

Table 13.13
Medicaid Payments per Person Served (Beneficiary), Children, by Type of Service:
Fiscal Years 1975-2008

Year	Total ¹	Inpatient		Nursing		Outpatient	Home	Prescribed
		Hospital	ICF/MR	Facility	Physician	Hospital	Health ²	Drugs
1975	\$228	\$895	(3)	(3)	\$60	\$40	\$143	\$23
1976	245	1,007	(3)	(3)	64	54	231	21
1977	270	1,128	(3)	(3)	66	86	281	21
1978	293	1,232	(3)	(3)	70	83	168	22
1979	317	1,413	(3)	(3)	73	88	180	25
1980	335	1,509	(3)	(3)	87	90	105	28
1981	366	1,671	(3)	(3)	90	115	94	29
1982	363	1,838	(3)	(3)	93	116	131	31
1983	402	2,009	(3)	(3)	97	126	251	33
1984	411	2,186	(3)	(3)	101	128	284	36
1985	452	2,347	(3)	(3)	104	135	339	39
1986	512	2,611	(3)	(3)	105	148	345	50
1987	542	2,530	(3)	(3)	118	145	373	47
1988	583	2,711	(3)	(3)	126	156	501	49
1989	668	2,874	(3)	(3)	138	170	639	53
1990	811	3,287	(3)	(3)	154	191	736	61
1991	902	3,653	(3)	(3)	170	217	908	69
1992	971	3,310	(3)	(3)	187	243	968	80
1993	1,013	3,647	(3)	(3)	195	252	1,032	88
1994	1,006	3,588	(3)	(3)	197	252	1,010	95
1995	1,047	3,819	(3)	(3)	200	252	1,589	104
1996	1,048	3,627	(3)	(3)	205	246	1,855	112
1997	1,111	4,087	(3)	(3)	206	258	1,730	120
1998	1,207	4,284	(3)	(3)	209	260	704	138
1999	1,282	3,903	(3)	(3)	244	275	1,064	161
2000	1,358	3,844	(3)	(3)	246	291	788	188
2001	1,454	4,006	(3)	(3)	263	309	795	224
2002	1,545	4,305	(3)	(3)	270	322	874	258
2003	1,606	4,364	(3)	(3)	285	339	852	298
2004	1,671	4,369	(3)	(3)	297	365	900	335
2005	1,729	4,466	(3)	(3)	313	360	959	357
2006	1,808	3,986	(3)	(3)	310	379	1,042	370
2007	1,951	4,978	(3)	(3)	309	405	1,098	409
2008	2,035	4,943	(3)	(3)	335	434	1,191	433

See footnotes at end of table.

Table 13.13—Continued
Medicaid Payments per Person Served (Beneficiary), Children, by Type of Service:
Fiscal Years 1975-2008

Table 1. Health Care Expenditures by Type of Service, 1975-2008								
		Inpatient		Nursing		Outpatient	Home	Prescribed
Year	Total ¹	Hospital	ICF/MR	Facility	Physician	Hospital	Health ²	Drugs
(Constant 2008 Dollars)								
1975	\$1,593	\$6,254	(3)	(3)	\$419	\$280	\$999	\$161
1976	1,517	6,235	(3)	(3)	396	334	1,430	130
1977	1,540	6,435	(3)	(3)	376	491	1,603	120
1978	1,547	6,505	(3)	(3)	370	438	887	116
1979	1,526	6,803	(3)	(3)	351	424	867	120
1980	1,449	6,527	(3)	(3)	376	389	454	121
1981	1,409	6,432	(3)	(3)	346	443	362	112
1982	1,249	6,325	(3)	(3)	320	399	451	107
1983	1,263	6,314	(3)	(3)	305	396	789	104
1984	1,197	6,364	(3)	(3)	294	373	827	105
1985	1,238	6,427	(3)	(3)	285	370	928	107
1986	1,325	6,757	(3)	(3)	272	383	893	129
1987	1,318	6,154	(3)	(3)	287	353	907	114
1988	1,322	6,146	(3)	(3)	286	354	1,136	111
1989	1,393	5,995	(3)	(3)	288	355	1,333	111
1990	1,558	6,313	(3)	(3)	297	368	1,414	118
1991	1,603	6,489	(3)	(3)	303	385	1,613	122
1992	1,611	5,491	(3)	(3)	310	403	1,606	133
1993	1,586	5,710	(3)	(3)	305	395	1,616	138
1994	1,512	5,394	(3)	(3)	296	379	1,518	143
1995	1,515	5,528	(3)	(3)	289	365	2,300	151
1996	1,479	5,117	(3)	(3)	289	347	2,617	158
1997	1,534	5,644	(3)	(3)	284	357	2,388	166
1998	1,638	5,815	(3)	(3)	284	352	956	188
1999	1,703	5,185	(3)	(3)	325	366	1,414	214
2000	1,758	4,978	(3)	(3)	319	377	1,020	243
2001	1,822	5,019	(3)	(3)	330	388	996	281
2002	1,886	5,254	(3)	(3)	330	393	1,067	315
2003	1,892	5,144	(3)	(3)	335	399	1,004	351
2004	1,895	4,957	(3)	(3)	337	414	1,021	380
2005	1,902	4,913	(3)	(3)	345	396	1,056	393
2006	1,928	4,251	(3)	(3)	331	404	1,112	395
2007	2,012	5,131	(3)	(3)	318	418	1,132	421
2008	2,035	4,943	(3)	(3)	335	434	1,191	433

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 2008 dollars. With the release of the comprehensive revision of the national accounts in July of 2009, BEA introduced a new classification system for Personal Consumption Expenditures (PCE). With the new classification system and the release of the comprehensive revision estimates, components of medical care were changed, and the base year was updated to the year 2005. PCE health care services now exclude eye exams (currently classified in PCE goods under corrective eyeglasses and contact lenses), and net health insurance (now classified under insurance services). As a result of the PCE classification change, all PCE series were restated for the entire historical period to reflect the new PCE classification structure. 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.