

Table 13.12
Medicaid Payments per Person Served (Beneficiary), All Eligibility Groups, by Type of Service:
Fiscal Years 1975-2006

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
2000	3,936	4,919	79,330	20,220	356	533	3,135	975
2001	4,084	5,323	83,173	21,929	372	548	3,475	1,082
2002	4,328	5,771	91,588	22,326	378	571	3,689	1,165
2003	4,487	6,047	95,287	23,882	403	596	3,720	1,293
2004	4,686	6,435	98,281	24,585	426	646	3,984	1,433
2005	4,764	6,401	107,135	26,096	467	615	4,493	1,510
2006	4,635	5,778	110,320	26,520	454	641	4,979	1,029

See footnotes at end of table.

Table 13.12—Continued
Medicaid Payments per Person Served (Beneficiary), All Eligibility Groups, by Type of Service:
Fiscal Years 1975-2006

		Inpatient		Nursing		Outpatient	Home	Prescribed
Year	Total ¹	Hospital	ICF/MR	Facility ²	Physician	Hospital	Health ³	Drugs
(Constant 2006 Dollars)								
1975	\$3,232	\$5,714	\$32,189	\$19,134	\$471	\$291	\$1,186	\$337
1976	3,208	5,710	37,034	17,866	457	337	2,180	327
1977	3,367	5,735	40,397	18,087	445	483	2,297	313
1978	3,563	5,742	49,968	19,650	431	422	2,427	309
1979	3,814	6,289	52,229	20,848	433	441	2,944	337
1980	3,952	6,381	60,213	20,709	498	414	3,099	352
1981	4,056	6,366	64,913	20,399	478	462	3,489	354
1982	4,000	6,384	68,518	20,880	441	429	3,859	347
1983	4,070	6,455	73,123	19,812	420	422	3,834	349
1984	3,941	6,410	75,777	19,709	392	412	4,441	354
1985	4,089	6,549	76,685	20,045	388	423	4,976	395
1986	4,173	6,701	80,412	20,366	392	424	5,220	419
1987	4,301	6,620	82,724	20,570	399	448	6,128	437
1988	4,392	6,510	85,558	20,412	399	473	7,318	444
1989	4,419	6,197	85,777	20,389	414	477	8,054	442
1990	4,546	6,426	88,593	21,433	416	476	8,378	452
1991	4,579	6,587	87,828	23,114	430	507	8,435	461
1992	4,635	6,456	89,375	23,622	445	551	8,331	486
1993	4,573	6,563	88,922	23,747	440	568	7,892	501
1994	4,459	6,443	75,782	23,863	427	553	7,862	524
1995	4,597	6,575	95,269	24,193	429	551	7,970	573
1996	4,550	6,343	92,160	25,108	428	552	8,500	640
1997	4,698	6,421	94,847	25,056	438	596	8,657	752
1998	4,561	6,455	96,367	24,913	421	609	2,836	899
1999	4,796	6,207	95,985	25,826	448	616	4,484	1,051
2000	4,810	6,011	96,946	24,710	435	652	3,831	1,192
2001	4,820	6,283	98,159	25,880	439	647	4,101	1,277
2002	4,978	6,638	105,343	25,679	435	657	4,243	1,340
2003	4,992	6,727	106,005	26,568	448	664	4,139	1,438
2004	4,999	6,865	104,843	26,226	455	689	4,250	1,529
2005	4,911	6,599	110,449	26,903	481	634	4,632	1,557
2006	4,635	5,778	110,320	26,520	454	641	4,979	1,029

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 payment 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 2006 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.