

Table 13.11
Medicaid Payments per Person Served (Beneficiary), by Eligibility Group:
Fiscal Years 1975-2007

Year	Total ¹	Children	Adults	Aged	Disabled
1975	\$556	\$228	\$455	\$1,205	\$1,276
1976	618	245	479	1,359	1,469
1977	711	270	545	1,512	1,743
1978	819	293	576	1,869	2,068
1979	951	317	661	2,094	2,500
1980	1,079	335	663	2,540	2,619
1981	1,238	366	725	2,948	3,071
1982	1,361	363	764	3,315	3,600
1983	1,503	402	802	3,545	3,891
1984	1,569	411	789	3,957	4,112
1985	1,719	452	860	4,605	4,459
1986	1,821	512	864	4,808	4,687
1987	1,949	542	999	4,975	4,974
1988	2,126	583	1,069	5,425	5,332
1989	2,318	668	1,206	5,926	5,817
1990	2,568	811	1,429	6,717	6,564
1991	2,752	902	1,555	7,617	7,005
1992	2,937	971	1,762	7,759	7,578
1993	3,042	1,013	1,813	8,168	7,706
1994	3,089	1,006	1,791	8,332	7,750
1995	3,311	1,047	1,777	8,868	8,435
1996	3,369	1,048	1,722	8,622	8,369
1997	3,568	1,111	1,809	9,538	8,832
1998	3,548	1,207	1,883	10,243	9,096
1999	3,819	1,282	2,104	11,268	9,832
2000	3,936	1,358	2,030	11,929	10,559
2001	4,084	1,454	2,067	12,691	11,310
2002	4,328	1,545	2,100	13,359	12,475
2003	4,487	1,606	2,292	13,677	13,303
2004	4,686	1,671	2,509	13,790	14,070
2005	4,764	1,729	2,585	14,402	14,536
2006	4,635	1,808	2,617	13,268	13,902
2007	4,862	1,951	2,753	14,141	14,194

See footnote at end of table.

Table 13.11—Continued
Medicaid Payments per Person Served (Beneficiary), by Eligibility Group:
Fiscal Years 1975-2007

Year	Total ¹	Children	Adults	Aged	Disabled
(Constant 2007 Dollars)					
1975	\$3,344	\$1,371	\$2,736	\$7,247	\$7,674
1976	3,319	1,316	2,573	7,299	7,889
1977	3,484	1,323	2,671	7,409	8,541
1978	3,687	1,319	2,593	8,413	9,309
1979	3,947	1,316	2,743	8,690	10,375
1980	4,089	1,270	2,513	9,626	9,926
1981	4,197	1,241	2,458	9,994	10,411
1982	4,139	1,104	2,323	10,081	10,948
1983	4,211	1,126	2,247	9,932	10,901
1984	4,078	1,068	2,050	10,283	10,686
1985	4,231	1,112	2,117	11,334	10,975
1986	4,318	1,214	2,049	11,401	11,114
1987	4,450	1,237	2,281	11,359	11,356
1988	4,545	1,246	2,285	11,597	11,398
1989	4,572	1,318	2,379	11,688	11,473
1990	4,703	1,485	2,617	12,303	12,022
1991	4,737	1,553	2,677	13,112	12,059
1992	4,796	1,585	2,877	12,669	12,373
1993	4,731	1,576	2,820	12,704	11,985
1994	4,614	1,503	2,675	12,445	11,576
1995	4,757	1,504	2,553	12,740	12,118
1996	4,708	1,465	2,407	12,050	11,696
1997	4,861	1,514	2,465	12,995	12,032
1998	4,719	1,606	2,504	13,626	12,099
1999	4,962	1,666	2,733	14,640	12,773
2000	4,977	1,717	2,567	15,083	13,352
2001	4,987	1,776	2,524	15,497	13,811
2002	5,151	1,839	2,499	15,899	14,847
2003	5,165	1,848	2,639	15,744	15,313
2004	5,172	1,844	2,769	15,221	15,530
2005	5,082	1,844	2,758	15,364	15,508
2006	4,796	1,871	2,707	13,728	14,384
2007	4,862	1,951	2,753	14,141	14,194

¹Includes all eligibility groups reported on the HCFA Form-2082 and the Medicaid Statistical Information System (MSIS), some not shown separately.

NOTES: Beginning fiscal year 1998, capitated premiums for Medicaid eligibles enrolled in managed care plans were included in this series. 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 2007 dollars.

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.