

Table 13.15

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

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
2004	13,790	2,937	101,910	27,650	253	504	4,098	2,735

See footnotes at end of table.

Table 13.15—Continued

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

		Inpatient		Nursing		Outpatient	Home	Prescribed
Year	Total ¹	Hospital	ICF/MR	Facility ²	Physician	Hospital	Health ³	Drugs
				(Constant 2004 Dollars)				
1975	\$6,564	\$1,476	\$37,722	\$17,703	\$321	\$191	\$1,296	\$605
1976	6,611	1,508	43,541	16,189	316	204	2,398	652
1977	6,711	1,616	33,208	16,329	315	235	2,375	639
1978	7,620	1,818	39,547	17,735	318	196	3,266	644
1979	7,871	2,139	36,851	18,689	312	252	5,213	673
1980	8,719	3,330	56,110	19,710	347	254	6,429	680
1981	9,052	3,424	59,099	18,844	362	279	8,057	706
1982	9,131	3,418	31,578	19,130	317	278	8,109	686
1983	8,996	4,268	51,634	17,616	289	246	4,641	695
1984	9,314	4,185	54,946	17,489	280	247	5,327	734
1985	10,266	4,436	60,025	17,912	272	292	6,088	820
1986	10,326	4,785	69,430	18,227	256	305	6,475	846
1987	10,288	3,925	82,415	18,326	230	329	7,343	893
1988	10,504	3,750	88,291	18,024	225	339	8,411	918
1989	10,586	3,133	91,581	18,286	245	343	9,740	927
1990	11,143	3,093	87,829	19,536	231	341	9,975	965
1991	11,876	3,354	87,363	21,111	245	379	10,523	1,042
1992	11,475	3,183	63,715	21,636	250	385	10,269	1,128
1993	11,506	3,134	85,793	21,789	268	428	9,381	1,164
1994	11,272	2,949	73,031	21,928	275	433	9,121	1,191
1995	11,539	3,119	67,219	22,359	291	446	8,094	1,249
1996	10,914	2,915	72,028	23,262	310	476	8,394	1,313
1997	11,772	3,016	78,912	23,473	344	507	7,802	1,449
1998	12,341	3,065	97,995	23,661	325	525	2,649	1,618
1999	13,260	2,806	95,912	25,849	305	536	3,953	1,851
2000	13,661	2,638	95,344	25,742	307	577	3,596	2,122
2001	14,036	2,735	95,869	26,916	286	495	3,850	2,298
2002	14,400	2,910	101,767	27,633	281	486	4,303	2,449
2003	14,260	3,050	101,567	27,875	267	467	3,905	2,622
2004	13,790	2,937	101,910	27,650	253	504	4,098	2,735

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 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.