

**Table 13.11**  
**Medicaid Payments per Person Served (Beneficiary), by Eligibility Group:**  
**Fiscal Years 1975-2010**

Year	Total <sup>1</sup>	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
2010	5,192	2,129	3,102	15,339	15,752

See footnote at end of table.

**Table 13.11—Continued**  
**Medicaid Payments per Person Served (Beneficiary), by Eligibility Group:**  
**Fiscal Years 1975-2010**

Year	Total <sup>1</sup>	Children	Adults	Aged	Disabled
(Constant 2010 Dollars)					
1975	\$3,993	\$1,638	\$3,268	\$8,655	\$9,165
1976	4,032	1,599	3,125	8,867	9,585
1977	4,275	1,623	3,277	9,091	10,480
1978	4,558	1,630	3,205	10,401	11,508
1979	4,825	1,608	3,354	10,625	12,685
1980	4,918	1,527	3,022	11,578	11,938
1981	5,024	1,485	2,942	11,962	12,461
1982	4,937	1,317	2,771	12,025	13,059
1983	4,978	1,331	2,656	11,742	12,888
1984	4,814	1,261	2,421	12,141	12,617
1985	4,961	1,304	2,482	13,290	12,869
1986	4,968	1,397	2,357	13,116	12,786
1987	4,998	1,390	2,562	12,757	12,754
1988	5,081	1,393	2,555	12,965	12,743
1989	5,056	1,457	2,630	12,925	12,688
1990	5,198	1,642	2,893	13,597	13,287
1991	5,153	1,689	2,912	14,264	13,117
1992	5,135	1,698	3,081	13,566	13,250
1993	5,020	1,672	2,992	13,480	12,718
1994	4,894	1,594	2,838	13,202	12,279
1995	5,051	1,597	2,711	13,530	12,869
1996	5,010	1,559	2,561	12,822	12,446
1997	5,194	1,617	2,633	13,883	12,855
1998	5,076	1,727	2,694	14,656	13,015
1999	5,348	1,795	2,946	15,779	13,767
2000	5,372	1,853	2,771	16,282	14,413
2001	5,393	1,921	2,729	16,758	14,936
2002	5,567	1,988	2,701	17,184	16,047
2003	5,574	1,995	2,848	16,990	16,525
2004	5,604	1,998	3,000	16,490	16,825
2005	5,524	2,005	2,998	16,701	16,856
2006	5,210	2,032	2,941	14,913	15,626
2007	5,281	2,120	2,990	15,360	15,418
2008	5,322	2,145	3,068	15,532	15,639
2009	5,370	2,205	3,231	15,763	16,105
2010	5,192	2,129	3,102	15,339	15,752

<sup>1</sup>Includes 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 2010 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 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.