

Table 100

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

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

See footnotes at end of table.

Table 100—Continued

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

Year	Total ¹	Inpatient Hospital	ICF/MR	Nursing Facility ²	Physician	Outpatient Hospital	Home Health ³	Prescribed Drugs
(Constant 2002 Dollars)								
1975	\$6,453	\$9,999	\$26,228	\$17,433	\$743	\$465	\$1,396	\$582
1976	6,635	9,358	31,344	17,533	714	515	2,222	610
1977	7,183	9,124	35,785	18,202	713	701	2,472	602
1978	7,828	9,054	45,143	19,559	693	625	3,380	594
1979	8,725	9,541	47,877	20,566	698	649	5,193	625
1980	8,347	9,395	53,074	16,270	746	692	2,078	615
1981	8,755	9,277	55,455	16,373	727	710	2,361	641
1982	9,207	9,391	58,987	17,217	644	696	2,470	629
1983	9,167	9,268	60,080	17,837	622	643	3,176	655
1984	8,987	9,171	64,153	18,643	573	688	3,962	682
1985	9,229	9,366	65,665	19,243	563	710	4,767	774
1986	9,346	9,653	68,718	20,086	552	720	5,168	833
1987	9,550	10,097	70,565	20,265	559	768	5,712	858
1988	9,585	9,891	73,541	20,439	555	814	6,774	877
1989	9,648	9,454	73,752	20,822	571	834	7,386	886
1990	10,110	10,345	77,386	21,875	564	807	8,090	950
1991	10,140	10,749	76,246	23,444	587	865	8,146	1,013
1992	10,405	11,416	79,330	24,095	621	903	8,457	1,098
1993	10,079	11,149	77,414	24,156	604	936	8,431	1,134
1994	9,734	11,092	66,253	24,031	584	891	9,059	1,176
1995	10,191	11,258	86,489	23,937	581	894	9,613	1,267
1996	9,836	10,608	81,962	24,368	577	894	10,779	1,370
1997	10,118	9,821	84,406	24,100	575	919	10,809	1,580
1998	10,175	9,529	84,811	23,339	539	926	3,592	1,818
1999	10,674	9,176	83,995	28,199	571	932	5,861	2,110
2000	11,228	9,016	85,273	28,237	568	985	5,374	2,461
2001	11,615	9,306	86,862	28,938	581	968	5,732	2,684
2002	12,475	9,454	92,789	27,766	593	988	5,713	2,851

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 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.