

Table 13.13
Medicaid Payments per Person Served (Beneficiary), Children, by Type of Service:
Fiscal Years 1975-2011

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
2010	2,129	5,357	(3)	(3)	339	446	1,383	418
2011	2,191	4,868	(3)	(3)	346	459	1,611	441

See footnotes at end of table.

Table 13.13—Continued
Medicaid Payments per Person Served (Beneficiary), Children, by Type of Service:
Fiscal Years 1975-2011

FROM YEAR 1975 TO 2011								
		Inpatient		Nursing		Outpatient	Home	Prescribed
Year	Total ¹	Hospital	ICF/MR	Facility	Physician	Hospital	Health ²	Drugs
(Constant 2011 Dollars)								
1975	\$1,668	\$6,546	(3)	(3)	\$439	\$293	\$1,046	\$168
1976	1,628	6,691	(3)	(3)	425	359	1,535	140
1977	1,653	6,907	(3)	(3)	404	527	1,721	129
1978	1,660	6,982	(3)	(3)	397	470	952	125
1979	1,638	7,301	(3)	(3)	377	455	930	129
1980	1,555	7,004	(3)	(3)	404	418	487	130
1981	1,512	6,905	(3)	(3)	372	475	388	120
1982	1,341	6,790	(3)	(3)	344	428	484	115
1983	1,356	6,776	(3)	(3)	327	425	847	111
1984	1,284	6,830	(3)	(3)	316	400	887	112
1985	1,328	6,898	(3)	(3)	306	397	996	115
1986	1,422	7,253	(3)	(3)	292	411	958	139
1987	1,415	6,606	(3)	(3)	308	379	974	123
1988	1,419	6,598	(3)	(3)	307	380	1,219	119
1989	1,496	6,435	(3)	(3)	309	381	1,431	119
1990	1,672	6,776	(3)	(3)	318	395	1,517	126
1991	1,721	6,965	(3)	(3)	325	413	1,731	131
1992	1,729	5,894	(3)	(3)	333	433	1,724	142
1993	1,702	6,129	(3)	(3)	328	424	1,734	148
1994	1,623	5,789	(3)	(3)	318	407	1,630	153
1995	1,627	5,933	(3)	(3)	311	392	2,469	162
1996	1,587	5,493	(3)	(3)	310	373	2,809	170
1997	1,647	6,058	(3)	(3)	305	383	2,564	178
1998	1,759	6,242	(3)	(3)	305	378	1,026	202
1999	1,828	5,565	(3)	(3)	349	392	1,518	230
2000	1,887	5,343	(3)	(3)	342	405	1,095	261
2001	1,956	5,387	(3)	(3)	354	416	1,070	301
2002	2,025	5,641	(3)	(3)	354	422	1,146	338
2003	2,032	5,523	(3)	(3)	360	429	1,078	377
2004	2,035	5,323	(3)	(3)	362	444	1,096	408
2005	2,042	5,275	(3)	(3)	370	425	1,133	422
2006	2,070	4,564	(3)	(3)	355	433	1,194	424
2007	2,160	5,509	(3)	(3)	342	449	1,216	452
2008	2,185	5,306	(3)	(3)	360	466	1,279	465
2009	2,246	5,309	(3)	(3)	352	455	1,427	450
2010	2,169	5,457	(3)	(3)	346	455	1,409	426
2011	2,191	4,868	(3)	(3)	346	459	1,611	441

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 2011 dollars. For more information on personal consumption expenditures and price indexes, please see BEA NIPA Table 1.5.4 at <http://www.bea.gov>. ICF/MR is intermediate care facility for the mentally retarded. Beneficiaries covered under SCHIP and their payments are excluded from Medicaid. The payments reported for 2011 include last reported 2010 payments for Maine, Oklahoma, Kansas, Utah, and Idaho.

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.