

Table 13.16
Medicaid Payments per Person Served (Beneficiary), Disabled, by Type of Service:
Fiscal Years 1975-2006

Year	Total ¹	Inpatient		Nursing		Outpatient	Home	Prescribed
		Hospital	ICF/MR	Facility ²	Physician	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
2004	14,070	10,467	102,054	29,888	664	1,110	6,220	3,603
2005	14,536	10,829	109,680	31,056	751	1,062	7,123	3,795
2006	13,902	10,928	113,537	31,983	724	1,100	7,543	2,647

See footnotes at end of table.

Table 13.16—Continued
Medicaid Payments per Person Served (Beneficiary), Disabled, by Type of Service:
Fiscal Years 1975-2006

		Inpatient		Nursing		Outpatient	Home	Prescribed
Year	Total ¹	Hospital	ICF/MR	Facility ²	Physician	Hospital	Health ³	Drugs
				(Constant 2006 Dollars)				
1975	\$7,417	\$11,491	\$30,143	\$20,035	\$854	\$535	\$1,604	\$668
1976	7,625	10,755	36,022	20,150	820	592	2,554	701
1977	8,255	10,485	41,127	20,919	819	805	2,842	691
1978	8,996	10,406	51,882	22,478	796	718	3,885	683
1979	10,027	10,966	55,024	23,636	802	746	5,968	718
1980	9,593	10,798	60,996	18,699	857	795	2,388	707
1981	10,062	10,661	63,733	18,817	835	816	2,713	737
1982	10,581	10,793	67,792	19,787	741	799	2,839	723
1983	10,536	10,652	69,048	20,500	715	739	3,650	753
1984	10,328	10,539	73,725	21,424	658	791	4,554	784
1985	10,607	10,764	75,467	22,115	647	816	5,478	890
1986	10,741	11,094	78,975	23,084	635	827	5,940	958
1987	10,975	11,604	81,098	23,290	642	883	6,565	986
1988	11,016	11,367	84,519	23,490	638	936	7,785	1,008
1989	11,088	10,865	84,761	23,930	656	959	8,488	1,018
1990	11,619	11,890	88,937	25,140	648	928	9,297	1,092
1991	11,654	12,354	87,627	26,944	675	994	9,362	1,164
1992	11,958	13,120	91,172	27,692	713	1,038	9,719	1,262
1993	11,583	12,813	88,970	27,762	694	1,076	9,689	1,303
1994	11,188	12,748	76,143	27,618	671	1,023	10,411	1,351
1995	11,712	12,938	99,399	27,510	668	1,027	11,048	1,457
1996	11,304	12,191	94,197	28,005	663	1,028	12,388	1,575
1997	11,629	11,287	97,005	27,697	661	1,056	12,422	1,816
1998	11,694	10,951	97,471	26,822	619	1,064	4,128	2,090
1999	12,345	10,613	97,145	32,614	661	1,078	6,779	2,441
2000	12,904	10,362	98,002	32,451	653	1,132	6,176	2,828
2001	13,348	10,695	99,828	33,258	667	1,113	6,587	3,085
2002	14,349	10,874	106,725	31,936	683	1,137	6,571	3,279
2003	14,799	10,958	108,459	32,372	696	1,144	6,787	3,565
2004	15,009	11,166	108,868	31,883	708	1,185	6,635	3,843
2005	14,985	11,164	113,072	32,017	774	1,095	7,343	3,912
2006	13,902	10,928	113,537	31,983	724	1,100	7,543	2,647

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 2006 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.