

Table 13.11
Medicaid Payments per Person Served (Beneficiary), by Eligibility Group:
Fiscal Years 1975-2006

Year	Total ¹	Children	Adults	Aged	Disabled
1975	\$556	\$228	\$455	\$1,205	\$1,276
1976	618	245	479	1,359	1,469
1977	711	270	545	1,512	1,743
1978	819	293	576	1,869	2,068
1979	951	317	661	2,094	2,500
1980	1,079	335	663	2,540	2,619
1981	1,238	366	725	2,948	3,071
1982	1,361	363	764	3,315	3,600
1983	1,503	402	802	3,545	3,891
1984	1,569	411	789	3,957	4,112
1985	1,719	452	860	4,605	4,459
1986	1,821	512	864	4,808	4,687
1987	1,949	542	999	4,975	4,974
1988	2,126	583	1,069	5,425	5,332
1989	2,318	668	1,206	5,926	5,817
1990	2,568	811	1,429	6,717	6,564
1991	2,752	902	1,555	7,617	7,005
1992	2,937	971	1,762	7,759	7,578
1993	3,042	1,013	1,813	8,168	7,706
1994	3,089	1,006	1,791	8,332	7,750
1995	3,311	1,047	1,777	8,868	8,435
1996	3,369	1,048	1,722	8,622	8,369
1997	3,568	1,111	1,809	9,538	8,832
1998	3,548	1,207	1,883	10,243	9,096
1999	3,819	1,282	2,104	11,268	9,832
2000	3,936	1,358	2,030	11,929	10,559
2001	4,084	1,454	2,067	12,691	11,310
2002	4,328	1,545	2,100	13,359	12,475
2003	4,487	1,606	2,292	13,677	13,303
2004	4,686	1,671	2,509	13,790	14,070
2005	4,764	1,729	2,585	14,402	14,536
2006	4,635	1,808	2,617	13,268	13,902

See footnote at end of table.

Table 13.11—Continued
Medicaid Payments per Person Served (Beneficiary), by Eligibility Group:
Fiscal Years 1975-2006

Year	Total ¹	Children	Adults	Aged	Disabled
(Constant 2006 Dollars)					
1975	\$3,232	\$1,325	\$2,645	\$7,004	\$7,417
1976	3,208	1,272	2,486	7,054	7,625
1977	3,367	1,279	2,581	7,161	8,255
1978	3,563	1,275	2,506	8,131	8,996
1979	3,814	1,271	2,651	8,399	10,027
1980	3,952	1,227	2,428	9,303	9,593
1981	4,056	1,199	2,375	9,659	10,062
1982	4,000	1,067	2,246	9,743	10,581
1983	4,070	1,088	2,172	9,599	10,536
1984	3,941	1,032	1,982	9,939	10,328
1985	4,089	1,075	2,046	10,954	10,607
1986	4,173	1,173	1,980	11,018	10,741
1987	4,301	1,196	2,204	10,978	10,975
1988	4,392	1,204	2,209	11,208	11,016
1989	4,419	1,273	2,299	11,296	11,088
1990	4,546	1,436	2,530	11,890	11,619
1991	4,578	1,501	2,587	12,672	11,654
1992	4,635	1,532	2,781	12,244	11,958
1993	4,573	1,523	2,725	12,278	11,583
1994	4,459	1,452	2,585	12,028	11,188
1995	4,597	1,454	2,467	12,313	11,712
1996	4,550	1,416	2,326	11,646	11,304
1997	4,698	1,463	2,382	12,559	11,629
1998	4,561	1,552	2,420	13,169	11,694
1999	4,796	1,610	2,642	14,149	12,345
2000	4,810	1,659	2,481	14,577	12,904
2001	4,820	1,716	2,439	14,977	13,348
2002	4,978	1,777	2,415	15,366	14,349
2003	4,992	1,786	2,550	15,216	14,799
2004	4,999	1,782	2,676	14,710	15,009
2005	4,911	1,782	2,665	14,847	14,985
2006	4,635	1,808	2,617	13,268	13,902

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 2006 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.