

**Table 13.12**  
**Medicaid Payments per Person Served (Beneficiary), All Eligibility Groups, by Type of Service:**  
**Fiscal Years 1975-2009**

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

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 1975-2009**

		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 2009 Dollars)								
1975	\$3,985	\$7,046	\$39,693	\$23,595	\$581	\$358	\$1,462	\$416
1976	3,923	6,983	45,296	21,851	559	413	2,666	400
1977	4,159	7,084	49,901	22,341	550	597	2,837	386
1978	4,434	7,147	62,191	24,457	536	525	3,021	384
1979	4,695	7,741	64,287	25,662	533	543	3,624	415
1980	4,785	7,726	72,907	25,075	603	501	3,752	426
1981	4,888	7,671	78,219	24,581	576	557	4,205	426
1982	4,803	7,666	82,276	25,072	529	515	4,634	416
1983	4,844	7,683	87,029	23,580	500	503	4,563	416
1984	4,684	7,618	90,065	23,425	466	490	5,278	421
1985	4,827	7,730	90,523	23,663	458	500	5,874	466
1986	4,833	7,761	93,131	23,587	454	491	6,046	486
1987	4,862	7,484	93,531	23,257	452	506	6,928	494
1988	4,943	7,327	96,294	22,973	449	532	8,236	500
1989	4,959	6,954	96,259	22,880	464	535	9,038	496
1990	5,058	7,150	98,572	23,847	463	529	9,322	503
1991	5,014	7,213	96,183	25,312	471	556	9,237	505
1992	4,996	6,959	96,348	25,465	480	594	8,980	524
1993	4,885	7,011	94,990	25,368	470	607	8,430	535
1994	4,762	6,880	80,929	25,484	456	590	8,396	560
1995	4,915	7,029	101,850	25,864	459	589	8,520	613
1996	4,875	6,795	98,728	26,897	459	592	9,106	686
1997	5,053	6,906	102,014	26,949	471	641	9,311	809
1998	4,939	6,990	104,351	26,977	455	659	3,071	973
1999	5,204	6,734	104,146	28,021	486	669	4,865	1,140
2000	5,227	6,533	105,356	26,853	473	708	4,164	1,296
2001	5,247	6,840	106,861	28,174	477	704	4,464	1,390
2002	5,417	7,223	114,625	27,942	474	715	4,616	1,458
2003	5,423	7,309	115,166	28,864	487	721	4,496	1,563
2004	5,452	7,487	114,346	28,603	496	751	4,636	1,667
2005	5,375	7,222	120,878	29,443	527	694	5,070	1,704
2006	5,069	6,319	120,642	29,001	497	701	5,445	1,126
2007	5,138	7,599	120,200	29,889	483	735	5,638	979
2008	5,178	7,261	126,149	30,276	497	754	5,935	981
2009	5,225	7,070	127,837	29,551	496	735	6,628	951

<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 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.