Care: Eligibles, Recipients, Payments, and

Services (HCFA-2082) and the Medicaid Statistical Information System (MSIS); data development by the Office of Research, Development, and Information.

Table 13.6

Medicaid Persons Served (Beneficiaries), Children, by Selected Type of Service: Fiscal Years 1975-2004

Year	Total ¹	Inpatient		Nursing		Outpatient		Home Health ³
		Hospital	ICF/MR	Facility ²	Physician	Hospital		
Number Using Selected Service, in Thousands								
1975	9,598	984	4	6	6,659	3,619	58	
1976	9,924	1,005	3	4	6,908	4,037	55	
1977	9,651	1,019	4	4	6,864	4,024	62	
1978	9,376	1,023	3	2	6,705	3,992	141	
1979	9,106	944	5	2	6,459	3,528	185	
1980	9,333	978	5	9	6,085	4,238	72	
1981	9,581	955	1	2	6,482	4,282	90	
1982	9,563	866	1	2	6,175	4,171	65	
1983	9,535	881	1	0	6,111	4,159	39	
1984	9,684	845	1	1	6,330	4,178	44	
1985	9,757	864	1	1	6,284	4,269	64	
1986	10,029	924	(4)	2	6,496	4,445	69	
1987	10,168	1,005	(4)	(4)	6,649	4,520	60	
1988	10,037	1,003	(4)	(4)	6,628	4,321	51	
1989	10,318	1,138	1	(4)	6,908	4,662	59	
1990	11,220	1,345	1	1	7,689	5,250	75	
1991	12,855	1,472	1	2	8,911	6,157	103	
1992	15,200	1,992	1	3	10,402	7,151	126	
1993	16,285	1,905	1	1	11,350	7,651	149	
1994	17,194	1,924	1	1	11,546	7,626	202	
1995	17,164	1,725	1	1	11,041	7,389	259	
1996	16,739	1,625	(4)	1	10,314	6,777	329	
1997	15,791	1,363	1	2	9,370	5,472	309	
1998	18,969	1,199	1	5	7,847	4,776	206	
1999	18,837	1,152	1	1	7,617	4,617	132	
2000	19,723	1,274	1	1	7,848	4,923	190	
2001	21,064	1,314	1	2	8,364	5,284	208	
2002	23,227	1,334	1	2	9,265	5,768	227	
2003	24,831	1,380	1	2	9,785	6,075	248	
2004	26,459	1,494	1	2	10,285	6,342	242	

See footnotes at end of table.

Table 13.6—Continued

Medicaid Persons Served (Beneficiaries), Children, by Selected Type of Service: Fiscal Years 1975-2004

Year	Total ¹	Inpatient		Nursing		Outpatient		Home Health ³
		Hospital	ICF/MR	Facility ²	Physician	Hospital		
Percent of Unduplicated Total Using Selected Service								
1975	100.0	10.3	(5)	(5)	69.4	37.7	0.6	
1976	100.0	10.1	(5)	(5)	69.6	40.7	0.6	
1977	100.0	10.6	(5)	(5)	71.1	41.7	0.6	
1978	100.0	10.9	(5)	(5)	71.5	42.6	1.5	
1979	100.0	10.4	(5)	(5)	70.9	38.7	2.0	
1980	100.0	10.5	(5)	(5)	65.2	45.4	0.8	
1981	100.0	10.0	(5)	(5)	67.7	44.7	0.9	
1982	100.0	9.1	(5)	(5)	64.6	43.6	0.7	
1983	100.0	9.2	(5)	(5)	64.1	43.6	0.4	
1984	100.0	8.7	(5)	(5)	65.4	43.1	0.5	
1985	100.0	8.9	(5)	(5)	64.4	43.8	0.7	
1986	100.0	9.2	(5)	(5)	64.8	44.3	0.7	
1987	100.0	9.9	(5)	(5)	65.4	44.5	0.6	
1988	100.0	10.0	(5)	(5)	66.0	43.1	0.5	
1989	100.0	11.0	(5)	(5)	67.0	45.2	0.6	
1990	100.0	12.0	(5)	(5)	68.5	46.8	0.7	
1991	100.0	11.4	(5)	(5)	69.3	47.9	0.8	
1992	100.0	13.1	(5)	(5)	68.4	47.0	0.8	
1993	100.0	11.7	(5)	(5)	69.7	47.0	0.9	
1994	100.0	11.2	(5)	(5)	67.2	44.4	1.2	
1995	100.0	10.1	(5)	(5)	64.3	43.0	1.5	
1996	100.0	9.7	(5)	(5)	61.6	40.5	2.0	
1997	100.0	8.6	(5)	(5)	59.3	34.7	2.0	
1998	100.0	6.3	(5)	(5)	41.4	25.2	1.1	
1999	100.0	6.1	(5)	(5)	40.4	24.5	0.7	
2000	100.0	6.5	(5)	(5)	39.8	25.0	1.0	
2001	100.0	6.2	(5)	(5)	39.7	25.1	1.0	
2002	100.0	5.7	(5)	(5)	39.9	24.8	1.0	
2003	100.0	5.6	(5)	(5)	39.4	24.5	1.0	
2004	100.0	5.6	(5)	(5)	38.9	24.0	0.9	

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 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

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

Prescribed
Drugs

5,552
5,961
6,067
6,016
5,655
5,590
5,810
5,432
5,488
5,667
5,592
5,949
6,073
6,125
6,454
7,259
8,605
10,068
10,989
11,238
10,708
9,988
9,129
8,168
8,118
8,316
8,954
9,930
10,818
11,550

Prescribed
Drugs

57.8
60.1
62.9
64.2
62.1
59.9
60.6
56.8
57.6
58.5
57.3
59.3
59.7
61.0
62.6
64.7
66.9
66.2
67.5
65.4
62.4
59.7
57.8
43.1
43.1
42.2
42.5
42.8
43.6
43.7

Table 13.7

Medicaid Persons Served (Beneficiaries), Adults, by Selected Type of Service: Fiscal Years 1975-2004

Year	Total ¹	Inpatient		Nursing		Outpatient	Home
		Hospital	ICF/MR	Facility ²	Physician	Hospital	Health ³
Number Using Selected Service, in Thousands							
1975	4,529	930	(4)	5	3,368	1,896	50
1976	4,773	959	1	3	3,437	2,127	31
1977	4,785	993	2	3	3,571	2,183	36
1978	4,643	975	2	3	3,469	2,161	29
1979	4,570	970	2	2	3,411	1,985	28
1980	4,877	1,000	3	9	3,206	2,485	41
1981	5,187	1,035	1	2	3,498	2,657	39
1982	5,356	1,035	(4)	1	3,555	2,755	38
1983	5,592	1,078	1	2	3,684	2,916	34
1984	5,600	1,006	(4)	2	3,696	2,894	38
1985	5,518	990	(4)	2	3,635	2,933	46
1986	5,647	1,016	(4)	2	3,699	3,060	59
1987	5,599	1,067	(4)	4	3,704	3,072	46
1988	5,503	1,090	(4)	4	3,646	2,894	37
1989	5,717	1,247	(4)	11	3,888	3,199	42
1990	6,010	1,457	(4)	2	4,168	3,508	48
1991	6,703	1,623	(4)	3	4,579	3,979	77
1992	7,040	1,711	(4)	4	5,152	4,060	71
1993	7,505	1,752	(4)	5	5,515	4,283	87
1994	7,586	1,672	(4)	3	5,457	4,145	117
1995	7,604	1,602	(4)	4	5,096	4,102	139
1996	7,127	1,431	(4)	2	4,499	3,616	139
1997	6,803	1,247	(4)	3	3,874	3,056	143
1998	7,895	1,135	(4)	8	3,352	2,679	120
1999	7,511	1,134	(4)	2	3,105	2,571	86
2000	8,750	1,268	(4)	3	3,580	2,793	101
2001	9,758	1,332	(4)	4	3,998	3,006	92
2002	11,255	1,407	(4)	4	4,862	3,467	91
2003	11,691	1,497	(4)	4	4,877	3,661	98
2004	12,244	1,554	(4)	5	4,891	3,718	90

See footnotes at end of table.

Table 13.7—Continued

Medicaid Persons Served (Beneficiaries), Adults, by Selected Type of Service: Fiscal Years 1975-2004

Year	Total ¹	Inpatient		Nursing		Outpatient	Home
		Hospital	ICF/MR	Facility ²	Physician	Hospital	Health ³
Percent of Unduplicated Total Using Selected Service							
1975	100.0	20.5	(5)	(5)	74.4	41.9	1.1
1976	100.0	20.1	(5)	(5)	72.0	44.6	0.6
1977	100.0	20.8	(5)	(5)	74.6	45.6	0.8
1978	100.0	21.0	(5)	(5)	74.7	46.5	0.6
1979	100.0	21.2	(5)	(5)	74.6	43.4	0.6
1980	100.0	20.5	(5)	(5)	65.7	51.0	0.8
1981	100.0	20.0	(5)	(5)	67.4	51.2	0.8
1982	100.0	19.3	(5)	(5)	66.4	51.4	0.7
1983	100.0	19.3	(5)	(5)	65.9	52.1	0.6
1984	100.0	18.0	(5)	(5)	66.0	51.7	0.7
1985	100.0	17.9	(5)	(5)	65.9	53.2	0.8
1986	100.0	18.0	(5)	(5)	65.5	54.2	1.0
1987	100.0	19.1	(5)	(5)	66.2	54.9	0.8
1988	100.0	19.8	(5)	(5)	66.3	52.6	0.7
1989	100.0	21.8	(5)	0.2	68.0	56.0	0.7
1990	100.0	24.2	(5)	(5)	69.3	58.4	0.8
1991	100.0	24.2	(5)	(5)	68.3	59.4	1.1
1992	100.0	24.3	(5)	(5)	73.2	57.7	1.0
1993	100.0	23.3	(5)	(5)	73.5	57.1	1.2
1994	100.0	22.0	(5)	(5)	71.9	54.6	1.5
1995	100.0	21.1	(5)	(5)	67.0	53.9	1.8
1996	100.0	20.1	(5)	(5)	63.1	50.7	2.0
1997	100.0	18.3	(5)	(5)	56.9	44.9	2.1
1998	100.0	14.4	(5)	0.1	42.5	33.9	1.5
1999	100.0	15.1	(5)	(5)	41.3	34.2	1.1
2000	100.0	14.5	(5)	(5)	40.9	31.9	1.2
2001	100.0	13.7	(5)	(5)	41.0	30.8	0.9
2002	100.0	12.5	(5)	(5)	43.2	30.8	0.8
2003	100.0	12.8	(5)	(5)	41.7	31.3	0.8
2004	100.0	12.7	(5)	(5)	39.9	30.4	0.7

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

Prescribed
Drugs

3,168
3,329
3,415
3,460
3,288
3,173
3,501
3,493
3,639
3,663
3,562
3,681
3,658
3,617
3,829
4,057
4,603
5,076
5,411
5,383
4,971
4,342
3,896
3,513
3,545
3,962
4,322
5,146
5,464
5,724

Prescribed
Drugs

69.9
69.7
71.4
74.5
71.9
65.1
67.5
65.2
65.1
65.4
64.6
65.2
65.3
65.7
67.0
67.5
68.7
72.1
72.1
71.0
65.4
60.9
57.3
44.5
47.2
45.3
44.3
45.7
46.7
46.7

Table 13.8

Medicaid Persons Served (Beneficiaries), Aged, by Selected Type of Service: Fiscal Years 1975-2004

Year	Total ¹	Inpatient		Nursing		Outpatient	Home	F
		Hospital	ICF/MR	Facility ²	Physician	Hospital	Health ³	
Number Using Selected Service, in Thousand:								
1975	3,615	757	3	1,023	2,263	732	115	
1976	3,612	786	2	1,080	2,275	816	113	
1977	3,636	824	2	1,112	2,338	828	134	
1978	3,376	858	3	1,093	2,245	908	106	
1979	3,364	798	3	1,080	2,222	874	56	
1980	3,440	831	12	1,095	2,221	903	108	
1981	3,367	843	9	1,134	2,208	895	102	
1982	3,240	811	8	1,105	2,148	885	105	
1983	3,372	881	8	1,186	2,265	1,088	207	
1984	3,238	785	5	1,164	2,140	1,041	199	
1985	3,061	729	7	1,171	2,166	804	234	
1986	3,140	720	6	1,185	2,216	884	254	
1987	3,224	725	6	1,206	2,239	912	277	
1988	3,159	728	5	1,248	2,066	918	263	
1989	3,132	720	5	1,227	1,989	940	264	
1990	3,202	705	7	1,234	2,056	944	288	
1991	3,341	759	8	1,265	2,185	1,049	300	
1992	3,749	870	12	1,339	2,366	1,196	324	
1993	3,863	909	10	1,370	2,569	1,335	356	
1994	4,035	901	11	1,398	2,681	1,420	395	
1995	4,119	855	12	1,405	2,753	1,557	481	
1996	4,285	887	10	1,327	2,838	1,672	460	
1997	3,955	790	10	1,298	2,836	1,471	530	
1998	3,964	735	9	1,300	2,579	1,344	363	
1999	3,774	694	9	1,210	2,444	1,286	199	
2000	3,731	708	9	1,204	2,364	1,324	229	
2001	3,810	703	8	1,196	2,369	1,303	235	
2002	3,887	721	8	1,174	2,187	1,264	250	
2003	4,041	697	8	1,157	2,210	1,235	264	
2004	4,318	711	7	1,162	2,249	1,238	258	

See footnotes at end of table.

