

Table 13.14
Medicaid Payments per Person Served (Beneficiary), Adults, by Type of Service:
Fiscal Years 1975-2011

Year	Total ¹	Inpatient		Nursing		Outpatient	Home	Prescribed
		Hospital	ICF/MR	Facility	Physician	Hospital	Health ²	Drugs
1975	\$455	\$1,085	(3)	(3)	\$116	\$57	\$121	\$51
1976	479	1,202	(3)	(3)	125	74	284	46
1977	545	1,302	(3)	(3)	132	118	316	50
1978	576	1,404	(3)	(3)	140	113	457	52
1979	661	1,640	(3)	(3)	152	127	765	61
1980	663	1,673	(3)	(3)	183	126	252	66
1981	725	1,833	(3)	(3)	193	157	303	69
1982	764	2,046	(3)	(3)	197	162	352	74
1983	802	2,146	(3)	(3)	198	170	402	78
1984	789	2,229	(3)	(3)	197	172	411	83
1985	860	2,354	(3)	(3)	213	183	483	96
1986	864	2,237	(3)	(3)	237	175	433	102
1987	999	2,487	(3)	(3)	250	207	459	117
1988	1,069	2,542	(3)	(3)	272	232	570	122
1989	1,206	2,582	(3)	(3)	305	249	622	129
1990	1,429	2,889	(3)	(3)	349	279	709	141
1991	1,555	3,012	(3)	(3)	389	319	569	148
1992	1,762	3,247	(3)	(3)	417	377	789	161
1993	1,813	3,393	(3)	(3)	423	405	765	170
1994	1,791	3,450	(3)	(3)	420	404	633	179
1995	1,777	3,461	(3)	(3)	424	403	568	189
1996	1,722	3,456	(3)	(3)	429	398	540	197
1997	1,809	3,654	(3)	(3)	488	425	594	226
1998	1,883	3,702	(3)	(3)	457	442	509	261
1999	2,104	3,808	(3)	(3)	508	489	718	335
2000	2,030	3,759	(3)	(3)	474	516	641	364
2001	2,067	3,959	(3)	(3)	477	545	800	411
2002	2,100	4,255	(3)	(3)	457	572	627	453
2003	2,292	4,342	(3)	(3)	512	618	581	558
2004	2,509	4,420	(3)	(3)	541	681	646	627
2005	2,585	4,354	(3)	(3)	618	654	602	628
2006	2,617	3,900	(3)	(3)	564	670	666	573
2007	2,753	4,707	(3)	(3)	539	721	641	592
2008	2,912	4,710	(3)	(3)	568	755	656	612
2009	3,144	4,985	(3)	(3)	558	791	731	666
2010	3,102	4,798	(3)	(3)	552	832	697	690
2011	3,290	4,984	(3)	(3)	554	830	732	752

See footnotes at end of table.

Table 13.14—Continued
Medicaid Payments per Person Served (Beneficiary), Adults, by Type of Service:
Fiscal Years 1975-2011

Year	Total ¹	Inpatient		Nursing		Outpatient	Home	Prescribed
		Hospital	ICF/MR	Facility	Physician	Hospital	Health ²	Drugs
(Constant 2011 Dollars)								
1975	\$3,328	\$7,936	(3)	(3)	\$848	\$417	\$885	\$373
1976	3,183	7,986	(3)	(3)	831	492	1,887	306
1977	3,337	7,972	(3)	(3)	808	723	1,935	306
1978	3,264	7,956	(3)	(3)	793	640	2,590	295
1979	3,415	8,474	(3)	(3)	785	656	3,953	315
1980	3,077	7,766	(3)	(3)	849	585	1,170	306
1981	2,996	7,574	(3)	(3)	798	649	1,252	285
1982	2,822	7,558	(3)	(3)	728	598	1,300	273
1983	2,705	7,238	(3)	(3)	668	573	1,356	263
1984	2,465	6,964	(3)	(3)	616	537	1,284	259
1985	2,527	6,918	(3)	(3)	626	538	1,419	282
1986	2,400	6,214	(3)	(3)	658	486	1,203	283
1987	2,609	6,494	(3)	(3)	653	541	1,199	306
1988	2,602	6,186	(3)	(3)	662	565	1,387	297
1989	2,700	5,781	(3)	(3)	683	557	1,393	289
1990	2,946	5,956	(3)	(3)	719	574	1,461	290
1991	2,965	5,743	(3)	(3)	742	608	1,086	282
1992	3,137	5,781	(3)	(3)	742	671	1,405	287
1993	3,047	5,702	(3)	(3)	711	681	1,286	286
1994	2,890	5,566	(3)	(3)	678	652	1,021	289
1995	2,761	5,377	(3)	(3)	659	626	882	294
1996	2,608	5,234	(3)	(3)	650	603	818	298
1997	2,682	5,416	(3)	(3)	723	630	880	335
1998	2,743	5,393	(3)	(3)	666	643	741	380
1999	3,000	5,430	(3)	(3)	725	697	1,024	478
2000	2,822	5,226	(3)	(3)	659	718	892	507
2001	2,779	5,324	(3)	(3)	642	733	1,076	553
2002	2,752	5,575	(3)	(3)	599	749	821	594
2003	2,901	5,495	(3)	(3)	648	782	736	706
2004	3,057	5,384	(3)	(3)	659	829	787	764
2005	3,054	5,143	(3)	(3)	731	772	711	742
2006	2,996	4,465	(3)	(3)	646	767	762	656
2007	3,047	5,209	(3)	(3)	597	799	709	655
2008	3,126	5,056	(3)	(3)	610	810	704	657
2009	3,292	5,220	(3)	(3)	584	828	766	698
2010	3,161	4,888	(3)	(3)	562	848	710	703
2011	3,290	4,984	(3)	(3)	554	830	732	752

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.

²Trend 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).

³Average 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.

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 health care services, U.S. Department of Commerce, Bureau of Economic Analysis (BEA), expressed in fiscal year 2011 dollars. For more information on personal consumption expenditures and price indexes, please see BEA NIPA Table 1.5.4 at <http://www.bea.gov>. ICF/MR is intermediate care facility for the mentally retarded. Beneficiaries covered under SCHIP and their payments are excluded from Medicaid. The payments reported for 2011 include last reported 2010 payments for Maine, Oklahoma, Kansas, Utah, and Idaho.

SOURCES: Centers for Medicare & Medicaid Services, Center for Medicaid and CHIP Services: 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 Information Products and Data Analytics.