

Table 13.15
Medicaid Payments per Person Served (Beneficiary), Aged, by Type of Service:
Fiscal Years 1975-2005

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

See footnotes at end of table.

Table 13.15—Continued
Medicaid Payments per Person Served (Beneficiary), Aged, by Type of Service:
Fiscal Years 1975-2005

		Inpatient		Nursing		Outpatient	Home	Prescribed
Year	Total ¹	Hospital	ICF/MR	Facility ²	Physician	Hospital	Health ³	Drugs
(Constant 2005 Dollars)								
1975	\$6,794	\$1,528	\$39,043	\$18,324	\$333	\$197	\$1,342	\$626
1976	6,842	1,561	45,066	16,756	327	211	2,482	675
1977	6,946	1,672	34,371	16,901	326	243	2,458	662
1978	7,887	1,882	40,932	18,356	329	203	3,380	667
1979	8,147	2,214	38,142	19,343	323	261	5,396	696
1980	9,024	3,446	58,076	20,401	359	263	6,655	703
1981	9,369	3,544	61,170	19,504	375	289	8,339	731
1982	9,451	3,538	32,684	19,800	328	288	8,393	710
1983	9,311	4,418	53,443	18,233	299	255	4,804	720
1984	9,640	4,332	56,871	18,102	290	256	5,513	760
1985	10,625	4,592	62,128	18,540	281	302	6,301	849
1986	10,688	4,953	71,862	18,866	265	316	6,702	876
1987	10,648	4,062	85,302	18,968	238	340	7,600	925
1988	10,872	3,882	91,384	18,655	232	351	8,705	950
1989	10,957	3,243	94,789	18,926	253	355	10,081	960
1990	11,533	3,202	90,906	20,220	239	353	10,325	998
1991	12,292	3,472	90,424	21,851	254	392	10,891	1,079
1992	11,877	3,294	65,948	22,394	259	398	10,629	1,168
1993	11,910	3,244	88,798	22,552	277	443	9,709	1,204
1994	11,667	3,053	75,589	22,697	284	448	9,440	1,232
1995	11,944	3,228	69,574	23,143	302	462	8,377	1,293
1996	11,296	3,017	74,551	24,077	321	493	8,688	1,359
1997	12,185	3,122	81,677	24,295	356	525	8,076	1,499
1998	12,774	3,172	101,428	24,489	336	543	2,742	1,674
1999	13,725	2,905	99,272	26,754	316	555	4,091	1,916
2000	14,140	2,730	98,684	26,644	317	597	3,722	2,196
2001	14,528	2,830	99,228	27,859	296	513	3,985	2,379
2002	14,905	3,012	105,332	28,601	291	503	4,453	2,535
2003	14,759	3,157	105,125	28,852	277	484	4,042	2,713
2004	14,269	3,039	105,453	28,611	262	521	4,241	2,830
2005	14,402	2,552	110,289	29,542	275	445	4,424	2,944

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 (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 2005 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.