Table 13.8—Continued

Medicaid Persons Served (Beneficiaries), Aged, by Selected Type of Service: Fiscal Years 1975-2004

Year	Total ¹	Inpatient		Nursing		Outpatient	Home	F
		Hospital	ICF/MR	Facility ²	Physician	Hospital	Health ³	
Percent of Unduplicated Total Using Selected Service								
1975	100.0	20.9	0.1	28.3	62.6	20.2	3.2	
1976	100.0	21.8	0.1	29.9	63.0	22.6	3.1	
1977	100.0	22.7	0.1	30.6	64.3	22.8	3.7	
1978	100.0	25.4	0.1	32.4	66.5	26.9	3.1	
1979	100.0	23.7	0.1	32.1	66.1	26.0	1.7	
1980	100.0	24.2	0.3	31.8	64.6	26.3	3.1	
1981	100.0	25.0	0.3	33.7	65.6	26.6	3.0	
1982	100.0	25.0	0.2	34.1	66.3	27.3	3.2	
1983	100.0	26.1	0.2	35.2	67.2	32.3	6.1	
1984	100.0	24.2	0.2	35.9	66.1	32.1	6.1	
1985	100.0	23.8	0.2	38.3	70.8	26.3	7.6	
1986	100.0	22.9	0.2	37.7	70.6	28.2	8.1	
1987	100.0	22.5	0.2	37.4	69.4	28.3	8.6	
1988	100.0	23.0	0.2	39.5	65.4	29.1	8.3	
1989	100.0	23.0	0.2	39.2	63.5	30.0	8.4	
1990	100.0	22.0	0.2	38.5	64.2	29.5	9.0	
1991	100.0	22.7	0.2	37.9	65.4	31.4	9.0	
1992	100.0	23.2	0.3	35.7	63.1	31.9	8.6	
1993	100.0	23.5	0.3	35.5	66.5	34.6	9.2	
1994	100.0	22.3	0.3	34.6	66.4	35.2	9.8	
1995	100.0	20.8	0.3	34.1	66.8	37.8	11.7	
1996	100.0	20.7	0.2	31.0	66.2	39.0	10.7	
1997	100.0	20.0	0.3	32.8	71.7	37.2	13.4	
1998	100.0	18.5	0.2	32.8	65.1	33.9	9.2	
1999	100.0	18.4	0.2	32.1	64.8	34.1	5.3	
2000	100.0	19.0	0.2	32.3	63.4	35.5	6.1	
2001	100.0	18.5	0.2	31.4	62.2	34.2	6.2	
2002	100.0	18.5	0.2	30.2	56.3	32.5	6.4	
2003	100.0	17.2	0.2	28.6	54.7	30.6	6.5	
2004	100.0	16.5	0.2	26.9	52.1	28.7	6.0	

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

Prescribed
Drugs

2,673
2,718
2,678
2,595
2,504
2,524
2,655
2,523
2,526
2,444
2,400
2,469
2,490
2,504
2,471
2,591
2,727
2,872
2,954
3,012
2,981
2,969
2,848
2,834
2,907
2,890
2,997
3,147
3,294
3,548

Prescribed
Drugs

73.9
75.2
73.7
76.9
74.4
73.4
78.9
77.9
74.9
75.5
78.4
78.6
77.2
79.3
78.9
80.9
81.6
76.6
76.5
74.6
72.4
69.3
72.0
71.5
77.0
77.5
78.7
81.0
81.5
82.2

Table 13.9
Medicaid Persons Served (Beneficiaries), Disabled, by Selected Type of Service: Fiscal Years 1975-2004

Year	Total ¹	Inpatient	ICF/MR	Nursing	Physician	Outpatient	Home	Prescribed
		Hospital		Facility ²		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

See footnotes at end of table.

Table 13.9—Continued

Medicaid Persons Served (Beneficiaries), Disabled, by Selected Type of Service: Fiscal Years 1975-2004

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	

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

Table 13.10
Medicaid Payments, by Eligibility Group: Fiscal Years 1975-2004

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

See footnotes at end of table.

Table 13.10—Continued
Medicaid Payments, by Eligibility Group: Fiscal Years 1975-2004

Year	Total ¹	Children	Adults	Aged	Disabled
Amount in Millions (Constant 2004 Dollars)					
1975	\$66,684	\$11,908	\$11,232	\$23,739	\$17,131
1976	68,544	11,825	11,130	23,884	19,068
1977	72,074	11,584	11,566	24,407	21,672
1978	73,353	11,204	10,898	25,718	22,913
1979	76,950	10,840	11,355	26,484	25,868
1980	80,018	10,720	11,091	29,998	26,160
1981	83,532	10,772	11,555	30,478	29,032
1982	80,979	9,566	11,274	29,581	28,661
1983	82,193	9,734	11,386	30,334	28,844
1984	79,774	9,366	10,404	30,165	28,192
1985	83,615	9,840	10,580	31,424	29,988
1986	88,065	11,028	10,481	32,423	32,028
1987	93,160	11,390	11,564	33,163	34,776
1988	94,310	11,323	11,390	33,176	36,001
1989	97,360	12,312	12,321	33,152	37,309
1990	107,597	15,096	14,250	35,680	40,485
1991	119,999	18,086	16,248	39,671	44,048
1992	135,290	21,826	18,343	43,020	50,288
1993	143,280	23,250	19,166	44,451	54,454
1994	146,473	23,407	18,378	45,480	57,223
1995	156,333	23,391	17,581	47,531	64,305
1996	154,031	22,208	15,538	46,768	65,905
1997	153,545	21,649	15,187	46,547	66,796
1998	171,394	27,585	17,909	48,916	72,738
1999	180,606	28,420	18,594	50,038	77,489
2000	192,758	30,665	20,344	50,968	83,310
2001	206,720	33,884	22,308	53,483	88,908
2002	230,133	38,687	25,477	55,970	99,615
2003	243,135	41,569	27,941	57,624	106,357
2004	257,748	44,205	30,721	59,541	111,614

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 medical services, U.S. Department of Commerce, Bureau of Economic Analysis, expressed in fiscal year 2004 dollars.

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

Table 13.11
Medicaid Payments per Person Served (Beneficiary), by Eligibility Group: Fiscal Years 1975-2004

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

See footnote at end of table.

Table 13.11—Continued
Medicaid Payments per Person Served (Beneficiary), by Eligibility Group: Fiscal Years 1975-2004

Year	Total ¹	Children	Adults (Constant 2004 Dollars)	Aged	Disabled
1975	\$3,029	\$1,242	\$2,478	\$6,564	\$6,951
1976	3,006	1,192	2,330	6,611	7,146
1977	3,156	1,198	2,419	6,711	7,736
1978	3,339	1,195	2,348	7,620	8,431
1979	3,575	1,192	2,485	7,871	9,397
1980	3,704	1,150	2,276	8,719	8,990
1981	3,801	1,124	2,226	9,052	9,430
1982	3,749	1,000	2,104	9,131	9,916
1983	3,814	1,020	2,035	8,996	9,874
1984	3,693	967	1,857	9,314	9,679
1985	3,832	1,008	1,917	10,266	9,940
1986	3,911	1,100	1,856	10,326	10,066
1987	4,030	1,121	2,066	10,288	10,286
1988	4,116	1,129	2,070	10,504	10,324
1989	4,141	1,193	2,154	10,586	10,392
1990	4,260	1,345	2,371	11,143	10,889
1991	4,291	1,406	2,424	11,876	10,922
1992	4,344	1,436	2,606	11,475	11,207
1993	4,285	1,427	2,554	11,506	10,856
1994	4,179	1,361	2,423	11,272	10,485
1995	4,308	1,362	2,312	11,539	10,976
1996	4,265	1,327	2,180	10,914	10,594
1997	4,403	1,371	2,232	11,770	10,898
1998	4,275	1,454	2,268	12,341	10,959
1999	4,494	1,509	2,476	13,260	11,569
2000	4,508	1,555	2,325	13,661	12,093
2001	4,517	1,609	2,286	14,036	12,510
2002	4,665	1,666	2,264	14,400	13,447
2003	4,678	1,674	2,390	14,260	13,869
2004	4,686	1,671	2,509	13,790	14,070

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 medical services, U.S. Department of Commerce, Bureau of Economic Analysis, expressed in fiscal year 2004 dollars.

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

Table 13.12

Medicaid Payments per Person Served (Beneficiary), All Eligibility Groups, by Type of Service: Fiscal Years 1975-2004

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

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 1975-2004

Year	Total ¹	Inpatient		Nursing		Outpatient	Home	Prescribed
		Hospital	ICF/MR	Facility ²	Physician	Hospital	Health ³	Drugs
				(Constant 2004 Dollars)				
1975	\$3,029	\$5,355	\$30,166	\$17,932	\$441	\$272	\$1,111	\$316
1976	3,006	5,351	34,707	16,743	428	316	2,043	306
1977	3,156	5,375	37,859	16,950	417	453	2,153	293
1978	3,339	5,382	46,828	18,416	404	395	2,275	289
1979	3,575	5,894	48,947	19,538	406	413	2,759	316
1980	3,704	5,980	56,429	19,408	467	388	2,904	330
1981	3,801	5,966	60,834	19,117	448	433	3,270	332
1982	3,749	5,983	64,213	19,568	413	402	3,617	325
1983	3,814	6,049	68,529	18,567	393	396	3,593	327
1984	3,693	6,007	71,015	18,471	367	386	4,162	332
1985	3,832	6,137	71,867	18,786	363	397	4,664	370
1986	3,911	6,280	75,359	19,086	367	397	4,892	393
1987	4,030	6,204	77,527	19,277	374	420	5,743	409
1988	4,116	6,101	80,182	19,129	374	443	6,858	416
1989	4,141	5,808	80,387	19,108	388	447	7,548	414
1990	4,260	6,022	83,026	20,086	390	446	7,852	424
1991	4,291	6,173	82,310	21,661	403	476	7,905	432
1992	4,344	6,050	83,759	22,138	417	516	7,807	456
1993	4,285	6,150	83,335	22,255	413	532	7,396	469
1994	4,179	6,038	71,020	22,364	400	518	7,368	491
1995	4,308	6,161	89,283	22,673	402	517	7,469	537
1996	4,265	5,944	86,369	23,530	401	518	7,966	600
1997	4,403	6,018	88,888	22,464	410	558	8,113	705
1998	4,275	6,049	90,312	23,347	394	571	2,658	842
1999	4,494	5,817	89,954	24,203	420	577	4,202	985
2000	4,508	5,633	90,855	23,157	408	611	3,591	1,117
2001	4,517	5,888	91,991	24,254	411	606	3,843	1,196
2002	4,665	6,221	98,724	24,066	408	616	3,976	1,256
2003	4,678	6,305	99,344	24,899	420	622	3,879	1,348
2004	4,686	6,435	98,281	24,585	426	646	3,984	1,433

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 medical services, U.S. Department of Commerce, Bureau of Economic Analysis, expressed in fiscal year 2004 dollars. ICF/MR is intermediate care facility for the mentally retarded.

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

Table 13.13
Medicaid Payments per Person Served (Beneficiary), Children, by Type of Service: Fiscal Years 1975-2004

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

See footnotes at end of table.

Table 13.13—Continued
Medicaid Payments per Person Served (Beneficiary), Children, by Type of Service: Fiscal Years 1975-2004

Year	Total ¹	Inpatient		Nursing		Outpatient	Home	Prescribe
		Hospital	ICF/MR	Facility	Physician	Hospital	Health ³	Drugs
(Constant 2004 Dollars)								
1975	\$1,242	\$4,875	(2)	(2)	\$327	\$218	\$779	\$125
1976	1,192	4,898	(2)	(2)	311	263	1,124	102
1977	1,198	5,006	(2)	(2)	293	382	1,247	93
1978	1,195	5,023	(2)	(2)	285	338	685	90
1979	1,192	5,311	(2)	(2)	274	331	677	94
1980	1,150	5,180	(2)	(2)	299	309	360	96
1981	1,124	5,131	(2)	(2)	276	353	289	89
1982	1,000	5,063	(2)	(2)	256	320	361	85
1983	1,020	5,098	(2)	(2)	246	320	637	84
1984	967	5,146	(2)	(2)	238	301	668	85
1985	1,008	5,232	(2)	(2)	232	301	756	87
1986	1,100	5,608	(2)	(2)	226	318	741	107
1987	1,121	5,232	(2)	(2)	244	300	771	97
1988	1,129	5,249	(2)	(2)	244	302	970	95
1989	1,193	5,134	(2)	(2)	247	304	1,142	95
1990	1,345	5,453	(2)	(2)	256	318	1,221	102
1991	1,407	5,695	(2)	(2)	266	338	1,415	107
1992	1,436	4,895	(2)	(2)	277	359	1,432	118
1993	1,427	5,138	(2)	(2)	275	355	1,454	119
1994	1,361	4,854	(2)	(2)	267	341	1,366	129
1995	1,362	4,969	(2)	(2)	260	328	2,068	135
1996	1,327	4,591	(2)	(2)	259	311	2,348	142
1997	1,371	5,043	(2)	(2)	254	319	2,134	149
1998	1,454	5,161	(2)	(2)	252	313	848	167
1999	1,509	4,593	(2)	(2)	288	324	1,253	190
2000	1,555	4,402	(2)	(2)	282	333	902	215
2001	1,609	4,431	(2)	(2)	291	342	880	248
2002	1,666	4,641	(2)	(2)	291	347	943	278
2003	1,674	4,550	(2)	(2)	297	353	888	311
2004	1,671	4,369	(2)	(2)	297	365	900	335

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.

²Average 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.

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 medical services, U.S. Department of Commerce, Bureau of Economic Analysis expressed in fiscal year 2004 dollars. ICF/MR is intermediate care facility for the mentally retarded.

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

Office of Research, Development, and Information.

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Table 13.14
Medicaid Payments per Person Served (Beneficiary), Adults, by Type of Service: Fiscal Years 1975-2004

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

See footnotes at end of table.

Table 13.14—Continued

Medicaid Payments per Person Served (Beneficiary), Adults, by Type of Service: Fiscal Years 1975-2004

Year	Total ¹	Inpatient		Nursing		Outpatient	Home	Prescribed
		Hospital	ICF/MR	Facility	Physician	Hospital	Health ³	Drugs
(Constant 2004 Dollars)								
1975	\$2,478	\$5,910	(2)	(2)	\$632	\$310	\$659	\$278
1976	2,330	5,847	(2)	(2)	608	360	1,381	224
1977	2,419	5,779	(2)	(2)	586	524	1,403	222
1978	2,348	5,724	(2)	(2)	571	461	1,863	212
1979	2,485	6,164	(2)	(2)	571	477	2,875	229
1980	2,276	5,743	(2)	(2)	628	433	865	227
1981	2,226	5,628	(2)	(2)	593	482	930	212
1982	2,104	5,636	(2)	(2)	543	446	970	204
1983	2,035	5,446	(2)	(2)	502	431	1,020	198
1984	1,857	5,247	(2)	(2)	464	405	967	195
1985	1,917	5,248	(2)	(2)	475	408	1,077	214
1986	1,856	4,804	(2)	(2)	509	376	930	219
1987	2,066	5,143	(2)	(2)	517	428	949	242
1988	2,070	4,922	(2)	(2)	527	449	1,104	236
1989	2,154	4,613	(2)	(2)	545	445	1,111	230
1990	2,371	4,793	(2)	(2)	578	462	1,176	233
1991	2,424	4,696	(2)	(2)	607	497	888	230
1992	2,606	4,802	(2)	(2)	617	558	1,167	238
1993	2,554	4,780	(2)	(2)	596	571	1,078	239
1994	2,423	4,667	(2)	(2)	568	547	856	242
1995	2,312	4,504	(2)	(2)	552	524	739	246
1996	2,180	4,375	(2)	(2)	543	504	684	249
1997	2,232	4,509	(2)	(2)	602	524	733	279
1998	2,268	4,460	(2)	(2)	551	532	613	314
1999	2,476	4,481	(2)	(2)	598	576	845	395
2000	2,325	4,306	(2)	(2)	543	592	735	417
2001	2,286	4,379	(2)	(2)	528	603	885	455
2002	2,264	4,587	(2)	(2)	493	616	675	489
2003	2,390	4,527	(2)	(2)	534	644	606	582
2004	2,509	4,420	(2)	(2)	541	681	646	627

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.

