

**Table 99**

**Medicaid Payments per Person Served (Beneficiary), Aged, by Type of Service: Fiscal Years 1975-2002**

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	
2002	13,359	2,700	94,410	25,636	261	451	3,992	2,272	

See footnotes at end of table.

**Table 99—Continued**

**Medicaid Payments per Person Served (Beneficiary), Aged, by Type of Service: Fiscal Years 1975-2002**

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 2002 Dollars)								
1975	\$6,094	\$1,371	\$35,023	\$16,437	\$298	\$177	\$1,204	\$561
1976	6,138	1,400	40,426	15,030	294	190	2,227	605
1977	6,231	1,500	30,832	15,161	293	218	2,205	593
1978	7,075	1,688	36,717	16,466	295	182	3,032	598
1979	7,308	1,986	34,215	17,352	290	234	4,840	625
1980	8,095	3,091	52,096	18,300	322	236	5,969	631
1981	8,404	3,179	54,871	17,496	336	259	7,481	656
1982	8,478	3,174	29,318	17,761	294	258	7,529	637
1983	8,352	3,963	47,940	16,355	269	229	4,309	646
1984	8,648	3,886	51,015	16,238	260	229	4,946	682
1985	9,531	4,119	55,730	16,631	253	271	5,653	762
1986	9,587	4,443	64,462	16,923	237	283	6,012	786
1987	9,552	3,644	76,519	17,015	213	305	6,818	829
1988	9,752	3,482	81,974	16,734	209	315	7,809	852
1989	9,829	2,909	85,029	16,978	227	318	9,043	861
1990	10,346	2,872	81,545	18,138	215	317	9,262	896
1991	11,026	3,114	81,113	19,601	228	352	9,770	968
1992	10,654	2,955	59,157	20,088	232	357	9,535	1,048
1993	10,683	2,910	79,655	20,230	249	398	8,710	1,080
1994	10,465	2,738	67,806	20,359	255	402	8,468	1,105
1995	10,714	2,896	62,410	20,760	271	414	7,515	1,160
1996	10,133	2,707	66,874	21,598	288	442	7,793	1,219
1997	10,930	2,800	73,266	21,794	320	471	7,244	1,345
1998	11,458	2,845	90,984	21,968	302	487	2,459	1,502
1999	12,234	2,589	88,489	23,848	282	494	3,647	1,708
2000	12,684	2,449	88,523	23,900	285	536	3,339	1,970
2001	13,032	2,539	89,010	24,990	265	460	3,575	2,134
2002	13,359	2,700	94,410	25,636	261	451	3,992	2,272

<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 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 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 2002 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.