

Table 13.6

Medicaid Persons Served (Beneficiaries), Children, by Selected Type of Service: Fiscal Years 1975-2004

Year	Total ¹	Inpatient	ICF/MR	Nursing	Physician	Outpatient	Home
		Hospital		Facility ²		Hospital	Health ³
		Number Using Selected Service, in Thousands					
1975	9,598	984	4	6	6,659	3,619	58
1976	9,924	1,005	3	4	6,908	4,037	55
1977	9,651	1,019	4	4	6,864	4,024	62
1978	9,376	1,023	3	2	6,705	3,992	141
1979	9,106	944	5	2	6,459	3,528	185
1980	9,333	978	5	9	6,085	4,238	72
1981	9,581	955	1	2	6,482	4,282	90
1982	9,563	866	1	2	6,175	4,171	65
1983	9,535	881	1	0	6,111	4,159	39
1984	9,684	845	1	1	6,330	4,178	44
1985	9,757	864	1	1	6,284	4,269	64
1986	10,029	924	(4)	2	6,496	4,445	69
1987	10,168	1,005	(4)	(4)	6,649	4,520	60
1988	10,037	1,003	(4)	(4)	6,628	4,321	51
1989	10,318	1,138	1	(4)	6,908	4,662	59
1990	11,220	1,345	1	1	7,689	5,250	75
1991	12,855	1,472	1	2	8,911	6,157	103
1992	15,200	1,992	1	3	10,402	7,151	126
1993	16,285	1,905	1	1	11,350	7,651	149
1994	17,194	1,924	1	1	11,546	7,626	202
1995	17,164	1,725	1	1	11,041	7,389	259
1996	16,739	1,625	(4)	1	10,314	6,777	329
1997	15,791	1,363	1	2	9,370	5,472	309
1998	18,969	1,199	1	5	7,847	4,776	206
1999	18,837	1,152	1	1	7,617	4,617	132
2000	19,723	1,274	1	1	7,848	4,923	190
2001	21,064	1,314	1	2	8,364	5,284	208
2002	23,227	1,334	1	2	9,265	5,768	227
2003	24,831	1,380	1	2	9,785	6,075	248
2004	26,459	1,494	1	2	10,285	6,342	242

See footnotes at end of table.

Table 13.6—Continued

Medicaid Persons Served (Beneficiaries), Children, by Selected Type of Service: Fiscal Years 1975-2004

Year	Total ¹	Inpatient	ICF/MR	Nursing	Physician	Outpatient	Home
		Hospital		Facility ²		Hospital	Health ³
Percent of Unduplicated Total Using Selected Service							
1975	100.0	10.3	(5)	(5)	69.4	37.7	0.6
1976	100.0	10.1	(5)	(5)	69.6	40.7	0.6
1977	100.0	10.6	(5)	(5)	71.1	41.7	0.6
1978	100.0	10.9	(5)	(5)	71.5	42.6	1.5
1979	100.0	10.4	(5)	(5)	70.9	38.7	2.0
1980	100.0	10.5	(5)	(5)	65.2	45.4	0.8
1981	100.0	10.0	(5)	(5)	67.7	44.7	0.9
1982	100.0	9.1	(5)	(5)	64.6	43.6	0.7
1983	100.0	9.2	(5)	(5)	64.1	43.6	0.4
1984	100.0	8.7	(5)	(5)	65.4	43.1	0.5
1985	100.0	8.9	(5)	(5)	64.4	43.8	0.7
1986	100.0	9.2	(5)	(5)	64.8	44.3	0.7
1987	100.0	9.9	(5)	(5)	65.4	44.5	0.6
1988	100.0	10.0	(5)	(5)	66.0	43.1	0.5
1989	100.0	11.0	(5)	(5)	67.0	45.2	0.6
1990	100.0	12.0	(5)	(5)	68.5	46.8	0.7
1991	100.0	11.4	(5)	(5)	69.3	47.9	0.8
1992	100.0	13.1	(5)	(5)	68.4	47.0	0.8
1993	100.0	11.7	(5)	(5)	69.7	47.0	0.9
1994	100.0	11.2	(5)	(5)	67.2	44.4	1.2
1995	100.0	10.1	(5)	(5)	64.3	43.0	1.5
1996	100.0	9.7	(5)	(5)	61.6	40.5	2.0
1997	100.0	8.6	(5)	(5)	59.3	34.7	2.0
1998	100.0	6.3	(5)	(5)	41.4	25.2	1.1
1999	100.0	6.1	(5)	(5)	40.4	24.5	0.7
2000	100.0	6.5	(5)	(5)	39.8	25.0	1.0
2001	100.0	6.2	(5)	(5)	39.7	25.1	1.0
2002	100.0	5.7	(5)	(5)	39.9	24.8	1.0
2003	100.0	5.6	(5)	(5)	39.4	24.5	1.0
2004	100.0	5.6	(5)	(5)	38.9	24.0	0.9

¹The total persons served (beneficiaries) includes users of any type of services reported on the HCFA Form-2082 and in the Medicaid Statistical Information System (MSIS). A person receiving multiple services (e.g., inpatient hospital, physician, and outpatient services) is included once in the user count for each type of service and once in the total

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 somewhat inflate the number of users and lower the average payments per recipient

³Trends in home health agency beneficiaries (persons served) and program expenditures are not strictly comparable to 1997 and prior 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)

⁴Less than 500 users.

⁵Less than 0.05 percent.

NOTES: Beginning fiscal year 1998, a Medicaid-eligible person who during the year, received only coverage for managed care benefits was included in this series as a person served (beneficiary). 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) and the Medicaid Statistical Information System (MSIS); data development by the Office of Research, Development, and Information.

Prescribed
Drugs

5,552
5,961
6,067
6,016
5,655
5,590
5,810
5,432
5,488
5,667
5,592
5,949
6,073
6,125
6,454
7,259
8,605
10,068
10,989
11,238
10,708
9,988
9,129
8,168
8,118
8,316
8,954
9,930
10,818
11,550

Prescribed
Drugs

57.8
60.1
62.9
64.2
62.1
59.9
60.6
56.8
57.6
58.5
57.3
59.3
59.7
61.0
62.6
64.7
66.9
66.2
67.5
65.4
62.4
59.7
57.8
43.1
43.1
42.2
42.5
42.8
43.6
43.7