²Average 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.

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 medical services, U.S. Department of Commerce, Bureau of Economic Analysis, expressed in fiscal year 2004 dollars. ICF/MR is intermediate care facility for the mentally retarded.

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

Table 13.15

Medicaid Payments per Person Served (Beneficiary), Aged, by Type of Service: Fiscal Years 1975-2004

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

See footnotes at end of table.

Table 13.15—Continued

Medicaid Payments per Person Served (Beneficiary), Aged, by Type of Service: Fiscal Years 1975-2004

Year	Total ¹	Inpatient		Nursing		Outpatient	Home	Prescribed
		Hospital	ICF/MR	Facility ²	Physician	Hospital	Health ³	Drugs
(Constant 2004 Dollars)								
1975	\$6,564	\$1,476	\$37,722	\$17,703	\$321	\$191	\$1,296	\$605
1976	6,611	1,508	43,541	16,189	316	204	2,398	652
1977	6,711	1,616	33,208	16,329	315	235	2,375	639
1978	7,620	1,818	39,547	17,735	318	196	3,266	644
1979	7,871	2,139	36,851	18,689	312	252	5,213	673
1980	8,719	3,330	56,110	19,710	347	254	6,429	680
1981	9,052	3,424	59,099	18,844	362	279	8,057	706
1982	9,131	3,418	31,578	19,130	317	278	8,109	686
1983	8,996	4,268	51,634	17,616	289	246	4,641	695
1984	9,314	4,185	54,946	17,489	280	247	5,327	734
1985	10,266	4,436	60,025	17,912	272	292	6,088	820
1986	10,326	4,785	69,430	18,227	256	305	6,475	846
1987	10,288	3,925	82,415	18,326	230	329	7,343	893
1988	10,504	3,750	88,291	18,024	225	339	8,411	918
1989	10,586	3,133	91,581	18,286	245	343	9,740	927
1990	11,143	3,093	87,829	19,536	231	341	9,975	965
1991	11,876	3,354	87,363	21,111	245	379	10,523	1,042
1992	11,475	3,183	63,715	21,636	250	385	10,269	1,128
1993	11,506	3,134	85,793	21,789	268	428	9,381	1,164
1994	11,272	2,949	73,031	21,928	275	433	9,121	1,191
1995	11,539	3,119	67,219	22,359	291	446	8,094	1,249
1996	10,914	2,915	72,028	23,262	310	476	8,394	1,313
1997	11,772	3,016	78,912	23,473	344	507	7,802	1,449
1998	12,341	3,065	97,995	23,661	325	525	2,649	1,618
1999	13,260	2,806	95,912	25,849	305	536	3,953	1,851
2000	13,661	2,638	95,344	25,742	307	577	3,596	2,122
2001	14,036	2,735	95,869	26,916	286	495	3,850	2,298
2002	14,400	2,910	101,767	27,633	281	486	4,303	2,449
2003	14,260	3,050	101,567	27,875	267	467	3,905	2,622
2004	13,790	2,937	101,910	27,650	253	504	4,098	2,735

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 medical services, U.S. Department of Commerce, Bureau of Economic Analysis, expressed in fiscal year 2004 dollars. ICF/MR is intermediate care facility for the mentally retarded.

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

Table 13.16

Medicaid Payments per Person Served (Beneficiary), Disabled, by Type of Service: Fiscal Years 1975-2004

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

See footnotes at end of table.

Table 13.16—Continued

Medicaid Payments per Person Served (Beneficiary), Disabled, by Type of Service: Fiscal Years 1975-2004

Year	Total ¹	Inpatient	ICF/MR	Nursing	Physician	Outpatient	Home	Prescribed
		Hospital		Facility ²		Hospital	Health ³	Drugs
(Constant 2004 Dollars)								
1975	\$6,951	\$10,769	\$28,249	\$18,776	\$801	\$501	\$1,503	\$626
1976	7,146	10,079	33,759	18,884	769	555	2,393	657
1977	7,736	9,827	38,543	19,604	768	755	2,663	648
1978	8,431	9,752	48,622	21,066	746	673	3,641	640
1979	9,397	10,277	51,567	22,150	752	699	5,593	673
1980	8,990	10,119	57,164	17,524	803	745	2,238	663
1981	9,430	9,992	59,729	17,634	783	765	2,542	691
1982	9,916	10,115	63,532	18,543	694	749	2,661	678
1983	9,874	9,983	64,710	19,212	670	693	3,421	705
1984	9,679	9,877	69,092	20,078	617	741	4,268	734
1985	9,940	10,087	70,725	20,725	606	765	5,134	834
1986	10,066	10,397	74,013	21,633	595	775	5,567	898
1987	10,286	10,875	76,003	21,827	602	827	6,152	924
1988	10,324	10,653	79,208	22,014	598	877	7,295	945
1989	10,392	10,183	79,435	22,427	615	899	7,955	954
1990	10,889	11,142	83,349	23,560	607	869	8,713	1,023
1991	10,922	11,578	82,122	25,251	632	931	8,774	1,091
1992	11,207	12,296	85,443	25,952	668	973	9,109	1,183
1993	10,856	12,008	83,380	26,018	651	1,009	9,081	1,221
1994	10,485	11,947	71,359	25,883	629	959	9,757	1,266
1995	10,976	12,125	93,154	25,782	626	963	10,354	1,365
1996	10,594	11,425	88,278	26,245	622	963	11,610	1,476
1997	10,898	10,578	90,910	25,957	619	990	11,641	1,702
1998	10,959	10,263	91,347	25,137	580	997	3,868	1,958
1999	11,569	9,946	91,041	30,564	619	1,010	6,353	2,287
2000	12,093	9,711	91,844	30,412	612	1,061	5,788	2,650
2001	12,510	10,023	93,556	31,168	625	1,043	6,174	2,891
2002	13,447	10,191	100,020	29,929	640	1,065	6,158	3,073
2003	13,869	10,270	101,644	30,338	652	1,072	6,360	3,341
2004	14,070	10,467	102,054	29,888	664	1,110	6,220	3,603

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 medical services, U.S. Department of Commerce, Bureau of Economic Analysis, expressed in fiscal year 2004 dollars. ICF/MR is intermediate care facility for the mentally retarded.

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

Table 13.17

Medicaid Payments, All Eligibility Groups, by Type of Service: Fiscal Years 1975-2004

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

See footnotes at end of table.

Table 13.17—Continued

Medicaid Payments, All Eligibility Groups, by Type of Service: Fiscal Years 1975-2004

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

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 (\$37.4 billion for premiums in 2003 and \$42.6 billion in 2004). Trends in home health agency program expenditures are not strictly comparable to 1997 and prior years because of changes in redefining selected home health services as home and community-based waiver services in 1998 and reclassified as other in 1999.

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

Table 13.18

Medicaid Payments, Children, by Type of Service: Fiscal Years 1975-2004

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

See footnotes at end of table.

Table 13.18—Continued

Medicaid Payments, Children, by Type of Service: Fiscal Years 1975-2004

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

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.

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

Table 13.19

Medicaid Payments, Adults, by Type of Service: Fiscal Years 1975-2004

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

See footnotes at end of table.

Table 13.19—Continued

Medicaid Payments, Adults, by Type of Service: Fiscal Years 1975-2004

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

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

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

³Less than \$500,000.

⁴Less than 0.05 percent.

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

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

Table 13.20
Medicaid Payments, Aged, by Type of Service: Fiscal Years 1975-2004

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

See footnotes at end of table.

Table 13.20—Continued
Medicaid Payments, Aged, by Type of Service: Fiscal Years 1975-2004

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

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

Table 13.21

Medicaid Payments, Disabled, by Type of Service: Fiscal Years 1975-2004

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	

See footnotes at end of table.

Table 13.21—Continued

Medicaid Payments, Disabled, by Type of Service: Fiscal Years 1975-2004

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

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

Table 13.22

Medicaid Persons Served (Beneficiaries), by Basis of Eligibility and Area of Residence: Fiscal Year 2004

Area of Residence	Total	Aged	Disabled	Children ¹	Adults	Other/ Unknown
All Jurisdictions	55,002,107	4,317,804	7,932,729	26,459,023	12,244,425	4,048,126
Boston: Region	2,344,717	213,899	422,171	1,032,705	583,280	92,662
Connecticut	500,952	52,279	58,044	265,194	105,026	20,409
Maine	293,966	26,401	44,756	115,609	97,095	10,105
Massachusetts	1,074,050	88,699	246,411	424,667	268,592	45,681
New Hampshire	119,207	11,904	15,985	70,578	15,712	5,028
Rhode Islanc	207,621	16,504	37,687	95,082	53,681	4,667
Vermont	148,921	18,112	19,288	61,575	43,174	6,772
New York: Region I	5,672,054	439,176	827,201	2,315,720	1,672,164	417,793
New Jersey	959,843	86,564	165,978	473,099	179,451	54,751
New York	4,712,211	352,612	661,223	1,842,621	1,492,713	363,042
Puerto Ricc	---	---	---	---	---	---
Virgin Islands	---	---	---	---	---	---
Philadelphia: Region II	4,008,583	363,434	795,588	2,019,562	655,664	174,335
Delaware	157,306	8,926	18,387	69,560	56,619	3,814
District of Columbia	157,650	8,261	27,286	76,600	37,633	7,870
Marylanc	750,287	55,007	120,231	445,254	105,356	24,439
Pennsylvania	1,834,651	182,996	410,026	861,774	300,941	78,914
Virginia	732,009	80,884	129,447	398,843	99,504	23,331
West Virginia	376,680	27,360	90,211	167,531	55,611	35,967
Atlanta: Region IV	11,299,499	928,543	1,963,187	5,446,001	1,964,637	997,131
Alabama	808,192	63,173	180,970	431,071	107,621	25,357
Florida	2,952,363	255,755	467,968	1,416,419	481,418	330,803
Georgia	1,928,820	104,292	248,090	973,620	281,380	321,438
Kentucky	860,508	56,410	210,104	403,273	125,518	65,203
Mississippi	725,637	82,702	145,105	346,790	94,624	56,416
North Caroline	1,512,608	149,124	237,210	763,439	273,663	89,172
South Caroline	856,715	99,472	126,490	427,489	181,919	21,345
Tennessee	1,654,656	117,615	347,250	683,900	418,494	87,397
See footnotes at end of table						

Table 13.22—Continued

Medicaid Persons Served (Beneficiaries), by Basis of Eligibility and Area of Residence: Fiscal Year 2004

Area of Residence	Total	Aged	Disabled	Children ¹	Adults	Other/ Unknown
Chicago: Region V	8,267,617	747,385	1,233,945	4,163,841	1,633,118	489,328
Illinois	2,031,777	268,980	287,372	1,014,339	339,704	121,382
Indiana	946,212	66,368	119,605	544,403	161,174	54,662
Michigan	1,799,058	92,926	297,041	890,120	317,118	201,853
Minnesota	697,929	61,788	97,253	346,164	153,925	38,799
Ohio	1,896,173	138,928	293,478	990,258	414,241	59,268
Wisconsin	896,468	118,395	139,196	378,557	246,956	13,364
Dallas: Region V	6,547,465	482,410	767,739	4,039,413	916,515	341,388
Arkansas	707,792	55,720	99,211	350,800	122,317	79,744
Louisiana	1,108,054	83,258	168,901	646,632	121,396	87,867
New Mexico	474,303	21,579	54,536	291,352	93,348	13,488
Oklahoma	653,777	51,778	80,902	418,819	83,649	18,629
Texas	3,603,539	270,075	364,189	2,331,810	495,805	141,660
Kansas City: Region VI	2,132,434	174,241	306,831	1,131,148	421,122	99,092
Iowa	382,887	35,439	61,787	195,790	74,545	15,326
Kansas	365,078	28,620	51,999	180,949	53,090	50,420
Missouri	1,140,194	89,130	163,130	611,374	251,140	25,420
Nebraska	244,275	21,052	29,915	143,035	42,347	7,926
Denver: Region VII	1,197,055	87,379	149,247	638,765	247,428	74,236
Colorado	503,485	43,611	67,740	268,512	99,391	24,231
Montana	112,642	8,805	17,034	57,738	21,913	7,152
North Dakota	78,324	8,226	9,084	34,830	15,862	10,322
South Dakota	127,783	10,157	17,190	76,343	20,340	3,753
Utah	307,059	12,252	30,519	159,956	78,279	26,053
Wyoming	67,762	4,328	7,680	41,386	11,643	2,725
See footnotes at end of table						

Table 13.22—Continued

Medicaid Persons Served (Beneficiaries), by Basis of Eligibility and Area of Residence: Fiscal Year 2004

Area of Residence	Total	Aged	Disabled	Children ¹	Adults	Other/ Unknown
San Francisco: Region IX	11,540,102	749,361	1,212,467	4,632,252	3,668,863	1,277,159
Arizona	1,070,317	42,006	111,503	601,765	269,151	45,892
California	10,014,373	672,423	1,046,918	3,799,950	3,279,723	1,215,359
Hawaii	218,397	19,679	23,111	99,499	71,192	4,916
Nevada	237,015	15,253	30,935	131,038	48,797	10,992
Seattle: Region >	1,992,581	131,976	254,353	1,039,616	481,634	85,002
Alaska	118,005	6,515	12,780	68,504	24,145	6,061
Idaho	206,462	12,370	28,190	128,980	29,204	7,718
Oregon	559,004	40,227	68,440	247,716	167,508	35,113
Washington	1,109,110	72,864	144,943	594,416	260,777	36,110

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).

