

Table 13.16
Medicaid Payments per Person Served (Beneficiary), Disabled, by Type of Service:
Fiscal Years 1975-2010

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
2006	13,902	10,928	113,537	31,983	724	1,100	7,543	2,647
2007	14,194	12,235	116,509	33,474	730	1,143	7,920	2,615
2008	14,843	12,403	126,644	35,075	768	1,217	8,440	2,730
2009	15,670	12,514	132,301	35,618	820	1,315	9,354	2,733
2010	15,752	12,622	131,679	37,040	818	1,404	8,609	2,697

See footnotes at end of table.

Table 13.16—Continued
Medicaid Payments per Person Served (Beneficiary), Disabled, by Type of Service:
Fiscal Years 1975-2010

		Inpatient		Nursing		Outpatient	Home	Prescribed
Year	Total ¹	Hospital	ICF/MR	Facility ²	Physician	Hospital	Health ³	Drugs
(Constant 2010 Dollars)								
1975	\$9,165	\$14,200	\$37,248	\$24,758	\$1,056	\$661	\$1,982	\$826
1976	9,585	13,520	45,283	25,330	1,031	744	3,210	881
1977	10,480	13,312	52,213	26,557	1,040	1,022	3,608	878
1978	11,508	13,311	66,366	28,753	1,018	918	4,969	874
1979	12,685	13,872	69,608	29,900	1,015	944	7,550	908
1980	11,938	13,437	75,906	23,269	1,067	989	2,972	880
1981	12,461	13,204	78,932	23,304	1,035	1,010	3,360	913
1982	13,059	13,320	83,669	24,421	914	987	3,504	892
1983	12,888	13,030	84,463	25,076	874	904	4,465	921
1984	12,617	12,874	90,062	26,172	804	966	5,563	957
1985	12,869	13,059	91,561	26,831	785	990	6,646	1,079
1986	12,786	13,206	94,009	27,478	756	985	7,071	1,140
1987	12,754	13,485	94,241	27,065	746	1,026	7,628	1,146
1988	12,743	13,149	97,768	27,172	738	1,083	9,005	1,166
1989	12,789	12,532	97,762	27,601	756	1,106	9,790	1,174
1990	13,287	13,596	101,705	28,749	741	1,061	10,632	1,248
1991	13,117	13,905	98,630	30,327	759	1,119	10,538	1,310
1992	13,250	14,537	101,018	30,682	790	1,150	10,769	1,399
1993	12,718	14,068	97,683	30,481	762	1,182	10,638	1,431
1994	12,279	13,992	83,574	30,313	737	1,123	11,427	1,483
1995	12,869	14,216	109,220	30,228	734	1,129	12,140	1,600
1996	12,446	13,423	103,715	30,835	730	1,132	13,640	1,734
1997	12,855	12,477	107,234	30,618	731	1,167	13,732	2,007
1998	13,015	12,188	108,480	29,852	689	1,184	4,594	2,326
1999	13,767	11,835	108,334	36,370	737	1,202	7,559	2,722
2000	14,413	11,574	109,465	36,247	729	1,265	6,898	3,159
2001	14,936	11,966	111,700	37,213	747	1,245	7,371	3,451
2002	16,047	12,161	119,357	35,716	763	1,271	7,348	3,668
2003	16,525	12,236	121,106	36,147	777	1,277	7,578	3,981
2004	16,825	12,517	122,036	35,740	794	1,328	7,438	4,308
2005	16,856	12,557	127,188	36,014	871	1,232	8,260	4,400
2006	15,626	12,283	127,611	35,948	814	1,236	8,478	2,975
2007	15,418	13,290	126,554	36,360	793	1,241	8,603	2,840
2008	15,639	13,068	133,439	36,956	809	1,282	8,893	2,877
2009	16,105	12,861	135,978	36,608	843	1,352	9,614	2,809
2010	15,752	12,622	131,679	37,040	818	1,404	8,609	2,697

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 health care services, U.S. Department of Commerce, Bureau of Economic Analysis (BEA), expressed in fiscal year 2010 dollars. With the release of the comprehensive revision of the national accounts in July of 2009, BEA introduced a new classification system for Personal Consumption Expenditures (PCE). With the new classification system and the release of the comprehensive revision estimates, components of medical care were changed, and the base year was updated to the year 2005. PCE health care services now exclude eye exams (currently classified in PCE goods under corrective eyeglasses and contact lenses), and net health insurance (now classified under insurance services). As a result of the PCE classification change, all PCE series were restated for the entire historical period to reflect the new PCE classification structure. ICF/MR is intermediate care facility for the mentally retarded.

SOURCES: Centers for Medicare & Medicaid Services, Center for Medicaid and CHIP Services: 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 Information Products and Data Analytics.