

Table 13.12
Medicaid Payments per Person Served (Beneficiary), All Eligibility Groups, by Type of Service:
Fiscal Years 1975-2008

Year	Total ¹	Inpatient		Nursing		Outpatient	Home	Prescribed
		Hospital	ICF/MR	Facility ²	Physician	Hospital	Health ³	Drugs
1975	\$556	\$983	\$5,538	\$3,292	\$81	\$50	\$204	\$58
1976	618	1,100	7,135	3,442	88	65	420	63
1977	711	1,211	8,530	3,819	94	102	485	66
1978	819	1,320	11,486	4,517	99	97	558	71
1979	951	1,568	13,022	5,198	108	110	734	84
1980	1,079	1,742	16,439	5,654	136	113	846	96
1981	1,238	1,943	19,812	6,226	146	141	1,065	108
1982	1,361	2,172	23,312	7,104	150	146	1,313	118
1983	1,503	2,384	27,006	7,317	155	156	1,416	129
1984	1,569	2,552	30,170	7,847	156	164	1,768	141
1985	1,719	2,753	32,238	8,427	163	178	2,092	166
1986	1,821	2,924	35,089	8,887	171	185	2,278	183
1987	1,949	3,000	37,490	9,322	181	203	2,777	198
1988	2,126	3,151	41,413	9,880	193	229	3,542	215
1989	2,318	3,251	44,999	10,696	217	250	4,225	232
1990	2,568	3,630	50,048	12,108	235	269	4,733	256
1991	2,752	3,959	52,791	13,893	259	305	5,070	277
1992	2,937	4,091	56,636	14,969	282	349	5,279	308
1993	3,042	4,366	59,156	15,798	293	378	5,250	333
1994	3,089	4,463	52,497	16,531	296	383	5,446	363
1995	3,311	4,735	68,613	17,424	309	397	5,740	413
1996	3,369	4,696	68,232	18,589	317	409	6,293	474
1997	3,568	4,877	72,033	19,029	333	453	6,575	571
1998	3,548	5,021	74,960	19,379	327	474	2,206	699
1999	3,819	4,943	76,443	20,568	357	491	3,571	837
2000	3,936	4,919	79,330	20,220	356	533	3,135	975
2001	4,084	5,323	83,173	21,929	372	548	3,475	1,082
2002	4,328	5,771	91,588	22,326	378	571	3,689	1,165
2003	4,487	6,047	95,287	23,882	403	596	3,720	1,293
2004	4,686	6,435	98,281	24,585	426	646	3,984	1,433
2005	4,764	6,401	107,135	26,096	467	615	4,493	1,510
2006	4,635	5,778	110,320	26,520	454	641	4,979	1,029
2007	4,862	7,191	113,735	28,282	457	695	5,334	926
2008	5,051	7,083	123,053	29,533	485	736	5,789	957

See footnotes at end of table.

Table 13.12—Continued
Medicaid Payments per Person Served (Beneficiary), All Eligibility Groups, by Type of Service:
Fiscal Years 1975-2008

Year	Total ¹	Inpatient		Nursing		Outpatient	Home	Prescribed
		Hospital	ICF/MR	Facility ²	Physician	Hospital	Health ³	Drugs
(Constant 2008 Dollars)								
1975	\$3,885	\$6,869	\$38,700	\$23,005	\$566	\$349	\$1,426	\$405
1976	3,827	6,811	44,180	21,313	545	402	2,601	390
1977	4,056	6,908	48,659	21,786	536	582	2,767	376
1978	4,324	6,969	60,644	23,849	523	512	2,946	375
1979	4,579	7,549	62,696	25,026	520	530	3,534	404
1980	4,667	7,535	71,103	24,455	588	489	3,659	415
1981	4,765	7,479	76,259	23,965	562	543	4,099	416
1982	4,683	7,474	80,220	24,446	516	502	4,518	406
1983	4,723	7,492	84,871	22,995	487	490	4,450	405
1984	4,568	7,429	87,831	22,844	454	477	5,147	410
1985	4,707	7,538	88,275	23,075	446	487	5,728	455
1986	4,713	7,567	90,810	22,999	443	479	5,895	474
1987	4,741	7,297	91,194	22,676	440	494	6,755	482
1988	4,820	7,144	93,886	22,399	438	519	8,030	487
1989	4,835	6,781	93,865	22,311	453	521	8,813	484
1990	4,932	6,972	96,117	23,253	452	516	9,090	491
1991	4,889	7,033	93,784	24,681	460	542	9,007	492
1992	4,872	6,787	93,955	24,832	468	579	8,757	511
1993	4,763	6,836	92,619	24,735	459	592	8,220	521
1994	4,644	6,709	78,919	24,851	445	576	8,187	546
1995	4,792	6,853	99,310	25,219	447	575	8,308	598
1996	4,753	6,625	96,264	26,226	447	577	8,878	669
1997	4,928	6,735	99,479	26,280	459	625	9,080	789
1998	4,816	6,816	101,751	26,305	444	643	2,994	949
1999	5,074	6,567	101,558	27,325	474	652	4,744	1,112
2000	5,097	6,370	102,732	26,185	461	691	4,060	1,263
2001	5,116	6,669	104,201	27,473	466	686	4,353	1,355
2002	5,282	7,044	111,774	27,247	462	697	4,502	1,422
2003	5,288	7,127	112,301	28,146	475	703	4,385	1,524
2004	5,317	7,301	111,506	27,893	483	733	4,520	1,626
2005	5,241	7,042	117,873	28,711	514	677	4,944	1,661
2006	4,944	6,163	117,662	28,285	485	684	5,310	1,098
2007	5,012	7,412	117,241	29,154	471	717	5,499	955
2008	5,051	7,083	123,053	29,533	485	736	5,789	957

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.

²Data shown include services shown separately in earlier years as skilled nursing facility (SNF) and intermediate care facilities (ICF-other). Beginning in fiscal year 1991, the conditions of participation for SNFs and ICF-other were unified, the distinction between them removed, and the services renamed nursing facility services. It is possible that the combined number of recipients includes some persons who used both types of nursing facility care during the reported fiscal year. This could inflate the number of users and lower the average payment per user.

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 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.