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

Table 13.23

Medicaid Payments, by Basis of Eligibility and Area of Residence: Fiscal Year 2004

Area of Residence	Total	Aged	Disabled	Children ¹	Adults	Other/ Unknown
All Jurisdictions	257,748,435,309	59,541,456,809	111,613,968,265	44,204,834,742	30,720,502,758	11,667,672,735
Boston: Region	16,935,521,675	4,467,282,701	7,398,128,390	3,067,727,136	1,865,464,470	136,918,978
Connecticut	3,695,687,112	1,353,980,510	1,483,421,683	574,261,757	265,707,072	18,316,090
Maine	2,366,282,600	428,956,567	964,237,385	502,764,907	453,587,508	16,736,233
Massachusetts	7,776,024,456	1,890,169,989	3,634,270,259	1,350,717,588	824,472,051	76,394,569
New Hampshire	822,246,561	253,423,358	316,944,960	194,923,910	54,468,733	2,485,600
Rhode Island	1,530,945,956	370,696,910	712,101,323	289,990,407	148,985,719	9,171,597
Vermont	744,334,990	170,055,367	287,152,780	155,068,567	118,243,387	13,814,889
New York: Region II	43,896,191,675	11,328,791,301	20,461,821,692	4,796,434,983	6,590,936,823	718,206,876
New Jersey	6,622,936,246	1,732,438,847	3,387,668,892	860,595,610	530,750,900	111,481,997
New York	37,273,255,429	9,596,352,454	17,074,152,800	3,935,839,373	6,060,185,923	606,724,879
Puerto Rico	---	---	---	---	---	---
Virgin Islands	---	---	---	---	---	---
Philadelphia: Region III	22,312,892,888	6,028,470,169	9,750,829,442	3,736,765,863	2,038,483,734	758,343,680
Delaware	800,099,395	180,760,060	300,603,038	134,916,295	179,616,919	4,203,083
District of Columbia	1,269,371,462	192,551,331	597,752,169	212,454,085	154,158,028	112,455,849
Maryland	4,594,329,962	980,281,874	2,219,655,182	910,330,055	435,427,683	48,635,168
Pennsylvania	10,055,362,936	3,273,529,653	4,131,143,886	1,554,168,952	873,798,524	222,721,921
Virginia	3,574,171,786	978,275,311	1,640,755,403	654,107,499	265,029,727	36,003,846
West Virginia	2,019,557,347	423,071,940	860,919,764	270,788,977	130,452,853	334,323,813
Atlanta: Region IV	49,245,104,549	10,176,572,552	20,624,083,206	8,588,982,563	5,802,901,931	4,052,564,297
Alabama	3,856,624,429	754,788,863	1,264,975,325	720,545,723	172,538,271	943,776,247
Florida	12,834,434,692	2,949,441,554	5,612,642,771	1,943,721,902	1,141,965,614	1,186,662,851
Georgia	6,944,469,214	1,343,244,693	2,785,085,176	1,494,970,519	908,065,581	413,103,245
Kentucky	3,923,759,382	704,928,953	1,943,141,508	805,559,627	418,183,781	51,945,513
Mississippi	3,312,060,122	841,412,089	1,258,853,728	496,579,168	294,145,196	421,069,941
North Carolina	7,388,008,367	1,885,494,795	3,209,866,608	1,333,117,668	906,961,556	52,567,740
South Carolina	4,014,695,264	675,988,037	1,317,451,642	722,840,790	370,065,872	928,348,923
Tennessee	6,971,053,079	1,021,273,568	3,232,066,448	1,071,647,166	1,590,976,060	55,089,837

See footnotes at end of table.

Table 13.23—Continued

Medicaid Payments, by Basis of Eligibility and Area of Residence: Fiscal Year 2004

Area of Residence	Total	Aged	Disabled	Children ¹	Adults	Other/ Unknown
Chicago: Region V	43,099,496,302	9,327,018,295	19,323,404,777	6,668,118,894	4,461,456,741	3,319,497,595
Illinois	10,796,139,208	1,598,940,569	4,697,263,500	1,583,594,853	952,727,505	1,963,612,781
Indiana	4,342,598,411	1,014,684,960	1,854,038,323	890,678,757	427,025,120	156,171,251
Michigan	7,696,785,150	1,291,992,252	3,234,675,176	1,234,556,447	830,798,814	1,104,762,461
Minnesota	4,575,111,805	978,312,527	2,246,513,384	845,860,425	443,039,527	61,385,942
Ohio	11,374,733,796	3,315,169,571	5,133,949,216	1,650,396,723	1,259,439,232	15,779,054
Wisconsin	4,314,127,932	1,127,918,416	2,156,965,178	463,031,689	548,426,543	17,786,106
Dallas: Region V	24,224,428,096	5,530,163,217	9,519,294,595	6,315,497,366	2,366,332,906	493,140,012
Arkansas	2,358,152,529	616,000,726	975,965,633	565,575,223	167,468,350	33,142,597
Louisiana	4,039,097,496	867,718,815	1,933,246,154	741,224,897	384,783,513	112,124,117
New Mexico	2,277,653,128	293,530,108	880,148,825	640,573,750	292,679,944	170,720,501
Oklahoma	2,335,120,746	601,068,289	926,215,978	619,061,236	174,884,613	13,890,630
Texas	13,214,404,197	3,151,845,279	4,803,718,005	3,749,062,260	1,346,516,486	163,262,167
Kansas City: Region VI	10,297,954,599	2,651,982,531	4,298,050,771	2,039,666,990	988,386,072	319,868,235
Iowa	2,205,524,237	612,587,082	1,021,037,129	336,157,989	201,171,043	34,570,994
Kansas	1,860,136,019	470,275,605	834,044,856	357,967,454	111,592,612	86,255,492
Missouri	4,886,664,657	1,220,920,547	2,036,110,053	1,051,723,905	556,676,806	21,233,346
Nebraska	1,345,629,686	348,199,297	406,858,733	293,817,642	118,945,611	177,808,403
Denver: Region VIII	5,760,308,116	1,307,294,788	2,239,258,058	1,098,598,886	626,921,475	488,234,909
Colorado	2,398,974,577	634,765,296	958,514,090	437,144,266	259,865,605	108,685,320
Montana	584,752,191	149,702,706	220,011,016	123,851,373	69,600,799	21,586,297
North Dakota	477,445,701	175,916,548	186,864,742	65,782,389	38,482,113	10,399,909
South Dakota	579,796,034	132,361,408	248,000,732	137,498,279	56,339,550	5,596,065
Utah	1,355,982,016	135,724,738	470,790,825	250,188,473	159,150,084	340,127,896
Wyoming	363,357,597	78,824,092	155,076,653	84,134,106	43,483,324	1,839,422
See footnotes at end of table.						

Table 13.23—Continued

Medicaid Payments, by Basis of Eligibility and Area of Residence: Fiscal Year 2004

Area of Residence	Total	Aged	Disabled	Children ¹	Adults	Other/ Unknown
San Francisco: Region IX	32,998,971,407	6,860,961,206	14,723,421,078	6,192,845,449	4,675,018,692	546,724,982
Arizona	3,888,008,156	594,243,831	1,463,846,863	1,040,139,263	767,599,832	22,178,367
California	27,443,631,984	5,847,787,256	12,641,678,415	4,821,227,432	3,636,149,959	496,788,922
Hawaii	861,761,796	239,348,614	283,446,503	153,845,657	174,444,601	10,676,421
Nevada	805,569,471	179,581,505	334,449,297	177,633,097	96,824,300	17,081,272
Seattle: Region X	8,977,566,002	1,862,920,049	3,275,676,256	1,700,196,612	1,304,599,914	834,173,171
Alaska	904,557,756	137,663,729	321,910,230	300,705,804	133,162,932	11,115,061
Idaho	990,209,718	200,894,896	471,503,440	203,097,032	102,621,142	12,093,208
Oregon	2,152,757,267	513,376,701	760,521,496	424,875,584	430,237,271	23,746,215
Washington	4,930,041,261	1,010,984,723	1,721,741,090	771,518,192	638,578,569	787,218,687

¹Includes non-disabled children and foster care children.

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

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

Table 13.24

Medicaid Payments per Person Served (Beneficiary), by Basis of Eligibility and Area of Residence: Fiscal Year 2004

Area of Residence	Total	Aged	Disabled	Children ¹	Adults	Other/ Unknown
All Jurisdictions	\$4,686	\$13,790	\$14,070	\$1,671	\$2,509	\$2,882
Boston: Region I	7,223	20,885	17,524	2,971	3,198	1,478
Connecticut	7,377	25,899	25,557	2,165	2,530	897
Maine	8,050	16,248	21,544	4,349	4,672	1,656
Massachusetts	7,240	21,310	14,749	3,181	3,070	1,672
New Hampshire	6,898	21,289	19,828	2,762	3,467	494
Rhode Island	7,374	22,461	18,895	3,050	2,775	1,965
Vermont	4,998	9,389	14,888	2,518	2,739	2,040
New York: Region II	7,739	25,796	24,736	2,071	3,942	1,719
New Jersey	6,900	20,013	20,410	1,819	2,958	2,036
New York	7,910	27,215	25,822	2,136	4,060	1,671
Puerto Rico	---	---	---	---	---	---
Virgin Islands	---	---	---	---	---	---
Philadelphia: Region III	5,566	16,588	12,256	1,850	3,109	4,350
Delaware	5,086	20,251	16,349	1,940	3,172	1,102
District of Columbia	8,052	23,308	21,907	2,774	4,096	14,289
Maryland	6,123	17,821	18,462	2,045	4,133	1,990
Pennsylvania	5,481	17,889	10,075	1,803	2,904	2,822
Virginia	4,883	12,095	12,675	1,640	2,664	1,543
West Virginia	5,361	15,463	9,543	1,616	2,346	9,295
Atlanta: Region IV	4,358	10,960	10,505	1,577	2,954	4,064
Alabama	4,772	11,948	6,990	1,672	1,603	37,220
Florida	4,347	11,532	11,994	1,372	2,372	3,587
Georgia	3,600	12,880	11,226	1,535	3,277	1,285
Kentucky	4,560	12,497	9,248	1,998	3,332	797
Mississippi	4,564	10,174	8,675	1,432	3,109	7,464
North Carolina	4,884	12,644	13,532	1,746	3,314	590
South Carolina	4,686	6,796	10,415	1,691	2,034	43,493
Tennessee	4,213	8,683	9,308	1,567	3,802	630

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 2004

Area of Residence	Total	Aged	Disabled	Children ¹	Adults	Other/ Unknown
Chicago: Region V	\$5,213	\$12,480	\$15,660	\$1,601	\$2,732	\$6,784
Illinois	5,314	5,944	16,346	1,561	2,805	16,177
Indiana	4,589	15,289	15,501	1,636	2,649	2,857
Michigan	4,278	13,903	10,890	1,387	2,620	5,473
Minnesota	6,555	15,833	23,100	2,444	2,878	1,582
Ohio	5,999	23,863	17,493	1,667	3,040	266
Wisconsin	4,812	9,527	15,496	1,223	2,221	1,331
Dallas: Region VI	3,700	11,464	12,399	1,563	2,582	1,445
Arkansas	3,332	11,055	9,837	1,612	1,369	416
Louisiana	3,645	10,422	11,446	1,146	3,170	1,276
New Mexico	4,802	13,603	16,139	2,199	3,135	12,657
Oklahoma	3,572	11,609	11,449	1,478	2,091	746
Texas	3,667	11,670	13,190	1,608	2,716	1,152
Kansas City: Region VII	4,829	15,220	14,008	1,803	2,347	3,228
Iowa	5,760	17,286	16,525	1,717	2,699	2,256
Kansas	5,095	16,432	16,040	1,978	2,102	1,711
Missouri	4,286	13,698	12,482	1,720	2,217	835
Nebraska	5,509	16,540	13,600	2,054	2,809	22,434
Denver: Region VIII	4,812	14,961	15,004	1,720	2,534	6,577
Colorado	4,765	14,555	14,150	1,628	2,615	4,485
Montana	5,191	17,002	12,916	2,145	3,176	3,018
North Dakota	6,096	21,385	20,571	1,889	2,426	1,008
South Dakota	4,537	13,032	14,427	1,801	2,770	1,491
Utah	4,416	11,078	15,426	1,564	2,033	13,055
Wyoming	5,362	18,213	20,192	2,033	3,735	675
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 2004

Area of Residence	Total	Aged	Disabled	Children ¹	Adults	Other/ Unknown
San Francisco: Region IX	\$2,860	\$9,156	\$12,143	\$1,337	\$1,274	\$428
Arizona	3,633	14,147	13,128	1,728	2,852	483
California	2,740	8,697	12,075	1,269	1,109	409
Hawaii	3,946	12,163	12,265	1,546	2,450	2,172
Nevada	3,399	11,774	10,811	1,356	1,984	1,554
Seattle: Region X	4,505	14,116	12,878	1,635	2,709	9,814
Alaska	7,665	21,130	25,189	4,390	5,515	1,834
Idaho	4,796	16,240	16,726	1,575	3,514	1,567
Oregon	3,851	12,762	11,112	1,715	2,568	676
Washington	4,445	13,875	11,879	1,298	2,449	21,801

¹Includes non-disabled children and foster care children.

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

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

Table 13.25

Medicaid Persons Served (Beneficiaries), by Type of Service and Area of Residence: Fiscal Year 2004

Area of Residence	Total ¹	Inpatient Hospital	Nursing Facilities	Physician	Dental	Outpatient Hospital	Lab and X-Ray	Home Health	Prescribed Drugs
All Jurisdictions	55,002,107	5,425,463	1,708,675	23,611,570	9,036,990	15,887,813	15,875,351	1,145,949	27,548,578
Boston: Region I	2,344,717	174,305	129,298	1,022,809	493,216	845,661	695,066	79,494	1,195,563
Connecticut	500,952	36,197	36,868	100,177	36,100	94,912	79,651	25,724	120,373
Maine	293,966	26,127	9,116	173,904	67,573	160,675	126,186	3,268	223,450
Massachusetts	1,074,050	74,318	60,273	504,650	251,098	419,352	391,269	35,687	583,820
New Hampshire	119,207	14,257	7,290	88,579	33,125	55,642	16,931	2,797	91,392
Rhode Island	207,621	12,084	11,754	41,869	59,734	40,929	18,805	8,398	58,153
Vermont	148,921	11,322	3,997	113,630	45,586	74,151	62,224	3,620	118,375
New York: Region II	5,672,054	765,829	248,850	1,518,412	998,980	1,656,427	1,096,097	245,542	3,034,153
New Jersey	959,843	86,848	48,404	216,845	73,050	214,619	123,040	23,958	310,150
New York	4,712,211	678,981	200,446	1,301,567	925,930	1,441,808	973,057	221,584	2,724,003
Puerto Rico	---	---	---	---	---	---	---	---	---
Virgin Islands	---	---	---	---	---	---	---	---	---
Philadelphia: Region III	4,008,583	302,735	155,642	1,219,982	290,351	637,709	605,020	71,946	1,387,340
Delaware	157,306	8,463	3,736	37,673	22,784	20,092	20,350	1,601	104,380
District of Columbia	157,650	14,258	6,089	23,191	2,586	24,378	20,557	2,360	35,939
Maryland	750,287	56,398	27,109	211,689	2,439	120,156	12,019	20,839	213,731
Pennsylvania	1,834,651	74,836	79,272	341,734	118,420	173,927	251,520	15,280	428,586
Virginia	732,009	114,805	27,902	370,216	49,572	131,841	154,804	3,433	314,942
West Virginia	376,680	33,975	11,534	235,479	94,550	167,315	145,770	28,433	289,762

See footnotes at end of table.

