

Table 96

## Medicaid Payments per Person Served (Beneficiary), All Eligibility Groups, by Type of Service: Fiscal Years 1975-2001

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	\$556	\$983	\$5,538	\$3,292	\$81	\$50	\$204	\$58
1976	618	1,100	7,135	3,442	88	65	420	63
1977	711	1,211	8,530	3,819	94	102	485	66
1978	819	1,320	11,486	4,517	99	97	558	71
1979	951	1,568	13,022	5,198	108	110	734	84
1980	1,079	1,742	16,439	5,654	136	113	846	96
1981	1,238	1,943	19,812	6,226	146	141	1,065	108
1982	1,361	2,172	23,312	7,104	150	146	1,313	118
1983	1,503	2,384	27,006	7,317	155	156	1,416	129
1984	1,569	2,552	30,170	7,847	156	164	1,768	141
1985	1,719	2,753	32,238	8,427	163	178	2,092	166
1986	1,821	2,924	35,089	8,887	171	185	2,278	183
1987	1,949	3,000	37,490	9,322	181	203	2,777	198
1988	2,126	3,151	41,413	9,880	193	229	3,542	215
1989	2,318	3,251	44,999	10,696	217	250	4,225	232
1990	2,568	3,630	50,048	12,108	235	269	4,733	256
1991	2,752	3,959	52,791	13,893	259	305	5,070	277
1992	2,937	4,091	56,636	14,969	282	349	5,279	308
1993	3,042	4,366	59,156	15,798	293	378	5,250	333
1994	3,089	4,463	52,497	16,531	296	383	5,446	363
1995	3,311	4,735	68,613	17,424	309	397	5,740	413
1996	3,369	4,696	68,232	18,589	317	409	6,293	474
1997	3,568	4,877	72,033	19,029	333	453	6,575	571
1998	3,548	5,021	74,960	19,379	327	474	2,206	699
1999	3,819	4,943	76,443	20,568	357	491	3,571	837
2000	3,936	4,919	79,330	20,220	356	533	3,135	975
2001	4,084	5,323	83,173	21,929	372	548	3,475	1,082

See footnotes at end of table

Table 96—Continued

## Medicaid Payments per Person Served (Beneficiary), All Eligibility Groups, by Type of Service: Fiscal Years 1975-2001

Medicaid Payments per Person Served (Beneficiary), All Eligibility Groups, by Type of Service: Fiscal Years 1975-2001								
		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 2001 Dollars)								
1975	\$2,740	\$4,843	\$27,287	\$16,220	\$399	\$246	\$1,005	\$286
1976	2,719	4,840	31,394	15,145	387	286	1,848	277
1977	2,854	4,862	34,245	15,332	377	409	1,947	265
1978	3,020	4,868	42,358	16,658	365	358	2,058	262
1979	3,233	5,331	44,274	17,673	367	374	2,496	286
1980	3,350	5,409	51,043	17,556	422	351	2,627	298
1981	3,438	5,397	55,027	17,292	406	392	2,958	300
1982	3,391	5,412	58,083	17,700	374	364	3,271	294
1983	3,450	5,472	61,987	16,795	356	358	3,250	296
1984	3,341	5,434	64,236	16,707	332	349	3,764	300
1985	3,466	5,551	65,006	16,993	329	359	4,218	335
1986	3,538	5,680	68,166	17,264	332	359	4,425	356
1987	3,646	5,612	70,126	17,437	339	380	5,194	370
1988	3,723	5,518	72,528	17,303	338	401	6,203	377
1989	3,746	5,253	72,714	17,284	351	404	6,827	375
1990	3,854	5,447	75,101	18,169	353	403	7,102	384
1991	3,881	5,583	74,453	19,594	365	430	7,150	391
1992	3,929	5,473	75,763	20,024	377	467	7,062	412
1993	3,876	5,563	75,380	20,131	373	482	6,690	424
1994	3,780	5,461	64,241	20,229	362	469	6,664	444
1995	3,897	5,573	80,760	20,509	364	467	6,756	486
1996	3,857	5,377	78,125	21,284	363	468	7,205	543
1997	3,983	5,443	80,403	21,240	371	505	7,339	638
1998	3,867	5,472	81,691	21,119	357	516	2,404	762
1999	4,040	5,228	80,855	21,755	377	519	3,777	885
2000	4,077	5,096	82,182	20,947	369	552	3,248	1,011
2001	4,084	5,323	83,173	21,929	372	548	3,475	1,082

<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 payment 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 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.