

Table 100

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

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

See footnotes at end of table

Table 100—Continued

Medicaid Payments per Person Served (Beneficiary), Disabled, 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
(Inflated to Calendar Year 2000 Dollars)								
1975	\$6,069	\$9,403	\$24,666	\$16,395	\$699	\$438	\$1,313	\$547
1976	6,239	8,801	29,477	16,488	671	484	2,090	573
1977	6,755	8,580	33,654	17,117	670	659	2,325	566
1978	7,362	8,515	42,455	18,394	651	587	3,179	559
1979	8,205	8,973	45,026	19,341	656	610	4,884	587
1980	7,850	8,836	49,913	15,301	701	650	1,954	578
1981	8,234	8,724	52,152	15,397	684	668	2,220	603
1982	8,658	8,832	55,474	16,191	606	654	2,323	592
1983	8,621	8,716	56,502	16,775	585	605	2,987	616
1984	8,451	8,624	60,328	17,531	538	647	3,726	641
1985	8,679	8,808	61,754	18,096	529	668	4,483	728
1986	8,789	9,078	64,624	18,889	519	677	4,861	784
1987	8,981	9,496	66,362	19,058	525	722	5,372	807
1988	9,014	9,301	69,161	19,222	522	766	6,370	825
1989	9,073	8,891	69,359	19,582	537	785	6,946	833
1990	9,508	9,729	72,776	20,572	530	759	7,608	893
1991	9,536	10,109	71,705	22,048	552	813	7,661	953
1992	9,786	10,736	74,605	22,660	584	850	7,953	1,033
1993	9,479	10,485	72,803	22,717	568	881	7,929	1,066
1994	9,155	10,432	62,307	22,600	549	838	8,519	1,106
1995	9,584	10,587	81,338	22,511	547	841	9,041	1,192
1996	9,250	9,976	77,080	22,916	543	841	10,137	1,289
1997	9,516	9,236	79,379	22,664	541	864	10,165	1,486
1998	9,569	8,961	79,760	21,949	507	871	3,378	1,710
1999	10,038	8,630	78,992	26,519	537	876	5,512	1,985
2000	10,559	8,479	80,194	26,555	534	926	5,054	2,314

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 payments 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 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.