Table 13.25—Continued

Medicaid Persons Served (Beneficiaries), by Type of Service and Area of Residence: Fiscal Year 2004

Area of Residence	Total ¹	Inpatient Hospital	Nursing Facilities	Physician	Dental	Outpatient Hospital	Lab and X-Ray	Home Health	Prescribed Drugs
Atlanta: Region IV	11,299,499	1,442,239	329,744	7,317,682	2,456,583	4,686,673	4,266,135	280,411	7,169,518
Alabama	808,192	67,777	26,723	536,214	155,541	285,241	347,567	65,149	543,088
Florida	2,952,363	433,417	114,134	1,330,443	410,093	1,042,007	916,450	105,263	1,350,741
Georgia	1,928,820	282,589	43,349	1,498,142	564,634	910,875	305,749	12,246	1,276,736
Kentucky	860,508	72,995	26,736	519,131	196,283	377,441	308,879	20,045	537,941
Mississippi	725,637	114,695	22,678	509,594	167,805	356,985	446,191	14,535	581,702
North Carolina	1,512,608	210,093	43,182	1,205,583	419,131	715,200	860,117	36,541	1,071,753
South Carolina	856,715	105,631	17,618	553,073	256,782	358,560	286,980	7,460	611,557
Tennessee ²	1,654,656	155,042	35,324	1,165,502	286,314	640,364	794,202	19,172	1,196,000
Chicago: Region V	8,267,617	769,034	343,534	3,663,461	1,805,453	2,671,620	2,404,373	146,344	4,275,411
Illinois	2,031,777	213,424	77,370	1,235,450	494,017	883,751	837,465	12,276	1,488,375
Indiana	946,212	87,357	42,952	450,402	325,851	316,404	289,031	8,679	469,260
Michigan	1,799,058	118,753	50,431	455,334	318,028	309,833	214,261	8,595	624,745
Minnesota	697,929	61,929	39,016	251,428	80,946	149,553	29,646	69,499	213,727
Ohio	1,896,173	222,940	98,232	1,129,790	434,048	801,020	770,141	40,289	1,083,593
Wisconsin	896,468	64,631	35,533	141,057	152,563	211,059	263,829	7,006	395,711
Dallas: Region VI	6,547,465	932,981	202,409	3,750,837	1,659,850	1,966,203	2,842,277	214,034	4,432,498
Arkansas	707,792	101,756	28,854	474,166	126,071	269,551	192,652	11,616	422,930
Louisiana	1,108,054	180,489	32,306	832,560	236,225	490,135	588,281	11,131	804,196
New Mexico	474,303	26,347	6,895	101,415	23,838	91,515	61,237	441	104,871
Oklahoma	653,777	103,560	22,917	379,918	130,837	265,663	233,966	4,349	421,476
Texas	3,603,539	520,829	111,437	1,962,778	1,142,879	849,339	1,766,141	186,497	2,679,025

See footnotes at end of table.

Table 13.25—Continued

Medicaid Persons Served (Beneficiaries), by Type of Service and Area of Residence: Fiscal Year 2004

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	2,132,434	227,697	88,674	961,364	418,652	750,911	480,933	39,446	1,200,666
Iowa	382,887	45,548	20,155	234,451	121,413	158,803	159,820	21,976	273,391
Kansas	365,078	38,765	17,804	185,149	66,007	102,757	51,248	5,113	183,107
Missouri	1,140,194	114,811	39,606	369,107	132,674	384,500	206,163	6,981	550,572
Nebraska	244,275	28,573	11,109	172,657	98,558	104,851	63,702	5,376	193,596
Denver: Region VIII	1,197,055	130,924	41,033	382,256	239,389	409,159	264,695	15,667	670,172
Colorado	503,485	46,423	16,474	64,240	108,760	182,744	77,446	10,289	239,881
Montana	112,642	16,855	5,204	76,322	23,171	55,963	11,471	493	70,441
North Dakota	78,324	9,313	5,599	22,435	20,363	34,071	13,422	1,767	46,768
South Dakota	127,783	15,553	5,694	73,207	73	47,853	39,035	426	71,736
Utah	307,059	31,657	5,403	93,086	70,456	54,872	89,806	2,153	191,562
Wyoming	67,762	11,123	2,659	52,966	16,566	33,656	33,515	539	49,784
San Francisco: Region IX	11,540,102	556,529	130,284	2,960,940	179,524	1,778,414	2,840,717	48,966	3,314,452
Arizona ²	1,070,317	39,254	1,103	36,110	5,500	104,973	19,214	357	8,013
California	10,014,373	485,392	119,252	2,797,725	93,402	1,607,702	2,698,839	43,548	3,173,781
Hawaii ²	218,397	11,941	5,425	50,165	57,084	26,352	34,645	4,448	41,918
Nevada	237,015	19,942	4,504	76,940	23,538	39,387	88,019	613	90,740
Seattle: Region X	1,992,581	123,190	39,207	813,827	494,992	485,036	380,038	4,099	868,805
Alaska	118,005	16,382	967	85,956	40,265	61,867	49,007	294	76,203
Idaho	206,462	26,286	5,075	150,199	68,479	82,302	86,419	1,767	139,491
Oregon	559,004	26,202	10,610	138,760	3,421	103,591	87,045	1,010	204,821
Washington	1,109,110	54,320	22,555	438,912	382,827	237,276	157,567	1,028	448,290

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.

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).

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

Table 13.26

Medicaid Payments, by Type of Service and Area of Residence: Fiscal Year 2004

Area of Residence	Total ¹	Inpatient Hospital	Nursing Facilities	Physician	Dental
Amount in Thousands					
All Jurisdictions	\$257,748,435	\$34,914,457	\$42,007,527	\$10,060,700	\$2,867,260
Boston: Region I	16,935,522	1,220,441	3,973,663	373,569	140,516
Connecticut	3,695,687	182,302	1,085,043	34,844	6,826
Maine	2,366,283	387,978	240,381	59,863	20,935
Massachusetts	7,776,024	430,582	1,847,852	185,887	74,694
New Hampshire	822,247	45,783	195,986	33,582	11,531
Rhode Island	1,530,946	116,433	509,680	13,577	14,005
Vermont	744,335	57,364	94,720	45,817	12,525
New York: Region II	43,896,192	6,196,051	7,931,062	325,385	431,998
New Jersey	6,622,936	516,743	1,428,371	53,479	21,410
New York	37,273,255	5,679,308	6,502,692	271,906	410,588
Puerto Rico	---	---	---	---	---
Virgin Islands	---	---	---	---	---
Philadelphia: Region III	22,312,893	1,828,535	4,698,569	523,854	87,344
Delaware	800,099	47,371	161,710	18,654	10,828
District of Columbia	1,269,371	238,290	180,791	16,121	765
Maryland	4,594,330	550,785	857,098	126,874	390
Pennsylvania	10,055,363	375,886	2,489,118	78,500	28,417
Virginia	3,574,172	335,742	636,710	157,116	13,076
West Virginia	2,019,557	280,462	373,142	126,588	33,868
Atlanta: Region IV	49,245,105	8,228,010	7,332,314	3,768,440	853,288
Alabama	3,856,624	203,383	730,490	219,939	44,449
Florida	12,834,435	2,737,078	2,265,303	632,339	91,785
Georgia	6,944,469	1,322,969	1,024,251	708,700	218,599
Kentucky	3,923,759	398,296	616,809	232,712	56,909
Mississippi	3,312,060	839,308	514,135	185,943	41,603
North Carolina	7,388,008	958,912	963,727	638,186	180,354
South Carolina	4,014,695	1,082,975	442,479	314,193	89,304
Tennessee ²	6,971,053	685,089	775,120	836,429	130,285

See footnotes at end of table.

Table 13.26—Continued
Medicaid Payments, by Type of Service and Area of Residence: Fiscal Year 2004

Area of Residence	Outpatient Hospital	Lab and X-Ray	Home Health	Prescribed Drugs
Amount in Thousands				
All Jurisdictions	\$10,260,566	\$2,694,862	\$4,565,866	\$39,475,607
Boston: Region I	850,505	162,404	902,416	2,172,034
Connecticut	77,170	11,063	176,572	445,817
Maine	287,611	15,726	6,543	304,331
Massachusetts	343,685	121,691	678,061	967,418
New Hampshire	52,932	1,154	6,833	128,651
Rhode Island	36,334	3,086	26,544	162,380
Vermont	52,772	9,683	7,863	163,436
New York: Region II	1,591,102	150,240	1,134,529	5,605,491
New Jersey	361,499	13,924	85,832	1,007,400
New York	1,229,603	136,316	1,048,697	4,598,091
Puerto Rico	---	---	---	---
Virgin Islands	---	---	---	---
Philadelphia: Region III	398,370	90,930	615,419	2,493,231
Delaware	11,931	2,613	6,034	120,225
District of Columbia	15,666	4,273	22,718	102,118
Maryland	139,344	790	467,722	429,074
Pennsylvania	41,866	45,437	99,629	902,869
Virginia	89,019	18,485	3,173	578,856
West Virginia	100,544	19,332	16,144	360,089
Atlanta: Region IV	3,211,001	618,253	651,214	10,236,171
Alabama	59,949	45,412	34,472	597,327
Florida	461,876	113,286	260,028	2,458,522
Georgia	982,122	27,363	8,631	1,156,607
Kentucky	268,952	53,735	56,143	812,180
Mississippi	208,995	99,774	30,930	666,492
North Carolina	532,646	126,189	100,805	1,555,955
South Carolina	185,330	28,483	12,114	651,240
Tennessee ²	511,131	124,011	148,091	2,337,848

Table 13.26—Continued

Medicaid Payments, by Type of Service and Area of Residence: Fiscal Year 2004

Area of Residence	Total ¹	Inpatient Hospital	Nursing Facilities	Physician	Dental
Amount in Thousands					
Chicago: Region V	43,099,496	6,877,208	7,594,694	1,529,641	480,673
Illinois	10,796,139	3,539,734	1,539,397	443,954	92,522
Indiana	4,342,598	417,343	788,513	165,838	126,165
Michigan	7,696,785	891,745	1,379,729	213,752	83,977
Minnesota	4,575,112	357,467	427,212	142,909	24,338
Ohio	11,374,734	1,367,141	2,632,916	521,810	122,239
Wisconsin	4,314,128	303,777	826,927	41,379	31,432
Dallas: Region VI	24,224,428	3,889,972	3,344,981	1,589,513	473,513
Arkansas	2,358,153	271,136	352,839	253,894	32,983
Louisiana	4,039,097	778,490	590,336	295,713	50,438
New Mexico	2,277,653	204,439	178,553	35,418	10,631
Oklahoma	2,335,121	309,295	456,010	137,699	56,362
Texas	13,214,404	2,326,611	1,767,242	866,788	323,098
Kansas City: Region VII	10,297,955	1,052,863	1,770,172	364,157	121,523
Iowa	2,205,524	210,425	412,161	114,147	35,705
Kansas	1,860,136	191,438	319,673	79,263	21,887
Missouri	4,886,665	511,835	761,653	83,026	35,872
Nebraska	1,345,630	139,166	276,685	87,721	28,060
Denver: Region VIII	5,760,308	776,752	995,008	154,768	73,988
Colorado	2,398,975	282,238	426,222	14,997	38,031
Montana	584,752	67,888	133,090	39,167	6,789
North Dakota	477,446	40,813	150,776	2,889	6,540
South Dakota	579,796	88,016	118,018	34,586	31
Utah	1,355,982	245,785	106,871	29,014	16,784
Wyoming	363,358	52,012	60,030	34,115	5,814

See footnotes at end of table.

Table 13.26—Continued

Medicaid Payments, by Type of Service and Area of Residence: Fiscal Year 2004

Area of Residence	Outpatient Hospital	Lab and X-Ray	Home Health	Prescribed Drugs
	Amount in Thousands			
Chicago: Region V	1,438,061	469,817	371,851	6,140,897
Illinois	508,117	94,838	27,911	1,684,843
Indiana	147,892	33,561	64,044	738,172
Michigan	176,075	24,144	30,411	777,600
Minnesota	78,113	2,526	86,646	363,035
Ohio	424,401	279,242	137,900	1,870,163
Wisconsin	103,463	35,505	24,939	707,084
Dallas: Region VI	765,279	655,446	391,405	4,026,067
Arkansas	83,348	25,484	9,906	396,484
Louisiana	242,253	70,999	27,387	900,612
New Mexico	78,853	6,788	443	129,923
Oklahoma	77,137	19,016	7,814	396,856
Texas	283,688	533,159	345,854	2,202,193
Kansas City: Region VII	468,607	51,241	110,102	2,006,936
Iowa	113,660	17,658	69,508	366,932
Kansas	33,816	4,370	14,481	280,751
Missouri	255,873	16,088	6,172	1,133,879
Nebraska	65,258	13,125	19,941	225,374
Denver: Region VIII	271,149	35,826	94,395	778,787
Colorado	107,080	10,908	80,590	294,955
Montana	29,713	828	529	96,712
North Dakota	30,490	891	2,713	59,816
South Dakota	34,645	4,845	890	83,907
Utah	53,562	12,375	8,295	192,050
Wyoming	15,659	5,979	1,379	51,348

Table 13.26—Continued

Medicaid Payments, by Type of Service and Area of Residence: Fiscal Year 2004

Area of Residence	Total ¹	Inpatient Hospital	Nursing Facilities	Physician	Dental
		Amount in Thousands			
San Francisco: Region IX	32,998,971	3,934,344	3,415,622	1,043,836	51,419
Arizona ²	3,888,008	159,733	22,964	25,482	1,909
California	27,443,632	3,580,401	3,070,522	951,871	21,623
Hawaii ²	861,762	69,134	181,809	23,920	16,937
Nevada	805,569	125,075	140,328	42,563	10,949
Seattle: Region X	8,977,566	910,282	951,441	387,538	152,998
Alaska	904,558	157,166	59,751	63,395	20,966
Idaho	990,210	143,042	130,499	70,551	25,718
Oregon	2,152,757	104,202	246,727	50,349	645
Washington	4,930,041	505,872	514,464	203,242	105,669

¹The total includes payments for all types of services reported on the HCFA Form-2082 and 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.

