

**Table 13.19**  
**Medicaid Payments, Adults, by Type of Service: Fiscal Years 1975-2005**

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

See footnotes at end of table.

**Table 13.19—Continued**  
**Medicaid Payments, Adults, by Type of Service: Fiscal Years 1975-2005**

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

<sup>1</sup>The 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.

<sup>2</sup>Data 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.

<sup>3</sup>Less than \$500,000.

<sup>4</sup>Less 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.