

Table 13.12
Medicaid Payments per Person Served (Beneficiary), All Eligibility Groups, 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	\$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
2005	4,764	6,401	107,135	26,096	467	615	4,493	1,510

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 1975-2005

Year	Total ¹	Inpatient		Nursing		Outpatient	Home	Prescribed
		Hospital	ICF/MR	Facility ²	Physician	Hospital	Health ³	Drugs
(Constant 2005 Dollars)								
1975	\$3,135	\$5,542	\$31,223	\$18,560	\$457	\$282	\$1,150	\$327
1976	3,112	5,538	35,923	17,330	443	327	2,115	317
1977	3,266	5,563	39,185	17,544	432	469	2,228	303
1978	3,456	5,570	48,469	19,061	418	409	2,355	300
1979	3,700	6,100	50,662	20,223	420	428	2,856	327
1980	3,834	6,189	58,406	20,088	483	401	3,006	341
1981	3,935	6,175	62,965	19,787	464	448	3,385	343
1982	3,880	6,192	66,462	20,253	428	416	3,743	336
1983	3,948	6,261	70,930	19,218	407	410	3,719	339
1984	3,823	6,217	73,503	19,118	380	400	4,307	344
1985	3,966	6,352	74,384	19,444	376	411	4,827	383
1986	4,048	6,500	77,999	19,755	380	411	5,064	407
1987	4,172	6,421	80,243	19,953	387	434	5,944	424
1988	4,260	6,315	82,991	19,799	387	459	7,098	431
1989	4,286	6,011	83,204	19,777	401	462	7,812	429
1990	4,410	6,233	85,935	20,790	404	461	8,127	439
1991	4,441	6,389	85,193	22,420	418	492	8,182	447
1992	4,496	6,262	86,693	22,913	432	534	8,081	471
1993	4,435	6,366	86,254	23,035	427	551	7,655	486
1994	4,325	6,249	73,509	23,147	414	536	7,626	508
1995	4,459	6,377	92,410	23,467	416	535	7,731	556
1996	4,414	6,153	89,395	24,355	415	536	8,245	621
1997	4,557	6,229	92,002	24,304	425	578	8,397	730
1998	4,424	6,261	93,476	24,165	408	591	2,751	872
1999	4,652	6,021	93,105	25,051	435	598	4,349	1,019
2000	4,665	5,831	94,038	23,969	422	632	3,717	1,156
2001	4,675	6,094	95,214	25,103	425	627	3,978	1,238
2002	4,829	6,439	102,183	24,909	422	637	4,115	1,300
2003	4,842	6,526	102,825	25,771	435	644	4,015	1,395
2004	4,849	6,659	101,698	25,439	441	668	4,123	1,483
2005	4,764	6,401	107,135	26,096	467	615	4,493	1,510

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 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.