

**Table 99**

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

Year	Total <sup>1</sup>	Inpatient		Nursing		Outpatient		Home	Prescribed
		Hospital	ICF/MR	Facility <sup>2</sup>	Physician	Hospital	Health <sup>3</sup>	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	

See footnotes at end of table.

**Table 99—Continued**

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

Year	Total <sup>1</sup>	Inpatient		Nursing		Outpatient		Home	Prescribed
		Hospital	ICF/MR	Facility <sup>2</sup>	Physician	Hospital	Health <sup>3</sup>	Drugs	
				(Inflated to Calendar Year 1999 Dollars)					
1975	\$5,688	\$1,279	\$32,691	\$15,342	\$279	\$165	\$1,124	\$524	
1976	5,860	1,337	38,598	14,351	280	181	2,126	578	
1977	5,826	1,403	28,832	14,177	274	204	2,062	555	
1978	6,571	1,568	34,105	15,295	274	169	2,816	556	
1979	6,769	1,839	31,694	16,073	268	217	4,484	579	
1980	7,452	2,846	47,954	16,845	296	217	5,495	581	
1981	7,747	2,930	50,577	16,127	310	239	6,895	604	
1982	7,837	2,934	27,103	16,419	272	239	6,960	589	
1983	7,734	3,669	44,391	15,145	249	212	3,990	598	
1984	8,065	3,624	47,574	15,143	243	214	4,612	636	
1985	8,879	3,837	51,917	15,492	235	253	5,266	710	
1986	8,924	4,135	60,003	15,753	221	264	5,596	731	
1987	8,854	3,378	70,925	15,771	198	283	6,319	769	
1988	9,029	3,224	75,899	15,494	193	291	7,230	789	
1989	9,113	2,697	78,834	15,741	211	295	8,384	798	
1990	9,578	2,659	75,491	16,791	199	293	8,574	829	
1991	10,221	2,887	75,188	18,169	211	326	9,056	897	
1992	9,830	2,726	54,581	18,534	214	329	8,797	967	
1993	9,765	2,660	72,810	18,492	227	363	7,961	988	
1994	9,521	2,491	61,686	18,522	232	366	7,704	1,006	
1995	9,743	2,633	56,752	18,878	246	377	6,833	1,055	
1996	9,232	2,466	60,926	19,676	262	403	7,100	1,110	
1997	9,988	2,559	66,952	19,915	292	430	6,620	1,229	
1998	10,471	2,600	83,144	20,075	276	445	2,247	1,373	
1999	11,268	2,385	81,506	21,966	260	455	3,359	1,573	

<sup>1</sup>The 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.

<sup>2</sup>Data 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.

<sup>3</sup>Trend 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.