

Table 14.15

Medicaid Payments per Person Served (Beneficiary), Aged, 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	\$1,205	\$271	\$6,925	\$3,250	\$59	\$35	\$238	\$111
1976	1,359	310	8,951	3,328	65	42	493	134
1977	1,512	364	7,482	3,679	71	53	535	144
1978	1,869	446	9,700	4,350	78	48	801	158
1979	2,094	569	9,804	4,972	83	67	1,387	179
1980	2,540	970	16,346	5,742	101	74	1,873	198
1981	2,948	1,115	19,247	6,137	118	91	2,624	230
1982	3,315	1,241	11,464	6,945	115	101	2,944	249
1983	3,545	1,682	20,348	6,942	114	97	1,829	274
1984	3,957	1,778	23,343	7,430	119	105	2,263	312
1985	4,605	1,990	26,926	8,035	122	131	2,731	368
1986	4,808	2,228	32,328	8,487	119	142	3,015	394
1987	4,975	1,898	39,854	8,862	111	159	3,551	432
1988	5,425	1,937	45,601	9,309	116	175	4,344	474
1989	5,926	1,754	51,265	10,236	137	192	5,452	519
1990	6,717	1,865	52,943	11,776	139	206	6,013	581
1991	7,617	2,151	56,032	13,540	157	243	6,749	668
1992	7,759	2,152	43,083	14,630	169	260	6,944	763
1993	8,168	2,225	60,901	15,467	190	304	6,659	826
1994	8,332	2,180	53,983	16,209	203	320	6,742	880
1995	8,868	2,397	51,657	17,183	224	343	6,220	960
1996	8,622	2,303	56,902	18,377	245	376	6,631	1,037
1997	9,540	2,444	63,949	19,022	279	411	6,323	1,174
1998	10,243	2,544	81,337	19,639	270	436	2,199	1,343
1999	11,268	2,385	81,506	21,966	260	455	3,359	1,573
2000	11,929	2,303	83,250	22,477	268	504	3,140	1,853
2001	12,691	2,472	86,680	24,336	258	448	3,481	2,078
2002	13,359	2,700	94,410	25,636	261	451	3,992	2,272
2003	13,677	2,926	97,419	26,737	257	448	3,746	2,514

See footnotes at end of table.

Table 14.15—Continued

Medicaid Payments per Person Served (Beneficiary), Aged, 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	\$6,279	\$1,412	\$36,087	\$16,936	\$307	\$182	\$1,240	\$578
1976	6,324	1,443	41,655	15,487	302	195	2,294	624
1977	6,420	1,546	31,769	15,621	301	225	2,272	611
1978	7,290	1,740	37,833	16,967	304	187	3,124	616
1979	7,530	2,046	35,254	17,879	298	241	4,988	644
1980	8,341	3,185	53,679	18,856	332	243	6,151	650
1981	8,660	3,275	56,539	18,028	347	267	7,708	676
1982	8,736	3,270	30,209	18,301	303	266	7,758	656
1983	8,606	4,083	49,397	16,852	277	235	4,440	665
1984	8,911	3,886	51,015	16,238	260	229	4,946	682
1985	9,821	4,244	57,424	17,136	260	279	5,824	785
1986	9,879	4,578	66,421	17,437	244	292	6,195	810
1987	9,842	3,755	78,844	17,532	220	315	7,025	855
1988	10,049	3,588	84,466	17,243	215	324	8,046	878
1989	10,128	2,998	87,613	17,494	234	328	9,318	887
1990	10,660	2,959	84,023	18,689	221	326	9,543	923
1991	11,361	3,209	83,578	20,196	235	362	10,067	997
1992	10,978	3,045	60,955	20,699	239	368	9,825	1,080
1993	11,008	2,999	82,076	20,845	256	410	8,974	1,113
1994	10,784	2,821	69,867	20,978	263	414	8,726	1,139
1995	11,040	2,984	64,306	21,391	279	427	7,743	1,195
1996	10,441	2,789	68,907	22,254	297	455	8,030	1,256
1997	11,262	2,885	75,493	22,456	329	485	7,464	1,386
1998	11,807	2,932	93,749	22,635	311	502	2,534	1,548
1999	12,686	2,685	91,756	24,729	292	513	3,782	1,771
2000	13,070	2,524	91,213	24,627	293	552	3,441	2,030
2001	13,428	2,616	91,715	25,750	273	474	3,684	2,199
2002	13,776	2,784	97,357	26,436	269	465	4,116	2,343
2003	13,677	2,926	97,419	26,737	257	448	3,746	2,514

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 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.