

Table 13.16

Medicaid Payments per Person Served (Beneficiary), Disabled, 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	\$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
2002	12,475	9,454	92,789	27,766	593	988	5,713	2,851
2003	13,303	9,851	97,493	29,099	626	1,028	6,101	3,204
2004	14,070	10,467	102,054	29,888	664	1,110	6,220	3,603

See footnotes at end of table.

Table 13.16—Continued

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

Year	Total ¹	Inpatient Hospital	ICF/MR	Nursing Facility ²	Physician	Outpatient Hospital	Home Health ³	Prescribed Drugs
(Constant 2004 Dollars)								
1975	\$6,951	\$10,769	\$28,249	\$18,776	\$801	\$501	\$1,503	\$626
1976	7,146	10,079	33,759	18,884	769	555	2,393	657
1977	7,736	9,827	38,543	19,604	768	755	2,663	648
1978	8,431	9,752	48,622	21,066	746	673	3,641	640
1979	9,397	10,277	51,567	22,150	752	699	5,593	673
1980	8,990	10,119	57,164	17,524	803	745	2,238	663
1981	9,430	9,992	59,729	17,634	783	765	2,542	691
1982	9,916	10,115	63,532	18,543	694	749	2,661	678
1983	9,874	9,983	64,710	19,212	670	693	3,421	705
1984	9,679	9,877	69,092	20,078	617	741	4,268	734
1985	9,940	10,087	70,725	20,725	606	765	5,134	834
1986	10,066	10,397	74,013	21,633	595	775	5,567	898
1987	10,286	10,875	76,003	21,827	602	827	6,152	924
1988	10,324	10,653	79,208	22,014	598	877	7,295	945
1989	10,392	10,183	79,435	22,427	615	899	7,955	954
1990	10,889	11,142	83,349	23,560	607	869	8,713	1,023
1991	10,922	11,578	82,122	25,251	632	931	8,774	1,091
1992	11,207	12,296	85,443	25,952	668	973	9,109	1,183
1993	10,856	12,008	83,380	26,018	651	1,009	9,081	1,221
1994	10,485	11,947	71,359	25,883	629	959	9,757	1,266
1995	10,976	12,125	93,154	25,782	626	963	10,354	1,365
1996	10,594	11,425	88,278	26,245	622	963	11,610	1,476
1997	10,898	10,578	90,910	25,957	619	990	11,641	1,702
1998	10,959	10,263	91,347	25,137	580	997	3,868	1,958
1999	11,569	9,946	91,041	30,564	619	1,010	6,353	2,287
2000	12,093	9,711	91,844	30,412	612	1,061	5,788	2,650
2001	12,510	10,023	93,556	31,168	625	1,043	6,174	2,891
2002	13,447	10,191	100,020	29,929	640	1,065	6,158	3,073
2003	13,869	10,270	101,644	30,338	652	1,072	6,360	3,341
2004	14,070	10,467	102,054	29,888	664	1,110	6,220	3,603

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 payments 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.