

Table 96

Medicaid Payments per Person Served (Beneficiary), All Eligibility Groups, 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	\$556	\$983	\$5,538	\$3,292	\$81	\$50	\$204	\$58	
1976	618	1,100	7,135	3,442	88	65	420	63	
1977	711	1,211	8,530	3,819	94	102	485	66	
1978	819	1,320	11,486	4,517	99	97	558	71	
1979	951	1,568	13,022	5,198	108	110	734	84	
1980	1,079	1,742	16,439	5,654	136	113	846	96	
1981	1,238	1,943	19,812	6,226	146	141	1,065	108	
1982	1,361	2,172	23,312	7,104	150	146	1,313	118	
1983	1,503	2,384	27,006	7,317	155	156	1,416	129	
1984	1,569	2,552	30,170	7,847	156	164	1,768	141	
1985	1,719	2,753	32,238	8,427	163	178	2,092	166	
1986	1,821	2,924	35,089	8,887	171	185	2,278	183	
1987	1,949	3,000	37,490	9,322	181	203	2,777	198	
1988	2,126	3,151	41,413	9,880	193	229	3,542	215	
1989	2,318	3,251	44,999	10,696	217	250	4,225	232	
1990	2,568	3,630	50,048	12,108	235	269	4,733	256	
1991	2,752	3,959	52,791	13,893	259	305	5,070	277	
1992	2,937	4,091	56,636	14,969	282	349	5,279	308	
1993	3,042	4,366	59,156	15,798	293	378	5,250	333	
1994	3,089	4,463	52,497	16,531	296	383	5,446	363	
1995	3,311	4,735	68,613	17,424	309	397	5,740	413	
1996	3,369	4,696	68,232	18,589	317	409	6,293	474	
1997	3,568	4,877	72,033	19,029	333	453	6,575	571	
1998	3,548	5,021	74,960	19,379	327	474	2,206	699	
1999	3,819	4,943	76,443	20,568	357	491	3,571	837	

See footnotes at end of table

Table 96—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	\$2,625	\$4,640	\$26,143	\$15,541	\$382	\$236	\$963	\$274
1976	2,665	4,743	30,767	14,842	379	280	1,811	272
1977	2,740	4,667	32,870	14,716	362	393	1,869	254
1978	2,880	4,641	40,385	15,882	348	341	1,962	250
1979	3,074	5,069	42,097	16,804	349	356	2,373	272
1980	3,165	5,110	48,227	16,587	399	332	2,482	282
1981	3,253	5,106	52,062	16,361	384	371	2,799	284
1982	3,218	5,135	55,114	16,795	355	345	3,104	279
1983	3,279	5,201	58,916	15,963	338	340	3,089	281
1984	3,198	5,201	61,488	15,993	318	334	3,603	287
1985	3,314	5,308	62,159	16,248	314	343	4,034	320
1986	3,380	5,427	65,128	16,495	317	343	4,228	340
1987	3,468	5,339	66,718	16,590	322	361	4,942	352
1988	3,539	5,245	68,929	16,444	321	381	5,895	358
1989	3,565	4,999	69,198	16,448	334	384	6,497	357
1990	3,662	5,176	71,363	17,265	335	383	6,749	364
1991	3,693	5,312	70,839	18,643	347	409	6,803	372
1992	3,721	5,183	71,751	18,964	357	442	6,688	390
1993	3,637	5,220	70,724	18,887	350	452	6,277	398
1994	3,530	5,100	59,988	18,890	338	438	6,223	415
1995	3,638	5,202	75,380	19,143	339	436	6,306	454
1996	3,607	5,028	73,057	19,903	339	438	6,738	508
1997	3,736	5,106	75,416	19,923	348	474	6,884	598
1998	3,627	5,133	76,626	19,809	334	484	2,255	715
1999	3,819	4,943	76,443	20,568	357	491	3,571	837

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.