

Table 13.11
Medicaid Payments per Person Served (Beneficiary), by Eligibility Group:
Fiscal Years 1975-2009

Year	Total ¹	Children	Adults	Aged	Disabled
1975	\$556	\$228	\$455	\$1,205	\$1,276
1976	618	245	479	1,359	1,469
1977	711	270	545	1,512	1,743
1978	819	293	576	1,869	2,068
1979	951	317	661	2,094	2,500
1980	1,079	335	663	2,540	2,619
1981	1,238	366	725	2,948	3,071
1982	1,361	363	764	3,315	3,600
1983	1,503	402	802	3,545	3,891
1984	1,569	411	789	3,957	4,112
1985	1,719	452	860	4,605	4,459
1986	1,821	512	864	4,808	4,687
1987	1,949	542	999	4,975	4,974
1988	2,126	583	1,069	5,425	5,332
1989	2,318	668	1,206	5,926	5,817
1990	2,568	811	1,429	6,717	6,564
1991	2,752	902	1,555	7,617	7,005
1992	2,937	971	1,762	7,759	7,578
1993	3,042	1,013	1,813	8,168	7,706
1994	3,089	1,006	1,791	8,332	7,750
1995	3,311	1,047	1,777	8,868	8,435
1996	3,369	1,048	1,722	8,622	8,369
1997	3,568	1,111	1,809	9,538	8,832
1998	3,548	1,207	1,883	10,243	9,096
1999	3,819	1,282	2,104	11,268	9,832
2000	3,936	1,358	2,030	11,929	10,559
2001	4,084	1,454	2,067	12,691	11,310
2002	4,328	1,545	2,100	13,359	12,475
2003	4,487	1,606	2,292	13,677	13,303
2004	4,686	1,671	2,509	13,790	14,070
2005	4,764	1,729	2,585	14,402	14,536
2006	4,635	1,808	2,617	13,268	13,902
2007	4,862	1,951	2,753	14,141	14,194
2008	5,051	2,035	2,912	14,742	14,843
2009	5,225	2,145	3,144	15,337	15,670

See footnote at end of table.

Table 13.11—Continued
Medicaid Payments per Person Served (Beneficiary), by Eligibility Group:
Fiscal Years 1975-2009

Year	Total ¹	Children	Adults	Aged	Disabled
(Constant 2009 Dollars)					
1975	\$3,985	\$1,634	\$3,261	\$8,637	\$9,146
1976	3,923	1,555	3,041	8,627	9,326
1977	4,159	1,580	3,188	8,845	10,197
1978	4,434	1,586	3,119	10,120	11,197
1979	4,695	1,565	3,263	10,338	12,342
1980	4,785	1,486	2,940	11,265	11,615
1981	4,888	1,445	2,862	11,639	12,124
1982	4,803	1,281	2,696	11,700	12,706
1983	4,844	1,295	2,585	11,424	12,539
1984	4,684	1,227	2,355	11,813	12,275
1985	4,827	1,269	2,415	12,931	12,521
1986	4,833	1,359	2,293	12,761	12,440
1987	4,862	1,352	2,492	12,412	12,409
1988	4,943	1,356	2,486	12,614	12,398
1989	4,959	1,429	2,580	12,676	12,443
1990	5,058	1,597	2,814	13,229	12,928
1991	5,014	1,643	2,833	13,878	12,763
1992	4,996	1,652	2,997	13,199	12,891
1993	4,885	1,627	2,911	13,116	12,374
1994	4,762	1,551	2,761	12,845	11,947
1995	4,915	1,554	2,638	13,164	12,521
1996	4,875	1,516	2,492	12,476	12,110
1997	5,053	1,573	2,562	13,508	12,508
1998	4,939	1,680	2,621	14,260	12,662
1999	5,204	1,747	2,866	15,352	13,395
2000	5,227	1,803	2,696	15,842	14,024
2001	5,247	1,869	2,656	16,305	14,532
2002	5,417	1,934	2,628	16,720	15,613
2003	5,423	1,941	2,771	16,531	16,078
2004	5,452	1,944	2,919	16,044	16,370
2005	5,375	1,951	2,917	16,249	16,400
2006	5,069	1,977	2,862	14,510	15,203
2007	5,138	2,062	2,910	14,944	15,001
2008	5,178	2,087	2,985	15,112	15,216
2009	5,225	2,145	3,144	15,337	15,670

¹Includes all eligibility groups reported on the HCFA Form-2082 and the Medicaid Statistical Information System (MSIS), some not shown separately.

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 2009 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. Beneficiaries covered under SCHIP and their payments are excluded from Medicaid.

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 Center for Strategic Planning.