

Table 13.13

Medicaid Payments per Person Served (Beneficiary), Children, by Type of Service: Fiscal Years 1975-2004

Year	Total ¹	Inpatient		Nursing		Outpatient		Home	Prescribe
		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
2004	1,671	4,369	(2)	(2)	297	365		900	335

See footnotes at end of table.

Table 13.13—Continued

Medicaid Payments per Person Served (Beneficiary), Children, by Type of Service: Fiscal Years 1975-2004

Medicaid Payments per Person Served (Beneficiary), Children, by Type of Service: Fiscal Years 1975-2004								
		Inpatient		Nursing		Outpatient	Home	Prescribe
Year	Total ¹	Hospital	ICF/MR	Facility	Physician	Hospital	Health ³	Drugs
(Constant 2004 Dollars)								
1975	\$1,242	\$4,875	(2)	(2)	\$327	\$218	\$779	\$125
1976	1,192	4,898	(2)	(2)	311	263	1,124	102
1977	1,198	5,006	(2)	(2)	293	382	1,247	93
1978	1,195	5,023	(2)	(2)	285	338	685	90
1979	1,192	5,311	(2)	(2)	274	331	677	94
1980	1,150	5,180	(2)	(2)	299	309	360	96
1981	1,124	5,131	(2)	(2)	276	353	289	89
1982	1,000	5,063	(2)	(2)	256	320	361	85
1983	1,020	5,098	(2)	(2)	246	320	637	84
1984	967	5,146	(2)	(2)	238	301	668	85
1985	1,008	5,232	(2)	(2)	232	301	756	87
1986	1,100	5,608	(2)	(2)	226	318	741	107
1987	1,121	5,232	(2)	(2)	244	300	771	97
1988	1,129	5,249	(2)	(2)	244	302	970	95
1989	1,193	5,134	(2)	(2)	247	304	1,142	95
1990	1,345	5,453	(2)	(2)	256	318	1,221	102
1991	1,407	5,695	(2)	(2)	266	338	1,415	107
1992	1,436	4,895	(2)	(2)	277	359	1,432	118
1993	1,427	5,138	(2)	(2)	275	355	1,454	119
1994	1,361	4,854	(2)	(2)	267	341	1,366	129
1995	1,362	4,969	(2)	(2)	260	328	2,068	135
1996	1,327	4,591	(2)	(2)	259	311	2,348	142
1997	1,371	5,043	(2)	(2)	254	319	2,134	149
1998	1,454	5,161	(2)	(2)	252	313	848	167
1999	1,509	4,593	(2)	(2)	288	324	1,253	190
2000	1,555	4,402	(2)	(2)	282	333	902	215
2001	1,609	4,431	(2)	(2)	291	342	880	248
2002	1,666	4,641	(2)	(2)	291	347	943	278
2003	1,674	4,550	(2)	(2)	297	353	888	311
2004	1,671	4,369	(2)	(2)	297	365	900	335

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 2004 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.

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