

**Persons Enrolled and Persons Served Under Medicare, and Program Payments, by Type of Coverage and Service:
Selected Calendar Years 1967-2005**

See footnotes at end of table

Table 3.3—Continued

**Persons Enrolled and Persons Served Under Medicare, and Program Payments, by Type of Coverage and Service:
Selected Calendar Years 1967-2005**

| Type of Coverage and Service | Year | | | | | | | | | | | |
|-----------------------------------|--------------------|----------|----------|----------|-----------|-----------|-----------|-----------|-----------|-----------|---------|---------|
| | 1967 | 1974 | 1980 | 1983 | 1990 | 1995 | 1997 | 2000 | 2002 | 2003 | 2004 | 2005 |
| Program Payments | Amount in Millions | | | | | | | | | | | |
| Total | \$4,239 | \$11,179 | \$33,613 | \$53,446 | \$101,419 | \$158,980 | \$175,423 | \$174,261 | \$215,411 | \$232,821 | 255,325 | 274,143 |
| Hospital Insurance | 2,967 | 8,000 | 23,119 | 36,314 | 62,347 | 101,835 | 114,327 | 101,663 | 122,993 | 129,552 | 139,747 | 149,392 |
| Inpatient Hospital Services | 2,667 | 7,680 | 22,297 | 34,519 | 56,716 | 78,944 | 84,563 | 85,197 | 99,382 | 104,283 | 110,550 | 116,647 |
| Skilled Nursing Facility Services | 274 | 224 | 344 | 428 | 1,971 | 7,799 | 11,237 | 10,621 | 14,363 | 14,775 | 17,043 | 18,964 |
| Home Health Agency Services | 26 | 96 | 478 | 1,366 | 3,660 | 15,092 | 16,487 | 2,918 | 4,788 | 4,916 | 5,479 | 5,916 |
| Supplementary Medical Insurance | 1,272 | 3,179 | 10,494 | 17,132 | 39,072 | 57,145 | 61,069 | 72,599 | 92,418 | 103,269 | 115,579 | 124,752 |
| Physician and Other | | | | | | | | | | | | |
| Medical Services | 1,217 | 2,740 | 8,358 | 13,660 | 30,222 | 41,617 | 43,621 | 51,474 | 64,272 | 71,791 | 79,271 | 83,838 |
| Outpatient Services ² | 38 | 397 | 1,962 | 3,443 | 8,773 | 15,328 | 17,256 | 16,787 | 23,346 | 26,286 | 30,335 | 33,931 |
| Home Health Agency Services | 17 | 40 | 175 | 29 | 78 | 200 | 219 | 4,338 | 4,800 | 5,192 | 5,973 | 6,982 |
| Program Payments | Per Person Served | | | | | | | | | | | |
| Total | \$593 | \$945 | \$1,864 | \$2,709 | \$3,743 | \$5,226 | \$5,877 | \$5,891 | \$6,784 | \$7,145 | \$7,733 | \$8,182 |
| Hospital Insurance | 749 | 1,559 | 3,424 | 4,879 | 8,861 | 12,672 | 14,083 | 13,878 | 15,694 | 16,150 | 17,132 | 17,984 |
| Inpatient Hospital Services | 741 | 1,512 | 3,342 | 4,814 | 8,668 | 11,336 | 12,279 | 12,318 | 13,466 | 13,866 | 14,525 | 15,130 |
| Skilled Nursing Facility Services | 774 | 842 | 1,339 | 1,615 | 3,089 | 6,325 | 7,476 | 7,235 | 8,855 | 8,727 | 9,728 | 10,267 |
| Home Health Agency Services | 206 | 348 | 658 | 1,036 | 1,890 | 4,404 | 4,768 | 2,021 | 3,059 | 3,038 | 3,236 | 3,377 |
| Supplementary Medical Insurance | 195 | 277 | 589 | 880 | 1,450 | 1,889 | 2,062 | 2,477 | 2,934 | 3,195 | 3,531 | 3,757 |
| Physician and Other | | | | | | | | | | | | |
| Medical Services | 190 | 247 | 484 | 722 | 1,147 | 1,409 | 1,506 | 1,790 | 2,074 | 2,255 | 2,457 | 2,563 |
| Outpatient Services ² | 25 | 116 | 260 | 379 | 566 | 778 | 840 | 798 | 1,014 | 1,114 | 1,264 | 1,389 |
| Home Health Agency Services | 144 | 299 | 535 | 1,450 | 2,053 | 4,878 | 4,563 | 3,644 | 4,336 | 4,383 | 4,692 | 5,098 |

¹Does not reflect beneficiaries who received covered services, but for whom no program payments were reported during the year. Detail does not add to totals by type of service because one person may have used several types of services

²Prior to April 1, 1968, outpatient hospital services were covered by hospital insurance and supplementary medical insurance. All outpatient hospital services for 1967 are shown as supplementary medical insurance services for purposes of comparison.

³Beginning with 1994, Medicare enrollees in managed care plans are not included in the denominator used to calculate the utilization rates.

NOTES: Included in the total program payments and in the total hospital insurance payments for 1997, 2000, 2003, 2004 and 2005 are \$2.0, \$2.9, \$5.6, \$6.7 and \$7.9 billion dollars, respectively for hospice services not shown separately. The change in program payments and utilization for home health between 1997 and 2005 is due in part to the Balanced Budget Act of 1997 (Public Law 105-33) which called for the gradual transfer of home health services unassociated with a hospital or skilled nursing facility stay from hospital insurance to supplementary medical insurance. The use of home health agency benefit was also affected by the efforts to identify fraudulent activities in the use of services, and by the introduction of interim per beneficiary cost limits at levels resulting in substantially lower aggregate payments (these cost limits were used until the prospective payment system was implemented in October 2000). The impact was first noted in 1998 (not shown). Numbers may not add to totals because of rounding. Refer to glossary for definitions of program payments and benefit payments.

SOURCE: Centers for Medicare & Medicaid Services, Office of Information Services: Data from the Medicare Decision Support Access Facility. Effective 2002 data from the Medicare Data Extract System; data development by the Office of Research, Development, and Information.