

Table 99

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

Year	Total <sup>1</sup>	Inpatient		Nursing		Outpatient		Home	Prescribed
		Hospital	ICF/MR	Facility <sup>2</sup>	Physician	Hospital	Health <sup>3</sup>	Drugs	
1975	\$1,205	\$271	\$6,925	\$3,250	\$59	\$35	\$238	\$111	
1976	1,359	310	8,951	3,328	65	42	493	134	
1977	1,512	364	7,482	3,679	71	53	535	144	
1978	1,869	446	9,700	4,350	78	48	801	158	
1979	2,094	569	9,804	4,972	83	67	1,387	179	
1980	2,540	970	16,346	5,742	101	74	1,873	198	
1981	2,948	1,115	19,247	6,137	118	91	2,624	230	
1982	3,315	1,241	11,464	6,945	115	101	2,944	249	
1983	3,545	1,682	20,348	6,942	114	97	1,829	274	
1984	3,957	1,778	23,343	7,430	119	105	2,263	312	
1985	4,605	1,990	26,926	8,035	122	131	2,731	368	
1986	4,808	2,228	32,328	8,487	119	142	3,015	394	
1987	4,975	1,898	39,854	8,862	111	159	3,551	432	
1988	5,425	1,937	45,601	9,309	116	175	4,344	474	
1989	5,926	1,754	51,265	10,236	137	192	5,452	519	
1990	6,717	1,865	52,943	11,776	139	206	6,013	581	
1991	7,617	2,151	56,032	13,540	157	243	6,749	668	
1992	7,759	2,152	43,083	14,630	169	260	6,944	763	
1993	8,168	2,225	60,901	15,467	190	304	6,659	826	
1994	8,332	2,180	53,983	16,209	203	320	6,742	880	
1995	8,868	2,397	51,657	17,183	224	343	6,220	960	
1996	8,622	2,303	56,902	18,377	245	376	6,631	1,037	
1997	9,540	2,444	63,949	19,022	279	411	6,323	1,174	
1998	10,243	2,544	81,337	19,639	270	436	2,199	1,343	
1999	11,268	2,385	81,506	21,966	260	455	3,359	1,573	
2000	11,929	2,303	83,250	22,477	268	504	3,140	1,853	
2001	12,691	2,472	86,680	24,336	258	448	3,481	2,078	

See footnotes at end of table.

Table 99—Continued

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Year	Total <sup>1</sup>	Inpatient		Nursing		Outpatient	Home	Prescribed
		Hospital	ICF/MR	Facility <sup>2</sup>	Physician	Hospital	Health <sup>3</sup>	Drugs
(Constant 2001 Dollars)								
1975	\$5,937	\$1,335	\$34,121	\$16,013	\$291	\$172	\$1,173	\$547
1976	5,980	1,364	39,385	14,643	286	185	2,169	590
1977	6,070	1,461	30,038	14,770	285	213	2,148	578
1978	6,893	1,645	35,772	16,042	288	177	2,954	583
1979	7,120	1,935	33,333	16,905	282	228	4,716	609
1980	7,887	3,012	50,754	17,829	314	230	5,816	615
1981	8,188	3,097	53,458	17,045	328	253	7,288	639
1982	8,260	3,092	28,563	17,304	287	252	7,335	620
1983	8,137	3,861	46,705	15,934	262	223	4,198	629
1984	8,425	3,786	49,701	15,820	253	224	4,818	664
1985	9,286	4,013	54,295	16,202	246	264	5,507	742
1986	9,340	4,328	62,802	16,487	231	276	5,857	765
1987	9,306	3,550	74,548	16,577	208	297	6,642	808
1988	9,501	3,392	79,863	16,303	203	306	7,608	830
1989	9,576	2,834	82,839	16,540	221	310	8,810	839
1990	10,079	2,798	79,445	17,671	209	309	9,023	872
1991	10,742	3,034	79,024	19,096	222	342	9,518	943
1992	10,379	2,879	57,633	19,571	226	348	9,289	1,021
1993	10,408	2,835	77,603	19,709	242	387	8,485	1,053
1994	10,196	2,668	66,059	19,835	248	392	8,250	1,077
1995	10,438	2,821	60,802	20,225	264	404	7,321	1,130
1996	9,872	2,637	65,152	21,041	281	431	7,592	1,187
1997	10,648	2,728	71,379	21,232	311	459	7,058	1,310
1998	11,163	2,772	88,640	21,402	294	475	2,396	1,463
1999	11,919	2,522	86,210	23,234	275	482	3,553	1,664
2000	12,357	2,386	86,243	23,285	277	522	3,253	1,920
2001	12,691	2,472	86,680	24,336	258	448	3,481	2,078

<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 payments 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.