

**Table 13.16**  
**Medicaid Payments per Person Served (Beneficiary), Disabled, 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	\$1,276	\$1,977	\$5,186	\$3,447	\$147	\$92	\$276	\$115
1976	1,469	2,072	6,940	3,882	158	114	492	135
1977	1,743	2,214	8,684	4,417	173	170	600	146
1978	2,068	2,392	11,926	5,167	183	165	893	157
1979	2,500	2,734	13,719	5,893	200	186	1,488	179
1980	2,619	2,948	16,653	5,105	234	217	652	193
1981	3,071	3,254	19,452	5,743	255	249	828	225
1982	3,600	3,672	23,065	6,732	252	272	966	246
1983	3,891	3,934	25,501	7,571	264	273	1,348	278
1984	4,112	4,196	29,353	8,530	262	315	1,813	312
1985	4,459	4,525	31,726	9,297	272	343	2,303	374
1986	4,687	4,841	34,462	10,073	277	361	2,592	418
1987	4,974	5,259	36,753	10,555	291	400	2,975	447
1988	5,332	5,502	40,910	11,370	309	453	3,768	488
1989	5,817	5,700	44,466	12,554	344	503	4,453	534
1990	6,564	6,717	50,242	14,202	366	524	5,252	617
1991	7,005	7,426	52,670	16,195	406	597	5,627	700
1992	7,578	8,314	57,775	17,548	452	658	6,159	800
1993	7,706	8,524	59,188	18,469	462	716	6,446	867
1994	7,750	8,831	52,747	19,132	465	709	7,212	936
1995	8,435	9,318	71,588	19,813	481	740	7,957	1,049
1996	8,369	9,026	69,740	20,734	491	761	9,172	1,166
1997	8,832	8,572	73,672	21,035	502	802	9,434	1,379
1998	9,096	8,519	75,819	20,864	481	828	3,211	1,625
1999	9,832	8,452	77,367	25,974	526	858	5,398	1,944
2000	10,559	8,479	80,194	26,555	534	926	5,054	2,314
2001	11,310	9,062	84,588	28,181	565	943	5,582	2,614
2002	12,475	9,454	92,789	27,766	593	988	5,713	2,851
2003	13,303	9,851	97,493	29,099	626	1,028	6,101	3,204
2004	14,070	10,467	102,054	29,888	664	1,110	6,220	3,603
2005	14,536	10,829	109,680	31,056	751	1,062	7,123	3,795
2006	13,902	10,928	113,537	31,983	724	1,100	7,543	2,647
2007	14,194	12,235	116,509	33,474	730	1,143	7,920	2,615
2008	14,843	12,403	126,644	35,075	768	1,217	8,440	2,730
2009	15,670	12,514	132,301	35,618	820	1,315	9,354	2,733

See footnotes at end of table.

**Table 13.16—Continued**  
**Medicaid Payments per Person Served (Beneficiary), Disabled, 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	\$9,146	\$14,170	\$37,170	\$24,706	\$1,054	\$659	\$1,978	\$824
1976	9,326	13,154	44,058	24,644	1,003	724	3,123	857
1977	10,197	12,952	50,801	25,839	1,012	995	3,510	854
1978	11,197	12,951	64,573	27,977	991	893	4,835	850
1979	12,342	13,497	67,728	29,093	987	918	7,346	884
1980	11,662	13,127	74,152	22,731	1,042	966	2,903	859
1981	12,124	12,847	76,797	22,674	1,007	983	3,269	888
1982	12,706	12,960	81,404	23,759	889	960	3,409	868
1983	12,539	12,678	82,179	24,398	851	880	4,344	896
1984	12,275	12,526	87,626	25,464	782	940	5,412	931
1985	12,521	12,706	89,085	26,106	764	963	6,467	1,050
1986	12,440	12,849	91,467	26,735	735	958	6,880	1,109
1987	12,409	13,120	91,692	26,333	726	998	7,422	1,115
1988	12,398	12,793	95,124	26,438	718	1,053	8,761	1,135
1989	12,443	12,193	95,119	26,855	736	1,076	9,526	1,142
1990	12,927	13,229	98,955	27,972	721	1,032	10,345	1,215
1991	12,762	13,529	95,963	29,507	739	1,088	10,253	1,275
1992	12,891	14,144	98,285	29,852	769	1,119	10,478	1,361
1993	12,374	13,687	95,041	29,657	742	1,150	10,351	1,392
1994	11,947	13,614	81,314	29,494	717	1,093	11,118	1,443
1995	12,521	13,832	106,266	29,411	714	1,098	11,811	1,557
1996	12,110	13,060	100,910	30,001	710	1,101	13,271	1,687
1997	12,508	12,140	104,335	29,790	711	1,136	13,361	1,953
1998	12,662	11,859	105,546	29,045	670	1,152	4,470	2,263
1999	13,395	11,515	105,404	35,386	717	1,169	7,355	2,648
2000	14,024	11,261	106,504	35,267	710	1,230	6,711	3,073
2001	14,532	11,643	108,679	36,207	726	1,211	7,171	3,358
2002	15,613	11,832	116,129	34,750	743	1,237	7,150	3,568
2003	16,078	11,906	117,832	35,170	756	1,242	7,373	3,873
2004	16,370	12,178	118,735	34,773	772	1,292	7,237	4,192
2005	16,400	12,218	123,749	35,040	847	1,199	8,037	4,281
2006	15,203	11,951	124,160	34,976	792	1,203	8,249	2,895
2007	15,001	12,931	123,131	35,377	771	1,208	8,370	2,763
2008	15,216	12,715	129,830	35,957	787	1,247	8,652	2,799
2009	15,670	12,514	132,301	35,618	820	1,315	9,354	2,733

<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.