

Table 13.8

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

Year	Total ¹	Inpatient	ICF/MR	Nursing	Physician	Outpatient	Home	F
		Hospital		Facility ²		Hospital	Health ³	
Number Using Selected Service, in Thousands:								
1975	3,615	757	3	1,023	2,263	732	115	
1976	3,612	786	2	1,080	2,275	816	113	
1977	3,636	824	2	1,112	2,338	828	134	
1978	3,376	858	3	1,093	2,245	908	106	
1979	3,364	798	3	1,080	2,222	874	56	
1980	3,440	831	12	1,095	2,221	903	108	
1981	3,367	843	9	1,134	2,208	895	102	
1982	3,240	811	8	1,105	2,148	885	105	
1983	3,372	881	8	1,186	2,265	1,088	207	
1984	3,238	785	5	1,164	2,140	1,041	199	
1985	3,061	729	7	1,171	2,166	804	234	
1986	3,140	720	6	1,185	2,216	884	254	
1987	3,224	725	6	1,206	2,239	912	277	
1988	3,159	728	5	1,248	2,066	918	263	
1989	3,132	720	5	1,227	1,989	940	264	
1990	3,202	705	7	1,234	2,056	944	288	
1991	3,341	759	8	1,265	2,185	1,049	300	
1992	3,749	870	12	1,339	2,366	1,196	324	
1993	3,863	909	10	1,370	2,569	1,335	356	
1994	4,035	901	11	1,398	2,681	1,420	395	
1995	4,119	855	12	1,405	2,753	1,557	481	
1996	4,285	887	10	1,327	2,838	1,672	460	
1997	3,955	790	10	1,298	2,836	1,471	530	
1998	3,964	735	9	1,300	2,579	1,344	363	
1999	3,774	694	9	1,210	2,444	1,286	199	
2000	3,731	708	9	1,204	2,364	1,324	229	
2001	3,810	703	8	1,196	2,369	1,303	235	
2002	3,887	721	8	1,174	2,187	1,264	250	
2003	4,041	697	8	1,157	2,210	1,235	264	
2004	4,318	711	7	1,162	2,249	1,238	258	

See footnotes at end of table.

Table 13.8—Continued

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

Year	Total ¹	Inpatient Hospital	ICF/MR	Nursing Facility ²	Physician	Outpatient Hospital	Home Health ³	F
Percent of Unduplicated Total Using Selected Service								
1975	100.0	20.9	0.1	28.3	62.6	20.2	3.2	
1976	100.0	21.8	0.1	29.9	63.0	22.6	3.1	
1977	100.0	22.7	0.1	30.6	64.3	22.8	3.7	
1978	100.0	25.4	0.1	32.4	66.5	26.9	3.1	
1979	100.0	23.7	0.1	32.1	66.1	26.0	1.7	
1980	100.0	24.2	0.3	31.8	64.6	26.3	3.1	
1981	100.0	25.0	0.3	33.7	65.6	26.6	3.0	
1982	100.0	25.0	0.2	34.1	66.3	27.3	3.2	
1983	100.0	26.1	0.2	35.2	67.2	32.3	6.1	
1984	100.0	24.2	0.2	35.9	66.1	32.1	6.1	
1985	100.0	23.8	0.2	38.3	70.8	26.3	7.6	
1986	100.0	22.9	0.2	37.7	70.6	28.2	8.1	
1987	100.0	22.5	0.2	37.4	69.4	28.3	8.6	
1988	100.0	23.0	0.2	39.5	65.4	29.1	8.3	
1989	100.0	23.0	0.2	39.2	63.5	30.0	8.4	
1990	100.0	22.0	0.2	38.5	64.2	29.5	9.0	
1991	100.0	22.7	0.2	37.9	65.4	31.4	9.0	
1992	100.0	23.2	0.3	35.7	63.1	31.9	8.6	
1993	100.0	23.5	0.3	35.5	66.5	34.6	9.2	
1994	100.0	22.3	0.3	34.6	66.4	35.2	9.8	
1995	100.0	20.8	0.3	34.1	66.8	37.8	11.7	
1996	100.0	20.7	0.2	31.0	66.2	39.0	10.7	
1997	100.0	20.0	0.3	32.8	71.7	37.2	13.4	
1998	100.0	18.5	0.2	32.8	65.1	33.9	9.2	
1999	100.0	18.4	0.2	32.1	64.8	34.1	5.3	
2000	100.0	19.0	0.2	32.3	63.4	35.5	6.1	
2001	100.0	18.5	0.2	31.4	62.2	34.2	6.2	
2002	100.0	18.5	0.2	30.2	56.3	32.5	6.4	
2003	100.0	17.2	0.2	28.6	54.7	30.6	6.5	
2004	100.0	16.5	0.2	26.9	52.1	28.7	6.0	

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).

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

2,673
2,718
2,678
2,595
2,504
2,524
2,655
2,523
2,526
2,444
2,400
2,469
2,490
2,504
2,471
2,591
2,727
2,872
2,954
3,012
2,981
2,969
2,848
2,834
2,907
2,890
2,997
3,147
3,294
3,548

Prescribed Drugs
73.9
75.2
73.7
76.9
74.4
73.4
78.9
77.9
74.9
75.5
78.4
78.6
77.2
79.3
78.9
80.9
81.6
76.6
76.5
74.6
72.4
69.3
72.0
71.5
77.0
77.5
78.7
81.0
81.5
82.2