

Table 14.16

Medicaid Payments per Person Served (Beneficiary), Disabled, 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	\$1,276	\$1,977	\$5,186	\$3,447	\$147	\$92	\$276	\$115
1976	1,469	2,072	6,940	3,882	158	114	492	135
1977	1,743	2,214	8,684	4,417	173	170	600	146
1978	2,068	2,392	11,926	5,167	183	165	893	157
1979	2,500	2,734	13,719	5,893	200	186	1,488	179
1980	2,619	2,948	16,653	5,105	234	217	652	193
1981	3,071	3,254	19,452	5,743	255	249	828	225
1982	3,600	3,672	23,065	6,732	252	272	966	246
1983	3,891	3,934	25,501	7,571	264	273	1,348	278
1984	4,112	4,196	29,353	8,530	262	315	1,813	312
1985	4,459	4,525	31,726	9,297	272	343	2,303	374
1986	4,687	4,841	34,462	10,073	277	361	2,592	418
1987	4,974	5,259	36,753	10,555	291	400	2,975	447
1988	5,332	5,502	40,910	11,370	309	453	3,768	488
1989	5,817	5,700	44,466	12,554	344	503	4,453	534
1990	6,564	6,717	50,242	14,202	366	524	5,252	617
1991	7,005	7,426	52,670	16,195	406	597	5,627	700
1992	7,578	8,314	57,775	17,548	452	658	6,159	800
1993	7,706	8,524	59,188	18,469	462	716	6,446	867
1994	7,750	8,831	52,747	19,132	465	709	7,212	936
1995	8,435	9,318	71,588	19,813	481	740	7,957	1,049
1996	8,369	9,026	69,740	20,734	491	761	9,172	1,166
1997	8,832	8,572	73,672	21,035	502	802	9,434	1,379
1998	9,096	8,519	75,819	20,864	481	828	3,211	1,625
1999	9,832	8,452	77,367	25,974	526	858	5,398	1,944
2000	10,559	8,479	80,194	26,555	534	926	5,054	2,314
2001	11,310	9,062	84,588	28,181	565	943	5,582	2,614
2002	12,475	9,454	92,789	27,766	593	988	5,713	2,851
2003	13,303	9,851	97,493	29,099	626	1,028	6,101	3,204

See footnotes at end of table.

Table 14.16—Continued

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

Year	Total ¹	Inpatient Hospital	ICF/MR	Nursing Facility ²	Physician	Outpatient Hospital	Home Health ³	Prescribed Drugs
(Constant 2003 Dollars)								
1975	\$6,649	\$10,302	\$27,025	\$17,963	\$766	\$479	\$1,438	\$599
1976	6,836	9,642	32,296	18,065	735	531	2,290	628
1977	7,401	9,401	36,873	18,755	735	722	2,548	620
1978	8,066	9,330	46,516	20,153	714	644	3,483	612
1979	8,990	9,831	49,333	21,191	719	669	5,351	644
1980	8,601	9,681	54,687	16,764	768	713	2,141	634
1981	9,021	9,559	57,141	16,870	749	731	2,432	661
1982	9,487	9,676	60,780	17,740	664	717	2,546	648
1983	9,446	9,550	61,906	18,379	641	663	3,272	675
1984	9,260	9,449	66,099	19,208	590	709	4,083	703
1985	9,510	9,650	67,661	19,827	580	732	4,912	798
1986	9,630	9,946	70,806	20,696	569	742	5,326	859
1987	9,840	10,404	72,710	20,881	576	791	5,886	884
1988	9,876	10,191	75,777	21,060	572	839	6,979	904
1989	9,941	9,741	75,994	21,455	588	860	7,610	913
1990	10,417	10,660	79,738	22,539	581	832	8,336	979
1991	10,448	11,076	78,563	24,157	605	891	8,394	1,044
1992	10,722	11,763	81,741	24,827	640	931	8,714	1,132
1993	10,385	11,488	79,767	24,891	623	965	8,687	1,168
1994	10,030	11,429	68,267	24,761	602	918	9,334	1,211
1995	10,500	11,600	89,118	24,665	599	921	9,905	1,306
1996	10,135	10,930	84,453	25,108	595	922	11,107	1,412
1997	10,426	10,119	86,971	24,832	593	947	11,137	1,628
1998	10,484	9,819	87,389	24,048	555	954	3,701	1,873
1999	11,068	9,515	87,097	29,240	592	966	6,077	2,188
2000	11,569	9,290	87,865	29,095	586	1,015	5,537	2,535
2001	11,968	9,588	89,502	29,818	598	998	5,906	2,765
2002	12,865	9,750	95,686	28,632	612	1,019	5,891	2,940
2003	13,303	9,851	97,493	29,099	626	1,028	6,101	3,204

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.