

Table 14.12

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

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

Year	Total ¹	Inpatient		Nursing		Outpatient	Home	Prescribed
		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.