

Table 13.15
Medicaid Payments per Person Served (Beneficiary), Aged, by Type of Service:
Fiscal Years 1975-2008

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
2005	14,402	2,552	110,289	29,542	275	445	4,424	2,944
2006	13,268	2,703	110,763	30,669	260	423	5,272	1,175
2007	14,141	2,972	115,600	31,771	274	487	5,958	442
2008	14,742	3,157	123,246	33,097	282	598	6,259	432

See footnotes at end of table.

Table 13.15—Continued
Medicaid Payments per Person Served (Beneficiary), Aged, by Type of Service:
Fiscal Years 1975-2008

		Inpatient		Nursing		Outpatient	Home	Prescribed
Year	Total ¹	Hospital	ICF/MR	Facility ²	Physician	Hospital	Health ³	Drugs
(Constant 2008 Dollars)								
1975	\$8,421	\$1,894	\$48,393	\$22,711	\$412	\$245	\$1,663	\$776
1976	8,415	1,920	55,424	20,607	402	260	3,053	830
1977	8,625	2,076	42,681	20,987	405	302	3,052	821
1978	9,868	2,355	51,214	22,967	412	253	4,229	834
1979	10,082	2,740	47,203	23,938	400	323	6,678	862
1980	10,986	4,196	70,701	24,836	437	320	8,101	856
1981	11,347	4,292	74,084	23,622	454	350	10,100	885
1982	11,407	4,270	39,449	23,899	396	348	10,131	857
1983	11,141	5,286	63,947	21,816	358	305	5,748	861
1984	11,520	5,176	67,956	21,630	346	306	6,588	908
1985	12,610	5,449	73,729	22,002	334	359	7,478	1,008
1986	12,443	5,766	83,665	21,964	308	367	7,803	1,020
1987	12,102	4,617	96,945	21,557	270	387	8,638	1,051
1988	12,299	4,391	103,380	21,104	263	397	9,848	1,075
1989	12,361	3,659	106,936	21,352	286	401	11,373	1,083
1990	12,900	3,581	101,676	22,616	268	395	11,548	1,117
1991	13,531	3,822	99,542	24,054	279	431	11,990	1,188
1992	12,872	3,570	71,471	24,270	280	431	11,520	1,266
1993	12,788	3,484	95,351	24,216	297	476	10,426	1,293
1994	12,526	3,277	81,153	24,367	305	481	10,135	1,323
1995	12,835	3,469	74,768	24,870	324	496	9,003	1,389
1996	12,164	3,249	80,279	25,927	346	530	9,355	1,463
1997	13,175	3,375	88,315	26,270	385	568	8,732	1,621
1998	13,904	3,453	110,407	26,658	366	591	2,984	1,823
1999	14,971	3,168	108,285	29,184	345	605	4,463	2,090
2000	15,447	2,983	107,809	29,107	347	653	4,067	2,400
2001	15,899	3,098	108,594	30,489	323	561	4,362	2,603
2002	16,304	3,295	115,218	31,286	318	550	4,871	2,773
2003	16,120	3,448	114,813	31,511	302	528	4,415	2,963
2004	15,645	3,332	115,623	31,370	287	571	4,650	3,103
2005	15,845	2,808	121,343	32,503	302	490	4,867	3,239
2006	14,152	2,883	118,135	32,710	277	451	5,623	1,253
2007	14,576	3,063	119,163	32,750	283	502	6,142	456
2008	14,742	3,157	123,246	33,097	282	598	6,259	432

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 health care services, U.S. Department of Commerce, Bureau of Economic Analysis (BEA), expressed in fiscal year 2008 dollars. With the release of the comprehensive revision of the national accounts in July of 2009, BEA introduced a new classification system for Personal Consumption Expenditures (PCE). With the new classification system and the release of the comprehensive revision estimates, components of medical care were changed, and the base year was updated to the year 2005. PCE health care services now exclude eye exams (currently classified in PCE goods under corrective eyeglasses and contact lenses), and net health insurance (now classified under insurance services). As a result of the PCE classification change, all PCE series were restated for the entire historical period to reflect the new PCE classification structure. 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.