

**Table 13.15**  
**Medicaid Payments per Person Served (Beneficiary), Aged, by Type of Service:**  
**Fiscal Years 1975-2009**

Year	Total <sup>1</sup>	Inpatient		Nursing		Outpatient	Home	Prescribed
		Hospital	ICF/MR	Facility <sup>2</sup>	Physician	Hospital	Health <sup>3</sup>	Drugs
1975	\$1,205	\$271	\$6,925	\$3,250	\$59	\$35	\$238	\$111
1976	1,359	310	8,951	3,328	65	42	493	134
1977	1,512	364	7,482	3,679	71	53	535	144
1978	1,869	446	9,700	4,350	78	48	801	158
1979	2,094	569	9,804	4,972	83	67	1,387	179
1980	2,540	970	16,346	5,742	101	74	1,873	198
1981	2,948	1,115	19,247	6,137	118	91	2,624	230
1982	3,315	1,241	11,464	6,945	115	101	2,944	249
1983	3,545	1,682	20,348	6,942	114	97	1,829	274
1984	3,957	1,778	23,343	7,430	119	105	2,263	312
1985	4,605	1,990	26,926	8,035	122	131	2,731	368
1986	4,808	2,228	32,328	8,487	119	142	3,015	394
1987	4,975	1,898	39,854	8,862	111	159	3,551	432
1988	5,425	1,937	45,601	9,309	116	175	4,344	474
1989	5,926	1,754	51,265	10,236	137	192	5,452	519
1990	6,717	1,865	52,943	11,776	139	206	6,013	581
1991	7,617	2,151	56,032	13,540	157	243	6,749	668
1992	7,759	2,152	43,083	14,630	169	260	6,944	763
1993	8,168	2,225	60,901	15,467	190	304	6,659	826
1994	8,332	2,180	53,983	16,209	203	320	6,742	880
1995	8,868	2,397	51,657	17,183	224	343	6,220	960
1996	8,622	2,303	56,902	18,377	245	376	6,631	1,037
1997	9,540	2,444	63,949	19,022	279	411	6,323	1,174
1998	10,243	2,544	81,337	19,639	270	436	2,199	1,343
1999	11,268	2,385	81,506	21,966	260	455	3,359	1,573
2000	11,929	2,303	83,250	22,477	268	504	3,140	1,853
2001	12,691	2,472	86,680	24,336	258	448	3,481	2,078
2002	13,359	2,700	94,410	25,636	261	451	3,992	2,272
2003	13,677	2,926	97,419	26,737	257	448	3,746	2,514
2004	13,790	2,937	101,910	27,650	253	504	4,098	2,735
2005	14,402	2,552	110,289	29,542	275	445	4,424	2,944
2006	13,268	2,703	110,763	30,669	260	423	5,272	1,175
2007	14,141	2,972	115,600	31,771	274	487	5,958	442
2008	14,742	3,157	123,246	33,097	282	598	6,259	432
2009	15,337	3,341	136,895	34,197	299	591	7,045	443

See footnotes at end of table.

**Table 13.15—Continued**  
**Medicaid Payments per Person Served (Beneficiary), Aged, by Type of Service:**  
**Fiscal Years 1975-2009**

		Inpatient		Nursing		Outpatient	Home	Prescribed
Year	Total <sup>1</sup>	Hospital	ICF/MR	Facility <sup>2</sup>	Physician	Hospital	Health <sup>3</sup>	Drugs
(Constant 2009 Dollars)								
1975	\$8,637	\$1,942	\$49,634	\$23,294	\$423	\$251	\$1,706	\$796
1976	8,627	1,968	56,825	21,127	413	267	3,130	851
1977	8,845	2,129	43,770	21,522	415	310	3,130	842
1978	10,120	2,415	52,520	23,553	422	260	4,337	855
1979	10,338	2,809	48,400	24,546	410	331	6,847	884
1980	11,265	4,302	72,494	25,466	448	328	8,307	878
1981	11,639	4,402	75,988	24,229	466	359	10,360	908
1982	11,700	4,380	40,460	24,511	406	356	10,390	879
1983	11,424	5,420	65,573	22,371	367	313	5,894	883
1984	11,813	5,308	69,685	22,180	355	313	6,756	931
1985	12,931	5,588	75,607	22,562	343	368	7,669	1,033
1986	12,761	5,913	85,803	22,526	316	377	8,002	1,046
1987	12,412	4,735	99,429	22,109	277	397	8,859	1,078
1988	12,614	4,504	106,032	21,645	270	407	10,101	1,102
1989	12,676	3,752	109,662	21,896	293	411	11,663	1,110
1990	13,229	3,673	104,273	23,193	274	405	11,843	1,145
1991	13,877	3,919	102,088	24,669	286	442	12,296	1,218
1992	13,199	3,661	73,292	24,888	287	442	11,813	1,298
1993	13,116	3,573	97,792	24,836	305	488	10,693	1,326
1994	12,845	3,361	83,220	24,988	313	493	10,393	1,357
1995	13,164	3,558	76,680	25,507	333	509	9,233	1,425
1996	12,476	3,332	82,334	26,591	355	544	9,595	1,500
1997	13,511	3,461	90,565	26,939	395	582	8,955	1,663
1998	14,260	3,541	113,228	27,339	375	606	3,061	1,869
1999	15,352	3,249	111,043	29,927	354	620	4,577	2,143
2000	15,842	3,059	110,562	29,851	355	669	4,170	2,461
2001	16,305	3,177	111,366	31,267	332	575	4,473	2,670
2002	16,720	3,379	118,157	32,084	327	564	4,996	2,844
2003	16,531	3,536	117,743	32,315	310	542	4,527	3,039
2004	16,044	3,417	118,568	32,169	295	586	4,768	3,182
2005	16,249	2,880	124,436	33,332	310	502	4,991	3,322
2006	14,510	2,956	121,127	33,538	284	463	5,765	1,285
2007	14,944	3,141	122,170	33,577	290	515	6,297	467
2008	15,112	3,237	126,346	33,930	290	613	6,416	443
2009	15,337	3,341	136,895	34,197	299	591	7,045	443

<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>Data shown include services shown separately in earlier years as skilled nursing facility (SNF) and intermediate care facilities (ICF-other). Beginning in fiscal year 1991, the conditions of participation for SNFs and ICF-other were unified, the distinction between them removed, and the services renamed nursing facility services. It is possible that the combined number of recipients includes some persons who used both types of nursing facility care during the reported fiscal year. This could inflate the number of users and lower the average payments per user.

<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 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. 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 Center for Strategic Planning.