

Table 13.12
Medicaid Payments per Person Served (Beneficiary), All Eligibility Groups, by Type of Service:
Fiscal Years 1975-2007

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
2007	4,862	7,191	113,735	28,282	457	695	5,334	926

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 1975-2007

		Inpatient		Nursing		Outpatient	Home	Prescribed
Year	Total ¹	Hospital	ICF/MR	Facility ²	Physician	Hospital	Health ³	Drugs
(Constant 2007 Dollars)								
1975	\$3,344	\$5,912	\$33,306	\$19,798	\$487	\$301	\$1,227	\$349
1976	3,319	5,908	38,319	18,486	473	349	2,256	338
1977	3,484	5,934	41,799	18,714	461	500	2,377	323
1978	3,687	5,942	51,702	20,332	446	437	2,512	320
1979	3,947	6,507	54,041	21,571	448	456	3,046	349
1980	4,089	6,602	62,302	21,428	515	428	3,206	364
1981	4,197	6,587	67,165	21,107	495	478	3,610	366
1982	4,139	6,605	70,895	21,604	456	444	3,993	359
1983	4,211	6,679	75,660	20,499	434	437	3,967	361
1984	4,078	6,632	78,406	20,393	405	426	4,595	366
1985	4,231	6,776	79,346	20,741	401	438	5,149	409
1986	4,318	6,933	83,202	21,073	405	439	5,402	434
1987	4,450	6,849	85,595	21,283	413	463	6,340	452
1988	4,545	6,736	88,527	21,120	413	490	7,572	460
1989	4,572	6,412	88,753	21,096	428	493	8,333	458
1990	4,704	6,649	91,667	22,177	431	492	8,669	468
1991	4,737	6,815	90,876	23,916	445	525	8,727	477
1992	4,796	6,680	92,475	24,441	460	570	8,620	503
1993	4,731	6,791	92,007	24,571	456	588	8,165	518
1994	4,614	6,666	78,411	24,691	442	572	8,134	542
1995	4,757	6,803	98,574	25,032	444	570	8,246	593
1996	4,708	6,563	95,358	25,979	443	572	8,795	662
1997	4,861	6,644	98,138	25,925	453	617	8,958	778
1998	4,719	6,679	99,710	25,777	435	630	2,934	930
1999	4,962	6,422	99,315	26,722	464	638	4,640	1,087
2000	4,977	6,220	100,310	25,567	450	674	3,964	1,233
2001	4,987	6,501	101,564	26,778	454	669	4,243	1,321
2002	5,151	6,869	108,998	26,570	450	680	4,390	1,387
2003	5,165	6,961	109,683	27,490	464	687	4,282	1,488
2004	5,172	7,103	108,481	27,136	470	713	4,398	1,582
2005	5,082	6,829	114,299	27,841	498	657	4,794	1,611
2006	4,796	5,978	114,138	27,438	470	663	5,151	1,065
2007	4,862	7,191	113,735	28,282	457	695	5,334	926

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 2007 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.