

Table 13.12
Medicaid Payments per Person Served (Beneficiary), All Eligibility Groups, by Type of Service:
Fiscal Years 1975-2010

Year	Total ¹	Inpatient		Nursing		Outpatient	Home	Prescribed
		Hospital	ICF/MR	Facility ²	Physician	Hospital	Health ³	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

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 1975-2010

		Inpatient		Nursing		Outpatient	Home	Prescribed
Year	Total ¹	Hospital	ICF/MR	Facility ²	Physician	Hospital	Health ³	Drugs
				(Constant 2010 Dollars)				
1975	\$3,993	\$7,060	\$39,776	\$23,644	\$582	\$359	\$1,465	\$417
1976	4,032	7,177	46,555	22,459	574	424	2,740	411
1977	4,275	7,281	51,287	22,962	565	613	2,916	397
1978	4,558	7,346	63,918	25,136	551	540	3,105	395
1979	4,825	7,956	66,071	26,374	548	558	3,724	426
1980	4,918	7,940	74,930	25,771	620	515	3,856	438
1981	5,024	7,884	80,393	25,264	592	572	4,322	438
1982	4,937	7,879	84,565	25,770	544	530	4,763	428
1983	4,978	7,896	89,448	24,235	513	517	4,690	427
1984	4,814	7,830	92,569	24,076	479	503	5,425	433
1985	4,961	7,945	93,039	24,320	470	514	6,038	479
1986	4,968	7,976	95,720	24,243	466	505	6,214	499
1987	4,998	7,693	96,131	23,903	464	521	7,121	508
1988	5,081	7,530	98,970	23,612	461	547	8,465	514
1989	5,096	7,148	98,934	23,516	477	550	9,289	510
1990	5,199	7,349	101,312	24,510	476	544	9,581	517
1991	5,153	7,414	98,856	26,016	484	571	9,494	519
1992	5,135	7,153	99,026	26,173	493	610	9,230	539
1993	5,020	7,206	97,630	26,073	484	624	8,665	550
1994	4,894	7,071	83,178	26,192	469	607	8,629	575
1995	5,051	7,224	104,681	26,583	471	606	8,757	630
1996	5,010	6,984	101,472	27,645	471	608	9,359	705
1997	5,194	7,098	104,849	27,698	484	659	9,570	832
1998	5,076	7,184	107,252	27,727	468	678	3,156	1,000
1999	5,348	6,922	107,040	28,800	500	687	5,000	1,172
2000	5,372	6,714	108,286	27,600	486	728	4,280	1,332
2001	5,393	7,030	109,831	28,957	491	724	4,589	1,428
2002	5,567	7,424	117,811	28,719	487	735	4,745	1,499
2003	5,574	7,512	118,367	29,667	501	741	4,621	1,606
2004	5,604	7,695	117,525	29,399	510	772	4,764	1,714
2005	5,524	7,423	124,238	30,262	541	714	5,211	1,751
2006	5,210	6,495	123,995	29,807	511	720	5,596	1,157
2007	5,281	7,811	123,541	30,720	496	755	5,794	1,006
2008	5,322	7,463	129,655	31,118	511	775	6,100	1,008
2009	5,370	7,267	131,389	30,372	509	755	6,812	977
2010	5,192	7,346	127,399	31,735	494	807	6,369	931

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.

²Data 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.

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 health care services, U.S. Department of Commerce, Bureau of Economic Analysis (BEA), expressed in fiscal year 2010 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 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.