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 this table). This created a reallocation of payments from other categories such as home health.

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

Table 13.26—Continued

Medicaid Payments, by Type of Service and Area of Residence: Fiscal Year 2004

Area of Residence	Outpatient Hospital	Lab and X-Ray	Home Health	Prescribed Drugs
	Amount in Thousands			
San Francisco: Region IX	904,515	412,803	288,557	4,855,485
Arizona ²	362,186	4,994	622	4,531
California	506,480	337,803	185,279	4,611,537
Hawaii ²	17,203	5,666	101,377	110,740
Nevada	18,646	64,341	1,279	128,676
Seattle: Region X	361,976	47,903	5,976	1,160,509
Alaska	68,078	12,108	744	116,328
Idaho	43,446	10,716	3,778	159,792
Oregon	66,071	9,273	790	230,842
Washington	184,382	15,806	663	653,548

Table 13.27

Medicaid Payment per Person Served (Beneficiary), by Type of Service and Area of Residence: Fiscal Year 2004

Area of Residence	Total ¹	Inpatient		Nursing		Outpatient		Lab and	Home	Prescribed
		Hospital	Hospital	Facilities	Physician	Dental	Hospital	X-Ray	Health	Drugs
All Jurisdictions	\$4,686	\$6,435	\$24,585	\$426	\$317	\$646	\$170	\$3,984	\$1,433	
Boston: Region I	7,223	7,002	30,733	365	285	1,006	234	11,352	1,817	
Connecticut	7,377	5,036	29,430	348	189	813	139	6,864	3,704	
Maine	8,050	14,850	26,369	344	310	1,790	125	2,002	1,362	
Massachusetts	7,240	5,794	30,658	368	297	820	311	19,000	1,657	
New Hampshire	6,898	3,211	26,884	379	348	951	68	2,443	1,408	
Rhode Island	7,374	9,635	43,362	324	234	888	164	3,161	2,792	
Vermont	4,998	5,067	23,698	403	275	712	156	2,172	1,381	
New York: Region II	7,739	8,091	31,871	214	432	961	137	4,621	1,847	
New Jersey	6,900	5,950	29,509	247	293	1,684	113	3,583	3,248	
New York	7,910	8,364	32,441	209	443	853	140	4,733	1,688	
Puerto Rico	---	---	---	---	---	---	---	---	---	
Virgin Islands	---	---	---	---	---	---	---	---	---	
Philadelphia: Region III	5,566	6,040	30,188	429	301	625	150	8,554	1,797	
Delaware	5,086	5,597	43,284	495	475	594	128	3,769	1,152	
District of Columbia	8,052	16,713	29,691	695	296	643	208	9,626	2,841	
Maryland	6,123	9,766	31,617	599	160	1,160	66	22,445	2,008	
Pennsylvania	5,481	5,023	31,400	230	240	241	181	6,520	2,107	
Virginia	4,883	2,924	22,820	424	264	675	119	924	1,838	
West Virginia	5,361	8,255	32,351	538	358	601	133	568	1,243	
Atlanta: Region IV	4,358	5,705	22,236	515	347	685	145	2,322	1,428	
Alabama	4,772	3,001	27,336	410	286	210	131	529	1,100	
Florida	4,347	6,315	19,848	475	224	443	124	2,470	1,820	
Georgia	3,600	4,682	23,628	473	387	1,078	89	705	906	
Kentucky	4,560	5,456	23,070	448	290	713	174	2,801	1,510	
Mississippi	4,564	7,318	22,671	365	248	585	224	2,128	1,146	
North Carolina	4,884	4,564	22,318	529	430	745	147	2,759	1,452	
South Carolina	4,686	10,252	25,115	568	348	517	99	1,624	1,065	
Tennessee	4,213	4,419	21,943	718	455	798	156	7,724	1,955	

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 2004

Area of Residence	Total ¹	Inpatient		Nursing		Outpatient		Lab and	Home	Prescribed
		Hospital	Hospital	Facilities	Physician	Dental	Hospital	X-Ray	Health	Drugs
Chicago: Region V	\$5,213	\$8,943	\$22,108	\$418	\$266	\$538	\$195	\$2,541	\$1,436	
Illinois	5,314	16,585	19,897	359	187	575	113	2,274	1,132	
Indiana	4,589	4,777	18,358	368	387	467	116	7,379	1,573	
Michigan	4,278	7,509	27,359	469	264	568	113	3,538	1,245	
Minnesota	6,555	5,772	10,950	568	301	522	85	1,247	1,699	
Ohio	5,999	6,132	26,803	462	282	530	363	3,423	1,726	
Wisconsin	4,812	4,700	23,272	293	206	490	135	3,560	1,787	
Dallas: Region VI	3,700	4,169	16,526	424	285	389	231	1,829	908	
Arkansas	3,332	2,665	12,228	535	262	309	132	853	937	
Louisiana	3,645	4,313	18,273	355	214	494	121	2,460	1,120	
New Mexico	4,802	7,759	25,896	349	446	862	111	1,005	1,239	
Oklahoma	3,572	2,987	19,898	362	431	290	81	1,797	942	
Texas	3,667	4,467	15,859	442	283	334	302	1,854	822	
Kansas City: Region VII	4,829	4,624	19,963	379	290	624	107	2,791	1,672	
Iowa	5,760	4,620	20,450	487	294	716	110	3,163	1,342	
Kansas	5,095	4,938	17,955	428	332	329	85	2,832	1,533	
Missouri	4,286	4,458	19,231	225	270	665	78	884	2,059	
Nebraska	5,509	4,871	24,906	508	285	622	206	3,709	1,164	
Denver: Region VIII	4,812	5,933	24,249	405	309	663	135	6,025	1,162	
Colorado	4,765	6,080	25,872	233	350	586	141	7,833	1,230	
Montana	5,191	4,028	25,575	513	293	531	72	1,073	1,373	
North Dakota	6,096	4,382	26,929	129	321	895	66	1,535	1,279	
South Dakota	4,537	5,659	20,727	472	418	724	124	2,089	1,170	
Utah	4,416	7,764	19,780	312	238	976	138	3,853	1,003	
Wyoming	5,362	4,676	22,576	644	351	465	178	2,558	1,031	

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 2004

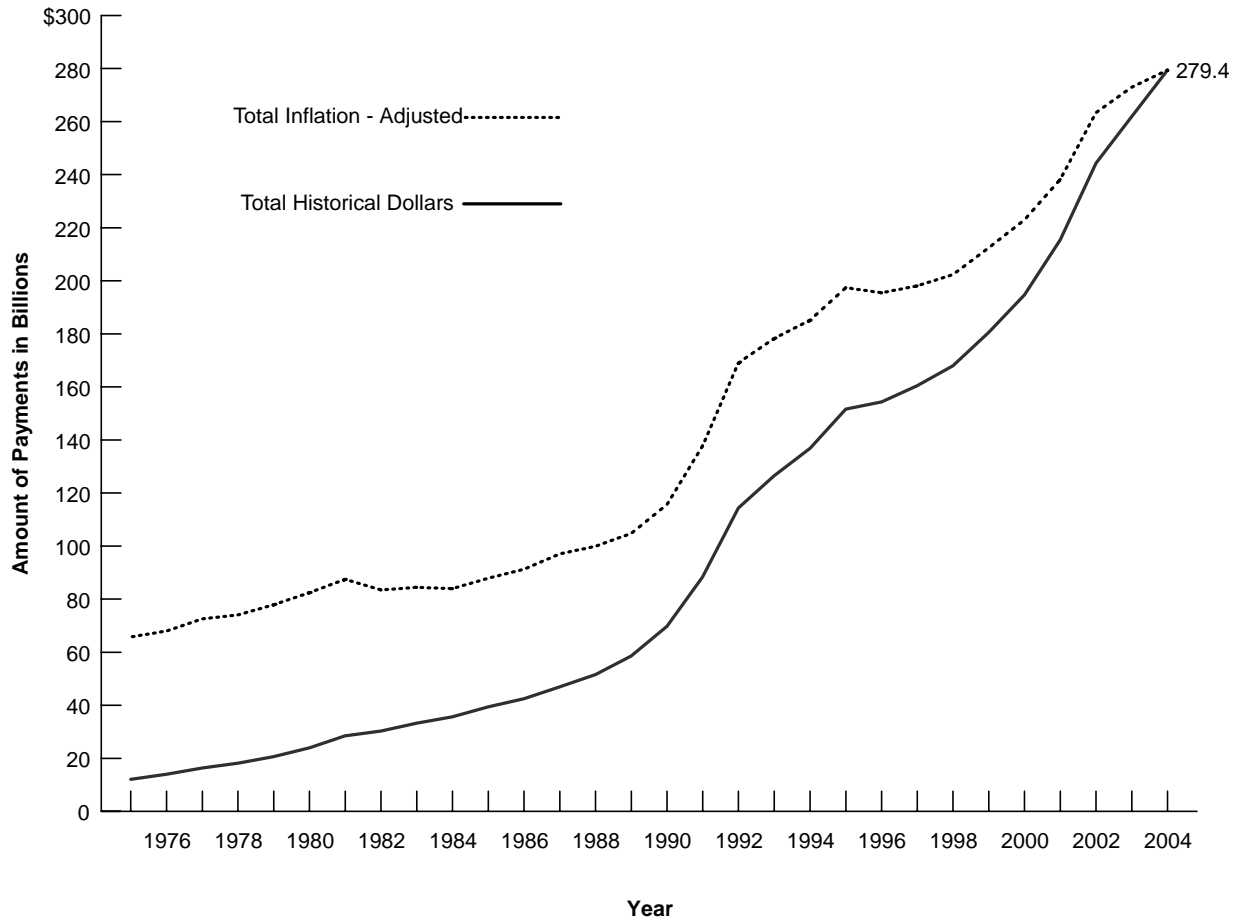
Area of Residence	Total ¹	Inpatient		Nursing		Outpatient		Lab and	Home	Prescribed
		Hospital	Hospital	Facilities	Physician	Dental	Hospital	X-Ray	Health	Drugs
San Francisco: Region IX	\$2,860	\$7,069	\$26,217	\$353	\$286	\$509	\$145	\$5,893	\$1,465	
Arizona	3,633	4,069	20,819	706	347	3,450	260	1,743	565	
California	2,740	7,376	25,748	340	232	315	125	4,255	1,453	
Hawaii	3,946	5,790	33,513	477	297	653	164	22,792	2,642	
Nevada	3,399	6,272	31,156	553	465	473	731	2,086	1,418	
Seattle: Region X	4,505	7,389	24,267	476	309	746	126	1,458	1,336	
Alaska	7,665	9,594	61,790	738	521	1,100	247	2,532	1,527	
Idaho	4,796	5,442	25,714	470	376	528	124	2,138	1,146	
Oregon	3,851	3,977	23,254	363	189	638	107	782	1,127	
Washington	4,445	9,313	22,809	463	276	777	100	645	1,458	

¹The total includes payments for all types of services 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).

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

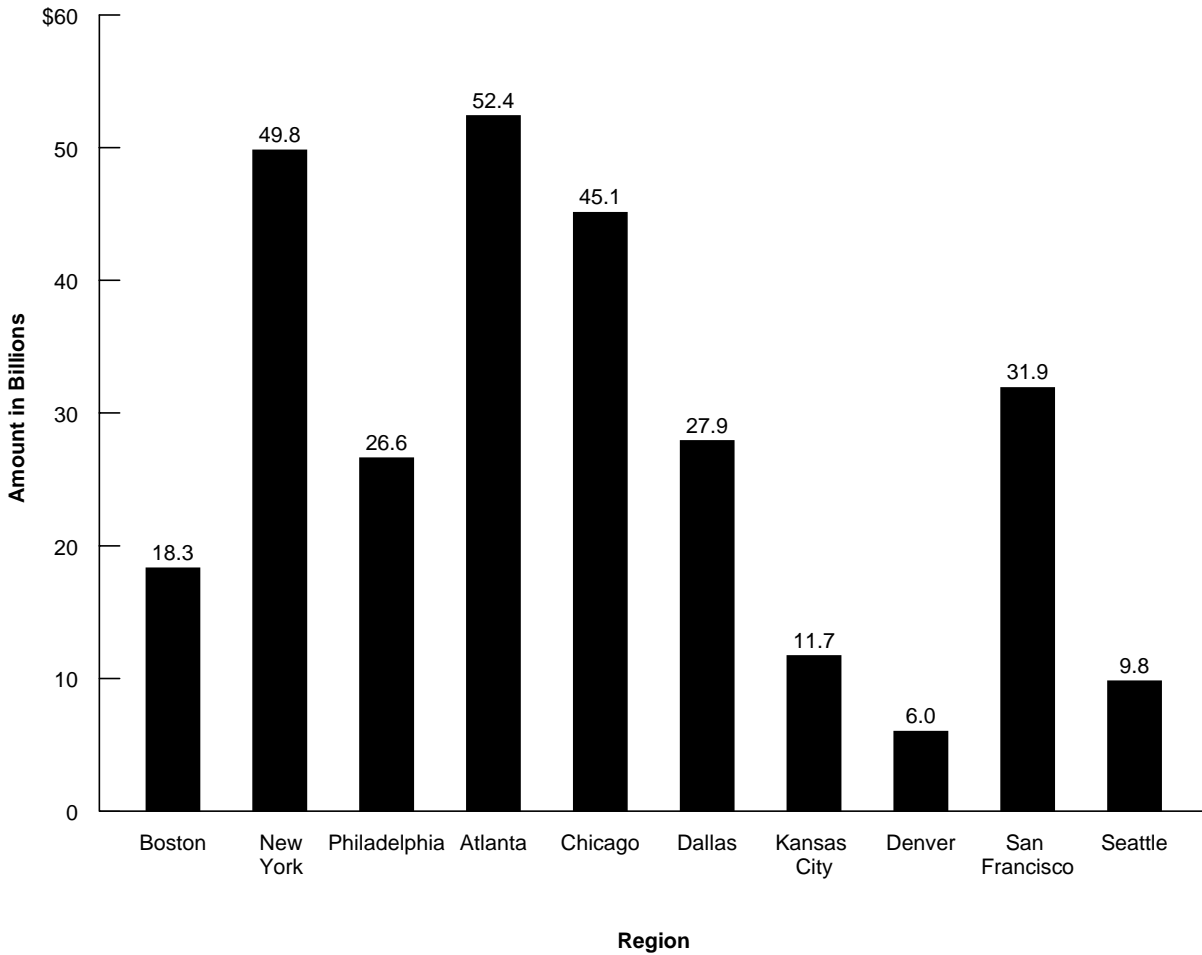
Figure 13.1 Trends in Total Medicaid Expenditures: Fiscal Years 1975-2004



NOTE: The inflation-adjusted dollar amounts were computed using a personal consumption expenditure index for medical services from the U.S. Department of Commerce, Bureau of Economic Analysis, and are expressed in fiscal year 2004 dollars.

