

Table 13.13
Medicaid Payments per Person Served (Beneficiary), Children, by Type of Service:
Fiscal Years 1975-2009

Year	Total ¹	Inpatient		Nursing		Outpatient	Home	Prescribed
		Hospital	ICF/MR	Facility	Physician	Hospital	Health ²	Drugs
1975	\$228	\$895	(3)	(3)	\$60	\$40	\$143	\$23
1976	245	1,007	(3)	(3)	64	54	231	21
1977	270	1,128	(3)	(3)	66	86	281	21
1978	293	1,232	(3)	(3)	70	83	168	22
1979	317	1,413	(3)	(3)	73	88	180	25
1980	335	1,509	(3)	(3)	87	90	105	28
1981	366	1,671	(3)	(3)	90	115	94	29
1982	363	1,838	(3)	(3)	93	116	131	31
1983	402	2,009	(3)	(3)	97	126	251	33
1984	411	2,186	(3)	(3)	101	128	284	36
1985	452	2,347	(3)	(3)	104	135	339	39
1986	512	2,611	(3)	(3)	105	148	345	50
1987	542	2,530	(3)	(3)	118	145	373	47
1988	583	2,711	(3)	(3)	126	156	501	49
1989	668	2,874	(3)	(3)	138	170	639	53
1990	811	3,287	(3)	(3)	154	191	736	61
1991	902	3,653	(3)	(3)	170	217	908	69
1992	971	3,310	(3)	(3)	187	243	968	80
1993	1,013	3,647	(3)	(3)	195	252	1,032	88
1994	1,006	3,588	(3)	(3)	197	252	1,010	95
1995	1,047	3,819	(3)	(3)	200	252	1,589	104
1996	1,048	3,627	(3)	(3)	205	246	1,855	112
1997	1,111	4,087	(3)	(3)	206	258	1,730	120
1998	1,207	4,284	(3)	(3)	209	260	704	138
1999	1,282	3,903	(3)	(3)	244	275	1,064	161
2000	1,358	3,844	(3)	(3)	246	291	788	188
2001	1,454	4,006	(3)	(3)	263	309	795	224
2002	1,545	4,305	(3)	(3)	270	322	874	258
2003	1,606	4,364	(3)	(3)	285	339	852	298
2004	1,671	4,369	(3)	(3)	297	365	900	335
2005	1,729	4,466	(3)	(3)	313	360	959	357
2006	1,808	3,986	(3)	(3)	310	379	1,042	370
2007	1,951	4,978	(3)	(3)	309	405	1,098	409
2008	2,035	4,943	(3)	(3)	335	434	1,191	433
2009	2,145	5,070	(3)	(3)	337	434	1,363	430

See footnotes at end of table.

Table 13.13—Continued
Medicaid Payments per Person Served (Beneficiary), Children, by Type of Service:
Fiscal Years 1975-2009

Year	Total ¹	Inpatient		Nursing		Outpatient	Home	Prescribed
		Hospital	ICF/MR	Facility	Physician	Hospital	Health ²	Drugs
(Constant 2009 Dollars)								
1975	\$1,634	\$6,415	(3)	(3)	\$430	\$287	\$1,025	\$165
1976	1,555	6,393	(3)	(3)	406	343	1,466	133
1977	1,580	6,599	(3)	(3)	386	503	1,644	123
1978	1,586	6,671	(3)	(3)	379	449	910	119
1979	1,565	6,976	(3)	(3)	360	434	889	123
1980	1,486	6,692	(3)	(3)	386	399	466	124
1981	1,445	6,597	(3)	(3)	355	454	371	114
1982	1,281	6,487	(3)	(3)	328	409	462	109
1983	1,295	6,474	(3)	(3)	313	406	809	106
1984	1,227	6,526	(3)	(3)	302	382	848	107
1985	1,269	6,590	(3)	(3)	292	379	952	110
1986	1,359	6,930	(3)	(3)	279	393	916	133
1987	1,352	6,312	(3)	(3)	294	362	931	117
1988	1,356	6,304	(3)	(3)	293	363	1,165	114
1989	1,429	6,148	(3)	(3)	295	364	1,367	113
1990	1,597	6,474	(3)	(3)	304	377	1,450	121
1991	1,644	6,655	(3)	(3)	310	394	1,654	125
1992	1,652	5,631	(3)	(3)	318	413	1,647	136
1993	1,627	5,856	(3)	(3)	313	405	1,657	141
1994	1,551	5,531	(3)	(3)	304	388	1,557	146
1995	1,554	5,669	(3)	(3)	297	374	2,359	154
1996	1,516	5,248	(3)	(3)	297	356	2,684	162
1997	1,573	5,788	(3)	(3)	291	366	2,449	171
1998	1,680	5,963	(3)	(3)	292	361	980	193
1999	1,747	5,317	(3)	(3)	333	375	1,450	220
2000	1,803	5,105	(3)	(3)	327	387	1,046	250
2001	1,869	5,147	(3)	(3)	338	397	1,022	288
2002	1,934	5,388	(3)	(3)	338	403	1,094	323
2003	1,941	5,275	(3)	(3)	344	409	1,030	360
2004	1,944	5,083	(3)	(3)	346	424	1,047	390
2005	1,951	5,039	(3)	(3)	354	406	1,082	403
2006	1,977	4,358	(3)	(3)	339	414	1,140	405
2007	2,062	5,261	(3)	(3)	326	428	1,161	432
2008	2,087	5,067	(3)	(3)	344	445	1,221	444
2009	2,145	5,070	(3)	(3)	337	434	1,363	430

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.

²Trend 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).

³Average 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.

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 2009 dollars. With the release of the comprehensive revision of the national accounts in July of 2009, BEA introduced a new classification system for Personal Consumption Expenditures (PCE). With the new classification system and the release of the comprehensive revision estimates, components of medical care were changed, and the base year was updated to the year 2005. PCE health care services now exclude eye exams (currently classified in PCE goods under corrective eyeglasses and contact lenses), and net health insurance (now classified under insurance services). As a result of the PCE classification change, all PCE series were restated for the entire historical period to reflect the new PCE classification structure. ICF/MR is intermediate care facility for the mentally retarded. Beneficiaries covered under SCHIP and their payments are excluded from Medicaid.

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 Center for Strategic Planning.