

Table 13.12

Medicaid Payments per Person Served (Beneficiary), All Eligibility Groups, by Type of Service: Fiscal Years 1975-2004

Year	Total ¹	Inpatient	ICF/MR	Nursing	Physician	Outpatient	Home	Prescribed
		Hospital		Facility ²		Hospital	Health ³	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
2002	4,328	5,771	91,588	22,326	378	571	3,689	1,165
2003	4,487	6,047	95,287	23,882	403	596	3,720	1,293
2004	4,686	6,435	98,281	24,585	426	646	3,984	1,433

See footnotes at end of table.

Table 13.12—Continued

Medicaid Payments per Person Served (Beneficiary), All Eligibility Groups, by Type of Service: Fiscal Years 1975-2004

Medicaid Payments per FTE Full-Time Equivalent (FTE) Beneficiary, All Eligibility Groups, by Type of Service: Fiscal Years 1975-2004								
		Inpatient		Nursing		Outpatient	Home	Prescribed
Year	Total ¹	Hospital	ICF/MR	Facility ²	Physician	Hospital	Health ³	Drugs
(Constant 2004 Dollars)								
1975	\$3,029	\$5,355	\$30,166	\$17,932	\$441	\$272	\$1,111	\$316
1976	3,006	5,351	34,707	16,743	428	316	2,043	306
1977	3,156	5,375	37,859	16,950	417	453	2,153	293
1978	3,339	5,382	46,828	18,416	404	395	2,275	289
1979	3,575	5,894	48,947	19,538	406	413	2,759	316
1980	3,704	5,980	56,429	19,408	467	388	2,904	330
1981	3,801	5,966	60,834	19,117	448	433	3,270	332
1982	3,749	5,983	64,213	19,568	413	402	3,617	325
1983	3,814	6,049	68,529	18,567	393	396	3,593	327
1984	3,693	6,007	71,015	18,471	367	386	4,162	332
1985	3,832	6,137	71,867	18,786	363	397	4,664	370
1986	3,911	6,280	75,359	19,086	367	397	4,892	393
1987	4,030	6,204	77,527	19,277	374	420	5,743	409
1988	4,116	6,101	80,182	19,129	374	443	6,858	416
1989	4,141	5,808	80,387	19,108	388	447	7,548	414
1990	4,260	6,022	83,026	20,086	390	446	7,852	424
1991	4,291	6,173	82,310	21,661	403	476	7,905	432
1992	4,344	6,050	83,759	22,138	417	516	7,807	456
1993	4,285	6,150	83,335	22,255	413	532	7,396	469
1994	4,179	6,038	71,020	22,364	400	518	7,368	491
1995	4,308	6,161	89,283	22,673	402	517	7,469	537
1996	4,265	5,944	86,369	23,530	401	518	7,966	600
1997	4,403	6,018	88,888	22,464	410	558	8,113	705
1998	4,275	6,049	90,312	23,347	394	571	2,658	842
1999	4,494	5,817	89,954	24,203	420	577	4,202	985
2000	4,508	5,633	90,855	23,157	408	611	3,591	1,117
2001	4,517	5,888	91,991	24,254	411	606	3,843	1,196
2002	4,665	6,221	98,724	24,066	408	616	3,976	1,256
2003	4,678	6,305	99,344	24,899	420	622	3,879	1,348
2004	4,686	6,435	98,281	24,585	426	646	3,984	1,433

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 inflate the number of users and lower the average payment per user.

³Trend 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 medical services, U.S. Department of Commerce, Bureau of Economic Analysis, expressed in fiscal year 2004 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.