

Table 100

Medicaid Payments per Person Served (Beneficiary), Disabled, by Type of Service: Fiscal Years 1975-1999

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

See footnotes at end of table.

Table 100—Continued

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Year	Total ¹	Inpatient		Nursing		Outpatient	Home	Prescribed
		Hospital	ICF/MR	Facility ²	Physician	Hospital	Health ³	Drugs
(Inflated to Calendar Year 1999 Dollars)								
1975	\$6,024	\$9,333	\$24,482	\$16,272	\$694	\$434	\$1,303	\$543
1976	6,334	8,935	29,926	16,740	681	492	2,122	582
1977	6,717	8,532	33,464	17,021	667	655	2,312	563
1978	7,271	8,410	41,932	18,167	643	580	3,140	552
1979	8,082	8,838	44,350	19,051	647	601	4,810	579
1980	7,683	8,648	48,854	14,976	686	637	1,913	566
1981	8,070	8,551	51,116	15,091	670	654	2,176	591
1982	8,511	8,681	54,530	15,916	596	643	2,284	582
1983	8,489	8,582	55,633	16,517	576	596	2,941	606
1984	8,380	8,552	59,823	17,385	534	642	3,695	636
1985	8,597	8,725	61,172	17,926	524	661	4,440	721
1986	8,699	8,985	63,964	18,696	514	670	4,811	776
1987	8,852	9,359	65,406	18,784	518	712	5,294	795
1988	8,875	9,158	68,092	18,924	514	754	6,272	812
1989	8,945	8,765	68,379	19,305	529	773	6,848	821
1990	9,359	9,577	71,641	20,251	522	747	7,489	879
1991	9,400	9,964	70,677	21,732	544	802	7,551	939
1992	9,600	10,533	73,194	22,231	573	834	7,803	1,014
1993	9,213	10,191	70,762	22,081	552	856	7,707	1,037
1994	8,856	10,091	60,273	21,862	531	810	8,241	1,070
1995	9,267	10,237	78,649	21,767	528	813	8,742	1,152
1996	8,961	9,664	74,671	22,200	526	815	9,821	1,248
1997	9,246	8,975	77,132	22,023	526	840	9,877	1,444
1998	9,298	8,708	77,504	21,328	492	846	3,282	1,662
1999	9,832	8,452	77,367	25,974	526	858	5,398	1,944

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, other than for the mentally retarded (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 somewhat 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 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 calendar year 1999 dollars. ICF/MR is intermediate care facility for the mentally retarded.

SOURCES: Centers for Medicare & Medicaid Services, Center for Medicaid and State Operations: HCFA Form-2082 (Statistical Report on Medical Care: Eligibles, Recipients, Payments, and Services); MSIS; data development by the Office of Research, Development, and Information.