

Table 13.14
Medicaid Payments per Person Served (Beneficiary), Adults, by Type of Service:
Fiscal Years 1975-2008

Year	Total ¹	Inpatient		Nursing		Outpatient	Home	Prescribed
		Hospital	ICF/MR	Facility	Physician	Hospital	Health ²	Drugs
1975	\$455	\$1,085	(3)	(3)	\$116	\$57	\$121	\$51
1976	479	1,202	(3)	(3)	125	74	284	46
1977	545	1,302	(3)	(3)	132	118	316	50
1978	576	1,404	(3)	(3)	140	113	457	52
1979	661	1,640	(3)	(3)	152	127	765	61
1980	663	1,673	(3)	(3)	183	126	252	66
1981	725	1,833	(3)	(3)	193	157	303	69
1982	764	2,046	(3)	(3)	197	162	352	74
1983	802	2,146	(3)	(3)	198	170	402	78
1984	789	2,229	(3)	(3)	197	172	411	83
1985	860	2,354	(3)	(3)	213	183	483	96
1986	864	2,237	(3)	(3)	237	175	433	102
1987	999	2,487	(3)	(3)	250	207	459	117
1988	1,069	2,542	(3)	(3)	272	232	570	122
1989	1,206	2,582	(3)	(3)	305	249	622	129
1990	1,429	2,889	(3)	(3)	349	279	709	141
1991	1,555	3,012	(3)	(3)	389	319	569	148
1992	1,762	3,247	(3)	(3)	417	377	789	161
1993	1,813	3,393	(3)	(3)	423	405	765	170
1994	1,791	3,450	(3)	(3)	420	404	633	179
1995	1,777	3,461	(3)	(3)	424	403	568	189
1996	1,722	3,456	(3)	(3)	429	398	540	197
1997	1,809	3,654	(3)	(3)	488	425	594	226
1998	1,883	3,702	(3)	(3)	457	442	509	261
1999	2,104	3,808	(3)	(3)	508	489	718	335
2000	2,030	3,759	(3)	(3)	474	516	641	364
2001	2,067	3,959	(3)	(3)	477	545	800	411
2002	2,100	4,255	(3)	(3)	457	572	627	453
2003	2,292	4,342	(3)	(3)	512	618	581	558
2004	2,509	4,420	(3)	(3)	541	681	646	627
2005	2,585	4,354	(3)	(3)	618	654	602	628
2006	2,617	3,900	(3)	(3)	564	670	666	573
2007	2,753	4,707	(3)	(3)	539	721	641	592
2008	2,912	4,710	(3)	(3)	568	755	656	612

See footnotes at end of table.

Table 13.14—Continued
Medicaid Payments per Person Served (Beneficiary), Adults, by Type of Service:
Fiscal Years 1975-2008

		Inpatient		Nursing		Outpatient	Home	Prescribed
Year	Total ¹	Hospital	ICF/MR	Facility	Physician	Hospital	Health ²	Drugs
				(Constant 2008 Dollars)				
1975	\$3,180	\$7,582	(3)	(3)	\$811	\$398	\$846	\$356
1976	2,966	7,443	(3)	(3)	774	458	1,759	285
1977	3,109	7,427	(3)	(3)	753	673	1,803	285
1978	3,041	7,413	(3)	(3)	739	597	2,413	275
1979	3,182	7,896	(3)	(3)	732	611	3,683	294
1980	2,868	7,236	(3)	(3)	792	545	1,090	285
1981	2,791	7,055	(3)	(3)	743	604	1,166	266
1982	2,629	7,041	(3)	(3)	678	557	1,211	255
1983	2,520	6,744	(3)	(3)	622	534	1,263	245
1984	2,297	6,489	(3)	(3)	574	501	1,197	242
1985	2,355	6,446	(3)	(3)	583	501	1,323	263
1986	2,236	5,789	(3)	(3)	613	453	1,121	264
1987	2,430	6,050	(3)	(3)	608	504	1,117	285
1988	2,423	5,763	(3)	(3)	617	526	1,292	277
1989	2,516	5,386	(3)	(3)	636	519	1,297	269
1990	2,745	5,549	(3)	(3)	670	535	1,361	270
1991	2,762	5,350	(3)	(3)	692	566	1,012	263
1992	2,923	5,387	(3)	(3)	692	625	1,309	267
1993	2,839	5,312	(3)	(3)	662	634	1,198	266
1994	2,692	5,186	(3)	(3)	631	607	952	269
1995	2,572	5,009	(3)	(3)	614	583	822	274
1996	2,429	4,876	(3)	(3)	605	562	762	278
1997	2,498	5,046	(3)	(3)	674	587	820	312
1998	2,556	5,025	(3)	(3)	621	599	691	354
1999	2,795	5,059	(3)	(3)	675	650	954	446
2000	2,629	4,868	(3)	(3)	614	669	831	472
2001	2,590	4,960	(3)	(3)	598	683	1,002	515
2002	2,563	5,193	(3)	(3)	558	698	765	553
2003	2,702	5,117	(3)	(3)	603	728	685	658
2004	2,847	5,014	(3)	(3)	614	772	733	711
2005	2,844	4,790	(3)	(3)	680	719	663	691
2006	2,791	4,159	(3)	(3)	602	715	710	611
2007	2,838	4,852	(3)	(3)	556	744	661	610
2008	2,912	4,710	(3)	(3)	568	755	656	612

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 2008 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.

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.