

Table 13.14
Medicaid Payments per Person Served (Beneficiary), Adults, by Type of Service:
Fiscal Years 1975-2007

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
2006	2,617	3,900	(2)	(2)	564	670	666	573
2007	2,753	4,707	(2)	(2)	539	721	641	592

See footnotes at end of table.

Table 13.14—Continued
Medicaid Payments per Person Served (Beneficiary), Adults, by Type of Service:
Fiscal Years 1975-2007

		Inpatient		Nursing		Outpatient	Home	Prescribed
Year	Total ¹	Hospital	ICF/MR	Facility	Physician	Hospital	Health ³	Drugs
(Constant 2007 Dollars)								
1975	\$2,736	\$6,525	(2)	(2)	\$698	\$343	\$728	\$307
1976	2,573	6,455	(2)	(2)	671	397	1,525	247
1977	2,671	6,380	(2)	(2)	647	578	1,548	245
1978	2,593	6,320	(2)	(2)	630	509	2,057	234
1979	2,743	6,806	(2)	(2)	631	527	3,175	253
1980	2,513	6,340	(2)	(2)	694	478	955	250
1981	2,458	6,214	(2)	(2)	654	532	1,027	234
1982	2,323	6,222	(2)	(2)	599	493	1,070	225
1983	2,247	6,012	(2)	(2)	555	476	1,126	219
1984	2,050	5,793	(2)	(2)	512	447	1,068	216
1985	2,117	5,794	(2)	(2)	524	450	1,189	236
1986	2,049	5,304	(2)	(2)	562	415	1,027	242
1987	2,281	5,678	(2)	(2)	571	473	1,048	267
1988	2,285	5,434	(2)	(2)	581	496	1,218	261
1989	2,379	5,093	(2)	(2)	602	491	1,227	254
1990	2,618	5,292	(2)	(2)	639	510	1,298	258
1991	2,676	5,184	(2)	(2)	670	549	980	254
1992	2,877	5,302	(2)	(2)	681	616	1,288	263
1993	2,820	5,277	(2)	(2)	658	630	1,190	264
1994	2,675	5,153	(2)	(2)	627	603	945	267
1995	2,553	4,972	(2)	(2)	609	579	816	272
1996	2,407	4,830	(2)	(2)	600	556	755	275
1997	2,465	4,978	(2)	(2)	665	579	809	308
1998	2,504	4,924	(2)	(2)	608	587	677	347
1999	2,733	4,947	(2)	(2)	660	635	933	436
2000	2,567	4,754	(2)	(2)	599	653	811	461
2001	2,524	4,834	(2)	(2)	583	666	977	502
2002	2,499	5,064	(2)	(2)	544	680	746	540
2003	2,639	4,998	(2)	(2)	589	711	669	642
2004	2,769	4,878	(2)	(2)	597	751	713	692
2005	2,758	4,645	(2)	(2)	660	697	643	670
2006	2,707	4,035	(2)	(2)	584	693	689	593
2007	2,753	4,707	(2)	(2)	539	721	641	592

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 2007 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.