

Table 96

Medicaid Payments per Person Served (Beneficiary), All Eligibility Groups, by Type of Service: Fiscal Years 1975-2000

Year	Total ¹	Inpatient Hospital	ICF/MR	Nursing Facility ²	Physician	Outpatient Hospital	Home Health ³	Prescribed 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

See footnotes at end of table.

Table 96—Continued

Medicaid Payments per Person Served (Beneficiary), All Eligibility Groups, by Type of Service: Fiscal Years 1975-2000

Medicaid Payments per Person Served (Beneficiary), All Eligibility Groups, by Type of Service, Fiscal Years 1975-2000								
		Inpatient		Nursing		Outpatient	Home	Prescribed
Year	Total ¹	Hospital	ICF/MR	Facility ²	Physician	Hospital	Health ³	Drugs
				(Inflated to Calendar Year 2000 Dollars)				
1975	\$2,644	\$4,675	\$26,340	\$15,657	\$385	\$238	\$970	\$276
1976	2,625	4,672	30,305	14,619	374	276	1,784	268
1977	2,755	4,693	33,057	14,800	364	395	1,880	256
1978	2,916	4,699	40,888	16,080	352	345	1,986	253
1979	3,121	5,146	42,738	17,060	354	361	2,409	276
1980	3,234	5,221	49,271	16,946	408	339	2,536	288
1981	3,319	5,209	53,117	16,692	391	378	2,855	290
1982	3,273	5,224	56,068	17,086	361	351	3,158	284
1983	3,330	5,282	59,836	16,212	343	346	3,137	286
1984	3,225	5,245	62,007	16,128	321	337	3,634	290
1985	3,346	5,359	62,751	16,403	317	346	4,072	323
1986	3,415	5,483	65,800	16,665	321	347	4,272	343
1987	3,519	5,417	67,693	16,832	327	367	5,014	358
1988	3,594	5,327	70,011	16,703	326	387	5,988	363
1989	3,616	5,071	70,190	16,684	338	390	6,590	362
1990	3,720	5,258	72,495	17,539	341	389	6,856	370
1991	3,747	5,390	71,869	18,914	352	415	6,902	377
1992	3,793	5,283	73,134	19,330	364	451	6,817	398
1993	3,742	5,370	72,764	19,432	360	465	6,458	410
1994	3,649	5,272	62,012	19,527	350	452	6,433	429
1995	3,762	5,380	77,957	19,797	351	451	6,522	469
1996	3,724	5,190	75,414	20,546	350	452	6,955	524
1997	3,845	5,254	77,613	20,503	358	488	7,084	616
1998	3,732	5,282	78,856	20,386	344	498	2,320	736
1999	3,900	5,047	78,049	21,000	364	501	3,646	854
2000	3,936	4,919	79,330	20,220	356	533	3,135	975

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 somewhat 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 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 calendar year 2000 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 personal health care consumption indices from the U.S. Department of Commerce; data development by the Office of Research, Development, and Information.