

**Table 13.14**  
**Medicaid Payments per Person Served (Beneficiary), Adults, by Type of Service:**  
**Fiscal Years 1975-2010**

Year	Total <sup>1</sup>	Inpatient		Nursing		Outpatient	Home	Prescribed
		Hospital	ICF/MR	Facility	Physician	Hospital	Health <sup>2</sup>	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

See footnotes at end of table.

**Table 13.14—Continued**  
**Medicaid Payments per Person Served (Beneficiary), Adults, by Type of Service:**  
**Fiscal Years 1975-2010**

Year	Total <sup>1</sup>	Inpatient Hospital	ICF/MR	Nursing Facility	Physician	Outpatient Hospital	Home Health <sup>2</sup>	Prescribed Drugs
(Constant 2010 Dollars)								
1975	\$3,268	\$7,793	(3)	(3)	\$833	\$409	\$869	\$366
1976	3,125	7,843	(3)	(3)	816	483	1,853	300
1977	3,277	7,828	(3)	(3)	794	709	1,900	301
1978	3,205	7,813	(3)	(3)	779	629	2,543	289
1979	3,354	8,321	(3)	(3)	771	644	3,881	310
1980	3,022	7,626	(3)	(3)	834	574	1,149	301
1981	2,942	7,438	(3)	(3)	783	637	1,230	280
1982	2,771	7,422	(3)	(3)	715	588	1,277	268
1983	2,656	7,108	(3)	(3)	656	563	1,331	258
1984	2,421	6,839	(3)	(3)	604	528	1,261	255
1985	2,482	6,794	(3)	(3)	615	528	1,394	277
1986	2,357	6,102	(3)	(3)	647	477	1,181	278
1987	2,562	6,377	(3)	(3)	641	531	1,177	300
1988	2,555	6,075	(3)	(3)	650	554	1,362	292
1989	2,651	5,677	(3)	(3)	671	547	1,368	284
1990	2,893	5,849	(3)	(3)	706	564	1,435	285
1991	2,911	5,640	(3)	(3)	729	597	1,066	277
1992	3,081	5,677	(3)	(3)	729	659	1,380	282
1993	2,992	5,600	(3)	(3)	698	668	1,263	281
1994	2,838	5,466	(3)	(3)	665	640	1,003	284
1995	2,711	5,280	(3)	(3)	647	615	867	288
1996	2,561	5,140	(3)	(3)	638	592	803	293
1997	2,633	5,319	(3)	(3)	710	619	865	329
1998	2,694	5,296	(3)	(3)	654	632	728	373
1999	2,946	5,332	(3)	(3)	712	685	1,005	470
2000	2,771	5,132	(3)	(3)	647	705	876	498
2001	2,729	5,228	(3)	(3)	630	720	1,056	543
2002	2,701	5,473	(3)	(3)	588	735	806	583
2003	2,848	5,394	(3)	(3)	636	768	722	693
2004	3,000	5,285	(3)	(3)	647	814	772	750
2005	2,998	5,049	(3)	(3)	717	758	698	728
2006	2,941	4,383	(3)	(3)	634	753	748	644
2007	2,990	5,112	(3)	(3)	586	784	696	643
2008	3,068	4,962	(3)	(3)	599	795	691	645
2009	3,231	5,124	(3)	(3)	574	813	752	685
2010	3,102	4,798	(3)	(3)	552	832	697	690

<sup>1</sup>The 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.

<sup>2</sup>Trend 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).

<sup>3</sup>Average 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 2010 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 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.