

Table 13.13
Medicaid Payments per Person Served (Beneficiary), Children, by Type of Service:
Fiscal Years 1975-2006

Year	Total ¹	Inpatient		Nursing		Outpatient	Home	Prescribed
		Hospital	ICF/MR	Facility	Physician	Hospital	Health ³	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
2006	1,808	3,986	(2)	(2)	310	379	1,042	370

See footnotes at end of table.

Table 13.13—Continued
Medicaid Payments per Person Served (Beneficiary), Children, by Type of Service:
Fiscal Years 1975-2006

		Inpatient		Nursing		Outpatient	Home	Prescribed
Year	Total ¹	Hospital	ICF/MR	Facility	Physician	Hospital	Health ³	Drugs
(Constant 2006 Dollars)								
1975	\$1,325	\$5,202	(2)	(2)	\$349	\$232	\$831	\$134
1976	1,272	5,227	(2)	(2)	332	280	1,199	109
1977	1,279	5,342	(2)	(2)	313	407	1,331	99
1978	1,275	5,360	(2)	(2)	305	361	731	96
1979	1,271	5,667	(2)	(2)	293	353	722	100
1980	1,227	5,527	(2)	(2)	319	330	385	103
1981	1,199	5,475	(2)	(2)	295	377	308	95
1982	1,067	5,402	(2)	(2)	273	341	385	91
1983	1,088	5,440	(2)	(2)	263	341	680	89
1984	1,032	5,490	(2)	(2)	254	321	713	90
1985	1,075	5,583	(2)	(2)	247	321	806	93
1986	1,173	5,984	(2)	(2)	241	339	791	115
1987	1,196	5,583	(2)	(2)	260	320	823	104
1988	1,204	5,601	(2)	(2)	260	322	1,035	101
1989	1,273	5,478	(2)	(2)	263	324	1,218	101
1990	1,436	5,819	(2)	(2)	273	339	1,303	109
1991	1,501	6,077	(2)	(2)	283	360	1,510	114
1992	1,532	5,223	(2)	(2)	295	383	1,528	126
1993	1,523	5,482	(2)	(2)	293	379	1,551	132
1994	1,452	5,179	(2)	(2)	284	364	1,458	137
1995	1,454	5,303	(2)	(2)	278	350	2,206	144
1996	1,416	4,899	(2)	(2)	277	332	2,506	151
1997	1,463	5,381	(2)	(2)	271	340	2,277	159
1998	1,552	5,507	(2)	(2)	269	334	905	178
1999	1,610	4,901	(2)	(2)	307	345	1,337	202
2000	1,659	4,697	(2)	(2)	301	356	963	230
2001	1,716	4,728	(2)	(2)	311	365	939	264
2002	1,777	4,952	(2)	(2)	311	371	1,006	297
2003	1,786	4,855	(2)	(2)	317	377	948	331
2004	1,782	4,661	(2)	(2)	317	389	960	357
2005	1,782	4,604	(2)	(2)	323	371	989	368
2006	1,808	3,986	(2)	(2)	310	379	1,042	370

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.

²Average 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.

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 medical services, U.S. Department of Commerce, Bureau of Economic Analysis, expressed in fiscal year 2006 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.