

Table 100

Medicaid Payments per Person Served (Beneficiary), Disabled, by Type of Service: Fiscal Years 1975-2001

Year	Total ¹	Inpatient		Nursing		Outpatient		Home	Prescribed
		Hospital	ICF/MR	Facility ²	Physician	Hospital		Health ³	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

See footnotes at end of table.

Table 100—Continued

Medicaid Payments per Person Served (Beneficiary), Disabled, by Type of Service: Fiscal Years 1975-2001

		Inpatient		Nursing		Outpatient	Home	Prescribed
Year	Total ¹	Hospital	ICF/MR	Facility ²	Physician	Hospital	Health ³	Drugs
(Constant 2001 Dollars)								
1975	\$6,287	\$9,741	\$25,552	\$16,984	\$724	\$453	\$1,360	\$567
1976	6,464	9,117	30,536	17,081	695	502	2,165	594
1977	6,998	8,888	34,863	17,733	695	682	2,409	586
1978	7,626	8,821	43,981	19,055	675	608	3,293	579
1979	8,500	9,296	46,644	20,036	680	632	5,059	609
1980	8,132	9,153	51,707	15,851	727	674	2,024	599
1981	8,530	9,038	54,027	15,951	708	692	2,300	625
1982	8,970	9,149	57,468	16,773	628	678	2,407	613
1983	8,931	9,030	58,533	17,378	606	627	3,094	638
1984	8,755	8,934	62,497	18,162	558	671	3,860	664
1985	8,991	9,124	63,974	18,747	548	692	4,644	754
1986	9,105	9,404	66,948	19,568	538	701	5,035	812
1987	9,304	9,837	68,747	19,743	544	748	5,565	836
1988	9,338	9,636	71,647	19,913	541	793	6,599	855
1989	9,400	9,211	71,852	20,286	556	813	7,196	863
1990	9,849	10,079	75,392	21,311	549	786	7,881	925
1991	9,879	10,472	74,282	22,840	572	842	7,936	987
1992	10,137	11,122	77,287	23,474	605	880	8,239	1,070
1993	9,819	10,862	75,420	23,534	589	912	8,214	1,105
1994	9,484	10,807	64,547	23,412	569	868	8,825	1,145
1995	9,928	10,968	84,262	23,321	566	871	9,366	1,235
1996	9,582	10,335	79,851	23,740	562	871	10,502	1,335
1997	9,858	9,568	82,232	23,479	560	895	10,530	1,539
1998	9,913	9,284	82,627	22,738	525	902	3,499	1,771
1999	10,399	8,940	81,832	27,473	556	908	5,710	2,056
2000	10,939	8,784	83,077	27,509	554	960	5,235	2,397
2001	11,310	9,062	84,588	28,181	565	943	5,582	2,614

¹The 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.

²Data 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.

³Trend 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 fiscal year 2001 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 the personal health care consumption indices from the U.S. Department of Commerce; data development by the Office of Research, Development, and Information.