

Table 13.14
Medicaid Payments per Person Served (Beneficiary), Adults, by Type of Service:
Fiscal Years 1975-2009

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

See footnotes at end of table.

Table 13.14—Continued
Medicaid Payments per Person Served (Beneficiary), Adults, by Type of Service:
Fiscal Years 1975-2009

		Inpatient		Nursing		Outpatient	Home	Prescribed
Year	Total ¹	Hospital	ICF/MR	Facility	Physician	Hospital	Health ²	Drugs
(Constant 2009 Dollars)								
1975	\$3,261	\$7,777	(3)	(3)	\$831	\$409	\$867	\$366
1976	3,041	7,631	(3)	(3)	794	470	1,803	292
1977	3,188	7,617	(3)	(3)	772	690	1,849	293
1978	3,119	7,602	(3)	(3)	758	612	2,474	282
1979	3,263	8,096	(3)	(3)	750	627	3,777	301
1980	2,940	7,420	(3)	(3)	812	559	1,118	293
1981	2,862	7,237	(3)	(3)	762	620	1,196	272
1982	2,696	7,221	(3)	(3)	695	572	1,242	261
1983	2,585	6,916	(3)	(3)	638	548	1,295	251
1984	2,355	6,654	(3)	(3)	588	513	1,227	248
1985	2,415	6,610	(3)	(3)	598	514	1,356	270
1986	2,293	5,937	(3)	(3)	629	464	1,149	271
1987	2,492	6,205	(3)	(3)	624	516	1,145	292
1988	2,486	5,911	(3)	(3)	632	539	1,325	284
1989	2,580	5,523	(3)	(3)	652	533	1,331	276
1990	2,815	5,691	(3)	(3)	687	549	1,396	277
1991	2,832	5,487	(3)	(3)	709	581	1,037	269
1992	2,997	5,524	(3)	(3)	709	641	1,342	274
1993	2,911	5,448	(3)	(3)	679	650	1,228	273
1994	2,761	5,318	(3)	(3)	647	623	976	276
1995	2,638	5,138	(3)	(3)	629	598	843	281
1996	2,492	5,001	(3)	(3)	621	576	781	285
1997	2,562	5,175	(3)	(3)	691	602	841	320
1998	2,621	5,153	(3)	(3)	637	615	708	363
1999	2,866	5,188	(3)	(3)	692	666	978	457
2000	2,696	4,993	(3)	(3)	630	686	852	484
2001	2,656	5,087	(3)	(3)	613	700	1,028	528
2002	2,628	5,325	(3)	(3)	573	715	784	567
2003	2,771	5,248	(3)	(3)	619	747	703	675
2004	2,919	5,142	(3)	(3)	630	792	751	729
2005	2,917	4,912	(3)	(3)	698	737	680	709
2006	2,862	4,265	(3)	(3)	617	733	728	626
2007	2,910	4,974	(3)	(3)	570	762	677	625
2008	2,985	4,828	(3)	(3)	582	774	672	627
2009	3,144	4,985	(3)	(3)	558	791	731	666

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 2009 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 Center for Strategic Planning.