

Table 14.12

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

| Year | Total ¹ | Inpatient | ICF/MR | Nursing | Physician | Outpatient | Home | Prescribed |
|------|--------------------|-----------|---------|-----------------------|-----------|------------|---------------------|------------|
| | | Hospital | | Facility ² | | Hospital | Health ³ | Drugs |
| 1975 | \$556 | \$983 | \$5,538 | \$3,292 | \$81 | \$50 | \$204 | \$58 |
| 1976 | 618 | 1,100 | 7,135 | 3,442 | 88 | 65 | 420 | 63 |
| 1977 | 711 | 1,211 | 8,530 | 3,819 | 94 | 102 | 485 | 66 |
| 1978 | 819 | 1,320 | 11,486 | 4,517 | 99 | 97 | 558 | 71 |
| 1979 | 951 | 1,568 | 13,022 | 5,198 | 108 | 110 | 734 | 84 |
| 1980 | 1,079 | 1,742 | 16,439 | 5,654 | 136 | 113 | 846 | 96 |
| 1981 | 1,238 | 1,943 | 19,812 | 6,226 | 146 | 141 | 1,065 | 108 |
| 1982 | 1,361 | 2,172 | 23,312 | 7,104 | 150 | 146 | 1,313 | 118 |
| 1983 | 1,503 | 2,384 | 27,006 | 7,317 | 155 | 156 | 1,416 | 129 |
| 1984 | 1,569 | 2,552 | 30,170 | 7,847 | 156 | 164 | 1,768 | 141 |
| 1985 | 1,719 | 2,753 | 32,238 | 8,427 | 163 | 178 | 2,092 | 166 |
| 1986 | 1,821 | 2,924 | 35,089 | 8,887 | 171 | 185 | 2,278 | 183 |
| 1987 | 1,949 | 3,000 | 37,490 | 9,322 | 181 | 203 | 2,777 | 198 |
| 1988 | 2,126 | 3,151 | 41,413 | 9,880 | 193 | 229 | 3,542 | 215 |
| 1989 | 2,318 | 3,251 | 44,999 | 10,696 | 217 | 250 | 4,225 | 232 |
| 1990 | 2,568 | 3,630 | 50,048 | 12,108 | 235 | 269 | 4,733 | 256 |
| 1991 | 2,752 | 3,959 | 52,791 | 13,893 | 259 | 305 | 5,070 | 277 |
| 1992 | 2,937 | 4,091 | 56,636 | 14,969 | 282 | 349 | 5,279 | 308 |
| 1993 | 3,042 | 4,366 | 59,156 | 15,798 | 293 | 378 | 5,250 | 333 |
| 1994 | 3,089 | 4,463 | 52,497 | 16,531 | 296 | 383 | 5,446 | 363 |
| 1995 | 3,311 | 4,735 | 68,613 | 17,424 | 309 | 397 | 5,740 | 413 |
| 1996 | 3,369 | 4,696 | 68,232 | 18,589 | 317 | 409 | 6,293 | 474 |
| 1997 | 3,568 | 4,877 | 72,033 | 19,029 | 333 | 453 | 6,575 | 571 |
| 1998 | 3,548 | 5,021 | 74,960 | 19,379 | 327 | 474 | 2,206 | 699 |
| 1999 | 3,819 | 4,943 | 76,443 | 20,568 | 357 | 491 | 3,571 | 837 |
| 2000 | 3,936 | 4,919 | 79,330 | 20,220 | 356 | 533 | 3,135 | 975 |
| 2001 | 4,084 | 5,323 | 83,173 | 21,929 | 372 | 548 | 3,475 | 1,082 |
| 2002 | 4,328 | 5,771 | 91,588 | 22,326 | 378 | 571 | 3,689 | 1,165 |
| 2003 | 4,487 | 6,047 | 95,287 | 23,882 | 403 | 596 | 3,720 | 1,293 |

See footnotes at end of table.

