

Table 13.7

Medicaid Persons Served (Beneficiaries), Adults, 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	4,529	930	(4)	5	3,368	1,896	50
1976	4,773	959	1	3	3,437	2,127	31
1977	4,785	993	2	3	3,571	2,183	36
1978	4,643	975	2	3	3,469	2,161	29
1979	4,570	970	2	2	3,411	1,985	28
1980	4,877	1,000	3	9	3,206	2,485	41
1981	5,187	1,035	1	2	3,498	2,657	39
1982	5,356	1,035	(4)	1	3,555	2,755	38
1983	5,592	1,078	1	2	3,684	2,916	34
1984	5,600	1,006	(4)	2	3,696	2,894	38
1985	5,518	990	(4)	2	3,635	2,933	46
1986	5,647	1,016	(4)	2	3,699	3,060	59
1987	5,599	1,067	(4)	4	3,704	3,072	46
1988	5,503	1,090	(4)	4	3,646	2,894	37
1989	5,717	1,247	(4)	11	3,888	3,199	42
1990	6,010	1,457	(4)	2	4,168	3,508	48
1991	6,703	1,623	(4)	3	4,579	3,979	77
1992	7,040	1,711	(4)	4	5,152	4,060	71
1993	7,505	1,752	(4)	5	5,515	4,283	87
1994	7,586	1,672	(4)	3	5,457	4,145	117
1995	7,604	1,602	(4)	4	5,096	4,102	139
1996	7,127	1,431	(4)	2	4,499	3,616	139
1997	6,803	1,247	(4)	3	3,874	3,056	143
1998	7,895	1,135	(4)	8	3,352	2,679	120
1999	7,511	1,134	(4)	2	3,105	2,571	86
2000	8,750	1,268	(4)	3	3,580	2,793	101
2001	9,758	1,332	(4)	4	3,998	3,006	92
2002	11,255	1,407	(4)	4	4,862	3,467	91
2003	11,691	1,497	(4)	4	4,877	3,661	98
2004	12,244	1,554	(4)	5	4,891	3,718	90

See footnotes at end of table.

Table 13.7—Continued

Medicaid Persons Served (Beneficiaries), Adults, 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	20.5	(5)	(5)	74.4	41.9	1.1
1976	100.0	20.1	(5)	(5)	72.0	44.6	0.6
1977	100.0	20.8	(5)	(5)	74.6	45.6	0.8
1978	100.0	21.0	(5)	(5)	74.7	46.5	0.6
1979	100.0	21.2	(5)	(5)	74.6	43.4	0.6
1980	100.0	20.5	(5)	(5)	65.7	51.0	0.8
1981	100.0	20.0	(5)	(5)	67.4	51.2	0.8
1982	100.0	19.3	(5)	(5)	66.4	51.4	0.7
1983	100.0	19.3	(5)	(5)	65.9	52.1	0.6
1984	100.0	18.0	(5)	(5)	66.0	51.7	0.7
1985	100.0	17.9	(5)	(5)	65.9	53.2	0.8
1986	100.0	18.0	(5)	(5)	65.5	54.2	1.0
1987	100.0	19.1	(5)	(5)	66.2	54.9	0.8
1988	100.0	19.8	(5)	(5)	66.3	52.6	0.7
1989	100.0	21.8	(5)	0.2	68.0	56.0	0.7
1990	100.0	24.2	(5)	(5)	69.3	58.4	0.8
1991	100.0	24.2	(5)	(5)	68.3	59.4	1.1
1992	100.0	24.3	(5)	(5)	73.2	57.7	1.0
1993	100.0	23.3	(5)	(5)	73.5	57.1	1.2
1994	100.0	22.0	(5)	(5)	71.9	54.6	1.5
1995	100.0	21.1	(5)	(5)	67.0	53.9	1.8
1996	100.0	20.1	(5)	(5)	63.1	50.7	2.0
1997	100.0	18.3	(5)	(5)	56.9	44.9	2.1
1998	100.0	14.4	(5)	0.1	42.5	33.9	1.5
1999	100.0	15.1	(5)	(5)	41.3	34.2	1.1
2000	100.0	14.5	(5)	(5)	40.9	31.9	1.2
2001	100.0	13.7	(5)	(5)	41.0	30.8	0.9
2002	100.0	12.5	(5)	(5)	43.2	30.8	0.8
2003	100.0	12.8	(5)	(5)	41.7	31.3	0.8
2004	100.0	12.7	(5)	(5)	39.9	30.4	0.7

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 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

3,168
3,329
3,415
3,460
3,288
3,173
3,501
3,493
3,639
3,663
3,562
3,681
3,658
3,617
3,829
4,057
4,603
5,076
5,411
5,383
4,971
4,342
3,896
3,513
3,545
3,962
4,322
5,146
5,464
5,724

Prescribed Drugs
69.9
69.7
71.4
74.5
71.9
65.1
67.5
65.2
65.1
65.4
64.6
65.2
65.3
65.7
67.0
67.5
68.7
72.1
72.1
71.0
65.4
60.9
57.3
44.5
47.2
45.3
44.3
45.7
46.7
46.7