

Table 13.16
Medicaid Payments per Person Served (Beneficiary), Disabled, by Type of Service:
Fiscal Years 1975-2008

Year	Total ¹	Inpatient		Nursing		Outpatient	Home	Prescribed
		Hospital	ICF/MR	Facility ²	Physician	Hospital	Health ³	Drugs
1975	\$1,276	\$1,977	\$5,186	\$3,447	\$147	\$92	\$276	\$115
1976	1,469	2,072	6,940	3,882	158	114	492	135
1977	1,743	2,214	8,684	4,417	173	170	600	146
1978	2,068	2,392	11,926	5,167	183	165	893	157
1979	2,500	2,734	13,719	5,893	200	186	1,488	179
1980	2,619	2,948	16,653	5,105	234	217	652	193
1981	3,071	3,254	19,452	5,743	255	249	828	225
1982	3,600	3,672	23,065	6,732	252	272	966	246
1983	3,891	3,934	25,501	7,571	264	273	1,348	278
1984	4,112	4,196	29,353	8,530	262	315	1,813	312
1985	4,459	4,525	31,726	9,297	272	343	2,303	374
1986	4,687	4,841	34,462	10,073	277	361	2,592	418
1987	4,974	5,259	36,753	10,555	291	400	2,975	447
1988	5,332	5,502	40,910	11,370	309	453	3,768	488
1989	5,817	5,700	44,466	12,554	344	503	4,453	534
1990	6,564	6,717	50,242	14,202	366	524	5,252	617
1991	7,005	7,426	52,670	16,195	406	597	5,627	700
1992	7,578	8,314	57,775	17,548	452	658	6,159	800
1993	7,706	8,524	59,188	18,469	462	716	6,446	867
1994	7,750	8,831	52,747	19,132	465	709	7,212	936
1995	8,435	9,318	71,588	19,813	481	740	7,957	1,049
1996	8,369	9,026	69,740	20,734	491	761	9,172	1,166
1997	8,832	8,572	73,672	21,035	502	802	9,434	1,379
1998	9,096	8,519	75,819	20,864	481	828	3,211	1,625
1999	9,832	8,452	77,367	25,974	526	858	5,398	1,944
2000	10,559	8,479	80,194	26,555	534	926	5,054	2,314
2001	11,310	9,062	84,588	28,181	565	943	5,582	2,614
2002	12,475	9,454	92,789	27,766	593	988	5,713	2,851
2003	13,303	9,851	97,493	29,099	626	1,028	6,101	3,204
2004	14,070	10,467	102,054	29,888	664	1,110	6,220	3,603
2005	14,536	10,829	109,680	31,056	751	1,062	7,123	3,795
2006	13,902	10,928	113,537	31,983	724	1,100	7,543	2,647
2007	14,194	12,235	116,509	33,474	730	1,143	7,920	2,615
2008	14,843	12,403	126,644	35,075	768	1,217	8,440	2,730

See footnotes at end of table.

Table 13.16—Continued
Medicaid Payments per Person Served (Beneficiary), Disabled, by Type of Service:
Fiscal Years 1975-2008

Year	Total ¹	Inpatient		Nursing		Outpatient	Home	Prescribed
		Hospital	ICF/MR	Facility ²	Physician	Hospital	Health ³	Drugs
				(Constant 2008 Dollars)				
1975	\$8,917	\$13,816	\$36,240	\$24,088	\$1,027	\$643	\$1,929	\$804
1976	9,096	12,830	42,972	24,037	978	706	3,046	836
1977	9,943	12,630	49,538	25,197	987	970	3,423	833
1978	10,919	12,629	62,967	27,281	966	871	4,715	829
1979	12,037	13,163	66,052	28,373	963	896	7,164	862
1980	11,328	12,751	72,029	22,080	1,012	939	2,820	835
1981	11,821	12,525	74,873	22,105	982	958	3,187	866
1982	12,388	12,636	79,370	23,166	867	936	3,324	847
1983	12,228	12,363	80,141	23,793	830	858	4,236	874
1984	11,971	12,215	85,453	24,833	763	917	5,278	908
1985	12,210	12,390	86,873	25,457	745	939	6,306	1,024
1986	12,130	12,528	89,187	26,069	717	934	6,708	1,082
1987	12,099	12,793	89,402	25,675	708	973	7,237	1,087
1988	12,088	12,473	92,745	25,776	701	1,027	8,542	1,106
1989	12,134	11,890	92,753	26,187	718	1,049	9,289	1,114
1990	12,605	12,899	96,490	27,275	703	1,007	10,087	1,184
1991	12,444	13,192	93,570	28,771	720	1,061	9,997	1,243
1992	12,571	13,792	95,844	29,111	750	1,092	10,217	1,327
1993	12,065	13,346	92,669	28,917	723	1,121	10,092	1,357
1994	11,651	13,276	79,295	28,761	699	1,066	10,842	1,407
1995	12,209	13,487	103,616	28,677	696	1,071	11,517	1,518
1996	11,807	12,734	98,392	29,252	693	1,074	12,940	1,645
1997	12,197	11,838	101,743	29,050	693	1,108	13,029	1,904
1998	12,347	11,563	102,917	28,321	654	1,124	4,358	2,206
1999	13,062	11,229	102,786	34,507	699	1,140	7,172	2,582
2000	13,674	10,981	103,851	34,388	692	1,200	6,544	2,997
2001	14,170	11,353	105,973	35,305	708	1,181	6,993	3,274
2002	15,225	11,538	113,240	33,885	724	1,206	6,972	3,480
2003	15,678	11,609	114,900	34,295	738	1,212	7,190	3,777
2004	15,963	11,876	115,786	33,909	753	1,260	7,057	4,088
2005	15,993	11,914	120,673	34,169	826	1,169	7,837	4,175
2006	14,828	11,656	121,093	34,112	773	1,173	8,045	2,823
2007	14,632	12,612	120,100	34,506	752	1,178	8,164	2,695
2008	14,843	12,403	126,644	35,075	768	1,217	8,440	2,730

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 2008 dollars. With the release of the comprehensive revision of the national accounts in July of 2009, BEA introduced a new classification system for Personal Consumption Expenditures (PCE). With the new classification system and the release of the comprehensive revision estimates, components of medical care were changed, and the base year was updated to the year 2005. PCE health care services now exclude eye exams (currently classified in PCE goods under corrective eyeglasses and contact lenses), and net health insurance (now classified under insurance services). As a result of the PCE classification change, all PCE series were restated for the entire historical period to reflect the new PCE classification structure. 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.