

Table 13.14
Medicaid Payments per Person Served (Beneficiary), Adults, by Type of Service:
Fiscal Years 1975-2006

Year	Total ¹	Inpatient		Nursing		Outpatient	Home	Prescribed
		Hospital	ICF/MR	Facility	Physician	Hospital	Health ³	Drugs
1975	\$455	\$1,085	(2)	(2)	\$116	\$57	\$121	\$51
1976	479	1,202	(2)	(2)	125	74	284	46
1977	545	1,302	(2)	(2)	132	118	316	50
1978	576	1,404	(2)	(2)	140	113	457	52
1979	661	1,640	(2)	(2)	152	127	765	61
1980	663	1,673	(2)	(2)	183	126	252	66
1981	725	1,833	(2)	(2)	193	157	303	69
1982	764	2,046	(2)	(2)	197	162	352	74
1983	802	2,146	(2)	(2)	198	170	402	78
1984	789	2,229	(2)	(2)	197	172	411	83
1985	860	2,354	(2)	(2)	213	183	483	96
1986	864	2,237	(2)	(2)	237	175	433	102
1987	999	2,487	(2)	(2)	250	207	459	117
1988	1,069	2,542	(2)	(2)	272	232	570	122
1989	1,206	2,582	(2)	(2)	305	249	622	129
1990	1,429	2,889	(2)	(2)	349	279	709	141
1991	1,555	3,012	(2)	(2)	389	319	569	148
1992	1,762	3,247	(2)	(2)	417	377	789	161
1993	1,813	3,393	(2)	(2)	423	405	765	170
1994	1,791	3,450	(2)	(2)	420	404	633	179
1995	1,777	3,461	(2)	(2)	424	403	568	189
1996	1,722	3,456	(2)	(2)	429	398	540	197
1997	1,809	3,654	(2)	(2)	488	425	594	226
1998	1,883	3,702	(2)	(2)	457	442	509	261
1999	2,104	3,808	(2)	(2)	508	489	718	335
2000	2,030	3,759	(2)	(2)	474	516	641	364
2001	2,067	3,959	(2)	(2)	477	545	800	411
2002	2,100	4,255	(2)	(2)	457	572	627	453
2003	2,292	4,342	(2)	(2)	512	618	581	558
2004	2,509	4,420	(2)	(2)	541	681	646	627
2005	2,585	4,354	(2)	(2)	618	654	602	628
2006	2,617	3,900	(2)	(2)	564	670	666	573

See footnotes at end of table.

Table 13.14—Continued
Medicaid Payments per Person Served (Beneficiary), Adults, by Type of Service:
Fiscal Years 1975-2006

Year	Total ¹	Inpatient		Nursing		Outpatient	Home	Prescribed
		Hospital	ICF/MR	Facility	Physician	Hospital	Health ³	Drugs
(Constant 2006 Dollars)								
1975	\$2,645	\$6,306	(2)	(2)	\$674	\$331	\$703	\$296
1976	2,486	6,239	(2)	(2)	649	384	1,474	239
1977	2,581	6,166	(2)	(2)	625	559	1,497	237
1978	2,506	6,108	(2)	(2)	609	492	1,988	226
1979	2,651	6,578	(2)	(2)	610	509	3,068	245
1980	2,428	6,128	(2)	(2)	670	462	923	242
1981	2,375	6,006	(2)	(2)	632	514	993	226
1982	2,246	6,014	(2)	(2)	579	476	1,035	217
1983	2,172	5,811	(2)	(2)	536	460	1,088	211
1984	1,982	5,598	(2)	(2)	495	432	1,032	208
1985	2,046	5,600	(2)	(2)	507	435	1,149	228
1986	1,980	5,126	(2)	(2)	543	401	992	234
1987	2,204	5,488	(2)	(2)	552	457	1,013	258
1988	2,209	5,252	(2)	(2)	562	479	1,178	252
1989	2,299	4,922	(2)	(2)	581	475	1,186	246
1990	2,530	5,115	(2)	(2)	617	493	1,255	249
1991	2,586	5,010	(2)	(2)	648	530	947	246
1992	2,781	5,124	(2)	(2)	658	595	1,245	254
1993	2,725	5,100	(2)	(2)	636	609	1,150	256
1994	2,585	4,980	(2)	(2)	606	583	914	258
1995	2,467	4,806	(2)	(2)	589	560	789	262
1996	2,326	4,668	(2)	(2)	579	538	729	266
1997	2,382	4,811	(2)	(2)	643	560	782	298
1998	2,420	4,759	(2)	(2)	588	568	654	335
1999	2,642	4,781	(2)	(2)	638	614	902	421
2000	2,481	4,594	(2)	(2)	579	631	784	445
2001	2,439	4,672	(2)	(2)	563	643	944	485
2002	2,415	4,894	(2)	(2)	526	657	721	521
2003	2,550	4,831	(2)	(2)	569	687	647	621
2004	2,676	4,715	(2)	(2)	577	726	689	669
2005	2,665	4,488	(2)	(2)	638	674	621	647
2006	2,617	3,900	(2)	(2)	564	670	666	573

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.

²Average 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.

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 medical services, U.S. Department of Commerce, Bureau of Economic Analysis, expressed in fiscal year 2006 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.