

Table 13.16
Medicaid Payments per Person Served (Beneficiary), Disabled, by Type of Service:
Fiscal Years 1975-2005

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
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
2005	14,536	10,829	109,680	31,056	751	1,062	7,123	3,795

See footnotes at end of table.

Table 13.16—Continued
Medicaid Payments per Person Served (Beneficiary), Disabled, by Type of Service:
Fiscal Years 1975-2005

		Inpatient		Nursing		Outpatient	Home	Prescribed
Year	Total ¹	Hospital	ICF/MR	Facility ²	Physician	Hospital	Health ³	Drugs
				(Constant 2005 Dollars)				
1975	\$7,194	\$11,146	\$29,239	\$19,434	\$829	\$519	\$1,556	\$648
1976	7,396	10,432	34,942	19,545	795	574	2,477	680
1977	8,007	10,171	39,893	20,291	795	781	2,756	671
1978	8,727	10,094	50,326	21,804	772	696	3,768	663
1979	9,726	10,637	53,373	22,926	778	724	5,789	696
1980	9,305	10,474	59,167	18,138	831	771	2,316	686
1981	9,760	10,342	61,821	18,252	810	791	2,631	715
1982	10,264	10,469	65,758	19,193	718	775	2,754	701
1983	10,219	10,332	66,977	19,885	693	717	3,540	730
1984	10,018	10,223	71,513	20,782	638	767	4,417	760
1985	10,288	10,441	73,203	21,451	628	791	5,314	863
1986	10,419	10,761	76,606	22,391	616	802	5,762	929
1987	10,646	11,256	78,665	22,592	623	856	6,368	957
1988	10,685	11,026	81,983	22,785	619	908	7,551	978
1989	10,756	10,539	82,218	23,212	636	930	8,234	987
1990	11,270	11,533	86,269	24,386	629	900	9,018	1,059
1991	11,304	11,983	84,998	26,135	654	964	9,081	1,129
1992	11,600	12,726	88,437	26,861	692	1,007	9,428	1,225
1993	11,236	12,429	86,301	26,929	674	1,044	9,399	1,264
1994	10,852	12,366	73,859	26,789	651	993	10,099	1,311
1995	11,361	12,550	96,417	26,685	648	997	10,717	1,413
1996	10,965	11,826	91,371	27,165	643	997	12,017	1,528
1997	11,280	10,948	94,095	26,866	641	1,024	12,049	1,761
1998	11,343	10,623	94,547	26,018	600	1,032	4,004	2,027
1999	11,975	10,294	94,230	31,635	641	1,045	6,575	2,367
2000	12,517	10,051	95,062	31,478	633	1,098	5,990	2,743
2001	12,948	10,374	96,833	32,260	647	1,079	6,390	2,992
2002	13,919	10,548	103,524	30,978	662	1,102	6,374	3,181
2003	14,355	10,630	105,205	31,401	675	1,109	6,583	3,458
2004	14,559	10,831	105,602	30,927	687	1,149	6,436	3,728
2005	14,536	10,829	109,680	31,056	751	1,062	7,123	3,795

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 2005 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.