

**Table 13.12**

**Medicaid Payments per Person Served (Beneficiary), All Eligibility Groups, by Type of Service:**

**Fiscal Years 1975-2011**

Year	Total <sup>1</sup>	Inpatient		Nursing		Outpatient	Home	Prescribed
		Hospital	ICF/MR	Facility <sup>2</sup>	Physician	Hospital	Health <sup>3</sup>	Drugs
1975	\$556	\$983	\$5,538	\$3,292	\$81	\$50	\$204	\$58
1976	618	1,100	7,135	3,442	88	65	420	63
1977	711	1,211	8,530	3,819	94	102	485	66
1978	819	1,320	11,486	4,517	99	97	558	71
1979	951	1,568	13,022	5,198	108	110	734	84
1980	1,079	1,742	16,439	5,654	136	113	846	96
1981	1,238	1,943	19,812	6,226	146	141	1,065	108
1982	1,361	2,172	23,312	7,104	150	146	1,313	118
1983	1,503	2,384	27,006	7,317	155	156	1,416	129
1984	1,569	2,552	30,170	7,847	156	164	1,768	141
1985	1,719	2,753	32,238	8,427	163	178	2,092	166
1986	1,821	2,924	35,089	8,887	171	185	2,278	183
1987	1,949	3,000	37,490	9,322	181	203	2,777	198
1988	2,126	3,151	41,413	9,880	193	229	3,542	215
1989	2,318	3,251	44,999	10,696	217	250	4,225	232
1990	2,568	3,630	50,048	12,108	235	269	4,733	256
1991	2,752	3,959	52,791	13,893	259	305	5,070	277
1992	2,937	4,091	56,636	14,969	282	349	5,279	308
1993	3,042	4,366	59,156	15,798	293	378	5,250	333
1994	3,089	4,463	52,497	16,531	296	383	5,446	363
1995	3,311	4,735	68,613	17,424	309	397	5,740	413
1996	3,369	4,696	68,232	18,589	317	409	6,293	474
1997	3,568	4,877	72,033	19,029	333	453	6,575	571
1998	3,548	5,021	74,960	19,379	327	474	2,206	699
1999	3,819	4,943	76,443	20,568	357	491	3,571	837
2000	3,936	4,919	79,330	20,220	356	533	3,135	975
2001	4,084	5,323	83,173	21,929	372	548	3,475	1,082
2002	4,328	5,771	91,588	22,326	378	571	3,689	1,165
2003	4,487	6,047	95,287	23,882	403	596	3,720	1,293
2004	4,686	6,435	98,281	24,585	426	646	3,984	1,433
2005	4,764	6,401	107,135	26,096	467	615	4,493	1,510
2006	4,635	5,778	110,320	26,520	454	641	4,979	1,029
2007	4,862	7,191	113,735	28,282	457	695	5,334	926
2008	5,051	7,083	123,053	29,533	485	736	5,789	957
2009	5,225	7,070	127,837	29,551	496	735	6,628	951
2010	5,192	7,346	127,399	31,735	494	807	6,369	931
2011	5,331	7,130	137,554	29,855	499	800	6,550	974

See footnotes at end of table.

**Table 13.12—Continued**  
**Medicaid Payments per Person Served (Beneficiary), All Eligibility Groups, by Type of Service:**  
**Fiscal Years 1975-2011**

		Inpatient		Nursing		Outpatient	Home	Prescribed
Year	Total <sup>1</sup>	Hospital	ICF/MR	Facility <sup>2</sup>	Physician	Hospital	Health <sup>3</sup>	Drugs
				(Constant 2011 Dollars)				
1975	\$4,067	\$7,190	\$40,505	\$24,078	\$592	\$366	\$1,492	\$424
1976	4,106	7,309	47,406	22,869	585	432	2,791	419
1977	4,353	7,415	52,228	23,383	576	625	2,970	404
1978	4,641	7,480	65,089	25,597	561	550	3,162	402
1979	4,914	8,102	67,284	26,858	558	568	3,793	434
1980	5,008	8,086	76,306	26,244	631	525	3,927	446
1981	5,116	8,029	81,866	25,727	603	583	4,401	446
1982	5,027	8,023	86,114	26,242	554	539	4,850	436
1983	5,069	8,041	91,087	24,679	523	526	4,776	435
1984	4,902	7,974	94,265	24,518	487	512	5,524	441
1985	5,052	8,091	94,744	24,766	479	523	6,148	488
1986	5,059	8,123	97,473	24,687	475	514	6,328	508
1987	5,089	7,833	97,892	24,341	473	530	7,251	517
1988	5,174	7,668	100,784	24,044	470	557	8,620	523
1989	5,190	7,279	100,747	23,947	486	560	9,459	519
1990	5,294	7,483	103,170	24,960	485	554	9,757	527
1991	5,248	7,549	100,668	26,493	493	582	9,668	528
1992	5,229	7,284	100,842	26,653	502	621	9,399	548
1993	5,112	7,338	99,420	26,551	492	635	8,823	560
1994	4,984	7,201	84,703	26,672	478	618	8,787	586
1995	5,144	7,356	106,600	27,071	480	617	8,918	642
1996	5,102	7,112	103,332	28,152	480	619	9,530	718
1997	5,289	7,228	106,770	28,206	493	671	9,746	847
1998	5,169	7,316	109,218	28,235	477	690	3,214	1,019
1999	5,446	7,049	109,002	29,328	509	700	5,092	1,193
2000	5,471	6,837	110,270	28,106	495	741	4,358	1,356
2001	5,492	7,159	111,845	29,488	500	737	4,673	1,454
2002	5,671	7,562	120,005	29,253	496	748	4,833	1,527
2003	5,679	7,653	120,590	30,224	510	755	4,708	1,636
2004	5,709	7,840	119,732	29,951	519	787	4,854	1,746
2005	5,627	7,561	126,556	30,826	551	727	5,308	1,784
2006	5,308	6,617	126,323	30,367	520	734	5,701	1,179
2007	5,381	7,959	125,880	31,302	506	770	5,904	1,025
2008	5,422	7,604	132,107	31,706	521	790	6,215	1,027
2009	5,470	7,402	133,846	30,940	519	769	6,939	995
2010	5,289	7,485	129,795	32,332	503	822	6,489	949
2011	5,331	7,130	137,554	29,855	499	800	6,550	974

<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>Data shown include services shown separately in earlier years as skilled nursing facility (SNF) and intermediate care facilities (ICF-other). Beginning in fiscal year 1991, the conditions of participation for SNFs and ICF-other were unified, the distinction between them removed, and the services renamed nursing facility services. It is possible that the combined number of recipients includes some persons who used both types of nursing facility care during the reported fiscal year. This could inflate the number of users and lower the average payment per user.

<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 health care services, U.S. Department of Commerce, Bureau of Economic Analysis (BEA), expressed in fiscal year 2011 dollars. For more information on personal consumption expenditures and price indexes, please see BEA NIPA Table 1.5.4 at <http://www.bea.gov>. ICF/MR is intermediate care facility for the mentally retarded. Beneficiaries covered under SCHIP and their payments are excluded from Medicaid. The payments reported for 2011 include last reported 2010 payments for Maine, Oklahoma, Kansas, Utah, and Idaho.

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.