

**Table 98**

**Medicaid Payments per Person Served (Beneficiary), Adults, by Type of Service: Fiscal Years 1975-2003**

Year	Total <sup>1</sup>	Inpatient		Nursing		Outpatient	Home	Prescribed
		Hospital	ICF/MR	Facility	Physician	Hospital	Health <sup>3</sup>	Drugs
1975	\$455	\$1,085	(2)	(2)	\$116	\$57	\$121	\$51
1976	479	1,202	(2)	(2)	125	74	284	46
1977	545	1,302	(2)	(2)	132	118	316	50
1978	576	1,404	(2)	(2)	140	113	457	52
1979	661	1,640	(2)	(2)	152	127	765	61
1980	663	1,673	(2)	(2)	183	126	252	66
1981	725	1,833	(2)	(2)	193	157	303	69
1982	764	2,046	(2)	(2)	197	162	352	74
1983	802	2,146	(2)	(2)	198	170	402	78
1984	789	2,229	(2)	(2)	197	172	411	83
1985	860	2,354	(2)	(2)	213	183	483	96
1986	864	2,237	(2)	(2)	237	175	433	102
1987	999	2,487	(2)	(2)	250	207	459	117
1988	1,069	2,542	(2)	(2)	272	232	570	122
1989	1,206	2,582	(2)	(2)	305	249	622	129
1990	1,429	2,889	(2)	(2)	349	279	709	141
1991	1,555	3,012	(2)	(2)	389	319	569	148
1992	1,762	3,247	(2)	(2)	417	377	789	161
1993	1,813	3,393	(2)	(2)	423	405	765	170
1994	1,791	3,450	(2)	(2)	420	404	633	179
1995	1,777	3,461	(2)	(2)	424	403	568	189
1996	1,722	3,456	(2)	(2)	429	398	540	197
1997	1,809	3,654	(2)	(2)	488	425	594	226
1998	1,883	3,702	(2)	(2)	457	442	509	261
1999	2,104	3,808	(2)	(2)	508	489	718	335
2000	2,030	3,759	(2)	(2)	474	516	641	364
2001	2,067	3,959	(2)	(2)	477	545	800	411
2002	2,100	4,255	(2)	(2)	457	572	627	453
2003	2,292	4,342	(2)	(2)	512	618	581	558

See footnotes at end of table.

**Table 98—Continued**

**Medicaid Payments per Person Served (Beneficiary), Adults, by Type of Service: Fiscal Years 1975-2003**

Year	Total <sup>1</sup>	Inpatient Hospital	ICF/MR	Nursing Facility	Physician	Outpatient Hospital	Home Health <sup>3</sup>	Prescribed Drugs
(Constant 2003 Dollars)								
1975	\$2,371	\$5,654	(2)	(2)	\$604	\$297	\$631	\$266
1976	2,229	5,594	(2)	(2)	582	344	1,322	214
1977	2,314	5,528	(2)	(2)	560	501	1,342	212
1978	2,247	5,476	(2)	(2)	546	441	1,782	203
1979	2,377	5,897	(2)	(2)	547	457	2,751	219
1980	2,177	5,494	(2)	(2)	601	414	828	217
1981	2,130	5,384	(2)	(2)	567	461	890	203
1982	2,013	5,392	(2)	(2)	519	427	928	195
1983	1,947	5,210	(2)	(2)	481	413	976	189
1984	1,777	5,019	(2)	(2)	444	387	926	187
1985	1,834	5,020	(2)	(2)	454	390	1,030	205
1986	1,775	4,596	(2)	(2)	487	360	890	210
1987	1,976	4,920	(2)	(2)	495	410	908	231
1988	1,980	4,708	(2)	(2)	504	430	1,056	226
1989	2,061	4,413	(2)	(2)	521	426	1,063	220
1990	2,268	4,586	(2)	(2)	553	442	1,125	223
1991	2,319	4,492	(2)	(2)	581	475	849	220
1992	2,493	4,594	(2)	(2)	590	533	1,116	228
1993	2,443	4,573	(2)	(2)	570	546	1,031	229
1994	2,318	4,465	(2)	(2)	544	523	819	232
1995	2,212	4,308	(2)	(2)	528	502	707	235
1996	2,085	4,185	(2)	(2)	520	482	654	239
1997	2,136	4,314	(2)	(2)	576	502	701	267
1998	2,170	4,267	(2)	(2)	527	509	586	301
1999	2,368	4,287	(2)	(2)	572	551	808	378
2000	2,224	4,119	(2)	(2)	519	566	703	399
2001	2,187	4,189	(2)	(2)	505	577	846	435
2002	2,166	4,388	(2)	(2)	472	589	646	468
2003	2,292	4,342	(2)	(2)	512	618	581	558

<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>Average payment per person served are not shown for these categories. The small number of users causes large fluctuations in the time series that may be misleading.

<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 2003 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.