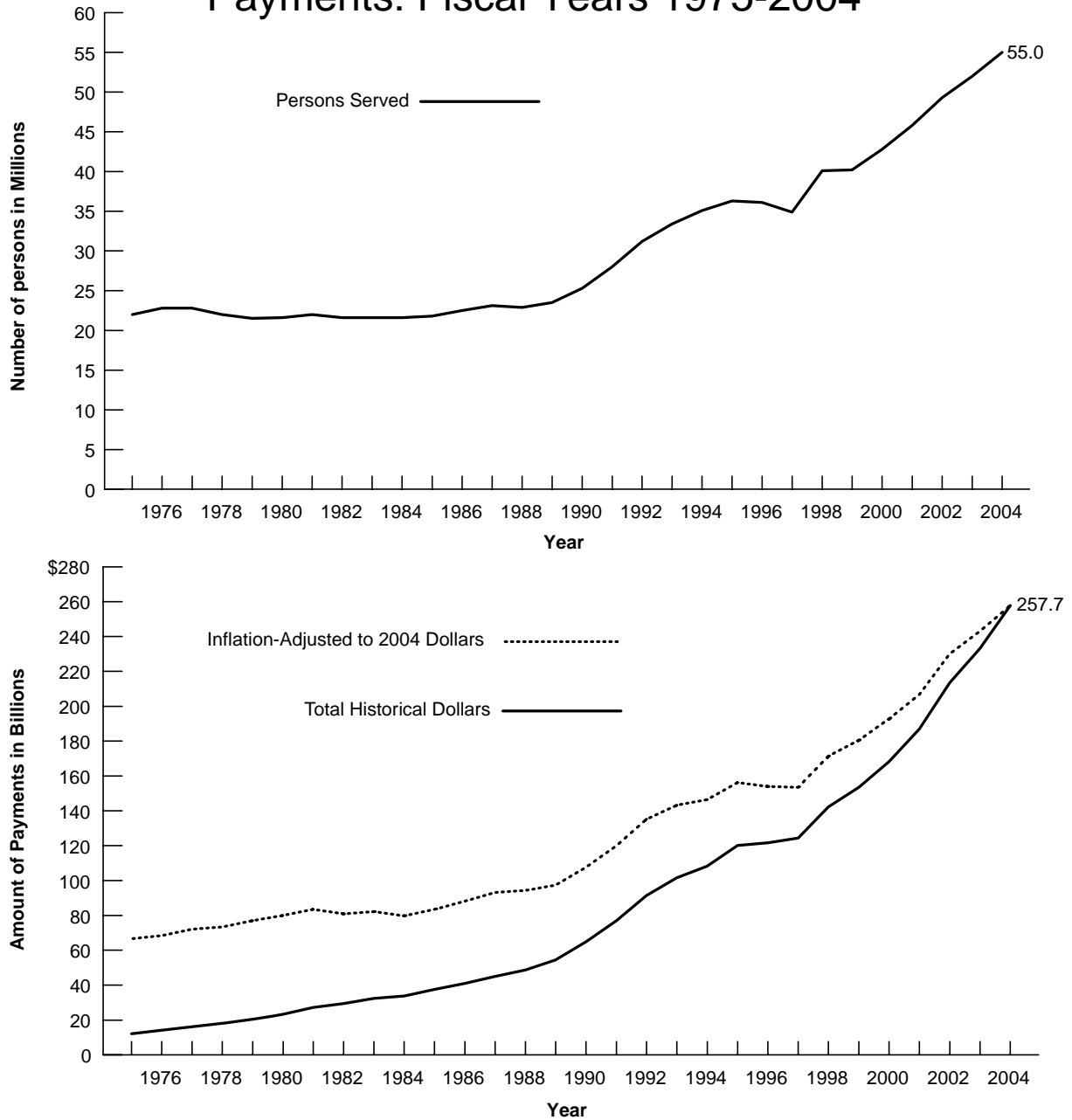
SOURCE: Centers for Medicare & Medicaid Services: HCFA Form-64 (Quarterly Medicaid Statement of Expenditures for the Medical Assistance Program); data development by the Office of Research, Development, and Information.

Figure 13.2
Total Medicaid Expenditures, by Region:
Fiscal Year 2004



SOURCE: Centers for Medicare & Medicaid Services (CMS): CMS Form-64 (Quarterly Medicaid Statement of Expenditures for the Medical Assistance Program), current expenditure (line 6); data development by the Office of Research, Development, and Information.

Figure 13.3 Trends in Medicaid Persons Served and Vendor Payments: Fiscal Years 1975-2004

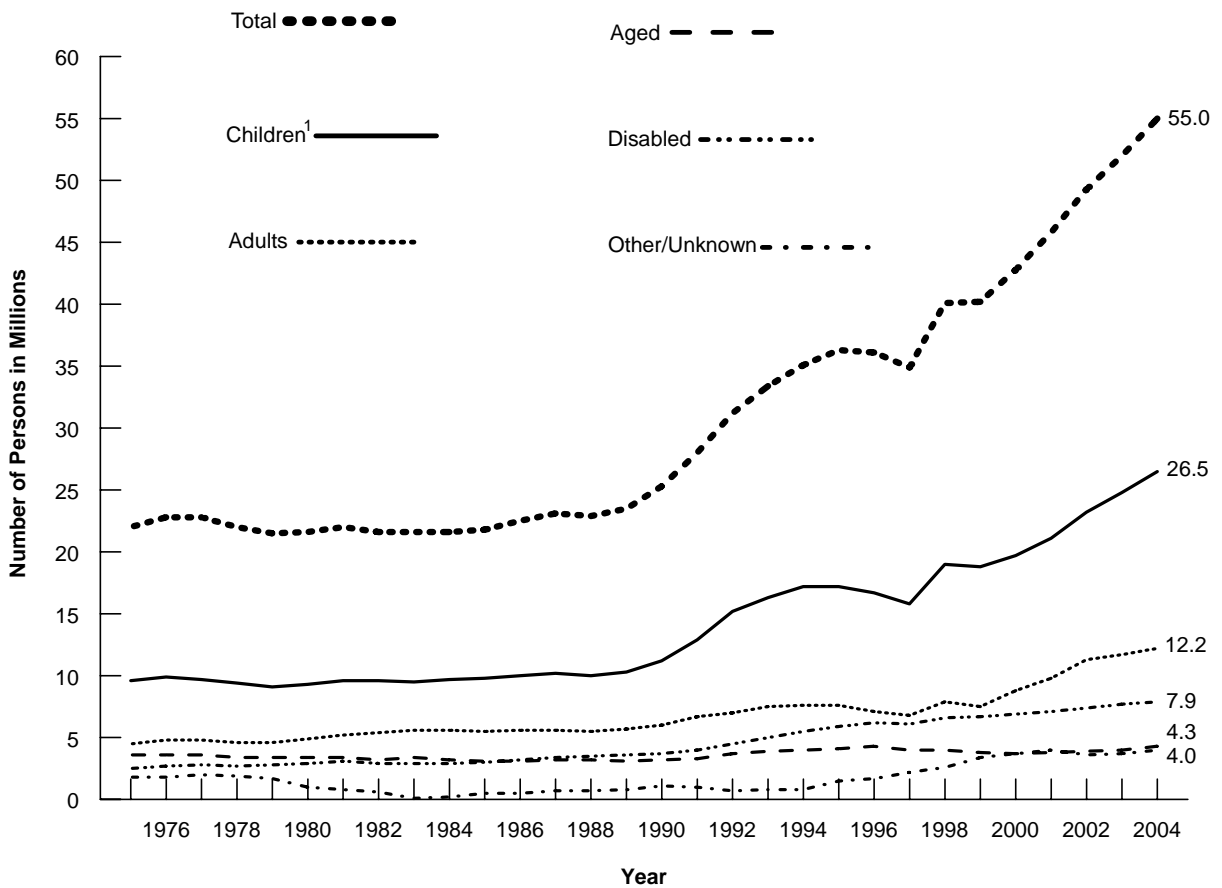


NOTES: Beginning 1998 the number of persons served included persons enrolled in Medicaid managed care organizations and payments included premiums to these plans. The inflation-adjusted dollar amounts were computed using a personal consumption expenditures index for medical services from the U.S. Department of Commerce, Bureau of Economic Analysis, and are expressed in 2004 dollars.

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

Figure 13.4

Trends in Medicaid Persons Served, by Eligibility Group: Fiscal Years 1975-2004

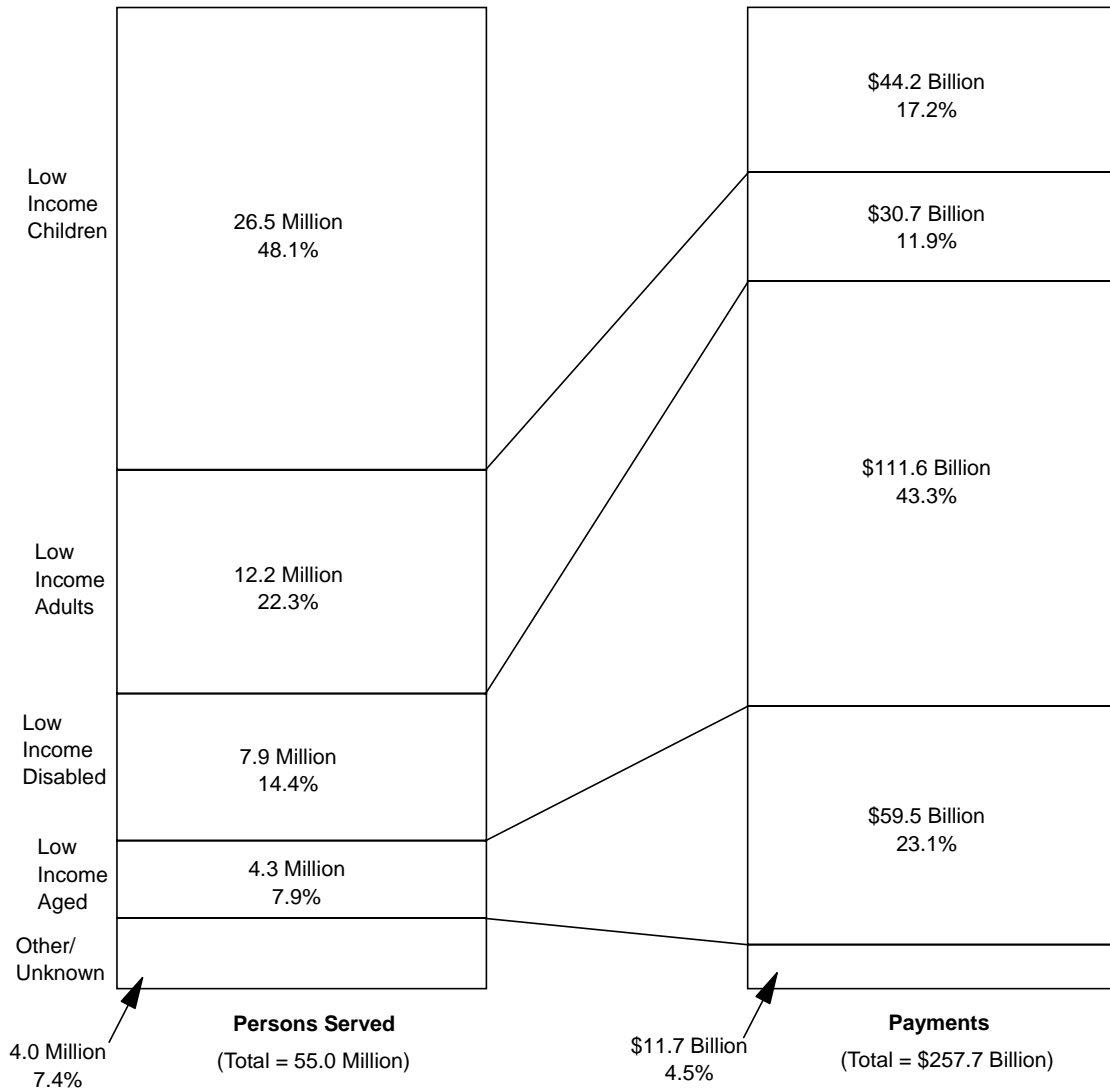


¹ Includes non-disabled children and foster care children.

