

Table 14.13

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

Year	Total ¹	Inpatient		Nursing		Outpatient		Home	Prescribed
		Hospital	ICF/MR	Facility	Physician	Hospital		Health ³	Drugs
1975	\$228	\$895	(2)	(2)	\$60	\$40		\$143	\$23
1976	245	1,007	(2)	(2)	64	54		231	21
1977	270	1,128	(2)	(2)	66	86		281	21
1978	293	1,232	(2)	(2)	70	83		168	22
1979	317	1,413	(2)	(2)	73	88		180	25
1980	335	1,509	(2)	(2)	87	90		105	28
1981	366	1,671	(2)	(2)	90	115		94	29
1982	363	1,838	(2)	(2)	93	116		131	31
1983	402	2,009	(2)	(2)	97	126		251	33
1984	411	2,186	(2)	(2)	101	128		284	36
1985	452	2,347	(2)	(2)	104	135		339	39
1986	512	2,611	(2)	(2)	105	148		345	50
1987	542	2,530	(2)	(2)	118	145		373	47
1988	583	2,711	(2)	(2)	126	156		501	49
1989	668	2,874	(2)	(2)	138	170		639	53
1990	811	3,287	(2)	(2)	154	191		736	61
1991	902	3,653	(2)	(2)	170	217		908	69
1992	971	3,310	(2)	(2)	187	243		968	80
1993	1,013	3,647	(2)	(2)	195	252		1,032	88
1994	1,006	3,588	(2)	(2)	197	252		1,010	95
1995	1,047	3,819	(2)	(2)	200	252		1,589	104
1996	1,048	3,627	(2)	(2)	205	246		1,855	112
1997	1,111	4,087	(2)	(2)	206	258		1,730	120
1998	1,207	4,284	(2)	(2)	209	260		704	138
1999	1,282	3,903	(2)	(2)	244	275		1,064	161
2000	1,358	3,844	(2)	(2)	246	291		788	188
2001	1,454	4,006	(2)	(2)	263	309		795	224
2002	1,545	4,305	(2)	(2)	270	322		874	258
2003	1,606	4,364	(2)	(2)	285	339		852	298

See footnotes at end of table.

Table 14.13—Continued

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

Medicaid Payments per Person Served (Beneficiary), Children, by Type of Service: Fiscal Years 1975-2003								
		Inpatient		Nursing		Outpatient	Home	Prescribed
Year	Total ¹	Hospital	ICF/MR	Facility	Physician	Hospital	Health ³	Drugs
(Constant 2003 Dollars)								
1975	\$1,188	\$4,664	(2)	(2)	\$313	\$208	\$745	\$120
1976	1,140	4,686	(2)	(2)	298	251	1,075	98
1977	1,146	4,790	(2)	(2)	280	365	1,193	89
1978	1,143	4,805	(2)	(2)	273	324	655	86
1979	1,140	5,081	(2)	(2)	263	316	647	90
1980	1,100	4,955	(2)	(2)	286	296	345	92
1981	1,075	4,909	(2)	(2)	264	338	276	85
1982	957	4,843	(2)	(2)	245	306	345	82
1983	976	4,877	(2)	(2)	235	306	609	80
1984	926	4,923	(2)	(2)	227	288	640	81
1985	964	5,005	(2)	(2)	222	288	723	83
1986	1,052	5,365	(2)	(2)	216	304	709	103
1987	1,072	5,005	(2)	(2)	233	287	738	93
1988	1,080	5,022	(2)	(2)	233	289	928	91
1989	1,142	4,912	(2)	(2)	236	291	1,092	91
1990	1,287	5,217	(2)	(2)	245	304	1,168	97
1991	1,346	5,448	(2)	(2)	254	323	1,354	102
1992	1,374	4,683	(2)	(2)	265	344	1,370	113
1993	1,365	4,915	(2)	(2)	263	340	1,391	119
1994	1,302	4,644	(2)	(2)	255	326	1,307	123
1995	1,303	4,754	(2)	(2)	249	314	1,978	129
1996	1,269	4,392	(2)	(2)	248	298	2,246	136
1997	1,312	4,825	(2)	(2)	243	305	2,042	142
1998	1,391	4,938	(2)	(2)	241	299	812	160
1999	1,443	4,394	(2)	(2)	275	310	1,198	181
2000	1,487	4,211	(2)	(2)	270	319	863	206
2001	1,539	4,239	(2)	(2)	279	327	842	237
2002	1,593	4,440	(2)	(2)	279	332	902	266
2003	1,606	4,364	(2)	(2)	285	339	852	298

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.

²Average 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.

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 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.