

Table 91

Medicaid Persons Served (Beneficiaries), Adults, 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	4,529	930	(4)	5	3,368	1,896	50	3,168	
1976	4,773	959	1	3	3,437	2,127	31	3,329	
1977	4,785	993	2	3	3,571	2,183	36	3,415	
1978	4,643	975	2	3	3,469	2,161	29	3,460	
1979	4,570	970	2	2	3,411	1,985	28	3,288	
1980	4,877	1,000	3	9	3,206	2,485	41	3,173	
1981	5,187	1,035	1	2	3,498	2,657	39	3,501	
1982	5,356	1,035	(4)	1	3,555	2,755	38	3,493	
1983	5,592	1,078	1	2	3,684	2,916	34	3,639	
1984	5,600	1,006	(4)	2	3,696	2,894	38	3,663	
1985	5,518	990	(4)	2	3,635	2,933	46	3,562	
1986	5,647	1,016	(4)	2	3,699	3,060	59	3,681	
1987	5,599	1,067	(4)	4	3,704	3,072	46	3,658	
1988	5,503	1,090	(4)	4	3,646	2,894	37	3,617	
1989	5,717	1,247	(4)	11	3,888	3,199	42	3,829	
1990	6,010	1,457	(4)	2	4,168	3,508	48	4,057	
1991	6,703	1,623	(4)	3	4,579	3,979	77	4,603	
1992	7,040	1,711	(4)	4	5,152	4,060	71	5,076	
1993	7,505	1,752	(4)	5	5,515	4,283	87	5,411	
1994	7,586	1,672	(4)	3	5,457	4,145	117	5,383	
1995	7,604	1,602	(4)	4	5,096	4,102	139	4,971	
1996	7,127	1,431	(4)	2	4,499	3,616	139	4,342	
1997	6,803	1,247	(4)	3	3,874	3,056	143	3,896	
1998	7,895	1,135	(4)	8	3,352	2,679	120	3,513	
1999	7,511	1,134	(4)	2	3,105	2,571	86	3,545	

See footnotes at end of table.

Table 91—Continued

Medicaid Persons Served (Beneficiaries), Adults, 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	
Percent of Unduplicated Total Using Selected Service									
1975	100.0	20.5	(5)	(5)	74.4	41.9	1.1	69.9	
1976	100.0	20.1	(5)	(5)	72.0	44.6	0.6	69.7	
1977	100.0	20.8	(5)	(5)	74.6	45.6	0.8	71.4	
1978	100.0	21.0	(5)	(5)	74.7	46.5	0.6	74.5	
1979	100.0	21.2	(5)	(5)	74.6	43.4	0.6	71.9	
1980	100.0	20.5	(5)	(5)	65.7	51.0	0.8	65.1	
1981	100.0	20.0	(5)	(5)	67.4	51.2	0.8	67.5	
1982	100.0	19.3	(5)	(5)	66.4	51.4	0.7	65.2	
1983	100.0	19.3	(5)	(5)	65.9	52.1	0.6	65.1	
1984	100.0	18.0	(5)	(5)	66.0	51.7	0.7	65.4	
1985	100.0	17.9	(5)	(5)	65.9	53.2	0.8	64.6	
1986	100.0	18.0	(5)	(5)	65.5	54.2	1.0	65.2	
1987	100.0	19.1	(5)	(5)	66.2	54.9	0.8	65.3	
1988	100.0	19.8	(5)	(5)	66.3	52.6	0.7	65.7	
1989	100.0	21.8	(5)	(5)	68.0	56.0	0.7	67.0	
1990	100.0	24.2	(5)	(5)	69.3	58.4	0.8	67.5	
1991	100.0	24.2	(5)	(5)	68.3	59.4	1.1	68.7	
1992	100.0	24.3	(5)	(5)	73.2	57.7	1.0	72.1	
1993	100.0	23.3	(5)	(5)	73.5	57.1	1.2	72.1	
1994	100.0	22.0	(5)	(5)	71.9	54.6	1.5	71.0	
1995	100.0	21.1	(5)	(5)	67.0	53.9	1.8	65.4	
1996	100.0	20.1	(5)	(5)	63.1	50.7	2.0	60.9	
1997	100.0	18.3	(5)	(5)	56.9	44.9	2.1	57.3	
1998	100.0	14.4	(5)	0.1	42.5	33.9	1.5	44.5	
1999	100.0	15.1	(5)	(5)	41.3	34.2	1.1	47.2	

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).

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