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

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

Figure 13.5 Distribution of Medicaid Vendor Payments, by Eligibility Group: Fiscal Year 2004

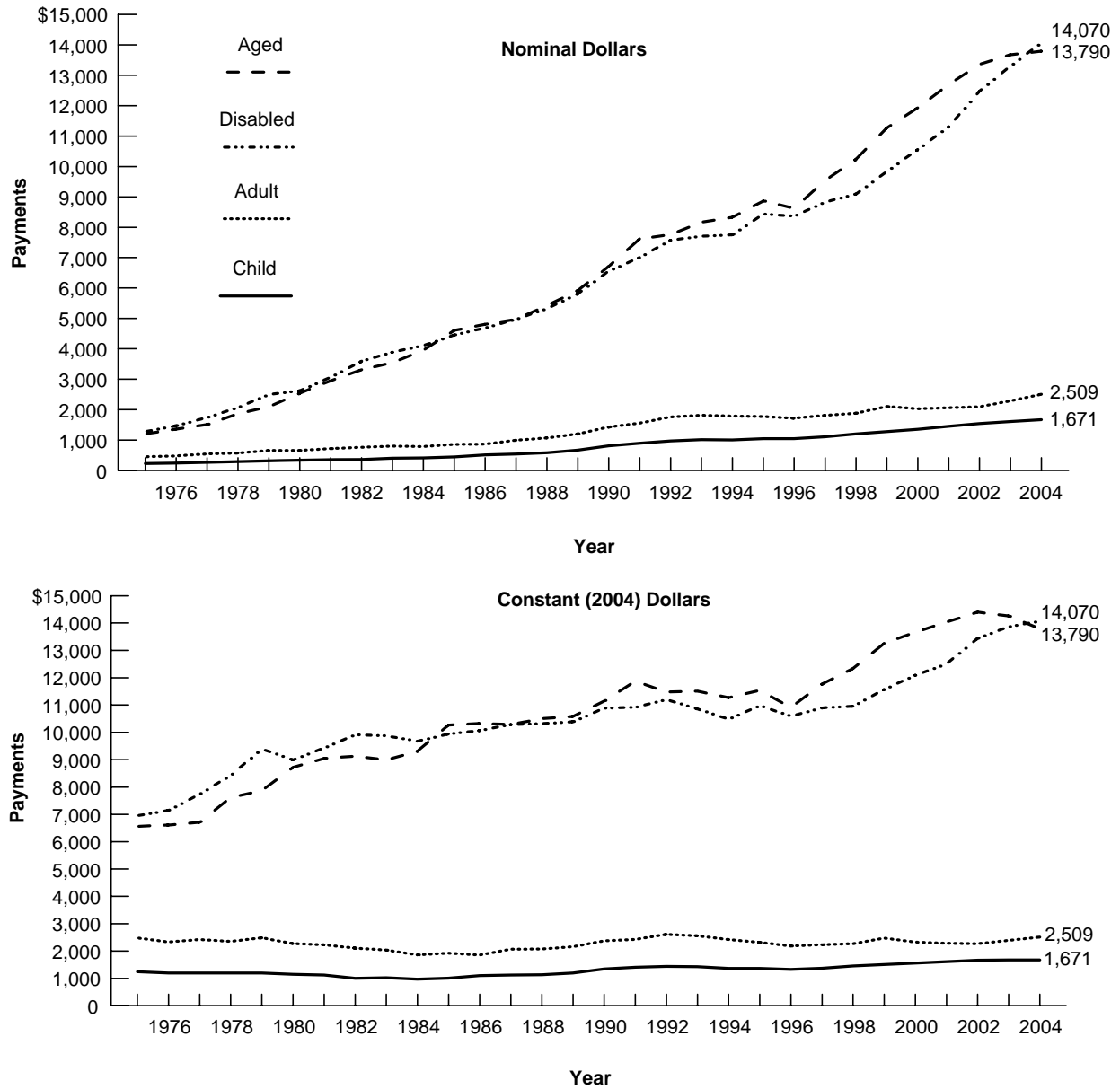


NOTE: Number of persons served, by type of eligibility group, does not add to total persons served because of rounding.

SOURCE: Centers for Medicare & Medicaid Services, Center for Medicaid and State Operations: Medicaid Statistical Information System (MSIS); data development by the Office of Research, Development, and Information.

Figure 13.6

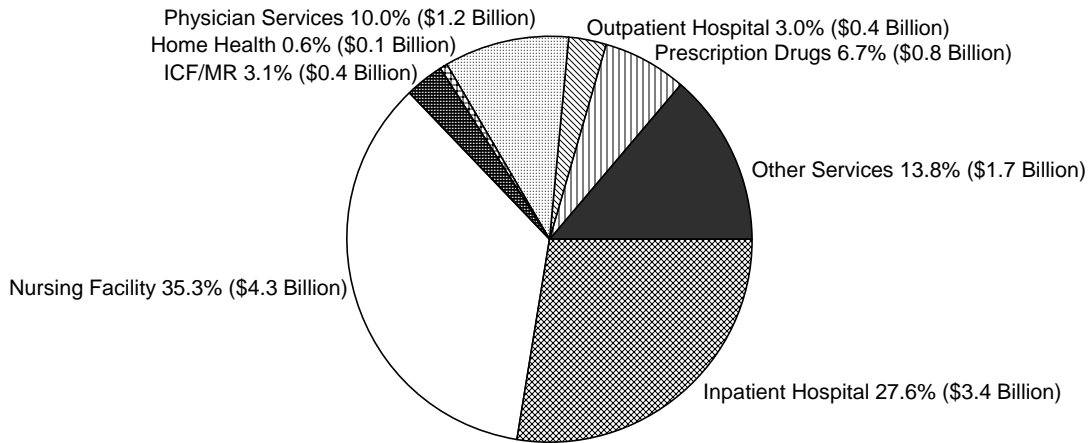
Trends in Medicaid Vendor Payments per Person Served, by Eligibility Group: Fiscal Years 1975-2004



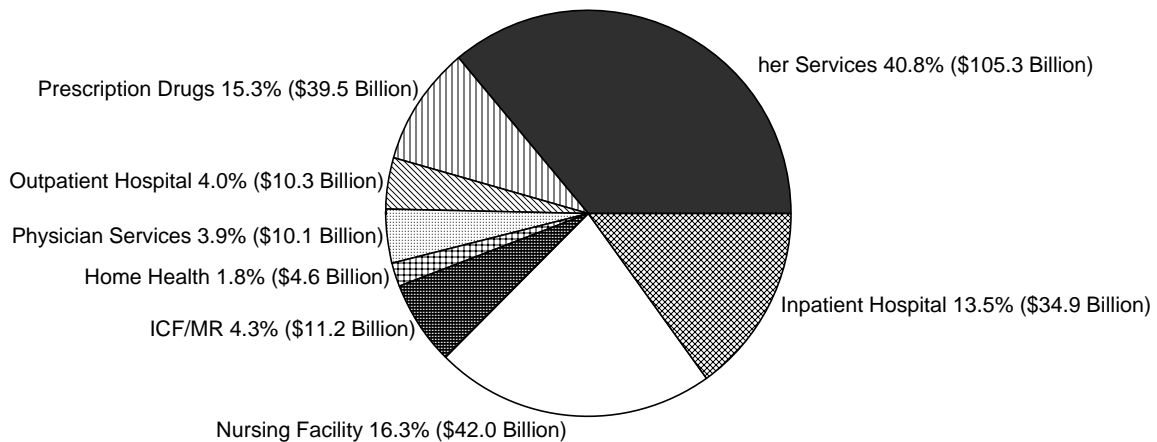
NOTE: The inflation-adjusted dollar amounts were computed using a personal consumption expenditure index for Medical services from the U.S. Department of Commerce, Bureau of Economic Analysis, and are expressed in fiscal year 2004 dollars.

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

Figure 13.7
Distribution of Medicaid Vendor Payments, by Type of Service: Fiscal Years 1975 and 2004



1975 Total Payments \$12.2 Billion

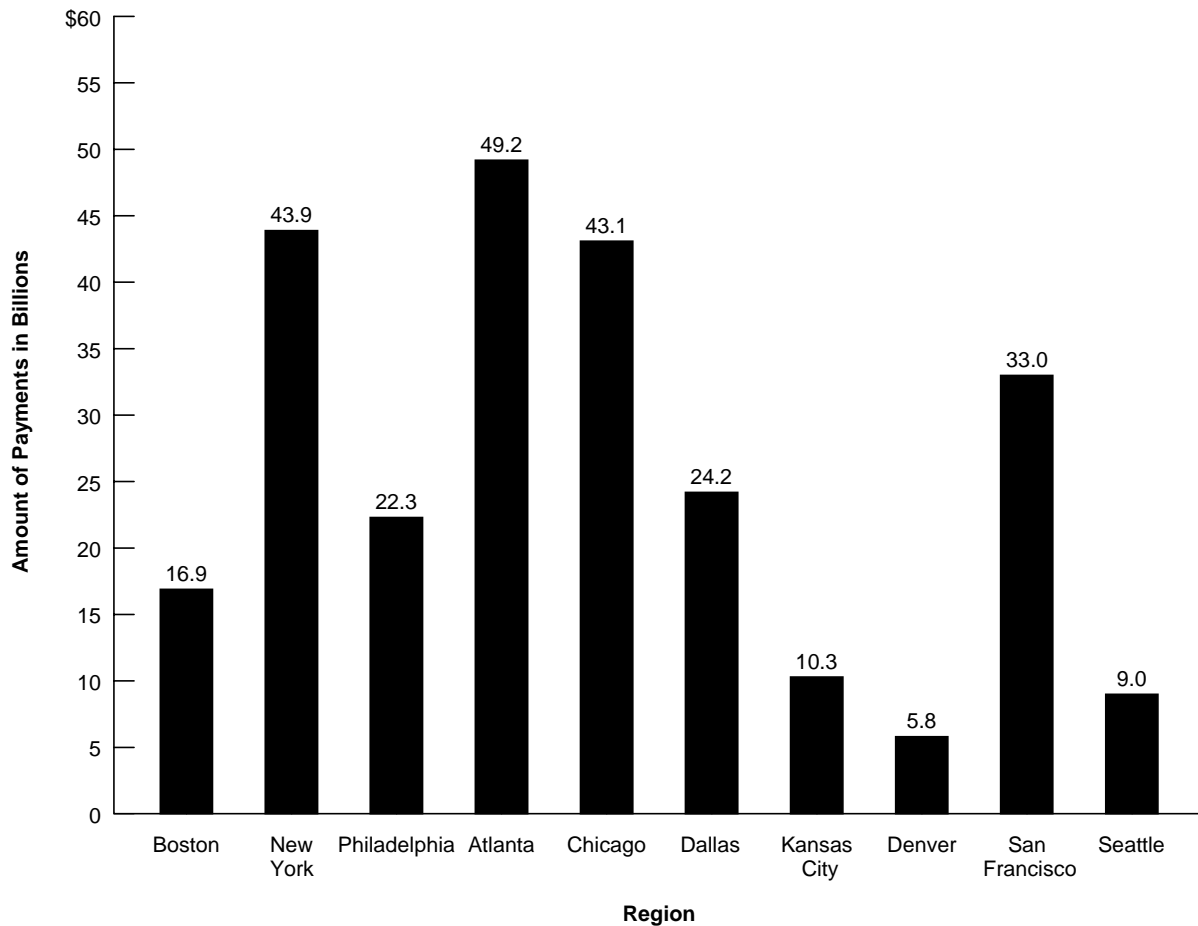


2004 Total Payments \$257.7 Billion

NOTES: Percents may not add to 100 because of rounding. Other services in 2004 included \$42.6 billion (16.5%) for pre-paid health insurance premiums. ICF/MR is intermediate care facility/mentally retarded.

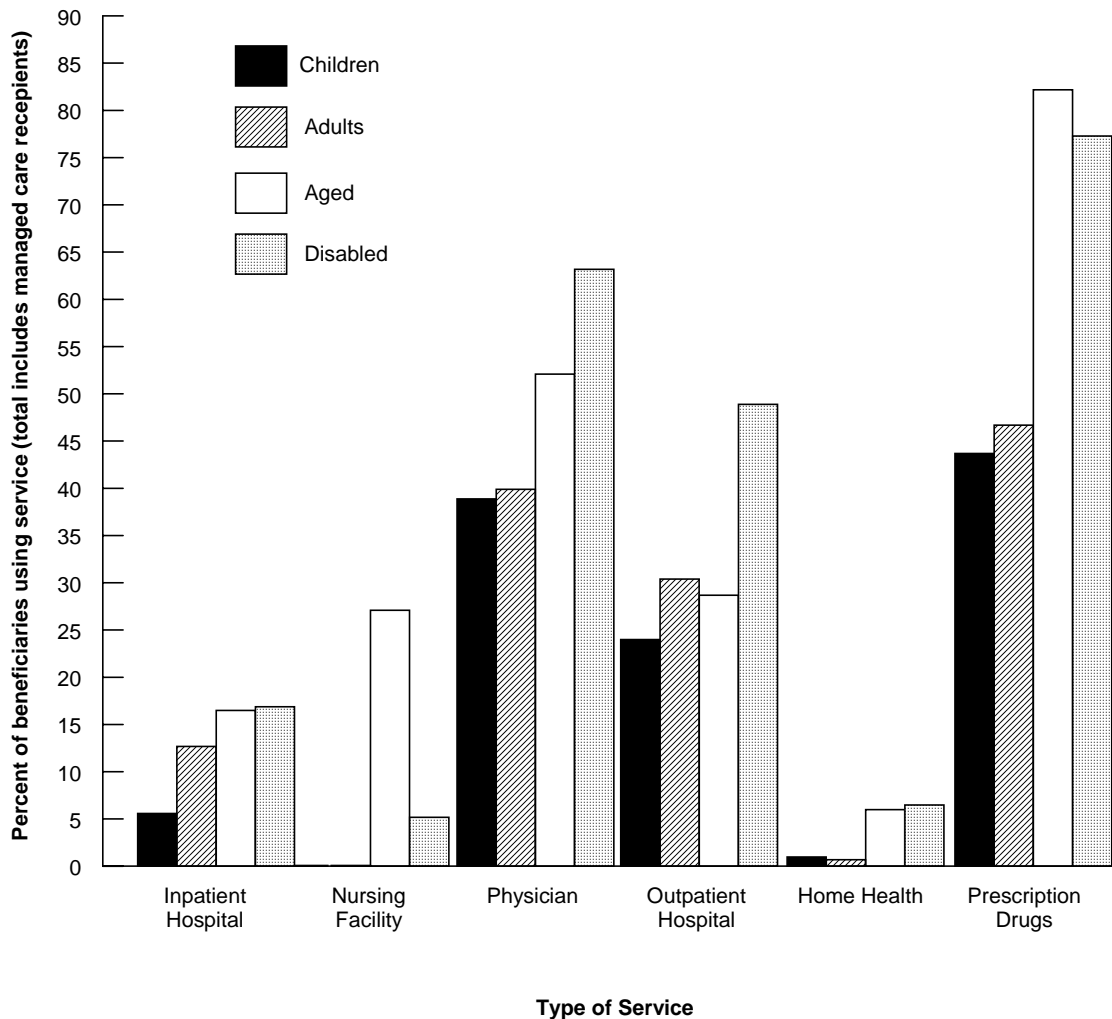
SOURCES: Centers for Medicare & Medicaid Services, Center for Medicaid and State Operations; Statistical Report on Medical Care: Eligibles, Recipients, Payments, and Services (HCFA 2082) and the Medicaid Statistical Information System (MSIS); data development by the Office of Research, Development, and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

Figure 13.8
Total Medicaid Vendor Payments, by Region:
Fiscal Year 2004



SOURCE: Centers for Medicare & Medicaid Services, Center for Medicaid and State Operations: Medicaid Statistical Information System (MSIS); data development by the Office of Research, Development, and Information.

Figure 13.9 Medicaid Persons Served, by Type of Service and Eligibility Group: Fiscal Year 2004



NOTES: Percents based on total number of persons receiving any service, including having a managed care premium paid on his/her behalf. Most low income aged Medicaid eligibles are also covered by one or both parts of the Medicare Program for Medicare covered services (that is, dually entitled). Most prescribed drugs and nursing home care are excluded from Medicare coverage.

SOURCE: Centers for Medicare & Medicaid Services, Center for Medicaid and State Operations: Medicaid Statistical Information System (MSIS); data development by the Office of Research, Development, and Information.