

Table 99

## Medicaid Payments per Person Served (Beneficiary), Aged, by Type of Service: Fiscal Years 1975-2000

Year	Total <sup>1</sup>	Inpatient	ICF/MR	Nursing	Physician	Outpatient	Home	Prescribed
		Hospital		Facility <sup>2</sup>		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

See footnotes at end of table

Table 99—Continued

**Medicaid Payments per Person Served (Beneficiary), Aged, by Type of Service: Fiscal Years 1975-2000**

Medicaid Payments per Person Served (Beneficiary), Aged, by Type of Service, Fiscal Years 1975-2000								
		Inpatient		Nursing		Outpatient	Home	Prescribed
Year	Total <sup>1</sup>	Hospital	ICF/MR	Facility <sup>2</sup>	Physician	Hospital	Health <sup>3</sup>	Drugs
(Inflated to Calendar Year 2000 Dollars)								
1975	\$5,731	\$1,289	\$32,937	\$15,458	\$281	\$166	\$1,132	\$528
1976	5,772	1,317	38,018	14,135	276	178	2,094	569
1977	5,860	1,411	28,995	14,257	275	205	2,073	558
1978	6,653	1,588	34,530	15,485	278	171	2,851	562
1979	6,872	1,867	32,177	16,318	272	220	4,552	587
1980	7,613	2,907	48,993	17,210	303	222	5,614	593
1981	7,904	2,989	51,603	16,454	316	244	7,035	617
1982	7,973	2,985	27,572	16,703	277	243	7,081	599
1983	7,855	3,727	45,084	15,381	253	215	4,052	607
1984	8,133	3,654	47,976	15,271	245	216	4,651	641
1985	8,964	3,873	52,411	15,640	237	255	5,316	716
1986	9,016	4,178	60,623	15,915	223	266	5,654	739
1987	8,983	3,427	71,961	16,001	200	287	6,412	780
1988	9,171	3,275	77,091	15,737	196	296	7,344	801
1989	9,244	2,736	79,964	15,966	214	299	8,504	810
1990	9,729	2,701	76,688	17,058	202	298	8,710	842
1991	10,369	2,929	76,281	18,433	214	331	9,188	910
1992	10,019	2,779	55,633	18,892	218	336	8,967	985
1993	10,047	2,737	74,910	19,025	234	374	8,191	1,016
1994	9,842	2,575	63,767	19,147	240	378	7,964	1,039
1995	10,076	2,723	58,692	19,523	255	390	7,067	1,091
1996	9,529	2,545	62,891	20,311	271	416	7,329	1,146
1997	10,279	2,633	68,902	20,495	301	443	6,813	1,265
1998	10,776	2,676	85,564	20,659	284	458	2,313	1,413
1999	11,505	2,435	83,218	22,428	265	465	3,430	1,606
2000	11,929	2,303	83,250	22,477	268	504	3,140	1,853

<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 somewhat 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 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 medical services, U.S. Department of Commerce, Bureau of Economic Analysis, expressed in calendar year 2000 dollars. 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 personal health care consumption indices from the U.S. Department of Commerce; data development by the Office of Research, Development, and Information.