Table 14.12—Continued

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

| Medicaid Payments per FTE Person Served (Beneficiary), All Eligibility Groups, by Type of Service: Fiscal Years 1975-2003 | | | | | | | | |
|---|--------------------|-----------|----------|-----------------------|-----------|------------|---------------------|------------|
| | | Inpatient | | Nursing | | Outpatient | Home | Prescribed |
| Year | Total ¹ | Hospital | ICF/MR | Facility ² | Physician | Hospital | Health ³ | Drugs |
| (Constant 2003 Dollars) | | | | | | | | |
| 1975 | \$2,897 | \$5,123 | \$28,859 | \$17,155 | \$422 | \$261 | \$1,063 | \$302 |
| 1976 | 2,876 | 5,119 | 33,204 | 16,018 | 410 | 302 | 1,955 | 293 |
| 1977 | 3,019 | 5,142 | 36,219 | 16,216 | 399 | 433 | 2,059 | 280 |
| 1978 | 3,194 | 5,148 | 44,799 | 17,618 | 386 | 378 | 2,176 | 277 |
| 1979 | 3,420 | 5,638 | 46,826 | 18,692 | 388 | 396 | 2,639 | 302 |
| 1980 | 3,543 | 5,721 | 53,984 | 18,567 | 447 | 371 | 2,778 | 315 |
| 1981 | 3,637 | 5,708 | 58,198 | 18,289 | 429 | 414 | 3,128 | 317 |
| 1982 | 3,586 | 5,724 | 61,431 | 18,720 | 395 | 385 | 3,460 | 311 |
| 1983 | 3,649 | 5,787 | 65,560 | 17,763 | 376 | 379 | 3,437 | 313 |
| 1984 | 3,533 | 5,747 | 67,939 | 17,670 | 351 | 369 | 3,981 | 318 |
| 1985 | 3,666 | 5,871 | 68,753 | 17,972 | 348 | 380 | 4,462 | 354 |
| 1986 | 3,741 | 6,008 | 72,094 | 18,259 | 351 | 380 | 4,680 | 376 |
| 1987 | 3,856 | 5,935 | 74,168 | 18,442 | 358 | 402 | 5,494 | 392 |
| 1988 | 3,938 | 5,837 | 76,708 | 18,300 | 357 | 424 | 6,561 | 398 |
| 1989 | 3,962 | 5,556 | 76,904 | 18,280 | 371 | 427 | 7,221 | 396 |
| 1990 | 4,076 | 5,761 | 79,429 | 19,216 | 373 | 427 | 7,512 | 406 |
| 1991 | 4,105 | 5,905 | 78,744 | 20,723 | 386 | 455 | 7,562 | 413 |
| 1992 | 4,155 | 5,788 | 80,130 | 21,178 | 399 | 494 | 7,469 | 436 |
| 1993 | 4,100 | 5,884 | 79,724 | 21,291 | 395 | 509 | 7,075 | 449 |
| 1994 | 3,998 | 5,776 | 67,943 | 21,395 | 383 | 496 | 7,048 | 470 |
| 1995 | 4,122 | 5,894 | 85,414 | 21,691 | 385 | 494 | 7,146 | 514 |
| 1996 | 4,080 | 5,687 | 82,627 | 22,511 | 384 | 495 | 7,621 | 574 |
| 1997 | 4,212 | 5,757 | 85,037 | 22,464 | 393 | 534 | 7,762 | 675 |
| 1998 | 4,089 | 5,787 | 86,399 | 22,336 | 377 | 546 | 2,542 | 806 |
| 1999 | 4,300 | 5,565 | 86,056 | 23,154 | 402 | 552 | 4,020 | 942 |
| 2000 | 4,312 | 5,389 | 86,918 | 22,154 | 390 | 584 | 3,435 | 1,069 |
| 2001 | 4,321 | 5,633 | 88,005 | 23,203 | 393 | 580 | 3,677 | 1,144 |
| 2002 | 4,463 | 5,952 | 94,447 | 23,023 | 390 | 589 | 3,804 | 1,201 |
| 2003 | 4,487 | 6,047 | 95,287 | 23,882 | 403 | 596 | 3,720 | 1,293 |

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 payment 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 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.