

Table 13.14
Medicaid Payments per Person Served (Beneficiary), Adults, by Type of Service:
Fiscal Years 1975-2005

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
2005	2,585	4,354	(2)	(2)	618	654	602	628

See footnotes at end of table.

Table 13.14—Continued
Medicaid Payments per Person Served (Beneficiary), Adults, by Type of Service:
Fiscal Years 1975-2005

		Inpatient		Nursing		Outpatient	Home	Prescribed
Year	Total ¹	Hospital	ICF/MR	Facility	Physician	Hospital	Health ³	Drugs
(Constant 2005 Dollars)								
1975	\$2,565	\$6,117	(2)	(2)	\$654	\$321	\$682	\$288
1976	2,412	6,052	(2)	(2)	629	373	1,430	232
1977	2,504	5,981	(2)	(2)	606	542	1,452	230
1978	2,431	5,925	(2)	(2)	591	477	1,928	219
1979	2,572	6,380	(2)	(2)	591	494	2,976	237
1980	2,356	5,944	(2)	(2)	650	448	895	234
1981	2,304	5,826	(2)	(2)	613	499	963	219
1982	2,178	5,833	(2)	(2)	562	462	1,004	211
1983	2,106	5,636	(2)	(2)	520	446	1,056	205
1984	1,922	5,431	(2)	(2)	480	419	1,001	202
1985	1,984	5,432	(2)	(2)	491	422	1,114	222
1986	1,921	4,973	(2)	(2)	527	389	963	227
1987	2,138	5,323	(2)	(2)	535	443	982	250
1988	2,142	5,094	(2)	(2)	545	465	1,142	244
1989	2,230	4,774	(2)	(2)	564	460	1,150	239
1990	2,454	4,961	(2)	(2)	599	478	1,217	242
1991	2,509	4,860	(2)	(2)	628	514	919	239
1992	2,697	4,970	(2)	(2)	638	577	1,208	246
1993	2,643	4,947	(2)	(2)	617	591	1,115	248
1994	2,508	4,831	(2)	(2)	588	566	886	251
1995	2,393	4,661	(2)	(2)	571	543	765	255
1996	2,256	4,528	(2)	(2)	562	521	707	258
1997	2,311	4,667	(2)	(2)	623	543	759	289
1998	2,348	4,616	(2)	(2)	570	551	635	325
1999	2,562	4,638	(2)	(2)	619	596	875	409
2000	2,406	4,456	(2)	(2)	562	612	760	432
2001	2,366	4,532	(2)	(2)	546	624	916	471
2002	2,343	4,747	(2)	(2)	510	638	699	506
2003	2,474	4,686	(2)	(2)	552	667	627	602
2004	2,596	4,573	(2)	(2)	560	704	668	649
2005	2,585	4,354	(2)	(2)	618	654	602	628

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 2005 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.