

Table 13.13
Medicaid Payments per Person Served (Beneficiary), Children, by Type of Service:
Fiscal Years 1975-2007

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
2007	1,951	4,978	(2)	(2)	309	405	1,098	409

See footnotes at end of table.

Table 13.13—Continued
Medicaid Payments per Person Served (Beneficiary), Children, by Type of Service:
Fiscal Years 1975-2007

		Inpatient		Nursing		Outpatient	Home	Prescribed
Year	Total ¹	Hospital	ICF/MR	Facility	Physician	Hospital	Health ³	Drugs
(Constant 2007 Dollars)								
1975	\$1,371	\$5,383	(2)	(2)	\$361	\$241	\$860	\$138
1976	1,316	5,408	(2)	(2)	344	290	1,241	113
1977	1,323	5,527	(2)	(2)	323	421	1,377	103
1978	1,319	5,546	(2)	(2)	315	374	756	99
1979	1,316	5,864	(2)	(2)	303	365	747	104
1980	1,270	5,719	(2)	(2)	330	341	398	106
1981	1,241	5,665	(2)	(2)	305	390	319	98
1982	1,104	5,590	(2)	(2)	283	353	398	94
1983	1,126	5,628	(2)	(2)	272	353	703	92
1984	1,068	5,681	(2)	(2)	262	333	738	94
1985	1,112	5,777	(2)	(2)	256	332	834	96
1986	1,214	6,191	(2)	(2)	249	351	818	119
1987	1,237	5,776	(2)	(2)	269	331	852	107
1988	1,246	5,795	(2)	(2)	269	333	1,071	105
1989	1,318	5,668	(2)	(2)	272	335	1,260	105
1990	1,486	6,021	(2)	(2)	283	351	1,348	112
1991	1,553	6,288	(2)	(2)	293	373	1,563	118
1992	1,585	5,405	(2)	(2)	305	397	1,581	131
1993	1,576	5,672	(2)	(2)	303	392	1,605	137
1994	1,503	5,359	(2)	(2)	294	376	1,509	142
1995	1,504	5,487	(2)	(2)	287	362	2,283	149
1996	1,465	5,069	(2)	(2)	286	344	2,592	157
1997	1,514	5,568	(2)	(2)	280	352	2,356	164
1998	1,606	5,698	(2)	(2)	279	345	937	184
1999	1,666	5,071	(2)	(2)	318	357	1,383	209
2000	1,717	4,860	(2)	(2)	311	368	996	238
2001	1,776	4,892	(2)	(2)	322	378	971	274
2002	1,839	5,124	(2)	(2)	322	383	1,041	307
2003	1,848	5,024	(2)	(2)	328	390	981	343
2004	1,844	4,823	(2)	(2)	328	402	993	370
2005	1,844	4,764	(2)	(2)	334	384	1,024	381
2006	1,871	4,123	(2)	(2)	321	392	1,078	383
2007	1,951	4,978	(2)	(2)	309	405	1,098	409

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 2007 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.