

Table 13.15
Medicaid Payments per Person Served (Beneficiary), Aged, by Type of Service:
Fiscal Years 1975-2011

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
2006	13,268	2,703	110,763	30,669	260	423	5,272	1,175
2007	14,141	2,972	115,600	31,771	274	487	5,958	442
2008	14,742	3,157	123,246	33,097	282	598	6,259	432
2009	15,337	3,341	136,895	34,197	299	591	7,045	443
2010	15,339	3,071	128,948	34,919	295	621	7,623	449
2011	15,419	3,225	134,897	35,241	297	598	7,965	460

See footnotes at end of table.

Table 13.15—Continued
Medicaid Payments per Person Served (Beneficiary), Aged, by Type of Service:
Fiscal Years 1975-2011

Year	Total ¹	Inpatient		Nursing		Outpatient	Home	Prescribed
		Hospital	ICF/MR	Facility ²	Physician	Hospital	Health ³	Drugs
(Constant 2011 Dollars)								
1975	\$8,813	\$1,982	\$50,649	\$23,770	\$432	\$256	\$1,741	\$812
1976	9,029	2,060	59,472	22,112	432	279	3,276	890
1977	9,258	2,229	45,812	22,526	435	325	3,276	882
1978	10,591	2,527	54,968	24,651	442	272	4,539	895
1979	10,820	2,940	50,657	25,690	429	346	7,167	925
1980	11,790	4,502	75,874	26,653	469	343	8,694	919
1981	12,182	4,607	79,531	25,359	488	376	10,843	950
1982	12,245	4,584	42,348	25,655	425	373	10,875	920
1983	11,957	5,673	68,631	23,414	385	327	6,169	924
1984	12,364	5,555	72,935	23,215	372	328	7,071	975
1985	13,534	5,848	79,133	23,614	359	385	8,026	1,082
1986	13,356	6,189	89,803	23,576	331	394	8,375	1,094
1987	12,991	4,956	104,065	23,140	290	415	9,272	1,128
1988	13,202	4,714	110,976	22,655	282	426	10,572	1,154
1989	13,268	3,927	114,776	22,917	307	430	12,206	1,162
1990	13,846	3,844	109,137	24,275	287	424	12,395	1,199
1991	14,525	4,102	106,848	25,820	300	463	12,870	1,275
1992	13,815	3,832	76,710	26,049	301	463	12,364	1,359
1993	13,727	3,739	102,352	25,994	319	511	11,191	1,388
1994	13,443	3,517	87,100	26,153	328	516	10,878	1,420
1995	13,778	3,724	80,256	26,696	348	533	9,664	1,491
1996	13,057	3,488	86,174	27,831	371	569	10,042	1,570
1997	14,141	3,623	94,788	28,195	414	609	9,372	1,740
1998	14,925	3,706	118,509	28,614	393	635	3,203	1,956
1999	16,068	3,401	116,222	31,323	370	649	4,790	2,243
2000	16,581	3,202	115,719	31,243	372	700	4,365	2,576
2001	17,066	3,325	116,560	32,725	347	602	4,681	2,794
2002	17,504	3,538	123,703	33,590	342	591	5,230	2,977
2003	17,309	3,703	123,288	33,837	325	567	4,740	3,182
2004	16,799	3,578	124,153	33,684	309	613	4,993	3,332
2005	17,012	3,015	130,282	34,897	325	526	5,226	3,478
2006	15,193	3,095	126,831	35,118	298	484	6,037	1,346
2007	15,651	3,289	127,944	35,163	303	539	6,594	489
2008	15,826	3,389	132,313	35,532	303	642	6,719	464
2009	16,058	3,498	143,331	35,805	313	619	7,376	464
2010	15,627	3,129	131,373	35,576	300	633	7,766	457
2011	15,419	3,225	134,897	35,241	297	598	7,965	460

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 health care services, U.S. Department of Commerce, Bureau of Economic Analysis (BEA), expressed in fiscal year 2011 dollars. For more information on personal consumption expenditures and price indexes, please see BEA NIPA Table 1.5.4 at <http://www.bea.gov>. ICF/MR is intermediate care facility for the mentally retarded. Beneficiaries covered under SCHIP and their payments are excluded from Medicaid. The payments reported for 2011 include last reported 2010 payments for Maine, Oklahoma, Kansas, Utah, and Idaho.

SOURCES: Centers for Medicare & Medicaid Services, Center for Medicaid and CHIP Services: 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 Information Products and Data Analytics.