

**Table 14.13**

**Medicaid Payments per Person Served (Beneficiary), Children, by Type of Service: Fiscal Years 1975-2003**

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

See footnotes at end of table.

**Table 14.13—Continued**  
**Medicaid Payments per Person Served (Beneficiary), Children, by Type of Service: Fiscal Years 1975-2003**

Year	Total <sup>1</sup>	Inpatient		Nursing		Outpatient	Home	Prescribed
		Hospital	ICF/MR	Facility	Physician	Hospital	Health <sup>3</sup>	Drugs
(Constant 2003 Dollars)								
1975	\$1,188	\$4,664	(2)	(2)	\$313	\$208	\$745	\$120
1976	1,140	4,686	(2)	(2)	298	251	1,075	98
1977	1,146	4,790	(2)	(2)	280	365	1,193	89
1978	1,143	4,805	(2)	(2)	273	324	655	86
1979	1,140	5,081	(2)	(2)	263	316	647	90
1980	1,100	4,955	(2)	(2)	286	296	345	92
1981	1,075	4,909	(2)	(2)	264	338	276	85
1982	957	4,843	(2)	(2)	245	306	345	82
1983	976	4,877	(2)	(2)	235	306	609	80
1984	926	4,923	(2)	(2)	227	288	640	81
1985	964	5,005	(2)	(2)	222	288	723	83
1986	1,052	5,365	(2)	(2)	216	304	709	103
1987	1,072	5,005	(2)	(2)	233	287	738	93
1988	1,080	5,022	(2)	(2)	233	289	928	91
1989	1,142	4,912	(2)	(2)	236	291	1,092	91
1990	1,287	5,217	(2)	(2)	245	304	1,168	97
1991	1,346	5,448	(2)	(2)	254	323	1,354	102
1992	1,374	4,683	(2)	(2)	265	344	1,370	113
1993	1,365	4,915	(2)	(2)	263	340	1,391	119
1994	1,302	4,644	(2)	(2)	255	326	1,307	123
1995	1,303	4,754	(2)	(2)	249	314	1,978	129
1996	1,269	4,392	(2)	(2)	248	298	2,246	136
1997	1,312	4,825	(2)	(2)	243	305	2,042	142
1998	1,391	4,938	(2)	(2)	241	299	812	160
1999	1,443	4,394	(2)	(2)	275	310	1,198	181
2000	1,487	4,211	(2)	(2)	270	319	863	206
2001	1,539	4,239	(2)	(2)	279	327	842	237
2002	1,593	4,440	(2)	(2)	279	332	902	266
2003	1,606	4,364	(2)	(2)	285	339	852	298

<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>Average 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.

<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 medical services, U.S. Department of Commerce, Bureau of Economic Analysis expressed in fiscal year 2003 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.