

Table 93

Medicaid Persons Served (Beneficiaries), Disabled, by Selected Type of Service: Fiscal Years 1975-1999

Year	Total ¹	Inpatient		Nursing		Outpatient	Home	Prescribed
		Hospital	ICF/MR	Facility ²	Physician	Hospital	Health ³	Drugs
				Number Using Selected Service, in Thousands				
1975	2,464	531	57	273	1,652	874	99	1,745
1976	2,669	602	78	271	1,816	1,064	112	1,912
1977	2,802	677	94	271	1,980	1,137	127	2,049
1978	2,718	691	91	276	1,956	1,150	97	2,046
1979	2,753	718	102	289	1,985	1,120	87	2,081
1980	2,911	749	102	295	2,032	1,269	170	2,193
1981	3,079	775	142	272	2,076	1,418	169	2,226
1982	2,891	733	143	250	2,030	1,284	168	2,156
1983	2,921	748	151	231	2,057	1,354	144	2,156
1984	2,913	730	139	230	2,056	1,361	161	2,200
1985	3,012	728	141	232	2,161	1,413	188	2,287
1986	3,182	751	140	232	2,298	1,569	205	2,451
1987	3,381	801	144	236	2,458	1,698	221	2,627
1988	3,487	834	140	230	2,521	1,772	216	2,738
1989	3,590	885	142	224	2,596	1,911	236	2,882
1990	3,718	913	137	217	2,735	1,982	297	3,022
1991	4,033	990	136	216	2,971	2,196	341	3,282
1992	4,487	1,092	138	221	3,353	2,467	396	3,671
1993	5,016	1,200	138	225	3,842	2,854	464	4,118
1994	5,458	1,240	146	228	4,167	3,088	565	4,429
1995	5,858	1,226	135	242	4,370	3,312	736	4,570
1996	6,221	1,265	128	247	4,559	3,475	766	4,762
1997	6,129	1,216	122	259	4,581	3,393	860	4,728
1998	6,637	1,132	116	285	4,365	3,241	527	4,687
1999	6,698	1,168	110	246	4,288	3,300	375	4,865

See footnotes at end of table.

Table 93—Continued

Medicaid Persons Served (Beneficiaries), Disabled, by Selected Type of Service: Fiscal Years 1975-1999

Year	Total ¹	Inpatient	ICF/MR	Nursing	Physician	Outpatient	Home	Prescribed	
		Hospital		Facility ²		Hospital	Health ³		Drugs
				Percent of Unduplicated Total Using Selected Service					
1975	100.0	21.6	2.3	11.1	67.0	35.5	4.0	70.8	
1976	100.0	22.6	2.9	10.2	68.0	39.9	4.2	71.6	
1977	100.0	24.2	3.4	9.7	70.7	40.6	4.5	73.1	
1978	100.0	25.4	3.3	10.2	72.0	42.3	3.6	75.3	
1979	100.0	26.1	3.7	10.5	72.1	40.7	3.2	75.6	
1980	100.0	25.7	3.5	10.1	69.8	43.6	5.8	75.3	
1981	100.0	25.2	4.6	8.8	67.4	46.1	5.5	72.3	
1982	100.0	25.4	4.9	8.6	70.2	44.4	5.8	74.6	
1983	100.0	25.6	5.2	7.9	70.4	46.4	4.9	73.8	
1984	100.0	25.1	4.8	7.9	70.6	46.7	5.5	75.5	
1985	100.0	24.2	4.7	7.7	71.7	46.9	6.2	75.9	
1986	100.0	23.6	4.4	7.3	72.2	49.3	6.4	77.0	
1987	100.0	23.7	4.3	7.0	72.7	50.2	6.5	77.7	
1988	100.0	23.9	4.0	6.6	72.3	50.8	6.2	78.5	
1989	100.0	24.7	4.0	6.2	72.3	53.2	6.6	80.3	
1990	100.0	24.5	3.7	5.8	73.6	53.3	8.0	81.3	
1991	100.0	24.6	3.4	5.4	73.7	54.4	8.4	81.4	
1992	100.0	24.4	3.1	4.9	74.7	55.0	8.8	81.8	
1993	100.0	23.9	2.8	4.5	76.6	56.9	9.3	82.1	
1994	100.0	22.7	2.7	4.2	76.3	56.6	10.4	81.1	
1995	100.0	20.9	2.3	4.1	74.6	56.5	12.6	78.0	
1996	100.0	20.3	2.1	4.0	73.3	55.9	12.3	76.5	
1997	100.0	19.8	2.0	4.2	74.7	55.4	14.0	77.1	
1998	100.0	17.1	1.7	4.3	65.8	48.8	7.9	70.6	
1999	100.0	17.4	1.6	3.7	64.0	49.3	5.6	72.6	

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, other than for the mentally retarded (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).

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: HCFA Form-2082 (Statistical Report on Medical Care: Eligibles, Recipients, Payments, and Services); MSIS; data development by the Office of Research, Development, and Information.