

**Table 13.13**  
**Medicaid Payments per Person Served (Beneficiary), Children, by Type of Service:**  
**Fiscal Years 1975-2005**

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

See footnotes at end of table.

**Table 13.13—Continued**  
**Medicaid Payments per Person Served (Beneficiary), Children, by Type of Service:**  
**Fiscal Years 1975-2005**

		Inpatient		Nursing		Outpatient	Home	Prescribed
Year	Total <sup>1</sup>	Hospital	ICF/MR	Facility	Physician	Hospital	Health <sup>3</sup>	Drugs
(Constant 2005 Dollars)								
1975	\$1,285	\$5,046	(2)	(2)	\$338	\$226	\$806	130
1976	1,234	5,070	(2)	(2)	322	272	1,163	106
1977	1,240	5,182	(2)	(2)	303	395	1,291	96
1978	1,236	5,199	(2)	(2)	295	350	709	93
1979	1,233	5,497	(2)	(2)	284	342	700	97
1980	1,190	5,361	(2)	(2)	309	320	373	99
1981	1,163	5,311	(2)	(2)	286	365	299	92
1982	1,035	5,240	(2)	(2)	265	331	373	88
1983	1,056	5,277	(2)	(2)	255	331	659	87
1984	1,001	5,326	(2)	(2)	246	312	692	88
1985	1,043	5,415	(2)	(2)	240	311	782	90
1986	1,138	5,804	(2)	(2)	233	329	767	111
1987	1,160	5,415	(2)	(2)	253	310	798	101
1988	1,168	5,433	(2)	(2)	253	313	1,004	98
1989	1,235	5,314	(2)	(2)	255	314	1,182	98
1990	1,393	5,644	(2)	(2)	265	329	1,264	105
1991	1,456	5,895	(2)	(2)	275	349	1,465	111
1992	1,486	5,067	(2)	(2)	286	372	1,482	122
1993	1,477	5,318	(2)	(2)	284	367	1,505	128
1994	1,409	5,024	(2)	(2)	276	353	1,414	133
1995	1,410	5,144	(2)	(2)	269	339	2,140	140
1996	1,373	4,752	(2)	(2)	269	322	2,430	147
1997	1,419	5,220	(2)	(2)	262	330	2,209	154
1998	1,505	5,342	(2)	(2)	261	324	878	173
1999	1,562	4,754	(2)	(2)	298	335	1,296	196
2000	1,609	4,556	(2)	(2)	292	345	934	223
2001	1,665	4,586	(2)	(2)	301	354	911	256
2002	1,724	4,803	(2)	(2)	302	359	976	288
2003	1,733	4,710	(2)	(2)	307	365	920	322
2004	1,729	4,521	(2)	(2)	308	377	931	346
2005	1,729	4,466	(2)	(2)	313	360	959	357

<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>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.

<sup>3</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).

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 medical services, U.S. Department of Commerce, Bureau of Economic Analysis, expressed in fiscal year 2005 dollars. 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